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and P. Proudfoot**

**ACT DRUG TRENDS 2005  
Findings from the  
Illicit Drug Reporting System (IDRS)**

**NDARC Technical Report No. 257**



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DRUG TRENDS  
2005**



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Illicit Drug Reporting System  
(IDRS)**

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## **ABBREVIATIONS**

<b>ABCI</b>	Australian Bureau of Criminal Intelligence
<b>ACTGAL</b>	Australian Capital Territory Government Analytical Laboratory
<b>ACC</b>	Australian Crime Commission
<b>ADDInc</b>	Assisting Drug Dependents Incorporated
<b>ADP</b>	Alcohol and Drug Program, ACT Health
<b>AFP</b>	Australian Federal Police (ACT Police)
<b>AIC</b>	Australian Institute of Criminology
<b>AIHW</b>	Australian Institute of Health and Welfare
<b>ANU</b>	Australian National University
<b>BBVI</b>	Blood-borne viral infections
<b>CAHMA</b>	Canberra Alliance for Harm Minimisation and Advocacy
<b>HBV</b>	Hepatitis B virus
<b>HCV</b>	Hepatitis C virus
<b>HIV</b>	Human immunodeficiency virus
<b>IDRS</b>	Illicit Drug Reporting System
<b>IDU</b>	Injecting drug user(s)
<b>IGCD</b>	Intergovernmental Committee on Drugs
<b>KE</b>	Key expert(s)
<b>MCDS</b>	Ministerial Council of Drug Strategy
<b>NCEPH</b>	National Centre for Epidemiology and Population Health
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NDLERF</b>	National Drug Law Enforcement Research Fund
<b>NSP</b>	Needle and Syringe Program
<b>SCON</b>	Simple Cannabis Offence Notice

## **EXECUTIVE SUMMARY**

### **Demographic characteristics of injecting drug users (IDU)**

In 2005, one hundred and twenty-five IDU were interviewed for the IDRS in the ACT. The demographic characteristics of the 2005 IDU sample were very similar to those interviewed in 2004. The majority of IDU interviewed for the IDRS study were male (65%). On average respondents were aged 35 years, ranging from 18 to 59 years. In terms of education, IDU had completed an average of 10 formal school years, 39% of respondents had trade or technical qualifications, and 13% reported having university or other tertiary qualifications. Thirty-eight percent had a previous prison history. Over half (57%) of the 2005 IDU respondents reported currently participating in some form of drug treatment. The most common form of drug treatment among IDU in the 2005 ACT sample was opioid maintenance treatment with 75% of those in treatment engaged in methadone maintenance treatment and 19% in buprenorphine maintenance treatment.

### **Patterns of drug use among IDU**

In terms of the injection history of IDU respondents, the mean age of first injection was 18 years. Heroin or methamphetamine were the drugs first injected by the majority of the 2005 IDU sample. Heroin was the drug of choice for the majority of respondents (67%), followed by methamphetamine (16%) and cannabis (11%). The drugs injected most often by IDU in the month preceding the interview were heroin (65%) and methamphetamine (28%). Heroin was the most recent drug injected by 61% of the 2005 IDU sample followed by methamphetamine (27%).

IDU reporting daily or more frequent drug injection in the month preceding the IDRS survey decreased from 41% in 2004 to 29% in 2005. This finding suggests that the frequency of drug injection among IDU in the ACT may be declining. However, younger IDU respondents aged 25 years or less were more likely to inject on a daily or more basis (40%) than IDU respondents aged over 25 (26%).

Polydrug use was universal amongst the 2005 IDU sample. Respondents reported an average of twelve drug classes ever used and an average of seven drug classes used in the six months preceding the interview. In terms of the number of drug classes injected, IDU respondents in 2005 reported having ever injected an average of six drug classes and having injected an average of three drug classes in the six months prior to the interview.

### **Heroin**

The proportion of IDU reporting use of heroin in the six months preceding the interview remained approximately stable (91% in 2004 to 86% in 2005). In terms of the frequency of use, heroin use patterns varied from less than monthly to daily use. In the six months preceding the interview, the median days of heroin use was 60 (range 1-180). In terms of the frequency of heroin injection, 14% of recent heroin users had injected on a monthly or less basis, 19% had injected heroin on a more than monthly to a weekly basis, 44% had injected heroin weekly to less than daily, and 23% injected on a daily basis.

The median price of heroin remained stable in 2005. The reported price for a cap of heroin remained stable from 2004 to 2005 at \$50; the reported price for a gram of heroin also remained stable from 2004 to 2005 at \$300. IDU respondents reported heroin to be very easy (40%) to

easy (48%) to obtain in the ACT. In 2005, IDU perceived the purity of heroin to be currently low (39%) to medium (43%).

## **Methamphetamine**

The IDRS IDU survey collects data on three different forms of methamphetamine: methamphetamine powder ('speed'), methamphetamine base ('base') and crystal methamphetamine ('ice'). In 2005, 71% of the ACT IDU sample reported the recent use of some form of methamphetamine. A summary of findings for each form of methamphetamine is presented below.

Over half (59%) of the sample reported the recent use of speed, a significant increase when compared to the proportion of IDU reporting the recent use of speed in 2004 (41%). The majority of recent speed users used this substance infrequently in the six months prior to the interview, with a median of seven days of use reported during this period. Injection was the most common route of administration, with 56% of IDU having injected speed in the six months preceding the interview. The reported price for a point of speed remained stable from 2004 to 2005 at \$50 and the reported price for a gram of speed was cheaper at \$125 per gram (compared to \$200 in 2004). IDU respondents reported speed to be easy (41%) to very easy (46%) to obtain in the ACT. In 2005, IDU perceived the purity of speed to be currently low (41%) to medium (24%).

Methamphetamine base was the form of methamphetamine used least by the 2005 IDU sample, with only 28% of IDU reporting recent use. Base users used this substance infrequently, with a median of five days of use in the six months preceding the interview. As was the case with speed, injection was the most common form of administration, with 27% of the IDU sample reporting recent base injection. The reported price for a point of base remained stable from 2004 to 2005 at \$50 and the reported price for a gram of base was higher at \$280 (compared to \$220 in 2004). IDU respondents were divided in their perception of the current availability of base in the ACT with 23% of recent users reporting it to be very easy to obtain, 41% easy and 32% difficult. In 2005, IDU perceived the purity of base to be currently low (41%) to medium (27%).

Almost two-thirds (62%) of the sample reported the recent use of ice, a non-significant decrease from 73% of IDU reporting recent use in 2004. In 2005, recent ice users reported a median of nine days of use in the six months prior to the interview. There was a significant decrease in the proportion of the IDU sample reporting recent ice injection from 78% in 2004 to 62% in 2005. However, the median price of ice remained stable in 2005. The reported price for a point of ice remained stable from 2004 to 2005 at \$50 and the price for a gram also remained stable at \$300. IDU respondents reported ice to be very easy (39%) to easy (50%) to obtain in the ACT. In 2005, IDU perceived the purity of ice to be currently medium (26%) to high (53%).

## **Cocaine**

Cocaine was used by 20% of the IDU sample in the six months preceding the interview, a significant increase from the 10% in 2004. Among those who had recently used cocaine in the ACT, the frequency of cocaine use was low, with a median of two days of use in the six months prior to the interview. Among the IDU who reported recent cocaine use, the most common form of administration was injection. There was an increase in the proportion of IDU who reported recent cocaine injection from 8% in 2004 to 17% in 2005; however, it should be noted that this difference was not statistically significant. A small number of IDU commented on the price, purity and availability of cocaine in the ACT in 2005, with the majority reporting that cocaine is 'difficult' (29%) to 'very difficult' (29%) to obtain in the ACT. The median price for

cocaine in 2005 was reported to be \$250 for a gram and \$50 for a cap. Purity of cocaine in the ACT was perceived by IDU to be medium (43%) to high (36%).

## **Cannabis**

Cannabis use was widespread and frequent amongst the IDU sample in 2005. One hundred percent of the IDU sample had ever tried cannabis and ninety percent had used cannabis in the six months prior to the interview. The majority of the IDU sample used cannabis frequently in the six months preceding the interview with a median of 180 days of use. IDU commented on the price, purity and availability of two different forms of cannabis: outdoor-cultivated cannabis ('bush') and indoor-cultivated cannabis (hydroponic). The median reported price of a gram of bush and hydroponic cannabis remained stable from 2004 to 2005 at \$20. The median price of an ounce of bush cannabis in 2005 was reported by IDU to be \$250, while the median price for an ounce of hydroponic cannabis was \$290. The majority of IDU perceived both bush and hydroponic cannabis to be 'easy' to 'very easy' to obtain, and that availability had remained stable in the six months preceding the interview. IDU commenting on the potency of bush cannabis believed it to be low to medium and hydroponic cannabis to be medium to high. As has been the case in previous years, hydroponic cannabis remains the dominant form of cannabis on the market in the ACT.

## **Use of illicit methadone**

The use of diverted methadone among the ACT IDU sample was similar to that reported in the previous year. Illicit methadone use refers to the diversion of methadone that is prescribed to someone else. Almost two-thirds (62%) of the IDU sample reported ever having tried diverted methadone and approximately one-third (30%) reported its recent use. Among those who had recently used in the ACT, the frequency of illicit methadone use was low with a median of two days of use in the previous six months. Injecting (18%), followed by swallowing, (16%) were the most common routes of illicit methadone administration.

In 2005, a small proportion of the IDU sample (13%) reported diverting licit methadone via injection (i.e. their own prescribed oral methadone preparation). In the six months preceding the interview, the median number of days IDU diverted methadone that was prescribed to them via injection was twenty-two.

## **Use of illicit buprenorphine**

The use of diverted buprenorphine among the ACT IDU sample increased compared to the previous year. Use of illicit buprenorphine refers to the use of buprenorphine that is prescribed to someone else. There was an increase in the proportion of IDU reporting they had ever used illicit buprenorphine, from 9% in 2004 to 23% in 2005. There was also a corresponding increase in the proportion of IDU who had used illicit buprenorphine in the six months prior to the interview, from 5% in 2004 to 15% in 2005. The majority of IDU used illicit buprenorphine infrequently, with a median of two days of use in the six months prior to the interview. Injection (10%), followed by swallowing (6%), were the most common routes of diverted illicit buprenorphine use among the 2005 sample. In 2005, a small proportion of the IDU sample (5%) reported diverting their licit oral buprenorphine via injection. In the six months preceding the interview, the median number of days IDU diverted buprenorphine that was prescribed to them via injection was three.

## **Morphine**

Over three-quarters of the IDU sample (79%) reported having ever tried morphine and approximately one-third (37%) reported the recent use of morphine. The majority of recent morphine users used morphine infrequently in the six months preceding the interview, with a median of 5 days of use. Among those who had recently used morphine, the main form of administration was injection, with 30% of the IDU sample reporting recent morphine injection. Of the IDU who had used morphine in the six months prior to interview, 80% had used illicitly obtained morphine at least once during this period. The reports of IDU about the current availability of illicit morphine in the ACT were inconsistent, ranging from difficult to easy.

## **Other opioids**

The use of 'other opioids' such as codeine by IDU in the ACT remained relatively stable from 2004 to 2005. Over one-third (41%) of the IDU sample reported the lifetime use of 'other opioids' and fourteen percent reported the recent use of 'other opioids'. IDU used 'other opioids' infrequently, with a median of five days of use in the six months preceding interview. Swallowing, followed by injecting, were the most common modes of 'other opioid' administration.

Over one-third of IDU (41%) reported ever having used homebake heroin and a minority (7%) reported the recent use of homebake heroin. Among the IDU who had recently used homebake heroin, the frequency of use was low, with a median of five days of use in the six months prior to the interview. All of those who had recently used homebake had injected it.

## **Patterns of other drug use**

Benzodiazepine use remained high among the IDU sample in 2005. Approximately two-thirds (62%) reported using benzodiazepines in the six months preceding interview. The frequency of benzodiazepine use increased from a median of 13 days of use in 2004 to a median of 31 days of use in 2005. Recent benzodiazepine users reported swallowing as the primary route of administration; however, experimenting with injecting and smoking were also reported. Sixty-eight percent of the sample had used licit (prescribed) benzodiazepines in the six months prior to the interview, while 52 percent reported the use of benzodiazepines that are illicitly obtained.

IDU were asked to comment about their use of pharmaceutical stimulants (or prescription amphetamines). This included drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD) and flu symptoms. Approximately one-quarter (22%) of the IDU sample reported the recent use of pharmaceutical stimulants, with injection followed by swallowing being the main routes of administration. Pharmaceutical stimulants were used infrequently by IDU in the six months preceding the interview, with a median of five days of use during this period. Eighty-two percent of those who used pharmaceutical stimulants had used licitly obtained prescription amphetamines in the six months prior to the interview. A smaller proportion (14%) of this group reported having recently used licitly obtained prescription amphetamines. Therefore, the majority of recent pharmaceutical stimulant users are using pharmaceutical stimulants that are prescribed to someone else.

Alcohol was used by almost three-quarters (74%) of the IDU sample in the ACT in 2005, a significant increase from the fifty-eight percent of IDU who reported recent alcohol use in 2004. Recent alcohol users reported a median of thirteen days of use in the six months prior to the interview. The majority of IDU (96%) reported the recent use of tobacco, with 94% of those who reported use of tobacco in the six months prior to the interview being daily smokers.



## Associated harms

In 2005, levels of injection-related risk-taking behaviour remained sufficiently high to warrant concern. The reported rate of 'borrowing' used needles among IDU decreased slightly from 14% in 2004 to 9% in 2005; however, this difference was not statistically significant. The proportion of IDU reporting that they had lent needles remained relatively stable from 17% in 2004 to 19% in 2005. There was a non-significant decrease in the proportion of IDU who reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs) from 49% in 2004 to 38% in 2005. Given the implication of this for the transmission of hepatitis C virus (HCV), the sharing of injecting equipment remains a concern.

Almost two-thirds (61%) of the sample reported that they had experienced at least one injection-related problem in the month prior to interview. This figure is comparable to 69% of the sample in 2004. In 2005, the most commonly reported difficulties were scarring/bruising and difficulty injecting.

In the 2005 IDRS IDU sample there was a non-significant decrease in the proportion of IDU who reported recently experiencing mental health problems other than drug dependence in the six months preceding the interview, down from 43% in 2004 to 37% in 2005. Despite this, only 22% of IDU in the 2005 sample reported seeing a mental health professional during this period. IDU respondents most commonly sought help from health professionals for depression and anxiety. IDU were most likely to attend a GP or a psychiatrist for help with mental health problems.

In 2005, for the first time, IDU were asked about driving while under the influence of drugs. Approximately one-third (38%) of the sample reported that they had driven under the influence (within one hour of consuming drugs in the six months prior to the interview). IDU most commonly reported driving while under the influence of heroin, cannabis, methamphetamine powder, crystal methamphetamine, methadone and benzodiazepines.

In 2005, there was an increase in the proportion of IDU who reported engaging in at least one criminal activity in the month prior to the interview, up from 34% in 2004 to 41% in 2005. However, it should be noted that this difference was not statistically significant. This increase is attributable to small increases in the proportion of IDU in the 2005 sample reporting recent involvement in property crime, as well as drug dealing. However, the proportion of IDU who reported being arrested in the last year remained stable from 2004 (38%) to 2005 (36%). The majority of the sample perceived police activity towards IDU in the ACT was stable to increasing. However, the majority of IDU reported that recent police activity had not made it more difficult for them to score drugs in the six months preceding the interview.

## Implications

- The heroin market in the ACT appears to have stabilised over the past three years, with the price, purity and availability of heroin remaining relatively stable. However, the frequency of heroin use has been steadily decreasing during this period. This trend needs to be monitored to see if it is indicative of a permanent change in the patterns of heroin use by IDU in the ACT. However, it is important to note that recent heroin use among the 2005 IDU sample is almost universal, and, with the ease of access to heroin in the ACT, the demand for treatment for opioid dependence (i.e. methadone or buprenorphine maintenance) is expected to continue.
- The continuing high levels of ice and speed use by IDU in the ACT is expected to be associated with a corresponding rise in problems associated with the use of methamphetamine, such as psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour (Degenhardt & Topp, 2003). Consequently, health and law enforcement professionals who work regularly with drug-using populations may need to develop and implement strategies for dealing with individuals who are agitated and aggressive due to methamphetamine intoxication. Moreover, there is likely to be an increase in demand for treatment services as people seek help for problems associated with the consequences of methamphetamine use.
- For the first time, in 2005, IDU were asked about drug driving. Findings indicated that approximately one-third of the IDU sample had recently driven soon after (within one hour) of taking illicit drugs. The most common drugs taken by IDU before driving in the six months preceding the interview were heroin, cannabis, methamphetamine (specifically speed and ice), methadone and benzodiazepines. Use of drugs in combination with alcohol and polydrug use is associated with increased driving impairment and risk of driving accidents (Kelly, Darke & Ross, 2004). Increasing the awareness of risks associated with drug driving is important among IDU populations.
- Levels of injection-related risk-taking behaviour remain sufficiently high to warrant concern. Although the proportion of IDU in the ACT reporting lending and borrowing needles remains low, approximately one-third of the 2005 sample reporting sharing injecting equipment (e.g. spoons, mixing containers, water and swabs). Given the implication of this for the transmission of hepatitis C virus (HCV), the sharing of injecting equipment is of concern. Increasing awareness of the harms associated with sharing injecting equipment other than needles is important.

## 1.0 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is a research project that monitors trends in the illicit drug market in Australia. The IDRS was implemented nationally in Australia, following a successful pilot study in Sydney in 1996 (Hando, O'Brian, Darke, Maher & Hall, 1997) and trials in New South Wales, Victoria and South Australia in 1997 (Hando, Darke, Degenhardt, Cormack, & Rumbold, 1998). In the year 2000, the IDRS study was carried out in all Australian states and territories, with each jurisdiction conducting a survey with injecting drug users, interviewing key experts and incorporating routinely collected indicator data from secondary sources. The IDRS is conducted annually in each Australian state and territory.

The IDRS triangulates three forms of data: a) a survey of 100 injecting drug users (IDU), b) interviews with key experts (KE) working as professionals with illicit drug users or in the area of drug dependence, and c) indicator data sources relating to illicit drug trends in the ACT. Prior to the year 2000 the IDRS project was solely funded by the Australian Government Department of Health and Ageing (the Department). From 2001, the National Drug Law Enforcement Research Fund (NDLERF) provided additional funds. The authors acknowledge both of these organisations for contributing the funding for the 2005 IDRS study.

In the ACT, the IDRS project was implemented for the first time in 1999 as a joint project conducted by the National Centre for Epidemiology and Population Health (NCEPH) and the Australian Institute of Criminology (AIC). In its initial year, the survey of IDU was not included in the ACT study. For the next three years (from 2000 to 2002), the ACT arm of the IDRS was conducted solely by the AIC. The results of previous IDRS studies for the years 1999 to 2002 can be found (in chronological order) in NDARC technical reports no. 82 (Fleming, Cook & Williams, 2000), no. 105 (Williams, Bryant & Hennessy, 2001), no. 128 (Williams & Rushforth, 2002) and no. 150 (Rushforth, 2003). In 2003, the coordination of the ACT arm of the IDRS became the responsibility of the School of Psychology at the Australian National University (ANU), where the survey of injecting drug users and key expert interviews were performed. IDRS findings from 2003 are presented in NDARC technical report no. 180 (Ward & Proudfoot, 2004). Findings from the 2004 IDRS can be found in NDARC technical report no. 217 (Buckingham, Ward, Sparks, & Proudfoot, 2005). In continuing to conduct a project of this kind, we cannot help but build on the previous ACT IDRS reports. We are grateful to the authors of the previous ACT IDRS reports and would like to acknowledge their contribution to the 2005 report.

This *ACT Drug Trends 2005* report presents findings from the 2005 ACT IDRS study. The report commences with a summary of the methodology used in data collection for the IDRS, and then provides an overview of the demographics and drug use history of the IDU respondents. The report presents findings on recent drug use trends pertaining to the price, purity, availability and use of heroin, methamphetamine, cocaine, cannabis and other drugs. The report then discusses harms associated with injecting drug use, as well as mental health issues, incidents of substance related-aggression, drug driving and criminal activity among the 2005 IDU sample. The IDRS report concludes with a discussion of the implications of the findings for 2005.

## 1.1 Study aims

The IDRS is designed to act as a strategic early warning system to monitor trends and issues emerging from illicit drug markets in Australia. The first aim of the IDRS is to collect data to monitor the price, purity, availability and use of four major illicit drug classes – heroin, methamphetamine, cocaine and cannabis. The IDRS supplements existing sources of data on illicit drug trends, and thus supports a multifaceted approach to the task of monitoring the Australian illicit drug market. The second aim of the IDRS is to highlight issues of concern in relation to drug trends that may require further investigation. The government receives the national IDRS results through the Intergovernmental Committee on Drugs (IGCD) and the Ministerial Council on Drug Strategy (MCDS). The findings for each jurisdiction, in addition to a national overview, are presented in the *Australian Drug Trends 2005* monograph (available from the National Drug and Alcohol Research Centre) and are also presented at the National Drug Trends Conference in November each year

## **2.0 METHOD**

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

### **2.1 Survey of injecting drug users (IDU)**

In June and July of 2005, a structured interview was administered face-to-face to 125 current injecting drug users in the ACT. The interview collected information on the demographic characteristics and drug use history of the sample, as well as the price, purity and availability of heroin, methamphetamine, cocaine and cannabis. The survey also contained questions about criminal activity, risk-taking behaviour, health, and police activity. In 2005, there were changes to the IDRS survey schedule, which included some additional demographic questions regarding the sexual identity and current relationship status of IDU respondents. In terms of risk behaviours, in 2005, for the first time, IDU were asked questions about driving while under the influence of drugs. The substance-related aggression questions were altered, with questions asking IDU about others, aggression removed and questions added asking IDU about verbal and physical aggression when in withdrawal from drugs and alcohol.

The IDRS interviews were conducted by ANU research staff and took, on average, approximately 45 minutes to administer. All participants were recruited through the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), an organisation that provides a Needle and Syringe Program (NSP) and drop-in facilities for injecting drug users in the ACT. The staff at CAHMA screened potential participants according to the selection criteria, which required participants to have injected at least monthly in the past six months and to have lived in the ACT for the previous 12 months. Ethics approval for the ACT arm of the IDRS was obtained from The Australian National University Human Research Ethics Committee.

### **2.2 Survey of key experts (KE)**

Between August and October 2005, twenty-eight professionals were interviewed as key experts for the IDRS. Seven interviews were conducted with medical officers and ambulance officers, six interviews with client support workers (case managers), four interviews with drug treatment workers, two interviews each with user group representatives, outreach workers, counsellors, and police from the intelligence branch, and one interview each with a methadone/buprenorphine worker, a youth worker, and a health promotions officer. Key experts interviewed had contact with a range of IDU in the ACT. KE had contact with a minimum of 10 different IDU in the six months prior to interview.

Interviews were conducted face-to-face and took from 40 minutes to one hour to administer. The key expert interviews followed the same semi-structured format as used in previous IDRS studies. The interview included sections on the demographic characteristics of illicit drug users; patterns of use; price, purity and availability of the different drugs; criminal and police activity; and health and treatment issues.

## 2.3 Other indicators

Data collected from IDU surveys and key expert interviews were supplemented by routinely collected Australian indicator data sources relating to illicit drug use and other drug-related issues. The entry criteria for indicator data are listed below:

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

The indicator data sources meeting the above criteria included in the 2005 IDRS study are described below:

- **Purity of drug seizures.** In 2005 the Australian Crime Commission (ACC) provided data on the median purity of illicit drug seizures made by local police in the ACT. This report presents the purity of drug seizures from the 1999-2000 financial year to 2004-2005.
- **Number and weight of drug seizures.** Data on the number and weight of drug seizures made by ACT state police were provided by the ACC. Data includes number of seizures and amount seized in grams from 1999-2000 to 2004-2005, by each drug type.
- **Drug-specific arrests.** The ACC provided data on the number of consumer (user-type offences) and provider (supply-type offences) arrests made by the AFP and ACT local police. This report provides the number of arrests for each drug type from 1997-1998 to 2004-2005.
- **Simple Cannabis Offence Notices (SCONs).** Data for this report on the number of SCONs issued in the ACT from 1997-1998 to 2004-2005 were provided by the ACC.
- **Drug withdrawal services.** The number of clients participating in detoxification programs with the Arcadia House Withdrawal Centre is presented by quarter, for each drug type from 1997-1998 to 2004-2005. ADDInc provides these data.
- **ACT Drug and Alcohol Program 'closed treatment episodes'.** The ACT Drug and Alcohol Program provided information on the number of clients in closed treatment episodes (i.e. a period of contact with defined commencement and cessation dates, between a client and treatment agency) where heroin, amphetamines, cannabis, alcohol and cocaine were the principal drug of concern. Data in this report are presented for 2004-2005.
- **Urine analysis data.** Urine test data from methadone maintenance programs in the ACT were analysed by ACTGAL and provided by the ACT Drug and Alcohol Program. This report presents data by quarter from October 2000 to June 2005 for morphine- and methamphetamine- positive test results.
- **Non-fatal overdoses.** The number of non-fatal overdoses in the ACT attended by the ACT Ambulance Service is presented. The data are provided by ACT Ambulance Service and include the number of non-fatal heroin overdoses per financial year and quarter 1998-1999 to 2004-2005.
- **Hospital admissions.** The 2005 IDRS study includes data on the number of hospital admissions due to opioids, methamphetamines, and cannabis among those aged 15 to 54 years from 1999-2000 to 2004-2005. These data are provided by the Australian Institute of Health and Welfare (AIHW).
- **HIV, HBV and HCV surveillance data.** Data pertaining to the prevalence of blood-borne viral infections (BBVI) in the ACT are derived from the *HIV/AIDS, viral hepatitis and sexually*

*transmissible infections in Australia, Annual Surveillance Report 2005* and the *Australian NSP Survey National Data Report 2000-2004* provided by the National Centre in HIV Epidemiology and Clinical Research.

- ***Pharmacotherapy clients.*** The number of clients in pharmacotherapy (i.e. methadone and buprenorphine maintenance treatment) in the ACT as of 30<sup>th</sup> June 2004 is presented. The data are provided by the Australian Institute of Health and Welfare (AIHW).

## 3.0 RESULTS

### 3.1 Overview of the IDU sample

The demographic characteristics of the 125 IDU interviewed in 2005 are summarised in Table 1. The demographic characteristics of the sample recruited in the 2005 IDRS were similar to the sample recruited for the 2004 IDRS. The sample was approximately two-thirds (68%) male, with a mean age of 35 years (SD=9.08, range 18-59). There was a significant difference ( $p<.05$ ) in the mean age of male and female respondents in the 2005 IDRS sample (36 and 32 years respectively). The majority of respondents (98%) reported English as the main language spoken at home and 9% identified themselves as being Aboriginal and/or Torres Strait Islander.

The mean number of formal school years completed was 10 (S.D= 1.49, range 7-12 years). Thirty nine percent of IDU reported that they had trade or technical qualifications, whilst 13% reported that they had university or other tertiary qualifications. The majority (69%) of IDU interviewed in 2005 were unemployed; however, 10% of the sample were currently employed full-time and 14% were employed on a casual or part-time basis. The majority of IDU (77%) reported living in their own house or flat (includes renting). In 2005, 38% of IDU reported that they had a prison history. A greater proportion of male IDU reported having ever been in prison than female IDU in the 2005 ACT sample (45% versus 23% respectively).

In 2005, 57% of the IDU sample was currently participating in some form of drug treatment. The most common form of drug treatment among IDU in the 2005 ACT sample was opioid maintenance treatment, with 75% of those in treatment engaged in methadone maintenance treatment and 19% in buprenorphine maintenance treatment. A few IDU in the 2005 sample were participating in drug counselling (n=3) and detoxification treatment (n=1). The mean length of time IDU had been participating in their current treatment was 51 months (S.D. 57.4; range one month to 17 years). Of those IDU currently in treatment, 27% had been participating in treatment for six months or less, with the majority (73%) engaged in longer-term treatment of six months or more. A greater proportion of females (68%) than males (49%) in the 2005 IDU sample were currently in some form of drug treatment; however, this difference was not significant ( $p>.05$ ).



**Table 1: Demographic characteristics of the IDU sample, 2004 and 2005**

	2004 N=100	2005 N=125
<b>Age</b> (mean years)	35	<b>35</b>
<b>School education</b> (mean years)	11	<b>10*</b>
<b>Sex</b> (% male)	65	<b>68</b>
<b>Heterosexual</b> (%) #	-	<b>89</b>
<b>Accommodation</b> (%)		
Own house/flat (includes renting)	68	<b>77</b>
Parent's/family house	9	<b>10</b>
Boarding house/hostel/refuge	11	<b>10</b>
No fixed address/homeless	7	<b>3</b>
<b>Employment</b> (%)		
Not employed	81	<b>69*</b>
Full-time	7	<b>10</b>
Part-time/casual	9	<b>14</b>
Home duties	2	<b>4</b>
Student	1	<b>3</b>
<b>English main language spoken at home</b> (%)	98	<b>98</b>
<b>Aboriginal and/or Torres Strait Islander</b> (%)	8	<b>9</b>
<b>Tertiary education</b> (%)		
None	50	<b>48</b>
Trade/technical	32	<b>39</b>
University/college	17	<b>13</b>
<b>Currently in drug treatment</b> (%)	48	<b>57</b>
Methadone maintenance (%)	31	<b>42</b>
Buprenorphine maintenance (%)	12	<b>10</b>
<b>Prison history</b> (%)	45	<b>38</b>

**Source:.** ACT IDRS IDU Survey files, 2004, 2005

Note. \* Significant difference from previous year,  $p < .05$

Note. # Data not collected in previous years

### 3.2 Drug use history and current drug use

The injection history of IDU in the 2004 and 2005 samples are summarised in Table 2. The mean age of first injection was 18 years (SD= 4.56; range 9-39 years). Half of the IDU respondents (50%) reported heroin as the first drug injected, followed by methamphetamine (42%). Heroin was the drug injected most often in the month prior to the interview by 65% of respondents (compared to 74% of respondents in 2004). Heroin was also the last drug injected by 61% of the sample in 2005 (compared to 71% in 2004). The second most common drug injected by respondents in the month preceding the interview was some form of methamphetamine. In 2005, 28% of IDU reported that methamphetamine was the drug injected most often in the last month (compared to 24% in 2004).

Heroin was nominated as the drug of choice for the majority of IDU (67% in 2005 compared to 68% in 2004). Methamphetamine was the drug of choice for 17% of 2005 IDU respondents (similar to 20% in 2004). Cannabis was nominated by 10% of IDU as their drug of choice compared to 7% in 2004. In 2005, 27% of the sample reported a discrepancy between their drug of choice and the drug they injected most often in the previous month. Of those that reported a discrepancy (n=34), 38% reported this was due to a lack of availability of their drug of choice, 18% reported it was due to price and 12% due to health effects. The most common drugs used on the day prior to the interview were cannabis (54%), heroin (41%), methadone (37%), alcohol (25%) and benzodiazepines (21%). Only five percent of the sample had not used any drugs on the day prior to interview.

**Table 2: Injection history, drug preferences and polydrug use of IDU, 2004-2005**

Variable	2004 N=100	2005 N=125
<b>Age first injection</b> (mean years)	19	18
<b>First drug injected (%)</b>		
Heroin	51	50
Methamphetamine	47	42
Cocaine	1	2
Other opioids	-	5
Other	1	1
<b>Drug of choice (%)</b>		
Heroin	68	67
Cocaine	1	2
Methamphetamine		
<i>Speed</i>	5	6
<i>Base</i>	0	0
<i>Crystal (ice)</i>	15	11
Cannabis	7	11
Other	4	4
<b>Drug injected most often in last month (%)</b>		
Heroin	74	65
Cocaine	0	0
Methamphetamine		
<i>Speed</i>	8	8
<i>Base</i>	0	1
<i>Crystal (ice)</i>	16	19
Methadone	1	5
Other/have not injected in last month	1	3
<b>Most recent drug injected (%)</b>		
Heroin	71	61
Cocaine	0	1
Methamphetamine		
<i>Speed</i>	6	13
<i>Base</i>	1	1
<i>Crystal (ice)</i>	12	13
Methadone	5	6
Morphine	3	3
Other	2	2

Source: ACT IDRS IDU survey files, 2004 and 2005

The frequency of injection reported by IDU in 2004 and 2005 is presented in Table 3. In 2005, less than one-quarter (29%) of IDU reported an injection frequency of one (6%) or two or more (23%) injections per day. In comparison, in 2004, 41% of IDU reported an injection frequency of one (21%) to two or more (20%) injections per day, suggesting that the frequency of injection among IDU in the ACT has declined this year. When the sample is divided into younger ( $\leq 25$  years of age) and older users ( $> 25$  years of age), a greater proportion of younger IDU reported injecting daily or more (40%) compared to older users (26%). When the sample was divided into male and female IDU, a similar proportion of females (30%) reported injecting once or more per day, compared to males (28%) who injected once or more per day.

**Table 3: Frequency of injection among IDU in the ACT, 2004 and 2005**

	2004			2005		
	$\leq 25$ n=22	$> 25$ n=78	Total N=100	$\leq 25$ n=25	$> 25$ n=100	Total N=125
<b>Frequency (%)</b>						
Weekly or less	17	26	24	28	22	23
Weekly-daily	17	34	31	32	49	46
Daily	17	22	21	0	8	6
Two-three times daily	33	15	18	28	15	18
Three or more times a day	5	1	2	12	3	5

**Source:** ACT IDRS IDU survey files, 2004, 2005.

Table 4 summarises the polydrug use history of the 2004 and 2005 IDU samples. In 2005, questions were included on 18 drugs, including both illicit and commonly used pharmaceuticals such as prescription amphetamines, benzodiazepines and anti-depressants.<sup>1</sup> It should be noted that in 2005 IDU were asked about 18 drug categories, compared to 17 in 2004. In 2005, oxycodone was considered as a separate category from ‘other opioids’ under which it was previously included. To enable comparison between 2004 and 2005 data, oxycodone and other opioids were combined into one category. Therefore, the total number of drug classes in 2004 and 2005 is 17, and 14 for injectable drugs. Consistent with previous years, the IDU sample engaged in extensive polydrug use, with IDU reporting that they had used an average of 12 (range 5-17) drug classes in their lives and 7 (range 3-13) in the six months preceding interview. IDU reported having injected an average of 6 drug types (range 1-12) in their lifetime, and an average of 3 (range 1-8) drug classes in the six months preceding the interview.

<sup>1</sup> Categories are as follows: heroin, methamphetamine (any form), pharmaceutical stimulants, methadone (including Physeptone), morphine, homebake, oxycodone, other opioids (not already mentioned), cocaine, hallucinogens, ecstasy, benzodiazepines, alcohol, cannabis, anti-depressants, inhalants, tobacco and buprenorphine.

**Table 4: Polydrug use history of IDU samples, 2004 and 2005**

	2004 N=100	2005 N=125
Mean no. drug classes ever used <sup>a</sup> (range)	12 (5-16)	<b>12 (5-17)</b>
Mean no. drug classes used last 6 months <sup>a</sup> (range)	7 (2-15)	<b>7 (3-13)</b>
Mean no. drug classes ever injected <sup>b</sup> (range)	6 (1-11)	<b>6 (1-12)</b>
Mean no. drug classes injected last 6 months <sup>b</sup> (range)	3 (1-9)	<b>3 (1-8)</b>

**Source:** ACT IDRS IDU survey files, 2004, and 2005

Note. <sup>a</sup> Maximum number of drug classes is 17

Note. <sup>b</sup> Maximum number of drug classes injected is 14

Key experts (KE) interviewed in 2005 reported that polydrug use was common among IDU. KE reported that heroin use was universal among IDU and KE also indicated that approximately half of the IDU they had contact with also used methamphetamine. The majority of KE interviewed commented that the consumption of alcohol was widespread amongst the majority of IDU, with most or all IDU consuming alcohol. KE commented that almost all of the IDU they had contact with used cannabis. KE also indicated that there was a small population of IDU who also used ecstasy, illicitly obtained benzodiazepines, inhalants, and morphine.

KE reports suggested the older users would only use another drug other than their drug of choice if the preferred drug was not available. In comparison, KE believed that younger users did not seem to care whether they used their drug of choice and were more concerned with just being able to get high. KE interviewed believed polydrug use, particularly among younger users (under 25 years of age), to be an issue of concern. KE noted that younger users believed that using crystal methamphetamine would stop an addiction to heroin developing. In comparison to the older population, KE reported that younger users of heroin or methamphetamine were using multiple drugs and as a result were increasing their risk of injection-related health problems. Police also expressed their concern that younger female users were at risk due to the use of multiple drugs and that older dealers were taking sexual advantage of their younger female couriers.

Table 5 presents the drug use history of the 2005 IDU sample, including frequency of drug use in the six months preceding the interview, as well as the route of drug administration. The majority of IDU respondents had used heroin (98%), cannabis (100%), alcohol (98%), tobacco (98%), crystal methamphetamine (82%) and speed (92%) at least once in their lifetime. Tobacco was the most common drug used by 96% of IDU in the six months preceding the interview, followed by cannabis (90%) and heroin (86%). In terms of route of administration, heroin (86%), crystal methamphetamine (62%) and methamphetamine powder (56%) were the most common drugs recently injected by IDU in 2005. Crystal methamphetamine was the most common drug recently smoked by IDU in 2005 (18%).

**Table 5: Polydrug use history of the IDU sample, 2005**

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Days used^ in last 6 mths*
Heroin	98	97	86	60	59	8	21	1	30	7	86	60
Methadone (prescribed)	71	43	13	22					70	46	46	180
Methadone (not prescribed)	62	45	18	2					46	16	30	2
Physeptone (prescribed)	20	7	2	15	0	0	0	0	17	2	3	12
Physeptone (not prescribed)	34	24	3	2	0	0	0	0	20	7	9	1
<b>Any methadone (inc. Physeptone)</b>	88	65	31	8	0	0	0	0	82	58	66	180
Buprenorphine (prescribed)	31	8	5	3	0	0	0	0	31	19	19	53
Buprenorphine (not prescribed)	23	16	10	2	0	0	0	0	11	6	15	2
<b>Any buprenorphine</b>	47	22	15	2	0	0	0	0	40	25	33	12
Morphine	79	74	30	5	5	1	1	1	42	16	37	5
Oxycodone (prescribed)	14	6	2	1	0	0	0	0	11	6	6	11
Oxycodone (not prescribed)	30	20	10	1	0	0	0	0	17	5	14	1
Homebake	41	41	7	5	2	0	0	0	1	0	7	5
Other opioids	41	18	6	2.5	10	0	1	0	28	10	14	5
Speed powder	92	90	56	6	18	3	53	8	44	9	59	6.5

**Table 5: Polydrug use history of the IDU sample, 2005 (continued)**

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths %	Used^ last 6 mths %	Days used^ in last 6 mths*
Base/point/wax	40	39	27	4.5	2	0	1	0	7	5	28	5
Ice/shabu/crystal	82	79	62	8	31	18	6	2	8	6	62	9
Amphetamine liquid	39	38	7	4					8	2	7	4
Pharmaceutical stimulants	56	38	14	3	1	1	6	2	38	13	22	5
<b><i>Any form meth/amphetamine</i></b>	97	97	71	15	38	19	55	12	62	22	74	20
Cocaine	72	65	17	2	9	3	37	6	10	2	20	2
Hallucinogens	77	20	2	3	6	1	2	0	74	5	5	1.5
Ecstasy	69	46	14	2	4	0	8	2	56	18	25	2
Benzodiazepines	82	29	2	20	4	1	2	0	81	60	62	31
Alcohol	98	10	0	0					98	74	74	13
Cannabis	100										90	180
Anti-depressants	45	2		1	1				45	21	22	180
Inhalants	28										1	3
Tobacco	98										96	180

**Source:** ACT IDRS IDU survey files, 2005 Note. ^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

Note. \* Among those who had used/injected

## 4.0 HEROIN

IDU were asked to comment on the current price, purity, and availability of heroin, and if the price, purity and availability of heroin had changed in the six months preceding the interview. The following figures refer to the 109 IDU who commented on heroin trends, including price, purity and availability, in the ACT in 2005. Fourteen KE reported that heroin was the primary drug of use amongst their contacts, with eight KE able to comment on price, purity and availability of heroin in the ACT in the six months preceding the interview.

### 4.1 Price

Table 6 presents the reported median prices paid for heroin by IDU in the ACT in the six months prior to interview. The median reported prices for purchased values of heroin in 2005 were similar to the prices reported by IDU in 2004. In 2005, the median price of a cap of heroin was reported to be \$50, and a gram was \$300, comparable to prices reported in the previous year, suggesting that the price of heroin in the ACT has remained relatively stable from 2004 to 2005. There was an increase in the median price for a half-gram of heroin from \$160 in 2004 to \$180 in 2005; however, this difference was not statistically significant. In 2005, quarter-grams of heroin were the most commonly purchased, followed by half-grams and caps.

**Table 6: Price of most recent heroin purchases by IDU, 2004-2005**

Amount	Median price* \$		Number of purchasers*	
	2004	2005	2004	2005
Gram	300	<b>300</b>	27	<b>18</b>
Cap	50	<b>50</b>	47	<b>48</b>
Half-gram	160	<b>180</b>	51	<b>52</b>
Quarter-gram	90	<b>90</b>	55	<b>70</b>

Source. ACT IDRS IDU survey files, 2004, 2005

Table 7 presents IDU reports of changes in the price of heroin in the six months preceding the interview. Consistent with purchase prices, 74% of IDU commenting on heroin trends in 2005 reported that the price had remained stable in the six months preceding the interview. This finding was consistent with the previous year, with 64% of IDU in 2004 reporting heroin prices to have remained stable in the ACT. A small proportion of IDU believed the price of heroin to have increased (6%; 6% in 2004) or decreased (12%; 19% in 2004). A small proportion of IDU perceived the price of heroin in the ACT to have fluctuated (6%; 8% in 2004).

Of the 28 KE interviewed in 2005, eight were able to comment regarding the price of heroin. These eight KE were only confident in estimating the price of a 'cap' of heroin. Six KE estimated that a 'cap' of heroin currently could be purchased for \$50 and the remaining two KE estimated



that a ‘cap’ of heroin could be purchased for \$40. The majority of the eight KE commented that the price of heroin had remained stable over the preceding six-month period.

**Table 7: IDU reports of heroin price changes in the last six months, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Did not respond (%)</b>	10	9	<b>13</b>
<b>Did respond (%)</b>	90	91	<b>87</b>
<b>Of those that responded (%)</b>	n=90	n=91	<b>n=109</b>
<i>Increasing (%)</i>	11 (10% entire sample)	6 (5% entire sample)	<b>6 (5% entire sample)</b>
<i>Stable (%)</i>	54 (49% entire sample)	64 (58% entire sample)	<b>74 (65% entire sample)</b>
<i>Decreasing (%)</i>	21 (19% entire sample)	19 (17% entire sample)	<b>12 (10% entire sample)</b>
<i>Fluctuating (%)</i>	9 (8% entire sample)	8 (7% entire sample)	<b>6 (5% entire sample)</b>
<i>Don't know (%)</i>	4 (4% entire sample)	3 (3% entire sample)	<b>3 (2% entire sample)</b>

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

## 4.2 Availability

Table 8 presents IDU reports of the current availability of heroin in the ACT. The majority of IDU who commented on the availability of heroin in the ACT reported that heroin was ‘easy’ (48% compared to 39% in 2004) to ‘very easy’ (40% compared to 53% in 2004) to obtain in the ACT. In 2005, the proportion of IDU reporting that heroin is ‘difficult’ to obtain (12%) was similar to that reported by IDU in 2004 (8%). No IDU in 2005 believed heroin to be ‘very difficult’ to obtain in the ACT.

**Table 8: IDU reports of the current availability of heroin in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Did not respond (%)</b>	10	9	13
<b>Did respond (%)</b>	90	91	87
<b>Of those that responded (%)</b>	n=90	n=91	n=109
<i>Very easy (%)</i>	44 (40% entire sample)	53 (48% entire sample)	<b>40 (35% entire sample)</b>
<i>Easy (%)</i>	47 (42% entire sample)	39 (35% entire sample)	<b>48 (42% entire sample)</b>
<i>Difficult (%)</i>	9 (8% entire sample)	8 (7% entire sample)	<b>12 (10% entire sample)</b>
<i>Very difficult (%)</i>	0	1 (1% entire sample)	<b>0</b>
<i>Don't know (%)</i>	0	0	<b>0</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

IDU were asked to comment on changes in the availability of heroin in the ACT in the six months prior to the interview (see Table 9). In 2005, the majority of IDU believed heroin availability to have remained stable (70%; 54% in 2004). Less than one-quarter reported that heroin had become more difficult to obtain (18%; 20% in 2004). A smaller proportion reported heroin becoming easier to obtain (8%; 17% in 2004), while a minority believed that access to heroin in the ACT fluctuated (2%; 4% in 2004).

**Table 9: IDU reports of the change in the availability of heroin in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Did not respond (%)</b>	10	9	13
<b>Did respond (%)</b>	90	91	87
<b>Of those that responded (%)</b>	n=90	n=91	n=109
<i>More difficult (%)</i>	14 (13% entire sample)	20 (18% entire sample)	<b>18 (16% entire sample)</b>
<i>Stable (%)</i>	57 (51% entire sample)	54 (49% entire sample)	<b>70 (61% entire sample)</b>
<i>Easier (%)</i>	27 (24% entire sample)	17 (15% entire sample)	<b>8 (7% entire sample)</b>
<i>Fluctuates (%)</i>	1 (1% entire sample)	6 (5% entire sample)	<b>2 (2% entire sample)</b>
<i>Don't know (%)</i>	1 (1% entire sample)	4 (4% entire sample)	<b>2 (2% entire sample)</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

In 2005, 38% of IDU who reported purchasing heroin in the six months prior to the interview bought it through a mobile dealer, compared to 33% of IDU in the 2004 sample. Twenty-two

percent of IDU reported purchasing heroin from a dealer's home (compared to 24% in 2004), 16% from street dealers (16% in 2003) and 13% through friends (12% in 2004).

KE generally supported the information that was provided by the IDU about the availability of heroin in the ACT. KE believed heroin to be currently 'easy' to 'very easy' to obtain and that heroin availability had remained stable in the past six months.

### 4.3 Purity

IDU were asked to comment on the perceived purity of heroin in the ACT (see Table 10). In 2005, the majority of IDU commenting on heroin in the ACT perceived it to be of low to medium purity, with 39% of IDU reporting current purity to be low and 43% medium. In comparison, the 2004 IDU sample perceived the current purity of heroin to be medium (42%), with a smaller proportion (26%) reporting heroin purity to be low. In 2005, 11% of IDU reported the current purity of heroin to be 'high' compared with 19% in the previous year.

**Table 10: IDU reports of the current purity of heroin in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Did not respond (%)</b>	10	9	<b>13</b>
<b>Did respond (%)</b>	90	91	<b>87</b>
<b>Of those that responded (%)</b>	n=90	n=91	<b>n=109</b>
<i>Low (%)</i>	26 (23% entire sample)	26 (24% entire sample)	<b>39 (34% entire sample)</b>
<i>Medium (%)</i>	37 (33% entire sample)	42 (38% entire sample)	<b>43 (38% entire sample)</b>
<i>High (%)</i>	20 (18% entire sample)	19 (17% entire sample)	<b>11 (10% entire sample)</b>
<i>Fluctuates (%)</i>	9 (8% entire sample)	8 (7% entire sample)	<b>4 (3% entire sample)</b>
<i>Don't know (%)</i>	4 (4% entire sample)	3 (3% entire sample)	<b>3 (2% entire sample)</b>

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

Of those that commented in 2005, 31% (27% of the entire sample) reported heroin purity to be stable in the six months preceding the interview, compared to 42% (38% of the entire sample) in 2004. A greater proportion of IDU perceived heroin purity to be decreasing in 2005 (33%; 29% of the entire sample) when compared to IDU reports from 2004 (13%; 12% of the entire sample). In 2005 almost one-quarter of those commenting (23%; 20% of the entire sample) believed heroin purity to be increasing, comparable to figures reported in 2004 (20%; 18% of the entire sample). Eight KE commented specifically on the purity of heroin. Five KE commented that purity was stable, with two KE indicated that purity was fluctuating and one KE commenting that purity had decreased.

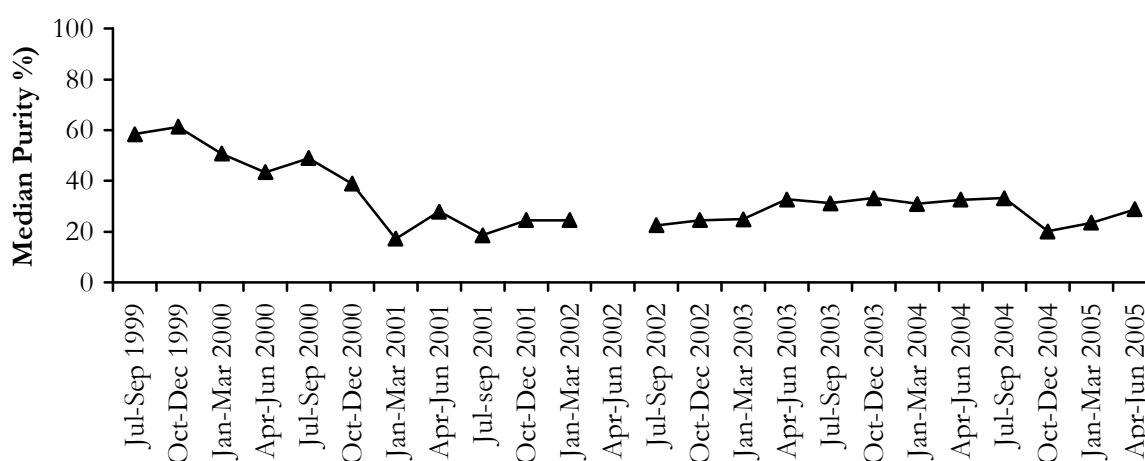
**Table 11: IDU reports of the change in the purity of heroin in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Did not respond (%)</b>	10	9	<b>13</b>
<b>Did respond (%)</b>	90	91	<b>87</b>
<b>Of those that responded (%)</b>	n=90	n=91	<b>n=109</b>
<i>Increasing (%)</i>	30 (27% entire sample)	20 (18% entire sample)	<b>23 (20% entire sample)</b>
<i>Stable (%)</i>	31 (28% entire sample)	42 (38% entire sample)	<b>31 (27% entire sample)</b>
<i>Decreasing (%)</i>	20 (18% entire sample)	13 (12% entire sample)	<b>33 (29% entire sample)</b>
<i>Fluctuating (%)</i>	14 (13% entire sample)	19 (17% entire sample)	<b>12 (10% entire sample)</b>
<i>Don't know (%)</i>	4 (4% entire sample)	7 (6% entire sample)	<b>1 (1% entire sample)</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

Figure 1 presents data on the purity of heroin seizures made by ACT local police, by quarter, from July 1999 to June 2005. In 2004 to 2005 the median purity of heroin seized in the ACT was 33.3% in the July-September quarter, decreasing in the middle two quarters to 20.1% in the October-December quarter and 23.5% in the January-March quarter, before increasing to 28.9% in the April-June quarter. As can be seen in Figure 1, the median purity of heroin peaked in the October-December quarter of 1999. Corresponding with the heroin drought, the purity of heroin in the ACT decreased to 17% in the January-March quarter of 2001.

**Figure 1: Median purity of heroin seizures by ACT local police, July 1999 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004, 2005)

Note: Data not available for the April-June quarter of 2002

## 4.4 Use

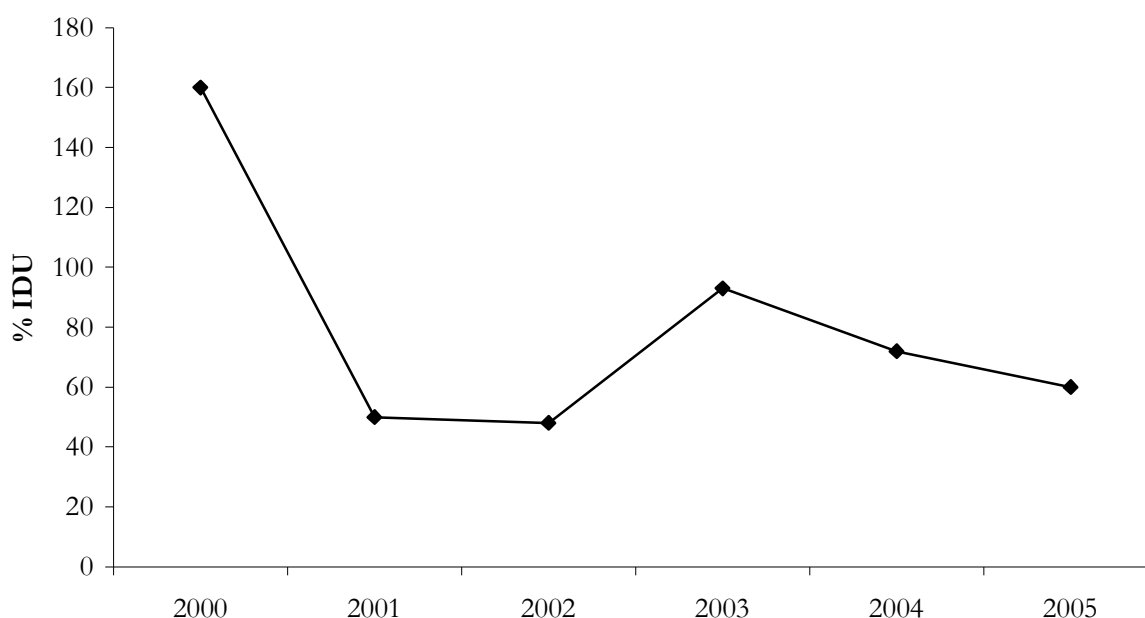
### Heroin use among IDU

Heroin use was almost universal among IDU in 2005, with 98% reporting having ever used heroin, comparable to 99% in 2003. Heroin was nominated as the drug of choice for over two-thirds of IDU in 2005 (67%) as was the case in 2004 (68%). Sixty-six percent reported injecting heroin most often in the last month (72% the previous year) and 61% reported that it was the last drug they injected (compared to 71% in 2004). In 2005, heroin was the second most common illicit drug used, 41% of IDU, on the day prior to the interview. In the previous year, heroin was the most common illicit drug used by IDU on the day prior to the IDRS interview, with over half (53%) of the IDU reporting that they had used heroin “yesterday”.

### Current patterns of heroin use

Eighty-six percent of IDU in 2005 reported having used heroin in the six months preceding the interview (compared to 91% in 2004 and 88% in 2003). Ninety-seven percent of IDU reported that they had injected heroin at least once in their lifetime, comparable to 99% in the previous year. Eighty-six percent reported having injected in the six months prior to interview (compared to 91% in 2004). Heroin smoking was also relatively widespread, with over half (59%) of the sample reporting they had smoked heroin at least once in their lifetime (60% in 2004), although only 8% had done so in the six months preceding the interview (compared to 10% in 2004). Of those IDU who had used heroin in the six months prior to the interview, the median number of days of use during this period was 60 (that is, approximately every third day), a considerable, but not significant, decrease from the reported median of 73 days in 2004 ( $p > .05$ ).

**Figure 2: Median days of heroin use among IDU who had used heroin in the preceding six months in the ACT, 2000-2005**

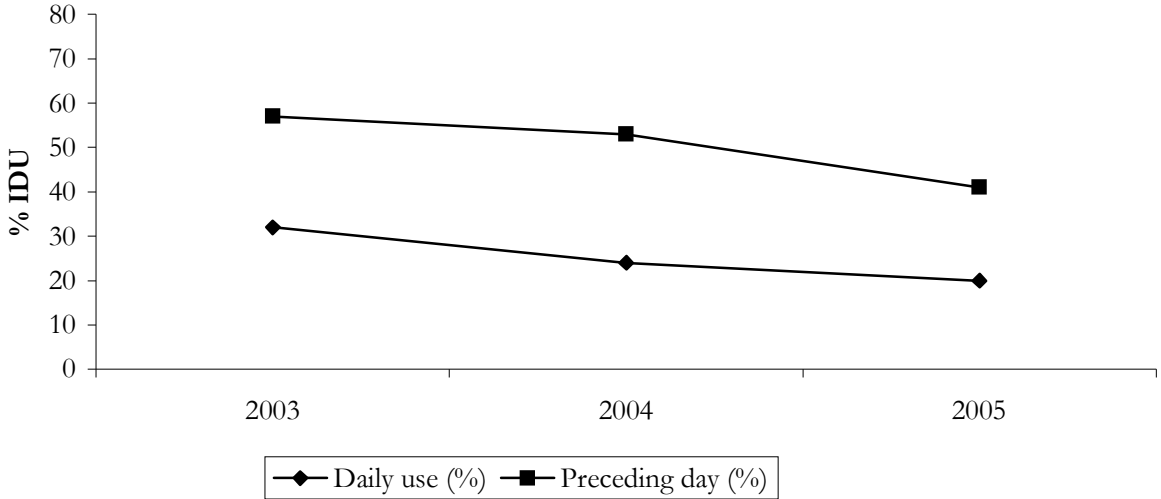


Source: ACT IDRS IDU survey files, 2000, 2001, 2002, 2003, 2004, 2005

Among recent heroin users, 82% reported that they had used heroin powder (86% in 2004), 74% reported using heroin rock (79% in 2004) and 7% had used homebake heroin (10% in 2004). As was the case in 2004, 65% of the respondents who had used heroin in the six months prior to the interview reported that powder was the most common form used, while 35% reported that rock was the most common form they had used. None of the IDU interviewed reported that homebake heroin was the most common form used.

As can be seen in Figure 3, the proportion of IDU reporting daily heroin use in the six months preceding the interview has been decreasing over the last three years, from 32% in 2003 to 24% in 2004 and 20% in 2005. The use of heroin on the day preceding the interview has also been decreasing, from 57% in 2003 to 53% in 2004, and 43% in 2005.

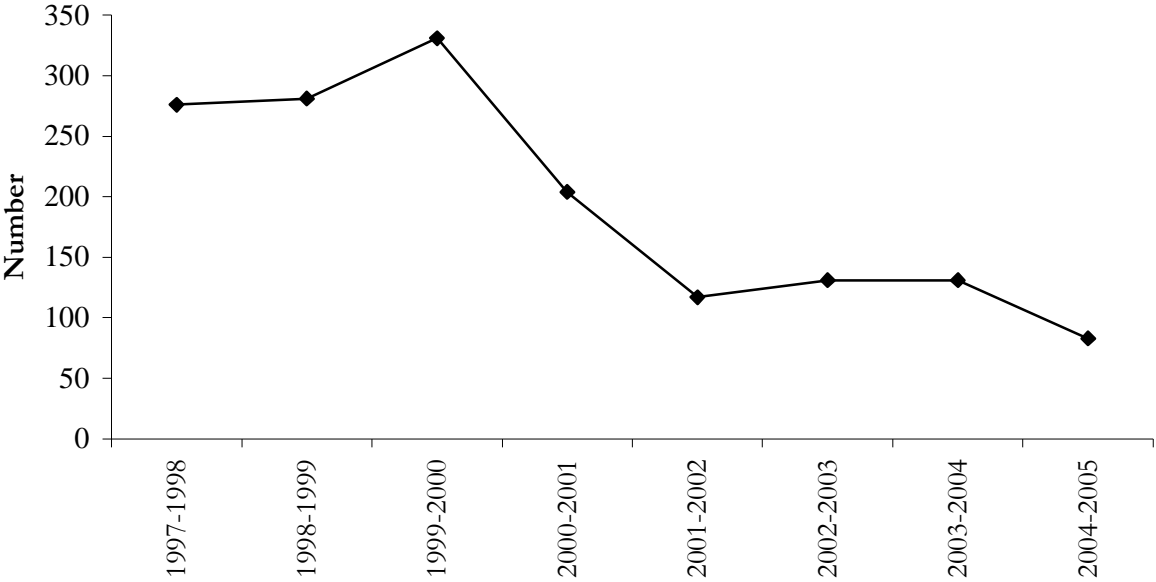
**Figure 3: Proportion of IDU reporting daily heroin use in the last six months, and heroin use on the day preceding the interview in the ACT, 2003-2005**



**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

There has been a gradual decline in the number of clients withdrawing from heroin in the ACT at Arcadia House Withdrawal Centre since the peak in the 1999-2000 financial year, as can be seen in Figure 4. Since 2001-2002, the number of Arcadia House clients withdrawing from heroin has been relatively stable. However, in 2004-2005 there were a total of 83 clients that were withdrawing from heroin at Arcadia House, a decrease from 131 reported in the previous financial year (2003-2004).

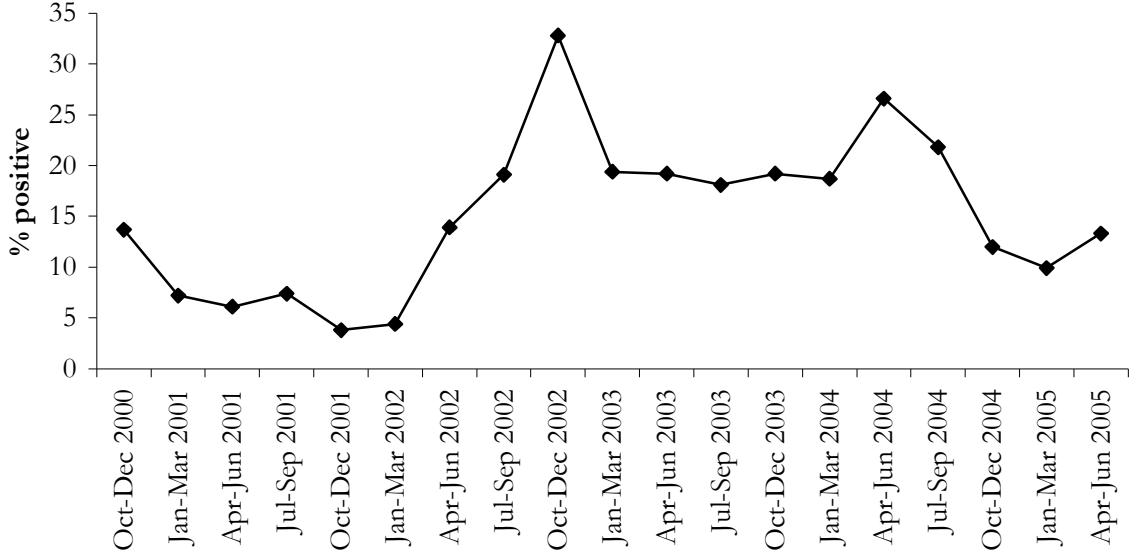
**Figure 4: Number of Arcadia House clients withdrawing from heroin, 1997-1998 to 2004-2005**



**Source;** Assisting Drug Dependence Incorporated (ADDInc)

As part of the clinical management of patients in methadone maintenance treatment for opioid dependence in the ACT, urine analysis is conducted to test for the use of illicit drugs. To determine heroin use by patients maintained on methadone, urine tests are screened for the presence of morphine, as morphine-positive urine test results are indicative of recent heroin use. Figure 5 depicts the percent of morphine-positive urine tests analysed by ACTGAL for the ACT Drug and Alcohol Program. The percent of morphine-positive test results among methadone maintenance patients in the ACT remained low during 2001 with an average of 6% of all urine analysis testing positive for morphine. Low levels of illicit heroin use during this period may be due to a reduction in the availability of heroin during the ‘heroin drought’ documented to have occurred in Australia at the beginning of 2001. Following the heroin drought of 2001, morphine-positive urine results began to increase, peaking in the Oct-Dec quarter of 2002 at 33%, then decreasing and reaching a plateau from January 2003 to March 2004. Morphine-positive tests increased to 26% in the April-June quarter of 2004, before decreasing to 22% in the July-September quarter of 2004, to 12% in the October-December quarter of 2004, and to 10% in the January-March quarter of 2005. There was a slight increase to 13% in the April-June quarter of 2005.

**Figure 5: Percent of morphine-positive urine tests, by quarter, October 2000 to June 2005**



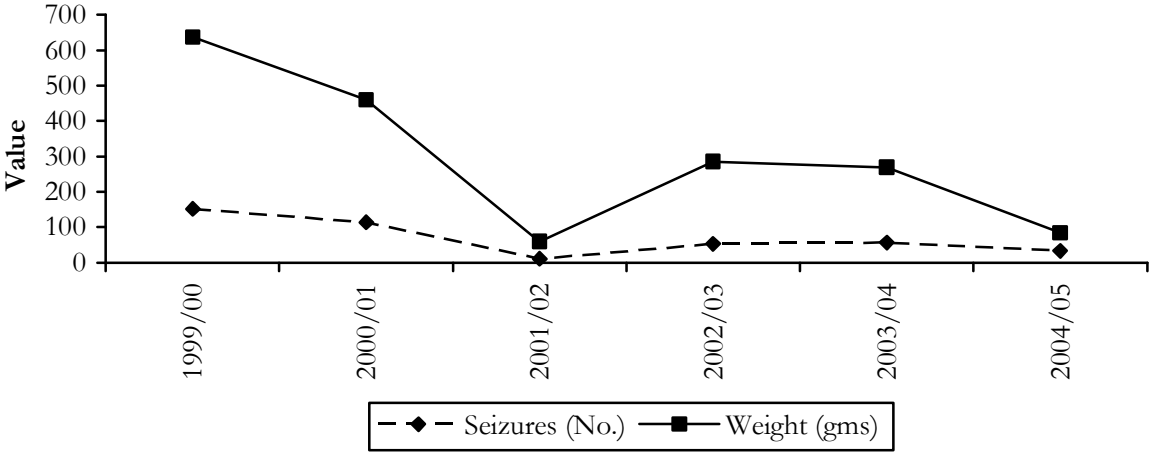
Source: ACT Drug and Alcohol Program (ACTADP) and ACTGAL

**4.5 Heroin law enforcement seizure data**

The number of heroin seizures and total weight seized for each financial year period from 1999-2000 financial year is presented in Figure 6. As can be seen in Figure 6, the number of seizures has remained relatively stable since 1999. However, the total weight of seizures decreased from the 1999-2000 financial year from 637 grams to 460 grams in 2000-2001. The total weight of heroin seizures continued to fall to 60 grams in 2001-2002, corresponding to the reported heroin drought during this period. In 2002-2003 the weight of heroin seizures began to increase with 285 grams seized, followed by 269 grams in 2003-2004. In 2004-2005 the number of heroin seizures decreased to 33, from 57 in 2003-2004. Furthermore, the weight of heroin seizures decreased significantly from 269 grams, in 2003-2004, to 84 grams in 2004-2005.



**Figure 6: Number and weight of heroin seizures in the ACT, July 1999 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004, 2005)

Table 12 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2004. The Australian Crime Commission (ACC) classifies offenders who are charged with user-type offences (for example, possession of illicit drugs and illicit drug use) as consumers. Offenders who are charged with supply-type offences (such as trafficking, selling, manufacture or cultivation) are categorised as providers. As can be seen in Table 12, the total number of heroin-related arrests in the ACT remained relatively stable over the last two financial years, with 39 arrests made in 2003-2004 and 35 in 2004-2005. The number of males arrested for user-type offences has remained the same over the past two financial years with 18 recorded arrests in 2003-2004 and 2004-2005. Similarly the number of males arrested for supply-type offences has remained stable, 15 in 2003-2004 and 13 in 2004-2005, although this is double the number recorded in 2002-2003. Since 1997, the number of people in the ACT arrested for user-type offences is approximately three times greater than the number arrested for supply-type offences. However, in the past two years the number of the people arrested for supply-type offences is only double the number of people arrested for user-type offences. Furthermore, males are approximately 3.5 times more likely to be arrested for a heroin-related offence than females.

**Table 12: Number of heroin consumer and provider arrests, ACT, 1997-1998 to 2004-2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	43	15	26	2	86
1998-1999	39	22	18	4	83
1999-2000	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000-2001	42	8	7	2	59
2001-2002	13	4	3	0	20
2002-2003	24	7	6	2	40
2003-2004	18	5	15	0	39
2004-2005	18	4	13	0	35

Source: ACC (1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005)

Note. <sup>a</sup> Figures for ACT 1999-2000 were not available

Note. Arrest data from 1997-1998 to 1999-2000 exclude Australian Federal Police data.

## 4.6 Heroin-related harms

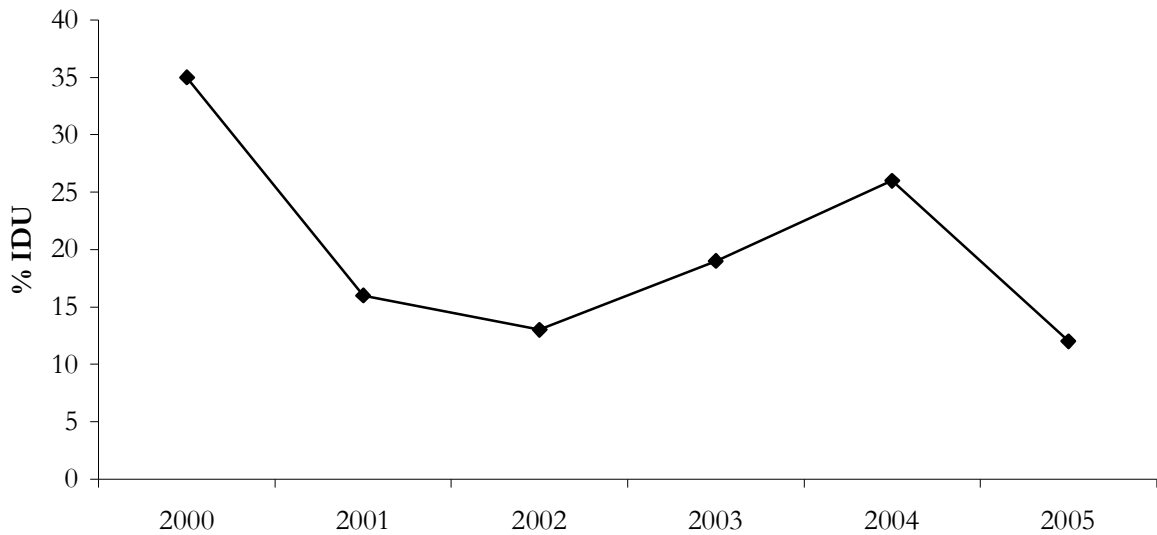
### 4.6.1 Health

#### Non-fatal overdose

In 2005, 54% (n=68) of the IDU reported having overdosed at least once at some point in their lives. In 2004, similar figures were reported with 58% (n=57) of the sample having overdosed on heroin at some time in their lives. Findings suggest that lifetime rates of overdose have declined from 2004 to 2005. As can be seen from Figure 7, in 2005 12% of the IDU sample reported having overdosed on heroin in the year prior to the interview, compared to 26% of the sample in 2004.

In 2005, 74% of IDU who reported ever having overdosed on heroin reported having overdosed one to five times, 19% reported having overdosed between six and ten times and 7% eleven or more times. The median time to last heroin overdose was 48 months (range 0-252 months). In comparison, in 2004, IDU reported that the median time to last heroin overdose was 12 months (range 0-100 months). The majority (83%; n=104) of IDU in 2005 reported that they had been present at a heroin overdose at least once in their lifetime. Of those that reported being present at a heroin overdose, 54% had been present at a heroin overdose in the previous 12 months.

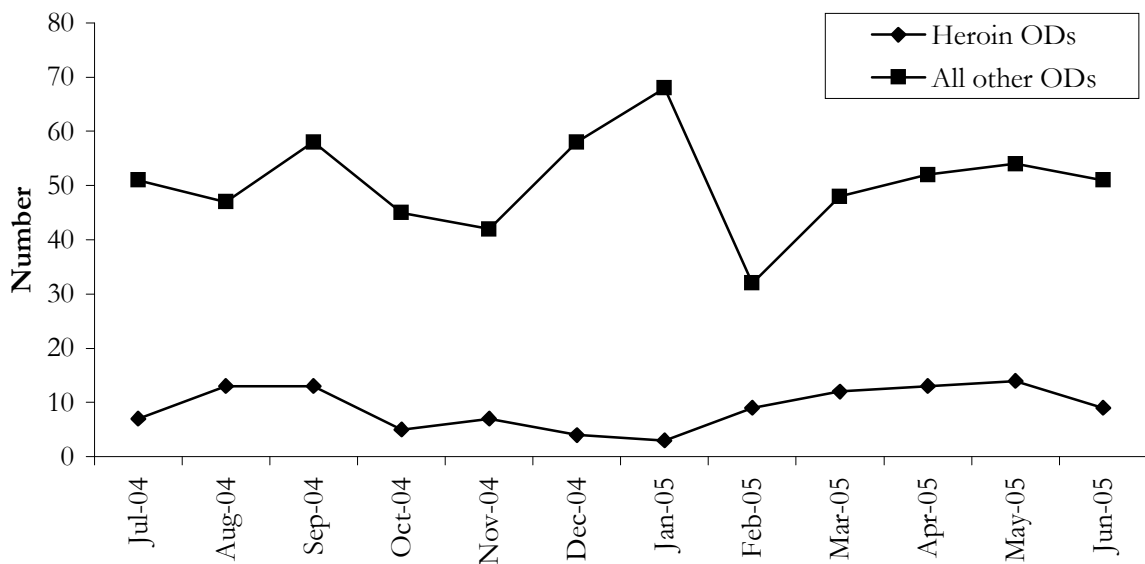
**Figure 7: Proportion of IDU reporting heroin overdose in the year preceding the interview, 2000-2005**



Source: ACT IDRS IDU survey files, 2000, 2001, 2002, 2003, 2004 and 2005

The following graphs present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2004-2005 financial year, there were a total of 715 ambulance calls to overdoses in the ACT of which 109 were non-fatal heroin overdoses. As can be seen from Figure 8, ambulance calls relating to heroin overdoses represent a small proportion of the total number of ambulance calls for overdoses in the ACT.

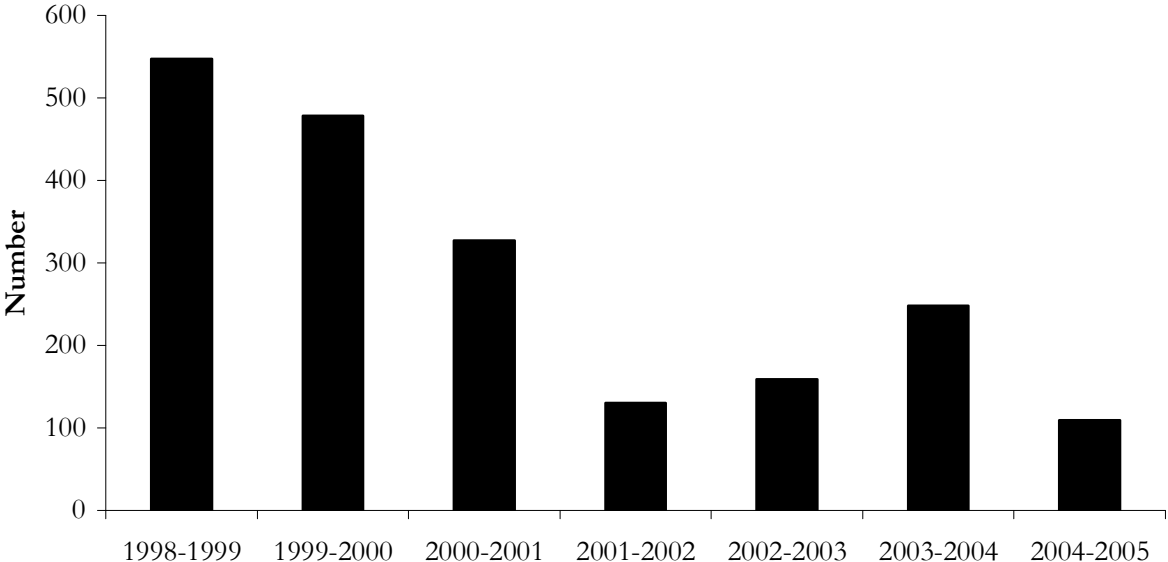
**Figure 8: Total number of non-fatal overdoses and number of non-fatal heroin overdoses, attended by ACT Ambulance Service, by month, 2004-2005**



Source: ACT Ambulance Service

As can be seen from Figure 9, in the 2004-2005 financial year there was a total of 109 non-fatal heroin overdoses attended by the ACT Ambulance Service, the lowest number per year since the 1998-1999 financial year where the graph begins. In the previous financial year (2003-2004), there were 248 overdoses attended and 159 non-fatal heroin overdoses were attended in 2002-2003. In 2001-2002, the ACT Ambulance Service attended 130 overdoses, compared to 327 in 2000-2001 and 478 in the previous year. Despite the steady increase in the number of non-fatal heroin overdoses attended by ACT Ambulance Service from 2001-2002 to 2003-2004, rates of non-fatal heroin overdoses in the ACT have not returned to levels reported in the years 1998-2001.

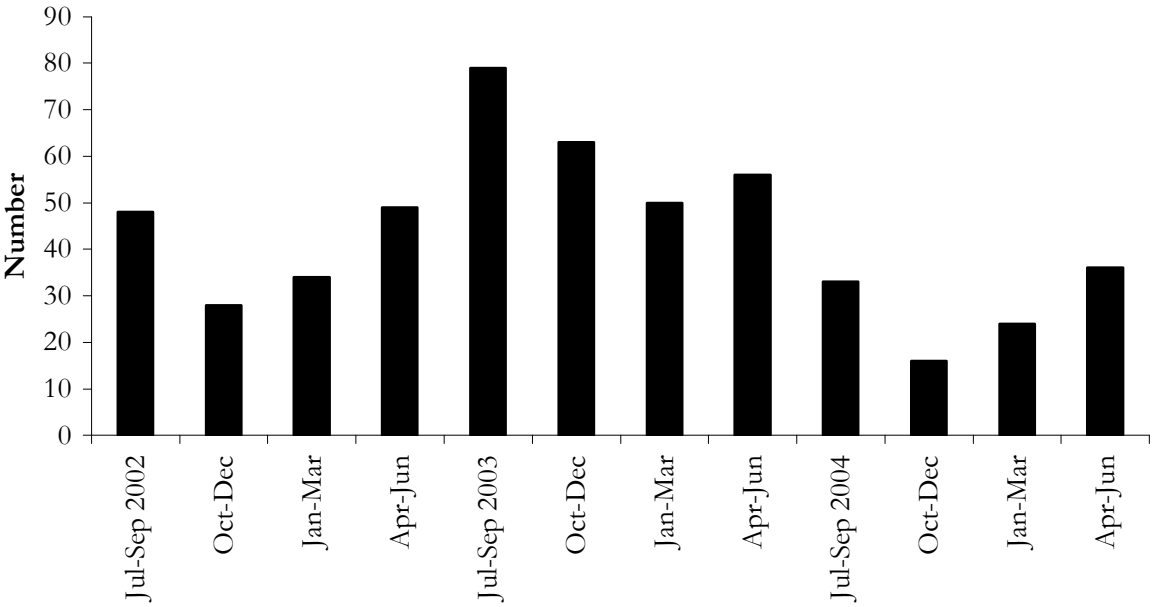
**Figure 9: Number of non-fatal heroin overdoses, attended by ACT Ambulance Service, 1998-1999 to 2004-2005**



**Source:** ACT Ambulance Service

Figure 10 depicts the number of non-fatal heroin overdoses attended by ACT Ambulance Service by quarter. When analysed by quarter, it appears that the number of non-fatal heroin overdoses in the Ambulance Service in the ACT increased with each quarter from October-December 2002 (28 overdoses) to the July-September 2003 quarter (79 overdoses). The number of non-fatal overdoses in the ACT decreased to 16 in the October-December quarter of 2004, after which the reported number of non-fatal overdoses again began to increase to 36 in the April-June quarter of 2004.

**Figure 10: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by quarter, July 2002 to June 2005**

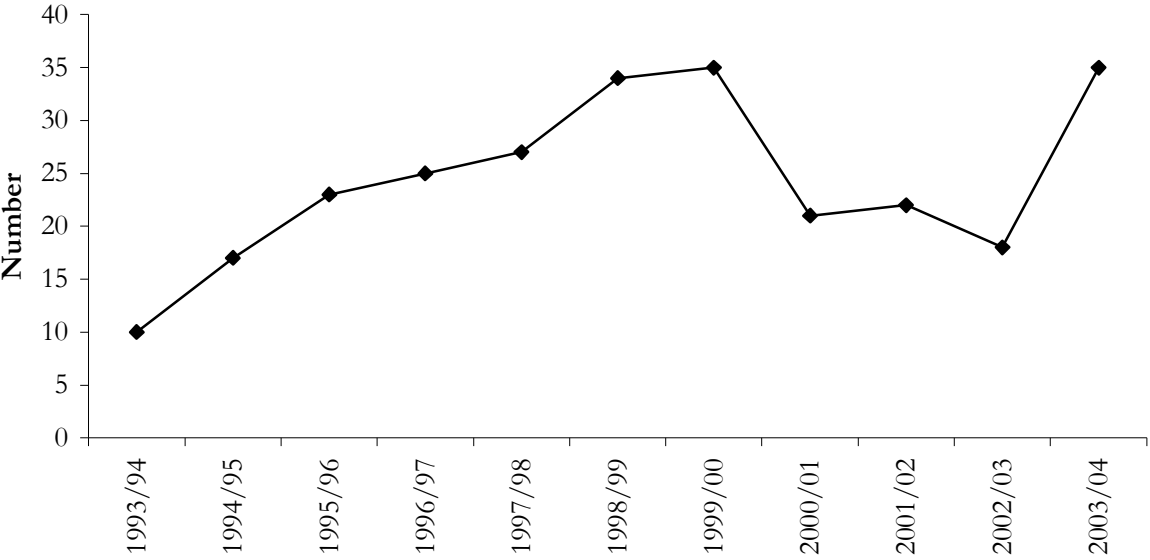


Source: ACT Ambulance Service

**Treatment**

Figure 11 shows the number of hospital admissions in the ACT, in persons aged 15-54 years where opioids are implicated in the primary diagnosis. The AIHW defines primary diagnosis as the diagnosis established (after study) to be chiefly responsible for occasioning the patient's episode of care in hospital. As can be seen from Figure 11, the number of opioid-related hospital admissions steadily increased from 10 in 1993-1994 to 35 in 1999-2000. Opioid-related hospital admissions decreased to 21 in 2000-2001, remained stable at 22 in 2001-2002 and 18 in 2002-2003, before increasing again to 35 in 2003-2004. Hospital admissions in the ACT where opioids were implicated in the primary diagnosis appear to decrease during the reported heroin shortage in 2001.

**Figure 11: Number of hospital admissions in persons aged 15-54 years where opioids were implicated in the primary diagnosis, ACT, 1993-1994 to 2003-2004**



**Source:** Australian Institute of Health and Welfare (AIHW)

In the ACT, there were a total of 2,912 ‘closed treatment episodes’ in alcohol and other drug treatment services for the 2004-2005 financial year. A closed treatment episode is defined as a period of contact with defined commencement and cessation dates between a client and treatment agency. A greater proportion of males were involved in ‘closed treatment episodes’ than females (70% and 30% respectively). The majority of clients in treatment were aged 20-29 years (37%), with just over one-third of those in treatment aged 30-39 years. As can be seen from Table 13, the majority of females in treatment episodes in the ACT were in treatment for heroin (35%) and alcohol (30%). Males were most likely to be in treatment for alcohol (45%) followed by heroin (29%).

**Table 13: Percentage of closed treatment episodes for females and males in the ACT by principal drug of concern, 2004-2005**

Principal drug of concern (%)	Female	Male	Total
Heroin	35	29	31
Methadone	2	1	2
Alcohol	30	45	44
Benzodiazepines	1	1	1
Amphetamines	5	5	5
Cannabis	14	18	17
MDMA	<1	<1	<1
Cocaine	<1	<1	<1
Nicotine	<1	<1	<1
Other	<1	0	<1
<b>Total number</b>	<b>860</b>	<b>2052</b>	<b>2912</b>

**Source:** ACT Drug and Alcohol Program

Table 14 presents the main treatment types for clients in treatment episodes where heroin is the principle drug of concern. Pharmacotherapy treatment (32%) – i.e. methadone or buprenorphine, followed by withdrawal management (detoxification) – were the most common forms of main treatment provided to clients in treatment episodes where heroin was the principle drug of concern. The next most common treatment for heroin involved assessment only (18%) and counselling (14%).

**Table 14: Main treatment type for clients in closed treatment episodes for heroin in the ACT, 2004-2005**

Main treatment type (%)	Principal drug of concern – heroin
Withdrawal management	28
Counselling	14
Pharmacotherapy	32
Support & case management only	<1
Information & education only	8
Assessment only	18

**Source:** ACT Drug and Alcohol Program

In the ACT, there were a total of 748 clients on either methadone or buprenorphine maintenance treatment as of 30<sup>th</sup> June 2004. This represents approximately 2% of pharmacotherapy clients Australia-wide. The majority (82%) of clients in pharmacotherapy treatment were on the methadone program, with a smaller proportion (18%) on buprenorphine maintenance. Table 15 presents data pertaining to the number of pharmacotherapy clients by dosing point in the ACT. As can be seen from Table 15, the majority of clients on methadone or buprenorphine dose at pharmacies, followed by public clinics.

**Table 15: Number of pharmacotherapy clients receiving treatment in the ACT as of 30<sup>th</sup> June 2005 by dosing point**

Dosing site	Number of pharmacotherapy clients in the ACT
	<b>Methadone (n=610)</b>
Pharmacies	394
Public clinics	196
Private clinics	0
Correctional facilities	20
Public/private prescriber	0
	<b>Buprenorphine (n=138)</b>
Pharmacies	82
Public clinics	53
Private clinics	0
Correctional facilities	3
Public/private prescriber	0

**Source:** Australian Institute of Health and Welfare (AIHW)

#### 4.7 Trends in heroin use

Since 2003, the heroin market in the ACT appears to have remained stable. The price of heroin has remained stable in 2005 and IDU report heroin to be easy to very easy to obtain. IDU interviewed in 2005 believed the current purity to be low to medium. The frequency of heroin use in the six months preceding the interview has been decreasing over the last three years, from 93 days in 2003 to 72 days in 2004 and 60 days in 2005.

#### 4.8 Summary of heroin trends

Table 16 summarises the trends in price, purity, availability and use of heroin from 2004 to 2005. As can be seen in the table, the price of a cap of heroin remained stable from 2004 to 2005 and the price of a gram of heroin remained stable from 2004 to 2005 at \$300. As was the case in 2004, in 2005 heroin was reported to be easy to very easy to obtain and the availability remained stable according to IDU and key expert interviews. The majority of IDU reported the current purity of heroin to be low to medium, and that the purity was stable to decreasing. There was a decline in the number of clients withdrawing from heroin at Arcadia House Withdrawal Centre from 2003-2004 to 2004-2005. In addition, there was a decline in the proportion of IDU reporting having overdosed on heroin in the year prior to the interview from 2004 (26%) to 2005 (12%). This corresponds with a drop in ambulance calls to heroin overdoses from 2003-2004 to 2004-2005.



**Table 16: Summary trends on heroin price, purity, availability and use, ACT, 2005**

<b>Price (median)</b>	<ul style="list-style-type: none"> <li>➤ Cap: stable at \$50 in 2004 and 2005</li> <li>➤ Gram: stable at \$300 in 2004 and 2005</li> <li>➤ IDU reports indicate the price of heroin in the ACT is stable in 2005</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>➤ Easy to very easy to obtain</li> <li>➤ Availability stable</li> </ul>
<b>Purity</b>	<ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report purity to be low to medium</li> </ul>
<b>Use</b>	<ul style="list-style-type: none"> <li>➤ 86% of IDU sample used heroin in the six months preceding the interview, compared to 91% in 2004</li> <li>➤ Median days of heroin use among IDU in the preceding six months was 60, a decrease from 73 days reported in 2004</li> <li>➤ 20% of IDU report daily heroin use, compared to 24% in 2004</li> </ul>

**Source:** ACT IDRS IDU survey files, 2004 and 2005

## 5.0 METHAMPHETAMINE

The 2005 IDRS IDU questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or 'speed', crystal methamphetamine or 'ice' and base methamphetamine or 'base'. Differentiating between speed, base and ice ensures that any differences in the price, purity and availability of each individual form of methamphetamine can be observed and monitored over time.

In 2005, 53% of the entire sample (n=125) were able to comment on trends in the price, purity, availability and use of methamphetamine powder. A smaller proportion of IDU were able to comment on base methamphetamine (18%). Fifty-six percent of the sample was able to comment on crystal methamphetamine trends.

There was thirteen KE who were able to report that methamphetamine was the primary drug of use amongst their contacts. Eleven KE indicated that the most commonly used form and the one that they would be reporting information upon was crystal methamphetamine or 'ice'. Two KE indicated that they would base their information upon methamphetamine powder or 'speed'. Out of the 13 KE reporting on methamphetamine, eight KE were able to comment on price, purity and availability in the ACT over the last six months.

### 5.1 Price

The median prices reported in 2003, 2004 and 2005 for each form of methamphetamine are presented in Table 17.

#### 5.1.1 Methamphetamine powder

The median price of a gram of speed purchased by IDU in 2005, decreased from \$200 in 2004, to \$125. The median price of a 'point' (0.1 grams) of speed remained stable at \$50. The median price for a 'half-weight' (0.5 grams) was reported to be \$150, up from \$125 in 2004. The median price of an 'eightball' (3.5 grams) remained relatively stable from \$250 in 2004 to \$255 in 2005.

The most common amount of speed purchased was a point, with 56% of IDU who commented on speed reporting that they had bought a point of speed in the six months preceding the interview. The next most common amount purchased in the six months preceding the interview were 'half-weights' (0.5 grams), with 23% of those commenting on speed making recent purchases of this amount.

Of those IDU that commented on speed in 2005, 61% (32% of the entire sample) believed the price to be stable. This is in comparison to 80% (31% of the entire sample) of IDU commenting on speed in 2004 that reported that the price was stable. A small proportion of IDU in 2005 believed that the price of speed was increasing (11%; 6% of the entire sample), similar to 10% (4% of the entire sample) in 2004.

The two KE reporting on the price of speed gave different values, one reporting that a point of speed could be purchased for \$20 whereas the other KE indicated that a point of speed was \$50. One KE indicated that the price of speed over the preceding six months had been stable, whilst the other KE indicated that the price of speed had decreased.

### **5.1.2 Base methamphetamine**

The median price of a gram of base purchased by IDU in 2005 was \$280, compared to \$220 in the previous year; however, it should be noted that figures are based on a small number of IDU (n=3) that purchased this amount. The median price of a point (0.1 grams) of base remained stable at \$50. Findings indicate that base was most commonly purchased in points by IDU in the ACT in 2005.

Of those that commented on base in 2005, the majority (86%; 14% of the entire sample) reported the price to have remained stable in the six months preceding the interview. A small proportion believed that the price of base fluctuated (10%; 2% of the entire sample).

### **5.1.3 Crystal methamphetamine**

The median price of a gram of ice purchased by IDU in 2005 remained stable at \$300. A point (0.1 grams) of ice also remained stable at \$50. The median price of a 'half-weight' (0.5 grams) was reported to be \$200, compared to \$180 in 2004. The most common amount of ice purchased was a point, with 57% of IDU who commented on ice reporting that they had bought a point of ice in the six months preceding the interview. The next most common amount purchased in the six months preceding the interview were 'half-weights' (0.5 grams) with 17% of those commenting on ice making recent purchases.

Of those that commented on ice in 2005, the majority (64%; 36% of the entire sample) reported the price to have remained stable in the six months preceding the interview. A small proportion believed that the price of ice had increased (14%; 8% of the entire sample).

Six KE were able to comment on the price of ice. KE reports of the price of a point of ice were generally lower than IDU reports. Three KE indicated that a point of ice cost \$20, two KE indicated that a point of ice cost \$40 and one KE indicated that ice cost \$50. KE were divided in their perception of change in the price of ice in the ACT in the six months preceding the interview. Three KE indicated that the price of ice had decreased and three KE indicated that the price of ice had remained stable.

**Table 17: Price of most recent methamphetamine purchases by IDU in the ACT, 2005**

Amount	Median price \$		Number of purchasers	
	2004	2005	2004	2005
<i>Methamphetamine powder</i>				
Gram	200	<b>125</b>	9	<b>10</b>
'Half-weight' (0.5 grams)	125	<b>150</b>	6	<b>15</b>
'Eightball' (3.5 grams)	250	<b>255</b>	1	<b>2</b>
Point (0.1 gram)	50	<b>50</b>	27	<b>37</b>
<i>Methamphetamine base</i>				
Gram	220	<b>280</b>	5	<b>3</b>
'Half-weight' (0.5 grams)	150	<b>150</b>	6	<b>4</b>
'Eightball' (3.5 grams)	500	<b>460</b>	1	<b>1</b>
Point	50	<b>50</b>	9	<b>18</b>
<i>Crystal methamphetamine</i>				
Gram	300	<b>300</b>	12	<b>9</b>
'Half-weight' (0.5 grams)	180	<b>200</b>	19	<b>12</b>
'Eightball' (3.5 grams)	-	<b>600</b>	1	<b>4</b>
Point (0.1 gram)	50	<b>50</b>	46	<b>40</b>

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

Table 18 presents data pertaining to IDU reports of changes in the price of different forms of methamphetamine in the six months preceding the interview for 2003, 2004 and 2005.

**Table 18: IDU reports of methamphetamine price changes in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<i>Methamphetamine powder</i>			
<b>Did not respond (%)</b>	54	61	47
<b>Did respond (%)</b>	46	39	53
<b>Of those that responded (%)</b>	n=46	n=39	n=66
<i>Increasing (%)</i>	13 (6% entire sample)	10 (4% entire sample)	<b>11 (6% entire sample)</b>
<i>Stable (%)</i>	65 (30% entire sample)	80 (31% entire sample)	<b>61 (32% entire sample)</b>
<i>Decreasing (%)</i>	4 (2% entire sample)	3 (1% entire sample)	<b>8 (4% entire sample)</b>
<i>Fluctuating (%)</i>	2 (1% entire sample)	3 (1% entire sample)	<b>11 (6% entire sample)</b>
<i>Don't know (%)</i>	15 (7% entire sample)	5 (2% entire sample)	<b>11 (6% entire sample)</b>
<i>Base methamphetamine</i>			
<b>Did not respond (%)</b>	90	82	83
<b>Did respond (%)</b>	10	18	17
<b>Of those that responded (%)</b>	n=10	n=18	n=21
<i>Increasing (%)</i>	0 (0% entire sample)	17 (3% entire sample)	<b>5 (1% entire sample)</b>
<i>Stable (%)</i>	60 (6% entire sample)	67 (12% entire sample)	<b>86 (14% entire sample)</b>
<i>Decreasing (%)</i>	10 (1% entire sample)	0 (0% entire sample)	<b>0 (0% entire sample)</b>
<i>Fluctuating (%)</i>	0 (0% entire sample)	11 (2% entire sample)	<b>10 (2% entire sample)</b>
<i>Don't know (%)</i>	30 (3% entire sample)	6 (1% entire sample)	<b>0 (0% entire sample)</b>
<i>Crystal methamphetamine</i>			
<b>Did not respond (%)</b>	43	34	44
<b>Did respond (%)</b>	57	66	56
<b>Of those that responded (%)</b>	n=57	n=66	n=70
<i>Increasing (%)</i>	11 (6% entire sample)	3 (2% entire sample)	<b>14 (8% entire sample)</b>
<i>Stable (%)</i>	58 (33% entire sample)	65 (43% entire sample)	<b>64 (36% entire sample)</b>
<i>Decreasing (%)</i>	12 (7% entire sample)	15 (10% entire sample)	<b>10 (6% entire sample)</b>
<i>Fluctuating (%)</i>	2 (1% entire sample)	8 (5% entire sample)	<b>3 (2% entire sample)</b>
<i>Don't know (%)</i>	18 (10% entire sample)	9 (6% entire sample)	<b>9 (5% entire sample)</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

## 5.2 Availability

IDU were asked to comment on the current availability, as well as any changes in availability, of the different methamphetamine forms in the ACT in 2005. Findings are presented separately for methamphetamine powder, base methamphetamine and crystal methamphetamine in Tables 19 and 20.

### 5.2.1 Methamphetamine powder

Of those that commented on the current availability of speed (n=66), the majority reported it to be 'easy' (41%; 22% of the entire sample) to 'very easy' (46%; 24% of the entire sample) to obtain. In comparison, in 2004, 31% of those commenting on speed believed it to be 'very easy' to obtain. None of the IDU in the 2005 sample perceived speed to be 'very difficult' to obtain in the ACT.

Approximately two-thirds (68%; 36% of the entire sample) of the IDU commenting on speed thought that the availability had remained stable in the six months prior to the interview. There were less IDU in 2005 (11%; 6% of the entire sample) that perceived speed to have become 'more difficult' to obtain when compared to 2004 (26%; 10% of the entire sample). In contrast, two KE commented that, over the preceding six months, the availability of speed had declined.

Recent speed users predominantly reported buying speed from a dealer's home (36%), with smaller proportions reporting buying it from friends (including gifts from friends; 26%), street dealers (12%), and by contacting mobile dealers (12%).

### 5.2.2 Base methamphetamine

Similar to 2004, the 2005 IDU sample produced inconsistent reports relating to the availability of base, which is probably due to the small numbers who were able to comment (n=21). Of the IDU who commented on the availability of base, 23% (4% of the entire sample) believed it to be 'very easy' to obtain, 41% (7% of the entire sample) believed base to be 'easy' to obtain and 32% (6% of the entire sample) 'difficult' to obtain. The majority of those commenting on base (68%; 12% of the entire sample) reported that availability was stable in the six months preceding the interview.

Among those who commented on base, 41% reported that they purchased base through friends. This is in contrast to the previous year where no IDU reported obtaining base from friends. Thirty-two percent reported buying it from dealers' homes (66% in 2004) and 18% reported purchasing it from street dealers (22% in 2004).

### 5.2.3 Crystal methamphetamine

Of those that commented on the current availability of crystal methamphetamine or 'ice' (n=70), the majority reported it to be 'easy' (50%; 28% of the entire sample) to 'very easy' (39%; 22% of the entire sample) to obtain in the ACT. In comparison, in 2004, 44% (29% of the entire sample) of those commenting on ice (n=66) believed it to be 'easy' to obtain, while 32% (21% of the entire sample) believed ice to be 'very easy' to obtain. None of the IDU in the 2005 sample perceived ice to be 'very difficult' to obtain in the ACT. All six KE stated that ice was easy to obtain in the ACT at the time of interview.

In 2005, 59% (33% of the entire sample) of the IDU commenting on ice reported that availability had remained stable in the six months preceding the interview. There were less IDU in 2005 (9%;

5% of the entire sample) that perceived ice to have become ‘more difficult’ to obtain when compared to 2004 (17%; 11% of the entire sample). In addition, there was a greater proportion of those commenting on ice that perceived ice to have become ‘easier’ to obtain in the ACT when compared to reports from 2004 (27% in 2005 compared to 17% in 2004). Five of the six KE reported that the availability of ice over the preceding six months had been stable, while one KE reported that the availability of ice had increased.

Approximately one-third (31%) of respondents commenting on ice reported obtaining it from dealers’ homes, while 33% reported obtaining it from friends (including gifts from friends). Seventeen percent reported that street dealers were their usual source of ice, and mobile dealers were the usual source of ice for 13% of those commenting on ice.

**Table 19: IDU reports of the current availability of methamphetamine in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<i>Methamphetamine powder</i>			
<b>Did not respond (%)</b>	54	61	47
<b>Did respond (%)</b>	46	39	53
<b>Of those that responded (%)</b>	n=46	n=39	n=66
<i>Very easy (%)</i>	48 (22% entire sample)	31 (12% entire sample)	<b>46 (24% entire sample)</b>
<i>Easy (%)</i>	33 (15% entire sample)	44 (17% entire sample)	<b>41 (22% entire sample)</b>
<i>Difficult (%)</i>	13 (6% entire sample)	23 (9% entire sample)	<b>8 (4% entire sample)</b>
<i>Very difficult (%)</i>	0 (0% entire sample)	3 (1% entire sample)	<b>0 (0% entire sample)</b>
<i>Don't know (%)</i>	20 (9% entire sample)	0 (0% entire sample)	<b>6 (3% entire sample)</b>
<i>Base methamphetamine</i>			
<b>Did not respond (%)</b>	90	82	83
<b>Did respond (%)</b>	10	18	17
<b>Of those that responded (%)</b>	n=10	n=18	n=21
<i>Very easy (%)</i>	20 (2% entire sample)	28 (5% entire sample)	<b>23 (4% entire sample)</b>
<i>Easy (%)</i>	30 (3% entire sample)	28 (5% entire sample)	<b>41 (7% entire sample)</b>
<i>Difficult (%)</i>	40 (4% entire sample)	28 (5% entire sample)	<b>32 (6% entire sample)</b>
<i>Very difficult (%)</i>	0 (0% entire sample)	6 (1% entire sample)	<b>0 (0% entire sample)</b>
<i>Don't know (%)</i>	10 (1% entire sample)	11 (2% entire sample)	<b>5 (1% entire sample)</b>
<i>Crystal methamphetamine</i>			
<b>Did not respond (%)</b>	43	34	44
<b>Did respond (%)</b>	57	66	56
<b>Of those that responded (%)</b>	n=57	n=66	n=70
<i>Very easy (%)</i>	67 (38% entire sample)	32 (21% entire sample)	<b>39 (22% entire sample)</b>
<i>Easy (%)</i>	25 (14% entire sample)	44 (29% entire sample)	<b>50 (28% entire sample)</b>
<i>Difficult (%)</i>	7 (4% entire sample)	20 (13% entire sample)	<b>11 (6% entire sample)</b>
<i>Very difficult (%)</i>	0 (0% entire sample)	5 (3% entire sample)	<b>0(0% entire sample)</b>
<i>Don't know (%)</i>	2 (1% entire sample)	0 (0% entire sample)	<b>0 (0% entire sample)</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

**Table 20: IDU reports of changes in the availability of methamphetamine in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<i>Methamphetamine powder</i>			
<b>Did not respond (%)</b>	54	62	47
<b>Did respond (%)</b>	46	38	53
<b>Of those that responded (%)</b>	n=46	n=38	n=66
<i>More difficult (%)</i>	13 (6% entire sample)	26 (10% entire sample)	11 (6% entire sample)
<i>Stable (%)</i>	59 (27% entire sample)	55 (21% entire sample)	68 (36% entire sample)
<i>Easier (%)</i>	11 (5% entire sample)	8 (3% entire sample)	11 (6% entire sample)
<i>Fluctuates (%)</i>	0 (0% entire sample)	8 (3% entire sample)	3 (2% entire sample)
<i>Don't know (%)</i>	17 (8% entire sample)	3 (1% entire sample)	8 (4% entire sample)
<i>Base methamphetamine</i>			
<b>Did not respond (%)</b>	90	82	83
<b>Did respond (%)</b>	10	18	17
<b>Of those that responded (%)</b>	n=10	n=18	n=21
<i>More difficult (%)</i>	30 (3% entire sample)	22 (4% entire sample)	14 (2% entire sample)
<i>Stable (%)</i>	50 (5% entire sample)	61 (11% entire sample)	68 (12% entire sample)
<i>Easier (%)</i>	10 (1% entire sample)	0 (0% entire sample)	5 (1% entire sample)
<i>Fluctuates (%)</i>	0 (0% entire sample)	11 (2% entire sample)	9 (2% entire sample)
<i>Don't know (%)</i>	10 (1% entire sample)	6 (1% entire sample)	5 (1% entire sample)
<i>Crystal methamphetamine</i>			
<b>Did not respond (%)</b>	43	34	44
<b>Did respond (%)</b>	57	66	56
<b>Of those that responded (%)</b>	n=57	n=66	n=70
<i>More difficult (%)</i>	12 (7% entire sample)	17 (11% entire sample)	9 (5% entire sample)
<i>Stable (%)</i>	44 (25% entire sample)	55 (36% entire sample)	59 (33% entire sample)
<i>Easier (%)</i>	35 (20% entire sample)	17 (11% entire sample)	27 (15% entire sample)
<i>Fluctuates (%)</i>	2 (1% entire sample)	9 (6% entire sample)	6 (3% entire sample)
<i>Don't know (%)</i>	7 (4% entire sample)	3 (2% entire sample)	0 (0% entire sample)

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

Key expert reports of the availability of methamphetamine in the ACT support reports by IDU. Key experts considered methamphetamine to be currently 'easy' to 'very easy' to obtain and that methamphetamine has become easier to obtain in the six months prior to the interview.



## 5.3 Purity

### 5.3.1 Methamphetamine powder

The purity of methamphetamine powder or speed was reported to be 'medium' (24%; 13% of the entire sample) to 'low' (41%; 22% of the entire sample). In comparison, in 2004, 46% (18% of the entire sample) of those commenting on the current purity of speed, believed it to be 'medium', while 21% (8% of the entire sample) believed it to be 'low', as can be seen in Table 21.

Approximately one-third (33%; 18% of the entire sample) of the respondents who commented on speed believed the purity to have been 'stable' over the preceding six months (compared to 36%; 14% of the entire sample). Thirty-six percent (19% of the entire sample) believed that the purity had decreased over this period (an increase from 28% in 2004). Fifteen percent (8% of the entire sample) reported that the purity of speed had increased over the past six months, compared to 13% (5% of the entire sample) in 2004.

Two KE commented specifically on the purity of speed. Over the previous six months, one KE indicated that purity had increased, and one KE indicated that purity had fluctuated.

### 5.3.2 Methamphetamine base

Among those who commented on base, 27% (5% of the entire sample) reported the current purity to be 'medium' (a decrease from 56% reported in 2004) and 41% (7% of the entire sample) believed base to be currently of 'low' purity (compared to 6% in 2004).

When asked about any change in the purity of base in the last six months, as can be seen in Table 22, 59% (10% of the entire sample) of respondents reported that the purity was 'stable', with a small proportion reporting that purity was 'increasing' (5%; 1% of the entire sample), compared to 67% (12% of the entire sample) who reported purity to be 'stable' and 11% (2% of the entire sample) 'increasing' in 2004. In 2005, 27% (5% of the entire sample) of those commenting on base reported the purity of base to be 'decreasing', compared to 6% (1% of the entire sample) in 2004. As was the case in 2004, the small sample size of IDU commenting on base methamphetamine has to be taken into account when interpreting these data.

### 5.3.3 Crystal methamphetamine

In 2005, the current purity of crystal methamphetamine or ice was reported to be 'high' by 53% (30% of the entire sample) of the respondents who commented on it (comparable to 58% in 2004). Approximately one-quarter (26%; 14% of the entire sample) of the remaining respondents believed that the current purity of ice was 'medium' (24% in 2004). A small proportion of IDU reported the current purity of ice to be low (13% in 2005 versus 8% in 2004).

Almost half (41%; 23% of the entire sample) of respondents believed that the purity of ice was stable (compared to 33%; 22% of the entire sample in 2004). Twenty-one percent of IDU who commented on ice believed the purity to be increasing (an increase from 12% reported in 2004). Nineteen percent (10% of the entire sample) reported ice purity to be decreasing, which is comparable to 21% (14% of the entire sample) that reported ice purity to be decreasing in 2004.

Six KE commented on the current purity for ice. In regard to purity over the previous six months, two stated that the purity of ice had increased, two stated that the purity of ice had decreased, and one KE each commented that the purity of ice was either stable or fluctuating.

**Table 21: IDU reports of the current purity of methamphetamine in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<i>Methamphetamine powder</i>			
<b>Did not respond (%)</b>	54	61	47
<b>Did respond (%)</b>	46	39	53
<b>Of those that responded (%)</b>	n=46	n=39	n=66
<i>Low (%)</i>	15 (7% entire sample)	21 (8% entire sample)	<b>41 (22% entire sample)</b>
<i>Medium (%)</i>	33 (15% entire sample)	46 (18% entire sample)	<b>24 (13% entire sample)</b>
<i>High (%)</i>	35 (16% entire sample)	23 (9% entire sample)	<b>21 (11% entire sample)</b>
<i>Fluctuates (%)</i>	2 (1% entire sample)	3 (1% entire sample)	<b>8 (4% entire sample)</b>
<i>Don't know (%)</i>	15 (7% entire sample)	8 (3% entire sample)	<b>6 (3% entire sample)</b>
<i>Base methamphetamine</i>			
<b>Did not respond (%)</b>	90	82	82
<b>Did respond (%)</b>	10	18	18
<b>Of those that responded (%)</b>	n=10	n=18	n=22
<i>Low (%)</i>	10 (1% entire sample)	6 (1% entire sample)	<b>41 (7% entire sample)</b>
<i>Medium (%)</i>	30 (3% entire sample)	56 (10% entire sample)	<b>27 (5% entire sample)</b>
<i>High (%)</i>	50 (5% entire sample)	33 (6% entire sample)	<b>27 (5% entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% entire sample)	0 (0% entire sample)	<b>5 (1% entire sample)</b>
<i>Don't know (%)</i>	10 (1% entire sample)	6 (1% entire sample)	<b>0(0% entire sample)</b>
<i>Crystal methamphetamine</i>			
<b>Did not respond (%)</b>	43	34	44
<b>Did respond (%)</b>	57	66	56
<b>Of those that responded (%)</b>	n=57	n=66	n=70
<i>Low (%)</i>	9 (5% entire sample)	8 (5% entire sample)	<b>13 (7% entire sample)</b>
<i>Medium (%)</i>	16 (9% entire sample)	24 (16% entire sample)	<b>26 (14% entire sample)</b>
<i>High (%)</i>	63 (36% entire sample)	58 (38% entire sample)	<b>53 (30% entire sample)</b>
<i>Fluctuates (%)</i>	2 (1% entire sample)	6 (4% entire sample)	<b>7 (4% entire sample)</b>
<i>Don't know (%)</i>	11 (6% entire sample)	5 (3% entire sample)	<b>1 (1% entire sample)</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

**Table 22: IDU reports of the change in the purity of methamphetamine in the last six months in the ACT, 2003, 2004 and 2005**

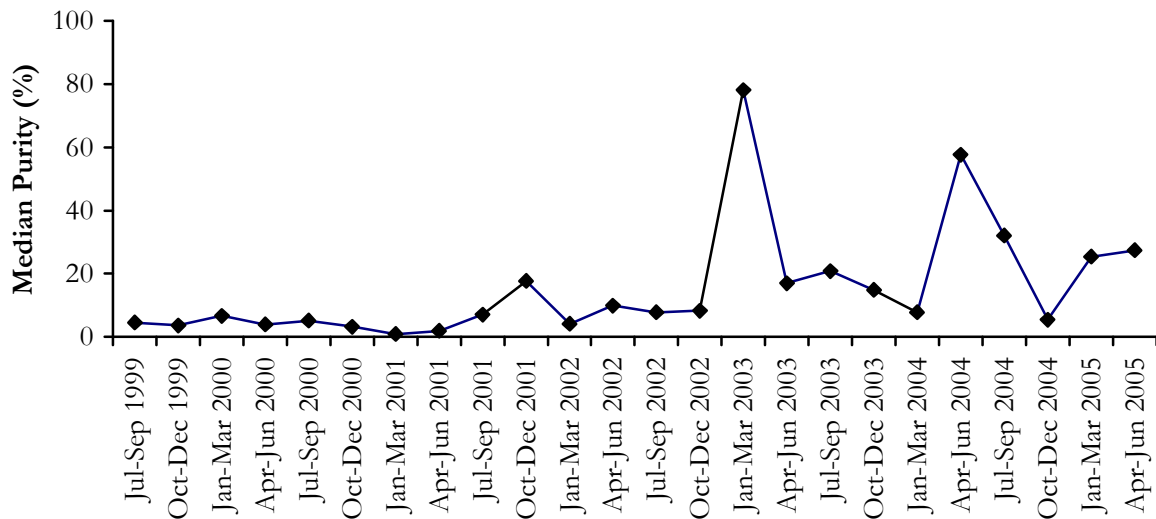
	2003 N=100	2004 N=100	2005 N=125
<i>Methamphetamine powder</i>			
<b>Did not respond (%)</b>	54	61	47
<b>Did respond (%)</b>	46	39	53
<b>Of those that responded (%)</b>	n=46	n=39	n=66
<i>Increasing (%)</i>	15 (7% entire sample)	13 (5% entire sample)	<b>15 (8% entire sample)</b>
<i>Stable (%)</i>	37 (17% entire sample)	36 (14% entire sample)	<b>33 (18% entire sample)</b>
<i>Decreasing (%)</i>	22 (10% entire sample)	28 (11% entire sample)	<b>36 (19% entire sample)</b>
<i>Fluctuating (%)</i>	7 (3% entire sample)	13 (5% entire sample)	<b>9 (5% entire sample)</b>
<i>Don't know (%)</i>	20 (9% entire sample)	10 (4% entire sample)	<b>6 (3% entire sample)</b>
<i>Base methamphetamine</i>			
<b>Did not respond (%)</b>	90	82	82
<b>Did respond (%)</b>	10	18	18
<b>Of those that responded (%)</b>	n=10	n=18	n=22
<i>Increasing (%)</i>	40 (4% entire sample)	11 (2% entire sample)	<b>5 (1% entire sample)</b>
<i>Stable (%)</i>	40 (4% entire sample)	67 (12% entire sample)	<b>59 (10% entire sample)</b>
<i>Decreasing (%)</i>	0 (0% entire sample)	6 (1% entire sample)	<b>27 (5% entire sample)</b>
<i>Fluctuating (%)</i>	0 (0% entire sample)	6 (1% entire sample)	<b>5 (1% entire sample)</b>
<i>Don't know (%)</i>	20 (2% entire sample)	11 (2% entire sample)	<b>5 (1% entire sample)</b>
<i>Crystal methamphetamine</i>			
<b>Did not respond (%)</b>	43	34	44
<b>Did respond (%)</b>	57	66	56
<b>Of those that responded (%)</b>	n=57	n=66	n=70
<i>Increasing (%)</i>	19 (11% entire sample)	12 (8% entire sample)	<b>21 (12% entire sample)</b>
<i>Stable (%)</i>	37 (21% entire sample)	33 (22% entire sample)	<b>41 (23% entire sample)</b>
<i>Decreasing (%)</i>	19 (11% entire sample)	21 (14% entire sample)	<b>19 (10% entire sample)</b>
<i>Fluctuating (%)</i>	5 (3% entire sample)	24 (16% entire sample)	<b>16 (9% entire sample)</b>
<i>Don't know (%)</i>	19 (11% entire sample)	9 (6% entire sample)	<b>3 (2% entire sample)</b>

Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

As shown in Figure 12, analysis of ACT police methamphetamine seizures indicate that the median methamphetamine purity in the ACT was consistently low up until the October-December quarter of 2002, increasing slightly to 17.7% in the October-December quarter of 2001. The median purity of methamphetamine in the ACT dramatically increased in the January-March quarter of 2003 to 78.1% before falling to 17% in the April-June quarter of 2003. This substantial increase is likely to be attributable to the increased proportion of crystal methamphetamine being seized in the ACT. The median purity of methamphetamine seized in the ACT decreased dramatically from 57.7% in the April-June quarter of 2004 to 5.5% in the

October-December quarter of 2004, before increasing to 25.4% in the January-March quarter of 2005, and gradually to 27.4% in the April-June quarter of 2005.

**Figure 12: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004, 2005)

## 5.4 Use

### 5.4.1 Methamphetamine use among IDU

In 2005, 97% of IDU reported using some form of methamphetamine (i.e. speed, base, ice, amphetamine liquid, prescription amphetamine) at least once in their lifetime. Seventy-four percent of IDU reported using some form of methamphetamine in the six months preceding the interview. Seventy-one percent of the sample reporting having injected some form of methamphetamine at least once in their lifetime.

Ninety-two percent of IDU reported having ever used methamphetamine powder (speed), similar to 89% in 2004. Eighty-two percent of IDU reported having ever used crystal methamphetamine (ice), compared to 93% in the previous year. A smaller proportion of IDU reported having ever used methamphetamine base (40%; 43% in 2004).

Methamphetamine was the first drug injected by 42% of IDU in the 2005 sample (37% in 2004) and the last drug injected prior to the interview by 28% (19% in 2004). Twenty-seven percent of IDU reported that methamphetamine was the drug injected most often in the last month prior to the interview (compared to 23% in 2004). Crystal methamphetamine (ice) was nominated as the drug of choice by 10% of IDU (compared to 15% in 2004) and speed the drug of choice for 6% (compared to 5% in 2004). No IDU reported methamphetamine base as their drug of choice.

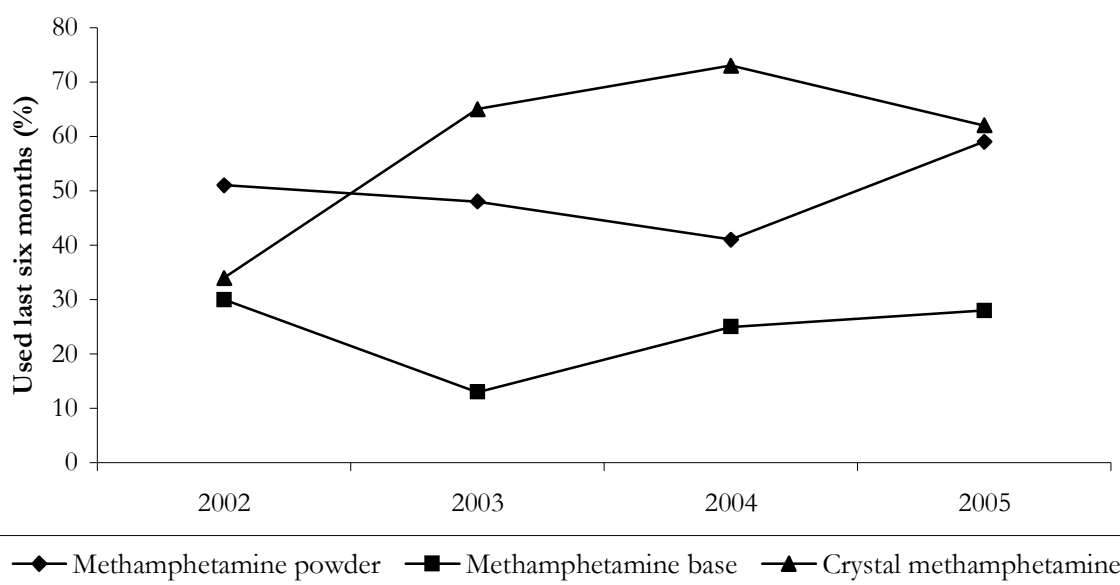
### 5.4.2 Current patterns of methamphetamine use

In 2005, 59% of IDU had used speed in the six months preceding the IDRS interview, a statistically significant increase from the 41% of IDU who reported recent use of speed in 2004 ( $p < .05$ ). In 2005, the proportion of IDU reporting the use of base in the six months prior to the interview remained relatively stable from 25% in 2004 to 28% in 2005. The use of crystal methamphetamine (ice) in the six-month period prior to the interview decreased from 73% in 2004 to 62% in 2005; however, this difference was not statistically significant ( $p > .05$ ).

In 2005, injection was the most common route of administration for all forms of methamphetamine. Fifty-six percent of IDU reported having injected speed in the six months prior to the interview (a small but non-significant increase from 46% in 2004,  $p > .05$ ). The proportion of IDU who had recently injected base remained relatively stable from 26% in 2004 to 27% in 2005. In 2005, 62% of IDU reported having injected ice in the six months preceding the interview, a statistically significant decrease from 78% in 2004 ( $p < .05$ ). In terms of route of administration, smoking of the more potent crystal form of methamphetamine is also an important route of administration, with 18% of the IDU sample in 2005 having smoked ice in the six months prior to the interview (15% in 2004).

In 2005, ice remained the methamphetamine form used most by IDU in the ACT, as can be seen in Figure 13. Of those who had used methamphetamine in the six months preceding the interview, 54% reported that crystal methamphetamine was the form most used, a decrease from 78% in 2004. The fall in the proportion of IDU reporting crystal methamphetamine as the form most used was accompanied by an increase from 2004 to 2005 in the proportion reporting speed as the methamphetamine form most used. In 2005, 36% of recent methamphetamine users reported speed as the form most used, an increase from 18% in 2004. Ice was the most common form of methamphetamine taken the day before the interview, with 9% of IDU having used the drug (comparable to 11% in 2004).

**Figure 13: Proportion of IDU reporting methamphetamine use in the past six months in the ACT, 2002-2005**

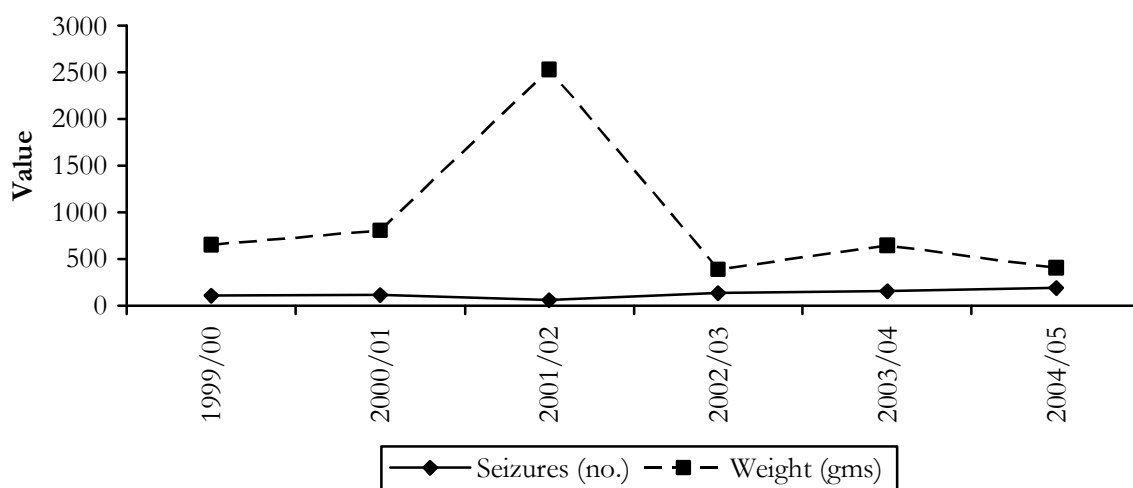


Source: ACT IDRS IDU survey files, 2002, 2003, 2004, 2005

## 5.5 Methamphetamine law enforcement seizure data

Figure 14 shows the number and weight of methamphetamine seizures in the ACT from 1999 to 2004. The number of seizures has remained stable since July 1999. In 2000-2001, state police in the ACT seized 807 grams of amphetamine-type stimulants. There was an approximate three-fold increase in 2001-2002 with 2,532 grams of amphetamine-type stimulants seized. The weight of seizures decreased to 388 grams in 2002-2003, increasing to 644 grams in 2003-2004. In 2004-2005 there were more seizures than previous years, but the weight of the seizures remained stable.

**Figure 14: Number and weight of amphetamine-type stimulant seizures in the ACT, July 1999 to June 2004**



**Source:** ACC (2000; 2001; 2002; 2003; 2004, 2005)

Table 23 presents the number of amphetamine-type stimulant consumer and provider arrests in the ACT from 1997 to 2005. As mentioned previously, the Australian Crime Commission (ACC) classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). Prior to 2000, the number of arrests in the ACT relating to amphetamine-type stimulants remained low, with 18 arrests in 1997-1998 and 23 in 1998-1999. In 2000-2001 the number of arrests dramatically increased, coinciding with an increase in methamphetamine use (particularly speed and ice) in the ACT. Since 2000-2001 the number of people in the ACT charged with user-type offences is approximately 4 times greater than the number charged with supply-type offences. This has decreased in 2004-2005, whereby user-type arrests were, approximately, only double the number arrested for supply-type offences. In 2004-2005, recorded arrests for user-type offences was down from 2003-2004. There were 51 males arrested in 2004-2005, down from 60 arrests in 2003-2004 and 7 female arrests in 2004-2005, down from 16 in 2003-2004. However, in 2004-2005 the number of supply-type arrests increased for both males and females. Male arrests increased to 27 in 2004-2005, compared to 19 in 2003-2004, and female arrests increased from 4 in 2003-2004 to 9 in 2004-2005.

**Table 23: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997 to 2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	8	3	5	2	18
1998-1999	15	2	6	0	23
1999-2000	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000-2001	37	10	6	3	56
2001-2002	44	4	9	3	60
2002-2003	41	11	8	4	64
2003-2004	60	16	19	4	99
2004-2005	51	7	27	9	94

**Source:** ACC (1998; 1999; 2000; 2001; 2002; 2003; 2004; 2005)

Note. <sup>a</sup> Figures for ACT 1999-2000 were not available

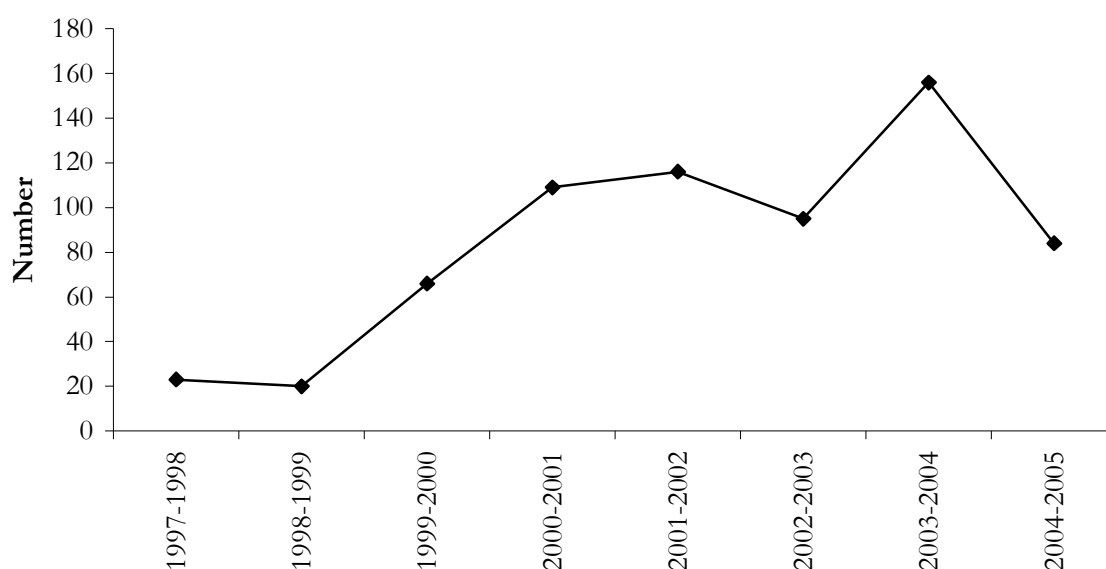
Note. Arrest data from 1997-1998 to 1999-2000 exclude Australian Federal Police data.

## 5.6 Methamphetamine-related harms

### 5.6.1 Health

As can be seen in Figure 15, there was an increase in the number of clients withdrawing from methamphetamine at Arcadia House Withdrawal Centre from 1997-1998 to 2003-2004. In 2004-2005 there was a decrease in the number of clients that attended Arcadia House for methamphetamine detoxification, down from 156 in 2003-2004 to 84 in 2004-2005.

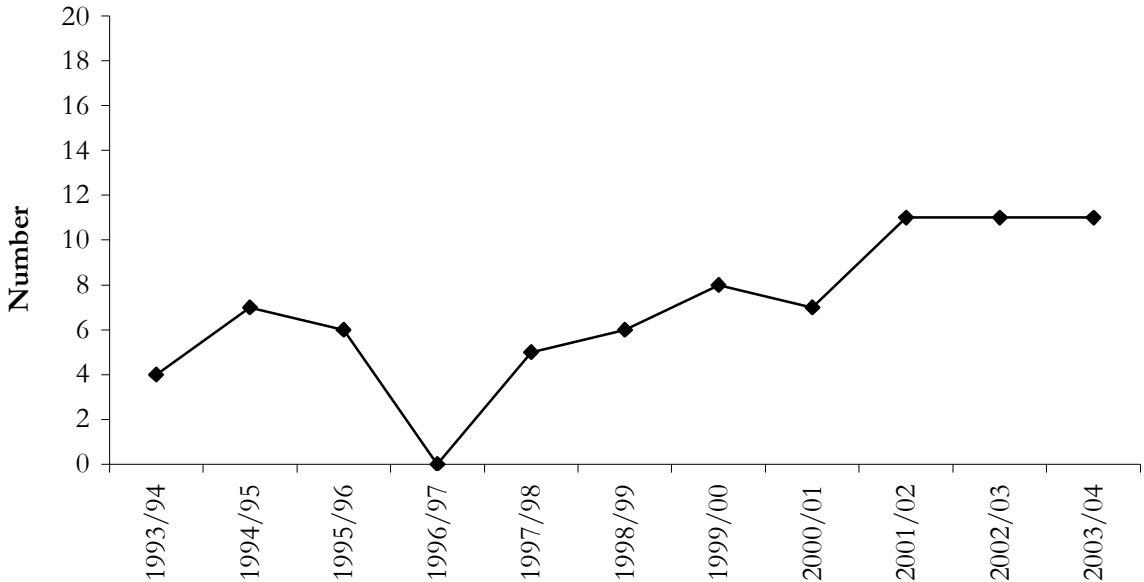
**Figure 15: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997-1998 to 2004-2005**



**Source:** Assisting Drug Dependents Incorporated (ADDInc)

Figure 16 shows the number of hospital admissions in the ACT, in persons aged 15 to 54, where amphetamine was implicated in the primary diagnosis. The AIHW defines the primary diagnosis as the diagnosis established (after study) to be largely responsible for occasioning the patient's episode of care in hospital. The number of amphetamine-related hospital admissions in the ACT have remained low over the last ten years. Since zero amphetamine-related hospital admissions were recorded in 1996-1997, admissions where amphetamine was implicated steadily increased until 2001-2002. The number of amphetamine-related hospital admissions has been stable at eleven over the last three years (2001-2002 to 2003-2004).

**Figure 16: Number of hospital admissions in persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993-1994 to 2003-2004**

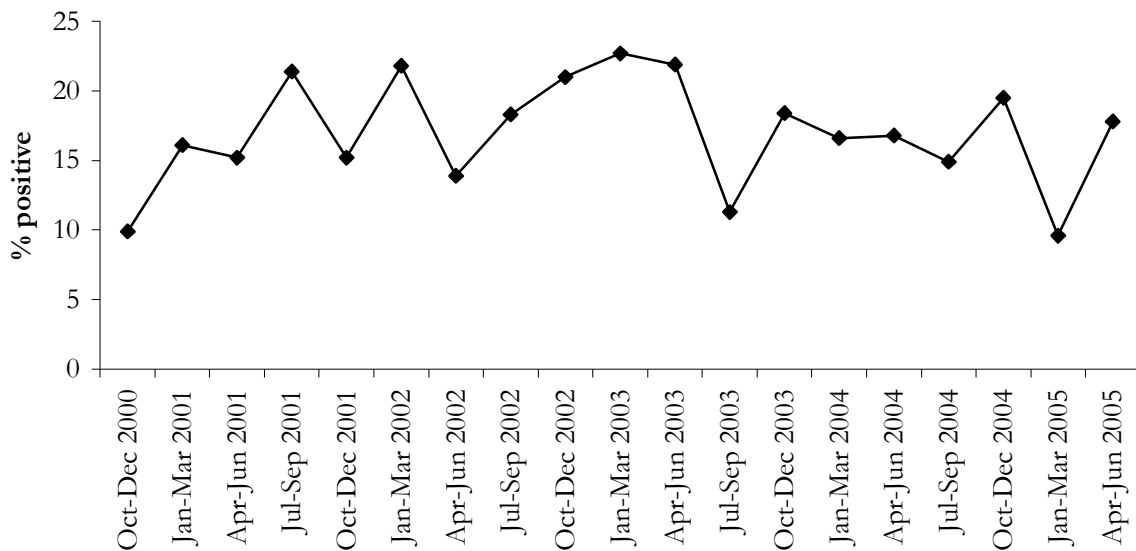


Source: Australian Institute of Health and Welfare (AIHW)

The Drug and Alcohol Program in the ACT routinely screens for illicit drug use among patients in opioid maintenance programs for the treatment of opioid dependence. The presence of methamphetamine in the urine is indicative of recent use of this drug. Figure 17 shows the percent of methamphetamine-positive urine test results from October 2000 to June 2005. The proportion of methamphetamine-positive urine tests has remained stable, fluctuating between 10% and just over 20%. In the July-September quarter of 2004, 15% of urine tests were positive for methamphetamine, increasing to 19.5% in the October-December quarter of 2004 and decreasing to 10% in the January-March quarter of 2005. In the April-June quarter of 2005, 18% of urine tests were positive for methamphetamine.



**Figure 17: Percent methamphetamine-positive urine tests, by quarter, October 2000 to June 2005**



Source: ACT Drug and Alcohol Program (ACTADP) and ACTGAL

In the ACT, there were a total of 2,912 ‘closed treatment episodes’ in alcohol and other drug treatment services for the 2004-2005 financial year. Amphetamine was the principle drug of concern for 138 of these treatment episodes. A closed treatment episode is defined as a period of contact with defined commencement and cessation dates between a client and treatment agency. Counselling (48%), followed by assessment only (41%), accounted for the majority of closed treatment episodes where amphetamine was the principle drug of concern, as can be seen in Table 24.

**Table 24: Main treatment type for clients in closed treatment episodes for amphetamine in the ACT, 2004-2005**

Main treatment type (%)	Principal drug of concern – amphetamine
Withdrawal management	5
Counselling	48
Support & case management only	<1
Information & education only	6
Assessment only	41

Source: ACT Drug and Alcohol Program

## 5.7 Summary of methamphetamine trends

Table 25 summarises trends in the price, purity, availability and use of methamphetamine in the ACT for 2005. As in 2004, the price for a point of each form of methamphetamine (speed, base, ice) remained stable at \$50 in 2005. The price for other amounts of speed, base and ice (such as a gram) also remained stable with no statistically significant increases or decreases in the price. Speed was reported as 'easy' to 'very easy' to obtain, and availability remained stable in the past six months. There was a statistically significant increase in the proportion of IDU reporting recent use of speed from 41% in 2004 to 51% in 2005 ( $p < .05$ ). There was also an increase in the proportion of IDU reporting the recent injection of speed, from 46% in 2004 to 56% in 2005; however, this difference was not statistically significant ( $p > .05$ ). The use of base by IDU in the ACT remained low, stable and infrequent in 2005. There was a decrease in the recent use of ice from 73% in 2004 to 62% in 2005; however, this difference was not statistically different ( $p > .05$ ). However, there was a statistically significant decrease in the proportion of IDU reporting the recent injection of ice from 78% in 2004 to 62% in 2005 ( $p < .05$ ). These data suggest that the use of ice may be decreasing and being replaced by speed. Whether this is a persistent trend or not will become evident subsequent in IDRS reports.

**Table 25: Summary on trends on methamphetamine price, purity, availability and use, in the ACT, 2005**

<p><b>Price (median)</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>➤ Point: stable at \$50 in 2004 and 2005</li> <li>➤ Gram: \$125 compared to \$200 in 2004</li> <li>➤ IDU reports indicate the price of speed in the ACT is stable in 2005</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>➤ Point: stable at \$50 in 2004 and 2005</li> <li>➤ Gram: stable at \$300 in 2004 and 2005</li> <li>➤ IDU reports indicate the price of heroin in the ACT is stable in 2005</li> </ul> <p><b>Crystal methamphetamine (ice)</b></p> <ul style="list-style-type: none"> <li>➤ Point: stable at \$50 in 2004 and 2005</li> <li>➤ Gram: stable at \$300 in 2004 and 2005</li> <li>➤ IDU reports indicate the price of heroin in the ACT is stable in 2005</li> </ul>
<p><b>Availability</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>➤ Easy to very easy to obtain</li> <li>➤ Availability stable</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>➤ Inconsistent reports ranging from difficult to very easy to obtain</li> <li>➤ Availability stable</li> </ul> <p><b>Crystal methamphetamine (ice)</b></p> <ul style="list-style-type: none"> <li>➤ Easy to very easy to obtain</li> <li>➤ Availability stable</li> </ul>
<p><b>Purity</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report purity to be low to medium</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report purity to be low to medium</li> </ul> <p><b>Crystal methamphetamine (ice)</b></p> <ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report purity to be medium to high</li> </ul>
<p><b>Use</b></p>	<p><b>Methamphetamine powder (speed)</b></p> <ul style="list-style-type: none"> <li>➤ Increase in recent use from 41% in 2004 to 59% in 2005</li> <li>➤ Median days of speed use among IDU in the preceding six months was 7</li> </ul> <p><b>Methamphetamine base</b></p> <ul style="list-style-type: none"> <li>➤ Use of base remains low and stable with 28% of IDU reporting recent use, compared to 25% in 2004</li> <li>➤ Median days of base use among IDU in the preceding six months was 5</li> </ul> <p><b>Crystal methamphetamine (ice)</b></p> <ul style="list-style-type: none"> <li>➤ Decrease in the recent injection of ice from 78% in 2004 to 62% in 2005</li> <li>➤ Median days of ice use among IDU in the preceding six months was 9</li> </ul>

Source: ACT IDRS IDU survey files, 2004 and 2005

## 6.0 COCAINE

Of the entire IDU sample only fourteen were able to comment on trends in price, purity and availability of cocaine. Due to a small number of respondents, caution needs to be exercised in interpreting the trends discussed below. No KE were able to comment on cocaine as a principal drug of concern for their contacts. Accordingly, none were able to report on the current price, purity or availability of cocaine.

### 6.1 Price

Prices paid for cocaine by IDU in the ACT in 2005 on the last occasion of purchase are presented in Table 26. In 2005, three IDU were able to comment on the price of a gram of cocaine. The median price for a gram of cocaine was \$250. Five IDU were able to report on the price of a cap of cocaine, with the median price reported to be \$50. The median price of a 'half-weight' of cocaine was reported by two IDU to be \$145. Four IDU were able to comment on the median price of a quarter-gram of cocaine. The median price for a quarter-gram of cocaine was \$100.

**Table 26: Price of most recent cocaine purchases by IDU, 2005**

Amount	Median price (\$)	Number of purchasers
Gram	250	3
Cap	50	5
'Half-weight' (0.5 grams)	145	2
Quarter-gram	100	4

**Source:** ACT IDRS IDU survey file, 2005

IDU were asked to comment on any changes in the price of cocaine in the ACT in the six months preceding the interview. When asked about changes in the price of cocaine, 36% of IDU that responded were unable to comment confidently on the issue. As can be seen from Table 27, 43% (5% of the entire sample) of those that commented on cocaine price believed the price to have remained stable in the six months preceding the interview.

**Table 27: IDU reports of cocaine price changes in the last six months, 2005**

	2005 N=125
<b>Did not respond (%)</b>	89
<b>Did respond (%)</b>	11
<b>Of those that responded (%)</b>	n=14
<i>Increasing (%)</i>	7 (1% of entire sample)
<i>Stable (%)</i>	43 (5% of entire sample)
<i>Decreasing (%)</i>	7 (1% of entire sample)
<i>Fluctuating (%)</i>	7 (1% of entire sample)
<i>Don't know (%)</i>	36 (4% of entire sample)

Source: ACT IDRS IDU survey files, 2005

## 6.2 Availability

When asked about the availability of cocaine in the ACT in 2005, the responses varied, with the majority of respondents reporting that it was difficult (29%) or very difficult (29%) to obtain. Some IDU believed that cocaine in the ACT was easy (21%) to very easy (14%) to obtain, as can be seen in Table 28

**Table 28: IDU reports of the current availability of cocaine in the past six months, 2005**

	2005 N=125
<b>Did not respond (%)</b>	89
<b>Did respond (%)</b>	11
<b>Of those that responded (%)</b>	n=14
<i>Very easy (%)</i>	14 (2% of entire sample)
<i>Easy (%)</i>	21 (2% of entire sample)
<i>Difficult (%)</i>	29 (3% of entire sample)
<i>Very difficult (%)</i>	29 (3% of entire sample)
<i>Don't know (%)</i>	7 (1% of entire sample)

Source: ACT IDRS IDU survey files, 2005

Of the 14 IDU who were able to comment on the availability of cocaine, 36% (4% of entire sample) reported that cocaine availability had remained stable and 21% (2% of entire sample) commented that cocaine had become easier to obtain in the ACT, as can be seen in Table 29. Smaller proportions believed cocaine to have become more difficult to obtain (7%; 1% of entire sample) or that availability fluctuated (14%; 2% of entire sample). It is important to note that 21% (2% of entire sample) of those commenting on the availability of cocaine reported that they did not know if availability had changed in the six months preceding the interview.

**Table 29: IDU reports of the change in availability of cocaine in the past six months, 2005**

	2005 N=125
<b>Did not respond (%)</b>	89
<b>Did respond (%)</b>	11
<b>Of those that responded (%)</b>	n=14
<i>More difficult (%)</i>	7 (1% entire sample)
<i>Stable (%)</i>	36 (4% entire sample)
<i>Easier (%)</i>	21 (2% entire sample)
<i>Fluctuates (%)</i>	14 (1% entire sample)
<i>Don't know (%)</i>	21 (2% entire sample)

Source: ACT IDRS IDU survey files, 2005

### 6.3 Purity

As can be seen from Table 30, of those that responded, the majority believed the current purity of cocaine in the ACT to be medium (43%) to high (36%). A small proportion believed cocaine purity to fluctuate (14%).

**Table 30: IDU reports of the current purity of cocaine in the past six months, 2005**

	2005 N=125
<b>Did not respond (%)</b>	89
<b>Did respond (%)</b>	11
<b>Of those that responded (%)</b>	n=14
<i>Low (%)</i>	0 (0% of entire sample)
<i>Medium (%)</i>	43 (5% of entire sample)
<i>High (%)</i>	36 (4% of entire sample)
<i>Fluctuates (%)</i>	14 (2% of entire sample)
<i>Don't know (%)</i>	7 (1% of entire sample)

Source: ACT IDRS IDU survey files, 2005

As can be seen in Table 31, when asked about changes in the purity of cocaine in the previous six months, 36% (4% of entire sample) of those that could comment reported it to be stable and 21% (2% of entire sample) reported that the purity has been fluctuating.

**Table 31: IDU reports of the change in the purity of cocaine in the past six months, 2005**

	<b>2005 N=125</b>
<b>Did not respond (%)</b>	89
<b>Did respond (%)</b>	11
<b>Of those that responded (%)</b>	n=14
<i>Increasing (%)</i>	7 (1% entire sample)
<i>Stable (%)</i>	36 (4% entire sample)
<i>Decreasing (%)</i>	0 (0% entire sample)
<i>Fluctuating (%)</i>	21 (2% entire sample)
<i>Don't know (%)</i>	36 (4% entire sample)

Source: ACT IDRS IDU survey files, 2005

## 6.4 Use

### 6.4.1 Cocaine use among IDU

In 2005, 72% of IDU reported that they had used cocaine at least once in their lifetime, comparable to 69% of IDU who had ever used cocaine in 2004. Sixty-five percent of IDU in 2005 reported ever having injected cocaine, similar to 62% in the previous year. In 2005, 37% of IDU had ever snorted cocaine, a similar proportion when compared to 35% of IDU who had ever snorted cocaine in 2004.

### 6.4.2 Current patterns of cocaine use

There was a statistically significant increase in the proportion of IDU reporting the use of cocaine in the six months preceding the interview from 10% (n=10) in 2004 to 20% (n=25) in 2005 ( $p<.05$ ). Injecting was the most common route of administration with 17% of IDU in 2005 reporting the recent injection of cocaine, compared to 8% in 2004; however, this difference was not statistically significant. Six percent of IDU in 2005 reported having snorted cocaine in the six months preceding the interview, comparable to 4% in the previous year. The median days of cocaine use by IDU in the ACT remained low at 2 days (compared to 5 days in 2004) which reflects opportunistic use, based on availability.

IDU were asked about forms of cocaine used in the six months preceding the interview. The majority (82%) of IDU who had used cocaine in the six months prior to interview reported using cocaine powder. Two IDU reported recently using crack cocaine. Three IDU in the 2005 sample indicated that they had used cocaine on the day prior to the interview.

Twelve IDU were able to comment on the usual source of cocaine in the six months preceding the interview. IDU most commonly reported obtaining cocaine from a street dealer (n=4), friends (n=4) and a mobile dealer (n=3).

## 6.5 Cocaine law enforcement seizure data

Table 32 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2005. During this period the number and weight of seizures has remained low; however, in 2004-2005 there were 6 cocaine seizures, consistent with previous years, but weight increased dramatically to 589 grams.

**Table 32: Number and weight of cocaine seizures in the ACT, July 1999 to June 2005**

Year	Seizures (no.)	Weight (grams)
1999-2000	6	3
2000-2001	3	7
2001-2002	10	10
2002-2003	0	0
2003-2004	6	4
2004-2005	6	589

Source: ACC (2000; 2001; 2002; 2003; 2004; 2005)

The number of cocaine-related arrests in the ACT have remained low since 1997. There were no reported cocaine arrests from July 1997 to June 2000. As can be seen in Table 33, in 2000-2001 and 2001-2002 there were 3 cocaine arrests, with two arrests being made in 2002-2003 and 2003-2004 respectively. However, the number of cocaine-related arrests increased in 2004-2005 when compared with previous years. There were 7 cocaine-related arrests in 2004-2005, up from 2 arrests in 2003-2004 and 2002-2003. Whilst user-type arrests have remained stable, there were 4 males arrested in 2004-2005 for supply-type offences, compared to 1 arrest in 2003-2004.

**Table 33: Number of cocaine consumer and provider arrests, ACT, 2000-2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
2000-2001	1	0	1	1	3
2001-2002	2	0	1	0	3
2002-2003	2	0	0	0	2
2003-2004	1	0	1	0	2
2004-2005	2	1	4	0	7

Source: ACC (2001; 2002; 2003; 2004; 2005)



## 6.6 Cocaine-related harms

### 6.6.1 Health

Due to the small amount of cocaine use in the ACT, IDU in the 2005 sample who reported having used cocaine in the previous six months did not report any harms associated with its use. Moreover, there were no hospital admissions in persons aged 15 to 54 years where cocaine was implicated in the primary diagnosis in the ACT in 2003-2004 (Roxburgh & Degenhardt, in press). In the last ten years there have been a total of three cocaine-related hospital admissions in the ACT, one each in 1993-1994 and 1998-1999, and another in 2001-2002. In the ACT, only four ACT Drug and Alcohol Program clients were in treatment episodes where cocaine was the principle drug of concern. Two clients in treatment episodes for cocaine received counselling, one received information and education only, and one withdrawal management (detoxification). This represents less than one percent of all ACT Drug and Alcohol clients in treatment episodes from July 2004 to June 2005.

## 6.7 Summary of cocaine trends

Table 34 summarises the trends in price, purity, availability and use of cocaine in the ACT in 2005. The price of a cap of cocaine was reported to be \$50 and a gram \$250; however, figures are based on a small number of IDU who were able to comment. Cocaine was considered to be ‘difficult’ to ‘very difficult’ to obtain, and the availability was reported to be stable. IDU perceived the current purity of cocaine in the ACT in 2005 to be of medium to high purity. There was a statistically significant increase in the proportion of IDU reporting recent cocaine use from 10% in 2004 to 20% in 2005 ( $p < .05$ ). There was an increase in the recent injection of cocaine from 8% in 2004 to 17% in 2005; however, this difference was not statistically significant ( $p > .05$ ).

**Table 34: Summary trends on cocaine price, purity, availability, and use, ACT, 2005**

<b>Price (median)</b>	<ul style="list-style-type: none"> <li>➤ Cap: \$50 in 2005 (n=5)</li> <li>➤ Gram: \$250 in 2005 (n=5)</li> </ul>
<b>Availability</b>	<ul style="list-style-type: none"> <li>➤ Very difficult to difficult to obtain</li> <li>➤ Availability stable</li> </ul>
<b>Purity</b>	<ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report purity to be medium to high</li> </ul>
<b>Use</b>	<ul style="list-style-type: none"> <li>➤ Increase in the recent use of cocaine from 10% in 2004 to 20% in 2005</li> <li>➤ Median days of use in the six months preceding the interview was 2, indicating that when cocaine is used by IDU it is used infrequently</li> </ul>

Source: ACT IDRS IDU Survey files, 2004, 2005

## **7.0 CANNABIS**

In 2005, 78% (n=98) of IDU commented on indoor-cultivated cannabis ('hydro') trends in the ACT, while 77% (n=97) reported on outdoor-cultivated cannabis ('bush'). The majority of the 28 KE were able to make some comment on cannabis use patterns amongst IDU in the ACT. One KE provided information regarding cannabis as the drug they were most familiar with, specifying price, purity and availability of hydroponic cannabis.

### **7.1 Price**

The median prices for hydroponic and outdoor ('bush') cannabis are shown in Table 35. A difference between the median prices reported for outdoor (bush) and indoor (hydroponic) cannabis was found in 2005 as it was in 2004. IDU reported that the median prices for larger amounts (quarter-ounce or more) of hydroponic cannabis (typically the more potent form) were greater than for outdoor-cultivated cannabis or 'bush'.

#### **7.1.1 Hydroponic cannabis**

The median price of a gram of hydroponic cannabis purchased by IDU in 2005 remained stable at \$20. The median price of a quarter-ounce of cannabis remained stable at \$90, as did the median price of a half-ounce at \$160. The median price for an ounce was reported to be \$290, compared to \$280 in 2004. Only one KE commented on the price of hydroponic cannabis. The KE supported IDU reports that the price of a gram of hydroponic cannabis was \$20.

The most common amount of hydroponic cannabis purchased was a gram, with 51% of IDU who commented on hydroponic cannabis reporting that they had bought a gram in the six months preceding the interview. The next most common amount purchased in the six months preceding the interview was a quarter-ounce with 42% of those commenting on hydroponic cannabis making recent purchases.

Of those that commented on hydroponic cannabis in 2005, 78% (61% of the entire sample) believed the price to be stable. This was also the case in the previous year. In 2004, 76% (56% of the entire sample) of those commenting on hydroponic cannabis reported that the price was stable.

#### **7.1.2 Cannabis (bush)**

The median price of a gram of bush cannabis purchased by IDU in 2005 remained stable at \$20. The median price of a quarter-ounce of cannabis was \$70, similar to \$65 reported in 2004. The median price of a half-ounce decreased from \$145 in 2004 to \$110 in 2005. The median price for an ounce was reported to be \$250, an increase from \$200 reported in 2004.

The most common amount of bush cannabis purchased was a gram, with 30% of IDU who commented on bush cannabis reporting that they had bought a gram in the six months preceding the interview. The next most common amount purchased in the six months preceding the interview was a quarter-ounce, with 15% of those commenting on bush cannabis making recent purchases.

As can be seen in Table 36, of those that commented on bush cannabis in 2005, 56% (43% of the entire sample) believed the price to be stable. In comparison, in 2004, 70% (39% of the entire sample) of those commenting on bush cannabis reported that the price was stable. It is important

to note that 27% (21% of the entire sample) of IDU commenting on bush cannabis reported that they did not know about price changes in the ACT in the six months preceding the interview.

**Table 35: Price of most recent cannabis purchases by IDU, 2005**

<b>Amount</b>	<b>Hydro Median price* (\$)</b>	<b>Hydro Number of purchasers</b>	<b>Bush Median price* (\$)</b>	<b>Bush Number of purchasers</b>
Ounce	290 (280)	20 (25)	250 (200)	13 (14)
Half-ounce	160 (160)	17 (7)	110 (145)	9 (4)
Quarter-ounce	90 (90)	41 (29)	70 (65)	15 (10)
Gram	20 (20)	50 (40)	20 (20)	29 (26)
2 grams	38 (35)	8 (7)	25 (23)	2 (6)
3 grams	50 (50)	9 (5)	20 (50)	2 (4)

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

Note. \* 2004 median prices are in brackets

**Table 36: IDU reports of cannabis price changes in the last six months in the ACT, 2004 and 2005**

	2004 N=100	2005 N=125
<i>Hydroponic cannabis</i>		
<b>Did not respond (%)</b>	26	22
<b>Did respond (%)</b>	74	78
<b>Of those that responded (%)</b>	n=74	n=98
<i>Increasing (%)</i>	7 (5% entire sample)	<b>9 (7% entire sample)</b>
<i>Stable (%)</i>	76 (56% entire sample)	<b>78 (61% entire sample)</b>
<i>Decreasing (%)</i>	8 (6% entire sample)	<b>4 (3% entire sample)</b>
<i>Fluctuating (%)</i>	8 (6% entire sample)	<b>5 (4% entire sample)</b>
<i>Don't know (%)</i>	1 (1% entire sample)	<b>4 (3% entire sample)</b>
<i>Cannabis (bush)</i>		
<b>Did not respond (%)</b>	44	22
<b>Did respond (%)</b>	56	78
<b>Of those that responded (%)</b>	n=56	n=97
<i>Increasing (%)</i>	7 (4% entire sample)	6 (5% entire sample)
<i>Stable (%)</i>	70 (39% entire sample)	56 (43% entire sample)
<i>Decreasing (%)</i>	7 (4% entire sample)	6 (5% entire sample)
<i>Fluctuating (%)</i>	9 (5% entire sample)	5 (4% entire sample)
<i>Don't know (%)</i>	7 (4% entire sample)	27 (21% entire sample)

Source: ACT IDRS IDU survey files, 2004 and 2005

## 7.2 Availability

IDU were asked to comment on the current availability, as well as any changes in availability, of both hydroponic and bush cannabis in the ACT in 2005. Findings are presented separately for hydroponic cannabis and bush cannabis.

### 7.2.1 Hydroponic cannabis

Of those that commented on the current availability of hydroponic cannabis (n=98), the majority reported it to be 'easy' (38%; 30% of the entire sample) to 'very easy' (54%; 42% of the entire sample) to obtain. These findings were similar to findings from the previous year. Among those commenting on hydroponic cannabis in 2004, 39% believed it to be 'easy' to obtain and 55% 'very easy'. None of the IDU in the 2005 or 2004 samples perceived hydroponic cannabis to be 'very difficult' to obtain in the ACT. The KE commenting specifically on hydroponic cannabis indicated that it was readily available. All other KE commented that cannabis seemed to be quite available and indicated that a majority of the IDU they had contact with used cannabis.

The majority (78%; 61% of the entire sample) of IDU commenting on hydroponic cannabis thought that the availability had remained stable in the six months prior to interview. Findings

from 2004 are similar, with 76% (56% of the entire sample) reporting availability of hydroponic cannabis to be stable.

Recent hydroponic cannabis users predominantly reported buying hydroponic cannabis from a dealer's home (38%), and from friends (including gifts from friends; 38%). Smaller proportions reported buying hydroponic cannabis from street dealers (8%), and through home delivery (6%).

### **7.2.2 Cannabis (bush)**

Of those that commented on the current availability of bush cannabis (n=97), the majority reported it to be 'easy' (27%; 21% of the entire sample) to 'very easy' (32%; 25% of the entire sample) to obtain, as can be seen in Table 37. In comparison, in 2004, 41% (23% of the entire sample) believed it to be 'easy' to obtain and 30% (17% of the entire sample) 'very easy'. Only 4% (3% of the entire sample) of IDU in 2005 perceived bush cannabis to be 'very difficult' to obtain in the ACT.

Over half (55%; 42% of the entire sample) of IDU commenting on bush cannabis thought that the availability had remained stable in the six months prior to the interview. This is a decrease from the 82% (46% of the entire sample) in 2004, as seen in Table 38. This decrease can be attributed to the increase in the proportion of IDU who reported that they 'don't know' about availability changes in the ACT.

Recent bush cannabis users predominantly reported buying bush cannabis from friends (including gifts from friends; 31%) and in a dealer's home (24%). Smaller proportions reported buying hydroponic cannabis from street dealers (11%) and through home delivery (4%).

**Table 37: IDU reports of the current availability of cannabis in the last six months in the ACT, 2004 and 2005**

	2004 N=100	2005 N=125
<i>Hydroponic cannabis</i>		
<b>Did not respond (%)</b>	26	22
<b>Did respond (%)</b>	74	78
<b>Of those that responded (%)</b>	n=74	n=98
<i>Very easy (%)</i>	55 (41% entire sample)	<b>54 (42% entire sample)</b>
<i>Easy (%)</i>	39 (29% entire sample)	<b>38 (30% entire sample)</b>
<i>Difficult (%)</i>	5 (4% entire sample)	<b>4 (3% entire sample)</b>
<i>Very difficult (%)</i>	0 (0% entire sample)	<b>0 (0% entire sample)</b>
<i>Don't know (%)</i>	0 (0% entire sample)	<b>4 (3% entire sample)</b>
<i>Cannabis (bush)</i>		
<b>Did not respond (%)</b>	44	22
<b>Did respond (%)</b>	56	78
<b>Of those that responded (%)</b>	n=56	n=97
<i>Very easy (%)</i>	30 (17% entire sample)	<b>32 (25% entire sample)</b>
<i>Easy (%)</i>	41 (23% entire sample)	<b>27 (21% entire sample)</b>
<i>Difficult (%)</i>	23 (13% entire sample)	<b>14 (11% entire sample)</b>
<i>Very difficult (%)</i>	0 (0% entire sample)	<b>4 (3% entire sample)</b>
<i>Don't know (%)</i>	5 (3% entire sample)	<b>23 (18% entire sample)</b>

Source: ACT IDRS IDU survey files, 2004 and 2005

**Table 38: IDU reports of the change in the availability of cannabis in the last six months in the ACT, 2004 and 2005**

	2004 N=100	2005 N=125
<i>Hydroponic cannabis</i>		
<b>Did not respond (%)</b>	26	22
<b>Did respond (%)</b>	74	78
<b>Of those that responded (%)</b>	n=74	n=98
<i>More difficult (%)</i>	10 (7% entire sample)	<b>3 (2% entire sample)</b>
<i>Stable (%)</i>	76 (56% entire sample)	<b>78 (61% entire sample)</b>
<i>Easier (%)</i>	11 (8% entire sample)	<b>6 (5% entire sample)</b>
<i>Fluctuates (%)</i>	4 (3% entire sample)	<b>8 (6% entire sample)</b>
<i>Don't know (%)</i>	0 (0% entire sample)	<b>5 (4% entire sample)</b>
<i>Cannabis (bush)</i>		
<b>Did not respond (%)</b>	44	22
<b>Did respond (%)</b>	56	78
<b>Of those that responded (%)</b>	n=56	n=97
<i>More difficult (%)</i>	14 (8% entire sample)	<b>7 (6% entire sample)</b>
<i>Stable (%)</i>	82 (46% entire sample)	<b>55 (42% entire sample)</b>
<i>Easier (%)</i>	0 (0% entire sample)	<b>5 (4% entire sample)</b>
<i>Fluctuates (%)</i>	0 (0% entire sample)	<b>10 (8% entire sample)</b>
<i>Don't know (%)</i>	4 (2% entire sample)	<b>23 (18% entire sample)</b>

Source; ACT IDRS IDU survey files, 2004 and 2005

### 7.3 Potency

Respondents were asked (based on their experience) to estimate the current strength or potency of hydroponic and bush cannabis. Results are presented below separately for both forms.

#### 7.3.1 Hydroponic cannabis

The potency of hydroponic cannabis was reported to be 'medium' (27%; 21% of the entire sample) to 'high' (59%; 46% of the entire sample). Findings were similar to those reported by IDU in the previous year. In 2004, 30% (27% of the entire sample) of those commenting on the current potency of hydroponic cannabis believed it to be 'medium', while 60% (44% of the entire sample) believed it to be 'high'.

The majority (61%; 48% of the entire sample) of respondents who commented on hydroponic cannabis believed the potency to have been 'stable' in the six months preceding the interview. This was also the case in 2004, with 62% (46% of the entire sample) reporting the potency of hydroponic cannabis to be stable. Of those commenting on change in the potency of hydroponic cannabis, 18% (14% of the entire sample) believed the potency to be 'increasing', compared to

10% (7% of the entire sample) in 2004. The one KE commenting on the potency of hydroponic cannabis indicated that it had remained stable in the previous six months.

**7.3.2 Cannabis (bush)**

The potency of bush cannabis was reported to be ‘medium’ (41%; 32% of the entire sample) to ‘low’ (17%; 13% of the entire sample), as can be seen in Table 39. Findings were similar to those reported by IDU in the previous year. In 2004, 57% (32% of the entire sample) of those commenting on the current potency of bush cannabis believed it to be ‘medium’, while 13% (7% of the entire sample) believed it to be ‘low’. In 2005, 11% (9% of the entire sample) of those that commented believed the potency of bush cannabis to be ‘high’, compared to 21% (12% of the entire sample) in the previous year.

As can be seen in Table 40, the majority (52%; 40% of the entire sample) of respondents who commented on bush cannabis believed the potency to have been ‘stable’ in the six months prior to the interview. This was also the case in 2004, with 61% (34% of the entire sample) reporting the potency of bush cannabis to be stable.

**Table 39: IDU reports of the current potency of cannabis in the last six months in the ACT, 2004 and 2005**

	2004 N=100	2005 N=125
<i>Hydroponic cannabis</i>		
<b>Did not respond (%)</b>	26	22
<b>Did respond (%)</b>	74	78
<b>Of those that responded (%)</b>	n=74	n=98
<i>Low (%)</i>	4 (3% entire sample)	5 (4% entire sample)
<i>Medium (%)</i>	30 (22% entire sample)	27 (21% entire sample)
<i>High (%)</i>	60 (44% entire sample)	59 (46% entire sample)
<i>Fluctuates (%)</i>	4 (3% entire sample)	6 (5% entire sample)
<i>Don't know (%)</i>	3 (2% entire sample)	3 (2% entire sample)
<i>Cannabis (bush)</i>		
<b>Did not respond (%)</b>	44	22
<b>Did respond (%)</b>	56	78
<b>Of those that responded (%)</b>	n=56	n=97
<i>Low (%)</i>	13 (7% entire sample)	17 (13% entire sample)
<i>Medium (%)</i>	57 (32% entire sample)	41 (32% entire sample)
<i>High (%)</i>	21 (12% entire sample)	11 (9% entire sample)
<i>Fluctuates (%)</i>	5 (3% entire sample)	6 (5% entire sample)
<i>Don't know (%)</i>	4 (2% entire sample)	25 (19% entire sample)

Source: ACT IDRS IDU survey files, 2004 and 2005



**Table 40: IDU reports of the change in the potency of cannabis in the last six months in the ACT, 2004 and 2005**

	2004 N=100	2005 N=125
<i>Hydroponic cannabis</i>		
<b>Did not respond (%)</b>	26	22
<b>Did respond (%)</b>	74	78
<b>Of those that responded (%)</b>	n=74	n=98
<i>Increasing (%)</i>	10 (7% entire sample)	<b>18 (14% entire sample)</b>
<i>Stable (%)</i>	62 (46% entire sample)	<b>61 (48% entire sample)</b>
<i>Decreasing (%)</i>	5 (4% entire sample)	<b>6 (5% entire sample)</b>
<i>Fluctuating (%)</i>	18 (13% entire sample)	<b>10 (8% entire sample)</b>
<i>Don't know (%)</i>	5 (4% entire sample)	<b>4 (3% entire sample)</b>
<i>Cannabis (bush)</i>		
<b>Did not respond (%)</b>	44	22
<b>Did respond (%)</b>	56	78
<b>Of those that responded (%)</b>	n=56	n=97
<i>Increasing (%)</i>	9 (5% entire number)	<b>5 (4% entire sample)</b>
<i>Stable (%)</i>	61 (34% entire sample)	<b>52 (40% entire sample)</b>
<i>Decreasing (%)</i>	5 (3% entire sample)	<b>7 (6% entire sample)</b>
<i>Fluctuating (%)</i>	21 (12% entire sample)	<b>8 (6% entire sample)</b>
<i>Don't know (%)</i>	4 (2% entire sample)	<b>28 (22% entire sample)</b>

Source: ACT IDRS IDU survey files, 2004 and 2005

## 7.4 Use

### 7.4.1 Cannabis use among IDU

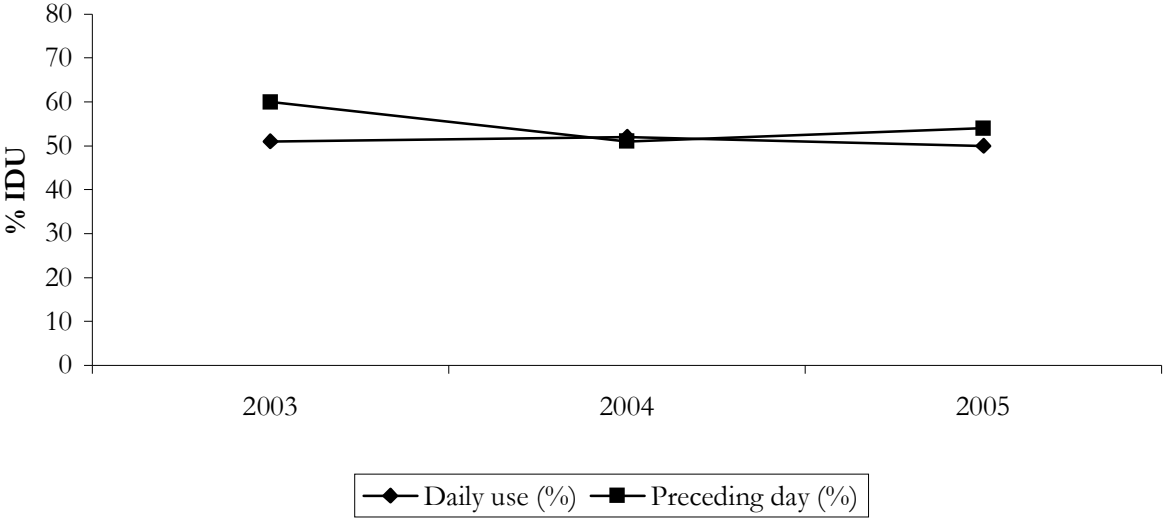
In 2005 all of the IDU interviewed (N=125) reporting having used cannabis at some time in their lives (compared to 98% in 2004), with 90% reporting recent use (compared to 85% in 2004). Cannabis was the drug of choice for 10% of the sample, compared to 7% in 2004.

### 7.4.2 Current patterns of cannabis use

Ninety percent of IDU reported having used cannabis in the six months preceding the interview. As was the case in 2004, the median number of days that cannabis users reported using this drug in the previous six months was 180 (i.e. every day). Cannabis was the next most common illicit drug used the day prior to interview, after heroin, with 54% of all IDU reporting its use 'yesterday' (compared to 51% in 2004). As can be seen from Figure 18, the proportion of IDU reporting daily cannabis use and cannabis use on the day prior to the interview has remained relatively stable over the last three years. Twenty-seven of twenty-eight KE commented on the use of cannabis amongst the IDU. Twenty-seven KE indicated that the IDU they had contact with used cannabis, with the majority of IDU using cannabis in addition to their drug of choice, for example heroin or methamphetamine.

Of those respondents who had used cannabis in the six months prior to the interview, 96% had used hydroponic cannabis (92% in 2004), 85% had used bush (74% in 2004), 8% had used hash (15% in 2004) and 14% had used hash oil in that period (6% in 2004). Hydroponic cannabis was the form of cannabis used most often by 70% of the IDU sample in the six months preceding the interview (comparable to 68% of the sample in 2004).

**Figure 18: Proportion of IDU reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003, 2004 and 2005**



Source: ACT IDRS IDU survey files, 2003, 2004, and 2005

**7.5 Cannabis law enforcement seizure data**

Table 41 shows the number and weight of cannabis seizures in the ACT from 1999 to 2005. Since 2000-2001, the weight of cannabis seizures in the ACT has been increasing, with 627,934 grams seized in the 2003-2004 financial year. In 2004-2005 the weight of cannabis seizures decreased to 566,770 grams. Consistent with 2003-2004, the number of cannabis seizures has continued to decrease from 624 grams in 2002-2003, to 591 grams in 2003-2004 to 553 in 2004-2005.

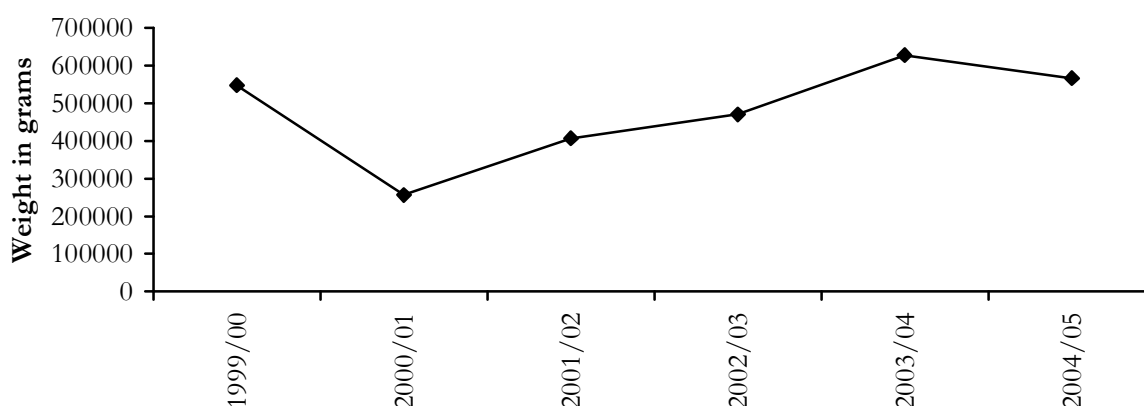
**Table 41: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2005**

Year	Seizures (no.)	Weight (grams)
1999-2000	870	548 107
2000-2001	565	256 895
2001-2002	387	406 521
2002-2003	624	470 691
2003-2004	591	627 934
2004-2005	553	566 770

Source: ACC (2000; 2001; 2002; 2003; 2004; 2005)

Figure 19 shows the average weight of cannabis seized in the ACT from 1999 to 2005. As can be seen from the graph in 2000-2001 the lowest average seizure weight was recorded at 256,895 grams. Since then the weight of cannabis seizures in the ACT has been steadily increasing, until 2004-2005, where there was a slight decrease.

**Figure 19: Average weight of cannabis seized in the ACT, July 1999 to June 2005**



Source: ACC (2000; 2001; 2002; 2003; 2004, 2005)

Table 42 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2005. In the ACT the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. In 2004-2005, 60% of all provider and consumer arrests were related to cannabis (down from 65% in 2003-2004). As can be seen from Table 42, the total number of cannabis arrests has been increasing since 1998-1999. In 2004-2005, however, there was a decrease in the number of cannabis-related arrests: 228 in 2004-2005 compared to 267 in 2003-2004. Since 2000-2001, males are almost 4 times more likely to be charged with user-type cannabis offences than females. The number of females arrested for user-type offences in 2004-2005 was almost half the amount arrested in 2003-2004. As can be seen from Table 42, the number of females charged with supply-type offences has remained relatively low and stable since 1997-1998. The number of males charged with supply-type offences increased dramatically from 4 in 2002-2003 to 42 in 2003-2004, remaining stable at 40 arrests in 2004-2005.

**Table 42: Number of cannabis consumer and provider arrests, ACT, 1997 to 2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	66	12	54	7	139
1998-1999	63	11	7	4	85
1999-2000	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>	- <sup>a</sup>
2000-2001	101	33	11	5	150
2001-2002	115	29	26	8	178
2002-2003	151	36	4	5	196
2003-2004	177	40	42	8	267
2004-2005	156	22	40	10	228

**Source.:** ACC (1999; 2000; 2001; 2002; 2003; 2004; 2005)

Note. a. Figures for ACT 1999-2000 were not available

Note. Arrest data from 1997-1998 to 1999-2000 exclude Australian Federal Police data

In the ACT, a Simple Cannabis Offence Notice (SCON) and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 43 presents the total number of SCONs given out in the ACT since 1997-1998. Despite the widespread use of cannabis among IDU in the ACT, the number of SCONs issued in the ACT has continued to decrease over the past four financial years, as can be seen in Table 43. The number of SCONs in 2004-2005 remained relatively stable at 82 (79 in 2003-2004).

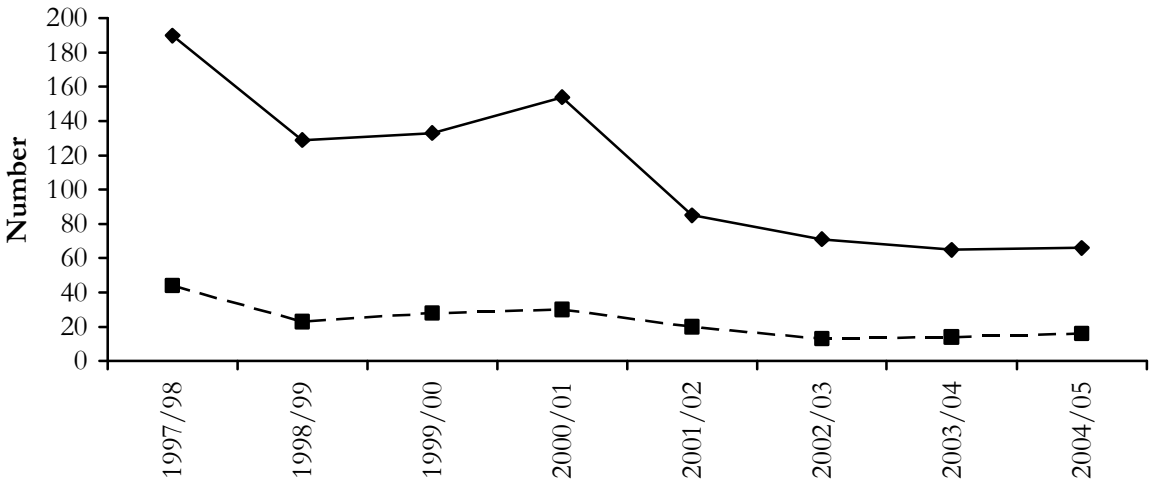
**Table 43: Number of Simple Cannabis Offence Notices, ACT, 1997-1998 to 2003-2005**

Year	Number of SCONs
1997-1998	235
1998-1999	152
1999-2000	161
2000-2001	184
2001-2002	105
2002-2003	84
2003-2004	79
2004-2005	82

**Source:** ACC (1999; 2000; 2001; 2002; 2003; 2004; 2005)

As can be seen in Figure 20, the number of SCONs given to females in the ACT has remained relatively stable since 1997-1998. In the ACT, males incur approximately 80% of all SCONs. As can be seen in the graph below, there appears to be a decrease in the number of SCONs given to males since the 2000-2001 financial year.

**Figure 20: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997-2005**



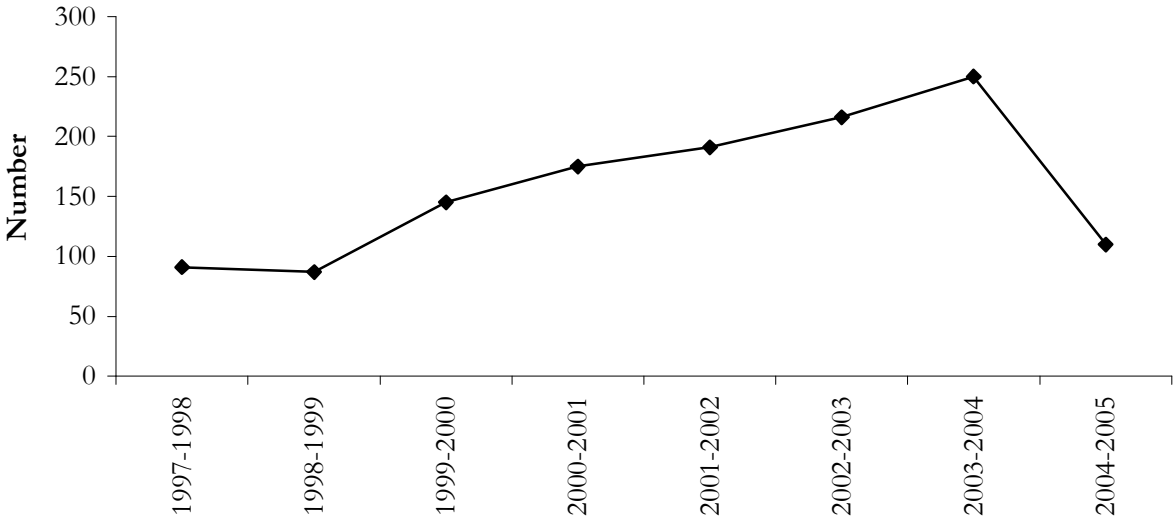
Source: ACC (1999; 2000; 2001; 2002; 2003; 2004, 2005)

**7.6 Cannabis-related harms**

**7.6.1 Health**

As can be seen from Figure 21, the number of clients attending Arcadia House for cannabis withdrawal increased steadily from 1997-1998, before peaking in 2003-2004 with 250 clients attending the withdrawal centre due to cannabis in this financial year. There was a decrease in the number of clients that attended Arcadia House for withdrawal from cannabis in 2004-2005 with a total of 110 clients undergoing withdrawal from cannabis during this period.

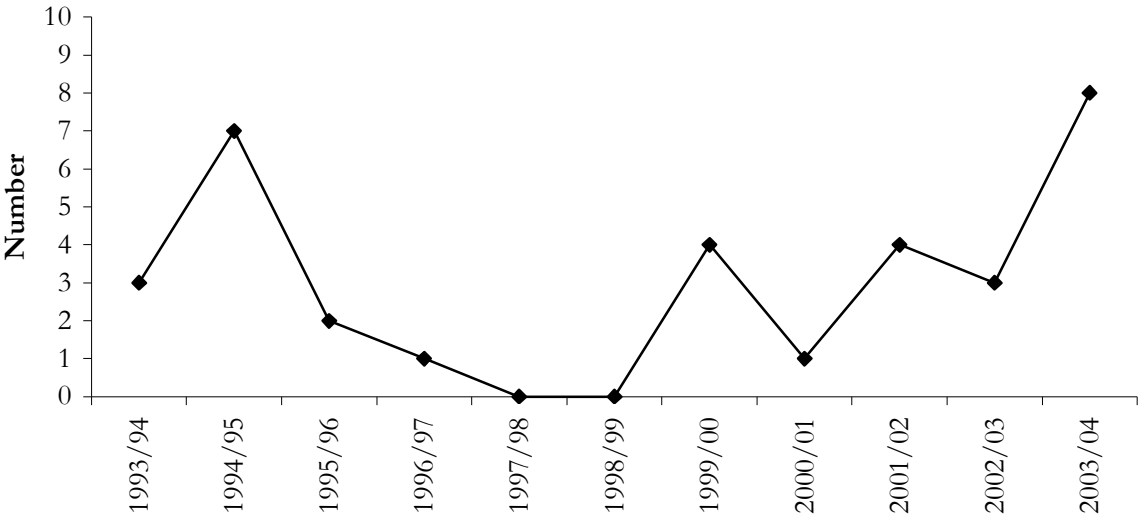
**Figure 21: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997-1998 to 2004-2005**



Source: Assisting Drug Dependents Incorporated (ADDInc)

Figure 22 shows the number of hospital admissions in the ACT in persons aged 15 to 54 where cannabis was implicated in the primary diagnosis. The AIHW defines the primary diagnosis as the diagnosis established (after study) to be mostly responsible for occasioning the patient's episode of care in hospital. As can be seen from Figure 22, the number of cannabis-related hospital admissions has been low and has fluctuated over the last ten years. In 2003-2004 there were eight hospital admissions where cannabis was the drug implicated in the primary diagnosis, an increase from three admissions in 2002-2003.

**Figure 22: Number of hospital admissions in persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993-1994 to 2003-2004**



Source; Australian Institute of Health and Welfare (AIHW)

As previously mentioned, in the ACT there were a total of 2,912 ‘closed treatment episodes’ in alcohol and other drug treatment services for the 2004-2005 financial year. Cannabis was the principle drug of concern for 481 of these treatment episodes. The ACT Drug and Alcohol Program defines a closed treatment episode as a period of contact, with defined commencement and cessation dates, between a client and treatment agency. Counselling (71%), accounted for the majority of closed treatment episodes where cannabis was the principle drug of concern. The second most common treatment type where the principle drug was cannabis was assessment only (28%), as shown in Table 44.

**Table 44: Main treatment type for clients in closed treatment episodes for cannabis in the ACT, 2004-2005**

Main Treatment Type	Principal drug of concern – Cannabis (%)
Withdrawal management	<1
Counselling	71
Support & case management only	0
Information & education only	<1
Assessment only	28

Source: ACT Drug and Alcohol Program

## 7.7 Summary of cannabis trends

Table 45 summarises the trends in price, purity, availability and use of cannabis in the ACT in 2005. The price remained stable for both a gram of outdoor-cultivated cannabis (bush) and a gram of indoor-cultivated cannabis (hydroponic) at \$20. However, when larger quantities of cannabis are purchased (such as an ounce), the more potent form of cannabis (hydroponic) is more expensive to buy than bush cannabis (\$290 for an ounce of hydroponic compared with \$250 for an ounce of bush). Cannabis (hydroponic and bush) remained easy to very easy to obtain in the ACT. The potency of hydroponic cannabis was reported by IDU to be medium to high and the potency of bush cannabis was reported to be medium to low. The majority (90%) of IDU interviewed in 2005 reported the use of cannabis in the six months preceding the interview.

**Table 45: Summary trends on cannabis price, purity, availability and use, ACT, 2005**

<b>Price (median)</b>	<p><b>Hydroponic cannabis</b></p> <ul style="list-style-type: none"> <li>➤ Gram: stable at \$20 in 2005</li> <li>➤ Ounce: \$290 compared to \$280 in 2004</li> </ul> <p><b>Cannabis (bush)</b></p> <ul style="list-style-type: none"> <li>➤ Gram: stable at \$20 in 2005</li> <li>➤ Ounce: \$250 compared to \$200 in 2004</li> </ul>
<b>Availability</b>	<p><b>Hydroponic cannabis</b></p> <ul style="list-style-type: none"> <li>➤ Easy to very easy to obtain</li> <li>➤ Availability stable</li> </ul> <p><b>Cannabis (bush)</b></p> <ul style="list-style-type: none"> <li>➤ Easy to very easy to obtain</li> <li>➤ Availability stable</li> </ul>
<b>Potency</b>	<p><b>Hydroponic cannabis</b></p> <ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report potency to be medium to high</li> </ul> <p><b>Cannabis (bush)</b></p> <ul style="list-style-type: none"> <li>➤ IDU interviewed in 2005 report potency to be medium to low</li> </ul>
<b>Use</b>	<ul style="list-style-type: none"> <li>➤ 90% of IDU reported recent cannabis use compared to 85% in 2004</li> <li>➤ Median days of cannabis use in the six months preceding the interview was 180</li> </ul>

Source: ACT IDRS IDU survey files, 2004 and 2005

## **8.0 OPIOIDS**

### **8.1 Methadone**

#### **8.1.1 Price**

In 2005, 27 IDU commented on the current price of street (illicit) methadone in the ACT. IDU reported that the median price for a millilitre of methadone was \$1 (as was the case in 2004 and 2003). The majority (84%; 29% of the entire sample) of those commenting on methadone reported the price as remaining 'stable' over the past six months.

#### **8.1.2 Availability**

IDU were asked to comment on the current availability of street methadone and if there has been any change in availability the six months preceding the interview. Over half (58%; 20% of the entire sample) of the IDU who commented on the current availability of street methadone reported it to be 'easy' to 'very easy' to obtain, and 33% (11% of the entire sample) reported it to be 'difficult' to 'very difficult' to obtain. The majority (81%) of respondents reported that the availability of methadone had remained 'stable' in the past six months, while a small proportion (7%; 2% of the entire sample) reported that methadone had become 'difficult' to obtain.

In 2005, 49% (17% of the entire sample) of IDU commenting on methadone reported that street methadone was primarily obtained through friends, and smaller proportions obtained methadone from street dealers (9%; 3% in the entire sample) and dealers' homes (5%; 2% of the entire sample). Of the 30 IDU who were able to comment on the source of their illicit methadone, the majority (83%) believed it was sourced from take-away doses.

#### **8.1.3 Trends in methadone use**

In 2005, the self-reported use of methadone amongst IDU was similar to that reported in 2004, with 62% of IDU indicating they had ever used illicit methadone (compared to 64% in 2004) and 71% indicating they had ever used licit methadone (compared to 69% in 2004). Illicit methadone use refers to the diversion of methadone that is prescribed to someone else. IDU who report the use of licit methadone are using their own prescribed medication. The proportion of IDU reporting recent use of illicit methadone remained stable this year (30% in 2005) when compared to the previous year (29% in 2004). Forty-six percent reported the use of licit methadone in the six months preceding the interview, compared to 34% in 2004; however, this difference was not statistically significant ( $p > .05$ ).

Among those who reported using licit methadone in the preceding six months ( $n=58$ ), 71% reported daily use compared to 62% in 2004 who reported daily use. In 2005, 81% of IDU who reported using illicit methadone ( $n=37$ ) in the last six months reported using on ten or less days, compared to 86% in 2004 who reported using illicit methadone on ten or less days.

In 2004, 46% of IDU reported having swallowed licit methadone in the previous six months (compared to 32% in 2004). In addition, 13% of IDU reported having used diverted licit methadone by injection in the six months prior to the interview (compared to 12% in 2004). In terms of illicit methadone, in 2005, 16% reported having swallowed the drug in the six months preceding the interview (12% in 2004) and 18% reported injecting it (25% in 2004). When the 2005 IDU sample was asked about the different forms of methadone used in the six months prior to interview, 72% (60% in 2004) of respondents reported that licit methadone syrup was the most common form used, followed by illicit methadone syrup (28%; 40% in 2004).



### **8.1.4 Methadone-related harms**

In 2005, 14% (n=18) of the sample reported having injected methadone in the last month and 10% of the sample (n=12) reported having health-related problems due to methadone injection. IDU reported experiencing a range of health problems associated with methadone injection including, scarring/bruising (n=6), methadone dependence (n=5), difficulty finding veins (n=5), swelling of the arm (n=4), a dirty hit (n=4), and abscess/infections (n=2).

## **8.2 Buprenorphine**

In 2005, 31% of IDU reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them), compared to 30% in 2004. Use of prescribed buprenorphine in the six months preceding the interview remained relatively stable from 2004 to 2005 (23% in 2004 to 19% in 2005). All recent prescribed buprenorphine users reported having swallowed buprenorphine; however, 5% of IDU reported having diverted licit buprenorphine via injection in the six months prior to the interview. Amongst those who had used buprenorphine in the preceding six months, the median number of days of use increased from 28 days in 2004 to 53 days in 2005.

In 2005, there was an increase in the proportion of IDU who reported that they had ever used illicit buprenorphine, from 9% in 2004 to 23% in 2005 ( $p<.05$ ). Illicit buprenorphine refers to the use of buprenorphine that is prescribed to someone else. There was also a corresponding increase in the proportion of IDU who had used illicit buprenorphine in the six months prior to the interview, from 5% in 2004 to 15% in 2005 ( $p<.05$ ). In terms of route of administration, 10% of IDU reported injecting illicit buprenorphine in the six months preceding the interview, compared to 5% in 2004; however, this difference was not statistically significant ( $p>.05$ ).

## **8.3 Morphine**

In 2005, 24 IDU commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below.

### **8.3.1 Price**

IDU were asked to comment on the current price of different brands of morphine tablets. The median price for 100mg MS Contin© tablets was reported to be \$35, while the median price for 100mg Kapanol© capsules was reported to be \$40. IDU were asked to comment on any change in the price of morphine in the six months preceding the interview. Among those that responded (n=24), the majority (54%; 10% of the entire sample) reported that the price of morphine had remained 'stable' over the past six months. A small proportion (13%; 2% of the entire sample) believed the price of street morphine to be 'increasing' in the six months preceding the interview. It is important to note that 21% of those commenting on morphine were unable to comment on price changes.

### **8.3.2 Availability**

In 2005, 58% (11% entire sample) of those commenting on morphine availability in the ACT reported it to be 'difficult' to obtain. One-quarter (25%; 5% of the entire sample) of those commenting on morphine believed it to be 'easy' to obtain. The IDU sample was therefore divided in their perception of the ease with which morphine could be obtained in the ACT. Almost two-thirds (63%; 12% of the entire sample) of respondents reported that the availability of morphine had remained 'stable' in the past six months. Morphine was primarily obtained

through friends (71%), and to a lesser extent from street dealers (8%) and from the dealers' homes (8%).

### **8.3.3 Trends in morphine use**

In 2005, 79% of the IDU sample had used morphine at least once in their lifetime (78% in 2004), and 74% reported having ever injected it (comparable to 74% in 2004). In the six months prior to the interview, 37% reported having used morphine, compared to 40% in 2004. Thirty percent of the 2005 IDU sample reported the recent (in the last six months) injection of morphine, compared to 40% in the previous year. In the six months preceding the interview, the median days of morphine use was 5, as it was in 2004.

Of the IDU who had used morphine in the six months preceding the interview, more than three-quarters (80%) indicated they had used illicitly obtained morphine at least once during this period indicating that IDU were more likely to use illicit rather than licit morphine. MS Contin® was the preferred brand of morphine for almost two-thirds (66%) of recent morphine users, followed by Kapanol® (21%).

### **8.3.4 Morphine-related harms**

In 2005, 13% (n=16) of the sample reported having injected morphine in the last month. IDU reported experiencing a range of health problems associated with morphine injection, including scarring/bruising (n=5), swelling of the hand (n=2), a dirty hit (n=2), thrombosis/blood clots (n=1), swelling of the arm (n=1) and morphine dependence (n=1).

## **8.4 Other opioids**

In 2005, 41% of IDU reported that they had used 'homebake' heroin at least once in their lifetime (compared to 31% in 2004). However, only 7% of the sample reported the use of 'homebake' heroin in the six months prior to the interview, comparable to 6% in 2004. All who reported recent use of 'homebake' heroin had injected it. In 2005, the median days of use of 'homebake' heroin was 5, a decrease from the median of 11 days reported in 2004.

Forty-one percent of IDU reported that they had ever used opioids other than those listed above at least once in their lifetime (compared to 37% in 2004) and 18% had ever injected them (17% in 2004). In the six months prior to interview, 14% of IDU reported the use of other opioids, with the most popular form being codeine. The median days of use in the past six months was 5, compared to 10 in 2004.

## 8.5 Summary of opioids

Table 46 presents the summary for trends in the use of opioids, including methadone, buprenorphine, and morphine among the IDU sample in 2005.

**Table 46: Summary of trends for opioids (i.e. methadone, buprenorphine and morphine), ACT, 2005**

<b>Methadone</b>	<ul style="list-style-type: none"> <li>➤ 30% of IDU reported recent use of illicitly obtained methadone, compared to 29% in 2004</li> <li>➤ Median days of use of illicitly obtained methadone in the six months preceding the interview was 2 days in 2004 and 2005</li> <li>➤ 46% of IDU reported recent use of licit (prescribed) methadone, compared to 34% in 2004</li> <li>➤ Median days of use of licit (prescribed) methadone in the six months preceding the interview was 180 in 2004 and 2005</li> </ul>
<b>Buprenorphine</b>	<ul style="list-style-type: none"> <li>➤ 19% of IDU reported recent use of licit (prescribed) buprenorphine, compared to 23% in 2004</li> <li>➤ Median days of use of licit (prescribed) buprenorphine in the six months preceding the interview was 53 days, an increase from 28 days in 2004</li> <li>➤ Increase in the proportion of IDU who had ever used illicitly obtained buprenorphine from 9% in 2004 to 23% in 2005</li> <li>➤ Increase in the recent use of illicitly obtained buprenorphine from 5% in 2004 to 15% in 2005</li> <li>➤ Median days of use of illicitly obtained buprenorphine in the six months preceding the interview was 2 days in 2004 and 2005</li> </ul>
<b>Morphine</b>	<ul style="list-style-type: none"> <li>➤ 37% of IDU reported recent use of morphine, compared to 40% in 2004</li> <li>➤ Median days of use of morphine in the six months preceding the interview was 5 days in 2004 and 2005</li> </ul>
<b>Other opioids</b>	<ul style="list-style-type: none"> <li>➤ 7% of IDU reported recent use of homebake heroin, compared to 6% in 2004</li> <li>➤ Median days of homebake heroin use in the six months preceding the interview was 5 days compared to 11 days in 2004</li> </ul>

Source: ACT IDRS IDU survey files, 2004 and 2005

## 9.0 OTHER DRUGS

### 9.1 Ecstasy

As in 2004, approximately two-thirds (66%) of the IDU sample in 2005 reported ever having used ecstasy, as can be seen in Table 47. However, there was an increase in the proportion of IDU who reported ever having injected ecstasy, 46% in 2005 compared to 29% in the previous year. In 2005, 25% of IDU reported having used ecstasy in the six months preceding the interview, compared to 21% in 2004. Fourteen percent of IDU reported having injected ecstasy in the previous six months (10% in 2004). Use of ecstasy by IDU in the ACT is infrequent, with the median number of days used remaining stable at two over the last three years.

**Table 47: Patterns of ecstasy use among IDU in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Recent use (%)</b>	26	21	<b>25</b>
<b>Recent injecting (%)</b>	9	10	<b>14</b>
<b>Median days used*</b>	2	2	<b>2</b>

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

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

### 9.2 Benzodiazepines

More than three-quarters (82%) of IDU in 2005 reported having used benzodiazepines at least once during their lifetime, and almost one-third (29%) reported ever having injected benzodiazepines. Sixty-two percent of the IDU sample in 2005 had used benzodiazepines in the six months prior to interview (compared to 59% in 2004). The median number of days of benzodiazepine use among those that reported recent use of benzodiazepines was 31, an increase from the median of 13 days of use reported in 2004. The proportion of IDU reporting recent injection of benzodiazepines has remained low over the last three years (9% in 2003, 7% in 2004 and 2% in 2005).

In 2005, 68% of IDU reported that they had used licit benzodiazepines (benzodiazepines prescribed to them) in the six months preceding the interview (compared to 75% in 2004). Fifty-two percent of IDU reported the use of illicitly obtained benzodiazepines during the six months prior to interview (compared to 41% in 2004), as can be seen in Table 48. IDU in 2005 most commonly used benzodiazepines that were licitly obtained, with 62% of recent benzodiazepine users nominating the benzodiazepine form most used as licit. The most common brands of benzodiazepines used by IDU in the ACT in 2005 were Valium® (70%) and Serepax® (11%).

**Table 48: Patterns of benzodiazepine use among IDU in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Recent use (%)</b>	62	59	<b>62</b>
<b>Recent injecting (%)</b>	9	7	<b>2</b>
<b>Median days used*</b>	14	13	<b>31</b>

**Source..** ACT IDRS IDU survey files, 2003, 2004, and 2005

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

### 9.3 Pharmaceutical Stimulants

Since 2004, IDU respondents have been asked to comment about their use of pharmaceutical stimulants. This included drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD) and flu symptoms. In 2005, 56% of the IDU sample reported ever using pharmaceutical stimulants, compared to 36% in 2004. Almost one-quarter (22%) reported using pharmaceutical stimulants in the six months preceding the interview, similar to 23% in 2004, as shown in Table 49. Fourteen percent of the IDU sample reported having injected pharmaceutical stimulants in the six months prior to the interview, compared to 15% in 2004. The median days of use in 2005 was low, at 5 days in the six months preceding the interview.

In 2005, 82% of IDU respondents that reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines, while 14% used licitly obtained prescription amphetamines. This suggests that the majority of IDU are using pharmaceutical stimulants that are prescribed to another person.

**Table 49: Patterns of pharmaceutical stimulant use among IDU in the last six months in the ACT, 2003, 2004 and 2005**

	2004 N=100	2005 N=125
<b>Recent use (%)</b>	23	<b>22</b>
<b>Recent injecting (%)</b>	15	<b>14</b>
<b>Median days used*</b>	4	<b>5</b>

**Source..** ACT IDRS IDU survey files, 2003, 2004, and 2005

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

### 9.4 Anti-depressants

In 2005, 45% of IDU reported ever having used anti-depressants (compared to 51% in 2004), and 22% reported the use of anti-depressants in the six months preceding the interview (compared to 25% in the previous year). Among those who had used anti-depressants in the past six months, the median number of days of use was 180 (compared to 90 days in 2004), as can be seen in Table 50. Swallowing was the primary route of administration used.

In the six months preceding interview, 15% of recent anti-depressant users had used illicitly obtained anti-depressants, while the majority (85%) used anti-depressants that had been

prescribed to them. The most common brand of anti-depressant used was Avanza® (24%) followed by Efexor® (19%).

**Table 50: Patterns of anti-depressant use among IDU in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Recent use (%)</b>	16	25	<b>22</b>
<b>Median days used*</b>	30	90	<b>180</b>

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

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

## 9.5 Alcohol and tobacco

Almost all (98%) IDU in 2005 reported having used alcohol at least once during their lifetime. In 2005, 74% of IDU reported the recent use of alcohol, a statistically significant increase from 58% in 2004 ( $p<.05$ ). The median days of use of alcohol in the six months prior to the interview has remained stable at 13 days over the last two years.

Use of tobacco was almost universal among IDU in the ACT in 2005, as shown in Table 51. Almost all (98%) IDU reported ever having used tobacco and 96% reported recent tobacco use. The median days of tobacco use has remained stable over the last three years at 180 days (i.e. daily smokers). KE interviews support those conducted with IDU, with KE commenting that alcohol is commonly used by the IDU they have contact with.

**Table 51: Patterns of alcohol and tobacco use among IDU in the last six months in the ACT, 2003, 2004 and 2005**

	2003 N=100	2004 N=100	2005 N=125
<b>Recent use (%)</b>			
Alcohol	73	58	<b>74</b>
Tobacco	97	91	<b>96</b>
<b>Median days used*</b>			
Alcohol	20	13	<b>13</b>
Tobacco	180	180	<b>180</b>

**Source:** ACT IDRS IDU survey files, 2003, 2004, and 2005

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

## 9.6 Summary of other drugs

Table 52 summarises the trends for other drug use including ecstasy, benzodiazepines, pharmaceutical stimulants, anti-depressants, alcohol and tobacco.

**Table 52: Summary of trends of other drug use by IDU in the ACT, 2005**

<b>Ecstasy</b>	<ul style="list-style-type: none"> <li>➤ 25% of IDU reported recent use of ecstasy, compared to 21% in 2004</li> <li>➤ Median days of use of ecstasy in the six months preceding the interview was 2 in 2004 and 2005</li> </ul>
<b>Benzodiazepines</b>	<ul style="list-style-type: none"> <li>➤ 62% of IDU reported recent use of benzodiazepines, compared to 59% in 2004</li> <li>➤ Median days of use of benzodiazepines in the six months preceding the interview was 31 in 2005 compared to 13 in 2004</li> <li>➤ Most use is licit use as prescribed by a medical practitioner</li> </ul>
<b>Pharmaceutical stimulants</b>	<ul style="list-style-type: none"> <li>➤ 22% of IDU reported recent use of pharmaceutical stimulants, compared to 23% in 2004</li> <li>➤ Median days of use of pharmaceutical stimulants in the six months preceding the interview was 5 in 2005 and 4 in 2004</li> <li>➤ Most IDU reported using pharmaceutical stimulants that were not prescribed to them (i.e. illicit use)</li> </ul>
<b>Anti-depressants</b>	<ul style="list-style-type: none"> <li>➤ 22% of IDU reported recent use of anti-depressants, compared to 25% in 2004</li> <li>➤ Median days of use of anti-depressants in the six months preceding the interview was 180 in 2005 and 90 in 2004</li> <li>➤ Most use is licit use as prescribed by a medical practitioner</li> </ul>
<b>Alcohol and tobacco</b>	<ul style="list-style-type: none"> <li>➤ 74% of IDU reported recent use of alcohol, compared to 58% in 2004</li> <li>➤ Median days of use of alcohol in the six months preceding the interview was 13 in 2004 and 2005</li> <li>➤ 96% of IDU reported recent use of tobacco, compared to 91% in 2004</li> <li>➤ Median days of use of tobacco in the six months preceding the interview was 180 in 2004 and 2005</li> </ul>

**Source:** IDRS IDU survey files, 2004 and 2005

## 10.0 ASSOCIATED HARMS

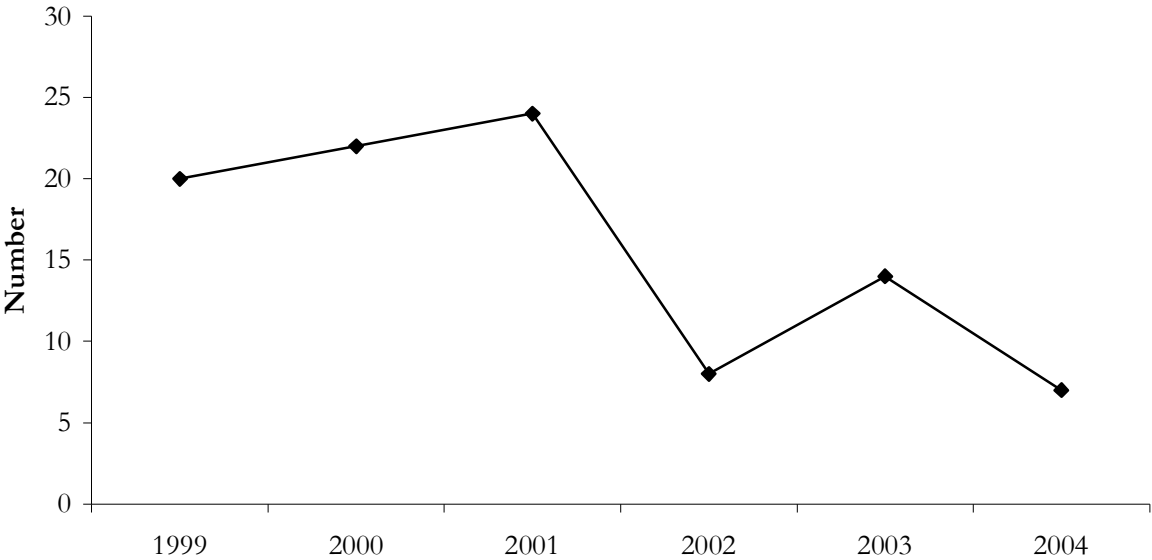
### 10.1 Blood-borne viral infections

People who inject drugs are at risk of injection-related health problems such as infection with BBVI, including the human immunodeficiency virus (HIV), as well as hepatitis B (HBV) and C (HCV). Data presented in this section are derived from *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2005* (National Centre in HIV Epidemiology and Clinical Research, 2005a) and the *Australian NSP Survey National Data Report 1999-2004* (National Centre in HIV Epidemiology and Clinical Research, 2005b).

In 2004, there were nine new notifiable cases of HBV in the ACT (National Notifiable Diseases Surveillance System), compared to one case in 2003. In the ACT, in 2004, there were a total of 216 cases of HCV, a decrease from 279 cases reported in 2003 and 243 in 2002 (National Centre in HIV Epidemiology and Clinical Research, 2005a). In 2004, 361 new cases of HCV were reported nationally, of which 7 were reported in the ACT. This is a decrease from the 14 cases of newly acquired HCV reported in 2003.

Figure 23 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2004. New cases of HCV in the ACT remain lower than levels reported between 1999 and 2001. Nationally, the transmission of HCV is primarily attributable to a history of injecting drug use, with 70% of all cases reporting having contracted hepatitis C infection from injecting drug use (National Centre in HIV Epidemiology and Clinical Research, 2005a).

**Figure 23: Number of newly diagnosed HCV cases in the ACT, 1999-2004 <sup>2</sup>**



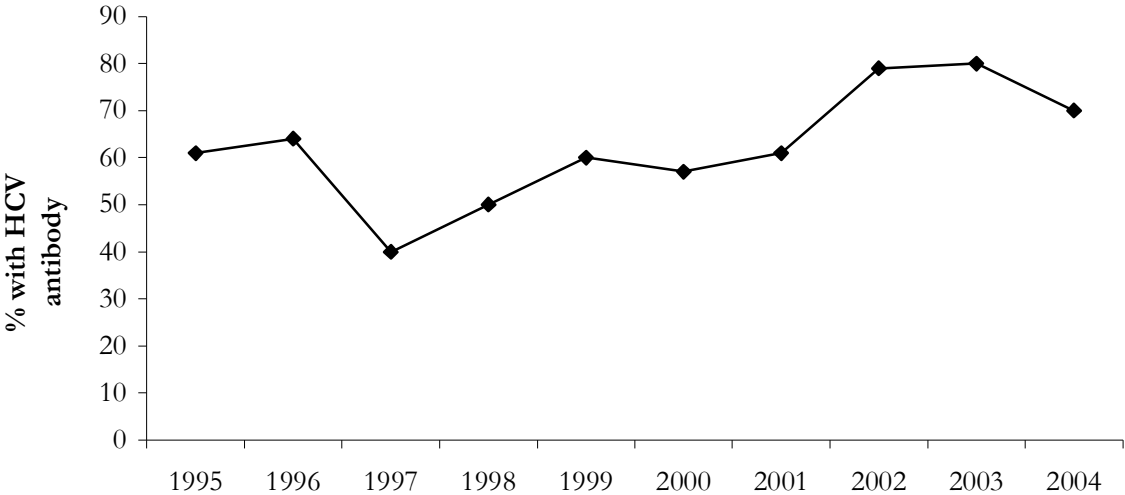
Source: NNDSS

<sup>2</sup> There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur, and this proportion may vary between diseases, across jurisdictions, and over time.



The HCV antibody prevalence among the IDU sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2005b) is shown in Figure 24 . As can be seen from this figure, there has been a steady increase in HCV antibody prevalence from 1997 to 2003. In 2004, 70 per cent of the 23 IDU tested were HCV antibody positive, a decrease from 80% of the 60 IDU tested in 2003 that were HCV antibody positive.

**Figure 24: HCV antibody prevalence among IDU, ACT, 1995-2004**



**Source:** National Centre in HIV Epidemiology and Clinical Research (2005b)

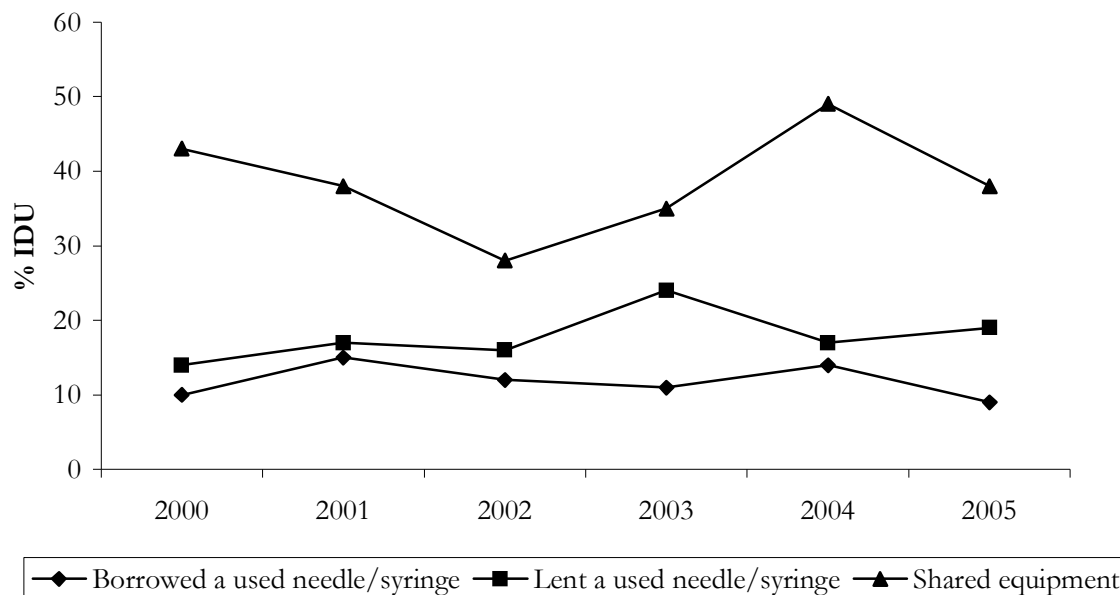
The HIV prevalence among IDU in the ACT remains low, which reflects the picture for Australia as a whole (National Centre in HIV Epidemiology and Clinical Research, 2004a). Since 2000, there have been no HIV positive cases in the ACT sample surveyed for the annual NSP survey (National Centre in HIV Epidemiology and Clinical Research, 2004b).

**10.2 Sharing of injecting equipment among IDU**

Figure 25 presents the number of IDU in the 2005 sample who reported recently sharing injecting equipment. In the month preceding the interview, 9% of IDU had injected with syringes that had already been used, compared to 14% reported in 2004 and 11% reported in 2003. Men in the 2005 IDU sample were slightly more likely to have injected with needles that had already been used (n=7) than women (n=4). Of the 11 IDU that reported having injected with used syringes, most (n=10) reported that only one other person had used the needle prior to them, while one participant reported that two people had used the needle prior to their use. IDU reported that the people who had used syringes prior to themselves were most commonly regular sex partners (n=6), close friends (n=3) and casual sex partners (n=2).

The proportion of IDU that reported lending used needles remained stable from 17% in 2004 to 19% in 2005. Slightly more men (n=13) than women (n=11) in the 2005 IDRS IDU sample lent their used needle to someone else. Of the 24 IDU reporting lending needles in the month prior to the interview, 9 reported that someone else used their needle once after they had used it, while seven respondents reported that the needle was used two times and 8 respondents reported that their needle was used three or more times after they had used it.

**Figure 25: Proportion of IDU reporting sharing injecting equipment in the month preceding the interview, 2000 to 2005**



Source: ACT IDRS IDU survey files, 2000-2005

As well as sharing needles and syringes, IDU may also share other injecting equipment such as spoons and other mixing containers, swabs, tourniquets and water. In 2005, 38% of the IDU sample reported having used other injecting equipment after it had been used by someone else (a non-significant decrease from 49% reported in 2004,  $p > .05$ ). There was, however, a significant decrease in the number of IDU who specifically reported using spoons and mixing containers that had been used previously by others (31% in 2005 compared with 44% in 2004,  $p < .05$ ). Fifteen percent reported using filters after someone else, again a significant decrease from 26% reported in 2004 ( $p < .05$ ). Smaller proportions reported using tourniquets (8%; 11% in 2004) and water (15%; 18% in 2004) after someone else, as can be seen in Table 53.

**Table 53: Proportion of IDU reporting sharing other injecting equipment by type, 2003 to 2005**

	2003 N=100	2004 N=100	2005 N=125
Used spoon/mixing container after someone else (%)	26	44	31
Used filter after someone else (%)	20	26	15
Used tourniquet after someone else (%)	12	11	8
Used water after someone else (%)	19	18	15

Source: IDRS IDU survey files, 2003-2005

### 10.2.1 Summary

The number of newly acquired HBV infections increased in the ACT from one case in 2003 to 9 cases in 2004. In 2004 there was a decrease in the number of diagnoses of newly acquired HCV infections reported for the ACT from fourteen cases in 2003 to seven cases in 2005. However, the rate of HCV infection among IDU remains very high, with 70% of participants in the 2004 NSP annual survey being HCV antibody-positive. The rate of HIV infection among IDU in the ACT remains low, with no HIV-positive tests being returned for participants in the NSP survey for the past five years.

In 2005 the levels of injecting-related risk behaviour remains sufficiently high to warrant concern, with 1 in 11 respondents in the IDU survey in the ACT reporting borrowing used needles and syringes in the month prior to the interview (compared to 1 in 7 the previous year). One in five IDU reported lending needles and syringes, (compared to 1 in 6 IDU that reported lending used needles and syringes in 2004). Approximately 1 in 3 IDU reported sharing other injecting equipment (compared to 1 in 2 in 2004). In the context of high rates of HCV infection, this remains a concern, because sharing injection equipment other than needles and syringes is also thought to be implicated in HCV transmission (Crofts, Nigro, O'Man, Stevenson, & Sherman, 1997; Hagan, Thiede, Weiss, Hopkins, Duchin, & Alexander, 2001).

### 10.3 Location of injections

Table 54 presents a summary of the last and usual location of drug injection among the ACT IDU samples from 2002 to 2005. In 2005, the majority (82%) of IDU reported that their usual location of injection was a private home, although a smaller proportion (69%) reported a private home as their last place of injection. Seven percent reported a public place (such as street or a park) as the last location of injection, with a smaller proportion (4%) indicating that their usual location of injection was a street or park. Ten percent reported a public toilet as the last location of injection, although only 6% reported a public toilet as their usual place of injection. Smaller proportions reported injecting in a car (8% last injection, 5% usual location of injection).

In 2004, the proportion of IDU reporting the last location of injection to be a public place – i.e. car, public toilet, street – increased from 21% in 2003 to 35% in 2004 ( $p < .05$ ). In 2005, 29% of IDU reported the last location of injection to be a public place, a small but non-significant decrease from 2004,  $p > .05$ . Public injecting among IDU in 2005 is of some concern because injecting in public locations has been found to be associated with increased risk of injection-related health problems, such as vascular damage and overdose (Darke, Kaye and Ross, 2001).

**Table 54: Location of usual and last injection in the month preceding interview ACT, 2002 to 2005**

	2002 N=100	2003 N=100	2004 N=100	2005 N=125
<b>Location of usual injection (%)</b>				
Private home	81	76	81	<b>82</b>
Public toilet	5	6	9	<b>6</b>
Street/park	6	9	7	<b>4</b>
Car	6	5	3	<b>5</b>
<b>Location of last injection (%)</b>				
Private home	62	79	65	<b>69</b>
Public toilet	12	7	15	<b>10</b>
Street/park/beach	14	10	10	<b>7</b>
Car	9	3	8	<b>8</b>

Source: ACT IDRS IDU Survey files, 2002, 2003, 2004, 2005

#### 10.4 Injection-related health problems

In 2005, 61% of IDU respondents reported having experienced at least one injection-related health problem in the month preceding the interview (comparable to 69% in 2004). Twenty-nine percent reported experiencing two or more problems during this period (comparable to 32% in 2004). As can be seen from Table 55, consistent with IDU reports from 2002 to 2004, the most commonly experienced injection-related problems in 2005 were scarring/bruising of injection sites (48%) and difficulty injecting (30%).

**Table 55: Injection-related health problems experienced in month preceding interview, ACT, 2002 to 2005**

	2002 N=100	2003 N=100	2004 N=100	2005 N=125
<b>At least one injection-related health problem in past month (%)</b>	65	64	69	<b>61</b>
<b>Injection-related health problems in past month (%)</b>				
Scarring/bruising	49	44	49	<b>48</b>
Difficulty injecting	36	39	31	<b>30</b>
'Dirty hit'	11	17	14	<b>10</b>
Infections/abscesses	4	7	8	<b>8</b>
Overdose	5	7	5	<b>2</b>

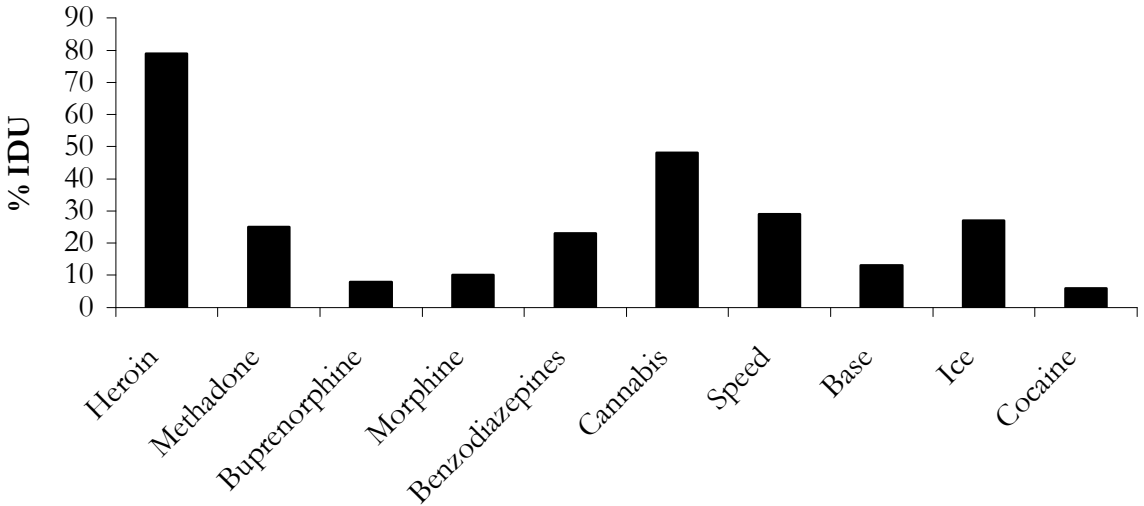
Source: ACT IDRS IDU Survey files, 2002, 2003, 2004 and 2005

### 10.5 Driving risk behaviours

In 2005, IDU taking part in the IDRS surveys were asked about driving while under the influence of drugs in the six months preceding the interview. Thirty-eight percent (n=48) of IDU respondents reported that they had driven while under the influence of drugs. As can be seen from Figure 26, among those reporting driving soon after (within one hour of) taking drugs, the most common drugs taken were heroin (79%), followed by cannabis (48%), methamphetamine powder, or speed (29%), crystal methamphetamine, or ice (27%), methadone (25%) and benzodiazepines (23%).

Research conducted to determine which factors are associated with drug driving has identified being male and young as two major risk factors (Kelly, Darke & Ross, 2004). Findings from the 2005 ACT IDRS indicated that a greater proportion of male respondents reported drug driving (42%) compared to female IDU (30%); however, this difference was not statistically significant ( $p>.05$ ). Analysis of age indicated that 32% of younger IDU (i.e. those aged 25 years or less) reported recent drug driving compared to 40% of IDU aged over 25 years. It should be noted, however, that this difference was not statistically significant ( $p>.05$ ).

**Figure 26: Proportion of IDU reporting driving under the influence of drugs, by drug type, 2005**



Source: ACT IDRS IDU survey file, 2005

### 10.6 Expenditure on illicit drugs

As can be seen from Table 56, 66% of IDU reported having spent money on illicit drugs on the day prior to the interview, compared to 59% in 2004. Among those IDU who reported having spent money on illicit drugs on the day preceding the interview, the median expenditure by IDU in 2005 was \$70, a decrease from a median of \$90 in 2004. In 2005, 41% of IDU spent \$50 to \$199 on illicit drugs on the day prior to the interview, compared to 32% in the previous year. There was no significant difference between males and females, or those employed full-time or part-time versus those who weren't, regarding whether they had spent money on illicit drugs on the day preceding the interview.

**Table 56: Expenditure on illicit drugs on the day prior to the interview, ACT, 2003 to 2005**

	2003	2004	2005
<b>Nothing</b>	36	41	<b>34</b>
<b>Less than \$20</b>	9	4	<b>10</b>
<b>\$20 - \$49</b>	8	13	<b>10</b>
<b>\$50 - \$99</b>	17	14	<b>22</b>
<b>\$100 - \$199</b>	16	18	<b>19</b>
<b>\$200 - \$399</b>	11	9	<b>4</b>
<b>\$400 or more</b>	3	1	<b>1</b>
<b>Median expenditure (\$)</b>	80	90	<b>70</b>

Source: ACT IDRS IDU survey file, 2003- 2005

### 10.7 Mental health problems

In 2005, 37% of IDU interviewed (N=125) reported having had a mental health problem other than drug dependence in the six months preceding the interview, a non-significant decrease from 43% in 2004 ( $p>.05$ ). This rate remains very high when compared with the general population. In 2005, a greater proportion of female IDU (48%) reported having had a mental health problem in the six months preceding the interview than males (32%), but this difference was not statistically significant,  $p>.05$ . However, a greater proportion of females in the IDU sample reported having problems with depression than males (30% and 18% respectively), but it should be noted that this difference is not statistically significant ( $p>.05$ ). A greater proportion of females than males also reported problems with anxiety (18% and 7% respectively); however, if this difference was not significant ( $p>.05$ ). This is consistent with other research on sex differences in the prevalence of mental health problems among IDU (Henderson, Andrews & Hall, 2000; Teesson, Hall, Lynsky & Degenhardt, 2000).

Despite 37% of IDU in 2005 reporting mental health problems, only 22% reported seeing a mental health professional for a problem other than drug dependence in the six months prior to interview, as shown in Table 57. The mental health problems that IDU most commonly sought help for were depression (13%), anxiety (6%) and manic depression (6%). IDU also reported seeking professional help for other mental health problems, such as panic (n=4), paranoia (n=3), Post-Traumatic Stress Disorder (PTSD) (n=3) and ADHD (n=2). There were slightly more females (28%) than males (20%) who consulted a professional for mental health problems during this period. The most commonly reported health professionals consulted for mental health problems other than drug dependence by IDU in 2005 were GPs (12%), psychiatrists (8%), counsellors (6%) and psychologists (5%). In the last six months, approximately equal proportions of male and female IDU consulted a GP about mental health problems (13% and 12% respectively).

**Table 57: Summary of mental health problems experienced by IDU in the ACT, 2004 and 2005**

	2004 N=100	2005 N=125
Mental health problem other than drug dependence last six months (%)	43	37
Attended professional for mental health problem last six months (%)	29	22
<b>General Practitioner (GP) (%)</b>	18	12
<b>Psychiatrist (%)</b>	12	8
<i>Psychologist (%)</i>	2	5
<i>Counsellor (%)</i>	6	6
Mental health problems IDU sought help for (%)		
<b>Depression (%)</b>	19	13
<i>Anxiety (%)</i>	4	6
<i>Manic-depression (%)</i>	0	6
<i>Panic (%)</i>	2	3
<i>Paranoia (%)</i>	1	2
<i>Schizophrenia (%)</i>	8	1

**Source:** ACT IDRS IDU survey files, 2004 and 2005

Of the 26 KE able to comment on mental health problems, 16 indicated that there had been an increase in presentation of mental health problems among IDU, and four KE reported that they had observed a change in treatment-seeking behaviour over the past six months. The majority of the KE indicated that they were aware of mental health problems amongst the IDU that they had contact with. KE commenting on mental health problems noted that depression, general anxiety, paranoia, and drug-induced psychosis were among the most common presentations. A smaller proportion of KE noted other mental health problems such as bi-polar disorder and schizophrenia among the IDU population. Additionally, six KE indicated that it was their perception that there had been increases in presentations of anxiety and depression at their services and that this was an issue of concern.

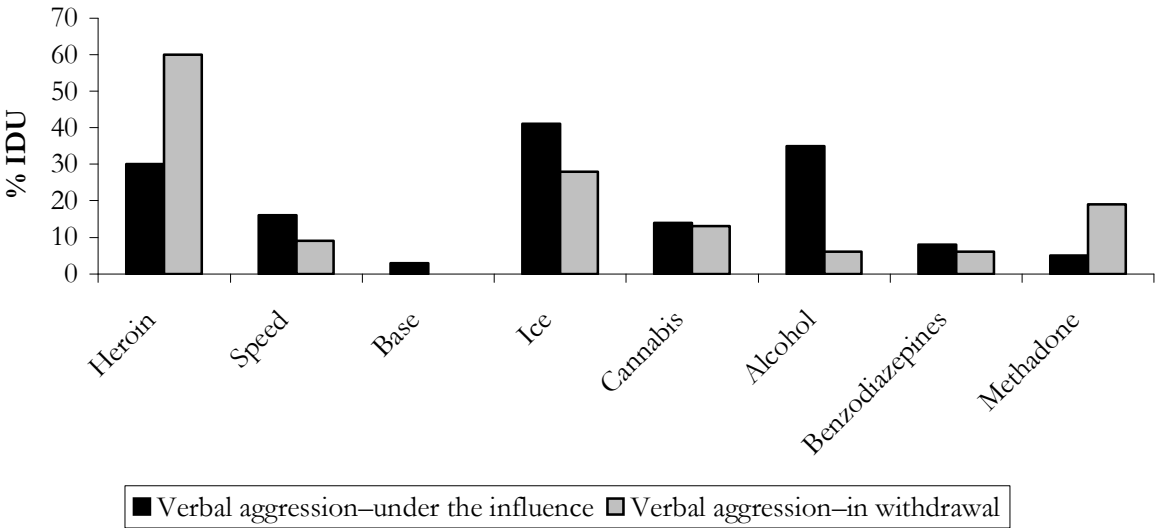
## 10.8 Substance-related aggression

In 2005 the IDRS IDU survey included questions regarding verbal and physical aggression while under the influence of and during withdrawal from drugs. In terms of verbal aggression, 30% of IDU reported becoming verbally aggressive while under the influence of a drug (including alcohol and/or other drugs). In comparison, 38% of IDU reported becoming verbally aggressive when in withdrawal from drugs and/or alcohol. In terms of physical aggression, equal proportions of IDU reported becoming physically aggressive while under the influence of (11%) and in withdrawal (11%) from drugs and/or alcohol. These findings indicate that IDU in the

2005 ACT sample are more likely to be verbally than physically aggressive and are more likely to be verbally than physically aggressive when experiencing withdrawal from drugs and/or alcohol.

IDU were asked to report which drugs they were under the influence of or in withdrawal from when they became verbally or physically aggressive. As Figure 27 and 28 show, IDU were most likely to report being under the influence of crystal methamphetamine (41%), alcohol (35%) and heroin (30%) when they became verbally aggressive. In contrast, IDU reported becoming verbally aggressive when in withdrawal from heroin (60%), crystal methamphetamine (28%) and methadone (19%). The majority of KE commented that IDU who were using crystal methamphetamine were more likely to display aggressive behaviour.

**Figure 27: Proportion of IDU reporting verbal aggression under the influence of and in withdrawal from a drug, 2005**

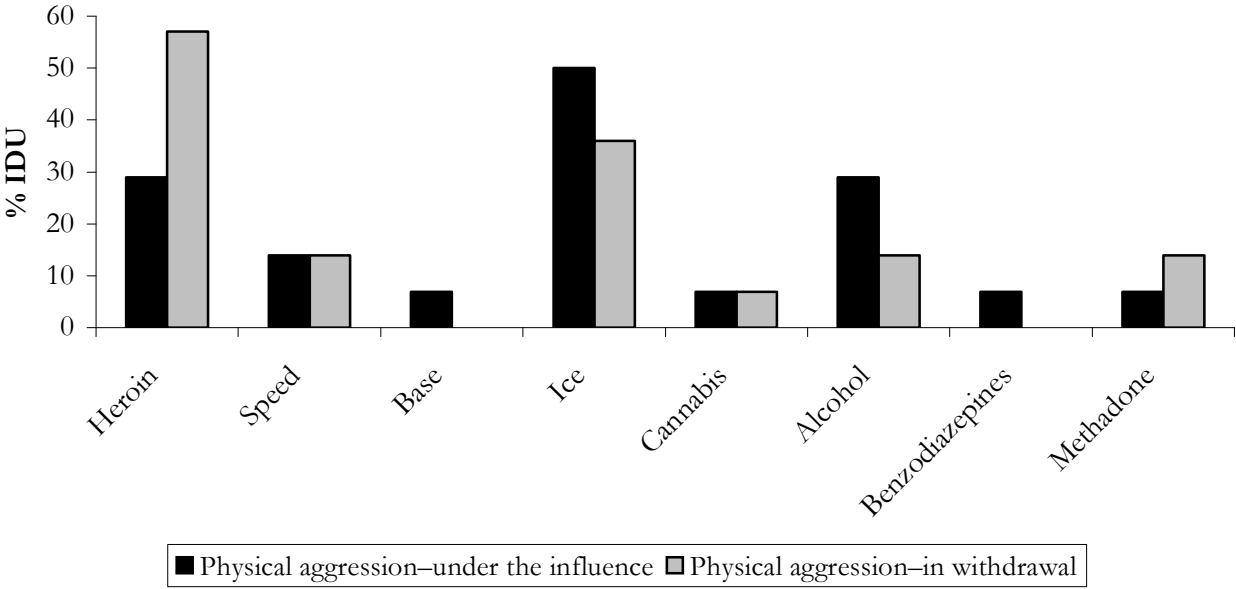


Source: ACT IDRS IDU survey file, 2005

IDU reported becoming physically aggressive predominately while under the influence of crystal methamphetamine, or ice (50%), alcohol (29%) and heroin (29%). IDU were more likely to report becoming physically aggressive when in withdrawal from heroin (57%), ice (36%) and methadone (14%).



**Figure 28: Proportion of IDU reporting physical aggression under the influence of and in withdrawal from a drug, 2005**



Source: ACT IDRS IDU survey file, 2005

**10.9 Criminal and police activity**

There was an increase in the proportion of IDU in 2005 (41%) that reported engaging in at least one act of criminal activity in the month prior to interview, when compared to 2004 (34%); however, this difference was not statistically significant,  $p > .05$ . Specifically, in 2005, 16% of IDU reported having committed at least one property crime in the month prior to the interview, compared to 13% in 2004. There was an increase in reports of drug dealing, from 21% in 2004 to 27% in 2005; however, this difference was not significant,  $p > .05$ . In 2005, smaller proportions of IDU reported committing other crimes such as fraud (4%) and violent crime (9%). As can be seen in Table 58, in 2005, 36% of IDU reported that they had been arrested in the last 12 months (comparable to 38% in 2004). IDU in the 2005 sample were arrested most frequently for property crime (15%), violent crime (6%) and use/possession charges (4%).

There was no significant difference in the proportion of men (40%) and women (43%) who reported having engaged in criminal activity in the past month ( $p > .05$ ). A greater proportion of women (28%) reported engaging in at least one property crime in the month preceding interview than men (11%),  $p < .05$ . The proportion of men (27%) and women (28%) engaged in drug dealing in the last month was similar. Proportionally men and women were just as likely to have been arrested in the last twelve months (35% versus 38% respectively). All 28 KE commented on drug dealing within the IDU they had contact with. Seventeen KE reported there had been no change, 10 reported they thought there had been an increase in dealing, and one KE reported that there had been a reduction in dealing amongst IDU.

Data indicated that men ( $n=10$ ) committed more violent crimes in the month prior to interview than women ( $n=1$ ). In terms of the proportion of IDU who were arrested for violent crime, 9% of male IDU in the 2005 sample reported having been arrested for violent crime. No women reported being arrested for violent crime in the 12 months preceding the interview. Twenty KE

commented that violent crime had not changed, while seven KE thought that there had been an increase in violent crime and one KE indicated that violent crime had decreased.

**Table 58: Criminal activity among IDU, ACT, 2003 and 2004**

	2003	2004	2005
<b>Arrested last 12 months (%)</b>	36	38	<b>36</b>
<i>Crime arrested for (%)</i>			
Property crime	14	11	<b>15</b>
Dealing	1	3	<b>2</b>
Fraud	3	2	<b>1</b>
Violent crime	5	9	<b>6</b>
Driving offence	4	5	<b>3</b>
Use/possession charges	4	5	<b>4</b>
<b>Committed at least one crime in the last month (%)</b>	50	34	<b>41</b>
<i>Crime committed (%)</i>			
Property crime	22	13	<b>16</b>
Dealing	35	21	<b>27</b>
Fraud	5	5	<b>4</b>
Violent crime	6	9	<b>9</b>

**Source:** ACT IDRS IDU Survey files, 2003, 2004, 2005

As can be seen in Figure 29, in 2003-2004 there was an increase in the number of drug-specific arrests made by ACT police (n=413), when compared to the previous year (387 drug-specific arrests in 2002-2003). This decreased to 378 in 2004-2005. In 2004-2005, males were approximately 4.5 times more likely to be arrested for drug-related offences than females. The number of females arrested for user-related offences decreased from 61 in 2003-2004 to 36 in 2004-2005. As can be seen in Table 59, the number of males charged with user-type offences decreased from 262 in 2003-2004 to 236. However, the number of arrests for both females and males increased for supply-type offences. There were 87 recorded arrests for supply-type offences for males in 2004-2005, compared to 77 in 2003-2004, and there were 19 females recorded with supply-type offences in 2004-2005, compared with 12 in 2003-2004.

**Table 59: Number of consumer and provider arrests for all drugs, ACT, 1997-2005**

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997-1998	243	61	155	25	485 <sup>a</sup>
1998-1999	199	51	83	17	350
1999-2000	255	60	144	30	493 <sup>b</sup>
2000-2001	187	51	25	11	274
2001-2002	182	39	41	11	273
2002-2003	253	61	58	11	387
2003-2004	262	61	77	12	413
2004-2005	236	36	87	19	378

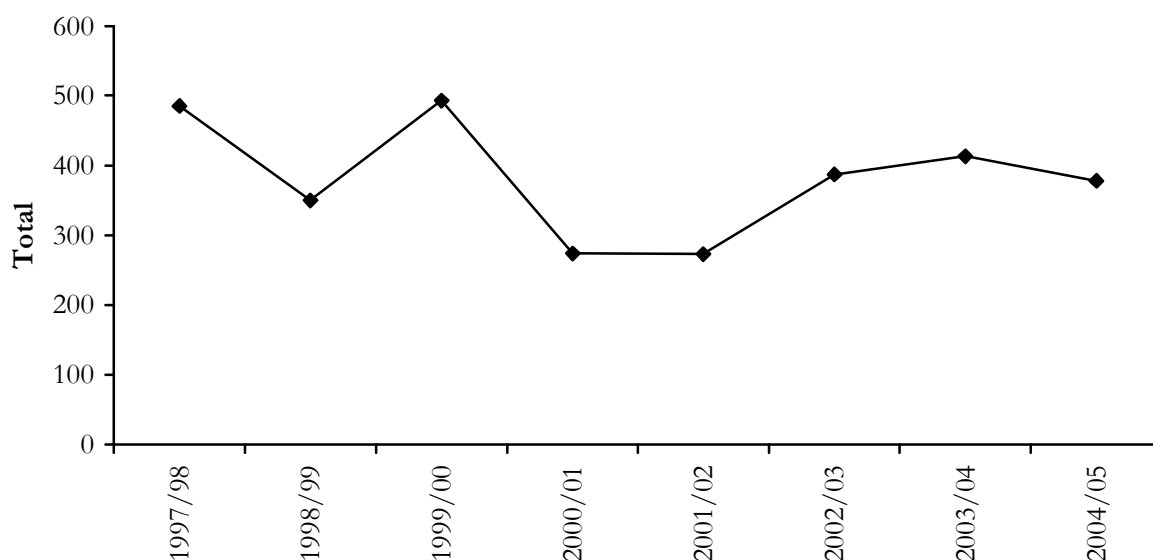
**Source:** ACC (1999; 2000; 2001; 2002; 2003; 2004, 2005)

Note. <sup>a</sup> Total includes 1 provider who did not identify their sex

<sup>b</sup> Total includes 3 providers and 1 consumer who did not identify their sex

Note. Arrest data from 1997-1998 to 1999-2000 exclude Australian Federal Police data.

**Figure 29: Number of drug-specific arrests for all drugs, ACT, 1997-1998 to 2003-2005**



**Source:** ACC (1999; 2000; 2001; 2002; 2003; 2004, 2005)

In terms of perception of police activity in the ACT (see Table 60), 38% of IDU interviewed in 2005 believed the level of police activity in the past six months to be stable. However, 41% believed there had been more police activity in the six months preceding interview. One-quarter (25%) of IDU interviewed in 2005 reported that police activity had made it more difficult for them to score drugs; however, the majority (75%) commented that police activity had not made it more difficult to score drugs in the ACT, as can be seen in Table 60.

**Table 60: IDU perception of police activity, ACT, 2003, 2004 and 2005**

	2003	2004	2005
<b>Police activity– change (%)</b>			
Don't know	17	20	15
More activity	37	34	41
Stable	44	45	38
Less activity	2	1	6
<b>More difficult to obtain drugs due to police (%)</b>			
Don't know	2	2	4
Yes	21	23	25
No	77	75	71

**Source:** ACT IDRS IDU Survey files, 2003, 2004, and 2005

## 10.10 Summary

Table 61 presents a summary of IDU reports of risk-taking behaviour as well as IDU reports of harms associated with their drug use.

**Table 61: Summary of IDU reports of risk behaviour and harms associated with drug use, 2005**

<b>Sharing of injecting equipment</b>	<ul style="list-style-type: none"> <li>➤ 9% of IDU reported having injected with syringes that had already been used, compared to 14% in 2004</li> <li>➤ 19% of IDU reported lending used needles, compared to 17% in 2004</li> <li>➤ 38% of IDU reported using other injecting equipment (e.g. spoons, mixing containers, swabs) after someone else, a non-significant decrease from 49% in 2004</li> </ul>
<b>Location of injections</b>	<ul style="list-style-type: none"> <li>➤ Majority of IDU reported a private home as their usual location of injection</li> <li>➤ 29% of IDU reported their last location of injection as a public place compared to 35% in 2004</li> </ul>
<b>Injection-related health problems</b>	<ul style="list-style-type: none"> <li>➤ 61% of IDU reported experiencing at least one injection-related health problem in the month preceding the interview</li> <li>➤ The most common problems reported were scarring and bruising of the injection site and difficulty injecting</li> </ul>
<b>Mental health problems</b>	<ul style="list-style-type: none"> <li>➤ 37% of IDU reported experiencing mental health problems other than drug dependence in the six months preceding the interview, compared to 43% in 2004</li> <li>➤ 22% reported seeing a mental health professional for a mental health problem, compared to 29% in 2004</li> <li>➤ IDU most commonly sought help for anxiety and depression</li> </ul>

**Table 61: Summary of IDU reports of risk behaviour and harms associated with drug use, 2005 (continued)**

<p><b>Substance-related aggression</b></p>	<ul style="list-style-type: none"> <li>➤ 30% of IDU reported becoming verbally aggressive while under the influence of drugs/alcohol</li> <li>➤ 11% of IDU reported becoming physically aggressive while under the influence of drugs/alcohol</li> <li>➤ IDU were most likely to become aggressive while under the influence of ice, alcohol and heroin</li> <li>➤ 38% of IDU reported becoming verbally aggressive while in withdrawal from drugs/alcohol</li> <li>➤ 11% of IDU reported becoming physically aggressive while in withdrawal from drugs/alcohol</li> <li>➤ IDU were most likely to become aggressive while in withdrawal from heroin, ice and methadone</li> </ul>
<p><b>Criminal and police activity</b></p>	<ul style="list-style-type: none"> <li>➤ 41% of IDU reported engaging in at least one criminal act in the month prior to the interview, a non-significant increase from 34% in 2004</li> <li>➤ The most common crimes committed were property crime and drug dealing crimes</li> <li>➤ 36% of the sample had been arrested in the last 12 months, comparable to 38% in 2004</li> <li>➤ IDU perceived the level of police activity in the ACT towards IDU to be stable to increasing; however, the majority reported that police activity had not made it more difficult to obtain drugs in the ACT</li> </ul>

Source: ACT IDRS IDU survey files 2004 and 2005

## 11.0 DISCUSSION

### 11.1 Heroin

The heroin market in the ACT appears to have remained stable from 2004 to 2005. According to reports from IDU, the price of heroin in the ACT remained stable, and, although heroin was reported to be easy to very easy to obtain, heroin purity was reported to be low to medium. The proportion of IDU reporting recent heroin use remained stable in 2005; however, the frequency of heroin use by IDU in the ACT (as measured by the median number of days of use in the six months preceding the interview and the proportion of daily heroin users) has been steadily decreasing since 2003. Recent heroin users reported a median of 92 days of use in the six months prior to the interview in 2003, a median of 73 days of use in 2004 and a median of 60 days of use in 2005. In addition, the proportion of IDU reporting daily heroin use in the IDRS sample has decreased from 32% in 2003 to 24% in 2004, and to 20% in 2005. A decrease in the frequency of heroin use may be related to an increase in the proportion of IDU in methadone maintenance treatment in the 2005 sample (31% in 2004 to 42% in 2005), although this cannot be confirmed in a study such as this.

### 11.2 Methamphetamine

In 2005, approximately three-quarters of the IDU sample reported having used some form of methamphetamine in the six months preceding the interview. Since 2002, the ACT IDRS IDU questionnaire has separated methamphetamine into three categories: 1) crystal ('ice'), 2) 'base', and 3) powder ('speed'). This distinction has allowed the detection of changes in the methamphetamine market in the ACT over the past three years separately for each form. An important finding observed in 2003 was the dramatic increase in the use of the more potent, pure crystal form of methamphetamine. The shift to crystal methamphetamine use means that users are getting better value for money by paying the same price, at least for smaller amounts, for a much purer product. In 2005, however, there was a decrease in the proportion of IDU reporting recent use of ice, down from 73% in 2004 to 62% in 2005. However, it should be noted that this difference was not statistically significant. In terms of route of administration, there was a significant decrease in the recent injection of ice. Although findings point to a trend towards a decrease in the use of ice among IDU in the ACT, it is important to monitor this trend to see if it continues in the future or whether it is just a fluctuation in the market or a result of fluctuations in the characteristics of the sample. Nonetheless, use of the more potent crystal form of methamphetamine still remains at sufficient levels to warrant concern.

The use of the purer crystal form of methamphetamine is likely to lead to increases in methamphetamine-related health as well as psychological and social problems. It is probable that some of the side effects of methamphetamine use (e.g. methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour) develop more rapidly and are more severe among users of the more potent crystal form of methamphetamine (Topp, Degenhardt, Kaye & Darke, 2002). Moreover, physical side effects such as profuse sweating, heart palpitations, hot and cold flushes, tremors and shaKE, as well as psychological side effects such as anxiety, depression, paranoia and irritability, have been perceived by polydrug users to be associated specifically with their crystal methamphetamine use (Degenhardt & Topp, 2003).

The proportion of IDU reporting recent use of methamphetamine powder or 'speed' significantly increased from 41% in 2004 to 59% in 2005. There was a corresponding increase in the proportion of IDU reporting recent injection of speed from 46% in 2004 to 56% in 2005.

However, this increase was not statistically significant. It could be suggested that an increase in the use of speed among IDU in the ACT, within the context of decreased ice use, may be an issue of availability; however, IDU reported both forms of methamphetamine to be easy to very easy to obtain and that availability had remained stable in the six months preceding the interview. The use of the base form of methamphetamine by IDU in the ACT remains low and stable in 2005, with 28% reporting recent use and 25% in 2004.

In 2005, injecting was the most common route of methamphetamine administration, with almost three-quarters of the sample reporting recent methamphetamine injection. The high levels of IDU reporting injecting methamphetamine is of concern due to the concomitant increase in the risk of the usual injection-related health problems such as scarring, bruising and infection of injection sites and the transmission of BBVI such as HIV and HCV.

The increase in problems associated with the use of methamphetamine is supported by both health and law enforcement key experts indicating that the increase in the use of methamphetamine, particularly ice, is resulting in increased agitation, aggression, drug-induced psychosis and sexual risk-taking among the clientele that they work with.

### **11.3 Cocaine**

Use of cocaine in the ACT in recent years has been very low, with cocaine reported to be very difficult to obtain and of low purity. However, the proportion of IDU reporting using cocaine in the six months preceding the interview in the ACT has risen from 10% in 2004 to 20% in 2005. Despite this, cocaine use among the 2005 sample was infrequent, with 60% of recent cocaine users having used this substance only one to two times in the six months prior to the interview. This suggests that use of cocaine by IDU in the ACT is characterised by opportunistic use, rather than regular use of this drug. While the purity of cocaine was reported to be medium to high, IDU were divided in their response to the current availability of cocaine in the ACT, with reports ranging from very difficult to very easy to obtain. It is important to continue to monitor the trend observed among IDU in 2005 towards an increased use of cocaine.

### **11.4 Cannabis**

In 2003, for the first time, the IDRS IDU questionnaire separated cannabis into two categories: outdoor-cultivated 'bush' cannabis and indoor-cultivated 'hydroponic' cannabis. This distinction has allowed for any changes in trends for each form of cannabis to be monitored separately. Consistent with past years of the IDRS, there was minimal change in trends pertaining to the price, potency, and availability of cannabis in the ACT. The reported median price of both hydroponic and bush cannabis remained stable from 2004 to 2005. However, as anticipated, in 2005 the prices between the two forms of cannabis varied. In relation to larger quantities purchased (such as quarter-ounces, half-ounces, and ounces), hydroponic cannabis was more expensive to purchase than bush cannabis. As in past years, the overwhelming majority of IDU commenting on cannabis reported it to be easy to very easy to obtain in the ACT. Hydroponic cannabis was perceived by IDU to be of higher potency than bush cannabis. The cannabis form most used by IDU in 2005 was hydroponic.

Cannabis use was widespread and frequent amongst IDU, with the majority of the 2005 sample reporting use in the six months preceding the interview. The proportion of IDU reporting daily cannabis use has remained stable since 2003, with approximately half of the IDU sample each year reporting using cannabis daily.

## 11.5 Other opioids

In the ACT, the use of diverted (illicit) methadone remained relatively stable from 2004 to 2005. The use of illicit methadone refers to the use of methadone that is prescribed to someone else. Approximately one-third of the IDU sample in 2004 and 2005 reported the use of illicit methadone in the six months prior to the interview. The main route of administration was injecting and, while this is concerning, it should be noted that the use of illicit methadone in the six months preceding interview was infrequent, with a median of two days of use reported during this period. As was the case in 2004, the majority of users believed their methadone was sourced through take-away doses. In 2005, a small proportion of IDU reported experiencing health-related problems associated with methadone injection, including scarring and bruising of injection sites, methadone dependence, and difficulty in finding veins.

The proportion of IDU reporting the recent use of illicitly obtained buprenorphine significantly increased from 5% in 2004 to 15% in 2005. There was a corresponding increase in the proportion of IDU reporting the recent injection of buprenorphine from 5% in 2004 to 10% in 2005; however, it is important to note that this increase was not statistically significant. Although this is of concern, the median number of days in which IDU injected illicitly obtained buprenorphine in the six months preceding the interview was low, at two. However, as buprenorphine becomes more widely used in opioid replacement therapy, it might be expected that it will become more available on the illicit market.

The proportion of IDU reporting recent use of morphine remained stable, with 37% of the IDU sample reporting recent use in 2005 and 40% in 2004. There was a decrease in the proportion of the IDU sample that had injected morphine in the six months prior to the interview from 40% in 2004 to 30% in 2005. Use of morphine by IDU in 2005 was infrequent as was the case in previous years. While the price of illicit morphine remained stable, IDU were divided in their perception of the ease with which morphine could be obtained, with reports ranging from very easy to very difficult. A small proportion of IDU reported experiencing health problems due to morphine injection, such as scarring or bruising, swelling of the hand or arm, dirty hit, thrombosis or blood clots, and one IDU reported having problems with morphine dependence.

## 11.6 Other drug use

Consistent with previous years of the IDRS, polydrug use was universal amongst the IDU sample in 2005. IDU respondents reported that they had used an average of twelve drug classes in their lives and an average of seven in the six months preceding the interview. When examining the extent of polydrug use via injection, IDU reported injecting an average of six drug classes in their lifetime and an average of three drug classes in the six months prior to interview.

The proportion of IDU reporting the recent use of benzodiazepines remained stable from 2004 to 2005 with almost two-thirds of the sample in 2005 reporting recent use. In 2005, the median days of use of benzodiazepines in the six months preceding the interview increased from thirteen in 2004 to thirty-one in 2005. The previously documented low levels of recent benzodiazepine injection remained constant from 2004 to 2005. It is important to note that IDU in the 2005 sample were more likely to use licitly obtained benzodiazepines – that is, benzodiazepines that were prescribed to them – than benzodiazepines that were illicitly obtained.

Similar to 2004, approximately one-quarter of the IDU sample reported the recent use of pharmaceutical stimulants or prescription amphetamines. Injecting was the most common route of administration, followed by swallowing. The majority of IDU reported using illicitly obtained



prescription amphetamines. IDU reported using pharmaceutical stimulants infrequently, with a median of five days of use in the six months prior to interview.

An increase was observed in the proportion of IDU reporting the recent use of alcohol in the six months preceding the interview, from 58% in 2004 to 74% in 2005. Despite this the median number of days of use in the six months preceding the interview remained stable at thirteen in 2004 and 2005. In 2005, 13% of recent alcohol users reported drinking on a daily basis. The majority of the IDU sample were daily smokers.

### **11.7 Associated harms**

The rate of infection of HCV reported among ACT injecting drug users remains very high, with seventy percent of participants in the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2005b) being HCV antibody-positive. However, the number of newly diagnosed HCV cases remains relatively low each year in the ACT. In the case of HBV there were nine newly diagnosed cases of HBV in 2004, compared to one case in 2003. No positive HIV tests have been returned for ACT participants in the NSP survey for the past five years, and the rate of HIV infection in this group remains low. The level of injecting-related risk behaviour among IDU, however, remains high enough to be of concern. The percentage of IDU who reported injecting with syringes that had already been used decreased slightly in 2005. However, the proportion of IDU reporting lending used syringes remained relatively stable, with one in five IDU in the 2005 sample reporting lending used syringes in the month preceding the interview. There was a non-significant decrease in the proportion of IDU who reported the sharing of other injection equipment (e.g. spoons, mixing containers, swabs, water) in 2005. The sharing of other injection equipment, such as spoons and swabs, remains a concern in the context of a high HCV prevalence among injecting drug users because transmission of this virus is associated with sharing such equipment (Crofts et al., 1997; Haganetal., 2001).

There was no apparent change in the injecting behaviour of IDU in regard to the usual location of injection between 2005 and the previous year. Again, 'private home' was the location nominated by the overwhelming majority of IDU as the usual place of injection. In 2005, 32% of IDU reported experiencing one injection-related problem in the past month, 19% reported experiencing two injection-related problems, and 10% of the IDU sample reported three to four problems. As was the case in the previous year, 'scarring/bruising' of the injection site, and 'difficulty injecting' were the most commonly reported difficulties experienced. In 2005 the proportion of IDU who reported that their 'last' location of injection was a public place remained relatively stable, with approximately a third of IDU reporting a public place as their 'last' location of injection in 2004 and 2005. The noteworthy proportions of IDU injecting in public places such as a public toilet, car or street, is of concern, as increased harm is associated with injecting in public places. An Australian study conducted by Darke and colleagues (2001) reported that injecting drug users who frequently injected in public locations were more likely than other IDU to have experienced a heroin overdose in the previous 6 months. In addition, IDU who reported frequent public injection also reported more current injection-related problems, including accidentally hitting an artery, as well as lumps, swelling, scarring and bruising of injection sites. Darke and colleagues (2001) suggest that the increased level of harm associated with public injecting may be attributable to injecting in a hurry, as well as the heightened risk of infection due to an unhygienic environment.

Research on the prevalence of mental health problems among persons with substance abuse problems has consistently reported high rates of mental disorders among this population. The National Survey of Mental health and Wellbeing (Henderson et al., 2000) estimated that 46% of Australian women with a substance-use disorder met criteria for an anxiety or depressive

disorder, while 25% of men with a substance-use disorder met criteria for a co-morbid mental disorder. Rates of mental disorders in the general population were reported to be much lower, with 10% of the adult population meeting criteria for at least one anxiety disorder and 6% for at least one depressive disorder. In 2005, the IDRS study found that 37% of IDU reported having recently experienced mental health problems other than drug dependence. Consistent with research on sex differences in the prevalence of mental health problems among persons with drug use disorders (Henderson et al., 2000; Teesson et al., 2000), a greater proportion of female IDU reported having recent mental health problems than males in the 2005 IDRS study.

Despite these high rates of mental health problems, only 22% of the sample reported seeking professional help for mental health problems in the six months prior to interview. A greater proportion of women than men reported seeing a health professional for a mental health problem (however, it should be noted that this difference was not statistically significant). These rates are similar to those reported in the National Survey of Mental Health and Wellbeing for people with substance-use problems (Teesson et al., 2000). As in the 2005 IDRS IDU survey, in the National Survey of Mental Health and Wellbeing, treatment-seeking was more common among women than men (Teesson et al., 2000). The results of the 2005 IDRS study indicate that the majority of IDU who seek help for mental health problems seek it from general practitioners, psychiatrists and counsellors. The problems that IDU most commonly sought help for were depression and anxiety.

In 2005, the IDRS study asked IDU about the relationship between drug use and aggression. Approximately one-third of the IDU sample reported becoming verbally aggressive while under the influence of drugs or alcohol and this occurred most often after using crystal methamphetamine (ice), alcohol and heroin. A small proportion of IDU reported becoming physically aggressive while under the influence, attributing this predominately to the use of crystal methamphetamine and heroin. Just over a third of IDU respondents reported becoming verbally aggressive when in drug withdrawal, attributing this primarily to withdrawal from heroin, crystal methamphetamine and methadone. A smaller proportion of IDU reported becoming physically aggressive when in withdrawal, with heroin and crystal methamphetamine being the main drugs implicated.

Irritability and aggression are common side effects of methamphetamine use (Degenhardt & Topp, 2003). It is interesting to note that IDU perceived aggressive behaviour to be primarily related to the use of the more potent crystal form of methamphetamine and did not perceive other forms of methamphetamine, such as speed or base, to be related to aggression. These findings are consistent with research evidence that suggests that methamphetamine use is associated with violent crime and aggressive behaviour (Wright & Klee, 2001). However, the relationship between methamphetamine and violence was complex in this study, with many other contributing factors being implicated, such as personality characteristics, situational factors and the psychopharmacology of other drugs as well as methamphetamine (Wright & Klee, 2001).

For the first time, in 2005, IDU were asked about drug driving. Findings indicated that approximately one-third of the IDU sample had recently driven soon after (within one hour) of taking illicit drugs. The most common drugs taken by IDU before driving in the six months preceding the interview were heroin, cannabis, methamphetamine (specifically speed and ice), methadone and benzodiazepines. In light of substance use being a major factor involved in motor vehicle accidents, this is of some concern. An Australian study conducted by Darke and colleagues (2004) in relation to drug driving among a sample of 300 IDU reported that 74% of the sample had used drugs before driving in the 12 months prior to interview, a much greater proportion than reported by IDU in the ACT in 2005. Similar to the 2005 IDRS study, the most

common drugs taken before driving were cannabis, heroin, amphetamines and cocaine. Findings from the Darke et al. (2004) study also found there to be risks associated with drug driving. Fifteen percent of IDU who reported ever driving had been injured in a drug driving accident in the previous 12 months and 12% had been hospitalised following a drug driving accident. Findings indicate that drug driving is of concern among the IDU population.

The proportion of IDU who reported having been arrested in the last year has remained stable at approximately one-third of IDU respondents since 2003. There was a non-significant increase in the proportion of IDU who reported engaging in at least one criminal activity in the month preceding the interview from 34% in 2004 to 41% of the IDU sample in 2005. This increase was characterised by a greater proportion of IDU that reported engaging in property crime and drug dealing crimes. IDU perceived the level of police activity in the ACT towards injecting drug users was stable to increasing. However, the majority of IDU in 2005 reported that police activity had not made it more difficult to obtain drugs in the ACT.

## 12.0 IMPLICATIONS

The heroin market in the ACT appears to have stabilised over the past three years. Since 2003 the price, purity and availability of heroin has remained relatively stable. However, over the last three years, the IDRS ACT study has observed a change in the current patterns of heroin use among IDU respondents. IDU in the 2005 study reported using heroin less frequently than 2004 IDU respondents. In support of this trend, there has been a steady decrease over the last three years in the median number of days of use in the six months prior to the interview, in addition to a decrease in the proportion of IDU who reported using heroin on a daily basis. However, it is important to note that recent heroin use among the 2005 IDU sample remains almost universal, and, with the ease of access to heroin in the ACT, the demand for treatment for opioid dependence (i.e. methadone or buprenorphine maintenance) is expected to continue.

In 2003, the IDRS study noted a shift in the methamphetamine market to the increased availability and use of the more potent crystal form of methamphetamine. In 2005, the continuing high levels of use of crystal methamphetamine remain a matter for some concern. Moreover, in 2005 there was an observed increase in the use of methamphetamine powder by IDU in the ACT. In 2005, injecting remains the most common route of methamphetamine administration. Although there were no significant increases in methamphetamine injection among IDU in 2005, levels of IDU reporting injecting methamphetamine continue to remain high enough to warrant concern. This is primarily due to the concomitant increase in the risk of the usual injection-related health problems such as scarring, bruising and infection of injection sites, as well as the transmission of BBVI such as HIV and HCV.

The continuing high levels of ice and speed use by IDU in the ACT is expected to be associated with a corresponding rise in problems associated with the use of methamphetamine, such as methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour (Degenhardt & Topp, 2003). In support of this, interviews with IDU in 2005 indicate that ice use is associated with aggressive behaviour. Consequently, health and law enforcement professionals who work regularly with drug-using populations may need to develop and implement strategies for dealing with individuals who are agitated and aggressive due to methamphetamine intoxication. Despite continuing high levels of methamphetamine use by IDU in the ACT in 2005, the number of clients attending Arcadia House for methamphetamine detoxification decreased in 2004-2005 and methamphetamine-related hospital admissions remain low. This trend will need to be monitored and appropriate treatment services may need to be provided, to encourage people to seek help for problems associated with the consequences of methamphetamine use.

Findings from the 2004 National Drug Strategy Household survey indicated that 3.3% of Australian residents had driven a motor vehicle while under the influence of drugs (other than alcohol) in the past 12 months. In comparison, results from the 2005 IDRS study indicate that the occurrence of drug driving among drug users in the ACT is highly prevalent. A review of the literature on drug use and driving conducted by Kelly, Darke and Ross (2004) reported that use of alcohol in combination with other drugs, as well as use of multiple drugs prior to driving, is associated with increased driving impairment and risk of driving accidents. This is of concern, given polydrug use patterns among injecting drug users. Increasing awareness of the risks associated with drug driving among illicit drug users is important in order to reduce drug driving-related harms.

Levels of injection-related risk-taking behaviour remain sufficiently high in the ACT in 2005 to warrant concern. Although the proportion of IDU in the ACT reporting lending and borrowing needles remains relatively low, approximately one-third of the 2005 sample reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs). The sharing of other injection equipment, such as spoons and swabs, is of concern in the context of a high HCV prevalence among injecting drug users, because transmission of this virus is associated with sharing such equipment (Crofts et al., 1997; Haganetal., 2001). Increasing awareness of the risks associated with sharing injecting equipment other than needles is important because of the harms associated with this.

In conclusion, the 2005 ACT IDRS confirms that illicit drug use remains a problem for the ACT community. Although there are some suggestions that heroin use may be decreasing slightly, the use of cannabis and methamphetamine remains high and shows no signs of abating. Key issues identified in this report are methamphetamine-related aggression, mental health problems and the rise of driving under the influence of drugs. More specifically, the continuing high rates of injection-related risk behaviour among IDU in the ACT remains a concern, especially in relation to the high prevalence of HCV in this group.

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