G. Campbell and L. Degenhardt

ACT DRUG TRENDS 2006
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 269

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2006

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NDARC Technical Report No. 269

ISBN 978 0 7334 2465 6

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ACKNOWLEDGEMENTS

The authors of the 2006 IDRS report acknowledge the Australian Government Department of Health and Ageing in providing funding for the 2006 ACT Illicit Drug Reporting System (IDRS) research project.

In acknowledgement of their valuable assistance with the 2006 IDRS project there are a number of organisations and individuals which the authors wish to thank. We would like to acknowledge and extend special thanks to Directions ACT and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), for their help in the recruitment of injecting drug users (IDU) who participated in the user survey. The authors would like to thank the 100 IDU interviewed in the ACT for the 2006 IDRS project for their openness and willingness to discuss the sensitive issues addressed in the IDRS IDU survey.

We would also like to extend our appreciation to the organisations that committed time and expertise to collecting and providing indicator data. Specifically the authors wish to thank the ACT Alcohol and Drug Program, ACT Ambulance Service, ACT Government Analytical Laboratory, Assisting Drug Dependents Incorporated, Australian Crime Commission and the Australian Institute of Health and Welfare.

Just as important to the IDRS is the information derived from key expert (KE) interviews. The KE interviews are conducted with people with specific expertise in the area of injecting drug use. The KE interviewed for the 2006 IDRS project are all busy professionals who gave up their time without compensation, and so we also want to express our gratitude to each of the KE.

A special thanks to Amy Curtis, Amanda George, Natasha Sindicich, Randolph Sparks and Phoebe Proudfoot who assisted with the IDRS IDU interviews.

We also gratefully acknowledge the support, assistance and advice from Jenny Stafford (national coordinator, IDRS & Ecstasy and related Drug Reporting System, or EDRS – maternity leave), Susannah O'Brien (national coordinator, IDRS & EDRS), Amanda Roxburgh, Emma Black (national and NSW coordinator, IDRS) and Matthew Dunn (national and NSW coordinator, EDRS) of the National Drug and Alcohol Research Centre (NDARC).

ABBREVIATIONS

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

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug users (IDU)

In 2006, one hundred injecting drug users (IDU) were interviewed for the IDRS in the ACT. The demographic characteristics of the 2006 IDU sample were very similar to those interviewed in 2005. The majority of IDU interviewed for the IDRS study were male (74%). On average respondents were aged 36 years, ranging from 17 to 53 years. In terms of education, IDU had completed an average of 10 formal school years, 23% of respondents had trade or technical qualifications, and 12% reported having university or other tertiary qualifications. Forty-eight percent had a previous prison history. Half (50%) of the 2006 IDU respondents reported currently participating in some form of drug treatment. The most common form of drug treatment, among IDU in the 2006 ACT sample, was opioid maintenance treatment with 72% of those in treatment engaged in methadone maintenance treatment and 22% 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 (speed, base or crystal) were the drugs first injected by the majority of the 2006 IDU sample. Heroin was the drug of choice for the majority of respondents (46%), followed by methamphetamine (34%) and cannabis (9%). The drugs injected most often by IDU in the month preceding the interview were crystal methamphetamine ('crystal' 33%) and heroin (33%). Crystal was the last drug injected by 32% of respondents, followed by heroin (30%).

IDU reporting daily or more frequent drug injection in the month preceding the IDRS survey remained stable from 29% in 2005 to 32% in 2006. However, younger IDU respondents aged 25 years or less were more likely to inject on a daily or more basis (42%) than IDU respondents aged over 25 (31%).

Polydrug use was universal amongst the 2006 IDU sample. The majority (50%) reported that they had used four of the following five drugs; cannabis, heroin, methamphetamine, cocaine and other opioids (i.e. illicit oxycodone, morphine, methadone and/or buprenorphine), in the six months preceding interview. This was consistent with reports from KE who stated that many IDU were polydrug users and it was very unlikely for an IDU to be using only one drug.

Heroin

A summary of heroin use, price, purity and availability is presented in Table 1. The proportion of IDU reporting use of heroin in the six months preceding the interview markedly decreased in 2006 (86% in 2005 to 71% in 2006). 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 24 (range 1-180, approximately once a week); this was down from a median of 60 days (approximately 2.5 days a week) in 2005. In terms of the frequency of heroin injection, 25% of recent heroin users had injected on a monthly or less basis, 30% had injected heroin on a more than monthly to a weekly basis, 38% had injected heroin weekly to less than daily, and 7% injected on a daily basis.

The median price of heroin remained relatively stable in 2006. The reported price for a cap of heroin remained stable from 2005 to 2006 at $50; the reported price for a gram of heroin increased slightly from $300 in 2005 to $340 in 2006. IDU respondents reported heroin to be 'very easy' (36%) to 'easy' (30%) to obtain in the ACT. In 2006, IDU perceived the purity of heroin to be currently low (60%).

Just under a half of IDU sample (47%) reported ever having used home-bake heroin and a minority (13%) reported the recent use of home-bake heroin. Among the IDU who had recently used home-bake heroin, the frequency of use was low, with a median of ten days of use in the six months prior to the interview. All of those who had recently used home-bake had injected it.

KE reports were consistent with the reports of IDU. They reported that the use of heroin in the ACT by IDU had decreased, possibly due to heroin becoming more difficult to obtain. Furthermore, indicator data, such as ambulance call-outs and the number in treatment due to heroin, has also declined; again, this is consistent with the decline in use reported by IDU.

Methamphetamine

The IDRS IDU survey collects data on three different forms of methamphetamine: methamphetamine powder ('speed'), methamphetamine base ('base') and crystal methamphetamine ('crystal'). A summary of the 2006 findings is presented in Table 1 for the three forms of methamphetamine. In 2006, ninety-two percent 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 (58%) of the sample reported the recent use of speed, similar to the proportion of IDU who had used speed in 2005 (59%). The majority of recent speed users used this substance infrequently in the six months prior to the interview, with a median of ten days of use reported during this period. Three percent reported daily use of speed. Injection was the most common route of administration, with 57% of IDU having injected speed in the six months preceding the interview. The reported price for a point of speed remained stable from 2005 to 2006 at $50 and the reported price for a gram of speed increased from $125 per gram, in 2005, to $175 per gram in 2006. IDU respondents reported speed to be 'easy' (53%) to 'very easy' (32%) to obtain in the ACT. In 2006, IDU perceived the purity of speed to be currently 'low' (37%) to 'medium' (27%).

Methamphetamine base was the form of methamphetamine used least by the 2006 IDU sample, with only 32% of IDU reporting recent use. Base users used this substance infrequently, with a median of 4.5 days of use in the six months preceding the interview, with only 1% reporting daily use. As was the case with speed, injection was the most common form of administration, with 32% of the IDU sample reporting recent base injection. The reported price for a point of base remained stable from 2005 to 2006 at $50 and the reported price for a gram of base decreased from $280 in 2005, to $250 in 2006. IDU respondents reported that base was 'easy' (41%) to 'very easy' (27%) to obtain in the ACT. In 2006, there were mixed reports from IDU regarding the current purity of base, 36% reported it to be 'low', and equal proportions (23%) reported it to be 'medium' or 'high', however, this was based on small numbers (n=6) so results must be interpreted with caution.

In 2006, there was a marked increase in the proportion of IDU reporting recent use of crystal, from 62% in 2005, to 88% in 2006. Crystal was the most common drug used among the IDU sample in 2006. However, use remained infrequent, on average, with recent crystal users reporting a median of 15.5 days of use in the six months prior to the interview. Twelve percent of the sample reported daily use of crystal. There was an expected increase in the proportion of the IDU sample reporting recent crystal injection from 62% in 2005 to 88% in 2006. The median price for a point of crystal remained stable in 2006 at $50. The price for a gram increased from $300 in 2005, to $410 in 2006. IDU respondents reported crystal to be 'very easy' (50%) to 'easy' (42%) to obtain in the ACT. In 2006, IDU perceived the purity of crystal to be currently 'medium' (27%) to 'high' (43%).

KE reports are consistent with the reports by IDU in the 2006 IDRS. Whilst, the use of speed and base has remained relatively stable, there has been an increase in the use of crystal methamphetamine (crystal). KE reported that many previous heroin users have begun to use crystal, since heroin is not as easy to obtain. However, the number of clients undergoing withdrawal from methamphetamine has continued to decrease since 2004, and this is inconsistent with an increase in use reported by IDU. However, consistent with IDU reports, there has been an increase in the number of hospital admissions where amphetamine was implicated as the primary diagnosis.

Table 1: Summary of major drug trends reported by IDU interviewed in the ACT, 2006

	Heroin	Methamphetamine	Cocaine	Cannabis
Use	- 71% of IDU reported recently using heroin, down from 86% in the previous year - Median days of use decreased from 60, in 2005, to 24 in 2006	- Speed use remained stable at 58% - Base use remained stable 32% - Crystal use increased from 62% in 2005, to 88% in 2006 - Frequency of use was low and sporadic for all forms	- Decrease in use from 20% in 2005, to 8% in 2006 - Median days of use remained low, at 3 in the preceding six months	- 90% of IDU reported recent cannabis use - Median number of days remained stable at 180
Price	- Price per cap remained stable at $50 - Price per gram increased from $300 in 2005, to $340 in 2006 - IDU reported price of heroin had remained stable	- Price per point for speed, base and crystal, remained stable at $50 - Price per gram increased for speed ($175) and crystal ($410), decreased for base ($250) - Prices remained stable	- Price per cap remained stable at $50 - No IDU were able to comment on price per gram	- Price per gram of hydroponic cannabis remained stable at $20 - Price per gram of bush decreased from $20 in 2005, to $15 in 2006 - Ounce for hydroponic remained stable ($300), decreased for bush to $190 ($250 in 2005)
Availability	- IDU reported heroin as 'easy' to 'very easy' to obtain - This, however, was down from previous years - Availability remained stable	- All forms were 'easy' or 'very easy' to obtain - Availability remained stable	- IDU reported cocaine was 'difficult' to 'very difficult' to obtain - Availability remained stable	- Hydroponic was 'easy' to 'very easy' to obtain - Bush was 'easy' to obtain - Availability remained stable for hydroponic and bush
Purity/ Potency	- IDU reported that the current purity of heroin was low - IDU reports indicate that the current purity of heroin was decreasing	- Speed reported to have 'low' to 'medium' purity - Base, inconsistent reports, but mainly 'low' - Crystal reported to be 'medium' to 'high' - Mixed reports on change in purity	- There were mixed reports regarding the current purity of cocaine - Only small numbers were able to report	- IDU reported hydroponic cannabis had a 'high' potency - Bush was reported to be 'medium' - Potency remained stable for hydroponic and bush cannabis

Source: ACT IDRS IDU interviews, 2006

Cocaine

Cocaine was used by 8% of the IDU sample in the six months preceding the interview, down from 20% in 2005. Among those who had recently used cocaine in the ACT, the frequency of cocaine use was low, with a median of three days of use in the six months prior to the interview (range=1-30). Among the IDU who reported recent cocaine use, the most common routes of administration were injection and snorting. There was a decrease in the proportion of IDU who reported recent cocaine injection from 17% in 2005 to 6% in 2006. A small number (n=6) of IDU commented on the price, purity and availability of cocaine in the ACT in 2006, with the majority reporting that cocaine is 'difficult' (67%) to 'very difficult' (33%) to obtain in the ACT. The median price for cocaine, in 2006, was reported to be $50 for a cap. No IDU were able to comment on the price for a gram of cocaine in 2006. IDU reports were mixed regarding the current purity of cocaine in the ACT, with 33% reporting it be 'high', and equal proportions (17%) reporting it to be 'medium' or 'low', this may be due to the low number of respondents who were able to answer. Table 1 summarises the findings for cocaine in the ACT in 2006.

Consistent with IDU, KE reported that cocaine use by IDU in the ACT was relatively low and infrequent.

Cannabis

Cannabis use was widespread and frequent amongst the IDU sample in 2006; this was consistent with reports from KE. Ninety-eight percent of the IDU sample had ever tried cannabis and ninety percent had used cannabis in the six months prior to the interview, consistent with the 2005 sample. 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), as can be seen in Table 1. The median reported price of a gram of hydroponic cannabis remained stable from 2005 to 2006 at $20, but decreased from $20 in 2005, to $15 in 2006 for bush cannabis. The median price of an ounce of bush cannabis in 2005 was reported by IDU to be $190, while the median price for an ounce of hydroponic cannabis was $300. The majority of IDU perceived both bush and hydroponic cannabis to be 'easy' (52% and 54% respectively), with a further 42% reporting that hydroponic was 'very easy' to obtain. IDU also reported that availability had remained stable in the six months preceding the interview. IDU commenting on the potency of bush cannabis believed it to be 'medium' (57%) and hydroponic cannabis to be 'high' (59%). 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

'Illicit' methadone use is used in this report to refer to the use of methadone that was prescribed for someone else. The use of diverted methadone among the ACT IDU sample in 2006 was similar to levels reported in the previous year. Approximately one-third (38%) reported recent use, a slight increase from 30% in 2005. Among those who had recently used in the ACT, the frequency of illicit methadone use was very low with a median of five days (approximately, just under once a month) of use in the previous six months. Injecting (90%) and swallowing (34%) were the most common routes of illicit methadone administration.

In 2006, a small proportion of the IDU sample (17%) reported diverting licit methadone for injection (i.e. injecting their own prescribed oral methadone preparation). In the six months preceding the interview, the median number of days, among those who had injected licit methadone was twenty-four days (approximately once a week).

Use of illicit buprenorphine

'Illicit buprenorphine' refers to the use of buprenorphine that is prescribed to someone else. The use of diverted buprenorphine among the ACT IDU sample increased from the previous year. There was an increase in the proportion of IDU reporting they had ever used illicit buprenorphine, from 23% in 2005 to 42% in 2006. 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 15% in 2005 to 34% in 2006. The majority of IDU used illicit buprenorphine infrequently, with a median of six days (approximately once a month) of use in the six months prior to the interview. Injection (27%), followed by swallowing (10%), were the most common routes of diverted illicit buprenorphine use among the 2006 sample. In 2006, a small proportion of the IDU sample (10%) 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 seven (approximately just over once a month).

Morphine

In the 2006 IDRS survey, IDU were asked about licit and illicit forms of morphine. Use of illicit morphine refers to the use of morphine that is prescribed to someone else. Eighty-two percent of IDU, in 2006, reported that they had used illicit morphine at least once in their life. Fifty-two percent reported using illicit morphine in the preceding six months. The main route of administration for illicit morphine was injection (48%). IDU reported injecting illicit morphine on a median of 4.5 days (approximately once every one and a half months) in the preceding six months. This indicates that use of illicit morphine remains low and sporadic. Eight percent of IDU reported that they had used licit morphine in the preceding six months. Four percent reported the recent injection of their morphine. Median days injected licit morphine was reported to be 13.5 days (approximately once a fortnight), in the preceding six months.

Other opioids

In 2006, thirty-one percent of IDU reported lifetime use of illicit oxycodone. Use of illicit oxycodone refers to the use of oxycodone that is prescribed to someone else. Twenty-two percent reported the recent use of illicit oxycodone, with 14% reporting injecting illicit oxycodone, and 9% reported that they had swallowed illicit oxycodone. Median days injected illicit oxycodone remained low, at 2.5 days (approximately once every two months). Six percent of IDU reported the recent use of licit oxycodone, with half (3%) reporting injection of their oxycodone. Again, median days injected remained low and infrequent at 10 days (approximately just under two days a month) in the preceding six months.

The use of 'other opioids' such as codeine by IDU in the ACT was low with 14% reporting lifetime use of 'other opioids' and 8% reporting the recent use of 'other opioids'. The main route of administration was swallowing (8%), and median days of use was low at 8 (approximately just over once a month) in the preceding six months.

Patterns of other drug use

Benzodiazepine use remained high among the IDU sample in 2006. Approximately two-thirds (60%) reported using benzodiazepines in the six months preceding interview. The frequency of benzodiazepine use increased from a median of 31 days (approximately 1.5 days a week) of use in 2005 to a median of 60 days (approximately 2.5 days a week) of use in 2006. Recent benzodiazepine users reported swallowing as the primary route of administration; however, experimenting with injecting and smoking were also reported.

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 (35%) of the IDU sample reported the recent use of illicit pharmaceutical stimulants, with injection followed by swallowing being the main routes of administration. Median days used illicit pharmaceutical stimulants was 35 days (approximately 1.5 days a week) in the preceding six months. Three percent of IDU reported the use of licit pharmaceutical stimulants in the preceding six months. All (3%) reported that they had injected their pharmaceutical stimulants and 2% reported swallowing them. Therefore, the majority of recent pharmaceutical stimulant users are using pharmaceutical stimulants that are prescribed to someone else.

Alcohol was used by over two-thirds (68%) of the IDU sample in the ACT in 2006. Recent alcohol users reported a median of 68 days (approximately 2.5 days a week) of use in the six months prior to the interview. The majority of IDU (100%) reported the recent use of tobacco, with 99% of those who reported use of tobacco in the six months prior to the interview being daily smokers.

Associated harms

In 2006, IDU were asked questions regarding blood-borne viral infection (BBVI) testing. The majority of IDU had been tested for hepatitis B virus (HBV), C virus (HCV) and human immunodeficiency virus (HIV) in the twelve months preceding interview. While the majority reported that they were HBV and HIV negative, the majority reported that they were HCV positive. Reasons IDU gave for being tested recently (in the preceding 12 months) included; due to a matter of routine, seemed a responsible thing to do, or they were monitoring an existing infection. Of those IDU who had not been recently tested (in the last 12 months) the most common reasons were; never shared needles, they were already positive, they had been vaccinated against HBV or they just never got around to doing it.

In 2006, levels of injection-related risk-taking behaviour remained sufficiently high to warrant concern. The reported rate of 'borrowing' used needles among IDU remained relatively stable at 9% in 2005, to 6% in 2006. The proportion of IDU reporting that they had lent needles remained stable at 19% for 2005 and 2006. The proportion of IDU that reported sharing injecting equipment (e.g. spoons, mixing containers, water and swabs) remained relatively stable at 38% in 2005, to 35% in 2006. Given the implication of this for the transmission of HCV, and the high proportion of IDU who reported that they were HCV positive, the sharing of injecting equipment remains a concern.

Almost a half (48%) 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 61% of the sample in 2005, a marked decrease. In 2006, the most commonly reported difficulties were scarring/bruising and difficulty injecting.

In 2006, IDU were asked about driving while under the influence of drugs. Over four-fifths (88%) of the IDU who had driven in the preceding six months had driven under the influence of drugs. IDU most commonly reported driving while under the influence of; cannabis, heroin, crystal and methadone.

In the 2006 IDRS IDU sample, 34% reported recently experiencing mental health problems, other than drug dependence, in the six months preceding the interview, similar to 37% in 2005. Despite this, only 19% of IDU, in the 2006 sample, reported seeing a mental health professional during this period. IDU respondents most commonly sought help from health professionals for depression and schizophrenia. IDU were most likely to attend a GP, psychiatrist or a psychologist for help with mental health problems.

In 2006, just over one-third (38%) of IDU reported engaging in at least one criminal activity in the month prior to the interview, similar to 41% in 2005. The most common crime committed, as reported by IDU in the month prior to interview, was involvement in drug dealing. The proportion of IDU who reported being arrested in the last year remained increased from 36% in 2005 to 46% in 2006. 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

- Consistent with the previous three years, there has been a decrease in the prevalence and frequency of heroin use. IDU in 2006 reported that heroin was 'less easy' to obtain and the majority reported heroin purity as being 'low'. 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 many of the IDU interviewed for the IDRS reported a long history of heroin use, and continued demand for heroin treatment is likely to exist. Further, should availability of the drug return, it may be the case that use increases among this group.

- The continuing high levels of methamphetamine 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 and 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.

- In 2006, 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 cannabis, heroin, methamphetamine (specifically speed and crystal), and methadone. Use of drugs in combination with alcohol and polydrug use is associated with increased driving impairment and risk of driving accidents (Kelly et al., 2002). 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 2006 sample reporting sharing injecting equipment (e.g. spoons, mixing containers, water and swabs). Given the implication of this for the transmission of HCV, and findings from the IDRS in 2006 that the majority of IDU were HCV positive, 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 et al., 1997) and trials in New South Wales, Victoria and South Australia in 1997 (Hando et al., 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. In 2006, the IDRS was funded by the Australian Government Department of Health and Ageing. The authors would like to acknowledge this organisation for contributing the funding for the 2006 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 et al., 2000), no. 105 (Williams et al., 2001), no. 128 (Williams, 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 KE interviews were performed. IDRS findings from 2003 are presented in NDARC technical report no. 180 (Ward and Proudfoot, 2004). Findings from the 2004 IDRS can be found in NDARC technical report no. 217 (Buckingham et al., 2005). Findings from the 2005 IDRS can be found in NDARC technical report no. 257 (Buckingham et al., 2006). In 2006 the ACT arm of the IDRS was conducted by the National Drug and Alcohol Research Centre (NDARC) of the University of New South Wales. 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 2006 report.

This *ACT Drug Trends 2006* report presents findings from the 2006 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 2006 IDU sample. The IDRS report concludes with a discussion of the implications of the findings for 2006.

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 2006* 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, 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 July of 2006, a structured interview was administered face-to-face to 100 current injecting IDU 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 2006, 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 2006, for the first time, IDU were asked questions about driving while under the influence of drugs and blood-borne viral infection (BBVI) testing and treatment. The substance-related aggression questions were altered, with questions asking IDU about other's 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 NDARC research staff and took, on average, approximately 45 minutes to administer. All participants were recruited through Directions ACT, and also, the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), both organisations provide a Needle and Syringe Program (NSP) and drop-in facilities for injecting drug users in the ACT. Posters were placed at Directions ACT and CAHMA asking potential participants to come to Directions ACT to be screened (according to the selection criteria which required participants to have injected at least monthly in the past six months, to have lived in the ACT for the previous 12 months and be at least 17 years of age) and, if they were eligible, make an appointment for the next week. Ethics approval for the ACT arm of the IDRS was obtained from the University of New South Wales ethics committee.

2.2 Survey of key experts (KE)

Between August and October 2006, twenty professionals were interviewed as KE for the IDRS. Five interviews were conducted with medical officers and ambulance officers, three interviews each with drug and alcohol counsellors, NSP workers, police from the intelligence branch and one each from a drug and alcohol program, methadone/buprenorphine worker, user group representative, drug and alcohol case manager, youth worker and a drug treatment worker. KE 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 over the phone and took from 40 minutes to one hour to administer. The KE 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 KE interviews were supplemented by routinely collected Australian indicator data sources relating to illicit drug use and other drug-related issues. The entry criteria for indicator data are listed below.

- The data should be available at least annually.
- The data should include 50 or more cases.
- The data should provide details of illicit drug use.
- The data should be collected in the main study site (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 2006 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 (SCON)***. Data for this report on the number of SCON 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 2005/2006. Assisting Drug Dependents Incorporated (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 2005/2006.
- ***Urine analysis data.*** Urine test data from methadone maintenance programs in the ACT were analysed by Australian Capital Territory Government Analytical Laboratory (ACTGAL) and provided by the ACT Drug and Alcohol Program. This report presents data by quarter from October 2000 to June 2006 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 2005/2006.
- ***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 2005/2006. 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 (National Centre in HIV Epidemiology and Clinical Research, 2005a, National Centre in HIV Epidemiology and Clinical Research, 2005b).
- ***Pharmacotherapy clients.*** The number of clients in pharmacotherapy (i.e. methadone and buprenorphine maintenance treatment) in the ACT as of 30th 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

A total of 100 individuals were interviewed. The demographic characteristics of the IDU sample, in 2006, are summarised in Table 2 below. In 2006 the mean age of the IDU sample was 36 years (range 17-53, SD=9.0), and approximately three-quarters (74%) were male. There was no significant difference between the mean age of male and female respondents in the 2006 sample. All of the respondents reported English as the main language spoken at home and 10% identified themselves as being Aboriginal and/or Torres Strait Islander.

The mean number of formal school years completed was 10 (SD=1.7, range 3-12 years). Twenty-three percent of IDU reported that they had trade or technical qualifications, and 12% reported that they had university or other tertiary qualifications. The majority (84%) of IDU interviewed in 2006 were unemployed, 6% were currently employed full-time and 7% were employed on a casual or part-time basis. The majority of IDU (76%) reported living in their own house or flat (includes renting).

In 2006, forty-eight percent 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 2006 ACT sample (53% versus 35% respectively), however this was not statistically significant ($p>0.05$).

In 2006, fifty percent of the IDU sample was currently participating in some form of drug treatment. The most common form of drug treatment among IDU in the 2006 ACT sample was opioid maintenance treatment, with 72% of those in treatment engaged in methadone maintenance treatment and 22% in buprenorphine maintenance treatment. One IDU was participating in drug counselling and one in naltrexone treatment. The mean length of time IDU had been participating in their current treatment was 59 months (SD=72.45, range one month to 20 years). Of those IDU currently in treatment, 30% had been participating in treatment for six months or less, with the majority (70%) engaged in longer-term treatment of six months or more. A greater proportion of males (52%) than females (46%) in the 2006 IDU sample were currently in some form of drug treatment; however, this difference was not significant ($p>0.05$).

Table 2: Demographic characteristics of the IDU sample, 2005-2006

	2005 N=125	**2006 N=100**
Age (mean years)	35	**36**
School education (mean years)	10	**10**
Sex (% male)	68	**74**
Heterosexual (%)	89	**91**
Accommodation (%)		
Own house/flat (includes renting)	77	**76**
Parent's/family house	10	**1**
Boarding house/hostel/refuge	10	**12**
No fixed address/homeless	3	**9**
Employment (%)		
Not employed	69	**84**
Full-time	10	**6**
Part-time/casual	14	**7**
Home duties	4	**2**
Student	3	**1**
English main language spoken at home (%)	98	**100**
Aboriginal and/or Torres Strait Islander (%)	9	**10**
Tertiary education (%)		
None	48	**65**
Trade/technical	39	**23**
University/college	13	**12**
Currently in drug treatment (%)	57	**50**
Methadone maintenance (%)	42	**36**
Buprenorphine maintenance (%)	10	**11**
Prison history (%)	38	**48**

Source: ACT IDRS IDU interviews, 2005-2006

3.2 Drug use history and current drug use

The injection history of IDU in the 2005 and 2006 samples are summarised in Table 3. The mean age of first injection was 18 years (SD=5.5, range 11-39 years).Almost half of the IDU respondents (49%) reported amphetamines as the first drug injected, followed by heroin (46%). Heroin and crystal (crystal methamphetamine) were the drugs injected most often in the month prior to the interview (33% each), a decrease from 65% of respondents in 2005 that reported heroin as the drug most often injected in the month prior to interview, and an increase from 19% of respondents reporting crystal as most often injected. Crystal was the last drug injected by 32% of respondents (compared to 13% in 2005), followed by heroin (30%, compared to 61% in 2005).

Heroin was nominated as the drug of choice for the majority of IDU (46%) in 2006; however, this was down 21% from the previous year (67% in 2005). Thirty-four percent of respondents nominated methamphetamine as their drug of choice, up from 17% in 2005. Specifically, 26% nominated crystal, 7% nominated speed and 1% nominated base as their drug of choice. Cannabis was nominated by 9% of IDU as their drug of choice, similar to 10% in 2005.

In 2006, 35% 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=35), 31% reported this was due to their drug of choice being non-injectable, and 20% reported it was due to availability, or because they were in drug treatment. The most common drugs used on the day prior to the interview were cannabis (47%), alcohol (30%), methadone (22%), and heroin (19%). Only eight percent of the sample had not used any drugs on the day prior to interview.

Table 3: Injection history, drug preferences and polydrug use of IDU, 2005-2006

Variable	2005 N=125	**2006 N=100**
Age first injection (mean years)	18	**18**
First drug injected (%)		
Heroin	50	**46**
Methamphetamine	42	**49**
Cocaine	2	**3**
Other opioids	5	**0**
Other	1	**1**
Drug of choice (%)		
Heroin	67	**46**
Cocaine	2	**0**
Methamphetamine		
Speed	6	**7**
Base	0	**1**
Crystal	11	**26**
Cannabis	11	**9**
Other	4	**11**
Drug injected most often in last month (%)		
Heroin	65	**33**
Cocaine	0	**0**
Methamphetamine		
Speed	8	**13**
Base	1	**1**
Crystal	19	**33**
Methadone	5	**8**
Other/have not injected in last month	3	**12**
Most recent drug injected (%)		
Heroin	61	**30**
Cocaine	1	**0**
Methamphetamine		
Speed	13	**12**
Base	1	**0**
Crystal	13	**32**
Methadone	6	**8**
Morphine	3	**5**
Other	2	**13**

Source: ACT IDRS IDU interviews, 2005-2006

The frequency of injection reported by IDU in 2005 and 2006 is presented in Table 4. In 2006, less than one-third (32%) of IDU reported an injection frequency of one (15%) or two or more (17%) injections per day. In comparison, in 2005, twenty-nine percent of IDU reported an injection frequency of one (6%) to two or more (23%) injections per day.

When the sample is divided into younger (<=25 years of age) and older users (>25 years of age), a greater proportion of younger IDU reported injecting daily or more (42%) compared to older users (31%). When the sample was divided into male and female IDU, a lower proportion of females (27%) reported injecting once or more per day, compared to males (34%) who injected once or more per day, however, this difference was not significant.

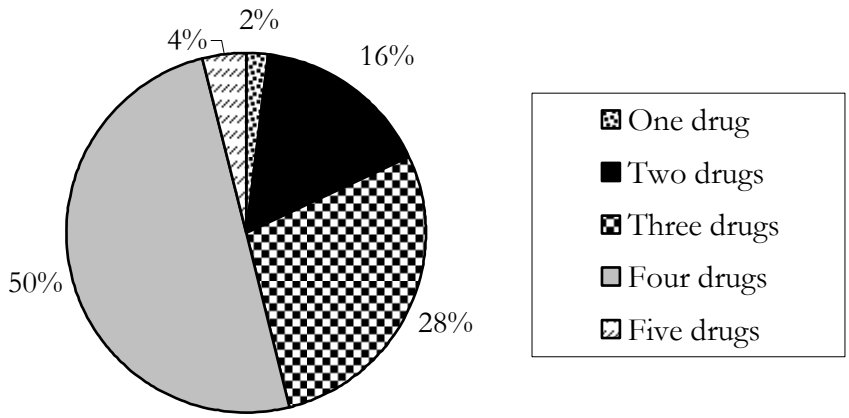
Table 4: Frequency of injection among IDU according to age group in the ACT, 2005-2006

	2005			**2006**		
	<=25 n=25	>25 n=100	Total N=125	**<=25 n=14**	**>25 n=85**	**Total N=100**
Frequency (%)						
Weekly or less	28	22	23	**36**	**32**	**33**
Weekly-daily	32	49	46	**21**	**38**	**35**
Daily	0	8	6	**14**	**15**	**15**
Two-three times daily	28	15	18	**21**	**11**	**12**
Three or more times a day	12	3	5	**7**	**5**	**5**

Source: ACT IDRS IDU interviews, 2005-2006

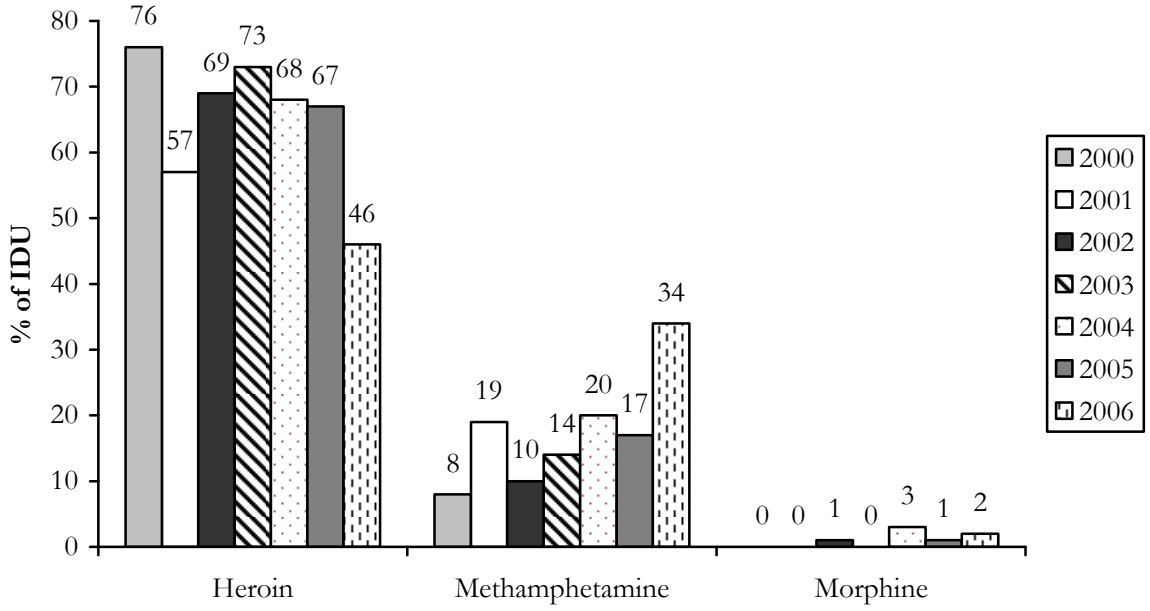
Figure 1 summarises the polydrug use of the 2006 IDU sample. The five drugs are heroin, methamphetamine, cocaine, cannabis and other illicit opioids (such as morphine, methadone, buprenorphine and oxycodone). As can be seen, half of the IDU sample had used four of these drugs in the preceding six months, and 28% had used three drugs. This is indicative of the polydrug use among this sample of IDU. As can be seen, only a small minority (2%) had used one of these main types of drugs in the preceding six months.

Figure 1: Number of illicit drugs used by IDU, ACT, 2006.



Source: ACT IDRS IDU interviews, 2006.

Figure 2: Drug of choice of IDU interviewed, ACT, 2000-2006



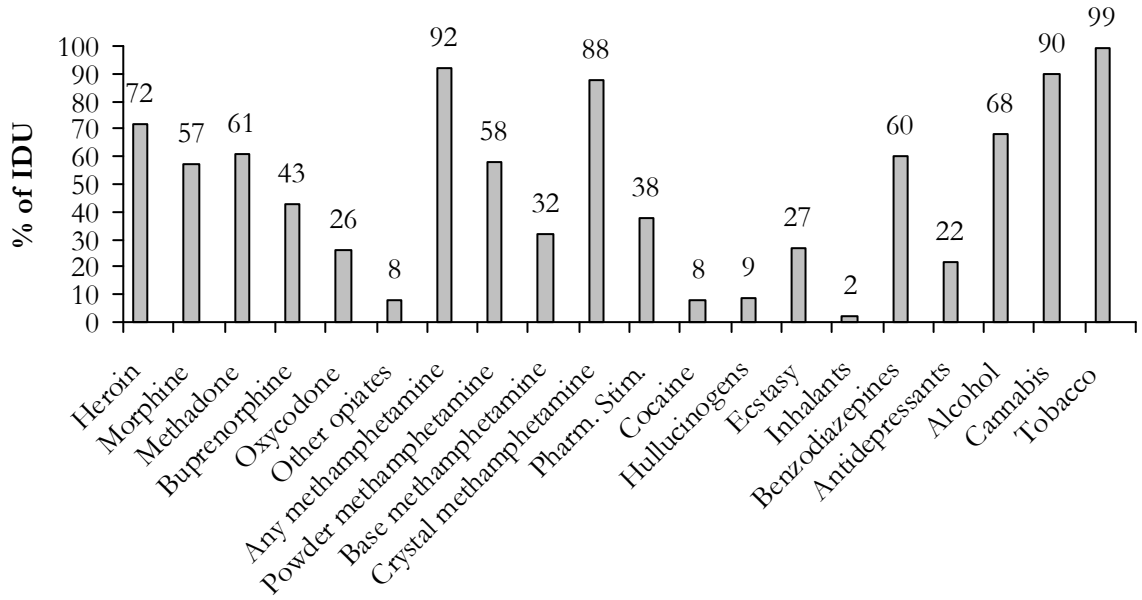
Source: ACT IDRS IDU interviews, 2000-2006

Trends over time for drug of choice are presented in Figure 2. Although heroin is still the preferred drug of choice by the majority of IDU, this proportion decreased markedly in 2006 (46%), from 67% in 2005. Furthermore, for the first time since the IDRS has been conducted in the ACT, less than half of the IDU currently report heroin as their drug of choice. In 2006, there was an increase in the proportion of IDU reporting that methamphetamine (speed, base or crystal) was their current drug of choice. Just over one-third (34%) reported methamphetamine

as their drug of choice, an increase from 17% in 2005. Specifically, 26% of IDU nominated crystal as their drug of choice in 2006. The proportion of IDU nominating morphine as their drug of choice has remained relatively stable and low, at around 2%.

Figure 3 presents the drugs that IDU were asked about and the proportion of IDU who had used them in the preceding six months. It must be noted that for morphine, methadone, buprenorphine, oxycodone and pharmaceutical stimulants both licit and illicit use was included. Illicit use here refers to the use of someone else's prescription. As can be see from this figure, the main drugs used by ACT IDU in 2006 were tobacco (99%), cannabis (90%), crystal methamphetamine (88%), heroin (72%) and alcohol (68%). For the first time, in 2006, the proportion reporting the recent use of crystal was greater than the proportion reporting recent use of heroin. This may be due, as will be shown later, to reports of the low purity of heroin, and heroin, although still considered easy to obtain, has become less easy to obtain when compared to previous years.

Figure 3: Recent drug use: percentage of IDU who had used each drug type in the last six months, 2006



Source: ACT IDRS IDU interviews, 2006

KE interviewed in 2006 reported that polydrug use was common among IDU. KE reported that heroin use was universal among IDU, however, many IDU were now more likely to be using crystal, as opposed to heroin. 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, and illicitly obtained prescription drugs: benzodiazepines, morphine, methadone and buprenorphine.

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 were less discriminating. KE interviewed believed polydrug use, particularly among younger users (under 25 years of age), to be an issue of concern. 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 2006 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; tobacco (100%), cannabis (98%), heroin (97%), crystal methamphetamine (93%), alcohol (91%), and speed (89%) at least once in their lifetime. Tobacco was the most common drug used by 99% of IDU in the six months preceding the interview, followed by cannabis (90%) and crystal methamphetamine (88%). In terms of route of administration, crystal methamphetamine (88%), heroin (71%), and methamphetamine powder (57%) were the most common drugs recently injected by IDU in 2006. Just over one-third (35%) of IDU reported smoking crystal methamphetamine.

Table 5: Polydrug use history of the IDU sample, 2006

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 in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	97	96	71	24	61	7	21	2	19	3	71		24
Homebake heroin	47	47	13	10	1	0	1	0	2	1	13		10
Any heroin (inc. homebake)	*97*	*96*	*72*		*61*	*7*	*21*	*2*	*20*	*4*	*72*		
Methadone (prescribed)	62	46	17	24					62	40	40	180	180
Methadone (not prescribed)	63	56	34	4					35	13	38		5
Physeptone (prescribed)	14	7	0	0	0	0	0	0	12	1	1	6	6
Physeptone (not prescribed)	24	17	3	2	0	0	0	0	14	3	6		2
Any methadone (inc. Physeptone)	*83*	*70*	*40*	*12*					*73*	*48*	*61*		*120*
Buprenorphine (prescribed)	30	17	10	7	0	0	0	0	30	16	16	41	30
Buprenorphine (not prescribed)	42	33	27	6	3	1	0	0	17	10	34		6
Any buprenorphine (exc. buprenorphine-naloxone)	*55*	*40*	*32*	*8.5*	*3*	*1*	*0*	*0*	*38*	*24*	*43*		*21*
Buprenorphine-naloxone (prescribed)	0	0	0	0	0	0	0	0	0	0	0	0	0
Buprenorphine-naloxone (not prescribed)	1	1	1	5	0	0	0	0	0	0	5		5
Any buprenorphine-naloxone	*1*	*1*	*1*	*5*	*0*	*0*	*0*	*0*	*0*	*0*	*5*		*5*
Morphine (prescribed)	18	13	4	13.5	1	0	1	0	12	5	8		27
Morphine (not prescribed)	82	76	48	4.5	1	0	1	0	36	13	52		5
Any Morphine	*86*	*79*	*51*	*5*	*2*	*0*	*2*	*0*	*44*	*17*	*57*		*5*
Oxycodone (prescribed)	11	6	3	10	0	0	0	0	7	3	6		6.5
Oxycodone (not prescribed)	31	25	14	2.5	0	0	0	0	14	9	22		2.5
Any oxycodone	*38*	*29*	*16*	*3.5*	*0*	*0*	*0*	*0*	*18*	*11*	*26*		*3.5*
Other opioids (not elsewhere classified)	14	7	0	0	1	0	0	0	12	8	8		10.5

Source: ACT IDRS IDU interviews, 2006

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

+ Refers to/includes sublingual administration of buprenorphine

***** Among those who had used/injected.

Table 5: Polydrug use history of the IDU sample, 2006 (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 in treatment* last 6 mths	Days used^ in last 6 mths*
Speed powder	89	87	57	10	13	3	53	6	41	3	58		10
Base/point/wax	58	56	32	4.5	6	2	3	1	9	2	32		4.5
Ice/shabu/crystal	93	93	88	15.5	44	35	8	5	10	6	88		15.5
Amphetamine liquid	48	47	4	29					7	0	5		29
Any form methamphetamine#	*98*	*98*	*92*	*27.5*	*50*	*37*	*55*	*11*	*49*	*9*	*92*		*30*
Pharmaceutical stimulants (prescribed)	8	6	3		1	0	1	0	6	2	3		180
Pharmaceutical stimulants (not prescribed)	48	35	29		1	0	1	1	32	15	35		3
Any form pharmaceutical stimulants	*53*	*39*	*32*	*4.5*	*2*	*0*	*2*	*1*	*36*	*17*	*38*		*3*
Cocaine	68	51	6	11	7	1	41	5	6	0	8		3
Hallucinogens	72	17	0	0	4	0	3	0	72	9	9		1
Ecstasy	67	33	12	1	0	0	2	2	62	21	27		2
Benzodiazepines	79	16	1	1	3	2	0	0	76	58	60		28
Alcohol	91	8	2	4					91	68	68		24
Cannabis	98										90		180
Antidepressants	51	2	1	2					51	22	22		110
Inhalants	26										2		1.5
Tobacco	100										99		180

Source: ACT IDRS IDU interviews, 2006

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

+ Refers to/includes sublingual administration of buprenorphine

***** Among those who had used/injected.

Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood). Does not include pharmaceutical stimulants

4.0 HEROIN

In this section the price, purity and availability of heroin are considered, and patterns of use among IDU are discussed. The figures about the heroin market refer to the 80 IDU who commented on heroin trends in the ACT in 2006.

Seven KE reported that heroin was the primary drug of use amongst their contacts, with four KE able to comment on price, purity and availability of heroin in the ACT in the six months preceding the interview.

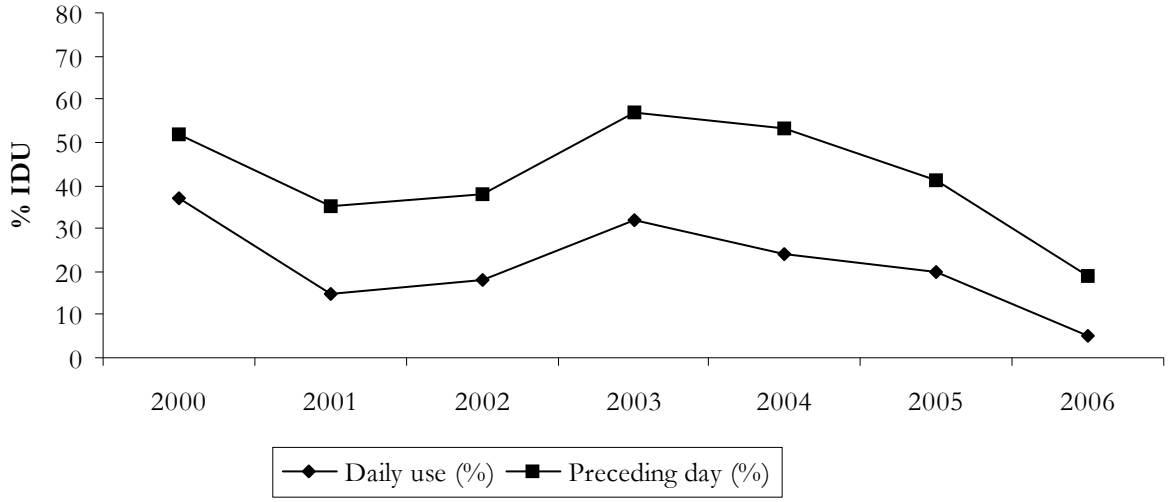
4.1 Use

4.1.1 Heroin use among IDU

Heroin use decreased in the ACT in 2006. Heroin was nominated as the drug of choice for just under half of the IDU in 2006 (46%), down over 20% from 2005 and 2004 (67% and 68% respectively). Thirty-three percent reported injecting heroin most often in the last month, compared to 66% in 2005 and 72% in 2004, and 30% reported that it was the last drug they injected (compared to 61% in 2005, and 71% in 2004). In 2006, heroin was the second most common illicit drug used (19%) on the day prior to the interview. However, this was markedly down from 41% reporting heroin use on the day prior to interview in 2005, and 53% in 2004 (Figure 4). Clearly there has been a decrease in the number of IDU reporting heroin as their drug of choice, the drug most frequently injected and the drug which was injected last, when compared to the previous years.

In 2006, forty-seven percent of IDU reported that they had used homebake heroin at least once in their lifetime (compared to 41% in 2005). However, only 13% of the sample reported the use of homebake heroin in the six months prior to the interview, comparable to 7% in 2005. All who reported recent use of homebake heroin had injected it. In 2006, the median days of use of homebake heroin (among those who used it) was 10, an increase from the median of 5 days reported in 2005. Four percent of IDU who reported recent use of heroin stated that 'home-bake' heroin was the form they most used.

Figure 4: Proportion of IDU reporting daily heroin use in the last six months, and heroin use on the day preceding the interview in the ACT, 2000-2006



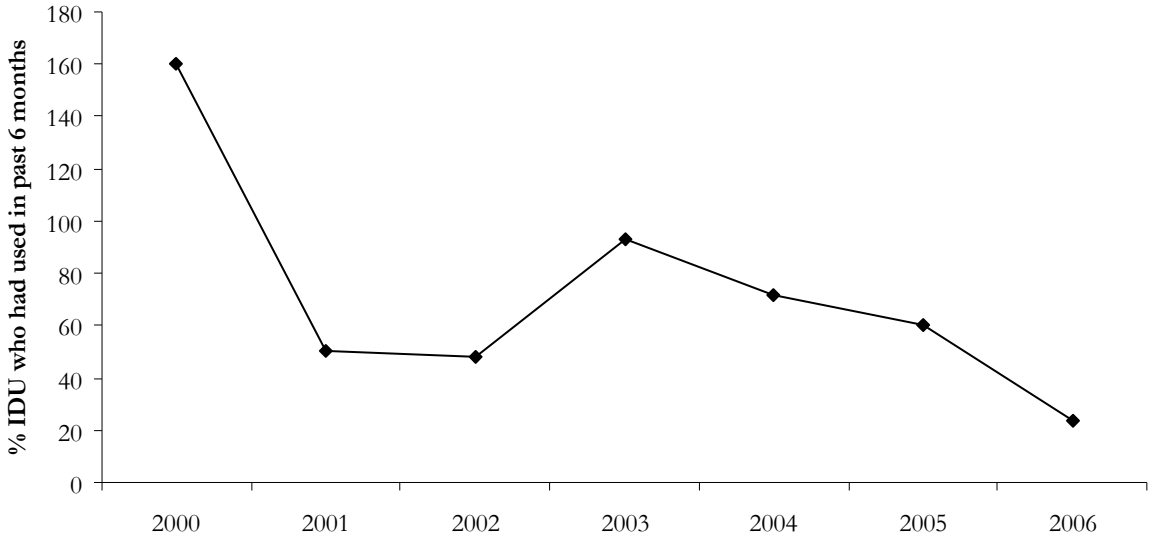
Source: ACT IDRS IDU interviews, 2003-2006

4.1.2 Current patterns of heroin use

Seventy-one percent of IDU in 2006 reported having used heroin in the six months preceding the interview (compared to 86% in 2005 and 91% in 2004). All IDU who had used heroin in the preceding six months reported injecting it. Heroin smoking was also relatively widespread, with just under two-thirds (61%) of those who had used heroin, reporting they had smoked heroin at least once in their lifetime (59% in 2005), although only 7% had done so in the six months preceding the interview (compared to 8% in 2005).

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 24 (that is, approximately once a week). This was down markedly from 2005 (60 days) and 2004 (73 days), see Figure 5.

Figure 5: Median days of heroin use among IDU who had used heroin in the preceding six months in the ACT, 2000-2006



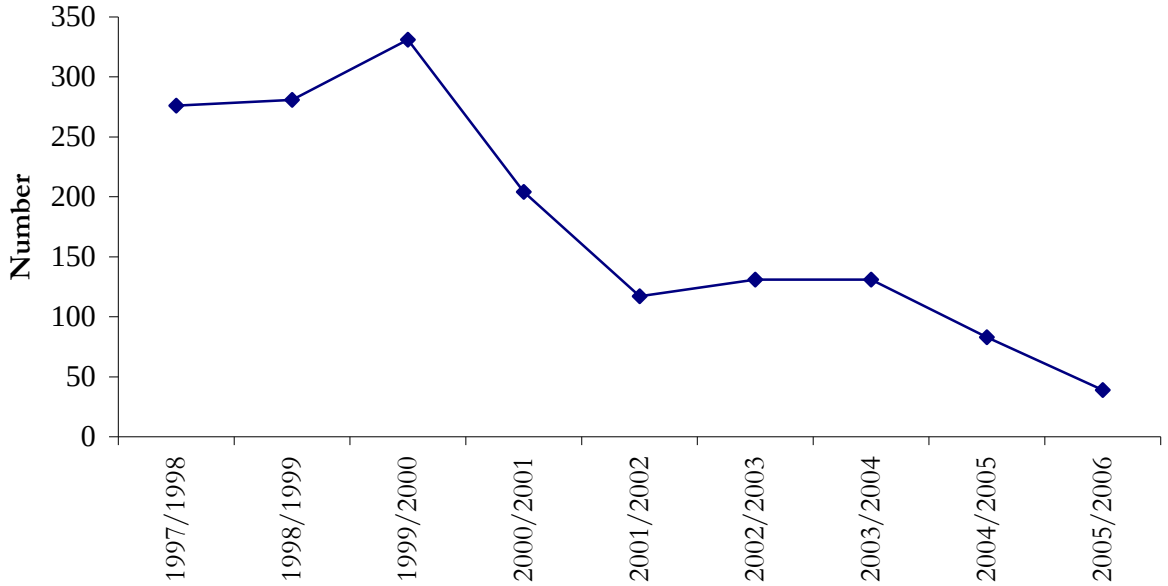
Source: ACT IDRS IDU interviews, 2000-2006

Among recent heroin users, 87% reported that they had used heroin powder (82% in 2005), 65% reported using heroin rock (74% in 2005) and 13% had used homebake heroin (7% in 2005). Sixty-eight percent of the respondents who had used heroin, in the six months prior to the interview, reported that powder was the most common form used (65% in 2005), while 30% reported that rock was the most common form they had used (35% in 2005). Three percent of the IDU interviewed reported that homebake heroin was the most common form used.

As can be seen in Figure 4, 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, to 20% in 2005 and considerably lower, to 5% in 2006. The use of heroin on the day preceding the interview has also been decreasing, from 57% in 2003 to 53% in 2004, 43% in 2005 and 19% in 2006.

There has been a continued 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 6. 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). The number of clients withdrawing from heroin decreased even further in 2005/2006 to 39 clients.

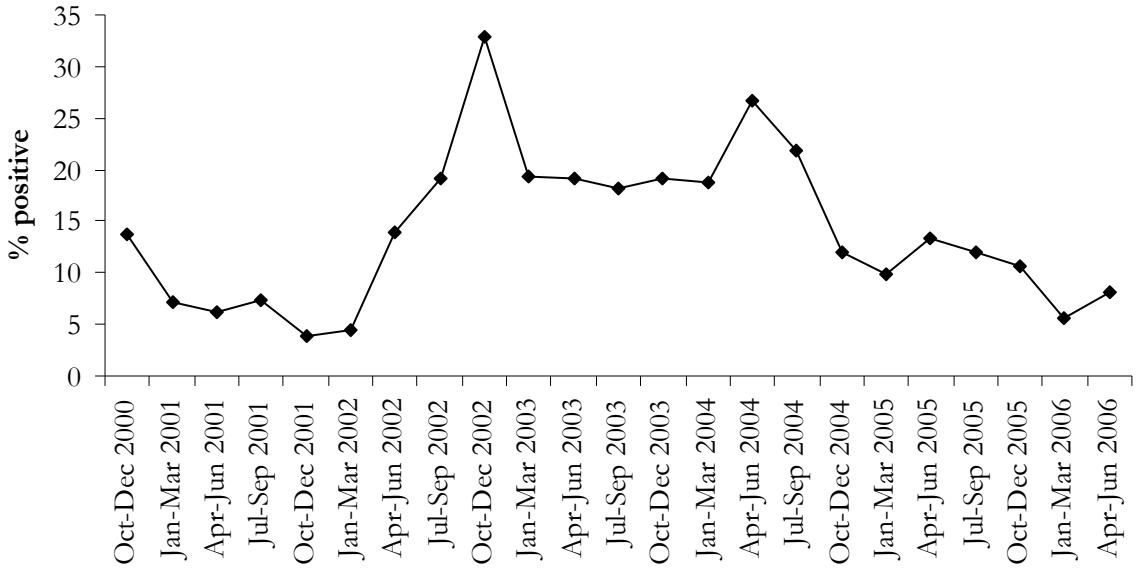
Figure 6: Number of Arcadia House clients withdrawing from heroin, 1997-1998 to 2005-2006



Source; Assisting Drug Dependents 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 7 depicts the percent of morphine-positive urine tests analysed by Australian Capital Territory Government Analytical Laboratory (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 are likely due to the reduction in the availability of heroin documented to have occurred in Australia at the beginning of 2001 (Day et al., 2003). Morphine-positive urine results began to increase from late 2002, 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 continued to decrease in the Apr-Jun quarter 2005 from 13.3% to 5.6% in the Jan-Mar 2006 quarter, before increasing slightly to 8.1% in the Apr-Jun quarter 2006.

Figure 7: Percent of morphine-positive urine tests, by quarter, October 2000 to June 2006



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

4.2 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 2006 were similar to the prices reported by IDU in 2005; it should be noted however, that fewer IDU reported buying heroin in the past six months in 2006. In 2006, the median price of a cap of heroin was reported to be $50 (similar to 2005), and a gram was $340 (increasing from $300 in 2005), suggesting that although the price for a cap of heroin in the ACT has remained relatively stable from 2005 to 2006, the price per gram has slightly increased, however, only small numbers could report on this so results need to be interpreted with caution. The median price for a half-gram of heroin remained relatively stable from $180 in 2005, to $170 in 2006. In 2006, 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 participants, 2005-2006

Amount	Median price* $	Range* $	Number of purchasers*
Cap	50 (50)	40-70 (30-90)	19 (48)
Quarter gram	90 (90)	50-130 (50-170)	48 (70)
Half gram (Half weight)	170 (180)	150-350 (75-300)	34 (52)
Gram	340 (300)	300-380 (200-400)	7 (18)

Source: ACT IDRS IDU interviews, 2005-2006
***** 2005 data are presented in brackets

Table 7 presents IDU reports of changes in the price of heroin in the six months preceding the interview. Consistent with purchase prices, the majority (65%) of IDU commenting on heroin trends in 2006 reported that the price had remained stable in the six months preceding the interview. This finding was consistent with the previous year, with 74% of IDU in 2005 reporting heroin prices to have remained stable in the ACT. A small proportion of IDU believed the price of heroin to have increased (8%; 6% in 2005) or decreased (13%; 12% in 2005). Further, a small proportion of IDU perceived the price of heroin in the ACT to have fluctuated (6%; 6% in 2005).

Of the 20 KE interviewed in 2006, two were able to comment regarding the price of heroin. One KE reported that the price per cap of heroin was $50, and one reported that the price for a quarter of a gram was $90. This is consistent with reports from IDU. Five KE reported that the price of heroin had remained stable in the preceding six months, which was also consistent with reports from IDU.

Table 7: IDU reports of heroin price changes in the last six months, 2005-2006

	2005 N=125	**2006** **N=100**
Did not respond (%)	13	**20**
Did respond (%)	87	**80**
Of those that responded (%)	n=109	**n=80**
Increasing (%)	6 (5% entire sample)	**8 (6% entire sample)**
Stable (%)	74 (65% entire sample)	**65 (52% entire sample)**
Decreasing (%)	12 (10% entire sample)	**13 (10% entire sample)**
Fluctuating (%)	6 (5% entire sample)	**6 (5% entire sample)**
Don't know (%)	3 (2% entire sample)	**9 (7% entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

4.3 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' (36% compared to 48% in 2005) to 'very easy' (30% compared to 40% in 2005) to obtain in the ACT. In 2006, the proportion of IDU reporting that heroin was 'difficult' to obtain (20%) increased from 2005 (12%). Four percent of IDU reported heroin as 'very difficult' to obtain, compared to no reports in 2005.

Table 8: Participants' reports of heroin availability in the past six months, 2005-2006

	2005 (N=125)	**2006 (N=100)**
Current availability		
Did not respond* (%)	13	**20**
Did respond (%)	87	**80**
Of those who responded:		
Very Easy (%)	40 *(35% of entire sample)*	**30 *(24% of entire sample)***
Easy (%)	48 *(42% of entire sample)*	**36 *(29% of entire sample)***
Difficult (%)	12 *(10% of entire sample)*	**20 *(16% of entire sample)***
Very Difficult (%)	0 *(0% of entire sample)*	**4 *(3% of entire sample)***
Don't know*	0 *(0% of entire sample)*	**10*(8% of entire sample)***
Availability change over the last six months		
Did not respond* (%)	13	**20**
Did respond (%)	87	**80**
Of those who responded:		
More difficult (%)	18 *(16% of entire sample)*	**23 *(18% of entire sample)***
Stable (%)	70 *(61% of entire sample)*	**45 *(36% of entire sample)***
Easier (%)	8 *(7% of entire sample)*	**9 *(7% of entire sample)***
Fluctuates (%)	2 *(2% of entire sample)*	**11 *(9% of entire sample)***
Don't know^ (%)	2 *(2% of entire sample)*	**13 *(10% of entire sample)***

Source: ACT IDRS IDU interviews, 2005-2006

***** 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of heroin but had not had enough contact with users/dealers to respond to items concerning availability

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 8). In 2006, the majority of IDU believed heroin availability to have remained stable (45%; 70% in 2005). Just over one-quarter reported that heroin had become more difficult to obtain (23%; 18% in 2005). A smaller proportion reported heroin becoming easier to obtain (9%; 8% in 2005), while a minority believed that access to heroin in the ACT fluctuated (11%; 2% in 2005).

In 2006, the majority (60%) of IDU who reported purchasing heroin in the six months prior to the interview bought it from a known dealer. Forty-two percent obtained heroin through friends and just under one-fifth obtained heroin from a street dealer. The most common places for purchasing heroin were agreed public location (63%), friend's home (27%) and dealer's home (21%).

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, although it wasn't as easy to obtain when compared too previous years, and that heroin availability had remained stable in the past six months.

4.4 Purity

IDU were asked to comment on the perceived purity of heroin in the ACT (see Table 9). In 2006, the majority (60%) of IDU commenting on heroin in the ACT perceived it to be of 'low' purity, compared to 39% in 2005. One-fifth (25%) of IDU perceived heroin purity to be 'medium', compared to 43% in 2005. Only a small minority (3%) perceived heroin quality to be high in 2006, compared to 11% in 2005.

Table 9: Participants' perceptions of heroin purity in the past six months, 2005-2006

	2005 (N=125)	**2006 (N=100)**
Current purity		
Did not respond* (%)	13	**20**
Did respond (%)	87	**80**
Of those who responded:		
High (%)	11 *(34% of entire sample)*	**3** ***(2% of entire sample)***
Medium (%)	43 *(38% of entire sample)*	**25** ***(20% of entire sample)***
Low (%)	39 *(10% of entire sample)*	**60** ***(48% of entire sample)***
Fluctuates (%)	4 *(3% of entire sample)*	**5** ***(4% of entire sample)***
Don't know^ (%)	3 *(2% of entire sample)*	**8** ***(6% of entire sample)***
Purity change over the last six months		
Did not respond* (%)	13	**20**
Did respond (%)	87	**80**
Of those who responded:		
Increasing (%)	23 *(20% of entire sample)*	**9** ***(7% of entire sample)***
Stable (%)	31 *(27% of entire sample)*	**21** ***(17% of entire sample)***
Decreasing (%)	33 *(29% of entire sample)*	**48** ***(38% of entire sample)***
Fluctuating (%)	12 *(10% of entire sample)*	**14** ***(11% of entire sample)***
Don't know^ (%)	1 *(1% of entire sample)*	**9** ***(7% of entire sample)***

Source: ACT IDRS IDU interviews, 2005-2006

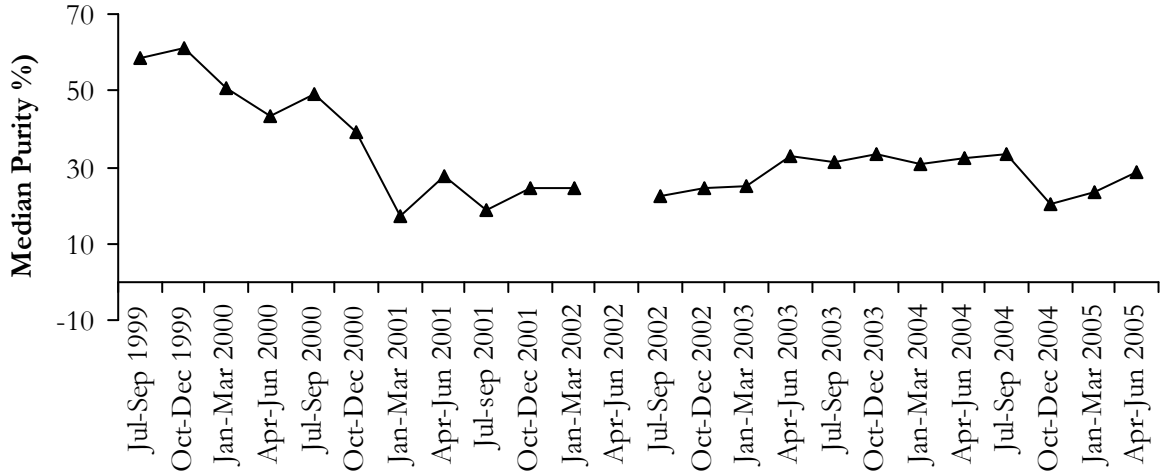
***** 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the heroin market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or availability of cocaine, but had not had enough contact with users/dealers, or had not used a sufficient number of times to feel confident responding to items concerning purity

Of those that commented in 2006, the majority (48%) of IDU in 2006 reported that heroin quality was decreasing in the six months preceding the interview, compared to 33% in 2005, as can be seen in Table 9. Just over one-quarter believed heroin purity to be stable in 2006, compared to just under one-third in 2005. A minority (9%) of IDU reported heroin quality to be increasing, down from 23% in 2005. Four KE commented specifically on the purity of heroin. Three KE reported that the purity of heroin in the ACT was medium, and one reported it was low. KE reported that the purity of heroin in the ACT had remained stable in the preceding six months, however, three KE commented that in the past month (after completion of IDU interviews) the purity of heroin had increased for the first time in the past 12 months.

Figure 8 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 of October-December and January-March to 20.1% and 23.5% respectively, before increasing to 28.9% in the April-June quarter. As can be seen in Figure 8, 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. Data were not available at the time of printing for more recent seizure purity estimates.

Figure 8: Median purity of heroin seizures by ACT local police, July 1999 to June 2005

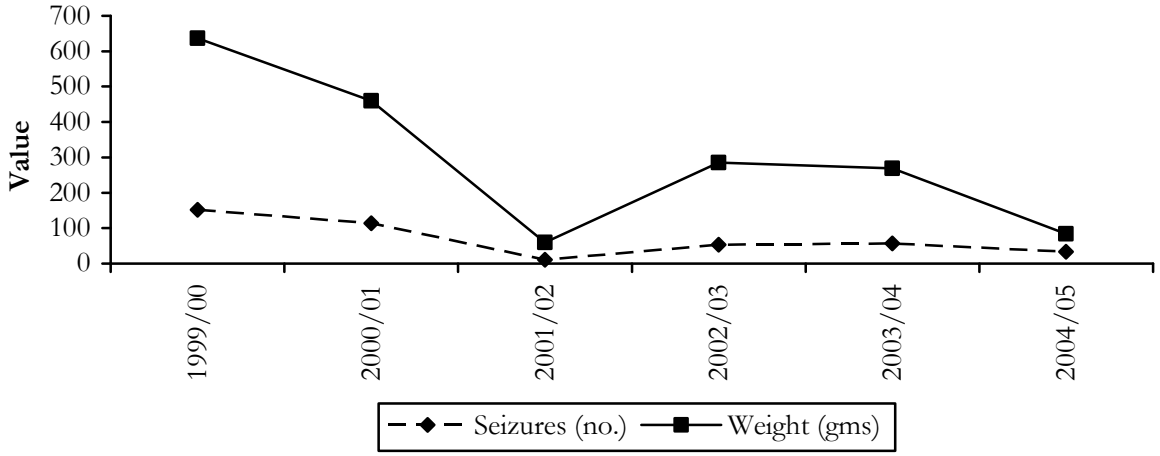


Source: Australian Bureau of Criminal Intelligence (200, 2001, 2002), Australian Crime Commission (2003, 2004, 2005)
Note: Data not available for the April-June quarter of 2002, and from Jul-Sep 2005 to Apr-Jun 2006

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 9, 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 200-2005 the number of heroin seizures decreased to 33, from 57 in 2003/2004. Furthermore, the weight of heroin seizures decreased markedly from 269 grams, in 2003/2004, to 84 grams in 2004/2005. Data were not available at the time of printing for more recent seizure estimates.

Figure 9: Number and weight of heroin seizures in the ACT, July 1999 to June 2005



Source: Australian Bureau of Criminal Intelligence (200, 2001, 2002), Australian Crime Commission (2003, 2004, 2005)
Note: Data not available for 2005/06 financial year

Table 10 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2004 (more recent data were not available at the time of printing). 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 10, 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. Data were not available at the time of printing for more recent seizure estimates.

Table 10: 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	- [a]	- [a]	- [a]	- [a]	- [a]
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. Australian Bureau of Criminal Intelligence (200, 2001, 2002), Australian Crime Commission (2003, 2004, 2005)
Note: [a] Figures for ACT 1999/2000 were not available
Note: Arrest data for 1997/1998 to 1998/1999 exclude Australian Federal Police data.
Note: Data not available for the 2005/2006 financial year

4.6 Heroin-related harms

4.6.1 Health

Non-fatal overdose

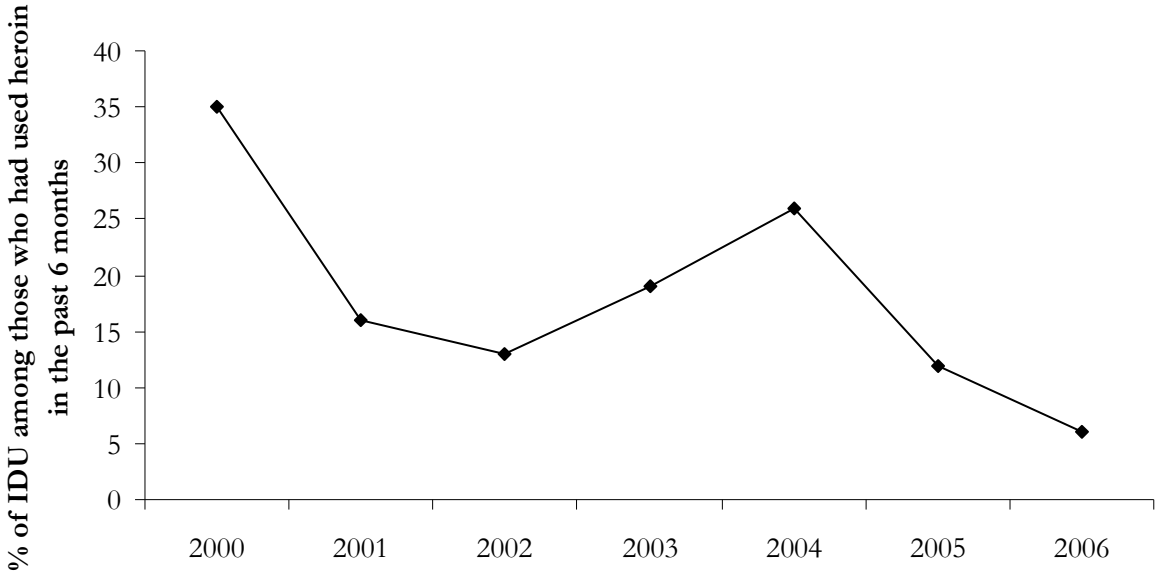
In 2006, fifty-six percent of the IDU reported having overdosed at least once at some point in their lives. In 2005, similar figures were reported with 54% of the sample having overdosed on opioids at some time in their lives.

In 2006, seventy-six percent of IDU who reported ever having overdosed on heroin reported having overdosed one to five times, 13% reported having overdosed between six and ten times and 9% eleven or more times. The median time to last heroin overdose was 72 months (range 0-240 months). In comparison, in 2005, IDU reported that the median time to last heroin overdose was 48 months (range 0-252 months).

As can be seen from Figure 10, in 2006, 6% of the IDU sample reported having overdosed on heroin in the year prior to the interview, compared to 12% of the sample in 2005. This may be due to a decrease in the use of heroin among IDU.

The majority (97%) of IDU, in 2006, 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, 41% had been present at a heroin overdose in the previous 12 months, compared to 54% in 2005.

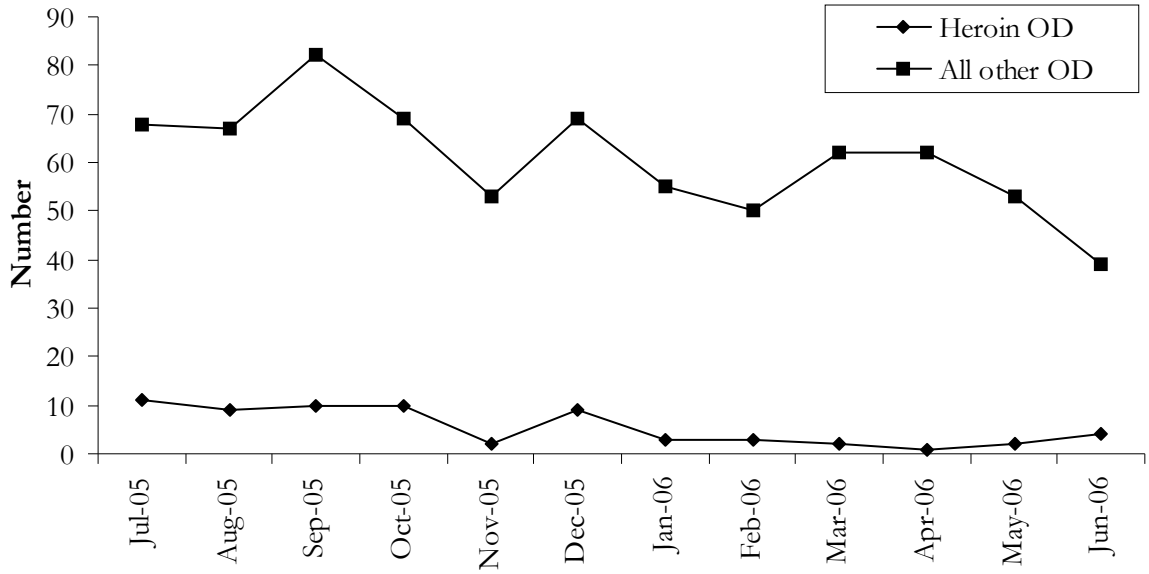
Figure 10: Proportion of IDU reporting heroin overdose in the year preceding the interview, 2000-2006



Source: ACT IDRS IDU interviews, 2000-2006

The following graphs (Figures 11, 12 and 13) present data pertaining to ambulance calls in the ACT to reported heroin overdoses. In the 2005/2006 financial year, there were a total of 729 ambulance calls to overdoses in the ACT of which 66 were non-fatal heroin overdoses. As can be seen from Figure 11, ambulance calls relating to heroin overdoses represent a small proportion of the total number of ambulance calls for overdoses in the ACT. Other drug overdoses may be due to alcohol, prescription medication and benzodiazepines.

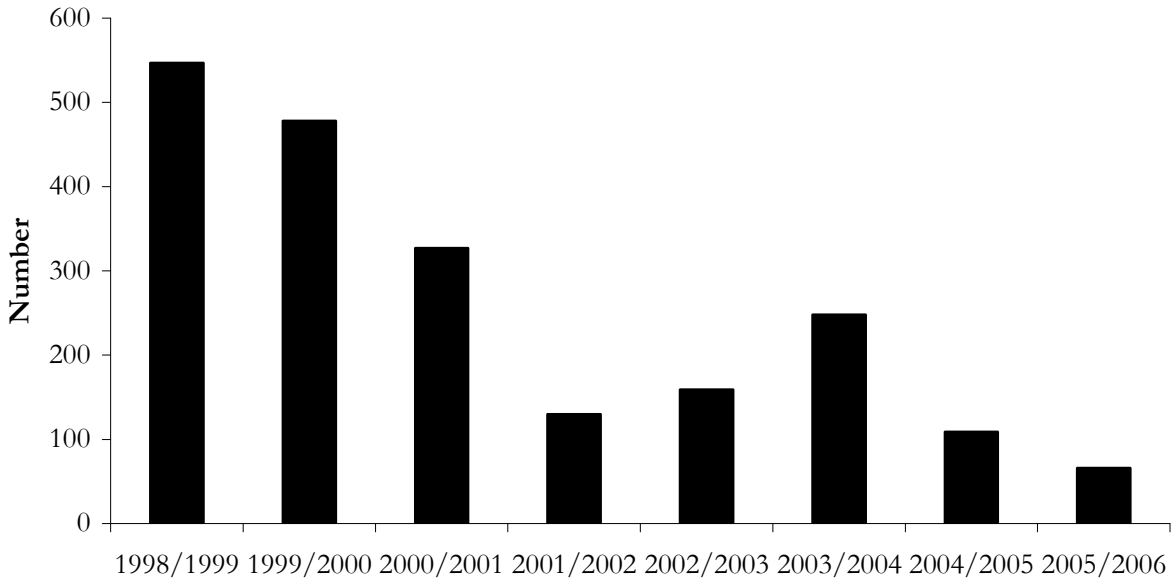
Figure 11: Total number of non-fatal overdoses and number of non-fatal heroin overdoses, attended by ACT Ambulance Service, by month, July 2005 to June 2006



Source: ACT Ambulance Service

As can be seen from Figure 12, in the 2005/2006 financial year there was a total of 66 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 (2004/2005), there were 109 overdoses attended and 248 non-fatal heroin overdoses were attended in 2003/2004. In 2001/2002, the ACT Ambulance Service attended 130 overdoses, compared to 327 in 2000/2001 and 478 in the previous year.

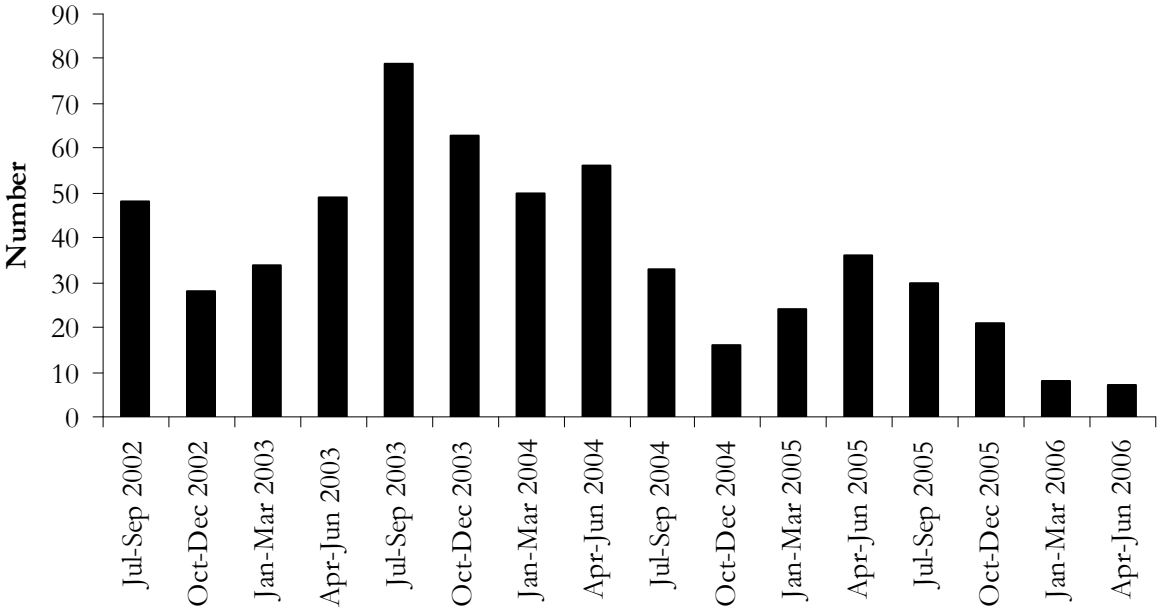
Figure 12: Annual number of non-fatal heroin overdoses attended by ACT Ambulance Service, 1998/1999 to 2005/2006



Source: ACT Ambulance Service

Figure 13 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. In the July-September 2005, the number of non-fatal heroin overdoses decreased to 30, and continued to decrease in the following financial year to 21 in the October-December quarter, to 8 in the January-March 2006 quarter, to just 7 in the April-June quarter. This seems to support the decline in the use of heroin by IDU in the ACT in 2006.

Figure 13: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by quarter, July 2002 to June 2006

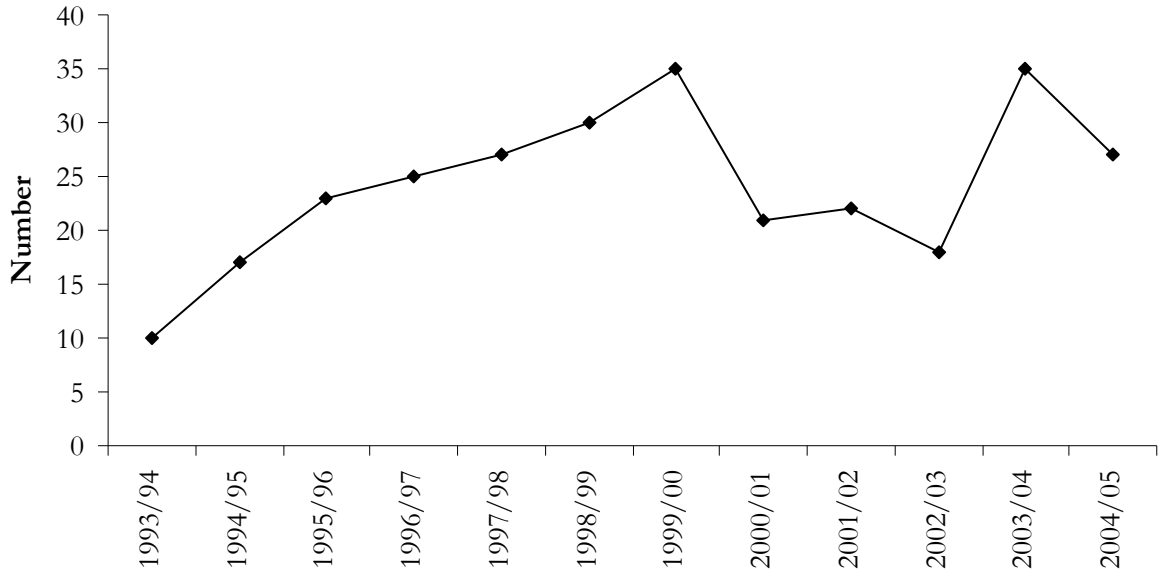


Source: ACT Ambulance Service

Treatment

Figure 14 shows the number of hospital admissions in the ACT of 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 14, 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. In 2004/2005 this decreased slightly to 27. Hospital admissions in the ACT where opioids were implicated in the primary diagnosis appear to decrease during the reported heroin shortage in 2001.

Figure 14: Number of hospital admissions in persons aged 15-54 years where opioids were implicated in the primary diagnosis, ACT, 1993/1994 to 2004/2005



Source: Australian Institute of Health and Welfare (AIHW)

There were a total of 4,634 'closed treatment episodes' in the Alcohol and Drug Program (ADP) for the 2005/2006 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 (67% and 33% respectively). The majority of clients in treatment were aged 20-29 years (33%), with just over one-quarter of those in treatment aged 30-39 years (28%). As can be seen from Table 11, the majority of both males and females in 'closed treatment episodes' were in treatment for alcohol (46% and 40% respectively) and heroin (25% and 28% respectively).

Table 11: Percentage of closed treatment episodes for females and males by principal drug of concern, 2005/2006

Principal drug of concern (%)	Female	Male	Total
Heroin	28	25	26
Methadone	1	1	1
Alcohol	40	46	44
Benzodiazepines	1	1	1
Amphetamines	10	7	8
Cannabis	12	17	15
MDMA	1	1	1
Cocaine	1	<1	<1
Nicotine	<1	<1	<1
Other	1	2	1
Total number	**1,509**	**3,125**	**4,634**

Source: ADP ACT

Table 12 presents the main treatment types for clients in treatment episodes where heroin is the principle drug of concern. The most common forms of treatment episodes where heroin was the principal drug of concern were; withdrawal management (detoxification) (22%) and pharmacotherapy treatment (22%) – i.e. methadone or buprenorphine – followed by counselling (8%).

Table 12: Main treatment type for clients in closed treatment episodes for heroin, 2005-2006

Main treatment type (%)	Principal drug of concern – heroin
Withdrawal management	22
Counselling	8
Rehabilitation	3
Pharmacotherapy	22
Support & case management only	6
Information & education only	1

Source: ACT Drug and Alcohol Program

In the ACT, there were a total of 764 clients on either methadone or buprenorphine maintenance treatment as of 30th June 2005. This represents approximately 2% of pharmacotherapy clients Australia-wide. The majority (75%) of clients in pharmacotherapy treatment were on the methadone program, with a smaller proportion (25%) on buprenorphine maintenance. Table 13 presents data pertaining to the number of pharmacotherapy clients by dosing point in the ACT. As can be seen from Table 13, the majority of clients on methadone are dosed by pharmacies and the majority of clients on buprenorphine treatment are dosed by public clinics.

Table 13: Number of pharmacotherapy clients receiving treatment in the ACT as of 30th June 2005 by dosing point

Dosing site	Number of pharmacotherapy clients in the ACT	
	Methadone (n=573)	**Buprenorphine (n=191)**
Pharmacies	412	89
Public clinics	149	102
Private clinics	0	0
Correctional facilities	12	0
Public/private prescriber	0	0

Source: Australian Institute of Health and Welfare (AIHW)

4.7 Trends in heroin use

In 2006, the heroin market appeared to become more limited compared to previous years, with the exception of the price of heroin, which remained relatively stable. Reports from IDU indicate that the quality of heroin available in the ACT is low, and is becoming less available than in previous years. The frequency of heroin use in the six months preceding the interview by those using the drug has been decreasing over the last three years, from 93 days in 2003 to 24 days in 2006.

4.8 Summary of heroin trends

Table 14 summarises the trends in price, purity, availability and use of heroin from 2005 to 2006. As can be seen in the table, the price of a cap of heroin remained stable from 2005 to 2006 and the price of a gram of heroin increased slightly from $300 in 2005 to $340 in 2006. As was the case in 2005, in 2006, heroin was reported to be 'easy' to 'very easy' to obtain, however, the number of IDU reporting it to be 'easy' to 'very easy' to obtain decreased from 88% in 2005 to 66% in 2006. Availability remained stable according to IDU; however, again this was down from 70% in 2005 to 45% in 2006. The majority of IDU reported the current purity of heroin to be low (60%, compared to 39% in 2005), and that the purity was decreasing (48%, 33% in 2005). There was a decline in the number of clients withdrawing from heroin at Arcadia House Withdrawal Centre from 2004/2005 to 2005/2006. In addition, there was a decline in the proportion of IDU reporting having overdosed on heroin in the year prior to the interview from 2005 (12%) to 2006 (6%). This corresponds with a drop in ambulance calls to heroin overdoses from 2004/2005 to 2005/2006.

Table 14: Summary trends on heroin price, purity, availability and use, ACT, 2005-2006

Use	• 71% of IDU sample used heroin in the six months preceding the interview, compared to 86% in 2004 • Median days of heroin use among IDU in the preceding six months was 24, a decrease from 60 days reported in 2005 • 5% of IDU report daily heroin use, compared to 20% in 2005
Price (median)	• Cap: stable at $50 in 2005 and 2006 • Gram: stable at $340 in 2006 up from $300 in 2005 • IDU reports indicate the price of heroin in the ACT is stable in 2006
Availability	• 'Easy' to 'very easy' to obtain, but down from previous years • Availability stable
Purity	• IDU interviewed in 2006 report purity to be low

Source: ACT IDRS IDU interviews, 2005-2006

5.0 METHAMPHETAMINE

The 2006 IDRS IDU questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or 'speed', base methamphetamine or 'base', and crystal methamphetamine or 'crystal'. Differentiating between speed, base and crystal ensures that any differences in the price, purity and availability of each individual form of methamphetamine can be observed and monitored over time.

In 2006, sixty-two percent of the entire sample 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 (21%). Eighty-four percent of the sample were able to comment of crystal methamphetamine trends.

There was ten KE who were able to report that methamphetamine was the primary drug of use amongst their contacts. All KE indicated that the most commonly used form, and the one that they would be reporting information upon, was crystal methamphetamine or 'crystal'. Out of the 10 KE reporting on methamphetamine, nine KE were able to comment on price, purity and availability in the ACT over the last six months.

5.1 Use

5.1.1 Methamphetamine use among IDU

In 2006, ninety-eight percent of IDU reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime. Ninety-two percent of IDU reported using some form of methamphetamine in the six months preceding the interview, up from 74% in 2005. Ninety-eight percent of the sample reported having injected some form of methamphetamine at least once in their lifetime, up from 71% in 2005.

Eighty-nine percent of IDU reported having ever used methamphetamine powder (speed), similar to 92% in 2005. Ninety-three percent of IDU reported having ever used crystal methamphetamine (crystal), compared to 82% in the previous year. A smaller proportion of IDU reported having ever used methamphetamine base (58%; 40% in 2005).

Thirty-four percent of IDU reported that at least one of the types of methamphetamine was their drug of choice in 2006. Twenty-six percent nominated crystal as their drug of choice (compared to 11% in 2005), 7% nominated speed (compared to 6% in 2005) and 1% of IDU nominated base (compared to 0% in 2005). Methamphetamine was the first drug injected by 49% of IDU in the 2006 sample (42% in 2005). Thirty-two percent had injected crystal (13% in 2005) and 12% had injected speed (13% in 2005) on the day before interview. No one reported having injected base on the day prior to interview (1% in 2005). Furthermore, 33% of IDU reported that crystal was the most frequent drug injected (compared to 19% in 2005), 13% reported speed (8% in 2005) and1% reported base as their most frequently injected drug (1% in 2005).

5.1.2 Current patterns of methamphetamine use

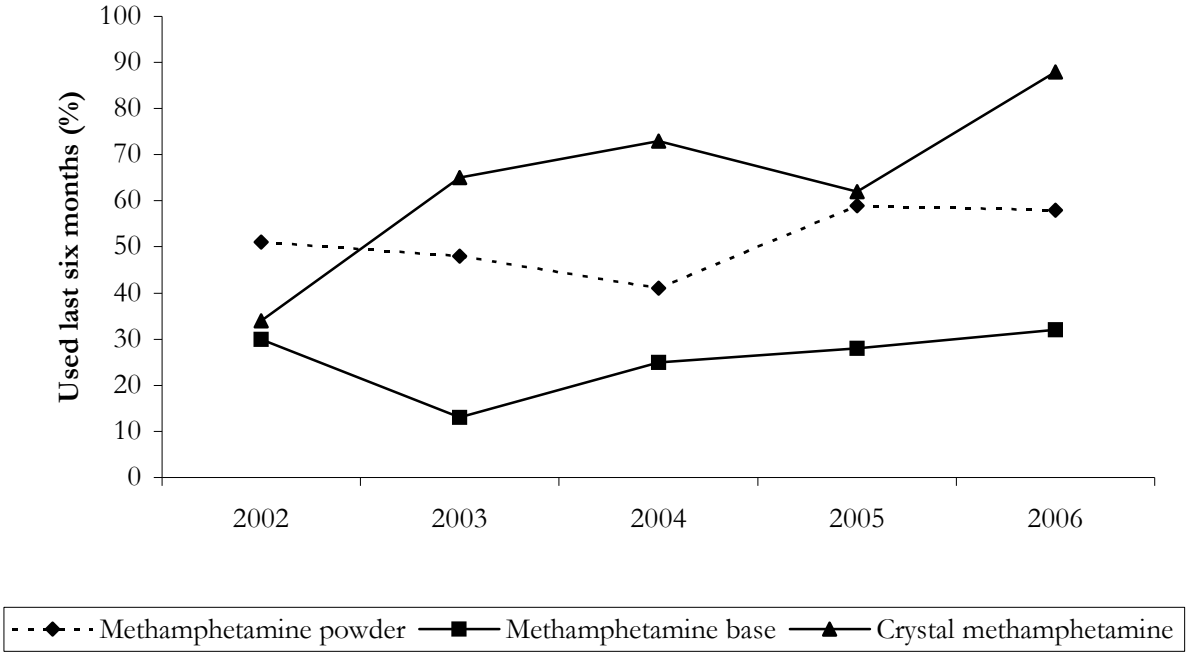
In 2006, fifty-eight percent of IDU had used speed in the six months preceding the IDRS interview, similar to the proportion in 2005 (59%). In 2006, the proportion of IDU reporting the use of base in the six-months prior to the interview remained relatively stable from 28% in 2005 to 32% in 2006. The use of crystal methamphetamine (crystal) in the six-month period prior to the interview increased from 62% in 2005, to 88% in 2006.

In 2006, injection was the most common route of administration for all forms of methamphetamine. Fifty-seven percent of IDU reported having injected speed in the six months prior to the interview (56% in 2005). The proportion of IDU who had recently injected base remained relatively stable from 27% in 2005 to 32% in 2006. In 2006, eighty-eight percent of IDU reported having injected crystal in the six months preceding the interview, a marked increase from 62% in 2005. In terms of route of administration, smoking of the more potent crystal form of methamphetamine is also an important route of administration, with 35% of the IDU sample in 2006 having smoked crystal in the six months prior to the interview (18% in 2005).

In 2006, crystal remained the methamphetamine form used most by IDU in the ACT, as can be seen in Figure 15. Of those who had used methamphetamine in the six months preceding the interview, 66% reported that crystal methamphetamine was the form most used, a slight increase from 54% in 2005. In 2006, twenty-nine percent of recent methamphetamine users reported speed as the form most used, a decrease from 36% in 2005. Crystal was the most common form of methamphetamine taken the day before the interview, with 32% of IDU having used the drug (a marked increase from 9% in 2005).

Median days of use of methamphetamine remained relatively low and stable. Median days of speed use was 10, (7 in 2005), base was 4.5 (5 in 2005) and median days of crystal use was 15.5 (up from 9 in 2005). Median days of use remained relatively low when compared to the possible 180 days that make up six months.

Figure 15: Proportion of IDU reporting methamphetamine use in the past six months in the ACT, 2002-2006



Source: ACT IDRS IDU interviews, 2002-2006

5.2 Price

The median prices reported in 2003, 2004, 2005 and 2006 for each form of methamphetamine are presented in Table 15 and reports of changes in price are reported in Table 16.

5.2.1 Methamphetamine powder

The median price of a gram of speed purchased by IDU in 2006, increased from $125 in 2005, to $175. 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, the same for 2005. The median price of an 'eight-ball' (3.5 grams) increased dramatically from $250 in 2005 to $1,000 in 2006, however, there were only small numbers (n=3) reporting on this, so results must be interpreted with caution.

The most common amount of speed purchased was a point, with 47% 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 2006, 63% (39% of the entire sample) believed the price to be stable, in comparison to 61% (32% of the entire sample) of IDU in 2005. A small

proportion of IDU in 2006 believed that the price of speed was decreasing (13%; 8% of the entire sample), slightly up from 8% (4% of the entire sample) in 2005.

5.2.2. Base methamphetamine

The median price of a gram of base purchased by IDU in 2006 was $250, compared to $280 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 2006.

Of those that commented on base in 2006, the majority (57%; 14% of the entire sample) reported the price to have remained stable in the six months preceding the interview, a decrease from 86% (14% of the entire sample) in 2005. A small proportion believed that the price of base was decreasing (10%; 2% of the entire sample).

5.2.3 Crystal methamphetamine

The median price of a gram of crystal purchased by IDU in 2006 increased from $300 in 2005 to $410 in 2006. A point (0.1 grams) of crystal remained stable at $50. The median price of a 'half-weight' (0.5 grams) was reported to be $200, the same as 2005. The most common amount of crystal purchased was a point, with 54% of IDU, who commented on crystal, reporting that they had bought this amount in the past six months. The next most common amount purchased in the six months preceding the interview were 'half-weights' (0.5 grams) with 24% of those commenting on crystal making recent purchases.

Of those that commented on crystal in 2006, the majority (63%; 53% 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 crystal had increased (16%; 13% of the entire sample).

Five KE were able to comment on the price of crystal. Two KE reported that the price of a point of crystal was $80. Two reported that it was $50 a point, and one KE reported that $10 could buy a little bit, but not a point. KE were divided in their perception of change in the price of crystal in the ACT in the six months preceding the interview. Three KE indicated that the price of crystal had increased; two KE indicated that the price of crystal had remained stable and one KE reported that the price of crystal in the ACT fluctuated over the preceding six months.

Table 15: Price of most recent methamphetamine purchases by IDU participants, 2005-2006

Amount	Median price* $	Range*	Number of purchasers*
Speed powder			
Point (0.1 gram)	50 (50)	25-50 (25-50)	29 (37)
'Half-weight' (0.5 grams)	150 (150)	50-220 (20-200)	14 (15)
Gram	175 (125)	50-350 (20-400)	8 (10)
'Eight-ball' (3.5 grams)	1,000 (250)	600-1,200 (50-460)	3 (2)
Base			
Point	50 (50)	30-50 (20-50)	10 (18)
'Half-weight' (0.5 grams)	150 (150)	150-250 (20-150)	4 (4)
Gram	250 (280)	150-300 (100-300)	5 (3)
'Eight-ball' (3.5 grams)	400(460)	250-450 (500)	2 (1)
Crystal			
Point (0.1 gram)	50 (50)	30-50 (20-100)	54 (40)
'Half-weight' (0.5 grams)	200 (200)	150-300 (100-250)	24 (12)
Gram	410 (300)	250-500 (100-500)	16 (9)
'Eight-ball' (3.5 grams)	1,300 (600)	600-1,400 (100-1200)	4 (4)

Source: ACT IDRS IDU interviews, 2005-2006
***** 2005 data are presented in brackets

Table 16: IDU reports of methamphetamine price changes in the last six months in the ACT, 2005-2006

	2005 N=125	**2006** **N=100**
Methamphetamine powder		
Did not respond (%)	47	**38**
Did respond (%)	53	**62**
Of those that responded (%)	n=66	**n=62**
Increasing (%)	11 (6% entire sample)	**11 (7% entire sample)**
Stable (%)	61 (32% entire sample)	**63 (39% entire sample)**
Decreasing (%)	8 (4% entire sample)	**13 (8% entire sample)**
Fluctuating (%)	11 (6% entire sample)	**5 (3% entire sample)**
Don't know (%)	11 (6% entire sample)	**8 (5% entire sample)**
Base methamphetamine		
Did not respond (%)	83	**79**
Did respond (%)	17	**21**
Of those that responded (%)	n=21	**n=21**
Increasing (%)	5 (1% entire sample)	**5 (1% entire sample)**
Stable (%)	86 (14% entire sample)	**57 (12% entire sample)**
Decreasing (%)	0 (0% entire sample)	**10 (2% entire sample)**
Fluctuating (%)	10 (2% entire sample)	**14 (3% entire sample)**
Don't know (%)	0 (0% entire sample)	**14 (3% entire sample)**
Crystal methamphetamine		
Did not respond (%)	44	**16**
Did respond (%)	56	**84**
Of those that responded (%)	n=70	**n=84**
Increasing (%)	14 (8% entire sample)	**16 (13% entire sample)**
Stable (%)	64 (36% entire sample)	**63 (53% entire sample)**
Decreasing (%)	10 (6% entire sample)	**10 (8% entire sample)**
Fluctuating (%)	3 (2% entire sample)	**10 (8% entire sample)**
Don't know (%)	9 (5% entire sample)	**2 (2% entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

5.3 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 2006. Findings are presented separately for powder, base and crystal methamphetamine in Table 17.

5.3.1 Methamphetamine powder

Of those that commented on the current availability of speed (n=62), the majority reported it to be 'easy' (53%; 33% of the entire sample) to 'very easy' (32%; 20% of the entire sample) to obtain. In comparison, in 2005, 46% of those commenting on speed believed it to be 'very easy' to obtain. Three percent of the IDU in the 2006 sample perceived speed to be 'very difficult' to obtain in the ACT.

Approximately two-thirds (58%; 36% of the entire sample) of the IDU commenting on speed thought that the availability had remained stable in the six months prior to interview. Eight percent (5% of the entire sample) of the 2006 sample believed the availability of speed fluctuated over the preceding six months.

IDU who bought speed (52%) reported they obtained it through known dealers (44%), friends (42%) and from street dealers (21%). The most commonly reported places of speed purchases occurred at a friend's house (39%), agreed public location (35%) and dealer's home (31%).

5.3.2 Base methamphetamine

The majority of IDU in 2006 reported base to be 'easy' (41%, 9% of the entire sample) to 'very easy' (27%, 6% of the entire sample) to obtain. Just under one-quarter reported that base in the ACT was difficult to obtain (18%, 4% of the entire sample). However, due to the low numbers that were able to report on the availability of base (n=22) results should be interpreted with caution. The majority of those commenting on base (55%; 12% of the entire sample) reported that availability was stable in the six months preceding the interview. This was consistent with the previous year (68%, 12% of the entire sample).

Among those who commented on base (n=18) in 2006, seventy-two percent reported that they purchased base through known dealers. Twenty-two percent reported that they obtained it from friends, and 17% reported that they obtained base from a street dealer. Furthermore, 50% of IDU who purchased base reported they did so from an agreed public location, 39% from a dealer's home and 22% from a friend's home.

5.3.3 Crystal methamphetamine

Of those that commented on the current availability of crystal methamphetamine or 'crystal' (n=84), the majority reported it to be 'easy' (42%; 35% of the entire sample) to 'very easy' (50%; 42% of the entire sample) to obtain in the ACT. This was an apparent increase in availability since 2005. In comparison, fifty percent (28% of the entire sample) of those commenting on crystal in 2005 believed it to be 'easy' to obtain, while 39% (22% of the entire sample) believed

crystal to be 'very easy' to obtain. None of the IDU in the 2006 sample perceived crystal to be 'very difficult' to obtain in the ACT.

KE reports were consistent with IDU: eight KE reported that the current availability of crystal was 'very easy' to obtain in the ACT in the preceding six months. One KE reported that it was 'easy' to obtain.

In 2006, fifty-one percent (43% of the entire sample) of the IDU commenting on crystal reported that availability had remained 'stable' in the six months preceding the interview. Nearly one-third of IDU who commented in 2006 on crystal reported that crystal had become 'easier' to obtain (31%, 26% of the entire sample) consistent with the previous year (27%, 15% of the entire sample). Consistent with IDU reports, 7 KE reported that the availability of crystal had remained stable in the ACT in the preceding six months and one KE believed that it might have become easier to obtain.

Nearly a half of the IDU who reported that they bought crystal (n=81), claimed they obtained it through friends (48%). Forty-seven percent reported that they obtained crystal through known dealers, and 21% claimed they obtained crystal from a street dealer. The most common places for purchasing crystal were, agreed public location (48%), dealer's home (37%) and at a friend's house (33%)

Table 17: Participants' reports of methamphetamine availability in the past six months, 2005-2006

	Powder		Base		Crystal	
	2005 (N=125)	**2006 (N=100)**	2005 (N=125)	**2006 (N=100)**	2005 (N=125)	**2006 (N=100)**
Current availability						
Did not respond* (%)	47	38	83	78	44	16
Did respond (%)	53	62	17	22	56	84
Of those who responded:	n=66	n=62	n=21	n=22	n=70	n=84
Very Easy (%)	46 (24% entire sample)	32 (20% entire sample)	23 (4% entire sample)	27 (6% entire sample)	39 (22% entire sample)	50 (42% entire sample)
Easy (%)	41 (22% entire sample)	53 (33% entire sample)	41 (7% entire sample)	41 (9% entire sample)	50 (28% entire sample)	42 (35% entire sample)
Difficult (%)	8 (4% entire sample)	7 (4% entire sample)	32 (6% entire sample)	18 (4% entire sample)	11 (6% entire sample)	7 (6% entire sample)
Very Difficult (%)	0 (0% entire sample)	3 (2% entire sample)	0 (0% entire sample)	0 (0% entire sample)	0(0% entire sample)	0 (0% entire sample)
Don't know^ (%)	6 (3% entire sample)	5 (3% entire sample)	5 (1% entire sample)	14 (3% entire sample)	0 (0% entire sample)	1 (1% entire sample)
Availability change over the last six months						
Did not respond* (%)	47	38	83	78	44	16
Did respond (%)	53	62	17	22	56	84
Of those who responded:	n=66	n=62	n=21	n=22	n=70	n=84
More difficult (%)	11 (6% entire sample)	7 (4% entire sample)	14 (2% entire sample)	14 (3% entire sample)	9 (5% entire sample)	6 (5% entire sample)
Stable (%)	68 (36% entire sample)	58 (36% entire sample)	68 (12% entire sample)	55 (12% entire sample)	59 (33% entire sample)	51 (43% entire sample)
Easier (%)	11 (6% entire sample)	16 (10% entire sample)	5 (1% entire sample)	9 (2% entire sample)	27 (15% entire sample)	31 (26% entire sample)
Fluctuates (%)	3 (2% entire sample)	8 (5% entire sample)	9 (2% entire sample)	5 (1% entire sample)	6 (3% entire sample)	10 (8% entire sample)
Don't know^ (%)	8 (4% entire sample)	11 (7% entire sample)	5 (1% entire sample)	18 (4% entire sample)	0 (0% entire sample)	2 (2% entire sample)

Source: ACT IDRS IDU interviews, 2005-2006

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

5.4 Purity

IDU reports of the purity and purity change for methamphetamine are reported separately in Figures 16 and 17.

5.4.1 Methamphetamine powder

The purity of methamphetamine powder or speed was reported to be 'low' (37%) to 'medium' (27%) among those who were able to comment on methamphetamine powder. In comparison, in 2005 the purity of speed was reported by IDU to be 'low' (41%) to 'medium' (24%).

Nearly one-third (31%) of the respondents who commented on speed believed the purity to have been 'stable' over the preceding six months (compared to 33%, in 2005). Twenty-six percent believed that the purity had decreased over this period (a decrease from 36% in 2005). Thirteen percent reported that the purity of speed had increased over the past six months, compared to 15% in 2005.

5.4.2 Methamphetamine base

Among those who commented on base, 36% reported base quality to be low, in comparison to 41% in 2005. Furthermore, equal proportions, 23% (5% of the entire sample) reported the quality of base to be medium or high. However, it must be noted again, that due to the small numbers reporting on base in the ACT, results should be interpreted with caution.

The majority of IDU who commented on base reported that the current quality of base in the ACT was decreasing (41%). In comparison, 27% reported the quality of base decreasing in 2005. Eighteen percent reported that quality of base was stable. This is in comparison to 59% of respondents that reported that the purity of base was 'stable' in 2005. Only a small proportion of IDU reported base quality as increasing. Again, the small sample size of IDU commenting on base methamphetamine has to be taken into account when interpreting these data.

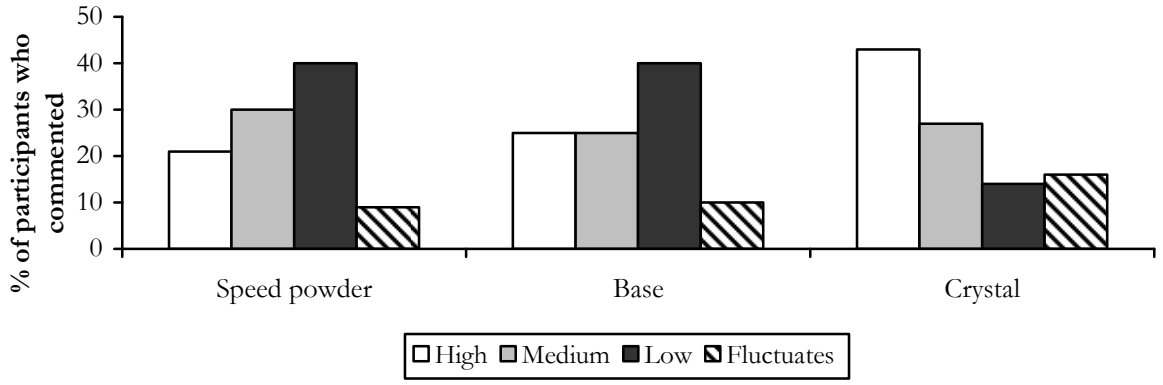
5.4.3 Crystal methamphetamine

In 2006, the current purity of crystal methamphetamine or crystal was reported to be 'high' by 43% of the respondents who commented on it (down from 53% in 2005). Approximately one-quarter (27%) of the remaining respondents believed that the current purity of crystal was 'medium' (26% in 2005). A small proportion of IDU reported the current purity of crystal to be low (14% in 2006 versus 13% in 2005). One-sixth (15%) of the sample who commented believed that the purity of crystal fluctuated over the preceding 6 months.

In 2006, there were mixed reports from IDU concerning the change in purity of crystal over the preceding six months. Just under one-third (31%) reported the purity of crystal to be stable (compared to 41% in 2005). Just over one-quarter (26%) reported that the purity of crystal was decreasing in 2006 (compared to 19% in 2005). Furthermore, 29% reported that the purity of crystal had fluctuated over the preceding six months. Only a minority (14%) believed that the purity of crystal was increasing in 2006 (compared to 21% in 2005).

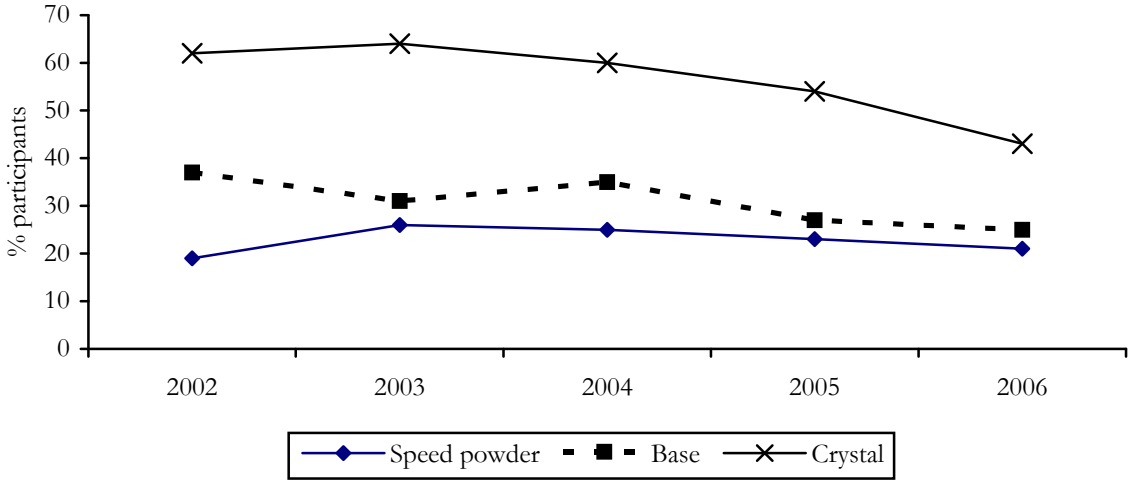
Eight KE commented on the current purity for crystal. In regard to purity over the previous six months, six reported that the current purity of crystal was high in the ACT, and two stated that the purity of crystal had fluctuated. There were mixed reports, which is consistent with IDU reports, regarding the change in purity of crystal in the preceding six months by KE. Two reported that purity had remained stable; two reported that it had increased and one reported that purity had fluctuated over the preceding six months.

Figure 16: Participant perceptions of methamphetamine purity (speed powder, base and crystal), among those who commented, 2006



Source: ACT IDRS IDU interviews, 2006

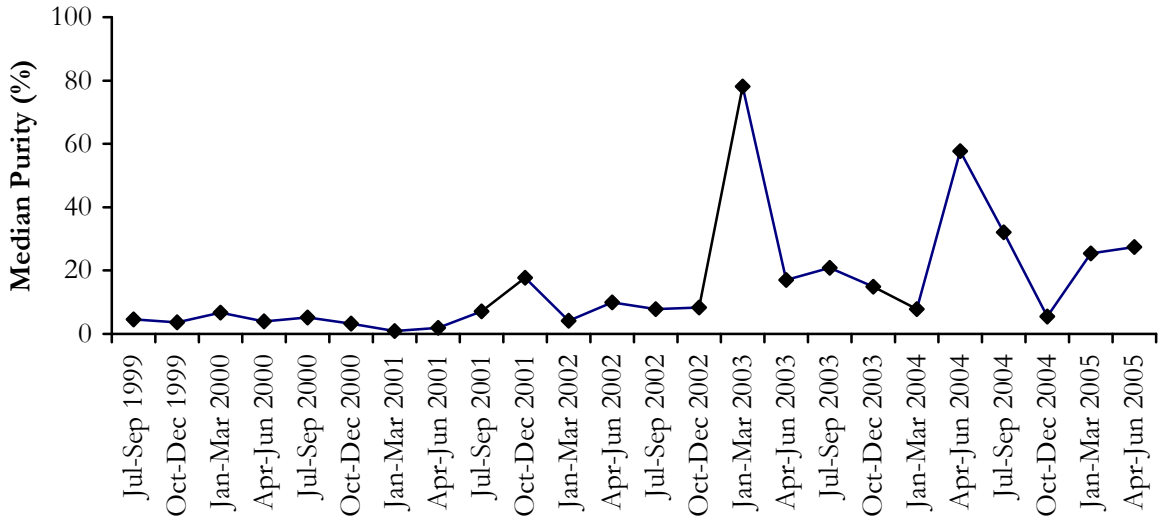
Figure 17: Proportion of participants reporting methamphetamine (speed powder, base and crystal) purity as 'high', 2002-2006



Source: ACT IDRS IDU interviews, 2002-2006
Note: Data on all three forms commenced in 2002.

As shown in Figure 18, 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. More recent data were not available at the time of printing.

Figure 18: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2005

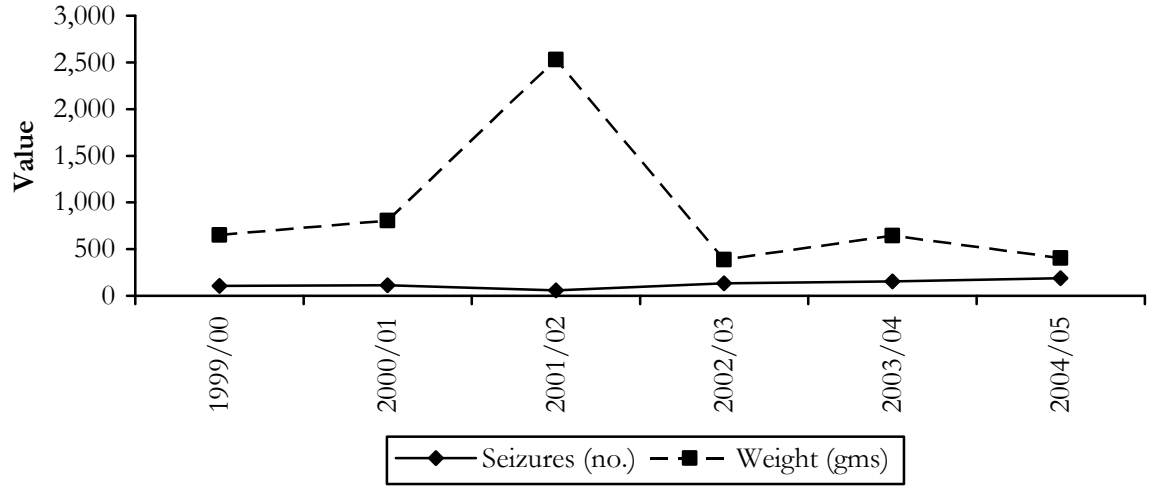


Source: Australian Bureau of Criminal Intelligence (2000, 2001, 2002), Australian Crime Commission (2003, 2004, 2005)
Note: Data not available for the 2005/2006 financial year

5.3 Methamphetamine law enforcement seizure data

Figure 17 shows the number and weight of methamphetamine seizures in the ACT from 1999 to 2004/2005. 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. More recent data were not available at the time of printing.

Figure 19: Number and weight of amphetamine-type stimulant seizures in the ACT, July 1999 to June 2004



Source: Australian Bureau of Criminal Intelligence (200, 2001, 2002), Australian Crime Commission (2003, 2004, 2005)
Note: Data not available for the 2005/06 financial year

Table 18 presents the number of amphetamine-type stimulant consumer and provider arrests in the ACT from 1997/1998 to 2004/2005. 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 crystal) 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. More recent data were not available at the time of printing.

Table 18: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997/1998 to 2004/2005

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 [a]	-	-	-	-	-
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

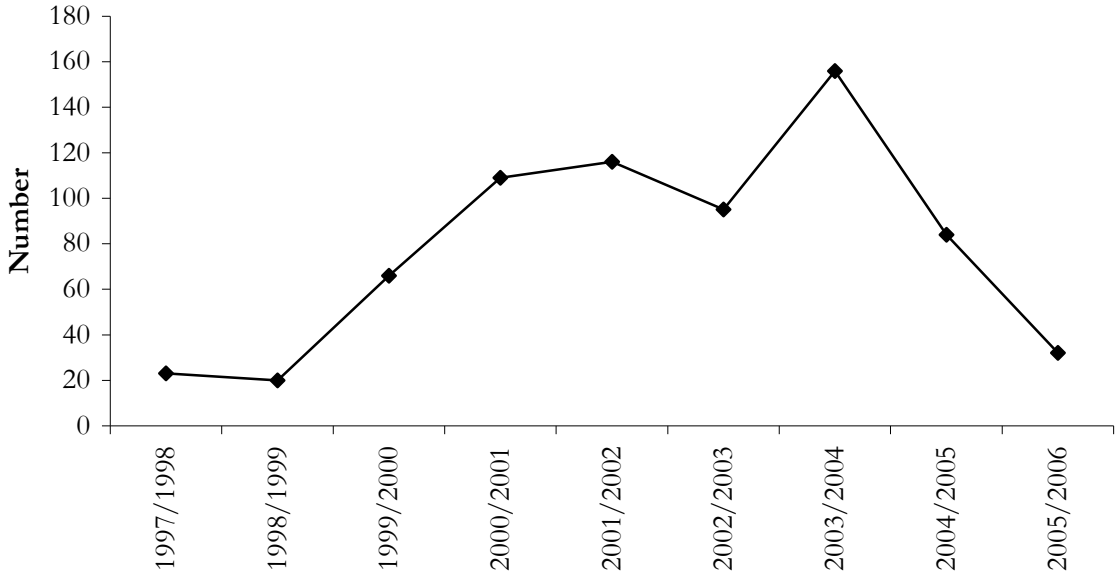
Source: Australian Bureau of Criminal Intelligence (200, 2001, 2002), Australian Crime Commission (2003, 2004, 2005)
Note: [a] Figures for ACT 1999/2000 were not available
Note: Arrest data from 1997/1998 to 1999/2000 exclude Australian Federal Police data.
Note: Data not available for the 2005/06 financial year

5.6 Methamphetamine-related harms

5.6.1 Health

As can be seen in Figure 20, there was a decrease in the number of clients that attended Arcadia House for methamphetamine detoxification, down from 84 in 2004/2005 to 32 in 2005/2006.

Figure 20: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1997/1998 to 2005/2006

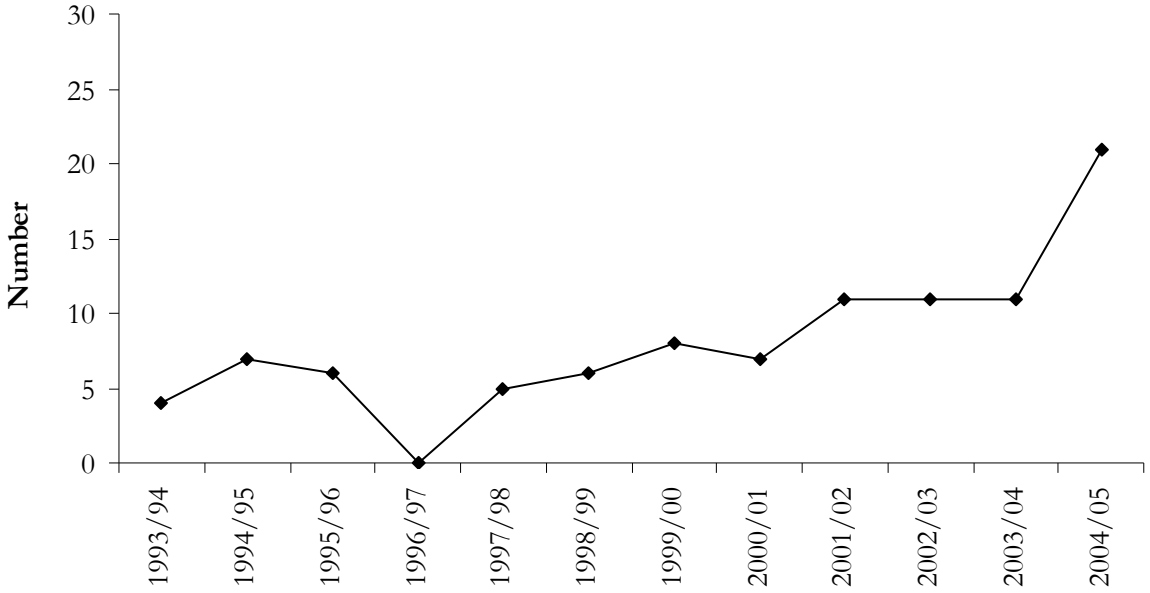


Source: Assisting Drug Dependents Incorporated (ADDInc)

Figure 21 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 discharge) 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. No amphetamine-related hospital admissions were recorded in 1996/1997, but admissions where amphetamine was implicated steadily increased until 2001/2002. The number of amphetamine-related hospital admissions has been stable at eleven from 2001/2002 to 2003/2004, however, in 2005/2006 it increased to 21. This is the biggest increase in recent years and amphetamine-related hospital admissions are now at their highest, and appears to be consistent with the increase in crystal use among IDU.

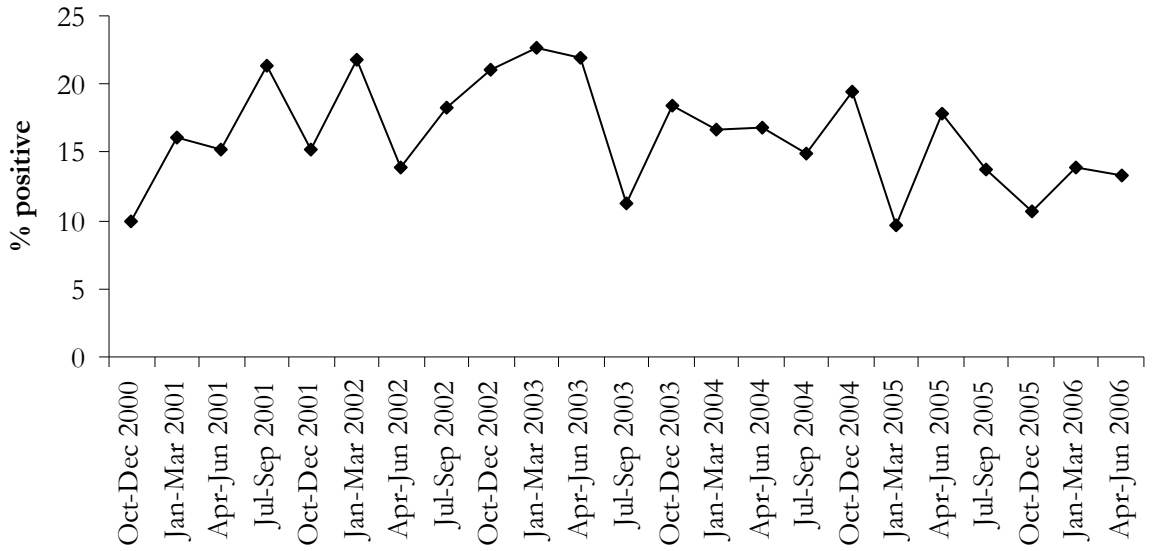
Figure 21: Number of hospital admissions in persons aged 15-54 years where amphetamine was implicated in the primary diagnosis, ACT, 1993/1994-2004/2005



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 22 shows the percent of methamphetamine-positive urine test results from October 2000 to June 2006. The proportion of methamphetamine-positive urine tests has remained stable, fluctuating between 10% and just over 20%. In the July-September quarter of 2005, 14% of urine tests were positive for methamphetamine, decreasing to 11% in the October-December quarter of 2005 and increasing to 14% in the January-March quarter of 2006. In the April-June quarter of 2006, 13% of urine tests were positive for methamphetamine.

Figure 22: Percent methamphetamine-positive urine tests, by quarter, October 2000 to June 2006



Source: ACT ADP and ACTGAL

There was a total of 4,634 'closed treatment episodes' in the ADP for the 2005/2006 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. Amphetamine/methamphetamine were the principle drug of concern for 376 of these treatment episodes. Withdrawal management (detoxification, 26%) accounted for the majority of closed treatment episodes where amphetamine was the principle drug of concern, followed by counselling (16%), as can be seen in Table 19.

Table 19: Main treatment type for clients in closed treatment episodes for amphetamine/methamphetamine, 2005/2006

Main treatment type (%)	Principal drug of concern – amphetamine/methamphetamine
Withdrawal management	26
Counselling	16
Rehabilitation	11
Support & case management only	13
Information & education only	<1

Source: ADP ACT

5.7 Summary of methamphetamine trends

Table 20 summarises trends in the price, purity, availability and use of methamphetamine in the ACT for 2006. As in 2005, the price for a point of each form of methamphetamine (speed, base, crystal) remained stable at $50 in 2006. The price for other amounts of speed, base and crystal (such as a gram) also remained relatively stable, with the exception of those amounts where only a small number of IDU commented. Speed was reported as 'easy' to 'very easy' to obtain, and availability remained stable in the past six months. Fifty-eight percent of IDU reported recent use of speed, which was similar to 2005 (59%). The use of base by IDU in the ACT remained low, stable and infrequent in 2006. There was a marked increase in the use of crystal in the ACT in 2006 (88% in 2006, compared to 62% in 2005). Whilst injection was the most common route of administration for crystal (88%), there was an increase in the number of IDU reporting that they had smoked crystal in the preceding six months (35%, 18% in 2005). Whilst there has been an increase in the number of hospital admissions where amphetamine was the primary diagnosis, there has been a gradual decline from 2004 in the number of clients seeking withdrawal from methamphetamine.

Table 20: Summary trends on methamphetamine price, purity, availability and use, in the ACT, 2005-2006

Use	**Methamphetamine powder (speed)** • Recent use remained relatively stable with 58% in 2006 and 59% in 2005 • Median days of speed use among IDU in the preceding six months was 10 **Methamphetamine base** • Use of base remains low and stable with 32% of IDU reporting recent use, compared to 28% in 2005 • Median days of base use among IDU in the preceding six months was 4.5 **Crystal methamphetamine (ice/crystal)** • Increase in the recent injection of crystal from 62% in 2005 to 88% in 2006 • Median days of crystal use among IDU in the preceding six months was 15.5
Price (median)	**Methamphetamine powder (speed)** • Point: stable at $50 in 2005 and 2006 • Gram: $175 compared to $125 in 2005 • IDU reports indicate the price of speed in the ACT is stable in 2005 **Methamphetamine base** • Point: stable at $50 in 2005 and 2006 • Gram: decreased from at $280 in 2005 to $250 in 2006 • IDU reports indicate the price of base in the ACT is stable in 2006 **Crystal methamphetamine (ice/crystal)** • Point: stable at $50 in 2005 and 2006 • Gram: increased from at $300 in 2005 to $410 in 2006 • IDU reports indicate the price of crystal in the ACT is stable in 2005
Availability	**Methamphetamine powder (speed)** • 'Easy' to 'very easy' to obtain • Availability stable **Methamphetamine base** • 'Easy' to 'very easy' to obtain • Availability stable **Crystal methamphetamine (ice/crystal)** • 'Easy' to 'very easy' to obtain • Availability stable
Purity	**Methamphetamine powder (speed)** • IDU interviewed in 2006 report purity to be low to medium **Methamphetamine base** • Inconsistent reports from IDU in 2006, but mainly low **Crystal methamphetamine (ice/crystal)** • IDU interviewed in 2006 report purity to be medium to high

Source: ACT IDRS IDU interviews, 2005-2006

6.0 COCAINE

Of the entire IDU sample only six 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 Use

6.1.1 Cocaine use among IDU

In 2006, 68% of IDU reported that they had used cocaine at least once in their lifetime, comparable to 72% of IDU who had ever used cocaine in 2005. Fifty-one percent of IDU in 2006 reported ever having injected cocaine, down from 65% in the previous year. In 2006, forty-one percent of IDU had ever snorted cocaine, a similar proportion when compared to 37% of IDU who had ever snorted cocaine in 2005.

6.1.2 Current patterns of cocaine use

The proportion of IDU reporting recent use of cocaine decreased in 2006 to 8%, from 20% in 2005. Injecting (6%) and snorting (5%) were the two most common routes of administration in 2006. This was down from 17% who reported recent injecting of cocaine in 2005, but similar to 6% reporting snorting in 2005. The median days of cocaine use by IDU in the ACT remained low at 3 days (compared to 2 days in 2005) which reflects opportunistic use, based on availability.

IDU were asked about forms of cocaine used in the six months preceding the interview. All IDU (8%) reported using cocaine powder, and there were no reports of recent use of crack cocaine in the six months preceding interview in 2006. No IDU nominated cocaine as their drug of choice, nor was cocaine a drug that was the most frequently injected. Furthermore, no IDU reported using cocaine on the day prior to interview.

6.2 Price

Prices paid for cocaine by IDU in the ACT in 2006 on the last occasion of purchase are presented in Table 21. In 2006, no IDU were able to comment on the price of a gram of cocaine. Five IDU were able to report on the price of a cap of cocaine, with the median price reported to be $50, consistent with the price per cap reported in 2005. The median price of a 'half-weight' of cocaine was reported by two IDU to be $175, up from $145 in 2005. 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, again consistent with 2005 reports.

Table 21: Price of most recent cocaine purchases by IDU participants, 2005-2006

Amount	Median price* $	Range* $	Number of purchasers*
Cap	50 (50)	40-100 (40-100)	5 (5)
Quarter gram	100 (100)	100-120 (100-120)	4 (4)
'Half-weight' (0.5 grams)	175 (145)	150-200 (90-200)	2 (2)
Gram	- (250)	0 (250-300)	0 (3)

Source: ACT IDRS IDU interviews, 2005-2006
*****2005 data are presented in brackets

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, 17% of IDU that responded were unable to comment confidently on the issue. As can be seen from Table 22, equal proportions of IDU reported that the price of cocaine was either increasing or stable (33%) in the six months preceding interview.

Table 22: IDU reports of cocaine price changes in the last six months, 2005-2006

	2005 N=125	**2006 N=100**
Did not respond (%)	89	**94**
Did respond (%)	11	**6**
Of those that responded (%)	n=14	**n=6**
Increasing (%)	7 (1% of entire sample)	**33 (2% of entire sample)**
Stable (%)	43 (5% of entire sample)	**33 (2% of entire sample)**
Decreasing (%)	7 (1% of entire sample)	**17 (1% of entire sample)**
Fluctuating (%)	7 (1% of entire sample)	**0 (0% of entire sample)**
Don't know (%)	36 (4% of entire sample)	**17 (1% of entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

6.3 Availability

When asked about the availability of cocaine in the ACT in 2006, no IDU reported that cocaine was 'easy' or 'very easy' to obtain. All six respondents reported that cocaine was 'difficult' (67%, 4% of the entire sample) or 'very difficult' (33%, 2% of the entire sample) to obtain, as can be seen in Table 23.

Table 23: Participants' reports of cocaine availability in the past six months, 2005-2006

	2005 (N=125)	**2006 (N=100)**
Current availability		
Did not respond* (%)	89	**94**
Did respond (%)	11	**6**
Of those who responded:	n=14	**n=6**
Very Easy (%)	14 (2% of entire sample)	**0 (0% of entire sample)**
Easy (%)	21 (2% of entire sample)	**0 (0% of entire sample)**
Difficult (%)	29 (3% of entire sample)	**67 (4% of entire sample)**
Very Difficult (%)	29 (3% of entire sample)	**33 (2% of entire sample)**
Don't know^ (%)	7 (1% of entire sample)	**0 (0% of entire sample)**
Availability change over the last six months		
Did not respond* (%)	89	**94**
Did respond (%)	11	**6**
Of those who responded:	n=14	**n=6**
More difficult (%)	7 (1% entire sample)	**33 (2% entire sample)**
Stable (%)	36 (4% entire sample)	**67 (4% entire sample)**
Easier (%)	21 (2% entire sample)	**0 (0% entire sample)**
Fluctuates (%)	14 (1% entire sample)	**0 (0% entire sample)**
Don't know^ (%)	21 (2% entire sample)	**0 (0% entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

Of the 6 IDU who were able to comment on the availability of cocaine, 67% (4% of entire sample) reported that cocaine availability had remained stable and 33% (2% of entire sample) commented that cocaine had become 'more difficult' to obtain in the ACT, as can be seen in Table 23. No IDU reported that cocaine availability was becoming 'easier' in the ACT in the preceding six months.

Equal proportions of IDU (33%, n=6) reported that they obtained cocaine from known dealers, friends and street dealers. Again, equal proportions of IDU (33%) reported that they obtained cocaine from a dealer's home, friend's home, agreed public location and street market.

6.4 Purity

As can be seen from Table 24, of those that responded, the majority believed the current purity of cocaine in the ACT to be 'high' (33%). Equal proportions of IDU reported cocaine purity to be 'medium' or 'low'. Furthermore, 33% of those who responded did not feel confident in making judgements on cocaine purity over the preceding six months. It must be noted, that these mixed reports may be due to the small numbers reporting on cocaine in the ACT in 2006, so results need to be interpreted with caution.

As can be seen in Table 24, when asked about changes in the purity of cocaine in the previous six months, 50% (3% of entire sample) of those that could comment reported it to be stable and 33% (2% of entire sample) were unable to comment on the change in purity levels of cocaine in the six months preceding interview.

Table 24: Participants' perceptions of cocaine purity in the past six months, 2005-2006

Current purity	2005 (N=125)	**2006 (N=100)**
Did not respond* (%)	89	**94**
Did respond (%)	11	**6**
Of those who responded:	n=14	**n=6**
High (%)	0 (0% of entire sample)	**33 (2% of entire sample)**
Medium (%)	43 (5% of entire sample)	**17 (1% of entire sample)**
Low (%)	36 (4% of entire sample)	**17 (1% of entire sample)**
Fluctuates (%)	14 (2% of entire sample)	**0 (0% of entire sample)**
Don't know^ (%)	7 (1% of entire sample)	**33 (2% of entire sample)**
Purity change over the last six months		
Did not respond* (%)	89	**94**
Did respond (%)	11	**6**
Of those who responded:	n=14	**n=6**
Increasing (%)	7 (1% entire sample)	**17 (1% of entire sample)**
Stable (%)	36 (4% entire sample)	**50 (3% of entire sample)**
Decreasing (%)	0 (0% entire sample)	**0 (0% of entire sample)**
Fluctuating (%)	21 (2% entire sample)	**0 (0% of entire sample)**
Don't know^ (%)	36 (4% entire sample)	**33 (2% of entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

***** 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who responded to survey items on price and/or availability of cocaine, but had not had enough contact with users and/or dealers, or had not used often enough to feel able to respond to items concerning purity

6.5 Cocaine law enforcement seizure data

Table 25 shows the number and weight of cocaine seizures in the ACT from July 1999 to June 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. More recent data were not available at the time of printing.

Table 25: Number and weight of cocaine seizures in the ACT, July 1999-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: ABCI (2000, 2001, 2002) ACC (2003, 2004, 2005)
Note: Data not available for the 2005/06 financial year

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 26, 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. More recent data were not available at the time of printing.

Table 26: 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: ABCI (2000, 2001, 2002) ACC (2003, 2004, 2005)
Note: Data not available for the 2005/06 financial year

6.6 Cocaine-related harms

6.6.1 Health

There were no harms reported by the 2006 IDU sample with regards to cocaine. This may be due to the low numbers that reported recent use of cocaine.

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 2003-2005 (Roxburgh and Degenhardt, in press). In the last ten years, there have been a total of three cocaine-related hospital admissions in the ACT.

In the ACT, there were 13 clients in treatment the ADP where cocaine was the principal drug of concern. Seven received withdrawal treatment, two received counselling and three were in rehabilitation. This represents less than one percent of all ADP clients in treatment episodes from July 2005 to June 2006.

6.7 Summary of cocaine trends

Table 27 summarises the trends in price, purity, availability and use of cocaine in the ACT in 2006. The proportion of IDU reporting recent use of cocaine decreased from 20% in 2005 to 8% in 2006. Similar proportions reported recent injection (6%) and snorting (5%) of cocaine. The price of a cap of cocaine was reported to be $50. No IDU reported on the price of a gram of cocaine. Cocaine was considered to be 'difficult' to 'very difficult' to obtain, and the availability was reported to be stable. There were mixed reports regarding IDU reports of cocaine purity due to the low numbers of IDU reporting on cocaine in the ACT in 2006.

Table 27: Summary trends on cocaine price, purity, availability, and use, ACT, 2005-2006

Use	• Decrease in the recent use of cocaine from 20% in 2005 to 8% in 2006 • Median days of use in the six months preceding the interview was 3, indicating that when cocaine is used by IDU it is used infrequently
Price (median)	• Cap: $50 in 2006 (n=5) • Gram: No IDU were able to comment on the price of a gram
Availability	• 'Very difficult' to 'difficult' to obtain • Availability stable
Purity	• There were mixed reports regarding cocaine purity

Source: ACT IDRS IDU interviews, 2005-2006

7.0 CANNABIS

In 2006, eighty-five percent of IDU commented on indoor-cultivated cannabis ('hydro') trends in the ACT, while 46% reported on outdoor-cultivated cannabis ('bush'). The majority of the 20 KE were able to make some comment on cannabis use patterns amongst IDU in the ACT. Two KE provided information regarding cannabis as the drug they were most familiar with, specifying price, purity and availability of hydroponic cannabis.

7.1 Use

7.1.1 Cannabis use among IDU

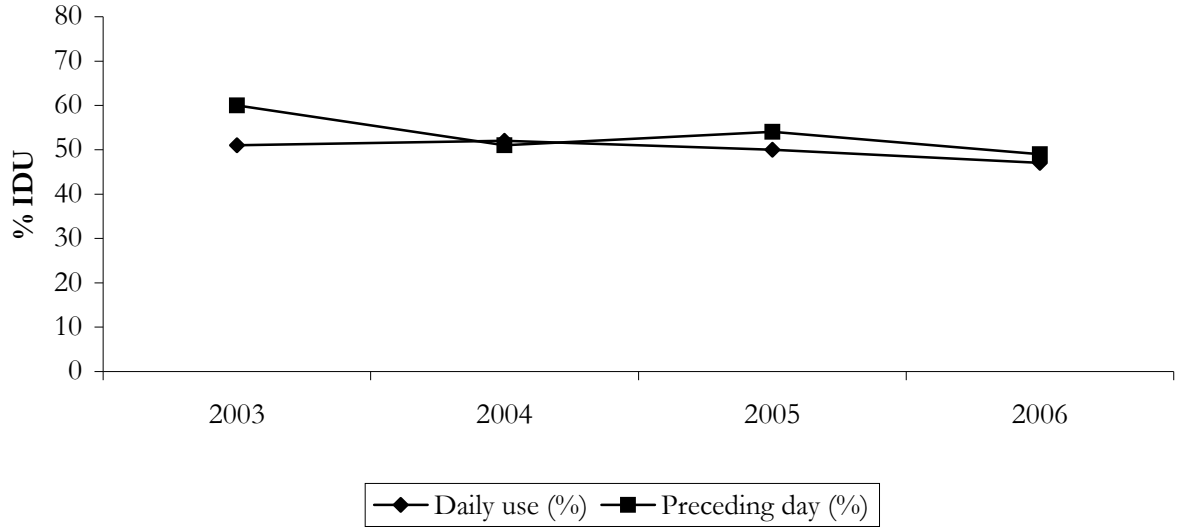
In 2006, nearly all IDU (98%) interviewed reported using cannabis at least once in their lifetime, compared with all IDU (100%) in 2005. Ninety percent of IDU interviewed reported recent use of cannabis. This was consistent with 2005. In 2006, nine percent nominated cannabis as their drug of choice, similar to 10% in 2005.

7.1.2 Current patterns of cannabis use

Ninety percent of IDU reported having used cannabis in the six months preceding interview. As was the case in 2005, 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 most common illicit drug used the day prior to interview, with 47% of all IDU reporting its use 'yesterday' (compared to 54% in 2005). As can be seen from Figure 23, 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 four years. Fifteen of twenty KE commented on the use of cannabis amongst the IDU. All the KE who were able to comment 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. KE also indicated that IDU used cannabis on a daily basis.

Of those respondents who had used cannabis in the six months prior to the interview, 93% had used hydroponic cannabis (96% in 2005), 78% had used bush (85% in 2005), and 7% had used hash. Hydroponic cannabis was the form of cannabis used most often by 83% of the IDU sample in the six months preceding the interview (comparable to 70% of the sample in 2005).

Figure 23: Proportion of IDU reporting daily cannabis use in the last six months, and cannabis use on the day preceding the interview, 2003-2006



Source: ACT IDRS IDU interviews, 2003-2006

7.2 Price

The median prices for hydroponic and outdoor ('bush') cannabis are shown in Table 28. A difference between the median prices reported for outdoor (bush) and indoor (hydroponic) cannabis was found in 2006, as it was in 2005. 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'. The reported change in price for both forms of cannabis is presented in Table 29.

7.2.1 Hydroponic cannabis

The median price of a gram of hydroponic cannabis, purchased by IDU in 2006, remained stable at $20. The median price of a quarter-ounce 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 $300, compared to $290 in 2005.

One KE supported IDU reports that the price of a gram of hydroponic cannabis was $20. Another KE reported that an ounce would be between $300-$400, again, consistent with IDU reports.

The most common amount of hydroponic cannabis purchased was a gram, with 50 of the IDU 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 32 of those commenting on hydroponic cannabis making recent purchases.

Of those that commented on hydroponic cannabis in 2006, 81% (69% of the entire sample) believed the price to be stable. This was similar to the previous year. In 2005, 78% (61% of the entire sample) of those commenting on hydroponic cannabis reported that the price was stable.

7.2.2 Cannabis (bush)

The median price of a gram of bush cannabis purchased by IDU decreased from $20 in 2005 to $15 in 2006. The median price of a quarter-ounce of cannabis was $80, up from $70 in 2005. The median price of a half-ounce increased from $110 in 2005 to $140 in 2006. The median price for an ounce was reported to be $190, a decrease from $250 reported in 2005.

The most common amount of bush cannabis purchased was a gram, with 14 of IDU reporting that they had bought a gram in the six months preceding the interview. This was followed closely by an ounce (12) and a quarter of an ounce (11).

As can be seen in Table 29, of those that commented on bush cannabis in 2006, forty-four percent (20% of the entire sample) believed the price to be stable. In comparison, in 2005, fifty-six percent (43% of the entire sample) of those commenting on bush cannabis reported that the price was stable. Just over a quarter (26%, 12% of the entire sample) reported the price of bush as decreasing (compared to 6% in 2005) and one-fifth (20%, 9% of the entire sample) reported that the price of bush fluctuated in the six months preceding interview.

Table 28: Price of most recent cannabis purchases by IDU participants, 2005-2006

Amount	Median price* $	Range* $	Number of purchasers*
Hydro			
Gram	20 (20)	10-25 (10-25)	50 (50)
Quarter Ounce	90 (90)	70-180 (50-100)	32 (41)
Half Ounce	160 (160)	140-180 (90-200)	11 (17)
Ounce	300 (290)	200-400 (200-400)	14 (20)
Bush			
Gram	15 (20)	10-25 (10-25)	14 (29)
Quarter Ounce	80 (70)	50-100 (40-90)	11 (15)
Half Ounce	140 (110)	60-180 (50-160)	5 (9)
Ounce	190 (250)	100-220 (130-300)	12 (13)

Source: ACT IDRS IDU interviews, 2005-2006
*****2005 median prices are in brackets

Table 29: IDU reports of cannabis price changes in the last six months in the ACT, 2005-2006

	2005 N=125	**2006** **N=100**
Hydroponic cannabis		
Did not respond (%)	22	**15**
Did respond (%)	78	**85**
Of those that responded (%)	n=98	**n=85**
Increasing (%)	9 (7% entire sample)	**5 (4% entire sample)**
Stable (%)	78 (61% entire sample)	**81 (69% entire sample)**
Decreasing (%)	4 (3% entire sample)	**6 (5% entire sample)**
Fluctuating (%)	5 (4% entire sample)	**5 (4% entire sample)**
Don't know (%)	4 (3% entire sample)	**4 (3% entire sample)**
Cannabis (bush)		
Did not respond (%)	22	**54**
Did respond (%)	78	**46**
Of those that responded (%)	n=97	**n=46**
Increasing (%)	6 (5% entire sample)	**0 (0% entire sample)**
Stable (%)	56 (43% entire sample)	**44 (20% entire sample)**
Decreasing (%)	6 (5% entire sample)	**26 (12% entire sample)**
Fluctuating (%)	5 (4% entire sample)	**20 (9% entire sample)**
Don't know (%)	27 (21% entire sample)	**11 (5% entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

7.3 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 2006. Findings are presented separately for hydroponic cannabis and bush cannabis (see Table 30).

7.3.1 Hydroponic cannabis

Of those that commented on the current availability of hydroponic cannabis (n=85), the majority reported it to be 'easy' (52%; 44% of the entire sample) to 'very easy' (42%; 36% of the entire sample) to obtain. More IDU reported that hydroponic cannabis was 'easy' to obtain in 2006 (38% in 2005), and less reported that it was 'very easy' to obtain (54% in 2005). Similar to 2005, no IDU reported that hydroponic cannabis was 'very difficult' to obtain in the ACT in 2006.

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 (79%; 67% 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 2005 are similar, with 78% (61% of the entire sample) reporting availability of hydroponic cannabis to be stable. This was consistent with the two KE who were able to comment about hydroponic cannabis, who also said that availability had remained stable in the ACT in the preceding six months.

Recent hydroponic cannabis users predominantly reported buying hydroponic cannabis from friends (56%), known dealers (38%) and from a street dealer (18%). The most common places for purchasing hydroponic cannabis were a friend's home (46%), a dealer's home (32%) or from an agreed public location (27%).

7.3.2 Cannabis (bush)

Of those that commented on the current availability of bush cannabis (n=46), the majority reported it to be 'easy' (54%, 25% of the entire sample) to obtain. In comparison, in 2005, 27% (21% of the entire sample) reported bush cannabis to be 'easy' to obtain. Similar proportions reported that it was 'very easy' (22%, 10% of the entire sample) or 'difficult' (20%, 9% of the entire sample) to obtain. In 2005, 32% (25% of the entire sample) reported bush cannabis as 'very easy' to obtain, whereas 14% (11% of the entire sample) reported it was 'difficult' to obtain These mixed reports may be the result of bush cannabis availability being determined by specific harvesting times through-out the year.

Over half (54%; 25% 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 was similar to reports from 2005 (55%, 42% of the entire sample), as seen in Table 30. One-fifth, of IDU who commented on bush, reported that the availability had fluctuated (20%, 9% of the entire sample). Again, this may be attributable to the harvesting times through-out the year.

The majority of bush purchases were through friends (70%), followed by known dealers (28%) and street dealers (12%). Purchases occurred at a friend's home (56%), dealer's home (28%) and an agreed public location (26%).

Table 30: Participants' reports of cannabis availability in the past six months, 2005-2006

Current availability	Hydro		Bush	
	2005 (N=125)	2006 (N=100)	2005 (N=125)	2006 (N=100)
Did not respond* (%)	22	15	22	54
Did respond (%)	78	85	78	46
Of those who responded:	n=98	n=85	n=97	n=46
Very Easy (%)	54 (42% entire sample)	42 (36% entire sample)	32 (25% entire sample)	22 (10% entire sample)
Easy (%)	38 (30% entire sample)	52 (44% entire sample)	27 (21% entire sample)	54 (25% entire sample)
Difficult (%)	4 (3% entire sample)	6 (5% entire sample)	14 (11% entire sample)	20 (9% entire sample)
Very Difficult (%)	0 (0% entire sample)	0 (0% entire sample)	4 (3% entire sample)	0 (0% entire sample)
Don't know^	4 (3% entire sample)	0 (0% entire sample)	23 (18% entire sample)	4 (2% entire sample)
Availability change over the last six months				
Did not respond* (%)	22	15	22	54
Did respond (%)	78	85	78	46
Of those who responded:	n=98	n=85	n=97	n=46
More difficult (%)	3 (2% entire sample)	5 (4% entire sample)	7 (6% entire sample)	9 (4% entire sample)
Stable (%)	78 (61% entire sample)	79 (67% entire sample)	55 (42% entire sample)	54 (25% entire sample)
Easier (%)	6 (5% entire sample)	9 (8% entire sample)	5 (4% entire sample)	13 (6% entire sample)
Fluctuates (%)	8 (6% entire sample)	6 (5% entire sample)	10 (8% entire sample)	20 (9% entire sample)
Don't know^ (%)	5 (4% entire sample)	1 (1% entire sample)	23 (18% entire sample)	4 (2% entire sample)

Source: ACT IDRS IDU interviews, 2005-2006

***** 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity, but had not had enough contact with users/dealers to respond to items concerning availability

7.4 Potency

Respondents were asked (based on their experience) to estimate the current strength or potency of hydroponic and bush cannabis, as well as to report perceived change in potency of both hydroponic and bush cannabis. Results are presented below separately for both forms (see Figure 24 and 25).

7.4.1 Hydroponic cannabis

The vast majority of IDU who commented on hydroponic cannabis reported that its potency was 'high' (73%, 62% of the entire sample). In comparison, in 2005, fifty-nine percent (21% of the entire sample) reported hydroponic cannabis potency as 'high', in the six months preceding interview. One-fifth (20%, 17% of the entire sample) reported hydroponic cannabis potency to be 'medium', compared to 27% (21% of the entire sample) in 2005. Both the KE who were able to comment on the potency of hydroponic cannabis agreed with the majority of IDU that it was 'high'.

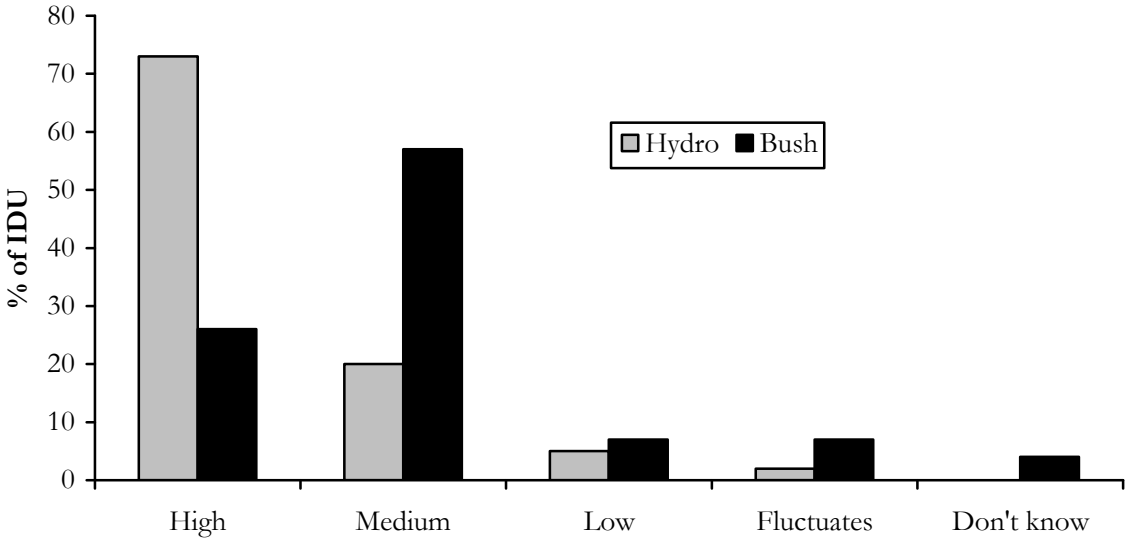
The majority (71%, 60% of the entire sample) reported that hydroponic cannabis potency was stable in 2006. This was an increase from 61% (48% of the entire sample) in 2005, who reported hydroponic cannabis potency as being stable. Smaller proportions (12%, 10% of the entire sample), of those commenting on change in the potency of hydroponic cannabis, believed the potency to be 'increasing', compared to 18% (14% of the entire sample) in 2005. Both KE commenting on the potency of hydroponic cannabis indicated that it had remained stable in the previous six months.

7.4.2 Cannabis (bush)

The potency of bush cannabis was reported to be 'medium' (57%, 26% of the entire sample), as can be seen in Figure 24. This was an increase from 41% (32% of the entire sample). In 2006, just over one-quarter (26%, 12% of the entire sample) reported the potency of bush to be high in the preceding six months. This was an increase from 11% (9% of the entire sample) in 2005.

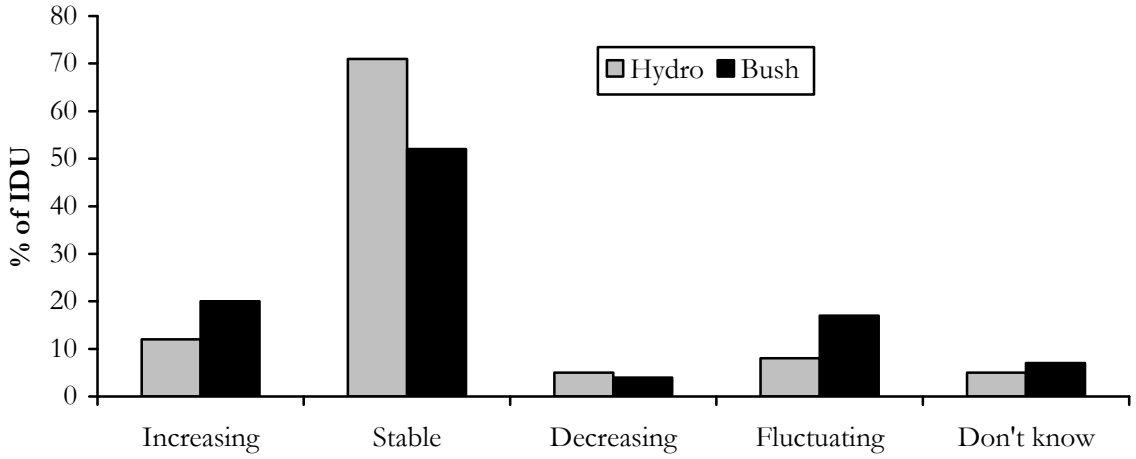
As can be seen in Figure 25, the majority (52%, 24% of the entire sample) of respondents who commented on bush cannabis believed the potency to have been 'stable' in the six months prior to the interview. This was also the case in 2005, with 52% (40% of the entire sample) reporting the potency of bush cannabis to be stable.

Figure 24: IDU reports of current potency of cannabis, 2006



Source: ACT IDRS IDU Interviews, 2006

Figure 25: IDU reports of change in cannabis potency, 2006



Source: ACT IDRS IDU interviews, 2006

7.5 Cannabis law enforcement seizure data

Table 31 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 in 2002/2003, to 591 in 2003/2004 to 553 in 2004/2005. More recent data were not available at the time of printing.

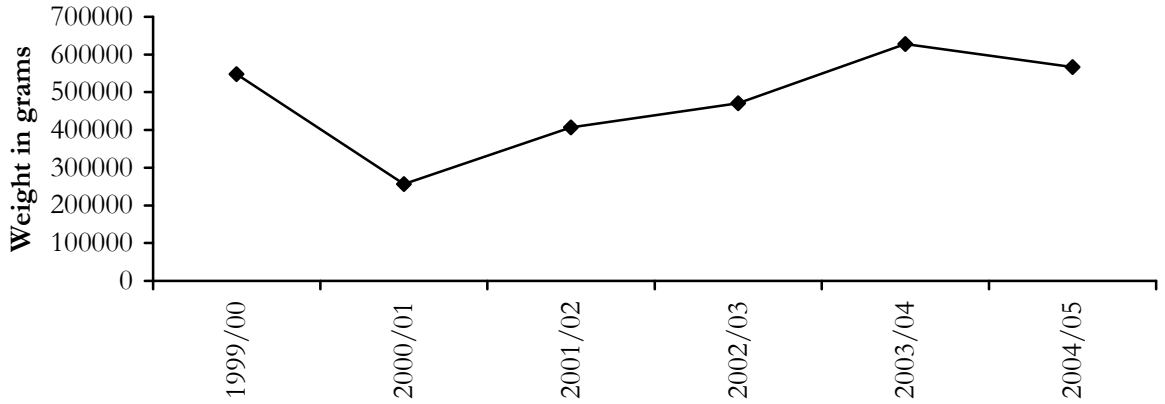
Table 31: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2005

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: ABCI (2000, 2001, 2002) ACC (2003, 2004, 2005)
Note: Data not available for the 2005/06 financial year

Figure 26 shows the average weight of cannabis seized in the ACT from 1999/2000 to 2004/2005. 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. More recent data were not available at the time of printing.

Figure 26: Average weight of cannabis seized in the ACT, July 1999 to June 2005



Source: ACC (2000; 2001; 2002; 2003; 2004, 2005)
Note: Data not available for the 2005/06 financial year

Table 32 summarises the number of cannabis consumer and provider arrests in the ACT from 1997/1998-2004/2005. In the ACT the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. In 2004/2005, sixty percent 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. More recent data were not available at the time of printing.

Table 32: Number of cannabis consumer and provider arrests, ACT, 1997/1998-2004/2005

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 [a]	-	-	-	-	-
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.: ABCI (2000, 2001, 2002) ACC (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
Note: Data not available for the 2005/06 financial year

In the ACT, a Simple Cannabis Offence Notice (SCON) and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 33 presents the total number of SCON given out in the ACT since 1997/1998. Despite the widespread use of cannabis among IDU in the ACT, the number of SCON issued in the ACT has continued to decrease over the past four financial years, as can be seen in Table 33. The number of SCON in 2004/2005 remained relatively stable at 82 (79 in 2003/2004). More recent data were not available at the time of printing.

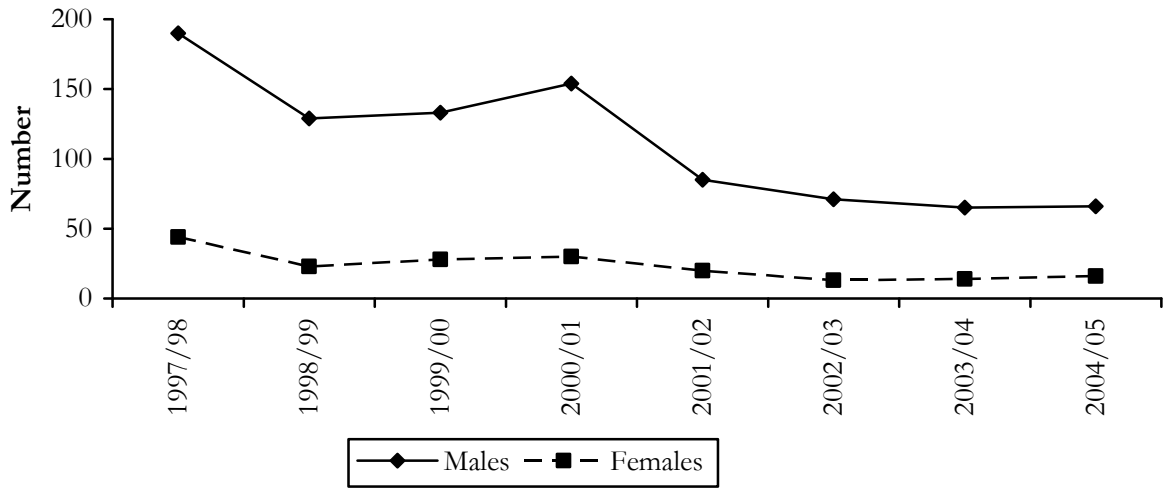
Table 33: Number of Simple Cannabis Offence Notices, ACT, 1997/1998 to 2004/2005

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: ABCI (1999, 2000, 2001, 2002) ACC (2003, 2004, 2005)
Note: Data not available for the 2005/06 financial year

As can be seen in Figure 26, the number of SCON given to females in the ACT has remained relatively stable since 1997/1998. In the ACT, males incur approximately 80% of all SCON. As can be seen in the graph below, there appears to be a decrease in the number of SCON given to males since the 2000/2001 financial year. More recent data were nota available at the time of printing.

Figure 27: Number of Simple Cannabis Offence Notices for males and females, ACT, 1997/1988-2004/2005



Source: ACC (1999; 2000; 2001; 2002; 2003; 2004, 2005)
Note: Data not available for the 2005/06 financial year

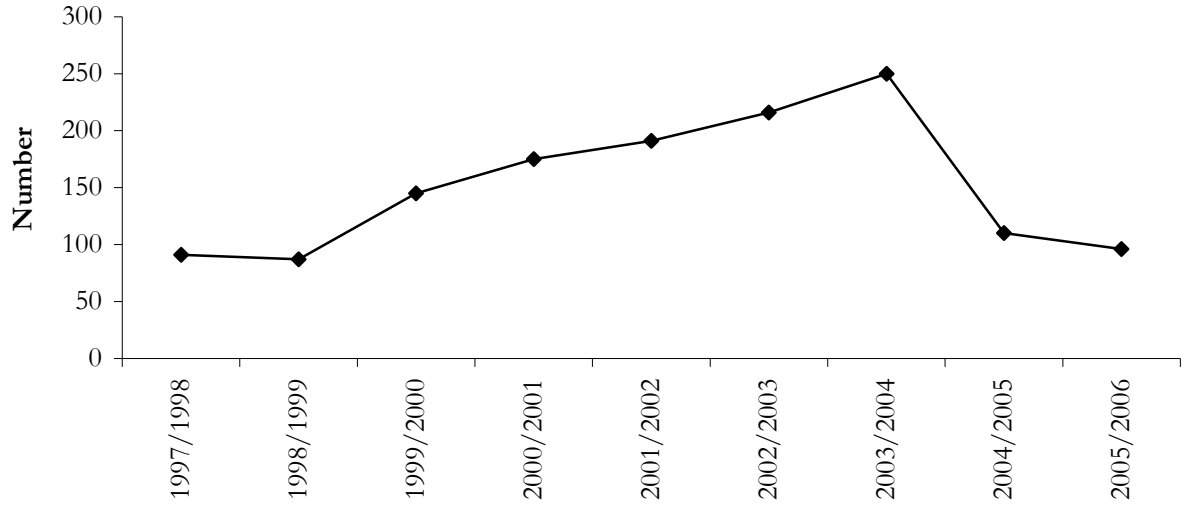
7.6 Cannabis-related harms

7.6.1 Health

As can be seen from Figure 28, 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 that 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. In 2005/2006 there was a slight decrease, from the previous year, to 96 clients, attending Arcadia House for withdrawal from cannabis.

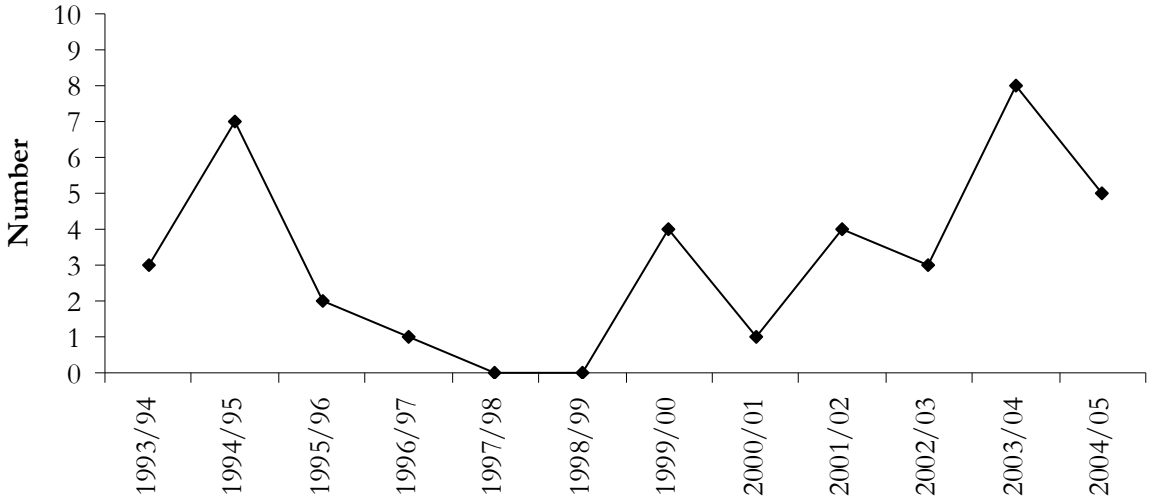
Figure 28: Number of Arcadia House clients undergoing withdrawal from cannabis, 1997/1998 to 2005/2006



Source: Assisting Drug Dependents Incorporated (ADDInc)

Figure 29 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 29, the number of cannabis-related hospital admissions has been low and has fluctuated over the last ten years. In 2004/2005 there were five hospital admissions where cannabis was the drug implicated in the primary diagnosis, a decrease from eight admissions in 2003/2004.

Figure 29: Number of hospital admissions in persons aged 15-54 years where cannabis was implicated in the primary diagnosis, ACT, 1993/1994 to 2004/2005



Source: Australian Institute of Health and Welfare (AIHW)

As previously mentioned, in the ADP there were a total of 4,634 'closed treatment episodes' for the 2005-2006 financial year. The ADP defines a closed treatment episode as a period of contact, with defined commencement and cessation dates, between a client and treatment agency. Cannabis was the principal drug of concern for 697 of these treatment episodes. Withdrawal management (23%) and counselling (20%) accounted for the majority of closed treatment episodes where cannabis was the principle drug of concern, followed by support and case management (13%), as shown in Table 34.

Table 34: Main treatment type for clients in closed treatment episodes for cannabis, 2005-2006

Main Treatment Type	Principal drug of concern – Cannabis (%)
Withdrawal management	23
Counselling	20
Rehabilitation	8
Support & case management only	13
Information & education only	2

Source: ADP ACT

7.7 Summary of cannabis trends

Table 35 summarises the trends in price, purity, availability and use of cannabis in the ACT in 2005 and 2006. The majority (90%) of IDU interviewed in 2006 reported the use of cannabis in the six months preceding the interview. The price remained stable for a gram of indoor-cultivated cannabis (hydroponic) at $20, however, the price for a gram of outdoor-cultivated cannabis (bush) decreased from $20 in 2005, to $15 in 2006. It can be seen that the more potent form of cannabis (hydroponic) is more expensive than bush cannabis in the ACT in 2006. 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 'high' and the potency of bush cannabis was reported to be 'medium'. In 2006, both the number of clients in withdrawal, where cannabis was the main drug of concern, and the number of hospital admissions where cannabis was the primary drug of concern, have declined.

Table 35: Summary trends on cannabis price, purity, availability and use, ACT, 2005-2006

Use	• 90% of IDU reported recent cannabis use in 2006. • Median days of cannabis use in the six months preceding the interview was 180
Price (median)	**Hydroponic cannabis** • Gram: stable at $20 in 2006 • Ounce: $300 in 2005 compared to $290 in 2006 **Cannabis (bush)** • Gram: decreased from $20 in 2005 to $15 in 2006 • Ounce: decreased from $250 in 2005 to $190 in 2006
Availability	**Hydroponic cannabis** • 'Easy' to 'very easy' to obtain • Availability stable **Cannabis (bush)** • 'Easy' to obtain, however, there were mixed reports • Availability stable
Potency	**Hydroponic cannabis** • IDU interviewed in 2006 report potency to be 'high' **Cannabis (bush)** • IDU interviewed in 2006 report potency to be 'medium'

Source*:* ACT IDRS IDU interviews, 2005-2006

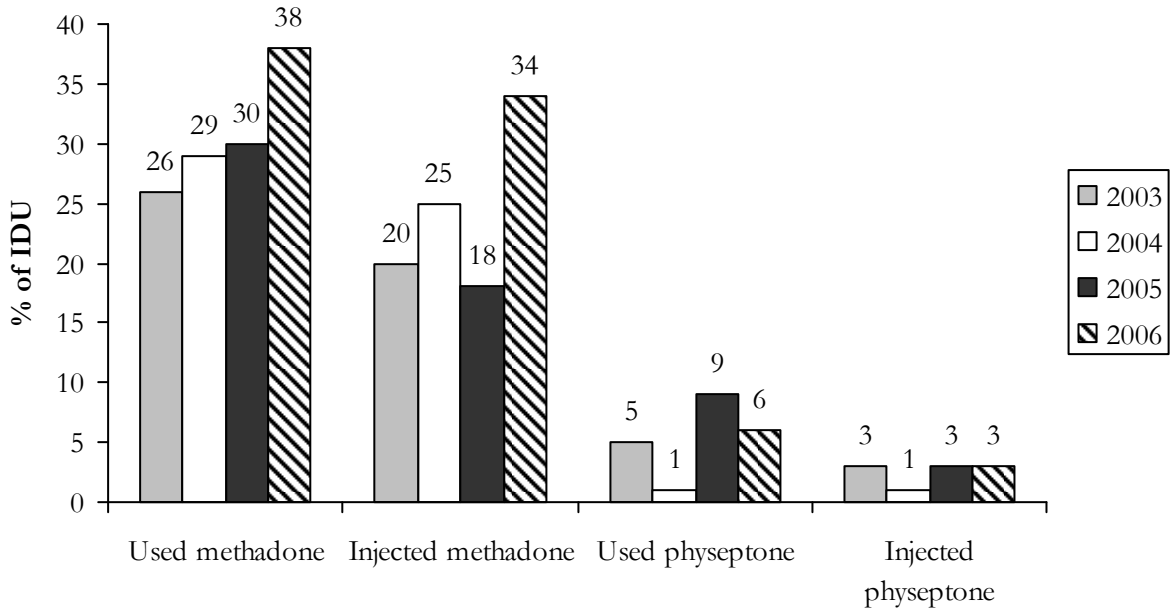
8.0 OPIOIDS

8.1 Methadone

8.1.1 Trends in methadone use

In 2006, the self-reported use of methadone amongst IDU was similar to that reported in 2005, with 63% of IDU indicating they had ever used illicit methadone (compared to 62% in 2005).The proportion of IDU indicating that they had ever used licit methadone was down from 71% in 2005, to 62% in 2006. 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 increased from 30% in 2005 to 38% in 2006, as can be seen in Figure 30. Forty percent of IDU in 2006 reported recent use of licit methadone, compared to 46% in 2005.

Figure 30: Use and injection of illicit methadone and illicit physeptone among IDU in the last six months, 2003-2006



Source: ACT IDRS IDU interviews, 2003-2006

Among those who reported using licit methadone in the preceding six months, 70% reported daily use, similar to 71% in 2005 who reported daily use. In 2006, sixty-three percent of IDU who reported using illicit methadone in the last six months reported using on ten or less days, compared to 81% in 2005 who reported using illicit methadone on ten or less days.

In 2006, forty percent of IDU reported having swallowed licit methadone in the previous six months (compared to 46% in 2005). In addition, 17% of IDU reported having used diverted licit methadone by injection in the six months prior to the interview (compared to 13% in 2005). In terms of illicit methadone, in 2006, thirteen percent reported having swallowed the drug in the six months preceding the interview (16% in 2005) and 34% reported injecting it (18% in 2005, as can be seen in Figure 30). When the 2006 IDU sample was asked about the different forms of

methadone used in the six months prior to interview, 64% (72% in 2005) of respondents reported that licit methadone syrup was the most common form used, followed by illicit methadone syrup (34%; 28% in 2005).

Fourteen percent of IDU reported ever using licit physeptone; however, only 1% reported use of licit physeptone in the preceding six months. In 2006, twenty-four percent reported ever using illicit physeptone; however, only six percent of IDU reported recent use of illicit physeptone (9% in 2005, as can be seen in Figure 30). There was no injection of licit physeptone in the preceding six months in 2006. Three percent reported recent injection of illicit physeptone, similar to 2005, see Figure 30. Median number of days reported using licit physeptone was 6, and median days for using illicit physeptone was 2.

8.1.2 Price

In 2006, thirty-six 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 2005 and 2004). The majority (80%; 36% of the entire sample) of those commenting on methadone reported the price as remaining 'stable' over the past six months.

8.1.3 Availability

IDU were asked to comment on the current availability of street methadone and if there has been any change in availability in the six months preceding the interview, as can be seen in Table 36. Sixty percent (27% 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 29% (13% of the entire sample) reported it to be 'difficult' to 'very difficult' to obtain. This was similar to reports by IDU in 2005, where 58% (20% of the entire sample) reported street methadone to be 'easy' to 'very easy' to obtain, and 32% (11% of the entire sample) reported that it was 'difficult' to 'very difficult' to obtain. The majority (67%) of respondents reported that the availability of methadone had remained 'stable' in the past six months, down from 81% in 2005.

Table 36: Participants' reports of illicit methadone availability in the past six months, 2005-2006

	2005 (N=125)	**2006 (N=100)**
Current availability		
Did not respond* (%)	66	**45**
Did respond (%)	34	**55**
Of those who responded:	n=43	**n=55**
Very Easy (%)	14 (5% of entire sample)	**18 (8% of entire sample)**
Easy (%)	44 (15% of entire sample)	**42 (19% of entire sample)**
Difficult (%)	30 (10% of entire sample)	**27 (12% of entire sample)**
Very Difficult (%)	2 (1% of entire sample)	**2 (1% of entire sample)**
Don't know^ (%)	9 (3% of entire sample)	**11 (5% of entire sample)**
Availability change over the last six months		
Did not respond* (%)	66	**45**
Did respond (%)	34	**55**
Of those who responded:	n=43	**n=55**
More difficult (%)	7 (2% entire sample)	**13 (6% entire sample)**
Stable (%)	81 (28% entire sample)	**67 (30% entire sample)**
Easier (%)	0 (0% entire sample)	**4 (2% entire sample)**
Fluctuates (%)	0 (0% entire sample)	**0 (0% entire sample)**
Don't know^ (%)	12 (4% entire sample)	**16 (7% entire sample)**

Source: ACT IDRS IDU interviews, 2005-2006

* 'Did not respond' refers to participants who did not feel confident enough in their knowledge of the cocaine market to respond to survey items

^ 'Don't know' refers to participants who were able to respond to survey items on price and/or purity of cocaine, but had not had enough contact with users/dealers to respond to items concerning availability

In 2006, seventy-nine percent of IDU commenting on methadone reported that street methadone was primarily obtained through friends, and smaller proportions obtained methadone from acquaintances and as gifts from friends (11% respectively). The majority of IDU who bought street methadone purchased it from a friend's house (57%), the street market (21%) or an agreed public location (21%). Of the 29 IDU who were able to comment on the source of their illicit methadone, the majority (90%) believed it was sourced from take-away doses. Seven percent reported that it was a daily dose.

8.1.4 Methadone-related harms

In 2006, thirty-five percent of the sample reported having injected methadone in the last month and 18% of the sample reported having health-related problems due to methadone injection.

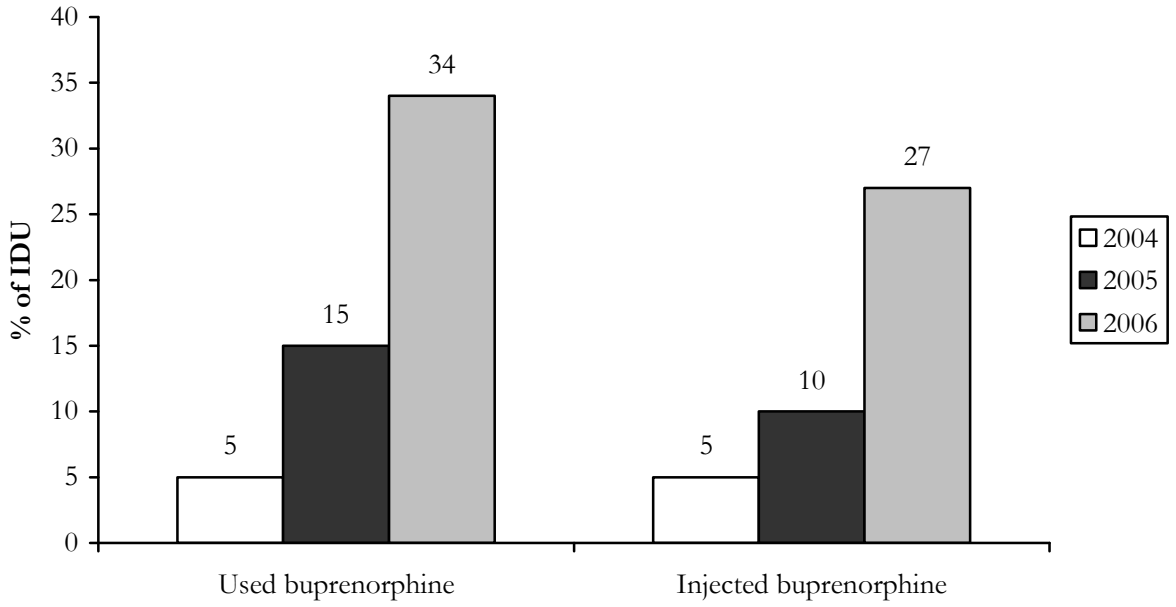
IDU reported experiencing a range of health problems associated with methadone injection including scarring/bruising (n=6), methadone dependence (n=5), difficulty finding veins (n=13), swelling of the arm (n=4), swelling of the leg (n=1), swelling of the hand (n=4), a dirty hit (n=3), abscess/infections (n=2) and overdose (n=1).

8.2 Buprenorphine

In 2006, thirty percent of IDU reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them), compared to 31% in 2005. Use of prescribed buprenorphine in the six months preceding the interview remained relatively stable from 2005 to 2006 (19% in 2005 to 16% in 2006). All recent prescribed buprenorphine users reported having swallowed buprenorphine; however, 10% of IDU reported having diverted their own licit buprenorphine via injection in the six months prior to the interview (compared to 5% in 2005). Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use decreased from 53 days in 2005, to 30 days in 2006.

In 2006, there was an increase in the proportion of IDU who reported that they had ever used illicit buprenorphine, from 23% in 2005, to 42% in 2006. 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 15% in 2005 to 34% in 2006 (see Figure 31). In terms of route of administration, 27% of IDU reported injecting illicit buprenorphine in the six months preceding the interview, compared to 10% in 2005. Median days used illicit buprenorphine in 2006 was 6 days (compared to 2 days in 2005).

Figure 31: Use and injection of illicit buprenorphine among IDU in the last six months, 2004-2006



Source: ACT IDRS IDU interviews, 2004-2006

In 2006, 32% of IDU reported injecting buprenorphine in the month prior to interview. Twenty-two percent of the entire IDU sample reported that they had experienced problems as a result of buprenorphine injection in the month prior to interview. A range of problems were experienced, including dirty hit (n=2), thrombosis and/or blood clot (n=2), swelling of the arm (n=2) and difficulty finding veins (n=3).

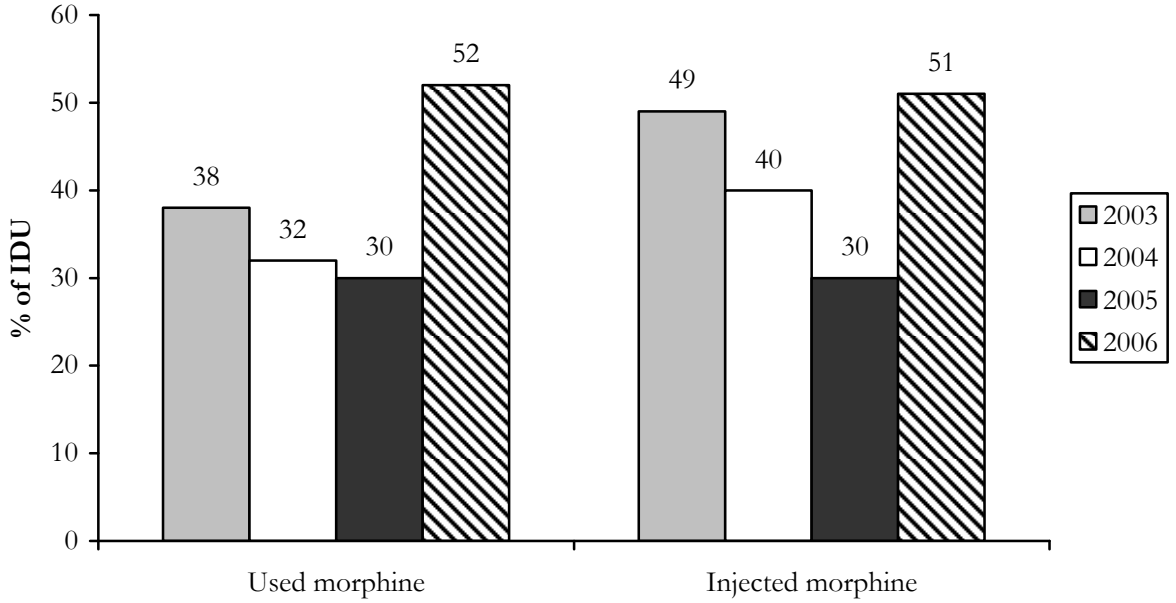
8.3 Morphine

In 2006, thirty-nine percent of IDU commented on trends in price and availability of illicitly obtained morphine in the ACT. Findings are presented below.

8.3.1 Trends in morphine use

In 2006, eighteen percent of the IDU sample had used licit morphine at least once in their lifetime. Eight percent of IDU reported recent use of licit morphine in the six months preceding interview. Eighty-two percent of IDU reported using illicit morphine at least once in their lifetime, and 52% of IDU in 2006 reported recent use, as can be seen in Figure 32. Four percent reported injecting licit morphine in the preceding six months, and 48% reported recent injection of illicit morphine. Median days of use, in 2006, for licit morphine was 27 days and 5 days for illicit morphine use.

Figure 32: Use of illicit morphine and injection of illicit/licit morphine among IDU in the last six months, 2003-2006



Source: ACT IDRS IDU interviews, 2003-2006

Of the IDU who had used morphine in the six months preceding the interview, nearly all of them (91%) 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 half (47%) of recent morphine users, followed by Kapanol® (23%).

8.3.2 Price

IDU were asked to comment on the current price of different brands of morphine tablets, as can be seen in Table 37. The median price for 100mg MS Contin© tablets was reported to be $50 (compared to $35 in 2005), while the median price for 100mg Kapanol© capsules was reported to be $35 (compared to $40 in 2005). 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=39), the majority (56%; 22% of the entire sample) reported that the price of morphine had remained 'stable' over the past six months, consistent with 2005 (54%, 10% of the entire sample). Nearly one-quarter (23%; 9% of the entire sample) believed the price of street morphine to be 'increasing' in the six months preceding the interview.

Table 37: Price of most recent illicit morphine purchases by IDU, 2005 & 2006

Amount bought	Median price paid, $ (range)	Number of IDU purchasers
MS Contin® – 30mg	**20 (10-40)**	6
	#	#
MS Contin® – 60mg	**32.5 (30-40)**	**6**
	35 (25-100)	***6***
MS Contin® – 100mg	**50 (20-100)**	**27**
	35 (20-100)	***10***
Kapanol® – 100mg	**35 (20-50)**	13
	40 (20-50)	***7***

Source: ACT IDRS IDU interviews, 2005-2006
***** 2005 data in italics,
# n<5: not reported

8.3.3 Availability

In 2006, just over half, (51%, 20% of the entire sample) of those commenting on morphine availability in the ACT reported it to be 'easy' to obtain, compared with 25% (5% of the entire sample) in 2005. Just under one-third (31%, 12% of the entire sample) reported that morphine availability in the ACT was difficult, compared to 58% (11% entire sample) in 2005. Whilst it appears from IDU reports from 2005 and 2006 that morphine is becoming more available, 59% (23% of the entire sample) report that availability has remained stable over the preceding six months. Furthermore, just over one-fifth, (21%, 8% of the entire sample) of the sample reported that morphine had become 'more difficult' to obtain in 2006.

Morphine was primarily obtained through friends (61%), and to a lesser extent from street acquaintances (27%) and from a street dealer (15%). Main places of purchase occurred at a friend's home (55%), at an agreed public location (24%) or at an acquaintance's house (18%).

8.3.4 Morphine-related harms

In 2006, thirty-eight percent of the sample reported having injected morphine in the last month. IDU reported experiencing a range of health problems associated with morphine injection, including difficulty finding veins (n=5), scarring/bruising (n=2), abscesses and/or infections (n=2), swelling of the hand (n=2), swelling of the arm (n=2) and morphine dependence (n=1).

8.4 Other opioids

In 2006, eleven percent of IDU reported that they had used licit oxycodone at least once in their lifetime. Six percent of IDU reported using licit oxycodone at least once in the six months preceding interview. Thirty-one percent of IDU reported that they had used illicit oxycodone at least once in their lifetime, and 22% reported using it in the six months preceding interview. The median price for one 80mg tablet of Oxycontin was $40 (n=6). The majority (81%) of IDU who had used oxycodone in the preceding six months had used illicitly obtained oxycodone. The main brand was reported to be Oxycontin (54%).

The median days used licit oxycodone in the past six months was 6.5 days; median days used illicit oxycodone was 2.5 days. Fifty percent of IDU (n=6) who reported on the price change of oxycodone over the preceding six months stated that it was stable. There were mixed reports regarding current availability of oxycodone in the ACT in 2006. Three IDU (25%) reported it was 'very easy' to obtain, 4 (33%) IDU reported it was 'easy' to obtain, and 3 (25%) reported it was 'difficult' to obtain. Half (n=6) reported that this had remained stable over the preceding six months. The majority (58%) reported that they obtained it through friends from their friends' houses (50%).

Fourteen percent of IDU reported that they had ever used opioids other than those listed above at least once in their lifetime (compared to 41% in 2005), and 7% had ever injected them (18% in 2005). In the six months prior to interview, 8% 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 10.5, compared to 5 in 2005.

8.5 Summary of opioids

Table 38 presents the summary for trends in the use of opioids, including methadone, buprenorphine, morphine, and oxycodone among the IDU sample in 2005 and 2006.

Table 38: Summary of trends for opioids (i.e. methadone, buprenorphine and morphine), ACT, 2005-2006

Methadone	• 38% of IDU reported recent use of illicitly obtained methadone, compared to 30% in 2005 • Median days of use of illicitly obtained methadone in the six months preceding the interview was 5 days (2 in 2005) • 40% of IDU reported recent use of licit (prescribed) methadone, compared to 46% in 2005 • Median days of use of licit (prescribed) methadone in the six months preceding the interview was 180 in 2005 and 2006
Buprenorphine	• 16% of IDU reported recent use of licit (prescribed) buprenorphine, compared to 19% in 2005 • Median days of use of licit (prescribed) buprenorphine in the six months preceding the interview was 30 days, an increase from 53 days in 2005 • Increase in the proportion of IDU who had ever used illicitly obtained buprenorphine from 23% in 2005 to 42% in 2006 • Increase in the recent use of illicitly obtained buprenorphine from 15% in 2005 to 34% in 2006 • Median days of use of illicitly obtained buprenorphine in the six months preceding the interview was 6 days in 2006 (2 in 2005)
Morphine	• 8% reported recent use of licit morphine • 52% reported recent use of illicit morphine • Median days of use of morphine in the six months preceding the interview was 27 days for licit and 5 days for illicit
Other opioids	• 6% reported recent use of licit oxycodone • 22% reported recent use of illicit oxycodone • Median days of use was, 6.5 for licit oxycodone and 2.5 for illicitly obtained oxycodone

Source*:* ACT IDRS IDU interviews, 2005-2006

9.0 OTHER DRUGS

9.1 Ecstasy

As in 2005, approximately two-thirds (67%) of the IDU sample in 2006 reported ever having used ecstasy. However, there was a decrease in the proportion of IDU who reported ever having injected ecstasy, 33% in 2006 compared to 46% in the previous year. In 2006, 27% of IDU reported having used ecstasy in the six months preceding the interview, compared to 25% in 2005, as can be seen in Table 39, the proportion of IDU reporting recent use of ecstasy has been increasing in the past 3 years. Twelve percent of IDU reported having injected ecstasy in the previous six months (14% in 2005). Use of ecstasy by IDU in the ACT is infrequent, with the median number of days used remaining stable at two over the last four years.

Table 39: Patterns of ecstasy use among IDU in the last six months in the ACT, 2003-2006

	2003 N=100	2004 N=100	2005 N=125	**2006** **N=100**
Recent use (%)	26	21	25	**27**
Recent injecting (%)	9	10	14	**12**
Median days used*	2	2	2	**2**

Source*:* ACT IDRS IDU interviews, 2003-2006
***Among those that reported recent use. Maximum =180 days

9.2 Benzodiazepines

More than three-quarters (79%) of IDU in 2006 reported having used benzodiazepines at least once during their lifetime (compared to 82% in 2005). There was a decrease in the proportion of IDU reporting injecting benzodiazepines in their lifetime, from 29% in 2005, to 16% in 2006. Sixty percent of the IDU sample in 2006 had used benzodiazepines in the six months prior to interview (compared to 62% in 2004), as can be seen in Table 40. The median number of days of benzodiazepine use among those that reported recent use of benzodiazepines was 28, similar to a median of 31 days in 2005. The proportion of IDU reporting recent injection of benzodiazepines has remained low over the last four years (9% in 2003, 7% in 2004, 2% in 2005 and 1% in 2006).

In 2006, 52% of IDU, who had used benzodiazepines in the preceding six months, reported that they had used licit benzodiazepines (benzodiazepines prescribed to them), compared to 68% in 2005. Sixty percent of IDU reported the use of illicitly obtained benzodiazepines during the six months prior to interview (compared to 52% in 2005). IDU in 2006 were slightly more likely to use illicitly obtained benzodiazepines (53%), than licit benzodiazepines (47%), compared to 62% in 2005. The most common brands of benzodiazepines used by IDU in the ACT in 2006 were Valium® (68%) and Serepax® (17%).

Table 40: Patterns of benzodiazepine use among IDU in the last six months in the ACT, 2003-2006

	2003 N=100	2004 N=100	2005 N=125	**2006 N=100**
Recent use (%)	62	59	62	**60**
Recent injecting (%)	9	7	2	**1**
Median days used*	14	13	31	**28**

Source:. ACT IDRS IDU interviews, 2003-2006
***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 2006, the IDU survey asked about licit and illicit forms of pharmaceutical stimulants. Eight percent of the IDU sample reported ever using licit pharmaceutical stimulants (those prescribed to them). Three percent reported using licit pharmaceutical stimulants in the preceding six months. Almost half (48%) reported using these drugs at least once in their lifetime. Thirty-five percent reported using illicit pharmaceutical stimulants over the preceding six months. Almost one-third (32%) reported recent injection of pharmaceutical stimulants in the six months prior to the interview (see Table 41), a marked increase compared to 14% in 2005. The median days of use for illicit pharmaceutical stimulants, in 2006, was low, at 3 days in the six months preceding the interview.

In 2006, ninety-two percent of IDU respondents that reported recent use of pharmaceutical stimulants reported the use of illicitly obtained prescription amphetamines, as the form most used, while 8% used licitly obtained prescription amphetamines. This suggests that the majority of IDU are using pharmaceutical stimulants that are prescribed to another person.

Table 41: Patterns of pharmaceutical stimulant use among IDU in the last six months in the ACT, 2004-2006

	2004 N=100	2005 N=125	**2006 N=100**
Recent use (%)	23	22	**38**
Recent injecting (%)	15	14	**32**
Median days used*	4	5	**3**

Source:. ACT IDRS IDU interviews, 2004-2006
***Among those that reported recent use. Maximum =180 days

9.4 Antidepressants

In 2006, fifty-one percent of IDU reported ever having used antidepressants (compared to 45% in 2005), and 22% reported the use of antidepressants in the six months preceding the interview (the same as in the previous year). Among those who had used antidepressants in the past six months, the median number of days of use was 110 (compared to 180 days in 2005), as can be seen in Table 42. Swallowing was the primary route of administration used. Only 1% had injected antidepressants at least once in the preceding six months.

In the six months preceding interview, 14% of recent anti-depressant users had used illicitly obtained antidepressants, while the majority (86%) used antidepressants that had been prescribed to them. The most common brand of anti-depressant used was Avanza® (19%) followed by Prozac® (14%).

Table 42: Patterns of anti-depressant use among IDU in the last six months in the ACT, 2003-2006

	2003 N=100	2004 N=100	2005 N=125	**2006** **N=100**
Recent use (%)	16	25	22	**22**
Median days used*	30	90	180	**110**

Source*:* ACT IDRS IDU interviews, 2003-2006
*****Among those that reported recent use. Maximum =180 days

9.5 Alcohol and tobacco

Almost all (96%) IDU in 2006 reported having used alcohol at least once during their lifetime. In 2006, 68% of IDU reported the recent use of alcohol, compared to 74% in 2005, see table 43. The median days of use of alcohol in the six months prior to the interview was 24 days (approximately once a week), an increase from 13 days (approximately once a fortnight) in 2005 and 2004.

Use of tobacco was almost universal among IDU in the ACT in 2006. All (100%) IDU reported ever having used tobacco and 99% reported recent tobacco use, as shown in Table 43. The median days of tobacco use has remained stable over the last four years at 180 days (i.e. daily smokers).

There were mixed reports from KE regarding the use of alcohol by IDU. Half the KE who reported on it stated half the IDU also used alcohol, whilst the other half said that IDU did not use alcohol at all.

Table 43: Patterns of alcohol and tobacco use among IDU in the last six months in the ACT, 2003-2006

	2003 N=100	2004 N=100	2005 N=125	**2006** **N=100**
Recent use (%)				
Alcohol	73	58	74	**68**
Tobacco	97	91	96	**99**
Median days used*				
Alcohol	20	13	13	**24**
Tobacco	180	180	180	**180**

Source: ACT IDRS IDU interviews, 2003-2006
*****Among those that reported recent use. Maximum =180 days

9.6 Summary of other drugs

Table 44 summarises the trends for other drug use including ecstasy, benzodiazepines, pharmaceutical stimulants, antidepressants, alcohol and tobacco.

Table 44: Summary of trends of other drug use by IDU in the ACT, 2005-2006

Ecstasy	• 27% of IDU reported recent use of ecstasy, similar to 25% in 2005 • Median days of use of ecstasy in the six months preceding the interview was 2, which has been stable over the past four years
Benzodiazepines	• 60% of IDU reported recent use of benzodiazepines, compared to 52% in 2005 • Median days of use of benzodiazepines in the six months preceding the interview was 28 in 2006 compared to 31 in 2005 • Slightly more reported using illicitly obtained benzodiazepines
Pharmaceutical stimulants	• 3% reported recent use of licit pharmaceutical stimulants • 35% reported recent use of illicitly obtained pharmaceutical stimulants • 32% reported recent injection of pharmaceutical stimulants • Median days of use of illicitly obtained pharmaceutical stimulants in the six months preceding the interview was 3 in 2006 • Most (92%) IDU reported using pharmaceutical stimulants that were not prescribed to them (i.e. illicit use)
Antidepressants	• 22% of IDU reported recent use of antidepressants, the same as in 2005 • Median days of use of antidepressants in the six months preceding the interview was 110 in 2006 and 180 in 2005 • Most use is licit, as prescribed by a medical practitioner
Alcohol and tobacco	• 68% of IDU reported recent use of alcohol, compared to 74% in 2005 • Median days of use of alcohol in the six months preceding the interview was 24 in 2006, 13 in 2005 • 99% of IDU reported recent use of tobacco, compared to 96% in 2005 • Median days of use of tobacco in the six months preceding the interview was 180 in 2005 and 2006

Source: ACT IDRS IDU interviews, 2005-2006

10.0 ASSOCIATED HARMS

10.1 Blood-borne viral infections

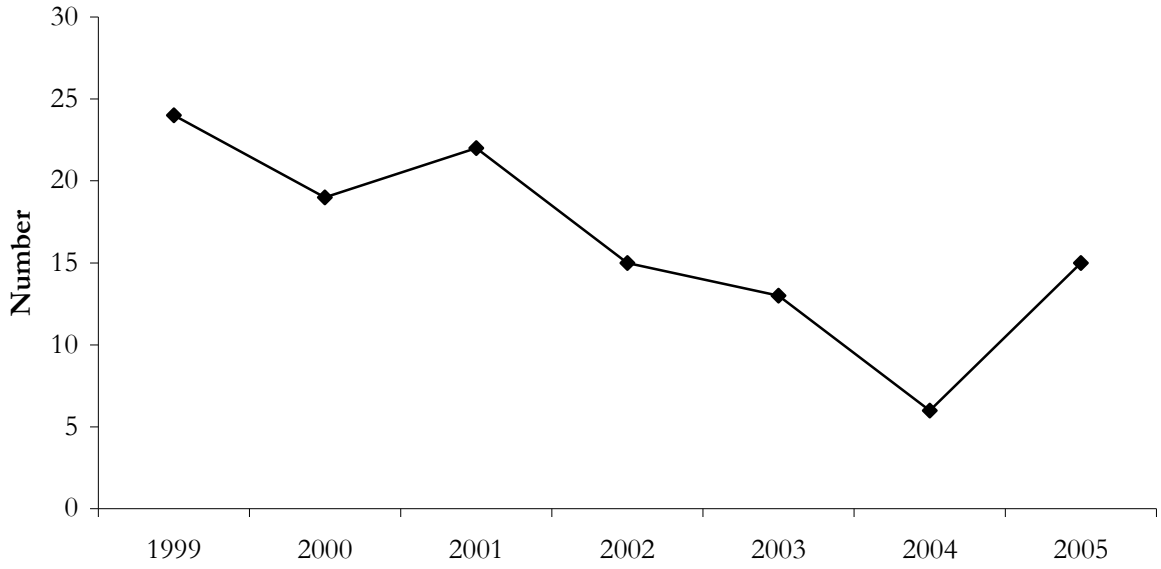
People who inject drugs are at risk of injection-related health problems such as infection with BBVI, including the human immunodeficiency virus (HIV), as well as hepatitis B (HBV) and C (HCV). Data presented in this section are derived from National Notifiable Diseases Surveillance System (National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

The HIV prevalence among IDU in the ACT remains low, which reflects the picture for Australian IDU as a whole(National Centre in HIV Epidemiology and Clinical Research, 2005b). 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, 2005a).

In the ACT, in 2005, there were a total of 159 cases of HCV, a decrease from 210 cases reported in 2004 and 239 in 2003 (National Centre in HIV Epidemiology and Clinical Research, 2005b). In 2005, 365 new cases of HCV were reported nationally, of which 15 were reported in the ACT. This is an increase from the 7 cases of newly acquired HCV reported in 2004(National Centre in HIV Epidemiology and Clinical Research, 2005b).

Figure 33 presents the number of newly diagnosed cases of HCV in the ACT from 1999 to 2005. New cases of HCV in the ACT remain lower than levels reported between 1999 and 2001. However, for the first time since 2001, in 2005, there was an increase in the number of newly diagnosed cases of HCV in the ACT, from 6 in 2004 to 15 in 2005. 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, 2005b).

Figure 33: Number of newly diagnosed HCV cases in the ACT, 1999-2005 [1]

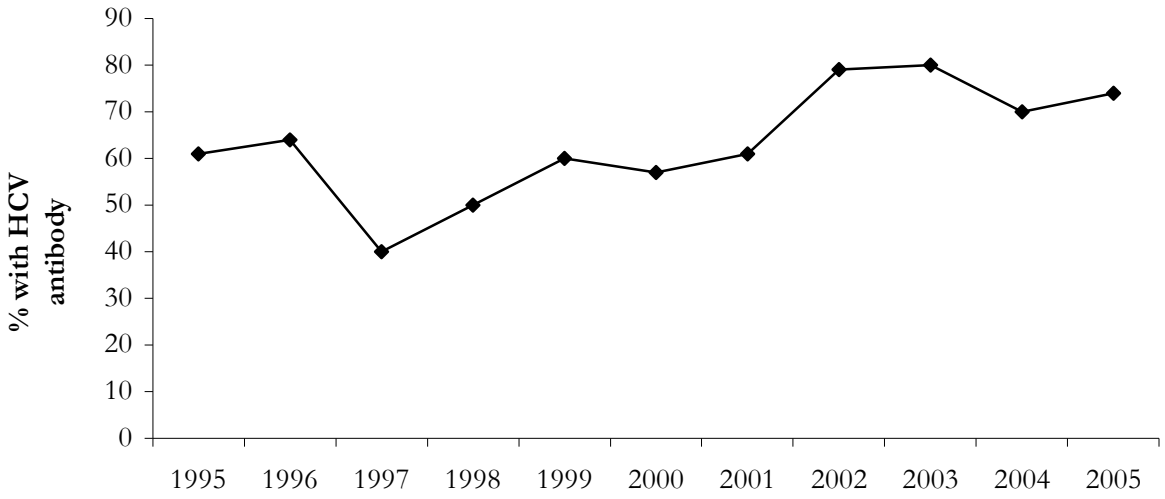


Source: NNDSS

The HCV antibody prevalence among the IDU sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2005a) is shown in Figure 34. As can be seen from this figure, there has been a steady increase in HCV antibody prevalence from 1997 to 2003. However, in 2004 there was a decrease to 70% of the 23 IDU testing positive to HCV antibody, from 80% of the 60 IDU who tested positive in 2003. In 2005, there was a slight increase to 74% of the 31 IDU testing positive for HCV antibody.

[1] 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.

Figure 34: HCV antibody prevalence among IDU, ACT, 1995-2005

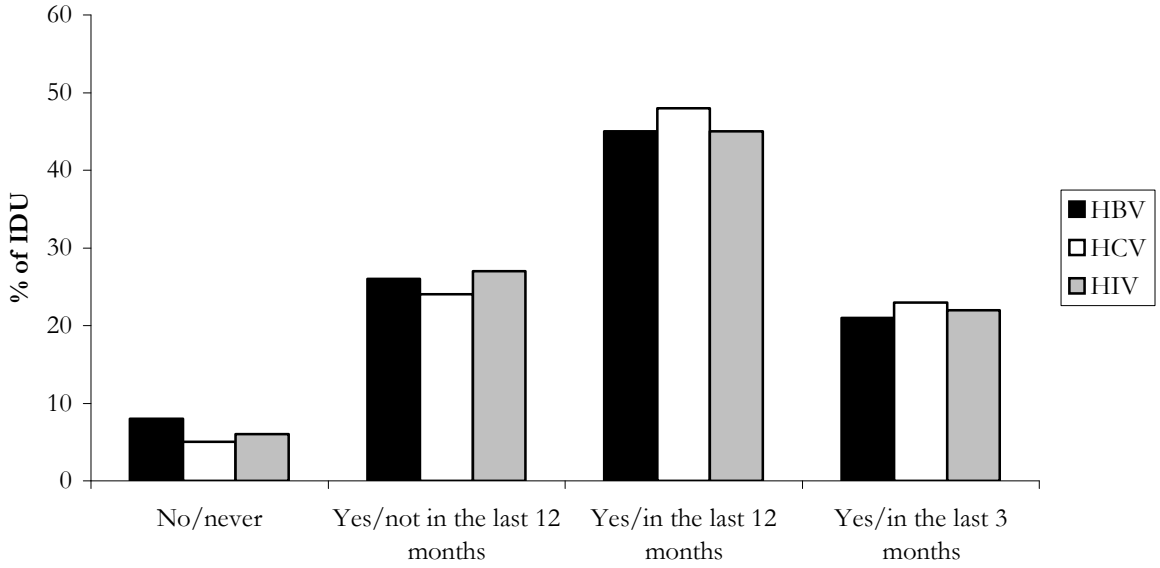


Source: National Centre in HIV Epidemiology and Clinical Research (2005b)

In 2005, there were six new notifiable cases of HBV in the ACT (National Notifiable Diseases Surveillance System), compared to five cases in 2004

In 2006, IDU were asked questions regarding Blood Borne Viral Infections (BBVI), as can be seen in Figure 35, the majority of IDU in 2006 had been tested in the preceding 12 months for HBV (45%), HCV (48%) and HIV (45%). Approximately one-quarter of IDU had been tested, over 12 months ago (26% for HBV, 24% for HCV and 27% for HIV). Approximately one-fifth reported that they had been tested for HBV (21%), HCV (23%) and HIV (22%) in the three months preceding interview. Only a small proportion of IDU reported that they had never been tested for HBV (8%), HCV (5%) or HIV (6%).

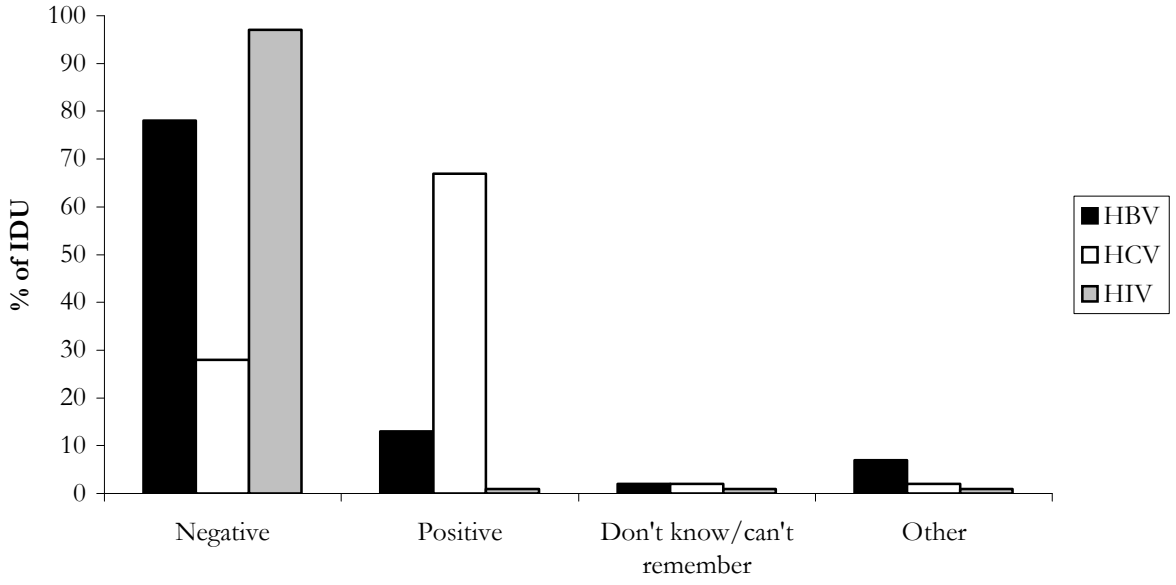
Figure 35: IDU reports of testing for HBV, HCV and HIV, ever, in the past 12 months, or in the past 3 months, ACT, 2006



Source: ACT IDRS IDU interviews, 2006

Figure 36 presents the results from the most recent test of HBV, HCV and HIV. In 2006, the majority of IDU (78%) reported that the result of their last test for HBV was negative; a smaller proportion (13%) reported that their last test indicated that they were positive. There was a small proportion (7%) of IDU who answered 'other' to this question. Other reasons included; that they were positive for antibodies (n=6). The majority of IDU (67%) indicated that they were HCV positive. Twenty-eight percent reported that their last test indicated that they were HCV negative. Small proportions reported that they 'didn't know', or 'could not remember' (n=2), or answered other (n=2). Other reasons included that the HCV was dormant or they were waiting for results. The vast majority of IDU reported that they were HIV negative (97%). One IDU indicated that he/she was positive and one stated he/she didn't know' or couldn't remember; and one was waiting for the results.

Figure 36: IDU reports of results from latest testing of HIV, HCV and HBV, ACT, 2006



Source: ACT IDRS IDU interviews, 2006

IDU were asked if they had ever been vaccinated for HBV: 56% reported that they had been vaccinated, 40% reported that they had never been vaccinated for HBV and 4% did not know. Of those who had been vaccinated, the majority (82%) had completed the schedule, a minority (14%) reported that they had not completed the schedule and 4% did not know. The main reasons IDU reported that they were vaccinated against HBV were at risk (injecting drug user) (46%), vaccinated as a child (14%) and work requirement (11%). Nine percent of IDU reported that they had been treated with HBV anti-viral treatment and 7% of IDU reported that they had been treated with HCV anti-viral treatment.

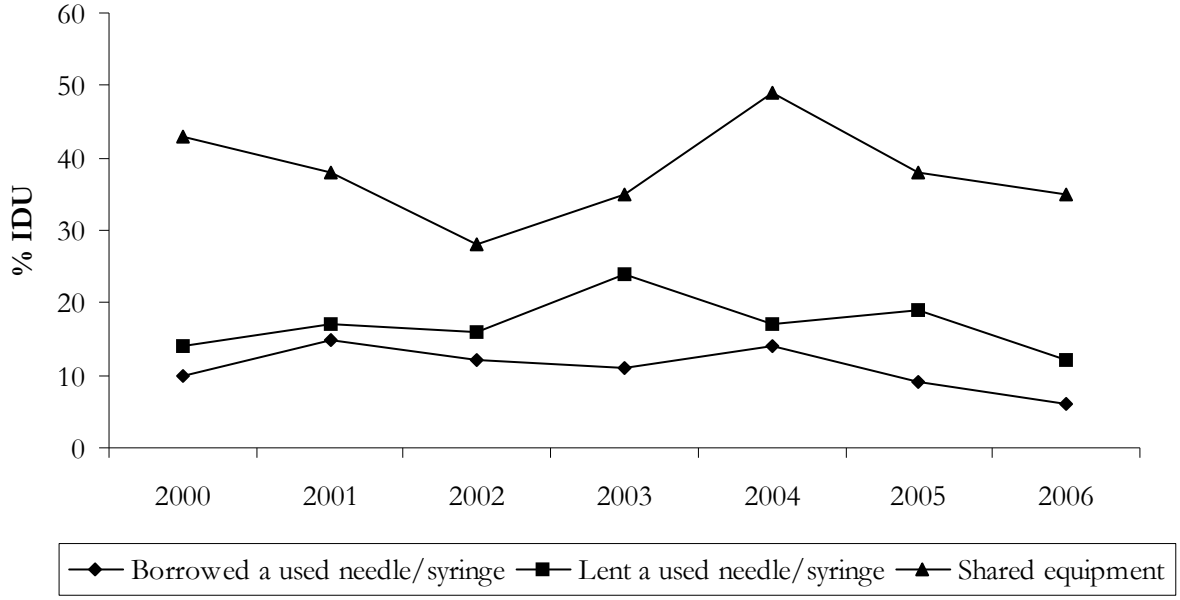
In 2006, IDU were asked reasons why they got tested for HBV, HCV and/or HIV. The main reasons were they get tested as a matter of routine (21%), it seemed to be a responsible thing to do (18%) or they were monitoring an existing infection (18%). If IDU had not been tested recently (in the past 12 months) they were asked why they had not been to get tested. Reasons for not being recently tested included never shared needles (12%), they were already positive (9%), they had been vaccinated against HBV (7%) or they never got around to it (7%).

10.2 Sharing of injecting equipment among IDU

Figure 37 presents the number of IDU in the 2006 sample who reported recently sharing injecting equipment. In the month preceding the interview, 6% of IDU had injected with syringes that had already been used, compared to 9% reported in 2005, and 14% reported in 2004. Men in the 2006 IDU sample were slightly more likely to have injected with needles that had already been used (n=4) than women (n=2). All IDU (n=6) who had used a needle after someone else in the preceding month reported that one person had used it before them. IDU reported that the people who had used syringes prior to themselves were most commonly regular sex partners (n=3) and close friends (n=3).

The proportion of IDU that reported lending used needles decreased slightly from 19% in 2005 to 12% in 2006. Slightly more men (n=7) than women (n=5) in the 2006 IDRS IDU sample lent their used needle to someone else. Of the 12 IDU reporting lending needles in the month prior to the interview, three reported that someone else used their needle once after they had used it, while five respondents reported that the needle was used two times and four respondents reported that their needle was used three or more times after they had used it.

Figure 37: Proportion of IDU reporting sharing injecting equipment in the month preceding the interview, 2000-2006



Source*:* ACT IDRS IDU interviews, 2000-2006

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 2006, 35% of the IDU sample reported having used other injecting equipment after it had been used by someone else (similar to 38% in 2005). Similar proportion of IDU reported using a spoon/mixing container after someone else in 2005 and 2006 (31% and 32% respectively). As can be seen in Table 45, since 2004 there has been a decrease in the number of IDU reporting the use of a filter after someone else (26% in 2004, 15% in 2005 and 8% in 2006). There was an increase from 8% in 2005 to 15% in 2006 of the number of IDU reporting using a tourniquet after someone else. The use of water after someone else remained stable from 2005 to 2006 (15% and 11% respectively).

Table 45: Proportion of IDU reporting sharing other injecting equipment by type, 2003-2006

	2003 N=100	2004 N=100	2005 N=125	**2006 N=100**
Used spoon/mixing container after someone else (%)	26	44	31	**32**
Used filter after someone else (%)	20	26	15	**8**
Used tourniquet after someone else (%)	12	11	8	**15**
Used water after someone else (%)	19	18	15	**11**

Source: ACT IDRS IDU interviews, 2003-2006

10.2.1 Summary

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, which is again consistent with the 2006 IDRS findings, in that only one IDU reported that they were HIV positive. In 2005 there was an increase in the number of diagnoses of newly acquired HCV infections reported for the ACT, from six cases in 2004 to fifteen cases in 2005. The rate of HCV infection among IDU remains very high, with 74% of participants in the 2005 NSP annual survey being HCV antibody-positive; this supports findings from the 2006 IDRS, whereby, 67% of IDU reported that they were HCV positive. The number of newly acquired HBV infections decreased in the ACT from 9 cases in 2004 to 6 cases in 2005.

In 2006 the levels of injecting-related risk behaviour remains sufficiently high to warrant concern, with 6% of respondents in the IDU survey in the ACT reporting borrowing used needles and syringes in the month prior to the interview (compared to 9% in the previous year). Twelve percent of IDU reported lending needles and syringes, (compared to 19% in 2005). Approximately one-third (35%) of IDU reported sharing other injecting equipment, similar to 2005 (38%). 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 et al., 1997, Hagan et al., 2001).

10.3 Location of injections

Table 46 presents a summary of the usual and last location of drug injection among the ACT IDU samples from 2002 to 2006. In 2006, the majority (89%) of IDU reported that their 'usual' location of injection was a private home, although a smaller proportion (78%) reported a private home as their 'last' place of injection. Five percent reported a public place (such as street or a park) as the 'last' location of injection, with a smaller proportion (3%) 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 5% reported a public toilet as their 'usual' place of injection. Smaller proportions reported injecting in a car (3% last injection, 2% 'usual' location of injection).

In 2006, the proportion of IDU reporting the 'last' location of injection to be a public place – i.e. car, public toilet, street – was 29%, that is, one in five IDU in 2006 'last' injected in a public area.

Public injecting among IDU in 2006 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 et al., 2001).

Table 46: Location of usual and last injection in the month preceding interview ACT, 2002-2006

	2002 N=100	2003 N=100	2004 N=100	2005 N=125	**2006 N=100**
Location of usual injection (%)					
Private home	81	76	81	82	**89**
Public toilet	5	6	9	6	**5**
Street/park	6	9	7	4	**3**
Car	6	5	3	5	**2**
Location of last injection (%)					
Private home	62	79	65	69	**78**
Public toilet	12	7	15	10	**10**
Street/park/beach	14	10	10	7	**5**
Car	9	3	8	8	**3**

Source: ACT IDRS IDU interviews, 2002-2006

10.4 Injection-related health problems

In 2006, forty-eight percent of IDU respondents reported having experienced at least one injection-related health problem in the month preceding the interview (comparable to 61% in 2005). Twenty-two percent reported experiencing two or more problems during this period (comparable to 29% in 2005). As can be seen from Table 47, consistent with IDU reports from 2002 to 2005, the most commonly experienced injection-related problems in 2006 were scarring/bruising of injection sites (25%) and difficulty injecting (31%).

Table 47: Injection-related health problems experienced in month preceding interview, ACT, 2002-2006

	2002 N=100	2003 N=100	2004 N=100	2005 N=125	**2006 N=100**
At least one injection-related health problem in past month (%)	65	64	69	61	**48**
Injection-related health problems in past month (%)					
Scarring/bruising	49	44	49	48	**25**
Difficulty injecting	36	39	31	30	**31**
'Dirty hit'	11	17	14	10	**12**
Infections/abscesses	4	7	8	8	**6**
Overdose	5	7	5	2	**4**

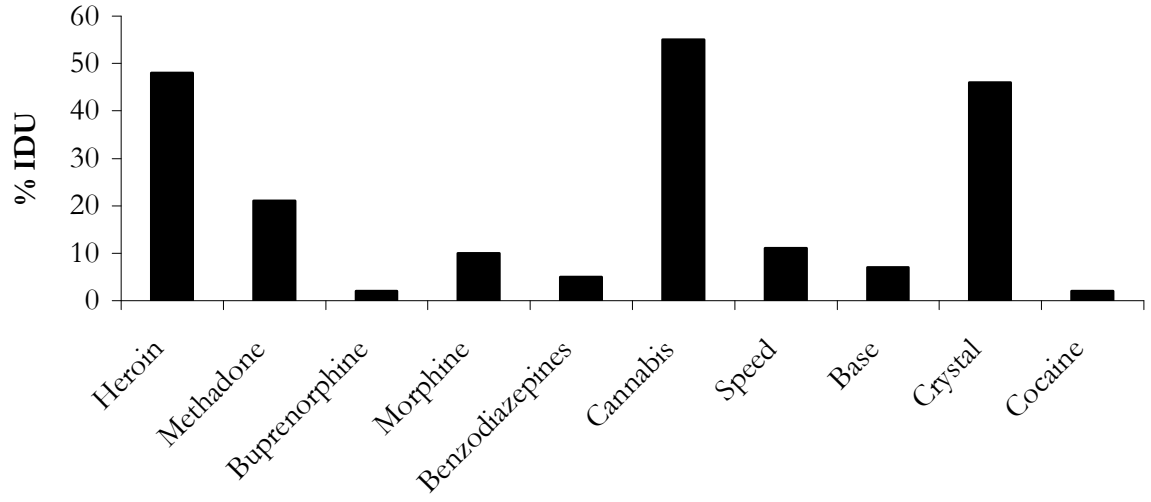
Source: ACT IDRS IDU interviews, 2002-2006

10.5 Driving risk behaviours

In 2005 and 2006, IDU were asked about driving while under the influence of drugs in the six months preceding the interview. Of those who had driven a vehicle in the preceding six months (50%), 88% of IDU respondents reported that they had driven while under the influence of drugs. As can be seen from Figure 38, among those reporting driving soon after (within one hour of) taking drugs, the most common drugs taken were cannabis (55%), followed by heroin (48%), crystal methamphetamine, or crystal (46%), methadone (21%) and methamphetamine powder, or speed (11%).

Research conducted to determine which factors are associated with drug driving has identified being male and young as two major risk factors (Kelly et al., 2002). Findings from the 2006 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 ($p>0.05$). 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 ($p>0.05$).

Figure 38: Proportion of IDU reporting driving under the influence of drugs, by drug type, 2006



Source: ACT IDRS IDU interviews, 2006
Note: Of those who have driven in the past 6 months

10.6 Expenditure on illicit drugs

In 2006, sixty-five percent of IDU reported having spent money on illicit drugs on the day prior to the interview, compared to 66% in 2005. Among those IDU who reported having spent money on illicit drugs on the day preceding the interview, the median expenditure by IDU in 2006 was $50, a decrease from a median of $70 in 2005, as can be seen in Table 48. In 2006, 32% of IDU spent $50 to $199 on illicit drugs on the day prior to the interview, compared to 41% in the previous year. There was no significant difference between males and females, or those employed full-time or part-time versus those who were not, as to whether they had spent money on illicit drugs on the day preceding the interview.

Table 48: Expenditure on illicit drugs on the day prior to the interview, ACT, 2003-2006

	2003	2004	2005	**2006**
Nothing	36	41	34	**35**
Less than $20	9	4	10	**13**
$20 - $49	8	13	10	**14**
$50 - $99	17	14	22	**16**
$100 - $199	16	18	19	**16**
$200 - $399	11	9	4	**5**
$400 or more	3	1	1	**1**
Median expenditure ($)	80	90	70	**50**

Source: ACT IDRS IDU interviews, 2003-2006

10.7 Mental health problems

In 2006, thirty-four percent of IDU interviewed reported having had a mental health problem other than drug dependence in the six months preceding the interview. This rate remains very high when compared with the general population. There were no sex differences in the rates of any or specific mental health problems in the past six months.

Despite 34% of IDU in 2006 reporting mental health problems, only one-fifth (19%, of those who reported a mental health problem) reported seeing a mental health professional for a problem other than drug dependence in the six months prior to interview, as shown in Table 49. The mental health problems that IDU most commonly sought help for were; depression (9%), schizophrenia (4%), anxiety (2%) and manic depression (2%). IDU also reported seeking professional help for other mental health problems, such as panic (n=1) and drug induced psychosis (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 2006 were GPs (10%), psychiatrists (5%), psychologists (5%), and counsellors (4%). In the last six months, approximately equal proportions of male and female IDU consulted a GP about mental health problems (10% and 12% respectively).

Table 49: Summary of mental health problems experienced by IDU in the ACT, 2005-2006

	2005 N=125	**2006 N=100**
Mental health problem other than drug dependence last six months (%)	37	**34**
Attended professional for mental health problem last six months (%)	22	**19**
General Practitioner (GP) (%)	12	**10**
Psychiatrist (%)	8	**5**
Psychologist (%)	5	**5**
Counsellor (%)	6	**4**
Mental health problems IDU sought help for (%)		
Depression (%)	13	**9**
Anxiety (%)	6	**2**
Manic-depression (%)	6	**2**
Panic (%)	3	**1**
Paranoia (%)	2	**0**
Schizophrenia (%)	1	**4**
Drug-induced psychosis	2	**2**

Source: ACT IDRS IDU interviews, 2005-2006

Many KE (85%) stated that a large number of the IDU suffered from mental health problems. Many (80%) also stated that there had been an increase in mental health issues in the preceding six months. The KE reporting believed it may have been related to the increase in the use of crystal, or from changing from heroin to crystal.

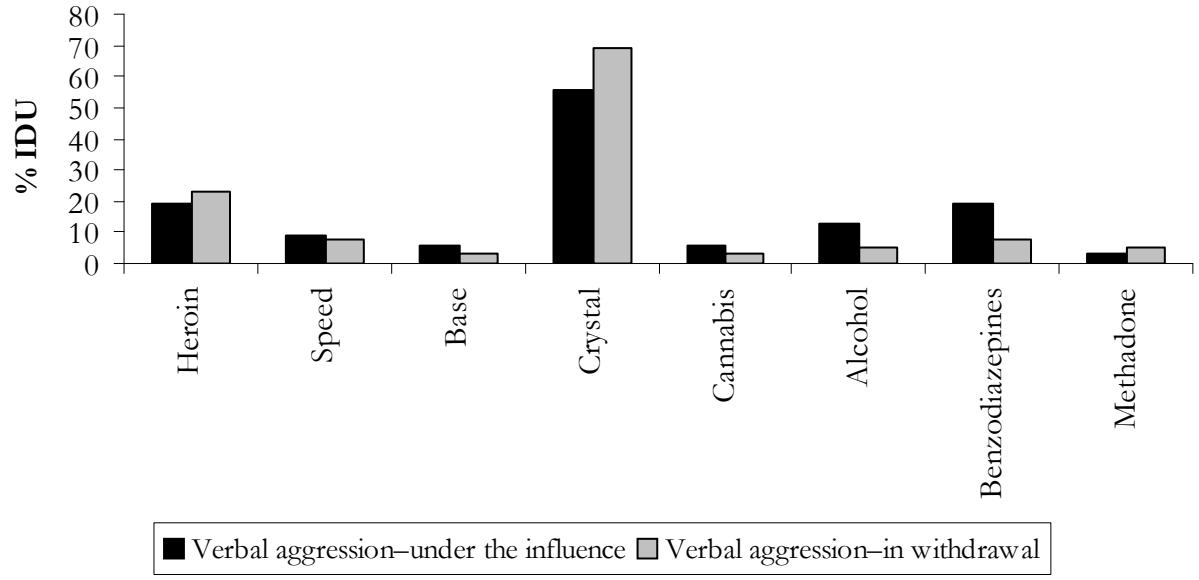
KE commenting on mental health problems noted that depression, general anxiety, paranoia, and drug-induced psychosis were among the most common presentations. A smaller proportion of KE noted other mental health problems, such as bi-polar disorder and schizophrenia, among the IDU population. There was also an expression of concern amongst KE of an increase in violent behaviour among IDU with regards to their use of crystal. There was also concern by KE (60%) of a decline in general health, for example, showering and dental hygiene.

10.8 Substance-related aggression

In 2005 and 2006, 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, 32% of IDU reported becoming verbally aggressive while under the influence of a drug (including alcohol and/or other drugs). In comparison, 39% of IDU reported becoming verbally aggressive when in withdrawal from drugs and/or alcohol. In terms of physical aggression, 15% of IDU reported becoming physically aggressive while under the influence of, and 18% in withdrawal from, drugs and/or alcohol. These findings indicate that IDU in the 2006 ACT sample are more likely to be verbally than physically aggressive, and are more likely to be 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 Figures 39 and 40 show, IDU were most likely to report being under the influence of crystal methamphetamine (56%), heroin (19%) and benzodiazepines (19%) when they became verbally aggressive. In contrast, IDU reported becoming verbally aggressive when in withdrawal from crystal methamphetamine (69%) heroin (23%) and equal proportions reported powder methamphetamine, or speed and benzodiazepines (8%). The majority of KE commented that IDU who were using crystal methamphetamine were more likely to display aggressive behaviour.

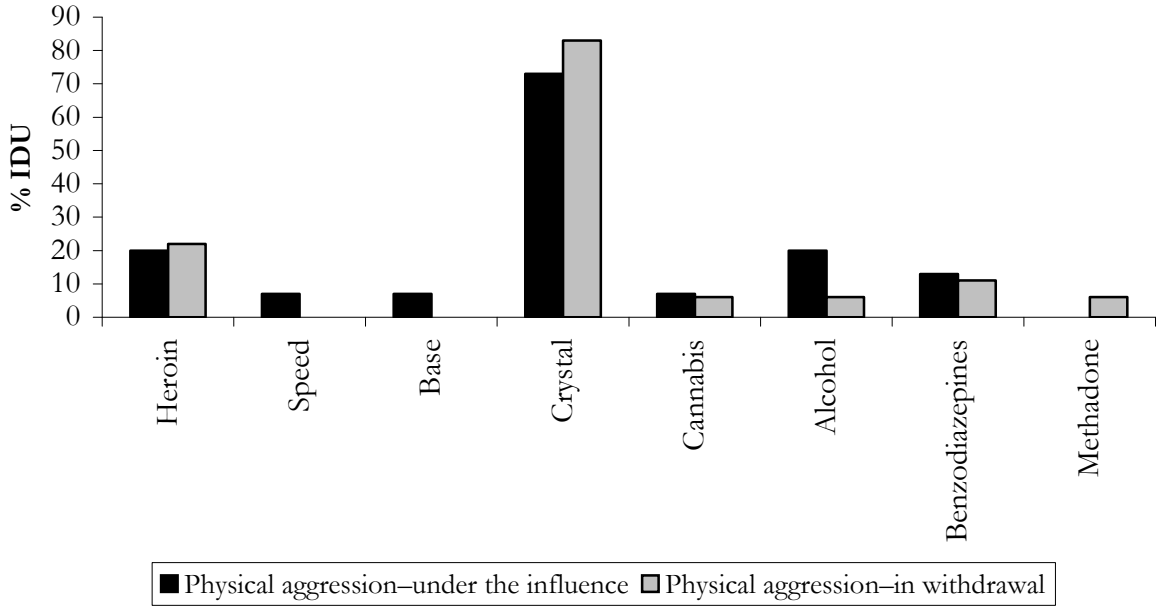
Figure 39: Proportion of IDU reporting verbal aggression under the influence of, and in withdrawal from, a drug, 2006



Source*:* ACT IDRS IDU interview, 2006

IDU reported becoming physically aggressive predominately while under the influence of crystal methamphetamine, or crystal (73%), alcohol (20%) and heroin (20%). IDU were more likely to report becoming physically aggressive when in withdrawal from, crystal (83%), heroin (22%), and benzodiazepines (11%).

Figure 40: Proportion of IDU reporting physical aggression under the influence of, and in withdrawal from a drug, 2006



Source*:* ACT IDRS IDU interview, 2006

10.9 Criminal and police activity

There was a slight decrease in the proportion of IDU in 2006 (38%) that reported engaging in at least one act of criminal activity in the month prior to interview, when compared to 2005 (41%). Eighteen percent of IDU reported having committed at least one property crime in the month prior to the interview, compared to 16% in 2005.

The proportion reporting committing drug dealing crimes remained relatively stable from 27% in 2005, to 29% in 2006. In 2006, smaller proportions of IDU reported committing other crimes such as fraud (3%) and violent crime (12%). As can be seen in Table 50, in 2006, 46% of IDU reported that they had been arrested in the last 12 months (comparable to 36% in 2005). IDU in the 2006 sample were arrested most frequently for property crime (16%), violent crime (13%) and use/possession charges (7%).

Data indicated that men (n=10) committed more violent crimes in the month prior to interview than women (n=2). In terms of the proportion of IDU who were arrested for violent crime, 11% of male IDU in the 2006 sample reported having been arrested for violent crime. Two women reported being arrested for violent crime in the 12 months preceding the interview. Fourteen KE reported that there had been an increase in violent crime in the preceding six months. Many believed that this may be the result of crystal use.

Table 50: Criminal activity among IDU, ACT, 2003-2006

	2003	2004	2005	**2006**
Arrested last 12 months (%)	36	38	36	**46**
Crime arrested for (%)				
Property crime	14	11	15	**16**
Dealing	1	3	2	**0**
Fraud	3	2	1	**0**
Violent crime	5	9	6	**13**
Driving offence	4	5	3	**1**
Use/possession charges	4	5	4	**7**
Committed at least one crime in the last month (%)	50	34	41	**38**
Crime committed (%)				
Property crime	22	13	16	**18**
Dealing	35	21	27	**29**
Fraud	5	5	4	**3**
Violent crime	6	9	9	**12**

Source: ACT IDRS IDU interviews, 2003-2006

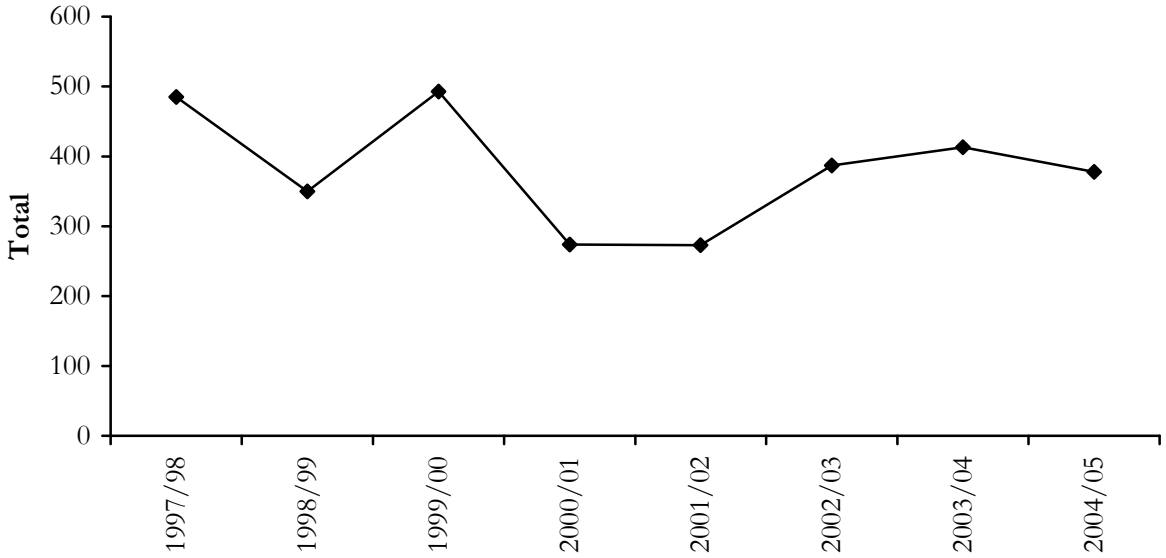
As can be seen in Table 51, in 2003/2004 there was an increase in the number of drug-specific arrests made by ACT police (n=413), when compared to the previous year (387 drug-specific arrests in 2002/2003). This decreased to 378 in 2004/2005. In 2004/2005, males were approximately 4.5 times more likely 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 51, the number of males charged with user-type offences decreased from 262 in 2003/2004 to 236 in 2004/2005. 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. Data were not available at the time of printing for more recent seizure estimates.

Table 51: Number of consumer and provider arrests for all drugs, ACT, 1997/1998-2004/2005

Year	Consumer		Provider		Total arrests
	Male	Female	Male	Female	
1997/1998	243	61	155	25	485 [a]
1998/1999	199	51	83	17	350
1999/2000	255	60	144	30	493[b]
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: ABCI (1998, 1999, 2000, 2001, 2002) ACC (2003, 2004, 2005)
[a] Total includes 1 provider who did not identify their sex
[b] 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
Note: Data not available for the 2005/06 financial year

Figure 41: Number of drug-specific arrests for all drugs, ACT, 1997-1998 to 2003-2005



Source: ABCI (1998, 1999, 2000, 2001, 2002) ACC (2003, 2004, 2005)
Note: Data not available for the 2005/06 financial year

In terms of perception of police activity in the ACT (see Table 52), 54% of IDU interviewed in 2006 believed the level of police activity in the past six months to be stable. However, 30% believed there had been more police activity in the six months preceding interview. One-fifth (20%) of IDU interviewed in 2006 reported that police activity had made it more difficult for them to score drugs; however, the majority (78%) commented that police activity had not made it more difficult to score drugs in the ACT. Data were not available at the time of printing for more recent seizure estimates.

Table 52: IDU perception of police activity, ACT, 2003-2006

	2003	2004	2005	**2006**
Police activity– change (%)				
Don't know	17	20	15	**14**
More activity	37	34	41	**30**
Stable	44	45	38	**54**
Less activity	2	1	6	**2**
More difficult to obtain drugs due to police (%)				
Don't know	2	2	4	**2**
Yes	21	23	25	**20**
No	77	75	71	**78**

Source: ACT IDRS IDU Survey files, 2003-2006

10.10 Summary

Table 53 presents a summary of IDU reports of risk-taking behaviour as well as IDU reports of harms associated with their drug use.

Table 53: Summary of IDU reports of risk behaviour and harms associated with drug use, 2005-2006

HIV, HBC and HCV testing and results	• The majority of IDU reported that they had been tested for HBV (45%), HCV (48%) and HIV (45%) in the preceding 12 months • Only small proportions stated that they had never been tested for HBV (8%), HCV (5%) or HIV (6%) • The majority of IDU reported that they were HBV (78%) and HIV (97%) negative • The majority of IDU reported that they were HCV positive (67%)
Sharing of injecting equipment	• 6% of IDU reported having injected with syringes that had already been used, compared to 9% in 2005 • 12% of IDU reported lending used needles, compared to 19% in 2005 • 35% of IDU reported using other injecting equipment (e.g. spoons, mixing containers, swabs) after someone else, a non-significant decrease from 38% in 2005
Location of injections	• Majority of IDU reported a private home as their usual location of injection • 22% of IDU reported their last location of injection as a public place compared to 29% in 2005

Table 53: Summary of IDU reports of risk behaviour and harms associated with drug use, 2005-2006 (continued)

Injection-related health problems	• 48% of IDU reported experiencing at least one injection-related health problem in the month preceding the interview • The most common problems reported were scarring and bruising of the injection site and difficulty injecting
Mental health problems	• 34% of IDU reported experiencing mental health problems other than drug dependence in the six months preceding the interview, compared to 37% in 2005 • 19% reported seeing a mental health professional for a mental health problem, compared to 22% in 2005 • IDU most commonly sought help for anxiety and schizophrenia
Substance-related aggression	• 32% of IDU reported becoming verbally aggressive while under the influence of drugs/alcohol compared to 30% in 2005 • 15% of IDU reported becoming physically aggressive while under the influence of drugs/alcohol, compared to 11% in 2005 • IDU were most likely to become aggressive while under the influence of crystal, benzodiazepines and heroin • 39% of IDU reported becoming verbally aggressive while in withdrawal from drugs/alcohol, similar to 2005 (38%) • 18% of IDU reported becoming physically aggressive while in withdrawal from drugs/alcohol, compared to 11% in 2005 • IDU were most likely to become aggressive while in withdrawal from heroin, crystal and benzodiazepines
Criminal and police activity	• 38% of IDU reported engaging in at least one criminal act in the month prior to the interview, a decrease from 41% in 2005 • The most common crimes committed were property crime and drug dealing crimes • 46% of the sample had been arrested in the last 12 months, comparable to 36% in 2005 • 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

Source: ACT IDRS IDU interviews, 2005-2006

11.0 DISCUSSION

11.1 Heroin

The proportion of IDU reporting recent heroin use decreased to 71% in 2006, from 86% in 2005. Median days of use also declined in 2006, from 60 days (approximately 2.5 times a week) in 2005 to 24 days (approximately once a week). Additionally, the proportion of IDU who reported that they were daily users of heroin decreased from 20% in 2005 to 5% in 2006. Whilst price per cap remained stable ($50), the price per gram of heroin increased to $340 in 2006, from $300 in 2005. Furthermore, whilst the majority of IDU reported that heroin was 'easy' to 'very easy' to obtain (66%), this was down from the previous year (88%). The majority of IDU in 2006 reported the current purity of heroin to be 'low' (60%), compared to 39% in 2005.

11.2 Methamphetamine

In 2006, nearly all (92%) of IDU reported recent use of at least one type of methamphetamine. Since 2002, the ACT IDRS IDU questionnaire has separated methamphetamine into three categories: 1) 'crystal' 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. In 2006, there was a marked increase in the proportion of IDU reporting recent use of crystal, from 62% in 2005 to 88% in 2006. Although findings point to a trend towards an increase in the use of crystal 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. Nonetheless, use of methamphetamine 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 et al., 2002). Moreover, physical side effects such as profuse sweating, heart palpitations, hot and cold flushes, tremors and shakes, 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 and Topp, 2003).

The proportion of IDU reporting recent use of methamphetamine powder or 'speed' remained stable in 2005 and 2006 (59% and 58% respectively). Injection of speed remained relatively stable in 2005 and 2006 (58% and 57% respectively). The use of the base form of methamphetamine by IDU in the ACT remains low and stable in 2006, with 32% reporting recent use and 28% in 2005.

In 2006, injecting was the most common route of methamphetamine administration, with nearly all IDU (92%) 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 risk of 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 KE indicating that the increase in the use of methamphetamine,

particularly crystal, 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. The proportion of the IDU sample reporting recent use of cocaine decreased from 20% in 2005 to 8% in 2006. Cocaine use among the 2006 sample was infrequent, median days of use in the preceding six months being 3 days (approximately once every two months). This suggests that use of cocaine by IDU in the ACT is characterised by opportunistic use, rather than regular use of this drug. There were mixed reports regarding the current purity of cocaine in 2006, and the majority of IDU reported that cocaine was 'difficult' to 'very difficult' to obtain.

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 for hydroponic cannabis remained stable from 2005 to 2006. However, the price per gram of bush cannabis decreased from $20 in 2005 to $15 in 2006. 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 2006 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

The use of diverted methadone increased from 30% in 2005 to 38% in 2006. 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 2005 and 2006 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 four days of use reported during this period. As was the case in 2005, the majority of users believed their methadone was sourced through take-away doses. In 2006, 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 markedly increased from 15% in 2005 to 34% in 2006. There was a corresponding increase in the proportion of IDU reporting the recent injection of buprenorphine from 10% in 2005 to 32% in 2006. 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 six. 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 increased in 2006, from 47% in 2005 to 57% in 2006. In 2006, IDU were asked separately about illicit and licit morphine. Fifty-two, percent of IDU reported the recent use of illicit morphine. The main route of administration was injecting (48%). However, use of morphine by IDU in 2006 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 2006. The majority of IDU has taken at least four out of the five main drug types which are asked about in the IDRS. These drug types are cannabis, cocaine, heroin, methamphetamine and other opioids (which are illicit methadone, buprenorphine, morphine and oxycodone).

The proportion of IDU reporting the recent use of benzodiazepines remained stable from 2005 to 2006 with almost two-thirds (60%) of the sample in 2006 reporting recent use. In 2005, the median days of use of benzodiazepines in the six months preceding the interview increased from 31 in 2005 to 60 in 2006. The previously documented low levels of recent benzodiazepine injection remained constant from 2005 to 2006.

The proportion of IDU reporting the use of any form (illicit or licit) of pharmaceutical stimulants increased to 35% in 2006, from 22% in 2005. Injecting was the most common route of administration, followed by swallowing. The majority of IDU reported using illicitly obtained prescription amphetamines. Median days of use for illicitly obtained pharmaceutical stimulants was 35 days in the preceding six months (approximately 1.5 days per week).

A decrease was observed in the proportion of IDU reporting the recent use of alcohol in the six months preceding the interview, from 74% in 2005 to 68% in 2006. Median number of days of alcohol use in the six months preceding the interview increased from 13 in 2005, to 24 in 2006. 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 74% of participants in the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2005a), and 67% of IDU from the 2006 IDRS, reportedly 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 six newly diagnosed cases of HBV in 2005, compared to nine cases in 2004. Thirteen percent reported they were HBV positive in the 2006 IDRS. 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, with just one person from the 2006 IDRS indicating that they were HIV positive. 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 eight IDU in the 2005 sample reporting lending used syringes in the month preceding the interview. The proportion of IDU who reported the sharing of other injection equipment (e.g. spoons, mixing containers, swabs, water) in 2006 remained relatively stable. 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 and Aitken, 1997, Hagan et al., 2001).

There was no apparent change in the injecting behaviour of IDU in regard to the usual location of injection between 2006 and the previous year. Again, 'private home' was the location nominated by the overwhelming majority of IDU as the usual place of injection. In 2006, 48% of IDU reported experiencing one injection-related problem in the past month. 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 2006, the proportion of IDU who reported that their 'last' location of injection was a public place decreased from about one-third to one-quarter from 2005 to 2006. 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, Kelly and Ross (Darke et al., 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, Kelly and Ross (Darke et al., 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 2006, the IDRS study found that 34% of IDU reported having recently experienced mental health problems other than drug dependence. Many KE also reported that there was a high prevalence of mental illness among IDU, and that mental health problems had increased among this group in the preceding six months.

Despite these high rates of mental health problems, only half (56%) 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 2006 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 2006 IDRS study indicate that the majority of IDU who seek help for mental health problems seek it from general practitioners, psychiatrists/psychologists and counsellors. The problems that IDU most commonly sought help for, in 2006, were depression and schizophrenia.

In 2006, 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 (crystal), benzodiazepines 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 benzodiazepines. 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 and 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 and 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 and Klee, 2001). Many KE also attributed an increase in violence among IDU to an increase in crystal use.

In 2005 and 2006, IDU were asked about drug driving. Findings indicated that almost all IDU who had driven in the last six months (50%), had driven (within one hour) under the influence of drugs at some point. The most common drugs taken by IDU before driving in the six months preceding the interview were cannabis, heroin, methamphetamine (specifically speed and crystal) and methadone. 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, Kelly and Ross (Darke et al., 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, similar to findings from the 2006 IDRS. Again, similar to the 2006 IDRS study, the most common drugs taken before driving were cannabis, heroin, amphetamines and cocaine. Findings from the Darke, Kelly and Ross (Darke et al., 2004) study also found there to be risks associated with drug driving. Fifteen percent of IDU who reported ever drug 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 increased to just less than one half, compared to one-third in 2005. The proportions of IDU who reported engaging in at least one criminal activity in the month preceding the interview remained relatively

stable at 41% in 2005 and 38% of the IDU sample in 2006. The most common crimes in which IDU reported engaging in were property crimes 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 2006 reported that police activity had not made it more difficult to obtain drugs in the ACT.

12.0 IMPLICATIONS

In 2006 there was a marked decrease in heroin, in terms of both use and frequency of use. Not only were fewer IDU reporting recent use of heroin, but they were using it less frequently, and the reported number of daily users decreased. Furthermore, although heroin was still reported by IDU to be 'easy' to 'very easy' to obtain, this proportion was markedly down from the previous year. The majority IDU in the ACT in 2006 reported that the current purity of heroin was low. Additionally, there was also a marked decrease in the proportion of IDU nominating heroin as their drug of choice. Consequently, it can be seen that there has been an apparent reduction in the heroin market in the ACT in 2006. This is supported by KE reports which also indicated that there had been a shift away from heroin in the ACT, due to its current availability and current purity levels. Furthermore, a lot of the indicator data presented in this reports supports the same trend. The number of call-outs for heroin OD declined, the number of clients in a heroin withdrawal program decreased and the number of hospital admissions where opioids were the primary concern also decreased.

Another interesting observation from the 2006 ACT IDRS was the marked increase in the use of crystal methamphetamine 'crystal'. Many KE reported that there had been a shift from heroin to crystal in 2006, and this may be due to the findings that since the purity of heroin was reported to be low, IDU were turning to another drug which had greater purity. KE noted that many previous heroin users had been currently using crystal instead, but would still use heroin if it was available to them. Furthermore, the use of crystal is of concern in the ACT as many KE reported that they have seen an increase in violence associated with an increase in the use of crystal. Many KE expressed concern that, as a result of crystal, many IDU had also began neglecting their general health, such as showering and dental hygiene, as well as nutrition.

In 2006, injecting remains the most common route of methamphetamine administration. Although there were no significant increases in methamphetamine injection among IDU in 2006, 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 high levels of crystal 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 and Topp, 2003). In support of this, interviews with IDU in 2006 indicate that crystal 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 remained 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 (Australian Institute of Health and Welfare, 2005) indicated that 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 2006 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 (Kelly et al., 2002) 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 2006 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 high HCV prevalence among injecting drug users, because transmission of this virus is associated with sharing such equipment (Crofts and Aitken, 1997, Hagan et al., 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 2006 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 sign 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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