

K. Buckingham, J. Ward, R. Sparks & P. Proudfoot

**ACT DRUG TRENDS 2004
Findings from the
Illicit Drug Reporting System (IDRS)**

NDARC Technical Report No. 217

**ACT
DRUG TRENDS
2004**



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Illicit Drug Reporting System
(IDRS)**

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACTGAL	Australian Capital Territory Government Analytical Laboratory
ACC	Australian Crime Commission
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program, ACT Health
AFP	Australian Federal Policing (ACT Policing)
AIC	Australian Institute of Criminology
AIHW	Australian Institute of Health and Welfare
ANU	Australian National University
CAHMA	Canberra Alliance for Harm Minimisation and Advocacy
HBV	Hepatitis B Virus
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User(s)
IGCD	Intergovernmental Committee on Drugs
KE(s)	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
SCON	Simple Cannabis Offence Notice

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug users (IDU)

In 2004, one hundred IDU were interviewed for the IDRS in the ACT. The sample of IDU was very similar to those interviewed in 2003. Almost two thirds of the IDU sample was male (65%) and the mean age of respondents was 35 years. The majority (81%) of the IDU were unemployed. The mean age of formal school years completed was 11, and 32% reported they had trade or technical qualifications, while 17% reported that they had university or other tertiary qualifications. Almost half (48%) of the 2004 IDU respondents reported currently participating in some form of drug treatment. Forty five percent of IDU reported a previous prison history.

Patterns of drug use among IDU

In 2004, less than half the sample (41%) reported injecting once or more times a day (regardless of the drug injected). Younger IDU (≤ 25 years of age) were more likely to inject on a daily or more basis (55%) than users over 25 years of age (38%). The 2004 IDU sample injected less frequently than the 2003 IDU sample.

Similar to 2003, heroin was the drug of choice for the majority of respondents (68%), followed by methamphetamine (20%) and cannabis (7%). Seventy-four percent of the IDU sample reported heroin to be the drug they injected most often in the month prior to the interview. In 2004 the proportion of IDU reporting methamphetamine to be the drug they injected most often in the month prior to interview (24%) was similar to figures reported in 2003 (30%). Heroin was the most recent drug injected by almost three quarters of the 2004 IDU sample followed by methamphetamine (19%).

Polydrug use was universal amongst IDU, with respondents reporting an average of 12 drug classes used in their lives and 7 drug classes used in the six months preceding interview. In terms of the number of drug classes ever injected, respondents reported having ever injected an average of 6 drug classes and an average of 3 drug classes in the six months prior to interview. The most common drugs used on the day preceding the interview were heroin (53%), cannabis (51%), and alcohol (21%)

Heroin

Heroin use was universal among the 2004 IDU sample, as it was in 2003, with 91% reporting use in the six months prior to the interview. The median price of heroin remained relatively stable in 2004. From 2003 to 2004 the cost of a cap of heroin remained stable at \$50, while the cost of a gram decreased slightly from \$350 a gram in 2003 to \$300 in 2004. Availability also remained stable, with heroin being reported as 'easy' (38%) or 'very easy' (53%) to obtain in the ACT. The reported purity of heroin in the ACT was perceived by IDU to have remained stable, with 19% believing heroin purity to be high and 42% medium. Key experts also reported the price of heroin to be stable and the purity medium. This is also supported by purity analysis of ACT police heroin seizures, where the median purity remained stable at approximately 32% during 2003-2004.

Despite the ease of access to heroin in the ACT in 2004 and the stability in price, there is a clear indication that the frequency of heroin use has decreased in 2004, with a decrease in the median days of use from 93 in 2003 to 73 in 2004. The proportion of IDU reporting daily heroin use also decreased from 32% in 2003 to 24% in 2004. Although these data indicate a trend towards a decrease in the frequency of heroin use in the ACT, it should be noted that differences were not statistically significant.

In 2004, there was an increase in the number of non-fatal heroin overdoses attended by the ACT Ambulance Service (from 159 in 2002-2003 to 248 in 2003-2004). The ABS (Degenhardt, Roxburgh & Baker, 2004) also reported an increase in the number of accidental deaths due to heroin overdose in the ACT from 8 in 2002 to 17 in 2003. However, the number of clients Alcohol and Drug Program clients withdrawing from heroin at Arcadia House in the ACT remained stable. The number of clients in opioid-related case management reached its lowest level in 2003-2004 since 1998-1999.

Methamphetamine

In 2004 81% of the IDU interviewed for the ACT IDRS study reported the use of some form of methamphetamine in the six months preceding the interview, a non-significant increase from 74% in 2003. In 2004 there was a decrease in the perceived availability of crystal methamphetamine by IDU in the ACT, with 32% of IDU reporting ice to be easy to obtain compared to 67% in 2003. This corresponded with an increase from 6% of IDU in 2003 to 24% of IDU in 2004 who believed ice to be difficult to very difficult to obtain. Despite this, crystal methamphetamine or 'ice' use remains high in the ACT in 2004 with crystal methamphetamine the form used most by 80% of recent methamphetamine users.

Of concern is a clear trend in the ACT toward the injection of methamphetamine. There was a statistically significant increase in the proportion of IDU who reported recent injection of ice (78% in 2004 compared to 64% in 2003) and base (26% in 2004 compared to 13% in 2003). The number of IDU reporting recent injection of methamphetamine powder remained stable from 2003 to 2004. In 2004, methamphetamine use in the ACT remains high in the context of a stable heroin market (rather than parallel to a decrease in heroin availability and use). This is a matter of some concern and was commented on by IDU and key experts. A considerable proportion of IDU commented on the widespread use of methamphetamine, even in the traditional heroin- or opioid-using population. Moreover key experts expressed a number of health concerns relating to ice use, particularly agitation, violent behaviour, drug induced psychosis as well as an increase in sexual risk taking and unsafe sexual practices.

Cocaine

As has been the case in the IDRS in previous years, cocaine does not appear to be a drug of choice for IDU in the ACT. Only 10% of IDU in 2004 had used cocaine in the six months prior to interview, and amongst those who had, patterns of use were infrequent. A small number of IDU commented on the price, purity and availability of cocaine, reporting that it was 'difficult' to 'very difficult' to obtain in the ACT, and that this had remained stable. The median price for cocaine was reported at \$350 for a gram (\$200 in 2003), representing an increase in price from the previous year. IDU reported cocaine purity in the ACT in 2004 to be low. The ACT police seized six cocaine samples in the

ACT in 2003-2004, three of which were suitable for purity analysis. The median purity was reported to be 48%.

Cannabis

Cannabis use was widespread and frequent amongst the IDU sample in 2004. Cannabis had been used by 85% of the IDU sample in the six months prior to interview, with just over half of the sample (52%) reporting daily use. As anticipated, differences in price existed between outdoor-cultivated cannabis ('bush') and indoor-cultivated cannabis ('hydro'). The median price for an ounce of bush and hydroponic cannabis was \$200 and \$280 respectively. Consistent with key informant reports, the majority of IDU commenting on cannabis reported that it was 'easy' to 'very easy' to obtain, and that this had remained stable over the past six months. In support of the ease of availability of cannabis in the ACT, the weight of cannabis seized by ACT police has been increasing over the past four financial years. As has been the case in previous years, hydroponic cannabis remains the dominant form of cannabis on the market.

The number of Alcohol and Drug Program clients withdrawing from cannabis at Arcadia House in the ACT continues to rise, however the number of clients in cannabis related case management reached their lowest levels since 1998. In the ACT the majority of all drug related arrests are due to cannabis related offences.

Illicit use of methadone

In 2004, the level of use of diverted methadone among the ACT IDU sample was similar to that reported in 2003. Twenty-nine percent reported recent use of illicit methadone, compared to 26% in 2003. This indicates that the proportion of IDU reporting recent use of someone else's methadone prescription has remained relatively stable. Twenty-five percent of the sample had injected illicitly obtained methadone (i.e. methadone that is prescribed to someone else) in the preceding six months, a slight decrease from the 34% reporting this in 2003. Of those IDU who had recently used methadone, 30% had used diverted methadone syrup.

Illicit use of buprenorphine

In 2004, 5% of IDU reported diverting licit buprenorphine via injection. This means that a small proportion of IDU reported recent injection of their buprenorphine prescription. Nine percent reported having ever used illicitly obtained buprenorphine, i.e. used buprenorphine prescribed to someone else, while 5% of IDU reported recent diversion via injection of illicit buprenorphine.

Morphine

Compared with 2003 (50%), in 2004, there was a small, but non-significant decrease in the proportion of IDU reporting the recent use of morphine in the ACT (40%). There was a corresponding decrease in the proportion of IDU reporting recent injection of morphine in the six months preceding interview (49% in 2003 to 40% in 2004). Of the IDU who had used morphine in the six months prior to interview, 80% had used illicitly obtained morphine at least once during this period, and a similar proportion (88%) reported that illicitly obtained morphine was the predominant form they had used. As in

past years, MS Contin® was the preferred brand of morphine for majority (64%) recent morphine users.

Other opioids

The use of 'other opioids' remained relatively stable from 2003 to 2004, except in relation to injecting. In the six months prior to interview, almost one in five IDU (17%) reported the use of 'other opiates', with Panadeine Forte® being the most popular preparation used. However, there was a statistically significant decrease in the proportion of IDU that reporting recent injection of other opiates from 32% in 2003 to 17% in 2004.

There was a significant decrease in the use of homebake heroin among IDU in the 2004 ACT sample. In 2003, 16% of IDU interviewed reported use of homebake heroin in the six months prior to the interview, however in 2004 only 6% of IDU reported recent homebake use. All of those who had recently used homebake had injected it.

Benzodiazepines

Benzodiazepine use remained high among the IDU sample in 2004. Over half (59%) of the 2004 IDU sample reported using benzodiazepines in the six months preceding interview, though only a small proportion (7%) had injected benzodiazepines during this period. Forty one percent of the sample had used illicitly obtained benzodiazepines at least once during this period (a decrease albeit non-significant from 56% in 2003), while approximately one third (30%) reported that they mainly used benzodiazepines that were illicitly obtained. Valium® (65%) and Serepax® (9%) were the preferred forms of benzodiazepines used among IDU in 2004.

Associated harms

In 2004 the levels of injection-related risk-taking behaviour remains sufficiently high to warrant concern. The reported rate of 'borrowing' used needles among IDU increased slightly from 11% in 2003 to 14% in 2004. The proportion of IDU reporting that they had lent needles decreased slightly from 24% in 2003 to 17% in 2004. However, there was a statistically significant increase in the proportion of IDU who reported sharing injecting equipment from 35% in 2003 to 49% in 2004. This was due to an increase in the sharing of spoons and mixing containers among the 2004 IDU sample. Given the implication of this for the transmission of Hepatitis C Virus (HCV), this is of some concern. There was no change in the preferred locations of injection reported by IDU, with 'private home' again cited as the most common location of injection. However, in terms of the reported 'last' injection location, there was a significant increase in IDU reporting their last injection location as a public place, i.e. car, public toilet, street, from 2003 (21%) to 2004 (35%).

Approximately two thirds (69%) 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 65% reported in 2003), with almost one third (32%) of the sample reporting having experienced two or more problems during this period (36% in 2003). As in 2003, the most commonly reported difficulties were scarring/bruising and difficulty injecting.

Almost half (43%) of IDU surveys in 2004 reported experiencing mental health problems other than drug dependence in the six months preceding the interview. Despite this only 29% of IDU reported seeing a mental health professional in the same period. The IDU respondents most commonly sought help from mental health professionals for depression.

In 2004, 23% of respondents reported becoming verbally aggressive following drug use. IDU reported becoming verbally aggressive most often after using heroin, ice and alcohol. Eleven percent of IDU reported becoming physically aggressive, predominately following ice use. IDU attributed other peoples' post-drug aggression mainly to ice and alcohol use.

There was a statistically significant decrease in the proportion of IDU who reporting engaging in at least one criminal activity in the month prior to the interview from 50% in 2003 to 34% in 2004. This was due to a decrease in property crime and a significant decrease in dealing crimes. However, the proportion of IDU who reported being arrested in the last year remained stable from 36% in 2003 to 38% in 2004.

Implications

The change in the methamphetamine market observed in the ACT IDRS 2003 study continues to remain of some concern in 2004. Methamphetamine use remains at high levels with a slightly higher proportion of IDU (81%) reporting the recent use of some form of methamphetamine compared to the previous year (74%). This is attributable to the continuing high levels of crystal or ice use by IDU in the ACT (73% in 2004 compared to 65% in the previous year). The ease of availability and increasing use of purer forms of methamphetamine is likely to translate to a concomitant increase in methamphetamine-related psychological, social and health problems in the future. This is supported by increasing numbers of ACT Alcohol and Drug Program clients undergoing withdrawal from methamphetamines in 2004. Key experts in both law enforcement and health-related contexts remarked that they were seeing an increase in agitation, aggression, drug-induced psychosis and sexual risk-taking behaviours in drug users who use ice. However, the number of clients in methamphetamine-related case management at the ACT Alcohol and Drug Program continues to remain low compared with the high rates seen in 2001. These data highlight the importance of monitoring these trends in the future.

In 2004 there is an emerging trend towards an increase in methamphetamine injection, with significant increases in the recent injection of crystal and base forms of methamphetamine observed. This increase is likely to result in an increase in injection-related health problems and of concern is the potential for increased risk of the transmission of blood born viruses. This concern is supported by a small increase in the proportion of IDU in 2004 who reported borrowing used needles, a significant increase in the sharing of injection related equipment, as well as a rise in the number of HCV cases in the ACT in 2003, with newly diagnosed HCV cases increasing from 7 in 2002 to 12 in 2003.

The increase in purity and availability of crystal methamphetamine has occurred in the context of a stable heroin market. There is no evidence to suggest that the recent rise in crystal methamphetamine use is the result of a shift in the ACT illicit drug market from

heroin to methamphetamine. On contrary, the results of the 2004 IDU survey indicate that this has occurred in addition to continuing high rates of heroin use in the ACT.

1 INTRODUCTION

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

The IDRS triangulates three forms of data: a) a survey of 100 injecting drug users (IDU), b) interviews with key experts working as professionals with illicit drug users or in the area of drug dependence (KES), and c) indicator data sources relating to illicit drug trends in the ACT. Prior to the year 2000 the IDRS project was solely funded by the Australian Government Department of Health and Ageing (The Department). From 2001, the National Drug Law Enforcement Research Fund (NDLERF) provided additional funds. The authors acknowledge both of these organisations for contributing the funding for the 2004 IDRS study.

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

The ACT Drug Trends 2005 report presents findings from the 2004 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 and criminal activity among the 2004 IDU sample. The IDRS report concludes with a discussion of the implications of the findings for 2004.

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 2004 monograph (available from NDARC) and are also presented at the National Drug Trends Conference in November each year

2 METHOD

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

2.1 Survey of injecting drug users (IDU)

In June 2004, a structured interview was administered face-to-face to 100 current injecting drug users in the ACT. The interview collected information on the demographic characteristics and drug use history of the sample, as well as the price, purity and availability of heroin, methamphetamine, cocaine and cannabis. The survey also contained questions about criminal activity, risk-taking behaviour, health and police activity. In 2004, there were changes to the IDRS survey schedule, and these included: the removal of questions relating to flashcard analysis of the different forms of methamphetamine; additional items on the price, potency and availability of outdoor cultivated/bush cannabis as well as indoor cultivated/hydroponic cannabis; additional questions were added to obtain information regarding substance-related verbal and physical aggression; and a question was added asking IDU respondents if they had experienced any mental health problems other than drug dependence in the last six months.

The IDRS interviews were conducted by ANU research staff and took, on average, approximately 30 minutes to administer. All participants were recruited through the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA), an organisation that provides a needle and syringe program (NSP) and drop-in facilities for injecting drug users in the ACT. The staff at CAHMA screened potential participants according to the selection criteria, which required participants to have injected at least monthly in the past six months and to have lived in the ACT for the previous 12 months. CAHMA was paid administration fees for organising the interviews with the IDU, and they in turn provided two-thirds of the fee to participants in cash, as reimbursement for their time. Ethics approval for the ACT arm of the IDRS was obtained from The Australian National University Human Research Ethics Committee.

2.2 Survey of key experts (KEs)

Between August and October 2004, twenty-nine professionals were interviewed as key experts for the IDRS. Six interviews were conducted with youth workers, five with drug treatment workers, six with police officers, two with ambulance officers, one with a user group representative, four with general health workers, one with a court referral officer, three with NSP workers and one with a forensic psychologist. Key experts reported that they had either weekly contact with illicit drug users and/or contact with a minimum of 10 different illicit drug users in the six months prior to interview.

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

2.3 Other indicators

Data collected from IDU surveys and key expert interviews was 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); and,
- 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 2004 IDRS study are described below. ACT Policing provided data relating to drug seizures and drug related offences for inclusion in the 2003 IDRS report. In order to bring the ACT report in line with other jurisdictions in 2004, the Australian Crime Commission (ACC) will provide this data. Retrospectively all graphs have been altered and from this year the ACT arm of the IDRS will present ACC data for this year as well as previous years.

- ***Purity of drug seizures.*** In 2004 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 2003-2004.
- ***Number and weight of drug seizures.*** Data on the number and weight of drug seizures made by ACT state police was provided by the ACC. Data includes number of seizures and amount seized in grams from 1999-2000 to 2003-2004, 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 2003-2004.
- ***Simple Cannabis Offence Notices (SCONs).*** Data for this report on the number of SCONs issued in the ACT from 1997-1998 to 2003-2004 was 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 2003-2004. ADDInc provides this data.
- ***ACT Drug and Alcohol Program case management clients.*** The ACT Drug and Alcohol Program provided information on the number of clients in opioid, methamphetamine and cannabis related case management in the ACT. Data in this report is presented by quarter from 1998-1999 to 2003-2004.

- ***Urine analysis data.*** Urine test data from methadone maintenance programs in the ACT was analysed by ACTGAL and provided by the ACT Drug and Alcohol Program. This report presents data, by quarter from October 2000 to June 2004 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 is provided by ACT Ambulance Service and includes the number of non-fatal heroin overdoses per financial year, quarter, and day of the week from 1998-1999 to 2003-2004.
- ***Number of accidental deaths due to opioids.*** The Australian Bureau of Statistics (ABS) provided data relating to the number of accidental deaths due to opioid (heroin) overdose among those aged 15 to 54 years. This report provides information on the number of accidental deaths due to opioids in the ACT by year, from 1988 to 2003.
- ***Hospital admissions.*** The 2004 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 2003-2003. Data was provided by the Australian Institute of Health and Welfare (AIHW).
- ***HIV, HBV and HCV surveillance data.*** Data pertaining to the prevalence of blood born viruses in the ACT is derived from the 'HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2004' and the 'Australian NSP Survey National Data Report 1999-2003' provided by the National Centre in HIV Epidemiology and Clinical Research.

3 RESULTS

3.1 Overview of the IDU sample

The demographic characteristics of the 100 IDU interviewed in 2004 are summarised in Table 1. There were no significant differences between the demographics of the sample recruited in the 2004 IDRS and the sample from the 2003 IDRS. The sample was approximately two-thirds (65%) male, with a mean age of 35 years (SD 8.81, range 18-54). There was a significant difference ($p < .05$) in the mean age of male and female respondents in the 2004 IDRS sample (36 and 32 years respectively). The majority of respondents (98%) reported English as the main language spoken at home and 8% identified as being Aboriginal or Torres Strait Islander.

The mean number of formal school years completed was 11 (S.D 1.95, range 4 to 13 years). Thirty one percent of IDU reported that they had trade or technical qualifications, whilst 16% reported that they had university or other tertiary qualifications. The majority (81%) of the IDU were unemployed, lived in their own house or flat (includes renting – 68%) and 45% had a previous prison history.

Key expert reports of IDU demographic characteristics were in support of the findings reported above. Key experts judged the ACT IDU to be 64% male, to be aged predominantly between 16 and 37 years of age, and to typically have a Year 9 level of education. The difference between the ages and education levels between those reported by IDU and key experts may reflect the relatively high proportion of youth workers interviewed, by contrast with the IDU respondents who were all aged over 18. Key experts judged the majority of ACT IDU to be unemployed and estimated 41% of IDU as having a prison history. Key experts reported that the majority of IDU they have contact with are from English speaking backgrounds.

In 2004, 48% of the IDU sample was currently participating in some form of drug treatment. The most common forms of drug treatment among IDU in the 2004 ACT sample was opioid maintenance treatment with 65% of those in treatment engaged in methadone maintenance treatment and 25% in buprenorphine maintenance treatment. A few IDU in the 2004 sample were participating in drug counselling ($n=2$) and naltrexone treatment ($n=1$). The mean length of time IDU had been participating in their current treatment was 43 months (S.D. 54.4; range one month to 20 years). Of those IDU currently in treatment, 29% had been participating in treatment for six months or less, with the majority (71%) engaged in longer-term treatment of six months or more. Approximately equal proportions of the females (49%) and males (48%) in the 2004 IDU sample were currently in some form of drug treatment. It is also important to note the increase in the number of IDU in the 2004 sample engaged in buprenorphine treatment for opioid dependence ($n=12$), compared to the previous year ($n=3$).

The majority of key experts commenting on heroin reported that varying proportions of their contacts were enrolled in one or more forms of drug treatment. Key experts reported methadone maintenance was the most common form of treatment. Key experts also estimated that smaller proportions of their contacts were enrolled in buprenorphine treatment, detoxification, drug counselling, and residential rehabilitation.

Table 1: Demographic characteristics of IDU samples, 2003 and 2004

Characteristic	2003 N=100	2004 N=100
Age (mean years)	34	35
School education (mean years)	11	11
Sex (% male)	64	65
Accommodation (%)		
Own house/flat (includes renting)	79	68
Parents' / family house	10	9
Boarding house / hostel / refuge	7	11
No fixed address / homeless	3	7
Employment (%):		
Not employed	83	81
Full time	7	7
Part time/casual	6	9
Home Duties	4	2
Student	0	1
English main language spoken at home (%)	100	98
Aboriginal or Torres Strait Islander (%)	14	8
Tertiary education (%):		
None	56	50
Trade/technical	37	32
University/college	7	17
Currently in drug treatment (%)	42	48
Methadone maintenance (%)	32	31
Buprenorphine maintenance (%)	3	12
Prison history (%)	38	45

Source: ACT IDRS IDU Survey files, 2003, 2004.

3.2 Drug use history and current drug use

The injection history of IDU in the 2003 and 2004 samples are summarised in Table 2. The mean age of first injection was 19 years (SD 5.72; range 12 - 40 years). Over half of the IDU respondents (51%) reported heroin as the first drug injected, followed by methamphetamine (47%). Heroin was the drug injected most often in the month prior to the interview by 74% of respondents (compared to 63% of respondents in 2003). Heroin was also the last drug injected by 71% of the sample in 2004. The second most common drug injected by the 2004 and 2003 IDU samples was methamphetamine, 24% and 30% respectively. Methamphetamine was the most recent drug injected by 19% of respondents in 2004. Heroin was nominated as the drug of choice for the majority of IDU (68% in 2004 compared to 73% in 2003). Methamphetamine was reported to be the drug of choice for 20% of 2004 IDU respondents (compared to 14% in 2003). In both 2003 and 2004, 7% of the IDU samples nominated cannabis as their drug of choice. The most common drugs used on the day prior to the interview were heroin (53%), cannabis (51%) and alcohol (21%). Only six percent of the sample had not used any drugs on the day prior to interview.

Table 2: Injection history and drug of choice of IDU in 2003 and 2004

Variable	2003 N=100	2004 N=100
Age first injection (years)	18	19
First drug injected (%)		
Heroin	51	51
Methamphetamine	43	47
Cocaine	2	1
Other opioids	1	-
Other	3	11
Drug injected most often in last month (%)		
Heroin	63	74
Methamphetamine	30	24
Cocaine	-	-
Cocaine and Heroin	1	-
Other	6	2
Most recent drug injected (%)		
Heroin	67	71
Methamphetamine	27	19
Cocaine	-	-
Cocaine and Heroin	-	-
Other	6	11
Drug of choice (%)		
Heroin	73	68
Methamphetamine	14	20
Cannabis	7	7
Cocaine	3	1
Other	3	4

Source: ACT IDRS IDU Survey files, 2003, 2004.

The frequency of injection reported by IDU in 2003 and 2004 is presented in Table 3. The frequency of injection varied, with less than half the sample (41%) reporting an injection frequency of one (21%) to two or more (20%) 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 on a daily or more (55%) compared to older users (38%). When the sample was divided into male and female IDU, a greater proportion of females (46%) reported injecting once or more per day, compared to males (38%) who injected once or more per day. However, it is important to note that these differences were not statistically significant.

Table 3: Frequency of injection among IDU, 2003 and 2004

	2003			2004		
	≤ 25 n=22	> 25 n=78	Total	≤ 25 n=18	> 25 n=82	Total
Frequency (%)						
Weekly or less	14	12	12	17	26	24
More than weekly	23	39	35	17	34	31
Once a day	41	18	23	17	22	21
Twice a day	14	30	26	33	15	18
Three or more times a day	9	3	4	5	1	2

Source: ACT IDRS IDU Survey files, 2003, 2004.

Table 4 summarises the polydrug use history of the 2003 and 2004 IDU samples. As was the case in previous IDRS surveys with IDU, polydrug use was universal amongst IDU, with respondents in the 2004 sample reporting an average of 12 drug classes used in their lives (comparable to 11 reported in 2003). In 2004 IDU reported having used 7 drug classes in the six months preceding interview (again comparable to 7 reported in 2003). When examining the extent of polydrug use via injection, IDU in 2004 reported an average of 6 drug classes ever injected and 3 drug classes injected in the six months prior to interview.

Table 4: Polydrug use history of IDU samples, 2003 and 2004

	2003 n=100	2004 n=100
Mean no. drug classes ever used	11	12
Mean no. drug classes used last 6 months	7	7
Mean no. drug classes ever injected	6	6
Mean no. drug classes injected last 6 months	3	3

Source: IDRS IDU interviews, 2003 and 2004

Table 5 presents the drug use history of the 2004 IDU sample, including frequency of drug use in the six months preceding the interview, as well as the route of drug administration. The majority of IDU respondents had used heroin (99%), cannabis (98%), alcohol (98%), tobacco (99%), crystal methamphetamine (93%) and speed (89%) at least once in their lifetime. Heroin and tobacco were the most common drugs used by 91% of IDU in the six months preceding the interview. This was followed by cannabis (85%) and crystal methamphetamine (73%). In terms of route of administration, heroin (91%) and crystal methamphetamine (78%) were most common drugs recently injected by IDU in 2004.

Table 5: Polydrug use history and routes of administration of the IDU sample

DRUG CLASS	Ever Used %	Ever Injected %	Injected last 6 months %	Number days injected last six months*	Ever Smoked %	Smoked last 6 months %	Ever snorted %	Snorted last 6 months %	Ever Swallowed %	Swallowed last 6 months %	Used last six months %	Days used in last 6 months*
Heroin	99	99	91	72	60	10	20	1	23	6	91	72
Methadone-licit	69	40	12	21					68	32	34	180
Methadone-illicit	64	53	25	1					38	12	29	2
Buprenorphine-licit	30	7	5	3	1	1	0	0	29	22	23	28
Buprenorphine-illicit	9	7	5	3	0	0	0	0	5	3	5	2
Physseptone-licit	10	4	1	6	0	0	0	0	9	2	2	12
Physseptone-illicit	30	23	1	1	1	0	0	0	13	0	1	0
Morphine	78	74	40	3.5	2	0	1	0	38	18	40	4.5
Homebake	31	30	10	2	3	0	0	0	2	0	6	11
Other opioids	37	17	2	3	4	0	2	1	31	16	17	10
Speed powder	89	89	46	5	13	2	53	9	45	6	41	7
Amphetamine	39	37	8	2					6	0	8	2
Base/point/wax	43	43	26	4	2	1	5	3	7	4	25	4
Ice/shabu/crvstal	93	90	78	10	32	15	9	4	13	6	73	6
Pharmaceutical stimulants	39	24	15	4	0	0	2	1	27	11	23	4
Cocaine	69	62	8	5	10	1	35	4	5	1	10	5
Hallucinogens	77	13	1	2	1	0	0	0	75	4	5	2
Ecstasy	64	29	10	3	0	0	2	0	55	15	21	2
Benzodiazepines	79	26	7	4	3	0	1	0	76	58	59	13
Alcohol	98	7	0					95	58	58	13	
Cannabis	98										85	180
Anti-Depressants	51	3	1	21							25	90
Inhalants	27										4	5
Tobacco	99										91	180

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

4 HEROIN

IDU were asked to comment on the current price, purity, and availability of heroin, and if the purity of heroin had changed in the 6-months prior to the interview. The following figures refer to the 91 IDU who commented on heroin trends, including price, purity and availability, in the ACT. Ten key experts reported that heroin was the primary drug of use amongst their contacts, with eight able to comment on the price, purity and availability of heroin in the ACT.

4.1 Price

Table 6 presents the reported median prices paid for heroin by IDU in the ACT in the six months prior to interview. The median reported prices for purchased values of heroin in 2004 were similar to the prices reported by IDU in 2003. However, there was a significant decrease in the mean price for a half-gram of heroin from 2003 (M=171, SD=24.48) to 2004 (M=160, SD=20.14). The median price of a cap of heroin was reported to be \$50, and a gram was \$300. This indicates that the price of heroin remained relatively stable from 2003 to 2004. This was further supported with over half (64 %) the IDU who gave information about heroin reporting the price to be stable (54% in 2003). Less than one quarter (19%) believed the price to be decreasing, and 6% believed the price to be increasing. Figures were similar to those reported in 2003, with 21% reporting a decrease in the price of heroin and 11% reporting an increase. As in 2003, quarter grams of heroin were the most commonly purchased, followed by half grams and caps.

Table 6: Price of heroin purchases by IDU, 2004

Amount	Median price \$	Number of purchasers
Gram	300 (350)	27 (23)
Cap	50 (50)	47 (32)
Half gram	160* (180)	51 (50)
Quarter gram	90 (100)	55 (60)
1/8 Gram	50 (50)	6 (12)

Source: IDRS IDU Survey files, 2003, 2004.

Note: 2003 median prices and number of purchasers are presented in brackets

Note: *Significant difference, $p < .05$

Consistent with IDU reports, key experts estimated the price of a gram of heroin to range from \$280-\$350. Half gram price estimates ranged from \$150-\$200, and quarter grams from \$80-\$120. Also consistent with IDU reports, key experts estimated the price of a 'cap' of heroin to be \$50. Key experts commenting on heroin reported in the main, that heroin prices had remained stable in the preceding six months.

4.2 Availability

The majority of IDU who commented on heroin (n=91) reported that it was 'easy' (38%, compared to 47% in 2003) to 'very easy' (53%, compared to 44% in 2003) to obtain. In 2004, the proportion of IDU reporting that heroin is 'difficult' to obtain (8%) was similar to that reported by IDU in 2003 (9%). Over half (54%) of the IDU who commented on heroin believed that availability had remained stable in the preceding six months (57% in 2003), while 16% reported that access had become 'easier' (a decrease from 27% in 2003). Twenty percent reported that heroin had become 'more difficult' to obtain (an increase from 14% in 2003). Five percent thought that the availability of heroin had fluctuated (compared with 1% in 2003).

Almost one-third of IDU (32%) who reported purchasing heroin in the six months prior to the interview bought it through a mobile dealer, a decrease from 46% of IDU in the 2003 sample who reported purchasing heroin through a mobile dealer. Twenty-three percent reported buying heroin from a dealers' home, 15% from street dealers and 12% through friends. The median time that IDU reported it usually took to score heroin was 30 minutes (20 minutes in 2003).

Again, consistent with IDU reports, key experts commenting on heroin reported that it was 'easy' to 'very easy' to obtain, with the majority also reporting that availability of heroin had remained stable over the preceding six months, with one key expert believing that heroin had become easier to obtain during this period.

4.3 Purity

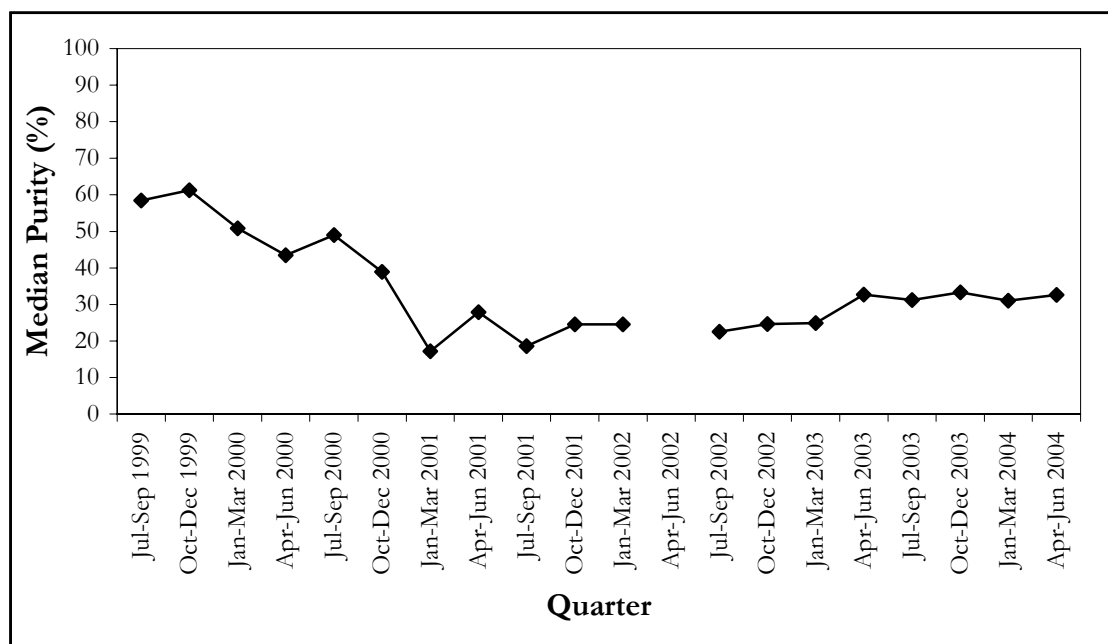
There was no significant difference in the reported current purity of heroin in 2004 when compared with the purity reported in 2003. In 2004, 19% of IDU reported the current purity of heroin to be 'high' compared with 20% in the previous year. Almost half (42%) of IDU thought that the current purity of heroin was 'medium', a slightly higher percent than 2003 (37%) and, as in 2003, one quarter (26%) reported that the purity of heroin was 'low'.

Twenty percent of IDU who commented on heroin thought that the purity of heroin had increased in the six months preceding the interview (compared to 30% in 2003), while 13% reported a decrease in purity during this period (20% in 2003). The majority (42%) of IDU thought that heroin purity had remained stable (compared to 31% in 2003), while 19% thought it had fluctuated (14% in 2003).

The majority of key experts reported that the purity of heroin was medium, with one key expert reporting a perception that the purity was low. Key experts were divided in their perception of heroin purity change over the six months prior to interview, with two reporting purity as remaining stable, two reporting a decrease in purity, and four reporting that purity had been fluctuating. None of the key experts reported a perception that heroin purity had increased during this period.

Figure 1 presents data on the purity of heroin seizures, made by ACT Territory police, by quarter from July 1999 to June 2004. In 2003-2004 the median purity of heroin seized in the ACT remained stable at 31% in the July-September quarter, 33% in the October-December quarter, 31% in the January-March quarter and 33% in the April-June quarter. Data provided by the Australian Crime Commission (ACC) supports IDU reports that the purity of heroin in the ACT has remained stable. As can be seen in Figure 1, the median purity of heroin peaked in the October-December quarter of 1999. Corresponding with the heroin drought, the purity of heroin in the ACT decreased to 17% in the January-March quarter of 2001.

Figure 1: Median purity of heroin seizures by ACT local police, July 1999 to June 2004



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

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

4.4 Heroin Use

4.4.1 Heroin use among IDU

Heroin use was almost universal (99%) among the 2004 sample of IDU, just as it was in 2003. As was the case in 2003, over two-thirds (68%) of IDU stated that heroin was their drug of choice. Seventy-two percent reported injecting heroin most often in the last month (68% the previous year) and 71% reported that it was the last drug they injected (compared to 74% in 2003). Heroin was the most common illicit drug used on the day prior to the interview, with over half (53%) of the IDU reporting that they had used heroin “yesterday”. In the previous year, heroin was the second most common illicit drug used by 57% of the sample on the day prior to the interview.

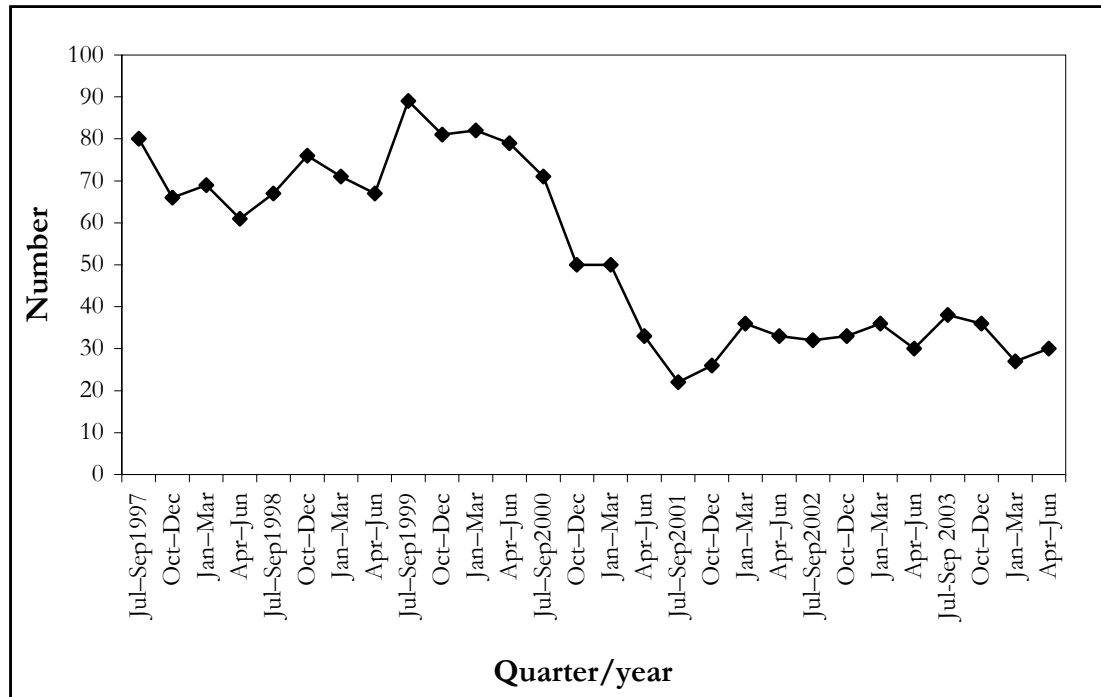
4.4.2 Current patterns of heroin use

Ninety-one percent of IDU in 2004 reported having used heroin in the six months preceding the interview (compared to 88% in 2003). Among recent heroin users, 86% reported that they had used heroin powder, 79% reported using heroin rock and 10% had used homebake heroin. The comparable figures for 2003 are as follows: 97% had used heroin powder, 93% had used rock and 25% had used homebake heroin. Almost two-thirds (65%) of the respondents who had used heroin in the six months prior to the interview reported that powder was the most common form they had used (no significant difference from 54% in 2003), while 35% reported that rock was the most common form they had used (no significant difference from 44% reported in 2003). None of the IDU interviewed reported that homebake heroin was the most common form used.

Ninety-nine percent of the IDU reported that they had injected heroin at least once in their lifetime, with all recent users (91%) having injected in the six months prior to interview (compared to 88% in 2003). Heroin smoking was also relatively widespread, with over half (60%) of the sample reporting they had smoked heroin at least once in their lifetime, although only 10% had done so in the six months preceding the interview. Of those IDU who had used heroin in the six months prior to interview, the median number of days of use during this period was 73 (that is, every second to third day), a considerable, but not significant decrease from the reported median of 93 days in 2003. Less than one quarter (24%) of IDU reported having used heroin daily in the previous six months, which was not significantly different from the 32% that reported daily heroin use in 2003.

There has been a gradual decline in the number of clients withdrawing from heroin in the ACT at Arcadia House between the first quarter of 1999-2000 to the end of the 2000-2001 financial year (see Figure 2). From the July-September 2001 quarter (n=22) to the April-June 2004 quarter (n=30), the proportion of clients withdrawing from heroin at Arcadia House has remained relatively stable.

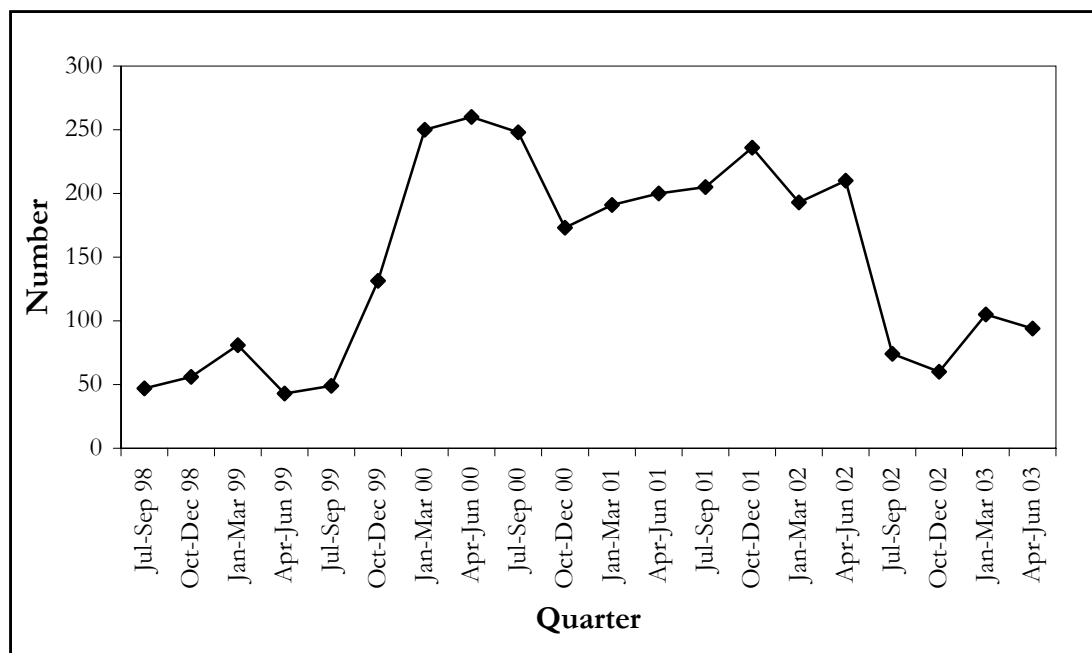
Figure 2: Number of Arcadia House clients withdrawing from heroin, by quarter 1997-1998 to 2003-2004



Source: Assisting Drug Dependence Incorporated (ADDInc)

As can be seen in Figure 3, in the ACT, the number of clients in opioid-related case management peaked between the January-March quarter of 1999-2000 to the end of 2001. The number of clients remained relatively high during 2002, but then began decreasing in the April-June quarter of 2002-2003. Since the July-September quarter of 2002 the number of clients in opioid-related case management in the ACT has remained at low levels. In the last financial year the number of clients has continued to decrease with the lowest number of clients in opioid-related case management since 1998. In the July-September quarter of 2003-2004 there were 53 clients in case management, which fell by half in the October-December quarter with 25 clients in case management. The number of clients in opioid-related case management remained low but stable during the January-March quarter of 2003-2004 (n=27) as well as the April-June quarter (n=20).

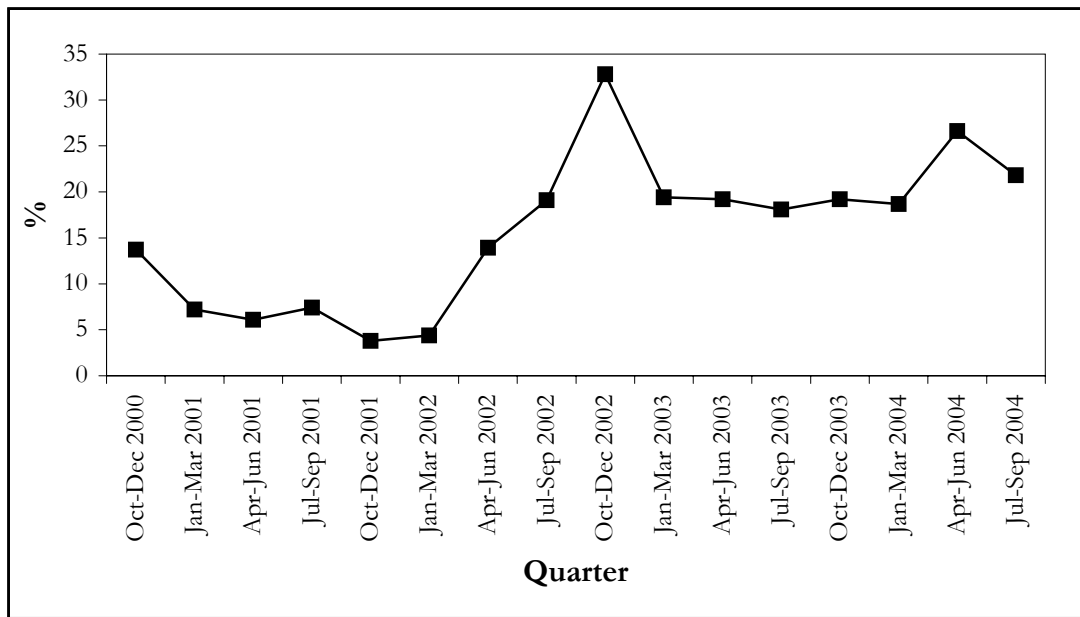
Figure 3: Number of ACT Alcohol and Drug Program clients in opioid-related case management, by quarter, July 1998 to June 2004



Source: ACT Alcohol and Drug Program

As part of the clinical management of patients on 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 4 depicts the percent of morphine positive urine tests analysed by ACTGAL for the ACT Drug and Alcohol Program. The percent of morphine positive test results among methadone maintenance patients in the ACT remained low during 2001 with an average of 6% of all urine analysis testing positive for morphine. Low levels of illicit heroin use during this period may be due to a reduction in the availability of heroin during the 'heroin drought' documented to have occurred in Australia at the beginning of 2001. Following the heroin drought of 2001, morphine positive urine results began to increase, peaking in the Oct-Dec quarter of 2002 at 33%, then decreasing and reaching a plateau of on average 19% from January 2003 to March 2004. Morphine positive urine tests increased to 26% in the April-June quarter of 2004, decreasing to 22% in the July-September quarter of 2004.

Figure 4: Percent of morphine positive urine tests, by quarter, October 2000 to June 2004

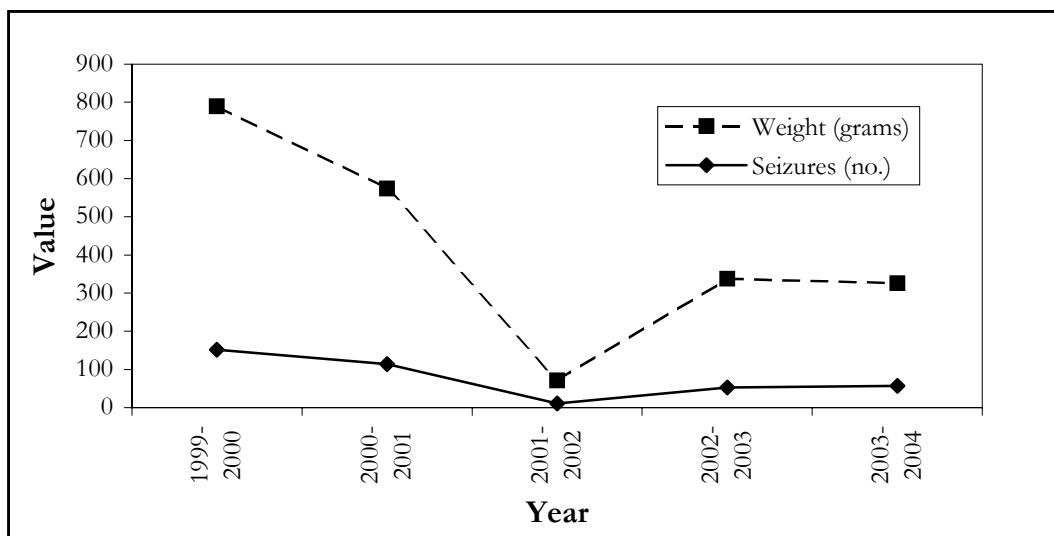


Source: ACT Drug and Alcohol Program (ADP) and ACTGAL

4.5 Heroin Law Enforcement Seizure Data

The number of heroin seizures and total weight seized for each financial year period from 1999-2000 financial year is presented in Figure 5. As can be seen in Figure 5, 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.

Figure 5: Number and weight of heroin seizures in the ACT, July 1999 to June 2004



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

Table 7 summarises the number of heroin and other opioids consumer and provider arrests in the ACT from 1997 to 2004. The Australian Crime Commission (ACC) classifies offenders who are charged with user-type offences, for example possession of illicit drugs and illicit drug use, as consumers. Offenders who are charged with supply-type offences such as trafficking, selling, manufacture or cultivation are categorised as providers. As can be seen in Table 7, the total number of heroin-related arrests in the ACT remained stable over the last two financial years, with 40 arrests made in 2002-2003 and 39 in 2003-2004. The number of males arrested for user-type offences decreased from 24 in 2002-2003 to 18 in 2003-2004, while the number of males arrested for supply-type offences more than doubled from 6 in 2002-2003 to 15 in 2003-2004. 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. Moreover, males are approximately 3.5 times more likely to be arrested for a heroin related offence than females.

Table 7: Number of heroin consumer and provider arrests, ACT, 1997-2004

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

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

Note: ^a Figures for ACT 1999-2000 were not available

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

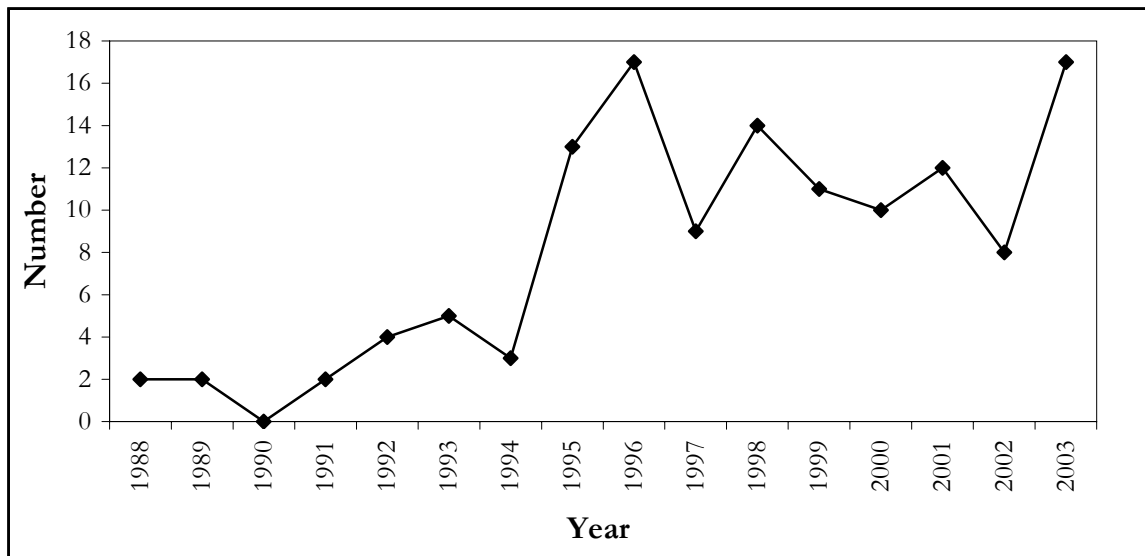
4.6 Heroin related harms

4.6.1 Health

4.6.1.1 *Fatal Overdose*

Figure 6 depicts the number of accidental deaths due to opioids in the ACT for the period 1988 to 2003. In 2003, there were 17 accidental deaths due to opioid overdose in the ACT (Degenhardt, Roxburgh, & Black, 2004), approximately double the 8 accidental opioid overdose deaths reported in 2002 (Degenhardt & Barker, 2003). As can be seen from the graph below, the number of accidental deaths due to opioids remained low from 1988 to 1994. In 2003 the number of opioid overdose deaths in the ACT reached the highest rate since 1996. Ten of the accidental opioid overdose deaths in 2003 in the ACT were male and seven were female. This yields a rate of accidental death due to opioids in the ACT in 2003 of 85.3 per million persons aged 15 to 54 years (an increase compared to 40.1 per million in 2002).

Figure 6: Number of accidental deaths due to opioids among those aged 15 to 54 years, ACT, 1988-2003



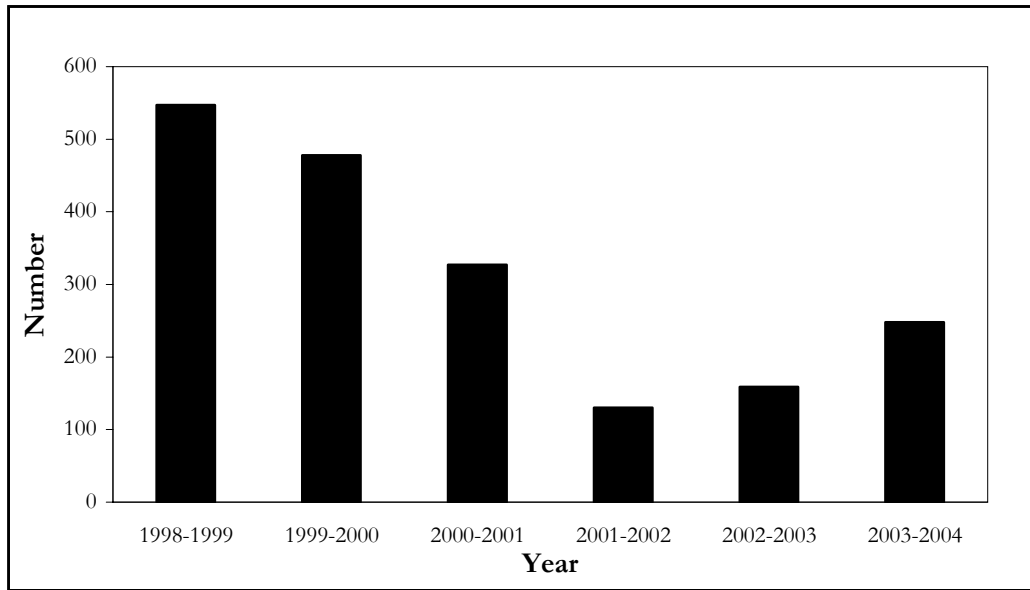
Source: ABS, Degenhardt, Roxburgh & Black, 2004

4.6.1.2 Non-fatal Overdose

In 2004, fifty-eight percent of the IDU sample (n=99) reported having overdosed at least once at some point in their lives. In 2003, similar figures were reported with fifty-seven per cent of the sample (n=97) reported overdosing on heroin at some time in their lives. Moreover, the same proportion reported ever overdosing in 2002 suggesting that lifetime rates of overdose have remained relatively stable over the last three years. In 2004, 21% reported having overdosed one to two times, 25% reported having overdosed between three to six times and 10% eight or more times. The median time to last heroin overdose was 12 months (range 0-100 months). In comparison, in 2003, IDU reported that the median time to last heroin overdose was 33 months (range 0-216 months)

In the 2003-2004 financial year there were 248 overdoses attended, a substantial increase from the 159 non-fatal heroin overdoses attended in 2002-2003 (see Figure 7). In 2001-2002, the ACT Ambulance Service attended 130 overdoses, compared to 327 in 2000-2001 and 478 in the previous year. Despite the steady increase in the number of non-fatal heroin overdoses attended by ACT Ambulance Service from 2001-2002 to 2003-2004, rates of non-fatal heroin overdoses in the ACT have not returned to levels reported in 1998-1999 (547).

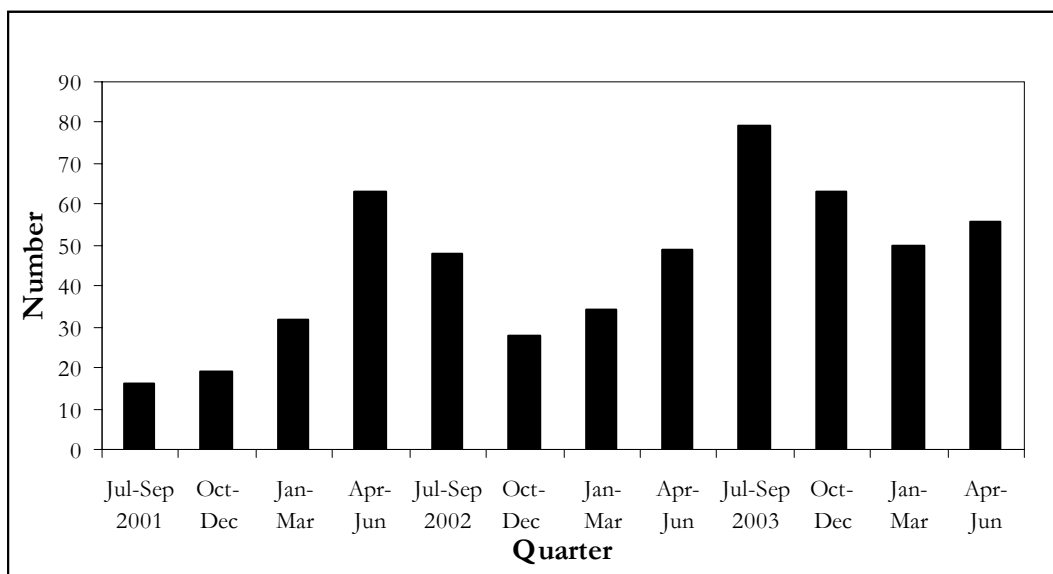
Figure 7: Number of non-fatal heroin overdoses, attended by ACT Ambulance Service, 1998-1999 to 2003-2004



Source: ACT Ambulance Service

Figure 8 depicts the number of non-fatal heroin overdoses attended by ACT Ambulance Service by quarter. There were 79 overdoses reported for the 2003 July-September quarter and 63 overdoses in the October-December quarter of 2003. In the January – March quarter of 2004 ACT Ambulance Service attended 50 non-fatal heroin overdoses, followed by 56 in the April-June quarter of 2004. When analysed by quarter, it appears that the number of non-fatal heroin overdoses in the ACT increased with each quarter from July-September 2001 (16 overdoses) to the April-June 2002 quarter (63 overdoses). The number of non-fatal overdoses in the ACT decreased to 28 in the October-December quarter of 2002, after which the reported number of non-fatal overdoses began to increase.

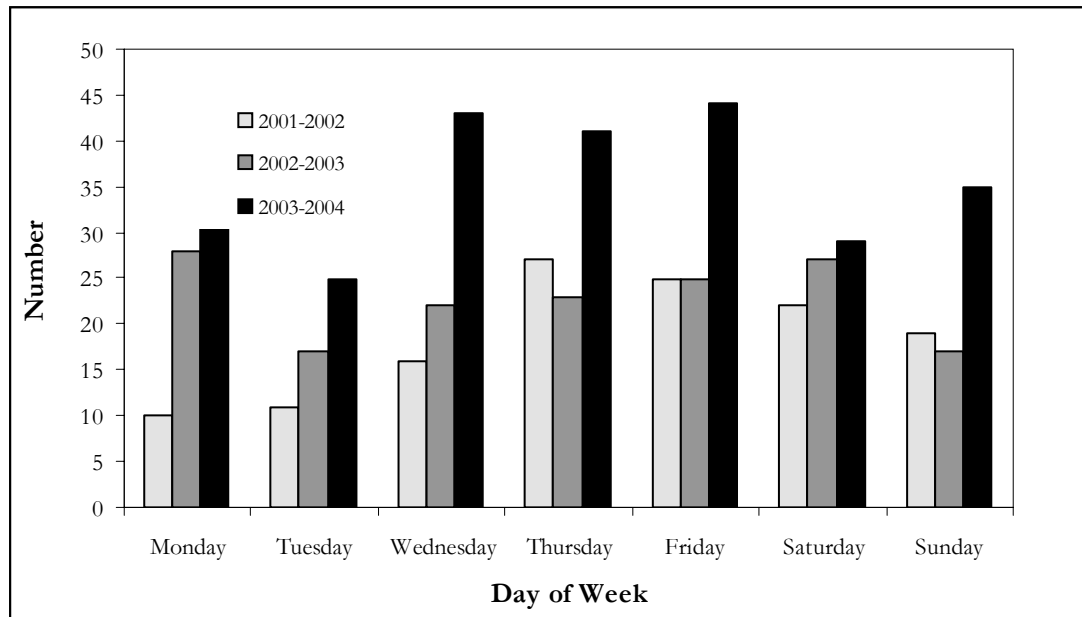
Figure 8: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by quarter, July 2001 to June 2004



Source: ACT Ambulance Service

In 2003-2004, non-fatal heroin overdoses peaked Wednesday through to Friday, decreasing in Saturdays, rising slightly on Sundays and decreasing again on Mondays. Non-fatal heroin overdoses in the ACT in 2002-2003 increased slightly from Wednesday to Saturday and peaked on Monday, having dropped off on Sunday and Tuesday. In the ACT in 2001-2002, the incidence of non-fatal heroin overdoses grew steadily from Monday through to a peak on Thursday, then declined until Sunday (Figure 9).

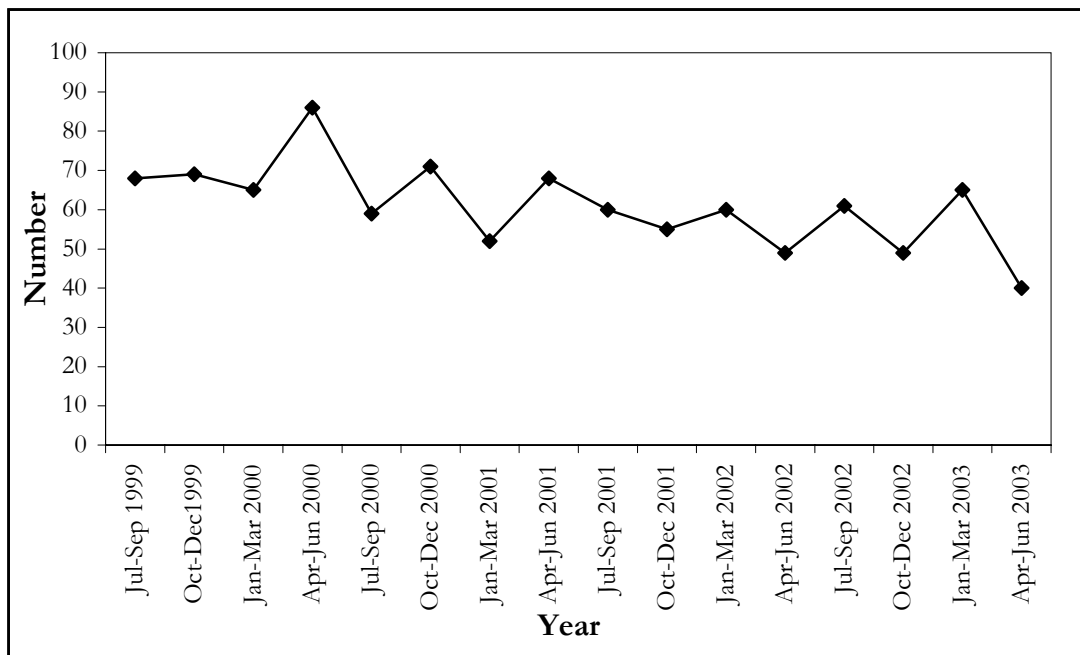
Figure 9: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by day of week, ACT, 2001-2002 to 2003-2004



Source: ACT Ambulance Service

Figure 10 shows the pattern of hospital admissions in the ACT that are due to opioids. Since 1999-2000 opioid related hospital admissions have been decreasing. In 1999-2000 there were 288 admissions due to opioids, 250 in 2000-2001, 224 in 2001-2002, and 215 in 2002-2003. When broken down by quarters opioid related hospital admissions appear to fluctuate, but remain relatively stable. Hospital admissions did not appear to markedly increase or decrease during the heroin drought during 2001.

Figure 10: Number of hospital admissions due to opioids among those aged 15-54 years, ACT, July 1999 to June 2003



Source: Australian Institute of Health and Welfare (AIHW)

4.7 Trends in heroin use

Since 2003, the heroin market in the ACT appears to have remained stable. The price of heroin has remained stable, IDU report heroin to be easy to very easy to obtain. However in contrast to figures reported in 2003 the frequency of use decreased slightly from 93 days of heroin use in the six months preceding the interview to 72 days in 2004 (it must be noted that this difference was not statistically significant). As was the case in 2003, there was a perception among the IDU interviewed in 2004 that there is an increase in the number of younger people using heroin. These trends are also supported by key experts, who also rated heroin as 'easy' to 'very easy' to obtain, expressed the perception of an increase in young people using heroin, and reporting of increasing levels of crystal methamphetamine use amongst heroin users.

4.8 Summary of heroin trends

Table 5 summarises the trends in price, purity, availability and use of heroin from 2003 to 2004. As can be seen in Table 5, the price of a cap of heroin remained stable from 2003 to 2004 while the price of a gram of heroin decreased from \$350 in 2003 to \$300 in 2004. As was the case in 2002-2003, heroin was reported to be easy to very easy to obtain and the availability remained stable according to IDU and key expert interviews. The majority of IDU reported the current purity of heroin to be medium to high, and that the purity was stable to increasing.

Table 8: Summary trends on heroin price, purity, availability and use, ACT, 2004

Price (median) Cap Gram	\$50 – compares with \$50 in 2003 \$300 - compares with \$350 in 2003
Availability	Easy to very easy to obtain, availability stable
Purity	Median purity in 2003-2004 was 32%, an increase from 24% in 2002-2003
Use	Slight decrease in frequency of use, 24% report daily use

Source: ACT IDRS IDU Survey files, 2003, 2004

5 METHAMPHETAMINE

The 2004 IDRS IDU questionnaire collected data on three different forms of methamphetamine - methamphetamine powder or 'speed', crystal methamphetamine or 'ice' and base amphetamine or 'base'. Differentiating between speed, base and ice ensures that any differences in the price, purity and availability of each individual form of methamphetamine can be observed and monitored over time. In 2004, 39 IDU commented on speed, and 18 about base. Two-thirds (66%) of IDU interviewed in 2004 commented on crystal methamphetamine or 'ice'. Twelve key experts reported that methamphetamine was the primary drug of use amongst their contacts, with eleven of these key experts reporting that crystal methamphetamine or 'ice' was the most commonly used form of methamphetamine. As well as the key experts mentioned above, a further six key experts who nominated other drugs as the primary drugs used by their contacts were also able to provide information related to methamphetamine price, purity and availability.

5.1 Price

The median prices reported in 2003 and 2004 for each form of methamphetamine are presented in Table 9.

Table 9: Price of methamphetamine purchases by IDU, 2004

	Speed	Base	Crystal/Ice
Weight	Median price* (\$)		
Point	50 (50)	50 (50)	50 (50)
1/8 gram	100 (50)	- ^a (100)	95 (50)
1/4 gram	85 (100)	- ^a (-)	100 (100)
1/2 gram	125 (130)	150 (150)	180 (155)
Gram	200 (175)	220 (210)	300 (300)
'Eightball'	250 (165)	500 (600)	- (675)
Ounce	- ^a (-)	- ^a (-)	- ^a (-)

Source: ACT IDRS IDU Survey files, 2003 and 2004

Note: * 2003 median prices in brackets; ^a No IDU reported price data for 2004

The median price of a gram of speed purchased by IDU in 2004 was \$200 (n=9), a small, but non-significant increase from the reported price for a gram in 2003 (\$175, n=8). The median price reported for 1/8 gram was \$100 (n=1), an increase from 2003. IDU commented that the price of 1/4 gram of speed was \$85 (n=4) and 1/2 gram was \$125 (n=6) in 2004, a slight decrease when compared to prices reported by IDU for the same quantities the previous year. The most common amount of speed purchased was a point, with 69% 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 last six months was a gram (n=9). Approximately 80% of IDU who

commented on speed believed the price to be stable (an increase from 65% in the previous year). Ten percent believed the price of speed to be increasing (compared to 13% in 2003). Only one IDU reported the price to be decreasing and only one believed the price to be fluctuating.

Among those IDU commenting on base in 2004 (n=9), the most common amount purchased was a point, with the median price reported to be \$50, which is similar to the price reported in 2003. Six IDU reported having purchased a half-gram of base in the last six months at a median price of \$150 (indicating the price remained stable from 2003 to 2004). Grams of base were also purchased (n=5) at a median price of \$220, a slight increase from the reported price for a gram of speed in 2003 (\$210). Among the IDU who commented on base, the majority (66%) believed the price to be stable.

In 2004, the most commonly purchased amount of crystal/ice was a point (\$50) and this price remained stable from 2003 to 2004. Forty-six IDU reported that they had purchased a point of ice in the six months preceding the interview (comparable to 47 in 2003). Half grams (\$180, n=19) and grams (\$300, n=12) were also commonly purchased quantities of ice, with IDU reporting no significant increases in purchase price for these amounts. There appeared to be an increase in the median price for $\frac{1}{8}$ gram of ice from 2003 (\$50) to 2004 (\$95), however the small number of IDU who commented on the price of this particular quantity makes it difficult to determine if the increase is statistically significant.

Almost two-thirds (65%) the IDU who commented on ice in 2004 reported that the price had remained stable (58% believed the price of ice to be stable in 2003). Only three percent reported an increase (down from 10% the previous year) and 15% reported a decrease in price (compared to 12% in 2003).

Key expert reports on the price of ice were generally consistent with those of IDU. Points were reported to sell for between \$50 and \$70, and grams were estimated to cost between \$300 and \$450. Only three key experts provided the above information on prices. However, five key experts reported the belief that an increasingly used strategy by ice dealers was to sell ice to younger users in small (\$5-\$10) amounts, where the actual weight could not be determined. Again, as the IDU sample in the ACT was restricted to those over 18 years of age, these reports cannot be compared with reports from younger users.

5.2 Availability

Among the 39 IDU who commented on the availability of speed, 74% thought it 'very easy' (43%) to 'easy' (31%) to obtain. These figures were similar to those reported in 2003 (48% 'very easy' and 32% 'easy'). Over half (54%) of the IDU commenting on speed thought that the availability had remained stable in the six months prior to the interview, however approximately one quarter (26%) reported that speed has become more difficult to obtain in the last six months. IDU predominantly reported buying speed from a dealers' home (36%), with smaller proportions reporting buying it from street dealers (23%), friends (including gifts from friends; 20%) and by contacting mobile dealers (5%). The median length of time that IDU reported it usually took them to score speed was 30 minutes.

Similar to 2003, the 2004 IDU sample produced inconsistent reports relating to the availability of base, which is probably due to the small numbers who were able to

comment (n=18). Of the IDU who commented on the availability of base, equal proportions believed it to be 'very easy' to obtain (28%), 'easy' to obtain (28%) and 'difficult' to obtain (28%). In comparison, 40% of IDU who commented on base in 2003 reported the availability to be 'difficult' with 50% reporting that it was 'easy' to 'very easy' to obtain base. Data suggests that there is a trend towards base becoming less difficult to access. Among those who commented on base, two-thirds (66%) reported buying it from dealers' homes (an increase from 33% in the previous year). Twenty-two percent reported purchasing it from street dealers. No one in the 2004 IDU sample reported buying base from friends, a marked decrease with 22% of IDU who commented on base in 2003 reporting they obtained it from friends. As was the case in 2003, the median time that it usually took IDU to score base was 20 minutes.

In contrast to figures reported in the previous year, 32% of IDU commenting on ice in 2004 reported that it was 'very easy' to obtain (a significant decrease from 67% reported in 2003, $p < .05$). There was a significant increase in the proportion of IDU who commented on ice who reported current access to be 'easy' (44%) compared with 25% in 2003, $p < .05$. Moreover, there was a shift from 2003 to 2004, with 24% of IDU who commented on ice reporting that it was 'difficult' to very difficult' to obtain (compared to 6% in 2003). In 2004, over half of the IDU who commented on ice (55%) reported that availability had remained stable (44% in 2003) in the six months preceding the interview. Comments regarding any change in the availability of ice were conflicting with equal proportions reporting that ice had become more difficult to obtain in the last six months (17% in 2004 compared with 12% in 2003), as well as easier to obtain (17% in 2004 in comparison to 33% in 2003). Over one third (38%) of respondents commenting on ice reported obtaining it from dealers' homes, while 21% reported buying it from street dealers, and 23% from friends. IDU commenting on ice reported a median time to score 30 minutes (double the amount of time reported to score ice in 2003).

The majority of key experts reported that ice was 'easy' to obtain, with seven reporting the belief that ice had become easier to obtain in the six months preceding interview. As previously mentioned, five key experts commented on the increased availability of ice to younger users as a result of the perceived strategy of dealers providing smaller amounts of the drug.

5.3 Purity

The purity of methamphetamine powder or speed was reported to be 'high' (23%) to 'medium' (46%) in 2004 (comparable figures in 2003 were 35% 'high' and 33% 'medium'). Furthermore, there was a small, but non-significant increase this year in the proportion of IDU that reported that the purity of speed was 'low' (21%), when compared to the previous year (15%), suggesting that there is a trend towards a decrease in the purity of speed. Approximately one-third (36%) of the respondents who commented on speed believed the purity to have been 'stable' over the preceding six months (compared to 37% in 2003). Twenty eight percent believed that the purity had decreased over this period (an increase from 21% in 2003), and 13% reported that the purity of speed had increased over the past six months (15% did so the previous year).

The current purity of base was reported to be 'high' by one-third (33%) of IDU who commented on this form of methamphetamine (compared to 50% in the previous year). Among those who commented on base, 56% reported the current purity to be 'medium' (an increase from 30% reported in 2003) and 5% believed base to be currently of 'low' purity (compared to 10% in 2003). When asked about any change in the purity of base in

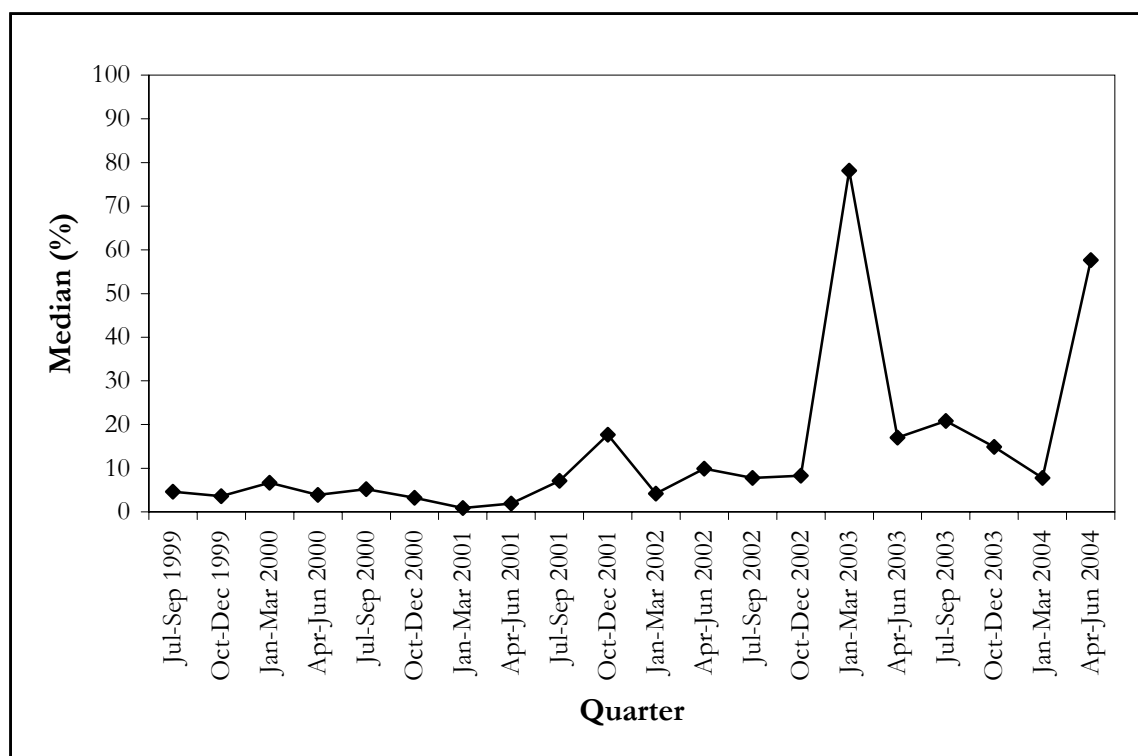
the last six months, approximately two-thirds (67%) of respondents reported that the purity was 'stable', with a small proportion reporting that purity was 'increasing' (11%), compared to 40% who reported purity to be 'stable' and 40% 'increasing' in 2003. Only one IDU out of the 18 who commented on base reported the purity to be decreasing. As was the case in 2003, the small sample size of IDU commenting on base methamphetamine has to be taken into account when interpreting these data.

In 2004, the current purity of crystal methamphetamine or ice was reported to be 'high' by 58% of the respondents who commented on it (a slight decrease from 63% in 2003). Approximately one quarter (24%) of the remaining respondents believed that the current purity of ice was 'medium' (16% in 2004), 8% believed the current purity to be 'low' (9%; 9% in 2003) and 6% 'fluctuating' (2% in 2003). One third (33%) of respondents believed that the purity of ice was stable (compared to 37% in 2003), with approximately equal proportions commenting that the purity of ice had decreased (21%) in the last six months (19% in 2003) or was fluctuating (24%; an increase from 5% in 2003). Twelve percent of IDU who commented on ice believed the purity to be increasing (a small decrease from 19% reported in 2003).

Of the key experts who commented on the purity of ice (n=5), four believed that the purity was high and one reported that the purity had fluctuated. Two of these key experts believed that the purity of ice had increased in the preceding six months, two believed that it had remained stable, and one reported that the purity fluctuated.

As shown in Figure 11, 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 was reported to be 21% in the July-September quarter of 2003, decreasing to 15% in the October-December quarter of 2003 and 8% in the January-March quarter of 2004. In the April-June quarter of 2004 there was a dramatic increase in the median methamphetamine purity in the ACT to 58%.

Figure 11: Median purity of methamphetamine seizures by ACT local police, July 1999 to June 2004



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

5.4 Methamphetamine Use

5.4.1 Methamphetamine use among IDU

Eighty one percent of IDU reported using some form of methamphetamine in the previous six months in 2004, a small, but non-significant ($p > .05$) increase compared to 74% in the previous year. Methamphetamine was the first drug injected by 37% of IDU in the 2004 sample (43% in 2003) and the last drug injected prior to the interview by 19% (27% in 2003). Twenty-three percent of IDU reported that methamphetamine was the drug injected most often in the last month prior to the interview (in comparison to 30% in 2003). Crystal methamphetamine or ice was nominated as the drug of choice by 15% of IDU and speed the drug of choice for 5%. By comparison, 14% of IDU in 2003 reported methamphetamine as the drug of choice. In 2004, the median number of days on which speed, base and ice used in the six months prior to the interview was reported to be 7 (12 in 2003), 4 (10 in 2003) and 6 (15 in 2003) days respectively.

5.4.2 Current patterns of methamphetamine use

Among the 2004 IDU sample, 41% had used speed in the six months preceding the interview, which is similar to the 48% who reported the recent use of speed in 2003. A higher percentage of IDU reported the recent use of base methamphetamine in 2004 than in 2003 (25% compared to 13%, $p < .05$). However, the use of ice in the six-month period prior to the interview remained relatively stable with 73% of IDU reporting recent use compared to 65% in 2003 ($p > .05$).

Seventeen percent of IDU using methamphetamine in the six months preceding the interview reported the use of illicitly obtained prescription amphetamines during this period (a slight decrease from 23% in 2003), and a smaller proportion (9%) reported having used liquid amphetamine (similar to 10% in the previous year). Only four percent of recent methamphetamine users reported the use of licitly obtained prescription amphetamines during the six months prior to interview (a slight decrease from 8% reported in 2003). The majority (80%) of IDU who had used methamphetamine in the six months prior to interview reported that ice was the form used most frequently during that period (a slight increase from 71% reported in 2003). A smaller proportion of IDU who reported recent use of methamphetamine stated that speed was the form most used (19% in 2004 compared to 21% in 2003) and base was rated as the form of methamphetamine used most often by only 2% of IDU who reported recent use (1% in 2003).

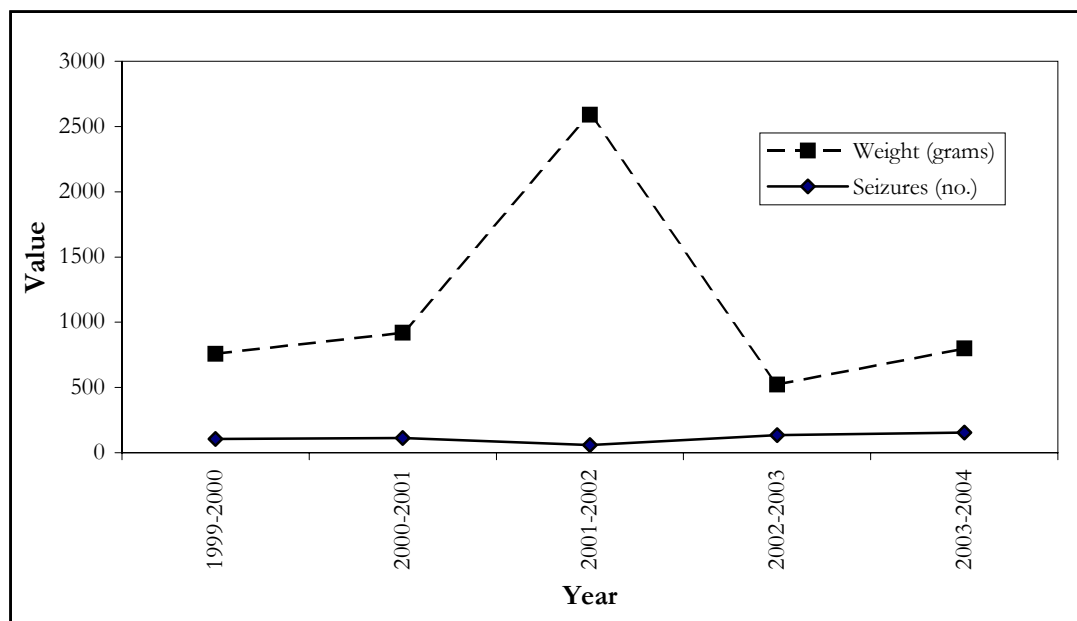
Among the IDU who reported the recent use of methamphetamine, 57% reported having injected speed in the six months prior to the interview (a small but non-significant decrease from 65% in 2003, $p > .05$). However, there was a significant increase in the proportion of IDU who recently used methamphetamine who had injected base (26% in 2004; 13% in 2003, $p < .05$). Seventy eight percent of IDU reported having injected ice in the last six months (a significant increase from 64% in 2003, $p < .05$). Ice was the most common form of methamphetamine taken the day before the interview, with 11% of IDU having used the drug (comparable to 14% in 2003).

The majority of key experts expressed the belief that ice and heroin use were becoming more interchangeable, with IDU contacts using higher levels of ice when heroin was more difficult to obtain. Key experts who nominated heroin as the primary drug used by IDU contacts reported between 30% and 70% of heroin IDU also used ice.

5.5 Methamphetamine Law Enforcement Seizure Data

Figure 12 shows the number and weight of methamphetamine seizures in the ACT from 1999 to 2004. The number of seizures has remained stable since July 1999. In 2000-2001, state police in the ACT seized 807 grams of amphetamine-type stimulants. There was an approximate three-fold increase in 2001-2002 with 2532 grams of amphetamine-type stimulants seized. The weight of seizures decreased to 388 grams in 2002-2003, increasing to 644 grams in 2003-2004.

Figure 12: Number and weight of methamphetamine seizures in the ACT, July 1999 to June 2004



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

Table 10 presents the number of amphetamine-type stimulant consumer and provider arrests in the ACT from 1997 to 2004. As mentioned previously, The Australian Crime Commission (ACC) classifies consumers as offenders who are charged with user-type offences (e.g. possession and use of illicit drugs), whereas providers are offenders who are charged with supply-type offences (e.g. trafficking, selling, manufacture or cultivation). Prior to 2000, the number of arrests in the ACT relating to amphetamine-type stimulants remained low with 18 arrests in 1997-1998 and 23 in 1998-1999. In 2000-2001 the number of arrests dramatically increased, coinciding with an increase in methamphetamine use (particularly speed and ice) in the ACT. Since 2000-2001 the number of people in the ACT charged with user-type offences is approximately 4 times greater than the number charged with supply-type offences. In 2003-2004 there were 60 males and 16 females charged with user-type offences, compared to 41 males and 11 females in 2002-2003. While the number of females charged with supply-type offences remained low and stable, the number of males charged with supply-type offences more than doubled from 8 in 2002-2003 to 19 in 2003-2004.

Table 10: Number of amphetamine-type stimulants consumer and provider arrests, ACT, 1997 to 2004

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	- ^a	- ^a	- ^a	- ^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

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

Note: ^a Figures for ACT 1999-2000 were not available

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

5.6 Methamphetamine related harms

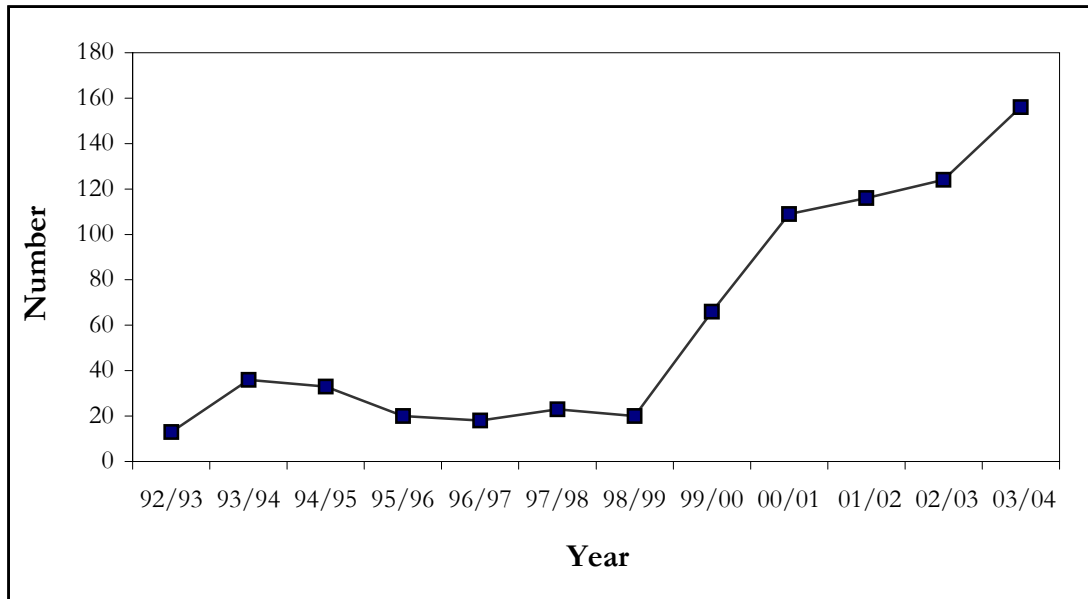
5.6.1 Health

An analysis of health problems due to the injection of methamphetamines revealed that only one IDU in the 2004 sample reported problems resulting from a dirty hit i.e. suffering complications after injection due to contaminants). No IDU reported having overdosed as a result of methamphetamine injection.

A number of health issues relating to methamphetamine use were commented on by key experts. The majority of key experts reported perceived increases in agitation and violent behaviour amongst users of ice. Key experts also reported increasing rates of possible drug-induced psychosis among IDU who used ice. Seven key experts commented on increased sexual high-risk behaviours regarding young users of ice (especially females), specifically the lack of safe sex practices. One key expert described an increase in non-consensual sex, and one key expert expressing the belief that it is common for younger female ice IDU to 'hook up' with dealers, exchanging sex for accommodation and drugs, thereby being introduced to sex work and unsafe sexual practices.

As can be seen in Figure 13, there has been a steady increase in the number of clients withdrawing from methamphetamine at Arcadia House from 1998-1999 to 2003-2004. In 2003-2004 there were a total of 156 clients who attended Arcadia House for methamphetamine withdrawal, an increase from 124 clients in 2002-2003 and 116 clients in 2001-2002. The number of clients seeking help to withdraw from methamphetamine corresponds to the increase use of methamphetamine, particularly ice in the ACT.

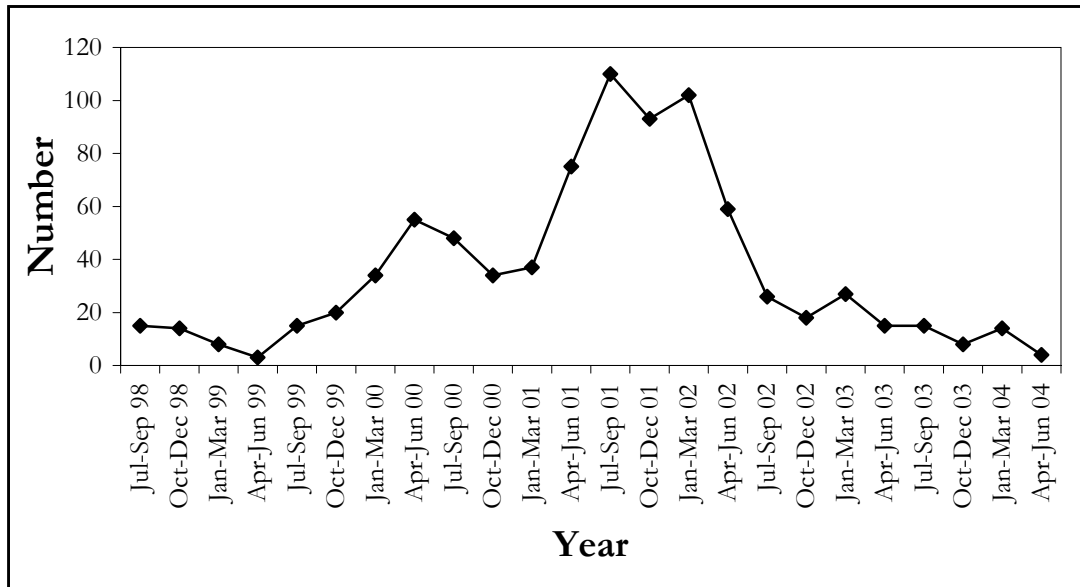
Figure 13: Number of Arcadia House clients undergoing withdrawal from methamphetamine, 1992-1993 to 2003-2004



Source: Assisting Drug Dependents Incorporated (ADDInc)

As can be seen in Figure 14, there was a large increase in the number of clients in methamphetamine case management in the ACT during 2001. Since January 2002 the number of clients in methamphetamine case management has continued to decrease. In the 2001-2002 financial year, 364 ACT Alcohol and Drug Program clients were in methamphetamine case management. The following financial year, (2002-2003) this figure dramatically decreased with 86 clients in case management. In the 2003-2004 financial year the number of clients in methamphetamine case management fell by half that reported in the previous financial year to 41 clients. It is surprising that the number of clients in methamphetamine case management are decreasing given that the prevalence of methamphetamine use, particularly ice use, remains high among the IDU sample in the ACT in 2004. Moreover, these figures are surprising in light of the increase in presentations for withdrawal from methamphetamine at Arcadia House in 2003-2004 noted above.

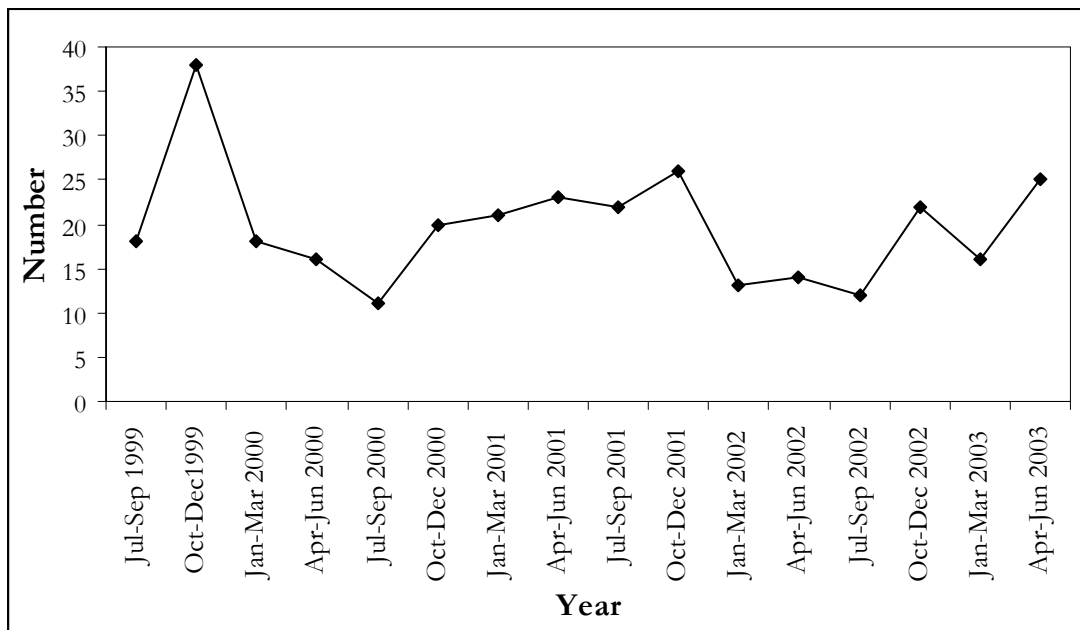
Figure 14: Number of ACT Alcohol and Drug Program clients in methamphetamine case management, by quarter, July 1998 to June 2004



Source: ACT Alcohol and Drug Program (ADP)

Figure 15 shows the number of methamphetamine related hospital admissions in the ACT from 1999 to 2003. In the period 1999-2000 there was a total of 90 hospital admissions due to methamphetamine, peaking in the October-December quarter with 38 admissions. As can be seen from Figure 15, after the peak in October-December 1999, admissions for methamphetamine problems have remained stable, fluctuating between 10 to 25 admissions per quarter. Admissions were at their highest in July-September 2000 and for the first three quarters of 2002.

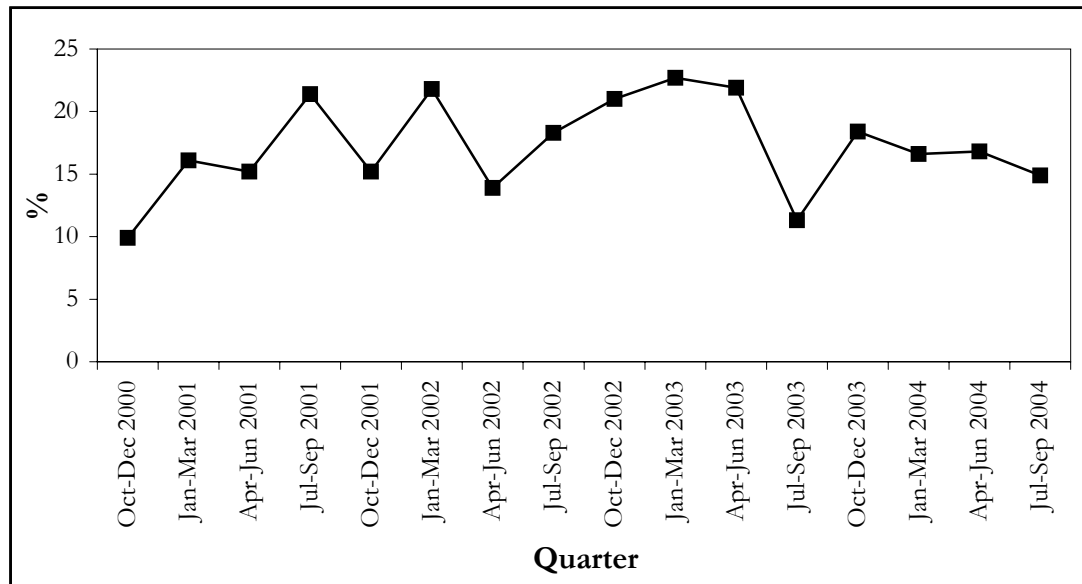
Figure 15: Number of hospital admissions due to methamphetamine among those aged 15-54 years, ACT, July 1999 to June 2003



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 16 shows the percent of methamphetamine positive urine test results from October 2000 to June 2004. The percent of methamphetamine positive urine tests has remained stable, fluctuating between 10 and just over 20%. From the October- December quarter of 2003 to the April- June quarter of 2004 the percent of methamphetamine positive urine tests appears to be decreasing slightly.

Figure 16: Percent methamphetamine positive urine tests, by quarter, October 2000 to June 2004



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

5.7 Trends in methamphetamine use

The most notable change in methamphetamine use in the ACT in 2004 is the increase in the use of base methamphetamine amongst IDU and a higher rate of injection for both base and ice. Data from 2003 revealed that there was an increasing trend to inject crystal methamphetamine. In 2004 this trend continued with significant increases in the number of IDU recently having injected crystal methamphetamine as well as base methamphetamine. However, in 2004, IDU reported that crystal/ice had become more difficult to obtain.

As in 2003, it would appear that IDU in the 2004 sample are using crystal methamphetamine not as a substitute for, but in addition to, heroin. Fifty IDU commented that they had observed a change in the type of drugs being used over the past six months, and of these, 39 specifically remarked on the increasing use of methamphetamine, particularly crystal methamphetamine. In 2004, IDU reported that the traditional opioid using population are also using ice or changing from heroin to ice.

5.8 Summary of methamphetamine trends

Table 11 summarises trends in the price, purity, availability and use of methamphetamine in the ACT 2004. As in 2003, the price for a point of each form of methamphetamine (speed, base, ice) remained stable at \$50. The price for other amounts of speed, base and ice (such as a gram) also remained stable with no statistically significant increases or decreases in the price. Speed was reported as ‘easy’ to ‘very easy’ to obtain, and availability had remained stable in the past six months. There was a trend (although non-significant) towards base becoming easier to obtain, which is reflected in the increase in use by IDU in the 2004 sample. There is also a trend of ice being more difficult to obtain in 2004. In 2004, there is a significant increase in the proportion of IDU who reported recent injection of base and ice.

Table 11: Summary on trends on methamphetamine price, purity, availability and use, ACT, 2004

Price (median)	
Speed powder	
Point	\$50 – compared with \$50 in 2003
Gram	\$200 – compared with \$175 in 2003
Base	
Point	\$50 – compared with \$50 in 2003
Gram	\$220 – compared with \$210 in 2003
Ice	
Point	\$50 – compared with \$50 in 2003
Gram	\$300 – compared with \$300 in 2003
Availability	
Powder	Very easy to easy, stable in the last six months
Base	No consensus
Ice	Easy to difficult, no consensus on change in availability over the last six months
Purity	Median purity in 2003-2004 was 20%, an increase from 11.5% in 2002-2003. Sudden increases in the purity of AFP seizures attributable to increasing domination of the market by crystal methamphetamine
Use	Speed and ice use stable, increase in base Ice the most common form used Increase in the proportion of IDU injecting ice and base

Source: ACT IDRS IDU Survey files, 2003, 2004

6 COCAINE

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

6.1 Price

In 2004, the median price of a gram of cocaine reported by IDU was \$350 (n=3), an increase when compared with the reported price for a gram of cocaine in 2003, which was reported to be \$200 (n=1). The 2004 IDU sample were unable to report on the price of a cap or half gram of cocaine.

When asked about changes in the price of cocaine in the previous six months, two IDU were unable to comment confidently on the issue. Of the four IDU who commented on price changes in the last six months, two reported it to be stable, and two reported that the price was fluctuating.

6.2 Availability

When asked about the availability of cocaine, the majority of respondents believed that it was difficult (n=3) or very difficult (n=1) to obtain, while one IDU reported that cocaine was very easy to obtain. The majority of respondents also reported that the availability remained 'stable' (n=4), while one IDU commented that the availability of cocaine had become 'more difficult' in the last six months.

6.3 Purity

The majority of respondents (n=4) able to comment on the current purity of cocaine in the ACT believed it to be 'low', while one respondent reported the purity of cocaine to be 'high'. When asked about changes in the purity of cocaine in the previous six months, those who could comment (n=4) reported it to be 'decreasing', a change from 2003 when the purity of cocaine was reported to be 'stable'.

Traditionally there have been low levels of cocaine use reported by IDU in the ACT and as a reflection the small number and weight of cocaine seizures made by the AFP supports this. In 2003-2004, 3 cocaine samples were analysed for purity in the ACT and the median purity was 48%.

6.4 Cocaine Use

6.4.1 Cocaine use among IDU

Approximately, two thirds (69%) of the IDU sample indicated that they had used cocaine at least once in their lives, with 10% of IDU having used cocaine in the six months preceding the interview (compared to 13% 2003). Almost two-thirds (62%) of the IDU sample reported having ever injected cocaine (57% in 2003), with 8% reporting that they had injected it in the last six months (12% in the previous year).

6.4.2 Current patterns of cocaine use

In addition to the 8% of IDU who had injected cocaine in the six months prior to the interview, 4% of respondents reported they had snorted cocaine in the last six months, one reported smoking it and one reported swallowing it during this period. Among the ten IDU who reported the recent use of cocaine, six had used it five days or less during the last six months, which reflects opportunistic use, rather than active drug seeking. None of the IDU in the 2004 sample indicated that they had used cocaine the day prior to the interview.

6.5 Cocaine Law Enforcement Seizure Data

Table 12 shows the number and weight of cocaine seizures in the ACT from July 1999 to June of 2004. During this period the number and weight of seizures has remained low, although in 2001-2002 there was a notable peak with 2650 grams of heroin seized. This corresponds with a similar peak in the weight of amphetamine seizures as well as a fall in heroin seizures. In 2003-2004 there were 6 cocaine seizures, weighing 4 grams.

Table 12: Number and weight of cocaine seizures in the ACT, July 1999 to June 2004

Year	Seizures (no.)	Weight (grams)
1999-2000	6	3
2000-2001	3	7
2001-2002	4	2650
2002-2003	0	0
2003-2004	6	4

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

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 13 in 2000-2001 and 2001-2002 there were 3 cocaine arrests, with two arrests being made in 2002-2003 and 2003-2004 respectively.

Table 13: Number of cocaine consumer and provider arrests, ACT, 2000-2004

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

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

6.6 Cocaine related harms

6.6.1 Health

Due to the small amount of cocaine use in the ACT, IDU in the 2004 sample who reported having used cocaine in the previous six months did not report any harms associated with its use. In the 2003-2004 financial year only one person in the ACT Alcohol and Drug Program was in case management for cocaine. The number of cocaine related hospital admissions remain low in the ACT. In 1999-2000 there were 2 cocaine hospital admissions, none in 2000-2001, 2 in 2001-2002 and 2 in 2002-2003.

6.7 Trends in cocaine use

Among the 10 IDU who had used cocaine in the previous six months, 8 reported using cocaine powder ¹. None reported using crack cocaine. Of those who commented on the forms of cocaine used (n=8), powdered cocaine was the only form used during that period.

6.8 Summary of cocaine trends

Table 14 summarises the trends in price, purity, availability and use of cocaine in the ACT in 2004. As with previous years, cocaine was not a drug of choice for IDU in the ACT in 2004. There was no consensus on the price of cocaine, with four unable to comment, two believing that the price is stable and two reporting that it was fluctuating. Cocaine was considered to be 'difficult' to 'very difficult' to obtain, and the availability was reported to be stable. Cocaine was reported to be of low and decreasing purity.

Table 14: Summary trends on cocaine price, purity, availability, and use, ACT, 2004

Price (median)	
Cap	No IDU reported on the price of a cap of cocaine in 2004 (\$50 in 2003)
Gram	\$350 in 2004 – an increase from \$200 in 2003
	<i>Caution: very few informants</i>
Availability	Very difficult to difficult to obtain, availability stable
	<i>Caution: very few informants</i>
Purity	In 2003-2004 the median purity of cocaine was reported by the ACC to be 48%, however only a small number of samples were analysed
Use	Use of cocaine low amongst IDU. Small decrease in the recent use of cocaine amongst IDU when compared to the preceding year. When cocaine is used by IDU it is used infrequently
	<i>Caution: very few informants</i>

Source: ACT IDRS IDU Survey files, 2003, 2004

¹ Two subjects did not respond to this question.

7 CANNABIS

In 2004 74% of IDU commented on indoor-cultivated cannabis ('hydro') trends in the ACT, while 56% reported on outdoor-cultivated cannabis ('bush'). Although fourteen key experts commented on cannabis use, information was generally limited to usage patterns, with only one key expert providing information on price (which did not differentiate cannabis types), and none specifically addressing potency.

7.1 Price

The median prices for hydroponic and outdoor ('bush') cannabis are shown in Table 15.

Table 15: Price of cannabis purchases by IDU, 2004

Amount	Hydro Median price* [\$]	Hydro Number of purchasers *	Bush Median price* [\$]	Bush Number of purchasers *
Ounce	280 (323)	25 (16)	200 (200)	14 (11)
Half ounce	160 (165)	7 (16)	145 (135)	4 (6)
Quarter ounce	90 (100)	29 (30)	65 (80)	10 (11)
Gram	20 (20)	40 (56)	20 (20)	26 (24)
2 grams	35 (40)	7 (6)	22.5 (20)	6 (3)
3 grams	50 (50)	5 (8)	50 (30)	4 (6)
Bag	80 (-)	5 (-)	80 (-)	3 (-)

Source: ACT IDRS IDU Survey files, 2003, 2004.

Note: *2003 median prices and number of purchasers are in brackets

A difference between the median prices reported for outdoor (bush) and indoor (hydroponic) cannabis were found in 2004 as they were in 2003. IDU reported that the median prices for larger amounts (1/4 ounce or more) of hydroponic cannabis (typically the more potent form) were greater than for outdoor cultivated cannabis or 'bush'.

In the six months preceding the interview, the amount of cannabis most commonly purchased by IDU was a gram, with 40 respondents (56 in 2003) reported buying a gram of hydro cannabis in the previous six months. In 2004, 26 IDU reported that they had bought a gram of bush in the same 6-month period. There was no difference in reported price for a gram of 'bush' (\$20) or a gram of hydroponic cannabis (\$20). The price of a gram of 'bush' or a gram of 'hydro' remained stable from 2003 to 2004.

However, 1/4 ounces (n=10) and ounces (n=14) of bush were amounts that were also commonly purchased. For hydroponic cannabis, 1/4 ounces (n=29) and ounces (n=25) were the most commonly purchased amounts in 2004. A small proportion of IDU also commented on the price of hash, however none of the IDU in the 2004 sample commented on the price of hash oil. Of the four respondents who commented on hash,

two reported the price to be \$20, one \$25 and another \$30. The majority of IDU who commented on hydro believed the price to be stable (76%), as did respondents who commented on bush (70%).

7.2 Availability

Ninety four percent of IDU commenting on indoor-cultivated or 'hydro' cannabis reported that it was 'very easy' (55%) to 'easy' (39%) to obtain. Approximately three quarters (76%) believed the availability of hydro had remained 'stable' in the six months preceding the interview, 11% believed it was 'easier' and 9% reported that hydro was becoming more difficult to obtain. The majority of IDU who commented on hydro purchased it from a dealer's home (51%), with smaller proportions buying hydro from friends (28%) or street dealers (11%). The median length of time it took respondents to score hydro cannabis in the six months prior to the interview was 15 minutes (ranging from 30 seconds to 24 hours). Key experts reported that the majority of their IDU contacts smoked hydroponic cannabis, that it was easy to obtain, and that availability was stable.

In relation to outdoor-cultivated cannabis or bush, 71% of IDU in 2004 reported it to be 'very easy' (30%) to 'easy' (41%) to obtain. Almost all of those who commented on bush cannabis reported the availability to be stable (82%), with a small proportion (14%) reporting the availability of bush to be more difficult in the six months preceding the interview. Among those commenting on bush, 37% purchased it from friends, 32% from dealer's homes and a further 19% from street dealers. The median length of time it took respondents to score bush cannabis in the six months preceding the interview (15 minutes) was the same as for hydro.

7.3 Potency

Respondents were asked (based on their experience) to estimate the current strength or potency of hydro and bush cannabis. Of the 74 IDU who commented on hydro, 60% believed the potency to be 'high' and 30% believed the potency to be 'medium'. Sixty two percent of respondents reporting on hydro commented that the potency had remained 'stable' in the six months prior to the interview. A small proportion (18%) believed the potency of hydro to be 'fluctuating' in the past six months. The majority (79%) of participants who gave information on bush cannabis believed the potency to be either 'high' (22%) to 'medium' (57%). Almost three quarters (70%) of respondents believed that in the six months preceding the interview, the potency of bush was 'stable' (61%) to 'increasing' (9%). Twenty-one percent believed the potency of bush to be 'fluctuating' in the previous six months.

7.4 Cannabis Use

7.4.1 Cannabis use among IDU

Almost all of the IDU interviewed in 2004 (98%) reporting having used cannabis at some time in their lives (comparable to 97% in 2003), with 85% reporting recent use (86% in 2003). As in 2003, cannabis was the drug of choice for 7% of the sample. Consistent with this, key experts reported that between 60%-90% of their IDU contacts used cannabis in the preceding six months.

7.4.2 Current patterns of cannabis use

Eighty five percent of IDU reported having used cannabis in the six months preceding the interview. As was the case in 2003, the median number of days that cannabis users reported using this drug in the previous six months was 180 (i.e. every day). After heroin, cannabis was the next most common illicit drug used the day prior to interview, with 51% of all IDU reporting its use 'yesterday' (compared to 60% in 2003).

Of those respondents who had used cannabis in the six months prior to the interview, 92% had used hydroponic cannabis (98% in 2003), 74% had used bush (79% in 2003), 15% had used hash (23% in 2003) and 6% had used hash oil in that period (14% in 2003). As in 2003, 81% of respondents in 2004 reported hydroponic cannabis to be the form of cannabis they used most often in the last six months.

7.5 Cannabis Law Enforcement Seizure Data

Table 16 shows the number and weight of cannabis seizures in the ACT from 1999 to 2004. 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. A total of 591 cannabis seizures were made by ACT police in 2003-2004, a slight decrease from 624 seizures made in 2002-2003.

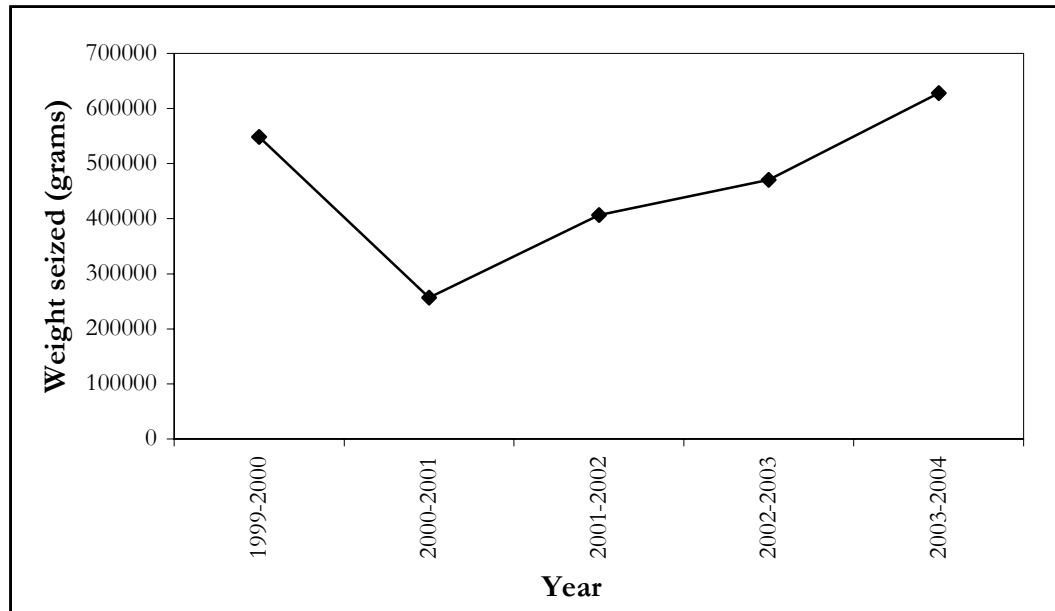
Table 16: Number and weight of cannabis seizures by ACT local police, July 1999 to June 2004

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

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

Figure 17 shows the average weight of cannabis seized in the ACT from 1999 to 2004. 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.

Figure 17: Average weight of cannabis seized in the ACT, July 1999 to June 2004



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

Table 17 summarises the number of cannabis consumer and provider arrests in the ACT from 1997 to 2004. In the ACT the greatest number of drug-specific arrests are due to user-type and supply-type cannabis offences. In 2003-2004, 65% of all consumer and provider arrests were due to cannabis offences (compared to 51% in 2002-2003). As can be seen from Table 17, the total number of cannabis arrests has been increasing since 1998-1999, with a total number of 267 arrests being made in 2003-2004. Since 2000-2001, males are almost 4 times more likely to be charged with user-type cannabis offences than females. As can be seen from Table 17, 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 arrests in 2002-2003 to 42 in 2003-2004.

Table 17: Number of cannabis consumer and provider arrests, ACT, 1997 to 2004

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	- ^a	- ^a	- ^a	- ^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

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

Note: ^a Figures for ACT 1999-2000 were not available

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

In the ACT, a Simple Cannabis Offence Notice (SCON) and a small fine are used to deal with minor cannabis offences, whereby the offence is expiated on payment of the fine. Table 18 presents the total number of SCONs given out in the ACT since 1997-1998. Despite the widespread use of cannabis among IDU in the ACT, the number of SCONs issued in the ACT has continued to decrease over the past four financial years. In 2003-2004, 79 SCONs were issued, representing a decrease from 84 in the previous year, and 105 in 2001-2002.

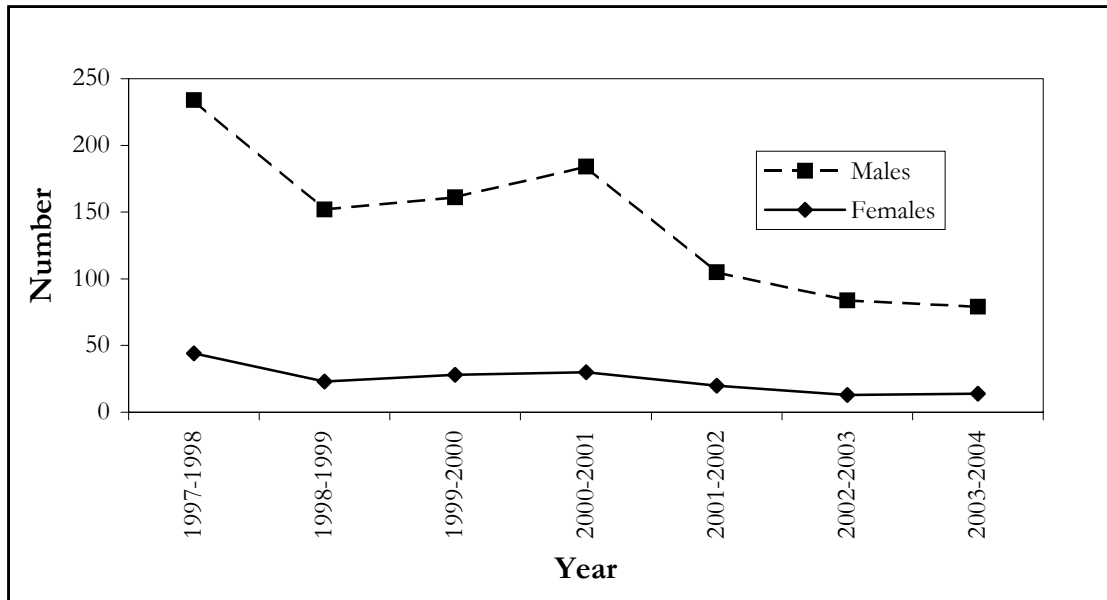
Table 18: Number of simple cannabis offence notices, ACT, 1997-1998 to 2003-2004

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

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

As can be seen in Figure 18, the number of SCONs given to females in the ACT has remained relatively stable since 1997-1998. In the ACT, males incur approximately 80% of all SCONs. As can be seen in the graph below, there appears to be a decrease in the number of SCONs given to males since the 2000-2001 financial year.

Figure 18: Number of simple cannabis offence notices for males and females, ACT, 1997-2004

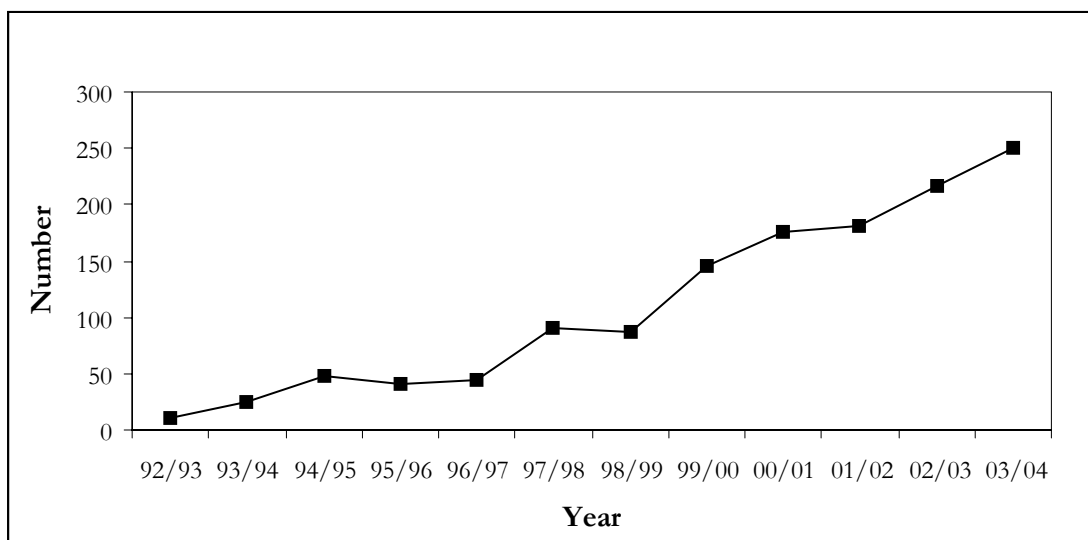


Source: ACC (1999; 2000; 2001; 2002; 2003; 2004)

7.6 Trends in cannabis use

The number of clients at Arcadia House withdrawing from cannabis continues to increase at a steady rate with each financial year. In 2003-2004, the number of patients withdrawing from cannabis increased from 216 in the previous year, to 250 (see Figure 19).

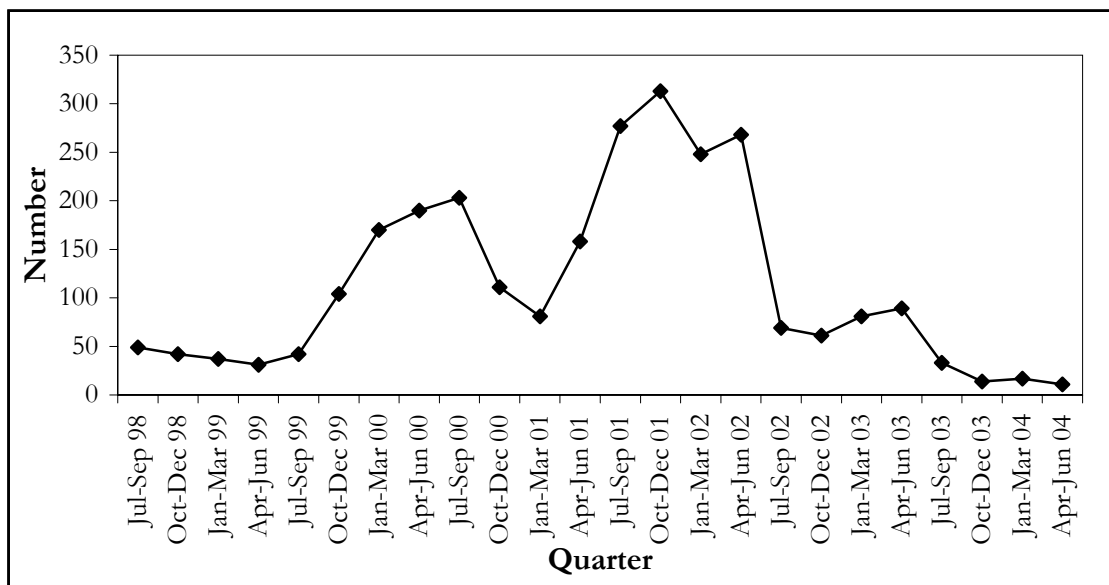
Figure 19: Number of Arcadia House clients undergoing withdrawal from cannabis, 1992-1993 to 2003-2004



Source: Assisting Drug Dependents (ADDInc)

In the ACT, the number of clients in cannabis-related case management peaked in the October-December quarter of 2001-2002 (313), after gradually increasing from the January-March period of 2001 (see Figure 20). In 2003-2004, the number of ACT Alcohol and Drug Program clients in cannabis case management was 75, a substantial decrease from the reported figure of 300 in 2002-2003. These figures are surprising given the steady increase since 1998-1999 in the number of clients presenting for cannabis withdrawal (see Figure 19 above). In the 2003-2004 financial year there were 24 ACT Alcohol and Drug Program clients in cannabis case management. There were 8 clients in the July-September quarter, 6 in the October-December quarter, and 10 clients in the January-March quarter.

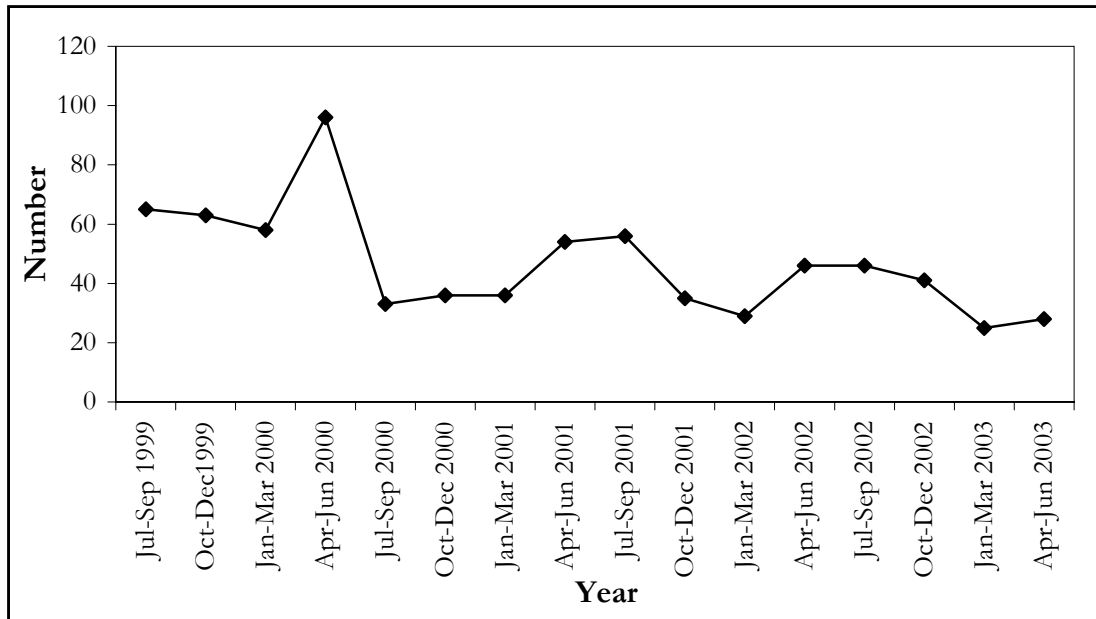
Figure 20: Number of ACT Alcohol and Drug Program clients in cannabis case management, by quarter, July 1998 to June 2004



Source: ACT Alcohol and Drug Program

The number of hospital admissions due to cannabis among persons aged 15 to 54 years is presented in Figure 21. The number of cannabis related hospital admissions peaked in the ACT in the April-June quarter of 2000 with 96 admissions. Hospital admissions due to cannabis related problems then decreased and have remained stable, fluctuating from 25 to 55 admissions per quarter.

Figure 21: Number of hospital admissions due to cannabis among those aged 15-54 years, ACT, July 1999 to June 2003



Source: Australian Institute of Health and Welfare

7.7 Summary of cannabis trends

Table 19 summarises the trends in price, purity, availability and use of cannabis in the ACT in 2004. The price remained the same as 2003 for both a gram of outdoor-cultivated cannabis (bush) and a gram of indoor-cultivated cannabis (hydro) at \$20. However, when larger quantities of cannabis are purchased (such as an ounce), the more potent form of cannabis (hydroponic) is more expensive to buy than bush (\$280 for an ounce of hydro compared with \$200 for an ounce of bush). Cannabis (hydro and bush) remained easy to very easy to obtain in the ACT, and the potency of cannabis was reported by IDU to be medium to high.

Table 19: Summary trends on cannabis price, purity, availability, and use, ACT, 2004

Price (median)	
Bush	
Gram	\$20 – compared with \$20 in 2003
Ounce	\$200 – compared with \$200 in 2003
Hydro	
Gram	\$20 – compared with \$20 in 2003
Ounce	\$280 – a decrease from \$323 in 2003
Availability	Easy to very easy to obtain and availability stable
Potency	Potency is perceived to be medium to high by IDU. Potency stable and fluctuating in the last six months
Use	Cannabis widely used by majority of IDU on a daily basis

8 OPIOIDS

8.1 Use of methadone

In 2004, the self-reported use of methadone amongst IDU was similar to that reported in 2003, with 64% of IDU indicating they had ever used illicit methadone (compared to 63% in 2003) and 69% indicating they had ever used licit methadone (compared to 70% in 2003). 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 prescription. The proportion of IDU reporting recent use of illicit methadone remained stable this year (29% in 2004) when compared to the previous year (26% in 2003). Thirty-four percent reported having used licit methadone, a decrease from 44% in the previous year.

Among those who reported using licit methadone in the preceding six months (n=34), 62% reported daily use, a slight increase from 59% in 2003 (n=44) who reported daily use. In 2004, 86% of IDU who reported using illicit methadone (n=29) in the last six months reported using on ten or less days, compared to 81% in 2003 who reported using illicit methadone on ten or less days.

In 2004, 32% of IDU reported having swallowed licit methadone in the previous six months (compared to 44% in 2003). In addition, 12% of IDU reported having used diverted licit methadone by injection in the six months prior to the interview (compared to 15% in 2003). In terms of illicit methadone, in 2004 12% reported having swallowed the drug in the six months preceding the interview (13% in 2003) and 25% had injected it (20% in 2003).

Fifty-two percent of IDU who had injected methadone in the month preceding the interview (n=21) reported having experienced injection-related difficulties specifically related to methadone injection, with the most common problems experienced including scarring/bruising (n=7), swelling of arm (n=3), difficulty finding veins (n=6) and methadone dependence (n=7). In 2003, problems due to methadone injection were similar to those reported in 2004 with seventy six percent of IDU who had injected methadone in the preceding month (n=17) reporting that they experienced injection-related difficulties specifically related to methadone injection. The most common problems experienced by IDU in 2003 were methadone dependence (n=7), scarring/bruising (n=6), difficulty finding veins (n=7) and the swelling of body parts (n=3).

When the 2004 IDU sample was asked about the different forms of methadone used in the six months prior to interview, 60% of respondents reported that licit methadone syrup was the most common form used followed by illicit methadone syrup (40%). Thirty percent reported having used illicitly obtained methadone syrup compared to 33% of IDU who reported having used licit methadone syrup in the six months preceding the interview. One respondent reported having used illicitly obtained physeptone tablets and two stated that they had used licit physeptone tablets in the six months prior to the interview.

Thirty IDU commented on the current price and availability of street methadone in the ACT. IDU reported that the median price for a millilitre of methadone was \$1 (as was reported in 2003), and the majority (77%) of those commenting on methadone reported

the price as remaining 'stable' over the past six months. Over half (60%) of the IDU who commented on the current availability of street methadone reported it to be 'easy' to 'very easy' to obtain, and 33% reported it to be '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. In 2004, of the IDU who commented on methadone 50% reported that street methadone was primarily obtained through friends (44% in 2003) and 27% obtained methadone from street dealers (19% in 2003). Ninety-two percent (compared to 78% in 2003) of respondents believed that their methadone was sourced through take-away doses.

8.2 Use of buprenorphine

Thirty percent of IDU in the 2004 sample reported that they had ever used licit buprenorphine (i.e. buprenorphine prescribed to them), compared to 22% in 2003. There was a significant increase in the number of IDU who reported having used buprenorphine in the past six months, 23% in 2004, compared to 10% in 2003 ($p < .05$). All, except one recent licit buprenorphine user reported having swallowing buprenorphine, however 5% of IDU reported having diverted licit buprenorphine via injection in the six months prior to the interview. Amongst those who had used buprenorphine in the preceding six months, the median number of days of use increased to 28 in 2004 from 21 in 2003.

Nine percent of IDU reported that they had ever used illicit buprenorphine (none of the IDU in the 2003 sample reported having ever used illicit buprenorphine). Illicit buprenorphine refers to the use of buprenorphine that is prescribed to someone else. A small proportion of IDU in 2004 (5%) reported having used illicit buprenorphine in the six months prior to the interview. In the six months preceding the interview, 5% of IDU reported having injected illicit buprenorphine and the same proportion (5%) reported swallowing the drug.

8.3 Use of morphine

Approximately three-quarters (78%) of the IDU sample had used morphine at least once in their lifetime, and 74% reported having ever injected it. In the six months prior to the interview, 40% reported having used morphine, a small, but non-significant decrease from 50% in 2003. Among the 40 IDU who reported morphine use in the six months preceding the interview, the median days of use in this period was 4.5 (5 in 2003). Forty percent of IDU reported injecting morphine in the past six months (compared to 49% in 2003).

More than half (57%) of the IDU who had injected morphine in the preceding month ($n=14$) reported experiencing injection-related difficulties specifically in relation to morphine injection. IDU reported that the most common problems experienced were morphine dependence ($n=4$), difficulty finding veins ($n=3$), scarring/bruising ($n=3$), and swelling of the arm ($n=3$).

Of the IDU who had used morphine in the six months preceding the interview, more than three quarters (80%) indicated they had used illicitly obtained morphine at least once during this period, and 88% reported that illicitly obtained morphine was the main form they had used. MS Contin® was the preferred brand of morphine for almost two-thirds (64%) of recent morphine users (compared to 97% in 2003).

In 2004, 27 IDU commented on the current price and availability of street morphine in the ACT. The median price for 100mg of morphine generally was \$40. The median price for 100mg MS Contin© tablet was reported to be \$40 while the median price for 100mg Kapanol© capsule was reported to be \$30.

The majority of IDU (48%) commenting on morphine reported that the price had remained 'stable' over the past six months, while 26% were unable to comment. A small proportion (11%) believed the price of street morphine to be 'fluctuating' in the six months preceding the interview. Forty-four percent of respondents commenting on morphine reported it to be 'easy' to 'very easy' to obtain, while a similar proportion (48%) reported it to be 'difficult' to 'very difficult' to currently obtain. The IDU sample was therefore divided in their perception of the ease of which morphine could be obtained in the ACT. This was also the case in 2003. Almost two-thirds (63%) of respondents reported that the availability of morphine had remained 'stable' in the past six months. Morphine was primarily obtained through friends (52%) followed by street dealers (28%) and to a lesser extent from the dealers' home (12%).

8.4 Other opioids

In 2004, 31% of IDU reported that they had used 'homebake heroin' at least once in their lifetime (compared to 44% in 2003). The observed decrease in the proportion of IDU reporting having ever used 'homebake heroin' from 2004 to 2003 approached statistical significance, $p=.058$. However, only 6% of the sample reported the use of 'homebake heroin' in the six months prior to the interview, a significant decrease from 16% reporting recent use in the previous year ($p<.05$). All who reported recent use of 'homebake heroin' had injected it. There was no significant difference ($p>.05$) between the mean numbers of days that 'homebake heroin' was used in the last six months in 2004 ($M=2$, $SD=12.79$) or 2003 ($M=3$, $SD=15.16$).

Thirty-seven percent of IDU reported that they had ever used opioids other than those listed above at least once (compared to 46% in 2003) and 17% had ever injected them (a significant decrease from 32% in 2003, $p<.05$). In the six months prior to interview, almost one in five (17%) IDU reported the use of other opioids, with the most popular form being Panadeine Forte (40%). The median days of use in the past six months increased slightly from 7 days in 2003 to 10 days in 2004.

8.5 Summary

Table 20 presents the summary for trends in the use of opioids, including methadone, buprenorphine, and morphine among the IDU sample in 2004.

Table 20: Summary of trends for opioids (i.e. methadone, buprenorphine and morphine), ACT, 2004

Methadone	Thirty-two percent of IDU reported the use of licit methadone in the previous six months, compared to 29% of IDU who reported using illicitly obtained methadone in this period.
Buprenorphine	Buprenorphine use is increasing – 23% reported using licit buprenorphine in 2004 compared with 10% in 2003. Five people reported illicit use and 5 injected illicit buprenorphine in the past 6 months.
Morphine	Forty percent of the sample reported using morphine (compared to 50% in 2003), with nearly all injecting it and the majority obtaining it illicitly.
Other opioids	Decrease in the use of homebake heroin used in the six months prior to the interview from 16% in 2003 to 6% in 2004. Seventeen percent had used other opioids in past 6 months, with licitly obtained opioids being the primary form used.

9 OTHER DRUGS

9.1 Ecstasy

As in 2003, almost two thirds (64%) of the IDU sample in 2004 reported ever having used ecstasy, and 29% had ever injected it (compared to 32% in 2003). There was a slight decrease in the number of IDU who reported having used ecstasy in the six months prior to the interview from 26% in 2003 to 21% in 2004. A small proportion (10%) reported having injected ecstasy in the last six months and of those who had recently used ecstasy, the median number of days used was two.

9.2 Benzodiazepines

More than three quarters (79%) of IDU in 2004 reported having used benzodiazepines at least once during their lifetime, and approximately one-quarter (26%) reported ever having injected benzodiazepines. Fifty-nine percent of the IDU sample in 2004 had used benzodiazepines in the six months prior to the interview (compared to 62% in 2003), and among those who had, the median number of days of use was reported to be 13 (compared to 14 days in 2003). There was no significant difference between the proportions of IDU who reported the recent use of licit benzodiazepines in 2004 (75%) compared to 2003 (73%). There appeared to be a trend towards a decrease in the number of IDU who reported the use of illicitly obtained benzodiazepines during the six months prior to interview (41% in 2004 compared with 56% in 2003) however the difference was not significant. Less than one third (30%) of recent benzodiazepine users reported that the form of benzodiazepines they had used most often in the preceding six months was illicitly obtained. The most common form of benzodiazepines reported by users was Valium® (65%), followed by Serepax® (9%) and Temazepam® (7%).

9.3 Anti-depressants

Over half (51%) of IDU in 2004 (compared to 33% in 2003) reported ever having used anti-depressants, and 25% reported the use of anti-depressants in the six months preceding the interview (compared to 16% in the previous year). Among those who had used antidepressants in the past six months, the median number of days of use was 37 (compared to 30 days in 2003) and swallowing was the primary route of administration used, although one IDU reported having injected antidepressants in the last six months. In the six months preceding interview, 19% (n=4) of recent antidepressant users had used illicitly obtained antidepressants. The most common brand of antidepressant used was Zoloft® (25%) followed by Aropax® (15%).

9.4 Pharmaceutical Stimulants

In 2004 IDU respondents were 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 2004, 39% of the IDU sample reported having ever used pharmaceutical stimulants, comparable to 41% in 2003. Almost one quarter (23%) reported having used pharmaceutical stimulants in the six months preceding the interview, a small but non-significant increase from 19% in 2003. Fifteen percent of the

IDU sample reported having injected pharmaceutical stimulants in the six months prior to the interview, a slight increase from 12% in 2003. The median days of use in 2004 was low at 4 days in the six months preceding the interview. In 2004, 14% of the IDU respondents reported the use of illicitly obtained prescription amphetamines (17% in 2003) in the last six months. This suggests that IDU are using pharmaceutical stimulants that are prescribed to another person.

6.4. Summary

Table 21 summarises the trends for other illicit drug use including ecstasy, benzodiazepines, anti-depressants and pharmaceutical stimulant use among IDU in the ACT in 2004.

Table 21: Summary trends for other illicit drugs (i.e. ecstasy, benzodiazepines and anti-depressants), ACT, 2004

Ecstasy	Less than one quarter (21%) of the sample had used ecstasy in the past six months
Benzodiazepines	Approximately three in five IDU had used benzodiazepines in the preceding six months. This was comparable to use reported by IDU in 2003
Anti-depressants	One quarter of IDU had used anti-depressants in the six months preceding the interview
Pharmaceutical Stimulants	Almost one quarter (23%) had used pharmaceutical stimulants in the six months prior to the interview, 14% reported recent use of illicitly obtained prescription amphetamines

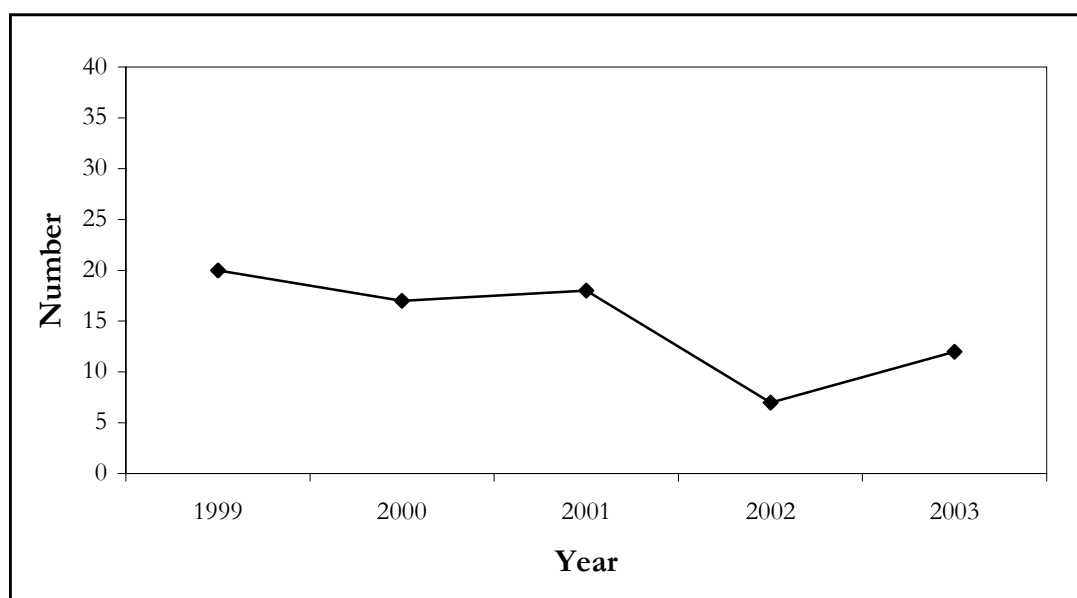
10 ASSOCIATED HARMS

10.1 Blood borne viruses

People who inject drugs are at risk of injection-related health problems such as infection with blood borne viruses including the human immunodeficiency virus (HIV), as well as hepatitis B (HBV) and C (HCV). Data presented in this section are derived from *HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia, Annual Surveillance Report 2004* (National Centre in HIV Epidemiology and Clinical Research, 2004a) and the *Australian NSP Survey National Data Report 1999-2003* (National Centre in HIV Epidemiology and Clinical Research, 2004b). In 2002 and 2003 there were no new notifiable cases of HBV in the ACT (National Notifiable Diseases Surveillance System), so the following information will focus on HCV and HIV.

In the ACT, in 2003, there were a total of 256 cases of HCV, an increase from 228 cases reported in 2002 and 224 in 2001 (National Centre in HIV Epidemiology and Clinical Research, 2004a). In 2003, 460 new cases of HCV were reported nationally, of which 12 were reported in the ACT. Figure 22 presents the number of newly diagnosed cases of HCV in the ACT from 1999- to 2003. This figure is almost double the 7 new HCV cases reported for 2002. However, new cases of HCV in the ACT remain lower than levels reported between 1999 and 2001. Nationally, the transmission of HCV is primarily attributable to a history of injecting drug use, with more than three quarters of all cases reporting having contracted hepatitis C infection from injecting drug use (National Centre in HIV Epidemiology and Clinical Research, 2004a).

Figure 22: Number of newly diagnosed HCV cases in the ACT, 1999-2003²

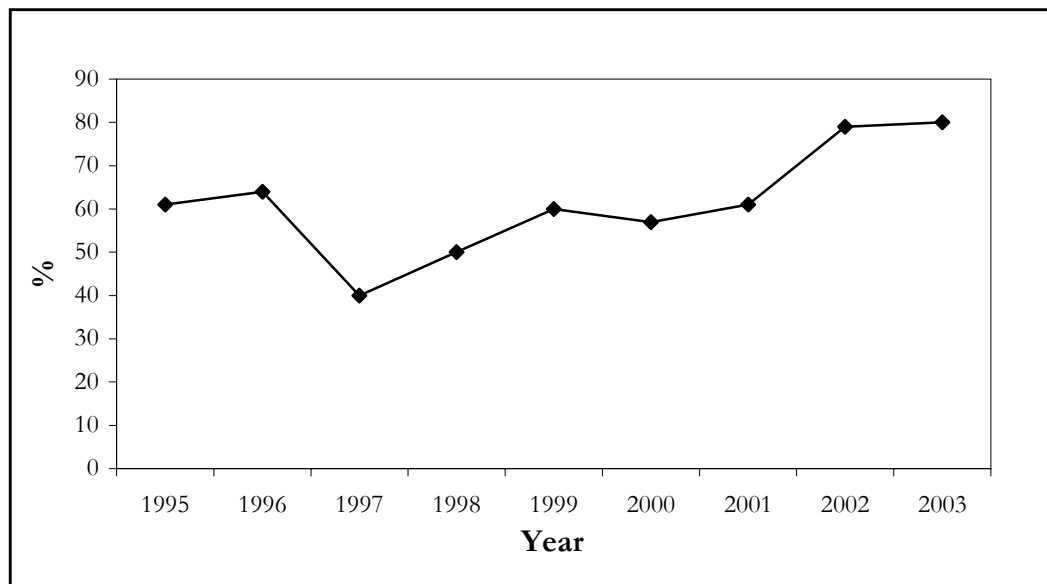


Source: NNDSS

² 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, between jurisdictions, and over time.

The HCV antibody prevalence among the IDU sampled for the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2004b) is shown in Figure 23. As can be seen from this figure, there has been a steady increase in HCV antibody prevalence since 1997. In 2003, 80 per cent of the 60 IDU tested were HCV antibody positive (comparable to 79 per cent reported in 2002).

Figure 23: HCV Antibody Prevalence among IDU, ACT, 1995-2003



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

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

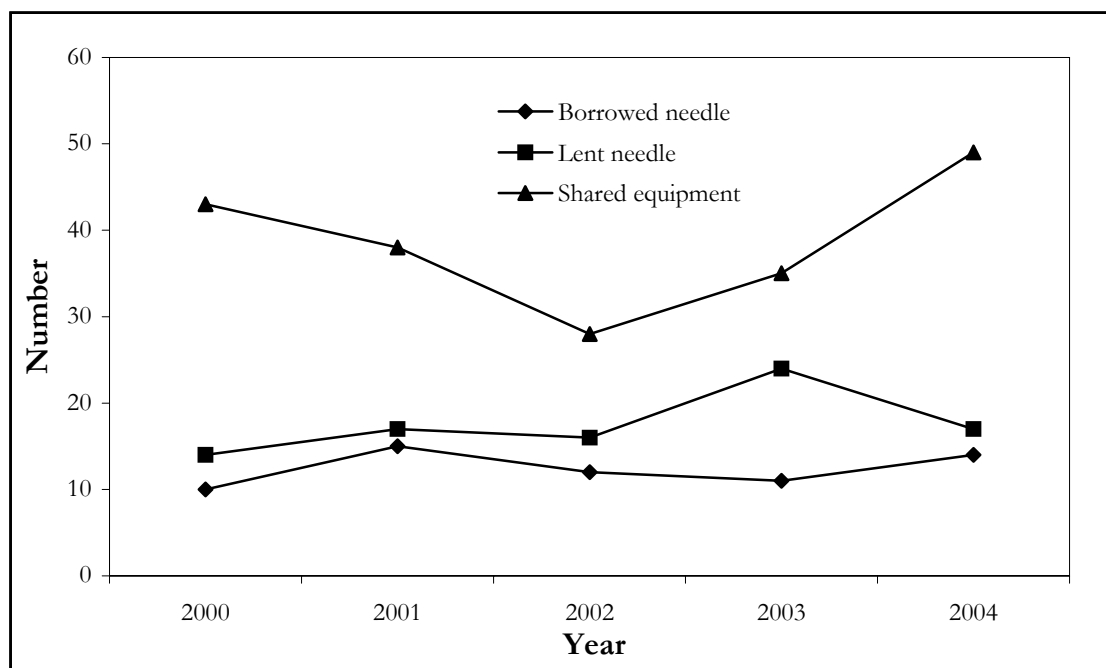
10.2 Sharing of injecting equipment among IDU

Figure 24 presents the number of IDU in the 2004 sample who reported sharing injecting equipment. In the month preceding the interview, 14% of IDU had injected with syringes that had already been used, a slight increase from 11% reported in 2003 and 12% reported in 2002. Women in the 2004 IDU sample (14%) were slightly more likely to have injected with needles that had already been used than men (12%). Of those who had injected with used syringes, most (n=12) reported that only one other person had used the needle prior to them, while one participant reported that two people had used the needle prior to their use. IDU reported that the people who had used syringes prior to themselves were regular sex partners (n=9), close friends (n=1) and acquaintances (n=3).

The proportion of IDU that reported lending needles decreased from 24% in 2003 to 17% in 2004. Six percent of IDU reported that someone else used their needle once after they had used it, while 11 respondents reported that the needle was used two or more times. A greater proportion of female IDU (23%) reported that someone else used their needle after they had used it, compared to male IDU (14%).

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 2004, 49% of the IDU sample reported having used other injecting equipment after it had been used by someone else (a significant increase from 35% reported in 2003, $p < .05$). There was a corresponding increase in the number of IDU who specifically reported using spoons and mixing containers that had been used previously by others (44% in 2004 compared with 26% in 2003, $p < .05$). Twenty-six percent reported using filters after someone else (20% in 2003), 11% reported tourniquets (12% in 2003) and 18% water (19% in 2003).

Figure 24: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000 to 2004



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

10.2.1 Summary

In 2003 there was an increase in the number new cases of HCV reported for the ACT. The rate of infection among IDU remains very high, with 79% of participants in the NSP annual survey being HCV antibody positive (an increase from 75% in 2002). 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 four years. In 2004 the levels of injecting-related risk behaviour remains sufficiently high to warrant concern, with 1 in 7 respondents in the IDU survey in the ACT reporting borrowing used needles and syringes in the month prior to the interview (compared to 1 in 10 the previous year). One in six IDU reported lending needles and syringes, (a small decrease from 1 in 4 lending them in 2003). Approximately 1 in 2 IDU reported sharing other injecting equipment (an increase from 1 in 3 in 2003). In the context of increasing HCV infection rates, this is of some concern because sharing injection equipment other than needles and syringes is also thought to be implicated in HCV transmission (Crofts, Nigro, O'Man, Stevenson, & Sherman, 1997; Hagan, Thiede, Weiss, Hopkins, Duchin, & Alexander, 2001).

10.3 Location of injections

Table 22 presents a summary of the last and usual location of drug injection among the IDU samples from 2002 to 2003. Eighty- one percent of IDU reported that their usual location of injection was a private home, although a smaller proportion (65%) reported a private home as their last place of injection. Ten percent reported a public place (such as street, park or beach) as the last location of injection, with a similar proportion (7%) indicated that their usual location of injection was a public place. Fifteen percent reported a public toilet as the last location of injection, although only 9% reported a public toilet as their usual place of injection. Smaller proportions reported injecting in a car (8% last injection, 3% usual location of injection), in a bus (1% last injection) and at a bus shelter (1% last injection) as sites of injection in the past month.

In 2004, the proportion of IDU reporting the last location of injection to be a public place, i.e. car, public toilet, street increased from 21% in 2003 to 35% in 2004 ($p<.05$). This finding indicates that less IDU are injecting in their private homes in 2004 when compared with IDU in the 2003 sample. The increase in public injecting among IDU in 2004 is of some concern because injecting in public locations has been found to be associated with increased risk of injection-related health problems, such as vascular damage and overdose (Darke, Kaye and Ross, 2001).

Table 22: Location of usual and last injection in the month preceding interview ACT, 2002 to 2004

	2002 n=100	2003 n=100	2004 n=100
Location of usual injection (%)			
Private home	81	76	81
Public toilet	5	6	9
Street/park/beach	6	9	7
Car	6	5	3
Location of last injection (%)			
Private home	62	79	65
Public toilet	12	7	15
Street/park/beach	14	10	10
Car	9	3	8

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

10.4 Injection related health problems

In 2004, 69% of IDU respondents reported having experienced at least one injection problem in the month preceding the interview (comparable to 65% in 2003) and 32% reported experiencing two or more problems during this period (36% in 2003). As can be seen from Table 23, consistent with IDU reports from 2002 and 2003, the most commonly experienced injection related problems in 2004 were scarring/bruising of injection sites (49%) and difficulty injecting (31%). In 2004, 87% of IDU had been present at least one overdose of another person in their lifetime.

Table 23: Injection-related health problems experienced in month preceding interview, ACT, 2002 to 2004

	2002 n=100	2003 n=100	2004 n=100
Injection-related health problems in past month (%)			
Scarring/bruising	49	44	49
Difficulty injecting	36	39	31
'Dirty hit'	11	17	14
Infections/abscesses	4	7	8
Overdose	5	7	5

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

10.5 Expenditure on illicit drugs

As can be seen from Table 24, 59% of IDU reported having spent money on illicit drugs on the day prior to the interview, compared to 64% in 2003. Among those IDU who had spent money on illicit drugs on the day preceding the interview, the median expenditure by IDU in 2004 was \$90, a slight increase from a median of \$80 in 2003. In 2004 32% of IDU spent \$50 to \$199 on illicit drugs on the day prior to the interview, compared to 33% in 2003. There was no significant difference between males and females, or those employed full time versus those who weren't regarding whether they had spent money on illicit drugs the day preceding the interview.

Table 24: Expenditure on illicit drugs on the day prior to the interview, ACT, 2003 and 2004

	2003	2004
Nothing	36	41
Less than \$20	9	4
\$20 - \$49	8	13
\$50 - \$99	17	14
\$100 - \$199	16	18
\$200 - \$399	11	9
\$400 or more	3	1
Median expenditure (\$)	80	90

Source: ACT IDRS IDU Survey files, 2003 and 2004

10.6 Mental health problems

Almost half (43%) of IDU interviewed in 2004 reported having had mental health problems other than drug dependence in the six months preceding the interview.

In 2004, a greater proportion of female IDU (54%) reported having had mental health problems in the last six months than males (37%). This difference was statistically significant at $p < .01$. This is consistent with other research on sex differences in the prevalence of mental health problems among IDU (Henderson, Andrews & Hall, 2000; Teesson, Hall, Lynskey & Degenhardt, 2000).

Only twenty-nine percent reported seeing a mental health professional for a problem 'other than drug use' in the six months prior to interview. There were equal proportions of males (29%) and females (29%) who consulted a professional for mental health problems during this period. The mental health problems that IDU most commonly sought help for were depression (19%), schizophrenia (8%) and anxiety (4%).

More females reported experiencing depression in the six months preceding the interview than males (40% versus 15% respectively, $p < .05$). IDU also reported seeking professional help for other mental health problems such as panic ($n=2$), phobia ($n=1$), paranoia ($n=1$), drug induced psychosis ($n=1$), suicidal ideation ($n=1$), and ADHD/personality disorder ($n=1$).

Among the IDU in the sample who had sought professional help for a mental health problem, 18 had consulted general practitioners (GPs), 6 consulted counsellors, 12 consulted a psychiatrist and 2 had seen a psychologist. In the last six months, a significantly greater proportion of male IDU consulted a GP about mental health problems than female IDU (20% versus 14% respectively, $p < .05$). A small proportion reported seeking help from a mental health nurse, a psychiatric ward or a hospital emergency department.

10.7 Substance related aggression

Almost one-quarter (23%) of IDU reported becoming verbally aggressive following drug use (including alcohol and/or other drugs) in the previous six months. IDU reported becoming verbally aggressive following the use of heroin ($n=8$), crystal (ICE) ($n=7$), alcohol ($n=5$), cannabis ($n=4$), benzodiazepines ($n=3$) and speed ($n=2$). There was no statistically significant difference between the proportions of males (23%) and females (23%) that reported becoming verbally aggressive post drug use in the past six months ($p > .05$).

Less IDU reported becoming physically aggressive than verbally aggressive ($n=11$) following the use of alcohol and/or other drugs. Nearly half of those reporting physical aggression reported becoming so following the use of crystal (ICE) ($n=5$), heroin ($n=3$), and alcohol ($n=3$). Interestingly, a higher proportion of females (14%) reported becoming physically aggressive following drug use compared to males (9%), however this difference was not statistically significant ($p > .05$).

Seventy- one percent of the IDU sample reported that they had seen someone else that they know become verbally aggressive subsequent to drug use. IDU reported that others

were most likely to become verbally aggressive following the use of crystal (ICE) (n=43), alcohol (n=40), and heroin (n=15), followed by speed (n=8) and benzodiazepines (n=7). IDU reported that they had seen approximately equal proportions of males (73%) and females (66%) become verbally aggressive following drug use ($p>.05$).

Fifty-eight percent of the IDU sample reported having seen other people become physically aggressive post drug use in the six months prior to the interview. The IDU reported that the majority of others become physically aggressive following the use of alcohol (n=34) and crystal methamphetamine (n=33). IDU reported having seen a greater proportion of males (61%) than females (51%) become physically aggressive post drug use however this difference was not statistically significant ($p>.05$).

10.8 Criminal and police activity

There was a significant decrease in the proportion of IDU (34%) in 2004 that reported engaging in at least one act of criminal activity in the month prior to interview, when compared to 2003 (50%, $p<.05$). Specifically, in 2004, 13% of IDU reported having committed at least one property crime in the month prior to the interview, a small but non-significant decrease from 22% in 2003. There was a significant decrease in reports of drug dealing crimes from 35% in 2003 to 21% in 2004. Small proportions reported other crimes such as fraud (n=5) and violent crime (n=9).

As can be seen in Table 25, in 2004, 38% of IDU reported that they had been arrested in the last 12 months (comparable to 36% in 2003). IDU in the 2004 sample were arrested most frequently for property crime (n=11), violent crime (n=9), driving offences (n=5), use/possession charges (n=5), drug dealing charges (n=3) and fraud (n=2). In comparison, in 2003 IDU were arrested most frequently for property crime (n=14), violent crime (n=5), driving offences (n=4) and use/possession charges (n=4).

There was no significant difference in the proportion of men (34%) and women (34%) who reported having engaged in criminal activity in the past month ($p>.05$). Proportionally men and women were just as likely to have committed property crime in the last month (13% versus 14% respectively). The proportion of men (22%) and women (20%) engaged in drug dealing in the last month was similar. More men (n=28) reported having been arrested than women (n=10) in the previous 12 months, however this difference was not statistically significant. Data indicated that men (n=8) committed more violent crimes in the month prior to the interview than women (n=1). In terms of the proportion of men and women who were arrested for violent crime, 11% of the male IDU in the 2004 sample reported having been arrested for violent crime compared to 6% of the women in the sample.

Table 25: Criminal activity among IDU, ACT, 2003 and 2004

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

Source: ACT IDRS IDU Survey files, 2003, 2004

Notes: *Significant difference ($p < .05$) when compared to the previous year

As can be seen in Table 26, 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). In 2003-2004, males were approximately 4.5 times more likely to be arrested for drug related offences than females. The number of females arrested for drug related offences has remained stable over the past two financial years, with 73 arrests made in 2003-2004 and 76 in the previous year. The number of males charged with user-type offences increased from 253 in 2002-2003 to 262 in 2003-2004, as did the number of males charged with supply-type offences (58 in 2002-2003 to 77 in 2003-2004).

Table 26: Number of consumer and provider arrests for all drugs, ACT, 1997-2004

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

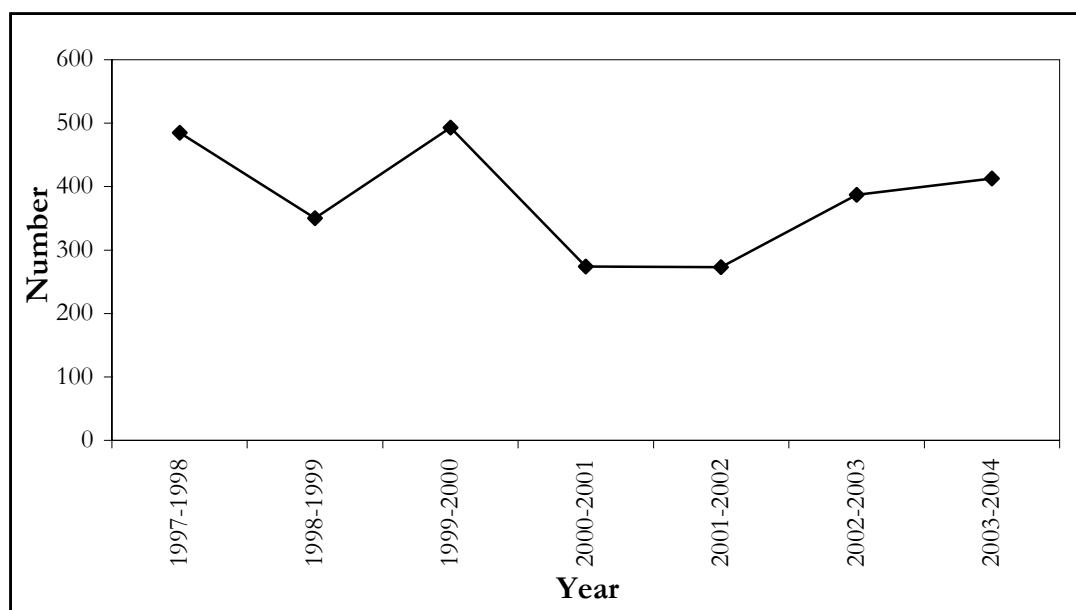
Source: ACC (1999; 2000; 2001; 2002; 2003; 2004)

Note: ^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 excludes Australian Federal Police data.

Figure 25: Number of drug-specific arrests for all drugs, ACT, 1997-1998 to 2003-2004



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

In terms of perception of police activity in the ACT (see Table 27), the majority (45%) of IDU interviewed in 2004 believed the level of police activity in the past six months to have remained stable (similar to 44% who believed police activity to be stable in 2003). In 2004 34% of IDU reported that they believed there to be an increase in the level of police activity in the ACT in the six months prior to the interview, a small but non-significant decrease when compared to 37% in the previous year. Almost one quarter (23%) of IDU interviewed in 2004 reported that police activity had made it more difficult for them to score drugs compared to 21% in 2003.

Table 27: IDU perception of police activity, ACT, 2003 and 2004

	2003	2004
Police activity- change (%)		
Don't know	17	20
More activity	37	34
Stable	44	45
Less activity	2	1
More difficult to obtain drugs due to police (%)		
Don't know	2	2
Yes	21	23
No	77	75

Source: ACT IDRS IDU Survey files, 2003, 2004

10.8.1 Summary

There was no significant change in the self-reported recent criminal activity, in terms of arrests between the 2004 and 2003 IDU samples. However, data from the ACC demonstrated an increase in the number of drug specific arrests made in 2003-2004 when compared to the previous year. In 2004, there was a significant decrease in the proportion of IDU who reported committing at least one crime in the month prior to the interview. Specifically, there was a significant decrease in the proportion of IDU who had engaged in drug dealing crimes. There was no significant difference in the perception of police activity from 2003 to 2004. In 2004 45% of IDU perceived police activity to be stable (comparable to 44% in 2003). In 2004 75% of the sample reported that they did not think police activity had made it more difficult to obtain drugs in the ACT (comparable to 77% in 2003).

11 DISCUSSION

11.1 Heroin

The price and purity of heroin in the ACT remained relatively stable in 2004 with heroin reported to be easy to very easy to obtain in the ACT. Although the proportion of IDU reporting recent use increased slightly, there is some suggestion that IDU are using heroin less frequently and this is supported by a decrease in the number of individuals reporting daily use this year. In 2004 there was a decrease in the use of rock heroin as well as homebake. Heroin is mainly purchased from mobile dealers or from a dealer's home.

Of concern is an increase in the rate of death from opioid overdose in 2003, with fatalities more than doubling from 8 deaths in 2002 to 17 in 2003. Although this represents approximately 5% of the national total, it is the highest rate of opioid overdose deaths in the ACT since 1996. Ambulance call-outs to non-fatal overdoses also remains low, but again there was an increase over 2003-2004 with numbers almost doubling. Despite evidence for increasing heroin use among the IDU sample, the number of presentations for opioid-related case management and heroin withdrawal remains low in the ACT.

11.2 Methamphetamine

In 2002, for the first time, the IDRS IDU questionnaire separated methamphetamine into three categories: crystal (ice), base and powder/speed. This separation has allowed the detection of changes in the methamphetamine market in the ACT over the past three years. The most important feature of these changes is the increase in the availability and use of crystal methamphetamine observed in 2003, which has persisted in 2004. The shift to crystal methamphetamine use means that users are getting better value for money by paying the same price, at least for smaller amounts, for a much purer product. The most common place to buy all forms of methamphetamine is from a dealer's home and it takes, on average, 30 minutes to procure.

The increase in the use of methamphetamine, the shift to the purer crystal form as well as an increase in ice injection in the ACT is likely to lead to increases in methamphetamine-related health as well as psychological and social problems. It is probable that some of the side effects of methamphetamine use (e.g. methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour) develop more rapidly and are more severe among users of the more potent crystal form of methamphetamine (Topp, Degenhardt, Kaye & Darke, 2002). Moreover, physical side effects such as profuse sweating, heart palpitations, hot and cold flushes, tremors and 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 & Topp, 2003). The notable increase in the proportion of IDU injecting methamphetamine is of concern due to the concomitant increase in the risk of usual injection related health problems such as scarring, bruising and infection of injection sites and the transmission of blood born viruses such as HIV and HCV.

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

11.3 Cocaine

Cocaine use remains stable in the ACT in 2004, with very low use being reported. Cocaine is very difficult to obtain and when it is obtained the purity is not perceived to be high. Given the low use of cocaine in the ACT, there are no significant implications of its use for discussion.

11.4 Cannabis

In 2003, for the first time, the IDRS IDU questionnaire separated cannabis into two categories: outdoor-cultivated 'bush' cannabis and indoor-cultivated 'hydroponic' cannabis. This distinction has allowed for any changes in trends for each form of cannabis to be monitored separately. As predicted, in 2004, the prices between the two forms of cannabis varied. In regard to larger quantities purchased (such as quarter ounces, half ounces, and ounces), hydroponic cannabis was more expensive to purchase than 'bush'. As in past years, the overwhelming majority of IDU commenting on cannabis reported it to be very easy to obtain in the ACT. Cannabis was mainly purchased through friends and from dealers' homes, and the median length of time it took to obtain was 15 minutes. Cannabis use was widespread and frequent among IDU, with half (52%) of the sample reporting daily use in the past six months. In 2003-2004, there was an increase in the number of clients withdrawing from cannabis at Arcadia House.

11.5 Other opioids

In the ACT, the use of diverted (illicit) methadone and buprenorphine use remained relatively stable across 2003 and 2004. With regards to illicit methadone (i.e. the use of methadone prescribed to someone else), the median number of days of use in the preceding six months remained at low levels. There was also a small (but non-significant) increase in the proportion of IDU who reported injecting illicit methadone during this period. The price of methadone remained stable at \$1 per millilitre. Methadone was primarily obtained through friends. As was the case in 2003, the majority of users believed their methadone was sourced through take-away doses. In 2004, the proportion of IDU reporting use of licit buprenorphine more than doubled. A small proportion of IDU reported recent use of illicitly obtained buprenorphine (i.e. buprenorphine prescribed to someone else), with the drug being diverted via injection.

In 2004, there was a decrease in the proportion of IDU reporting the recent use and also the recent injection of morphine when compared to figures from 2003. While the price of illicit morphine remained stable, IDU were divided in their response to the ease with which morphine could be obtained. Approximately half of the IDU who had injected morphine in the month prior to interview reported experiencing injection-related

problems specifically in relation to the injection of morphine. Four IDU reported problems with morphine dependence. The trend of an increase in the number of IDU reporting recent injection of morphine in 2003, has not appeared to continue in 2004, however, it will be important to monitor any future changes. In 2004, there was a significant decrease in the use of opioids other than morphine (e.g. Panadeine Forte and codeine).

11.6 Benzodiazepines

In 2004, the proportion of IDU who reported the recent use of benzodiazepines remained stable, as did the frequency of use among those IDU reporting the use of benzodiazepines. Swallowing remained the primary form of administration, and the previously documented low levels of injecting remained constant.

11.7 Associated harms

The rate of infection of HCV reported among ACT injecting drug users remains very high, with eight out of ten participants in the NSP annual survey (National Centre in HIV Epidemiology and Clinical Research, 2004b) being HCV antibody positive. Although the number of newly diagnosed HCV cases remains relatively low each year in the ACT, it is still the case that, despite these low numbers, the cases almost doubled in 2003 compared to 2002. No positive HIV tests have been returned for ACT participants in the NSP survey for the past four years, and the rate of HIV infection in this group remains low. The level of injecting-related risk behaviour among IDU, however, remains high enough to be of concern. Although the percentage of IDU who reported lending syringes in the ACT in 2004 decreased, there was a slight increase in the proportion of IDU who reported borrowing needles and a statistically significant increase in the sharing of other injection equipment. The increase in sharing of other injection equipment, such as spoons and swabs, is of concern in the context of an increasing HCV prevalence because transmission of this virus is associated with sharing such equipment (Crofts et al., 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 2004 and the previous year. Again, 'private' home was the location nominated by the overwhelming majority of IDU as the usual place of injection. Seven out of ten IDU reported experiencing at least one injection-related problem in the past month, similar to the figure reported in 2003. As was the case in the previous year, 'scarring/bruising' of the injection site, and 'difficulty injecting' were the most commonly reported difficulties experienced. There was a significant increase in the proportion of IDU who reported that their 'last' location of injection was a public place. The increase in injection in public places such as a public toilet, car or street, is of concern as increased harm is associated with injecting in public places. An Australian study conducted by Darke and colleagues (2001) reported that injecting drug users who frequently injected in public locations were more likely than other IDU to have experienced a heroin overdose in the previous 6 months. In addition, IDU who reported frequent public injection also reported more current injection-related problems, including accidentally hitting an artery, as well as lumps, swelling, scarring and bruising of injection sites. Darke and colleagues (2001) suggest that the increased level of harm associated with public injecting may be

attributable to injecting in a hurry, as well as the heightened risk of infection due to an unhygienic environment.

Research on the prevalence of mental health problems among persons with substance abuse problems has consistently reported high rates of mental disorders among this population. The National Survey of Mental health and Wellbeing (Henderson et al., 2000) estimated that 46% of Australian women with a substance-use disorder met criteria for an anxiety or depressive disorder, while 25% of men with a substance-use disorder met criteria for a co-morbid mental disorder. Rates of mental disorders in the general population were reported to be much lower with 10% of the adult population meeting criteria for at least one anxiety disorder and 6% for at least one depressive disorder. In 2004, the IDRS study found that 43% of IDU reported having recently experienced mental health problems (other than drug dependence). Consistent with research on sex differences in the prevalence of mental health problems among persons with drug use disorders (Henderson et al., 2000; Teesson et al., 2000) a greater proportion of female IDU reported having recent mental health problems than males in the 2004 IDRS study.

Despite these high rates of psychiatric problems, only 29% of the sample reported seeking professional help for mental health problems in the six months prior to interview and there were no differences between men and women in this regard. 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). However, unlike in the 2004 IDRS survey, treatment seeking in the National Survey of Mental Health and Wellbeing was more common among women than men. This suggests that there may be barriers to seeking help for female IDU in the ACT. The results of the 2004 IDRS study indicate that the majority of IDU who seek help for mental health problems seek it from general practitioners and psychiatrists. The problem that IDU most commonly sought help for was depression.

This year the IDRS study asked IDU about the relationship between drug use and verbal and physical aggression. Approximately one in five IDU reported becoming verbally aggressive and this occurred most often after using crystal methamphetamine (ice) and alcohol. Approximately one in ten IDU reported becoming physically aggressive, attributing this predominately to use of crystal methamphetamine. Aggressive behaviour among other people was perceived by IDU to be high, with 71% of IDU reporting that they had seen others become verbally aggressive post-drug use and 58% verbally aggressive. IDU attributed other peoples' post-drug verbal and physical aggression primarily to ice and alcohol use. As previously noted, irritability and aggression are common side effects of methamphetamine use (Degenhardt & Topp, 2003). It is interesting to note that IDU perceived aggressive behaviour to be primarily related to the use of the more potent crystal form of methamphetamine and did not perceive other forms of methamphetamine such as speed or base to be related to aggression. The association between ice use and aggression was also supported by key experts who perceived increases in agitation and violent behaviour amongst users of ice. These findings are consistent with research evidence that suggests that methamphetamine use is associated with violent crime and aggressive behaviour (Wright & Klee, 2001). However the relationship between methamphetamine and violence was complex in this study with many other contributing factors being implicated, such as personality characteristics, situational factors and the psychopharmacology of other drugs as well as methamphetamine (Wright & Klee, 2001).

Findings relating to aggression and drug use also raise issues regarding the validity of self-report measures of aggression. There was a discrepancy between IDU perception of their aggressive behaviour and that of other people, with a greater proportion of IDU reporting that they had seen someone else become aggressive following drug use. IDU perception of a high rate of aggressive behaviour in other people was mainly attributed to ice use and this was supported by a number of health and law enforcement key experts who also reported having witnessed agitation and aggressive behaviour among IDU who use ice. A probable explanation is that IDU self-report about the relationship between aggression and specific drugs is not as valid as observations of others aggressive behaviour. Social desirability bias as well as impression management may affect the validity of self-reported levels of aggression (Suris, Lind, Emmett, Borman, Kashnew & Barratt, 2004).

There were some notable changes between the IDU samples of 2003 and 2004, with regard to recent criminal activity. Although the proportion of IDU who reported having been arrested in the last year remained stable, there was a significant decrease in the proportion of IDU who reported engaging in at least one criminal activity in the month preceding the interview. This decrease was characterised by a reduction in reported property crime and drug dealing. Interestingly, the ACC reported an increase in heroin, cannabis and methamphetamine related arrests in the ACT in 2003-2004 when compared to the previous year, with marked increases in the number of males arrested for supply-type offences. The proportion of IDU who reported that the level of police activity had remained stable in the ACT in 2003 remained constant in 2004. The percentage of IDU who reported that the level of police activity had increased during the past six months also remained stable. In support of this, the number of IDU who reported that recent police activity had made it more difficult for them to score drugs remained the same as the previous year.

12 IMPLICATIONS

The heroin market in the ACT appears to have stabilised over the past two years. Since 2003 the price, purity and availability of heroin has remained relatively stable. However, the 2004 IDRS study observed a change in the current patterns of heroin use among IDU respondents. IDU in the 2004 study reported using heroin less frequently than 2003 IDU respondents. In support of this trend, there was a decrease in the number of IDU who reported using heroin on a daily basis. This trend needs to be monitored to see if it is indicative of a real change in the patterns of heroin use or a minor fluctuation in the 2004 IDRS data that may be attributable to differences in the sample recruited. It is important to note that recent heroin use among the 2004 IDU sample is almost universal and with the ease of access to heroin in the ACT, the demand for treatment for opioid dependence (i.e. methadone or buprenorphine maintenance) is expected to continue.

In 2003, the IDRS study noted a shift in the methamphetamine market to the increased availability and use of the more potent crystal methamphetamine (ice). In 2004, the continuing use of crystal methamphetamine remains a matter for some concern. Moreover the observed trends towards an increase in the injection of methamphetamine, specifically the crystal and base forms, is also of concern due to the risk of the transmission of blood-borne viruses and other injection-related health problems. The continuing use of ice as well as the increase in ice injection in the ACT is expected to be associated with a corresponding rise in problems associated with the use of

methamphetamine, such as methamphetamine psychosis, methamphetamine dependence, paranoia, cardiac difficulties, and aggressive behaviour (Degenhardt & Topp, 2003). In support of this interviews with IDU in 2004 indicate that ice use is associated with aggressive behaviour. Consequently, health and law enforcement professionals who work regularly with drug using populations may need to develop and implement strategies for dealing with individuals who are agitated and aggressive due to methamphetamine intoxication. Moreover, there are indications of an increase in demand for assistance with problems associated with methamphetamine use in the ACT, with the number of clients withdrawing from amphetamines in Arcadia House continuing to rise. This trend will need to be monitored and appropriate treatment services may need to be provided, as people seek help for problems associated with the consequences of methamphetamine use.

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