

# **AUSTRALIAN Capital Territory**

K. Butler

ACT DRUG TRENDS 2017

Findings from the  
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 183

AUSTRALIAN CAPITAL TERRITORY

Drug Trends

2017



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Illicit Drug Reporting System  
(IDRS)

Kerryn Butler

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University of New South Wales

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## ABBREVIATIONS

ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AIVL	Australian Injecting and Illicit Drug Users League
ATS	Amphetamine-type stimulants
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
Bush	Outdoor-cultivated cannabis
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
HCV	Hepatitis C virus
Hydro	Hydroponically grown cannabis
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
OST	Opioid substitution treatment
OTC	Over the counter
PBS	Pharmaceutical Benefits Scheme
PWID	Person/people who inject(s) drugs
SDS	Severity of Dependence scale
SPSS	Statistical Package for the Social Sciences

## GLOSSARY OF TERMS

Cap	Small amount, typically enough for one injection
Half weight	0.5 gram
Illicit	Illicit refers to drugs not legally permitted e.g. heroin, and pharmaceuticals obtained from a prescription in someone else's name, e.g. buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS
Person(s) who inject(s) drugs	Also referred to as PWID. In the context of the IDRS, refers to persons participating in the PWID Survey component of the IDRS (see Method section for further details)
Licit	Licit refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
Participant	In the context of this report refers to persons who participated in the PWID survey (does not refer to key expert participants unless stated otherwise)
Point	0.1 gram although may also be used as a term referring to an amount for one injection (similar to a 'cap'; see above)
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing
Session	A period of continuous use
Use	Use via one or more of the following routes of administration: injecting, smoking, snorting and/or swallowing

Common terms throughout the report:

- **People who inject drugs (PWID):** people who have injected a drug on six or more separate occasions in the previous six months
- **Recent use:** used at least once in the previous six months
- **Sentinel group:** a surveillance group that points toward trends and harms
- **Median:** the middle value of an ordered set of values
- **Mean:** the average
- **Frequency:** the number of occurrences within a given time period

Guide to days of use/injection:

180 days	daily use/injection over preceding six months
90 days	use/injection every second day
24 days	weekly use/injection
12 days	fortnightly use/injection
6 days	monthly use/injection

## EXECUTIVE SUMMARY

### **KEY FINDINGS FROM THE 2017 IDRS**

The Illicit Drug Reporting System (IDRS) is a monitoring system, identifying emerging trends of local and national concern in illicit drug markets. The IDRS consists of three components: interviews with a sentinel group of people who regularly inject drugs (PWID<sup>1</sup>) conducted in the capital cities of Australia, interviews with key experts who have contact with and knowledge of illicit drug use in the ACT, and analysis and examination of indicator data sources related to illicit drugs. In 2017, key expert interviews and indicator data are not included in the ACT IDRS and National reports.

### **DEMOGRAPHICS OF THE PARTICIPANT SAMPLE**

One hundred participants were recruited to the 2017 IDRS Australian Capital Territory (ACT) participant survey component. The mean age of the ACT sample was 43 years (range=20-64 years) and 72% were male. Almost the entire sample spoke English as their main language at home (98%), and 19% identified as being of Aboriginal and/or Torres Strait Islander descent. More than four-fifths (83%) of the sample were currently unemployed, just over half (54%) reported a previous prison history. Forty-seven percent reported they were in current treatment, mainly methadone.

### **CONSUMPTION PATTERN RESULTS**

#### ***Current drug use***

- The mean age of first injection was 20 years. The drug most often reported as ‘the first drug injected’ was heroin (35%), followed by methamphetamine powder (32%) and crystal methamphetamine (23%).
- Heroin was nominated by nearly half (47%) of the sample as their drug of choice, followed by methamphetamine (any form; 38%) and cannabis (7%).
- Crystal methamphetamine was the drug injected most often in the last month by 49% of the sample. Forty-three per cent of the sample reported injecting heroin most often in the last month.
- Fifty-one per cent of participants reported at least daily injecting.

#### ***Heroin***

- In 2017, heroin remained the drug of choice for just under half of the sample.
- Seventy-four per cent had used heroin in the previous six months.
- Heroin was used on a median of 60 days in the preceding six months.

#### ***Methamphetamine***

- The vast majority (94%) of participants reported using some form of methamphetamine at least once in their lifetime and 80% reported use in the past six months.
- Crystal methamphetamine remains the most common form used with 79% of the sample reporting recent use on a median of 60 days in the past six months.

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<sup>1</sup> The term ‘participants’ is used throughout the report to refer to the IDRS participant sample.

## *Cocaine*

- Almost two-thirds of participants reported lifetime use of cocaine.
- The recent use of cocaine remained low in the ACT, with 18% reporting use in the preceding six months. The median days of use also remained low at three days.

## *Cannabis*

- Seventy-six per cent of PWID reported recent cannabis use in 2017 (69% in 2016).
- Daily use was reported by 57% of the sample.
- Median number of cones smoked last time was six cones.
- Hydroponic cannabis remained the most common form of cannabis used (82% used recently).

## *Other opioids*

- Recent use of illicit methadone - 11%
- Recent use of illicit physeptone – 4%
- Recent use of illicit buprenorphine - 10%
- Recent use of illicit buprenorphine-suboxone -13%
- Recent use of illicit morphine – 21%

## *Other drugs*

- Small proportions report the recent use of:
  - ecstasy (15%);
  - pharmaceutical stimulants (illicit) (5%);
  - inhalants (4%); and
  - hallucinogens (8%).
- Benzodiazepine and alprazolam use remained stable, with 41% recently using benzodiazepine (licit and illicit) and 13% reporting recently using alprazolam (licit and illicit).
- The recent use of illicit Seroquel® was reported by 23% of the sample.
- Recent alcohol use was reported by two thirds (66%) of the sample.
- Tobacco use remained common, recently used by 93% of the sample.

## ***DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS***

### *Heroin*

- The price for heroin remained stable at \$80 for a quarter-gram and \$300 per gram.
- Most participants reported the current perceived purity to be medium or high.

### *Methamphetamine*

- The most common form of methamphetamine which received comment was crystal methamphetamine, with 66% of the sample reporting price, purity and availability.
- The price of a point of crystal was reported to be \$50.
- Reports on the availability or reported perceived purity were mixed.

## ***Cocaine***

- Cocaine use in the ACT remains low, and insufficient numbers were able to comment on price, perceived purity and availability.

## ***Cannabis***

- The median cost of a gram of hydroponic cannabis was \$20.
- The median cost of an ounce of hydroponic cannabis was \$290.
- The price for both forms of cannabis (bush and hydroponic) was reported as stable over the last six months.
- Participants most commonly reported the potency of hydro as high; bush was mostly reported as medium.
- The availability of both forms of cannabis was considered very easy or easy to obtain.

## ***Methadone***

Due to small numbers commenting on the price, purity and availability of methadone, accurate information is not available. Refer to Australian Drug Trends for national figures (Karlsson and Burns 2018).

## ***Buprenorphine, buprenorphine-naloxone, morphine, and oxycodone***

Due to small numbers commenting on the price, purity and availability of buprenorphine, buprenorphine-naloxone, morphine and oxycodone, accurate information is not available. Refer to Australian Drug Trends for national figures (Karlsson and Burns 2018).

## ***HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE***

### ***Overdose***

- Twelve per cent of participants reported having overdosed on heroin in the 12 months prior to interview.
- Seventy per cent had heard of the take-home naloxone program in the ACT with more than one in three participants (38%) reporting they had completed the training in naloxone administration and obtained a prescription.

### ***Drug treatment***

- Fifty-one per cent of participants reported currently being in treatment with 47% of the sample engaged in opioid substitution treatment.

### ***Injecting risk behaviours***

- Needle and Syringe Programs were the most common sources for obtaining needles and syringes in the preceding six months (96%), followed by vending machines (34%), and chemists (25%).
- The majority of IDRS participants reported last injecting in a private location (85%), with small proportions (8%) last injecting in a public location such as in a public toilet, or on the street.



Two-thirds (65%) of the IDRS sample experienced an injection-related problem in the preceding month, most commonly significant scarring or bruising and difficulty injecting (e.g. finding a vein).

### ***Alcohol Use Disorders Identification Test – Consumption***

- Forty-three per cent of participants who drank in the past year scored five or more on the AUDIT-C, indicating the need for further assessment (61% in 2016).

### ***Opioid and stimulant dependence***

- Seventy per cent of those who had recently used an opioid and commented, scored five or above on the SDS, indicating dependence.
- Of those who had recently used a stimulant and commented, 48% scored three or above on the SDS, indicating dependence.

### ***Mental health problems and psychological distress***

- Forty-seven per cent of the ACT IDRS sample self-reported a mental health problem in the preceding six months, most commonly depression (62% of respondents) and/or anxiety (41%). Many (65%) of those who had experienced a problem reported attending a mental health professional.
- Higher levels of psychological distress, as measured by the Kessler Psychological Distress Scale (K10), were reported by the ACT IDRS sample compared to the Australian general population, with 29% reporting very high distress (3% in the general population) and 29% reporting high distress (7% in the general population). Those reporting a very high level of distress possibly require clinical assistance.

## ***LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE***

### ***Reports of criminal activity***

- Forty per cent of participants in 2017 reported engaging in at least one act of criminal activity in the month prior to interview.
- Twenty-nine per cent of participants reported being involved in drug dealing and 17% of participants reported committing property crime in the previous month.

### ***Arrests***

- Twenty-seven per cent of the sample reported having been arrested in the preceding 12 months.

### ***Expenditure on illicit drugs***

- Among the sample who commented, 68% reported spending money on illicit drugs the day before interview. The median amount spent by those who had purchased drugs was \$30.

# 1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) 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'Brien et al. 1997) and trials in New South Wales, Victoria and South Australia in 1997 (Hando and Darke 1998). In 2017, the IDRS study was carried out in all Australian states and territories, with each jurisdiction conducting a survey with people who inject drugs (PWID). The National IDRS report also incorporates routinely collected indicator data from secondary sources. In 2017, the IDRS study was funded by the Australian Government Department of Health.

This *ACT Drug Trends 2017* report presents findings from the 2017 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 of the PWID respondents. This is followed by an outline of the current drug use and consumption patterns of the PWID sample. The report also presents findings on recent drug use trends pertaining to the price, purity, availability and purchasing patterns of heroin, methamphetamine, cocaine, cannabis and other drugs. The report then discusses harms associated with injecting drug use, as well as mental health issues, drug driving and criminal activity among the 2017 PWID sample.

## **Study aims**

The IDRS is a national illicit drug monitoring system designed to identify emerging trends of local and national concern in 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.

## 2 METHOD

In order to document emerging trends in the illicit drug market, the IDRS collates data from three data sources: (a) a survey of PWID; (b) a semi-structured interview with key experts working as professionals in the drug field; and (c) the collection of routine indicator data that provide 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. In 2017, key expert interviews and indicator data are not included in the ACT IDRS report.

### Survey of people who inject drugs

In June of 2017, a structured face-to-face interview was administered to 100 current PWID in the ACT. Survey items included demographics, drug use history, market characteristics (including price, perceived purity and perceived availability) of the main drugs (heroin, methamphetamine, cocaine and cannabis) investigated by the IDRS, health-related trends associated with drug use (including injection-related harms, risk behaviours, overdose and mental health) and law enforcement-related harms associated with drug use (including recent criminal activity).

The IDRS interviews were conducted by trained interviewers and took approximately one hour to administer. Participants were recruited through Directions ACT (an organisation that provides a Needle and Syringe Program (NSP) in the ACT), and the Canberra Alliance for Harm Minimisation and Advocacy (CAHMA). Eligible participants had to have resided in the ACT for the previous twelve months, be regular injectors, and be aged 17 years of age or older. Participants were reimbursed \$40 for their time. Ethics approval was obtained from the University of New South Wales ethics committee.

### Data analysis

Analyses were conducted using the Statistical Package for the Social Sciences (SPSS) for Windows, Version 22.0 (IBM 2013). The data collected in 2017 was compared with data collected from comparable samples of PWID from 2000 onward, recruited as part of the IDRS. As each of these samples was recruited using the same methods, meaningful comparisons can be made. Further analysis was conducted on the main drugs of focus in the IDRS to test for significant differences between 2016 and 2017 for recent use, purity and availability. Confidence intervals (CI) were calculated using an Excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg). This calculation tool was an implementation of the optimal methods identified by Newcombe (Newcombe 1998). Significance testing using the Mann-Whitney U calculation was used to compare 2016 and 2017 median days of use for the major drug types discussed.

### 3 DEMOGRAPHICS

#### Overview of the IDRS participant sample

A total of 100 regular PWID were interviewed in the ACT in 2017. The demographic characteristics of the sample are summarised in Table 1 below and are similar to the 2016 sample with no significant changes noted. In 2017, the mean age of the sample was 43 years (range=20–64 years, SD=9.33), and 72% were male. Almost all (98%) of the respondents reported English as the main language spoken at home, and 19% identified as Aboriginal and/or Torres Strait Islander. The participants reported that they were single (72%), had a partner (10%), or were married/in a de facto relationship (12%).

The mean number of formal school years completed was 10 (range=3–12 years, SD=1.73). Forty per cent of participants reported that they had trade or technical qualifications, and 14% reported that they had university or other tertiary qualifications. Eighty-three per cent of participants interviewed in 2017 were unemployed (85% in 2016), 4% were currently employed full time (3% in 2016), and 12% were employed on a casual or part-time basis. The vast majority of respondents (85%) reported living in a privately owned, or rented house or flat and 9% of respondents reported having no fixed address. Over half (54%) of participants reported that they had a prison history (56% in 2016).

Forty-seven per cent of participants indicated that they were currently involved in some form of drug treatment. The most common form of drug treatment was methadone maintenance treatment (39%), with a further 8% of participants engaged in buprenorphine or buprenorphine-naloxone maintenance treatment. The median length of time participants had been participating in their current treatment was 42 months (range=4 months to 30 years). Of those respondents currently in treatment, 95% had been engaged in treatment for six months or more, with 5% participating in their current treatment for less than six months.

**Table 1: Demographic characteristics of the PWID sample, 2016–2017**

	2016	2017
	N=100	N=100
<b>Age</b> (mean years)	44	43
<b>School education</b> (mean years)	10	10
<b>Sex</b> (% male)	73	72
<b>Heterosexual</b> (%)	92	89
<b>Relationship status</b> (%)		
Single	65	72
Partner	17	10
Married/de facto	8	12
<b>Accommodation</b> (%)		
Own house/flat (includes renting)	79	85
Parent's/family house	-	3
Boarding house/hostel	5	2
Shelter/refuge	3	1
No fixed address/homeless	8	9
<b>Employment</b> (%)		
Not employed	85	83
Full-time	3	4
Part-time/casual	9	12
<b>Income per week</b> (mean)	379	396
<b>English main language spoken at home</b> (%)	98	98
<b>Aboriginal and/or Torres Strait Islander</b> (%)	24	19
<b>Tertiary education</b> (%)		
None	37	46
Trade/technical	52	40
University/college	11	14
<b>Currently in drug treatment</b> (%)	46	47
<b>Prison history</b> (%)	56	54

Source: ACT IDRS PWID interviews, 2016–17.

## 4 CONSUMPTION PATTERNS

### Current drug use

The injection histories of participants are summarised in Table 2. The mean age of first injection was 20 years (range=12–52 years, SD=7.48). The first drug respondents reported ever injecting was heroin (35%) followed by methamphetamine powder (32%) and crystal methamphetamine (23%).

Heroin was nominated as the drug of choice for the majority of participants (47%) in 2017; similar proportions were reported in 2016. In 2017, the percentage of respondents nominating crystal methamphetamine as their drug of choice remained relatively stable at 35% (31% in 2016). Three per cent of respondents nominated speed as their drug of choice (5% in 2016). Overall, 38% of participants nominated methamphetamine (in any form) as their drug of choice in 2017, remaining stable from 2016 (37%). Cannabis was nominated as the drug of choice by 7% of participants.

Crystal methamphetamine was the drug injected most often in the month prior to the interview (49%) and was the last drug injected by 48% of respondents. This has changed from heroin which has previously been nominated as the drug most often injected and the last drug injected. The proportion of participants nominating heroin as the drug most often injected in the last month was 43%.

In 2017, 28% of the sample reported a discrepancy between their drug of choice and the drug they injected most often in the previous month. Of those that reported a discrepancy (n=28), most respondents reported that this was due to their drug of choice being a non-injectable drug (21%), availability (18%), price (18%), or purity (14%).

**Table 2: Injection history, drug preferences and polydrug use of PWID, 2016–2017**

	2016	2017
	N=100	N=100
<b>Age first injection</b> (mean years)	20	20
<b>First drug injected (%)</b>		
Heroin	36	35
Methamphetamine powder	44	32
Crystal methamphetamine	15	23
Cocaine	2	1
Other opioids	1	3
<b>Drug of Choice (%)</b>		
Heroin	53	47
Methamphetamine powder	5	3
Crystal methamphetamine	31	35
Cocaine	1	2
Cannabis	5	7
Other	3	4
<b>Drug injected most often last month (%)</b>		
Heroin	51	43
Methamphetamine powder	4	0
Crystal methamphetamine	40	48
Methadone	4	3
Buprenorphine/buprenorphine-naloxone	-	2
<b>Most recent drug injected (%)</b>		
Heroin	46	43
Methamphetamine powder	3	0
Crystal methamphetamine	46	48
Methadone	5	2
Buprenorphine/buprenorphine-naloxone	-	3

Source: ACT IDRS PWID interviews, 2016–17.

↑↓ Statistical significance  $p < 0.05$ .

The frequency of injection reported by participants from 2013 to 2017 is presented in Table 3. In 2017, the most commonly reported frequency of injecting was ‘more than weekly, less than daily’ by 33% of the sample. There have been no significant differences in these patterns from 2015.

**Table 3: Frequency of injection among PWID in the ACT, 2013–2017**

	2013	2014	2015	2016	2017
	N=100	N=100	N=100	N=100	N=100
Weekly or less	25	18	17	19	15
Daily–weekly	38	41	34	38	33
Daily	27	23	14	24	23
2–3 times daily	9	12	25	14	23
More than 3 times a day	1	3	8	4	5

**Source:** ACT IDRS PWID interviews, 2013–17.

### ***POLYDRUG USE***

As in previous years, the IDRS participants sampled reported polydrug use and Table 4 shows the prevalence of drug use by the ACT sample in the past six months for the most commonly used drugs investigated by the IDRS. Use of tobacco, cannabis, methamphetamine (any form) and heroin are all common.



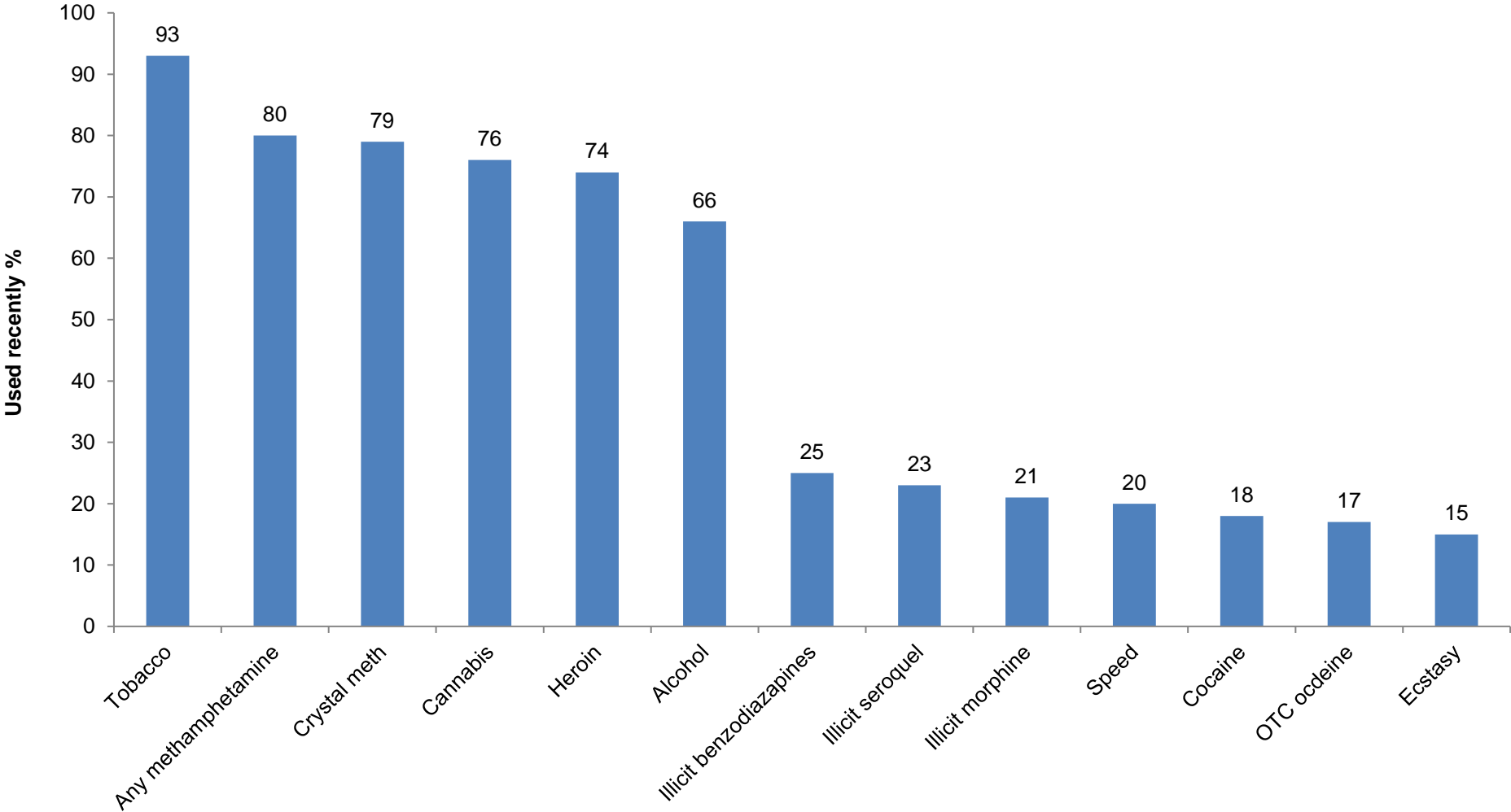
**Table 4: Drug use history**

	% EVER USED	% RECENT USE	MEDIAN DAYS	RANGE
Heroin	89	74	60	1-180
Homebake heroin	37	6	6.5	1-30
<b>Any heroin (inc homebake)</b>	<b>89</b>	<b>74</b>	<b>60</b>	<b>1-180</b>
Methadone (prescribed)	59	40	180	72-180
Methadone (illicit)	35	11	2	1-48
Physeptone (prescribed)	12	2	21.5	3-40
Physeptone (illicit)	20	4	13.5	2-24
<b>Any methadone</b>	<b>73</b>	<b>48</b>	<b>180</b>	<b>1-180</b>
Buprenorphine (prescribed)	17	2	120	60-180
Buprenorphine (illicit)	29	14	6.5	1-180
<b>Any buprenorphine</b>	<b>37</b>	<b>16</b>	<b>19</b>	<b>1-180</b>
Buprenorphine-naloxone (prescribed)	18	7	180	8-180
Buprenorphine-naloxone (illicit)	24	13	3	1-180
<b>Any Buprenorphine-naloxone</b>	<b>37</b>	<b>19</b>	<b>15</b>	<b>1-180</b>
Generic oxycodone (prescribed)	12	4	15.5	1-180
Generic oxycodone (illicit)	16	2	17.5	5-30
OP oxycodone (prescribed)	7	2	8.5	2-15
OP oxycodone (illicit)	12	6	2	1-30
Other oxycodone (prescribed)	4	1	8	-
Other oxycodone (illicit)	10	3	15	3-60
<b>Any oxycodone</b>	<b>43</b>	<b>14</b>	<b>5</b>	<b>1-180</b>
Morphine (prescribed)	18	6	92.5	1-180
Morphine (illicit)	52	21	5	1-48
<b>Any morphine</b>	<b>63</b>	<b>27</b>	<b>6</b>	<b>1-180</b>
Other opioids	38	11	14	1-180
OTC codeine	38	17	7	1-90
Methamphetamine powder	66	20	6	1-180

	% EVER USED	% RECENT USE	MEDIAN DAYS	RANGE
Methamphetamine base	34	11	4	1-150
Methamphetamine crystal	88	79	60	1-180
<b>Any methamphetamine</b>	<b>94</b>	<b>80</b>	<b>70</b>	<b>1-180</b>
Pharmaceutical stimulants (prescribed)	13	2	180	-
Pharmaceutical stimulants (illicit)	23	5	3	2-12
<b>Any pharmaceutical stimulants</b>	<b>30</b>	<b>7</b>	<b>4</b>	<b>2-180</b>
Cocaine	59	18	3	1-50
Hallucinogens	50	8	1	1-30
Ecstasy	52	15	2	1-30
Alprazolam (prescribed)	11	3	4	2-180
Alprazolam (illicit)	23	12	5	1-180
Other benzodiazepines (prescribed)	41	27	180	2-180
Other benzodiazepines (illicit)	46	25	9	1-180
<b>Any benzodiazepine (incl Alprazolam)</b>	<b>67</b>	<b>45</b>	<b>77.5</b>	<b>1-180</b>
Seroquel® (prescribed)	17	9	30	3-180
Seroquel® (illicit)	32	23	3	1-24
<b>Any seroquel®</b>	<b>46</b>	<b>31</b>	<b>6.5</b>	<b>1-180</b>
Alcohol	87	66	25	1-180
Cannabis	90	76	180	1-180
Tobacco	96	93	180	26-180
E-cigarettes	29	15	17	1-90
Inhalants	25	4	14.5	3-180
Steroids	8	1	1	-
Fentanyl	24	8	4	1-60
NPS	4	3	9	1-20
Synthetic Cannabis	12	8	14	1-90

Source: ACT IDRS PWID interviews, 2017.

Figure 1: Drug use in the six months preceding interview, ACT, 2017



Source: ACT IDRS PWID interviews, 2017.

## Heroin

### Key points

- In 2017, heroin remained the drug of choice for just under half of the sample.
- Seventy-four per cent had used heroin in the previous six months.
- Heroin was used on a median of 60 days in the preceding six months.

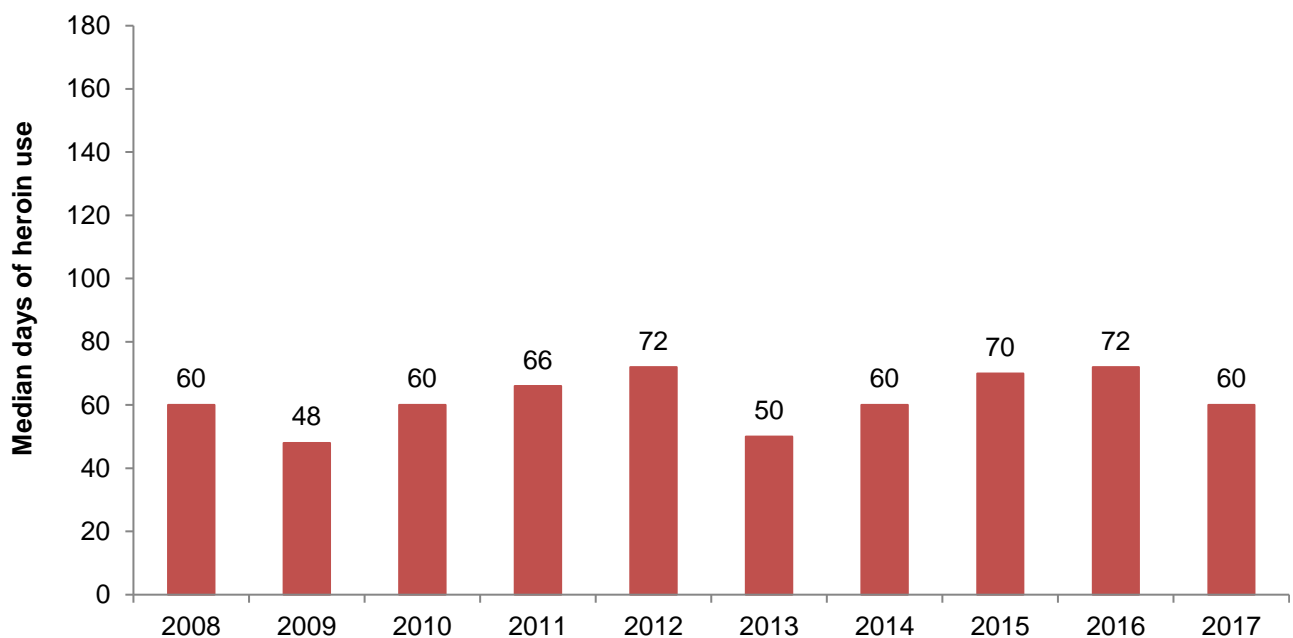
In 2017, 89% of respondents reported that they had used heroin at least once in their lifetime and 74% reported the use of heroin in the six months preceding interview.

Heroin was nominated as the drug of choice by under half of the participants in 2017 (47%). Forty-three per cent of the respondents reported heroin as the drug most often injected in the last month, and the same proportion reported that it was the last drug they had injected.

All (100%) participants who had used heroin in the preceding six months (n=74) reported injecting it. One in ten participants (12%) reported smoking heroin in the six months preceding the interview and three participants reported they had swallowed heroin in the last six months.

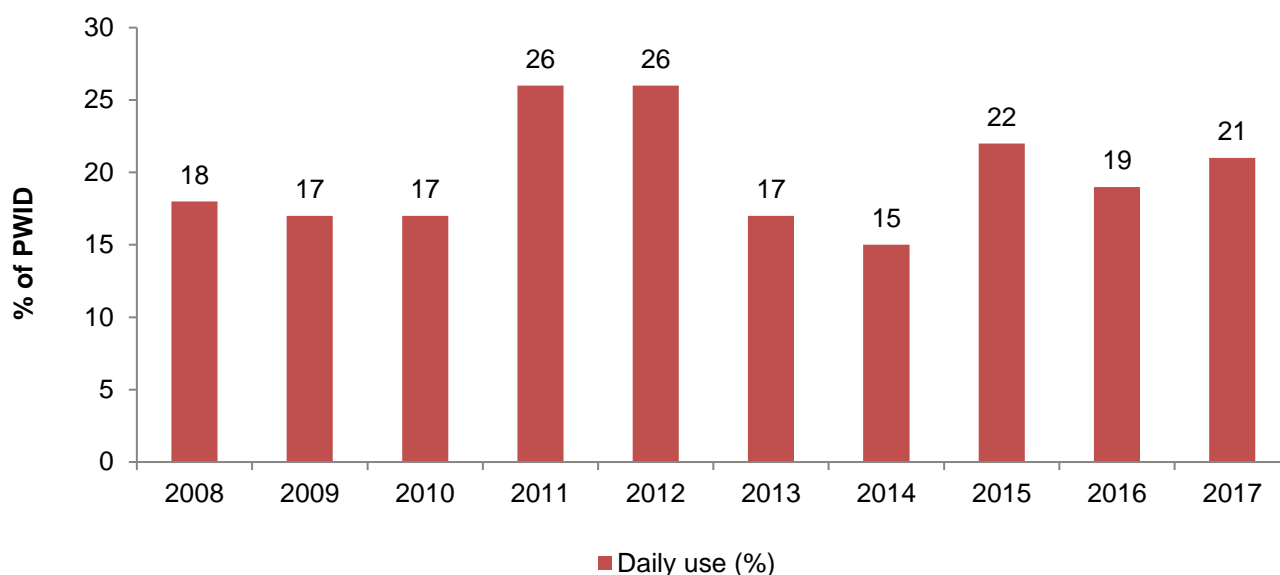
Of those participants who had used heroin in the six months prior to the interview, the median number of days of use during this period was 60 days, as seen in Figure 2. The number of days that heroin was used in the preceding six months ranged from one day to every day.

**Figure 2: Median days of recent heroin use in the ACT, 2008–2017**



Source: ACT IDRS PWID interviews, 2008–17.

**Figure 3: Proportion of participants reporting recent daily heroin use in the ACT, 2008–2017**



Source: ACT IDRS PWID interviews, 2008–17.

As shown in Figure 3, the proportion of participants among the total sample reporting daily heroin use in the six months preceding interview was 21% in 2017.

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. In 2017, 37% of participants reported that they had used homebake heroin at least once in their lifetime. Six per cent reported the use of homebake heroin in the six months preceding interview. All participants who reported recent use of homebake heroin had injected it.

### ***PREPARATION AND COLOUR***

Brown heroin was first identified in New South Wales (NSW) by the Medically Supervised Injecting Centre (MSIC) in 2006. Participants in the IDRS first commented on the presence of brown heroin in the same year. In 2007, the issue was first investigated by asking participants to describe the colour of heroin they had used over the last six months, in addition to the form most used.

Traditionally, heroin originating from the Golden Triangle (from where Australia's heroin has predominantly originated in the past) has been white or off-white in colour. This form of heroin had an acidic (acetone/hydrochloride) base and was relatively easy to prepare for injection as it was more refined and easy to dissolve in water. In contrast, heroin produced in the Golden Crescent, a region producing heroin that has traditionally been seen very rarely in Australia, was traditionally brown in colour and less refined. It required the use of heat, and often an acid, to prepare for injection, and was also more amenable to smoking as a route of administration.

Information from border seizures indicates that it is not possible to determine the geographic origin of the drug based on colour alone (AFP personal communication with the authors). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the

IDRS at the street level, it is not possible to draw conclusions about its geographic origin, purity or preparation method required for injection based on these data alone.

### **COLOUR AND FORM**

Among those PWID who had used heroin in the six months preceding interview (n=74), 54% reported that they had used heroin rock which was white/off-white in colour (Table 5). The next most common form used was white/off-white powder (51%). Forty-six per cent reported that they had used brown heroin powder and 35% reported using brown heroin powder in the six months preceding interview. Thirty-seven per cent reported that white/off-white heroin powder was the form of heroin they most used, with the same proportion reporting white/off-white rock (37%).

**Table 5: Forms of heroin used and most common form used recently, ACT, 2016–2017**

Heroin form used in the last six months	2016	2017
	n=70	n=74
Heroin powder - White/off-white	74	51
Heroin powder - Brown	20	35
Heroin powder - Other colour	0	3
Heroin rock - White/off-white	42	54
Heroin rock - Brown	19	46
Heroin rock - Other colour	1	3
Homebake	14	1
Heroin form used MOST OFTEN in last six months		
Heroin powder - White/off-white	62	37
Heroin powder -	6	7
Heroin powder - Other colour	0	1
Heroin rock - White/off-white	24	37
Heroin rock - Brown	9	18
Heroin rock - Other colour	0	1
Homebake	0	0

Source: ACT IDRS PWID interviews, 2016–17.

# Methamphetamine

## Key points

- The vast majority (94%) of participants reported using some form of methamphetamine at least once in their lifetime and 80% reported use in the past six months.
- Crystal methamphetamine remains the most common form used, with 79% of the sample reporting recent use on a median of 60 days in the past six months.

The 2017 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder (speed), base methamphetamine (base), and crystal methamphetamine (crystal).

## **LIFETIME USE**

### *Any methamphetamine*

In 2017, the vast majority (94%) of participants reported using some form of methamphetamine (i.e. speed, base, crystal, amphetamine liquid) at least once in their lifetime.

- Sixty-six per cent of participants reported using speed in their lifetime (82% in 2016).
- Thirty-four per cent of participants reported ever having used base (39% in 2016).
- Eighty-eight per cent of participants reported having ever used crystal (93% in 2016).

## **CURRENT PATTERNS OF METHAMPHETAMINE USE**

### *Any methamphetamine*

In 2017, 80% of ACT participants reported using any methamphetamine in the six months preceding interview. Median days of use for any methamphetamine increased to 70 days in 2017 (35 days in 2016). Methamphetamine (in any form) was reported as the drug type used on first injection by 55% of the sample. Thirty-eight per cent of participants reported methamphetamine to be their drug of choice (44% in 2016).

### *Speed*

Twenty per cent of participants reported the use of speed in the six months preceding interview compared to 18% in 2016 (Figure 4).

The most common route of administration was injection, which was reported by most participants who had recently used speed (95%). Of those who had recently used speed (n=20), smaller proportions reported smoking (20%), and snorting (5%) speed in the six months preceding interview.

Median days of use was six days (range=1–180) among the previous six months. This equates to approximately monthly use.

Thirty-two per cent of participants reported that speed was the first drug ever injected, and 3% reported that speed was their drug of choice.

## Base

Eleven per cent reported the recent use of base (Figure 4). Injection was the most common route of administration reported by all participants who had recently used base (82%). In 2017, eighteen per cent reported recently snorting it and nine per cent reported smoking it.

Base was injected on a median of four days (less than monthly) in the preceding six months.

No participants reported that base was the first drug injected, the drug injected most in the last month, or the last drug injected.

## Crystal

More than three-quarters of the participants (79%) reported the recent use of crystal (Figure 4). Almost all (99%) participants who had recently used crystal had done so by injection. Almost half (48%) the participants who had recently used crystal had smoked crystal in the six months prior to interview. Smaller proportions of the sample reported swallowing (5%), and snorting (4%) in the six months preceding interview.

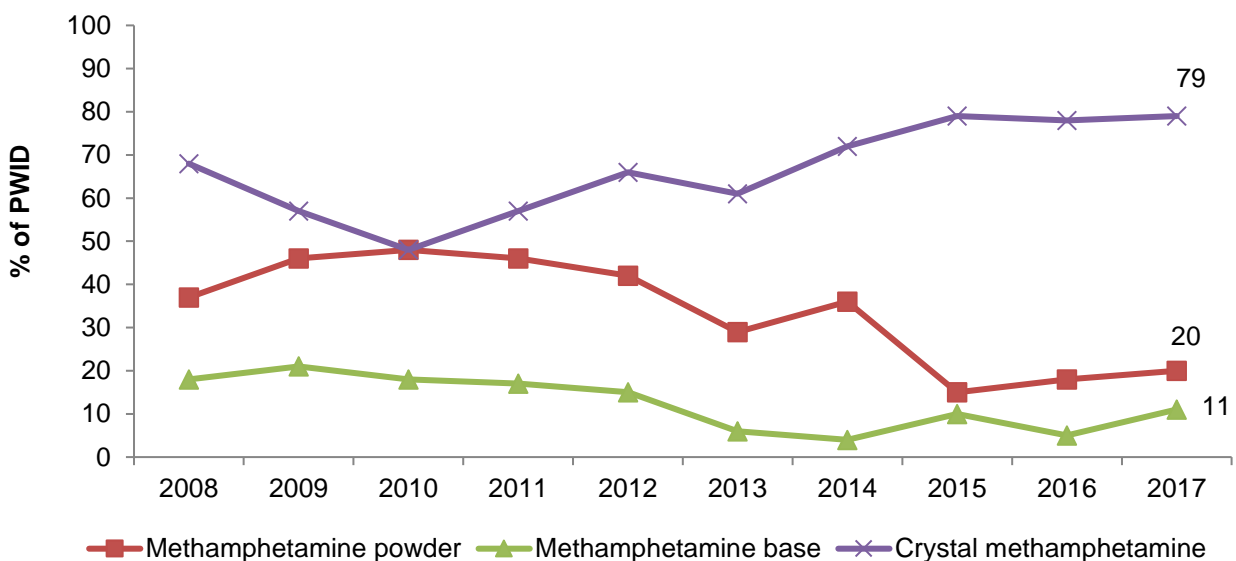
Among those who had used crystal in the previous six months (n=79), the median days of use was 60 days (range 1-180). Almost one in every six recent crystal users (21%) reported using crystal daily.

Crystal was the first drug injected by 23% of participants, the drug injected most often in the last month by 48%, and the last drug injected by 48% of participants. One-third (35%) of participants nominated crystal as their drug of choice.

## Liquid amphetamine

In 2017, nine per cent of participants reported the recent use of liquid amphetamine on a median of 2 days in the past six months.

**Figure 4: Methamphetamine use in the past six months in the ACT, 2008–2017**



Source: ACT IDRS PWID interviews, 2008–17.



# Cocaine

## Key points

- Almost two-thirds of participants reported lifetime use of cocaine.
- The recent use of cocaine remained low in the ACT, with 18% reporting use in the preceding six months. The median days of use also remained low at three days.

## LIFETIME USE

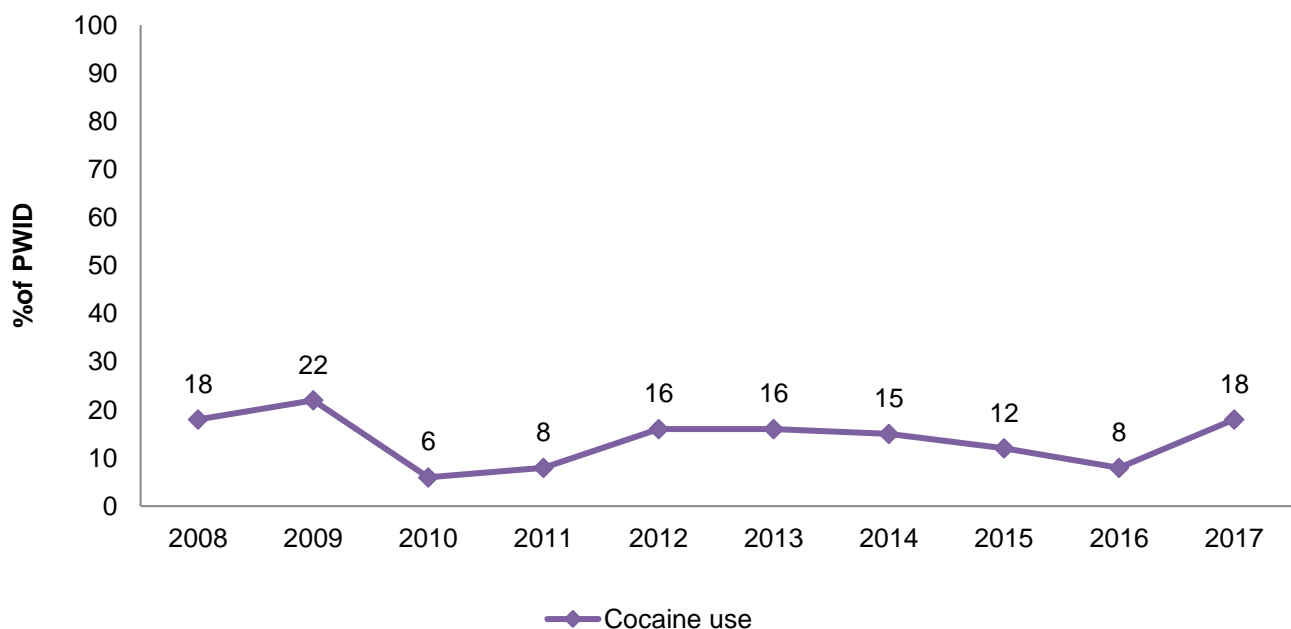
In 2017, 59% of participants reported that they had used cocaine at least once in their lifetime.

## CURRENT PATTERNS OF COCAINE USE

In 2017, the proportion of participants reporting recent use of cocaine was 18% (Figure 5). Among participants who had recently used cocaine, the most common route of administration in 2017 was snorting (83%). In the preceding six months, 72% of participants had injected cocaine and one participant had smoked it. The median days of cocaine use remained low at three days, ranging from one day to 50 days in the past six months.

Two per cent of participants reported that cocaine was their drug of choice. No participants reported cocaine as the first drug they injected, the drug they injected most often last month, or as the last drug injected.

**Figure 5: Proportion of PWID reporting cocaine use in the past six months in the ACT, 2008–2017**



Source: ACT IDRS PWID interviews, 2008–17.

## Cannabis

### Key points

- Seventy-six per cent of PWID reported recently using cannabis in 2017 (69% in 2016).
- Daily use was reported by 57% of the sample.
- The median number of cones smoked last time was six cones.
- Hydroponic cannabis remained the most common form of cannabis used (82% used recently).

### **LIFETIME USE**

In 2017, the majority of participants (90%) reported using cannabis at least once in their lifetime.

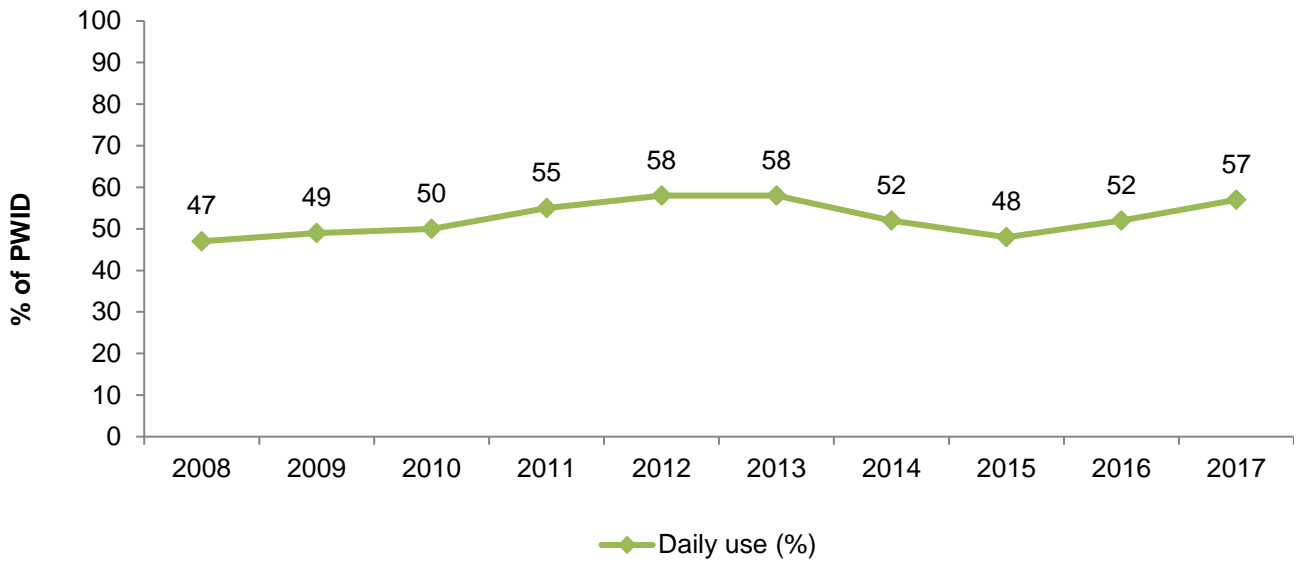
### **CURRENT PATTERNS OF CANNABIS USE**

Seventy-six per cent of participants reported having used cannabis in the six months preceding interview. The median number of days of use in the previous six months was 180, which equates to daily use. Among those who had recently used cannabis, the proportion of participants reporting daily cannabis use has remained relatively stable (57%) (Figure 6). Seven per cent of participants nominated cannabis as their drug of choice in 2017 (similar in 2016).

Participants who had recently used cannabis were asked how much cannabis they had smoked on the last day of use, as measured by the number of grams, cones or joints used on that occasion. Among those who responded (n=75), cannabis had typically been measured in grams (73%); more often than in cones (16%) and joints (9%). Among those who had measured their use in grams (n=55), the median number of grams smoked on the last day was one (0.25-5 grams); for those who reported in cones (n=12), the median number was six (range=0.5–40 cones) and the number of joints smoked was one (range=0.5-1 joints). Participants who had used cannabis on a daily basis had smoked a median of 10 cones (range=6–40) on the last day of use.

Of those respondents who had used cannabis in the past six months, 92% had used hydroponic cannabis (hydro), 68% had used bush, 22% had used hashish, and 22% reported using hashish oil (a significant increase from 7% in 2016,  $p=0.03$ ). Hydro was the form of cannabis used most often (82% of respondents in 2017).

**Figure 6: Recent daily cannabis use, 2008–2017**



**Source:** ACT IDRS PWID interviews, 2008–17.

## Other opioids

### Key points

- Recent use of illicit methadone - 11%
- Recent use of illicit physeptone – 4%
- Recent use of illicit buprenorphine - 10%
- Recent use of illicit buprenorphine-suboxone -13%
- Recent use of illicit morphine – 21%

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids, including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone, over-the-counter opioids, and fentanyl. In this section, licit use is defined as use of pharmaceuticals obtained with one's own prescription and used as prescribed. Illicit use is defined as use of pharmaceuticals obtained from a prescription in someone else's name.

### **METHADONE**

Methadone is prescribed for the treatment of opioid dependence, usually as a syrup preparation and is often dosed under supervised conditions. Take-away doses are available for some patients. Physeptone tablets (a pill form of methadone) are less common and are usually prescribed for people in methadone treatment who are travelling, or, in a minority of cases, where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance.

### ***Licit methadone and physeptone***

The percentage of participants indicating that they had ever used licit methadone was 59% (64% in 2016). Forty per cent of participants in 2017 reported recent use of licit methadone (39% in 2016). In 2017, 90% of participants who had recently used licit methadone reported having swallowed it. In addition, 23% of participants reported having used licit methadone by injection in the six months prior to interview. Among those who reported using licit methadone in the preceding six months, 85% reported daily use. The median number of days of use for licit methadone was 180 days, indicating daily use.

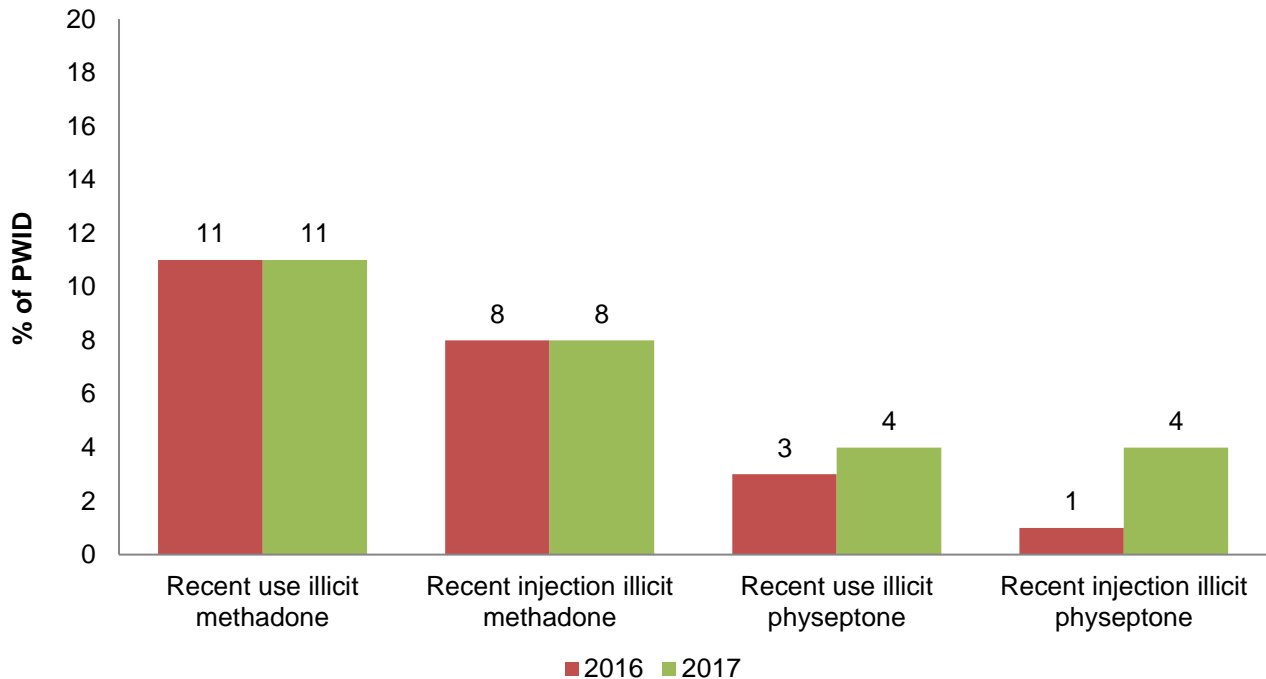
Twelve per cent of participants reported ever using licit physeptone (16% in 2016) and two per cent reported use of licit physeptone in the preceding six months. Participants who recently used licit physeptone reported swallowing or injecting it.

### ***Illicit methadone and physeptone***

In 2017, the self-reported lifetime use of illicit methadone among participants remained stable at 35% (45% in 2016). As can be seen in Figure 7, the proportion of participants reporting recent use of illicit methadone is 11%. The median number of days of use for illicit methadone was two days (range=1-48). All participants who reported recently using illicit methadone reported injecting it.

In 2017, 20% reported ever using illicit physeptone (16% in 2016) and 4% of participants reported recent use of illicit physeptone. The median number of days of use for illicit use of physeptone was 13.5 days (range=2-24). All participants who recently used illicit physeptone reported injecting it.

**Figure 7: Recent use and injection of illicit methadone and illicit physeptone among PWID, 2016-2017**



**Source:** ACT IDRS PWID interviews, 2016-17.  
 NB: interpret with caution, n=<10.

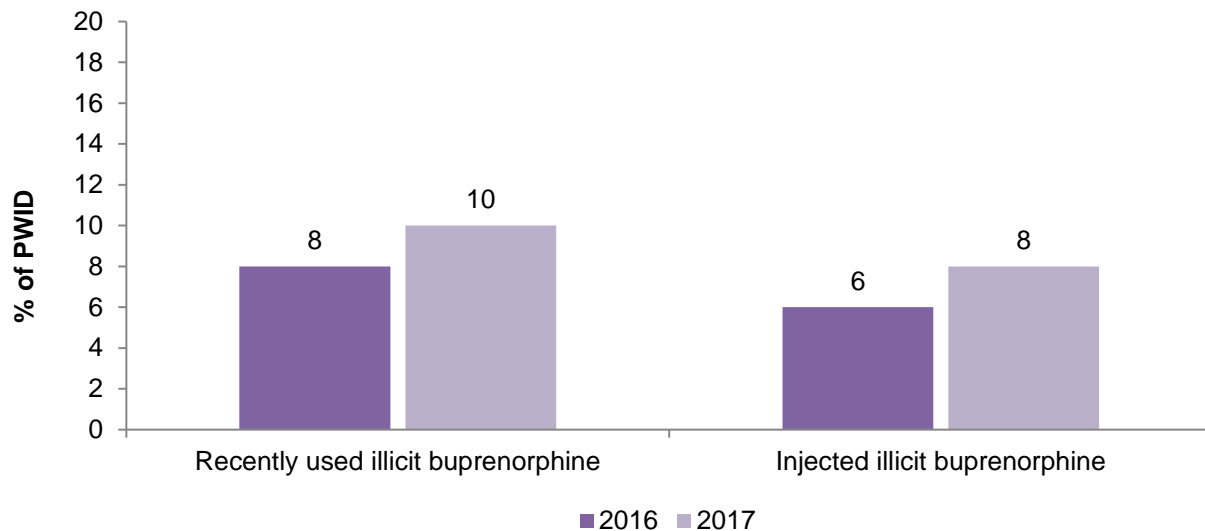
## ***BUPRENORPHINE<sup>2</sup>***

In 2017, 17% of participants reported that they had ever used licit buprenorphine, i.e. buprenorphine prescribed to them (25% in 2016). Use of prescribed buprenorphine in the six months preceding interview remains low with just two participants reporting recent use.

Twenty-nine per cent of participants reported the lifetime use of illicit buprenorphine (24% in 2016). The proportion of participants who had used illicit buprenorphine in the six months prior to interview was ten per cent (Figure 8). In terms of route of administration, most PWID who recently used illicit buprenorphine reported injecting it in the six months preceding interview.

<sup>2</sup> Buprenorphine has been available for opioid substitution therapy (OST) in Australia since 2001. Initially mono-buprenorphine sublingual tablets (marketed as Subutex®) were introduced, followed by buprenorphine-naloxone sublingual tablets (marketed as Suboxone®) from 2006, and buprenorphine-naloxone (Suboxone®) sublingual film from October 2011. There is jurisdictional variation in the policy regarding prescribing and uptake of the different forms (Larance et al 2015). The film dissolves faster under the tongue compared to the tablet, reducing the opportunity for clients to remove the dose from the mouth and misuse it (Therapeutic Goods Administration, March 2000 <http://www.tga.gov.au/pdf/auspar/auspar-suboxone.pdf>).

**Figure 8: Recent use and injection of illicit buprenorphine among PWID, 2016–2017**



Source: ACT IDRS PWID interviews, 2016-2017

### ***BUPRENORPHINE-NALOXONE (SUBOXONE®)***

In the ACT, eighteen per cent of PWID reported recently using any form of buprenorphine-naloxone (licit/illicit) on a median of fifteen days in the past six months.

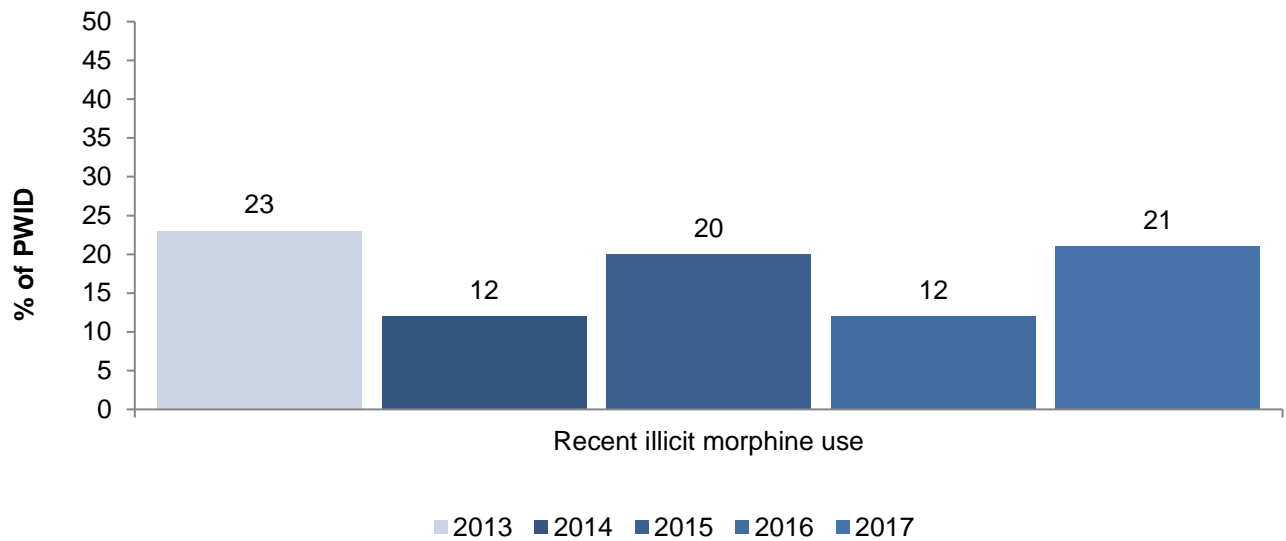
**Licit use** – the number of participants who reported that they had ever used licit buprenorphine-naloxone remained stable at 18% (20% in 2016). Seven per cent reported the use of prescribed buprenorphine-naloxone in the six months preceding interview.

**Illicit use** – Twenty-four per cent of participants reported that they had ever used illicit buprenorphine-naloxone (tablet form) and thirteen per cent reported using buprenorphine-naloxone in the six months prior to interview.

### ***MORPHINE ILLICIT***

Fifty-two per cent of participants reported using illicit morphine at least once in their lifetime and twenty-one per cent of participants reported recent use (Figure 9). Of those participants who had recently used illicit morphine, all reported having injected it in the past six months. In 2017, the median number of days of use for illicit morphine was five days, suggesting low and sporadic use. MS Contin® was the preferred brand of morphine for nearly half (43%) the participants who had recently used morphine.

**Figure 9: Recent use of illicit morphine among PWID in the last six months, 2013–2017**



Source: ACT IDRS PWID interviews, 2013–17.

### ***OXYCODONE***

Forty-three per cent of participants reported that they had used any form of oxycodone at least once in their lifetime. Recent use of oxycodone remains low in the ACT with fourteen per cent reporting recent use (6% licit; 9% illicit). Median days use of any form (licit/illicit) was five days (range=1-180).

### ***OVER THE COUNTER CODEINE***

Thirty-eight per cent of participants reported that they had ever used over the counter (OTC) codeine and 17% of participants reported that they had used OTC codeine in the six months prior to interview on a median of 7 days. All recent OTC codeine users reported they had swallowed it. Brands reported were Nurofen Plus<sup>®</sup>, Panadeine Forte<sup>®</sup>, as well as doxylamine succinate with brand name, Dolased<sup>®</sup> or Mersyndol<sup>®</sup> and Chemists Own pain tablet/capsule.

### ***FENTANYL***

Nearly one-quarter (24%) of participants reported that they had ever used fentanyl. Use of fentanyl in the ACT is low, with less than one in ten (8%) participants reporting using the drug in the last six months.

## Other drugs

### Key points

- Small proportions report the recent use of:
  - ecstasy (15%);
  - pharmaceutical stimulants (illicit) (5%);
  - inhalants (4%); and
  - hallucinogens (8%).
- Benzodiazepine and alprazolam use remains stable, with 41% recently using benzodiazepines (licit and illicit) and 13% reporting recently using alprazolam (licit and illicit).
- The recent use of illicit Seroquel<sup>®</sup> was reported by 23% of the sample.
- Recent alcohol use was reported by two thirds (66%).
- Tobacco remained common, recently used by 93% of the sample.

### **ECSTASY**

In 2017, fifty-two per cent of PWID reported lifetime use of ecstasy (52% in 2016), and 15% reported recent use. Information on ecstasy use and markets is routinely collected by the EDRS project (Butler 2018, Uporova, Karlsson et al. 2018)

### **HALLUCINOGENS**

Fifty per cent of participants reported having used hallucinogens at some stage in their lifetime (58% in 2016) and recent use was low, with 8% reporting use in the six months preceding interview.

### **BENZODIAZEPINES (EXCLUDING ALPRAZOLAM)<sup>3</sup>**

Nearly two-thirds (63%) of participants reported ever having used benzodiazepines (41% licit and 46% illicit). Forty-one per cent of participants had reported the recent use of any form (27% licit and 25% illicit) of benzodiazepines (excluding alprazolam). Illicit benzodiazepines were used on a median of 9 days in the last six months.

### **ALPRAZOLAM**

Smaller proportions of participants reported the lifetime use of some form of alprazolam with 29% reporting use of either licit or illicit alprazolam (11% licit and 23% illicit). Thirteen per cent reported recently using any form of alprazolam (3% licit and 12% illicit). Illicit alprazolam was used on a median of four days in the last six months.

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<sup>3</sup> It was recognised that alprazolam was a benzodiazepine that was potent and may be prone to abuse. The IDRS research team decided to collect data separately for alprazolam from 2011. The abuse liability was recognised nationally with the rescheduling of alprazolam from Schedule 4 to Schedule 8 from February 1 2014: <http://www.tga.gov.au/book/part-scheduling-proposals-referred-march-2013-meeting-acms>. From 2011 onwards participants were asked separately about the use of alprazolam and other benzodiazepines use.



## **PHARMACEUTICAL STIMULANTS**

Pharmaceutical stimulants (including drugs such as dexamphetamine and methylphenidate) are medications most commonly prescribed for attention deficit hyperactivity disorder.

**Licit** – Thirteen per cent of participants reported ever using licit pharmaceutical stimulants (those prescribed to them). Only two participants reported using licit pharmaceutical stimulants in the preceding six months.

**Illicit** – Twenty-three per cent of participants reported using illicit pharmaceutical stimulants at least once in their lifetime. Five per cent reported using illicit pharmaceutical stimulants over the preceding six months. The median days of use of illicit pharmaceutical stimulants was low at three days in the preceding six months (range=1–12).

Recent use of any pharmaceutical stimulants (licit and illicit) was reported by 7% of the total sample in 2017.

**Table 6: Recent pharmaceutical stimulant use (licit/illicit) among participants in the ACT, 2013–2017**

	2013	2014	2015	2016	2017
Recent use (%)	8	12	13	5	7
Recent injecting (%)	4	10	12	3	5
Median days used*	5	7.5	2	2	4

**Source:** ACT IDRS PWID interviews, 2013–17.

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

## **SEROQUEL® (QUETIAPINE)**

Forty-six per cent of participants reported lifetime use of Seroquel® (quetiapine) (17% licit, 32% illicit). One-third (31%) had used Seroquel® in the last six months (9% licit, 23% illicit).

Licit use of Seroquel® had been used on a median of 30 days (range=3–180) compared to three days (range=1–24) for illicit use.

## **INHALANTS**

Twenty-five per cent of participants reported ever having inhaled volatile substances such as amyl nitrate, petrol, glue and/or lighter fluid. Four participants reported use in the six months preceding interview.

## ALCOHOL AND TOBACCO

The majority (87%) of participants in 2017 reported having used alcohol at least once during their lifetime. In 2017, 66% of participants reported the recent use of alcohol (Table 7). The median days of alcohol use in the six months prior to interview was 25 days in 2017 (just over weekly) and 9% of those who had used alcohol in the past six months reporting being daily drinkers.

Use of tobacco was almost universal among participants in the ACT in 2017. The majority of participants (96%) reported ever having used tobacco and 93% reported recent tobacco use, as shown in Table 7. The median days of tobacco use has remained stable over the last ten years at 180 days (i.e. 84% reported being daily smokers). There were no significant differences in use from 2016 to 2017.

**Table 7: Patterns of recent alcohol and tobacco use among PWID in the ACT, 2013–2017**

	2013	2014	2015	2016	2017
<b>Recent use (%)</b>					
Alcohol	61	54	60	55	66
Tobacco	89	88	96	90	93
<b>Median days used*</b>					
Alcohol	24	44	30	50	25
Tobacco	180	180	180	180	180

**Source:** ACT IDRS PWID interviews, 2013–17.

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

## 5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

### Heroin

#### Key points

- Price for heroin remained stable at \$80 for a quarter-gram and \$300 per gram.
- Most participants reported current purity to be medium or high.

In this section, the patterns of use, price, purity and availability of heroin are discussed. The data on heroin markets presented below reflect information provided by 63 participants who commented on heroin trends in the ACT in 2017.

#### **PRICE**

Participants were asked to comment on the price for the last time they purchased heroin in the six months prior to interview. The median reported prices of heroin in 2017 were similar to the prices reported by participants in 2016. In both 2016 and 2017, the median price of a gram was \$300. The median price for a quarter-gram of heroin also remained stable at \$80, as did the median price for a half-gram (\$150).

Table 8 presents participant reports of changes in the price of heroin in the six months preceding the interview. Consistent with purchase prices, the majority (72%) of those who commented on heroin trends in 2017 reported that the price had remained stable in the previous six months.

**Table 8: Participants' reports of heroin price changes in the last six months, 2016–2017**

Price change	2016	2017
	n=66	n=63
Increasing (%)	12	21
Stable (%)	82	72
Decreasing (%)	3	3
Fluctuating (%)	3	3

Source: ACT IDRS PWID interviews, 2016–17.

#### **AVAILABILITY**

Table 9 presents participant reports of the current availability of heroin in the ACT. The majority of participants who commented on the availability of heroin in the ACT reported that it was very easy (41%) or easy (48%) to obtain. Participants were also asked to comment on changes in the availability of heroin in the ACT in the six months prior to interview. In 2017, the majority of participants believed heroin availability had remained stable (70%).

**Table 9: Participants' reports of heroin availability in the past six months, 2016–2017**

Current availability	2016	2017
	n=66	n=63
Very easy	41	41
Easy	39	48
Difficult	18	10
Very difficult	2	2
Availability change over the last six months		
More difficult	17	13
Stable	74	70
Easier	5	16
Fluctuates	5	2

Source: ACT IDRS PWID interviews, 2016–17.

In 2017, the most common source participants reported purchasing heroin from in the six months prior to interview was from a friend (49%), a known dealer (44%), an acquaintance (5%), and a street dealer (2%). The most commonly reported places for the last purchase of heroin were an agreed public location (39%), a friend's home (20%), a dealer's home (20%), and home delivered (17%).

### **PERCEIVED PURITY**

Participants were asked to comment on the perceived purity of heroin in the ACT (Table 10).

**Table 10: Participants' perceptions of heroin purity in the past six months, 2016–2017**

Current purity	2016	2017
	n=66	n=63
High	30	18
Medium	33	38
Low	27	34
Fluctuates	9	10
Purity change over the last six months		
Increasing	23	22
Stable	48	48
Decreasing	17	12
Fluctuating	11	17

Source: ACT IDRS PWID interviews, 2016–17.

## Methamphetamine

### Key points

- The most common form of methamphetamine, which received comment, was crystal methamphetamine with 66% of the sample reporting price, purity and availability.
- The price of a point of crystal was reported to be \$50.
- Reports on the availability or reported perceived purity were mixed.

### PRICE

#### Speed (Methamphetamine powder)

In 2017, low numbers (n<10) commented on the price of a point and no reports were received for the price of a gram, therefore data is not presented. Of those participants who commented on speed in 2017, most (60%) believed the price to have been stable in the six months preceding interview.

**Table 11: Price and changes in price for methamphetamine powder, ACT, 2016–2017**

Median price – speed	2016	2017
	n=22	n=18
<b>Point</b> (0.1 gram)	\$50	-
(range)	(20–100)	-
<b>Gram</b>	-	-
(range)	-	-
Change in price (%)		
Increasing	14	13
Stable	59	60
Decreasing	18	20
Fluctuating	9	7

**Source:** ACT IDRS PWID interviews, 2016–17.

^ Small numbers reporting (n<10); interpret with caution.

### Base

Due to the very small number reported on the availability of base (n=8), the ACT findings will not be presented. Refer to *Australian Drug Trends* for national figures (Karlsson and Burns 2018).

### Crystal

In 2017, the median price of a point of crystal purchased by participants was reported to be \$50. The median price of a half-weight was \$250 and the price of a gram decreased to \$390.

The most common amount of crystal purchased was a point, with 80% of participants who commented on crystal reporting that they had bought this amount in the past six months.

Of those who commented, the majority (60%) reported the price to have remained stable in the six months preceding the interview.

**Table 12: Price and changes in price for crystal methamphetamine, ACT, 2016–2017**

Median price – crystal	2016	2017
	n=66	n=63
<b>Point</b> (0.1 gram)	\$85	\$50
(range)	(21–100)	(20-100)
<b>Half-weight</b> (0.5 gram)	\$250	\$250
(range)	(40–400)	(100-450)
<b>Gram</b>	\$500	\$390
(range)	(50–700)	(200-550)
Change in price (%)		
Increasing	6	15
Stable	67	48
Decreasing	21	18
Fluctuating	6	19

**Source:** ACT IDRS PWID interviews, 2016–17.

^ Small numbers reporting (n<10); interpret with caution.

## **AVAILABILITY**

Participants were asked to comment on the current availability, as well as any changes in availability, of the different methamphetamine forms in the ACT in 2017. Findings are presented separately for powder and crystal in Table 13 and Table 14. Low numbers (n<10) were able to comment on base and as such, data is not presented.

### **Speed**

Of those who commented on the current availability of speed (n=18), 44% reported speed to be easy (40%), or very easy (28%) to obtain.

Two-thirds (67%) of the participants that commented on speed thought that the availability had remained stable in the six months prior to interview.

**Table 13: Availability of methamphetamine powder, ACT, 2016–2017**

Availability – speed	2016	2017
	n=25	n=18
Very easy	44	28
Easy	40	44
Difficult	4	28
Very difficult	12	0
Change in availability (%)		
More difficult	20	17
Stable	60	67
Easier	16	11
Fluctuates	4	6

Source: ACT IDRS PWID interviews, 2016–17.

Participants who bought speed (n=17) reported that they obtained it through: friends (65%), known dealers (18%), acquaintances (12%), and street dealers (6%). The most commonly reported places of speed purchases were at an agreed public location (35%), a friend’s home (24%), home delivered (18%), and a dealer’s home (12%).

### *Crystal*

Of those who commented on the current availability of crystal (n=65), the majority reported it to be very easy (51%), or easy (45%) to obtain.

In 2017, almost three-quarters (74%) of participants reported that crystal availability had remained stable. Fourteen per cent reported that crystal was easier to obtain and 6% reported that it was more difficult or fluctuated, respectively, in the past six months.

**Table 14: Availability of crystal methamphetamine, ACT, 2016–2017**

Current availability	2016	2017
	n=65	n=65
Very easy	34	51
Easy	45	45
Difficult	2	5
Very difficult	0	0

Source: ACT IDRS PWID interviews, 2016–17.

Change of availability (%)		
More difficult	5	6
Stable	70	74
Easier	18	14
Fluctuates	8	6

Fifty-five per cent of the participants who reported that they had bought crystal said they obtained it from friends, 24% had obtained it from a known dealer, and 11% had obtained it through an acquaintance. The most common venues where participants had last purchased crystal from included: an agreed public location (32%), a friend's home (23%), a dealer's home (23%), or home delivered (15%).

## **PERCEIVED PURITY**

### ***Speed***

In 2017, reports of perceived purity were mixed. Forty-four per cent reported purity to be medium followed by 31% reporting purity to be low, followed by 19% reporting purity to be high. Likewise, reports of the change in purity also varied with 63% reporting purity was stable, 19% reported purity had increased, and 13% reported purity had fluctuated or had decreased (6%).

### ***Base***

In 2017, seven participants reported on the purity of base. Due to the low number of participants who responded, ACT findings will not be presented. Refer to *Australian Drug Trends* for national figures (Karlsson and Burns 2018)

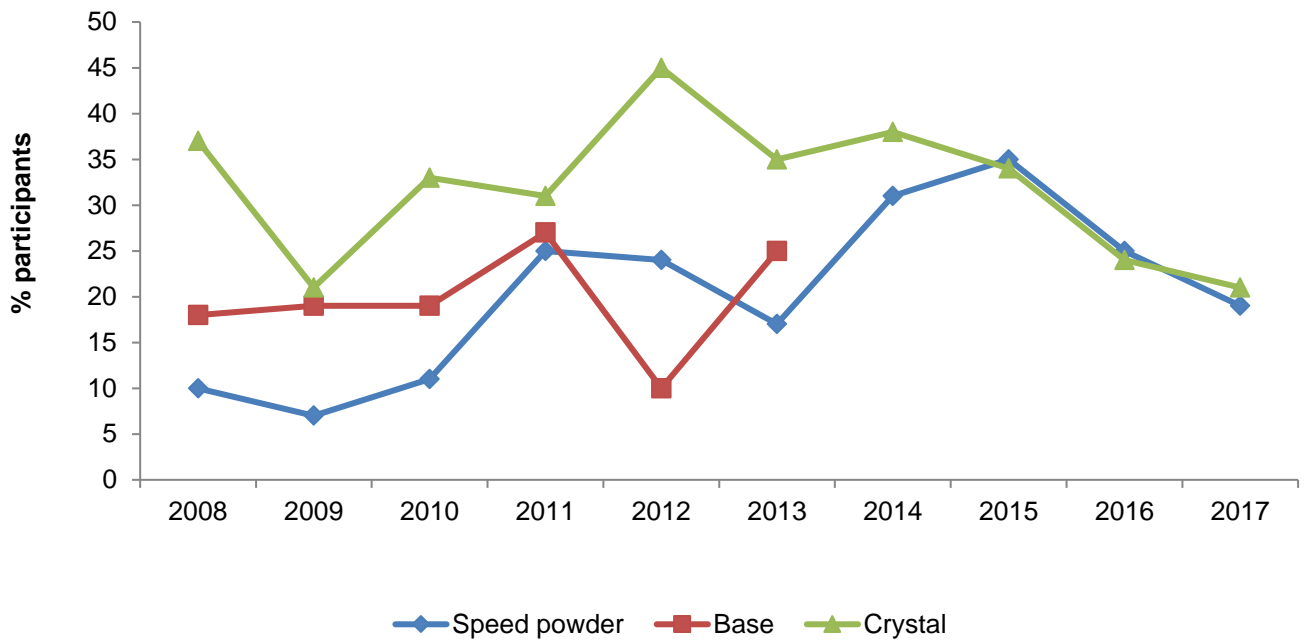
### ***Crystal***

In 2017, among those who commented on the perceived purity of crystal (n=63), results were mixed. Forty-one per cent reported purity of crystal to be medium, followed by 22% reporting purity to be low. Twenty-one per cent reported purity to be high and 16% reported that purity was fluctuating.

Similarly, there were mixed reports from participants concerning the change in purity of crystal over the preceding six months. Thirty-one per cent of participants who commented reported that purity of crystal had remained stable, 31% reported that purity was fluctuating, 23% reported it had decreased and 14% reported it had increased.



**Figure 10: Proportion of participants reporting methamphetamine purity as high, 2008–2017**



**Source:** ACT IDRS PWID interviews, 2008–17.  
**NB:** No data for base for 2014–17 as numbers too low.

## Cocaine

### Key points

- Cocaine use in the ACT remained low and insufficient numbers were able to comment on price, perceived purity and availability.

In 2017, seven participants were able to comment on the price, purity and availability of cocaine. Due to small numbers reporting ( $n < 10$ ), the ACT data is not presented. For national figures please refer to *Australian Drug Trends* (Karlsson and Burns 2018).

## Cannabis

### Key points

- The median cost of a gram of hydroponic cannabis was \$20.
- The median cost of an ounce of hydroponic cannabis was \$290.
- The price for both forms of cannabis (bush and hydroponic) was reported as stable over the last six months.
- Participants most commonly reported the potency of hydro as high and bush medium.
- The availability of both forms of cannabis was considered very easy or easy to obtain.

Participants were asked to comment on the price, purity and availability of two different forms of cannabis: outdoor-cultivated cannabis (bush) and indoor-cultivated cannabis (hydro). Half the participants (51%) commented on trends in hydro and 36% commented on bush cannabis in the ACT.

### **PRICE**

The median prices for hydroponic cannabis and the reported changes are presented in Table 15. The median prices for bush cannabis and the reported changes in price are shown in Table 16.

### **Hydro**

The median price of a gram of hydro purchased by participants in 2017 remained stable at \$20. The most common amount of hydro purchased was a gram, with a third (31%) of participants reporting that they had bought a gram in the six months preceding the interview. The majority (69%) of those who commented reported the price of hydro to have remained stable in the six months preceding interview.

**Table 15: Price and changes in price for hydroponic cannabis, ACT, 2016–2017**

Median price – cannabis (hydro)	2016	2017
	n=55	n=51
Gram	\$20	\$20
(range)	(10–25)	(10-25)
Quarter-ounce	\$80	\$80
(range)	(60–100)	(70-150)
Half-ounce	\$150	\$150
(range)	(140–180)	(130-300)
Ounce	\$250	\$290
(range)	(230–320)	(100-450)

Change in price (%)		
Increasing	7	12
Stable	91	69
Decreasing	0	2
Fluctuating	2	16

Source: ACT IDRS PWID interviews, 2016–17.

^ Interpret with caution, n=<10.

## Bush

The median price of a gram of bush cannabis purchased by participants was \$20 in 2017. Price of bush cannabis was reported by fewer participants, with just 16 participants commenting. As can be seen in Table 16, of those that commented on bush cannabis in 2017, the majority (65%) reported that the price of bush had remained stable in the six months preceding interview.

**Table 16: Price and changes in price for bush cannabis, ACT, 2016–2017**

Median price – cannabis (bush)	2016	2017
	n=26	n=16
Gram	\$20	\$20
(range)	(10–25)	(10-25)
Quarter-ounce	\$80^	\$70^
(range)	(70–90)	(50-150)
Half-ounce	\$150^	\$140^
(range)	(140–160)	(90-250)
Ounce	\$255^	\$230
(range)	(150–325)	(100-320)
Change in price (%)	n=26	n=34
Increasing	0	9
Stable	92	65
Decreasing	4	6
Fluctuating	4	21

Source: ACT IDRS PWID interviews, 2016–17.

^ Interpret with caution, n=<10.

## AVAILABILITY

Participants were asked to comment on the current availability and any changes in availability, of both hydro and bush in the ACT in 2017. Findings are presented separately for each type of cannabis.

### Hydro

Of those that commented on the current availability of hydro (n=55), the majority reported it to be very easy (53%) and easy (39%) to obtain as shown in

Table 17.

The majority (82%) of participants commenting on hydro thought that the availability had remained stable in the six months prior to interview. Participants who had recently used hydro reported last purchasing it predominantly from a friend (65%) or a known dealer (22%). The most common places for purchasing hydro were from a friend's home (31%), an agreed public location (27%), or a dealer's home (22%).

**Table 17: Availability of hydro cannabis, ACT, 2016–2017**

Availability – hydroponic cannabis (%)	2016	2017
	(n=55)	(n=51)
Very easy	42	53
Easy	51	39
Difficult	7	8
Very difficult	0	0
Changes in availability (%)	(n=55)	(n=50)
More difficult	11	6
Stable	78	82
Easier	11	6
Fluctuates	0	6

Source: ACT IDRS PWID interviews, 2016–17.

### Bush

The majority of those that commented on the current availability of bush cannabis (n=34) reported that bush was very easy (32%) or easy (50%) to obtain. Most (67%) reported that bush availability had remained stable in the six months preceding interview, as shown in Table 18.

The majority of bush purchases were through a friend (71%), or a known dealer (12%). Purchases most often occurred at a friend's home (41%), or at an agreed public location (29%).

**Table 18: Availability of bush cannabis, ACT, 2016–2017**

Availability – bush cannabis (%)	2016	2017
	(n=26)	(n=34)
Very easy	27	32
Easy	42	50
Difficult	23	15
Very difficult	8	3
Change in availability (%)		
More difficult	23	9
Stable	77	67
Easier	0	12
Fluctuates	0	12

Source: ACT IDRS PWID interviews, 2016–17.

## PERCEIVED POTENCY

Respondents were asked to estimate the current strength or potency of hydro and bush cannabis (based on their experience), as well as to report perceived change in potency of both hydro and bush. Results are presented below separately for each form (Figure 11 and Figure 12).

### Hydro

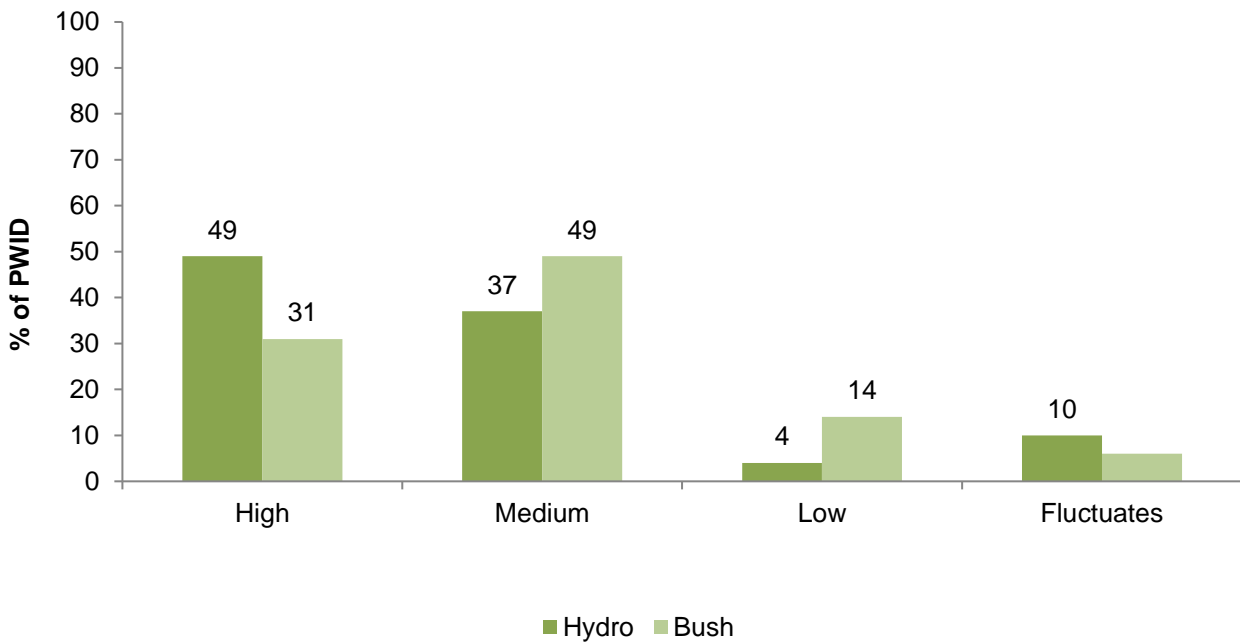
Forty-nine per cent of those who commented (n=51) indicated that the perceived potency of hydro was high in the six months preceding interview (see Figure 11). Thirty-seven per cent reported that hydro potency was medium. More than two-thirds (71%) reported that the potency of hydro had remained stable in the last six months (Figure 12).

### Bush

The potency of bush cannabis was generally reported to be medium (49%) and 31% reported it to be high.

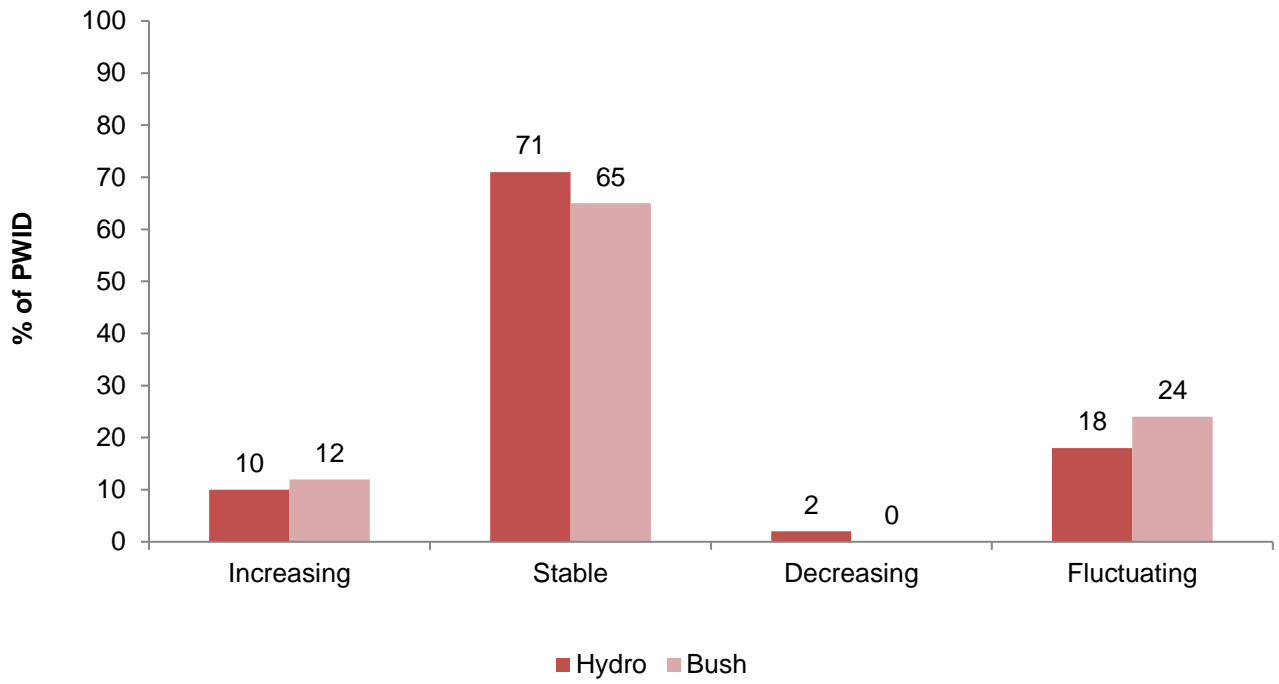
As can be seen in Figure 12, the majority (65%) of respondents who commented on bush cannabis reported that the potency had remained stable in the six months prior to the interview.

Figure 11: Perceived potency of cannabis among those who responded, 2017



Source: ACT IDRS PWID interviews, 2017

**Figure 12: Change in perceived cannabis potency, ACT 2017**



Source: ACT IDRS PWID interviews, 2017



## Other Opioids

### Methadone

#### **PRICE**

In 2017, ten participants commented on the current price of (illicit) methadone in the ACT. Due to the small numbers reporting on some of the variables of interest, caution is advised when interpreting these results. For more accurate information please refer to *Australian Drug Trends* for national figures (Karlsson and Burns 2018).

The median price reported for a millilitre of methadone was \$1.00 in 2017. Almost all participants (90%) who commented reported that the price of methadone had remained stable over the six months preceding interview, with one participant reporting the price had fluctuated.

#### **AVAILABILITY**

Participants were asked to comment on the current availability of illicit methadone and if there had been any change in availability in the six months preceding interview. As can be seen in Table 19, reports on the current availability of illicit methadone varied.

**Table 19: Reported availability of illicit methadone, ACT, 2016–2017**

Availability – illicit methadone (%)	2016	2017
	n=11	n=9
Very easy	18	22
Easy	55	44
Difficult	18	33
Very difficult	9	0
Change in availability (%)		
More difficult	9	0
Stable	91	90
Easier	0	10
Fluctuates	0	0

Source: ACT IDRS PWID interviews, 2016–17.

In 2017, of those who reported that they had bought methadone (n=7), participants reported that they had obtained it through a friend, or an acquaintance.

## **Buprenorphine**

In 2017, participants were asked to comment on the price and availability of buprenorphine. Due to small numbers (n=3) ACT findings will not be presented. See *Australian Drug Trends* for national figures (Karlsson and Burns 2018).

## **Buprenorphine-naloxone**

In 2017, participants were asked to comment on the price and availability of illicit buprenorphine-naloxone (Suboxone®). Due to small numbers (n=6) ACT findings will not be presented. See *Australian Drug Trends* for national figures (Karlsson and Burns 2018).

## **Morphine**

In 2017, participants were asked to comment on price and availability of illicit morphine in the ACT. Due to small numbers (n=9) ACT findings will not be presented. See *Australian Drug Trends* for national figures (Karlsson and Burns 2018).

## **Oxycodone**

In 2017, participants were asked to comment on the price and availability of illicit oxycodone. Due to small numbers (n=4) ACT findings will not be presented. See *Australian Drug Trends* for national figures (Karlsson and Burns 2018).

## 6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

### Overdose

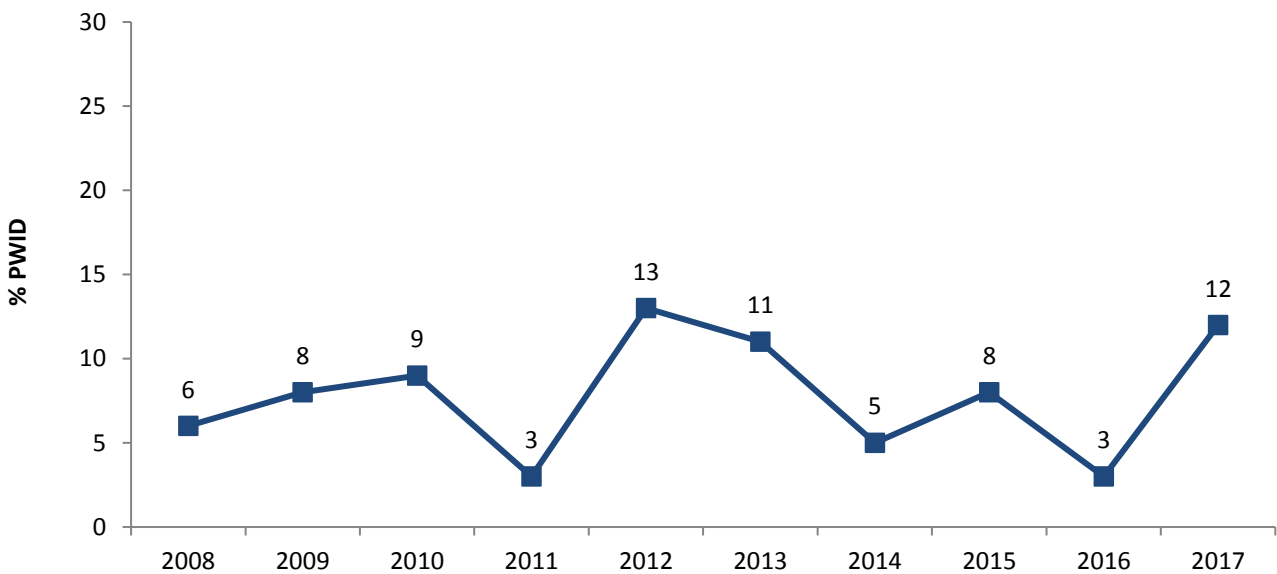
#### **HEROIN AND OTHER OPIOIDS**

##### *Non-fatal overdose*

In 2017, 49% of participants who commented (n=90) reported having overdosed on heroin at least once at some point in their lives. Of participants who reported ever having overdosed on heroin, the median number of times overdosed was three (range=1–50).

In 2017, 12% of participants who commented (n=91) reported having overdosed on heroin in the year prior to the interview (Figure 13). One participant reported overdosing on heroin in the past month.

**Figure 13: Proportion of PWID reporting heroin overdose in the year preceding interview, 2008–2017**



**Source:** ACT IDRS PWID interviews, 2008–17.

In 2017, participants who reported overdosing on heroin in the previous year (n=11) reported receiving treatments including cardiopulmonary resuscitation (CPR), Narcan®, oxygen, or hospital emergency attendance.

## **NALOXONE PROGRAM AND DISTRIBUTION**

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids, particularly in the case of overdose. In Australia, naloxone has largely only been available for use by medical doctors (or those auspiced by medical doctors such as nurses and paramedics) for overdose response. In 2012, a take-home naloxone program commenced in the ACT through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose as part of a comprehensive overdose response package. This program was shortly followed by similar programs in NSW, VIC and WA. In early 2016, the Australian Therapeutic Goods Administration (TGA) effectively placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased over-the-counter (OTC) at pharmacies without a prescription (Lenton, Dietze et al. 2016), but dual listing means it is still available at a reduced cost via prescription.

Since 2013, the IDRS has included a series of questions about take-home naloxone and naloxone more broadly. Of the participants in the ACT who commented in 2017 (n=96), 89% had heard of naloxone. Nearly half (49%) of those who had heard of naloxone reported that naloxone was used to 'reverse heroin', while 28% reported the use of naloxone was to 're-establish consciousness'. Seven per cent said naloxone was used to 'help start breathing' and 26% gave 'other' reasons (Table 20).

Participants were then asked if they had heard about take-home naloxone programs. Among the ACT sample who commented (n=96), 70% reported that they had heard of take-home naloxone programs (Table 20). In the ACT, twelve per cent reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program.

Of the ACT sample who commented (n=96), 38% reported that they had completed training in naloxone administration and had received a prescription for naloxone. Of those who had completed the course (n=36), 53% had used naloxone to resuscitate someone who had overdosed. Participants reported resuscitating a median of two people (range=1–12).

In 2017, participants were asked if they had heard about the rescheduling of naloxone (which is now available OTC without a prescription). Of the ACT sample who commented (n=96), 18% reported that they had heard about the rescheduling (Table 20).

Participants were then asked if they had been resuscitated with naloxone by someone who obtained naloxone OTC from a pharmacy. Of the ACT sample who commented (n=96), no participants reported that they had been resuscitated with naloxone which was obtained OTC at a pharmacy. One participant reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy.

Participants who had not obtained naloxone OTC were asked: 'Now that naloxone is available OTC would you purchase it from a pharmacy?' Of those who commented (n=95), 67% reported that they would purchase naloxone OTC. Participants were asked if they would (a) carry naloxone on your person? (b) administer naloxone after witnessing someone overdose? and (c) stay with someone after giving them naloxone? Sixty-two per cent of those who commented (n=34) reported that they would carry the naloxone on their person, 97% reported that they would administer naloxone after witnessing someone overdose, and all reported that they would stay after giving the naloxone.

**Table 20: Take-home naloxone program and distribution (among those who commented), 2017**

	2017
	n=96
Heard of naloxone (%)	89
<b>Naloxone description (%)</b>	
Reverses heroin	49
Help start breathing	7
Re-establish consciousness	28
<b>Heard of the take-home naloxone program (%)</b>	
Yes	70
No	30
<b>Heard of naloxone rescheduling (%)</b>	
Yes	81
No	18

Source: ACT IDRS PWID interviews, 2017.

## **OTHER DRUGS**

### ***Non-fatal overdose***

In addition to heroin overdose, participants were asked whether they considered themselves to have ever accidentally overdosed on any other drug(s).

Sixteen per cent of participants reported overdosing on a drug other than heroin at some point in their life on a median of one time. Substances most commonly reported were crystal methamphetamine, morphine, methadone, and fentanyl.

### **Drug treatment**

Participants interviewed for the IDRS who were currently in treatment (51%) were asked a number of questions about their reported treatment.

Those in current opioid substitution treatment (OST) (47% of the total sample) reported being in treatment for a median of 42 months (ranging from four months to 50 years). Twenty-three per cent of participants in current treatment reported that they had been in treatment for 12 months or less. Eighty-three per cent of those in opioid substitution treatment were receiving methadone maintenance, 2% reported buprenorphine treatment and 15% reported buprenorphine-naloxone treatment.

## Injecting risk behaviour

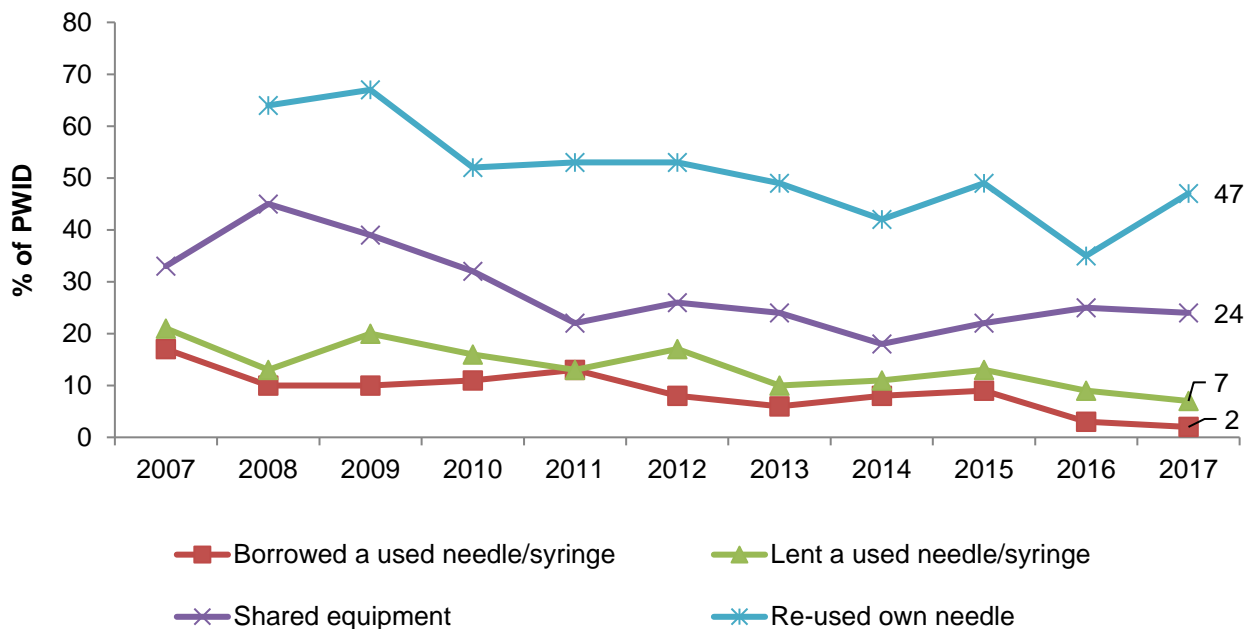
### ACCESS TO NEEDLES AND SYRINGES

Needle and syringe programs (NSP) were by far the most common source of needles and syringes in the preceding six months (96%), followed by NSP vending machines (34%), and chemists (25%). Obtaining needles and syringes from a friend (20%), and/or a partner (1%) was reported by lower proportions.

### SHARING OF INJECTING EQUIPMENT AMONG PWID

Figure 14 presents the proportion of participants over time who reported recently sharing injecting equipment. In 2017, 2% of participants had injected with syringes that had already been used by someone else in the month preceding interview. The proportion of participants who reported lending used needles remained stable at 7% in 2017. Nearly half (47%) reported reusing their own needle.

Figure 14: Proportion of PWID reporting sharing injecting equipment, 2008–2017



Source: ACT IDRS PWID interviews, 2008–17.

As well as sharing needles and syringes, participants had also shared other injecting equipment such as spoons and other mixing containers, swabs, tourniquets and water. In 2017, 23% of the sample reported having used other injecting equipment after it had been used by someone else. The proportion of participants reporting using a spoon/mixing container after someone else was 20% in 2017. As can be seen in Table 21, 3% of participants reported using water after someone else and 3% reported using a tourniquet after someone else.

**Table 21: Proportion of PWID reporting sharing other injecting equipment by type, 2013–2017**

Injecting equipment used after someone else:	2013	2014	2015	2016	2017
Spoon/mixing container (%)	15	18	17	22	20
Filter (%)	4	6	2	4	1
Tourniquet (%)	5	17	3	8	3
Water (%)	7	17	5	7	3
Swabs	0	11	0	3	1

Source: ACT IDRS PWID interviews, 2013–17.

Participants in the 2017 IDRS were also asked questions about the site on their body where they had last injected. The vast majority (84%) of participants reported that they last injected in their arm. Twelve per cent of participants reported last injecting in their hand or wrist, 2% in their leg, and 1% in their foot.

### **LOCATION OF INJECTIONS**

Table 22 presents a summary of the last location of drug injection among the ACT IDRS samples from 2013 to 2017. In 2017, the majority (85%) of participants reported that their last location of injection was a private home, 6% reported a car, and 4% reported a public place (such as a street or a park or public stairwell). Four per cent also reported a car as the last location for injection in 2017.

**Table 22: Location of last injection in the month preceding interview, ACT, 2013–2017**

Location of last injection (%)	2013	2014	2015	2016	2017
Private home	83	85	85	80	85
Public toilet	9	9	3	6	4
Street/park/beach	2	2	3	6	4
Car	3	1	0	2	6

Source: ACT IDRS PWID interviews, 2013–17.

### **SELF-REPORTED INJECTION-RELATED HEALTH PROBLEMS**

In 2017, 65% of participants reported having experienced at least one injection-related health problem in the month preceding interview. As can be seen from Table 23, the most commonly experienced injection-related problem in 2017 was scarring/bruising of the injection site (72%), followed by difficulty injecting (71%).

**Table 23: Injection-related health problems, ACT, 2013–2017**

	2013	2014	2015	2016	2017
	n=53	n=56	n=66	n=62	n=65
<b>Problem: (%)</b>					
Scarring/bruising*	74	70	71	65	72
Difficulty injecting*	57	68	65	74	71
'Dirty hit'*	13	14	6	7	12
Infections/abscesses*	8	9	9	15	12
Overdose*	2	5	4	8	3

Source: ACT IDRS PWID interviews, 2013–17.

\*Among those who reported an injection problem.

## Alcohol Use Disorders Identification Test

People who regularly inject drugs are particularly at risk for alcohol-related harms due to a high prevalence of HCV. Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Darke 2000, Schiff and Ozden 2004, Coffin, Tracy et al. 2007, Darke, Duflou et al. 2007), it is important to monitor risky drinking among PWID.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use and the number of days of use over the preceding six months. Participants in the IDRS were asked the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan et al. 1998). The AUDIT-C is a three-item measure, derived from the first three consumption questions in the AUDIT. Dawson and colleagues (Dawson, Grant et al. 2005) reported on the validity of the AUDIT-C finding that it was a good indicator of alcohol dependence, alcohol use disorder and risky drinking.

Among IDRS participants in the ACT who drank alcohol in the past year, the overall mean score on the AUDIT-C was 4.7 (median=4, range=0–12). Females had a significantly lower score (Mean=3.12) than males (Mean=5.34) on the AUDIT-C ( $t(45)=2.9, p=0.005$ ). According to Dawson and colleagues (Dawson, Grant et al. 2005) and Haber and colleagues' (Haber, Lintzeris et al. 2009) *Guidelines for the Treatment of Alcohol Problems*, a cut-off score of five or more indicated that further assessment is required.

Less than half (43%) of the participants who drank in the past year scored five or more on the AUDIT-C. Fifty-eight per cent of males and 24% of females scored five or more indicating the need for further assessment (Table 24).



**Table 24: AUDIT-C among people who inject drugs and drank alcohol in the past year, 2016–2017**

	2016	2017
	n=69	n=89
<b>Score of 5 or more (%)</b>		
All participants	61	43
Males	66	58
Females	52	24

Source: IDRS ACT PWID interviews, 2016–17.

## Opioid and stimulant dependence

In 2017, the participants in the IDRS were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids. Understanding whether participants are dependent is an important predictor of harm, and provides information to complement quantity and frequency of use measures.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton et al. 2002). Previous research has suggested that a cut-off of four is indicative of dependence for methamphetamine users (Topp and Mattick 1997) and a cut-off value of three for cocaine (Kaye and Darke 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of 5 for the presence of dependence.

Of those who had recently used an opioid and commented (n=81), the median SDS score was six (mean=7.3, range=0–15), with 70% scoring five or above, indicative of opioid dependence. Sixty-eight per cent attributed their responses to heroin, 22% to methadone, and 5% to morphine.

Of those who had recently used a stimulant and commented (n=81), the median SDS score was 3 (mean=4.5, range=0–13), with 48% scoring four or above, indicative of stimulant dependence. Almost all (99%) reported specifically attributing responses to methamphetamine, with one participant attributing responses to cocaine.

## Mental health problems and psychological distress

### **SELF-REPORTED MENTAL HEALTH PROBLEMS**

In 2017, 47% of participants who commented (n=79) self-reported having had a mental health problem other than drug dependence in the six months preceding interview. Of those who self-reported a mental health problem and commented (n=37), the most common problems were depression (62%), anxiety (41%), schizophrenia (22%), and bipolar disorder (16%).

Most (65%) of those who self-reported mental health problems reported that they had attended a mental health professional in the previous six months. In 2017, participants were asked whether they

were prescribed any medication from the mental health professional for their self-reported mental health problems. Of those who reported attending a mental health professional in the previous six months (n=23), nearly two-thirds (65%) reported they had been prescribed an anti-depressant, 48% reported being prescribed an anti-psychotic, and 48% reported being prescribed a benzodiazepine. A little more than a third (38%) of those who had attended a health professional in the preceding six months were not prescribed any medication (Table 25).

**Table 25: Summary of mental health problems experienced by PWID in the ACT, 2016–2017**

	2016	2017
<b>Self-reported mental health problem last six months (%)</b>	40	47
<b>Self-reported mental health problems (%)*</b>	(n=40)	(n=37)
Depression	65	62
Anxiety	43	41
Bipolar disorder	18	16
(Any) Personality disorder	8	5
Schizophrenia	10	22
Drug-induced psychosis	3	11
Post-traumatic Stress Disorder – PTSD	18	14
<b>Attended mental health professional (%)*</b>	73	65
No medication**	43	38
Prescribed anti-depressant**	61	61
Prescribed anti-psychotic**	26	48
Prescribed benzodiazepines**	39	48

**Source:** ACT IDRS PWID interviews, 2016–17.

\* Of those who reported a mental health problem in the preceding six months.

\*\* Of those who attended a mental health professional (n=23).

## ***KESSLER PSYCHOLOGICAL DISTRESS SCALE***

The Kessler 10 (K10) was administered in 2017 to obtain a measure of psychological distress. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders 5 (DSM-5), and the Structured Clinical Interview for DSM disorders (SCID) (Kessler and Mroczek 1994, Kessler 2002, American Psychiatric Association 2013). The K10 relates to the level of anxiety and depressive symptoms a person may have felt in the preceding four-week period.

The minimum score was 10 (indicating no/low distress) and the maximum was 50 (indicating very high psychological distress) (Andrews and Slade 2001). Among participants who completed the full scale (n=89), the mean score was 23.9 (median=24; SD=9.4; range=10–49). The 2016 National Drug

Strategy Household Survey provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10–15 were considered to be low; 16–21 as moderate; 22–29 as high; and 30–50 as very high. Using these categories, IDRS participants reported greater levels of high and very high distress compared to the general population (Table 26).

**Table 26: K10 scores in the 2016 NDSHS and the ACT IDRS interviews, 2016–2017**

K10 Score	Level of psych. distress	National Drug Strategy Household Survey	2016 ACT IDRS	2017 ACT IDRS
10–15	No/low distress	68	18	24
16–21	Moderate distress	21	28	18
22–29	High distress	8	28	29
30–50	Very high distress	3	26	29

Source: AIHW, 2017; ACT IDRS PWID interviews, 2016–17.

Participants were also asked, in general, if they would rate their health as excellent, very good, good, fair or poor. Of those who commented (n=91), 2% reported their health as excellent, 20% very good, 31% good, 28% fair, and 20% poor. This compares to 17.2% of the general population reporting their health as excellent, 38.2% reporting it as very good, 32.1% as good, 10.6% as fair and 2% as poor (Australian Institute of Health and Welfare 2017).

## Driving risk behaviour

Participants were asked about driving behaviour following the use of alcohol or drugs. A third of the IDRS sample (34%, n=34) reported having driven a vehicle in the six months preceding interview. Of those who had driven in the previous six months, 15% reported having driven while over the limit of prescribed concentration of alcohol on a medium of two times in the past six months.

Twenty-seven participants (79% of those who had driven in the past six months) reported that they had driven after taking drugs during that time. Participants reported that they had driven soon after taking drugs on a median of 20 times (range=1–180) during the preceding six months. The median time between taking drugs and driving was 10 minutes (range=1–240).

The most common drugs used before driving were crystal methamphetamine (52%), heroin (48%), and cannabis (44%).

## 7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

### Reports of criminal activity

As can be seen in Table 27, in 2017, 27% of participants reported that they had been arrested in the last 12 months.

The percentage of participants in 2017 that reported engaging in at least one act of criminal activity in the month prior to interview was 40%. Thirty-three per cent of participants reported being involved in drug dealing and 18% of participants reported committing property crime in the previous month.

**Table 27: Criminal activity among participants, ACT, 2016–2017**

	2016	2017
	n=100	n=95
<b>Arrested last 12 months (%)</b>	26	27
<b>Crime arrested for (%)</b>	(n=25)	(n=24)
Property crime	16	17
Dealing	0	0
Fraud	0	0
Violent crime	10	29
<b>Committed at least one crime in the last month (%)</b>	33	40
<b>Crime committed (%)</b>		
Property crime	14	18
Dealing	26	33
Fraud	0	4
Violent crime	1	3

Source: ACT IDRS PWID interviews, 2016–17.

## Expenditure on illicit drugs

In 2017, 68% of participants reported having spent a median of \$30 on illicit drugs on the day prior to interview (Table 28).

**Table 28: Expenditure on illicit drugs on the day prior to interview, ACT, 2013–2017**

	2013	2014	2015	2016	2016
<b>Nothing</b>	41	45	43	43	32
<b>Less than \$20</b>	0	7	7	4	7
<b>\$20–\$49</b>	11	11	8	6	11
<b>\$50–\$99</b>	20	16	12	20	20
<b>\$100–\$199</b>	17	13	15	15	20
<b>\$200–\$399</b>	7	6	11	12	5
<b>\$400 or more</b>	4	2	4	0	5
<b>Median expenditure (\$)</b>	80	80	100	80	30

Source: ACT IDRS PWID interviews, 2013–17.

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