

NDARC Technical Report No. 82

ACT DRUG TRENDS 1999
Findings from the
Illicit Drug Reporting System (IDRS)

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LIST OF ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACTGAL	ACT Government Analytical Laboratory
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program
AFDL	Australian Forensic Drug Laboratory
AFP	Australian Federal Police
AIC	Australian Institute of Criminology
DRIC	Drug Referral and Information Centre
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User
KIS	Key informant survey
NEP	Needle Exchange Program
OTHER	Refers to other (secondary) indicators
SCON	Simple Cannabis Offence Notice

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EXECUTIVE SUMMARY

The 1999 IDRS detected a number of drug trends during the past 6-12 months from analyses of the key informant survey and other indicators. Table 1 contains a summary of information on the price, availability, purity and use of each of the four main drug types monitored by the IDRS. A brief description of the major drug trends is also provided below.

Table 1 Price, availability, purity and use of heroin, amphetamine, cocaine and cannabis.

	Heroin	Amphetamine	Cocaine	Cannabis
Price				
Cap	\$50	\$50		
¼ Gram	\$120			\$25 gram
1 Gram	-	\$300	\$200	\$200-450 ounce
Change	Stable/ slight decline	Stable	Stable	Stable
Availability	Easy Stable	Not determined	Not determined	Easy Stable
Purity	68% Increase	Low (unreliable data)	Medium	High
Use	Increased use Younger users Increase in Asian & Aboriginal users	Increased use	Increased use	Increased use Increase in younger users

HEROIN

The major trends in heroin were an increase in use, accompanied by high purity and ready availability (see Table 3.1). In addition there was a reported increase in younger users, Asian and Aboriginal heroin users and smoking heroin. There was a reported increase in opiate-related overdoses and general health-related problems.

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AMPHETAMINE

Amphetamine prices were obtained for 1998/99 however information on availability was unknown. Purity was reported to be low however this data is considered unreliable. Reports from key informants and surveys suggested an increase in amphetamine use over the past few years.

COCAINE

The price of cocaine was reported to be \$200 per gram. Information on availability was not known. The purity was estimated as medium. Information on cocaine use from surveys and key informants suggested an increase in use. Key informants reported that cocaine was not a problem in the ACT.

CANNABIS

Cannabis was the second most widely reported illicit drug by key informants. Its potency was high and it was considered easy to obtain. Most key informants indicated that the price of cannabis was stable. The major trends reported were an increase in use especially among younger people and a reported increase in mental health problems.

OTHER DRUGS

The main trend noted with regard to other drug use (Table 2) was that the use of benzodiazepines remained high, although key informants reported a decrease in Rohypnol use since it was placed on the schedule 8 list of substances. It was reported that younger women are now attending treatment for benzodiazepine use and making an increase in requests for treatment in general. Prevalence of anabolic steroid use in the ACT is low compared to other illicit drugs; age of first use of anabolic steroids increased slightly. Ecstasy use appears to be increasing particularly among younger people and is more commonly used in combination with other drugs.

Table 2 Trends in other drug use

1% reported non-maintenance use of methadone
Decrease in use of Rohypnol
Increase in requests for treatment of benzodiazepines
Increase in young women presenting for treatment of benzodiazepine use
Increase in ecstasy use
Low prevalence of anabolic steroid use in ACT
Age of first use of anabolic steroid use increased

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DRUG-RELATED ISSUES

Trends in drug-related issues (Table 3) included more health-related problems, increase in opiate-related overdoses, mental health problems in cannabis users and general decline of health status among heroin users. There was a reported decrease in the dispensing of injecting equipment from Needle & Syringe Exchange Programs which is in contrast to the reported increase by key informants of heroin use over the last 12 months. The key informants also reported more police activity recently and more violent crime being committed by heroin users.

Table 3 Trends in drug-related issues

Increase in health problems
Increase in mental health problems among cannabis users
Increase in opiate-related overdoses
Increase in dispensing but a decrease in returns of injecting equipment
Increase in number of client visits to needle exchange in 1998/99
Increase in levels of crime
More reports of violent crime
More police activity
Increase in reported arrests
More police activity, particularly an increase in police visibility and zero tolerance
Decrease in police harassment

RESEARCH IMPLICATIONS

- The findings of the 1999 IDRS suggest the following areas for further investigation:
- a continuation of research into factors influencing the current popularity of heroin and its availability and interventions to reduce the harms associated with heroin use such as overdose;
- an examination of the apparent increase in the use of heroin among Aboriginal and Asian people in the ACT, in particular examining differences in use and appropriate access to treatment services;
- an examination of factors influencing transitions to injecting heroin (eg. smoking heroin among Asian people);
- monitoring patterns of amphetamine and cocaine use in the ACT; and
- extension of the IDRS in the ACT to include a survey of injecting drug users.

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1. INTRODUCTION

In 1998, the Commonwealth Department of Health and Aged Care commissioned the National Drug and Alcohol Research Centre to conduct a national trial of the Illicit Drug Reporting System (IDRS). This followed a successful pilot study of the methods in Sydney in 1996 and a multi-state trial in 1997 (Hando et al., 1997; Hando et al., 1998a, 1999b). The national trial consisted of conducting the complete IDRS in New South Wales, Victoria and South Australia, as had occurred during the 1997 multi-stage trial. This complete IDRS consisted of a survey of injecting drug users (IDU) and key informants and analysis of other illicit drug indicators. In addition, other states and territories were to conduct a "core" IDRS that consisted of interviews with key informants and collection of secondary indicator data. In 1998, the full IDRS - including the IDU survey – continued to be run in New South Wales, South Australia and Victoria, while the feasibility of the core IDRS was established in the remaining States and Territories. In 1999, the core IDRS was conducted for the first time in the ACT.

The purpose of the IDRS is to provide a coordinated approach to the monitoring of data associated with the use of opiates, cocaine, amphetamine and cannabis and to act as a strategic early warning system for the emerging illicit drug problems. The IDRS needs to be a timely and sensitive indicator of emerging drug trends rather than describe phenomena in detail. It also needs to:

- suggest areas for more detailed data collection
- be linked to such a data collection mechanism
- collect comparable data nationally
- be representative
- be simple to operate
- be cost effective.

The 1999 ACT Drug Trends Report summarises the information gathered by the ACT component of the national IDRS using two methods: key informant interviews with professionals working in the drug field (conducted by the National Centre for Epidemiology and Population Health) and the collection and examination of other indicators (completed by the Australian Institute of Criminology). These "core" IDRS methods are intended to complement and supplement each other, each method has its strengths and weaknesses. Results are summarised by drug type in a series of tables designed to provide the reader with an abbreviated picture of the illicit drug scene and recent trends.

The reader is referred to a national report presenting state comparisons (McKetin et al, 1999) and to separate NSW, South Australian and Victorian Drug Trends Reports (McKetin et al., 1999, Hayes et al., 1999; Rumbold & Fry, 1999). The results of the 1997 multi-stage trial of the IDRS are also available in State reports (Cormack et al., 1998; Hando et al., 1998a; Rumbold & Fry, 1998) and in a national report (Hando et al., 1998b).

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1.1 STUDY AIM

The specific aims of the ACT IDRS were to identify emerging illicit drug trends in the ACT that require further investigation and to gather information on illicit drug use and trends in the ACT to complement existing national data sets.

2.0 METHOD

2.1 KEY INFORMANT STUDY

Twenty-eight key informants who worked in the illicit drug field were interviewed between August and September 1999. Entry criteria were at least weekly contact with illicit drug users in the past 6 months and/or contact with 10 or more illicit drug users in the last 6 months. All key informants satisfied the criteria. The median number of days that key informants had contact with illicit drug users in the past 6 months was 120 (range 12 – 168 days) and two thirds (64.3%) reported contact with more than 50 illicit drug users. Key informants included drug treatment workers (n=13), health workers and outreach workers (n=7), police officers (n=4), user group representative (n=1), youth worker (n=1), youth accommodation manager (n=1) and researcher (n=1). Thirty-nine percent were male. Key informants rated their knowledge as good to excellent (82%) and all but one reported that they felt moderately certain or very certain of the information they provided. Many worked with special populations, including youth (n=5), aboriginals (n=2), persons whose first language is other than English (n=2), injecting drug users (n=11), women (n=3), prisoners (n=1), HIV/gay men (n=1) and men (n=2).

Key informants were asked to specify the main illicit drug used by the drug users they had had most contact with in the past six months. Most key informants reported on the use of heroin (n=22), the remainder reporting on cannabis (n=4) and benzodiazepines (n=2). No key informants were able to report on cocaine as the primary drug with which they had experience.

The interview schedule was a structured instrument which included sections on drug use patterns, drug availability, criminal behaviour and health issues. All interviews were conducted by telephone and took between 20 and 60 minutes to administer. Notes were taken during the interview and transcribed in full afterwards. Open-ended questions were analysed using a word processor. Closed-ended questions were analysed using SPSS for Windows, Release 6.1.4 (SPSS Inc, 1996).

2.2 OTHER INDICATORS

To complement and validate data collected from the key informant study, a range of secondary data sources were examined, including survey, health and law enforcement data. The pilot study for the IDRS (Hando et al., 1997) recommended that such data should:

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- be available at least annually;
- include 50 or more cases;
- provide brief details of illicit drug use;
- be collected in main study site (ie. Canberra or ACT for the present study); and
- include details on the four main illicit drugs under investigation.

Data sources which fulfil these criteria and have been included in this report are:

- purity of drug seizures made by the Australian Federal Police provided by the Australian Forensic Drug Laboratory, courtesy of the Australian Bureau of Criminal Intelligence;
- purity of drug seizures made by the Australian Federal Police provided by the ACT Government Analytical Laboratory;
- drug use prevalence from the 1995 and 1998 National Drug Strategy Household Surveys conducted by the Australian Institute of Health and Welfare on behalf of the Commonwealth Department of Health and Aged Care in 1998 and by AGB McNair on behalf of the Commonwealth Department of Human Services and Health in 1995;
- police offence data provided by the Australian Federal Police (ACT Region);
- needles and syringes dispensed by the ACT Needle and Syringe Exchange Program;
- prevalence of drug use among injecting drug users from the Australian Needle and Syringe Program Survey conducted by the National Centre in HIV Epidemiology and Clinical Research on behalf of the Collaboration of Australian Needle and Syringe Programs;
- data from the 1999 Assisting Drug Dependents Incorporated survey of injecting drug users under 25 years of age;
- clients of counselling from the Drug Referral and Information Centre;
- clients of detoxification services from Arcadia House Withdrawal Centre;
- telephone, in person enquires, clients of counselling and detoxification and ACT Methadone Program from the ACT Alcohol and Drug Program;
- overdoses attended by ACT Ambulance Service;
- overdoses presenting at Calvary Hospital Emergency Department; and
- opiate fatalities in the Australian Capital Territory from cause of death data provided by the Australian Bureau of Statistics.

Some indicators in the ACT were unavailable at the time of writing this report, or did not meet the above criteria. These included Canberra Hospital emergency room and treatment admissions data, toxicology of suspected overdose fatalities (less than 50 cases), toxicology data on intoxicated drivers (also less than 50 cases) and on methadone patients.

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3.0 CURRENT DRUG SCENE AND RECENT TRENDS

3.1 HEROIN

Trends in heroin use were established from information obtained from 22 key informants. These included drug treatment workers (n=9), general health workers (n=6), police officers (n=4), an accommodation services manager, researcher and a user group representative. Key informants (n=17) were familiar with heroin users from all over the ACT, inner city and North Canberra (n=4) and South Canberra (n=1). Nineteen key informants described heroin users who were primarily from an English-speaking background, one described heroin users who were primarily from a non-English speaking background and two described mainly Aboriginal heroin users.

3.1.1 PRICE

Eighteen key informants reported on the price of heroin. The reports were varied but most key informants reported a ¼ gram of heroin cost \$120 (range \$25-\$150) and a cap of heroin cost \$50 (range \$10-\$50). Four key informants reported that caps could be purchased for under \$50 (\$10-30).

Consistent with the price of heroin reported by key informants, the ABCI reported the price of heroin in the Australian Capital Territory in 1998/99 was approximately \$50 for a cap (0.1-0.3 grams) up to about \$450 to \$500 for one street weight (0.6-0.8 grams). The cost for a ½ weight (0.4-0.6 grams) ranged from \$200-\$250. The price of heroin reported by ABCI did not fluctuate across the quarters, remaining relatively stable or slightly decreasing for larger quantity weights throughout the 1998/99 financial year (ABCI, 1999a). Prices were consistent with those reported in 1997/98.

The majority of key informants believed that the price of heroin had been stable (n=11) or decreasing (n=6) in the last 6 months.

3.1.2 AVAILABILITY

Heroin was considered to be very easy to obtain by almost all key informants (n=20). The availability was considered to be generally stable (n=15) or increasing (n=4).

Nine key informants commented on the changes in the types of people dealing heroin. They reported an increase in the number of younger dealers (n=5), Asian dealers (n=4), younger women (n=2), non-users dealing (n=1) and an increase in 'end stage' users dealing heroin (n=1).

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3.1.3 PURITY

Analysis of heroin seizures made by the Australian Federal Police between July 1998 and June 1999 (n=103) found a mean purity level of 71% (range 50-90%). Comparison with the purity of heroin seizures made by the AFP in 1997/98 (68%) suggests a slight increase in purity in 1998/99 (Figure 3.1) (ABCI, 1999a).

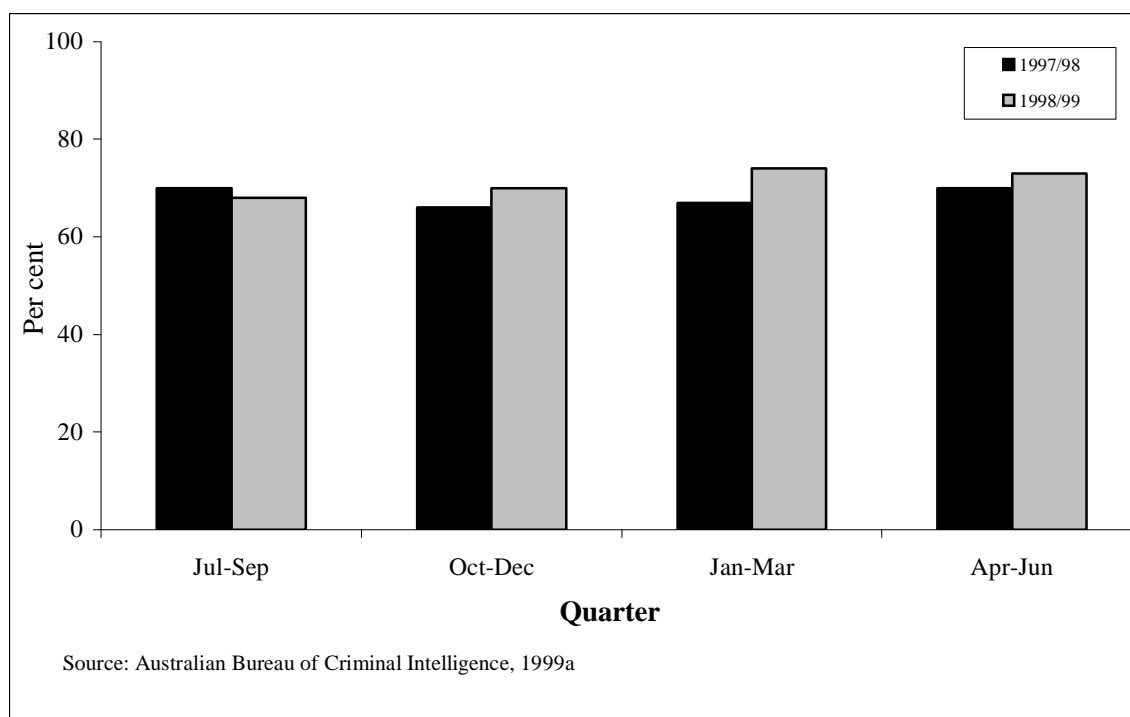


Figure 3.1 Mean purity of heroin seizures made by the Australian Federal Police in the Australian Capital Territory, by quarter, 1996/97 to 1997/98.

The majority of key informant reports suggested heroin purity was high (n=12) or medium (n=5). This is consistent with the purity levels of police seizures. Half of the key informants (n=11) reported that the purity levels fluctuated in the last six months.

In the Australian Capital Territory, the ACT Government Analytical Laboratory (ACTGAL) analyses samples of heroin received from seizures by the AFP. Data on the purity of these heroin samples are available for six month periods from January 1980 to June 1998 (Figure 3.2).

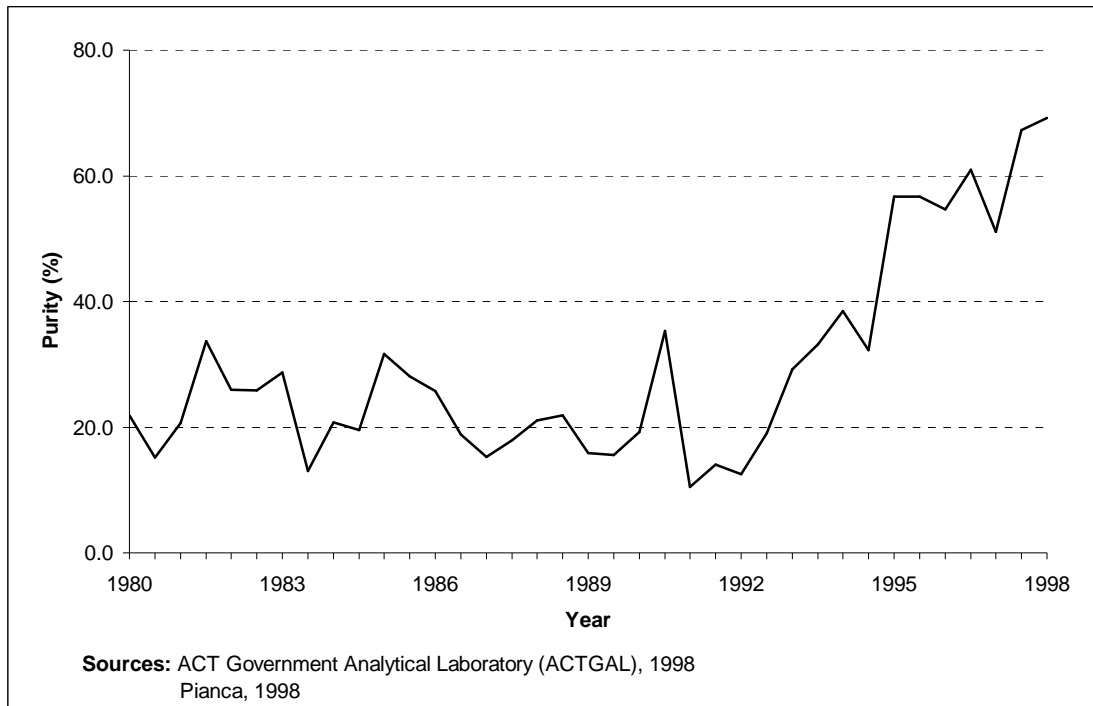


Figure 3.2 Purity of heroin samples analysed by ACTGAL, January 1980 to June 1998.

The purity of analysed heroin samples increased substantially from January 1991 to June 1998 (ACTGAL, 1999; Pianca, 1998). In the first six months of 1991 the mean purity of samples analysed was 10.5%, while in the first six months of 1998 the mean purity of samples analysed was 69.2%.

3.1.4 USE

Prevalence of heroin use among different populations

The 1998 National Drug Strategy Household Survey, which included a random sample of just under 1,200 Australian Capital Territory residents over the age of 14, found that almost 2% had used heroin at least once and 0.4% had used it in the 12 months prior to the interview (Australian Institute of Criminology, 1999). By way of comparison, the 1995 Survey, which included a random sample of 500 ACT residents over the age of 14, found that 1.5% had used heroin at least once and 0.2% had used it in the 12 months prior to the interview (Figure 3.3).

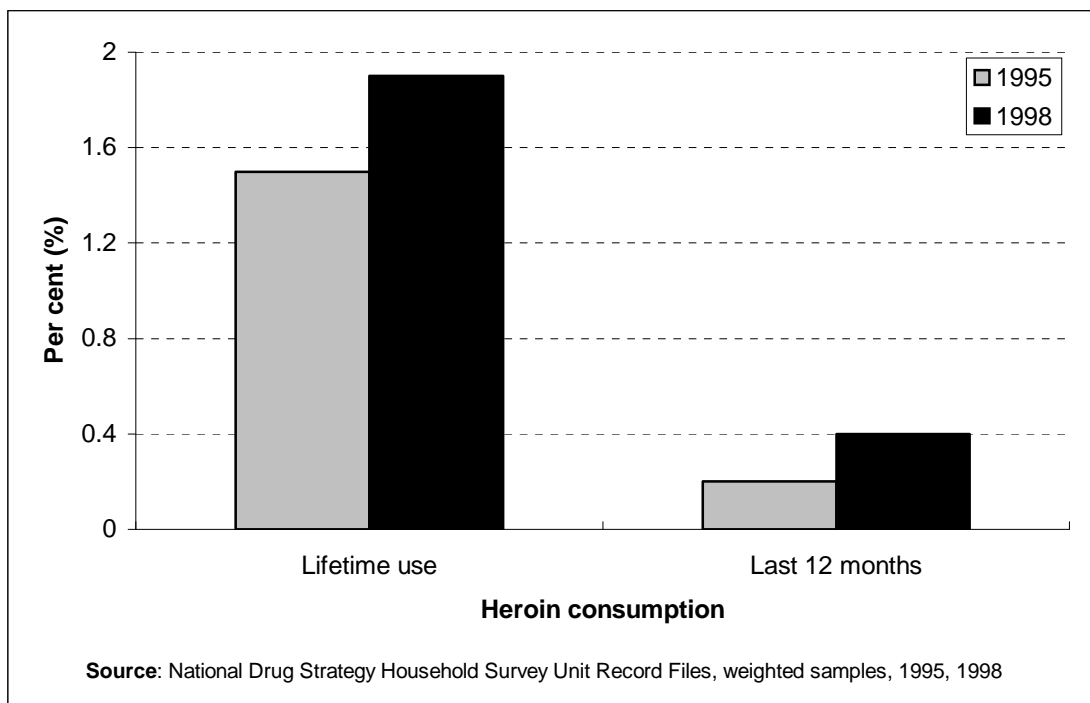


Figure 3.3 Lifetime and recent heroin use, Australian Capital Territory, 1995, 1998.

In 1998 males (2.6%) were more likely than females (1.0%) to have used heroin in their lifetime. Males (0.6%) were also more likely than females (0.1%) to have used heroin in the previous 12 months. Recent heroin use was most common among individuals between the ages of 14 and 24 years. 1.2% of respondents in this age range had used heroin in the 12 months prior to the survey. The median age of first use of heroin for users who commenced using in the three years prior to 1998 was 17 years.

The prevalence of heroin use among injecting drug users can be estimated from data from the Australian Needle and Syringe Program (NSP) Survey conducted by the National Centre in HIV Epidemiology and Clinical Research (1999). Of the 138 clients surveyed in the Australian Capital Territory in 1998, 85% (n=117) indicated that heroin was their last drug injected. This was an increase from 60% (n=43) in 1995 when 72 clients were surveyed (Figure 3.4).

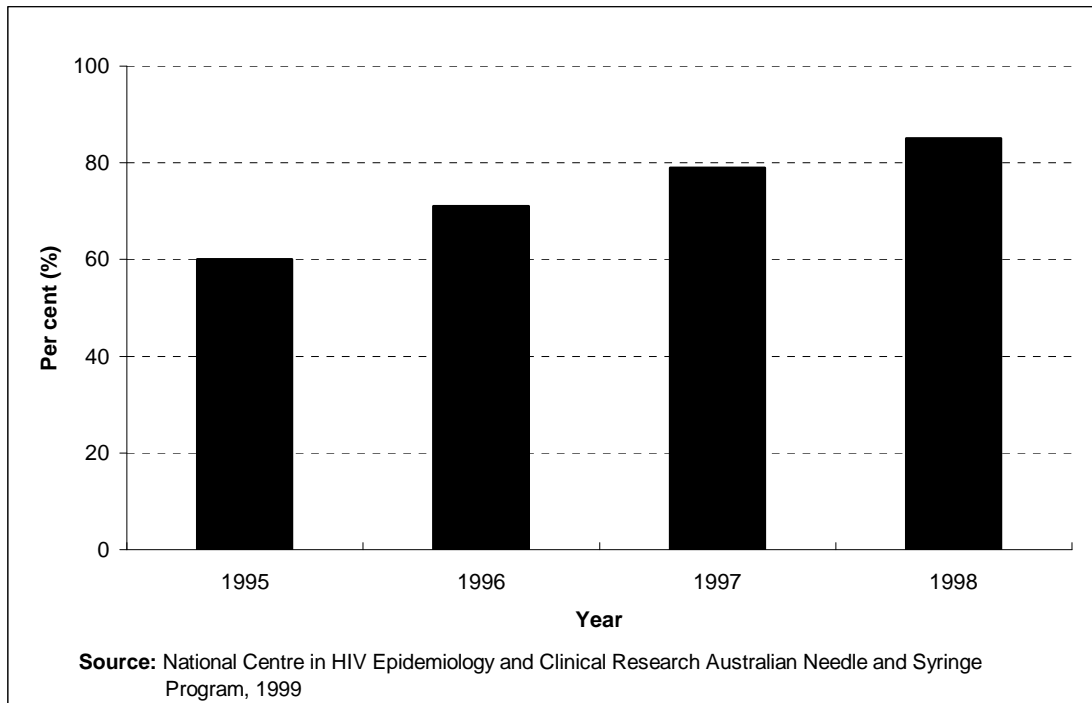


Figure 3.4 Clients whose last drug injected was heroin, Australian Capital Territory, 1995-1998.

Current patterns of heroin use

The 1998 National Drug Strategy Household Survey found that of ACT respondents who indicated that they had ever injected illegal drugs, heroin was the first drug injected by 13.1%. Heroin (20.6%) and other opiates (62.0%) were the most common illegal drugs injected in the 12 months prior to the survey.

Since 1996 Assisting Drug Dependents Incorporated (ADDInc) in the Australian Capital Territory has been conducting an annual small-scale survey of injecting drug users under 25 using their service. This survey provides information on patterns of drug use and drug-related issues such as unsafe injecting practices, psychological problems, health problems, criminal activity and prostitution. In 1999 a total of 150 people (82 males and 68 females) participated in the survey. Survey respondents were likely to use more than one type of drug, with heroin being the most common.

Among this group of injecting drug users heroin was most commonly used on a daily basis. Of the 134 people who indicated they used heroin, 58% reported that they used heroin on a daily basis and 31% at least on a weekly basis (ADDInc, 1999). The remainder used less frequently. Injection was the most common route of administration among all drug users surveyed.

Data from the Drug Referral and Information Centre (DRIC) shows that heroin users generally also use a number of other drugs (polydrug use). In 1998/99 300 clients who attended the Centre were

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users of heroin only and 486 clients used heroin in combination with other types of licit or illicit substances (Figure 3.5).

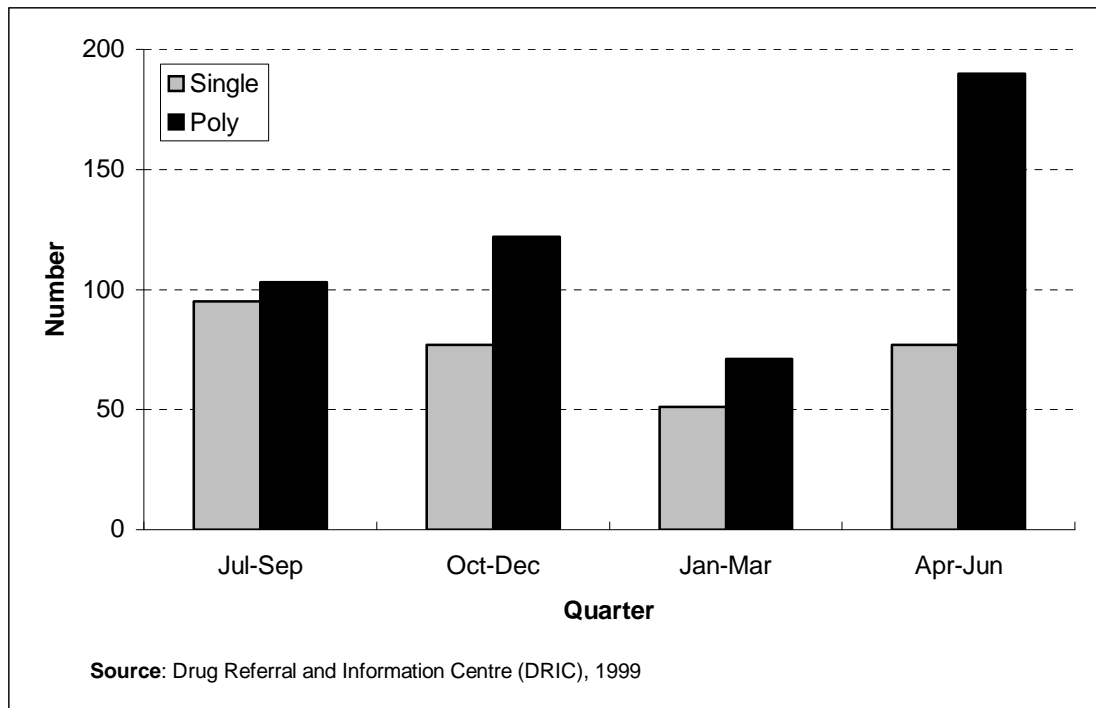


Figure 3.5 Number of DRIC clients using heroin by type of use and quarter, 1 July 1998 to 30 June 1999.

The demographic characteristics of heroin users were estimated from key informant responses. Most heroin users were reported to be aged in their mid 20's (range 14-55 years), unemployed, heterosexual, with 10 years of schooling. Key informants reported that between 10% to 90% of heroin users had a prior prison history.

Key informants reported the use of both rock and powder throughout the ACT, although powder was more commonly reported. Rock was reported by one key informant to have become more available in the past 3 months. Injection was reported to be the most common route of administration however smoking was reported among Asian and Aboriginal heroin users. Key informants reported that most heroin users used heroin on a daily basis. The frequency of use per day ranged from between one and six injections a day, where typically ¼ gram was used per day. One key informant reported that some users had been mixing naltrexone with heroin in the last 6 months.

All but one key informant reported that between one third and all heroin users were in some form of treatment. Treatment consisted of methadone (n=15), detoxification (n=8), naltrexone (n=6), counselling (n=6), Narcotics Anonymous (n=3), mental health (n=1) and residential drug treatment (n=1).

Key informant reports suggested that polydrug use was very common among heroin users. Reports showed that tobacco, alcohol, benzodiazepines, cannabis, amphetamine and methadone were the most commonly used other drugs.

Trends in heroin use

Key informants perceived an increase in the number of young heroin users (n=12), in heroin users in general (n=9), Asian heroin users (n=4), Aboriginal heroin users (n=4), younger women heroin users (n=3), overdoses among young people (n=2) and an increase in smoking heroin (n=3). Increases were also reported in frequency of use (n=1), dealers accepting property in exchange for heroin (n=1), availability of heroin (n=1), younger users selling heroin (n=1) and the number of users selling heroin (n=1).

Ten key informants reported on the prevalence of smoking heroin among heroin users. Most of these key informants (n=6) estimated that between 1% and 20% of Asians heroin users (primarily Vietnamese) smoked heroin. One key informant reported that people who smoked heroin were less dependent compared with people who injected heroin. The more dependent they became on heroin the more likely they were to switch to injecting.

3.1.5 SUMMARY OF HEROIN TRENDS

Table 3.1 contains a summary of trends in the price, purity, availability and use of heroin in the last six to twelve months. Heroin appears to be highly available, stable in price and of high purity. The use of heroin in the ACT has increased since 1995. There also appears to be a reported increase in Asian and Aboriginal heroin users and consequently an increase in smoking heroin.

Table 3.1 Estimated trends in the price, availability, purity and use of heroin

Price	
¼ Gram	\$120
Cap	\$50
Availability	Easy; Stable
Purity	71% (AFP seizures); Increase
Use	Increase in heroin users since 1995 Increase in Asian and Aboriginal users Increase in younger heroin users Increase in smoking heroin

3.2 AMPHETAMINE

No key informants nominated amphetamine as the illicit drug with which they had most contact. Information on amphetamine use was obtained from comments made by 11 key informants reporting on heroin and 3 key informants reporting on cannabis users. These comments are included below.

3.2.1 PRICE

The price of amphetamine in the Australian Capital Territory in 1998/99 ranged from \$50 for a street deal, from \$900 to \$1,400 (50% pure) and \$5,000 for an ounce (100% pure). The cost for one weight gram was about \$300 (ABCI, 1999a). No key informants reported on the price of amphetamine. Prices were consistent with those reported in 1997/98.

3.2.2 PURITY

In 1998/99 there were only two seizures of amphetamine and 30 seizures of methamphetamine in the ACT (ABCI, 1999a). Therefore, information relating to purity of seizures by the police in 1998/99 is likely to be unreliable and uncharacteristic. The mean purity of amphetamine samples analysed was 2%. In 1997/98 there were also only 2 seizures of amphetamine, also with a mean purity of 2%. In 1998/99 the mean purity of methamphetamine seizures (13%) was considerably higher than that for amphetamine and twice the purity reported in 1997/98 (6%, n=23). The higher number of seizures of methamphetamine provide wider scope for reliable analyses than do the relatively smaller numbers of amphetamine samples.

As occurs with seizures of heroin in the Australian Capital Territory, ACTGAL analyses samples of amphetamine and methamphetamine received from seizures by the AFP. From January 1980 to June 1998 the mean purity of amphetamine samples analysed was about 13-14%, while the mean purity of methamphetamine samples was between 8% and 9% (ACTGAL, 1998; Pianca, 1998).

3.2.3 USE

Prevalence of amphetamine use among different populations

The 1998 National Drug Strategy Household Survey found that 9% of ACT respondents had used amphetamine at least once and 3% had used them in the 12 months prior to the interview (AIC, 1999). This represents a substantial increase in amphetamine use in the ACT between 1995 to 1998. The 1995 Survey found that about 6% of ACT respondents had used amphetamine at least once and 1.7% had used them in the 12 months prior to the survey (Figure 3.6).

In 1998 males (11.5%) were more likely than females (6.4%) to have used amphetamine in their lifetime. Males (4.8%) were also more likely than females (1.3%) to have used amphetamine in the

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previous 12 months. Recent amphetamine use was most common among individuals between the ages of 20 and 29. Almost 9.9% of respondents in this age range had used amphetamine in the 12 months prior to the survey. The median age of first use of amphetamine for those who commenced use in the three years prior to 1998 was 22 years, an increase on that reported for new users in the three years to 1995 (19 years).

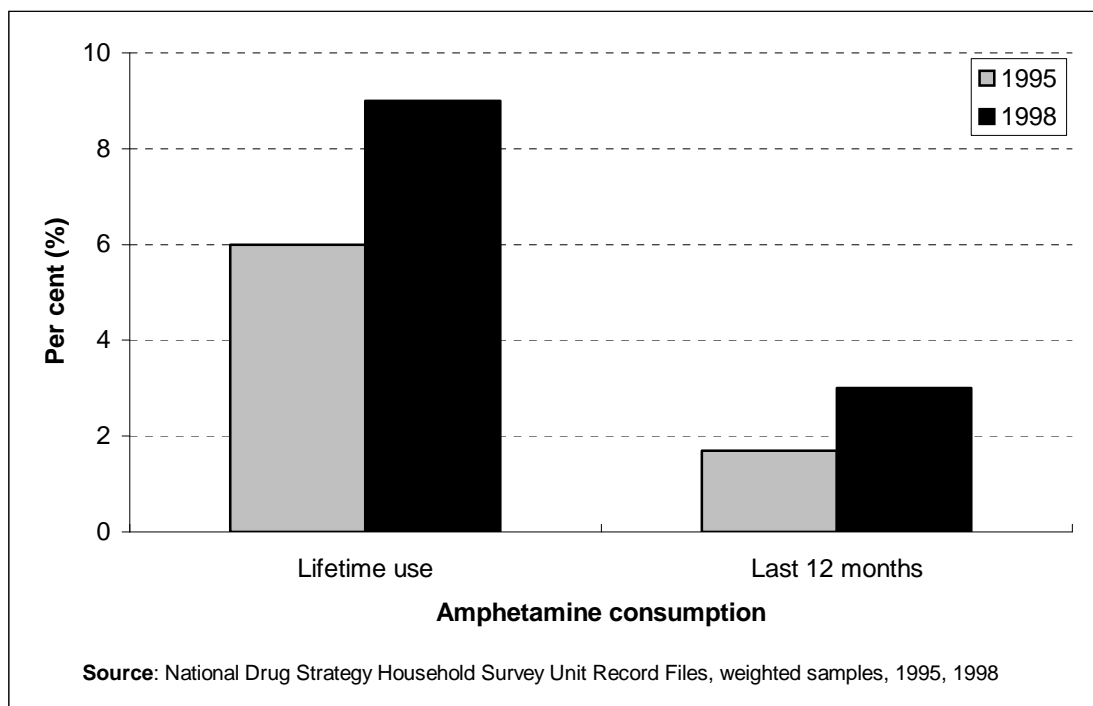


Figure 3.6 Lifetime and recent amphetamine consumption, Australian Capital Territory, 1995, 1998.

The prevalence of amphetamine use among injecting drug users can be estimated from data from the Australian NSP Survey conducted by the National Centre in HIV Epidemiology and Clinical Research (1999). Of the 138 clients surveyed in the Australian Capital Territory in 1998, 6% (n=8) indicated that speed was their last drug injected. This represents a decrease from 14% (n=10) in 1995 when 72 clients were surveyed.

Current patterns of amphetamine use

Among young ACT injecting drug users amphetamine appear to be most commonly used on a monthly or yearly basis. The 1999 ADDInc survey of IDUs under 25 found that of the 94 people who indicated they used amphetamine/speed, 33% reported that they used amphetamine on a monthly basis and 32% on a yearly basis. Weekly and daily use of amphetamine was less common (21.3%) (ADDInc, 1999).

Data from the Drug Referral and Information Centre (DRIC) shows that amphetamine users generally use a number of other drugs (polydrug use). Throughout 1998/99 DRIC saw 128 clients at the Centre who used amphetamine in combination with other types of licit or illicit substances and 23 clients who were users of amphetamine only (Figure 3.7). The number of clients using amphetamine in combination with other drugs increased substantially in the last quarter.

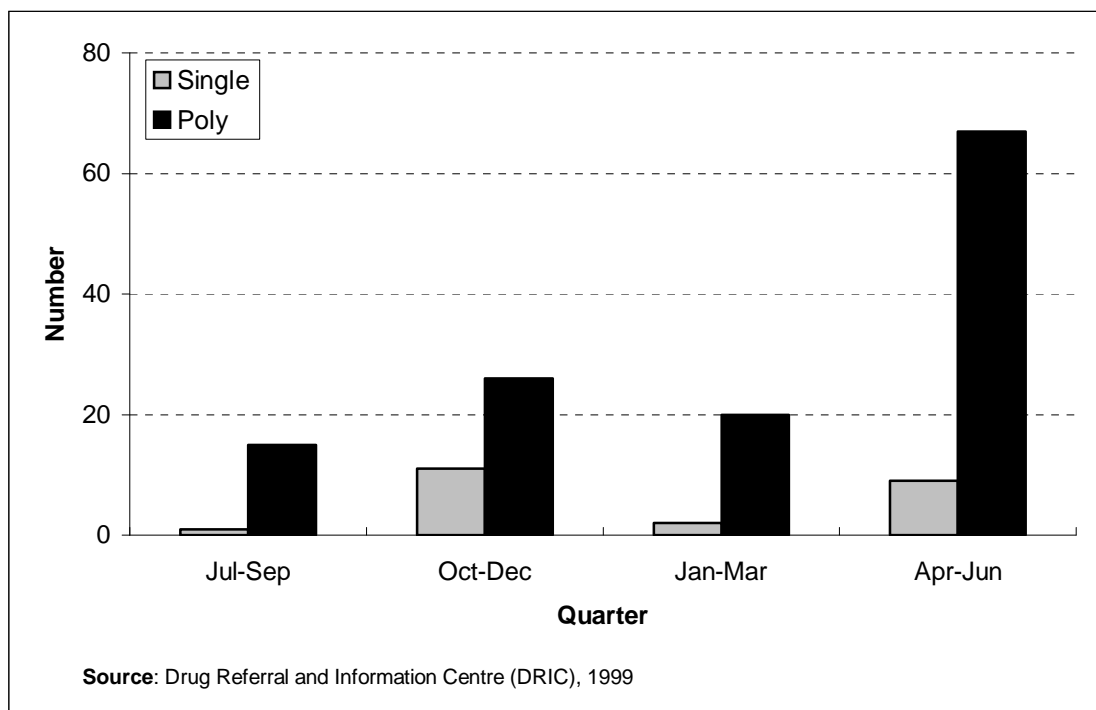


Figure 3.7 Number of DRIC clients using amphetamine by type of use and quarter, 1 July 1998 to 30 June 1999.

Trends in amphetamine use

Eleven key informants reporting on heroin and three reporting on cannabis commented on amphetamine use. Key informants reported that between 20% and 40% of cannabis users also used amphetamine, most commonly on a weekly or fortnightly basis. They reported that these users injected about 2-3 grams per week. Key informants reported that between 10% and 50% of heroin users also used amphetamine. Frequency of use varied widely from daily (n=2) to weekly (n=3) to sporadically (n=2). Injecting was the most common route of administration reported. Two key informants reported an increase in purity of amphetamine in the last 6 months and an increase in the number of people using amphetamine. They reported that about 20% of the heroin users injected amphetamine regularly compared with 6% about 6 months ago.

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3.2.4 SUMMARY OF AMPHETAMINE TRENDS

Trends in amphetamine price, availability, purity and use are summarised in Table 3.2.

Table 3.2 Estimated trends in the price, availability, purity and use of amphetamine

Price	
Gram	\$300
Cap	\$50
Availability	Undetermined
Purity	Low (unreliable data)
Use	Increase in use

3.3 COCAINE

No key informants reported that cocaine was the most commonly used illicit drug. Only three key informants mentioned cocaine at all and this was in relation to cannabis and heroin users. These comments are incorporated below.

3.3.1 PRICE

The Australian Federal Police and the Australian Bureau of Criminal Intelligence were both unable to provide information on the price of cocaine in the ACT for 1998/99 (refer also to purity below). Key informants reported that cocaine cost \$200 a gram.

3.3.2 PURITY

There were no seizures of cocaine in the ACT, between July 1998 and June 1999 (ABCI, 1999a). The mean purity of the cocaine samples analysed in 1997/98 (n=2) however, was 47% (range 35-59%). This is similar to findings from the ACT Government Analytical Laboratory which found that the historical mean purity of cocaine samples analysed between January 1980 and June 1998 was approximately 47% (ACTGAL, 1998; Pianca, 1998).

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3.3.3 USE

Prevalence of cocaine use among different populations

The 1998 National Drug Strategy Household Survey found that 5% of Australian Capital Territory residents over the age of 14 had used cocaine at least once and 1.2% had used it in the 12 months prior to the interview (AIC, 1999). Use of cocaine in the Australian Capital Territory increased in the four years from 1995 to 1998. From the same survey conducted in 1995, 3.2% of ACT respondents had used cocaine at least once and 0.5% had used it in the 12 months prior to the survey (Figure 3.8).

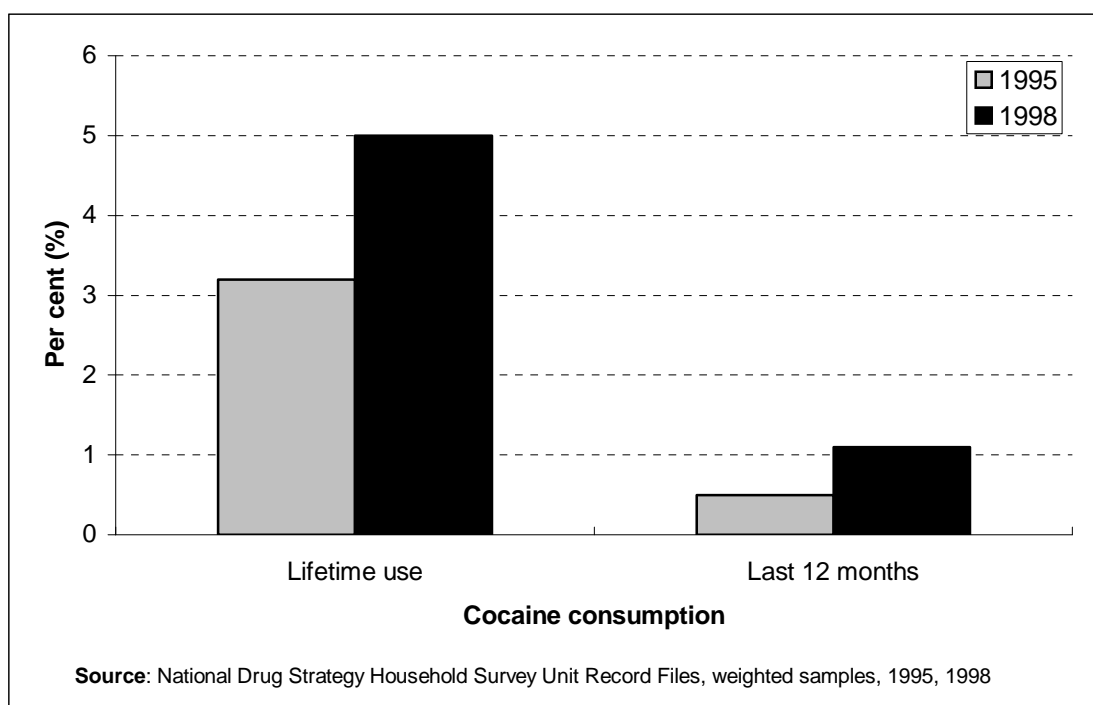


Figure 3.8 Lifetime and recent cocaine consumption, Australian Capital Territory, 1995, 1998.

In 1998 males (6.4%) were more likely than females (3.6%) to have used cocaine in their lifetime. Males (1.8%) were also more likely than females (0.5%) to have used cocaine in the previous 12 months. Recent cocaine use was most common among individuals between the ages of 20 and 29. Almost 4.3% of respondents in this age range had used cocaine in the 12 months prior to the survey. The median age of first use for those who commenced use in the three years prior to 1998 was 21 years.

Data from the Australian NSP Survey conducted by the National Centre in HIV Epidemiology and Clinical Research also indicates that the prevalence of cocaine use among injecting drug users in the Australian Capital Territory is relatively low (National Centre in HIV Epidemiology and Clinical Research, 1999). From 1996 to 1998 none of the clients surveyed indicated that cocaine was their last drug injected and in 1995 only one client (1%) indicated that cocaine was their last drug injected.

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Current patterns of cocaine use

Among young ACT injecting drug users, cocaine appears to be most commonly used on a yearly or less than yearly basis. The 1999 ADDInc survey of IDUs under 25 found that of the 46 people who indicated they used cocaine, 35% reported that they used it on a yearly basis and 33% less than yearly. About 22% of respondents used cocaine monthly (ADDInc, 1999).

Data from the Drug Referral and Information Centre (DRIC) shows that cocaine is most likely to be used in conjunction with a number of other drugs. Throughout 1998/99 DRIC saw 29 clients at the Centre who used cocaine in combination with other types of licit or illicit substances and did not see any clients who were users of cocaine only (Figure 3.9).

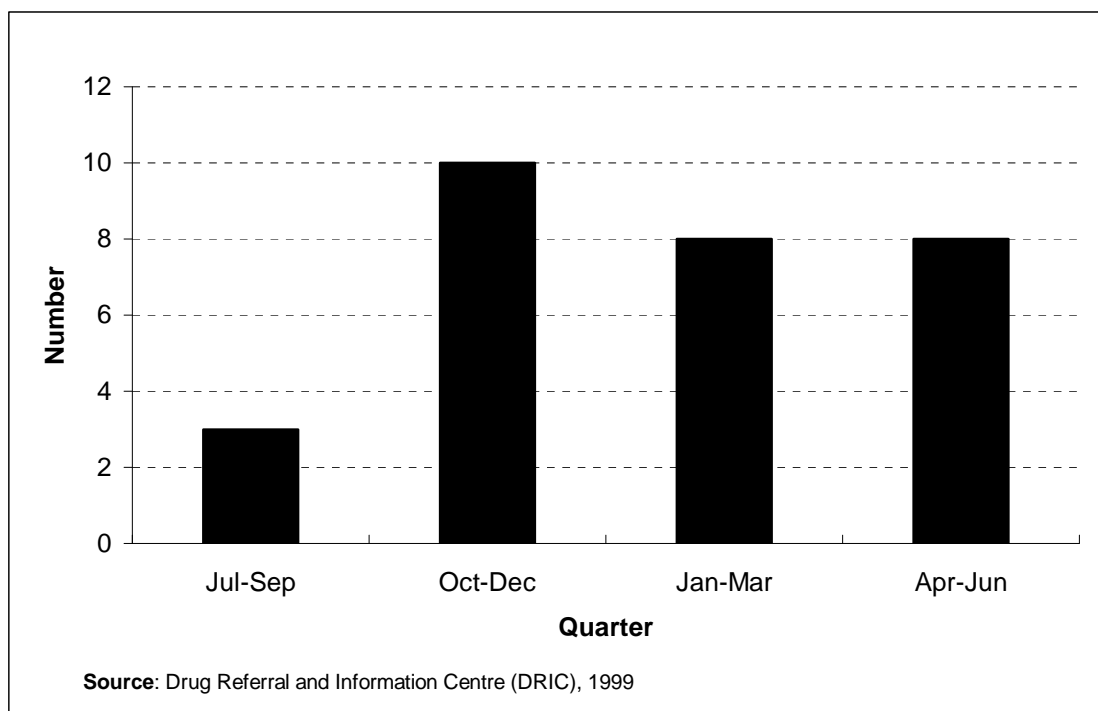


Figure 3.9 Number of DRIC clients using cocaine in combination with other substances by quarter, 1 July 1998 to 30 June 1999.

Trends in cocaine use

Three key informants commented on cocaine use. Two reported no problems with cocaine and one reported that about 10% of cannabis users also snorted cocaine on a sporadic basis.

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3.3.4 SUMMARY OF COCAINE TRENDS

Trends in cocaine price, availability, purity and use are summarised in Table 3.3.

Table 3.3 Estimated trends in the price, availability, purity and use of cocaine

Price	
Gram	\$200; Stable
Availability	Undetermined
Purity	Undetermined
Use	Increase in use

3.4 CANNABIS

Trends in cannabis use were established from information obtained from four key informants.

Cannabis key informants included 3 drug treatment workers and one youth worker. Key informants had contact with cannabis users throughout the ACT.

3.4.1 PRICE

Only two key informants reported on the price of cannabis in the ACT. One estimated that it cost between \$200 and \$450 an ounce and the other key informant estimated it cost \$25 for 1 gram of cannabis. The two key informants also believed that the price of cannabis had remained stable over the previous 6 months.

Other indicator data support the views of key informants. The price of cannabis varies by whether the product is leaf, head or skunk. In the Australian Capital Territory in 1998/99 the price of cannabis leaf ranged from \$25 for a deal (approximately 1 gram) up to about \$3,500 to \$5,000 for a pound (ABCI, 1999a). A one ounce bag (28 grams) cost about \$400-\$500. The price of cannabis leaf did not fluctuate across the quarters, remaining relatively stable throughout the financial year. Prices in 1998/99 were consistent with those reported in 1997/98.

The AFP and ABCI were unable to report on cannabis head and cannabis skunk prices in 1998/99. In 1997/98 however, they were considerably higher than leaf, but similar to each other in price. In 1997/98 a deal (1 gram) of cannabis head or cannabis skunk cost \$30 and a ¼ bag (7 grams) cost

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\$100. A one ounce bag (28 grams) of cannabis head cost about \$450. The price of cannabis head and cannabis skunk remained relatively stable throughout the 1997/98 financial year.

3.4.2 AVAILABILITY

Cannabis was reported to be very easy to obtain by all key informants and availability was considered to be stable or increasing.

3.4.3 POTENCY

Three of the four key informants commented on potency, with two reporting that it was high. One thought that cannabis potency had increased while the other reported that it has been stable over the last 6 months.

3.4.4 USE

Prevalence of cannabis use among different populations

The 1998 National Drug Strategy Household Survey found that 46.1% of Australian Capital Territory residents over the age of 14 had used cannabis at least once and 20.3% had used it in the 12 months prior to the Survey (AIC, 1999). The prevalence of cannabis use in the ACT increased in the three years prior to 1998. In 1995, according to the same survey, 42.0% of ACT respondents had used cannabis in their lifetime and 15.6% had used it recently (Figure 3.10).

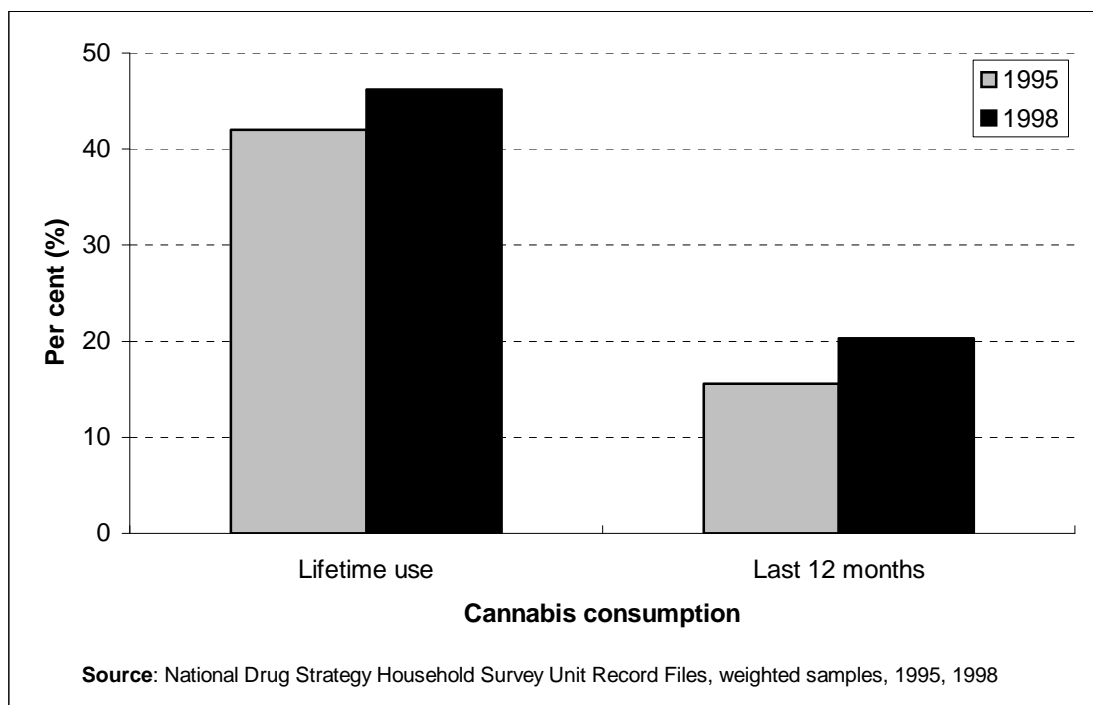


Figure 3.10 Lifetime and recent cannabis consumption, Australian Capital Territory, 1995, 1998.

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In 1998 males (51.6%) were more likely than females (40.6%) to have used cannabis in their lifetime. Males (23.0%) were also more likely than females (17.6%) to have used cannabis in the previous 12 months. Cannabis use is common across a wide range of ages, however it was generally more common among individuals between the ages of 15 and 24. About 35% of 15-19 year olds and 43% of 20-24 year olds had used cannabis in the 12 months prior to the survey. The median age of first use for cannabis users who commenced using in the three years to 1998 was 16 years, a decrease from 17 years reported in 1995.

Current patterns of cannabis use

Among young ACT injecting drug users, cannabis appears to be most commonly used on a daily basis. The 1999 ADDInc survey of IDUs under 25 found that of the 116 people who indicated they used cannabis, 47% reported that they used it on a daily basis and 33% at least on a weekly basis. The remainder of respondents used cannabis less frequently (ADDInc, 1999).

Data from the Drug Referral and Information Centre (DRIC) show that cannabis users generally use a number of other drugs (polydrug use). Throughout 1998/99 DRIC saw 29 clients at the Centre who were users of cannabis only and 363 clients who used cannabis in combination with other types of licit or illicit substances (Figure 3.11).

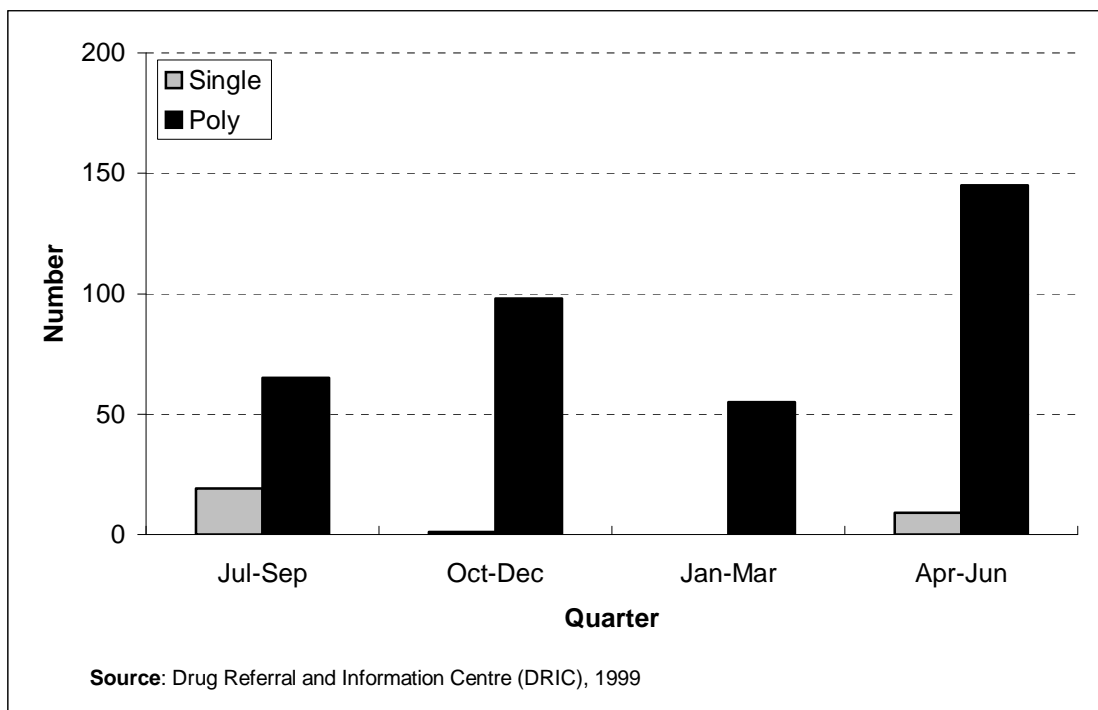


Figure 3.11 Number of DRIC clients using cannabis by type of use and quarter 1 July 1998 to 30 June 1999.

Key informant reports suggested that most cannabis users were in their early 20's (range 12-45 years). Two key informants worked only with male clients. One key informant estimated 80% of cannabis users were males and one reported that males made up about 55% of cannabis users to their service. Most were from English speaking backgrounds with the typical highest level of education being year 10. Three key informants reported that all cannabis users they were familiar with were currently in treatment (outpatient counselling, detox or residential rehabilitation programs). Reports on previous prison history varied widely from 5% to 80% of cannabis users.

The cannabis users referred to by key informants usually smoked cannabis daily. The most common form of cannabis used was hydroponic heads, ranging from 1 to 10 grams a day. Most smoked bongos and mixed the cannabis with tobacco. One key informant reported that young people smoked poor quality cannabis and usually smoked weekly or when they could afford to buy cannabis. They reported that young people smoked everything they had in one sitting.

A range of other drugs were reported to be used by cannabis users including heroin (n=3), alcohol (n=2), amphetamine (n=3), ecstasy (n=2) and cocaine (n=1).

Trends in cannabis use

Three key informants reported changes in cannabis use in the past 6 months. Two reported younger cannabis users. Other changes included more cannabis users (n=1), slight decrease in dual diagnosis clients (n=1), people's perceptions of their problems is more severe (n=1), quality and availability increased (n=1) and more cannabis users using heroin regularly (n=1).

All key informants reported changes in cannabis use over the last few years. These included an increase in both physical and mental health problems (n=3), increase in family and relationship problems (n=1) and an increase in heroin and amphetamine use (n=2). One key informant commented that over the last 2 years cannabis users have consistently smoked good quality hydroponic heads. They reported that there is no longer variation in THC levels.

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3.4.5 SUMMARY OF CANNABIS TRENDS

Trends in cannabis price, availability, potency and use are summarised in Table 3.4.

Table 3.4 Estimated trends in the price, availability, potency and use of cannabis

Price	
Gram	\$25; Stable
Ounce	\$200-450
Availability	Easy; Stable
Purity	High
Use	Increase in use Increase in younger users

3.5 OTHER DRUGS

3.5.1 METHADONE

The 1998 National Drug Strategy Household Survey found that almost 1% of ACT respondents had used non-maintenance (diverted) methadone and 0.1% had used it in the 12 months prior to the interview (AIC, 1999). Only males between the ages of 20 to 24 indicated they had used non-maintenance methadone in the 12 months prior to the survey.

In the Australian Capital Territory the ACT Alcohol and Drug Program runs the Methadone Program. In 1998/99 there was a total of 1,135 clients in methadone treatment in the ACT. The majority of clients in methadone treatment were female (63%) and almost 80% of clients were between the ages of 21 and 40 years.

3.5.2 BENZODIAZEPINES

Information on patterns of benzodiazepine use were based on 2 key informant reports: one drug treatment worker and one general medical practitioner. Both reported that benzodiazepine users came from all over the ACT, were mostly aged in their 20's (range 18-70 years), male and female, from English speaking backgrounds with a typical highest level of education year 10 or 11. Most were

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unemployed and in some form of treatment (detoxification, counselling). None were currently in prison and it was reported that between 10% and 25% had a previous prison history.

Most benzodiazepine users were daily users with about 10% being binge users. Most took between 10-15 tablets a day. Other drugs used were heroin (n=2), cannabis (n=2), methadone (n=1) and alcohol (n=1).

Both key informants reported an increase in young women aged 16-20 presenting for treatment over the last 2 years. One key informant reported more people presenting with Rivatril since Rohypnol had been taken off the market. They also reported more referrals from doctors of a broader range of people and age groups.

3.5.3 ECSTASY (MDMA)

The 1998 National Drug Strategy Household Survey found that 5.6% of Australian Capital Territory residents over the age of 14 had used ecstasy at least once and 2.8% had used it in the 12 months prior to the survey (AIC, 1999). In 1995 by contrast, the Survey found that 2.6% of ACT respondents had ever used ecstasy and 1.6% had used it in the 12 months prior to the survey.

In 1998 males (7.9%) were more likely than females (3.4%) to have used ecstasy in their lifetime and 4.4% of males and 1.3% of females used ecstasy in the previous 12 months. Ecstasy use was generally most common between the ages of 20 and 29 years. About 11% of respondents aged between 20 and 24 years and 8% of respondents between the ages of 25 to 29 years had used ecstasy in the 12 months prior to the survey. The median age of first use for ecstasy users who commenced use in the three years prior to 1998 was 22 years.

Four key informants reported on ecstasy use. One reported that between 10% and 20% of cannabis users also took ecstasy on a monthly basis. Informants reported that the cannabis users usually took 1-2 tablets at a cost of \$50 per tablet. Three key informants reported that between 10% and 20% of heroin users also took ecstasy. Informants reported that the older heroin users took 1-2 tablets weekly whereas younger heroin users used 3-4 times a week.

There were four seizures of MDMA in 1998/99 with a mean purity of 22% (range 17-28%) (ABCI, 1999a). Prices varied from \$21 for a single tablet to \$17/tablet for bulk purchases (1000+ tablets).

3.5.4 ANABOLIC AND ANDROGENIC STEROIDS

Non-medical steroid use appears to be relatively low in the Australian Capital Territory. The 1998 National Drug Strategy Household Survey estimated that 1.0% of ACT respondents had used steroids for non-medical purposes at least once and none had used them in the 12 months prior to the survey

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(AIC, 1999). In 1995 the Survey found that 0.2% of ACT respondents had used steroids and again, none had used them recently.

In 1998 males and females were similar in their use of steroids for non-medical purposes, with about 1% of both males and females having used steroids in their lifetime.

3.5.5 SUMMARY OF OTHER DRUG TRENDS

A summary of other drug trends can be found in Table 3.5.

Table 3.5 Summary trends in other illicit drugs

Illicit Methadone	1% of ACT residents reported use of non-maintenance methadone
Benzodiazepines	Increase in young women users Decrease in Rohypnol use Increase in requests for treatment
Ecstasy	Increase in use Younger users Used in combination with other drugs Monthly use
Anabolic Steroids	Low prevalence of use in ACT

4.0 DRUG-RELATED ISSUES

4.1 KEY INFORMANT STUDY

HEALTH-RELATED ISSUES

Only those key informants reporting on heroin and cannabis noted changes in health status of users over the past 6 months. The two key informants who reported on benzodiazepines did not report any changes in health status. No key informants reported on amphetamine or cocaine users.

Twelve of the 22 key informants reporting on heroin users noted an increase in health problems. The most frequently reported were problems related to an increase in Hep C (n=7), heroin overdoses (n=3) and injecting site problems (n=2). Other health-related problems included nutrition, psychological problems, skin, urinary and bowel problems, abscesses, dental problems, needle disposal problems and unsafe sexual behaviour among younger heroin users.

Four key informants reported on cannabis use. Three commented on an increase in health problems and illnesses. Two key informants noted an increase in mental health problems over the past 2 years. One reported an increase in problems with family and relationship breakdown, nutrition, self-esteem and body image issues. One key informant noted that people seemed to be perceiving their problems as more severe in the last 12 months and reporting that cannabis had too much control over their lives.

CRIME AND POLICE ACTIVITY

Thirteen key informants commented that there had been an increase in crime over the past 6 months. This included an increase in violent crime (n=8), dealing drugs (n=6), property crime (n=4), armed robberies (n=4), bag snatching (n=2), women and crime (n=2), break and enters (n=1) and vandalism (n=1). Two of the four key informants also noted an increase in crime among cannabis users. One reported an increase in property crime and domestic violence and a decrease in dealing drugs. The other key informant reported a decrease in property crimes and smash and grab crimes. In contrast they reported an increase in driving unregistered motor vehicles and accidents and risk taking behaviour in general.

Twelve key informants noted an increase in police activity over the past six months. This increase generally took the form of more arrests (n=10) and visibility around the city area (n=5). Two key informants commented on an increased zero tolerance approach to drug users including more targeting at the street level, more arrests for use of heroin, more visibility around needle exchanges

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and more undercover activity. Two key informants reported a decrease in stories of police harassment of heroin users in the last 6 months.

4.2 OTHER INDICATORS

Drug enquiries and counselling

The ACT Alcohol and Drug Program 24 Hour Helpline received 2,411 enquiries from 1,483 clients during the 1998/99 financial year. The majority of callers were female (63%) and where age was collected, 60% were aged from less than 15, up to 25 years. The majority (51%) of callers were relatives or friends of users and 38% were calling for themselves. The main types of inquiry related to referral (24.3%, n=586), counselling (24.2%, n=584), agency information (23.8%, n=573) and drug information (18.2%, n=438).

Where the type of drug was known, the number of enquires were highest for alcohol (n=537), followed by opiates (n=364), cannabis (n=265), amphetamine (n=85) and cocaine (n = 7) (Figure 4.1). There were 448 enquires about other types of drugs or where the drug type was unknown.

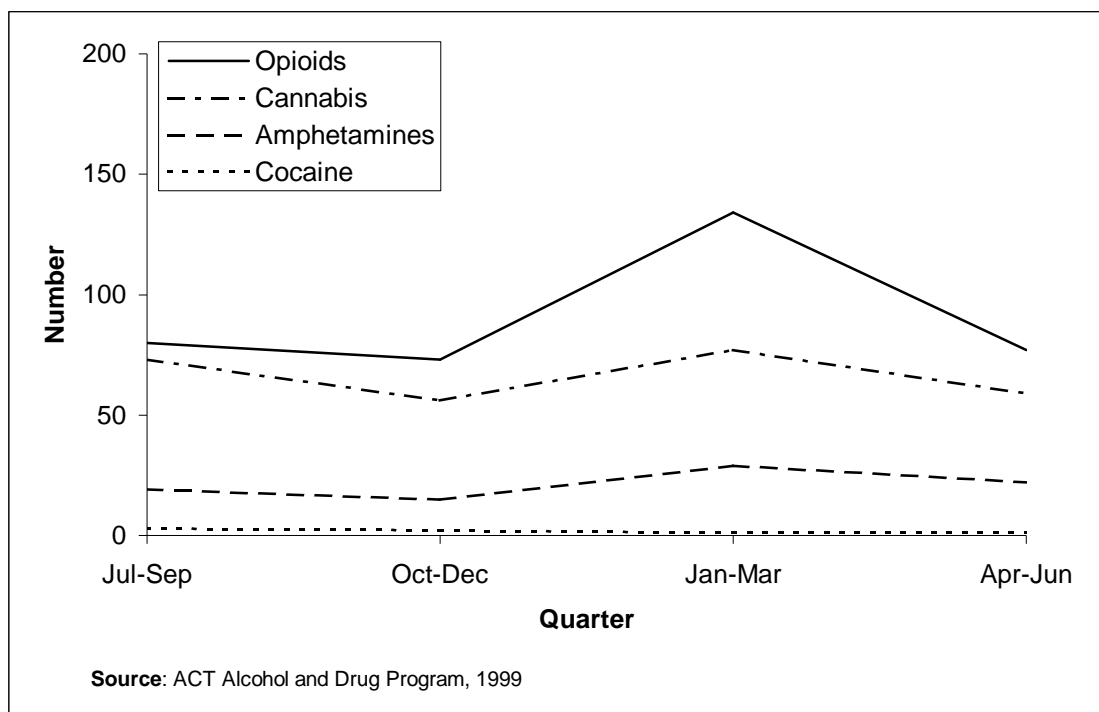


Figure 4.1 Number of calls per quarter to the ACT Alcohol and Drug Program 24 Hour Helpline for the four main illicit drugs, 1 July 1998 to 30 June 1999.

The ACT Alcohol and Drug Program also runs a counselling service which provides information, assessment, referral and counselling for clients and their families and friends. Throughout 1998/99 there was a total of 687 clients in counselling. Two thirds of the clients were male (65%) and where age was collected, two thirds (65%) were aged between 16 and 35 years. About 27% of clients were in counselling for problems associated with opiate use (n=227); 19% for cannabis (n=159), about 5% for amphetamine (n=40) and less than 1% were for cocaine (n=7).

The Drug Referral and Information Centre (DRIC) also provides confidential telephone and practical assistance and counselling on a personal interview basis for alcohol and other drugs issues and communicable diseases. In 1998/99 DRIC provided service to 7,327 individuals or organisations, comprising 2,579 clients/users, 673 community members including partners, parents, friends and relatives of users, students and the general public, 3,049 organisations and 1,026 inter-service employees. This compares with 7,784 in 1997/98. Approximately two thirds of 1998/99 encounters (64%) were by telephone. Of the personal encounters with individual clients at the Centre, 59.4% were male and 34% were aged between 20 and 24 years. A further 27% were between the ages of 25 and 29 years. This compares with 68% of 1997/98 clients being male in 1997/98, 36% of clients being 20-24 years of age and 22% 25-29 years.

In 1998/99, 459 clients were users of one type of drug only and 577 clients were users of more than one type of drug (polydrug users). For the four main classes of drugs of interest, heroin was the most frequently used (n=786) followed by cannabis (n=392), amphetamine (n=151) and cocaine (n=29) (Figure 4.2).

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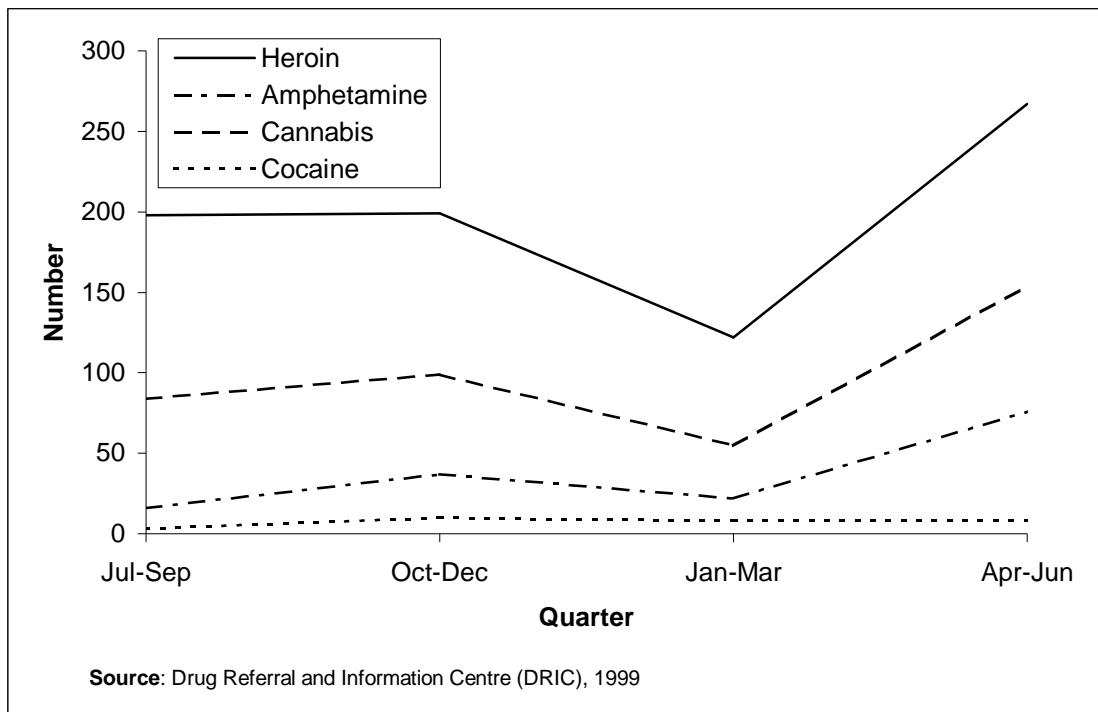


Figure 4.2 Number of clients seen by DRIC per quarter, by the four main illicit drugs, 1 July 1998 to 30 June 1999.

In 1998/99 DRIC also saw a number of clients who used a wide range of other licit and illicit substances including alcohol (n=240), benzodiazepines (n=228), methadone (n=138), prescription medications (n=47), lsd/trips (n=38), steroids (n=14), ecstasy (n=13) and other substances (n=31). This pattern was similar to that experienced in 1997/98.

Interestingly there was an increase in the number of calls to the ACT Alcohol and Drug Program 24 Hour Helpline and in the number of clients in counselling in the January to March 1999 quarter (Figure 4.1). This occurred at the same time there was a decrease in the number of clients seen by DRIC (Figure 4.2) which suggests that changes in one organisation may impact on the number of clients another organisation sees.

Treatment - Detoxification

Detoxification units aim to help people reduce the harm associated with their alcohol and drug use and to minimise the risk of harm in withdrawing from alcohol and other drugs. In the Australian Capital Territory there are two detoxification centres, the ACT Alcohol and Drug Program (ADP) Detoxification Unit at the Royal Canberra Hospital and the Arcadia House Withdrawal Centre run by the Drug Referral and Information Centre (DRIC).

In 1998/99 738 individuals underwent treatment in the ACT Alcohol and Drug Program (ADP) Detoxification Unit. There was a higher proportion of males (62%) than females in detoxification and most patients (53%) were between the ages of 21 and 35 years. The majority of people in detoxification had problems associated with the use of opiates (54%) and/or alcohol (36%). Other individuals in detoxification had problems associated with cannabis, amphetamine and benzodiazepine use (Figure 4.3).

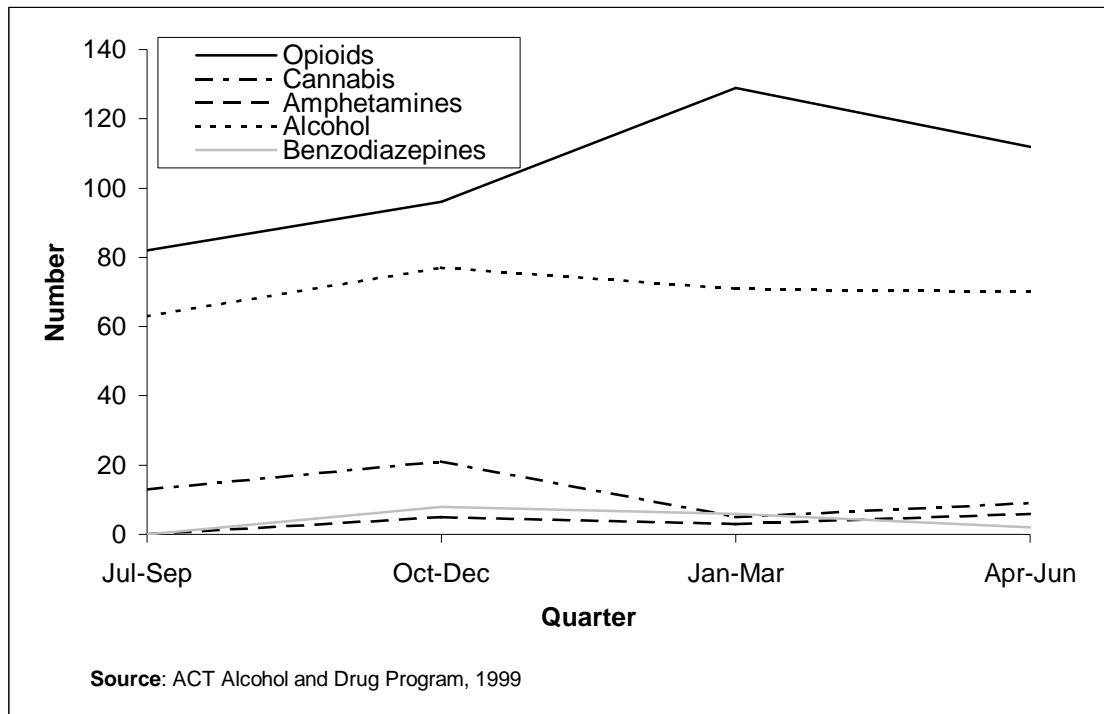


Figure 4.3 Number of clients of ACT Alcohol and Drug Program Detoxification Unit by type of drug per quarter, 1 July 1998 to 30 June 1999.

In 1998/99 365 individuals underwent treatment in the Arcadia House Withdrawal Centre, an average of about 91 per quarter. There was a higher proportion of males (67%) than females in detoxification and most patients (57%) were between the ages of 20 and 29 years. The majority of people in detoxification underwent treatment for heroin (77%) and/or cannabis (25%) use. Lower numbers of persons were in treatment at Arcadia House for alcohol, amphetamine and benzodiazepine use (Figure 4.4).

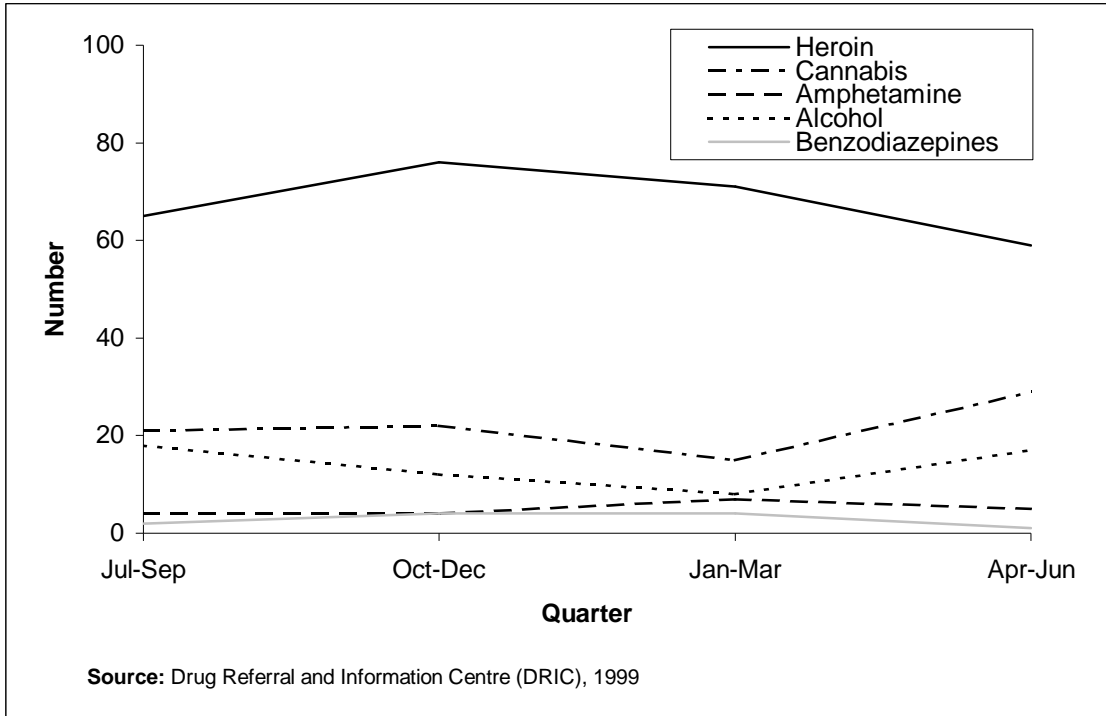


Figure 4.4 Number of clients of Arcadia House Withdrawal Centre by type of drug per quarter, 1 July 1998 to 30 June 1999.

Among detoxification clients at Arcadia House, heroin was most likely to have been used by itself rather than in conjunction with other drugs, while cannabis and amphetamine were more likely to be used in combination with other drugs (Figure 4.5).

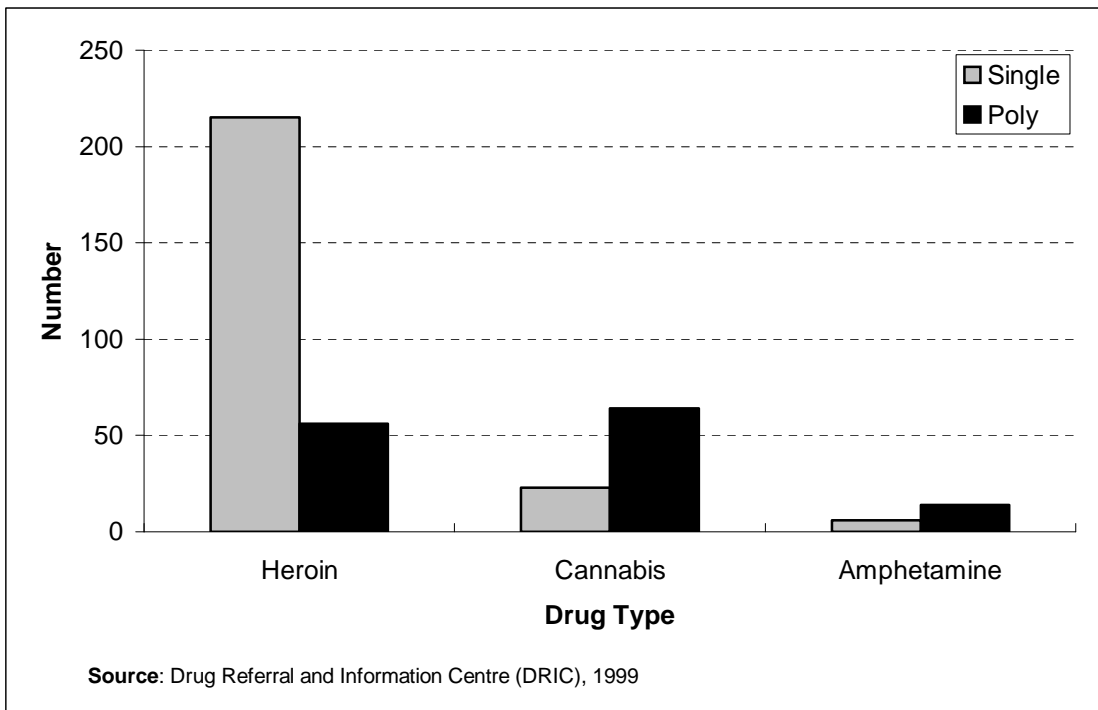


Figure 4.5 Number of clients in treatment at Arcadia House Withdrawal Centre by drug and type of use, 1 July 1998 to 30 June 1999.

Needle and Syringe Exchange program data

Data from the Australian Capital Territory Needle and Syringe Exchange Program (NSEP) shows that the number of needles and syringes being dispensed increased from 133,000 in 1992/93 to 594,000 in 1998/99. In annual terms however, there appear to be seasonal effects with a steady decrease throughout 1998/99 from an average of 54,100 per month in the first quarter to 43,108 in the last quarter (Figure 4.6). Between 1996/97 and 1998/99 the number of needles and syringes returned decreased from 414,000 to 271,000. The average number of returns in 1998/99 decreased from 26,817 per month (50%) in the first quarter to 17 691 (41%) per month in the last quarter, once again reflecting a possible seasonal effect (as occurred with needles dispensed).

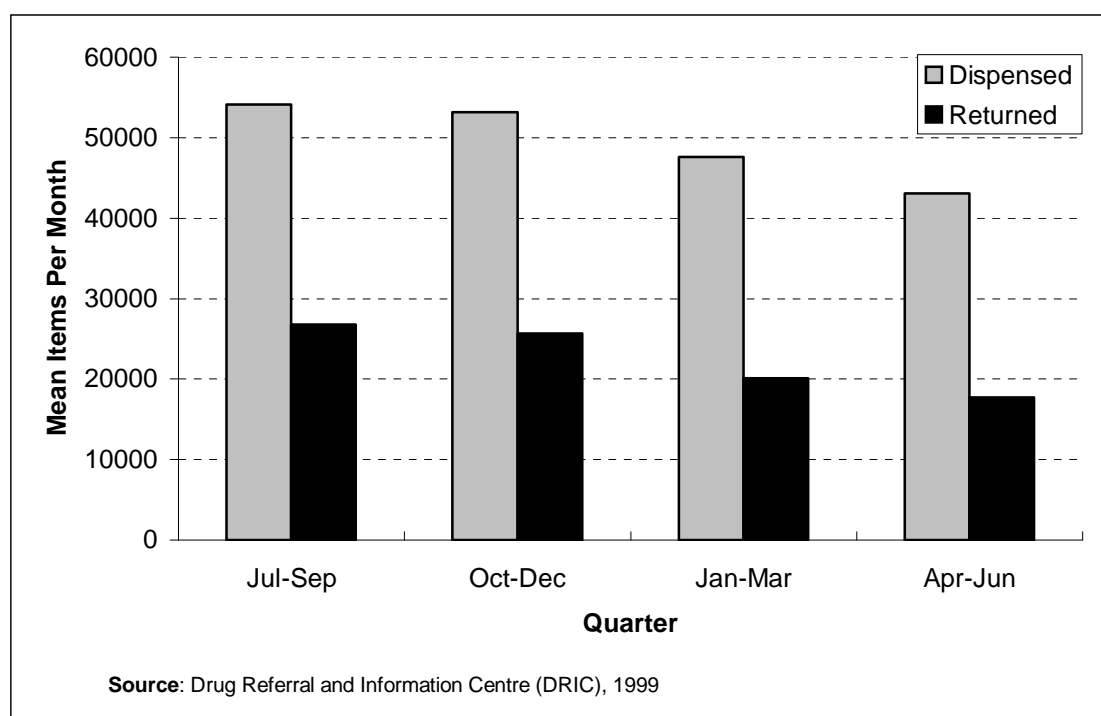


Figure 4.6 Average number of injecting equipment items dispensed and returned per month by quarter from ACT Needle and Syringe Exchange Program outlets, 1 July 1998 to 30 June 99.

In line with the (seasonal) decreases in needles dispensed and returned, the average number of client visits per month at needle exchange outlets across the ACT declined by 12% from the first to last quarters in 1998/99 (Figure 4.7). The average number of visits fell from 4,895 to 4,323 visits per month in this period. An average of 11 needles were dispensed per client per visit. Approximately three-quarters (74%) of the NSEP clients were male and 85% were aged between 15 and 34 years.

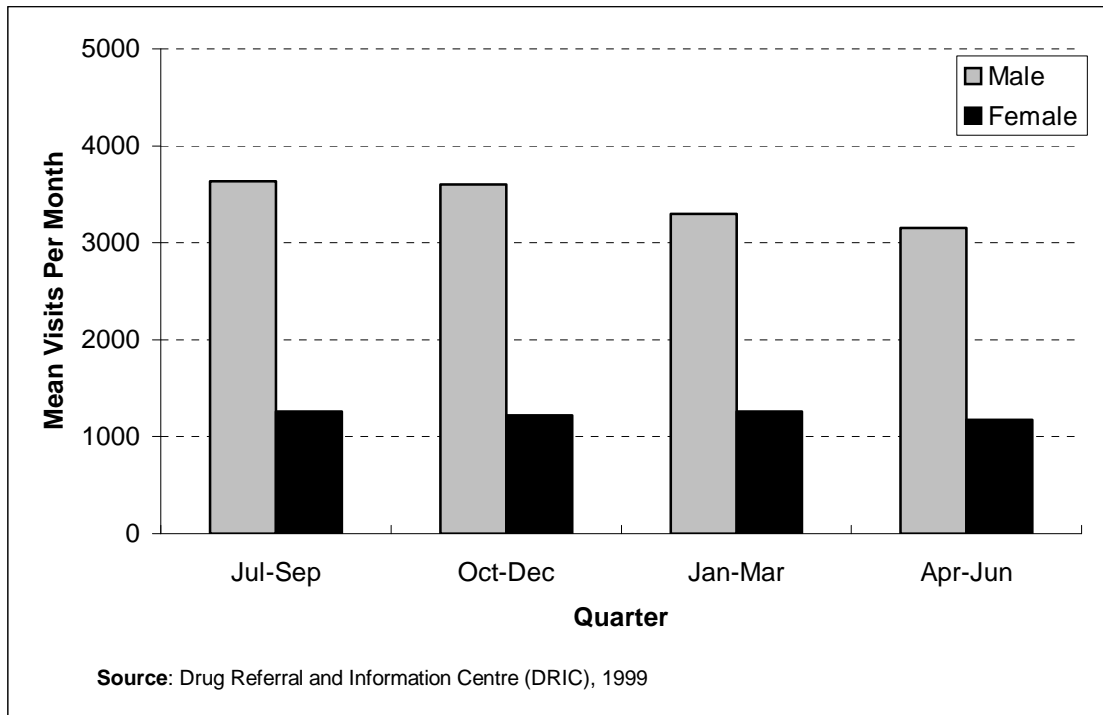


Figure 4.7 Average number of male and female client visits per month by quarter at ACT Needle and Syringe Exchange Program outlets, 1 July 1998 to 30 June 1999.

Injecting drug use

The 1998 National Drug Strategy Household Survey found that 1.4% of ACT respondents had injected themselves with illegal drugs at least once, with the median age of first injection being 21 years (AIC, 1999). Amphetamine were the most common first drug injected (51.2%), followed by heroin (13.1%) and other opiates (22.3%) (Figure 4.8).

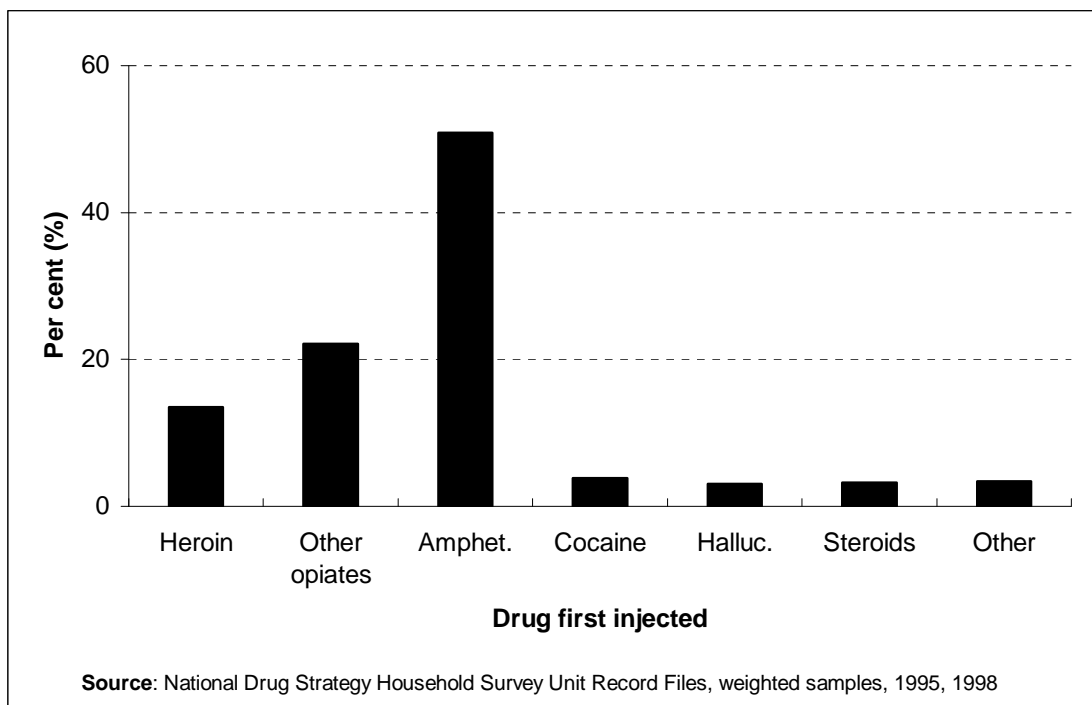


Figure 4.8 Illegal drugs first injected, Australian Capital Territory, 1998.

About one in seven persons (13.4%) who had injected themselves with illegal drugs had done so in the 12 months prior to the interview and 75.4% injected about once a week or less. Heroin (54.2%), other opiates (56%) and amphetamine (45.8%) were the most common illegal drugs injected in the 12 months prior to the survey. In 1998, 28.4% of respondents who had injected illegal drugs indicated they had used a needle after someone else had used it; 21.8% had bleached and/or rinsed it first and 6.6% did not bleach or rinse it. Of those who had shared a needle, 12% had done so less than a month ago and a further 26% had done so between 1 and 12 months ago.

The 1999 ADDInc survey of injecting drug users under 25 in the Australian Capital Territory found that 22% of respondents sometimes shared needles, 23% did not wash their hands before injecting and 33% did not wash their hands after injecting. A total of 27 (18%) respondents indicated they had never been tested for HIV or Hepatitis C and 58% had never, or only sometimes, used condoms (ADDInc, 1999).

Overdose

There are a number of sources of data on fatal and non-fatal overdose, including the Australian Bureau of Statistics (ABS) Causes of Death unit record data, the National Drug Strategy Household survey, ambulance data and hospital toxicology data.

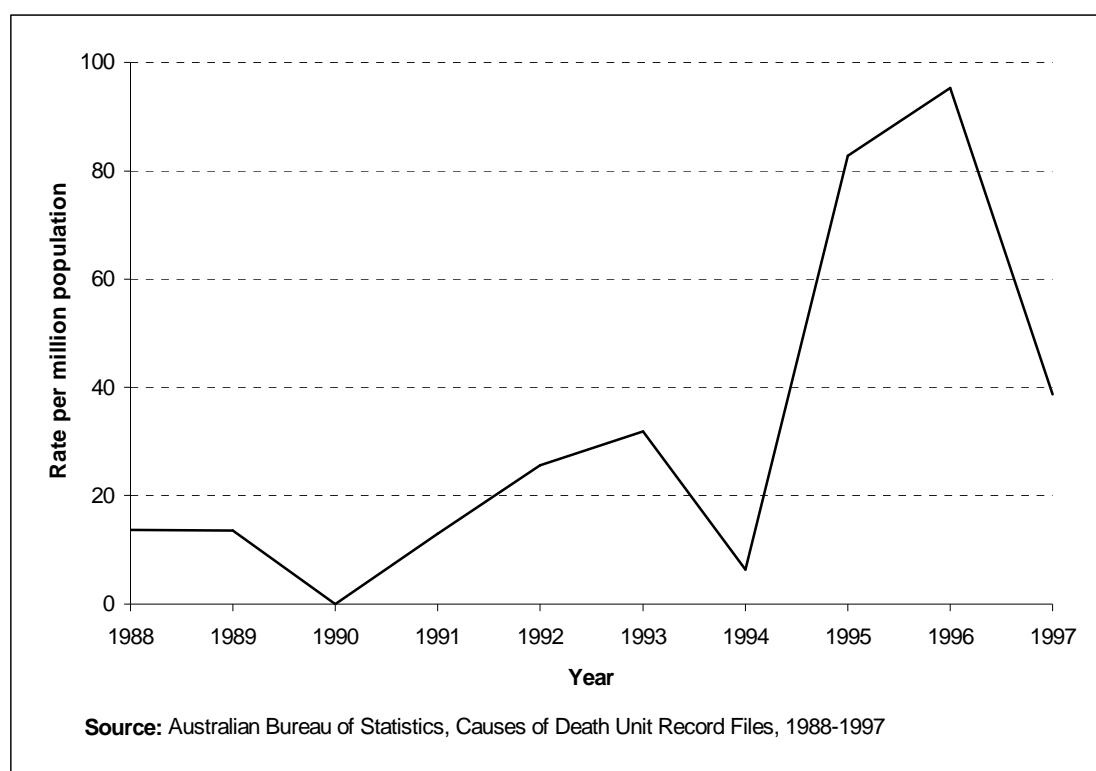


Figure 4.9 Rate/1,000,000 of opiate-related fatalities among those aged 15-44 years, Australian Capital Territory, 1988 to 1997.

Over the ten year period from 1988 to 1997 the rate of opiate-related fatalities increased from 13.7 per million population to 38.7 per million population (Figure 4.9). The largest number of opiate-related fatalities occurred in 1996, with a rate of 95.3 per million population. Data on the number of overdose deaths are not available for 1998-1999.

The 1998 National Drug Strategy Household survey indicated that 32.5% of heroin users in the Australian Capital Territory had overdosed one or more times when using heroin and the majority of these overdoses (54.1%) were more than 12 months before the survey (AIC, 1999).

There were 1,022 calls to the ACT Ambulance Service related to drug overdoses in the Australian Capital Territory in 1998/99. A total of 547 (53.5%) of these overdoses were from heroin and the remainder were from ingestion of various substances including prescription medications, alcohol,

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marijuana, amphetamine and designer drugs. The number of overdoses increased steadily from July 1998 to March 1999 and decreased thereafter (Figure 4.10).

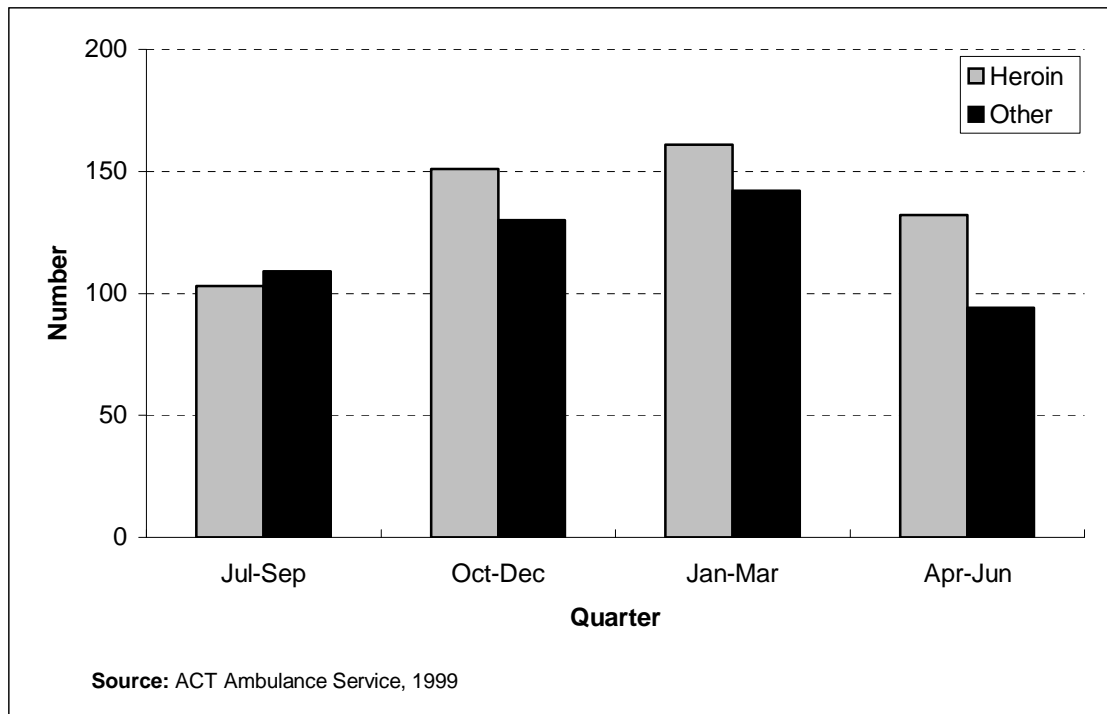


Figure 4.10 Number of heroin and other overdoses attended by ACT Ambulance Service by quarter, 1 July 1998 to 30 June 1999.

A little over 40% of the heroin overdoses occurred in the central Canberra region including the CBD, Braddon, Reid, Turner and Acton. Thursday (19%) and Friday (22%) were the most common days for heroin overdoses. The majority of overdoses occurred mid-morning to late afternoon/early evening, with 52% of heroin overdoses in 1998/99 occurring between 11am and 6pm.

There are two public hospitals in the ACT, Canberra Hospital and Calvary Public Hospital. In 1998/99 Calvary Public Hospital reported a total of 43 overdose presentations in relation to the four main illicit drugs of interest, amphetamine, cannabis, cocaine and heroin. The most common drug recorded contributing to overdose was heroin (n=27), followed by amphetamine (n=13). There were only two cases involving cocaine and one involving cannabis in 1998/99 (Figure 4.11).

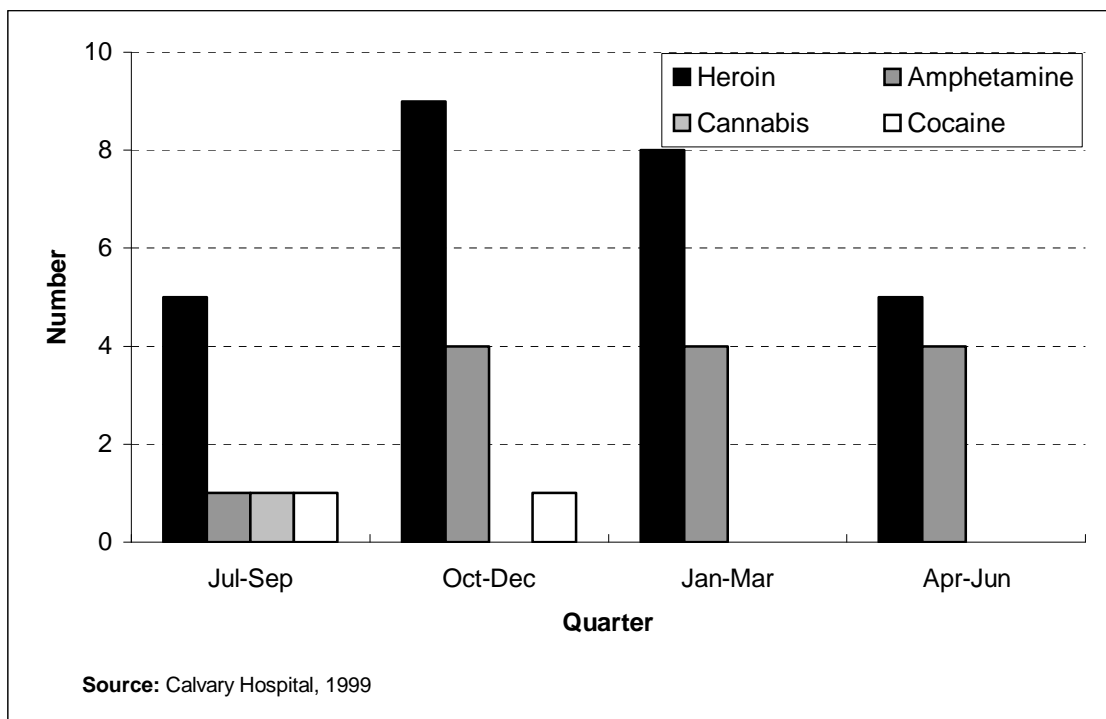


Figure 4.11 Number of illicit drug overdose presentations in Calvary Public Hospital emergency room, by quarter, 1 July 1998 to 30 June 1999.

The majority of persons presenting for overdose were male (60.5%, $n = 26$). Almost three-quarters of males (73%) presenting in the emergency room for drug overdose were between the ages of 20 and 34, while 88% of females were aged between 15 and 29. Males were more likely to overdose from heroin (73% of presentations), whereas females were equally likely to overdose from heroin or amphetamine (47% of presentations).

A total of 21 persons presenting in the Calvary Hospital emergency room for suspected drug overdose were admitted to the public and private sections of the hospital for periods ranging from one day up to 28 days. The average length of stay of overdose patients was 3.6 days.

At the time of writing, toxicology data on overdose presentations in the emergency room at Canberra Hospital (Canberra's largest hospital) were not available.

Arrest Data

At the time of writing, 1998/99 arrest and drug seizure data for the Australian Capital Territory were not available.

During 1997/98 however, the Australian Federal Police (AFP) arrested 485 people for drug offences in the ACT region. About 62% ($n=304$) of arrests were for consumption offences, including possessing

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and administering drugs for personal use, while the remaining 38% (n=181), were for provider offences which include importation, trafficking, selling, supplying, cultivating and manufacturing of drugs.

A little over three-quarters of the arrests were for offences relating to cannabis (77%, n=374), with about 18% (n=86) for heroin and about 4% (n=18) for amphetamine. There were no arrests recorded in 1997/98 for offences related to cocaine use or supply. Cannabis arrests included 235 cases where a Simple Cannabis Offence Notice (SCON), which provides for payment of a fine within 60 days rather than a court appearance, was issued.

The largest number of seizures by the AFP in the ACT region in 1997/98 also related to cannabis with a total of 511,500 grams of cannabis and 24 grams of cannabis resin seized. The estimated weight of these seizures was 511,500 grams and 24 grams respectively. There were a total of 130 seizures of heroin in 1997/98, with an estimated weight of 217 grams (Table 4.1).

Table 4.1 Australian Federal Police drug seizures by type of drug, ACT Region 1997/98

Type of Drug	Number of seizures	Weight (g)
Amphetamine	52	201
Cannabis	591	511,500
Cannabis resin	3	24
Cocaine	3	0
Hallucinogens	5	1
Heroin	130	217
No prohibited substance detected	82	13,557
Other	28	1,607
Total	894	527,107

Source: Australian Federal Police (1998), *Australian Federal Police Annual Report 1997-98*.

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4.3 SUMMARY OF DRUG-RELATED ISSUES

The main drug-related issues that arose in 1999 are summarised in Table 4.2. Health-related problems related to a general decrease in mental and physical health as well as an increase in opiate-related overdoses. An increase in crime, specifically violent crime, was reported as was an increase in overall police activity, arrests and presence on the street.

Table 4.2 Summary of drug-related issues

<p>Drug-related health issues</p> <ul style="list-style-type: none">Increase in health problemsIncrease in mental health problems among cannabis usersIncrease in opiate-related overdosesSteady decrease in dispensing (and returns) of injecting equipmentDecrease in number of client visits to needle exchange throughout 1998/99 <p>Crime – Police activity</p> <ul style="list-style-type: none">Increase in levels of crimeMore reports of violent crimeIncrease in police activityIncrease in reported arrestsMore police activity, particularly an increase in police visibility and zero toleranceDecrease in police harassment
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5.0 COMPARISON OF DATA FROM DIFFERENT SOURCES

Tables 5.1 to 5.6 contain information on current and emerging drug trends and the information source from which these were obtained (Key Informant Survey or other). Data are presented separately for each of the four main drug classes, for other drugs and for drug related issues.

There was good agreement between sources for the four main drug classes. The lower number of trends supported by other indicator data reflects limited availability of such indicator data. Similarly indicator data often provided information which could not be provided by the key informants, such as the number of fatal overdoses and the number of drug related enquires. In most cases where indicator data and key informant data were available they showed agreement.

Drug trends relating to other drugs relied more heavily on key informant information with little comparable information available from other indicator sources.

Table 5.1 Trends in heroin, endorsed (4) by key informants (KIS) and other indicators (Other).

HEROIN TRENDS	KIS	Other
Price (\$120 for ¼ gram and \$50 for cap)	4	4
Availability easy and stable	4	4
Purity medium to high and increasing	4	4
Increased heroin use	4	4
Increase in Asian and Aboriginal users	4	
More young heroin users	4	4
Increase in smoking heroin	4	
Increase in health-related problems	4	
Increase in rate of opiate-related fatalities		4
Polydrug use common among heroin users	4	4
Steady decrease in dispensing (and returns) of injecting equipment		4
Decrease in number of client visits to needle exchange throughout 1998/99		4
Increase in violent crime among heroin users	4	

Table 5.2 Trends in amphetamine, endorsed (4) by key informants (KIS) and other indicators (Other).

AMPHETAMINE TRENDS	KIS	Other
Price (\$300 a gram)		4
Purity low		4
Availability unknown	4	
Use increasing	4	4
Injecting most common method of use	4	4
Increase in polydrug use	4	4

Table 5.3 Trends in cocaine, endorsed (4) by key informants (KIS) and other indicators (Other).

COCAINE TRENDS	KIS	Other
Price (\$200 per gram)	4	
Increase in use		4
Mean age of first use remained stable		4

Table 5.4 Trends in cannabis, endorsed (4) by key informants (KIS) and other indicators (Other).

CANNABIS TRENDS	KIS	Other
Price (\$200-\$450) Stable	4	4
Availability easy and stable	4	
Potency High	4	4
Increase in Use	4	4
Increase in younger cannabis users	4	
Increase in mental health related problems	4	
Polydrug use common	4	4

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Table 5.5 Trends in other drugs, endorsed (4) by key informants (KIS) and other indicators (Other).

OTHER DRUG TRENDS	KIS	Other
1% reported non-maintenance use of methadone		4
Decrease in use of Rohypnol	4	
Increase in women requesting treatment for benzodiazepines	4	
Increase in requests for treatment of benzodiazepines	4	
Increase in ecstasy use	4	4
Low prevalence of anabolic steroid use	4	4

Table 5.6 Trends in drug-related issues, endorsed (4) by key informants (KIS) and other indicators (Other).

DRUG-RELATED ISSUES	KIS	Other
Increase in general health problems among heroin users	4	
Increase in mental health problems among cannabis users	4	
Increase in general health problems among cannabis users	4	
Increase in opiate-related overdoses	4	4
Increase in dispensing but a decrease in returns of injecting equipment		4
Increase in number of client visits to needle exchange in 1998/99		4
Increase in levels of crime	4	
Increase in reported arrests	4	
Decrease in police harassment	4	
Increase in police activity	4	
Increase in crime among Cannabis users	4	
Increase in violent crimes	4	
More police activity, particularly an increase in police visibility and zero tolerance	4	

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6.0 DISCUSSION

6.1 SUMMARY OF MAIN FINDINGS

The IDRS was conducted for the first time in the ACT during 1999. It has revealed a number of trends in illicit drug use in 1999. Most importantly it has provided the forum for recording information on the price, purity, availability and use of illicit drugs from which future trends can be monitored. The major trends appear to be an increase in heroin use, specifically an increase in younger heroin users. High purity and ready availability of heroin accompany this increase. In addition key informants reported an increase in both Asian and Aboriginal heroin users and in the smoking of heroin. There was also a reported increase in opiate-related overdoses, poor physical and mental health, police activity and violent crime being committed by heroin users.

The IDRS highlighted the need to collect accurate information on the price, purity, availability and use of both amphetamine and cocaine in the ACT. Reports from key informants and surveys suggested an increase in amphetamine use over the past few years, whereas cocaine was not seen as a problem in the ACT.

Cannabis was the second most widely reported illicit drug used. Its potency appears to be high and it is considered easy to obtain. Most key informants indicated that the price of cannabis was stable. The major trends reported were an increase in use especially among younger people and a reported increase in mental health problems. The main trend noted with regard to other drug use was that the use of benzodiazepines remained high, although key informants reported a decrease in Rohypnol use since it was placed on the schedule 8 list of substances. Ecstasy also appears to be increasing particularly among younger people.

6.2 STUDY LIMITATIONS

Much of the information contained in this report comes from key informant reports, which are by their nature a subjective profile of drug use and availability based on the perceptions of the individuals involved. The key informant data are complemented by the indicator data, which provide a more objective profile of illicit drug use in the ACT.

Data from the 1998 National Drug Strategy Household Survey relies on self-report of drug-related knowledge and behaviours from just under 1,200 ACT respondents in residential households. The survey did not gather information from institutions, university halls of residence or from the homeless. Illicit drug use is by definition illegal and evidence suggests that surveys of this nature underestimate the true level of illicit activity (see for example GAO, 1998). Similarly, when estimating levels of activity in relation to extremely low prevalence behaviours (eg injecting drug use), even with a sample size of 1,200, results are generally statistically unreliable.

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The absence of a specific survey of injecting drug users, as occurs in other IDRS locations, to supplement the household survey, key informant and other indicator data, is a major limitation.

Indicator data were available for one year only for some measures, limiting opportunities for determining trends. The data obtained for 1998/99 will however, be useful baselines for future years.

6.3 IMPLICATIONS FOR RESEARCH

The findings of the 1999 IDRS suggest the following areas for further investigation:

- a continuation of research into factors influencing the current popularity of heroin and its availability and interventions to reduce the harms associated with heroin use such as overdose;
- an examination of the apparent increase in the use of heroin among Aboriginal and Asian people in the ACT, in particular examining differences in use and appropriate access to treatment services;
- an examination of factors influencing transitions to injecting heroin (eg. smoking heroin among Asian people);
- monitoring patterns of amphetamine and cocaine use in the ACT; and
- extension of the IDRS in the ACT to include a survey of injecting drug users.

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