

ACT Drug Trends 2001



Findings from the
Illicit Drug Reporting System
(IDRS)

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LIST OF ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ACTGAL	Australian Capital Territory Government Analytical Laboratories
ADDInc	Assisting Drug Dependents Incorporated
ADP	Alcohol and Drug Program, Dept of Health and Community Services
AFDL	Australian Forensic Drug Laboratory
AFP	Australian Federal Police (ACT Policing)
AIC	Australian Institute of Criminology
AOD	Alcohol and Other Drugs
CIN	Canberra Injectors' Network
DHAC	Department of Health and Aged Care (Commonwealth)
DRIC	Drug Referral and Information Centre
IDRS	Illicit Drug Reporting System
IDU(s)	Injecting Drug User(s)
IGCD	Intergovernmental Committee on Drugs
KIS	Key Informant Survey
MCDS	Ministerial Council of Drug Strategy
NCEPH	National Centre for Epidemiology and Population Health
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NSP	Needle and Syringe Program
SCON	Simple Cannabis Offence Notice

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EXECUTIVE SUMMARY

The ACT Drug Trends 2001 report is the result of the convergent validity Illicit Drug Reporting System (IDRS) study, funded by the Commonwealth Department of Health and Aged Care and the National Drug Law Enforcement Research Fund (NDLERF) and managed by the National Drug and Alcohol Research Centre (NDARC). Its primary aim is to identify emerging trends from a sentinel group of hard drug users. In the ACT the Australian Institute of Criminology (AIC) conducts the study.

Table 1: Summary of drug trends in the ACT, 2000–2001

	Heroin	Amphetamine	Cocaine	Cannabis
Price				
Cap	\$50	\$50 (point)	\$50	\$20
½ gram	\$250	\$150	\$225	\$280 (ounce)
1 gram	\$450	\$250	\$165	
Change	Increasing	Increasing	Stable – increasing	Lower
Availability	Easy (73%), but getting harder (84%)	Easy (80%), stable Methamphetamine easy (78%), stable	Easy	Easy
Purity	44% – lower	Meth – 12%; lower	37%, higher	High, stable
Use	Decreased in number; frequency Younger users Substituting/alternating with methamphetamine	Increased in numbers, frequency Younger users Increase in wax/paste form.	Heroin users turning to cocaine Infrequent use	Cannabis users moving to methamphetamine, party drugs

Heroin

The overwhelming finding of the 2000–2001 ACT study is that the so-called ‘heroin drought’ – which most injecting drug users and key informants indicated began in late December (and is still continuing) – resulted in an increase in:

- the price of heroin;
- an increase in (recent) difficulties in obtaining heroin; and
- a decrease in heroin purity.

Purity is the lowest since it peaked at 73 per cent in 1999. These trends were accompanied by:

- a decrease in the number of heroin injecting drug users;
- a decrease in the frequency of heroin injecting;
- a decline in heroin overdoses; and
- a decrease in injectors' contact with police.

Concurrent with the development of the heroin shortage, increasing numbers of users began to alternate heroin use with methamphetamine, and to a lesser extent, cocaine injecting. For many users, methamphetamine appears to have become a regular component of their injecting regime. For the second year in a row, key informants indicated that the number of Indigenous users had increased, but the study was unable to substantiate the community belief in up to 10 per cent of members being addicted. The year 2000 trend towards primary cannabis users progressing directly to heroin rather than via intervening steps, which was identified in the earlier ACT Drug Trends reports was not sustained, possibly due to the 'drought'.

Amphetamine

The former predominance of amphetamine powder (which in the most recent ACT Drug Trends report was foreshadowed to be under threat of the emerging methamphetamine market) was broken in the period of the current study. Users largely only talk about methamphetamine. Importantly, the 'wet' form, often referred to as 'paste' or 'wax', appears to have entered the ACT, in addition to crystal ice. In 2000–2001 the price of methamphetamine increased and purity decreased slightly to 12 per cent. The increased availability of methamphetamine saw an apparent reduction in the diversion of prescription dexamphetamine and, as already referred to above, heroin users began to alternate and substitute methamphetamine for heroin. The mean number of day's use in the six months prior to interview almost tripled between the 2000 and 2001 surveys. A transition among younger users from cannabis to party drugs (e.g. ecstasy) to methamphetamine appears to have been assisted by the relatively easy availability of methamphetamines.

Cocaine

As has been previously indicated in the ACT Drug Trends series, cocaine is not a drug that had previously enjoyed great popularity among injecting drug users in the ACT. Few seizures are made by police and it was previously considered difficult to obtain. While cocaine still amounts to only a small part of the overall ACT drug market, several trends have emerged which will require attention. The first is that heroin users have reported injecting cocaine as a substitute for heroin – the number of cocaine injectors increased from 46 per cent to 64 per cent in the last 12 months and, while relatively few in number in absolute terms (n=34) the proportion who injected in the six months prior to interview tripled between surveys. Users now report availability as 'easy' and purity is higher than in 2000.

Cannabis

Cannabis was used daily by most injecting drug users as an adjunct to their injecting. Cannabis is very easy to obtain, purity appears to be high and the price is relatively inexpensive. The trend for cannabis dealers to also deal in heroin(identified in the previous ACT Drug trends report) was not sustained, possibly due to the heroin drought. Nonetheless, informants indicated that users were getting younger and cannabis users were progressing to ecstasy and methamphetamine more rapidly than in the past. The IDRS, however, does not capture the primary cannabis-using

population in the ACT.

Other drugs

Injecting drug users appear to have turned to a wide variety of other drugs during the heroin drought.

Ecstasy use increased slightly among injecting drug users and was reported to be mainly restricted to weekend binges. Purity was relatively high (27%). In the most recent ACT Drug Trends report the authors (Williams et al. 2001) indicate that the IDRS study did not capture the party drug ‘scene’ and, accordingly, it is not a suitable vehicle for measuring emerging trends for this drug. Those comments are reinforced by this year’s study.

Use of diverted *methadone* was widespread among ACT injecting drug users, with about one in four indicating they had obtained illicit syrup in the previous six months and over half indicated they had injected methadone. About one third only, were enrolled in a methadone maintenance program. The mean duration of clients on methadone programs in 2000–2001 was over three years (41.5 months).

Benzodiazepine use was almost universal among ACT injecting drug users, with up to a third indicating they inject benzodiazepines, often to ‘tide users over between heroin hits’. Over half of all prescription-related overdose admissions to Canberra Hospital involved benzodiazepines, almost always in combination with alcohol and/or other drugs.

Antidepressants were used by about one in 10 injecting drug users in the previous six months, with slightly more female users than male users.

Morphine use was widespread among ACT injecting drug users, with two thirds injecting diverted morphine, one third in the previous three months. MS Contin[®] was the brand of choice. Among other opiates, Panadeine Forte[®] was used by over half of injecting drug users.

About three quarters of ACT injecting drug users reported using *hallucinogens*, with one in six using hallucinogens in the previous six months. LSD was the most common form used.

Inhalants were used by slightly more than a quarter of ACT injecting drug users, with aerosols, butane, nitrous oxide, Seretide[®] and petrol the prominent forms.

Drug-related issues

The number of heroin-related overdoses attended in 2000–2001 was 32 per cent fewer than in 1999–2000 (which was 13 per cent fewer again than 1998–1999). The rate of self-reported overdoses among injecting drug users was 73 per cent lower in 2000–2001 and administration of Narcan was 84 per cent lower. The rate of self-reported injection-related problems (e.g. scarring, thrombosis, abscesses) was also lower in 2000–2001 than in 1999–2000. Nonetheless, more than half of injecting drug users had at least one injection-related problem in the month prior to interview. There were 579 drug-specific offences (.g. use/possess, deal/traffic) in 2000–2001; slightly lower than 595 in the previous year. The number of Simple Cannabis Offence Notices

issued in 2000–2001 was 186, slightly higher than 160 in 1999–2000. There were 17 per cent fewer property offences reported to or becoming known to police in 2000–2001 than in 1999–2000.

Recommendations

- The development and implementation of a comprehensive research project to examine the current ‘heroin drought’.
- A continuation of research into the factors influencing the popularity of heroin, and more recently methamphetamine, as preferred drugs.
- Further research into the extent and nature of illicit drug use among Indigenous people in the ACT, particularly in light of the failure of the IDRS to confirm the Indigenous community’s belief that up to 10 per cent of its members are addicted.
- Further research into the factors which contribute to the apparent failure of Indigenous users to access mainstream treatment services.
- Support for proven interventions, and exploration of innovative interventions, to reduce the harms associated with injecting drug use;
- Evaluation of the ACT’s system of benzodiazepine ‘contracts’, and an examination of their suitability for adoption in other jurisdictions.
- Continued funding of the IDRS, as the study provides the only aggregated, comprehensive, reliable and policy relevant information to Government, professionals working in the drug field and law enforcement in a timely and consistent format. It is integral to a comprehensive monitoring and evaluation framework for Australia’s National Drug Strategy.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is a project which in the past has been funded entirely by the Commonwealth Department of Health and Aged Care. In 2000 and 2001 additional funds were provided by the National Drug Law Enforcement Research Fund. The project was initially piloted in Sydney in 1996 before expanding in 1997 to three States (New South Wales, Victoria, South Australia) (Hando, et al. 1997; Hando & Darke 1998a; Hando & Darke 1998b). The study comprises three components: a survey of injecting drug users, key informant interviews, and the analysis of other indicator data. In 1999 the study was extended to the other States and Territories, but it excluded the survey of injecting drug users in the 'new' jurisdictions. In 2000 and 2001, the full complement of data collection strategies was employed across all jurisdictions.

In 1999, the Australian Capital Territory arm of the study was a joint exercise between the National Centre for Epidemiology and Population Health (NCEPH) and the Australian Institute of Criminology (AIC). Results were reported in NDARC Technical Report No. 82 (Fleming, Cook & Williams 2000). From the year 2000 onwards, the ACT arm has been the sole responsibility of the AIC. Year 2000 results were reported in NDARC Technical Report No. 105 (Williams, Bryant & Hennessy 2001).

1.1 STUDY AIMS

The data are collated annually to detect emerging trends in the availability, use and consequences of four main illicit drugs (heroin, amphetamines, cocaine and cannabis). The purpose of the IDRS is to supplement other data (for example, from the National Drug Strategy Household Survey) to provide a coordinated approach to monitoring the use of illicit drugs in Australia, and to act as a strategic early warning system for emerging illicit drug problems. National results are formally provided to government through the Intergovernmental Committee on Drugs (IGCD) and the Ministerial Council on Drug Strategy (MCDS). Prior to the formal notification, a national conference is convened in November in Sydney, where the separate jurisdictions report their individual results. In addition, in the ACT, the AIC hosts a roundtable discussion for stakeholders, including government, where local results are compared to national trends.

2 METHOD

The methodology is referred to as a triangulated convergent validity study. Data are obtained from three sources: a survey of injecting drug users, a key informant survey of professionals working in the illicit drug field, and an analysis of existing indicator data routinely collected by agencies. These data are compared to determine if there is a convergence of results ('telling the same story'), following which they are compared to the previous year's IDRS results to identify trends.

2.1 SURVEY OF INJECTING DRUG USERS

The Injecting Drug User Survey comprised face-to-face interviews with 100 injecting drug users between July and August 2001. Recruitment was by convenience sampling of attendees at three locations: the Canberra Injectors' Network (CIN) office (n=68); the Drug Referral and Information Centre (DRIC) (n=31); and Arcadia House, a drug rehabilitation facility (n=1). ADDInc manages both DRIC and Arcadia House. An eligibility criterion of 'must have injected at least monthly in the past six months' was used to screen all respondents. AIC research staff conducted all interviews.

A standardised structured interview schedule based on previous IDRS research (Hando & Darke 1998a; McKetin, Darke & Kaye 2000) was administered to respondents. The schedule included sections on demographics, drug use, price, purity and availability of drugs, crime, risk-taking behaviour, health and general drug trends. Changes to this year's schedule included the addition of items relating to 'other forms of amphetamine' – to distinguish 'powder' amphetamines from the more powerful types of methamphetamines, and items relating to the 'heroin drought'. Interviews took approximately 30 minutes to administer, depending upon the extent of polydrug use. ADDInc and CIN were paid management fees for the survey. At DRIC and Arcadia House, ADDInc subsequently redistributed a proportion of this fee to respondents in kind (not cash); at CIN, management subsequently provided approximately two-thirds of the fee to respondents in cash, as reimbursement for out-of-pocket expenses.

2.2 KEY INFORMANT STUDY

Twenty-three interviews were conducted with key informants who had at least weekly contact with injecting drug users or who had at least 10 professional encounters with different injecting drug users in the previous six months.

Three interviews were with police officers (comprising both drug intelligence and regional operations members), four with ambulance officers, seven with drug treatment workers, four with health workers, two with youth workers¹, one with a user group representative, one with an outreach worker and one with a magistrate/coroner. All respondents confirmed that they were either very certain (70%) or moderately certain (30%) of their drug-related knowledge. The median number of days that key informants had contact with users in the previous six months was 96 (or four times per week).

¹ At the two youth centres, staff preferred to be interviewed jointly, making a total of five key informants.

Informants provided information on the main illicit drug used by the IDU whom they had come into contact with during the previous six months. The majority (n=14) of key informants reported that heroin was the main illicit drug being used by the clients with whom they had the most contact. Four key informants reported that amphetamines were the main illicit drug used by the people with whom they had the most contact. Three key informants reported cannabis as the main illicit drug being used. Two key informants were unable to speak solely about one group of drug users, instead preferring to give a general overview of drug use.

2.3 OTHER INDICATORS

Entry criteria for indicator data are that they should:

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

Data sources identified as part of the study and included in this report are:

- Number and characteristics of drug seizures by the Australian Federal Police (ACT Policing) for the period 2000–2001. Data includes details of 1,497 seizures, by drug type and amount seized.
- Purity of drug seizures made by the Australian Federal Police, analysed by the Australian Capital Territory Government Analytical Laboratory (ACTGAL) – data provided by ACTGAL. Data include the purity of 1,309 samples provided by the AFP (ACT Policing) for the financial year 2000–2001. Assay data are provided for heroin (n=80), amphetamine (n=1), methamphetamine (n=85), cocaine (n=2), MDMA (n=12), and MDA (n=1). There were no analyses of the potency of cannabis.
- Offences reported to or becoming known to police – data provided by the AFP (ACT Policing). Data include date and location of drug-specific offences (n=538) and property offences (n=26,415).
- Number of Simple Cannabis Offence Notices (SCONs) issued and expiated – data provided by the AFP (ACT Policing). During 2000–2001 there were 186 SCONs issued.
- Number of needles and syringes dispensed and returned to the ACT Needle and Syringe Program – data provided by ADDInc. There were 618,222 needles and syringes distributed and 423,685 returned.
- Number and location of needles and syringes recovered by the ACT Parks and Places and City Rangers – data provided by the Department of Urban Services. In 2000–2001 there were 4,818 needles and syringes recovered from open spaces by Parks and Places staff and 9,956 recovered by City Rangers.

- Number and location of needles and syringes recovered from government installed 'sharps bins'. In 2000–2001 there were 18,993 needles and syringes recovered from 'sharps bins' provided in public toilets – data provided by the Department of Urban Services.
- 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 provided by the National Centre in HIV Epidemiology and Clinical Research.
- Number and characteristics of clients of detoxification services from Arcadia House Withdrawal Centre – data provided by ADDInc. Data include demographics and drugs of concern of 406 clients.
- Number and characteristics of telephone enquiries, and clients of counselling, detoxification, and ACT methadone programs – data provided by the ACT Alcohol and Drug Program, Department of Health, Housing and Community Care. Data include 655 detoxification clients, 2,350 counselling clients and 2,583 methadone clients. Data provided by the ACT Alcohol and Drug Program, Department of Health, Housing and Community Care.
- Number and characteristics of court-referred alcohol and other drug-related offenders. In 2000–2001 there were 52 persons referred, 15 of whom were subject to treatment orders. Data provided by the ACT Alcohol and Drug Program, Department of Health, Housing and Community Care.
- Non-fatal overdoses attended by ambulance services – data provided by ACT Ambulance Service. In 2000–2001 the ACT Ambulance Service attended 327 non-fatal heroin overdoses.
- Overdoses admitted to The Canberra Hospital – data provided by Canberra Hospital. In 2000–2001 there were three admissions involving the four main drug types which are the subject of this study.

2.4 DATA ANALYSIS

Data from the IDU Survey were analysed using SPSS for Windows v. 10.1.3 (© SPSS Inc. 1989–2000). Open-ended items in the Key Informant Survey were transcribed in full and aggregated into quasi-quantitative categories using Microsoft Excel 2000. Close-ended questions were analysed using SPSS for Windows v. 10.3.1. Indicator data were analysed using Microsoft Excel. Mapping was completed using MapInfo Professional v. 6.5 (2).

3 AN OVERVIEW OF THE IDU SAMPLE

3.1 DEMOGRAPHICS

The demographic characteristics of the IDU sample are presented in Table 2. The mean age of the sample was 30.0 years (SD 8.3, range 18–54). Over two-thirds of the sample were male and there was no significant difference in the ages of males and females (31.0, 27.9). The majority of IDUs (75%) were unemployed. The sample has a mean of 10.6 years of school education (SD 1.6, range 6–13). Four per cent of IDUs responded that they had tertiary qualifications (compared with 20 per cent of the previous year's sample, $p<0.05$), and 28 per cent reported that they had trade or technical qualifications (compared with 47 per cent of the previous sample, $p<0.05$).

The majority of the sample (51%) was not currently in any form of drug treatment. Of the 49 subjects who were in treatment, 37 were in methadone maintenance. One per cent of subjects had undergone naltrexone treatment in the past six months. Thirty-four per cent of subjects had been in prison, with males (44%) being significantly more likely than females (13%) to have been imprisoned.

Table 2: Demographic characteristics of the IDU sample, 2000 and 2001

Characteristic	2000 sample (n=100)	2001 sample (n=100)	Signif.
Age (mean years)	29.2	30.0	
Sex (% male)	77.0	68.0	
Employment (%):			
Not employed	78.0	75.0	
Full time	4.0	4.0	
Part time/casual	10.0	8.0	
Student	4.0	8.0	
Home duties	4.0	5.0	
School education (mean years)	10.7	10.6	
Tertiary education (%):			
None	33.0	67.0	$p=0.00$
Trade/technical	47.0	28.0	$p<0.05$
University/college	20.0	4.0	$p<0.05$
Currently in drug treatment (%)	36.0	49.0	
Prison history (%)	48.0	34.0	$p<0.05$

Source: ACT IDRS IDU Survey files, 2000, 2001

3.2 DRUG USE HISTORY

The mean age of first injection was 18.3 years (SD 5.2, range 12–42), with no significant difference between males and females (19.0 versus 16.9 years). Frequency of injecting among IDUs was variable. Daily injections over the preceding month were reported by 36 per cent, with 28 per cent reporting more than one injection per day (Table 3). When the sample is stratified into younger (≤ 25 years of age) and older IDUs (those aged over 25 years), younger users were more likely to inject more frequently.

Table 3: Frequency of injection among IDUs, 2000 and 2001

Frequency	2000			2001		
	<=25	>25	Total	<=25	>25	Total
	(%)					
Weekly or less	18.4	27.9	24.2	28.2	36.1	33.0
More than weekly	18.4	14.8	16.2	28.2	27.9	28.0*
Once a day	7.9	13.1	11.1	10.3	6.6	8.0
Two to three times a day	34.2	27.9	30.3	12.8*	16.4	15.0*
More than three times a day	15.8	9.8	12.1	15.4	11.5	13.0

Source: ACT IDRS IDU Survey files, 2000, 2001. Note: *p<0.05 when compared with previous year's sample.

Heroin was the first drug injected by 48 per cent of the subjects. This was followed by amphetamines (46%); cocaine (2%), morphine (2%), methadone (1%) and benzodiazepines (1%). Older IDUs (>25 years) were more likely to report having first injected heroin (49.2% versus 46.2%). The younger group of subjects (<=25 years) was more likely to report having first injected amphetamines (48.7% versus 44.3%).

Heroin was the drug of choice for 57 per cent of the subjects, with amphetamines being the next most popular drug (19%), followed by cannabis (11%). The younger age group (<=25 years) was slightly more likely to report heroin as their drug of choice (59.0% versus 55.7%), or amphetamines (20.5% versus 18%). A higher proportion of the older age group, compared to younger users reported cannabis as their drug of choice (13.1% versus 7.7%). Heroin use was almost universal (97%) among IDUs, with 82 per cent having injected heroin in the previous six months. Cannabis had been used by (85%), followed by amphetamines (82%) and methadone (61%) (Table 5).

Polydrug use was almost universal among the IDUs, with 98 per cent having used more than one licit and illicit drug (mean=10 drugs; SD 2.7), and excluding tobacco and alcohol, 93% (mean=9 drugs, SD 2.4). More than four in every five IDUs had injected more than one drug in the last six months (mean=5 drugs, SD 1.9).

In addition to data from the IDRS samples in 2000 and 2001, prevalence data of injecting drug users is included 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 (Table 4).

Table 4: Drug last injected, Needle and Syringe Program respondents, ACT, 2000, 2001*

Drug	2000	2001
	(n=163)	(n=94)
	(%)	
Amphetamine	6	16
Cocaine	0	2
Heroin	80	78
Methadone	2	1
Morphine	2	0
Steroids	1	0
>One drug	8	2

* data provided by the National Centre in HIV Epidemiology and Clinical Research

Table 5: Drug use history of IDUs 2001 (and 2000)

Drug class	Ever used	Ever injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever swallowed	Swall. last 6 mths	No. days used last 6 mths **	No. days used last 6 mths ***
	(per cent of IDU)									(number)	
1. Heroin	97 (97)	97 (96)	82 (91)	65 (64)	17 (17)	9 (20)	0 (4)	18 (22)	5 (9)	76 (110)	50 (160)
2. Methadone	75 (73)	57 (47)	27 (19)					65 (57)	47 (36)	108 (96)	180 (114)
3. Morphine	69 (na*)	63 (na*)	33 (na*)	4 (na*)	2 (na*)	2 (na*)	0 (na*)	34 (na*)	20 (na*)	10 (na*)	6 (na*)
4. Other opiates	31 (54)	11 (35)	7 (17)	4 (6)	2 (0)	0 (3)	0 (0)	27 (33)	19 (20)	19 (18)	5 (4)
5. Amphetamines	93 (93)	92 (89)	83 (65)	23 (16)	12 (3)	61 (60)	14 (12)	48 (41)	22 (8)	46 (20)	21 (10)
6. Cocaine	74 (63)	64 (46)	34 (11)	16 (14)	5 (1)	35 (38)	8 (7)	13 (14)	4 (4)	12 (17)	4 (2)
7. Hallucinogens	72 (72)	21 (16)	6 (2)	9 (3)	2 (0)	3 (0)	1 (0)	72 (60)	16 (10)	6 (6)	3 (4)
8. Ecstasy	67 (48)	36 (23)	24 (8)	5 (2)	3 (0)	9 (3)	5 (1)	61 (47)	41 (16)	10 (6)	3 (2)
9. Benzodiazepines	79 (83)	31 (28)	14 (15)	5 (10)	1 (5)	1 (2)	0 (0)	79 (77)	68 (67)	58 (53)	14 (20)
10. Alcohol	86 (89)	12 (9)	1 (0)					85 (76)	64 (57)	45 (36)	10 (13)
11. Cannabis	94 (96)									138 (117)	180 (180)
12. Anti-depressants	30 (41)									68 (91)	13 (65)
13. Inhalants	26 (27)									61 (80)	2 (60)
14. Tobacco	97 (97)									172 (175)	180 (180)

Source: ACT IDRS IDU Survey files, 2000, 2001; * not collected in 2000, ** mean, ***median; n=100 each year

4 HEROIN

Eighty-two IDUs and 14 of the key informants were able to comment on heroin. The average gender balance of heroin users who came into contact with key informants was two-thirds (64%) male and one-third (36%) female. Most heroin contacts were described as aged in their early 20s to mid 30s (range 11–50). More than half (57%) of the key informants had had contact with Indigenous heroin users and 14 per cent had had contact with heroin users from non-English-speaking backgrounds. Almost all key informants reported that the average education of heroin contacts was less than Year 12 and that the majority were unemployed.

4.1 PRICE

The median price of a cap of heroin in 2001 was reported by IDUs to be \$50 and a half-gram was \$250. The median price per gram of heroin was reported as being \$485. The majority of IDUs (64.6%) believed the price of heroin to be increasing (compared with 7 per cent in the previous year, $p=0.000$), 17.1 per cent believed that the price of heroin was stable and 11 per cent believed it to be fluctuating. Only 2.4 per cent believed it to be decreasing, compared to 45 per cent in the 2000 study ($p=0.000$).

Of the 14 key informants who reported on heroin, half stated that the price of heroin had increased in the previous six months. Twelve of the informants were able to nominate a dollar price per quantity. Key informant quotes ranged from \$20 ($n=1$) to \$100 ($n=1$) a cap; \$500 ($n=1$) per half gram; and from \$250 ($n=1$) to \$400 ($n=2$) per gram. The Australian Bureau of Criminal Intelligence (ABCI) reported that the price of heroin in the ACT was \$100 a cap, \$200–\$250 for a half gram and \$300–\$500 for a full gram.

4.2 AVAILABILITY

Heroin was considered easy or very easy to obtain by 73.2 per cent of the IDUs, and was considered to be difficult or very difficult by 22 per cent (compared with one per cent the previous year, $p=0.000$). Nonetheless, 83.8 per cent thought it was getting harder to obtain 'recently'. Heroin was most commonly purchased from mobile dealers (43.1%), with 25 per cent reporting buying from a dealer's home, 15.3 per cent from a street dealer and 9.7 per cent from a friend.

4.3 PURITY

In 2000–2001, the Australian Federal Police (ACT Policing) made 187 seizures² of heroin, amounting to 339.2 grams (ACT Policing Drug Registrar, 27 July 2001). This compares with 194 seizures amounting to 391.7 grams in 1999–2000 (AFP 2001) and 179 seizures totalling 348.5 grams in 1998–1999 (AFP 2000). Of the 80 seizures from 2000–2001 subsequently analysed, the mean purity was 39.8 per cent (range 0.8% to 73.2%). In 1999–2000, the mean purity of heroin seizures analysed was 53.5 per cent (range 28.3% to 78.4%), and in 1998–1999, the mean purity of heroin seizures was 71

² ACT Policing Drug Registry figures differ from those prepared for the Australian Federal Police as a whole. The ACT Drug Registry counts each individual drug package seized, whereas the national figures combine like drugs together. For example, if two packages of heroin are seized at the one incident, the ACT Drug Registry would count two drugs seized, while the national AFP figures would count only one. This would also account for the difference in the total number of seizures and the number subsequently analysed, as all seizures are required to be analysed in the ACT.

per cent (range 50% to 90%) (Figure 1). The ACT is an inland territory without a coastline (except for Jervis Bay), and receives very few international flights, therefore it is an unusual occurrence for the national AFP or the Australian Customs Service to make seizures. Accordingly, there were no seizures of heroin by these two agencies in 2000–2001.

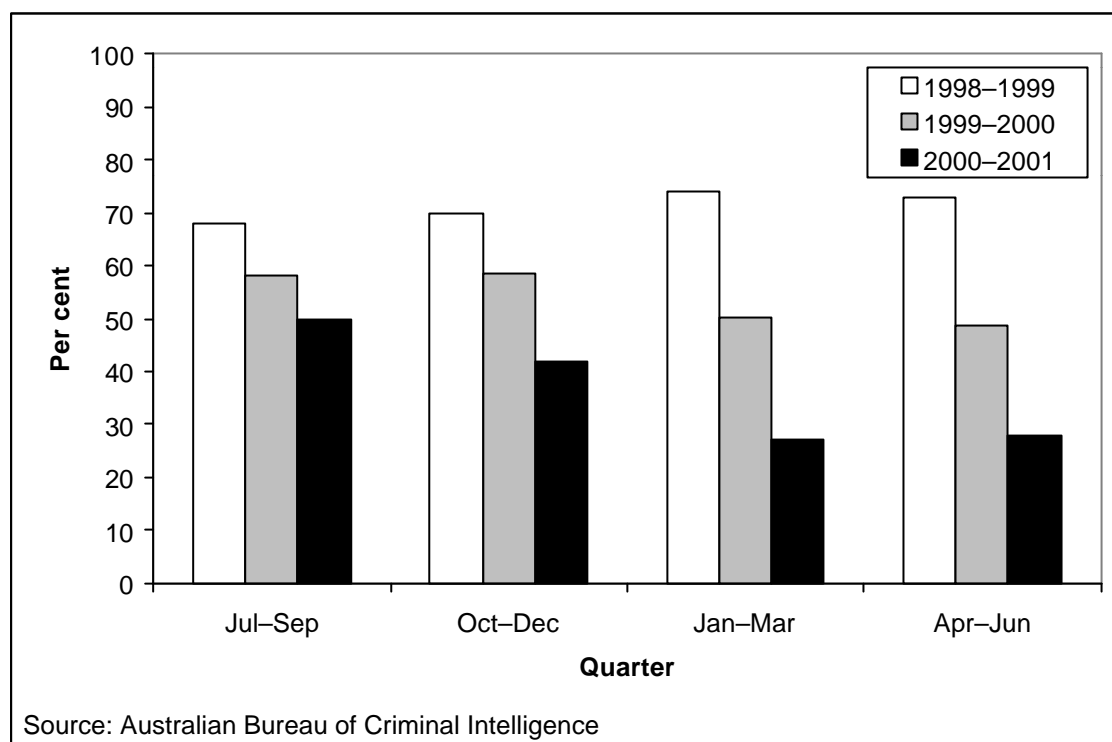


Figure 1: Mean purity of heroin seizures made by the Australian Federal Police (ACT Policing) in the Australian Capital Territory, by quarter, 1998–1999, 1999–2000 and 2000–2001

In the Australian Capital Territory, the ACT Government Analytical Laboratory (ACTGAL) analyses samples of heroin from seizures made by the AFP. Data on the purity of these heroin samples are available for six-month periods from January 1980 to June 2001 (Figure 2). The purity increased substantially from January 1991 (10.5%) to January 1999 (72.9%) (ACTGAL Pianca 1998). From 1999 onwards, however, mean purity of analysed heroin samples returned to lower levels measured in 1994. In 2000–2001 the mean purity of heroin analyses was 44 per cent.

More than three-quarters (78%) of IDUs believed that the current purity of heroin was low (compared with 20 per cent in the previous year, $p=0.000$). Of the remaining sample, 15.9 per cent believed the current purity to be medium (compared with 43 per cent in the previous year, $p=0.000$). No surveyed IDUs reported heroin purity as being high. When asked whether the purity of heroin had changed over the last six months, three in five (61%) believed the purity to be decreasing (compared with 20 per cent previously, $p=0.000$), 15.9 per cent believed the purity was stable, 9.8 per cent believed heroin purity was fluctuating and 6.1 per cent believed purity was increasing.

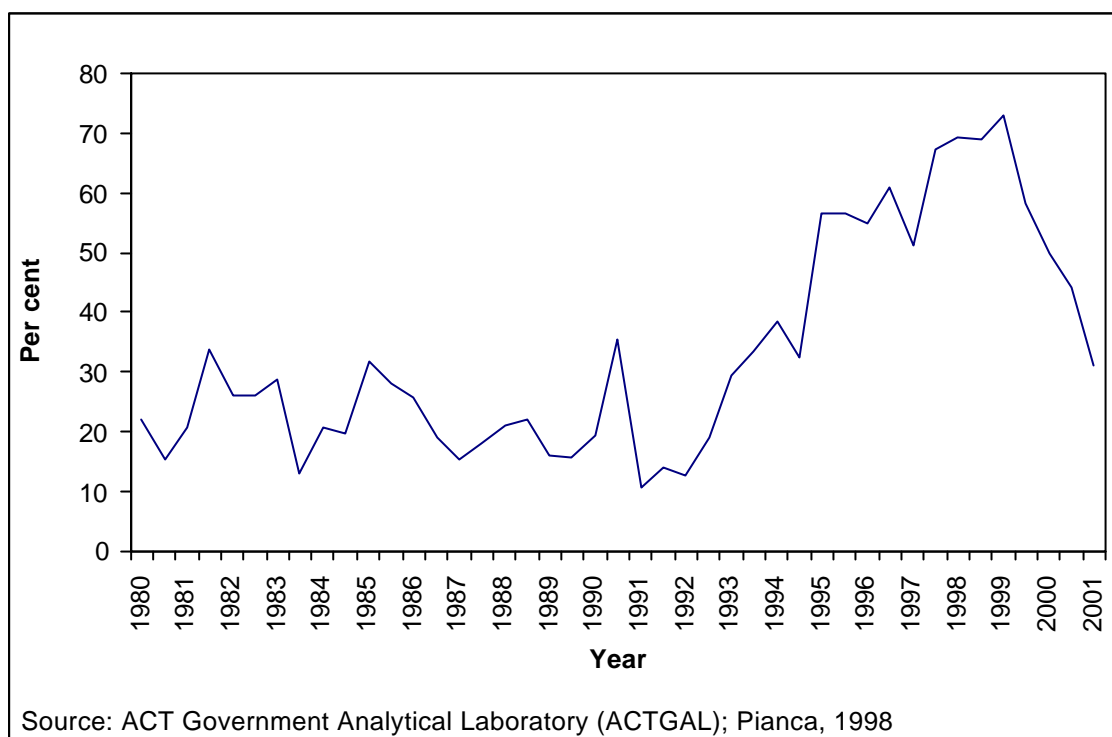


Figure 2: Purity of heroin seizures analysed by ACTGAL, January 1980 to June 2001

The majority (42.6%) of key informants reported that the purity of heroin in 2000–2001 had decreased. One in 10 (21.4%) reported that the purity was fluctuating and 7.1 per cent believed that it had increased. No key informants reported the purity to have been stable. In 1999–2000 the majority of key informants believed the purity to be high.

4.4 USE

4.4.1 Prevalence of Heroin Use

The most recent (1998) National Drug Strategy Household Survey estimated that two per cent of the ACT population aged 14 years or older had used heroin at least once and 0.4 per cent had used in the previous twelve months. Among the 2001 IDU sample, heroin use was almost universal (97%) and 85 per cent had used heroin in the preceding six months.

4.4.2 Current Patterns of Heroin Use

Only 15.2 per cent of IDUs had used heroin daily in the previous six months, compared with 47 per cent the previous year. Eighty-five per cent of IDUs had used heroin within the last six months, and of this group, 94.1 per cent had used powder and 90.6 per cent had used rock.

The majority (97%) of IDUs had injected heroin at least once, with 82 per cent having injected in the last six months. Smoking heroin was popular, particularly amongst the newer users, with almost two-thirds (65%) of IDUs reporting they had smoked heroin at least once, and 17 per cent having smoked heroin in the past six months. The mean number of days in the previous six months that heroin was used by IDUs was 76

(down from 110 in the previous year) and the median number of days was 50 (down from 160 in the previous year).

Key informants reported that the vast majority of heroin users were injectors and they used between one and four times daily. Almost all key informants reported on polydrug use among heroin users, with benzodiazepines, cannabis and methamphetamine being the most frequently mentioned drugs.

A majority of key informants (n=11) reported that their IDU contacts were in treatment, with methadone maintenance (n=4) the predominant form. Counselling (n=2) and detoxification (n=2) were other treatments which key informants were aware their contacts were undertaking. Several key informants also mentioned that many of their contacts were continually in and out of some form of drug treatment.

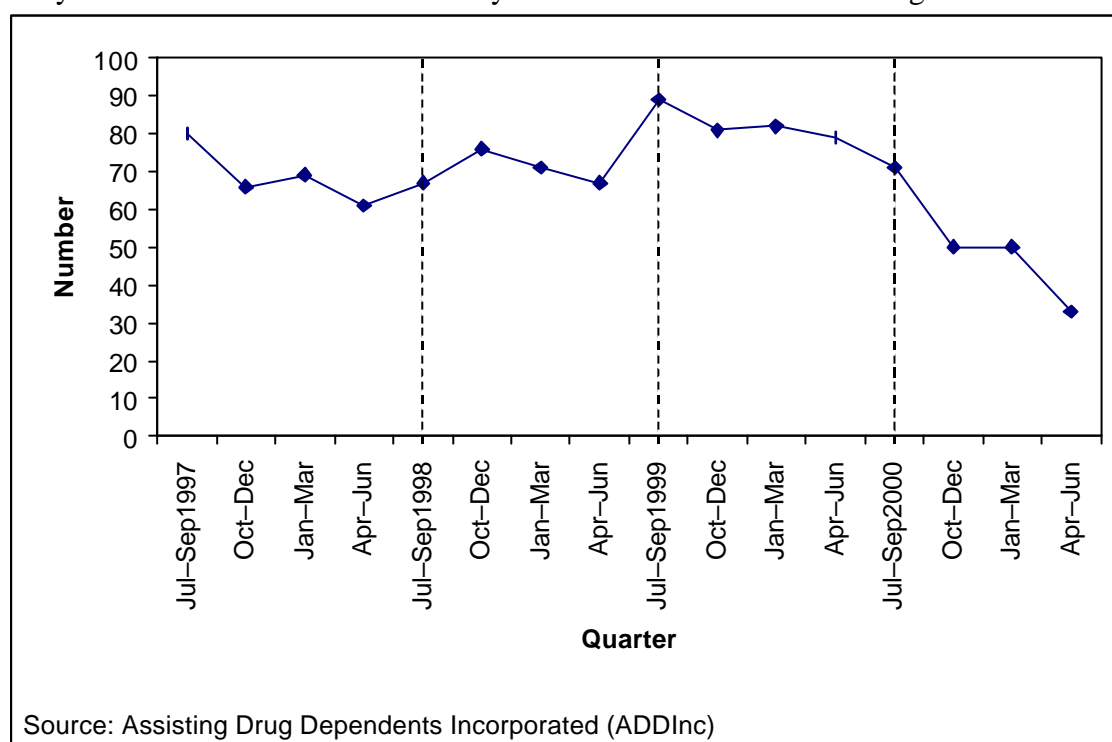


Figure 3: Number of Arcadia House clients withdrawing from heroin, by quarter, 1997–1998 to 2000–2001

Whilst the number of clients of Arcadia House withdrawing from heroin has been steadily decreasing since the January–March 2000 quarter, there was a dramatic decrease in the October–December 2000 quarter (Figure 3; refer also to section 9.1 for treatment data).

Staff at Arcadia House had noted that while the number of clients withdrawing from heroin had decreased, clients were beginning to stay in detox longer. The average length of stay remained stable. The maximum length of stay increased from 10–12 days, to 15 in March, 18 in May and 20 in June.

4.4.3 Trends in Heroin Use

Two in every three heroin IDUs (those who self-described as predominantly being heroin users; n=39 of 57) reported trends in heroin use. Over one-third (35.9%) reported that there were more younger heroin users than in previous years and 23.1 per cent noted that there were fewer heroin users and more amphetamine users than in previous years. More than four in five (12.8%) believed that there were more heroin users recently. A change in the general atmosphere of the heroin-using community was reported by 15.4 per cent, who claimed that dealers and users had begun ‘ripping each other off’ and that it was now quite an ‘ugly’ scene to be involved in. The most commonly reported trend in the types of drugs that IDU friends were using was that a large proportion of heroin users were:

- ‘switching’ between heroin and amphetamine (particularly methamphetamine);
- substituting amphetamine or methamphetamine for heroin; or
- moving from using heroin to using amphetamine and/or methamphetamine.

Consistent with the data from the IDU survey, one half (50%) of heroin key informants reported that there was a huge shift away from heroin towards amphetamine, methamphetamine and other party drugs. Several key informants were concerned that users were alternating between these drugs, thus putting themselves at risk of cross-addiction. Key informants also noted a shift towards cocaine and benzodiazepines, but this was not supported by the IDU data.

4.5 OTHER TRENDS

Most key informants noted that heroin use appeared to be down, possibly due to availability problems, and one key informant reported that the number of young, casual heroin users had dropped off completely. Several key informants also expressed concern over behavioural problems associated with the increase in amphetamine use (particularly with regards to methamphetamine use), resulting in aggressive and violent behaviour and an increase in amphetamine psychosis.

4.6 SUMMARY

Table 6 summarises trends in the price, purity, availability and use of heroin. Compared to 1999–2000, heroin is as available (that is, “very easy” to “easy”) but has been getting harder to obtain, of lower strength but fluctuating in purity, and has an increased price. In the ACT Drug Trends 2000 report (Williams, Bryant & Hennessey 2001), the authors noted that users were getting younger (confirmed here), that users were alternating methamphetamine use with heroin (confirmed and accelerated here), and that smoking of heroin by younger and Asian users was continuing (younger pattern confirmed, no further information on Asian users).

The overwhelming feature of the heroin picture in 2000–2001, however, was the impact of the ‘heroin drought’. While users and key informants indicated that ‘if you really wanted to get on, you could get on’, the increase in price, decreases in the number of users and frequency of use, decrease in purity and in non-fatal overdoses, when combined with the increased price for heroin, indicate that the drought has had an impact. One of those impacts appears to have been the substitution of other drugs for heroin, the most prevalent (and serious) of which was methamphetamine (and, to a

lesser extent, cocaine) injecting (refer also to ‘heroin drought summation’ in Section 10).

Table 6: Summary trends on heroin price, purity, availability and use, ACT, 2000–2001

Price (average) Gram	\$450 – compares with \$280 in 1999–2000
Cap	\$50 – compares with \$50 in 1999–2000
Availability	Easy, but getting harder
Purity	44%, down from 53% in 1999–2000 and 71% in 1998–99 (ACTGAL)
Use	Decrease in number of users Decrease in frequency of injecting Decrease in overdoses Younger users Smoking popular among young/new users Substitution of methamphetamine and to a lesser extent cocaine

5 AMPHETAMINE

Forty IDUs and four key informants were able to comment on amphetamine and 55 IDUs commented on methamphetamine. The average gender balance of amphetamine users who came into contact with key informants was about 80 per cent male and 20 per cent female. Most contacts were described as aged in their early twenties to early thirties. Users were more likely to be from non-Indigenous backgrounds, although key informants did note that they regularly had contact with clients from Indigenous and non-English-speaking backgrounds. The average education level of amphetamine users that came into contact with key informants was reported to be Year 10 or less and users were likely to be unemployed.

From the IDU survey, just over half (52.6%) of IDUs who indicated that amphetamine was their preferred drug had trade or technical qualifications, compared with 21.4 per cent of heroin users. The remaining 47.4 per cent of amphetamine users had no post-secondary education. Amphetamine users were also more likely to be unemployed (89.5 per cent, compared with 70.2 per cent of heroin users).

5.1 PRICE

The median price per gram of amphetamine in 2000–2001 was reported by IDUs as \$260 (up from \$180 the previous year). The median price of an eighth was \$50, a half was \$150 (up from \$125 in the previous year) and an ounce was \$1,600 (down from \$2,275). Over one-half (56.1%) of IDUs reported the price to be stable, 7.3 per cent thought that the price of amphetamine was increasing, 4.9 per cent thought it to be decreasing and 4.9 per cent believed it to be fluctuating. Only two key informants were able to comment on the price of amphetamine, reporting it to be \$50 a point, and between \$150 and \$250 per gram. The ABCI reported that the price of amphetamine in the ACT was \$50–\$80 a point.

The median price per gram of methamphetamine in 2000–2001 was reported by IDUs as \$250. The median price of a point was \$50, an eighth was \$75, a quarter \$120 and a half was \$190. More than one-third (36.4%) of IDUs surveyed believed the price to be stable, 10.9 per cent believed it to be increasing, 9.1 per cent thought that it was decreasing, 3.6 per cent thought it to be fluctuating and the remainder were unsure.

In previous years the price, purity and availability of methamphetamine were not measured by the IDRS and, as such, no comparisons can be made to data obtained last year.

5.2 AVAILABILITY

Amphetamine was reported as being very easy to obtain by 32.5 per cent of IDUs, with a further 37.5 per cent indicating that it was easy to obtain. Almost half (45%) believed the availability of amphetamine was stable. Almost one-third (30.8%) obtained amphetamine from a friend, whilst 20.5 per cent bought it from a mobile dealer, 15.4 per cent from a dealer's home and 7.7 per cent from a street dealer.

Methamphetamine was reported as being very easy to obtain by 30.9 per cent of IDUs, with a further 47.3 per cent indicating that it was easy to obtain. Almost one-third (30.9%) believed the availability of methamphetamine was stable and 23.6 per cent believed methamphetamine was becoming easier to obtain. One-third of IDUs (33.3%) obtained methamphetamine from a friend, 17.6 per cent bought it from a mobile dealer, 17.6 per cent from a dealer's home and 7.8 per cent bought it from a street dealer.

5.3 PURITY

In 2000–2001 the AFP (ACT Policing) made 208 seizures of amphetamine and methamphetamine totalling 274.3 grams (ACT Policing Drug Registrar, 27 July 2001). This compares with 117 seizures amounting to 196.3 grams in 1999–2000 (AFP 2001) and 54 seizures amounting to 260.0 grams in 1998–1999 (AFP 2000). The ACT Government Analytical Laboratory analysed one seizure of amphetamine in 2000/2001 (purity 13.3%) and 85 seizures of methamphetamine (mean purity 11.7%, range 0.3% to 77.5%). The Australian Bureau of Criminal Intelligence (ABCI) provided information on 82 AFP methamphetamine samples analysed in 2000–2001 (mean purity 11.7%, range 0.3% to 77.5%).

ACTGAL analyses indicate that until the mid-1990s methamphetamine purity was on a par with amphetamine (low), but since then it has fluctuated (Figure 4).

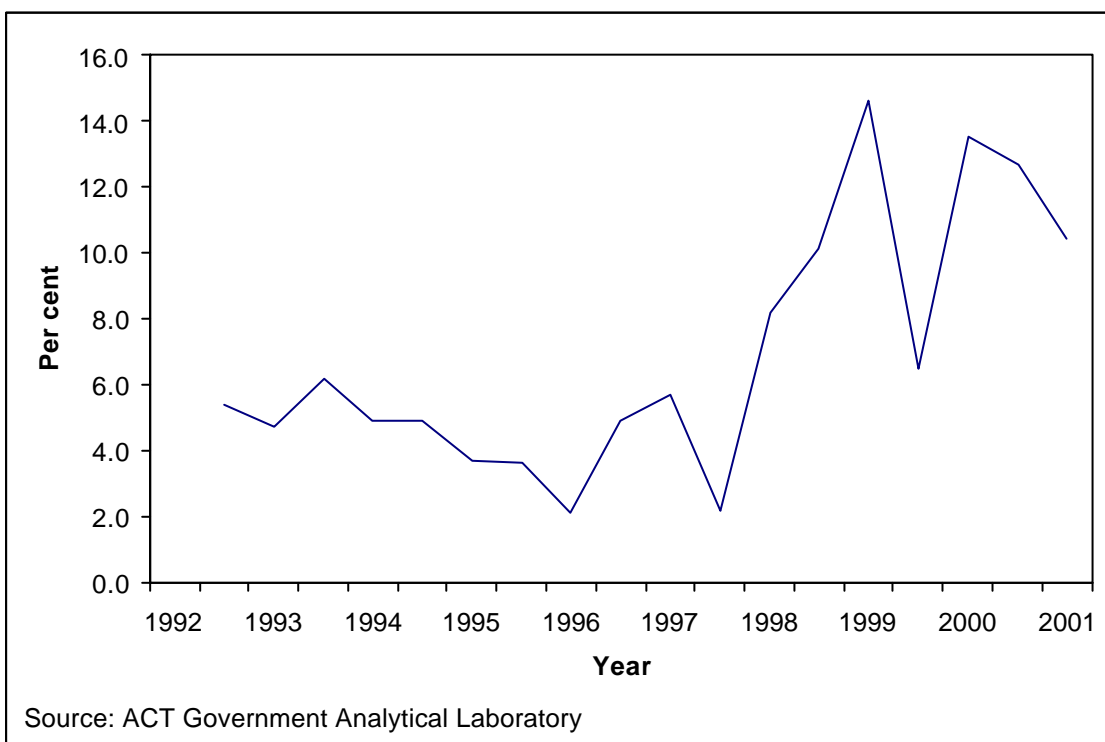


Figure 4: Average purity of methamphetamine, ACT, January 1992 to July 2001

Purity of amphetamine was reported to be 'medium' by 37.5 per cent of IDUs, 27.5 per cent indicated purity was 'high', 10 per cent 'low' and 22.5 per cent did not know. Slightly less than one in five (17.5%) believed purity was increasing, whereas 35 per cent believed that the purity of amphetamine was stable.

Purity of methamphetamine was reported to be 'high' by 43.6 per cent of IDUs, 25.5 per cent indicated purity was 'medium' and 5.5 per cent 'low'. One-quarter of IDUs (25.5%) believed that the purity of methamphetamine was stable, 9.1 per cent believed it to be increasing, 10.9 per cent decreasing and two in five (41.8%) did not know.

All key informants reported on the purity of amphetamine, with 25 per cent reporting it as high, 25 per cent reporting as medium, 25 per cent reporting low and 25 per cent reporting that the purity of amphetamine fluctuated. The majority (50%) believed that amphetamine purity had decreased in the previous six months.

5.4 USE

5.4.1 Prevalence of Amphetamine Use

The 1998 National Drug Strategy Household Survey found that nine per cent of persons in the ACT had used amphetamine at least once, and three per cent had used amphetamine in the previous 12 months. By way of contrast, 93 per cent of IDUs had used amphetamine at least once, and 82 per cent had used amphetamine in the previous six months. Amphetamine was the first drug injected by 46 per cent of IDUs, the last drug injected by 42 per cent and the drug most injected in the previous month by 40.8 per cent, however it was the drug of choice for only 19 per cent.

5.4.2 Current patterns of Amphetamine Use

Eighty-two per cent of IDUs had used amphetamines in the previous six months (compared with 74 per cent in the 1999–2000 study). The majority (86.6%) had used methamphetamine, three-quarters (75.6%) had used powdered speed, one in five (43.9%) had used a paste or wax form of amphetamine, one-third (36.6%) had illicitly used prescription amphetamine, 18.3 per cent had used a liquid form of amphetamine and 8.5 per cent had used licitly obtained prescription amphetamine. The majority of IDUs (62%) had used methamphetamine most often in the previous six months.

5.4.3 Trends in Amphetamine Use

In addition to the four key informants whose contacts' main drug was amphetamine, seven of the heroin key informants and the two key informants who wished to report on general drug use amongst their contacts were able to comment on amphetamine use. As reported in the heroin section (above), key informants indicated that heroin users were alternating between amphetamines and heroin, using both drugs concurrently or switching almost completely to amphetamines, in particular, methamphetamine.

Other commonly reported trends were that the general number of users of amphetamine was increasing, as was the number of younger amphetamine users.

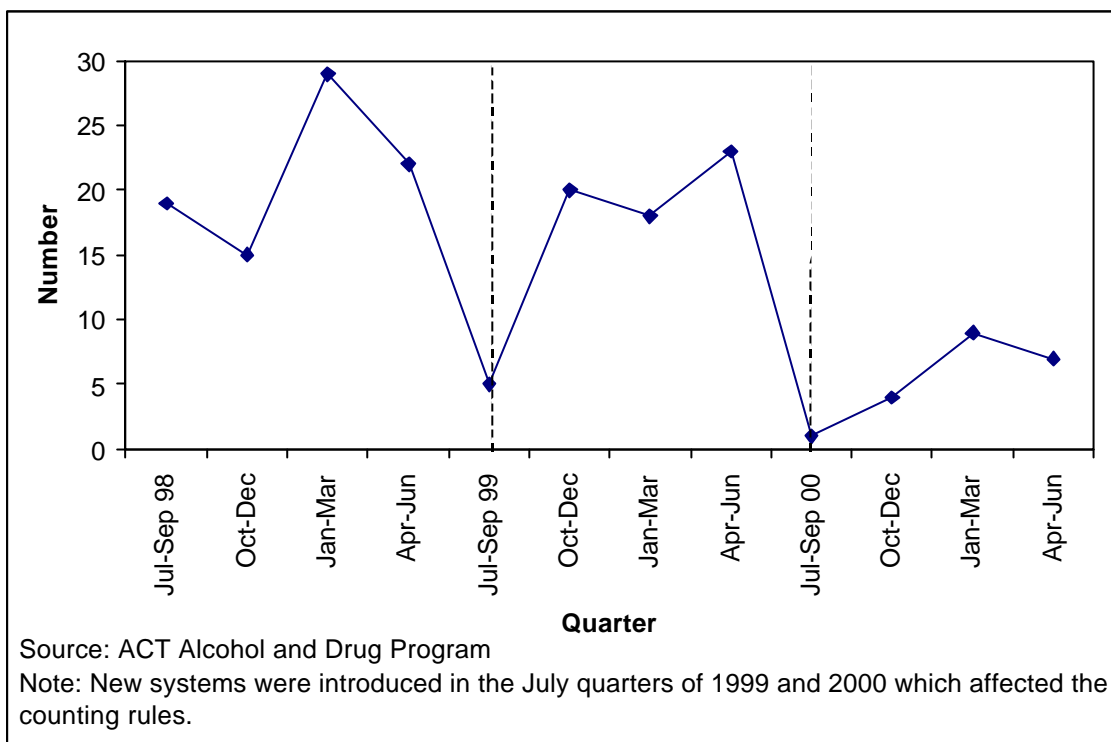


Figure 5: Number of amphetamine-related callers to 24-hour helpline by quarter, ACT, July 1998 to June 2001

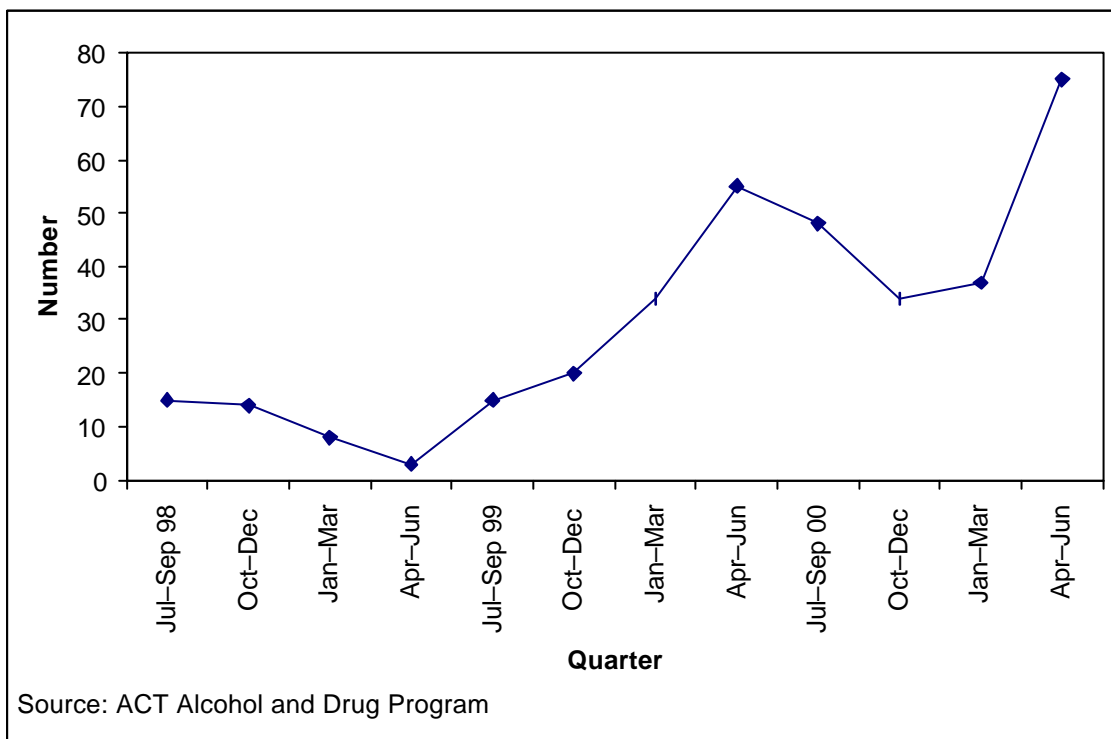


Figure 6: Number of ACT Alcohol and Drug Program clients in amphetamine case management by quarter, July 1998 to June 2001

5.5 OTHER TRENDS

Figure 5 shows an increase in the number of calls concerning amphetamine to the 24-hour helpline in 2000–2001, however it is important to note that the apparent decrease in the actual number of calls during this period may be due to the implementation of a new system which affected the counting rates.

Data from the ACT Alcohol and Drug Program show that the number of amphetamine users entering case management generally increased over the 12 months from 1 July 2000 to 30 June 2001 (Figure 6).

5.6 SUMMARY

Table 7 summarises trends in the price, purity, availability and use of amphetamine in the ACT in 2000–2001. Compared with 1999–2000, the predominance of methamphetamine continued, and the price remained stable. The purity of amphetamine was medium, and of methamphetamine was high. In the ACT Drug Trends 2000 report, the authors indicated that the number of methamphetamine users was increasing (confirmed here), that users were getting younger (confirmed here), and that heroin users were alternating heroin with methamphetamine use (confirmed here also). This latter feature has accelerated, possibly also related to the ‘heroin drought’. Methamphetamine injecting appears to have become a regular or permanent part of users’ injecting behaviour.

Table 7: Summary trends on amphetamine price, purity, availability and use, ACT, 2000–2001

Price Amphetamine Street deal 1 gram ‘eightball’ Methamphetamine point gram ‘eightball’	\$50 – compares with \$50 in 1999/2000 \$260 – compares with \$180 in 1999/2000 \$225 – compares with \$200 in 1999/2000 \$50 \$250 \$200
Availability	Amphetamine and methamphetamine easy to very easy to obtain
Purity	The average purity of amphetamine analysed by ACTGAL was 13.3% The average purity of methamphetamine analysed by ACTGAL was 11.7%
Use	Increase in number of users Increase in number of younger users Increase in alternating/concurrent amphetamine use amongst heroin users

6 COCAINE

No key informants were able to comment on cocaine as a principal drug of concern for their contacts and, accordingly, none could report on the price, purity or availability. Among IDUs, 30 per cent were able to comment on cocaine trends in price, purity and availability.

6.1 PRICE

IDUs reported that the median price of cocaine was \$50 a cap, \$225 a half gram and \$165 a gram; the discrepancy in price compared to weight is possibly attributable to the extremely small number of IDUs who reported buying cocaine. The majority of IDUs who were able to comment on price reported it to be stable, however 53.6 per cent were unable to comment. The ABCI reported that the price of cocaine in the ACT was \$150–\$200 per gram.

6.2 AVAILABILITY

The majority of IDUs who were able to comment on cocaine reported that it was easy to obtain. Most obtained cocaine from either friends or mobile dealers.

6.3 PURITY

In 2000–2001 the AFP (ACT Policing) made five seizures of cocaine totalling 7.5 grams (ACT Policing Drug Registrar, 27 July 2001). This compares with four seizures in 1999–2000 amounting to 0.8 grams (AFP 2001), and four seizures in 1998–1999 amounting to 0.2 grams (AFP 2000). Two of the 2000–2001 seizures were subsequently analysed and the mean purity of these two seizures was 35.9 per cent (range 34.7% to 37%).

The ACT Government Analytical Laboratory maintains a database of the historical averages of analyses undertaken since 1983 (Figure 7). Over this period, the purity of cocaine in the ACT appears to have fluctuated, but to have remained at relatively low levels, particularly from the early 1990s. In 2000–2001 the mean purity of cocaine analysed was 37%. The number of seizures is, however, relatively small and caution should be exercised in interpreting trends.

6.4 USE

6.4.1 Prevalence of Cocaine Use

The 1998 National Drug Strategy Household Survey found that five per cent of persons in the ACT had used cocaine at least once and 1.2 per cent had used cocaine in the previous 12 months. By way of contrast, almost three-quarters (74%) of IDUs had used cocaine at least once, three in five (60%) had used cocaine in the last six months and two-thirds (64%) had injected cocaine. Just over one-third (34%) had injected cocaine in the previous six months and one per cent of the IDUs surveyed indicated that cocaine was their drug of choice.

6.4.2 Current Patterns in Cocaine Use

In addition to the 34 per cent of IDUs who had injected cocaine in the previous six months, five per cent had smoked cocaine, eight per cent had snorted cocaine and four per cent had swallowed cocaine. Most IDUs used cocaine infrequently, with the majority of cocaine users who commented on use indicating their usual use of about 10 days a year.

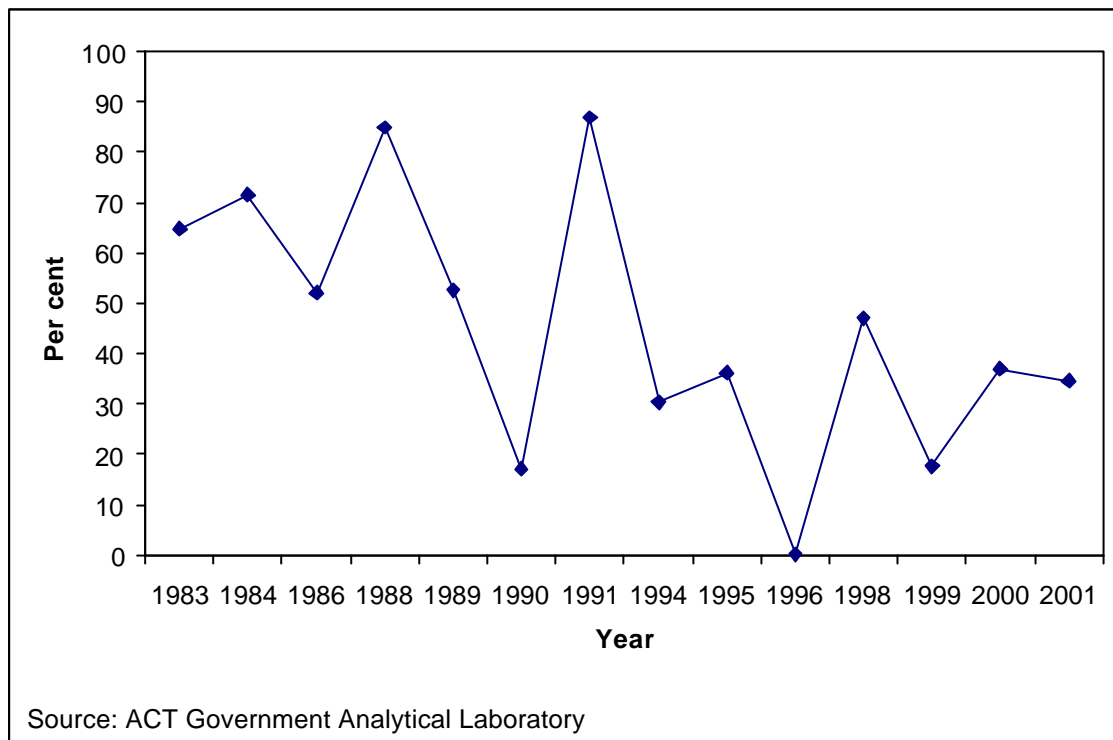


Figure 7: Average purity (%) of cocaine seizures, ACT, 1983 to 2001

6.4.3 Trends in Cocaine Use

Among the IDUs who had used cocaine in the previous six months, 89.7 per cent indicated that they had used powder and 43.6 per cent reported they had used crack (i.e. smokeable crystals) over the same period. Three-quarters (75%) of IDUs who had used cocaine in the previous six months had used powdered cocaine most often.

6.5 OTHER TRENDS

Only four IDUs were able to comment on trends in cocaine use, however they all stated that as well as methamphetamine, heroin users were starting to turn to cocaine.

6.6 SUMMARY

Table 8 summarises trends in the price, purity, availability and use of cocaine in the ACT in 2000–2001. As with previous years, cocaine was not a drug of choice for IDUs. The price was considered to be stable, although there were discrepancies in the reported price compared to weight, and it was considered easy to obtain. In the ACT Drug Trends 2000 report, the authors indicated that the IDRS study did not appear to capture the predominant cocaine-using population in the ACT (that is, persons who used cocaine in the ACT were not generally injecting drug users). The present report also found few IDUs whose principal or preferred drug was cocaine. There was however an increased number of IDUs who indicated that they had injected cocaine in the previous six months (34% versus 11%). This increase might also be a result of the ‘heroin drought’.

Table 8: Summary trends on cocaine price, purity, availability and use, ACT, 2000–2001

Price Cap Gram	<p>\$50 \$165 – compares with \$200 in 1999–2000</p> <p><i>Caution: very few informants</i></p>
Availability	<p>Easy</p> <p><i>Caution: very few informants</i></p>
Purity	<p>Average purity of samples analysed by ACTGAL was 36%; data from ABCI confirm this figure</p> <p><i>Caution: very few informants</i></p>
Use	<p>Low amongst IDUs Used relatively infrequently, however more heroin users report injecting cocaine</p>

7 CANNABIS

Three key informants and 79 IDUs were able to comment on cannabis. Key informants comprised one youth worker, one treatment worker and one police officer.

7.1 PRICE

The median prices for cannabis are shown in Table 9. Compared to both 1998–1999 and 1999–2000, prices appear to be slightly down. Price was reported to be stable by three-quarters (76.6%) of the IDUs, and 10.4 per cent believed it to be decreasing. Key informants who were able to provide estimates of price believed cannabis to be \$30–\$40 per gram, and \$250 per ounce. The ABCI reported that the price of cannabis in the ACT was \$25 per gram and \$400 per ounce.

Table 9: Reported price for cannabis, ACT, 1998–1999, 1999–2000 and 2000–2001

Weight	1998–1999	1999–2000	2000/2001
Price (\$)			
Gram	25	25	20
2 Grams	–	50	40
Bag	–	50	70
¼ ounce	–	100	90
½ ounce	–	180	170
Ounce	400–500	300	280
Kilogram	–	4,500	–
Pound	3,500–5,000	–	–

Source: ACT IDRS IDU Survey files, 2000, 2001

7.2 AVAILABILITY

Cannabis was estimated to be very easy or easy to obtain by 97.4 per cent of IDUs, with 88.6 per cent reporting the availability to be stable, and 5.1 per cent reporting it to be easier to obtain. Almost half (45.3%) purchased cannabis from a friend, 34.7 per cent from a dealer's home and 9.3 per cent grew their own. All cannabis key informants indicated that it was very easy to obtain and that cannabis was becoming more accessible to younger users, who were now also dealing to their peers. One key informant also noted an increasing non-commercial distribution network, where cannabis was exchanged, rather than sold.

7.3 PURITY

In 2000–2001 the AFP (ACT Policing) made 769 seizures of cannabis totalling 268,859 grams (ACT Policing Drug Registrar, 27 July 2001). This compares with 567 seizures totalling 289,868 grams in 1999–2000 (AFP 2001) and 476 seizures totalling 423,296 grams in 1998–1999 (AFP 2000). Potency of cannabis, however, is not routinely analysed in the ACT. The majority of IDUs (69.6%) reported that cannabis potency was high (based on previous experience), with 62 per cent reporting that the potency level was stable. The three key informants who could comment on cannabis indicated (from contact with references) that the potency was fluctuating.

7.4 USE

7.4.1 Prevalence of Cannabis Use

The 1998 National Drug Strategy Household Survey estimated that cannabis had been used at least once by 46.1 per cent of ACT residents and 20.3 per cent had used it in the previous 12 months. By way of contrast, cannabis had been used at least once by 94 per cent of the IDUs sampled in this study, and 85 per cent had used it in the previous six months. Cannabis was the main drug of choice for 11 per cent of the IDUs in 2000–2001.

7.4.2 Current Patterns of Cannabis Use

Eighty-five per cent of IDUs had used cannabis in the previous six months. Of this group, 75.8 per cent had used hydroponically grown cannabis, 74.7 per cent had used outdoor grown cannabis, 29 per cent had used hash and 19 per cent had used hash oil. The median number of days in the past six months that regular cannabis users reported using cannabis was 180 (in other words, every day).

7.4.3 Trends in Cannabis Use

There appears to have been a decrease in the number of queries to the 24-hour helpline regarding help with cannabis problems (Figure 8). This may be due to the new system introduced in the July quarter, which affected the counting rules. The decrease contradicts one key informant who spoke of an increasing demand for cannabis treatment services in response to advertising campaigns held throughout the year.

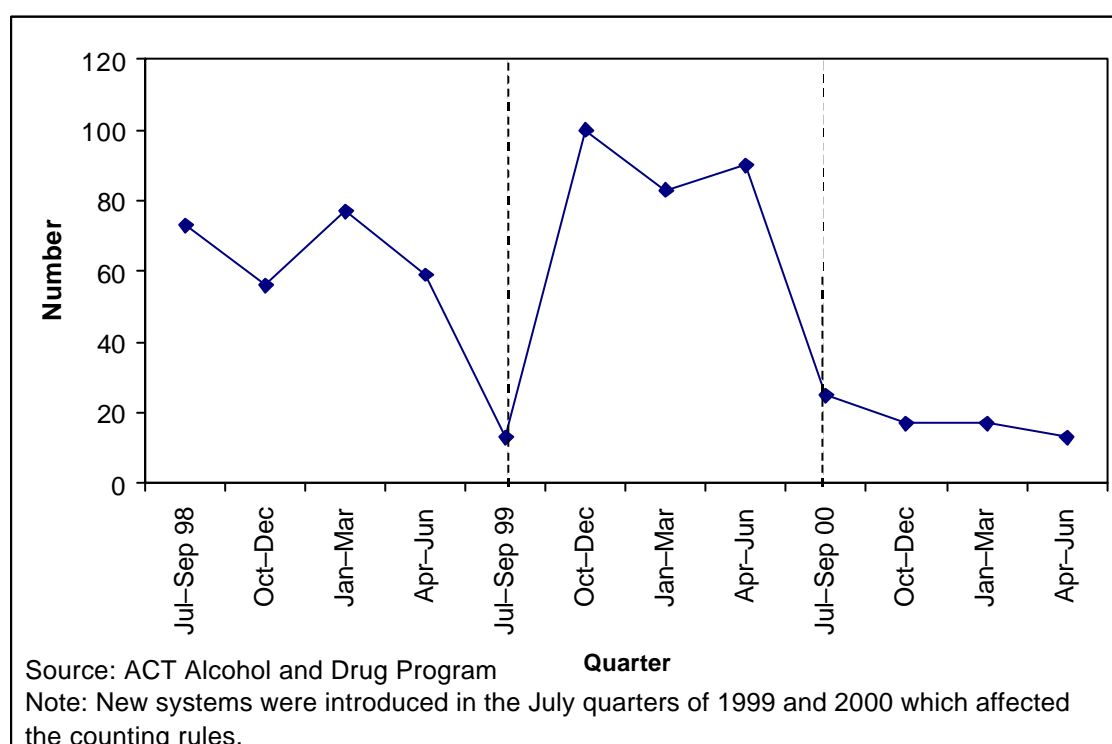


Figure 8: Number of cannabis-related callers to 24-hour helpline, by quarter, ACT, July 1998 to June 2001

7.5 OTHER TRENDS

IDU sources of supply (one-third from dealers), were very different from those indicated for the general population in 1998, where 75–85 per cent obtained cannabis from friends or acquaintances (AIHW 1999).

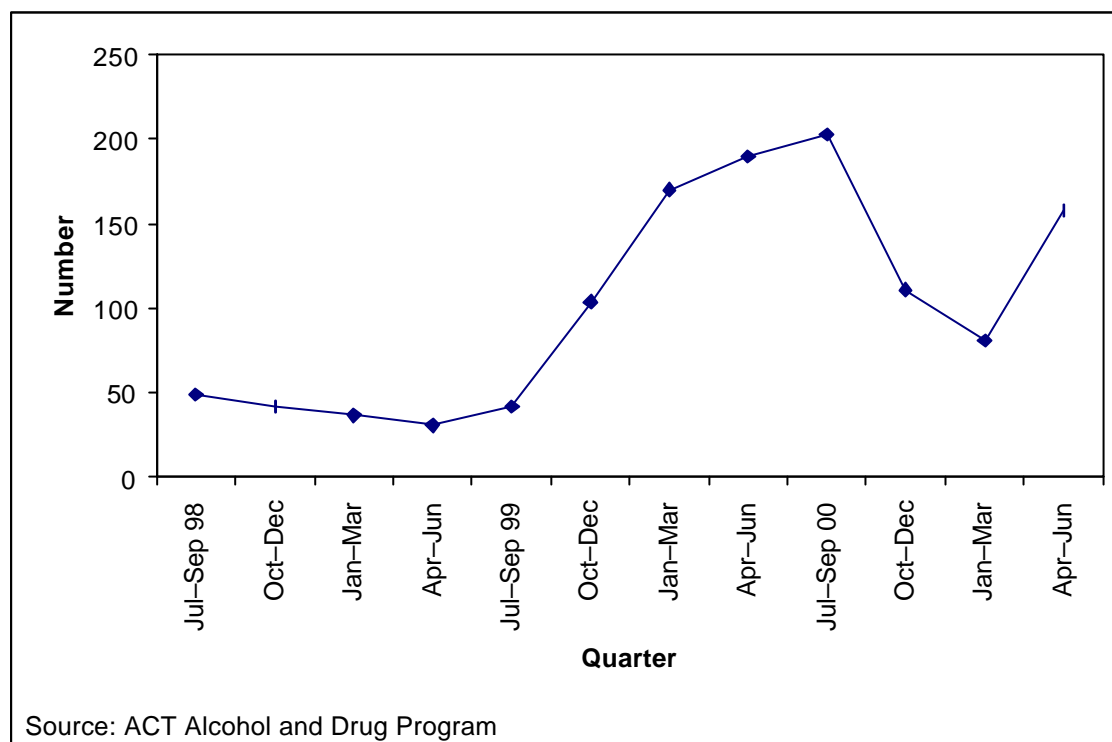


Figure 9: Number of ACT Alcohol and Drug Program clients in cannabis case management, by quarter, July 1998 to June 2001

Following a sharp rise in 1999–2000 and the first quarter of 2000–2001, the number of ACT Alcohol and Drug Program clients in case management for cannabis decreased sharply over the second and third quarters of 2000–2001 (Figure 9). This was followed by another sharp increase between the third and fourth quarters, with the number of clients in cannabis case management almost doubling.

Key informants noted that while many polydrug users also used cannabis, cannabis was often the *only* drug used by their contacts, although they were starting to see primary cannabis users experimenting more with party drugs and amphetamines.

7.4 SUMMARY

Table 10 summarises trends in the price, purity, availability and use of cannabis in the ACT in 2000–2001. The reported price of cannabis decreased slightly, although the majority of IDUs believed price to be stable. The potency of cannabis remained high and the availability was very easy. In the ACT Drug Trends 2000 report, the authors indicated that the increase in use among younger persons continued (confirmed here), that there had been a decrease in use among IDU (no change), that ‘hash’ had re-emerged (no change), and that there appeared to be an acceleration in the progression to harder drugs among primary cannabis users. This latter trend identified in the

previous 12 months appears to have continued, but with the ‘heroin drought’ and the emergence of methamphetamines, the primary ‘hard drug’ progression appears to be ecstasy to methamphetamine, rather than cannabis to heroin as was suggested in the earlier report.

Table 10: Summary trends on cannabis price, purity, availability and use, ACT, 2000–2001

Price	
Gram	\$20; compares with \$25 in 1999–2000
1 ounce	\$280
Availability	Very easy and stable
Purity	Not determined empirically, but IDUs/key informants report it as high and stable
Use	Increased availability to younger persons Increase in use by younger persons Hash remains popular Primary cannabis users also turning to party drugs and methamphetamine

8 OTHER DRUGS

8.1 ECSTASY AND DESIGNER DRUGS

8.1.1 Use

The 1998 National Drug Strategy Household Survey estimated that 5.6 per cent of the ACT population had used ecstasy at least once and 2.8 per cent had used ecstasy in the previous 12 months.

In 2000–2001, two-thirds (67%) of IDUs had used ecstasy at least once and one-third (36%) had injected ecstasy. Almost one-half (48%) had used ecstasy in the previous six months and almost one-quarter (24%) had injected it in the previous six months. This pattern of use has increased since the 1999–2000 study, where 48 per cent of IDUs had ever used ecstasy, and 19 per cent had used it in the previous six months. The mean number of days that IDUs had used ecstasy in the previous six months was five (median 0, range 0–170).

Whilst no key informants reported specifically on the use of ecstasy, the majority (n=10) reported that they were aware that some of their contacts were also using the drug. It was generally believed that ecstasy use was restricted to weekend binges, and use of ecstasy by IDUs was increasing.

8.1.2 Price

No key informants or IDUs were able to comment on the price of ecstasy. The ABCI reported that the price of ecstasy in the ACT was \$30–\$60 per tablet.

8.1.3 Availability

No key informants or IDUs were able to comment on the relative availability of ecstasy. In 2000–2001 the AFP (ACT Policing) made 8 seizures of ecstasy, amounting to 9.8 grams (ACT Policing Drug Registrar, 27 July 2001), compared with 14 seizures totalling 508.4 grams in 1999–2000 (AFP 2001).

8.1.4 Purity

No key informants or IDUs were able to report on the purity of ecstasy. The ACT Government Analytical Laboratory analysed 12 samples of ecstasy in 2000–2001, with a mean purity of 26.5 per cent (range 0.2–43 per cent).

8.1.5 Other Trends

The AFP indicate that while the seizure of ecstasy was down this year compared to last, current intelligence indicates that the use of ecstasy and other designer drugs is increasing (AFP 2001).

During Operation Skeet, which targeted the manufacture and distribution of ecstasy and related substances, the AFP seized 1,500 ecstasy tablets, large quantities of amphetamine, handguns and in excess of \$40,000 in cash (AFP 2001).

8.2 METHADONE

In 2000–2001 there was an average of 645 clients of methadone maintenance services in the ACT at any one point in time (refer also to section 9 which follows). This number increased from 586 clients in 1999–2000. Among the IDU sample, three-quarters (75%) indicated they had ever used methadone, and 61 per cent had used it in the previous six months (compared with 45% in the previous year, $p < 0.05$). Over half (57%) of IDUs had ever injected methadone, and 27 per cent had injected it in the last six months. The mean number of days that IDUs had used methadone in the previous six months was 108. Methadone was the last drug injected by four per cent of the IDUs, and the drug most injected over the last month by five per cent.

Swallowing was the preferred form of use, with 65 per cent of IDUs indicating that they had ever swallowed methadone, and 47 per cent having swallowed methadone in the previous six months. However, only 37 per cent reported that they were presently enrolled in methadone maintenance, indicating some illicit use of methadone by IDUs. Indeed, 23.2 per cent of IDUs indicated that they had used illicitly obtained methadone syrup in the previous six months.

By way of contrast, the 1998 National Drug Strategy Household Survey found less than one per cent of ACT residents had used diverted methadone and less than 0.1 per cent had used it in the previous 12 months.

Over two-thirds (67.6%) of IDUs enrolled in methadone maintenance ($n=25$ of 37) had been in this form of treatment for one year or more (Figure 10).

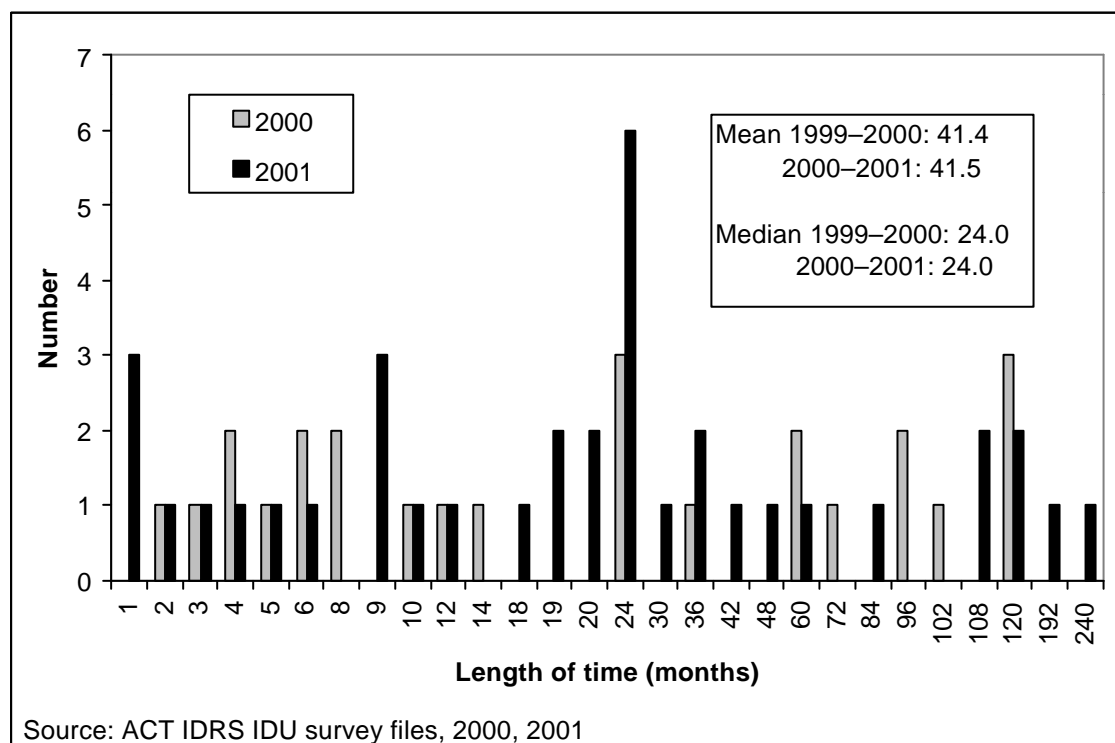


Figure 10: Length of time spent in methadone maintenance by IDUs at time of interview, 2000 and 2001

8.3 BENZODIAZEPINES

Almost four in five IDUs (79%) had used benzodiazepines at least once, three in ten (31%) had injected benzodiazepines and 66 per cent had used benzodiazepines in the previous six months. Among those who had used benzodiazepines in the previous six months, the mean number of days they had been used was 53 (median 20). Of the IDUs who had used in the previous six months, almost half (47%) had used Valium® (diazepam), 27.3 per cent had used Serepax®, 4.5 per cent had used Rohypnol® and 3 per cent Antenex®. Mogadon®, Nitrazepam and Normison® were used by relatively few benzodiazepine-using IDUs.

The most common method of use was swallowing, with 79 per cent of IDUs reporting that they had ever swallowed benzodiazepines. Almost one-third (31%) indicated that they had injected at least once. Whilst 77.2 per cent of benzodiazepine-using IDUs had used licitly obtained benzodiazepines in the last six months, 60.6 per cent reported that they had used illicitly obtained benzodiazepines in the previous six months.

Benzodiazepine use was common among heroin users according to key informants (n=11 of 14), and they were often used in conjunction with other drugs (including alcohol), or to tide users over between heroin hits, thus increasing risk of overdose.

The ACT has a system of voluntary benzodiazepine contracts which patients are asked to comply with. In the contract, the user agrees to get all his or her benzodiazepine prescriptions from a single GP, and get all the prescriptions filled from a single pharmacist. Applying to all benzodiazepines and primarily aimed at medical management, the contracts may also reduce doctor shopping, leakage into the blackmarket, and benzodiazepine injecting. A (scanned) copy is attached at Appendix 5.

Benzodiazepines remain a serious overdose threat to injecting drug users and other persons. In 2000–2001 they were implicated in over 55 per cent of all prescription overdose admissions at the Canberra Hospital (Table 11). Most often, the overdoses involved more than one drug.

8.4 ANTIDEPRESSANTS

Three in 10 IDUs (30%) had used antidepressants at least once and 11 per cent had used antidepressants in the previous six months. Slightly more females (16.4%) than males (16.1%) had ever used antidepressants, and more IDUs aged over 25 years (16.7%) had used antidepressants in the previous six months compared to those aged 25 years or under (15.8%).

Among those who had used antidepressants in the previous six months, the mean number of days' use was 68 (down from 91 in 1999–2000). Of the IDUs who had used antidepressants in the preceding six months, the most common brands were Cipramil® and Tryptanol® (12.5% each). Other brands mentioned included Aropax®, Deptran®, Endep®, Lovan®, Luvox®, Sinequin® and Tofranil® (all 6.3%). Three in ten IDUs (31.3%) who had used antidepressants in the previous six months could not recall, or did not know, the name of the brand they had used.

Table 11: Benzodiazepine overdose admissions to Canberra Hospital, 2000–2001

Substance	Number of cases	Substance	Number of cases
Amitriptyline, Diazepam	1	Panadeine Forte, Xanax	1
Aropax, Temazepam , Alcohol	1	Paracetamol, Temazepam , Alcohol	1
Aspirin, Diazepam	1	Paracetamol, Temazepam , Carbamelepine, Efexor	1
Benzodiazepine , Methadone	1	Paracetamol, Temazepam , Valium , Effexor, Olanzapine	1
Benzodiazepines , Organophosphate	1	Paracetamol, Valium	1
Diazepam	2	Paroxetine, Diazepam	1
Diazepam , Alcohol	1	Serepax	1
Diazepam , Atenolol	1	Serepax , Alcohol	1
Diazepam , Epilim, Remeran	1	Serepax , Valium , Haloperidol, Panadeine Forte	1
Diazepam , Mersyndol, Paracetamol	1	Temazapine , Mogadon	1
Diazepam , Paracetamol, Nitrazepam	1	Temazepam	6
Ducene , Alcohol	1	Temazepam , Alcohol	3
Epilim, Cipramil, Valium , Temazepam , Alcohol	1	Temazepam , Alcohol, 1/2 Ecstasy tablet	1
Epilim, Xanax , Acrovix, Alcohol	1	Temazepam , Citalopram	1
Epilim, Xanax , Luvox, Rivotril , Cardizen, Zestril	1	Temazepam , Diazepam	1
Flunitrazepam	1	Temazepam , Diazepam , Doloxene	1
Heroin, Valium , Alcohol	1	Temazepam , Zolof, Alcohol	1
Largactil, Epilim, Panadeine, Valium , Zocor, Zestril	1	Temazepam , Guarana, Alcohol	1
Largactil, Valium , Temazepam	1	Valium	4
Lithium, Alanzopine, Alprazolam , Alcohol	1	Valium , Alcohol	2
Luvox, Zestril, Oroxine, Panadeine Forte, Xanax	1	Valium , Atenolol, Alcohol	1
Mogadon , Mersyndol Forte	1	Valium , Prothiaden	1
MS Contin, Clonazepam , Morphine, Amitriptyline, Alcohol	1	Valium , Temazepam , Alcohol	1
MS Contin, Panadeine Forte, Serepax	1	Valium , Zyprexa, Cipramil, Physeptone	1
Normison , Prozac, Citalopram, Endex, Efexor	1	Xanax	1
Olanzapine, Benzodiazepine	1	Xanax , Alcohol	1
Ondine, Valium , Oral morphine	1	Xanax , Doxepin, Deptran, Alprazolam	1
Oxazepam , Metoprolol, Panadeine Forte	1	Xanax , Rapideine, Alcohol	1
Panadeine Forte, Valium , Normison , Zolof, Alcohol	1	Zolpiden, Temazepam	1

Source: Canberra Hospital unit record file, 2001

8.5 OTHER OPIATES

Almost seven in 10 IDUs (69%) had used diverted morphine at least once and three in five (63%) had injected morphine. In the previous six months one-third (33%) had injected morphine, two per cent had smoked morphine and one in five (20%) had swallowed morphine. Among those IDUs who had used morphine in the previous six months (39%), the mean number of days' use was 10 (median six). Morphine was the first drug injected by two per cent of IDUs, the last drug injected by one per cent of IDUs, and the drug most injected in the last month by two per cent of IDUs.

Three in 10 IDUs (31%) had used opiates other than heroin or morphine at least once, and one in ten (11%) had injected other opiates. In the previous six months seven per cent had injected other opiates, two per cent had smoked other opiates and 19 per cent

had swallowed other opiates. Among those IDUs who had used in the previous six months (24%), the mean number of days' use was 19 (median five). The most commonly used preparations were Panadeine Forte® (54.2%) and Doloxene® (12.5%). MS Contin®, Nurofen® and opium were also used (4.2% each).

8.6 HALLUCINOGENS

The use of hallucinogens was common among IDUs, with 72 per cent reporting they had used hallucinogens at least once and 16 per cent in the previous six months. Among those who had used hallucinogens in the previous six months, swallowing was the most popular method, with 72 per cent having ever swallowed, and 16 per cent swallowing in the previous six months. Of the 16 per cent of IDUs who had used hallucinogens in the previous six months, 68.8 per cent had used LSD/trips and 50 per cent had used mushrooms. LSD/trips were the form of hallucinogens that the majority (62.5%) of hallucinogen-using IDUs had used most often in the previous six months.

The AFP (ACT Policing) made one seizure of LSD in 2000–2001 (ACT Policing Drug Registrar, 27 July 2001), compared with three seizures in 1999–2000 (AFP 2001). No key informants were able to comment on hallucinogens.

8.7 INHALANTS

More than one-quarter of IDUs (26%) had used inhalants at least once. Slightly more females (27.9%) than males (21.9%) had used inhalants. Only six per cent of IDUs had used inhalants in the previous six months. One third (33.3%) had used aerosol cans and the remainder had used butane, nitrous oxide, petrol or Seretide® (16.7% each).

One key informant noted that there appeared to be an increase in inhalant use amongst their contacts.

8.8 SUMMARY

Table 12 summarises the trends in the use of other illicit drugs in the ACT in 2000–2001.

Table 12: Summary trends in other illicit drugs

Ecstasy	Used in the last six months by half of the IDUs. Use appears to be increasing.
Methadone	Just under one-quarter of IDUs had used diverted methadone in the previous six months.
Benzodiazepines	Frequently used by IDUs, readily available.
Antidepressants	Used by one in 10 IDUs in the previous six months.
Other opiates	Used by three in five IDUs in the previous six months.

9 DRUG-RELATED ISSUES

9.1 TREATMENT

The 2001 Clients of Treatment Services Australia (COTSA) report (Shand & Mattick 2001) indicates that there were 11 recognised treatment service agencies/providers in the ACT in 2001, of whom eight (73%) provided service/client details. The number of clients on the census day was 131, of whom 128 (97.7%) were illicit drug users. This compares with a national average of 93.8 per cent. Among the clients, 40 per cent were receiving inpatient rehabilitation or were part of a therapeutic community, 27 per cent were receiving outpatient counselling and under 10 per cent were in either Methadone + counselling, or inpatient detoxification. No clients were undergoing rapid detoxification.

9.1.1 Methadone Maintenance

In 2000–2001 there were, on average, 645 methadone maintenance clients per quarter (Figure 11). There was an approximate 60:40 ratio of community versus public clients. Among the IDU sample 75 per cent indicated they had used methadone and 57 per cent (up from 47 per cent) indicated they had used it in the previous six months.

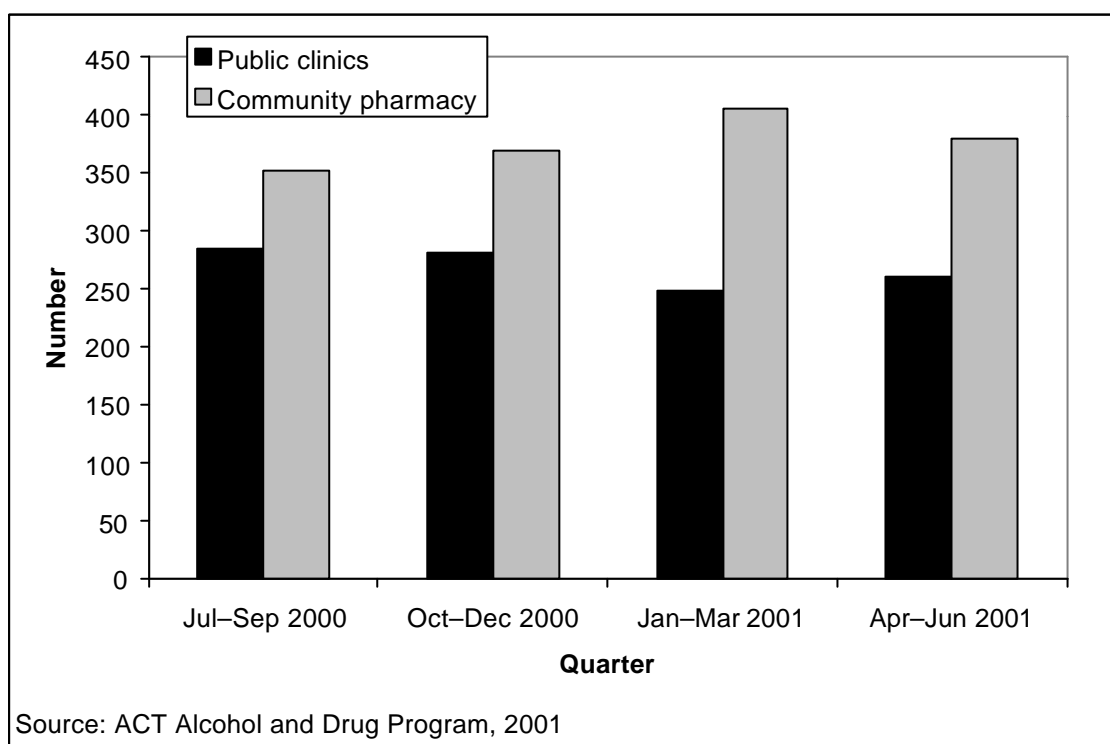
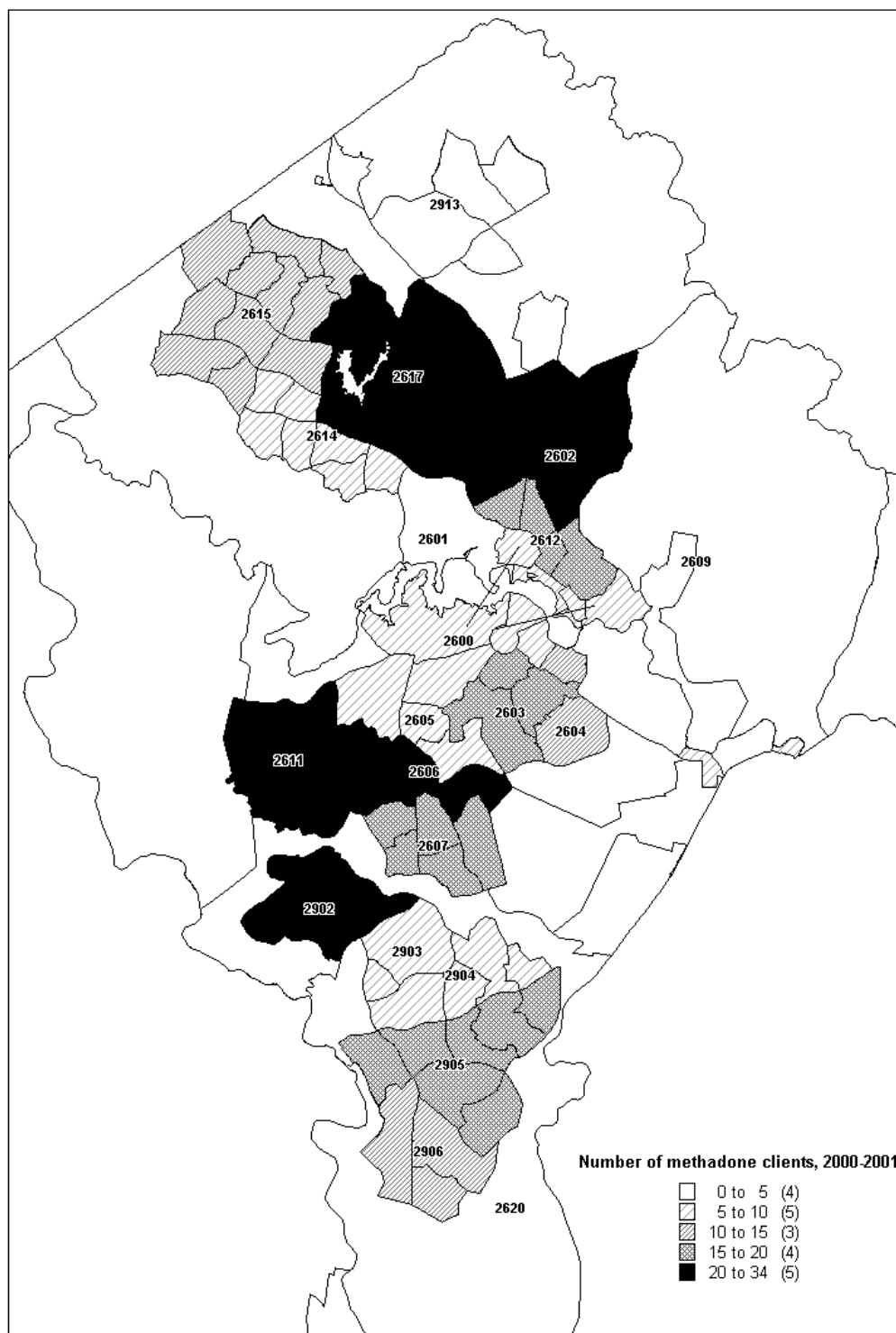


Figure 11: Clients of methadone services by quarter and type of program, ACT, July 1999 to June 2001

In contrast to most drug-related data pointing to higher concentrations of activity in the inner city and close to town centres, most methadone maintenance clients were generally not residents of these areas (Map 1). This is in part due to the distributed nature of pharmacies across the ACT participating in the scheme.



Map 1: Usual place of residence, methadone maintenance clients, ACT, 2000–2001

9.1.2 Opioid-related Case Management

In 2000–2001, approximately 203 persons per quarter were case managed for opioid-related matters (Figure 12). This compares with an average of 193 for alcohol and 138 for cannabis in the same period. In the previous financial year corresponding averages were 173 (opioids), 265 (alcohol) and 127 (cannabis).

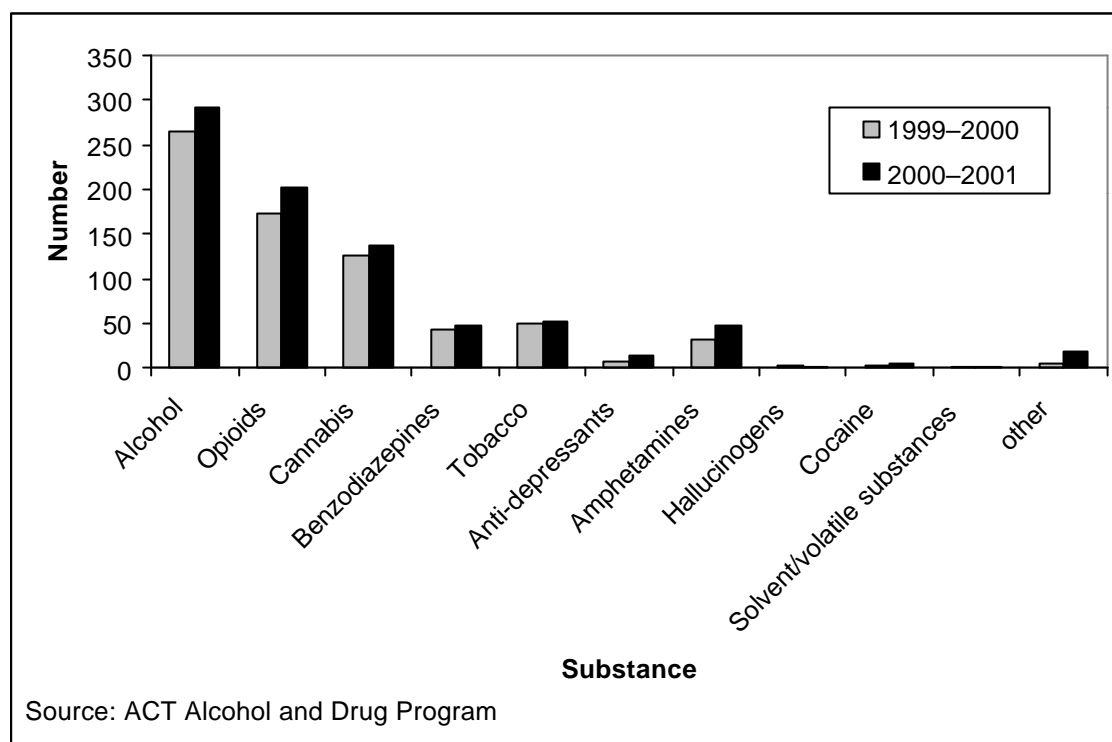


Figure 12: Average quarterly number of case-managed clients, by substance of concern, ACT, July 1999 to June 2001

Across all substances, case-managed persons were twice as likely to be male (66%); the median age was 31–35 years and *not* from an Indigenous or culturally diverse background. Approximately one in nine (11%) was aged less than 21 years.

9.1.3 Detoxification

Approximately 164 persons were undergoing ACT Government detoxification per quarter in 2000–2001 (Figure 13). This compares with an average of 183 persons per quarter in 1999–2000. Most clients in 2000–2001 were undergoing detoxification for alcohol (average of 82 persons/quarter) or opioids (average of 79 persons/quarter). This compares with averages of 71 persons (alcohol) and 88 persons (opioids) in the previous financial year.

As with case management, the average age of clients undergoing detoxification in 2000–2001 was 31–35 years. Approximately one in 10 (9%) was aged less than 21 years of age and approximately one in six (15%) was from an Indigenous or culturally diverse background.

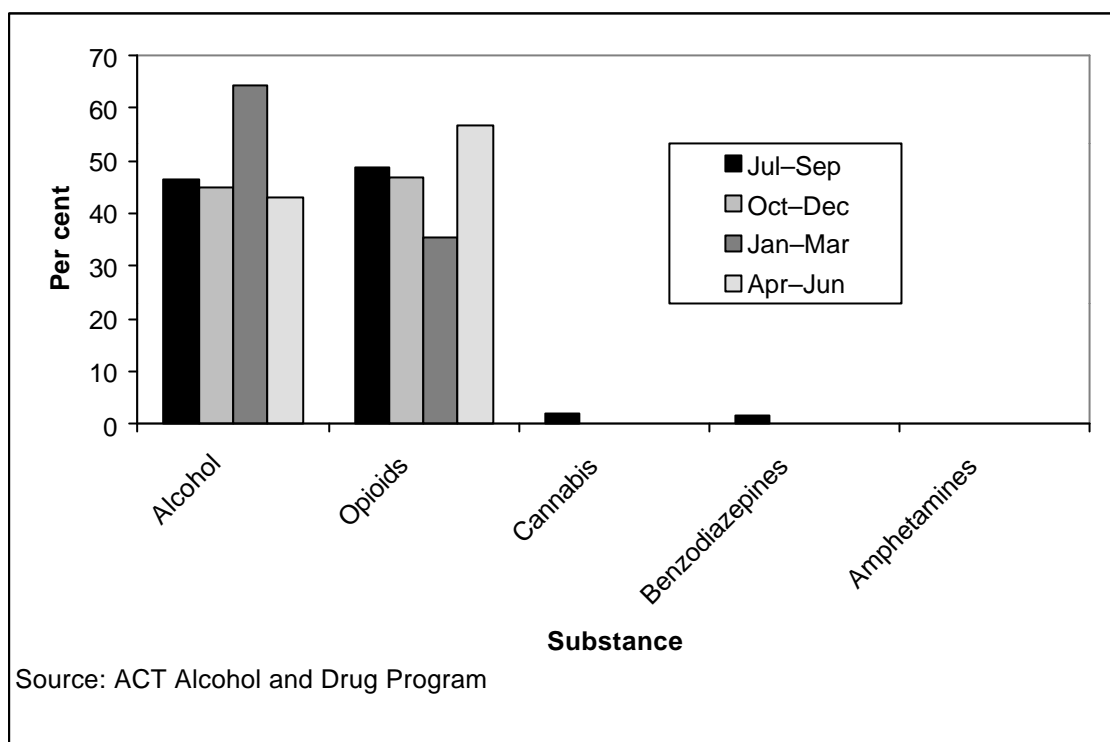


Figure 13: Proportions of clients undergoing detoxification in ACT Government-provided facilities, by quarter and substance of concern, July 2000 to June 2001

9.1.4 Withdrawal

In 2000–2001 there were 406 clients undergoing withdrawal treatment at ADDInc’s Arcadia House – an average of 34 clients per month. Between 1992–93 and 1999–00 the number of clients for whom heroin was their principal drug of concern increased from 66 to 331 (Figure 14). In 2000–2001, the number of clients undertaking withdrawal from heroin decreased by 38 per cent, to 204, whilst the number of clients withdrawing from amphetamines increased by 65 per cent, from 66 clients in 1999–2000 to 109 clients in 2000–2001.

In 2000–2001, half (50%) of clients were in Arcadia House for heroin, two in five (43%) for cannabis and one-quarter (27%) for amphetamines³. Almost two-thirds (65%) of clients were male and for over half (58%) of all clients, this was not their first stay at Arcadia House. One-quarter (25%) were diagnosed as having a concomitant mental health problem, and over half (58%) were aged under 25 years.

9.1.5 Court Referrals for Assessment or Treatment

In 2000–2001 there were 37 persons referred for new assessments and 15 for new treatment under court orders. Two persons only were of Indigenous or from culturally diverse backgrounds. Two-thirds of assessment orders (66%) were for males and the median age across all orders was 21–25 years – somewhat lower than the average of 31–35 years for detoxification and case management referred to earlier. In 1999–2000, 80 per cent were male and the average age was 26 years.

³ Proportions do not add up to 100 per cent as some clients were withdrawing from more than one substance.

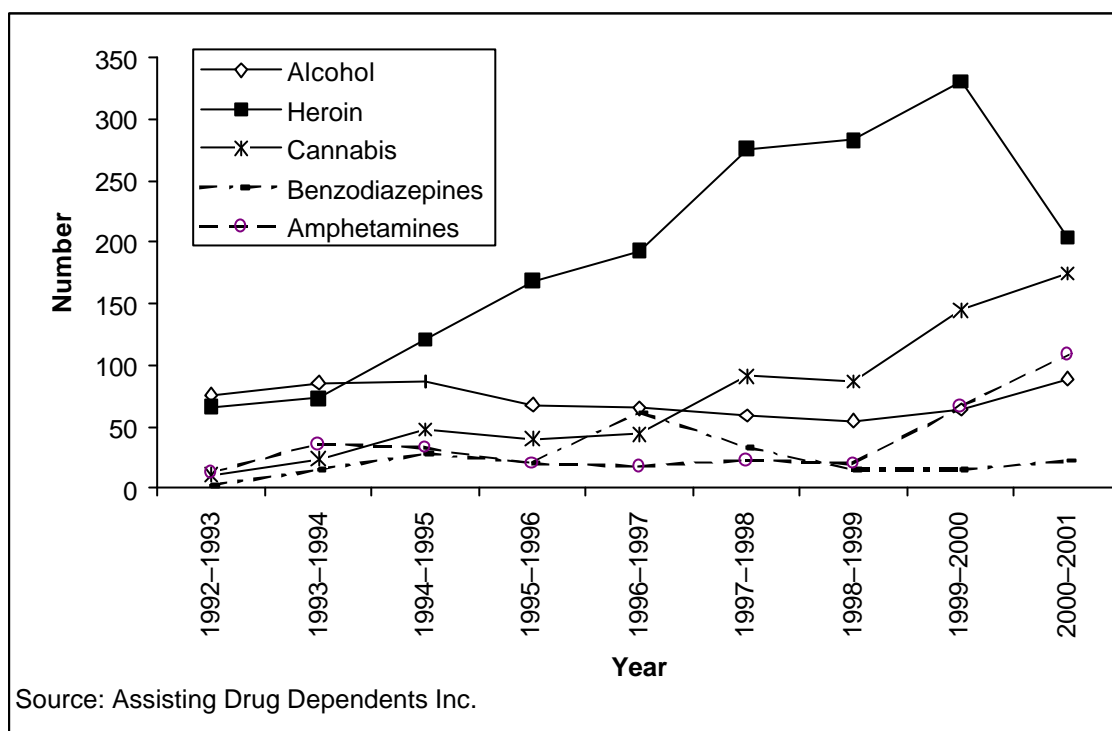


Figure 14: Number of Arcadia House clients undergoing withdrawal, by substance of concern and year, 1992-1993 to 2000-2001

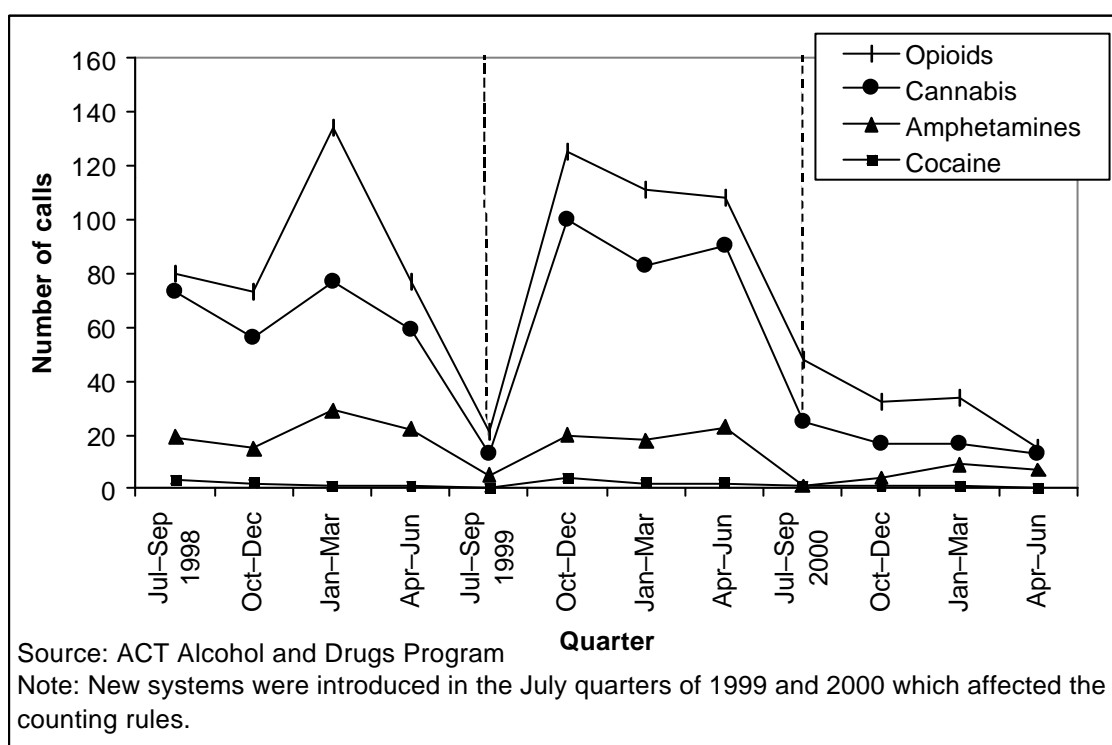


Figure 15: Calls of a clinical nature to the ACT Alcohol and Drug Program 24-hour helpline, by drug type and quarter, July 1998 to June 2001

9.1.6 ACT Alcohol and Drug Program 24-hour Helpline

In 2000-2001 there were 526 calls to the ACT Government 24-hour helpline *which*

were of a clinical nature (Figure 15). Due to the changes in counting rules which applied across the three years of data collection, it is not possible to accurately determine changes from year to year.

However, for the 2000–2001 financial year, there was a decline by quarter of calls of a clinical nature for both opioids and cannabis (Figure 16). Calls of a clinical nature for amphetamines increased and calls for cocaine remained stable, by quarter.

9.2 OVERDOSE

9.2.1 Fatal Overdose

There were 10 fatal overdoses in the ACT in the year 2000, comprising eight males and two females (Degenhardt 2001). The number of fatal overdoses has remained relatively stable since 1998.

9.2.2 Non-fatal Overdose

There were 327 non-fatal heroin overdoses in the ACT in 2000–2001 (Figure 17). Overdoses fell throughout the financial year and the annual number continued a downward trend observed from 547 (1998–1999) and 478 (1999–2000). Overdoses were concentrated in the central business district and surrounds, and suburbs adjacent to the town centres (Map 2).

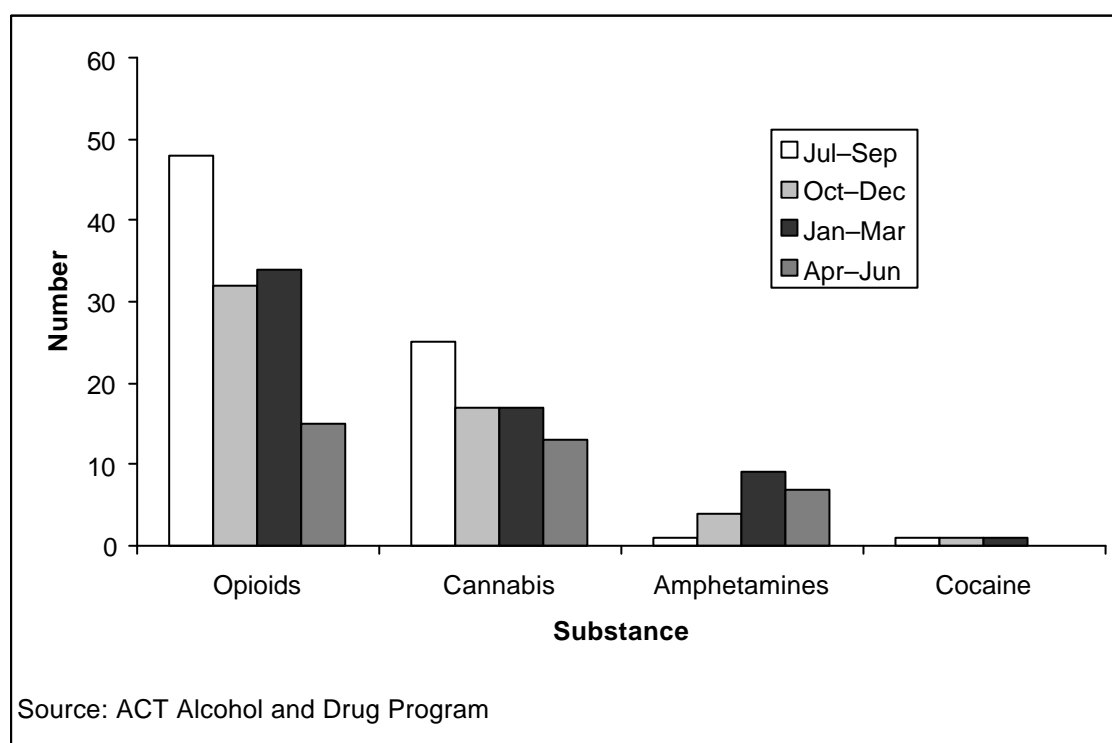


Figure 16: Calls of a clinical nature to the ACT Alcohol and Drug Program 24-hour helpline, by drug type and quarter, 2000–2001

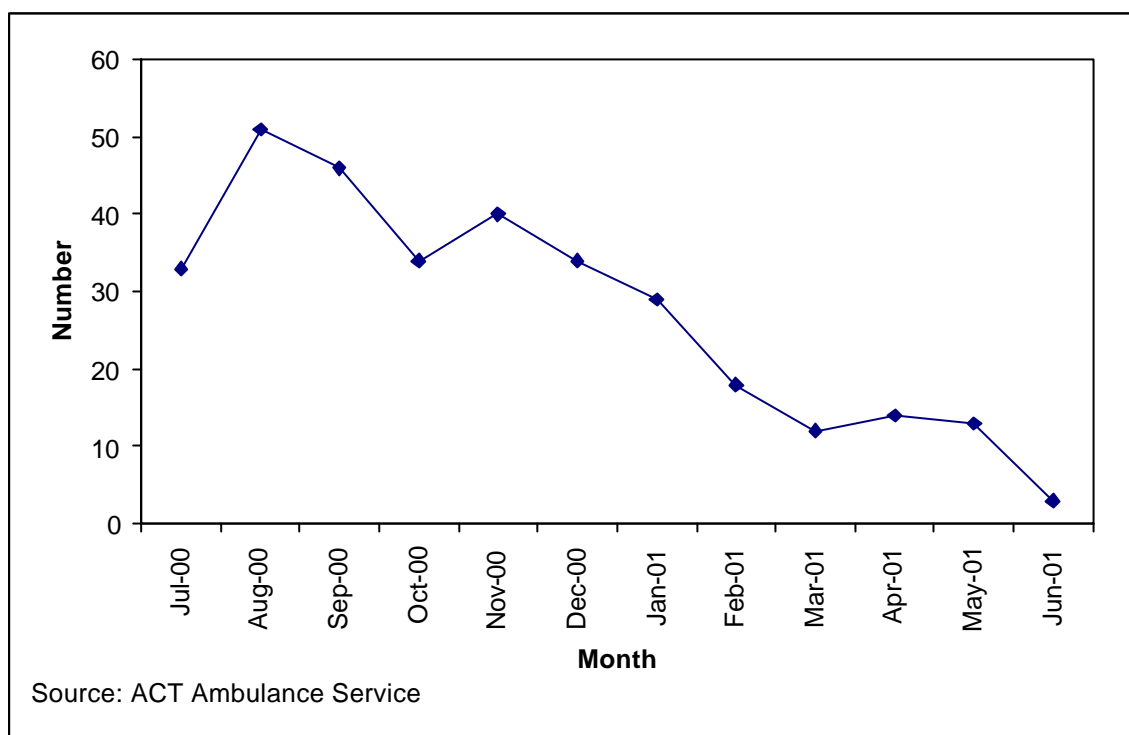


Figure 17: Number of non-fatal heroin overdoses, ACT, 2000–2001

While the proportion of IDUs who had overdosed at least once barely changed between the 2000 and 2001 surveys, there was a significant decline in the number of overdosing IDUs who overdosed in the previous 12 months from 48.5 per cent (2000) to just 13 per cent (2001). Similarly, there were significant reductions in the proportion of IDUs who had ever had Narcan administered or who had Narcan administered in the 12 months prior to interview.

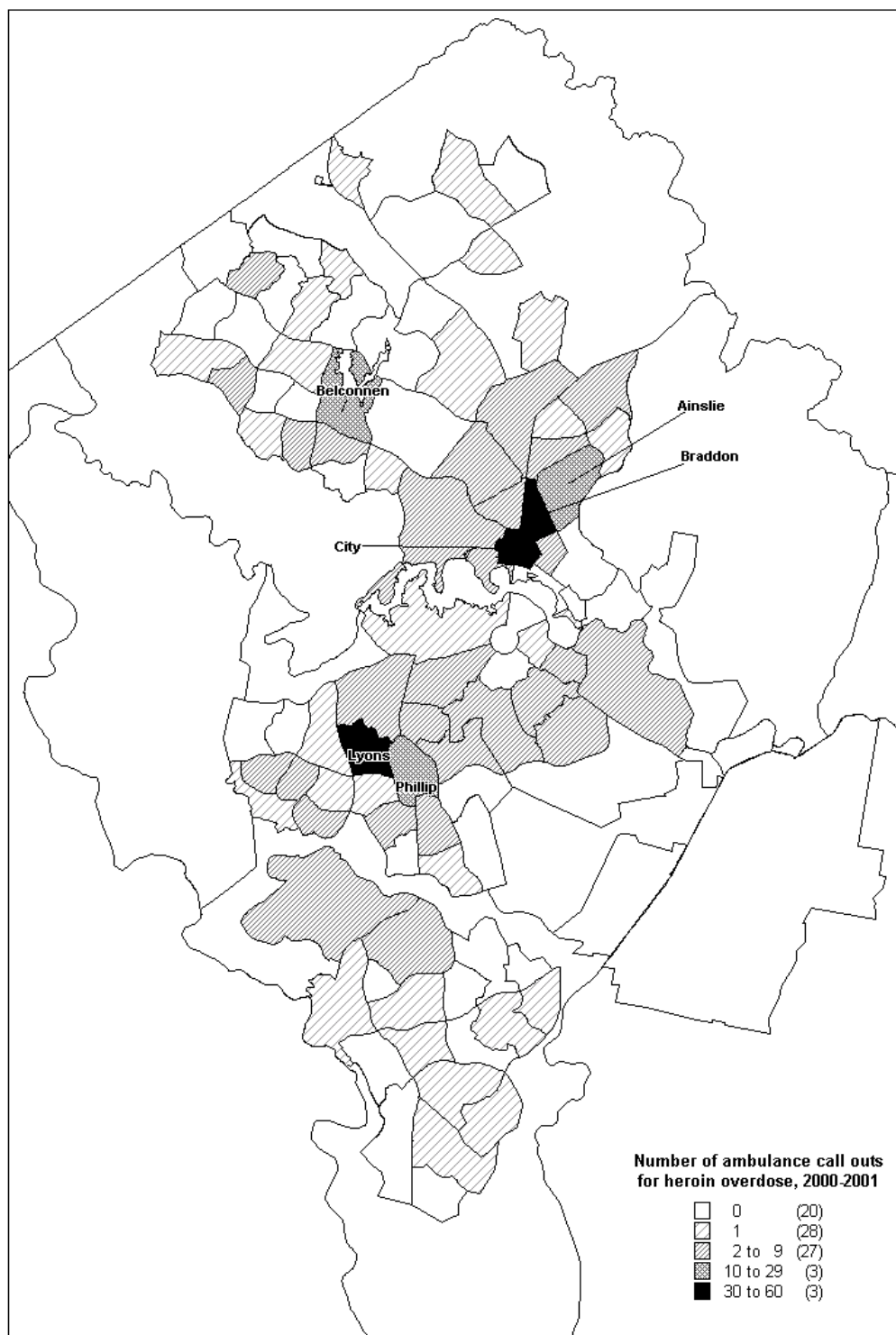
Table 13: Overdoses amongst IDUs, ACT, 1999–2000 and 2000–2001

Heroin overdose-related matters (%)	1999–2000	2000–2001
Overdosed (ever)	63.0	60.0
Overdosed (last 12 months)	48.5	13.0*
Administered Narcan (ever)	86.0	57.0*
Narcan (last 12 months)	69.0	11.0*
Witnessed an overdose (ever)	87.8	85.4
Witnessed an overdose (last 12 months)	84.4	71.9

Source: ACT IDRS IDU Survey files, 2000, 2001; * significant at $p=.000$

As was evident in the previous financial years, the number of non-fatal overdoses in 2000–2001 grew steadily from Sundays though to a peak on Thursday, then declined until Saturday (Figure 18).

In 2000–2001, overdoses rose steadily from 10am and did not subside until after 5pm (Figure 19). Peaks of unusual overdose activity (over and above the prevailing temporal trend) can be observed around 3am; 10am; 12 noon; 2pm; 5pm; and 10pm.



Map 2: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, 2000–2001

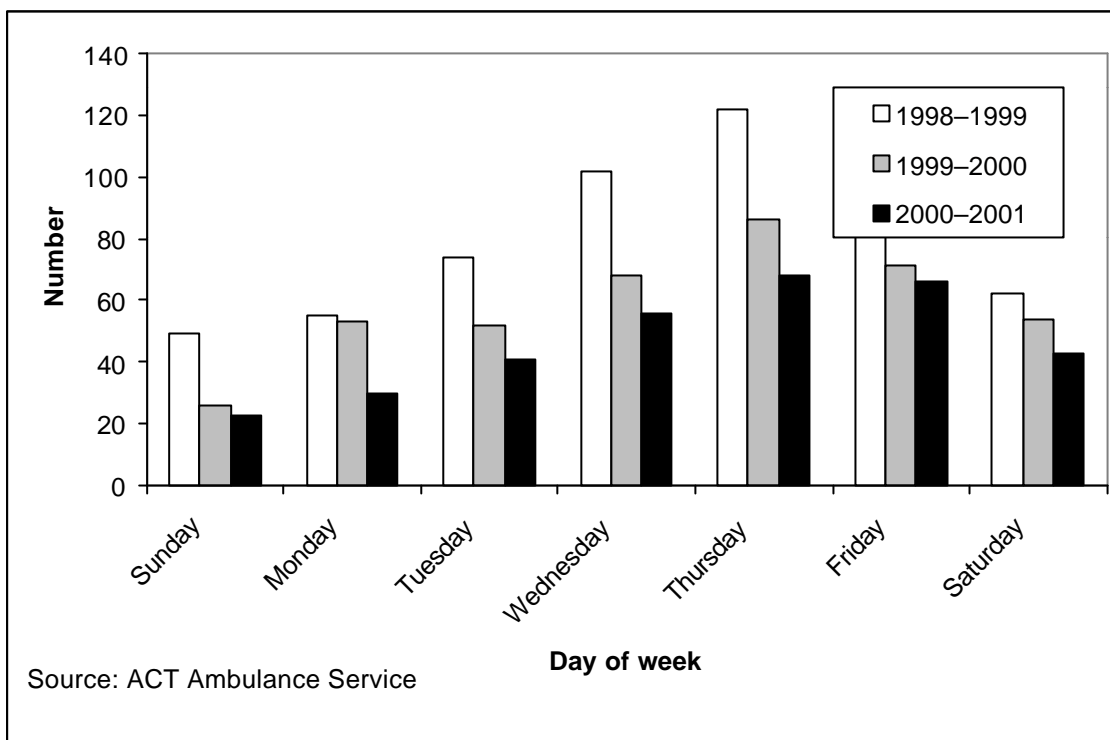


Figure 18: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by day of week, ACT, 2000-2001

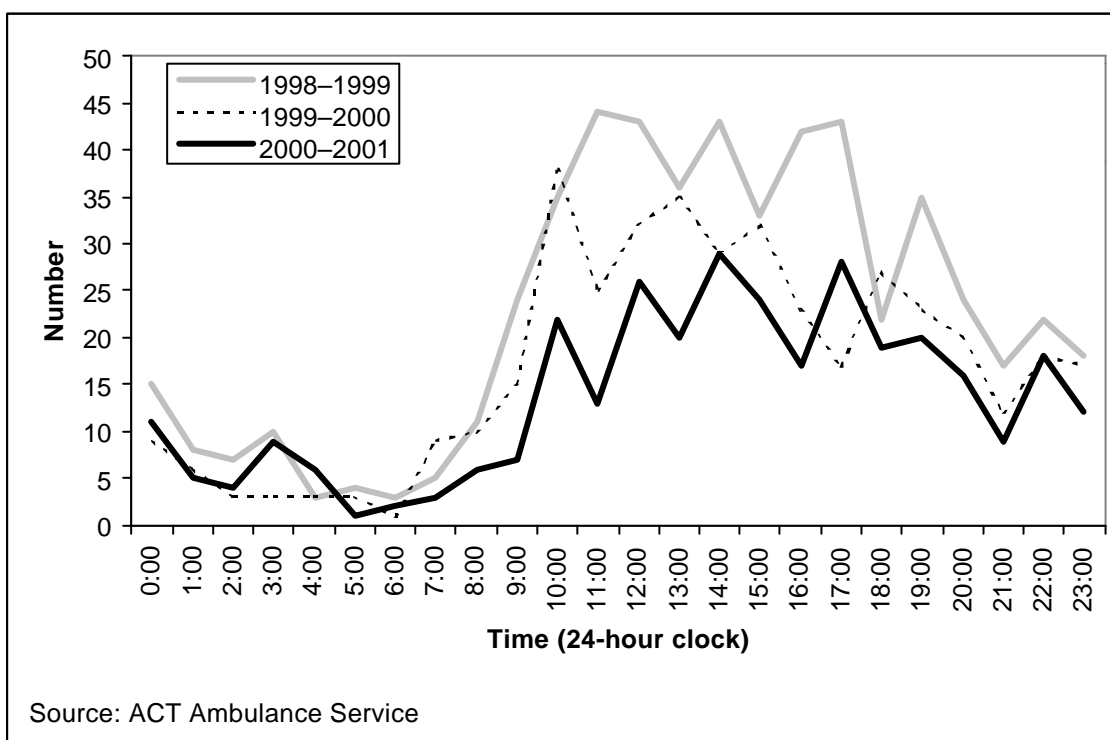


Figure 19: Number of non-fatal heroin overdoses attended by ACT Ambulance Service, by time of day, ACT, 1998-1999, 1999-2000 and 2000-2001

In addition to the 327 ambulance attendances to non-fatal heroin overdoses, there were just three heroin-related (heroin alone or in combination with other drugs) overdose admissions at the Canberra Hospital during the financial year. This compares with 28 heroin-specific overdose admissions and 24 opioid-related overdose admissions in 1999–2000.

9.3 INJECTION-RELATED PROBLEMS

In 2000–2001 over half the IDUs (56%) had at least one injection-related problem (Table 14). Proportionally this is a reduction of 19 per cent from the two-thirds (67%) of IDUs in 1999–2000. In both periods the primary injection-related problem was scarring and/or bruising.

Table 14: Injection-related problems among IDUs, ACT, 1999–2000 and 2000–2001

Injection-related problem (% last month)	1999–2000 (n=100)	2000–2001 (n=100)
Scarring/bruising	54.9	43.0
Difficulty injecting	39.6	34.0
‘Dirty hit’	24.2	19.0
Overdose	16.5	1.0*
Infections/abscesses	8.8	14.0
Thrombosis	7.7	3.0
At least one problem	67.0	56.0

Source: ACT IDRS IDU Survey files, 2000, 2001; * p=0.000

Nine key informants commented on the general health of injecting drug users. Health issues common to users included malnutrition, poor dental hygiene, bronchitis, hepatitis C virus (HCV) and mental health.

9.4 NEEDLE SHARING BEHAVIOUR

In 2000–2001 the proportion of IDUs sharing needles and syringes increased proportionally by 60 per cent from 9.5 per cent to 15.2 per cent, and the proportion of IDUs lending needles after they had used them also increased, from 13.8 per cent to 16.8 per cent (Table 15). The location of last injection remained relatively stable, with the exception that more users last injected in their homes (67% compared with 62%) or in a car (7% compared with 3%).

Table 15: Risk-taking behaviours among IDUs, ACT 1999–2000 and 2000–2001

Risk-taking behaviour	1999–2000	2000–2001
Needle sharing (% in last month)		
Borrowed used needles	9.5	15.2
Lent used needles	13.8	16.8
Location of last injection (%)		
Home	62.4	67.0
Public toilet	19.4	11.0
Street/park bench	11.8	11.0
Other public place	3.2	4.0
Car	3.2	7.0

Source: ACT IDRS IDU Survey files, 2000, 2001

9.4.1 Needle and Syringe Programs

In 2000–2001 there were 618,222 needles and syringes distributed and 423,685 returned – a return rate of 69 per cent, which compares to return rates of 45 per cent in 1999–2000 and 46 per cent in 1998–1999 (Figure 20). The number of visits to Needle and Syringe Programs (NSPs) in 2000–2001 was 58,081, which compares with 55,778 in 1998–1999 and 56,164 in 1999–2000.

In addition to returns to NSPs there were 33,767 needles and syringes recovered from public places, comprising 14,774 from open spaces (for example, parks, schools, pools) and 18,993 from government supplied ‘sharps bins’ in public toilets. Two-thirds (74%) of needles and syringes recovered in 2000–2001 were from the city (Table 16).

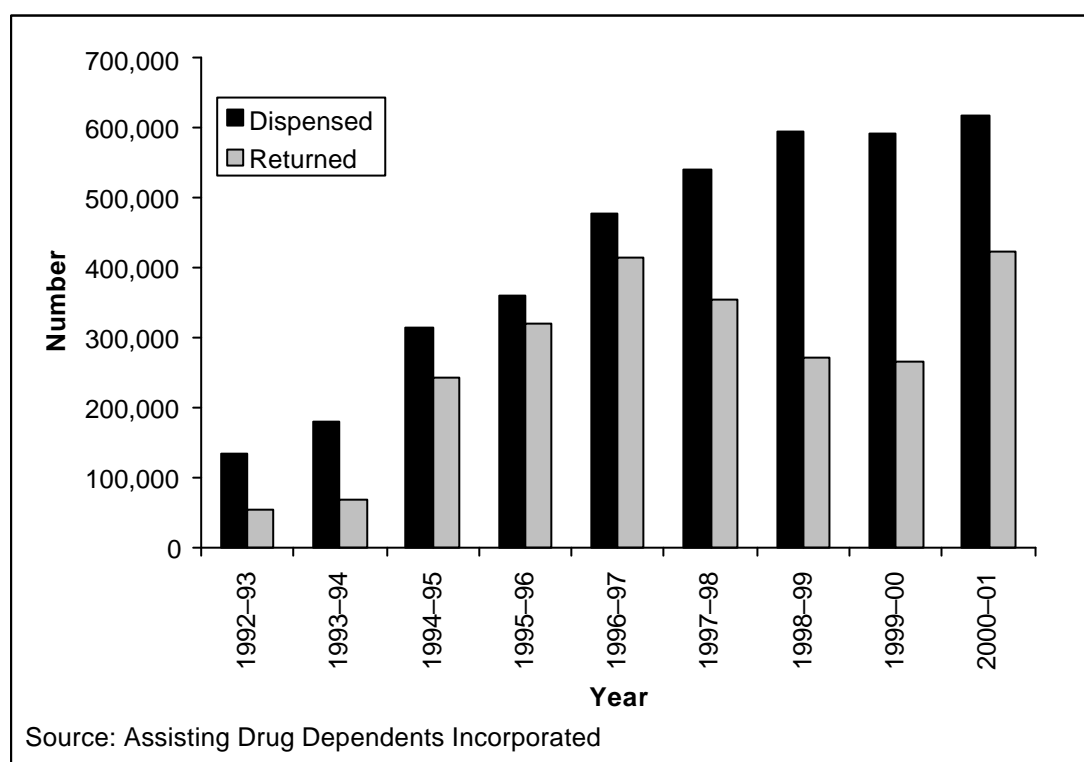


Figure 20: Number of needles dispensed and returned, ACT, 1992–1993 to 2000–2001

9.5 CRIME

In 2000–2001 there were fewer IDUs (47%) who reported committing at least one crime in the previous month than IDUs in the same survey in 1999–2000 (Table 17). In both years, drug dealing was the predominant crime committed. While not statistically significant, the proportion reporting committing frauds declined by over a half (12.5% to 5.2%) and property and violent crime increased marginally. Slightly more IDUs in 2000–2001 (59%) had been arrested than in 1999–2000 (53%).

In contrast to 1999–2000 when an overwhelming proportion of IDUs (85%) reported increased police activity, in 2000–2001 more than a third (35%) indicated police activity was stable, compared with just nine per cent in 1999–2000.

Table 16: Number and location of needles and syringes recovered

Suburb	Open spaces	Sharps bins	Suburb	Open spaces	Sharps bins
Acton	66	19	Isaacs	–	–
Ainslie	127	133	Isabella Plains	34	–
Amaroo	13	–	Jerrabomberra	120	–
Aranda	–	–	Kaleen	26	–
Banks	2	–	Kambah	150	12
Barton	5	19	Kingston	62	168
Belconnen	449	205	Latham	11	–
Bonython	3	–	Lyneham	387	217
Braddon	3011	831	Lyons	70	–
Bruce	34	–	Macarthur	15	–
Calwell	8	–	Macgregor	37	–
Campbell	145	15	Macquarie	27	51
Chapman	2	–	Majura	10	–
Charnwood	33	30	Mawson	43	257
Chifley	34	66	Mckellar	3	–
Chisholm	25	8	Melba	3	–
City	6820	14305	Mitchell	19	13
Conder	–	–	Monash	15	–
Cook	–	–	Narrabundah	238	228
Curtin	73	111	Ngunnawal	1	–
Deakin	2	2	Nicholls	–	–
Dickson	102	442	Oaks Estate	21	–
Downer	38	93	O'Connor	51	179
Duffy	17	–	O'Malley	17	–
Dunlop	5	–	Oxley	1	–
Duntroon	–	–	Page	2	–
Evatt	14	–	Palmerston	20	–
Fadden	10	2	Parkes	14	–
Farrer	1	–	Pearce	–	–
Fisher	5	–	Phillip	521	600
Florey	40	–	Pialligo	50	–
Flynn	26	–	Red Hill	22	34
Forrest	39	–	Reid	187	228
Fraser	10	–	Richardson	5	–
Fyshwick	105	151	Rivett	2	–
Garran	7	–	Russell	1	–
Gilmore	–	–	Scullin	13	–
Giralang	34	–	Spence	1	–
Gordon	13	9	Stirling	5	–
Gowrie	–	–	Stromlo	–	–
Greenway	660	14	Symonston	1	–
Griffith	33	112	Theodore	2	–
Gungahlin	2	2	Torrens	7	–
Hackett	44	–	Tuggeranong	–	–
Hall	7	10	Turner	104	–
Harman	–	–	Wanniassa	5	–
Hawker	13	62	Waramanga	–	–
Higgins	21	–	Watson	41	–
Holder	8	–	Weetangera	20	–
Holt	100	6	Weston	33	–
Hughes	7	33	Yarralumla	53	108
Hume	60	–			

Source: ACT Department of Urban Services

In addition to the reported reduction in police activity, fewer IDU in 2000–2001 indicated that this activity had made it more difficult to ‘score’. However, this needs to be interpreted in the light of the ‘heroin drought’, which might have had a higher impact on ‘scoring’ than police activity. As well, in 1999–2000 the AFP (ACT Policing) mounted specific operations (Apaloosa, Sack, Mungite and Rhapsody) targeted at street-level dealing, decommissioning drug laboratories, cross-border heroin importation and a local heroin network respectively (AFP 2000).

Table 17: Criminal activity and perceptions of police activity, 1999–2000 and 2000–2001

Activity	1999–2000	2000–2001
Crime (% in last month)		
Property crime	16.7	19.8
Drug dealing	52.1	37.1*
Fraud	12.6	5.2
Violent crime	12.5	15.5
Any crime	58.0	47.0
Arrested last 12 months (%)	53.1	58.6
Police activity (%)		
Don’t know	4.0	8.0
More activity	85.0	55.0**
Stable	9.0	35.0**
Less activity	2.0	4.0
More difficult to obtain drugs because of police (%)		
Don’t know	4.0	5.0
Yes	41.0	28.0
No	55.0	67.0
Arrests (%)		
More arrests	46.5	46.2
Stable	48.5	52.7
Less arrests	5.1	1.1

Source: ACT IDRS IDU Survey files, 2000, 2001; *p<0.05, **p=0.000

In 2000–2001 the AFP (ACT Policing) mounted: Operation Skeet which targeted the manufacture and distribution of amphetamines; Operation Propellant, which targeted drug manufacture and distribution in Lyons; Operation Dorado, which investigated a drug distribution network; and Operation Mordant, which targeted organised crime groups. It also called on the (national) AFP’s resources including Avian Strike Forces (AFP 2001). It is possible that the apparent increase in emphasis at ‘high end’ distribution networks is reflected in the lower proportion of IDUs who reported that it was more difficult to ‘score’ in this year’s survey compared to the last. An alternative explanation is that the IDUs who remain in the market represent the more determined, entrenched injectors who have established and multiple sources of supply which were largely unaffected by the heroin shortage.

Law enforcement/criminal justice key informants (n=4) reported that property crime was either stable (n=2) or had decreased (n=2) in the previous six months. This was reportedly the result of Operation Anchorage – a police operation aimed at reducing break and enters and burglary. All law enforcement/criminal justice key informants reported that violent crime, in particular armed robbery, was increasing. Informants noted that there had been a spate of armed robberies in recent months, particularly

unplanned and ‘clumsy’ attempts using syringes as weapons. The non-police/criminal justice key informants (including ambulance workers, treatment providers, health workers/researchers and user group informants) all gave information on crime. On police activity in general, nine key informants reported increased police activity, whilst the remaining five reported police activity to be stable.

Key informants who were not from law enforcement/criminal justice backgrounds were also invited to comment on drug-related crime among the injecting population which they had experience with. While not all key informants could comment on crime, five key informants reported that among their IDU constituents the amount of property crime had increased, one believed it to have decreased and two believed property crime to be stable. Seven key informants also noted that violent crime among IDU had increased (with two reporting that it was stable). The types of crime specifically mentioned were armed robbery, assault and bag snatching.

9.5.1 Drug-specific Offences

In 2000–2001 there were 579 drug-specific offences becoming known to or reported to police, slightly down on the 595 in the previous year (AFP (ACT Policing) PROMIS database, 3 September 2001⁴). There were a total of 412 offences which resulted in an identifiable offender’s arrest, compared to 549 in the previous 12 months (Figure 21). The 2000–2001 arrests comprised: 17 manufacture/grow; 102 traffic/deal; 289 use/possess; and four other drug offences.

When looking at patterns of arrests, in 1999–2000 there were three ‘spikes’ of increased numbers of arrests (July 1999, January 2000, April 2000). In 2000–2001 arrests appeared more evenly distributed across the full 12 months.

In 2000–2001 ACT-resident drug offenders were most likely to come from the suburbs of Reid, Lyons, Wanniasa, Ngunnawal, Griffith and McKellar (Table 18 and Map 3). Major reductions in the number of drug offenders occurred in Bonython, Charnwood, Farrer, Kambah, and Melba. In contrast, increases were observed in Braddon, Griffith, Reid and Wanniasa.

When the day of the week is considered, most offences in 2000–2001 were reported on Wednesdays through Fridays (Figure 22). In 1999–2000 most offences were reported between Tuesdays and Fridays.

9.5.2 Simple Cannabis Offence Notices

Under the (*ACT) Drugs of Dependence Act 1989*, simple cannabis offence notices can be dealt with by an offence notice and a small fine. The offence is expiated on payment of the fine. In 2000–2001 there were 186 Simple Cannabis Offence Notices issued in the ACT, which compares with 160 for the previous 12 months⁵ (Table 19). Thirty-four were for cultivation of a prohibited plant and 157 were for possession of a prohibited plant.

In the previous 12 months, equivalent categories were 32 (cultivation) and 133 (possession). In 2000–2001 males were almost five times as likely as females to be

⁴ Data reported may differ from that previously published due to late notification.

⁵ Data reported may differ from that previously published due to late notification.

issued with a notice. Of the 186 issued, 100 were expiated (53.8%), which compares with 62 of the 160 in 1999–2000 (38.8%).

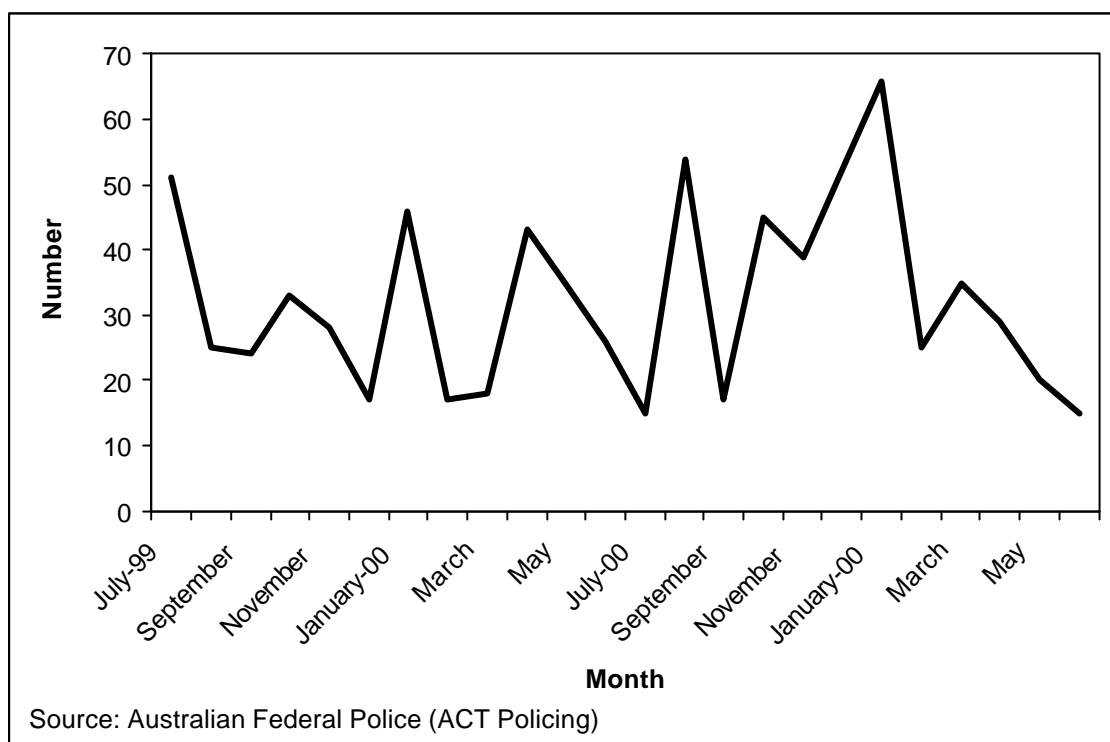


Figure 21: Number of drug-specific arrests, ACT, 1999–2000 and 2000–2001

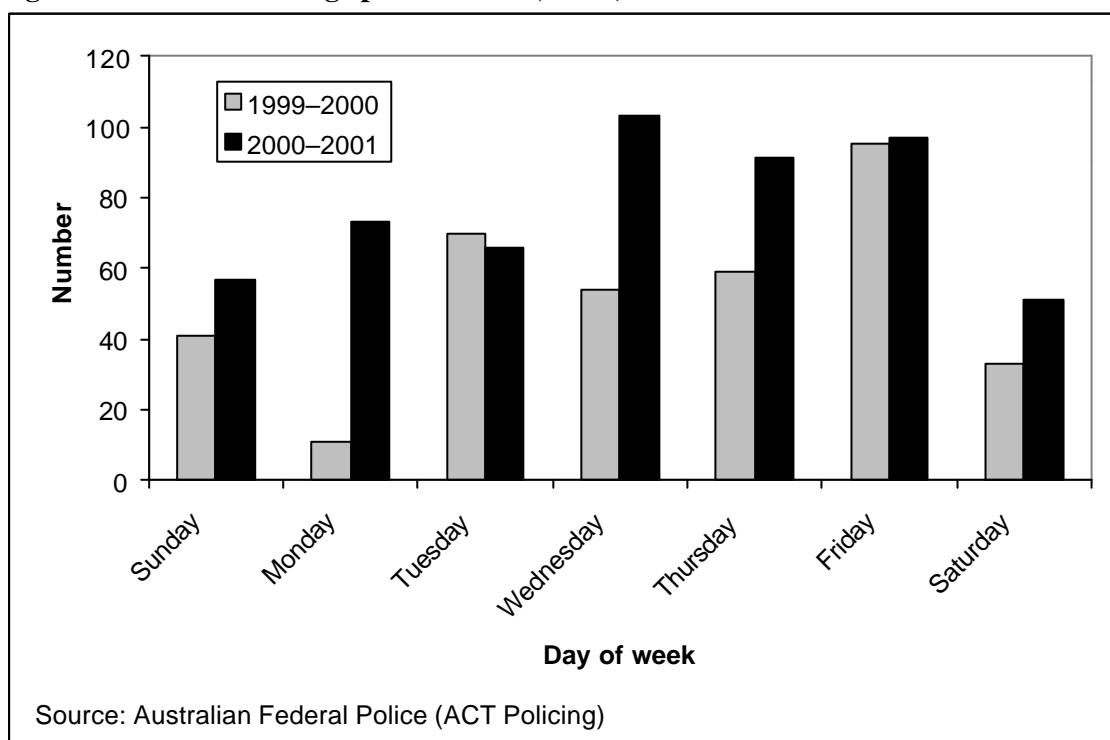
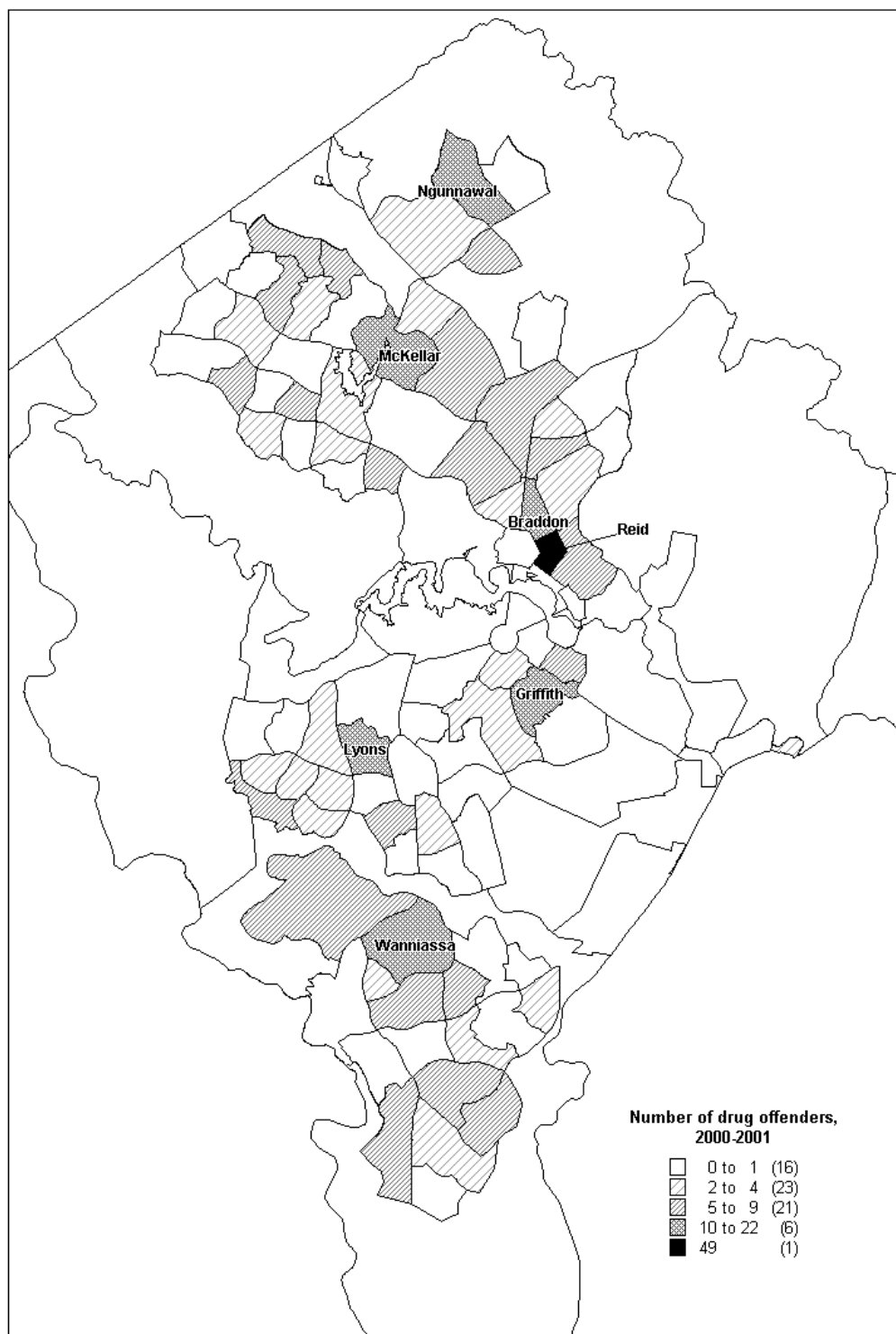


Figure 22: Number of drug-specific offences by day of week, ACT, 1999–2000 and 2000–2001

Table 18: Usual suburb of residence, drug-specific offenders, ACT, 1999–2000, 2000–2001

Suburb of offender	1999–2001	2000–2001	Suburb of offender	1999–2001	2000–2001
Ainslie	3	4	Isaacs	3	1
Aranda	0	8	Isabella Plains	1	0
Barton	6	0	Kaleen	4	5
Belconnen	2	3	Kambah	20	7
Bonython	10	1	Kingston	2	5
Braddon	2	22	Latham	9	4
Bruce	0	1	Lyneham	8	9
Calwell	0	6	Lyons	11	13
Campbell	0	7	Macgregor	1	1
Chapman	0	5	Macquarie	1	2
Charnwood	10	1	Mawson	0	2
Chifley	4	1	McKellar	1	12
Chisholm	4	1	Melba	16	4
City	2	0	Monash	0	8
Conder	1	2	Narrabundah	9	1
Curtin	1	1	Ngunnawal	5	10
Dickson	5	6	Nicholls	5	2
Downer	1	2	Oaks Estate	4	2
Duffy	1	0	O'Connor	3	6
Evatt	6	1	Oxley	0	2
Fadden	2	0	Page	1	6
Farrer	14	0	Palmerston	4	7
Fisher	3	2	Pearce	0	7
Florey	4	1	Phillip	3	0
Flynn	6	6	Red Hill	1	4
Forrest	0	2	Reid	24	49
Fraser	0	7	Richardson	1	3
Fyshwick	0	1	Rivett	0	3
Gilmore	4	2	Spence	8	7
Giralang	0	2	Stirling	0	3
Gordon	9	7	Symonston	1	0
Gowrie	2	8	Theodore	2	6
Griffith	5	14	Turner	6	4
Hackett	1	1	Wanniassa	4	13
Hawker	3	2	Waramanga	1	2
Higgins	0	7	Watson	2	1
Holder	0	1	Weston	0	3
Holt	0	1			

Source: AFP (ACT Policing) PROMIS database, 2000, 2001



Map 3: Usual place of residence, drug-specific offenders, ACT, 2000–2001

Table 19: Simple Cannabis Offence Notices issued in the ACT, by age and sex, 1999–2000 and 2000–2001

Age group	1999–2000			2000–2001		
	Males	Females	Total	Males	Females	Total
14 or less	2	0	2	3	1	4
15–17 years	7	1	8	17	2	19
18–25 years	15	75	90	67	14	81
26–35 years	37	6	43	41	10	51
36–45 years	15	4	19	20	6	26
46+ years	4	0	4	5	0	5
Age unknown	7	2	9	0	0	0
Total	133	56	160	153	33	186

Source: AFP (ACT Policing) Drug Registry, 2000, 2001

9.5.3 Property Offences

In addition to drug-specific offences, there was a total of 26, 125 property offences reported to or becoming known to police in 2000–2001 (Table 20)⁶. These offences are commonly, though not exclusively, associated with drug use. This compares with 31,517 similar offences in the previous financial year. Major reductions were reported for burglary – dwelling (–1358), theft/illegal use of a motor vehicle (–1100) and theft/burglary – dwelling (–1079).

As occurred in the previous financial year, other than a slight decline in the number of reports of property offences in the December/January period, there are no clear seasonal trends evident (Figure 23).

Similarly, there are no clear trends by day of week, beyond an expected higher reporting on Mondays, possibly due to occupants returning from weekends absent from their properties (Figure 24).

Table 20: Numbers of property* offences, by offence and financial year, ACT, 1999–2000 and 2000–2001

Offence	1999–2000	2000–2001
Bicycle theft	801	638
Burglary – dwelling	6023	4665
Burglary – other	1689	1401
Burglary – shops	818	757
Fraud, misappropriation, counterfeiting	702	662
Other theft	11417	10218
Robbery – armed	110	95
Robbery – other	207	202
Shop stealing	751	721
Theft, illegal use motor vehicle	3606	2506
Theft, illegal use other vehicle	32	14
Theft/burglary – dwelling	4096	3017
Theft/burglary – shops	440	432
Theft/burglary – other	825	797
Total	31,517	26,125

Source: AFP (ACT Policing) PROMIS database, 2000, 2001

⁶ Data reported may differ from that previously published due to late notification.

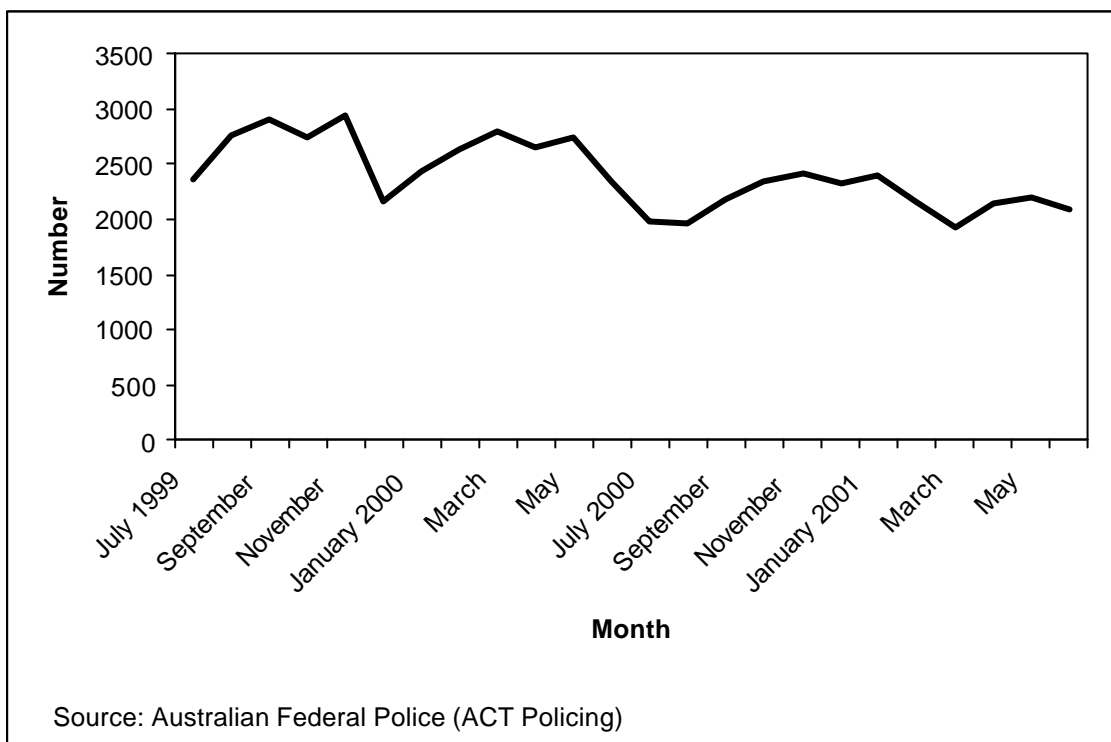


Figure 23: Numbers of property offences, ACT, July 1999 to June 2001

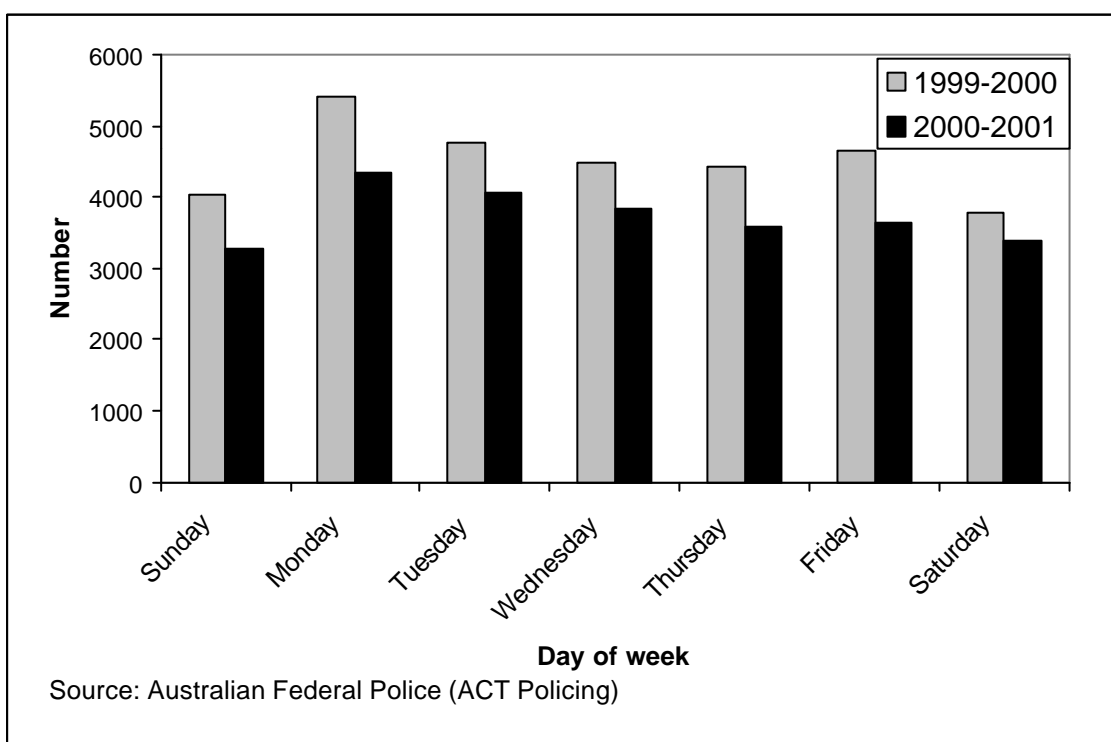


Figure 24: Number of property offences by day of week, ACT, July 1999 to June 2001

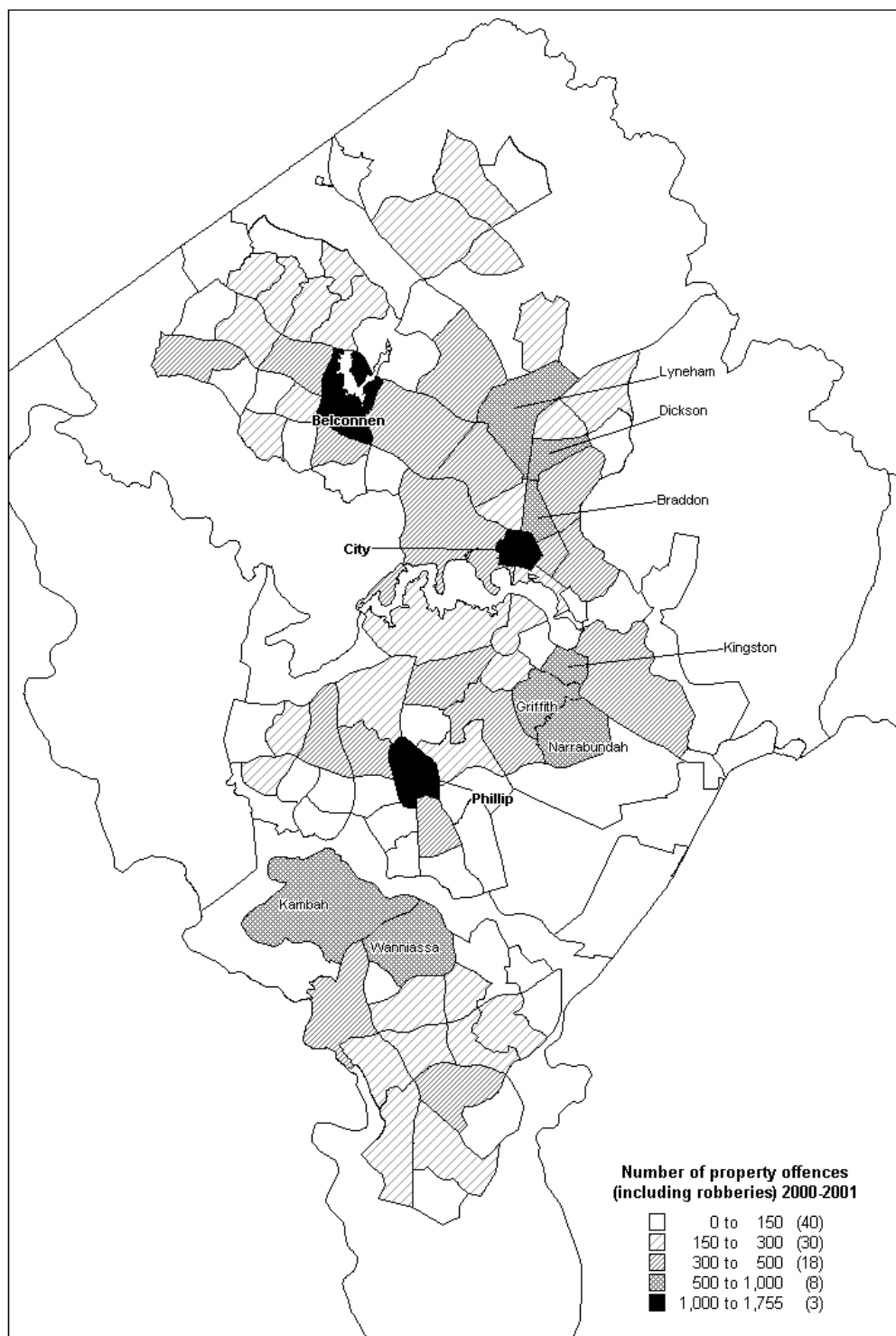
In 2000–2001 and the previous 12 months, most property offences were concentrated in the central business district and suburbs adjacent to town centres (Table 21 and Map 4).

Table 21: Number of property* offences, by suburb, ACT, 1999–2000, 2000–2001

Suburb	1999–2000	2000–2001	Suburb	1999–2000	2000–2001
Acton	429	300	Isaacs	125	131
Ainslie	549	428	Isabella plains	178	168
Amaroo	72	72	Jerrabomberra	1	3
Aranda	145	128	Kaleen	506	335
Banks	63	68	Kambah	745	629
Barton	224	136	Kingston	624	564
Belconnen	1455	1202	Latham	231	2
Bonython	169	166	Lyneham	698	189
Braddon	911	878	Lyons	556	524
Bruce	390	369	Macarthur	42	0
Calwell	265	311	Macgregor	218	143
Campbell	316	327	Macquarie	241	307
Chapman	143	87	Majura	10	8
Charnwood	348	171	Mawson	312	331
Chifley	187	0	McKellar	152	120
Chisholm	277	260	Melba	272	205
City	2425	1752	Mitchell	227	160
Conder	159	156	Monash	210	234
Cook	147	120	Narrabundah	646	568
Curtin	359	268	Ngunnawal	334	271
Deakin	311	318	Nicholls	203	259
Dickson	646	525	Oaks Estate	34	19
Downer	232	205	O'Connor	690	424
Duffy	157	81	O'Malley	36	46
Dunlop	98	73	Oxley	94	93
Duntroon	5	0	Page	147	181
Evatt	288	239	Palmerston	335	268
Fadden	130	103	Parkes	187	183
Farrer	146	116	Pearce	188	147
Fisher	136	121	Phillip	1530	1470
Florey	575	301	Pialligo	39	31
Flynn	239	183	Red Hill	388	376
Forrest	260	194	Reid	461	315
Fraser	148	51	Richardson	177	177
Fyshwick	668	476	Rivett	213	151
Garran	350	266	Russell	58	28
Gilmore	132	101	Scullin	220	105
Giralang	185	120	Spence	215	170
Gordon	186	224	Stirling	151	130
Gowrie	143	155	Stromlo	11	23
Greenway	628	425	Symonston	34	38
Griffith	1035	885	Theodore	169	120
Gungahlin	54	0	Torrens	88	71
Hackett	174	138	Tuggeranong	24	0
Hall	10	12	Turner	392	258
Harman	2	0	Wanniassa	581	507
Hawker	274	207	Waramanga	160	144
Higgins	185	107	Watson	249	284
Holder	176	178	Weetangera	157	114
Holt	379	370	Weston	334	316
Hughes	167	127	Yarralumla	233	261
Hume	106	75			

* includes robbery

Source: AFP (ACT Policing) PROMIS database, 2000, 2001



Map 4: Number and location of property* offences, ACT, 2000–2001

* includes robbery

9.6 EXPENDITURE ON DRUGS

Just under half (49%) of all IDUs did not spend money on drugs the day before the interview (Figure 25). Among the 51 per cent who did spend money on drugs, the mean amount was \$218 and the median was \$80. Student users were least likely (12%) and unemployed users most likely (54%) to have spent money on drugs the previous day. Male IDUs (54%) were also more likely than female IDUs (37%) to have spent money on drugs the day before interview.

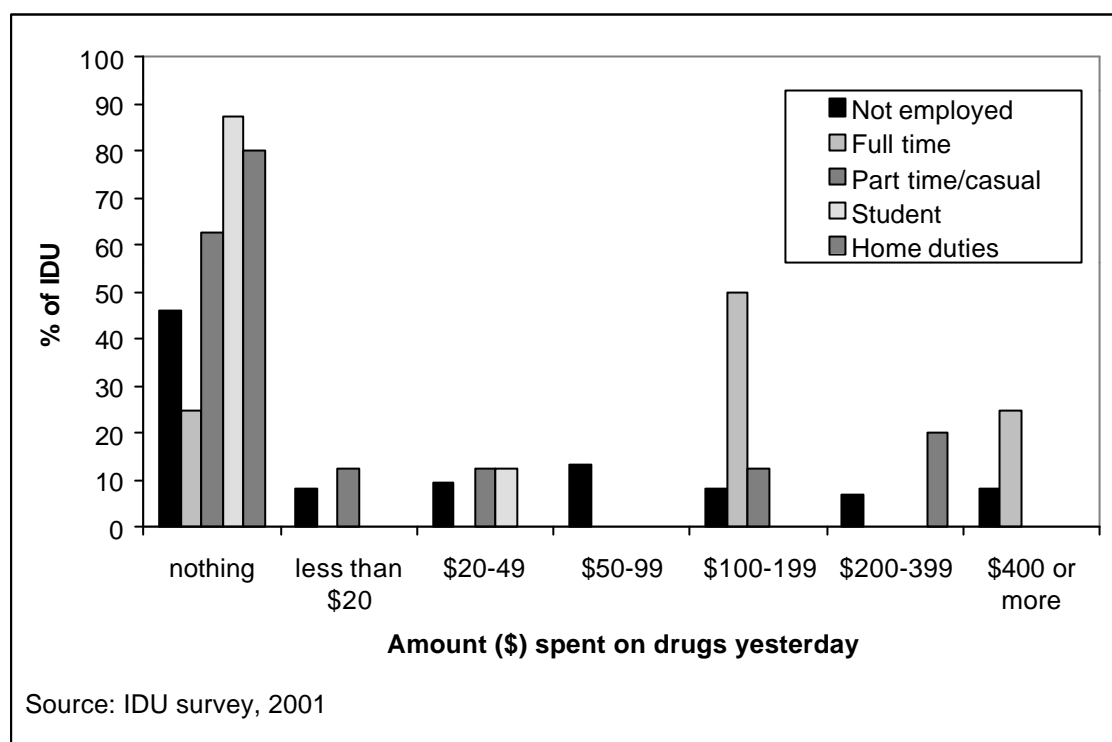


Figure 25: Amount (\$) IDUs spent on drugs yesterday, by employment status, ACT, 2001

9.7 MEDIA MONITORING

Between 1 January 2001 and 30 June 2001 *The Canberra Times* newspaper published 63 articles on alcohol and other drugs, 29 of which related to the ACT, 28 of which concerned illicit drugs and 13 of which concerned heroin. Two themes were dominant – the relationship between drugs and crime, and policy debate (see also Appendix 1).

9.8 SUMMARY

Table 22 shows summary measures for drug-related issues. In general, while official statistics of property offences reported to or becoming known to police fell for the second year in a row, IDUs indicated higher activity and more arrests. The number of overdoses fell for the third year in a row, but unsafe injecting practices increased.

Table 22: Summary of drug-related issues

Drug-related health

Heroin-related overdoses were lower

Injection-related problems among IDUs were slightly lower

Unsafe injecting practices were higher

Crime and police activity

The level of (self-reported) drug dealing was lower

Reported property offences were lower

(Self-reported) property and violent crime, and arrests among IDUs were higher

- note: this might be the result of 'movers and stayers', whereby the more determined and entrenched IDU with established criminal patterns remained in the market and those with less criminal attachment left the market.

10 SUMMARY AND CONCLUSION

The 2000–2001 IDRS study has shown that the ACT was not immune from the impacts of the nationwide heroin shortage. A major element of the IDRS is to use a sentinel group of experienced injecting drug users to identify emerging trends, which if not intercepted may break out into the general drug using population. One important emerging trend which was identified in the immediately previous ACT Drug Trends report (the emergence of methamphetamine in place of amphetamine powder, and heroin injectors alternating its use with methamphetamine) appears to have strengthened. When users speak of amphetamine they are invariably talking of methamphetamine. There is far more methamphetamine injecting than previously. In addition to this trend, the injection of cocaine is an emerging issue in the ACT which was previously only seen in any magnitude in Sydney.

Table 23: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for HEROIN

	IDU	KIS	Indicator data
Price \$50 a cap	✓	✓	✗
\$450 a gram	✓	✗	✓
increasing	✓	✓	–
Purity 44 per cent, decreasing	✓	✓	✓
Availability easy, but getting difficult	✓	✓	–
Number of users increasing	✓	✓	–
Number of young users increasing	✓	✓	–
Number of Indigenous users increasing	✓	✓	–
Polydrug use common	✓	✓	–
Health-related problems stable	✓	✓	✓
Decrease in overdoses	✓	✓	✓
Increase in violent crime	✓	✓	–
Stable police activity	✓	✓	–
			(redirected to distribution)
Increase in methamphetamine substitution	✓	✓	–
Increase in cocaine injecting	✓	✓	–

Heroin Drought Summation

There is no doubt that the heroin drought had an impact on the ACT drug scene, but all informants persisted in indicating that ‘if you really wanted to get on, you could’. This was from injecting drug users and drug professionals alike. In addition to the major shift towards methamphetamine, and to a lesser extent, cocaine injecting, most indicators had been present for a relatively long period prior to the mid-December commencement of the drought period. Property crime has been falling for at least two years – in particular break and enter offences and motor vehicle theft. Heroin purity has been falling for three years (from a high of 73 per cent in 1998–1999) and non-fatal overdoses have been falling for three years. This suggests that there are factors in

the heroin shortage which began to take effect prior to the critical December 2000 period.

Table 24: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for AMPHETAMINE

	IDU	KIS	Indicator data
Price			
Amphetamine			
\$50 a street deal	✓	✓	✓
\$260 gram	✓	✗	–
increasing	✓	✓	✗
Methamphetamine			
\$50 a point	✓	✓	✓
\$250 a gram	✓	✓	–
Increasing	✓	✓	✗
Purity			
13 per cent amphetamine, higher	✓	✓	✓
12 per cent methamphetamine, high	✓	✓	✓
Mainly methamphetamine	✓	✓	✓
Availability easy to very easy	✓	✓	–
Number of users increasing	✓	✓	✓
Number of younger users increasing	✓	✓	✓
(As per heroin above) increase in former heroin users turning to methamphetamine	✓	✓	–

Table 25: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for COCAINE

	IDU	KIS	Indicator data
Price \$60 a cap	✓	✓	–
\$165 gram	✓	✓	✓
decreasing	–	–	✓
Purity 36 per cent, higher	✓	✓	✓
(As per heroin above) former heroin injectors turning to cocaine	✓	✓	–
<i>It would appear that this study did not capture the main cocaine-using population in the ACT.</i>			

Table 26: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (-), by IDU, key informant survey (KIS) and indicator data for CANNABIS

	IDU	KIS	Indicator data
Price \$20 foil	✓	—	✗
\$280 ounce	✓	—	—
stable to decreasing	✓	—	—
Potency high,	✓	✓	—
stable	✓	✓	—
Availability easy to very easy	✓	✓	✓
stable	✓	✓	✓
Increase in younger users	✓	✓	✓

Table 27: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (-), by IDU, key informant and indicator data for OTHER DRUGS

	IDU	KIS	Indicator data
Ecstasy			
Price \$30–\$60	—	—	✓
Purity 27 per cent	—	—	✓
Availability --easy	✓	✓	✗
Use increased among IDU	✓	✓	(seizures down) —
<i>It would appear that this study did not capture the main ecstasy-using population in the ACT.</i>			
Methadone (diverted)			
Injection common	✓	✓	—
Benzodiazepines			
Use common among IDUs	✓	✓	—
Availability easy	✓	✓	—
Overdose admissions high	—	—	✓
Forging less common	—	✓	—
		(use of 'benzo contracts')	
Antidepressants			
Use common among IDUs	✓	✓	—
Frequency, quantity down	✓	✓	—
Hallucinogens			
Use common among IDUs	✓	—	—
Inhalants			
Use increasing	✓	✓	—

Table 28: Cross-validation (✓), contradiction (✗), or neither validated nor contradicted (–), by IDU, key informant survey (KIS) and indicator data for DRUG-RELATED ISSUES

	IDU	KIS	Indicator data
Treatment			
Demand generally stable	✓	✓	✓
Methadone	✓	–	✓
Maintenance per quarter higher	–	–	✓
Opioid-related			
Case-managed clients higher	–	–	✓
Detoxification clients			
lower	–	–	✓
Court referrals for treatment			
and/or assessment lower	–	–	✓
Overdoses			
Non-fatal – overdoses lower	✓	–	–
Injection-related problems			
Bruising, scarring	✓	✓	–
Abscesses	✓	✓	–
Dirty hits	✓	–	–
Needle sharing			
Sharing uncommon	✓	–	–
Needle and syringe exchange			
Distributed – higher	–	–	✓
Return rate higher	–	–	✓
Crime			
Drug-specific down	✓	✓	✓
Property crime down	–	–	✓
Armed robbery down	–	–	✓

10.1 METHODOLOGICAL CONSIDERATIONS

There are advantages and disadvantages from the methodology adopted for the IDRS.

The IDU survey comprised just 100 informants who were drawn from a convenience sample of injecting drug users at two locations. They are a special population not representative of the general population. An underlying assumption of the IDRS is that this group acts as a sentinel group for possible trends which might, in the absence of appropriate interventions, spread into the general population. On the other hand, the National Drug Strategy Household Survey employs a representative geographic stratified random sample of households (in 1998 in the ACT, the sample was over 1,200) – in other words, members of the general community. Prevalence rates of drug use and other behaviours found in the Household Survey are very much lower than those revealed by the IDRS. As well, the IDU sample in the IDRS does not appear to capture the main cocaine, ecstasy, steroid or cannabis-using populations in the ACT. The true picture of drug use in the ACT probably lies somewhere between the Household Survey and the IDRS study. The present recruitment strategy of using drug referral, treatment and user group agencies appears to restrict the opportunity to access Indigenous IDUs and this will be addressed in 2001–2002.

Key informants can in some circumstances be perceived to have a vested interest which might manifest itself intentionally or otherwise, through the emphasis or de-emphasis of elements of their experiences of contacts with drug users. In a few instances, information provided by key informants was not supported (and in some cases directly contradicted) by the IDUs and/or administrative and other data.

Finally, the administrative indicator data is sometimes difficult to collate and provide to the researchers either directly or to central collection agencies (for example, ABCI to NDARC), leading to untimely, or incomplete, data. The AIC and local data providers continue to undertake steps to reduce the burden on providers and to improve the timeliness and completeness of data in the future.

10.2 IMPLICATIONS

There are a number of implications which flow from the 2000–2001 ACT IDRS study. The first, concerning the continuing burden on data providers, has been addressed in the immediately preceding section. The continuation of the IDU survey in 2000–2001 has been demonstrated in this report to be integral to the IDRS. Without the baseline data collected in 1999–2001, much of the heroin drought results would not have been possible. We are grateful for the funding from the NDLERF to include the survey in this and last year's study, and the richness of the data which flowed from that component is here for all to see. IDRS funding continues to be under duress. The AIC considers the IDRS to be an essential part of overall National Drug Strategy monitoring and evaluation. Its absence in future years will hamper the development of appropriate responses.

From a drug use and related behaviours perspective, the 2000–2001 ACT IDRS supports the following recommendations.

RECOMMENDATIONS

- The development and implementation of a research project to examine the current 'heroin drought'.
- A continuation of research into the factors influencing the popularity of heroin, and more recently methamphetamine, as preferred drugs.
- Further research into the extent and nature of illicit drug use among Indigenous people in the ACT, particularly in light of the failure of the IDRS to confirm the Indigenous community's belief that up to 10 per cent of its members are addicted.
- Further research into the factors which contribute to the apparent failure of Indigenous users to access treatment services.
- Support for proven interventions, and exploration of innovative interventions, to reduce the harms associated with injecting drug use.
- Evaluation of the ACT's system of benzodiazepine 'contracts', and an examination of their suitability for adoption in other jurisdictions.
- Continued funding of the IDRS, as the study provides the only aggregated, comprehensive, reliable and policy relevant information to Government, professionals working in the drug field and law enforcement in a timely and consistent format. It is integral to a comprehensive monitoring and evaluation framework for Australia's National Drug Strategy.

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APPENDIX 1

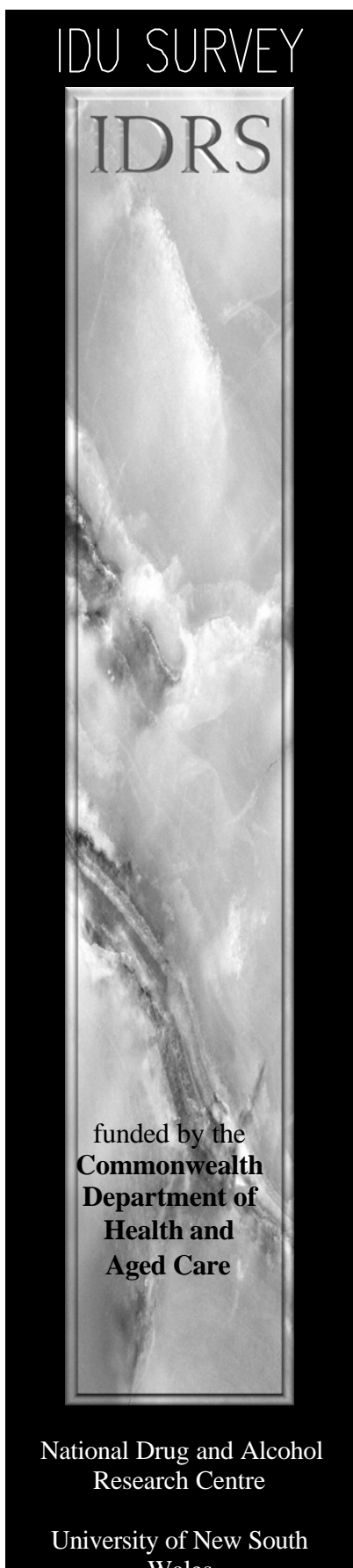
Alcohol and other drug-related articles published by *The Canberra Times* 1 January 2001 to 30 June 2001

Date	Title	Substance(s)	ACT-specific?
2 January	US accused leaders of being soft on drugs	Illicit drugs	No
7 January	New Year has old news on illegal drugs	Cocaine, ecstasy	No
9 January	Former rugby player charged over \$7m ecstasy haul	Ecstasy	No
9 January	'Nats a risk for young girls	Alcohol	Yes
12 January	Crackdown on illegal tobacco	Tobacco	No
17 January	Call to raise tax on some liquor	Alcohol	No
20 January	Would-be MP calls for death penalty	Illicit drugs	No
20 January	Nicholls man granted bail on drug charges	Ecstasy, amphetamine	Yes
3 February	Judge says dealer was 'dancing with death'	Ecstasy, methamphetamine	Yes
3 February	Youth drug service opens	Illicit drugs	Yes
15 February	Study reveals overdose figures	Heroin	No
23 February	Drug trials win cautious ALP support	Heroin	No
1 March	Accused pair saved by their good records, says Cahill	Cannabis	Yes
1 March	Dealer's card: 'High as Kite inc'	Heroin	Yes
2 March	Magistrate angry about boy's release	Illicit drugs	Yes
3 March	Beazley's drug plan away with the fairies	Illicit drugs	No
6 March	Scientists warn of cannabis dangers	Cannabis	No
7 March	Buyer of bad heroin 'kidnapped vendor'	Heroin	Yes
8 March	Club 'partly responsible' for woman's accident	Alcohol	No
20 March	Howard accused of stacking drug body with 'yes men'	Alcohol, illicit drugs	No
23 March	Push for funds to prevent drug use	Alcohol, tobacco	No
23 March	'Trafficker' may evade prosecution	Heroin	Yes
23 March	Farmers can grow hemp during NSW trial	Cannabis	No

26 March	Anti-drug campaign pulls no punches	Illicit drugs	No
27 March	Fears \$20m anti-drugs campaign won't work	Illicit drugs	No
28 March	Authorities prevent alleged dealer's deportation	Heroin	Yes
1 April	Sorry Mr Howard, but you have got it wrong on drugs	Illicit drugs	No
2 April	Distressed residents demand action on drugs	Illicit drugs	Yes
4 April	New AFP boss at odds with ex-chief	Illicit drugs	No
8 April	Police make \$34m drugs haul after search of pineapple tins	Heroin	No
10 April	Lost vision in drought of heroin	Heroin	No
11 April	Second chance for addict	Heroin	Yes
12 April	Time now for others to throw stones	Performance enhancers	No
14 April	Marijuana high can be blocker	Cannabis	No
19 April	Man stole money then gave some back	Heroin	Yes
20 April	A father who refuses to retreat into silence	Heroin	No
21 April	Banned steroid added to burglary charge	Steroids	Yes
23 April	Mafia drug lord arrested after jungle hunt drama	Cocaine	No
25 April	Jail term over 'crime wave'	Heroin	Yes
25 April	'Swimmers tainted'	Steroids	No
28 April	Beer bus ad 'sending out wrong message'	Alcohol	Yes
1 May	Group oppose Bill on bail rules	Heroin	Yes
5 May	Customs seize \$22m cocaine from yacht	Cocaine	No
11 May	Cannabis haul	Cannabis	No
23 May	\$160m cut to drug subsidy scheme	Pharmaceuticals	No
23 May	Osborne wins argument for prohibition	Illicit drugs	Yes
24 May	Crime strategy panned for ignoring drugs	Illicit drugs	Yes
24 May	Ex-rebels boss pleads guilty over drugs	Amphetamines	Yes
26 May	Boy, 11, cautioned for school burglary	Illicit drugs	Yes

26 May	Parlour driver 'supplied drugs'	Heroin, amphetamines, cannabis	Yes
29 May	Head of sports lobby hands over reins	Performance enhancers	No
1 June	ACT runs out of puff on list	Tobacco	Yes
1 June	Anti-drug council members named	Illicit drugs	No
3 June	Drug story	Heroin	Yes
9 June	Drugs policy may bust up marriage	Heroin	Yes
10 June	Worried parents flock to drug-test site	Illicit drugs	No
10 June	Burglary focus underlines challenge	Illicit drugs	Yes
16 June	Cocaine focus	Cocaine	No
16 June	ACT to use methadone alternative	Buprenorphine	Yes
16 June	Tobacco falls, but marijuana use increases	Alcohol, tobacco, illicit	No
17 June	Bad reactions bring call to monitor anti-smoking drug	Zyban	No

APPENDIX 2



Date ____/____/01

Interviewer

State _____

DEMOGRAPHICS

1. Sex:

Male 1

Female 0

2. Age _____ years

3. Suburb/town where you live

_____ (State code _____)

(mark 'no fixed address' if homeless)

4. What type of accommodation do you *currently* live in?

Own house/flat (*includes renting*)..... 1

Parents'/family house..... 2

Boarding house/hostel..... 3

Shelter/refuge..... 4

Drug treatment residence (e.g., TC)..... 5

No fixed address/homeless..... 6

Other accommodation..... 7

5. What is the main language you speak at home?

English..... 1

Other 2

(Specify _____)

6. Do you identify as Aboriginal and/or Torres Strait Islander?

Yes 1

No 0

7. How many years of school did you complete?

_____ yrs

8. Have you completed any courses after school?

No 0
Yes, trade/technical 1
Yes, university/college 2

9. How are you *mainly* employed at the moment? (*mark only one*)

Not employed 1
Full time 2
Part time/casual 3
Student 4
Home duties 5
Sex industry worker 6

9a. What is the *main* type of drug treatment you are currently in? (*mark only one*)

Not in treatment 0
Methadone 1
Detoxification 2
Therapeutic community 3
Narcotics Anonymous 4
Drug counselling 5
Naltrexone treatment 6
Buprenorphine treatment 7
Other (specify) _____

9b. [*If currently in treatment*]

How long have you been in your *current* treatment for?

_____ months

9c. What forms of treatment have you been in *over the last six months*? (*can mark more than one*)

No treatment 0
Methadone 1
Detoxification 2
Therapeutic community 3
Narcotics Anonymous 4
Drug counselling 5
Naltrexone treatment 6
Buprenorphine treatment 7
Other (specify) _____

10. Have you used naltrexone in the last 6 months?

Yes 1
No 0

If yes, specify source _____

11. Have you ever been in prison?

(*i.e. convicted of an offence and sentenced to jail, but NOT including remand*)

Yes 1
No 0

SECTION B: DRUG USE

1. How old were you when you first injected any drug?
 _____ years

2. What drug did you first inject?
(mark only one)

Heroin	1
Methadone	2
Other opiates	3
Amphetamines	4
Cocaine	5
Hallucinogens	6
Ecstasy.....	7
Benzodiazepines	8
Other (specify) _____	

3. What is your main drug of choice?
 i.e. your favourite or preferred drug
(mark only one)

Heroin	1
Methadone	2
Other opiates	3
Amphetamine	4
Cocaine	5
LSD.....	6
Ecstasy.....	7
Benzodiazepines	8
Alcohol	9
Cannabis	10
Inhalants	11
Other (specify) _____	

4. What was the **last drug** you injected?

Heroin	1
Methadone	2
Other opiates	3
Amphetamines	4
Cocaine	5
Cocaine+heroin	6
Other (specify) _____	

5. What was the **drug** you injected most often in the last month?

Heroin	1
Methadone	2
Other opiates	3
Amphetamines	4
Cocaine	5
Cocaine+heroin	6
Other (specify) _____	

6. During the **last month** how often did you inject drugs?

Not in the last month.....	0
Weekly or less	1
More than weekly, not daily	2
Once a day.....	3
2 to 3 times a day	4
More than 3 times a day	5

7. Have you used the following drugs?

Drug Class	Ever used	Ever Injected	Injected last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swall-owed	Swall last 6 mths	No days used last 6 mths	Used last 6 months
1. Heroin											
2. Methadone											
3. Morphine											
4. Other opiates											
5. Amphetamines											
6. Cocaine											
7. Hallucinogens											
8. Ecstasy											
9. Benzodiazepines											
10. Alcohol											
11. Cannabis											
12. Anti-depressants											
13. Inhalants											
14.Tobacco											

Yes=1 No=0

8. What forms of drugs have you used in the last 6 months?

When asked to specify brand, mark only one main brand.

For each drug class, indicate the ONE form used most often in the last 6 months.

Yes =1 No=0

Drug type	Used	Form most used
1a. Heroin powder		
1b. Heroin rock		
2a. Cocaine powder		
2b. Crack cocaine (smokeable crystals)		
3a. Hydroponic cannabis		
3b. Bush/outdoor/naturally grown cannabis		
3c. Hash		
3d. Hash oil		
4a. LSD/trips		
4b. Mushrooms		
5a. Inhalants		
5b. Specify main type		
6a. Amphetamine powder		
6b. Amphetamine liquid		
6c. Crystalline amphetamine (crystal meth, ice, shabu)		
6d. Paste amphetamine (base, pure, wax, point)		
6e. Prescription amphetamine - licit		
6f. Prescription amphetamine - illicit		

8. What forms of drugs have you used in the last 6 months (continued)?

When asked to specify brand, mark only one main brand.

For each drug class, indicate the ONE form used most often in the last 6 months.

Yes =1 No=0

Drug type	Used	Form most used
7a. Methadone syrup - licit		
7b. Methadone syrup - illicit		
7c. Physeptone tablets - licit		
7d. Physeptone tablets - illicit		
8a. Other opiates - licit		
8b. Other opiates - illicit		
8c. Specify main type of other opiate used last 6 months		
9a. Benzodiazepines - licit		
9b. Benzodiazepines - illicit		
9c. Specify main brand of benzo used in last 6 months		
10a. Anti-depressants - licit		
10b. Anti-depressants - illicit		
10c. Specify main brand of anti-dep used last 6 months		
11. Any other illicit drug use last 6 months (specify)		
12. Any other illicit drug use last 6 months (specify)		

SECTION C: PRICE, PURITY and AVAILABILITY

These questions are about the price, purity and availability of certain drugs. Please answer only if you are confident that you know about these issues.

Heroin

1. How much does heroin cost at the moment? (*can put ranges here*)

\$ _____ gm \$ _____ 'cap'

Other amount _____ \$ _____

- 1a. What amounts of heroin have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay **last time** you bought each amount? (*single figure **only** here*)

- a cap of heroin? \$ _____ cap

- a 'rock' of heroin? \$ _____ rock

- 1/8 of a gram? \$ _____ 1/8

- a quarter gram? \$ _____ quarter

- a half weight? \$ _____ half weight

- a gram of heroin? \$ _____ gram

Other amount _____ \$ _____

Other amount _____ \$ _____

2. Has the price of heroin changed in the last six months?

Don't know.....0

Increasing1

Stable2

Decreasing3

Fluctuating4

3. How pure would you say the heroin is at the moment?

Don't know0

High1

Medium2

Low.....3

Fluctuates4

4. Has the purity of heroin changed in the last 6 months?

Don't know0

Increasing1

Stable2

Decreasing.....3

Fluctuating.....4

5. How easy is it to get heroin at the moment?

Don't know0

Very easy.....1

Easy2

Difficult3

Very difficult4

6. Has this changed in the last 6 months?

Don't know0

More difficult1

Stable2

Easier3

Fluctuates4

7. If you have used heroin in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

Don't use heroin.....0

Street dealer1

Dealer's home2

Friend3

Mobile dealer.....4

Other (specify) _____

Amphetamine powder

Again, please only answer these questions if you are confident of your knowledge in this area.

1. How much does speed cost at the moment? (*can put ranges here*)

\$_____ gm \$_____ ounce

Other amount _____ \$_____

- 1a. What amounts of speed have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay **last time** you bought each amount? (*single figure **only** here*)

- 1/8 of a gram? \$_____ 1/8

- a quarter gram? \$_____ quarter

- a half gram? \$_____ half gram

- a gram of speed? \$_____ gram

- an 'eightball'? \$_____ 1/8 oz

- an ounce of speed? \$_____ ounce

Other amount _____ \$_____

Other amount _____ \$_____

2. Has the price of speed changed in the last 6 months?

Don't know.....0

Increasing1

Stable2

Decreasing3

Fluctuating4

3. How pure would you say speed is at the moment?

Don't know0

High.....1

Medium2

Low.....3

Fluctuates4

4. Has the purity of speed changed in the last 6 months?

Don't know0

Increasing1

Stable2

Decreasing.....3

Fluctuating.....4

5. How easy is it to get speed at the moment?

Don't know0

Very easy.....1

Easy2

Difficult3

Very difficult4

6. Has this changed in the last 6 months?

Don't know0

More difficult1

Stable2

Easier3

Fluctuates4

7. If you have used speed in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

Don't use speed.....0

Street dealer1

Dealer's home2

Friend3

Mobile dealer.....4

Other (specify)_____

Other forms of amphetamine

(includes crystal, ice, shabu, point, pure base, wax, paste and all other forms of good quality amphetamine. Refer to it by whatever term subject uses).

1. How much does (form) cost at the moment? (can put ranges here)

\$_____ gm \$_____ 'point'

Other amount _____ \$_____

- 1a. What amounts of (form) have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay **last time** you bought each amount? (single figure **only** here)

- a 'point'? \$_____ point

- 1/8 of a gram? \$_____ 1/8

- a quarter gram? \$_____ quarter

- a half gram? \$_____ half gram

- a gram? \$_____ gram

- an 'eightball' \$_____ 1/8 oz

Other amount _____ \$_____

Other amount _____ \$_____

2. Has the price of speed changed in the last 6 months?

Don't know.....0

Increasing1

Stable2

Decreasing3

Fluctuating4

3. How pure would you say (form) is at the moment?

Don't know0

High.....1

Medium2

Low.....3

Fluctuates4

4. Has the purity of speed changed in the last 6 months?

Don't know0

Increasing1

Stable2

Decreasing.....3

Fluctuating.....4

5. How easy is it to get speed at the moment?

Don't know0

Very easy.....1

Easy2

Difficult3

Very difficult4

6. Has this changed in the last 6 months?

Don't know0

More difficult1

Stable2

Easier3

Fluctuates4

7. If you have used speed in the last 6 months, what is the main place you usually scored it from? (mark only one)

Don't use speed.....0

Street dealer1

Dealer's home2

Friend3

Mobile dealer.....4

Other (specify)_____

Cocaine

Again, please only answer these questions if you are confident of your knowledge in this area.

1. How much does cocaine cost at the moment? (*can put ranges here*)

\$_____ gm \$_____ `cap'

Other amount _____ \$_____

- 1a. What amounts of cocaine have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay **last time** you bought each amount? (*single figure **only** here*)

- a cap of cocaine? \$_____ cap

- 1/8 of a gram? \$_____ 1/8

- a quarter gram? \$_____ quarter

- a half weight? \$_____ half weight

- a gram of cocaine? \$_____ gram

Other amount _____ \$_____

Other amount _____ \$_____

2. Has the price of cocaine changed in the last 6 months?

Don't know.....0

Increasing1

Stable2

Decreasing3

Fluctuating4

3. How pure would you say cocaine is at the moment?

Don't know0

High.....1

Medium2

Low.....3

Fluctuates4

4. Has the purity of cocaine changed in the last 6 months?

Don't know0

Increasing1

Stable2

Decreasing.....3

Fluctuating.....4

5. How easy is it to get cocaine at the moment?

Don't know0

Very easy.....1

Easy2

Difficult3

Very difficult4

6. Has this changed in the last 6 months?

Don't know0

More difficult1

Stable2

Easier3

Fluctuates4

7. If you have used cocaine in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

Don't use cocaine0

Street dealer1

Dealer's home2

Friend3

Mobile dealer.....4

Other (specify)_____

Cannabis

Again, please only answer these questions if you are confident of your knowledge in this area.

1. How much does cannabis cost at the moment? (*can put ranges here*)

\$_____ gm \$_____ ounce

Other amount _____ \$_____

- 1a. What amounts of cannabis have you bought in the last 6 months?

[Record amounts – if have not bought that amount in last 6 months then leave blank]

What did you pay **last time** you bought each amount? (*single figure **only** here*)

- a gram of hash? \$_____ gram

- a cap of hash oil? \$_____ cap

a gram of cannabis? \$_____ gram

- 2 gms of cannabis \$_____ 2 gms

- a 'bag' of cannabis \$_____ 'bag'

- a quarter ounce? \$_____ quarter

- a half ounce? \$_____ half ounce

- an ounce? \$_____ ounce

Other amount _____ \$_____

2. Has the price of cannabis changed in the last 6 months?

Don't know.....0

Increasing1

Stable2

Decreasing.....3

Fluctuates.....4

3. How strong would you say cannabis is at the moment?

Don't know0

High.....1

Medium2

Low.....3

Fluctuates4

4. Has the strength of cannabis changed in the last 6 months?

Don't know0

Increasing1

Stable2

Decreasing.....3

Fluctuates4

5. How easy is it to get cannabis at the moment?

\ Don't know0

Very easy.....1

Easy.....2

Difficult3

Very difficult.....4

6. Has this changed in the last 6 months?

Don't know0

More difficult1

Stable2

Easier.....3

Fluctuates4

7. If you have used cannabis in the last 6 months, what is the main place you usually scored it from? (*mark only one*)

Don't use cannabis0

Street dealer1

Dealer's home2

Friend3

Grow your own.....4

Gift from friends.....5

Other (specify)_____

SECTION D: CRIME

Property Crime

1. How often, on average, during the last month have you committed a property crime?
- No property crime0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

Dealing

2. How often, on average, during the last month have you sold drugs to someone?
- No drug dealing0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

Fraud

3. How often, on average, during the last month have you committed a fraud?
- No fraud0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

Crimes Involving Violence

4. How often, on average, during the last month have you committed a crime involving violence?
- No violent crime0
Less than once a week1
Once a week2
More than once a week3
(but less than daily)
Daily4

CRIME TOTAL _____

5. Have you been arrested in the last 12 months?
- No0
Yes1
6. *If yes to Q5...*
- What were you arrested for?
- Was not arrested0
Use/possession1
Dealing/trafficking2
Property crime3
Fraud4
Violent crime5
Other6
Specify _____

SECTION E: RISK-TAKING

Heroin Overdose

Ask questions 1-3 only of subjects who have used heroin.

1. How many times have you overdosed? _____
2. How long is it since you last overdosed?
_____ months (≤ 1 month = 1, etc)
3. How long is it since you last had Narcan administered to you? _____ months

Ask questions 4-5 of everyone.

4. How many times have you been present when someone else has overdosed? _____
5. How long is it since you were present when someone else overdosed? _____ months

6. *Where* were you when you injected **last**?

Private home1
Street/park or beach.....2
Car3
Public toilet.....4
“Shooting” room..5
Supervised injecting room.....6
Other7
Specify _____

7. *Where* have you *mainly* injected **in the last month**?

Private home1
Street/park or beach.....2
Car3
Public toilet.....4
“Shooting” room..5
Supervised injecting room.....6
Other7
Specify _____

8. What drugs or alcohol did you take yesterday? (*can mark more than one*)

None0
Heroin1
Amphetamine2
Cocaine3
Cannabis4
Benzodiazepines5
Other opiates.....6
Methadone7
Alcohol8
Other9
Specify _____

Needle Risk-taking

1. How many times in the last month have you used a needle after someone else had already used it?
No times.....0
One time1
Two times2
3-5 times3
6-10 times4
More than 10 times5
2. How many different people have used a needle before you in the last month?
None0
One person.....1
Two people2
3-5 people3
6-10 people4
More than 10 people5
3. Who were these people? (*can mark more than one*)
No people.....0
Regular sex partner1
Casual sex partner2
Close friends.....3
Acquaintance4
Other5
Specify_____
4. How many times in the last month has someone used a needle after you have used it?
No times.....0
One time1
Two times2
3-5 times3
6-10 times4
More than 10 times5
5. What injecting equipment have you used after someone else in the **last month**?

(*Read out items, can mark more than one*)

No equipment0
Spoons or mixing containers .1
Filters2
Tourniquets3
Water4
Other5
Specify_____
6. How much did you spend on illicit drugs yesterday? \$_____

SECTION F: HEALTH

I am going to read out a list of health problems. Please answer 'Yes' if you have had any of these problems over the last month. The cause of these symptoms does not matter - just say if you've ever had them in the past month.

<i>Injection Related Problems</i>	Yes = 1 No = 0
Overdose	
Abscesses/infections from injecting	
Dirty hit (made feel sick)	
Prominent scarring/bruising	
Difficulty injecting	
Thrombosis	
SUBTOTAL	

SECTION G: GENERAL TRENDS

1a. Has there been any recent change in the number or type of people using (main drug)?

Yes 1

No..... 0

If YES, please specify.....

1b. Have you noticed any recent changes in how often people are using or how much they're using (main drug)?

Yes 1

No..... 0

If YES, please specify.....

1c. Has there been any recent change in the types of drugs your friends have been using?

Yes 1

No..... 0

If YES, please specify.....

2. Have there been any recent changes in police activity in the last 6 months?

Don't know..... 0

More activity ... 1

Stable 2

Less activity..... 3

3. Has police activity made it more difficult *for you* to score drugs recently?

Don't know..... 0

Yes 1

No 2

4. Have more of your friends been busted recently?

More 1

Stable 2

Less 3

5. Other comments

APPENDIX 3

ID No.	_____
Date	____ / ____ / 00
State	_____
Interviewer	_____

KEY INFORMANT SURVEY



Illicit Drug Reporting System (IDRS)

National Drug and Alcohol Research Centre

University of New South Wales

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funded by the
Commonwealth Department of Health and Aged Care

SCREENING QUESTIONS

1. What is the **main illicit drug** used by the drug users you have had the **most** contact with in the past 6 months? (*circle one only*)

Heroin 1
Amphetamine..... 2
Cocaine 3
Cannabis 4
Ecstasy..... 5
Hallucinogens 6
Benzodiazepines 7
Steroids 8
Inhalants..... 9
Methadone 10
Morphine 11

Other (specify)_____

2. How do you know about these illicit drug users?

Work..... 1
Personal/social 2
Both..... 3

3. How many days per week, on average, have you had contact with these users during the past 6 months? ____ days

4. How many different users have you seen in the past week?

Less than 10 1
10-20 2
21-50 3
51-100 4
100+ 5

5. What sort of work do you do? (*circle the main type only*)

Drug treatment worker..... 1
Methadone worker 2
General health worker 3
Needle exchange worker 4
User group rep..... 5
Outreach 6
Youth worker 7
Researcher 8
Police officer..... 9

Other (specify)_____

6. Do you work with any special populations? (*can mark more than one*)

None0

Youth.....1

Aborigines2

Persons from non-English
speaking backgrounds.....3

Injecting drug users4

Prisoners.....5

Women.....6

Other (specify) _____

7. Gender of key informant:

Male1

Female2

Minimum criteria for selection:

- Average weekly contact with illicit drug users in past 6 months (ie. 24 days) &/or
- Contact with 10 or more different illicit drug users in past 6 months
- Plus select a range of key informants in each site

Further Contacts:

Can you recommend anyone else who could participate in this project?

INTERVIEW SCHEDULE

ID No. _____

Date __/__/__

Proceed with this section if participant satisfies selection criteria. If screening participant at a different time to the interview, make sure the same ID numbers are used.

Read out to key informant before commencing the interview:

When answering the following questions refer to only ONE group of illicit drug users, those with which you are MOST familiar.

Make sure that they are the illicit drug users you know best, and that you have had first hand contact with in the last 6 months.

If you are familiar with an additional group of illicit drug users, you can provide information about them at the end.

Please only report information that you feel confident about – it's OK if you don't know some of the things I'll ask you.

A copy of the results will be available at the end of the project.

Do you have any questions about the study?

1.0 Describe the types of people currently using (main illicit drug _____) in (your jurisdiction) and the way they use these drugs.

Interviewer: Specify the number/proportion of drug users the key informant is referring to where relevant.

Probes:

1.01 Main illicit drug used

1.02 Suburbs reside in

1.03 Age range and typical modal age (*eg. Users' age ranges between ____ and ____, but most are aged about ____*)

1.04 % Males

1.05 Ethnicity

For later use:

% from NESB	
% ATSI	
% ESB	

1.06 Highest level of education (*eg. Year 9 or less? Year 10 or School Certificate equivalent? Year 12 or HSC equivalent? Trade or technical qualifications? University?*)

1.07 Employment

For later use:

%unemployed/sickness benefits	
% full-time students	
% full-time work	
% part-time work	
Kinds of professions	

1.08 Sexual preference (*eg. mainly heterosexual? gay? lesbian? bisexual? other?*)

1.09 Currently in drug treatment?

For later use:

% NOT in treatment	
% on methadone	
% in detox	
% in TCs	
% in counselling	
% on naltrexone	
% in NA	

1.10 Previous prison history? (*what proportion?*) Currently in prison? (*what proportion?*)

1.11 Form, route, quantity and frequency of MAIN illicit drug
--

MAIN ILLICIT DRUG

For later use:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Cannabis |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Benzodiazapines | |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> Methadone | <input type="checkbox"/> Morphine | |
| <input type="checkbox"/> Other drug (specify)_____ | | | |

FORM

For later use:

Heroin

- ☐ Powder
☐ Rock
☐ Other

Amphetamine

- ☐ Powder
☐ Ice/ Shabu
☐ Other

Cocaine

- ☐ Powder
☐ Crack cocaine
☐ Other

Cannabis

- ☐ Non-hydro head
☐ Hydroponic head
☐ Hash
☐ Hash oil
☐ Other

ROUTE

For later use:

- ☐ Inject
 - ☐ Snort
 - ☐ Smoke
 - ☐ Swallow
 - ☐ Other
-

FREQUENCY AND QUANTITY

For later use:

Frequency of use

- ☐ Daily
- ☐ More than daily but less than weekly
- ☐ Weekly
- ☐ Less than weekly
- ☐ Binge
- ☐ Sporadic

How many times do they use per day of use?

How much do they use per day of use? What amount? (*eg. grams, caps, cones*)

1.12 Forms, routes, quantity and frequency of **ANY OTHER** licit and illicit drugs used

*For each, specify main **route** of administration, **form** of drug and **quantity and frequency** of use*

	Main route of administration	Form of drug	Frequency of use	Quantity of use
Heroin				
Amphetamine powder				
Amphetamine paste/wax/ice/shabu/crystal				
Cocaine				
Cannabis				

1.12 Forms, routes, quantity and frequency of **any other** licit and illicit drugs used

(cont'd)

*For each, specify main **route** of administration, **form** of drug and **quantity and frequency** of use*

	Main route of administration	Form of drug	Frequency of use	Quantity of use
Ecstasy				
Hallucinogens				
Benzos – LICIT				
Benzos - ILLICIT				
Inhalants				
Methadone - LICIT				

1.12 Forms, routes, quantity and frequency of **any other** licit and illicit drugs used (cont'd)

*For each, specify main **route** of administration, **form** of drug and **quantity and frequency** of use*

	Main route of administration	Form of drug	Frequency of use	Quantity of use
Methadone - ILLICIT				
Alcohol				
Morphine				
Anti-depressants				
Other _____				

1.13 Other features of use e.g., polydrug use patterns
--

2.0 Describe any changes in this drug use in the last 6 months.

Probes:

2.01 Changes in **methods** of drug use (eg. route, frequency, quantity, forms)

For later use:

☐ Frequency Increase _____ Decrease _____ No change noted _____

☐ Quantity Increase _____ Decrease _____ No change noted _____

☐ Route of administration Specify route: _____

 Increase _____ Decrease _____ No change noted _____

☐ Form of drug used (e.g., crystalline/rock, powder)

 Specify form of drug: _____

 Increase _____ Decrease _____ No change noted _____

☐ Other change Specify change:

 Increase _____ Decrease _____ No change noted _____

Approximate number/proportion of users:

2.02	Changes in types or number of people using this drug in last 6 months
------	--

For later use:

☐ Number of users Increase _____ Decrease _____ No change noted _____

☐ Age Increase _____ Decrease _____ No change noted _____

☐ Ethnicity (specify) Increase _____ Decrease _____ No change noted _____

☐ Other _____ Increase _____ Decrease _____ No change noted _____

2.03 **Different drugs** being used in last 6 months

Specify different drugs or different patterns of drug use.

Drug: _____

Description of different drug use:

Approximate proportion of users:

2.04 ***For service providers:*** Changes in **types or number of users presenting to your service** (*specify type of service, problem drug/s and severity of problems*)

Type of service:

Type of problems:

Severity of problems:

Nature of change:

2.05 **Other changes** in last 6 months (eg. overdose, general health, drug-related health problems, needle risk-taking behaviours)

For later use:

- ☐ Overdose
- ☐ General Health problems
- ☐ Drug-related Health problems
- ☐ Needle-sharing and other HIV/HCV risk-taking behaviours

Specify problem:

Increase _____ Decrease _____ No change noted _____

Specify problem:

Increase _____ Decrease _____ No change noted _____

Specify problem:

Increase _____ Decrease _____ No change noted _____

Approximate number/proportion of users:

2.06 **Changes** in methods of drug use, types of people using, drugs being used, numbers of users presenting to services, overdose, risk-taking etc., **in the last 12 months** (*if so, specify time period*)

3.0 Have there been any changes in the price, purity or availability of (main illicit drug _____) in the last 6 months?

Interviewer: Specify the number/proportion of drug users the key informant is referring to where relevant.

Probes:

3.01 How much does this drug cost at the moment? \$_____gm/\$_____other amount (specify)

3.02 Has this price changed in the last 6 months?

Don't know 0
Increased 1
Stable 2
Decreased 3
Fluctuated 4

3.03 How pure/strong would you say this drug is at the moment?

Don't know 0
High 1
Medium 2
Low 3

3.04 Has the purity/strength of this drug changed in the last 6 months?

Don't know 0
Increased 1
Stable 2
Decreased 3
Fluctuating 4

3.05 How easy is it to get this drug at the moment?

(if KI unclear on to WHOM this question refers, specify FOR USERS)

Don't know 0
Very easy 1
Easy 2
Difficult 3
Very difficult 4

3.06 Has the **availability changed** in the last six months?

Don't know 0
More difficult 1
Stable 2
Easier 3
Fluctuates 4

3.07 **Changes in the types of people selling** this drug

For later use:

- ☐ Younger/Older dealers
- ☐ Ethnicity
- ☐ ATSI
- ☐ User dealers
- ☐ No change
- ☐ Other

3.08 Changes in the manufacture/importation of this drug

For later use:

- ☐ Locally produced
- ☐ Imported
- ☐ Different modes of supply
- ☐ Different methods of importation/exportation
- ☐ Importation from different countries
- ☐ Type of precursor chemicals used
- ☐ Growing techniques/plant strains (cannabis)
- ☐ Note any changes in the colour, texture or appearance of drug
- ☐ Changes in cutting agents
- ☐ No change
- ☐ Other

3.09 Changes in the price, purity or availability of **other drugs** used by this group

For later use:

Specify drug: _____

<input type="checkbox"/>	Price	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Availability	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Purity	Increase _____	Decrease _____	No change _____

Specify drug: _____

<input type="checkbox"/>	Price	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Availability	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Purity	Increase _____	Decrease _____	No change _____

Specify drug: _____

<input type="checkbox"/>	Price	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Availability	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Purity	Increase _____	Decrease _____	No change _____

3.10 **Changes in last 12 months** (if so, specify time period)

4.0 In the last 6 months, have you noticed any changes in the type of crime, if any, being committed by the illicit drug users you see?

Probes:

4.01 Property crimes (e.g. break & enter, shoplifting)

For later use:

- ☐ No change
- ☐ More property crime
- ☐ Less property crime
- ☐ Different people committing property crime (specify) _____

☐ Different type of property crime (specify) _____

Approximate number/proportion of users:

4.02 Dealing drugs

For later use:

- ☐ No change
- ☐ More dealing
- ☐ Less dealing
- ☐ Different people dealing (specify) _____

☐ Different type of dealing (specify) _____

Approximate number/proportion of users:

4.03 **Fraud** (eg. tax fraud, credit card fraud)

For later use:

- ☐ No change
- ☐ More fraud
- ☐ Less fraud
- ☐ Different people committing fraud (specify) _____

- ☐ Different type of fraud (specify) _____

Approximate number/proportion of users:

4.04 **Violent crimes** (eg. assault, armed robbery)

For later use:

- ☐ More violent crime
- ☐ No change
- ☐ Less violent crime
- ☐ Different people committing violent crimes (specify) _____

- ☐ Different type of crime (specify) _____

Approximate number/proportion of users:

4.05 **Changes in crime in the past 12 months** (if so, specify time period)

5.0 Have there been any changes in police activity towards these illicit drug users in the last 6 months?

Probes:

5.01 **Change in police activity** in last 6 months

For later use:

- ☐ Increase
- ☐ Decrease
- ☐ No change
- ☐ Fluctuating
- ☐ Different type of police activity (specify) _____

5.02 **Type of change** in last 6 months

For later use:

- ☐ More/less visible activity
- ☐ More/less beat police
- ☐ More/less undercover police
- ☐ More/less activity around drug users agencies (e.g., NSPs)
- ☐ Other (specify)_____

5.03 **Other comments** on police activity

5.04 **Changes in the last 12 months** (if so, specify time period)

6.0 Have you noticed any other changes among this group that we have not already covered?

Probe. Specify the number/proportion of drug users key informant is referring to, and the time period that the change occurred in.

7.0 Have you noticed any changes among groups of other drug users in the last 6 to 12 months that you would like to comment on?

8.0 Generally, from where do you get the information you have provided us with today?

Probes:

8.01 Source (*eg. contact with users, the media, observation, talking with colleagues*)

8.02 Certainty of knowledge (mark only one)

Very certain..... 1
Moderately certain 2
A little unsure..... 3
Very unsure 4

APPENDIX 4

ID No.	_____
Date	____ / ____ / 01
State	_____
Interviewer	_____

LAW ENFORCEMENT KEY INFORMANT SURVEY



Illicit Drug Reporting System (IDRS)

National Drug and Alcohol Research Centre

University of New South Wales

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funded by the
Commonwealth Department of Health and Aged Care

SCREENING QUESTIONS

1. What is the **main illicit drug** used by the drug users/manufacturers/traffickers you have had the **most** contact with in the past 6 months? (*circle one only*)

Heroin 1
Amphetamine..... 2
Cocaine 3
Cannabis 4
Ecstasy..... 5
Hallucinogens 6
Benzodiazepines 7
Inhalants..... 8
Methadone 9
Morphine..... 10

Other (specify)_____

2. What sort of police work do you do? (*circle the main type only*)

General duties 1
Investigator..... 2
Covert surveillance/operations 3
Intelligence..... 4
Other (specify)_____

3. Do you work with any special populations? (*can mark more than one*)

None 0
Youth..... 1
Aborigines 2
Persons from NESB..... 3
Injecting drug users 4
Prisoners..... 5
Women..... 6

Other (specify) _____

4. Gender of key informant:

Male 1
Female 2

Further Contacts:

Can you recommend anyone else who could participate in this project?

INTERVIEW SCHEDULE

ID No. _____

Date __/__/__

Proceed with this section if participant satisfies selection criteria. If screening participant at a different time to the interview, make sure the same ID numbers are used.

Read out to key informant before commencing the interview:

When answering the following questions refer to only ONE group of illicit drug users/manufacturers/traffickers, those with which you are MOST familiar.

If you are familiar with an additional group of illicit drug users/suppliers /manufacturers /traffickers, you can provide information about them at the end.

If you have information regarding drug trafficking, manufacture and supply, as well as street level use, please indicate which activity you are referring to.

Please only report information that you feel confident about – it's OK if you don't know some or even most of the things I'll ask you. We'd prefer it if you didn't answer things you didn't feel fairly confident about.

A copy of the results will be available at the end of the project.

Do you have any questions about the study?

1.0 Describe the types of people currently using/supplying/manufacturing/trafficking (main illicit drug _____) in (your jurisdiction) and the way they use/supply/manufacture/traffic these drugs.

Interviewer: Specify the number/proportion of drug users/suppliers/manufacturers/ traffickers the key informant is referring to where relevant.

Probes:

1.01 Main illicit drug

1.02 Suburbs reside in

1.03 Age range and typical modal age (*e.g. Age ranges between ____ and ____, but most are aged about ____*)

1.04 % Males

1.05 Ethnicity

For later use:

% from NESB	
% ATSI	
% ESB	

1.06 Highest level of education (*e.g. Year 9 or less? Year 10 or School Certificate equivalent? Year 12 or HSC equivalent? Trade or technical qualifications? University?*)

1.07 Employment

For later use:

% unemployed/sickness benefits	
% full-time students	
% full-time work	
% part-time work	
Kinds of professions	

1.08 Sexual preference (*e.g. mainly heterosexual? gay? lesbian? bisexual? other?*)

1.09 Currently in drug treatment?

For later use:

% NOT in treatment	
% on methadone	
% in detox	
% in TCs	
% in counselling	
% on naltrexone	
% in NA	

1.10 Previous prison history? (*what proportion?*) Currently in prison? (*what proportion?*)

1.11 Form, route, quantity and frequency of MAIN illicit drug
--

MAIN ILLICIT DRUG

For later use:

- | | | | |
|--|--|--|-----------------------------------|
| <input type="checkbox"/> Heroin | <input type="checkbox"/> Amphetamine | <input type="checkbox"/> Cocaine | <input type="checkbox"/> Cannabis |
| <input type="checkbox"/> Ecstasy | <input type="checkbox"/> Hallucinogens | <input type="checkbox"/> Benzodiazepines | |
| <input type="checkbox"/> Inhalants | <input type="checkbox"/> Methadone | | |
| <input type="checkbox"/> Other drug (specify)_____ | | | |

FORM

For later use:

Heroin

- ☐ Powder
☐ Rock
☐ Other

Amphetamine

- ☐ Powder
☐ Ice/ Shabu
☐ Other

Cocaine

- ☐ Powder
☐ Crack cocaine
☐ Other

Cannabis

- ☐ Leaf
☐ Head
☐ Hydroponics
☐ Hash
☐ Hash oil
☐ Other

ROUTE (If KI is providing information about drug **use**)

For later use:

- ☐ Inject
 - ☐ Snort
 - ☐ Smoke
 - ☐ Swallow
 - ☐ Other
-

FREQUENCY AND QUANTITY (If KI is providing information about drug **use**)

For later use:

Frequency of use

- ☐ Daily
- ☐ More than weekly but less than daily
- ☐ Weekly
- ☐ Less than weekly
- ☐ Binge
- ☐ Sporadic

How many times do they use per day of use?

How much do they use per day of use? What amount? (*eg. grams, caps, cones*)

1.12 Forms, routes, quantity and frequency of **ANY OTHER** licit and illicit drugs used

(If KI is providing information about drug **use**)

*For each, specify approximate proportion of group which uses, main **route** of administration, **form** of drug and **quantity and frequency** of use*

	Proportion of group which uses	Main route of admin	Form of drug	Frequency of use	Quantity of use
Heroin					
Amphetamine powder					
Amphetamine paste/wax/ice/ shabu/crystal					
Cocaine					
Cannabis					

1.12 Forms, routes, quantity and frequency of **any other** licit and illicit drugs used

(cont'd)

(If KI is providing information about drug use)

*For each, specify approximate proportion of group which uses, main **route** of administration, **form** of drug and **quantity and frequency** of use*

	Proportion of group which uses	Main route of admin	Form of drug	Frequency of use	Quantity of use
Ecstasy					
Hallucinogens					
Benzo's					
Inhalants					
Methadone – LICIT					

1.12 Forms, routes, quantity and frequency of **ANY OTHER** licit and illicit drugs used
(If KI is providing information about drug use)

*For each, specify approximate proportion of group which uses, main **route** of administration, **form** of drug and **quantity and frequency** of use*

	Proportion of group which uses	Main route of admin	Form of drug	Frequency of use	Quantity of use
Methadone – ILLICIT					
Alcohol					
Morphine					
Other _____					

1.13 Other features of use e.g., polydrug use patterns (If KI is providing information about drug use)

2.0 Describe any changes in this drug use in the last 6 months.

Probes:

2.01 Changes in **methods** of drug use (e.g. route, frequency, quantity, forms) in last last 6 months

For later use:

☐ Frequency Increase _____ Decrease _____ No change noted _____

☐ Quantity Increase _____ Decrease _____ No change noted _____

☐ Route of administration Specify route: _____
Increase _____ Decrease _____ No change noted _____

☐ Form of drug used (e.g., crystalline/rock, powder)
Specify form of drug: _____

Increase _____ Decrease _____ No change noted _____

Increase _____ Decrease _____ No change noted _____

☐ Other change Specify _____ change:

Increase _____ Decrease _____ No change noted _____

Approximate number/proportion of users:

2.02 Changes in **types or number** of people using/supplying/manufacturing/trafficking this drug in last 6 months

For later use:

- ☐ Number of people Increase _____ Decrease _____ No change noted _____
- ☐ Age Increase _____ Decrease _____ No change noted _____
- ☐ Ethnicity (specify) Increase _____ Decrease _____ No change noted _____

- ☐ Other _____ Increase _____ Decrease _____ No change noted _____

2.03 **Different drugs** being used/supplied/manufactured/trafficked in last 6 months

Specify different drugs or different patterns of drug use/supply/manufacture/trafficking.

Drug: _____

Description of different drug use/supply/manufacture/trafficking:

Approximate proportion of users/suppliers/manufacturers/traffickers:

2.04 **Other changes** (e.g. overdose, general and drug-related health problems, risk-taking behaviours) in last 6 months

2.05 **Changes** in methods of drug use, types of people using, drugs being used, overdose, risk-taking etc., **in the last 12 months** (*if so, specify time period*)

3.0 Have there been any changes in the price, purity or availability of (main illicit drug _____) in the last 6 months?

Probes:

3.01 How much does this drug cost at the moment? \$_____gm/\$_____other amount (specify)

3.02 Has this price changed in the last 6 months?

Don't know 0
Increased 1
Stable 2
Decreased 3
Fluctuated 4

3.03 How pure/strong would you say this drug is at the moment?

Don't know 0
High 1
Medium 2
Low 3
Fluctuates 4

3.04 Has the purity/strength of this drug changed in the last 6 months?

Don't know 0
Increased 1
Stable 2
Decreased 3
Fluctuating 4

3.05 How easy is it to get this drug at the moment?

(if KI unclear on to WHOM this question refers, specify FOR USERS)

Don't know 0
Very easy 1
Easy 2
Difficult 3
Very difficult 4

3.06 Has the **availability changed** in the last six months?

Don't know 0
More difficult 1
Stable 2
Easier 3
Fluctuates 4

3.07 **Changes in the supply/manufacture/trafficking** of this drug in the last six months

For later use:

- ☐ Locally produced
- ☐ Imported
- ☐ Different modes of supply
- ☐ Different methods of importation/exportation
- ☐ Importation from different countries
- ☐ Type of precursor chemicals used
- ☐ Growing techniques/plant strains (cannabis)
- ☐ Note any changes in the colour, texture or appearance of drug
- ☐ Changes in cutting agents
- ☐ No change
- ☐ Other

3.08 **Changes in arrests**

For later use:

- ☐ Number of arrests
- ☐ Types of people getting arrested
- ☐ Offence
- ☐ Nature of arrests
- ☐ Where arrests occur
- ☐ Other

3.09 **Changes in seizures**

For later use:

- ☐ Size of seizures
- ☐ Frequency of seizures
- ☐ Drug being seized
- ☐ Where seizure occurs
- ☐ No change
- ☐ Other

3.10 Changes in the price, purity or availability of **other drugs** used/supplied/
manufactured /trafficked by this group in last 6 months

For later use:

Specify drug: _____

<input type="checkbox"/>	Price	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Availability	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Purity	Increase _____	Decrease _____	No change _____

Specify drug: _____

<input type="checkbox"/>	Price	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Availability	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Purity	Increase _____	Decrease _____	No change _____

Specify drug: _____

<input type="checkbox"/>	Price	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Availability	Increase _____	Decrease _____	No change _____
<input type="checkbox"/>	Purity	Increase _____	Decrease _____	No change _____

3.11 **Changes in last 12 months** (if so, specify time period)

4.0 In the last 6 months, have you noticed any changes in the type of crime, if any, being committed by the illicit drug users/suppliers/manufacturers/traffickers you know about?

Probes:

4.01 Property crimes (e.g. break & enter, shoplifting)

For later use:

- ☐ No change
- ☐ More property crime
- ☐ Less property crime
- ☐ Different people committing property crime (specify) _____

☐ Different type of property crime (specify) _____

Approximate number/proportion of people:

4.02 Dealing drugs

For later use:

- ☐ No change
- ☐ More dealing
- ☐ Less dealing
- ☐ Different people dealing (specify) _____

☐ Different type of dealing (specify) _____

Approximate number/proportion of people:

4.03 **Trafficking drugs**

For later use:

- ☐ No change
- ☐ More trafficking
- ☐ Less trafficking
- ☐ Different people trafficking (specify) _____
- ☐ Different type of trafficking (specify) _____

Approximate number/proportion of people:

4.04 **Fraud** (eg. tax fraud, credit card fraud)

For later use:

- ☐ No change
- ☐ More fraud
- ☐ Less fraud
- ☐ Different people committing fraud (specify) _____
- ☐ Different type of fraud (specify) _____

Approximate number/proportion of people:

4.05 **Violent crimes** (eg. assault, armed robbery)

For later use:

- ☐ More violent crime
- ☐ No change
- ☐ Less violent crime
- ☐ Different people committing violent crimes (specify) _____

- ☐ Different type of crime (specify) _____

Approximate number/proportion of people:

4.06 Changes in crime in the past 12 months (if so, specify time period)

5.0 Have there been any changes in police activity towards these illicit drug users/suppliers/manufacturers/traffickers in the last 6 months?

Probes:

5.01 Change in police activity in last 6 months

For later use:

- ☐ Increase
- ☐ Decrease
- ☐ No change
- ☐ Fluctuating
- ☐ Different type of police activity (specify) _____

5.02 Type of change in last 6 months

For later use:

- ☐ More/less visible activity
- ☐ More/less beat police
- ☐ More/less undercover police
- ☐ More/less activity around drug users agencies (e.g., NSPs)
- ☐ Other (specify) _____

5.03 **Other comments** on police activity in last 6 months

5.04 **Changes in the last 12 months** (if so, specify time period)

6.0 Have you noticed any other changes among this group in the last 6 to 12 months that we have not already covered?

Probe. Specify the number/proportion of drug users/manufacturers/suppliers/traffickers key informant is referring to, and the time period that the change occurred in.

7.0 Have you noticed any changes among groups of other drug users/manufacturers/suppliers/traffickers in the last 6 to 12 months that you would like to comment on?

8.0 Generally, from where do you get the information you have provided us with today?

Probes:

8.01 Source (*eg. contact with users/manufacturers/suppliers/traffickers, the media, observation, talking with colleagues*)

8.02 Certainty of knowledge (mark only one)

Very certain..... 1
Moderately certain 2
A little unsure..... 3
Very unsure 4

APPENDIX 5

BENZODIAZEPINE VOLUNTARY UNDERTAKING

I

of

(dob)/...../..... voluntarily agree to the conditions, as set out below for a period of six months.

I understand that the purpose of the undertaking is to prevent me obtaining prescriptions for benzodiazepines from more than one doctor.

Drof.....

Ph: fax..... will provide me with prescriptions for benzodiazepines as discussed and agreed.

I agree I will only obtain prescriptions for benzodiazepines from Dr

And that I will pick up these prescriptions only from.Pharmacy at

Ph: fax.....
..

I agree that a copy of this signed undertaking will be sent to the ACT Pharmaceutical Services Section who may advise doctors and/or pharmacies about the Undertaking.

I understand should circumstances change this undertaking can be cancelled by my doctor or me and written advice will be sent to Pharmaceutical Services.

Signed.....Signed: Dr.....

Print.....Print Name.....

Date:.....Date:.....

Witnessed by:

Please verify that the nominated pharmacy is willing to participate in this voluntary undertaking before it is signed and sent to Pharmaceutical Services.

The information above is medically privileged and confidential and is intended for use by Pharmaceutical Services Section, ACT Department of Health and Community Care, 25 Mulley Street, Holder ACT 2611. Telephone: (02) 62050961 Fax: (02) 62050997

Protocol for the Management of Voluntary Undertakings

Definition

A Voluntary Undertaking is a voluntary agreement entered into by a patient with their doctor, whereby the patient agrees to the following:

- To attend only one identified doctor or practice to receive their prescriptions for benzodiazepines.
- To attend only one identified pharmacy to have their prescriptions for benzodiazepines dispensed.

Objectives

- encourage continuity of care
- promote the safe and controlled prescription and use of benzodiazepines
- minimise the harm associated with benzodiazepine use and concomitant alcohol and/or other drug use
- assist doctors to achieve the best possible health outcomes for patients using alcohol and other drugs
- reduce the Incidence of 'doctor shopping' by patients
- where possible and realistic, enlist the patient onto a gradual, supervised reducing regimen

Protocol

Before negotiating a Voluntary Undertaking

- All patients with known or suspected excessive benzodiazepine use should be encouraged to enter into a Voluntary Undertaking with their doctor.
- Patients cannot be forced to participate in a Voluntary Undertaking. However, a doctor may consider not prescribing if the patient refuses to participate. The immediate medical safety of the patient is a primary concern when deciding whether to prescribe. .
- When a patient nominates a pharmacy, doctors should contact the nominated pharmacy to inquire if that pharmacy is prepared to participate in the Voluntary Undertaking.

Informed Consent

- The patient should be clearly informed about the potential dangers of sudden reductions or cessation of benzodiazepines.
- Before the agreement is signed the patient should be informed that if they breach their Voluntary Undertaking the doctor may refuse to prescribe benzodiazepines.
- A patient should also be informed that s/he may cancel their Voluntary Undertaking at any time through their identified doctor. The document is considered valid for six months or until cancelled by patient or doctor.
- A witness other than the identified doctor needs to sign the Voluntary Undertaking to ratify the signatures of both the doctor and the patient.

The Voluntary Undertaking Document

- Having completed the Voluntary Undertaking Document:
 - a copy should be given to the patient
 - a copy, clearly marked “confidential”, should be forwarded to ACT Pharmaceutical Services in the Health Protection Service (by Fax 6205-0997 or by mail, GPO Box 825, CANBERRA CITY 2601)
 - a copy should be kept in the patient’s file.
- If any alterations are made to the Voluntary Undertaking, ACT Pharmaceutical Services should be notified.
- All Voluntary Undertakings and associated documents should be marked as "confidential" and filed accordingly. Measures should be taken to ensure that there is no unauthorised access to the files. Within the pharmacy, only pharmacists should be aware of those patients who have agreed to participate in a Voluntary Undertaking.

Options to be Considered

- Where possible and realistic doctors should encourage the patient to participate in a gradual, supervised reducing regimen.
- A doctor should consider referring any patient engaged in a Voluntary Undertaking to an alcohol and drug service for additional support and joint case management.

Breaches

- When a pharmacist identifies a patient using a doctor or pharmacy other than those identified in the Voluntary Undertaking. The patient should be referred back to the identified doctor or pharmacy and the identified doctor should be notified so they are aware that the undertaking may have been breached.
- When an agreement is breached the doctor should discuss the breach with the patient and
 - consider the underlying problems and assist the patient to resolve them
 - consider the patients safety
 - consider renegotiating the Voluntary Undertaking to include other conditions eg: counselling and/ or daily collection of medications from doctor or pharmacy and/or a reduced daily dosing regime.
 - consider liaising with alcohol and drug services and/or the Alcohol and Drug Program Medical Officer.
- If a patient refuses to renegotiate his/her Voluntary Undertaking the patient’s immediate medical safety is a primary concern when deciding whether to continue prescribing.
- After repeated breaches a doctor may decide to cancel the Voluntary Undertaking, refuse to prescribe benzodiazepines and refer the patient to an alcohol and drug service. It is important that the doctor ensures the patient is aware of the dangers associated with sudden cessation of benzodiazepines.

NOTE: If a patient is using codeine preparations concomitant with benzodiazepines a Voluntary Undertaking may be used to manage the patients use of codeine as well as benzodiazepines. The document may also be used for the purpose of managing similar prescription drugs, which may be used excessively. The document will need to be altered accordingly.

BENZODIAZEPINES

PRESCRIPTION GUIDELINES

- Prescribed benzodiazepines are being sold on the streets in the ACT by people supporting opioid or other drug use. It is a **criminal offence for a doctor or pharmacist to knowingly participate in such practices**.
- Benzodiazepines are dangerous when used in an uncontrolled manner. The use of this group of drugs has become a common part of polydrug use world wide.
- Benzodiazepines may be prescribed short term for anxiety, insomnia, muscle relaxation, manic episodes, movement disorders, alcohol withdrawal, sedation, anaesthesia and as anticonvulsants.
- **Scientific evidence does not support the use of benzodiazepines in the management of opioid dependency.**
- **Benzodiazepines may have a role in opioid withdrawal but only as part of a closely supervised, individualised, short term program. Benzodiazepines are not appropriate for the management of opiate withdrawal unless they are dispensed daily.** Further information may be obtained from the Medical Officer of the Alcohol and Drug Program.

Consequences of Prescribing Benzodiazepines

General

- **Dependence and associated withdrawal can occur after a 4-6 week period of regular benzodiazepine use.** Development of tolerance may result in patients experiencing withdrawal symptoms while still taking benzodiazepines.
- **Benzodiazepine use may result in over sedation and psychomotor impairment**, particularly in older people. Difficulties with concentration and memory, mental confusion, in coordination, ataxia, dysarthria and diplopia may occur.
- **Consumption of benzodiazepines increases the risk of accidental injury.** Their use substantially increases falls and fractures in older people and increases the likelihood of being involved in a motor vehicle accident.
- **The use of benzodiazepines can have adverse effects on sleep patterns, mood and behaviour**, inadvertently worsening the conditions for which they may have been prescribed.

In the injecting or other drug user

- **All benzodiazepines may be illicitly used intravenously.** The illicit injection of benzodiazepines, especially of contaminated and improper preparations, may result in gangrene of limbs and limb loss.
- **Benzodiazepine use by injecting drug users, taken either orally or by injection, is common and associated with disinhibition and increased harm.**
- **Benzodiazepine use can reduce the effectiveness of methadone treatment.**
- **Benzodiazepine use may be a risk factor in fatal and non-fatal opioid-related overdoses.** Benzodiazepines were present in 50% of the ACT's cases of fatal opioid overdoses over the last two and a half years .

Common Conditions for which Benzodiazepines are required

Anxiety Check for underlying causes -psychosocial, thyrotoxicosis etc. If benzodiazepine use is indicated, use one with a long onset of action and lower abuse potential. Drugs should rarely be used alone, non-pharmacological strategies for dealing with anxiety should also be introduced. Remember the anxiolytic effects of benzodiazepines are short lived.

Insomnia Consider underlying medical and psychosocial causes. Non-pharmacological options should be considered first. If a benzodiazepine is required, use for a limited period of time and consider alternate day use.

Panic Disorders Consider underlying problems and refer for non-pharmacological treatment options.

Alcohol Withdrawal Consider referring the patient to the Alcohol and Drug Program's, Detoxification Unit for a closely monitored medical withdrawal.

Depression Symptoms may increase with benzodiazepine use.

If you decide to prescribe -Remember:

- **Ensure there is a valid therapeutic reason for using a benzodiazepine.** Consider non-pharmacological therapies first.
- **Always inform the patient of the alternatives to using benzodiazepines and the potential dangers associated with their use** when you are first considering prescribing benzodiazepines.
- **Ask the patient if they have had any prescription drugs in the last 3 months** and document their reply.
- Consider controlled observation to establish a diagnosis, eg. for intractable insomnia.
- **Write the prescription in words and figures, for the smallest amount {up to 10 tablets} for 1-2 days.** Exercise caution with prescription renewals and do not order repeats.
- **Prescribe tablet formulations at all times** (not gel-filled capsules) and consider arranging daily collection of medications with a pharmacy or from a doctor's surgery when there is evidence of excessive drug use.
- **Consider the use of a 'Voluntary Undertaking'** (available from ACT Pharmaceutical Services). If the patient refuses to participate then consider not prescribing. Refusal to prescribe is not refusing to help. You may be able to offer them alternative assistance.
- **Document all prescription details, including renewals. Calculate and note when the next prescription is due, based on the dosage regime and quantity prescribed.**
- **Prescribing is not a substitute for counselling. .Don't put yourself or your staff in danger.**
- **Keep your prescription pads secure at all times.**

FURTHER INFORMATION

ACT Department of Health and Community Care, 1997 ' *The use and misuse of benzodiazepines: A Reference Document*', Canberra.

National Health and Medical Research Council, 1991, '*Monograph Series No 3, Guidelines for the prevention and management of benzodiazepine dependence*', prepared by Brayley, J., Bradshaw, G & Pols, R. Australian Government Publishing Service, Canberra.

Useful Contacts

Alcohol and Drug Program 24 Hour Helpline

.....6205-4545

Alcohol and Drug Program Medical

Officer.....6244-2191

for urgent enquires after hours contact through hospital switchboard6244-2222

ACT Pharmaceutical Services6205-0998

Fax 6205-0997

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