

Social Research & Evaluation Pty Ltd

ABN 40 113 241 973

1004 Norton Road
Wamboin NSW 2620
Australia

Phone: (02) 6238 3706

Mobile: 0416 231 890

Fax: (02) 9475 4274

Email: mail@socialresearch.com.au

www.socialresearch.com.au

**THE EXTENT AND NATURE OF ALCOHOL, TOBACCO
AND OTHER DRUG USE, AND RELATED HARMS,
IN THE AUSTRALIAN CAPITAL TERRITORY**

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**Prepared by David McDonald
Consultant in Social Research & Evaluation**

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Preface

The purpose of this report is to provide summary information on the extent and nature of the use of alcohol, tobacco and other drugs in the Australian Capital Territory, and on the harms associated with that use. It is the fourth edition in a series produced to assist in the further development, implementation and evaluation of the ACT's *Alcohol, Tobacco and Other Drug Strategy*. The earlier editions were published in February 2005, January 2006 and February 2008.

This report is largely based on published data. It covers drug use; drug availability; drug-related crime, law enforcement and health; and other types of drug-related harm. It concludes with a summary of ACT demographics.

The major changes from the third edition to this fourth edition include the following:

- All the categories of information published in the previous edition have been updated, and many expanded, except for a small number that are the result of one-off studies.
- Changes to how liquor and tobacco licence data are presented, reflecting a different approach to information systems at the Office of Regulatory Services, ACT Justice and Community Safety Directorate.
- The section on viral hepatitis now includes hepatitis B. This reflects the fact that this condition, as with hepatitis C, occurs predominantly among people with a history of injecting drugs.
- Long-term trend data for hepatitis C is now included.
- New data on Emergency Department separations for The Canberra Hospital and Calvary Hospital are included.
- Information on roadside drug testing, conducted by ACT Policing, is now included, in addition to random breath testing.
- Data from the 2010 ACT Inmate Health Survey is included.
- New data on types of drug offences (from ACT Policing) are included.

Acknowledgments

I commend the ACT Government Health Directorate for initiating and maintaining this series of reports as a component of its monitoring and evaluation of the ACT's *Alcohol, Tobacco and Other Drug Strategy*.

Dr Lisa Alleva from the Health Directorate's Alcohol and other Drug Policy Unit managed the project. She liaised with data custodians in various parts of the ACT Public Service to obtain previously unpublished data.

Data custodians and analysts in the ACT Government Health Directorate and Justice and Community Safety Directorate responded generously to our requests for unpublished data.

Recommended citation

McDonald, D 2012, *The extent and nature of alcohol, tobacco and other drug use, and related harms, in the Australian Capital Territory*, 4th edition, ACT Government Health Directorate, Canberra.

Executive summary

The purpose of this report is to provide summary information on the extent and nature of the use of alcohol, tobacco and other drugs (ATOD) in the Australian Capital Territory (ACT), and on the harms associated with that use and with societal responses to drugs, drug use and people who use drugs. It is an expanded and updated edition in a series produced to assist in the further development, implementation and evaluation of the Australian Capital Territory's *Alcohol, Tobacco and Other Drug Strategy 2010-2014*. It is largely based on published data and it covers drug use; drug availability; drug-related crime, law enforcement and health; and other types of drug-related harm. It concludes with a demographic summary.

Drug use

Some 86% of ACT adults state that they use alcohol, with 5.4% drinking daily and 20% of drinkers being in the 'risky' level of consumption, as defined by the National Health and Medical Research Council (NHMRC).

The ACT's prevalence of daily tobacco smoking, 11%, is well below the national prevalence. Some 7% of female secondary school students report current tobacco use, as do 6% of the male students. Smoking rates among students have fallen markedly over the last decade.

Illicit drug use is not uncommon in the ACT, with 14% of household survey respondents aged 14 years or older reporting using an illicit drug in the year before interview. Cannabis is the drug most frequently consumed, with 10% reporting recent use. The next most commonly consumed drug category is the use of pain killers for non-medical purposes (2.9%). Polydrug use is the norm among people who inject illegal drugs and 'ecstasy'-related drug users.

Drug availability

The ACT had 495 liquor licence renewals in December 2011, with the number having fallen by 18% over the last four years, largely because of fewer renewals of 'off' licences.

A total of 326 retail tobacconists' licences were renewed in 2011. The number has fallen each year over the past three years.

Heroin, MDMA ('ecstasy'), cannabis, methamphetamine and cocaine are said by users to be 'easy' to 'very easy' to obtain in the ACT. This is in contrast to earlier years when the level of cocaine availability was low.

Drugs, crime and law enforcement

In the 2009-10 year, 459 arrests for drug offences occurred (386 excluding Simple Cannabis Offence Notices: SCONs). Taking into account the size of the ACT population, this is a rate just 34% of the national rate. Cannabis consumers (i.e. offenders not classified as providers) composed 64% of all ACT drug arrests plus SCONs in that year.

At 30 September 2011 just 3 of the 171 inmates of the Alexander Maconochie Centre (AMC: Canberra's prison) had a drug offence as the most serious offence for which they were incarcerated. Three-quarters (74%) reported that the crimes for which they were imprisoned were drug-related. Some 32% reported injecting illegal drugs while at the AMC and 27% reported that the last time they had injected was in a prison.

ACT Policing conducted 98,245 random breath tests for drink-driving in the year to 30 September 2011. In 1,448 cases the driver exceeded the prescribed limit, a rate of 15 per 1,000 tests. The number of tests administered each quarter, and the proportion of drivers exceeding the blood alcohol concentration (BAC) limit, varies markedly over time.

In the year to 30 June 2011, 1,093 instances of people being taken into police custody owing to intoxication occurred. The number has been fairly stable over the last three years.

Drugs and health

Overdose is a major health threat to people who consume drugs. The ACT Ambulance Service attended 601 overdose incidents in the first 10 months of 2011, of which 42% were from alcohol, 22% from 'polypharmacy', 10% from heroin and 6% from benzodiazepines. Other pharmaceutical drugs accounted for most of the remainder.

The ACT mortality rate from opioids, 1.7 per 100,000 aged 15-54 years (six deaths), was 30% higher than the national rate in 2007, the most recent year for which ACT data are available.

In 2010, 223 cases of hepatitis C infection were diagnosed in the ACT, a rate 17% higher than the national level. The ACT rate fell markedly from 1995 to 2009, but moved to a higher level in 2010.

Alcohol is a major cause of deaths and hospital presentations. It is estimated that, over the 1992-2001 decade (the most recent data available), alcohol caused the loss of 341 lives in the ACT and saved 38 lives through its purported protective effect with respect to cardiovascular disease, with a net loss of 303 lives. 82 of the deaths were from alcoholic liver cirrhosis, 54 from road crash injury, 33 from alcohol poisoning and 32 from suicide.

The ACT rates of illicit drug-related hospital separations (covering illicit drug use, dependence, psychosis and withdrawal) was 20% higher than the national rate in 2009-10. Overall, in 2010-11 77% of people treated in the Emergency Departments of Canberra's two largest hospitals for disorders caused by psychoactive substance use were for alcohol-related conditions. Opioids composed just 4.1% of the cases, illicit stimulants 3.3%, and cannabis 1.4%.

Perceptions of neighbourhood problems

People's perceptions of neighbourhood problems are monitored in the ABS Crime Victimisation Survey program. The 2009-10 Survey revealed that 10% of ACT people aged 18 years and over felt that there were problems with public drunkenness in their local area, compared with 17% nationally. A much lower proportion, 4%, had a perception of local problems with people using or dealing drugs, compared with 8% nationally.

Activities while under the influence of alcohol and other drugs

Significant numbers of ACT residents report engaging in dangerous or otherwise problematic activities while under the influence of alcohol and/or other drugs. This includes 18% of drinkers driving a motor vehicle while under the influence of alcohol and 6% going to work in that condition. 23% of people who had used illicit drugs in the year before interview reported driving under the influence of drugs other than alcohol, with 13% going to work in that condition.

Trends

On most indicators the prevalence of harms related to psychoactive substances in the ACT are stable or falling.

That said, the increasing levels of consumption of pharmaceutical opioids (both prescribed and diverted from licit sources) and harms related thereto, seen nationally, is probably occurring in the ACT, though this is as yet largely undocumented. In addition, the ACT is probably experiencing an increase in the availability and use of potentially-harmful synthetic cannabinoids (formerly known as ‘legal highs’). Information systems that could monitor both of these trends would be useful.

Conclusion

It is recommended that this report continue to be updated and expanded, perhaps every two years or as significant new data sources become available. Opportunities may exist to harmonise the contents of future editions in this series with the reports of the National Drug Strategy Working Group that has been established to develop a new National Drug Research and Data Strategy.

Data from the 2010 National Drug Strategy Household Survey were released by the Australian Institute of Health and Welfare (AIHW) in July 2011. The Institute’s earlier approach of also releasing a supplement report providing key data separately for each state and territory was not followed, and the national report contains little data on the ACT specifically. Such data would be valuable, however, for monitoring and evaluating in the ACT. Consideration could be given to commissioning a comprehensive analysis of the 2010 Survey results as they pertain to this jurisdiction, including documenting trends.

In any further development of ACT ATOD information systems, particularly attention could be given to monitoring emerging trends through implementing early warning systems, as the ACT does not have in place a sufficiently timely and comprehensive early warning system to alert policy people, service agencies, drug users and the community about emerging trends.

1. Introduction

The purpose of this report is to provide summary information on the extent and nature of the use of alcohol, tobacco and other drugs in the Australian Capital Territory, and on the harms associated with that use and with societal responses to drugs and drug use. It is an expanded and updated fourth edition in a series produced to assist in the further development, implementation and evaluation of the Australian Capital Territory's *Alcohol, Tobacco and Other Drug Strategy 2010-2014*.¹ The previous issue in this series (the third edition) was published in 2008.²

The scope of the report is limited to information on drug consumption, drug availability and drug-related harms. The sources of harms are drug use; the illegal status of some drugs; the operation of drug markets; and societal responses to drugs, drug users and drug use. It does not cover responses (interventions) in the areas of prevention, treatment or law enforcement except where these are proxy measures for harms experienced by the community (e.g. people taken into custody for public intoxication). The sources of information on interventions are detailed in a related report,³ and information on ACT Government expenditures on drugs has also been published in elsewhere.⁴

Where appropriate, this report provides comparative national data, enabling the reader to see how the ACT compares with the rest of Australia. With a few exceptions, only published information is presented here.

A caution is proffered: while it is commonplace to cite data comparing the ACT with the Australian states, the NT and Australia as a whole (and ABS & AIHW do so routinely), in some cases this produces misleading comparisons as it entails comparing a city with other population and geographical units that merge urban, rural and remote communities and localities.

¹ Other papers in this series are available online at <http://www.health.act.gov.au/c/health?a=da&did=10133064>

² McDonald, D 2008, *The extent and nature of alcohol, tobacco and other drug use, and related harms, in the Australian Capital Territory, February 2008*, Social Research & Evaluation Pty Ltd, Canberra, <http://www.health.act.gov.au/c/health?a=da&did=10133064>.

³ McDonald, D 2006, *Sources of published data on alcohol, tobacco and other drugs in the ACT*, 2nd edn, ACT Health, Canberra, <http://www.health.act.gov.au/c/health?a=da&did=10133064>.

⁴ McDonald, D 2006, *Australian Capital Territory Government expenditure on preventing and responding to drug abuse, 2004-05*, Social Research & Evaluation Pty Ltd, Canberra, <http://www.health.act.gov.au/c/health?a=da&did=10133064>.

2. Consumption levels and patterns

This section deals with the levels and patterns of consumption of alcohol, tobacco and illegal drugs. It also covers polydrug use, injecting and the availability of illicit drugs.

Alcohol

Overall, 86.3% of ACT residents aged 14 years and above state that they have consumed alcohol in the past 12 months, with the proportion of males drinking (88.1%) being slightly higher than females (85.0%). These figures are for 2010, and are in each case lower than for 2004. The ACT's 2010 drinking prevalence was higher than the national figure: 86.3% compared with 79.9%.⁵

The proportion of ACT residents 14 years and older who drink alcohol daily (5.4%) is well below the national rate (7.2%). The proportion drinking at levels that place them in the 'risky' category of lifetime alcohol-related harm (using the NHMRC's definition of consuming more than two standard drinks per day on average⁶) is similar to the national proportion: 19.5% of recent drinkers compared with 20.1% nationally.

<i>Risk status</i>	<i>ACT (%)</i>	<i>Australia (%)</i>
Abstainers	13.5	19.5
Low risk	67.0	60.4
Risky	19.5	20.1

Persons aged 14 years and over

Base: people who consumed alcohol in the previous 12 months

Per capita alcohol consumption

The ACT's adult per capita consumption of alcohol for the 2000/01 year has been estimated as 9.8 litres of pure alcohol, similar to the national figure of 9.3 litres.⁷ Later data are not available as some years ago the ACT Government ceased collecting data on wholesale purchases of alcoholic beverages by ACT retailers once its capacity to tax such sales was removed by a decision of the High Court of Australia. The problematic consequences of this have been recognised by the Government, and at the time of writing it is re-establishing a data collection system to provide, prospectively, alcohol sales data that will enable trends in per capita consumption to be monitored in the ACT.

Secondary school students

Overall, 24% of male secondary school students and 23% of female students reported drinking alcohol in the week before the 2008 ACT Secondary Student Alcohol and Drug Survey (ASSAD) survey, proportions similar to the previous (2005) survey but lower than those in the 1990s and 2002. The prevalence of harmful drinking was 7.1%

⁵ Source for this section: Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy household survey report, cat. no. PHE 145*, AIHW, Canberra, <<http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf>>.

⁶ National Health and Medical Research Council 2009, *Australian guidelines to reduce health risks from drinking alcohol*, National Health and Medical Research Council, Canberra.

⁷ Chikritzhs, T, Catalano, P, Stockwell, T, Donath, S, Ngo, H, Young, D & Matthews, S 2003, *Australian alcohol indicators, 1990-2001: patterns of alcohol use and related harms for Australian states and territories*, National Drug Research Institute, Curtin University of Technology, Perth, W.A, p. 28.

(7.5% among male students and 6.6% among females). These proportions were also similar to that observed in 2005.

Some 39% of students reported that their last drink was given to them by their parents. 81% of male and 89% of female students (85% of all students) agreed with the statement ‘You can have a good time at a party where there is no alcohol’, but almost half of the male students (44%) and a similar proportion of the females (46%) (45% of all students) agreed that ‘Getting drunk every now and then is not a problem’.⁸

Tobacco

The ACT has the lowest level of daily smoking of all Australia’s states and territories, 11.0% compared with a national figure of 15.1% in 2010. Both the ACT’s male daily smoking prevalence (12.0%) and the female prevalence (10.1%) are markedly lower than the corresponding national figures of 16.4% and 13.9%.⁹ The prevalence rates for both males and females have fallen steadily from earlier surveys in this series.

<i>Smoking status</i>	<i>ACT (%)</i>	<i>Australia (%)</i>
Daily	11.0	15.1
Weekly	1.0	1.5
Less than weekly	1.8	1.4
Ex-smoker	24.9	24.1
Never smoked	61.2	57.8

Persons aged 14 years and over

Prevalence: secondary school students

In 2008, 7.1% of the female secondary school students reported current tobacco use, as did 6.3% of the male students (6.7% of all students). (Here ‘current smokers’ are students who reported smoking cigarettes on at least one day in the last seven days.) Between 1996 and 2005, current tobacco smoking prevalence among these students fell by 67%, from 20.4% to 6.7%. The change between the 2005 and 2008 surveys, from 8.6% to 6.7%, was not statistically significant, suggesting that the long-term reduction in prevalence rates may have slowed or stopped.

The secondary school students who smoke tend to be relatively light, non-dependent smokers, with male current smokers reporting smoking an average of 28 cigarettes in the previous week, and females smoking 20 cigarettes.¹⁰

⁸ Epidemiology Branch, ACT Health 2010, *ACT secondary student drug and health risk behaviours: results of the 2008 ACT Secondary Student Alcohol and Drug Survey*, Health Series no. 50, Epidemiology Branch, ACT Health, Canberra.

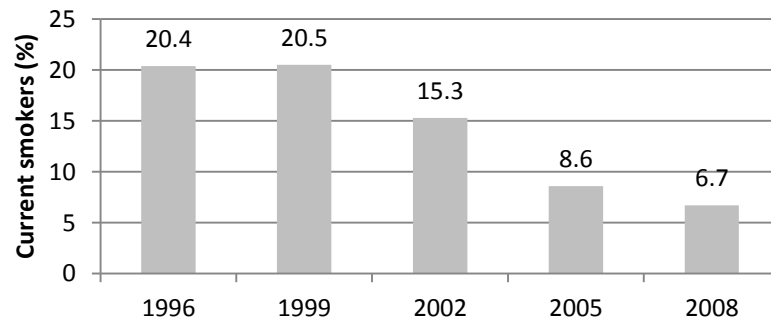
⁹ Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy household survey report, cat. no. PHE 145*, AIHW, Canberra, <<http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf>>.

¹⁰ Epidemiology Branch, ACT Health 2010, *ACT secondary student drug and health risk behaviours: results of the 2008 ACT Secondary Student Alcohol and Drug Survey*, Health Series no. 50, Epidemiology Branch, ACT Health, Canberra.

Figure 1 provides trend data from the ACT Secondary Student Alcohol and Drug Survey series.

FIGURE 1

Current smokers, secondary school students, 1996 - 2008



Illicit drugs

In 2010, 13.9% of ACT survey respondents aged 14 years and above reported having used an illicit drug in the 12 months prior to the survey. This figure is marginally lower than the national rate of 14.7%.

Cannabis is the illicit drug most commonly used in the ACT (as elsewhere in Australia), with 9.5% of ACT residents aged 14 years and above reporting recent use of the drug (i.e. having used it in the past 12 months) in 2010.¹¹ Prevalence of use of the other illegal drugs is very low. The following table lists the drug types with reported 2010 prevalence of use exceeding 1%.

TABLE 3
RECENT USE OF AN ILLICIT DRUG, ACT AND AUSTRALIA, 2010

<i>Drug type</i>	<i>ACT (%)</i>	<i>Australia (%)</i>	<i>ACT:Australia rate ratio</i>
Cannabis	9.5	10.3	0.9
Ecstasy	2.3	3.0	0.8
Meth/amphetamine (speed)*	1.2	2.1	0.6
Pain killers/analgesics*	2.9	3.0	1.0
Cocaine	1.8	2.1	0.9
Hallucinogens	1.5	1.4	1.1
<i>Any illicit drug</i>	<i>13.9</i>	<i>14.7</i>	<i>0.9</i>

Persons aged 14 years and over. 'Recent use' means within the last 12 months.

*For non-medical purposes

*The prevalence of reported use in the ACT of the other illicit drugs covered in the NDS Household Survey (inhalants, heroin, ketamine, GHB, steroids, methadone/buprenorphine, and other opiates) has relative standard errors greater than 50%, meaning that the figures are too unreliable for general use. Consequently, they are not reported here.

¹¹ Australian Institute of Health and Welfare 2011, *2010 National Drug Strategy household survey report, cat. no. PHE 145*, AIHW, Canberra, <<http://www.aihw.gov.au/publications/phe/ndshs04sts/ndsh04sts.pdf>>.

In 2010, the self-reported levels of use of all types of illicit drugs in the ACT listed in Table 3 were similar to or below the national figures. Overall, the ACT level of any illicit drug use in the year before the 2004 survey (13.9%) was 0.9 times the national proportion of 14.7%.

Compared with the 2007 National Drug Strategy Household Survey, the ACT component of the 2010 Survey showed a *similar* prevalence of recent use of any illicit drug, and of cannabis and cocaine specifically. It showed *lower* levels of MDMA (ecstasy) and meth/amphetamine use, and *higher* levels of pain killer/analgesics and hallucinogen use.

Secondary school students

The 2008 ACT Secondary Students Alcohol and Drug Survey also investigated recent use of illegal drugs, in this case ‘recent use’ meaning use within the week prior to the survey. The findings were as follows:

- There was a decrease in the proportion of students reporting the use of illicit substances between 1996 and 2008.
- The most commonly ever used illicit substance reported in 2008 was cannabis (13.2%).
- The 2008 survey shows a continued reduction in the percentage of students who have used illicit substances, including those who have ever used: any illicit substance (14.8%, 2005:20.3%); cannabis (13.2%, 2005:16.9%); hallucinogens (2.4%, 2005:4.1%); amphetamines (3.3%, 2005:5.9%); and cocaine (1.6%, 2005:3.4%).
- Injection of illicit drugs was not common among ACT secondary students, with 3.9% of all students surveyed reporting they had ever injected drugs. In 2008, 40.8% of these students reported having shared a needle or syringe with someone else. Over one-third (35.1%) reported having obtained injecting equipment from a needle and syringe program outlet in 2008.
- In 2008, 13.6% of all students surveyed reported never having used tobacco, alcohol or any illicit substance in their lifetime. This was a significant decrease in users from 2005 (9.5%).
- Tranquillisers and sedatives (19.4%), followed by inhalants (17.7%) were the most commonly used drug ever used overall. The prevalence of having ever used tranquillisers and sedatives for non-medical reasons increased between 2005 and 2008.
- Perceptions of the danger associated with illicit substance and other drug use varied amongst groups. Older students were more likely than younger students to perceive the use of these substances as ‘very dangerous’ with one exception: younger students (75.6%) were more likely than older students (64.3%) to report regular use of marijuana as ‘very dangerous’. Younger students perceived using LSD regularly and sniffing glue, thinners and petrol regularly as less dangerous than older students did.¹²

¹² Epidemiology Branch, ACT Health 2010, *ACT secondary student drug and health risk behaviours: results of the 2008 ACT Secondary Student Alcohol and Drug Survey*, Health Series no. 50, Epidemiology Branch, ACT Health, Canberra.

Table 4 summarises these prevalence data; the footnote on this page provides the source.

<i>Drug type</i>	<i>%</i>
Tranquillisers	19.4
Inhalants	17.7
Cannabis	13.2
Ecstasy	3.8
Amphetamines	3.3
Hallucinogens	2.4
Steroids	2.4
Cocaine	1.6
<i>Any illicit drug</i>	<i>14.8</i>

Injecting drug use

Although the ACT component of the National Drug Strategy Household Survey does not have a large enough sample to provide much usable data on injecting drug use in the ACT, it is noted that, in 2007, 0.5% of the ACT population aged 14 years and above stated that they had injected drugs in the preceding 12 months, the same proportion as nationally.¹³ The report on the 2010 Survey does not provide comparable data.

More detailed information on injecting is available from the annual Australian Needle and Syringe Program (NSP) surveys.¹⁴

The NSP survey, conducted by researchers from The Kirby Centre with data collection undertaken at DIRECTIONS ACT, provides information on a sentinel sample of people who inject illegal drugs. This means that the following findings must be used with caution, and that comparisons over time may be unreliable owing the marked variation in number of respondents on a year-to-year basis. The 2010 Survey revealed that:

- Heroin was most frequently mentioned as the drug last injected, closely followed by methamphetamine.
- Own home was the place most frequently used for injecting.
- 58 of the 97 respondents reported that they used sterile injecting equipment every time they injected, with an additional 24 doing so most of the time.
- 84 of the 97 reported experience with treatment for drug use at some time.
- 63 of the 95 tested were hepatitis C virus (HCV) antibody positive.

Some 3.9% of the ACT respondents to the 2008 Secondary School Survey reported having used drugs by injection at some stage in their lifetimes.

¹³ Australian Institute of Health and Welfare 2008, *2007 National Drug Strategy household survey: State and Territory supplement, Drug Statistics Series no. 21, cat. no. PHE 102*, Australian Institute of Health and Welfare <<http://www.aihw.gov.au/publications/index.cfm/title/10670>>.

¹⁴ The Kirby Institute, The University of NSW 2011, *Australian NSP Survey national data report 1995-2010*, The Kirby Institute, University of New South Wales, Sydney.

Poly-drug use

The Ecstasy and Related Drugs Reporting System (EDRS) confirms that polydrug use is the norm among ACT people who inject illegal drugs:

As in previous years, the majority of ACT EDRS participants in 2010 were polydrug users. Eighty-eight percent of participants reported that the last time they used ecstasy they had used other drugs in combination with ecstasy. The drugs most commonly used in combination with ecstasy by [recent ecstasy users] were alcohol, cannabis and tobacco. Cocaine, speed and LSD were also commonly used in combination with ecstasy. Polydrug use can increase or alter adverse effects in ways that are often unpredictable and problems relating to intoxication may be enhanced due to the drug interactions arising from polydrug use. Treatment approaches and harm reduction interventions need to take this into account, especially in relation to the effects of drugs, safer use, withdrawal and overdose risk.¹⁵

¹⁵ Arora, S & Burns, L 2011, *ACT trends in ecstasy and related drug markets 2010: findings from the Ecstasy and Related Drugs Reporting System (EDRS)*, Australian Drug Trends Series no. 66, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, (p. 0 (*sic*)).

3. Drug availability

This section provides information on the availability of both legal and illegal drugs, along with the price and purity of the illegal drugs.

Alcohol

On 1 December 2011, 495 liquor licences were renewed in the ACT under the ACT *Liquor Act 2010*, in the following categories: 'on' 291; 'off': 108; 'club': 61; 'special': 26; and 'general': 9. The number of renewals effected, in each year 2008 to 2011 is provided in Table 5.

The number of renewals has fallen by 18% from 2008 to 2011. This fall has been largely driven by a 39% reduction in the number of 'off' licences renewed.

TABLE 5
LIQUOR LICENCE RENEWALS, ACT,
2008 TO 2011

<i>Type</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>
On	306	314	305	291
Off	176	181	173	108
Club	64	66	64	61
Special	42	39	38	26
General	13	12	12	9
Total	601	612	592	495

Note: the number of liquor licence renewals is the best indicator of trends in licences on issue as they are all renewed on 1 December each year.

Source: Office of Regulatory Services, Justice and Community Safety Directorate.

Tobacco

Retailers and wholesalers of tobacco products are required to be licensed under the provisions of the ACT *Tobacco Act 1927*. At 30 June 2011 there were 367 tobacco licences on issue.¹⁶

Trend data are available covering new tobacco licences issued and renewals of licences. The number of licences on issue has fallen over each of the years reported upon.

TABLE 6
TOBACCO LICENCES, NEW AND RENEWALS, ACT,
2007-08 TO 2010-11

<i>Year</i>	<i>2007-08*</i>	<i>2008-09</i>	<i>2009-10</i>	<i>2010-11</i>
New	429	53	38	45
Renewals	..	374	337	326

* The new/renewal licences breakdown is not available for the 2007-08 year.

Source: ACT Office of Regulatory Services, Justice and Community Safety Directorate.

¹⁶ ACT Government, Justice and Community Safety Directorate 2011, *Annual Report 2010-11*, vol. 1, Justice and Community Safety Directorate, p. 53.

Pharmaceutical products

The author is not aware of any source of data on the volume and types of psychoactive pharmaceutical drugs prescribed and/or dispensed specifically in the ACT.

Illicit drugs

The Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (EDRS) provide information annually on the availability of illicit drugs in the ACT, using as its sources interviews with current users and key informants, and the data collected by various organisations including criminal justice system agencies and those published by the Australian Crime Commission.¹⁷

The availability of *heroin* has been stable in recent years, and in 2010 remained classified as ‘easy’ to ‘very easy’ to obtain in Canberra. Some 29% of 2010 IDRS respondents indicate that they had used, in the previous six months, the brown powder or rock forms of heroin (assumed to be sourced from Afghanistan) as well as the purer, white powder form.

The availability with of *methamphetamine* is similar to heroin, with most EDRS informants indicating that it is ‘easy’ or ‘very easy’ to obtain in the powdered (‘speed’) form.

Cocaine was reported by illicit drug users as being ‘easy’ or ‘very easy’ to obtain in the ACT, in contrast to four years earlier when most advised that it was ‘difficult’ or ‘very difficult’ to obtain.

Both bush *cannabis* and the hydroponic form remain ‘easy’ to ‘very easy’ to obtain. Hydroponic cannabis is the dominant form of this drug in the Canberra region.

In 2010, *MDMA* (‘ecstasy’) was still classified by most informants as being ‘easy’ or ‘very easy’ obtain.

Illicit drugs’ price and purity

Two sources of information on price and purity of illegal drugs are available, namely the annual drug trends data from the Illicit Drugs Reporting System (IDRS) and the Ecstasy and Related Drugs Reporting System (ERDS), and police data from the Australian Crime Commission’s annual *Illicit Drug Data Report* (IDDR). The IDRS cites data from the same sources as the IDDR uses (including the police services) and collects its own data as well.

The 2010 IDRS findings regarding *heroin* were as follows

The reported price for a cap of heroin has remained stable in the ACT since 2001 at \$50. In 2010 the reported price for a gram of heroin decreased to \$300 (\$320 in 2009), which was equivalent to 2007 and 2008... There was an increase in participants reporting heroin purity to be ‘low’ from 47% in 2009 to 57% in 2010. In 2010, 28% reported heroin purity to be ‘medium’ (down from 37% in 2009), and only 4% reported purity to be ‘high’ (6% in 2009).¹⁸

¹⁷ Spicer, B, Arora, S & Burns, L 2011, *Australian Capital Territory drug trends 2010: findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series no. 57, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Arora, S & Burns, L 2011, *ACT trends in ecstasy and related drug markets 2010: findings from the Ecstasy and Related Drugs Reporting System (EDRS)*, Australian Drug Trends Series no. 66, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

¹⁸ Spicer, B, Arora, S & Burns, L 2011, *Australian Capital Territory drug trends 2010: findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series no. 57, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, p. xiv.

For *powder methamphetamine* ('*speed*')

The reported price for a point of speed remained stable from 2009 to 2010 at \$50. The median price reported for a gram of speed also remained stable at \$250...In 2010, participants perceived the purity of speed to be 'low' (44%) to 'medium' (33%).¹⁹

For *crystalline methamphetamine* ('*ice*', '*crystal*')

The median price for a point of crystal remained stable in 2010 at \$50. The price for a gram decreased from \$450 in 2009 to \$275 in 2010; however, only a very small number of participants reported on the price of this quantity in 2010 so results should be interpreted with caution. There were mixed reports regarding current purity of crystal in 2010. It has been suggested that the lower purity form may be domestically produced crystal, with higher purity crystal imported...The majority of participants in 2010 reported that crystal purity was 'medium' (39%) or 'high' (33%). There was a significant decrease in the proportion of participants who reported that crystal was 'low' in purity (22%; 54% in 2009).²⁰

For *cocaine*, since only one respondent provided information on the price, purity and availability of cocaine in 2010, so these data were not reported upon in the 2010 IDRS.

For *cannabis*

The median reported price of a gram of hydro or bush remained stable from 2009 to 2010 at \$20. The median price for an ounce of hydro decreased to \$280 in 2010 (\$300 in 2009), while the median price for an ounce of bush remained stable at \$250. In 2010, small numbers reported on the price per ounce for both types of cannabis (hydro and bush) so results should be interpreted with caution...The majority of participants who reported on the potency of hydro cannabis believed it to be of 'high' potency (52%), while bush was reported to be of 'medium' potency (56%).²¹

For *ecstasy*

The median reported price for a tablet of ecstasy has remained stable in the ACT since 2003 at \$35 a tablet...The current purity of ecstasy was reported by REU to be at 'medium' to 'high' levels, and approximately one-fifth of the sample indicated that the purity of ecstasy had fluctuated in the past six months.²²

Comment: An important finding from the Australian Drug Policy Modelling Project has been the usefulness of monitoring illicit drug price and purity as an instrument for monitoring trends in illicit drug markets. The investigators have suggested that monitoring the price per pure gram (or other unit) of each class of drugs of interest provides a useful sentinel measure of drug availability and the impacts of law enforcement. Modelling has demonstrated that this indicator tracks the 2001 end of the Australian heroin glut as effectively as trends in overdoses,²³ and the indicator has

¹⁹ Op. cit., p. xiv.

²⁰ Op. cit., p. xv.

²¹ Op. cit., p. xv.

²² Campbell, G & Degenhardt, L 2007, *ACT trends in ecstasy and related drug markets 2006: findings from the Ecstasy and Related Drugs Reporting System*, NDARC Technical Report no. 276, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, p. xiii.

²³ Ritter, AJ 2005, 'Improving illicit drug policy in Australia: the Drug Policy Modelling Project (DPMP)', paper presented to Australian Institute of Criminology Occasional Seminar, Canberra, 5 October; Moore, T, Caulkins, JP & Dietze, P 2005, Bulletin No 8: Illicit drugs in Australia: what do we know about the role of price? *DPMP Bulletin Series*, Turning Point Alcohol and Drug Centre, Fitzroy, Vic.; Moore, TJ, Caulkins, JP, Ritter, A, Dietze, P, Monagle, S & Pruden, J 2005, *Heroin markets in Australia: current understandings and future possibilities*, Drug Policy Modelling Project Monograph Series no. 09, Turning Point Alcohol and Drug Centre, Fitzroy, Vic.

been used to estimate the social costs of illicit drug use.²⁴ Consideration could be given to using this approach in the ACT.

²⁴ Moore, TJ 2007, *Working estimates of the social costs per gram and per user for cannabis, cocaine, heroin and amphetamines*, Drug Policy Modelling Project Monograph Series no. 14, National Drug and Alcohol Research Centre, Sydney.

4. **Drugs, crime and law enforcement**

This section provides information in five areas: ACT drug-related arrests, people in custody for a drug offence, drink-driver breath testing, roadside drug testing and people taken into police custody owing to intoxication.

Drug-related arrests

The Australian Crime Commission provides data concerning drug-crime arrests.²⁵ Using data provided by ACT Policing, they advise that, in the ACT in the 2009-10 year, 405 people classified as drug ‘consumers’ were arrested or issued with a SCON (a Simple Cannabis Offence Notice), and 54 people classified as ‘providers’ were arrested, a total of 459 offenders. This means that 88% of the ACT total were consumers, a proportion similar to the national figure of 81%. In the previous year, 89% were classified as consumers.

For all drugs, the ACT arrest plus SCON rate was 129 per 100,000 population, just 34% of the equivalent national rate of 385 per 100,000.

Cannabis offences are the most frequent. Some 93% (96% in the previous year) of people arrested for a cannabis offence or issued with a SCON in the ACT were consumers, compared with 86% nationally. Cannabis consumers were 64% (59% in the previous year) of all illicit drug arrests and SCONs in the ACT, compared with 57% nationally.

<i>Drug</i>	<i>Consumers</i>	<i>Providers</i>	<i>Total</i>
Cannabis arrests	223	21	244
Cannabis SCONs	73	-	73
Heroin	21	9	30
Amphetamine-type stimulants	76	24	100
Cocaine	8	0	8
Hallucinogens	1	0	1
Steroids	3	0	3
Other/unknown	0	0	0
<i>All drugs (excl. SCONs)</i>	<i>332</i>	<i>54</i>	<i>386</i>
<i>All drugs (incl. SCONs)</i>	<i>405</i>	<i>54</i>	<i>459</i>

SCON: Simple Cannabis Offence Notice

Source: Australian Crime Commission 2011, *Illicit drug data report 2009-10*, Australian Crime Commission, Canberra.

²⁵ Australian Crime Commission 2011, *Illicit drug data report 2009-10*, Australian Crime Commission, Canberra.

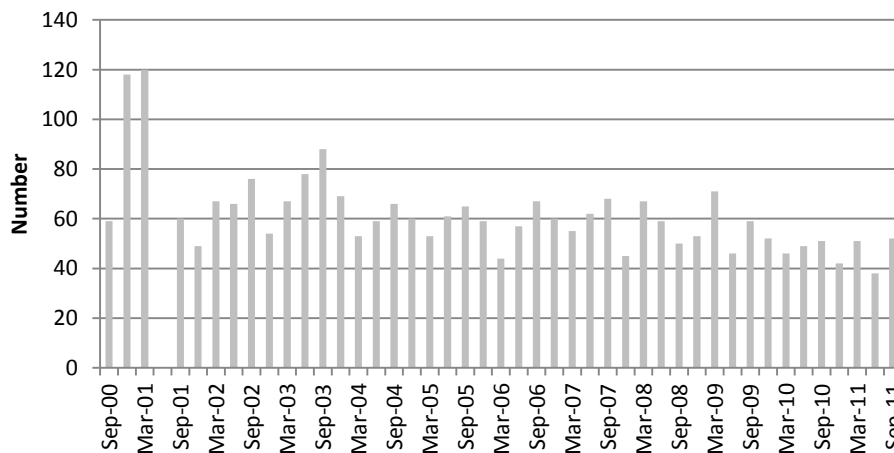
Information on the types of drug offences is provided by ACT Policing:

<i>Offence type</i>	<i>2009-10</i>	<i>2010-11</i>	<i>% change</i>
Possession or use of drugs	426	426	0
Deal and traffic in drugs	61	42	-31
Manufacture and grow drugs	40	32	-20
Other drug offences	2	0	-100
<i>Total</i>	<i>529</i>	<i>500</i>	<i>-5</i>

Source: ACT Policing 2011, *Annual report 2010-11*, ACT Policing, Canberra, p. 84.

ACT Policing data on the number of drug arrests/summonses issued each quarter since September 2000 are illustrated in Figure 2. With the exception of large numbers of arrests/summonses in late 2000 and early 2001, and another (though smaller) peak in mid-2003, the number has remained largely within the range 40 to 60 per quarter.

FIGURE 2
Arrests & summonses for drug offences, ACT, quarterly, 2000 to 2011



Source: ACT Justice and Community Safety Directorate, *ACT criminal justice statistical profile*, quarterly.

Prison inmates

The quarterly ACT Criminal Justice Statistical Profile provides data on people in custody and the offences involved, including drug offences. At the end of September 2011 there were 171 inmates of Canberra's prison, the Alexander Maconochie Centre (AMC), and in 3 cases drug offences were recorded as the most serious offence leading to custody.²⁶

In 2011 researchers from the Burnet Institute conducted an evaluation of the drug policies and services at the Alexander Maconochie Centre. They documented the extent and nature of drug availability and use at the prison. Their report shows that most of the inmates were users of illegal drugs immediately before incarceration. Almost all are cigarette smokers, and most were drinking at harmful levels immediately prior to incarceration. Three-quarters (74%) reported that the crimes for which they were imprisoned were drug-related, and 79% reported that they were affected by alcohol or other drugs when they committed the offence(s) for which they were imprisoned. Some 32% reported injecting illegal drugs while at the AMC and 27% reported that the last time they had injected was in a prison.²⁷

In May 2010 the ACT Government Health Directorate conducted the first Inmate Health Survey at the AMC. Although detailed information on drug use and related matters has yet to be published, the initial summary report on the Survey included these findings:

- 48% of respondents are hepatitis C antibody positive; none are HIV positive
- 85% are current cigarette smokers
- 20% stated that they commenced smoking in prison
- 80% would like to quit cigarette smoking
- 16% of those who reported drinking consumed alcohol while in prison
- 91% had ever used illicit drugs and 67% of them had injected illegal drugs
- 53% of those who have ever injected illegal drugs are on the prison methadone program
- 79% stated that they were under the influence of alcohol and/or other drugs at the time of committing the offence that led to their imprisonment.²⁸

²⁶ ACT Government, Justice and Community Safety Directorate quarterly, *ACT criminal justice statistical profile September 2011 quarter*, Justice and Community Safety Directorate, <http://www.justice.act.gov.au/criminal_and_civil_justice/criminal_justice_statistical_profiles>.

²⁷ Stoové, M & Kirwan, A 2011, *External component of the evaluation of drug policies and services and their subsequent effects on prisoners and staff within the Alexander Maconochie Centre*, Burnet Institute, Melbourne.

²⁸ ACT Health, Epidemiology Branch 2011, *2010 ACT Inmate Health Survey summary results*, Health Series no. 55, ACT Health, Population Health Division & Mental Health, Justice Health and Alcohol & Drug Services Division, Canberra.

Random breath testing

ACT Policing conducts random breath testing as part of the ACT's campaign against drink-driving. Figure 3 illustrates data on the number of tests administered, and the number that exceed the limit (0.05g% for most drivers) per 1,000 tests, quarterly for the last 12 years.

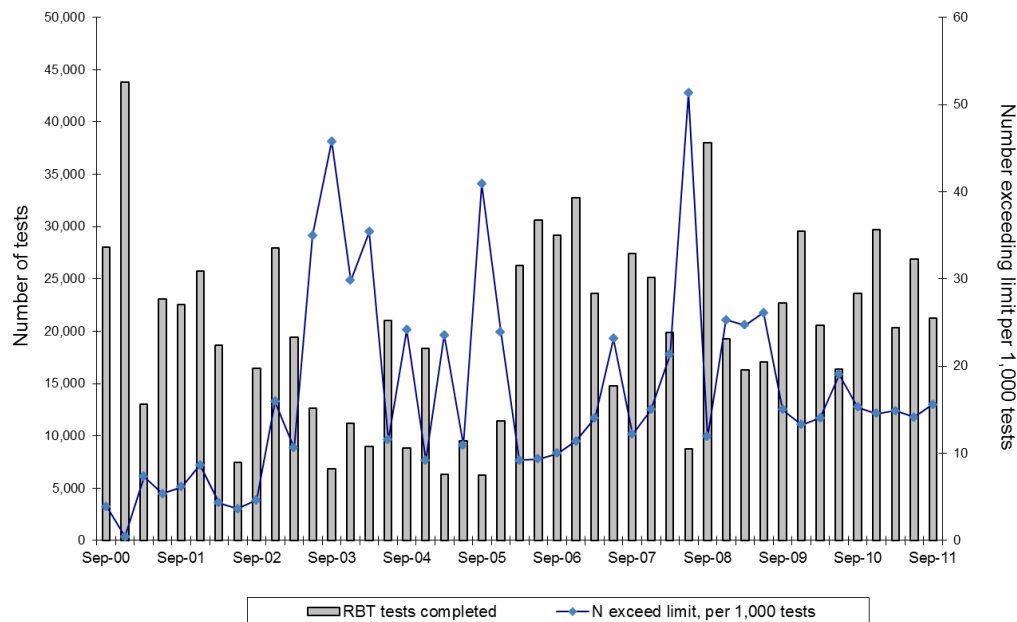
In all, 98,245 random breath tests for drink-driving were conducted in the 12 months to 30 September 2011 (90,112 in the 12 months to December 2010). In 1,448 cases the driver exceeded the prescribed limit, a rate of 15 per 1,000 tests (the same rate as the previous year).

Contrary to what is often found in media reporting, the data in Figure 3 reveal that the ACT's rate of positive breath tests has been lower over the last two years than it has been over much of the previous five years.

Considerable variation exists on a quarter-by-quarter basis in both the number of tests administered and the proportion that is positive. This reminds us that many criminal justice system statistics reflect patterns of law enforcement effort as much as or more than they do patterns of offending.²⁹ In the case of what we call random breath testing, fluctuations frequently reflect shifts between targeted testing in known hot-spots for drink drivers, during some periods, and general deterrent-oriented testing of drivers in other periods.

FIGURE 3

ACT Policing RBT tests and number exceeding limit, per 1,000 tests, quarterly, Sep 2000 to Sep 2011



Source: ACT Justice and Community Safety Directorate, *ACT criminal justice statistical profile*, quarterly, and author's calculations.

²⁹ Weatherburn, D 2011, *Uses and abuses of crime statistics*, Crime and Justice Bulletin, Contemporary Issues in Crime and Justice Number 153, Bureau of Crime Statistics and Research, Sydney.

Roadside drug testing

In 2011 ACT Policing commenced testing drivers (and they have power to test driver trainers as well) for the presence of three illicit drugs: MDMA (‘ecstasy’), THC (the key impairing component of cannabis) and methamphetamine. Under recent amendments to the *ACT Road Transport (Alcohol and Drugs) Act 1977* it is an offence for a person to drive a motor vehicle on a public street or in a public place if that person has any detectible level of these drugs present in their blood or oral fluid (saliva).

Although no statistics had been formally published at the time of writing, a media report states that, in the first full year of implementation of the roadside drug testing regime (May 2011 to May 2012) 761 roadside tests were conducted and 20 drivers tested positive in both the roadside screening test and the confirmatory laboratory assessment, a rate of 26 positives per 1,000 tests. ACT Policing laid 20 drug-driving charges.³⁰

People placed in custody owing to intoxication

ACT Policing members have power to take into custody without arrest, and to detain or release into someone else’s custody, people who are intoxicated and disorderly, incapacitated and/or likely to cause injury. Protective custody data covering the five years 2007 to 2011 are presented in Table 9.

During the year ended 30 June 2011, 1,093 occasions of protective custody occurred owing to intoxication (males 943 and females 150). This total is similar to the preceding two years, but well below the 2007 and 2008 figures.

	<i>2007</i>	<i>2008</i>	<i>2009</i>	<i>2010</i>	<i>2011</i>
Juveniles	76	68	55	49	46
Adults	1,541	1,261	950	1,119	1,047
<i>Total</i>	<i>1,617</i>	<i>1,329</i>	<i>1,005</i>	<i>1,168</i>	<i>1,093</i>

Source: *ACT Policing annual reports*.

People taken into protective custody without arrest owing to intoxication composed 26% of all people taken into custody by ACT Policing in 2010-11³¹, demonstrating the extent to which ACT Policing plays a social welfare role in addition to its criminal justice system roles.

³⁰ Knaus, C 2012, ‘20 caught in first year of drug tests’, *Canberra Times*, 23 May.

³¹ In the previously published version of this report this figure was incorrectly stated to be 35%.

5. *Drugs and health*

This section covers drug-related overdoses, opioid overdose mortality, diagnoses of hepatitis C infection and alcohol-caused deaths and hospital presentations. It commences with national data on the drugs that cause the greatest burden of disease and injury.

Which drugs cause the greatest burden of disease and injury in the ACT?

Although ACT data are not published, the study of the burden of disease and injury nationally is informative.³² It identifies the top 14 risk factors in 2003 in terms of their per cent contribution to the total individual and joint burden of disease and injury, expressed in disability-adjusted life years (DALYs). Tobacco, alcohol and illegal drugs composed 12.1% of the total burden:

- Tobacco use topped the list, being the cause of 7.8% of the total burden of disease and injury.
- Alcohol was also in the top 14, accounting for 2.3% in net terms, after taking into account alcohol's protective characteristics.³³
- Illicit drugs were also in the top 14, causing 2.0% of the total burden of disease and injury. The impact of hepatitis C-caused mortality is especially significant in this figure. The age-standardised rates of new cases of liver cancer (most of which are caused by hepatitis B and/or C infection) are predicted to rise by 22% in males and 33% in females over the next decade.³⁴
- Looking at these three drug classes only, tobacco accounted for 65% of the drug-related burden of disease and injury, alcohol 19% and illicit drugs 16%.

Although these are national data, and becoming increasingly dated, insofar as they accurately represent the ACT situation they are potentially important in guiding resource allocation.

³² Begg, S, Vos, T, Barker, B, Stevenson, C, Stanley, L & Lopez, AD 2007, *The burden of disease and injury in Australia 2003*, AIHW cat. no. PHE 82, Australian Institute of Health and Welfare, Canberra.

³³ The extent to which low-level alcohol consumption is actually a protective factor for coronary heart disease is now being questioned: Chikritzhs, T, Fillmore, K & Stockwell, T 2009, 'A healthy dose of scepticism: four good reasons to think again about protective effects of alcohol on coronary heart disease', *Drug Alcohol Rev*, vol. 28, no. 4, pp. 441-4.

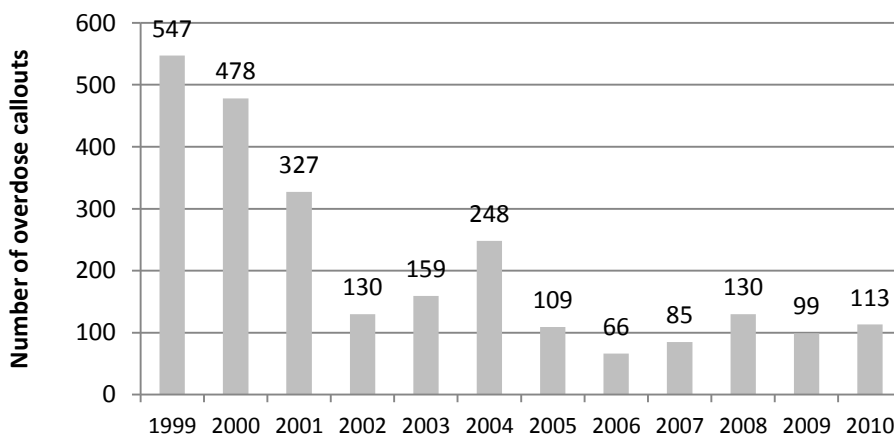
³⁴ Australian Institute of Health and Welfare 2012, *Cancer incidence projections: Australia, 2011 to 2020*, Cancer Series no. 66, cat. no. CAN 62, AIHW, Canberra.

Drug-related overdoses

Ambulance callouts to overdoses are monitored by the ACT Ambulance Service. Their data showing trends in opioid (mostly heroin) overdoses are in Figure 4. The end of the national heroin glut (sometimes referred to as the commencement of the heroin drought) commenced at Christmas 2000. The incidence of opioid overdoses then fell sharply. Most of the overdoses, while constituting medical emergencies, are non-fatal.

FIGURE 4

Annual number of heroin overdoses attended by the ACT Ambulance Service, year to 30 June, 1999 to 2010



Source: ACT Ambulance Service as reported in Spicer, B, Arora, S & Burns, L 2011, *Australian Capital Territory drug trends 2010: findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series no. 57, National Drug and Alcohol Research Centre, University of New South Wales, Sydney.

Monthly data for the first ten months of 2011 follow.

TABLE 10
ACT AMBULANCE CALLOUTS TO OVERDOSES
NUMBER HEROIN, % HEROIN AND NUMBER FROM ALL
DRUGS, JAN-OCT 2011

Month	Heroin	Heroin %	Other drugs	Total ODs
Jan-10	4	5.8	65	69
Feb-10	6	8.8	62	68
Mar-10	11	11.8	82	93
Apr-10	6	13.3	39	45
May-10	3	4.8	60	63
Jun-10	6	17.6	28	34
Jul-10	3	6.1	46	49
Aug-10	9	14.8	52	61
Sep-10	4	5.9	64	68
Oct-10	6	11.8	45	51
Total	58	9.7	543	601

Source: ACT Ambulance Service and author's calculations.

It will be noted that the number of heroin overdoses, and the proportion of all overdoses that are attributed to heroin, fluctuates considerably on a month-to-month basis.

Table 11 shows the number of ACT Ambulance Service callout for overdoses, broken down by drug type, for the same period, January to October 2011. It covers just those drugs for which there were two or more callouts during that period. They comprised 567 of the total of 601 callouts.

It will be noted that alcohol dominates, accounting for 42% of overdose callouts. Polydrug overdose was the second largest category, with 22%, and in some of the incidents in this category alcohol was one of the drugs implicated. Heroin composed 10% of the total, and each of the other drug types accounted for less than 3%. Put another way, alcohol, polydrug use and heroin accounted for three-quarters (74%) of the overdoses during that period.

<i>Drug type</i>	<i>Number</i>	<i>Per cent</i>
Alcohol	239	42.2
Polypharmacy	122	21.5
Heroin	58	10.2
Paracetamol	19	3.4
Seroquel TM	16	2.8
Diazepam	14	2.5
Unknown	10	1.8
MDMA ('ecstasy')	9	1.6
Methamphetamine ('ice')	10	1.8
Temazepam	8	1.4
Tegretol TM	7	1.2
Nurofen TM	6	1.1
Cannabis	5	0.9
Drink spike	5	0.9
Sertraline	5	0.9
Narcotic	4	0.7
Panadeine TM	4	0.7
Xanax TM	4	0.7
Chlorazepam	2	0.4
Endep TM	2	0.4
Fluoxetine-GA	2	0.4
GHB	2	0.4
Lyrica TM	2	0.4
Methadone	2	0.4
Methylated spirits	2	0.4
Oxazepam	2	0.4
Restavit TM	2	0.4
Ritalin TM	2	0.4
Zyprexa TM	2	0.4
<i>Total</i>	<i>567</i>	<i>100</i>

Source: ACT Ambulance Service, and author's calculations.
Six per cent were some form of benzodiazepine.

IDRS data derived from interviews with Canberra people who use illegal drugs reveal how frequently they experience non-fatal overdoses. The authors reported that,

In 2010, 48% of participants reported having overdosed on heroin at least once at some point in their lives, a decrease from 54% in 2009.

Sixty percent of participants who reported ever having overdosed on heroin reported having overdosed one to 5 times, 23% reported having overdosed between 6 and 10 times and 17% reported 11 or more times. The median time to last heroin overdose was 60 months, or five years (range 5-396 months).

...in 2010, 19% of participants reported having overdosed on heroin in the year prior to the interview, the same proportion as in 2009. No participants reported overdosing on heroin in the past month.³⁵

Opioid overdose mortality

Trends in opioid overdose deaths are monitored by the National Drug and Alcohol Research Centre (NDARC), using ABS data. The most recent data published are for the 2007 calendar year.³⁶ Table 12, showing time series data from 1988, demonstrates that the end of the heroin glut in December 2000 had far less impact in the ACT, in terms of opioid overdose mortality, than nationally.

The number of accidental ACT opioid overdoses in the 2004-2007 period was low compared with the numbers in the late 1990s, the period of the heroin glut. The most recent figures are broadly similar to those observed in the first half of the decade of the 1990s prior to the heroin glut.

The opioid overdose mortality rate among people aged 15-54 years for the ACT in 2007 was 1.7 per 100,000 of the ACT's population, 30% higher than the national rate of 1.3 per 100,000. NDARC has not published 2005 and 2006 ACT mortality data in the interests of protecting confidentiality.

³⁵ Spicer, B, Arora, S & Burns, L 2011, *Australian Capital Territory drug trends 2010: findings from the Illicit Drug Reporting System (IDRS)*, Australian Drug Trends Series no. 57, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, p. 54.

³⁶ Roxburgh, A & Burns, L 2011, *Drug-induced deaths in Australia, 2007 edition*, National Drug and Alcohol Research Centre, UNSW, Sydney.

TABLE 12
NUMBER OF ACCIDENTAL DEATHS DUE TO
OPIOIDS AMONG THOSE AGED 15-54 YEARS,
ACT AND AUSTRALIA, 1988-2007

<i>Year</i>	<i>ACT</i>	<i>Australia</i>	<i>% ACT</i>
1988	2	351	0.6
1989	2	307	0.7
1990	0	321	0.0
1991	2	250	0.8
1992	4	336	1.2
1993	5	374	1.3
1994	3	425	0.7
1995	13	582	2.2
1996	17	557	3.1
1997	9	713	1.3
1998	14	927	1.5
1999	11	1,116	1.0
2000	10	938	1.1
2001	12	386	3.1
2002	8	364	2.2
2003	17	357	4.8
2004	2	357	0.6
2005	np	374	-
2006	np	269	-
2007	6	266	0.2

Notes

1. 'np' means that the data were not published in order to protect confidentiality
2. ABS changed its data collection system in the 2005-2006 period, with the result that the data for 2006 and beyond are not directly comparable with those of previous years.

Sources:

Degenhardt, L & Roxburgh, A 2007, *Accidental drug-induced deaths due to opioids in Australia, 2005*, National Drug and Alcohol Research Centre, Sydney

Roxburgh, A & Burns, L 2009, *Drug-induced deaths in Australia, 2006 edition*, National Drug and Alcohol Research Centre, UNSW, Sydney.

---- 2011, *Drug-induced deaths in Australia, 2007 edition*, National Drug and Alcohol Research Centre, UNSW, Sydney.

Author's calculations.

Diagnoses of viral hepatitis infection

Injecting drug use is a major risk factor for the transmission of the hepatitis C virus (HCV) and the hepatitis B virus (HBV) through sharing injecting equipment and contaminated injecting environments. As the Kirby Institute points out, 'Based on reported cases, [in 2010] hepatitis B and hepatitis C transmission in Australia continued to occur predominantly among people with a recent history of injecting drug use'.³⁷ In 2010, injecting drug use was the source of infection in 86% of the newly diagnosed cases of HCV infection in Australia for which data on the source were available (the same proportion as in the previous year). For hepatitis B, injecting drug use accounted for 74% of newly diagnosed cases (55% the previous year).

³⁷ The Kirby Institute, The University of NSW 2011, *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2011*, The Kirby Institute, the University of New South Wales, Sydney, p. 7.

The most recent five years of data on hepatitis B infections in the ACT and Australia follow. The incidence has fluctuated markedly over the last two decades.

TABLE 13
NUMBER AND RATE* OF DIAGNOSES OF HEPATITIS B INFECTION, 2006-2010
ACT AND AUSTRALIA

Year of diagnosis	2006		2007		2008		2009		2010	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ACT	77	20.8	68	19.1	59	16.0	106	28.0	96	25.7
Australia	6,499	31.0	7,137	33.5	6,765	31.1	7,335	33.0	4,640	30.3

* Rate per 100,000 population

Source: The Kirby Institute, The University of NSW 2011, *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2011*, The Kirby Institute, the University of New South Wales, Sydney.

In 2010 there were 223 (165 in the previous year) diagnoses of HCV infection in the ACT, a rate of 58 (44 in the previous year) per 100,000, and higher than the national rate of 50 (52 in the previous year) per 100,000. Both the national and ACT rates of diagnoses have fallen steadily in recent years.

TABLE 14
NUMBER AND RATE* OF DIAGNOSES OF HEPATITIS C INFECTION, 2006-2010
ACT AND AUSTRALIA

Year of diagnosis	2006		2007		2008		2009		2010	
	Number	Rate	Number	Rate	Number	Rate	Number	Rate	Number	Rate
ACT	191	52.8	202	54.8	200	54.6	165	43.8	223	58.5
Australia	12,285	58.6	12,202	57.4	11,458	52.9	11,474	52.0	7,608	50.1

* Rate per 100,000 population

Source: The Kirby Institute, The University of NSW 2011, *HIV, viral hepatitis and sexually transmissible infections in Australia Annual Surveillance Report 2011*, The Kirby Institute, the University of New South Wales, Sydney.

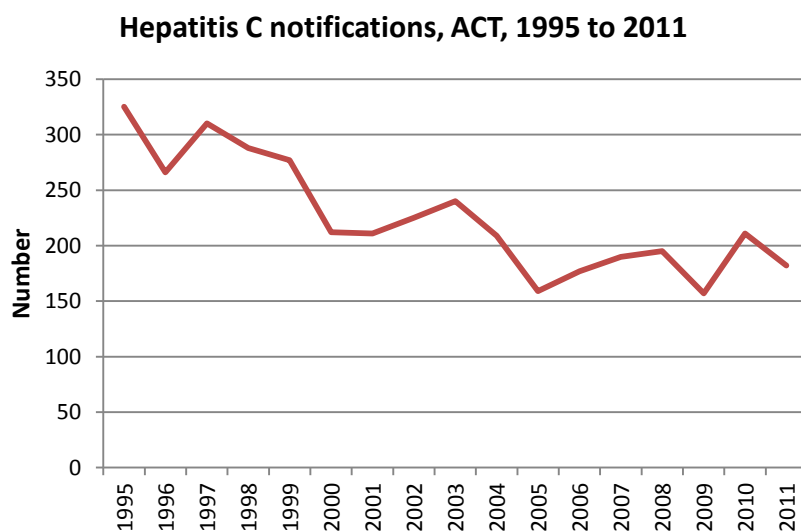
Figure 5 shows trend data derived from the National Notifiable Diseases Surveillance System that operates under the auspices of the Communicable Diseases Network Australia. As the managers of the Surveillance System explain:

Under this scheme, notifications are made to the States or Territory health authority under the provisions of the public health legislation in their jurisdiction. Computerised, de-identified unit records of notifications are supplied to the Australian Government Department of Health and Ageing on a daily basis, for collation, analysis and publication on the Internet, (updated 3 times per week), and in the quarterly journal *Communicable Diseases Intelligence*.³⁸

Figure 5 demonstrates a steady decline in hepatitis C notifications to 2009, with significant fluctuations in the two years since then.

³⁸ Source: National Notifiable Diseases Surveillance System:
<http://www.health.gov.au/internet/main/publishing.nsf/content/cda-surveil-nndss-nndssintro.htm> .

FIGURE 5



Source: National Notifiable Diseases Surveillance System
 <http://www9.health.gov.au/cda/Source/Rpt_4.cfm>.

Alcohol caused deaths and hospital presentations

The National Alcohol Indicators Project (NAIP) conducted by the National Drug Research Institute (NDRI) has produced estimates of the numbers of lives lost and saved owing to drinking alcoholic beverages for the 1992-2001 decade. They estimate that alcohol caused 341 deaths in the ACT over that period, and saved 38 lives, with a net loss of 303 lives.³⁹ More recent data are not available.

TABLE 15
ESTIMATED NUMBER OF LIVES LOST AND SAVED OWING TO RISKY AND HIGH RISK
DRINKING, ACT & AUSTRALIA, 1992-2001

<i>Jurisdiction</i>	<i>Lives lost</i>			<i>Lives saved</i>		
	<i>Males</i>	<i>Females</i>	<i>Total</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
ACT	253	88	341	21	17	38
Australia	23,430	7,702	31,133	2,223	1,352	3,576

³⁹ Source for all data in this section: Chikritzhs, T, Catalano, P, Stockwell, T, Donath, S, Ngo, H, Young, D & Matthews, S 2003, *Australian alcohol indicators, 1990-2001: patterns of alcohol use and related harms for Australian states and territories*, National Drug Research Institute, Curtin University of Technology, Perth, W.A. and author's calculations.

TABLE 16
ESTIMATED NUMBER OF LIVES LOST AND SAVED FOR ACUTE AND
CHRONIC CONDITIONS OWING TO RISKY AND HIGH RISK DRINKING
ACT, 1992-2001

<i>Lives lost</i>		<i>Lives saved</i>	
<i>Acute</i>		Acute	0
Road crash injury	54	Chronic	38
Suicide	32	<i>Total saved</i>	38
Homicide	7		
Other injury	22		
Alcohol poisoning	33		
Alcohol abuse and psychosis	3		
Other acute medical	31		
<i>Total acute</i>	182		
<i>Chronic</i>			
Alcoholic liver cirrhosis	82		
Alcohol dependence	10		
Cardiovascular disease	7		
Cancer	31		
Other chronic medical	28		
<i>Total chronic</i>	158		
<i>Total lives lost (acute plus chronic)</i>	341		
Net alcohol-caused deaths	303		

Note: rounding errors affect totals

The same source also reported that, over the 8 year period 1993-04 to 2000-01, the ACT had 4,897 hospitalisations caused by alcohol and 555 hospitalisations were prevented by alcohol.

Hospital separations related to illicit drugs

The Australian Institute of Health and Welfare (AIHW) published data on drug-related hospital separations, as shown in Table 17. It shows that the ACT rate is 20% higher than that of Australia overall.

TABLE 17
PUBLIC HOSPITAL SEPARATIONS FOR ALCOHOL/DRUG USE
AND ALCOHOL/DRUG INDUCED ORGANIC MENTAL DISORDERS,
ACT AND AUSTRALIA, NUMBER AND RATE*, 2009-10

<i>Jurisdiction</i>	<i>Number</i>	<i>Rate*</i>
ACT	634	1.8
Australia	33,571	1.5

Notes:

Rate per 1,000 population.

Includes both same-day and overnight acute separations.

Private hospital data are not published for the ACT for reasons of confidentiality.

Source: Australian Institute of Health and Welfare 2011, *Australian hospital statistics 2009-10*, Health Services Series, no. 40, AIHW cat. no. HSE 107, Australian Institute of Health and Welfare, Canberra, and author's calculations.

Hospital Emergency Department separations for psychoactive substance use

Substance abuse is heavily implicated in the work of hospital Emergency Departments. The following table shows the number of separations (i.e. people seeking medical attentions) that were diagnosed as ‘due to psychoactive substance use’, as the International Statistical Classification of Diseases and Related Health Problems (ICD-10) calls it, for each of the five years from 2006-07 to 2010-11 for The Canberra Hospital and Calvary Hospital combined.

The most notable aspect is the dominance of alcohol, with 77% of all the substance use separations in the most recent (2010-11) year being for alcohol-related conditions. Some 56% of the total were for acute alcohol intoxication, with an additional 6% for alcohol use withdrawal problems and the same proportion for the alcohol dependence syndrome.

Opioids composed just 4.1% of the 2010-11 Emergency Department separations, stimulants 3.3%, and cannabis 1.4%.

TABLE 18
EMERGENCY DEPARTMENT SEPARATIONS FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO PSYCHOACTIVE SUBSTANCE USE, THE CANBERRA HOSPITAL AND CALVARY HOSPITAL 2006-07 TO 2010-11

<i>Mental and behavioural disorders due to ...</i>	<i>2006-07</i>	<i>2007-08</i>	<i>2008-09</i>	<i>2009-10</i>	<i>2010-11</i>	<i>Total</i>
Alcohol acute intoxication	291	308	383	353	361	1,696
Alcohol use withdrawal state	38	25	27	68	36	194
Alcohol use dependence syndrome	39	42	26	27	47	181
Multiple drug/psychoactive substance use withdrawal state	24	26	35	38	27	150
Alcohol: unspecified mental and behavioural disorders	18	17	23	40	36	134
Multiple drug/psychoactive substance use dependence syndrome	12	18	15	25	15	85
Alcohol withdrawal state with delirium	12	11	14	24	17	78
Stimulants dependence syndrome	11	12	12	11	13	59
Multiple drug/psychoactive substance use: unspecified	5	17	9	12	13	56
Opioid use withdrawal state	7	6	11	15	11	50
Multiple drug/psychoactive substance use acute intoxication	8	4	6	13	16	47
Opioid use dependence syndrome	10	13	11	4	4	42
Alcohol harmful use	2	1	3	9	18	33
Opioids: unspecified mental and behavioural disorders	3	7	3	9	3	25
Cannabis use dependence syndrome	3	4	4	6	3	20
Stimulants: unspecified mental and behavioural disorders	5	5	1	4	4	19
Multiple drug/psychoactive substance use psychotic disorder	4	2	3	3	5	17
Alcohol use psychotic disorder	4	3	2	2	6	17
Stimulant use acute intoxication	3	1	2	2	6	14
Cannabis: unspecified mental and behavioural disorders	1	2	1	4	3	11
Multiple drug/psychoactive substance harmful use	1	2	0	5	1	9
Sedative hypnotics: unspecified mental and	1	0	2	3	2	8

TABLE 18
EMERGENCY DEPARTMENT SEPARATIONS FOR MENTAL AND BEHAVIOURAL DISORDERS DUE TO
PSYCHOACTIVE SUBSTANCE USE, THE CANBERRA HOSPITAL AND CALVARY HOSPITAL
2006-07 TO 2010-11

<i>Mental and behavioural disorders due to ...</i>	<i>2006- 07</i>	<i>2007- 08</i>	<i>2008- 09</i>	<i>2009- 10</i>	<i>2010- 11</i>	<i>Total</i>
behavioural disorders						
Multiple drug/psychoactive substance withdrawal state with delirium	1	1	0	2	3	7
Antidepressants	2	0	4	0	0	6
Analgesics	1	1	1	2	0	5
Cannabis use acute intoxication	1	2	1	0	1	5
Cannabis harmful use	1	0	1	0	3	5
Hallucinogens acute intoxication	0	1	0	4	0	5
Sedative hypnotics acute intoxication	1	2	0	0	2	5
Hallucinogens: unspecified mental and behavioural disorders	0	3	1	0	1	5
Opioid use acute intoxication	0	1	0	1	2	4
Opioids use psychotic disorders	1	0	1	1	1	4
Sedative hypnotics withdrawal state	1	0	3	0	0	4
Unspecified harmful use non-dependence substance	0	0	0	2	2	4
Antacids	1	0	1	1	0	3
Stimulants harmful use	0	0	0	1	2	3
Stimulants psychotic disorder	0	1	1	1	0	3
Stimulants withdrawal state	0	1	0	0	2	3
Cannabis psychotic disorders	1	0	0	0	1	2
Hallucinogens withdrawal state	0	1	0	0	1	2
Sedative hypnotics withdrawal state with delirium	0	0	0	0	2	2
Stimulant withdrawal state with delirium	0	1	0	1	0	2
Specific herbal or folk remedies	0	0	1	0	1	2
Steroids or hormones	0	0	1	0	1	2
Cannabis use withdrawal state	0	1	0	0	0	1
Cocaine dependence syndrome	1	0	0	0	0	1
Cocaine withdrawal state	0	1	0	0	0	1
Hallucinogens psychotic disorder	0	0	0	0	1	1
Hallucinogens harmful use	0	0	0	0	1	1
Sedative hypnotics harmful use	0	0	0	0	1	1
Opioid withdrawal state with delirium	0	0	1	0	0	1
Volatile solvents: unspecified mental and behavioural disorders	0	0	1	0	0	1
Other substances which do not produce dependence	1	0	0	0	0	1
Vitamins	0	0	1	0	0	1
Total	515	543	612	693	675	3,038

Source: ACT Health Directorate Information Management Branch, unpublished data.

6. Other types of drug-related harm

Children's exposure to adult drug use

A national study has estimated the proportion of Australian children living in households where they are exposed to adult drug use. It concluded that

...3.2 per cent or 231 705 children are at risk of exposure to binge drinking in the household by at least one adult; 2.3 per cent or 40 372 live in a household containing at least one daily cannabis user. Finally, 0.8 per cent or 14 042 live in a household with an adult who uses methamphetamine at least monthly and reports doing so in their home.⁴⁰

These proportions can be applied to the ACT population. In June 2010 there were an estimated 57,619 children in the ACT aged 12 years or younger. If their drug exposure was similar to the national experience, the numbers would be as set out in Table 19. Many more are exposed to tobacco smoking in the home.

TABLE 19
ESTIMATED* CHILDREN'S EXPOSURE TO ADULT DRUG
USE IN THE HOUSEHOLD, ACT, 2010

<i>Exposure to drugs</i>	<i>%</i>	<i>Number</i>
Binge drinking	13.2	7,606
Cannabis user - daily	2.3	1,325
Methamphetamine user (use at least monthly in the home)	0.8	461
<i>Total</i>	<i>16.3</i>	<i>9,392</i>

* Estimate based on applying the national rates (footnote 39) to ACT population data.

Perception of neighbourhood problems

Drug-related crime and/or public nuisance in people's neighbourhoods is a matter of concern to many, so this is assessed in the annual ABS Crime Victimization Survey. The 2010-11 Survey revealed that 12.0 % of ACT respondents felt that there were problems with public drunkenness in their local area (10.2% in the previous year), compared with 17.0% nationally. A much lower proportion, 4.9%, had a perception of local problems with people using or dealing drugs (4.0 in the previous year), compared with 7.6% nationally.⁴¹

It is noteworthy that the prevalence of concerns about drunkenness and illegal drugs in ACT neighbourhoods is far lower than for some other perceived problems, including noisy driving (33%), dangerous driving (32%) and intentional damage to property (16%).

⁴⁰ Dawe, S, Frye, S, Best, D, Moss, D, Atkinson, J, Evans, C, Lynch, M & Harnett, P 2006, *Drug use in the family: impacts and implications for children*, ANCD Research Paper no. 13, Australian National Council on Drugs, Canberra, p. 17.

⁴¹ Australian Bureau of Statistics 2012, *Crime victimisation, Australia, 2010-11*, cat. no. 4530.0, Australian Bureau of Statistics, Canberra.

Discarded syringes

The ACT Government Territory and Municipal Services Directorate provides a service relating to inappropriately discarded syringes: members of the public are invited to call a hot-line if they see such paraphernalia, and a ranger will attend and safely remove the injecting equipment. This is an important service, helping to maintain the integrity of the NSP services, despite the fact that the risk of contracting a communicable disease such as hepatitis B or C from an accidental needle-stick injury, in a public place, is very low.⁴² In the 2010-11 year they responding to 284 reports of syringes found in public places, collecting more than 4,303 discarded and used syringes.⁴³ In the previous year they responded to 331 reports and collected more than 4,265 syringes. During 2010-11, approximately 750,000 needles and syringes were distributed in the ACT through NSPs, pharmacies and vending machines. This means that only a tiny proportion of the syringes distributed (0.6%) are disposed of inappropriately.

Activities undertaken while under the influence of alcohol and other drugs

A special analysis of the National Drug Strategy Household Survey data undertaken by the ACT Health Directorate provides information on activities undertaken while respondents were under the influence of alcohol and illicit drugs. Details are in Table 20 below. It shows that, with respect to the ACT population aged 14 years and above, in 2010:

- About 18% of drinkers stated that they drove a motor vehicle while under influence of alcohol in the 12 months prior to the survey. The proportion of males doing so was significantly higher than the proportion of females. Among males, but not females, the prevalence fell between 2007 and 2010.
- About 6% of drinkers went to work while under influence of alcohol in the previous 12 months. The proportion of males doing so was markedly higher than the proportion of females. Among both males and females the prevalence fell between 2007 and 2010.
- About 23% of people who had used an illicit drug in the year before being interviewed ('recent users') stated that they had driven a motor vehicle while under influence of illicit drugs in the previous 12 months. The proportion of males doing so was higher than the proportion of females. The prevalence of driving under the influence of illicit drugs fell significantly among males from 2007 to 2010, but rose significantly among females.
- About 13% of recent users went to work while under influence of illicit drugs in the previous 12 months (with similar proportions of males and females). The prevalence was similar in 2007 and 2010.

⁴² Papenburg, J et al. 2008, 'Pediatric injuries from needles discarded in the community: epidemiology and risk of seroconversion', *Pediatrics*, vol. 122, no. 2, pp. e487-92.

⁴³ ACT Government, Territory and Municipal Services Directorate 2011, *Annual report 2010-11*, vol. 1, Territory and Municipal Services Directorate, Canberra. This number seems high, and represents 15 syringes per callout, on average. It is understood, however, that most callouts to remove syringes from public places such as parks are for just one or two syringes. This means that the 4,303 total for the year must include callouts to pick up large-quantities, perhaps bulk supplies of used equipment left at syringe vending machines.

TABLE 20
ACTIVITIES UNDERTAKEN WHILE UNDER THE INFLUENCE OF ALCOHOL
AND ILLICIT DRUGS IN THE PAST 12 MONTHS, BY SEX, ACT, 2010

	<i>Males</i>	<i>Females</i>	<i>Persons</i>
<i>Alcohol</i>			
Drove a motor vehicle	22.6	13.0	17.9
Verbally abused someone	5.8	2.2*	4.0
Went swimming	6.7	5.5	6.1
Went to work	6.3	3.1	4.7
Created a disturbance, damaged or stole goods	6.0	2.7*	4.4
Operated a boat or hazardous machinery	1.8*	..	0.9*
Physically abused someone	0.5*	0.4**	0.5**
Took part in at least one potentially harmful activity	31.6	20.0	25.9
<i>Illegal drugs</i>			
Drove a motor vehicle	24.7	20.9	23.3
Verbally abused someone	5.6	4.3	5.1
Went swimming	16.1	5.1	12.1
Went to work	13.2	12.1	12.8
Created a disturbance, damaged or stole goods	5.1	6.2	5.5
Operated a boat or hazardous machinery	6.4	..	4.1
Physically abused someone	2.2*	..	1.4*
Took part in at least one potentially harmful activity	n/a	n/a	n/a

Notes:

Alcohol: base is people who have used alcohol in the previous 12 months.

Illicit drugs: base is people who have used an illicit drug in the previous 12 months.

* Estimate has a relative standard error between 25-50% and should be used with caution

** Estimate has a relative standard error greater than 50% and should be used with caution

Source: National Drug Strategy Household Survey 2010, computer files, unpublished analysis by the ACT Health Directorate Epidemiology Branch.

7. Trends and emerging issues

A number of trends and emerging issues warrant specific attention here.

- The prevalence of tobacco use continues to fall, with the gap between the female and male rates closing.
- Self-reported cigarette smoking rates among secondary school students have fallen markedly in recent years, with the fall greater among female students than males (though some question the accuracy of the ASSAD survey that produces these figures).⁴⁴
- The prevalence of use of illicit drugs overall has remained steady in recent years (recent use in 2001: 17.8%, in 2004: 17.6%, in 2007: 13.8%, in 2010: 13.9%). Use of MDMA ('ecstasy') and meth/amphetamine fell between the 2007 and 2010 NDS Household Surveys, the non-medical use of pain killers and of hallucinogens rose, and prevalence of use of cannabis and cocaine remained essentially stable.
- Illegal drugs remain 'easy' to 'very easy' to obtain in Canberra. This includes cocaine which was in short supply until recent years.
- The number of illicit drug related arrests and SCOns issued fluctuates within a wide band; no specific trend is apparent.
- The proportion of drivers exceeding the prescribed levels of alcohol in random breath testing fluctuates hugely, apparently reflecting patterns of policing drink-driving (including the mix of targeted and non-targeted testing), rather than any trends in drink driving as such.
- An information system on people tested for drug driving, paralleling that used for drink driving, should be established to enable the authorities to monitor and evaluate this new initiative.
- The first ACT Inmate Health Survey has been conducted and an overview of the findings released. Work is in hand to develop a report detailing findings related to the use of psychoactive drugs, inmates' drug-related risk behaviours, etc. Repeating the survey at intervals will produce data valuable for monitoring and evaluation, and for adjusting prison and community corrections' services to better meet the needs of inmates and prison staff.
- The number of people apprehended without arrest and held in police custody owing to intoxication has fallen in recent years. The reasons for this, and their implications, are unclear to the author.
- Alcohol continues to be the psychoactive substance that is most frequently the cause of overdoses responded to by the ACT Ambulance Service, followed by polydrug use. This is also the pattern with Emergency Department separations at The Canberra Hospital and Calvary Hospital.
- While the number of opioid overdoses callouts responded to by ambulance officers has fluctuated over the years, the most recent numbers are significantly lower than observed those during the late 1990s heroin glut period.
- The number of new cases of hepatitis C diagnosed in the ACT is markedly lower than a decade ago, but rose between 2009 and 2010. A close watch on the trend line is needed, along with renewed preventive interventions if the incidence continues to rise.

⁴⁴ Siggins Miller, Miller, M-E, Siggins, I, Hall, W, Bush, R, McDonald, D, Cleary, G, Lai, SH-C & Ho, B 2009, *Evaluation and monitoring of the National Drug Strategy 2004-2009: final report. Volume 1: findings and recommendations*, Siggins Miller, Brisbane, p. xiii.

- In Australia generally, and probably in the ACT specifically, the prevalence of use of prescribed opioids, and of these drugs diverted into illicit markets, is rising. In parallel with this is a rise in the incidence of harms related to these drugs.⁴⁵ Some observers are concerned that this trend could develop as it has in the USA where more accidental overdose deaths now occur from prescribed opioids than from heroin.⁴⁶
- Synthetic cannabinoids have received much public attention in recent years, with many of them being classed as prohibited drugs in the ACT in 2011, as a result of a decision by Commonwealth authorities. No systematic approach to monitoring their availability, use and related harms exists in Australia.

Overall, on most indicators the prevalence and incidence of harms related to psychoactive substances, both legal and illegal, in the ACT is stable or falling.

⁴⁵ Roxburgh, A, Bruno, R, Larance, B & Burns, L 2011, 'Prescription of opioid analgesics and related harms in Australia', *Medical Journal of Australia*, vol. 195, no. 5, pp. 280-4.

⁴⁶ Paulozzi, LJ, Jones, CM, Mack, KA & Rudd, RA 2011, 'Vital signs: overdoses of prescription opioid pain relievers-United States, 1999–2008', *MMWR: Morbidity and Mortality Weekly Report*, vol. 60.

8. Conclusion

The data and information summarised here provide an overview of psychoactive substances in the ACT in terms of their availability, their use and harms linked to that use. It could continue be updated and expanded, perhaps biennially or as significant new data sources become available.

This report is based, almost exclusively, upon published data. A valuable source of additional information that could be accessed for future revisions and updates is ACT-level data from the National Drug Strategy Household Survey program conducted by the Australian Institute of Health and Welfare. Although AIHW has published national data covering many (but not all) of the variables investigated in the survey, it has published few tables from the 2010 wave of the survey with state/territory breakdowns, and has almost no trend data disaggregated this way. AIHW's earlier practice of publishing state and territory supplements, providing data from the Survey specific to the individual jurisdictions, has not occurred with the 2010 Survey. Despite the fact that the ACT component has a relatively small number of respondents, meaning that some of the resulting data are unreliable owing to large relative standard errors, the ACT Health Directorate may consider it worthwhile commissioning a comprehensive analysis of the ACT data from the 2010 survey, including trend data.

Under the National Drug Strategy 2010-2015 an expert Working Group has been established to produce a new National Drug Research and Data Strategy.⁴⁷ Part of its remit is to review existing information sources and recommend on improvements, as well as reporting annually on the progress of the NDS against its stated performance indicators. Opportunities may exist to harmonise the contents of future editions in this series with the reports of the Working Group.

In any further development of ACT ATOD information systems, particular attention could be given to monitoring emerging trends through implementing early warning systems, as the ACT does not have in place a sufficiently timely and comprehensive early warning system to alert policy people, service agencies, drug users and the community about emerging trends.

⁴⁷ Ministerial Council on Drug Strategy 2011, *The National Drug Strategy 2010–2015: a framework for action on alcohol, tobacco and other drugs*, Ministerial Council on Drug Strategy, Canberra.

Appendix: demographic summary

Population

The ACT's estimated resident population at 30 June 2011 was 365,421. This is a 1.9% increase on the previous year, and the longer term trend is that the ACT's total population growth rates have been below the national average since 1994. The largest component of growth is natural increase (rather than net interstate or overseas migration) and net interstate migration produces the bulk of the volatility in population growth.

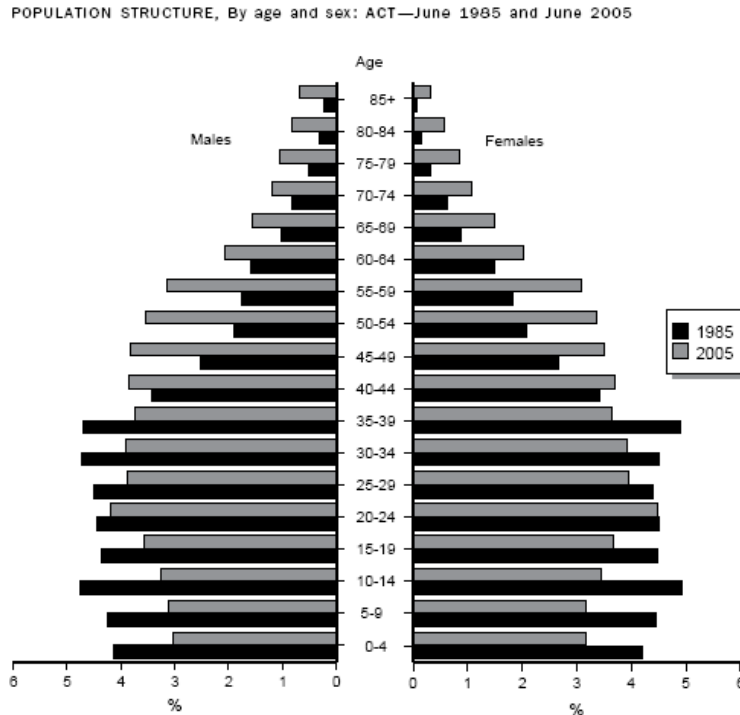
At June 2011, 50.2% of the ACT population was females and 49.8% males.

The estimated resident Indigenous population of the ACT as enumerated in the 2006 national census was 4,282, 1.2% of the ACT population and 0.8% of the national Indigenous population. The 2001-2006 intercensal change was an increase of 3.4%.

The ACT has a low total fertility rate compared to most of the Australian states and the NT: 1.8 births per woman compared with the national rate of 1.9 in 2010. The rate is, of course, well below the replacement rate of 2.1. In 2010 the standardised death rate was 5.3 deaths per 1,000 population compared with the national rate of 5.7. The ACT has the lowest death rate of all the states and territories. The ACT population's life expectancy at birth in 2010 was 80.5 for males and 84.7 for females, both higher than the equivalent national life expectancies of 79.5 and 84.0.

The 2010 median age of the ACT population was 34.7 years compared with the national figure of 36.9 years. Only the NT, among the eight states and territories, has a lower median age. The largest five-year age group in the ACT is the 25-29 year-olds, 9% of the total. The second-largest age group was 20-24 year olds, followed by 30-34 year olds.

The following population pyramid highlights the ageing of the ACT population over the 20 years to 2005.



Source: Australian Bureau of Statistics, Australian Capital Territory Office 2006, *Australian Capital Territory in focus*, Catalogue no. 1307.8, Australian Bureau of Statistics Australian Capital Territory Office, Canberra, p. 60.

The mid-2011 age distribution is detailed in the following table.

ACT POPULATION, BY AGE GROUP 30 JUN 2011		
Age group	Number	Per cent
0 to 4 years	24,753	6.8
5 years to 9 years	21,588	5.9
10 years to 14 years	21,056	5.8
15 years to 19 years	24,028	6.6
20 years to 24 years	31,424	8.6
25 years to 29 years	32,519	8.9
30 years to 34 years	29,103	8.0
35 years to 39 years	27,155	7.4
40 years to 44 years	25,906	7.1
45 years to 49 years	25,078	6.9
50 years to 54 years	24,008	6.6
55 years to 59 years	21,103	5.8
60 years to 64 years	18,858	5.2
65 years to 69 years	12,945	3.5
70 years to 74 years	9,233	2.5
75 years to 79 years	6,689	1.8
80 years to 84 years	5,069	1.4
85 years and over	4,906	1.3
Persons - total	365,421	100.0

Household wealth

The ACT's average weekly full-time ordinary time earnings in the August 2011 quarter were \$1,525, 15% higher than the national figure of \$1,323.

The mean household net worth in the ACT in 2003-04 was \$849,650, 6% higher than the national figure of \$803,319.

Labour market

In November 2011, 72% of the ACT population aged 15 years and above participated in the labour force, that is, they were either employed or unemployed and looking for work. The ACT has the highest labour force participation level of all the states and territories, with the national rate being 66%. The November 2011 unemployment rate in the ACT was 3.9% (lower than the states and the NT). The national unemployment rate that month was 5.3%.

Educational attainment

At May 2004, 30% of ACT residents in the 15-64 years age group had a Bachelor degree or higher qualification compared with 19% nationally. Some 11% had year 10 or below educational attainments.

Note re sources

The sources of information used in this Appendix are:

Australian Bureau of Statistics 2007, *Population distribution, Aboriginal and Torres Strait Islander Australians, 2006*, cat. No. 4705.0, ABS, Canberra.

Australian Bureau of Statistics 2011, *Australian demographic statistics, June 2011*, cat. No. 31010DO002_201106, ABS, Canberra.

Australian Bureau of Statistics 2011, *Education and work, Australia, May 2011*, cat. no. 6227.0, ABS, Canberra.

Australian Bureau of Statistics 2011, *Household Expenditure Survey, Australia, 2009-10: summary of results*, cat. no. 6530.0, ABS, Canberra.

Australian Bureau of Statistics 2011, *State and Territory statistical indicators, 2012*, cat. no. 1367.0, ABS, Canberra.

Australian Bureau of Statistics, Australian Capital Territory Office 2006, *Australian Capital Territory in focus*, cat. no. 1307.8, Australian Bureau of Statistics Australian Capital Territory Office, Canberra.

Australian Capital Territory, Chief Minister's Department 2010, *Canberra quick stats 2009-2010*, ACT Chief Minister's Department Canberra.