

1.0. Introduction

The Commonwealth Department of Health and Aged Care (CDHAC) commissions the National Drug and Alcohol Research Centre (NDARC) to coordinate the Illicit Drug Reporting System (IDRS) to provide data on current national and state/territory drug trends. The IDRS provides a coordinated approach to the monitoring, management, and reporting of data associated with the use of opiates; cocaine; amphetamines; cannabis, and in less detail, a variety of other licit and illicit substances. It is intended to act as a strategic early warning system, identifying emerging illicit drug problems of national importance. The objectives of the IDRS include the collection of comprehensive data; to report that data in ways that might lead to policy change or practical outcomes; and to provide direction for further research. This report constitutes the Queensland component of the year 2000 IDRS.

This *Queensland Drug Trends, 2000* report presents a summary of Queensland drug trends identified by the Queensland Alcohol and Drug Research and Education Centre (QADREC) in its second consecutive year of involvement with the IDRS. It summarises information collected in Brisbane from July to October 2000. The use of other drugs, including hallucinogens; benzodiazepines; methadone; and other opiates are also documented in this report. Trends in the use of MDMA (ecstasy) and other party drugs will be presented in a separate IDRS report due for publication in March 2001.

An injecting drug user (IDU) survey has been implemented in all states and territories of Australia this year (2000). IDRS coordinators identify the IDU survey as the most valuable component of the IDRS, as it provides a foundation for the other information that is collected through key informant surveys and indicator data. This is the first year that the Queensland component of the IDRS has included an IDU survey.

For previous Queensland drug trends and inter-state comparisons, the reader is referred elsewhere (Darke, Hall, & Topp, 2000; Kinner & Roche, 2000).

Study Aims

The aim of the Queensland component of the 2000 IDRS was to identify and report current and emerging trends in illicit drug use that may require further investigation.

2.0. Method

2.1. Overview of Method

Trends in the use of illicit substances in Queensland were primarily identified on the basis of information recorded during structured interviews with 101 IDU and 51 key informants, the latter participants being people who had frequent contact with illicit drug users during 2000. IDU participants were recruited at various NSP outlets when collecting their injecting equipment. The majority of key informants were involved in either drug treatment or outreach work. A variety of existing indicator data relating to the use of illicit substances were also analysed. Consistent with IDRS protocol, IDU and key informant interviews were conducted in the major capital centre (Brisbane).

Previous IDRS research has found that IDU are a particularly valuable source of information due to their high exposure to and experience in using many forms of illicit drugs. Not only do they possess first hand knowledge of the price, purity, and availability of various substances, they also have detailed knowledge about changes in the patterns or methods of use of those substances. Key informants have been found to provide essential contextual information about drug use patterns and specialised accounts of health-related issues. In doing so, they often draw upon years of experience in working with illicit drug users. Existing indicator data are incorporated to supplement and validate trends identified from IDU and key informant interviews. Trends in the use of illicit substances are identified on the basis of a convergence of data obtained from those three principal sources.

2.2. Key Informant Survey

Fifty-one key informants were interviewed by the author either on the telephone (n=18) or in person (n=33) between July and October, 2000. The minimum criteria for inclusion comprised at least weekly contact with illicit drug users during the six months preceding the survey and/or contact with 10 or more different illicit drug users during that period. Key informants were identified from three sources. Initially, 28 key informants were identified on the basis of their contribution to the 1999 Queensland IDRS (Kinner & Roche, 2000). Eight of those individuals were either no longer residing in Brisbane or failed to meet the inclusion criteria. A further seven key informants were referred by QADREC staff members, and the remaining key informants were identified by other key informants through the process of snow-balling. In addition to key informant interviews, semi-structured interviews about a variety of illicit drug-related issues were also conducted with “specialised key informants”, being members of the Fortitude Valley Police (n=2); the Queensland Police Drug Squad (n=2); the AFDL (n=1); and Alcohol, Tobacco, and Other Drugs Services (ATODS, Queensland Health) (n=2).

Key informants were initially contacted by telephone, and after obtaining informed consent, were screened for their eligibility to participate. Key informants who satisfied the inclusion criteria were asked to nominate the main illicit drug used by the users with whom they had the most frequent contact during the preceding six months so as to establish the central topic of the interview. Twelve key informants reported relatively equivalent levels of contact with both heroin and amphetamine users during that period, or alternatively, sufficient contact with users of either substance in order to satisfy the inclusion criteria. In those cases, the interviewer nominated one of those substances as the focal drug for the interview so as to derive relatively equal numbers of heroin and amphetamine key informants. A total of 21 heroin key informants; 20 amphetamine key informants; and 10 cannabis key informants were recruited through that process. Nil cocaine key informants were recruited, although several

heroin and amphetamine key informants provided information about trends in the use of that substance.

Details of heroin, amphetamine, and cannabis key informants and the nature of their contact with illicit drug users are summarised in table 2.2.1.

Table 2.2.1. Gender and Occupation of Heroin; Amphetamine; and Cannabis Key Informant Participants, and the Nature of Their Contact with Illicit Drug Users and Special Populations.

	Heroin (n=21)	Amphetamines (n=20)	Cannabis (n=10)
<i>Gender</i>			
Male	5	13	6
Female	16	7	4
<i>Occupation or Vocation</i>			
Drug Treatment Worker	7	11	5
Methadone Workers	7		
Youth Worker	1	3	3
Outreach Worker	2	2	2
General Health Worker		1	
NSP Worker	3	2	
User Group Representative	1	1	
<i>Contact with Users</i>			
Work Only	14	11	7
Social Only	0	0	0
Social and Work	7	9	3
<i>Special Population</i>			
None	8	11	6
Youth	3	6	3
Gay Men		2	
ATSI and Prisoners		1	
Prisoners	2		
Methadone Patients	7		
Homeless	1		
ATSI Youth			1

Key informants reported a high frequency of contact with illicit drug users in the recent past. Two key informants reported having contact with more than 100 illicit drug users during the week prior to the interview, while two reported contact with between 51 and 100 users; 18 reported contact with between 21 and 50 users; 20 reported contact with between 10 and 20 users; and only nine key informants reported contact with fewer than 10 illicit drug users during that week. The average number of days per week that key informants reported having been in contact with illicit drug users during the six months preceding the survey was 4.76 ($SD=1.16$).

Key informants were administered a structured interview that centred around the demographics of the illicit drug users with whom they had frequent contact; the price, form, purity or potency, availability, and use of various illicit and diverted licit substances; poly-drug use; crime; law enforcement activity; risk-taking behaviours; and other general drug trends. Key informants were also asked to report any changes that they had noticed in those aspects of the illicit drug scene during the 12 months preceding the survey. In accordance with IDRS protocol, key informants who were among the first to be interviewed were asked about changes that may have occurred during the six months preceding the interview and then about any changes that may have occurred during the 12 months preceding the interview. As very few of the first 20 key informants interviewed were confident in reporting changes that may have occurred during the six months preceding their interview, those questions were excluded from subsequent interviews. Accordingly, key informant responses about changes in various aspects of the illicit drugs scene in Brisbane refer to changes that occurred during the year preceding July to October, 2000. This is in contrast to equivalent reports from IDU participants, who reported changes that might have occurred during the six months preceding October, 2000.

The duration of key informant interviews varied between approximately 45 minutes and three hours, although the majority took approximately one hour. Two of the longer interviews were conducted over two sessions, with the interview being postponed at the completion of a major section so as to maximise continuity. The interviewer entered notes taken during the interview into a computer spreadsheet for analysis.

2.3. Injecting Drug User Survey

Sixty-two male and 39 female ($n = 101$) IDU were recruited from four NSP outlets in Brisbane during in October, 2000 when collecting their injecting equipment. Two of the NSP outlets (QuIVAA and BYS) are situated in a central entertainment district of Brisbane (Fortitude Valley); the Biala NSP outlet is a very large needle exchange located in the Central Business District; and the remaining NSP outlet is located at Logan, an outer southern suburb of Brisbane. All IDU participants nominated English as their primary language and each was reimbursed with \$20.00 to cover the costs incurred through participation. The number of male and female IDU participants recruited at each NSP outlet and IDU age data are presented in table 2.3.1.

As noted in table 2.3.1, IDU participant age varied as a function of recruitment site, $F(3,97) = 3.81, p < .05$. IDU participants recruited at BYS (a treatment and outreach service for youth) were significantly younger than those recruited at the Biala and Logan NSP outlets, but were not significantly younger than those recruited through the QuIVAA NSP outlet. Gender differences in IDU participant age did not vary significantly within recruitment site or across the entire sample.

Table 2.3.1 also indicates that more IDU participants were recruited at the Biala NSP ($n=63$) than at the other NSP recruitment sites. The number of IDU recruited at each NSP outlet was predetermined so as to approximate the distribution of syringes dispensed to each of the recruitment sites during the 1999-00 financial year, the latter information being provided by QNSP, Queensland Health (see figure 2.3.1).

Table 2.3.1. Number of Male and Female IDU Recruited from Each NSP Outlet and Age Data for Male and Female IDU Participants Stratified by Recruitment Site and for the Entire IDU Sample.

	Biala	QuIVAA	Logan	BYS	Total
<i>Females</i>					
n	18	8	7	6	39
Min Age	17	20	16	16	16
Max Age	38	35	34	21	38
<i>M</i>	25.61	26.25	27	18.33	24.87
<i>SD</i>	6.34	5.01	6.76	6.76	6.2
<i>Males</i>					
n	45	9	6	2	62
Min Age	16	18	17	17	16
Max Age	53	34	44	22	53
<i>M</i>	27.71	26.44	29.67	19.5	27.42
<i>SD</i>	7.95	5.1	9.35	3.54	7.75
<i>Total Sample</i>					
n	63	17	13	8	101
Min Age	16	18	16	16	16
Max Age	53	35	44	22	53
<i>M</i>	27.11 ^a	26.35 ^{ab}	28.23 ^a	18.63 ^b	26.44
<i>SD</i>	7.54	4.9	7.82	2.07	7.26

Different superscripts denote significant inter-group differences.

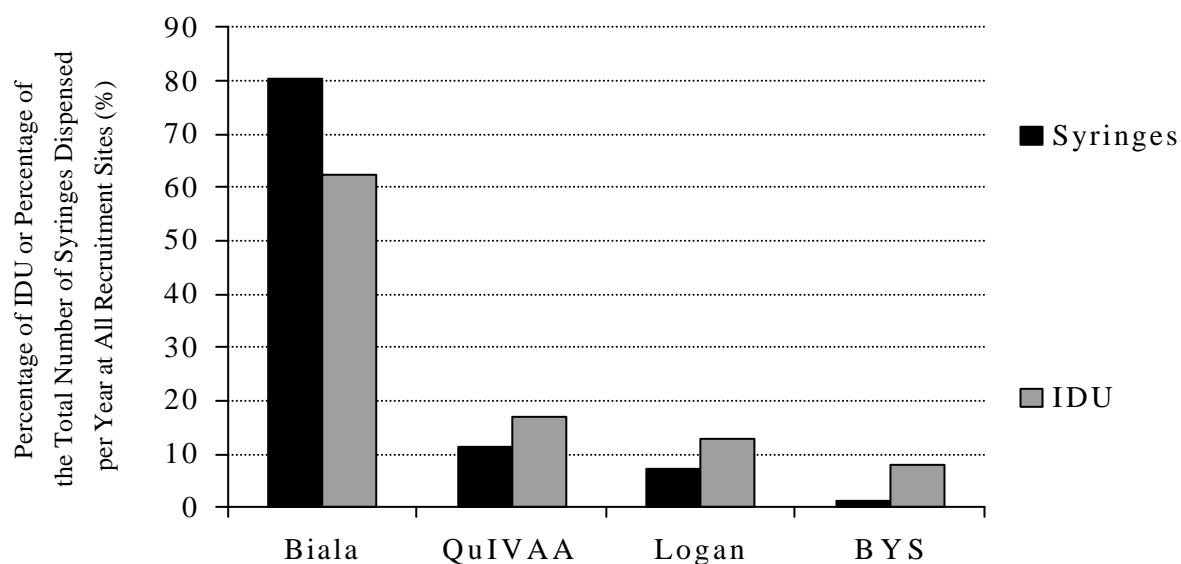


Figure 2.3.1. Percentage of the Total IDU Sample Recruited at Each Recruitment Site and the Number of Syringes Dispensed to Each Recruitment Site in the 1999-2000 Financial Year Expressed as a Percentage of the Total Number of Syringes Dispensed to All Recruitment Sites During that Period.

As illustrated in figure 2.3.1, although more than 60% of the IDU convenience sample was recruited from the Biala NSP outlet, that recruitment site was under-represented in the sample in context of the distribution of syringes dispensed to the various recruitment sites during the 1999-00 financial year.

IDU participants were administered a face-to-face structured interview by one of four interviewers (three females and one male) in a private interview room at one of the NSP outlets in Brisbane. Interviews lasted between approximately 45 minutes and one hour. Data inscribed on 14-page A4 sized survey instruments were coded into SPSS for Windows, Release 10.0 for analysis.

Questions posed to IDU participants centred around similar issues to those raised with key informants. IDU participants were first asked to provide demographic information; followed by information about their drug use history; the current price, form, purity or potency, availability, and use of various illicit substances; their injecting risk-taking behaviours; the frequency of various criminal behaviours; law enforcement activity; and other general drug trends. IDU participants were also asked to report any changes that they had noticed in certain aspects of the illicit drug scene during the six months preceding the survey. Demographics of the IDU sample (aside from those already presented), as well as IDU participant responses detailing their drug use history and certain illicit drug-related behaviours are summarised in section three.

2.4. Other Indicator Data

Key informant and IDU survey data were supplemented with a variety of existing indicator data, including:

ABCI and QPS Drug Squad Pricing Data.

ABCI/QPS Drug Squad illicit drug pricing data summarise prices paid by law enforcement officers when purchasing illicit substances during covert operations in Queensland.

ABCI Purity Data.

ABCI purity data detailed the minimum, maximum, average, and median purity level of selected heroin, amphetamine, and cocaine samples that were seized in Queensland during the 1999-00 financial year. Data were provided in respect of seizures weighing less than or equal to two grams and for seizures weighing more than two grams.

Biala NSP Data (2000).

These data, kindly provided by the staff at Biala (a large 24 hour NSP situated in the Brisbane CBD), were collected from the persons who comprised the 6341 consecutive visitations to that NSP during August 2000. A range of data, including demographics, sharing behaviours, and drug about to inject, were collected by the NSP workers and analysed by the author.

National NSP Survey Data (1999).

Australian NSP Survey (1999), provided by NDARC, detailed the prevalence of the last drug injected by IDU. The survey was conducted in NSP outlets, where IDU were asked, among other things, to nominate the drug they had last injected. 1999 Queensland data are based upon the responses of 834 participants.

National Centre in HIV Epidemiology and Clinic Research Annual Surveillance Report, 2000.

This report publishes data indicating the prevalence of HIV and HCV antibody in both the general population and among IDU recruited at selected public NSP outlets throughout Australia.

Opioid Overdose Cases in the Greater Brisbane Area Attended by Queensland Ambulance.

These data, generously provided by Queensland Ambulance Service, detailed the number of opioid overdose cases reported as having been attended in the Greater Brisbane Area by Queensland Ambulance for each calendar year between 1997 and 1999 inclusive.

Opioid Related Deaths in Queensland, 1988-1999 (ABS/NDARC).

ABS opioid related fatality data, summarised and provided by NDARC, quantify the number of deaths that were attributed to the use of opioids during each year since 1988. Further details about those data are presented in section 5.2.4.7.

QNSP Syringe Distribution Data for Queensland (2000).

These data, generously provided by QNSP (Queensland Health), detailed the total number of syringes dispensed at public NSP outlets in Queensland for each financial year between 1995-96 and 1999-00.

The 1998 National Drug Strategy Household Survey - NDSHS (AIHW, 2000).

The 1998 National Drug Strategy Household Survey was the sixth survey in a series that commenced in 1985, funded under the auspices of the National Drug Strategy. The survey gathered information from over 10,000 persons aged 14 years and over from a national sample of 8,357 private dwellings. Homeless and institutionalised persons were not included in the survey. The survey comprised questions about knowledge of drugs; attitudes towards drugs; drug consumption histories; and related behaviours. Data collected in these surveys contribute to the development of policies for Australia's response to drug issues. In 1998, there were 2586 respondents from Queensland from 2007 private dwellings. The survey employed a split sample design that incorporated random household selection and a mixture of random and target respondent selection.

3.0. Injecting Drug User Survey Data

Demographics of IDU participants and their reports about their use of various licit and illicit substances and other drug-related behaviours are summarised in this section under relevant headings.

3.1. Demographics of IDU Participants

3.1.1. Age, Gender, and Recruitment Site

Details of the number of male and female IDU participants recruited at each NSP outlet and the average age of male and female IDU participants are presented in section 2.3.

3.1.2. Ethnicity

While all participants reported emanating from an English speaking background, five female and three male IDU participants, comprising approximately 8% of the total IDU sample, identified themselves as being of ATSI descent.

3.1.3. Homelessness

Eight (21%) of the 39 female participants and six (10%) of the 62 male participants reported having no permanent address. IDU participants with no permanent address were disproportionately more likely to have been recruited through the BYS or QuIVAA NSP outlets: understandable given the former is located within a treatment facility targeting young homeless people and that both NSP outlets are located in an area with an ostensibly higher level of homelessness than the Brisbane CBD or Logan.

3.1.4. Treatment Status

Seventy-three percent of the IDU participants were receiving no form of treatment at the time of the survey. Twenty three (16 male and 7 female) of the 27 IDU participants who were in treatment reported being enrolled in the methadone program, while the remaining participants reported being in drug counselling (n=1) or NA (n=2). Physeptone tablets were being used by one IDU participant.

3.1.5. Education

IDU participant reports of the number of years of schooling completed varied between four and 12 years, averaging 10.63 years ($SD = 1.42$). On average, females had completed 10.82 years ($SD = 1.17$) and males had completed 10.52 years ($SD = 1.55$) of schooling. The number of years of school completed by male and female IDU is presented in table 3.1.1.

Table 3.1.1. Number and Percentage of Male and Female IDU Participants with Fewer than 10 Years of Schooling, 10 or 11 Years of Schooling, and 12 Years of Schooling.

	< 10 Years		10 or 11 Years		12 Years	
	n	%	n	%	n	%
Male (n=62)	10	16	29	47	23	37
Female (n= 39)	5	13	18	46	16	41
Total (n=101)	15	15	47	47	39	39

As indicated in table 3.1.1, 15% of the IDU participants had not completed ten years of schooling, while 39% reported having completed 12 years of schooling. Gender

differences in years of schooling completed were no greater than would be expected by chance, $\chi^2(2) = 0.274, p = 0.872$.

Twelve (19%) male and seven (18%) female IDU participants reported having completed a university or college course, and 20 (32%) male and eight (21%) female IDU participants reported having completed a trade or technical course since leaving school. Thirty (48%) male and 24 (62%) female IDU participants reported not having completed any courses after leaving school.

3.1.6. Employment

The employment status of female and male IDU participants is displayed in figure 3.1.1.

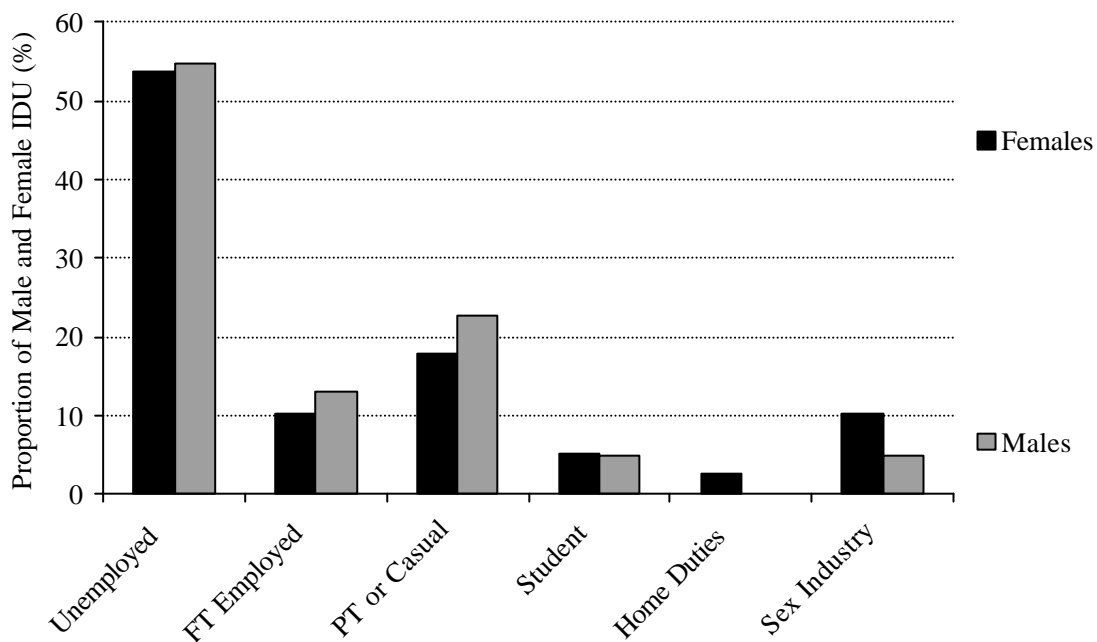


Figure 3.1.1. Male and Female IDU Participant Reports of Current Employment Status.

As indicated in figure 3.1.1, approximately 55% of the IDU participants reported that they were unemployed, while 11% reported currently having full-time employment, and 20% reported currently holding a part-time or casual position of employment. There were minimal gender differences in employment status among unemployed, full-time employed, and part-time or casually employed IDU, and gender differences in other employment categories are unreliable due to the small number of observations. Three male and two female IDU participants identified themselves as students, while three male and four female IDU participants reported their employment status as sex industry worker.

3.2. Drug Use

Drug Use History

IDU participant reports describing the history of their use of various licit and illicit drugs, including the estimated frequency of use during the six months preceding the survey are detailed in table 3.2.1. Percentages in the “ever used” column reflect the percentage of the total sample, while all other percentage values represent the percentage of IDU who had ever used that drug. Median number of days used in the past six months was calculated on the basis of responses from those participants who had used the substance at least once during that period.

As indicated in table 3.2.1, 94 (93%) of the 101 IDU participants reported having used heroin at least once, and 86% (n=81) of the IDU participants who had ever used heroin reported recent use (defined as use of the substance at least once during the six months preceding the survey). On average, the 81 recent heroin users reported having used heroin, primarily by injection, on approximately every second day during the six months preceding the survey. With the exception of cannabis, the number of recent heroin users was higher than for any other illicit substance. Moreover, on average, heroin was the illicit drug that IDU reported having used most frequently during the six months preceding the survey. Although the rate of recent amphetamine use was similarly high among IDU participants, frequency of recent amphetamine use was much lower than for heroin.

Data presented in table 3.2.1 are also indicative of a high level of poly-drug use among IDU participants. From a subset of 11 substances comprising cannabis; amphetamines; heroin; hallucinogens; benzodiazepines; ecstasy (MDMA); other (prescription) opiates; cocaine; inhalants; alcohol; and tobacco; the median number of drugs ever used was nine, and the median number of drugs recently¹ used was six. Relatively low frequency of use of hallucinogens and cocaine would suggest mainly “recreational” use of those substances among this IDU sample. Cannabis, however, on average, had been used by the majority of IDU on approximately every second day during the six months preceding the survey. Only four IDU reported recent use of inhalants. Two reported infrequent use of nitrous oxide; one reported infrequent inhalation of butane; and one IDU reported relatively high frequency of abuse of paint thinners. Eighty-three percent of IDU reported smoking tobacco on a daily basis, and only three IDU reported daily use of alcohol.

¹ used within the six months preceding the survey.

Table 3.2.1. Drug Use History of the IDU Sample (n=101), Including the Percentage of IDU Who Reported Having Ever Used Various Licit and Illicit Substances; Percentages of Those IDU Who Had Ever Used Each Substance Who Had Ever and Recently Injected, Smoked, Snorted, or Swallowed that Substance; and the Median Number of Days That Recent Users Reported Having Used that Substance During the Six Months Preceding the Survey.

Drug	Ever Used	Ever Injected	Injected Last Six Months	Ever Smoked	Smoked Last Six Months	Ever Snorted	Snorted Last Six Months	Ever Swallowed	Swallowed Last Six Months	Used in Last Six Months	Median No. of Days Used in Last Six Months
Cannabis	99	-	-	-	-	-	-	-	-	80	90
Amphetamines	97	97	71	25	4	57	9	71	20	74	24
Heroin	93	98	85	59	15	19	4	27	10	86	100
Hallucinogens	83	32	4	7	1	4	1	98	18	29	2
Benzodiazepines	74	33	16	5	1	1	1	97	68	80	20
Ecstasy	66	46	13	2	0	16	6	90	33	36	4
Other Opiates	62	75	33	16	2	5	0	59	29	51	5
Methadone	53	60	32	-	-	-	-	83	51	66	165
Cocaine	52	71	15	19	6	62	15	23	6	28	2
Antidepressants	45	-	-	-	-	-	-	-	-	51	60
Inhalants	37	-	-	-	-	-	-	-	-	13	10
Tobacco	96	-	-	-	-	-	-	-	-	91	180
Alcohol	96	4	0	-	-	-	-	100	79	79	13

IDU participant responses detailed in table 3.2.1 also indicate a marked preference for IV drug use among this convenience sample of IDU. For example, aside from almost unanimous reports of IV heroin and amphetamine use, table 3.2.1 indicates that 75% of those IDU who had ever used other (prescription) opiates; 60% of those who had ever used methadone, 46% of those who had ever used MDMA (ecstasy); 33% of those who had ever used benzodiazepines; and 32% of those who had ever used hallucinogens reported having injected those substances at least once. While rates of recent injection suggest that IDU tend not to use those latter substances exclusively by injection, there would appear a strong propensity among this sample of IDU to use injection above other routes of administration. IDU reports about the frequency of their IV drug use during the month preceding the survey provided support for that notion. Forty-five of the 101 IDU participants, comprising relatively equal proportions of male and female IDU, reported having injected a substance at least daily during the month preceding the survey, while approximately 75% of the IDU participants reported injecting drugs at least once per week during that period.

In summary, almost all IDU participants interviewed in this project reported having used a variety of different licit and illicit substances, although cannabis, heroin, and tobacco were the drugs reported to have been used with the most frequency (aside from a small number of participants using methadone). Overall, however, it would appear that the majority of the IDU sample comprise fairly regular IV heroin users.

First Drug Injected; Drug of Choice; Last Drug Injected; and Most Frequently Injected Drug During the Past Month.

IDU participants nominated the drug that they had first injected; their drug of choice; last drug injected; and the drug most frequently injected during the month preceding the survey. Responses from the entire IDU sample are presented in figure 3.2.1. Although half of the IDU participants had never used cocaine, it is interesting to note that the number of IDU participants who rated cannabis as their drug of choice (n=8) was higher than the number who nominated cocaine as their drug of choice (n=2).

As indicated in figure 3.2.1, 69 (68%) of the 101 IDU participants reported amphetamines as the drug that they had first injected, while 27 of the remaining 32 participants reported having initiated to injecting drug use with heroin. However, figure 3.2.1 also indicates that at least 60% of the IDU participants nominated heroin as their drug of choice; last drug injected; and the drug most frequently injected during the month preceding the survey. By comparison, only 24 IDU participants reported amphetamines as their drug of choice. As might be expected, approximately 90% of the IDU who nominated heroin as their drug of choice also reported it as the last drug injected and the most frequently injected drug last month. Subsequent analyses revealed that 37 (54%) of the 69 IDU who initiated to injecting drug use with amphetamines nominated heroin as their drug of choice, while 23 (33%) reported amphetamines as their drug of choice. By comparison, 23 of the 27 IDU who initiated to injecting drug use with heroin reported that same substance as their drug of choice, and none of the IDU participants who had initiated to injecting drug use with heroin nominated amphetamines as their drug of choice.

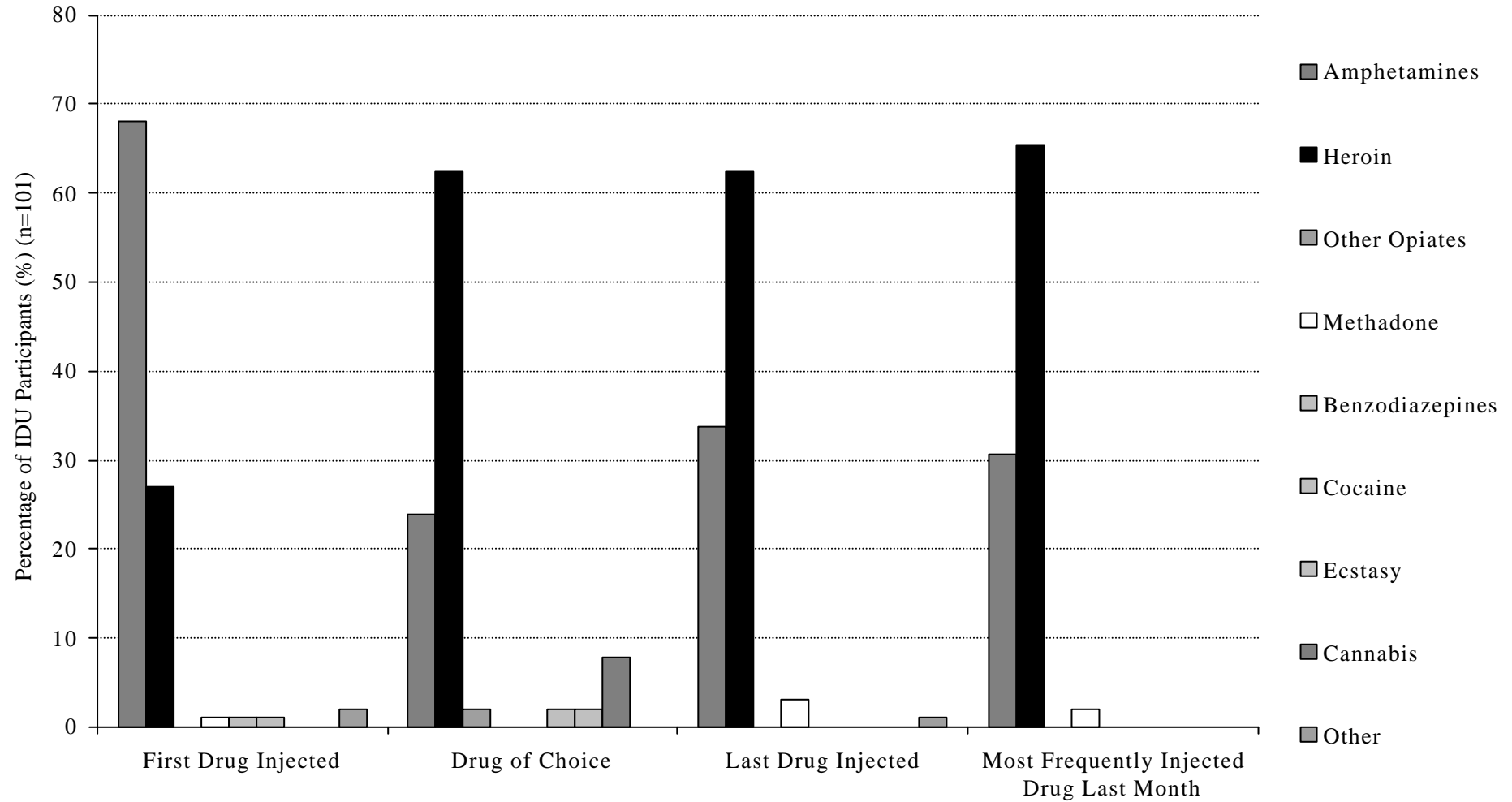


Figure 3.2.1. IDU Participant Reports of First Drug Injected, Drug of Choice, Last Drug Injected, and Most Frequently Injected Drug Last Month.

Preference for heroin among this IDU sample was further evidenced by IDU reports about the drugs taken on the day preceding the interview. In total, 88 of the 101 IDU participants reported having used a drug other than tobacco or caffeine on the day preceding the interview. Thirty-seven IDU reported having used one drug; 31 IDU reported having used two drugs; 13 IDU reported use of three drugs; and five IDU reported having used either four or five drugs other than tobacco or caffeine on the day preceding the interview. IDU participants who had used three or more drugs on the day prior to the interview mostly reported using heroin; cannabis; and either alcohol or benzodiazepines on that day. The number (or percentage) of IDU participants who reported having used various drugs on the day preceding the interview is depicted in figure 3.2.2.

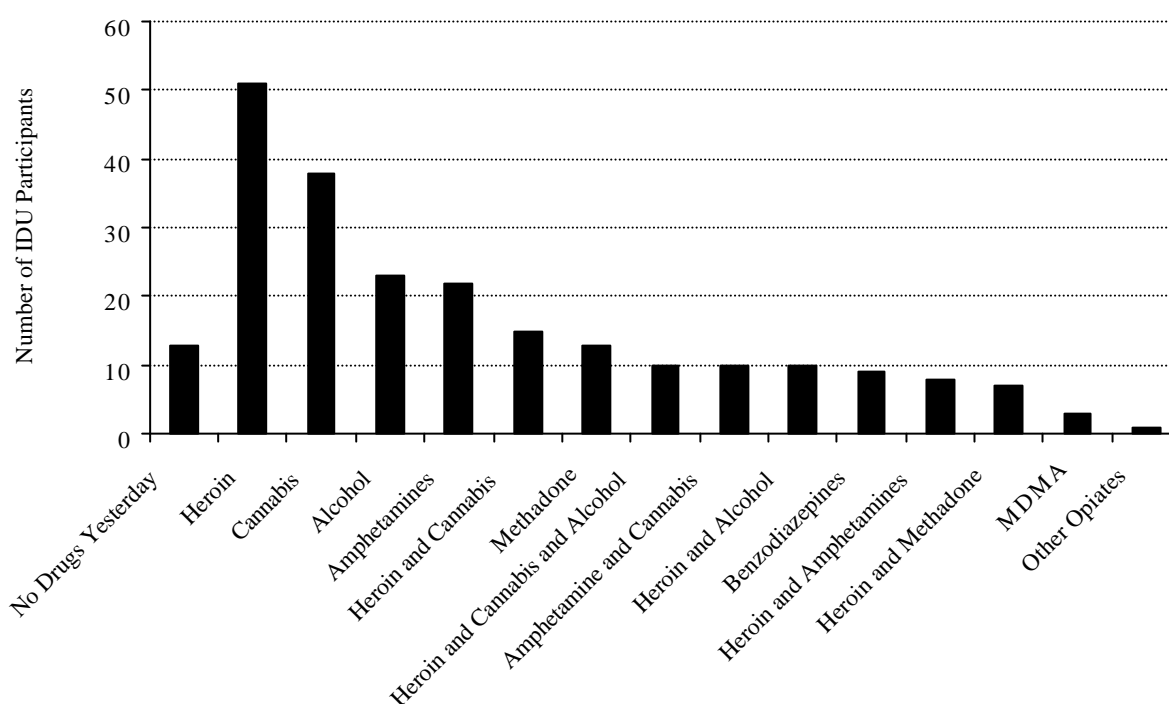


Figure 3.2.2. Number of IDU Participants Who Reported Using Various Licit and Illicit Substances on the Day Preceding the Interview (n=101).

As indicated in figure 3.2.2, approximately half of the IDU participants reported using heroin on the day preceding the interview, and 10 of those IDU participants also reported using both cannabis and alcohol on that day. Amphetamines had been used by 22 IDU participants on the day preceding the interview, and eight IDU participants reported use of both heroin and amphetamines on that day.

Data presented in table 3.2.1. and figures 3.2.1 and 3.2.2 indicate several important facets about the history and current drug use among the IDU sample. Firstly, the majority of IDU participants had both tried and recently used a variety of licit and illicit substances, sometimes using several substances on the same day. Secondly, there would appear a marked preference for injection above other routes of administration amongst IDU participants. However, it should be noted that while a number of IDU participants reported having recently injected ecstasy, hallucinogens, benzodiazepines, and/or methadone, it is not possible to determine the frequency with which IDU participants injected those substances relative to the frequency with which they used other routes of administration. Thirdly, while 68% of the

IDU participants reported having initiated to injecting drug use with amphetamines, at least 60% of IDU reported heroin as their drug of choice, last drug injected, and most frequently injected drug during the month preceding the survey. Overall, heroin and cannabis were reported as the most frequently used illicit substances by this convenience sample of IDU, with many IDU reporting less frequent amphetamine; benzodiazepine; and prescription opiate use, as well as recreational use of hallucinogens, MDMA (ecstasy), and occasionally, cocaine.

In summary, IDU participant reports about the frequency of their use of various illicit substances indicate that the majority of the IDU participants interviewed in this project, although having initiated to IV drug use with amphetamines, were currently fairly regular cannabis and IV heroin users who also engaged in IV use of a variety of different substances.

3.3. Illicit Drug Related Behaviours

IDU participants were asked to report a variety of aspects of their illicit drug-related behavioural repertoire. Those responses are summarised in this section under various headings.

3.3.1. Age at First Injection

Forty-two percent of male ($n=26$) and 38% of female ($n=15$) IDU participants reported having injected a drug prior to their 18th birthday. One male IDU reported first injecting a drug at the age of 10 years and one female IDU reported first injecting a drug at the age of 12 years. The median age at which IDU reported first injecting a drug was 18 years for male IDU and 19 years for female IDU. The oldest reported age of initiation to injection was 32 for both male and female IDU participants.

Average age at initiation to injecting drug use was calculated for IDU participants aged less than 23 ($n=34$); participants aged between 23 and 28 years ($n=32$); and IDU aged 29 years or above ($n=35$). Age at first injection of any drug varied significantly as a function of user age, $F(2, 98) = 18.38, p < 0.001$. On average, IDU participants aged less than 23 years reported having first injected a drug at a younger age ($M=16.18, SD=2.55$) than users aged 23 to 28 years ($M=19.06$ years, $SD=4.36$), and the average age of initiation to injecting drug use for IDU aged 29 years or above ($M=21.69$ years, $SD=4.38$) was significantly greater than that for users aged 23 to 28 years. This finding would appear unrelated to the inclusion of a small group of young IDU recruited from BYS, as analyses excluding those eight participants yielded analogous results.

At first glance, the finding of a positive relationship between IDU age and age of initiation to injecting drug use might be interpreted as evidence that the age at which individuals initiate to injecting drug use has reduced consistently during the past 20 years in Brisbane. However, there are several factors that should be taken into account when interpreting those data. Firstly, it might be posited that a recent uptake of injecting drug use within all age groups, such as that reported in the recent NDSHS (AIHW, 2000) would yield similar mean differences in age of initiation to injecting drug use. Secondly, findings may to some extent reflect attrition, such that individuals who initiated to injecting drug use approximately 15 years ago when aged 16 are either no longer injecting drugs, or for some other reason, were not recruited into the study. Thirdly, as results are based upon responses from a convenience sample of IDU recruited at public NSP outlets, the extent to which those participants are representative of the population of IDU in Brisbane, let alone Queensland, is questionable.

Notwithstanding those limitations, the relationship between IDU participant age and age at initiation to injecting drug use might be interpreted as consistent with other findings from the 1998 NDSHS (AIHW, 2000), in particular, evidence suggesting a sizeable increase in the number of teenage injecting drug users in Queensland between 1995 (1.1%) and 1998 (3.1%). Increased contact with teenage and young adult IDU during the 12 months preceding the survey was consistently reported by the key informants interviewed in this study.

3.3.2. Location of Last Injection

Fifty-two of the 101 IDU participants reported having last injected an illicit substance in their home environment, while the remaining participants reported last performing that behaviour in a car (n=17); a public toilet (n=16); or the street, park, or beach (n=11). One IDU reported last injecting in a “shooting room”, while the remaining four IDU participants reported last injecting in some “other” location.

3.3.3. Sharing of Injecting Equipment

Nineteen of the 101 IDU participants reported having injected themselves with a used syringe (i.e., a syringe that had previously been used by another IDU) at least once during the month preceding the survey. Approximately half of those participants reported borrowing a syringe on one occasion during that period, while three reported having borrowed a syringe on more than 10 occasions. Sixteen of the 19 recent syringe borrowers reported having borrowed a syringe from one individual and three IDU reported using a syringe that two individuals had previously used during the month preceding the interview. Close friends (n=8); regular sex partners (n=7); casual sex partners (n=4); acquaintances (n=2); and others (n=1) were reported as the persons from whom syringes were borrowed. With the exception that none of the female IDU reported borrowing from a casual sex partner, there were minimal gender differences in syringe borrowing behaviours. Twenty-three of the 101 IDU reported having supplied a syringe that they had previously used to another IDU during the month preceding the survey, and the majority of those IDU reported having performed that behaviour on five or fewer occasions during that period.

The rate of sharing of various items of injecting equipment other than syringes was higher than for syringe sharing. In total, 51 of the 101 IDU participants reported having used either a single item or various items of previously used injecting equipment other than syringes during the month preceding the survey. Forty-two IDU reported having borrowed a used spoon; 35 had borrowed a used filter, 14 reported using another person’s tourniquet, and 43 IDU reported using water that had been previously used by another IDU during the month preceding the survey.

3.3.4. Injection Related Problems

IDU participants were asked to report whether they had experienced a variety of problems relating to the injection of drugs during the month preceding the survey. The number of male and female IDU reporting those problems is presented in table 3.3.1.

Table 3.3.1. Number and Percentage of Male and Female IDU Participants Reporting Various Injecting Problems That Had Been Experienced During the Month Preceding the Survey.

	Scarring/ Bruising	Abscesses/ Infections	Dirty Hit	Difficulty Injecting	Thrombosis
	n (%)	n (%)	n (%)	n (%)	n (%)
Male IDU (n=62)	33 (53)	7 (11)	17 (27)	12 (19)	3 (5)
Female IDU (n=39)	24 (62)	7 (18)	11 (28)	24 (62)	5 (13)
Total IDU (n=101)	57 (56)	14 (14)	28 (28)	36 (36)	8 (8)

Table 3.3.1 indicates that a large proportion of the IDU participants reported scarring or bruising due to injection during the month preceding the survey, and that a higher proportion of female than male IDU reported recently having experienced difficulty in injecting. Twenty IDU participants reported having experienced three or more of the injecting problems listed in table 3.3.1 during the month preceding the survey, while approximately equal numbers of the remaining participants reported having experienced either none, one, or two of those injecting problems during that period.

3.3.5. Money Spent On Illicit Substances

IDU participant reports as to the amount of money spent on illicit drugs on the day preceding the interview are summarised in figure 3.3.1.

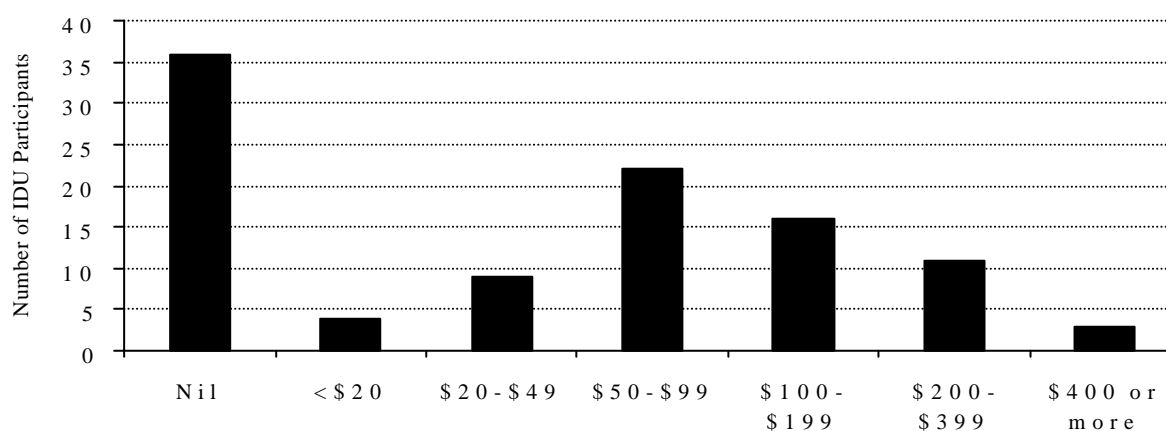


Figure 3.3.1. Money Expended on Illicit Drugs on the Day Preceding the Survey by IDU Participants (n=101).

As figure 3.3.1 indicates, approximately one third of the IDU participants reported not having purchased illicit substances on the day preceding their interview, while 52 IDU participants reported spending at least \$50.00 on illicit substances on that day. It should be noted that expenditure on illicit substances may not reflect patterns of use for several reasons that are delineated in section (5.2.4.2).

3.3.6. Crime

IDU participant responses describing the frequency with which they engaged in property crime; supply of illicit substances; fraud; and violent crime during the month preceding the survey are detailed in figure 3.3.2.

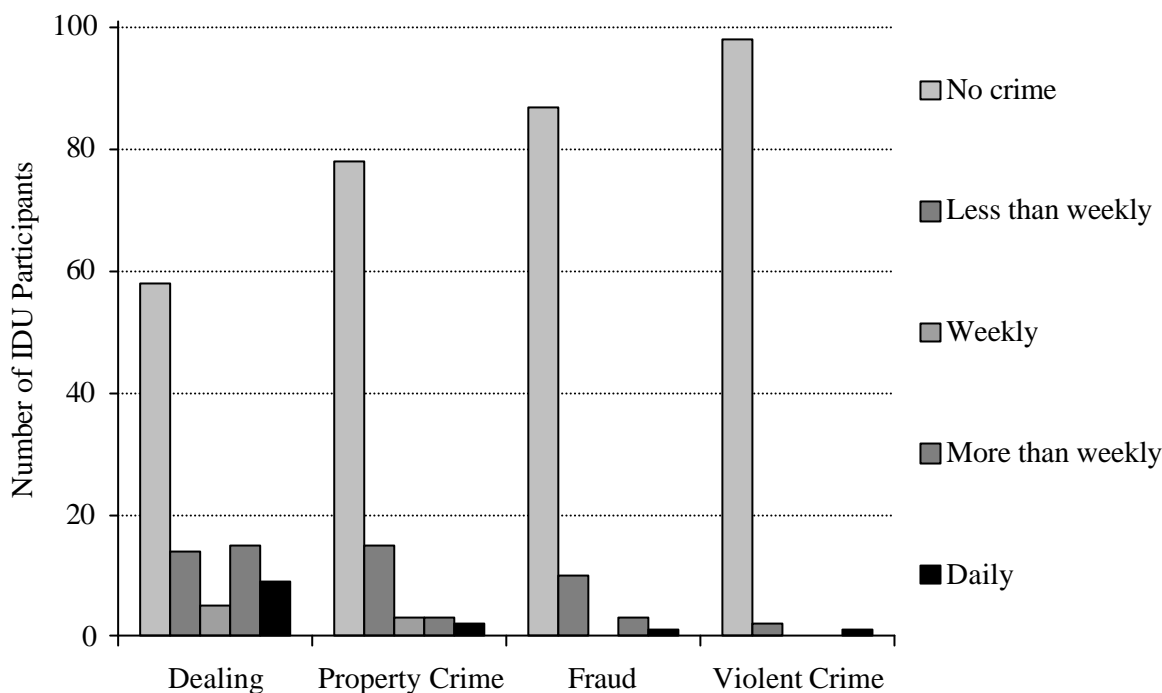


Figure 3.3.2. Number of IDU Who Reported Having Committed Various Crimes During the Month Preceding the Survey, Including Reports About the Frequency of Those Crimes ($n=101$).

As depicted in figure 3.3.2, the majority of IDU reported not having committed a fraud; property crime; or violent crime during the month preceding the survey, and approximately 40% reported having sold an illicit substance during that period. Notwithstanding, 52 of the 101 IDU participants, including 21 (54%) of the 39 female IDU participants and 31 (50%) of the 62 male IDU participants reported having been arrested at least once during the 12 months preceding the survey. While property crime ($n=19$) and possession of an illicit substance ($n=10$) were the most commonly reported charges, IDU participants reported having been arrested for a variety of offences including fraud; unsafe disposal of a syringe; unpaid parking fines; failing to appear in court; breach of bail; public intoxication; driving under the influence of narcotics; and jaywalking. Two IDU reported having been arrested for possession of a dangerous weapon and two others reported having been arrested for a violent crime during the 12 months preceding the survey. Several IDU participants reported having been arrested for more than one offence. Overall, there were minimal gender differences in the frequency or types of crimes reported, with the exception that none of the female IDU participants reported committing violent crime during the month preceding the survey.

3.3.7. Prison History

Thirty-one percent of the total sample, including 35.5% of male IDU and 23.1% of female IDU, reported having spent some time in prison. Gender differences in lifetime prevalence of incarceration were not significant $\chi^2(1) = 1.73, p = 0.18$. History of incarceration was slightly more likely to be reported by IDU recruited in NSP outlets located in Fortitude Valley (BYS and QuIVAA: $12/25 = 48\%$) than by IDU recruited in central Brisbane (Biala: $16/63 = 25\%$) or the NSP located in a southern suburb of Brisbane (Logan: $3/13 = 23\%$), but these differences also failed to achieve conventional levels of statistical significance $\chi^2(2) = 4.71, p = 0.10$.

3.3.8. IDU Perceptions of Law Enforcement Activity

Fifty-one of the 101 IDU participants reported noticing more police activity, 31 reported stable police activity, and three IDU participants had noticed a decrease in police activity during the six months preceding the survey. Although 69 IDU participants reported that recent law enforcement activity had not made it more difficult for them to obtain illicit substances, 38 IDU participants reported that more of their friends had been caught in possession of illicit substances during the same period. Subsequent analyses revealed that 22 of the 69 IDU respondents who reported negligible impact of recent law enforcement activity upon the availability of substances had also reported increased numbers of their friends being arrested for possession of an illegal substance in the recent past.

3.3.9. IDU Reports About Recent Drug Trends

Towards the conclusion of the interview, IDU participants were asked to report on any drug trends that they had noticed during the six months preceding the survey. Sixty-eight of the 101 respondents were sufficiently confident to relate what they had observed about recent changes in the number or type of people using illicit drugs; 32 noted recent changes in the patterns of drugs they or their peers have been using; and 45 reported changes in the quantity and frequency of illicit drug use.

IDU participants were highly consistent in reporting that the number of IV heroin and amphetamine users had increased in Brisbane during the six months preceding the survey. While young people were reported to comprise the majority of new injecting drug users, reports also suggested that a higher proportion of “professionals”, students, and “middle class” people were injecting illicit substances.

The majority of IDU reports about changes in the use of illicit substances centred around the various means by which IDU were using both heroin and amphetamines. Those responses indicated that an increasing number of IDU are injecting both substances either simultaneously or in close succession, with several IDU reporting that either substance has the effect of “taking the edge off” the other. A number of IDU participants reported knowledge of a sizeable and increasing group of IDU who alternated their use of heroin and speed, using one substance for a number of days before taking up use of the other substance. Most commonly, availability and value for money were reported as the principal determinants of the substance being used. Finally, the majority of respondents who were confident in reporting such information suggested that IDU are using greater quantities and using more frequently than in the past.

4.0. Prevalence of Heroin and Amphetamine Use Among Injecting Drug Users in Brisbane and Queensland.

Findings presented in section 3.2 of this report provide strong evidence that the majority of the convenience sample of IDU participants were fairly regular IV heroin users. While heroin is undoubtedly used by a considerable proportion of the IDU population in Brisbane, recent data from several sources indicate that amphetamine users comprise a much larger proportion of that population than is reflected in the IDU sample. For example, in the 1999 National NSP survey (unpublished data), the percentage of Queensland IDU (n=834) who nominated amphetamine as the last drug injected (43.3%) and the percentage who nominated heroin as that substance (43.1%) was very similar. In a large survey conducted at the Biala 24 hour NSP in central Brisbane, it was found that 51% of the 113154 syringes issued during the 6341 visitations to that NSP in August, 2000 were dispensed to individuals who reported that they were about to inject amphetamines, while 35.5% were dispensed to people nominating heroin as the drug about to be injected. Approximately 5% of the total number of syringes were distributed to individuals who reported that they were about to inject both heroin and amphetamines.

Several factors might underlie the apparent under-representation of IV amphetamine users in the IDU sample. Firstly, anecdotal reports from NSP workers suggest that IV amphetamine users, perhaps as a consequence of their use of a powerful central nervous system stimulant, are less amenable to approach than heroin users at NSP outlets, and hence not easily recruited into research studies. Secondly, amphetamine users may have been more likely than heroin users to decline an invitation to participate in this study on the basis that intensive use of amphetamines often induces feelings of paranoia. The time at which interviews were conducted may also have influenced the recruitment of IV amphetamine users into this study. Several key informants working at the Biala 24 hour NSP outlet in the Brisbane CBD reported that the majority of amphetamine users collect their injecting equipment after normal business hours, and that daytime visitors were mostly heroin users. Only seven of the interviews conducted at Biala (where 62% of the sample was recruited) commenced after 5pm. None of the other recruitment sites, however, are open after normal business hours, and interviews conducted at those NSP outlets were relatively equally distributed across opening hours.

NDSHS (AIHW, 2000) data suggest that IV amphetamine users comprise a sizeable proportion of the IDU population in Queensland. In the 1998 NDSHS, the proportion of the injecting drug users who reported recent² IV amphetamine use (70%) was greater than the number of recent IV heroin users (46%). Data from the same survey might also be interpreted to suggest that the number of IV amphetamine users in Queensland has increased during recent years. According to the 1998 NDSHS (AIHW, 2000), the proportion of the Queensland population aged 14 years or over who had ever injected an illicit substance was estimated to have more than trebled from 0.9% in 1995 to 3% in 1998. At that time, the proportion of the Queensland population estimated to have injected an illicit substance (3%) was higher than the corresponding estimate for the rest of Australia (1.9%). Moreover, the proportion of the Queensland population in the same age cohort who were estimated to have recently injected an illicit substance increased from 0.2% in 1995 to 1% in 1998. The increase in the prevalence of recent IV drug users between 1995 and 1998 would appear only partially attributable to the concomitant increase in the prevalence of recent heroin users, as

² Within the 12 months preceding the survey.

prevalence of recent heroin use increased from 0.3% to 0.6% over the same period. Given the NSP data cited in the first paragraph of this section indicate that approximately 90% of syringes are dispensed to people who report they are about to inject either amphetamines (51%); heroin (35.5%); or both of those substances (5%); it would appear that IV amphetamine users have made a significant contribution to the recent increase in the number of IV drug users in Queensland.

The consensus among key informants and other specialised informants who professed knowledge of the issue was that the majority of heroin in Queensland is confined to the south-east corner, in particular, Brisbane and the Gold Coast, although reports suggested that heroin had become increasingly available in Cairns and the Sunshine Coast during the past few years. The same respondents also reported that the majority of IDU in regional Queensland were amphetamine users, although, consistent with a recent publication by the ABCI (2000), reports of IV use of diverted prescription opiates were not uncommon. Overall, the evidence reported in this section would suggest that amphetamine users currently comprise a significant proportion of the IV drug using population in Queensland. Escalating numbers of IV amphetamine users is especially concerning given key informant reports suggest that increasing numbers of those individuals are using IV administration of heroin to alleviate the symptoms experienced when “coming down” from intensive IV amphetamine use. This trend is further described in sections 5.1 and 5.2.

5.1. Amphetamines

Trends in the price, purity, availability, and use of amphetamines in Brisbane are reported in this section based upon information obtained from IDU survey participants; key informants; the ABCI; a recent report by the QCC (2000); and the 1999 Queensland IDRS (Kinner & Roche, 2000). Pricing information is reported in sub-section 5.1.2, purity data in sub-section 5.1.3, availability data in sub-section 5.1.4, and patterns of use of amphetamines, including user demographics and poly-drug use amongst amphetamine users, are reported in sub-section 5.1.5. The major trends in amphetamine use are summarised in sub-section 5.1.6. This section will commence, however, with a brief overview of the various forms of amphetamine that are being used in Queensland; the terms used to describe those forms; and a summary of the reports from expert informants as to how the various forms of the substance are derived.

5.1.1. Synthesis and Forms of Amphetamine in Brisbane.

According to a recent report published by the QCC (2000), methamphetamine that is locally manufactured in a large number of small, sometimes portable chemical laboratories comprises the majority of the amphetamine that is used in Queensland. Pictures of recent Queensland seizures and reports from both key informants and users indicate that methamphetamine may assume a variety of forms, including white or beige powder; wet translucent crystals (with an appearance similar to brown sugar that has been wet but not dissolved); very thin translucent crystal flakes; large semi-translucent crystals which are referred to as “ice”, or a dark brown crystalline paste or sludge. Recent Queensland methamphetamine seizures have also included methamphetamine tablets, which according to QPS reports, are often sold as MDMA (ecstasy). In Brisbane, the common generic terms for amphetamine, being “speed”, “goey”, and “whiz”, would also appear to be the terms used to refer specifically to powdered forms of amphetamine and methamphetamine. With the exception of “ice”, the majority of users and key informants referred to the various crystalline (i.e., non-powdered) forms of the substance as “base”, although some survey respondents used the term “pure”.

Methamphetamine has been reported as relatively easy to manufacture (Albertson, Derlet, & van Hoozen, 1999). The main precursor chemical, pseudo-ephedrine, is dispensed without prescription at chemists in the form of a various cold and flu relief medications, most notably, Sudafed[®]. The procedure, which is published in numerous Internet sites, can allegedly be performed using a limited amount of relatively unsophisticated laboratory equipment. Notwithstanding, according to one expert key informant, a large proportion of the Queensland methamphetamine seizures that were analysed in 1999-00 comprised “*misinformed and crude attempts to manufacture methamphetamine hydrochloride*”. This lack of knowledge and expertise amongst methamphetamine “cooks” was one factor reported to underlie the various forms of the substance, and the fact that many forms contain water, which is an unwanted by-product of incorrect procedure and choice of chemicals.

The form that methamphetamine eventually takes has been reported as contingent upon the process that is used to transform the substance from its “base” or “free-base” form (being an oil that is not readily absorbed into the bloodstream), into a water-soluble sulphate or hydrochloride. While the result of that process might comprise a high purity, fine-grained white powder, use of a different procedure might yield one of the numerous crystalline/paste-like forms of the substance, including “ice”. Reports suggested that powdered methamphetamine may also be produced by “cutting” (diluting) one of the various crystalline forms with inert powders such as glucose. This practice might explain why key informants

and IDU participants discriminated between powdered forms of amphetamine and crystalline forms (e.g., “base”, “pure”) when reporting amphetamine pricing information. Notwithstanding, as noted above, some Queensland amphetamine seizures have included some very high purity powdered amphetamine.

Reports as to the prevalence of various forms of amphetamine being used in Brisbane were difficult to reconcile. The responses from 16 amphetamine key informants indicated that “base” was being used by, on average, approximately 90% of the users with whom they had frequent contact. Moreover, thirteen of those respondents indicated that the prevalence of “base” had increased during the 12 months preceding the survey. Consistent with other states and territories, Queensland IDU participants were asked to report whether they had used amphetamine powder, amphetamine liquid; prescription amphetamines; or “ice or shabu (smokeable crystals)” during the six months preceding the survey. While the number of IDU who reported having used these forms was 59, 42, 9, and 13 respectively, the accuracy of those reports might be questioned on the basis that response options would not seem totally applicable to many forms of “base”. IDU reports appear generally consistent, however, with the trend of increased prevalence of “ice” reported in the 1999 Queensland IDRS (Kinner & Roche, 2000).

5.1.2. Price of Amphetamine in Brisbane.

Prices for various quantities of powdered and crystalline forms of methamphetamine were provided by IDU participants, key informants, and the ABCI. Overall, those reports indicated that the price for a gram of powdered amphetamine varied between \$50.00 and \$100.00 in Brisbane during the latter half of 2000, with \$50.00 being the most commonly reported price by IDU participants. Seven IDU participants reported prices varying between \$150.00 and \$300.00 in respect of purchases of 1/8 ounce (3.5 grams) of amphetamine powder, while reports from four IDU participants suggested that an ounce (28 grams) of amphetamine powder cost between \$700.00 and \$800.00.

Six IDU participants reported prices in respect of recent purchases of “ice”. The validity of two of those responses, however, might be questioned on the basis that those participants identified that substance to be either “a mixture of heroin and speed”, or “a cocaine/heroin mix”. Moreover, reports from two of the remaining four participants suggested that “ice” was the same as “base”, which may be understandable given certain forms of the latter substance were reported to resemble translucent crystals. The remaining two respondents distinguished “ice” from “base”, one reporting ice as more “rock-like” and the other describing it as a white crystal. One of those participants reported having paid \$100.00 for a point (0.1 gram) of “ice”, while the other reported purchasing a gram of “ice” for \$200.00.

Year 2000 Queensland crystal methamphetamine (“base”) pricing data and analogous prices reported in the 1999 Queensland IDRS (Kinner and Roche, 2000) are summarised in table 5.1.1.

Table 5.1.1. Comparison of 1999 and Year 2000 IDRS Prices for Various Purchased Quantities of Crystal Methamphetamine (“Base”) in Brisbane.

	Point (0.1 grams)	1/2 gram	1 gram	1/8 Ounce (3.5 grams)	1 Ounce (28 grams)
2000					
<u>IDU Participants</u>					
n	57	44	81	28	20
Min-Max	20-50	60-150	180-350	350-1000	2000-5000
Mode	50 ^d	100	200 ^d	550	3000
<u>Key Informants</u>					
n	23 ^a	-	7	-	1
Min-Max	20-60	-	150-350	-	-
Mode	40	-	200	-	2000
<u>ABCI</u>					
	-	50-80	250-350 ^b	1100-1350	5000
1999					
<u>Key Informants</u>					
Min-Max.	30-100	-	180-400	-	-
Mode	50-60	-	-	-	-
<u>ABCI</u>					
Min-Max	-	-	80-400	-	5000
Mode	-	-	270 ^c	-	-

^a includes amphetamine prices provided by some heroin key informants.

^b price converted from 2 grams = \$500-\$700.

^c this was reported as an average price.

^d this was also the median price

As indicated in table 5.1.1, year 2000 crystal methamphetamine (“base”) prices reported by IDU participants, key informants, and the ABCI were generally consistent, although IDU participants reported lower prices for 1/8 ounce of crystal methamphetamine (“base”) than the ABCI. While it is possible that this disparity resulted from the inclusion of prices reported for powdered amphetamine, there were no obvious signs of that upon inspection of the raw data. It should be noted that most of the IDU participants reporting the lowest prices in respect of 1/8 ounce of crystal amphetamine also reported relatively low prices for other quantities of that substance.

Table 5.1.1 indicates that IDU reported paying between \$20.00 and \$50.00 for a point (0.1 grams) of crystal methamphetamine (“base”) in the latter half of 2000, with \$50.00 being the most commonly reported and median price for that quantity. The price for one gram of “base” was reported to vary between \$180.00 and \$350.00, with the median and modal price being \$200.00. Table 5.1.1 also provides evidence that the price of those quantities has decreased during the past year in Brisbane.

Subjective reports from the 72 IDU participants who had used amphetamines during the six months preceding the survey about changes that may have occurred in the price of amphetamines in Brisbane during that time (approximately April 2000 through to October 2000), and equivalent reports from key informants about changes during the 12 months preceding July-September, 2000 are presented in figure 5.1.1.

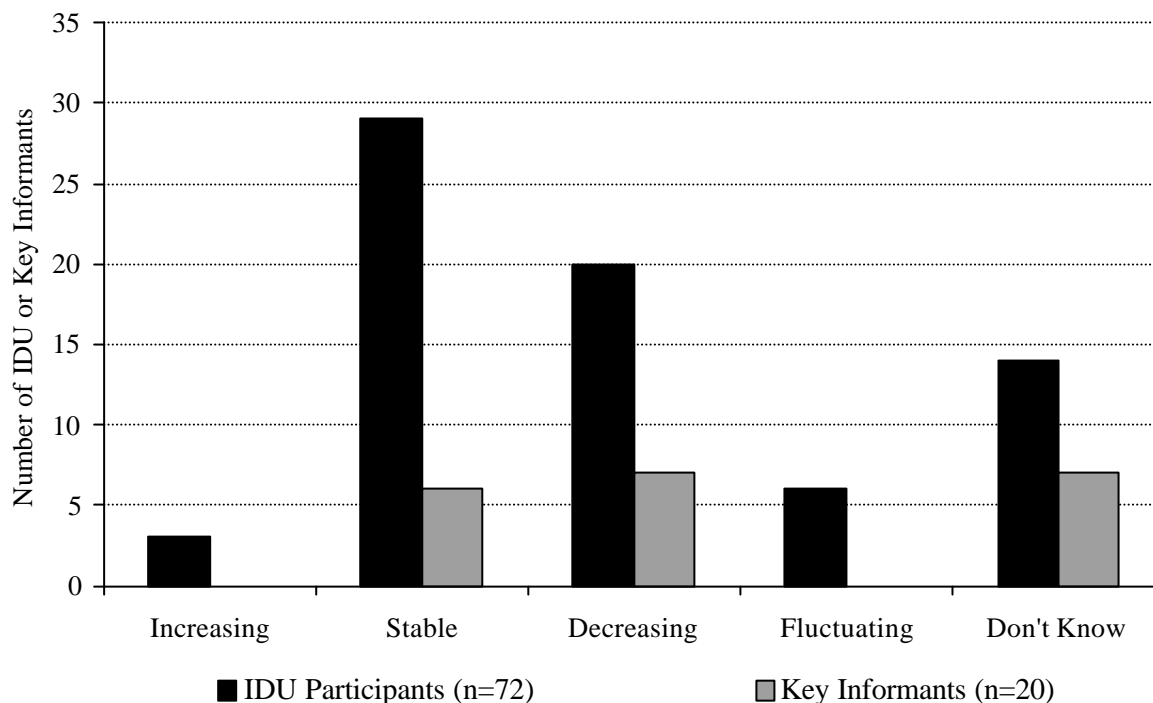


Figure 5.1.1. IDU and Key Informant Reports About Changes in the Price of Amphetamines That May Have Occurred During the Six Months (IDU) or Twelve Months (Key Informants) Preceding the Survey.

As figure 5.1.1 indicates, of the 58 definitive IDU participant responses, 29 (50%) indicated that the price of amphetamines had remained stable during the six months preceding the survey, although reports of a decrease in price (n=20, 34%) greatly outnumbered those suggesting an increase (n=3, 5%). Seven key informants reported that the price of amphetamine had decreased during the 12 months preceding the survey, while six key informants suggested stable prices during that period. None of the key informants reported a price increase. Overall, evidence reported in this section suggests that the price of amphetamines in Brisbane has decreased during 2000.

5.1.3. Amphetamine Purity and Changes in Amphetamine Purity, 1999-2000.

Purity of selected amphetamine seizures made by federal and state law enforcement officers in Queensland during the 1999-00 financial year, and IDU and key informant interview responses about amphetamine purity and changes in amphetamine purity that may have occurred during the six months (IDU participants) or 12 months (key informants) preceding the survey, are reported in this section.

5.1.3.1. ABCI Amphetamine Purity Data, 1999-2000.

ABCI amphetamine purity data include the minimum, maximum, average, and median purity level of selected amphetamine samples that were seized by law enforcement officers in Queensland during the 1999-00 financial year. Purity of seizures weighing less than or equal to two grams (hereafter at times referred to as “small seizures”) and of seizures weighing more than two grams (hereafter at times referred to as “large seizures”) were reported in respect of both methamphetamine and amphetamine seizures made during each quarter.

ABCI amphetamine purity data for the 1999-00 financial year summarised the purity levels of 1867 amphetamine seizures. Ninety seven percent (n=1816) of those seizures were methamphetamine and the remaining three percent (n=51) were amphetamine. Small seizures (≤ 2 grams) (n=1395) outnumbered large seizures (> 2 grams) (n=472) by a factor of 2.96. While maximum and average purity values for amphetamine seizures were lower than for methamphetamine, the former data may be unstable given the comparatively small number of observations upon which they are based (n=51).

Purity of both small (≤ 2 grams) and large (> 2 grams) amphetamine seizures varied widely during each quarter of the 1999-00 financial year. The most commonly occurring quarterly minimum purity level for both small (≤ 2 grams) and large (> 2 grams) seizures was 0.1%, while the purity of at least one small and one large seizure exceeded 72% in each quarter. Average purity levels for small (≤ 2 grams) and large (> 2 grams) seizures and the total average purity level of Queensland amphetamine seizures for the 1999-00 financial year, supplemented by the equivalent data from the 1998-99 financial year, are presented in figure 5.1.2. Average purity values for small and large seizures have been weighted according to the relative number of methamphetamine and amphetamine seizures, while total average purity values have been weighted according to the relative number of small and large seizures. Accordingly, average purity values in figure 5.1.2 mostly reflect the purity of methamphetamine seizures, which greatly outnumbered amphetamine seizures, while total purity values tend to gravitate to the mean value of smaller seizures, which outnumbered large seizures. With one exception, median purity levels of small and large seizures did not deviate from corresponding average purity levels by more than three percentage points, indicating a relatively symmetrical distribution of purity levels around the mean values for each quarter.

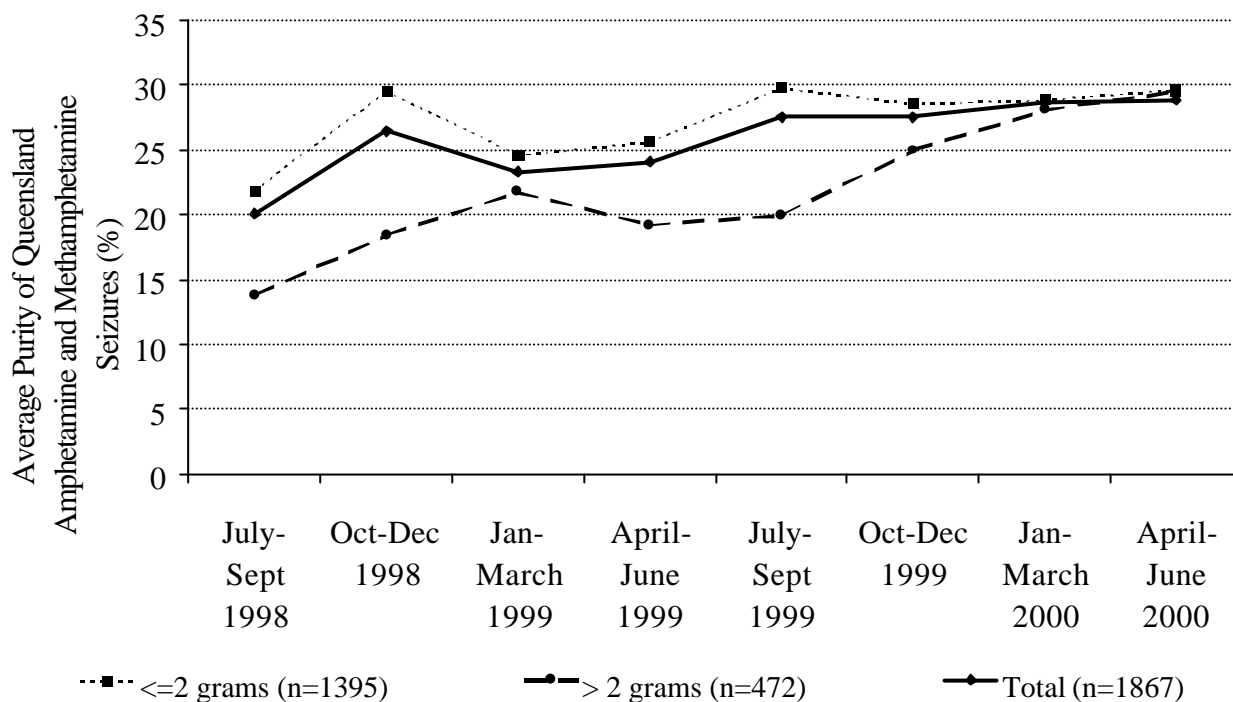


Figure 5.1.2. Average Purity Levels of Selected Amphetamine Seizures Made by Federal and Queensland Law Enforcement Officers in Queensland for the 1998-1999 and 1999-2000 Financial Years Displayed Separately for Seizures Weighing Less Than or Equal to Two Grams and for Seizures Weighing More Than Two Grams, Including the Total Average Purity Level of All Seizures Analysed Weighted as a Function of the Relative Number of Small (£2 grams) and Large (>2 grams) Seizures.

As illustrated in figure 5.1.2, the average purity of small and large Queensland amphetamine seizures has increased in a relatively consistent manner over successive quarters of the past two financial years. The total average purity of amphetamine seizures in the 1999-00 financial year (27.9%) was approximately 3.5% higher than the corresponding value for the previous financial year (23.4%).

Consistent with ABCI amphetamine purity data for the previous financial year, figure 5.1.2. also indicates that the total average purity of small (≤ 2 grams) seizures (29.5%) was slightly higher than the total average purity of large (>2 grams) seizures (25.1%) in 1999-00. This finding would appear inconsistent with reports suggesting that amphetamine is often “cut” (diluted) with inert powders. The absence of a pronounced disparity in the average purity levels of small (≤ 2 grams) and large (>2 grams) seizures might be associated with the structure of the amphetamine market in Queensland. As recently reported in a recent QCC publication (QCC, 2000), the majority of the amphetamine used in Queensland is locally produced in a large number of small-scale, residential or portable suitcase-sized methamphetamine laboratories, constituting a “... *diverse, dispersed and apparently reliable supply base*” (QCC, 2000, p.14). It could be argued that, through the existence of this broad supply base, there is an increased probability of purchasers having indirect contact with a number of “cooks” via fewer intermediary dealers who might dilute the purity of the manufactured substance for profit than would be the case in a market with a narrower supply base.

The absence of any marked disparity in the purity of small and large amphetamine seizures might to some extent also be attributable to the ABCI's choice of stratification of seizure size. That is, it may be that the average purity of seizures weighing greater than one Kilogram is higher than for seizures weighing greater than two grams but equal to or less than 1 Kilogram. Analogously, it might also be that seizures weighing less than or equal to one gram are disparate in purity to those weighing more than one gram but less than two grams. There would appear sufficient numbers of small seizures (n=1395) to justify the inclusion of an additional weight category below two grams, which might yield important information about the purity of typical "street deals" of amphetamine.

The increase in the average purity of Queensland amphetamine seizures that occurred between the 1998-99 and 1999-00 financial years is the third successive increase of its type. To illustrate the magnitude of those increases, the average purity of Queensland amphetamine seizures for all financial years since 1996-97 is graphed in figure 5.1.3.

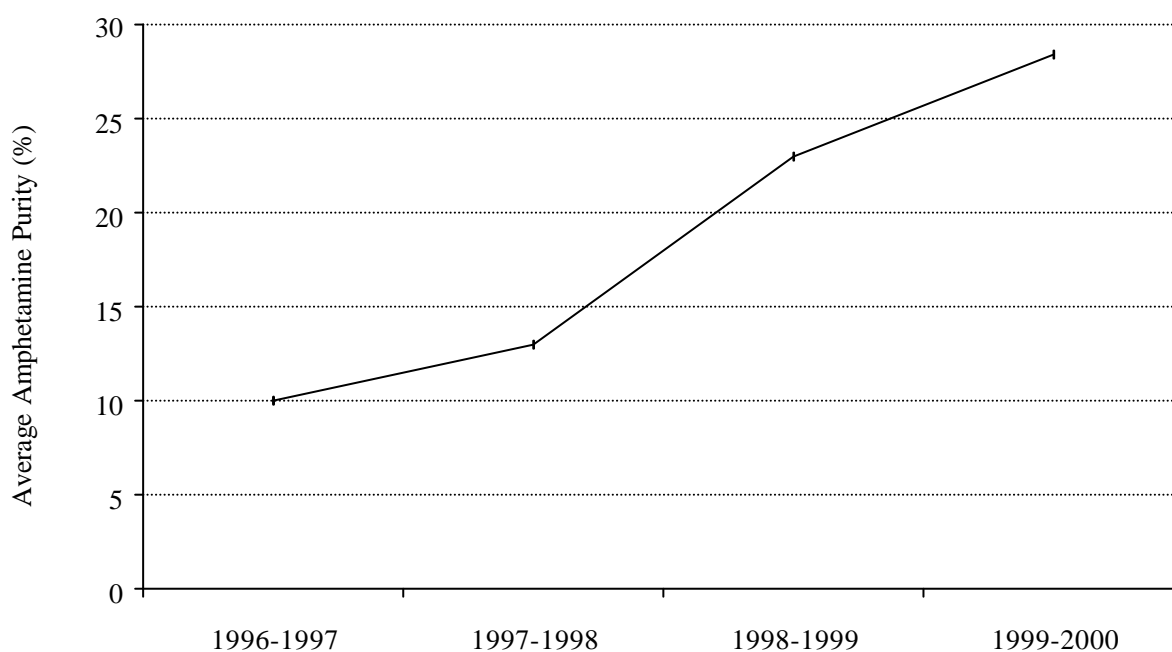


Figure 5.1.3. Total Average Purity of All Queensland Amphetamines Seizures that were Analysed for Each Financial Year Since 1996-1997.

Figure 5.1.3 indicates that the total average purity of amphetamine seizures has nearly trebled during the past four years, increasing from 10% in 1996-97 to its current level of 28%, with the most pronounced increase occurring during the course of the 1997-98 and 1998-99 financial years.

5.1.3.2. Purity of Amphetamines and Changes in the Purity of Amphetamines in Brisbane, 1999-2000 - IDU and Key Informant Reports.

Current purity of amphetamines and changes that may have occurred in the purity of amphetamines between 1999-00 were also indexed by IDU and key informant subjective report. Thirty-six (62%) of the 58 IDU participants who provided a definitive response rated the current purity of amphetamine as high; 12 (21%) rated it as medium; and 10 (17%) reported recent use of relatively low purity amphetamines. Fifteen of the 20 amphetamine

key informants rated current amphetamine purity as high; one reported fluctuating amphetamine purity; and four key informants were not confident in reporting that information.

Survey respondent ratings of current amphetamine purity might be interpreted as inconsistent with ABCI seizure data, which suggest that amphetamine purity fluctuates widely, averaging approximately 28%. For example, whereas the average purity of heroin seizures in Queensland during the 1999-00 financial year was approximately 50%, the majority of respondents rated current heroin purity as medium. Key informant reports may overestimate the average purity of amphetamines in Queensland because their reports, for the most part, reflect the purity of the more potent “base”. On average, key informants estimated that “base” was being used by approximately 90% of the amphetamine users with whom they had frequent contact. Moreover, several key informants reported that a large proportion of the amphetamine users who present for treatment have relatively direct access to one or more “cooks”, and were therefore more likely to be using purer forms methamphetamine (“base”). IDU participant purity ratings may be skewed in the same direction for a similar reason. That is, there would appear reasonable grounds to suggest that IDU survey respondents were unrepresentative of the population of amphetamine users in Queensland, which would include a substantial number of relatively infrequent oral users. Accordingly, IDU participants might have greater access to and greater motivation to seek out purer forms of amphetamine than other amphetamine users. The potential for a response bias should be acknowledged, as Queensland has a reputation for producing some of the purest amphetamine in Australia.

IDU participant and key informant reports about changes that may have occurred in the purity of amphetamines in Brisbane during 1999-00 were generally consistent with ABCI purity data indicating fluctuating, although increasing amphetamine purity in Queensland during 2000. Specifically, while 21 (37%) of the 57 definitive responses from IDU participants who had used amphetamine during the six months preceding the survey indicated that amphetamine purity had remained stable during that period, 19 (33%) IDU participants reported increasing amphetamine purity; 12 (21%) reported fluctuating purity; and five (9%) reported a decrease amphetamine purity. Nine of the 20 amphetamine key informants reported increasing amphetamine purity during the 12 months preceding the survey; five reported stable purity; and two reported a decrease in the purity of amphetamine during that period. The remaining four key informants were not confident in reporting trends in amphetamine purity.

5.1.4. Availability of Amphetamine and Changes in the Availability of Amphetamine in Brisbane, 1999-2000.

The notion that amphetamine was very easy for Brisbane users to obtain was unanimously supported by amphetamine key informants (n=20) as well as those cannabis and heroin key informants who were confident in reporting that information (n=13). Sixty-two (91%) of the 68 definitive responses from IDU participants indicated that amphetamine was either very easy (n=39, 57%) or easy (n=23, 34%) to obtain, while only six (10%) rated amphetamines as either difficult (n=5, 8%) or very difficult (n=1, 2%) to obtain.

Forty-five (68%) of the 66 IDU participants who were confident in reporting about changes in the availability of amphetamine during the six months preceding the survey rated it as having remained stable; 13 (20%) reported that amphetamine had become easier to access, and eight (12%) IDU participants reported greater difficulty in procuring amphetamines. Increasing availability of amphetamines during the 12 months preceding the survey was

reported by 17 key informants, while 11 key informants reported that the ease with which users were able to obtain amphetamine had remained stable.³

Usual Source of Supply for Amphetamines.

Responses from the 62 IDU who reported their usual source of supply of amphetamines are detailed in table 5.1.2.

Table 5.1.2. IDU Participant Reports of Their Usual Source of Supply of Amphetamines in Brisbane, 2000.

	Number of IDU	%
Friend	20	32
Mobile Dealer	18	29
Dealer's Home	14	23
Street Dealer	8	13
Cooks Own	2	3
Total	62	100

While the responses presented in table 5.1.2 may not reflect the purchasing practices of all amphetamine users, IDU reports suggest that amphetamine may be more likely to be traded amongst people who regard themselves as friends (32%) than would appear the case for heroin (friend=11%). Notwithstanding, it would appear that mobile dealers are now prominent sources of supply for both amphetamine (29%) and heroin (49%) in Brisbane.

The Amphetamine Market in Queensland.

In a recent NDSHS (AIHW, 2000) report, it was estimated that the proportion of the Queensland population aged 14 years and over who had ever used amphetamines increased from 3.6% in 1995 to 8.1% in 1998. The proportion of the Queensland population in the same age cohort who were estimated to have used amphetamines during the year preceding the survey (recent use) increased from 0.8% in 1995 to 3.1% in 1998.

While recent NDSHS (AIHW, 2000) data suggest that the number of Queenslanders using amphetamine has increased significantly during recent years, market indicators clearly point to the amphetamine market in Queensland being driven by supply to a greater extent than demand. As evidenced in sections 5.1.2, 5.1.3, and 5.1.4 of this report, over the past few years, the price of amphetamine has reduced; average purity of seizures has nearly trebled (currently total average purity = 28%, highest in Australia); and reports suggest that the often purer crystalline forms of the substance (being particularly popular amongst the growing number of IV amphetamine users in Queensland), have become increasingly easier to obtain. Viewed as commodity market indices, increasing value for money (decreasing price and increasing purity) and high availability would appear consistent with an increase in the supply side of the market. In the context of the amphetamine market in Queensland, this would suggest that the number of Queenslanders manufacturing methamphetamine in small household or portable laboratories has increased in recent years. ABCI (2000) data indicating sizeable increases in the number of clandestine methamphetamine laboratories detected in Queensland during the past four years provide support for that notion, although those

³ Includes responses from heroin and cannabis key informants who were confident in reporting about changes in the availability of amphetamines.

increases may to some extent reflect the concomitant allocation of increased resources for the detection of those laboratories by law enforcement. Notwithstanding, market indices reported in this study suggest that the supply base for amphetamine in Queensland has continued to broaden even with increased law enforcement activity. Increases in the number of methamphetamine “cooks” and in the number of users with relatively direct contact to those “cooks” was consistently reported by key informants interviewed in this project.

5.1.5. Use of Amphetamines

Evidence suggests that a considerable proportion of the amphetamine using population administer those substances in some way other than by injection. For example, 3.1% of the 2586 Queensland 1998 NDSHS survey respondents reported having recently used amphetamines, whereas 1% of respondents reported having recently injected an illicit substance. Notwithstanding, as reported in section four, other data from the same survey indicate that the number of IV amphetamine users in Queensland has increased during recent years.

5.1.5.1. Demographics of Amphetamine Users - Key Informant Reports

Key informant reports and anecdotal evidence suggests that amphetamine users comprise a more heterogeneous population than heroin users in terms of their social activities and status. As noted above, although certain evidence might be interpreted to indicate that the number of IV amphetamine users is increasing, there is strong evidence to suggest that a large proportion of the amphetamine in Queensland is administered in some way other than by injection. While key informant reports suggested that the majority of non-injecting amphetamine users were indistinguishable from the people who frequent nite-clubs, gigs, raves, dance parties, and similar events, several key informants commented that IV amphetamine use was increasing in that cohort. Frequency of amphetamine use among non-injecting drug users (which would include use of dexamphetamine tablets), was reported to vary between an annual “treat” and regular weekend binges, with amphetamine use sometimes supplemented by use of MDMA (ecstasy), LSD, and cannabis. Cannabis, however, was reported as both more likely to be used and to be used more intensively during the period immediately succeeding abstinence from amphetamine use (the “comedown” or recovery period).

Key informants described three methods of oral amphetamine use. The first simply involved swallowing dexamphetamine or methamphetamine tablets⁴. The second method involved drinking a solution of either powdered or crystalline amphetamine dissolved in water. The third method, “bombing”, involved wrapping the substance in a cigarette paper and swallowing it, usually with water. Three key informants reported that users employed the latter method to avoid experiencing an unpleasant taste when ingesting crystalline forms of methamphetamine (“base”). Crystalline forms of methamphetamine were also reported as either unsuitable for snorting on account of their form comprising a paste or containing liquid, or too painful to snort due to their high toxicity/purity. Key informant reports suggesting negligible contact with amphetamine smokers might also, to some extent, be attributable to the relatively high prevalence of crystalline forms of methamphetamine that are not particularly suited to that method of administration. Key informants proposed, however, that value for money (“bang for buck”) and the lack of an alternative route of administration that offered a comparably rapid onset of effect (i.e., snorting or smoking) as factors underlying the recent increase in IV amphetamine use.

⁴ Reports suggest that many users hope they are purchasing MDMA (ecstasy) tablets when purchasing methamphetamine tablets.

The majority of amphetamine key informants, being drug treatment workers, were in frequent contact with users exhibiting relatively extreme patterns of IV amphetamine and poly-drug use. Amphetamine users who comprised the basis of those responses were reported as aged between approximately 14 and 35 years, with the majority aged in their early to mid twenties. Two key informants, however, reported recent contact with IV amphetamine users who were aged 12 years. On average, males comprised approximately 60% of the amphetamine users with whom key informants reported frequent contact, and the majority (95%) of users were described as originating from an English speaking background. Two key informants from different working environments, however, noted an increase in the number of Asian amphetamine users during the 12 months preceding the survey. The median estimate as to the proportion of amphetamine users who had completed year 12 was 40%, and, on average, reports suggested that approximately 30% had not completed year 10. Amphetamine users with tertiary qualifications comprised between 1% and 30% of the users with whom seven amphetamine key informants had frequent contact, while undergraduate students comprised between 25% and 40% of the users known to three key informants. The median estimate as to the proportion of IV amphetamine users whose sole source of income comprised government welfare payments was 65%. The analogous values for full time students, full-time workers, and part-time or casual workers were 10%, 7.5%, and 15% respectively. Hospitality industry workers; truck, taxi, and delivery drivers; factory workers; seasonal workers; shift workers; labourers and construction workers; nurses; and retail workers were the most commonly reported occupations among IV amphetamine users. On average, key informant reports suggested that approximately 15-20% of the male amphetamine users and 5-10% of the female amphetamine users with whom they had contact had spent some time in prison.

5.1.5.2. Current Patterns of IV Amphetamine Use

Key informants described patterns of amphetamine use on the basis of factors including route of administration; frequency of use; form of substance; and extent of poly-drug use. As foreshadowed, the majority of amphetamine key informants, being drug treatment workers, were in contact with users exhibiting comparatively extreme patterns of IV amphetamine and poly-drug use. On average, approximately 90% of this user cohort were reported to use injection as their primary route of administration of amphetamines, with the remainder demonstrating a preference for oral ingestion above snorting or smoking. IDU participant responses were largely consistent with those reports. IV administration of amphetamines at least once during the six months preceding the survey was reported by each of the 24 IDU participants who nominated amphetamines as their drug of choice. However, while the majority reported having ingested or snorted amphetamines at least once in their lives, less than half reported having recently (during the six months preceding the survey) having either swallowed (10/24); snorted (4/24); or smoked (2/24) amphetamines. Only seven of the 24 IDU participants who nominated amphetamine as their drug of choice reported having ever tried smoking the substance.

Chronic daily use of amphetamines was reported as rare on the basis that it was both physically and psychologically unsustainable. Consistent with those key informant reports, only one IDU participant reported daily use of amphetamines during the six months preceding the survey⁵, and only six of the 24 IDU who nominated amphetamine as their drug of choice reported having used amphetamine on more than 90 of the preceding 180 days. Key informants suggested that the majority of IV amphetamine users engaged in amphetamine binges, involving periods of relatively intensive amphetamine use, wakefulness, and

⁵ This participant nominated heroin as their drug of choice.

invariably, low levels of self-care, succeeded by a period of abstinence from amphetamines and, among a large proportion of users, uptake of cannabis, benzodiazepines, and increasingly, heroin. While numerous factors were proposed to influence the decision to terminate a particular binge, key informant reports suggested that cessation was sometimes necessitated due to onset of psychotic symptoms, especially paranoia, and/or aggression.

Fourteen amphetamine key informants were confident in reporting at least certain parameters of amphetamine users' bingeing patterns. Those reports suggested a typical binge might have a duration of approximately two to four days and involve between one and three injections of amphetamines per day, with each injection containing between approximately 1/3 of a point and a whole point (0.1 grams) of methamphetamine ("base"). A minority of IV amphetamine users were reported to engage in more extensive and intensive binges, sometimes involving multiple injections of amphetamine daily for up to 12 days in succession. Reports from eight key informants indicated that users engaged in longer binges might use between approximately one and six points of amphetamine ("base") per day, administered with between three and five injections per day. Doses were reported to increase over the course of the binge period due to increased tolerance. Several key informants noted that these users were invariably in either direct or close indirect contact with at least one methamphetamine "cook".

5.1.5.3. Poly-drug Use Among IV Amphetamine Users

Patterns of poly-drug use among IV amphetamine users might be described by reporting the rate of use of various licit and illicit substances and the frequency of use of those substances during the six months preceding the survey by those IDU who nominated amphetamines as their drug of choice. Those data are presented in table 5.1.3 for descriptive purposes despite the fact that they summarise the responses of a comparatively small number of IDU participants (n=24).

Table 5.1.3 indicates that the 24 IDU participants who nominated amphetamines as their drug of choice reported having used that substance on approximately every third day (on average) during the six months preceding the survey. Table 5.1.3 also suggests that cannabis, alcohol, and tobacco were used during the six months preceding the survey by the majority of those same participants, although the average frequency of cannabis and tobacco use during that period was higher than for alcohol. The average frequency of recent cannabis use among IDU who nominated amphetamine as their drug of choice was similar, although slightly lower than the corresponding statistic for those IDU who nominated heroin as their drug of choice (see section 5.2.4.8). The most salient difference between the data presented in table 5.1.3 and the analogous data presented in respect of heroin users (see section 5.2.4.8) is the elevated rate of recent MDMA use amongst amphetamine users (14% for heroin users). Notwithstanding, the frequency with which MDMA (ecstasy) was reported to have been used by those IDU participants who nominated amphetamine as their drug of choice would appear consistent with "recreational" levels of use of that substance.

Table 5.1.3. Number and Percentage of Those IDU Who Nominated Amphetamines as Their Drug Of Choice and Who Also Reported Using Various Other Licit and Illicit Substances at Least Once During the Six Months Preceding the Survey, and Measures of Central Tendency and Dispersion Summarising the Number of Days Those Participants Used Each Substance During that Six Month (180 Day) Period.

	Number of IDU	Percentage of IDU*	No. of Days Used Last 6 Months (1-180)				
	n	%	Min	Max	Median	<i>M</i>	<i>SD</i>
Amphetamines	24	100	6	170	35.5	53.3	45.2
Cannabis	23	96	1	180	55	75.3	68.1
Alcohol	20	83	2	180	25	43.1	52.6
Tobacco	19	79	10	180	180	161.9	51
MDMA	11	46	1	15	4	5	4.2
Benzodiazepines	10	42	1	180	13	41.9	65.9
Heroin	9	38	1	100	3	16.7	32.4
Anti-depressants	7	29	2	180	180	114.7	83.2
Hallucinogens	5	21	2	10	3	4.6	3.2
Cocaine	5	21	1	12	2	4	4.5
Inhalants	2	8	10	20	-	-	-

* i.e., percentage of those IDU participants who nominated amphetamines as their drug of choice.

Methadone and other (usually prescription) opiates had only been used by one of the 24 IDU participants who nominated amphetamine as their drug of choice.

Key informant reports describing aspects of poly-drug use amongst IV amphetamine users were largely consistent with IDU participant responses detailed in table 5.1.3. A large proportion of the IV amphetamine users with whom key informants had frequent contact were reported to use a variety of other licit and illicit substances, including tobacco; cannabis; benzodiazepines; MDMA (ecstasy); and increasingly in Brisbane during the recent past, heroin. Estimates by 15 key informants as to the proportion of those users who smoked cannabis on a daily basis varied between 20% and 98%, with the median estimate being 70%. A large proportion of the IV amphetamine users known to key informants were also reported to, on occasions, use MDMA (ecstasy) in conjunction with amphetamines, most commonly when attending dance parties, raves etc. On average, 90% of the amphetamine users known to key informants were reported to smoke tobacco.

Key informants described a variety of adverse physical and psychological sequelae of user's intensive IV amphetamine use, including insomnia; paranoia; anxiety; aggression; irritability; depression; malnutrition; and fatigue. In light of the aversive nature of those symptoms, the majority of amphetamine users known to key informants were reported to use CNS depressants or cannabis during the "come-down" period. While key informants reported cannabis and benzodiazepines as the substances that were most commonly used to "come down" from an amphetamine binge, 13 of the 20 amphetamine key informants reported increased contact with amphetamine users who used IV administration of heroin for that purpose. Estimates by those key informants as to the proportion of the amphetamine users who would use heroin varied between 5% and 70%, with the median estimate being 20%. Five key informants commented that heroin use was more prevalent among users who engaged in the most extended and intensive amphetamine binges. Increased use of heroin among IV amphetamine users was consistently reported by key informants as the most concerning trend in poly-drug use in Brisbane.

Consistent with those key informant reports, table 5.1.3 indicates that nine (38%) of the 24 IDU who nominated amphetamines as their drug of choice reported relatively infrequent heroin use during the six months preceding the survey. Only one of those IDU participants reported having used heroin on more than 35 days in the six months preceding the survey, and five of those participants reported heroin use on fewer than four days during that period. While IDU participant responses might be interpreted as consistent with key informant reports to the effect that heroin is being used for the purpose of “coming-down” from amphetamines, it is possible that the same responses reflect the existence of an emerging group of IDU who, according to key informants, alternate their use of heroin and amphetamines, using one substance for between one and ten days before taking up use of the other for a similar variable period of time. Further details of this group are reported in section 5.2.4.8. Qualitative reports from IDU participants (see section 3.3), also suggested that an increasing number of Brisbane IDU are injecting both heroin and amphetamine, either simultaneously or in close succession.

In summary, it would appear that a sizeable proportion of the IV amphetamine using population use a variety of other licit and illicit substances, in particular tobacco; cannabis; benzodiazepines; and MDMA. Increased use of heroin among those IDU and the emergence of a group of IDU who alternate their use of heroin and amphetamines were the trends that key informants identified as the most concerning in relation to poly-drug use among IV amphetamine users. However, consistent with data presented in section 3.2.1 and the recent NDSHS (AIHW, 2000), several key informants noted that IDU were demonstrating an increased propensity for IV use of a variety of substances.

5.1.5.4. Trends in Amphetamine Use

Consistent with NDSHS data (AIHW, 2000) 13 of the 20 amphetamine key informants reported increased contact with IV amphetamine users during the twelve months preceding the survey. For the most part, reports indicated that recently initiated IDU comprised individuals with a history of oral amphetamine use, although three key informants reported increased contact with users who had recently initiated to amphetamine use through injection.⁶ While increased contact with teenage IV amphetamine users was reported by 12 of the 20 amphetamine key informants, isolated reports suggested that IV amphetamine use was also becoming more prevalent amongst “older” users, females, young males, and “middle class” users as well.

Key informants described an array of adverse health consequences of IV amphetamine use. Treatment professionals consistently reported that both the prevalence and severity of amphetamine induced psychosis, often accompanied by aggressive tendencies, had increased in Brisbane during the 12 months preceding the survey. Increasing numbers of IV amphetamine users were also reported to have “speed sores” (small abscesses that may cover a large percentage of the skin). Several key informants reported, however, that dependent amphetamine users were less likely to access treatment services than people with primarily opioid or alcohol related problems.

Finally, when questioned about any changes that may have occurred with respect to the supply of amphetamines, several key informants reported increased contact with individuals (known as “runners”) who were financed and remunerated to purchase Sudafed[®] from chemists for use in the synthesis of methamphetamine.

⁶ Two of these key informants reported contact with users whose initiation to illicit drug use occurred through amphetamine injection.

5.1.6. Summary of Current Trends in the Price, Purity, Availability, and Use of Amphetamines in Brisbane, 2000.

Trends reported in sections 5.1.1 to 5.1.5 are summarised in table 5.1.4.

Table 5.1.4. Summary of Current Trends in the Price, Purity, Availability, and Use of Amphetamines in Brisbane, 2000.

Price:	Powder: \$50-100 per gram. Crystal methamphetamine “base”: \$20.00 to 50.00 per point (0.1 grams) or \$200.00 per gram; decreased since 1999.
Purity:	28% overall; fluctuated widely; overall, a 3% increase since 1999. Average purity of all Queensland seizures has trebled since 1996.
Availability:	Increase in the number of methamphetamine manufacturers. Very easy for users to obtain; becoming easier.
Use:	Most is used orally; sometimes in binges; frequency varies widely. Among increasing number of IV users; typical binge lasts 3-4 days. 1-3 injections per day.
Poly-drug Use:	Tobacco and cannabis very common; heroin and benzodiazepines less common, but potentially the most concerning. Increase in heroin use among amphetamine users and increase in number of users alternating their use of heroin and amphetamines.
User Types:	Increase in the number of IV amphetamine users, particularly teenagers and young adults. Increase in the overall number of users (including oral users).
Treatment Presentations:	Increased prevalence and severity of amphetamine induced psychosis. Increased aggression and paranoia. Increased prevalence of nutritional problems and “speed sores”.

5.2. Heroin

Trends in the price, purity, availability, and use of heroin in Brisbane are reported in this section based upon information obtained from IDU survey participants; key informants; the ABCI; QPS Drug Squad; the ABS; Queensland Ambulance; and the 1999 Queensland IDRS (Kinner & Roche, 2000). Pricing information is reported in section 5.2.1, purity data in section 5.2.2, availability data in section 5.2.3, and patterns of use of heroin, including user demographics; poly-drug use amongst heroin users; and overdose data are reported in section 5.2.4. Trends in heroin use in Brisbane are summarised in section 5.2.5.

5.2.1. Price of Heroin in Brisbane.

Each IDU participant was asked to report the various quantities of heroin that he or she had purchased during the six months preceding the survey and the price paid at the time he or she last purchased each quantity. Reports for quantities less than or equal to one gram are summarised in table 5.2.1.

Table 5.2.1. Measures of Central Tendency and Dispersion Summarising IDU Reports of Price Paid at the Time of Their Most Recent Purchase of Various Quantities of Heroin for Purchases Made During the Six Months Preceding the Survey.

	Cap	1/8 gram	1/4 gram	1/2 gram	1 gram
n	43	19	53	52	33
Min	40	25	50	150	220
Max	70	75	150	260	525
Mode	50	50	100*	200	350
Median	50	50	100	200	350
<i>M</i>	50.23	54.21	107.92	193.17	360.76
<i>SD</i>	3.44	14.09	17.82	24.91	64.81

* approximates a bimodal distribution: 24 responses of \$100.00 and 19 responses of \$120.00.

As indicated in Table 5.2.1, the most commonly reported purchase price for one gram of heroin in Brisbane during the latter half of 2000 was \$350.00. Although prices for that quantity varied between \$220.00 and \$525.00, 82% percent of the purchase prices reported by IDU in respect of a gram of heroin were between \$300.00 and \$400.00 (inclusive), and IDU reported those specific values as the equal second most commonly paid amounts for a gram of heroin.

Prices for various quantities of heroin reported by key informants and the ABCI/QPS Drug Squad were highly consistent with those reported by IDU participants. In evidence of that notion, prices reported from each source are summarised in table 5.2.2, together with prices reported in the 1999 Queensland IDRS (Kinner & Roche, 2000). The 1999 Queensland IDRS did not include an IDU survey.

Table 5.2.2. Comparison of 1999 and Year 2000 IDRS Prices for Various Purchased Quantities of Heroin in Brisbane.

	1/4 gram	1/2 gram	1 gram	Eight-ball (3.5 grams)	1 Ounce (28 grams)
2000					
<u>IDU Participants</u>					
n	53	52	33	4	-
Min-Max	50-150	150-260	220-525	800-1100	-
Mode	100-120 ^a	200	350	800	-
<u>Key Informants</u>					
n	14	4	9	2	1
Min-Max	70-150	150-300	200-500	700-750	-
Mode	120	220	350	-	5600
<u>ABCI</u>					
As reported	120-150	250	250-450 ^b	1100-1200	5500
1999					
<u>Key Informants</u>					
Min-Max.	120-200	250-350	300-600	-	-
Mode	-	-	-	-	6000
<u>ABCI</u>					
Min-Max	-	220-250 ^c	450-800 ^c	-	5000-5700
Mode	-	220 ^c	500	-	-

^a approximates a bimodal distribution

^b composite score based on prices for 1 gram and 2 grams.

^c these prices were reported in respect of either "1/2 weights" (0.4 - 0.6 grams) or "street weights" (0.6 - 0.8 grams). Those terms were not included in year 2000 ABCI data.

While the absence of an IDU survey in the 1999 IDRS proscribes a definitive interpretation, key informant responses and ABCI data presented in table 5.2.2 would appear to indicate that the price of heroin has decreased in Brisbane during 2000. While the magnitude of that decrease is not easy to quantify on the basis of the available data, it does not appear substantial.

Subjective reports from the 77 IDU who had both used and purchased heroin during the six months preceding the survey about changes that may have occurred in the price of heroin in Brisbane during that time (approximately April 2000 through to October 2000), and equivalent reports from key informants about changes during the 12 months preceding July-September, 2000 are presented in figure 5.2.1.

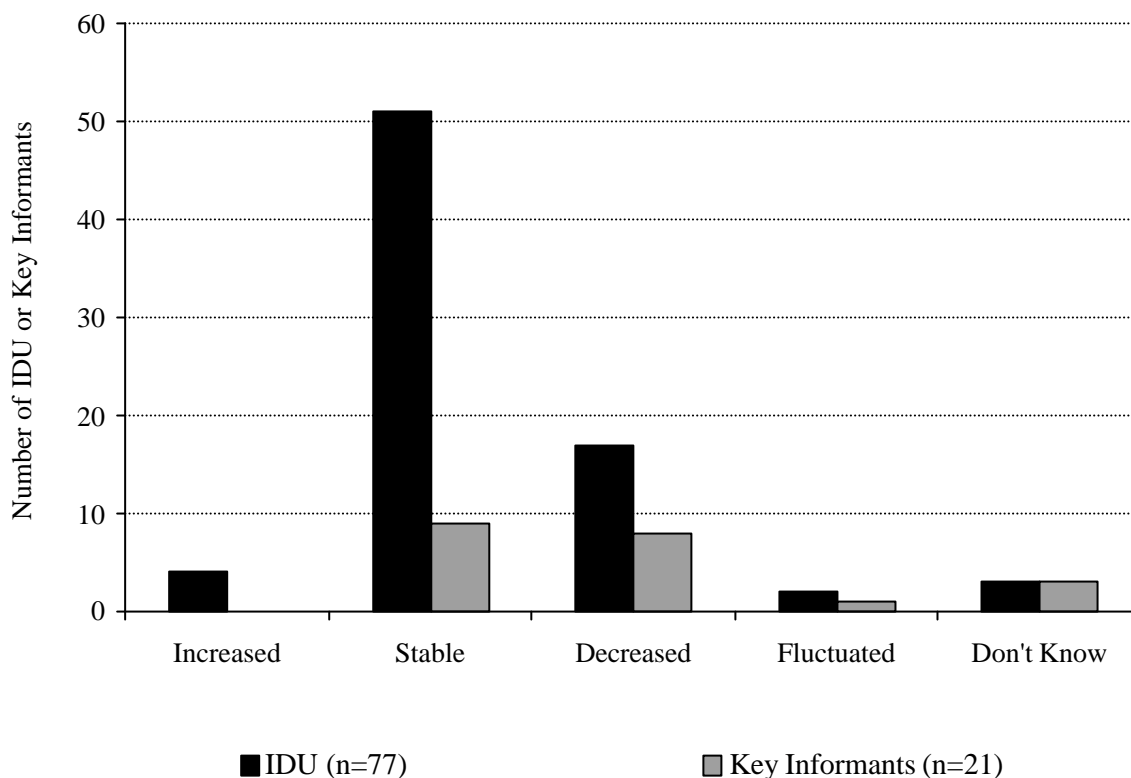


Figure 5.2.1. IDU and Key Informant Reports About Changes in the Price of Heroin That May Have Occurred During the Six Months (IDU) or Twelve Months (Key Informants) Preceding the IDRS Survey.

As figure 5.2.1 indicates, 51 (69%) of the 74 definitive IDU participant responses suggested that the price of heroin had remained stable during the six months preceding the survey, although reports of a decrease in price (n=17, 22%) outnumbered those suggesting an increase (n=4, 5%). Key informants were almost equally divided about whether the price had remained stable (n=9) or decreased (n=8) over the past year, and none reported a price increase. Overall, IDRS data indicate that the price of heroin has remained relatively stable over the past six to 12 months, although there is some evidence to suggest that the price of heroin may have decreased to some extent over that period.

Referring back to table 5.2.1 (p. 37), in addition to the 43 IDU who reported having recently purchased a “cap” of heroin, (41 of whom reported paying \$50.00 at the time), a further 19 IDU reported paying \$50.00 for either a “packet” (n=10); point (0.1 grams) (n=2); “bag” (n=1), “foil” (n=1); or 1/8 gram (n=6) of heroin.⁷ A further seven IDU participants reported spending less than \$50.00 when purchasing certain quantities of heroin during the six months preceding the interview. One IDU reported having paid \$10.00 for a “hit”; another reported paying \$20.00 for a “small amount”; and five IDU reported having purchased either a “half-cap”; “half-fifty”; “sixteenth”; or “packet” for \$25.00.

⁷ Twelve of the 19 IDU who purchased 1/8 gram of heroin during the six months preceding the survey reported paying \$50.00 at the time of their last purchase. The reports of six of those participants have not been included in this summation as they also reported paying \$50.00 for either a “packet” or “cap” of heroin.

In total, 64 of the 77 IDU (83%) who had purchased heroin in the six months preceding the survey reported having purchased a quantity of that substance for \$50.00 or less on at least one occasion during that period. By comparison, 69% of the heroin using IDU participants reported purchasing 1/4 gram; 68% reported purchasing 1/2 gram; and 43% reported purchasing one gram of heroin on at least one occasion during the six months preceding the interview.

Twelve of the 19 IDU participants who purchased 1/8 gram of heroin during the six months preceding the interview reported paying \$50.00 at the time of their last purchase of that quantity and none reported paying more than \$75.00. Only one IDU participant reported having purchased 1/4 gram for \$50.00, and only five of the 53 IDU participants who purchased 1/4 gram quantities in the six months preceding the survey reported paying less than \$100.00. As reported above, two IDU participants reported paying \$50.00 when last purchasing 0.1 gram of heroin. Overall, IDU participant responses suggest that, in Brisbane, although smaller deals are available, heroin is commonly purchased in \$50.00 “bags”, “caps”, “packs”, or “packets”, the contents of which would typically weigh between approximately 0.1 and 0.125 grams. The vast majority of key informants also confirmed that heroin was commonly sold in either \$25.00 or \$50.00 “bags” or “caps”.

Ignoring the impact of variation in heroin purity which would confound pricing data to the extent that purity varied systematically with purchase quantity, IDRS data indicate that the cost advantage associated with purchasing heroin in one gram quantities relative to 1/2 gram or 1/4 gram quantities is approximately 10 to 15%. Using IDU participant reports of last price paid as the basis for calculation, the cost advantage associated with purchasing an “eight-ball” (3.5 grams) of heroin relative to one gram is approximately 35%. The price for an ounce (28 grams) of heroin (which according to one key informant and ABCI data costs between \$5500.00 and \$5600.00), is approximately 57% of the cost of 28 grams purchased separately ($28 \times \$350.00 = \9800.00), indicating a 175% return on investment in the event that an ounce of heroin was sold uncut in one gram quantities, or a 200% return on investment if sold uncut in 1/2 gram or 1/4 gram quantities.

5.2.2. Heroin Purity and Changes in Heroin Purity, 1999-2000.

Purity of selected heroin seizures made by federal and state law enforcement officers in Queensland during the 1999-00 financial year, as well as subjective reports by IDU participants and key informants about heroin purity and changes in heroin purity that may have occurred during the six months (IDU) or 12 months (key informants) preceding the survey, are presented in this section.

5.2.2.1. ABCI Heroin Purity Data for Queensland, 1999-2000.

ABCI heroin purity data detailed the minimum, maximum, average, and median purity level of selected heroin samples that were seized in Queensland during the 1999-00 financial year. Data were provided in respect of seizures weighing less than or equal to two grams (hereafter at times referred to as “small seizures”) and for seizures weighing more than two grams (hereafter at times referred to as “large seizures”). While the number of heroin seizures analysed for purity comprises only a proportion of the total number of seizures, ABCI heroin purity data would appear to be based upon sufficient observations to provide a general index of the purity of heroin in Queensland.

ABCI heroin purity data for Queensland for the 1999-00 financial year are presented in table 5.2.3. Total average purity values are weighted averages based upon the relative

number of small and large seizures analysed and will therefore gravitate towards the mean purity level of smaller seizures (\leq two grams) which consistently outnumbered larger seizures by a factor of five. Minimum and maximum values are the only measures of dispersion provided by the ABCI. Unless otherwise indicated, median purity levels did not deviate from average purity levels by more than three percentage points, indicating a relatively symmetrical distribution around the mean value.

Table 5.2.3. Average, Minimum, and Maximum Purity Levels of Selected Heroin Seizures Made by Federal and Queensland Law Enforcement Officers in Queensland During the 1999-2000 Financial Year Displayed Separately for Seizures Weighing Less Than or Equal to Two Grams, More Than Two Grams, and the Total (Weighted) Average Purity Level of All Seizures Analysed.

	Less Than or Equal to 2 grams	Greater Than 2 grams	Total
<i>July-September, 1999.</i>			
Number of Seizures Analysed	221	30	251
Minimum Purity (%)	2.3	28.6	2.3
Maximum Purity (%)	86.2	82.8	86.2
Average Purity (%)	58	45.2 ^a	56.5
<i>October-December, 1999.</i>			
Number of Seizures Analysed	124	39	163
Minimum Purity (%)	0.4	21.6	0.4
Maximum Purity (%)	86.4	67.3	86.4
Average Purity (%)	45.9	49.3	46.7
<i>January-March, 2000.</i>			
Number of Seizures Analysed	143	22	165
Minimum Purity (%)	1.6	39	1.6
Maximum Purity (%)	82.7	69.1	82.7
Average Purity (%)	52	54.6	52.3
<i>April-June, 2000.</i>			
Number of Seizures Analysed	81	9	90
Minimum Purity (%)	23.1	7.8	7.8
Maximum Purity (%)	71.6	63.9	71.6
Average Purity (%)	36.9 ^b	49.2 ^c	38.1 ^d
<i>1999-2000 Financial Year</i>			
Number of Seizures Analysed	569	100	669
Minimum Purity (%)	0.4	7.8	0.4
Maximum Purity (%)	86.4	82.8	86.4
Average Purity (%)	50.9	49.2	50.6*

* the total average is weighted according to the relative number of small and large seizures analysed

^a median purity for these seizures was 36.3%

^b median purity for these seizures was 30.8%

^c median purity for these seizures was 58.1%

^d median purity for these seizures was 31%

As table 5.2.3 indicates, purity of the 669 Queensland heroin seizures that were analysed in 1999-00 varied between 0.4% and 86.4%, and the average purity (weighted such that each seizure was represented equally independent of its size) of all seizures analysed was 50.6%.

Several aspects of ABCI heroin purity data warrant highlighting given their potential relevance to the prevention of accidental heroin overdose. First would be the absence of any marked disparity in the average purity of small (\leq two grams) and large ($>$ two grams) seizures. Secondly, the purity of both small and large heroin seizures varied widely. Thirdly, although minimum purity levels of large seizures were consistently higher than minimum purity levels for small seizures, maximum purity levels for small seizures were consistently higher than maximum purity levels for large seizures. In composite, these findings appear to contradict the notion that small “deals” of heroin are lower in purity than larger “deals”, and provide evidence that “small” deals may contain very pure heroin. ABCI heroin purity data from the 1998-99 financial year demonstrated the same trends.

As noted in the case of amphetamines, the absence of any marked disparity in the purity of small and large heroin seizures might to some extent be attributable to the ABCI’s choice of stratification of seizure size. For example, disparities in the purity of different sized heroin seizures might have been revealed had seizures weighing less than or equal to 3/4 gram been included as a separate category to those reported. As noted in section 5.2.1, two grams of heroin costs approximately \$700.00 in Brisbane and would not constitute a small amount to most users. As a general indication, approximately 60% of heroin using IDU interviewed in this project did not report purchasing heroin in a quantity larger than 1/2 gram during the six months preceding the survey. On the other hand, the inclusion of another category of seizure size might reduce the number of observations in each cell so as to render analyses unreliable.

The average purity of small (\leq two grams) and large ($>$ two grams) Queensland heroin seizures for each quarter in the 1999-00 financial year, supplemented by the equivalent data from the 1998-99 financial year, is graphed in figure 5.2.2. As might be interpreted from that figure, the average purity of the Queensland heroin seizures that were analysed has reduced from approximately 60% during the 1998-99 financial year to approximately 50% in the 1999-00 financial year. Placing those data in a broader historical context, the average heroin purity levels of all Queensland heroin seizures analysed for each of the past four financial years is depicted in figure 5.2.3.

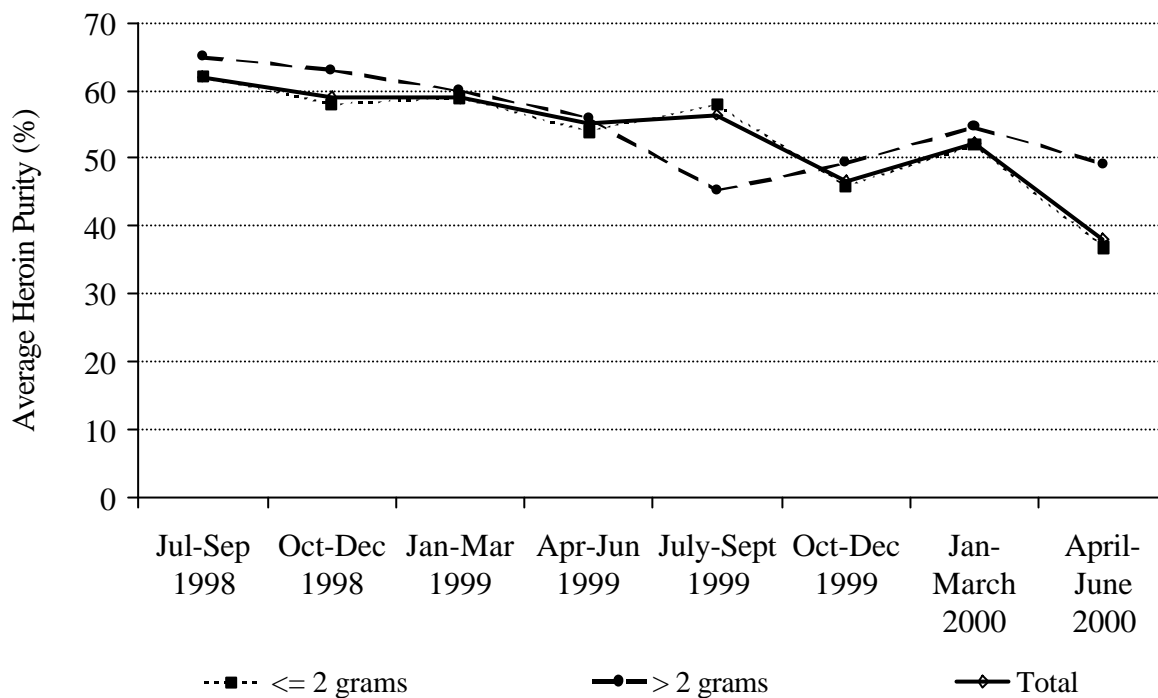


Figure 5.2.2. Average Purity of Selected Heroin Seizures Made by Federal and Queensland Law Enforcement Officers in Queensland During the 1998-1999 and 1999-2000 Financial Years Displayed Separately for Seizures Weighing Less Than or Equal to Two Grams and for Seizures Weighing More Than Two Grams, and the Total Average Purity Level of All Seizures Analysed Weighted as a Function of the Relative Number of Small and Large Seizures.



Figure 5.2.3. Average Purity of All Queensland Heroin Seizures that were Analysed for Each Financial Year Since 1996-1997.

As indicated in figure 5.2.3, although the average purity of all heroin seizures analysed in 1999-00 (50.6%) was approximately 10% lower than the corresponding value for the 1998-99 financial year, the average purity level of all Queensland heroin seizures analysed during each of the past four financial years has remained relatively stable.

5.2.2.2. Purity of Heroin in Brisbane, 2000. IDU Participant and Key Informant Reports

Current purity of heroin and changes that may have occurred in the purity of heroin during 2000 were also indexed by IDU and key informant subjective report. Reports about the purity of heroin by the 81 IDU participants who had used that substance during the six months preceding the survey were largely consistent with ABCI purity data. Forty-four (66%) of the 67 IDU participants who provided definitive responses rated the heroin they had most recently used to be of medium purity, while approximately equal numbers reported it as “high” (n=12, 18%) or “low” (n=13, 19%). The remaining 12 IDU participants and 17 of the 21 heroin key informants responded “don’t know”.

IDU participant reports about changes that may have occurred in the purity of heroin in Brisbane during 2000 were generally consistent with 1999-00 ABCI purity data. Thirty-four (46%) of the 74 definitive IDU participant responses indicated stable purity of heroin during the six months preceding the survey, while approximately as many again reported either an increasing (n=16, 22%) or decreasing (n=18, 24%) heroin purity over the same period. IDU reports were not consistent, however, with ABCI data indicating a wide variation in heroin purity in small seizures (\leq two grams), as only seven (9%) IDU participants reported that the purity of heroin had fluctuated during 2000.

5.2.3. Availability of Heroin and Changes in the Availability of Heroin in Brisbane, 1999-2000.

Key informant and IDU participant responses indicated that heroin was relatively easy for users to obtain in Brisbane during 2000. Specifically, 20 of the 21 heroin key informants and 48 (62%) of the 77 definitive responses from IDU participants who had used heroin during the six months preceding the survey rated heroin as very easy to obtain, while the remaining key informant and a further 22 (29%) of the IDU participants reported heroin as “easy” to obtain. Only seven (9%) IDU participants rated heroin as either difficult (n=5) or very difficult to obtain (n=2).

IDU and key informants reports about changes that may have occurred in the availability of heroin during the six months (IDU) or 12 months (key informants) preceding the survey are summarised in figure 5.2.4.

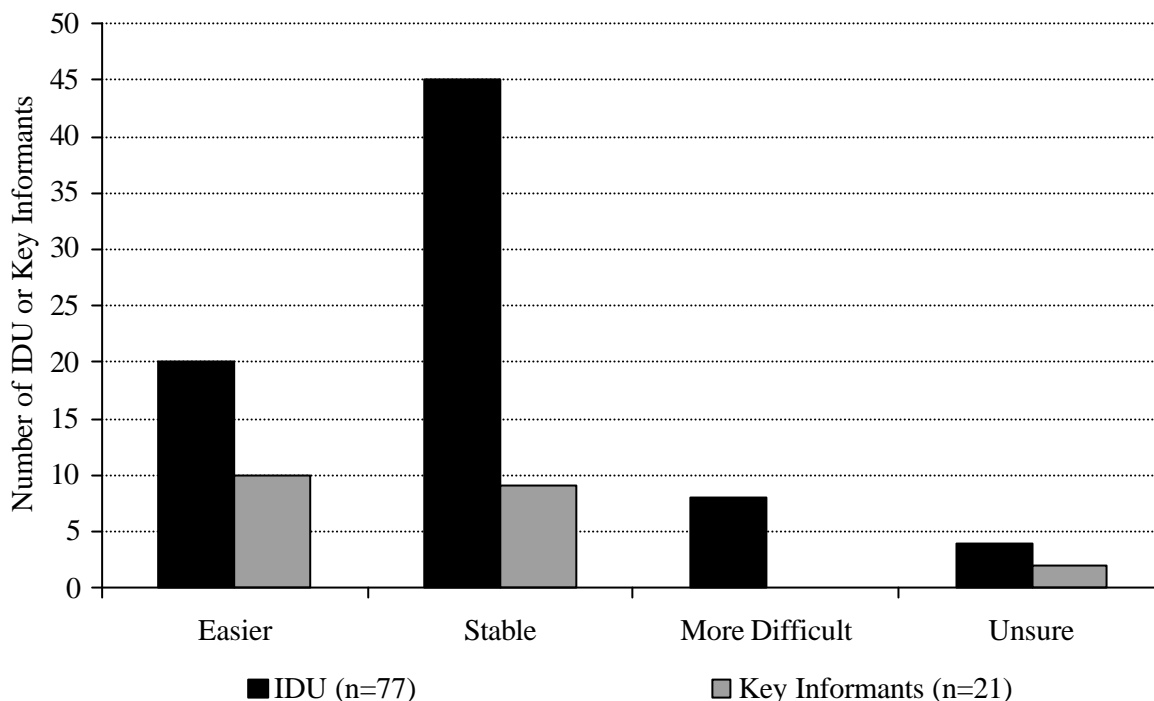


Figure 5.2.4. IDU Participant and Key Informant Reports about Changes in the Availability of Heroin in Brisbane, 1999-2000.

Figure 5.2.4 suggests that, overall, the relative ease with which IDU were able to obtain heroin remained stable during 1999-00, although sizeable proportions of both key informants (48%) and IDU (26%) indicated that heroin had become easier to obtain over that period.

Usual Source of Supply for Heroin in Brisbane

Responses from the 77 IDU participants who had both used and purchased heroin during the six months preceding the survey describing their usual source of supply for heroin are detailed in table 5.2.4.

Table 5.2.4. IDU Reports of Their Usual Source of Supply of Heroin in Brisbane, 2000.

	Number of IDU	%
Mobile Dealer	38	49
Street Dealer	21	27
Dealer's Home	9	12
Friend	9	12
Total	77	100

While it would be inappropriate to suggest that these responses reflect the purchasing practices of all heroin users, there would appear some grounds to propose that mobile and street dealers are prominent sources of supply for heroin in Brisbane. High prevalence of mobile heroin dealers was also confirmed by several key informants.

Availability of Heroin in Queensland, 2000.

Although the focus of this study was on the capital centre (Brisbane), qualitative responses by three key informants with experience working in regional centres of Queensland as well as other specialist informants professing knowledge about the issue indicated that the majority of heroin in Queensland is confined to the south-east corner, in particular, Brisbane and the Gold Coast. Isolated reports, however, suggested that heroin had become increasingly available in Cairns and the Sunshine Coast during the past few years. Key informant reports and a recent ABCI (2000) publication suggest that prescription opiates including MS Contin[®] and Kapanol[®] were being used by the majority of opiate users living in areas where heroin is difficult to obtain.

5.2.4. Use of Heroin

In the most recent NDSHS (AIHW, 2000) report, the proportion of the Queensland population aged 14 years and over who had ever used heroin was estimated to have increased from 1% in 1995 to 2.3% in 1998. The proportion of the Queensland population in the same age cohort who were estimated to have used heroin during the year preceding the survey (recent use) increased from 0.3% in 1995 to 0.6% in 1998. The most marked increase in lifetime prevalence of heroin use between 1995 and 1998 occurred in the 20-29 year age cohort. In 1998, the prevalence of heroin use in that age category was higher in Queensland (5.7%) than in the rest of Australia (4.6%). Findings from the most recent survey (1998) also indicated that lifetime prevalence of heroin use among Queensland males (2.9%) was higher than for females (1.7%), although lifetime prevalence of heroin use among Queensland females (0.3% in 1995 to 1.7% in 1998) was estimated to have increased more dramatically than among males (1.7% in 1995 to 2.9% in 1998). In 1995, lifetime prevalence of heroin use in the Queensland population in 1995 (1%) was lower than the rest of Australia (1.5%). In 1998, lifetime prevalence of heroin use among the Queensland population (2.3%) was comparable to the rest of Australia (2.2%). Overall, recent NDSHS data indicate that heroin use increased in Queensland between 1995 and 1998, particularly among females.

5.2.4.1. Demographics of Heroin Users - Key Informant Reports

Key informant responses describing the demographics of the heroin users with whom they had frequent contact, excluding responses that would obviously be unrepresentative due to the key informants' work involving contact with a special population (e.g., a youth worker reporting maximum age) were generally consistent with IDU sample demographics reported in section 3.1. The minimum user age reported was 13, and one key informant reported contact with a 65 year old heroin user. Most heroin users were reported to be aged between 15 and 50 years, however, and the most commonly reported user age was 25. Males were reported to comprise approximately 60% of the heroin users with whom key informants reported frequent contact, and responses indicated that between approximately 10% and 20% of those heroin users had completed 12 years of schooling and that approximately 40% had left school prior to the completion of year 10. On average, key informants reported that approximately 70% of the heroin users known to them were unemployed. Approximately 10% were reported to be employed on a full time basis and between 15% and 20% were reported to have some part-time or casual employment. On average, approximately 50% of male heroin users and 30% of female heroin users were reported to have spent some time in prison, and lifetime prevalence of police contact among the heroin users was reported as 76% for males and 60% for females.

5.2.4.2. Current Patterns of Heroin Use

Daily use of heroin was reported as the norm amongst the users with whom key informants had frequent contact. The majority (95%) were reported to use injection as their primary route of administration, although several key informants confirmed that smoking was a common route of administration of heroin among Asian users. Key informant reports generally converged upon the notion that a “typical” heroin user would, on average, use between \$50.00 and \$100.00 worth of heroin per day and inject between one and three times per day. Several key informants reported, however, that the average amount per day that a “typical” heroin user spends on heroin had decreased slightly over the past few years, such that a \$50.00 quantity administered in two injections was now the most common pattern of daily use. “Light” daily users known to key informants were described as spending between \$10.00 and 50.00 per day and having one or sometimes two injections per day. “Heavy” users, described by three key informants as comprising up to approximately 5% of the users with whom they had contact, were reported to spend between \$120.00 and \$500.00 per day on heroin and inject between three and five times per day. Several key informants also reported having contact with “recreational” or “occasional” heroin users, being people who use heroin at weekly or greater intervals. Reports from two key informants working in NSP outlets suggested that “recreational” or “occasional” users comprised between approximately 10% and 15% of the heroin users with whom they had frequent contact.

Key informant descriptions of the various heroin user profiles were generally consistent with IDU survey responses. For example, 44 (70%) of the 63 IDU who nominated heroin as their drug of choice reported having used heroin on the day prior to being interviewed; 65% reported injecting at least once per day during the month preceding the survey; and 48% reported injecting more than once per day during that period. Forty-one percent of the IDU who nominated heroin as their drug of choice reported daily use of heroin during the six months preceding the survey, while approximately 60% reported use on at least every second day (on average). The amount of money those IDU reported spending on illicit substances on the day preceding the interview is presented in figure 5.2.5.

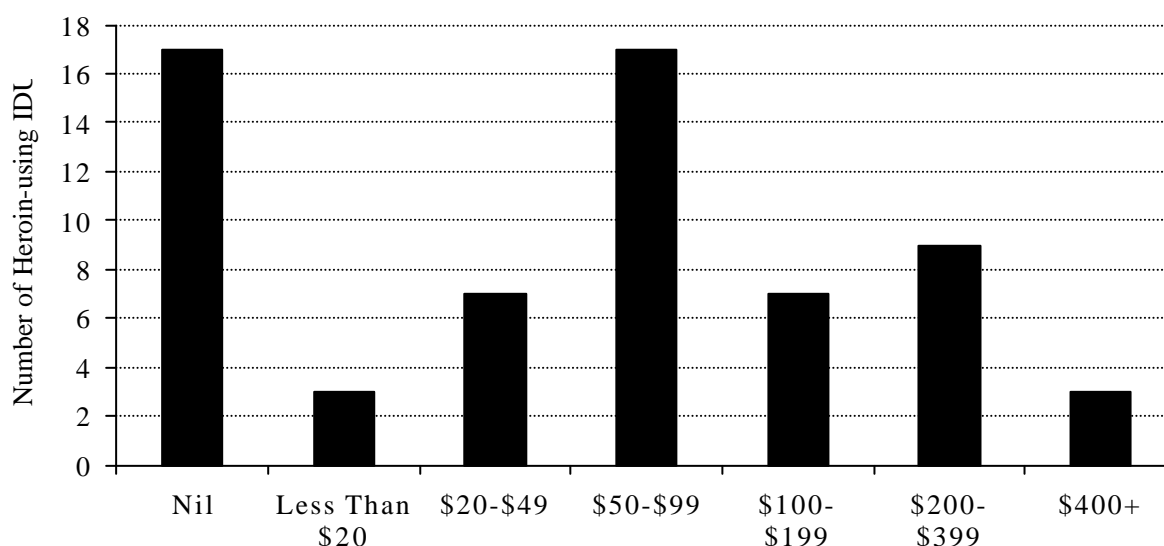


Figure 5.2.5. Money Spent on Illicit Substances on the Day Preceding the Survey as Reported by IDU Who Nominated Heroin as Their Drug of Choice (n=63).

Figure 5.2.5 indicates that 36 (57%) of the 63 IDU who nominated heroin as their drug of choice reported spending at least \$50 on illicit substances on the day before their interview, while approximately 27% reported spending nil money on illicit substances. IDU participant reports about their expenditure on illicit substances have been presented to provide a general indication of the financial commitments associated with heroin use. While expenditure has generally been assumed to reflect that individual's pattern of use, several factors should be taken into account when interpreting figure 5.2.5. Firstly, key informant reports suggest that the majority of heroin users deal the substance to some extent, hence larger purchases may be made with the purpose of selling on smaller quantities for profit. Secondly, daily use of heroin does not necessarily imply daily purchase. Thirdly, expenditure was reported in respect of any illicit substances purchased on the day before the interview and thus may not solely reflect purchase of heroin.

5.2.4.3. Routes of Administration of Heroin

Prevalence of various routes of administration of heroin used by IDU who reported having ever used heroin (n=94) and frequency of use of heroin among those IDU who reported using heroin at least once during the six months preceding the survey (n=81) are summarised in table 5.2.5.

Table 5.2.5. Prevalence of Various Routes of Administration of Heroin Expressed as Percentages of Female and Male IDU Who Have Ever Used Heroin (n=94) and IDU Reports of the Frequency of Their Use of Heroin During the Six Months Preceding the Survey (n=81).

	Females		Males		Total	
	n	(%)	n	(%)	n	(%)
Ever Used	36	(92)	58	(94)	94	(93)
<i>Proportion of Those Having Ever Used Heroin*</i>						
Ever Injected	35	(97)	57	(98)	92	(98)
Injected in Last 6 Months	30	(83)	50	(86)	80	(85)
Ever Smoked	21	(58)	34	(59)	55	(59)
Smoked in Last 6 Months	5	(14)	9	(16)	14	(15)
Ever Swallowed	10	(29)	15	(26)	25	(27)
Swallowed in Last 6 Months	6	(17)	3	(5)	9	(10)
Ever Snorted	5	(14)	13	(22)	18	(19)
Snorted in Last 6 Months	1	(3)	3	(5)	4	(4)
<i>Number of Days Used During the Six Months (180 Days) Preceding the Survey**</i>						
Minimum Number of Days Used	1		1		1	
Maximum Number of Days Used	180		180		180	
Mode	180 ^a		180 ^b		180	
Median	135		95		100	
<i>M</i>	107		101.52		103.62	
<i>SD</i>	75.61		65.58		69.17	

* proportions of those having ever used heroin (n=36 females and 58 males)

** includes only those participants who reported having used heroin in the last 6 months (n=31 females and 50 males).

^a 13 of the 31 female heroin users (i.e., 42%) who had used heroin in the past 6 months reported daily use.

^b 14 of the 50 male heroin users (i.e., 28%) who had used heroin in the past 6 months reported daily use.

As reported table 5.2.5, approximately 92% of female IDU and 94% of male IDU participants reported having used heroin at least once. Thirty-five (43%) of the 81 IDU participants who reported having used heroin during the six months preceding the survey had used that substance on at least two out of every three days (on average) during that period, and approximately 33% reported using heroin on a daily basis during that period, being the modal response for both males and females.

Twenty-eight (30%) of the 94 IDU participants who had used heroin reported exclusive IV use, and fewer than 60% had ever tried smoking heroin, being the second most frequently reported route of administration. Few IDU reported having smoked (15%), swallowed (10%), or snorted (4%) heroin during the six months preceding the survey. Analyses failed to reveal any salient gender or age-related differences in patterns of heroin use amongst this convenience sample of IDU.

5.2.4.4. Form of Heroin

Six key informants were confident in reporting powder as the most common form of heroin used, although reports of heroin rock (a form alleged by some key informants to be higher in purity), were not uncommon. Consistent with QPS intelligence reports, however, several key informants commented that powdered heroin can be transformed into rock form with relative ease.

Key informant reports as to the relative prevalence of powdered and rock heroin were inconsistent with IDU reports about their recent use of those forms. Although 67 (83%) of the 81 IDU who had used heroin during the six months preceding the survey reported having used heroin powder, 77 (95%) of those same IDU reported purchasing at least one rock of heroin during that period. While indicating that both forms are available, these data provide negligible basis for inference about the relative prevalence of powdered and rock forms of heroin in Brisbane.

5.2.4.5. Methadone Use

Thirty-five IDU participants reported using methadone at least once during the six months preceding the survey, despite the fact that only 24 of those respondents reported currently being in methadone treatment.⁸ Seventeen (49%) of the 35 IDU participants who had used methadone during that period reported daily use, while 12 (34%) reported using methadone on 20 days or less during that 180 day period. It is conceivable that the IDU reporting low use of methadone might have entered, or alternatively, left the methadone program at some stage during the six months preceding the survey. However, low frequency of methadone use might also reflect use of diverted methadone, which two key informants reported could be purchased for approximately \$1.00 per mg. While knowledge of methadone diversion (the illegal practice of selling or exchanging take-away methadone doses) was reported by six key informants, none were confident in estimating the prevalence of that behaviour. Nonetheless, reports by those key informants suggested the possibility of an increase in methadone diversion in 2000.

Injection of Methadone

Thirty-two (60%) of the 53 IDU who had ever used methadone reported having injected it at least once, and 17 (49%) of the 35 IDU who had used methadone in the six months preceding the survey reported having injected it at least once during that period. The prevalence of methadone injection among the IDU sample was higher than that reported by

⁸ Including one IDU participant who reported daily use of physeptone tablets.

key informants. For example, the mean of key informant estimates as to the proportion of methadone clients who would inject take-away doses on occasions was 9% ($SD=5.84\%$, $n=7$). Sampling error would appear the most plausible explanation for the disparity between IDU and key informant reports about the prevalence of methadone injection, given the relatively small number of IDU participant and key informant responses. While the small number of observations prohibits inferences about the prevalence and frequency of methadone injection in the IDU population, key informant and IDU participant reports indicate that methadone injection occurs to some extent.

5.2.4.6. Heroin Use Among Methadone Clients

Key informant reports suggested that the majority of methadone clients use heroin at least occasionally. The six key informant estimates of the proportion of individuals enrolled in the methadone program who would abstain from heroin use varied between 10% and 30%, and three key informants reported that approximately 30% to 35% of methadone patients would use heroin on at least a weekly basis. Heroin use was reported to be more common among patients on low methadone dosages.

Key informant reports about heroin use among methadone clients were generally consistent with IDU survey responses, which, given the relative paucity of such data, are reported hereafter for descriptive purposes despite very low numbers. In total, 23 of the 24 IDU participants who reported being in methadone treatment reported having used heroin at least once during the six months preceding the survey. Eight of those IDU (35%) reported daily use of heroin during that period and approximately half reported heroin use on every second day (on average). Note that IDU participant responses should not be interpreted to reflect the extent of heroin use among all methadone clients, as methadone clients who had no reason to collect injecting equipment could not have been recruited into this study.

5.2.4.7. Opioid Overdose

Forty-three (47%) of the 92 IDU who had ever injected heroin [including 31 (54%) of the 57 male IDU and 12 (34%) of the 35 female IDU] reported having overdosed at least once. The median number of overdoses experienced by those who had ever overdosed was four, although 40% of those having ever overdosed had done so on either one or two occasions. The modal number of overdoses was one and the median latency since last overdose was 12 months. Although older users had, on average, overdosed on a greater number of occasions than younger users, age and gender differences in heroin overdose were not marked.

Opioid Overdose Attendances in Greater Brisbane by Queensland Ambulance

The number of opioid overdoses attended within the greater Brisbane area by Queensland Ambulance Service during each calendar year between 1997 and 1999 is presented in figure 5.2.6.

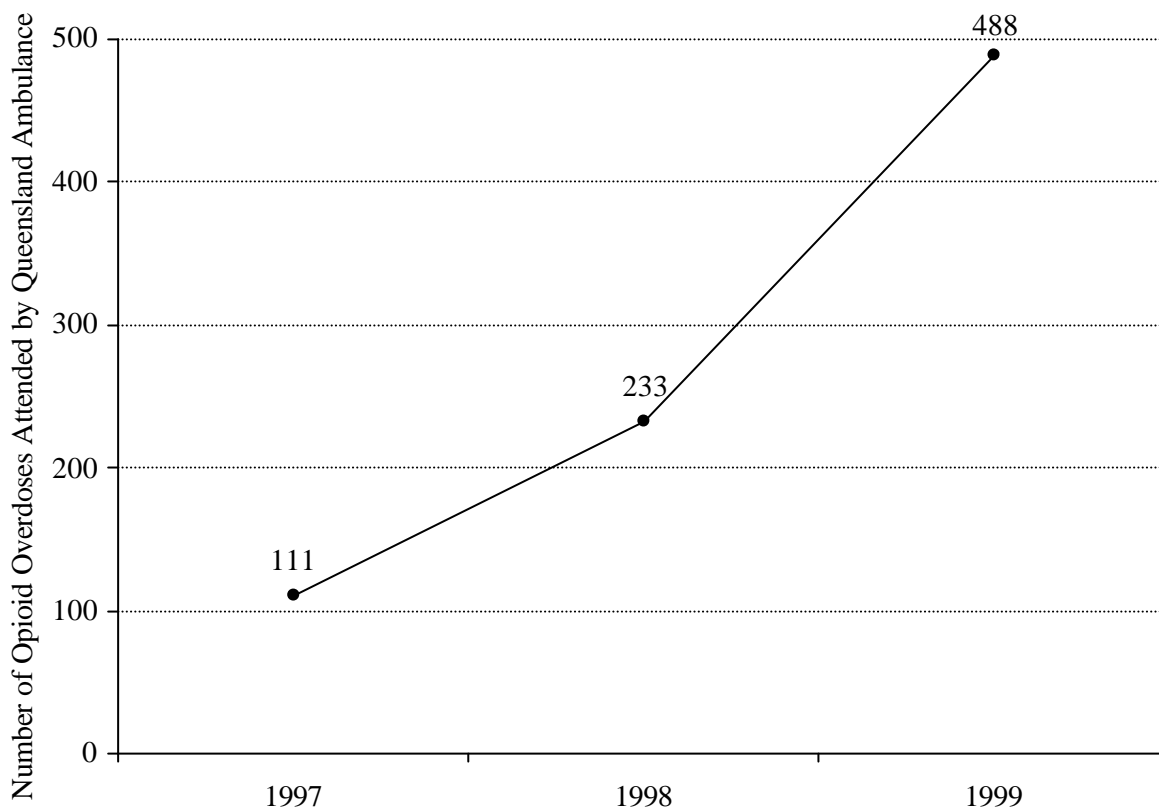


Figure 5.2.6. Number of Opioid Overdose Cases in the Greater Brisbane Area Attended by Queensland Ambulance Service Each Year Between 1997 and 1999.

Figure 5.2.6 indicates that the number of opioid overdose attendances by Queensland Ambulance Services in the greater Brisbane area has more than doubled each year since 1997, such that, on average, Queensland Ambulance Service reported attending approximately 9.4 opioid overdoses per week within the greater Brisbane area during 1999. It should be noted that increases in overdose attendance between 1997 and 1999 might to some extent be attributable to the implementation of policies designed to increase the propensity to report opioid overdose, as over the same period, users were being informed that law enforcement officers would not be monitoring or attending overdoses reported to Queensland Ambulance Service.

Opioid Overdose Fatalities in Queensland, 1988-1999.

In 1999, the deaths of 56 male and 14 female Queenslanders aged between 15 and 44 years were certified as opioid related. The total number of Queenslanders aged between 15 and 44 years whose death was certified to the use of opioids and the rate of opioid related death per million population for Queensland and Australia for all calendar years since 1988 is plotted in figure 5.2.7. Note that opioid related deaths in 1999 were coded according to the International Classification of Disease, 10th revision (ICD-10 codes X42, X44, and F11), whereas data from previous years are based upon the ICD-9 classification system.

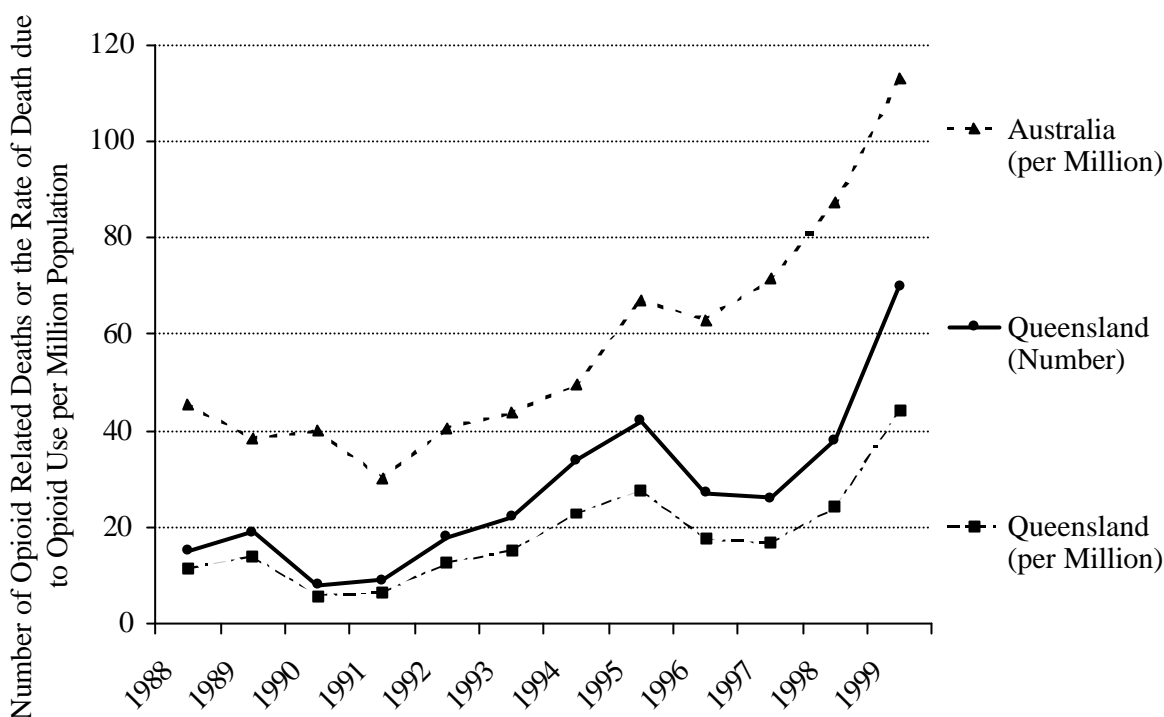


Figure 5.2.7. Number of Deaths Certified to Opioid Use in Queensland Each Calendar Year Between 1988 and 1999 and the Rate of Opioid Related Death per Million Population for Queensland and Australia (Source: ABS, 2000).

As figure 5.2.7 indicates, the number of opioid-related fatalities in Queensland nearly doubled between 1998 and 1999. NDARC (2000) proposed that this increase is largely unrelated to the concomitant change in the classification system. At least, 1999 ABS data for Victoria are highly consistent with those appearing in the Victorian coronial database, which did not change its classification system between 1998 and 1999. Concomitant increases in both the rate and number of opioid related fatalities in Queensland between 1997 and 1999 suggest that increases in the number of overdose deaths are unrelated to increases in the population of Queensland during that period.

Figure 5.2.7 shows that the rate of opioid overdose death in Queensland has been consistently lower than that for Australia during the past decade. In fact, Queensland had the third lowest rate of opioid related death of all the states and territories in Australia in 1999.⁹ Notwithstanding, figure 5.2.7 also indicates that rate of opioid related death in Queensland between 1997 and 1999 has increased in line with the sizeable national increases that occurred during that period. Overall, it would appear that a considerable proportion of the increase in the number of opioid related fatalities in Queensland is attributable to increases in the number of Queenslanders who use those substances. Clearly, the recent dramatic increase in the number of opioid related fatalities is the most significant trend in the use of opioids in Queensland. Several key informants expressed their concern when noting the recent increase in the frequency of opioid overdose death in Brisbane.

⁹ Tasmania (15.1) and the Northern Territory (39.6) had the lowest rate of opioid related deaths per million population in Australia in 1999.

5.2.4.8. Poly-drug Use Among Heroin Users

Key informants reported that heroin users commonly supplement their use of heroin with several other licit and illicit substances. In support of this notion, from a maximum possible total of nine substances including tobacco; cannabis; benzodiazepines; alcohol; amphetamines; other opiates; hallucinogens; MDMA; cocaine; and inhalants; the median number of substances that heroin users¹⁰ (n=63) reported having used at least once during the six months preceding the survey was five ($M = 4.59, SD=1.79$). Analyses did not reveal any salient age or gender differences in this index of poly-drug use among heroin users.

Reports about their use of heroin and various other substances during the six months preceding the survey by IDU who nominated heroin as their drug of choice (n=63), and statistics summarising the number of days that those participants used those substances over that period are presented in table 5.2.6.

Table 5.2.6. Number and Percentage of Those IDU Who Nominated Heroin as their Drug of Choice (n=63) Who Also Reported Using Various Other Licit and Illicit Substances at Least Once During the Six Months Preceding the Survey and Measures of Central Tendency and Dispersion Summarising the Number of Days Those Participants Used Each Substance During that Six Month (180 Day) Period.

	Number of IDU	Percentage of IDU*	No. of Days Used (1-180)			
	n	%	Mode	Median	<i>M</i>	<i>SD</i>
Heroin	63	100	180	150	123	60.1
Tobacco	55	87	180	180	177.8	16.2
Cannabis	49	78	180	80	81.9	69.3
Benzodiazepines	46	73	20	20	48.4	60.6
Alcohol	44	70	2	10	22	38.7
Amphetamines	37	59	20	20	36.4	41.7
Methadone	32	51	180	180	104.3	83.4
Other Opiates	27	43	-	7	18.7	36
Anti-depressants	16	25	180	67.5	92	72.3
Hallucinogens	13	21	-	2	4.3	4.5
MDMA	9	14	1	3	4	4.4
Cocaine	6	10	2	2	5.5	7.2
Inhalants ^a	3	5	1	1	-	-

* i.e., percentage of those IDU participants who nominated heroin as their drug of choice.

^a one IDU reported having inhaled paint thinners approximately every third day during the six month period.

Table 3.1.6 indicates that tobacco, cannabis, benzodiazepines, alcohol, and amphetamines were used by the majority of heroin users at least once during the six months preceding the survey, although frequency of use of tobacco and cannabis among those IDU was considerably higher than for alcohol and benzodiazepines. Only two (4.5%) heroin users reported daily use of alcohol during the six months preceding the survey, and only 11 (17%) reported consuming alcohol on more than 20 days during that period (maximum possible number of days =180). Nineteen (30%) reported having abstained from alcohol use during the six months preceding the survey. The relatively low prevalence and frequency of use of

¹⁰ i.e., those IDU who nominated heroin as their drug of choice.

other (prescription) opiates may be attributable to the relative ease with which users are able to obtain heroin.

Benzodiazepines

Key informant reports about the prevalence and frequency of heroin user's use of other drugs were generally concordant with IDU reports about those behaviours, with the notable exception that key informants reported a greater prevalence and frequency of benzodiazepine use among the heroin users with whom they had frequent contact. Key informant estimates as to the proportion of those heroin users who use benzodiazepines varied between 25% and 100%, averaging 83% (n=11), and the modal response was 100%. Moreover, key informant estimates as to the proportion of heroin users who use more than the prescribed dose of benzodiazepines on a daily basis varied between 20% and 90%, averaging 42% (n=7). Reports as to the number of benzodiazepine tablets or capsules that users orally ingest at once varied between one and 50, and four key informants reported a minimum of 10. Key informant estimates as to the proportion of heroin users who would, on occasions, inject benzodiazepines varied between 1% and 60%, averaging 26% (n=14). Disparities between key informant and IDU reports about the prevalence of benzodiazepine use may be attributable to the fact that the majority of key informants, as drug treatment professionals, were in contact with users with more extreme using behaviours than IDU participants.

Key informants reported that heroin users mostly use benzodiazepines for relief from heroin withdrawal symptoms. However, seven key informants reported that a proportion of users injected benzodiazepines prior to heroin with the purpose of enhancing the effect of the latter substance despite awareness of the increased risk of overdose and other adverse consequences associated with that behaviour, particularly vein damage. Three of those informants had noticed an increase in the prevalence of benzodiazepine injection for that purpose during the twelve months preceding the survey. Temazepam[®] was reported as the most commonly injected benzodiazepine because its gel form is relatively easy to prepare for injection. When reporting that users might be injecting the gel content of between one and five Temazepam[®] capsules in one injection, several key informants reported knowledge of users who had suffered severe irrevocable injuries, including amputation, as a direct consequence of that practice. Heroin key informants reported a high rate of "doctor-shopping" for benzodiazepines among heroin users, with some users described as having an extensive network of supply sources. High levels of benzodiazepine use by heroin users, particularly the injection of those substances, was one of the most commonly reported concerns among heroin key informants.

Cannabis

Table 5.2.5 indicates that 49 (78%) of the 63 IDU who nominated heroin as their drug of choice had used cannabis on at least one occasion during the six months preceding the survey. Cannabis use on at least one in every three days (on average) was reported by approximately 50% of the heroin users who had used cannabis during that period, while approximately 25% of those respondents reported daily use of cannabis. IDU reports were generally consistent with key informant reports about cannabis use amongst heroin users, although key informants reported a higher prevalence of daily cannabis use. Seven key informant reports indicated that daily cannabis users would smoke between approximately five and 30 cones per day, averaging approximately 10 cones per day.

Amphetamines

Use of amphetamine amongst heroin users was also confirmed by key informants, with reports suggesting that between 30% and 50% of heroin users would inject amphetamines at less than weekly intervals, occasionally in binges lasting several days. Three key informants reported that between 10% and 20% of the heroin users known to them injected amphetamines at least once per week.

Seven key informants reported increased use of amphetamine amongst heroin users as an emerging trend, although two key informants proposed that trend was largely attributable to the fact that a large proportion of current heroin users initiated to injecting drug use with amphetamines and retained some amphetamine use after developing a dependence upon heroin through using the substance to alleviate physiological and psychological trauma experienced when coming down from amphetamine binges. IDU survey data lend some support to that theory. Amphetamine was the first drug injected by 68% of the IDU participants, the majority (63%) of whom nominated heroin as their drug of choice. Thirty-seven (59%) of the 63 IDU who nominated heroin as their drug of choice reported amphetamine as the first drug injected compared with 23 (37%) who reported heroin as the first drug injected. Moreover, the former group ($n=37$ IDU who nominated heroin as their drug of choice after initiating to injecting drug use with amphetamines) were nearly twice as likely to have used amphetamines during the six months preceding the survey and, on average, used amphetamines on more days during that period ($M=24.81$ days $SD=39.3$ days) than the 23 IDU who nominated heroin as their drug of choice who initiated to injecting drug use with heroin ($M=12.74$ days, $SD=23.76$ days), although mean differences did not reach statistical significance, $t(58) = 1.24, p=0.19$.

Eight key informants referred to a group of users who alternated their use of heroin and amphetamines, using one substance for between one and ten days before taking up use of the other for a similar variable period of time. These users were reported to comprise a relatively small, although rapidly increasing proportion of the total IDU population. Choice of substance at any given time was reported to be influenced by several factors, including the user's immediate lifestyle choices; availability of substance and finances; and value for money. Invariably, this pattern of use was reported to be associated with unstable accommodation and a wide range of opportunistic behaviours that placed the user and the community at considerable risk, including injecting risk-taking behaviours; male and female sex work; and sometimes violent criminal behaviours. While several key informants confirmed that users who alternated between heroin and amphetamines exhibited signs of dependence upon both substances, there were also reports that this pattern of use was utilised by users to maintain their tolerance to both substances at a lower level than through more exclusive use of either substance. Key informants also confirmed the reports of IDU participants (see section 3.3), suggesting that an increasing number of IDU are also injecting both heroin and amphetamine either simultaneously or in close succession to counter-act the effects of the other substance.

Finally, two key informants reported that IV amphetamine use appeared to be more common amongst users in Naltrexone[®] treatment for heroin dependence than in heroin users receiving other forms of treatment.

In summary, it would appear that a significant proportion of heroin users also use a variety of other licit and illicit substances, particularly tobacco; cannabis; benzodiazepines; and amphetamines. Key informants identified the excessive use of benzodiazepines

(especially the IV use of those substances), and the continuing emergence of a group of users who use both heroin and amphetamines as the most salient issues of concern relating to poly-drug use among heroin users.

5.2.4.9. Trends in Heroin Use

Eight of the 21 heroin key informants reported increased contact with teenage heroin users during the twelve months preceding the survey and two key informants reported increased numbers of Vietnamese males seeking treatment for heroin dependence. Two key informants based in Fortitude Valley reported an increase in the number of young females injecting heroin, while another reported an increase in the proportion of employed people using heroin.

5.2.5. Summary of Current Trends in the Price, Purity, Availability, and Use of Heroin in Brisbane, 2000.

Trends reported in sections 5.2.1 through 5.2.4 are summarised in table 5.2.7.

Table 5.2.7. Summary of Current Trends in the Price, Purity, Availability, and Use of Heroin in Brisbane, 2000.

Price:	\$350.00 per gram; stable; although some evidence of a decrease since 1999.
Purity:	50% overall; fluctuated widely; overall, a 10% decrease since 1999. Relatively stable since 1996.
Availability:	Very easy for users to obtain; becoming easier.
User:	Majority is daily; IV; typically \$50.00-\$100.00 per day. 1-3 shots per day.
Poly-drug Use:	Tobacco and cannabis very common; benzodiazepines and amphetamines less common, but potentially the most concerning. Increase in amphetamine use among heroin users and increase in number of users alternating their use of heroin and amphetamines, or using those substances in close succession.
User Types:	Increase in the overall number of users. Increase in younger users and female users.
Overdose:	9.4 overdose attendances per week in greater Brisbane by Queensland Ambulance Service during 1999. Seventy opioid related deaths in 1999, representing an increase of 84% from 1998 and a 169% increase from 1997.

5.3. Cannabis

Trends in the price, purity, availability, and use of cannabis in Brisbane are reported in this section based on information obtained from IDU survey participants; key informants; the 1999 Queensland IDRS (Kinner & Roche, 2000); recent NDSHS (AIHW, 2000) data; and data provided by the ABCI (2000). Pricing information is presented in section 5.3.1, potency data in section 5.3.2, availability data in section 5.3.3, and patterns of use of cannabis; other drugs used by cannabis users; and demographics of cannabis users known to key informants are reported in section 5.3.4. The major trends in cannabis use in Brisbane are summarised in section 5.3.5.

5.3.1. Price of Cannabis in Brisbane, 2000.

Prices for various quantities and forms of cannabis were obtained from IDU participants; key informants; and the ABCI. The ABCI and the majority of IDU and key informants reported prices for cannabis heads, although seven IDU and three key informants discriminated between hydroponically grown cannabis heads and cannabis heads cultivated in an outdoor environment (“bush buds”). While the number of prices reported in respect of “bush buds” was too small to provide reliable data, reports generally indicated that “bush buds” cost slightly less than hydroponically grown cannabis heads.

Cannabis prices reported from all IDRS sources were highly consistent. Those data indicated that an ounce (28 grams) of cannabis heads most commonly sold for between \$300.00 and \$350.00 in Brisbane during the latter half of 2000, although the price for that quantity was reported to vary between \$200.00 and \$500.00. Reports also indicated that 1/2 ounce (14 grams) of cannabis heads most commonly sold for between approximately \$150.00 and \$200.00, while \$100.00 was the most commonly reported purchase price for 1/4 ounce (7 grams) of cannabis heads. Cannabis was also reported to be commonly sold in either \$25.00 “foils” or “sticks” containing between approximately one and two grams of cannabis, and in \$50.00 “bags” containing approximately three to four grams of cannabis. “Fifty-bags” and 1/4 ounces were the most commonly reported quantities of cannabis purchased by IDU.

Two IDU reported having recently purchased a pound (16 ounces = 448 grams) of cannabis. One reported having recently paid \$1500.00 for a pound of “leaf and tip”, while another reported recently purchasing a pound of hydroponically grown heads for \$3000.00. Another IDU reported having been recently offered a pound of hydroponically grown heads for \$4000.00.

There would appear minimal basis to propose that the price of cannabis has changed dramatically in Brisbane during the past year. Cannabis prices reported in the current project were largely consistent with those published in the 1999 Queensland IDRS (Kinner & Roche, 2000), and 52 (74%) of the 70 definitive IDU participant responses indicated the price of cannabis had remained stable during the six months preceding the survey. Key informant responses, although small in number (n=8), were also indicative of a stable cannabis market. Specifically, four key informants reported that the price of cannabis had remained stable during the 12 months preceding the survey; two reported an increase; one reported fluctuating prices; and one reported a price decrease during that period. From a broader perspective, two key informants noted that an ounce of cannabis currently costs slightly less than it did 10 years ago in Brisbane.

5.3.2. Cannabis Potency in Brisbane, 1999-2000.

Seventy-one of the 85 IDU participants who had used cannabis during the six months preceding the survey were confident in rating current cannabis potency. Fifty-two (73%) of those respondents rated cannabis potency as high, 17 (24%) rated it as medium, and two (3%) rated it as low. Eight of the 10 cannabis key informants rated the potency of cannabis in Brisbane as high, and the majority of IDU and key informants reported that the potency of cannabis had remained stable during the six months (IDU) or 12 months (key informants) preceding the survey.

IDU reports about the various forms of cannabis they had recently used were consistent with cannabis potency ratings. Eighty-four (99%) of the 85 IDU who had used cannabis during the six months preceding the survey reported having used cannabis head at least once during that period, while only 48 (57%) reported having used cannabis leaf. By comparison, 38 (45%) IDU reported having used hash and 13 (15%) IDU reported having used hash oil at least once during the six months preceding the survey. High prevalence of cannabis heads was also confirmed by the majority of cannabis key informants, and three key informants described cannabis leaf as unavailable. It should be noted, however, that key informant responses pointed to a lower prevalence of hash and hash oil than was reflected in IDU responses.

5.3.3. Availability of Cannabis in Brisbane, 1999-2000.

Cannabis key informants reported that cannabis was either very easy (n=9) or easy (n=1) for users to acquire in Brisbane. This notion was supported by the majority of IDU, who rated cannabis as either very easy (n=32, 44%) or easy (n= 23, 32%) to obtain, although approximately one quarter of the IDU participants reported cannabis as either difficult (n=14, 19%) or very difficult to obtain (n=4, 5%). Qualitative reports from several key informants suggested that the availability of cannabis tends to fluctuate in the inner city and Fortitude Valley areas.

The majority of IDU and key informants reported that the availability of cannabis had remained stable during 2000, although four of the 10 cannabis key informants reported fluctuating availability and 12 IDU (15%) reported greater difficulty in scoring cannabis during that period. The majority (n=37, 52%) of IDU participants reported purchasing cannabis from “friends”, while 17 (24%) nominated “dealers home”, eight (11%) reported “street dealer”, and six (8%) reported “mobile dealer” as their usual source of supply of cannabis. Only one IDU reported growing his or her own cannabis.

5.3.4. Use of Cannabis in Queensland, 2000.

Cannabis is undoubtedly the most prevalent illicit substance in Queensland. Based upon data reported in the most recent NDSHS (AIHW, 2000) it was estimated that in 1998, approximately 40% of the Queensland population aged 14 years and over had tried cannabis at least once, and that approximately 18% had used that substance at least once during the 12 months preceding that survey (n= 490000 recent users). The corresponding values from the equivalent survey conducted three years earlier were 26.9% and 10.4% respectively. It should be noted, however, that 1995 estimates were reported as more likely to underestimate lifetime and recent prevalence of cannabis use due to changes in the treatment of missing values and contradictory responses between the 1995 and 1998 surveys.

In the 1998 NDSHS (AIHW, 2000), prevalence of recent cannabis use among Queensland males (20.9%) was estimated to be higher than for females (14.6%), and recent use of cannabis was found to be more common among young adults aged 20-29 years (38.5%) and individuals aged 14-19 years (27.8%) than among individuals aged 30-39 years (16.7%) or 40+ years (7.1%). The majority of individuals charged with cannabis related offences in Queensland during 1998-99 were also aged between 15 and 29 years (ABCI, 2000).

Demographics of Cannabis Users - Key Informant Reports.

Due to their respective roles as drug treatment workers; counsellors; and social workers; cannabis key informants mostly reported contact with users exhibiting comparatively heavy patterns of cannabis use. Accordingly, those reports should not be interpreted to reflect the use of cannabis among the entire population of cannabis users in Queensland.

Cannabis key informants, comprising five drug treatment workers, three youth workers, and two outreach workers, reported contact with cannabis users who were aged between 11 and 60 years, although the most commonly reported age was 21 years. On average, 65% of the cannabis users known to key informants were male, and more than 90% were from an English speaking background. Cannabis users were reported to comprise a diverse population, although reports suggested a slightly higher prevalence of cannabis use existed among manual and semi-skilled professions, as well as both secondary and tertiary students. Overall, key informants portrayed cannabis users as more educated and more likely to be employed than IV heroin and amphetamine users.

Trends in Cannabis Use.

Key informants reported that the majority of cannabis users, when in their home environment, smoked the substance through a bong, although two key informants reported that “bucket-bongs” had become more prevalent in Brisbane during recent years. Many cannabis users were reported to use miniature pipes or smoke joints when smoking the substance in public places. Approximately 80% of the users known to key informants were reported to smoke cannabis daily, and the remainder were reported to use cannabis at least weekly. On average, daily users were reported to smoke approximately 10 cones per day, although most key informants reported contact with users who smoked 20 or sometimes 30 cones per day.

Only one of the 101 IDU participants reported having never used cannabis, and 19 (22%) of the 85 IDU who had used cannabis during the six months preceding the survey reported daily cannabis use during that period, being the modal frequency of cannabis use. The median number of days that IDU reported having used cannabis during the six months preceding the survey (max=180 days) was 90 days ($M=88.27$ days), although it should be noted that IDU reports about the frequency of their recent cannabis use varied widely ($SD=70.62$), and might best be described as conforming to a U-shaped distribution.

Cannabis users were reported to use a variety of other licit and illicit substances in conjunction with their use of cannabis. The majority of cannabis users known to key informants were reported as at least “recreational” (mostly oral) users of amphetamines, MDMA, hallucinogens, and perhaps to a lesser extent, benzodiazepines. When asked to describe any changes that may have occurred in the types of drugs being used by cannabis users, six key informants noted an increase in amphetamine use, four reported that LSD trips were “coming back in”, and two noted increased contact with cannabis users who were

occasional IV heroin users. On average, 80% of cannabis users were reported to smoke tobacco, and on the whole, reports indicated that the majority of cannabis users (especially older users) were not large consumers of alcohol.

Although NDSHS (AIHW, 2000) data indicate a recent increase in the prevalence of cannabis use in Queensland, overall, data collected in this project indicate that the cannabis market and patterns of use of cannabis in Brisbane have remained relatively stable during the past year. Four of the 10 cannabis key informants noted an increase in the number of overall cannabis users during the 12 months preceding the survey, and two of those same key informants and one additional key informant reported increased contact with teenage users during that period. One key informant noted an increase in the number of users aged in their 30s, while another reported a decrease in the number of females using cannabis, in particular, female partners of male cannabis users. Two key informants reported an increase in the prevalence of hydroponically grown cannabis during the 12 months preceding the survey. Several key informants noted that the majority of cannabis users underestimate the extent to which they may become dependent upon cannabis.

5.3.5. Summary of Current Trends in the Price, Potency, Availability, and Use of Cannabis in Brisbane, 2000.

Trends reported in sections 5.3.1 to 5.3.4 are summarised in table 5.3.1.

Table 5.3.1. Summary of Current Trends in the Price, Potency, Availability, and Use of Cannabis in Brisbane, 2000.

Price:	\$350.00 per ounce; stable.
Potency:	High; almost all IDU have access to cannabis heads.
Availability:	Relatively easy for users to obtain; although approximately 25% report difficulty. Mostly traded between friends. Relatively stable availability over the past year.
Use:	Large number of infrequent recreational users, although many use daily. 22% of IDU participants reported daily cannabis use and 50% reported use on at least every second day (on average).
Poly-drug Use:	Tobacco very common; recreational and mostly oral users of amphetamines; MDMA; and hallucinogens; less commonly heroin. Amphetamine use increasing among cannabis users.
Changes Among Users:	Increase in overall number of users; increase in younger users .
Other Trends:	Low awareness of cannabis dependence issues among users.

5.4. Cocaine

Trends in the price, purity, availability, and use of cocaine in Brisbane are reported in this section based upon information obtained from IDU survey participants; key informants; the ABCI; and the 1999 Queensland IDRS (Kinner & Roche, 2000). Pricing information is reported in section 5.4.1, purity data in section 5.4.2, availability data in section 5.4.3, and patterns of use of cocaine, including its prevalence; user demographics; and poly-drug use are reported in section 5.4.4. A table summarising the identified trends in cocaine use in Brisbane is presented in section 5.4.5.

5.4.1. Price of Cocaine in Brisbane, 2000.

Information about the price of cocaine in Brisbane was difficult to obtain. The ABCI did not publish any prices in respect of cocaine purchases made by undercover law enforcement personnel based in Queensland during the 1999-00 financial year, and only 11 of the 101 IDU participants and three key informants were confident in reporting cocaine pricing information. Seven of the 101 IDU participants reported having purchased cocaine during the six months preceding the survey, while a further four IDU and three key informants were confident in reporting either a definitive price or a minimum and maximum price for various quantities of cocaine on the basis of their knowledge of the current cocaine market. In light of the paucity of cocaine pricing data, prices reported by those respondents were collated. Prices for a gram of cocaine varied between \$180.00 and \$400.00, although \$200.00-\$250.00 would appear the most commonly paid amount for that quantity. Five IDU reported having paid between \$100.00 and \$180.00 at the time of their most recent purchase of a 1/2 gram of cocaine, while three IDU reported having paid \$100.00 at the time of their most recent purchase of 1/4 gram of cocaine. Three IDU reported having recently expended between \$50.00 and \$60.00 for a cap of cocaine, and two IDU reported paying approximately the same amount when purchasing 1/8 gram of cocaine.

While year 2000 IDRS cocaine pricing data were virtually identical to those reported in the 1999 IDRS (Kinner & Roche, 2000), the small number of responses does not provide a basis for definitive assertions about changes in the price of cocaine between 1999 and 2000. Two key informants and two IDU were confident in reporting that cocaine had decreased slightly in price during that period, while four IDU reported stable prices and two reported a price increase. Overall, the minimal data that was able to be collected indicated that the price of cocaine had not changed dramatically in Brisbane between 1999 and 2000.

5.4.2. Cocaine Purity in Queensland, 1999-2000.

Purity of selected cocaine seizures made by federal and state law enforcement officers in Queensland during the 1999-00 financial year and subjective reports by a small number of IDU and key informants about cocaine purity and changes in cocaine purity that may have occurred during the six months (IDU) or 12 months (key informants) preceding the survey are presented in this section.

ABCI cocaine purity data detailed the minimum, maximum, average, and median purity level of selected cocaine samples that were seized by law enforcement officers in Queensland during the 1999-00 financial year. Data were provided in respect of seizures weighing less than or equal to two grams (hereafter at times referred to as “small seizures”) and for seizures weighing more than two grams (hereafter at times referred to as “large seizures”).

ABCI cocaine purity data for Queensland in the 1999-00 financial year summarised the purity of a total of only 78 seizures, including 29 small seizures (≤ 2 grams) and 49 large seizures (>2 grams). The number of small (≤ 2 grams) and large (>2 grams) cocaine seizures included for analysis during each quarter of the 1999-00 financial year is detailed in table 5.4.1.

Table 5.4.1. Number of Queensland Cocaine Seizures Comprising the Basis of ABCI Cocaine Purity Data for Each Quarter of the 1999-2000 Financial Year.

	July-Sept 1999	Oct-Dec 1999	Jan-March 2000	April-June 2000	1999- 2000
No. small seizures (≤ 2 grams)	4	14	11	0	29
No. large seizures (>2 grams)	9	11	8	21	49
Total No. seizures	13	25	19	21	78

As indicated in table 5.4.1, there were no data for small (≤ 2 grams) cocaine seizures during the April- June, 2000 quarter, and purity data in most quarters is based upon a comparatively small number of observations. Accordingly, ABCI Queensland cocaine purity data should be interpreted with caution.

The purity of small (≤ 2 grams) cocaine seizures varied between 6% and 65%, averaging 38% during the 1999-00 financial year. The purity of large (>2 grams) cocaine seizures varied between 9% and 81% during the same period, although the minimum purity of large seizures during the Jan-March and April-June quarters was 65% and 73% respectively. The average purity of all large (>2 grams) seizures was 59%, while the total average purity of all cocaine seizures, weighted according to the number of small (≤ 2 grams) and large (>2 grams) seizures was 51%. The average purity of small (≤ 2 grams) and large (>2 grams) seizures for each quarter of the 1999-00 financial year and the equivalent data from the 1998-99 financial year are plotted in figure 5.4.1. Note that 1998-99 data are based upon a total of only 53 seizures.

As indicated in figure 5.4.1, while averaging 51% overall, the average purity of all cocaine seizures increased from approximately 37% in 1999 to 74% in April-June 2000. This increase would appear directly attributable to the large number of high purity large (>2 grams) seizures during the latter two quarters of the 1999-00 financial year, and emphasises the unstable nature of these data due to the relatively small number of observations. For example, whereas 1999-00 Queensland cocaine purity data summarise the purity of 78 seizures, the equivalent heroin and amphetamine purity data are based upon 669 and 1867 seizures respectively.

The average purity of all Queensland cocaine seizures analysed for each of the past four financial years is depicted in figure 5.4.2.

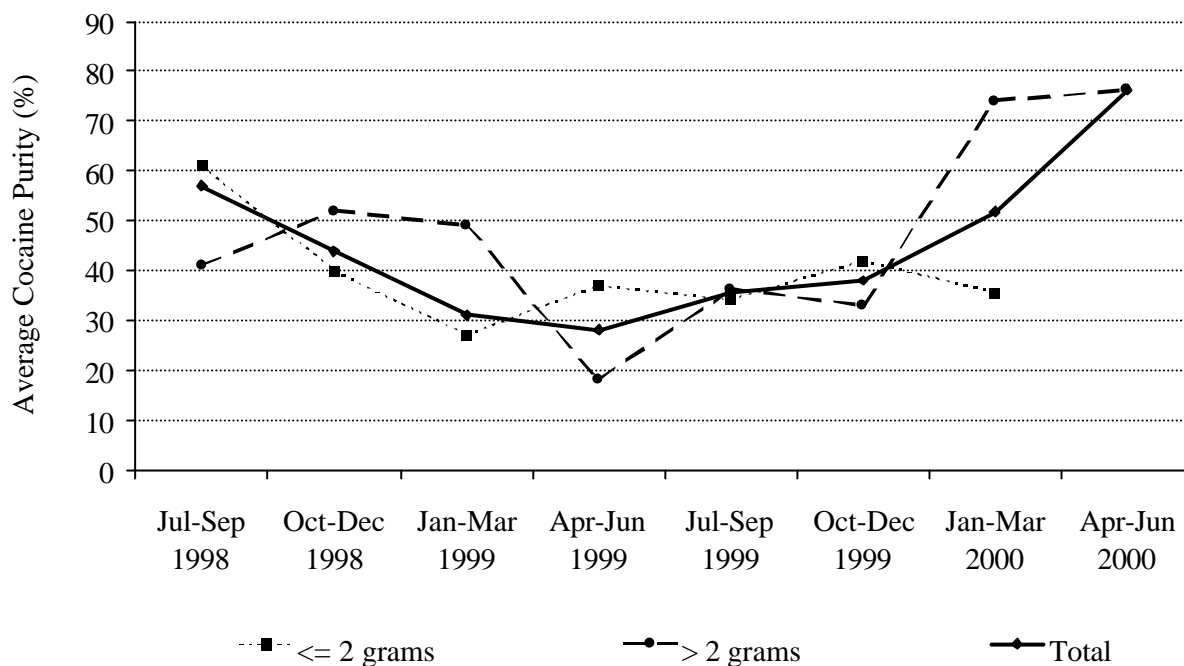


Figure 5.4.1. Average Purity of Selected Cocaine Seizures Made by Federal and Queensland Law Enforcement Officers in Queensland During the 1998-1999 and 1999-2000 Financial Years Displayed Separately for Seizures Weighing Less Than or Equal to Two Grams and for Seizures Weighing More Than Two Grams, Including the Total Average Purity Level of All Seizures Analysed Weighted as a Function of the Relative Number of Small and Large Seizures.

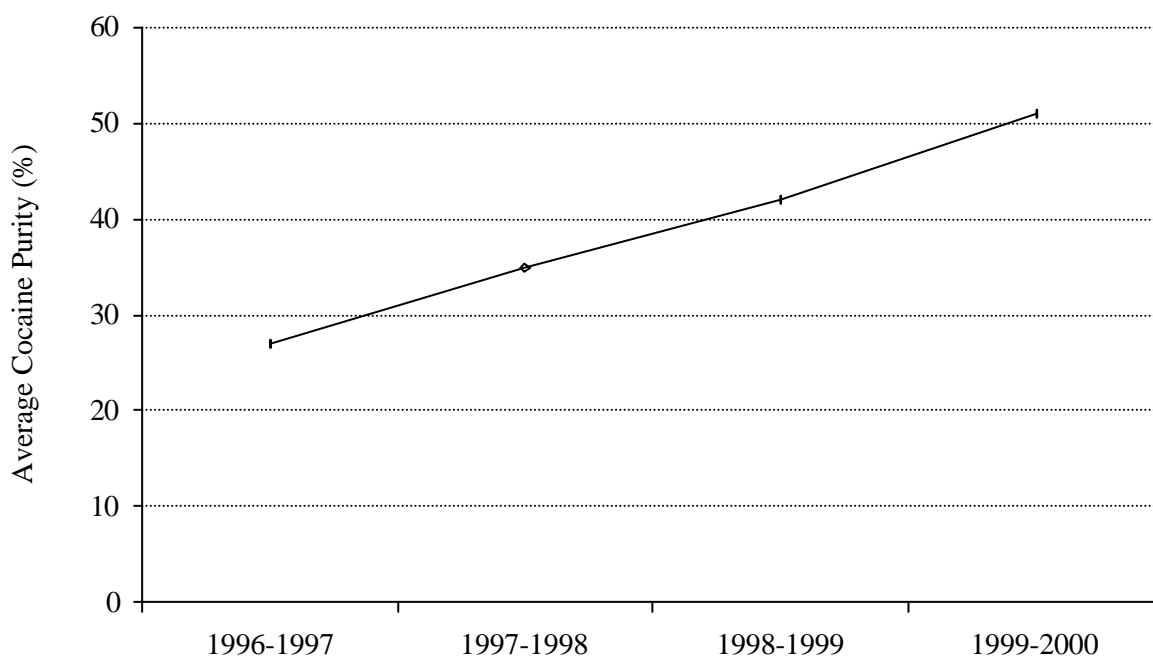


Figure 5.4.2. Average Purity of All Queensland Cocaine Seizures that were Analysed for Each Financial Year Since 1996-1997.

Figure 5.4.2 indicates that the average purity of all cocaine seizures analysed in Queensland increased from 27% in 1996-97 to 51% in 1999-00. It should be noted, however, that the increase in average purity between the 1998-99 and 1999-00 financial years is primarily attributable to the inclusion of 29 large seizures with a minimum purity of 65% made by Australian Federal Police in 2000. In support of this notion, the average purity of the 25 small and 20 large seizures made by Queensland Police during 1999-00 was 35%.

Cocaine Purity in Brisbane, 1999-2000 - IDU and Key Informant Ratings.

Only eight IDU and one key informant were confident in reporting about current purity and changes in the purity of cocaine in Brisbane between 1999 and 2000. Three IDU reported current purity of cocaine as high, three rated it as medium, and two rated it as low. Seven IDU reported stable cocaine purity and one IDU and the key informant reported an increase in cocaine purity during 2000. Overall, these isolated responses provide minimal basis for inference about cocaine purity in Brisbane.

5.4.3. Availability of Cocaine in Brisbane, 1999-2000.

Questions about the availability of cocaine were only posed to the 18 IDU participants who reported recent use of cocaine and/or cocaine pricing data, and six of those respondents were not confident in responding availability information. Ten of the remaining 12 IDU participants reported that cocaine was either very difficult (3) or difficult (7) to obtain in Brisbane, while two IDU reported having easy access to cocaine. The majority of the same respondents reported no change in the availability of cocaine in Brisbane during the six months preceding the survey. Nine of the 14 IDU who had used cocaine during the six months preceding the survey reported obtaining the substance from a "friend", while the remaining responses were "dealers home" (2), "street dealer" (1) and "mobile dealer" (1).

Although four key informants reported that the availability of cocaine had increased during the 12 months preceding the survey, the majority of key informants confirmed that cocaine was difficult to obtain in Brisbane and, moreover, was not the stimulant sought by the majority of IDU. Consistent with those reports, approximately half of the 101 IDU participants had never used cocaine; only two IDU rated it as their drug of choice; and only 14 IDU reported having used cocaine within the six months preceding the survey. Cocaine use on 20 of the preceding 180 days was the highest reported frequency of use, with the majority reporting use of cocaine on only one or two days during that period. Hence, while the availability of cocaine may have increased during the past year, reports tend to indicate that the majority of IDU do not actively seek it out. Several key informants proposed that value for money might underlie the low demand for cocaine relative to amphetamines among IDU, noting that the effects of a cocaine injection usually begin to diminish within 20-30 minutes of administration.

Four key informants reported that cocaine had become increasingly available in the gay and dance party scene in Brisbane during the during the past year, while isolated reports suggested cocaine use may be occurring in Cairns, the Gold Coast, and certain regions of the Sunshine Coast as well as Brisbane.

5.4.4. Use of Cocaine in Brisbane.

Recent NDSHS (AIHW, 2000) data indicate negligible change in the prevalence of cocaine use in Queensland between 1995 and 1998. At the most recent data collection in 1998, it was estimated that 3.5% of the Queensland population aged 14 years and over had used cocaine at least once, and 0.7% of the population were estimated to have used that substance during the year preceding the survey.

As foreshadowed in previous sections, although cocaine use among the IDU population of Brisbane may be increasing to some extent, evidence suggests it to be almost negligible relative to amphetamine use. Reports from seven key informants, (including three from a current study of trends in the use of designer drugs in Brisbane) might be summarised as describing the stereotypical Brisbane cocaine user as an employed or otherwise financially secure individual who might frequent raves, dance parties, or other clubs. The vast majority of cocaine users were reported to inhale the substance, with cocaine use occasionally either supplemented or substituted by predominantly oral use of MDMA and/or amphetamines. Use of cannabis to manage “come-downs” was also reported. Frequency of cocaine use was reported to vary between an annual or even less frequent “treat” at a special event and weekly use, although few individuals were reported to use cocaine at weekly intervals. Data summarising cocaine use, including routes of administration and frequency of use of cocaine amongst the IDU sample are presented in table 5.4.2.

Table 5.4.2. Percentage of Male and Female IDU Participants Who Reported Having Ever Used Cocaine; Prevalence of Various Routes of Administration of Cocaine Expressed as Percentages of Female and Male IDU Who Have Ever Used Cocaine; and IDU Reports of the Frequency of Their Use of Cocaine During the Six Months Preceding the Survey.

	Females		Males		Total	
	n	(%)	n	(%)	n	(%)
Ever Used	15	(39)	36	(58)	51	(51)
<i>Proportions of Those Having Ever Used Cocaine*</i>						
Ever Injected	12	(80)	24	(67)	36	(71)
Injected in Last 6 Months	3	(20)	5	(14)	8	(16)
Ever Smoked	2	(13)	8	(22)	10	(20)
Smoked in Last 6 Months	2	(13)	2	(6)	4	(8)
Ever Snorted	9	(60)	22	(61)	31	(61)
Snorted in Last 6 Months	1	(7)	7	(19)	8	(16)
Ever Swallowed	5	(33)	6	(17)	11	(22)
Swallowed in Last 6 Months	2	(13)	0	(0)	2	(4)
<i>Number of Days Used During the Six Months (180 Days) Preceding the Survey**</i>						
Min No. Days	2		1		1	
Max No. of Days	20		15		20	
Median	***		2		2	
Mode			2		2	
<i>M</i>			4.5		5.36	
<i>SD</i>			4.9		5.92	

* n = 15/39 female IDU (38.5%) and 36/62 male IDU (58.1%).

** includes responses from those IDU participants who had used cocaine during the six months preceding the survey (n = 4 females and n=10 males).

*** these raw scores were 2, 3, 5, and 20 days.

As indicated in table 5.4.2, the majority of male and female IDU who had used cocaine reported having injected it at least once, while a smaller proportion reported having ever snorted cocaine. Low rates of cocaine smoking might be interpreted as evidence to suggest a low prevalence of crack cocaine in Brisbane. Frequency of use of cocaine was much lower than for heroin or amphetamine among this IDU sample.

Form of Cocaine in Brisbane.

The 14 IDU who had used cocaine during the six months preceding the survey all reported having used cocaine powder, although three of those participants also reported having used crack cocaine crystals during that period. None of the key informants reported contact with individuals who professed recent use of crack cocaine in Brisbane.

5.4.5. Summary of Current Trends in the Price, Purity, Availability, and Use of Cocaine in Brisbane, 2000.

Trends reported in sections 5.4.1 to 5.4.4 are summarised in table 5.4.3.

Table 5.4.3. Summary of Current Trends in the Price, Purity, Availability, and Use of Cocaine in Brisbane, 2000.

Price:	\$200.00-\$250.00 per gram; stable.
Purity:	51% overall; fluctuated widely; increased since 1998-99 due to a relatively large number of high purity large (> 2 grams) seizures made by Australian Federal Police during 2000.
Availability:	Relatively difficult for IDU to obtain; perhaps becoming slightly easier, especially for “recreational” users involved in the rave, dance party, or club scenes.
Use:	Majority is recreational, mostly by inhalation (snorting).
Poly-drug Use:	Some oral use of MDMA and amphetamines, some cannabis use.
User Types:	Majority are financially secure individuals. Some may frequent the rave, dance party, or club scenes.

5.5. Trends in Other Licit and Illicit Substances

Data collected in relation to the use of a range of licit and illicit substances other than those focal to this study are presented in this section.

5.5.1. Dexamphetamine and Methylphenidate

Key informant reports suggested that diverted dexamphetamine and methylphenidate tablets have become increasingly available in Brisbane during the past few years. Increased availability of diverted dexamphetamine and methylphenidate would appear attributable to large increases in the prescription of those preparations that have occurred in Queensland and in the majority of the developed world during the past decade (Baldwin & Anderson, 2000; Brown, 1996).

5.5.2. Methadone

Methadone use and related issues are reported in section 5.2.4.5.

5.5.3. Prescription Opiates

Sixty-one (60%) of the 101 IDU participants reported having used prescription opiates at some point during their life. Approximately two-thirds of those users reported having injected those substances at least once, and approximately half reported having used prescription opiates within the six months preceding the survey. Approximately two-thirds of those recent users reported having injected prescription opiates at least once during the six months preceding the survey.

The majority of IDU reported relatively low frequency of use of prescription opiates during the six months preceding the survey. Only two of the 31 IDU who had used prescription opiates during that time reported daily use, and the majority reported having used prescription opiates on fewer than seven of the preceding 180 days. Five IDU reported Doloxene[®] as the brand of morphine tablets they had used most often during the six months preceding the survey, while four reported Kapanol[®], and two reported MS Contin[®]. Ten users were unable to nominate the brand of morphine tablets they had used most often during the six months preceding the survey.

Few key informants were confident in reporting details about the prevalence or frequency of use of prescription opiates in Brisbane. Users were reported to seek out Kapanol[®] and MS Contin[®] in the first instance, mostly during times when heroin or finances were scarce. Isolated reports suggested that the black market for prescription opiates had increased in size during the 12 months preceding the survey. Reports from two key informants suggested that MS Contin[®] and Kapanol[®] tablets would fetch approximately \$20.00 per tablet on the black market in Brisbane. One key informant reported contact with users who extracted the codeine from Panadeine[®] tablets by sieving the crushed tablets through a fine cloth mesh.

As previously noted, reports from informants with experience working in regional centres of Queensland suggested that heroin was relatively difficult to obtain in regions other than the South-east corner (greater Brisbane and the Gold Coast), although the availability of heroin was reported to have increased in Cairns and the Sunshine Coast during recent years. Consistent with a recent publication by the ABCI (2000), those reports suggested that prescription opiates including MS Contin[®] and Kapanol[®] were being used by the majority of

opiate users living in areas where heroin is difficult to obtain. Key informants were not confident, however, in reporting how the majority of prescription opiates were being obtained or diverted.

5.5.4. Benzodiazepines

As noted in section 5.2.4.8, key informant reports indicated that excessive use of benzodiazepines was very common among drug users, in particular, heroin users. Reports also suggested that, through the process of doctor-shopping, individuals have few difficulties in obtaining relatively large quantities of those substances. The availability of Flunitrazepam (Rohypnol[®]) was reported to have reduced, however, since the recent change in its scheduling (from S4 to S8). High levels of benzodiazepine use, particularly IV use of benzodiazepines, was one of the most commonly reported concerns among heroin key informants.

5.5.5. MDMA (ecstasy)

Trends in the use of MDMA (ecstasy) will be reported in a separate Queensland IDRS report that is due for publication in March 2001. The Brisbane rave/dance party scene has grown considerably during the past few years. Preliminary results suggest that the availability of MDMA (ecstasy) and a variety of other party drugs has increased during that time. Findings also suggest that most users are aware that a proportion of the pills that are sold as MDMA (ecstasy) contain negligible, if any, traces of that substance. Methamphetamine tablets, sometimes cut with other substances such as LSD or ketamine, have been reported to comprise a certain proportion of the party drug pills sold in Brisbane.

5.5.6. Ketamine

Isolated reports from amphetamine key informants indicated that the availability of the dissociative anaesthetic ketamine has increased in Brisbane during 2000. Ketamine has also been detected in certain pills that are sold as MDMA (ecstasy), a factor that may account for reports of “smacky Es” (pills that are sold as MDMA that have a sedative rather than euphoric effect) (Stoppard, 2000).

5.5.7. Inhalants

As reported in section 3.2.1, while 37 (37%) of the 101 IDU participants reported having used inhalants at some stage, only four IDU participants reported having inhaled either nitrous oxide (n=2), butane, or paint thinners during the six months preceding the survey. While few key informants were able to report details about the use of inhalants, reports portrayed it a behaviour that was, for the most part, restricted to young adolescents and teenagers. Anecdotal evidence suggests that the majority of IDU participants might not have regarded use of nitrous oxide as inhalant use when responding to questions about their use of inhalants.

6.0. Illicit Drug-related Issues

Data relating to the provision of clean injecting equipment and rates of HIV and HCV infection among IDU in Queensland are presented in this section, followed by key informant reports about illicit drug related crimes and law enforcement activity during 2000. Corresponding data from IDU participants are presented in section 3.3. of this report.

6.1. HIV/HCV Infection Among Injecting Drug Users in Queensland

Needle and syringe programs are a central component of the strategy for reducing the prevalence of blood borne viruses (Dolan, Topp, & MacDonald, 1999). The National Centre in HIV Epidemiology and Clinical Research (NCHECR) publish annual data indicating the rate of HIV and HCV infection in both the general population and among IDU recruited at selected public NSP outlets throughout Australia. Rates of HIV and HCV infection in the IDU recruited in Queensland NSP outlets each year each year between 1995 and 1999 are presented in figure 6.1.1. HCV rates correspond to the right-hand Y axis and rates of HIV should be read from the left axis. The number of syringes distributed at public NSP outlets in Queensland during the same period is also represented on this graph (left axis in Millions).¹¹ The latter data were provided by QNSP (Queensland Health).

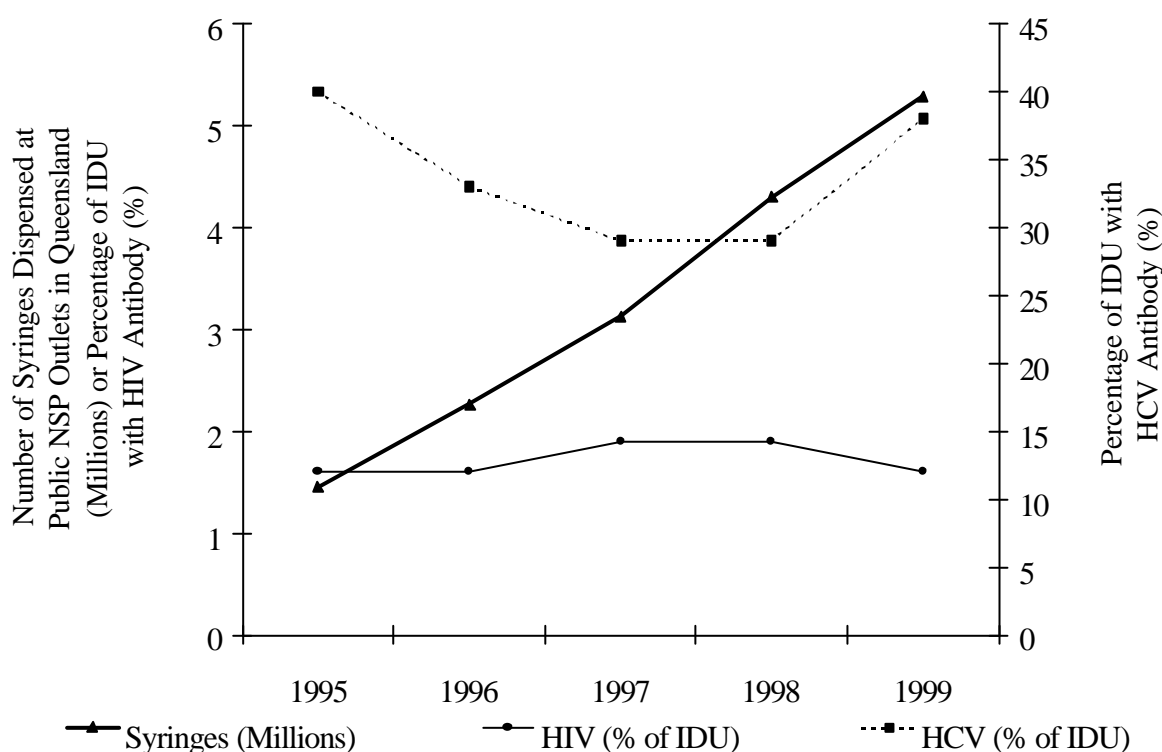


Figure 6.1.1. Number of Syringes Distributed at Public NSP Outlets in Queensland (left axis); Percentage of Queensland IDU with HIV Antibody (left axis) and HCV Antibody (right axis) Between 1995 and 1999.

¹¹ Values representing the total number of syringes dispensed each year actually reflect the number dispensed during the financial year that commenced with the year shown on the graph. For example, whereas figure 6.1.1. indicates that approximately 1.4 Million syringes were dispensed in 1995, those syringes were actually dispensed during the 1995-1996 financial year.

As indicated in figure 6.1.1, the number of syringes dispensed at public NSP outlets in Queensland increased from approximately 1.4 Million in the 1995-96 financial year to approximately 5.3 Million in the 1999-00 financial year. During the same period, NCHECR data indicate that the percentage of the IDU population with HIV antibody has remained relatively stable, averaging approximately 1.7%. Although the percentage of IDU with HCV antibody decreased from 40% in 1995 to 29% in 1998, that trend was not continued into 1999, when the percentage of IDU with HCV antibody increased to 38%. This recent increase in HCV infection among Queensland IDU may to some extent be attributable to the inclusion of an additional NSP site in the 1999 survey. However, injecting risk taking behaviours reported by IDU participants in this study provide evidence that safe injecting practices are not universal (see section 3.3.3). It should be noted that there is overwhelming evidence to suggest that rates of HIV and HCV antibody detection in IDU would be far greater in the absence of NSP programs, which have been estimated to have reduced the national health-care burden by hundreds of Millions of dollars since their introduction in 1987 (Dolan, Topp, & MacDonald, 1999).

6.2. Crime

Key informant reports indicated that a large proportion of the IDU with whom they had frequent contact engaged in crime, although frequency of crime was reported to vary widely. Domestic break and enter, bag-snatching, and thefts from motor vehicles were the property crimes most consistently reported as committed by illicit drug users. A number of young IDU were reported to engaging in public telephone fraud, and credit card fraud was also reported as relatively common. Most concerning, however, were reports suggesting a significant increase in the number of individuals carrying dangerous weapons such as knives, particularly in Fortitude Valley. Armed robbery and assault were also reported to be increasing in central Brisbane. Increased hostility between rival methamphetamine “cooks”, sometimes involving very serious offences, was the most commonly reported issue of concern in relation to violent crime espoused by key informants working in certain outer suburbs of Brisbane.

Key informant reports overwhelmingly suggested that the majority of users deal illicit substances to some extent, and cannabis key informants consistently reported that law enforcement were less interested in cannabis users than amphetamine and heroin users. Three key informants in contact with teenage users reported increased contact with young female IDU who had been the victim of sexual assault. IDU participant reports about the nature and frequency of their criminal behaviours and other associated issues are presented in section 3.3.6.

Police Activity

The majority of key informants reported that police activity had increased during the 12 months preceding the survey. In particular, an increasing number of undercover police were reported to be operating in the rave/dance party scene. There is strong evidence that Queensland Law Enforcement Officers are both committed to and proficient in the detection of clandestine methamphetamine laboratories (ABCI, 2000).

Overall, key informant reports suggested that law enforcement officers were becoming more aware and sensitive to the wide range of issues surrounding illicit drug use, and, despite a few exceptions, were generally less punitive in their treatment of users. Indeed, senior Fortitude Valley Police Officers interviewed in this project were actively engaged in a

community development project that involved collaboration with a broad range of local community representatives, with the aim of reducing the harm associated with illicit drug use.

7.0. Summary and Conclusion

7.1. Summary of Trends in the Use of Illicit Substances in Queensland.

Current and emergent trends in illicit substance use in Brisbane, or in certain cases, Queensland, and the source/s of evidence supporting those trends are presented in tables 7.1.1. to 7.1.5. It should be acknowledged that many of the trends identified in this study represent the continuation of those reported in the 1999 Queensland IDRS (Kinner & Roche, 2000).

Table 7.1.1. Summary of Amphetamine Trends in Brisbane/Queensland, 2000.

Amphetamine Trends	Source		
	IDU	KI	Other
Price for powder approx \$50.00 - \$100.00 per gram.	✓	✓	
Price for crystalline forms “base” approx \$200.00 per gram.	✓	✓	
Price decreasing.	✓	✓	
Purity fluctuates; some forms very pure; average purity increasing.	✓	✓	✓
Increased numbers of local methamphetamine “cooks”.		✓	✓
Increased violence and hostility in the supply side of the amphetamine market.		✓	
Increased numbers of users in close contact with “cooks”.		✓	
Very easy for users to obtain; becoming easier.	✓	✓	
Increased prevalence and severity of amphetamine induced psychosis and other mental health problems.		✓	
Increased aggression.		✓	
Increased prevalence of “speed sores” and nutritional problems.		✓	
Lack of treatment services for amphetamine users.		✓	
Increase in the overall number of users, including teenagers.	✓	✓	✓
Most is used either orally or by snorting.			✓
Number of oral users increasing.		✓	✓
Increase in number of IV users, including novice young IV users.	✓	✓	✓
Increase in quantity being used.	✓		
Typically use in binges lasting 2-4 days.	✓	✓	
Use benzodiazepines, cannabis, or other drugs during the “come-down” period.	✓	✓	
Increased IV heroin use among IV amphetamine users.	✓	✓	✓
Relatively high level of cannabis use.	✓	✓	
Dealt amongst “friends”.	✓		
Mobile dealers common.	✓	✓	

Table 7.1.2. Summary of Heroin Trends in Brisbane/Queensland, 2000.

Heroin Trends	Source		
	IDU	KI	Other
Price \$350.00 per gram; stable with some evidence of a decrease since 1999.	✓	✓	✓
Purity fluctuates widely; (50% overall); 10% decrease in purity since 1998-99.	✓		✓
Purity relatively stable since 1996.			✓
Very easy for users to obtain; becoming easier.	✓	✓	
Increase in opioid related deaths.		✓	✓
Increase in overall number of users.	✓	✓	✓
Increase in teenage and young adult IV users.	✓	✓	✓
Relatively high levels of IV poly-drug use.	✓	✓	
Increased IV amphetamine use among heroin users.	✓	✓	
Relatively high level of cannabis use.	✓	✓	
Relatively high level of benzodiazepine use.		✓	✓
Increase in IV benzodiazepine use.		✓	
Relatively low level of alcohol use.	✓	✓	
Large proportion use daily or nearly every day.	✓	✓	
Typically spend \$50.00 (up to \$100.00) per day.	✓	✓	
Mobile dealers common.	✓	✓	✓
Most users deal.		✓	

Table 7.1.3. Summary of Cannabis Trends in Brisbane/Queensland, 2000.

Cannabis Trends	Source		
	IDU	KI	Other
Price \$350.00 per ounce; stable.	✓	✓	✓
Potency high; stable.	✓	✓	
Relatively easy for users to obtain; some IDU report difficult.	✓	✓	
Increase in the overall number of users.	✓	✓	✓
Increase in the number of teenage users.		✓	✓
Most prevalent illicit substance in Queensland.			✓
Relatively high prevalence of cannabis use in general population (40% of Queenslanders have used; 18% within the past year).			✓
Increasing prevalence of cannabis use.		✓	✓
High prevalence and frequency of cannabis use among IDU.	✓	✓	
Most cannabis users who access treatment services use daily.		✓	
Lack of awareness of cannabis as a drug of dependence.		✓	

Dealt amongst “friends”. ✓ ✓

Table 7.1.4. Summary of Cocaine Trends in Brisbane/Queensland, 2000.

Cocaine Trends	Source		
	IDU	KI	Other
Price \$200.00 to \$250.00 per gram; stable.	✓	✓	✓
Purity medium- high (51% overall); large proportion of high purity large (> 2 grams) seizures in 2000.			✓
Purity fluctuates widely.			✓
Relatively difficult for most IDU to obtain.	✓	✓	
Not drug of choice among the majority of Queensland IDU.	✓	✓	
Majority is recreational, mostly by inhalation (snorting).		✓	
Relatively few present for treatment with cocaine as primary drug.		✓	
Becoming easier to obtain, particularly in the dance-party scene.		✓	
Some cocaine users also ingest MDMA and amphetamines, some cannabis use.		✓	

Table 7.1.5. Summary of Other Illicit Drug Related Trends in Brisbane/Queensland, 2000.

Other Illicit Drug-Related Trends	Source		
	IDU	KI	Other
Increase in the number of IV drug users in Queensland.	✓	✓	✓
Age of initiation to IV drug use reducing.	✓	✓	
Increased numbers of novice teenage IDU.	✓	✓	✓
Increased IV drug use among “recreational” users.		✓	
Increased prevalence of public injecting.	✓	✓	
Increased infections and bruising around injection sites.		✓	
Novice IDU largely unaware of safe injecting practices and HCV issues.	✓	✓	
Increased injection related problems due to withdrawal of water from fit-packs.	✓	✓	
Relatively high level of injecting risk-taking behaviours.	✓	✓	
Relatively high level of syringe sharing between sexual partners.		✓	
Presence of an “injecting culture”.	✓	✓	
Recent increase (1998-1999) in rate of HCV infection among IDU.			✓
Stable rate of HIV infection among IDU between 1995-99.			✓
Increased oral hygiene and dental problems among IDU.		✓	
Relatively high levels of unemployment among IDU.		✓	
Relatively high levels of arrest and prison history among IDU.	✓	✓	
High levels of doctor-shopping for benzodiazepines.		✓	
Increased public telephone fraud.		✓	
Increased theft from motor vehicles.		✓	
Increased possession of concealed weapons (blades).		✓	
Break and enter the most common crime among IDU who commit criminal offences (other than dealing).		✓	
Increased levels of sexual offences against young female IDU.		✓	

7.2. Study Limitations

The objective of the IDRS is to report emerging trends in the use of illicit substances by analysing quantitative and qualitative reports from the people who use those substances and individuals who have high exposure to illicit drug users. Where possible, those reports are evaluated in context of indicator data published by a variety of sources. It should be acknowledged that participant responses may be influenced by a number of reporting biases. Moreover, responses from IDU participants, who were recruited using a convenience sampling technique, should not be interpreted as representative of the behaviours of the entire IDU population in Brisbane or Queensland.

7.3. Implications for Research

Year 2000 Queensland IDRS findings identified the need for the following research initiatives:

- Investigation of the efficacy of strategies designed to prevent initiation to IV drug use.
- Investigation of the harms associated with IV amphetamine use and the identification of methods to reduce those harms.
- Identification of factors influencing the decision to inject amphetamine.
- Continued research investigating the efficacy of interventions designed to reduce the number of opioid related fatalities among injecting drug users.
- Identification of the antecedents of co-dependent heroin and amphetamine use.
- Exploration of the characteristics of IV poly-drug users.
- Continued research into effective ways of translating knowledge about safe injecting practices into safe injecting behaviours.
- Continued monitoring of forms of methamphetamine being produced in Queensland.
- Assessment of the treatment options available to amphetamine users.
- Continued investigation of the mental health issues relating to long term cannabis use and effective treatment interventions for cannabis users.

7.4. Conclusion

As evidenced in tables 7.1.1 to 7.1.5, in accordance with its principal aim, this project has identified a range of trends associated with the use and misuse of both licit and illicit substances in Queensland. While the practice of sharing injecting equipment would appear to remain an issue of concern, findings from this study suggest that increased numbers of IV drug users; opioid related fatalities; and methamphetamine producers are the most salient issues confronting policy makers and health and law enforcement professionals who are committed to reducing the harm associated with the use of illicit substances in Queensland.

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