Queensland Drug Trends 2018

Key findings from the Illicit Drug Reporting System (IDRS) Interviews

QUEENSLAND DRUG TRENDS 2018: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at Drug Trends.

Please contact the QLD Drug Trends team (c.salom@uq.edu.au) or the research team at NDARC (drugtrends@unsw.edu.au) with any queries regarding this publication.

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Abbreviations

ACT	Australian Capital Territory
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
CPR	Cardiopulmonary resuscitation
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
K-10	Kessler Psychological Distress Scale (10-item)
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
OTC	Over-the-counter
QLD	Queensland
ROA	Route of administration
SD	Standard deviation
VIC	Victoria
WA	Western Australia

Background and methods

Background

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of Drug Trends. The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. This report focuses on the key results from the annual interview component of IDRS.

Methods

Full details of the methods for the annual interviews are available for download. To summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. A total of 905 participants were interviewed nationally during May–July 2018, with 103 participants interviewed in Queensland at Brisbane and the Gold Coast during June 2018. One third (36%) of participants reported that they had previously participated in the QLD IDRS.

Additional Outputs

Infographics and key figures from this report are available for download from the Drug Trends webpage. There is a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including jurisdictional reports, bulletins, and other resources also available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

Please contact the research team at NDARC with any queries regarding the national data; to request additional analyses using these data; or to discuss the possibility of including items in future interviews. For all such enquiries regarding the QLD data, please contact Dr Caroline Salom at c.salom@uq.edu.au.

Sample characteristics

In 2018, the IDRS sample in QLD was predominantly male (69%) with a mean age of 42 (range: 20-62). The majority of the sample were unemployed (83%), with 91% reporting a government pension as their major source of income, although 43% reported having obtained a post-school qualification(s). Approximately one-third (36%) reported living in unstable accommodation (i.e., boarding house/hostel, shelter/refuge, or no fixed address).

Table 1: Demographic characteristics of the QLD IDRS sample, 2009-2018										
	2009	2010	2011	2012	2013	2014	2015	2016	2017	**2018**
	N=905	N=100	N=102	N=100	N=100	N=100	N=98	N=91	N=103	**N=103**
Mean age (years; range)	33 (19-61)	40 (19-55)	38 (16-60)	38 (17-71)	42 (20-62)	40 (20-65)	41 (17-65)	41 (22-65)	43 (22-69)	**42 (20-62)**
% Male	70	70	78	76	68	65	67	74	75	**69**
% Aboriginal and/or Torres Strait Islander	11	20	19	16	15	15	7	19	16	**17**
Sexual identity (%)										
Heterosexual	93	87	85	92	92	88	93	88	85	**85**
Gay male	0	3	5	3	2	2	1	3	3	**1**
Lesbian	0	1	1	0	1	1	2	0	0	**1**
Bisexual	6	7	9	5	4	9	3	8	12	**13**
Other	1	2	0	0	1	0	1	1	1	**0**
Education										
Median grade at school completed (Range)	10	10	10	10	10	10 (8-11)	10 (8-11)	10 (8-11)	10 (8-10)	**10 (5-12)**
% Completed trade/tech qualification	45	38	32	47	39	44	51	54	47	**37***
% Completed university/college	8	9	8	3	11	6	6	6	9	**6**
Accommodation (%)										
Own home (inc. renting) ~				62	58	66	72	56	61	**58**
Parents'/family home				9	12	7	7	7	4	**7**
Boarding house/ hostel				15	12	11	8	14	13	**15**
Shelter/refuge				1	1	1	1	-	3	**3**
No fixed address				8	11	13	7	12	18	**18**
Other				5	6	2	4	8	2	**0**
Employment (%)										
Unemployed	94	83	82	82	84	85	78	84	84	**83**
Full-time work						-	-	3	3	**4**
Income										
% Gov't pension, allowance or benefit main income source	/	/	/	92	87	87	85	92	85	**91**
Mean income/week ($; Range)	385	354	360	328	356	386	403	441	412 (0-1250)	**411 (0-1288)**

Note. ~ Includes private rental and public housing. / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Drug of choice

In 2018, for the first time, heroin and methamphetamine (of any form) were equally reported as the most common drug of choice (39% each; Figure 1). This continued an ongoing trend since 2013 where the proportion of participants reporting heroin as their drug of choice has been declining and the proportion reporting methamphetamine as their drug of choice has been increasing.

Figure 1: Drug of choice, QLD, 2000-2018
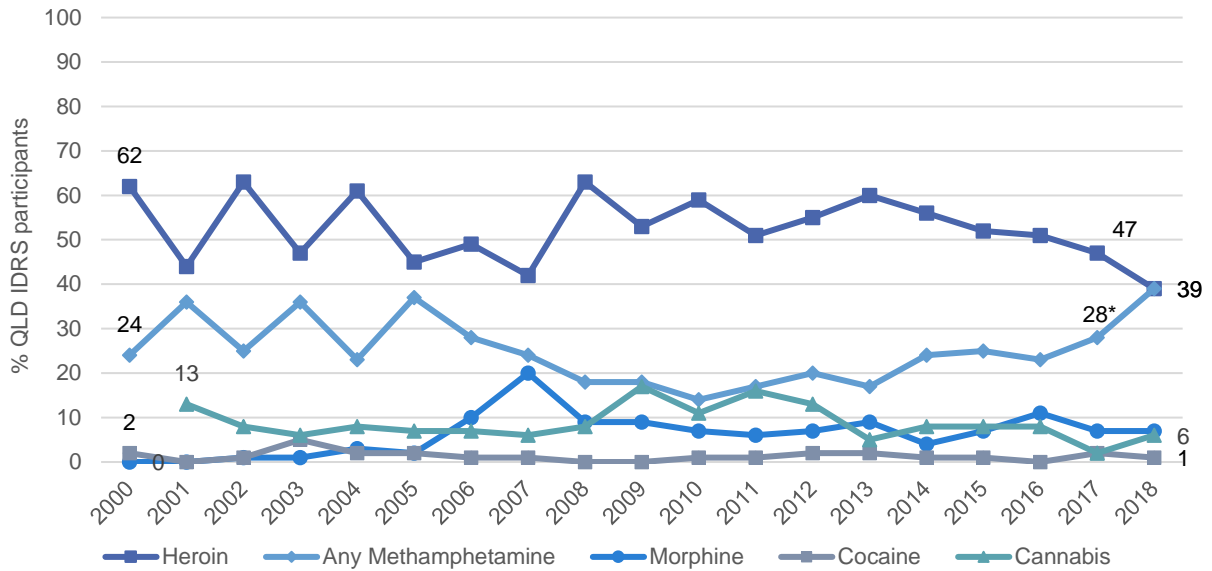
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances.

Similarly, there has been an increasing trend in the proportion of participants who report methamphetamine as the drug most often used over the past month, with a decline in those using heroin most often (Figure 2).

Figure 2: Drug injected most often in the past month, QLD, 2000-2018
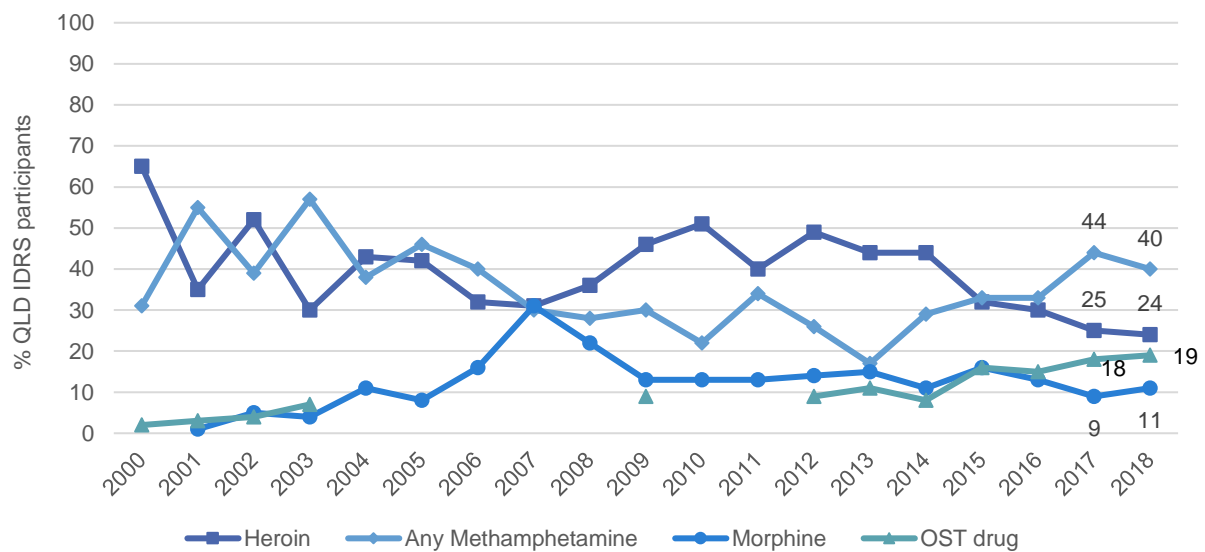
Note. OST = opioid substitution therapy; substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances.

Rates of recent drug use

The proportion of respondents who reported having used heroin recently has also been declining since 2013, while recent crystal methamphetamine use has become more common since 2012. Cannabis use remains widespread (Figure 3).

Figure 3: Recent (past 6 months) use of illicit drugs, QLD, 2000-2018
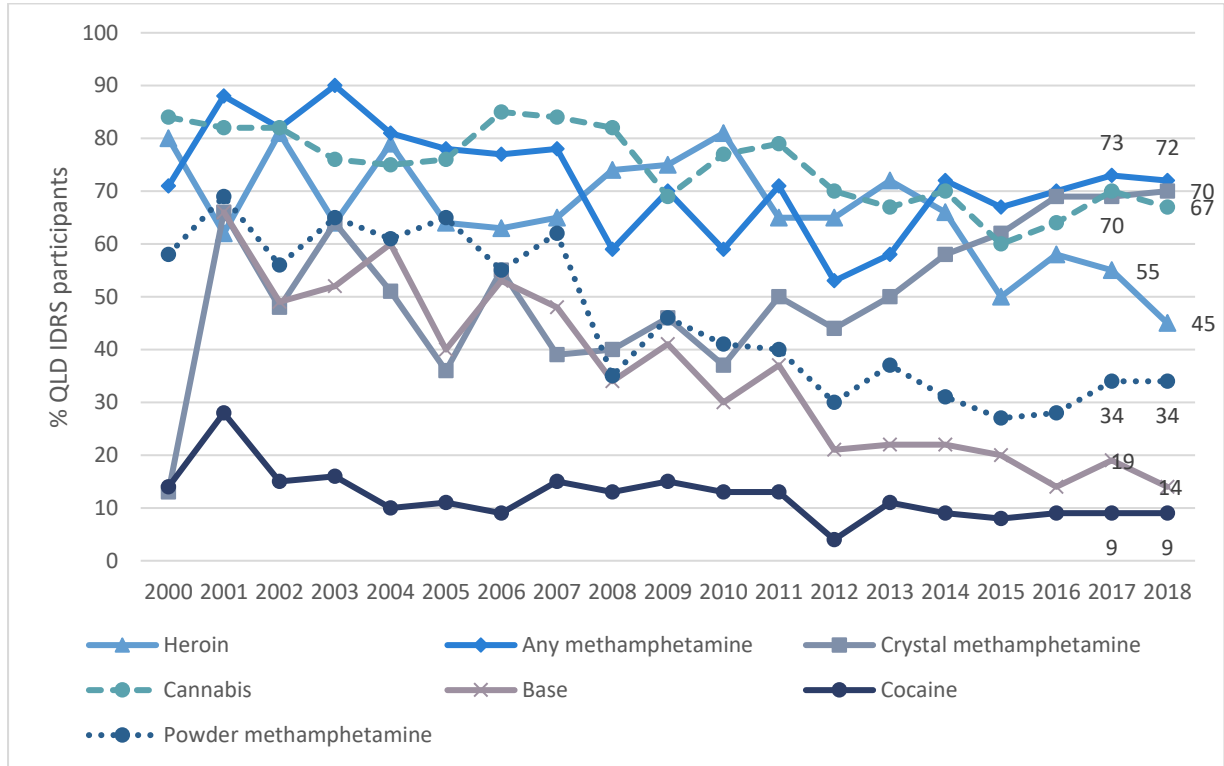
Note. These figures are of the entire sample. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 4. Recent (past 6 month) illicit use of other opioids, 2003-2018
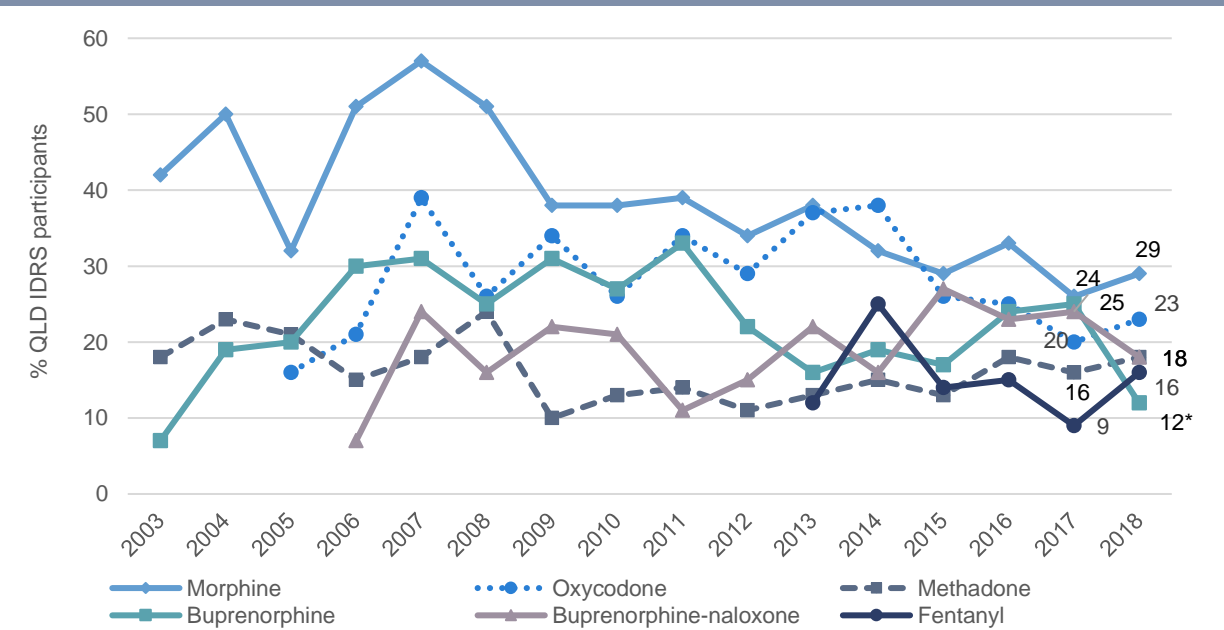
Note. These figures are of the entire sample. Y axis reduced to 60% to improve visibility of trends.

Recent trends for heroin

Recent consumption patterns

The majority (88%) of participants had used heroin in their lifetime and 45% had used heroin in the previous six months; these figures were not significantly different to those reported in 2017. Among those who had used recently, 13% reported daily use (similar to the 16% in 2017; Figure 5). The median number of days used in the past 6 months was 24 (range 1-180), equivalent to about once a week, which was equal to 2017 (Figure 6). Small numbers reported recent use of homebake heroin in 2018.

Injecting remained the most common route of administration; all participants who had recently used heroin reporting injecting it in the past six months (consistent with 2017). Two participants reported snorting heroin and one each reported smoking and swallowing. In 2018, the median amount used in a typical day was 0.23 grams (range 0.1-1.0).

Among those who had use heroin recently, 63% had used white powder, 39% brown powder, 46% white rock, and 48% brown rock. White rock was most reported as the form used most the in the last six months (47%), followed by brown rock (27%) and white rock (20%).

Figure 5. Trends in recent (past 6 month) use of heroin, QLD, 2000-2018
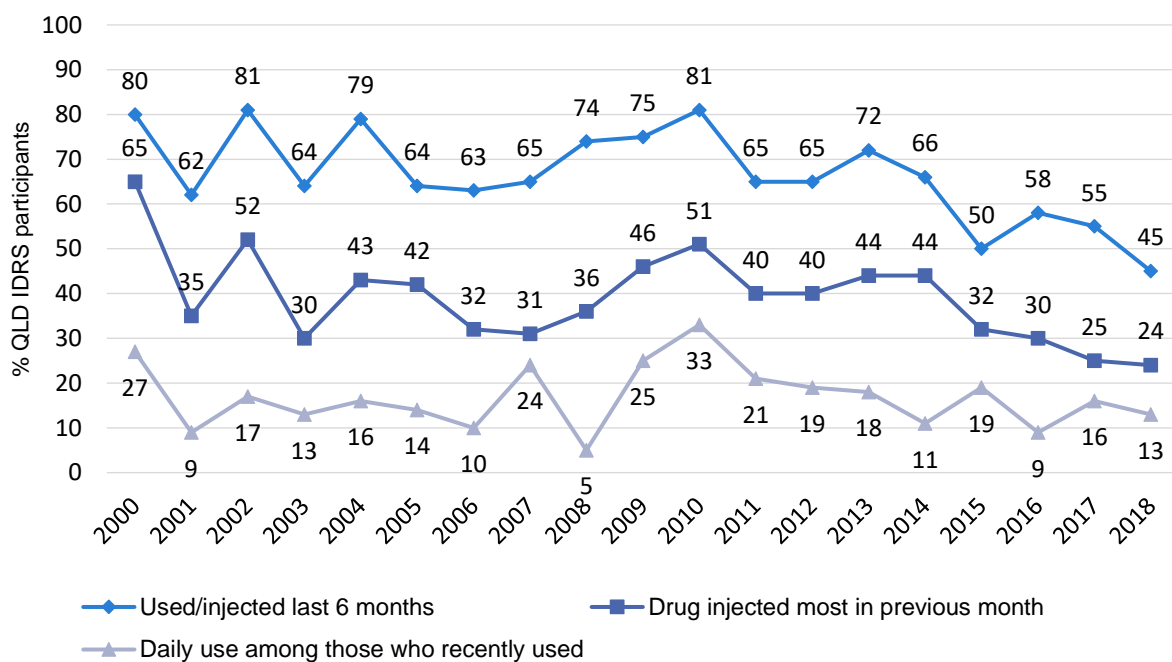
Figure 6: Median days of heroin use in the past 6 months, QLD, 2007-2018
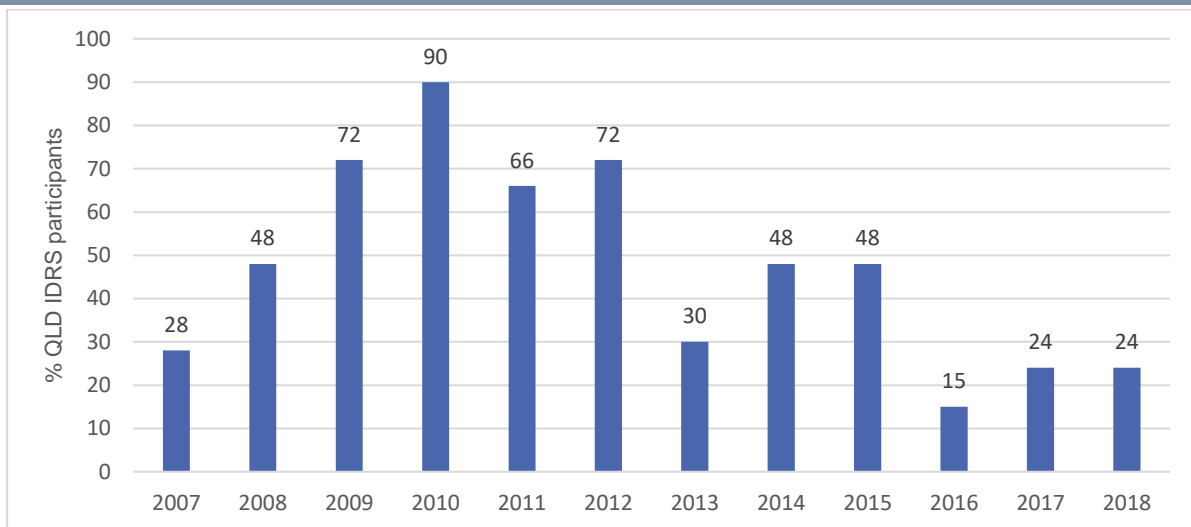
Note. Median days among those who reported recent use (maximum 180 days) and rounded to the nearest whole number.

Price, Perceived Purity and Availability

In 2018, 41 participants answered this section. Median prices compared to 2017 are presented below in Table 2. Prices remained consisted, with the exception of purchases of 1.7grams; however only two participants reported purchasing this weight so this should be interpreted with caution. Most respondents (87%, n=39) reported that the price of heroin was stable (79% in 2017).

Table 2. Median price of heroin, QLD, 2017-2018

Amount Purchased	2017 Price (range)	2018 Price (range)
Cap/point	$50 ($40–$250, n = 26)	$50/$60 ($40-$100, n =8/9)
Quarter gram	$100 ($50–$400, n = 18)	$100 ($100-$200, n = 15)
Half gram	$200 ($150–$600, n = 17)	$200 ($100-$250, n = 12)
Gram	$400 ($200–$500, n = 10)	$400^ ($250-$500, n = 7)
1.7 grams (1/16 oz)	$400^ ($350–$450, n = 2)	$550^ ($550-$550, n = 2)

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

Of those able to comment (n=41), nearly half (46%) perceived current purity of heroin as 'medium' and 39% perceived it as 'low' (compared to 41% and 31% in 2017), while only 5% perceived it as 'high', compared to 26% in 2017 (see **Error! Reference source not found.**3).

Heroin appeared to be considered less available in 2018, with only 24% reporting it was 'very easy' to obtain (compared to 40% in 2017) and 22% reporting it was 'difficult' to obtain (compared to 9% in 2017). Similarly, 20% of respondents reported that obtaining heroin was 'more difficult' in the last six months (0 in 2017).

Table 3. Purity and availability of heroin, QLD, 2016-2018			
	2016 %	**2017 %**	**2018 %**
Current purity	n = 50	n = 51	**n = 41**
High	8	26	**5**
Medium	40	41	**46**
Low	30	31	**39**
Fluctuates	22	2	**10**
Purity change past six months	n = 48	n = 47	**n = 41**
Increasing	17	36	**20**
Stable	50	38	**49**
Decreasing	10	9	**15**
Fluctuating	23	17	**17**
Current availability	n = ?	n = 53	**n = 41**
Very easy	45	40	**24**
Easy	51	51	**54**
Difficult	2	9	**22**
Very Difficult	2	0	**0**
Availability change past six months	n = 51	n = 48	**n = 41**
More difficult	4	0	**20**
Stable	75	90	**68**
Easier	18	2	**7**
Fluctuates	4	7	**5**

Recent trends for methamphetamines

Recent consumption patterns

Nearly all (97%) participants reported using any methamphetamine in their lifetime. Recent use of any methamphetamine (powder, base, crystal, and/or liquid amphetamine) has remained stable (72% in 2018 versus 73% in 2017; Figure 7). Crystal methamphetamine (crystal) remained the form used the most during the last 6 months (90% of people who use methamphetamine, compared to 85% in 2017), continuing the rising trend since 2010.

Figure 7: Past 6 month use of methamphetamine forms, QLD, 2007-2018
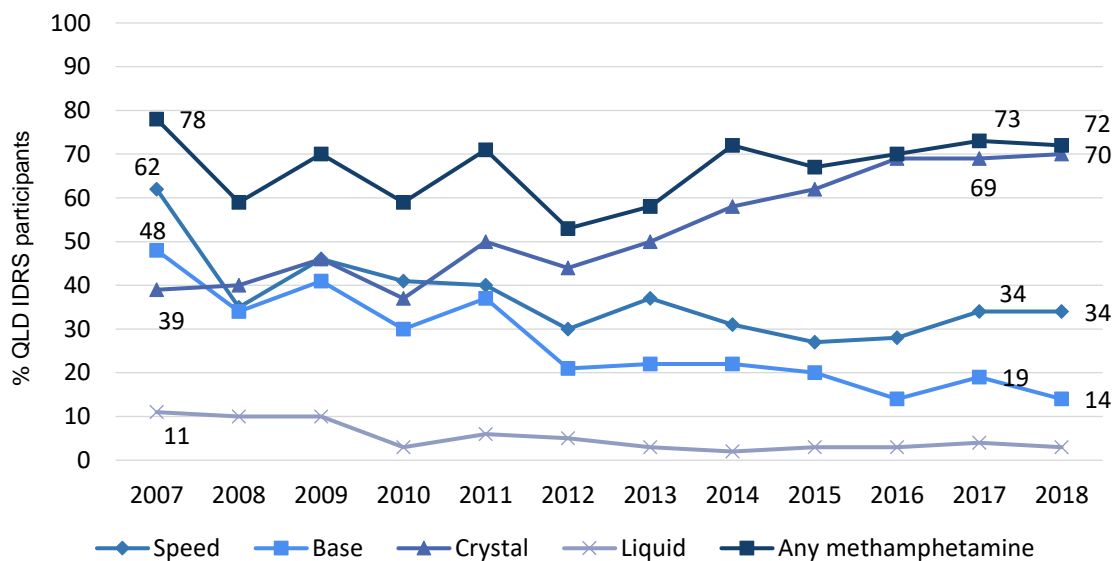
Note. Data labels have been removed from figures with small cell sizes (i.e. n≤5 but not =0).

In 2018, there was an increase in frequency of use relative to 2017, with consumers reporting a median of 30 days of use (range 1-180; n=73; compared to 24 days in 2017; $p<0.05$) (Figure 8). Among those reporting recent methamphetamine use, 12% reported daily use (compared to 7% in 2017) and 59% reported weekly use (similar to 52% in 2017).

Figure 8: Median days of use of methamphetamine forms, QLD, 2009-2018
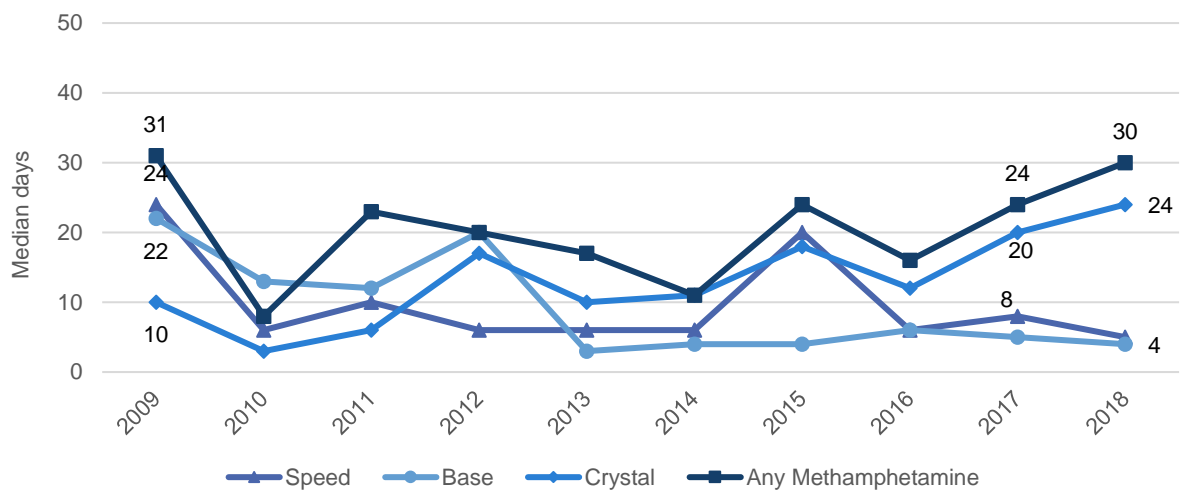
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends.

Consumption trends for individual forms of methamphetamine

Crystal methamphetamine ('crystal')

Recent (past 6m) use: Most (70%) reported using crystal, similar to 69% in 2017.

Frequency of use: Remained similar with a median of 20 days (Range=1-180, n=71) compared to 24 days in 2017; similarly, the proportion reporting weekly or greater use (55%) did not significantly change (48% in from 2017).

ROAs: The most common ROA remained injecting (100% for 2017 and 2018) followed by smoking (15% in 2018 vs 17% in 2017).

Quantities used: The median number of points used per day remained stable relative to 2017 at two (range=0.5-6; n=63).

Powder methamphetamine ('speed')

Recent (past 6m) use: Approximately one third (34%) reported using powder, equal to 2017.

Frequency of use: Remained low at a median of 5 days (range=1-48; n=35, 8 days in 2017), as did the proportion who reported weekly or greater use (6%).

ROAs: The most common ROA was injecting (100% for 2017 and 2018). Small numbers reported smoking (9%, n=3).

Quantities used: The median number of points used in a day remained stable at two (range=0.5-5; n=31).

Methamphetamine base ('base')

Recent (past 6m) use: The proportion reporting base use decreased to 14% in 2018 (19% in 2017).

Frequency of use: Remained low at a median of 3.5 days (range=1-40; n=14, vs. 4.5 days in 2017), as did the proportion reporting weekly or greater use (4%).

ROAs: The most common ROA was injecting (100% for 2017 and 2018).

Quantities used: The median amount of base used in a day remained stable at 2 points (range=1-5; n=13).

Market trends for individual forms of methamphetamine

Methamphetamine crystal

Price: Median of $50 per point (range = 25-100, *n*=46), unchanged from 2017 (Figure 9). Median price reported was $200 for ½ gram (range = 100-350, n=11), similar to $220 reported in 2017. The median price for a gram was $300 (range = 200-400, n=5; $350 in 2017). Most said the price of crystal was stable (56%), followed by decreasing (22%).

Potency: Most commonly rated as high (43%) or medium (34%) with near equal proportions reporting low (11%) and fluctuating (12%). Responses to changes in crystal strength varied with equal numbers perceiving purity as stable (33%) and fluctuating (33%) followed by decreasing strength (22%).

Availability: Most rated crystal as very easy (52%) or easy to obtain (44%) and availability as stable (82%).

Figure 9: Median price of crystal methamphetamine per point (0.1g) and half-weight (0.5g), QLD, 2003-2018
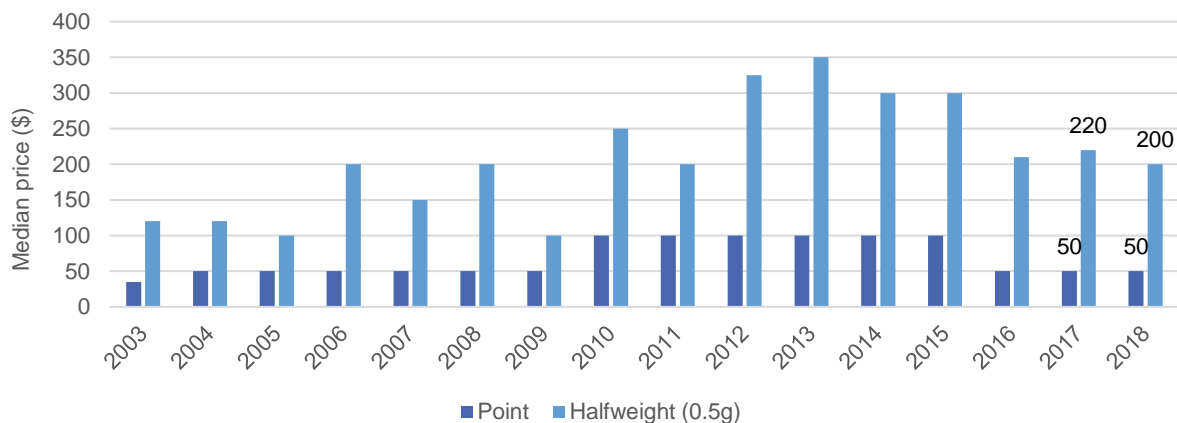
Note. Among those who commented. Half-weight presented rather than gram due to small numbers purchasing by gram

Methamphetamine powder (speed)

Price: Median of $50 per point (range =30-100, *n*=14), unchanged from 2017. A majority (73%) said the price of speed was stable.

Potency: Half rated the purity of speed as being medium (50%, n=7), with others rating it as high (43%, n=6) and the remainder as low. About half rated the purity as stable.

Availability: Rated as easy or very easy to obtain (87%, n=13), with stable availability (80%, n=12).

Methamphetamine base (base)

Only five participants commented on the market for base; as a result, figures should be interpreted with caution. Participants reported a median price of $50 per point (range=30-80) which was unchanged from 2017.

Recent trends for other drugs

Drug	Past 6m % (% injected@)		Median days used (Range)		Quantity typical		Median price $ (Range)		Availability	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Morphine	26 (26)	29 (27)	10 (1-180)	7.5 (1-180)	100mg (1-400) (n=25)	100mg (1-700) (n=30)	$50/100mg MS Contin (15-80) (n=13)	$50/100mg MS Contin (50-60) (n=13)	Mixed; 58% easy/v.easy, 42% difficult/ v. difficult (n=19)	75% easy/v. easy (n=20)
Oxycodone	20 (14)	18 (16)	6.5 (1-180) (n=20)	9 (1-180) (n=23)	40 mg Oxycontin (10-240)	40 mg Oxycontin (3-240)	-	-	Mixed: 50% easy/v. easy 50% difficult (n=8)	Mixed: 55% easy 45% difficult (n=11)
Buprenorphine	30 (30)	36 (18)	8 (1-180)	3 (1-150)	0.5g (.15-3) (n=18)	0.5g (.2-2) (n=24)	$40/8mg (20-50) (n=8)	$30/8mg (10-50) (n=6)	Mixed: 48% easy/v.easy 55% difficult (n=11)	Mixed: 50% easy/v.easy, 50% difficult (n=6)
Buprenorphine -naloxone film	30 (24)	36 (26)	42 (1-180)	60 (1-180)	8mg (2-32) (n=24)	8mg (1-24) (n=19)	$20/8mg (10-40) (n=9)	$20/8mg (10-30) (n=15)	87% easy/v. easy (n=15)	73% easy/v. easy (n=15)
Methadone	16 (14)	19 (18)	3.5 (1-150)	4 (1-90)	1.5 tabs (.5-8)	1 tab (.5-4) (n=54)	$60/ml (1-100) (n=11)	$50/ml (1-120) (n=7)	73% easy/v. easy (n=15)	54% easy/v. easy (n=11)
Fentanyl	9 (9)	16 (16)	3 (1-72)	2.5 (1-20)	62.5mg (.15-100)	50mg (1.3-100)	-	-	-	-

Cannabis form	Past 6m use %		Median days used (Range)		Quantity last used		Median price $ (Range)		Potency		Availability	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Hydro	64	67	45 (1-180)	27 (1-180)	5 cones (1-35), (n=35)	2 cones (1-6), (n=31)	$23/g (20-25) (n=12)	$20/g (20-25) (n=10)	85% med/high (n=34)	83% med/ high (n=41)	75% easy/v. easy (n=36)	73% easy/v. easy (n=45)
Bush							-	-	88% med/high (n=21)	92% med/high (n=12)	50% easy/ v. easy (n=16)	62% easy/v. easy (n=13)

Note. This is a summary of key findings; additional data on consumption and market characteristics were collected. @ percent of the whole sample. The median price is given for the most commonly purchased quantity. - Data have been supressed where $n \le 5$. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Drug	Recent (past 6m) %		Median days used (Range)	
	2017	2018	2017	2018
Alcohol	57	63	24 (1-180)	19 (1-180)
Tobacco	89	91	180 (6-180)	180 (1-180)
Seroquel (non-prescribed)	7	8	2 (1-100)	2.5 (2-25)
Pharm stims (non-prescribed)	11	8	2 (1-48)	2.5 (1-40)
Benzodiazepines (any non-Alprazolam)	31	23	6 (1-180)	11 (1-72)
Alprazolam (Xanax)	12	17	5.5 (1-90)	4.5 (1-90)

*$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Other drug-related harms

Polysubstance use

In 2018, the majority (94%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview.

The most commonly used substances were opioids (69%), stimulants (47%), cannabis (32%), tobacco (12%), and benzodiazepines (2%). Eighty-eight percent of the sample had used an opioid, a benzodiazepine and/or stimulant on the day preceding interview. Thirty per cent of the total sample reported using an opioid/stimulant combination on the day preceding interview (Figure 10).

Figure 10: Use of opioids, stimulants and benzodiazepines on the day preceding interview, QLD, 2018
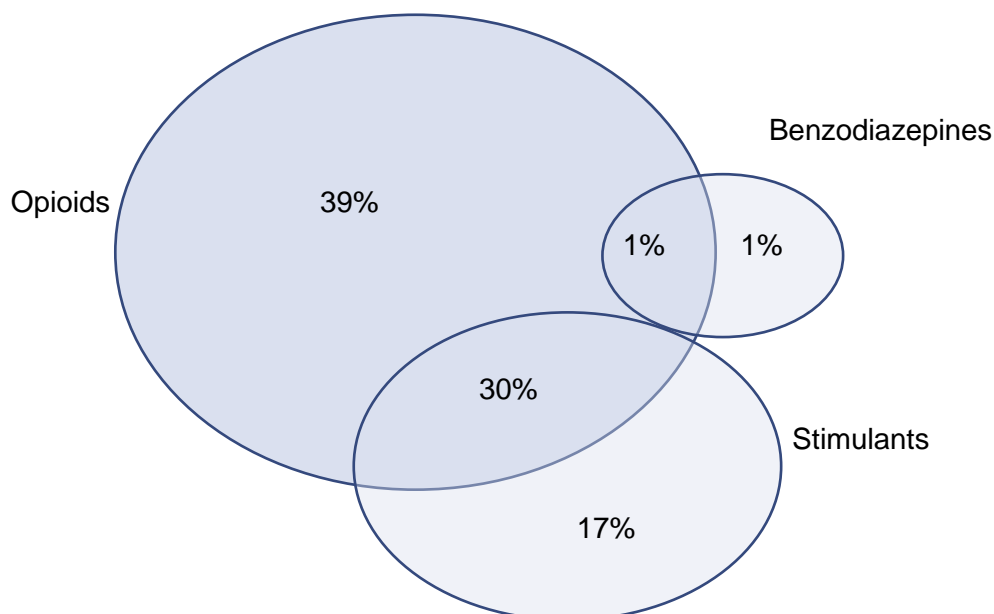
Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (85%; n=103). The figure is not to scale.

Alcohol use

In 2018, 65% of the sample reported drinking alcohol at least monthly. Participants' alcohol consumption was measured using the Alcohol Use Disorders Identification Test-Consumption (AUDIT-C) to identify hazardous drinking.

The sample mean score on the AUDIT-C was 4.7, with a median of 4.0 (SD: 3.5; range: 1-12) (Table 6). Two in five of those who responded (41%) scored 5 or more on the AUDIT-C in 2018 (similar to 49% in 2017), indicating the need for further assessment. Another quarter (25%) scored 8 or more in 2017 and 2018, indicating problematic consumption patterns.

AUDIT-C score	2017 (n=65)	2018 (n=64)
Mean score* (SD; range)	4.9 (3.2; 1-12)	**4.7** (3.5; 1-12)
Score of 5 or more* (%) Males Females	49 51 47	**41** 43 37
Score of 8 or more* (%)	25	**25**

Note. Computed of those who had consumed alcohol in the last 12 months. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Injecting related behaviours and harms

Injecting risk behaviours

In 2018, just over one in ten participants in QLD reported receptive sharing (13%), and distributive sharing (15%) of equipment in the past month (9% and 11% respectively in 2017).

One fifth (20%, n=20) reported that they had used injecting equipment (i.e. tourniquet, filter, water, spoon, swabs) after someone else in the past month. The most common pieces of equipment that had been shared were tourniquets (n=6) and water (n=5).

In 2018, 17% of participants reported being injected by someone else after they had injected themselves or other in the past month; 13% reported this was with a new needle, 2% with a used needle, and 2% with both a new and used needle.

The proportion who reported reusing their own needles in 2018 was 36%, similar to 2017 (33%) but appearing to support a downward trend since 2009. This is congruent with the observation that only 8% of the sample reporting they had trouble accessing new, sterile needles and syringes in the past month.

Consistent with previous years, the most common injection site on the body was the arm (75%), followed by the hand/wrist (11%). Most participants (76%) in the sample reported that they had last injected in a private home, followed by a public place (street/park/beach; 10%).

Figure 11: Borrowing and lending of needles and sharing of injecting equipment in the past month, QLD, 2000-2018
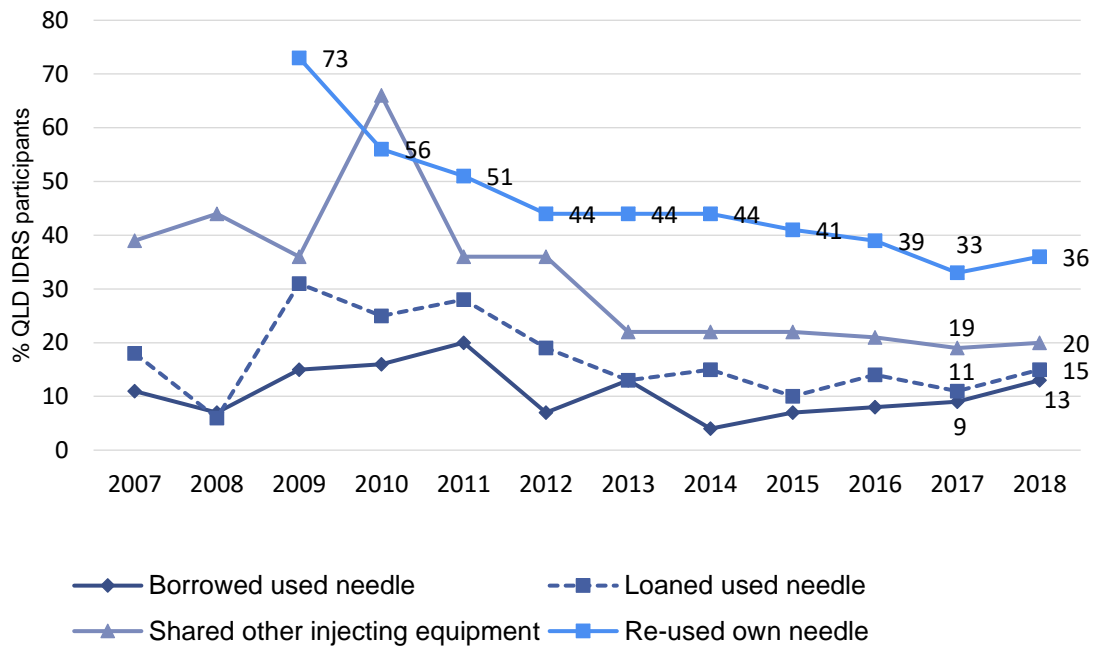
Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive sharing): used a needle after someone else. Lent (distributive sharing): somebody else used a needle after them. Y axis reduced to 80% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Self-reported injection-related health problems

In 2018, most of the sample reported experiencing an injection-related health issue in the month preceding interview (79%). The most prominent problems were scarring and difficulty injecting, most likely indicating poor vascular health among a percentage of this group.

Table 7: Injection-related issues in the past month, QLD, 2008-2018

	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	2014 %	2015 %	2016 %	2017 %	2018 %
Difficulty injecting	38	38	30	49	53	68	63	81	82	44	64**
Scarring/bruising	46	64	41	80	60	60	57	69	73	52	59
Dirty hit	20	31	11	13	23	21	24	12	11	15	13
Abscess/infection	8	15	8	13	12	15	2	9	16	10	14
Thrombosis	-	9	-	-	14	8	8	9	7	-	7
Overdose	-	-	-	0	-	-	8	-	7	-	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Overdose

Non-fatal overdose

In 2018, 58% of participants reported a lifetime non-fatal overdose (on any drug) and 21% reported having done so in the past year. Heroin was the most commonly cited substance involved: 48% reported lifetime overdose and 17% of those (n=8) reported overdosing in the past year. Those who had overdosed on heroin had done so on a median number of 3 occasions (range 1-40).

Among those who had overdosed on heroin in the last year (n=8), on the last time they overdosed six were attended by an ambulance, three went to/were taken to a hospital emergency department, two reported receiving Narcan®, and one each reported receiving CPR from a health professional and receiving oxygen. Four participants reported receiving no treatment the last time they overdosed on heroin. The majority (n=9) of participants who overdosed on heroin in the past year did not seek treatment or information as a result of the overdose, while two participants sought treatment or information from a drug health service.

Among other drugs, 8% reported ever overdosing on morphine (3% in the past 12 months); 4% had ever overdosed on methadone (3% in the past 12 months); 2% had ever overdosed on oxycodone (1% in the past 12 months); and 9% had ever overdosed on 'other' drugs (4% in the past 12 months).

Figure 12: Lifetime and past-12-month non-fatal overdoses, QLD, 2017-2018
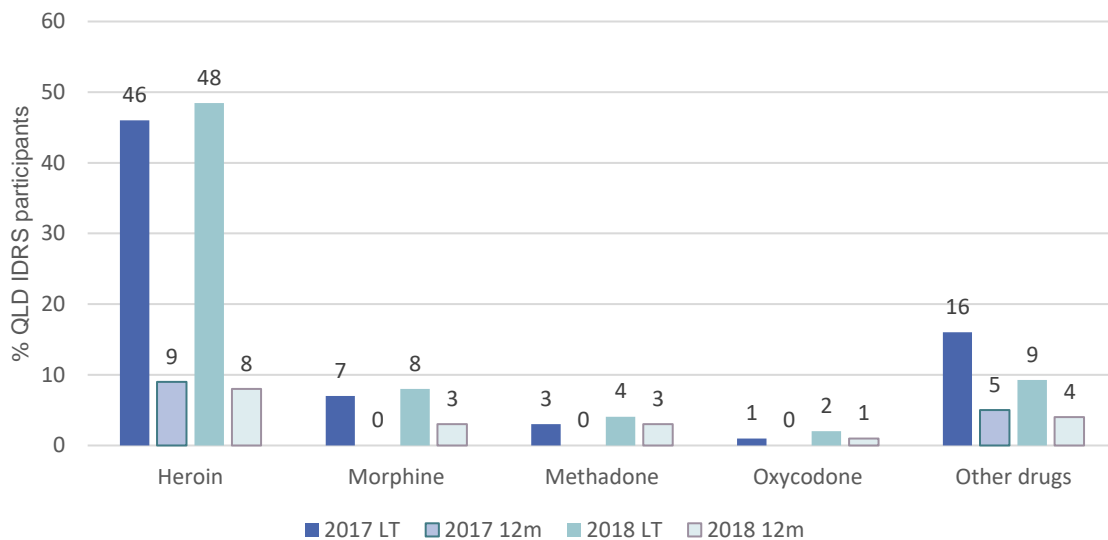
Note. LT=lifetime; 12m = past 12 months; Y axis reduced to 60% to improve visibility of trends. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA and QLD) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning

naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription.

In 2018, the majority of the QLD sample had heard of naloxone (80%; Table 7); however only 46% had heard of the take-home naloxone program and 12% had been through a course and received a prescription for naloxone.

Of those who had completed the take-home naloxone program (n=12), only one participant reported using naloxone to resuscitate someone who had overdosed.

A quarter (25%) of respondents reported they had heard of the rescheduling of naloxone. Only one participant reported being resuscitated by someone who had accessed naloxone over the counter. Only two participants reported accessing naloxone over the counter from a pharmacy and one reported using OTC naloxone to resuscitate someone who had overdosed.

Table 8. Knowledge about take-home naloxone program, QLD, 2016-2018

|	2016 n = 83 %	2017 n = 95 %	2018 N = 99 %
Heard of naloxone	87	77	**80**
Naloxone description	n = 69	n = 78	**n = 99**
Reverses heroin	62	74	**56**
Helps start breathing	25	24	**15**
Re-establishes consciousness	25	44	**29**
Other	30	12	**7**
Heard of the take-home naloxone program	n = 83	n = 94	**n = 99**
Yes	36	37	**46**
No	64	54	**55**
Heard of the rescheduling of naloxone	**n/a**	n = 95	**n = 99**
Yes	-	27	**25**
Willing to purchase naloxone	-	69	**63**
Willing to administer naloxone	-	96	**63**

Note. Percentage of those who answered each question

Drug treatment

Consistent with previous years, over half (54%) of participants reported that they were currently in treatment for their substance use in 2018. Methadone was most commonly reported as the main type of drug treatment (28% of whole sample, 50% of those currently in treatment), followed by buprenorphine-naloxone (23% of whole sample, 34% of those currently in treatment). The median time participants had been in their current drug treatment was 36 months (range 1 month-408 months, n=55). Only eight participants in QLD reported trying to access drug treatment but being unable to in the previous 6 months.

A breakdown of the forms of drug treatment in which participants had engaged over the past 6 months is presented below in Figure 13. The proportion engaged in methadone treatment dropped in 2018 (28% vs 44% in 2017, $p < 0.05$) and more participants reported engagement in buprenorphine-suboxone treatment (23% vs 15% in 2017; $p < 0.05$). Reports of buprenorphine treatment and drug counselling remained low in this group.

Figure 13. Forms of drug treatment received last 6 months, QLD, 2017-2018
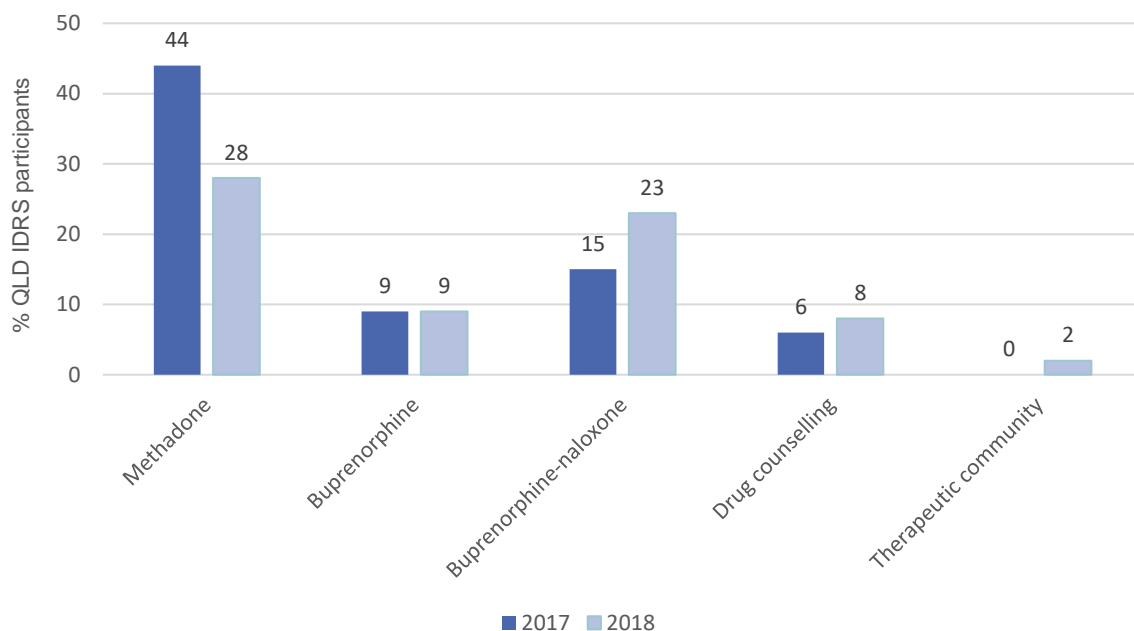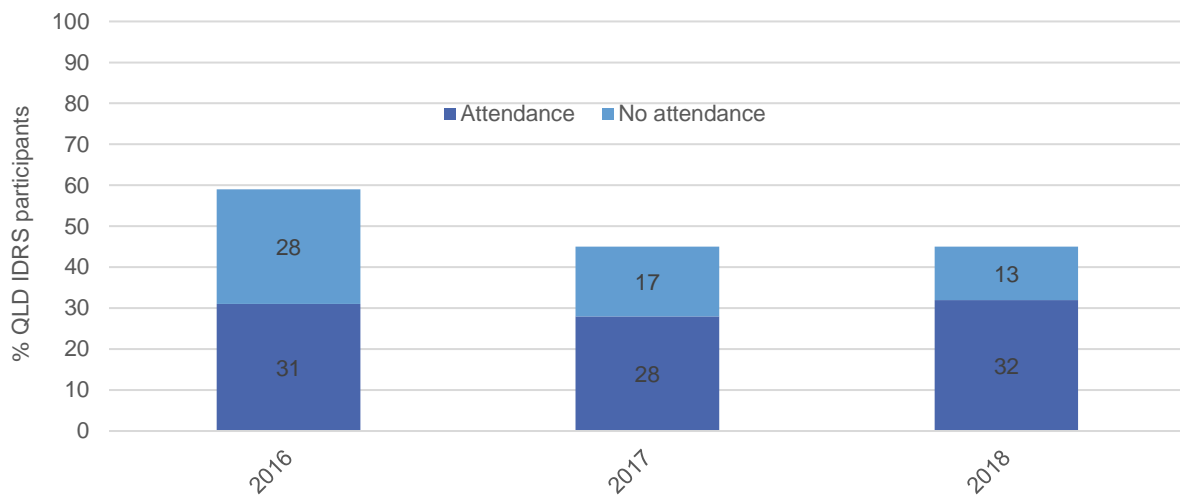
Mental Health

In 2018, 46% of the sample reported that they had experienced a mental health problem in the preceding six months, similar to 2017 (44%) (Figure 14).

Amongst this group, the most commonly reported problems were depression (76%) and anxiety (62%) in 2018. Smaller proportions reported post-traumatic stress disorder (31%), schizophrenia (20%), paranoia (18%), and 'other' mental health issue (16%).

Nearly three-quarters of those with a self-reported mental health problem (71%) had seen a health professional for the problem during the last six months, most commonly a GP (78% of those who had sought treatment), and a psychiatrist (22%).

About two thirds (69%) of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months (similar to the 62% reported in 2017).

Figure 14: Self-reported mental health problems and treatment seeking in the past 6 months, QLD 2016-2018

Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who did not, % rounded to nearest integer.

According to participants' Kessler Psychological Distress Scale (K-10) scores, 61% were suffering from high to very high psychological distress. This is similar to the profile from 2017 (Table 9) but higher than the proportion who reported experiencing a mental health problem above.

Table 9: Kessler-10 scores of psychological distress, QLD, 2017 and 2018

K10 score	Level of psychological distress	2017 n=88 %	2018 n=99 %
10–15	No/low distress	22	15
16–21	Moderate distress	20	23
22–29	High distress	32	31
30–50	Very high distress	26	30
Mean score (SD; range)		27 (7.4; 15-46)	25 (8.8; 10-50)

Note: the extent to which Kessler-10 cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only.
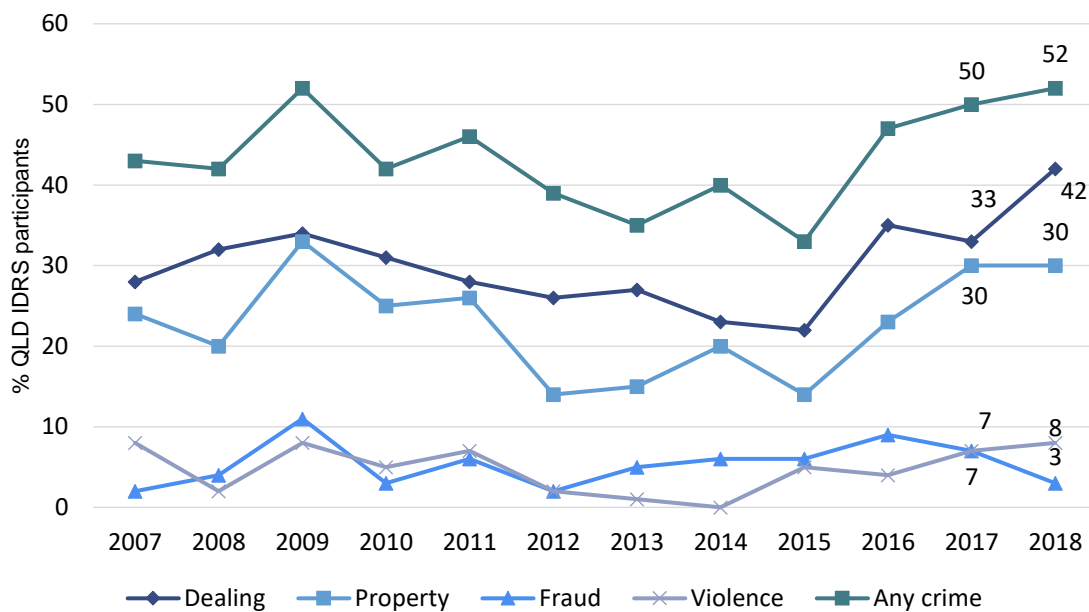
Crime

Sixty-four percent of the sample reported a history of imprisonment, consistent with 2017 (60%). Two fifths (41%) of participants reported being arrested in the 12 months preceding interview, again consistent with previous years (40% in 2017).

In 2018, 52% of participants reported committing any crime in the past month (consistent with 50% in 2017). A breakdown of types of crimes committed in the past month are presented below (Figure 15). Consistent with previous years, dealing and property crime were the two most common forms of crime reported.

Nine participants (9%) reported they had been a victim of a crime involving violence in the previous month, significantly fewer than 2017 (18%, p<0.05).

Figure 15: Self-reported criminal activity in the past month, QLD, 2007-2018

Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month; *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.