

Queensland

Fairlie McIlwraith, Sophie Hickey and Rosa Alati

**Queensland DRUG TRENDS 2013
Findings from the
Illicit Drug Reporting System (IDRS)**

Australian Drug Trends Series No. 117

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DRUG TRENDS
2013**



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(IDRS)**

**Fairlie McIlwraith, Sophie Hickey
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Queensland Alcohol and Drug Research and Education Centre

Australian Drug Trends Series No. 117

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACBPS	Australian Customs and Border Protection Service
AGDH&A	Australian Government Department of Health and Ageing
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANSP	Australian Needle and Syringe Program
AOD	Alcohol and other drug(s)
ATODS	Alcohol Tobacco and Other Drug Services
ATS	Amphetamine-type stimulant
AUDIT-C	Alcohol Use Disorders Identification Test–Consumption
BPI	Brief Pain Inventory
CPR	Cardio pulmonary resuscitation
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and related Drugs Reporting System
FTND	Fagerstrom Test for Nicotine Dependence
GP	General practitioner
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
IRID	Injection-related injuries and diseases
KE	Key expert(s)
K10	Kessler Psychological Distress Scale
LSD	Lysergic acid diethylamide
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethylamphetamine ('ecstasy')
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program(s)
OST	Opioid substitution treatment
OTC	Over the counter
PCS	Physical Component Score
QAS	Queensland Ambulance Service

QNSP	Queensland Needle and Syringe Program
QPS	Queensland Police Service
QuIHN	Queensland Injectors' Health Network
SCID	Structural Clinical Interview for DSM disorders
SD	Standard deviation
SDS	Severity of Dependence Scale
SF-12	Short-Form 12-Item Health Survey
SPSS	Statistical Package for the Social Sciences

GLOSSARY OF TERMS

Bush	Outdoor-cultivated cannabis
Cap	Small amount, typically enough for one injection
Frequency	Number of occurrences within a given time period
Halfweight	0.5 gram
Hydro	Hydroponically grown cannabis
Illicit	In the context of this report, refers to illegal drugs and pharmaceuticals obtained from a prescription in someone else's name, e.g. through buying them from a dealer or obtaining them from a friend or partner
Indicator data	Sources of secondary data used in the IDRS (see Method section for further details)
Key expert	A person participating in the key expert survey component of the IDRS (see Method section for further details)
Licit	In the context of this report, refers to pharmaceuticals (e.g. methadone, buprenorphine, morphine, oxycodone, benzodiazepines, antidepressants) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting, smoking, snorting, and swallowing
Mean	The average
Median	The middle value of an ordered set of values
Participant	Refers to a person who participated in the injecting drug user survey (does not refer to key expert participants unless stated otherwise)
Point	0.1 gram; although may also be used as a term referring to an amount for one injection (similar to a 'cap' which is explained above)
Recent injection	Injected at least once in the previous six months
Recent use	Used at least once in the previous six months
Sentinel group	A surveillance group with the potential to point towards trends and harms
Use	Consuming a drug via one or more of the following routes of administration: injecting, smoking, snorting, or swallowing

Guide to days of use/injection in preceding six months

180 days	Daily
90 days	Every second day
24 days	Weekly
12 days	Fortnightly
6 days	Monthly

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is a monitoring system designed to identify emerging trends of local and national concern in illicit drug markets. The reporting system comprises data collected each year from three sources: interviews with a sentinel group of people who regularly inject drugs (participants); interviews with key experts; and analysis of pre-existing data related to illicit drugs.

Demographic characteristics of participants

One hundred people who regularly inject drugs participated in the 2013 IDRS survey in South East Queensland. The mean age of participants was 42 years, 68% were male, 84% were unemployed, 39% had a trade/technical qualification, 11% had a university/college qualification, 45% were currently involved in some sort of drug treatment, and 64% had a prison history.

Consumption pattern results

Current drug use

Many of the participants have long injecting histories (median period 22 years), with initial injection occurring at a mean age of 20 years, mostly with methamphetamines (58%) or heroin (43%).

Participants' drug of choice was heroin (60%), methamphetamines (17%), morphine (9%), cannabis (5%) and cocaine (2%). Opioids were most commonly injected in the previous month: heroin by 44% and other opioids by 31%. There was a similar pattern for last drug injected with stimulant drugs (methamphetamines and cocaine) being reported by less than a quarter of participants.

Heroin

The majority of participants had recently used heroin (72%) with median days of use being 30 (down from 72 days in 2012), and 18% using daily. Heroin was the drug most often injected in the past month for 44% of participants, and the most recent drug injected for 45%. Use of homebake continued to be rare.

Methamphetamine

Methamphetamine use was stable, with 58% reporting use in the previous six months. Crystal/ice was the most commonly used form (50%), followed by speed powder (37%), base (22%), and liquid amphetamine (3%). Methamphetamine (any form) was the drug of choice for 17% of participants, and 17% reported that methamphetamine was the drug most often injected in the past month.

Cocaine

Nearly three-quarters of participants (73%) reported using cocaine in their lifetime with only 11% using it in the previous six months. Use was mostly occasional.

Cannabis

About two-thirds of participants had used cannabis in the preceding six months, with one-third using it daily. Only 7% reported recently using synthetic cannabis.

Other opioids

One in five participants reported prescription use of methadone in the previous six months, with 13% reporting recent illicit (i.e. not prescribed) use. Buprenorphine (Subutex[®]) was used licitly by 11% and illicitly by 16% in the preceding six months. Recent licit use of buprenorphine-naloxone (Suboxone[®]) was 7% (tablets) and 16% (film), with illicit use 11% tablets and 20% film. Half of those who used illicit buprenorphine-naloxone film reported injection and over a third who used film licitly reported injection.

Recent illicit morphine use was reported by 38%, and a similar proportion (37%) reported recent illicit oxycodone use. For both of these, injection was the most likely route of administration.

Fentanyl use in the previous six months was reported by 12%, with nearly all injecting.

Recent use of over-the-counter codeine for non-medicinal purposes was stable at 9%. Recent use of other opiates was significantly lower ($p < 0.05$) than in 2012 (8% compared with 19%).

Other drugs

Ecstasy had been used by 8% of participants in the previous six months, and 7% reported recently using hallucinogens.

The majority of participants (62%) had used benzodiazepines (licit and/or illicit) in the preceding six months. Recent illicit use of alprazolam was 38%, and 30% for other benzodiazepines.

Recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was low with 2% licit and 5% illicit. Inhalant use also remained rare, with 4% reporting recent use.

Two in five participants reported no alcohol use in the preceding six months, while almost all participants used tobacco (94%).

Drug market: Price, purity, availability and purchasing patterns

Heroin

The heroin market appeared stable with little variation in price from previous years (\$380 per gram, \$100 per quarter gram, and \$50 per cap). Purity was mostly reported as low or medium, with nearly half rating purity as stable. Availability was generally considered to be easy (46%) or very easy (37%) with half making their most recent purchase from a known dealer. An agreed public location was the most common purchase place.

Methamphetamine

All three forms of methamphetamine (speed powder, base and crystal/ice) were purchased for \$100 per point. Price was commonly considered to be stable across all forms. Three in five rated the purity of crystal/ice as high. Speed and base were generally rated as less pure. All forms of methamphetamine were reported to be readily available.

Cocaine

Only one participant commented on the cocaine market, and they considered the market to be stable.

Cannabis

Potency of cannabis was generally rated as high or medium for hydro, and medium or fluctuates for bush. Price was mostly reported as stable for both hydro and bush. Median price of a quarter ounce of hydro was \$95 and bush \$80. Hydro was readily available; and although 75% reported bush as readily available, 25% reported it as difficult.

The most recent purchase of both hydro and bush was generally from a friend or known dealer. Place of purchase was most often an agreed public location or a friend's home.

Methadone

The price of illicit methadone was mostly reported as stable, with median price \$1 per millilitre. Availability was considered stable. Illicit methadone was most likely to have been purchased from a friend or acquaintance, and the purchase place to have been a public location.

Buprenorphine

The illicit buprenorphine market was reported as stable, with the median price of 2 mg being \$10 and 8 mg \$40.

Buprenorphine-naloxone

Price and availability of illicit buprenorphine-naloxone was generally considered stable by the small number of participants who commented.

Morphine

The median price for 100 mg of illicit morphine was \$70 for MS Contin[®] and \$60 for Kapanol[®], with price in the past six months generally rated as stable or increasing. MS Contin[®] was the most common brand of morphine used, followed by Kapanol[®]. Availability of illicit morphine was reported as easy or very easy; and was obtained from a variety of source people and locations.

Oxycodone

The median price of 80 milligrams of illicit oxycodone was stable at \$50. Fifty-two per cent rated availability of illicit oxycodone as difficult, with the remainder rating it as easy or very easy. Illicit oxycodone was most commonly sourced from a friend.

Benzodiazepine

The price of illicit benzodiazepine in the previous six months was mostly rated as stable, with availability generally rated as easy or very easy. Half sourced illicit benzodiazepine from a friend.

Health-related trends associated with drug use

Overdose and drug-related fatalities

Among participants who responded to questions about heroin overdose (n = 79), 54% had accidentally overdosed on heroin in their lifetime. Of these, 16% had overdosed in the preceding year.

Twenty-two per cent of all participants had accidentally overdosed on a drug other than heroin in their lifetime, with 7% having overdosed in the previous 12 months.

Drug treatment

Forty-five per cent of participants were currently in drug treatment, predominantly opioid substitution therapy (OST). Of those in OST, about half were receiving methadone and the other half buprenorphine or buprenorphine-naloxone.

Injecting risk behaviours

Thirteen per cent of participants had recently borrowed a used needle, and 13% had recently lent a used need, with 22% reporting that they shared other equipment (predominantly spoons/mixing containers).

Two in five participants re-used one of their own needles at least once in the previous month.

Mental health problems, psychological distress and general health

Forty-seven per cent of participants self-reported a mental health problem, with the most common problems being depression and anxiety followed by schizophrenia. Over half of participants scored in the high distress or very high distress categories of the Kessler Psychological Distress Scale (K10).

Participants' mental and physical health scores on the SF-12 health survey were poorer than the Australian population average. About a third of participants had accessed a health professional in the previous four weeks, most commonly a GP.

Driving risk behavior

Of participants who had driven in the past six months, 11% reported driving under the influence of alcohol and 81% reported driving soon after taking an illicit drug.

Trends in law enforcement associated with drug use

Reports of criminal activity

Thirty-five per cent of participants reported criminal involvement in the previous month. As in previous years, dealing was the most often reported criminal activity followed by property crime.

Arrests

Forty-two per cent of participants reported being arrested in the preceding 12 months with the most common reason being use/possession of drugs.

Expenditure on illicit drugs

The median reported expenditure on illicit drugs the previous day was \$78.

Special topics of interest

Pharmaceutical opioids

Sixty-two per cent of participants reported recent use of pharmaceutical opioids, with about half reporting use was a substitute for heroin.

Brief Pain Inventory

About a quarter of participants had used pharmaceutical opioids for pain relief, and the majority of these experienced pain on the day of interview, predominantly chronic non-cancer pain.

Opioid and stimulant dependence

Seventy-four per cent of recent opioid users obtained a score on the Severity of Dependence Scale indicating possible opioid dependence.

Thirty-six per cent of recent stimulant users obtained a score on the Severity of Dependence Scale indicating stimulant dependence.

Hepatitis C testing and treatment

The majority of participants (89%) had been tested for hepatitis C virus (HCV) in their lifetime, with 68% reporting a positive result for HCV antibodies.

Discrimination

Over half of participants reported experiencing discrimination in the previous 12 months.

Naloxone program and distribution

Most participants reported that they were willing to administer naloxone after an overdose, and most would want peers to give them naloxone if they themselves had overdosed.

Oral Health Impact Profile

The impact of oral health problems was physical pain (63%), psychological discomfort (45%) and disability (45%).

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an ongoing research project that serves as a strategic early-warning system for emerging trends and patterns in illicit drug use and associated harms. The IDRS has been conducted annually in every state and territory of Australia since 2000, and is supported by funding from the Australian Government Department of Health. The IDRS focuses primarily on four main illicit drugs: heroin, amphetamines, cocaine, and cannabis but also monitors trends in other drug use and drug-related harms.

An important aim of the IDRS is to disseminate its findings in a timely fashion, highlighting current issues that require further attention rather than providing a more protracted, in-depth analysis of available data. Each year, key findings are presented at the National Drug Trends Conference in October, and the final report is published by the National Drug and Alcohol Research Centre (NDARC) early the following year. In addition, NDARC produces an annual national report and, in collaboration with jurisdictional researchers, quarterly Drug Trends Bulletins highlighting issues of particular relevance. Selected findings from the IDRS are also published in peer-reviewed journals. Reports and other publications are available at www.ndarc.med.unsw.edu.au.

Data for the IDRS come from three complementary sources: (a) a survey of people who regularly inject drugs (participants) who are considered a 'sentinel' group in the community; (b) structured interviews with key experts within the drug and alcohol sector; and (c) pre-existing data sets related to illicit drugs. By triangulating information from these three sources, the IDRS aims to increase confidence in the reliability and validity of its findings.

The participant survey component of the IDRS has been conducted in Queensland since 2000, and with each passing year the value of the data set grows. Apparent trends from one year to the next can increasingly be interpreted within a broader historical context, and long-term trends in drug use and associated harms can be identified. Along with other complementary monitoring systems such as the national Ecstasy and related Drug Reporting System (EDRS), and the Australian Needle and Syringe Program (ANSP) survey, the IDRS helps to paint a contextualised picture of drug use and drug-related issues in Australia.

1.1 Study aims

As in previous years, the aims of the 2013 Queensland IDRS were to:

- document the price, purity, and availability of heroin, amphetamines, cocaine, cannabis and other drugs in Queensland
- identify, assess, and report on emerging trends in illicit drug use and associated harms.

2 METHOD

The IDRS maximises the reliability of its findings by presenting information from three complementary sources:

- structured interviews with people who inject drugs (participants)
- semi-structured interviews with key experts who are working in a professional capacity in the drug field
- recent indicator data collected from a variety of sources.

Participants gave informed consent prior to interview, and the information they provided has been de-identified.

Comparability across years and jurisdictions is maintained by the continued use of the same survey instruments and data sets nationwide, with minor adjustments made to the study methodology each year in accordance with developments and trends in illicit drug markets.

2.1 Survey of people who regularly inject drugs

During June and July 2013, 100 IDRS participants were individually interviewed face-to-face. Participants were people aged 17 years or older who inject drugs, had injected an illicit drug at least monthly in the previous six months, and had lived in South East Queensland for the previous 12 months. Participants were recruited and interviewed at five Needle and Syringe Program (NSP) sites located in the Brisbane–Gold Coast–Sunshine Coast area.

Participants provide a sentinel group of people who regularly inject drugs rather than a representative sample of all those who regularly inject drugs.

The interview schedule was administered by trained research staff in a private room at the NSP sites. The interviews took approximately one hour to complete and participants were reimbursed \$40 for their time and travel expenses. The 2013 IDRS survey included sections on:

1. participant socio-demographic characteristics
2. drug use history
3. the price, purity, availability, and purchasing patterns of illicit drugs
4. criminal involvement
5. risk-taking behaviour
6. physical and psychological health
7. general trends.

Ethical approval was obtained from the Human Research Ethics Committee at: the University of New South Wales; The University of Queensland; Metro North and Metro South, Queensland Health.

2.2 Survey of key experts

During August through to October 2013, 17 professionals or professional groups working in the alcohol and other drugs (AOD) sector were interviewed as key experts for the Queensland IDRS. Key experts are individuals working in the health or law enforcement sectors who are equipped to provide information on trends and patterns in illicit drug use and associated harms. This is because they have regular contact with people who inject illicit drugs or considerable knowledge of manufacture, importation, supply, and seizure of illicit drugs.

In 2013, 11 of the key experts were from the health sector and six were from law enforcement. They included NSP workers, AOD nurses, staff of drug treatment agencies, researchers, outreach workers, youth workers, forensic chemists, and law enforcement and intelligence officers.

Key expert interviews were conducted face-to-face or over the telephone. Interviews took approximately 45 minutes to complete and included a range of open-ended and closed-ended questions. Questions were about the main problematic drugs, the resulting issues (health and legal), price/purity/availability of problematic drugs, and any subsequent recommendations. Responses to interview questions were analysed thematically according to recurring issues and type of drugs.

2.3 Other indicators

Secondary data was also collected to corroborate data from those who regularly inject drugs and from key experts. The following indicator data sources were used in the report:

- Alcohol and Drug Information Service (ADIS): telephone counselling statistics
- Australian Bureau of Statistics (ABS): National Health Survey data
- Australian Crime Commission (ACC): median purity of drugs seized by Queensland Police Service (QPS) and the Australian Federal Police (AFP) in Queensland; QPS clandestine laboratory detections and drug-related arrests
- Australian Customs & Border Protection Service (ACBPS): total weight and number of drugs seized in Queensland by QPS and the AFP
- Australian Institute of Health and Welfare (AIHW): Queensland pharmacotherapy client registrations
- Queensland Ambulance Service (QAS): overdose and poisoning data
- Queensland Needle and Syringe Program (QNSP): syringes provided by QNSP to NSP sites and chemists in Queensland.

2.4 Data analysis

Participant survey results were analysed using IBM SPSS Statistics[®], Version 21. Standard frequencies were calculated and tests for significant differences between 2012 and 2013 data were conducted for drug of choice, last drug injected, drug injected most often in the past month, and use of the major drug types. Column percentages may not add up to 100% due to rounding. Test differences in proportions were calculated using Excel (spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg)). Only test results that were statistically significant at $p < 0.05$ have been reported.

3 DEMOGRAPHICS

KEY POINTS

- The mean age of participants was 42 years, with 79% aged 35 years and over.
- Median injecting history was 22 years (SD = 9.8, range 3–42).
- Demographic characteristics remain similar to previous years: participants were likely to be unemployed, male, with prison and drug treatment histories.

3.1 Overview of the IDRS participant sample

In 2013, the demographic characteristics of the sample of 100 participants from South East Queensland were largely similar to those in 2012 (Table 1). The only characteristic that differed significantly from 2012 was marital status, with more participants having partners and correspondingly fewer participants being single ($p < 0.05$). Participants were typically male, in their early 40s, and unemployed.

Table 1: Demographic characteristics, 2012 and 2013

	2012 N = 100	2013 N = 100
Age (mean, range)	38 (17–71)	42 (20–62)
Gender (% male)	76	68
Aboriginal and/or Torres Strait Islander (%)	16	15
Sexual identity (%)		
Heterosexual	92	92
Gay male	3	2
Lesbian	0	1
Bisexual	5	4
Other	0	1
Relationship status (%)		
Married/de facto	11	19
Partner	15	30↑
Single	71	47↓
Separated	3	1
Divorced	0	2
Widowed	0	1
Highest school grade completed (mean)	10	10
Course completed post-school (%)		
None	51	50
Trade/technical	47	39
University/college	3	11
Accommodation (%)		
Own home (including renting)	62	58
Parents'/family home	9	12
Boarding house/hostel	15	12

	2012 N = 100	2013 N = 100
Shelter/refuge	1	1
No fixed address	8	11
Other	5	6
Unemployed (%)	82	84
Main income from gov't pension, allowance or benefit (%)	92	87
Mean income/week (\$)	328	356
Prison history	59	64
Currently in drug treatment^a	35	45

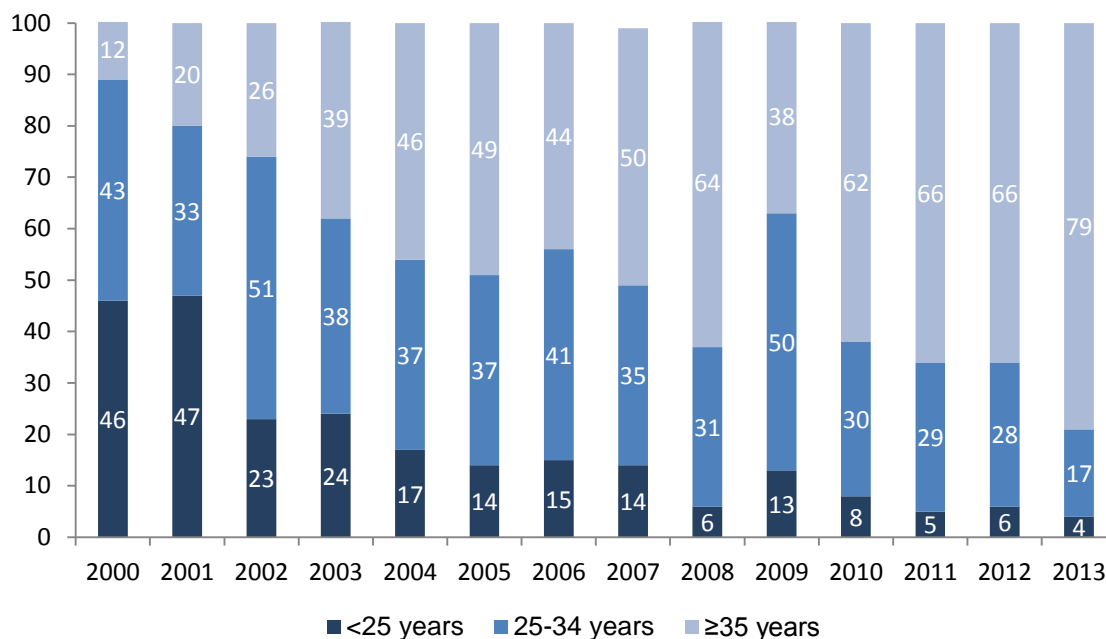
^a Refers to any form of drug treatment (e.g. pharmacotherapy, counselling, detoxification)

Note: arrow symbol signifies a significant difference $p < 0.05$

Source: Queensland IDRS injecting drug user interviews

Figure 1 highlights the change in the age of participants since 2000. In 2013 nearly four in five participants were aged 35 years or older.

Figure 1: Percentage of participants in each age group, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

3.1.1 Injecting history

A corollary of the increasing age of participants is that many have long injecting drug histories. The median injecting history (i.e. period since first injection) was 22 years (SD = 9.8, range 3–42).

3.1.2 Queensland Minimum Data Set for Needle and Syringe Programs (QMDS-NSP)

The QMDS-NSP for 2012 (Department of Health Queensland 2013) showed that the mean age for clients in Queensland was 36 years (SD = 9.5, N = 624). Of the 194,103 service occasions, 74% were male clients and 25% were female clients. Eight per cent of clients identified as an Aboriginal and/or Torres Strait Islander person; though it was noted this may be an under-representation due to missing data.

4 CONSUMPTION PATTERNS

KEY POINTS

- 50% reported that the first drug injected was a methamphetamine and 43% reported it was heroin.
- Two in five participants nominated heroin as their drug of choice.
- The drug injected most in the preceding month was generally heroin or another opioid.
- The most recent injection was most likely to have been heroin, followed by methamphetamine and morphine.
- Nearly half of participants injected at least once per day.

4.1 Current drug use

Drug use in 2013 followed a similar pattern to drug use in 2012 (Table 2). There was some change in the frequency of injecting in the past month but the proportion injecting once or more a day remained stable (43% in 2012 and 48% in 2013). Heroin was reported as the first drug injected by 43% compared with 29% in 2012. Drug of choice remained stable with three in five participants nominating heroin.

Table 2: Drug use patterns, 2012 and 2013

	2012 N = 100	2013 N = 100
Age first injection (mean years, range)	20 (12–70)	20 (11–43)
First drug injected (%)		
Methamphetamine (any form)	58	50
<i>Speed powder</i>	47	45
<i>Base methamphetamine</i>	7	4
<i>Crystal methamphetamine</i>	4	1
Heroin	29	43
Opioid substitution therapy (OST) drug ^a	1	3
Cocaine	3	1
Morphine	5	0
Other	4	3
Drug of choice (%)		
Heroin	55	60
Methamphetamine (any form)	20	17
<i>Speed powder</i>	13	10
<i>Base methamphetamine</i>	4	2
<i>Crystal methamphetamine</i>	3	5
Morphine	7	9
Cannabis	13	5
Cocaine	2	2
Buprenorphine	0	2
Methadone	1	1

	2012 N = 100	2013 N = 100
Oxycodone	0	1
Other	1	3
Drug injected most often in past month (%)		
Heroin	49	44
Methamphetamine (any form)	26	17
<i>Speed powder</i>	14	8
<i>Base methamphetamine</i>	3	0
<i>Crystal methamphetamine</i>	9	9
Morphine	14	15
Opioid substitution therapy (OST) drug ^a	9	11
Oxycodone	0	5
Cocaine	1	0
Other/have not injected in past month	1	8
Last drug injected (%)		
Heroin	47	45
Methamphetamine (any form)	25	21
<i>Speed powder</i>	16	11
<i>Base methamphetamine</i>	1	1
<i>Crystal methamphetamine</i>	8	9
Morphine	17	16
Opioid substitution therapy (OST) drug ^a	6	10
Oxycodone	0	5
Cocaine	1	1
Other drug	4	2
Frequency of injecting in past month (%)		
Not in last month	1	7
Weekly or less	21	24
More than weekly, but less than daily	35	21↓
Once per day	21	12
2–3 times a day	19	28
>3 times a day	3	8

^amethadone, buprenorphine, buprenorphine-naloxone

Arrow symbol signifies a significant difference p<0.05.

Source: Queensland IDRS injecting drug user interviews

4.1.1. Drug of choice

Opioids continued to be the drug of choice for most participants (69%), with 60% nominating heroin and 9% nominating morphine (Table 2).

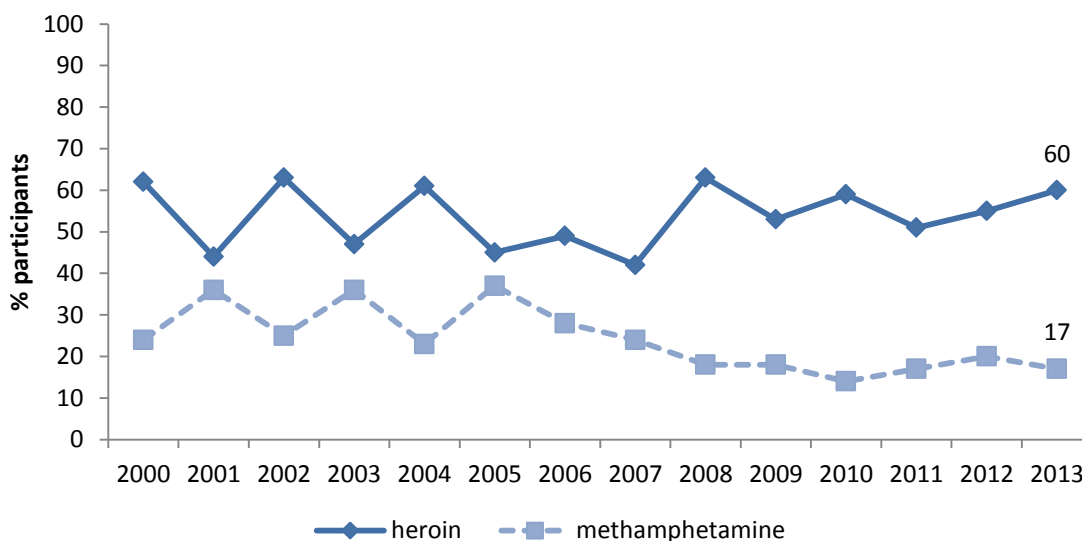
4.1.2. Drug last injected and injected most often in the past month

Patterns of drug injection for 2013 were similar to previous years, with close to half of participants injecting heroin the most often, and a similar proportion using heroin the most recent time they injected (Table 2).

4.1.3 Trends over time

Heroin and methamphetamine have been the top two drugs of choice since 2000 (Figure 2). Cannabis was the third drug of choice until 2013 when morphine was nominated by 9% and cannabis by only 5%.

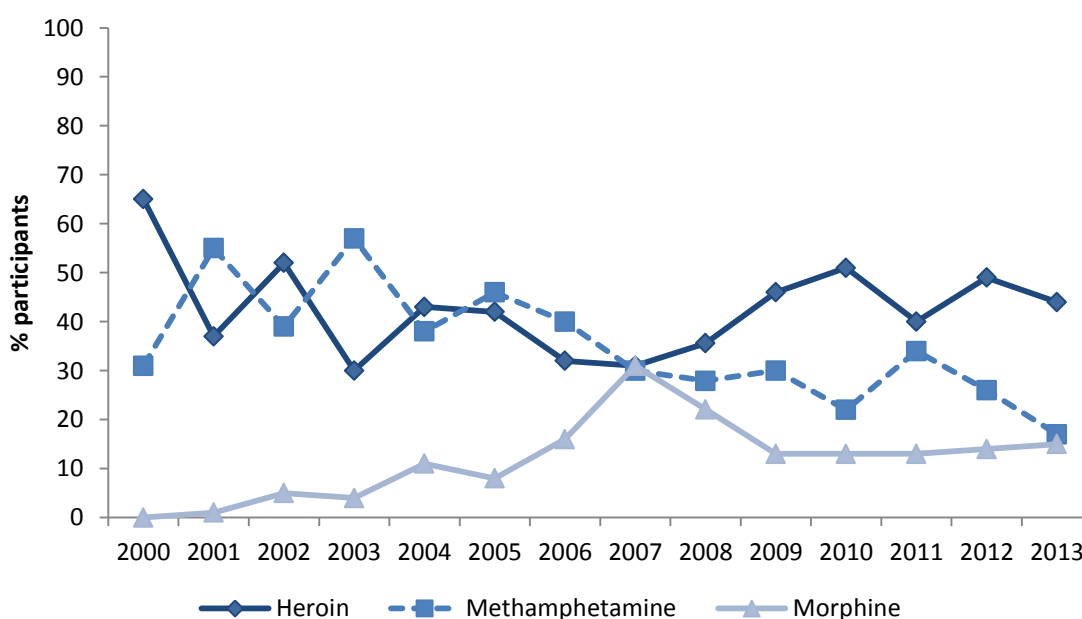
Figure 2: Top two drugs of choice, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

Figure 3 presents the top three drugs injected most often in the previous month over a period of 14 years. In recent years, there has been some variability in the number of participants injecting methamphetamine or heroin the most, but the number injecting morphine the most has been stable. In 2013 heroin was clearly the drug most injected in the previous month.

Figure 3: Drug injected most often in previous month, 2000 to 2013

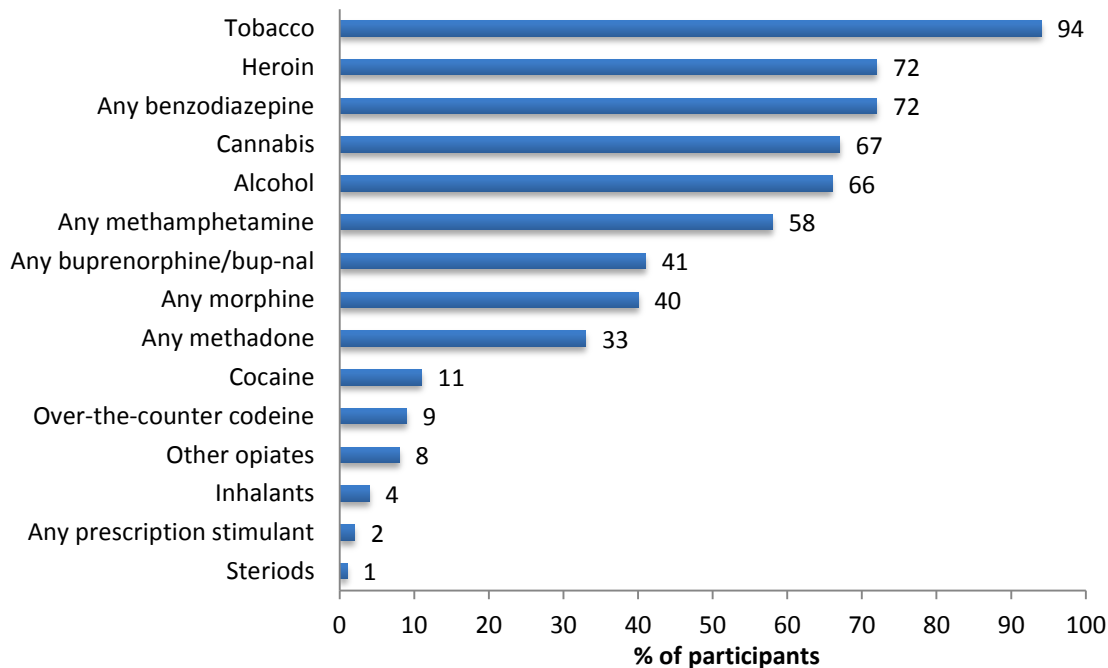


Source: Queensland IDRS injecting drug user interviews

4.1.4 Polydrug use

In 2013, participants reported polydrug use, with nearly all participants using tobacco and high percentages using heroin, benzodiazepines, cannabis, and alcohol (Figure 4).

Figure 4: Main types of drugs used in preceding six months, 2013



Note: 'Any' refers to both licit and illicit. 'Use' refers to any form of administration and does not necessarily imply injection.

Source: Queensland IDRS injecting drug use interviews

4.1.5 Forms of drugs used in preceding six months

Participants were asked about their use of the main drug types (ever, previous six months), the sub-types used, the mode of administration, and the frequency; and this information is presented in Table 3.

Table 3: Drug use history, 2013 (N = 100)

	Used			Route of administration								
	Ever %	Recent ^a %	Days ^b	Ever %	Recent ^a %	Days ^b	Ever %	Recent ^a %	Ever %	Recent ^b %	Ever %	Recent ^a %
Heroin	94	72	30	94	71	30	42	3	29	1	18	0
Homebake	53	6	8	53	6	8	1	0	1	0	2	0
Any heroin	95	72	48	95	71	30	42	3	29	1	18	0
Methadone <i>licit</i>	60	20	180	34	7	100					59	20
Methadone <i>illicit</i>	49	13	2	34	11	2					28	3
Physeptone <i>licit</i>	16	2	92.5	5	0	0	0	0	0	0	15	2
Physeptone <i>illicit</i>	37	5	1	28	4	21.5	1	0	0	0	37	1
Any methadone	77	33	180	58	17	4	0	0	0	0	68	24
Buprenorphine <i>licit</i>	40	11	180	29	6	81	0	0	0	0	36	9
Buprenorphine <i>illicit</i>	53	16	13	44	15	20	1	0	0	0	21	3
Bup-naloxone tablets <i>licit</i>	26	7	80	11	3	60	0	0	0	0	25	6
<i>film licit</i>	25	16	105	9	6	49	0	0	0	0	23	15
Bup-naloxone tablets <i>illicit</i>	32	11	6	25	10	9	0	0	0	0	11	2
<i>film illicit</i>	27	20	2.5	14	10	2.5	0	0	0	0	15	11
Any bup/bup-naloxone	75	41	136	58	22	68	1	0	0	0	63	33
Morphine <i>licit</i>	26	6	150	18	4	180	0	0	0	0	16	4
Morphine <i>illicit</i>	66	38	15	64	35	20	0	0	0	0	21	7
Any morphine	74	40	15	68	36	60	0	0	0	0	29	9
Oxycodone <i>licit</i>	24	13	14	19	7	180	0	0	0	0	20	11
Oxycodone <i>illicit</i>	70	37	4	60	32	4.5	0	0	0	0	21	7
Any oxycodone	74	44	9.5	65	36	7.5	0	0	0	0	30	14
Fentanyl	23	12	3	21	11	2	0	0	0	0	2	1

	Used			Route of administration								
	Ever %	Recent ^a %	Days ^b	Injected			Smoked		Snorted		Swallowed	
	Ever %	Recent ^a %	Days ^b	Ever %	Recent ^a %	Days ^b	Ever %	Recent ^a %	Ever %	Recent ^b %	Ever %	Recent ^a %
Over-counter codeine (non-medicinal)	28	9	6	2	0	-	0	0	0	0	28	9
Other opiates	29	8	10	1	0	0	0	0	0	0	29	8
Speed powder	87	37	6	81	37	6	15	2	21	0	24	3
Amphetamine liquid	33	3	1	29	3	1					6	0
Base amphetamine	50	22	3	50	22	3	4	1	3	0	8	1
Crystal/ice	82	50	10	79	49	10	15	14	5	1	5	2
Any methamphetamine	92	58	16.5	90	58	16	24	10	22	1	31	5
Prescrip. stimulants <i>licit</i>	10	2	180	2	1	180	0	0	0	0	8	1
Prescrip. stimulants <i>illicit</i>	31	5	3	15	1	6	0	0	1	1	20	4
Any prescrip. stimulants	36	7	6	17	2	93	0	0	1	0	25	5
Cocaine	73	11	2	57	4	5.5	10	0	42	9	5	0
Hallucinogens	73	7	3	8	1	3	0	0	0	0	71	6
Ecstasy	63	8	2	27	4	1.5	0	0	2	1	55	5
Alprazolam <i>licit</i>	30	17	180	3	1	180	0	0	1	0	30	17
Alprazolam <i>illicit</i>	53	38	7	10	7	2	0	0	0	0	51	35
Any Alprazolam	62	44	13	12	7		0	0	1	0	60	41
Other benzo. <i>licit</i>	72	48	81	2	1	3	0	0	0	0	72	47
Other benzo. <i>illicit</i>	52	30	6	1	1	112	0	0	0	0	52	29
Any other benzo.	87	66	25	2	1		0	0	0	0	87	65
Any benzodiazepine	92	72	60	13	7	2	0	0	0	0	92	72
Seroquel <i>licit</i>	21	8	180	0	0	-					21	8
Seroquel <i>illicit</i>	44	8	2	0	0	-					44	8
Any Seroquel	56	15	12.5	0	0	-					56	15

	Used			Route of administration								
	Ever %	Recent ^a %	Days ^b	Injected			Smoked		Snorted		Swallowed	
	Ever %	Recent ^a %	Days ^b	Ever %	Recent ^a %	Days ^b	Ever %	Recent ^a %	Ever %	Recent ^b %	Ever %	Recent ^a %
Alcohol	96	66	6	13	1	180					94	65
Tobacco	97	94	180									
Cannabis	98	67	72				98	67			55	5
Synthetic cannabis	16	7	3				12	7			4	0
Inhalants	28	4	1									
Steroids	4	1	2	4	1	2	0	0	0	0	1	0
New psychoactive Substances (NPS)	6	4	16	3	2	15.5	0	0	1	1	3	2

^a in the preceding six months; ^b median days in the preceding six months (180 days) among those with recent use

Source: Queensland IDRS injecting drug user interviews

4.2 Heroin

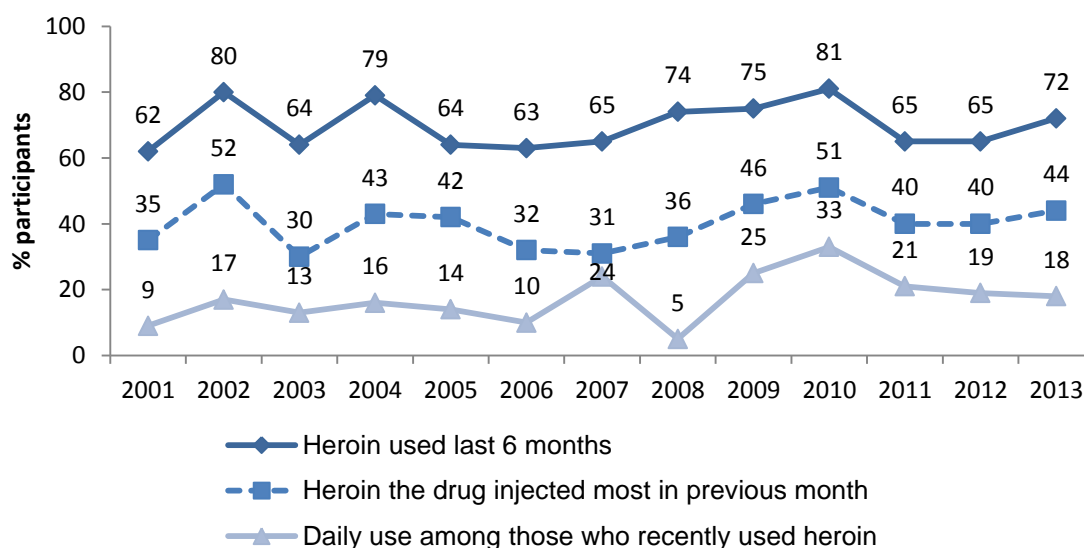
KEY POINTS

- 72% reported using heroin in the preceding six months.
- Amongst those who recently used heroin, median use was 30 out of 180 days, with 18% using daily.
- Homebake use continued to be rare.

4.2.1 Use of heroin

In 2013, nearly all participants (94%) had used heroin in their lifetime, with 72% having recently used heroin (Figure 5). Injection was nearly always the mode of administration. The frequency of use was similar to that of 2012. Amongst those who used heroin, 18% used daily (i.e. 13% of all participants).

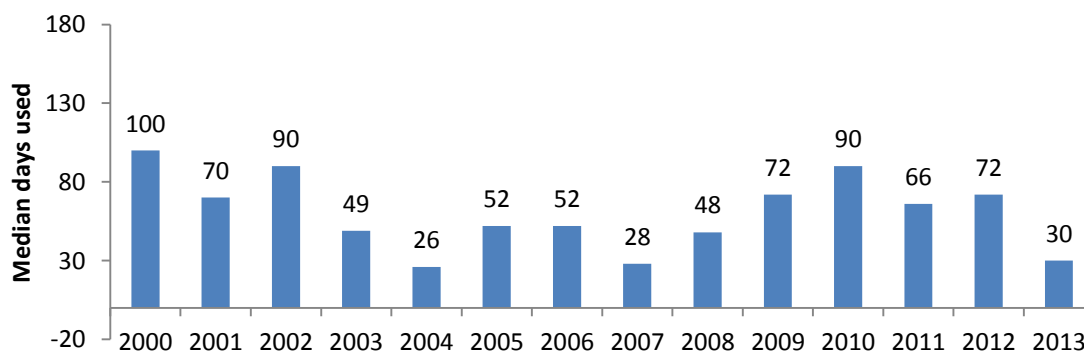
Figure 5: Prevalence and frequency of heroin use, 2001 to 2013



Source: Queensland IDRS injecting drug user interviews

The median days of recent heroin use in the previous six months ($n = 72$, median 30 days, range 1–180) was significantly lower than that in 2012 ($p < 0.05$); however, over the 14 year period (2000–13) the median days of use has fluctuated with dips to a similar level in 2004 and 2007 (Figure 6).

Figure 6: Median days of heroin use in preceding six months (180 days), 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Questions about homebake were first included in 2002 and since then reports of recent use have remained low. In 2013, 6% of participants had used homebake in the preceding six months, with use occurring on a median of 8 days (range 1–28 days).

4.2.3 Heroin forms used

Of those who had recently used heroin (n = 72), 86% reported using white/off-white heroin and 40% reported using brown heroin. The form most commonly used in the previous six months was white/off-white heroin rock (Table 4).

Table 4: Heroin forms most used, 2013 (n = 72)

	Heroin powder			Heroin rock		
	White/ off-white	Brown	Other colour	White/ off-white	Brown	Other colour
% most used in past six months	22	4	1	53	19	0

Note: The percentage total does not equal 100 due to rounding.

Source: Queensland IDRS injecting drug user interviews

4.2.4 Heroin preparation

When preparing their most recent heroin injection, about one-third (34%) used heat (the same proportion who heated in 2012). Of those who commented on the colour of heroin heated (n = 24), 54% heated heroin that was brown/beige, 42% white/off-white, and 4% another colour.

For the last two years, no participants have reported using acid in their most recent injection of heroin.

Key expert comments

Key experts consistently commented that heroin use was mainly associated with an older population with relatively stable patterns of use. Older users were considered to prefer heroin but used morphine, oxycodone and opioid substitution drugs to supplement their heroin intake. On the other hand, younger injectors were thought to prefer pharmaceutical opioids to heroin. Interestingly, one key expert reported that young people were commencing injecting with heroin.

Key experts noted that there had been a slight increase in heroin use associated with it being cut with fentanyl but that this had subsided. It was also reported that people who had a history of injecting heroin, but who also used methamphetamines, used heroin to come down from methamphetamines.

4.3 Methamphetamines

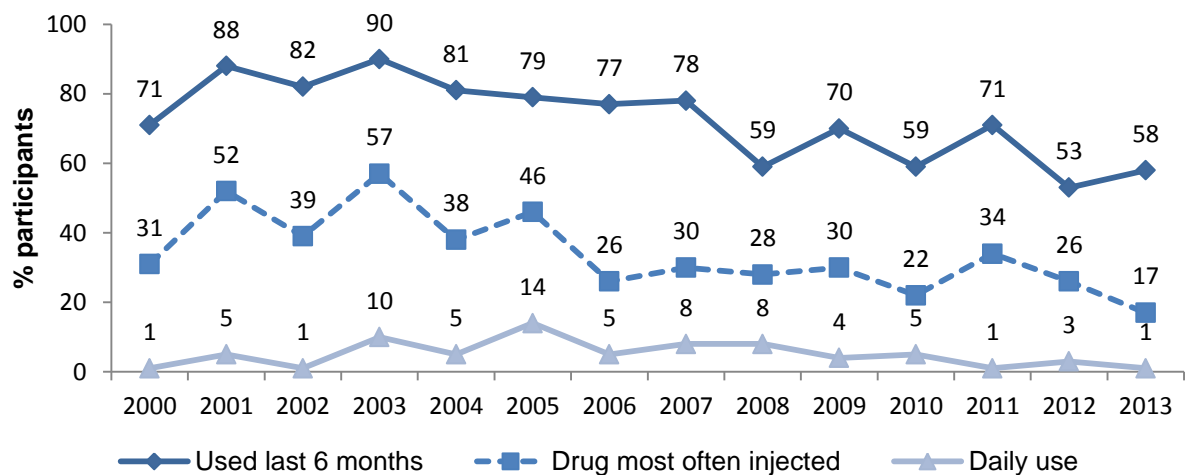
KEY POINTS

- 58% of participants had used methamphetamines in the previous six months.
- Methamphetamine was the drug most often injected by 17% of participants.
- Half of the participants had recently used crystal/ice.

4.3.1 Use of methamphetamines

Recent use of methamphetamine (includes speed, base, crystal, and liquid), was similar to that of 2012 (Figure 7).

Figure 7: Use of methamphetamine (in any form) in preceding six months, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

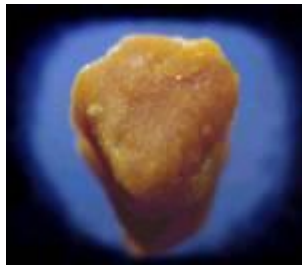
4.3.2 Methamphetamine form most used

As in previous years, data was collected about four different forms of methamphetamines: methamphetamine powder (speed), base methamphetamine (base), crystal methamphetamine (crystal/ice), and methamphetamine liquid.

Speed



Base



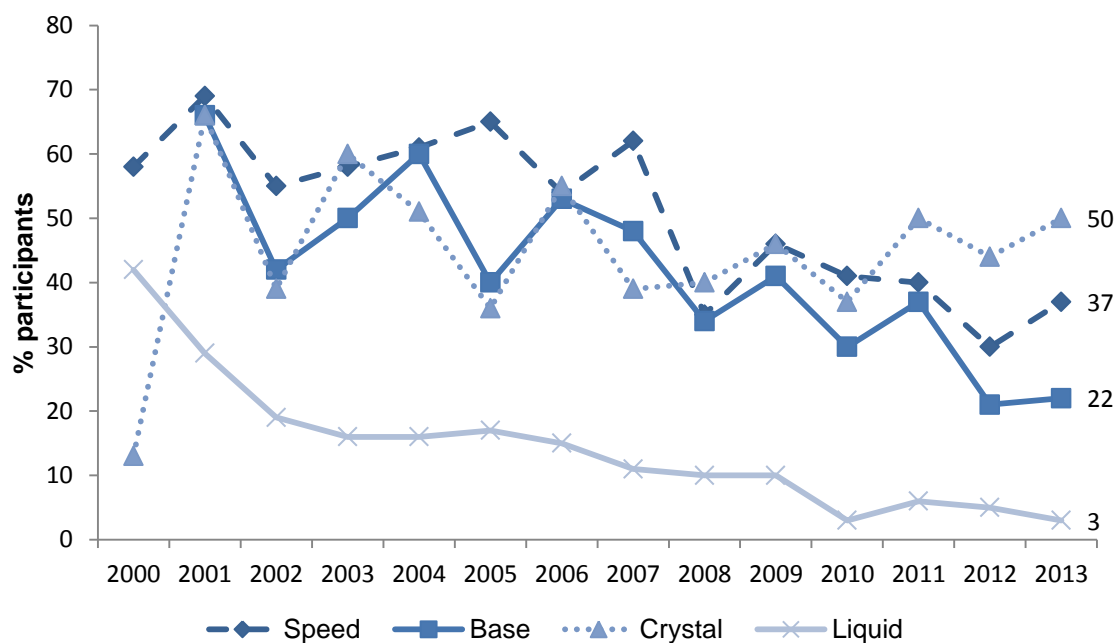
Crystal/ice



Source: Methamphetamine Forms compiled by Adam Churchill, Australian Customs Service and Libby Topp, National Drug and Alcohol Research Centre

In recent years, crystal/ice has been the form of methamphetamine most likely to be reported as being recently used, followed by speed powder, base, and liquid. Use of liquid methamphetamine has become rare with only 3% of participants reporting having used it in the previous six months (Figure 8). Due to the low use of liquid methamphetamine in 2013, no further data will be presented.

Figure 8: Forms of methamphetamine used in preceding six months, 2000 to 2013

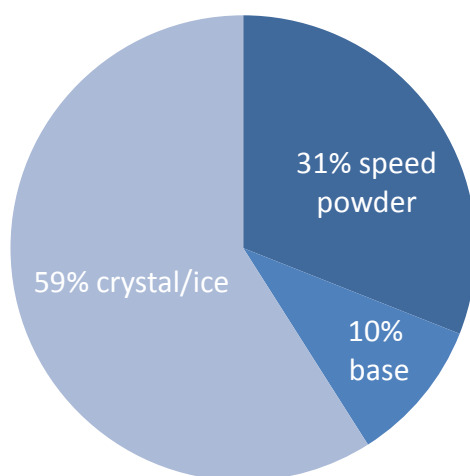


Source: Queensland IDRS injecting drug user interviews

4.3.3 Methamphetamine frequency of use

When considering the form of methamphetamine most used by those who had recently used methamphetamines (n = 58), crystal/ice was clearly the form most used (Figure 9).

Figure 9: Form of methamphetamine most used in preceding six months, 2013 (n = 58)



Source: Queensland IDRS injecting drug user interviews

The median number of days of methamphetamine use reflects the popularity of crystal/ice with this form being used on a median of 10 days compared with six for speed and three for base (Table 5). However compared with 2012, median days use has declined for crystal/ice and even more so for base.

Table 5: Median days of methamphetamine use in preceding six months, 2012 and 2013

	Median days	
	2012	2013
Speed	6	6
Base	20	3
Ice/crystal	17	10
Any form ^a	20	16.5

^a includes speed powder, base, ice/crystal and liquid forms

Note: Maximum number of days (i.e. daily use) = 180

Source: Queensland IDRS injecting drug user interviews

Key expert comments

Key experts noted that crystal/ice is the form of methamphetamine most likely to be used, and that this has been a continuing trend. One key expert remarked that '*Ice has become the name*', explaining that it has become the term used when referring to methamphetamine regardless of whether it is crystalline or not. The preference for crystal/ice is linked to its higher quality. Smoking of crystal/ice was reported as common, but less common amongst those who inject it. Methamphetamines are generally considered to be a young person's drug but as one key expert remarked: '[They are] *not so young, up to 40–45 years*'. Another key expert had observed a marked increase in females using crystal/ice.

For many key experts in the health sector, crystal/ice was regarded as the most problematic drug because of the psychological distress that it can cause. Aggression and psychosis were repeatedly mentioned as problems associated with its use. People intoxicated with methamphetamines were reported as being difficult to treat.

Key experts reported that Seroquel[®] was being used to come down from amphetamines.

4.4 Cocaine

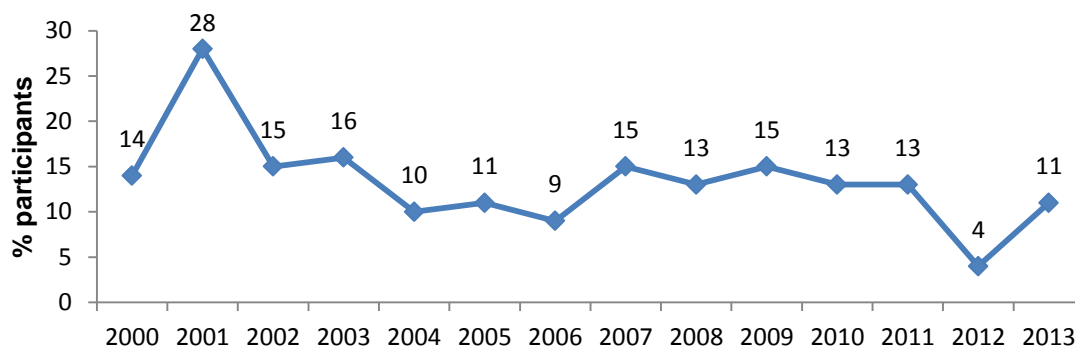
KEY POINTS

- Even though nearly three-quarters of the sample had used cocaine, only 11% had used it in the past six months.
- Use in the past six months was mostly occasional.

4.4.1 Use of cocaine

Although nearly three-quarters of the sample (73%) had used cocaine in their lifetime, only a small proportion (11%) reported recent use (Figure 10). All used the powder form of cocaine and one participant had also used crack cocaine but used the powder form the most. Snorting was the most common route of administration (9 of the 11), with four reporting injection. As in previous years, use was generally occasional (median of two days, $n = 11$, range 1–50) in the preceding six months (180 days).

Figure 10: Cocaine use in preceding six months, 2000 to 2013



Source: Queensland IDRS participant interviews

Key expert comments

There was consensus amongst key experts that cocaine use remained mostly invisible. It continued to be a drug used opportunistically by those accessing needles from Needle and Syringe Programs. Regular use was reported as very rare.

4.5 Cannabis

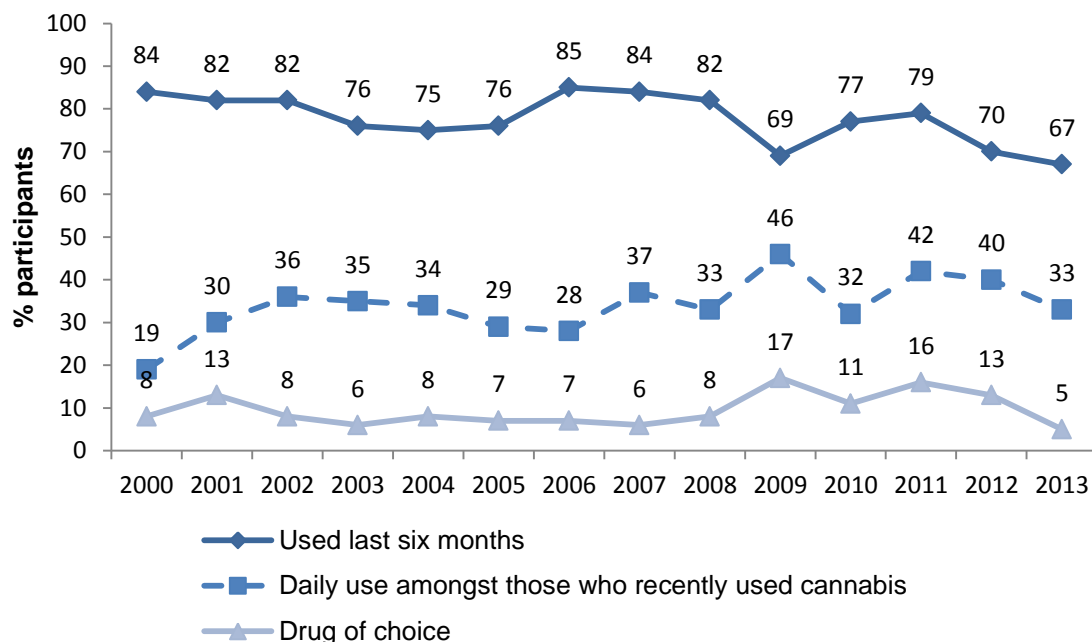
KEY POINTS

- Nearly all participants had used cannabis in their lifetime, with about two-thirds reporting recent use.
- One-third of those who recently used cannabis used it every day.
- Only 7% had recently used synthetic cannabis.

4.5.1 Use of cannabis

Nearly all participants (98%) reported using cannabis in their lifetime, with about two-thirds reporting recent use (Figure 11). Of these, one third used cannabis daily, equating to 22% of all participants. Only 5% of participants nominated cannabis as their drug of choice (13% in 2012).

Figure 11: Prevalence and frequency of cannabis use, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

4.5.2 Cannabis forms used

Of those who had recently used cannabis (n = 67), 84% mostly used hydro (hydroponically grown). Although only a minority mostly used bush (outdoor grown, 16%), two in five had used it at least once in the previous six months. Cones continued to be more common than joints, with 82% using cones the last time they used cannabis. In keeping with previous years, only two participants reported using hashish and one hash oil.

4.5.3 Synthetic cannabis

Sixteen per cent of the sample had used synthetic cannabis in their lifetime, with seven participants having used it in the previous six months. All seven of these participants had smoked it and four had also swallowed it. Use was occasional with median usage being three days in the previous six months.

Key expert comments

According to key experts in health and welfare services, cannabis use amongst injecting drug users is often embedded into their lifestyle and is not recognised by them as causing problems. Key experts reported that older people tend to perceive bush as a superior product to hydro but that younger people are less concerned with differentiating between the two. Synthetic cannabis was reported as being talked about; although not always favourably due to unanticipated effects such as feeling '*tripped out*'. Some key experts thought that use of vaporiser pens, which resemble fountain pens and function in a similar way to electronic cigarettes, may be becoming more common. .

4.6 Other opioids

KEY POINTS

- One in five of participants reported prescription use of methadone in the previous six months, with 13% reporting recent illicit (i.e. not prescribed) use.
- Buprenorphine (Subutex[®]) was used licitly by 11% and illicitly by 16% in the preceding six months.
- Recent licit use of buprenorphine-naloxone (Suboxone[®]) was 7% (tablets) and 16% (film), with illicit use 11% tablets and 20% film.
- Half of those who used illicit buprenorphine-naloxone film reported injection and over a third who used it licitly reported injection.
- 38% reported recent illicit morphine use, with most injecting.
- 70% reported lifetime use of illicit oxycodone and 37% recent use.
- 12% had recently used fentanyl, with nearly all injecting.
- Recent use of over-the-counter codeine for non-medicinal purposes was stable at 9%.
- 8% reported recent use of other opiates which was significantly lower than in 2012.

4.6.1 Substitution pharmacotherapy

Methadone is prescribed as a substitute drug for opioids, and is usually prescribed as a liquid preparation and commonly dosed under supervision. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling or, in a minority of cases, where methadone is not tolerated. Just over three-quarters of participants (77%) had ever used liquid methadone and/or physeptone tablets (licit and/or illicit), and a third (33%) in the previous six months.

More recently buprenorphine was introduced as an alternative to methadone, and since 2005 buprenorphine-naloxone is widely prescribed because of its agonist/anti-agonist properties. Both buprenorphine and buprenorphine-naloxone were dispensed in tablet form to be dissolved under the tongue; however, since late 2011, they have been dispensed as sublingual film strips. In 2013, three quarters of participants had used a form of buprenorphine or buprenorphine-naloxone (licit and/or illicit) in their lifetime and 41% in the previous six months.

Table 6 shows the pattern of use of all four substitution drugs. Most participants who illicitly used substitution pharmacotherapy also injected the drug, except when it was in film form. In line with the change to buprenorphine-naloxone film, its use has significantly increased from 2012 when only 6% had used it licitly and 4% illicitly ($p > 0.05$).

Table 6: Use of licit and illicit substitute drugs in preceding six months, 2013 (N = 100)

	Licit (prescribed)		Illicit (not prescribed)	
	Used %	Injected %	Used %	Injected %
Methadone <i>liquid</i>	20	7	13	11
Physeptone <i>tablets</i>	2	0	5	4
Buprenorphine <i>tablets</i>	11	6	16	15
Buprenorphine-naloxone <i>tablets</i>	7	3	11	10
Buprenorphine-naloxone <i>film</i>	16	6	20	10

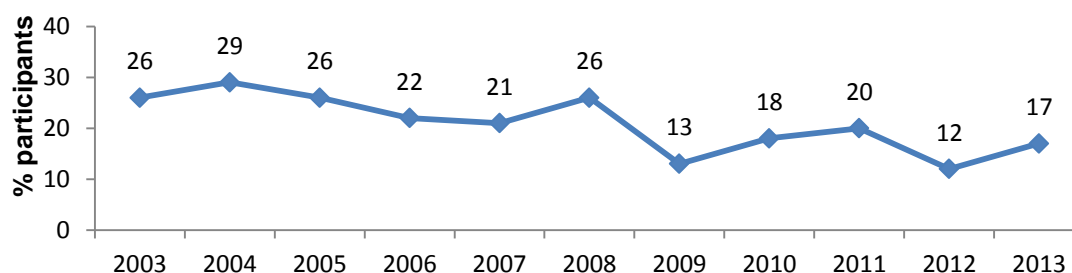
Source: Queensland IDRS injecting drug user interviews

Use of methadone

Three in five participants reported having been prescribed methadone at least once in their lifetime (i.e. licit use), and nearly half (49%) reported illicit use at least once in their lifetime.

Amongst all participants, 58% reported having injected methadone (licit and/or illicit) in their lifetime and 17% reported injecting it in the previous six months (Figure 12). Of the 20 participants who were prescribed methadone (daily use), seven had injected at least two of their prescribed doses, with three of these injecting their dose every day. The 11% of participants who reported injecting illicit methadone in the preceding six months injected it on a median of two days (range 1–80).

Figure 12: Injected methadone (prescribed or not prescribed) in preceding six months, 2003 to 2013



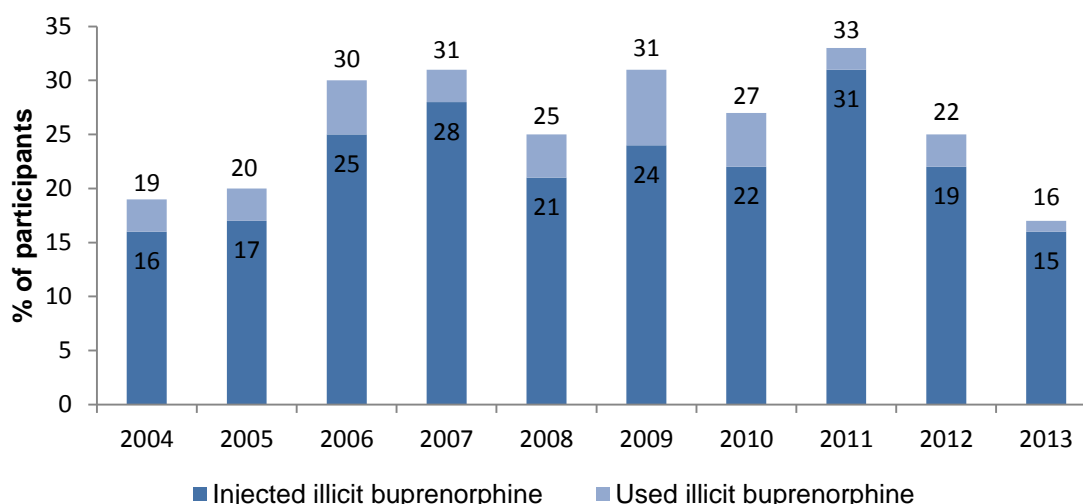
Source: Queensland IDRS drug user interviews

There was no common main reason for using illicit methadone, with reasons including as a substitute for heroin/other opiates, self-treatment, and intoxication.

Use of buprenorphine (Subutex®)

Two-thirds (67%) of participants had used buprenorphine (licit and/or illicit) in their lifetime, with 25% having used it in the previous six months. Licit (i.e. prescribed) use was reported by 11% and illicit use by 16%. Six of the 11, on a prescribed dose, reported injecting their dose at least once (four regularly). As in previous years, illicit buprenorphine was generally injected (Figure 13). Median days injected in the previous six months was 20 (n = 15, range 1–180). There was no consistent main reason for using illicit buprenorphine. Reasons given included: intoxication, substitute for heroin/other opiates, and self-treatment.

Figure 13: Use and injection of illicit buprenorphine in preceding six months, 2004 to 2013



Source: Queensland IDRS injecting drug user interviews

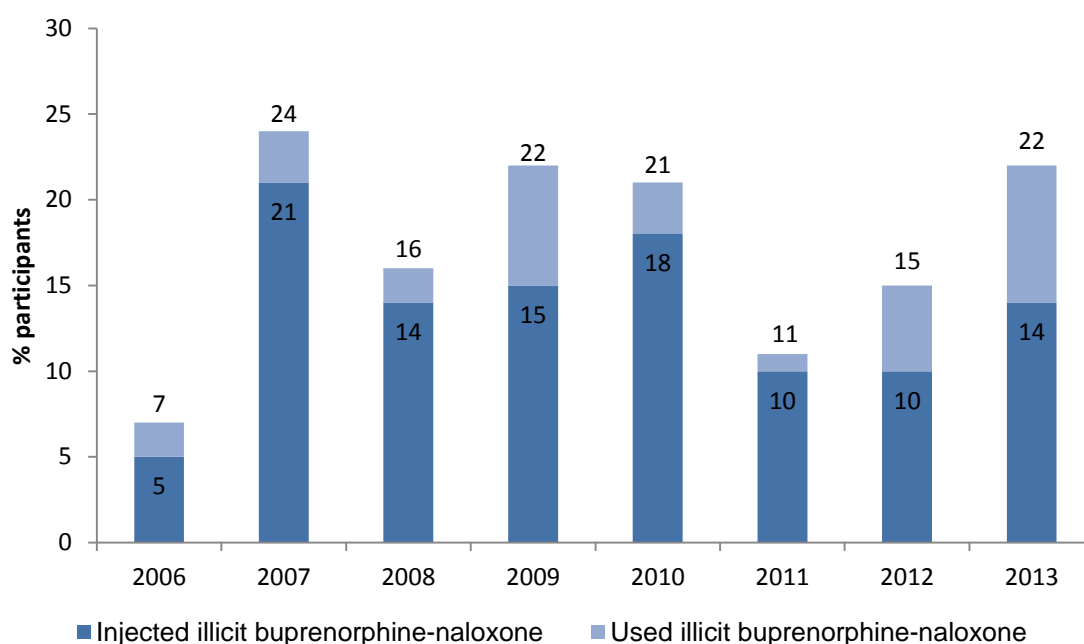
Use of buprenorphine-naloxone (Suboxone®)

About one-third (34%) of all participants had used buprenorphine-naloxone (licit and/or illicit) in the previous six months, and this included both tablet and film form. Film has become the most common form of buprenorphine-naloxone, with 30% of all participants having recently used film (licit and/or illicit) and 16% having recently used tablets (licit and/or illicit).

With recent illicit use of buprenorphine-naloxone, the tablet form was less often used than film (11% tablets, 20% film); whereas in 2012, 14% used tablets and 4% film. In 2013, 10 out of the 11 participants who had used tablets injected them, but only half (10) of the 20 participants who had used film injected it. The most frequent reason given for using illicit buprenorphine-naloxone was substitute for heroin/other opiates.

Figure 14 shows the use and injection of illicit buprenorphine-naloxone in tablet and/or film form since 2006.

Figure 14: Use and injection of illicit buprenorphine-naloxone (tablets or film) in preceding six months, 2006 to 2013



Note: Prescribing of film commenced in late 2011

Source: Queensland IDRS injecting drug user interviews

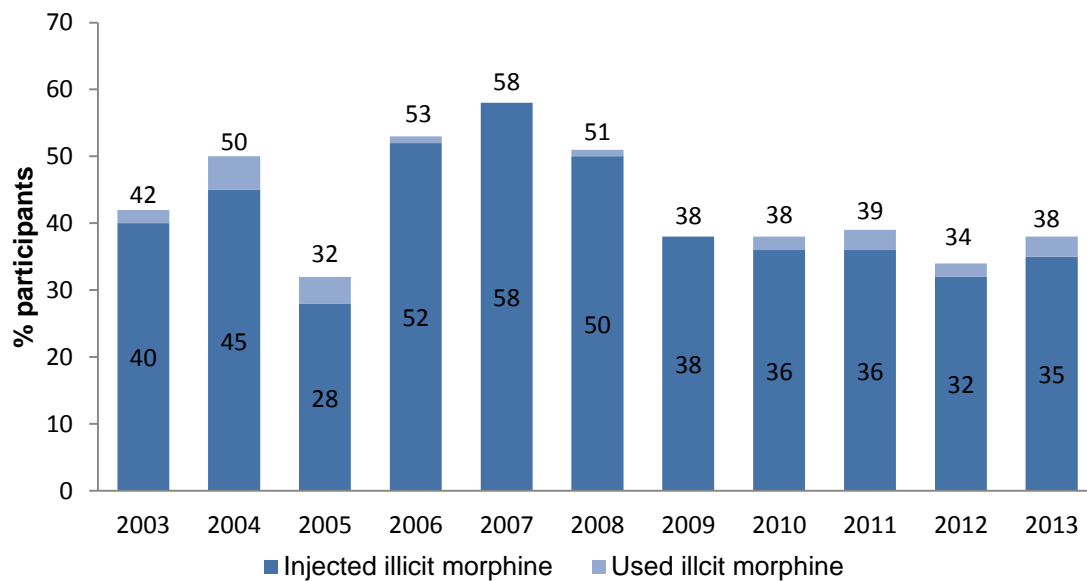
4.6.2 Use of morphine

In 2013, two in five participants used morphine (licit or illicit) in the previous six months. The brand most often used was MS Contin®.

Recent licit morphine use remained low (6%), with 4% injecting. In contrast 38% reported recent illicit morphine use, with most injecting. Over the last decade, injection has consistently been the route of administration for most of those using illicit morphine (Figure 15). Illicit morphine was used on a median of 15 days in the preceding six months. The most common reason given for using illicit morphine was 'a substitute for heroin' followed by 'self-treatment' (Figure 16).

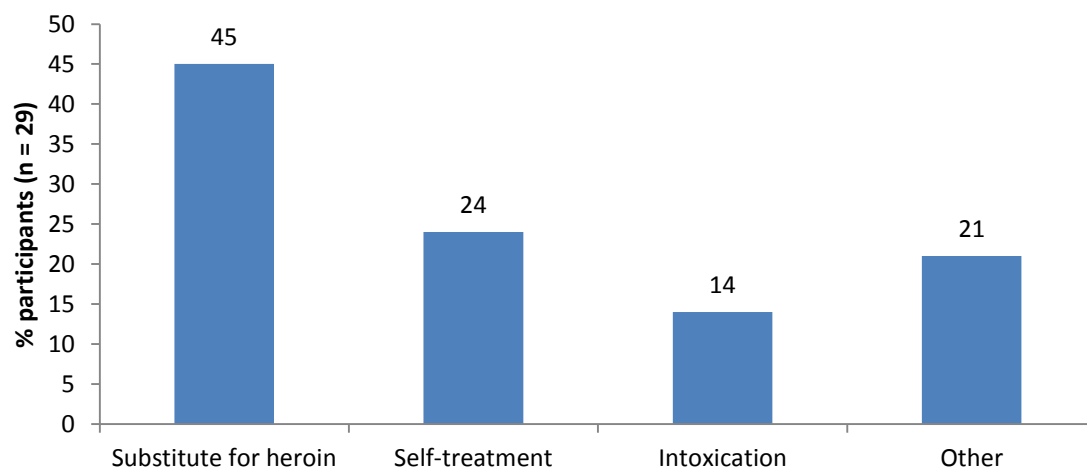
When participants were asked if they had used a filter last time they injected morphine, most reported having used a filter, generally a cigarette filter, though a few had used cotton wool or a wheel filter.

Figure 15: Use and injection of illicit morphine in preceding six months, 2003 to 2013



Source: Queensland IDRS injecting drug user interviews

Figure 16: Reasons for using illicit morphine, 2013



Note: Multiple responses allowed

Source: Queensland IDRS injecting drug user interviews

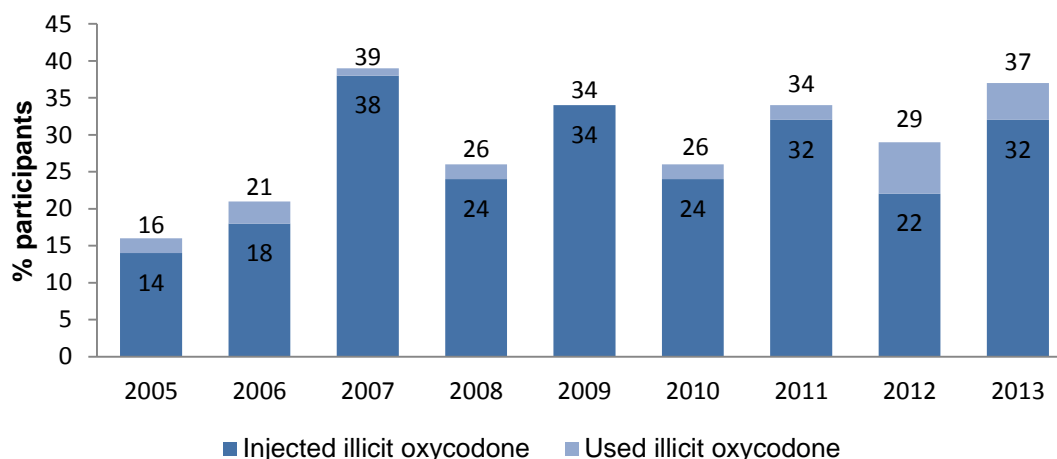
4.6.3 Use of oxycodone

Data has been gathered on licit and illicit forms of oxycodone (e.g. OxyContin[®], Endone[®]) since 2005. Licit oxycodone was used by 24% of participants in their lifetime, and by 13% in the previous six months, with 7% reporting injection.

Illicit oxycodone was used by 70% of participants in their lifetime. As shown in Figure 17, 37% used illicit oxycodone in the previous six months, with most injecting. A cigarette filter was generally reported as being used for the most recent injection.

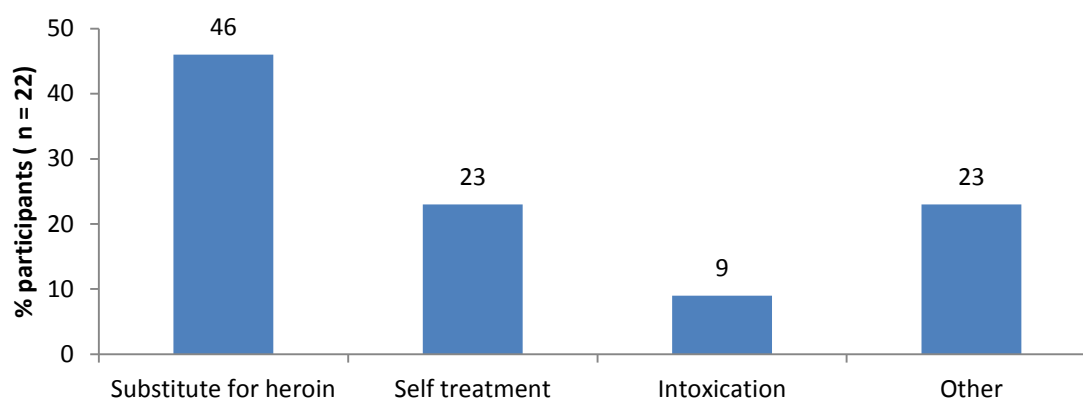
Median days of use in the previous six months was four (n = 37, range 1–180). The most common brand used was Oxycontin and the most common reason given for using illicit oxycodone was ‘a substitute for heroin’ (Figure 18).

Figure 17: Use and injection of illicit oxycodone in preceding six months, 2005 to 2013



Source: Queensland IDRS injecting drug user interviews

Figure 18: Reasons for using illicit oxycodone, 2013



Note: Multiple responses allowed

Source: Queensland IDRS injecting drug user interviews

4.6.4 Use of fentanyl

In 2013, questions about fentanyl were asked for the first time. Nearly a quarter (23%) reported having ever used fentanyl, and 12% had done so recently. Eleven of the 12 had injected fentanyl, and had done so on a median of two days in the past six months (range 1–180 days). All except one of the 11 had used some type of filter (cigarette filter, cotton wool, wheel filter) the last time they injected fentanyl.

4.6.5 Use of over-the-counter codeine, non-medical purposes only

The proportion of participants having ever used over-the-counter codeine for non-medical purposes was 28% in 2013 (17% in 2012). However, recent use was stable at 9% (7% in 2012).

4.6.6 Use of other opiates

Reported use of other types of opiate (e.g. pethidine, Panadeine Forte[®], opium) has been trending downwards in recent years. In 2013, 29% reported use in their lifetime compared with 52% in 2012 (p<0.05), and 8% reported recent use compared with 19% in 2012 (p<0.05).

Key expert comments

Key experts highlighted the popularity of morphine (mainly MS Contin[®] and to a lesser extent Kapanol[®]). Oxycodone was regarded as growing in popularity. It was considered to be readily available on the streets and easy to obtain from GPs. Key experts noted that some people who inject drugs preferred morphine to heroin; others used it to supplement their heroin use, while others preferred to inject rather than swallow their prescribed dose.

Fentanyl was reported as being used by a small minority and some key experts considered use to be decreasing. It was noted that people using fentanyl generally came from the '*morphine users group*'. One key expert pointed out that there were dedicated fentanyl users who have been using it regularly for some time, and when cautioned about its use, reply that '*they have been doing it for ages, and know what they are doing*'. Fentanyl use appeared to be more common in certain parts of South East Queensland than others.

Key experts reported injection of buprenorphine (Subutex[®]) and buprenorphine-naloxone (Suboxone[®]) was a relatively common substitute for heroin. They explained that because it is a pharmaceutical product some regarded it as not as bad as heroin. It was also reported that: '*a lot of younger people, late teens/early twenties, are using Subutex[®]; though Subutex[®] not as available as Suboxone[®]*'. Injection of buprenorphine or buprenorphine-naloxone tablets without using a wheel filter was seen as problematic because of the damage caused by the waxy coating entering the veins. Key experts reported the need for wheel filters to be stocked at all Needle and Syringe Program sites.

4.7 Other drugs

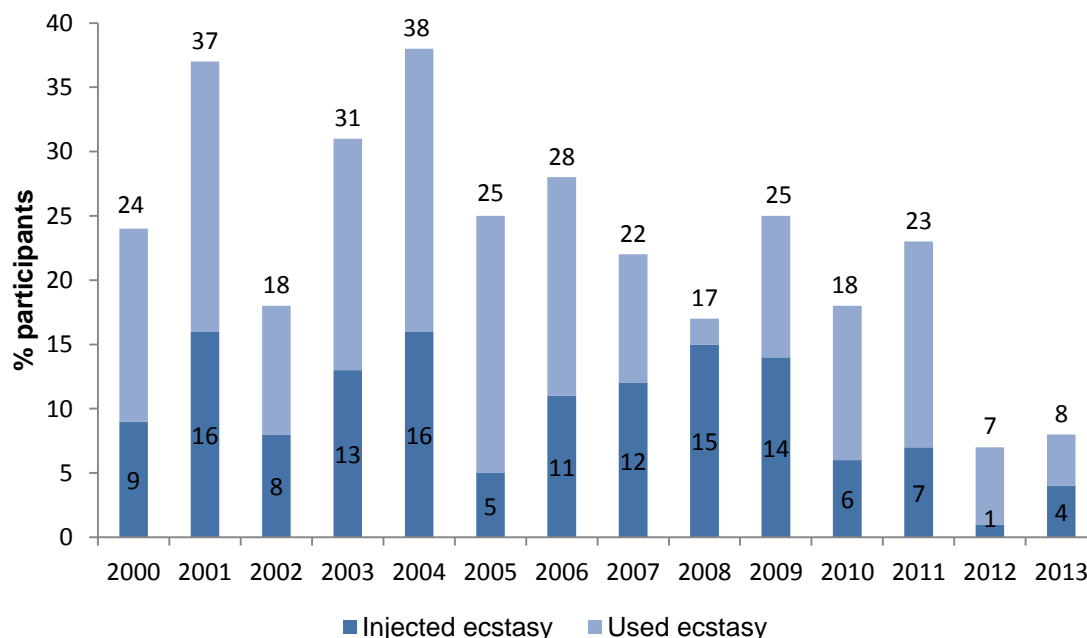
KEY POINTS

- Ecstasy had been used by 8% of participants in the previous six months, and 4% had injected it.
- 7% reported recently using hallucinogens.
- 62% had used benzodiazepines (licit and/or illicit) in the preceding six months.
- Recent illicit use of alprazolam was 38%, and 30% for other benzodiazepines.
- Recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was low with 2% licit and 5% illicit.
- Inhalant use remained rare, with 4% reporting recent use.
- Two in five participants reported no alcohol use in the previous six months.
- Almost all participants used tobacco (94%).

4.7.1 Ecstasy and related drugs

Although 63% of participants had used ecstasy (MDMA) in their lifetime, only 8% reported recent use, a similar proportion to 2012 (Figure 19). Half of those who had recently used ecstasy reported injecting it.

Figure 19: Use and injection of ecstasy in preceding six months, 2000 to 2013



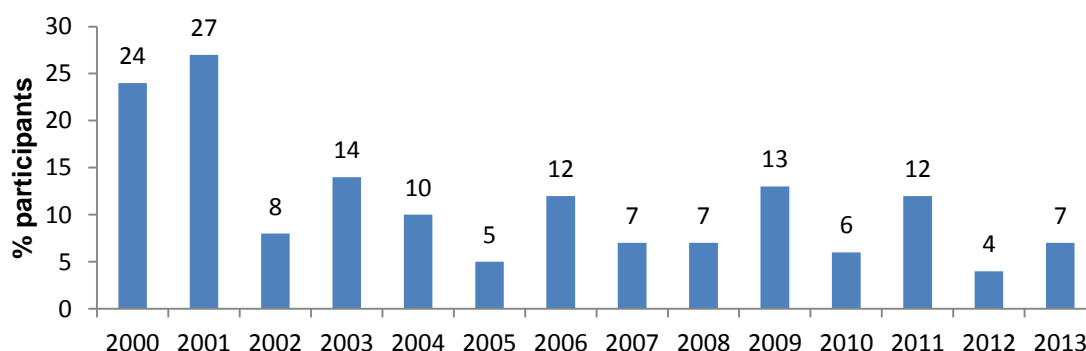
Source: Queensland IDRS injecting drug user interviews

4.7.2 Hallucinogens

Hallucinogens had been used by 73% of participants in their lifetime but only by a small proportion in the previous six months (Figure 20). Four per cent had used LSD and 3% mushrooms. The seven

participants who had recently used hallucinogens used them on a median of three days. The route of administration was generally oral.

Figure 20: Hallucinogen use in preceding six months, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

4.7.3 Benzodiazepines

Most participants (92%) had used a benzodiazepine in their lifetime whether licit or illicit; and 72% had done so recently (62% in 2012). Sixty-two percent of participants reported lifetime use of licit and/or illicit alprazolam (e.g. Xanax[®], Kalma[®]), with 44% reporting recent use. Eighty-seven percent of participants reported use of other benzodiazepines (licit and/or illicit) in their lifetime, with 66% using other benzodiazepines recently. Table 7 shows the breakdown of licit and illicit use for alprazolam and other benzodiazepines. Median days use of alprazolam was seven days for illicit and 180 for licit; for other benzodiazepines, median days use was six for illicit and 81 for licit. Benzodiazepines were mostly swallowed.

Table 7: Use of licit and illicit benzodiazepines in preceding six months, 2012 and 2013

	Licit (prescribed)		Illicit (not prescribed)	
	2012 N = 100 %	2013 N = 100 %	2012 N = 100 %	2013 N = 100 %
Alprazolam	12	17	35	38
Other benzodiazepines	40	48	20	30

Source: Queensland IDRS injecting drug user interviews

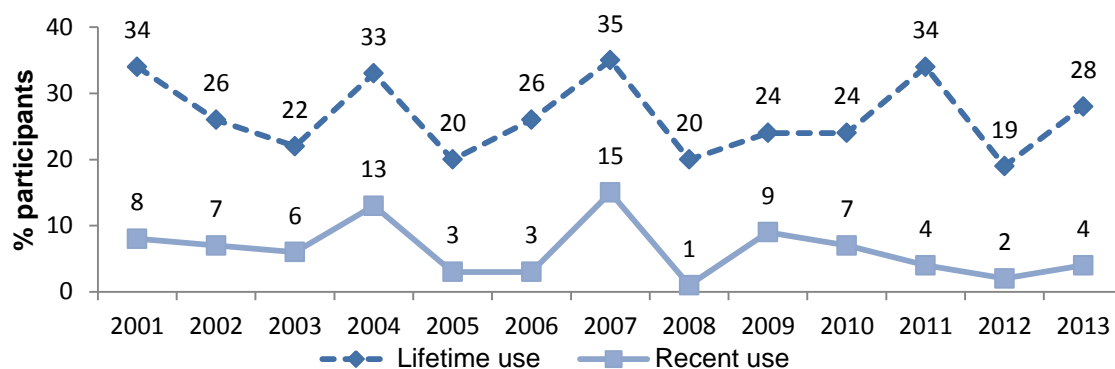
4.7.4 Pharmaceutical stimulants

Recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was low with 2% of participants reporting licit use and 5% of participants reporting illicit use.

4.7.5 Inhalants

As in recent years, only a small number reported recent use of inhalants in the previous six months (Figure 21).

Figure 21: Prevalence of inhalant use, 2001 to 2013



Source: Queensland IDRS injecting drug user interviews

4.7.6 Alcohol and tobacco

Alcohol use

Two-thirds of participants (66%) reported recent use of alcohol and 96% reported lifetime use. Thirteen per cent reported having injected alcohol in their lifetime and one participant had injected alcohol in the previous six months (every day). The median frequency of alcohol use was monthly.

Although there is a focus on young people and alcohol in the media, little attention is given to alcohol use amongst people who regularly inject drugs. People who regularly inject drugs are particularly at risk for alcohol-related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2011 (n = 2,395) were found to have HCV antibodies (Kirby Institute, May 2011). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Coffin et al., 2007; Darke, Dufrou, & Kaye, 2007; Darke, Ross, & Hall, 1996; Schiff & Ozden, 2004), it is important to monitor risky drinking among people who inject drugs.

The information on alcohol consumption currently available in the IDRS includes the prevalence of lifetime and recent use, and number of days of use in the preceding six months. In recent years, participants have been asked to complete the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). The AUDIT-C is a three-item measure, derived from the first three consumption questions in the AUDIT. Dawson et al (2005) reported on the validity of the AUDIT-C, finding that it was a good indicator of alcohol dependence, alcohol use disorder, and risky drinking.

Among study participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.2 (median 4, range 1–12) (Table 8). There was no significant gender difference: mean score was 5.4 for females (n = 19) and 5.1 for males (n = 45). According to Dawson and colleagues (2005) and Haber and colleagues' (2009) *Guidelines for the Treatment of Alcohol Problems*, a cut-off score of 5 or more indicates that further assessment is required.

Forty-five per cent of participants who drank in the past year scored ≥ 5 on the AUDIT-C, indicating the need for further assessment (Table 8). There was no gender difference.

Table 8: AUDIT-C amongst participants who drank alcohol in the past year, 2012 and 2013

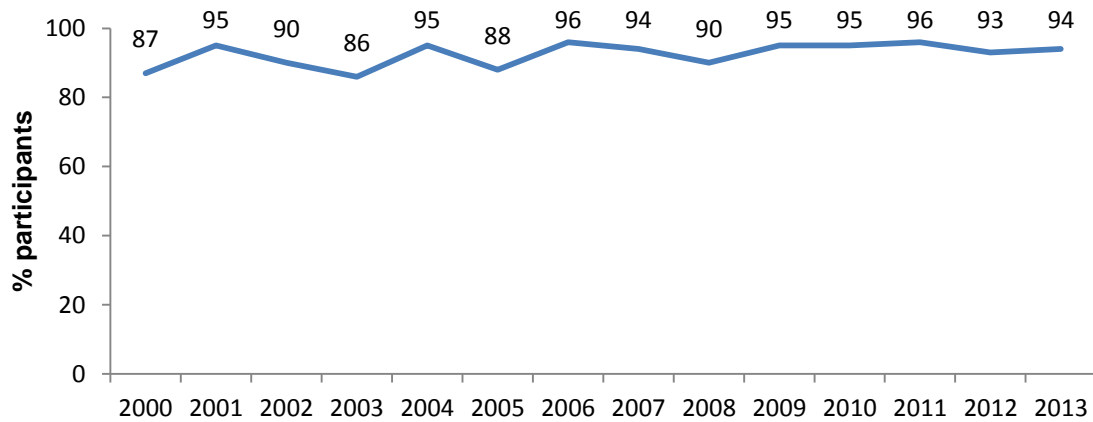
	2012 n = 64	2013 n = 64
Mean AUDIT-C score	4.9	5.2
SD	3.6	3.5
(range)	(1–11)	(1–12)
Score of 5 or more	52%	45%

Source: Queensland IDRS injecting drug user interviews

Tobacco use

Figure 22 shows that, as in previous years, nearly all participants (94%) reported recent tobacco use with 90% reporting daily use (i.e. 96% of those who smoked in the previous six months).

Figure 22: Tobacco use in preceding six months, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

Key expert comments

Many key experts regarded alcohol use as highly problematic. Key experts explained that the reason it was so problematic was that heavy use is not seen as an issue by people who inject drugs. They pointed out that a lot of people who inject drugs don't drink alcohol, but that there was a small percentage who were both alcohol and opioid dependent. Those in this dual dependency group perceived their alcohol dependence to be far less of a health and well-being problem than their opioid dependence. However, one key expert reported that there had been a slight increase in injecting drug users presenting with alcohol as their primary drug of concern. Injecting of alcohol was considered to be extremely rare.

5 DRUG MARKET: PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

This section is about the market characteristics (i.e. price, perceived purity, availability, and purchasing patterns) of the main drugs of interest. Participants were asked to provide information about a drug only if they were confident that they knew about that particular market. Consequently, the number of participants providing market information about each drug varies considerably. Due to limited response to some questions, meaningful interpretation of these responses was not possible.

5.1 Heroin market

KEY POINTS

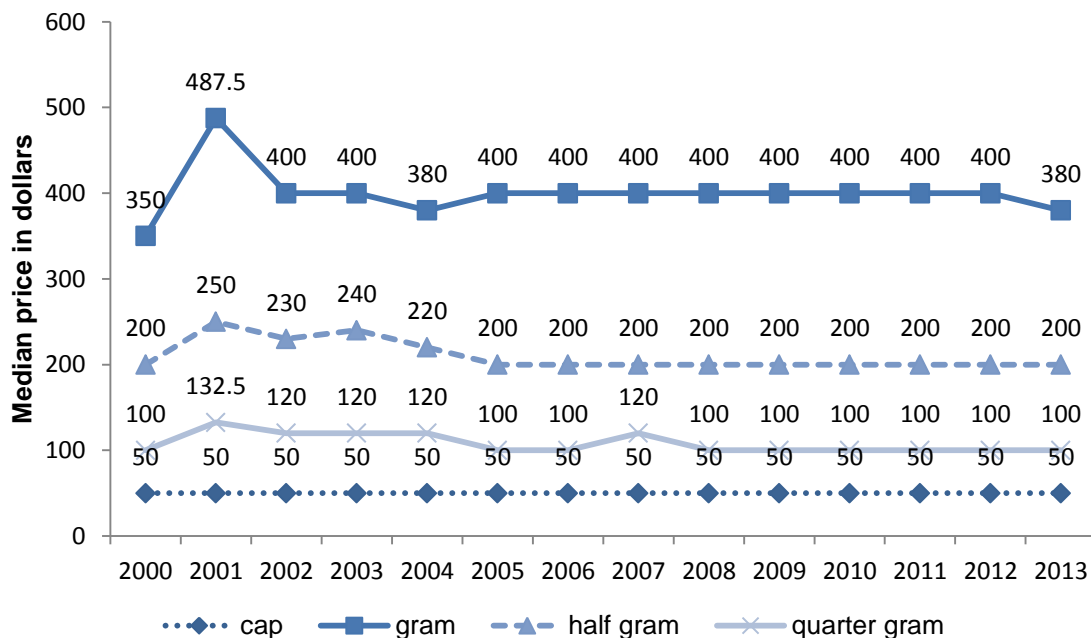
- There was little variation in price from previous years (\$380 per gram, \$100 per quarter gram, and \$50 per cap).
- Purity was mostly reported as low or medium, with nearly half rating purity as stable.
- Availability was generally considered to be easy (46%) or very easy (37%).
- Half of participants last purchased from a known dealer, and an agreed public location was the most common purchase venue.

Of the entire sample (N = 100), 63 participants answered questions about the heroin market, and analysis is based on this sub-sample.

5.1.1 Heroin price

Figure 23 shows the stability of heroin prices despite a slight dip in the median price of a gram (\$380 in 2013 compared with the \$400 median that had been constant in recent years).

Figure 23: Median cost of most recent heroin purchases, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

Consistent with the stability of pricing in recent years, most participants reporting on the heroin market (n = 63, 87%) rated heroin prices as stable. However, the Australian Crime Commission (2012)

reported that prices for a gram of heroin in Queensland had risen from \$400 for the financial year 2009–10 to \$700 in 2010–11.

5.1.2 Heroin form and purity

Over half of those who answered questions about the heroin market rated the current purity of heroin as low, with only a handful rating it as high (Table 9). Although nearly half considered that purity had not changed in the past six months, about a third considered it to be fluctuating.

Table 9: Perceptions of heroin purity in preceding six months, 2012 and 2013

	2012 %	2013 %
Current purity	n = 56	n = 60
High	9	5
Medium	32	28
Low	50	57
Fluctuates	9	10
Purity change over the past six months	n = 53	n = 59
Increasing	13	7
Stable	45	46
Decreasing	21	17
Fluctuating	21	31

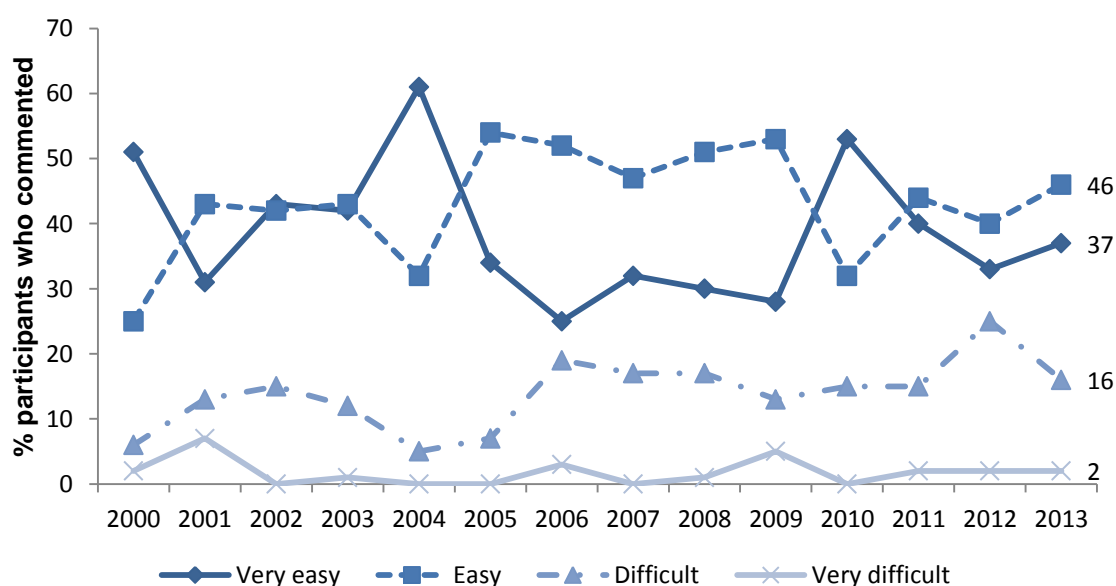
Note: Those choosing 'don't know' were excluded from analysis.

Source: Queensland IDRS injecting drug user interviews

5.1.3 Heroin availability

Rating of heroin availability was consistent with ratings in previous years, with most rating availability as very easy or easy; with less than one in five rating availability as difficult or very difficult (Figure 24).

Figure 24: Current heroin availability, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

Participants were also asked about changes in heroin availability in the preceding six months. Most considered it to be stable (Table 10).

Table 10: Changes in heroin availability in preceding six months, 2012 and 2013

	2012 (n = 56) %	2013 (n = 63) %
More difficult	18	13
Stable	63	76
Easier	14	2
Fluctuates	5	10

Note: Those choosing 'don't know' were excluded from analysis.

Source: Queensland IDRS injecting drug user interviews

5.1.5 Purchasing patterns of heroin

About half of those who commented on the heroin market made their most recent purchase from a known dealer (Table 11). The most likely purchase place was an agreed public location.

Table 11: Purchasing patterns of heroin, 2012 and 2013

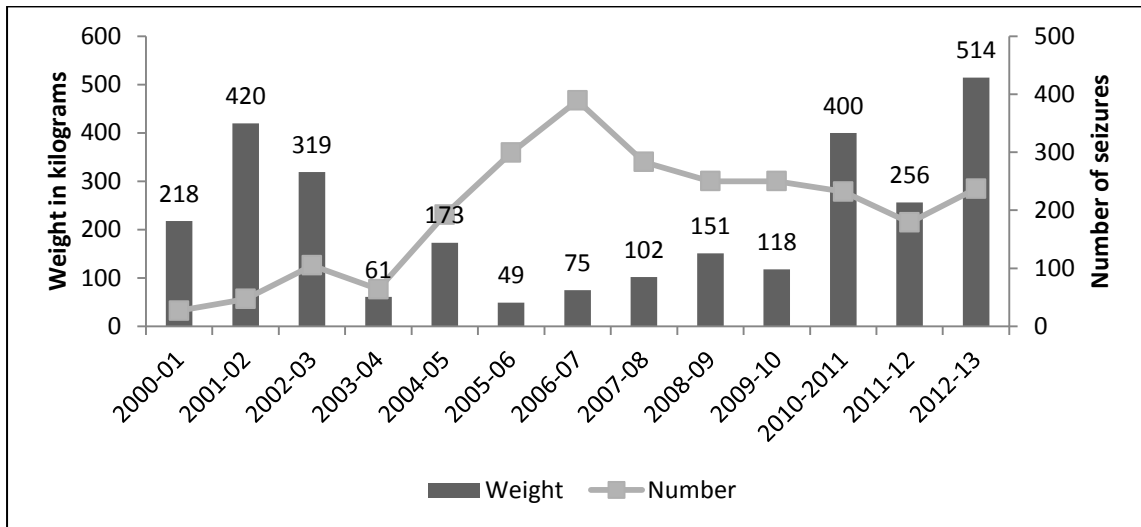
	2012 %	2013 %
Last purchased from	n = 56	n = 63
Known dealer	66	51
Friends	16	29
Acquaintance	7	10
Unknown dealer	5	5
Street dealer	5	2
Mobile dealer	-	2
Place of most recent purchase	n = 56	n = 60
Agreed public location	50	57
Friend's home	14	18
Dealer's home	20	13
Home delivery	13	7
Street market	4	3
Acquaintance's house	-	2

Source: Queensland IDRS injecting drug user interviews

5.1.6 Heroin detected at the Australian border

Figure 25 shows that the weight of heroin seizures at the border by the Australian Customs and Border Protection Service (ACBPS) rose sharply in the financial year 2012–13; although the number of seizures was similar to recent years (i.e. 237 in 2012–13, and 179 in 2011–12).

Figure 25: Weight and number of heroin border seizures by the Australian Customs and Border Protection Service, 2000–01 to 2012–13



Source: ACBPS

Key expert comments

Key experts confirmed that the heroin market was stable. Prices reported were in the \$400–\$500 per gram range, with a cap \$50 and two shots \$100. Quality was generally considered to be low but with occasional exceptions. Availability was reported as stable with some fluctuation.

5.2 Methamphetamine market

KEY POINTS

- All three forms of methamphetamine (speed powder, base and crystal/ice) were purchased for \$100 per point. Price was commonly considered to be stable across all forms.
- Three in five rated the purity of crystal/ice as high. Speed and base were generally considered less pure.
- All forms of methamphetamine were reported to be readily available.

Of the entire sample (N = 100), 16% answered questions about the speed market, 14% about base, and 26% about crystal/ice; and analysis is based on these sub-samples.

5.2.1 Methamphetamine price

The median prices of participants' most recent purchase of each form of methamphetamine were:

Speed

Point (0.1 g)	\$100 (range \$50–\$100, n = 15)
Halfweight (0.5 g)	\$250 (range \$200–\$350, n = 4)
Gram (1 g)	\$500 (range \$400–\$700, n = 3)

Base

Point (0.1 g)	\$100 (range \$50–\$100, n = 10)
Halfweight (0.5 g)	\$350 (range \$250–\$350, n = 3)
Gram (1 g)	\$400 (n = 1)

Crystal/ice

Point (0.1 g)	\$100 (range \$50–\$120, n = 26)
Halfweight (0.5 g)	\$350 (range \$300–\$350, n = 6)
Gram (1 g)	\$600 (range \$400–\$700, n = 3)

The price of all forms of methamphetamine was generally considered to be stable (Table 12).

Table 12: Methamphetamine price changes in preceding six months, 2012 and 2013

Price	Speed powder		Base		Crystal/ice	
	2012 n = 16 %	2013 n = 19 %	2012 n = 14 %	2013 n = 10 %	2012 n = 26 %	2013 n = 33 %
Increasing	25	0	36	20	31	15
Stable	56	100↑	57	70	58	82
Decreasing	0	0	0	0	4	3
Fluctuating	19	0	7	10	8	0

Note: Those choosing 'don't know' were excluded from analysis.

Arrow symbol signifies a significant difference $p < 0.05$.

Source: Queensland IDRS injecting drug user interviews

5.2.2 Methamphetamine purity

There were differences in the assessments of the purity of speed and base; although both forms were most commonly rated as medium (Table 13). There was greater consensus about the purity of crystal/ice with three in five rating it as high. Just over half considered the purity of crystal/ice to be stable.

Table 13: Perceptions of methamphetamine purity in preceding six months, 2012 and 2013

	Speed powder		Base		Crystal/ice	
	2012 %	2013 %	2012 %	2013 %	2012 %	2013 %
Current purity/strength	n = 17	n = 20	n = 15	n = 11	n = 27	n = 33
High	0	20	47	27	52	61
Medium	71	40	13	46	26	21
Low	24	15	33	0	19	3
Fluctuates	6	25	7	27	4	15
Changes to purity/strength	n = 16	n = 20	n = 15	n = 10	n = 26	n = 33
Increasing	6	15	20	20	27	21
Stable	44	40	60	20	42	55
Decreasing	50	10	13	10	15	3
Fluctuating	0	35	7	50	15	21

Note: Those choosing 'don't know' were excluded from analysis.

Source: Queensland IDRS injecting drug user interviews

5.2.3 Methamphetamine availability

There appears to be little change in availability from 2012, with all forms of methamphetamines mostly rated as easy or very easy to obtain (Table 14).

Table 14: Methamphetamine availability in preceding six months, 2012 and 2013

	Speed powder		Base		Crystal/ice	
	2012 %	2013 %	2012 %	2013 %	2012 %	2013 %
Current availability	n = 18	n = 19	n = 14	n = 9	n = 28	n = 33
Very easy	44	42	36	33	61	52
Easy	44	47	36	33	29	42
Difficult	11	11	14	33	11	6
Very difficult	0	0	14	0	0	0
Changes to availability	n = 17	n = 19	n = 14	n = 9	n = 27	n = 32
More difficult	6	11	29	22	11	3
Stable	88	68	50	67	67	72
Easier	0	16↑	14	11	15	25
Fluctuates	6	5	7	0	7	0

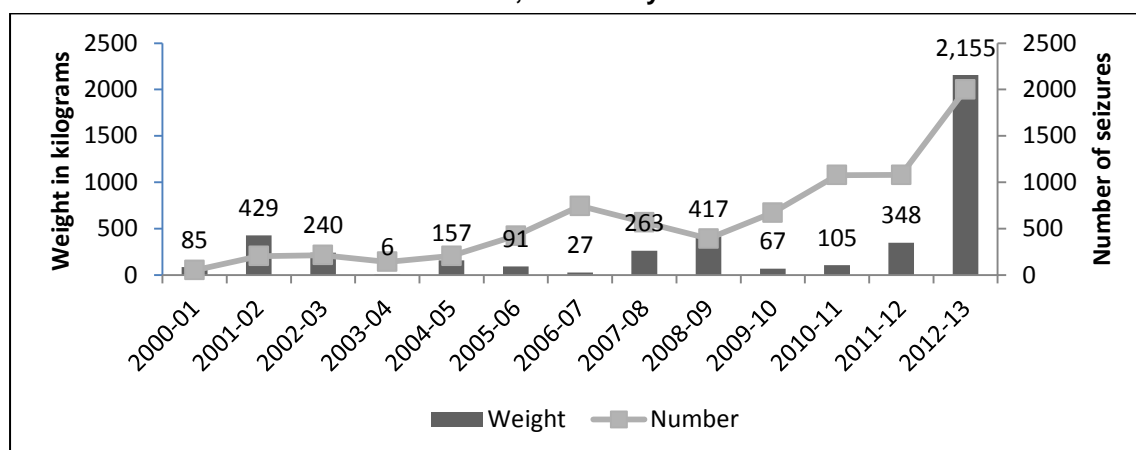
Note: Those choosing 'don't know' were excluded from analysis.

Source: Queensland IDRS injecting drug user interviews

5.2.4 Amphetamine-type stimulants detected at the Australian border

The number of detections of amphetamine-type stimulants (ATS) by the Australian Customs and Border Protection Service (ACBPS) rose sharply in 2012–13 as did the overall weight of the detections (Figure 26).

Figure 26: Weight and number of amphetamine-type stimulants* detections by the Australian Customs and Border Protection Service, financial years 2000–01 to 2012–13



* includes amphetamine, methamphetamine and crystal methamphetamine detections, but excludes MDMA
Source: ACBPS

5.2.5 Purchasing patterns of methamphetamines

A known dealer or a friend continued to be the most likely source for the most recent purchase of all forms of methamphetamines (Table 15). The place of most recent purchase varied for all three forms of methamphetamines, but an agreed public location was the most common place.

Table 15: Purchasing patterns of methamphetamine, 2012 and 2013

	Speed powder		Base		Crystal/ice	
	2012 %	2013 %	2012 %	2013 %	2012 %	2013 %
Last purchased from	n = 18	n = 20	n = 14	n = 10	n = 28	n = 33
Street dealer	6	10	0	0	14	0
Friend	39	25	50	30	32	33
Known dealer	39	45	36	30	43	42
Acquaintance	6	10	0	0	4	12
Unknown dealer	6	5	0	20	0	3
Mobile dealer	6	0	0	0	4	3
Other	0	5	14	20	4	6
Place of most recent purchase	n = 17	n = 20	n = 12	n = 10	n = 27	n = 33
Home delivery	18	15	25	20	19	18
Dealer's home	6	5	8	0	19	12
Friend's home	18	30	42	20	22	27
Acquaintance's house	0	0	0	0	0	3
Street market	6	5	0	10	11	0
Agreed public location	47	45	25	40	30	36
Other	6	0	0	10	0	3

Source: Queensland IDRS injecting drug user interviews



Key expert comments

Key experts confirmed that the price for a point of crystal/ice was \$100, but the price ranges given for a gram varied, spanning \$400–\$1,000. Speed was generally reported to be sold more cheaply than crystal/ice (i.e. between \$50 and \$80 point). There were no reports about the price of base. Forensic experts reported that about a third of methylamphetamine seizures were high quality crystals with only a small proportion of seizures being low quality.

5.3 Cocaine market

KEY POINTS

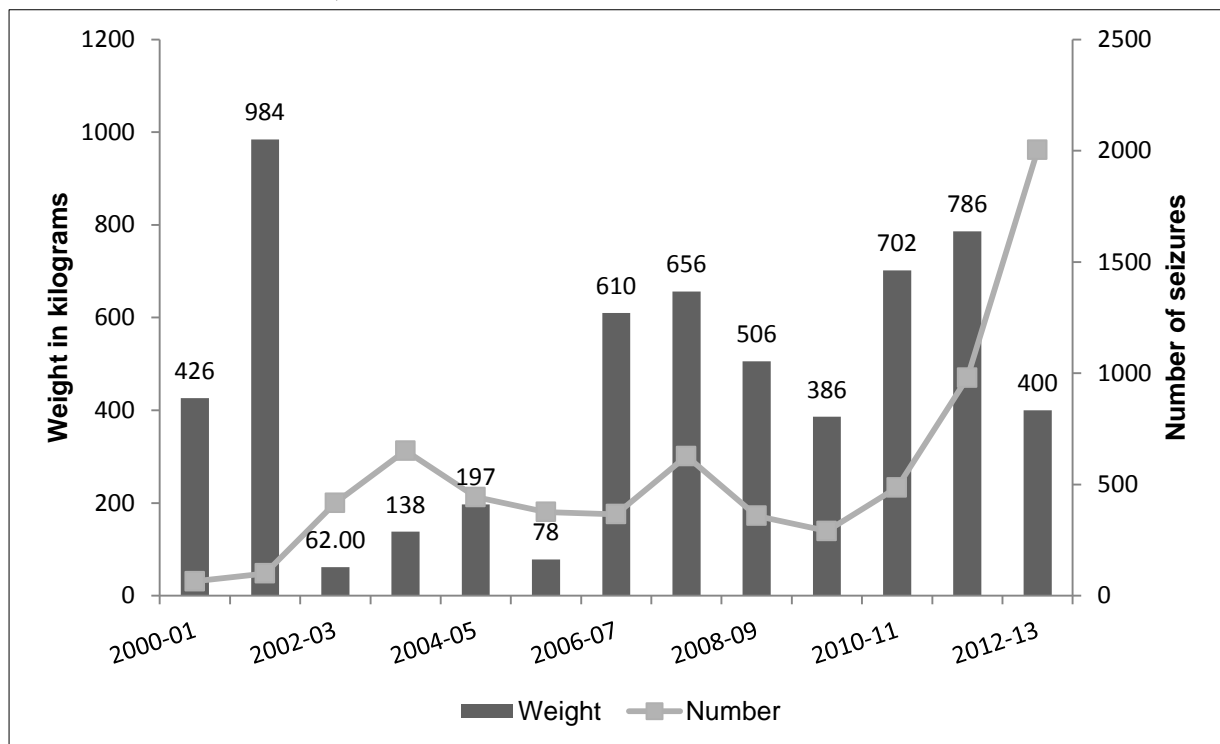
- Only one participant commented on the cocaine market, and they considered the market to be stable.

Only one participant answered questions about the cocaine market. The participant considered that price was stable at \$300 gram, purity fluctuated and that availability was always very easy.

5.3.1 Cocaine detected at the Australian border

Although there were 2,003 cocaine detections at the border by the Australian Customs and Border Protection Service (ACBPS) for the financial years 2012–13 compared with 979 in 2011–12, the total weight of seizures was 400 kilograms compared with 786 kilograms in 2011–12 (Figure 27).

Figure 27: Weight and number of cocaine border seizures by the Australian Customs and Border Protection Service, 2000–01 to 2012–13



Source: ACBPS

Key expert comments

No key expert comments

5.4 Cannabis market

KEY POINTS

- Potency of cannabis was generally rated as high or medium for hydro, and medium or fluctuates for bush.
- Price was mostly reported as stable for both hydro and bush.
- Median price of a quarter ounce of hydro was \$95 and bush \$80.
- Hydro was readily available.
- 25% reported bush was difficult to access.
- The most recent purchase of both hydro and bush was generally from a friend or a known dealer. Place of purchase was most often an agreed public location or a friend's home.

Forty-one percent of the sample agreed they were able to distinguish between hydroponically cultivated cannabis (hydro) and outdoor-cultivated cannabis (bush). Thirty-five per cent answered questions about the hydro market and 20% about the bush market.

5.4.1. Cannabis price

The median price of hydro and bush was:

Hydro

Stick*	\$25 (n = 11)
Gram	\$20 (range \$17–\$25, n = 7)
Quarter ounce	\$95 (range \$80–\$100, n = 12)
Ounce	\$300 (range \$260–\$380, n = 7)

Bush

Stick*	\$25 (range \$20–\$25, n = 3)
Quarter ounce	\$80 (range \$70–\$100, n = 11)

*Stick is generally around 1.5 grams. The ranges provided by participants spanned 1.2–1.7 grams.

The price of hydro was mostly rated as stable (89%, n = 35), with 9% considering it to have increased, and 3% to have decreased. The price of bush was also mostly rated as stable (70%, n = 12), with 20% considering it to have fluctuated, 5% decreased, and 5% increased.

5.4.2 Cannabis purity

The potency of hydro was generally considered to be high or medium, with just over half reporting that potency had remained stable in the previous six months. Bush was generally considered to be medium potency or to fluctuate (Table 16).

Table 16: Perceived cannabis potency in preceding six months, 2012 and 2013

	Hydro		Bush	
	2012 %	2013 %	2012 %	2013 %
Current potency	n = 47	n = 35	n = 13	n = 20
High	62	51	31	5
Medium	21	31	54	60
Low	4	3	15	5
Fluctuates	13	14	0	30
Changes to potency	n = 47	n = 35	n = 13	n = 20
Increasing	15	9	0	0
Stable	53	54	77	45
Decreasing	17	11	23	5
Fluctuates	15	26	0	50

Source: Queensland IDRS participant interviews

5.4.3 Cannabis availability

The current availability of hydro was mostly rated as easy or very easy to access, with no changes in availability over the past six months (Table 17). There was not as much consensus about the availability of bush with a quarter reporting it as difficult. Most considered that availability of bush had been stable.

Table 17: Cannabis availability in preceding six months, 2012 and 2013

	Hydro		Bush	
	2012 %	2013 %	2012 %	2013 %
Current availability	n = 48	n = 35	n = 14	n = 20
Very easy	35	49	29	25
Easy	46	49	43	50
Difficult	19	3	29	25
Very difficult	0	0	0	0
Changes to availability	n = 47	n = 35	n = 13	n = 20
More difficult	11	3	23	5
Stable	77	97	62	80
Easier	4	0	0	0
Fluctuates	9	0	15	15

Note: Those choosing 'don't know' were excluded from analysis.

Source: Queensland IDRS injecting drug user interviews

5.4.4 Purchasing patterns of cannabis

Friend or known dealer continued to be the most likely source person for obtaining both hydro and bush (Table 18). Place of purchase was most often an agreed public location or a friend's home.

Table 18: Purchasing patterns of cannabis, 2012 and 2013

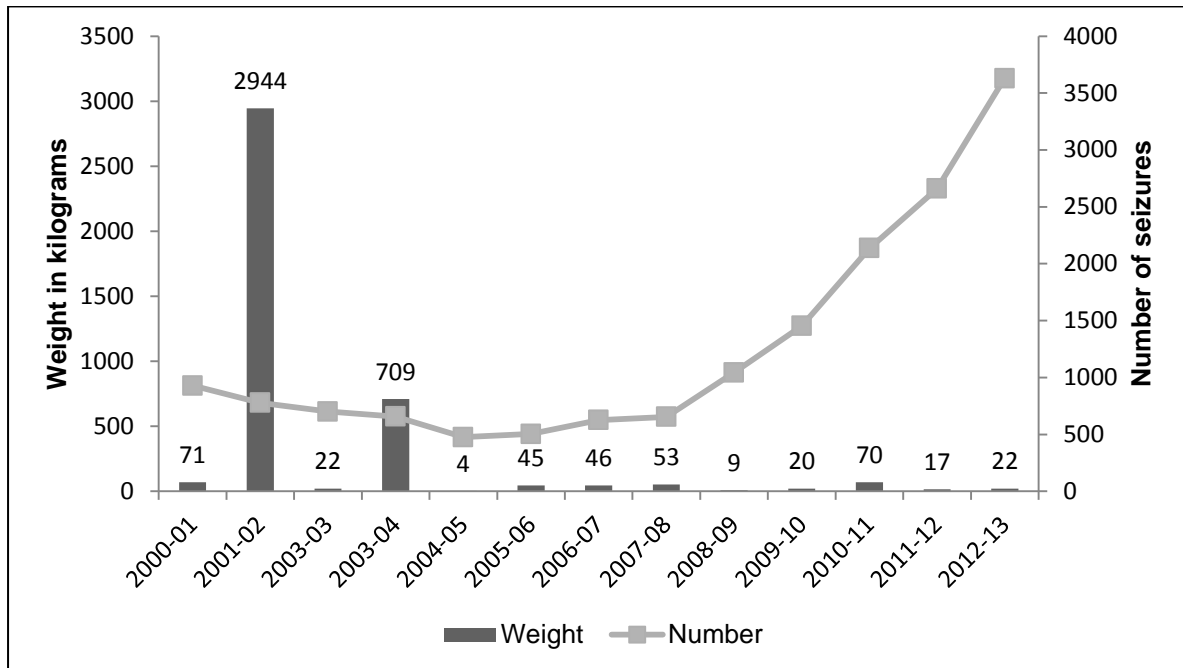
	Hydro		Bush	
	2012 %	2013 %	2012 %	2013 %
Last purchased from	n = 47	n = 35	n = 11	n = 20
Friend	64	40	46	45
Known dealer	15	34	27	40
Street dealer	2	0	9	0
Acquaintance	9	14	9	15
Workmate	0	0	0	0
Unknown dealer	4	6	0	0
Mobile dealer	2	0	0	0
Other	4	6	9	0
Place of purchase	n = 47	n = 35	n = 11	n = 20
Friend's home	45	26	36	35
Dealer's home	6	17	18	10
Home delivery	15	11	9	10
Agreed public location	21	34	18	35
Street market	4	3	18	0
Acquaintance's house	4	6	0	10
Work	2	0	0	0
Other	2	3	0	0

Source: Queensland IDRS injecting drug user interviews

5.4.5 Cannabis detections at the Australian border

Figure 28 shows the total weight (in kilograms) and number of cannabis detections at the border by the Australian Customs and Border Protection Service (ACBPS) from the financial year 2000–01 to 2012–13. These detections include cannabis, cannabis leaf, oil, seed, and resin. Although the number of seizures continues to increase (3,629 in 2012–13), the weight of seizures remains modest.

Figure 28: Weight and number of cannabis border seizures by Australian Customs and Border Protection Service, financial years 2000–01 to 2012–13



Source: ACBPS

Key expert comments

Market continued to be reported as stable.

5.5 Methadone market

KEY POINTS

- The price of methadone was mostly reported as stable, with median price of \$1 per millilitre.
- Availability was considered stable.
- Methadone was most likely to have been purchased from a friend or acquaintance, and the purchase place to have been a public location.

Ten per cent of participants answered questions about the methadone market.

5.5.1 Methadone price

The median price paid for one millilitre of methadone syrup remained constant at \$1 per millilitre.

Two participants reported that they paid \$6 for their most recent purchase of 10 mg of Physeptone.

5.5.2 Methadone availability

All rated availability of methadone as stable, although there was no clear consensus about how easy it was to obtain.

5.5.3 Purchasing patterns of illicit methadone

Illicit methadone was nearly always sourced from friends or acquaintances at a friend's house or agreed public location. Only five participants reported on how they most recently obtained illicit methadone, and all reported buying it. Three of these participants reported that it was someone else's take-away dose, and two did not know the original source

5.6 Buprenorphine (Subutex®) market

KEY POINTS

- The buprenorphine market was reported as stable, with the median price of 2 mg being \$10 and 8 mg \$40.

Nine per cent of participants answered questions about the buprenorphine market.

5.6.1 Buprenorphine price

The median price of buprenorphine was:

0.4 mg \$5 (n = 1)

2 mg \$10 (n = 3)

8 mg \$40 (range \$40–\$50, n = 7)

All participants who commented reported that prices were stable.

5.6.2 Buprenorphine availability

Four of the nine participants who commented rated the current availability of buprenorphine as easy, three as difficult, and two as very easy. Most reported that availability had been stable in the previous six months.

5.6.3 Purchasing patterns of illicit buprenorphine

All except one of the nine participants reported buying (rather than being given) illicit buprenorphine. The most recent purchase was reported as being either from a friend or known dealer. Half the transactions were at an agreed public location: the others were at a friend's or dealer's home. Eight participants reported on the original source, with six reporting that it was someone else's take-away dose and two that they didn't know. There was no consistent main reason for use.

5.7 Buprenorphine-naloxone (Suboxone[®]) market

KEY POINTS

- Price and availability of buprenorphine-naloxone was generally considered stable by the small number of participants who commented.

Six per cent of participants answered questions about the buprenorphine-naloxone market.

5.7.1 Buprenorphine-naloxone price

The median price of buprenorphine-naloxone was:

Tablets

2 mg \$10 (n = 1)

8 mg \$40 (range \$30–\$40, n = 4)

Film

2 mg \$7.50 (range \$5–\$10, n = 2)

8 mg \$25 (range \$20–\$50, n = 5)

Prices were reported as stable for both tablets and film.

5.7.2 Buprenorphine-naloxone availability

The four participants who commented reported that buprenorphine-naloxone tablets were currently easy or very easy to obtain, with three reporting that availability had been stable over the past six months and one reporting fluctuation.

Film was also considered to be readily available (n = 6), with availability stable over the past six months.

5.7.3 Purchasing patterns of buprenorphine-naloxone

Both the film form and the tablet form of buprenorphine-naloxone were most likely to be purchased from a known dealer, and the place of purchase to be an agreed public location.

5.8 Morphine market

KEY POINTS

- The median price for 100 milligrams of morphine was \$50 for both MS Contin[®] and Kapanol[®], with price in the past six months generally rated as stable or increasing.
- MS Contin[®] was the most common brand of morphine used, followed by Kapanol[®].
- Morphine was reported as easy or very easy to obtain.
- Morphine was obtained from a variety of source people and locations.

Twenty-nine per cent of participants answered questions about the morphine market.

5.8.1 Morphine price

Participants were asked about the price of the specific brands of morphine (i.e. MS Contin[®] and Kapanol[®]) that they last purchased. The median prices were:

MS Contin [®]	5 mg	\$2 (range \$1–\$20, n = 3)
	30 mg	\$15 (range \$10–\$20, n = 3)
	60 mg	\$30 (range \$20–\$40, n = 6)
	100 mg	\$50 (range \$20–\$100, n = 23)
Kapanol [®]	50 mg	\$25 (range \$25–\$50, n = 3)
	100 mg	\$50 (range \$20–\$50, n = 10)

Of those who reported on price changes in the preceding six months (n = 29), 62% considered price to have been stable, 24% increasing, 7% fluctuating, and 7% decreasing.

5.8.2 Morphine availability

Participants who commented on the morphine market generally considered morphine to be readily available, with most reporting access as stable (Table 19).

Table 19: Availability of morphine in preceding six months, 2012 and 2013

Ease of access	2012 % (n = 21)	2013 % (n = 28)	Changes to ease of access in last 6 months	2012 % (n = 21)	2013 % (n = 28)
Very easy	52	43	Stable	61	79
Easy	19	43	More difficult	17	11
Difficult	19	14	Fluctuates	6	7
Very difficult	10	0	Easier	17	4

Note: Those choosing 'don't know' were excluded from analysis.

Source: Queensland IDRS injecting drug user interviews

5.8.3 Purchasing patterns of illicit morphine

Respondents who commented (n = 28) last purchased morphine from friends (36%), known dealers (29%), street dealers (4%), acquaintances (21%), unknown dealers (4%), or others (7%).

Venues for the most recent purchase of morphine among those who commented (n = 28) were: agreed public location (43%), a friend's home (14%), home delivery (11%), acquaintance's home (11%), dealer's home (7%), street market (7%), chemist (4%), or other (4%).

5.9 Oxycodone market

KEY POINTS

- The median price of 80 milligrams of oxycodone was stable at \$50.
- 52% rated availability of oxycodone as difficult, with the remainder rating it as easy or very easy.
- Illicit oxycodone was most often sourced from a friend (58%).

Twenty-two per cent of participants answered questions about the oxycodone market.

5.9.1 Illicit oxycodone price

Oxycontin[®] was the most popular brand of illicit oxycodone, and price reports were mostly about the 80 mg tablets which had a median price of \$50 (range \$25–\$80, n = 21). This was the same median price as in 2012 (range \$40–\$100, n = 11).

Of the 20 participants who commented on price changes, 70% considered it to be stable, 20% to be increasing, and 10% to be decreasing.

5.9.2 Illicit oxycodone availability

There were mixed responses regarding the availability of oxycodone, but none regarded it as very difficult (Table 20). Availability was most commonly reported as stable.

Table 20: Availability of oxycodone in preceding six months, 2012 and 2013

Ease of access	2012 % (n = 12)	2013 % (n = 21)	Changes to ease of access in last 6 months	2012 % (n = 12)	2013 % (n = 21)
Very easy	28	24	Stable	67	67
Easy	58	33	More difficult	17	19
Difficult	17	43	Fluctuates	8	5
Very difficult	0	0	Easier	8	10

Note: Those choosing 'don't know' were excluded from analysis.

The percentage totals may not equal 100 due to rounding.

Source: Queensland IDRS injecting drug user interviews

5.9.3 Purchasing patterns of illicit oxycodone

Of the participants who commented on their most recent purchase of oxycodone (n = 20), 40% reported their source person was a friend, 15% street dealer, 15% acquaintance, 10% known dealer, 5% unknown dealer, and 5% other. The purchase was most likely to be made at an agreed public location (32%): other venues included home delivery; home of dealer, friend or acquaintance; and street market.

5.10 Benzodiazepine market

KEY POINTS

- Price of illicit benzodiazepine in the previous six months was mostly rated as stable.
- Availability was generally rated as easy or very easy.
- Half sourced illicit benzodiazepine from a friend.

Ten per cent answered questions about the benzodiazepine market.

5.10.1 Illicit benzodiazepine price

Numbers were too low to report on prices of diazepam and alprazolam per pill; but of the nine who commented on recent changes to price, six considered it to be stable and three increasing.

5.10.2 Illicit benzodiazepine availability

Those who commented (n = 10) generally rated availability as very easy or easy, with three rating it as difficult. The market was mostly considered to be stable.

5.10.3 Purchasing patterns of illicit benzodiazepine

Half purchased their illicit benzodiazepines from a friend and a friend's home was the most likely place of purchase. When asked about the original source, half responded 'don't know', four 'someone else's dose', and one 'other'.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

- 54% of participants who responded to questions about heroin overdose had accidentally overdosed on heroin in their lifetime. Of these, 16% had overdosed in the preceding year.
- 22% had ever accidentally overdosed on a drug other than heroin.
- 45% of participants were currently in drug treatment, predominantly opioid substitution therapy (OST).
- Of those in OST, about half were receiving methadone and the other half buprenorphine or buprenorphine-naloxone.
- 90% of participants had sourced needles from a Needle and Syringe Program (NSP) in the previous month.
- 13% of participants had recently borrowed a used needle, and 13% had recently lent a used needle, with 22% reporting that they shared other equipment (predominantly spoons/mixing containers).
- Two in five re-used one of their own needles at least once in the previous month.
- 47% of participants self-reported a mental health problem, with the most common problems being depression and anxiety followed by schizophrenia.
- Over half of participants scored in the high distress or very high distress categories of the Kessler Psychological Distress Scale (K10).
- Participants' mental and physical health scores on the SF-12 health survey were lower than the Australian population average.
- About a third of participants had accessed a health professional in the previous four weeks, most often a GP.
- Of participants who had driven in the past six months, 11% reported driving under the influence of alcohol and 81% reported driving soon after taking an illicit drug.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioid overdose

Amongst those who had used heroin and commented ($n = 79$), 54% of participants reported accidentally overdosing on heroin in their lifetime. Participants had overdosed a median of three times (range 1–100), with over a quarter having overdosed five or more times. Sixteen per cent of those who had overdosed had done so in the previous 12 months. All except one reported receiving immediate treatment. Of those receiving immediate treatment, half reported that an ambulance attended and that they received Narcan. Only one respondent reported later seeking out treatment/information as a result of the overdose

6.1.2 Other drugs overdose

An accidental overdose on a drug other than heroin was reported by 22% of all participants. The median number of other overdoses was one ($n = 22$, range 1–10). Seven participants had overdosed in the previous 12 months with three reporting that they received immediate treatment.

6.1.3 Queensland Ambulance Service data

Attendance by Queensland Ambulance Service to people who were coded as having a drug overdose (and the primary drug was recorded) is presented in Table 21 for the financial years 2009–10 to 2012–13. Proportions follow a similar pattern for all four years, with alcohol being consistently the most likely primary drug.

Table 21: Overdose cases attended by Queensland Ambulance Service where primary substance was recorded, 2009–10 to 2012–13

Primary drug	2009–10	2010–11	2011–12	2012–13
Alcohol	3,629	3,813	3,950	4,151
Other medications	1,060	1,000	992	1,026
Antidepressants	766	661	641	720
Benzodiazepines	467	490	554	613
Unknown substance	322	320	351	369
Amphetamines	132	149	265	282
Cannabis	182	198	227	251
Heroin	242	285	281	217
Antipsychotics	228	208	221	216
Ecstasy	166	107	137	212
Inhalants	74	80	136	180
Other opiates (excl. heroin)	110	148	131	179
GHB	38	32	53	119
Cocaine	33	28	26	42
Methadone	39	34	32	31
Buprenorphine	5	2	3	7
Naltrexone	3	3	3	1
Other	880	799	860	1,000
	8,376	8,357	8,863	9,616

Source: Queensland Ambulance Service

These data are conservative and cannot be considered a definitive record of the number of overdoses attended by the service in the specified time period.¹

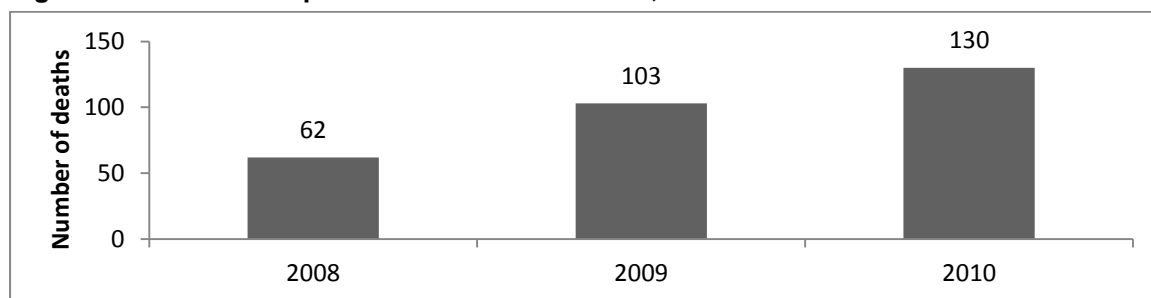
6.1.4 Fatal overdose

The Australian Bureau of Statistics (ABS) collates and manages the national causes of death database, utilising information from the National Coronial Information System (NCIS). Data for accidental opioid deaths in Queensland continue to trend upwards from 2008 to 2010 (Figure 29).

¹ Queensland Ambulance Service data do not include formal diagnoses, as these are not made until the patient has received treatment at a hospital emergency department. Also the ambulance service may have attended people who had overdosed without an overdose code being assigned, thus excluding them from the data shown.

Moreover, the 'drug type' field is optional as it is not always possible for paramedics to establish the drug type involved. Only the primary drug is recorded so the data does not capture the range of different illicit drugs that may be involved in each overdose case. Finally, these data relate only to cases where the primary case nature was coded as overdose. Any overdose cases where the overdose was coded as secondary to the primary problem are not included (e.g. cardiac arrest due to drug overdose, trauma, and/or psychiatric cases).

Figure 29: Accidental opioid deaths in Queensland, 2008 to 2010



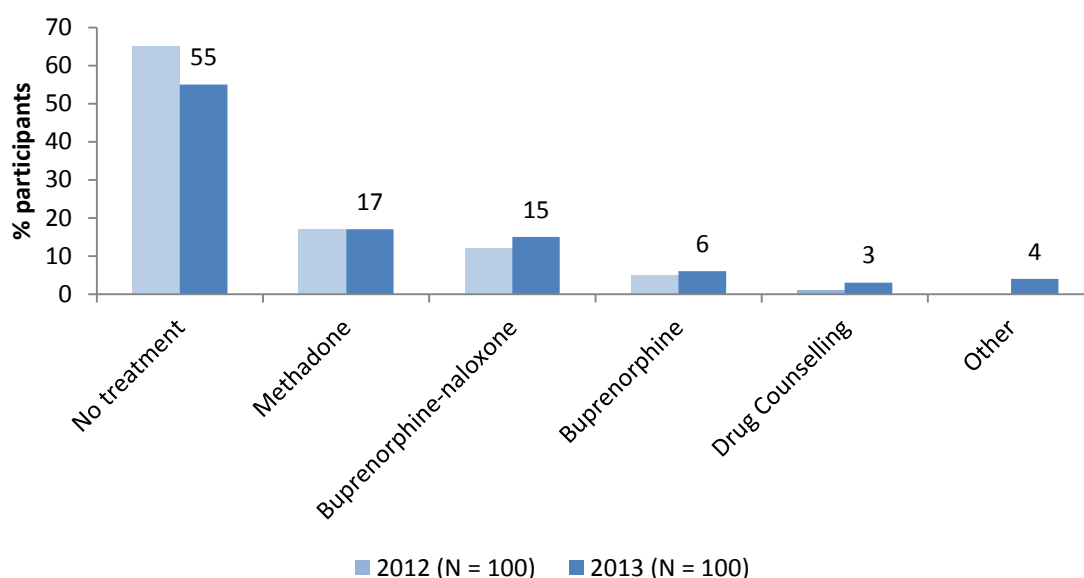
Note: Data for 2008 and 2009 are the final figures after two revisions; 2010 data are the preliminary figures.
Source: Australian Bureau of Statistics (Roxburgh and Burns, 2013)

6.2 Drug treatment

6.2.1 Current drug treatment

Current drug treatment status was similar to 2012 with 45% of participants in treatment which was predominantly opioid substitution pharmacotherapy (38%, Figure 30). The median time in current treatment was two years ($n = 45$, range two weeks–20 years). For those currently in methadone treatment ($n = 17$) the median time in treatment was 5 years (range 1 month–20 years).

Figure 30: Current treatment status, 2012 and 2013



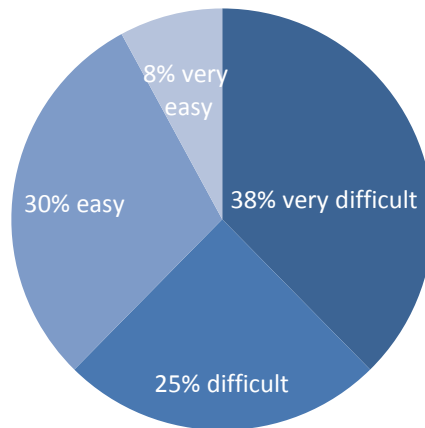
Source: Queensland IDRS injecting drug user interviews

When participants were asked about trying to access treatment services ($n = 100$), 12% reported they were turned away or asked to wait more than one week in the previous six months. This occurred most when trying to access a GP, followed by detox treatment, an alcohol and drug worker and an opioid substitution program.

Sixty-eight participants answered additional questions about drug treatment. For those who reported accessing a drug treatment service in their lifetime ($n = 58$), the median number of times accessed a service was four (range 1–50).

Participants were also asked questions about their perception of access and availability of treatment services. Of those who commented ($n = 53$), 63% perceived it to be currently difficult or very difficult to get drug treatment if they wanted to access it (Figure 31).

Figure 31: Perception of current access to drug treatment, 2013



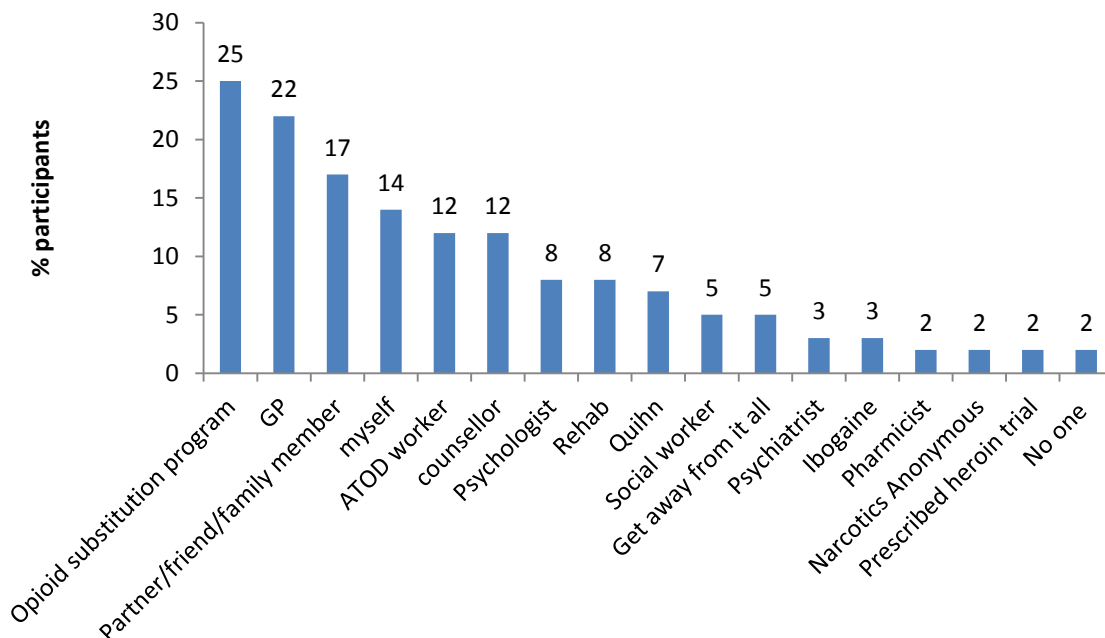
Note: 'don't know' responses were excluded from this analysis.
 The percentage total does not equal 100 due to rounding.
 Source: Queensland IDRS injecting drug user interviews

Availability of drug treatment services in the previous six months was reported as more difficult 46%, stable 46%, easier 7%, and fluctuates 2% (n = 46).

Over half of those who commented (54%, n = 65) knew of someone who had tried but was unable to access treatment in the previous six months: 1–2 people 20%, 3–5 people 15%, ≥6 people 19%.

When asked who they thought would help them the most if they wanted to reduce or stop their drug use (n = 59), the most common response was opioid substitution treatment 25%, followed by GP 22%, and a partner/friend/family member 17% (Figure 32).

Figure 32: Service/person who would most help to reduce or stop drug use, 2013



Note: Multiple responses allowed.
 Source: Queensland IDRS injecting drug user interviews

Qualitative comments from participants about drug treatment services trended towards complaints about difficulties accessing services and long waiting lists, particularly for detox and residential programs.

6.2.2 Estimated number of pharmacotherapy clients

The estimated number of pharmacotherapy clients in Queensland was stable with 5,819 clients receiving pharmacotherapy treatment on a 'snapshot'/specified day in 2012 (AIHW, 2013). Of these, 52% were receiving methadone, 14% were receiving buprenorphine (Subutex[®]), and 35% were receiving buprenorphine-naloxone (Suboxone[®]). These were similar proportions to 2011 data.

Three in five clients were male. The median age was 39 years, with the median age for methadone being 41 years, and 37 years for buprenorphine and buprenorphine-naloxone.

Four in five clients received their dose at a pharmacy, and overall there were 470 dosing sites in Queensland (435 in 2011). The number of prescribers registered to prescribe pharmacotherapy drugs rose from 105 in 2011 to 126 in 2012.

6.2.3 Calls to telephone help lines

The following data was obtained from the Queensland Alcohol and Drug Information Service (ADIS) which is a 24-hour information and counselling service provided by Queensland Health. In the financial year 2012–13 the pattern of calls according to drug type was similar to 2011–12, with the largest proportion of calls relating to alcohol (Table 22). Other calls were most frequently about cannabis, amphetamines and opioids.

Table 22: Number of calls to ADIS according to drug type, 2011–12 to 2012–13

Drug type	Calls	
	2011–12	2012–13
Alcohol	5,975 (42%)	5,166 (32%)
Cannabis	2,456 (17%)	2,167 (13%)
Amphetamines	1,913 (13%)	2,020 (12%)
Licit opioids	1,752 (12%)	1,503 (9%)
Illicit opioids	1,069 (7.5%)	756 (5%)
Benzodiazepines	1,008 (7%)	971 (6%)
Ecstasy	120 (1%)	134 (1%)
Cocaine	80 (1%)	76 (<1%)
Hallucinogens	44 (<1%)	50 (<1%)
Other	3,090 (22%)	3,430 (21%)

Note: This represents the number and percentage of calls about each drug where there was a person with a drug history and information is known (as opposed to a call for information for assignments, etc.). More than one drug may be mentioned on each call.

Source: ADIS

People who called ADIS about drugs, other than alcohol, were most likely to be in the 25 to 34 year age group (Table 23).

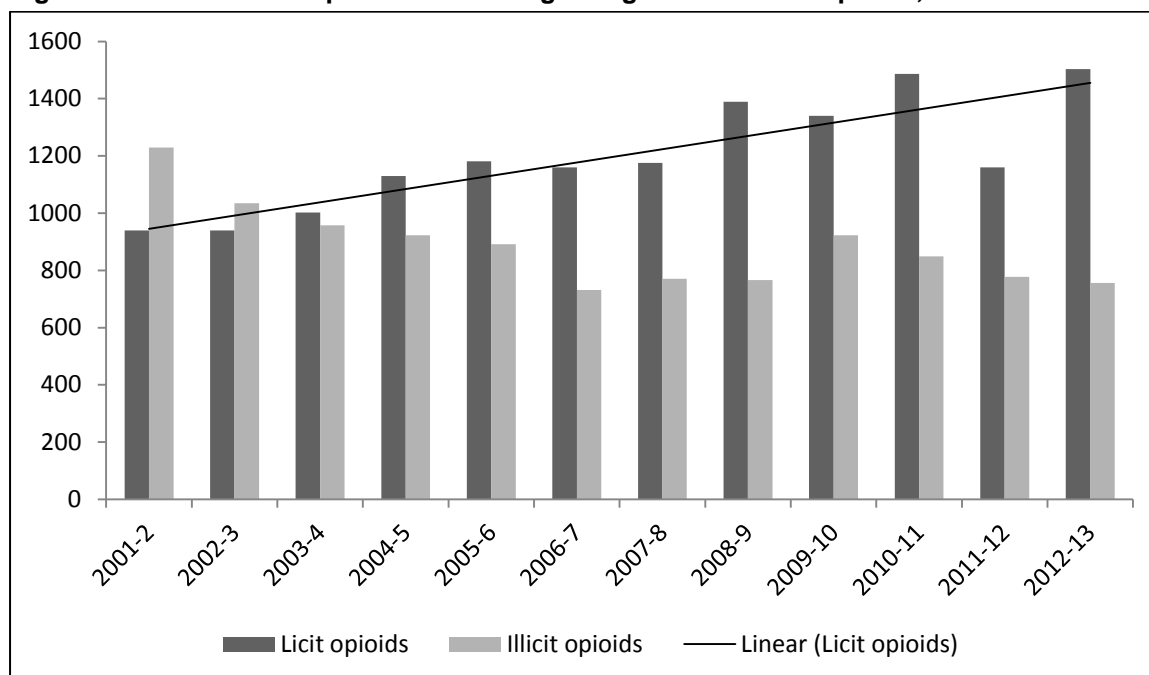
Table 23: Number of calls to ADIS by drug type and age, Queensland 2012–13

	0–17	18–24	25–34	35–44	45–54	55–64	≥65	Total
Alcohol	114	359	1096	1498	842	397	148	5,166
Cannabis	330	548	652	351	117	21	0	2,167
Amphetamines illicit	71	487	741	382	68	9	1	1,918
Amphetamines licit	4	23	36	20	7	0	0	102
Opioids illicit	13	60	260	195	46	6	1	756
Opioids licit	6	88	397	363	114	70	16	1,503
Benzodiazepine	15	67	204	197	114	245	35	971
Cocaine	4	16	25	17	9	0	0	76
Ecstasy	17	62	38	12	3	0	0	134
Hallucinogens	10	22	12	5	0	0	0	50
Other	85	395	673	494	259	851	40	3,430
	740	2127	4134	3534	1579	1311	257	16,273

Source: ADIS

Figure 33 shows how enquiries about licit opioids have been trending upwards since 2001–2. In 2013, there were 1,503 calls about licit opioids and about half this number (756) about illicit opioids.

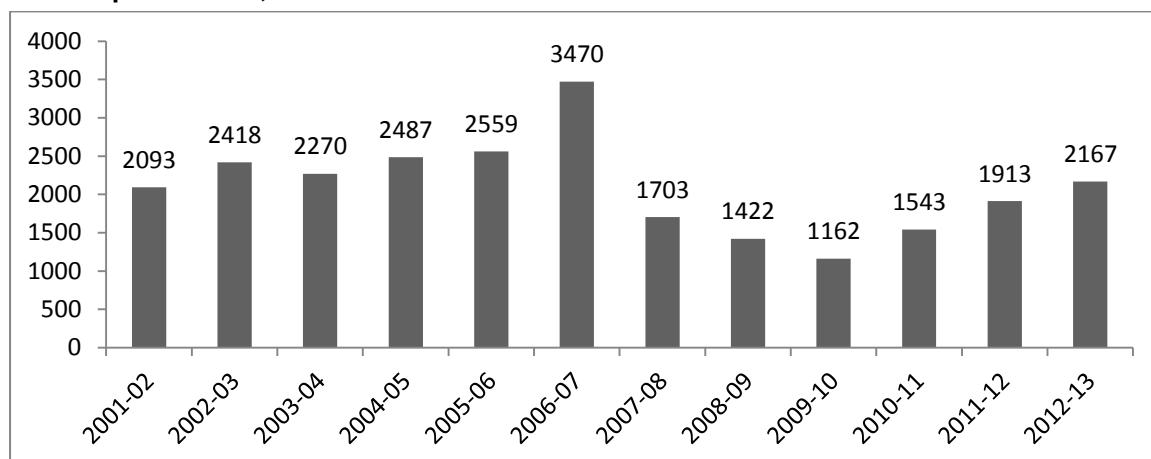
Figure 33: Number of enquiries to ADIS regarding licit and illicit opioids, 2001–02 to 2012–13



Source: ADIS

In the financial year 2011–12 there were 1,913 calls about amphetamines compared with 1,543 in the previous year. This remains much lower than the spike in 2006–07 of 3,470 calls (Figure 34).

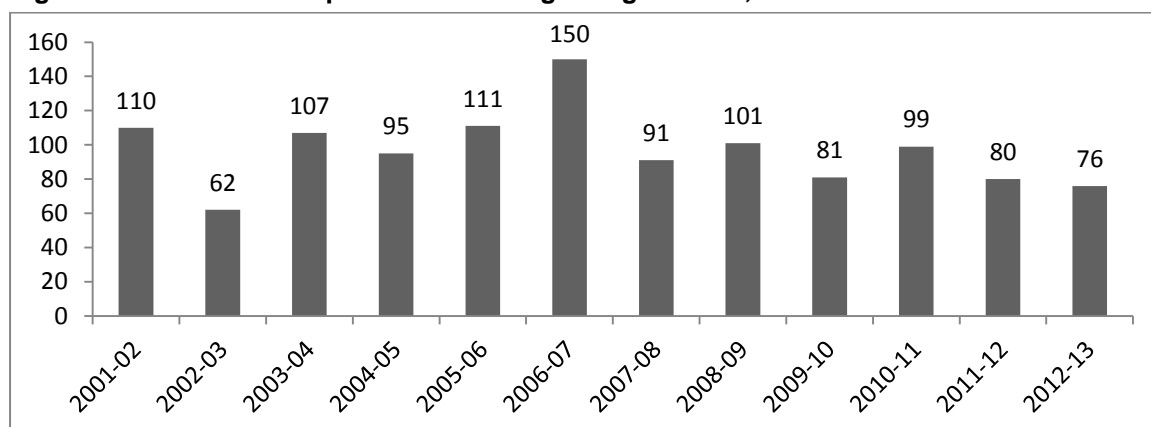
Figure 34: Number of enquiries to ADIS regarding amphetamines, including methamphetamines, 2001–02 to 2012–13



Source: ADIS

There has been a consistently low number of calls to ADIS about cocaine, with 80 calls in 2011–12, comprising 1% of all calls (Figure 35).

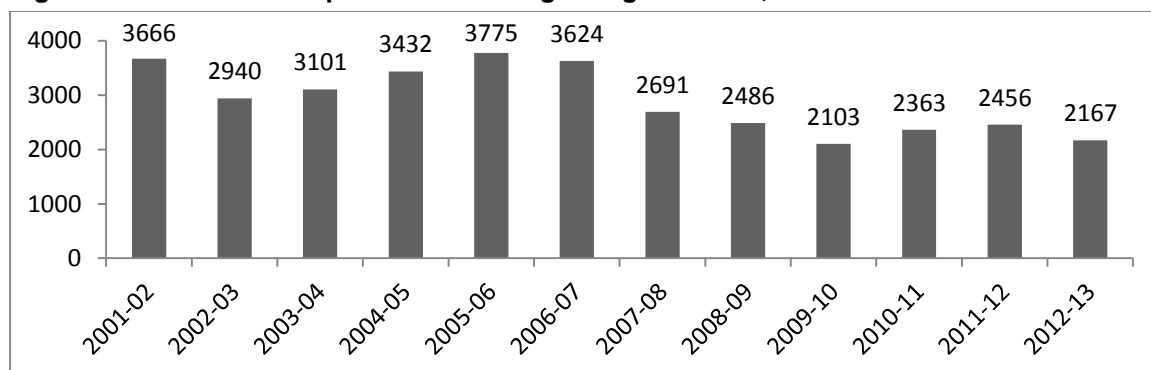
Figure 35: Number of enquiries to ADIS regarding cocaine, 2001–02 to 2012–13



Source: ADIS

As Figure 36 shows, the number of enquiries to ADIS about cannabis has been relatively consistent in the past few years after a peak in 2005–06.

Figure 36: Number of enquiries to ADIS regarding cannabis, 2001–02 to 2012–13



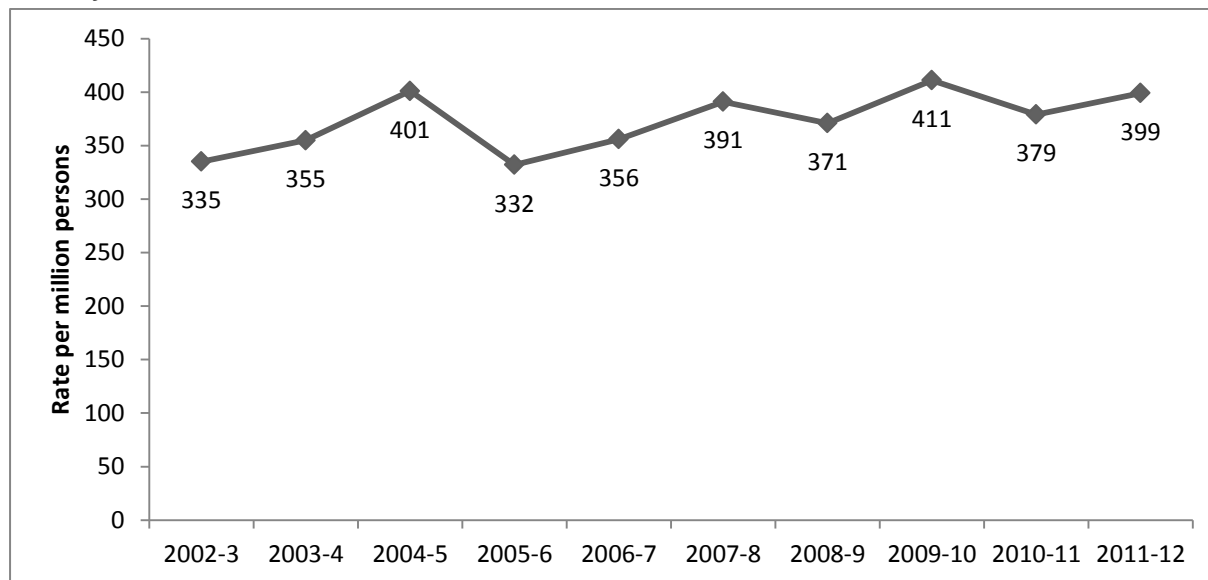
Source: ADIS

6.3 Hospital admissions

6.3.1 Heroin including other opioids

In 2011–12, the number of opioid-related inpatient hospital admissions in Queensland was 1,013 for persons aged 15–54 years. This equates to 399 admissions per million persons which is a similar rate to recent years (Figure 37).

Figure 37: Number of principal opioid-related hospital admissions per million persons aged 15–54 years, Queensland, 2002–03 to 2011–12

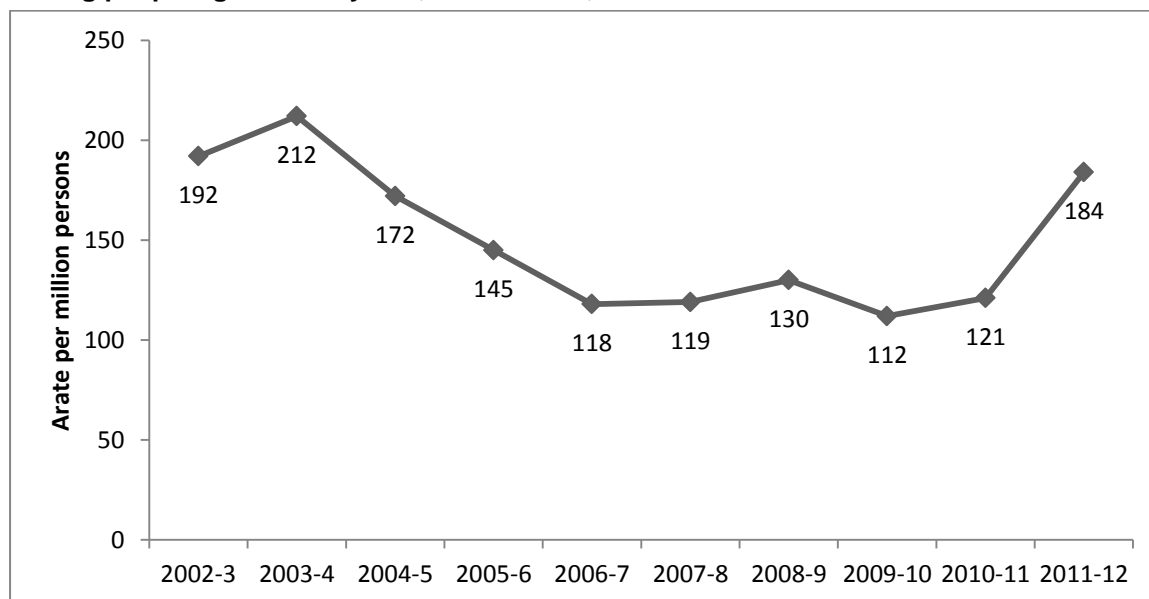


Source: Queensland Health (Roxburgh and Burns, 2013)

6.3.2 Methamphetamine

In 2011–12, the number of inpatient hospital admissions in Queensland where the principal diagnosis related to amphetamines was 466 for persons aged 15–54 years (i.e. 184 per million persons). As Figure 38 shows, the number of inpatient hospital admissions per million persons has risen from preceding years.

Figure 38: Number of principal amphetamine-related hospital admissions per million persons among people aged 15–54 years, Queensland, 2002–03 to 2011–12

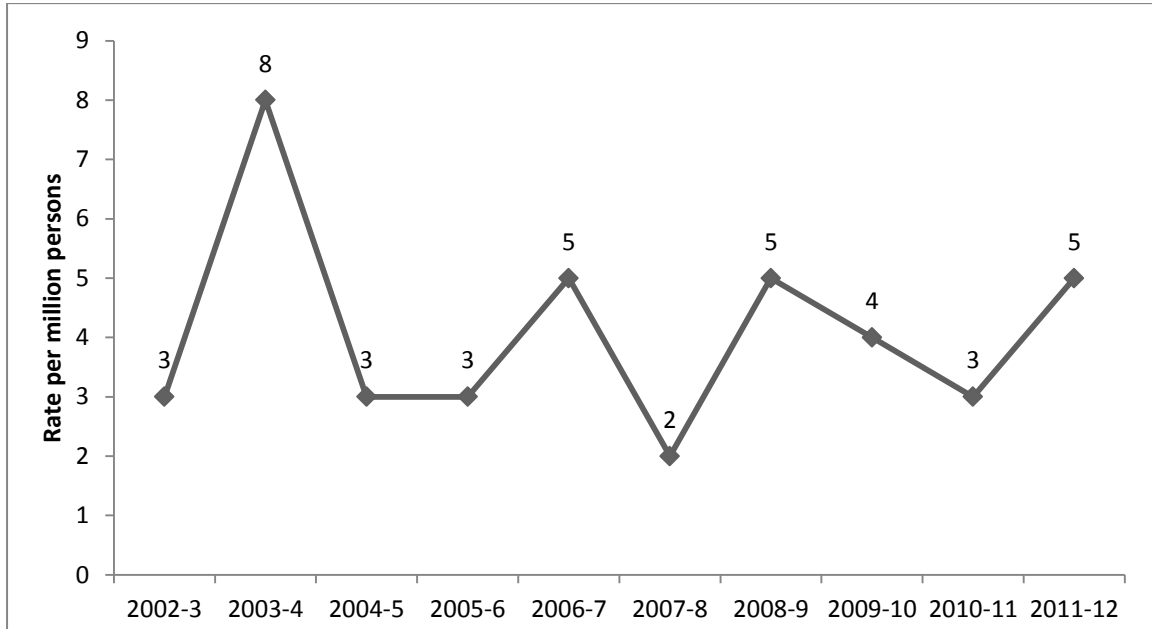


Source: Queensland Health (Roxburgh and Burns, 2013)

6.3.3 Cocaine

Figure 39 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine over the last decade. The number of admissions has remained consistently low.

Figure 39: Number of principal cocaine-related hospital admissions per million persons among people aged 15–54 years, Queensland, 2002–03 to 2011–12

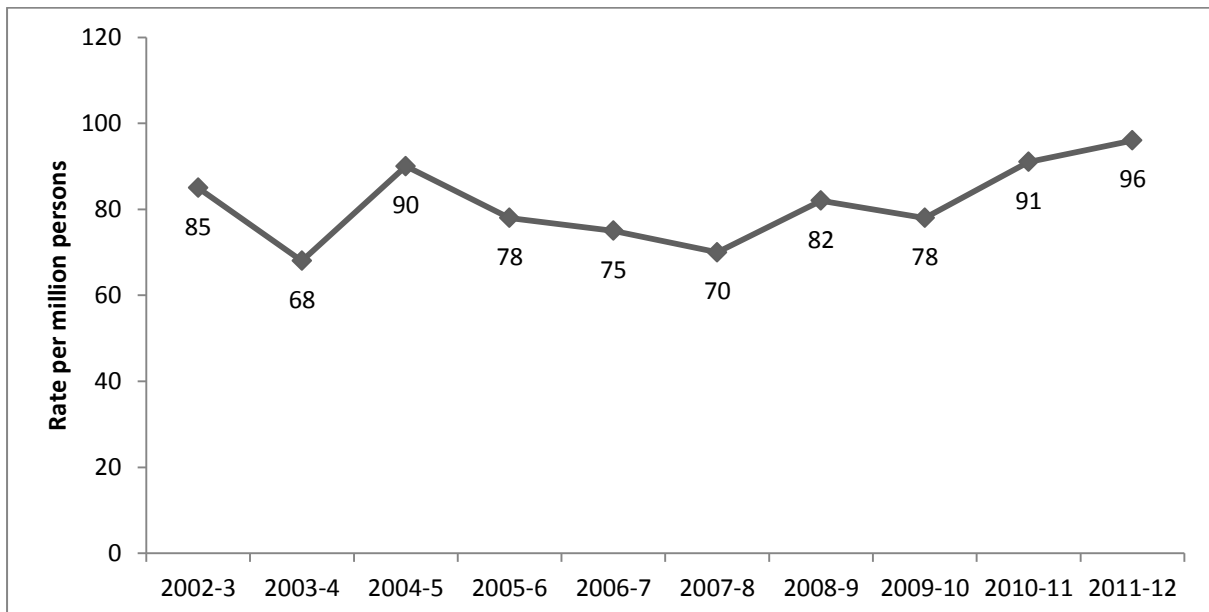


Source: Queensland Health (Roxburgh and Burns, 2013)

6.3.4 Cannabis

In 2011–12, there were 243 inpatient hospital admissions in Queensland for those aged 15–54 years where the principal diagnosis related to cannabis. This equates to 96 inpatient hospital admissions per million persons (Figure 40). Admission numbers appear to be trending upwards.

Figure 40: Number of principal cannabis-related hospital admissions per million persons among people aged 15–54 years, 2002–03 to 2011–12



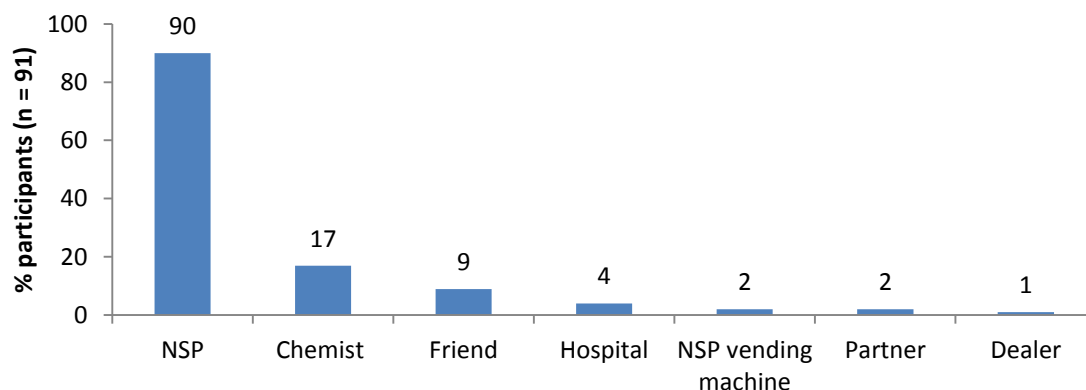
Source: Queensland Health (Roxburgh and Burns, 2013)

6.4 Injecting risk behaviour

6.4.1 Access to needles and syringes

As in previous years, Needle and Syringe Programs (NSP) were overwhelmingly the most common venue for acquiring needles and syringes (Figure 41). However, it must be remembered that our sample was largely recruited from NSP sites.

Figure 41: Source of needles and syringes in preceding month, 2013



Note: Multiple responses allowed.

Source: Queensland IDRS injecting drug user interviews

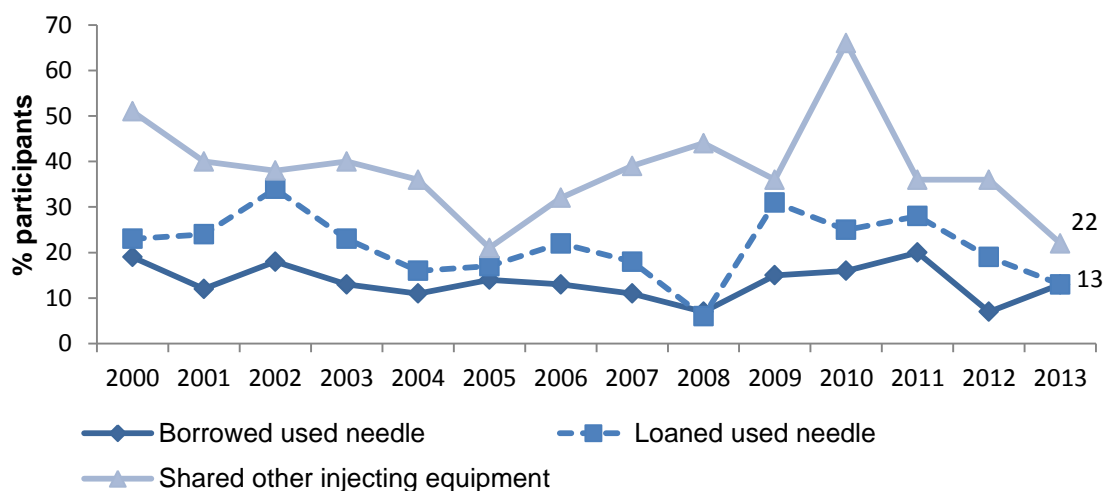
Participants were asked if they had trouble getting needles and syringes when they needed them in the last month: 19% responded 'yes' (n = 91).

The Department of Health Queensland Needle and Syringe Program supplied 8,221,400 syringes/sharps to their NSP programs in the financial year 2012–13.

6.4.2 Sharing of injecting equipment

Figure 42 shows that in 2013, 13% of participants reported borrowing a used needle in the past month. The person who they borrowed the used needle from was generally a close friend or regular sex partner. Most had only borrowed once. Thirteen per cent also reported lending a used needle in the past month. There was a significant decrease ($p < 0.05$) in the proportion of participants who had shared other equipment (e.g. spoons or mixing containers, filters, tourniquets, water, swabs).

Figure 42: Borrowing and loaning of needles and other equipment in the previous month, 2000 to 2013



Source: Queensland IDRS injecting drug user interviews

Two in five participants re-used one of their own needles at least once in the previous month (44% in 2012). The proportions re-using other equipment were similar to 2012 whether it was re-use of own equipment or use after someone else (Table 24). Spoons/mixing containers were the items most commonly re-used.

Table 24: Other equipment re-used in the previous month, 2012 and 2013

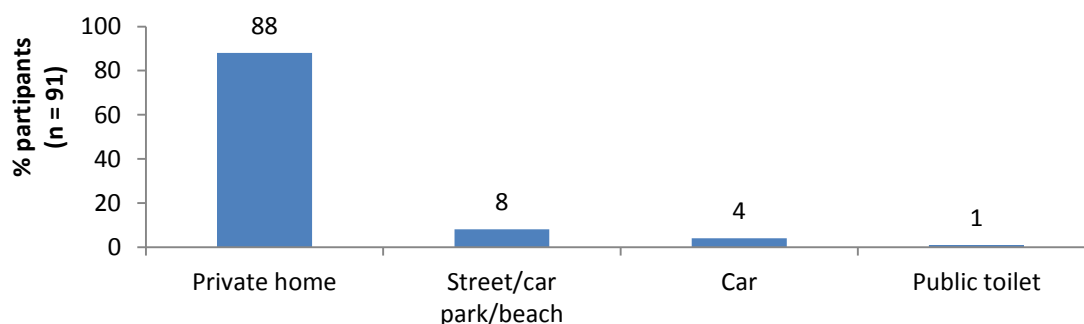
Other equipment	Other equipment re-used			
	Own		After someone else	
	2012 (n = 62) %	2013 (n = 54) %	2012 (n = 36) %	2013 (n = 22) %
Spoons/mixing containers	90	87	86	86
Filters	3	6	0	5
Tourniquets	32	17	17	14
Water	10	4	8	9
Swabs	3	0	3	0
Wheel filter	0	2	0	0
Other	5	2	0	0

Note: Multiple responses allowed.

Source: Queensland IDRS injecting drug user interviews

The most likely site of participants' most recent injection was the arm (70%), followed by hand/wrist (20%), leg (8%), foot (1%), and groin (1%). Most participants had their most recent injection in a private home (Figure 43).

Figure 43: Location where participant last injected, 2013



Note: The percentage total does not equal 100 due to rounding.

Source: Queensland IDRS injecting drug user interviews

Although the most common piece of injecting equipment was a 1 ml needle and syringe, the proportion using them had significantly decreased from 2012 ($p < 0.05$, Table 25). Other differences from 2012 were the use of 5 ml syringes, and the decrease in the use of wheel filters ($p < 0.05$). The pattern of re-use was very similar to the previous year.

Table 25: Use and re-use of injecting equipment in previous month, 2012 and 2013

	Used in last month		Re-used in last month	
	2012 n = 99 %	2013 n = 91 %	2012 n = 97 %	2013 n = 91 %
1 ml needle and syringe	93	76↓	38	34
3 ml syringe (barrel)	26	30	7	6
5 ml syringe (barrel)	0	13↑	1	2
10 ml syringe (barrel)	3	4	2	2
20 ml syringe (barrel)	9	8	3	1
Detachable needle (tip)	21	30	3	6
Winged vein infusion set (butterfly)	10	15	2	3
Wheel filter	24	11↓	1	1

Note: Multiple responses allowed.

Arrow signifies significant change at $p < 0.05$.

Source: Queensland IDRS injecting drug user interviews

Table 26 shows information about obtaining needles and syringes in the previous month. Participants generally obtained needles and syringes a few times a month and were likely to obtain more than they used. The median number of syringes given away or sold was six.

Table 26: Injecting and obtaining needles and syringes in the previous month, 2013

	Mean	Median	Range
Approximate times injected	47	30	0–360
Times got needles and syringes	5	3	0–30
Total number of new syringes obtained	120	80	0–800
Syringes given away or sold	37	6	0–600

Source: Queensland IDRS injecting drug user interviews

6.4.3 Injection-related issues

Amongst participants who reported some type of injection-related issue in the past month ($n = 53$), difficulty injecting and prominent scarring or bruising were the two most common issues (Table 27). Those who reported a dirty hit all specified an opioid (i.e. heroin or pharmaceutical opioid) as the main drug involved.

Table 27: Injection-related issues experienced in the preceding month^a, 2004 to 2013

	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %
Difficulty injecting	40	31	38	41	38	38	30	49	53	68
Scarring/bruising	48	37	55	57	46	64	41	80	60	60
Dirty hit	16	14	25	31	20	31	11	13	23	21
Abscess/infection	11	5	8	6	8	15	8	13	12	15
Thrombosis	8	7	9	<1	4	9	4	2	14	8
Overdose	3	3	4	4	3	1	2	0	2	2

^a Amongst those who experienced an injection-related issue

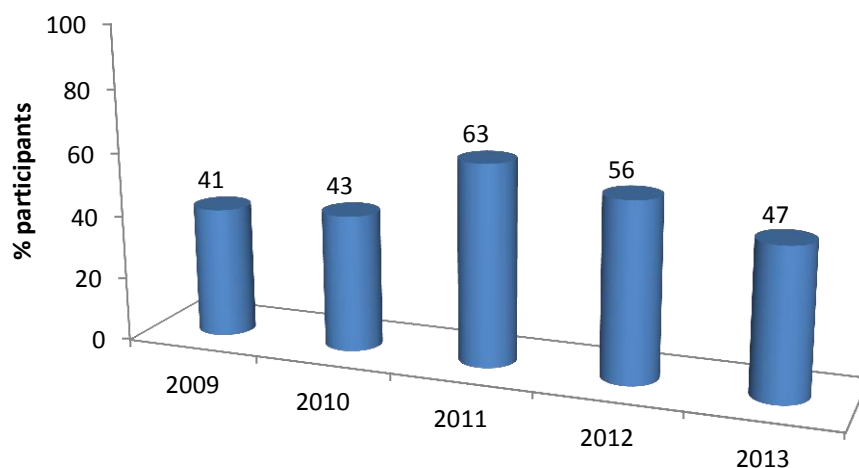
Note: Multiple responses allowed.

Source: Queensland IDRS injecting drug user interviews

6.5 Mental health problems, psychological distress, and general health

As in previous years, a large proportion of participants reported a mental health problem (Figure 44), with depression and anxiety continuing to be the two most common problems (Table 28). One in five participants self-reported schizophrenia (12% in 2012).

Figure 44: Percentage of participants with self-reported mental health problem, 2009–13



Source: Queensland IDRS injecting drug user interviews

About three-quarters (76%) of participants with a self-reported mental health problem had attended a health professional for their mental health problem in the previous six months. The three mental health professionals that participants (n = 34) were most likely to have attended in the previous month were GP (68%), psychiatrist (32%), and psychologist (21%). Three-quarters (76%) were prescribed medication: most often benzodiazepines (mainly Valium®) followed by anti-depressants (variety of brands).

Table 28: Mental health in preceding six months, 2013

	n = 99
	%
Self-reported mental health problem	47
Problems reported	(n = 45)
Depression	60
Anxiety	49
Schizophrenia	20
Post-traumatic stress disorder	11
Manic-depression/bipolar	4
Panic	4
Paranoia	2
Drug induced psychosis	2
Obsessive-compulsive disorder	2
Other	2
Attended mental health professional	(n = 46)
	58

Source: Queensland IDRS injecting drug user interviews

The Kessler Scale of Psychological Distress (K10)

The Kessler Scale of Psychological Distress (K10) was administered using a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders IV (DSM-IV) and the Structured Clinical Interview for DSM disorders (SCID) (Andrews & Slade, 2001; Kessler et al., 2002).

K10 scores reflecting 'risk' are often categorised as follows: 'low'—the person is likely to be well (scores 10–15); 'moderate'—the person may have a mild mental disorder (scores 16–20); 'high'—the person is likely to have a moderate mental disorder (scores 22–29); and 'very high'—the person is likely to have a severe mental disorder (scores 30–50). The 2010 National Drug Strategy Household Survey (NDSHS) (AIHW, 2010) provided the most recent Australian population norms for the K10.

As shown in Table 29, participants in 2013 were similar to 2012, and both were vastly more likely to score high distress or very high distress than the general population (18 years and over) in the NDSHS.

Table 29: K10 scores, 2012 and 2013

K10 score	Level of psychological distress	2012 n = 89 %	2013 n = 85 %	2010 NDSHS %
10–15	No/low distress	19	23	70
16–21	Moderate distress	21	23	21
22–29	High distress	29	27	7
30–50	Very high distress	30	27	2

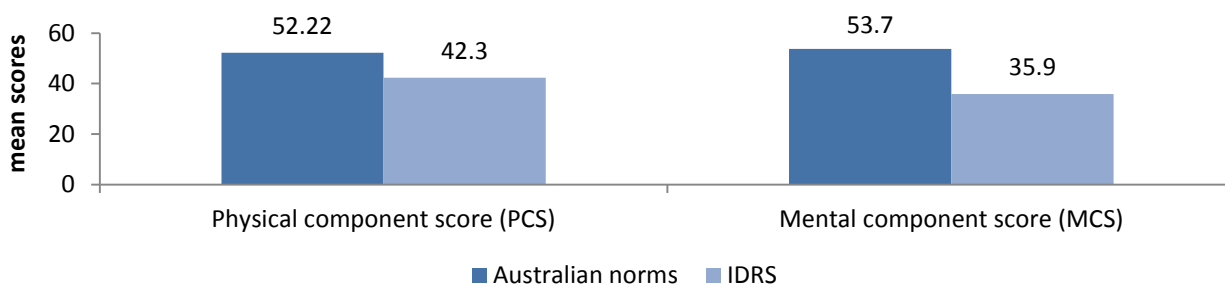
Source: Queensland IDRS injecting drug user interviews

The short form 12-item Health Survey (SF-12[®])

The Short Form 12-item Health Survey (SF-12[®]) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36[®]. The SF-12 measures health status across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems, and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the Physical Component Score (PCS) and the Mental Component Score (MCS) (Ware, Kosinski, & Keller, 1995, 1996). A higher score indicates better health.

The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. For the mental health component, IDRS participants scored a mean of 35.9 (SD = 10.8); and a mean of 42.3 (SD = 12.4) for the physical component score (Figure 45). Both these scores were significantly lower ($p < 0.05$) than the Australian norms (Australian Bureau of Statistics, 1995), indicating that IDRS participants in Queensland had poorer mental and physical health than the Australian population average.

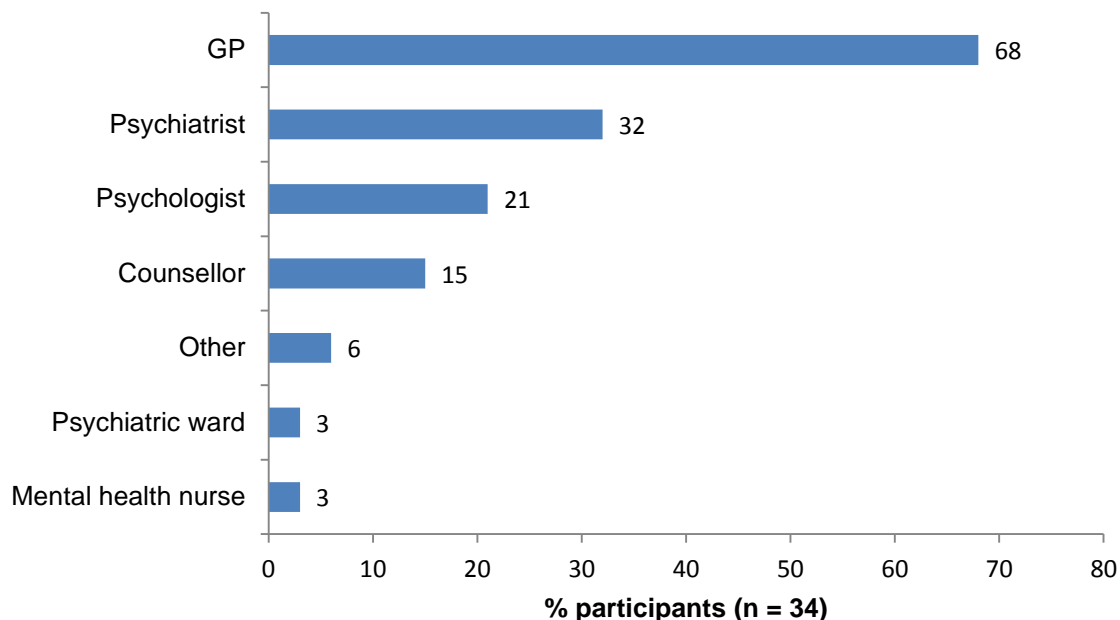
Figure 45: SF-12 scores for IDRS participants in 2012 compared with the general Australian population (ABS)



Source: Queensland IDRS injecting drug user interviews; ABS, 1995

In the previous four weeks, 32% of all participants had accessed a health service. Of these about two-thirds had visited a GP and one-third a psychiatrist (Figure 46).

Figure 46: Services accessed in previous four weeks, 2013



Note: Multiple responses allowed.

Source: Queensland IDRS injecting drug user interviews

6.6 Driving risk behaviour

In 2013, nearly half of the sample (n = 47) reported driving in the past six months, with 11% having driven under the influence of alcohol and 81% having driven soon after taking an illicit drug (Table 30). Of the five participants who reported having driven under the influence of alcohol, four had driven over the legal limit. The median times participants reported driving soon after taking an illicit drug was 20 (range 1–180). On the most recent occasion, one-third (32%) had driven within 10 minutes of consumption. Heroin was the drug most likely to have been consumed. Most considered that their illicit drug taking had no impact on their driving.

Table 30: Driving after licit and illicit drug use in preceding six months, 2007 to 2013

	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %
	N = 119	N = 104	N = 80	N = 100	N = 102	N = 100	n = 78
Driven in the past 6 months	47	57	65	57	45	53	60
	n = 56	n = 59	n = 52	n = 56	n = 46	n = 53	n = 47
Driven under the influence of alcohol	28	20	20	13	20	11	11
Driven soon after taking an illicit drug	87	90	89	88	78	83	81
<i>Drugs taken last time participant drug drove^a</i>	n = 49	n = 53	n = 46	n = 49	n = 36	n = 43	n = 38
Heroin	47	42	59	61	42	47	40
Cannabis	43	30	48	51	33	26	26
Morphine	15	11	33	14	3	5	18
Methadone	7	9	7	4	8	14	13
Benzodiazepines	9	4	20	8	14	0	8
Crystal methamphetamine	6	8	22	12	6	5	8
Buprenorphine	2	4	11	10	3	2	5
Speed powder	21	8	30	22	3	7	3
Oxycodone	0	2	11	11	3	0	3
Cocaine	2	2	4	4	0	0	3
Buprenorphine-naloxone	4	6	7	8	3	5	0
Base methamphetamine	9	4	30	18	6	7	0
Ecstasy	0	0	4	2	0	0	0
Other opiates	0	2	0	0	0	0	0
<i>Impact of illicit drug on driving ability</i>	n = 49	n = 53	n = 46	n = 48	n = 35	n = 42	n = 38
Quite impaired	6	2	13	2	9	5	5
Slightly impaired	21	32	13	25	9	14	18
No impact	57	66	57	67	69	69	68
Slightly improved	13	0	9	4	9	5	8
Quite improved	2	0	7	2	6	7	0
Tested positive on police roadside drug-driving test in past 6 months	n = 4	n = 0	n = 3	n = 1	n = 2	n = 2	n = 2

^a Multiple responses allowed.

Source: Queensland IDRS injecting drug user interviews

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

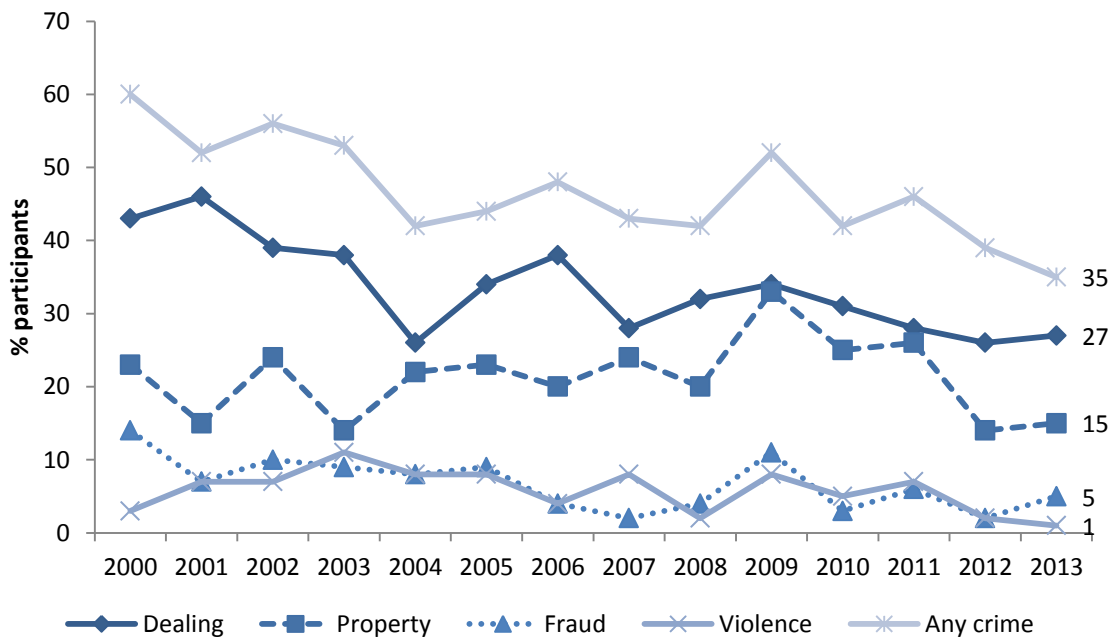
KEY POINTS

- 35% of participants reported criminal involvement in the previous month. As in previous years, dealing was the most often reported criminal activity followed by property crime.
- 42% of participants reported being arrested in the previous 12 months with the most common reason being use/possession of drugs.
- A median of \$78 was the reported expenditure on illicit drugs the previous day.

7.1 Reports of criminal activity

Self-reported criminal activity has decreased since 2000; however, the pattern in 2013 was similar to 2012, with dealing most commonly reported followed by property crime, and only a small proportion of participants reporting fraud and violence (Figure 47).

Figure 47: Prevalence of criminal involvement in previous month, 2000 to 2013



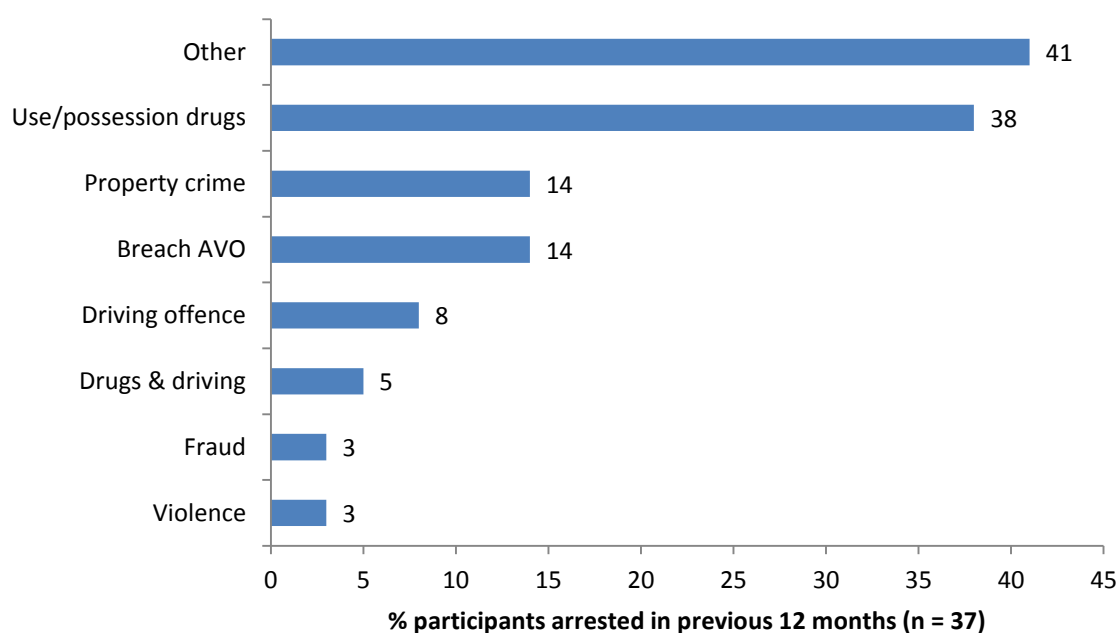
Note: Multiple responses allowed.

Source: Queensland IDRS injecting drug user interviews

7.2 Arrests

In 2013, 42% of participants reported being arrested in the preceding 12 months (46% in 2012). The most common of the listed reasons for arrest was use/possession of drugs (Figure 48).

Figure 48: Main reasons for arrest in preceding 12 months, 2013



Note: Multiple responses allowed

Source: Queensland IDRS injecting drug user interviews

Table 31 presents the most recent available data for drug-related arrests made by the Queensland Police Service. A total of 26,463 arrests were made in the 2011–12 financial year compared with 23,562 in 2010–11. As in previous years, the majority of arrests related to cannabis (i.e. 69%).

Table 31: Drug-related arrests by Queensland Police Service by drug type, 2011–12

	Consumer	Provider	Total
Cannabis	15,690	2,043	17,773
Amphetamine-type stimulants	3,671	517	4,188
Other and unknown	2,901	657	3,558
Heroin and other opioids	248	66	314
Steroids	236	60	296
Cocaine	163	19	182
Hallucinogens	156	38	192
Total	23,065	3,398	26,463

Note: consumer = use, possession or administering for own use; provider = importation, trafficking, selling, cultivation and manufacture.

Source: Australian Crime Commission

In 2011–12, the total number of Queensland drug seizures was 23,281 (20,717 in 2010–11). Table 32 shows the types of drugs seized by the Queensland Police Service and the Australian Federal Police and the weight of each seizure.

Table 32: Queensland drug seizures by police service and drug type, 2011–12

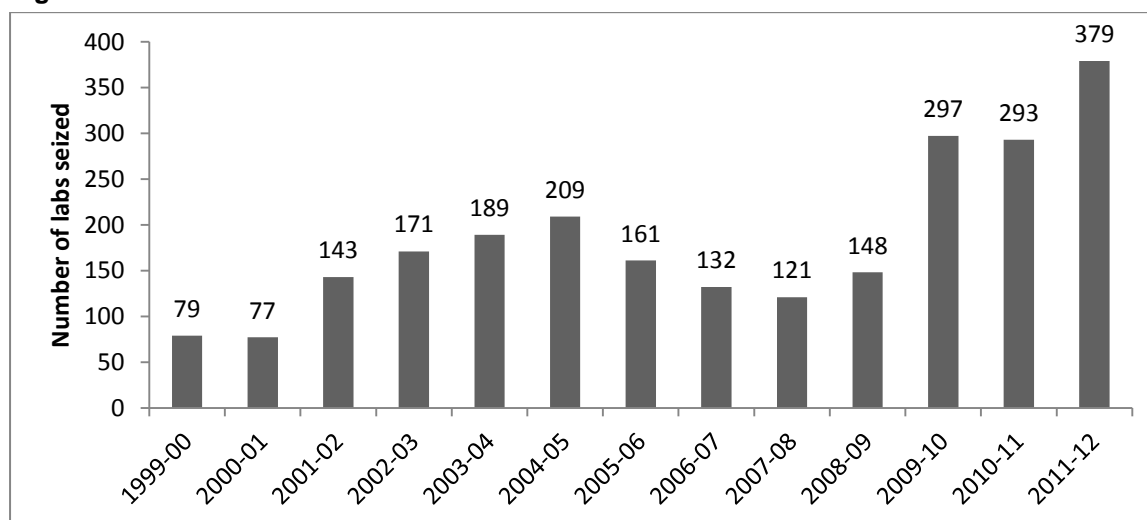
	Police force	No of seizures	Weight (grams)
Cannabis	QPS	18,205	802,618
	AFP	81	5,735
Amphetamine type stimulant	QPS	3,307	25,217
	AFP	43	16,049
Heroin	QPS	223	927
	AFP	4	62
Other opioids	QPS	6	5
	AFP	0	0
Cocaine	QPS	154	8,442
	AFP	17	286,321
Steroids	QPS	26	65
	AFP	2	151
Hallucinogens	QPS	16	176
	AFP	5	45
Other and unknown drugs	QPS	1,158	105,296
	AFP	34	29,981

Note: Includes only those seizures for which a drug weight was recorded. No adjustment has been made for double counting data from joint operations between the Australian Federal Police and Queensland Police Service.

Source: Australian Crime Commission

Nationally, a total of 809 clandestine labs were detected in the 2011–12 financial year. In Queensland there were 379 detections, the highest number detected in a financial year, and the highest number across all states and territories (Figure 49). However, the Australian Crime Commission reported that about 90 per cent of detections in Queensland were addict-based labs. Data for 2012–13 was unavailable at the time of publication.

Figure 49: Clandestine labs seized in Queensland from 1999–2000 to 2011–12



Source: Australian Crime Commission

7.3 Expenditure on illicit drugs

In 2013, the median expenditure on illicit drugs the previous day was \$78 (\$70 in 2012; Table 33).

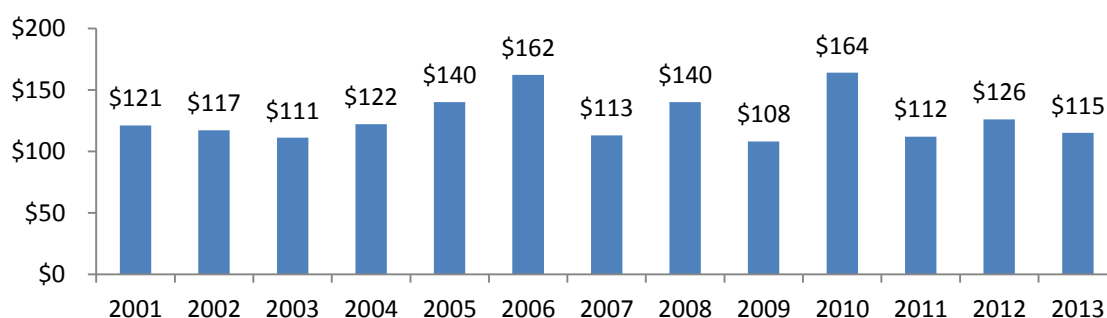
Table 33: Expenditure on illicit drugs on previous day, 2009 to 2013

Expenditure	2009 N = 70 %	2010 N = 99 %	2011 N = 102 %	2012 N = 94 %	2013 N = 99 %
Nothing	26	44	46	46	48
Less than \$20	7	0	2	3	4
\$20 to \$49	14	8	11	10	11
\$50 to \$99	13	14	13	18	14
\$100 to \$199	20	16	20	10	15
\$200 to \$399	17	10	6	11	6
\$400 or more	0	7	2	3	2
Median expenditure	\$100	\$100	\$100	\$70	\$77.5

Source: Queensland IDRS injecting drug user interviews

Since 2001, the mean amount of money spent on illicit drugs on the day preceding interview has been relatively similar each year (Figure 50), with a mean of \$115 spent in 2013 (range \$5–\$600, n = 52).

Figure 50: Mean amount of money spent on illicit drugs on previous day^a, 2001 to 2013



^a by those who reported spending money on drugs the day preceding interview

Source: Queensland IDRS injecting drug user interviews

8 SPECIAL TOPICS OF INTEREST

KEY POINTS

- 62% of participants reported recent use of pharmaceutical opioids, with about half reporting use was a substitute for heroin.
- About a quarter of participants had used pharmaceutical opioids for pain relief, and the majority of these experienced pain on the day of interview, predominantly chronic non-cancer pain.
- 74% of recent opioid users obtained a score on the Severity of Dependence Scale indicating possible opioid dependence.
- 36% of recent stimulant users obtained a score on the Severity of Dependence Scale indicating stimulant dependence.
- The majority of participants (89%) had been tested for HCV in their lifetime with 68% reporting a positive result for HCV antibodies.
- Over half of participants reported discrimination in the past 12 months.
- Most participants reported that they were willing to administer naloxone after an overdose, and most would want peers to give them naloxone if they themselves had overdosed.
- Oral health problems impacted as physical pain for 63%, psychological discomfort for 45% and disability for 45%.

8.1 Pharmaceutical opioids

Over the last decade, the use and injection of morphine and oxycodone has become well established along with an increase in the age of participants. Similar findings over the same period were noted in The Australian Needle and Syringe Program (NSP) survey report (Kirby Institute, July 2012). We know from a number of Australian and international studies that people who inject drugs experience excess morbidity and mortality when compared to those in the general population (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Randall, Degenhardt et al., 2001; Vlahov, Wang, Galai et al., 2004) and that prescribers are often reluctant to prescribe opioid analgesics to people with a history of injecting drug use (Merrill & Rhodes, 2002; Baldacchino, Gilchrist, Fleming et al., 2010). This section aimed to examine the complex interplay among people who inject drugs between pain management and the extra-medical use of pharmaceutical opioids (i.e. methadone, buprenorphine, buprenorphine-naloxone, morphine, oxycodone, and other opioids such as fentanyl, pethidine and tramadol).

In 2013, about three in five participants reported using pharmaceutical opioids in the previous 12 months, and just over half reported that they used pharmaceutical opioids as a substitute for heroin (Table 34).

Among the 15 participants who reported using pharmaceutical opioids for pain relief, 11 obtained them on their own prescription, three bought them, and one traded for them. Of the 11 prescriptions, one was a private script the other 10 were PBS. When asked whether they had been refused pharmaceutical opioids by a doctor in the past six months for pain relief, 10 answered 'no', one 'yes, not clinically appropriate', and four 'other'.

Table 34: Pharmaceutical opioids use, 2013

	% n = 94
Used pharmaceutical opioids in the last 6 months	62
Main reason for using pharmaceutical opioids^a	n = 58
As a substitute for heroin	53
Pain relief	26
To experience an opioid effect	7
To prevent withdrawal	5
Other	9

a Among those who recently used.

Source: Queensland IDRS injecting drug user interviews

8.2 Brief Pain Inventory

The Brief Pain Inventory (BPI) was included to examine the association between injecting drug use and pain management. Comparisons between people who inject drugs and the general population, both in Australia and internationally, have consistently shown excess mortality and morbidity (English, Holman, Milne et al., 1995; Hulse, English, Milne et al., 1999; Vlahov, Wang, Galai et al., 2004); yet there is no current evidence in Australia on the characteristics or the extent to which people who inject drugs obtain licit or illicit pharmaceutical opioids for the management of chronic non-malignant pain. Furthermore, there is growing evidence that prescribers are often reluctant to prescribe pharmaceutical opioids to people with a history of injecting drug use (Baldacchino, Gilchrist, Fleming et al., 2010).

Of the 58 participants who responded that they had used pharmaceutical opioids in the last 12 months, 15 participants answered the question about experiencing pain (other than everyday pain) on the day of interview, and 11 of these responded in the affirmative. Of these 11 participants, 9 reported the pain as chronic non-cancer pain (continuous pain which lasts for more than three months). The mean 'pain severity score' was 5.5 (SD = 2.4). The mean 'pain interference score' was 4.9 (SD = 2.7). Of the nine participants with chronic non-cancer pain, four were receiving treatment or medication for their pain.

8.3 Opioid and stimulant dependence

Understanding whether participants are dependent on a drug type is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2013, the participants were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton, Hides et al., 2002).

Previous research has suggested that a cut-off value of four is indicative of dependence for methamphetamine users (Topp & Mattick, 1997) and a cut-off value of three for cocaine (Kaye & Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five for the presence of dependence.

Of those who had recently used an opioid and commented (n = 87), the median SDS score was seven (mean = 7.6, range 1–15), with 74% scoring five or above. There were no significant differences regarding gender. Of those who scored five or above (n = 64), 78% specified a particular type of opioid (n = 50) with 54% naming heroin, 16% morphine, 12% buprenorphine, 10% methadone, 2% oxycodone, and 4% other.

Of those who had recently used a stimulant and commented (n = 53), the median SDS score was two (mean = 3.25, range 0–12), with 36% scoring four or above. There were no significant differences regarding gender and mean stimulant SDS score, or regarding gender and those who scored four or above. Of those who scored four or above (n = 19), most specifically attributed their responses about stimulants to methamphetamines.

8.4 Hepatitis C testing and treatment

Despite efforts to improve access to antiviral therapy for hepatitis-C virus (HCV) infection and improved treatment outcomes, treatment uptake for chronic HCV infection remains low among people who inject drugs (Doab, Treloar and Dore, 2005).

The aim of this module was to assist in: a) determining the extent of knowledge people who inject drugs have regarding a hepatitis-C (HCV) diagnosis; b) their knowledge and perceptions about diagnosis and available treatment; and c) what are the perceived barriers to treatment uptake.

The majority of participants (89%) had been tested for HCV in their lifetime with 74% reporting a positive result for HCV antibodies. Of those with a positive result for HCV antibodies, 64% reported this result more than 12 months ago and 36% within the last 12 months. Sixty-one per cent reported undergoing further testing for HCV (i.e. to determine whether an active virus is present and the genotype). The main reasons for no further testing among those who commented (n = 24) were 'wasn't a priority' (21%) and 'provider didn't mention the need for further tests' (17%; Table 35).

Among those who received further tests (n = 40), 50% reported a polymerase chain reaction (PCR) test (to see if the virus is active) and 13% a PCR viral genotype test. Two in five of those who received a PCR test (n = 20) reported that the test showed an active virus. The community GP was the most common location of the last HCV test.

Table 35: Hepatitis C testing and treatment, 2013

	N = 99 %
Ever tested for HCV	89
Positive HCV test	n = 66
Within last 12 months	36
More than 12 months	64
Further testing for HCV antibody	n = 64
	63
Reasons for no further testing	n = 24
Provider didn't mention the need for further tests	17
Wasn't a priority	21
Don't feel sick	8
Other reason	54
Further tests for HCV	n = 40
PCR test (see if virus is active)	50
PCR viral genotype test	13
Other test	8
Location last tested for HCV	n = 40
Community GP	60
OST clinic	5
Specialist clinic	5
Prison	10
Other	20

Source: Queensland IDRS injecting drug user interviews

8.5 Discrimination

Very often people who inject drugs manage complex situations in relation to poor treatment and discriminatory practices. The discrimination module aimed to complement the work that the Australian Injecting and Illicit Drug Users League (AIVL) have initiated with the AIVL National Anti-Discrimination Project (Parrand Bullen, February 2010). Of those who responded (n = 84), over half (58%) reported discrimination within the last 12 months while nearly a quarter reported never having experienced discrimination (Table 36). Answers were varied about where the discrimination took place, and many participants gave more general responses than those listed (e.g. people in general; family; friends). Most considered that the main reason for the discrimination was *'because I'm an injecting drug user'*. Eighteen percent reported violence or abuse as a result of the discrimination; however, many specified other outcomes that were about how they were made to feel. Only one person tried to resolve discrimination by making a formal complaint and this was directly to the service provider/organisation involved.

Table 36: Discrimination among people who inject drugs, 2013

	%
Ever discriminated against	n = 84
Yes, within the last 12 months	58
Yes, but not in the last 12 months	17
No	24
Location of discrimination	n = 49
Doctor/prescriber	10
Pharmacy	14
Dentist	0
Health services	4
Government service (i.e. housing or Centrelink)	8
Police	12
Hospital	16
Needle and Syringe Program	0
Drug and alcohol service	2
Prison	2
Other	67
Reason for the discrimination	n = 49
Person who injects drugs	86
On OST medication	6
HCV positive	8
HIV positive	0
Other	12
Result of discrimination	n = 49
Refused service	6
Taken off/ reduced OST medication	0
'Outed' as a person who uses drugs	4
Experienced violence/abuse	18
Lost job	2
Other	76
Tried to resolve discrimination by formal complaint	n = 49
No didn't try to resolve	96
Australian human rights commission	0
Health care complaint commission	0
Directly to service provider/organisation	2
Other	2

Source: Queensland IDRS Injecting drug user interviews

8.6 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. It is the frontline medication for the reversal of heroin and other opioid overdoses. In Australia, use of naloxone for the reversal of opioid effects has been limited to medical doctors (or those auspiced by medical doctors such as nurses and paramedics). In 2012 a take-home naloxone program commenced in the ACT as part of a comprehensive overdose response package. The program made naloxone available to peers and family members of people who inject drugs. Shortly after, a similar program started in NSW and some other states have followed suit (for more information, refer to <http://www.cahma.org.au/Naloxone.html> and/or <http://www.naloxoneinfo.org/>).

In 2013, a series of questions about take-home naloxone and naloxone more broadly were included. Most of those who commented had heard of naloxone; and amongst these participants, 71% reported that naloxone was used to 'reverse heroin' (Table 35).

Participants were then asked if they had heard about the take-home naloxone program, and less than a quarter (22%) had heard of the program. When asked if they would support more widespread availability of the program, most participants strongly supported or supported the expansion with only a few opposing (Table 37).

Participants who had not completed training in naloxone administration were asked what they would do if they witnessed someone overdose or found someone they had suspected had overdosed. Nine out of ten reported that they would call 000, while 58% reported that they would perform mouth-to-mouth cardiopulmonary resuscitation (CPR) (Table 37).

Most participants reported that they were willing to administer naloxone after an overdose, and most would want peers to give them naloxone if they themselves had overdosed (Table 37).

Table 37: Take-home naloxone program and distribution, 2013

	% n = 93
Heard of naloxone	85
Naloxone description	n = 79
Reverses heroin	71
Helps start breathing	3
Re-establishes consciousness	15
Other	17
Heard of the take-home naloxone program	n = 93
Yes	22
No	77
Expand availability of naloxone program	n = 93
Strongly support	57
Support	32
Neutral	4
Oppose	3
Strongly oppose	0
Don't know enough to say	3
Actions if witness an overdose	n = 92
Turn victim on side	45
Mouth-to-mouth CPR	58
Call 000	90
Stay with victim	63
Other remedies	22
If naloxone was available would you:	n = 88
Carry naloxone if trained	66
Administer naloxone after overdose	86
Want peers give you naloxone	84
Stay after giving naloxone	85

Source: Queensland IDRS Injecting drug user interviews

8.7 Oral Health Impact Profile

The oral health of people who inject drugs has traditionally been neglected in research, service provision and health promotion. To address this issue, the Oral Health Impact Profile (OHIP-14; Slade, 1997), an internationally-recognised measure of oral health related quality of life (OHRQoL), was included in the 2013 questionnaire. OHRQoL is defined as an individual's assessment of how oral functional factors, psychological factors, social factors and experience of oro-facial pain or discomfort affect his or her well-being.

The OHIP-14 is a self-filled questionnaire that focuses on seven dimensions of impact (functional limitation, pain, psychological discomfort, physical disability, psychological disability, social disability and handicap) with participants being asked to respond according to frequency of impact on a 5-point Likert scale coded never (score 0), hardly ever (score 1), occasionally (score 2), fairly often (score 3) and very often (score 4) using a 12-month recall period. However, participants were asked to respond based on the last three months (instead of 12 months).

For this report the OHIP-14 was divided into the seven dimensions of impact, and percentages calculated for those who responded 'occasionally', 'fairly often' and 'very often'. Nearly two-thirds of those who commented (n = 86, 63%) reported physical pain. This was followed by psychological discomfort (45%) and psychological disability (45%, Table 38).

A mean scale score of the 14 items was computed, with higher scores indicating poorer oral health-related quality of life. Participants can have an overall OHIP-14 total score ranging from 0–56. Using the 'additive' method, the mean OHIP-14 total score was 13 (range 0–46). Twenty-three per cent of those who commented scored zero (Table 38).

Table 38: Oral Health Impact Profile 14 short form (OHIP-14) score, 2013

	n = 86
Dimensions of impact (%)	
Functional limitation	41
Physical pain	63
Psychological discomfort	45
Physical disability	38
Psychological disability	45
Social disability	23
Handicap	29
Mean total scores (range)	13 (0–46)
Score of zero (%)	23

Source: Queensland IDRS Injecting drug user interviews

9 Conclusion

The sample age of IDRS participants has increased over the life of the IDRS in Queensland, and in 2013 the mean age was 42 years. Many of the participants had long injecting histories as the mean age of initial injection was 20 years.

The participants in the survey mainly used well-established illicit drugs, predominantly heroin, cannabis and methamphetamines, with very few reporting use of new psychoactive substances. Cocaine use has never been high in Queensland IDRS samples, and this trend continued. Use of pharmaceutical opioids and benzodiazepines was common.

The drug market was mostly stable, with the commonly used drugs being generally reported as readily available.

Nearly half of the sample self-reported a mental health problem, with the most common problems being depression and anxiety followed by schizophrenia. A substantial proportion (38%) of the sample reported they were currently involved in opioid substitution therapy.

Reported involvement in crime was similar to previous years, and was primarily drug dealing.

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