Queensland

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QUEENSLAND DRUG TRENDS 2016

Findings from the

Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 171

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Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at www.ndarc.med.unsw.edu.au

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACIC	Australian Criminal Intelligence Commission
ACBPS	Australian Customs and Border Protection Service
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
CPR	Cardio pulmonary resuscitation
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
EDRS	Ecstasy and related Drugs Reporting System
GP	General practitioner
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethylamphetamine (‘ecstasy’)
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program(s)
PWID	People who inject drugs
OST	Opioid substitution treatment
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
SPSS	Statistical Package for the Social Sciences

GLOSSARY OF TERMS

Base	A paste form of methamphetamine
Bush	Outdoor-cultivated cannabis
Cap	Small amount, typically enough for one injection
Halfweight	0.5 gram
Hydro	Hydroponically grown cannabis
Ice	Crystalline methamphetamine
Illicit	Illegal drugs as well as pharmaceuticals originally prescribed for someone else
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	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
Mean	The average
Median	The middle value of an ordered set of values
Participant	Refers to a person who participated in the Queensland IDRS survey of PWID (does not refer to key expert participants)
PWID	People who inject drugs
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
Speed	Powder methamphetamine
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 in illicit drug markets that are of local and national concern. 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

In 2016, 91 people who injected drugs (PWID) participated in the IDRS survey in South-East Queensland. Participants were typically 41 years old, male, single, unemployed, with a long injecting history. Just over half the sample had a prison history, and nearly half reported being currently in drug treatment.

Consumption pattern results

Current drug use

Heroin remained the most common drug of choice (51%); however, ice (32%) and heroin (30%) were the two most common drugs that participants injected the most in the past month, and ice (30%) or heroin (28%) were most commonly used in participants' most recent injection. The most frequent reason given for the disparity between drug of choice and drug use continues to be availability.

Heroin

Nearly three-in-five participants (58%) had used heroin in the previous six months. Median days of use in the past six months (180 days) was 15, with 9% reporting daily use.The use of homebake continued to be rare (5%).

Methamphetamine

Methamphetamines were used by 70% of the sample in the previous six months, with most (93%) reporting that ice was the methamphetamine that they had used the most. A third of all participants (32%) reported methamphetamine was the drug injected most in the previous month. Median days use of methamphetamines was 15.5 in 180 days.

Cocaine

Although 73% of participants has used cocaine in their lifetime, recent cocaine use continued to be rare (8%) and occasional (median of 1.5 in 180 days).

Cannabis

Nearly all participants had used cannabis in their lifetime, with 64% reporting recent use, and 37% of these participants using daily. Use of synthetic cannabis remained rare, with 3% of participants reporting recent use.

Other opioids

The use of opioid substitution treatment (OST) drugs in the past six months was stable with 36% reporting use of methadone, 34% buprenorphine (Subutex®), and 31% buprenorphine-naloxone (Suboxone®).

Recent use of illicit (non-prescribed) OSTs was buprenorphine 24%, methadone liquid 18%, buprenorphine-naloxone 12%, and methadone tablets 2%.

Over one third (36%) reported recent morphine use, and a quarter (25%) reported recent oxycodone use: use of both was predominantly illicit.

Recent use of fentanyl was reported by 15%, non-medicinal over-the-counter codeine by 26%, and other opiates (e.g. Panadeine Forte®) by 20%.

Other drugs

As in previous years, use of ecstasy (10%), hallucinogens (4%), and inhalants (2%) was low. Pharmaceutical stimulant use (e.g. dexamphetamine and methylphenidate) also continued to be rare, with 1% licit and 8% illicit.

The majority of participants (69%) had recently used benzodiazepines (licit or illicit). Recent illicit use of alprazolam was reported by 25%, and illicit use of other benzodiazepines by 32%.

Most of the participants (91%) were smokers, but over a third (36%) reported abstinence from alcohol in the previous six months. Among those who did drink, about half (47%) scored ≥5 on the AUDIT-C, indicating the need for further assessment.

Drug market: Price, purity, availability and purchasing patterns

Heroin

There has been little movement on heroin prices since reporting began in 2000. The median price of a cap/point has been constant at $50, and the median price of the most common purchase weight—a quarter gram—has been $100 since 2008. Ratings of purity varied, and availability was mostly considered to be easy or very easy.

Methamphetamine

Participants paid a median price of $50 for a point of ice, speed, or base. Purity was most commonly reported as high for ice (48%), medium for speed (53%), and fluctuates for base (50%). Availability was reported as easy or very easy for ice (93%) and speed (75%), but reports were more varied for base.

Cocaine

The three reports on the cocaine market varied. The two respondents who reported on the price of their last purchase paid a widely different price per gram ($300 and $500).

Cannabis

Price was mostly reported as stable for hydro, and stable or rising for bush: median price of a quarter ounce of hydro was $90 and bush was $80. Potency was generally rated as high for hydro and medium for bush. Hydro was readily available but bush was less so with 48% reporting it as difficult or very difficult to obtain.

OST drugs

The three reports on the price of illicit methadone varied ($0.45, $1, $1.75 per mL).

Illicit buprenorphine was most commonly purchased at a median price of $20 for 8 mg.

Reports about the illicit buprenorphine-naloxone market were mainly about film (rather than tablets). The median price of 8 mg film was $20.

Morphine

Price of morphine was mostly considered to be stable with the median price for 100 mg of both MS Contin® and Kapanol being $50. Morphine was generally reported as readily available (73%) and just over half (52%) sourced it from a friend.

Oxycodone

No clear indication of the oxycodone market was obtained due to the small number of respondents. The price for 80 mg of Oxycontin Purdue® ranged from $40 to $80, and 80 mg of generic controlled-release oxycodone ranged from $40 to $50.

Benzodiazepine

No clear indication of the market was obtained due to only three respondents.

Other drugs

No clear indication of the fentanyl or LSD market was obtained due to the small number of respondents and little consensus.

Health-related trends associated with drug use

Overdose and drug-related fatalities

Among participants who had used heroin in their lifetime, half had accidently overdosed on it at some time. Of these, seven participants had overdosed in the preceding year. Very small numbers of participants reported ever overdosing on morphine, methadone, or oxycodone.

Nearly a quarter (24%) of all participants had accidently overdosed on another type of drug in their lifetime.

Drug treatment

Nearly half of the participants (47%) were currently in drug treatment, mainly OST.

Injecting risk behaviours

A small proportion of participants reported sharing needles: 8% had recently borrowed a used needle and 14% had recently lent a used needle. Sharing of other equipment (mainly spoons/mixing containers) was more common (21%).

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

Opioid and stimulant dependence

Of those who had recently used opioids, 67% had a score on the Severity of Dependence Scale (SDS) indicative of dependence.

Of those who had recently used stimulants, 48% had a score on the SDS indicative of dependence.

Psychological distress

Three-in-five participants (59%) self-reported a mental health problem, with the most common problems continuing to be depression and anxiety.

Self-reported general health status

Two-in-five considered their general health to be fair or poor.

Naloxone program and distribution

Most participants (87%) had heard of naloxone, but only 36% had heard of the take-home program, and only 15% had heard about its rescheduling.

Driving while under the influence of alcohol or drugs

Of those who had driven in the past six months, 12% reported driving while over the legal limit of alcohol, and 82% reported driving within three hours of taking illicit or non-prescribed drugs.

Trends in law enforcement associated with drug use

Reports of criminal activity

Nearly half of the participants (47%) reported criminal involvement in the previous month. As in previous years, dealing was the most often reported crime followed by property crime.

Arrests

Forty-four per cent of participants reported having been arrested in the previous 12 months. The most common reason was use/possession of drugs.

Expenditure on illicit drugs

Less than half of the sample (44%) reported spending money on illicit drugs the day before—a median of $55.

Special topics of interest

Homelessness

Most participants (91%) had experienced homelessness and 29% were currently homeless.

Blood donations

Ten participants reported having ever having given blood, and four of these had commenced injecting drugs prior to donating blood.

Unfair treatment

The majority of respondents reported some level of unfair treatment in the previous 12 months, most commonly by the police and when getting help for physical health problems.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) 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 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 from the states and territories are presented at conferences, and the final jurisdictional reports are published by the National Drug and Alcohol Research Centre (NDARC) early the following year. Additionally, 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 PWID; (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 PWID 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 Drugs 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 2016 Queensland IDRS were to:

- document the price, purity, and availability of heroin, methamphetamines, 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 PWID (participants)
- semi-structured interviews with key experts who are involved with the illicit drug sector
- 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 2016, 91 IDRS participants were individually interviewed face-to-face. Participants were PWID aged 17 years or older who 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 three Needle and Syringe Program (NSP) sites located in Brisbane and the Gold Coast.

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 2016 IDRS questionnaire contained 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. psychological and physical 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; and Metro North and South, Queensland Health.

2.2 Survey of key experts

During August through to November 2016, eleven 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 due to being in regular contact with PWID or having considerable knowledge of manufacture, importation, supply, and seizure of illicit drugs.

In 2016, eight of the key experts were from the health sector and three were from law enforcement. Key experts 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:

- Australian Bureau of Statistics (ABS): National Health Survey data
- Australian Criminal Intelligence Commission (ACIC): total weight and number of drugs seized in Queensland by Queensland Police Service (QPS) and the Australian Federal Police (AFP); QPS clandestine laboratory detections and drug-related arrests; total weight and number of drugs seized at the Australian border by the Australian Customs & Border Protection Service (ACBPS)
- Australian Institute of Health and Welfare (AIHW): Queensland pharmacotherapy client registrations
- 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 22. Standard frequencies were calculated (column percentages may not add up to 100% due to rounding), and tests for significant differences between 2015 and 2016 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. These differences were calculated using the N-1 chi-squared test (www.medcalc.org/calc/comparison_of_proportions.php). Differences in days of use for the main drugs were calculated using the Mann-Whitney U test. Only test results that were statistically significant at $P < 0.05$ have been reported.

3 DEMOGRAPHICS

KEY POINTS

- **Mean age:** 41 years (range 22–65)
- **Median injecting history:** 21 years (range 1–47)
- Other characteristics of participants were similar to previous years: likely to be unemployed, male, and single; with just over half with a prison history, and almost half currently in treatment.

3.1 Overview of the IDRS participant sample

The demographic characteristics of the sample of 91 PWID from South-East Queensland were similar to those in 2015 (Table 1). Participants were typically 41 years old, male, single, and unemployed.

Table 1: Demographic characteristics, 2015 and 2016

	2015 N = 98	2016 N = 91
Age (mean, range)	41 (17–65)	**41 (22–65)**
Sex (% male)	67	**74**
Aboriginal and/or Torres Strait Islander (%)	7	**19**
Sexual identity (%)		
Heterosexual	93	**88**
Gay male	1	**3**
Lesbian	2	**0**
Bisexual	3	**8**
Other	1	**1**
Relationship status (%)		
Married / de facto	18	**8**
Partner	14	**18**
Single	61	**60**
Separated	2	**7**
Divorced	2	**3**
Widowed	1	**4**
Other	1	**–**
Highest school grade completed (mean)	10	**10**

	2015 N = 98	2016 N = 91
Course completed post-school (%)		
None	43	**41**
Trade/technical	51	**54**
University/college	6	**6**
Accommodation (%)		
Own home (including renting)	72	**56**
Parents'/family home	7	**7**
Boarding house/hostel	8	**14**
Shelter/refuge	1	**–**
Drug treatment residence (e.g. TC)	0	**1**
No fixed address	7	**12**
Other	4	**7**
Unemployed (%)	78	**84**
Main income from government pension, allowance or benefit (%)	85	**92**
Mean income per week ($)	(n = 96) 403	**(n = 89)** **441**
Prison history	54	**55**
Currently in drug treatment[a]	39	**46**
Opioid treatment in the past year	–	**44**

[a] Refers to any form of drug treatment (e.g. pharmacotherapy, counselling, detoxification)
Source: Queensland IDRS PWID 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 21 years (range 1–47).

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

The 2015 QMDS-NSP (Queensland Health 2016) showed that NSP clients in Queensland had a mean age of 38 years, with 35–39 years being the most common age group. Of the 183,839 service occasions, 72% were male clients and 24% were female clients (3% missing data). Ten 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

- **Most common**
  - **first drug injected:** speed (44%) and heroin (40%)
  - **drug of choice:** heroin (51%), ice (11%), morphine (11%)
  - **drug injected the most in the preceding month:** ice (32%) and heroin (30%)
  - **last drug injected:** ice (30%) and heroin (28%)
- **Injected at least once per day:** 37%

4.1 Current drug use

Overall, the pattern of drug use in 2016 was similar to 2015 (Table 2). Although heroin remained the most common drug of choice, speed (methamphetamine powder) was the most common drug to be injected first, and ice (crystalline methamphetamine) was injected most often in the past month and was the last drug injected.

Table 2: Drug use patterns, 2015 and 2016

	2015 N = 98	**2016 N = 91**
Age first injection (mean years, range)	21 (11–42)	**19 (8–33)**
First drug injected (%)		
Methamphetamine (any form)	(58)	**(54)**
Speed	46	**44**
Base	4	**7**
Ice	8	**3**
Heroin	28	**40**
Morphine	6	**1**
Cocaine	3	**1**
Opioid substitution therapy (OST) drug[a]	2	**0**
Other	3	**4**
Drug of choice (%)		
Heroin	52	**51**
Methamphetamine (any form)	(25)	**(23)**
Speed	11	**10**
Base	2	**2**
Ice	12	**11**
Cannabis	8	**8**

	2015 N = 98	2016 N = 91
Morphine	7	**11**
Cocaine	1	**0**
Buprenorphine	2	**0**
Buprenorphine-naloxone	0	**2**
Methadone	0	**2**
Other	5	**2**
Drug injected most often in past month (%)		
Heroin	32	**30**
Methamphetamine (any form)	(33)	**(33)**
Speed	4	**0**
Base	1	**1**
Ice	28	**32**
Morphine	16	**13**
Opioid substitution therapy (OST) drug[a]	16	**15**
Oxycodone	1	**2**
Other/have not injected in past month	2	**4**
Last drug injected (%)		
Heroin	31	**28**
Methamphetamine (any form)	(38)	**(30)**
Speed	11	**0↓**
Base	2	**0**
Ice	25	**30**
Morphine	14	**12**
Opioid substitution therapy (OST) drug[a]	12	**23↑**
Oxycodone	3	**2**
Other drug	2	**4**
Frequency of injecting in past month (%)		
Not in last month	3	**1**
Weekly or less	27	**14↓**
More than weekly, but less than daily	33	**47**
Once per day	15	**9**
2–3 times a day	17	**23**
>3 times a day	5	**6**

[a]methadone, buprenorphine, buprenorphine-naloxone
Arrow symbol signifies a significant difference $P < 0.05$.
Source: Queensland IDRS PWID interviews

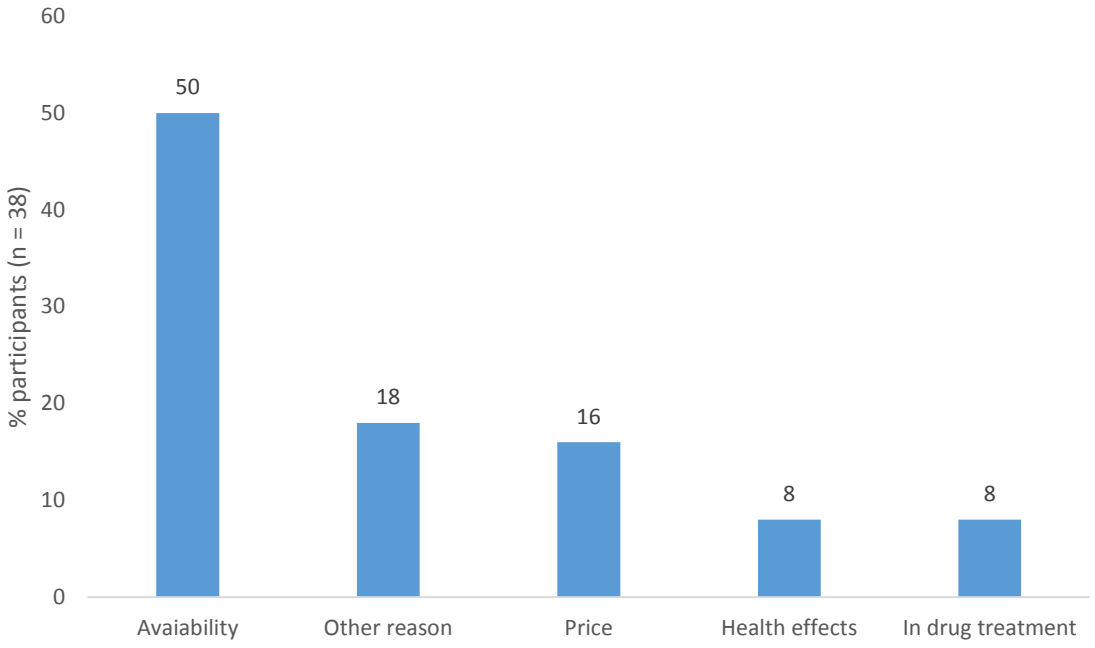
4.1.1. Drug of choice

Drug of choice followed a similar pattern to previous years (Table 2), with just over half of participants (51%) nominating heroin. The remainder nominated a variety of drugs, with only 11% choosing ice.

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

Even though heroin was the drug of choice for just over half of participants, ice was the drug most likely to have been last injected (30%) and to have been most often injected in the past month (32%) (Table 2). The main reason given for there being a difference between drug of choice and drug used continues to be availability (Figure 1).

Figure 1: Reason for disparity between drug of choice and drug used most often, 2016

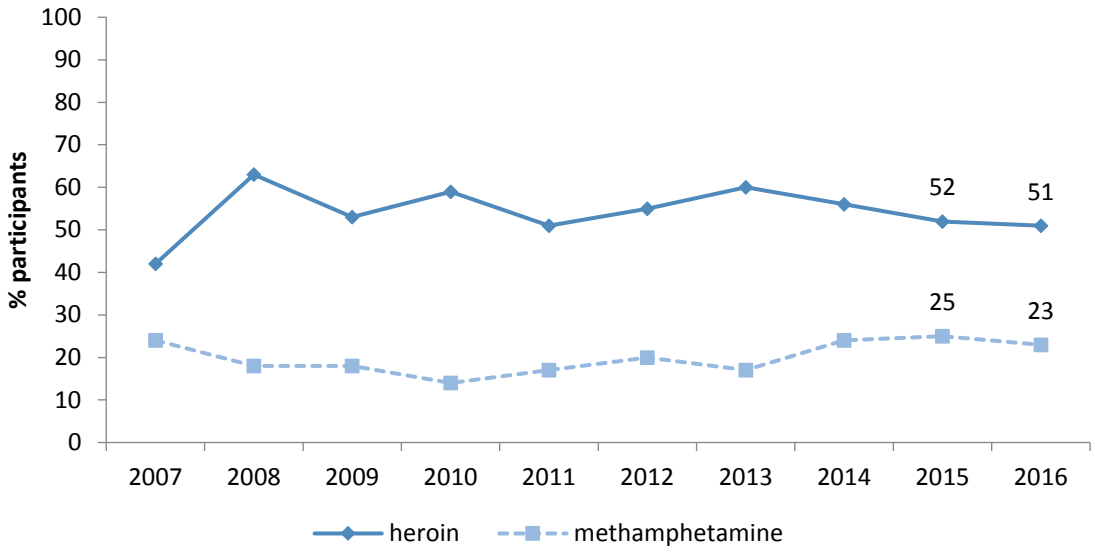


Source: Queensland IDRS PWID interviews

4.1.3 Trends over time

Heroin has remained the top drug of choice, followed by methamphetamines (Figure 2).

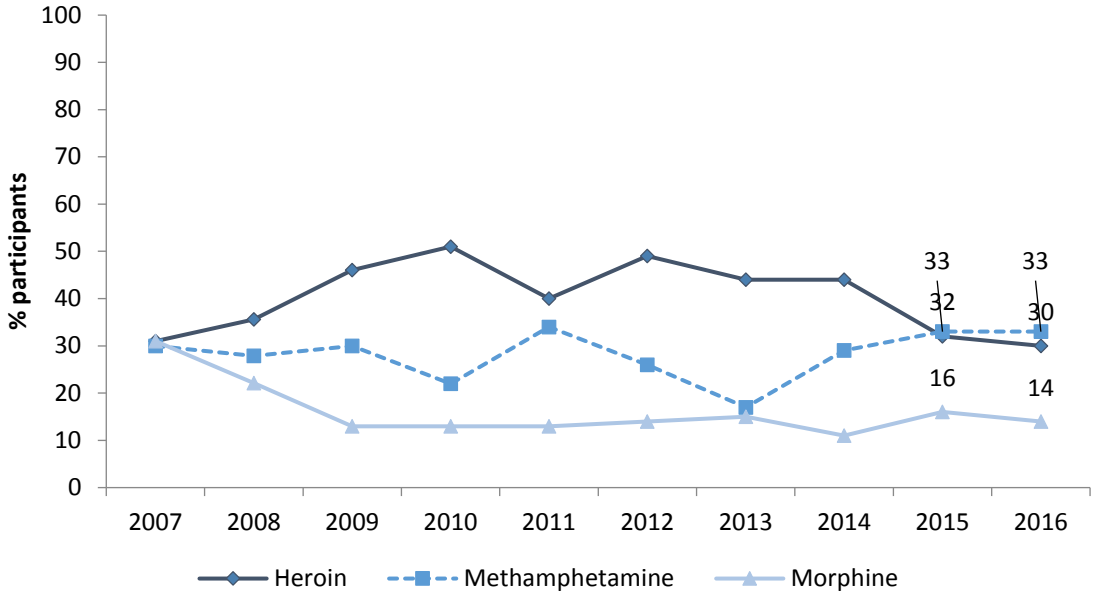
Figure 2: Top two drugs of choice, 2007 to 2016



Source: Queensland IDRS PWID interviews

As Figure 3 shows, during the last decade, heroin was consistently the drug injected most often in the previous month until 2015 when methamphetamine became the drug most often injected (33% in 2015 and 2016). The form of methamphetamine in 2016 was mainly ice (32%), with only one participant injecting base the most often. The third most commonly injected drug continued to be morphine (14% in 2016).

Figure 3: Drug injected most often in previous month, 2007 to 2016

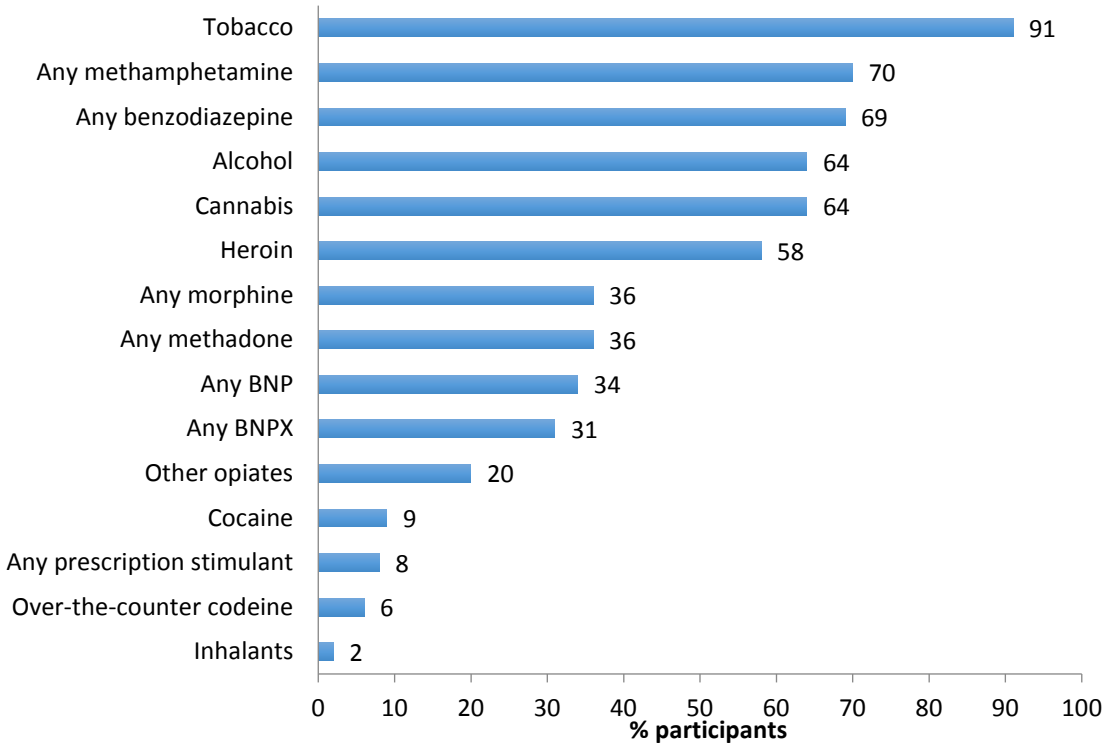


Source: Queensland IDRS PWID interviews

4.1.4 Polydrug use

Polydrug use continued to be nearly universal, with most participants using tobacco and high percentages using methamphetamines, benzodiazepines, alcohol, cannabis, and heroin (Figure 4).

Figure 4: Drugs used in last six months, 2016



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

4.1.5 Forms of drugs used in last six months

Table 3 presents information about use of the main drug types: when they were used (ever, previous six months), the sub-types used, the mode of administration, and the frequency.

Table 3: Drug use history, 2016

	Used			Injected			Other routes of administration used in the last 6 months		
							Smoked	Snorted	Swallowed
N = 91	Ever %	6 months[a] %	Days[b] (180)	Ever %	6 months[a] %	Days[b] (180)	%	%	%
Heroin	91	58	15	91	58	15	3	0	0
Homebake	45	6	11.5	44	6	11.5	0	0	0
Any heroin	91	58	20	91	58	20	3	0	0
Methadone *licit*	48	20	180	57	8	55			18
Methadone *illicit*	58	18	3.5	77	15	3			3
Physeptone *licit*	18	3	20	12	2	51.5	0	0	1
Physeptone *illicit*	20	2	1	14	1	1	0	0	0
Any methadone	79	36	93	64	24	8.5	0	0	21
BPN (Subutex®) *licit*	40	13	170.5	29	8	166	0	0	12
illicit	53	24	9	50	24	9	0	0	3
Any BPN	70	34	40	62	28	10	0	0	13
BPNX (Suboxone®) *licit*	44	12	132	15	4	126	0	0	12
illicit	46	23	12	37	19	24	0	1	5
Any BPNX	66	31	37	42	20	55	0	1	16
Morphine *licit*	40	8	180	23	7	180	0	0	3
Morphine *illicit*	75	33	22	74	33	22	0	0	3
Any morphine	86	36	24	78	35	27	0	0	6
Generic oxycodone *licit*	3	0	–	3	0	–	0	0	0
Generic oxycodone *illicit*	29	10	10	26	10	10	0	0	1
Any generic oxycodone	30	10	10	28	10	10	0	0	1

	Used			Injected			Other routes of administration used in the last 6 months		
							Smoked	Snorted	Swallowed
N = 91	Ever %	6 months[a] %	Days[b] (180)	Ever %	6 months[a] %	Days[b] (180)	%	%	%
OP oxycodone *licit*	6	1	8	2	0	–	0	0	1
OP oxycodone *illicit*	30	12	4.5	20	11	3	0	0	3
Any OP oxycodone	32	13		21	11	3	0	0	4
Other oxycodone *licit*	27	3	48	14	1	–	0	0	0
Other oxycodone *illicit*	53	12	10	48	12	6	0	0	2
Any other oxycodone	61	15		51	13		0	0	6
Any oxycodone	81	25	10	70	23	6	0	0	9
Fentanyl	39	15	2.5	32	15	2.5	0	0	0
Over-counter codeine (non-medicinal use)	26	6	3	3	0	–	0	0	6
Other opiates	62	20	7	11	2	3	0	0	18
Speed powder	97	28	5.5	93	28	5.5	1	0	1
Amphetamine liquid	33	3	4	32	3	4			0
Base amphetamine	70	14	6	68	14	6	0	0	0
Crystal/ice	92	69	12	90	67	12	14	0	3
Any methamphetamine	99	70	15.5	99	70	18	14	0	3
Prescription stimulants *licit*	11	1	100	1	0	–	0	0	0
Prescription stimulants *illicit*	36	8	4	20	7	3.5	0	0	3
Any prescription stimulants		8	4	20	7	3.5	0	0	3
Cocaine	73	9	1.5	52	6	1	0	4	1
Hallucinogens	73	4	4.5	19	1	5	1	0	4

	Used			Injected			Other routes of administration used in the last 6 months		
							Smoked	Snorted	Swallowed
N = 91	Ever %	6 months[a] %	Days[b] (180)	Ever %	6 months[a] %	Days[b] (180)	%	%	%
Ecstasy	76	10	2	33	4	1	1	1	7
Alprazolam *licit*	32	7	180	9	0	–	0	0	0
Alprazolam *illicit*	54	25	4	19	2	7	0	0	25
Any alprazolam	65	31		23	2	7	0	0	31
Other benzo. *licit*	70	44	72	9	0	–	0	0	41
Other benzo. *illicit*	55	32	9	6	2	6	0	0	0
Any other benzodiazepine	85	63		12	2	6	0	0	59
Any benzodiazepine	92	69	35.5	32	4	7	0	0	67
Seroquel *licit*	21	9	180	1	1	1			8
Seroquel *illicit*	41	9	3.5	0	0	–			9
Any Seroquel	55	17	25	1	1	1			16
Alcohol	96	64	19.5	9	1	180			59
Tobacco	97	91	180						
E-cigarette	23	7	2						
Cannabis	97	64	72				59		2
Synthetic cannabis	17	3	2				2		0
Inhalants	26	2	2						
Steroids	6	2	37	4	2	37	0	0	0
New psychoactive substances (NPS)	11	6	1	6	4	3	0	0	1

[a] in the previous six months; [b] median days used among those who have used in the previous six months (180 days)
Source: Queensland IDRS PWID interviews

4.2 Heroin

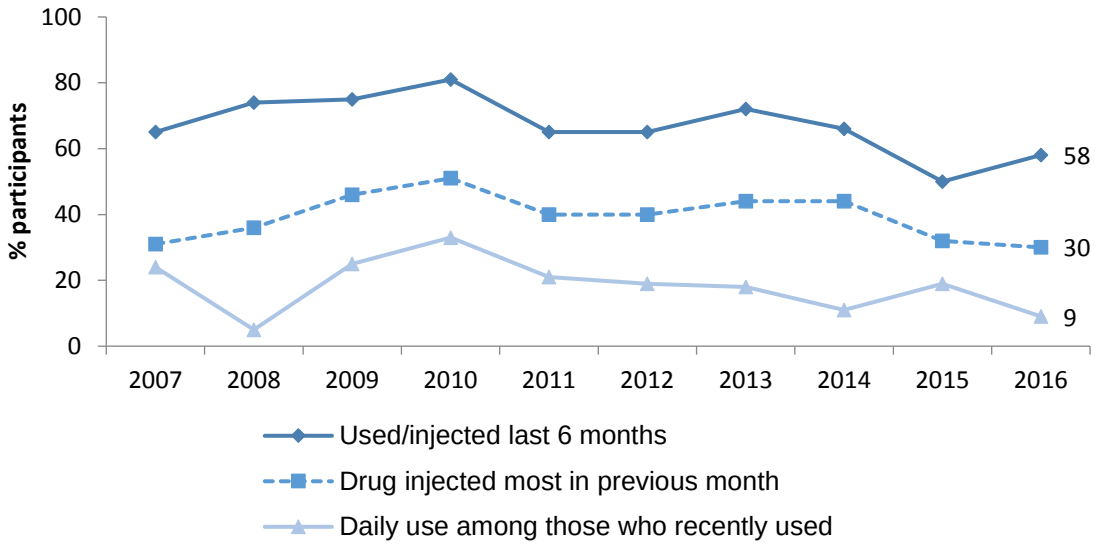
KEY POINTS

- **Recent heroin use:** 58% (50% in 2015)
- **Daily use:** 9% of those who recently used heroin
- **Injected heroin the most in the past month:** 30%
- **Homebake:** use continued to be rare (5%)

4.2.1 Use of heroin

Most participants (91%) had used heroin in their lifetime, but 58% reported recent use (50% in 2015, Figure 5). All those who had recently used heroin reported injecting it, and 3% also reported smoking it. The proportion of participants who nominated heroin as the drug injected the most was similar to 2015. Of those who had used heroin in the last six months, 9% used it daily (19% in 2015).

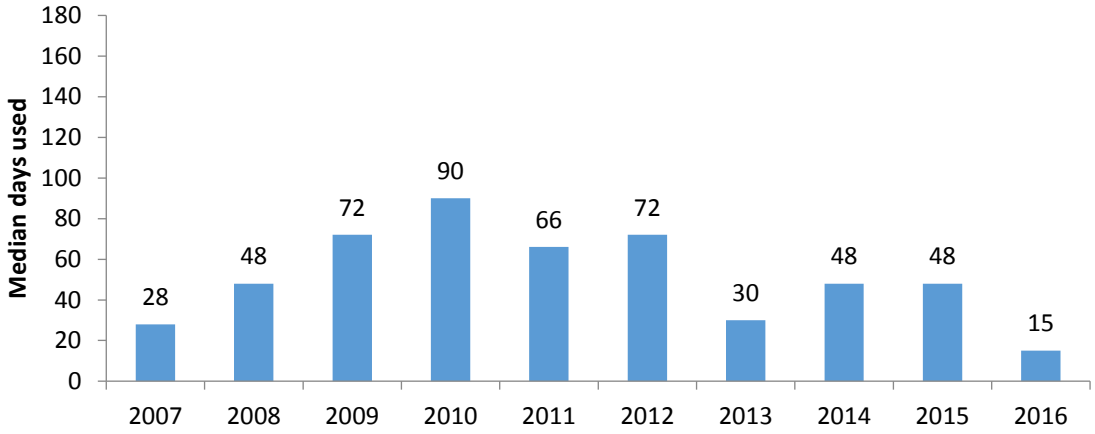
Figure 5: Prevalence and frequency of heroin use, 2007 to 2016



Source: Queensland IDRS PWID interviews

In 2016, the median days of heroin use in the previous six months was 15 (n = 53, range 1–180) which was not significantly lower than in 2015 (Figure 6).

Figure 6: Median days of heroin use in last six months (180 days), 2007 to 2016



Source: Queensland IDRS PWID interviews

4.2.2 Use of heroin in the general population

The National Drug Strategy Household Survey is undertaken approximately every three years. Findings from the 2016 survey were not available at time of publication, and Table 4 presents findings only up to the 2013 survey: over 20 years the use of heroin in the general population declined from a high of 0.8 in 1998 to 0.1 in 2013.

Table 4: Heroin use among the Australian population aged 14 years and over, 1993 to 2013

	1993	1995	1998	2001	2004	2007	2010	**2013**
Last 12 months	0.2	0.4	0.8	0.2	0.2	0.2	0.2	**0.1**
Ever	1.7	1.4	2.2	1.6	1.4	1.6	1.4	**1.2**

Source: National Drug Strategy Household Survey 2013 (AIHW 2014)

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 been low. In 2016, 5% of participants used (injected) homebake in the preceding six months on a median of 11.5 days (range 1–24 days).

4.2.3 Heroin forms used

Among recent heroin users (n = 53), 81% reported having used white/off-white heroin in the previous six months and 47% reported having used brown/beige heroin.

Table 5 presents the most commonly used form in the previous six months. As in 2015, white/off-white powder or rock was most commonly used.

Table 5: Heroin forms most used, 2016

n = 50	Heroin powder			Heroin rock		
	White/ off-white %	Brown/ beige %	Other colour %	White/ off-white %	Brown/ beige %	Other colour %
Most used in last six months	40	4	2	38	14	2

Source: Queensland IDRS PWID interviews

4.2.4 Heroin quantities used

Of those who reported their average amount used in a session in grams (n = 35), the median quantity was a 1/4 gram (range 1/8 to 3 grams).

Of those who reported their average amount used in a session in points (n = 12), the median quantity was 1 point (range 0.25 to 7.5 points).

Key experts report on heroin

Although heroin is often still preferred by PWID, it is not at the forefront of drug use. PWID may prefer heroin but use ice because of availability and its use by those around them. Heroin is closely associated with injecting and this form of administration continues to be out of favour with young people who use drugs.

4.3 Methamphetamines

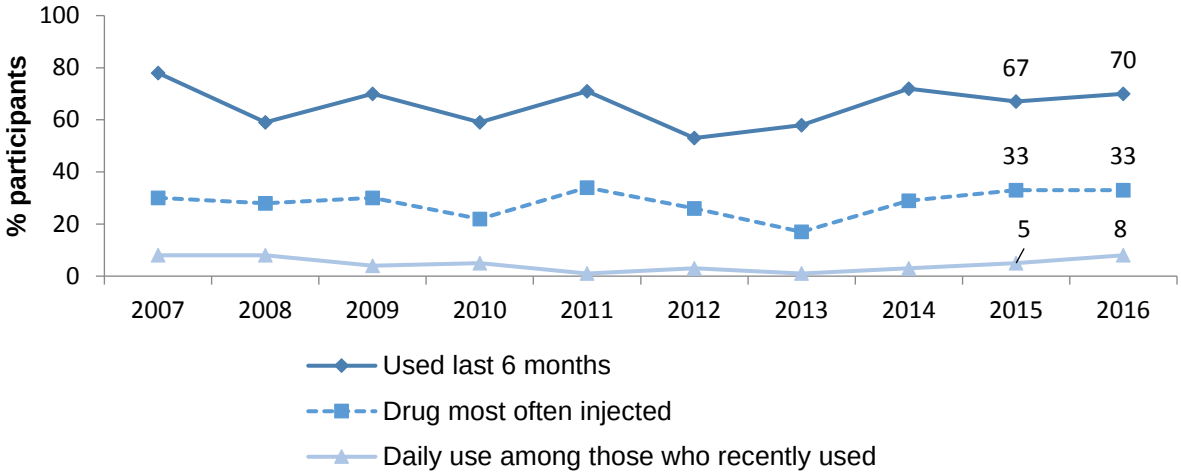
KEY POINTS

- **Recent methamphetamine use:** 70%
  - **ice:** 69%
  - **speed:** 28%
  - **base:**14%
  - **liquid:** 3%
- **Injected ice the most in the last month:** 32%

4.3.1 Use of methamphetamines

Recent use of methamphetamines (includes speed, base, ice, and liquid) remained stable (Figure 7). As in 2015, a third of participants reported that methamphetamine was the drug most often injected. Among those who had used methamphetamines in the last six months, 8% reported daily use.

Figure 7: Use of methamphetamine (in any form) in last six months, 2007 to 2016



Source: Queensland IDRS PWID interviews

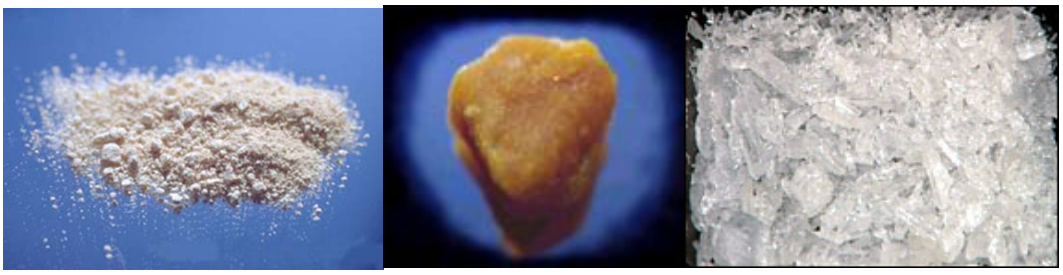
4.3.2 National population data

According to the 2013 National Drug Strategy Household Survey report (AIHW 2014), 7% of Australians had used methamphetamines in their lifetime with 2.1% having used methamphetamines in the previous 12 months.

4.3.3 Methamphetamine form most used

As in previous years, data were collected about four different forms of methamphetamines: speed (powder), base, ice (crystalline), and liquid.

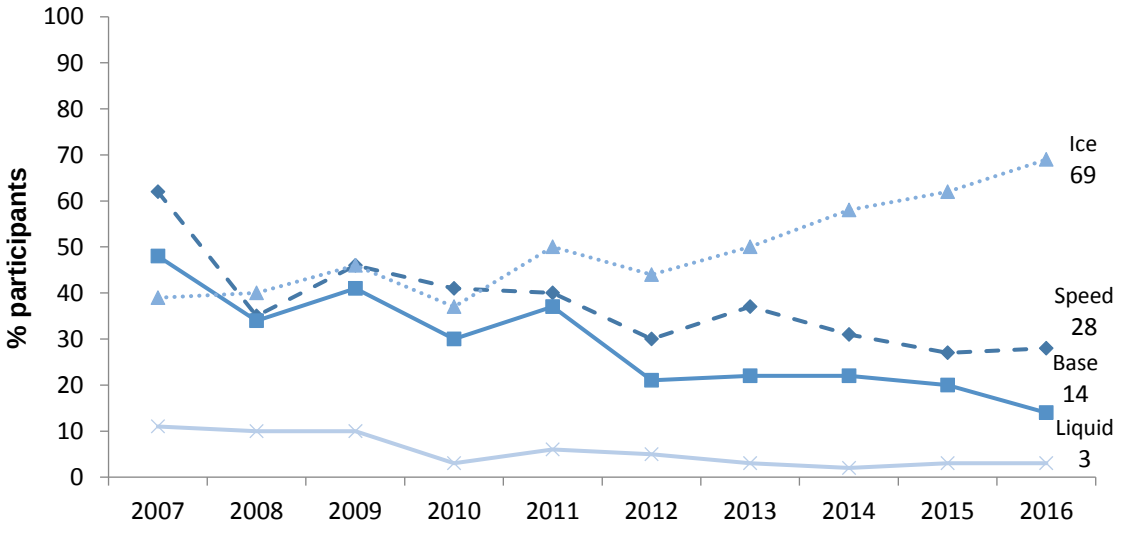
Speed Base Ice



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

A breakdown of the various forms of methamphetamines used by survey participants over the last decade (Figure 8) shows the upward trend of ice in recent years.

Figure 8: Forms of methamphetamine used in last six months, 2007 to 2016



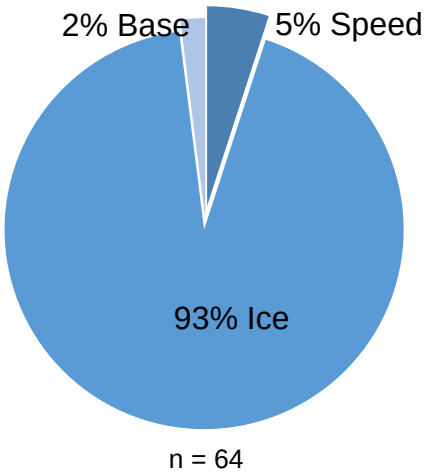
Source: Queensland IDRS PWID interviews

Due to the continuing low use of liquid methamphetamine in 2016, data specifically about liquid will not be presented.

4.3.4 Methamphetamine frequency of use

Among those who had recently used methamphetamines, most used ice and only a small proportion used speed and base (Figure 9).

Figure 9: Form of methamphetamine most used in last six months, 2016



Source: Queensland IDRS PWID interviews

In 2016, the median days of methamphetamine use was15.5 compared with 24 in 2015 (Table 6). There was a significant drop ($P < 0.05$) in the median days of speed use from 20 (n = 26, range 1–180) in 2015 to 5.5 (n = 24, range 1–60) in 2016.

Table 6: Median days of methamphetamine use in last six months, 2015 and 2016

	Median days	
	2015	2016
Speed	20	**5.5⬇**
Base	4	**6**
Ice	18	**12**
Any form[a]	24	**15.5**

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

Note: Maximum number of days (i.e. daily use) = 180. ⬇signifies a significant difference $P < 0.05$.

Source: Queensland IDRS PWID interviews

4.3.5 Average session measures

Participants were more likely to measure the amount of methamphetamine taken in an average session in points rather than grams Table 7. The median amount of ice (in points) used in a typical session was just over a point.

Table 7: Median amount (points and grams) used in an average session, 2016

	Speed	Base	Ice
Points	n = 17 1 (0.5–3)	n = 9 2 (1–3)	n = 50 1.1 (0.25–9)
Grams	n = 5 0.5 (0.5–2)	n = 4 0.75 (0.5–1)	n = 6 0.5 (0.5–1)

Source: Queensland IDRS PWID interviews

Key experts report on methamphetamines

Key experts regarded ice as their number-one drug-of-concern. Other forms of methamphetamine (speed, base, liquid) were less common and were not associated with problematic use.

There were reports of younger people progressing from smoking ice to injecting it, and older people initiating their drug use with ice. There were also reports of PWID who said they preferred heroin but used ice because of its availability.

Ice was used separately as well as in conjunction with other drugs. One key expert reported that ice was often used with diazepam to lessen the negative impact of comedown (i.e. depression/anxiety). Another said ice was used in conjunction with steroids as an anti-ageing agent.

Counselling and treatment agencies noted the chaos of people's lives due to ice use—its effect on housing, relationships, employment, health, and finance.

4.4 Cocaine

KEY POINTS

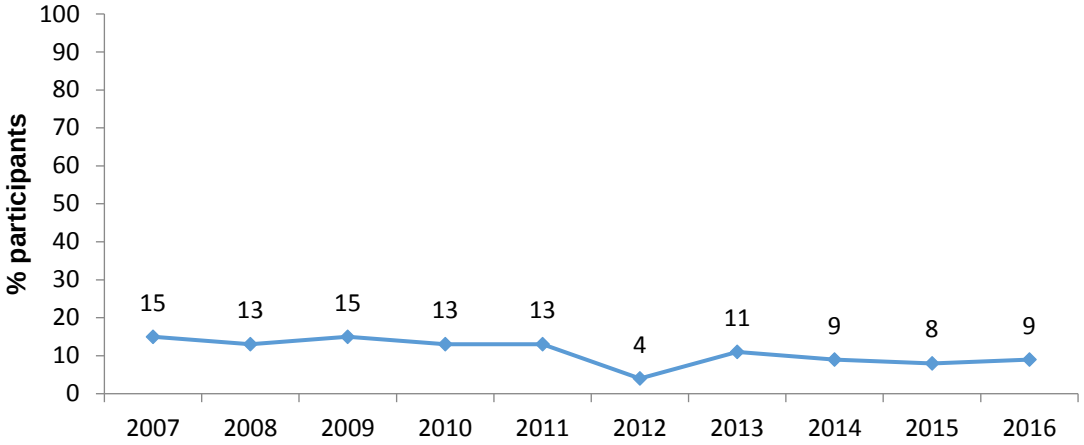
- **Recent cocaine use:** 9%
- **Lifetime use:** 73%
- **Frequency of recent use:** occasional

4.4.1 Use of cocaine

Nearly three-quarters (73%) of the sample had used cocaine in their lifetime, but only 9% reported recent use. This low level of use in the previous six months has been relatively consistent over the last 10 years (Figure 10).

The eight participants only used powder: none used rock or crack cocaine. Injecting was the most common route of administration (six of the eight), with four reporting snorting and one swallowing. Use was occasional (median of 1.5 days, n = 8, range 1–10) in the preceding six months (180 days).

Figure 10: Cocaine use in last six months, 2007 to 2016



Source: Queensland IDRS PWID interviews

4.4.2 National population data

The 2013 National Drug Strategy Household Survey report (AIHW 2014) shows that 8.1% of Australians reported using cocaine in their lifetime, and 2.1% in the previous 12 months.

Key experts report on cocaine

Cocaine use is not often seen among PWID. Its use is mainly hidden, and rare among clients of NSPs and AOD treatments services.

4.5 Cannabis

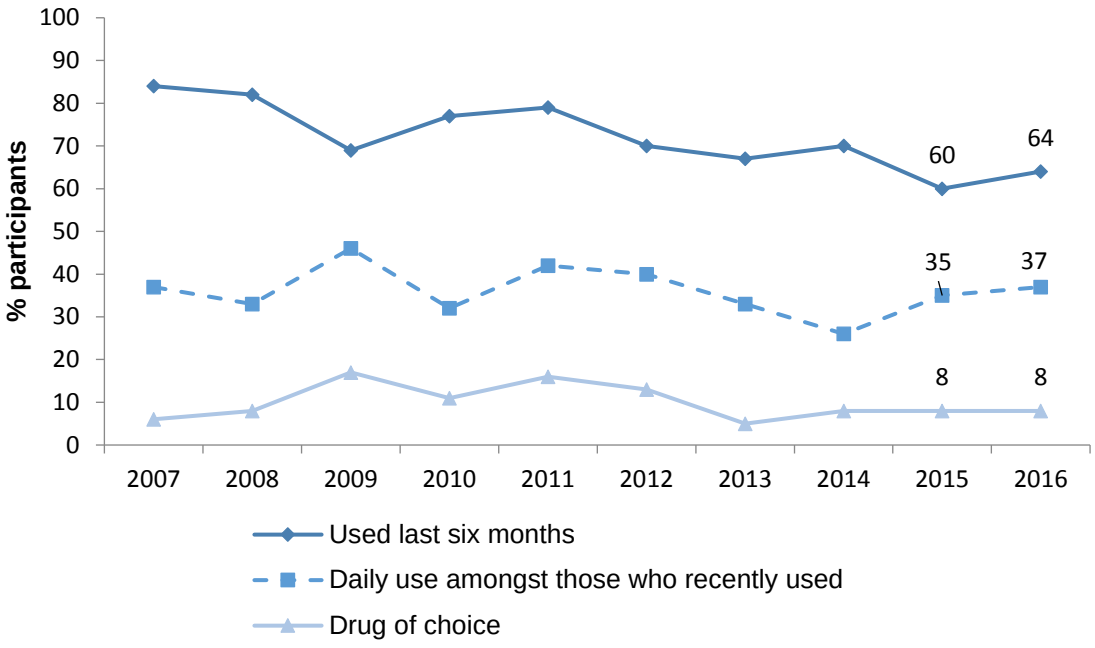
KEY POINTS

- **Recent cannabis use:** 64%
- **Lifetime use:** 97%
- **Daily use:** 37% of cannabis users
- **Recent synthetic cannabis use:** 3%

4.5.1 Use of cannabis

As in previous years, nearly all participants (97%) had used cannabis in their lifetime. Nearly two-thirds of participants reported recent use (Figure 11), and over a third of these participants used cannabis daily. The median days of use was 72 (n = 57, range 1–180 days). Consistent with previous years, a small proportion of participants (8%) nominated cannabis as their drug of choice.

Figure 11: Prevalence and frequency of cannabis use, 2007 to 2016



Source: Queensland IDRS PWID interviews

4.5.2 National population data

According to the 2013 National Drug Strategy Household Survey report (AIHW 2014), cannabis was the most commonly used illicit drug in Australia, with 35% reporting use in their lifetime and 10.2% in the previous 12 months.

4.5.3 Cannabis forms used

Of those who reported recent cannabis use (n = 58), 97% had used hydroponic cannabis, 52% used bush (outdoor grown), and 9% used hash oil.

When asked whether they mostly used hydroponic or bush cannabis, 93% said they mostly used hydroponic and 7% said they mostly used bush.

Cones continued to be more common than joints, with the median amount used in a session being 7.5 cones (n = 24, range 1–40) or one joint (n = 3, range 1–2).

4.5.4 Routes of administration

Five respondents (6%) reported inhaling cannabis.

4.5.5 Synthetic cannabis

Synthetic cannabis had been used by 17% of participants; however, only 3% of participants had used it in the previous six months, and both of these participants smoked it.

Key experts report on cannabis

Key experts reported that cannabis is a background drug, with some PWID not even considering it to be a drug. Key experts said that the hydroponic variety of cannabis is most common due to its availability. Synthetic cannabinoids were considered to be still around but to a lesser extent than previously.

4.6 Other opioids

KEY POINTS

- **Methadone:** 36% recent use—20% licit and 18% illicit (non-prescribed).
- **Buprenorphine** (Subutex®)**:** 34% recent use—13% licit and 24% illicit.
- **Buprenorphine-naloxone** (Suboxone®)**:** 31% recent use—12% licit and illicit 23%.
- **Morphine:** 36% recent use—8% licit and 33% illicit.
- **Oxycodone (any):** 25% recent use of one or more forms—primarily illicit: 10% generic ,12% OP, 12% other.
- **Fentanyl:** 15% recent use: all participants reported injection and no use as a transdermal patch.
- **Over-the-counter codeine for non-medicinal purposes:** 6% recent use.
- **Other opiates** (e.g. pethidine, Panadeine Forte®)**:** 20% recent use.

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. The majority of participants (79%) had used liquid methadone or physeptone tablets (licit or illicit) in their lifetime, and 36% in the previous six months.

Buprenorphine (Subutex®) was introduced as an alternative to methadone and, since 2005, buprenorphine-naloxone (Suboxone®) is widely prescribed because of its agonist/anti-agonist properties. Initially, 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 2016, 80% of participants had used a form of buprenorphine or buprenorphine-naloxone (licit and/or illicit) in their lifetime, and 45% in the previous six months.

The pattern of use of all four substitution drugs is shown in Table 8. Methadone liquid was the most common licit form and buprenorphine and buprenorphine-naloxone were the most common illicit forms.

Table 8: Use of licit and illicit substitute drugs in last six months, 2016

	LICT (prescribed)		ILLICIT (not prescribed)	
	Used	Injected	Used	Injected
N = 91	%	%	%	%
Methadone liquid	20	8	18	15
Physeptone tablets	3	2	2	1
Buprenorphine film	13	8	24	24
Buprenorphine-naloxone film	12	4	23	19

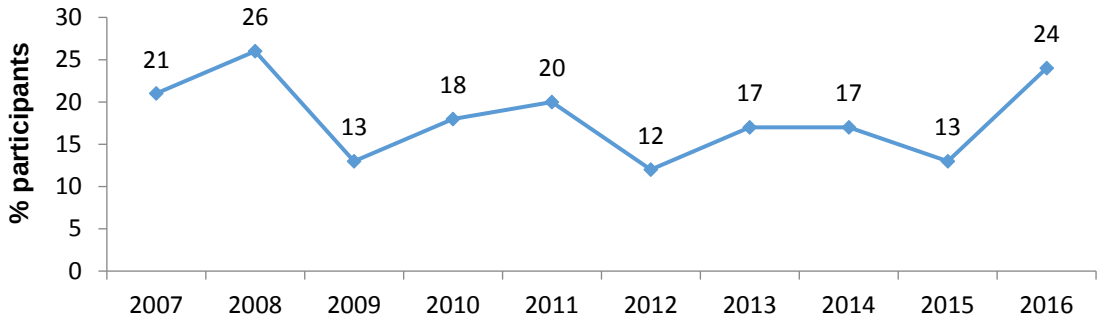
Source: Queensland IDRS PWID interviews

Use of methadone

Nearly half (48%) of participants reported having been prescribed methadone at least once in their lifetime (i.e. licit use), and 58% reported illicit use at least once in their lifetime.

Sixty-four per cent of participants reported injecting methadone (licit or illicit) in their lifetime, and 24% reported injecting it in the previous six months (Figure 12). The median days participants recently injected methadone were 8.5 (range 1–180).

Figure 12: Injected methadone (licit or illicit) in last six months, 2007 to 2016



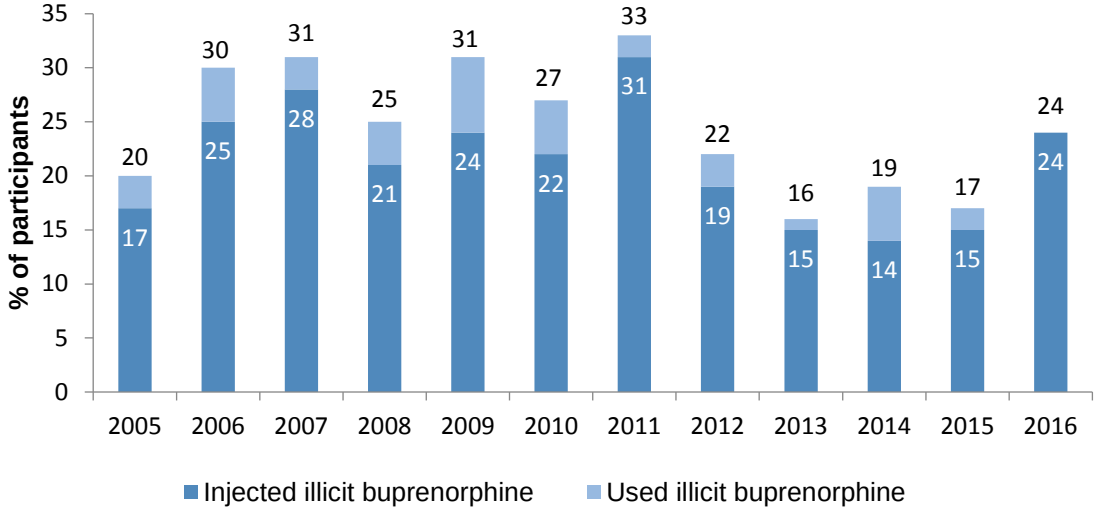
Source: Queensland IDRS PWID interviews

The most common reason for using illicit methadone was self-treatment.

Use of buprenorphine (Subutex®)

Seventy per cent of participants had used buprenorphine (licit or illicit) in their lifetime, with 34% having used it in the previous six months. Licit (i.e. prescribed) recent use was reported by 13% and illicit use by 24%. Of the 12 participants on a prescribed dose, seven reported injecting their dose. All those who had recently used illicit buprenorphine injected it (Figure 13). Median days injected in the previous six months was 55 (range 1–180).

Figure 13: Use and injection of illicit buprenorphine in last six months, 2007 to 2016



Source: Queensland IDRS PWID interviews

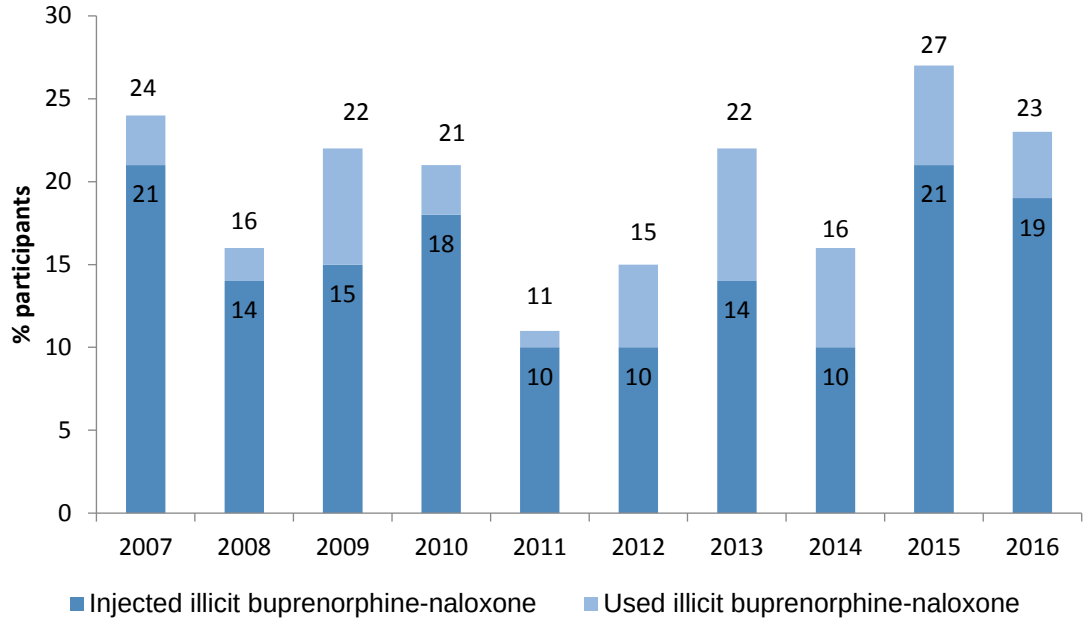
Use of buprenorphine-naloxone (Suboxone®)

Two thirds of participants (66%) had ever used buprenorphine-naloxone (licit or illicit), and 31% had used it in the previous six months.

Film was more likely to be used than tablets for both licit and illicit use.

Nearly a quarter of participants reported recently using illicit buprenorphine-naloxone (tablet or film), with most of these injecting it (Figure 14).

Figure 14: Use and injection of illicit buprenorphine-naloxone (tablet or film) in last six months, 2007 to 2016



Note: Prescribing of film commenced in late 2011
Source: Queensland IDRS PWID interviews

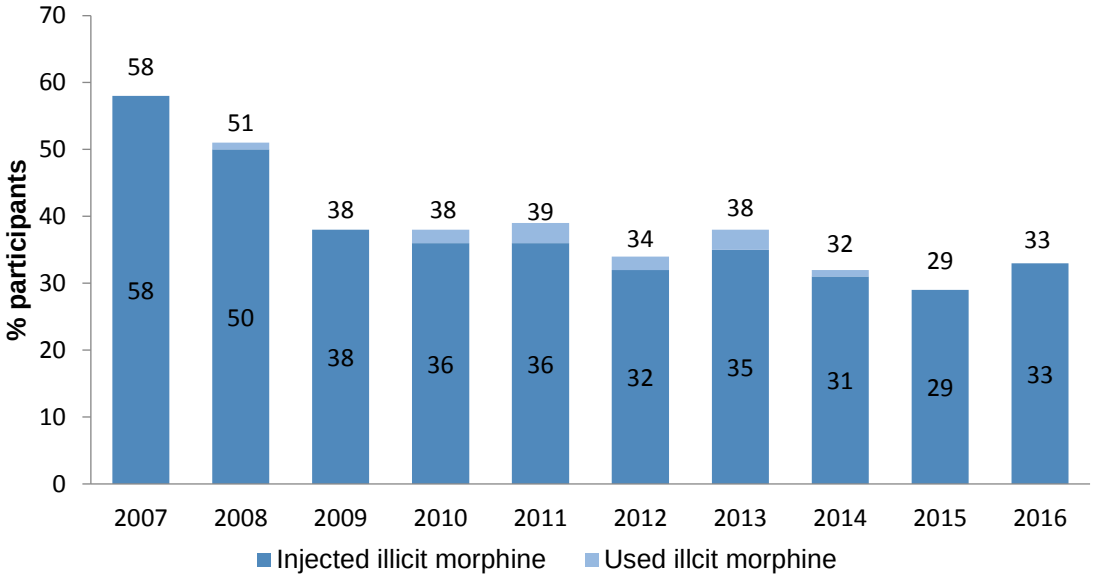
4.6.2 Use of morphine

Eighty-six per cent of participants had used morphine (licit or illicit) in their lifetime, with 36% reporting morphine use (licit or illicit) in the previous six months. As in previous years, the most common brand of morphine was MS Contin®.

Licit morphine was used by 8% with 7% reporting injection (10% used and 9% injected in 2015). Median days of use was 180 (n = 7, range 2–180).

Illicit morphine was used by 33%, with all injecting—though 3% also swallowed (Figure 15). Illicit morphine was used on a median of 22 days in the preceding six months (n = 30, range 1–180).

Figure 15: Use and injection of illicit morphine in last six months, 2007 to 2016



Source: Queensland IDRS PWID interviews

4.6.3 Use of oxycodone

The majority of participants (81%) had used oxycodone (licit and illicit) in their lifetime and 25% in the previous six months. OxyContin® and Endone® were the most commonly used brands. Participants were asked about their consumption of three forms of oxycodone: generic, Oxycontin Purdue® (reformulated to be injection-proof), and all other forms.

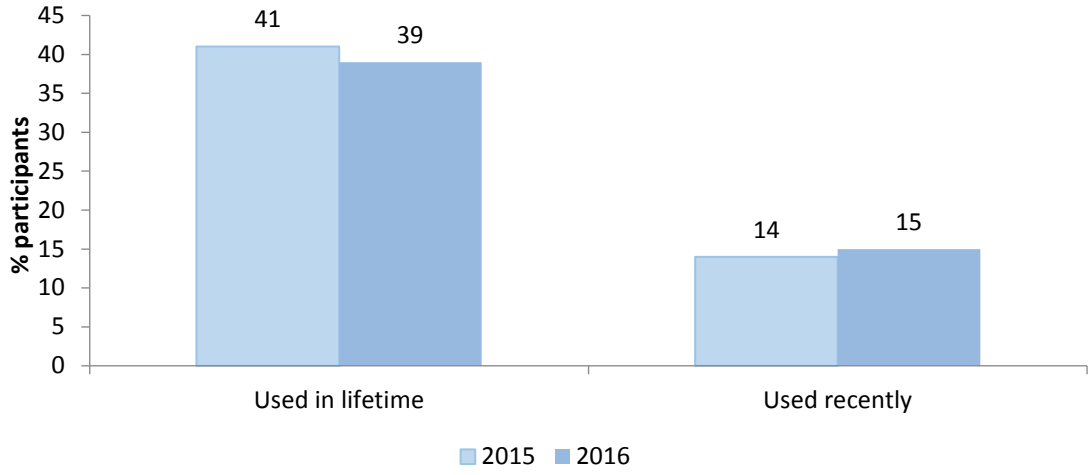
Licit use in the previous six months was nil for generic, 1% for Oxycontin Purdue®, and 3% for all other forms.

Illicit use in the previous six months was 10% for generic, 12% for Oxycontin Purdue®, and 12% for all other forms. Nearly all reported injection.

4.6.4 Use of fentanyl

Fentany use was similar to 2015 (Figure 16), with 39% having used in their lifetime and 15% having used recently. Of those who had recently used, only one reported using prescribed fentanyl. All injected. The median days of injection in the past six months was 2.5 (n = 14, range 1–180 days).

Figure 16: Use of fentanyl, 2015 and 2016

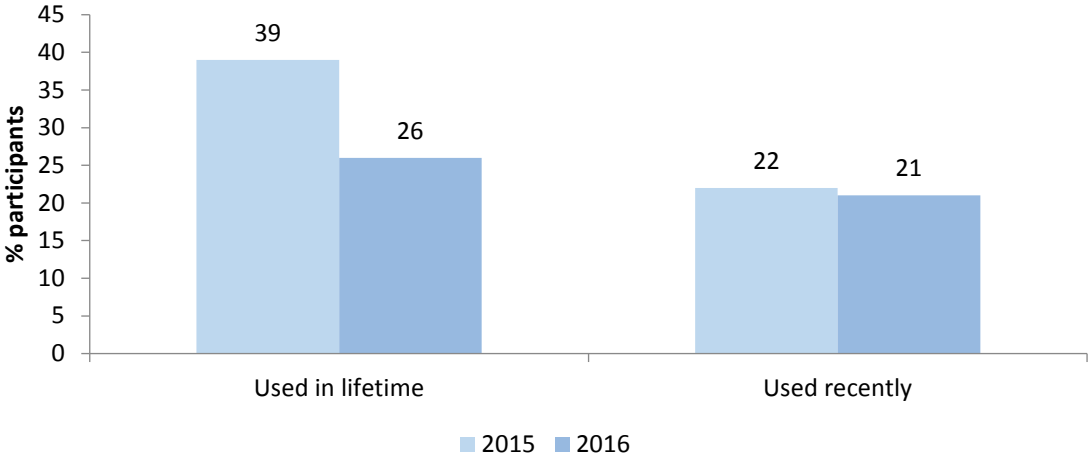


Source: Queensland IDRS PWID interviews

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

In 2016, 21% of participants had used over-the-counter codeine for non-medicinal purposes in the previous six months (22% in 2014; Figure 17). Use over lifetime was 26% compared with 39% in 2015.

Figure 17: Use of over-the-counter codeine, non-medicinal purposes only, 2015 and 2016

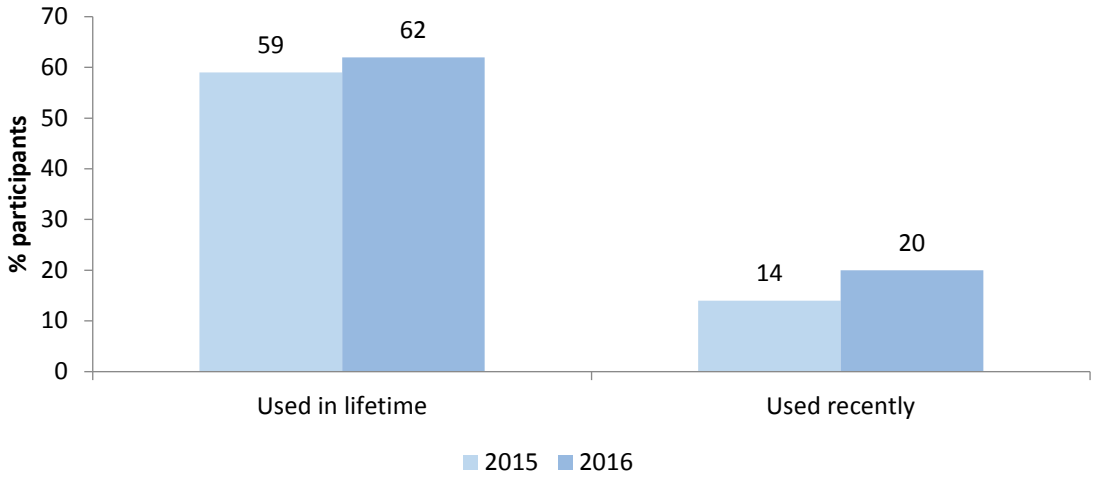


Source: Queensland IDRS PWID interviews

4.6.6 Use of other opiates

Lifetime use of opiates such as pethidine, Panadeine Forte®, and opium was stable at 62% (Figure 18). Recent use (20%) was predominantly licit and Panadeine Forte® was the form most commonly used. Days of use varied widely (median 7, range 1–120).

Figure 18: Use of other opiates, 2015 and 2016



Source: Queensland IDRS PWID interviews

Key experts report on pharmaceutical opioids

Overall, use of pharmaceutical opioids was reported as very common among PWID.

Opioid substitution therapy

There was very little change in use of non-prescribed OST with some PWID continuing to prefer buprenorphine and buprenorphine-naloxone to heroin.

Morphine including oxycodone

Oxycontin use had dropped considerably, and there was no longer reference to 'oxys'.

Fentanyl

Use of fentanyl was reported as continuing to decrease after a short-lived spike a couple of years ago. it is suspected, however, that heroin is sometimes cut with fentanyl. Also fentanyl patches are sold as morphine patches which can lead to people not being appropriately cautious in their use.

Over-the-counter codeine

Key experts reported that their clients found OTC codeine very easy to get and that large numbers of tablets were taken at one time. In particular, Nurofen Plus was consumed in large quantities—often on a regular basis. One key expert described a *wave of OTC codeine use in the last few years*.

4.7 Other drugs

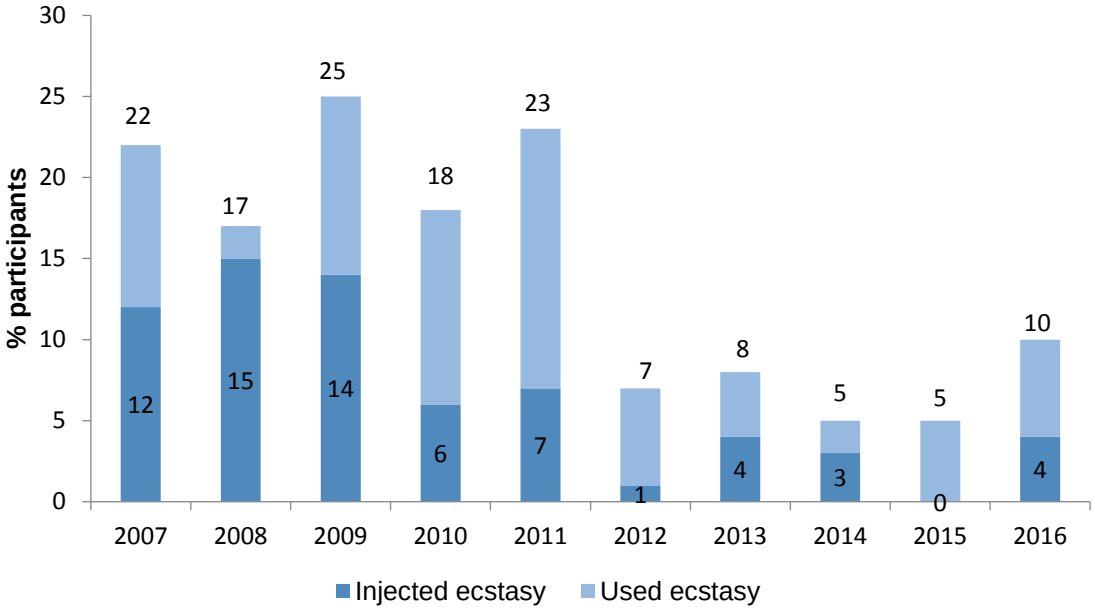
KEY POINTS

- **Ecstasy:** 10% recent use; 76% lifetime use
- **Hallucinogens:** 4% recent use; 73% lifetime use
- **Benzodiazepines:** 69% had used licit and/or illicit forms in the preceding six months. Recent illicit use was alprazolam 25% and other benzodiazepines 32%.
- **Pharmaceutical stimulants** (e.g. dexamphetamine and methylphenidate)**:** recent use continued to be rare (1% licit and 8% illicit).
- **Inhalants:** use remained low, with 2% reporting recent use.
- **Alcohol:** 36% reported abstinence from alcohol in the previous six months. Of those who drank, 47% scored ≥5 on the AUDIT-C, indicating the need for further assessment.
- **Tobacco:** 91% recently used tobacco, with 90% of these smoking daily.

4.7.1 Ecstasy and related drugs

Although 76% of participants reported use of ecstasy (MDMA) in their lifetime, only 10% reported use in the previous 6 months (Figure 19): 7% swallowed, 4% injected, 1% smoked, and 1% snorted.

Figure 19: Use and injection of ecstasy in last six months, 2007 to 2016

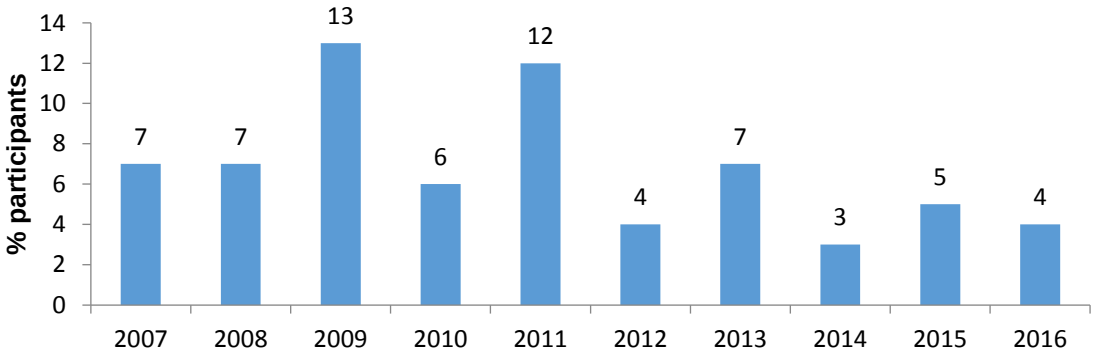


Source: Queensland IDRS PWID interviews

4.7.2 Hallucinogens

Recent hallucinogen use (LSD, mushrooms, etc.) remained low (4%); although use in lifetime was 73% (Figure 20).

Figure 20: Hallucinogen use in last six months, 2007 to 2016



Source: Queensland IDRS PWID interviews

4.7.3 Benzodiazepines

Most participants (87%) had used a form of benzodiazepine in their lifetime whether licit or illicit, and 69% had done so recently. Table 9 shows recent use of benzodiazepines, such as diazepam (Valium®, Antenex®) and oxazepam (Serapax®), and recent use of alprazolam (Xanax®, Kalma®). T~~;~~he pattern of licit and illicit use is consistent with previous years.

Lifetime use of licit or illicit alprazolam was reported by 65%, with 31% reporting recent use. (Alprazolam was rescheduled as a controlled drug, Schedule 8, in February 2014).

Lifetime use of other licit or illicit benzodiazepines was reported by 85% of participants, with 63% reporting recent use. Injection of any form of benzodiazepine was rare.

Among those using any form of benzodiazepine (n = 62), 37% used daily. Median days use of alprazolam was 4 for illicit (n = 23, range 1–180) and 180 for licit (n = 6, range 72–180). For other benzodiazepines, median days of use was 9 for illicit (n = 29, range 1–180) and 72 for licit (n = 39, range 1–180).

Table 9: Use of licit and illicit benzodiazepines in last six months, 2015 and 2016

	Licit (prescribed)		**Illicit** (not prescribed)	
	2015 N = 98 %	**2016** **N = 91** **%**	2015 N = 100 %	**2016** **N = 98** **%**
Alprazolam	4	**7**	20	**25**
Other benzodiazepines	39	**44**	34	**33**

Source: Queensland IDRS PWID interviews

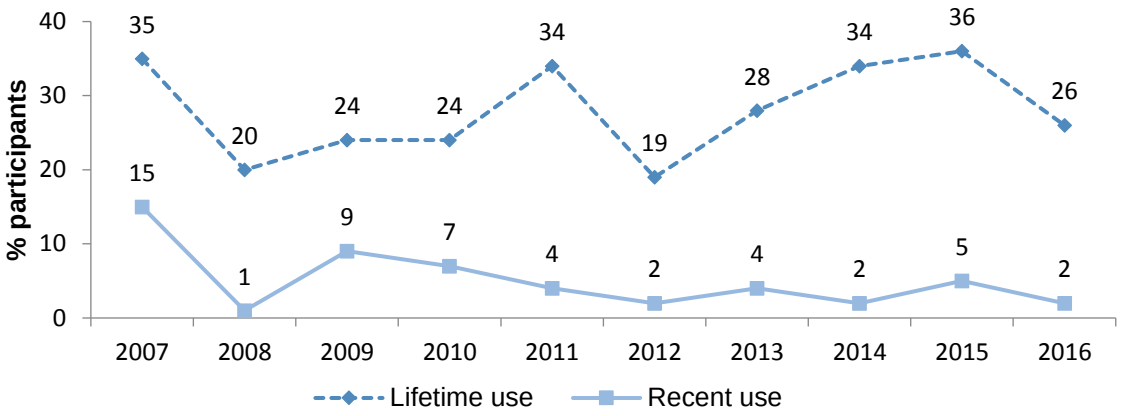
4.7.4 Pharmaceutical stimulants

As in previous years, recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was low with 1% of participants reporting licit use and 8% reporting illicit use.

4.7.5 Inhalants

Consistent with previous years, only 2% reported use of inhalants in the preceding six months (Figure 21).

Figure 21: Prevalence of inhalant use, 2007 to 2016



Source: Queensland IDRS PWID interviews

4.7.6 Alcohol

Nearly all participants (96%) reported lifetime use of alcohol, with 64% reporting recent use (i.e. 36% reporting abstinence from alcohol). Injection of alcohol was rare, with 9% reporting having injected alcohol in their lifetime and 1% in the previous six months. The median frequency of alcohol use was 19.5 days (range 1–180).

There tends to be a focus on young people and alcohol in the media, with little attention given to alcohol use among PWID. PWID are particularly at risk for alcohol-related harms due to high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2013 (n = 2 407) reported having HCV antibodies (Iverson, Chow, & Maher, 2014). 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, Duflou, & Kaye, 2007; Darke, Ross, & Hall, 1996; Schiff & Ozden, 2004), it is important to monitor risky drinking among people who inject drugs.

In recent years, participants have been asked to complete the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) as a validated measure of heavy drinking (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). The AUDIT-C is a three-item measure, using 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 5.1 (median 4, range 1–12) (Table 10). There was no significant sex difference: mean score was 4.8 for females (n = 14) and 5.1 for males (n = 50). 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.

Nearly half (47%) of participants who drank in the past year scored ≥5 on the AUDIT-C, indicating the need for further assessment (Table 9); scores were similar for males and females.

Table 10: AUDIT-C score, 2015 and 2016

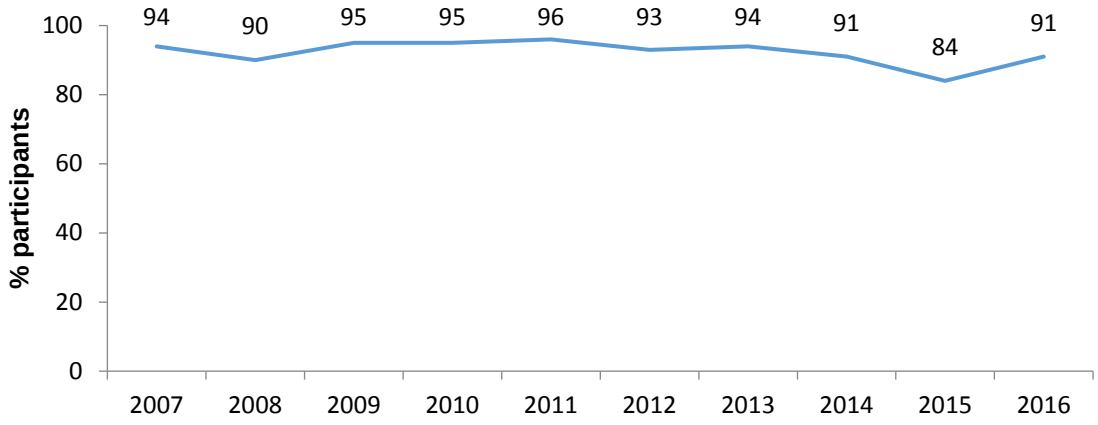
	2015 n = 70	**2016** **n = 64**
Mean AUDIT-C score	4.9	**5.1**
SD (range 1–12)	3.3	**3.6**
Score of 5 or more	49%	**47%**

Source: Queensland IDRS PWID interviews

4.7.7. Tobacco use

Consistent with previous years, most participants (91%) reported recent tobacco use (Figure 22) with 90% of these respondents reporting daily use (i.e. 82% of all participants smoked daily).

Figure 22: Tobacco use in last six months, 2007 to 2016



Source: Queensland IDRS PWID interviews

About a quarter of participants (23%) reported use of e-cigarettes in their lifetime, with only 7% reporting recent use. Median days used was two (n = 6, range 1–90).

Key experts report on other drugs

Key experts reported very little use of drugs such as ecstasy, hallucinogens, and inhalants among PWID. However, benzodiazepine use was very common, and widely prescribed for conditions such as anxiety. Younger PWID were reported to have become dependent on benzodiazepines after being prescribed them when detoxing. Xanax was still prevalent, mostly among older clients, but much less common than in previous years.

Diazepam was reported to be used with ice to lessen the impact of coming down.

Probelmatic use of alcohol continued to be a major concern.

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

This section is about the market characteristics (i.e. price, perceived purity/strength, availability, and purchasing patterns) for 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. Limited responses to some questions restricted meaningful interpretation.

5.1 Heroin market

KEY POINTS

- **Median price:** remained constant (e.g. $100 per quarter gram)
- **Purity:** most commonly reported as medium or low, with half reporting it as stable and 17% as increasing.
- **Availability:** nearly all reported it as easy or very easy to obtain. Purchases were most commonly made from a known dealer or friend at an agreed public location or dealer's home.

Of the entire sample (N = 91), 51 participants answered questions about the heroin market, and analysis is based on this sub-sample.

5.1.1 Heroin price

Heroin prices have remained constant with only occasional slight variance in the last decade:

Cap/point	$50 (range $10–$100, n = 17)
Quarter gram	$100 (range $100–$200, n = 20)
Half gram	$200 (range $50–$300, n = 17)
Gram	$350^ (range $300–$600, n = 9)
1.7 grams (1/16 oz)	$500^ (range $450–$550, n = 5)

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

In keeping with the consistency of pricing in recent years, most respondents (n = 49, 80%) rated heroin prices as stable. Pricing was in keeping with Queensland prices reported by the Australian Criminal Intelligence Commission (2016).

5.1.2 Heroin form and purity

The current purity of heroin was most commonly rated as medium or low, with 8% rating it as high (Table 11). Half (50%) considered that purity had not changed in the past six months, but 17% considered it to be increasing. Overall, there appeared to be higher ratings of purity in 2016 than in 2015.

Table 11: Perceptions of heroin purity in last six months, 2015 and 2016

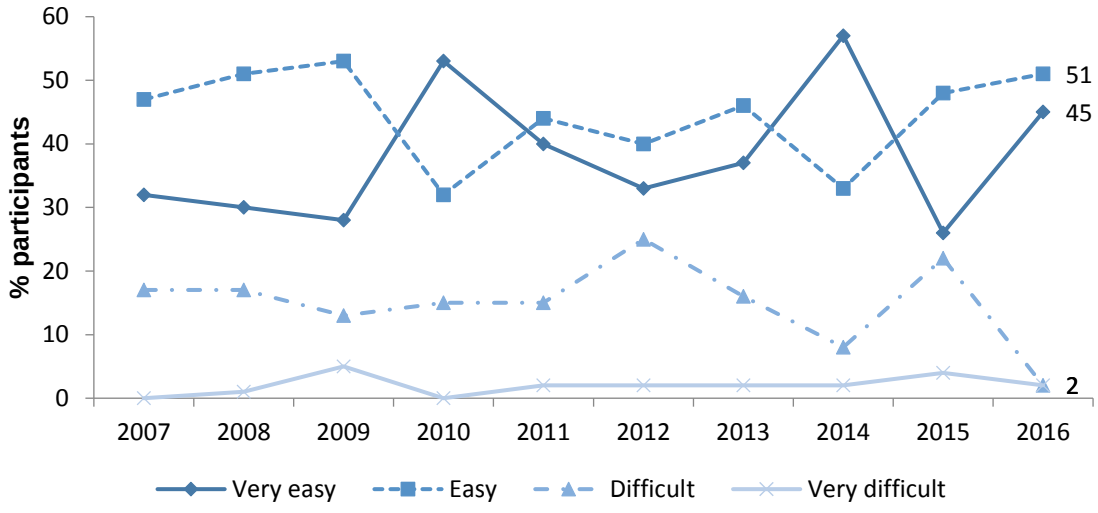
	2015 %	2016 %
Current purity	n = 48	**n = 50**
High	0	**8**
Medium	18	**40**
Low	60	**30**
Fluctuates	22	**22**
Purity change over the past six months	n = 43	**n = 48**
Increasing	5	**17**
Stable	44	**50**
Decreasing	33	**10**
Fluctuating	19	**23**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.1.3 Heroin availability

Heroin was mostly reported to be easy or very easy to obtain (96%, n = 51). Over the last decade, heroin has generally been reported as readily available (Figure 23).

Figure 23: Current heroin availability, 2007 to 2016



Source: Queensland IDRS PWID interviews

Participants were also asked about changes in heroin availability in the preceding six months: three-quarters (75%) considered it to be stable (Table 12).

Table 12: Changes in heroin availability in last six months, 2015 and 2016

	2015 (n = 45) %	**2016 (n = 51) %**
More difficult	11	**4**
Stable	67	**75**
Easier	7	**18**
Fluctuates	16	**4**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.1.5 Purchasing patterns of heroin

A known dealer was the most common person from whom the most recent purchase of heroin was made (52%; Table 13). The next most common person was a friend (34%). Place of purchase was similar to 2015, with the most likely purchase place being an agreed public location (50%), followed by dealer's home (22%).

Table 13: Purchasing patterns of heroin, 2015 and 2016

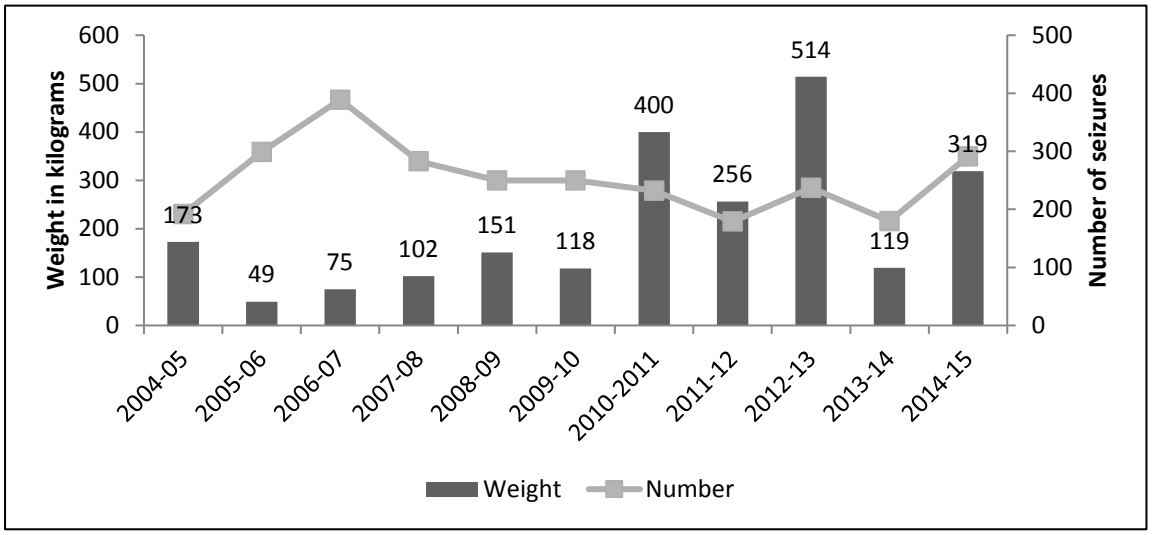
	2015 %	**2016 %**
Last purchased from	n = 45	**n = 50**
Known dealer	42	**52**
Friend	18	**34**
Acquaintance	36	**6**
Unknown dealer	4	**6**
Mobile dealer	0	**2**
Street dealer	0	**0**
Place of most recent purchase	n = 45	**n = 50**
Agreed public location	47	**50**
Dealer's home	27	**22**
Home delivery	7	**12**
Friend's home	13	**8**
Street market	0	**6**
Acquaintance's home/other	0	**2**

Note: Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.1.6 Heroin detected at the Australian border

The number of heroin detections at the border by the Australian Customs and Border Protection Service in the financial year 2014–15 was 291 compared with 180 in 2013–14; the total weight also rose, from 119 kilograms in 2013–14 to 319 kilograms in 2014–15 (Figure 24).

Figure 24: Weight and number of heroin border seizures by the Australian Customs and Border Protection Service, 2004–05 to 2014–15



Source: Australian Criminal Intelligence Commission, 2016

Key experts report on heroin market

High-purity heroin does appear to be available; although, accessing it is not always straightforward.

5.2 Methamphetamine market

KEY POINTS

- **Median price**: $50 per point for powder, base, and ice.
- **Purity:** crystal/ice reported as high by two-in-five. Speed was most commonly rated as medium, and base ratings were mixed.
- **Availability:** all forms of methamphetamine were reported to be readily available.

Of the entire sample (N = 91), 16 participants answered questions about the speed market, 8 about base, and 57 about ice. 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)	$50 (range $40–$100, n = 13)
Halfweight (0.5 g)	$200^ (range $200–$250, n = 4)
Gram (1 g)	$400^ (range $300–$500, n = 2)

Base

Point (0.1 g)	$50^ (range $40–$100, n = 7)
Halfweight (0.5 g)	$300^ (range $200–$400, n = 3)
Gram (1 g)	$450^ (range $300–$700, n = 3)
Eightball (3.5 g)	$825^ (range$750–$900, n = 2)

Ice

Point (0.1 g)	$50 (range $40–$100, n = 40)
Halfweight (0.5 g)	$210 (range $150–$375, n = 20)
Gram (1 g)	$400^ (range $300–$500, n = 11)
Eightball (3.5 g)	$750^ (range $350–1100, n = 7)

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

The price of speed was generally considered to be stable or decreasing, base stable, and ice stable or decreasing (Table 14).

Table 14: Methamphetamine price changes in last six months, 2015 and 2016

Price	Speed		Base		Ice	
	2015 n = 21 %	**2016 n = 8 %**	2015 n = 10 %	**2016 n = 6 %**	2015 n = 52 %	**2016 n = 54 %**
Increasing	0	**0**	0	**17**	4	**4**
Stable	76	**50**	85	**67**	62	**46**
Decreasing	14	**38**	8	**0**	31	**39**
Fluctuating	10	**13**	8	**17**	4	**11**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.2.2 Methamphetamine purity

The most common purity rating was medium for speed (53%), fluctuates for base (50%), and high for ice (48%) (Table15). The ratings for changes to purity/strength varied, but just over half of those who commented on ice (53%) rated changes as stable.

Table 15: Perceptions of methamphetamine purity in last six months, 2015 and 2016

	Speed		Base		Ice	
	2015 %	**2016 %**	2015 %	**2016 %**	2015 %	**2016 %**
Current purity/strength	n = 21	**n = 15**	n = 13	**n = 6**	n = 49	**n = 50**
High	24	**27**	23	**17**	35	**48**
Medium	38	**53**	46	**17**	27	**36**
Low	10	**7**	15	**17**	12	**8**
Fluctuates	29	**13**	15	**50**	27	**8**
Changes to purity/strength	n = 21	**n = 16**	n = 13	**n = 6**	n = 49	**n = 49**
Increasing	0	**25**	15	**17**	8	**18**
Stable	67	**31**	39	**33**	39	**53**
Decreasing	5	**25**	23	**17**	20	**16**
Fluctuating	29	**19**	23	**33**	33	**12**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.2.3 Methamphetamine availability

The pattern of current availability was similar to 2015; although, small numbers for base make comparison difficult (Table 16). Most respondents reported ice was very easy/easy to obtain. The changes to availability were generally considered to be stable for all three forms (speed, base, and ice).

Table 16: Methamphetamine availability in last six months, 2015 and 2016

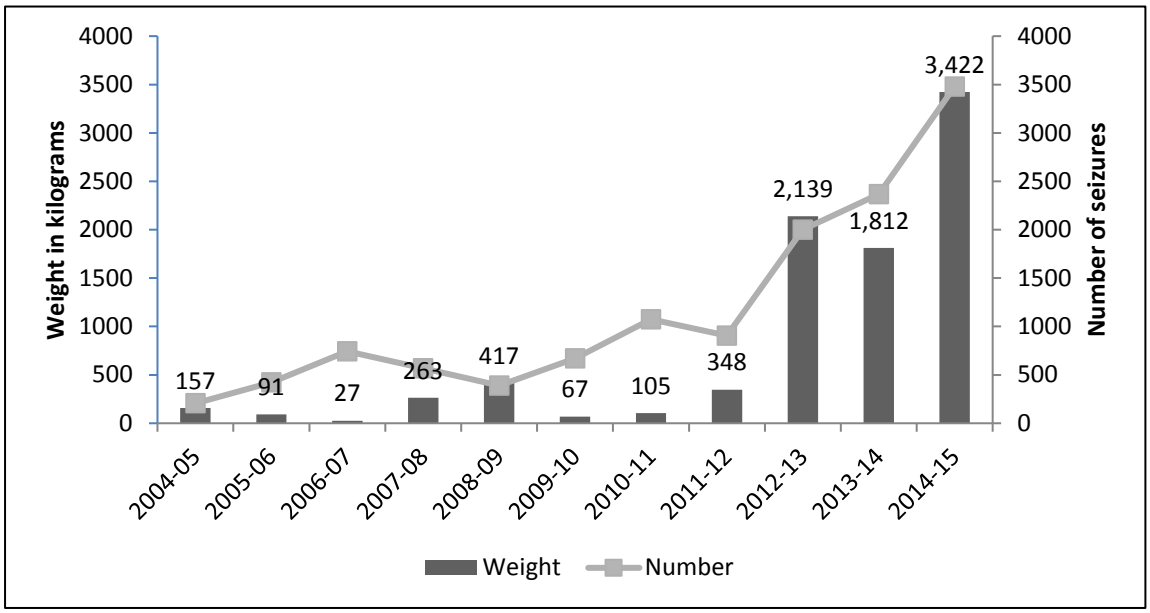
	Speed		Base		Ice	
	2015 %	**2016 %**	2015 %	**2016 %**	2015 %	**2016 %**
Current availability	n = 21	**n = 16**	n = 13	**n = 7**	n = 54	**n = 57**
Very easy	33	**50**	8	**14**	56	**53**
Easy	43	**25**	46	**43**	37	**40**
Difficult	24	**19**	46	**29**	7	**5**
Very difficult	0	**6**	0	**14**	0	**2**
Changes to availability	n = 21	**n = 16**	n = 13	**n = 7**	n = 52	**n = 55**
More difficult	29	**19**	46	**29**	8	**6**
Stable	62	**75**	39	**71**	60	**76**
Easier	10	**6**	8	**0**	27	**16**
Fluctuates	0	**0**	8	**0**	6	**2**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.2.4 Amphetamine-type stimulants detected at the Australian border

The number and weight of detections of amphetamine-type stimulants (ATS) by the Australian Customs and Border Protection Service rose in the 2014–15 financial year, with 3479 seizures weighing a total of 3422 kilograms (Figure 25).

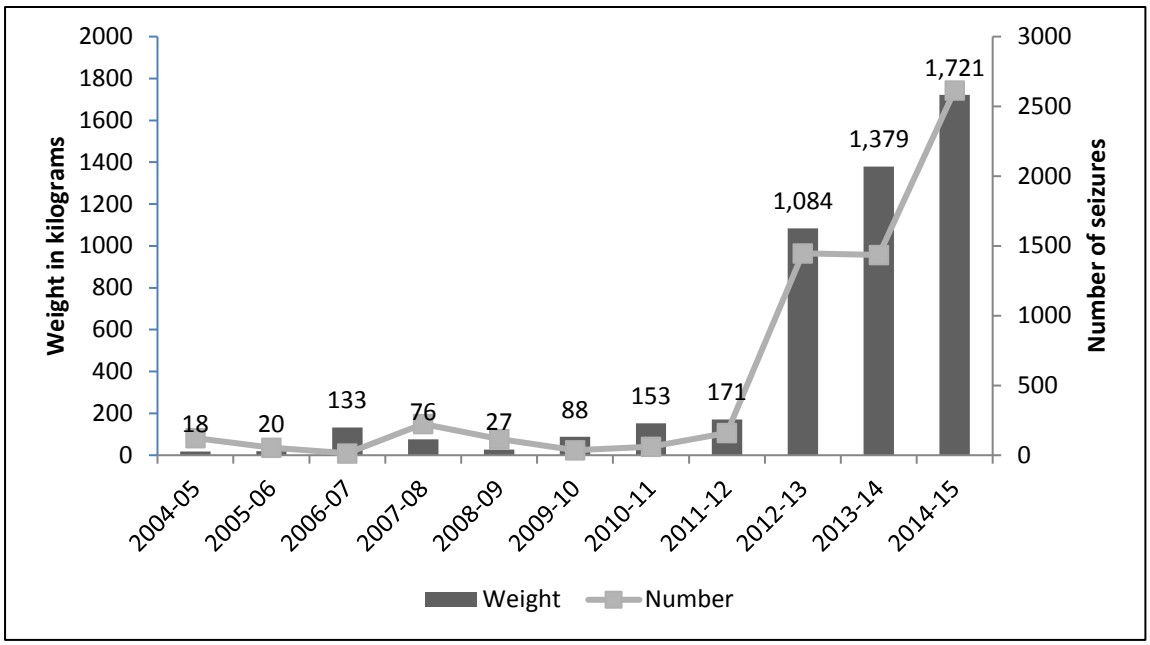
Figure 25: Weight and number of ATS* detections by the Australian Customs and Border Protection Service, 2004–05 to 2014–15



* includes amphetamine, methamphetamine and crystal methamphetamine detections, but excludes MDMA
Source: Australian Criminal Intelligence Commission, 2016

Of the 3,479 detections in the 2014–15 financial year, 2,615 were ice; and of the total weight of 3,422 kilograms, 1,721 kilograms were ice (ACIC, 2016). Figure 26 shows the steep rise in ice detections and weight of seizures in 2012–13 and the upward trend since then.

Figure 26: Weight and number of crystalline methamphetamine (ice) detections by the Australian Customs and Border Protection Service, 2004–05 to 2014–15



Source: Australian Criminal Intelligence Commission, 2016

5.2.5 Purchasing patterns of methamphetamines

A known friend, known dealer, or acquaintance was the most likely source for the most recent purchase of all forms of methamphetamines (Table 17). The place of most recent purchase varied for all three forms of methamphetamines but, as in past years, an agreed public location was the most common.

Table 17: Purchasing patterns of methamphetamine, 2015 and 2016

	Speed		Base		Ice	
	2015 %	**2016 %**	2015 %	**2016 %**	2015 %	**2016 %**
Last purchased from	n = 21	**n = 16**	n = 10	**n = 6**	n = 54	**n = 56**
Street dealer	0	**25**	0	**17**	0	**9**
Friend	43	**38**	23	**33**	37	**54**
Known dealer	24	**6**	54	**33**	35	**18**
Acquaintance	24	**25**	15	**17**	19	**16**
Unknown dealer	5	**6**	0	**0**	6	**4**
Mobile dealer	5	**0**	0	**0**	0	**0**
Relative	0	**0**	0	**0**	4	**0**
Other	0	**0**	8	**0**	0	**0**

	Speed		Base		Ice	
	2015 %	**2016 %**	2015 %	**2016 %**	2015 %	**2016 %**
Place of most recent purchase	n = 21	**n = 16**	n = 13	**n = 6**	n = 54	**n = 55**
Home delivery	14	**19**	8	**33**	24	**18**
Dealer's home	5	**0**	23	**17**	15	**2**
Friend's home	29	**19**	15	**0**	28	**26**
Acquaintance's home	5	**13**	8	**0**	4	**6**
Street market	0	**13**	0	**0**	0	**6**
Agreed public location	48	**38**	39	**50**	30	**42**
Other	0	**0**	8	**0**	0	**2**

Source: Queensland IDRS PWID interviews

Key experts report on methamphetamine market

Key experts agreed that ice was very easy to obtain and had become much cheaper (e.g. $20–$30 per point). They said that, although purity generally remained high, reports of poor quality were becoming more common, particularly if a low price was paid.

5.3 Cocaine market

KEY POINTS

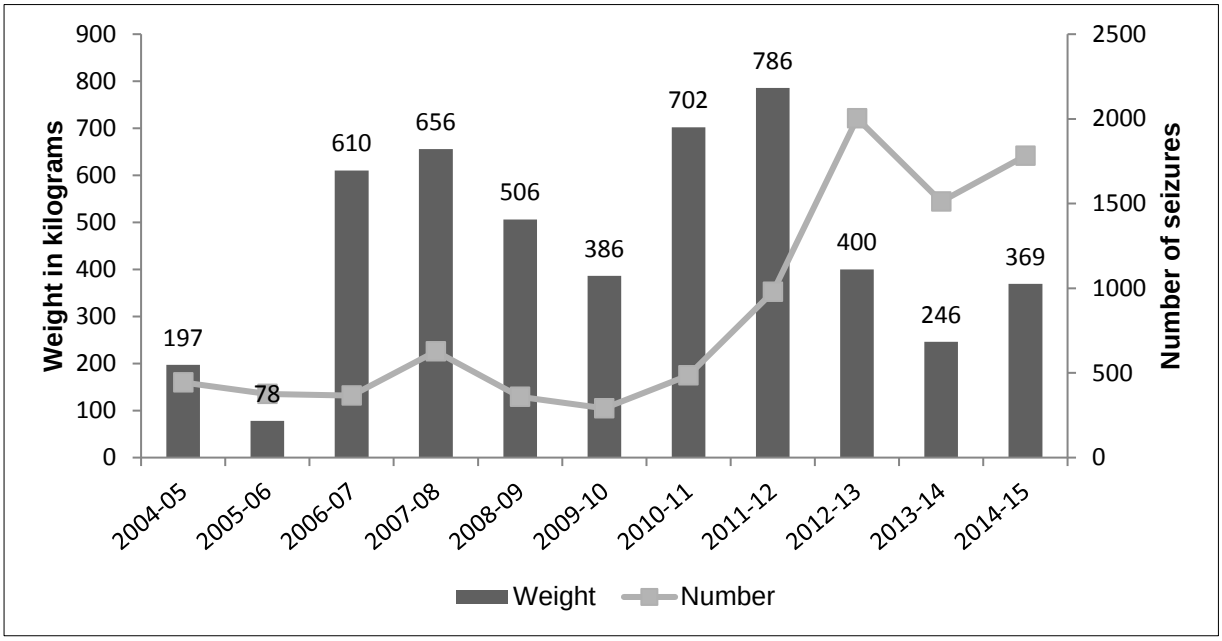
- Only three participants reported on the cocaine market and their responses were varied. Two commented on the price paid for a gram of cocaine: one paid $300, and the other $500.

Only three participants answered questions about the cocaine market. Their reports on purity, availability and price varied. Two commented on the price paid for a gram of cocaine: one paid $300, the other $500.

5.3.1 Cocaine detected at the Australian border

Figure 27 shows the number and weight of cocaine detections at the border by the Australian Customs and Border Protection Service (ACBPS) in the 2014–15 financial year: 1781 seizures weighing a total of 369 kilograms.

Figure 27: Weight and number of cocaine border seizures by the Australian Customs and Border Protection Service, 2004–05 to 2014–15



Source: Australian Criminal Intelligence Commission, 2016

Key experts

Key experts reported that cocaine was generally low in purity and rarely medium-to-high in purity.

5.4 Cannabis market

KEY POINTS

- **Median price:** mostly reported as stable for both hydro and bush: a quarter ounce of hydro cost $90 and bush cost $80.
- **Potency:** generally rated as medium or high for both hydro and bush.
- **Availability:** hydro was readily available but bush was less so with 48% reporting it as difficult or very difficult.

Fifty-one per cent of the sample agreed they were able to distinguish between hydroponically cultivated cannabis (hydro) and outdoor-cultivated cannabis (bush). Forty-one participants answered questions about the hydro market and 21 about the bush market.

5.4.1. Cannabis price

The median price of hydro and bush was:

Hydro

Gram	$25 (range $20–$25, n = 11)
Quarter ounce	$90 (range $70–$100, n = 17)
Half ounce	$180^ (range $140–$250, n = 7)
Ounce	$290^ (range $250–$320, n = 6)

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

Nearly all respondents (93%, n = 40) rated the price of hydro as stable.

Bush

Gram	$20^ (range $10–$25, n = 9)
Three grams	$50^ (n = 4)
Quarter ounce	$80^ (range $50–$100, n = 7)
Ounce	$250^ (range $220–$250, n = 3)

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

Most respondents (90%, n = 20) rated the price of bush as stable, with the remainder rating it as increasing.

5.4.2 Cannabis purity

The potency of hydro and bush was generally considered to be high or medium, with the majority reporting that potency had remained stable in the previous six months (Table 18).

Table 18: Perceived cannabis potency in last six months, 2015 and 2016

	Hydro		Bush	
	2015 %	**2016 %**	2015 %	**2016 %**
Current potency	n = 29	**n = 41**	n = 15	**n = 21**
High	38	**68**	33	**10**
Medium	38	**24**	47	**81**
Low	3	**0**	13	**5**
Fluctuates	21	**7**	7	**5**
Changes to potency	n = 29	**n = 38**	n = 16	**n = 20**
Increasing	3	**11**	19	**0**
Stable	79	**74**	56	**70**
Decreasing	0	**0**	13	**15**
Fluctuates	17	**16**	13	**15**

Note: Percentage totals may not equal 100 due to rounding. Source: Queensland IDRS PWID interviews

5.4.3 Cannabis availability

Table 19 shows that the current availability of hydro was mostly rated as easy or very easy, with most participants (73%) considering availability to be stable. There were mixed opinions about the availability of bush: with about half rating it easy or very easy and the other half rating it as difficult or very difficult. Most (81%) considered the bush market to be stable.

Table 19: Cannabis availability in last six months, 2015 and 2016

	Hydro		Bush	
	2015 %	**2016 %**	2015 %	**2016 %**
Current availability	n = 31	**n = 40**	n = 16	**n = 21**
Very easy	45	**33**	19	**10**
Easy	39	**58**	38	**43**
Difficult	16	**8**	44	**38**
Very difficult	0	**3**	0	**10**
Changes to availability	n = 30	**n = 41**	n = 16	**n = 21**
More difficult	17	**15**	6	**14**
Stable	67	**73**	56	**81**
Easier	0	**10**	19	**5**
Fluctuates	17	**2**	19	**0**

Note: Those choosing ‘don’t know’ were excluded from analysis. Percentage totals may not equal 100 due to rounding. Source: Queensland IDRS PWID interviews

5.4.4 Purchasing patterns of cannabis

As in previous years, a friend was the most likely source person for obtaining both hydro and bush (Table 20). Place of purchase varied.

Table 20: Purchasing patterns of cannabis, 2015 and 2016

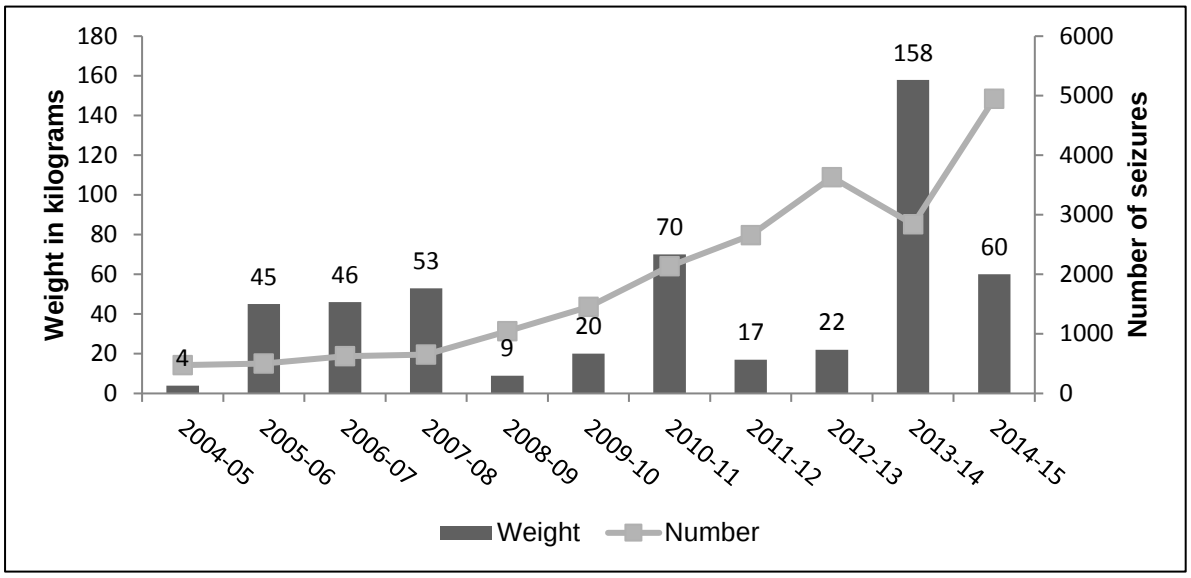
	Hydro		Bush	
	2015 %	**2016 %**	2015 %	**2016 %**
Last purchased from	n = 30	**n = 41**	n = 16	**n = 21**
Friend	53	**56**	56	**52**
Acquaitance	13	**17**	13	**19**
Known dealer	42	**15**	25	**14**
Street dealer	0	**5**	0	**10**
Relative	0	**5**	0	**0**
Unknown dealer	0	**0**	0	**5**
Workmate	0	**0**	0	**0**
Place of purchase	n = 30	**n = 41**	n = 16	**n = 21**
Friend's home	33	**32**	38	**33**
Agreed public location	30	**15**	25	**24**
Home delivery	23	**27**	0	**14**
Dealer's home	7	**12**	25	**14**
Street market	0	**0**	0	**0**
Acquaintance's home	7	**12**	6	**14**
Work	0	**0**	0	**0**
Other	0	**0**	6	**0**

Note: Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.4.5 Cannabis detections at the Australian border

The number of cannabis (includes cannabis leaf, oil, seed, and resin) detections at the border by the Australian Customs and Border Protection Service sharply increased in the 2014–15 financial year, but the total weight of seizures decreased from 158 kilograms in 2013–14 to 60 kilograms in 2014–15 (Figure 28).

Figure 28: Weight and number of cannabis border seizures by Australian Customs and Border Protection Service, 2004–05 to 2014–15



Source: Australian Criminal Intelligence Commission, 2016

Key experts report on cannabis market

Cannabis market appears to be stable, with dealers offering a choice of hydroponic, bush, or synthetic.

5.5 Methadone market

KEY POINTS

- **Median price:** purchase quantity varied and numbers were too small for analysis
- **Availability:** generally easy to obtain
- **Purchasing pattern:** most likely to have been obtained from a friend or acquaintance.

Twelve participants answered questions about the methadone market.

5.5.1 Methadone price

Three respondents reported on the price of one millilitre of methadone: all paid different amounts for their most recent purchase ($0.45, $1, $1.75). The one respondent who reported on the price of a 10 mg physeptone tablet paid $10.

Of the 10 respondents who reported on changes in price, nine considered price to be stable and one to be increasing.

5.5.2 Methadone availability

Seven of the 12 respondents reported that methadone was easy to obtain, one that it was very easy, and four that is was difficult. Ten of the 12 reported that availability was stable and two that it was more difficult.

5.5.3 Purchasing patterns of illicit methadone

Of the nine respondents who commented, four sourced their most recent illicit methadone from a friend, three from an acquaintance, one from a known dealer, and one from a street dealer. Five obtained the methadone at an agreed public location, three at the home of friend or acquaintance and one at their own home (home delivered).

5.6 Buprenorphine (Subutex®) market

KEY POINTS

- **Median price:** $20 for 8 mg tablet
- **Availability:** mixed
- **Purchasing pattern:** most commonly obtained from a friend. Source venue varied.

Fourteen participants answered questions about the buprenorphine market.

5.6.1 Buprenorphine price

The median price of buprenorphine was:

2 mg $10^ (range $5–$20, n = 3)

8 mg $20 (range $10–$50, n = 10)

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

Of the 13 respondents who commented, 11 reported that price was stable, and 2 reported it was increasing.

5.6.2 Buprenorphine availability

Current availability of buprenorphine (n = 14) was mixed with half reporting it was easy (29%) or very easy (21%) and the other half reporting it was difficult (36%) or very difficult (14%). Most (86%, n = 14) reported that availability was stable with the remaining 14% reporting it was more difficult.

5.6.3 Purchasing patterns of Buprenorphine

The source person for the most recent purchase (n = 12) was a friend (75%), street dealer (17%) or acquaintance (8%). Source venues were agreed public location (42%), home delivered (33%), friend's home (17%), and street market (8%).

5.7 Buprenorphine-naloxone (Suboxone®) market

KEY POINTS

- **Median price:** $20 for 8 mg film
- **Availability:** readily available
- **Purchasing patterns:** mainly purchased from a friend at a friend's home

Questions about the buprenorphine-naloxone market were answered by five participants for tablets and 17 for film.

5.7.1 Buprenorphine-naloxone price

The median price of buprenorphine-naloxone was:

Tablets

2 mg $10^ (n = 1)

8 mg $30^ (range $20–$50, n = 3)

Of the five respondents, four reported the price of tablets was stable, the other fluctuating.

Film

2 mg $10^ (range $5–$10, n = 5)

8 mg $20 (range $10–$30, n = 10)

Of the 15 respondents, 53% reported the price of film was stable; 20% reported it was decreasing, 13% increasing, and 13% fluctuating.

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

5.7.2 Buprenorphine-naloxone availability

Tablets

Four of the five respondents reported that tablets were easy or very easy to access; the other very difficult. The market was generally considered to be stable.

Film

Most respondents (88%) reporting that Suboxone® film was readily available and that availability was stable (Table 21).

Table 21: Availability of buprenorphine-naloxone film in last six months, 2015 and 2016

Ease of access	2015 % (n = 16)	**2016 % (n = 17)**	**Changes to ease of access in last 6 months**	2015 % (n = 15)	**2016 % (n = 15)**
Very easy	19	**47**	More difficult	13	**0**
Easy	63	**41**	Stable	80	**88**
Difficult	13	**6**	Easier	0	**6**
Very difficult	6	**6**	Fluctuates	7	**6**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.7.3 Purchasing patterns of buprenorphine-naloxone

Tablet

Of the four who responded, two made their most recent purchase of Suboxone® tablets from a street dealer, one from a friend, and the other from an acquaintance.

Three of the four purchased Suboxone® tablets at an agreed public location, and the other at a friend's home.

Film

Most (75%) of the 15 respondents made their most recent purchase of Suboxone® film from a friend at their friend's home; the others purchased from an acquaintance (13%), street dealer (6%), or other (6%).

Purchases were made at an agreed public location (38%), home delivered (25%), friend's home (25%), or street market (13%).

5.8 Morphine market

KEY POINTS

- **Median price:** 100 milligrams of MS Contin® (the most common purchase) was $50. Morphine prices were generally rated as stable.

  MS Contin® was the most commonly purchased brand, followed by Kapanol®.
- **Availability:** most reported it as easy or very easy.
- **Purchasing pattern:** obtained from a variety of source people and locations.

Twenty-nine 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	30 mg	$22.50^ (range $15–$30, n = 2)
	60 mg	$30^ (range $20–$40, n = 7)
	100 mg	$50 (range $30–$80, n = 21)
Kapanol	50 mg	$22.50^ ($15 and $30, n = 2)
	100 mg	$50^ (range $30–$60, n = 6)

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

Nearly all respondents (n = 29) considered price to be stable (97%).

5.8.2 Morphine availability

Similar to 2015, participants who commented on the morphine market in 2015 generally considered morphine to be readily available. Most participants reported access was stable (Table 22).

Table 22: Availability of illicit morphine in last six months, 2015 and 2016

Ease of access	2015 % (n = 17)	**2016 % (n = 29)**	Changes to ease of access in last 6 months	2015 % (n = 17)	**2016 % (n = 28)**
Very easy	12	**21**	More difficult	24	**11**
Easy	71	**52**	Stable	65	**82**
Difficult	18	**24**	Easier	12	**4**
Very difficult	0	**3**	Fluctuates	0	**4**

Note: Those choosing 'don't know' were excluded from analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.8.3 Purchasing patterns of illicit morphine

Respondents (n = 27) last purchased morphine from a friend (52%), known dealer (26%), acquaintance (15%), unknown dealer (26%), or other (4%).

Venues for the most recent purchase of morphine (n = 27) were: an agreed public location (41%), a friend's home (22%), home delivered (11%), dealer's home (7%), street market (7%), or other (11%).

5.9 Oxycodone market

KEY POINTS

- **Median price:** $50^ for 80 mg of Oxycontin Purdue® and $45^ for 80 mg of generic controlled-release oxycodone
- **Availability:** no consensus
- **Purchasing pattern:** Purchases were made from a variety of source people. The most common purchase venue was an agreed public location.

Seven participants answered questions about the oxycodone market.

5.9.1 Price

OP oxycodone (Oxycontin Purdue®)

Four participants reported on the OP oxycodone market: Three reported their most recent purchase was 80 mg for a median price of $50^ (range $40–$80), and the other participant reported purchasing 40 mg for $20.

All four considered the price was stable. Three reported access as easy and one as difficult.

Generic or other oxycodone

Four participants had purchased 80 mg of generic controlled-release oxycodone for a median price of $45^ (range $40–$50).

One participant reported they most recently purchased 20 ml OxyNorm liquid for $25.

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

Of the seven participants who commented on the price, six rated it as stable and one as decreasing.

5.9.2 Availability

Of the seven participants who reported on availability, three reported it was difficult, three easy, and one very easy. Four of the seven rated the market as stable and three rated it as more difficult.

Oxycodone was purchased from an acquaintance (three), friend (two), known dealer (one), or street dealer (one). Six participants made the purchase at an agreed public location, one at a friend's home.

5.10 Benzodiazepine market

KEY POINTS

Reports on the benzodiazepine market should be treated with caution due to small numbers and little consensus.

Three participants answered questions about the benzodiazepine market.

5.10.1 Illicit benzodiazepine price

One participant preported spending $5 on their most recent purchace of benzodiazepine and another $150.

5.10.2 Illicit benzodiazepine availability

Of the three participants who commented on availability, two considered it to be difficult and one easy.

5.10.3 Purchasing patterns of illicit benzodiazepine

One participant had made their most recent purchase from a friend and the other from a known dealer.

Key experts report on benzodiazepine market

Key experts noted that the market for benzodiazepines was undoubtedly influenced by the ease of obtaining prescriped benzodiazepine.

5.11 Other drugs market

KEY POINTS

Reporting on the fentanyl market is limited due to small number of respondents.

5.11.1 Fentanyl market

Two participants reported on the fentanyl market.

The only price report was $100 for a durogesic patch. The two respondents reported that price and availability were stable. One respondent had made their last purchase from a friend at their house and the other from a street dealer at an agreed public location.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

- **Overdose:** among participants who had ever used heroin (n = 82), half (50%) had experienced an accidental overdose. Of these, 17% (seven participants) had overdosed in the preceding year. Very small numbers reported ever overdosing on morphine, methadone, or oxycodone.

  24% of participants had accidently overdosed on a drug other than heroin in their lifetime.

- **Treatment:** 39% of participants were currently in drug treatment, mainly opioid substitution therapy (OST).

- **Injecting risk:** nearly all participants had sourced needles from a Needle and Syringe Program (NSP) in the previous month.

  7% of participants had recently borrowed a used needle, and 10% had recently lent a used needle, with 22% reporting that they shared other equipment (predominantly spoons/mixing containers).

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

- **Mental health:** 45% of participants self-reported a mental health problem, with the most common problems being depression and anxiety.

  Half of the participants scored in the high distress or very high distress categories of the Kessler Psychological Distress Scale (K10).

- **Opioid dependence:** 72% of those who had recently used opioids had a score indicative of dependence.

- **Stimulant dependence:** 41% of those who had recently used stimulants had a score indicative of dependence.

- **Naloxone:** three-quarters of participants had heard of naloxone, and 57% had heard of the take-home program; however, only one participant was participating in the program.

- **Self-reported general health status**: one-in-five participants considered their general health to be very good or excellent, with the most common rating being good.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin overdose

Among participants who had ever used heroin and commented (n = 82), 50% reported experiencing an accidental overdose. The median number of overdoses was three (range 1–20).

Of those who had overdosed (n = 41), 17% (seven participants) had done so in the previous 12 months. Two of the seven respondents reported receiving CPR from a friend, partner or peer and one from a health professional; one reported receiving Narcan; one reported that an ambulance attended; and one reported being admitted to an emergency department. Only two respondents reported later seeking out treatment/information as a result of the overdose: one from a counsellor and the other did not specify.

6.1.2 Morphine overdose

Of those who had ever used morphine and commented (n = 76), four participants reported an accidental overdose. The median number of times was 1.5 (range 1–3, n = 4). One of these respondents reported overdosing on morphine in the previous 12 months.

6.1.3 Methadone overdose

Of those who had ever used methadone and commented (n = 62), four participants reported an accidental overdose once or twice. One respondent reported an overdose in the previous 12 months.

6.1.4 Oxycodone overdose

Of those who had ever used oxycodone and commented (n = 71), three participants reported an accidental overdose (two once; the other 12 times). None reported a recent overdose.

6.1.5 Other drugs overdose

Of the entire sample, 24% reported an accidental overdose on any other drug. The median number of other overdoses was 96 (n = 22, range 1–240). Five respondents had overdosed in the previous 12 months, and three of these in the previous month. Among these five respondents, there was no common overdose substance: other opiates, fentanyl, benzodiazepine, ice, alcohol, and cannabis.

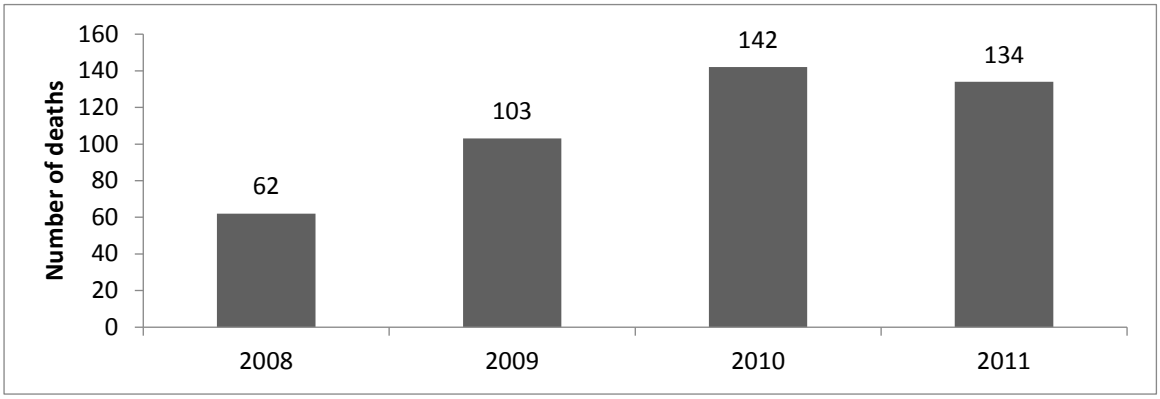
6.1.6 Queensland Ambulance Service data

Queensland Ambulance Service data were not available for 2015–16.

6.1.7 Fatal overdose

Accidental opioid deaths in Queensland decreased from 142 in 2010 to 134 in 2011 (Roxburgh and Burns 2015; Figure 29).

Figure 29: Accidental opioid deaths in Queensland among those aged 15–54 years, 2008 to 2011



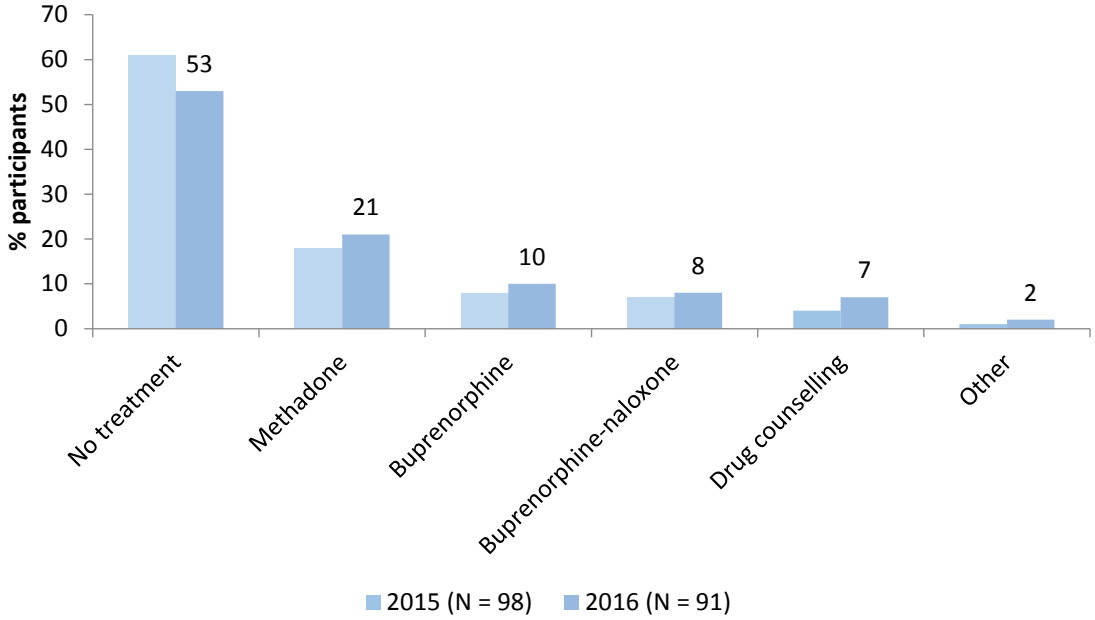
Source: Roxburgh and Burns, 2015

6.2 Drug treatment

6.2.1 Current drug treatment

Nearly half of the sample reported being in treatment, with methadone continuing to be the most common form of treatment (Figure 30). The median time in current treatment was 18 months (n = 42, range 1 month–11 years).

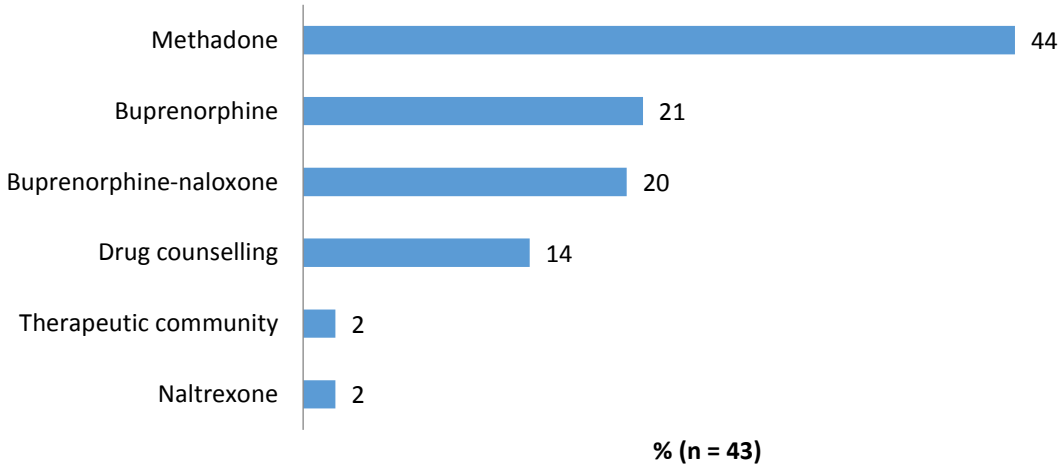
Figure 30: Current treatment status, 2015 and 2016



Source: Queensland IDRS PWID interviews

Figure 31 shows the forms of treatment that participants had been in over the preceding six months.

Figure 31: Forms of treatment received in last six months, 2016



Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Opioid treatment

Among all participants, 44% had participated in opioid treatment in the previous year. The median number of times these participants had begun opioid treatment in the past year was one (range 1–12 times).

Methamphetamine treatment

Six participants (7%) had participated in methamphetamine treatment in the previous year. None of these participants had started treatment more than once. Two had been admitted to hospital in the past year: one for psychosis and the other did not specify.

Barriers to treatment

Twenty-one per cent of participants reported they had tried to access treatment in the last six months but were turned away. These 19 participants were seeking treatment for problems with the following drugs: methamphetamine (37%), heroin (32%), other opiates (21%), alcohol (5%), and other (5%). The treatment services they tried to access were: rehab/therapeutic community (42%), detox (26%), opioid substitution program (26%), counsellor (21%), ATOD worker (16%), GP (11%), psychologist (11%), psychiatrist (11%), opioid substitution doctor (5%).

Table 23 shows participants' perception of how easy it is to get drug treatment. Most commonly it was reported as easy (43%) but just over a third (35%) reported it as difficult.

Table 23: Perception of current access to drug treatment, 2015 and 2016

	2015 % n = 80	**2016** **%** **n = 81**
Very easy	9	**11**
Easy	34	**43**
Difficult	43	**35**
Very difficult	15	**11**

Note: 'don't know' responses were excluded from this analysis. Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

6.2.2 Drug treatment agencies

In 2014–15, there were 181 publicly funded alcohol and other drug treatment agencies in Queensland, which provided treatment to 31 958 clients (AIHW 2016). Treatment has a broad definition which includes information and education only; but about a third of clients received counselling.

Estimated number of pharmacotherapy clients in 2015

In Queensland, the estimated number of pharmacotherapy clients in was stable with 6,418 clients (13 per 10,000 population) receiving pharmacotherapy treatment on a

‘snapshot’/specified day in June 2015 (aihw.gov.au). Of these, 48% were receiving methadone, 12% were receiving buprenorphine (Subutex®), and 40% were receiving buprenorphine-naloxone (Suboxone®). The proportions were similar to those in recent years.

Three-in-five clients were male. The median age was 41 years, with the median age for methadone being 43 years, buprenorphine 39 years, and buprenorphine-naloxone 39 years.

There were 551 dosing sites in Queensland in 2014 (537 in 2014), and these were most commonly pharmacies (68%, 81% in 2014). The number of prescribers registered to prescribe pharmacotherapy drugs in 2015 was 196 (221 in 2014).

6.2.3 Calls to telephone help lines

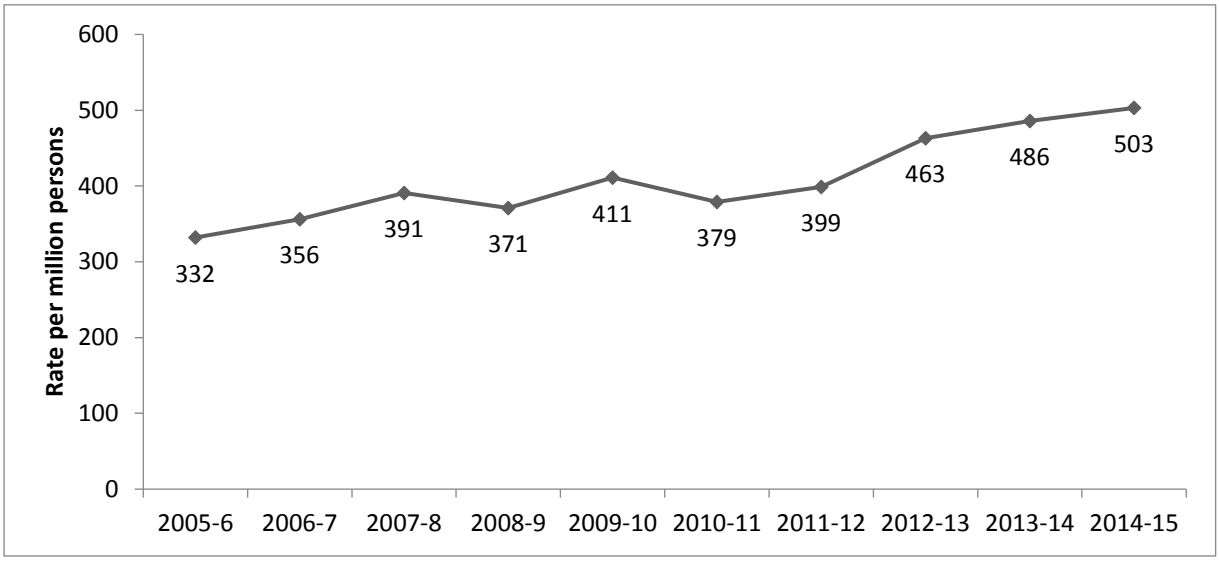
Data from the Queensland Alcohol and Drug Information Service (ADIS), which is a 24-hour information and counselling service provided by Queensland Health, were not available for 2015–16.

6.3 Hospital admissions

6.3.1 Heroin including other opioids

In 2014–15, the number of opioid-related inpatient hospital admissions in Queensland was 1,312 for persons aged 15–54 years. This equates to 503 admissions per million persons (Figure 32). The national rate is 475 per million.

Figure 32: Number of principal opioid-related hospital admissions per million persons aged 15–54 years, Queensland, 2005–06 to 2014–15

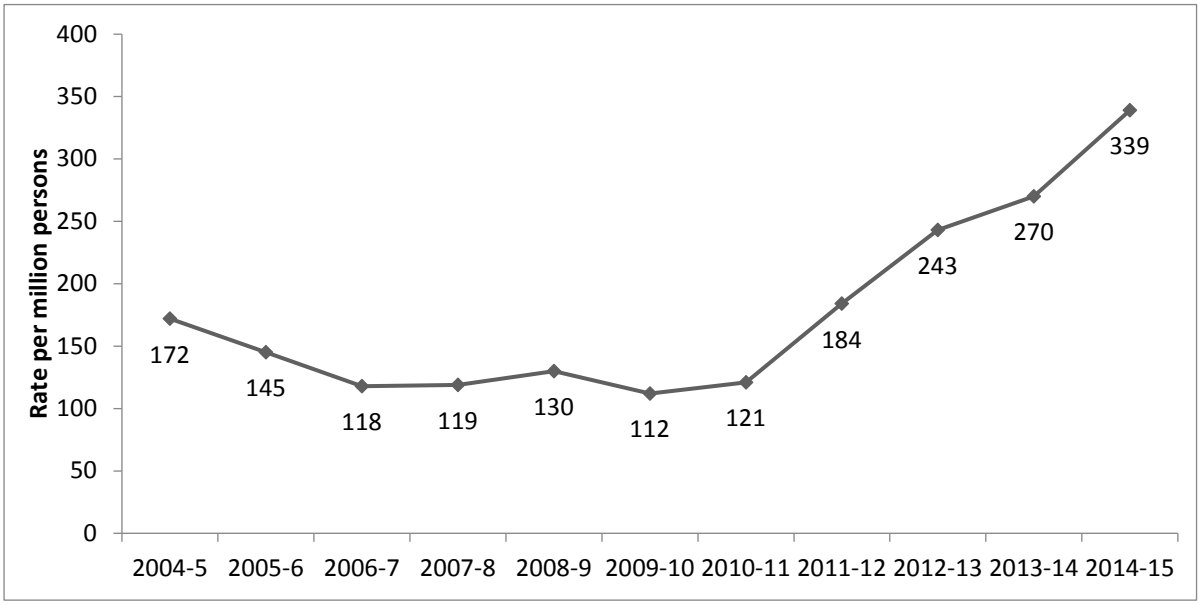


Source: Roxburgh and Breen, 2017

6.3.2 Methamphetamine

In 2014–15, the number of inpatient hospital admissions in Queensland where the principal diagnosis related to amphetamines was 883 for persons aged 15–54 years (i.e. 339 per million persons). As Figure 33 shows, the number of inpatient hospital admissions per million persons has been trending upwards in recent years, and is now the highest in the reporting period. However, it is lower than the national rate of 485 per million persons.

Figure 33: Number of principal amphetamine-related hospital admissions per million persons among people aged 15–54 years, Queensland, 2005–06 to 2014–15

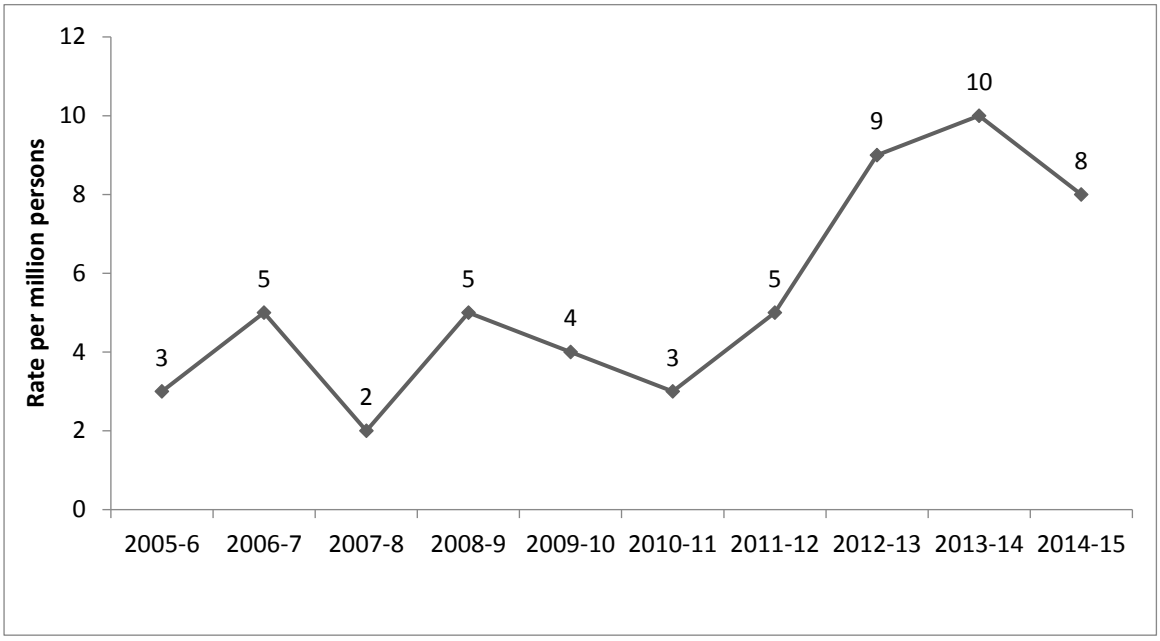


Source: Roxburgh and Breen, 2017

6.3.3 Cocaine

Figure 34 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine over the last decade. The 8 admissions per million persons in 2014–15 is much lower than the national rate of 54, and equates to 22 admissions.

Figure 34: Number of principal cocaine-related hospital admissions per million persons among people aged 15–54 years, Queensland, 2005–06 to 2014–15

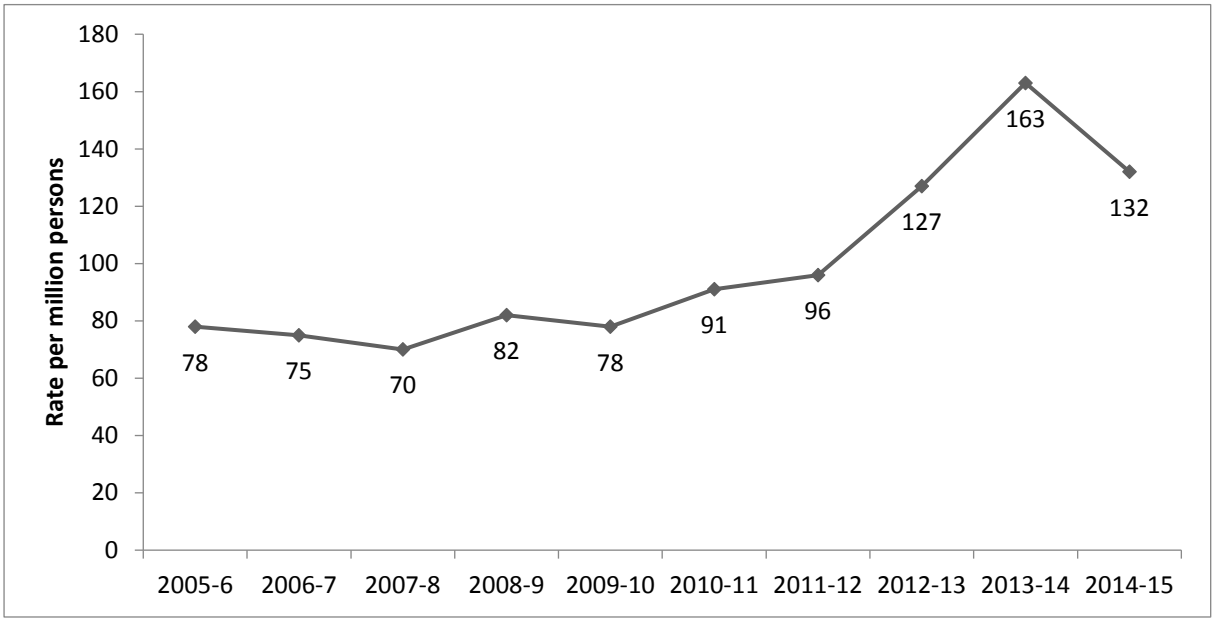


Source: Roxburgh and Breen, 2017

6.3.4 Cannabis

In 2014–15, there were 343 inpatient hospital admissions in Queensland for those aged 15–54 years where the principal diagnosis related to cannabis. This equates to 132 inpatient hospital admissions per million persons (Figure 35). This rate is much lower than the the national rate of 242 per million persons.

Figure 35: Number of principal cannabis-related hospital admissions per million persons among people aged 15–54 years, 2005–06 to 2014–15



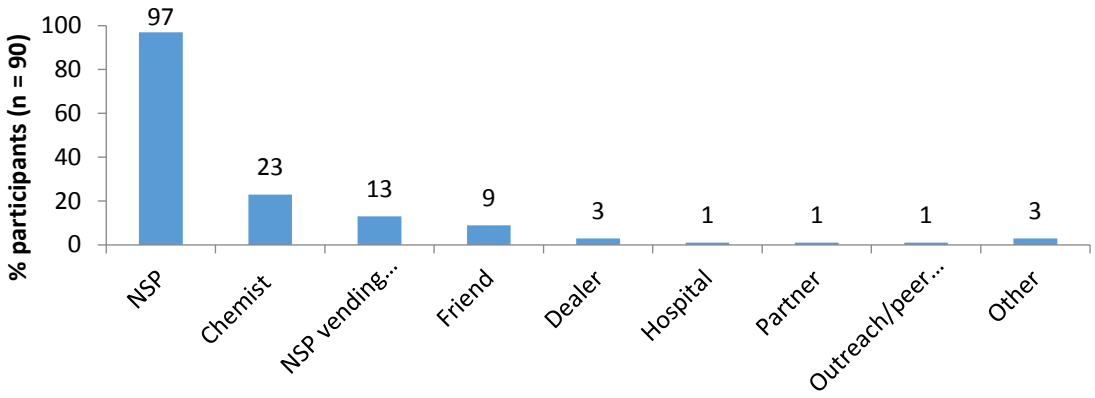
Source: Roxburgh and Breen, 2017

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 36). However, this is to be expected, given our sample was largely recruited from NSP sites.

Figure 36: Source of needles and syringes in last month, 2016



Note: Multiple responses allowed.
Source: Queensland IDRS PWID interviews

Twelve per cent of participants reported that they had trouble getting needles and syringes when they needed them in the last month; and 5% reported that they had trouble getting filters when they needed them.

In the financial year 2015–16, the Queensland Health NSP reported supplying a total of 10,835,495 syringes/sharps: 8,755,255 to their NSP programs, 1,876,225 to pharmacy NSPs, and 204,015 to private pharmacies.

Participants were asked the average number of needles they had needed to successfully inject each 'hit' during the last month. Two-thirds (66%) had only needed one, but a third had needed two or more.

Information about injecting and obtaining needles and syringes is provided in Table 24. More needles and syringes were obtained than needed for personal use.

Table 24: Injecting and obtaining needles and syringes in the last month, 2016

n = ~89	Mean	Median	Range
Approximate times injected	43	30	2–275
Times got needles and syringes	5	3	0–30
Total number of new needle and syringes obtained	121	85	0–500
Needles and syringes obtained for self most recent time	55	30	0–400
Syringes given away or sold	35	10	0–500
Syringes stored away	36	15	0–300

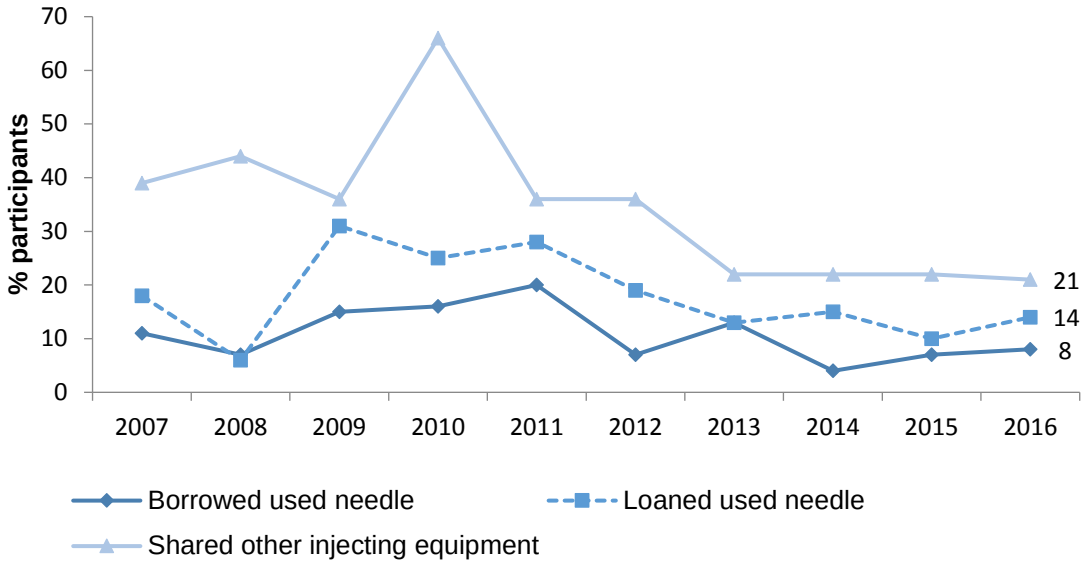
Source: Queensland IDRS PWID interviews

6.4.2 Sharing of injecting equipment

As Figure 37 shows, the reports of sharing injecting equipment in the past month have been relatively low and stable in recent years: 8% of participants borrowed a used needle, 14% lent a used needle, and 21% shared other equipment (e.g. spoons or mixing containers, filters, tourniquets, water, swabs).

Six of the seven participants who had borrowed a used needle in the past month reported on who they had borrowed from: two borrowed from their regular sex partner, and four from a close friend. Five of the seven respondents reported borrowing twice, one three-to-five times, and one six-to-ten times. Five reported that one person had used a needle before them and one reported that two people had.

Figure 37: Borrowing and loaning of needles and other equipment in the last month, 2007 to 2016



Source: Queensland IDRS PWID interviews

As in recent years, two in five participants (39%) re-used one of their own needles at least once in the previous month. The median number of times was twice (range 1–10, n = 35).

In regard to re-use of other equipment, spoons/mixing containers remained the items most commonly re-used, whether they were participants' own or someone else's (Table 25).

Table 25: Other equipment re-used in the last month, 2015 and 2016

Other equipment	Other equipment re-used			
	Own		After someone else	
	2015 (n = 47) %	**2016 (n = 56) %**	2015 (n = 22) %	**2016 (n = 19) %**
Spoons/mixing containers	70	**82**	64	**79**
Filters	11	**4**	23	**26**
Tourniquets	43	**32**	36	**16**
Water	11	**13**	27	**37**
Swabs	2	**2**	0	**0**
Wheel filter	9	**4**	0	**5**
Other	4	**2**	0	**0**

Note: Multiple responses allowed.
Source: Queensland IDRS PWID interviews

The use and re-use of injecting equipment followed a similar pattern to previous years, with the 1 ml needle and syringe continuing to be the most common piece of injecting equipment, and the piece of equipment most commonly re-used (Table 26).

Table 26: Use and re-use of injecting equipment in the last month, 2015 and 2016

	Used in last month		Re-used in last month	
	2015 n = 97 %	**2016 n = 90 %**	2015 n = 96 %	**2016 n = 90 %**
0.5 ml needle and syringe	2	**0**	1	**1**
1 ml needle and syringe	86	**81**	31	**36**
3 ml syringe (barrel)	23	**30**	10	**3**
5 ml syringe (barrel)	5	**14**	0	**1**
10 ml syringe (barrel)	8	**11**	1	**1**
20 ml syringe (barrel)	6	**8**	1	**1**
Detachable needle (tip)	4	**10**	1	**1**
Winged vein infusion set (butterfly)	14	**20**	3	**2**
Wheel filter	11	**6**	0	**0**
Commercial cotton filter	17	**10**	0	**0**

Note: Multiple responses allowed.
Source: Queensland IDRS PWID interviews

Lending needles in the last month

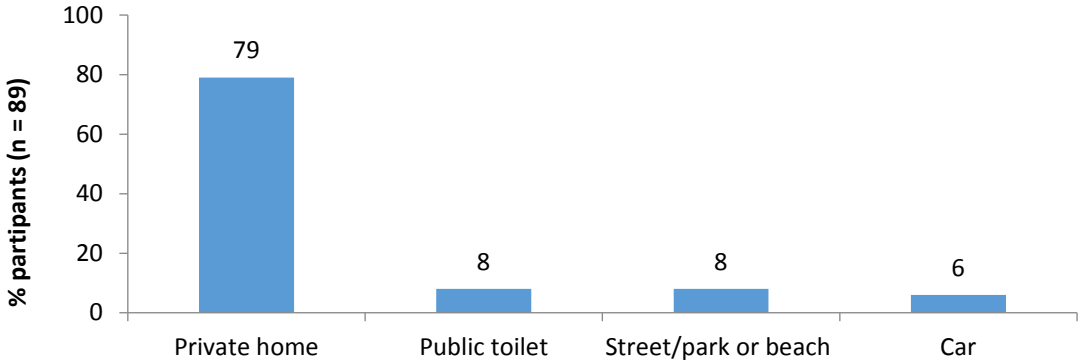
In the last month:

- 29% of participants reported that, after injecting themselves, they injected a partner or friend with a new needle.
- 17% reported that they were injected with a new needle by somebody who had already injected themselves/others.
- 2% reported that they were injected with a used needle by somebody who had already injected themselves others.

6.4.3 Injection site, and location

The site of participants' most recent injection was generally the arm (71%), followed by hand/wrist (10%), leg (7%), foot (6%), neck (3%), groin (2%), and other (2%). Participants' most recent injection was commonly in a private home (Figure 38).

Figure 38: Location where participant last injected, 2016



Source: Queensland IDRS PWID interviews

6.4.4 Injection-related issues

The most common injection-related issue was difficulty injecting (82%)—an issue that has become more common in recent years (Table 27). Scarring/bruising (73%) was also a common issue.

Half of those who experienced a dirty hit in the previous month reported that the main drug involved was heroin and the other half reported it was an amphetamine.

Three of the five participants who experienced an overdose in the previous month reported that the main drug involved was heroin, one reported it was an amphetamine, and the other reported it was another drug (unspecified).

Table 27: Injection-related issues experienced in the last month[a], 2007 to 2016

	2007	2008	2009	2010	2011	2012	2013	2014	2015	**2016**
	%	%	%	%	%	%	%	%	%	**%**
Difficulty injecting	41	38	38	30	49	53	68	63	81	**82**
Scarring/bruising	57	46	64	41	80	60	60	57	69	**73**
Dirty hit	31	20	31	11	13	23	21	24	12	**11**
Abscess/infection	6	8	15	8	13	12	15	2	9	**16**
Thrombosis	<1	4	9	4	2	14	8	8	9	**7**
Overdose	4	3	1	2	0	2	2	8	2	**7**

[a] Amongst those who experienced an injection-related issue
Note: Multiple responses allowed.
Source: Queensland IDRS injecting drug user interviews

6.5 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. Thus 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 users (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.

Opioids

Of those who had recently used an opioid and commented (n = 78), the median SDS score was seven (mean = 7, range 0–15), with 67% scoring five or above. There was no significant gender difference. Of those who scored five or above (n = 52), 4% reported no specific opioid used the most, 27% specified heroin, 27% buprenorphine, 23% morphine, 15% methadone, and 4% specified an unlisted opioid.

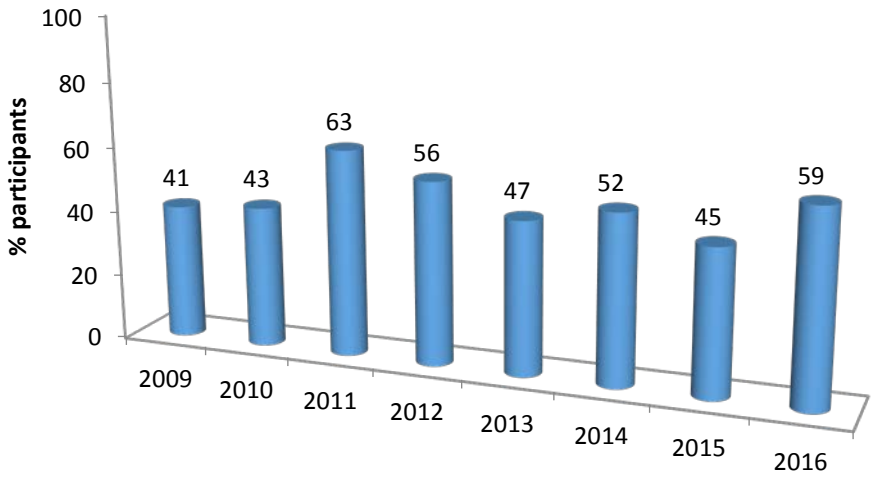
Stimulants

Of those who had recently used a stimulant and commented (n = 63), the median SDS score was two (mean = 4, range 0–14), with 48% scoring four or above. There was no significant gender difference. Of those who scored four or above (n = 30), all specified that their responses were about methamphetamines except for one respondent who specified pharmaceutical stimulants.

6.6 Mental health problems, psychological distress, and general health

Nearly three in five participants reported a mental health problem (Figure 39), with depression and anxiety continuing to be the two most common problems (Table 28).

Figure 39: Self-reported mental health problem, 2009 to 2016



Source: Queensland IDRS PWID interviews

Table 28: Mental health in last six months, 2015 and 2016

	2015 N = 98 %	**2016** **N = 75** **%**
Self-reported mental health problem	45	**59**
Problems reported	(n = 44)	**(n = 44)**
Depression	73	**55**
Anxiety	59	**39**
Post-traumatic stress disorder	0	**23**
Manic-depression/bipolar	7	**14**
Schizophrenia	9	**9**
Drug induced psychosis	5	**9**
Mania	0	**9**
Phobias	0	**7**
Panic	0	**5**
Obsessive-compulsive disorder	0	**2**
Paranoia	6	**2**
Any personality disorder	0	**0**
Other	0	**16**

Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Of those participants who reported a mental health problem (n = 44), 52% had attended a health professional for their mental health problem in the previous six months (Table 29). As in previous years, a GP was the most commonly visited health professional.

Table 29: Mental health professional attended in last six months, 2016

Participants with self-reported mental health problem	n = 44 %
Attended mental health professional in last six months	52
	n = 23 %
GP	65
Psychologist	35
Counsellor	30
Psychiatrist	22
Mental health nurse	13
Psychiatric-ward health professional	13
Social worker	9

Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Of those participants with a self-reported mental health problem (n = 44), 55% had been prescribed one or more medications in the previous six months (Table 30). Anti-depressants were the most common medication prescribed, with Lexapro® being the most common brand.

Table 30: Medication prescribed for a mental health problem in last six months, 2016

Participants with self-reported mental health problem	n = 44 %
Prescribed a medication in the last six months	55
	n = 24 %
Anti-depressants (e.g. Lexapro®)	58
Benzodiazepines (e.g. Valium®)	42
Anti-psychotics (e.g. Seroquel®)	33
Mood stabiliser	8

Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

The Kessler Scale of Psychological Distress (K10)

The Kessler Scale of Psychological Distress (K10) was administered. This is 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 2013 National Drug Strategy Household Survey (NDSHS) (AIHW, 2014) provided the most recent Australian population norms for the K10.

As shown in Table 31, levels of psychological distress in 2016 were similar to 2015, with participants vastly more likely to score high distress or very high distress than the general population (18 years and over) in the NDSHS.

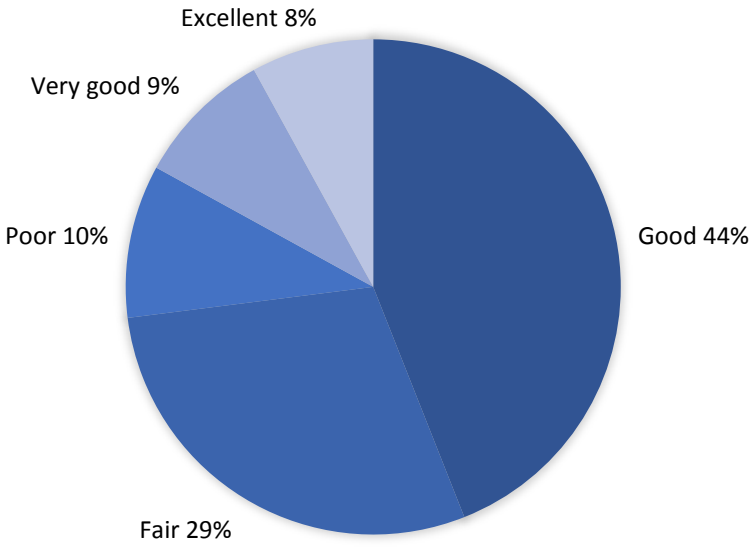
Table 31: K10 scores, 2015 and 2016

K10 score	Level of psychological distress	2015 n = 97 %	2016 n = 85 %	2013 NDSHS %
10–15	No/low distress	26	**21**	69
16–21	Moderate distress	22	**28**	21
22–29	High distress	31	**25**	7
30–50	Very high distress	22	**26**	3

Note: the extent to which cut-offs derived from population samples can be applied to the IDRS population is yet to be established and, therefore, these findings should be taken as a guide only.
Source: Queensland IDRS PWID interviews; AIHW 2014

Ten per cent of participants rated their general health as poor, with the most common rating being good (Figure 40).

Figure 40: Self-reported general health status, 2016



n = 90

Note: The percentage total may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

Key experts report on health

Mental health

Key experts reported a number of factors linked to poor mental health. They highlighted what was seen as an ever compounding problem. Ice causing anxiety and depression; but ice also being used to cope with mental health issues: cause and effect becoming indistinguishable. A similar pattern was observed with cannabis use, particularly in younger people and alcohol use, particularly in older people.

Undiagnosed cognitive deficits were seen as often contributing to the chaos experienced by PWID and a barrier to treatment success. It was also noted that PWID who detoxed and were committed to not taking illicit drugs, relapsed to gain relief from depression and anxiety.

Key experts said that ice use by PWID already suffering from post-traumatic stress disorder, escalated their distress and exacerbated their mental health problems.

General health

Finding a vein is a big issue for many older PWID and leads to harmful injecting practices

6.7 Naloxone program and distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to block 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 authorised by medical doctors such as nurses and paramedics). In 2012, a take-home naloxone program commenced in the Australian Capital Territory as part of a comprehensive overdose-response package. The program made naloxone available to peers and family members of PWID. Shortly after, a similar program started in New South Wales, and Queensland and other states have since followed suit (for more information, refer to http://www.cahma.org.au/Naloxone.html and http://www.naloxoneinfo.org/).

Since 2013, a series of questions have been asked about take-home naloxone and naloxone more broadly. Three-quarters of those who commented had heard of naloxone; among these respondents, four-in-five reported that naloxone was used to 'reverse heroin' (Table 29).

Participants who had not completed training in naloxone administration were asked what they would do if they witnessed someone overdose or found someone whom they suspected had overdosed. Ninety-five per cent reported that they would call 000, while 61% reported that they would perform mouth-to-mouth cardiopulmonary resuscitation (CPR) (Table 29).

Nearly all participants reported that they would be willing to administer naloxone after an overdose, and nearly all would want peers to give them naloxone if they themselves had overdosed (Table 32).

Table 32: Knowledge about take-home naloxone program, 2015 and 2016

	2015 n = 66 %	**2016** **n = 83** **%**
Heard of naloxone	74	**87**
Naloxone description	n = 44	**n = 69**
Reverses heroin	80	**62**
Helps start breathing	18	**25**
Re-establishes consciousness	27	**25**
Other	16	**30**
Heard of the take-home naloxone program	n = 65	**n = 83**
Yes	57	**36**
No	43	**64**
Unsure	0	**0**

Note: Multiple responses allowed.
Source: Queensland IDRS PWID interviews

In 2016, 5% of participants reported having been resuscitated with Narcan®/naloxone by someone trained through a take-home naloxone program.

Four participants (5%) had been through a course and received a prescription for Narcan®/naloxone: none had used the Narcan®/naloxone to resuscitate, or attempt to resuscitate, someone who had overdosed.

The topic of naloxone being available over-the-counter in pharmacies without a prescription was raised, and participants were asked questions specifically about naloxone purchased this way. Only 15% had heard about this rescheduling of naloxone.

Participants were shown a price list and asked what price they would be prepared to pay for over-the-counter Narcan®/naloxone in a pre-filled syringe with accompanying needle and instruction materials (Table 33). There were two versions of the price list: version 1 (V1) prices were listed from $30 down to $0, and version 2 (V2) prices were listed from $0 up to $30. Participants in the V2 group appeared more inclined to nominate that it should be free (46% compared with 30%).

Table 33: Price prepared to pay for over-the-counter naloxone, V1 and V2, 2016

Price for pre-filled syringe	V1 n = 37 %	V2 n = 46 %
$0 nothing (it should be free)	30	46
$5	24	13
$10	16	4
$15	5	11
$20	5	7
$25	0	0
$30	19	20

Source: Queensland IDRS PWID interviews

Only one participant reported having purchased Narcan®/naloxone from a pharmacy without a prescription. This naloxone had not been used to resuscitate, or attempt to resuscitate, someone who had overdosed. None of the participants reported being resuscitated with naloxone that had been purchased without a prescription from a pharmacy.

Participants who had not purchased Narcan®/naloxone without a prescription from a pharmacy (n = 81) were asked if—now that it is available over-the-counter at pharmacies—would they purchase it from a pharmacy. Three in five (61%) said they would. Of these respondents (n = 47), 70% said they would carry it on their person; 96% said they would administer it after witnessing someone overdose; and 98% said they would stay with someone after giving them Narcan®/naloxone.

6.8 Driving risk behaviour

Of those who had driven in the past six months (n = 34, 41% of all participants), 12% reported driving while over the legal limit of alcohol, and 82% reported driving within three hours of taking illicit or non-prescribed drugs.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

- **Criminal involvement reported in the last month:** 47%. As in previous years, dealing was the most often reported criminal activity (35%) followed by property crime (23%).
- **Arrested in the last 12 months:** 44%. The most common reason was use/possession of drugs.
- **Money spent on illicit drugs:** 44% of the sample reported spending money on illicit drugs the day before, spending a median of $55 (range $3–$420).

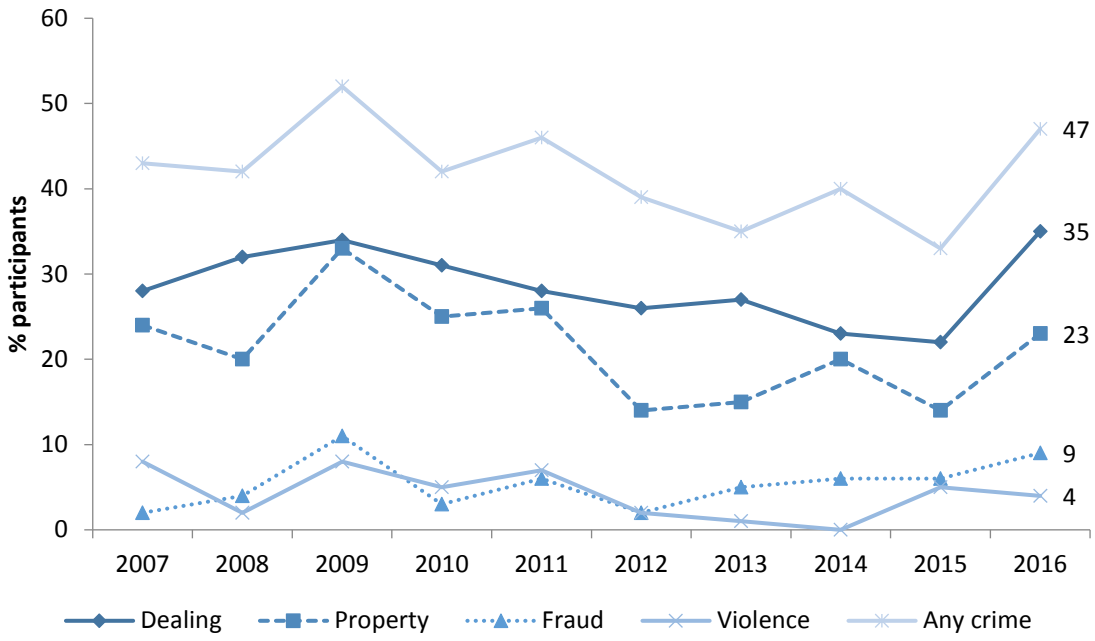
7.1 Prison history

Over half of all participants (55%) had been in prison. This was a simiiar proportion to previous years (e.g. 54% in 2015).

7.2 Reports of criminal activity

The pattern of self-reported criminal activity has been relatively stable over the last decade, with dealing being the crime most commonly reported, followed by property crime (Figure 41). In 2016, nearly a half of all participants (47%) reported recent criminal activity.

Figure 41: Prevalence of criminal involvement in previous month, 2007 to 2016



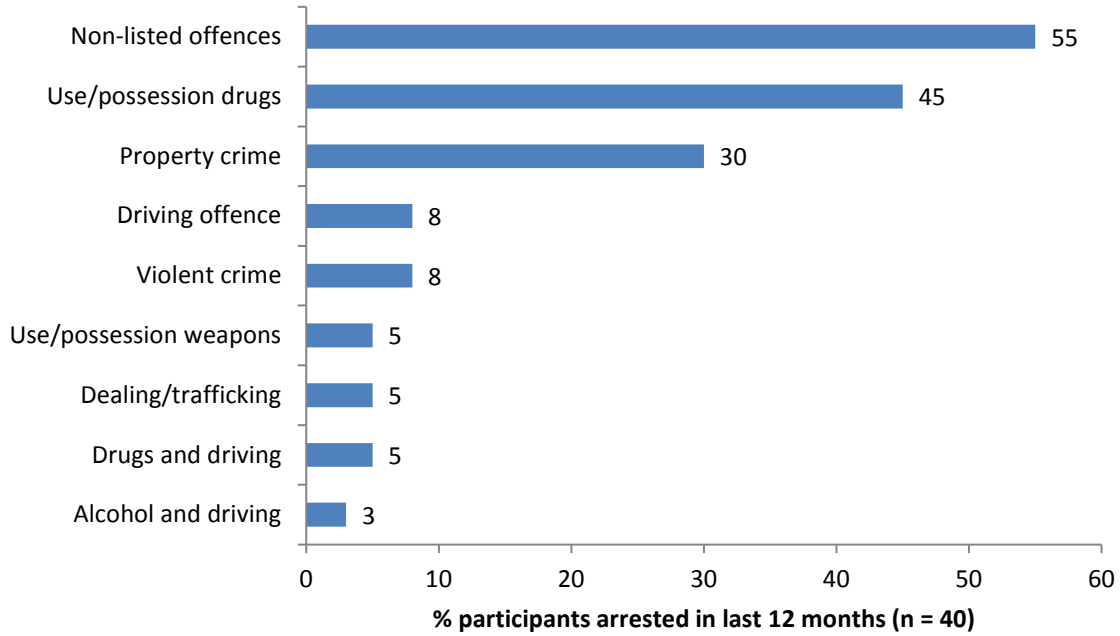
Note: Multiple responses allowed.
Source: Queensland IDRS PWID interviews

Ten per cent of all participants reported that they had been a victim of a crime involving violence in the previous month. On the last occasion that this had happened in the previous month, seven of the nine respondants thought the perpetrator was under the influence of a substance (drugs or alcohol).

7.3 Arrests

Forty-four per cent of all participants reported being arrested in the last 12 months (38% in 2015). Nearly a half of those arrested (45%) reported being arrested for use/possession of drugs (Figure 42).

Figure 42: Main reasons for arrest in last 12 months, 2016



Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Table 34 presents the most recent available data for drug-related arrests made by the Queensland Police Service (ACIC 2016). In 2014–15 there was a similar pattern of arrests to recent years, with the majority of arrests related to cannabis (59%), followed by amphetamine-type stimulants (24%). There were a total of 40 404 arrests compared with 32 391 in 2013–14. Data for 2015–16 were unavailable at the time of publication.

Table 34: Drug-related arrests by Queensland Police Service, by drug type, 2014–15

	Consumer	Provider	Total
Cannabis	21 211	2639	23 850
Amphetamine-type stimulants[a]	8462	1071	9533
Other and unknown	4690	658	5348
Steroids	573	129	702
Heroin and other opioids	284	29	313
Hallucinogens	215	50	265
Cocaine	317	76	393
Total	**35 752**	**4652**	**40 404**

[a] includes amphetamine, methylamphetamine, and phenethylamines
Note: consumer = use, possession or administering for own use; provider = importation, trafficking, selling, cultivation and manufacture.
Source: Australian Criminal Intelligence Commission, 2016

Table 35 shows the number of seizures by the Queensland Police Service and the Australian Federal Police for each drug type along with their weight (ACIC 2016). Data for 2015–16 were unavailable at the time of publication.

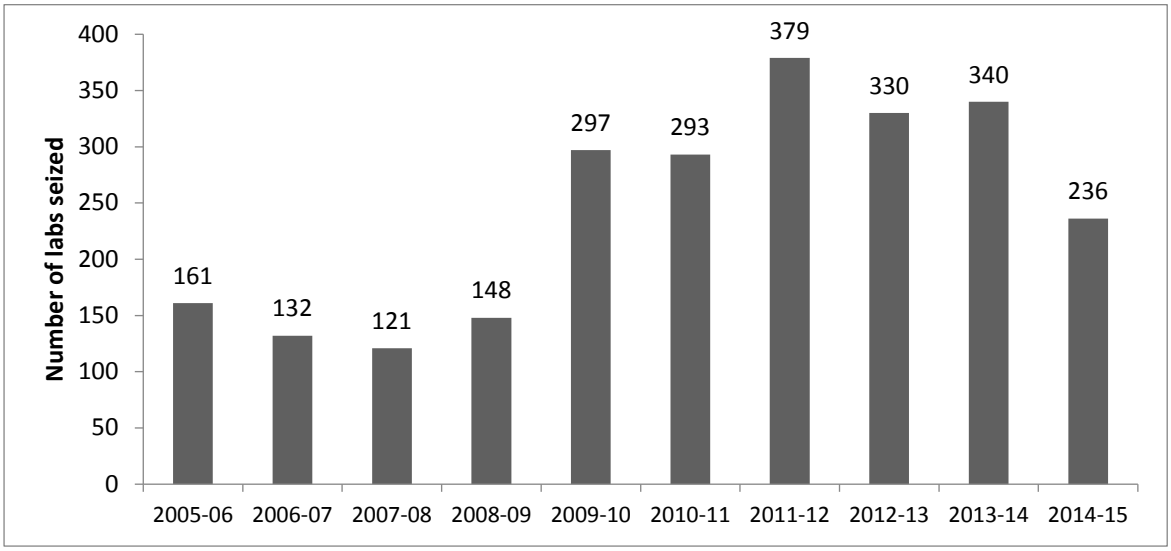
Table 35: Queensland drug seizures, by police service and drug type, 2014–15

	Police force	No. of seizures	Weight (grams)
Cannabis	QPS	17 305	818 119
	AFP	227	14 500
Amphetamine-type stimulant	QPS	6268	45 545
	AFP	459	146 306
Heroin	QPS	209	1226
	AFP	11	4552
Other opioids	QPS	3	0
	AFP	9	5152
Cocaine	QPS	251	3659
	AFP	164	56 741
Steroids	QPS	124	5733
	AFP	12	10 568
Hallucinogens	QPS	29	604
	AFP	31	742
Other and unknown drugs	QPS	870	28 831
	AFP	269	76 716

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 Ciminal Intelligence Commission, 2016

Nationally, a total of 667 clandestine labs were detected in the 2014–15 financial year (744 in 2013–14) (ACIC 2016). In Queensland there were 236 detections, with nearly half of the substances at the detections unkown/awaiting analysis (47%) and 43% being an amphetamine-type stimulant (ATS; excluding MDMA) lab (Figure 43). Most of the detections in Queensland continued to be addict-based labs. Data for 2015–16 were unavailable at the time of publication.

Figure 43: Clandestine labs seized in Queensland from 2005–06 to 2014–15



Source: Australian Criminal Intelligence Commission, 2016

7.4 Expenditure on illicit drugs

Forty-four per cent of the sample reported spending money on illicit drugs the previous day (56% in 2015). The median amount spent was $55 (range $3–$420). A break-down of expenditure is shown in Table 36, with the most common range being $50 to $99.

Table 36: Expenditure on illicit drugs on previous day, 2009 to 2016

Expenditure	2009 N = 70 %	2010 N = 99 %	2011 N = 102 %	2012 N = 94 %	2013 N = 99 %	2014 N = 100 %	2015 N = 98 %	**2016 N = 91 %**
Nothing	26	44	46	46	48	57	44	**56**
Less than $20	7	0	2	3	4	1	1	**3**
$20 to $49	14	8	11	10	11	4	5	**8**
$50 to $99	13	14	13	18	14	7	11	**15**
$100 to $199	20	16	20	10	15	18	20	**8**
$200 to $399	17	10	6	11	6	7	11	**9**
$400 or more	0	7	2	3	2	5	7	**1**
Median expenditure	$100	$100	$100	$70	$77.5	127.50	100	**55**

Source: Queensland IDRS PWID interviews

8 SPECIAL TOPICS OF INTEREST

KEY POINTS

- **Homelessness:** 91% had experienced homelessness and 29% were currently homeless
- **Blood donations:** 12% reported giving blood in their lifetime. No one reported giving blood soon after injecting.
- **Unfair treatment:** 22% reported never being unfairly treated. Most commonly instances of being unfairly treated involved the police.

8.1 Homelessness

A notable proportion of people who are homeless experience higher rates of mental health disorders compared with the general population. Specifically, substance use disorders have been repeatedly recorded as the most common mental health diagnosis amongst homeless populations throughout Western countries (Fazel et al., 2008). While research examining substance use among homeless populations has been undertaken, very few studies have looked at the relationship of homelessness amongst heavy substance users, including PWID. The aim of this module was to obtain information on the lifetime and recent homelessness experiences among PWID.

In 2014, the IDRS included a module on homelessness which revealed the high prevalence of homelessness among the IDRS participants over their lifetime and, to a lesser extent, more recently. To better understand the risk factors associated with different degrees of homelessness severity, four questions from the 2014 module were repeated in 2016.

Among those who commented (n = 82), the prevalence of homelessness in participants' lifetime was 91%, 75% in 2014 (Table 37).

Of those PWID with a homelessness history, 29% were currently homeless at the time of interview. It is clear that the rate of homelessness among PWID in Queensland is notably higher than the general Australian population estimate of 0.5% (Australian Bureau of Statistics, 2012). For those PWID who were currently homeless, the mean reported duration of their current episode of homelessness was 2 years 5 months (range: 1 month to 10 years, median 10.5 months).

Table 37: Homelessness history, 2016

	2014 n = 100 %	**2016** **n = 91** **%**
Lifetime homelessness history	75	**91**
Length of time since last homeless episode*	(n= 73)	**(n = 82)**
Currently homeless	30	**29**
In the past six months	14	**15**
7–12 months	6	**9**
1–2 years	3	**9**
2–5 years	10	**7**
More than 5 years	38	**32**
Total duration of homelessness over lifetime*	(n = 72)	**(n = 81)**
Less than six months	26	**15**
6–11 months	10	**9**
1–2 years	22	**24**
3–5 years	18	**14**
6–10 years	15	**19**
More than 10 years	8	**21**

* Among those with a homelessness history and commented
Source: Queensland IDRS PWID interviews

Table 38 shows within the subsample of PWID with a homeless history, the proportion that have experienced various states of homelessness in their lifetimes and in the past six months in each state. The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (78%; 31% respectively), couch surfing (65%; 21% respectively), boarding rooms/hostels (48%; 19% respectively) and crisis accommodation (47%; 13% respectively).

Table 38: Different forms of homelessness (lifetime and last six months), 2016

	2014 n = 75 %	**2016** **n = 89** **%**
Lifetime		
Slept rough	85	**78**
Crisis or emergency accommodation	49	**47**
Medium or long term accommodation	27	**33**
Lived with relatives, friends or acquaintances (couch surfing)	85	**65**
Boarding or rooming houses or hostels (other than on holiday)	52	**48**

	2014 n = 75 %	**2016** **n = 89** **%**
Caravan park (other than on holiday)	46	**36**
Last six months		
Slept rough	32	**31**
Crisis or emergency accommodation	8	**13**
Medium or long term accommodation	4	**12**
Lived with relatives, friends or acquaintances (couch surfing)	29	**21**
Boarding or rooming houses or hostels (other than on holiday)	21	**19**
Caravan park (other than on holiday)	5	**4**

Source: Queensland IDRS PWID interviews

8.2 Blood donations

In Australia and most other territories around the world (excluding Japan), people with a history of injecting drug use comprise a ‘risk group’ who are permanently excluded from donating blood and blood products due to the high risk of infection from BBV and sexually transmitted virus such as HCV and HIV (regardless of past injecting drug use ‘remoteness’ and current BBVI status).

In 2014 the Australian Red Cross Blood Service commissioned the Burnet Institute to conduct a review of international literature and guidelines to evaluate the appropriateness of their current eligibility criteria around blood donation and injecting drug use. One of the review’s main outcomes was the paucity of data on prevalence of lifetime blood donation among PWID, which precludes calculations of estimates of the risk associated with changing the exclusion/deferral period from permanent to a reduced timeframe (e.g. five years).

Of those who commented (n = 82), 12% reported that they had given blood in their lifetime (18% in 2015). Four of these ten respondents had commenced injecting drug use before donating blood. Three of the four participants commented on how long before most recently giving blood they had injected: one had injected seven days before, and other two had last injected three years before.

8.3 Unfair treatment

Being discriminated against is a common event for PWID, particularly those who inject drugs. The IDRS provided an opportunity to obtain important insights into the multiple origins and impacts of unfair treatment against PWID. The questions included in the IDRS aimed to clarify the relationships between unfair treatment, mental and physical health issues and quality of life as well as help to inform policy and improve the quality of services. The questions also aimed to identify the location in which PWID are most likely to experience unfair treatment to help reduce future occurrences of this.

The 'unfair treatment' questions are based on previous 2013 IDRS questions, developed in conjunction with the Australian Injecting and Illicit Drug Users League (AIVL) (Stafford and Burns, 2014), and two validated and well-accepted scales. The personal well-being index (PWI-A) (International Wellbeing Group, 2013) has been previously used in the IDRS and was well-accepted by participants, while the DISC-12 has been used to evaluate discrimination against people with mental health disorders (Thornicroft et al., 2009).

In 2016, 22% of those who commented (n = 87) reported that they had 'never' been unfairly treated, and 17% reported that they had not experienced unfair treatment in the last 12 months. However, 29% did report unfair treatment 'monthly', 21% 'weekly but not daily' and 12% experienced unfair treatment 'daily or more' (Table 39).

The most common instances of being treated unfairly in the last 12 months were by the police and when getting help for physical problems. The most common venue at which most of the unfair treatment occurred was a public location where they were most frequently treated unfairly by the police (Table 39).

Table 39: Unfair treatment, 2016

Participant reports of unfair treatment	n = 87 %
Treated unfairly	
Never	22
Not in the last 12 months	17
Monthly	29
Weekly, but not daily	21
Daily or more	12
Treated unfairly last 12 months	n = 71
In making or keeping friends	34
By people in the neighbourhood	34
In housing (including being homeless)	32
By family	32
By the police	45
When getting help for physical health problems	39
In getting welfare benefits or disability pension	9
In school/education	3
At work/in career	9

Most frequent venue treated unfairly	n = 71
Public location	39
Employment/workplace	7
Pharmacy	6
GP	3
Other health care service	16
Government institution	10
Home	13
Other	7
Mainly treated unfairly in venue by:	
Police	32
Family member	13
Member of the public	14
Supervisor/teacher	3
Client	1
GP	7
Other service provider	11
Other	18

Source: Queensland IDRS PWID interviews

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