IDRS

QUEENSLAND DRUG TRENDS 2020

Key Findings from the Queensland Illicit Drug Reporting System (IDRS) Interviews

QUEENSLAND DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Acknowledgements

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Cristal Hall, Sophie Cameron Krepp, Sarah Eddy, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute, Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

We would like to thank past and present members of the research team.

Participants

We would like to thank all the participants who were interviewed for the IDRS in the present and in previous years.

Contributors

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We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Elders past, present and emerging.

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NT	Northern Territory
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PTSD	Post-traumatic Stress Disorder
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The Queensland (QLD) IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Brisbane and the Gold Coast. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from June-July: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone, rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

The QLD IDRS sample in 2020 was predominantly male with a mean age of 45 years, consistent with the QLD profile in previous years. Close to half the participants (47%) reported that heroin was their drug of choice, and heroin was the drug injected most in the last month (42%).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Ten per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (87%) had practiced social distancing and 64% had undergone home isolation. Almost one-third (32%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 52% reported increased frequency of injection. Heroin was reported by 43% of participants as the drug most injected in February 2020 (before COVID-19 restrictions), and by 42% in the month prior to interview. Two-fifths of participants reported a perceived decrease in the use of methamphetamine since March (40%), with 63% of these participants citing 'drug is more expensive', and 'decreased availability' as the primary reasons. Smaller numbers reported an increase in cannabis (32%), mainly cited as due to 'boredom/less things to occupy time'. Most participants reported that crystal methamphetamine had increased in price since the beginning of March 2020 (93%); the majority of participants reported that the price of other drugs remained stable. Furthermore, crystal methamphetamine was most commonly reported to have decreased in perceived purity (55%), and was also the drug most commonly cited as having decreased in availability (83%). Of those on opioid agonist treatment since March 2020 (n=38), 28% reported an increase in take-away doses, whilst 13% reported an increase in their dose of medication. Whilst the majority of participants reported 'no change' when commenting on changes related to their injecting practices since March 2020, 11% reported an increase in re-using their own needles, and 9% reported an increase in injecting alone. Approximately one-third (33%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 49% reported 'similar'. Over one-quarter (27%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The majority (81%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Heroin

In 2020, recent (i.e., past six month) use of heroin remained stable amongst the QLD sample at 64%, compared to 63% in 2019. Of recent consumers, 79% reported weekly or more frequent use of heroin, compared to 62% in 2019 (p=0.051), and 24% reported daily use, compared to 29% in 2019 (p=0.634). The median price for one gram of heroin was $400,

compared $350 in 2019 ($p$=0.656) where it was one of the lowest price points observed over the course of monitoring.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years, with 63% of participants reporting recent use in 2020 (68% in 2019, p=0.580). The most common form of methamphetamine used was crystal (used by 63% in 2020) and has remained the most common form of methamphetamine used in QLD since 2011. The median price per point reported for crystal increased significantly to $75 ($50 in 2019, p<0.001), after remaining stable for the previous five years. Likewise, the median price per gram of crystal was reported to be $500, a significant increase from $300 in 2019 ($p$<0.001), after remaining stable for the previous four years.

Cocaine

Nineteen per cent of the QLD sample had recently consumed cocaine, compared to 10% in 2019 (p=0.089), on a median of three days (IQR=1-6), remaining stable compared to three days (IQR-2-5) in 2019 (p=0.647). Among participants who had recently used cocaine, the most frequent routes of administration in 2020 were snorting (95%) and injecting (21%), compared to 73% (p=0.249) and 64% (p=0.047) in 2019, respectively.

Cannabis

Recent use of cannabis has remained relatively stable over recent years, with 64% of QLD participants reporting recent use in 2020, compared to 65% in 2019. Around one-third of recent consumers reported using cannabis daily (30%) and 98% of participants who had recently used cannabis reported smoking it. Hydroponic cannabis remained the form most commonly used (94%), followed by bush cannabis (44%). Almost half (44%) of recent consumers perceived hydroponic cannabis to be 'easy' to obtain, compared to 35% in 2019 (p=0.474).

Pharmaceutical Opioids

Use of all forms of pharmaceutical opioids has remained stable or significantly declined in Queensland since monitoring of each opioid began. In 2020, the most common non-prescribed pharmaceutical opioid used was morphine (21%), followed by buprenorphine-naloxone (15%) and oxycodone (15%).

Other Drugs

NPS use was uncommon; low numbers (n≤5) reported recent use in 2020 (8% in 2019; p=0.534). Non-prescribed benzodiazepines were used by 30% of the QLD sample. Alcohol and tobacco use has remained consistently high over the period of monitoring in 2020, with 51% and 87% reporting recent use of alcohol and tobacco, respectively. Of recent tobacco consumers, 89% reported daily use.

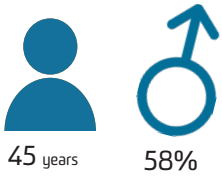
Drug-Related Harms and Associated Behaviours

Almost one-quarter (24%) of the QLD sample in 2020 reported overdosing on any drug in the preceding year, most commonly heroin. Over two-fifths (43%) of participants reported reusing their own needles. Furthermore, 8% of participants engaged in receptive sharing and 7% engaged in distributive sharing. Almost half (47%) of QLD participants reported that they were currently in some form of drug treatment. Over half (56%) the sample self-reported that they had experienced a mental health problem in the preceding six months, similar to 2019 (49%, p=0.348). Rates of self-reported criminal activity remained stable, with the most common crimes engaged in including drug dealing (30%) and property crime (26%).

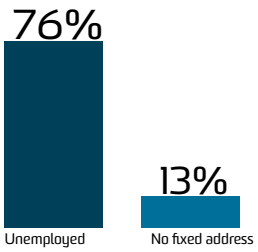
IDRS Illicit Drug Reporting System

2020 SAMPLE CHARACTERISTICS

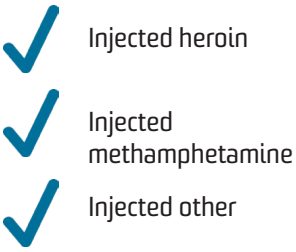
In 2020, 98 people from Brisbane and the Gold Coast, QLD participated in IDRS interviews.



The mean age in 2020 was 45, and 58% identified as male.

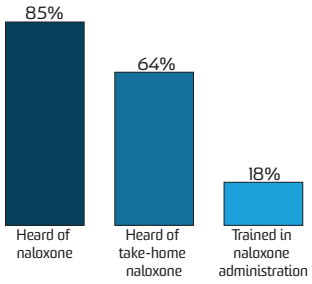


In the 2020 sample, 76% were unemployed and 13% had no fixed address.

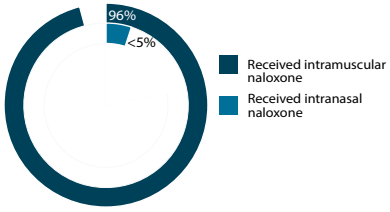


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

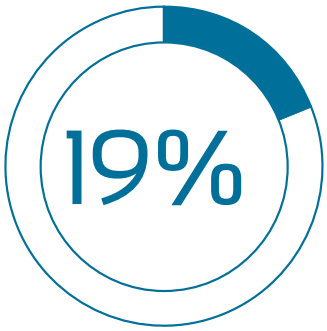
NALOXONE



IDRS participants' knowledge of the take home naloxone program, nationally.



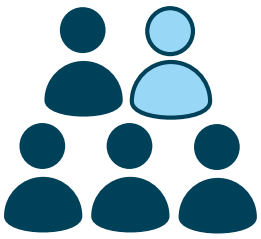
Of those who reported ever accessing naloxone, 96% received intramuscular naloxone and <5% intranasal naloxone.



Of those who reported having heard of naloxone, 19% had used naloxone to resuscitate someone who had overdosed.

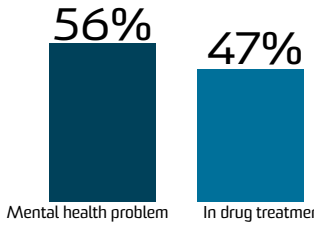
In the sample, <5% said they had been resuscitated with naloxone by a peer.

OTHER HARMS AND HELP-SEEKING

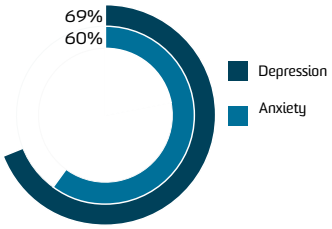


In the 2020 sample, 18% had a non-fatal opioid overdose in the last year. Heroin was the most commonly cited opioid related to non-fatal overdose.

In the 2020 sample, 8% had experienced a non-fatal stimulant overdose in the previous 12 months.

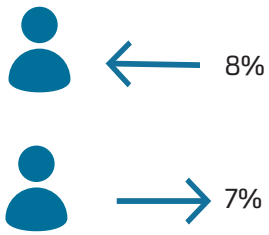


In the sample, 56% self reported a mental health problem in the six months prior to interview, and 47% were in drug treatment at the time of interview.

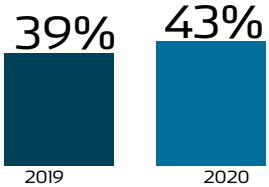


Of those who self-reported a mental health problem, 69% reported being diagnosed with depression and 60% with anxiety.

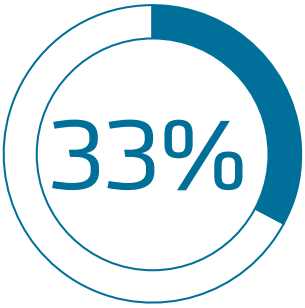
INJECTING RELATED RISKS AND HARMS



In 2020, 8% of the sample reported receptive needle sharing, and 7% reported distributive needle sharing.

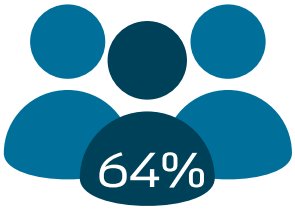


The number of people who re-used their own needles was stable from 2019 (39%) to 2020 (43%).

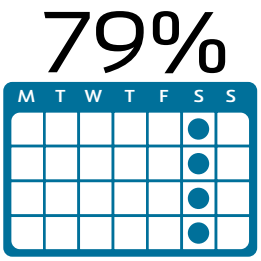


In 2020, one-third (33%) of the sample reported having an injection-related health issue in the month preceding interview.

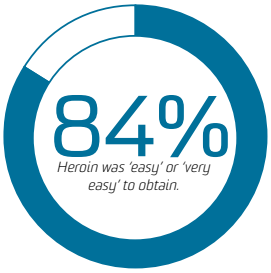
HEROIN



Past 6 month use of heroin was 64% in the 2020 sample (63% in 2019).



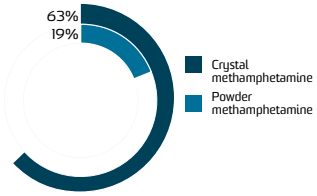
Of those who had recently consumed heroin, 4 in 5 reported using it weekly or more often.



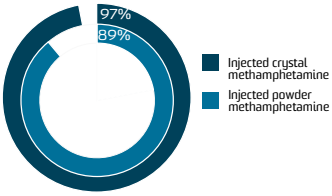
Of those who could comment 84% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 86% in 2019.

METHAMPHETAMINE

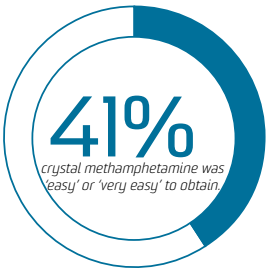
In the sample, 63% reported past 6 month use of any methamphetamine (68% in 2019).



Of the entire sample, 19% had recently consumed powder, and 63% crystal methamphetamine.

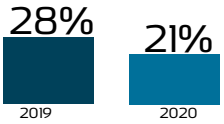


Injection was the main route of administration for crystal (97%) and powder (89%) among those who had consumed each form.

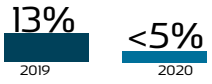


Of those who could comment 41% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

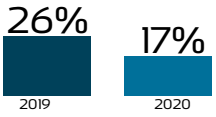
PHARMACEUTICAL MEDICINES



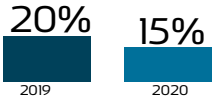
Past 6 month use of non-prescribed morphine was stable at 28% in the 2019 IDRS sample and 21% in 2020.



Past 6 month use of non-prescribed fentanyl decreased from 13% in the 2019 IDRS sample to <5% in 2020.

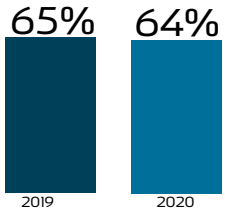


Past 6 month use of non-prescribed pregabalin was stable at 17% in the 2019 IDRS sample and 26% in 2020.

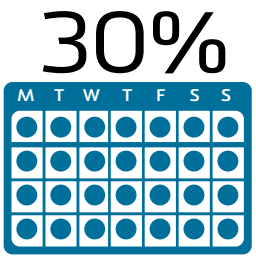


Past 6 month use of non-prescribed oxycodone was stable at 20% in the 2019 IDRS sample and 15% in 2020.

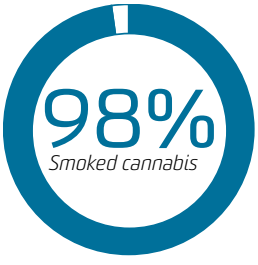
CANNABIS



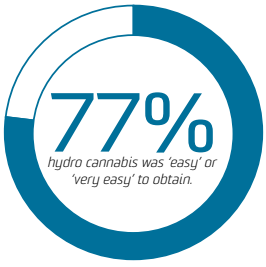
Past 6 month use of any cannabis was stable at 65% in the 2019 IDRS sample to 64% in 2020.



Of those who had consumed cannabis recently, one-in-three reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 98% had smoked it.



Of those who could comment 77% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Interviews took place in varied locations negotiated with participants (e.g. treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

In 2019, a total of 902 participants were recruited across capital cities nationally (May-July 2019), with 109 participants interviewed in Brisbane and the Gold Coast, Queensland, during May-June 2019.

IDRS 2020: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were not possible in most jurisdictions due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020), with 98 participants interviewed in Brisbane and the Gold Coast, QLD, during June-July, 2020. In 2020, 85% of QLD participants were recruited via NSPs (85% in 2019), followed by six per cent who were

recruited via word-of-mouth (15% in 2019; *p*=0.081). Nineteen per cent of the 2020 sample had taken part in the 2019 interview (23% in 2019 who had taken part in the 2018 interview; *p*=0.628).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Brisbane and the Gold Coast, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Queensland (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous six months or past month may reflect behaviours during or subsequent to stringent restrictions depending on the jurisdiction and timeframe. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released based on IDRS 2020 findings.

Additional Outputs

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

Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

1

Sample Characteristics

In 2020, the IDRS sample in QLD was predominantly male (58%; 67% in 2019, *p*=0.244) with a mean age of 45 years (SD:10, versus 42 years in 2019, *p*=0.117) (Table 1). The majority of the sample were unemployed (76%; 85% in 2019, *p*=0.108), with 85% reporting a government pension, allowance or benefit in the past month (95% in 2019, *p*=0.036). Seventy-three per cent of the sample reported having obtained a post-school qualification(s), versus 61% in 2019 (*p*=0.083). Seventy-one per cent reported living in their own house/flat while 23% reported living in unstable accommodation (i.e., boarding house/hostel, shelter/refuge, or no fixed address) (Table 1).

Close to half of participants in 2020 (47%;51% in 2019, *p*=0.714) reported heroin as their drug of choice, whilst one-third (33%; 26% in 2019, *p*=0.342) reported methamphetamine as their drug of choice (Figure 1).

Continuing the trend from 2019, heroin was reported as the main drug most often injected in the previous month (42% in 2020; 38% in 2019, *p*=0.590), followed by methamphetamine (36%; 38% in 2019, *p*=0.934) (Figure 2).

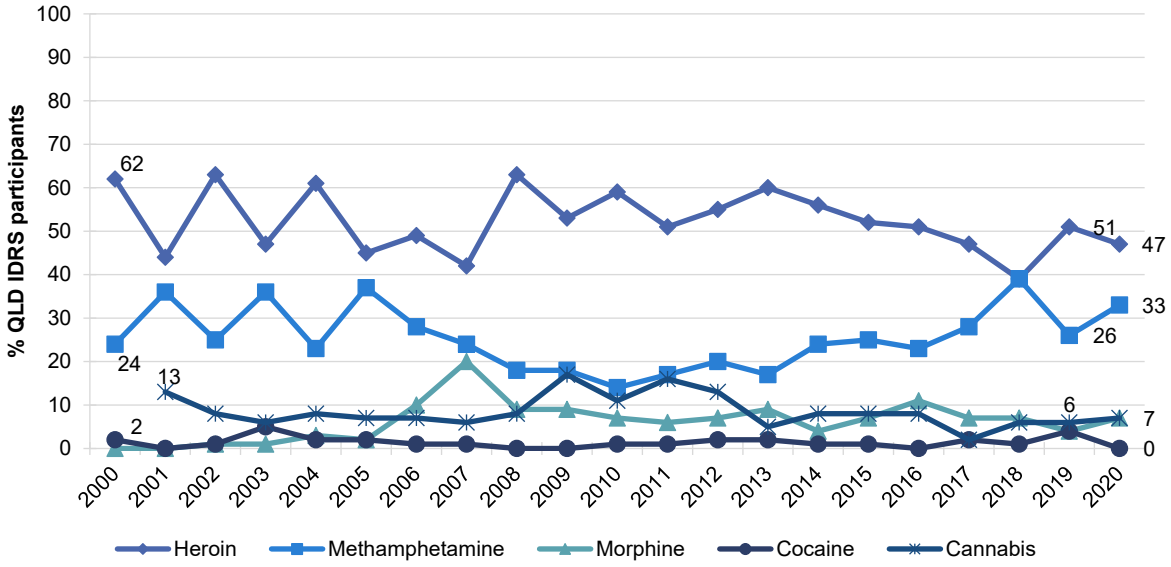
Over half of the QLD sample reported weekly or more frequent use of heroin (51% versus 39% in 2019, *p*=0.126) (Figure 3). Forty-two per cent of the sample reported weekly or more frequent use of crystal methamphetamine (compared with 39% in 2019, *p*=0.773).

Table 1: Demographic characteristics of the sample, nationally, 2020, and Queensland, 2016-2020

	National	Queensland				
	2020 (N=884)	2020 (N=98)	2019 (N=109)	2018 (N=103)	2017 (N=103)	2016 (N=91)
Mean age (years; SD)	44 (9)	**45 (10)**	42 (10)	42 (9)	43	41 (8)
% Male	59	**58**	67	69	75	74
% Aboriginal and/or Torres Strait Islander	18	**12**	13	17	16	19
% Sexual identity						
Heterosexual	86	**87**	86	85	85	88
Homosexual	4	**3**	-	-	-	-
Bisexual	8	**9**	9	13	12	8
Queer	1	**0**				
Other	1	**-**	-	0	-	-
Mean years of school education (SD)	10 (1.5)	**10 (7-12)**	10 (9-11)	10 (9-11)	10 (9-12)	10 (9-11)
% Post-school qualification(s)^	62	**73**	61	43	55	59
% Current accommodation						
Own home *(incl.. renting)*~	69	**71**	75	58	61	56
Parents'/family home	6	**-**	8	7	-	7
Boarding house/hostel	9	**8**	6	15	13	14
Shelter/refuge	2	**-**	-	-	-	-
No fixed address	12	**13**	10	18	18	12
Other	1	**0**	0	0	-	8
% Current employment status						
Unemployed	88	**76**	85	83	84	84
Full-time work	3	**10**	-	-	-	-
% Past month gov't pension, allowance or benefit	94	**85***	95	93	84	84
Current median income/week ($; IQR)	500 (421-555)	**540 *** (450-600)**	323 (267-450)	385 (295-475)	400 (310-475)	371 (290-475)

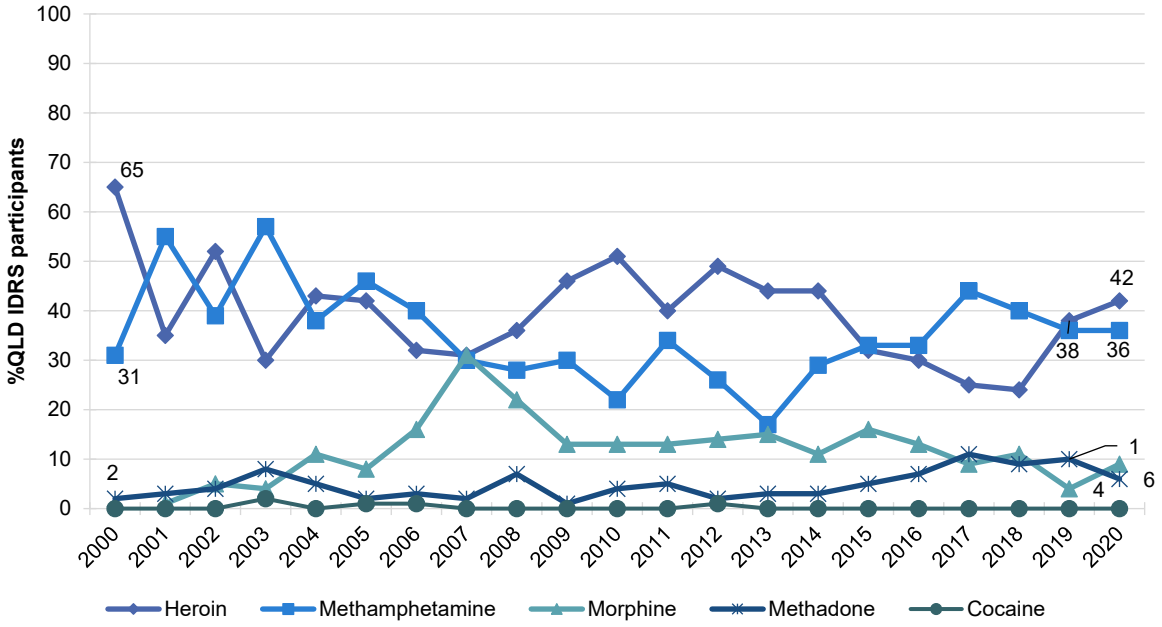
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college' qualifications. 'No fixed address' includes rough sleeping or squatting and couch surfing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 1: Drug of choice, Queensland, 2000-2020



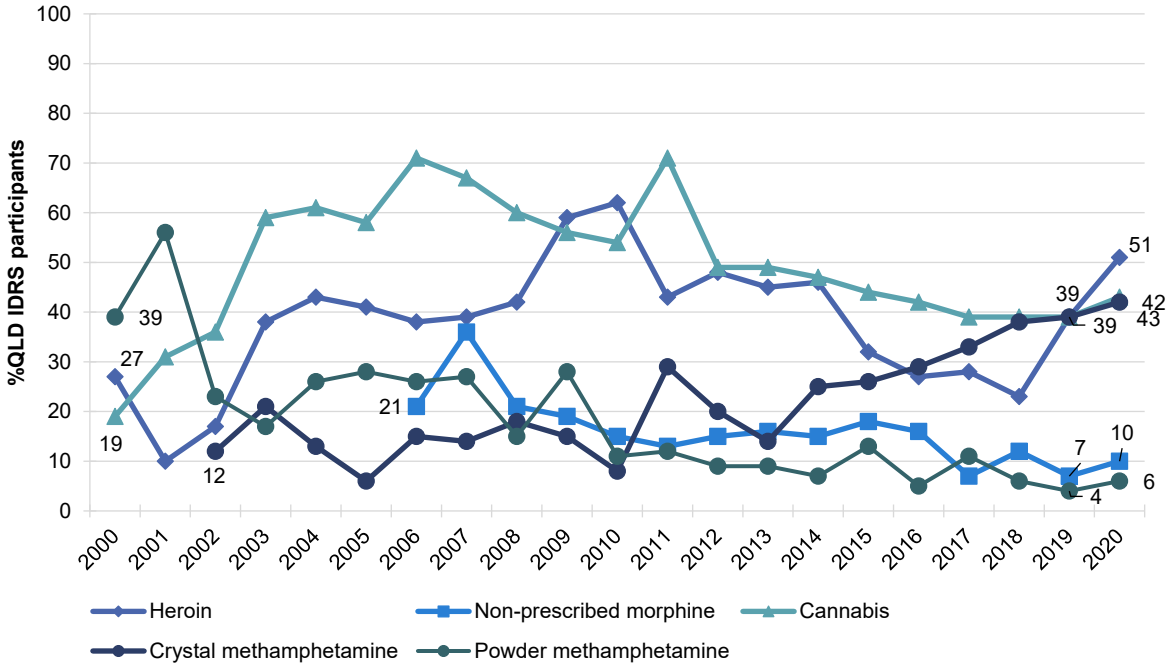
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 2: Drug injected most often in the past month, Queensland, 2000-2020



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, Queensland, 2000-2020



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

2

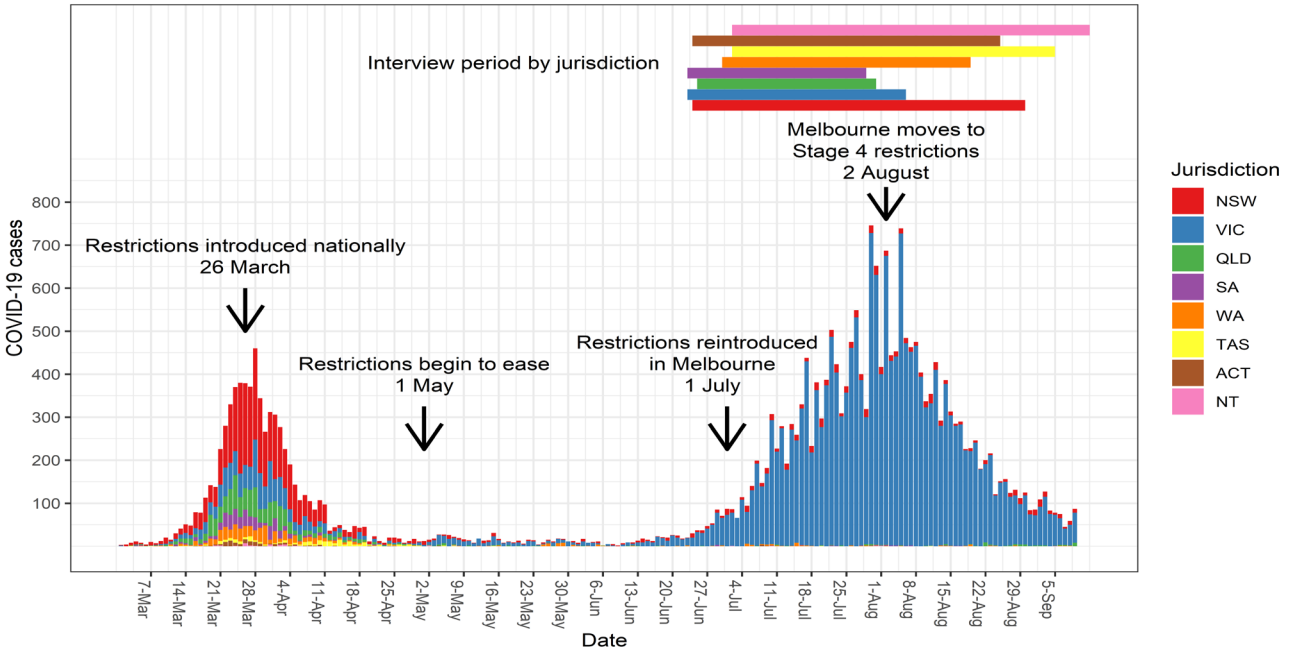
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions. Notably, significant restrictions were enforced again in Victoria (from July), whereby Stage 4 restrictions were implemented in early August 2020.

Queensland observed its first case of COVID-19 on 28 January 2020. A day later, on 29 January 2020, a public health emergency was declared in Queensland, however major restrictions on movement were not introduced until 23 March 2020 when shutdown of non-essential services, including pubs, clubs, and restaurants began from midday. A peak of 78 new cases was observed on 24 March, bringing the state's total to 397 cases since 29 January 2020. The Queensland border closed on 25 March 2020 but remained open to local residents, essential travellers and freight. Following this, on 29 March, a direction was made by the Chief Health Officer to prohibit household gatherings of more than 10 people at any one time. A day later, on 30 March, the Queensland Premier tightened social distancing restrictions, imposing a limit of two visitors on householders. Travel outside the home was banned except for essential reasons. Restrictions began to ease gradually from 2 May 2020 in stages. Stage 1 allowed for gatherings of 10 people and venues were allowed to open, with a maximum capacity of 10 patrons. Some level of restriction on social gatherings and venue capacity remained in place throughout the data collection period for the IDRS. From 31 May 2020, Stage 2 of easing restrictions allowed for gatherings of 20 people, and restaurants, cafes, and pubs operating under a COVID-safe checklist were able to increase their total number of patrons from 10 to 20. From 3 July 2020, Stage 3 restrictions allowed for private gatherings of 100 people, and increased patron capacity for businesses.

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020



Note. Data obtained from https://www.covid19data.com.au/.

Methods

IDRS interviews in Queensland commenced on 25 June and concluded on 31 August 2020 (Figure 4).

In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions were posed throughout the interview to explore demographic characteristics, drug consumption, injecting practices and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the Background section of this document.

COVID-19 Testing and Diagnosis

Ten per cent of the Queensland sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus (10% were still waiting for their test result at the time of interview). Over one-quarter (27%) of participants reported concern about contracting COVID-19; 14% reported being 'slightly' worried, whereas 10% reported being 'moderately' worried. Small numbers (n≤5) reported being 'very' to 'extremely' worried.

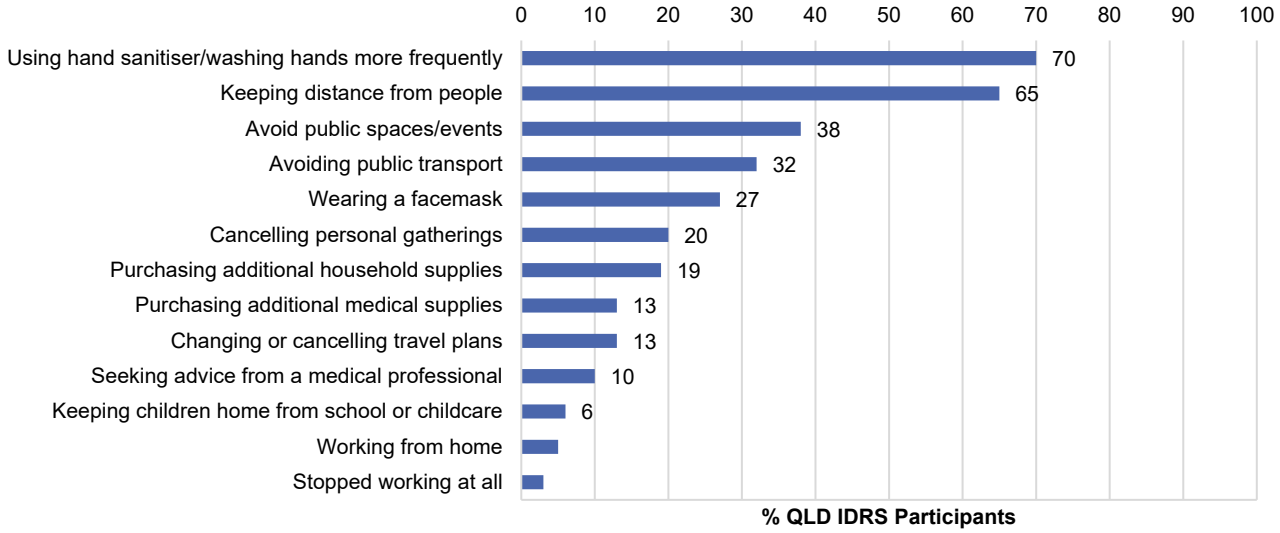
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, the majority (87%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 64% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. Few participants (n≤5) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported 'using hand sanitiser/washing hands more frequently' (70%), 'keeping distance from people' (65%) and 'avoiding public spaces/events' (38%) (Figure 5).

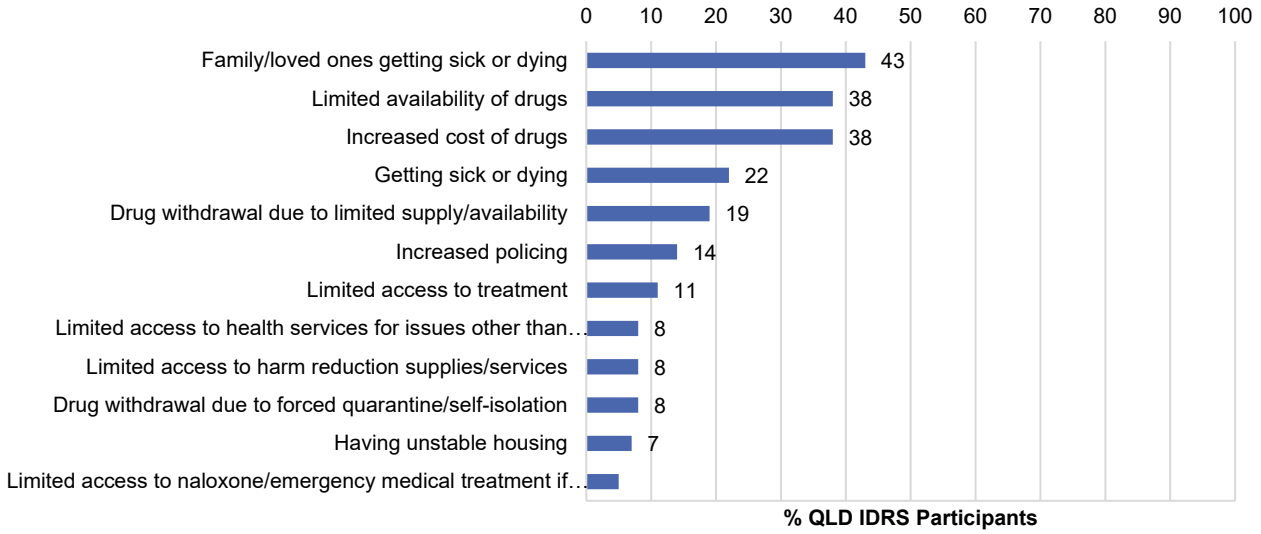
Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised 'family/loved ones getting sick or dying' (43%) 'increased cost of drugs' (38%), and 'limited availability of drugs' (38%) (Figure 6).

Figure 5: Health precautions related to COVID-19 in the past four weeks, Queensland, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 6: Participant concerns relating to the COVID-19 pandemic, Queensland, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

***Housing*.** Twenty-two per cent of participants reported that their living situation had changed since the beginning of March, 2020. As to why participants' living situation had changed, reasons included 'rent increase' (12%), and 'was given new shelter/short term housing/put up in hotel' (7%).

Employment and income. When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 38% of participants reported that they were receiving more income, 13% reported less income, and 49% reported a similar amount of income (Table 2).

Over half of participants (52%) reported experiencing any financial difficulty during the past month; most commonly reported difficulties were being 'unable to buy food' (26%), 'difficulty paying for medications' (21%), and 'could not pay household or phone bills on time' (19%). Furthermore, over one-quarter (27%) of the sample reported asking for financial help from friends or family, and the same percentage (27%) asked for help from welfare/community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, Queensland, 2020

	Queensland 2020 N=98
% Change in total income in the past month compared to February	
More money	38
Less money	13
About the same	49
% Financial difficulties in the past month#	
Asked for financial help from friends or family	27
Asked for help from welfare/community organisations	27
Unable to buy food or went without meals	26
Difficulty paying for medications	21
Could not pay household or phone bills on time	19
Could not pay the mortgage or rent on time	17
Difficulty paying for medical treatment	13
Unable to heat/air condition house	8

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug injected. Over one-tenth (13%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February, 2020. The most common change was from heroin to methamphetamine, and methamphetamine to buprenorphine, though small numbers (n≤5) reported this transition.

Frequency of drug injection: Almost one-third (32%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 52% reported greater frequency of injection (17% of entire sample), and 48% reported reduced frequency (16% of entire sample) (Table 3).

Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), Queensland, 2020

	Queensland 2020	
	February	Past month
% Drug injected most often in that month	**N=97**	**N=97**
Heroin	43	42
Morphine	8	9
Methamphetamine	36	36
Oxycodone	-	-
Methadone	-	6
Buprenorphine-naloxone	-	-
*% reporting change in drug injected most often from February to past month^*	Overall:13%	
% Frequency of drug injection in that month	**N=96**	**N=96**
Not in the month	-	0
Weekly or less	17	15
More than weekly, not daily	22	27
Once a day	21	16
2-3 times a day	26	31
More than 3 times a day	14	11
% reporting decrease in frequency	Overall: 16%	
% reporting increase in frequency	Overall: 17%	
% reporting stable frequency	Overall: 68%	

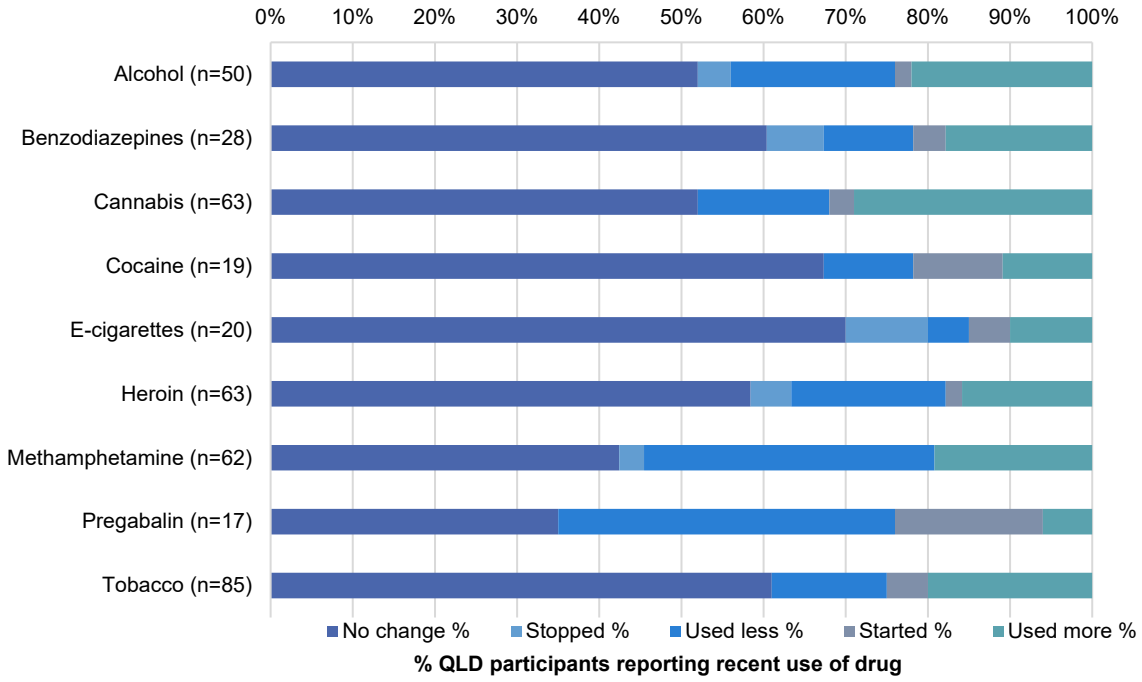
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

Perceived changes in drug use. In the 2020 interviews, additional questions were asked of participants who reported past six-month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Most commonly, participants reported a decrease in use of pregabalin (41%), methamphetamine (38%), and heroin (24%). An increase in use was reported for cannabis (32%), and no change was most commonly reported for e-cigarettes (70%), cocaine (68%), benzodiazepines (61%), and tobacco (61%). Equal percentages of participants reported an increase in use of alcohol (24%) and decrease in use of alcohol (24%) (Figure 7).

The two primary reasons cited for decreasing use of methamphetamine were 'drug is more expensive' (63%), and 'decreased availability of this drug' (63%). The primary reason why participants decreased use of heroin was 'decreased availability' (n≤5). Other reasons endorsed for decreased heroin use were 'didn't feel like using the drug' (n≤5), and 'worried about effects on my physical health' (n≤5). The primary reason given for participants' increased use of cannabis was 'more bored' (45%). Further reasons included 'greater availability of this drug' (n≤5), and 'more time to use the drug' (n≤5). Of those who reported increasing their use of alcohol, nearly half did so because of 'greater anxiety/depression with COVID-19' or 'to cope with loneliness'; others (n≤5) reported doing so because they were 'more bored'. Of participants who reported decreasing their alcohol use, the primary reason was that they 'didn't feel like using alcohol' (n≤5). Other common reasons were 'less money to spend on alcohol' (n≤5), and 'worried about effects on my physical health' (n≤5).

Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020

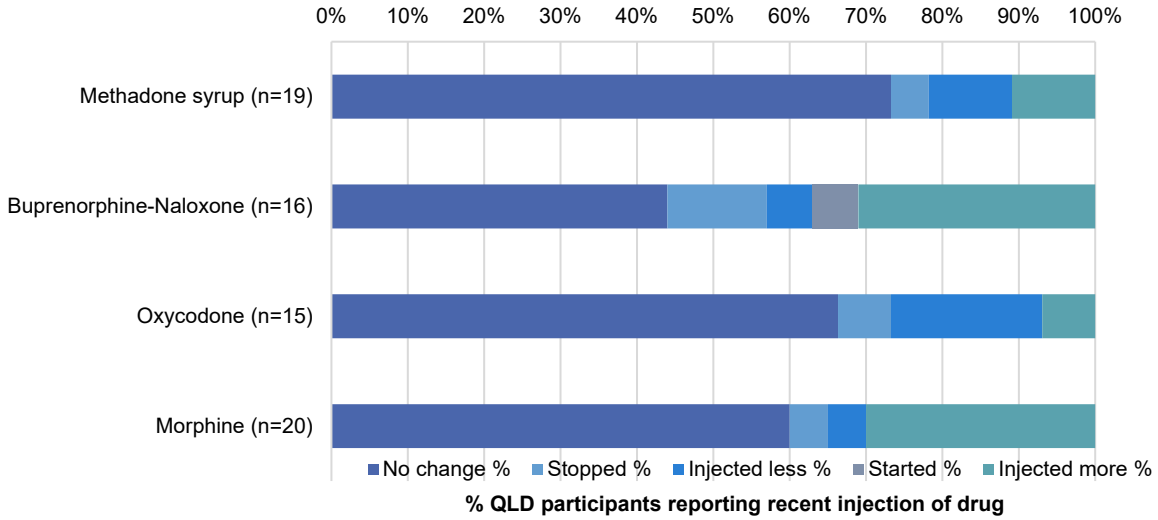


Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Perceived changes in frequency of drug injection. Participants who reported past six-month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, as compared to before (Figure 8).

Twenty-seven per cent reported a decrease in injection of oxycodone. An increase in injection of buprenorphine-naloxone was reported by 37%, and 30% reported an increase in injection of morphine. Most commonly, participants reported no change in injection of methadone syrup (74%), oxycodone (67%), and morphine (60%).

Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months.The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

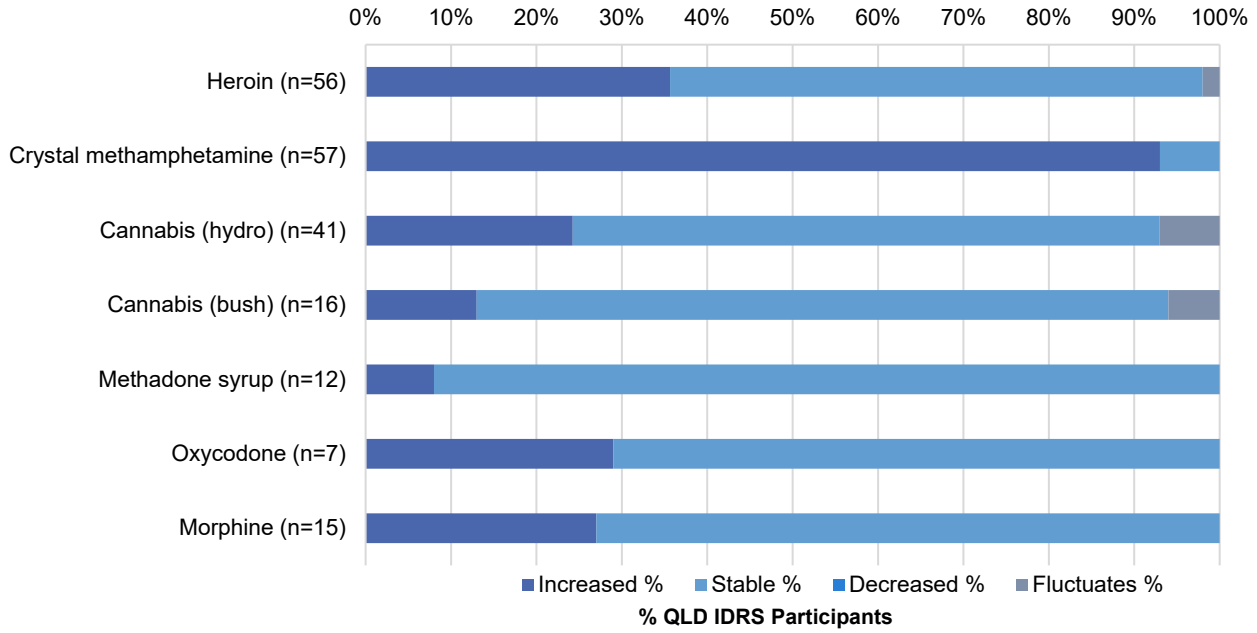
Price, Perceived Purity and Availability

Participants were asked to answer a number of questions regarding the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions) as compared to before.

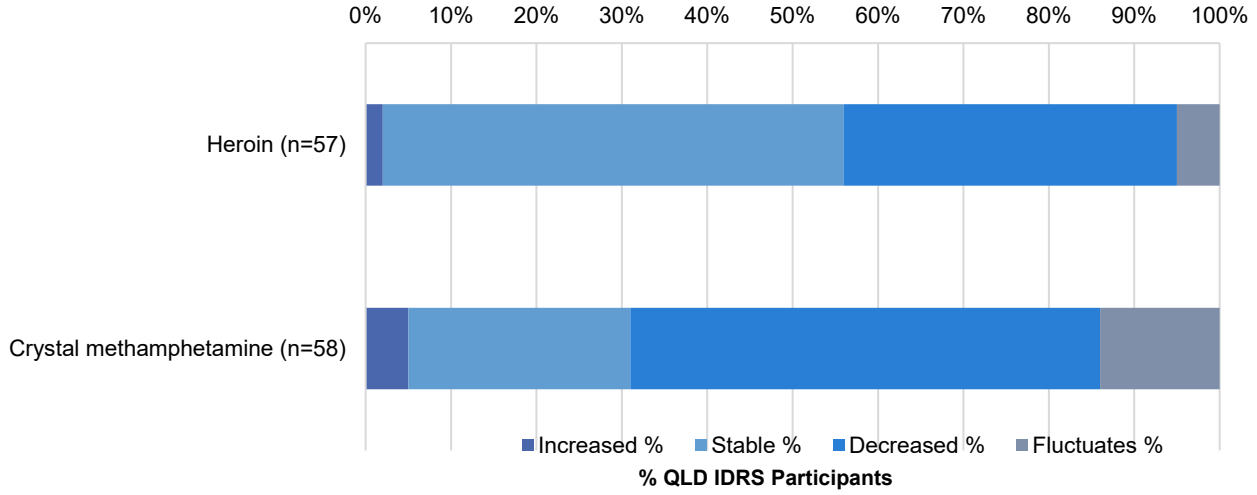
Crystal methamphetamine was the most commonly reported illicit drug to have increased in price since the beginning of March 2020 as compared to before (93%). Participants most commonly reported that the price of other drugs remained stable since the beginning of March 2020 as compared to before: heroin (63%), cannabis (hydro) (68%), cannabis (bush) (81%), methadone syrup (92%), oxycodone (71%), and morphine (73%) (Figure 9). Participants perceived the purity of crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (55%) (Figure 10). Participants perceived the purity of heroin to have remained stable since the beginning of March 2020 as compared to before (54%) (Figure 10). Crystal methamphetamine was the most commonly cited illicit drug which had decreased in availability (83%) (Figure 11).

Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



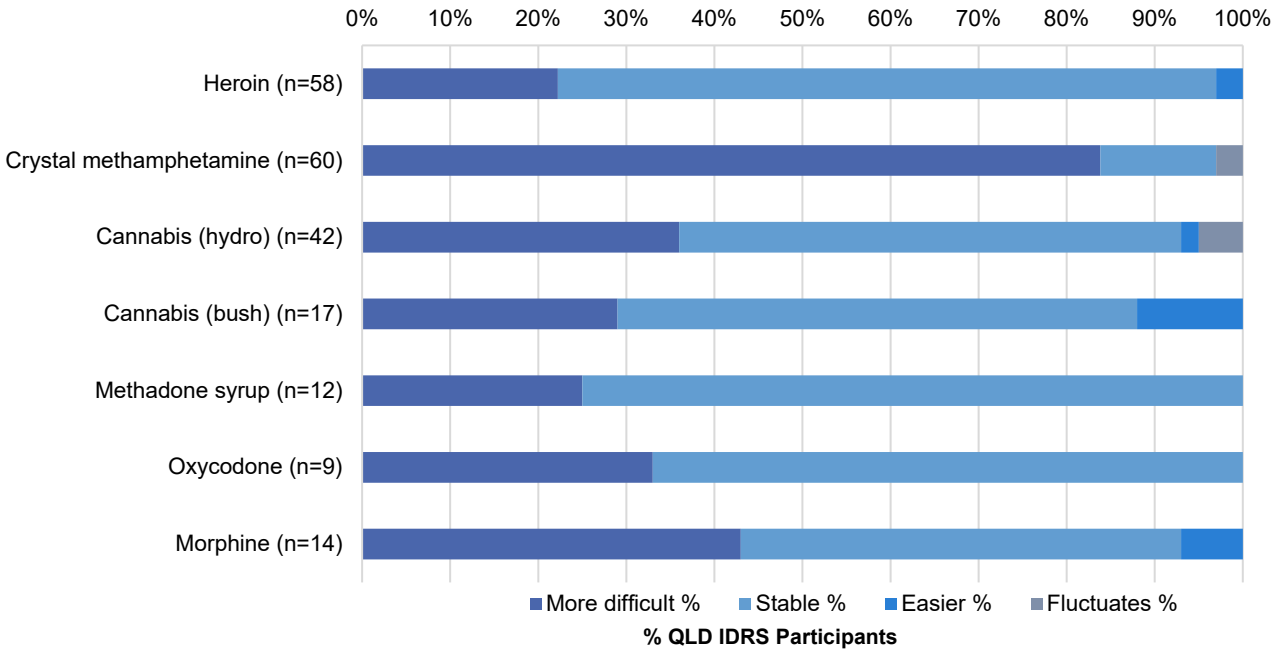
Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

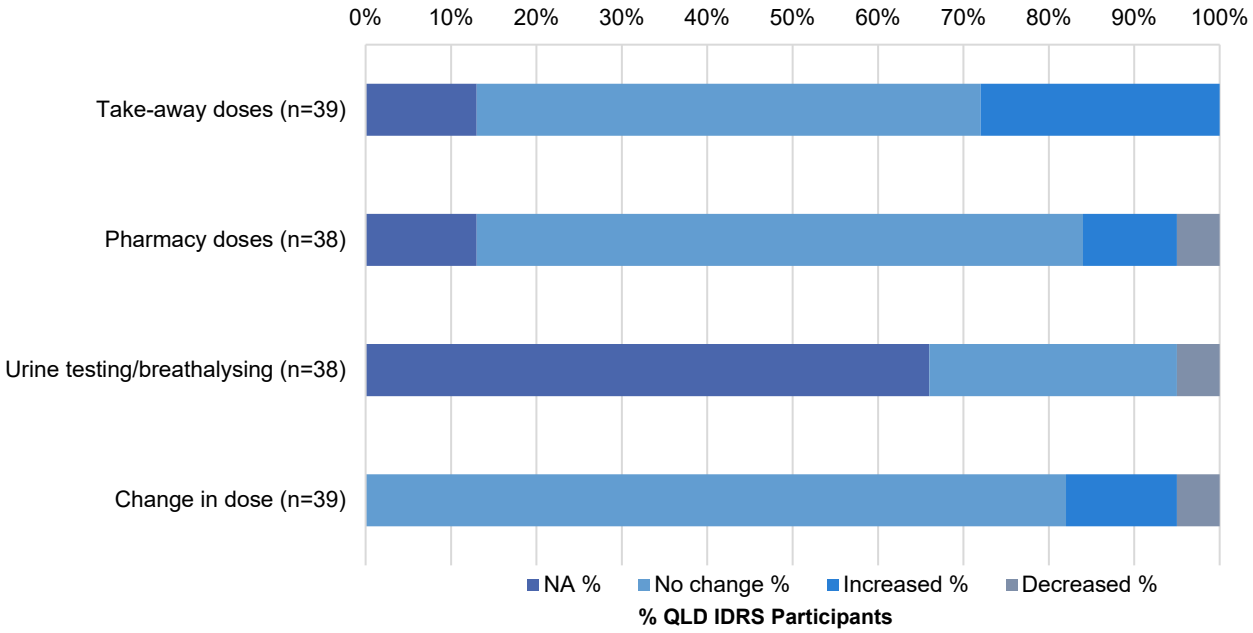
Risk and Protective Behaviours

Drug Treatment. Of those participants who were in treatment in the six months prior to interview (n=53), 45% were receiving treatment both before and since March. Of this group, 35% reported any disruption to treatment since March 2020 (since COVID-19 restrictions), namely appointments via telephone/video, rather than face-to-face (25%).

Of those in treatment at the time of interview (n=46), 77% reported that their treatment satisfaction was 'similar' since March 2020 (since COVID-19 restrictions); 12% reported that their satisfaction was 'better' and 12% reported that their satisfaction was 'worse'.

Furthermore, for those on opioid agonist treatment (OAT) since March (n=38), 28% reported an increase in take-away doses. Over two-thirds (71%) of participants reported that the frequency of pharmacy doses had remained mostly stable (Figure 12). Thirteen per cent of those in OAT in the last six months reported having missed a dose of medication (e.g. methadone, buprenorphine, buprenorphine-naloxone or buprenorphine depot injection) due to service disruptions (e.g. service was closed or changed hours of service). Those on OAT since March were also asked to what degree they felt involved in decision-making around changes to their treatment since the beginning of March (since COVID-19 restrictions), the majority of those who commented responded being 'very' involved (21%, n=8).

Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent Opioid Agonist Treatment, Queensland, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

Injecting equipment access and disposal. One-tenth of participants (10%) reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions). Of those who had trouble obtaining new sterile needles and syringes and commented (n=10), commonly reported actions resulting from difficulties obtaining sterile needles and syringes included 'injected drugs less frequently', and 're-used my own needles more than I normally would', although these were reported by few participants (n≤5).

Eight per cent of participants reported having had difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions). Barriers to safely disposing of used needles and syringes were reported by few participants in Queensland (n≤5), therefore, these numbers are suppressed. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Injecting practices. The majority of participants reported 'no change' when reporting changes in their injecting practices since March 2020 (since COVID-19 restrictions) with regards to borrowing and lending needles. However, 11% reported an increase in re-using their own needles (Figure 13). Additionally, the majority (78%) of participants reported injecting 'alone' about the same amount as usual since the beginning of March as compared to before, and nine per cent reported injecting alone more.

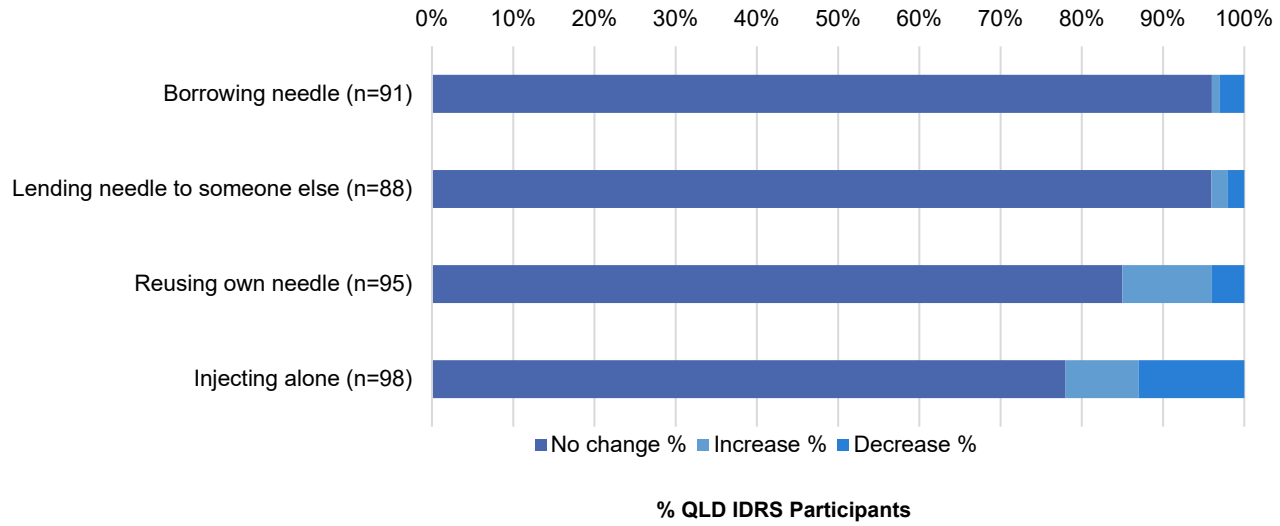
Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 33% of participants rated their mental health as being 'worse', 49% reported 'similar' and 18% reported their mental health was 'better'.

Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 23% of participants rated their physical health as being 'worse', 57% reported 'similar' and 21% reported their physical health was 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Over one-quarter (27%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common source cited was a harm reduction service (10%).

The majority (81%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Queensland, 2020

	Queensland 2020 N=98
Avoided sharing needles/syringes with other people	56
Washed hands with soap/sanitiser before handling drugs or money	53
Prepared your drugs yourself	48
Stocked up on sterile needle/syringes	40
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	34
Stocked up on other sterile drug use equipment	30
Wiped down drug packages/wraps with soap/sanitiser	28
Stocked up on illicit/non-prescribed drugs	16
Obtained take-home naloxone/Narcan	15
Stocked up on prescription medicines prescribed to you	10
Avoided smoking/vaping drugs	7

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

3

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

In 2020, 64% of the sample reported using heroin in the last six months, similar to 63% in 2019 (p=0.998) (Figure 14).

Frequency of Use

Among those who had recently consumed heroin, median days of use was 72 days (IQR=24-179) compared to 48 days in 2019 (IQR=6-180, p=0.342). In 2020, 24% reported daily use, compared to 29% in 2019 (p=0.634) (Figure 14).

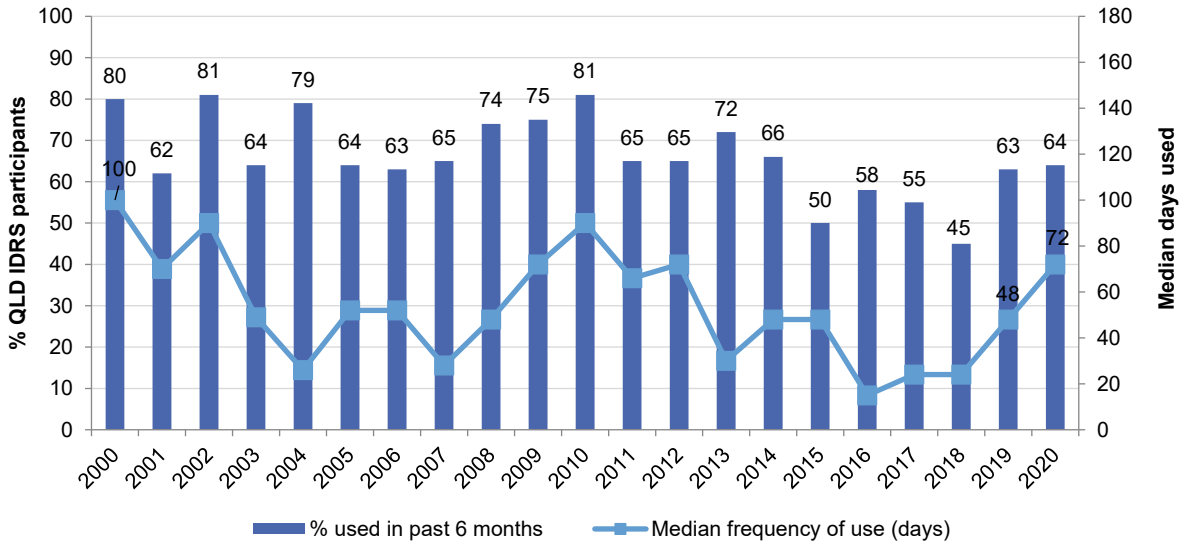
Routes of Administration

All participants (64% of the total sample, n=63) who had recently used heroin reported injecting it, consistent with 2019. A small number (n≤5) also reported smoking or swallowing heroin in the last six months.

Quantity

Of those who reported recent use and responded (n=56), the median amount of heroin used per day in the six months preceding interview was 0.30 grams (IQR=0.10-0.50) in 2020 (0.20 grams in 2019; IQR=0.10-0.50; p=0.295).

Figure 14: Past six month use and frequency of use of heroin, Queensland, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

In 2020, only one participant reported on the price per cap of heroin ($50, consistent with previous years) (Figure 15). In comparison, the median price per point was $100 (IQR=50-100, n=32), compared to $75 in 2019 (IQR=50-100, n=38, p=0.588). The median price of a gram was $400 (IQR=288-500, n=16) compared to 2019 ($350, IQR=350-400, n=13, p=0.656).

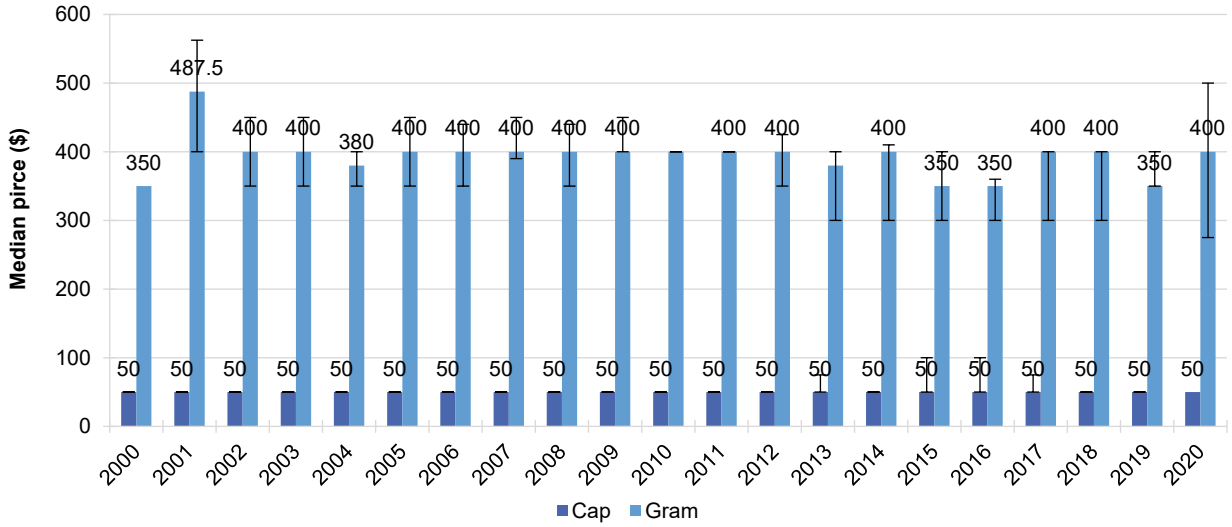
Perceived Purity

Among those who were able to comment in 2020 (n=59), the greatest proportion of participants perceived current purity to be 'low' (47%; 31% in 2019; p=0.098) (Figure 16).

Perceived Availability

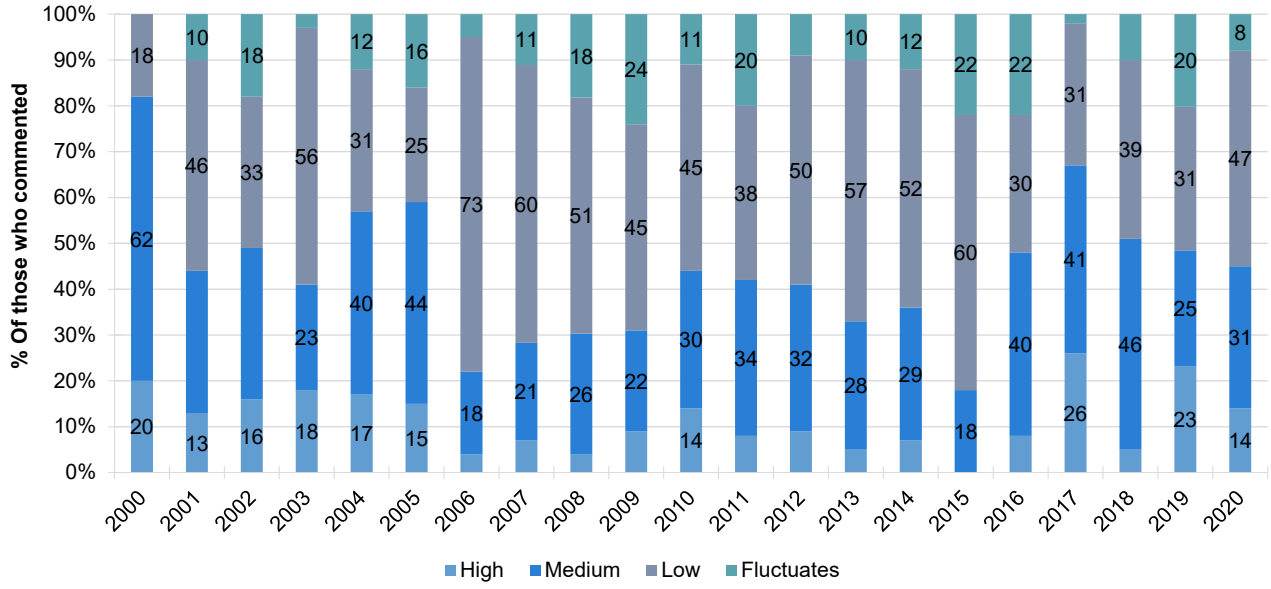
Among those who were able to comment in 2020 (n=57), 42% reported that heroin was 'very easy' and 42% reported it was 'easy' to obtain, compared to 43% in each category in 2019 (Figure 17).

Figure 15: Median price of heroin per cap and gram, Queensland, 2000-2020



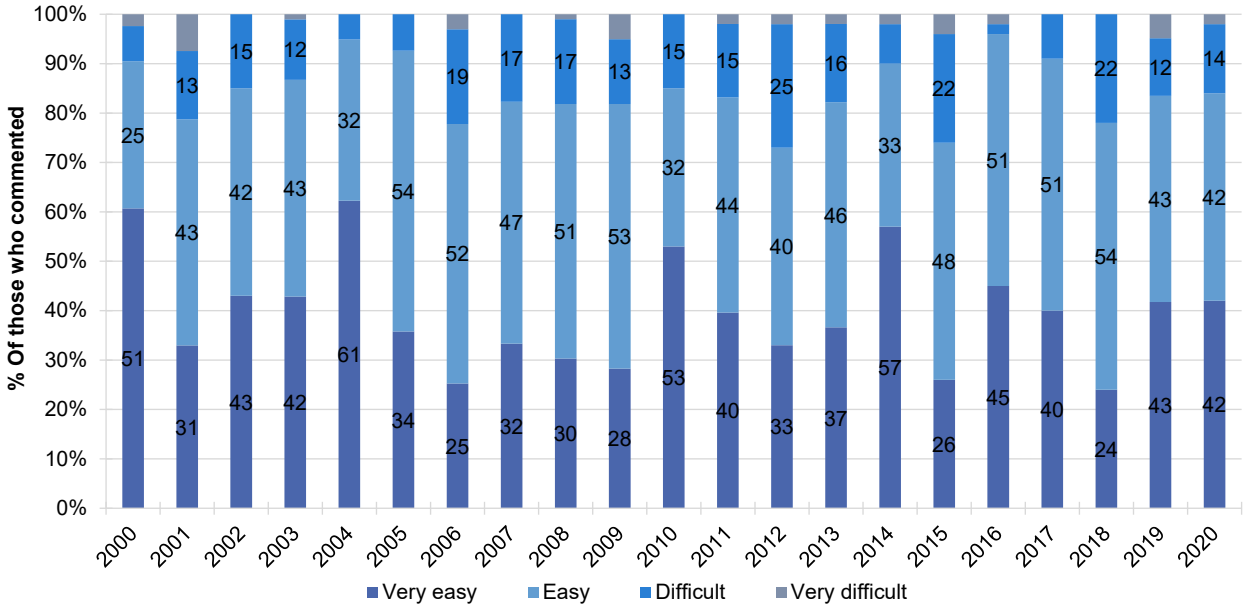
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 16: Current perceived purity of heroin, Queensland, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 17: Current perceived availability of heroin, Queensland, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

4

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder) and crystal (clear, ice-like crystals).

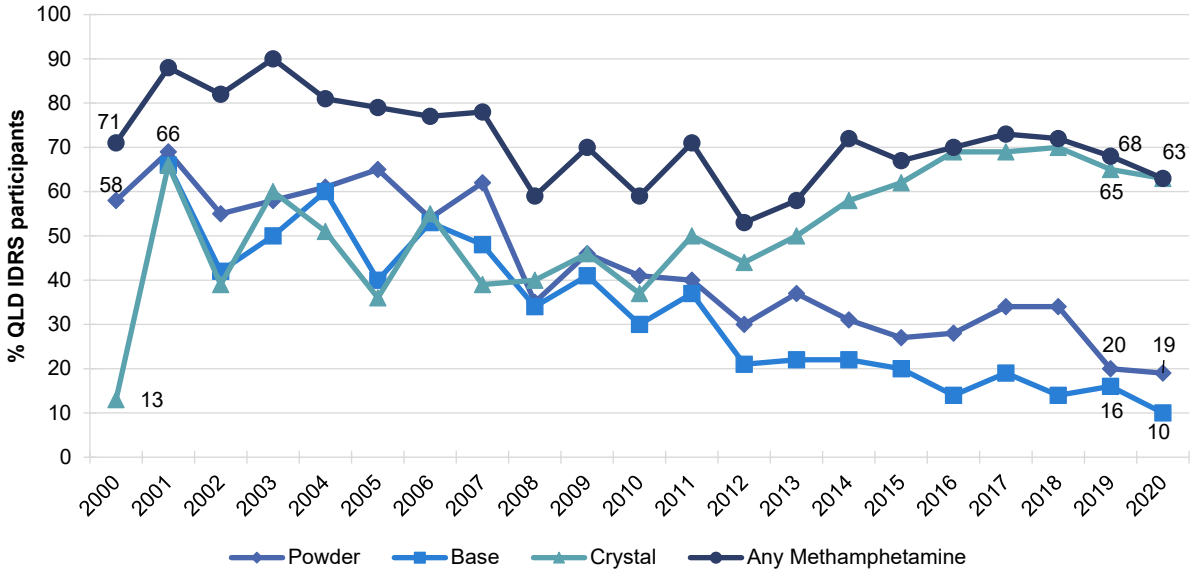
Recent Use (past 6 months)

In 2020, 63% of participants reported recent use of any methamphetamine (powder, base and crystal), compared to 68% in 2019 (p=0.580) (Figure 18).

Frequency of Use

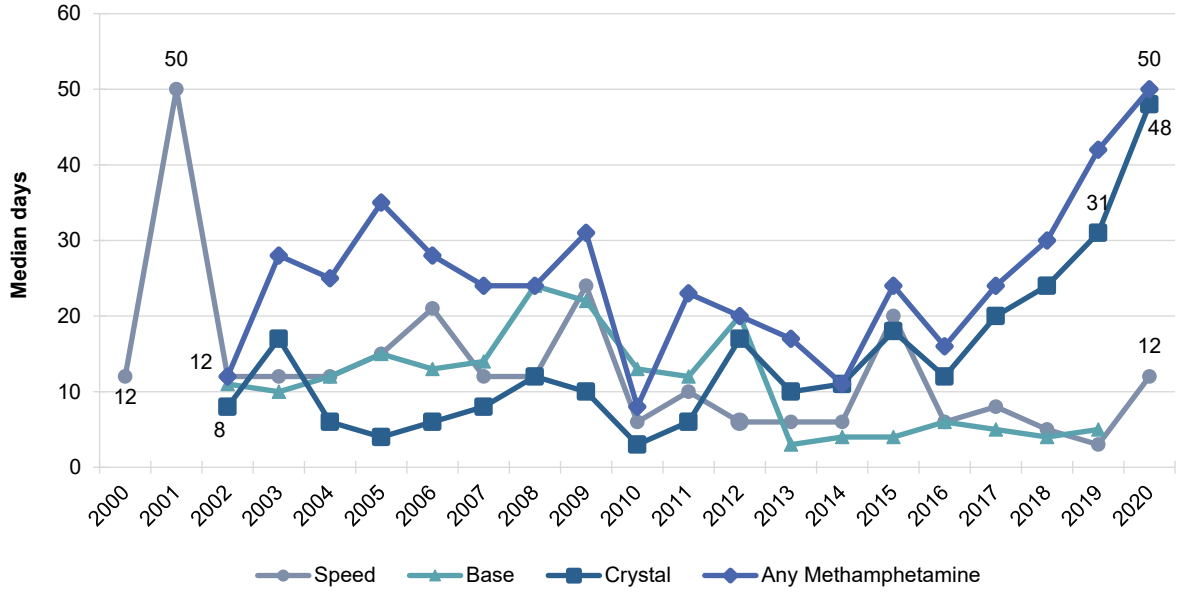
In 2020, frequency of use was a median of 50 days (IQR=16-180, n=62; 42 days in 2019, IQR=10-98, n=73, p=0.161) (Figure 19). The proportion of people reporting weekly use (of those who had recently used any methamphetamine) remained stable (69% versus 67% in 2019, p=0.927). Twenty-seven per cent reported daily use in 2020, compared to 15% in 2019 (p=0.121).

Figure 18: Past six month use of any methamphetamine, powder, base and crystal, Queensland, 2000-2020



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 19: Frequency of use of any methamphetamine, powder base, and crystal, Queensland, 2000-2020



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): In 2020, 19% of participants reported recent use of powder methamphetamine, remaining stable compared to 20% in 2019 (Figure 18).

Frequency of Use: The median number of days participants reported using powder methamphetamine in the last six months was 12 days (IQR=5-24), compared to three days (IQR=2-12) in 2019 (p=0.111) (Figure 19).

Routes of Administration: Among people who recently used powder methamphetamine, the most common route of administration remained injecting (89%, n=19) compared to 100% in 2019 (p=0.209) followed by smoking (21% in 2020 versus 18% in 2019).

Quantity: Of those who reported recent use and responded (n=18), the median amount used per day was 0.30 grams (IQR: 0.20-0.50) (0.20 grams in 2019 (IQR=0.10-0.30), p=0.146).

Methamphetamine Base

Recent Use (past 6 months): In 2020, base continued to be the least commonly used form of methamphetamine, with 10% of participants reporting recent use (16% in 2019; p=0.345) (Figure 18).

Frequency of Use: Data for frequency of use for base methamphetamine was not collected in 2020. For further information, please refer to the 2019 IDRS Queensland Report or the 2019 IDRS National Report.

Routes of Administration: All (100%) recent consumers reported injecting methamphetamine base, stable from 100% in 2019.

Quantity: Data on the quantity of base recently used was not collected in 2020. For further information, please refer to the 2019 IDRS Queensland Report or 2019 IDRS National Report.

Methamphetamine Crystal

Recent Use (past 6 months): In 2020, 63% of participants reported recent use of crystal methamphetamine, similar to 65% in 2019 (p=0.892) (Figure 18).

Frequency of Use: The median number of days participants reported using crystal in the last six months was 48 days (IQR=15-179), compared to 31 days in 2019 (IQR=10-99, p=0.241). Among people who recently used crystal methamphetamine, 26% reported daily use, compared to 14% in 2019 (p=0.149) (Figure 19).

Routes of Administration: Among people who recently used crystal methamphetamine (n=62), the most common route of administration remained injecting (97% for 2020 versus 97% 2019), followed by smoking (39%) compared to 42% in 2019 (p=0.812).

Quantity: Of those who reported recent use and responded (n=56), the median amount used per day was 0.20 grams (IQR=0.10-0.30) in 2020 (0.20 grams (IQR=0.10-0.30) in 2019, p=0.627).

Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked of participants in 2020. For further information, please refer to the 2019 IDRS Queensland Report or the 2019 IDRS National Report.

Methamphetamine Crystal

Price: In 2020, the median price per point increased significantly to $75 (IQR=50-100, n=41) compared to $50 in 2019 (IQR=33-50, n=50, *p*<0.001), as did the price per gram at $500 (IQR=350-900, n=13) compared to $300 in 2019 (IQR=265-300, n=20, *p*<0.001) (Figure 20).

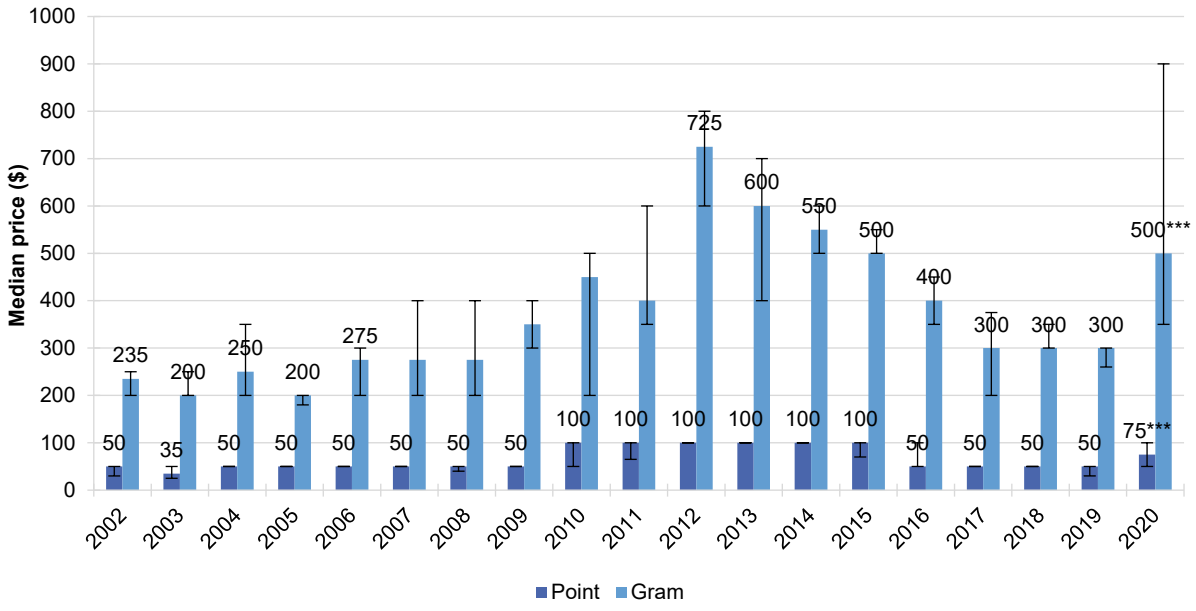
Perceived Purity: Among those who were able to comment in 2020 (n=58), the purity of crystal was most commonly perceived as 'low' (45%), a significant increase from 16% in 2019 (*p*=0.001). Nineteen per cent perceived purity as 'high' (26% in 2019, *p*=0.432), 19% as 'medium' (34% in 2019, *p*=0.095) and 17% as 'fluctuating' (24% in 2019, *p*=0.517) (Figure 21).

Perceived Availability: Among those who were able to comment in 2020 (n=61), most reported that it was 'difficult' (39%) to obtain (6% in 2019, *p*<0.001), 23% reported it was 'easy' to obtain (26% in 2019, *p*=0.833), 20% reported it was 'very difficult' (no participants in 2019, *p*<0.001), and 18% reported it was 'very easy' (68% in 2019, *p*<0.001) (Figure 22).

Methamphetamine Base

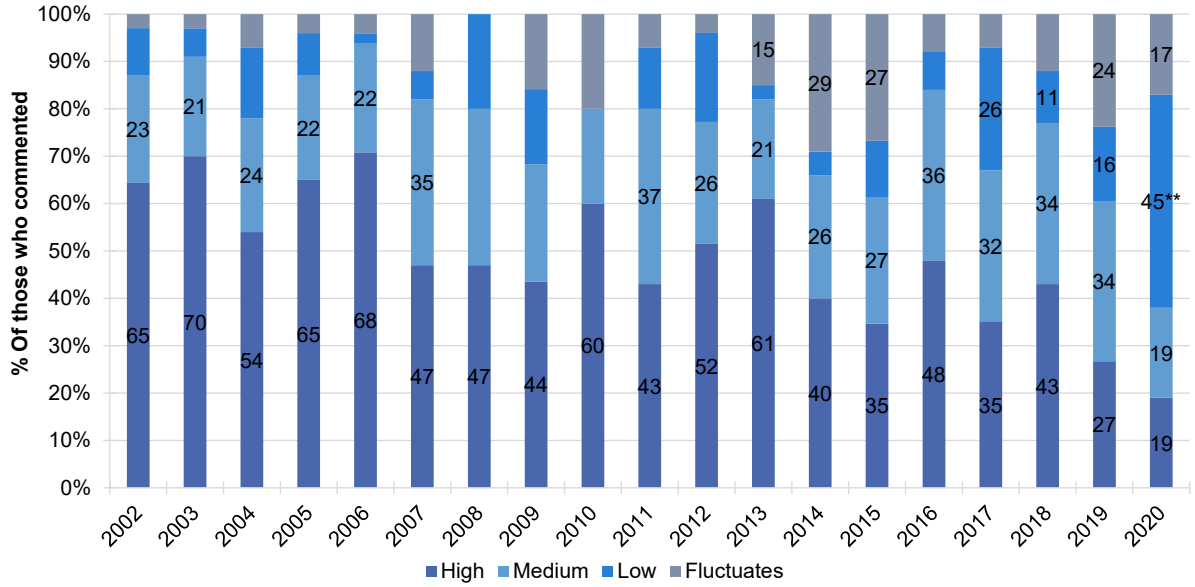
Questions pertaining to the price, perceived purity and availability of methamphetamine base were not asked of participants in 2020. For further information, please refer to the 2019 IDRS Queensland Report, or the 2019 IDRS National Report.

Figure 20: Median price of crystal methamphetamine per point and gram, Queensland, 2002-2020



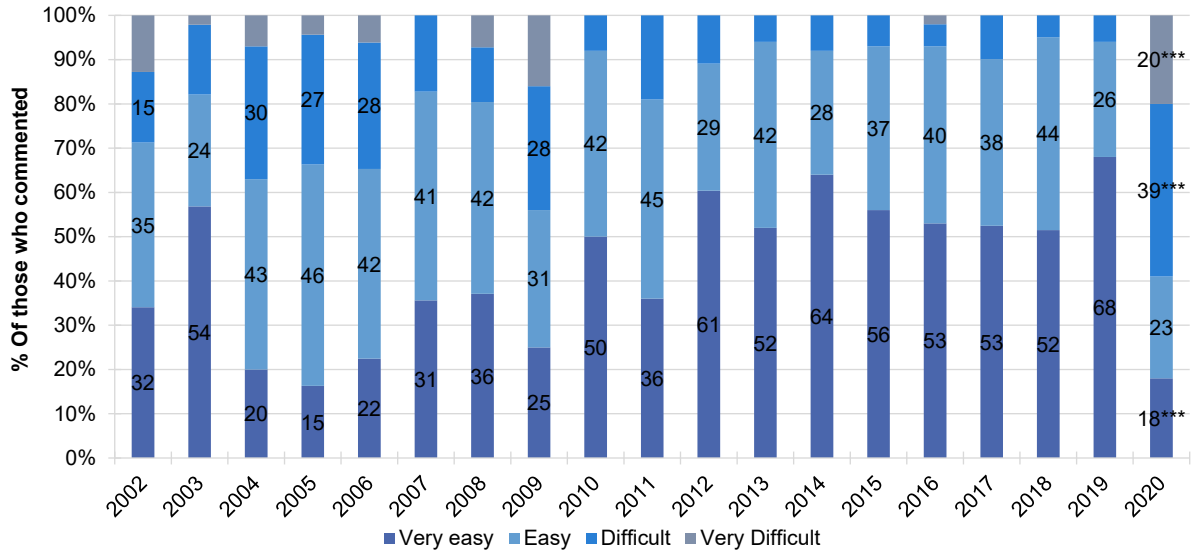
Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 21: Current perceived purity of crystal methamphetamine, Queensland, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 22: Current perceived availability of crystal methamphetamine, Queensland, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Patterns of Consumption

Recent Use (past 6 months)

In 2020, 19% of participants reported having recently used cocaine, compared to 10% in 2019 (p=0.089) (Figure 23).

Frequency of Use

The median number of days used in the last six months remained stable at three days (IQR=1-6), compared to the number of days in 2019, which was also three days (IQR=2-5, p=0.647) (Figure 23).

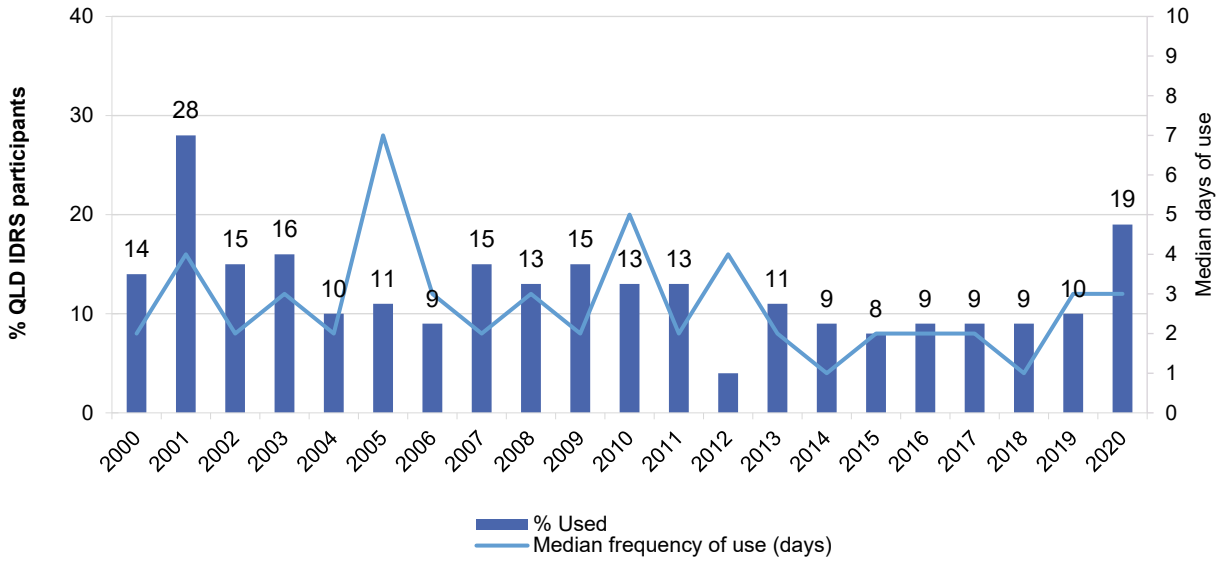
Routes of Administration

Among participants who had recently used cocaine, the most frequent routes of administration in 2020 were snorting (95%) and injecting (21%), compared to 73% (p=0.249) and 64% (p=0.047), in 2019, respectively.

Quantity

Of those who reported recent use and responded (n=15), the median typical amount used per day was 0.20 grams (IQR=0.10-0.40) (1.30 grams in 2019; IQR=0.40-1.60, p=0.020).

Figure 23: Past six month use and frequency of use of cocaine, Queensland, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked of participants in 2020. For further information, please refer to the 2019 IDRS Queensland Report or the 2019 IDRS National Report.

6

Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), as well as hashish and hash oil.

Patterns of Consumption

Recent Use (past 6 months)

The proportion of participants using cannabis has remained stable in recent years, with 64% reporting recent use in 2020 and 65% in 2019 (Figure 24).

Frequency of Use

The median number of days cannabis was used in the last six months was 72 days (IQR=12-180), increasing but not significantly so from 60 days (IQR=10-180) in 2019 (p=0.671). Among those who had used cannabis recently, 30% used it daily, compared to 31% in 2019 (Figure 24).

Routes of Administration

Among those who had recently used cannabis, most (98%) reported smoking it in the last six months (100% in 2019, p=0.952). Few participants (n≤5) reported inhaling/vaporising (8% in 2019, p=0.613) and swallowing (n≤5 in 2020 and 2019, respectively).

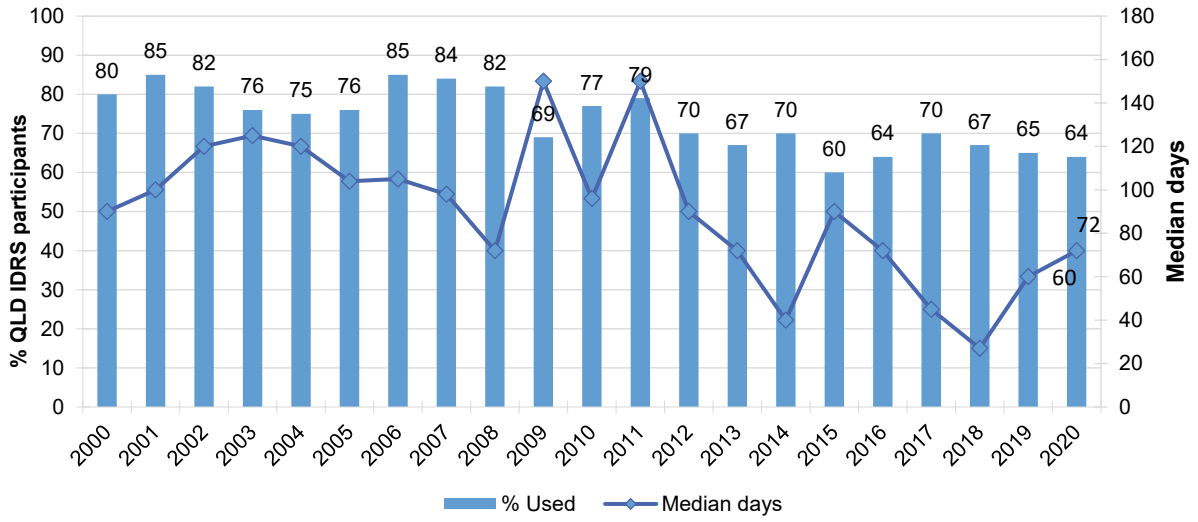
Quantity

Of those who reported recent use, the median quantity used on last occasion was one gram (n=23, IQR=0.50-3.00) versus one gram in 2019 (IQR=1-2, p=0.711), or three cones (n=21, IQR=1-5) versus three cones in 2019 (IQR=2-5, p=0.169) or one joint (n=13, IQR=1-1), one joint in 2019 (IQR=1-2.5, p=0.040).

Forms Used

Among those who had recently used cannabis and were able to comment (n=62), nearly all (94%) had used hydroponic cannabis in the last six months (96% in 2019, p=0.884); 44% had used bush cannabis (48% in 2019, p=0.753), while smaller numbers had used hash oil (n≤5 versus 14% in 2019, p=0.054) and hashish (8% versus 9% in 2019).

Figure 24: Past six month use and frequency of use of cannabis, Queensland, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis in 2020 remained stable at $20 (IQR=15-25, n=13; $20 in 2019, IQR=20-20, p=0.331); the median price per ounce also remained stable at $300 (IQR=280-381, n=20; $300 in 2019, IQR=280-300, p=0.131) (Figure 25).

Perceived Potency: Among those who were able to comment in 2020 (n=43), over half perceived the strength of hydroponic cannabis as 'high' (51%; 53% in 2019), 30% reported it as 'medium' (29% in 2019) and only a small proportion (n≤5) as 'low (6% in 2019), with the remaining participants reporting it as 'fluctuating' (14%; 12% in 2019) (Figure 26).

Perceived Availability: Among those who were able to comment in 2020 (n=43), most participants reported that it was 'easy' (44%; 35% in 2019, p=0.474) or 'very easy' (33%; 47% in 2019, p=0.234) to obtain hydroponic cannabis, with the remaining perceiving it as 'difficult' (19%; 18% in 2019), and only a few (n≤5) 'very difficult' (0 in 2019, p=0.418) (Figure 27).

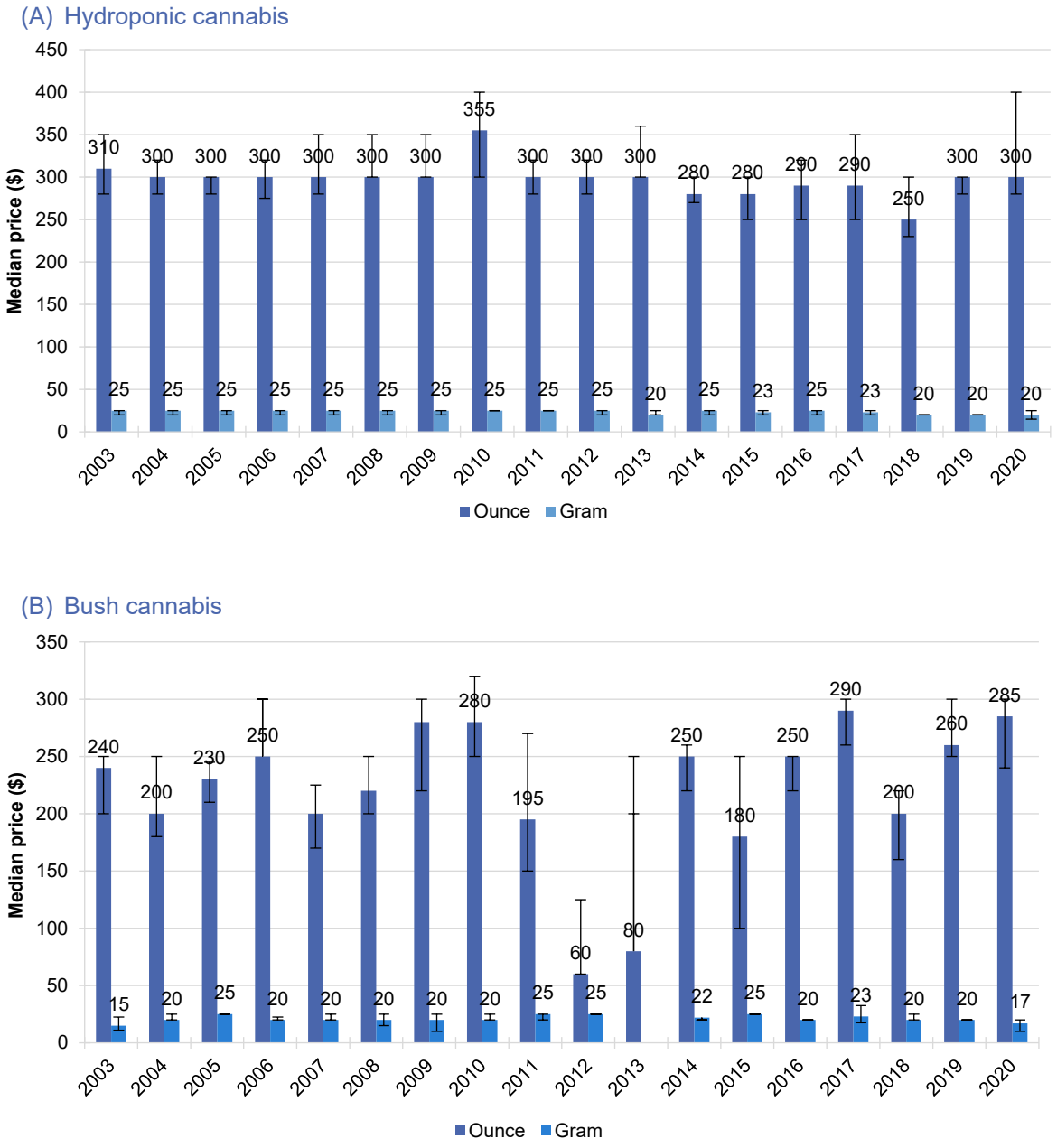
Bush Cannabis

Price: The median price per ounce of bush in 2020 was $285 (IQR=245-300, n=11) compared to $260 in 2019 (IQR=250-295, p=0.695) (Figure 25).

Perceived Potency: Among those who were able to comment in 2020 (n=17), the strength of bush was perceived as 'high' (41%; 24% in 2019, p=0.400), 'medium' (29%; 36% in 2019, p=0.912), 'fluctuating' (18%; 20% in 2019) and 'low' (12%; 20% in 2019, p=0.779) (Figure 26).

Perceived Availability: Among those who were able to comment in 2020 (n=17), most participants perceived that it was 'easy' (41%; 39% in 2019). Thirty-five per cent perceived it as 'difficult' (23% in 2019, p=0.599), 12% 'very easy' (39% in 2019, p=0.119) and 12% 'very difficult' (0 in 2019, p=0.293) (Figure 27).

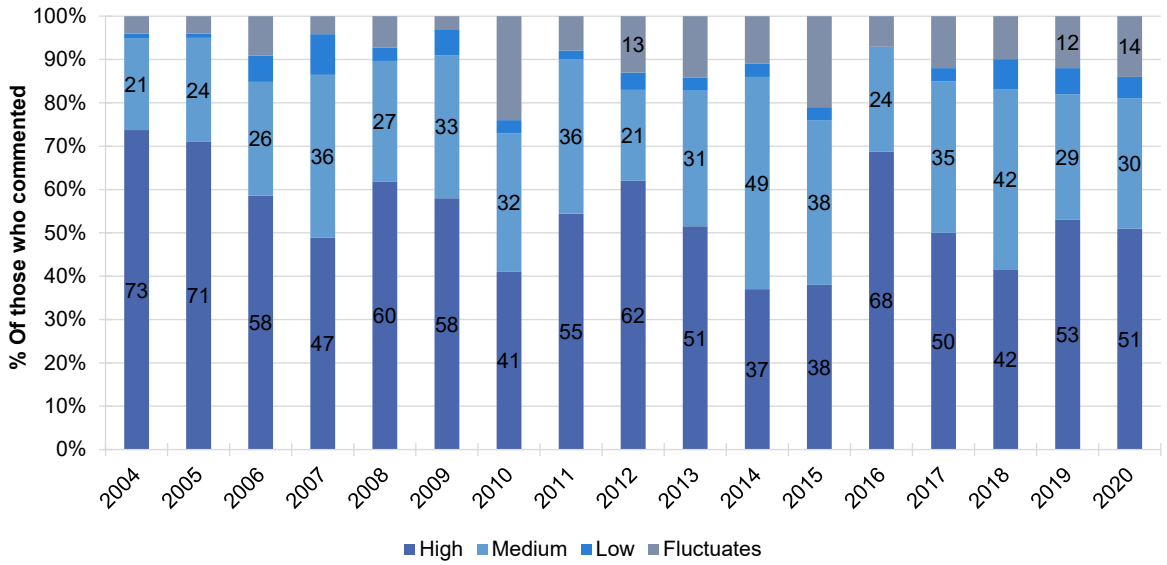
Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Queensland, 2003-2020



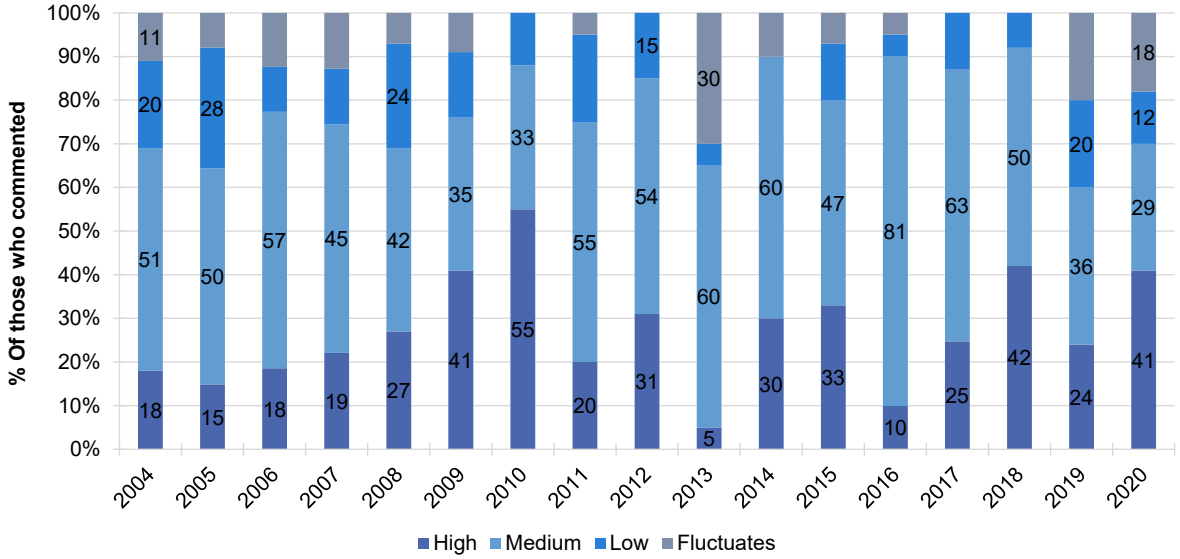
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 26: Current perceived potency of hydroponic (a) and bush (b) cannabis, Queensland, 2004-2020

(A) Hydroponic cannabis



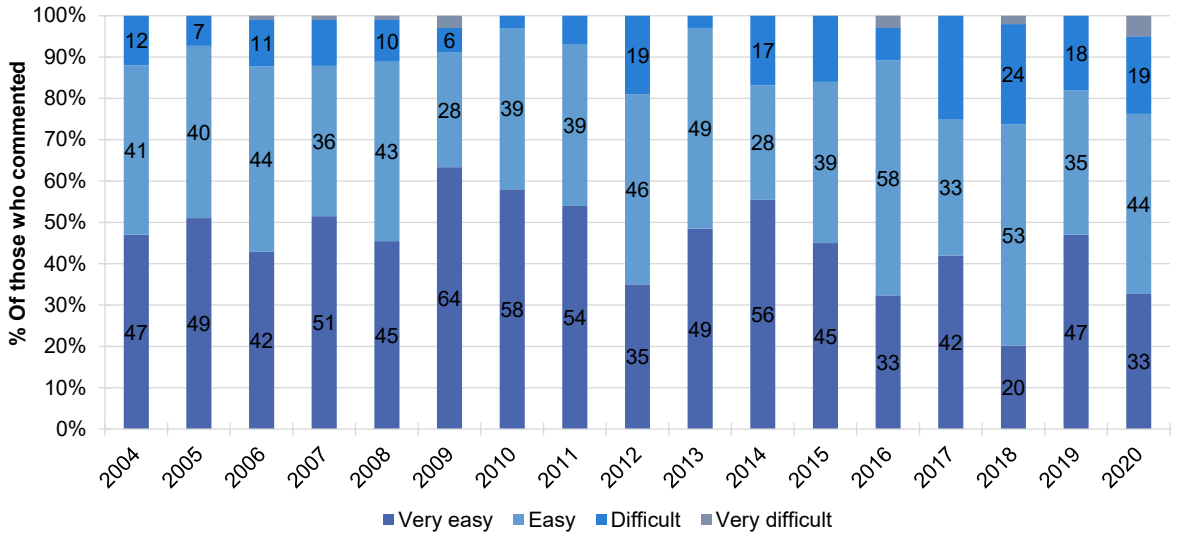
(B) Bush cannabis



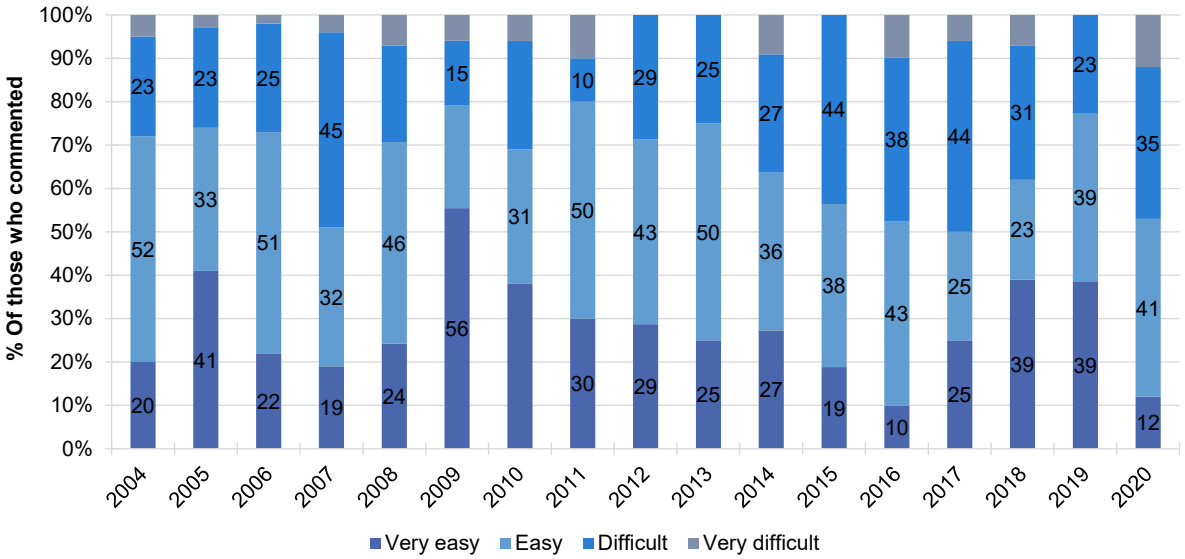
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 27: Current perceived availability of hydroponic (a) and bush (b) cannabis, Queensland, 2004-2020

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

7

Pharmaceutical Opioids

The following section describes rates of recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed Use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-Prescribed Use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any Use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

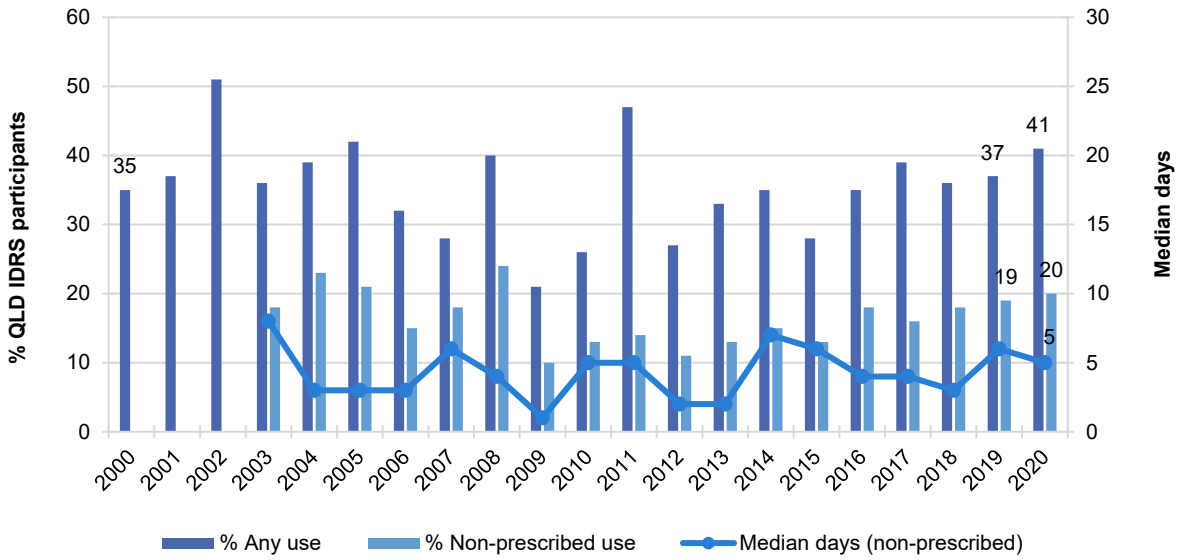
Methadone

Any Recent Use (past 6 months): In 2020, 41% of participants reported any use of methadone in the last 6 months, remaining stable from 2019 where 37% reported any recent use (p=0.642). Recent prescribed use was reported by 26% of participants, remaining stable from 2019 (26%). Recent non-prescribed use was reported by 20% of participants, also remaining stable from 2019 (19%, p=0.975) (Figure 28).

Frequency of Use: The median days used for non-prescribed methadone was five days (IQR=2-31), compared with six days in 2019 (IQR=3-42, n=18; p=0.625) (Figure 28).

Recent Injection: Of those who had recently used any methadone (syrup or tablets) in 2020 (n=40), half (50%) of recent consumers reported recently injecting any methadone, compared with 65% in 2019 (p=0.258). The median days methadone was injected was 18 days (IQR=4-78), compared to 13 days in 2019 (IQR=3-66, p=0.617).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, Queensland, 2000-2020



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and 30 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

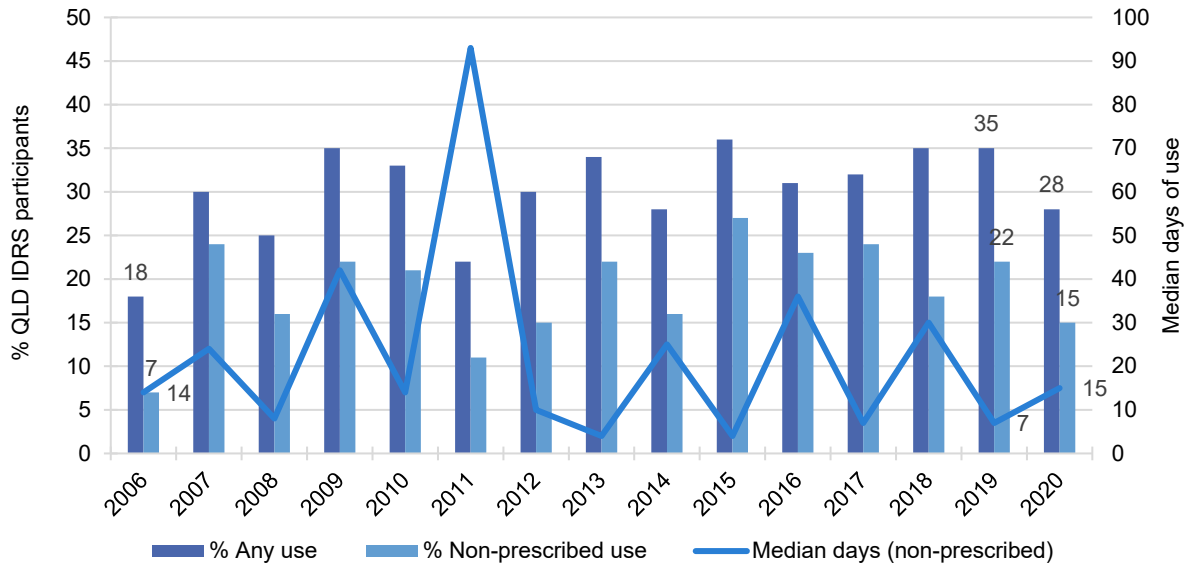
Buprenorphine-Naloxone

Any Recent Use (past 6 months): In 2020, 28% of participants reported recently using buprenorphine-naloxone, compared with 35% in 2019 (p=0.326). Recent prescribed use was reported by 13% of participants, compared to 20% in 2019 (p=0.254). Recent non-prescribed use was reported by 15% of participants, whereas 22% reported non-prescribed use in 2019 (p=0.291) (Figure 29).

Frequency of Use: Participants reported a median of 15 days of non-prescribed use (IQR=2-27) of buprenorphine-naloxone in the past six months (7 days in 2019; IQR=3-30; p=0.952) (Figure 29).

Recent Injection: Of those who had recently used buprenorphine-naloxone, 59% reported any recent injection, stable from 2019 (58%). The median days buprenorphine-naloxone was injected was 25 days (IQR=13-163), compared with 22 days in 2019 (IQR=8-90, p=0.812).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, Queensland, 2006-2020



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 50% and 100 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

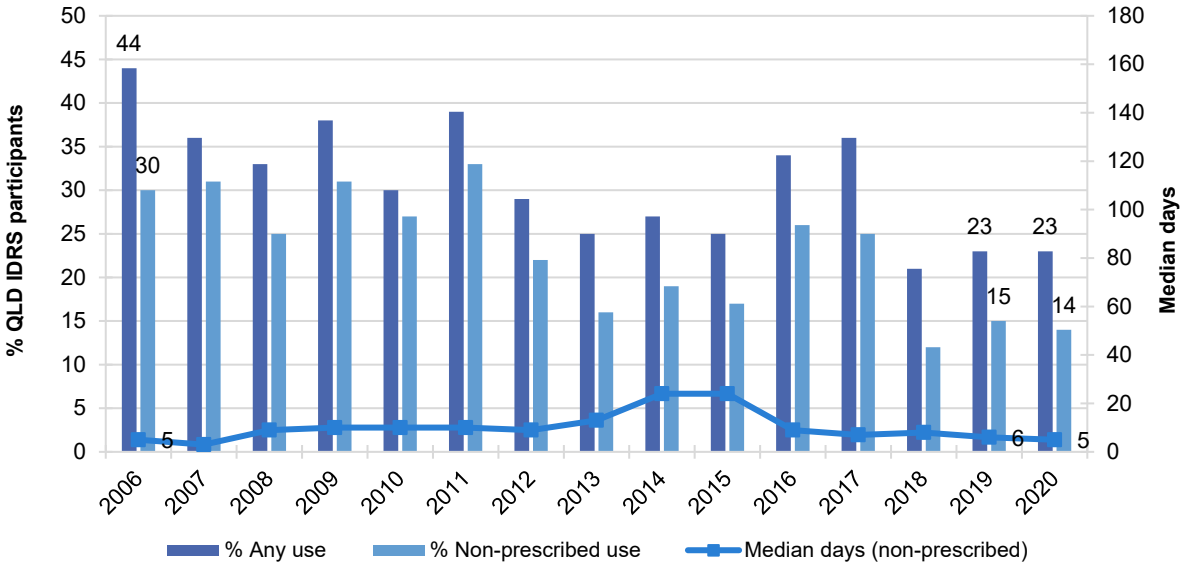
Buprenorphine

Any Recent Use (past 6 months): Although prescribing practices have shifted towards buprenorphine-naloxone in recent years, the use of buprenorphine alone was still common in Queensland in 2020, with 23% reporting any recent use, stable from 23% in 2019. Ten per cent of participants reported recent prescribed use (12% in 2019, *p*=0.863) and recent non-prescribed use was reported by 14% of participants (15% in 2019) (Figure 30).

Frequency of Use: Participants reported a median of five days of non-prescribed use (IQR=2-21) of buprenorphine in the past six months (6 days in 2019; IQR=4-12; *p*=0.661) (Figure 30).

Recent Injection: Of those who had recently used buprenorphine, 61% reported any recent injection, stable from 2019 (64%). The median days buprenorphine was injected was 14 days (IQR=2-180), compared with 22 days in 2019 (IQR=5-94, *p*=0.615).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine, Queensland, 2006-2020



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 50% to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

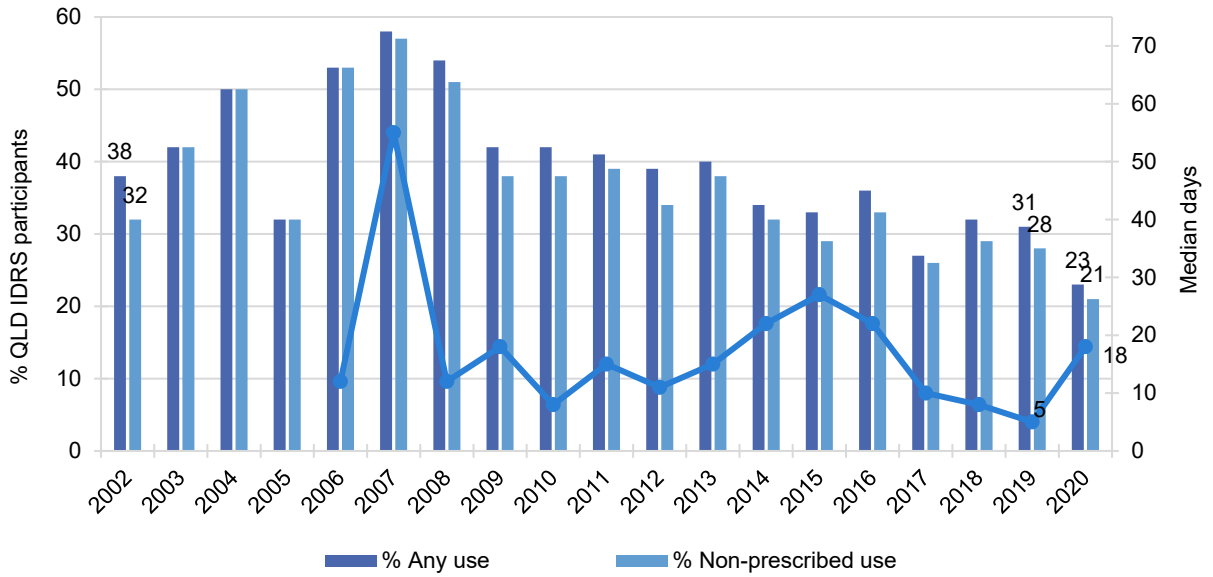
Morphine

Any Recent Use (past 6 months): In 2020, 23% of participants had recently used any morphine, compared with 31% in 2019 (*p*=0.225). Recent prescribed use was reported by few participants (n≤5) (6% in 2019, *p*=0.360), while recent non-prescribed use was reported by 21% in 2020 (28% in 2019, *p*=0.322) (Figure 31).

Frequency of Use: The median frequency of use of non-prescribed morphine was 18 days (IQR=4-105) in the previous six months versus five days in 2019 (IQR=2-45, n=29, *p*=0.178) (Figure 31).

Recent Injection: Of those who had recently used any morphine in 2020 (n=22), the majority of participants (91%) reported injecting morphine (97% in 2019; *p*=0.696). Morphine was injected on a median of 24 days (IQR=5-120), compared with 13 days in 2019 (IQR=3-48; *p*=0.318).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, Queensland, 2002-2020



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 60% and 70 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

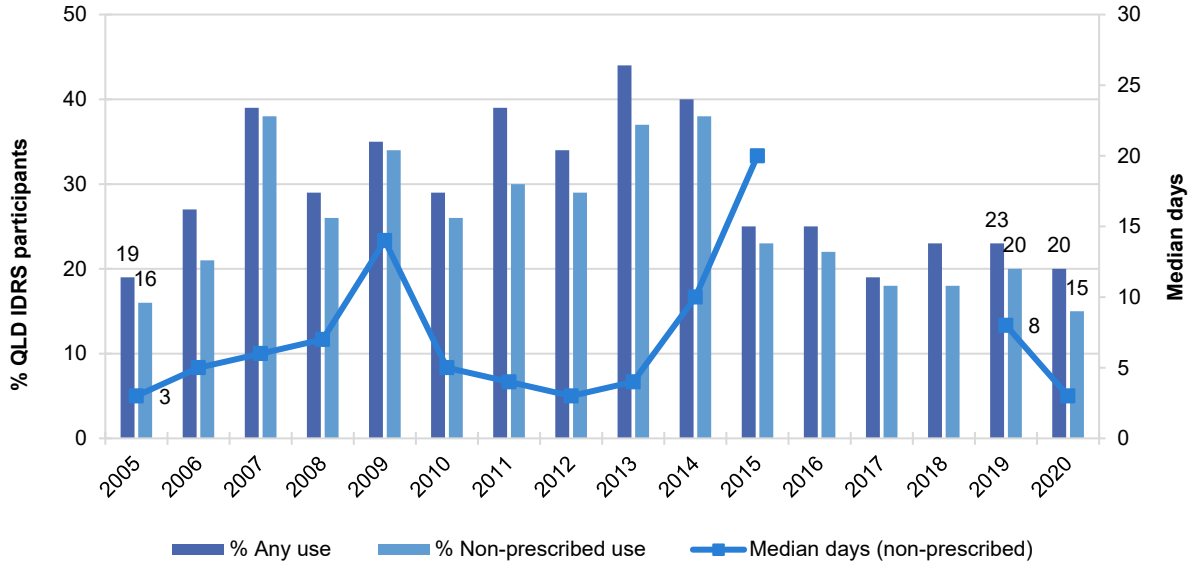
Oxycodone

Any Recent Use (past 6 months): In 2020, 20% of participants reported recently using oxycodone, compared with 23% in 2019 (*p*=0.710). Recent prescribed use was reported by few participants (n≤5). Recent non-prescribed use was reported by 15% in 2020 (20% in 2019, *p*=0.404) (Figure 32).

Frequency of Use: The median number of days of non-prescribed use of oxycodone in the last six months was three days (IQR=1-7, n=14), compared to eight days in 2019 (IQR=2-24, n=22, *p*=0.239).

Recent Injection: Of those who had recently used any oxycodone in 2020 (n=19), over three quarters (79%) reported recently injecting any form (72% in 2019; *p*=0.861) on a median of five days (IQR=2-16) in the past six months (8 days in 2019; IQR=2-23; *p*=0.467).

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, Queensland, 2005-2020



Note. Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 30 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020."

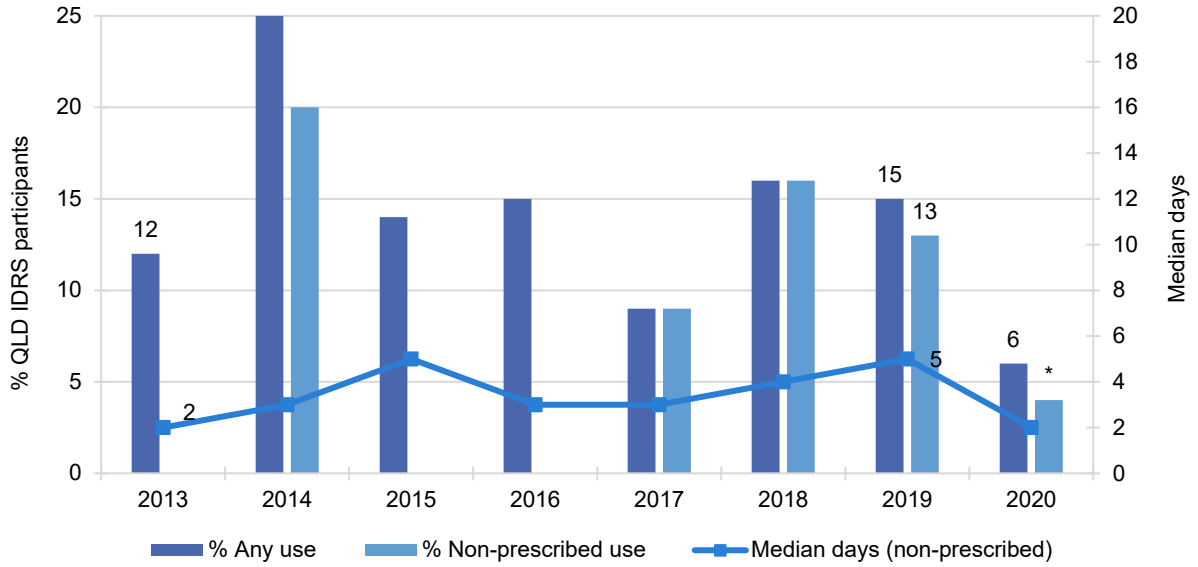
Fentanyl

Any Recent Use (past 6 months): In 2020, six per cent of participants reported recently using fentanyl, down from 15% in 2019 (although non-significant; *p*=0.081). Lower numbers (n≤5) reported using non-prescribed fentanyl in the six months prior to interview (13% in 2019, *p*=0.049).

Frequency of Use: Due to low numbers reporting on median frequency of non-prescribed fentanyl in the six months prior to interview, details have been supressed (Figure 33).

Recent Injection: Due to low numbers reporting recent injection of fentanyl in the six months prior to interview, details have been supressed (Figure 33).

Figure 33: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, Queensland, 2013-2020



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Non-prescribed use not distinguished 2013-2017 for median days. Y axis reduced to 25% and 20 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 5). In 2020, nine per cent of participants reported any recent use of codeine, compared with 18% in 2019 (*p*=0.090); seven per cent reported prescribed use, compared to 12% in 2019 (*p*=0.354). Small numbers (n≤5) reported non-prescribed recent use in 2020, therefore, numbers are suppressed. See Figure 32 in the Queensland IDRS 2019 Report for more detailed data on use of codeine. Seven per cent of participants in 2020 reported recent use of tramadol, versus 13% in 2019 (*p*=0.251). Small numbers (n≤5) reported recently using any form of tapentadol (numbers supressed). For further information, please refer to the 2020 IDRS National Report.

Table 5: Past six month use of other opioids, Queensland, 2019-2020

% Recent Use (past 6 months)	2020 (N=98)	2019 (N=100)
Codeine		
Any prescribed use	**7**	12
Any non-prescribed use	**-***	10
Any prescribed/non-prescribed use	**9**	22
Any injection (prescribed and/or non-prescribed)	**0**	-
Tramadol		
Any prescribed use	**-**	10
Any non-prescribed use	**-**	-
Any prescribed/non-prescribed use	**7**	14
Any injection (prescribed and/or non-prescribed)	**-**	-
Tapentadol		
Any prescribed use	**-**	-
Any non-prescribed use	**0**	0
Any prescribed/non-prescribed use	**-**	-
Any injection (prescribed and/or non-prescribed)	**-**	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

8

Other Drugs

New Psychoactive Substances (NPS)

NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.

In 2020, five per cent of participants reported recent use of any NPS, compared to eight per cent in 2019 (p=0.534) (Table 6). Very low numbers (n≤5) reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Table 6: Past six month use of new psychoactive substances, Queensland, 2014-2020

% Recent Use (past 6 months)	2014 N=100	2015 N=98	2016 N=91	2017 N=103	2018 N=103	2019 N=109	2020 N=98
'New' drugs that mimic the effects of opioids	/	/	/	0	-	4	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	-	-	3	**1**
'New' drugs that mimic the effects of amphetamine/cocaine	/	-	-	/	-	2	**2**
'New' drugs that mimic the effects of cannabis	-	-	0	-	-	2	**2**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	-	0	1	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	0	1	**1**
Any of the above	-	-	6	-	-	8	**5**

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): In 2020, 30% of participants reporting having recently used non-prescribed benzodiazepines, compared to 35% in 2019 (p=0.509). Non-prescribed benzodiazepine use has remained relatively stable over time excluding a peak in 2011 and 2013 (Figure 34).

Frequency of Use: In 2020, non-prescribed use of alprazolam and 'other' benzodiazepines was used on a median of three days (IQR=2-6, n=11; 3 days in 2019; IQR=2-10, n=22, p=0.657) and 11 days (IQR=3-48, n=20; 6 days in 2019; IQR=4-18, n=26, p=0.941), respectively.

Recent Injection: In 2020, very low numbers (n≤5) reported recent injection of benzodiazepines, therefore no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Pharmaceutical Stimulants

In 2020, very low numbers (n≤5) reported using non-prescribed pharmaceutical stimulants and thus no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

Anti-Psychotics

Very low numbers (n≤5) reported using non-prescribed anti-psychotics in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

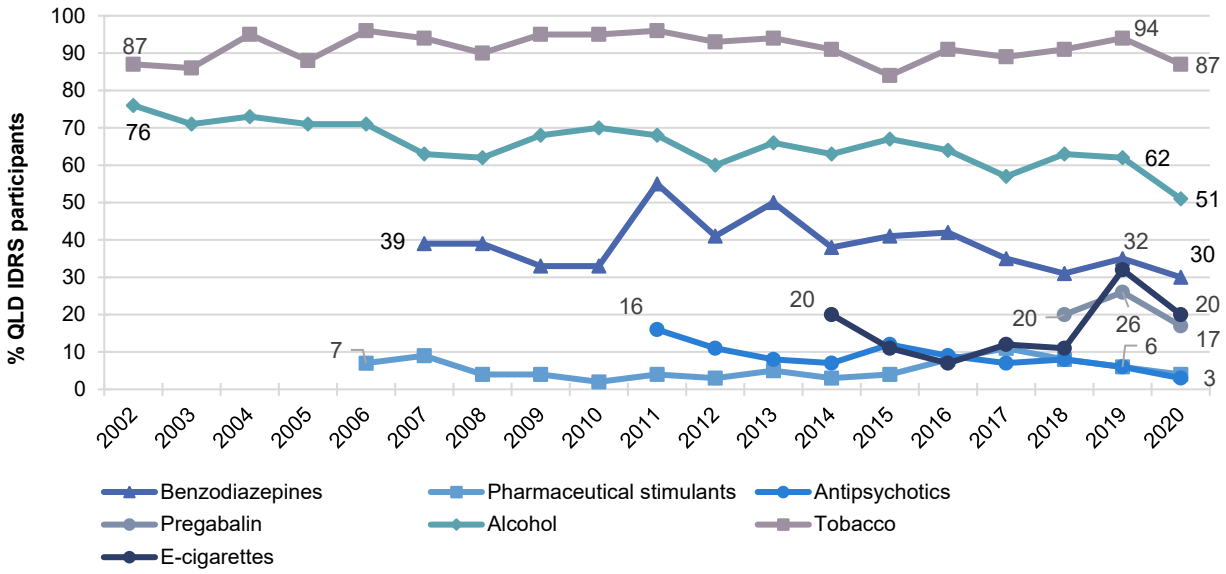
Pregabalin

Recent Use (past 6 months): In 2020, prescribed use of pregabalin was reported by 14% of participants (17% in 2019, *p*=0.802) and non-prescribed use was reported by 17% (26% in 2019, *p*=0.199) (Figure 34).

Frequency of Use: Median days of use for non-prescribed pregabalin was six days (IQR=2-12; 5 days in 2019, IQR=2-14, *p*=0.878) (Figure 34).

Recent Injection: In 2020, 18% reported recently injecting pregabalin, whereas no participants reporting injecting pregabalin in 2019 (*p*=0.092).

Figure 34: Past six month use of other drugs, Queensland, 2002-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e., n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Licit and Other Drugs

Steroids

No participants reported use of steroids in the last six months (Figure 34). For further information, please refer to the 2020 IDRS National Report or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): In 2020, 51% of participants had recently used alcohol, compared to 62% reporting use in 2019 (*p*=0.131) (Figure 34).

Frequency of Use: Median days used in 2020 was 12 days (IQR= 5-30; 20 days in 2019, IQR= 6-48, *p*=0.384).

Tobacco

Recent Use (past 6 months): Eighty-seven per cent of participants reported recent use of tobacco in 2020, compared to 94% in 2019 (*p*=0.153) (Figure 34).

Frequency of Use: Median days of use was 180 days (IQR=180-180, consistent with 2019), with 89% of recent tobacco consumers reporting daily use (87% in 2019, *p*=0.820).

E-cigarettes

Recent Use (past 6 months): The proportion of participants who reported recent use of e-cigarettes in 2020 was 20%, compared to 32% in 2019 (*p*=0.081) (Figure 34).

Frequency of Use: Median days of use was 180 days (IQR=24-180) an increase from 20 days in 2019, IQR=2-90, *p*=0.007). In 2020, 53% of participants who had recently used e-cigarettes reported doing so daily, compared to 20% in 2019 (*p*=0.031).

Forms Used: Of those who reported e-cigarette use in the last six months and responded (n=20), 85% reported that the e-cigarettes contained nicotine. No participants reported e-cigarettes contained cannabis, and few participants (n≤5) reported e-cigarettes contained neither cannabis nor nicotine, and few participants (n≤5) reported both cannabis and nicotine were present.

Reason for Use: Of those who reported e-cigarette use in the last six months and responded (n=19), 42% reported using it as a cessation tool, while 58% did not.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2020, 10% of participants (n=10) reported recent use of GHB/GBL/1, 4-BD. Further questions regarding recent use of GBH/GBL/1,4-BD were not asked of participants in 2020.

Recent Injection: In 2020, very low numbers (n≤5) reported recent injection, therefore no further reporting will be included. For further information, please refer to the 2020 IDRS National Report, or contact the Drug Trends team.

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2020, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following data coding:
    - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and
    - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

In 2019, participants were explicitly queried about stimulant and 'other drug' overdose.

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below) but note that estimates may vary over time because of changed nuance in asking by drug type.

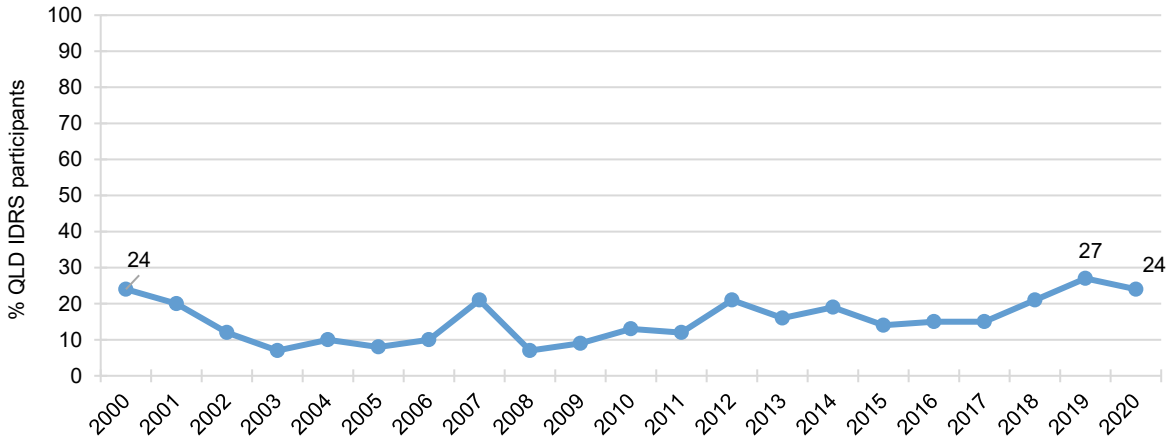
Close to one-quarter of participants (24%) reported experiencing a **non-fatal overdose for any drug** in the past 12 months, similar to the 27% reported in 2019 (p=0.633) (Figure 35). Opioid overdoses were the most common form of non-fatal overdose (18% of participants), with heroin being the drug most commonly involved (14% of opioid overdoses, 20% in 2019, p=0.351) (Table 7). Only 8% of participants reported a non-fatal overdose on a drug other than opioids; the majority of these (7%) were not stimulants.

Of those who had overdosed on an opioid in the last year (n=17), the median number of opioid overdoses in the past year was two (IQR=1-4).

Of those who reported a past year opioid overdose, 38% reported that an ambulance had attended on the occasion of their last overdose, while fewer (each n≤5) reported receiving Narcan®;, attending the hospital emergency department, or receiving CPR from a friend, partner, or peer. Over one-third (38%) reported receiving no treatment on their last occasion of overdose.

Please contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings regarding non-fatal overdose in the IDRS sample.

Figure 35: Past 12 month any non-fatal overdose, Queensland, 2000-2020



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0) *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020

Table 7: Past year non-fatal overdose by drug type, nationally and Queensland, 2015-2020

	National	Queensland					
	2020	**2020**	**2019**	**2018**	**2017**	**2016**	**2015**
% Heroin overdose	N=882 11	**N=98 14**	N=109 20	N=103 8	N=103 7	N=91 7	N=98 6
% Methadone overdose	N=881 1	**N=98 -**	N=109 0	N=98 -	N=69 -	N=91 -	N=98 0
% Morphine overdose	N=881 <1	**N=98 -**	N=109 -	N=98 -	N=62 -	N=91 -	N=97 -
% Oxycodone overdose	N=891 0	**N=98 -**	N=109 -	N=98 -	N=91 -	N=91 0	N=97 -
% Other drug overdose							
% Including stimulants	N=881 6	**8**	N=109 5	N=97 -	N=91 5	N=91 5	N=94 6
% Not including stimulants	N=883 3	**7**	N=109 -	n/a	n/a	n/a	n/a
% Any drug overdose	N=880 18	**24**	N=109 27	N=98 21	N=91 15	N=91 15	N=98 14

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers (n≤5 but not 0). n/a participants not asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: In 2020, 85% of participants indicated that they were familiar with Naloxone, a significant decrease from 2019 (94%, p=0.044).

Awareness of Take-Home Programs: In 2020, 64% of participants reported that they were aware of take home naloxone programs, compared to 69% in 2019 (p=0.552) (Figure 36).

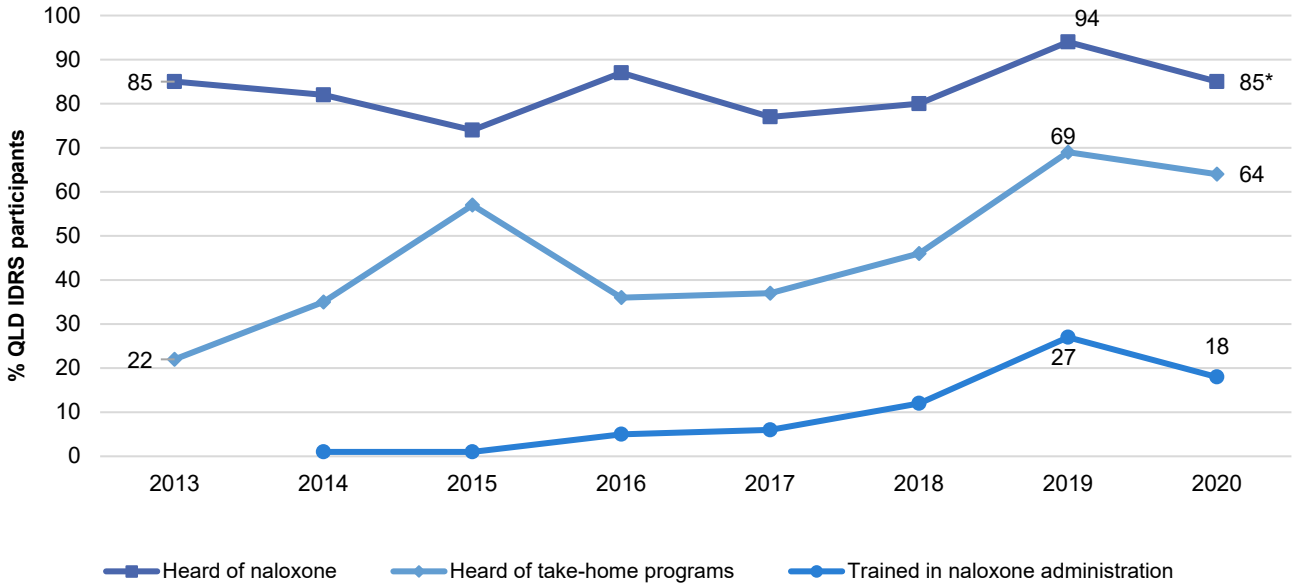
Participation in Training: In 2020, 18% of QLD participants reported that they had been trained in naloxone administration, compared with 27% in 2019 (p=0.185) (Figure 36). Of those participants who reported participating in a naloxone training program, 83% reported that the training program was located at an NSP.

Accessed Naloxone: Almost one-third (31%, n=30) of the QLD sample reported having ever accessed naloxone. Out of those who had never tried to access naloxone (n=53), reasons included 'don't consider myself/my peers at risk of overdose' (23%), 'don't use opioids' (21%) and 'didn't know you could access naloxone' (17%). Of those who reported ever accessing naloxone and commented (n=24), on the last occasion, nearly all (96%) reported last receiving intramuscular naloxone. Few participants (n≤5) reported receiving intranasal naloxone. On the last occasion, 58% of these participants accessed naloxone from an NSP, and the majority (80%) of participants reported that they did not have to pay the last time they accessed naloxone.

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded (n=80), 19% reported that they had ever resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past year opioid overdose and commented (n=16), few participants (n≤5) reported that they had ever been resuscitated by a peer using Narcan/naloxone.

Of those who reported ever accessing naloxone (n=26), half (50%) reported that they 'always' had naloxone on hand when using opioids in the past month.

Figure 36: Take-home naloxone program and distribution, Queensland, 2013-2020



Note. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Injecting Risk Behaviours and Harms

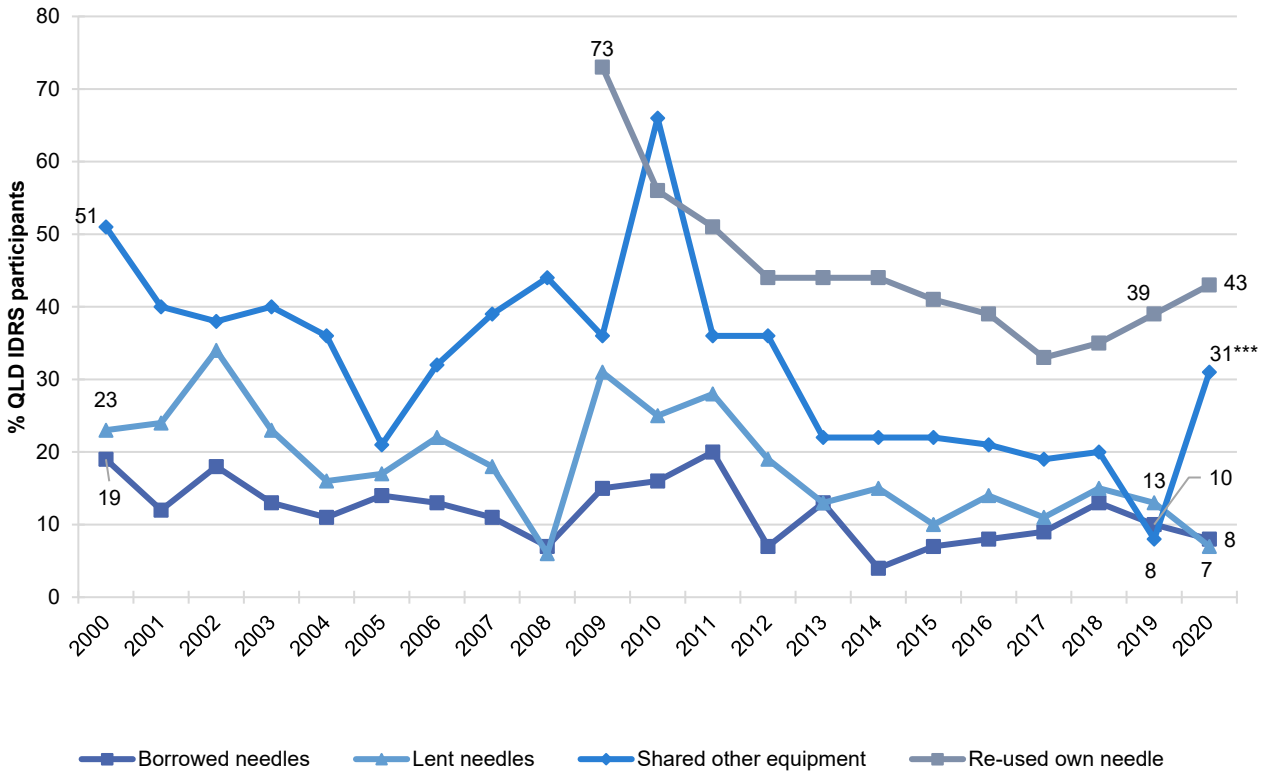
In 2020, eight per cent of QLD participants reported receptive sharing in the past month, stable from 2019 (9%). Seven per cent reported distributive sharing in the past month, compared to 13% in 2019 (p=0.272) (Figure 37, Table 8). Thirty-one per cent of participants reported that they shared other equipment, a statistically significant increase from 2019 (7%, p<0.001).

In the past month prior to interview, 34% reported that they had injected someone else after injecting themselves (41% in 2019, p=0.404), while 15% were injected by someone else who had previously injected (23% in 2019, p=0.191) (Table 8).

In 2020, 43% of participants reported re-using their own needles or syringes in the past month, compared with 39% in 2019 (p=0.722) (Figure 37, Table 8).

Most participants (83%) reported that they had last injected in a private home (77% in 2019, p=0.390). Injection in a car (7%, p=0.637) and a public toilet (6%; 14% in 2019, p=0.108) were the next most common locations (Table 8).

Figure 37: Borrowing and lending of needles and sharing of injecting equipment in the past month, Queensland, 2000-2020



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020

Table 8: Sharing and re-using needles and injecting equipment in the past month, Queensland, 2015-2020

	National	Queensland					
	2020 n=884	2020 n=98	2019 n=109	2018 n=103	2017 n=103	2016 n=91	2015 n=98
% Injecting behaviours past month							
Borrowed a needle	N=880 5	**N=98 8**	N=109 9	N=99 13	N=97 9	N=91 8	N=97 7
Lent a needle	N=875 9	**N=98 7**	N=108 13	N=99 15	N=97 11	N=91 14	N=97 10
Shared any injecting equipment ^	N=877 25	**N=97 31*** **	N=108 0	N=? 11	N=97 23	N=91 34	N=97 3
Re-used own needle	N=878 44	**N=98 43**	N=109 39	N=99 36	N=98 33	N=90 39	N=97 41
Injected partner/friend after injecting self (with either a new or used needle)	N=878 32	**N=94 34**	N=109 41	N=99 36	N=98 25	N=91 29	/
Somebody else injected them after injecting themselves (with either a new or used needle)	N=878 17	**N=95 15**	N=109 23	N=99 17	N=98 19	N=91 19	/
% Location of last injection	N=878	**N=98**	N=108	N=99	N=98	N=91	N=97
Private home	83	**83**	76	76	78	77	90
Car	45	**7**	-	-	-	6	-
Street/car park/beach	5	**-**	-	10	6	8	-
Public toilet	4	**6**	14	8	12	8	-
MSIC	3	**0**	/	/	/	/	/
Other	1	**0**	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

In 2020, one-third of participants (33%) reported an injection-related health issue in the month preceding interview, a significant decrease from 2019 (54%, *p*=0.004). This was mainly due to significantly fewer participants reporting to have experienced a dirty hit in 2020 (9%; 32% in 2019; p<0.001). Any nerve damage (23%) was the most common injection-related health issue reported by participants in 2020.

The problems most commonly identified by participants in 2020 were nerve damage (23%), and skin infection/abscess (8%). Significantly fewer participants reported experiencing a 'dirty hit' in 2020 than in 2019 (9% versus 32% in 2019, *p*<0.001).

Table 9: Injection-related issues in the past month, Queensland, 2019-2020

	2020 (N=96)	2019 (N=108)
% Artery injection	**-***	15
% Any nerve damage	**23**	23
% Any thrombosis	**-**	-
Blood clot near the surface of skin	**-**	-
Blood clot in the deep veins	**-**	-
% Any infection/ abscess	**8**	17
Skin abscess or cellulitis	**7**	16
Endocarditis	**0**	-
Another serious infection (e.g. sepsis, osteomyelitis)	**-**	-
% Dirty hit	**9*****	32
% Any injection-related problem	**33***	54

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Drug Treatment

In 2020, nearly half (47%) of participants reported that they were currently in any form of treatment for their substance use, compared to 58% in 2019 (p=0.120). Among those receiving treatment, the most common forms were methadone (21%), buprenorphine-naloxone (11%), buprenorphine (8%), and drug counselling (8% compared to 23% in 2019, p=0.007) (**Error! Reference source not found.**).

In 2020, of those not currently in treatment (n=52), one-in-five (19%) participants reported having difficulties accessing treatment in the past six months and 27% reported wanting to access treatment but not trying to. Few participants (n≤5) were able to comment on the main substances for which they were seeking treatment and the main services that they had tried to access, therefore, numbers have been suppressed. A small number of participants (n≤5) reported that they had recently tried but were unable to access drug treatment.

Table 10: Current drug treatment, nationally and Queensland, 2015-2020

	National N=884 2020	Queensland N=98 2020	N=109 2019	N=103 2018	N=103 2017	N=91 2016	N=98 2015
% Current drug treatment	48	**47**	**58**	54	54	46	39
Methadone	31	**21**	**43**	52	49	44	47
Buprenorphine	2	**8**	**14**	14	15	21	21
Buprenorphine-naloxone	8	**11**	**25**	43	25	16	18
Buprenorphine depot injection	2	**0**	**-**	/	/	/	/
Drug counselling	11	**8**	**23**	14	10	14	-
Other	4	**16**	**16**	-	0	-	-

Note. - Numbers suppressed when n≤5 (but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Mental Health

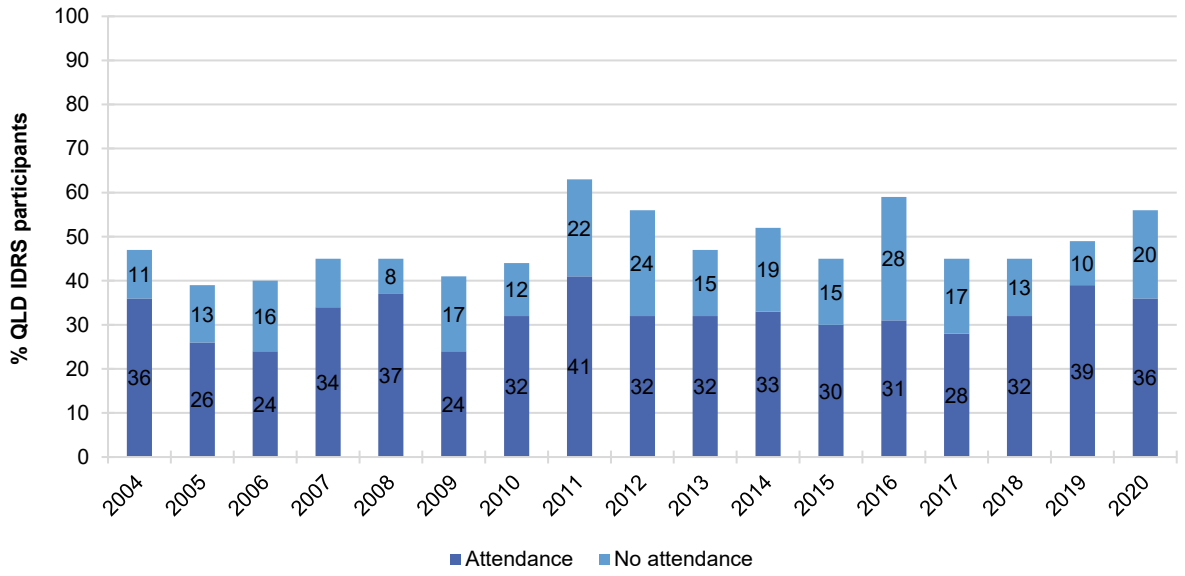
In 2020, 56% of the sample self-reported that they had experienced a mental health problem in the preceding six months compared to 49% in 2019 (p=0.348) (Figure 38).

Amongst this group, the most commonly reported problems were depression (69%), anxiety (60%), post-traumatic stress disorder (35%), bipolar disorder (22%), and schizophrenia (11%).

Just over one-third (36%) of participants (64% of those who reported a mental health problem; compared to 79% in 2019, p=0.114) had seen a mental health professional during the last six months (Figure 38).

Of those who had a mental health problem and reported seeing a mental health professional in 2020 (n=35), 66% had been prescribed medication for their mental health problem in the preceding six months, compared to 71% in 2019 (p=0.770).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, Queensland, 2004-2020



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Crime

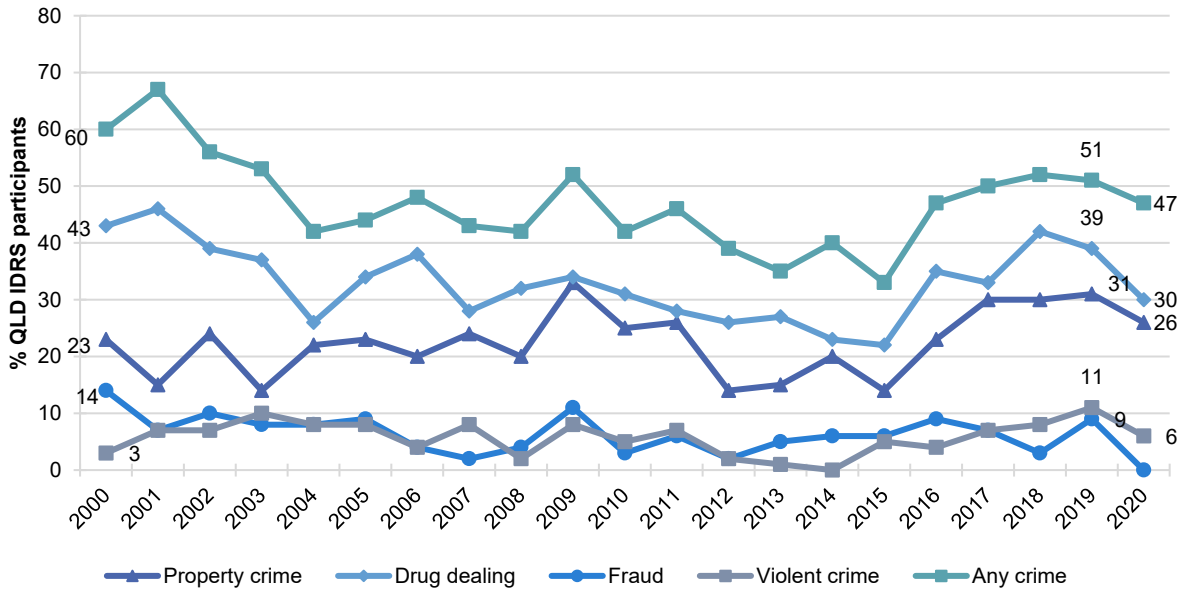
In 2020, over one-quarter (29%) of participants reported being arrested in the 12 months preceding interview, compared to 42% in 2019 (p=0.087) (Figure 39).

Over half (53%) of participants reported a history of imprisonment, compared with 65% in 2019 (p=0.106).

Selling drugs for cash profit and property crime remained the most commonly self-reported crimes in 2020, with 30% reporting drug dealing and 26% reporting property crime in the past month (39% and 31% in 2019, respectively) (Figure 39).

Fifteen per cent of participants reported being the victim of violent crime in the past month, compared to 12% in 2019 (p=0.340).

Figure 39: Self-reported criminal activity in the past month, Queensland, 2000-2020



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.