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EXECUTIVE SUMMARY QUEENSLAND IDU - IDRS – 2001

Summary of Heroin

There was a decline in the use of heroin in 2001 compared to 2000. There was a reduction in the proportion of respondents who injected heroin in the last six months. The price of heroin appeared to increase and the purity of seizures had declined. There is evidence of a decrease in availability. The above data suggest there was a heroin drought in Queensland in 2001.

Summary of Amphetamine and Methamphetamine Section

There was an increase in the use of methamphetamine use in Queensland in 2001 compared to 2000. The price of amphetamine appeared with decrease and the purity of seizures had increased in 2001 compared to 2000. The above data suggest that of amphetamine and its derivatives are readily available in Queensland. The increased availability, decrease in price, and increase in popularity indicate that methamphetamine substance use has increased.

Summary of the Methamphetamine Module

Fifty-eight of the 102 respondents agreed to complete the methamphetamine module, which was administered at the end of the interview for the main study.

Base (n = 58) – Some 78% had used base in the last six months. Street names were abundant. Most were told it was a form of amphetamine. The cost of a point ranged between \$20-50. A gram cost between \$135-350. Methamphetamine was available in crystal, paste and powder. Cutting agents included -glucose, Epsom salts, castor sugar, mda, brewing sugar, codeine. Routes of administration included injecting (72%). Effects included – rush, head buzz, increased heart rate, tingling, increased energy, increased confidence, invincibility, alertness, focused, chattiness, shortness of breath, euphoria, anxiety and vomiting.

Pure (n = 58) – Some 55% had used pure. Street names were abundant. The cost of a gram was reported at \$200. Most believed the substance was crystal methamphetamine. A point cost \$50 and a gram cost around \$200. All people who had used pure in the last six months had injected it in the last six months.

Ice (n=58) – Some 22% had used ice. Street names were abundant. Seventy per cent thought it was crystal methamphetamine. The price of a gram was between \$200-400. The price of a point ranged from \$50 to \$150 dollars. Some 92% injected the substance. Effects included – burning, dizziness, chest pains, palpitations, shortness of breath, sweats, vomiting, agitation, anxiety, scattered, migraines, headaches, paranoia, depression, lack of sleep and psychosis.

Shabu (n = 58) – Some 9% had used shabu. Street names included crystal meth, ice, shabu. The price of a point was \$50. The price of a gram was between \$250-280. Some 33% had injected and 67% had smoked the drug in the last six months. It was likened to heroin. Effects included – smacky effect, peaking, mellow, speedy, migraines and headaches.

Summary of Key Informant Information About Methamphetamine

The increased use of methamphetamine in Queensland was associated with increases in violent and property crime in Queensland. Accident and Emergency Departments reported increased in those presenting with methylamphetamine use associated problems. These problems ranged from paranoia, anxiety, depression, psychotic breakdown and violent behaviour. Clandestine laboratory seizures had increased to 112 in 2001. Placing the bulk of methamphetamine laboratory seizures for Australia occurred in Queensland. More people were using methamphetamine and the drug appears to be available under a variety of types depending on the cook, the cooking process and the types of ingredients and cooking apparatuses.

Summary of Cocaine

There was an increase in the use of cocaine in the last six months in Queensland in 2001 compared to 2000. The purity of cocaine has increased. The price of cocaine has remained relatively stable. Cocaine appeared to be more readily available. Respondents appeared to be using cocaine more and there were more respondents using cocaine in the last six months. Snorting seemed to be the most popular route of administration for cocaine use although more users were injecting compared to the previous years study.

Summary of Cannabis

There was no decrease in the use of cannabis and cannabis use remained stable among users from 2000 to 2001. The price of cannabis in higher quantities may have increased but the price in lower quantities remained stable. The potency of cannabis remained high across the two years. There was easy availability of both hydro and especially bush buds. There is a new drug on the market in Queensland – illy (see Footnote 8).

Summary of Benzodiazepines in Queensland

There was an increase in users injecting benzodiazepines from 2000 to 2001. The median number of days used increased from 5 in 2000 to 15 median days in 2001. Doctor shopping for benzodiazepines has increased. There is an increase in the access of pill filters from NSPs. Tracking devices for private pharmaceutical benzodiazepine prescriptions are inadequate. It is becoming increasingly difficult for GP's to refuse to provide prescriptions for benzodiazepines to clients who are experiencing the effects of amphetamine use.

Summary of Methadone and Buprenorphine

Methadone use remained stable across the two years. The Buprenorphine program commenced in August 2001 and attendance to the Methadone and Buprenorphine programs remained stable.

Summary of Ecstasy and Hallucinogens

In 2001 ecstasy use remained stable for those who had used in the last six months compared to 2000. Injecting ecstasy in the last six months had increased. Hallucinogen use remained stable compared to the previous year although injecting and other forms of administration had increased. The median number of days ecstasy was used in 2001 increased from the previous 2000. 2C-B is a substance mentioned by respondents and key informants (see Footnote 10).

Summary of Polydrug Use

There was a high level of poly drug use in this sample. The mean number of drugs ever used was 10 and in the last six months was seven substances. The mean number of drugs injected in the last six months was five. Some 68% stated amphetamine was the first drug injected. Some 28% stated heroin was the first drug injected. Heroin as the drug of choice dropped from 62% in 2000 to 44% in 2001. There was increased use of amphetamine and all its forms especially "base." Bush cannabis use increased from 38% in 2000 to 75% 2001. The reduction of the availability of heroin has seen the increase in the use of other substances and in polydrug use.

Summary of Heroin Drought

A heroin drought occurred in the South East Corner of Queensland during the year of 2001. This has initiated many changes in the drug market and use patterns in Queensland. The heroin drought may have commenced later in Queensland than in other states.

Summary of Criminal and Police Activity

Criminal activity has reportedly increased among our sample. Property crime has increased, self-reported drug dealing has remained stable, self reported fraud (especially credit card fraud) has increased among this group

The number of amphetamine seizures increased as did the purity of the amphetamine seized. Number of clandestine methamphetamine laboratory seizures increased to 114 in 2001 from 93 the previous year, making Queensland the state with the highest number of clandestine methamphetamine laboratory seizures.

Summary of Health-related Problems Associated With Substance Use/Misuse

The rate of IDUs who had overdosed on heroin numbers remained stable. Private homes were the most popular place to inject. The last drug used was: heroin (20%); speed (23%); cocaine (3%); cannabis (47%); benzodiazepines (9%). Needle, syringe and associated equipment use among this group indicated that most equipment was not being shared on the whole, although 2001 saw an increase in the sharing of spoons and tourniquets. There was an apparent increase in thrombosis related problems associated with injecting.

Summary of New Trends as Commented by IDU Respondents

There was a perception that users were getting younger. IDU were going back to speed and morphine because of the shortage of heroin. Increases were noted in doctor shopping for benzodiazepines.

1.0 Introduction

The Commonwealth Department of Health and Aged Care (CDHAC) commissions the National Drug and Alcohol Research Centre (NDARC) to coordinate the Illicit Drug Reporting System (IDRS) to provide data on current national and state/territory drug trends. The IDRS provides a coordinated approach to the monitoring, management, and reporting of data associated with the use of opiates; cocaine; amphetamines; cannabis, and in less detail, a variety of other licit and illicit substances. The IDRS is intended to act as a strategic early warning system, identifying emerging illicit drug problems of national importance.

The objectives of the IDRS include the collection of comprehensive data concerning patterns of illicit drug use. These data are intended to be used in ways that are relevant to policy change or practical outcomes, and provides direction for further research. This report constitutes the Queensland component of the year 2001 IDRS.

This 2001 IDRS report presents a summary of Queensland drug trends identified by the Queensland Alcohol and Drug Research and Education Centre (QADREC). It summarises information collected in Brisbane from May to September 2001. The use of a wide variety of illicit drugs including heroin, cocaine, amphetamines, ecstasy and other opiates are documented in this report. Trends in the use of MDMA (ecstasy) and other party drugs will be presented in a separate report.

An injecting drug user (IDU) survey has been implemented in all states and territories of Australia this year (2001). IDRS coordinators identify the IDU survey as a valuable component of the IDRS, as it provides a foundation for the other information that is collected through key informant surveys and indicator data. This is the third year the Queensland component of the IDRS has included an IDU survey.

1.1 Study Aims

The Queensland component of the 2001 IDRS identifies and reports current and emerging trends in illicit drug use that may require further investigation.

2.0 Method

2.1. Overview of Method

Trends in the use of illicit substances in Queensland were primarily identified on the basis of information recorded during structured interviews with 102 Injecting Drug Users (IDU) and 50 Key Informants, the latter participants were people who had frequent contact with illicit drug users during 2001. IDU participants were recruited at various NSP outlets when collecting their injecting equipment.

This year the Queensland component of the IDRS implemented additional methods of recruitment and recruited from pharmacies where sharps kits are bought. We also snowballed to IDU out of the MDMA survey. These extra recruitment strategies served to broaden the sample selection compared to previous years. To ensure data comparability across the years we compared the group from pharmacies with the other

groups in the study. We found no difference and so IDU recruited from pharmacies were included in the study.

We also recruited a small sample from a youth detention centre. When we compared this group with the other groups recruited in the same fashion as the previous year we found there were significant differences. This group of ten people was subsequently removed from the analysis and the IDU respondent sample reduced from 112 to 102. We discuss the relevant differences later in the report.

The majority of key informants were involved in either drug treatment or outreach work. A variety of existing indicator data relating to the use of illicit substances were also analysed. Consistent with IDRS protocol, IDU and key informant interviews were conducted in the major centres of South East Queensland and these included areas from the Gold Coast to Brisbane metropolitan and outer lying suburbs.

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

2.2 *Key Informant Survey*

Fifty key informants were interviewed either on the telephone (n = 20) or in person (n = 36) between May and September 2001. There were a total of 56 key informant participants. The minimum criteria for inclusion comprised at least weekly contact with illicit drug users during the six months preceding the survey and/or contact with 10 or more different illicit drug users during that period. Key informants were identified from three main sources: (1) previous connections with the IDRS; (2) people working in the drug and alcohol service delivery area including health and law enforcement; and (3) snowballing techniques from injecting drug users. Table 2.1.1 outlines the work backgrounds from which key informant interviewee's were drawn.

Table 2.2.1: Key informant interviewee working backgrounds

Drug Treatment Worker	Qld – 2001 Number of Key Informants n = 56
Methadone Worker	6
General Health Worker	2
Needle Exchange Worker	6
Multi-discipline	8
Dealers	6
User Group Rep	6
Outreach	4
Youth Worker	3
Researcher	3
Police officer	5
Pharmacist	2
Psychologist	2
General Practitioner	3
Total	56

Key informants were initially contacted either in person, in writing, or by telephone and, after obtaining initial consent were screened for their eligibility to participate. Key informants who satisfied the inclusion criteria were asked to nominate the main illicit drug used by the users with whom they had the most frequent contact during the preceding six months in order to establish the central topic of the interview.

Table 2.2.2 shows key informant interviewees' areas of expertise.

Table 2.2.2: Key informant areas of expertise

Area of Key Informant Interviewees' Expertise	Qld – 2001 Number of Key Informants n = 56
Amphetamine	25
Heroin	19
Benzodiazepines	3
Cannabis	9
Total	56

Quantitative and qualitative data such as those collected for this section of the study serve as an indicator for targeting emergent trends in the illicit drug market. Key

informants were asked how certain they were of the knowledge they provided in the questionnaire. Table 2.2.3 enables comparisons with user data and with other key informant data.

Table 2.2.3: Certainty of knowledge

Certainty of Information	Qld – 2001 n = 56 %
Very certain	75
Moderately certain	18
A little unsure	2
Very unsure	0
Not ticked	5

2.3 *Methamphetamine Module*

To supplement the data and to understand better the types of amphetamine and methamphetamine available in Queensland, and their various street interpretations, the methamphetamine module was administered where applicable. Questions related to price, purity, availability and use patterns of amphetamine and methamphetamine. A data template was created and data entered into SPSS and analysed. Results appear in the relevant section of this report.

2.4 *Other Indicators*

To supplement the data collected during the key informant survey, a number of additional data sources were accessed. Data sources were deemed suitable for inclusion if they met the following criteria:

- available at least annually
- include at least 50 cases
- provide brief details of illicit drug use in Queensland
- comparative data were available from other states territories
- were collected in the main study site (Brisbane or Queensland)
- include details on the four main illicit drugs under investigation

3.0 Injecting Drug User Survey

This year, as in the past, we used a range of recruitment strategies in order to reach those people who do not necessarily have access to education and/or assistance from NSPs. In addition to previous methods, we recruited respondents who obtain their sharps kits from pharmacies. This year we were also able to snowball out of the ecstasy survey to those who were injecting and using needle syringe programs. Additionally we were able to access a population who would not normally be included in this study but who met the criteria for eligibility¹ - youths in detention centres. We were able to access this population because of a close working relationship between QADREC and Correctional Services in particular Youth Detention Services. IDU participants were able to volunteer to participate. Verbal and/or written consent was obtained at the time of interview and reimbursement for participation was made into IDU participant trust accounts, which are kept at the centre. The interview technique, the interview schedules content and the rapport developed with the interviewer (who works at the Detention Centre) served as a catalyst for further interventions with this group. Following data entry we then examined comparability across group from the previous years. These tables showed that detention centre sample was young, was a very heavy illicit drug-using group, and were predominantly using amphetamine and all its derivatives. We decided to remove this sample from study's main analysis because they were manifestly different from the rest of the group. They will be considered separately.

IDU participants were administered a face-to-face structured interview by one of the interviewers in a private interview room. The interviews lasted between 45 minutes to one hour. Data were then entered into SPSS for Windows 10.3. Verbal text comments were also categorised and coded into SPSS.

3.1 Interviewers

This year, we recruited interviewers using a variety of methods and ensured a mix of male and female interviewers from backgrounds such as anthropology, psychology, sociology, and public health. Interviewers were given an initial training session plus peer training sessions for the new recruits. We also enlisted workers who were already working at various NSP outlets and Alcohol and Drug related services. These were on the Gold Coast and in Brisbane. Some work involved recruiting from special groups such as gay men and women, sex workers and people in youth detention. In effect we set up a sustainable team of interviewers at various centres related to drug and alcohol issues.

¹Eligibility criteria include:

- a. At least monthly injection during the previous six months (i.e., regular injectors);
- b. Residence in the capital city in which the study is being conducted for the least the preceding 12 months. It must be 12 months so that the subject can talk about what has happened in the illicit drug market in the preceding six months and compare it to the six months before that (the focus of the interview schedule).

4.0 Demographics

4.1 Age, Gender, Employment Status and Recruitment Sites

The age of the respondents ranged from 14 to 58 years. Table 4.1.1 shows the age, gender, and service delivery outlet where the IDU were reached. Of particular interest this year is that we were able to (1) snowball out of the ecstasy study and (2) recruit from pharmacies.²

Table 4.1.1: Number of male and female IDU recruited from each NSP outlet and age data for male and female IDU participants stratified by recruitment site and for the entire IDU sample (n = 102)

	QUIVAA and BYS	Biala	Inala and YFS	Gold Coast	Snow- balling	Pharmacies	Total
Females							
n	6	6	7	8	9	5	41
Minimum age	14	19	17	20	18	20	14
Maximum age	36	36	29	43	40	32	43
M	25.5	24.7	23.4	31.4	26.2	23.0	26.02
SD	8.6	5.9	4.2	9.6	7.6	5.2	7.41
Males							
n	14	12	7	9	11	8	61
Minimum age	20	19	23	20	17	20	17
Maximum age	57	42	35	37	43	58	58
M	32.6	26.0	29.4	27.2	26.7	31.0	28.89
SD	12.2	6.7	4.0	5.5	8.8	11.9	9.08
Total Sample							
n	20	18	14	17	20	13	102
Minimum age	14	19	17	20	17	20	14
Maximum age	57	42	35	43	43	58	58
M	30.5	25.6	26.4	29.2	26.5	27.9	27.74
SD	11.5	6.3	5.0	7.7	8.1	10.4	8.53

The younger aged participants were “street-kids” and obtaining parental consent was not an option. The older youth were using needle syringe programs in the same fashion as those in the age group.³

²The IDRS had an honours student working in this area and she was specifically targeting IDUs who obtained their sharps from pharmacies. Fliers were prepared and included in the sharps kits, which were disseminated throughout South East Queensland. We also delivered fliers to pharmacies whose sharps kits sales were high and shop attendants distributed the flier with the sharps kit. This process occurred during the months from May to July 2001.

³The young age was a concern to interviewers. When enquiries were made about parents it appeared these participants were living on the streets and that parental consent was not an option. We acknowledge this as an

4.2 Education

Table 4.2.1 presents details of the education level reached by respondents. It indicates that, for males, 25% had finished up to grade 10, 49% had finished year 10 or 11, and 26% had finished grade 12 or more. Curiously, more females in our sample had achieved high school completion (12 years), with a majority of females in this category.

Table 4.2.1: Number and percentage of male and female IDU participants with fewer than 10 years of schooling, 10 or 11 years of schooling, and 12 years of schooling

	Qld – 2001 n = 61 Males %	Qld 2001 n = 41 Females %
< 10 years of school	25	15
10 and/or 11 years of school	49	34
12 years of school	26	51

Pearson Chi-Square = 6.687; p = 0.035.

4.3 Ethnicity

We measured people's ethnicity in a number of ways. Firstly we asked what language was spoken at home. Some 98% stated that they spoke English as their first language. We then asked what the person's first language was; the remaining 2% stated their first language was either Serbian or Vietnamese. The other question related to whether participants identified as Aboriginal and Torres Strait Islander. Fourteen per cent of the population stated they came from Aboriginal and Torres Strait Islander background.

4.4 Accommodation

In 2001 about half (51%) of the sample stated they lived in their own house or a flat and 14% stated they lived with their parents or in the family home. In 2001, of the whole sample 9% were homeless and this compared to 14% in 2000. The range of geographical areas covered in the 2001 and the varying types of recruitment were also a factor.

ethical issue in terms of duty of care. However, these children were receiving Centrelink payments for living away from home and were operating as independent individuals.

Table 4.4.1: Accommodation status

	Qld 2000 n = 101 %	Qld 2001 n = 102 %
Own house or flat	*	51
Parents/family home	*	14
Boarding house	*	9
Drug Treatment Centre	*	4
Homeless	14 ⁰	9
Other – includes caravan, dossing down with friends, hotel, with girlfriend	*	13

*Not available for previous year.

⁰The question asked in the 2000 survey was, “Are you homeless?” The question asked in the 2001 survey was, “Place of residence?” and allowed the person to tick many selections which included the list above.

4.5 Employment

Sixty-five per cent of the IDUs were not employed in 2001. The rest (35%) were either employed full-time (9%), part-time (9%), student (7%), home duties (6%), sex work (4%). Table 4.5.1 shows these percentages and compares them to the previous year.

Table 4.5.1: Current Employment Status for Queensland 2001

	Qld 2000 n = 101 %	Qld 2001 n = 102 %
Not employed	55	65
Full-time	12	9
Part-time/casual	21	9
Student	5	7
Home duties	1	6
Sex industry	7	4

4.6 Treatment Status

Some 64% of the IDU respondents in the study reported they were not receiving treatment. Some 22% percent reported they were receiving methadone treatment, 1% in detoxification, 7% in therapeutic community and 6% were receiving drug counselling. There was an apparent drop in those people who were in not treatment across the years 2000 (73%) and 2001 (64%).

Table 4.6.1: Current drug treatment status

	QLD n = 101 %	QLD 2001 n = 102 %
Not in treatment	73	64
Methadone	23	22
Detoxification	*	1
Therapeutic community	*	7
Drug counselling	*	6

*Not comparable across years.

4.7 Summary of Demographics

Table 4.7.1 compares the sociodemographic characteristics of the sample in 2001 and 2000. On most measures it is clear that the samples are similar.

Table 4.7.1: Summary of demographic characteristics of IDU for Queensland - 2001

Variable	Qld 2000 n = 101	Qld 2001 n = 102 %
Mean Age	26	28
% Female	39	41
% Male	62	61
% English speaking	100	98
% NESB	0	2
% ATSI	8	12
School education (mean years)	10	11
% Trade Technical	28	44
% University/college	18	11
% Unemployed	55	65
% Students	21	7
% Prison history	31	38
% Currently in drug treatment – yes	23	36

5.0 Overall Results

We commence the main results section with a general overview of IDU participants overall drug use patterns describing the history of use of various licit and illicit drugs, over the past six months from May through to October 2001 and this table is found in Appendix 1. While this is a table from which the reader can compare various drug categories, we extrapolate the main four drug categories – heroin, amphetamine, cocaine and cannabis – in the following drug sections and compare across years. Appendix 2 presents the same drug history table, which was developed for the year 2000 IDRS report (McAllister, 2001).

6.0 Heroin

This section reports on heroin use in 2001. These results are also compared to the 2000 IDRS study.

6.1 *Heroin Use Prevalence*

Table 6.1.1 shows that the overall percentage of respondents who had ever used heroin was 93% in 2000. In 2001 some 91% reported they had ever used heroin.

This table also shows use patterns over the past six months. In 2000, 85% had injected, whilst in 2001, 62% had injected within the last six months. Within the same six-month time period 15% had smoked heroin in 2000. When heroin use by smoking within the last six months is considered it shows that 15% smoked heroin in 2000 whereas 8% had smoked heroin within the last six months in 2001. A similar pattern emerged for snorting heroin within the last six months with 4% who had snorted in 2000 compared to 1% in 2001. There appears to be a decline in the use of heroin in 2001, the median number of days used within the last six months being 100 days in 2000 compared with 70 days for the year 2001.

Table 6.1.1: Heroin drug use history of the IDU sample (n = 102), including the percentage of IDU who reported having ever used heroin, who had ever and recently injected, smoked, snorted, or swallowed that substance and the median number of days that recent users reported having used that substance during the six months preceding the survey

Heroin	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	93	91
Ever injected	98	90
Injected in last six months	85	62
Ever smoked	59	44
Smoked in last six months	15	8
Ever snorted	19	15
Snorted in last six months	4	1
Ever swallowed	27	23
Swallowed in last six months	10	6
Used in last six months	86	62
Median number of days used in last six months	100	70

6.2 *Routes of Administration of Heroin Among IDU*

Table 6.2.1 provides a gender breakdown of routes of administration for heroin.

Of the 102 persons in our sample 93 (91% of the total sample) had ever used heroin. Of the 93 heroin users, 37 (47%) were women and 56 (60% of users) were male.

When we examine injecting as a route of administration, 97% of the women who had used heroin reported ever injecting and 68% reported they had injected heroin in the last six months. This compared with 98% of men who report having ever injected and 68% who reported injecting in the last six months.

Comparing injecting as a route of administration for men and women we note that the proportions are effectively identical. When we examine male and female differences in the other routes of administration (smoking, swallowing, snorting heroin) there are no major differences between the sexes.

Table 6.2.1: Prevalence of various routes of administration of heroin expressed as percentages of female and male IDU who have ever used heroin (n = 93) and IDU reports of the frequency of their use of heroin during the six months preceding the survey

	Qld – 2001 Total Number of Female % n = 37	Qld – 2001 Total Number of Male % n = 56	Qld – 2001 Total Number % n = 93
Proportion of Those Having Ever Used Heroin			
Ever injected	97	98	98
Injected in last six months	68	68	68
Ever smoked	51	46	48
Smoked in last six months	11	7	9
Ever swallowed	19	29	25
Swallowed in last six months	5	7	7
Ever snorted	16	16	16
Snorted in last six months	0	2	1

6.3 *Frequency and Patterns of Drug Use of Heroin Users*

Table 6.3.1 shows the frequency of other drug use, by respondents (n = 45) who identified heroin as their drug of choice in 2001. We then compare these findings to the results in 2000.

Within the past six months 43 of the 45 respondents whose drug of choice was heroin had used it. A similar number had also used tobacco products (n = 43) 96% during this time period. A large proportion had used benzodiazepines (n = 39) 87%; cannabis (n = 37) 82%, and alcohol (n = 32) 71%; during this time period. Thirty respondents (67%) had also used amphetamines within the past six months. A large proportion had also used benzodiazepines, and the majority had also used methadone and morphine. It is clear the vast majority of those who had nominated heroin as their drug of choice had also used a wide variety of legal and illicit drugs over the same period. It is also relevant to examine the frequency of usage of particular drugs over this period of time.

The median number of days of those who nominated heroin as their drug of choice ranged (in order from high to low) from tobacco (180 days); heroin (90 days); cannabis (60 days); methadone (60 days); amphetamines (22 days); antidepressants (6 days); benzodiazepines (15 days); with other substances ranging from 2 – median days used in the last six months.

In Table 6.3.3 we examine the 2000 pattern of heroin use in the sample who reported heroin was their drug of choice. In 2000, 63 respondents reported that heroin was their drug of choice. The pattern of multi-drug use observed in 2001 is also evident in 2000, the proportion of heroin users using other drugs remains similar across 2000

and 2001. Key informants reported that heroin users commonly supplemented their use of heroin with several other substances.⁴

Out of the (Table 6.3.2) 25 females and the 38 males (total n = 63) who stated they had used heroin within the last six months, median number of days used was 90 days for females and 65 days for males.

Table 6.3.1: 2001 sample number and percentage of those IDU who nominated heroin as their drug of choice (n = 45) and who also reported using various other licit and illicit substances at least once during the six months preceding the survey, and measures of central tendency and dispersion summarising the number of days those participants used each substance during that six-month (180-day) period

	n	%	Minimum	Maximum	Median	M	SD
Heroin	43	96	2	180	90	93.1	61.8
Methadone	27	60	1	180	60	89.1	83.3
Morphine	26	58	1	48	5	9.5	11.7
Other Opiates	14	31	1	160	6	28.9	47.9
Amphetamines	30	67	1	130	22	42.1	42.1
Cocaine	13	29	1	20	2	5.6	6.6
Hallucinogens	8	18	1	30	4	7.3	9.6
Ecstasy	14	31	1	20	2	5.3	5.9
Benzodiazepines	39	87	1	180	15	33.6	44.4
Alcohol	32	71	1	180	9	26.7	41.0
Cannabis	37	82	1	180	60	81.4	74.1
Anti-depressants	13	29	1	180	20	49.5	68.5
Inhalants	2	4	1	10	6	5.5	6.4
Tobacco	43	96	150	180	180	179.2	4.6

⁴One heroin user reported having inhaled paint thinners approximately every third day during the six-month period.

Table 6.3.2: Median number of days used heroin during the six months (180 days) preceding the survey

	Qld – 2001 Females n = 39 %	Qld – 2001 Males n = 61 %
Number of Days Used heroin During the Six Months (180 Days) Preceding the Survey		
n	25	38
Minimum number of days	2	1
Maximum number of days	180	180
Median	90	65
Mode	180	90
M	87.56	66.53
SD	68.25	53.86

Table 6.3.3: 2000 study - number and percentage of those IDU who nominated heroin as their drug of choice (n = 63) who also reported using various other licit and illicit substances at least once during the six months preceding the survey and measures of central tendency and dispersion summarising the number of days those participants used each substance during that six-month (180-day) period

	Number of IDU	Percentage of IDU*	Number of Days Used (1-180)			
			Mode	Median	M	SD
Heroin	63	100	180	150	123.0	60.1
Methadone	32	51	180	180	104.3	83.4
Other opiates	27	43	-	7	18.7	36.0
Amphetamines	37	59	20	20	36.4	41.7
Cocaine	6	10	2	2	5.5	7.2
Hallucinogens	13	21	-	2	4.3	4.5
MDMA	9	14	1	3	4.0	4.4
Benzodiazepines	46	73	20	20	48.4	60.6
Alcohol	44	70	2	10	22.0	38.7
Cannabis	49	78	180	80	81.9	69.3
Anti-depressants	16	25	180	67.5	92.0	72.3
Inhalants ^ø	3	5	1	1	-	-
Tobacco	55	87	180	180	177.8	16.2

*That is, percentage of those IDU participants who nominated heroin as their drug of choice.

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

6.4 *Price, Purity and Availability of Heroin in Queensland 2000-2001*

Table 6.4.1 provides details of the respondent's perceptions of the availability of heroin and compares this with the previous year 2000.

Since 2000 there has been a modest increase in the price of a gram of heroin from \$350 in 2000 to \$450 in 2001. More respondents in 2001 indicated that the price on the street per gram had increased. The price of a cap of heroin had remained the same for 2001 and 2002 at around \$50 per cap.

Respondents reported on their experiences with price changes. For 2001, 46% stated the price had increased and this compared to a mere 4% who had stated the price had increased in 2000. Some 27% stated the price had remained stable and this compared to 52% in 2000. Seventeen percent of respondents stated in 2001 the price was fluctuating and this compared to 2% in 2000.

Table 6.4.3 also shows that the purity of heroin seizures for 2001 was 31% and this had declined from 2000 when purity levels stood at 51%.

IDU were then asked about the availability of heroin. There was a substantial decline in the number of respondents who had reported that heroin was very easy to buy in 2001 (31%) compared to the previous year (51%).

When asked about availability changes, 29% stated in 2001 that heroin had become more difficult to access and this compared to 9% in 2000.

Respondents were then asked where they "scored" heroin from. There was a decrease in the overall respondents who did not use heroin from 23% in 2000 to 12% in 2001. There was an increase in those users who were scoring from the dealer's home from 9% in 2000 to 20% in 2001. The evidence indicates an increase in difficulty in obtaining heroin and a decrease in purchases, from street and mobile dealers.

Table 6.4.1 generally seems to confirm the evidence of a heroin drought, which has subsequently led to increases in price, fewer purchases and less use.

Each IDU respondent was asked to report the various quantities of heroin purchased in the preceding six months, and the price paid at their last purchase. Table 6.4.2 reports on quantities less than or equal to one gram of heroin. The most commonly reported price (median) for one gram of heroin in Brisbane during the latter half of 2001 was \$485. Overall prices stated ranged from \$300 and \$750 a gram.

Table 6.4.3 presents the prices reported in the 2000 IDRS study. In comparison, 2001 prices are higher than the preceding year. The median price of one gram of heroin in Brisbane during the latter half of 2000 was \$350. Overall prices stated ranged from \$220 and \$525.

Table 6.4.1: Price, purity and availability of heroin for Queensland 2001/2000

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Price (\$)		
per gram	350	450
per cap	50	50
Price Changes (% sample)		
Don't know	25	3
Decreased	17	7
Stable	52	27
Increased	4	46
Fluctuated	2	17
Average purity (%)	51	39
Availability (% sample)		
Don't know	18	6
Very easy	51	31
Easy	23	43
Difficult	6	13
Very difficult	2	7
Availability Changes (% sample)		
Don't know	22	6
Easier	21	17
Stable	49	40
More difficult	9	29
Fluctuates	0	9
Place usually score		
Don't use heroin	23	12
Street dealer	21	19
Dealer's home	9	20
Mobile dealer	38	33
Friend	9	16

Table 6.4.2: **2001 Study** – Measures of central tendency and dispersion summarising IDU reports of price paid at the time of their most recent purchase of various quantities of heroin for purchases made during the six months preceding the survey

	Cap	Rock	1/8 Gram	1/4 Gram	½ Gram	1 Gram
n	45	21	14	48	41	36
Minimum	30	30	50	100	90	300
Maximum	70	150	100	200	400	750
Mode	50	50	50	150	250	500
Median	50	50	50	135	250	485
M	50	62.86	65.36	136.67	246.71	473.75
SD	4.65	29.18	20.05	22.35	54.60	112.20

*Table 6.4.3: 2000 Study – Measures of central tendency and dispersion summarising IDU reports of price paid at the time of their most recent purchase of various quantities of heroin for purchases made during the six months preceding the survey**

	Cap	1/8 Gram	¼ Gram	½ Gram	1 Gram
N	43	19	53	52	33
Minimum	40	25	50	150	220
Maximum	70	75	150	260	525
Mode	50	50	100 ^g	200	350
Median	50	50	100	200	350
M	50.23	54.21	107.92	193.17	360.76
SD	3.44	14.09	17.82	24.91	64.81

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

^gFigures represent dollars (\$).

6.5 Summary of Heroin

- There is a decline in the use of heroin in 2001
- In 2000, 85% had injected, whilst in 2001, 62% had injected within the last six months.
- There were no significant gender differences in the ways in which heroin was administered. The only difference was that more males than females used heroin.
- A high proportion of heroin users also used tobacco, alcohol, cannabis and amphetamines.
- The price of heroin for a gram has increased from \$350 in 2000 to \$450 in 2001.
- The price of heroin for a cap has remained stable at \$50 for both years.
- The purity of heroin seizures was 51% in 2000 and in 2001 was 39%.
- The decreased availability, changes in dealing access, increase in the price of a gram and the decreased purity of heroin all indicate there was a reduction in heroin availability in Queensland during 2001.

7.0 Amphetamine⁵/Methamphetamine⁶

This section reports on amphetamine and methamphetamine use in 2001. These results are also compared to the 2000 IDRS study.

7.1 *Amphetamine and Methamphetamine Use Prevalence*

Table 7.1.1 shows that the overall percentage of respondents in this study who had ever used amphetamine was 97% in 2000. In 2001 98% had reported they had ever used amphetamines.

This table also shows use patterns over the past six months for the total respondents in the study. In 2000, 97% had ever injected, whilst in 2001, 98% had ever injected amphetamines.

When asked if injection had occurred within the last six months in 2000, 71% stated they had done so. In 2001, 85% reported they had injected within the last six months.

Respondents were then asked if they had ever smoked amphetamines. In 2000, 25% stated they had ever smoked whilst in 2001, 26% stated they had ever smoked indicating no change in whether they had ever smoked amphetamines. However, when asked if smoking amphetamines had occurred in the last six months, for the year 2000 4% stated they had smoked amphetamines within the last six months and this compared with 8% for 2001.

Apparent increases in snorting, swallowing amphetamines from 2000 to 2001 are also a possibility given the pattern in Table 7.1.1.

An increase in the overall median number of days in which amphetamines was used in 2001 is noted. In this year (2001) amphetamines was used for a median number of 50 days and this compared to the median number of days for 2001, which was 24.

Overall there appears to be an increase in the use of amphetamines in 2001 compared with 2000.

⁵“Amphetamine” is short for AlphaMethylPHENeThylAMINE, a human-made drug first created over 100 years ago. It is a powerful stimulant that triggers the central nervous system, making the person more alert and energetic.

⁶Methylamphetamine or methamphetamine is a human-made stimulant. It is similar to amphetamine but much stronger. It is to amphetamine what crack is to cocaine – it can be 90-100 per cent pure. It comes in a creamy white or sandy-coloured powder sold in wraps like amphetamine. Depending on the cooking process it can come in a range of colours from clear and colourless crystals, like glass, sold in bags. Large crystals (bombs) are bought individually wrapped in plastic film or cigarette papers (Stoppard, 2000). In Queensland methamphetamine can come in the form of base, which is the stage of the cooking process before it turns to the crystals. This form can be a brown paste or a substance that looks like brown sugar crystals.

Table 7.1.1: Amphetamine Drug Use History of the IDU Sample (n = 102) including the percentage of IDU who reported having ever used heroin, who had ever and recently injected, smoked, snorted, or swallowed that substance and the Median Number of days that recent users reported having used that substance during the six months preceding the survey

Amphetamine/Methamphetamine	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	97	98
Ever injected	97	98
Injected in last six months	71	85
Ever smoked	25	26
Smoked in last six months	4	8
Ever snorted	57	63
Snorted in last six months	9	13
Ever swallowed	71	63
Swallowed in last six months	20	26
Used in Last Six Months	74	85
Median Number of days used in last six months	24	50

7.2 Routes of administration of amphetamines among IDU

Table 7.2.1 provides a gender breakdown of routes of administration of those who had ever used amphetamines.

Of the 102 persons in our sample, 98 (96% of the total sample) had ever used amphetamines. Of the 98 amphetamine users, 39 (38%) were female and 61 (42%) were male.

When we examine injecting as a route of administration, 97% of the women had ever injected and 98% of the males had ever injected. A total number of 98 injecting drug users had ever used amphetamines. The number of females was 39 (95%) and the number of males was 61 (100%) who had used amphetamines.

Out of the proportion of those having ever used amphetamines, 98% had ever injected and 85% of these had injected amphetamines in the last six months.

Out of the 39 females, 23% had ever smoked amphetamines 13% had smoked in the last six months; ever swallowed 27%, swallowed in the last six months 31%; ever snorted 67%, snorted in the last six months 15%.

Out of the 61 males, 28% had ever smoked amphetamines, 5% had smoked in the last six months; ever swallowed 59%, swallowed in the last six months 26%; ever snorted 61%, snorted in the last six months 13%.

It is also relevant to examine the frequency of usage of particular drugs over this period of time.

Overall, while there was an increase in the proportion of those using amphetamines within the last six months there were no significant gender differences in the routes of administration.

Table 7.2.1: Prevalence of various routes of administration of amphetamines expressed as percentages of female and male IDU who have ever used amphetamines (n = 100) and IDU reports of the frequency of their use of amphetamines during the six months preceding the survey (n = 85)

	Qld- 2001 Females n = 39 %	Qld-2001 Males n = 61 %	Qld-2001 Total n = 102 %
Proportion of Those Having Ever Used Amphetamines			
Ever injected	97	98	98
Injected in last 6 months	90	82	85
Ever smoked	23	28	26
Smoked in last 6 months	13	5	8
Ever swallowed	69	59	63
Swallowed in last 6 months	31	23	26
Ever snorted	67	61	63
Snorted in last 6 months	15	12	13

7.3 Frequency and Patterns of Drug Use of Amphetamine Users

Table 7.3.1 shows the frequency of other drug use, by respondents (n = 98) who identified amphetamine as their drug of choice in 2001. We then compare to the results in 2000.

Within the past six months 85% of respondents whose drug of choice was amphetamine had used it. A similar number had also used tobacco (35) 95%. The next substance of choice among this group was alcohol (29) 73% and cannabis (27) 73%. The other favorite drugs among this user population were ecstasy 43%, benzodiazepines 43%, cocaine 30% and hallucinogens 30%.

It is clear the vast majority of those who had nominated amphetamines as their drug of choice had also used a wide variety of licit and illicit drugs over the same period. The majority of users who had nominated amphetamines as their drug of choice had used a total of 13 substances in the previous six months.

The median number of days (Table 7.3.2) of those who nominated amphetamines as their drug of choice ranged from (in order from high to low) tobacco (180 days); cannabis (150 days); amphetamines (50 days); antidepressants (46 days); methadone (45 days); alcohol (24 days); and heroin (20 days). Other substances ranged from 3 to 12 median days of use in the last six months.

Table 7.3.1: Number and percentage of those IDU who nominated amphetamine as their drug of choice (n = 37) and who also reported using various other licit and illicit substances at least once during the six months preceding the survey, and measures of central tendency and dispersion summarising the number of days those participants used each substance during that six month (180-Day) period

	n	%	Minimum	Maximum	Median	M	SD
Heroin	9	24	2	90	20	31.7	34.2
Methadone	8	22	1	180	45	81.1	83.9
Morphine	5	14	2	7	6	5.0	2.3
Other opiates	6	16	1	24	9	10.7	10.4
Amphetamines	36	97	1	180	50	71.1	56.6
Cocaine	11	30	1	54	3	10.5	16.3
Hallucinogens	11	30	1	72	4	10.9	20.5
Ecstasy	16	43	1	20	6	6.8	5.6
Benzodiazepines	16	43	1	100	12	29.5	35.4
Alcohol	29	78	1	180	24	53.5	58.6
Cannabis	27	73	2	180	150	115.1	68.7
Anti-depressants	8	22	1	180	46	68.0	71.9
Inhalants	5	14	1	6	3	3.0	2.1
Tobacco	35	95	160	180	180	179.4	3.4

Table 7.3.2: Number of days used amphetamine and methamphetamine during the six months (180 days) preceding the survey

	Qld – 2001 Females n = 39 %	Qld – 2001 Males n = 61 %	Qld – 2001 Total n = 102 %
n	36	49	85
Minimum number of days	1	1	1
Maximum number of days	180	180	180
Median	40	50	50
Mode	1	90	50
M	54.19	56.04	55.26
SD	55.05	44.40	48.89

7.4 Price, Purity and Availability of Amphetamines and Methamphetamines

Table 7.4.1 provides details of the respondent's perceptions of the availability of amphetamines and methamphetamines and compares this with the previous year 2000.

We refer the reader back to Table 7.1.1, which shows that amphetamine/methamphetamine use in the IDU respondent population is on the rise in Queensland and this is for most forms of methamphetamine. Given the reports of a 'heroin drought' it appears that IDU may be moving to other drugs, especially amphetamine and all its derivatives, and this includes poly drug use.

In Table 7.4.1 we provide details of the respondents perceptions of the price, purity and availability and changes in the methamphetamine market in the south-east corner of Queensland. We divide the amphetamine from the methamphetamine and compare these with the previous year.

7.4.1 Amphetamines

Since 2000 there has been a modest decrease in the price of amphetamines and methamphetamines from a mean of \$262 in 2000 to \$157 per gram in 2001. Mean prices were also calculated for an ounce and this had reduced from \$3640 in 2000 to \$2356 in 2001. The street price of a point of amphetamine had increased from \$36 in 2000 to \$50.00 in 2001. Although key informants stated points sold from anything from \$25 to \$50 on the street. Most commonly, the respondents (31%) stated the price was stable.

IDUs were then asked about the availability of amphetamines and methamphetamines and 49% stated that amphetamine was easy to very easy to obtain. Some 43% of amphetamine users reported no change in availability. Overall the amphetamine section of table 6.4.1 appears to be an increased use, availability and reduced price yet at the street level it seems that the demand has increased (possibly because of the

heroin drought) and the price of a point has increase along with the demand. The availability of amphetamine is stable and remains easy to obtain.

7.4.2 Methamphetamine

By calculating the means of the prices stated by IDU respondents we arrived at a mean price of \$224 per gram, an increase in price from \$80.00 the previous year. A point of methamphetamine for 2001 was \$43 whereas the previous year it was \$50.00. Key informants stated that prices ranged from \$120-200 per gram if buying many grams and \$250 if buying just one gram. The street price was between \$20-50 a point. Some 39% stated the price of methamphetamine was stable or had increased (13%), decreased (6%). On the issue of availability some 38% stated it was very easy to obtain and some 21% stated it was easy to obtain. These figures are similar to the previous year's findings. Similar findings for each year related to any changes in availability of methamphetamine with some 5% stating it was easier to obtain in 2001 as opposed to 13% in 2000. Some 51% (2001 and 34% (2000) stated that the availability changes was stable.

When asked where respondents obtained their methamphetamine there appears to be an increase in two main modes of scoring. These involved buying from the dealer's home (24%) in 2001 as opposed to 14% in 2000 and/or from mobile dealer (21%) in 2001 and 18% in 2000.

Overall, Table 7.4.1 points increased demand for methamphetamine. This has led to an increase in the price of a point bought in the street while the price of the bulk grams has decreased.

We explore these matters more in the methamphetamine module section and key informant section later in this report.

As Table 7.4.1 shows, the average purity of methamphetamine seizures remained relatively stable at 29% in 2001. This compared to 28% in 2000.

Table 7.4.1: Price, purity and availability of amphetamine/methamphetamine for Queensland 2001/2000 – IDU respondents' perceptions

	Amphetamine		Methamphetamine	
	Qld – 2000 n = 101 %	Qld – 2001 n = 112 %	Qld – 2000 n = 101 %	Qld – 2001 n = 112 %
Price (\$)				
Per gram	262	157	80	224
Per ounce	3640	2356		
Per "point"	36	50	50	43
Price Changes (% Sample)				
Don't know	38	12	38	28
Decreased	21	11	22	10
Stable	32	60	32	54
Increased	3	9	3	16
Fluctuated	6	7	6	8
Average Purity (%)	*	*	28	29
Availability (% Sample)				
Don't know	33	45	33	29
Very easy	39	32	39	39
Easy	23	18	23	23
Difficult	5	5	5	9
Very Difficult	0	0	1	1
Availability Changes (% Sample)				
Don't know	35	59	35	77
Easier	13	12	13	5
Stable	45	31	45	52
More difficult	8	2	8	8
Fluctuates	0	5	0	4
Place Usually Score				
Street dealer	8	5	8	3
Dealer's home	14	38	14	26
Mobile dealer	18	18	18	19
Friend	20	31	20	23

*No figures available.

Table 7.4.2 reports on quantities less than or equal to one-eighth of a gram to one gram. The most commonly reported measure was one gram (n = 35) and the median price was \$180. Overall prices ranged from \$10 for one-eighth of a gram to \$4,500 for one ounce of amphetamine.

*Table 7.4.2: Measures of central tendency and dispersion summarising IDU reports of price paid at the time of their most recent purchase of various quantities of amphetamines for purchases made during the six months preceding the survey**

	1/8 Gram	1/4 Gram	1/2 Gram	1 Gram	1/8 Ounce	1 Ounce
n	9	12	30	35	24	7
Minimum	10	15	20	40	150	800
Maximum	100	80	120	225	800	4500
Mode	50	50	100	200	450	3000
Median	50	50	100	180	450	3200
M	45.00	55.42	90.00	148.29	426.67	3214.29
SD	24.75	17.77	26.29	66.05	169.77	1211.65

**Numbers represent dollars (excluding the standard deviation).*

Later in the report we analyse the methamphetamine module, which was administered at the same time with the same respondents.

7.5 Summary of Amphetamine and Methamphetamine Section

- There is an increase in the use of methamphetamine use in south-east corner of Queensland.
- In 2000, 74% respondents had used in the previous six months compared to 85% in the 2001 study.
- A higher of proportion of females had injected amphetamines in the last six months than males.
- Poly drug use was popular among this population with tobacco, alcohol, and cannabis having equal preference to that of amphetamines.
- The price of methamphetamine was \$80 a cap in 2000 and is \$35 a cap in 2001. The price of a gram was \$180 in 2001.
- Purity of amphetamine remains stable at 28% (2000) and 29% (2001).
- The increased availability, decrease in price, and increase in popularity indicate that methamphetamine substance use may have partially filled the gap associated with the decreased availability of heroin.

8.0 Cocaine

This section reports on cocaine use in 2001. These results are also compared to the 2000 IDRS Study.

8.1 Cocaine Use Prevalence

Table 8.1.1 shows that the overall percentage of respondents who had ever used cocaine was 52% in 2000. In 2001 68% had reported they had ever used cocaine.

This table also shows use patterns of the 102 respondents over the past six months. In 2000, 71% had ever injected and in 2001 64% had injected. When asked if this had been within the last six months 32% of the 102 respondents stated this was so whereas in 2000, 15% of the 101 respondents stated they had used within the last six months. This suggests an increase in injecting cocaine in the last six months.

When asked if they had used in the last six months. For 2001 42% of the respondents stated they had. This was compared to 28% in the year 2000.

There was not much change between the years 2000 to 2001 for having ever smoked cocaine – 19% and 19% respectively. Smoked cocaine within the last six months 6% and 7% respectively; ever snorted 62% and 61%; ever swallowed 23% and 25%; swallowed in last six months 6% and 10%.

Usage remained stable in cocaine use with the median number of days used in the last six months being 2 days for the year 2000 and 3 days for the year 2001.

Table 8.1.1: Cocaine drug use history of the IDU Sample (n = 102) including the percentage of IDU who reported having ever used heroin, who had ever and recently injected, smoked, snorted, or swallowed that substance and the median number of days that recent users reported having used that substance during the six months preceding the survey

Cocaine	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	52	68
Ever injected	71	64
Injected in last six months	15	32
Ever smoked	19	19
Smoked in last six months	6	7
Ever snorted	62	61
Snorted in last six months	15	17
Ever swallowed	23	25
Swallowed in last six months	6	10
Used in last six months	28	42
Median number of days used in last six months	2	3

8.2 Routes of Administration of Cocaine Among IDU Respondents

Table 8.2.1 provides a gender breakdown of the routes of administration of cocaine for the proportion of those who nominated cocaine as their preferred substance.

A total number of 69 (68%) had ever used cocaine. The number of females was 21 (51%) and males 48 (79%).

Respondents (n = 69) 68% were asked if they had ever injected cocaine. Some (44) 64% respondents had done so. When asked if this had been within the last six months (22) 32% respondents stated they had injected cocaine within the last six months.

When asked about whether they had ever smoked cocaine (13) 19% of respondents had smoked cocaine. When asked if this had been within the last six months (5) 7% of respondents stated this had been the case.

Respondents were then asked if they had ever swallowed cocaine and (17) 25% stated they had. When asked if this had been within the last six months (7) 10% stated they had swallowed cocaine within the last six months.

Of the 68% of respondents who had ever used cocaine, some (42) 61% stated they had ever snorted cocaine and (12) 17% stated they had snorted within the last six months. Out of the (69) 68% of respondents who had ever used cocaine the median number of days used was three days.

Table 8.2.1: 2001 study – prevalence of various routes of administration of cocaine expressed as percentages of female and male IDU who have ever used cocaine (n = 69) and IDU reports of the frequency of their use of cocaine during the six months preceding the survey (n = 29)

	Qld – 2001 Females n = 21 %	Qld – 2001 Males n = 48 %	Qld – 2001 Total n = 69
Proportion of Those Having Ever Used Cocaine			
Ever injected	52	69	64
Injected in last six months	38	29	32
Ever smoked	24	17	19
Smoked in last six months	10	6	7
Ever swallowed	33	21	25
Swallowed in last six months	10	10	10
Ever snorted	81	52	61
Snorted in last six months	29	13	17

Table 8.2.2 shows that cocaine use has increased in the south-east corner of Queensland. While 51% of the respondents had ever used cocaine in 2000, some 68% had ever used cocaine in 2001. The median number of days used in 2000 was 2 days; the median number of days used in 2001 was three days.

Table 8.2.2: 2000 IDRS study – percentage of male and female IDU participants who reported having ever used cocaine; prevalence of various routes of administration of cocaine expressed as percentages of female and male IDU who have ever used cocaine; and IDU reports of the frequency of their use of cocaine during the six months preceding the survey

	Females		Males	
	n	%	n	%
Proportions of Those Having Ever Used Cocaine*				
Ever injected	12	80	24	67
Injected in last six months	3	20	5	14
Ever smoked	2	13	8	22
Smoked in last six months	2	13	2	6
Ever snorted	9	60	22	61
Snorted in last six months	1	7	7	19
Ever swallowed	5	33	6	17
Swallowed in last six months	2	13	0	0
Number of Days used During the Six Months (180 Days) Preceding the Survey^b				
Minimum number of days	2	1	1	
Maximum number of days	20	15	20	
Median	ö	2	2	
Mode		2	2	
M		4.5	5.36	
SD		4.9	5.92	

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

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

^bThese raw scores were 2, 3, 5 and 20 days.

8.3 Frequency and Patterns of Drug Use of Cocaine Users

In the previous substance sections, we have compiled a table of those substances users nominate as the particular drug as their preferred drug of choice. None of the users in this sample nominated cocaine as their drug of choice and so a similar table is not provided for this section.

When we examined the number of days that cocaine was used by the sample who had used cocaine in the previous six months, the median number of days was three with a maximum number of days being 80 and the minimum number of days one. Table 8.4.1 shows these trends.

Table 8.3.1: Number of days used cocaine during the six months (180 Days) preceding the survey

	Qld – 2001 Females n = 39 %	Qld – 2001 Males n = 61 %	Qld – 2001 Total N = 102 %
n	10	19	29
Minimum number of days	1	1	1
Maximum number of days	54	80	80
Median	5	3	3
Mode	1	1	1
M	9.70	9.95	9.86
SD	16.03	18.46	17.37

8.4 Price, Purity and Availability of Cocaine

Table 8.4.1 provides details of the respondent's perceptions of the price, purity and availability of heroin and compares this with the previous year 2000.

Since 2000 the price of cocaine in the south-east corner of Queensland has remained stable at around \$250 per gram.

Respondents reported on price changes they had observed. For 2001 85% stated they did not know about any price changes. This compared to 92% who did not know the previous year. Some 11% stated the price of cocaine was stable and this compared to some 4% stating the price was stable in 2000.

Table 8.4.2 also shows the purity of cocaine in 2000 to be at 51% and this has increased in 2001 to 59%.

IDU were then asked about the availability of cocaine. In 2000 88% stated they did not know about the availability and this compared to 79% who did not know about cocaine availability in 2001. While nobody stated that cocaine was very easy to obtain in 2000, 4% stated it was very easy to obtain in 2000.

When asked about availability changes, there was not much difference between the years 2000 and 2001 of those who did not know about availability changes (see Table 8.4.1) and this group formed the bulk of those respondents (83% in 2001 and 89% in 2000).

Respondents were then asked where they "scored" cocaine from. Respondents stated that they scored from street dealer (1%), dealer's home 5% (this compared to 3% in 2000), mobile dealer (2%) 2001 (1% in 2000), friend 9% (remained stable for the two years).

This table seems to confirm that there is an increased presence of cocaine in the south-east corner of Queensland. Purity is also increasing.

Table 8.4.1: Price, purity and availability of **cocaine** for Queensland 2001/2000

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Price (\$)		
Per gram (median)	\$250	\$249
Price Changes (% Sample)		
Don't know	92	85
Decreased	2	2
Stable	4	11
Increased	2	2
Fluctuated	0	1
Average Purity (%)	51	59
Availability (% Sample)		
Don't know	88	79
Very easy	0	4
Easy	2	5
Difficult	7	11
Very difficult	3	1
Availability Changes (% Sample)		
Don't know	89	83
Easier	1	2
Stable	8	9
More difficult	2	5
Fluctuates	0	1
Place usually score		
Street dealer	1	1
Dealers Home	3	5
Mobile Dealer	1	2
Friend	9	9

Table 8.4.2 reports on quantities in which cocaine are sold on the street. The most commonly reported price for a gram of cocaine in the south-east corner of Queensland during the latter part of 2001 was \$65. The most commonly reported price of a gram was \$200. Price during the latter part of 2000 was between \$200 to \$250.

Table 8.4.2: Measures of central tendency and dispersion summarising IDU reports of price paid at the time of their most recent purchase of various quantities of cocaine for purchases made during the six months preceding the survey

	Cap	1/4 Gram	1/2 Weight	1 Gram
n	2	2	4	11
Minimum	50	50	100	180
Maximum	80	70	200	300
Mode	50	50	100	180
Median	65	60	117.5	200
M	65	60	133.75	220.91
SD	21.21	14.14	47.15	46.79

8.5 Summary of cocaine

- The price of cocaine has remained relatively stable.
- Cocaine appears to be more readily available.
- Purity of cocaine in the south-east corner of Queensland is increasing.
- Respondents appear to be using cocaine more and there are more respondents using cocaine in the south-east corner of Queensland.
- Snorting seems to be the most popular route of administration for cocaine use although more users were injecting compared to the previous years study.

9.0 Cannabis

This section reports on heroin use in 2001. These results are also compared to the 2000 IDRS study.

9.1 Cannabis Use Prevalence

Table 9.1.1 shows the overall percentage of respondents who had ever used cannabis has remained relatively stable over the two years at 99% in 2000 dropping slightly to 97% in 2001. Table 9.1.1 shows that 85% of the respondents had used cannabis within the last six months. This compared to 80% who had used within the last six months in 2000.

In 2000 the median number of days was 90 days within the last six months, in 2001 the median number of days cannabis had increased to was used was 100.

Table 9.1.1: Cannabis drug use history of the IDU sample (n = 102) including the percentage of IDU who reported having ever used heroin, who had ever and recently injected, smoked, snorted, or swallowed that substance and the median number of days that recent users reported having used that substance during the six months preceding the survey

Cannabis	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	99	97
Ever injected	-	-
Injected in last six months	-	-
Ever smoked	-	-
Smoked in last six months	-	-
Ever snorted	-	-
Snorted in last six months	-	-
Ever swallowed	-	-
Swallowed in last six months	-	-
Used in last six months	80	85
Median number of days used in last six months	90	100

9.2 Routes of Administration of Cannabis

In the questionnaire we do not ask questions relating to the routes of administration of cannabis. We do ask if users had ever used, had used within the last six months and the number of days used. These results have been addressed in the previous section. We see from Table 9.1.1 that cannabis use is stabilizing across years 2000 and 2001.

There were reports a new drug on the market in Queensland. “Illy”⁷ or “fry” is the street name for a combination of marijuana, phencyclidine (PCP)⁸ and embalming fluid. It is portrayed on the streets as super-marijuana. Illy is frequently used in combination with other drugs. Accident and Emergency Departments in south-east Queensland are reporting that people are presenting more frequently to their centers stating they have used this drug. They present with hallucinations, psychomotor agitation, impaired judgment and intermittent violence. Cognitive deficits, such as an inability to recall violent acts, may also be noted. Physical symptoms may include autonomic arousal, dry mouth, ataxia and numbness (Weiner 2000). The acute symptoms of illy intoxication usually subside in 24-36 hours but the course may vary, depending on the half-lives of the drugs used in a particular illy mixture. Both PCP and THC can be stored in fats and then released, causing recurrence of symptoms. Although the long-term effects of illy are unknown, cognitive deficits may persist (Elwood, 1998).

9.3 *Frequency and Patterns of Drug Use of Cannabis Users*

Table 9.3.1 shows the frequency of other drug use, by respondents (n = 13) who nominated cannabis as their drug of choice. We then compare to the results in 2000.

Of interest in this table is that the (13) 100% who nominated cannabis as their drug of choice, these users used cannabis on average every day.

The second drug of choice among these users was amphetamines (13) 100% of the users yet again. Cannabis users used amphetamines for a median number of 50 days during the preceding six months.

Cannabis users also used alcohol (10) 77%, and tobacco (12) 92% for a median number of 30 days and 180 days respectively.

⁷Four pharmacological agents may be active in illy: tetrahydrocannabinol (THC), PCP, formaldehyde, and embalming fluid. Embalming fluid is composed of formaldehyde, methanol, ethyl alcohol and ethanol and other solvents (Modesto-Lowe and Petry, 2002:1002). Key informants stated there were other agents added to improve taste. These components could be mint or parsley. Both PCP and THC have reinforcing effects, and embalming fluid may enhance their absorption by slowing the rate at which the marijuana burns. Whether the substances interact or have synergistic or addictive effects is unclear (Modesto-Lowe and Petry, 2002:1002).

⁸PCP is phencyclidine. Like ketamine, it was originally designed to be used as an anaesthetic, but its use was abandoned because it caused confusion and delirium. PCP is now only used on animals and even then rarely. Street names include Angel Dust, Rocket Fuel, Zombie, Whack, Embalming Fluid. The form it comes in is a white impure, crystalline powder. It is swallowed, snorted, smoked or – rarely – injected. Sometimes it is mixed with cannabis and tobacco and smoked like a joint, or occasionally as skinny brown roll-ups that have been dipped in liquid PCP (Stoppard, 1999). Four pharmacological agents may be active in illy: tetrahydrocannabinol (THC), PCP, formaldehyde, and embalming fluid. Embalming fluid is composed of formaldehyde, methanol, ethyl alcohol and ethanol and other solvents (Modesto-Lowe and Petry, 2002:1002). Key informants stated there were other agents added to improve taste. These components could be mint or parsley. Both PCP and THC have reinforcing effects, and embalming fluid may enhance their absorption by slowing the rate at which the marijuana burns. Whether the substances interact or have synergistic or addictive effects is unclear (Modesto-Lowe and Petry, 2002:1002).

Table 9.3.1: Number and percentage of those IDU who nominated cannabis as their drug of choice (n = 13) and who also reported using various other licit and illicit substances at least once during the six months preceding the survey, and measures of central tendency and dispersion summarising the number of days those participants used each substance during that six-month (180 day) period

	n	%	Minimum	Maximum	Median	M	SD
Heroin	7	54	1	90	40	40.7	32.5
Methadone	2	15	12	25			
Morphine	3	23	2	80	12	31.3	42.4
Other opiates	2	15	1	5			
Amphetamines	13	100	2	104	50	44.9	37.5
Cocaine	2	15	3	80			
Hallucinogens	4	31	3	12	7	7.3	4.4
Ecstasy	5	39	2	103	10	25.4	43.6
Benzodiazepines	7	54	1	50	10	15.6	17.1
Alcohol	10	77	2	100	30	34.2	34.7
Cannabis	13	100	1	180	180	143.2	61.0
Anti-depressants	4	31	1	90	45.5	45.5	51.4
Inhalants	1	8	1	1			
Tobacco	12	92	2	180	180	165.2	51.4

9.4 Price, Purity and Potency of Cannabis in South East Queensland

Prices of cannabis for south-east Queensland were reasonably consistent between user and key informant reports. While key informants stated the price of cannabis was between, \$25 to \$45, users stated the median price was \$25.00. There was evidence the price had increased slightly from last year as can be seen in Table 9.4.1. Prices ranged from \$25 a gram in 2000 to \$28 a gram in 2001. For the 2001 study we divided the cannabis up into price for hydro and bush cannabis and examined the prices and their differences. For an ounce of hydro it cost \$334 and for bush \$238 in 2001. Most agreed that the price of cannabis had remained stable and there was no substantial change from the previous year. The availability of cannabis appeared to be easier to obtain than last year with 57% stating it was very easy to obtain compared to last year where 35% stated it was very easy to obtain. Some 73% of the IDU sample stated it was getting easier to obtain cannabis.

In Table 9.4.1 we examined where people were scoring cannabis from and most (43%) were scoring from a friends and this was also the case for the previous year. Some 28% were scoring from a dealer home and 3% were growing their own cannabis.

Table 9.4.1: Price, purity and availability of cannabis for Queensland 2001

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Price (\$)		
Per gram (median)	\$25	\$25
Hydro ounce (median)	*	\$334
Bush ounce (median)	*	\$238
Ounce	\$300	
Price Changes (% Sample)		
Don't know	24	8
Decreased	10	8
Stable	56	72
Increased	10	11
Fluctuated	0	1
Average purity (%)	High	High
Availability (% Sample)		
Don't know	19	1
Very easy	35	57
Easy	29	39
Difficult	14	2
Very difficult	4	1
Availability Changes (% Sample)		
Don't know	21	3
Easier	6	9
Stable	60	73
More difficult	13	7
Fluctuates	1	8
Place Usually Score		
Don't use		
Street dealer	9	3
Dealers Home	20	2
Mobile Dealer		28
Friend	43	0
Grow Own	1	43
Gift		3
Other		4

*Question not asked in this year.

Table 9.4.2 reports on quantities ranging from grams, caps, bags, ounce, and it also disseminates from hydro and bush cannabis. It shows that the median price for an ounce of cannabis was \$238 and that the price ranged from \$120 to \$350 per ounce. This indicates a decrease in price compared to the previous year when the median price for an ounce of cannabis was \$300. A street gram of cannabis cost the same in both years and this price was \$25 with a range – \$20 to \$50. Table 9.4.2 reports on these trends.

*Table 9.4.2: Measures of central tendency and dispersion summarising IDU reports of price paid at the time of their most recent purchase of various quantities of cannabis for purchases made during the six months preceding the survey**

	Gram Hash	Cap Hash	Gram	2 Grams	Bag	1/4 Ounce	½ Ounce	Ounce Hydro	Ounce Bush
n	14	9	26	20	31	52	37	35	12
Minimum	20	25	10	20	25	60	100	150	120
Maximum	400	80	25	50	100	135	275	400	350
Mode	25	50	25	50	50	90	180	320	250
Median	25	50	22.5	30	50	90	170	320	237.5
M	98.21	47.78	21.54	36.5	51.29	90.29	166.35	311.29	224.17
SD	143.59	16.22	4.42	12.68	13.29	11.90	30.47	55.31	62.55

*Numbers represent dollars.

9.5 Summary of Cannabis

- Cannabis use has stabilised between 2000 and 2001
- The price of cannabis is \$25 for a gram and \$338 an ounce in 2001. This compares to \$25 and \$320 for 2000.
- The potency of cannabis remains high across the two years.
- The availability of both hydro and especially bush buds remains readily available. There is a new drug on the market in Queensland – illy.
- The price of cannabis in higher quantities is decreasing but the price in lower quantities remains stable.

10.0 Benzodiazepines

This section does not follow the same format as the previously mentioned four main drug categories. It is relevant to discuss emerging trends in the use of the benzodiazepines.

10.1 *Benzodiazepine Use Prevalence*

There appears to be an increase in the use of benzodiazepines (benzos) and a variety of its sub-types used in Queensland. In Table 10.1.1, we compared the two-year IDU data for benzodiazepine use. While there was little change in use of benzodiazepines, in 2001, there were some significant increases in the ways in which benzos were administered.

There were however, changes in whether people had ever injected benzos and this had changed from 25% in 2000 to 58% in 2001. Further evidence of an increase in injecting benzodiazepines appeared when we asked whether participants had injected in the last six months. In 2000 12% had recently injected and in 2001, 35% had injected within the previous six months. When we asked IDU respondents if they had used benzodiazepines in the last six months, 83% stated they had used while in 2000 this percentage stood at 60%.

The median number of days IDUs had used benzos has also increased from 5 in 2000 to 15 in 2001. Similar increases in use patterns were noted in antidepressant use among this population. Table 10.0.1 shows these trends. Table 10.1.2 shows that 41% and 44% of IDU respondents had used benzodiazepines licitly and illicitly respectively within the last six months.

Table 10.1.1: Proportion of IDU sample reporting Benzodiazepines* and anti-depressant use in preceding six months for 2001

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used benzos	75	77
Ever injected benzos	25	58
Injected last six months	12	35
Smoked benzos	4	10
Smoked in last six months	1	3
Ever snorted	1	3
Snorted in last six months	1	2
Swallowed	73	94
Swallowed in last six months	56	77
Used in last six months	60	83
Median number of days used in last six months	5	15
Ever used antidepressants	44	54
Used in last six months	24	51

*Benzodiazepine groups: diazepam®, hypnodorm®, normison®, nurolex®, rohypnol®, serapax®, temazepam®, mogadon®, valium®, panadeine forte®.

*Antidepressant group: aropax®, lovan®, prozac®, sinequin®, zoloft®, stelazine®, cypramil®, effexor®.

Table 10.1.2: IDUs who had used benzodiazepines licitly and illicitly

	IDU – Qld – 2001 n = 102 %
Used licit benzos last six months? (% yes)	41
Used illicit benzos last six months (% yes)	44

11.0 Methadone

Some 53% of the IDU population stated they had used methadone and there was no change from previous years in percentage who used this substance. Key informants also noted there was no increase in IDUs wishing to enter the methadone program. Indeed the median number of days methadone had been used had decreased in 2001 to 42 days compared to 165 days in 2000. Table 11.1.1 shows these trends.

Table 11.1.1: Methadone use among IDUs participants in the 2000 and 2001 IDRS study by percentage and median number of days used in last six months

	QLD – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	53	54
Ever injected	60	53
Injected last six months	32	26
Ever smoked	-	-
Smoked in last six months	-	-
Ever swallowed	83	95
Swallowed in last six months	51	64
Used in last six months	66	71
Median number of days used in last six months	<u>165</u>	<u>42</u>

12.0 Antidepressants

Key informants did not speak specifically about antidepressants. The only comment made about their use was that antidepressants were used in the time leading up to and post the recreational use of ecstasy and this is discussed in the next section. We direct the reader to table 12.0.1 where it is noted the IDU population in this study (54%) had ever used antidepressants and this compared to 45% the previous year. We then asked about use in the previous six months and in 2000 and 2001 51% of IDU stated they had used antidepressants in the previous six months.

Table 12.0.1: Antidepressant use among IDU participants in the 2000 and 2001 IDRS study by percentage and median number of days used in last six months

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	45	54
Used in last six months	51	51
Median number of days used in last six months	60	41

13.0 Ecstasy and Hallucinogens

The majority of IDU's in this study were using ecstasy. While the percentage of those who had ever used has not changed significantly, the number of those IDU who had injected ecstasy had increased from 46% in 2000 to 59% in 2001. As well 59% (36%

in 2000) had used in the last six months. This was for a median number of seven days for 2001 (four in 2000). Table 13.0.1 highlights this trend.

For hallucinogens the number of IDU who had ever used remained the same for both years. On the other hand the number of those who had ever injected had increased from 32% in 2000 to 39% in 2001. When asked if this was in the last six months 7% stated they had injected in the previous six months whereas in 2000 4% had done the same. The median number of days used in the last six months where IDU from 2001 had used for a median number of 4 days as opposed to a median of 2 days the previous year. There were no key informants in this study for ecstasy.

Table 13.0.1: Ecstasy and hallucinogen use among IDU participants in the 2000 and 2001 study

	Ecstasy		Hallucinogen	
	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Ever used	66	66	83	87
Ever injected	46	57	32	39
Injected last six months	13	24	4	7
Ever smoked	2	5	7	2
Smoked in last six months	0	5	1	1
Ever snorted	16	15	4	1
Snorted in last six months	6	6	1	1
Ever swallowed	90	90	98	99
Swallowed in last six months	33	52	18	30
Used in last six months	36	57	29	30
Median number of days used in last six months	4*	6*	2*	4*

*Median number.

14.0 Polydrug Use

In this section we examine the poly drug use habits of IDU for the year 2001. We then compare this with the 2000 results.

14.1 Poly Drug Use

Table 12.1.1 highlights poly drug use trends. The mean age of injecting may have dropped slightly in 2001 to 18.6 compared to 19 in 2000. The first drug ever injected remained stable for both years for heroin with 27% in 2000 and 28% stating heroin as the first drug injected. Amphetamine as the first drug injected was reported by 68% in 2000 and in 2001, it was 70% of the IDU population. Heroin as a drug of choice

dropped in 2001 to 44% compared to 62% in 2000. Amphetamine as a drug of choice had increased in 2001 to 36% from 24% in 2000. While we do not go into any great depth with each drug used in this section we point out the high level of poly drug use among IDU participants. From a subset of the fourteen substances in Table 14.1.1, the mean number of drugs ever used was 10 and the mean number of drugs used in the last 6 months was seven. The mean number of drugs ever injected was three and the mean number of drugs injected in the last six months was five.

Table 14.1.1: Drug use history of IDU for Queensland jurisdiction, 2001

Variable	Qld* n = 101 %	Qld n = 102 %
Mean Age First Injection (Years)	19.0	18.6
First Drug Injected		
Heroin	27	28
Amphetamine	68	70
Other opiates	1	2
Cocaine	1	1
Methadone	0	0
Ketamine		1
Drug of Choice (%)		
Heroin	62	44
Amphetamine	24	36
Other Opiates	2	0
Cocaine	2	0
Methadone	0	1
Ecstasy	*	3
Alcohol	*	2
Cannabis	*	13
LSD	*	1
Last Drug Injected (%)		
Heroin	62	35
Amphetamine	34	60
Morphine	0	1
Cocaine	0	0
Methadone	3	3
Other	*	3
Injected Most Often Last Month		
Heroin	65	37
Amphetamine	31	55
Morphine	0	1
Other	0	4
Methadone	2	3
Injection Frequency Last Month		
Not in last month	2	7
Weekly or less often	24	31
Between weekly and daily	30	24
Daily	13	9
Three times daily	21	14
More than three times a day	11	15
Mean number of drugs ever used	*	10.1
Mean number drugs used last six months	*	7.0
Mean number drugs ever injected	*	2.9
Mean number drugs injected last six months	*	4.6

*Some of the questions from the 2001 study do not correlate with the 2000 study and therefore are left out.

14.2 *Forms of Drugs Used by IDU Respondents in the Preceding Six Months for Queensland 2001 and 2000*

Table 14.2.1 documents the particular forms of illicit drugs used by respondents in the preceding 6 months. It provides data from the previous (Queensland 2000 IDRS Study) for comparison purposes. The percentages in Table 14.2.1 represent the percentage of the total sample that have used a particular form of drug.

These percentages will add up to more than the total number of people using that drug, because a number of respondents would have used more than one form of a particular drug. Beginning with heroin, it is clear that the proportion using 'powder' and 'rock' is about the same and both appear to be lower than the rate observed in the year 2000. Given the reports of a 'heroin drought' it still appears to be the case that heroin use, in the form of either powder or rock, is relatively common though perhaps not as common as the previous year. Those using heroin are primarily using it in syrup form.

Interestingly, perhaps one-third of the persons using methadone have obtained their syrup from illicit sources. Amphetamines are consumed in a wide variety of forms, generally powder, crystal or 'base'. Though in liquid form it is also common.

Compared to the previous year, there is a strong increase in use of both crystal and base forms of amphetamine. There has also been an increase in the powder and crack forms of cocaine. Hallucinogens are used perhaps somewhat more often than is the case in the previous year, while cannabis use may have increased though the question on this point differs from the previous year, and thus comparisons are difficult.

It is noted that users who have used bush cannabis have increased from 38% in 2000 to 75% in 2001.

Table 14.2.1: Forms of drugs used by IDUs in preceding six months for Queensland 2000 and 2001 by percentage

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Heroin		
Powder	56	58
Rock	76	56
Methadone		
Syrup licit	33 ^o	29
Syrup illicit		15
Physeptone licit	12 ^o	4
Physeptone illicit		7
Amphetamine		
Powder	58	67
Liquid	42	31
Prescription licit	9	5
Prescription illicit	*	10
Crystal	13	68
Base	*	64
Cocaine		
Powder	15	27
Crack	3	10
Hallucinogens		
LSD/trips	23	32
Mushrooms	6	15
Cannabis		
Hydro	83	79
Bush	38	75
Heads	13	*
Hash	*	42
Hash oil	*	24

*Questions from year to year do not correlate. For 2001 we have divided cannabis into the most popular forms available on the market – hydro and bush heads.

^oThese questions were further divided into illicit and licit sections for the 2001 study whereas for the 2000 study they were divided into syrup and physeptone only.

14.3 Drugs Used the Day Before Interview Comparatively 2000 and 2001

Table 14.3.1 examines the drugs used by respondents on the previous day. That is, the day before the interview. There were similarities in the proportion that have not used drugs on the previous day though the rate of use of most other drugs with the exception of heroin was much the same in 2001 as it had been in the previous year. Table 14.3.1 shows that heroin as the main drug used the day before has decreased substantially. One interpretation of the data, which compare 2000 with 2001, is that the heroin drought of 2001 has led to a reduction in the use of heroin, with only modest evidence of the marginal increase in the use of other drugs.

Table 14.3.1: Drugs used the day before the interview, for Qld 2000 and 2001

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
No Drugs	13	16
Heroin	51*	21*
Amphetamine	22*	27*
Cocaine	0	3 ^o
Cannabis	38	44
Benzodiazepines	9	10
Other Opiates	1	2
Methadone	13	15
Alcohol	23	26

*Changes could be due to the Heroin Drought.

^oIncrease in cocaine use could be because we recruited from the Gold Coast this year and there is key informant reported evidence of high cocaine use at the Gold Coast.

14.4 Summary of Polydrug Use

- High level of polydrug use in this population – mean number of drugs ever used was 10 and in last six months was seven substances.
- Mean number of drugs injected in last six months was five.
- Slight drop in the age of injecting from 19.0 to 18.6
- 68% stated amphetamine first drug injected.
- 28% stated heroin first drug injected.
- Heroin as drug of choice dropped from 62% in 2000 to 44% in 2001.
- Increased use of amphetamine and all its forms especially “base”.
- Bush cannabis use increased from 38% in 2000 to 75% 2001.
- The reduction of the availability of heroin has seen the increase in the use of other substances and in polydrug use.

15.0 Heroin Drought

Table 15.0.1 examines the respondent’s perceptions of the recent heroin drought. Respondents were asked whether in their experience there had been a heroin drought, and some 79% indicated that this was the case. Of those who indicated there was a drought, the majority nominated December 2000 or January-February 2001 as the

time when the drought first became evident. Interestingly over 60% are suggesting that the drought has not yet broken. Overall the results indicate that the majority of users of heroin perceive there has been a drought and there is only modest evidence that the drought has broken.

Table 15.0.1: Heroin drought in Queensland - 2001

Heroin Drought	Qld – 2001 n = 102 %
Has there been a heroin drought in Queensland? (% yes)	79
When did it first start to become harder to get heroin?	
Sept 2000	2
October 2000	2
November 2000	6
December 2000	23
January 2001	23
February 2001	22
March 2001	8
April 2001	2
May 2001	8
June 2001	2
July 2001	2
Unsure	2
Has the availability of heroin returned to normal yet?	
Yes	65
No	30
Unsure	5
When did the availability of heroin return to normal?	
Has not broken	67
January 2001	2
February 2001	2
March 2001	3
April 2001	13
May 2001	2
June 2001	3
July 2001	5
Unsure	3

15.1 *Summary of Heroin Drought*

A heroin drought occurred in the South East Corner of Queensland during the year of 2001.

This has initiated many changes in the drug market in Queensland.

The heroin drought may have commenced later in Queensland than in other states.

Changes in the way heroin is accessed with more trust being given to the dealer, and more aggressive selling.

16.0 **Criminal Activity**

Self-reported criminal activity among IDU in the month preceding the interview appears to have increased. The previous sections dealt specifically with criminal activity related to substances - heroin, amphetamine and cannabis as reported by key informants who had nominated each specific drug as their expert area. Here, we report mainly on IDU self-reporting of criminal activity. In Table 16.5.1 we examine the levels of property crime, drug dealing, fraud, violent crime, any crime in the last month, whether respondents had been arrested in the last 12 months and for what they had been arrested.

16.1 *Self-reported Property Crime*

IDU respondents for 2001 on the whole reported committing more property crime. Comparing the figures with 2000 (2%) there were more IDUs (6% in 2001) committing property crime on a daily basis and less (7%) committing property crime less than weekly compared to 2000 when there were 15% committing property crime. These figures correspond with the Queensland Police Reporting (QPS 2001) stating that offences against property rose by 3% from 303,973 offences in 1999/00 to 312,599 offences reported in the 2000/01 period.

16.2 *Self-reported Drug Dealing*

Comparing the years 2000 to 2001, drug dealing remained similar for both years with 52% in 2001 and 57% in 2000 of IDUs reporting they were not drug dealing. This trend could be associated with key informant comments about the chain of dealing becoming much shorter due to the shortage of heroin.

16.3 *Self Reported Fraud*

While IDUs did not report a significant apparent change in Fraud between 2000 and 2001, key informants stated there had been an increase in Credit Card fraud.

16.4 Self Reported Violent Crime

Some 97%; IDUs reported they had committed no violent crime in 2000 and this compared to 93% in 2001. IDU's who had committed violent crime less than weekly consisted of 2% in 2000 and 4% in 2001. This indicated an increase in violent crime offences for this group. More IDUs from the study reported crime on a weekly, more than weekly basis.

16.5 Arrests for use and possession among respondents

Of particular note in Table 18.5.1 is that the number of arrests for use/possession for IDUs rose sharply from 9 in 2000 to 21 in 2001.

Table 16.5.1: Self- reported criminal activity among IDU in the month preceding the interview
Queensland 2001

	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Property Crime (%)		
No property crime	77	85
Less than weekly	15	6
Weekly	3	4
More than weekly	3	1
Daily	2	4
Drug Dealing (%)		
No drug dealing	57	54
Less than weekly	14	16
Weekly	5	6
More than weekly	15	16
Daily	9	9
Fraud		
No fraud	86	93
Less than weekly	10	4
Weekly	0	2
More than weekly	3	1
Daily	1	1
Violent Crime (%)		
No violent crime	97	93
Less than weekly	2	3
Weekly	0	2
More than weekly	0	2
Daily	1	0
Any Crime Last Month (%)	60	67
Arrested Last 12 Months (%)	52	58
Arrested for (%)		
Not arrested	74	57
Property crime	17	7
Use possession	9	20
Dealing	0	1
Violent crime		4
Fraud		3
Other		8

17.0 Police Activity IDU Perceptions

Table 17.1.1 shows the perceptions among IDUs of recent police activity. The majority of IDU perceived that police activity had remained stable for the 2000/01 periods. This meant that police activity had remained high and that undercover police were reported to be operating in strategic geographical locations in the South East corner of the state. Of note here is that Queensland Law Enforcement Officers were successful in the detection of some clandestine methamphetamine laboratories (ABCI, 2000; Queensland Police, 2001).

Table 17.1.1: Perceptions of police activity among IDUs, Queensland 2001

	Qld – 2001 n = 112 %	Qld – 2000 n = 101 %
Police Activity (% Sample)		
Don't know	17	16
More activity	52	51
Stable	28	31
Less activity	4	3
More Difficult to Obtain Drugs (% Sample)		
Don't know	9	6
Yes	24	26
No	67	68
Arrests		
More arrests	37	38
Stable	62	61
Fewer arrests	1	1

18.0 Health Issues and Substance Use

In this section we focus firstly on health related issues in Queensland firstly using data from the IDU population accessed, followed by secondary data. Comparative analysis is made with 2000 where possible.

18.1 IDU Respondent Self Reported Overdose Information and Location of Last Injection

Table 18.1.1 shows that IDU's in 2001 overdosed on heroin a median number of three times. There were no comparative values for 2000. The median number of time respondents who had Narcan administered totalled 18 times. The median number of times IDUs had been present when somebody overdosed was 4 and this remained stable for 2000 and 2001.

Respondents were then asked the location of where they last injected. Most of the users had injected in a private home 69% and this compared to 52% for the 2000 period.

IDUs were then asked what the last drug injected was and for 2001 81% stated they had injected an illicit substance yesterday. This compared to 87% the previous year. They were then asked which drug they had used the previous day – heroin 20% in 2001 and 50% in 2000; speed 23% in 2001 and 22% in 2000; cocaine 3% in 2001 and 0% in 2000; cannabis 47% in 2001 and 38% in 2000; benzodiazepines remained stable at 9% for both years.

Table 18.1.1: Health related matters concerning IDU respondent overdose and location of last injection, and what was injected for 2000 and 2001

Overdose and Last Drug Injected	Qld – 2000 n = 101 Median and %	Qld – 2001 n = 102 Median and %
Overdosed on heroin (median number of times)	*	3
How long since last overdosed on heroin – months (median)	*	24
How long since Narcan administered	*	18
How many times present when someone overdosed (median)	4	4
Did not overdose in last month	92	92
How many times overdosed on morphine	1	2
Where did you last inject?		
Private home	52	69
Street/park or beach	11	9
Car	17	8
Public toilet	16	5
Other	4	9
Took drugs yesterday	87	81
Heroin	50	20
Speed	22	23
Cocaine	0	3
Cannabis	38	47
Benzodiazepines	9	9
Other opiates	1	2
Methadone	13	17
Alcohol	23	26
Morphine	*	2
Other drugs	3	6

18.2 IDU Respondent History of Needle Use

Table 18.2.1 shows IDU respondents' history of needle, syringe use in the recent six months. We then compare with the 2000 results. It shows that message about sharing injecting equipment is getting through to between 60% and 80% of this population. Some 88% of the respondents reported they had not used a needle after someone else and this compared with 81% the previous year. The main item where sharing equipment was occurring was in respondents sharing "spoons". This occurred in 42% of respondents in 2000 and in 34% of the respondents in 2001.

Table 18.2.1: IDU respondent history of needle use and injecting items loaned or borrowed

Needle Syringe Use	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Did not use a needle after someone else	81	88
Did not lend a needle in last month	77	76
Used no equipment after someone else	*	60
Used spoon after someone else	42	34
Used a filter after someone else	35	18
Used a tourniquet after someone else	14	15
Used water after someone else	43	21

18.3 Injecting Problems

Injecting problems among IDU respondents remained relatively stable for the 2000 to 2001 periods. Some 32% stated they had no problems with injecting. Reports of thrombosis among IDU, it was noted ranged from 8% in 2000 to 12% in 2001. This could be an increase and it could possibly be related to the decrease in heroin injecting use and the increase in injecting benzodiazepines. Table 18.3.1 highlights some of these trends.

18.3.1: IDU respondent injecting problems

Injecting problems	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Abscess/infections (yes)	14	12
Dirty hit (yes)	28	21
Scarring/bruising (yes)	56	53
Difficulty injecting (yes)	36	38
Thrombosis (yes)	8	12
Injecting Problems		
No problems	27	32
One injecting problem	25	26
Two injecting problems	28	18
Three injecting problems	15	16
Four injecting problems	5	6
Five injecting problems	1	2

18.4 Injection-related Issues

Table 18.4.1 shows the education messages about equipment sharing and the use of NSPs is working. In 2001 some 13% of IDU respondents were borrowing equipment and this compared to 19% in 2000. Higher proportions were lending equipment and this had shifted from 23% in 2000 to 28% in 2001. When comparing IDUs' habits of sharing other injecting equipment and other injection problems, the yearly comparative analysis is consistent with the view that education strategies were working relatively well in south-east Queensland. Most IDUs were using either in their home (67%) or in their car (11%).

Table 18.4.1: Injection-related issues in last month among IDUs for Queensland 2000/2001

	Qld 2000 n = 101 %	Qld 2001 n = 102 %
Needle Sharing (%)		
Borrowed	19	13
Loaned	23	28
Other Injecting Equipment Sharing (%)		
Shared no equipment	50	60
Spoon/mixing container	42	34
Filter	35	18
Tourniquet	14	15
Water	43	20
Injection Problems (%)		
Overdose	8	8
Infection/abscess	14	13
"Dirty hit"	28	23
Scarring/bruising	56	53
Difficulty injecting	36	40
Thrombosis	8	11
Location of Last Injection (%)		
Home	52	67
Street/park	11	8
Car	17	11
Public toilet	16	7
Other	1	7

18.5 Money Spent on Illicit Drugs

Table 18.5.1 highlights participating IDUs' expenditure on drugs for two years that the study has run. It shows the bulk of the spread of expenditure on drugs in 2000 ranged between \$50 to \$399 whereas in 2001 it ranged between \$20 and \$400 and over.

Table 18.5.1: Expenditure on illicit drugs on the day preceding the interview, Queensland 2000/2001

Expenditure (\$)	Qld – 2000 n = 101 %	Qld – 2001 n = 102 %
Nothing	36	35
Less than \$20	4	13
\$20-\$49	9	11
\$50-\$99	22	13
\$100-\$199	16	8
\$200-\$399	11	7
\$400 or more	3	0

19.0 Key Informant comments about Heroin Drug Scene Changes

The heroin drought appears to have initiated many changes in the drug market in Queensland. Many key informants state availability of heroin has reduced by around 80%. The poor purity and high price has meant that those in the market for heroin are more desperate and are requiring more hits because of the reduced quality of heroin. While many began using heroin when it was readily available they have recently switched to other drugs such as amphetamine, cannabis, benzodiazepines, morphine and rohypnol®. One key informant stated that the “Queensland drug scene was becoming more like the Sydney drug scene”. There has been an increase of access to methadone clinics with ambulances and hospitals noticing fewer overdoses.

It appears that the social support networks of heroin users are breaking down because there have not been enough drugs to go around and there is more tension among these groups due to the heroin shortage.

Switching to other drugs and poly drug use as a result of the heroin drought has led to problems associated with poor vein care because many are injecting anything available, and are injecting more often because of the low quality of drug available. The most concerning problem is the increased use of injecting benzodiazepines and we examine this phenomenon further in the report in the benzodiazepines section.

19.1 Dealing Heroin

For dealers in heroin, things have changed dramatically for a number of reasons. Firstly “every dealer group is like a different society with different rules and different sizes.” Secondly, the chain of dealing has become shorter because there have been less drugs available to sell. Thirdly dealers are becoming more aggressive approaching people and asking if they want to “get-on.” The heroin drought has witnessed another change in the way drugs are accessed. This process was usually achieved with a great deal of mistrust and the deal was simultaneously done exchanging money for drugs at the same time. This method of dealing has changed

and there is a lot more trust involved with money exchanging hands and the drugs being supplied later.

Dealers, to ensure that the available heroin goes further, are mixing other agents such as panadol with heroin. This poses problems for appropriate vein care for IDUs. Pill filters are increasingly necessary to avoid blood borne pill particles.

The shortage of heroin has seen more dealers being robbed, more people selling on the street and selling more aggressively. Younger people from a variety of cultural backgrounds are involved in selling heroin. One trend is the use of NSPs to access large quantities of needles and syringes to sell with the drug. There was one report of the manufacturing of heroin in the south-east region of Queensland.

20.0 Key Informant Comments About Amphetamine and Methamphetamine

20.1 General Comments About Amphetamine and Methamphetamine

Amphetamines appear to have transcended the boundaries between recreational, regular and dependent use and also between oral/ other forms of administration and IDU. Comments from key informants confirm that the age of amphetamine users is declining.

20.2 Health Concerns About Amphetamine and Methamphetamine

Service providers stated there was more risk taking especially among young pregnant women and that more education was needed to be to let people know about the effects amphetamines on unborn babies. Comments were made frequently about increased domestic violence among amphetamine users and their partners. Additionally it was suggested that amphetamine users were younger, were unaccustomed to vein use and used veins erratically and in an uneducated fashion. This was compared to heroin users who were comparatively well educated with effective and safe vein use and care.

Of concern were the comments about the psychiatric symptoms manifested by amphetamine users. These ranged from genuine depression and despair to psychosis, increase of violence, paranoia, aggressive behaviour, and suspicious behaviour. Some Accident and Emergency departments reported between 2-12 people presenting a night with problems associated with amphetamine use. Another comment by key informants was that paramedics, health staff and police were experiencing abuse and violence and situations where it was difficult to handle someone because they were on high doses of amphetamine or methamphetamine. Another trend mentioned by key informants related to amphetamine/methamphetamine users poly drug use and concerns were raised about the observed increase of alcohol and benzodiazepines use in this population.

This study indicated that many amphetamine users are obtaining needles and syringes from chemists only rather than needle exchanges. This is supported by a study (n = 118) where 66% (average age 15.6) reported obtaining syringes and needles from

pharmacies whilst only 12% obtained injecting equipment from needle exchanges. Key informants reports from workers in the field suggest that pharmacies are the preferred source for accessing injecting equipment by amphetamine users (Davey, 2001).

20.3 *Purity of Amphetamine and Methamphetamine*

All key informants regarded purity as high although stated purity fluctuated between amphetamine cooks.

Increase in injection of “base” amphetamine (believed to be crystal methamphetamine) in Brisbane, Ipswich, Logan and Caboolture coincide with decreases in purity of white powder “street speed”. “Base” amphetamine currently dominates the amphetamine market in these areas. “Base” is characterised as being high potency, expensive and highly available and of a moist and crystalline consistency. The preferred route of administration of this substance is by injection.

20.4 *Price of Amphetamine and Methamphetamine*

Key informants supported the findings from the survey data suggesting the price of methamphetamine and amphetamine was around \$120-200 gram if buying in bulk and \$250 if buying one gram. A point cost between \$20-50 and it was reported that the price is continuing to decrease.

A comment by one key informant stated that there was a huge increase in the prescribing of dexamphetamine substances such as Ritalin®. There were reports that while these drugs were prescribed for children in some instances the child was being given an Aspirin® or a placebo and the dexamphetamine sold to cooks. It was also noted that pseudoephedrine was found in a common “over-the -counter” medication such as sudafed® for coughs, colds, flu’s and sinus problems. It was possible to easily purchase 30 of these at a time. There were some reports of pharmacy break and enters and also pharmaceutical warehouse break and enter robberies.

20.5 *Availability of Amphetamine and Methamphetamine*

All key informants reported that amphetamine and methamphetamine is readily available, that methamphetamine was becoming the most popular of the two and that injecting drug use was increasing among this group. One quote by a user encapsulates this concept: “It’s easier and cheaper to get amphetamine ... here than it is to get petrol”.

20.6 *Dealing in Amphetamine and Methamphetamine*

Comments about dealing amphetamine and methamphetamine were varied. There were comments about where it was made and most observed it was made locally although some came from interstate and there was an increasing amount coming from South East Asia.

Some key informants spoke of turf wars concerning the making of amphetamine. Experts in the field identified the displacement of cottage industry and independent cooking and laboratory process into the hands of more organised groups. Specifically, the overall comments were of networks of producing and supplying and the changes that were emerging.

20.7 Issues for Rural and Remote Queensland

Key informant also provided comments about rural Queensland. There were reports of an upsurge of methamphetamine laboratories and use of a variety of substances. Reasons for this upsurge in drug associated use and production it was stated related to socio-economic factors such as the rural crisis facing Queensland and subsequent unemployment in these regions.

Mentioned as well were the towns along the main transport routes in Queensland and the use of these routes in the distribution of methamphetamine and other drugs.

Reasons mentioned for these shifts from metropolitan regions to rural regions related to dealers seeking safety in the farms and forests of rural regions of Queensland.

There were reports from one needle syringe program in a rural region that their service was not being used as frequently because the users in the region were dealers.

20.8 Summary of Key Informant Information About Methamphetamine

- The increased use of methamphetamine in Queensland might be leading to increases in violent and property crime in Queensland.
- Accident and Emergency Departments are reporting increased incidences of people presenting with methylamphetamine use associated problems. These problems range from paranoia, anxiety, depression, psychotic breakdown and violent behaviour.
- More people are using methamphetamine and the drug appears to be available under a variety of types depending on the cook, the cooking process and the types of ingredients and cooking apparatuses.

21.0 Key Informant Comments – Cannabis

User comments revealed an increased number of police raids on the Gold Coast for cannabis. Some concerns were raised that police were apprehending people with smaller amounts of cannabis and that there needed to be a focus on production and importers of cannabis.

Comments from other sources stated that people who were charged with possession/supplying appeared to be carrying more prescription medication than in

previous years. Drug and alcohol agencies in Queensland have been quick to respond to the increase in the use of benzodiazepine and are producing education cards with information about safe and unsafe injecting practices related to these substances.

Much of the key informant discussion centred on the newly implemented cannabis diversion program currently being implemented in Queensland. The laws surrounding cannabis use/possession have changed in Queensland in recent months during the implementation of the 2001 IDRS project. The Queensland Illicit Drug Diversion Initiative (QIDDI), a joint initiative of the Commonwealth and Queensland Governments commenced in July 2001 and forms part of a national campaign against drug misuse. It is funded by the Tough on Drugs in the Community component of the National Illicit Drug Strategy and is endorsed by the Council of Australian Governments in April 1999. Most drug offences in Queensland involve possession of small amounts of cannabis. Under this program it is mandatory for police to offer eligible persons apprehended for a minor drugs offence, an opportunity to receive professional help through early intervention and prevention programs rather than proceeding through the normal court process. If a person attends the Diversion Program they will not be charged with a criminal offence, have to attend court, or have a criminal record for a minor drugs offence. They will however, receive factual information about the consequences of cannabis use and assistance to stop using cannabis (Queensland Police and Queensland Health, 2001).

22.0 Key Informant Comments about Police Activity

It was noted that while there were no specific changes in the outer lying regions of the metropolitan regions there was an increased presence of police activity due to the planned major events such as the Goodwill Games and the lead up to the (now postponed) CHOGM. Changes such as increased police presence, on-the-spot searches, move-on instructions were noted.

23.0 Key Informant Comments about Crime

Experts working in the field noted the high rate of property crime and that it was connected with methamphetamine use. Law enforcement officers who had apprehended and tested detainees for drugs observed this. Property crimes such as wallet and handbag snatches, mobile phone thefts, credit card fraud, and armed robbery was mentioned.

On the Gold Coast crime rates have increased especially with credit card fraud very high. The Gold Coast paints a similar picture to that of the Brisbane metropolitan region with the bulk of the higher costing substances being used and sold in the CBD with the cheaper substances being sold and used in the outer lying areas. There has been an increase in armed robbery with service stations, convenience stores and video shops at risk. Break and enter into vehicles is high on the Gold Coast. One comment that emanated through the KI questionnaires is that it is difficult to deal with someone on amphetamines, as it is very difficult to reason with them. The use of knives, hammers are common.

Of interest were the comments by both users and by police that communication between the two populations is becoming possible in some geographical regions of

south-east Queensland. While this communication is cautiously optimistic, there were also comments from service providers that police presence around some NSP outlets was somewhat overzealous at times and this tended to keep IDUs away from seeking service. It was also reported that street dealers worked actively around NSP outlets. It was reported that police are becoming more comfortable with the Drug Court system and its ability to clear the backlog of drug crimes. They are assisting police officers in the execution of their duties and they are used as an inducement tool in terms of bargaining with offenders. Comments were made about law enforcement officers being better trained at consultation, and community involvement. In Table 8.1.2 it shows that the ABCI documents the price of cocaine per gram in Queensland at \$120 in 2000 to \$200 in 2001, possibly indicating that the price of cocaine is increasing in Queensland.

The three months leading up to CHOGM and the Good Will Games have made an impact on IDUs in Queensland. There has been more police activity and “move-on” powers have been activated more frequently. This has led to a number of problems for IDU groups in and around the south-east region of Queensland. Firstly, before increased police activity for these two planned events, IDUs were identifiable in one to three main regions. More police activity has led to the splitting up of identifiable groups into smaller groups who have moved to suburbs less known for IDU use.

It is reported by users that police activity has been more visible and active. There are reports of an increase in the number of raids on people’s houses. It is reported there have been increased undercover activities, extra searching of people on the street and more “move-on” orders.

Police, on the other hand report more credit card fraud, property crime, more car break and enters, armed robberies, use of knives, syringes and machetes in robberies, more bag snatching and, increase in soliciting on the road alone. Along with this there has been a concentrated attempt by police towards consultation, negotiation and mobilisation of IDUs. Police also report more violence towards police, ambulance paramedics and hospital accident and emergency departments. There are reports of improved surveillance technology being used in Queensland. Police are also being trained in safe needle disposal, the benefits of the Needle Syringe Program for IDUs and the benefits of keeping their distance from such programs.

24.0 Key Informant Comments about Health Concerns

Hospitals, alcohol and drug services, rehabilitation services, detoxification centres, NGO alcohol and drug services, youth services all reported an increase in amphetamine use and user presentations for complications associated with use. There were increased reports of people presenting for assistance with problems also associated with problematic ecstasy and cannabis use.

25.0 The Methamphetamine Module: A Sub-study (n = 58) of the Intravenous Drug User (IDU) Study Using Population From This Study (n = 102)

Of the n = 102 in the IDU sample 58 respondents agreed to complete the Methamphetamine Module. This module was administered at the completion of the main IDU questionnaire. Using this group, a sub study was then developed and a Methamphetamine Module administered in order to better understand the different types of stimulants on the illicit drug market and the idiosyncrasies surrounding them in Queensland. An SPSS template was created and data entered and analysed. While this module has been administered previously in Queensland, this is the first time the results have been presented.

25.1 *Base Types of Base on the Streets of South East Queensland*

Of those (n = 58) who used amphetamine, 78% had used Base in the last six months. The common street names included “base”, “pure”, “speed”, “paste”, “crystals” and “crystal meth”, “goey”, “ox blood”, “white”, “gas”, “fuel”, “Christmas”, “waxy”, “onski”, “shabu”, “fast”, “jiz”, “whiz”, “thinky”, “upper”, “go go”, “juice”, “Yahba”. Most respondents (66%) were told by their dealer the drug they had procured was a form of amphetamine and (2%) were told it was it was a mixture of cocaine and amphetamine and (2%) stated they made their own methamphetamine. Table 25.1.1 shows users were under the impression the drug they had acquired was methamphetamine (21%), and 17% were unsure about the drug’s content. The most common quantities this group had bought the drug in were points (27%), grams (24%) half a gram (16%). The rest had either bought it in half a point (2%), quarter of a gram (2%), kilograms (2%) or they did not buy it (3%) but instead, were given the drug.

Table 25.1.1: What do you think this drug is?

Type of Drug	n = 58 %
Dexamphetamine	2
Methamphetamine	21
Crystal methamphetamine	12
Unsure	17
None of the above	7
Dexamphetamine or methamphetamine	2
Crystal methamphetamine or methamphetamine	3
Speed	5
Depends on how it is made	2
Pure amphetamine	3
Missing data	24
Pure speed or blood liquid	2

25.2 *The Cost of Base in Queensland*

The mean cost for a “point” ranged between \$20.00 and \$50.00. A gram costs between \$135 and \$350.

25.3 *Forms of Base Available on the Streets of Queensland*

The most common forms of amphetamine available on the street came in the form of crystal (33%), paste (14%) and powder (12%). Some 28% stated the amphetamine was mixed whilst 13% agreed that the amphetamine was not “cut”. Some 3% were unsure about whether the drug was cut at all. The main cutting agents mentioned included glucose (34%), and Epson Salts (16%). Other cutting agents included pseudoephedrine (2%), castor sugar (2%), mda (2%), brewing sugar (2%) and codeine (2%). This is referred to in Table 25.3.1.

Table 25.3.1: What form did this drug come in?

Form of Drug	n = 58 %
Crystal	33
Paste	5
Powder	12
Paste and crystal	5
Liquid	7
Goosey	3
Powdery paste	3
Crystally liquid	5
Missing data on how it is made	24
Tablets – Sudafed	1
Total	2

25.4 Routes of Administration of Base and its Effects

The routes of administration of amphetamine ranged from injecting amphetamine (72%), snorting (2%), swallowing (3%) to drinking (2%). No one had shelved, shafted or smoked amphetamine. Informants described a range of subjective effects. These subjective effects have been categorised by as follows: feelings of a rush/head buzz and increased heart rate with tingling sensations (38%), increased energy and physical activity (24%), increased confidence, a sense of adventure and/or invincibility (21%), increased alertness /awareness /focus and awake-ness (21%), increased chattiness (4%), shortness of breath (3%), euphoria (2%), anxiety (2%) and vomiting (1%).

25.5 Pure

Fifty-five per cent of the sample had used pure amphetamine and 43% had not. Other names for this substance were “base”, “crystal” or “crystal meth”, “speed”, “fast”, “ox blood”, “gear”, “wiggerty”, “quick”, “upper”, “whisky”, “go-go”, “jucie”, “raw”, “uncut”, “clean” and “ice”. Most (26%) believed the drug was crystal methamphetamine while 7% believed the drug was methamphetamine. Five per cent were unsure what the drug was, 2% thought it was pseudo-ephedrine, 2% said it was speed, 2% stated it was the “most pure form – just cooked”, 2% said it was “desamphetamine” and “methamphetamine” and “crystal”.

25.6 Cost of Pure

Seventy-five per cent of users in this sub sample (n = 58) stated that the cost of a point was fifty dollars. A gram was quoted most commonly by users (31%) to be at a price of \$200 and half a gram was reported by the majority of users (40%) as being \$100. Pure was found to come in forms that included crystal (35%), crystallly powder (19%), dry crystal (12%), jelly crystal (4%), paste (19%) and wet crystal (8%). Thirty-nine per cent of users said that pure was not cut with anything, 12% did not know if it was

cut with another substance and 4% believed pure was cut with something but they did not know what it was. Glucose (19%) was the main cutting agent, both glucose and Epsom salts (12%), Epsom salts (8%), bicarbonate of soda (4%) and Epsom salts, bicarbonate of soda and glucose (4%).

25.7 *Routes of Administration and Effects Experienced*

Of the twenty-five users of Pure all responded they injected this form of amphetamine.

Subjective effects included a variety of feelings that ranged as follows: increased awakesness/alertness/awareness, adrenalin rush, more energy, euphoria, increased confidence, speaking quickly, altered perception, tingling sensations, happy, angry, paranoid and anxious. Negative effects of using pure included inability to sleep, becoming scattered, increased heart palpitations, chest pains, body aches, seizures, injection problems, lethargy, moodiness, weight loss, dry mouth, skin break out, nausea, visual hallucinations, exhaustion, breathing problems, difficulty urinating. Negative psychological effects from using pure included feelings of being angry, paranoid, psychosis, irritable, fatigue, depressed, moody during comedown.

25.8 *Ice*

Out of the amphetamine users (n = 58), 22% had used ice. Common street names for ice included “champagne”, “crystal” or “crystal meth”, “rock”, “shabu”, “shards”, “glass” and “pure”. Seventeen per cent of users knew they had bought ice from the dealer, 8% were not sure and 58% knew it was a form of amphetamine and 17% said it was methamphetamine. When users were asked what they thought ice was 70% thought it was crystal methamphetamine, 8% knew it was a form of amphetamine, 8% said it was none of the above and 15% were unsure.

25.9 *Price and Form of Ice*

Most users had bought the ice in grams (31%) or points (23%), 15% of users were given their ice as a present, 8% swapped another drug for Ice, 8% bought it in ounces. The price of a gram of ice ranged between \$200 (13%) and \$400 (25%). A point of ice could be obtained for \$50 (67%) but also went as high as \$150 (33%) and an ounce costs \$1500 (100%).

Most (54%) described the form of ice as crystalline rock, 31% referred to it as crystal, 8% said it was dry crystal and 8% stated that it was powder and crystal. Forty per cent of ice users did not know if it was cut, 40% said it was not cut and 20% reported that their ice had been cut with another substance. Cutting agents included glucose (10%), Epsom salts (29%) and no cutting agents (70%).

25.10 *Routes of Administration*

Most (92%) of ice users inject and 8% smoke this drug. The subjective effects of taking ice included “buzzing”, increased “alertness” and “physical awareness”, “tingling sensations”, “hot and cold flushes”, “unable to sleep”, “euphoria”, “enjoyable”, “huge rush”, “speaking more quickly”, “increased confidence”, “perception of being “really strong”, “loss of breath”, “not sociable”, and “more focused”.

25.11 *Effects Experienced*

The negative effects of ice included injection problems such as “burning even though the vein was not missed”, “drop in blood pressure”, “dizziness”, “chest pains” and “heart palpitations”, “shortness of breath”, “sweats”, “vomiting”. Negative psychological effects experienced as a result of taking ice were “agitation and anxiety”, “scattered”, “migraines and headaches”, “paranoia”, “depression”, “lack of sleep” and “psychosis”.

25.12 *Shabu*

There were five users out of (n = 58). Users mentioned “crystal meth” and “Ice” as being the only other names for shabu. Users (34%) were told by their dealers that it was a form of amphetamine and (34%) were told it was shabu. Thirty-three per cent of users thought that shabu was methamphetamine and 67% thought that shabu was crystal methamphetamine.

25.13 *Price, Purity and Potency of Shabu*

Fifty per cent of shabu users bought it in point amounts and the other 50% received it as a gift from friends. A point of shabu may be bought for \$50 and a gram will cost between \$250 and \$280. The form that shabu comes in was described as both crystal and dry crystal and it was clear. Thirty-three per cent of users said it was mixed with Epsom salts, did not know (33%) and those (33%) said it was mixed with a substance but they did not know what it was.

25.14 *Routes of Administration and Side Effects of Shabu*

Users (33%) inject shabu and (67%) smoke this drug. The subjective effects of shabu experience included “a bit of smacky effect”, “a bit of peaking” and “a bit of stoned effect”, “very mellow”, “sometimes speedy”. Users reported that there were no negative physical side effects experienced from taking shabu. Negative psychological effects from shabu included migraines and headaches.

25.15 Summary of the Methamphetamine Module

- Fifty-eight out of the 102 respondents agreed to complete the methamphetamine module, which was administered at the end of the interview for the main study.
- **Base** – (n = 58) Some 78% had used base in the last six months. Street names were abundant. Most were told it was a form of amphetamine. The cost of a point ranged between \$20-50. A gram cost between \$135-350. Forms came in crystal, paste and powder. Cutting agents included – glucose, Epsom salts, castor sugar, mda, brewing sugar, codeine. Routes of administration included injecting (72%). Effects included – rush, head buzz, increased heart rate, tingling, increased energy, increased confidence, invincibility, alertness, focused, chattiness, shortness of breath, euphoria, anxiety and vomiting.
- **Pure** – (n = 58) Some 55% had used pure. Street names were abundant. The cost of a gram was reported at \$200. Most believed the substance was crystal methamphetamine. A point cost \$50 and a gram cost around \$200. All people who had used pure in the last six months had injected it in the last six months.
- **Ice** – (n = 58) Some 22% had used ice. Street names were abundant. Seventy percent thought it was crystal methamphetamine. The price of a gram was between \$200-400. The price of a point ranged from \$50 to \$150. Some 92% injected the substance. Effects included - burning, dizziness, chest pains, palpitations, shortness of breath, sweats, vomiting, agitation, anxiety, scattered, migraines, headaches, paranoia, depression, lack of sleep and psychosis.
- **Shabu** – (n = 58) Some 9% had used shabu. Street names included crystal meth, ice, shabu. The price of a point was \$50. The price of a gram was between \$250-280. Some 33% had injected and 67% has smoked the drug in the last six months. It was likened to heroin. Effects included – smacky effect, peaking, mellow, speedy, migraines, headaches.

26.0 Seizures and Purity of Illicit Substances in Queensland

In this section we present seizure data, which are produced by Queensland State Police. We examine seizures of heroin, amphetamine, methamphetamine, cocaine and cannabis.

26.1 Heroin Seizures

In Table 26.1.1 seizures for heroin by quarter for the years 2000-2001 show that overall heroin purity was down for the 2001 quarters with average ranges from 21% to 28% whereas in the previous year the average percentages were up to between 44-

46%. This trend possibly reflects the heroin shortage and decreased purity and availability.

*Table 26.1.1: Heroin purity of seizures: for Queensland 2000-2001 (mean percentage)**

Grams	July-September 2000 Mean %		October- December 2000 Mean %		January-March 2001 Mean %		April-June 2001 Mean %		July 2000 to June 2001 Overall Purity of Seizures for Year Mean %	
	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %
State Police										
≤ 2 grams	156	46	70	44	79	21	16	28	321	39
> 2 grams	37	47	31	46	9	18	14	25	91	39
Total	193	46	101	43	88	21	30	27	412	39
AFP*										
≤ 2 grams			1	51					1	51
> 2 grams										
Total			1	51					1	51

*Data are taken from State Police seizures and signify heroin purity and price levels of seizures for 2000 to 2001.

26.2 Amphetamine Seizures

Table 26.2.1. In this table we present the Queensland figures by yearly quarter for 2000 and 2001, by case and by average percentage of purity range for amphetamine. For amphetamine purity data it is apparent that the seizures came from the State Police. Out of 12 cases of amphetamine seizures under two grams the average purity was 4%. Of those seizures over two grams (26 cases) the average purity was 3%.

Table 26.2.1: **Amphetamine** - Purity of seizures by yearly quarter by case and by average percentage of purity for Queensland 2000-2001

Grams	July-September 2000 Mean %		October- December 2000 Mean %		January-March 2001 Mean %		April-June 2001 Mean %		July 2000 to June 2001 Overall Purity of Seizures for Year Mean %	
	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %
State Police										
< 2 grams	8	4.3	0	0	4	3	0	0	12	4
> 2 grams	6	3.8	6	3	5	3	1	2	26	3
Total	14	4.7	6	3	5	3	1	2	26	4
AFP*										
< 2 grams	0	0	0	0	0	0	0	0	0	0
> 2 grams	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

*Data are taken from State Police seizures and signify amphetamine purity and price levels of seizures for 2000 to 2001.

26.3 Methamphetamine Seizures

In Table 26.3.1 purity ranges of seized methamphetamine from the Australian Bureau of Statistics are presented. While there were no seizures from the Australian Federal Police in Queensland there were a number of seizures from the State Police. The number of cases for each quarter ranged broadly from 306 in the July-September 2000 quarter down to 10 cases in April-June 2001. The purity also varied less and ranged from 21% to 32%.

Table 26.3.1: **Methamphetamine** - Purity of seizures by yearly quarter by case and by average percentage of purity for 2000-2001 for Queensland

Grams	July-September 2000 Mean %		October- December 2000 Mean %		January-March 2001 Mean %		April-June 2001 Mean %		July 2000 to June 2001 Overall Purity of Seizures for Year Mean %	
	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %	Number of cases	Average %
State Police										
≤ 2 grams	306	31	223	32	89	21	10	30	628	30
> 2 grams	104	31	162	30	93	22	29	24	388	28
Total	410	31	385	31	182	21	39	26	1016	29
AFP*										
≤ 2 grams	0	0	0	0	0	0	0	0	0	0
> 2 grams	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0

*Data are taken from State Police seizures and signify heroin purity and price levels of seizures for 2000 to 2001.

26.4 Clandestine methamphetamine laboratory seizures

The number of clandestine amphetamine laboratory (labs) seized for the years 1996-2001 is outlined in Table 26.4.1 and figures are supplied where available. It is noted that Queensland had a high number of laboratory detections comparatively to the rest of Australia. These indicators either give an estimation of the market's size in Queensland or are a result of a state-wide program by Queensland Police to increase police awareness of clandestine laboratories (Department of Police, 2000). The number of amphetamine and amphetamine-type⁹ seizures is increasing and has doubled from 1047 in the 1995-1996 period to 2081 seizures in the 1998-1999 period (QCC, 2000).

⁹It is difficult to unravel the seizures of amphetamine and amphetamine analogues at this stage because of the overlapping of the two products and the way in which they are mixed, "cooked" or reconstituted. Also research collection methods are problematic in this area. For example, Clients of Treatment Service Agencies (COTSA) data and NSP programs do not differentiate between amphetamine, methamphetamine and analogues of amphetamine such as MDMA.

Table 26.4.1: Amphetamine laboratory detections - Queensland and Australia 1995-1996 to 1998-1999

Year	Amphetamine Laboratory Seizures	
	Qld	Australia
2001	114	N/A
2000	93	
1999	93	125
1998	85	95
1997	63	58
1997	67	50

1. Note includes laboratories used for the manufacture of amphetamine type drugs including MDMA.

2. No figure for the QPS laboratory detections for the 1996-1997 year was available.

Source: QCC, 2000; QPS, 2002.

Table 26.4.2 shows the seizures of methamphetamine and the varying types by percentage. It shows there were more seizures of crystal methamphetamine (80%) in the year 2001 than powder (6.67%), and tablets (13%). The overall weight was highest in methamphetamine crystal at 98%.

Table 26.4.2: Number of Australian Customs seizures in 2000-2001 of methamphetamine and the various types by percentage

	Physical Appearance			Total
	Powder	Tablets	Crystal	
Number of seizures	1	2	12	15
Percentage of total	7	13	80	100.00
Weight (grams)	55	1219	82104	83377
Percentage of total	0.07	1.46	98.47	100.00

1. Five methamphetamine seizures do not have a recorded weight. Weight shown may be net, gross or estimated.

2. Data as at 30 June 2001.

Source: DRUGLAN.

Data from the Customs Bureau also analysed the methamphetamine seizures by state/territory. Table 26.4.3 shows that Queensland had one seizure of methamphetamine by Federal Customs and the weight of this seizure was 394 grams. Other states with high Federal Customs seizures included NSW with seven seizures weighing a total of 80,690 grams and WA with one seizure weighing 80,690grams.

Table 26.4.3: Number of Australian Customs seizures of methamphetamine and the various types by state/territory

	Physical Appearance			Total
	Powder	Tablets	Crystal	
NSW	0	1	7	8
Vic	1	0	3	4
Qld	0	0	1	1
SA	0	0	0	0
WA	0	1	1	2
Tas	0	0	0	0
NT	0	0	0	0
ACT	0	0	0	0
Total	1	2	12	15
Weight (Grams)				
NSW	0	0.0	80,690.2	80,690.2
Vic	54.4	0.0	0.0	54.4
Qld	0	0.0	329.4	329.4
SA	0	0.0	0.0	0.0
WA	0	1,219.2	1,084.0	2,303.2
Tas	0	0.0	0.0	0.0
NT	0	0.0	0.0	0.0
ACT	0	0.0	0.0	0.0
Total	54.4	1,219.2	82,103.6	83,377.2

27.0 New Trends in Injecting Drug Use According to IDU Respondents

IDU respondents were given an opportunity to comment on recent trends in the illicit drug market. Using the qualitative comments and constant comparisons we outline these comments in this section. On the whole the general consensus was that the user population were getting younger. There were not so many people using heroin but were going back to speed and morphine. There was a sense that people were desperate and willing to try anything injectable such as morphine suppositories and temazepam®.

The sense that people were choosing speed and morphine instead of coming off drugs altogether seemed to be overarching comments. Additionally morphine was getting easier to obtain and was becoming cheaper to buy.

There were two comments about increasing injecting use among minority cultural groups.

Comments were also made about the increase of doctor shopping and more sophisticated methods to do so.

38.0 Secondary Data to Complement IDRS Study

This section provides secondary data, which support the IDRS data. Where possible, we compare with the previous years to identify trends and patterns of illicit drug use in Queensland.

28.1 Opioid-related Deaths

The data from the Australian Bureau of Statistics (ABS) state that the overall trend in Australia for opioid-related deaths was increasing from 1991 to 1999. There was a slight decline leading into 2000. Figure 28.1.1 shows this trend. When we examined the Queensland data for opioid deaths we found the death rate has increased and this is depicted in Table 28.1.2. In Victoria and NSW there was a decline in deaths in 2000.

Figure 28.1.1: Rate of opioid overdose deaths per million persons among those aged 15-44 years in Australia, 1988-2000 Source (Australian Bureau of Statistics 2000)

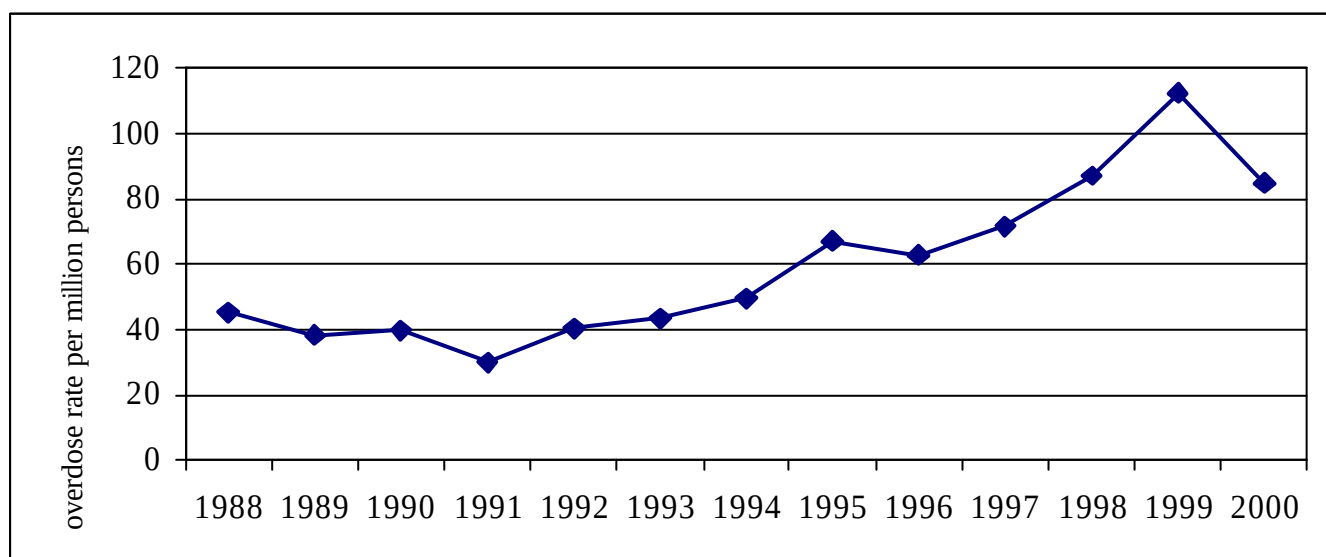


Table 28.1.2: Number of opioid overdose deaths among those aged 15-44 years by jurisdiction, 1988-2000

	NSW	Vic	Qld	SA	WA	Tas	NT	ACT	Aust
1988	201	99	15	12	18	0	0	2	347
1989	154	98	19	8	18	1	2	2	302
1990	193	78	8	18	14	5	0	0	316
1991	142	63	9	12	12	3	0	2	243
1992	178	77	18	28	21	0	1	4	327
1993	177	84	22	40	23	4	2	5	357
1994	201	91	34	32	38	4	5	1	406
1995	251	136	42	34	68	6	0	13	550
1996	244	142	27	30	61	5	2	15	526
1997	292	168	26	36	70	1	1	6	600
1998	358	210	38	45	59	7	10	10	737
1999	401	347	70	52	73	3	4	8	958
2000	249	263	113	40	43	5	2	10	725

We were concerned that this trend did not reflect what was emerging from the IDRS data in Queensland. We approached Queensland Health Scientific Services to examine why the trend in opioid related deaths had increased in Queensland – a trend which was different to other states and territories. The data we requested related specifically to heroin related deaths. Table 28.1.3 shows that the deaths in Queensland and those, which related to heroin, have dropped off substantially from 38 in the second half of 1998 to 15 in the first half of 2001. This indicates there is indeed a decline in heroin related deaths in Queensland.

A possible explanation for this discrepancy could be that the heroin drought or the decrease in the availability of heroin in Queensland might have started at a later date compared to that of other states and territories in Australia. The numbers in Table 25.1.3 have assisted us to identify that the trend in Queensland is similar to that of other states and territories but that it happened at a later date and was not picked up by ABS data.

Table 28.1.3: Specimens received in each six-month time segment

Specimens Received in Each Six-month Time Segment	Number of Heroin-related Cases*
1/7/1998 to 30/12/1998	38
1/1/1999 to 30/6/1999	39
1/7/1999 to 30/12/1999	56
1/1/2000 to 30/6/2000	44
1/7/2000 to 30/12/2000	45
1/1/2001to 30/6/2001	15

*Each of these was determined to be a heroin - related case based on the following parameters: (1) the morphine concentrations were potentially fatal (includes possible interaction with alcohol); (2) there was a suggestion of heroin usage in the accompanying report; and (3) there was no other mode or cause of death identified. Some heroin -related deaths might not be included using the above criteria.

Source: Queensland Health Scientific Services, 2002.

29.0 National Drug Strategy Household Survey

The NDSHS samples people living in households however they do not cover homeless people or people who are currently in institutions. It is conducted every three years and was conducted in 2001. The 2001 results are not available as yet and so the 1998 survey is used here. Queensland is similar to other states and territories in most areas of illicit drug use for recent use and lifetime use. In this survey the peak age for recent use is 20-29 years of age. In 1998 use of both cocaine and amphetamine in Queensland was below the national average for both lifetime and recent use. However, injecting drug use in Queensland was higher than the national average for both lifetime and recent use. (See Table 29.1.1)

Table 29.1.1: Areas where recent drug use is different from use elsewhere in Australia by a statistically significant amount

The Proportion for Queensland is Above That for the Rest of Australia	The Proportion for Queensland is Below That for the Rest of Australia
Tobacco	Amphetamines
Methadone	Cocaine
Injecting Drugs	Ecstasy / designer drugs
	Hallucinogens
	At least one "hard drug"

Source: NDS Household Survey, 1998; Queensland results and calculations undertaken within Queensland Health.

30.0 NSP Survey –2001

The Needle Syringe Program Survey (NSP) is a study, which is conducted through the NSP around Australia during one week in every State and Territory and asks what the last drug IDU used. Out of (n = 750) 30% of the respondents had used amphetamine as the last drug injected. Some 45% stated they had used heroin last. Table 30.1.1 highlights these trends.

Table 30.0.1: Prevalence of amphetamine and other drug injection use by IDUs for 2000 and (data from the NSP Survey)

	ACT	NSW	Vic	Qld	SA	Tas	WA	NT
	n = 163	n = 911	n = 293	n = 750	n = 312	n = 27	n = 143	n = 95
Amphetamine	10 (6%)	91 (10%)	19 (6%)	283 (38%)	93 (30%)	6 (22%)	33 (23%)	26 (27%)
Cocaine	0 (0%)	45 (5%)	0 (0%)	3 (<1%)	3 (1%)	0 (0%)	1 (1%)	0 (0%)
Heroin	130 (80%)	533 (59%)	254 (87%)	336 (45%)	175 (56%)	3 (11%)	71 (50%)	12 (13%)
Methadone	3 (2%)	65 (7%)	0 (0%)	11 (1%)	7 (2%)	4 (15%)	3 (2%)	0 (0%)
Morphine	3 (2%)	5 (1%)	5 (2%)	18 (2%)	10 (3%)	6 (22%)	7 (5%)	43 (45%)
Steroids	2 (1%)	12 (1%)	1 (< 1%)	21 (3%)	2 (1%)	1 (4%)	1 (1%)	2 (2%)
> One drug	14 (8%)	141 (15%)	12 (4%)	62 (8%)	18 (6%)	7 (26%)	16 (11%)	9 (10%)
Other drugs	0 (0%)	8 (1%)	0 (0%)	6 (1%)	1 (<1%)	0 (0%)	1 (1%)	0 (0%)
Not reported	1 (1%)	11 (1%)	2 (1%)	10 (1%)	3 (1%)	0 (0%)	10 (7%)	3 (3%)

(Source: NSP Survey, 2000).

31.0 Overdose Data for 2000

The Queensland Ambulance Service is conducting a study, which examines the number of drug overdoses they attend. This study initially focused on heroin and other opioid overdoses and has recently been extended to include amphetamine overdoses. We include here the data from their study relating to overdoses for 2000. Figure 6.9.1 shows information on ambulance attendances for heroin overdoses for the south-east corner of Queensland.

Table 31.0.1: Characteristics of non-fatal heroin overdoses in Queensland (2000)

Age of client	Mean = 27.2; range 15-60
Gender of patient	70% male
Peak of day of week	Thursday, Friday
Peak time of day	11am to 9pm
Areas with highest number of overdoses	Brisbane CBD, Fortitude Valley, West End, Inala, New Farm, Surfers Paradise, Woodridge

32.0 Summary and Implications

The Queensland Illicit Drug Reporting System report for 2001 presents the findings of illicit drug use in Queensland in the south-east corner for two successive years. The year 2000 was the first in which the complete IDRS was conducted in all Australian jurisdictions. This is a significant advance of the results of previous years of operation of the IDRS. The year 2000 represents the first in which standardised, directly comparable data relating to illicit drug use and markets have been collected in every Australian jurisdictions. The most striking observation of the findings of the 2001 IDRS was the heroin drought and the increase in poly drug and methamphetamine use. This also coincided with continued use of licit drugs substances such as alcohol and tobacco along with illicit substances. Below we highlight the various trends in the four main illicit substances – heroin, amphetamine, cocaine, cannabis, and other drugs. We then go on to discuss methodological considerations.

32.1 Heroin

During the year of 2001, a decline in the availability of heroin was evident in Queensland. It commenced around December 2000, and has continued since this date. While 77% of users stated that heroin was difficult to obtain, key informants state the availability of heroin is down by approximately 80%.

There have undoubtedly been a number of positive consequences of the drought, notably a significant decrease in the number of heroin overdoses and fatal drug overdose deaths. Some people have stopped taking drugs altogether.

The decrease in heroin use has been partly offset by an increase in poly drug use among this group especially with methamphetamine, cocaine, benzodiazepines and cannabis. The price per gram of heroin has increased from \$350 in 2000 to \$450 in 2001. The average purity of heroin seizures was 39% in 2001, a decrease from an average of 50% in 2000. This compared with 60% in 1999. It appears that heroin purity is decreasing in Queensland.

Despite the drought heroin continued to rate highly in illicit drug use among this population in the South East corner of Queensland. Compared to 2000, poly drug use was more common in 2001.

32.2 *Amphetamine/Methamphetamine*

Amphetamine and methamphetamine use increased in the south-east corner of Queensland. More people are using methamphetamine and the drug appears to be available in a variety of forms depending on the cook, the cooking process and the types of ingredients and cooking apparatuses available. Given the reports of the heroin drought, IDUs appear to be moving to other illicit substances predominantly amphetamines in all its forms. Almost all of respondents had used amphetamines in the past 12 months.

The average price of methamphetamine per gram increased from \$80 in 2000 to \$180 per gram in 2001. This figure appeared to be offset with a decrease in a street point price from \$50 in 2000 to \$35 in 2001. The decreasing street price continued to be a trend in Queensland.

The average purity of amphetamine seizures remained stable at around 23%. The average purity of methamphetamine remained stable at around 29% for the 2001 period and this compared to 28% in 2000. Clandestine laboratory seizures had increased to 94 in the 2000/2001 period placing the bulk of methamphetamine laboratory seizures in Queensland.

The increased use of methamphetamine in Queensland has been associated with increases in violent and property crime. Accident and Emergency Departments are reporting increased incidences of people presenting with methamphetamine use associated problems. These problems range from paranoia, anxiety, depression, psychotic breakdown and violent behaviour.

32.3 *Cocaine*

In 2001, there was an increase in the number of IDU using cocaine and the number of days users had used cocaine in the last six months. The price of cocaine in the south-east corner of Queensland had declined from \$250 in 2000 to \$200 in 2001. Street caps cost \$80 although there was no comparative price from 2000. Key informants reported use of crack cocaine and this had not been mentioned in the IDRS for south-east Queensland before.

32.4 *Cannabis*

Cannabis use in the south-east corner of Queensland has continued to dominate use in the illicit drug categories. Purity of cannabis remained high as did availability. NDSHS (AIHW, 2000) survey data indicate that the number of recent¹⁰ cannabis users in Queensland increased between 1995 (10.4%) and 1998 (17.7%). The majority of cannabis users in this user population smoke tobacco and drink alcohol and were reported to engage in recreational and mostly oral use of amphetamines. Health professionals consistently reported a lack of awareness of cannabis dependence among users.

¹⁰Used within the year preceding the survey

32.5 *Other Drugs*

Of interest in this section is that there has been an increase in poly drug use and this is possibly associated with the heroin drought. Users have become creative in their attempts to use a variety of licit and illicit drugs to fill the vacuum created by the heroin drought. There have been increased reports of the use of injecting Temazepam® and some services and Accident and Emergency departments of hospitals have reported presentation of users with minor and severe vein damage problems associated with this type of drug use. Drug and Alcohol Services have developed Education programs associated with the use of Temazepam® and the Pharmacy Guild of Australia (PGA) are making moves to have the oil based Temazepam® removed from the market.

Doctor shopping, it was noted was becoming a problem with key informants reporting that groups of doctor shoppers were hitting regions, obtaining prescriptions and then moving onto another region. It was also reported that users were not always using the prescription drugs themselves and that they were using the prescription drug as a bartering tender for other illicit drug substances mainly amphetamines.

33.0 **Methodological Considerations**

The Illicit Drug Reporting System (IDRS) in Queensland has taken a number of years to develop to the stage it is at in 2001. It is a national project conducted in each state and territory each year and offers "cutting edge" "current" information about the trends in drug use in each jurisdiction and on a national basis. Unlike major surveys such as the Household Drug and Alcohol Survey which is conducted each three years and the DUMA survey which monitors the drug use of incarcerated people in Queensland, IDRS provides information on a yearly basis. This means the data are current and policy makers are informed of changes at the time those changes are occurring in the community. Policies are then targeted more accurately due to the timely data from IDRS.

In 2001, the IDRS was undertaken for the second consecutive year in Queensland and this provided a rich database of comparable data. The IDRS National Conference highlighted those states, which have had the project running for five years consecutively, and the benefits of having the comparable data across the five years. Queensland can already see the benefits of having a dataset which can monitor drug trends each year.

For Queensland, IDRS has seen the development of a skill, knowledge and expertise base of individuals in Brisbane, the Gold Coast and the Sunshine Coast in the IDRS methodology. Workshops were held in these regions in 2001 and there are now 40 people who are educated in the implementation and execution of the IDRS. Of importance to the project is the ability of the project to develop sustainable partnerships across health and law enforcement agencies in the south-east region of Queensland. These skills, networks and partnerships form a strong investment for Queensland in the management of drug related issues. The project is mentioned

favourably on local drug user Internet chat lines and a trusting relationship has developed with the team managing the IDRS.

34.0 Future Research Recommendations Emerging from the IDRS Study for 2001

For Queensland there are a number of implications for this type of research in Queensland. Firstly it serves as an identifier of further research. The following research recommendations are an outcome of the 2001 IDRS study and were identified as:

1. Availability of Service for IDUs. It is recommended that a module be developed (Queensland will take responsibility for the development of such a module and disseminate to other team members for consideration) which could be administered at the end of the interview in a similar to that of the Methamphetamine Module which was administered in the year 2000 and 2001. This module will assess what services IDU are accessing and the delays associated with service deliver.
2. It is also recommended that a longitudinal study of methamphetamine use and its impact on the individual, service delivery and the community be undertaken.

35.0 References

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36.0 Appendices

Appendix 1: 2001 survey - drug use history of the IDU sample (n = 102), including the percentage of IDU who reported having ever used various licit and illicit substances; percentages of those IDUs who had ever used each substance who had ever and recently injected, smoked, snorted, or swallowed that substance; and the median number of days that recent users reported having used that substance during the six months preceding the survey

Drug	Ever Used	Ever Injected	Injected Last Six Months	Ever Smoked	Smoked Last Six Months	Ever Snorted	Snorted Last Six Months	Ever Swallowed	Swallowed in Last Six Months	Used in Last Six Months	Median Number of Days Used in Last Six Months
Heroin	91	98	68	48	9	16	1	25	7	68	70
Methadone	54	53	26	-	-	-	-	95	64	71	42
Morphine	61	89	52	5	0	2	2	36	21	58	5
Other Opiates	36	57	35	24	5	3	3	65	30	62	5
Amphetamines	98	98	85	26	8	63	13	63	26	85	50
Cocaine	68	64	32	19	7	61	17	25	10	42	3
Hallucinogens	87	39	7	2	1	1	1	99	30	30	4
Ecstasy	66	57	24	5	5	15	6	90	52	57	6
Benzodiazepines	77	58	35	10	3	3	1	94	77	83	14
Alcohol	97	6	0	-	-	-	-	100	79	79	22
Cannabis	97	-	-	-	-	-	-	-	-	85	100
Antidepressants	54	-	-	-	-	-	-	-	-	51	41
Inhalants	34	-	-	-	-	-	-	-	-	23	2
Tobacco	96	-	-	-	-	-	-	-	-	99	180

Appendix 2: 2000 Survey - drug use history of the IDU sample (n = 101), including the percentage of IDU who reported having ever used various licit and illicit substances; percentages of those IDUs who had ever used each substance who had ever and recently injected, smoked, snorted, or swallowed that substance; and the median number of days that recent users reported having used that substance during the six months preceding the survey

Drug	Ever Used	Ever Injected	Injected Last Six Months	Ever Smoked	Smoked Last Six Months	Ever Snorted	Snorted Last Six Months	Ever Swallowed	Swallowed Last Six Months	Used in Last Six Months	Median Number of Days Used in Last Six Months
Cannabis	99	-	-	-	-	-	-	-	-	80	90
Amphetamines	97	97	71	25	4	57	9	71	20	74	24
Heroin	93	98	85	59	15	19	4	27	10	86	100
Hallucinogens	83	32	4	7	1	4	1	98	18	29	2
Benzodiazepines	74	33	16	5	1	1	1	97	68	80	20
Ecstasy	66	46	13	2	0	16	6	90	33	36	4
Other Opiates	62	75	33	16	2	5	0	59	29	51	5
Methadone	53	60	32	-	-	-	-	83	51	66	165
Cocaine	52	71	15	19	6	62	15	23	6	28	2
Antidepressants	45	-	-	-	-	-	-	-	-	51	60
Inhalants	37	-	-	-	-	-	-	-	-	13	10
Tobacco	96	-	-	-	-	-	-	-	-	91	180
Alcohol	96	4	0	-	-	-	-	100	79	79	13