

QUEENSLAND DRUG TRENDS 2011



Findings from the Illicit Drug Reporting System (IDRS)

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Queensland Alcohol and Drug Research and Education Centre

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
AGDH&A	Australian Government Department of Health and Ageing
ADHD	Attention Deficit Hyperactivity Disorder
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANSP	Australian Needle and Syringe Program
AOD	Alcohol and other drug(s)
ATODS	Alcohol Tobacco and Other Drug Services
ATS	Amphetamine-type stimulant
AUDIT-C	Alcohol Use Disorders Identification Test-Consumption
BBVI	Blood-borne virus infection
CPR	Cardio pulmonary resuscitation
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
DUMA	Drug Use Monitoring in Australia
DXM	Dextromethorphan
EDRS	Ecstasy and Related Drugs Reporting System
GP	General practitioner
HCV	Hepatitis C virus
HIS	Heavy Smoking Index
IDRS	Illicit Drug Reporting System
KE	Key expert(s)
K10	Kessler Psychological Distress Scale
LSD	Lysergic acid diethylamide
MCS	Mental Component Score
MDMA	3,4-methylenedioxymethylamphetamine ('ecstasy')
MSM	Methylsulfonylmethane
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NNDS	National Modifiable Diseases Surveillance System
NSP	Needle and Syringe Program(s)
OST	Opioid Substitution Treatment
OTC	Over the counter
PCS	Physical Component Score
PO	Pharmaceutical opioids
PWI	Personal Wellbeing Index
QAS	Queensland Ambulance Service
QNSP	Queensland Needle and Syringe Program
QOL	Quality of Life
QPS	Queensland Police Service
QuIHN	Queensland Injectors' Health Network
SCID	Structural Clinical Interview for DSM disorders
SDS	Severity of Dependence Scale
SF-12 [®]	Short-Form 12-Item Health Survey
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
WHO	World Health Organization

GLOSSARY OF TERMS

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

Guide to days of use/injection in preceding six months

180 days	daily
90 days	every second day
24 days	weekly
12 days	fortnightly
6 days	monthly

EXECUTIVE SUMMARY

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

Demographic characteristics of participants

One hundred and two people who regularly inject drugs participated in the 2011 IDRS survey in South East Queensland. The mean age of participants was 38 years, 79% were male, 82% were unemployed, 32% had a trade/technical qualification, 8% a university/college qualification, 47% were currently involved in some sort of drug treatment, and 66% had a prison history.

Consumption pattern results

Current drug use

The mean age of first drug injection was 20 years, with 61% first injecting methamphetamines and 35% first injecting heroin.

Heroin was nominated as drug of choice by 51% of participants, and methamphetamines by 17%. Heroin and methamphetamines were the drugs most commonly injected in the previous month, and they were also the most common drugs last injected.

Heroin

Overall heroin use declined, with 65% of participants using heroin in the preceding six months and 15% using it daily ($p<0.05$). Two in five participants reported heroin as the drug most often injected. Use of homebake remained low.

Methamphetamine

In 2011, 71% of participants reported use of methamphetamines in the previous six months compared with 59% in 2010. The proportion of participants using each of the four forms of methamphetamine in the previous six months was crystal 50%, speed 40%, base 37%, and liquid 6%. Methamphetamine was the drug of choice for 17% of participants, and 34% reported that it was the drug most often injected in the past month.

Cocaine

Cocaine use remained stable, with 13% using it in the previous six months. Frequency of use was low (i.e. a median of two days in the preceding six months).

Cannabis

As in previous years, the majority of participants had used cannabis in the preceding six months, with 42% of participants using it daily. Hydro continued to be used more often than bush.

Other opioids

Methadone and buprenorphine-naloxone were the two most commonly used forms of prescribed substitution pharmacotherapy; buprenorphine was the most commonly used form of substitution pharmacotherapy used illicitly.

Amongst participants prescribed methadone or buprenorphine, injection of some doses was relatively common, but was less common amongst participants prescribed buprenorphine-

naloxone. The majority of participants who used non-prescribed substitution pharmacotherapy injected them.

Recent use of illicit morphine (non-prescribed) remained stable at 39%, with most participants injecting it. Use of licit oxycodone was rare, but 34% of participants reported recently using illicit oxycodone with nearly all injecting. Two in five participants reported using over the counter codeine (predominantly Nurofen Plus[®]) on a median of seven days in the preceding six months.

A third of participants had recently used other opiates such as pethidine, Panadeine Forte[®], opium.

Other drugs

Just under a quarter (23%) of participants had used ecstasy in the preceding six months, with 7% injecting. Hallucinogens were used by a small minority with 12% reporting use in the previous six months on a median of two days, with none injecting.

Two in five participants reported illicit use of Alprazolam (e.g. Xanax[®], Kalma[®], Alprax[®]) in the previous six months; and a third reported recent illicit use of other benzodiazepines. Altogether 76% of participants had used benzodiazepines (licit or illicit) in the preceding six months.

Use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) in the previous six months was rare (4%), as was use of inhalants (4%).

The majority of respondents (68%) reported recent alcohol use. Almost all participants used tobacco in the previous six months (96%), with 94% reporting daily use.

Drug market: Price, purity, availability and purchasing patterns

Heroin

Price of heroin was consistent with previous years at \$400 per gram and \$50 per cap, and was readily available. Purity was generally reported as medium or low, but one in five considered that it fluctuates. Most participants purchased heroin from a known dealer or friends, with 63% of purchases occurring at an agreed public location.

Methamphetamine

Price of speed was \$100 per point, base \$80 per point, and crystal/ice \$100 per point. All three forms (speed, base, and ice/crystal) were generally considered easy or very easy to obtain. There was no clear consensus on their purity; although all forms were most likely to be rated as high or medium. All forms of methamphetamine were considered to be readily available.

Cocaine

Very few participants commented on the market, and there was no clear consensus on price, purity, availability, and purchasing patterns.

Cannabis

The potency of cannabis continued to be rated as high, particularly hydro. Price remained fairly stable at around \$25 per gram for both hydro and bush. Hydro was considered to be easy or very easy to obtain by 93% of participants and bush by 80%. Both hydro and bush were most likely to be purchased from a friend, and to be purchased at a friend's house.

Methadone

Most of the participants who commented on the methadone market considered price to be stable. The median price of a milliliter was \$1. Over half rated access as difficult, with most regarding accessibility as stable. Methadone was most likely to have been purchased from a friend, and the purchase place to have been a public location.

Buprenorphine

Price and availability was usually regarded as stable, with the median price of 2 milligrams being \$15 and 8 milligrams \$30.

Buprenorphine-naloxone

Price and availability was generally considered stable, with a 2 milligram tablet costing \$10 and an 8 milligram tablet costing around \$30.

Morphine

The price of 100 milligrams of morphine was around \$60, with price considered to be generally stable or increasing. MS Contin® was the most common brand of morphine used, followed by Kapanol®. Morphine was reported as readily available and was obtained from a variety of source people and venues.

Oxycodone

The price of 80 milligrams of illicit oxycodone was around \$50, with most participants considering price to be stable. About half (52%) rated availability as difficult, with the remainder rating it as easy or very easy. Oxycodone was most commonly sourced from a friend and purchased at an agreed public location.

Health-related trends associated with drug use

Overdose and drug-related fatalities

Nearly half of participants (48%) had overdosed on heroin in their lifetime. Of these, 21% had overdosed in the preceding year and 23% had overdosed more than three times in their lifetime. Twenty-nine per cent of all participants reported an overdose on a drug other than heroin in their lifetime, with most reporting doing so once only. By far the most overdose cases attended by Queensland Ambulance Service were for alcohol, followed by antidepressants, benzodiazepines, and then heroin.

Drug treatment

Drug treatment status was similar to 2010 with 47% of participants in treatment which was mainly opioid substitution pharmacotherapy.

Injecting risk behaviours

Needle and syringe programs were the main source of needles and syringes. One in five of the participants borrowed used needles and 28% lent used needles. Two-thirds shared equipment other than needles.

Mental health problems, psychological distress and general health

Self-reported mental health problems were common (63%), with the most common problems being depression and anxiety. Participants were considerably more likely to score in the 'high' or 'very high distress' categories than the general Australian public as measured by the Kessler Psychological Distress Scale (K10) (67% versus 9%).

Participants' scores on the Short-Form 12-Item Health Survey (SF-12®) indicated they had poorer mental and physical health than the population average. Seventy-one per cent of

participants reported a long-standing physical health condition, illness, disability or infirmity. Sixty-eight per cent of participants had visited a GP in the previous four weeks, and nearly a quarter had visited a drug and alcohol counsellor.

Driving risk behavior

Of the 45% of participants who had driven a vehicle in the previous six months, one in five reported driving under the influence of alcohol, and almost four in five reported driving soon after taking an illicit drug. Most of these participants (69%) considered that the drug/s taken prior to driving had no impact on their driving ability.

Trends in law enforcement associated with drug use

Reports of criminal activity

Drug dealing and property crime were the most frequently reported criminal activity.

Arrests

Over half (56%) of participants reported being arrested in the preceding 12 months, with the most likely reasons being use/possession of drugs (32%) and property crime .

Expenditure on illicit drugs

Those participants who purchased illicit drugs on the previous day reported spending a mean of \$12.

Special topics of interest

Pharmaceutical opioids

The most common reasons given for using pharmaceutical opioids were to obtain an opioid effect (52%) and for pain relief (40%). Seventeen per cent of those who had recently used pharmaceutical opioids stated they had been refused them for pain due to their injecting history.

Over the counter codeine (OTC)

Two in five participants had recently used OTC codeine, and 8% reported use for non-medical purposes.

Online drug-related activity

The internet was infrequently used for drug-related activity. Very few participants depended on text messaging to obtain drugs.

Policy issues

Needle and syringe programs, methadone/buprenorphine maintenance programs, treatment with drugs other than methadone, regulated injecting rooms, and trial of prescribed heroin were all well supported. Less well supported were rapid detoxification therapy and use of naltrexone.

Most participants (85%) either supported or strongly supported the personal use of cannabis, with only low levels of support for personal use of ecstasy and cocaine. Consistent with this, most participants (84%) opposed or strongly opposed increased penalties for the sale or supply of cannabis. Responses were more mixed for other drugs.

Pleasure, happiness and quality of life

The mean rating of overall quality of life on a scale from 0 (very bad) to 10 (excellent) was 5. On a scale from 0 (nil) to 100 (a lot), the mean contribution to pleasure of taking drugs was 71, to happiness 70, and to quality of life 55.

1 INTRODUCTION

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

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

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

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

1.1 Study aims

As in previous years, the aims of the 2011 Queensland IDRS were to:

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

2 METHOD

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

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

Participants gave informed consent prior to interview, and the information they provided remains anonymous and confidential (i.e. their responses were de-identified).

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

2.1 Survey of people who regularly inject drugs

During June 2011, 102 IDRS participants were individually interviewed face-to-face. Participants were people aged 17 years or older who inject drugs, had injected an illicit drug at least monthly in the previous six months, and had lived in South East Queensland for 12 months. Participants were recruited and interviewed at five Needle and Syringe Program (NSP) sites located in the Brisbane-Gold Coast area.

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

The interview schedule was administered by trained research staff in a private room at the NSP sites. The interviews took approximately one hour to complete and participants were reimbursed \$40 for their time and travel expenses. The 2011 IDRS survey included sections on:

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

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

2.2 Survey of key experts

In September and October 2011, 20 professionals working in the alcohol and other drugs (AOD) sector were interviewed as key experts for the Queensland IDRS. Key experts are individuals working in the health or law enforcement sectors who are equipped to provide information on trends and patterns in illicit drug use and associated harms. This is because they have regular contact with people who inject illicit drugs or considerable knowledge of manufacture, importation, supply, and seizure of illicit drugs.

In 2011, 12 of the key experts were from the health sector and 8 were from law enforcement. They included NSP workers, nurses, mental health clinicians, staff of drug treatment agencies, researchers, outreach workers, youth workers, forensic chemists, and law enforcement and intelligence officers.

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

2.3 Other indicators

Secondary data was also collected to corroborate data from those who regularly inject drugs and from key experts. Suggested entry criteria for indicator data were:

- be available at least annually
- include 50 or more cases
- provide details of illicit drug use
- be collected in Queensland
- include details on the four main illicit drugs under investigation (i.e. heroin, methamphetamines, cocaine, and cannabis).

The following indicator data sources largely fitted these criteria and are used in the report:

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

2.4 Data analysis

Participant survey results were analysed using IBM®SPSS® Statistics, Version 19.0. Standard frequencies were calculated and tests for significant differences between 2010 and 2011 data were conducted for drug of choice, last drug injected, drug injected most often in the past month, and use of the major drug types. Test differences in proportions were calculated using an excel spreadsheet available at <http://www.cebm.net/index.aspx?o=1023> (Tandberg). Only test results that were statistically significant at $p < 0.05$ have been reported.

3 DEMOGRAPHICS

KEY POINTS

- The mean age of participants was 38 years, with 66% aged 35 years and over.
- Demographic characteristics remain similar to previous years: typically unemployed, male, many with prison and drug treatment history.

3.1 Overview of the IDRS participant sample

The demographic characteristics of the 2011 sample of 102 participants from South East Queensland were similar to those in 2010 with no statistically significant differences (Table 1). Participants were typically male, single, with a prison history.

Table 1: Demographic characteristics, 2010 and 2011

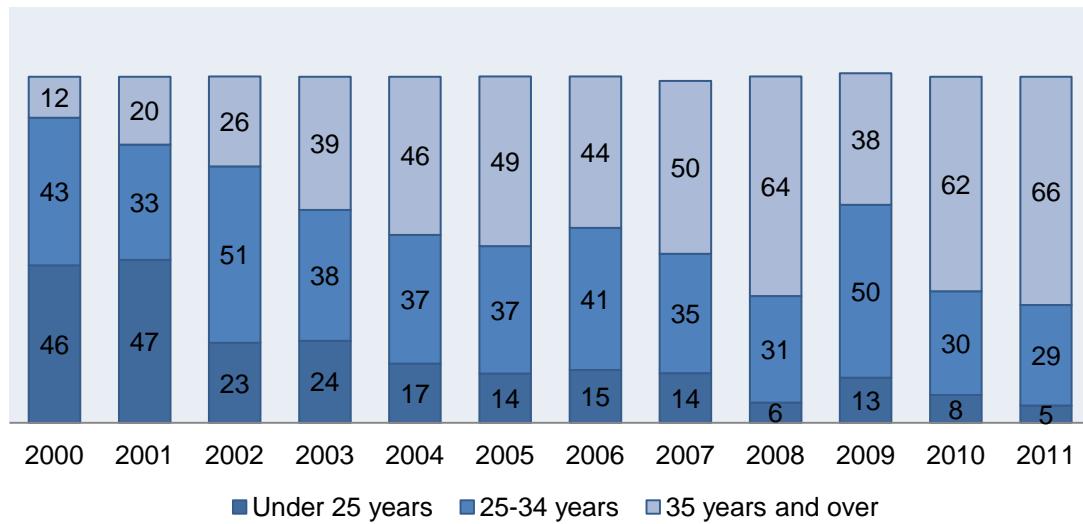
	2010 N = 100	2011 N = 102
Age (mean, range)	40 (19-55)	38 (18-60)
Gender (% male)	70	78
Aboriginal and/or Torres Strait Islander (%)	20	19
Sexual identity (%)		
Heterosexual	87	85
Gay male	3	5
Lesbian	1	1
Bisexual	7	9
Other	2	0
Relationship status (%)		
Married/de facto	25	24
Partner	19	11
Single	49	62
Separated	5	1
Divorced	1	2
Widowed	1	1
Highest school grade completed (mean)	10	10
Course completed post-school (%)		
None	53	60
Trade/technical	38	32
University/college	9	8
Unemployed	83	82
Mean income/week (\$)	354	360
Prison history	56	66
Currently in drug treatment*	41	47

Source: Queensland IDRS injecting drug user interviews

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

As seen in Figure 1, the percentage of participants aged 35 years and over has substantially increased since 2000, while those under 25 years has decreased to 5%.

Figure 1: Percentage of participants in each age group, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

4 CONSUMPTION PATTERNS

KEY POINTS

- Methamphetamine was the drug most likely to have been first injected by participants.
- Slightly over half of participants nominated heroin as their drug of choice.
- Heroin was the drug most commonly injected in the preceding month.
- The most recent injection was most likely to be heroin, followed by methamphetamine.
- About two in five participants injected at least once per day.

4.1 Current drug use

Drug use patterns for 2011 are similar to those of 2010 (Table 2) with no statistically significant differences; though when considering the drug injected most often, heroin appeared less common (40% in 2011 versus 51% in 2010), and methamphetamine more common (34% in 2011 versus 22% in 2010).

Table 2: Drug use patterns, 2010 and 2011

	2010 N = 100	2011 N = 102
Age first injection (mean years, range)	20 (10-42)	20 (12-49)
First drug injected (%)		
Heroin	25	35
Methamphetamine (any form)	67	61
Cocaine	2	1
Morphine	4	2
Other	2	1
Drug of choice (%)		
Heroin	59	51
Cocaine	1	1
<i>Methamphetamine (any form)</i>	(14)	(17)
Speed powder	8	10
Base methamphetamine	3	2
Crystal methamphetamine	3	5
Cannabis	11	16
Morphine	7	6
Other	6	9
Drug injected most often in past month (%)		
Heroin	51	40
Cocaine	0	0
<i>Methamphetamine (any form)</i>	(22)	(34)
Speed powder	12	18
Base methamphetamine	5	7
Crystal methamphetamine	5	10
Morphine	13	13
Other/have not injected in past month	14	13

Table 2: Drug use patterns, 2010 and 2011 (continued)

	2010 N = 100	2011 N = 102
Most recent drug injected (%)		
Heroin	47	39
Cocaine	1	0
<i>Methamphetamine (any form)</i>	(21)	(28)
Speed powder	12	19
Base methamphetamine	6	5
Crystal methamphetamine	3	5
Morphine	16	12
Buprenorphine/buprenorphine-naloxone	6	9
Other drug	9	12
Frequency of injecting in past month (%)		
Weekly or less	19	25
More than weekly, but less than daily	27	38
Once per day	20	12
2-3 times a day	22	22
>3 times a day	9	4

Source: Queensland IDRS injecting drug user interviews

4.1.1. Drug of choice

Heroin continued to be by far the most common drug of choice, nominated by 51% in 2011 (Table 2).

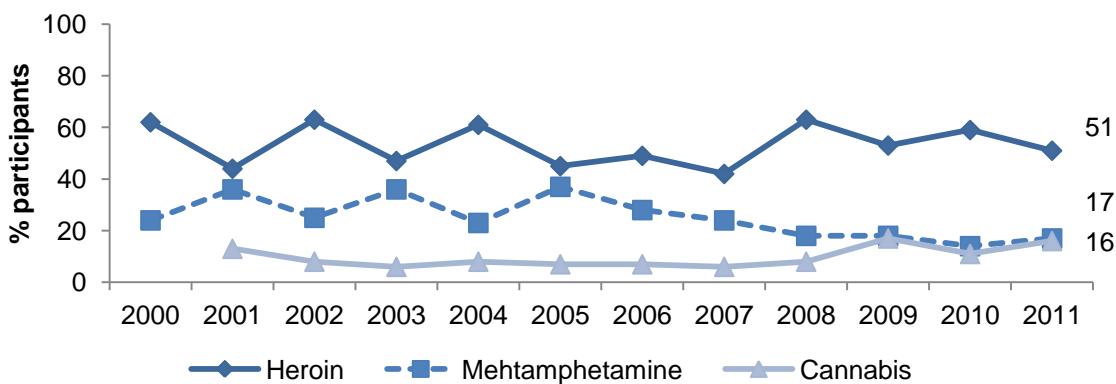
4.1.2. Drug last injected and injected most often in the past month

There was no significant difference in drug use patterns between 2011 and 2010; heroin continued to be the drug most often injected in the past month and the most recent drug injected (Table 2).

4.1.3 Trends over time

Since 2000, the three most common drugs of choice have continued to be heroin, methamphetamine, and cannabis (Figure 2). The choice of heroin has fluctuated over the period with methamphetamines roughly presenting a reverse mirror image. Choice of cannabis (first introduced in 2001) has remained low.

Figure 2: Drug of choice, 2000 to 2011

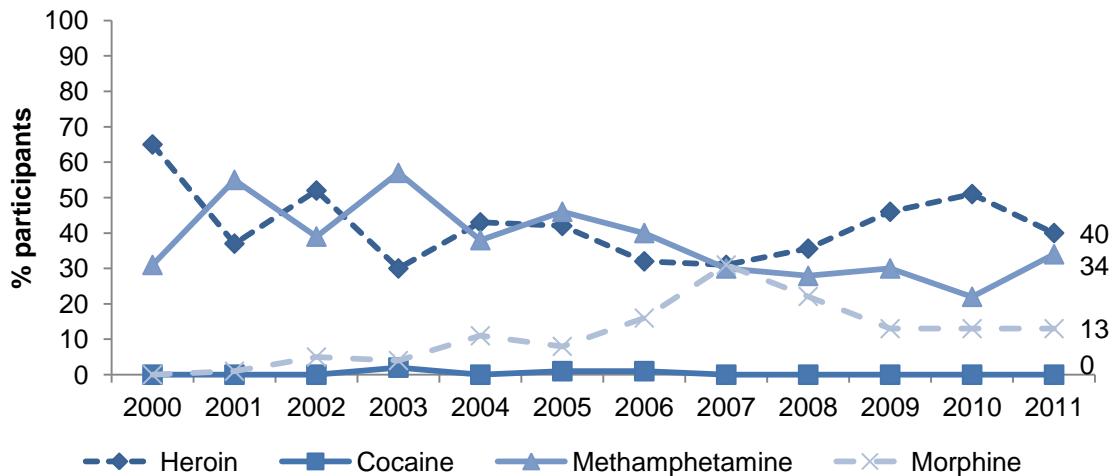


Source: Queensland IDRS injecting drug user interviews

As seen in Figure 3, heroin and methamphetamines have consistently been the drug injected most often in the previous month, with morphine peaking in 2007 but since levelling

off and cocaine very rarely nominated. In 2011, the drugs injected most frequently were heroin, methamphetamines, and morphine (in this order).

Figure 3: Drug injected most often in previous month, 2000 to 2011

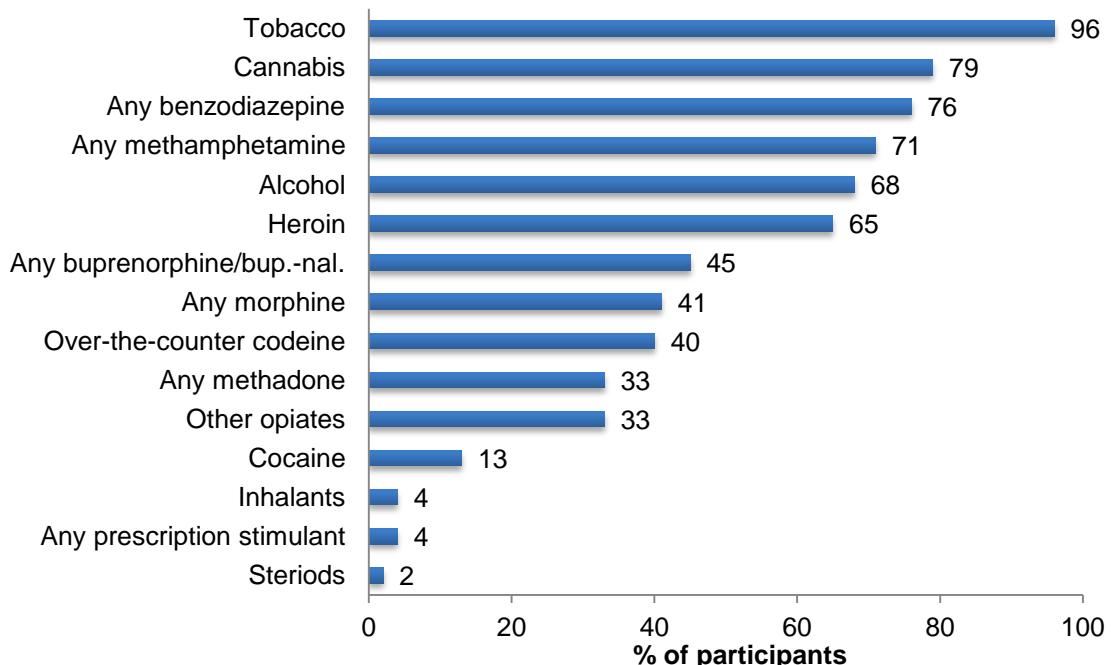


Source: Queensland IDRS injecting drug user interviews

4.1.4 Polydrug use

As in previous years, participants reported polydrug use. Figure 4 shows the main types of drugs used by participants in the preceding six months. Consistent with previous years, substantial proportions of participants reported recent use of three of the four main drugs monitored by the IDRS: cannabis (79%), methamphetamines (71%), and heroin (65%), with a minority (13%) reporting cocaine use.

Figure 4: Main types of drugs used in preceding six months, 2011



Source: Queensland IDRS injecting drug use interviews

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

4.1.5 Forms of drugs used in preceding six months

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

Table 3: Drug history, 2011

	Ever used	Used last 6 months	Median days used in last 6 months*	Ever injected	Injected last 6 months	Median days injected in last 6 months*	Ever Smoked	Smoked last 6 months	Ever snorted	Snorted last 6 months	Ever swallow	Swallowed last 6 months
	%	%		%	%		%	%	%	%	%	%
Heroin	89	65	66	89	65	66	48	4	11	0	27	3
Homebake	42	5	8	31	4	19	4	1	0	0	5	1
Any heroin	89	66	60	89	65	66	53	4	13	0	30	4
Methadone <i>licit</i>	50	23	180	21	9	60					37	22
Methadone <i>illicit</i>	49	14	5	29	11	4					21	6
Physeptone <i>licit</i>	18	1	7	3	0	-	0	0	1	0	6	1
Physeptone <i>illicit</i>	26	2	92	11	2	91	0	0	1	0	7	1
Any methadone	76	33	128	47	20	18	0	0	1	0	58	26
Buprenorphine <i>licit</i>	40	12	120	17	10	90	0	0	0	0	24	7
Buprenorphine <i>illicit</i>	57	33	9	47	31	9	1	0	1	0	21	12
Bup.-naloxone <i>licit</i>	32	15	90	10	7	120	0	0	0	0	20	10
Bup.-naloxone <i>illicit</i>	28	11	35	17	10	27	0	0	0	0	9	4
Any bup/bup.-nal.	77	45	59	52	37	72	1	0	1	0	43	25
Morphine <i>licit</i>	33	8	48	17	7	44	0	0	0	0	18	3
Morphine <i>illicit</i>	62	39	15	52	36	18	0	0	0	0	18	7
Any morphine	77	41	20	61	38	20	0	0	0	0	35	9
Oxycodone <i>licit</i>	17	6	30	8	4	30	0	0	0	0	6	3
Oxycodone <i>illicit</i>	56	34	3	46	32	4	1	1	0	0	16	7
Any oxycodone	62	39	6	51	35	5	1	1	0	0	22	9
Over-counter codeine	73	40	7	1	1	10	0	0	1	0	67	38
Other opiates	68	33	9	1	0	-	0	0	0	0	62	33
Speed powder	93	40	10	91	38	10	26	6	32	7	37	10
Amphet. Liquid	34	6	13	23	6	13					7	1
Base/point/wax	74	37	12	66	37	11	11	1	11	1	22	7
Ice/crystal/shabu	84	50	6	81	49	6	33	13	12	1	23	11
Any methamphet.	99	71	23	99	71	17	55	16	45	8	54	20

Source: Queensland IDRS injecting drug user interviews * Among those who had used/ injected (maximum of 180 days)

Table 3: Drug history, 2011

	Ever used	Used last 6 months	Median days used in last 6 months*	Ever injected	Injected last 6 months	Median days injected in last 6 months*	Ever Smoked	Smoked last 6 months	Ever snorted	Snorted last 6 months	Ever swallow	Swallowed last 6 months
	%	%		%	%		%	%	%	%	%	%
Pharm. stimulants <i>licit</i>	12	0	-	0	0	-	0	0	0	0	8	0
Pharm. stimulants <i>illicit</i>	35	4	2	4	1	2	0	0	0	0	22	3
Any pharm. stimulants	44	4	2	4	1	2	0	0	0	0	29	3
Cocaine	60	13	2	26	7	2	11	2	28	6	10	3
Hallucinogens	72	12	2	7	0	-	0	0	0	0	60	12
Ecstasy	69	23	3	27	6	2	3	0	8	1	55	20
Alprazolam <i>licit</i>	27	17	160	4	2	55	0	0	1	1	22	17
Alprazolam <i>illicit</i>	57	40	7	10	7	4	2	0	0	0	50	38
Any Alprazolam	68	50	22	13	7	24	2	0	1	1	63	48
Other benzo. <i>licit</i>	67	46	60	7	3	1	2	1	2	1	64	46
Other benzo. <i>illicit</i>	62	33	6	3	1	2	1	0	1	0	55	33
Any other benzo.	88	61	38	11	4	2	4	1	4	1	87	61
Any benzodiazepine	93	76	58	24	10	14	7	1	4	2	93	75
Seroquel <i>licit</i>	14	10	120	0	0	-					11	10
Seroquel <i>illicit</i>	39	16	2	1	1	1					30	15
Any Seroquel	46	24	9	1	1	1					38	23
Alcohol	96	68	24	7	0	-					96	68
Cannabis	98	79	150				98	79				
Inhalants	34	4	3								53	11
Tobacco	99	96	180									
Steroids	13	2	97	6	2	19					3	1

Source: Queensland IDRS injecting drug user interviews

* Among those who had used/ injected (maximum of 180 days)

4.2 Heroin

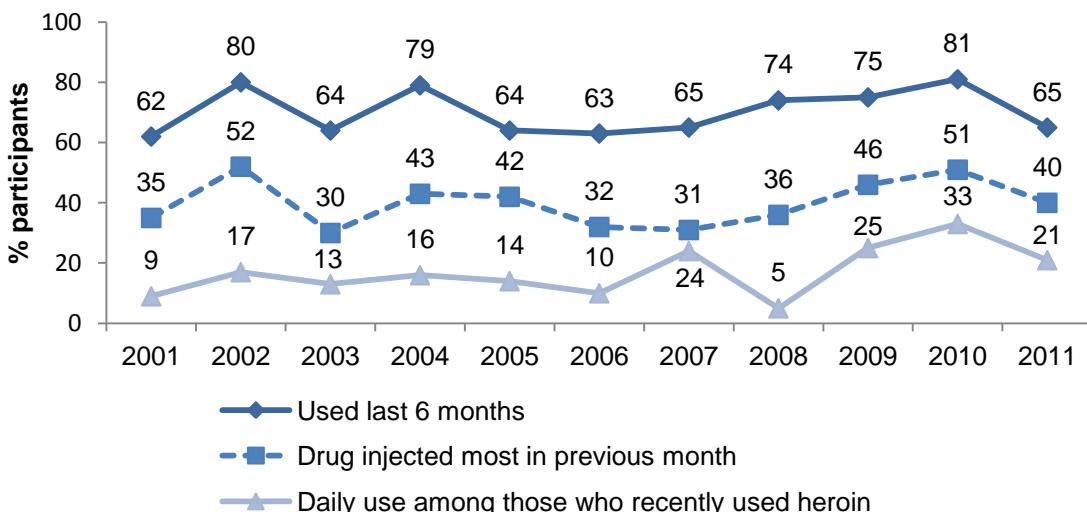
KEY POINTS

- Heroin use in the preceding six months had declined (65% in 2011 versus 81% in 2010).
- In the previous six months, heroin was used on a median of 66 days (equivalent to about once every three days).
- Use of homebake remained low.

4.2.1 Use of heroin

Overall use of heroin declined in 2011 (Figure 5), with a significant decrease ($p < .05$) in recent use and daily use.

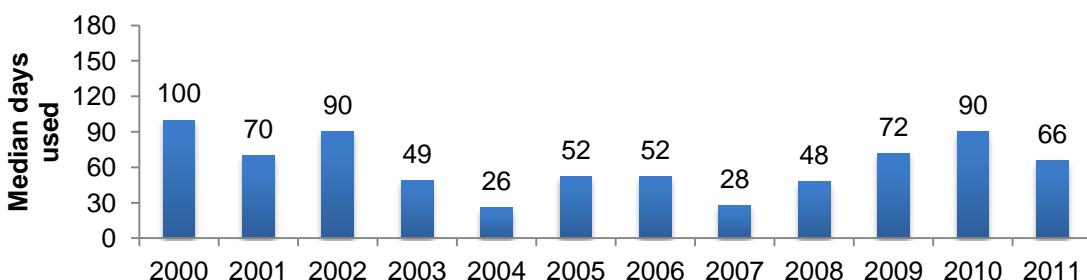
Figure 5: Prevalence and frequency of heroin use, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

The median days of reported heroin use has fluctuated over the past 12 years. However, the upward trend of recent years was reversed in 2011 with the median days of use reported as 66 out of 180 (Figure 6).

Figure 6: Median days of heroin use in preceding six months, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Questions about homebake were first included in 2002 and since then reports of recent use have remained low. In 2011, 5% of participants had used homebake in the preceding six months and the median days of use were 8 (range 1–60 days).

4.2.3 Heroin forms used

White/off-white rock and powder were the heroin forms most likely to have been used in the previous six months (Table 4), with white/off-white rock being the form most used. Queensland Health Forensic & Scientific Services reported that heroin received from seizures was most often 'off-white compressed material'.

Table 4: Heroin forms used, 2011 (n ≈ 65*)

	Heroin powder			Heroin rock			Homebake
	White/ off- white	Brown	Other colour	White/ off- white	Brown	Other colour	
% used in past six months ^{**}	66	25	0	69	36	0	8
% most used in past six months	27	6	0	48	19	0	0

Source: Queensland IDRS injecting drug user interviews

*n varied slightly due to missing data

** More than one form could be reported

4.2.4 Heroin preparation

When preparing their last heroin injection, just over half used heat (57% compared with 37% in 2010), and the colour of the heroin was most likely to be white (Table 5).

Table 5: Use of heat and acid in the preparation of most recent heroin injection, 2010 and 2011

	2010 n = 81 %	2011 n = 63 %
Heated in the last injection	37	57
Acid in the last injection	4	2
Main colour [*]	n = 27	n = 33
White	48	64
Brown	48	36
Other	4	0

Source: Queensland IDRS injecting drug user interviews

* Among those who reported either heating or using acid to prepare their last injection

4.2.5 Key expert comments

Use of heroin was either reported as stable or fluctuating by key experts. Key experts who reported fluctuation linked this to incidents that occurred in their area (e.g. a major drug raid; severe flooding and its aftermath). Heroin was regarded as largely being an older person's drug; although it was still used across all age groups. One key expert commented that heroin

was rarely the sole drug injected. Other key experts commented that seasoned heroin users, who have switched to mainly injecting pharmaceutical opioids, will also use heroin if it is of sufficiently good quality. There were reports of heroin being smoked but the practice was not considered to be increasing. The mixing of Xanax® (Alprazalam) with heroin—generally taken in two separate shots one after the other—was also reported as a trend.

4.3 Methamphetamines

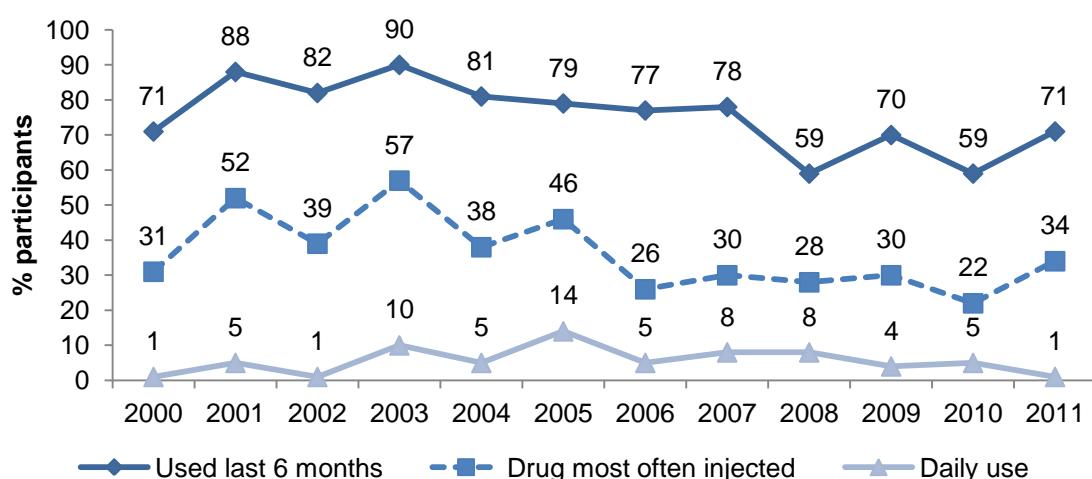
KEY POINTS

- 71% of participants had used methamphetamines in the previous six months.
- Methamphetamine was the drug most often injected by 34% of participants.
- Half of participants had recently used crystal/ice.

4.3.1 Use of methamphetamines

In recent years, methamphetamine (includes speed, base, crystal, and liquid) use has fluctuated; and in 2011, 71% of participants had used a methamphetamine in the previous six months compared with 59% in 2010 (Figure 7). A third reported that methamphetamine was the drug most often injected in the past month. The percentage of participants using a form of methamphetamine daily has generally been low (1% in 2011).

Figure 7: Use of methamphetamine (in any form) in preceding 6 months, 2000 to 2011



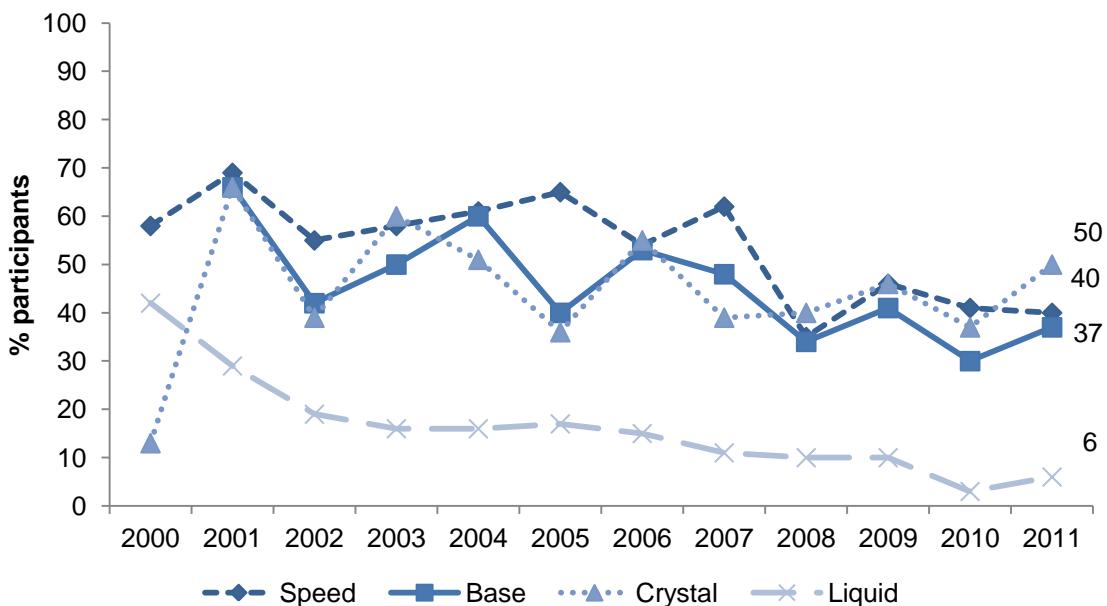
Source: Queensland IDRS injecting drug user interviews

4.3.2 Methamphetamine form most used

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

Over the years there has been fluctuation in the recent use of the various forms of methamphetamine (Figure 8). The most dramatic changes have been with crystal/ice and liquid amphetamine. In 2000, 13% reported using crystal/ice in the previous six months and this increased steeply in 2001 and has remained at a relatively high level (50% in 2011); conversely, in 2000 42% reported using liquid methamphetamine and this has dropped to 6% in 2011. Due to the low use of liquid methamphetamine in 2011, no further data will be presented.

Figure 8: Forms of methamphetamine used in preceding six months, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

4.3.3 Methamphetamine frequency of use

The median number of days of methamphetamine use for individual forms remained low but median days of use of any of the forms in the past six months was 23 (i.e. slightly less than once a week), reflecting individual use of more than one form (Table 6).

Table 6: Median days of methamphetamine use in preceding six months, 2010 and 2011

	Median days	
	2010	2011
Speed	6	10
Base	13	12
Ice/crystal	3	6
Any form*	8	23

Source: Queensland IDRS injecting drug user interviews

* Includes speed powder, base, ice/crystal and liquid forms

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

4.3.4 Key expert comments

Key experts reported that speed use was stable or decreasing. Some had noted an increase in use of base and others an increase in crystal/ice. The increase in higher end forms of amphetamines (i.e. ice) was confirmed by analysis of drugs seized by police. Methamphetamine users were generally considered to be younger than heroin users, although some older male participants were thought to be using methamphetamines to assist with sexual functioning.

4.4 Cocaine

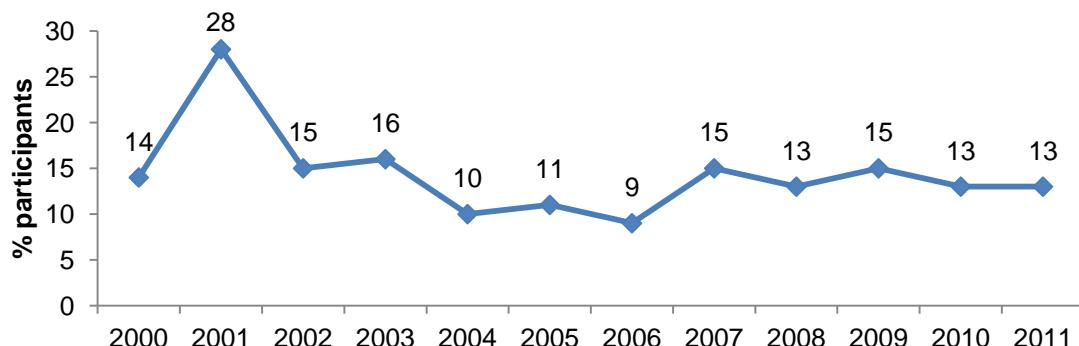
KEY POINTS

- Cocaine use continues to be uncommon among people who regularly inject drugs.
- Participants who used cocaine tended towards low frequency of use.

4.4.1 Use of cocaine

Except for a spike in 2001, the proportion of participants reporting recent cocaine use has remained relatively constant with 13% reporting recent use in 2011 (Figure 9). Seven per cent reported recent injecting of cocaine; and it was also taken by snorting, smoking, and swallowing. Regardless of how it was administered, cocaine use tended to be occasional; used on a median of two days in the preceding six months.

Figure 9: Cocaine use in preceding six months, 2000 to 2011



Source: Queensland IDRS participant interviews

4.4.2 Key Expert comments

Key experts reported very little use of cocaine, and only rare regular injecting. Cocaine use was predominantly seen as opportunistic.

4.5 Cannabis

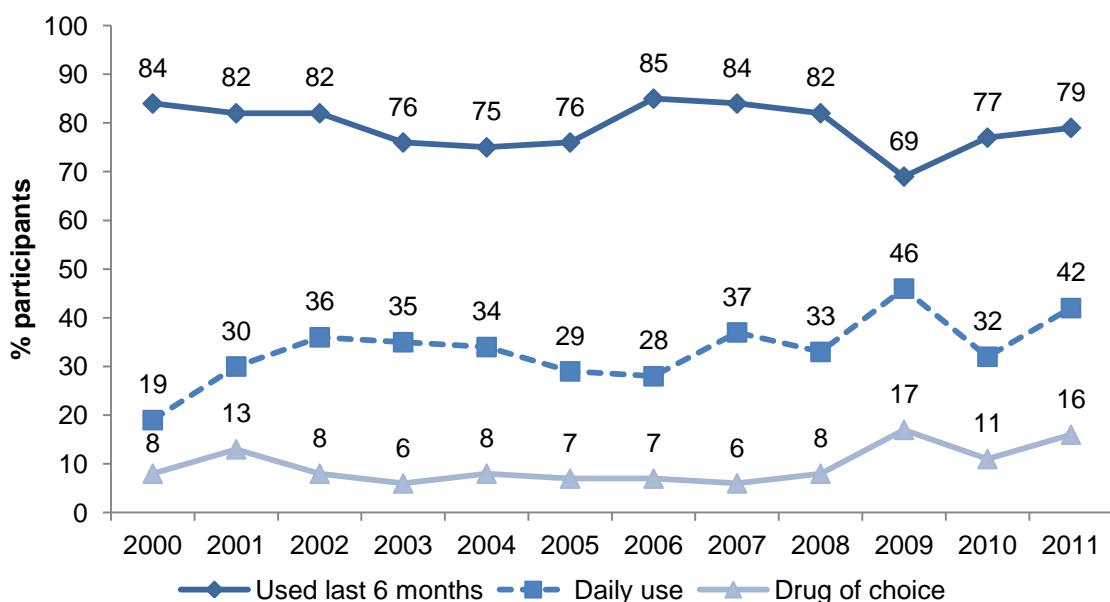
KEY POINTS

- Cannabis use continued to be common, with four in five reporting recent use.
- Hydro rather than bush was mainly used.

4.5.1 Use of cannabis

In 2011, almost all participants (98%) reported using cannabis at least once in their lifetime. Recent use of cannabis was similar to 2010 (Figure 10), although 42% of participants reported daily use compared with 32% in 2010. Cannabis was the drug of choice for 16% of participants.

Figure 10: Prevalence and frequency of cannabis use, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

4.5.2 Cannabis forms used

Of those who had used cannabis in the previous six months, 98% had used hydro (hydroponically grown), 53% had used bush (outdoor cultivation), 12% hash, and 10% hash oil. However, 92% stated that they mainly used hydro.

4.5.3 Key experts

Use of cannabis was reported as common and stable. One key expert from the health sector said that clients '*increase their use [of cannabis] when reducing their injecting or when experiencing anxiety*'. It was recognised by all key experts that hydro was generally favoured over bush. There were some reports of synthetic cannabis use.

4.6 Other opioids

KEY POINTS

- A third of participants were prescribed methadone in the previous six months.
- Buprenorphine was the most commonly used illicit (i.e. not prescribed) substitution pharmacotherapy.
- Amongst those prescribed methadone or buprenorphine, injection of some doses was relatively common, but less so amongst those prescribed buprenorphine-naloxone.
- The majority of participants who used illicit substitution pharmacotherapy injected it.
- Recent use of illicit morphine remained stable with use by 39% and injecting by 36%.
- 34% had used illicit oxycodone in the previous six months.
- Two in five participants had used over the counter codeine (predominantly Nurofen Plus®) in the preceding six months.
- A third had recently used other opiates (e.g. pethidine, Panadeine Forte®, onium)

4.6.1 Substitution pharmacotherapy

Methadone is prescribed as a substitute drug for opioids, and is usually prescribed as a liquid preparation and commonly dosed under supervision. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases, where methadone is not tolerated.

More recently buprenorphine was introduced as an alternative to methadone, and since 2005 buprenorphine-naloxone is widely prescribed because of its agonist/anti-agonist properties. Both buprenorphine and buprenorphine-naloxone were dispensed in tablet form to be dissolved under the tongue, but since the interview period they are now dispensed as sublingual film strips. The pattern of use of all four substitution drugs by participants is presented in Table 7. There is little variation between used and injected. Buprenorphine was most commonly used and injected illicitly.

Table 7: Use of licit and illicit substitute drugs in preceding six months, 2011

	Licit (prescribed)		Illicit (not prescribed)	
	Used %	Injected %	Used %	Injected %
Methadone	23	11	14	13
Physeptone	1	0	2	2
Buprenorphine	12	12	33	35
Buprenorphine-naloxone	15	7	11	10

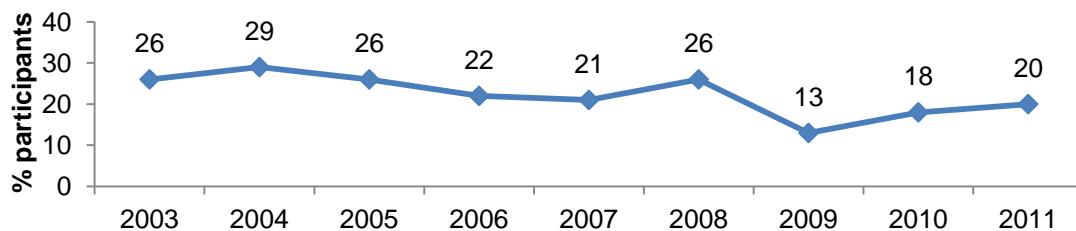
Source: Queensland IDRS injecting drug user interviews

Use of methadone

In 2011, 50% of participants reported having been prescribed methadone at least once in their lifetime (i.e. licit use); and 49% reported illicit use at least once in their lifetime.

Amongst participants, 47% reported ever having injected methadone (prescribed or not prescribed) and one in five reported injecting it in the previous six months (Figure 11). Participants on prescribed methadone (daily use) injected their prescribed dose on a median of 60 out of 180 days. The 11% of participants who reported injecting illicit methadone in the preceding six months injected it on a median of four days.

Figure 11: Injected methadone (prescribed or not prescribed) in preceding six months, 2003 to 2011



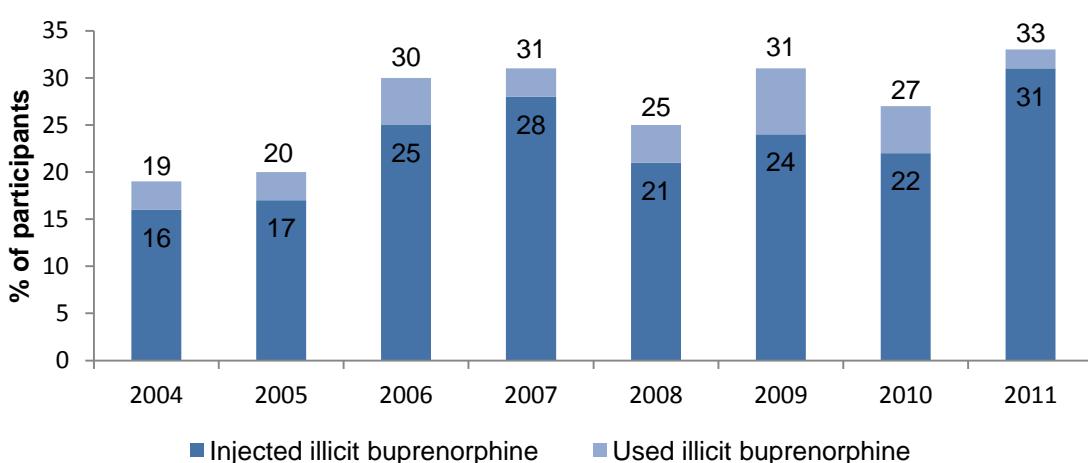
Source: Queensland IDRS drug user interviews

The two most common reasons given for use of illicit methadone were: a substitute for heroin/opiates; and self-treatment.

Use of buprenorphine (Subutex®)

Thirty-eight per cent of participants had used buprenorphine (licit and/or illicit) in the previous six months, with 12% reporting licit use (i.e. prescribed) and 33% reporting illicit use. Figure 12 shows the proportion of participants using and injecting illicit buprenorphine has been relatively stable over the past few years, and that illicit buprenorphine was primarily injected. Median days of injecting over the previous six months were nine. Most common reasons for using illicit buprenorphine were: self-treatment (76%), substitute for heroin/opioids (53%) and intoxication (22%) (multiple responses were allowed).

Figure 12: Use and injection of illicit buprenorphine in preceding six months, 2004 to 2010



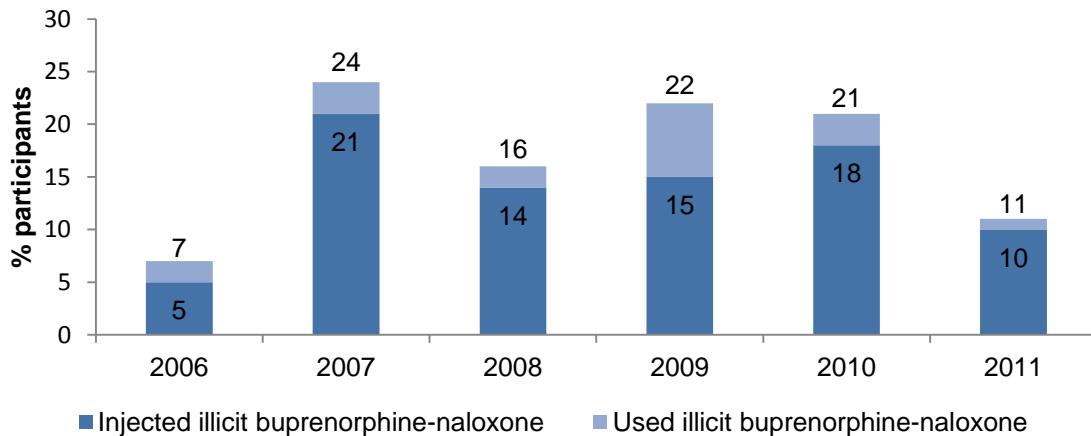
Source: Queensland IDRS injecting drug user interviews

Use of buprenorphine-naloxone (Suboxone®)

Twenty-two per cent of participants had used buprenorphine-naloxone (licit and/or illicit) in the previous six months, with 15% reporting licit use and 11% reporting illicit use. The proportion recently using illicit buprenorphine-naloxone was 11% compared with 21% in

2010 (Figure 13). As in previous years injecting was the most common mode of administration. The two most frequent reasons for using illicit buprenorphine-naloxone were self-treatment and substitution for heroin/opioids.

Figure 13: Use and injection of illicit buprenorphine-naloxone in preceding six months, 2006 to 2011



Source: Queensland IDRS injecting drug user interviews

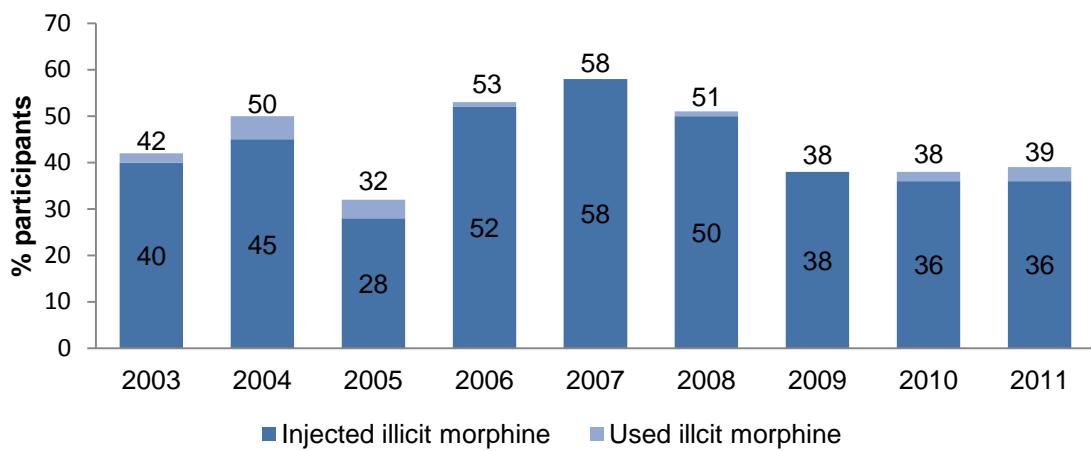
4.6.2 Use of morphine

Morphine (licit or illicit) was used by 41% of participants in the previous six months. MS Contin® was most commonly nominated as the main brand used.

Licit morphine was used by 8% of participants in the preceding six months, and 8% reported injecting it in this period.

Illicit morphine use in the previous six months was similar to previous years (Figure 14), with most reporting injecting it. Illicit morphine was used a median of 15 days in the preceding six months. Most common reasons given for using illicit morphine were self-treatment, substitute for heroin/opiates, and being away from home.

Figure 14: Use and injection of illicit morphine in preceding six months, 2003 to 2011



Source: Queensland IDRS injecting drug user interviews

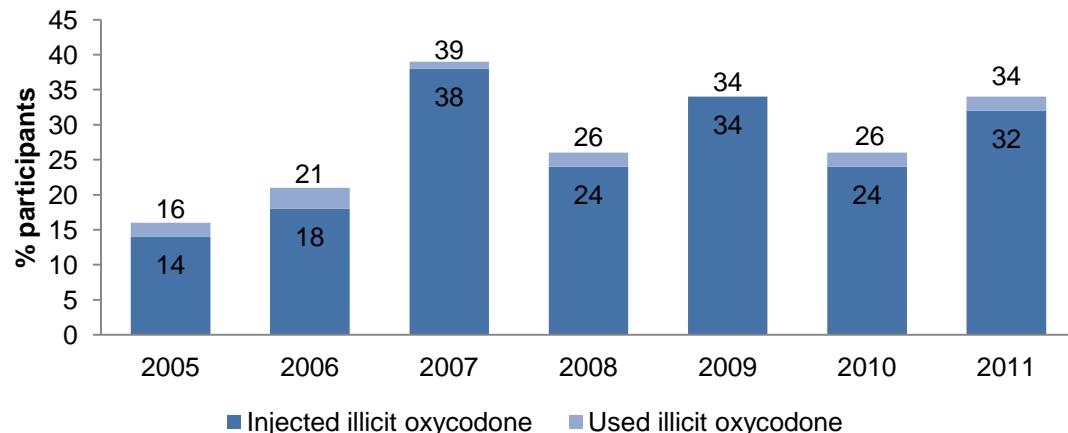
4.6.3 Use of oxycodone

Data has been gathered on licit and illicit forms of oxycodone (e.g. OxyContin[®], Endone[®]) since 2005. Six per cent of participants reported using licit oxycodone in the previous six months, and 4% reported having injected it.

Illicit oxycodone

In 2011, 34% had used illicit oxycodone in the previous six months (Figure 15), with most participants injecting it. Median days of use within the previous six months were three. Most common reasons given for using illicit oxycodone were self-treatment, substitution for heroin/opiates, and intoxication.

Figure 15: Use and injection of illicit oxycodone in preceding six months, 2005 to 2011



Source: Queensland IDRS injecting drug user interviews

4.6.4 Use of over the counter codeine

In 2011, 73% of participants reported having ever used over-the-counter codeine. This was a significant increase ($p<0.05$) from 51% in 2010. However, use in the previous six months was similar in 2011 and 2010 (40% and 38% respectively), with the median days of use stable at seven. The brand most commonly nominated as the most used was Nurofen Plus[®]. About three-quarters of those who had recently used over the counter codeine indicated that it was for pain: main non-pain reasons were to go to sleep, to assist with withdrawal, and to get high/feel buzzy.

4.6.5 Use of other opiates

In 2011, 68% of participants had used another type of opiate (e.g. pethidine, Panadeine Forte[®], opium) in their lifetime. This was a significant increase ($p<0.05$) from 22% in 2010. The proportion having used in the previous six months also increased significantly ($p <0.05$) from 12% in 2010 to 33% in 2011. However, in 2011 participants were prompted for the use of Panadeine Forte[®] and this may have influenced responses.

4.6.6. Key expert comments

Key experts in the health sector noted that illicit use of substitution pharmacotherapies such as buprenorphine (Subutex[®]) and buprenorphine-naloxone (Suboxone[®]) was stable. Use of morphine-type drugs was also reported as stable with common brands being MS Contin[®], OxyContin[®] and Endone[®].

4.7 Other drugs

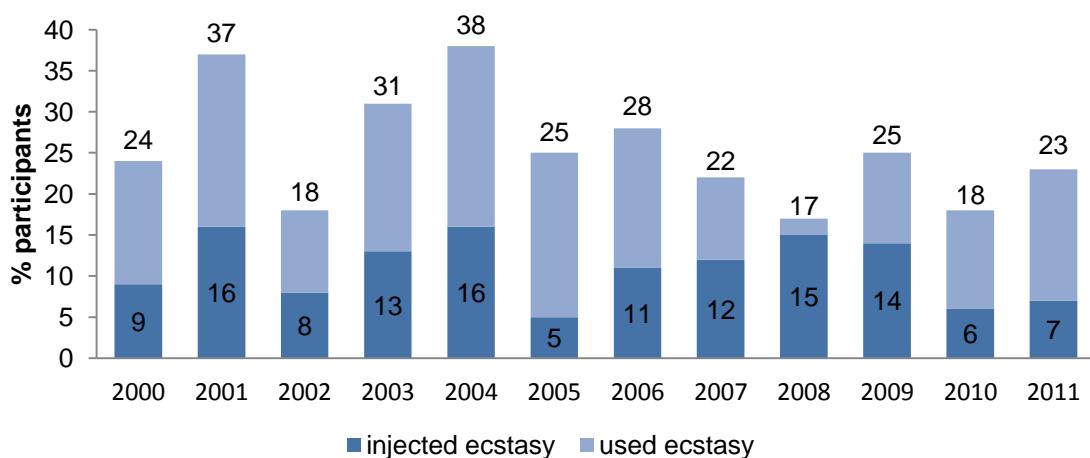
KEY POINTS

- Just under a quarter (23%) of participants had used ecstasy in the preceding six months, with 7% injecting.
- Hallucinogens were used by a small minority with 12% reporting use in the previous six months on a median of two days, with none injecting.
- 76% had used benzodiazepines (licit or illicit) in the preceding six months.
- 40% reported recent illicit use of Alprazolam and 33% reported illicit use of other benzodiazepines.
- Recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was rare (4%).
- About a third of participants (34%) had used inhalants in their lifetime, but only 4% had used them in the past six months.
- 68% reported alcohol use in the preceding six months.
- Almost all participants used tobacco (96%).

4.7.1 Ecstasy and related drugs

The pattern of ecstasy use has fluctuated somewhat since 2000 (Figure 16). Frequency of use is low, with participants using ecstasy on a median of three days in the preceding six months.

Figure 16: Use and injection of ecstasy in preceding six months, 2000 to 2011



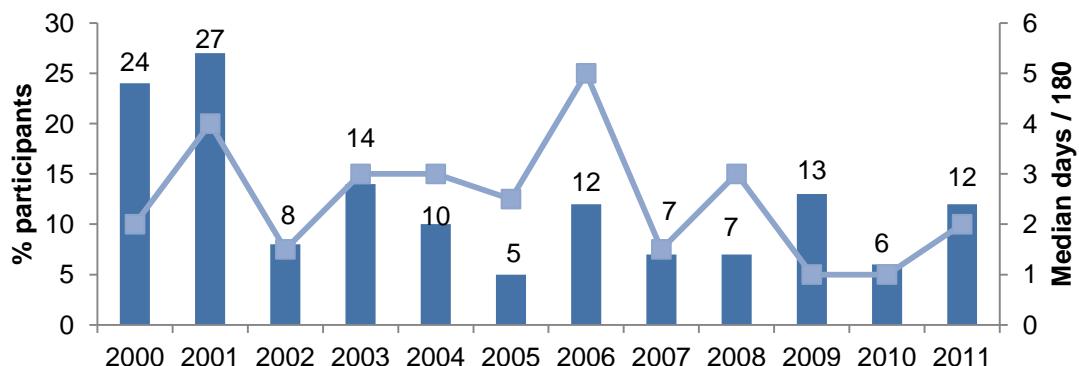
Source: Queensland IDRS injecting drug user interviews

4.7.2 Hallucinogens

Figure 17 shows that hallucinogens were used by a higher proportion of IDRS participants when interviewing first began in 2000 and 2001 than in subsequent years (12% in 2011). Median days used has fluctuated over the years and was two in 2011. Although 7% of

participants reported having injected a hallucinogen in their lifetime, none had done so in the preceding six months.

Figure 17: Prevalence and frequency of hallucinogen use in preceding six months, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

4.7.3 Benzodiazepines

In 2011, participants were asked specifically about their use of alprazolam (e.g. Xanax®, Kalma®). Sixty-eight per cent had used alprazolam in their lifetime, with 27% reporting licit use and 57% reporting illicit use. In regard to use in the previous six months, half (50%) of participants had used alprazolam: licit use was reported by 17% of participants, with median use 160 days and 2% injecting; illicit use was reported by 40% of participants, with median use seven days and 7% injecting.

Eighty-eight per cent of participants reported use of other benzodiazepines in their lifetime, and 61% in the previous six months. Recent licit use was reported by 46% and recent illicit use by 33%. Altogether 93% of participants reported some use of benzodiazepine and 76% had done so in the previous six months. Benzodiazepines whether licit or illicit were predominantly swallowed. Only a handful of participants reported injecting it.

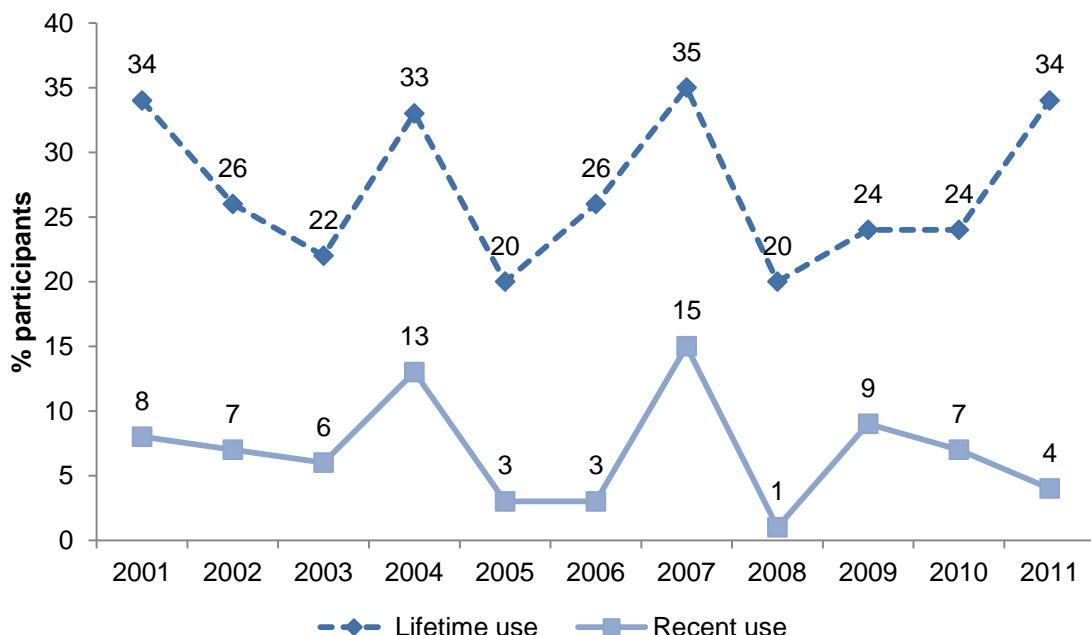
4.7.4 Pharmaceutical stimulants

Similar to previous years, recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was rare (4%), and in 2011 was exclusively illicit.

4.7.5 Inhalants

The prevalence of inhalant use has peaked and troughed since 2000, and in 2011 lifetime use was 34% compared with 24% in 2010 (Figure 18). However use in the previous six months was only 4%.

Figure 18: Prevalence of inhalant use, 2001 to 2011



Source: Queensland IDRS injecting drug user interviews

4.7.6 Alcohol and tobacco

Alcohol use

Similar to previous years, the majority of respondents (96%) reported having used alcohol in their lifetime, with 68% reporting recent use. Seven per cent of participants had injected alcohol in their lifetime but none had done so in the preceding six months. The median frequency of alcohol use was weekly.

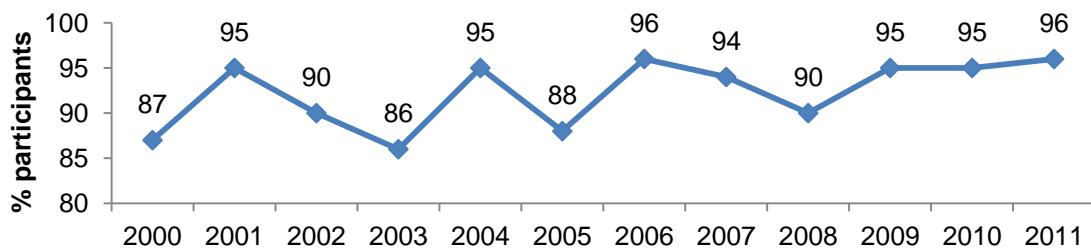
Lately there has been much focus on the use of alcohol in the community, specifically among young people. This has been partly driven by current political and media attention. There has, however, been much less focus on alcohol use amongst people who regularly inject drugs. People who regularly inject drugs are particularly at risk for alcohol related harms due to a high prevalence of the hepatitis C virus (HCV). In the Australian NSP Survey of people who inject drugs (N = 1,912), 62% were found to have HCV antibodies and the prevalence was higher for those who were Indigenous and/or recently incarcerated (National Centre in HIV Epidemiology and Clinical Research 2007). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Darke, Ross et al. 1996; Schiff and Ozden 2004; Coffin, Tracy et al. 2007; Darke, Duflou et al. 2007), it is important to monitor risky drinking among people who regularly inject drugs. To this end, the Alcohol Use Disorders Identification Test – Consumption (AUDIT-C) has been included in the questionnaire since 2010 as a valid measure of identifying heavy drinking (Bush, Kivlahan et al. 1998). The three-question AUDIT-C is part of a longer 10-question AUDIT.

Among those who reported using alcohol in the previous year (n = 75), 61% obtained a score on AUDIT-C that indicated they were at moderate or high risk of dependency (i.e. a score of 5 or more from a total of 12), with no significant difference between males and females. According to Dawson and colleagues (2005) and the Australian Government Department of Health and Ageing Guidelines for the Treatment of Alcohol Problems (Haber, Lintzeris et al. 2009), a cut-off score of five or more indicates that further assessment is required.

Tobacco use

As in previous years, nearly all participants reported recent tobacco use (Figure 19), with 94% reporting daily use.

Figure 19: Tobacco use in preceding six months, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

For the first time in 2011, participants who smoked daily were asked two questions from the Fagerstrom test for nicotine dependence, known as the Heavy Smoking Index (HSI). These questions included 'How soon after waking do you smoke your first cigarette?' and 'How many cigarettes a day do you smoke?'. The responses were then scored on a four category scheme (0,1,2,3) for both time to the first cigarette of the day (≤ 5 , 6-50, 31-60 and 61+ min) and average daily consumption of cigarettes (1-10, 11-20, 21-30, 31+ cigarettes). The sum of these scores was computed and a cut-off score of 4 or more was used to indicate high nicotine dependency (Heatherton, Kozlowski et al. 1989).

As seen in Table 8, the majority of participants who smoked daily reported smoking their first cigarette within five minutes of waking. Most did not smoke more than 30 cigarettes a day, with just under a quarter smoking 10 or less. The mean HSI score was 3.7. Three in five daily smokers scored four or above indicating high nicotine dependence.

Table 8: Heavy Smoking Index for nicotine dependence, 2011

% participants n = 96	
<i>Time till first cigarette</i>	
Within 5 minutes	62
5–30 minutes	25
31–60 minutes	5
60+ minutes	8
<i>Number of cigarettes smoked a day</i>	
10 or less cigarettes	24
11–20 cigarettes	31
21–30 cigarettes	31
31 or more cigarettes	14
High dependence (scored 4 or above)	59
Mean score	3.7

Source: Queensland IDRS injecting drug user interviews

4.7.7 Key expert comments

According to key experts, people who regularly inject drugs are infrequent users of ecstasy-type drugs, and this was also the case for hallucinogens such as ketamine, lysergic acid diethylamide (LSD) and mushrooms. There was, however, some indication of a rise in LSD use.

Use of Xanax® was reported as remaining widespread, with people taking very high doses. Ready availability at a cheap price was regarded as contributing to use. Although both males and females used Xanax®, it was thought that there was greater use by females.

Inhalant use was not seen as widespread, although some use by sub-groups was reported.

Amongst injecting drug users, use of alcohol was considered to be stable with very few presentations at health services for alcohol problems.

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

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

5.1 Heroin market

KEY POINTS

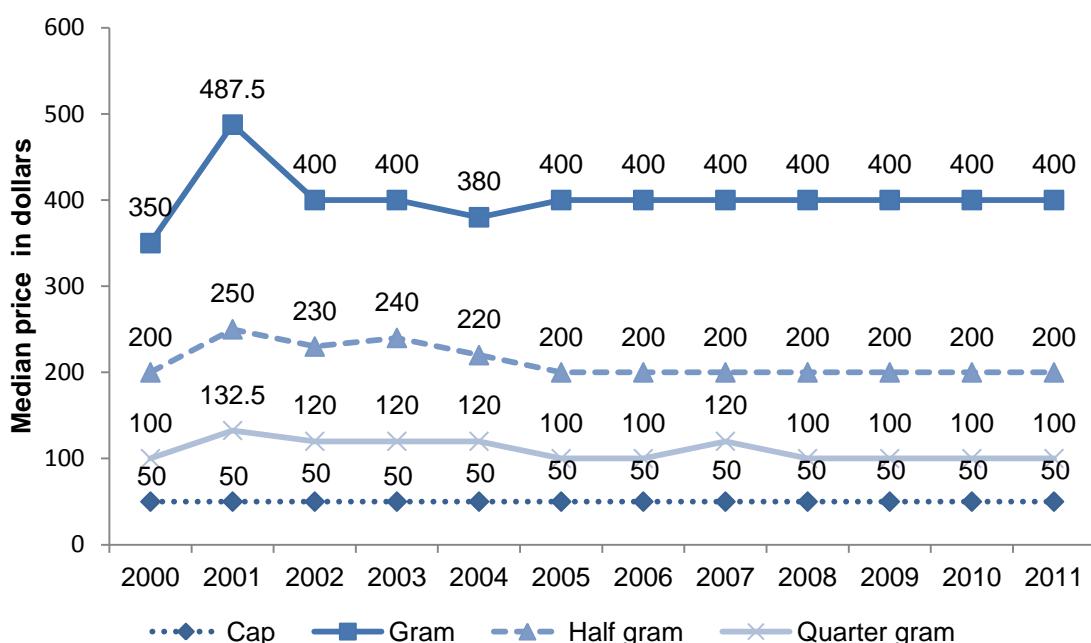
- Heroin price stable at \$400 per gram (\$50 a cap).
- Purity was generally reported as medium or low; but fluctuation was also reported.
- Readily available.
- Known dealers were the most likely source, and purchases were most often made at agreed public locations.

About two-thirds of the sample ($n = 64$) answered questions about the heroin market, and analysis is based on this sub-sample.

5.1.1 Heroin price

In recent years heroin prices have not deviated from \$50 a cap, \$400 per gram, \$200 per half gram, and \$100 per quarter gram (Figure 20).

Figure 20: Median cost of most recent heroin purchases, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

Consistent with the stability of pricing in recent years, most participants reporting on the heroin market (83%) rated heroin prices as stable.

5.1.2 Heroin form and purity

Most respondents who answered questions about the heroin market rated the current purity of heroin as low or medium; although one in five considered that it fluctuates (Table 9). Compared with 2010, significantly more participants rated purity as fluctuating ($p<0.05$).

Table 9: Perceptions of heroin purity in preceding six months, 2010 and 2011

	2010 %	2011 %
Current purity	n = 73	n = 64
High	14	8
Medium	30	34
Low	45	38
Fluctuates	11	20
Purity change over the past six months	n = 70	n = 61
Increasing	11	3
Stable	46	39
Decreasing	29	28
Fluctuating	14	30

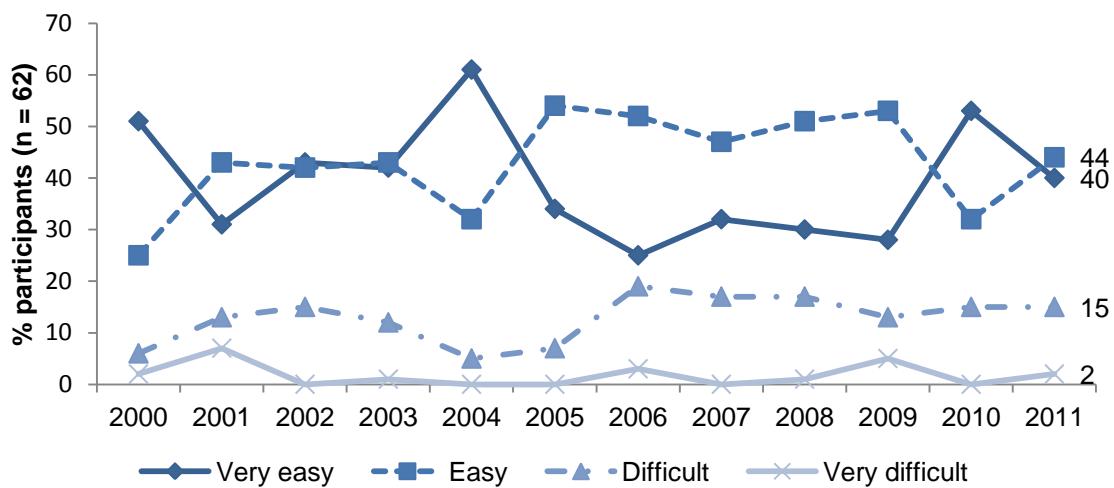
Source: Queensland IDRS injecting drug user interviews

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

5.1.3 Heroin availability

Over the past 12 years, heroin availability has been rated consistently as very easy or easy (Figure 21). This was also the case in 2011, with the most common rating being easy and very easy.

Figure 21: Current heroin availability, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

Participants were also asked about changes in heroin availability in the preceding six months. The majority of participants who reported on availability considered it to be stable and this was consistent with 2010 (Table 10).

Table 10: Changes in heroin availability in preceding six months, 2010 and 2011

	2010 (n = 73) %	2011 (n = 62) %
More difficult	8	13
Stable	78	76
Easier	10	5
Fluctuates	4	6

Source: Queensland IDRS injecting drug user interviews

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

5.1.4 Purchasing patterns of heroin

As shown in Table 11, purchasing patterns were relatively stable. Known dealers were the most likely source of heroin, and purchases were most often made at agreed public locations.

Table 11: Purchasing patterns of heroin, 2010 and 2011

	2010 %	2011 %
Last purchased from	n = 74	n = 59
Street dealer	16	14
Friends	31	27
Known dealer	43	39
Work mates	-	2
Acquaintance	4	7
Unknown dealer	3	3
Mobile dealer	0	7
Other	3	2
Place of most recent purchase	n = 72	n = 59
Home delivery	8	12
Dealer's home	7	12
Friend's home	21	7
Acquaintance's house	0	3
Street market	15	2
Agreed public location	46	63
Other	3	2

Source: Queensland IDRS injecting drug user interviews

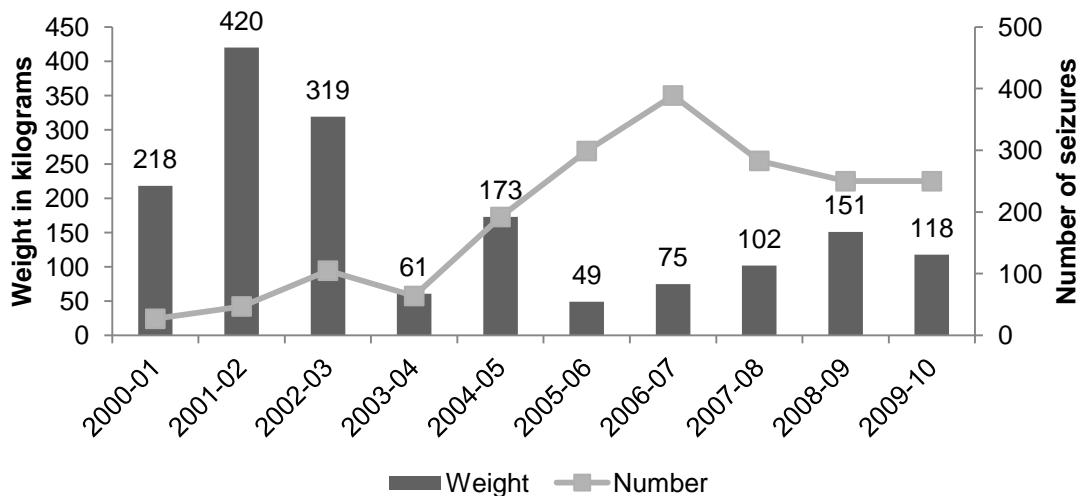
Participants were asked if they suspected that the heroin they used in the last six months contained another substance, adulterant/cutting agent other than heroin: over three-quarters (78%) agreed. Of these participants (n = 50), 42% did not know what the substance was:

nearly half of the remainder nominated lactose/sugar; others nominated morphine, codeine, or Epsom salts.

5.1.5 Heroin detected at the Australian border

The total weight and number of heroin seizures at the border by the Australian Customs Service from financial years 2000–01 to 2009–10 is shown in Figure 22 (Figures for 2010–11 were not yet available.). Between 2000–01 and 2002–3, there were fewer seizures but a greater weight of seizures than in more recent years when the number of seizures has been higher but the overall weight of seizures has been lower. This trend has been stable for the past few years.

Figure 22: Weight and number of heroin border seizures by the Australian Customs Service, 2000–01 to 2009–10



Source: Australian Customs and Border Protection Service

5.1.6 Key expert comments

Key experts advised that heroin purity had been variable, with the better quality heroin being less consistently available. Reported common cutting agents include DXM (dextromethorphan), coffee, and MSM (methylsulfonylmethane). As well as cutting agents, it was advised that heroin will also probably have low levels of morphine and codeine as residuals from processing. Heroin was reported to be sold in small clip packets for \$50 or \$100 a packet. Buying in bulk is more economical with one key expert reporting that \$200 would buy the same amount as small individual purchases totalling \$500.

5.2 Methamphetamine market

KEY POINTS

- Price of speed was \$100 per point, base \$80 per point, and crystal/ice \$100 per point.
- There was no clear consensus on purity; although all forms were most likely to be rated as high or medium.
- All forms of methamphetamine were considered to be readily available.

Of the entire sample (n = 102), 31% answered questions about the speed market, 24% about base, and 29% about crystal/ice, and analysis is based on these sub-samples.

5.2.1 Methamphetamine price

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

Speed

Point (0.1g)	\$100 (range \$30–\$100, n = 15)
Halfweight (0.5g)	\$150 (range \$100–\$200, n = 3)
Gram (1g)	\$250 (range \$120–\$400, n = 6)

Base

Point (0.1g)	\$80 (range \$50–\$100, n = 13)
Halfweight (0.5g)	\$200 (range \$100–\$300, n = 6)
Gram (1g)	\$300 (range \$200–\$500, n = 5)

Crystal/ice

Point (0.1g)	\$100 (range \$50–\$100, n = 16)
Halfweight (0.5g)	\$200 (range \$150–\$400, n = 4)
Gram (1g)	\$400 (range \$60–\$800, n = 5)

Some price ranges were quite large reflecting the many factors that influence purchase price, including wholesale buying. When asked about recent changes to price, most participants considered base and speed to be stable; but over half of participants considered the price of crystal/ice to be increasing (Table 12).

Table 12: Methamphetamine price changes in preceding six months, 2010 and 2011

Price	Speed powder		Base		Crystal/ice	
	2010 n = 25 %	2011 n = 32 %	2010 n = 17 %	2011 n = 24 %	2010 n = 9 %	2011 n = 27 %
Increasing	28	28	35	33	44	56
Stable	64	59	59	63	44	41
Decreasing	0	3	0	4	0	4
Fluctuating	8	9	6	0	11	0

Source: Queensland IDRS injecting drug user interviews

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

5.2.2 Methamphetamine purity

The purity of crystal/ice and base was mostly described as high or medium but there were more diverse views about the purity of speed (Table 13). The majority of participants rated

the changes to purity of crystal/ice and base as stable (and for base, this was a significant increase from 2010, $p<0.05$). There was little consensus about the changes to purity of speed.

Table 13: Perceptions of methamphetamine purity in preceding six months, 2010 and 2011

	Speed powder		Base		Crystal/ice	
	2010 %	2011 %	2010 %	2011 %	2010 %	2011 %
Current purity/strength	n = 25	n = 32	n = 17	n = 24	n = 10	n = 30
High	24	31	24	46	60	43
Medium	12	28	35	38	20	37
Low	48	25	18	8	0	13
Fluctuates	16	16	24	8	20	7
Changes to purity/strength	n = 23	n = 32	n = 17	n = 23	n = 10	n = 29
Increasing	17	16	12	9	30	10
Stable	9	31	24	61	30	62
Decreasing	35	31	35	22	10	14
Fluctuating	39	22	29	9	30	14

Source: Queensland IDRS injecting drug user interviews

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

5.2.3 Methamphetamine availability

In 2011, most participants rated all forms of methamphetamines to be easy or very easy to obtain, with availability stable in the previous six months (Table 14).

Table 14: Methamphetamine availability in preceding six months, 2010 and 2011

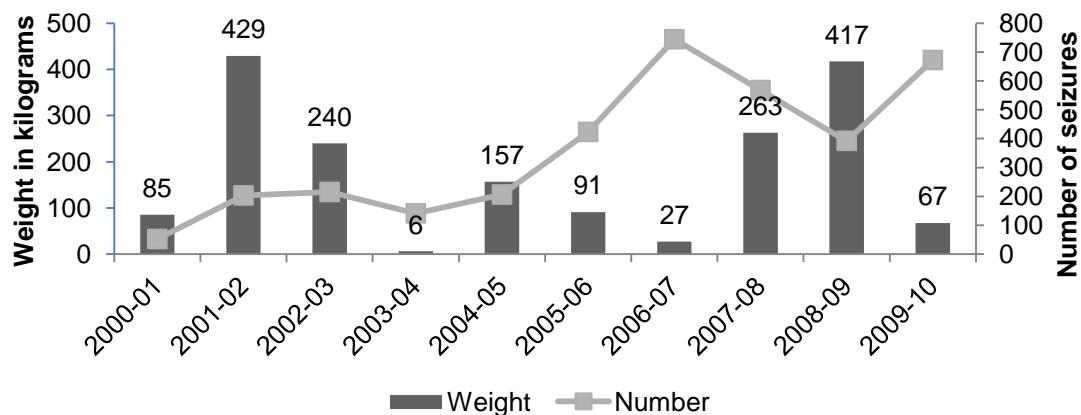
	Speed powder		Base		Crystal/ice	
	2010 %	2011 %	2010 %	2011 %	2010 %	2011 %
Current availability	n = 25	n = 32	n = 17	n = 24	n = 12	n = 31
Very easy	36	34	41	25	50	36
Easy	48	41	41	42	42	45
Difficult	16	22	18	33	8	19
Very difficult	0	3	0	0	0	0
Changes to availability	n = 25	n = 31	n = 17	n = 24	n = 11	n = 30
More difficult	4	13	24	17	9	3
Stable	76	81	65	71	46	83
Easier	4	6	6	0	18	7
Fluctuates	16	0	6	13	27	7

Source: Queensland IDRS injecting drug user interviews

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

Figure 23 shows that the total weight (in kilograms) and number of amphetamine-type stimulants (ATS) seizures at the border by the Australian Customs Service from the financial years 2000–01 to 2009–10 vary considerably from year to year, and that weight is not always correlated with the number of seizures. This is exemplified in the past two years when there were more seizures in 2009–10 than in 2008–09 but the weight in 2009–10 was much lower than in the previous year.

Figure 23: Weight and number of amphetamine-type stimulants* detections by the Australian Customs Service, financial years 2000–01 to 2009–10



Source: Australian Customs and Border Protection Service

* Includes amphetamine, methamphetamine and crystal methamphetamine detections, but excludes 3,4-methylenedioxymethylamphetamine (MDMA)

5.2.4 Purchasing patterns of methamphetamines

The most likely source for the most recent purchase of all forms of methamphetamines was a friend, and the next most likely source was a known dealer (Table 15). The place of most recent purchase was quite varied for all three forms of methamphetamines.

Table 15: Purchasing patterns of methamphetamine, 2011

	Speed powder		Base		Crystal/ice	
	2010 %	2011 %	2010 %	2011 %	2010 %	2011 %
Last purchased from	n = 24	n = 29	n = 16	n = 24	n = 11	n = 30
Street dealer	13	14	0	21	0	10
Friend	42	45	56	38	55	43
Known dealer	21	17	19	29	36	37
Acquaintance	13	10	13	4	9	3
Unknown dealer	8	3	0	4	0	0
Mobile dealer	0	3	0	4	0	3
Other	4	7	13	0	0	4
Place of most recent purchase	n = 24	n = 29	n = 16	n = 24	n = 11	n = 30
Home delivery	21	21	31	17	9	27
Dealer's home	17	14	13	25	9	20
Friend's home	25	31	19	13	55	20
Acquaintance's house	21	3	6	0	9	0
Street market	13	7	6	13	9	13
Agreed public location	4	24	13	33	9	20
Other	0	0	13	0	0	0

Source: Queensland IDRS injecting drug user interviews

5.2.5 Key expert comments

Key experts noted a decrease in the purity of low end methphetamines (i.e. base) and an increase in high end methphetamines (i.e. ice/crystal). Key experts from the legal sector advised, however, that although there had been seizures of pure crystal methamphetamine, this pure form was likely to be mixed with other low cost substances (i.e. 'cut') to increase profitability. One key expert who reported on the increase in availability of ice/crystal said that there was as '*increase in amount for same cost as previously*'. Key experts gave prices for methphetamines that were in line with those provided by participants.

5.3 Cocaine market

KEY POINTS

- Very few participants commented on the cocaine market, and there was no clear consensus on price, purity, availability, and purchasing patterns.

Only five participants answered questions about the cocaine market.

5.3.1. Cocaine price

The five participants who commented on the price of cocaine rated it as stable. The median price of their most recent purchase was:

Gram	\$290 (range \$250–\$400, n = 4)
Quarter gram	\$100 (n = 1)

5.3.2 Cocaine purity

The five participants had different views on the purity of cocaine, ranging from high to low; although four of the five participants considered purity stable.

5.3.3 Cocaine availability

As with purity, no firm conclusions could be drawn on availability of cocaine, with ratings varying from very easy to very difficult. Nevertheless, four of the five rated availability as stable.

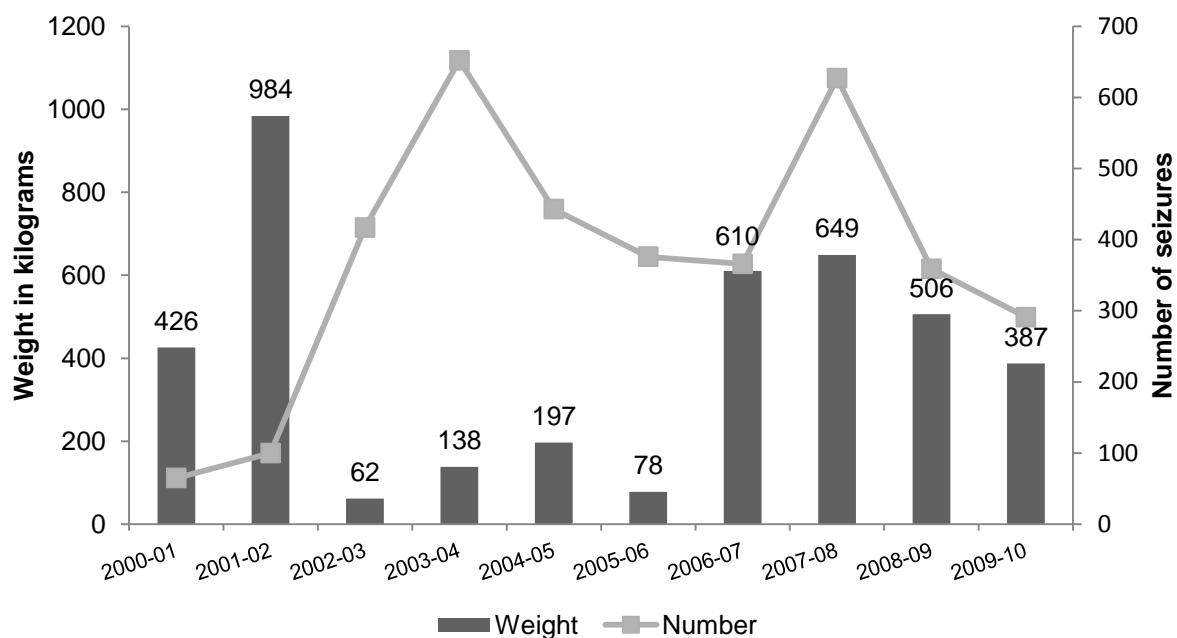
5.3.4 Purchasing patterns of cocaine

Three of the five participants who commented on the cocaine market made their most recent purchase from a friend. Locations of purchase included a friend's home, a dealer's home, and an agreed public location.

5.3.5 Cocaine detected at the Australian border

The total weight (in kilograms) and number of cocaine detections at the border by the Australian Customs Service from the financial years 2000–01 to 2009–10 are presented in Figure 24. Both the number of seizures and weight of cocaine seized decreased in 2009–10.

Figure 24: Weight and number of cocaine border seizures by the Australian Customs Service, 2000–01 to 2009–10



Source: Australian Customs Service

5.3.6 Key expert comments

Availability of cocaine was reported as increasing but purity levels were observed to be down. Key experts reported a perception that cocaine was too expensive for regular use. Price of cocaine was reported as being a little higher than that reported by participants (i.e. median price of \$350 per gram).

5.4 Cannabis market

KEY POINTS

- Potency of cannabis remained high, particularly for hydro.
- Price for both hydro and bush continued to be stable.
- Cannabis was readily available, particularly hydro.

Of the entire sample (N = 102), 78% agreed they were able to distinguish between hydroponically cultivated cannabis (hydro) and outdoor-cultivated cannabis (bush). Sixty-one per cent answered questions about the hydro market and 18% about the bush market.

5.4.1. Cannabis price

The median price of hydro and bush was:

Hydro

Gram	\$25 (range \$20–\$25, n = 17)
Quarter ounce	\$90 (range \$80–\$120, n = 27)
Ounce	\$300 (range \$150–\$360, n = 23)

Bush

Gram	\$25 (range \$20–\$25, n = 3)
Quarter ounce	\$80 (range \$60–\$90, n = 6)
Ounce	\$195 (range \$130–\$280, n = 6)

The majority (77%) of those who commented on the price of hydro (n = 61) rated the price as stable, with 8% considering it to have increased, 8% to have fluctuated, and 7% to have decreased. Similarly with those who commented on the price of bush (n = 18), 67% rated the price as stable, with 17% considering it to have fluctuated, 11% to have decreased, and 6% to have increased.

5.4.2 Cannabis purity

In 2011, just over half of participants who used hydro in the previous six months stated potency was high, and the majority considered that potency had remained stable (Table 16). The potency of bush was most likely to be perceived as medium, with significantly fewer ($p < 0.05$) participants than in 2010 rating it as high. Most participants considered potency had remained stable in the previous six months.

Table 16: Perceived cannabis potency in preceding six months, 2010 and 2011

	Hydro		Bush	
	2010 %	2011 %	2010 %	2011 %
Current potency	n = 37	n = 62	n = 33	n = 20
High	41	55	55	20
Medium	32	36	33	55
Low	3	2	12	20
Fluctuates	24	8	0	5
Changes to potency	n = 36	n = 62	n = 32	n = 20
Increasing	22	13	16	15
Stable	53	61	69	70
Decreasing	6	5	9	15
Fluctuates	19	21	6	0

Source: Queensland IDRS participant interviews

5.4.3 Cannabis availability

Both forms of cannabis (hydro and bush) continued to be readily available in 2011, and the majority of participants rated availability as stable (Table 17).

Table 17: Cannabis availability in preceding six months, 2010 and 2011

	Hydro		Bush	
	2010 %	2011 %	2010 %	2011 %
Current availability	n = 36	n = 61	n = 32	n = 20
Very easy	58	54	38	30
Easy	39	39	31	50
Difficult	3	7	25	10
Very Difficult	0	0	6	10
Changes to availability	n = 36	n = 61	n = 32	n = 20
More difficult	3	5	19	10
Stable	75	80	59	75
Easier	14	5	13	10
Fluctuates	8	10	9	5

Source: Queensland IDRS injecting drug user interviews

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

5.4.4 Purchasing patterns of cannabis

In 2011, significantly more participants than in 2010 reported that their most recent purchase of hydro was from a friend ($p<0.05$), and this was reflected in the place of purchase (Table 18). The pattern was somewhat similar for bush. The majority of respondents reported purchasing bush from a friend.

Table 18: Purchasing patterns of cannabis, 2010 and 2011

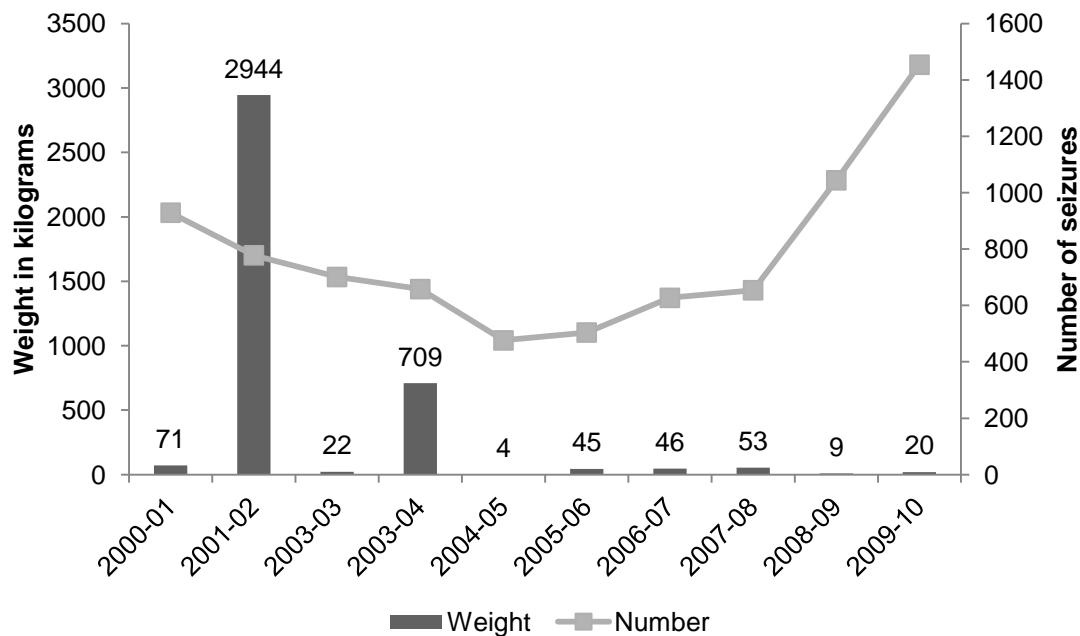
	Hydro		Bush	
	2010 %	2011 %	2010 %	2011 %
Last purchased from	n = 37	n = 61	n = 31	n = 20
Friend	46	68	61	70
Known dealer	35	21	16	20
Street dealer	5	0	3	5
Acquaintance	5	7	0	0
Workmate	-	2	-	0
Unknown dealer	3	0	7	0
Mobile dealer	0	0	7	0
Other	5	3	7	5
Place of purchase	n = 37	n = 62	n = 31	n = 19
Friend's home	27	47	45	37
Dealer's home	22	15	13	16
Home delivery	16	18	19	11
Agreed public location	16	16	10	32
Street market	14	0	7	0
Acquaintance's house	3	0	0	0
Work	-	2	-	0
Other	3	2	7	4

Source: Queensland IDRS injecting drug user interviews

5.4.5 Cannabis detections at the Australian border

The total weight (in kilograms) and number of cannabis detections at the border by the Australian Customs Service from the financial year 2000–01 to 2009–10 is shown in Figure 25. These detections include cannabis, cannabis leaf, oil, seed, and resin.

Figure 25: Weight and number of cannabis border seizures by Australian Customs Service, 2000–01 to 2009–10



Source: Australian Customs Service

5.4.6 Key expert comments

Price of cannabis remained stable with key experts confirming that a stick (1 to 1.5 grams) sold for \$25 and an ounce from between \$380 to \$420. Key experts from the legal sector advised that purity was not always assured as seized cannabis was sometimes found to be mixed with other crops such as Lucerne hay. Availability of hydro was considered consistent whereas bush was more seasonal.

5.5 Methadone market

KEY POINTS

- Most of the participants who commented on the methadone market considered price to be stable.
- Over half rated access as difficult, with most regarding availability as stable.
- Methadone was most likely to have been purchased from a friend, and the purchase place to have been a public location.

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

5.5.1 Methadone price

Of the 13 participants who commented on the price of methadone, 85% rated the price as stable and the remaining 15% as increasing. The median price paid for one millilitre of methadone syrup was \$1.

5.5.2 Methadone availability

Of the 12 participants who reported on current availability of illicit methadone, 58% rated it as difficult to access, 33% as easy and the remaining 8% as very easy. Three-quarters (75%) rated availability as stable and the remaining 25% as more difficult.

5.5.3 Purchasing patterns of illicit methadone

Of the 10 participants who reported on the source of their illicit methadone, 80% had obtained it from friends and 20% from acquaintances. Place of purchase was most likely to be an agreed public location (60%).

5.6 Buprenorphine market

KEY POINTS

- Price and availability of buprenorphine was generally considered stable, with the median price of two milligrams being \$15 and eight milligrams \$30.

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

5.6.1 Buprenorphine price

The median price of buprenorphine was:

2 mg \$15 (range \$10–\$50, n = 6)

8 mg \$30 (range \$20–\$40, n = 10)

Most of the participants who reported on price changes (n = 17) rated prices as stable (65%), with 18% rating prices as increasing, 12% decreasing, and 6% fluctuating.

5.6.2 Buprenorphine availability

Most participants regarded the recent availability of buprenorphine as very easy or easy, and that availability was stable (Table 19).

Table 19: Availability of buprenorphine in preceding six months, 2011

Ease of access	% Participants (n = 17)	Changes to ease of access in last 6 months	% Participants (n = 16)
Very easy	47	Stable	81
Easy	24	More difficult	13
Difficult	29	Easier Fluctuates	6 0

Source: Queensland IDRS injecting drug user interviews

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

5.6.3 Purchasing patterns of illicit buprenorphine

Of those who purchased illicit buprenorphine in the previous six months (n = 16), 50% purchased from friends and the remainder purchased from a variety of sources. The location of the most recent purchase varied, but the most common location was a friend's home (31%).

5.7 Buprenorphine-naloxone market

KEY POINTS

- Price and availability of buprenorphine-naloxone was generally considered stable, with a two milligram tablet costing a median of \$10, and an eight milligram tablet costing a median of \$30.

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

5.7.1 Buprenorphine-naloxone price

The median price of buprenorphine-naloxone was:

2 mg \$10 (range \$5–\$20, n = 5)
8 mg \$30 (range \$20–\$40, n = 7)

Most of the participants who reported on price changes (n = 11) rated prices as stable (73%), with 27% rating prices as increasing,

5.7.2 Buprenorphine-naloxone availability

Availability of buprenorphine-naloxone was most likely to be considered easy, with nearly all respondents regarding recent availability as stable (Table 20).

Table 20: Availability of buprenorphine-naloxone in preceding six months, 2011

Ease of access	% Participants (n = 11)	Changes to ease of access in last 6 months	% Participants (n = 11)
Easy	64	Stable	82
Very easy	27	More difficult	18
Difficult	9		

Source: Queensland IDRS injecting drug user interviews

5.7.3 Purchasing patterns of buprenorphine-naloxone

Of the nine participants who purchased illicit buprenorphine-naloxone, most (78%) had made their last purchase from friends. The location varied but was most commonly a friend's house (56%).

5.8 Morphine market

KEY POINTS

- The median price for 100 milligrams of morphine was \$60, with price changes generally rated as stable or increasing.
- MS Contin® was the most common brand of morphine used, followed by Kapanol®.
- Morphine was readily available.
- Morphine was obtained from a variety of source people, with the most likely location being an agreed public location.

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

5.8.1 Morphine price

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

MS Contin®	60 mg	\$32.50 (range \$25–\$50, n = 16)
	100 mg	\$60 (range \$50–\$100, n = 22)
Kapanol®	50 mg	\$25 (range \$25–\$40, n = 5)
	100 mg	\$60 (ranging from \$50 to \$80, n = 6)

Just over half (55%) of those who reported on the price of morphine (n = 29) considered price to have been stable in the previous six months, with 35% considering it to be increasing, 7% fluctuating, and 3% decreasing.

5.8.2 Morphine availability

Most participants who commented on the morphine market considered morphine to be readily available, and 55% considered availability to be stable (Table 21).

Table 21: Availability of morphine in preceding six months, 2011

Ease of access	% Participants (n = 29)	Changes to ease of access in last 6 months	% Participants (n = 29)
Easy	38	Stable	55
Very easy	35	More difficult	31
Difficult	24	Fluctuates	7
Very difficult	3	Easier	7

Source: Queensland IDRS injecting drug user interviews

5.8.3 Purchasing patterns of morphine

Respondents (n = 28) purchased morphine from known dealers (36%), friends (29%), street dealers (21%), acquaintances (7%), unknown dealers (7%).

Venues for the most recent purchase of morphine were (n = 28): agreed public location (43%), dealer's home (29%), street market (14%), friend's home (7%), and home delivered (7%).

5.9 Oxycodone market

KEY POINTS

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

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

5.9.1 Illicit oxycodone price

Participants were asked about the price of the specific brands of illicit oxycodone that they had purchased, but reports were only received for Oxycontin®. Median price of the most recent purchase was:

Oxycontin®	20 mg	\$15 (only one price report)
	40 mg	\$22.50 (range \$20–\$30, n = 6)
	80 mg	\$50 (range \$30–\$70, n = 15)

Eighty-two per cent of participants who commented on the oxycodone market (n = 22) considered the price to be stable, 14% considered it to be increasing, and 5% to be stable.

5.9.2 Illicit oxycodone availability

Just over half of those who commented regarded availability as difficult with the remainder regarding it as easy or very easy (Table 22). Availability was most commonly rated as stable.

Table 22: Availability of oxycodone in preceding six months, 2011

Ease of access	% Participants (n = 21)	Change to ease of access in last 6 months	% Participants (n = 20)
Difficult	52	Stable	55
Easy	33	More difficult	20
Very easy	14	Easier	15
		Fluctuates	10

Source: Queensland IDRS injecting drug user interviews

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

5.9.3 Purchasing patterns of illicit oxycodone

Of the participants who commented on their most recent purchase of oxycodone (n = 19), 58% reported their source person was a friend. There was little commonality of source person for the remaining 23% of participants (i.e. street dealers, known dealers, unknown dealers, and acquaintances). The purchase was most likely to be made at an agreed public location (47%), friend's home (16%), dealer's home (16%), street market (16%), or home delivered (5%).

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

- 48% of participants had overdosed on heroin in their lifetime. Of these, 21% had overdosed in the preceding year and 23% had overdosed more than three times in their lifetime.
- 29% of all participants reported an overdose on a drug other than heroin in their lifetimes, with most reporting doing so once only.
- By far the most overdose cases attended by Queensland Ambulance Service were for alcohol, followed by antidepressants, benzodiazepines, and then heroin.
- Drug treatment status was similar to 2010 with 47% of participants in treatment which was mainly opioid substitution pharmacotherapy.
- Compared with 2010, there were more calls to the Queensland Alcohol and Drug Information Services for licit opioids, amphetamines, cocaine, and cannabis.
- Needle and Syringe Programs were the main source of needles and syringes.
- 20% of participants borrowed used needles and 28% lent used needles. Two-thirds shared other equipment.
- 63% of participants self-reported a mental health problem, with the most common problems being depression and anxiety.
- Compared with the general Australian population, IDRS participants were more likely to score in the high distress or very high distress categories of the Kessler Psychological Distress Scale (K10) (67% of participants).
- Participants' scores on the SF-12 health survey indicated they had poorer mental and physical health than the population average.
- 71% of participants reported a long-standing physical health condition, illness, disability or infirmity.
- 68% of participants had visited a GP in the previous four weeks, and nearly a quarter had visited a drug and alcohol counsellor.
- Of participants who had driven in the past six months, one in five reported driving under the influence of alcohol and almost four in five reported driving soon after taking an illicit drug.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioid overdose

In 2011, 48% of participants reported overdosing on heroin in their lifetime. Of those participants who had overdosed (n = 48), 42% had overdosed once, 35% two to three times, and the remaining 23% four to fifty-seven times. Participants were asked if Narcan® was given to them the last time they accidentally overdosed. Of the 42 participants who responded to this question, 32% were given Narcan®.

Twenty-one per cent of those who had overdosed had done so in the previous 12 months. These 10 participants were asked to report the treatment or information they received after their last accidental overdose. Multiple responses were allowed and they are reported in Table 23.

Table 23: Treatment/information received after most recent heroin overdose, 2011

	% Participants n = 10
Ambulance attendance	50
Hospital emergency department	40
CPR* from friend/partner/peer	30
Got oxygen	20
CPR from health professional	10
Drug health service	20
Psychiatrist	10
Did not receive information or treatment	20

Source: Queensland IDRS injecting drug user interviews

*Cardio pulmonary resuscitation

Note: Multiple responses were allowed. Overdose was accidental and occurred in past 12 months.

6.1.2 Other drugs overdose

Twenty-nine per cent of all participants reported an overdose on a drug other than heroin in their lifetime, with most reporting doing so once only. In the previous 12 months, two participants had overdosed on a drug other than heroin (one on a benzodiazepine and the other on methamphetamine base).

6.1.3 Queensland Ambulance Service data

Table 24 presents the number of attendances during the financial years 2009–10 and 2010–11 by the Queensland Ambulance Service to people who were coded as having a drug overdose and the primary drug was recorded. There were very similar patterns in both years, with alcohol being by far the most common primary drug followed by antidepressants, benzodiazepines and heroin in fourth place.

Table 25: Overdose cases attended by Queensland Ambulance Service where primary substance was recorded, 2009–10 to 2010–11

Primary drug	2009–10	2010–11
Alcohol	3,629	3,813
Antidepressants	766	661
Benzodiazepines	467	490
Heroin	242	285
Antipsychotics	228	208
Cannabis	182	198
Amphetamines	132	149
Ecstasy	166	107
Inhalants	74	80
Methadone	39	34
GHB	38	32
Cocaine	33	28
Buprenorphine	5	2

Source: Queensland Ambulance Service

These data are conservative and cannot be considered a definitive record of the number of overdoses attended by the service in the specified time period¹.

6.1.4 Fatal overdose

The Australian Bureau of Statistics (ABS) has changed the way they collate deaths data, making comparisons to earlier overdose bulletins published by the National Drug and Alcohol Research Centre difficult (Degenhardt and Roxburgh 2007; Degenhardt and Roxburgh 2007). Since 2003, the ABS has progressively ceased visiting jurisdictional coronial offices to manually update causes of death that had not been loaded onto the computerised National Coronial Information System (NCIS). It was in 2006, that the ABS began to rely solely on data contained on NCIS at the time of closing the deaths data file. Given that coronial cases can take some time to complete, this is likely to have an impact on the number of opioid-related deaths recorded at a national level. The ABS have implemented a number of additional strategies, including examination of death certificates and coroners reports, to ensure that as many of the deaths as possible have a cause of

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

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

death coded at the time the data file is closed. The following data represent findings from preliminary data for 2009. The ABS will be releasing two subsequent revisions of the 2009 deaths data in March 2012 and March 2013 respectively. Accordingly, these figures may represent an underestimate of drug-related deaths (ABS causes of death data).

Opioids

In 2009, there were 433 accidental deaths due to opioids in Australia, 19% of these were from Queensland. It should be noted that the deaths reported are opioid-related and not necessarily heroin overdose deaths (i.e. may be pharmaceutical opioids). Of the 83 deaths in Queensland, 71% were males.

There were fewer deaths attributable to methamphetamine than were attributable to opioids. There was a limited understanding of the role of methamphetamine in causing death and, therefore, mortality data may under-represent cases where methamphetamine contributed to the death, such as premature death related to cerebral vascular pathology (e.g. haemorrhage or thrombosis in the brain).

Methphetamines

ABS data on accidental deaths where methphetamines were mentioned have been analysed since 1997. The most recent data available was from 2009, when there was a national total of 62 'drug induced' deaths in which methamphetamine was mentioned among those aged 15–54 years. Methamphetamine was determined to be the underlying cause of death in 21% (n = 13) of all methamphetamine related deaths in 2009 (ABS causes of death data). Figures specifically relating to Queensland were not available at the time of publication.

Cocaine

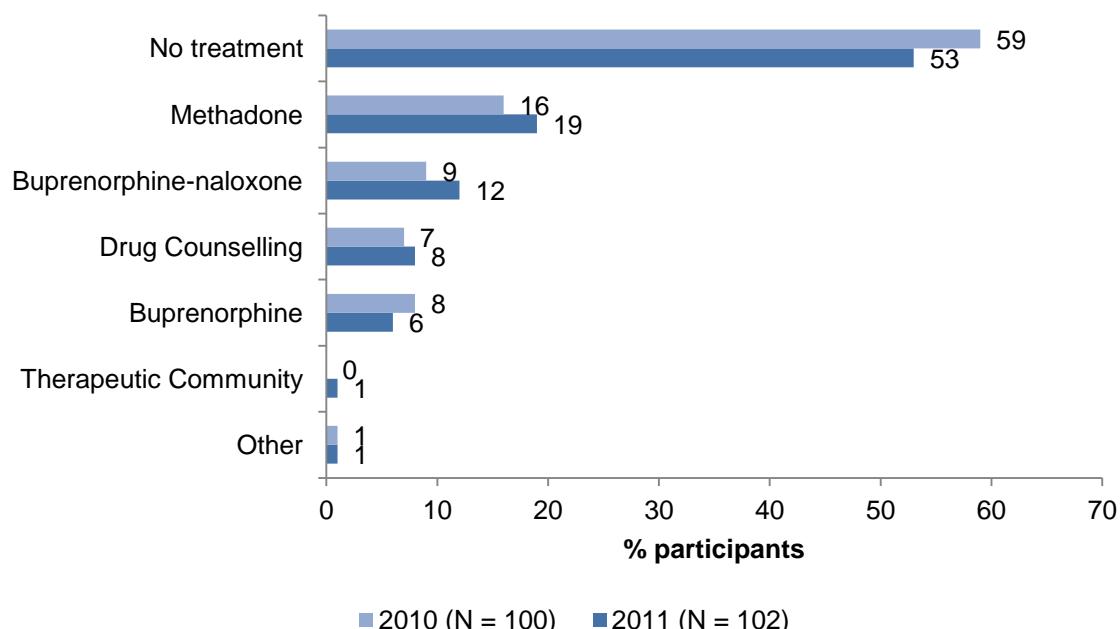
Nationally, 17 drug- related deaths in which cocaine was mentioned occurred among the 15–54 year age group in 2009 (ABS causes of death data). Cocaine was determined to be the underlying cause of death in 24% (n = 4) of all cocaine-related deaths in 2009. Figures specifically relating to Queensland were not available at the time of publication.

6.2 Drug treatment

6.2.1 Current drug treatment

Drug treatment status was similar to 2010, with 47% of participants currently in treatment in 2011. Treatment was mainly opioid substitution pharmacotherapy (Figure 26).

Figure 26: Current treatment status, 2010 and 2011



Source: Queensland IDRS injecting drug user interviews

6.2.2 Estimated number of pharmacotherapy clients

The estimated number of pharmacotherapy clients in Queensland has been steadily increasing with 5,688 clients receiving pharmacotherapy treatment on a 'snapshot'/specified day in 2010 (Australian Institute of Health and Welfare 2010). Of these, 54% were receiving methadone, 14% were receiving buprenorphine (Subutex[®]), and 32% were receiving buprenorphine-naloxone (Suboxone[®]). These were similar proportions to 2009 data.

As in previous years, dosing point sites in Queensland were most commonly pharmacies (74%) with the remainder located in public clinics (2%), correctional facilities (2%), and other locations such as community health centre, doctors' surgeries, etc. (22%). The number of Queensland dosing points had risen slightly from 474 in 2008–09 to 479. The number of correctional services dosing points was 12 in 2008–09 and 11 in 2009–10. The number of prescribers registered to prescribe pharmacotherapy drugs declined from 121 in 2009 to 105 in 2010.

6.2.3 Calls to telephone help lines

The following data was obtained from the Queensland Alcohol and Drug Information Service (ADIS) which is a 24-hour information and counselling service provided by Queensland Health. In the last financial year 2010–11, there were 16,062 calls to their service, with the majority of calls relating to alcohol. (Table 25).

Table 25 : Number of calls to ADIS according to drug type, 2010–11

Drug type	Calls	%
Alcohol	5871	37
Cannabis	2363	15
Amphetamines	1543	10
Licit opioids	1487	9
Illicit opioids	849	5
Benzodiazepines	845	5
Cocaine	99	1
Ecstasy	126	1
Hallucinogens	48	<1
Other	2831	18

Source: Alcohol and Drug Information Service (ADIS)

People who called ADIS about drugs, other than alcohol, were most likely to be in the 25 to 34 year age group (Table 26).

Table 26: Number of calls to Alcohol and Drug Information Service (ADIS) by drug type and age, Queensland 2010–11

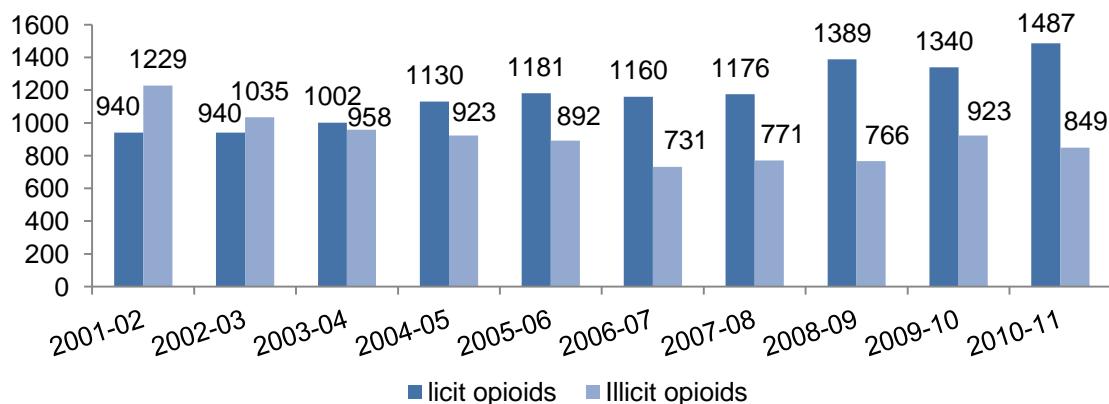
Age (years)	Alcohol	Cannabis	Amphetamines	Benzo-diazapine	Cocaine	Ecstasy	Hallucino-gens	Other
0–17	108	226	46	4	2	11	5	108
18–24	496	537	343	58	31	52	22	268
25–34	1344	735	594	176	33	42	13	532
35–44	1647	446	298	149	17	13	4	417
45–54	865	128	54	104	4	1	1	278
55+	460	30	3	254	0	0	0	390
Total	5012	1632	1338	746	87	119	45	1997

Source: Alcohol and Drug Information Service (ADIS)

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

In the financial year 2010–11 there were more calls about licit opioids and fewer calls about illicit opioids compared with the previous year (Figure 27).

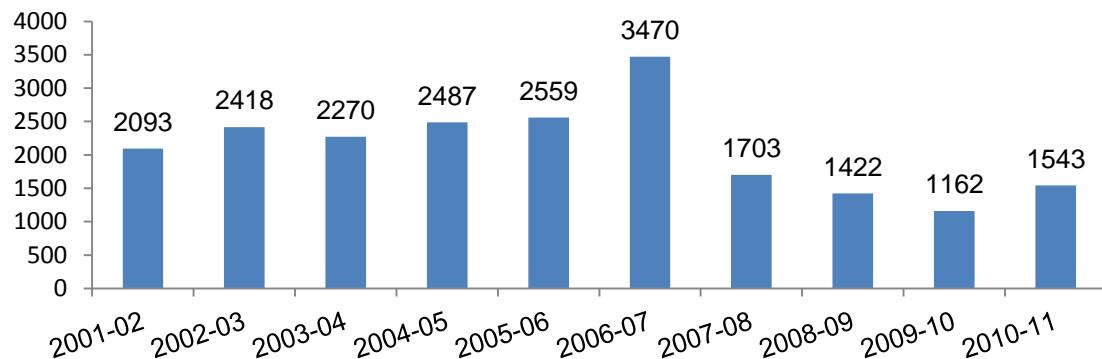
Figure 27: Number of enquiries to ADIS regarding licit and illicit opioids, 2001–02 to 2010–11



Source: Queensland Alcohol and Drug Information Service

In recent years there was a downward trend in methamphetamine related calls but this was reversed in the financial year 2010–11 (Figure 28).

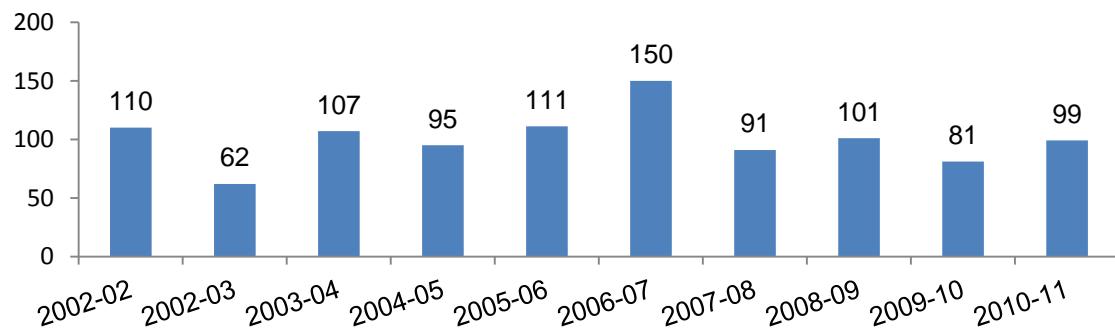
Figure 28: Number of enquiries to ADIS regarding amphetamines, including methamphetamines, 2001–02 to 2009–10



Source: Queensland Alcohol and Drug Information Service

There has been a consistently low number of calls to ADIS about cocaine, with the 99 calls comprising 1% of all calls (Figure 29).

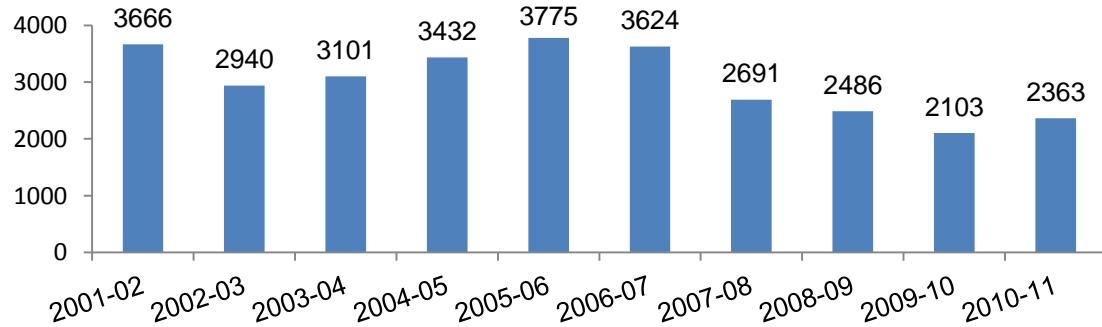
Figure 29: Number of enquiries to ADIS regarding cocaine, 2001–02 to 2009–10



Source: Queensland Alcohol and Drug Information Service

As Figure 30 shows, the number of enquiries to ADIS about cannabis has been relatively consistent in the past few years after a peak in 2005–06.

Figure 30: Number of enquiries to ADIS regarding cannabis, 2001–02 to 2009–10



Source: Queensland Alcohol and Drug Information Service

6.3 Hospital admissions

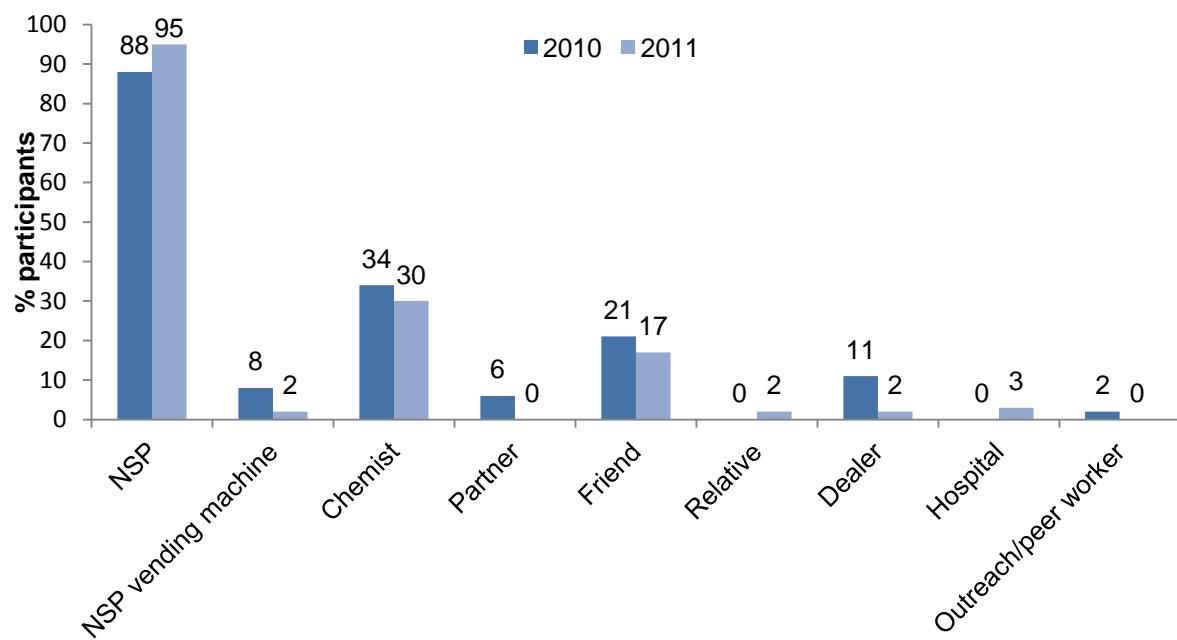
At time of print, hospital admission data for 2009–10 was not yet available.

6.4 Injecting risk behaviour

6.4.1 Access to needles and syringes

Needle and syringe programs (NSP) continued to be by far the most common source of needles and syringes (Figure 31). Chemists were the second most likely source.

Figure 31: Main sources of needles and syringes in preceding six months, 2010 and 2011



Source: Queensland IDRS injecting drug user interviews

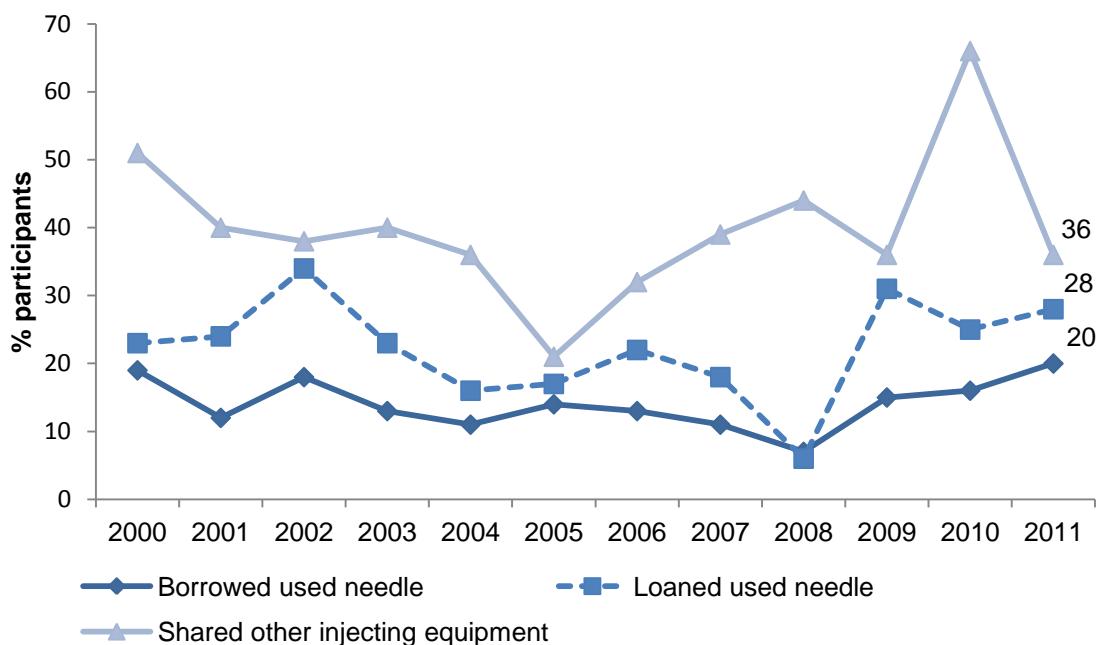
Note: Multiple responses allowed

Queensland Needle and Syringe Programs (NSP) dispensed a total of 7,374,360 needles in the 2010–11 financial year; an increase of 1,222,800 from the previous year.

6.4.2 Sharing of injecting equipment

Sharing of injecting equipment continues to be a matter of concern. Since 2000, the proportion of participants reporting borrowing of used needles has been relatively stable (mean = 14%, range 7%–20%) with one in five borrowing used needles in 2011 (Figure 32). The lending of needles and the sharing of other injecting equipment has been more variable. In 2011, 28% of participants had lent a used needle in the previous month compared with 25%. Participants sharing other equipment (e.g. spoons or mixing containers, filters, tourniquets, water, swabs) reverted back to the same proportion as in 2009 (36%) after a spike up to 66% in 2010.

Figure 32: Borrowing and loaning of needles and other equipment in the previous month, 2000 to 2011



Source: Queensland IDRS injecting drug user interviews

Fifty-one per cent of participants re-used one of their own needles at least once in the previous month, which was a similar proportion to 2010 (56%). In 2011, there is some evidence that fewer participants re-used other equipment, particularly after someone else had used it (i.e. 36% of participants in 2011 compared with 66% in 2010). As in 2010, the pieces of equipment most likely to be re-used were spoons/mixing containers (Table 27).

Table 27: Other equipment re-used in the previous month, 2010 and 2011

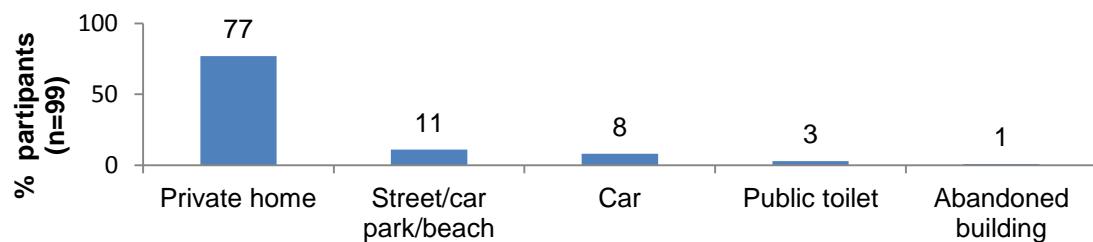
Other equipment	Other equipment re-used			
	Own		After someone else	
	2010 (n = 73) %	2011 (n = 69) %	2010 (n = 66) %	2011 (n = 37) %
Spoons/mixing containers	74	90	62	87
Filters	18	7	24	24
Tourniquets	32	41	15	24
Water	18	16	29	32
Swabs	7	3	3	8
Other	4	0	2	0

Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses allowed

Similar to previous years, the most common site of most recent injection was the arm (88%), followed by hand (8%), neck (2%), groin (1%), and buttocks (1%). Just over three-quarters of participants had their most recent injection in a private home (Figure 33).

Figure 33: Location where participant last injected, 2011



Source: Queensland IDRS injecting drug user interviews

The three most common pieces of injecting equipment were 5 ml syringes, 3 ml syringes, and 1 ml needle and syringes (Table 28). In the previous month, the most common piece of re-used injecting equipment was a 1 ml needle and syringe, and participant's cleaning activities were consistent with this.

Table 28: Use, re-use, and cleaning of injecting equipment, 2011

	Used in last month %	Re-used in last month %	Cleaned in last month %	Last item cleaned* %
1 ml needle and syringe	80	40	40	67
3 ml syringe (barrel)	26	11	12	19
5 ml syringe (barrel)	7	2	2	4
10 ml syringe (barrel)	5	5	4	4
20 ml syringe (barrel)	6	3	3	6
50 ml syringe (barrel)	0	0	0	0
Detachable needle (tip)	23	8	9	0
Winged vein infusion set (butterfly)	15	5	6	1
Wheel filter	10	2	1	0
None of the above	2	44	44	-

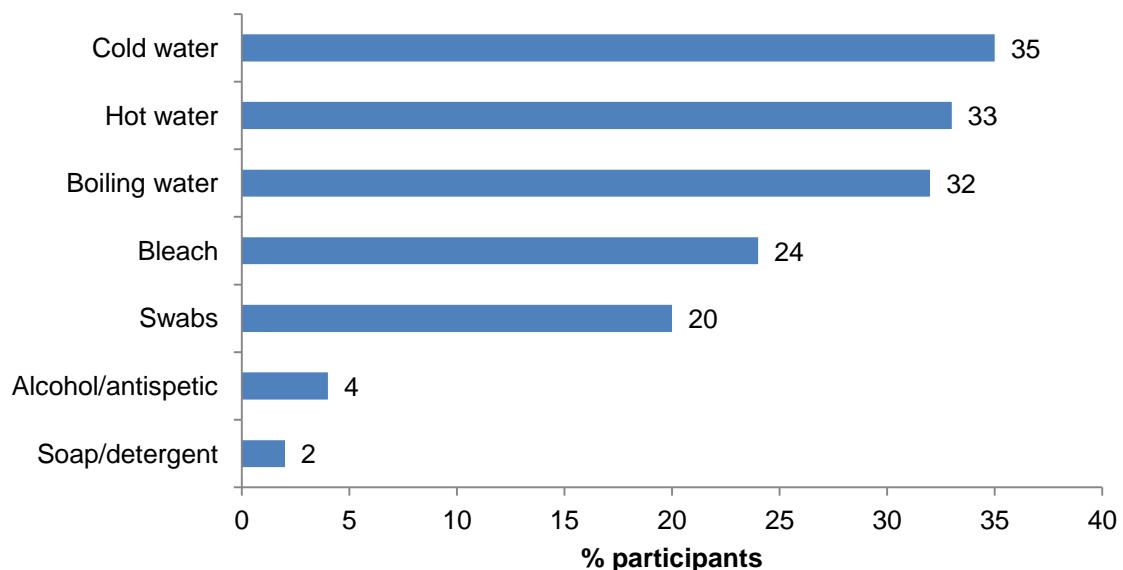
Source: Queensland IDRS injecting drug user interviews

*Of those who cleaned in last month

Note: Multiple responses allowed. Items may have been cleaned after use but not yet re-used

When participants were asked who had used the most recent piece of injecting equipment before it had been cleaned, 80% responded 'me only', 6% 'someone else', and 15% 'me and someone else'. The most likely substance used for cleaning was water, whether cold, hot or boiling (Figure 34).

Figure 34: Cleaning substance used for last item cleaned, 2011

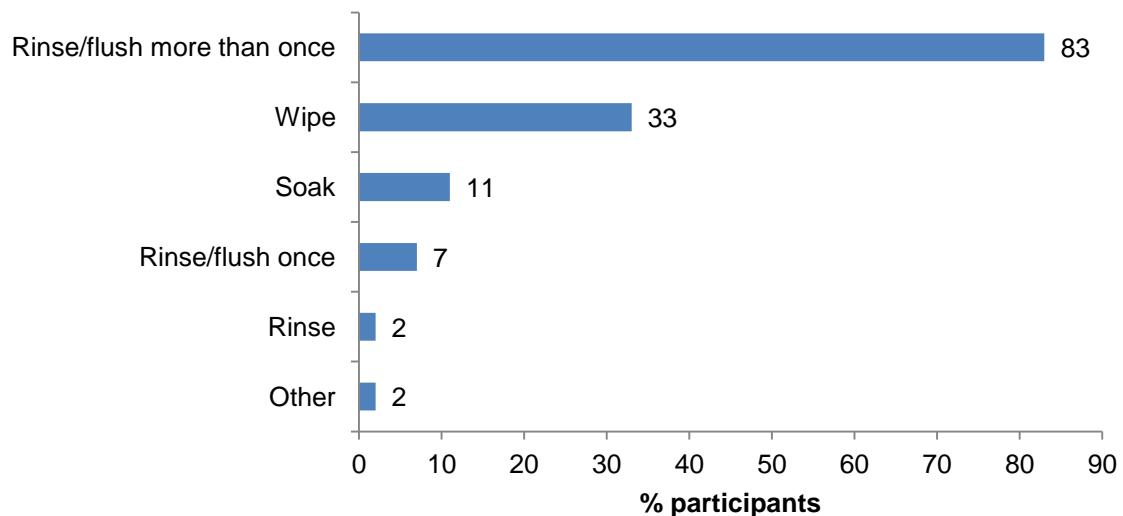


Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses allowed

The most common method used to clean injecting equipment was rinse/flush more than once (Figure 35).

Figure 35: Method used for cleaning injecting equipment most recent time, 2011



Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses allowed

Reports on the number of times a piece of injecting equipment was normally cleaned and reused were: once (58%); two to five times (37%); six to ten times (4%); and over ten (2%).

One in five participants reported that they had trouble getting needles and syringes when they needed them.

Table 29 provides information about obtaining needles and syringes in the previous two weeks. It would appear that participants generally obtained needles and syringes once a

week and obtained more than they used. The median number of syringes given away or sold was one.

Table 29: Injecting and obtaining needle and syringes in the previous two weeks, 2011

	Mean	Median	Range
Approximate times injected	13	9	0–56
Times got needles and syringes	2	2	0–10
Total number of new syringes obtained	38	20	0–200
Syringes given away or sold	9	1	0–100

Source: Queensland IDRS injecting drug user interviews

6.4.3 Injection-related issues

Fifty-two per cent of participants reported some type of injection-related issues in the past month. Proportions experiencing the issues followed a similar pattern to 2010; although, 80% reported scarring/bruising compared with 41% in 2010 (Table 30).

Table 30: Injection-related issues experienced in preceding month*, 2002 to 2011

	2002 %	2003 %	2004 %	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %
Overdose	6	7	3	3	4	4	3	1	2	0
Dirty hit	18	19	16	14	25	31	20	31	11	13
Abscess/infection	14	16	11	5	8	6	8	15	8	13
Scarring/bruising	51	37	48	37	55	57	46	64	41	80
Difficulty injecting	43	35	40	31	38	41	38	38	30	49
Thrombosis	11	7	8	7	9	<1	4	9	4	2

Source: Queensland IDRS injecting drug user interviews

*Amongst those who experienced an injection-related issue

Note: Multiple responses allowed

6.5 Mental health problems, psychological distress, and general health

The proportion of participants reporting mental health problems significantly increased ($p<0.05$) from 43% in 2010 to 63% in 2011 (Table 31), and the range of problems reported expanded. Sixty-four per cent of the sample had attended a health professional for a mental health problem in the previous six months. The type of drug prescribed was fairly even across the three types of medication, with 10% receiving no medication. Valium® and Xanax® were the most commonly prescribed benzodiazepines, Avanza® and Cipramil® the most commonly prescribed anti-depressants, and Zyprexa® and Seroquel® the most commonly prescribed anti-psychotic drugs.

Table 31: Mental health in preceding six months, 2009 to 2011

	2009 N = 80 %	2010 N = 100 %	2011 N = 101 %
Self-reported mental health problem	41	43	63
<i>Problems reported</i>	(n = 33)	(n = 42)	(n = 64)
Depression	64	50	66
Anxiety	46	41	41
Schizophrenia	9	19	16
Manic-depression/bipolar	18	10	16
Panic	6	24	8
Phobias	-	-	8
Mania	-	-	5
Paranoia	12	5	3
Drug induced psychosis	12	2	3
Personality disorder	-	-	3
Addiction	-	-	2
Amnesia	-	-	2
Dissociative disorder	-	-	2
Attended mental health professional	58	71	64
<i>Drug type prescribed*</i>	(n = 19)	(n = 29)	(n = 34)
No medication	5	7	10
Benzodiazepine	70	63	47
Anti-depressant	64	61	41
Anti-psychotic	58	45	50

Source: Queensland IDRS injecting drug user interviews

*Multiple responses allowed

6.5.1 The Kessler Scale of Psychological Distress (K10)

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

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

As shown in Table 33, participants in both 2010 and 2011 were vastly more likely to score high distress or very high distress (about two-thirds of participants in both years) than the general population (18 years and over) in the NDSHS. The median total score in 2011 was 28 (range 10–48).

Table 33: K10 scores, 2010 and 2011

K10 score	Level of psychological distress	2010 N = 100 %	2011 n = 96 %	2010 NDSHS %
10-15	No/low distress	16	12	70
16-21	Moderate distress	21	22	21
22-29	High distress	30	28	7
30-50	Very high distress	34	39	2

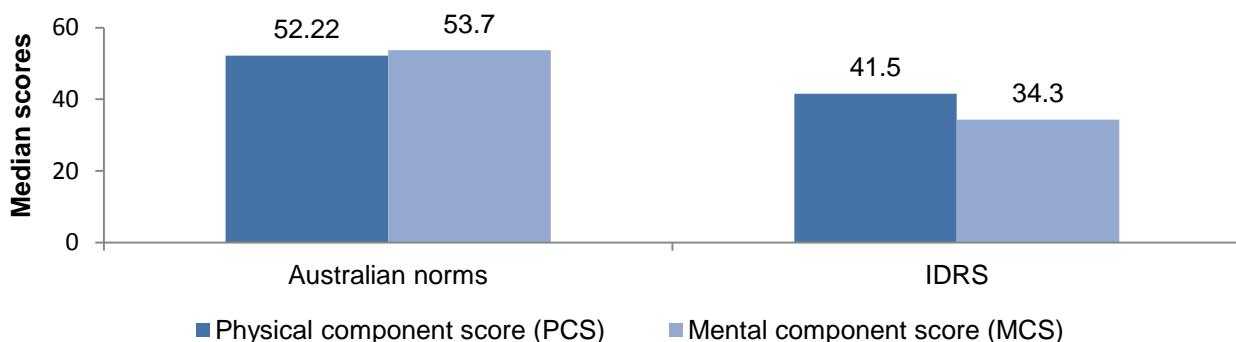
Source: Queensland IDRS injecting drug user interviews

6.5.2 The Short-Form 12-Item Health Survey (SF-12®)

The Short-Form 12-Item Health Survey (SF-12®) is a questionnaire designed to provide information on general health and wellbeing and includes 12 questions from the SF-36®. The SF-12 was administered for the first time in the IDRS in 2011. The SF-12 includes twelve questions and measures health status across eight dimensions concerning physical functioning, role limitations due to physical health problems, bodily pain, general health, energy/fatigue, social functioning, role limitations due to emotional problems and psychological distress and wellbeing. The scores generated by these eight components are combined to generate two composite scores, the physical component score (PCS) and the mental component score (MCS) (Ware, Kosinski et al. 1995; Ware, Kosinski et al. 1996). A higher score indicates better health.

The SF-12 scoring system was developed to yield a mean of 50 and a standard deviation of 10. IDRS participants scored a mean of 34.3(SD = 10.9) for the MCS and a mean of 41.5 (SD = 11.7) for the PCS (Figure 36). Both these scores were significantly lower ($p<0.05$) than the Australian norms from the National Health Survey (Australian Bureau of Statistics 1995). The MCS and PCS were found to be one standard deviation below the Australian population mean score. This would indicate that IDRS participants had poorer mental and physical health than the population average.

Figure 36: SF-12 scores for IDRS participants compared with the general Australian population (ABS), 2011



Source: Queensland IDRS injecting drug user interviews (Australian Bureau of Statistics 1995)

Table 33: SF-12 Mental and Physical Health Mean Component Scores, 2011

	SF-36 Australian Population Norms (ABS)	SF-12 Australian Population Norms (ABS)	SF-12 QLD IDRS (n = 66)
Mental Component Score	49.8	53.70	34.3
Physical Component Score	50.1	52.22	41.5

Source: Queensland IDRS participant interviews (Australian Bureau of Statistics 1995; Australian Bureau of Statistics 1997)

6.5.3 Self-assessed physical and mental health status

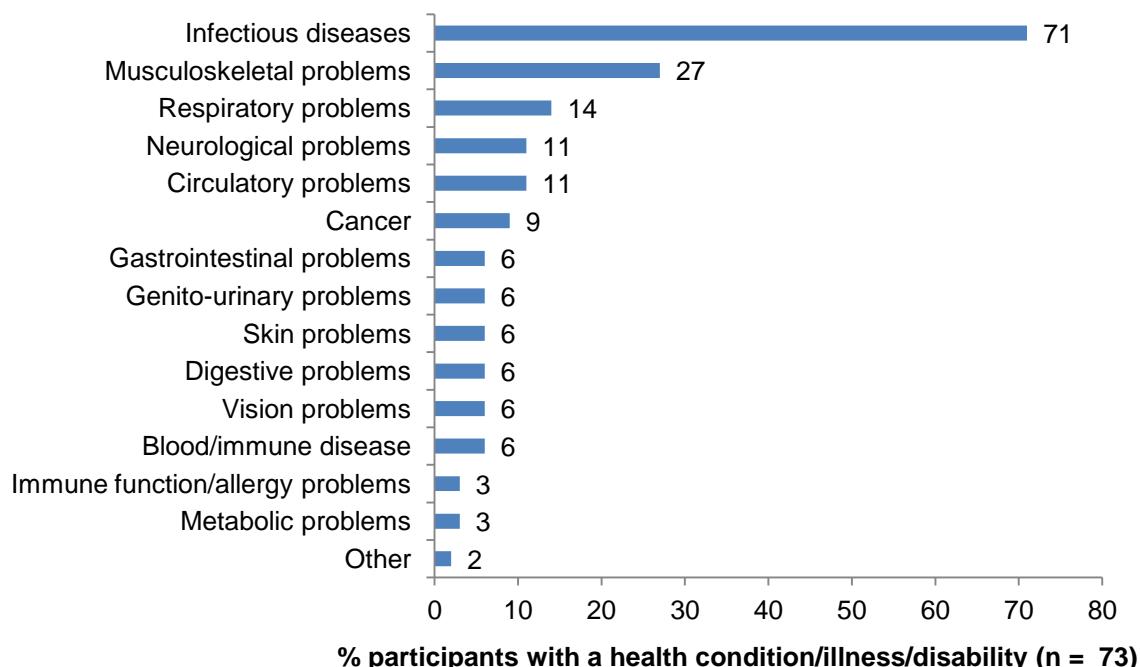
Participants were asked about both their overall physical health and overall mental health (Table 35). The most common response was 'good' for physical and mental health.

Table 35: Self-reported overall physical health and overall mental health, 2011

	Overall physical health N = 101 %	Overall mental health N = 101 %
Excellent	5	6
Very good	10	8
Good	39	44
Fair	27	29
Poor	19	14

Source: Queensland IDRS injecting drug user interviews

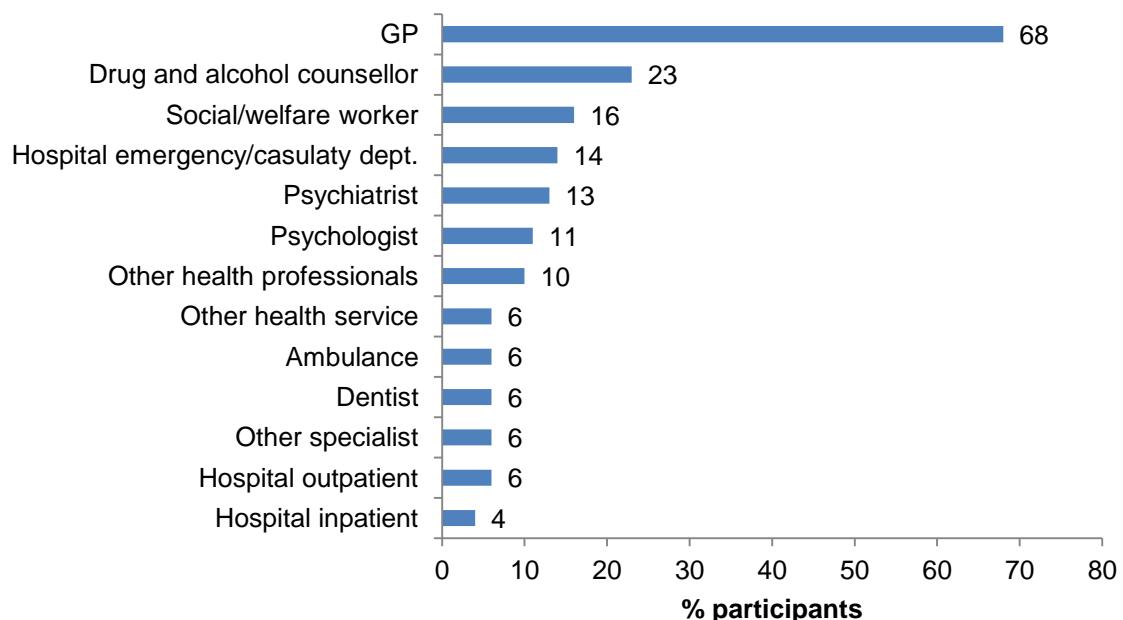
Seventy-one per cent of participants reported a long-standing physical health condition, illness, disability or infirmity. The most likely health condition was infectious disease (Figure 37).

Figure 37: Type of health condition/illness/disability/infirmity experienced, 2011

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

Just over two-thirds of participants had visited a GP in the previous four weeks, and nearly a quarter had visited a drug and alcohol counsellor (Figure 38).

Figure 38: Services accessed in previous four weeks, 2011



Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses allowed

6.6 Driving risk behaviour

Just under half of participants reported having driven in the past six months, with one in five having driven under the influence of alcohol and almost four in five having driven soon after taking an illicit drug (Table 35). Of the nine participants who reported having driven under the influence of alcohol, five had driven over the legal limit (four doing so twice and one 65 times). The median times participants reported driving soon after taking an illicit drug was 25. On the most recent occasion, 63% had driven within ten minutes of consumption. Heroin was the drug most likely to have been consumed.

Table 35: Driving after licit and illicit drug use in preceding six months, 2007 to 2011

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

Source: Queensland IDRS injecting drug user interviews

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

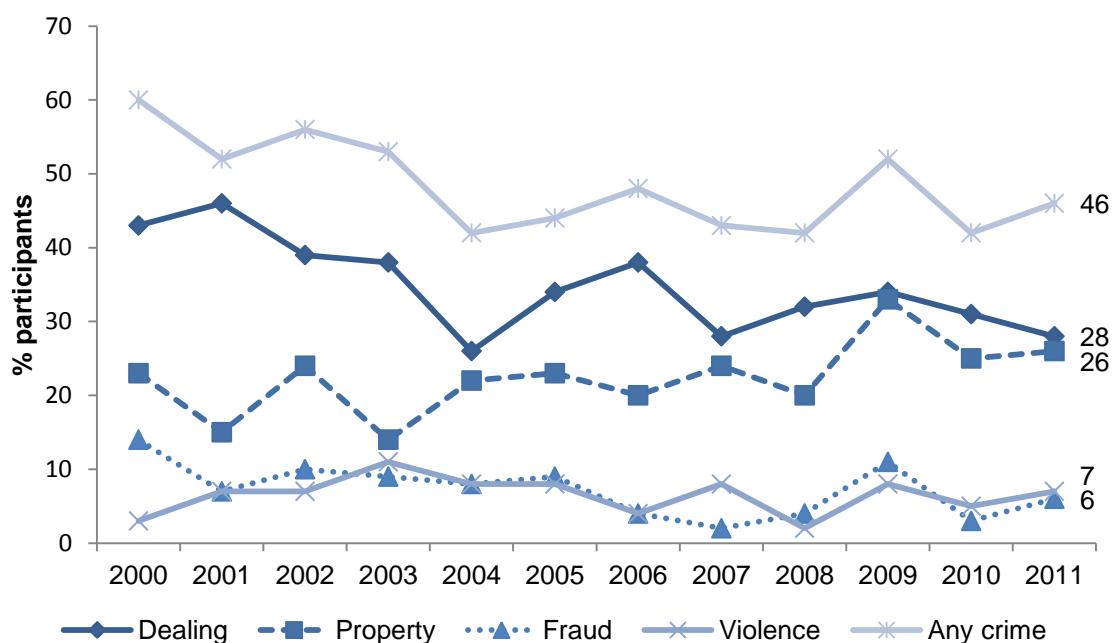
KEY POINTS

- Drug dealing and property crime were the most often reported criminal activity.
- 56% of participants reported being arrested in the preceding 12 months with the most common reasons being use/possession of drugs and property crime.

7.1 Reports of criminal activity

In 2011, self-reported criminal activity in the preceding month followed a similar pattern to previous years, with dealing and property crime being most commonly reported and only a small proportion of participants reporting fraud and violence (Figure 39).

Figure 39: Prevalence of criminal involvement in previous month, 2000 to 2011



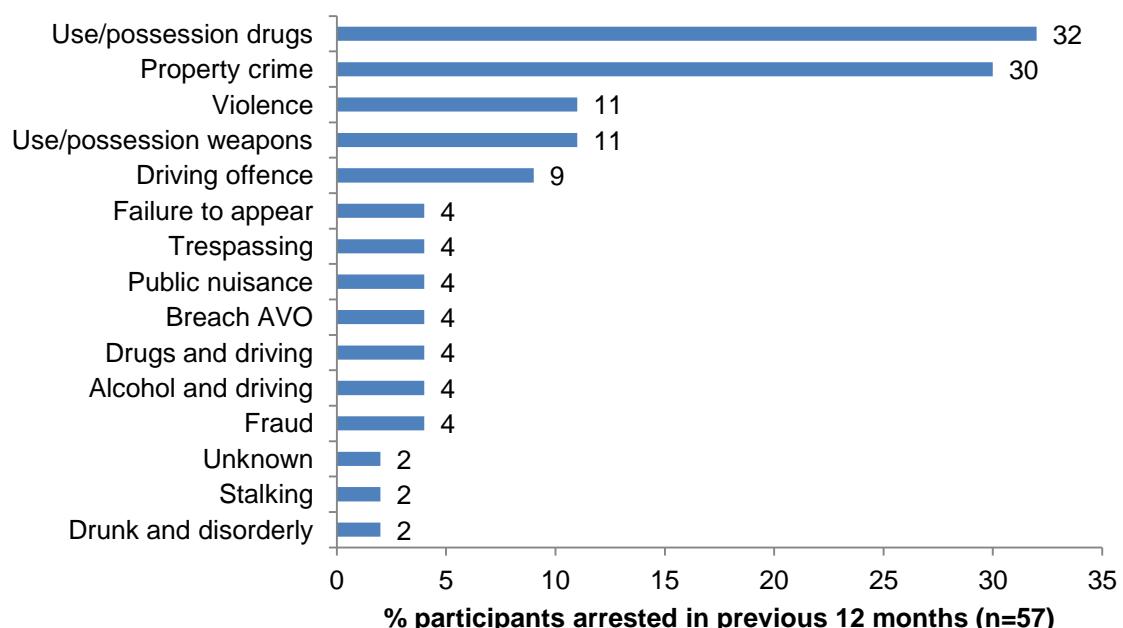
Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses allowed

7.2 Arrests

In 2011, 56% of participants reported being arrested in the 12 months preceding the interview compared with 44% in 2010. Among those who were arrested, the most common reasons for arrest were use/possession of drugs and property crime (Figure 40).

Figure 40: Main reasons for arrest in preceding 12 months, 2011



Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses allowed

The most recent available data for drug-related arrests made by the Queensland Police Service is for the 2009–10 financial year (Table 37). A total of 24,013 arrests were made, with 60% representing cannabis consumer charges.

Table 37: Drug-related arrests by Queensland Police Service by drug type, 2009–10

	Consumer	Provider	Total
Cannabis	14,316	2,009	16,325
Amphetamine type stimulants	2,870	486	3,356
Other and unknown	2,591	891	3,482
Heroin	230	56	286
Cocaine	158	46	204
Steroids	156	36	192
Hallucinogens	129	39	168
Total	20,450	3,563	24,013

Source: Australian Crime Commission

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

Table 37 shows that cannabis continues to be the most seized drug.

Table 37: Seizures made by Queensland Police Service by drug type, 2009–10

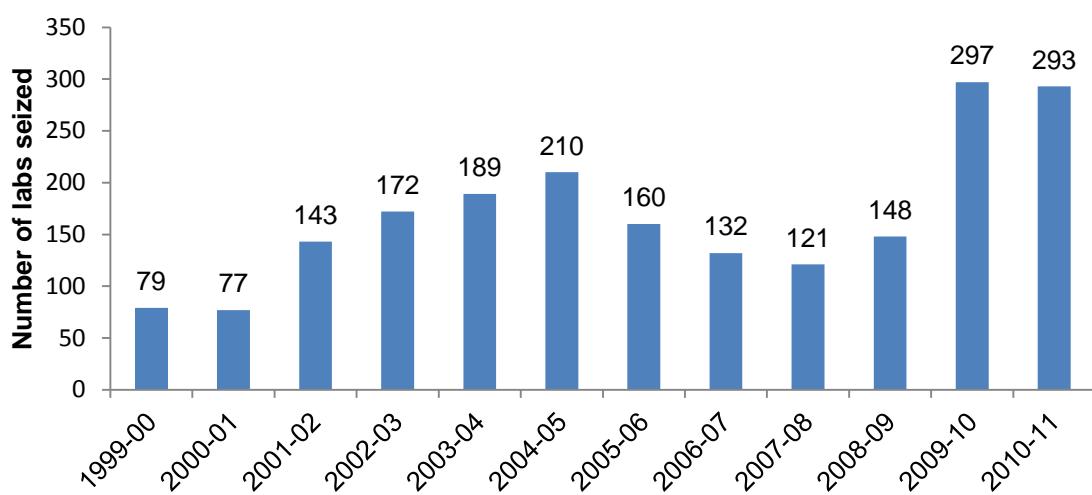
	Police Force	No. of seizures	Weight (grams)
Cannabis	QPS	12,804	640,951
	AFP	142	3,735
Amphetamine type stimulant	QPS	1,642	18,608
	AFP	7	390
Heroin	QPS	179	619
	AFP	5	1,094
Other opioids	QPS	2	1
	AFP	-	-
Cocaine	QPS	160	4,546
	AFP	7	1,884
Steroids	QPS	13	494
	AFP	-	-
Hallucinogens	QPS	8	134
	AFP	-	-
Other and unknown drugs	QPS	455	33,045
	AFP	111	3,494

Source: Australian Crime Commission

Note: QPS = Queensland Police Service; AFP = Australian Federal Police

In the 2010–11 financial year, a total of 293 clandestine labs were detected by the Queensland Police Service (Figure 41).

Figure 41: Clandestine labs seized in Queensland from 1990–20 to 2010–11



Source: Queensland Police Service

7.3 Expenditure on illicit drugs

Consistent with the last two years, the median expenditure on illicit drugs was \$100, with the most common expenditure being between \$100 and \$199 (Table 38).

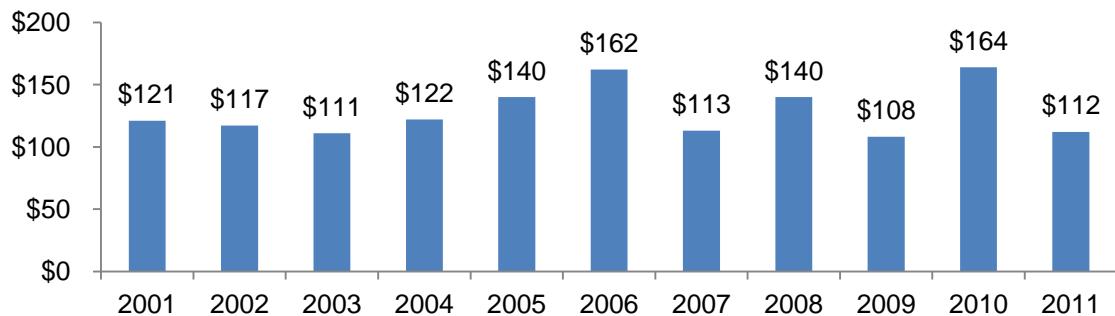
Table 38: Expenditure on illicit drugs on previous day, 2009 to 2011

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

Source: Queensland IDRS injecting drug user interviews

Moreover, the mean amount of money spent on illicit drugs on the day preceding interview has been relatively constant over the past decade (Figure 42). In 2011, the mean amount spent was \$112 (range \$10–\$650, n = 55).

Figure 42: Mean amount of money spent on illicit drugs on previous day*, 2001 to 2011



Source: Queensland IDRS injecting drug user interviews

* By those who spent money on drugs the day preceding interview

8 SPECIAL TOPICS OF INTEREST

KEY POINTS

- The most common reasons given for using pharmaceutical opioids were to obtain an opioid effect (52%) and for pain relief (40%).
- 17% of those who had recently used pharmaceutical opioids stated they had been refused them for pain due to their injecting history.
- Two in five participants had recently used OTC codeine, and 8% reported use for non-medical purposes.
- The internet was infrequently used for drug-related activity.
- Very few participants depended on text messaging to obtain drugs.
- Participants supported needle and syringe programs, methadone/buprenorphine maintenance programs, treatment with drugs other than methadone, regulated injecting rooms, and trial of prescribed heroin. Less well supported were rapid detoxification therapy and use of naltrexone.
- Most participants (85%) either supported or strongly supported the personal use of cannabis, with only low levels of support for personal use of ecstasy and cocaine.
- Most participants (84%) opposed or strongly opposed increased penalties for the sale or supply of cannabis. Responses were more mixed for other drugs.
- The mean rating of overall quality of life on a scale from 0 (very bad) to 10 (excellent) was 5.
- On a scale from 0 (nil) to 100 (a lot), the mean contribution to pleasure of taking drugs was 71, to happiness 70, and to quality of life 55.

8.1 Pharmaceutical opioids

Since the heroin shortage was first identified by the IDRS (Degenhardt and Day 2004) there has been growing evidence of increasing use of pharmaceutical opioids (e.g. morphine, oxycodone, fentanyl, pethidine, tramadol) by people who inject drugs in Australia (Degenhardt, Black et al. 2006; National Centre in HIV Epidemiology and Clinical Research 2009; Stafford, Sindicich et al. 2009). Comparisons between people who inject drugs and the general population, both in Australia and internationally have consistently shown excess mortality and there is no current evidence in Australia on the characteristics or the extent to which people who inject drugs obtain pharmaceutical opioids (licitly or illicitly) for the management of chronic non-malignant pain. Furthermore, there is growing evidence that prescribers are often reluctant to prescribe pharmaceutical opioids to people with a history of injecting drug use (Baldacchino, Gilchrist et al. 2010).

As seen in Table 39, 59% of participants reported using pharmaceutical opioids in the previous six months. The two most common reasons for use were to seek an opioid effect and pain relief. Seventeen per cent of those who had recently used pharmaceutical opioids reported being refused them for pain due to injecting history.

Table 39: Pharmaceutical opioids use, 2011

	% Participants
	N = 102
Used pharmaceutical opioids in the last 6 months	59
Reason for using pharmaceutical opioids*	n = 60
Treat self-dependence	8
Seek an opioid effect	52
Pain relief	40
Know what dose to expect	8
Cheaper than heroin	12
Current heroin purity	10
Couldn't score heroin	7
Have been refused pharmaceutical opioids medications for pain due to injecting history	n = 59
Yes	17
Haven't sought pain relief	37
Prescribed pharmaceutical opioids[#]	n = 37
For pain last six months	51
Trouble obtaining pain relief from doctor	32
Informed doctor about drug use	n = 27
Yes	19
Yes, but not all	7
Doctor already knew	37
Pharmaceutical opioids prescribed by##	n = 19
Pain specialist	0
Hospital doctor	5
OST specialist	0
GP	95

Source: Queensland IDRS injecting drug user interviews

* Among those who recently used. Multiple responses were allowed

Among those who sought pain relief

Among those who were prescribed pharmaceutical opioids for pain in the last six months

8.2 Over the counter codeine

Codeine is a mild opioid. In Australia over the counter (OTC) codeine is readily available in pharmacies. It is mainly used for the relief of mild to moderate pain. OTC codeine medications vary in codeine quantity and are only available in combinations (usually with analgesics or decongestants). There are associated health concerns with the prolonged use of codeine – most notably the risk of liver damage. There are also health risks associated with overdose of combination drugs such as paracetamol.

As seen in Table 40, two in five participants had recently used OTC codeine, and 8% reported use for non-medical purposes. Half of these participants nominated 'to go to sleep' as their reason for use.

Table 40: Over the counter codeine use and pain, 2011

	% Participants
	N = 102
Ever used OTC codeine	73
Used OTC codeine in previous six months	40
Median days used OTC codeine in the last six months*	7
Use OTC codeine for medical purposes in the last six months	34
<i>Nature of the pain</i>	<i>n</i> = 35
Acute/short-term	71
Chronic non-malignant	20
Chronic malignant	9
Used OTC codeine for non-medical purposes	8
<i>Reasons**</i>	<i>n</i> = 8
To go to sleep	50
To get high/feel a buzz	38
To assist with withdrawals	33
To feel numb	13

Source: IDRS injecting drug user interviews

* Among those who recently used

** Multiple responses allowed

8.3 Drugs online

Internet use has become part of everyday life. Undoubtedly, those who use illicit drugs will undertake these types of activities in respect of their drug use:

'In recent years, the volume of illicit sales of narcotic drugs and psychotropic substances through websites has risen, making the internet a major source of drugs for drug abusers.'

The International Narcotics Control Board quoted in submission to the Parliamentary Joint Select Committee on Cyber-Safety by the Australian Customs and Border Protection Service, July 2010. Guidelines available at http://www.incb.org/pdf/Internet_Guidelines/Internet_guidelines_English.pdf (INCB 2009).

Online marketing and knowledge sharing is particularly relevant when dealing with the increasing trend towards so called 'designer drugs' or research chemicals and drugs marketed as 'legal highs'. Uninformed users may incur health and legal consequences (Schmidt, Sharma et al. 2011). Not only are the drugs themselves being marketed and traded but key experts in the legal sector have voiced their concern about the growing market for drug precursors:

'There is availability of precursors and equipment to manufacture ... don't even need to be able to read as u-tube and videos demonstrate the process...

Internet has brought the ability to source interstate and even overseas.'

There is huge potential for the internet and other electronic mediums to be used as a way of relating health and safety messages (Belenko, Dugosh et al. 2009). The success of such messages will rely heavily on an increased understanding of the online drug market.

In 2011, participants were asked about online drug-related activity. To place this activity in context, participants were first asked how often they got drugs and how often they went online (i.e. generally and not specifically about drugs). Sixty per cent of participants reported not going online in the six months preceding the interview (Table 41).

Table 41: Frequency of obtaining drugs and going online in preceding six months, 2011

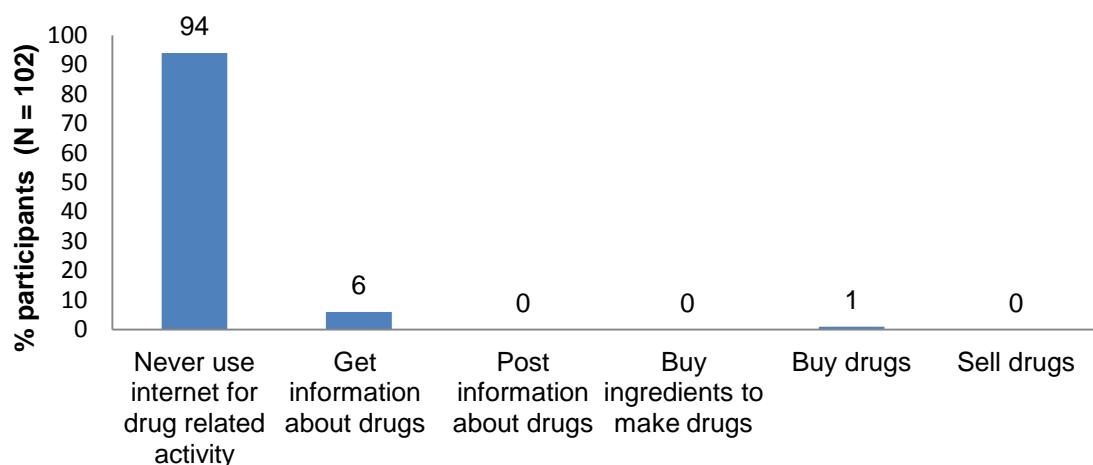
Frequency	Got drugs (n=96) %	Went online (n=100) %
Never	-	60
Daily	47	9
At least weekly	37	17
At least fortnightly	16	6
At least monthly	1	8

Source: Queensland IDRS injecting drug users interviews

Note: In this question 'get' includes buying, obtaining by barter/exchange, and receiving as a gift; and is not restricted to online (i.e. from any source)

Among those who did go online for drug-related activity, the main reason for doing so was to get information about drugs (Figure 43). One participant reported buying drugs online in the six months preceding the interview.

Figure 43: Online drug-related activity in preceding six months, 2011



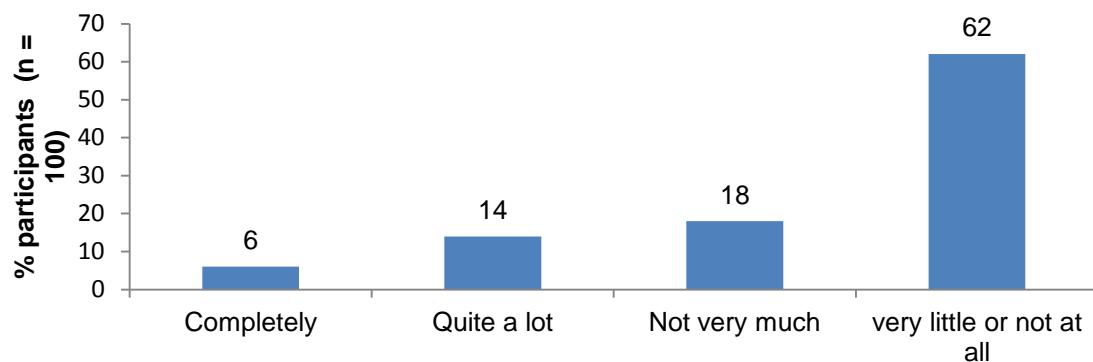
Source: Queensland IDRS injecting drug user interviews

Note: Multiple responses permitted if internet was used for drug-related activities

The median frequency of going online to get information about drugs was reported to be less than monthly.

In 2011, 15% of participants reported that text messaging was their favourite method to get drugs, with most participants (80%) stating they depended on text messaging either 'not very much' or 'very little or not at all' to obtain drugs (Figure 44).

Figure 44: Self-reported dependency on text messaging to obtain drugs in preceding six months, 2011



Source: Queensland IDRS injecting drug user interviews

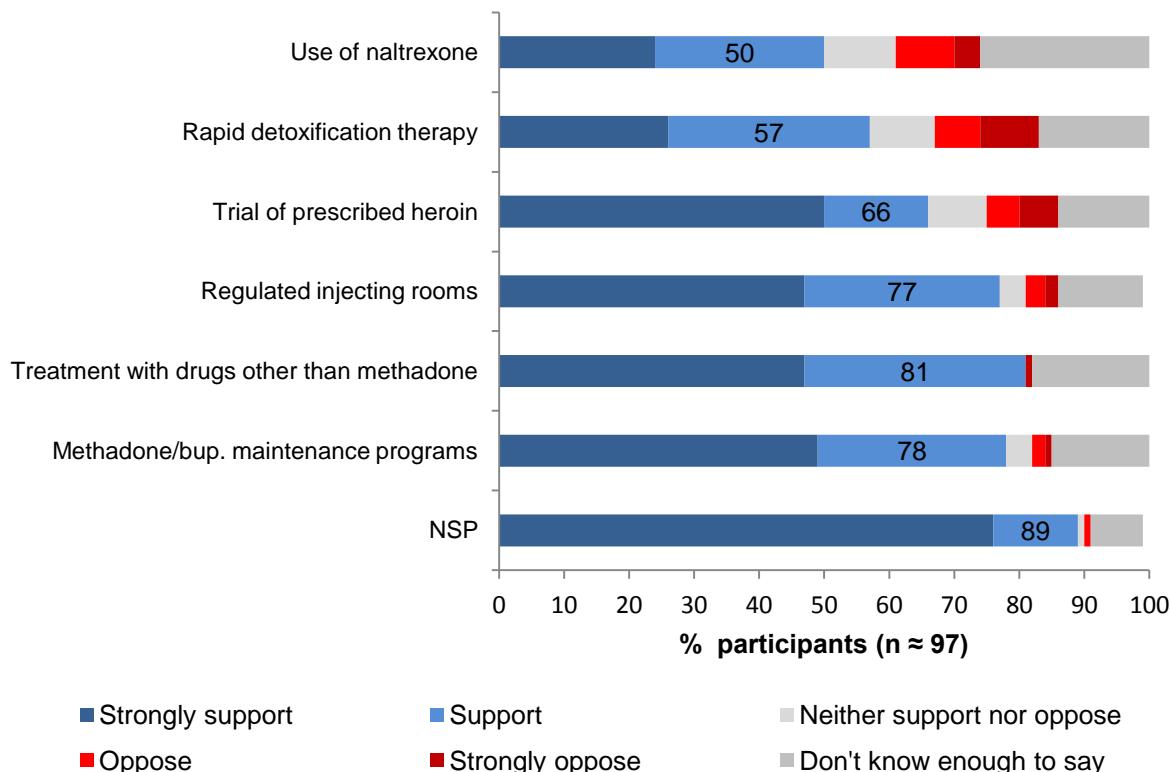
8.4 Policy issues

Public opinion can play an important role in determining social policy and informing political processes (Matthew-Simmons, Love et al. 2008). However, the vast majority of public opinion data regarding attitudes to drug policy in Australia is collected at the broader population level. In 2011, questions were added to inform us about how the drug user community itself perceives Australian drug policy, as a starting point for further investigation. The 'affected community' notion suggests that policy should be directly informed by the people who it affects— however, illicit drug policy processes rarely directly consult the affected community.

The questions have been drawn from the National Drug Strategy Household Survey (Australian Institute of Health and Welfare 2008) to ensure comparability with general population responses. We see this as a beginning step in understanding attitudes of drug users towards policy options, and plan future qualitative research (pending the results from the IDRS/EDRS survey) to explore the similarities and differences between policy opinions in drug users versus the general population.

Figure 45 shows there is strong support for NSP among participants. Methadone, buprenorphine and other similar pharmacotherapy programs were well supported, while the use of naltrexone was not so popular. Over three-quarters (77%) of participants supported or strongly supported the use of regulated injecting rooms, while two-thirds supported or strongly supported a trial of prescribed heroin.

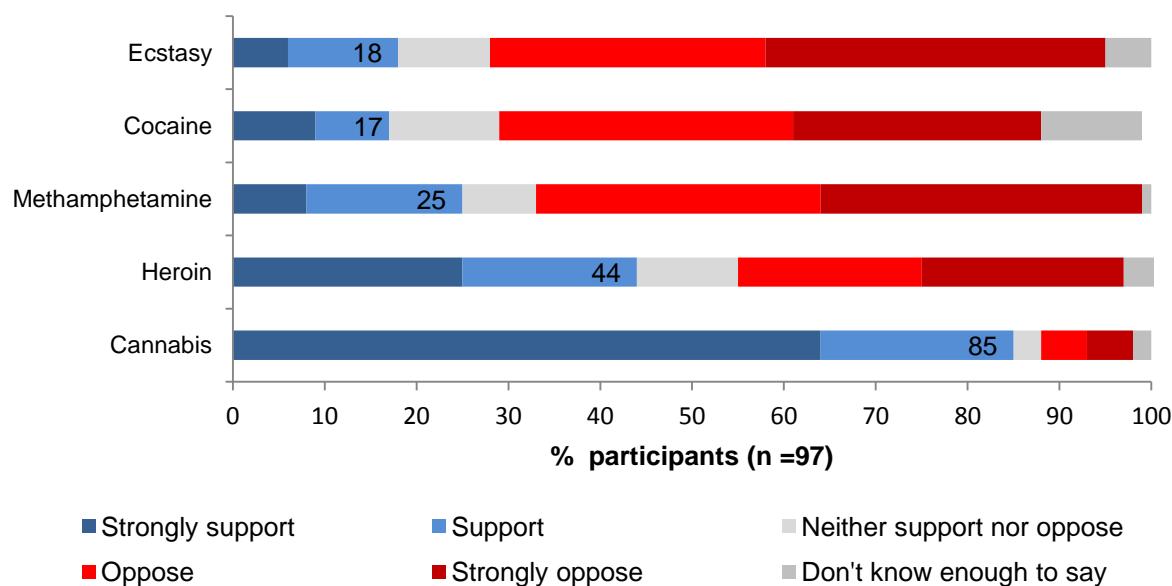
Figure 45: Support or oppose drug-related policy measures, 2011



Source: Queensland IDRS injecting drug user interviews

Most participants (85%) either supported or strongly supported the personal use of cannabis, with only low levels of support for personal use of ecstasy and cocaine (Figure 46).

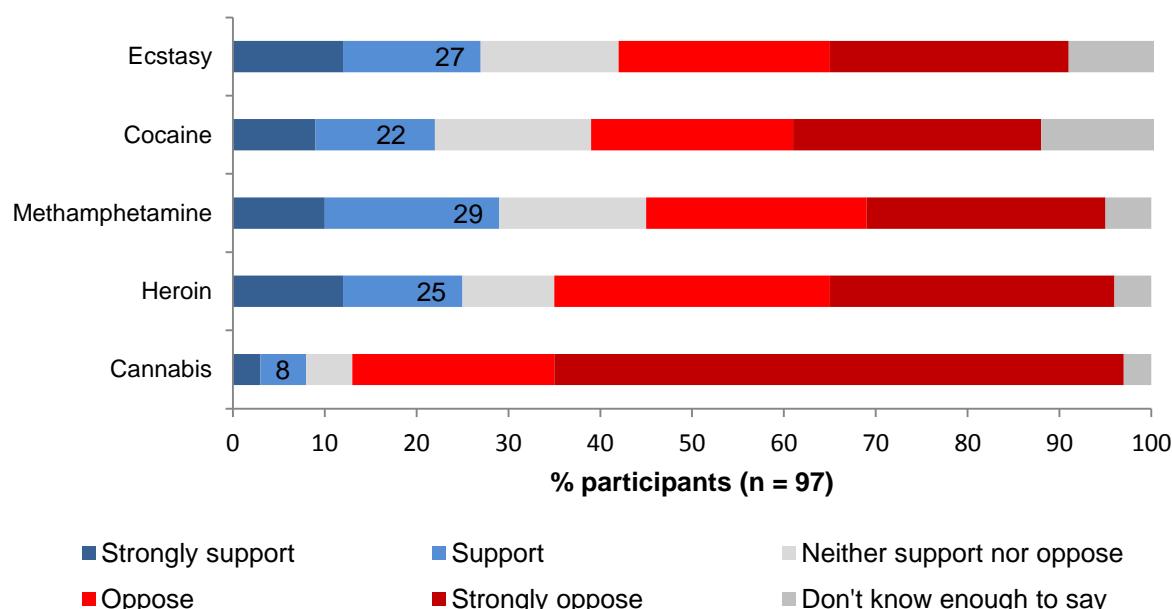
Figure 46: Support or oppose personal use of selected illicit drugs, 2011



Source: Queensland IDRS injecting drug user interviews

Most participants (84%) opposed or strongly opposed increased penalties for the sale or supply of cannabis (Figure 47). Responses were more mixed for the other drugs.

Figure 47: Support or oppose increased penalties for sale or supply for selected illicit drugs, 2011



Source: Queensland IDRS injecting drug user interviews

8.5 Quality of life, pleasure, happiness

There is need to understand more about the extent to which drug use fits into the broader life experiences of the individuals who use drugs. Repeated studies of community samples suggest that family life, close personal relationships and social networks are important factors which are associated with a better or worse quality of life (e.g. (Myers and Diener 1996). Little is known about how a person's quality of life might be influenced by their drug use; although there is reason to suspect the effect may be negative (Ventegodt and Merrick 2003), possibly because drug use has a negative impact on family life and social networks.

Drugs are used to enhance the pleasure of the user. The type of pleasure may vary with the drug involved but it would seem evident that using drugs is intended to achieve a particular desired experience (relaxation, stimulation, a feeling of warmth and disinhibition). However, there have been few studies which have documented the extent to which actual use is associated with greater pleasure. Pleasure itself is associated with some related concepts. Thus experiences of pleasure should lead to greater happiness which, in turn, should lead to a better quality of life. Of course, it is possible that some activities which lead to pleasure may reduce happiness (happiness being a longer term experience) and even the quality of life. It is possible that drug use enhances the experience of pleasure, has little impact on happiness and a negative impact on the quality of life.

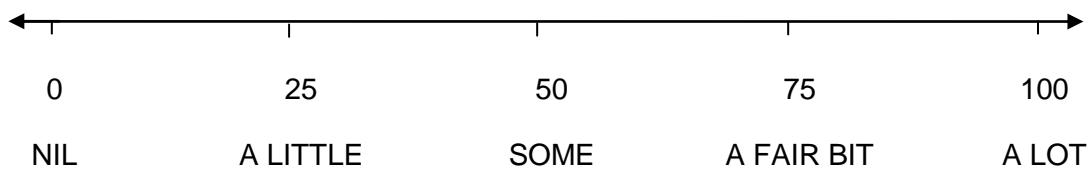
Scales of life aspects contributing to pleasure, happiness and quality of life were constructed from interview data with university students who reported the most important things they thought influenced each of these three concepts.

Our sample of people who regularly inject drugs was first asked to rate their quality of life as a whole on a scale from 0 (very bad) to 10 (excellent). The overall mean score among participants was five (Figure 48).

Figure 48: Mean score on overall quality of life



Using the scale below, participants were then asked the contribution of 15 life aspects to each of the three concepts: pleasure, happiness, and quality of life.



Tables 42–44 show the ranking and participants' mean rating score for the contribution of 15 life aspects to pleasure, happiness and quality of life (QOL). For taking drugs, the mean contribution to pleasure was 71, to happiness 70 and to QOL 55. This downward trend across the three concepts was also reported for the normative sample of university students.

Table 42: Self-reported ranking of life aspects that contribute to pleasure, 2011

Pleasure ranking	Mean score
1 Having lots of money	74
2 Eating a good meal	74
3 Good sleep	73
4 Taking drugs	71
5 Being with family	70
6 Personal achievements	70
7 Listening to music	69
8 Being with my partner	66
9 Having sex	63
10 Travel to new places	58
11 Doing physical activity/exercise	55
12 Cooking	52
13 Going to a good movie	51
14 Having time to do nothing	50
15 Work/education/study	50

Source: QLD IDRS injecting drug user interviews

Note: Ranking is based on 2 decimal places; 0 = nil and 100 = a lot

Table 43: Self-reported rankings on life aspects that contribute to happiness, 2011

Happiness ranking	Mean score
1 Having lots of money	78
2 Good sleep	77
3 Being with family	72
4 Eating a good meal	71
5 Taking drugs	70
6 Personal achievements	69
7 Listening to music	67
8 Being with my partner	67
9 Having sex	64
10 Travel to new places	58
11 Cooking	52
12 Work/education/study	50
13 Doing physical activity/exercise	49
14 Going to a good movie	49
15 Having time to do nothing	48

Source: QLD IDRS injecting drug user interviews

Note: Ranking is based on 2 decimal places; 0 = nil and 100 = a lot

Table 44: Self-reported rankings on life aspects that contribute to quality of life, 2011

QOL ranking		Mean score
1	Good sleep	79
2	Having lots of money	77
3	Being with family	73
4	Eating a good meal	72
5	Personal achievements	69
6	Being with my partner	68
7	Listening to music	63
8	Having sex	62
9	Work/education/study	58
10	Doing physical activity/exercise	56
11	Cooking	56
12	Taking drugs	55
13	Travel to new places	55
14	Having time to do nothing	46
15	Going to a good movie	45

Source: QLD IDRS injecting drug user interviews

Note: Ranking is based on 2 decimal places; 0 = nil and 100 = a lot

9 CONCLUSION

In 2011, the demographic characteristics of the sample participants were consistent with the previous year. However, age comparisons since the IDRS first began in 2000 show that participants are older, with two-thirds of the current sample aged 35 years and older. There was no significant difference in drug use patterns. Heroin continued to be at the fore, but there were significant decreases in the proportion of participants who had used heroin in the previous six months and who used heroin daily. Use of pharmaceutical drugs (excluding substitution pharmacotherapy) was common, including over the counter codeine and illicit use of morphine, oxycodone, alprazolam, and other benzodiazepines.

Price, purity, availability, and purchasing patterns of the drugs investigated generally remained stable. The internet was infrequently used for drug-related activity and very few participants depended on text messaging to obtain drugs.

Injecting risk behaviours remain an area of concern with a substantial minority borrowing and/or lending used needles, and sharing other equipment. As in previous years, participants had high levels of psychological distress and mental health problems; and their physical health was rated poorer than the general Australian public. Driving after recently consuming illicit drugs continued to be common with over two-thirds of these drivers considering that there was no impact on their driving ability. These areas all have implications for policy making and implementation of policies.

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