queensland

Rebecca Rainbow, Lucy Kennedy, Joanne Cassar, and Rosa Alati

QLD DRUG TRENDS 2009
Findings from the Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 45

QUEENSLAND DRUG TRENDS 2009

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Rebecca Rainbow, Lucy Kennedy, Joanne Cassar and Rosa Alati

Queensland Alcohol and Drug Research and Education Centre

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ABCI	Australian Bureau of Criminal Intelligence
ACC	Australian Crime Commission
ACS	Australian Customs Service
ADHD	Attention Deficit Hyperactivity Disorder
AFP	Australian Federal Police
ADIS	Alcohol and Drug Information Service
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and other drug(s)
ATS	Amphetamine-type stimulant
ATSI	Aboriginal or Torres Strait Islander
ATODS	Alcohol, Tobacco and Other Drugs Services (Queensland Health)
BBV	Blood-borne virus
CMC	Crime and Misconduct Commission
DDU	Drugs of Dependence Unit (Queensland Health)
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and Related Drugs Reporting System
HBV	Hepatitis B virus
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IDU	injecting drug user(s)
KE	Key Expert(s)
K10	Kessler Psychological Distress Scale
MDMA	3,4-methylenedioxymethylamphetamine ('ecstasy')
MSIC	Medically Supervised Injecting Centre
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NNDSS	National Notifiable Diseases Surveillance System
NOPSAD	National Opioid Pharmacotherapy Statistics Annual Data
NSP	Needle and Syringe Program(s)
NSW	New South Wales
OD	Overdose
ORT	Opioid Replacement Therapy
OST	Opioid Substitution Treatment
PGSI	Problem Gambling Severity Index
PWI	Personal Wellbeing Index
QADREC	Queensland Alcohol and Drug Research and Education Centre
QAS	Queensland Ambulance Service
QLD	Queensland
QPS	Queensland Police Service
RBT	Random Roadside Breath Test

EXECUTIVE SUMMARY

In 2009, confidence interval (CI) testing was carried out on injecting drug user (IDU) data where appropriate using a CI calculator (Tanberg, date unknown). This was to appraise whether differences between 2008 and 2009 data were statistically significant and meaningful. ***The vast majority of these tests yielded statistically non-significant results, indicating stability in participant responses between 2008 and 2009 on the majority of variables presented in this report.*** **In light of this, CI statistics are only presented in the main body of the report in instances where the difference in proportions (percentages) between 2008 and 2009 data were statistically significant.**

Demographic characteristics of participants

In 2009, 103 participants were interviewed for the Illicit Drug Reporting System (IDRS) in south-east Queensland. However, 23 of these interviews could not be entered into the database for statistical analysis, resulting in a final sample size of 80. The mean age of the IDU sample was 33 years and 70% were male. The majority of participants were unemployed (94%, a significant increase from 72% in 2008), although 45% reported having trade or technical qualifications and 8% reported having university or other tertiary qualifications. Thirty-nine percent of the sample reported that they were currently involved in some sort of drug treatment, the most common form being opioid maintenance treatment.

Patterns of drug use among participants

The mean age of first injection was 19 years. Sixty-one percent of participants reported methamphetamine as the first drug injected, almost double the number reporting heroin as the first drug injected (33%). Fifty-three percent of participants nominated heroin as their drug of choice and 31% named some sort of methamphetamine. Heroin and methamphetamines were the drugs injected most often in the preceding month by the majority of participants (46% and 31% respectively) and they were also the last drugs injected by the majority of participants (39% and 33% respectively). In 2009, 35% of the sample reported a discrepancy between their drug of choice and the drug they injected most often in the previous month. Of those that reported a discrepancy (n=28), one-fifth (20%) reported that this was due to the limited availability of their drug of choice, 17% reported their drug of choice was non-injectable, and 14% said it was due to price.

Heroin

Use of heroin in the six months preceding interview remained stable between 2008 and 2009 (74% and 75% of participants respectively). Amongst those reporting recent use, however, the median number of days of use in the preceding six months increased from 48 in 2008 to 72 in 2009. The proportion of participants reporting daily use in the preceding six months also rose significantly, from 5% in 2008 to 25% in 2009. Sixty-three percent of recent heroin users reported that white/off-white powder or rock was the form they used most often in the preceding six months, whilst 34% reported using brown powder or rock. The price of heroin remained stable at $50 for a cap and $400 for a gram. The majority of participants reported that availability had been stable too. In terms of heroin purity, the majority of the sample reported that it had been stable (29%), decreasing (32%), or fluctuating (20%) in the preceding six months.

Methamphetamine

The IDRS survey collects data on three different forms of methamphetamine: methamphetamine powder ('speed'), methamphetamine base ('base') and crystal methamphetamine ('crystal').

Methamphetamine powder (speed)

The proportion of participants reporting recent use of speed was stable between 2008 and 2009 (47% in 2009); however, the median number of days of use in the preceding six months increased to 24 in 2009 from 12 in 2008. Six percent of participants nominated speed as their drug of choice. The reported price of speed remained stable at $50 for a point and $200 for a gram. Speed was reported by most respondents to currently be 'easy' (23%) or 'very easy' (50%) to obtain and current purity was most often reported to be 'low' (41%) or 'fluctuating' (23%).

Methamphetamine base (base)

The proportion of participants reporting recent use of base was stable between 2008 and 2009 (41% in 2009) and the median number of days of use in the preceding six was also stable (22 in 2009). Three percent of participants nominated base as their drug of choice. The reported price of base remained stable at $50 for a point and $200 for a gram. Base was reported by most respondents to currently be 'easy' (41%) or 'very easy' (38%) to obtain and current purity was most often reported to be 'high' (22%) or 'medium' (28%).

Crystal methamphetamine (ice)

The proportion of participants reporting recent use of ice was stable between 2008 and 2009 (47% in 2009) and the median number of days of use in the preceding six was also stable (10 in 2009). Nine percent of participants nominated ice as their drug of choice. The reported price of speed remained stable at $50 for a point but increased for a gram between 2008 and 2009 from $275 to $350. Ice was reported by most respondents to currently be 'easy' (29%) or 'very easy' (23%) to obtain (although 26% reported that it was 'difficult') and current purity was most often reported to be 'high' (40%) or 'medium' (23%).

Cocaine

The proportion of participants reporting recent use was stable between 2008 and 2009 (15% in 2009) and the median number of days of use in the preceding six months was two. No participant reported cocaine as his or her drug of choice and no participant reported having used it on the day prior to interview. Only small numbers of participants commented on the price, purity, and availability of cocaine in the preceding six months, so the data is very difficult to interpret and should be done so with caution. A gram was reported to cost $325 (n=2). Reports of current availability were mixed and included: 'very easy', 'easy', and 'difficult' (n=5). Reports of current purity were also mixed and included: 'increasing', 'decreasing', 'stable', and 'fluctuating' (n=5).

Cannabis

The proportion of participants reporting recent use of cannabis was stable between 2008 and 2009 (69% in 2009); however, the median number of days of use in the preceding six months increased to 150 in 2009 from 72 in 2008. Forty-six percent of participants reporting recent use said they had used cannabis on a daily basis in the preceding six months. Seventeen percent of the sample nominated cannabis as their drug of choice. Participants commented on the price, purity and availability of two different forms of cannabis: outdoor-cultivated cannabis (bush) and

indoor-cultivated cannabis (hydro). The reported price of hydro was stable at $25 for a gram and $300 for an ounce. The reported price of a gram of bush was also stable at $20 but an ounce had increased from $220 in 2008 to $280 in 2009. The majority of respondents reported hydro was currently 'easy' (28%) or 'very easy' (64%) to obtain and had 'high' (58%) or 'medium' (33%) potency. The majority of respondents also reported bush was currently 'easy' (24%) or 'very easy' (56%) to obtain and had 'high' (41%) or 'medium' (35%) potency.

Other opioids

The IDRS survey also collects data on the illicit and licit use of other opioids including: methadone, buprenorphine, buprenorphine-naloxone, morphine, and oxycodone. Illicit use of these drugs is defined as the use of medication not obtained with a prescription in the participant's name.

Methadone
Use of licit methadone in the six months preceding interview was stable between 2008 and 2009 (12% of participants in 2009). Fifty-six percent of recent licit methadone users reported daily use in the preceding six months. The proportion of participants reporting recent use of illicit methadone decreased significantly from 24% in 2008 to 10% in 2009.

Buprenorphine
Use of licit buprenorphine in the six months preceding interview remained stable between 2008 and 2009 (14% of participants in 2009); however, the median number of days of use increased from 55 days in 2008 to 135 days in 2009. The proportion of participants reporting recent use of illicit buprenorphine remained stable between 2008 and 2009 at 31%.

Buprenorphine-naloxone
Use of licit buprenorphine-naloxone in the six months preceding interview remained stable between 2008 and 2009 (23% of participants in 2009); however, the median number of days of use decreased from 90 days in 2008 to 66 days in 2009. The proportion of participants reporting recent use of illicit buprenorphine-naloxone remained stable between 2008 and 2009 at 22%.

Morphine
In 2009, only data regarding the *illicit* use of morphine were included in the report. The proportion of participants reporting recent use of illicit morphine remained stable between 2008 and 2009 (51% in 2009). The median number of days of use in the preceding six months was 18.

Oxycodone
In 2009, only data regarding the *illicit* use of oxycodone were included in the report. The proportion of participants reporting recent use of illicit morphine remained stable between 2008 and 2009 (34% in 2009). The median number of days of use in the preceding six months was 14, up from seven in 2008.

Patterns of other drug use

Benzodiazepines
Recent use of benzodiazepines (both licit/illicit) continued to be reported by the majority of the sample in 2009 (59%, 61% in 2008). The median number of days of use in the preceding six months was 65. The overall proportion of participants reporting recent injection of benzodiazepines was relatively low, however, at 4% for licit benzodiazepines and 1% for illicit benzodiazepines. The most common route of administration was swallowing for both licit and

illicit forms of the drugs. The most commonly used brand was Valium®. A number of key experts (KE) suggested that benzodiazepine use amongst IDU is an emerging issue and one worth monitoring in years to come.

Ecstasy

Twenty-five percent of participants reported use of ecstasy in the six months preceding interview (17% in 2008). Fourteen percent of participants reported recent injection of ecstasy (15% in 2008). The median number of days of use in the preceding six months was two.

Pharmaceutical stimulants

Recent use of pharmaceutical stimulants continued to be reported by a small minority of the IDU sample in 2009. Five percent of participants reported use of pharmaceutical stimulants in the six months preceding interview (4% in 2008). Three percent of participants reported recent injection of pharmaceutical stimulants (1% in 2008).

Hallucinogens

Thirteen percent of participants reported use of hallucinogens in the six months preceding interview. All those reporting recent use reported that swallowing was the route of administration. The most frequently used form was mushrooms.

Inhalants

Nine percent of the sample reported use of inhalants in the six months preceding interview. The most commonly used form was glue.

Alcohol and tobacco

Use of alcohol in the six months preceding interview remained stable in 2009 (68%, 62% in 2008). No participant in 2008 or 2009 reported recent injection of alcohol. The median number of days of use in the six months preceding interview was 20. The vast majority of participants (95%) reported use of tobacco in the preceding six months. The median number of days of use was 180 (i.e., daily).

Health-related trends associated with drug use

Fifty-three percent of participants reported having overdosed on heroin at least once in their lifetime and 18% of these participants reported overdosing on the drug in the previous year. Thirty-one percent of the sample reported lending a used needle in the preceding month, a significant increase from 6% in 2008, and 73% reported re-using their own needle, a significant increase from 49% in 2008. Sixty-eight percent nominated a private home as the usual location for injection in the preceding month, a significant decrease from 87% in 2008. Sixty-four percent reported scarring/bruising in the preceding month, a significant increase from 46% in 2008. The drug most commonly reported as being responsible for a dirty hit was heroin.

For the first time in 2009, participants were asked to respond to questions about chronic health conditions and dental health. The most commonly reported conditions were back/neck pain (44%), liver disease (43%), asthma (29%), vision problems (29%), migraine (26%), skin problems (23%), and bronchitis (20%). The most commonly reported reasons for a visit to the dentist were extractions and fillings. Participants also reported on mental health problems, psychological distress, and personal wellbeing. Forty-one percent reported having had a mental problem other than drug dependence in the preceding six months, most commonly depression and anxiety. Of those reporting a mental health problem, 42% had not attended a mental health professional for treatment. The majority of the IDU sample scored in the 'high' to 'very high'

ranges of distress on the Kessler 10 scale and, on average, the IDU sample were less satisfied with all aspects of personal wellbeing assessed on the Personal Wellbeing Index (PWI) than the general Australian population.

Law-enforcement trends associated with drug use

Forty-five percent of participants reported being arrested in the preceding 12 months. Property crime and use/possession of drugs were the most frequently reported reasons for arrest. At the time of publication, QPS arrest data for the 2008/2009 financial year was not available and as such the relevant section presents the same data reported in the 2008 Queensland IDRS report. The average amount of money spent on illicit drugs on the day preceding interview was $108.

Implications

Patterns in the use, price, purity, and availability of heroin largely remained stable between 2008 and 2009 in Queensland, although there was a significant increase in the proportion of participants reporting daily use of heroin in the six months preceding interview. Patterns in the use, price, and availability of methamphetamines also remained relatively stable between 2008 and 2009.

In terms of risk behaviours associated with injecting drug use, of some concern are the proportions of the 2009 IDU sample who reported lending a used needle, re-using their own needles, and using other injecting equipment after someone else. In terms of other risk behaviours, it is concerning that the large majority of participants in 2009 that had driven in the six months preceding interview had, at some point during that time, driven under the influence of an illicit drug. Increasing awareness of the risks associated both with sharing injecting equipment and driving under the influence of illicit drugs is important because of the harms associated with these practices.

Additionally, over half of the participants who reported a mental-health problem other than drug dependence in the six months preceding interview had not attended a mental health professional for treatment during that time. Given this, it might be beneficial to increase awareness amongst the IDU population that under the Australian Government's Better Access to Mental Health Care initiative, eligible people can generally receive 12 subsidised sessions per calendar year with a registered psychologist when referred by a general practitioner or other appropriate medical practitioner (Australian Psychological Society, 2010).

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. Since 1999, the IDRS has been conducted annually in every state and territory of Australia, 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 drugs and in drug-related harms.

An important feature of the IDRS is that it aims 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.

Data for the IDRS come from three complementary sources: (a) a survey of injecting drug users (IDU or participants) who are considered a 'sentinel' group in the community; (b) structured interviews with key experts (KE) working in the drug and alcohol field; and (c) pre-existing data sets. By triangulating information from these three sources, the IDRS is able to assess, with some confidence, 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 longer-term trends in drug use and associated harms can be identified. Along with other complementary monitoring systems such as the national Ecstasy and Related Drug Reporting System (EDRS) and the 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 2009 Queensland IDRS were to:

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

2 METHOD

In order to document emerging trends in the illicit drug market, the IDRS triangulates three data sources: structured surveys with IDU, semi-structured surveys KE working as professionals in the drug field, and contemporary indicator data collected from a variety of sources. These data sources are triangulated against each other to determine if the information obtained is valid, and are then compared to the results of previous years to detect the emergence of trends.

2.1 Survey of IDU

During June and early July 2009, 103 IDRS participants were interviewed on an individual and face-to-face basis. Twenty-three of these interviews could not be entered into the database for statistical analysis, resulting in a final sample size of 80. IDRS participants were IDU who had injected an illicit drug at least monthly in the six months preceding interview, had lived in the region of recruitment for at least 12 months preceding interview, and were at least 18 years old. Participants were recruited through and interviewed at six Needle and Syringe Programs (NSP) in south-east Queensland. The study was advertised using posters displayed in the six NSP.

Due to the study design, the sample is by no means considered representative of *all* illicit drug users, nor of *all* IDU.

The participant survey is a structured interview and was administered by trained research staff. All participants gave informed consent prior to interview and the information they provided remains anonymous and confidential (i.e., their responses were de-identified). The interviews took approximately 30 minutes to one hour to complete and participants were reimbursed $40 for their time and travel expenses. The 2009 IDRS survey included sections on:

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

There were a number of new additions to the IDRS survey in 2009 including: the Buss-Perry Aggression Questionnaire Short Form, a section on gambling including the Problem Gambling Severity Index, sections on chronic health conditions and dental health, and the Personal Wellbeing Index.

In 2009, confidence interval (CI) testing was carried out on IDU data where appropriate using a CI calculator (Tanberg, date unknown). This was to appraise whether differences between 2008 and 2009 data were statistically significant and meaningful. ***The vast majority of these tests yielded statistically non-significant results, indicating stability in participant responses between 2008 and 2009 on the majority of variables presented in this report.*** **In light of this, CI statistics are only presented in the main body of the report in instances where the difference in proportions (percentages) between 2008 and 2009 data were statistically significant.**

2.2 Survey of KE

Between late August and early November 2009, 26 professionals working in the drug field were interviewed as KE for the Queensland IDRS. KE are individuals whose work in the health sector or law enforcement brings them into regular contact with people who inject illicit drugs and who are therefore in a position to provide information on trends and patterns in illicit drug use and associated harms. As law enforcement KE may not have direct contact with illicit drug users throughout the course of their work, the eligibility criteria may be relaxed to some extent to facilitate their participation in the study. Law enforcement KE can provide valuable information on trends in drug-related crime such as the manufacture and supply of illicit drugs. In 2009, 17 of the KE were from the health sector and nine were from law enforcement. The KE came from a wide-range of backgrounds and professions including but not limited to: NSP workers, counsellors, clinical psychologists, staff of drug treatment agencies, researchers, street-based outreach workers, forensic chemists, and law enforcement and intelligence officers.

Interviews were conducted face-to-face or over the telephone. The information KE provided remains anonymous and confidential (i.e., their responses were de-identified). KE were asked to nominate a specific illicit drug that they felt was particularly problematic as the focus for the discussion. Interviews took approximately 30 minutes to one hour to complete and included a range of open-ended and closed questions. The 2009 KE survey included sections on:

1. socio-demographic characteristics of illicit drug users;
2. drug use patterns and trends;
3. the price, purity and availability of illicit drugs;
4. health issues; and
5. criminal and police activity.

It is important to note that not all the KE data collected could be included in the IDRS report. Sometimes the data is sensitive and has been provided for background information only. On other occasions, it would not have been responsible to publish the data from a single KE because they may have given information about a drug that no other KE spoke about, making the data difficult to validate. ***This does not mean, however, that the information is wasted*** **as it can be used to alert IDRS researchers to new questions that should be included in subsequent IDRS IDU surveys.**

2.3 Other indicators

Data collected from IDU surveys and KE interviews were supplemented by routinely collected Australian indicator data sources relating to illicit drug use and other drug-related issues. The entry criteria for indicator data are:

1. data should be available at least annually;
2. data should include 50 or more cases;
3. data should provide details of illicit drug use ;
4. data should be collected in the main study site (i.e., Queensland); and
5. data should include details on at least one of the four main illicit drugs under investigation (i.e. heroin, methamphetamines, cocaine, and cannabis).

The indicator data sources meeting the above criteria included in the 2009 IDRS study are described below:

- 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 QPS and the 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
- National Hospital Morbidity Data: total number and rate per million persons where a drug was specified
- National Notifiable Diseases Surveillance System (NNDSS): blood-borne virus (BBV) notifications by year
- Queensland Ambulance Service (QAS): overdose and poisoning data
- Queensland Needle and Syringe Program (QNSP): needles and syringes dispensed to NSP in Queensland
- Queensland Police Service (QPS): clandestine laboratory detections and drug-related arrests

3 RESULTS

3.1 Overview of the IDU sample

A total of 103 regular IDU were interviewed in Queensland in 2009. However, 23 of these interviews could not be entered into the database for statistical analysis, resulting in a final sample size of 80. The demographic characteristics of the sample are summarised in Table 1. In 2009, the mean age of the sample was 33 years (range=19-61 years, SD=9.2), and just over two-thirds (70%) were male. Almost all respondents (96%) reported English as the main language spoken at home and 9% identified as Aboriginal and/or Torres Strait Islander. The majority of participants reported that they were single (50%), had a partner (23%), or were married/de facto (24%).

Table 1: Demographic characteristics of the IDU sample, 2008-2009

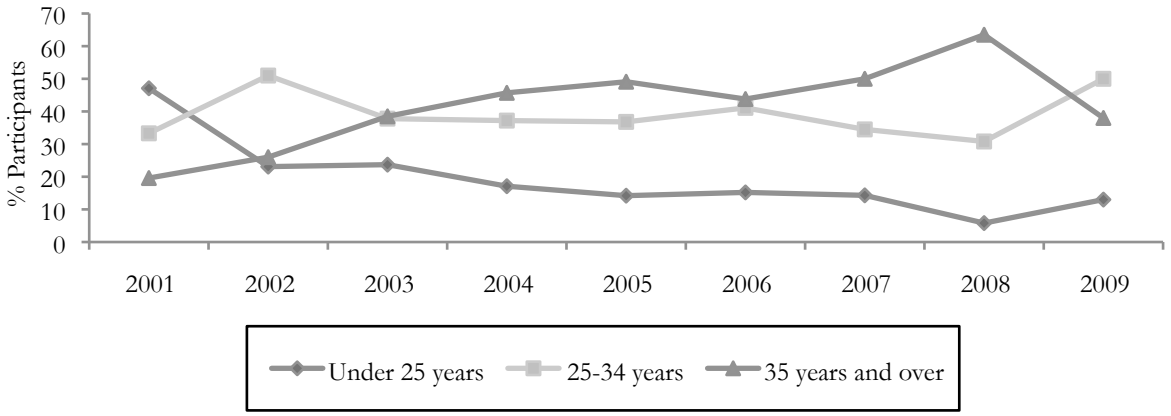
	2008 N=104	**2009 N=80**
Age (mean years, range)	37.7 (18-59)	**33.3 (19-61)**
Sex (% male)	64	**70**
Employment (%)		
Not employed/on a pension	72	**94**
Full time	12	**1**
Part time/casual	14	**4**
Home duties	0	**0**
Student	1	**0**
Received income from sex work last month (%)	3	**11**
Aboriginal and/or Torres Strait Islander (%)	14	**9**
Sexual identity (%)		
Heterosexual	84	**93**
Bisexual	11	**6**
Gay or lesbian	4	**0**
Other	2	**1**
School education (mean years completed)	10	**10**
Tertiary education (%):		
None	45	**47**
Trade/technical	38	**45**
University/college	18	**8**
Current relationship status (%)		
Married/de facto	27	**24**
Partner	20	**23**
Single	46	**50**
Separated	4	**1**
Divorced	3	**2**
Currently in drug treatment[#] (%)	39	**39**
Prison history (%)	52	**57**

Source: QLD IDRS IDU interviews, 2008-2009

[#] Refers to any form of drug treatment, such as pharmacotherapies, counselling, detoxification, etc

In 2009, the 38% of participants were aged 35 years and over (64% in 2008, see Figure 1). Fifty percent of participants were aged 25-34 years (31% in 2008), and 13% were under 25 (6% in 2008).

Figure 1: Age distribution of Queensland IDRS participants, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

The mean number of formal school years completed was 10 (range=8-12 years, SD=1.2). Forty-five percent of participants reported that they had trade or technical qualifications (38% in 2008), and 8% reported that they had university or other tertiary qualifications (18% in 2007). The overwhelming majority of participants interviewed in 2009 (94%, n=75) were unemployed, compared with 72% (n=75) in 2008. This was a statistically significant increase (22%; 95% CI of difference; -3, -1). One participant was currently employed full time and 4% were employed on a casual or part-time basis. Eleven percent of participants in 2009 (n=9) reported receiving income from sex work in the previous month, compared with 3% in 2008 (n=3). This was a statistically significant increase (8%; 95% CI of difference; -2, -1). In 2009, 57% of participants reported having a prison history.

Thirty-nine percent of participants (n=31) indicated that they were currently involved in some form of drug treatment. The most common form of drug treatment was opioid maintenance treatment, with 42% of those in treatment engaged in buprenorphine-naloxone maintenance treatment, 19% in buprenorphine maintenance treatment, and 23% in methadone maintenance treatment. The median length of time participants had been participating in their current treatment was six months (range of one week to 10 years). Of those respondents currently in treatment, 52% (n=16) had been participating in treatment for six months or less. Twenty-three percent (n=7) had been in treatment for between seven months and two years.

3.2 Drug use history and current drug use

The injection histories of participants in the 2008 and 2009 samples are summarised in Table 2. The mean age of first injection amongst 2009 participants was 19 years (range=11-48 years, SD=6.6). Sixty-one percent of the respondents reported amphetamines as the first drug injected, almost double the number reporting heroin as first drug injected (33%). Heroin was the drug injected most often in the month prior to the interview (46%, 36% in 2008). Heroin was the last drug injected by 39% of respondents (37% in 2008), followed by speed powder (19%, 12% in 2008).

Table 2: Participant injection histories, drug preferences, and injecting drug use in the past month, 2008-2009

	2008 N=104	2009 N=80
Age first injection (mean years, range)	18.6 (9-41)	**19 (11-48)**
First drug injected (%)		
Heroin	43	**33**
Methamphetamine (any form)	49	**61**
Cocaine	2	**1**
Morphine	2	**3**
Other	0	**2**
Drug of choice (%)		
Heroin	63	**53**
Cocaine	0	**0**
Methamphetamine (any form)	18	**18**
Speed powder	6	**6**
Base methamphetamine	4	**3**
Crystal methamphetamine	9	**9**
Cannabis	8	**17**
Other	12	**18**
Drug injected most often in last month (%)		
Heroin	36	**46**
Cocaine	0	**0**
Methamphetamine (any form)	28	**31**
Speed powder	10	**13**
Base methamphetamine	6	**8**
Crystal methamphetamine	12	**10**
Morphine	22	**13**
Other/have not injected in last month	8	**10**
Last drug injected (%)		
Heroin	37	**39**
Cocaine	0	**0**
Methamphetamine (any form)	28	**33**
Speed powder	12	**19**
Base methamphetamine	6	**4**
Crystal methamphetamine	10	**10**
Morphine	19	**15**
Buprenorphine*	6	**9**
Frequency of injecting in last month (%)		
Weekly or less	25	**18**
More than weekly, but less than daily	29	**27**
Once per day	18	**14**
2-3 times a day	23	**27**
>3 times a day	5	**15**

Source: QLD IDRS IDU interviews, 2008-2009

* Includes burprenorphine-naloxone

Heroin was nominated as the drug of choice for the majority of participants (53%) in 2009 (63% in 2008). Overall, 18% of participants nominated some form of methamphetamine as their drug of choice: 9% nominated crystal, 6% nominated speed and 3% nominated base as their drug of choice. Cannabis was nominated by 17% of the sample as their drug of choice.

In 2009, 35% of the sample reported a discrepancy between their drug of choice and the drug they injected most often in the previous month. Of those that reported a discrepancy (n=28), one-fifth (20%) reported that this was due to the limited availability of their drug of choice, 17% reported their drug of choice was non-injectable, and 14% said it was due to price. The most common drugs used on the day prior to the interview were heroin (35%), cannabis (35%), alcohol (28%), benzodiazepines (13%), and morphine (13%). Five percent of the sample had not used any drugs on the day prior to interview.

Fourteen percent of participants reported injecting once per day (18% in 2008), 27% reported injecting two to three times a day (23% in 2008), and 15% reported injecting more than three times a day (5% in 2008). Overall, 56% of the 2009 sample reported injecting once or more per day compared to 46% in 2008.

3.3 Polydrug use history of the sample

Table 3 shows the polydrug use history of the sample in 2009. The vast majority of participants reported recent use of tobacco (95%), heroin (75%), methamphetamine (70%), cannabis (69%), and alcohol (68%). Among those reporting recent use of each drug, the most frequently used were tobacco (n=76, median=180 days of use in the last six months), prescribed methadone (n=9, median=180 days of use), cannabis (n=55, median=150 days of use), and prescribed buprenorphine (n=8, median=135 days of use).

3.4 An important note to the reader

The 'days *used* in the last six months' column of Table 3 presents the median number of days used amongst those reporting recent use of each drug, and the 'days *injected* in the last six months' column of presents the median number of days injected amongst those reporting recent injection of each drug. Sometimes the number of people reporting recent injection of a particular drug is low (e.g., prescribed buprenorphine, where n=2), so caution should be exercised when considering the median number of days the recent users reported injecting the drug in the preceding six months. In the case of buprenorphine, one recent injector reported having injected buprenorphine on five days in the preceding six months, whereas the other reported injecting the drug on 180 days (i.e., daily) in the last six months, resulting in a median number of 135 days injected. The same caution should be extended to 'median number of *days* used in the last six months' when the proportion of recent users is low.

As a guide, since the sample size in 2009 was 80, when a proportion is 12% or less (i.e., the number of participants is less than 10), caution should be exercised when interpreting the related results.

Table 3: Polydrug use history of the sample, 2009

Drug Class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Heroin	89	89	75	72	43	6	15	1	21	6	75		72
Homebake heroin	39	37	13	6	5	1	0	0	3	1	13		7
Any heroin (inc. homebake)	*89*	*89*	*75*	*72*	*43*	*6*	*15*	*1*	*22*	*6*	*75*		*72*
Methadone (prescribed)	47	24	6	20					44	12	12	180	180
Methadone (not prescribed)	36	25	6	2					22	5	10		1
Physeptone (prescribed)	9	8	0	0	0	0	0	0	6	0	0	0	0
Physeptone (not prescribed)	19	17	4	2	0	0	0	0	5	0	4		2
Any methadone (inc. Physeptone)	*60*	*41*	*13*	*6*					*55*	*17*	*22*		*26*
Buprenorphine (prescribed)	43	18	3	93	1	0	0	0	38	9	10	135	135
Buprenorphine (not prescribed)	55	47	24	10	4	1	0	0	22	11	31		10
Any buprenorphine (exc. buprenorphine-naloxone)	*70*	*51*	*25*	*10*	*4*	*1*	*0*	*0*	*46*	*19*	*38*		*17*
Buprenorphine-naloxone (prescribed)	35	15	6	24	0	0	1	1	35	20	23	60	66
Buprenorphine-naloxone (not prescribed)	34	24	15	4	0	0	0	0	21	14	22		8
Any buprenorphine-naloxone	*51*	*29*	*19*	*24*	*0*	*0*	*1*	*1*	*43*	*29*	*35*		*42*
Morphine (prescribed)	26	19	8	20	0	0	0	0	14	3	9	10	10
Morphine (not prescribed)	60	57	38	24	0	0	0	0	17	6	38		18
Any morphine	*63*	*60*	*41*	*27*	*0*	*0*	*0*	*0*	*26*	*8*	*41*		*24*
Oxycodone (prescribed)	20	15	9	24	0	0	0	0	10	5	10	63	24
Oxycodone (not prescribed)	51	48	33	15	1	0	0	0	10	4	34		14
Any oxycodone	*53*	*49*	*34*	*21*	*1*	*0*	*0*	*0*	*19*	*9*	*35*		*23*
Over the Counter Codeine	32	1	0	0	0	0	0	0	30	22	23		21
Other opioids (not elsewhere classified)	19	10	6	50	1	1	0	0	7	7	13		10

Source: QLD IDRS IDU interviews, 2009

*Among those who had used/injected ^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

Table 3: Polydrug use history of the sample, 2009 (continued)

Drug class	Ever used %	Ever injected %	Injected last 6 mths %	Days injected in last 6 mths*	Ever smoked %	Smoked last 6 mths %	Ever snorted %	Snorted last 6 mths %	Ever Swallowed %	Swallowed last 6 mths+ %	Used^ last 6 mths %	Days in treatment* last 6 mths	Days used^ in last 6 mths*
Speed powder	89	87	47	24	17	4	32	1	39	6	47		24
Base/point/wax	75	75	42	22	9	1	4	0	20	1	42		22
Ice/shabu/crystal	85	81	45	11	30	11	5	0	18	4	46		10
Amphetamine liquid	41	39	10	24					4	0	10		24
Any form methamphetamine#	*96*	*96*	*70*	*40*	*40*	*16*	*35*	*1*	*53*	*12*	*70*		*31*
Pharmaceutical stimulants (prescribed)	10	4	0	0	0	0	0	0	8	1	1		3
Pharmaceutical stimulants (not prescribed)	23	9	3	4	1	0	1	0	16	3	4		5
Any form pharmaceutical stimulants	*30*	*10*	*3*	*4*	*1*	*0*	*1*	*0*	*23*	*4*	*5*		*4*
Cocaine	60	43	12	2	10	1	32	5	10	1	15		2
Hallucinogens	60	15	0	0	5	0	0	0	54	13	13		1
Ecstasy	69	34	14	2	0	0	16	4	62	17	25		3
Benzodiazepines (prescribed)	63	4	4	100	1	1	0	0	62	45	45		72
Benzodiazepines (not prescribed)	51	4	1	80	0	0	0	0	48	34	33		7
Any form benzodiazepines	*80*	*7*	*4*	*170*	*1*	*1*	*0*	*0*	*80*	*60*	*59*		*65*
Alcohol	95	4	0	0					95	70	68		20
Cannabis	98										69		150
Inhalants	24										9		7
Tobacco	98										95		180

Source: QLD IDRS IDU interviews, 2009

*Among those who had used/injected

^ Refers to any route of administration, i.e. includes use via injection, smoking, swallowing, and snorting

Category includes speed powder, base, ice/crystal and amphetamine liquid (oxblood), does not include pharmaceutical stimulants

4 HEROIN

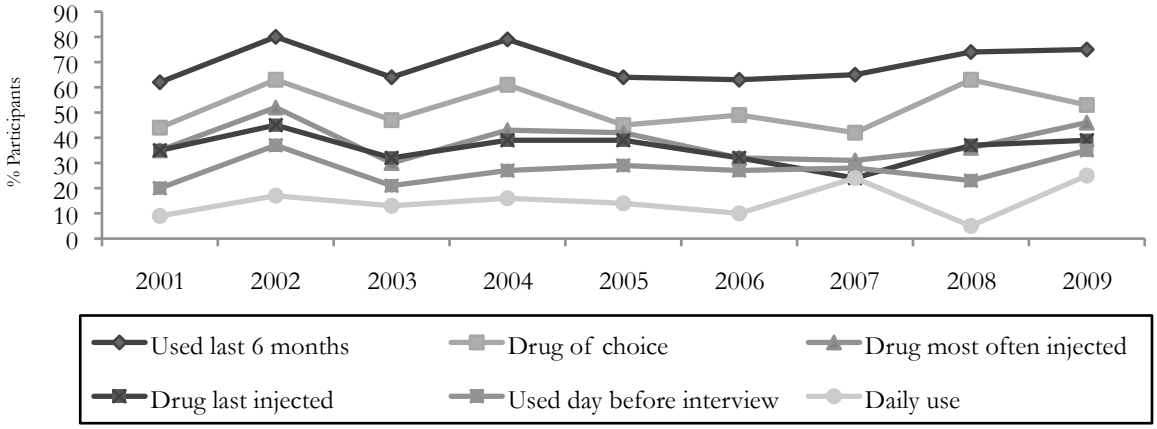
This section examines patterns of heroin use among the 2009 Queensland IDU sample. Characteristics of the heroin market in Queensland such as price, purity and availability are also addressed in this section.

4.1 Use

4.1.1 Recent patterns of heroin use among participants

Figure 2 illustrates the prevalence and frequency of heroin use among participants in the six months preceding interview. Heroin use remained stable in 2009, with 75% of participants reporting having used the drug in the six months preceding interview (74% in 2008). Forty-six percent of participants in 2009 reported heroin as the drug most often injected in the month prior to interview (36% in 2008) and 39% of the 2009 IDU sample stated it was the last drug injected (37% in 2008). The percentage of participants reporting daily use of heroin was 25% in 2009 (n=20), compared with 5% in 2008 (n=5), and this was a statistically significant increase (21%; 95% CI of difference; -31, -10). Heroin was nominated as the drug of choice for just over half of the participants in 2009 (53%, 63% in 2008).

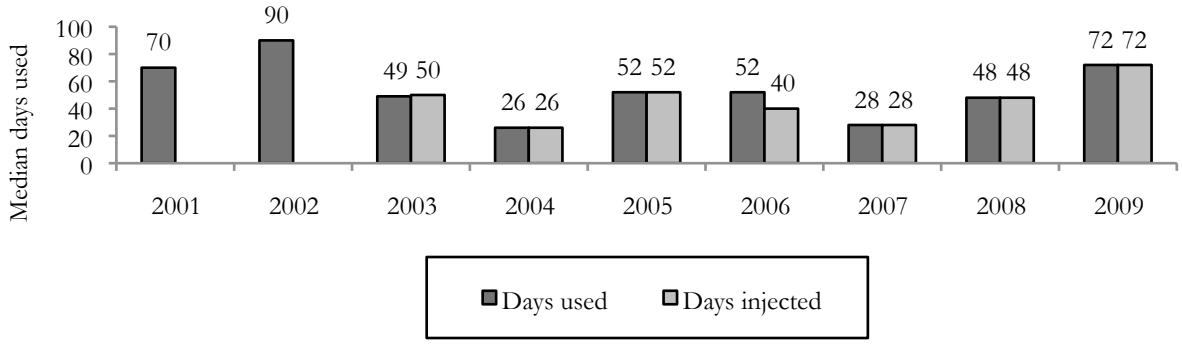
Figure 2: Prevalence and frequency of heroin use in the preceding six months, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

Of those participants who had used heroin in the six months prior to the interview in 2009, the median number of days of use and the median number of days injected were both 72 (see Figure 3). These numbers are higher than those in 2008, when the median number of days of use and median number days injected were both 48.

Figure 3: Median days of heroin use and injection in the preceding six months, 2001-2009

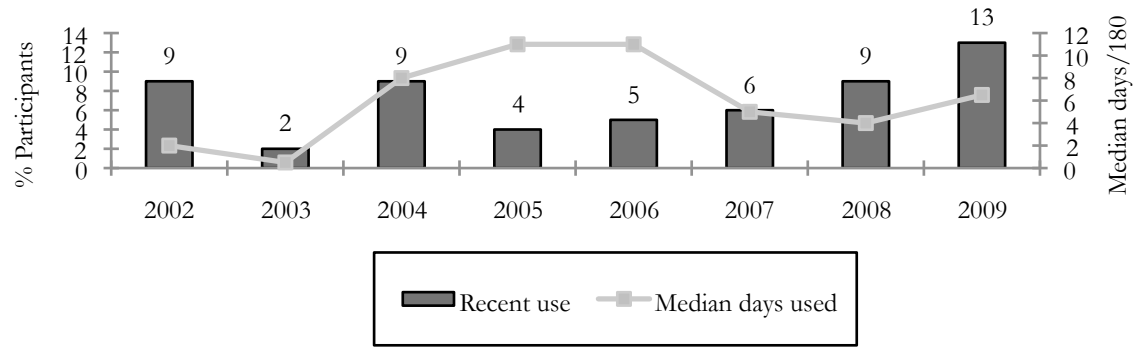


Source: QLD IDRS IDU interviews, 2001-2009
Note: Prior to 2003 participants were not asked separately about frequency of injection

4.1.2 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. In 2009, over one-third (39%) of participants reported that they had used homebake heroin at least once in their lifetime. Thirteen percent of participants reported the use of homebake heroin in the six months preceding interview (9% in 2008, see Figure 4). All who reported recent use of homebake heroin had injected it; however, 1% reported smoking and 1% reported swallowing it in the six months preceding interview. In 2009, the median number of days of use of homebake heroin amongst those reporting recent use of homebake was seven days (four days in 2008).

Figure 4: Prevalence and frequency of homebake heroin use in the preceding six months, 2002-2009



Source: QLD IDRS IDU interviews, 2002-2009

4.2 Preparation and colour

Brown heroin was first identified in New South Wales (NSW) by the Medically Supervised Injecting Centre (MSIC) in 2006. Participants in the IDRS first commented on the presence of brown heroin in the same year. In 2007, the issue was first investigated by asking participants to describe the colour forms of heroin they had used over the last six months, in addition to the 'form most used'.

Traditionally, heroin originating from the Golden Triangle (where Australia's heroin has predominantly originated in the past) has been white or off-white in colour. This form of heroin

has an acidic (acetone/hydrochloride) base and is relatively easy to prepare for injection because it is more refined and easy to dissolve in water. In contrast, heroin produced in the Golden Crescent (a region producing heroin that has, historically, been seen very rarely in Australia) has traditionally been brown in colour and is less refined. It requires the use of heat, and often an acid, to prepare for injection, and was also more amenable to smoking as a route of administration.

More recently, however, the picture has become less clear, with at least one documented instance of white acidic heroin production occurring in Afghanistan (Zerell, Ahrens & Gerz, 2005). Furthermore, information from border seizures indicates that it is not possible to determine the geographic origin of the drug based on colour alone (Australian Federal Police (AFP), personal communication). Therefore, while the following information provides an indication of the appearance of heroin used by participants of the IDRS at the street level, it is not possible to draw conclusions about its geographic origin, purity or preparation method required for injection based on these data alone. Further research into this area is required before firmer conclusions can be drawn.

4.2.1 Colour and form

Among recent heroin users (n=60), 67% reported that they had used heroin powder, which was white/off-white in colour in the preceding six months (see Table 4). The majority of these participants reported that the usual form used was white/off-white powder (36%), white/off-white rock (27%), or brown rock (24%).

Table 4: Forms of heroin used and most common form used in the preceding six months amongst those reporting recent heroin use, QLD, 2009

Heroin Type	2009 (n=60)
Used in past six months	
Heroin powder	
White/off-white (%)	**67**
Brown (%)	**38**
Other colour (%)	**5**
Heroin rock	
White/off-white (%)	**55**
Brown (%)	**50**
Other colour (%)	**5**
Homebake (%)	**15**
Usual form used	
Heroin powder	
White/off-white (%)	**36**
Brown (%)	**10**
Other colour (%)	**0**
Heroin rock	
White/off-white (%)	**27**
Brown (%)	**24**
Other colour (%)	**3**
Homebake (%)	**0**

Source: QLD IDRS IDU interviews, 2009

4.2.2 Preparation

For the first time in 2008, participants were asked how often they used heat and/or citric/acetic acid in the preparation of white/off-white and brown heroin. The 2008 data relating to heroin preparation methods is presented in Table 5.

Table 5: Heroin preparation methods used by recent users in the preceding six months, 2008

	White/off-white heroin	Brown/beige heroin
Frequency of heating heroin (%)	(n=66)	(n=28)
Never	47	39
A little of the time	18	11
Some of the time	15	18
Quite a bit of the time	6	4
All of the time	14	29
Frequency of using citric/acetic acid (%)	(n=35)	(n=17)
Never	77	59
A little of the time	23	18
Some of the time	0	6
Quite a bit of the time	0	0
All of the time	0	18

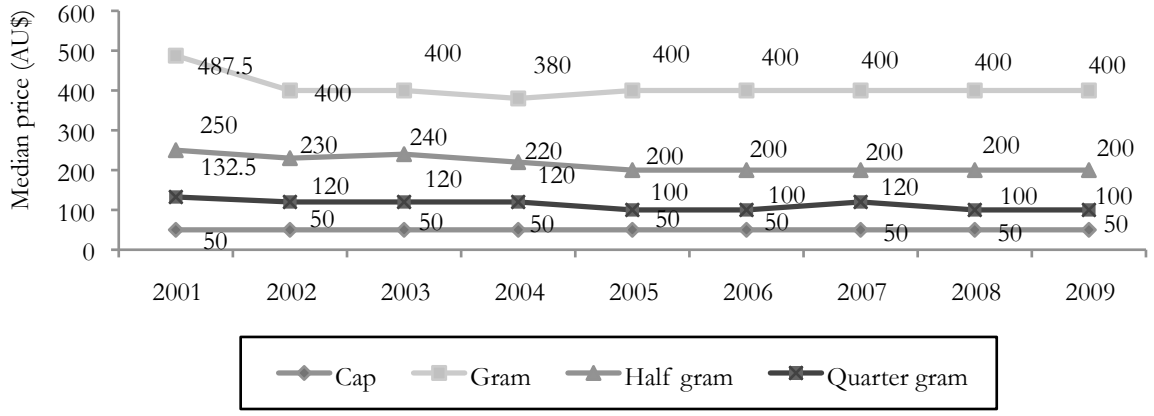
Source: QLD IDRS IDU interviews, 2008

In 2009, participants also reported on the methods of preparation they employed when using heroin. The response scales were changed, however, in that participants were simply asked if they had used heat or acid the last time they injected and, if so, what colour the heroin was. Of those who reported injecting heroin in the six months prior to interview (n=60) 40% said they had used heat the last time they injected and 6% said they had used acid. Of those who reported using either heat or acid the last time they injected heroin (n=24), 35% reported that the heroin was white, 52% reported that it was brown, and 13% reported that it was another colour (namely beige, light beige, or tan).

4.3 Price

Figure 5 presents the median prices paid for the most recently purchased cap, gram, half-gram and quarter-gram of heroin (amongst participants who had purchased these quantities of heroin in the six months preceding interview). Prices for all quantities remained stable between 2008 and 2009.

Figure 5: Median prices of heroin estimated from most recent participant purchases, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

Table 6 presents participant reports of heroin price changes in Queensland in the six months preceding interview. Consistent with purchase prices, the majority of participants who commented on heroin trends in 2009 reported that prices had remained 'stable' in the previous six months (73%, 78% in 2008). A small proportion of participants reported that the price of heroin had been 'increasing' (10%, as in 2008), 'fluctuating' (8%, 3% in 2008), or 'decreasing' (3%, 4% in 2008).

Table 6: Participant reports of heroin price changes in the last six months, 2008-2009

	2008 N=104	**2009** **N=80**
Did not respond (%)	32	**25**
Did respond (%)	68	**75**
Of those who responded	n=71	**n=60**
Increasing (%)	10	**10**
Stable (%)	78	**73**
Decreasing (%)	4	**3**
Fluctuating (%)	3	**8**
Don't know^ (%)	6	**5**

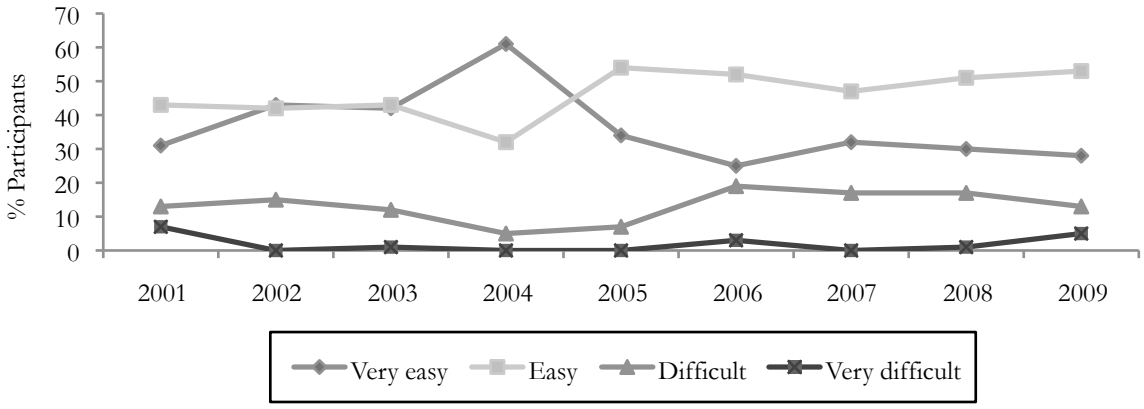
Source: QLD IDRS IDU interviews, 2008-2009
^ 'Don't know' refers to participants who responded to questions about availability and/or purity, but not price

4.4 Availability

4.4.1 Participant reports of heroin availability

Figure 6 illustrates participant reports of current heroin availability in Queensland. The majority of participants who commented on the availability of heroin (n=60) reported that it was 'easy' (53%, 51% in 2008) or 'very easy' (28%, 30% in 2008) to obtain in Queensland. In 2009, the proportion of participants reporting that heroin was 'difficult' to obtain (13%) was similar to that in 2008 (17%). Additionally, the proportion of participants reporting that is was 'very difficult' to obtain remained stable (5%, 1% in 2008).

Figure 6: Participant reports of current heroin availability, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

Participants were also asked to comment on changes in the availability of heroin in Queensland in the six months prior to interview (see Table 7). The majority of participants believed heroin availability to have remained 'stable' (59%, 73% in 2008). Fifteen percent reported that heroin availability had been 'more difficult' and 15% reported that heroin availability had been 'easier'.

Table 7: Participant reports of changes in heroin availability in the preceding six months, 2008-2009

	2008 N=104	**2009 N=80**
Did not respond (%)	32	**25**
Did respond (%)	68	**75**
Of those who responded	n=71	**n=60**
More difficult (%)	11	**15**
Stable (%)	73	**59**
Easier (%)	7	**15**
Fluctuates (%)	4	**8**
Don't know^ (%)	4	**3**

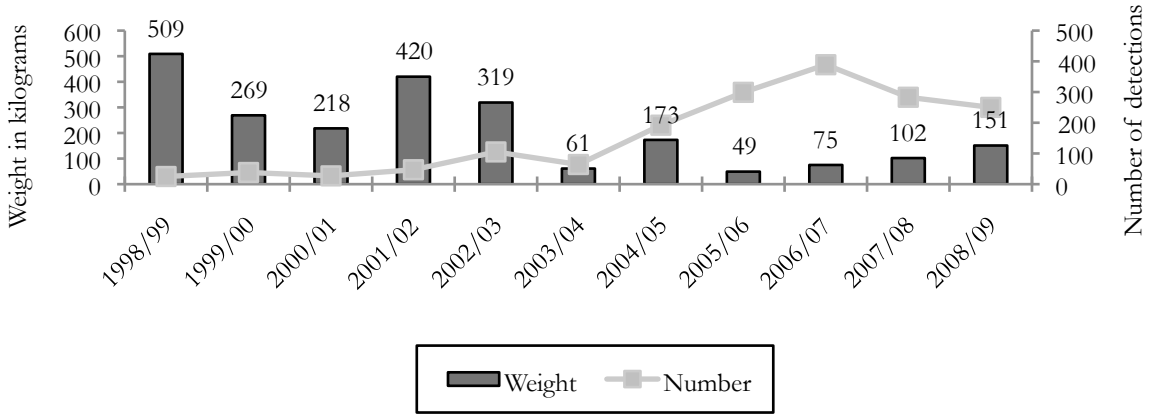
Source: QLD IDRS IDU interviews, 2008-2009
^ 'Don't know' refers to participants who responded to questions about price and/or purity, but not availability

In 2009, the majority (72%) of participants who reported purchasing heroin in the six months prior to interview bought it from a known dealer. Fifteen percent obtained heroin through friends. The most common places for purchasing heroin were agreed public locations (60%), a dealer's home (15%), and home delivery (8%).

4.4.2 Heroin detected at the Australian border

The total weight (in kilograms) and number of heroin detections at the border by the Australian Customs Service (ACS) from financial years 1998/1999 to 2008/2009 is illustrated in Figure 7. These detections include heroin, opium seeds and resin, morphine, and pharmaceuticals such as Oxycontin®. The total weight of detections increased from 104.49 kg in 2007/2008 to 150.67 kg in 2008/2009, whilst the total number of detections decreased from 283 to 250 in the same time period. The greatest number of detections was through the mail.

Figure 7: Weight and number of detections of heroin made at the border by the Australian Customs Service, financial years 1998/1999-2008/2009



Source: Australian Customs Service

4.5 Purity

4.5.1 Participant reports of heroin purity

Participants were asked to comment on their perceptions of the purity of heroin in Queensland (see Table 8). The majority of participants who commented perceived it to be to be 'low' (43%, 49% in 2008), 'fluctuating' (23%, 17% in 2008), or 'medium' (22%, 25% in 2008). Participants were also asked to comment on how the purity of heroin had changed over the six months prior to interview. The majority of participants who commented reported it had been 'decreasing' (32%, 20% in 2008), 'stable' (29%, 27% in 2008), or 'fluctuating' (20%, 27% in 2008).

Table 8: Participant perceptions of heroin purity in the past six months, 2008-2009

	2008 N=104	**2009** **N=80**
Current purity		
Did not respond (%)	32	**25**
Did respond (%)	68	**75**
Of those who responded	n=71	**n=60**
High (%)	4	**8**
Medium (%)	25	**22**
Low (%)	49	**43**
Fluctuates (%)	17	**23**
Don't know^ (%)	4	**3**
Purity change over the last six months		
Did not respond (%)	32	**26**
Did respond (%)	68	**74**
Of those who responded	n=71	**n=59**
Increasing (%)	17	**15**
Stable (%)	27	**29**
Decreasing (%)	20	**32**
Fluctuating (%)	27	**20**
Don't know^ (%)	10	**3**

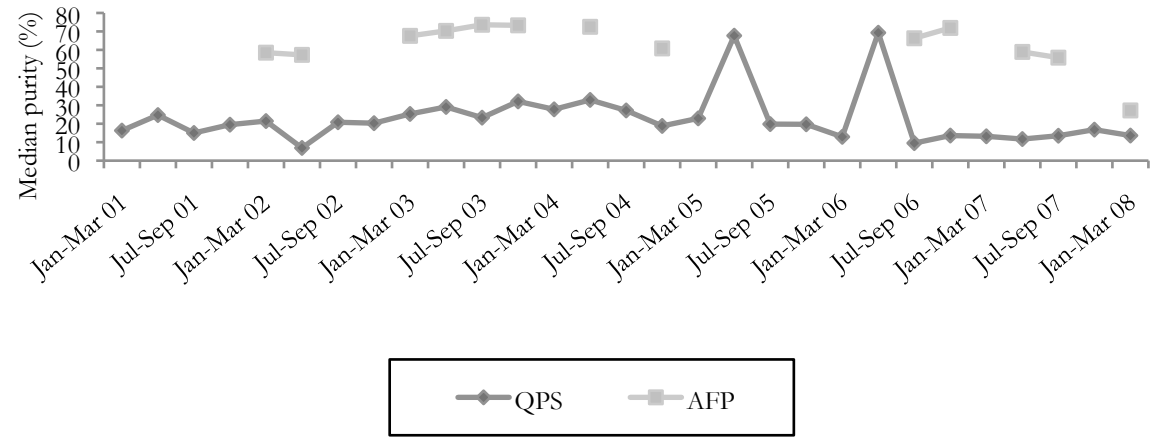
Source: QLD IDRS IDU interviews, 2008-2009
^ 'Don't know' refers to participants who responded to questions about price and/or availability, but not purity

4.5.2 Seizure data

The median purity and number of heroin seizures recorded by Queensland Police Service (QPS) and AFP in Queensland from the financial years 2001/2002 to 2007/2008 are shown by quarter in Figures 8 and 9 respectively. It is important to note that the figures do not represent the purity levels of all heroin seizures, only those that have been analysed at a forensic laboratory. Additionally, no adjustment has been made to account for double-counting joint operations between the AFP and QPS.

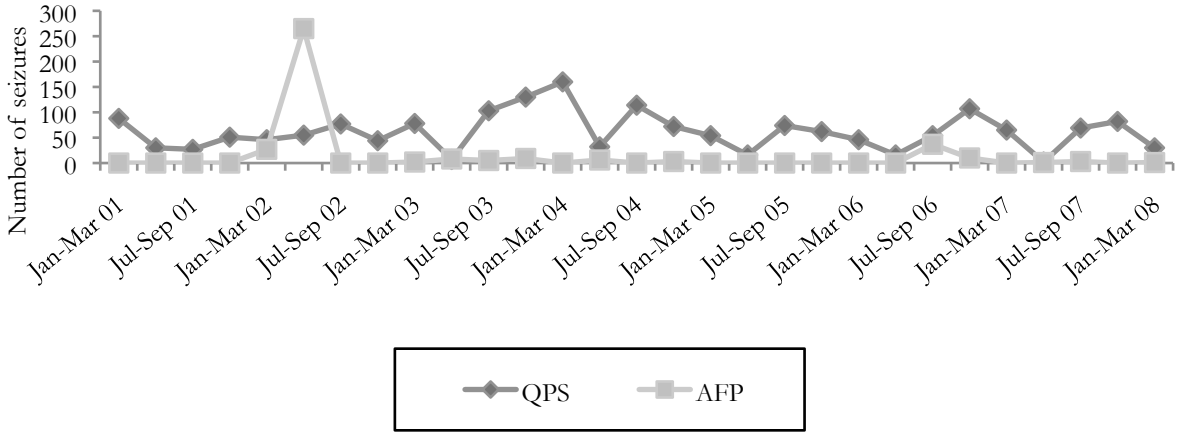
The purity of QPS seizures between January-March 2007 and January-March 2008 has remained relatively stable between 13% and 16%. The purity of AFP seizures, however, dropped markedly from 56% in July-September 2007 to 27% in January-March 2008. The number of QPS seizures between January-March 2007 and January-March 2008 has varied, with peaks in January-March 2007, July-September 2008, and October-December 2008 (65, 69, and 82 respectively. The number of AFP seizures, has remained relatively stable during the same 12-month period between zero and three (this is not unusual since AFP seizures reflect border interceptions and are often smaller in number but higher in purity and weight).

Figure 8: Median purity of heroin seizures analysed in Queensland, by quarter, 2001/2002-2007/2008



Source: ABCI, 2001-2002; ACC, 2003-2008
Note: Figures represent the purity levels of heroin seized by QPS/AFP in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly

Figure 9: Number of heroin seizures analysed in Queensland, by quarter, 2001/2002-2007/2008



Source: ABCI, 2001-2002; ACC, 2003-2008

4.6 KE comments

Six KE commented on trends in the heroin market. In terms of socio-demographic characteristics, several KE commented that, among the heroin users they had come into contact with, many had prison histories and many had mental health problems such as depression and anxiety. They also noted that most of the heroin users they had had contact with were unemployed. Several KE noted that heroin users were an aging population. Not all KE agreed on this point, however, with more than one commenting that many of the heroin users they had had contact with were approximately 25-35 years old.

In terms of the purity and price of heroin, the majority of KE reported that the price tends to remain stable whilst the purity can fluctuate markedly. It was noted that Queensland is typically a secondary supply market in that heroin predominantly arrives in the country at Sydney or Melbourne and is then supplied to Queensland, meaning that the purity has often been further reduced by the time it is sold to users in this state. Regarding the origin of heroin, law enforcement KE suggested that 50% of the heroin in Australia currently comes from Burma and 50% comes from Afghanistan, and that it is increasingly difficult to discern the origin of heroin from its colour (i.e., both the Golden Crescent and Golden Triangle are producing white *and* brown heroin).

4.7 Summary of heroin trends

Table 9 summarises trends in heroin use, price, purity, and availability.

Table 9: Summary of heroin trends, QLD, 2008-2009

Use	• Recent use of heroin remained stable (74% of participants in 2008, 75% in 2009) • Median number of days of use in the preceding six months (amongst recent users) increased from 48 in 2008 to 72 in 2009 • The proportion of participants reporting daily use in the preceding six months increased significantly from 5% in 2008 to 25% in 2009 • 63% of recent heroin users reported that white/off-white powder or rock was the form they used most often in the preceding six months, whilst 34% reported using brown powder or rock
Price (median)	• Cap: stable at $50, Gram: stable at $400 • Majority of IDU reported recent prices had been 'stable'
Availability	• Majority reported that recent heroin availability had been 'stable' • ACS data indicates that the total weight of heroin detections at the border increased from 104.49 kg in the 2007/2008 financial year to 150.67 kg in the 2008/2009 financial year
Purity	• Majority reported that heroin purity had been 'stable' (29%), 'decreasing' (32%), or 'fluctuating' (20%) in the preceding six months

5 METHAMPHETAMINE

The 2009 IDRS questionnaire collected data on three different forms of methamphetamine: methamphetamine powder or 'speed', base methamphetamine or 'base', and crystal methamphetamine or 'crystal/ice'. Differentiating between speed, base and ice ensures that any differences in the price, purity and availability of each individual form of methamphetamine can be observed and monitored over time.

In 2009, 56% of the entire sample was able to comment on trends in the price, purity, availability and use of speed. Forty percent of all participants were able to comment on base and 44% of the sample was able to comment on ice trends.

5.1 Use

5.1.1 Methamphetamine use among participants: Summary

Any methamphetamine

In 2009, 96% of participants (n=77) reported having used some form of methamphetamine (i.e. speed, base, ice, amphetamine liquid) at least once in their lifetime. Ninety-six percent of participants also reported having injected some form of methamphetamine at least once in their lifetime. Between half and one-third of the sample reported ever swallowing (53%), smoking (40%), or snorting (35%) some form of methamphetamine in their lifetime. Sixty-one percent of participants reported some form of methamphetamine as the first drug they injected (almost twice the number of participants who reported heroin as the first they drug injected, at 33%).

Methamphetamine powder 'Speed'

Eighty-nine percent of participants (n=71) reported having used speed in their lifetime and 87% reported having injected speed in their lifetime. Approximately, one-third reported that they had snorted (39%) or swallowed (31%) speed in their life.

Base methamphetamine 'Base'

Seventy-five percent of participants (n=60) reported ever having used base and 75% reported having ever injected base. Other routes of administration for base use were less common, with 9% of the 2009 sample reporting having ever smoked, 4% ever snorted, and 20% ever swallowed this form of methamphetamine.

Crystal methamphetamine 'Ice'

Eighty-five percent of participants (n=68) reported having ever used crystal and 81% percent reported having ever injected crystal. Almost one-third (30%) of participants reported that they had ever smoked ice, 5% ever snorted it, and 18% ever swallowed it.

5.1.2 Current patterns of methamphetamine use

Any methamphetamine

In 2009, 70% of participants (n=56) reported the use of some form of methamphetamine in the six months preceding interview (59% in 2008). The most common route of administration was injection (70% of all participants). Sixteen percent of the sample reported that they had smoked some form of methamphetamine in the preceding six months. Smaller proportions reported recently snorting (1%) or swallowing it (12%).

Methamphetamine powder 'Speed'

Forty-seven percent of participants (n=37) reported the use of speed in the six months preceding interview (35% in 2008, see Figure 10). The most common route of administration was injection, also reported by 47% of participants in the sample. Smaller proportions of the sample reported smoking (4%), snorting (1%) and swallowing (6%) speed in the preceding six months. Median days of use and injection amongst those reporting speed use in the preceding six months were both 24 days (approximately four times a month, double that in 2008). Two participants reported daily use of speed during that time. From the entire sample, 42% of participants reported that speed was the first drug ever injected, 13% reported speed as the most common drug they injected in the previous month (10% in 2008), 19% reported speed as the most recent drug injected (12% in 2008), and 8% reported that they had used speed on the day prior to interview (5% in 2008). Six percent of the sample reported speed was their drug of choice, the same proportion as in 2008.

Base methamphetamine 'Base'

Forty-one percent of participants (n=33) reported the recent use of base in 2009 (34% in 2008; see Figure 10). Injection was the most common route of administration (42% of the sample). Smoking, snorting and swallowing were less frequently reported as recent routes of administration of base (1%, 0%, and 1% of the sample respectively). Median days of use and injection amongst those reporting base use in the preceding six months were both 22 (24 in 2008), approximately three times a month. Two participants reported having used base daily in the preceding six months. Eight percent of participants reported that base was the most frequent drug injected in the preceding month (6% in 2008). Five percent reported that they had used base on the day preceding interview (3% in 2008). Four percent stated base was the most recent drug they injected (6% in 2008). Five percent reported that base was the first drug injected (6% in 2008). Three percent nominated base as their drug of choice (4% in 2008).

Crystal methamphetamine 'Ice'

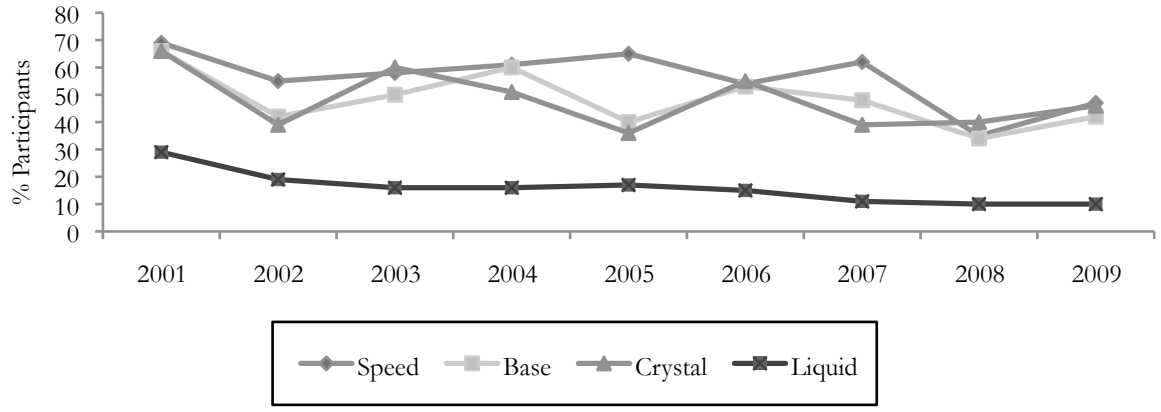
Forty-seven percent of participants (n=37) reported the recent use of ice (40% in 2008, see Figure 10). Injection was the most common route of administration (45% of the sample). Smoking, snorting and swallowing were less frequently reported as recent routes of administration of ice (11%, 0%, and 4% of the sample respectively). Median days of use and injection among those reporting ice use in the preceding six months were 10 and 11 respectively (both were 12 in 2008), approximately twice a month. No participant reported having used ice daily in the preceding six months. Ten percent of participants reported that ice was the most frequent drug injected in the preceding month (12% in 2008). Eight percent reported that they had used ice on the day preceding interview (7% in 2008). Ten percent stated ice was the most

recent drug they injected (as in 2008). Five percent reported that ice was the first drug injected (3% in 2008). Nine percent nominated ice as their drug of choice (as in 2008).

Liquid amphetamine

In 2009, 41% of participants (n=33) reported that they had used liquid amphetamine at least once in their lifetime. Only 10% (n=8), however, reported the recent use of liquid amphetamine. Due to these low numbers liquid amphetamine will not be reported on in any more detail.

Figure 10: Percentage of participants reporting recent use of methamphetamine forms, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

5.2 Price

The median prices of participants' last purchase of each form of methamphetamine are presented in Table 10. Reports of changes in price in the six months preceding interview for 2009 are presented in Table 11.

5.2.1 Methamphetamine powder 'Speed'

Overall, 44 participants commented on current speed prices in 2009. Between 2008 and 2009 there were no changes in the median prices of a point (0.1 g), a half-gram, or a gram of speed (based on participant reports of their last purchase of each quantity). The median price of an eightball (3.5 g), however, had increased to $600 from $500 in 2008. Of those who commented on changes in speed prices over the last six months (n=44), the majority (61%) perceived speed prices as stable.

5.2.2 Base methamphetamine 'Base'

Overall, 32 participants commented on current base prices in 2009. Between 2008 and 2009, there were no changes in the median prices of a point (0.1 g), a half-gram, a gram, or an eightball (3.5 g) of base (based on participants' reports of their last purchase of each quantity). Of those who commented on changes in base prices over the last six months (n=32), the majority (59%) perceived base prices as stable.

Table 10: Price of most recent methamphetamine purchase by participants, 2008-2009

Amount	Median price* AU$	Range* AU$	Number of purchasers*
Speed			
Point (0.1 g)	**50** (50)	**20-80** (20-50)	**24** (19)
Half-gram (0.5 g)	**100** (100)	**80-280** (25-250)	**24** (21)
Gram (1 g)	**200** (200)	**100-400** (150-600)	**22** (18)
Eightball (3.5 g)	**600** (500)	**450-1050** (300-1200)	**17** (13)
Base			
Point (0.1 g)	**50** (50^)	**20-100** (25-50^)	**12** (7)
Half-gram (0.5 g)	**100** (100)	**100-200** (100-200)	**17** (10)
Gram (1 g)	**200** (200)	**150-500** (100-300)	**20** (11)
Eightball (3.5 g)	**500** (500^)	**400-1300** (350-1200^)	**13** (6)
Ice			
Point (0.1 g)	**50** (50)	**20-60** (20-100)	**15** (14)
Half-gram (0.5 g)	**100** (200)	**100-250** (100-300)	**13** (13)
Gram (1 g)	**350** (275)	**40-500** (150-600)	**10** (12)
Eightball (3.5 g)	**1200^** (750^)	**1050-1500^** (500-1200^)	**6** (8)

Source: QLD IDRS IDU interviews, 2008-2009

* 2008 data are reported in brackets; ^ Small numbers (less than 10) reporting, interpret with caution

5.2.3 Crystal methamphetamine 'Ice'

Overall, 35 participants were able to comment on current ice prices in 2009. Between 2008 and 2009, there were no changes in the median prices of a point (0.1 g) of ice (based on participant reports of their last purchase of each quantity). Interestingly, however, the median price of a half-gram of ice decreased to $100 in 2009 from $200 in 2008. Conversely, the median prices for a gram and an eightball (3.5 g) of ice had increased to $350 and $1,200 respectively in 2009 (from $275 and $750 respectively in 2008). The median price for an eightball of ice should be interpreted with caution, however, as only six participants were able to respond to this question in 2009. Of those who commented on changes in ice prices over the last six months (n=35), the majority (54%) perceived speed prices as stable. Twenty-three percent, however, reported them as increasing.

Table 11: Participants' reports of methamphetamine price changes in the last six months in QLD, 2009

	2009 N=80
Methamphetamine powder	
Did not respond (%)	**45**
Did respond (%)	**55**
Of those that responded	**n=44**
Increasing (%)	**25**
Stable (%)	**61**
Decreasing (%)	**2**
Fluctuating (%)	**7**
Don't know (%)	**5**
Base methamphetamine	
Did not respond (%)	**60**
Did respond (%)	**40**
Of those that responded	**n=32**
Increasing (%)	**13**
Stable (%)	**59**
Decreasing (%)	**0**
Fluctuating (%)	**16**
Don't know (%)	**12**
Crystal methamphetamine	
Did not respond (%)	**56**
Did respond (%)	**44**
Of those that responded	**n=35**
Increasing (%)	**23**
Stable (%)	**54**
Decreasing (%)	**0**
Fluctuating (%)	**14**
Don't know (%)	**9**

Source: QLD IDRS IDU interviews, 2009

5.3 Availability

Participant reports of current methamphetamine availability and changes in availability in the six months preceding interview in 2008 and 2009 are presented in Table 12. Indicator data relating to the number and weight of amphetamine seizures over recent years is presented in Figure 11.

5.3.1 Participant reports of methamphetamine powder 'Speed' availability

Participant reports of the current availability of speed remained stable between 2008 and 2009, with the majority of participants reporting that it was 'very easy' (50%) or 'easy' (23%) to obtain (see Table 12). In terms of changes in the availability of speed in the six months preceding interview in 2009, the majority of participants who commented (57%) reported that availability had been stable. In 2009, the majority of participants who had bought speed recently reported purchasing it from known dealers (39%) or friends (32%).

Table 12: Participants' reports of methamphetamine availability in the preceding six months, 2008-2009

	Speed powder		Base		Crystal	
	2008 N=104	2009 N=80	2008 N=104	2009 N=80	2008 N=104	2009 N=80
Current availability						
Did not respond* (%)	64	**45**	77	**60**	70	**56**
Did respond (%)	36	**55**	23	**40**	30	**44**
Of those who responded:	n=37	**n=44**	n=24	**n=32**	n=31	**n=35**
Very easy (%)	34	**50**	29	**38**	36	**23**
Easy (%)	37	**23**	50	**41**	42	**29**
Difficult (%)	16	**21**	13	**16**	12	**26**
Very difficult (%)	5	**5**	0	**3**	7	**14**
Don't know^ (%)	8	**2**	8	**3**	3	**9**
Changes to availability						
Did not respond* (%)	64	**45**	77	**60**	70	**56**
Did respond (%)	36	**55**	23	**40**	30	**44**
Of those who responded:	n=37	**n=44**	n=24	**n=32**	n=31	**n=35**
More difficult (%)	18	**25**	8	**13**	13	**31**
Stable (%)	63	**57**	75	**63**	71	**40**
Easier (%)	3	**11**	4	**9**	10	**9**
Fluctuates (%)	5	**5**	8	**9**	0	**11**
Don't know^ (%)	11	**2**	4	**6**	7	**9**

Source: QLD IDRS IDU interviews, 2008-2009

^ 'Don't know' refers to participants who responded to questions about price and/or purity, but not availability

5.3.2 Participant reports of base methamphetamine 'Base' availability

Participant reports of the current availability of base also remained stable between 2008 and 2009, with the majority of participants reporting that it was 'very easy' (38%) or 'easy' (41%) to obtain (see Table 12). In terms of changes in the availability of base in the six months preceding interview, the majority of participants who commented (63%) reported that availability had been stable. In 2009, the majority of participants who bought base in the previous six months reported purchasing it from known dealers (50%), friends (19%), or acquaintances.

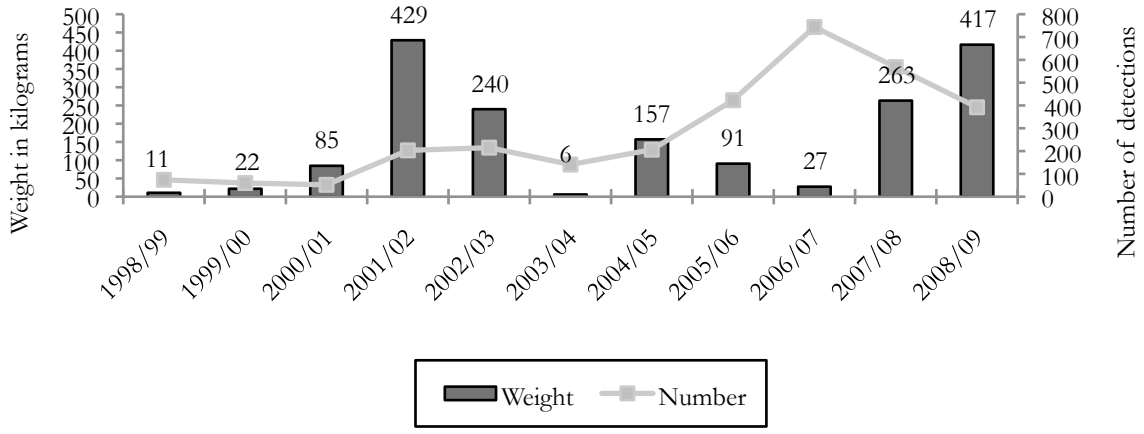
5.3.3 Participant reports of crystal methamphetamine 'Ice' availability

Participant reports of the current availability of ice also remained stable between 2008 and 2009, with the majority of participants reporting that it was 'very easy' (23%) or 'easy' (29%) to obtain. In terms of changes in the availability of ice in the six months preceding interview, 40% of participants who commented reported that availability had been 'stable' and 31% or participants reported it had been 'more difficult'. In 2009, the majority of participants who bought ice in the previous six months reported purchasing it from known dealers (40%) or friends (34%).

5.3.4 Amphetamine-type stimulants detected at the Australian border

The total weight (in kilograms) and number of amphetamine-type stimulants (ATS) detections at the border by the ACS from the financial years 1998/1999 to 2008/2009 is shown in Figure 11. ATS detections include amphetamines and methamphetamines in power, tablet, capsule, liquid, or paste form (but do not include MDMA). The total weight of detections increased from 263.33 kg in 2007/2008 to 416.56 kg in 2008/2009, whilst the total number of detections decreased from 568 to 392 in the same time period. The greatest number of detections was through the mail.

Figure 11: Weight and number of amphetamine-type stimulants* detections by the Australian Customs Service, financial years 1998/1999-2008/2009



Source: Australian Customs Service

* Includes amphetamine, methamphetamine and crystal methamphetamine detections, but excludes MDMA

5.4 Purity

Participant reports of the current purity of methamphetamines are illustrated in Figure 12.

5.4.1 Participant reports of methamphetamine powder 'Speed' purity

The current purity of speed was most frequently reported to be 'low' (41%) or 'fluctuating' (23%) among those who commented in 2009 (n=43). The majority of those who commented on changes in speed purity in the six months preceding interview (n=44) reported that it had been 'decreasing' (32%), 'fluctuating' (25%), or 'stable' (23%).

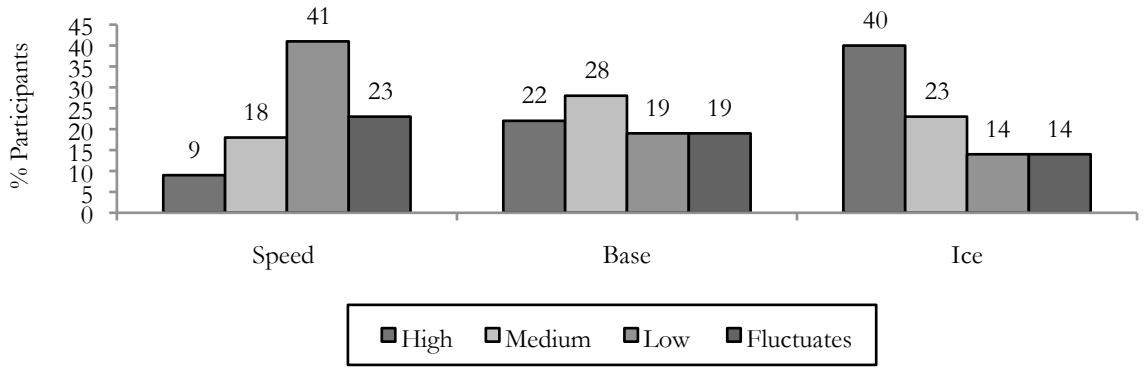
5.4.2 Participant reports of methamphetamine base 'Base' purity

Among those who commented on base in 2009 (n=32), 28% reported current base purity to be 'medium' and 22% reported it to be 'high'. The majority of those who commented on changes in base purity over the preceding six months (n=32) reported that it had been 'stable' (34%), 'fluctuating' (28%), or 'decreasing' (16%).

5.4.3 Participant reports of crystal methamphetamine 'Ice' purity

The current purity of ice was most frequently reported to be 'high' (40%) or 'medium' (23%) among those who commented in 2009 (n=35). The majority of those who commented on changes in ice purity in the six months preceding interview (n=35) reported that it had been 'stable' (31%), or 'fluctuating' (31%).

Figure 12: Perceptions of speed, base and ice purity among participants who commented, 2009



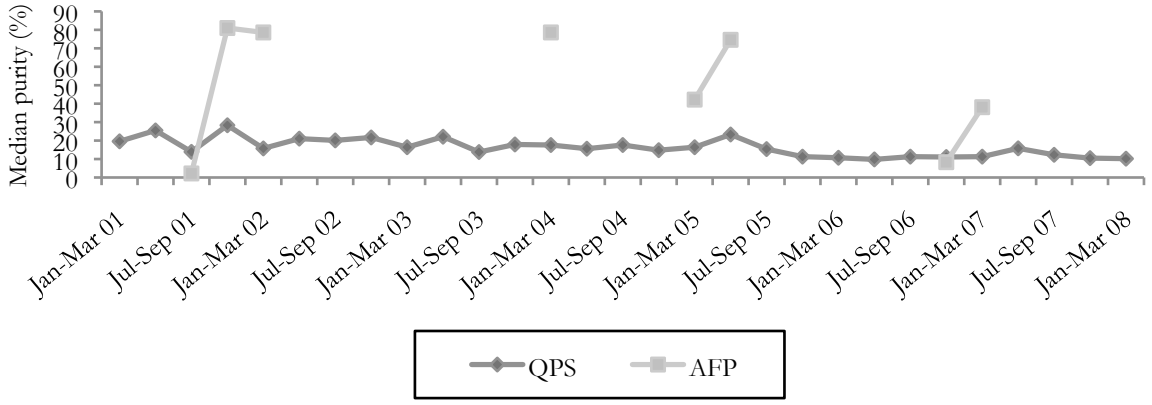
Source: QLD IDRS IDU interviews, 2009

5.4.4 Seizure data

The median purity and number of methamphetamine seizures recorded by QPS and AFP in Queensland between 2001/2002 and 2007/2008 are shown by quarter in Figures 13 and 14. Seizure data do not distinguish between ice and other forms of generally domestically produced methamphetamine, rendering fluctuations in purity difficult to interpret. It is important to note that figures do not represent the purity levels of all methamphetamine seizures, only those that have been analysed at a forensic laboratory. Additionally, no adjustment has been made to account for double-counting joint operations between the AFP and QPS.

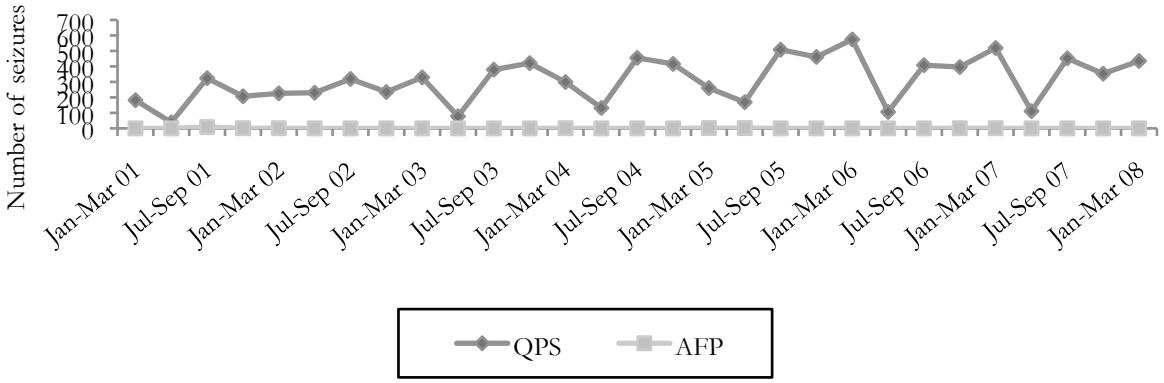
The purity of QPS seizures between January-March 2007 and January-March 2008 has remained relatively stable between 10% and 16%. The number of QPS seizures during the same time period peaked in January-March 2007 at 519 before falling to a low of 111 in April-June 2007. In the following three quarters, the numbers stabilised again in the mid three-hundreds to mid four-hundreds. The AFP recorded only one seizure during the same calendar year, in January-March 2007, with a purity of 38% (this is not unusual since AFP seizures reflect border interceptions and are often smaller in number but higher in purity and weight).

Figure 13: Median purity of methamphetamine seizures analysed in Queensland, by quarter, 2001/2002-2007/2008



Source: ABCI, 2001-2002; ACC, 2003-2008
Note: Figures represent the purity levels of methamphetamine seized by QPS/AFP in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly

Figure 14: Number of methamphetamine seizures analysed in Queensland, by quarter, 2001/2002-2007/2008



Source: ABCI, 2001-2002; ACC, 2003-2008

5.5 KE comments

Six KE commented on trends in the methamphetamine market. In terms of socio-demographic characteristics, several KE commented that, among the methamphetamine users they had come into contact with, many had prison histories and many had mental health problems such as depression and anxiety. They also noted that most of the methamphetamine users they had had contact with were unemployed. The majority of KE noted that methamphetamine users tended to be males in their 20s and 30s, and two KE commented that there appeared to have been an increase in the number of methamphetamine users in the previous 12 months (note that there was not a significant increase, however, in the proportion of IDRS participants reporting recent use of methamphetamines between 2008 and 2009).

In terms of purity, law enforcement KE commented that the current purity of street methamphetamines was approximately 17%. These KE also noted that methamphetamines are predominantly manufactured domestically but that there has been an increase in the importation

of pre-cursor chemicals. Additionally, they commented that within Australia, Queensland has the greatest number of clandestine laboratories producing small amounts of methamphetamine.

5.6 Summary of methamphetamine trends

Table 13 summarises trends in methamphetamine use, price, purity, and availability.

Table 13: Summary of methamphetamine trends, QLD, 2008-2009

Use	**Methamphetamine powder (speed)** • Proportion reporting recent use stable (47% in 2009) • Median number of days of use in preceding six months increased to 24 in 2009 (12 in 2008) **Methamphetamine base (base)** • Proportion reporting recent use stable (41% in 2009) • Median number of days of use in preceding six months stable (22 in 2009) **Crystal methamphetamine (ice/crystal)** • Proportion reporting recent use stable (47% in 2009) • Median number of days of use in the preceding six months stable (10 in 2009)
Price (median)	**Methamphetamine powder (speed)** • Point: stable at $50, Gram: stable at $200 • Majority reported recent prices had been 'stable' **Methamphetamine base (base)** • Point: stable at $50, Gram: stable at $200 • Majority reported recent prices had been 'stable' **Crystal methamphetamine (ice/crystal)** • Point: stable at $50, Gram: increased to $350 from $275 in 2008 • Majority reported recent prices had been 'stable'
Availability	**Methamphetamine powder (speed)** • Majority reported speed was 'easy' or 'very easy' to obtain • Majority reported recent speed availability had been 'stable' **Methamphetamine base (base)** • Majority reported base was 'easy' or 'very easy' to obtain • Majority reported recent base availability had been stable **Crystal methamphetamine (ice/crystal)** • Majority reported ice was 'easy' or 'very easy' to obtain (although one-quarter reported it was 'difficult') • Majority reported that recent ice availability had been 'stable' or 'more difficult
Purity	**Methamphetamine powder (speed)** • Majority reported that current speed purity was 'low' or 'fluctuating' **Methamphetamine base (base)** • Majority reported that current base purity was 'high' or 'medium' **Crystal methamphetamine (ice/crystal)** • Majority reported that current ice purity was 'high' or 'medium'

6 COCAINE

In 2009, 15% of participants (n=12) reported having used cocaine in the six months preceding interview. Additionally, only five participants could comment on trends in price, purity, and/or availability. Due to the small number of respondents, caution needs to be exercised in interpreting the trends discussed in this chapter.

6.1 Use

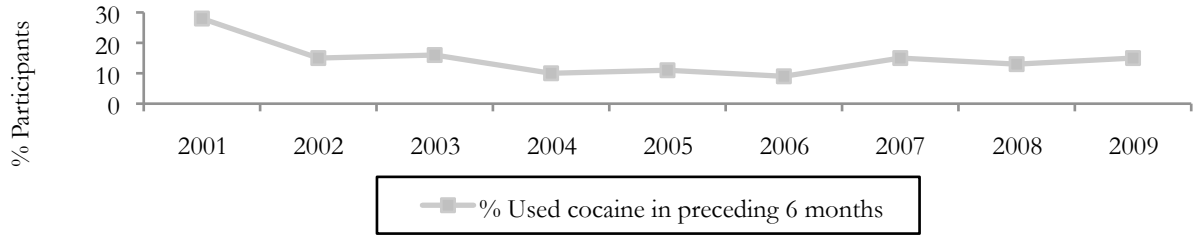
6.1.1 Cocaine use among participants

In 2009, 60% of participants (n=47) reported using cocaine at sometime during their life. Forty-three percent of participants (n=32) reported having injected it, 10% (n=7) having smoked it, 32% (n=24) having snorted it, and 10% (n=7) having swallowed it during their lifetime.

6.1.2 Current patterns of cocaine use

The proportion of 2009 participants reporting cocaine use in the previous six months was 15% (13% in 2008, see Figure 15). Twelve percent of participants reported having injected it, 1% reported having smoked it, 5% reported having snorted it, and 1% reported having swallowed it in the preceding six months. Of those reporting recent cocaine use (n=12), the median number of days used in the preceding six months was two. Fifty-eight percent (n=7) of those reporting recent use stated they had used cocaine powder, 17% (n=2) reported using crack cocaine, and 42% (n=34) reported using rock in the preceding six months. No participant reported cocaine as their drug of choice. Additionally, no participant reported using cocaine on the day prior to interview.

Figure 15: Proportion of QLD IDU sample reporting cocaine use in the preceding six months, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

6.2 Price

The median prices paid for cocaine by participants in the QLD sample in 2009 on the last occasion of purchase are presented in Table 14. As there are only small numbers reporting, comparisons cannot be made to the previous year. In 2009, no participant could comment on the price of a cap or a quarter-gram of cocaine. One participant commented on the price of a half-weight (0.5 g) of cocaine ($180). Two participants were able to comment on the price of a gram of cocaine, which had a median price of $325.

Table 14: Median price of most recent cocaine purchases by participants, 2008-2009

Amount	Median price* $	Range* $	Number of purchasers*
Cap	**-** (-)	**-** (-)	**0** (0)
Quarter-gram	**-** (-)	**-** (-)	**0** (0)
'Half-weight' (0.5 g)	**180** (-)	**180-180** (-)	**1** (0)
Gram	**325** (450)	**300-450** (300-800)	**2** (4)

Source: QLD IDRS IDU interviews, 2008-2009
* 2008 data are presented in brackets

As in 2008, 94% of the 2009 participants did not comment on changes in cocaine prices in the preceding six months. Of the 6% who did comment, three participants reported that prices had remained stable.

6.3 Availability

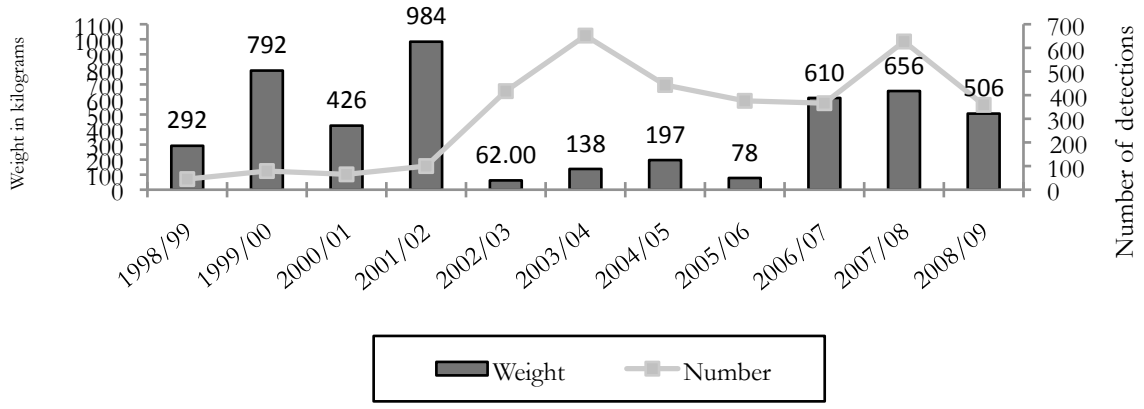
6.3.1 Participant reports of cocaine availability

Of those participants who commented on current trends in the cocaine market (n=5), four people were commented on patterns of availability. One participant stated cocaine was currently 'very easy' to obtain, one participant said it was 'easy', and two said it was 'difficult'. In terms of how the ease of access had changed in the preceding six months, one participant said it had been 'more difficult' and three participants said it had been 'stable'.

6.3.2 Cocaine detected at the Australian border

The total weight (in kilograms) and number of cocaine detections at the border by the ACS from the financial years 1998/1999 to 2008/2009 is illustrated in Figure 16. The total weight of detections decreased from 655.94 kg in 2007/2008 to 506.29 kg in 2008/2009, and the total number of detections also decreased from 627 to 359 in this time period.

Figure 16: Weight and number of cocaine detections made at the border by the Australian Customs Service, financial years 1998/1999-2008/2009



Source: Australian Customs Service

6.4 Purity

6.4.1 Participant perceptions of cocaine purity

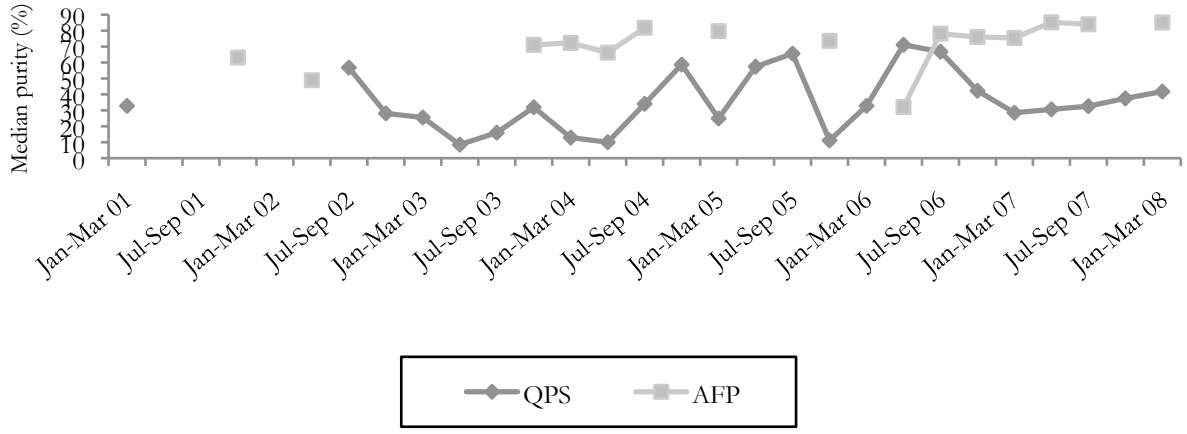
Of those participants who commented on current trends in the cocaine market (n=5), four people commented on purity/strength. Two participants stated current purity was 'high' and two stated it was 'medium'. In terms of how purity/strength had changed in the preceding six months, one participant said it had been 'increasing' and one said it had been 'decreasing'; one said had been 'stable' and one said had been 'fluctuating'. Given the small number of participants able to comment on purity, it is very difficult to draw any firm conclusions from this data.

6.4.2 Seizure data

The median purity and number of cocaine seizures recorded by QPS and AFP in Queensland from the financial years 2001/2002 to 2007/2008 are shown by quarter in Figures 17 and 18 respectively. It is important to note that figures do not represent the purity levels of all cocaine seizures, only those that have been analysed at a forensic laboratory. Additionally, no adjustment has been made to account for double-counting joint operations between the AFP and QPS.

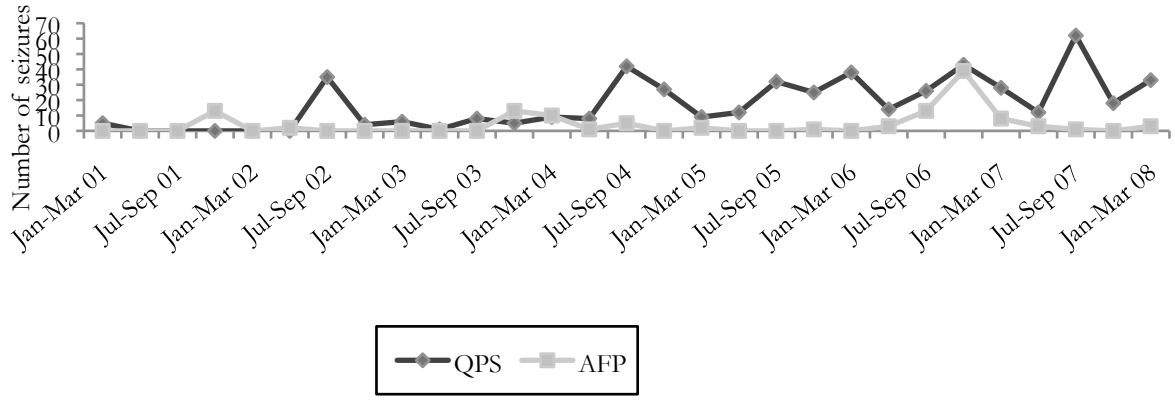
The purity of seizures by the QPS between January-March 2007 and January-March 2008 has slowly risen from 29% to 42%, whilst the number of seizures has fluctuated during this period. The purity of seizures by AFP also rose from 75% in January-March 2007 to 85% in April-June 2007, and then remained stable until January-March 2008. The number of seizures by the AFP remained relatively stable during the same 12-month period, with a peak of eight in January-March 2007.

Figure 17: Median purity of cocaine seizures analysed in Queensland, by quarter, financial years 2001/2002-2007/2008



Source: ABCI, 2001-2002; ACC, 2003-2008
Note: Figures represent the purity levels of cocaine seized by QPS/AFP in the relevant quarter. The period between the date of seizure by police and the date of receipt at the laboratory can vary greatly

Figure 18: Number of cocaine seizures analysed in Queensland, by quarter, financial years 2001/2002-2007/2008



Source: ABCI, 2001-2002; ACC, 2003-2008

6.5 Summary of cocaine trends

Table 15 summarises the trends in use, price, purity and availability of cocaine.

Table 15: Summary of cocaine trends, QLD, 2009

Use	• Proportion reporting recent use remained stable (15% in 2009) • Median days of use in the preceding six months was two • Injecting was the most common route of administration
Price (median)	• Gram: $325 (n=2)
Availability	• Mixed reports (n=5) • ACS data indicates that the total weight of cocaine detections at the border decreased from 655.94 kg in the 2007/2008 financial year to 506.29 kg in the 2008/2009 financial year
Purity	• Mixed reports (n=5)

7 CANNABIS

In 2009, 61% (n=49) of the IDU sample reported being able to distinguish between indoor-cultivated cannabis (hydro) and outdoor-cultivated cannabis (bush). Of these participants, 74% (n=36) commented on trends in the hydro market, and 69% (n=34) reported on trends in the bush market.

7.1 Use

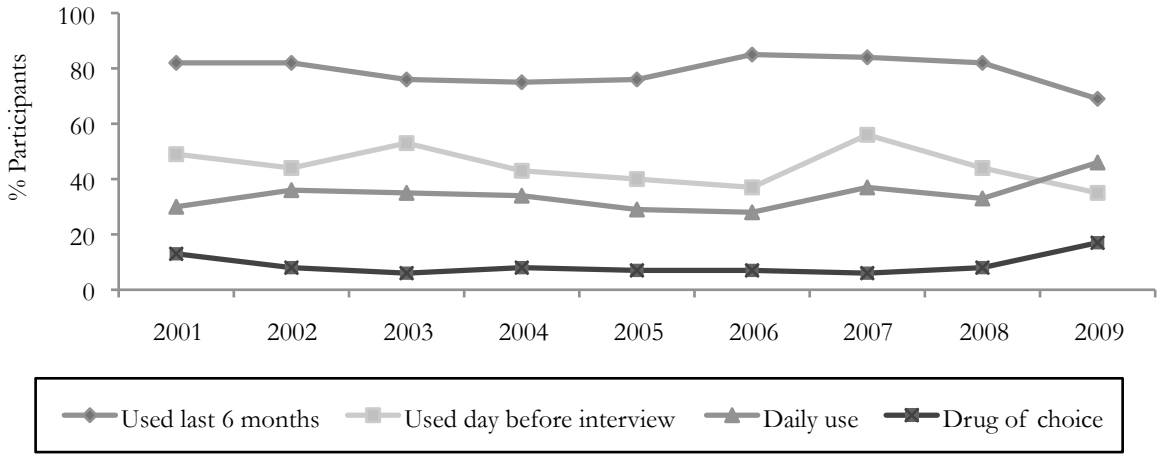
7.1.1 Cannabis use among participants

In 2009, nearly all participants (98%, n=78) reported using cannabis at least once in their lifetime. Sixty-nine percent of participants (n=55) reported use of cannabis in the preceding six months (82% in 2008).

7.1.2 Current patterns of cannabis use

Amongst those reporting recent cannabis use, the median number of days of use in the previous six months was 150 (more than double that in 2008 at 72 days). Forty-six percent of participants reporting recent use said they used cannabis on a daily basis in the preceding six months (33% in 2008). In terms of the drugs participants reported taking the day before interview, cannabis was one of the two most commonly named (35% of the IDU sample, same as for heroin). Seventeen percent of participants reported cannabis as their drug of choice (8% in 2008). Percentages regarding the prevalence and frequency of cannabis use among participants are shown in Figure 19.

Figure 19: Prevalence and frequency of cannabis use among participants, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

Of those respondents who had used cannabis in the six months prior to the interview, 89% had used hydro (95% in 2008), 71% had used bush (58% in 2008), 18% had used hash (11% in 2008), and 7% reported using hash oil (10% in 2008). Hydro was the form of cannabis used most often in the preceding six months for the majority (81%) of recent users.

7.2 Price

The median prices for hydro and bush cannabis (based on participant reports of the price of their last purchase) are shown in Table 16. Participants perceptions of prices changes in the hydro and bush cannabis markets in the last six months are shown in Table 17.

7.2.1 Hydro

Prices for a gram and an ounce of hydro remained stable between 2008 and 2009. Prices for a quarter-ounce and half-ounce of hydro both appeared to drop by $10 each from 2008 to $170 and $300 respectively in 2009. Of those who commented on recent changes in the price of hydro (n=34), the majority (72%) said that prices had remained stable.

7.2.2 Bush

Prices for a gram and a quarter-ounce of bush remained stable between 2008 and 2009. Prices for a half-ounce and an ounce of bush appeared to increase to $140 and $280 respectively in 2009 (from $120 and $220 respectively in 2008). Of those who commented on recent changes in the price of hydro (n=34), the majority (65%) said that prices had remained stable.

Table 16: Median price of participants' most recent cannabis purchases 2008-2009

Amount	Median price* AU$	Range* AU$	Number of purchasers*
Hydro			
Gram	**25** (25)	**12-25** (15-25)	**16** (29)
Quarter-ounce	**90** (100)	**80-100** (80-120)	**23** (31)
Half-ounce	**170** (180)	**150-200** (150-200)	**12** (16)
Ounce	**300** (300)	**280-400** (200-400)	**17** (28)
Bush			
Gram	**20** (20)	**8-25** (10-25)	**11** (16)
Quarter-ounce	**70** (70^)	**30-120** (60-100)	**19** (8)
Half-ounce	**140** (120^)	**100-360** (75-150^)	**13** (7)
Ounce	**280** (220)	**60-400** (120-400)	**19** (21)

Source: QLD IDRS IDU interviews, 2008-2009
* 2008 data are reported in brackets
^ Small numbers reporting (n=less than 10)

7.2.3 Hash and hash oil

Five participants answered questions on the recent price of hash or hash oil. Four participants reported on the price of a gram of hash, resulting in a median price of $65 and a range of $25-$85. One participant reported on the price of a cap of hash oil, stating it cost $50.

Table 17: Participant reports of cannabis price changes in the last six months in QLD, 2009

	2009 N=80
Hydro	
Did not respond (%)	**57**
Did respond (%)	**43**
Of those that responded	**n=34**
Increasing (%)	**14**
Stable (%)	**72**
Decreasing (%)	**3**
Fluctuating (%)	**11**
Bush	
Did not respond (%)	**57**
Did respond (%)	**43**
Of those that responded	**n=34**
Increasing (%)	**17**
Stable (%)	**65**
Decreasing (%)	**12**
Fluctuating (%)	**6**

Source: QLD IDRS IDU interviews, 2009

7.3 Availability

Participant reports of current cannabis availability and changes in availability in the six months preceding interview are presented in Table 18. Indicator data relating to the number and weight of amphetamine seizures over recent years is presented in Figure 20.

7.3.1 Hydro

Of those that commented on the current availability of hydro (n=36), the majority stated that it was 'very easy' (64%) or 'easy' (28%) to obtain (45% and 43% respectively in 2008). In terms of recent changes to availability, of those who commented (n=36), the majority stated that hydro availability had been stable (81%) or had become easier (11%).

The vast majority of participants who said they had bought hydro in the last six months reported buying it from friends (43%) or known dealers (46%). The most commonly reported locations of the last purchase were the dealer's home (40 %), friend's home (23%), or home delivery, i.e., at the participant's home (17%).

7.3.2 Bush

Of those who commented on the current availability of bush (n=34), the majority stated that it was 'very easy' (56%) or 'easy' (24%) to obtain (24% and 46% respectively in 2008). In terms of recent changes to availability, of those who commented (n=34), the majority stated that 'bush availability had been stable (68%) or had become easier (24%).

The vast majority of participants who said they had bought bush in the preceding six months reported buying it from friends (36%), known dealers (18%), or acquaintances (12%). The most

commonly reported locations of the last purchase were a friend's home (30%), dealer's home (18%), or home delivery, i.e., at the participant's home (9%).

Table 18: Participant reports of cannabis availability in the preceding six months, 2008-2009

	Hydro		Bush	
	2008 N=104	**2009 N=80**	**2008 N=104**	**2009 N=80**
Current availability				
Did not respond* (%)	30	**55**	61	**58**
Did respond (%)	70	**45**	39	**42**
Of those who responded:	n=73	**n=36**	n=41	**n=34**
Very easy (%)	45	**64**	24	**56**
Easy (%)	43	**28**	46	**24**
Difficult (%)	10	**6**	22	**15**
Very difficult (%)	1	**3**	7	**6**
Don't know^ (%)	1	**0**	0	**0**
Changes in availability				
Did not respond* (%)	30	**55**	61	**58**
Did respond (%)	70	**45**	39	**42**
Of those who responded:	n=73	**n=36**	n=41	**n=34**
More difficult (%)	6	**6**	5	**6**
Stable (%)	78	**81**	81	**68**
Easier (%)	6	**11**	7	**24**
Fluctuates (%)	8	**3**	7	**3**
Don't know^ (%)	3	**0**	0	**0**

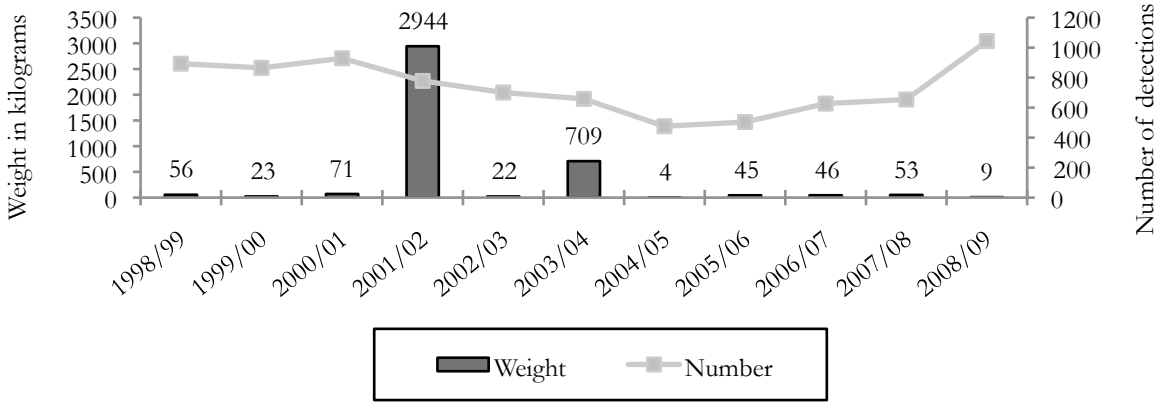
Source: QLD IDRS IDU interviews, 2008-2009

^ 'Don't know' refers to participants who responded to questions about price and/or purity, but not availability

7.3.3 Cannabis detections at the Australian border

The total weight (in kilograms) and number of cannabis detections at the border by the ACS from the financial years 1998/1999 to 2008/2009 is illustrated in Figure 20. These detections include cannabis, cannabis leaf, oil, seed, and resin. The total weight of detections decreased from 53.44 kg in 2007/2008 to 8.6 kg in 2008/2009, whilst the total number of detections increased from 654 to 1,044 in the same time period.

Figure 20: Weight and number of cannabis detections made at the border by the Australia Customs Service, financial years 1998/1999-2008/2009



Source: Australian Customs Service

7.4 Potency

Participant reports of current cannabis potency and changes in potency in the six months preceding interview are presented in Figures 21 and 22.

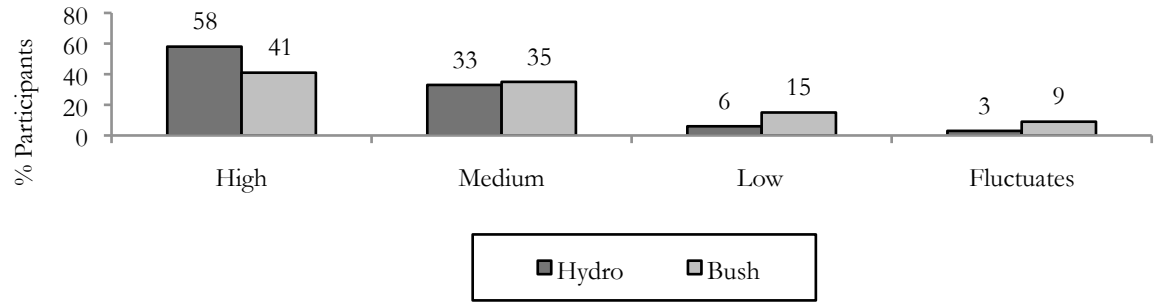
7.4.1 Hydro

Of those who commented on the current purity/potency of hydro (n=36), the majority reported it was 'high' (58%) or 'medium' (33%; 60% and 27% respectively in 2008). Of those who commented on recent changes in hydro potency in 2009, the majority stated it was 'stable' (56%) or 'increasing' (22%).

7.4.2 Bush

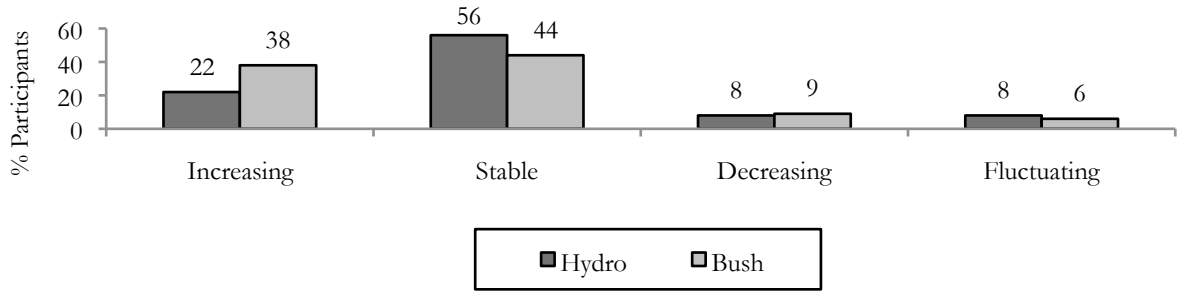
Of those who commented on the current purity/potency of bush (n=34), the majority reported it was 'high' (41%) or 'medium' (35%; 27% and 42% respectively in 2008). Of those who commented on recent changes in bush potency in 2009, the majority stated it was 'stable' (44%) or 'increasing' (38%).

Figure 21: Participant reports of current cannabis potency, 2009



Source: QLD IDRS IDU interviews, 2009

Figure 22: Participant reports of recent changes in cannabis potency, 2009



Source: QLD IDRS IDU interviews, 2009

7.5 KE comments

Three KE commented on trends in the cannabis market. In terms of socio-demographic characteristics, all commented that of the cannabis users they had come into contact with, the majority were men in their late teens and 20s and that there appeared to be a high prevalence of mental health problems such as depression, anxiety, and schizophrenia. One KE commented that there seemed to be an increase in the number of cannabis users under the age of 25 accessing services in the preceding 12 months. None of the KE could comment the current price, purity, or availability of cannabis.

7.6 Summary of cannabis trends

Table 19 presents a summary of trends in cannabis use, price, purity, and availability.

Table 19: Summary of cannabis trends, QLD, 2008-2009

Use	• Proportion reporting recent use stable (69% in 2009) • Median number of days of use in preceding six months increased to 150 in 2009 (72 in 2008)
Price (median)	**Hydroponic cannabis** • Gram: stable at $25, Ounce: stable at $300 **Cannabis (bush)** • Gram: stable at $20, Ounce: $280 in 2009, up from $220 in 2008
Availability	**Hydroponic cannabis** • Majority reported hydro was 'easy' or 'very easy' to obtain • Majority reported recent hydro availability had been 'stable' **Cannabis (bush)** • Majority reported bush was 'easy' or 'very easy' to obtain • Majority reported recent bush availability had been 'stable'
Potency	**Hydroponic cannabis** • Majority reported hydro was 'high' or 'medium' potency • Majority reported recent hydro potency had been 'stable' or 'increasing' **Cannabis (bush)** • Majority reported bush was 'high' or 'medium' potency • Majority reported recent bush potency had been 'stable' or 'increasing'

8 OTHER OPIOIDS

The IDRS investigates the use patterns, harms and market characteristics of a number of pharmaceutical opioids, including methadone, buprenorphine, buprenorphine-naloxone, morphine and oxycodone. Use of these substances is broadly split into the following categories.

Use

1. Use of licitly obtained opioids, i.e., use of opioids obtained by a prescription in the user's name, through any route of administration.
2. Use of illicitly obtained opioids, i.e., those obtained from a prescription in someone else's name, through any route of administration ('illicit use').
3. Use of any opioids, i.e., does not distinguish between licit and illicit methods of obtainment.

Injection

4. Injection of licitly obtained opioids.
5. Injection of illicitly obtained opioids.
6. Injection of any opioids.

Note on interpretation: The IDRS and the term 'diversion'

Varied views on what constitutes diversion currently exist in the field. It is important to acknowledge the numerous and varied motivations behind the extra-medical use of opioid pharmacotherapies. While it is beyond the scope of the present study to examine this issue in detail, some examples of the range and breadth of these motivations include (but by no means are restricted to): substitution for other drugs (e.g., heroin) when availability is low; euphoria (to achieve a pleasant opiate effect); the perception that pharmaceutical opioids are safer or a more reliable alternative to illicit substances, which may vary in content and purity; the desire to self-detox or self-medicate when treatment is undesirable or unavailable (e.g., where shame, fear of stigma and discrimination associated with being identified as a 'drug user' prevent an individual seeking formal treatment); where Opioid Substitution Treatment (OST) is unavailable or has a long waiting list; and where practical issues such as transport, dosing times and other issues (such as physical and/or mental illness, employment, holidays and childcare) place constraints on the individual.

Similarly, persons engaged in OST may engage in extra-medical use of their medication for many and varied reasons, including (but not limited to): being 'stood over' or threatened (diversion to others); for monetary gain or bartering (diversion to others); stockpiling for unexpected circumstances such as being unable to attend a clinic; where doses intended for single consumption are split across the day to ensure the level of pain relief remains constant; and 'topping up' when the prescribed dose is not high enough (e.g., in the first few weeks following commencement of OST).

The use of pharmaceutical opioids in ways other than as prescribed is currently an area of considerable debate and readers are encouraged to acquaint themselves with the literature before drawing conclusions or making policy decisions with regard to the prescription of pharmaceutical opioids. For example, other research has investigated the issues surrounding take-away policies and methadone diversion (e.g., Ritter & Di Natale, 2005; Fraser, Valentine, Treloar & Macmillan, 2007). More detailed investigations into the barriers and incentives to entering drug treatment have also been conducted (e.g., Treloar et al., 2004; Digiusto & Treloar, 2007; Reid, Crofts & Beyer, 2001). More recently, the argument has been made for a distinction between 'non-adherence' (the use of one's own medication in a way other than as directed, e.g.,

through injection) and 'diversion' (the selling, trading, giving or sharing of one's medication to another person, including through voluntary, involuntary and accidental means).

8.1 Methadone

8.1.1 Trends in methadone use

Methadone is prescribed for the treatment of opioid dependence, usually as a syrup preparation and is often dosed under supervised conditions. Take-away doses are available for some patients depending on various state/territory regulations. Physeptone tablets (the pill form of methadone) are less common in Australia and are usually prescribed for people in methadone treatment who are travelling, or in a minority of cases where the methadone syrup is not tolerated. As mentioned previously, illicit use of methadone and physeptone was defined as the use of medication not obtained with a prescription in the participant's name. The participant may have bought the medication on the street or obtained it from a friend or acquaintance.

Licit methadone and physeptone

The proportion of participants indicating that they had ever used licit methadone (licit being the use of one's prescribed methadone) was stable at 47% in 2009 (48% in 2008). Twelve percent (n=9) of participants in 2009 reported use of licit methadone in the six months preceding interview (22% in 2008). In 2009, 12% of participants reported having swallowed licit methadone in the previous six months (22% in 2008). In addition, 6% of participants reported having used licit methadone by injection in the six months prior to interview (13% in 2008). Among those who reported recent use of licit methadone, 56% reported daily use in the preceding six months.

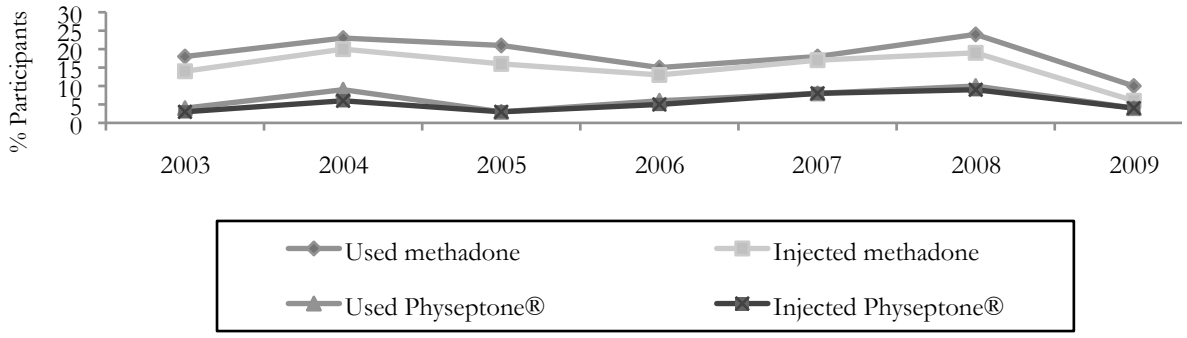
Nine percent of participants reported ever using licit physeptone. No participant reported use of licit physeptone in the preceding six months.

Illicit methadone and physeptone

In 2009, the proportion of participants reporting use of illicit methadone at some point in their life was 36% (51% in 2008). There was a significant decrease in the proportion of participants reporting illicit methadone use in the six months preceding interview between 2008 and 2009, from 24% (n=25) to 10% (n=8; 14%; 95% CI of difference; +3, +24) (see Figure 23). Six percent of the sample reported injecting illicit methadone in the preceding six months (19% in 2008) and 5% reported swallowing it (11% in 2008). Among participants reporting recent use of illicit methadone, the median number of days of use was one (range=1-24).

In 2009, 19% reported ever using illicit physeptone; however, only 4% of participants reported recent use of illicit physeptone. Four percent reported recent injection of illicit physeptone (9% in 2008, and median days of use in the preceding six months was two.

Figure 23: Use and injection of illicit methadone and Physeptone® among participants in the preceding six months, 2003-2009



Source: QLD IDRS IDU interviews, 2003-2009

8.1.2 Price and availability

In 2009, only two participants were able to report on the current price of illicit methadone. For this reason, the price data will not be reported here. Ten participants commented on the current availability of illicit methadone and changes to illicit methadone availability in the preceding six months. Due to the small number of responses, caution should be exercised when interpreting the results. Twenty percent reported it was 'very easy' to obtain, 40% said 'easy', 20% said 'difficult', and 20% said 'very difficult'. Twenty percent said availability was 'more difficult' in the previous six months and 80% said it was 'stable'. Of those who commented (n=10), 50% of participants reported that the last time they bought illicit methadone, they obtained it from a friend.

8.1.3 Motivations for diverted use

Eight participants commented on their reasons for using illicit methadone (multiple responses were allowed). Five reported self-treatment, two said that it was a substitute for heroin/other opiates, one said that they were away from home, and one said it was to become intoxicated.

8.2 Buprenorphine

8.2.1 Trends in buprenorphine use

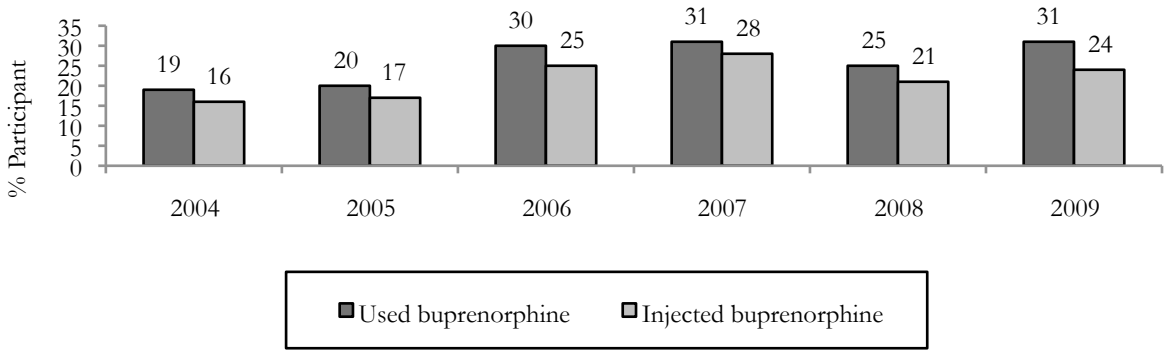
Licit buprenorphine

In 2009, 43% of participants reported that they had used licit buprenorphine (i.e., buprenorphine prescribed to them) at some point in their life (34% in 2008). Use of prescribed buprenorphine in the six months preceding interview remained stable between 2008 and 2009 (14%, n=15 and 10%, n=8 respectively). In terms of recent routes of administration, 9% of the sample reported swallowing buprenorphine and 3% reported injecting it in the preceding six months. Amongst those who had used licit buprenorphine in the preceding six months, the median number of days of use increased from 55 days in 2008 to 135 days in 2009.

Illicit buprenorphine

In 2009, 55% of participants reported use of illicit buprenorphine (buprenorphine that is prescribed to someone else) at some point in their life (41% in 2008). Thirty-one percent (n=25) reported use of illicit buprenorphine in the six months prior to interview (25% in 2008, n=26) (see Figure 24). In terms of recent routes of administration, 11% of the sample reported swallowing buprenorphine and 24% reported injecting it in the preceding six months. Median number of days of use for illicit buprenorphine in 2009 (amongst those reporting recent use) was 10 (nine in 2008).

Figure 24: Use and injection of illicit buprenorphine among participants in the preceding six months, 2004-2009



Source: QLD IDRS IDU interviews, 2004-2009

8.2.2 Price and availability

The median reported price for a 2 mg tablet of buprenorphine was $15 (n=7) and $40 for an 8 mg tablet (n=12). The majority of participants who responded (n=26) reported that buprenorphine was 'easy' (31%), 'very easy' (27%), or 'difficult' (27%) to obtain. Fifty percent reported that availability had remained 'stable' in the preceding six months, whilst 31% of participants reported that availability had been 'more difficult'.

8.2.3 Motivations for diverted use

Nineteen participants commented on their reasons for using illicit buprenorphine (multiple responses were allowed). Three reported self-treatment, two said that it was a substitute for heroin/other opiates, eight said that they were away from home, and five reported other reasons (including habit, feeling depressed, and to try it out).

8.3 Buprenorphine-naloxone

8.3.1 Trends in buprenorphine-naloxone use

Licit buprenorphine-naloxone

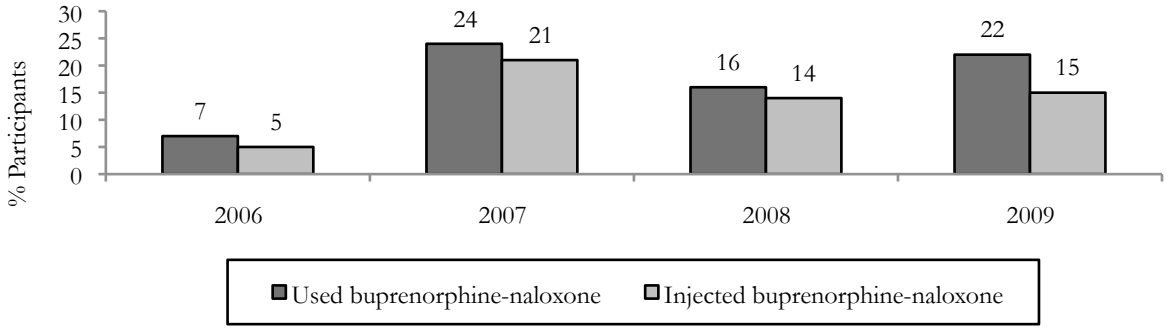
In 2009, 35% of participants reported that they had used licit buprenorphine-naloxone (i.e., buprenorphine-naloxone prescribed to them) at some point in their life (23% in 2008). Twenty-three percent (n=18) reported use of prescribed buprenorphine-naloxone in the six months preceding interview (16% in 2008). In terms of recent routes of administration, 20% of the

sample reported swallowing buprenorphine-naloxone and 6% reported injecting it in the preceding six months. Amongst those who had used licit buprenorphine-naloxone in the preceding six months, the median number of days of use decreased to 66 days in 2009 from 90 days in 2008.

Illicit buprenorphine-naloxone

In 2009, 34% of participants reported use of illicit buprenorphine-naloxone (buprenorphine-naloxone that is prescribed to someone else) at some point in their life (21% in 2008). Twenty-two percent (n=18) of the sample reported used of illicit buprenorphine-naloxone in the six months prior to interview (16% in 2008) (see Figure 25). In terms of recent routes of administration, 14% reported swallowing buprenorphine-naloxone and 15% reported injecting it in the preceding six months. The median number of days of use for illicit buprenorphine-naloxone in 2009 (amongst those reporting recent use) was eight (five in 2008).

Figure 25: Use and injection of illicit buprenorphine-naloxone among participants in the preceding six months, 2006-2009



Source: QLD IDRS IDU interviews, 2006-2009

8.3.2 Price and availability

The median reported price for a 2 mg tablet of buprenorphine-naloxone was $10 (n=5) and $28 for an 8 mg tablet (n=12). The majority of participants who commented (n=19) reported buprenorphine-naloxone was 'very easy' (63%), or 'easy' (21%) to obtain. Fifty-eight percent reported that availability had remained 'stable' in the preceding six months, whilst 16% of participants reported that availability had been 'easier'.

8.3.3 Motivations for diverted use

Sixteen participants commented on their reasons for using illicit buprenorphine-naloxone (multiple responses were allowed). Four reported self-treatment, one said that it was a substitute for heroin/other opiates, seven said that they were away from home, and two reported other reasons (including habit, and 'just to get stoned').

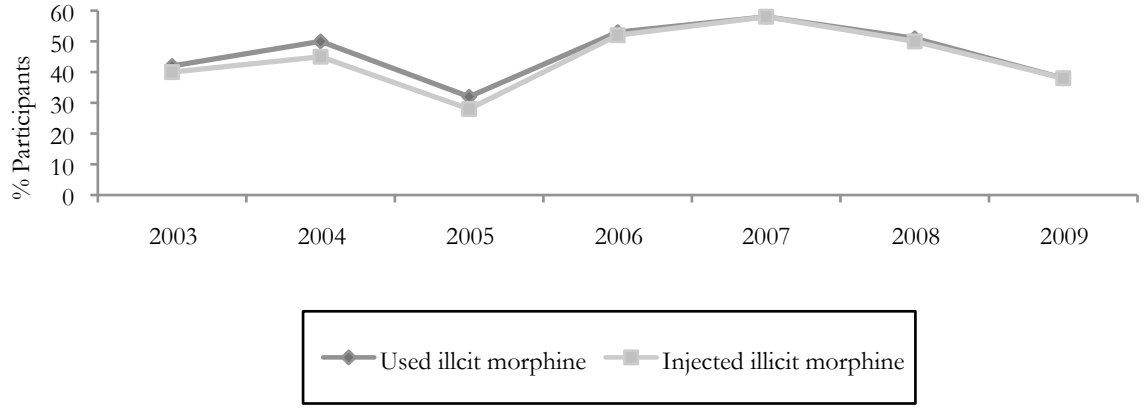
8.4 Morphine

In 2009, it was decided at a national level that only data regarding use of *illicit* morphine would be presented in the IDRS reports.

8.4.1 Trends in illicit morphine use

Sixty percent of participants (n=48) in 2009 reported the use of illicit morphine at some point during their life, a significant decrease from 78% (n=81) in 2008 (18%; 95% CI of difference; +5, + 31). However, reports of illicit morphine use in the six months preceding interview remained stable between 2008 and 2009 (51% and 38% respectively) (see Figure 26). Thirty-eight percent also reported injecting illicit morphine recently (50% in 2008), whilst 6% said they had swallowed it in the preceding six months. The median number of days of use (amongst those reporting recent use) was 18, up slightly from 12 in 2008.

Figure 26: Use and injection of illicit morphine among participants in the preceding six months 2003-2009



Source: QLD IDRS IDU interviews 2003-2009

8.4.2 Price and availability

Participants were asked to comment on the current price of different brands of morphine tablets. The median reported price for 30 mg of MS Contin® was $20 (n=3), 60 mg was $30 (n=12), and 100 mg was $60 (n=20). The median reported price for 100 mg of Kapanol® was $50 (n=14). Of the 36 participants who commented, 36% said that morphine was currently 'very easy' to access, 31% said it was 'easy', and 22% said it was 'difficult'. The majority said access had either remained 'stable' in the preceding six months (47%), become 'more difficult' (22%), or had 'fluctuated' (17%).

8.4.3 Motivations for diverted use

Thirty participants commented on their reasons for using illicit morphine (multiple responses were allowed). Thirteen reported self-treatment, 14 said that it was a substitute for heroin/other opiates, three reported it was for intoxication, and seven reported other reasons (including addiction, availability, and habit).

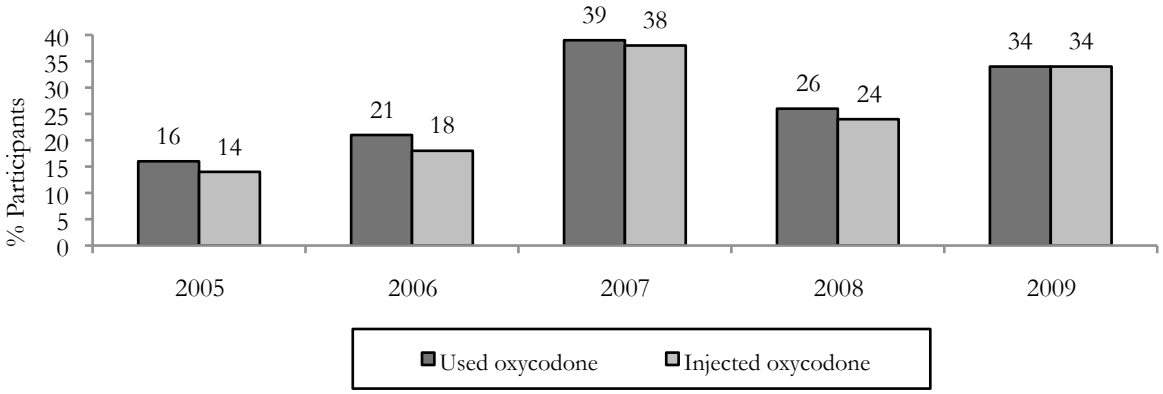
8.5 Oxycodone

In 2009, it was decided at a national level that only data regarding use of *illicit* oxycodone would be presented in the IDRS reports.

8.4.1 Trends in illicit oxycodone use

Fifty-one percent of participants in 2009 reported the use of illicit oxycodone at some point during their life (46% in 2008). Thirty-four percent (n=27) reported the use of illicit morphine in the six months preceding interview (26% in 2008) (see Figure 27) and 34% also reported injecting illicit morphine recently (24% in 2008), whilst 4% said they had swallowed it in the preceding six months. The median number of days of use in the preceding six months (amongst those reporting recent use) was 14, up from seven in 2008.

Figure 27: Use and injection of illicit oxycodone among participants in the preceding six months, 2005-2009



Source: QLD IDRS IDU interviews, 2005-2009

8.4.2 Price and availability

Participants were asked to comment on the current price of different brands of oxycodone tablets. The median reported price for 20 mg of Oxycontin® was $10 (n=5), 40 mg was $20 (n=11), and 80 mg was $40 (n=16). In 2009, only two participants were able to report on the current price of Endone®. For this reason, the price data on Endone® will not be reported here. Of the 26 participants who commented, 42% said that oxycodone was currently 'difficult' to access and 15% said it was 'very difficult'. Twenty-three percent, however, said it was 'easy' to access and 19% said it was 'very easy'. The majority said in that in the past six months, access had remained stable (54%), or had become more difficult (23%).

8.4.3 Motivations for diverted use

Twenty-two participants commented on their reasons for using illicit oxycodone (multiple responses were allowed). Eight reported self-treatment, five said that it was a substitute for heroin/other opiates, 11 said that they were away from home, and four reported other reasons (including price and availability).

8.5 Other opioids

Nineteen percent of participants reported that they had ever used opioids other than those listed above (33% in 2008) and 10% reported injecting them at some point in their life. Thirteen percent (n=9) reported use of other opioids in the six months prior to interview (8% in 2008) and the median number of days used among these participants was 10.

8.6 KE comments

Three KE commented on trends in the illicit pharmaceutical opioids market. Two KE spoke specifically about morphine and both commented that problems with injecting, such as vein/tissue damage and abscesses, were common amongst the morphine users they had come into contact with. It was noted that these problems can be often reduced with the use of pill filters. One KE spoke about pharmaceutical opioids in general, and commented that there had been a large increase in the level of prescription of these drugs over the past 10 years. They also commented that these drugs may be more appealing to some IDU because they are often cheaper and perceived as safer in comparison to heroin since the purity is more consistent.

8.6 Summary of other opioids trends

Table 20 presents the summary of trends in the use of other opioids.

Table 20: Summary of trends for other opioids, QLD, 2008-2009

Methadone	• Proportion reporting recent use of licit methadone stable (12% in 2009) • 56% of recent licit methadone users reported daily use in the preceding six months • Proportion reporting recent use of illicit methadone decreased significantly from 24% in 2008 to 10% in 2009
Buprenorphine	• Proportion reporting recent use of licit buprenorphine remained stable (14% in 2009) • Median days of use of licit buprenorphine in the preceding six months increased to 135 days in 2009 from 55 days in 2008 • Proportion reporting recent use of illicit buprenorphine remained stable (31%)
Buprenorphine-naloxone	• Proportion reporting recent use of licit buprenorphine-naloxone remained stable (23% in 2009) • Median days of use of licit buprenorphine-naloxone in the preceding six months decreased to 66 days in 2009 from 90 days in 2008 • Proportion reporting recent use of illicit buprenorphine-naloxone remained stable (22%)
Morphine	• Proportion reporting recent use of illicit morphine remained stable (51% in 2009) • Median days of use in the preceding six months was 18
Oxycodone	• Proportion reporting recent use of illicit oxycodone remained stable (34% in 2009) • Median days of use in the preceding six months was 14, up from seven in 2008

9 OTHER DRUGS

9.1 Ecstasy

In 2009, 25% of participants reported the recent use of ecstasy, as can be seen in Table 21. Fourteen percent of participants reported having injected ecstasy in the previous six months. Amongst those who reported ecstasy use in the preceding six months, the median number of days of use was two.

Table 21: Patterns of ecstasy use among participants in the preceding six months in QLD, 2005-2009

	2005 N=106	2006 N=112	2007 N=119	2008 N=104	**2009 N=80**
Recent use (%)	25	28	22	17	**25**
Recent injection (%)	5	11	12	15	**14**

Source*:* QLD IDRS IDU interviews, 2005-2009

9.2 Benzodiazepines

The proportion of the sample reporting use of benzodiazepines at some point in their lifetime was 80% in 2009 (73% in 2008). Fifty-nine percent of the sample reported use of benzodiazepines in the preceding six months (61% percent in 2008) and 4% reported recent injection of benzodiazepines (5% in 2008) (see Figure 22). The median number of days used amongst recent users was 65 (70 days in 2008).

For the first time in 2008, benzodiazepines were divided into the categories licit and illicit. In 2009, 45% of participants reported recent use of licit benzodiazepines (42% in 2008), and 33% reported recent use of illicit benzodiazepines (39% in 2008). The overall proportion of participants reporting recent injection of both forms was low at 4% for licit and 1% for illicit (4% and 2% respectively in 2008). The most common route of administration for both forms was swallowing at 45% of the overall sample for licit and 34% for illicit (42% and 39% respectively in 2008). Median number of days of use amongst those who reported recent use of licit benzodiazepines was 72 (down from 110 days in 2008), and seven (10 days in 2008) amongst those who reported recent use of illicit benzodiazepines. Amongst those reporting recent use of either form (n=47), the most common form used was licit benzodiazepines (76%). The majority of recent benzodiazepine users reported that the main brand used was Valium® (58%), Xanax® (16%), or Antenex® (14%).

Table 22: Patterns of benzodiazepine (licit/illicit) use among participants in the preceding six months in QLD, 2005-2009

	2005 N=106	2006 N=112	2007 N=119	2008 N=104	**2009 N=80**
Recent use (%)	51	69	50	61	**59**
Recent injection (%)	7	10	3	5	**4**

Source*:* QLD IDRS IDU interviews, 2005-2009

9.3 Pharmaceutical stimulants

Since 2004, participants have been asked to comment about their use of pharmaceutical stimulants. This includes drugs such as dexamphetamine and methylphenidate, which are medications most commonly prescribed for Attention Deficit Hyperactivity Disorder (ADHD). From 2006, the IDRS distinguished between licit and illicit forms of pharmaceutical stimulants. The proportion of the sample reporting use of either form pharmaceutical stimulants at some point in their lifetime was 30% in 2009 (23% in 2008). In terms of use in the six months preceding interview, 1% of the sample reported using licit pharmaceutical stimulants (0% in 2008) and 4% reported using illicit pharmaceutical stimulants (as in 2008). The proportion of participants reporting recent use and recent injection of some form of pharmaceutical stimulants is presented in Table 23.

Table 23: Patterns of pharmaceutical stimulant (licit/illicit) use among participants in the preceding six months in QLD, 2005-2009

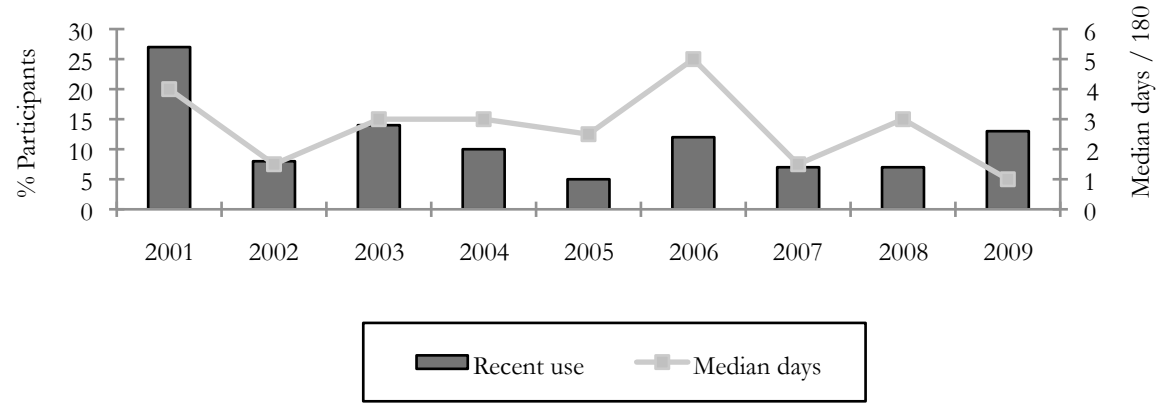
	2005 N=106	2006 N=112	2007 N=119	2008 N=104	**2009 N=80**
Recent use (%)	12	9	11	4	**5**
Recent injection (%)	2	6	3	1	**3**

Source*:* QLD IDRS IDU interviews, 2005-2009

9.4 Hallucinogens

In 2009, 60% of participants reported using hallucinogens at some point in their lifetime (72% in 2008) and 13% reported using hallucinogens in the six months prior to interview (7% in 2008) (see Figure 28). All of those reporting recent use (n=10) also reported that swallowing was the route of administration. Fifteen percent of the sample reported having injected hallucinogens at some point during their life but none reported recent injection. Among those reporting recent use, the majority of participants said the form most frequently used was LSD (70%) or mushrooms (20%).

Figure 28: Prevalence and frequency of hallucinogen use in the preceding six months, 2001-2009

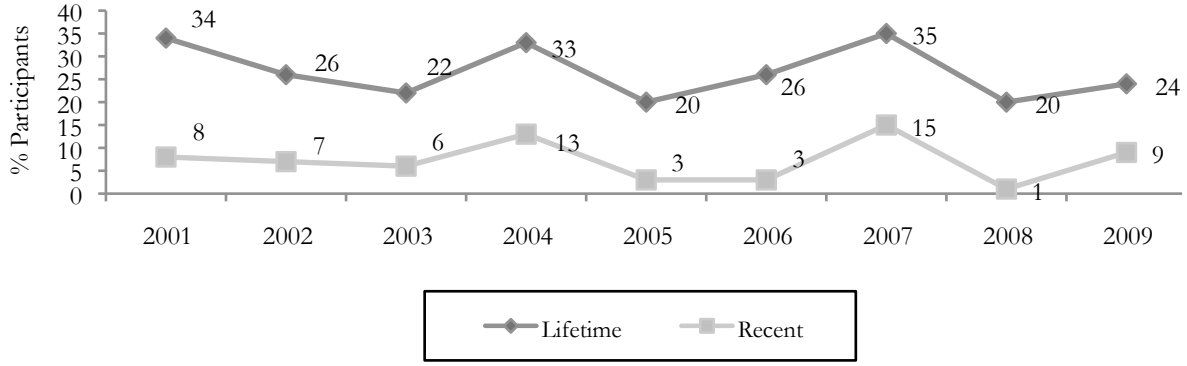


Source*:* QLD IDRS IDU interviews, 2001-2009

9.5 Inhalants

The percentages of participants reporting use of inhalants at some point during their life and those reporting use in the preceding six months are presented in Figure 29. The majority of participants reporting recent use (n=7) stated that the main form used was glue (43%) or nitrous oxide (14%).

Figure 29: Prevalence of inhalant use by participants, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009

9.6 Alcohol and tobacco

The majority of participants (95%) reported having used alcohol at least once during their life (88% in 2008). Sixty-eight percent of the sample reported using alcohol in the six months preceding interview (62% percent in 2008). Four percent reported having injected alcohol at some point in their lifetime (9% in 2008), although no participant reported having injected alcohol recently (as in 2008). The median number of days used amongst those reporting use in the preceding six months was 20 (as in 2008).

The majority of participants (98%) also reported having used tobacco at least once during their life (95% in 2008). Ninety-five percent of the sample reported using tobacco in the six months preceding interview (90% in 2008). The median number of days used amongst those reporting recent use of tobacco was 180 (as in 2008) (see Table 24).

Table 24: Patterns of tobacco use among participants in the preceding six months in QLD, 2005-2009

	2005 N=106	2006 N=112	2007 N=119	2008 N=104	**2009 N=80**
Recent use (%)	88	96	94	90	**95**
Median days used*	180	180	180	180	**180**

Source*:* QLD IDRS IDU interviews, 2005-2009

* Among those reporting recent use; maximum=180 days.

9.7 KE comments

Three KE commented on the use of illicit benzodiazepines. The majority commented on an apparent association between the use of benzodiazepines such as Xanax® and problem behaviours such as aggression and criminal activity. One KE commented that the prescription

of benzodiazepines has decreased in the last few years, with the exception of Xanax®. The remaining KE both commented that they suspected there had been an increase in the number of IDU using Xanax® in the preceding 12 months and one suggested that there needs to be a national tightening on the prescription of Xanax® so that it is less readily available. Interestingly, there was no significant increase in the percentage of participants reporting recent use of licit or illicit benzodiazepines between 2008 and 2009. Regardless of this discrepancy, it seems that the use of benzodiazepines amongst IDU could be an emerging issue and one worth monitoring in years to come.

9.8 Summary of other drug trends

Table 25 summarises the trends for other drug use including ecstasy, benzodiazepines, pharmaceutical stimulants, hallucinogens, inhalants, alcohol, and tobacco.

Table 25: Summary of trends in other drug use, QLD, 2009

Ecstasy	• 25% of sample reported recent use of ecstasy • Median number of days of use in the preceding six months was two
Benzodiazepines	• 45% of sample reported recent use of licit benzodiazepines and 33% reported recent used of illicit benzodiazepines • Swallowing was the most commonly reported recent route of administration • Most commonly used brand was Valium®
Pharmaceutical stimulants	• 1% of sample reported recent use of licit pharmaceutical stimulants and 4% reported recent use of illicit pharmaceutical stimulants
Hallucinogens	• 13% of sample reported recent use of hallucinogens • The most frequently used form was mushrooms
Inhalants	• 9% of the sample reported recent use of inhalants • The most frequently used form was glue
Alcohol and tobacco	• 68% of sample reported recent use of alcohol • Median number of days of use of alcohol in the preceding six months was 20 • 95% of sample reported recent use of tobacco • Median number of days of use of tobacco in the preceding six months was 180

10 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

10.1 Overdose

10.1.1 Heroin

In 2009, 53% of participants reported having overdosed on heroin at least once at some point in their life (50% in 2008). Ninety-one percent of participants who reported ever having overdosed on heroin reported having overdosed one to five times, 6% reported having overdosed between six and 15 times and 3% reported having overdosed 20 times. The median time to last heroin overdose was 65 months (range=2-300 months; 72 months in 2008, and range=2-360 months). Of those who reported ever having overdosed on heroin (n=28), 21% reported having overdosed in the year prior to the interview. No participant reported overdosing on heroin in the preceding month.

Participants in the 2009 survey who reported overdosing in the last 12 months (n=5) were also asked what treatment and information they received. Given the small number of participants responding to these questions, caution should be exercised when interpreting the results. Two of these participants reported that they received no treatment or information the last time they overdosed on heroin. Two participants reported ambulance attendance; one reported they attended a hospital emergency department; and one participant reported that Narcan® was administered.

10.1.2 Other drugs

In 2009, only two participants reported overdosing on a drug other than heroin in the preceding 12 months. Of these, one reported overdosing on benzodiazepines, one reported overdosing on cannabis, and both reported overdosing on alcohol.

10.1.3 Queensland Ambulance Service data

Figure 30 presents the number of overdoses attended by the Queensland Ambulance Service (QAS) where a drug was specified as the primary problem, during the 2008/2009 financial year[1]. During 2008/2009, of the 7,908 overdoses attended by QAS, those involving licit drugs were most common (e.g., alcohol: 43%; antidepressants: 9%; benzodiazepines: 6%). Overdoses where illicit drugs were specified were less common (e.g.. ecstasy: 3%; heroin: 2%, cannabis: 2%, amphetamines: 2%).

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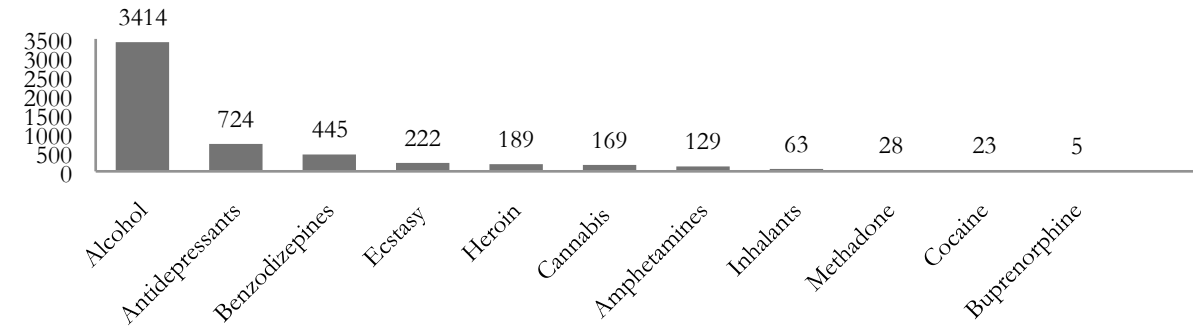
[1] During 2006, QAS modified its data collection methods with the introduction of the Electronic Ambulance Report Form (eARF), allowing collection of information on specific drug types. Prior to 2006, overdose information was only available in the following categories: recreational drug poisoning/overdose and prescription drug poisoning/overdose. Note that these data are conservative for several reasons, and cannot be considered a definitive record of the number of overdoses attended by QAS during the specified time period. QAS data do not include formal diagnoses, as these are not made until the patient has received treatment at the Emergency Department. QAS data and Queensland Health data are not routinely linked. It is possible that QAS attended overdoses that were not assigned an overdose code, and are thus not included in the data shown.

It should be noted that the 'drug type' field is optional – it is not always possible for paramedics to establish the drug type involved. Instances of polydrug overdose are likely to be under-represented in these data, as this information is not always known at the scene of the overdose. Finally, these data relate only to cases where the primary case nature was coded as overdose. Any overdose cases where the overdose was coded as secondary to the primary problem are not included (e.g., cardiac arrest due to drug overdose, trauma, and/or psychiatric cases).

Figure 30: Number of overdoses attended by QAS where a drug was specified as the primary problem, 2008/2009



Source: Queensland Ambulance Service

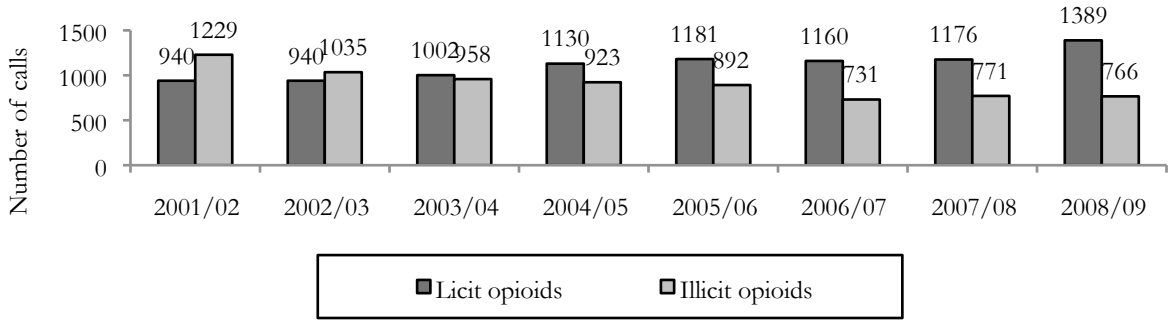
10.2 Calls to telephone help lines

The following data was obtained from the Queensland Alcohol and Drug Information Service (ADIS). It represents the number of calls about each drug from people who had a drug history and were willing to provide information about it.

10.2.1 Opioids

The number of calls made to ADIS regarding licit and illicit opioids from 2001/2002 to 2008/2009 is shown in Figure 31. The majority of calls to ADIS in relation to illicit opioids involved heroin. The licit opioid category includes calls about drug categories such as pharmacotherapies for heroin dependence (methadone, buprenorphine and buprenorphine-naloxone), and pharmaceutical opioid preparations such as morphine and oxycodone, whether licit or illicitly obtained for use. Six percent of all calls to ADIS in 2008/2009 were about illicit opioids (5% in 2007/2008) and 11% were about licit opioids (9% in 2007/2008).

Figure 31: Number of enquiries to ADIS regarding licit and illicit opioids, 2001/2002-2008/2009

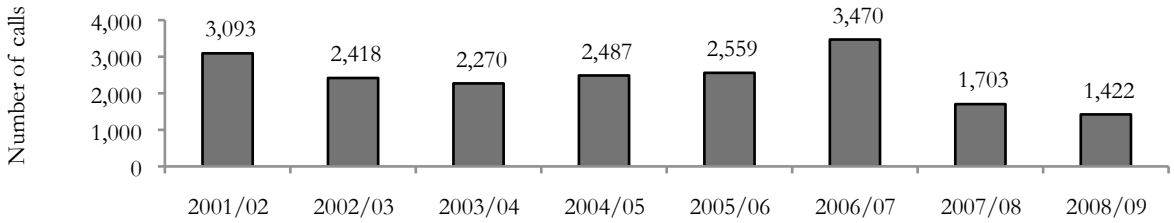


Source: Queensland Alcohol and Drug Information Service

10.2.2 Methamphetamine

Figure 32 shows the number of telephone enquiries made to ADIS in relation to amphetamines from 2001/2002 to 2008/2009. During 2006/2007, the number of enquiries pertaining to amphetamines reached a peak of 3,470 calls and then decreased to 1,703 during 2007/2008. Twelve percent of all calls to ADIS in 2008/2009 were about amphetamines (13% in 2007/2008).

Figure 32: Number of enquiries to ADIS regarding amphetamines, including methamphetamine, 2001/2002-2008/2009

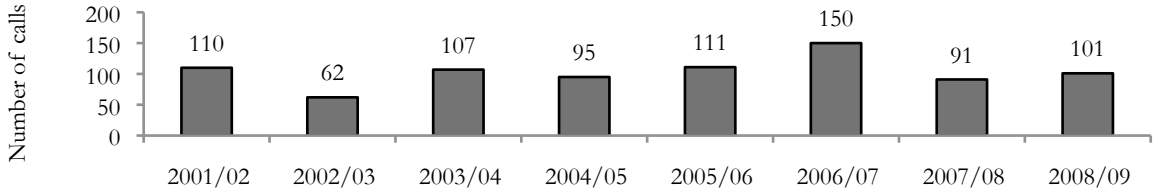


Source: Queensland Alcohol and Drug Information Service

10.2.3 Cocaine

Figure 33 shows the number of cocaine-related enquiries made to ADIS from 2001/2002 to 2008/2009. One percent of all calls to ADIS were in 2008/2009 were about cocaine (<1% in 2007/2008).

Figure 33: Number of enquiries to ADIS regarding cocaine, 2001/2002-2008/2009

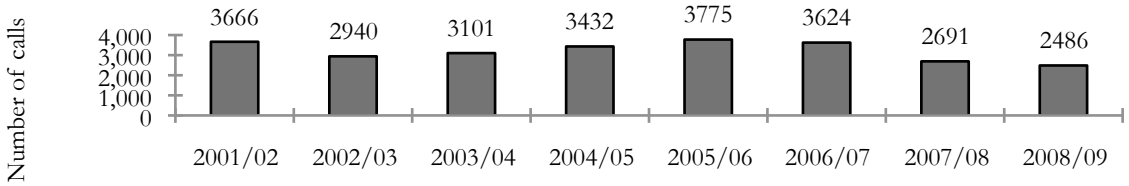


Source: Queensland Alcohol and Drug Information Service

10.2.4 Cannabis

The number and proportion of enquiries made to ADIS in relations to cannabis from 2001/2002 to 2008/2009 is shown in Figure 34. Twenty percent of all calls to ADIS in 2008/2009 were about cannabis (21% in 2007/2008).

Figure 34: Number of enquiries to ADIS regarding cannabis, 2001/2002-2008/2009



Source: Queensland Alcohol and Drug Information Service

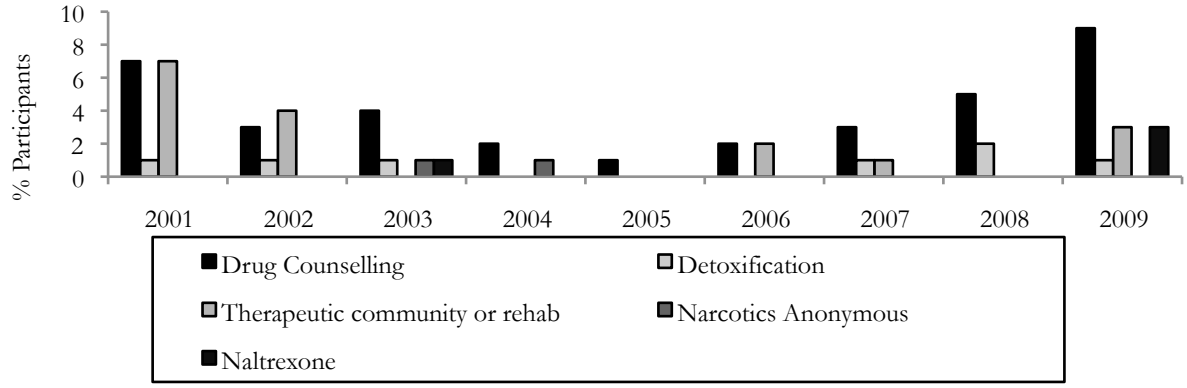
10.3 Drug treatment

10.3.1 Participants reports of treatment

In 2009, participants were asked to report both on the main type of drug treatment they were currently receiving and all forms of treatment they had received in the preceding six months. Sixty-one percent of participants (n=49) reported that at the time of interview they were not in

any drug treatment and 58% of participants (n=46) reported that they had not been in any form of treatment in the preceding six months. Sixteen percent of those reporting current drug treatment (n=13) reported that their main treatment was Suboxone® (buprenorphine-naloxone) whilst 8% (n=6) named Subutex® (buprenorphine); 9% (n=7) said they were being treated primarily with methadone/biodone syrup; and 5% (n=4) named drug counselling. Among those currently in drug treatment, the median number of months engaged in treatment was six (with a range of one week to 10 years). The proportion of participants reporting treatments other than pharmacotherapy in the preceding six months is shown in Figure 35.

Figure 35: Proportion of participants reporting treatments other than pharmacotherapy in past six months, 2001-2009



Source: QLD IDRS IDU interviews 2001-2009

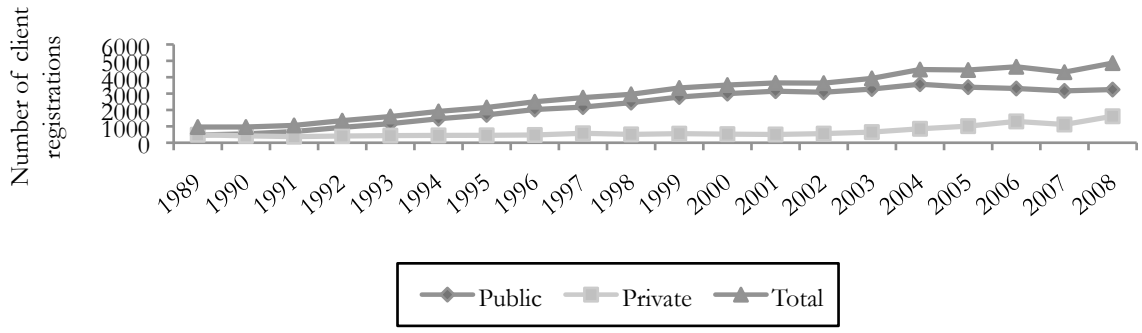
10.3.2 Estimated number of pharmacotherapy clients

Figure 36 illustrates the estimated number of pharmacotherapy clients for all pharmacotherapy types in Queensland, from 1989 to 2008. In 2008 there were 4,899 clients were registered for opioid pharmacotherapy. Of these, 56% were receiving methadone syrup or Biodone Forte®, and 44% were receiving buprenorphine (Subutex®) or buprenorphine-naloxone (Suboxone®), which were similar to reported proportions in 2007 (61% and 39%, respectively).

During 2008, 66% of Queensland clients were registered with public prescribers, compared to 27% nationally and 33% were registered with private prescribers, compared to 65% nationally. Less than 1% of registrations were in correctional facilities, compared to 7% nationally. The low rate of opioid pharmacotherapy in Queensland correctional settings remains a considerable concern considering a significant proportion of both male and female prisoners have a history of illicit drug use (Butler & Milner, 2003; Johnson, 2004; Makkai & Payne, 2003).

In Queensland, the number of registered prescribers was 111 in 2008 (99 in 2007). Most prescribers in 2008 (96%) were authorised to prescribe multiple pharmacotherapy drugs, for instance, methadone, buprenorphine and buprenorphine-naloxone. The estimated number of pharmacotherapy clients in Queensland in 2008 comprised approximately 12% of the total number of all opioid pharmacotherapy registrations in Australia, with the bulk of clients registered in New South Wales (42%) and Victoria (29%).

Figure 36: Estimated number of pharmacotherapy clients for all opioid pharmacotherapy types in Queensland, 1989-2008



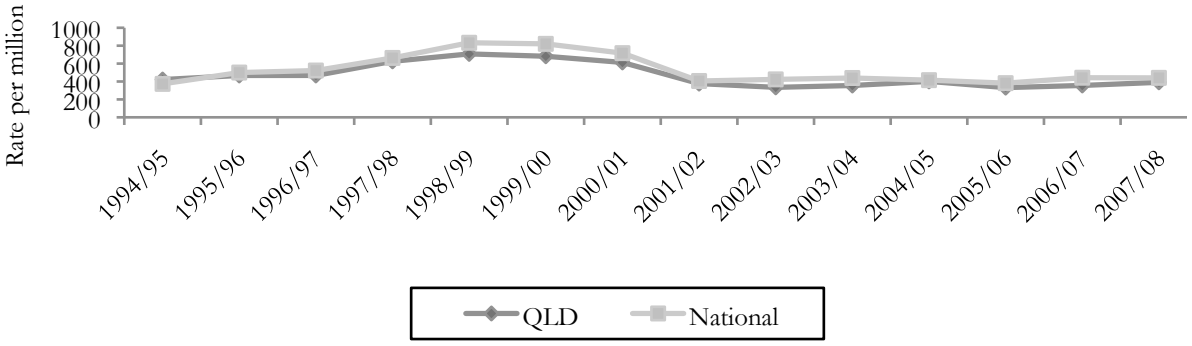
Source: AIHW analysis of 2008 NOPSAD collection, 2009
Note: Does not include clients that received a take-away dose on the 'snapshot' collection date

10.4 Hospital admissions

10.4.1 Opioids

Figure 37 shows the rate of hospital admissions per million persons aged 15 to 54 years, where opioids were the primary diagnosis from 1994/1995 to 2007/2008 (both in Queensland and nationally). In 1998/1999, the rate peaked in Queensland at 708 per million persons before dropping markedly over the following four years to a rate of 334 per million persons during 2002/2003. In 2007/2008, the rate in Queensland was 390 per million and nationally it was 440 per million.

Figure 37: Rate per million of inpatient hospital admissions where opioids were the principal diagnosis per million persons aged 15-54 years, Queensland and nationally, 1994/1995-2007/2008

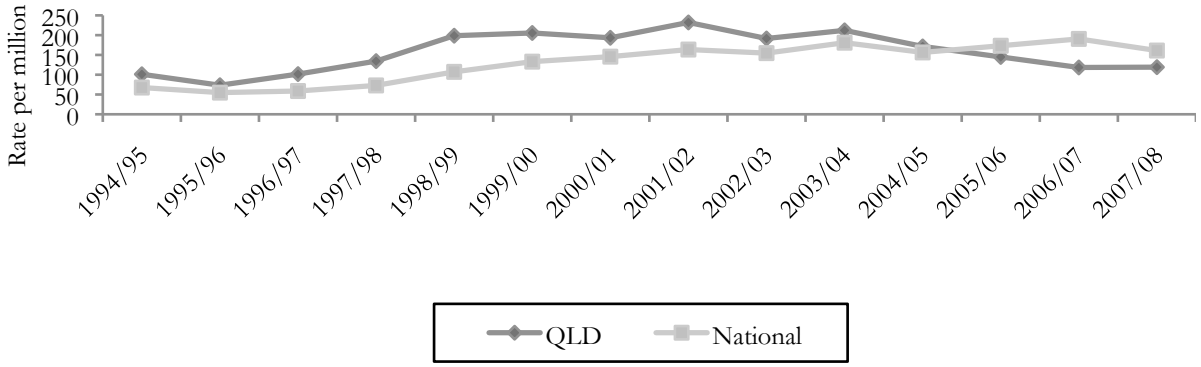


Source: National Hospital Morbidity Database; Roxburgh & Burns (in press)

10.4.2 Methamphetamine

Figure 38 shows the rate of hospital admissions per million persons aged 15 to 54 years, where amphetamines were the principal diagnosis, from 1994/1995 to 2007/2008 (both in Queensland and nationally). In 2001/2002, the rate peaked in Queensland at 232 per million persons, before decreasing to a rate of 119 per million persons during 2007/2008.

Figure 38: Rate of inpatient hospital admissions where amphetamines were the principal diagnosis per million persons aged 15-54 years, Queensland and nationally, 1994/1995-2007/2008

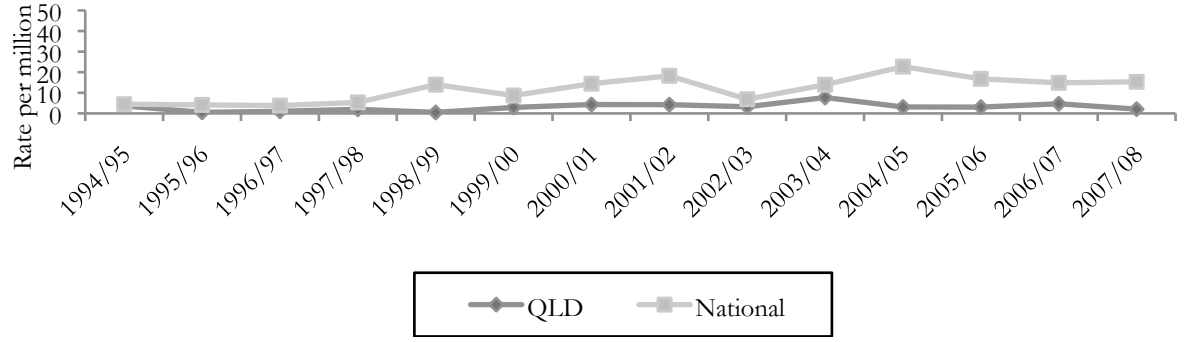


Source: National Hospital Morbidity Database; Roxburgh & Burns (in press)

10.4.3 Cocaine

Figure 39 illustrates the rate of hospital admissions per million persons aged 15 to 54 years, where cocaine was the principal diagnosis, from 1994/1995 to 2007/2008 (both in Queensland and nationally). Across Queensland the rate has remained relatively low, peaking at seven per million persons in 2003/2004. In 2007/2008, the rate in Queensland was two per million and nationally it was 15 per million.

Figure 39: Rate of inpatient hospital admissions where cocaine was the principal diagnosis per million persons aged 15-54 years, Queensland and nationally, 1994/1995-2007/2008

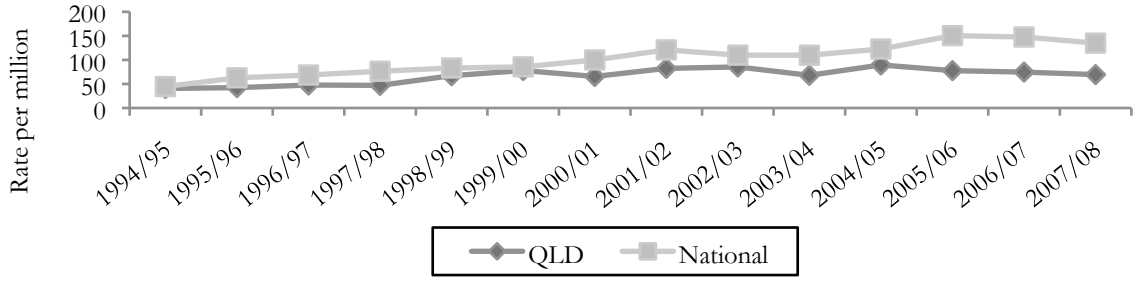


Source: National Hospital Morbidity Database; Roxburgh & Burns (in press)

10.4.4 Cannabis

Figure 40 illustrates the rate of hospital admissions per million persons aged 15 to 54 years, where cannabis was the principal diagnosis, from 1994/1995 to 2007/2008 (both in Queensland and nationally). In Queensland, the rate peaked in 2004/2005 at 89 per million persons. In 2007/2008, the rate in Queensland was 69 per million and nationally it was 134 per million.

Figure 40: Rate of inpatient hospital admissions where cannabis was the principal diagnosis per million people aged 15-54 years, Queensland and nationally, 1994/1995-2007/2008



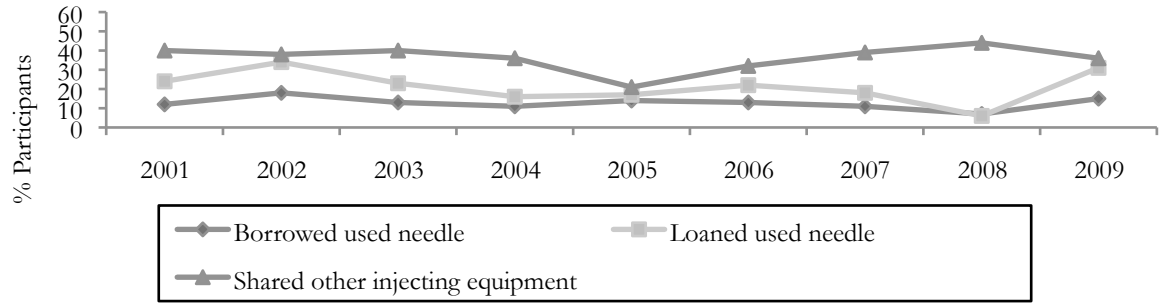
Source: National Hospital Morbidity Database; Roxburgh & Burns (in press)

10.5 Injecting risk behaviours

10.5.1 Sharing of injecting equipment

Figure 41 presents the proportion of participants that reported borrowing used needles, loaning used needles, and sharing other injecting equipment in the month preceding interview. A noticeable change between 2008 and 2009 was the significant increase in the proportion of participants who reported lending a used needle from 6% to 31% (19%; 95% CI of difference; -37, -25). The proportion of participants who reported borrowing a needle was 15% (7% in 2008) and the proportion who reported sharing other injecting equipment was 36% (44% in 2008). Seventy-three percent reported re-using their own needle in the preceding month, a significant increase from 49% in 2008 (24%; 95% CI of difference; -36, -9). Of the people who reported borrowing needles in the previous month (n=12), 67% reported borrowing a needle from a regular sex partner, 22% reported borrowing from a close friend, and 44% said they borrowed from 'other people'. No participant reported borrowing a needle from a casual sex partner in the preceding month. The median number of times they had borrowed a needle in the previous month was two (with a minimum of one time and a maximum of more than 10 times).

Figure 41: Proportion of participants reporting sharing injecting equipment in the month preceding interview, 2001-2009



Source: QLD IDRS IDU interviews, 2001-2009
Note: 'Other injecting equipment' includes spoons or mixing containers, filters, tourniquets, water, and swabs (2009 only)

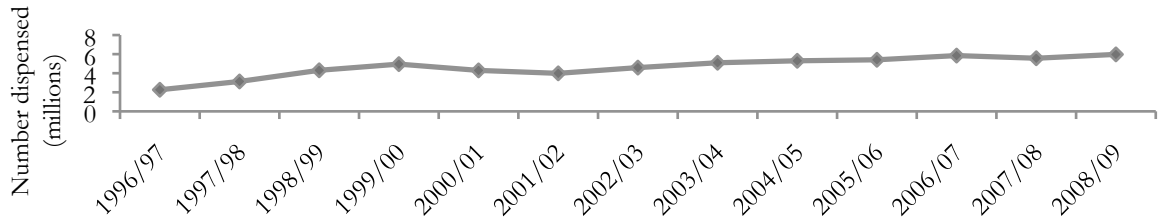
Of those who reported using other injection equipment after someone else in the preceding month (n=29), 72% said they had used spoons or other mixing containers after someone else, 59% reported using filters, 24% reported using tourniquets, 48% reported using water, and 14% said they had used swabs after someone else.

10.5.2 Access to sterile injecting equipment in the preceding six months

The vast majority of IDRS participants in 2009 (95%; 97% in 2008) reported accessing needles from a NSP in the preceding six months. The next most popular place was a pharmacy (30%). Ten percent reported sourcing needles from a friend, and 9% from a dealer. Two people reported accessing needles at a hospital.

Figure 42 illustrates the total number of needles and syringes distributed *to* NSP in Queensland by the Queensland Needle and Syringe Program (QNSP) from 1996/1997 to 2008/2009. In 2008/2009, the number of syringes distributed to NSP across the state was 5,973,560 (5,569,405 in 2007/2008).

Figure 42: Total number of syringes dispensed in Queensland, 1996/1997-2008/2009

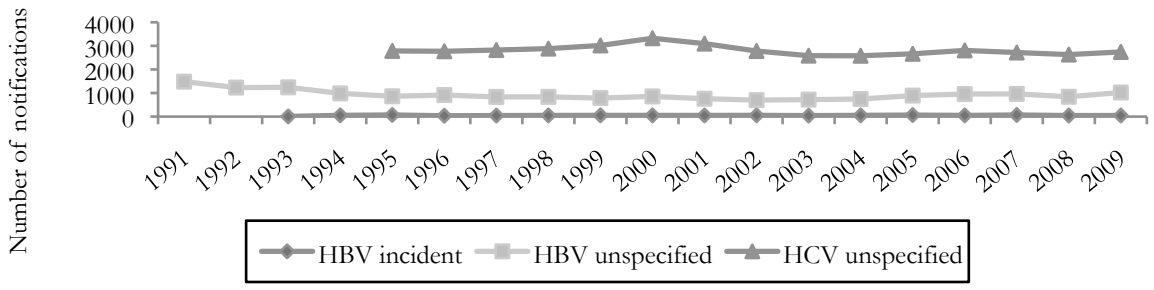


Source: Queensland Needle and Syringe Program

10.5.2 Blood-borne viral infections

Figure 43 presents the total number of notifications for hepatitis B (HBV), incident and unspecified, and hepatitis C (HCV) in Queensland from 1991 to 2009[2]. It should be noted that jurisdictional data aggregates both incident and unspecified HCV notifications. In 2009, the total number of for HBV incident and unspecified notifications were 47 and 1,021 respectively (45 and 841 in 2008). The total number of HCV notifications (incident and unspecified combined) was 2,742 (2,630 in 2008).

Figure 43: Total number of notifications for HBV (incident and unspecified) HCV (unspecified)*, Queensland 1991-2009



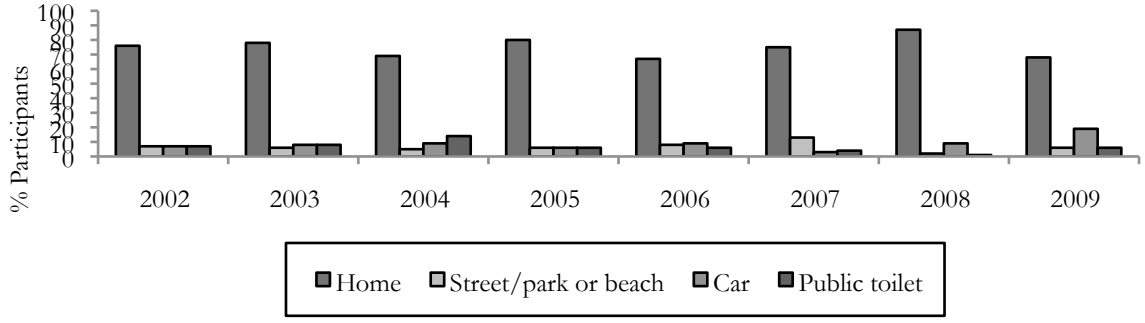
Source: Communicable Diseases Network, Australia: National Notifiable Diseases Surveillance System
Note: Includes all notifications received from State health authorities in the period of 1991 to 2008 and year to date notifications for 2009
* HBV incident includes incident cases from Queensland from 1993 to the present, and HCV unspecified includes incident cases from Queensland from 1995 to present

[2] There are several caveats to the NNDSS data that need to be considered. As no personal identifiers are collected, duplication in reporting may occur if patients move from one jurisdiction to another and are notified in both. In addition, notified cases are likely to represent only a proportion of the total number of cases that occur, and this proportion may vary between viruses, and jurisdictions, over time.

10.5.3 Usual location for injection in the month preceding interview

Figure 44 shows the usual location for injection among IDRS participants in the month preceding interview. Consistent with previous years, the majority of participants nominated a private home (68%) although this was a significant decrease from 87% in 2008 (19%; 95% CI of difference; +7, +31). A car was the next most frequently reported place (19%; 9% in 2008) as their usual location for injection in the month before interview.

Figure 44: Usual location for injection in the month preceding interview, 2002-2009



Source: QLD IDRS IDU interviews, 2002-2009

10.5.3 Self-reported injection-related health problems

Table 26 presents the self-reported injection-related problems among participants in the month preceding interview. A noticeable difference between 2008 and 2009 was the significant increase in the proportion of participants reporting scarring/bruising from 46% to 64% (18%; 95 CI of difference; -31, -3).

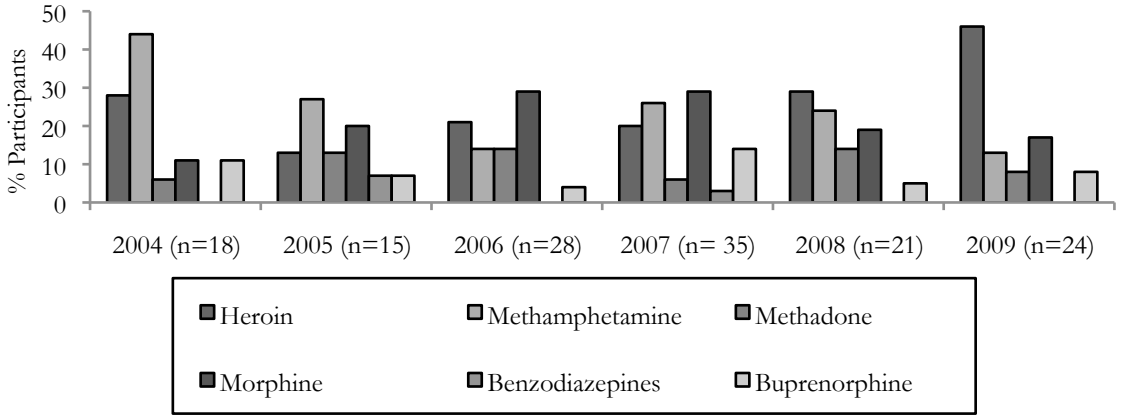
Table 26: Injection-related problems among participants in the preceding month, by problem type, 2002-2009

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

Source: QLD IDRS interviews, 2002-2009
Note: Includes all participants

Figure 45 presents the main drug that participants reported as responsible for a dirty hit (amongst those reporting a dirty hit in the preceding month). Heroin was the most commonly reported drug (46%, n=11), followed by morphine (17%, n=4), and methamphetamine (13%, n=3).

Figure 45: Main drug attributed to a dirty hit in the preceding month, 2004-2009*



Source: QLD IDRS IDU interviews, 2004-2009

* Among participants who reported experiencing a dirty hit in the month before interview

10.6 Physical health problems

10.6.1 Chronic conditions

For the first time in 2009, participants were asked whether they had ever been diagnosed with one or more chronic conditions, the age at which they had first been diagnosed, and whether they had received treatment for their condition/conditions in the preceding 12 months. The results of these questions are shown in Table 27. The conditions that participants most commonly reported having been diagnosed with were back or neck pain (44%, n=35), liver disease (43%, n=34), asthma (29%, n=23), vision problems (29%, n=23), migraine (26%, n=21), skin problems (23%, n=18), and bronchitis (20%, n=16).

The conditions that participants most commonly reported as having received treatment for in the previous 12 months were back or neck pain (n=14, 18% of the overall sample), asthma (n=11, 14% of the overall sample), and migraine (n=9, 11% of the overall sample).

10.6.2 Dental health

For the first time in 2009, participants were asked questions about their dental health. When asked to give the reason for their last visit to the dentist, 48% reported an extraction, 34% reported fillings, 16% said a check-up and, and 15% said for relief of pain (multiple responses were allowed). Seventy-seven percent of participants reported that they did not pay for their last visit to the dentist. The median number of adult teeth that participants reported having lost was four (range=0-31). The median number of times participants had visited a dentist in the preceding 12 months was one (range=0-12) and 69% reported that there had been an occasion during this time when they had needed to visit a dentist but did not.

Table 27: Proportion of participants diagnosed with chronic conditions, median age of diagnosis, and proportion of participants receiving treatment in preceding year, 2009

Condition	% Participants ever diagnosed (N=80)	Median age (years) first diagnosed*^	% Participants receiving treatment in past 12 months*
Asthma	29	12 (1-37)	48 (n=11)
Cancer	8	28 (17-59)	33 (n=2)
Stroke	4	23 (18-39)	0
Other heart/circulatory condition	14	23 (14-43)	60 (n=6)
Gout, rheumatism, or arthritis	4	36 (35-36)	33 (n=1)
Diabetes or high blood sugar levels	0	0	0
Epilepsy	6	13 (3-30)	20 (n=1)
Skin problems	23	18 (2-47)	33 (n=6)
Vision problems	29	20 (8-50)	30 (n=7)
Hearing problems	8	19 (1-40)	17 (n=1)
Diabetes	1	17 (17)	0
High blood pressure	9	25 (14-43)	86 (n=6)
Liver disease	43	25 (16-48)	6 (n=2)
Respiratory disease	6	20 (1-49)	40 (n=2)
Joint/muscular/skeletal	16	27 (15-47)	42 (n=5)
Human papilloma virus	6	24 (16-27)	20 (n=1)
Septicaemia	6	25 (13-36)	20 (n=1)
Cellulitis	8	29 (14-49)	50 (n=3)
Hay fever	16	10 (2-15)	39 (n=5)
Sinus or sinus allergy	13	15 (8-30)	30 (n=3)
Emphysema	5	40 (30-51)	50 (n=2)
Bronchitis	20	16 (1-31)	40 (n=6)
Anaemia	9	19 (7-34)	43 (n=3)
Fluid problems/fluid retention/oedema	3	31 (27-35)	0
Hernias	5	27 (9-45)	0
Kidney problems	5	25 (12-40)	25 (n=1)
Psoriasis	5	27 (6-30)	25 (n=1)
Stomach ulcer/other gastrointestinal ulcer	5	28 (12-32)	25 (n=1)
Thyroid trouble/goiter	3	15 (13-16)	0
Tuberculosis	0	0	0
Back/neck pain or back/neck problems	44	24 (6-47)	42 (n=14)
Migraine	26	19 (5-35)	45 (n=9)

Source: QLD IDRS IDU interviews, 2009

* Of those diagnosed with that particular condition;

^ Age range of first diagnosis presented in brackets

10.7 Mental health problems, psychological distress, and personal wellbeing

10.7.1 Mental health problems and psychological distress

In 2009, 41% of participants (n=33) reported having had a mental health problem other than drug dependence in the six months preceding interview. The most commonly reported problems were depression, anxiety, and manic-depression (64%, 46%, and 18% respectively of the participants who reported having had a mental health problem in the preceding six months) (see Table 28). Fifty-eight percent of those who reported mental health problems said that they had attended a mental health professional in the previous six months (n=19) and of these participants, 64% reported being prescribed anti-depressants, 70% reported benzodiazepines, and 58% reported anti-psychotics.

Table 28: Summary of mental health problems experienced by IDU QLD, 2009

	2009 N=80
Self-reported mental health problem last six months (%)	**41 (n=33)**
Self-reported mental health problems*	
Depression (%)	**64**
Anxiety (%)	**46**
Manic-depression (%)	**18**
Panic (%)	**6**
Paranoia (%)	**12**
Schizophrenia (%)	**9**
Drug-induced psychosis	**12**
Attended mental health professional (%)*	**58**
No medication (%)**	**5**
Prescribed anti-depressant (%)**	**64**
Prescribed anti-psychotic (%)**	**58**
Prescribed benzodiazepine (%)**	**70**

Source: QLD IDRS IDU interviews, 2009

* Of those who reported a mental health problem in the preceding six months

** Of those who attended a mental health professional

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

The minimum score of the sample was 10 (indicating no distress) and the maximum was 49 (indicating very high psychological distress). The mean score of the sample was 26 (SD=9.5, median=25). The 2007 National Drug Strategy Household Survey (NDSHS) (AIHW, 2008) provided the most recent Australian population norms available for the K10, and used four categories to describe degree of distress: scores from 10-15 were considered to be 'low', 16-21 as 'moderate', 22-29 as 'high' and 30-50 as 'very high'.

Table 29 shows K10 scores from the general Australian population in the 2007 NDSHS (AIHW, 2008), and the 2008 and 2009 QLD IDRS interviews. As can be seen, whilst the majority in the

NDSHS scored in the no/low distress category (69%), the majority in the 2009 IDRS sample scored in the moderate to high risk categories (26% and 34% respectively).

Table 29: K10 scores in the NDSHS (2007) and the QLD IDRS interviews, 2008 and 2009

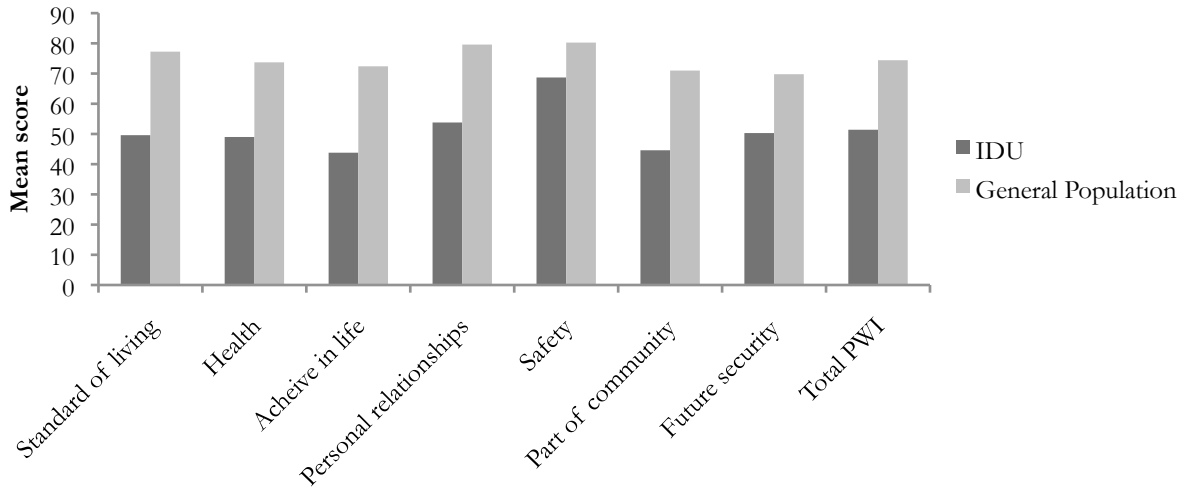
K10 Score	Level of psych. distress	2007 NDSHS (%)	2008 QLD IDRS (%) (N=104)	2009 QLD IDRS (%) (N=80)
10-15	No/low distress	69	24	**13**
16-21	Moderate distress	21	25	**26**
22-29	High distress	8	29	**34**
30-50	Very high distress	2	21	**28**

Source: AIHW, 2008; QLD IDRS IDU interviews, 2008-2009

10.7.2 Personal wellbeing

For the first time in 2009, the Personal Wellbeing Index (PWI) (International Wellbeing Group, 2006) was included in the IDRS survey. Questions asked how satisfied participants were with various aspects of their life. These included: standard of living, health, personal achievement, personal relationships, personal safety, feeling a part of the community, future security, and life as a whole. Participants were asked to respond on a scale of 0-10 (where 0=very unsatisfied and 10=very satisfied). Figure 46 shows the mean IDU sample scores compared to the Australian general population.

Figure 46: Mean IDU sample and Australian general population scores* on the Personal Wellbeing Index



Source: QLD IDRS IDU interviews, 2009; Cummins et al., 2007

* Note: Mean scores have been multiplied by 10, resulting in a maximum possible mean score of 100

10.8 Other risk behaviours

10.8.1 Driving risk behaviours

The proportion of participants who reported driving after alcohol and illicit drugs in the preceding six months is presented in Table 30. Of those participants who had driven in the preceding six months (n=52), 89% reported they had driven under the influence of illicit drugs during that time. Based on these participants' responses (n=46), the drugs most commonly taken before driving were heroin (59%), cannabis (48%), morphine (33%), speed (30%), base (30%), ice (22%), and benzodiazepines (20%). The median number of times participants reported having driven under the influence of illicit drugs was 77. The median number of minutes participants reported having driven after taking illicit drugs was five. Seven participants reported being drug driving tested at some point.

Table 30: Driving after licit and illicit drug use in the preceding six months, 2007-2009

	2007 N=119	2008 N=104	2009 N=80
Driven in the last 6 months (%)	47	57	**65**
Driven under the influence of alcohol* (%)	28	20	**20**
Driven whilst over the legal limit^ (%)	N/A	N/A	**50**
Driven soon after taking an illicit drug* (%)	87	90	**89**
Drugs taken last time participant drug drove** (%)			
Heroin	47	42	**59**
Cannabis	43	30	**48**
Morphine	15	11	**33**
Methadone	7	9	**7**
Speed powder	21	8	**30**
Crystal methamphetamine (ice)	6	8	**22**
Buprenorphine-naloxone	4	6	**7**
Base methamphetamine	9	4	**30**
Buprenorphine	2	4	**11**
Benzodiazepines	9	4	**20**
Cocaine	2	2	**4**
Other opiates	0	2	**0**
Oxycodone	0	2	**11**
Ecstasy	0	0	**4**
LSD	0	0	**0**
Inhalants	0	0	**0**
Impact of illicit drug on driving ability** (%)			
Quite impaired	6	2	**13**
Slightly impaired	21	32	**13**
No impact	57	66	**57**
Slightly improved	13	0	**9**
Quite improved	2	0	**7**
Tested positive on police roadside drug-driving test last 6 months**	n=4	n=0	**n=3**

Source: QLD IDRS IDU interviews, 2007-2009

*Among those who had driven a vehicle in the six months preceding interview

^ Among those who had driven under the influence in the six months preceding interview (first asked in 2009)

**Among those who had driven soon after taking a drug in six months preceding interview

10.8.2 Gambling

For the first time in 2009, participants were asked about their gambling behaviours. Thirty-nine percent of participants reported that they had gambled in the 30 days preceding interview. In terms of the usual forms of gambling these participants (n=31) engaged in, 77% said poker machines, 19% said horse or dog racing, and 16% said casinos (multiple responses were allowed). The median number of days these participants reported gambling in the preceding 30 days was three (range=1-28). Thirty-nine percent reported that they had gambled their usual amount in the preceding 30 days, 29% said it was more than usual, and 32% said it was less than usual. The median amount spent by these participants on the last occasion they gambled was $40 (with a range of $2 to $6,000).

Thirty-two percent of participants who had gambled in the preceding 30 days said they had been under the influence of alcohol the last time they gambled (n=10), and 90% of these participants said that they continued to drink while they were gambling. Seventy-one percent of participants who had gambled in the preceding 30 days said that they had been under the influence of illicit drugs the last time they gambled (n=22). Amongst these participants, the drugs they most commonly reported having taken were heroin (32%), cannabis (18%), base (14%), ice (14%), and morphine (14%).

Participants who reported gambling on four or more days in the last month (n=12) were also asked to respond to the Problem Gambling Severity Index (PGSI) (Ferris & Wynne, 2001). This measure is made up of nine items and participants answer on a five-point Likert scale (where 1=never and 5=always). Total PGSI scores were calculated and based on these scores; four participants fell into the 'recreational' gambling category, five fell into the 'low risk' gambling category, and three fell into the 'moderate risk' gambling category.

11.8.3 Aggression

The 2009 IDRS included the Buss-Perry Aggression Questionnaire (Short Form, BPAQ-SF). This 12-item questionnaire provides a valid and reliable measure of 'dispositional aggression' which correlates well with the original 29-item Buss-Perry Aggression Questionnaire (Bryant and Smith 2001; Buss & Perry, 1992). Participants responded by stating to what extent each item was 'characteristic' of them on a six-point Likert scale (where 1=extremely uncharacteristic and 6=extremely characteristic). Each item falls onto one of four sub-scales: physical aggression, verbal aggression, hostility, and anger (i.e., each subscale is comprised of three items, has a minimum possible score of three and a maximum possible score of 18).

The majority of participants (98%) responded to all items on the BAPQ-SF. The mean scores on the physical aggression, verbal aggression, hostility, and anger subscales were: 9.87 (SD=4.81), 9.99 (SD=3.62), 10.04 (SD=3.86), and 9.35 (SD=4.33) respectively. The proportion of participants who endorsed *one or more of the three items* on each sub-scale as being at all 'characteristic' of them were 67% for physical aggression, 76% for verbal aggression, 73% for hostility, and 61% for anger. The proportion of participants who endorsed *all three items* on each subscale as being at all 'characteristic' of them were 23% for physical aggression, 18% for verbal aggression, 20% for hostility, and 18% for anger.

Thirty percent of participants reported that they would have answered questions on the BAPQ-SF differently had they been under the influence of a drug. When asked what drug they were thinking of 52% of these participants said methamphetamine, 22% said heroin, 17% said alcohol, and 4% said cannabis.

11.9 Summary of health-related trends

Table 31 presents a summary of health-related trends.

Table 31: Summary health-related trends associated with drug use, QLD, 2008-2009

Overdose and drug-related harms	• 53% of participants reported overdosing on heroin at least once during their lifetime • 18% of these participants reported overdosing in the preceding year • Two participants reported overdosing on a drug other than heroin in the preceding year
Injecting risk behaviours	**Sharing injecting equipment** • 31% of sample reported lending a used needle in the preceding month, a significant increase from 6% in 2008 • 73% of sample reported re-using their own needle in the preceding month, a significant increase from 49% in 2008 • 36% of sample reported using other injecting equipment (e.g., spoons, mixing containers) after someone else in the preceding month **Location of injections** • 68% nominated a private home as the usual location for injection in the preceding month, a significant decrease from 87% in 2008 **Injection-related problems** • 64% reported scarring/bruising in the preceding month, an increase from 46% in 2008 • The drug most commonly reported as being responsible for a dirty hit was heroin
Physical health problems	**Chronic conditions** • The most commonly reported conditions were back/neck pain, liver disease, asthma, vision problems, skin problems, migraine and bronchitis. **Dental health** • The most commonly reported reasons for the visit to the dentist were extractions and fillings
Mental health problems, psychological distress, and personal wellbeing	• 41% reported a mental health problem in the preceding six months, most commonly depression and anxiety • Of those reporting a mental health problem, 42% had not attended a mental health professional • The majority of the IDU sample scored in the 'high' to 'very high' ranges of distress on the Kessler 10 scale • On average, the IDU sample were less satisfied with all aspects of personal wellbeing assessed on the PWI than the general Australian population
Other risk behaviours	• 89% of sample who had driven in the preceding six months had driven under the influence of an illicit drug • 39% of sample had gambled in the preceding 30 days • 15% had gambled on four or more days in the preceding month

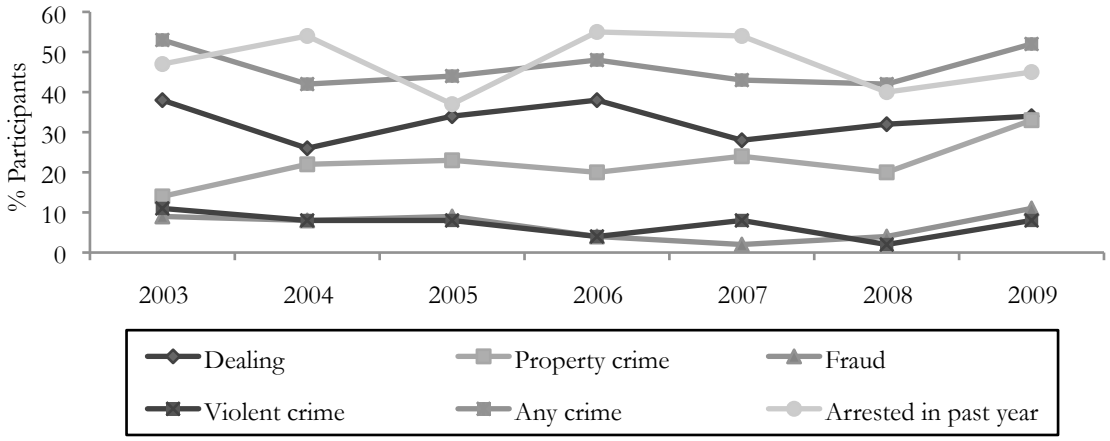
11 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

11.1 Reports of criminal activity among participants

Forty-five percent of participants (n=36) reported being arrested in the 12 months preceding interview (40% in 2008) (see Figure 47). When asked what they had been arrested for (multiple responses were allowed), 42% of these participants said property crime, 36% said use/possession of drugs, 25% said violent crime, 14% said a driving offence, 8% said dealing/trafficking, 8% said fraud, 8% said use/possession of weapons, 8% said breach of an apprehended violence order (AVO), 6% said drugs and driving, 3% said alcohol and driving, and 40% stated another offence. Among these other offences were breach of a domestic violence protection order (DVO), talking on the phone whilst driving, child neglect, and wilful damage of a police vehicle.

Participants were also asked to report on the types of crime they had been *involved in* during the month preceding interview (see Figure 47). The most commonly reported types of crime were dealing and property crime (34% and 33% of participants respectively).

Figure 47: Criminal activity in the month preceding interview and past year arrest among participants, 2003-2009



Source: QLD IDRS IDU interviews, 2003-2009

11.2 Arrests

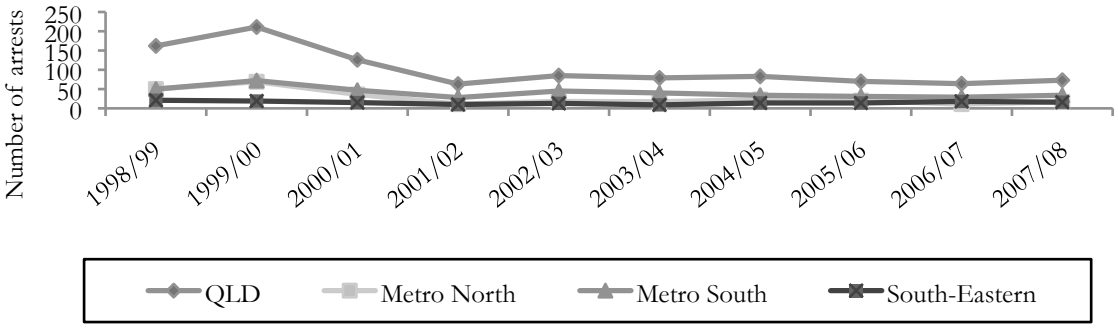
At the time of publication, QPS arrest data for the 2008/2009 financial year was not available. As such, the following section presents the same data that was reported in the 2008 Queensland IDRS Report.

11.2.1 Heroin

Figure 48 presents the number of heroin possession/use arrests made by QPS during each financial year from 1998/1999 to 2007/2008. In addition to the total number of arrests for Queensland, Figure 48 also shows the number of arrests made in each of the three areas from where IDRS participants are sampled each year. During the 1999/2000 financial year, the total number of arrests increased to 211, before falling to less than a third of this number (n=63) during the 2001/2002 heroin shortage. Since 2002/2003, the number of heroin use/possession arrests in Queensland has remained relatively stable. During the 2007/2008 financial year, QPS

made 73 arrests pertaining to heroin use/possession across the state. Of these, the majority (47%) occurred in the metropolitan-south region, whilst almost one-quarter occurred in the south-eastern region (23%) and the metropolitan-north region (22%), respectively.

Figure 48: Number of heroin possession/use arrests by geographic area 1998/1999-2007/2008

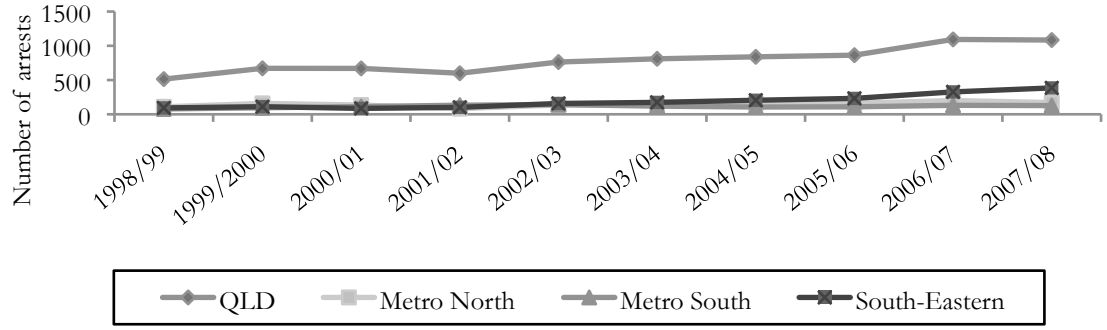


Source: Queensland Police Service
Note: Changes in the number of arrests may be indicative of changes in police activity, an increase in possession/use, or a combination of both

11.2.2 Methamphetamine

The number of ATS arrests made in Queensland by QPS, from 1999/1999 to 2007/2008, is shown in Figure 49. There has been a substantial increase in the total number of ATS-related arrests across Queensland, from 599 during 2001/2002 to 1,084 arrests during the 2007/2008 financial year. Compared to other regions, there was a noticeable increase in the number of arrests pertaining to ATS use/possession in the south-eastern region of Queensland, from 101 arrests during 2001/2002 to 385 during 2007/2008. However, there are two reasons why the apparent increase in ATS arrests in Queensland is difficult to interpret: (i) QPS include amphetamine, methamphetamine, and phenethylamines (MDMA/ecstasy) in the ATS category, and (ii) increased ATS arrests may reflect greater production, distribution and use of this drug class, and/or may be indicative of increased operational activity focused on ATS use, manufacture, and supply.

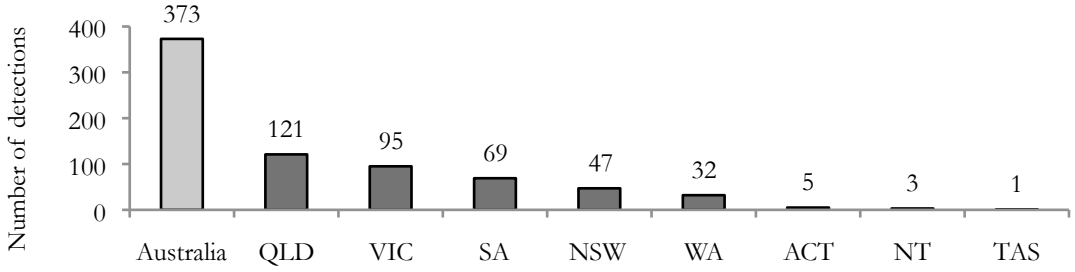
Figure 49: Number of ATS possession/use arrests by geographic area, 1998/1999-2007/2008



Source: Queensland Police Service
Note: ATS includes amphetamine, methamphetamine and phenethylamines (e.g., MDMA)

As in previous years, law enforcement KE in 2008 continued to note that methamphetamine production in Queensland is typified by a large number of small-yield, clandestine 'box' laboratories. However, following the introduction of Project Stop across Queensland in recent years – an initiative targeted to reducing the supply of pseudoephedrine from pharmacies – KE noted that there has been a shift toward greater importation of precursor chemicals from overseas by organised crime groups, indicating a potential move away from small 'box' laboratories to 'superlabs' across the State. During 2007/2008, the number of clandestine laboratories detected in Queensland remained higher than in any other Australian state, and comprised almost a third (32%) of all laboratories detected nationally (Figure 50).

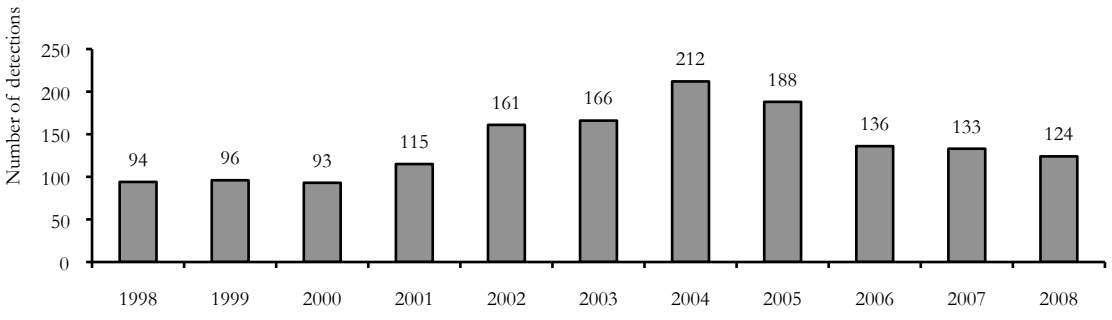
Figure 50: Number of clandestine laboratories detected in Australia, Queensland, and other states, 2007/2008



Source: Queensland Police Service

The number of clandestine laboratories detected in Queensland by QPS, from 1998 to 2008, is shown in Figure 51. Until 2005, there was a gradual increase in the number of laboratories detected each year in Queensland, reaching a peak of 212 in 2004. Since this time, however, the number of detections across the state has fallen, from 136 labs in 2006 to 133 labs in 2007. During 2008, the number of laboratory detections reduced again; QPS seized 124 clandestine laboratories, with the majority of those detected producing methamphetamine.

Figure 51: Number of clandestine laboratories detected by QLD Police, 1998-2008



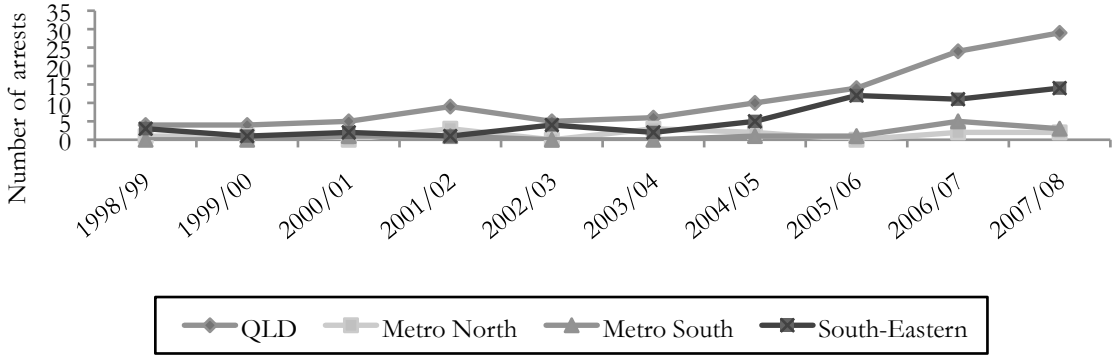
Source: Queensland Police Service

11.2.3 Cocaine

Figure 52 presents the number of QPS arrests for cocaine use/possession in Queensland, by geographic area, from 1998/1999 to 2007/2008. While the prevalence of recent cocaine use has remained consistently low among Queensland IDRS participants, the number of cocaine-related

arrests has increased gradually in recent years. During the 1990/2000 financial year QPS made four arrests pertaining to cocaine use/possession, compared to 14 arrests in 2005/2006 and 24 arrests in 2006/2007. During 2007/2008, the number of cocaine use/possession arrests increased to a total of 29 across the state, with almost half (48%) of these arrests occurring in the south-eastern region of Queensland. While the increase in cocaine-related arrests may reflect a shift in QPS operations, it is also possible that the Queensland cocaine market is continuing to grow in size.

Figure 52: Number of cocaine possession/use arrests by geographic area, 1998/19998-2007/2008

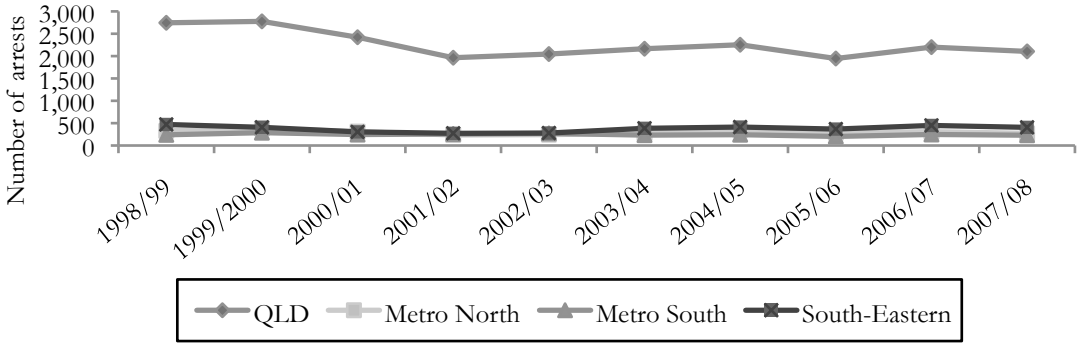


Source: Queensland Police Service

11.2.4 Cannabis

The number of arrests for cannabis use/possession in Queensland, from 1998/1999 to 2007/2008, is shown in Figure 53. In 2001/2002, the number of arrests for the state dropped to 1,964, before increasing progressively to a peak of 2,254 arrests during the 2004/2005 financial year. There were 2,201 arrests related to cannabis use/possession in Queensland during 2006/2007, which fell to 2,105 during 2007/2008. Given that these data are inclusive of cases where arrestees were processed through the cannabis diversion program, recent arrest data do not necessarily reflect shifts in the prevalence of cannabis use or its distribution in Queensland.

Figure 53: Number of cannabis possession/use arrests by geographic area, 1998/1999-2007/2008

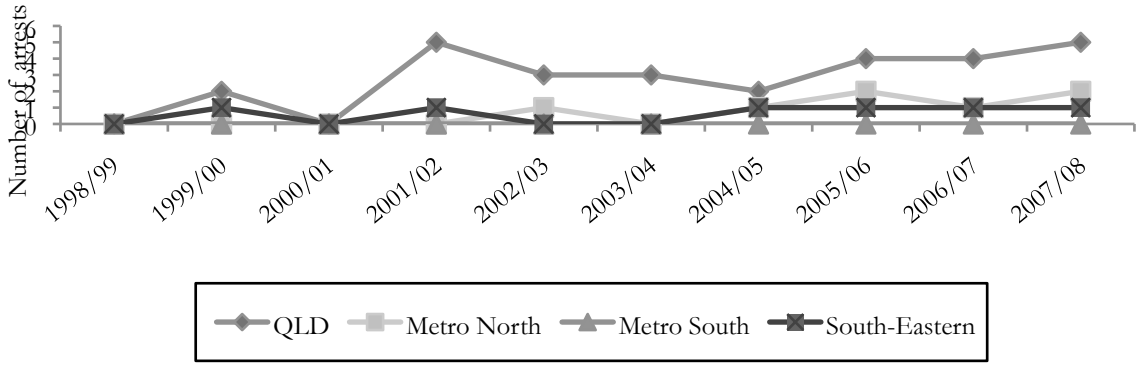


Source: Queensland Police Service
Note: Changes in the number of arrests may be indicative of changes in police activity, or an increase in possession/use, or a reflection of both

11.2.5 Other opioids

Figure 54 illustrates the number of other opioid possession/use arrests by geographic area, from 1998/1999 to 2007/2008. Consistent with previous years, the number of 'other opioid' arrests across the state remained low during 2007/2008, with only five arrests occurring across Queensland during the last financial year.

Figure 54: Number of other opioid possession/use arrests by geographic area, 1999/1999-2007/2008



Source: Queensland Police Service

11.3 Expenditure on illicit drugs

Figure 55 shows the mean amount of money that Queensland IDRS participants reported spending on illicit drugs on the day immediately prior to interview (range=$5-$300 in 2009). Of the participants who reported purchasing drugs on the day before interview (n=52), 10% said they spent less than $20, 19% reported spending between $20 and $49, 17% between $49 and $99, 37% between $100 and $199, and 27% between $199 and $300.

Figure 55: Mean amount of money spent by participants on illicit drugs on the day preceding interview*, 2001-2009

Source: QLD IDRS IDU interviews, 2001-2009

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

11.4 Summary

Table 32 presents a summary of law enforcement trends associated with drug use.

Table 32: Summary of law enforcement trends associated with drug use, 2009

Reports of criminal activity among participants	• 45% of participants reported being arrested in the preceding 12 months • property crime and use/possession of drugs were the most frequently reported reasons for arrests
Arrests	• at the time of publication, QPS arrest data for the 2008/2009 financial year was not available • the relevant section presents the same data reported in the 2008 Queensland IDRS report
Expenditure	• the average amount of money spent on illicit drugs on the day preceding interview was $108

12 IMPLICATIONS

Patterns in the use, price, purity, and availability of heroin largely remained stable between 2008 and 2009 in Queensland. In 2009, 75% of participants reporting having used the drug in the six months preceding interview (74% in 2008). The median price of a cap was stable between the two years at $50, as was the price of a gram at $400. The majority of participants who responded in 2008 and 2009 (73% and 59% respectively) reported that they perceived heroin availability to have been 'stable' in the six months preceding interview, and the majority in both years reported that the current purity of heroin was 'medium' or 'low' (25% and 49% in 2008, and 22% and 43% in 2009 respectively). In spite of this apparent stability in the heroin market, in 2009 a significantly greater proportion of the sample (25%) reported daily use of heroin in the six months preceding interview (5% in 2008). It is difficult to interpret why this might be, however, particularly in light of the fact that the proportion of overlap in the IDU sample between two consecutive years cannot be held constant.

Patterns in the use, price, and availability of methamphetamines also remained relatively stable between 2008 and 2009. The proportions of participants reporting use of speed, base, and ice in the six months preceding interview in 2009 were 47%, 41%, and 47% respectively (35%, 34%, and 40% in 2008). While at face value this may appear to indicate an increase in the proportions of participants using these methamphetamines, note that the differences in percentages between 2008 and 2009 were not statistically significant. The median reported prices of speed, base and ice remained stable at $50 for a point of each and $200 for a gram (with the exception of ice, which increased from $275 in 2008 to $350 in 2009). Reports of availability also appeared to appear stable between the two years. In 2009, the majority of participants reported the current purity of speed to be 'low' or 'fluctuating', and the purity of base and ice to be 'medium' or 'high'.

In terms of the injecting risk behaviours associated with injecting drug use, of some concern are the proportions of the 2009 IDU sample who reported lending a used needle (31%), reusing their own needles (73%), and using other injecting equipment after someone else (36%) in the month preceding interview. Additionally, in terms of other risk behaviours, it is concerning that 89% of the sample in 2009 that had driven in the six months preceding interview had driven under the influence of an illicit drug at some point during that time (90% in 2008). Heroin was most commonly reported as one of the drugs taken the last time the participant drove under the influence of illicit drugs and the median length of time participants reported having driven after taking illicit drugs was five minutes. Increasing awareness of the risks associated both with sharing injecting equipment and driving under the influence of illicit drugs is important because of the harms associated with these practices.

Finally, over one-third of participants (41%) in 2009 reported mental-health problems other than drug dependence in the six months preceding interview, the most common being depression and anxiety. Only 58% of these participants, however, reported attending a mental health professional during this time. In addition to this, the majority of participants scored in the 'high' to 'very high' ranges of distress on the Kessler 10 scale, and on average, the IDU sample were less satisfied with all aspects of personal wellbeing assessed on the PWI than the general Australia population. Given these statistics, it might be beneficial to increase awareness amongst the IDU population that under the Australian Government's Better Access to Mental Health Care initiative, eligible people can generally receive 12 subsidised sessions per calendar year with a registered psychologist when referred by a general practitioner or other appropriate medical practitioner (Australian Psychological Society, 2010).

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