Queensland

Fairlie McIlwraith and Rosa Alati

QUEENSLAND DRUG TRENDS 2014
Findings from the
Illicit Drug Reporting System (IDRS)

Australian Drug Trends Series No. 135

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

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACBPS	Australian Customs and Border Protection Service
AGDH&A	Australian Government Department of Health and Ageing
ADIS	Alcohol and Drug Information Service
AFP	Australian Federal Police
AIHW	Australian Institute of Health and Welfare
ANSP	Australian Needle and Syringe Program
AOD	Alcohol and other drug(s)
ATODS	Alcohol Tobacco and Other Drug Services
ATS	Amphetamine-type stimulant
AUDIT-C	Alcohol Use Disorders Identification Test–Consumption
CPR	Cardio pulmonary resuscitation
DSM-IV	Diagnostic and Statistical Manual of Mental Disorders IV
DUMA	Drug Use Monitoring in Australia
EDRS	Ecstasy and related Drugs Reporting System
FTND	Fagerstrom Test for Nicotine Dependence
GP	General practitioner
HCV	Hepatitis C virus
IDRS	Illicit Drug Reporting System
IRID	Injection-related injuries and diseases
K10	Kessler Psychological Distress Scale
LSD	Lysergic acid diethylamide
MDMA	3,4-methylenedioxymethylamphetamine (‘ecstasy’)
NCIS	National Coronial Information System
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NSP	Needle and Syringe Program(s)
PWID	People who inject drugs
OST	Opioid substitution treatment
OTC	Over the counter
QAS	Queensland Ambulance Service
QNSP	Queensland Needle and Syringe Program
QPS	Queensland Police Service
QuIHN	Queensland Injectors’ Health Network

SCID	Structural Clinical Interview for DSM disorders
SD	Standard deviation
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences

GLOSSARY OF TERMS

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

Guide to days of use/injection in preceding six months

180 days	Daily
90 days	Every second day
24 days	Weekly
12 days	Fortnightly
6 days	Monthly

EXECUTIVE SUMMARY

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

Demographic characteristics of participants

One hundred people who regularly inject drugs (PWID) participated in the 2014 IDRS survey in South-East Queensland. The mean age of participants was 42 years, 68% were male, 84% were unemployed, 39% had a trade/technical qualification, 11% had a university/college qualification, 45% were currently involved in some sort of drug treatment, and 64% had a prison history.

Many of the participants have long injecting histories (median period 19 years), with initial injection occurring at a mean age of 19 years, mostly with methamphetamines (59%) or heroin (36%).

Consumption pattern results

Current drug use

Heroin was the drug of choice for three in five participants. The drug most often injected in the preceding month was most likely to be heroin (44%), crystal/ice (22%), or morphine (11%); and this pattern was largely replicated for drug last injected. Thirty-seven per cent of participants injected at least once a day.

Heroin

Two-thirds of participants (66%) had recently used heroin. Median use was 48 of 180 days, and 11% of participants used daily. Heroin was the drug most recently injected for 42%. Use of homebake continued to be rare.

Methamphetamine

Seventy-two per cent of participants reported use of methamphetamines in the previous six months. Crystal/ice was the most commonly used form (50%), followed by speed powder (16%), base (5%), and liquid amphetamine (1%). Methamphetamine (any form) was the drug of choice for 24% of participants, and 29% reported it was the drug most often injected. Median use of any methamphetamine was 11 days.

Cocaine

Although three-quarters of participants (75%) reported using cocaine in their lifetime, only 9% used it in the previous six months. Recent use was infrequent.

Cannabis

Nearly all participants had used cannabis in their lifetime, with 70% reporting use in the previous six months. About one-quarter (26%) used cannabis daily. Use of synthetic cannabis was rare (3%).

Other opioids

Licit use of methadone in the previous six months was reported by 26% and illicit use (i.e. not prescribed) by 15%. Buprenorphine (Subutex) was recently used licitly by 12% and illicitly by 19%. Recent licit use of buprenorphine-naloxone (Suboxone) was 3% (tablets) and 17% (film), with illicit use 5% tablets and 16% film. Just over half of those who used illicit buprenorphine-naloxone film reported injection, and 18% who used film licitly reported injection.

About one-third (32%) reported recent illicit morphine use, and 38% reported recent illicit oxycodone use. Injection was the most likely route of administration for both of these drugs.

Fentanyl use in the previous six months significantly increased from 12% in 2013 to 25%, with nearly all injecting.

There was also a significant increase in recent use of over-the-counter codeine for non-medicinal purposes from 9% in 2013 to 27%. Recent use of other opiates (e.g. Panadeine Forte) significantly increased from 8% in 2013 to 24%.

Other drugs

Only a small proportion of participants (5%) had used ecstasy in the previous six months. Recent use of hallucinogens was also low (3%).

Two-thirds of participants (67%) had used benzodiazepines (licit and/or illicit) in the preceding six months. Recent illicit use of alprazolam was 25%, and 28% for other benzodiazepines.

Recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was low with 4% licit and 3% illicit. Inhalant use also remained low, with 2% reporting recent use.

Over a third of participants (37%) reported abstinence from alcohol use in the preceding six months, while most participants reported recent tobacco use (91%).

Drug market: Price, purity, availability and purchasing patterns

Heroin

The heroin market continued to be stable ($400 per gram, $100 per quarter gram, and $50 per cap). Purity was mostly reported as low or medium, with nearly half rating purity as stable. Availability was considered to be very easy (57%) or easy (33%), with 54% making their most recent purchase from a known dealer. An agreed public location was the most common purchase place.

Methamphetamine

The median price per point of crystal/ice and base was $100, and powder/speed was $65. Purity of crystal/ice was reported as high by two in five participants. Purity of powder/speed was most commonly rated as medium, and base ratings were mixed. All forms of methamphetamine were reported to be readily available.

Cocaine

The three reports on the cocaine market indicated that cocaine was readily available, with access stable.

Cannabis

Price was mostly reported as stable for both hydro and bush: a quarter ounce of hydro was $90 and bush was $70. Potency was generally rated as medium or high for both hydro and bush. Hydro was readily available, but there was less agreement about the availability of bush. For both hydro and bush, the most common source person was a friend or known dealer, and the place of purchase was generally a home environment.

Methadone

The median price of illicit methadone was stable at $1 per millilitre, and illicit methadone was considered to be readily available. Consistent with previous years, illicit methadone was most likely to have been purchased from a friend or acquaintance, and the purchase place to have been a public location.

Buprenorphine

The illicit buprenorphine market was reported as stable, with buprenorphine readily available for a median price of 8 mg for $35.

Buprenorphine-naloxone

Reports about illicit buprenorphine-naloxone were mainly about film rather than tablets. Film was purchased for a median of $20 for 8 mg and was reported as readily available.

Morphine

The price of morphine was generally rated as stable, with the median price for 100 mg of morphine (MS Contin and Kapanol) being $50. MS Contin remained the most commonly used brand. Availability of illicit morphine was generally reported as easy (57%) or very easy (30%); and was most likely to be

obtained from a friend or known dealer. The most likely purchase venue was an agreed public location or friend's home.

Oxycodone

The most common brand of oxycodone, OxyContin, was reformulated on 1 April 2014 to prevent diversion and this appears to have affected the market. The median price of 80 milligrams original was $40 and reformulated $25. Three-quarters rated availability as easy or very easy. Two-thirds reported their source person was a friend. The purchase venue was most likely to be an agreed public location or a friend's home.

Benzodiazepine

The price of illicit benzodiazepine in the previous six months was rated as stable or increasing, with no consensus about availability by the four participants who responded to this question. Benzodiazepines were purchased from a friend or relative.

Alprazolam

Alprazolam was reclassified from Schedule 4 to Schedule 8 (controlled drug) on 1 February 2014. The median price for a 2 mg tablet was $3 before and after rescheduling. There was no consensus on availability before and after the rescheduling.

Health-related trends associated with drug use

Overdose and drug-related fatalities

Half of those who responded to questions about heroin overdose (n = 88) had accidently overdosed on heroin in their lifetime. Of these, 16% (7 participants) had overdosed in the preceding 12 months.

Of the entire sample, 27% reported an accidental overdose on a drug other than heroin, with 13% having overdosed in the previous 12 months.

Drug treatment

Half of participants (53%) were currently in drug treatment, mainly opioid substitution therapy (OST). Of those in OST, about half were receiving methadone and the other half buprenorphine or buprenorphine-naloxone.

Injecting risk behaviours

Borrowing a used needle was rarely reported (4%); 15% recently lent a used needle. Sharing of other equipment (predominantly spoons/mixing containers) was reported by about one in five. Two in five participants re-used one of their own needles at least once in the previous month.

Opioid and stimulant dependence

Seventy-two per cent of participants had a score indicative of opioid dependence; and 33% had a score indicative of stimulant dependence.

Mental health problems, psychological distress

Fifty-two per cent of participants self-reported a mental health problem, with the most common problem being anxiety closely followed by depression. Half of the participants scored in the high distress or very high distress categories of the Kessler Psychological Distress Scale (K10).

Naloxone program and distribution

Most participants had heard of naloxone, but only 35% had heard of the take-home program, and only one participant had completed a course and obtained a prescription.

Trends in law enforcement associated with drug use

Reports of criminal activity

Two in five participants reported criminal involvement in the previous month. As in previous years, dealing was the most often reported criminal activity followed by property crime.

Arrests

Two in five participants reported being arrested in the preceding 12 months, with the most common reason being use/possession of drugs.

Expenditure on illicit drugs

Less than half of participants reported spending money on illicit drugs the day before. Those who did (n = 42) spent a median of $127.50.

Special topics of interest

Homelessness

Three-quarters of participants (75%) reported having been homeless in their lifetime. Of these, 30% were currently homeless. Two in five (41%) of those who have experienced homelessness had been homeless for a total of more than two years.

Oxycodone use

Of those who commented (n = 83), over half (58%) reported ever using any form of oxycodone. Use of oxycodone in the previous six months was most commonly Original OxyContin followed by Reformulated OxyContin.

Ageing

The most common chronic health condition that participants reported being diagnosed with was asthma (34%), followed by gout/rheumatism/arthritis (20%).

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) serves as a strategic early-warning system for emerging trends and patterns in illicit drug use and associated harms. The IDRS has been conducted annually in every state and territory of Australia since 2000, and is supported by funding from the Australian Government Department of Health. The IDRS focuses primarily on four main illicit drugs: heroin, amphetamines, cocaine, and cannabis but also monitors trends in other drug use and drug-related harms.

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

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

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

1.1 Study aims

As in previous years, the aims of the 2014 Queensland IDRS were to:

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

2 METHOD

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

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

Participants gave informed consent prior to interview, and the information they provided has been de-identified.

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

2.1 Survey of people who regularly inject drugs

During June and July 2014, 100 IDRS participants were individually interviewed face-to-face. Participants were people aged 17 years or older who inject drugs, had injected an illicit drug at least monthly in the previous six months, and had lived in South-East Queensland for the previous 12 months. Participants were recruited and interviewed at five Needle and Syringe Program (NSP) sites located in the Brisbane–Gold Coast–Sunshine Coast area.

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

The interview schedule was administered by trained research staff in a private room at the NSP sites. The interviews took approximately one hour to complete and participants were reimbursed $40 for their time and travel expenses. The 2014 IDRS questionaire included sections on:

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

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

2.2 Survey of key experts

During August through to October 2014, 12 professionals or professional groups working in the alcohol and other drugs (AOD) sector were interviewed as key experts for the Queensland IDRS. Key experts are individuals working in the health or law enforcement sectors who are equipped to provide information on trends and patterns in illicit drug use and associated harms. This is because they have regular contact with people who inject illicit drugs or considerable knowledge of manufacture, importation, supply, and seizure of illicit drugs.

In 2014, nine of the key experts were from the health sector and three were from law enforcement. Key experts included NSP workers, AOD nurses, staff of drug treatment agencies, researchers, outreach workers, youth workers, forensic chemists, and law enforcement and intelligence officers.

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

2.3 Other indicators

Secondary data was also collected to corroborate data from those who regularly inject drugs and from key experts. The following indicator data sources were used in the report:

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

2.4 Data analysis

Participant survey results were analysed using IBM SPSS Statistics, Version 21. Standard frequencies were calculated and tests for significant differences between 2013 and 2014 data were conducted for drug of choice, last drug injected, drug injected most often in the past month, and use of the major drug types. Column percentages may not add up to 100% due to rounding. Test differences in proportions were calculated using Excel (spreadsheet available at http://www.cebm.net/index.aspx?o=1023 Tandberg). Only test results that were statistically significant at $p<0.05$ have been reported.

3 DEMOGRAPHICS

KEY POINTS

- **Mean age:** 40 years (range 20–65)
- **Median injecting history:** 19 years (range 1–44)
- Other characteristics of participants were similar to previous years: likely to be unemployed, male, and single; half with a prison history and half currently in treatment.

3.1 Overview of the IDRS participant sample

The demographic characteristics of the sample of 100 PWID from South-East Queensland were similar to those in 2013 (Table 1). Participants were typically 40 years old, male, single, and unemployed.

Table 1: Demographic characteristics, 2013 and 2014

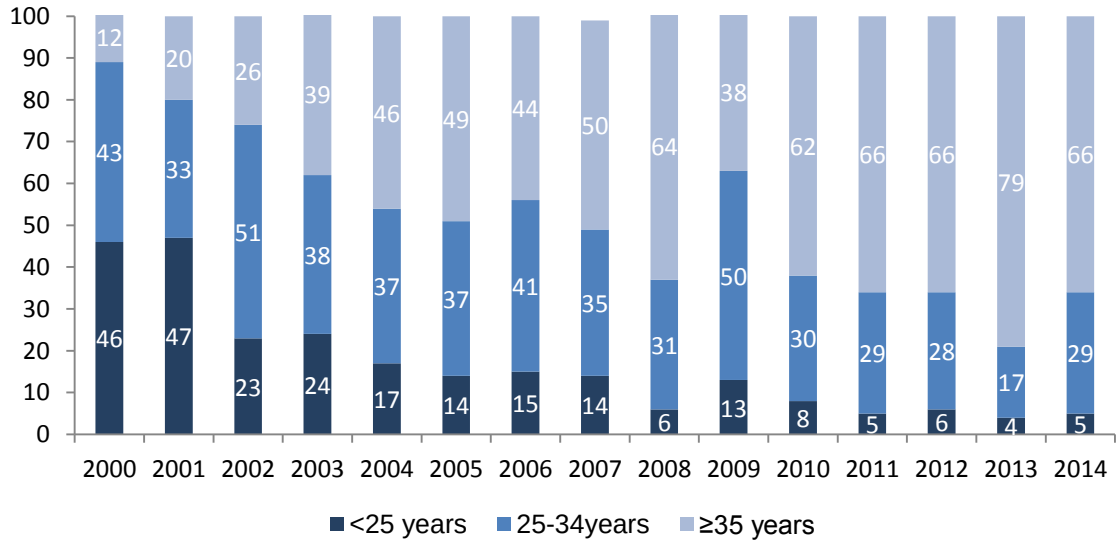
	2013 N = 100	**2014 N = 100**
Age (mean, range)	42 (20–62)	**40 (20–65)**
Gender (% male)	68	**65**
Aboriginal and/or Torres Strait Islander (%)	15	**15**
Sexual identity (%)		
Heterosexual	92	**88**
Gay male	2	**2**
Lesbian	1	**1**
Bisexual	4	**9**
Other	1	**0**
Relationship status (%)		
Married / de facto	19	**9**
Partner	30	**26**
Single	47	**57**
Separated	1	**4**
Divorced	2	**2**
Widowed	1	**1**
Other	0	**1**
Highest school grade completed (mean)	10	**10**
Course completed post-school (%)		
None	50	**50**
Trade/technical	39	**44**
University/college	11	**6**
Accommodation (%)		
Own home (including renting)	58	**66**
Parents'/family home	12	**7**
Boarding house/hostel	12	**11**

	2013 N = 100	**2014 N = 100**
Shelter/refuge	1	**1**
No fixed address	11	**13**
Other	6	**2**
Unemployed (%)	84	**82**
Main income from gov't pension, allowance or benefit (%)	87	**87**
Mean income per week ($)	356	**(n = 98) 386**
Prison history	64	**51**
Currently in drug treatment[a]	45	**53**

[a] Refers to any form of drug treatment (e.g. pharmacotherapy, counselling, detoxification)
Source: Queensland IDRS PWID interviews

Figure 1 highlights the change in the age of participants since 2000. In 2014 two-thirds of participants were aged 35 years or older.

Figure 1: Percentage of participants in each age group, 2000 to 2014



Source: Queensland IDRS PWID interviews

On a population level, findings from the National Drug Strategy Household Survey show that the mean age of people who inject drugs (PWID) rose from 26 years in 2001 to 36 years in 2013 (AIHW 2014a).

3.1.1 Injecting history

A corollary of the increasing age of participants is that many have long injecting drug histories. The median injecting history (i.e. period since first injection) was 19 years (range 1–44).

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

The QMDS-NSP for 2013 (Department of Health Queensland 2014) showed that the mean age for clients in Queensland was 36 years (SD = 9.5, N = 624). Of the 194,103 service occasions, 75% were male clients and 25% were female clients. Nine per cent of clients identified as an Aboriginal and/or Torres Strait Islander person; though it was noted this may be an under-representation due to missing data.

4 CONSUMPTION PATTERNS

KEY POINTS

- **First drug injected:** methamphetamine (59%) followed by heroin (36%)
- **Drug of choice:** heroin (56%) followed by methamphetamine (24%)
- **Drug most often injected in the preceding month:** heroin (44%) followed by crystal/ice (22%), then morphine (11%)
- **Last drug injected:** heroin (42%) followed by crystal/ice (21%), morphine (12%), and an opioid substitution drug (12%)
- **Injected at least once per day:** 37%

4.1 Current drug use

Overall, the pattern of drug use was similar to 2013 (Table 2). There were, however, significant increases ($p>0.05$) in those mostly injecting crystal/ice and in those for whom it was the last drug injected. There was also some change in the frequency of injecting in the past month, but the proportion injecting once or more a day (37%) did not significantly differ from 2013 (48%). Methamphetamine remained the most common first-drug injected; and heroin remained the most common drug of choice, and the drug most injected in the past month.

Table 2: Drug use patterns, 2013 and 2014

	2013 N = 100	**2014 N = 100**
Age first injection (mean years, range)	20 (11–43)	**19 (11–37)**
First drug injected (%)		
Methamphetamine (any form)	50	**59**
Speed powder	*(45)*	***(41)***
Base methamphetamine	*(4)*	***(11)***
Crystal methamphetamine	*(1)*	***(7)***
Heroin	43	**36**
Opioid substitution therapy (OST) drug[a]	3	**1**
Cocaine	1	**1**
Morphine	0	**1**
Other	3	**2**
Drug of choice (%)		
Heroin	60	**56**
Methamphetamine (any form)	17	**24**
Speed powder	*(10)*	***(9)***
Base methamphetamine	*(2)*	***(5)***
Crystal methamphetamine	*(5)*	***(10)***
Cannabis	5	**8**
Morphine	9	**4**
Oxycodone	1	**3**

	2013 N = 100	**2014 N = 100**
Cocaine	2	**1**
Buprenorphine	2	**1**
Buprenorphine-naloxone	0	**1**
Methadone	1	**0**
Other	3	**2**
Drug injected most often in past month (%)		
Heroin	44	**44**
Methamphetamine (any form)	17	**29**
Speed powder	*(8)*	***(7)***
Base methamphetamine	*(0)*	***(0)***
Crystal methamphetamine	*(9)*	***(22)↑***
Morphine	15	**11**
Opioid substitution therapy (OST) drug[a]	11	**8**
Oxycodone	5	**3**
Cocaine	0	**0**
Other/have not injected in past month	8	**5**
Last drug injected (%)		
Heroin	45	**42**
Methamphetamine (any form)	21	**27**
Speed powder	*(11)*	***(6)***
Base methamphetamine	*(1)*	***(0)***
Crystal methamphetamine	*(9)*	***(21)↑***
Morphine	16	**12**
Opioid substitution therapy (OST) drug[a]	10	**12**
Oxycodone	5	**3**
Cocaine	1	**1**
Other drug	2	**3**
Frequency of injecting in past month (%)		
Not in last month	7	**4**
Weekly or less	24	**21**
More than weekly, but less than daily	21	**38↑**
Once per day	12	**17**
2–3 times a day	28	**13↓**
>3 times a day	8	**7**

[a]methadone, buprenorphine, buprenorphine-naloxone
Arrow symbol signifies a significant difference p<0.05.
Source: Queensland IDRS injecting drug user interviews

4.1.1. Drug of choice

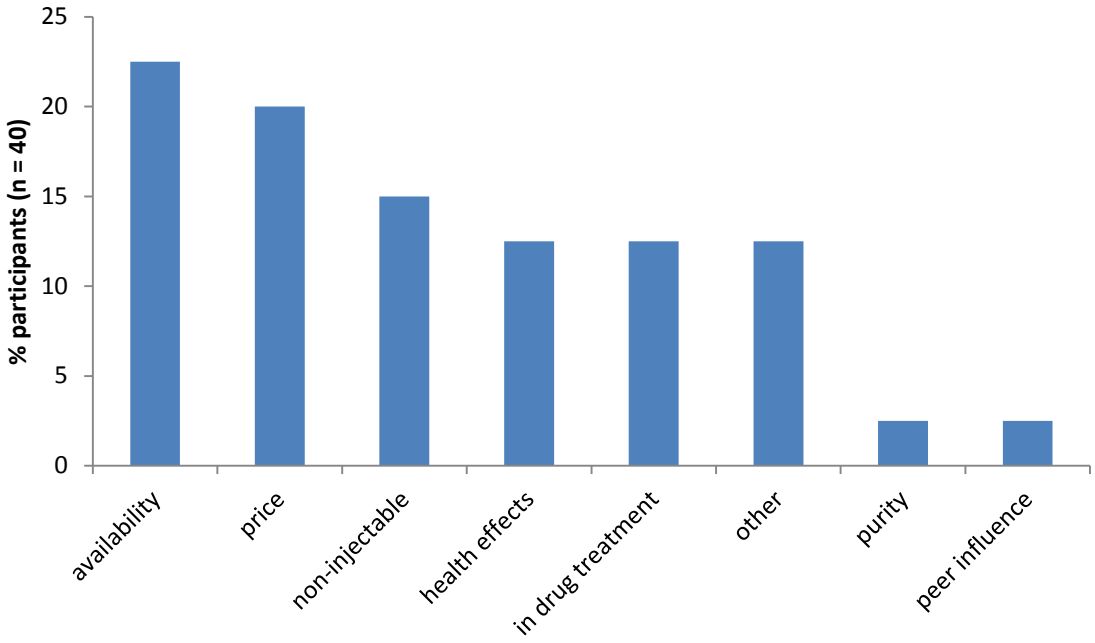
Heroin continued to be the drug of choice for most participants (56%), with other opiates/opioids making up another 8% (Table 2). Methamphetamine was nominated by 24% as their drug of choice: crystal/ice 10%, powder/speed 9%, and base 5%.

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

Although heroin remained the most common drug last injected and the drug most commonly injected in the past month, there was a significant increase in those nominating crystal/ice (Table 2). The proportion who reported crystal/ice as the drug most often injected in the last month significantly increased from 9% in 2013 to 22% in 2014 (p >0.05). Similarly the proportion who reported crystal/ice as the drug last injected significantly increased from 9% in 2013 to 21% in 2014 (p >0.05).

The top two reasons for there being a difference between drug of choice and drug used most often were availability and price.

Figure 2: The reason for disparity between drug of choice and drug used most often, 2014

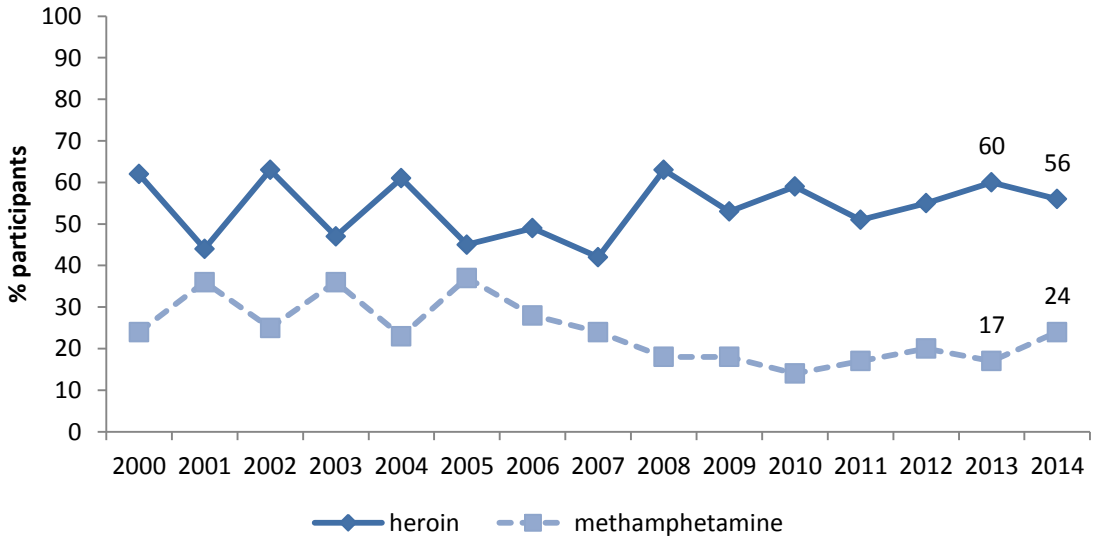


Source: Queensland IDRS PWID interviews

4.1.3 Trends over time

Heroin has remained the top drug of choice, followed by methamphetamines (Figure 3).

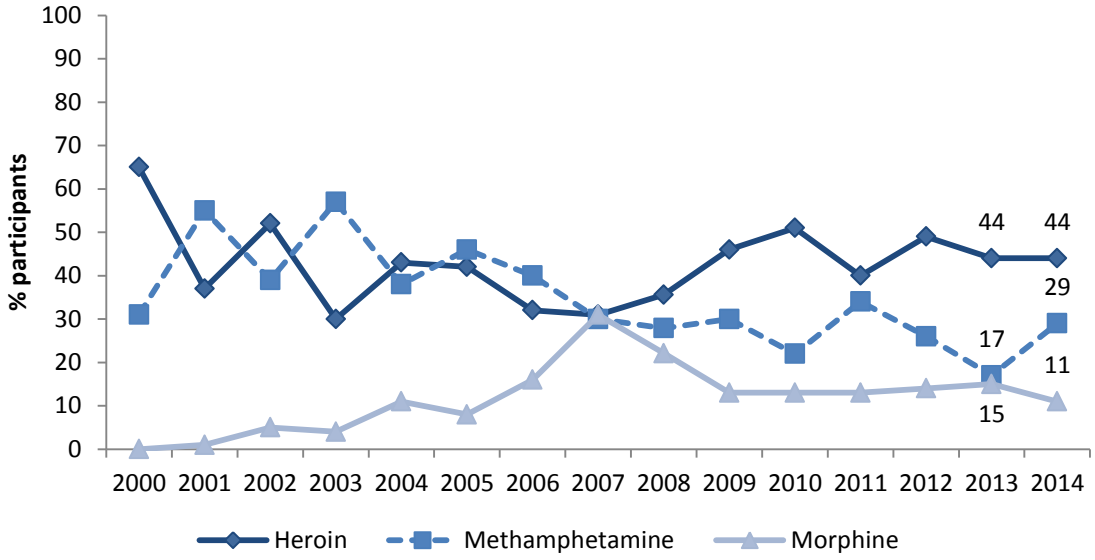
Figure 3: Top two drugs of choice, 2000 to 2014



Source: Queensland IDRS PWID interviews

Figure 4 shows the top three drugs injected most often in the previous month over a period of 15 years. In earlier years, there was some variability in the proportions injecting heroin the most and injecting methamphetamine the most, but recently these have been stable, with heroin consistently being the most common drug injected most often in the previous month.

Figure 4: Drug injected most often in previous month, 2000 to 2014

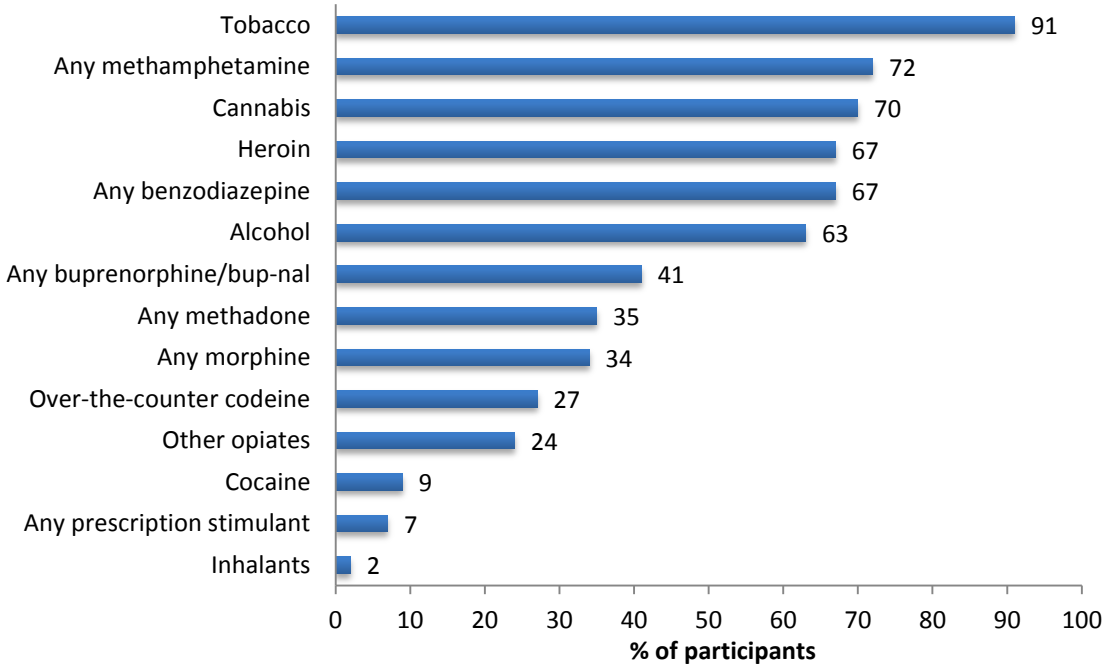


Source: Queensland IDRS PWID interviews

4.1.4 Polydrug use

Polydrug use continued to be nearly universal, with most participants using tobacco and high percentages using methamphetamines, cannabis, heroin, benzodiazepines, and alcohol (Figure 5).

Figure 5: Main types of drugs used in preceding six months, 2014



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

4.1.5 Forms of drugs used in preceding six months

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

Table 3: Drug use history, 2014 (N = 100)

	Used			Route of administration									
				Injected			Smoked		Snorted		Swallowed		
	Ever %	Recent[a] %	Days[b]	Ever %	Recent[a] %	Days[b]	Ever %	Recent[a] %	Ever %	Recent[b] %	Ever %	Recent[a] %	
Heroin	91	66	48	91	66	48	37	3	14	2	7	1	
Homebake	41	5	2	41	5	2	1	0	0	0	0	0	
Any heroin	91	67	48	91	67	48	37	3	14	2	7	1	
Methadone *licit*	54	26	180	35	10	36.5					53	26	
Methadone *illicit*	44	15	7	30	11	6					21	5	
Physeptone *licit*	14	2	80	7	0	0	0	0	0	0	10	2	
Physeptone *illicit*	24	4	10.5	17	2	12.5	0	0	0	0	8	2	
Any methadone	65	35	180	50	17	20	0	0	0	0	58	29	
Buprenorphine *licit*	40	12	176	28	9	10	1	0	0	0	37	11	
Buprenorphine *illicit*	40	19	24	35	14	22.5	0	0	0	0	13	6	
Bup-naloxone tablets *licit*	37	3	21	19	0	0	0	0	0	0	36	3	
film *licit*	31	17	110	11	3	90	0	0	0	0	30	17	
Bup-naloxone tablets *illicit*	29	5	6	21	2	50	0	0	0	0	14	4	
film *illicit*	30	16	8.5	21	9	12	0	0	0	0	14	7	
Any bup/bup-naloxone	73	41	133.5	51	24	76	1	0	0	0	61	31	
Morphine *licit*	26	5	180	19	3	180	0	0	0	0	21	3	
Morphine *illicit*	64	32	22	62	31	24	1	0	0	0	13	4	
Any morphine	70	34	30	64	31	42	1	0	0	0	27	7	
Oxycodone *licit*	28	8	150	17	3	90	0	0	0	0	20	7	
Oxycodone *illicit*	69	38	10	63	34	10.5	1	0	0	0	19	9	
Any oxycodone	76	40	12	65	34	10.5	1	0	0	0	29	13	
Fentanyl	41	25	3	37	23	3	0	0	0	0	0	0	

	Used			Route of administration								
				Injected			Smoked		Snorted		Swallowed	
	Ever %	Recent[a] %	Days[b]	Ever %	Recent[a] %	Days[b]	Ever %	Recent[a] %	Ever %	Recent[b] %	Ever %	Recent[a] %
Over-counter codeine (non-medicinal)	47	27	12	2	1	2	0	0	0	0	45	27
Other opiates	60	24	14	4	2	1.5	0	0	0	0	59	23
Speed powder	81	31	6	79	30	6	17	3	25	1	28	3
Amphetamine liquid	42	2	4	40	2	4					2	0
Base amphetamine	60	22	4	59	22	4	3	1	4	0	6	0
Crystal/ice	81	58	11	77	54	16	33	15	5	0	5	0
Any methamphetamine	92	72	11	90	68	12	41	16	29	1	32	3
Prescrip. stimulants *licit*	19	4	27	4	3	24	0	0	1	0	18	2
Prescrip. stimulants *illicit*	29	3	1	11	2	2	1	0	2	0	18	1
Any prescrip. stimulants	40	7	18	12	5	18	1	0	3	0	32	3
Cocaine	75	9	1	45	3	1	6	1	50	6	1	0
Hallucinogens	75	3	1	11	1	1	0	0	0	0	74	2
Ecstasy	73	5	1	25	3	1	2	0	6	0	67	2
Alprazolam *licit*	37	10	82.5	7	2	95	0	0	0	0	37	10
Alprazolam *illicit*	56	25	3.5	8	2	4	0	0	0	0	54	25
Any alprazolam	73	31	8	10	3	90	0	0	0	0	72	31
Other benzo. *licit*	74	45	48	5	0	0	1	0	1	0	74	44
Other benzo. *illicit*	49	28	6	2	0	0	0	0	0	0	46	27
Any other benzo.	84	56	42	7	0	0	1	0	1	0	84	55
Any benzodiazepine	91	67	42	15	3	52	1	0	1	0	90	67
Seroquel *licit*	27	7	180	1	0	0					27	7
Seroquel *illicit*	33	7	2	0	0	0					33	7
Any Seroquel	54	14	25	1	0	0					54	14

	Used			Route of administration									
				Injected			Smoked		Snorted		Swallowed		
	Ever %	Recent[a] %	Days[b]	Ever %	Recent[a] %	Days[b]	Ever %	Recent[a] %	Ever %	Recent[b] %	Ever %	Recent[a] %	
Alcohol	99	63	21	7	0	0					99	63	
Tobacco	98	91	180										
E-cigarette	36	20	2.5										
Cannabis	97	70	40				96	68			49	6	
Synthetic cannabis	21	3	1				21	3			0	0	
Inhalants	34	2	7.5										
Steroids	6	0	0	6	0	0	0	0	0	0	1	0	
New psychoactive substances (NPS)	16	4	1.5	7	3	2	4	1	0	0	6	1	

[a] in the preceding six months; [b] median days in the preceding six months (180 days) among those with recent use
Source: Queensland IDRS PWID interviews

Key experts reported that many PWID, particularly those using heroin, were '*older people who were resigned to their dependence; had learnt how to maintain their drug use in a sustainable way; and had entrenched habits*'. Key experts observed that '*newer injectors generally tend to be more poly and use what is around*'; that there were '*less divisions*' between taking stimulants and opioids and '*more polydrug use*'.

4.2 Heroin

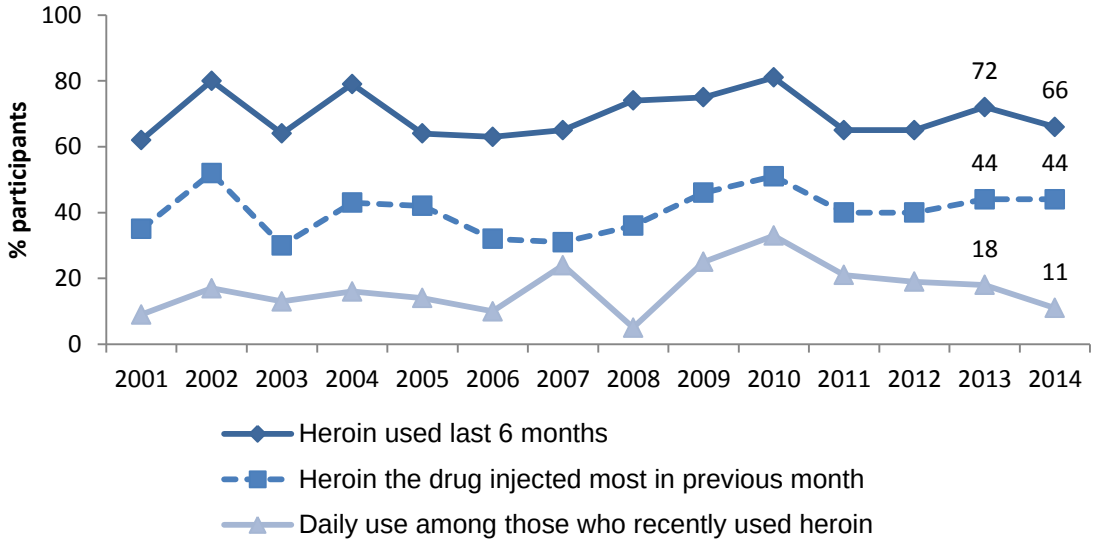
KEY POINTS

- **Used heroin in previous six months:** Two-thirds (66%)
- **Form most used:** white/off-white rock
- **Injected heroin the most in the previous month:** 44%
- **Homebake:** use continued to be rare

4.2.1 Use of heroin

Most participants (91%) had used heroin in their lifetime, with 66% reporting recent use (Figure 6). Heroin was injected by all recent users with only a few also smoking (3%), snorting (2%), or swallowing (1%). Frequency of daily use was 11% compared with 18% in 2013.

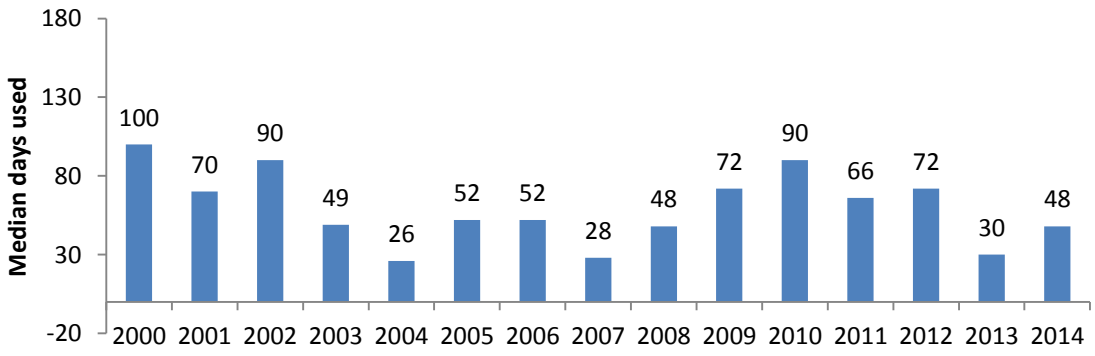
Figure 6: Prevalence and frequency of heroin use, 2001 to 2014



Source: Queensland IDRS PWID interviews

The median days of recent heroin use in the previous six months (n = 66, median 48 days, range 1–180) was significantly higher than in 2013 ($p<0.05$) when median days dropped to 30 (Figure 7).

Figure 7: Median days of heroin use in preceding six months (180 days), 2000 to 2014



Source: Queensland IDRS PWID interviews

4.2.2 Use of heroin in the general population

Table 4 shows the decline in the use of heroin in the general population.

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

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

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

4.2.2 Homebake

Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine. Questions about homebake were first included in 2002 and since then reports of recent use have been low. In 2014, 5% of participants used (injected) homebake in the preceding six months on a median of 2 days (range 1–45 days).

4.2.3 Heroin forms used

Among recent heroin users (n = 66), 86% reported using white/off-white heroin and 30% reported using brown heroin. White/off-white heroin rock was the most commonly used form in the previous six months (Table 5).

Table 5: Heroin forms most used, 2014 (n = 66)

	Heroin powder			**Heroin rock**		
	White/ off-white	Brown	Other colour	White/ off-white	Brown	Other colour
% most used in past six months	30	2	2	55	8	3

Source: Queensland IDRS PWID interviews

4.2.4 Heroin preparation

When preparing their most recent heroin injection, 30% used heat. Of those who commented on the colour of heroin heated (n = 19), 68% heated heroin that was white/off-white, 26% brown/beige, and 5% another colour.

For the last few years, no participants have reported using acid in their most recent injection of heroin.

Key experts reported that among people who inject drugs (PWID), heroin use is decreasing, particularly among young people. One key expert working in the youth sector linked the decrease to a stigma around injecting. It was reported that heroin is becoming associated with older PWID who have a stable lifestyle, and fairly regulated use: '*They have a regular supply and know when they are getting on*'. One key expert described it as an '*old-school … getting older culture*'.

Key experts in the health sector report that regular heroin users generally have reasonable vein care and rarely present at hospital emergency departments with heroin-related symptoms.

4.3 Methamphetamines

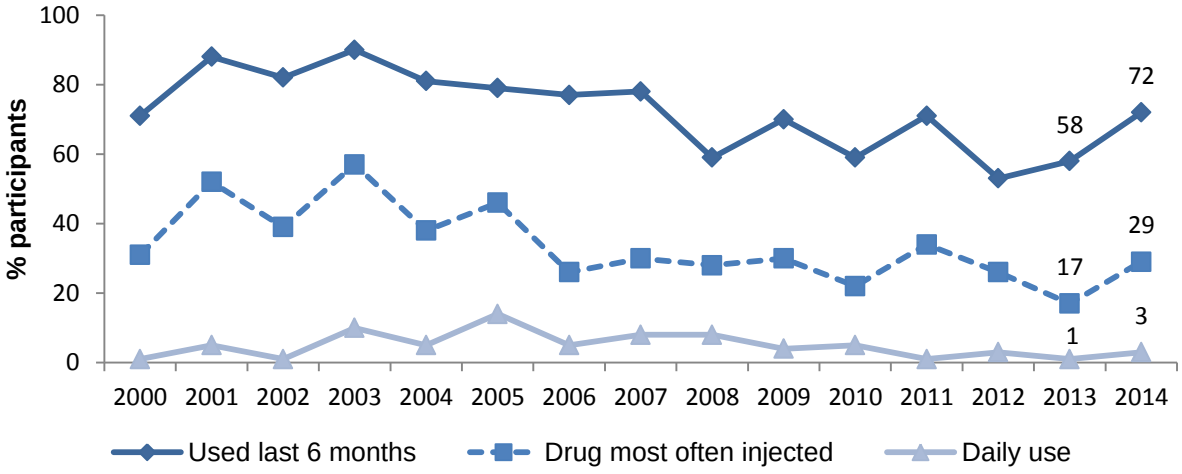
KEY POINTS

- **Used methamphetamines in the previous six months:** 72%
- **Recent use of crystal/ice:** 58% (50% in 2013)
- **Recent use of powder/speed:** 31% (37% in 2013)
- **Recent use of base:** stable at 22%
- **Drug most often injected:** 29%
- **Median days used:** 11 (n = 72, range 1–180)

4.3.1 Use of methamphetamines

Recent use of methamphetamine (includes powder/speed, base, crystal/ice, and liquid), was not significantly ($p < 0.05$) higher than in 2013, although 72% reported recent use in 2014 compared with 58% in 2013. Moreover, 29% reported that a methamphetamine was the drug most often injected compared with 17% in 2013 (Figure 8).

Figure 8: Use of methamphetamine (in any form) in preceding six months, 2000 to 2014



Source: Queensland IDRS PWID interviews

4.3.2 National population data

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

4.3.3 Methamphetamine form most used

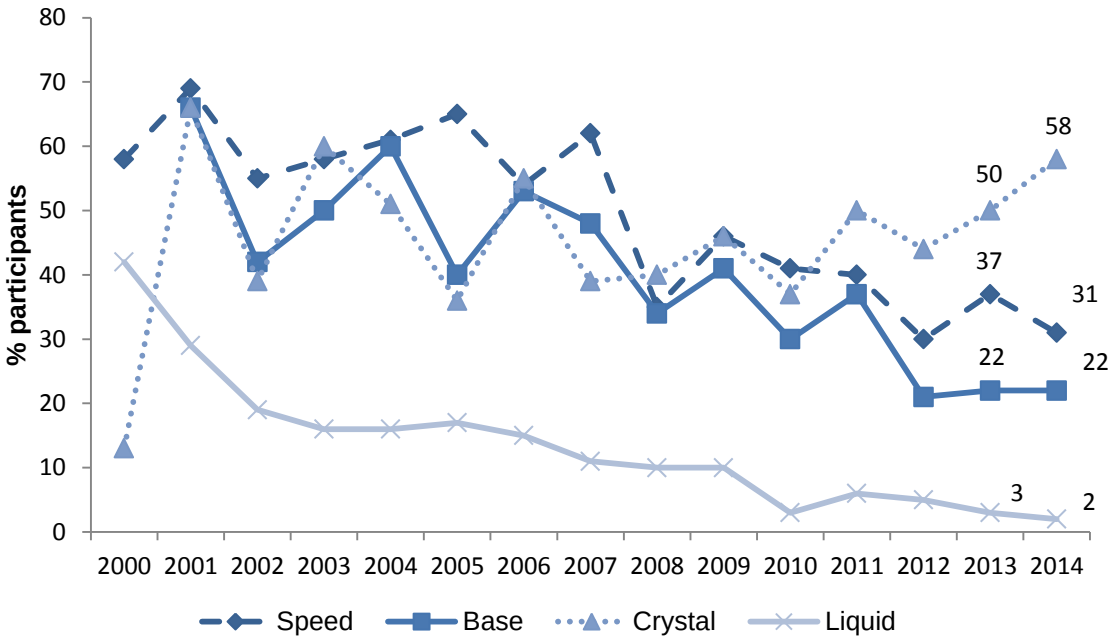
As in previous years, data was collected about four different forms of methamphetamines: methamphetamine powder/speed, base, crystal/ice, and liquid.

Powder (speed) Base Crystal (ice)

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

Crystal/ice continued to be the form of methamphetamine used most commonly in the previous six months (Figure 9). The proportions using powder/speed and base were similar to previous years, and use of liquid continued to be rare. Due to the continuing low use of liquid methamphetamine in 2014, data specifically about liquid will not be presented.

Figure 9: Forms of methamphetamine used in preceding six months, 2000 to 2014

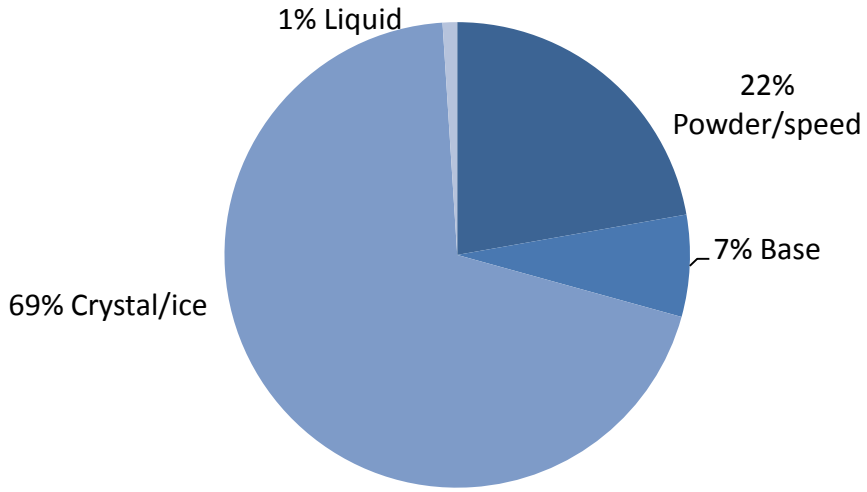


Source: Queensland IDRS PWID interviews

4.3.4 Methamphetamine frequency of use

Crystal/ice was the form of methamphetamine most used by those who had recently used methamphetamines (Figure 10).

Figure 10: Form of methamphetamine most used in preceding six months, 2014 (n = 72)



Source: Queensland IDRS PWID interviews

Between 2013 and 2014, there was little change in the median days methamphetamines were used, with crystal/ice continuing to be the form with the highest median days of use (Table 6). Median days of methamphetamine use in any form was 11 in six months (n = 72, range 1–180).

Table 6: Median days of methamphetamine use in preceding six months, 2013 and 2014

	Median days	
	2013	**2014**
Powder/speed	6	**6**
Base	3	**4**
Crystal/ice	10	**11**
Any form[a]	16.5	**11**

[a] includes speed powder, base, ice/crystal and liquid forms
Note: Maximum number of days (i.e. daily use) = 180
Source: Queensland IDRS PWID interviews

Overall, methamphetamine use was reported as stable by key experts. There were mixed reports about age groups, with one key expert noting an increase in use by professional-type people, particularly young women. Others noted that use was across all age groups from about 16 years to those in their 40s, with no discernible gender differences. Dependency was reported as common among PWID, necessitating frequent use. There was concern that some people were using quite considerable amounts of methamphetamines over extended periods of time and becoming mentally unwell as a result. Some key experts singled out crystal/ice as being a particularly problematic drug due to the aggressive and sometimes psychotic behaviour associated with its use. It was observed that people reached a high level of crisis after a very short period of using crystal/ice.

Key experts reported that PWID used alcohol, cannabis and benzodiazepines to help them come down from crystal/ice intoxication.

4.4 Cocaine

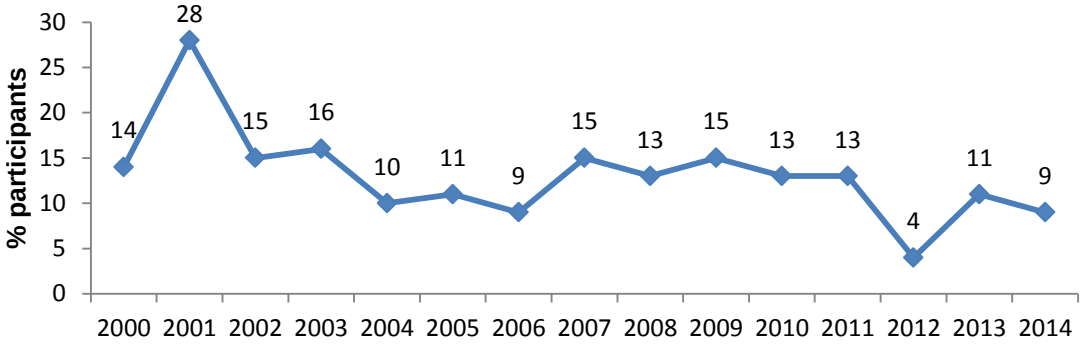
KEY POINTS

- **Recent cocaine use:** 9%
- **Lifetime use:** 75%
- **Frequency of recent use:** occasional

4.4.1 Use of cocaine

Recent use of cocaine was low (9%), although three-quarters of the sample (75%) had used cocaine in their lifetime (Figure 11). The nine participants used either powder (seven) or rock (two). None used crack cocaine. Snorting was the most common route of administration (six of the nine), with three reporting injection and one smoking. Use was occasional (median of one day, n = 9, range 1–7) in the preceding six months (180 days).

Figure 11: Cocaine use in preceding six months, 2000 to 2014



Source: Queensland IDRS PWID interviews

4.4.2 National population data

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

Key experts report that it is unusual for PWID to regularly inject cocaine, but that there is a tiny proportion who do. They noted that there was some occasional use among PWID; but as one key expert explained, it was '*very recreational—associated more as a fun thing*'. Another key expert reported use of cocaine and heroin combined (Speedball).

4.5 Cannabis

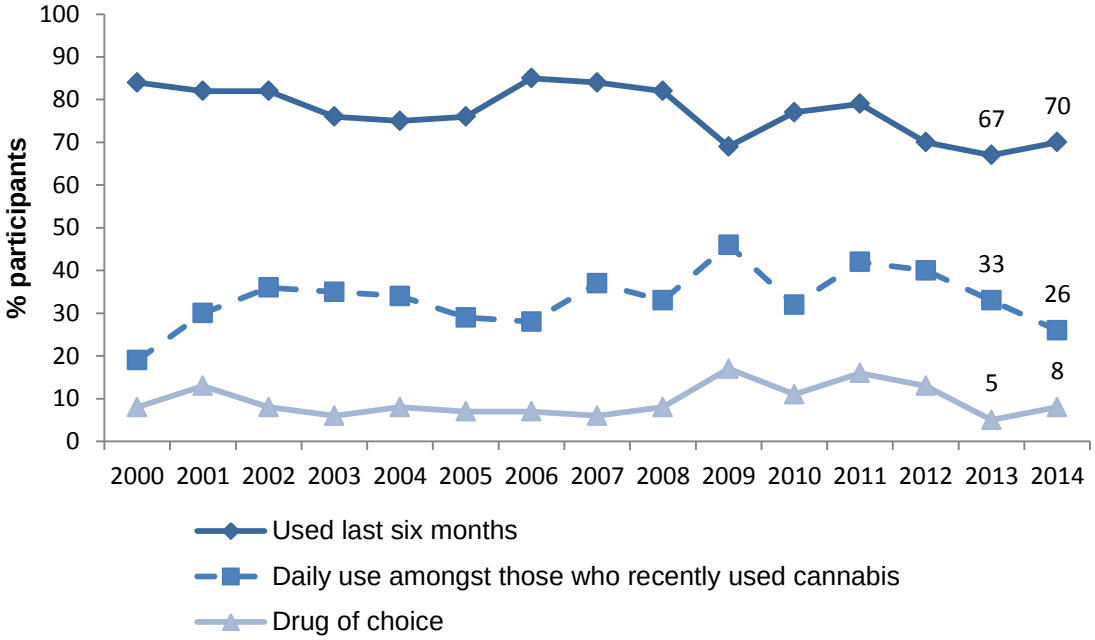
KEY POINTS

- **Recent use of cannabis:** 70%
- **Lifetime use:** 97%
- **Daily use:** 26% of cannabis users
- **Recent use of synthetic cannabis:** 3%

4.5.1 Use of cannabis

Lifetime use of cannabis was nearly universal (97%), with 70% reporting recent use (Figure 12). Of these, 26% used cannabis daily, equating to 18% of all participants. Only a small proportion of participants (8%) nominated cannabis as their drug of choice.

Figure 12: Prevalence and frequency of cannabis use, 2000 to 2014



Source: Queensland IDRS PWID interviews

4.5.2 National population data

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

4.5.3 Cannabis forms used

Of those who commented about their use of cannabis in the previous six months (n = 69), 84% mostly used hydro (hydroponically grown). Although only 15% mostly used bush (outdoor grown), 39% had used it recently. One participant mostly used hashish oil; and as in previous years, use of hashish and hashish oil was uncommon: four participants reported using hashish oil and three hashish.

Cones were more common than joints.

4.5.4 Synthetic cannabis

Synthetic cannabis was used by 21% of participants in their lifetime, with three participants having used it in the previous six months. Smoking was the mode of administration with median usage being one day in the previous six months.

Cannabis use was reported as widespread among PWID. It appears to be commonly used as a relaxant: to help PWID sleep and to assist in coming down from methamphetamines. It was reported as rare for PWID to regard their cannabis use as a problem even if they used it every day. Key experts reported that older PWID were likely to have reduced their use or stopped altogether.

Synthetic cannabis did not appear to be an acceptable alternative to hydro and bush, with key experts saying it was not liked among PWID.

4.6 Other opioids

KEY POINTS

- **Methadone:** 26% reported licit use in the previous six months, with 15% reporting recent illicit (i.e. not prescribed) use.
- **Buprenorphine (Subutex):** 12% reported recent licit use, and19% reported recent illicit use.
- **Buprenorphine-naloxone (Suboxone):** recent licit use by 3% (tablets) and 17% (film), with illicit use being 5% tablets and 16% film.
- Just over half of those who used illicit buprenorphine-naloxone film reported injection.
- **Morphine:** 32% reported recent illicit morphine use, with nearly all injecting.
- **Oxycodone:** 69% reported lifetime use of illicit oxycodone and 38% recent use.
- **Fentanyl:** recent use significantly increased from 12% in 2013 to 25% in 2014. Nearly all recent users (92%) administered fentanyl by injection.
- **Over-the-counter codeine for non-medicinal purposes:** 27% used in the past six months—a significant increase from 9% in 2013.
- **Other opiates** (e.g. pethidine, Panadeine Forte)**:** recent use significantly increased to 24% from 8% in 2013.

4.6.1 Substitution pharmacotherapy

Methadone is prescribed as a substitute drug for opioids, and is usually prescribed as a liquid preparation and commonly dosed under supervision. Physeptone tablets are less common in Australia and are usually prescribed for people in methadone treatment who are travelling or, in a minority of cases, where methadone is not tolerated. About two-thirds of participants (65%) had ever used liquid methadone and/or physeptone tablets (licit and/or illicit), and 35% in the previous six months.

More recently buprenorphine was introduced as an alternative to methadone, and since 2005 buprenorphine-naloxone is widely prescribed because of its agonist/anti-agonist properties. Both buprenorphine and buprenorphine-naloxone were dispensed in tablet form to be dissolved under the tongue; however, since late 2011, they have been dispensed as sublingual film strips. In 2014, 73% of participants had used a form of buprenorphine or buprenorphine-naloxone (licit and/or illicit) in their lifetime and 41% in the previous six months.

The pattern of use of all four substitution drugs is shown in Table 7. Methadone liquid was the most common licit form and buprenorphine tablets (Subutex) were the most common illicit form.

Table 7: Use of licit and illicit substitute drugs in preceding six months, 2014 (N = 100)

	Licit (prescribed)		**Illicit** (not prescribed)	
	Used %	**Injected** %	**Used** %	**Injected** %
Methadone *liquid*	26	10	15	11
Physeptone *tablets*	2	0	4	2
Buprenorphine *tablets*	12	9	19	14
Buprenorphine-naloxone *tablets*	3	0	5	2
Buprenorphine-naloxone *film*	17	3	16	9

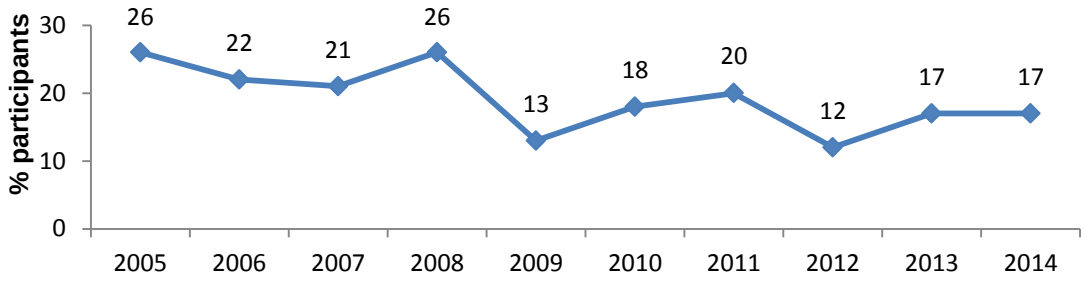
Source: Queensland IDRS PWID interviews

Use of methadone

Fifty-four per cent of participants reported having been prescribed methadone at least once in their lifetime (i.e. licit use), and 44% reported illicit use at least once in their lifetime.

Half of all participants reported injecting methadone (licit and/or illicit) in their lifetime, and 17% reported injecting it in the previous six months (Figure 13). The median days participants recently injected methadone were 20 (range 1–144).

Figure 13: Injected methadone (prescribed or not prescribed) in preceding six months, 2005 to 2014



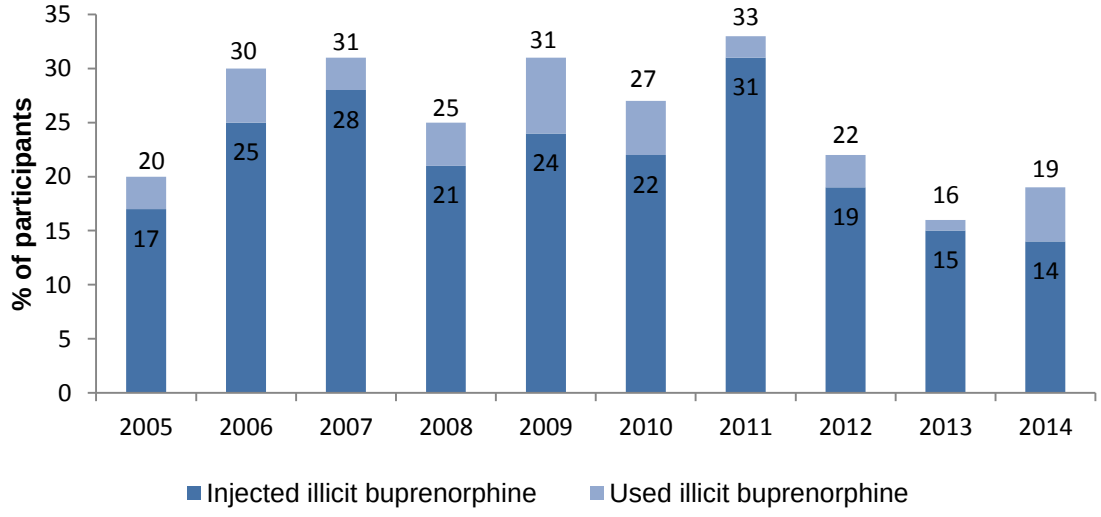
Source: Queensland IDRS PWID interviews

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

Use of buprenorphine (Subutex)

Two-thirds (67%) of participants had used buprenorphine (licit and/or illicit) in their lifetime, with 25% having used it in the previous six months. Licit (i.e. prescribed) use was reported by 11% and illicit use by 16%. Of the 11 participants on a prescribed dose, six reported injecting their dose at least once (four regularly). As in previous years, illicit buprenorphine was generally injected (Figure 14). Median days injected in the previous six months was 20 (n = 15, range 1–180). There was no consistent main reason for using illicit buprenorphine. Reasons given included: intoxication, substitute for heroin/other opiates, and self-treatment.

Figure 14: Use and injection of illicit buprenorphine in preceding six months, 2005 to 2014



Source: Queensland IDRS PWID interviews

Key experts reported that there was still some illicit Subutex use but that it was less readily available than Suboxone.

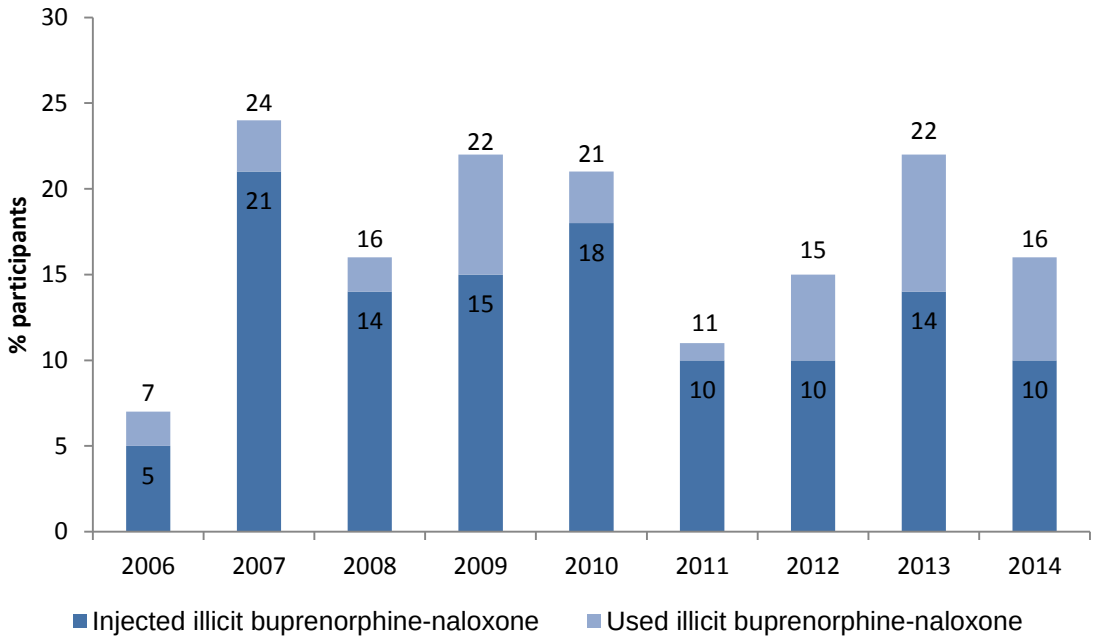
Use of buprenorphine-naloxone (Suboxone)

Three in five participants (60%) had ever used buprenorphine-naloxone (licit and/or illicit), and 28% had used it in the previous six months.

Film is more likely to be used than tablets for both licit and illicit use (Table 3). The most frequent reason given for using illicit buprenorphine-naloxone was self-treatment followed by substitute for heroin / other opiates.

The proportion of participants injecting illicit buprenorphine-naloxone in tablet and/or film form is similar to recent years (Figure 15).

Figure 15: Use and injection of illicit buprenorphine-naloxone (tablets or film) in preceding six months, 2006 to 2014



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

Key experts considered that Suboxone use was increasing: '*more using that ever before*'. It was observed that Indigenous youth were among those using Suboxone film. It was also noted that some PWID were using Suboxone who had never used heroin. It was thought that this was because it is readily available, the price is relatively cheap, and PWID know what they are getting. Film was considered to be more often used than tablets.

4.6.2 Use of morphine

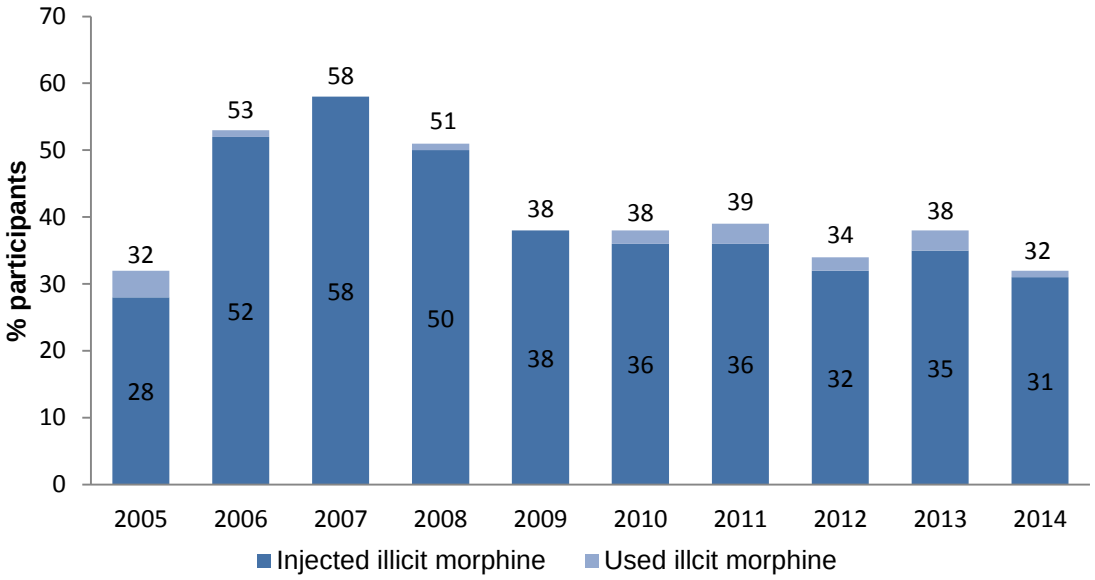
Seventy per cent of participants had used morphine (licit or illicit) in their lifetime, with a third (34%) reporting morphine use (licit or illicit) in the previous six months. As in previous years, the most common brand of morphine was MS Contin.

Recent licit morphine use and injection followed a similar pattern to 2013. In 2014, 5% used licit morphine with 3% injecting (6% use with 4% injecting in 2013).

Illicit use and the proportion injecting has also been stable in recent years (Figure 16). Illicit morphine was used on a median of 22 days in the preceding six months (n = 30, range 1–180). The most common reasons given for using illicit morphine were 'self-treatment' and a 'substitute for heroin' (Figure 17).

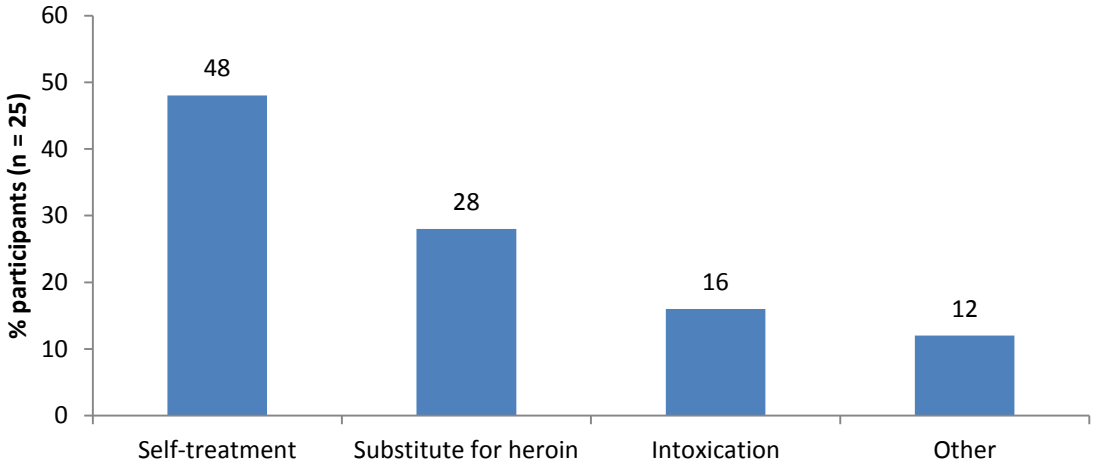
For participants' most recent morphine injection (n = 31), 61% used heat; and 81% used a cigarette filter, 13% a wheel filter, and 7% cotton wool.

Figure 16: Use and injection of illicit morphine in preceding six months, 2005 to 2014



Source: Queensland IDRS PWID interviews

Figure 17: Reasons for using illicit morphine, 2014



Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Key experts considered morphine use to be common among PWID, particularly among older people. One key expert observed that '*Morphine users can be a bit more chaotic than heroin users*.' Another key expert spoke about the '*toll*' morphine and other pharmaceutical opioids was taking on older PWID, and another reported that older PWID who had been prescribed opioids for back pain injected their prescriptions. Key experts reported that injecting prescription opioids—even if not prescribed to the person— was not always seen as an illicit activity.

4.6.3 Use of oxycodone

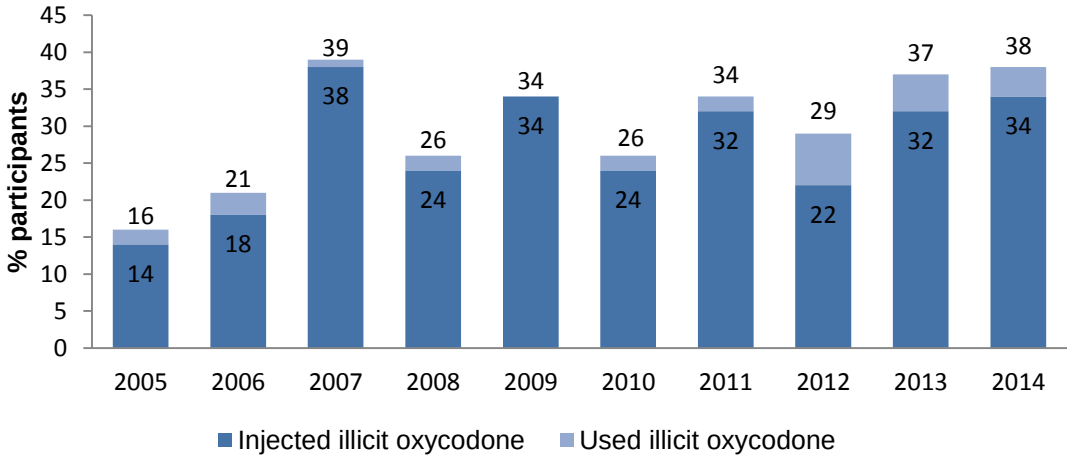
Data has been gathered on licit and illicit forms of oxycodone (e.g. OxyContin, Endone) since 2005. OxyContin was the most common brand used. However, choice of OxyContin may have been affected by its reformulation on the 1 April 2014 with the intention of making it harder to crush for injecting.

Licit oxycodone was used by 28% of participants in their lifetime, and by 8% in the previous six months, with 3% reporting injection.

Illicit oxycodone was used by 69% of participants in their lifetime. As shown in Figure 18, 38% used illicit oxycodone in the previous six months, with most injecting. Median days of use in the previous six months was 10 (n = 38, range 1–180), and self-treatment and substitute for heroin were the most common reason given for using illicit oxycodone (Figure 19).

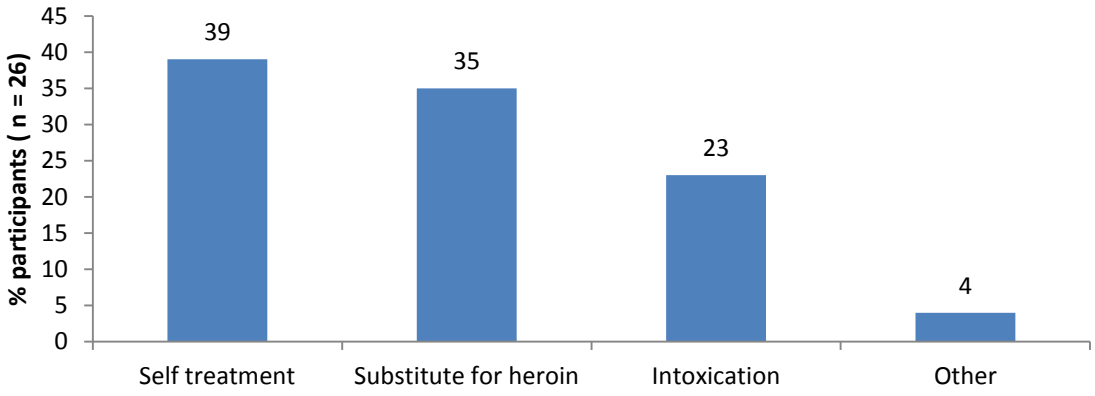
At participants' most recent oxycodone injection (n = 34), 65% used heat; and 85% used a cigarette filter, 9% a wheel filter, 3% cotton wool, and 3% toilet paper.

Figure 18: Use and injection of illicit oxycodone in preceding six months, 2005 to 2014



Source: Queensland IDRS PWID interviews

Figure 19: Reasons for using illicit oxycodone, 2014



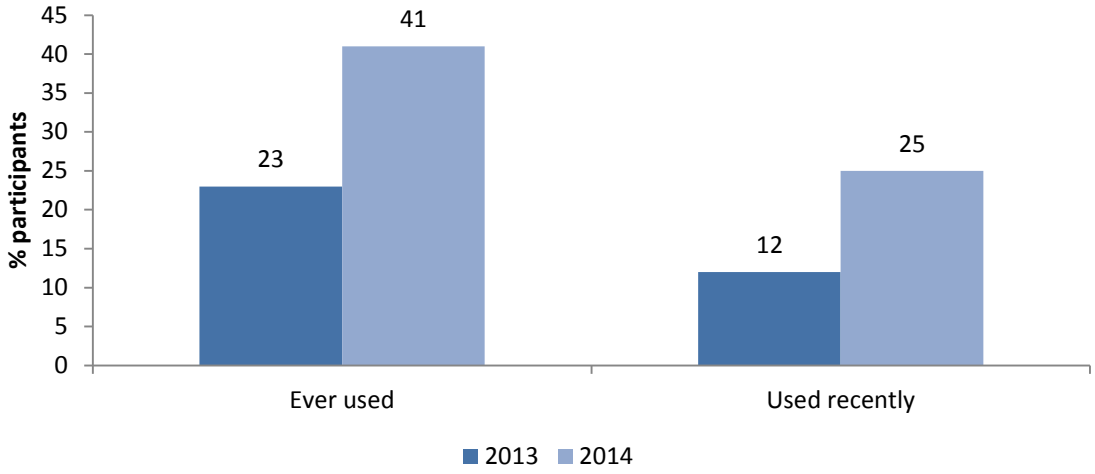
Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Key experts reported that use of the most popular brand of oxycodone, OxyContin, has been tapering off since reformulation. There were reports that at first there was a degree of nonchalance with people asserting that: '*know how to use it*'; however, use of OxyContin was observed to have markedly declined, with only those who had '*time to muck around with it*' continuing to use it. Many key experts reported that PWID had switched from OxyContin to Endone, morphine (e.g. MS Contin or Kapanol), or fentanyl.

4.6.4 Use of fentanyl

Use of fentanyl significantly increased from 2013 to 2014 (p >0.05), both for those who had ever used and those who had used in the previous six months (Figure 20).

Figure 20: Use of fentanyl, 2013 and 2014



Source: Queensland IDRS PWID interviews

Of the 25% of participants who had recently used fentanyl, one in five had used prescribed fentanyl and four in five had used non-prescribed (illicit) fentanyl.

All those using illicit fentanyl (n = 20) reported injection, and three of the five using fentanyl prescribed to them injected. Of those who injected (n = 23), 91% heated and used a filter (mostly a cigarette filter) on the last occasion they injected. The median days of injection in the past six months were three days (n = 23, range 1–130 days).

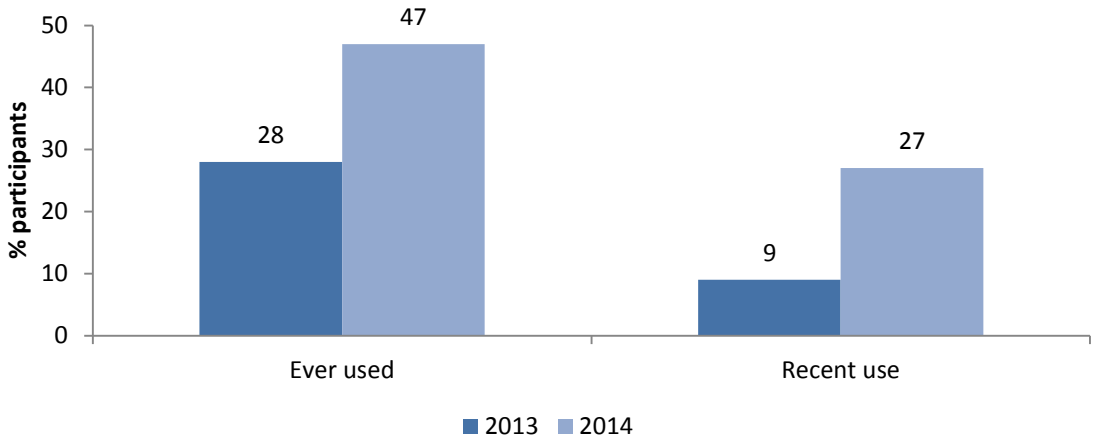
Durogesic was the main brand of fentanyl used.

There were mixed assessments by key experts about whether fentanyl use was increasing. Some key experts reported that people switched to fentanyl after changes to the formulation of OxyContin. One key expert knew of a number of overdoses on fentanyl following the reformulation of OxyContin. This key expert commented that '…*following a lull, doctors seem to be prescribing fentanyl more again*'. Key experts observed that PWID who used fentanyl often had a long history of using illicit drugs.

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

As Figure 21 shows, there was a significant increase in the proportion of participants having used over-the-counter codeine for non-medicinal purposes in their lifetime and in the previous six months ($p > 0.05$).

Figure 21: Use of over-the-counter codeine, non-medicinal purposes only, 2013 and 2014

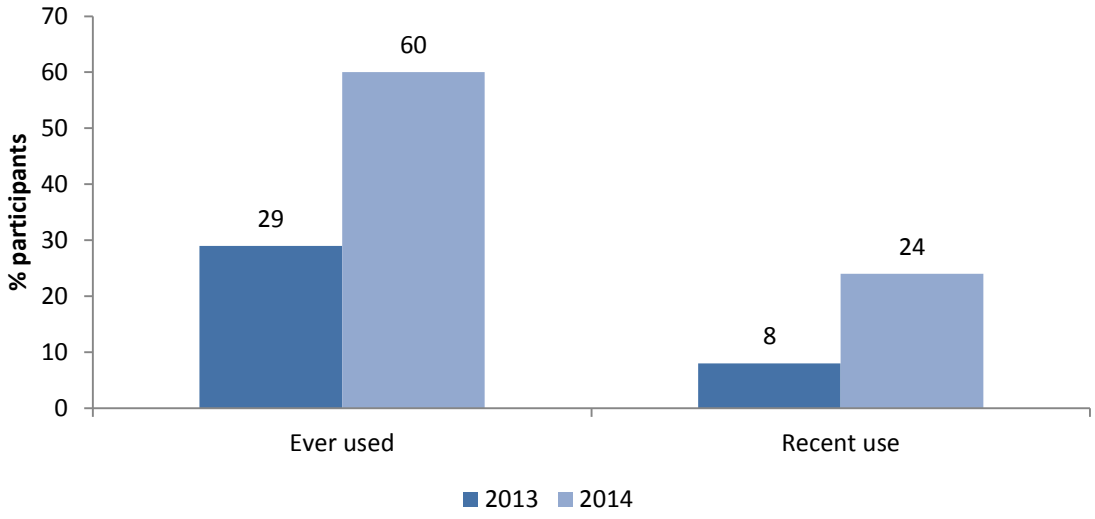


Source: Queensland IDRS PWID interviews

4.6.6 Use of other opiates

Lifetime and recent use of other types of opiates (e.g. pethidine, Panadeine Forte, opium) significantly increased (p >0.05) from 2013 (Figure 22). Of the 24 participants who reported recently using other opiates, 75% used licit opiates. The main type of other opiate recently used was Panadeine Forte.

Figure 22: Use of other opiates, 2013 and 2014



Source: Queensland IDRS PWID interviews

4.7 Other drugs

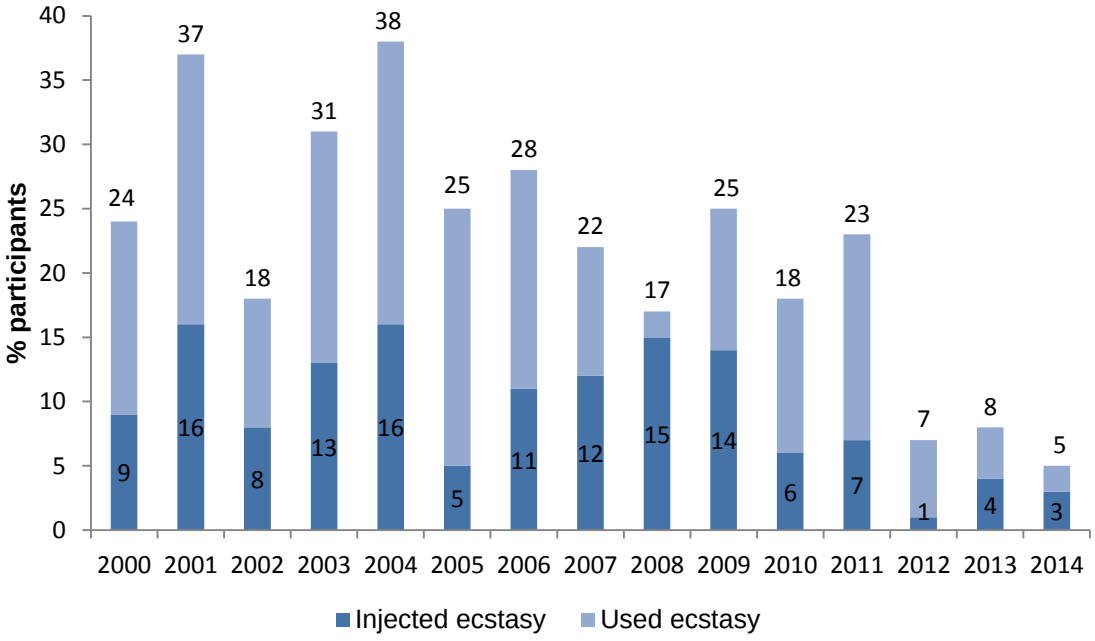
KEY POINTS

- **Ecstasy:** 5% used ecstasy in the previous six months.
- **Hallucinogens:** 3% reported recent use.
- **Benzodiazepines:** 67% had used licit and/or illicit forms in the preceding six months.
- Recent illicit use of alprazolam was 25%, and 28% for other benzodiazepines.
- **Pharmaceutical stimulants** (e.g. dexamphetamine and methylphenidate)**:** recent use was low, with 4% licit and 3% illicit.
- **Inhalants:** use remained rare, with 2% reporting recent use.
- **Alcohol:** 37% reported abstinence from alcohol in the previous six months.
- **Tobacco:** 91% recently used tobacco, with 88% of these smoking daily.

4.7.1 Ecstasy and related drugs

Recent use of ecstasy (MDMA) has become rare, with only 5% reporting use in the previous 6 months (Figure 23), although 73% reported use in their lifetime.

Figure 23: Use and injection of ecstasy in preceding six months, 2000 to 2014

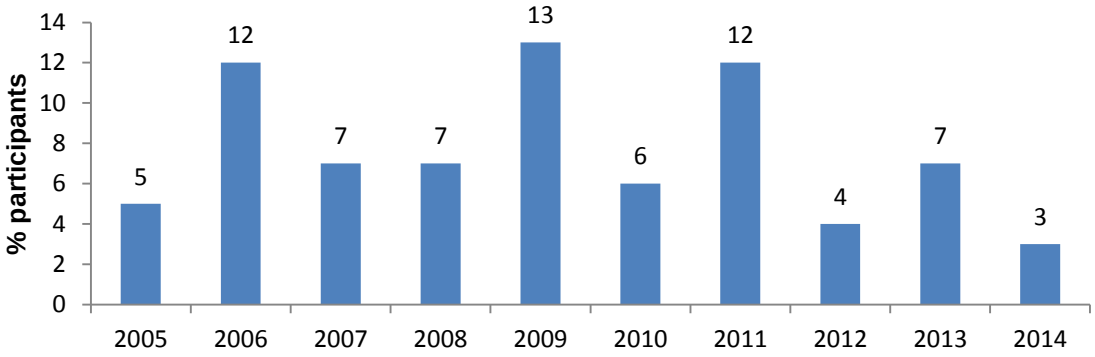


Source: Queensland IDRS PWID interviews

4.7.2 Hallucinogens

Although 75% had used hallucinogens (LSD, mushrooms, etc.) in their lifetime, only 3% had used them in the previous six months (Figure 24).

Figure 24: Hallucinogen use in preceding six months, 2005 to 2014



Source: Queensland IDRS PWID interviews

4.7.3 Benzodiazepines

Most participants (91%) had used a benzodiazepine in their lifetime whether licit or illicit; and 67% had done so recently (72% in 2013). Lifetime use of licit and/or illicit alprazolam (e.g. Xanax, Kalma) was reported by 73%, with 31% reporting recent use (44% in 2013). Results may have been affected by the rescheduling of alprazolam to a controlled drug (Schedule 8) on 1st February 2014 (see Section 5.11: Alprazolam market).

Lifetime use of other licit and/or illicit benzodiazepines (e.g. Valium, Serapax) was reported by 84% of participants, with 56% reporting recent use (66% in 2013). Injection of any form of benzodiazepine was rare.

Among those using any form of benzodiazepine, 28% used daily. Median days use of alprazolam was 3.5 for illicit (n = 24, range 1–90) and 82.5 for licit (n = 10, range 3–180. For other benzodiazepines, median days use was 6 for illicit (n = 27, range 1–180) and 48 for licit (n = 43, range 1–180).

The breakdown of licit and illicit use of alprazolam and other benzodiazepines is similar to 2013 (Table 8).

Table 8: Use of licit and illicit benzodiazepines in preceding six months, 2013 and 2014

	Licit (prescribed)		**Illicit** (not prescribed)	
	2013 N = 100 %	**2014** **N = 100** **%**	2013 N = 100 %	**2014** **N = 100** **%**
Alprazolam	17	**10**	38	**25**
Other benzodiazepines	48	**45**	30	**28**

Source: Queensland IDRS PWID interviews

Some key experts continued to regard benzodiazepines as the most problematic class of drugs. The reasons given included: '*lowers inhibitions, increases criminal behaviour because lessens inhibition. Takes over, diminishes risk assessment abilities.'* The re-scheduling of alprazolam was considered to have reduced use of Xanax but, as one key expert explained: '*They are less accessible but if you want them you can still get them*.' Key experts also brought up the issue of doctors taking people off benzodiazepines because of their dependence on them but not providing patients with alternative ways to deal with their anxiety and stress. Injection of benzodiazepines was considered to be rare.

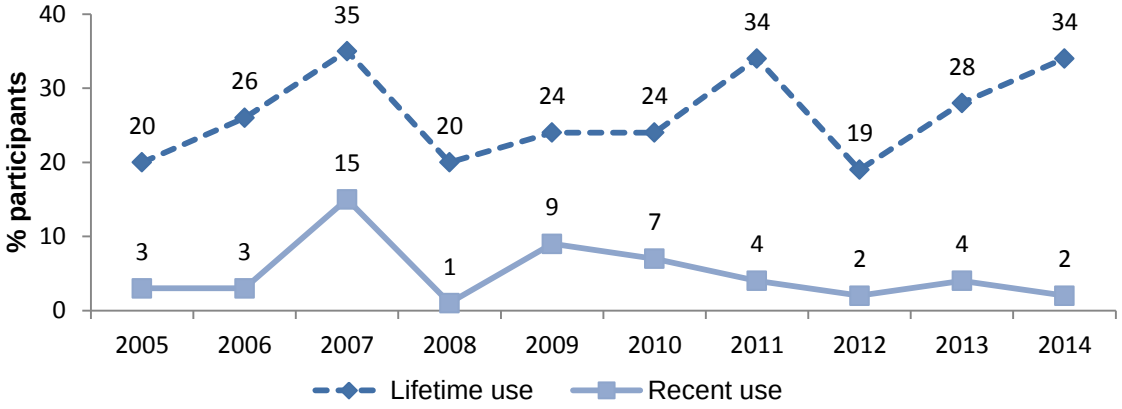
4.7.4 Pharmaceutical stimulants

As in previous years, recent use of pharmaceutical stimulants (e.g. dexamphetamine and methylphenidate) was low with 4% of participants reporting licit use and 3% of participants reporting illicit use.

4.7.5 Inhalants

Consistent with recent years, only a small number reported use of inhalants in the previous six months (Figure 25).

Figure 25: Prevalence of inhalant use, 2005 to 2014



Source: Queensland IDRS PWID interviews

4.7.6 Alcohol and tobacco

Alcohol use

Nearly all participants (99%) reported lifetime use of alcohol, with 63% reporting recent use (i.e. 37% reporting abstinence from alcohol). Seven per cent reported having injected alcohol in their lifetime but none reported doing so in the previous six months. The median frequency of alcohol use was 21 days (range 1–180).

Although there is a focus on young people and alcohol in the media, little attention is given to alcohol use amongst PWID. PWID are particularly at risk for alcohol-related harms due to a high prevalence of the hepatitis C virus (HCV). Half of the participants interviewed in the Australian NSP Survey 2013 (n = 2,407) reported having HCV antibodies (Iverson, Chow, & Maher, 2014). Given that the consumption of alcohol has been found to exacerbate HCV infection and to increase the risk of both non-fatal and fatal opioid overdose and depressant overdose (Coffin et al., 2007; Darke, Duflou, & Kaye, 2007; Darke, Ross, & Hall, 1996; Schiff & Ozden, 2004), it is important to monitor risky drinking among people who inject drugs.

In recent years, participants have been asked to complete the Alcohol Use Disorders Identification Test–Consumption (AUDIT-C) as a valid measure of identifying heavy drinking (Bush, Kivlahan, McDonell, Fihn, & Bradley, 1998). The AUDIT-C is a three-item measure, derived from the first three consumption questions in the AUDIT. Dawson et al (2005) reported on the validity of the AUDIT-C, finding that it was a good indicator of alcohol dependence, alcohol use disorder, and risky drinking.

Among study participants who drank alcohol in the past year, the overall mean score on the AUDIT-C was 5.8 (median 5, range 1–12) (Table 9). There was no significant gender difference: mean score was 5.1 for females (n = 21) and 6.1 for males (n = 44). According to Dawson and colleagues (2005) and Haber and colleagues' (2009) *Guidelines for the Treatment of Alcohol Problems*, a cut-off score of 5 or more indicates that further assessment is required.

Over half of participants who drank in the past year scored ≥5 on the AUDIT-C, indicating the need for further assessment (Table 9). There was no gender difference.

Table 9: AUDIT-C amongst participants who drank alcohol in the past year, 2013 and 2014

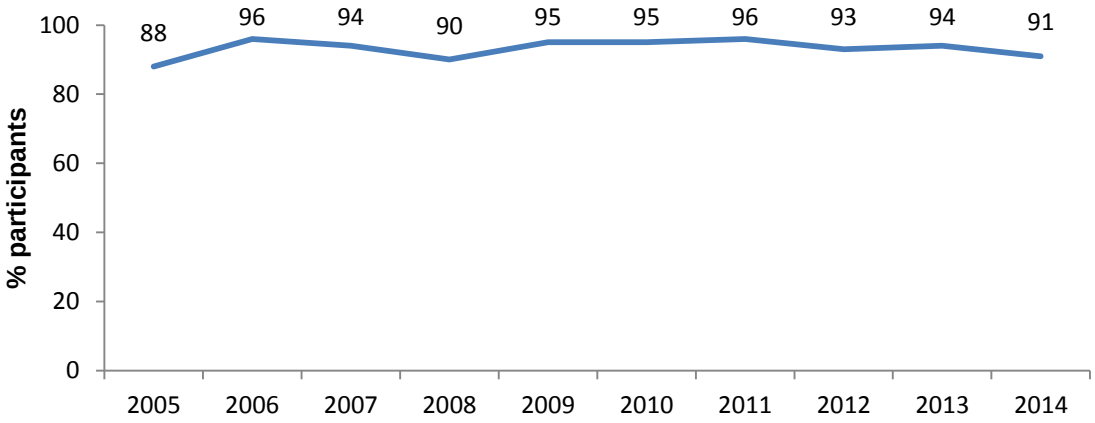
	2013 n = 64	**2014** **n = 65**
Mean AUDIT-C score	5.2	**5.8**
SD	3.5	**3.4**
(range)	(1–12)	**(1–12)**
Score of 5 or more	45%	**57%**

Source: Queensland IDRS PWID interviews

Tobacco use

Consistent with previous years, nearly all participants (91%) reported recent tobacco use (Figure 26) with 88% reporting daily use (i.e. 80% of all participants smoked daily).

Figure 26: Tobacco use in preceding six months, 2000 to 2014



Source: Queensland IDRS PWID interviews

Over a third (36%) reported lifetime use of e-cigarettes, with one in five reporting recent use. Median days used was 2.5 (n = 20, range 1–30).

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

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

5.1 Heroin market

KEY POINTS

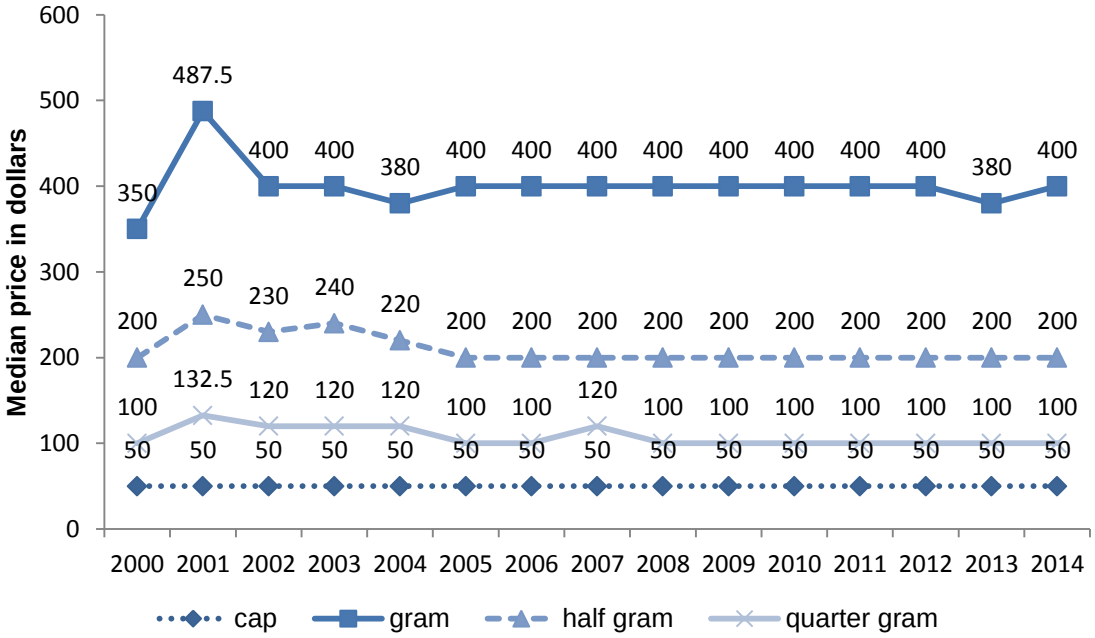
- **Median price:** remained constant (e.g. $100 per quarter gram)
- **Purity:** mostly reported as low or medium, with nearly half rating purity as stable
- **Availability:** readily available. Purchases were most commonly made from a known dealer and an agreed public location was the most common purchase venue.

Of the entire sample (N = 100), 60 participants answered questions about the heroin market, and analysis is based on this sub-sample.

5.1.1 Heroin price

Heroin prices have remained constant with only occasional slight variance in the last decade (Figure 27). A quarter gram appeared to be the most common purchase weight (n = 29, $100, range $100–$150).

Figure 27: Median cost of most recent heroin purchases, 2000 to 2014



Source: Queensland IDRS PWID interviews

Consistent with the consistency of pricing in recent years, most participants reporting on the heroin market (n = 56, 89%) rated heroin prices as stable. Pricing was in keeping with Queensland prices reported by the Australian Crime Commission (2014).

5.1.2 Heroin form and purity

Similar to 2013, most who commented rated the current purity of heroin as low or medium, with only a handful rating it as high (Table 10). About half considered that purity had not changed in the past six months, and 22% considered it to be decreasing.

Table 10: Perceptions of heroin purity in preceding six months, 2013 and 2014

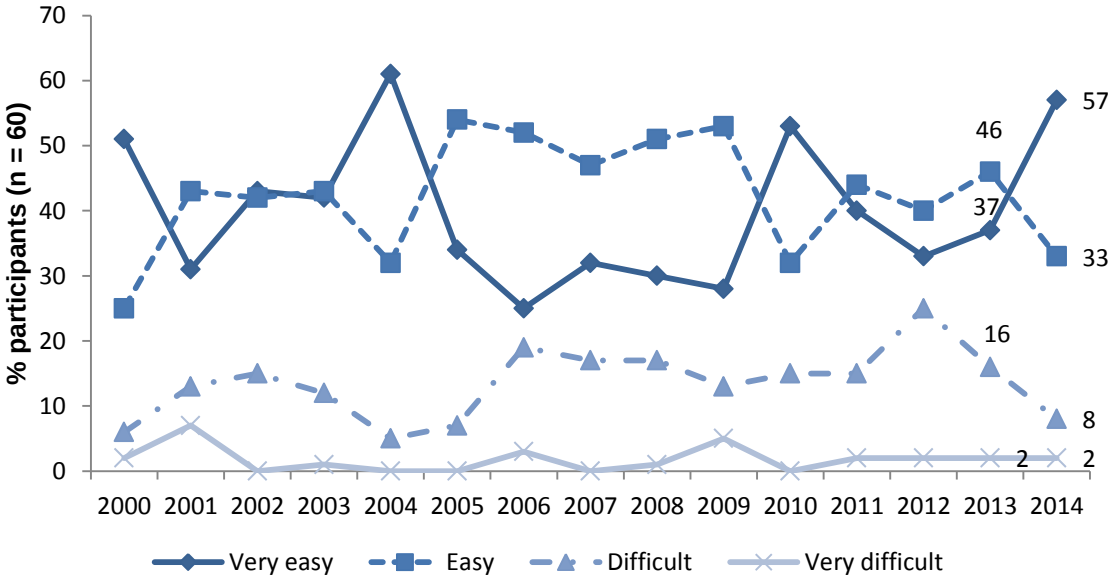
	2013 %	2014 %
Current purity	n = 60	**n = 58**
High	5	**7**
Medium	28	**29**
Low	57	**52**
Fluctuates	10	**12**
Purity change over the past six months	n = 59	**n = 55**
Increasing	7	**6**
Stable	46	**53**
Decreasing	17	**22**
Fluctuating	31	**20**

Note: Those choosing 'don't know' were excluded from analysis.
Source: Queensland IDRS PWID interviews

5.1.3 Heroin availability

Heroin continues to be readily available to participants, with 90% (n = 60) rating availability as very easy or easy; with only 10% rating availability as difficult or very difficult (Figure 28).

Figure 28: Current heroin availability, 2000 to 2014



Source: Queensland IDRS PWID interviews

Participants were also asked about changes in heroin availability in the preceding six months. Most (81%) considered it to be stable (Table 11).

Table 11: Changes in heroin availability in preceding six months, 2013 and 2014

	2013 (n = 63) %	**2014 (n = 60) %**
More difficult	13	**7**
Stable	76	**81**
Easier	2	**10**
Fluctuates	10	**2**

Note: Those choosing 'don't know' were excluded from analysis.
Source: Queensland IDRS PWID interviews

5.1.5 Purchasing patterns of heroin

A known dealer or friend continued to be the most common person from whom the most recent purchase of heroin was made (Table 12). The most likely purchase place was an agreed public location, but there was a significant increase in those purchasing at a dealer's home (from 13% in 2013 to 25% in 2014).

Table 12: Purchasing patterns of heroin, 2013 and 2014

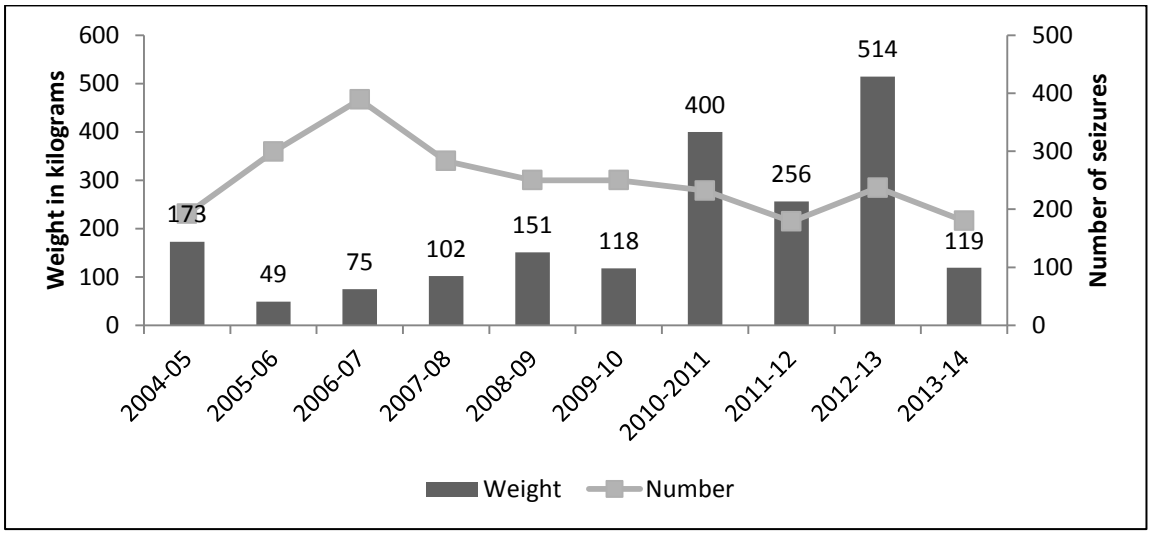
	2013 %	**2014 %**
Last purchased from	n = 63	**n = 59**
Known dealer	51	**54**
Friend	29	**27**
Acquaintance	10	**9**
Unknown dealer	5	**5**
Street dealer	2	**3**
Mobile dealer	2	**-**
Place of most recent purchase	n = 60	**n = 59**
Agreed public location	57	**49**
Friend's home	18	**14**
Dealer's home	13	**25↑**
Home delivery	7	**12**
Street market	3	**-**
Acquaintance's home	2	**-**

Arrow symbol signifies a significant difference $p<0.05$.
Source: Queensland IDRS PWID interviews

5.1.6 Heroin detected at the Australian border

The number of heroin seizures at the border by the Australian Customs and Border Protection Service (ACBPS) in 2013–14 was 180 compared with 237 in 2012–13; however, the total weight fell from 514 kilograms in 2012–13 to 119 kilograms in 2013–14 (Figure 29).

Figure 29: Weight and number of heroin border seizures by the Australian Customs and Border Protection Service, 2004–05 to 2013–14



Source: ACBPS, 2014

Key experts reported that the heroin market appeared stable. It was noted that dependent heroin users were often supplied by small time dealers who were low on the supply chain and were therefore likely to have poor quality heroin.

5.2 Methamphetamine market

KEY POINTS

- **Median price**: a point of powder/speed was $65, base was $100, and crystal/ice was $100.
- **Purity:** crystal/ice reported as high by two in five. Speed was most commonly rated as medium, and base ratings were mixed.
- **Availability:** all forms of methamphetamine were reported to be readily available.

Of the entire sample (N = 100), 14% answered questions about the powder/speed market, 10% about base, and 38% about crystal/ice; and analysis is based on these sub-samples.

5.2.1 Methamphetamine price

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

Speed

Point (0.1 g)	$65 (range $40–$100, n = 8)
Halfweight (0.5 g)	$300 (range $250–$350, n = 3)
Gram (1 g)	$450 (n = 1)

Base

Point (0.1 g)	$100 (range $50–$100, n = 7)
Halfweight (0.5 g)	$325 (range $100–$350, n = 4)
Gram (1 g)	$350 (range $200–$750, n = 4)

Crystal/ice

Point (0.1 g)	$100 (range $50–$150, n = 25)
Halfweight (0.5 g)	$300 (range $250–$400, n = 13)
Gram (1 g)	$550 (range $70–$800, n = 5)

The price of all forms of methamphetamine was generally considered to be stable (Table 13).

Table 13: Methamphetamine price changes in preceding six months, 2013 and 2014

Price	Speed powder		Base		Crystal/ice	
	2013 n = 19 %	**2014 n = 14 %**	2013 n = 10 %	**2014 n = 10 %**	2013 n = 33 %	**2014 n = 38 %**
Increasing	0	**14**	20	**20**	15	**16**
Stable	100	**71**	70	**80**	82	**79**
Decreasing	0	**0**	0	**0**	3	**3**
Fluctuating	0	**14**	10	**0**	0	**3**

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

5.2.2 Methamphetamine purity

A high purity rating was given to crystal/ice by 40%, to base by 30%, and to powder/speed by 14% (Table 14). A stable rating was given to base by 60%, to crystal/ice by 46%, and powder/speed by 13%.

Table 14: Perceptions of methamphetamine purity in preceding six months, 2013 and 2014

	Powder/speed		Base		Crystal/ice	
	2013 %	**2014 %**	2013 %	**2014 %**	2013 %	**2014 %**
Current purity/strength	n = 20	**n = 14**	n = 11	**n = 10**	n = 33	**n = 38**
High	20	**14**	27	**30**	61	**40**
Medium	40	**43**	46	**30**	21	**26**
Low	15	**29**	0	**10**	3	**5**
Fluctuates	25	**14**	27	**30**	15	**29**
Changes to purity/strength	n = 20	**n = 13**	n = 10	**n = 10**	n = 33	**n = 37**
Increasing	15	**8**	20	**10**	21	**8**
Stable	40	**31**	20	**60**	55	**46**
Decreasing	10	**31**	10	**10**	3	**5**
Fluctuating	35	**31**	50	**20**	21	**41**

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

5.2.3 Methamphetamine availability

The pattern of current availability was similar to 2013 with all three forms of methamphetamine being readily available (Table 15). Availability was generally considered to be stable for all forms.

Table 15: Methamphetamine availability in preceding six months, 2013 and 2014

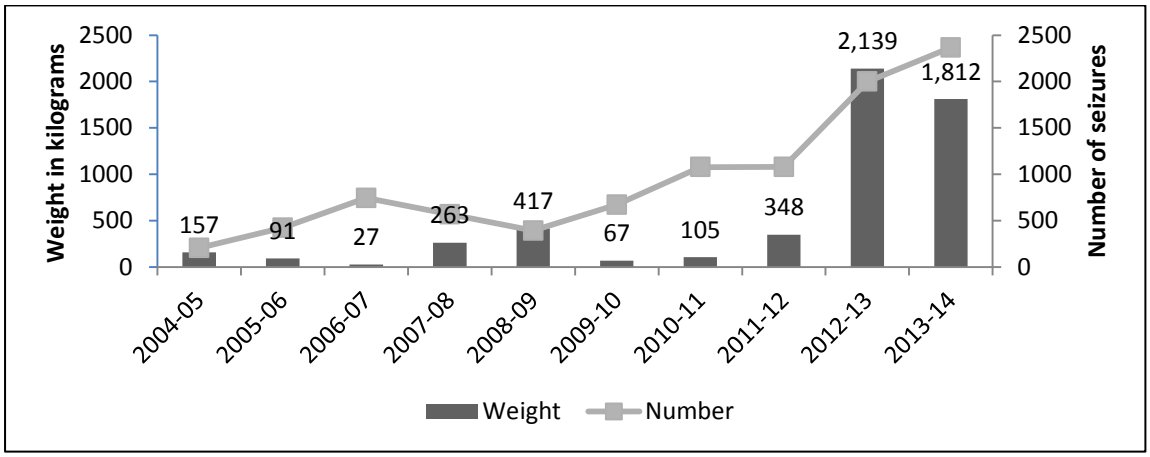
	Powder/speed		Base		Crystal/ice	
	2013 %	**2014 %**	2013 %	**2014 %**	2013 %	**2014 %**
Current availability	n = 19	**n = 14**	n = 9	**n = 10**	n = 33	**n = 39**
Very easy	42	**36**	33	**40**	52	**64**
Easy	47	**43**	33	**40**	42	**28**
Difficult	11	**14**	33	**20**	6	**8**
Very difficult	0	**7**	0	**0**	0	**0**
Changes to availability	n = 19	**n = 14**	n = 9	**n = 10**	n = 32	**n = 38**
More difficult	11	**29**	22	**10**	3	**3**
Stable	68	**64**	67	**90**	72	**87**
Easier	16	**0**	11	**0**	25	**5**
Fluctuates	5	**7**	0	**0**	0	**5**

Note: Those choosing 'don't know' were excluded from analysis.
Source: Queensland IDRS PWID interviews

5.2.4 Amphetamine-type stimulants detected at the Australian border

The number and weight of detections of amphetamine-type stimulants (ATS) by the Australian Customs and Border Protection Service (ACBPS) was similar to 2012–13, with 2,367 seizures weighing a total of 1,812 kilograms (Figure 30).

Figure 30: Weight and number of amphetamine-type stimulants* detections by the Australian Customs and Border Protection Service, financial years 2004–05 to 2013–14



* includes amphetamine, methamphetamine and crystal methamphetamine detections, but excludes MDMA
Source: ACBPS, 2014

Of the 2,367 detections in 2013–14, 1,379 were crystal methamphetamine (ice); and of the total weight of 1,812 kilograms, 1,435 kilograms were crystal methamphetamine (ice) (ACBPS, 2014).

5.2.5 Purchasing patterns of methamphetamines

A known dealer or a friend continued to be the most likely source for the most recent purchase of all forms of methamphetamines (Table 16). The place of most recent purchase varied for all three forms of methamphetamines, but an agreed public location was the most common place.

Table 16: Purchasing patterns of methamphetamine, 2013 and 2014

	Powder/speed		Base		Crystal/ice	
	2013 %	**2014 %**	2013 %	**2014 %**	2013 %	**2014 %**
Last purchased from	n = 20	**n = 13**	n = 10	**n = 10**	n = 33	**n = 36**
Street dealer	10	**0**	0	**0**	0	**0**
Friend	25	**23**	30	**30**	33	**25**
Known dealer	45	**46**	30	**20**	42	**47**
Acquaintance	10	**15**	0	**20**	12	**19**
Unknown dealer	5	**8**	20	**10**	3	**6**
Mobile dealer	0	**0**	0	**0**	3	**0**
Relative	0	**0**	0	**20**	0	**3**
Other*	5	**8**	20	**0**	6	**0**
Place of most recent purchase	n = 20	**n = 13**	n = 10	**n = 10**	n = 33	**n = 36**
Home delivery	15	**15**	20	**0**	18	**11**
Dealer's home	5	**15**	0	**10**	12	**11**
Friend's home	30	**31**	20	**30**	27	**22**
Acquaintance's home	0	**0**	0	**0**	3	**0**
Street market	5	**0**	10	**0**	0	**0**
Agreed public location	45	**39**	40	**40**	36	**53**
Other	0	**0**	10	**20**	3	**3**

Source: Queensland IDRS PWID interviews

Methamphetamines were reported as very easy to obtain with quality high, particularly when purchased in crystal form. Key experts reported the market as stable, with both powder and crystal/ice selling for between $70 and $100 per point.

5.3 Cocaine market

KEY POINTS

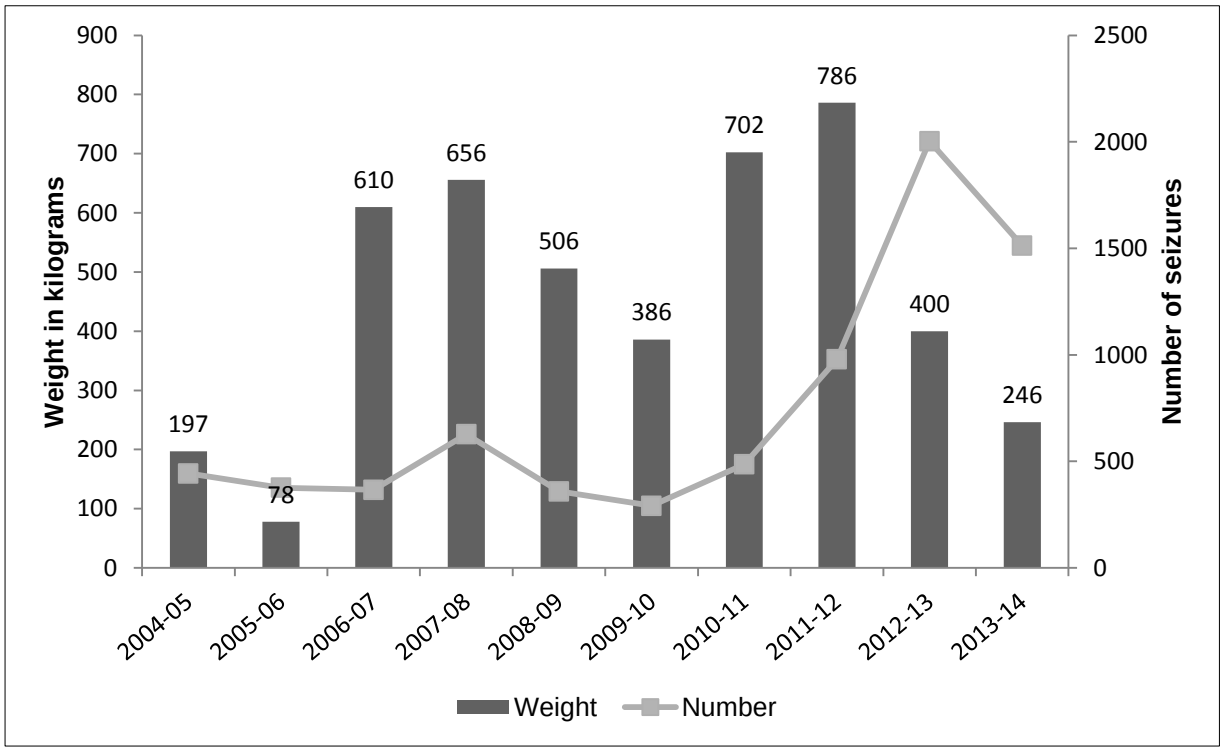
- The three reports on the cocaine market indicated that cocaine was readily available, with access stable.

Only three participants answered questions about the cocaine market. All three reported that cocaine was readily available, with no recent changes in access. Price of a gram of cocaine was reported by one participant as $350; and one participant reported a quarter gram was $120. Two reported strength as high and the other reported it as low.

5.3.1 Cocaine detected at the Australian border

Both the number and weight of cocaine detections at the border by the Australian Customs and Border Protection Service (ACBPS) were lower than in 2012–13, with 1,512 seizures weighing a total of 246 kilograms (Figure 31).

Figure 31: Weight and number of cocaine border seizures by the Australian Customs and Border Protection Service, 2004–05 to 2013–14



Source: ACBPS 2014

5.4 Cannabis market

KEY POINTS

- **Median price:** mostly reported as stable for both hydro and bush: a quarter ounce of hydro was $90 and bush was $70.
- **Potency:** generally rated as medium or high for both hydro and bush.
- **Availability:** Hydro was readily available. Ratings for bush indicated that it was less readily available.

Forty-six per cent of the sample agreed they were able to distinguish between hydroponically cultivated cannabis (hydro) and outdoor-cultivated cannabis (bush). Thirty-six per cent answered questions about the hydro market and 11% about the bush market.

5.4.1. Cannabis price

The median price of hydro and bush was:

Hydro	
Stick*	$25 (n = 7)
Gram	$25 (range $15–$25, n = 11)
Quarter ounce	$90 (range $80–$100, n = 19)
Ounce	$280 (range $100–$350, n = 9)
Bush	
Gram	$22 (n = 2)
Quarter ounce	$70 (n = 2)
Ounce	$250 (range $220–$260, n = 3)

*Stick is generally around 1.5 grams. The ranges provided by participants spanned 1.2–1.7 grams.

The price of hydro was mostly rated as stable (86%, n = 35), with 11% considering it to have increased, and 3% to have decreased. The price of bush was also mostly rated as stable (70%, n = 10), with 30% considering it to have fluctuated.

5.4.2 Cannabis purity

The potency of both hydro and bush was generally considered to be high or medium, with the majority reporting that potency had remained stable in the previous six months (Table 17).

Table 17: Perceived cannabis potency in preceding six months, 2013 and 2014

	Hydro		Bush	
	2013 %	**2014 %**	2013 %	**2014 %**
Current potency	n = 35	**n = 35**	n = 20	**n = 10**
High	51	**37**	5	**30**
Medium	31	**49**	60	**60**
Low	3	**3**	5	**0**
Fluctuates	14	**11**	30	**10**
Changes to potency	n = 35	**n = 35**	n = 20	**n = 10**
Increasing	9	**9**	0	**10**
Stable	54	**63**	45	**70**
Decreasing	11	**9**	5	**0**
Fluctuates	26	**20**	50	**20**

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

5.4.3 Cannabis availability

Table 18 shows that the current availability of hydro was mostly rated as very easy or easy, with two-thirds considering availability to be stable, nearly a quarter considered availability had become more difficult. There was no clear consensus about the availability of bush, although most (70%) considered the market to be stable.

Table 18: Cannabis availability in preceding six months, 2013 and 2014

	Hydro		Bush	
	2013 %	**2014 %**	2013 %	**2014 %**
Current availability	n = 35	**n = 36**	n = 20	**n = 11**
Very easy	49	**56**	25	**27**
Easy	49	**28**	50	**36**
Difficult	3	**17**	25	**27**
Very difficult	0	**0**	0	**9**
Changes to availability	n = 35	**n = 35**	n = 20	**n = 10**
More difficult	3	**23**	5	**30**
Stable	97	**66**	80	**70**
Easier	0	**3**	0	**0**
Fluctuates	0	**9**	15	**0**

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

5.4.4 Purchasing patterns of cannabis

As in previous years, a friend or known dealer was the most likely source person for obtaining both hydro and bush (Table 19). Place of purchase varied.

Table 19: Purchasing patterns of cannabis, 2013 and 2014

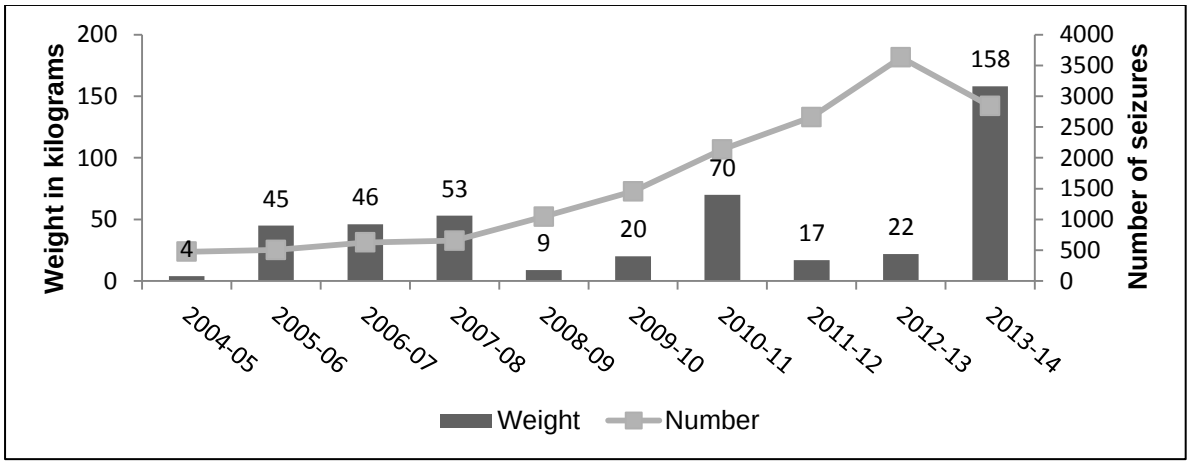
	Hydro		Bush	
	2013 %	**2014 %**	2013 %	**2014 %**
Last purchased from	n = 35	**n = 36**	n = 20	**n = 11**
Friend	40	**42**	45	**64**
Known dealer	34	**42**	40	**36**
Street dealer	0	**6**	0	**0**
Acquaintance	14	**3**	15	**0**
Workmate	0	**3**	0	**0**
Unknown dealer	6	**3**	0	**0**
Relative[a]	-	**3**	-	**0**
Other	6	**0**	0	**0**
Place of purchase	n = 35	**n = 36**	n = 20	**n = 11**
Friend's home	26	**28**	35	**27**
Dealer's home	17	**25**	10	**27**
Home delivery	11	**8**	10	**27**
Agreed public location	34	**31**	35	**18**
Street market	3	**3**	0	**0**
Acquaintance's home	6	**0**	10	**0**
Work	0	**0**	0	**0**
Other	3	**0**	0	**0**

[a] 'relative' was only introduced as a response option in 2014
Note: Percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS PWID interviews

5.4.5 Cannabis detections at the Australian border

Figure 32 shows a sharp increase in the weight of cannabis detections at the border by the Australian Customs and Border Protection Service (ACBPS) for 2013–14. These detections include cannabis, cannabis leaf, oil, seed, and resin.

Figure 32: Weight and number of cannabis border seizures by Australian Customs and Border Protection Service, financial years 2004–05 to 2013–14



Source: ACBPS

Key experts report that cannabis is readily available, particularly hydro as bush is more seasonal. Prices reported for cannabis were: hydro $350–$400 gram and bush $250–$300 gram.

5.5 Methadone market

KEY POINTS

- **Median price:** $1 per millilitre
- **Availability:** readily available
- **Purchasing pattern:** most likely to have been purchased from a friend or acquaintance, and the purchase place to have been a public location.

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

5.5.1 Methadone price

The median price paid for one millilitre of methadone syrup remained constant at $1 per millilitre.

5.5.2 Methadone availability

Most reported methadone as readily available and availability as stable.

5.5.3 Purchasing patterns of illicit methadone

Illicit methadone was mostly sourced from a friend, and the purchase place varied. Main reason given for use was self-treatment. Of the eight who commented further about their most recent purchase, five had bought it and three were given it for free. Seven reported it was someone else's take-away dose.

5.6 Buprenorphine (Subutex) market

KEY POINTS

- **Median price:** $35 for 8 mg tablet
- **Availability:** easy or very easy

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

5.6.1 Buprenorphine price

The median price of buprenorphine was:

2 mg $7.5 (range $5–$10, n = 2)

8 mg $35 (range $10–$50, n = 8)

Most participants who commented reported that prices were stable (83%, n = 12).

5.6.2 Buprenorphine availability

All except one of the 12 participants who commented on the current availability of buprenorphine rated it as easy (50%) or very easy (42%). Nearly all reported that availability had been stable in the previous six months.

5.6.3 Purchasing patterns of illicit buprenorphine

The source person for the most recent purchase was either a friend or an acquaintance, and the source venue varied. Just over half reported paying money for illicit buprenorphine. Of the 10 who commented on the original source, seven reported it to be someone else's take-away dose, two someone else's daily dose, and the remaining participant didn't know.

5.7 Buprenorphine-naloxone (Suboxone) market

KEY POINTS

- **Median price:** $20 for 8 mg film
- **Availability:** readily available

Questions about the buprenorphine-naloxone market were answered by 3% for tablets and 9% for film.

5.7.1 Buprenorphine-naloxone price

The median price of buprenorphine-naloxone was:

Tablets

8 mg $15 (range $10–$20, n = 2)

Film

2 mg $10 (n = 1)

8 mg $20 (range $10–$50, n = 9)

The three participants who reported on tablets considered price to be stable. Four of the seven participants who reported on film considered price to be stable, two fluctuating, and one decreasing.

5.7.2 Buprenorphine-naloxone availability

Two of the three participants who commented on buprenorphine-naloxone tablets reported they were easy to obtain; and all three reported that availability had been stable over the past six months.

Of the 10 participants who commented on film, all except one considered it to be readily available, and availability over the past six months was mostly reported as stable.

5.7.3 Purchasing patterns of buprenorphine-naloxone

Buprenorphine-naloxone film was most likely purchased from a friend or known dealer, and the place of purchase was most likely to be an agreed public location or home delivered.

Key experts reported that Suboxone (buprenorphine-naloxone) film was cheap, readily available, of known content, and easy to divide up. Prices provided for film were 8 mg $40–$50 and 2 mg $10–15.

5.8 Morphine market

KEY POINTS

- **Median price:** 100 milligrams of morphine (MS Contin® and Kapanol®) was $50, with price in the past six months generally rated as stable.
- The most common brand of morphine was MS Contin®, followed by Kapanol®.
- **Accessibility:** most reported it as easy or very easy to obtain.
- Morphine was obtained from a variety of source people and locations.

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

5.8.1 Morphine price

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

MS Contin	60 mg	$32.50 (range $25–$40, n = 2)
	100 mg	$50 (range $30–$70, n = 21)
Kapanol	50 mg	$25 (range $25–$30, n = 4)
	100 mg	$50 (range $50–$60, n = 8)

Price was generally considered to be stable (n = 25, 72%), with 28% considering it to be increasing.

5.8.2 Morphine availability

Similar to 2013, participants who commented on the morphine market in 2014 generally considered morphine to be readily available, with most reporting access as stable (Table 20).

Table 20: Availability of morphine in preceding six months, 2013 and 2014

Ease of access	2013 % (n = 28)	**2014 % (n = 23)**	Changes to ease of access in last 6 months	2013 % (n = 28)	**2014 % (n = 23)**
Very easy	43	**30**	Stable	79	**83**
Easy	43	**57**	More difficult	11	**17**
Difficult	14	**13**	Fluctuates	7	**0**
Very difficult	0	**0**	Easier	4	**0**

Note: Those choosing ‘don’t know’ were excluded from analysis.
Source: Queensland IDRS PWID interviews

5.8.3 Purchasing patterns of illicit morphine

Respondents who commented (n = 24) last purchased morphine from a friend (50%), known dealer (25%), acquaintance (17%), street dealer (4%), or partner (4%).

Venues for the most recent purchase of morphine (n = 24) were: agreed public location (38%), a friend’s home (25%), home delivery (17%), dealer’s home (13%), or street market (8%).

5.9 Oxycodone market

KEY POINTS

- The most common brand, OxyContin, was reformulated on 1 April 2014 to prevent diversion.
- **Median price:** $40 for 80 milligrams of original OxyContin; $25 for reformulated.
- **Availability:** three-quarters rated it as easy or very easy.
- **Purchasing pattern:** two-thirds reported their source person was a friend. The purchase venue was most likely to be an agreed public location or friend's home.

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

5.9.1 Illicit oxycodone price

OxyContin was the most common brand of oxycodone. With the intention of reducing its diversion, on 1 April 2014 OxyContin (oxycodone) tablets were reformulated with physicochemical properties designed to make them harder to crush for injecting.

OxyContin	80 mg	original	$40 ($20–$100, n = 20)
		reformulated	$25 ($15–$30, n = 5)

Of the 24 participants who commented on price changes, 42% considered it to be stable, 29% decreasing, 25% increasing, and 4% fluctuating.

5.9.2 Illicit oxycodone availability

Oxycodone was generally regarded as readily available; although about a quarter found it difficult or very difficult to obtain (Table 21). Change in availability was most commonly reported as stable (58%) but 31% reported it was more difficult.

Table 21: Availability of oxycodone in preceding six months, 2013 and 2014

Ease of access	2013 % (n = 21)	**2014 % (n = 23)**	Changes to ease of access in last 6 months	2013 % (n = 21)	**2014 % (n = 26)**
Very easy	24	**30**	Stable	67	**58**
Easy	33	**44**	More difficult	19	**31**
Difficult	43	**13**	Fluctuates	5	**8**
Very difficult	0	**13**	Easier	10	**4**

Note: Those choosing 'don't know' were excluded from analysis.
The percentage totals may not equal 100 due to rounding.
Source: Queensland IDRS injecting drug user interviews

5.9.3 Purchasing patterns of illicit oxycodone

Of the participants who commented on their most recent purchase of oxycodone (n = 24), 67% reported their source person was a friend, 17% a known dealer, 13% an acquaintance, and 4% a street dealer. The purchase was most likely to be made at an agreed public location (38%) or friend's home (29%): other venues included home delivery, dealer's home, acquaintance's home, and street market.

5.10 Benzodiazepine market

KEY POINTS

- **Price:** rated as stable or increasing
- **Availability:** no consensus
- **Purchasing pattern:** purchased from a friend or relative

Seven per cent answered questions about the benzodiazepine market.

5.10.1 Illicit benzodiazepine price

Numbers were too low to report on prices of diazepam and alprazolam per pill; but of the five who commented on recent changes to price, three considered it to be stable and two increasing.

5.10.2 Illicit benzodiazepine availability

Of the four participants who commented on availability, two rated it as very easy and two as difficult. Three of the four rated changes in accessibility as more difficult, and the other rated it as stable.

5.10.3 Purchasing patterns of illicit benzodiazepine

Of the four participants who reported who they purchased it from, three obtained if from a friend and the other from a relative. Due to small numbers and little consensus, other results will not be reported.

5.11 Alprazolam market

KEY POINTS

- Alprazolam was reclassified from Schedule 4 to Schedule 8 (controlled drug) on 1 February 2014.
- **Median price:** $3 for 2 mg tablet before and after rescheduling.

In Australia on the 1 February 2014, the Therapeutic Goods Administration (TGA) reclassified alprazolam (all forms and preparations) from Schedule 4 to Schedule 8 (controlled drug). Due to this policy change, participants were asked about the use, price and availability of alprazolam before and after 1 February 2014.

Participants were firstly asked if they had used alprazolam between June 2013 and January 2014. Of the seven who used alprazolam between June 2013 and January 2014, five reported using only non-prescribed alprazolam and two both non-prescribed and prescribed alprazolam. Four reported using alprazolam after January: two only used prescribed and two only used non-prescribed.

5.11.1 Alprazolam price

The median price of alprazolam was:

Prior to 1 February 2014:	2 mg	$3 (range $2–$5, n = 7)
Post 1 February 2014:	2 mg	$3 (range $3–$6, n = 3)

5.11.2 Alprazolam availability

There was no consensus on availability before and after the rescheduling.

Further analysis

Due to the small numbers in Queensland, further analysis is not reported here. More detailed analysis is published in the national report found at www.ndarc.med.unsw.edu.au

Key experts reported that the rescheduling of Xanax (alprazolam) had increased its price. One key expert gave the current price for one 8 mg Xanax as $10. Another said 50 x 2 mg Xanax cost $250.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

KEY POINTS

- **Overdose:** among participants who had used heroin (n = 88), 49% had accidently overdosed on it in their lifetime. Of these, 16% had overdosed in the preceding year.
- 27% of participants had accidently overdosed on a drug other than heroin in their lifetime.
- **Treatment:** 53% of participants were currently in drug treatment, mainly opioid substitution therapy (OST).
- Of those in OST, about half were receiving methadone and the other half buprenorphine or buprenorphine-naloxone.
- **Injecting risk:** nearly all participants had sourced needles from a Needle and Syringe Program (NSP) in the previous month.
- 4% of participants had recently borrowed a used needle, and 15% had recently lent a used needle, with 22% reporting that they shared other equipment (predominantly spoons/mixing containers).
- Two in five re-used one of their own needles at least once in the previous month.
- **Mental health:** 52% of participants self-reported a mental health problem, with the most common problems being anxiety and depression.
- Half of the participants scored in the high distress or very high distress categories of the Kessler Psychological Distress Scale (K10).
- **Opioid dependence:** 72% had a score indicative of dependence.
- **Stimulant dependence:** 33% had a score indicative of dependence.
- **Naloxone:** Most participants had heard of naloxone, but only 35% had heard of the take-home program, and only one participant was participating in the program.

6.1 Overdose and drug-related fatalities

6.1.1 Heroin and other opioid overdose

Among participants who had used heroin and commented (n = 88), 49% reported accidently overdosing on heroin in their lifetime. The median number of overdoses was three (range 1–12). About half (48%) reported receiving Narcan the last time they overdosed on heroin.

Of those who had overdosed, 16% (7 participants) had done so in the previous 12 months. All seven reported receiving Narcan: three from a friend/partner/peer, three from a health professional, and one from another person. Only one respondent reported later seeking out treatment/information as a result of the overdose, and this was from a counsellor.

6.1.2 Other drugs overdose

Of the entire sample, 27% reported an accidental overdose on a drug other than heroin, with 13% having overdosed in the previous 12 months. The median number of other overdoses was two (n = 27, range 1–72). Of the 13 participants who had overdosed in the previous 12 months, 12 reported receiving CPR (11 from a friend/partner/peers and one from a health professional) and one reported receiving Narcan.

6.1.3 Queensland Ambulance Service data

Attendance by Queensland Ambulance Service to people who were coded as having a drug overdose (and the primary drug was recorded) is presented in Table 22 for the financial years 2009–10 to 2013–14. Proportions follow a similar pattern over the five years, with legal drugs being consistently the most likely primary drug.

Table 22: Overdose cases attended by Queensland Ambulance Service where primary substance was recorded, 2009–10 to 2013–14

Primary drug	2009–10	2010–11	2011–12	2012–13	**2013–14**
Alcohol	3,629	3,813	3,950	4,151	**3,750**
Other medications	1,060	1,000	992	1,026	**982**
Antidepressants	766	661	641	720	**454**
Benzodiazepines	467	490	554	613	**413**
Unknown substance	322	320	351	369	**307**
Amphetamines	132	149	265	282	**247**
Cannabis	182	198	227	251	**226**
Heroin	242	285	281	217	**190**
Other opiates	110	148	131	179	**186**
Antipsychotics	228	208	221	216	**155**
Inhalants	74	80	136	180	**135**
Ecstasy	166	107	137	212	**82**
Methadone	39	34	32	31	**37**
GHB	38	32	53	119	**29**
Cocaine	33	28	26	42	**27**
Buprenorphine	5	2	3	7	**8**
Naltrexone	3	3	3	1	**1**
Other	880	799	860	1,000	**907**
	8,376	8,357	8,863	9,616	**8,136**

Source: Queensland Ambulance Service

These data are conservative and cannot be considered a definitive record of the number of overdoses attended by the service in the specified time period.[1]

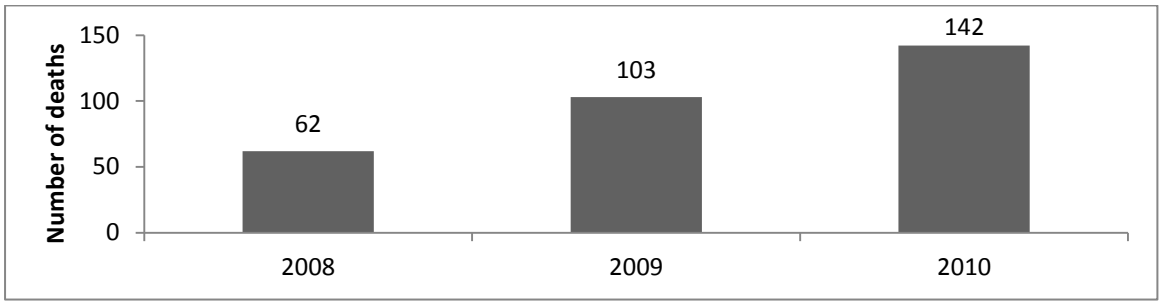
6.1.4 Fatal overdose

The Australian Bureau of Statistics (ABS) collates and manages the national causes of death database, utilising information from the National Coronial Information System (NCIS). Data for accidental opioid deaths in Queensland continue to trend upwards from 2008 to 2010 (Figure 33).

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

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

Figure 33: Accidental opioid deaths in Queensland among those aged 15–54 years, 2008 to 2010



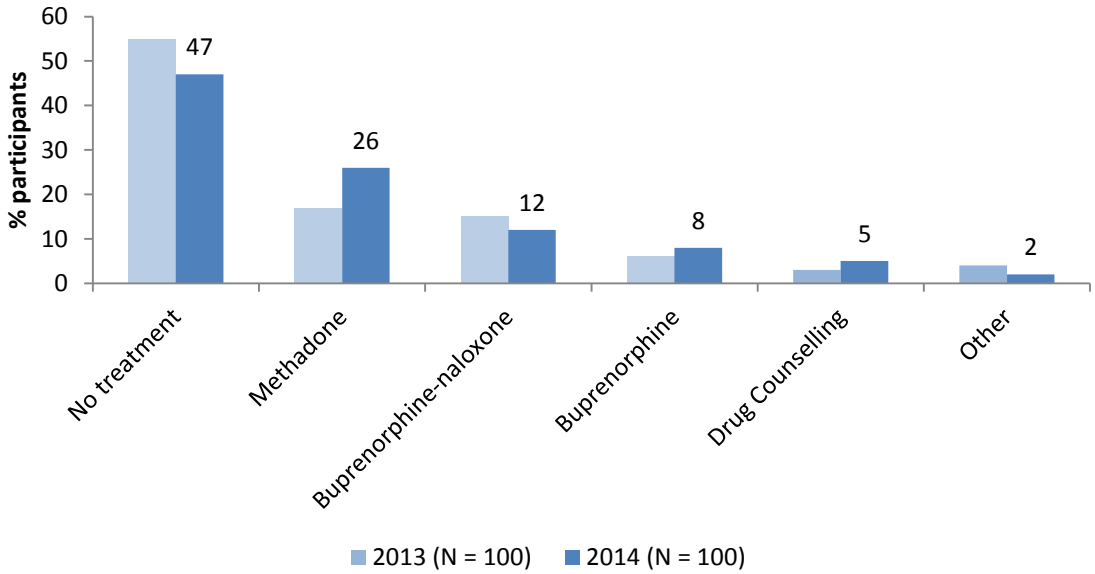
Source: Australian Bureau of Statistics (Roxburgh and Burns, 2014)

6.2 Drug treatment

6.2.1 Current drug treatment

Just over half of the sample reported being in treatment, with methadone being the most common form (Figure 34). The median time in current treatment was 15.5 months (n = 50, range 1 month–12 years).

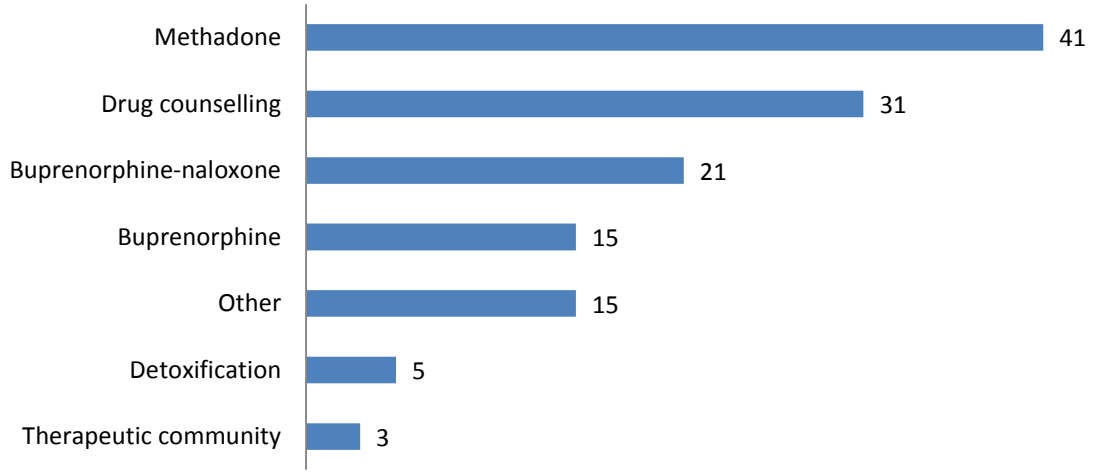
Figure 34: Current treatment status, 2013 and 2014



Source: Queensland IDRS PWID interviews

Figure 35 shows the forms of treatment that participants had been in over the preceding six months.

Figure 35: Forms of treatment received in previous six months (%, n = 39)



Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Sixteen per cent of participants reported they had tried to access treatment in the last six months but were unable to. An opioid substitution program was the service that the 16 participants were most likely to have been unable to access, followed by detox, and psychologist. Half reported that inability to access was because of a waiting list and the others gave a variety of reasons.

One participant had given up seeking treatment but 18% of participants were currently trying to get into treatment: 7% therapeutic community, 5% detoxification, 4% drug counselling, 3% unspecified, 2% methadone, 1% buprenorphine, and 1% buprenorphine-naloxone (multiple responses given).

Table 23 shows participants' perception of how easy it is to get drug treatment.

Table 23: Perception of current access to drug treatment, 2013 and 2014

	2013 % n = 53	**2014** **%** **n = 69**
Very easy	8	**5**
Easy	30	**47**
Difficult	25	**28**
Very difficult	38	**20**

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

Participants (n = 69) reported that availability of drug treatment services in the previous six months was: more difficult 33%, stable 54%, easier 12%, and fluctuates 1%.

6.2.2 Estimated number of pharmacotherapy clients

In Queensland, the estimated number of pharmacotherapy clients was stable with 6,093 clients receiving pharmacotherapy treatment on a 'snapshot'/specified day in June 2013 (AIHW, 2014b). Of these, 50% were receiving methadone, 12% were receiving buprenorphine (Subutex), and 38% were receiving buprenorphine-naloxone (Suboxone). The proportions were similar to those in 2012.

Nearly three in five clients were male. The median age was 40 years, with the median age for methadone being 42 years, and 38 years for buprenorphine and buprenorphine-naloxone.

There were 511 dosing sites in Queensland (470 in 2012), and these were most commonly pharmacies (80%). The number of prescribers registered to prescribe pharmacotherapy drugs was 183 (126 in 2012).

6.2.3 Calls to telephone help lines

The following data was obtained from the Queensland Alcohol and Drug Information Service (ADIS) which is a 24-hour information and counselling service provided by Queensland Health. In the financial year 2013–14 the pattern of calls according to drug type was similar to previous years except for the substantial increase in calls about licit opioids (Table 24).

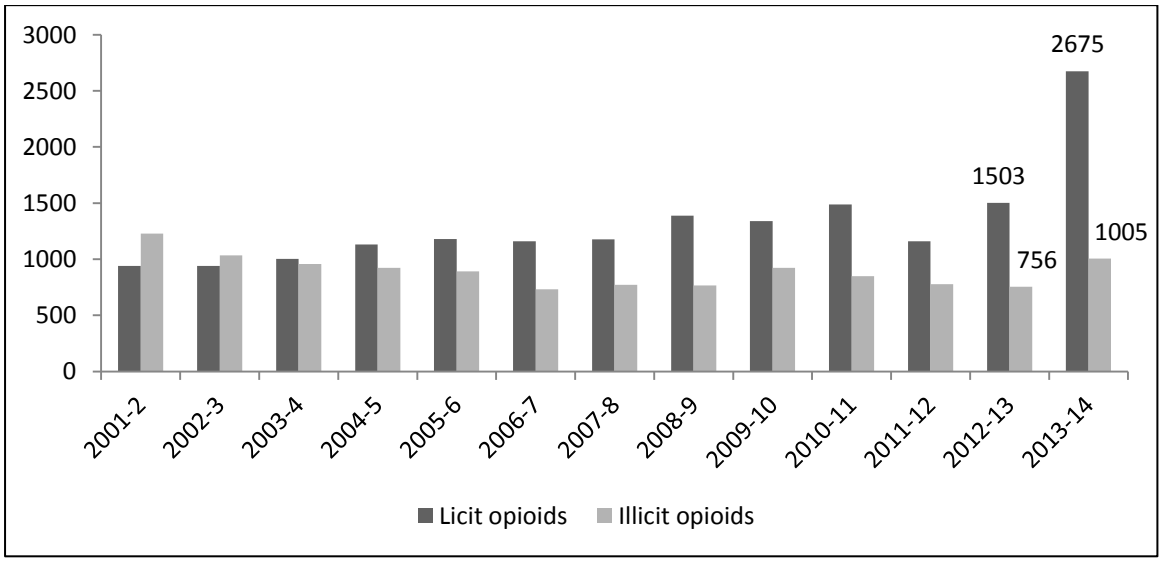
Table 24: Number of calls to ADIS according to drug type, 2011–12 to 2013–14

Drug type	Calls		
	2011–12	2012–13	**2013–14**
Alcohol	5,975	5,166	**5,923**
Amphetamines	1,913	2,020	**2,960**
Licit opioids	1,752	1,503	**2,675**
Cannabis	2,456	2,167	**2,464**
Benzodiazepines	1,008	971	**1,050**
Illicit opioids	1,069	756	**1,005**
Ecstasy	120	134	**117**
Cocaine	80	76	**116**
Hallucinogens	44	50	**55**
Other	3,090	3,430	**5,791**

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

Enquiries about licit opioids have been trending upwards since 2001–02, and increased considerably in 2013–14, with 2,675 calls compared with 1,503 in 2012–13 (Figure 36). Calls about illicit opioids increased to 1,005 calls from 756 in 2012–13.

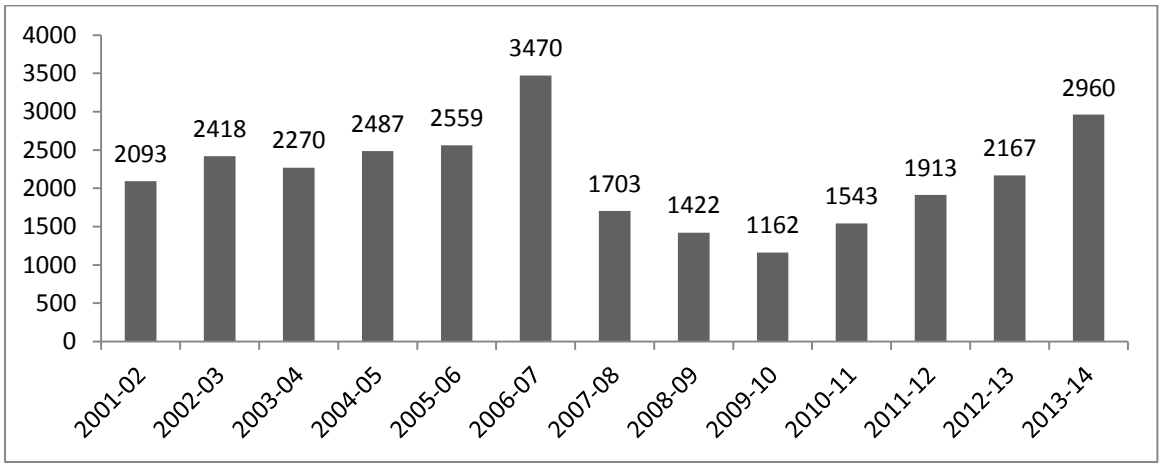
Figure 36: Number of enquiries to ADIS regarding licit and illicit opioids, 2001–02 to 2013–14



Source: ADIS

In the financial year 2013–14 there were 2,960 calls about amphetamines compared with 2,167 in the previous year (Figure 37).

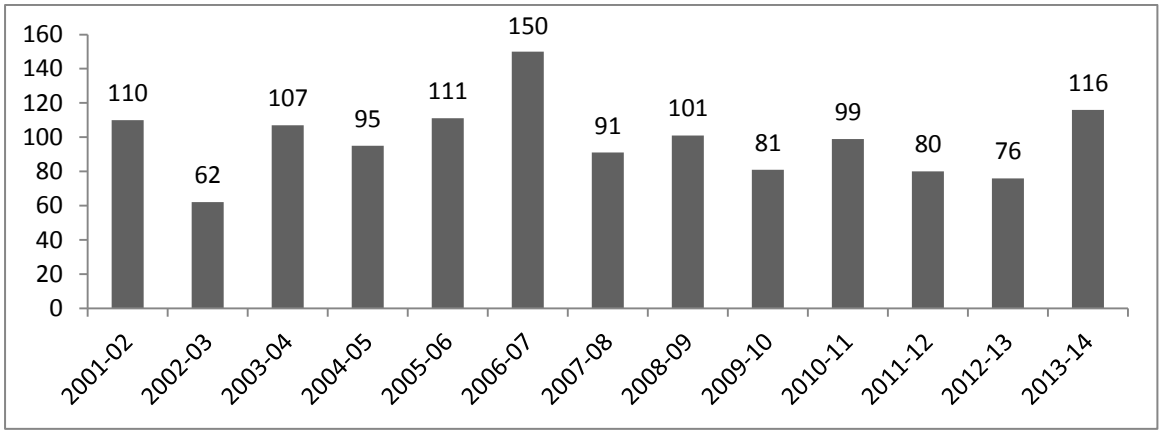
Figure 37: Number of enquiries to ADIS regarding amphetamines, including methamphetamines, 2001–02 to 2013–14



Source: ADIS

There continues to be a low volume of calls to ADIS about cocaine, with 116 calls in 2013–14 (Figure 38).

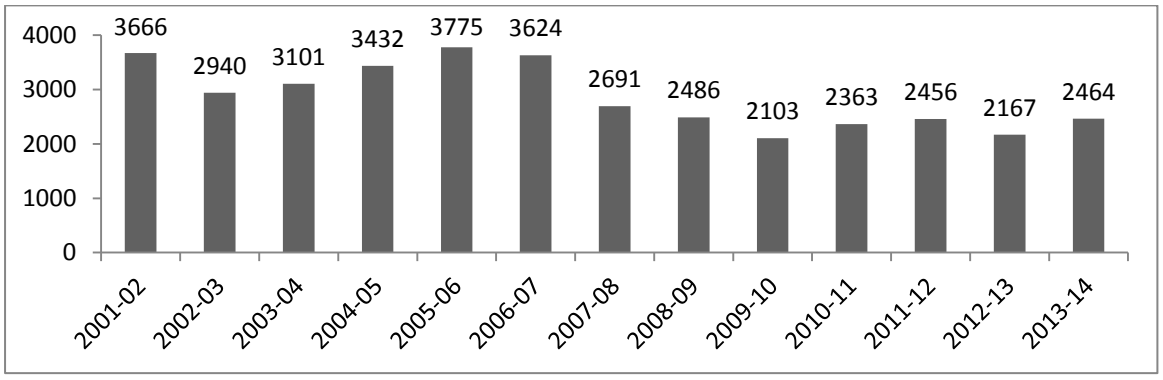
Figure 38: Number of enquiries to ADIS regarding cocaine, 2001–02 to 2013–14



Source: ADIS

The number of enquiries to ADIS about cannabis remains relatively consistent with 2,464 calls in 2013–14 (Figure 39).

Figure 39: Number of enquiries to ADIS regarding cannabis, 2001–02 to 2013–14



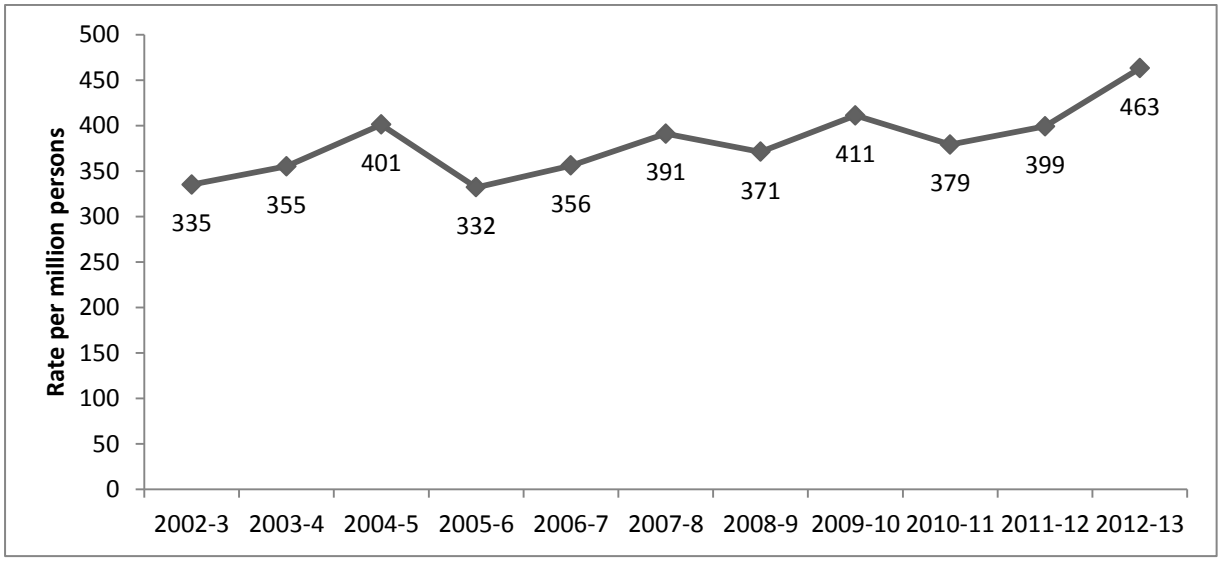
Source: ADIS

6.3 Hospital admissions

6.3.1 Heroin including other opioids

In 2012–13, the number of opioid-related inpatient hospital admissions in Queensland was 1,190 for persons aged 15–54 years. This equates to 463 admissions per million persons which is the highest rate over the last decade (Figure 40).

Figure 40: Number of principal opioid-related hospital admissions per million persons aged 15–54 years, Queensland, 2002–03 to 2012–13

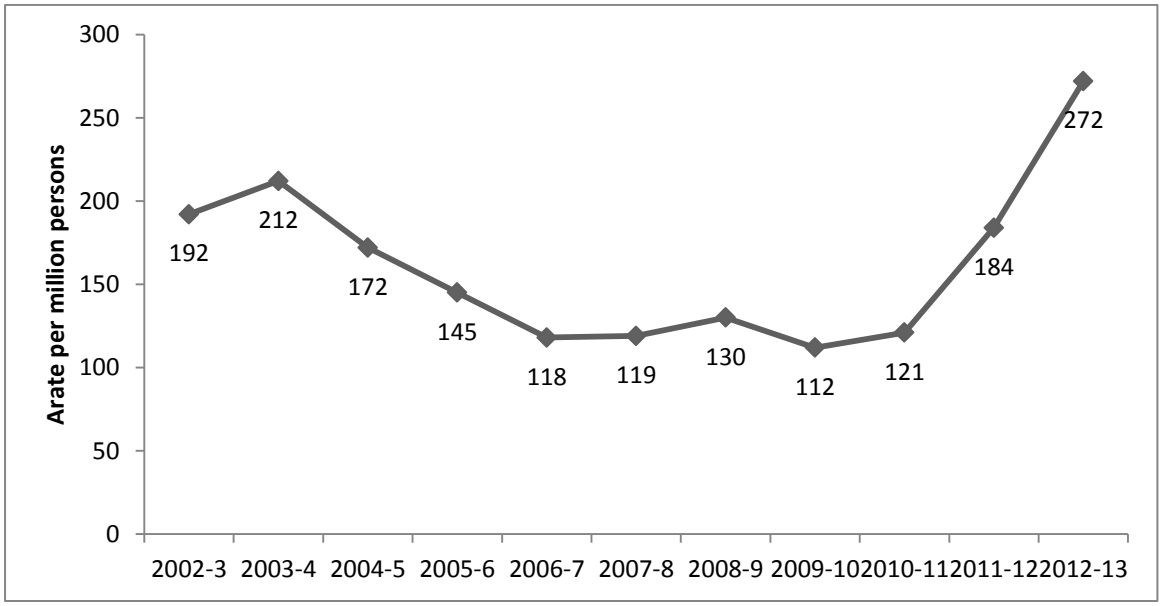


Source: Queensland Health (Roxburgh and Burns, 2013)

6.3.2 Methamphetamine

In 2012–13, the number of inpatient hospital admissions in Queensland where the principal diagnosis related to amphetamines was 583 for persons aged 15–54 years (i.e. 227 per million persons). As Figure 41 shows, the number of inpatient hospital admissions per million persons has been trending upwards in recent years, and is now the highest in the reporting period.

Figure 41: Number of principal amphetamine-related hospital admissions per million persons among people aged 15–54 years, Queensland, 2002–03 to 2012–13

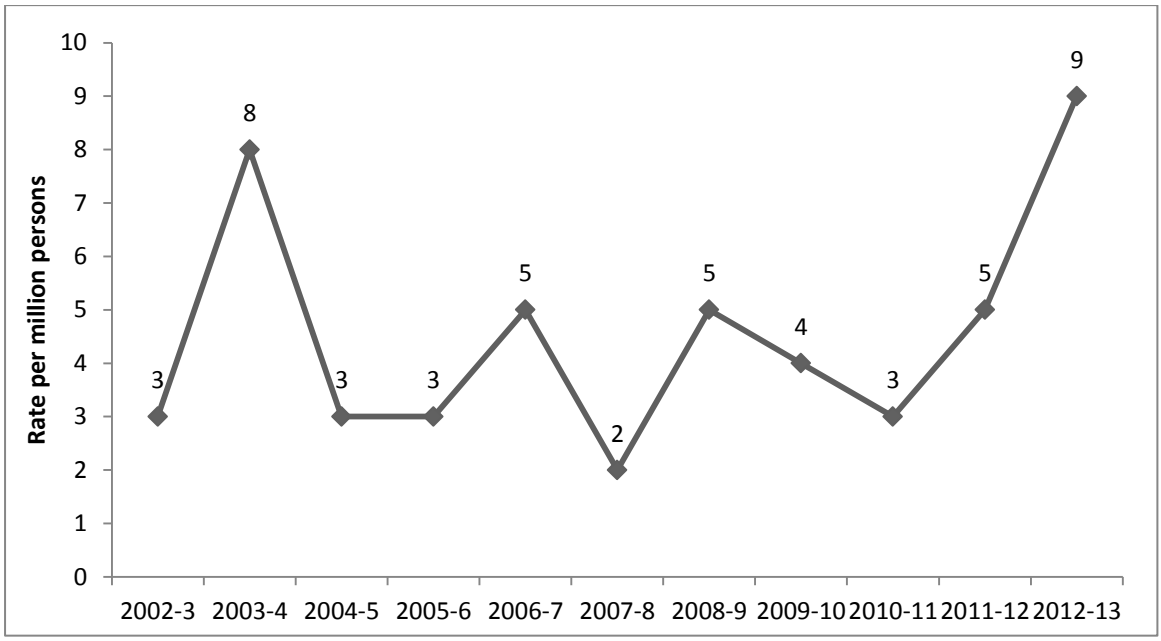


Source: Queensland Health (Roxburgh and Burns, 2013)

6.3.3 Cocaine

Figure 42 shows the number of inpatient hospital admissions per million persons with a principal diagnosis relating to cocaine over the last decade. The nine admissions per million persons is much lower than the national rate of 28, and equates to 22 admissions.

Figure 42: Number of principal cocaine-related hospital admissions per million persons among people aged 15–54 years, Queensland, 2002–03 to 2012–13

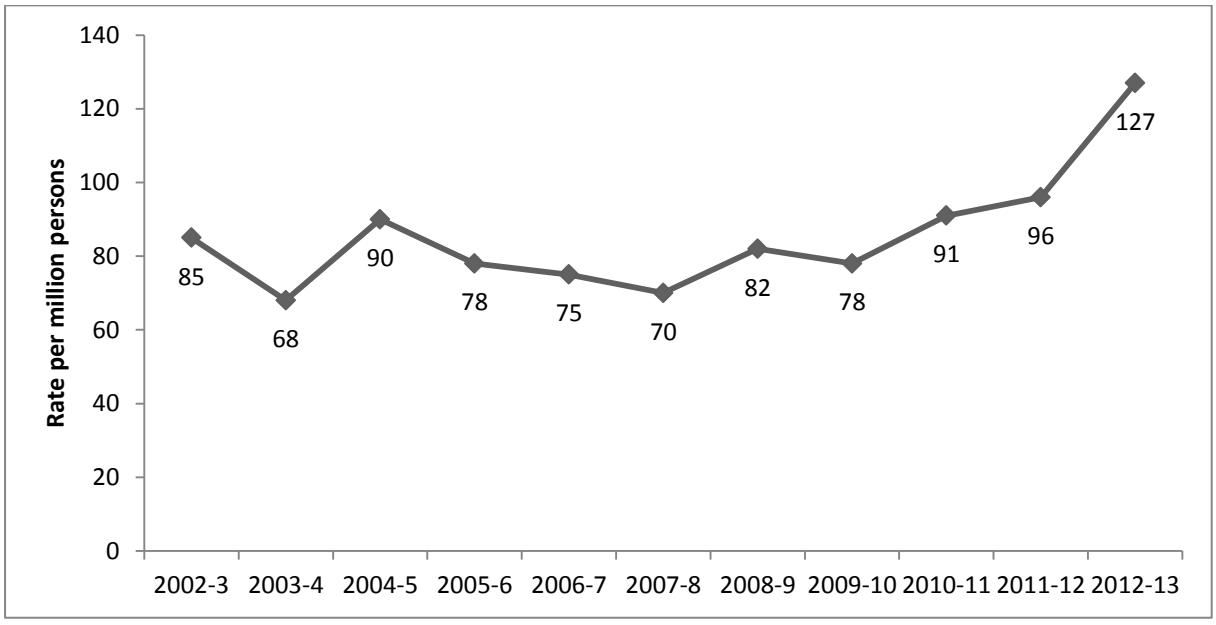


Source: Queensland Health (Roxburgh and Burns, 2013)

6.3.4 Cannabis

In 2012–13, there were 326 inpatient hospital admissions in Queensland for those aged 15–54 years where the principal diagnosis related to cannabis. This equates to 127 inpatient hospital admissions per million persons (Figure 43). Although the admission numbers continue to trend upwards, they are lower than the the national rate of 186 per million persons.

Figure 43: Number of principal cannabis-related hospital admissions per million persons among people aged 15–54 years, 2002–03 to 2012–13



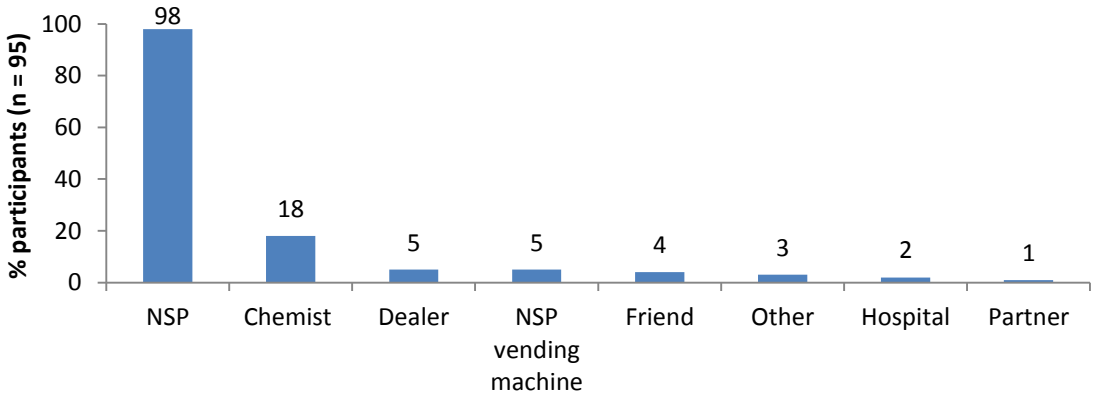
Source: Queensland Health (Roxburgh and Burns, 2013)

6.4 Injecting risk behaviour

6.4.1 Access to needles and syringes

As in previous years, Needle and Syringe Programs (NSP) were overwhelmingly the most common venue for acquiring needles and syringes (Figure 44). However, it must be remembered that our sample was largely recruited from NSP sites.

Figure 44: Source of needles and syringes in preceding month, 2014



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

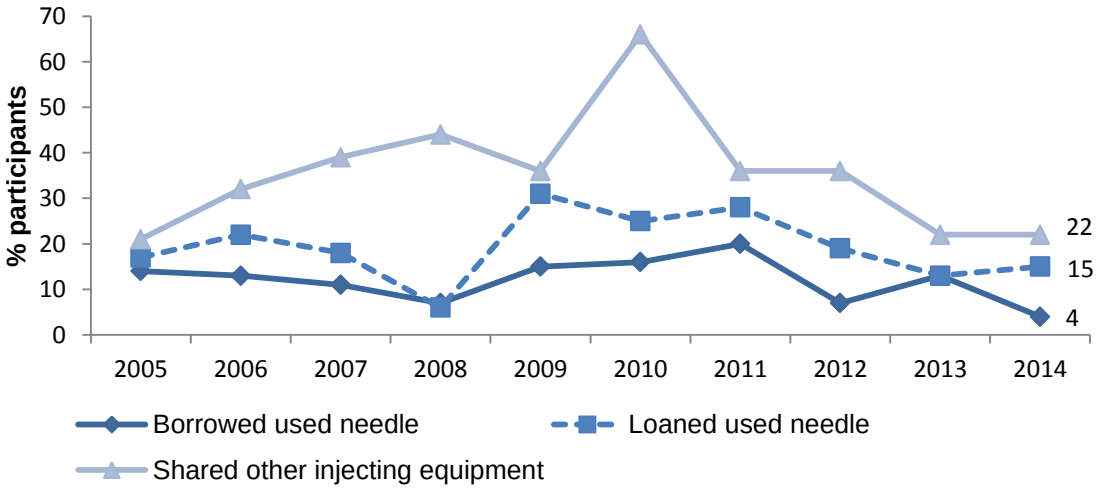
Participants were asked if they had trouble getting needles and syringes when they needed them in the last month: 19% responded 'yes' (n = 91).

The Department of Health Queensland Needle and Syringe Program supplied 8,662,985 syringes/sharps to their NSP programs and 1,000,650 to pharmacies in the financial year 2013–14.

6.4.2 Sharing of injecting equipment

As Figure 45 shows, 4% of participants reported borrowing a used needle in the past month (13% in 2013). Two of the four had borrowed once, one 3–5 times, and the other >10 times. Fifteen per cent reported lending a used needle in the past month; and 22% reported sharing other equipment (e.g. spoons or mixing containers, filters, tourniquets, water, swabs).

Figure 45: Borrowing and loaning of needles and other equipment in the previous month, 2005 to 2014



Source: Queensland IDRS PWID interviews

As in 2013, two in five participants re-used one of their own needles at least once in the previous month. Spoons/mixing containers were the items most commonly re-used, whether they were participants' own or someone else's (Table 25). Re-use of own tourniquets and water increased ($p < 0.05$).

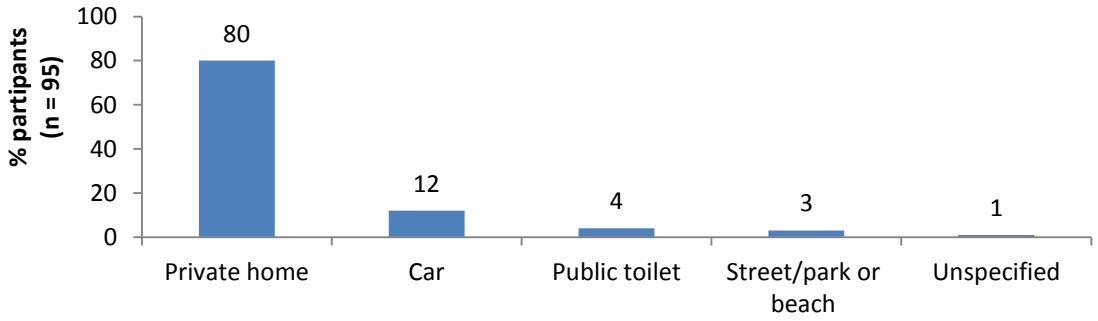
Table 25: Other equipment re-used in the previous month, 2013 and 2014

Other equipment	Other equipment re-used			
	Own		After someone else	
	2013 (n = 54) %	**2014 (n = 55) %**	2013 (n = 22) %	**2014 (n = 22) %**
Spoons/mixing containers	87	**82**	86	**77**
Filters	6	**7**	5	**9**
Tourniquets	17	**35↑**	14	**14**
Water	4	**13↑**	9	**14**
Swabs	0	**0**	0	**0**
Wheel filter	2	**6**	0	**0**
Other	2	**2**	0	**0**

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

The most likely site of participants' most recent injection was the arm (72%), followed by hand/wrist (16%), leg (4%), neck (3%), groin (2%), foot (1%), finger (1%) and chest (1%). Four in five participants had their most recent injection in a private home (Figure 46).

Figure 46: Location where participant last injected, 2014



Source: Queensland IDRS injecting drug user interviews

The use and re-use of injecting equipment followed a similar pattern to 2013, with the 1 ml needle and syringe continuing to be the most common piece of injecting equipment (Table 26). The only significant difference ($p<0.05$) was the decrease in the use of detachable needles.

Table 26: Use and re-use of injecting equipment in previous month, 2013 and 2014

	Used in last month		Re-used in last month	
	2013 n = 91 %	**2014 n = 94 %**	2013 n = 91 %	**2014 n = 94 %**
0.5 ml needle and syringe	0	**0**	0	**1**
1 ml needle and syringe	76	**85**	34	**36**
3 ml syringe (barrel)	30	**28**	6	**9**
5 ml syringe (barrel)	13	**6**	2	**0**
10 ml syringe (barrel)	4	**7**	2	**0**
20 ml syringe (barrel)	8	**7**	1	**1**
Detachable needle (tip)	30	**18↓**	6	**3**
Winged vein infusion set (butterfly)	15	**12**	3	**1**
Wheel filter	11	**13**	1	**2**
Commercial cotton filter		**43**		

Note: Multiple responses allowed.
Arrow signifies significant change at p<0.05.
Source: Queensland IDRS PWID interviews

Participants generally obtained substantially more needles and syringes than they needed for injecting themselves (Table 27). The median number of syringes given away or sold was six.

Table 27: Injecting and obtaining needles and syringes in the previous month, 2014

	Mean	Median	Range
Approximate times injected (n = 94)	30	16	0–150
Times got needles and syringes (n = 94)	5	3	0–30
Total number of new syringes obtained (n = 92)	94	50	0–750
Syringes given away or sold (n = 94)	25	6	0–380
Syringes stored away	20	10	0–200

Source: Queensland IDRS PWID interviews

6.4.3 Injection-related issues

As in previous year, difficulty injecting and prominent scarring or bruising were the two most common issues (n = 51; Table 28). Of those who reported a dirty hit, one-third specified an amphetamine with the remainder specifying an opioid as the main drug involved.

Table 28: Injection-related issues experienced in the preceding month[a], 2005 to 2014

	2005 %	2006 %	2007 %	2008 %	2009 %	2010 %	2011 %	2012 %	2013 %	**2014 %**
Difficulty injecting	31	38	41	38	38	30	49	53	68	**63**
Scarring/bruising	37	55	57	46	64	41	80	60	60	**57**
Dirty hit	14	25	31	20	31	11	13	23	21	**24**
Abscess/infection	5	8	6	8	15	8	13	12	15	**2**
Thrombosis	7	9	<1	4	9	4	2	14	8	**8**
Overdose	3	4	4	3	1	2	0	2	2	**8**

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

Key experts in the health sector report that failure to filter pharmaceutical opioids before injection is causing abscesses and vein problems. There were reports of sausage fingers and endocarditis. On the other hand, it was reported that some PWID '*are quite good at looking after their veins*'. Providing free wheel filters is seen as a much needed preventative measure.

A number of key experts felt that PWID were experiencing '*unnecessary damage because of strips and new formulations*' which would lead to '*high long term costs*'. There was also concern that young people were experimenting with injecting and not taking sufficient precautions due to lack of knowledge and misinformation. One key expert reported that more PWID were injecting in the neck.

6.5 Opioid and stimulant dependence

Understanding whether participants are dependent on a drug type is an important predictor of harm, and typically demonstrates stronger relationships than simple frequency of use measures.

In 2014, the participants were asked questions from the Severity of Dependence Scale (SDS) for the use of stimulants and opioids.

The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. The SDS appears to be a reliable measure of the dependence construct. It has demonstrated good psychometric properties with heroin, cocaine, amphetamine, and methadone maintenance patients across five samples in Sydney and London (Dawe, Loxton, Hides et al., 2002).

Previous research has suggested that a cut-off value of four is indicative of dependence for methamphetamine users (Topp & Mattick, 1997) and a cut-off value of three for cocaine (Kaye & Darke, 2002). No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five for the presence of dependence.

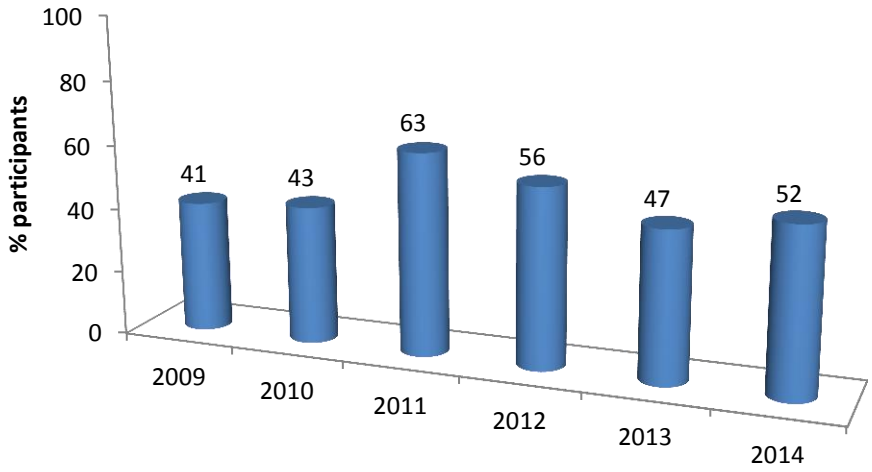
Of those who had recently used an opioid and commented (n = 85), the median SDS score was seven (mean = 7, range 0–15), with 72% scoring five or above. There were no significant differences regarding gender. Of those who scored five or above (n = 61), 62% specified which opioid or opioids their answers related to (n = 38) with 61% naming heroin, 18% methadone, 13% morphine, 11% buprenorphine-naloxone, 5% oxycodone, and 3% buprenorphine.

Of those who had recently used a stimulant and commented (n = 66), the median SDS score was two (mean = 3.03, range 0–12), with 33% scoring four or above. There were no significant differences regarding gender and mean stimulant SDS score, or regarding gender and those who scored four or above. Of those who scored four or above (n = 22), most specifically attributed their responses about stimulants to methamphetamines.

6.6 Mental health problems, psychological distress, and general health

Around half of participants reported a mental health problem (Figure 47), with anxiety and depression continuing to be the two most common problems (Table 29).

Figure 47: Percentage of participants with self-reported mental health problem, 2009–14



Source: Queensland IDRS PWID interviews

Table 29: Mental health in preceding six months, 2013 and 2014

	2013 n = 99 %	**2014** **N = 100** **%**
Self-reported mental health problem	47	52
Problems reported	(n = 45)	(n = 52)
Anxiety	49	65
Depression	60	64
Post-traumatic stress disorder	11	14
Schizophrenia	20	12
Manic-depression/bipolar	4	12
Panic	4	8
Drug induced psychosis	2	6
Mania	0	6
Obsessive-compulsive disorder	2	6
Other psychosis	0	4
Paranoia	2	4
Any personality disorder	0	4
Other	2	4
Attended mental health professional	(n = 46) 58	(n = 52) 64

Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Sixty-four per cent of participants with a self-reported mental health problem (n = 52) had attended a health professional for their mental health problem in the previous six months (Table 28). The mental

health professionals who participants (n = 32) were most likely to have attended in the previous month were GP (44%), psychologist (31%), counsellor 28%, and psychiatrist (25%). Those who did not attend a mental health professional (n = 19) gave a variety of reasons, with the most common being 'too expensive' and 'didn't think it was serious enough'.

All those who attended a mental health professional (n = 33) were prescribed medication: most often benzodiazepines (e.g. Valium) and/or anti-depressants (e.g. Avanza), followed by anti-psychotics (e.g. Seroquel).

The Kessler Scale of Psychological Distress (K10)

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

K10 scores reflecting 'risk' are often categorised as follows: 'low'—the person is likely to be well (scores 10–15); 'moderate'—the person may have a mild mental disorder (scores 16–20); 'high'— the person is likely to have a moderate mental disorder (scores 22–29); and 'very high'—the person is likely to have a severe mental disorder (scores 30–50). The 2013 National Drug Strategy Household Survey (NDSHS) (AIHW, 2014a) provided the most recent Australian population norms for the K10.

As shown in Table 30, levels of psychological distress in 2014 were similar to 2013, and both were vastly more likely to score high distress or very high distress than the general population (18 years and over) in the NDSHS.

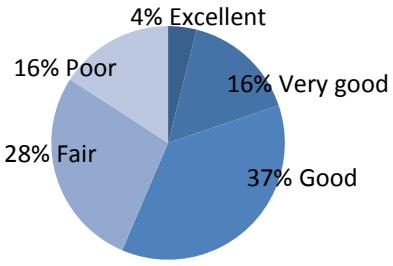
Table 30: K10 scores, 2013 and 2014

K10 score	Level of psychological distress	2013 n = 85 %	**2014 n = 96 %**	2013 NDSHS %
10–15	No/low distress	23	**25**	69
16–21	Moderate distress	23	**25**	21
22–29	High distress	27	**25**	7
30–50	Very high distress	27	**25**	3

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

Self-rating of health showed that one in five participants considered their general health to be very good or excellent, with the most common rating being good (Figure 48).

Figure 48: Self-reported general health status, 2014 (n = 96)



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

Key experts reported that health issues were becoming more complex, particularly for older PWID. One key expert pointed out that, for manly older PWID with health problems, it was a '*combination of long-term drug use and long-term health problems. They don't look after their health; they don't eat properly; they have poor nutrition.'* Key experts reported that, unlike young people, there was rarely any family support for older PWID. Moreover, older PWID with health problems were reported as reluctant to seek medical assistance, often because of limited finances. Discrimination from general practitioners was also an issue if PWID were seeking pain medication and had previously been on an opioid substitution program.

It was reported that many PWID had moderate to serious mental health issues which often made their behaviour unpredictable. Some PWID were at high risk but their condition was not acute enough to be treated at an emergency department or for them to be admitted to hospital. There was frustration at the lack of appropriate services and support.

6.7 Naloxone program and distribution

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

Since 2013, a series of questions have been asked about take-home naloxone and naloxone more broadly. Most of those who commented had heard of naloxone; and amongst these participants, 72% reported that naloxone was used to 'reverse heroin' (Table 37).

Participants who had not completed training in naloxone administration were asked what they would do if they witnessed someone overdose or found someone they had suspected had overdosed. Ninety-five per cent reported that they would call 000, while 47% reported that they would perform mouth-to-mouth cardiopulmonary resuscitation (CPR) (Table 37).

Nearly all participants reported that they were willing to administer naloxone after an overdose, and nearly all would want peers to give them naloxone if they themselves had overdosed (Table 31).

Table 31: Take-home naloxone program and distribution, 2013 and 2014

	2013 % n = 93	**2014 % n = 83**
Heard of naloxone	85	**82**
Naloxone description	n = 79	**n = 61**
Reverses heroin	71	**72**
Helps start breathing	3	**10**
Re-establishes consciousness	15	**33**
Other	17	**13**
Heard of the take-home naloxone program	n = 93	**n = 83**
Yes	22	**35**
No	77	**61**
Unsure	-	**1**
Actions if witness an overdose	n = 92	**n = 81**
Turn victim on side	45	**37**
Mouth-to-mouth CPR	58	**47**
Call 000	90	**95**
Stay with victim	63	**59**
Other remedies	22	**20**
If naloxone was available in this way, would you:	n = 88	**n = 79**
Carry naloxone if trained	66	**81**
Administer naloxone if someone overdosed	86	**98**
Want peers to give you naloxone if you overdosed	84	**96**
Stay with person after giving them naloxone	85	**100**

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

In 2014, only one participant reported having completed a course and received a prescription for Narcan / naloxone. The person had not yet used the Narcan / naloxone to resuscitate someone who had overdosed.

7 LAW ENFORCEMENT-RELATED TRENDS ASSOCIATED WITH DRUG USE

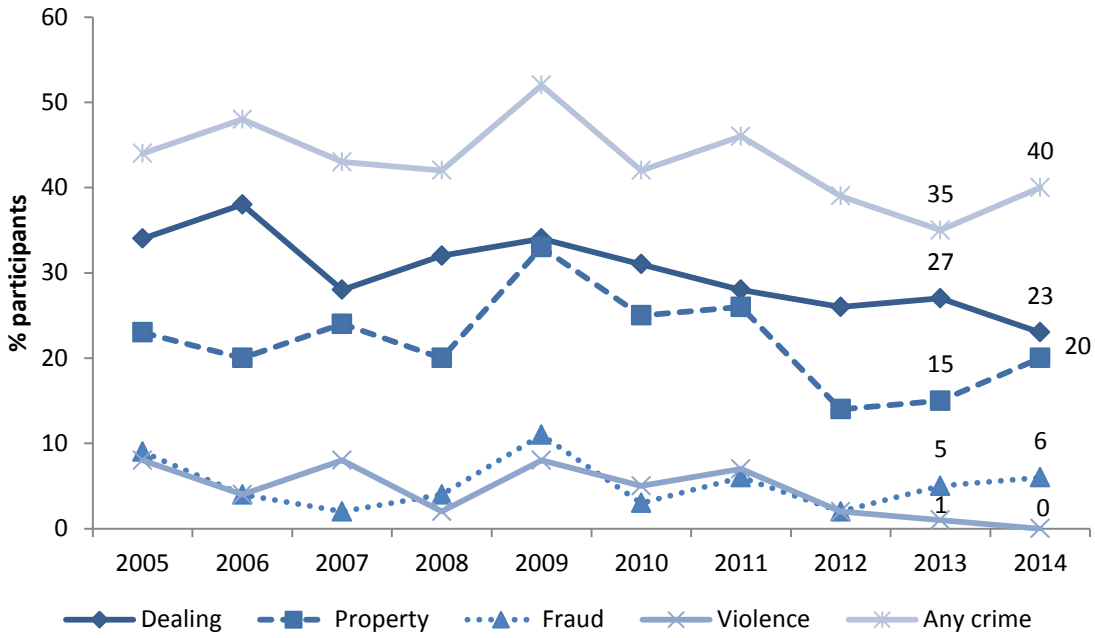
KEY POINTS

- **Criminal involvement reported in the previous month:** 40%. As in previous years, dealing was the most often reported criminal activity followed by property crime.
- **Arrested in the previous 12 months:** 40%. The most common reason was use/possession of drugs.
- **Money spent on illicit drugs:** less than half of participants reported spending money on illicit drugs the day before. Those who did (n = 42) spent a median of $127.50.

7.1 Reports of criminal activity

The pattern of self-reported criminal activity has been relatively stable over the last decade, with dealing being the crime most commonly reported, followed by property crime (Figure 49). Two in five of all participants reported recent criminal activity.

Figure 49: Prevalence of criminal involvement in previous month, 2005 to 2014

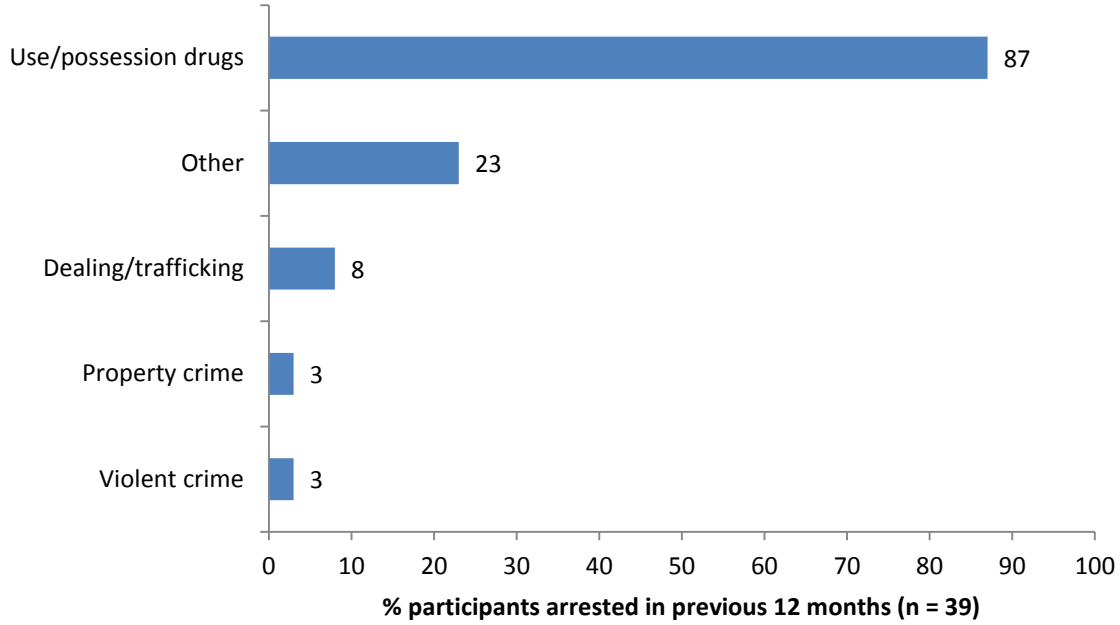


Note: Multiple responses allowed.
Source: Queensland IDRS PWID interviews

7.2 Arrests

Of the participants who responded (n = 97), 40% reported being arrested in the preceding 12 months (42% in 2013). Most of those arrested (87%) reported being arrested for use/possession of drugs (Figure 50).

Figure 50: Main reasons for arrest in preceding 12 months, 2014



Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Table 32 presents the most recent available data for drug-related arrests made by the Queensland Police Service. In 2012–13 there was a similar pattern of arrests to 2011–13, with the majority of arrests related to cannabis (65%), followed by amphetamine-type stimulants (17%). There were a total of 28,350 arrests compared with 26,463 in 2011–12. Data for 2013–14 was unavailable at the time of publication.

Table 32: Drug-related arrests by Queensland Police Service by drug type, 2012–13

	Consumer	Provider	Total
Cannabis	16,331	2,034	18,365
Amphetamine-type stimulants[a]	4,281	660	4,941
Other and unknown	3,280	665	3,945
Heroin and other opioids	249	42	291
Steroids	316	76	392
Cocaine	177	36	213
Hallucinogens	171	32	203
Total	**24,805**	**3,545**	**28,350**

a includes amphetamine, methylamphetamine, and phenethylamines
Note: consumer = use, possession or administering for own use; provider = importation, trafficking, selling, cultivation and manufacture.
Source: Australian Crime Commission, 2014

Table 33 shows the number of seizures by the Queensland Police Service and the Australian Federal Police for each drug type along with their weight. The total number of drug seizures in 2012–13 was similar to 2011–12 (23,979 and 23,281 respectively); however, the total weight of cocaine seizures was considerably lower in 2012–13 (4,503 grams compared with 294,763 grams in 2011–12) and the total weight of heroin seizures was considerably higher (128,818 grams compared with 989 grams in 2011–12). Data for 2013–14 was unavailable at the time of publication.

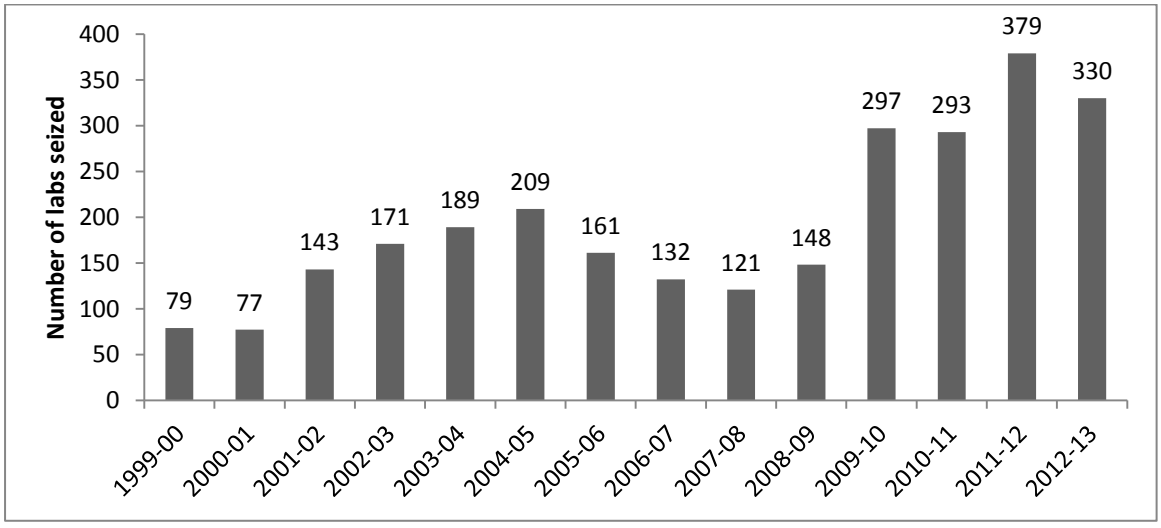
Table 33: Queensland drug seizures by police service and drug type, 2012–13

	Police force	No of seizures	Weight (grams)
Cannabis	QPS	17,741	810,499
	AFP	268	2,778
Amphetamine-type stimulant	QPS	3,900	34,257
	AFP	272	23,796
Heroin	QPS	185	1,380
	AFP	9	127,438
Other opioids	QPS	8	339
	AFP	8	46
Cocaine	QPS	174	1,361
	AFP	79	3,142
Steroids	QPS	46	4,066
	AFP	11	552
Hallucinogens	QPS	18	273
	AFP	2	5
Other and unknown drugs	QPS	1,107	450,845
	AFP	151	36,072

Note: Includes only those seizures for which a drug weight was recorded. No adjustment has been made for double counting data from joint operations between the Australian Federal Police and Queensland Police Service.
Source: Australian Crime Commission, 2014

Nationally, a total of 757 clandestine labs were detected in the 2012–13 financial year (809 in 2011–12). In Queensland there were 379 detections, with 55% being ATS (excluding MDMA) labs (Figure 51). Most of the detections in Queensland were addict-based labs. Data for 2013–14 was unavailable at the time of publication. (Figure 51)

Figure 51: Clandestine labs seized in Queensland from 1999–2000 to 2012–13



Source: Australian Crime Commission, 2014

7.3 Expenditure on illicit drugs

Forty-two participants reported spending money on illicit drugs the previous day. The median amount spent was $127.50 (mean $221.90, range $5–$3,000). A break-down of expenditure is shown in Table 34, with the most common range being $100 to $199.

Table 34: Expenditure on illicit drugs on previous day, 2009 to 2014

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

Source: Queensland IDRS PWID interviews

8 SPECIAL TOPICS OF INTEREST

KEY POINTS

- **Homelessness:** 75% of participants reported having been homeless in their lifetime. Of these, 30% were currently homeless.
- 41% of those who have experienced homelessness had been homeless for a total of more than two years.
- **Oxycodone use:** of those who commented (n = 83), over half (58%) reported ever using any form of oxycodone. Use of oxycodone in the previous six months was most commonly Original OxyContin followed by Reformulated OxyContin.
- **Ageing:** the most common chronic health condition that participants reported being diagnosed with was asthma (34%), followed by gout, rheumatism, arthritis (20%)

8.1 Homelessness

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

Table 35 shows that 75% of participants had experienced homelessness in their lifetime. Of these, 30% were currently homeless at the time of interview. It is clear that the rate of homelessness among PWID is notably higher than the general Australian population estimate of 0.5% (Australian Bureau of Statistics, 2012).

Participants reported the main factor that contributed to their first episode of homelessness was relationship breakdown with family (45%), followed by drug use/dependence (43%), financial difficulties (16%), domestic violence (15%) and unemployment (7%). Among the participants with a homelessness history, two in five (41%) reported being homeless for more than three years of their lives. Participants also reported heightened exposure to various forms of violence during the last six months of their most recent episode of homelessness. (Table 35)

Table 35: Homelessness history among people who inject drugs, 2014

	% N = 100
Lifetime homelessness history	75
Factors to contributing to first episode of homelessness[ab]	(n = 73)
Relationship breakdown (family)	45
Drug use/dependence	43
Financial difficulties	16
Unemployment	7
Domestic violence	15
Mental health problems	6
Relationship breakdown (friends)	6
Alcohol use/dependence	3
Physical or sexual abuse	4
Released from prison	3
Gambling	3
Physical health problems	1
Disability	0
Length of time since last homeless episode[a]	(n = 73)
Currently homeless	30
In the past six months	14
7–12 months	6
1–2 years	3
2–5 years	10
More than 5 years	38
Total duration of homelessness over lifetime[a]	(n = 72)
Less than six months	26
6–11 months	10
1–2 years	22
3–5 years	18
6–10 years	15
More than 10 years	8
Exposed to violence during last 6 months of homelessness	(n = 54)
Physically attacked	17
Stood over	19
Robbed	19
Mugged	13

[a] Among those with a homelessness history
[b] Multiple responses allowed
^ Small numbers commenting n<10; interpret with caution
Source: Queensland IDRS PWID interviews

Among those with a homeless history, Table 36 shows the proportion who experienced various states of homelessness in their lifetimes and in the past six months, and the age at which they first experienced each state. The most commonly experienced forms of homelessness during both lifetime and the past six months were sleeping rough (85%; 32%), couch surfing (85%; 29%), boarding rooms/hostels (52%; 21%) and crisis accommodation (49%; 8%). In terms of the first age participants experienced each state of homelessness, on average participants experienced rough sleeping, couch surfing and living in caravan parks at younger ages (22 years; 22 years; 22 years) compared to the ages which they first used homelessness services in the forms of crisis accommodation, medium/long-term accommodation and boarding houses/hostels (26 years; 28 years; 27 years).

Table 36: Proportion who experienced different forms of homelessness, 2014

	n = 75
Slept rough	
Lifetime (%)	85
Last 6 months (%)	32
Mean age of first episode	22 years (range 8–51)
Crisis or emergency accommodation	
Lifetime (%)	49
Last 6 months (%)	8
Mean age of first episode	26 years (range 9–51)
Medium or long term accommodation	
Lifetime (%)	27
Last 6 months (%)	4
Mean age of first episode	28 years (range 11–51)
Lived with relatives, friends or acquaintances (couch surfing)	
Lifetime (%)	85
Last 6 months (%)	29
Mean age of first episode	22 years (range 0–61)
Boarding or rooming houses or hostels (other than on holiday)	
Lifetime (%)	52
Last 6 months (%)	21
Mean age of first episode	27 years (range 10–51)
Caravan park (other than on holiday)	
Lifetime (%)	46
Last 6 months (%)	5
Mean age of first episode	22 years (range 0–51)

Source: Queensland IDRS PWID interviews

8.2 Oxycodone use

Over the past decade, there has been a considerable rise in the prescribing of pharmaceutical opioids in Australia: between 1992 and 2012, the number of pharmaceutical opioid dispensing episodes in Australia increased 15-fold (Blanch, Perarson and Haber, 2014) . The rise in opioid prescriptions—including oxycodone—has seen a concurrent increase in extra-medical use of these medications among samples of people who inject drugs. This includes tampering with opioid medications (e.g. crushing, chewing, snorting, smoking, injecting or dissolving/drinking opioid medications intended for oral administration; (Katz, Dart, Bailey et al., 2011)) to allow a larger quantity of the active ingredient to become available and resulting in increased euphoric effects.

In response, pharmaceutical companies have begun developing formulations that are less prone to tampering. Oxycodone is a semi-synthetic opioid agonist prescribed for the treatment of moderate to severe chronic pain. It is available in eight different products in Australia, with OxyContin being the most frequently prescribed controlled-release formulation. A new tamper-resistant formulation of controlled release oxycodone hydrochloride tablets (Reformulated OxyContin) was released onto the Australian market in April 2014. The tablets are designed to be bioequivalent to the original formulation, but employ a controlled release technology (that makes them difficult to crush) with a hydro-gelling matrix (so the tablet develops into a viscous gel when dissolved in water) (Sellers et al., 2013). Early United States surveillance of the reformulation suggests that there have been reductions in misuse (Butler, Cassidy, Chilcoat et al., 2013; Havens, Leukefeld, Deveaugh-Geiss et al., 2014), street price (Sellers, Perrino, Colucci et al., 2013) and OxyContin poisonings (Severtson, Bartelson, Davis et al., 2013).

Post-marketing surveillance of the new formulation is currently underway in Australia (Degenhardt, Larance, Bruno et al., 2015), and early findings have indicated that there has been a decline in national pharmacy sales of 80 mg OxyContin (the dose most commonly used and injected among PWID), as well as a reduction in prevalence of overall use and injection, street price and attractiveness for misuse via tampering among a prospective cohort of people who tamper with pharmaceutical opioids (Degenhardt, Bruno, Ali et al., Submitted; Larance, Lintzeris, Bruno et al., Submitted).

The oxycodone module was developed to examine patterns of use and misuse of oxycodone products, given changes in the types of oxycodone products available in 2014 (with the introduction of Reformulated OxyContin). Participants were asked about their use of Original OxyContin and Reformulated OxyContin. Of those who commented (n = 83), over half (58%) reported ever using any form of oxycodone. Of those who reported recent use of oxycodone (n = 46), the majority reported recent use of Original OxyContin, followed by Reformulated OxyContin (Table 37).

Table 37: Lifetime and recent use of oxycodone (any form), 2014

	% n = 83
Ever used oxycodone (any form)	58
Recent use of oxycodone (any form)[a]	n = 46
Endone	9
Original OxyContin	57
Reformulated OxyContin	24
OxyNorm tabs	4
OxyNorm liquid	0
OxyNorm Solution	0
Targin	4
Proladone	0

[a]Among those who reported ever using oxycodone.
Note: Multiple responses allowed
Source: Queensland IDRS PWID interviews

Please refer to Degenhardt, Larance and colleagues for further information on changes in use and misuse of oxycodone products following the introduction of Reformulated OxyContin, as monitored by the National Opioid Medications Abuse Deterrence (NOMAD) study (Degenhardt, Larance, Bruno et al., 2015; Degenhardt, Bruno, Ali et al., Submitted; Larance, Lintzeris, Bruno et al., Submitted) .

8.3 Ageing

People who inject drugs are an ageing cohort, so, to develop a better understanding of the health issues they now face, questions were included in the 2014 IDRS on the lifetime diagnosis of chronic conditions and how often they are using the various health services.

Table 38 presents lifetime and recent diagnosis of chronic conditions and if treatment was received in the last 12 months. Of those who commented (n = 92), one-third (34%) reported a lifetime diagnosis of asthma with two-thirds reporting they either still had the condition or received treatment for the condition in the last 12 months. One in five reported a lifetime diagnosis of gout/ rheumatism/ arthritis.

Table 38: Lifetime and recent diagnosis of chronic conditions and treatment received in the last 12 months, 2014

	% n = 92
Asthma	
Lifetime diagnosis	34
Had condition or received treatment last 12 months*	(n = 31) 65
Cancer	
Lifetime diagnosis	15
Had condition or received treatment last 12 months*	(n = 10) 40
Stroke	
Lifetime diagnosis	16
Had condition or received treatment last 12 months*	(n = 3^) 33
Heart / circulatory condition	
Lifetime diagnosis	12
Had condition or received treatment last 12 months*	(n = 11) 36
Gout, rheumatism, arthritis	
Lifetime diagnosis	20
Had condition or received treatment last 12 months*	(n = 14) 71
Diabetes / high blood sugar levels	
Lifetime diagnosis	11
Had condition or received treatment last 12 months*	(n = 5^) 80
Respiratory disease	
Lifetime diagnosis	3
Had condition or received treatment last 12 months*	(n = 15) 33
Skin problems	
Lifetime diagnosis	5
Had condition or received treatment last 12 months*	(n = 18) 56

*Among those with a lifetime diagnosis of the chronic condition
^ Small numbers commenting; interpret with caution
Source: Queensland IDRS PWID interviews

9 CONCLUSION

Overall, the pattern of drug use was similar to 2013. Heroin remained the most common drug of choice, and the drug most injected in the past month. There were significant increases, however, in those who mostly injected crystal/ice and who had injected crystal/ice the last time they injected.

There were also significant increases in use of fentanyl, over-the-counter codeine for non-medicinal purposes, and other opiates (e.g. pethidine, Panadeine Forte).

The drug market continued to be steady, with most drugs (e.g. heroin, methamphetamines, cocaine, cannabis) being reported as readily available. Criminal involvement was stable.

As in previous years, participants reported high levels of psychological distress. About half of participants were currently in drug treatment, mainly opioid substitution therapy (OST).

Experience of homelessness was common among participants, with three-quarters having experienced being homeless.

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