S. Kinner & J. Fischer

QUEENSLAND DRUG TRENDS 2004
Findings from the Illicit Drug Reporting System (IDRS)

NDARC Technical Report No. 214

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Queensland Alcohol and Drug Research and Education Centre (QADREC)

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TABLE OF CONTENTS

LIST OF TABLES

LIST OF FIGURES

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ABBREVIATIONS

ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission
ACS	Australian Customs Service
AFP	Australian Federal Police
ADIS	Alcohol and Drug Information Service
AIHW	Australian Institute of Health and Welfare
ATS	Amphetamine-type stimulant
ATSI	Aborigine or Torres Strait Islander
ATODS	Alcohol, Tobacco and Other Drugs Services, Queensland Health
BBV	blood-borne virus
CMC	Crime and Misconduct Commission
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User
KE	Key expert
MDMA	3,4-methylenedioxymethylamphetamine ('Ecstasy')
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDLERF	National Drug Law Enforcement Research Fund
NNDSS	National Notifiable Diseases Surveillance System
NSP	Needle and Syringe Program
QADREC	Queensland Alcohol and Drug Research and Education Centre
QAS	Queensland Ambulance Service
QPS	Queensland Police Service

EXECUTIVE SUMMARY

Demographic characteristics of injecting drug users (IDU)

In 2004 129 IDU were interviewed in Queensland for the IDRS. As in previous years, about two thirds of the sample was male, almost three quarters were unemployed, one in five had a grade 12 education or higher, 43% had a prison history and a minority (12%) were Indigenous. Over a third were currently in some form of drug treatment, typically methadone or buprenorphine substitution therapy.

IDU in 2004 were on average 33.6 years old: almost one year older than those interviewed in 2003 (32.8 years). The average age of the IDU sample interviewed for the IDRS has increased by an average of 1.8 years each year since 2000, when IDU were on average 26.4 years old. This trend may reflect an ageing cohort of injecting drug users accessing NSPs in south-east Queensland.

Patterns of drug use among IDU

IDU in 2004 reported first injecting at 20 years of age on average – older than in any previous year in which the IDRS has been conducted in Queensland. Also unlike previous years, in 2004 there was no significant difference in the age of first injection between males and females. As in previous years, there was a positive correlation between age and age at first injection, indicating that more recent recruits into injecting may also be initiating into injecting at a younger age.

IDU in 2004 reported having used and injected more drug classes recently and ever, than those interviewed in 2003. This increase in polydrug use may to some extent be a consequence of the heroin shortage of 2001, with IDU continuing to seek out alternative opiates such as diverted morphine, methadone and buprenorphine. It may also be partially a function of the ageing sample of IDU interviewed in 2004.

In 2004 the IDRS documented a number of instances in which the prevalence of use of a particular drug decreased, while the average frequency of use, among those who had used recently, increased. These trends underscore the importance of monitoring prevalence, frequency and quantity of use, in order to gain a full understanding of trends in illicit drug use.

Heroin

The prevalence of heroin use among IDU has fluctuated since at least 2000, with a large decline in use during the heroin shortage in 2001. In 2004 the prevalence of recent use among IDU increased, however the average frequency of use continued to decline. Given that there was no apparent increase in treatment seeking behaviour among IDU, this suggests an increase in the use of alternative opiates, perhaps as a substitute or in preference to heroin.

In 2004 the price of heroin decreased slightly, to $380 per gram. Simultaneously, the perceived availability increased with 93% of respondents reporting that heroin was easy or very easy to get. Purity also increased, with the median purity of analysed seizures at 33% in the second quarter of 2004.

Methamphetamine

The heroin and methamphetamine markets in Queensland continue to demonstrate a reciprocal relationship. Data from 2004 indicate that this relationship, and to some extent overall trends in the use, price, purity and availability of methamphetamine, have been driven by crystal methamphetamine ('ice') in particular. The distinction between ice, which is typically imported into Australia from Asia, and powder and base, which are mostly locally produced in small 'box labs', is critical to a full understanding of the methamphetamine market in Queensland.

Use of methamphetamine – in particular ice – decreased among IDU in 2004, although the proportion reporting recent use still substantially exceeds the proportion nominating methamphetamine as their drug of choice. The converse is true for heroin, suggesting that this opportunistic use of methamphetamine may be driven largely by (easy) availability.

The price of powder and base methamphetamine did not change between 2003 and 2004, however the price of ice increased. Similarly, while the availability of powder and base did not change, IDU reported a decrease in the availability of ice. Finally, the average purity of methamphetamine seizures in Queensland decreased from 2003 to 2004. Other data suggest that this decrease is due to a reduction in the proportion of seizures that are of high-purity ice.

Despite an apparent reduction in the availability and use of ice in 2004, key experts continue to report problems of aggression and mental health problems associated with methamphetamine use. The number of arrests for amphetamine-type stimulants (ATS) in Queensland has increased substantially since 2001/02, although at present arrest data do not distinguish between methamphetamine and MDMA ('ecstasy').

Cocaine

There has been little change in the cocaine market in Queensland. Cocaine use continues to be rare, opportunistic and sporadic among IDU. There was some evidence of further decline in the availability of cocaine for IDU in 2004, however anecdotal evidence indicates that there may be an established niche market for cocaine among non-injectors. This possibility should be explored further, perhaps using qualitative research methods.

Cannabis

The cannabis market in Queensland continues to be distinguished by its relative stability over time. Data from 2004 indicate that the distinction between hydroponic and bush cannabis is important to understanding the dynamics of the cannabis market. Overall, there has been a small but gradual decline in the proportion of IDU reporting recent cannabis use, from 2000 to 2004, with 75% of IDU in 2004 reporting recent use. Over the same time period, however, the average frequency of use among IDU has increased, from every second day to two days out of three. Paralleling this trend has been the increasing availability and use of hydroponic cannabis.

The price of cannabis was stable or perhaps decreasing in 2004, with hydro consistently more expensive than bush. Consistent with previous years, IDU rated hydro as substantially more potent than bush. Nevertheless, IDU reported that hydro was more readily available than bush, although the majority consider both forms very easy to get. Some users consider hydroponic cannabis too potent, and actively seek bush for a

'milder' effect, however due to its limited availability, users are often only able to obtain hydro.

There has been a trend towards sourcing cannabis from street and mobile dealers, and towards the small-scale production of cannabis, presumably hydroponic cannabis. Small-scale producers of cannabis may nevertheless be part of a large, organised network, with the decentralisation of production designed to minimise and limit the impact of law enforcement activity on production.

Key experts are increasingly reporting problems of dependence and mental health problems associated with cannabis use. This may be associated with the increasing use of hydroponic cannabis, and the increasing frequency of use among users. The number of arrests for possession/use of cannabis in Queensland has risen by 33% since 2001/02.

Illicit use of methadone

The proportion of IDU reporting recent use and injection of illicit methadone increased from 2003 to 2004, although the proportion reporting receiving methadone maintenance treatment (MMT) has not increased. According to key experts, a proportion of IDU are becoming increasingly disenchanted with MMT, and are deciding either not to seek treatment, to seek buprenorphine treatment instead, or to 'self-medicate' with illicit methadone, morphine or buprenorphine.

Illicit use of buprenorphine

The proportion of IDU reporting recent use and injection of illicit buprenorphine increased by more than 100% from 2003 to 2004. Over the same period the proportion of IDU reporting currently receiving buprenorphine treatment increased by 38% from 8% to 11%. Buprenorphine is perceived to be reasonably easy to divert, and is reportedly favoured by IDU in a prison setting, because it is also perceived to be reasonably easy to smuggle into correctional centres.

Morphine

The proportion of IDU reporting recent morphine injection has increased by 45% since 2001, with 45% of IDU in 2004 reporting recent morphine injection. The main brand preferred by IDU continues to be MS Contin®, with 100mg tablets selling for an average of $40. Compared to heroin, morphine is perceived by IDU as a relatively reliable, cheap and available opiate. Injection of diverted morphine has for a number of years been common in North Queensland and the Northern Territory, where heroin has traditionally been unavailable. Given the continued suppression of the heroin market in south-east Queensland, the diversion and injection of morphine should be closely monitored in coming years.

Other opioids

Around one in ten IDU in 2004 reported recent use of other opiates, typically Panadeine Forte®, pethidine, codeine or oxycodone. Although oxycodone has not been mentioned by IDU in previous years, one in five of these who report recent use of other opiates in 2004 reported recent use of oxycodone.

The number of arrests in Queensland for other opiate use/possession is very small, however this number has increased quite consistently since 1998/99.

Benzodiazepines

Following the restriction of 10mg temazepam gel capsules in May 2002, the prevalence of benzodiazepine injection among IDU decreased markedly, from 25% of IDU in 2002 to 11% in 2003. In 2004 10% of IDU reported recent benzodiazepine injection, however the proportion reporting recent benzodiazepine use increased markedly, from 48% in 2003 to 72% in 2004. The brand of benzodiazepine that has been favoured by IDU since the increased restrictions of temazepam has been Valium®.

Associated harms

Since the heroin shortage the number of opioid-related hospital treatment episodes in Queensland has declined, presumably reflecting a reduction in both heroin overdose and heroin withdrawal presentations. Overall, however, the number of prescription and non-prescription drug overdoses attended by Queensland Ambulance Service has increased, quite consistently, since at least July 2000.

While key experts reported an increase in the incidence and severity of mental health problems among IDU, often associated with binge methamphetamine use, IDU in 2004 reported an increase in the prevalence of depression. Almost one in four reported seeing a mental health professional for depression recently, and one in three reported experiencing depression recently. Most IDU reported seeing a GP for their mental health problems.

Since at least 2002, self-reported rates of sharing of injection equipment have declined, while the number of syringes dispensed throughout Queensland has continued to increase. Simultaneously, the incidence of injection-related problems among IDU has decreased, although the majority of IDU still experience some problems, typically scarring/bruising or difficulty injecting. Perhaps most significantly, the number of Hepatitis C notifications in Queensland has dropped by 18% since 2000.

Self-reported rates of drug dealing among IDU have decreased by 40% since 2000, although about one in four IDU in 2004 reported dealing in the last month. Overall, 42% of IDU reported engaging in criminal activity in the last month, and more than half reported having been arrested in the last twelve months. Throughout Queensland, the number of drug consumer and provider arrests increased by 13% from 2002/03 to 2003/04. Eighty-four percent of these arrests in the last financial year were of consumers, and 73% of arrests were in relation to cannabis. Self-reported rates of property crime have fluctuated over the last five years, in a pattern similar to that observed for heroin use.

The majority of IDU in 2004 reported witnessing substance-related verbal and physical aggression in the last six months, and a substantial minority reported engaging in substance-related verbal and physical aggression themselves. Methamphetamine, heroin and in particular alcohol, were the drugs most commonly associated with aggression. Given that alcohol is often consumed in public places and licensed premises, there is scope for intervention to reduce the incidence of alcohol-related aggression. Given that most IDU report using methamphetamine and heroin in a private home, however, effective interventions to reduce aggression associated with these drugs will be considerably more difficult.

Implications

Illicit drug markets in Queensland, as in other jurisdictions, continue to fluctuate and to interact. Accordingly, these markets should be monitored on a regular basis, and should not be interpreted in isolation from one another. The 2004 Queensland IDRS documented a number of new trends, and provided further evidence of inter-dependence among illicit drug markets in Queensland. In particular, it seems clear that changes in the availability of heroin are associated with changes in the use of methamphetamine, and changes in the use of other opiates including morphine, methadone and buprenorphine.

To the extent that illicit drug markets are interdependent, supply reduction, demand reduction and harm reduction policies should adopt a holistic view, recognising that targeting the use of one drug may impact on the availability and use of other drugs. In order to minimise drug-related harm, the realities of endemic polydrug use and interdependent illicit drug markets must be recognised. The data presented here further underscore the importance of this recognition.

1 INTRODUCTION

The Illicit Drug Reporting System (IDRS) is an on-going research project that serves as a strategic early-warning system for emerging trends and patterns in illicit drug use and associated harms. Since 1999 the IDRS has been conducted annually in every state and territory of Australia, and it is now funded jointly by the Australian Government Department of Health and Ageing and the National Drug Law Enforcement Research Fund (NDLERF). The IDRS focuses primarily on four main illicits: heroin, amphetamines, cocaine and cannabis, but also monitors trends in other drugs and in drug-related harms.

An important feature of the IDRS is that it aims to disseminate its findings in a timely fashion, highlighting current issues that require further attention rather than providing a more protracted, in-depth analysis of available data. Each year the key findings are presented at a national conference in November, and the final report is published by the National Drug and Alcohol Research Centre (NDARC) early the following year. In addition, NDARC produces an annual national report and quarterly Drug Trends Bulletins highlighting issues of particular interest. Selected findings from the IDRS are also published in peer-reviewed journals.

Data for the IDRS come from three complementary sources: (a) a survey of injecting drug users (IDU) who are considered a 'sentinel' group in the community, (b) structured interviews with key experts (KE) working in the drug and alcohol field, and (c) existing data sets. By triangulating information from these three sources the IDRS is able to assess with some confidence the reliability and validity of its findings.

The IDU survey component of the IDRS has been conducted in Queensland since 2000, and with each passing year the value of the data set grows. Apparent trends from one year to the next can increasingly be interpreted within a broader historical context, and longer-term trends in drug use and associated harms can be identified. Along with other, complementary monitoring systems such as the national Party Drugs Initiative (PDI) and the crime-focussed Drug Use Monitoring in Australia (DUMA) study, the IDRS helps to paint a contextualised picture of drug use and drug-related issues in Australia.

1.1 Study Aims

As in previous years, the aims of the 2004 Queensland IDRS were to:

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

2 METHOD

The IDRS maximises the reliability of its reported findings by triangulating information from three complementary sources: an IDU survey, a KE survey and contemporary indicator data. Comparability across years and jurisdictions is ensured by continued and nationwide use of the same survey instruments and data sets; minor improvements are made to the methodology each year to keep pace with developments in illicit drug markets and trends.

2.1 Survey of injecting drug users (IDU)

IDU are defined as individuals who have injected an illicit drug at least monthly for the six months prior to interview, and who have lived in the region where the interview takes place for at least 12 months. Given the ubiquity of polydrug use among IDU (Shane Darke & Hall, 1995; S. Darke & Ross, 1997), they are considered a 'sentinel' group in the community, well placed to provide first-hand and current information about a range of illicit drugs. The IDU sample is not considered representative of all illicit drug users, or even of all injecting drug users.

The IDU survey is a structured interview administered by research staff in a convenient community location (e.g., NSP, drug treatment agency). Subjects are assured that the information they provide will remain anonymous and confidential, and informed consent is obtained prior to the interview. The survey typically takes around 50 minutes to complete and subjects are reimbursed $20 for their time and expenses incurred in participation. Whereas the key expert (KE) survey gathers largely qualitative data, the information obtained from the IDU survey is mostly quantitative in nature. The survey includes sections on:

- demographics
- drug use history
- price, purity and availability of illicit drugs
- criminal activity
- risk-taking behaviour
- general health status
- general trends

2.2 Survey of key experts (KES)

Key experts are individuals who work with illicit drug users on a regular basis, and are thus well positioned to provide information on trends and patterns in illicit drug use and associated harms. Criteria for participation in the IDRS as a KE are:

- at least weekly contact with illicit drug users in the six months preceding the interview; or
- contact with at least 10 illicit drug users within the same time frame

These criteria are relaxed somewhat for law enforcement KE, who may not have direct contact with illicit drug users but may nevertheless be able to provide valuable information about drug dealing, manufacture and importation, or about drug-related crime.

Key expert interviews may be conducted either over the telephone or in person. Interviews begin with the researcher explaining the nature and purpose of the IDRS, and screening the potential KE for eligibility. Key experts are asked to nominate one illicit drug to be the focus of discussion. Most interviews take between 30 and 45 minutes to complete, and include a range of open-ended questions followed by check boxes to help focus the interview.

The KE survey instrument includes sections on:

- demographic characteristics of illicit drug users
- drug use patterns and trends
- health issues
- price, purity and availability of drugs
- criminal activity

KE come from a range of backgrounds and professions including (but not limited to) paramedics, GPs, NSP workers, counsellors, staff of drug treatment agencies, researchers, psychiatrists, law enforcement or intelligence officers, and youth service personnel. Many KE have participated in the IDRS in previous years, however a snowballing recruitment strategy is used each year to identify additional potential participants.

Data from the KE survey is qualitative in nature and is used primarily to complement and give context to the quantitative data obtained through the IDU survey and indicator data.

2.3 Other indicators

Data for the IDRS are also obtained from a range of external health, research and law enforcement sources. These indicator data cover a wide range of issues relevant to illicit drug use and serve to further validate and contextualise the findings of the IDU and KE surveys. For inclusion in the IDRS, indicator data should meet the following criteria:

- available at least annually
- include 50 or more cases
- provide details relating to illicit drug use
- be collected in the main study site
- include details on the four main illicit drugs under investigation

Not all indicator data meet all of these criteria, however they do serve as a guide to ensure that indicator data are both relevant and contemporary. In 2004 the following data were obtained for the IDRS:

- ABS – accidental deaths due to opioids
- ACC – purity of analysed drug seizures and drug consumer/provider arrests
- ADIS - telephone counselling statistics
- NNDSS – BBV notifications by year
- QPS – clandestine laboratory seizures, drug-related arrests
- Queensland Health ATODS – syringes dispensed

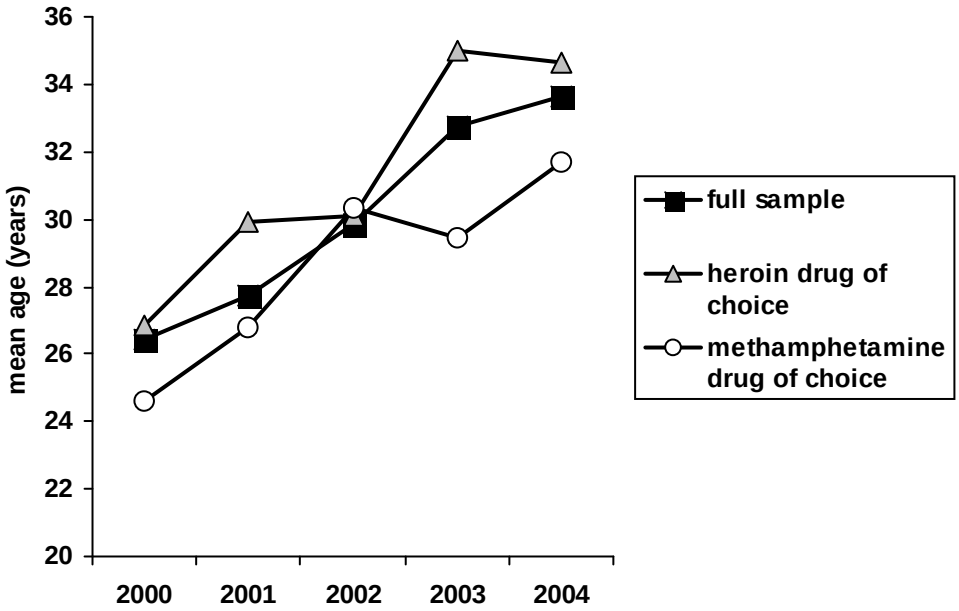
3 RESULTS

3.1 Overview of the IDU sample

In 2004 129 IDU were interviewed in south-east Queensland: 91 (71%) in the Brisbane area, 27 (21%) on the Gold Coast and 11 (9%) of no fixed address. As in previous years, about two thirds of the sample was male. Also consistent with previous years, IDU in 2004 were on average older than those in 2003 (see Table 1) – this trend has been consistent since 2000, when IDU interviewed for the IDRS were on average only 26.4 years of age. Since 2000 the IDRS IDU sample has aged by an average of 1.8 years each year (see Figure 1); this trend may reflect an ageing cohort of injecting drug users accessing NSPs in south-east Queensland. Also of note is the fact that in every year except for 2002, IDU nominating heroin as their drug of choice have been on average around two years older than those nominating methamphetamine. This observation is consistent with key expert reports that heroin users are typically older than those who predominantly use methamphetamine.

In all other respects, the 2004 IDU sample was very similar to that recruited in previous years: The majority of IDU in 2004 were unemployed (72%) and only one in five (21%) had a grade 12 education, although over a third (38%) reported having some form of trade or technical qualification. A minority (12%) identified as Indigenous. Over a third reported currently receiving some form of drug treatment – typically methadone maintenance -- and almost half (43%) reported a history of incarceration. As in previous years, and consistent with key expert reports, the 2004 IDU sample constituted a distinctly disadvantaged group of individuals.

Figure 1: Mean age of full IDU sample, and of those nominating heroin and methamphetamine as drug of choice, 2000 – 2004



Source: IDRS IDU interviews

Table 1: Demographic characteristics of IDU sample

Characteristic	2003 N=135	2004 N=129
Mean age (yrs)	32.77	33.64
Sex (% male)	62	66
Employment (%):		
Not employed	70	72
Full time	13	5
Part time/casual	9	14
Home Duties	4	9
Student	4	0
Sex Work	0	0
ATSI (%)	14	12
School education (%)		
< grade 10	28	26
< grade 12	44	53
Grade 12	28	21
Tertiary education (%):		
None	53	53
Trade/technical	35	38
University/college	12	9
Currently in drug treatment (%)	39	36
Methadone	23	23
Buprenorphine	9	11
Narcotics Anonymous	1	1
Drug counselling	4	2
Other	1	1
Prison history (%)	47	43

Source: IDRS IDU interviews

3.2 Drug use history and current drug use

Table 2 presents a summary of the injection history, drug use preferences and polydrug use of the 2004 IDU sample. The mean age of first injection among IDU interviewed in 2004 was 20.0 years, compared with 18.4 years in 2003. This figure is higher than it has been in any previous year in which the IDRS has been conducted in Queensland. In addition, whereas in 2003 males reported first injecting at a younger age (M=17.9 years) than did females (M=19.2 years), this was not the case in 2004, with no significant difference in the age of first injection between males (M=20.0 years) and females (M=19.8 years). As in previous years, however, there was a moderate positive correlation between age and age at first injection (r = .45, p < .001), indicating that more recent recruits into injecting may also be initiating into injecting at a younger age.

As in 2003, in 2004 over half of the sample reported that the drug they first injected was methamphetamine, with most of the remainder reporting first injecting heroin. Nevertheless, almost two thirds (61%) of the sample in 2004 identified heroin as their drug of choice, compared with only 47% in 2003. Conversely, whereas 36% of IDU in 2003 identified methamphetamine as their drug of choice, this figure dropped to 23% in 2004, with 14% nominating powder methamphetamine, 3% nominating 'base' methamphetamine and 6% nominating crystal methamphetamine ('ice').

Although the majority of IDU in 2004 identified heroin as their drug of choice, as in previous years, smaller proportions reported that heroin was the drug they used the most. In 2004 43% of IDU identified heroin as the drug they had injected most in the last month (vs. 30% in 2003), and 39% identified heroin as the drug they had last injected (vs. 32% in 2003). Although reported use of heroin among IDU increased in 2004, as in previous years, a proportion of those identifying heroin as their drug of choice were in fact using other drugs more regularly.

After heroin, the drug reportedly injected by the largest proportion of IDU in 2004 was methamphetamine, with 38% identifying methamphetamine as the drug they had injected most in the last month (vs. 57% in 2003), and 37% identifying methamphetamine as the last drug they had injected (vs. 55% in 2003). Whereas reported use of heroin among IDU increased from 2003 to 2004, use of methamphetamine seems to have declined. Nevertheless, the proportion of IDU injecting methamphetamine most regularly continues to exceed the proportion who nominate this substance as their drug of choice.

Small numbers of IDU in 2004 nominated cannabis (8%), cocaine (2%), morphine (3%) or ecstasy (1%) as their drug of choice. Nevertheless, a substantial minority (11%, vs. 4% in 2003) identified morphine as the drug they had injected most in the last month and the proportion reporting morphine as the last drug injected increased from 8% in 2003 to 11% in 2004. Similarly, the proportion reporting methadone as the last drug injected increased from 4% in 2003 to 9% in 2004.

While injection of heroin among IDU has increased in 2004, the injection of alternative opiates (morphine and methadone) has also increased. The proportion of IDU identifying either morphine, methadone or heroin as the drug most frequently injected last month (58%) is very similar to the proportion identifying heroin as their drug of choice (61%). Perhaps these alternative, cheaper and more reliable opiates, continue to be an attractive substitute for some IDU.

Overall, IDU in 2004 reported an increase the average number of drug classes they had ever tried and injected, and in the number of drug classes tried and injected recently (see Table 2). Given that IDU in 2004 were on average older than those interviewed in 2003, one might expect an increase in the number of drug classes ever tried and injected. Indeed, there was a significant positive association between age and number of drug classes ever injected (r = .224, p= .011), in the 2004 sample. This ageing of the IDU sample does not, however, explain an increase in the number of drug classes tried and injected recently. Another explanation, consistent with evidence presented later in this report, is that IDU are increasingly using and injecting a wider range of drugs, particularly alternative opiates such as morphine, methadone and buprenorphine.

Table 2: Injection history, drug preferences and polydrug use of IDU

Variable	2003 N=135	2004 N=129
Mean age first injection (years)	18.4	20.0
First drug injected (%)		
Heroin	44	40
Amphetamine	52	55
Cocaine	1	1
Other opioids	3	2
Hallucinogens	1	0
Ecstasy	0	1
Benzodiazepines	1	0
Speed & Heroin	0	1
Drug of choice (%)		
Heroin	47	61
Methamphetamine	36	23
Cocaine	5	2
Cannabis	6	8
Benzodiazepines	2	0
Morphine	1	3
Ecstasy	1	1
Other	2	2
Drug injected most often in last month (%)		
Heroin	30	43
Methamphetamine	57	38
Methadone	6	4
Morphine	4	11
Cocaine	2	0
Other	1	4
Most recent drug injected (%)		
Heroin	32	39
Methamphetamine	55	37
Methadone	4	9
Morphine	8	11
Cocaine	1	1
Other	2	3
Frequency of injecting in last month (%)		
Weekly or less	40	29
Less than daily	26	33
Once a day	16	11
2-3 times a day	12	22
>3 times a day	7	5
Polydrug use		
Number of drug classes ever tried	10.5	11.4
Number of drug classes used in last 6 months	6.4	7.2
Number of drug classes ever injected	5.1	5.5
Number of drug classes injected in last 6 mths	2.8	3.1

Source: IDRS IDU interviews

Table 3 (following page) provides an overview of the polydrug use history of IDU in 2004, as a function of route of administration. The majority of the sample reported recent (last 6 months) injection of heroin (78%), methamphetamine powder (61%), methamphetamine base (60%) and crystal methamphetamine (50%). In addition, the majority of IDU reported recent use of morphine (50%), benzodiazepines (57%), cannabis (75%), alcohol (73%) and tobacco (95%).

Among those who had used recently, the drugs used most frequently by IDU were tobacco (median = 180 days in 6 months, or daily) and prescribed methadone (daily). Those who had used cannabis recently did so on average two days out of every three, whereas those who had used alcohol recently did so on average less than once a fortnight. Recent heroin users reported using on average weekly, and the same was true of recent methamphetamine users (see Table 3).

Table 3: Polydrug use history and routes of administration of the IDU sample, 2004

Drug Class	Ever used	Ever Injected	Injected last 6 mths	Median days injected in last 6 mths	Ever smoked	Smoked last 6 mths	Ever snorted	Snorted last 6 mths	Ever Swallowed	Swallowed last 6 mths	Used in the last 6 mths	Median days used in last 6 mths
1. Heroin	92	92	78	26	44	5	18	2	20	2	79	26
2. Methadone (prescribed)	54	37	15	37					51	26	26	180
2.a. Methadone (not prescribed)	50	38	20	2					28	10	23	2.5
2.b Physeptone (prescribed)	16	13	1	10	0	0	0	0	9	1	2	8
2c Physeptone (not prescribed)	32	23	6	5	0	0	0	0	19	5	9	2
3. Morphine	77	72	45	6	1	0	1	0	36	19	50	7
4. Homebake	32	32	9	5	1	1	1	1	2	1	9	8
5. Other opiates	42	26	8	3	9	0	0	0	26	13	19	5
6. Speed powder	88	88	61	12	11	2	37	5	35	9	61	12
7. Amphet liquid	37	36	16	2.5					9	3	16	2.5
8. Base/point/wax	71	71	60	12	2	1	7	2	26	9	60	12
9. Ice/shabu/crystal	77	74	50	6	23	9	5	2	18	5	51	6
9a. Pharmaceutical stimulants	32	9	2	1	1	0	0	0	25	4	5	1
10 Cocaine	68	47	5	4	12	2	41	6	6	2	10	2
11 Hallucinogens	71	17	0	--	5	2	0	0	67	10	10	3
12 Ecstasy	71	33	16	2	1	1	12	3	66	32	38	3
13 Benzodiazepines	78	33	8	2	4	1	2	0	75	55	57	25
14 Alcohol	95	9	0	--					95	73	73	10
15 Cannabis	92										75	120
16 Anti-depressants	50	2	0	--					50	27	27	90
17 Inhalants	33										13	4
18 Tobacco	98										95	180
19 Buprenorphine (prescribed)	33	19	16	9.5	0	0	0	0	32	22	23	47
19a Buprenorphine (not prescribed)	24	20	16	4	0	0	0	0	9	5	19	3

4 HEROIN

In this section the price, purity and availability of heroin are considered, and patterns of use among IDU are discussed. The heroin shortage documented throughout Australia in 2001 had a significant impact on the market for heroin and other illicit drugs. As the following section will show, some longer-term effects of this shortage in Queensland are now becoming evident, in IDRS data.

4.1 Price

In Section 2 it was noted that heroin use among IDU seems to have increased in 2004. Consistent with this, the reported price of heroin has dropped from a median of $400 per gram in 2003 to $380 per gram in 2004 (see Table 4). Similarly, the median price of a half gram ($240) and quarter gram ($120) dropped from 2003 to 2004, with the price of a cap remaining stable at $50. According to some IDU and key experts, a 'cap' can be roughly equated with '$50 worth' of heroin, and as such it may be a poor indicator of price fluctuations.

While these prices remain marginally higher than those reported prior to the heroin shortage in 2001 (see Figure 2), they suggest a gradual return of heroin to the market in south-east Queensland. Perhaps indicative of growing stability in the heroin market after this shortage, 60% of IDU in 2004 who commented on changes in the price of heroin stated that it had been stable in the last 6 months, while 10% said that it had decreased and 9% stated that it had increased or fluctuating, respectively.

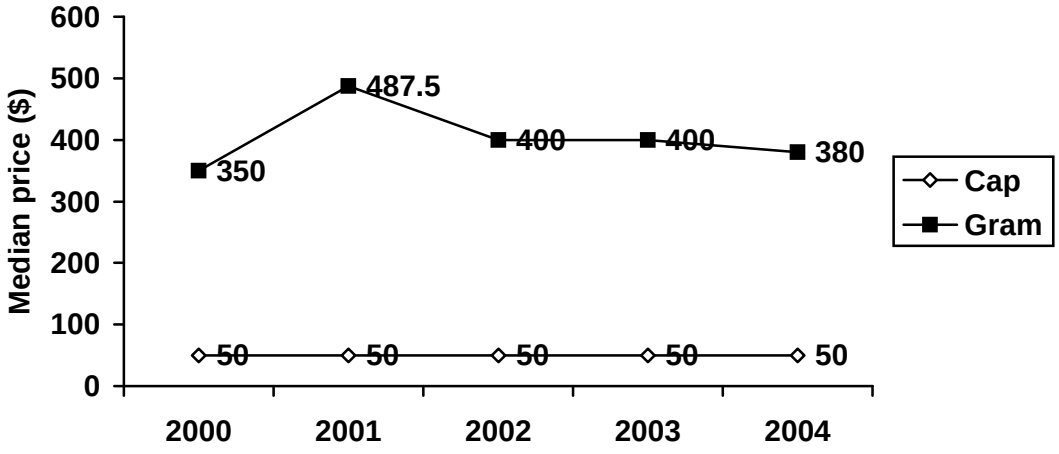
Table 4: Price of most recent heroin purchases by IDU, 2003-2004

Amount	Median price* $	Number of purchasers*
Gram	380 (400)	19 (21)
Half gram	220 (240)	36 (24)
Quarter gram	120 (120)	49 (42)
Cap	50 (50)	47 (29)

Source: IDRS IDU interviews

* 2003 data are presented in brackets

Figure 2: Median price of a gram (and cap) of heroin estimated from IDU purchases, 2000 – 2004

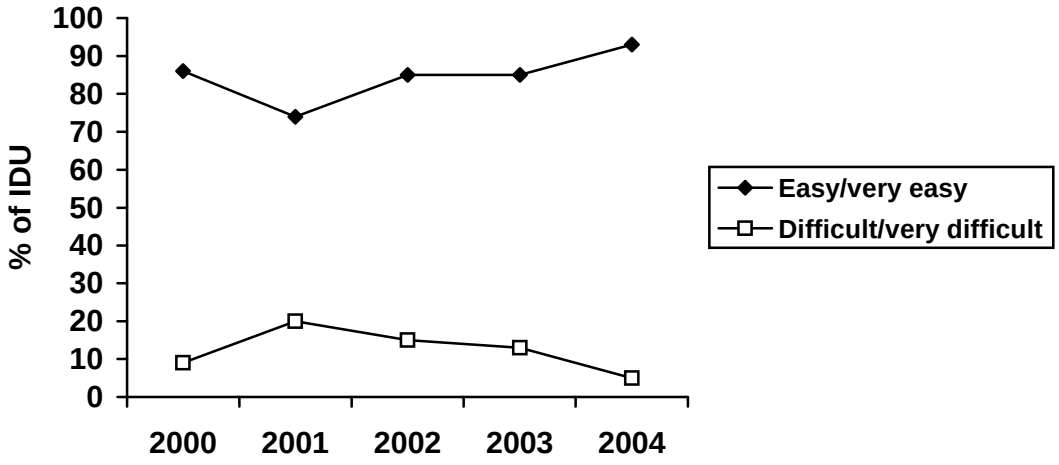


Source: IDRS IDU interviews

4.2 Availability

Consistent with evidence of increased use and decreased of price of heroin, IDU indicated increased availability of heroin in 2004. In 2004 93% of IDU who responded stated that heroin was either easy or very easy to obtain, while only 5% stated that it was difficult or very difficult to obtain. By comparison, during the heroin shortage in 2001 74% of IDU stated that heroin was easy/very easy to obtain, and 20% said that is was either difficult or very difficult to obtain (see Figure 3).

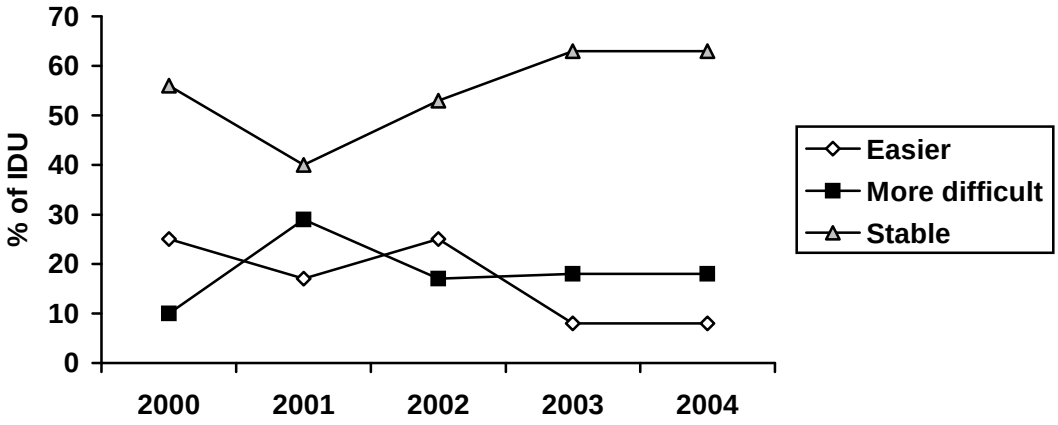
Figure 3: IDU reports of ease of availability of heroin in the past six months, 2000 – 2004



Source: IDRS IDU interviews

Indeed, IDU reports of heroin availability since 2001 suggest that the market is re-stabilising in south-east Queensland. The proportion of IDU describing heroin availability as stable rose from 40% in 2001 to 53% in 2002, and has remained stable at 63% since 2003 (see Figure 4).

Figure 4: IDU reports of change in availability of heroin in the past six months, 2000 - 2004



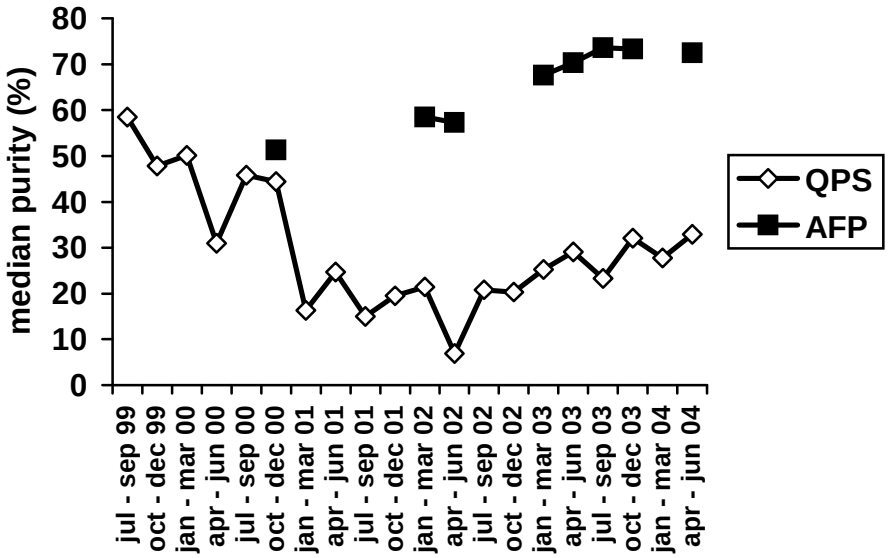
Source: IDRS IDU interviews

4.3 Purity

Figures 5 and 6 show the median purity and number of heroin seizures made by QPS and AFP in Queensland, from 1999/00 to 2003/04. The median purity of QPS seizures dropped markedly from the fourth quarter of 2000 (44%) to the first quarter of 2001 (16%), in the context of the heroin shortage, however the lowest median purity was recorded during the second quarter of 2002. The median purity of QPS seizures has risen somewhat since this time, and at the end of the 2003/04 financial year was 33%.

Whereas QPS is likely to make a relatively large number of seizures within the Queensland border, AFP seizures are likely to reflect border interdiction efforts. Consequently, AFP seizures tend to be smaller in number, but higher in purity. The median purity of AFP seizures in Queensland has risen over the past two years, from 57% in the second quarter of 2002, to 73% in the second quarter of 2004 (see Figure 5).

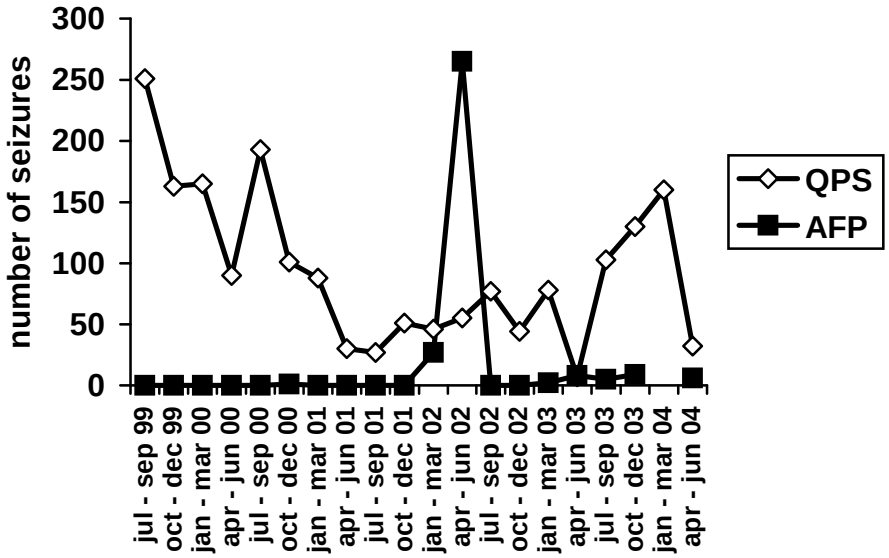
Figure 5: Purity of heroin seizures analysed in QLD, by quarter, 1999/00 – 2003/04



Source: QPS and AFP

The number of AFP heroin seizures in Queensland is typically small, however the one exception to this occurred in the second quarter of 2002, when AFP made 265 heroin seizures in Queensland. Perhaps significantly, this is also the quarter in which the median purity of QPS heroin seizures was at its lowest (see Figure 5). These findings provide some indirect evidence for an impact of law enforcement activity on the purity of heroin in the market.

Figure 6: Number of heroin seizures analysed in QLD, by quarter, 1999/00 – 2003/04



Source: QPS and AFP

Table 5 shows IDU perceptions of heroin purity, and changes in purity over the previous six months, from 2000 to 2004. In 2004 over a third (38%) of IDU reported the purity of heroin as medium, however almost a third (30%) reported the purity as low. A third of IDU (33%) reported the purity as stable over the previous six months, however more than a quarter (26%) reported that the purity had decreased in this time. There was poor agreement among IDU with respect to recent changes in the purity of heroin (see Table 5).

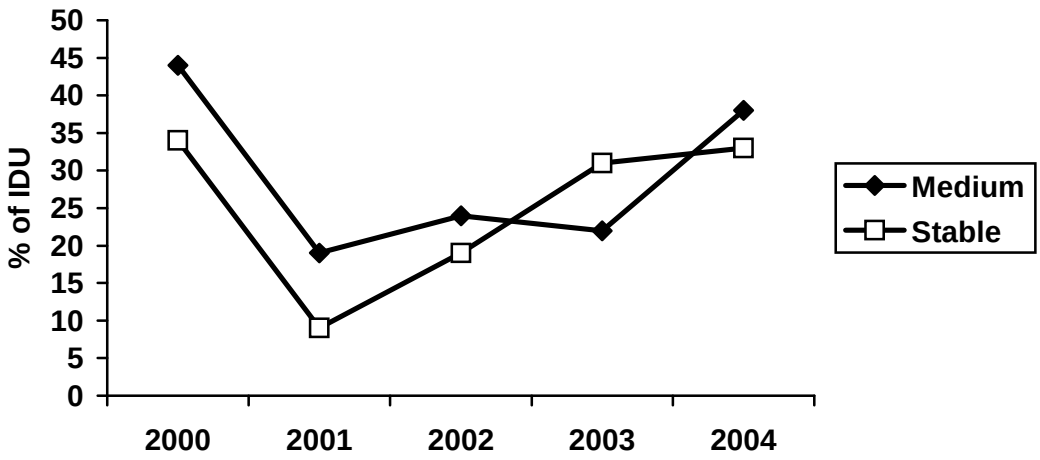
Table 5: Purity of heroin and changes in purity, as reported by IDU, 2000 - 2004

	IDRS 2000	IDRS 2001	IDRS 2002	IDRS 2003	IDRS 2004
Current purity (%)					
High	14	9	12	17	16
Medium	44	19	24	22	38
Low	13	28	24	53	30
Fluctuates	0	5	14	3	11
Don't know	30	39	27	5	5
Purity change last 6 months (%)					
Increasing	16	5	16	10	14
Stable	34	9	19	31	33
Decreasing	19	36	26	36	26
Fluctuating	7	14	13	13	19
Don't know	25	36	26	9	8

Source: IDRS IDU interviews

The impact of the heroin shortage in 2001 is particularly evident in the proportion of IDU reporting the purity of heroin as medium and the proportion reporting that the purity had been stable. As Figure 7 shows, these proportions dropped substantially from 2000 to 2001, however they have risen quite consistently since this time, providing further evidence of a gradual return of the heroin market in south-east Queensland.

Figure 7: Proportion of IDU reporting heroin purity as medium and stable, 2000 - 2004



Source: IDRS IDU interviews

4.4 Use

Heroin use among IDU

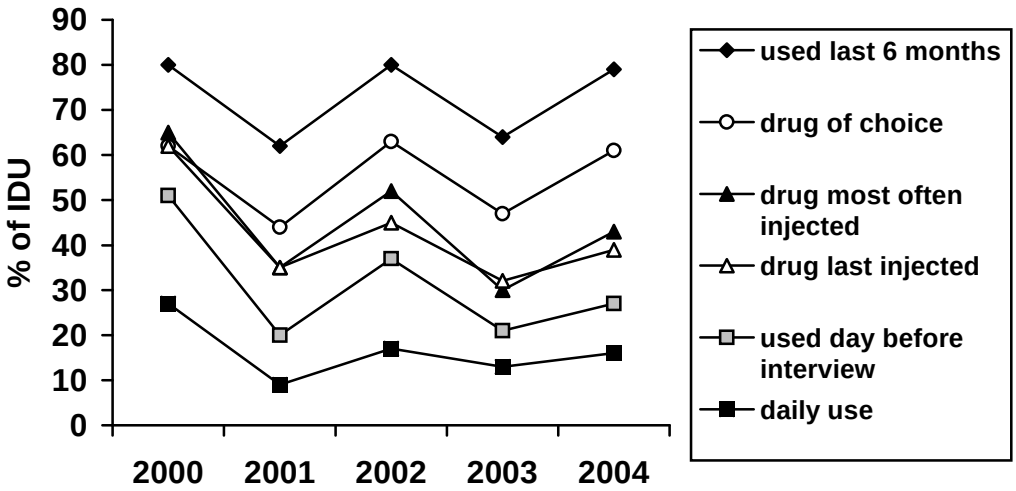
Four out of five IDU in 2004 (79%) reported recent use of heroin. Almost all of these (78%) reported recent injection of heroin, with small proportions reporting smoking (5%), snorting (2%) and swallowing (2%) of heroin in the last six months. Among those who had used recently, the average frequency of use was once a week, however 16% of IDU reported daily use of heroin in the last six months.

According to key experts, heroin use among IDU increased in 2004, although availability continues to fluctuate and purity is still variable. Key experts from the health sector noted that heroin users are typically older than those using methamphetamine, however some also observed a continued increase in the proportion of IDU using both heroin and methamphetamine. Finally, a number of KE reported an increase in the use and injection of alternative opiates including methadone, buprenorphine and particularly morphine.

4.5 Current patterns of heroin use

The prevalence and frequency of heroin use among IDU in south-east Queensland has fluctuated over the past five years. After a substantial decline in use in 2001, both the prevalence and frequency of use increased in 2002, before decreasing again in 2003 (see Figure 8). In 2004 available indicators suggest that heroin use has once again increased among IDU in south-east Queensland, with 79% of IDU reporting use in the last six months (vs. 64% in 2003) and 43% nominating heroin as the drug most often injected in the last month (vs. 30% in 2003). The proportion of IDU reporting daily use also increased from 13% in 2003 to 16% in 2004, although this figure remains far below that recorded in 2000, when 27% of IDU reported daily heroin use. Evidently, while heroin use among IDU has increased somewhat in 2004, the frequency of use is still far below that seen prior to the heroin shortage.

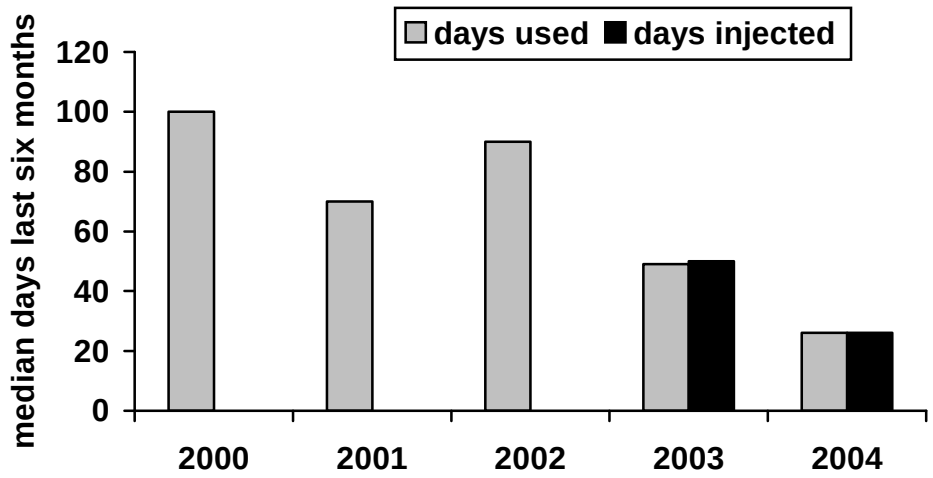
Figure 8: Prevalence and frequency of heroin use in preceding six months, 2000 - 2004



Source: IDRS IDU interviews

Indeed, while the prevalence of heroin use has risen, it appears that on average, the frequency of use has decreased. Figure 9 shows the median days of use and injection of heroin in the last six months, among IDU who had used in this time, from 2000 to 2004. As the figure shows, despite an increase in the *prevalence* of heroin use from 2003 to 2004, the average *frequency* of use has declined steadily since 2002. Taken together, these data suggest that increasing proportion of IDU are using heroin on a *less regular*, non-daily basis, perhaps in combination with or as an occasional substitute to other drugs.

Figure 9: Median days of use and injection of heroin in last six months among IDU, 2000 - 2004



Source: IDRS IDU interviews
NOTE: Prior to 2003 IDU were not asked separately about frequency of injection

Although 61% of IDU in 2004 nominated heroin as their drug of choice, only 43% reported that heroin was the drug they had injected most often in the last month. Among those who had most often injected some other drug (*n*=29), the reasons cited for doing so were price (*n*=13), availability (*n*=4), health effects (*n*=4), purity (*n*=3), in drug treatment (*n*=3) and peer influence (*n*=1).

The other drugs most commonly injected by these IDU are shown in Table 6. About one third of this group (35%) reported most often injecting powder methamphetamine, with one IDU reporting most frequently injecting ice. The remaining two thirds reported most often injecting another opiate – most commonly morphine (28%) or methadone (17%). Consistent with key expert reports, it appears that a proportion of IDU who consider heroin their drug of choice are instead turning to alternative opiates, typically due to their relative cost, availability and/or purity.

Table 6: Drug substitution behaviour among IDU nominating heroin as drug of choice (n=29), 2004

	Drug most often injected (%)	Last drug injected (%)
Heroin	0	14
Methadone	17	28
Buprenorphine	7	7
Morphine	28	24
Homebake	3	0
Other opiates	3	3
Powder	35	14
Base	0	7
Crystal	3	3

Source: IDRS IDU interviews

Table 7 shows which forms of heroin have been used and used most by IDU in the last six months, from 2000 to 2004. As in previous years, in 2004 the majority of IDU reported recent use of both powder and rock heroin, with only a small proportion (9%) reporting recent use of homebake heroin. Also consistent with previous years, in 2004 IDU were more likely to nominate rock (57%) than powder heroin (41%) as the form they had used most; only 2% of IDU identified homebake heroin as the form used most.

Table 7: Forms of heroin used and used most in the last six months, 2000 – 2004

	2000		2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most	Used	Most
Powder	66	--	58	56	72	35	54	41	69	41
Rock	76	--	56	60	79	65	55	59	66	57
Homebake	--	--	--	--	--	--	7	0	9	2

Source: IDRS IDU interviews

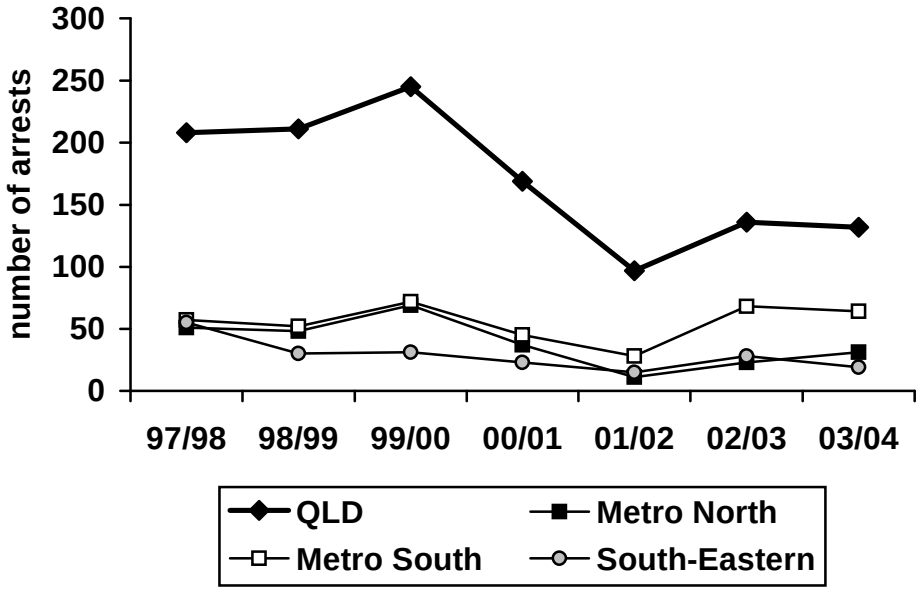
NOTE: Valid percentages shown for 'form most used'. In 2001 IDU were not asked about 'form most used' in a forced-choice format, so total percentage may exceed 100.

4.6 Heroin related harms

Law enforcement

Figure 10 shows the number of heroin possession/use arrests made by QPS during each financial year from 1997/98 to 2003/04. In addition to a total figure for the State, Figure 10 shows the number of arrests made in each of the three regions from which IDU are sampled for the IDRS. The total number of arrests rose to a peak of 245 during the 1999/00 financial year, before dropping sharply to only 97 arrests in 2001/02, during the heroin shortage. The total number of heroin use/possession arrests in Queensland during 2003/04 was 132, with 64 of these in the Metropolitan South region.

Figure 10: Number of heroin possession/use arrests by geographic area 1997/98 – 2003/04

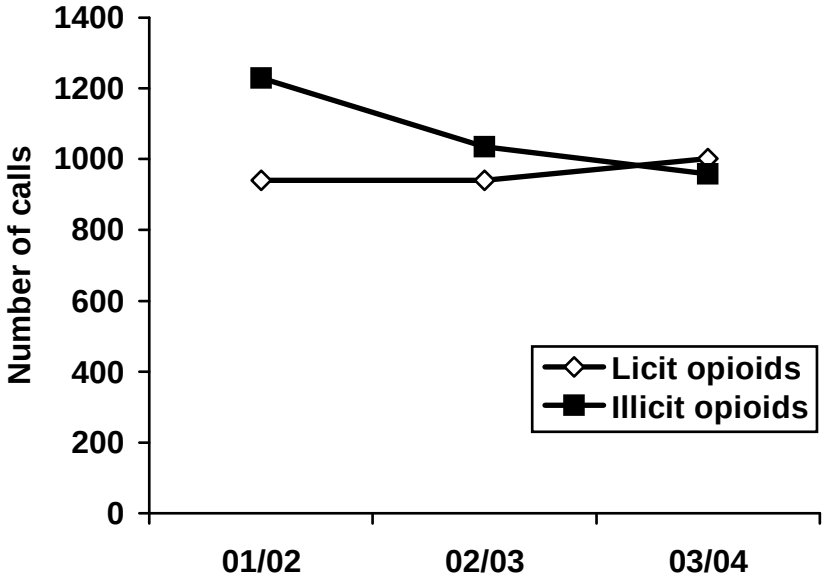


Source: Queensland Police Service

Health

Figure 11 shows the number of calls made to the Queensland Alcohol and Drug Information Service (ADIS) in relation to licit and illicit opioids, from 2001/02 to 2003/04. ADIS records do not distinguish between heroin and other illicit opioids, however the vast majority of calls in relation to illicit opioids relate to heroin (ADIS, personal communication, Feb. 2005). By contrast, the licit opioid category includes calls in relation to licit opioids such as morphine, methadone and buprenorphine, whether used as prescribed or not. Over the last two financial year the number of calls in relation to illicit opioids has dropped from 1,229 to 958, while the number of calls in relation to licit opioids has risen slightly from 940 to 1,002. This is consistent with evidence of less frequent heroin use and commensurately more prevalent and frequent use of other opiates by IDU, including diverted morphine, methadone and buprenorphine.

Figure 11: Number of inquiries to ADIS regarding licit and illicit opioids, 2001/02 – 2003/04

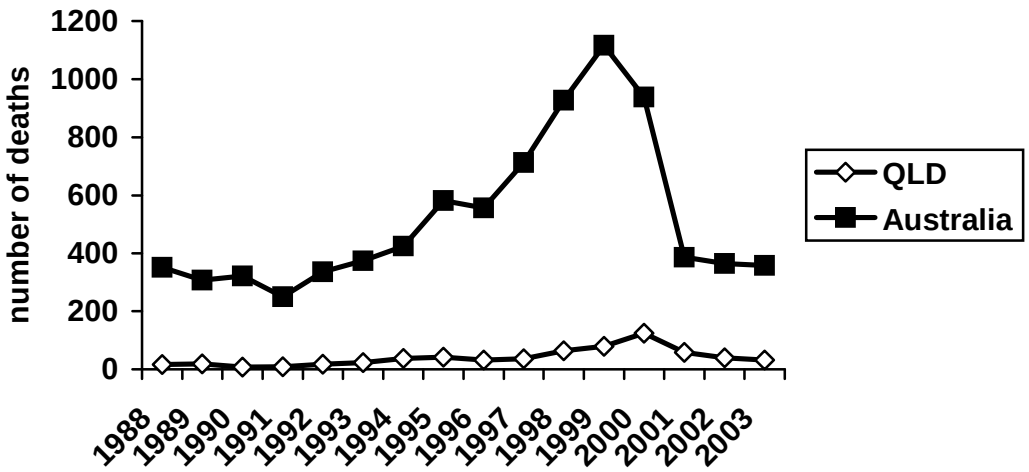


Source: ADIS

Overdose

The number of accidental deaths due to opioids recorded in Queensland rose markedly from 16 in 1988, to 124 in 2000, before declining just as rapidly in 2001 in response to the heroin shortage (see Figure 12). In 2003 32 deaths were recorded in Queensland: 22 male and 10 female.

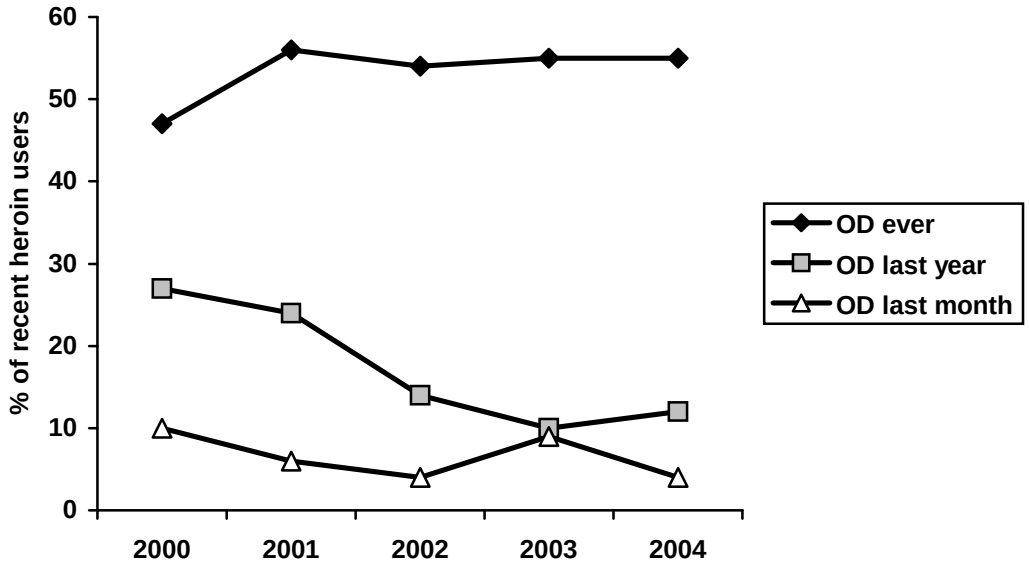
Figure 12: Number of accidental deaths due to opioids among those aged 15-54 years in QLD and Australia, 1988 - 2003



Source: ABS

Consistent with evidence of a sustained reduction in fatal overdoses among IDU in Queensland since the heroin shortage, the proportion of IDU reporting an overdose in the last year has declined reasonably consistently over the last five years, from 27% of IDU in 2000 to 12% of IDU in 2004. The trend for very recent (last month) overdose is less clear, with 4% of IDU in 2004 reporting a very recent overdose, compared with 9% in 2003 and 10% in 2000. The proportion of IDU reporting overdosing ever has been quite consistent since 2001, with just over half (55%) of IDU in 2004 reporting having overdosed ever (see Figure 13).

Figure 13: Proportion of recent (last six months) heroin users who have overdosed ever, in the past 12 months, and in the past month, 2000 - 2004



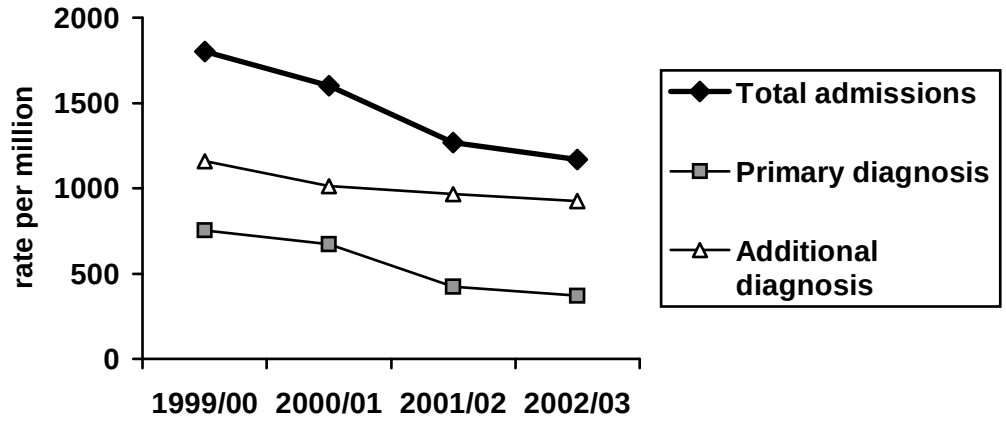
Source: IDRS IDU interviews

NOTE: valid percentages shown, based on IDU who have used heroin in last six months: 2000 *n*=81, 2001 *n*=63, 2002 *n*=83, 2003 *n*=86, 2004 *n*=102. Incidents of both heroin and morphine overdose have been included, however in 2000 IDU were not asked about heroin and morphine overdose separately.

Treatment

The number of opioid-related hospital admissions in Queensland from 1999/00 to 2002/03, per million persons aged 15-54, is shown in Figure 14. The total number of admissions has fallen markedly during this time from 1,800 to 1,167 – a drop of 35%. This decrease is also reflected in the number of admissions in which opioids were diagnosed as the primary cause of the presentation, which fell 51% from 755 in 1999/00, to 372 in 2002/03. The number of admissions receiving a secondary diagnosis related to opioids fell by 20%, from 1,160 in 1999/00 to 925 in 2002/03.

Figure 14: Opioid-related hospital admissions by diagnosis type, rate per million person aged 15-54, QLD 1999/00 – 2002/03



Source: AIHW

Table 8 shows the proportion of IDU reporting current and past drug treatment, from 2000 to 2004. As in 2003, in 2004 roughly one quarter of IDU (23%) reported currently receiving methadone treatment, however the proportion reporting current buprenorphine treatment rose substantially from 2% in 20023 to 8% in 2003, and 11% in 2004. These data are consistent with key expert reports that IDU are becoming increasingly disenchanted with the methadone program, and that an increasing number prefer buprenorphine to methadone. Indeed, one key expert and one IDU claimed that some users prefer to obtain methadone illicitly and perform a 'self-detox', rather than enrol in the methadone program.

Consistent with the fact that the IDU sample in 2004 was older than that from previous years, in 2004 fewer than half of the sample (49%) reported never having received any form of drug treatment. More than a quarter (27%) reported a history of methadone maintenance treatment, and one in five (20%) reported a history of buprenorphine treatment. Evidently, buprenorphine treatment is being well received by at least a proportion of opiate-dependent IDU.

Table 8: Past and current treatments received by IDU 2000 - 2004

	IDRS 2000	IDRS 2001	IDRS 2002	IDRS 2003	IDRS 2004
Current treatment (%)					
No treatment	73	63	50	61	64
Methadone	23	22	34	23	23
Buprenorphine	--	--	2	8	11
Other	4	15	15	9	3
Median months in current treatment	11	4.5	6	12	12
Previous treatment (%)					
No treatment	--	50	39	54	49
Methadone	--	26	37	23	27
Buprenorphine	--	0	5	10	20
Detox	--	10	11	5	3
TC	--	8	5	0	2
NA	--	5	3	3	5
Drug counselling	--	19	12	13	13
Naltrexone	--	1	1	2	0
Other	--	2	9	5	4

Source: IDRS IDU interviews

4.7 Summary of heroin trends

- **Price may have decreased** slightly from 2003. in 2004 median price of a gram was $380 (vs. $400 in 2003). Price of a cap has been constant at $50.
- Following evidence of an impact of supply reduction on heroin purity in 2002, seizure **purity has increased** to a median of 33% at the end of 2004.
- The perceived **availability of heroin has increased** for IDU, with 93% of respondents in 2004 reporting availability as easy/very easy.
- In the context of decreased price, increased purity and increased availability, the **prevalence of heroin use among IDU has increased** substantially. Nevertheless, the average **frequency of use continues to decline**, suggesting that many IDU who nominate heroin as their drug of choice are also using a wide range of other drugs, including alternative opiates such as illicit morphine, methadone and buprenorphine.
- As in previous years, heroin users were on average about two years older than those nominating methamphetamine as their drug of choice. Only about two thirds of those nominating heroin as their drug of choice reported that this was the drug they had injected most in the last month.
- The number of heroin possession/use arrests in Queensland changed little from 2002/03 to 2003/04.
- The number of hospital admissions and telephone counselling calls in relation to heroin has dropped consistently since at least 2001/02, however the number of calls in relation to pharmaceutical opiates (e.g., morphine) has increased.
- Around one in four IDU interviewed was currently in methadone treatment, however methadone maintenance treatment may be falling out of favour with IDU, who are increasingly preferring and accessing buprenorphine treatment.

5 METHAMPHETAMINE

Whereas the prevalence of heroin use among IDU seems to have increased in 2004, the prevalence of methamphetamine use has declined. As in previous years, the heroin and methamphetamine markets in south-east Queensland seem to be operating in a reciprocal fashion, with an increase in the use of one substance paralleled by a decrease in use of the other. This reciprocal relationship is reflected in the main indicators of market activity -- price, purity and availability – although the relationship is complicated by the presence of multiple forms of methamphetamine in Queensland. The IDRS distinguishes among powder, base and crystal methamphetamine ('ice'), with the former two mostly produced locally in small clandestine laboratories ('box labs'), and the latter mostly imported from south-east Asia (ACC, 2004; CMC, 2003). As the following section will illustrate, this distinction is important to understanding the dynamics of the methamphetamine market in Queensland.

5.1 Price

The reported price of methamphetamine powder and base changed little from 2003 to 2004, and in both years there was no difference in price between the two forms (see Table 9). IDU in 2004 reported that powder and base cost $200 for a gram, $100 for a half gram, $50 for a 'point' and $450 for an 'eightball' (3.5 grams). These prices are the same as those reported in 2003, with the exception that the reported price of an eightball of powder or base was $500 in 2003.

By contrast, there was some mixed evidence of an increase in the price of crystal methamphetamine ('ice'), with IDU reporting a median price in 2004 of $250 for a gram (vs. $200 in 2003) and $50 for a point (vs. $35 in 2003). The price of a half gram of ice remained stable from 2003 to 2004 at $120, while the reported price of an eightball fell from $550 in 2003 to $500 in 2004. Given that only seven IDU reported purchasing an eightball of ice in 2004, and that the reported price ranged from $450 to $950, the average of $500 can be considered a rough approximation only.

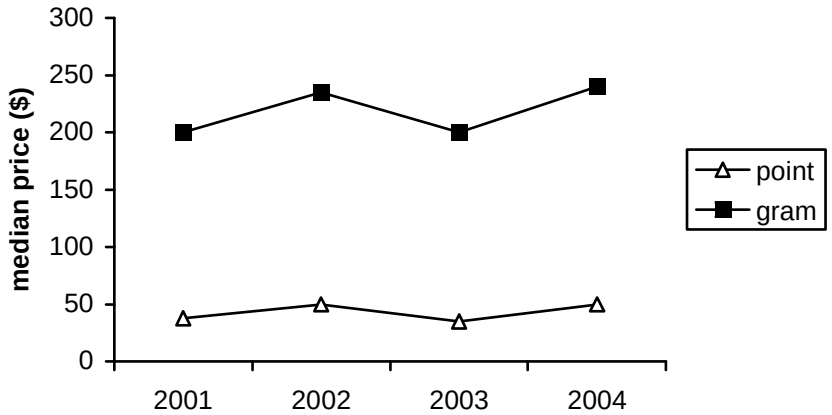
Overall, it appears that the price of powder and base has been stable, while the price of ice has been unstable and perhaps increasing (see Figure 15). Consistent with this, in 2004 71% of IDU who responded reported that the price of powder was stable, and 75% of respondents said that the price of base was stable, compared with only 40% of those who responded in relation to ice. Twenty percent of respondents reported that the price of ice had increased in 2004. Similarly, in 2004 key experts reported that whereas the price of a gram of base was around $200, the price of a gram of ice was usually $300.

Table 9: Price of most recent methamphetamine purchases by IDU, 2003 - 2004

Amount	Median price* $	Number of purchasers*
Speed		
Gram	200 (200)	25 (28)
Half gram	100 (100)	37 (22)
"Eightball" (3.5g)	450 (500)	18 (12)
Point (0.1g)	50 (50)	26 (36)
Base		
Gram	200 (200)	26 (18)
Half gram	100 (100)	35 (27)
"Eightball" (3.5g)	450 (500)	16 (7)
Point (0.1g)	50 (50)	26 (20)
Ice		
Gram	250 (200)	15 (25)
Half Gram	120 (120)	19 (30)
"Eightball" (3.5g)	500 (550)	7 (10)
Point (0.1 gram)	50 (35)	26 (27)

Source: IDRS IDU interviews
* 2003 data are presented in brackets

Figure 15: Median price of a point and a gram of ice, estimated from IDU purchases, 2001 – 2004



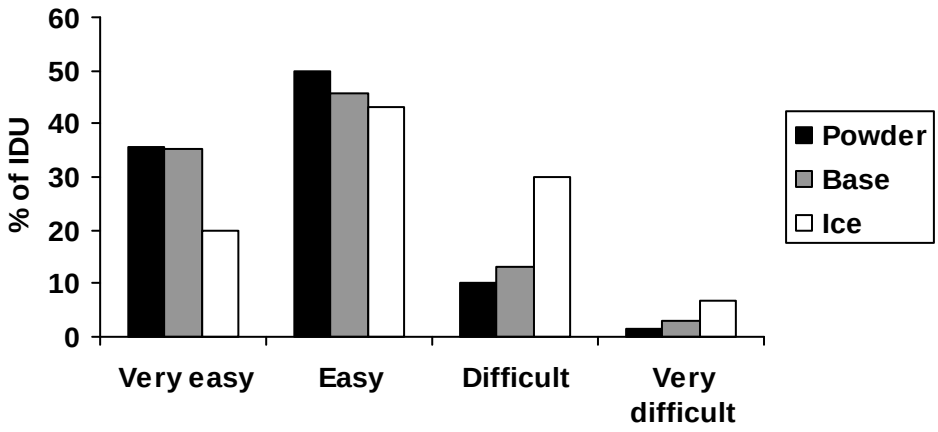
Source: IDRS IDU interviews

5.2 Availability

As in previous years, the majority of IDU reported that all forms of methamphetamine were either easy or very easy to obtain, however ice appears to be less readily available that other forms of methamphetamine. In 2004 the availability of powder and base was rated as 'easy or very easy' by 86% and 81% of IDU respectively, compared with only 63% of IDU who rated ice as easy or very easy to get. Similarly, whereas powder and base were rated as 'difficult or very difficult' to get by only 11% and 16% of IDU respectively, 37% rated ice as difficult or very difficult to get (see Figure 16).

Consistent with this, key experts from both the health and law enforcement sectors reported that all forms of methamphetamine were easy or very easy to get, however there was less agreement with regard to ice: Some KE reported that ice had become less available in 2004, while others reported that ice had been unavailable for a few months, but was becoming more available again.

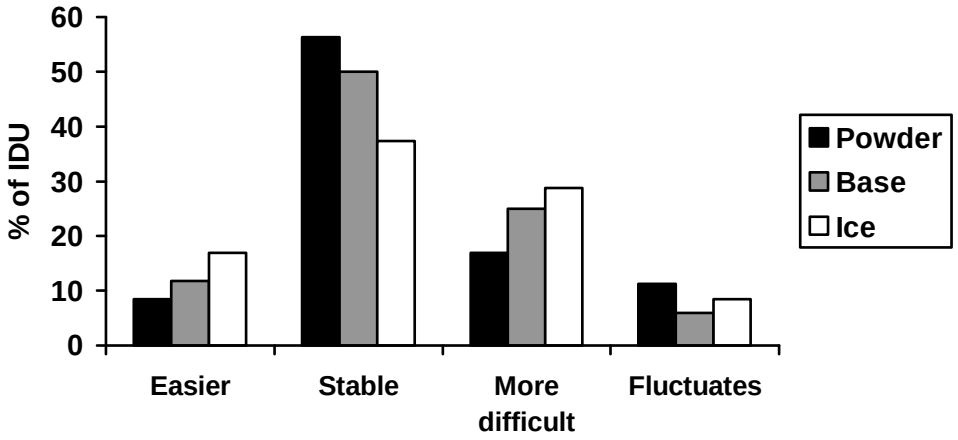
Figure 16: IDU reports of current availability of methamphetamine powder, base and ice, 2004



Source: IDRS IDU interviews
NOTE: valid percentages are shown.

When asked about recent changes in the availability of methamphetamine, IDU again seemed to make a distinction between ice and other forms of methamphetamine. The majority of IDU rated the availability of powder (56%) and base (50%) as stable, compared with only 37% rating the availability of ice as stable. Compared to other forms of methamphetamine, there was more *disagreement* among IDU with respect to changes in the availability of ice, with 17% reporting that ice had become easier to get, 29% reporting that it had become more difficult to get, and 9% reporting that availability had fluctuated recently (see Figure 17).

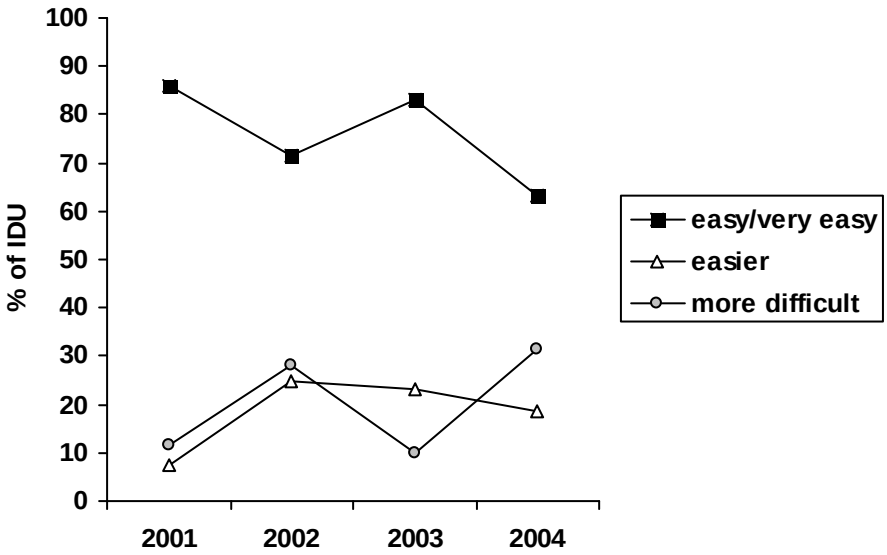
Figure 17: IDU reports of recent changes in the availability of methamphetamine powder, base and ice, 2004



Source: IDRS IDU interviews
NOTE: valid percentages are shown.

Figure 18 depicts IDU perceptions of the availability of ice from 2001 to 2004. As the figure shows, the proportion reporting that ice was easy or very easy to get dropped in 2002, rose slightly in 2003 and declined again in 2004. Conversely, the proportion of IDU reporting that ice had become more difficult to get recently rose in 2004, indicating reduced availability. It is worth noting that these reports of availability closely parallel trends in the prevalence of use among IDU, over this time (see Figure 22 below).

Figure 18: IDU reports of ease of availability of ice in the past six months, 2001 – 2004

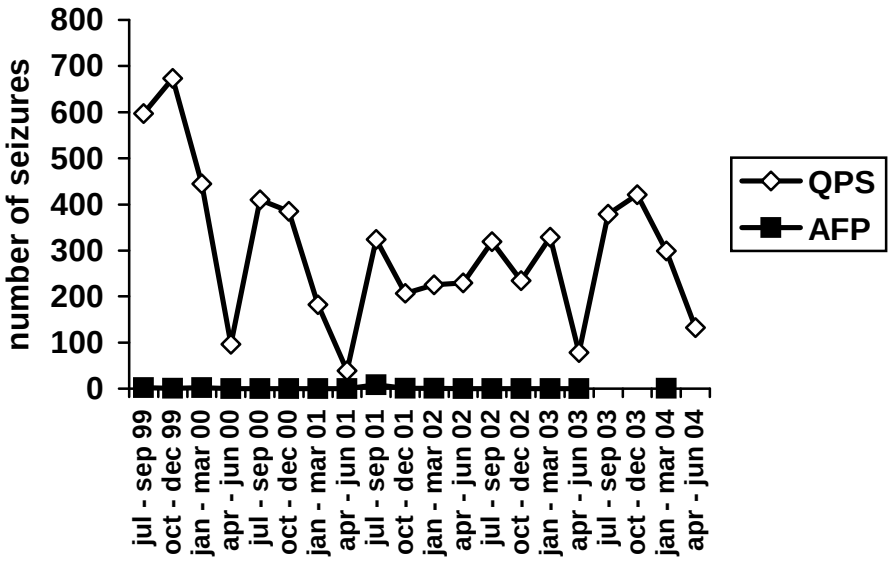


Source: IDRS IDU interviews
NOTE: In the interests of comparability, 'don't know' responses have been excluded. Valid percentages are shown.

5.3 Purity

Figures 19 and 20 show the number and median purity of methamphetamine seizures made in Queensland by QPS and AFP, from 1999/00 to 2003/04. The vast majority of methamphetamine seizures in Queensland have been made by QPS, with AFP typically only making one or two seizures in each quarter. The number of QPS seizures has varied considerably over this time, and is typically lower in the last quarter of each financial year (see Figure 19).

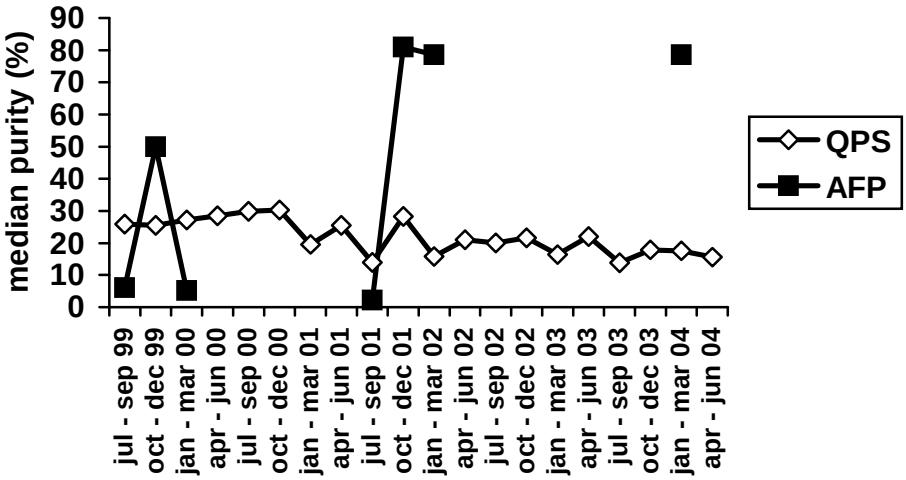
Figure 19: Number of methamphetamine seizures analysed in QLD, by quarter, 1999/00 – 2003/04



Source: QPS and AFP

Whereas the number of seizures has fluctuated over time, the median purity of methamphetamine seizures in Queensland by QPS has been more consistent, despite a decline in purity in 2003/04. In 2003/04 the median purity of seizures was 16%, compared with 20% in both 2002/03 and 2001/02 (see Figure 20). QPS seizure data do not distinguish between ice and other forms of methamphetamine, and this drop in median purity may reflect a decline in the availability of ice, which is typically of higher purity than other forms of methamphetamine.

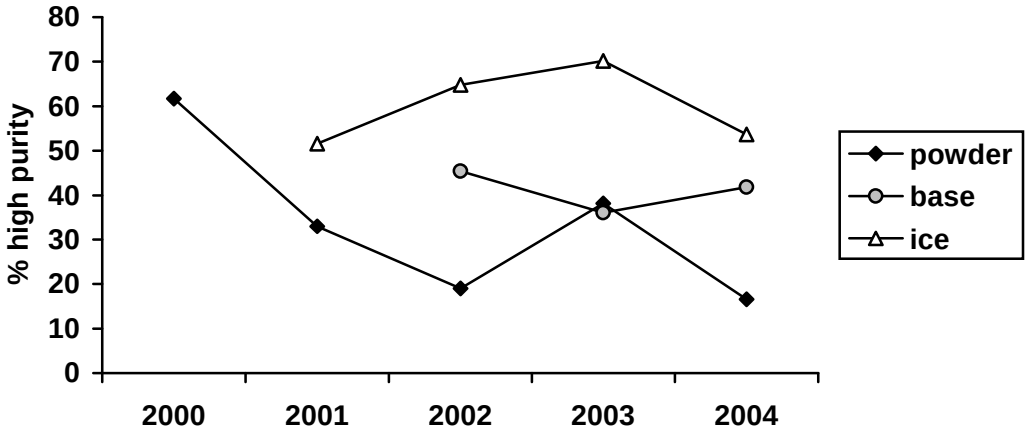
Figure 20: Purity of methamphetamine seizures analysed in QLD, by quarter, 1999/00 – 2003/04



Source: QPS and AFP

IDU perceptions of the purity of methamphetamine powder, base and ice from 2000 to 2004 are depicted in Figure 21. Since 2001 IDU have consistently rated ice as higher in purity than other forms, however the proportion rating the purity of ice as 'high' dropped from 70% in 2003 to 54% in 2004. Similarly, the proportion rating powder as high in purity dropped from 38% in 2003 to 17% in 2004. By contrast, the perceived purity of methamphetamine base has been quite stable since 2002, with 42% of IDU in 2004 rating the purity of base as high.

Figure 21: Proportion of IDU reporting speed, base and ice purity as 'high' 2000 - 2004



Source: IDRS IDU interviews
NOTE: In the interests of comparability, 'don't know' responses have been excluded. Valid percentages are shown.

5.4 Use

Methamphetamine use among IDU

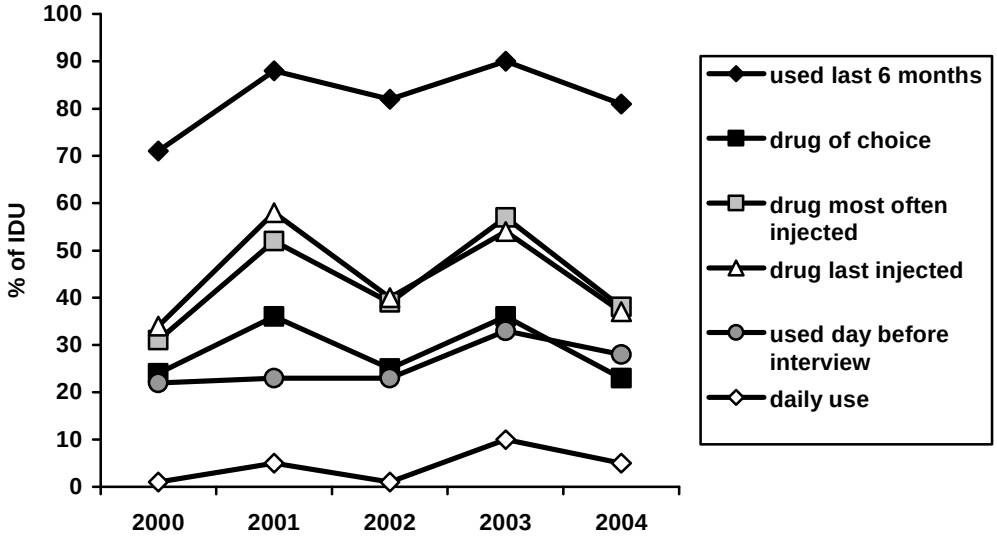
In 2004 81% of IDU reported recent use of one more forms of methamphetamine, on a median of 24 days (i.e., about weekly) in the last six months. Just over half (51%) reported recent use of ice, while 61% and 60% reported recent use of powder and base methamphetamine respectively. The most common route of administration for all forms of methamphetamine was injecting, however 9% of IDU reported smoking ice recently, and 13% reported swallowing powder recently.

According to key experts, ice use among IDU was particularly common in 2003, and was associated with a range of harms including psychosis, aggression and mental health problems. Some KE reported than in 2004, use of ice had decreased among IDU, whereas use of base had increased. Other KE noted that whereas base was favoured among IDU, ice was favoured by non-injecting methamphetamine users, who were increasingly choosing smoking as a route of administration. Other KE reported that ice use was once again increasing, and that base and ice methamphetamine produced "qualitatively different experiences" for users. A common thread in reports from KE in both the health and law enforcement sectors was that use of methamphetamine, and particularly binge use, was still associated with significant harms including aggression and a range of mental health problems.

Current patterns of methamphetamine use

The prevalence of methamphetamine use among IDU in south-east Queensland has fluctuated over the past five years, with indicators of use closely mirroring those for heroin (see Figure 8 above). Whereas more IDU in 2004 reported recent heroin use, fewer reported recent methamphetamine use (see Figure 22). Compared to 2003, in 2004 fewer IDU reported recent use of methamphetamine (90% vs. 81%) and fewer nominated methamphetamine as the drug they had last injected (54% vs. 37%), injected the day before interview (33% vs. 28%) or most injected in the last month (57% vs. 38%). Of those who did nominate methamphetamine as the drug most often injected in the last month, 26% had most used powder, 9% had most used base and 5% had most used ice. Fewer IDU in 2004 than in 2003 nominated methamphetamine as their drug of choice (36% vs. 23%) and fewer reported daily use of methamphetamine (10% vs. 5%).

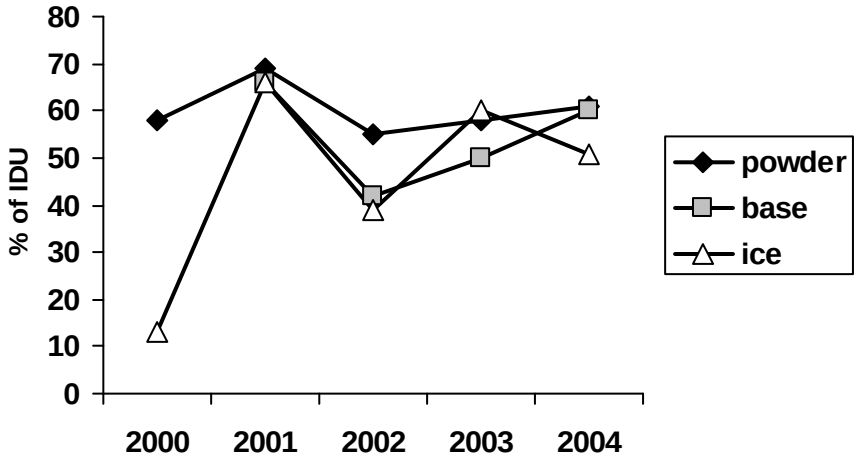
Figure 22: Proportion of IDU reporting methamphetamine use in the past six months, 2000 - 2004



Source: IDRS IDU interviews

Trends in the recent use of methamphetamine among IDU are different for powder, base and ice. Whereas the proportion of IDU reporting recent powder and base use has risen consistently since 2002, the proportion reporting recent ice use increased in 2003, then dropped again in 2004 (see Figure 23). Overall, while the prevalence of recent powder and base use has been relatively stable since 2000, use of ice among IDU has fluctuated from year to year, rising sharply during the heroin shortage in 2001, then falling in 2002 before rising again in 2003. As noted above, this pattern mirrors that for heroin, which may be imported into Australia through the same channels as crystal methamphetamine (ABCI, 2001).

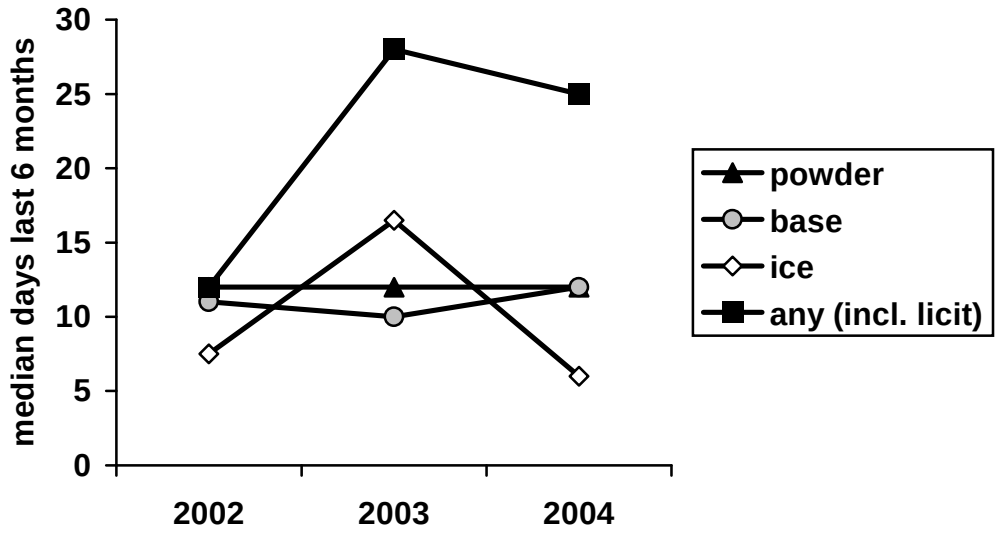
Figure 23: Proportion of IDU reporting recent use of methamphetamine powder, base and ice, 2000 - 2004



Source: IDRS IDU interviews
NOTE: recent use of base not asked about in 2000

There is therefore evidence of a decline in the injection of methamphetamine among IDU in 2004, however this pattern is different for ice and other forms of the drug. Figure 24 below shows the median days of use of methamphetamine among IDU in the last six months, among those who had used recently, from 2002 to 2004. The frequency of methamphetamine use increased markedly from 2002 to 2003, then declined somewhat in 2004, however this trend appears to be driven entirely by fluctuation in the use of ice. Whereas the median frequency of use of powder and base has been quite stable since 2002, the median frequency of use of ice rose from 8 days in 2002 to 17 days in 2003, then dropped back to 7 days in 2004. Again, these data suggest that at least in south-east Queensland, the ice market is quite distinct from the market for other, domestically-produced forms of methamphetamine.

Figure 24: Median days of methamphetamine use among IDU, 2002 – 2004



Source: IDRS IDU interviews
NOTE: Due to poor comparability, data prior to 2002 have been excluded from this figure.

In 2004, nearly all IDU who had used methamphetamine recently reported mostly using either powder (32%), base (37%) or ice (27%). As in previous years, only a small proportion (4%) reported mostly using liquid methamphetamine, and although a few IDU reported recent use of either licit (1%) or illicit (6%) prescription methamphetamine, none reported mostly using this form of the drug (see Table 10).

Table 10: Forms of methamphetamine used and used most in the last six months, 2000 – 2004

	2000		2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most	Used	Most
Powder	58	--	69	23	56	31	65	35	61	32
Base	--	--	66	40	49	37	52	22	62	37
Crystal	13	--	66	26	48	27	64	40	58	27
Liquid	42	--	29	2	27	6	24	4	14	4
Prescription (licit)	9	--	2	0	1	0	2	0	1	0
Prescription (illicit)		--	9	1	5	0	3	0	6	0

Source: IDRS IDU interviews

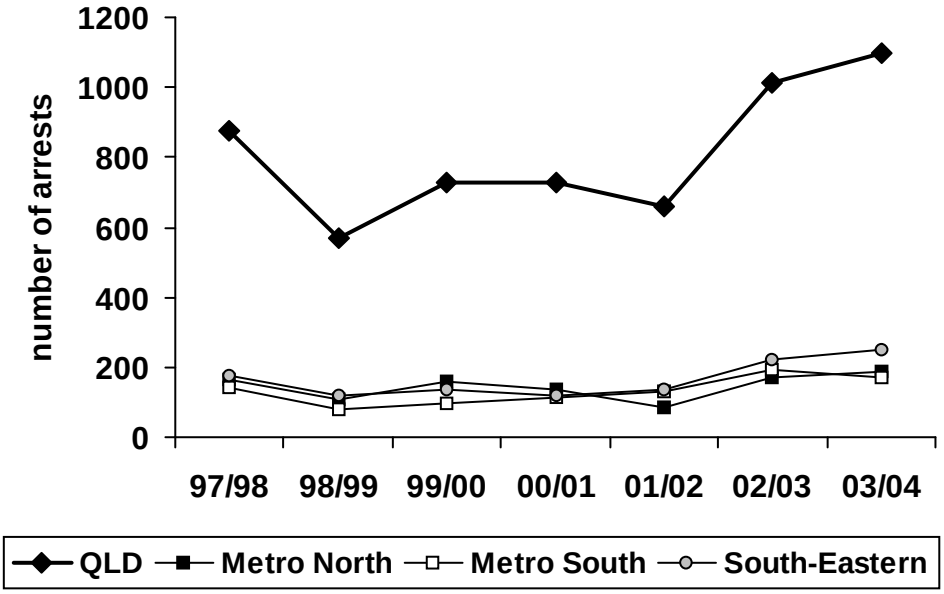
NOTE: Valid percentages shown for 'form most used'. In 2001 IDU were not asked about 'form most used' in a forced-choice format, so percentages may exceed 100.

5.5 Methamphetamine related harms

Law enforcement

Figure 25 shows the number of amphetamine-type stimulant (ATS) arrests made by QPS from 1997/98 to 2003/04 in Queensland, and in the three south-east Queensland regions from which IDU are sampled for the IDRS. Overall, the number of arrests increased sharply from 2001/02 (657) to 2003/04 (1,099), although this trend is only partially reflected in the figures for south-east Queensland regions. The apparent rise in ATS arrests in Queensland is difficult to interpret for two reasons: (a) the ATS category includes amphetamine, methamphetamine and MDMA (ecstasy), and (b) an increase in arrests may indicate increased production, distribution and use of the drug class, and/or it may indicate increased operational activity around that drug class. Indeed, one key expert from the law enforcement sector reported an increased focus by QPS on the ecstasy market in far north Queensland.

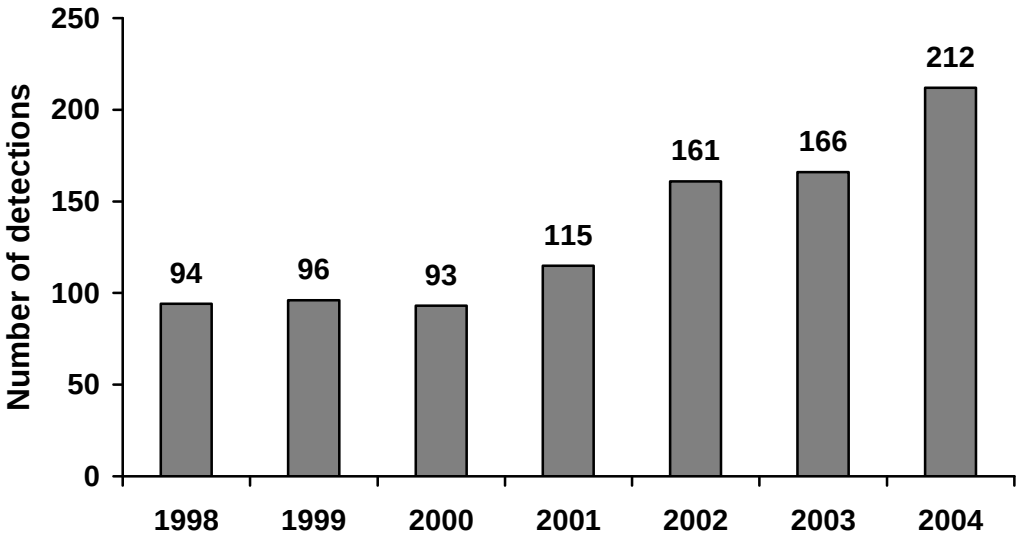
Figure 25: Number of amphetamine-type stimulant (ATS) possession/use arrests by geographic area, 1997/98 – 2003-04



Source: Queensland Police Service
NOTE: ATS includes amphetamine, methamphetamine and MDMA

Figure 26 shows the number of clandestine laboratories detected by QPS from 1998 to 2004. Over this six year period the number of labs detected has more than doubled from 94 in 1998 to 212 in 2004; this figure increased by 27% from 2003 to 2004 alone. According to key experts from the law enforcement sector, the increase in lab detections is indicative of both increased operational activity and detection rates among QPS officers, and a real increase in attempts to produce methamphetamine within the State.

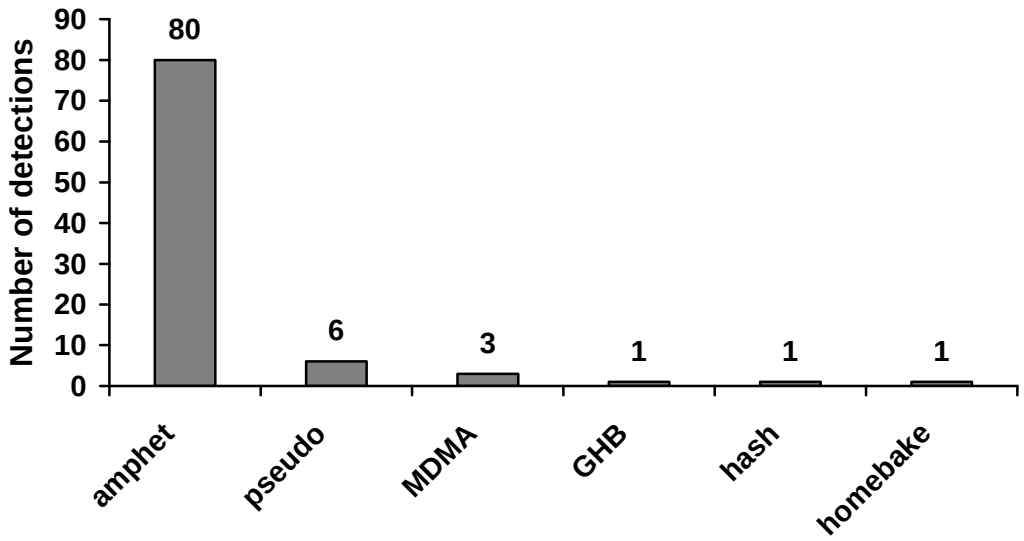
Figure 26: Number of clandestine laboratory detections in QLD, 1998-2004



Source: Queensland Police Service

Most, although not all, clandestine labs detected by QPS are designed for the production of methamphetamine. Of the 212 labs detected in 2004, 92 have been analysed to date. As Figure 27 shows, 80 of these 92 labs (87%) were producing methamphetamine, with a further six extracting pseudoephedrine for methamphetamine production. According to one key expert, there is a growing market for dedicated 'pseudo labs'[1], due to the high demand for pseudoephedrine, the relative ease of the extraction process and the potential for high profit with minimal risk. Similarly, another key expert from the law enforcement sector observed that some clandestine lab operations are becoming increasingly organised, with a number of individuals fulfilling specific roles such as pseudo 'runner', pseudo extractor, cook, co-ordinator and distributor.

Figure 27: Substances produced by clandestine laboratories in QLD, 2004



Source: Queensland Police Service
NOTE: Based on the 92 (of 212) labs analysed as at 20 January 2005

Most of the clandestine labs detected in Queensland during 2004 were located in the south-east part of the State. Of the 212 labs seized in 2004, 67 (32%) were located in the Metropolitan North and South regions, with an additional 99 (47%) located in the South-Eastern and North Coast regions. Although these areas constitute only 3.6% of the land area of the State, they accounted for 78% of lab detections in 2004. Of the remaining 46 labs, 33 (72%) were located in the Southern region, which surrounds south-east Queensland (see Table 11). Evidently, methamphetamine production in Queensland occurs mainly in areas close to the capital city.

[1] 'pseudo labs': clandestine laboratories dedicated to the extraction of pseudoephedrine from over-the-counter medications, which is then sold to other individuals or groups for the purposes of illicit methamphetamine manufacture

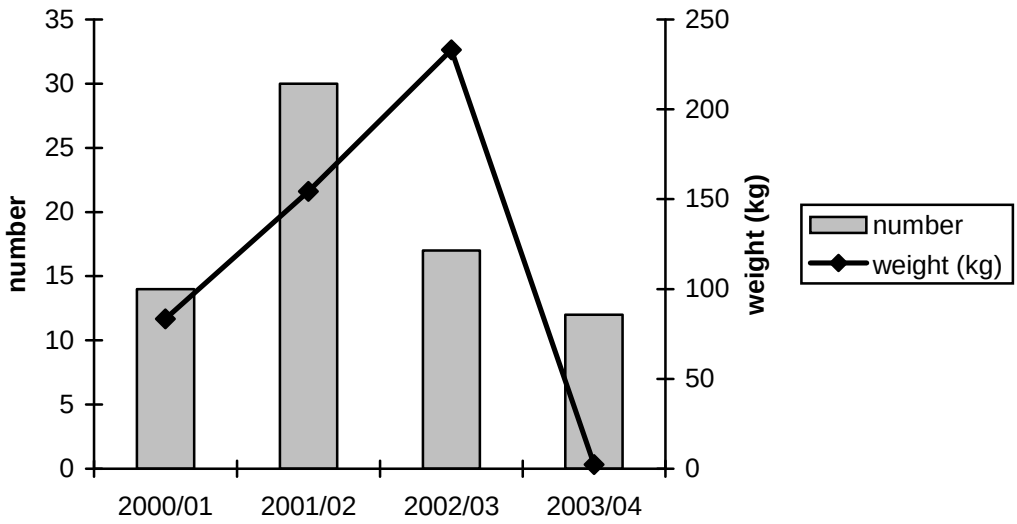
Table 11: Number of clandestine methamphetamine laboratory seizures in QLD in 2004, by region

QPS Region	Area (km^2)	Number of labs detected
Metropolitan South	1,006.99	34
Metropolitan North	1,264.55	33
South Eastern	4,494.1	49
North Coast	55,924.85	50
Far Northern	289,382.79	1
Central	401,805.12	11
Southern	431,480.76	33
Northern	548,906.15	1
TOTAL	1,734,265.31	212

Source: Queensland Police Service

Whereas clandestine lab seizures are likely to reflect production of powder and base methamphetamine, Australian Customs Service (ACS) seizures of methamphetamine reflect importation of crystal methamphetamine. As Figure 28 shows, the trend in number and weight of ACS ice seizures is similar to that for use of ice among IDU: an increase following the heroin shortage in 2000/01, and a marked decrease to 2003/04.

Figure 28: Number and weight of crystal methamphetamine ('ice') seizures by ACS, 2000/01 – 2003/04



Source: ACS

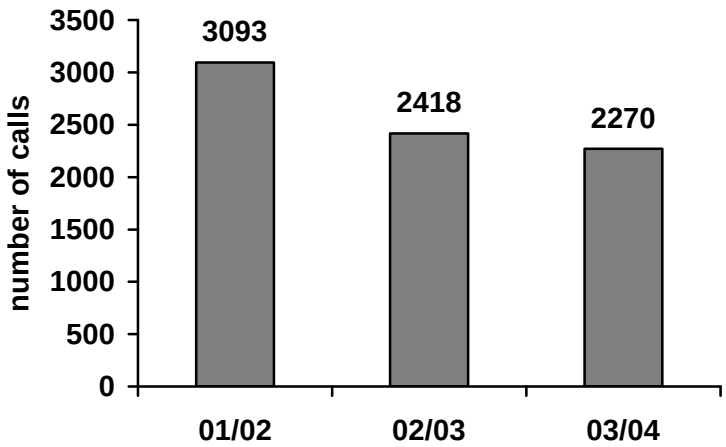
NOTE: Seizure figures for 2003/04 are subject to revision in the following financial year, and are likely to increase somewhat from those presented here.

Health

Health services for IDU have traditionally been oriented towards heroin users, with relatively limited services available for methamphetamine users. One consequence of this historical service gap is that compared to heroin, there is relatively limited indicator data available from the health sector to monitor trends in the use of methamphetamine. Available data provide an indirect, and arguably incomplete, picture of trends in the harms associated with methamphetamine use, probably providing an underestimate of the harms associated with use of the drug.

Figure 29 shows the number of telephone calls made to the Queensland Alcohol and Drug Information Service (ADIS) regarding amphetamines from 2001/02 to 2003/04. Despite evidence of an overall increase in amphetamine use among IDU in 2003, and a decrease in 2004, ADIS data show a decline in amphetamine-related inquiries from 3,093 in 2001/02, to 2,270 in 2003/04.

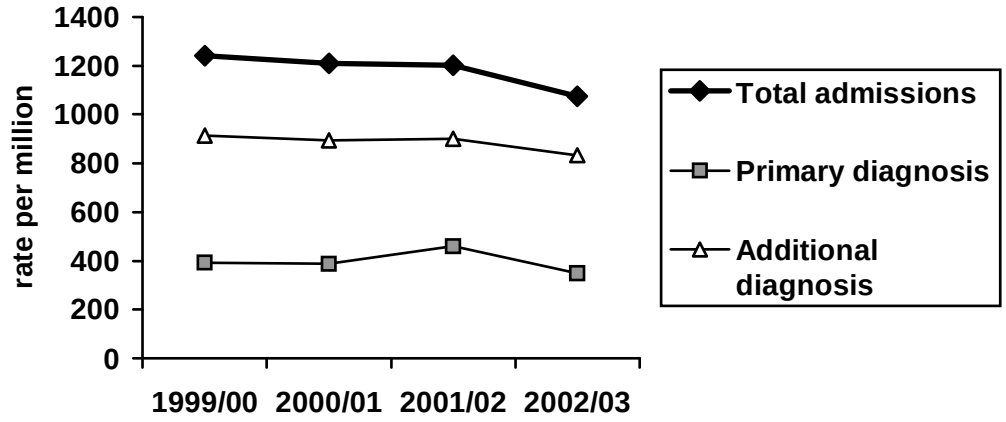
Figure 29: Number of inquiries to ADIS regarding amphetamines, 2001/02 – 2003/04



Source: ADIS

The number of amphetamine-related hospital admissions per million persons aged 15-54 in Queensland, from 1999/00 to 2002/03, is shown in Figure 30. There has been a small decline in the rate of admission in this time, from 1,241 admissions per million persons in 1999/00, to 1,075 per million in 2002/03. This decline is reflected in both the rate of primary diagnosis (from 393 in 1999/00 to 348 in 2002/03) and the rate of additional diagnosis, which fell from 913 in 1999/00 to 833 in 2002/03.

Figure 30: Amphetamine-related hospital admissions by diagnosis type, rate per million person aged 15-54, QLD 1999/00 – 2002/03



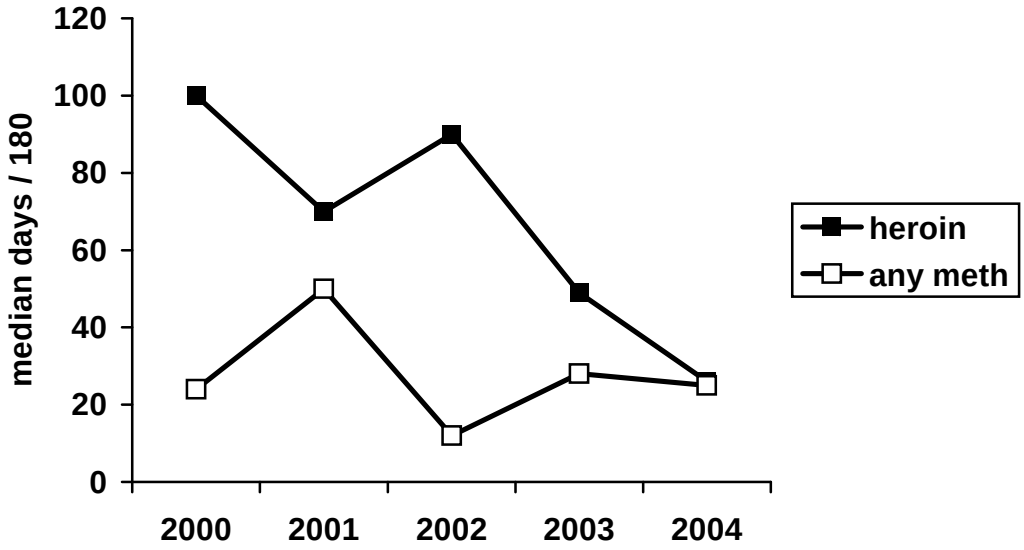
Source: AIHW

5.6 Trends in methamphetamine use

As noted earlier, the heroin and methamphetamine markets in south-east Queensland seem to be interdependent, with changes in one market typically mirrored by changes in the other. In 2004, this continues to be the case. Driven largely by changes in the market for crystal methamphetamine ('ice'), the price of methamphetamine increased in 2004 while reported availability and purity decreased. Simultaneously, the proportion of IDU reporting recent use of methamphetamine – in particular crystal methamphetamine – decreased. According to the Australian Bureau of Criminal Intelligence (now the ACC), the same groups may be involved in importing both heroin and crystal methamphetamine into Australia (ABCI, 2001). The reciprocal patterns of use and market activity for heroin and ice, documented in the IDRS, are consistent with this view.

The inter-dependent nature of the heroin and methamphetamine markets in Queensland is illustrated below in Figure 31. When heroin use decreased during the shortage in 2001, use of methamphetamine increased commensurately. The reverse occurred in 2002, with a large decrease in the frequency of use of methamphetamine among IDU. In 2004, there was a convergence in the frequency of use of both substances, with the median frequency of both methamphetamine and (in particular) heroin decreasing.

Figure 31: Median days of use of methamphetamine and heroin in the last six months, 2000 - 2004

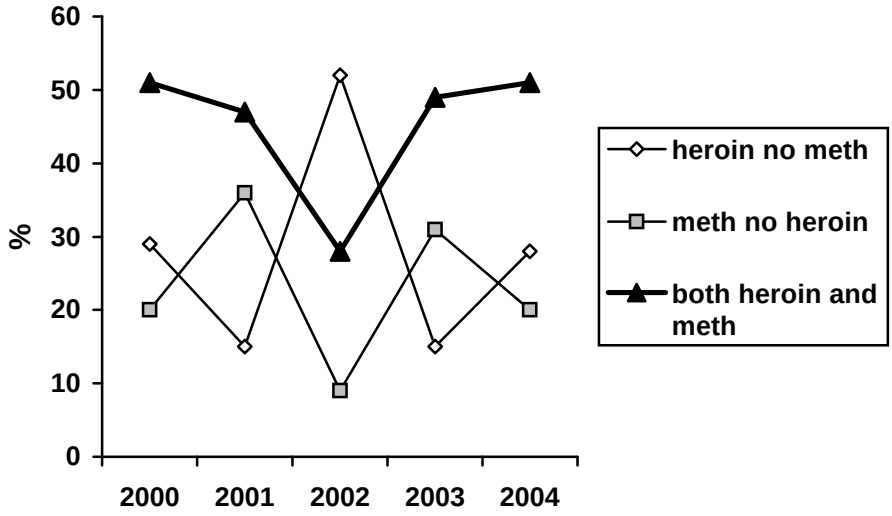


Source: IDRS IDU interviews

The interdependent nature of these drug markets is further illustrated in Figure 32, which shows the proportion of IDU from 2000 to 2004 who reported recent use of both methamphetamine and heroin, heroin but not methamphetamine, and methamphetamine but not heroin. In 2004 about half of IDU (51%) reported recent use of both drug types, which is consistent with the figure observed in 2000, 2001 and 2003. According to one KE, however, an increasing proportion of IDU is using both heroin and methamphetamine.

During 2002 the proportion reporting recent use of both drug types dropped sharply to 28%, while the proportion reporting use of heroin but not methamphetamine (52%) rose, and the proportion reporting use of methamphetamine but not heroin (9%) dropped. In 2004 28% of IDU reported use of heroin but not methamphetamine, with a further 20% reporting recent use of methamphetamine but not heroin. The market dynamics underlying these changes are not entirely clear, however it seems likely that availability (and, following on from this, price and purity) is an important factor.

Figure 32: Proportion of IDU reporting recent use of heroin and methamphetamine, heroin only and methamphetamine only, 2000 - 2004



Source: IDRS IDU interviews

5.7 Summary of methamphetamine trends

- Trends in the market for powder and base methamphetamine differ from those for crystal methamphetamine ('ice'), reflecting that most ice is imported into Australia, whereas most powder and base is produced locally.
- The **price of powder and base was stable** from 2003 to 2004, with a gram costing a median of $200 and a point $50. The **price of ice increased** from 2003 to 2004, with a point rising from $35 to $50 and a gram rising from $200 to $250.
- The median **purity of methamphetamine seizures decreased** slightly from 20% in 2003, to 16% in 2004. Seizures do not distinguish ice from other forms and this decrease may reflect a **decrease in seizures of ice**, which is typically of higher purity than other forms of methamphetamine. Fewer IDU in 2004 reported the purity of ice as high.
- Perceived **availability of powder and base has been stable**, with more than 80% of IDU in 2004 rating it as easy/very easy. Perceived **availability of ice has decreased**, and may be fluctuating.
- 81% of IDU interviewed reported recent methamphetamine use, on average using once a week. Use of methamphetamine – in particular crystal methamphetamine -- among IDU has decreased in 2004, although smoking of ice may be increasing. Ice use continues to be associated with aggression and mental health problems among IDU.
- The number of ATS possession/use arrests in QLD has increased substantially since 2001/02, however the ATS category also includes MDMA.
- The number of clandestine methamphetamine laboratories detected by QPS continues to increase, and in 2004 QPS detected a number of dedicated pseudoephedrine extraction labs.
- Telephone counselling calls in relation to methamphetamine have declined since 2001/02, as have hospital admissions in relation to methamphetamine.
- The heroin and methamphetamine markets in Queensland continue to display an interdependent, reciprocal relationship.

6 COCAINE

Despite some relatively small fluctuations each year, IDU reports suggest that cocaine use continues to be relatively uncommon among IDU, in Queensland. Because the number of IDU reporting on price, purity and availability is small, in the following section all price, purity and availability data are presented in tabular form rather than as figures. In each table, the number of IDU reporting is also indicated.

6.1 Price

In 2004 only one IDU reported on the price of a gram and a cap of cocaine, while two IDU reported on the price of a half gram (see Table 12). The reported price of a gram was $200, compared with the median of $300 reported in 2003. The reported price of a half gram was also $200, compared with $100 in 2003. These prices are likely to represent opportunistic, one-off purchases by IDU who do not normally source or use cocaine, and should not be considered indicative of the market price. According to KE and some IDU, the price of a gram of cocaine is between $200 and $300, with the price of a specific purchase depending on a range of fluctuating market characteristics such as purity, availability and the quality of the purchaser's 'connections'.

Table 12: Price of most recent cocaine purchases by IDU, 2004

Amount	Median price* $	Number of purchasers*
Gram	200 (300)	1 (8)
Cap	150 (--)	1 (0)
Half gram	200 (100)	2 (1)

Source: IDRS IDU interviews
*2003 data are presented in brackets

Consistent with this, the reported price of cocaine has varied from $200 to $300 per gram since 2000, with the price of a half gram varying between $100 and $200 (see Table 13). With such a small market for cocaine among IDU in Queensland, it is likely that the price is not well established, and that factors associated with the specific purchase will influence the price paid by a consumer.

Table 13: Median price of cocaine estimated from IDU purchases, 2000 – 2004

Amount	Median Price 2000	2001	2002	2003	2004
Gram	250	200	220	300	200
(n)	*(5)*	*(11)*	*(5)*	*(8)*	*(1)*
Cap	50	80	--	--	150
(n)	*(3)*	*(3)*	*(0)*	*(0)*	*(1)*
Half gram	150	135	--	100	200
(n)	*(5)*	*(5)*	*(0)*	*(1)*	*(2)*

Source: IDRS IDU interviews

6.2 Availability

Given the small number of IDU reporting on the availability of cocaine each year, apparent trends over time must be interpreted with extreme caution. In 2004 only eight IDU reported on the current availability of cocaine, with six of these stating that it was either difficult or very difficult to obtain, and one stating that cocaine was 'easy' to get. Four IDU reported that the availability of cocaine had been stable over the past six months, and three stated that cocaine had become more difficult to obtain. Compared with previous years in which the IDRS has been conducted in Queensland, IDU reports in 2004 suggest that cocaine may be getting even harder to obtain for IDU (see Table 14).

Table 14: IDU reports of availability of cocaine, current and last six months, 2000 – 2004

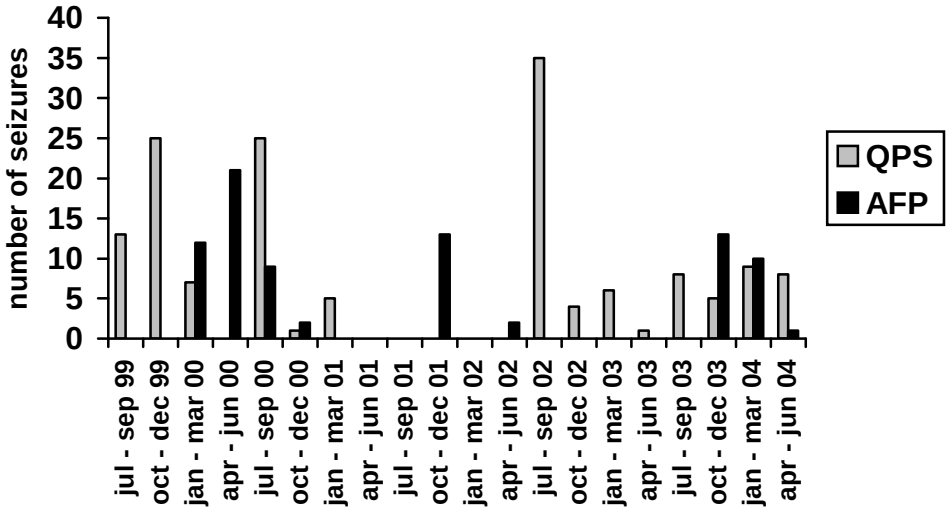
Availability (%)	2000	2001	2002	2003	2004
Current					
Very easy	0	20	29	8	0
Easy	11	20	29	15	13
Difficult	39	60	29	46	38
Very difficult	17	0	0	8	38
Don't know	33	0	14	23	13
(n)	*(18)*	*(20)*	*(7)*	*(13)*	*(8)*
Last 6 months					
Easier	11	30	14	15	0
Stable	44	40	29	31	50
More difficult	6	10	14	0	38
Fluctuates	0	5	14	15	0
Don't know	39	15	29	39	13
(n)	*(18)*	*(20)*	*(7)*	*(13)*	*(8)*

Source: IDRS IDU interviews

6.3 Purity

Figures 33 and 34 show the number and median purity of cocaine seizures in Queensland by QPS and AFP, from 1999/00 to 2003/04. In comparison to heroin, methamphetamine and cannabis, the total number of cocaine seizures is small, with only 30 seizures by QPS and 24 seizures by AFP in 2003/04. The number of seizures per quarter has fluctuated over time, with no clear pattern apparent.

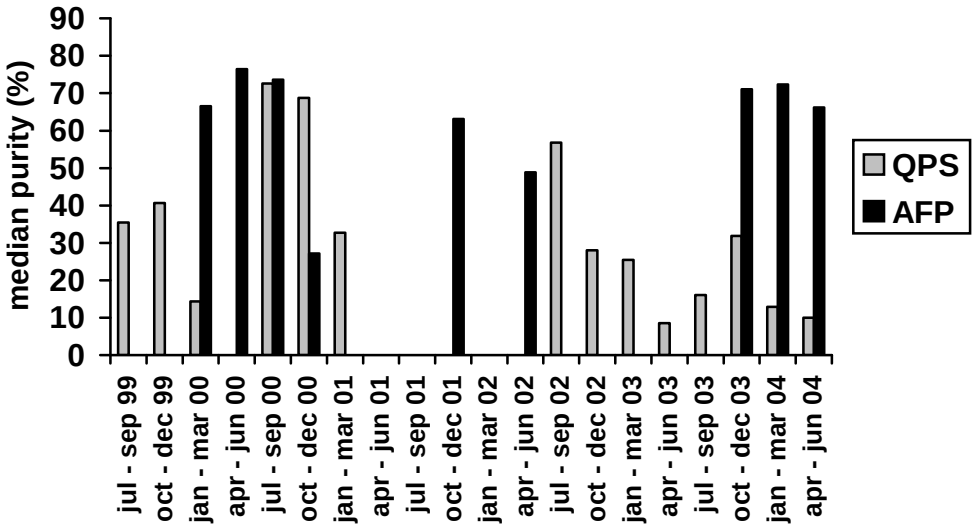
Figure 33: Number of cocaine seizures analysed in QLD, by quarter, 1999/00 – 2003/04



Source: QPS and AFP

The purity of cocaine seizures in Queensland has fluctuated considerably over the past five years. In 2003/04 the median purity of analysed QPS seizures was 17.7%, compared with a median of 29.7% in 2002/03; no QPS seizures were analysed in 2001/02. AFP seizures have consistently been higher in purity than those made by QPS, presumably reflecting the fact that cocaine is usually cut with other substances after arriving in Queensland, but before being distributed at a retail level. In 2003/04, the median purity of analysed AFP cocaine seizures in Queensland was 70%.

Figure 34: Purity of cocaine seizures analysed in QLD, by quarter, 1999/00 – 2003/04



Source: QPS and AFP

The relative rarity of cocaine use among IDU in Queensland is reflected in the small proportion of IDU in the 2004 sample who were able to comment on cocaine purity. In 2004 only eight IDU (6%) commented on cocaine purity, and there was little agreement with regard to either current purity or changes in purity (see Table 15).

Table 15: Current purity and recent changes in purity of cocaine, as reported by IDU, 2000 – 2004

	2000	2001	2002	2003	2004
Current purity (%)					
Low	11	10	0	23	13
Medium	17	50	29	15	38
High	17	25	29	31	25
Fluctuates	0	0	14	8	0
Don't know	56	15	29	23	25
n	*18*	*20*	*7*	*13*	*8*
Purity change (%)					
Increasing	11	20	14	8	0
Stable	39	40	14	39	38
Decreasing	0	5	14	23	0
Fluctuating	0	5	29	0	25
Don't know	50	30	29	31	38
n	*18*	*20*	*7*	*13*	*8*

Source: IDRS IDU interviews

6.4 Use

Cocaine use among IDU

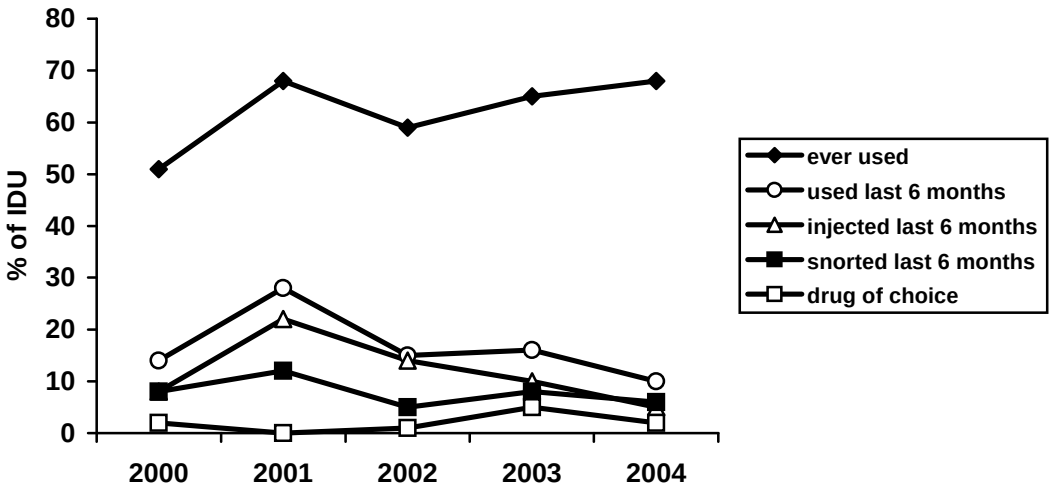
In 2004 one in ten IDU reported recent cocaine use, and the median frequency of use was two days in the last six months. Six percent of IDU reported recent snorting of cocaine, four percent reported recent cocaine injection, and two percent each reported recent smoking and swallowing of cocaine. Nevertheless, more than two thirds of IDU (68%) reported having used cocaine at some time in their life, and almost half (47%) reported having injected cocaine at some time. Two percent of IDU identified cocaine as their drug of choice, however none identified cocaine as the drug most often injected recently. None of the key experts interviewed in 2004 spoke primarily about cocaine, and the few who did comment indicated that cocaine use was typically opportunistic, at least partially due to high price, low availability and variable purity.

Current patterns of cocaine use

Figure 35 depicts the prevalence and frequency of cocaine use among IDU from 2000 to 2004. In each year the majority of IDU have reported trying cocaine at some time, with this proportion rising slightly from 59% in 2002 to 65% in 2003 and 68% in 2004. Nevertheless, consistent with reports of decreased availability, fewer IDU reported recent use of cocaine in 2004. One in ten IDU in 2004 (vs. 16% in 2003) reported recent use of cocaine and only 2% (vs. 5% in 2003) nominated cocaine as their drug of choice. Six percent of IDU in 2004 reported snorting cocaine recently (vs. 8% in 2003) and 5% reported recent cocaine injection (vs. 10% in 2003).

Those IDU who reported recent cocaine use in 2004 (n=12) reported doing so on a median of only two days in six months. Only two IDU reported using cocaine more than monthly in 2004, with one reporting use on ten occasions in the last six months, and the other reporting use on twelve occasions in this time. Clearly, cocaine use among IDU continues to be opportunistic and sporadic. The prevalence and frequency of cocaine use among other groups of illicit drug users in Queensland remains to be established.

Figure 35: Prevalence and frequency of cocaine use among IDU in QLD, 2000 – 2004



Source: IDRS IDU interviews

As in previous years, IDU in 2004 typically reported using powder cocaine, however three IDU (2%) reported recent use of crack cocaine, with one reporting that this was the form they had used most (see Table 16).

Table 16: Forms of cocaine used and used most in the last six months, 2000 – 2004

	2000		2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most	Used	Most
Powder	15	--	27	68	12	86	15	95	8	91
Crack	3	--	10	32	2	14	2	5	2	9

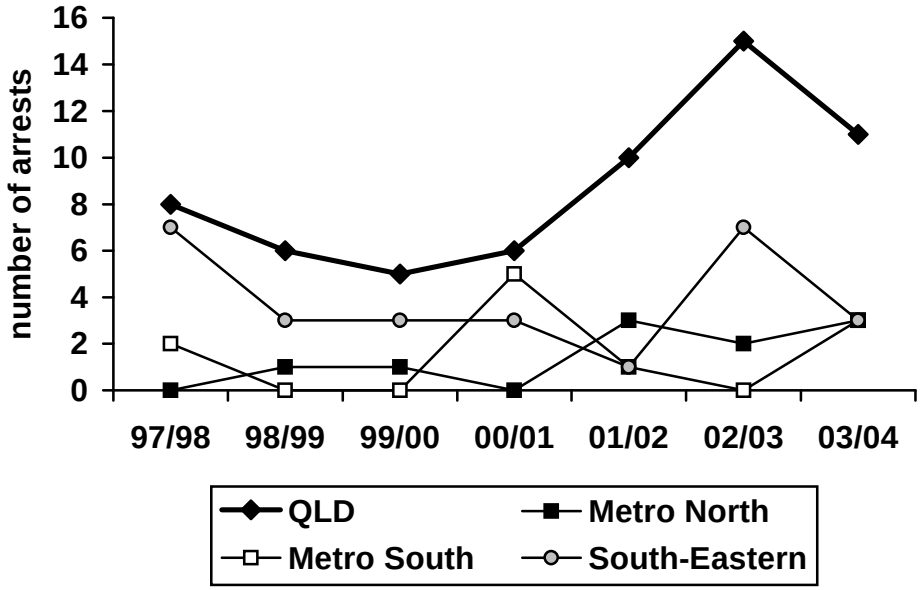
Source: IDRS IDU interviews
NOTE: Valid percentages shown for 'form most used'

6.5 Cocaine related harms

Law enforcement

The number of arrests for cocaine use/possession in Queensland has been consistently low, with only 11 arrests recorded within the State in 2003/04 (Figure 36). This number is lower than that recorded in the previous financial year (n=15), however given the small number of arrests overall, this decrease should be interpreted with caution. For the purposes of comparison, while there were 11 cocaine use/possession arrests made in Queensland in 2003/04, QPS also recorded 132 arrests for heroin use/possession, and 1,099 arrests for ATS use/possession. Across all drugs, QPS recorded 5,122 arrests for drug use/possession, with cocaine use/possession arrests representing about 0.2% of these.

Figure 36: Number of cocaine possession/use arrests by geographic area, 1997/98 – 2003/04

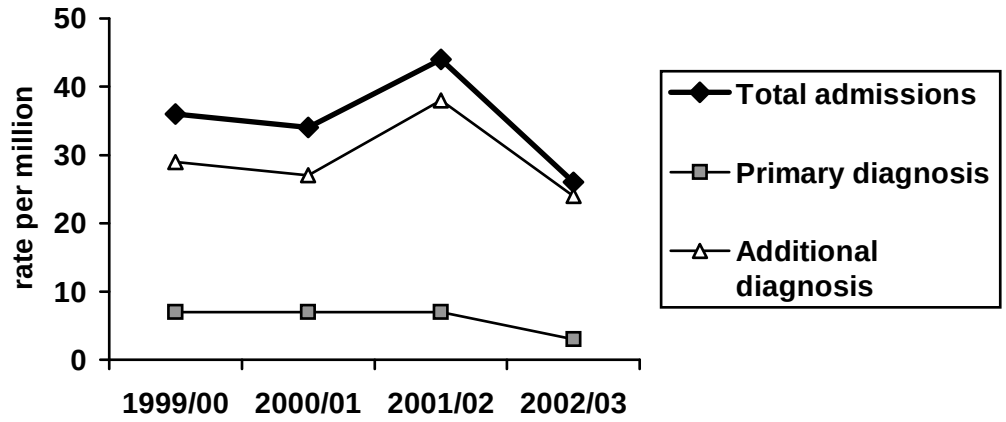


Source: Queensland Police Service

Health

Figure 37 shows the number of cocaine-related hospital admissions per million persons aged 15-54 in Queensland, from 1999/00 to 2002/03. After a small increase in the rate of admission in 2001/02 (44 admissions per million persons), the rate dropped to 26 per million in 2002/03. In all years, diagnoses related to cocaine use have usually been made as additional diagnoses[2], underscoring the fact that cocaine use represents a relatively small burden on the hospital system in Queensland. For comparison purposes, in 2002/03 the rate of total admissions per million persons aged 15-54 in Queensland for amphetamines was 1,075, and for alcohol was 6,890 (see also Figure 61, Section 9.1).

Figure 37: Cocaine-related hospital admissions by diagnosis type, rate per million persons aged 15-54, QLD 1999/00 – 2002/03



Source: AIHW

6.6 Summary of cocaine trends

- Use of cocaine among IDU in Queensland continues to be rare, infrequent and usually opportunistic. Consequently, information about cocaine gleaned from IDU is usually based on small numbers, and should be interpreted with caution.
- The **price of cocaine in QLD continues to fluctuate**, possibly due to the absence of a consistent supply chain. In 2004 IDU paid between $200 and $300 for a gram of cocaine, and between $100 and $200 for half a gram.
- **Purity has fluctuated** in recent years, with little agreement among IDU, however QPS seizure **purity declined** from 30% in 2002/03 to 18% in 2003/04. The median purity of AFP seizures in 2003/04 was 70%.
- Cocaine has never been considered easy to obtain by IDU in QLD, however IDU reports suggest that the perceived **availability of cocaine may have decreased** in 2004.
- One in ten IDU reported recent cocaine use, on an average of two occasions in the last six months. **Use continues to be opportunistic and sporadic**, with the prevalence of recent use declining from 2003 to 2004.
- The number of arrests for cocaine use/possession in QLD is very small, with only 11 arrests during 2003/04.
- The number of hospital admissions relating to cocaine use continues to be very small, and in most cases cocaine use is not the presenting complaint.

7 CANNABIS

Compared to other illicit drug markets in Queensland, the cannabis market is distinguished by its relative stability over time. Consistently, the majority of IDU report recent use of cannabis, and a substantial minority report daily use in the last six months. Nevertheless, the cannabis market is not entirely static, and in 2004 some potentially significant changes in price, and in frequency of use, have been identified.

7.1 Price

The price of cannabis seems to have been reasonably stable over the past five years, with the price of hydroponically grown cannabis consistently higher than that for 'bush' cannabis. According to the ACC, during the 2003/04 financial year a pound of hydroponic cannabis sold for $3,900 in Queensland, whereas reported prices for a pound of head (which could be either bush or hydro) ranged from $3,000 to $3,900.

In 2004 IDU reported paying a median of $300 for an ounce of hydro ($200 for bush), $180 for half an ounce ($125 for bush), $90 for a quarter ounce ($70 for bush) and $25 for a gram ($20 for bush). There was some evidence of a drop in the price of cannabis from 2003, with the median price of an ounce of hydro and bush, and a half and quarter ounce of bush, lower in 2004. The median price of some less commonly purchased quantities of cannabis -- a half ounce of hydro and a gram of bush -- were higher in 2004, however overall there is some evidence of a small decrease in the price of cannabis in 2004 (see Table 17).

Table 17: Price of most recent cannabis purchases by IDU, 2004

Amount	Hydro Median price* ($)	Hydro Number of purchasers	Bush Median price* ($)	Bush Number of purchasers
Ounce	300 (310)	19 (34)	200 (240)	17 (33)
Half ounce	180 (160)	15 (16)	125 (140)	6 (5)
Quarter ounce	90 (90)	36 (46)	70 (72.5)	11 (16)
Gram	25 (25)	43 (31)	20 (15)	9 (12)

Source: IDRS IDU interviews
**2003 values are in brackets*

When asked about recent changes in the price of cannabis, the majority of IDU reported that the price of both hydro (73%) and bush (52%) had been stable over the past six months (see Table 18). Only about one in ten IDU stated that the price of cannabis had decreased, with similar proportions stating that the price had increased. These figures are similar to those from previous years and suggest that overall, the price of cannabis has been remarkably stable over at least the past five years.

Table 18: IDU reports of cannabis price change in last six months, 2000 - 2004

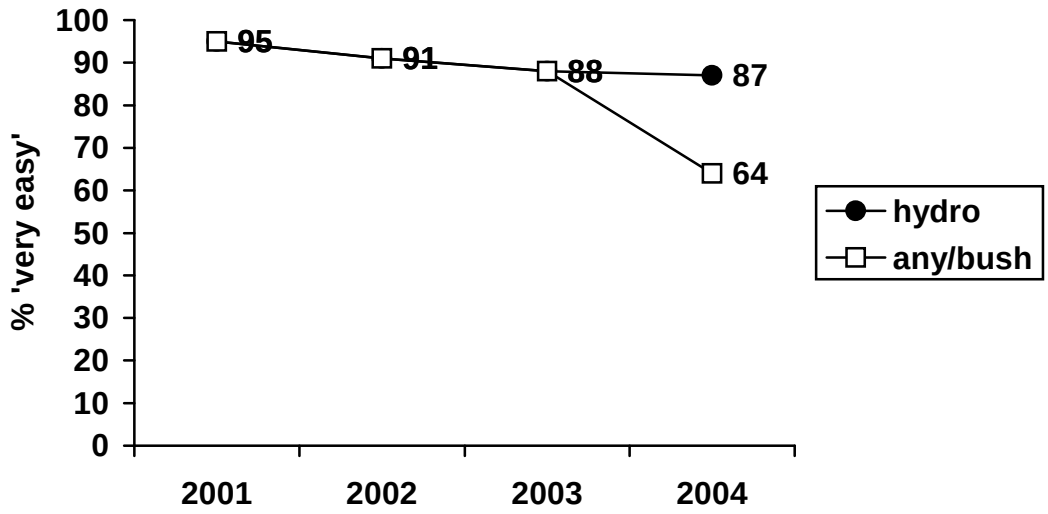
	2000	2001	2002	2003	2004	
					Hydro	Bush
Price change (%)						
Increasing	10	11	11	20	11	10
Stable	56	74	74	65	73	52
Decreasing	10	5	8	10	8	13
Fluctuating	0	1	4	2	4	6
Don't know	24	9	4	3	4	18

Source: IDRS IDU interviews
NOTE: Valid percentages are shown.

7.2 Availability

Figure 38 shows the proportion of IDU stating that cannabis was 'easy' or 'very easy' to obtain from 2001 to 2004. Since 2001 there has been a gradual but consistent decline in the proportion of IDU reporting that cannabis was 'easy' or 'very easy' to get, with this proportion dropping from 95% in 2001 to 88% in 2003. In 2004, for the first time, IDU were asked separately about the availability of hydro and bush cannabis: 87% reported that hydro was easy or very easy to get, compared with 64% for bush. Consistent with reports from key experts, it appears that the hydroponic form of cannabis is more readily available to IDU.

Figure 38: Proportion of IDU reporting current availability of cannabis as 'very easy', 2001 - 2004



Source: IDRS IDU interviews
NOTE: Valid percentages are shown. Due to slightly different interviewing procedures in 2000, 2000 data are not directly comparable, and have been excluded. Prior to 2004 IDU were asked about availability of cannabis generally – in 2004 they were asked separately about hydro and bush.

There is therefore some evidence of a recent decline in the availability of cannabis for IDU. Table 19 shows IDU reports of changes in the availability of cannabis over the preceding six months, from 2000 to 2004. In 2004 two thirds of IDU (67%) stated that the availability of hydro was stable, and about half (52%) stated that the availability of

bush cannabis was stable. Nevertheless, compared with 2003, a larger proportion of IDU in 2004 stated that both hydro (14%) and bush (19%) cannabis had become harder to get, and a smaller proportion indicated that availability of hydro (14%) and bush (13%) had increased. The reasons for any reduction in cannabis availability are unclear, and the apparent decline may be an artefact of a change in 2004 to asking about bush and hydro separately. Nevertheless, the possibility of reduced cannabis availability should be closely monitored in the coming years.

Table 19: IDU reports of cannabis availability change in last six months, 2000 - 2004

	2000	2001	2002	2003	2004	
					Hydro	Bush
Availability change (%)						
Easier	6	8	9	22	14	13
Stable	60	74	78	60	67	52
More difficult	13	7	9	12	14	19
Fluctuates	1	8	5	4	4	3
Don't know	21	2	0	2	1	12

Source: IDRS IDU interviews
NOTE: Valid percentages are shown.

As in previous years, IDU in 2004 most commonly reported obtaining cannabis from a dealer's home (hydro 40%, bush 23%) or a friend (hydro 33%, bush 39%). Nevertheless, more than one in ten reported usually obtaining cannabis from a mobile dealer (hydro 12%, bush 11%) or a street dealer (hydro 13%, bush 15%). There has been little change since 2002 in the average 'time to score' cannabis, as reported by IDU (see Table 20).

Table 20: Usual source of cannabis and time to score, 2000 - 2004

	2000	2001	2002	2003	2004	
					Hydro	Bush
Usual source last 6 months (%)						
Don't use	18	4	0	1	0	6
Street dealer	9	2	10	12	13	15
Dealer's home	20	27	35	26	40	23
Friend	43	42	35	38	33	39
Grow your own	1	2	0	2	0	0
Mobile dealer	0	0	8	12	12	11
Home delivery	0	0	9	5	0	0
Gift from friend	2	5	3	1	0	5
Other	7	18	0	3	3	2
Usual time to score (minutes)						
Median	--	--	20	20	15	20
Range			0 – 120	1 – 4,320	0 – 1,200	0 – 10,080

Source: IDRS IDU interviews

There was some evidence in 2004 of a move towards sourcing cannabis from small, 'back-yard' producers rather than large-scale cultivators. In 2004 more than a third of IDU (37%) reported that the cannabis they usually obtained came from a small, 'back-yard' producer, and just over a quarter (28%) reported that the original source was usually a large-scale cultivator or supplier. As in previous years, nearly all respondents (95%) were either moderately or very sure of the production source of the cannabis they obtained (see Table 21).

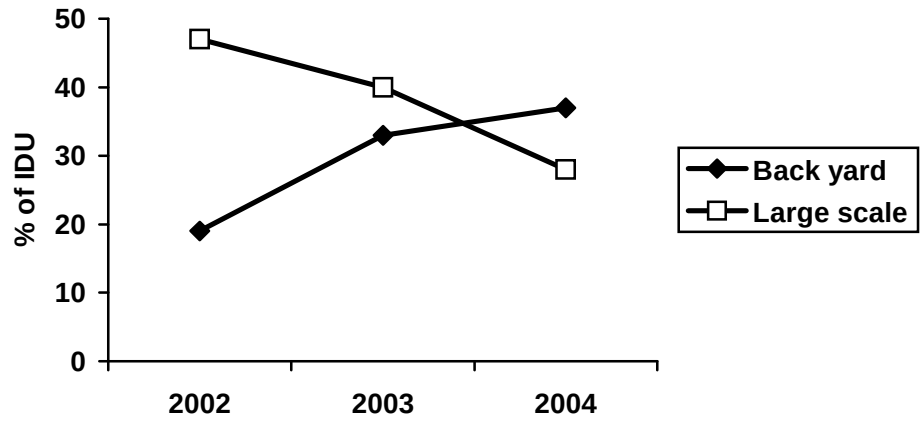
Table 21: Usual production source of cannabis, 2002 - 2004

	2002	2003	2004
Production source (%)			
Don't know	32	25	30
Grew my own	0	2	1
Small time back yard user/grower	19	33	37
Large scale cultivator / supplier	47	40	28
Other	2	0	4
% of IDU reporting	76	69	59
Confidence in source (%)			
Very sure	62	78	72
Moderately sure	31	16	23
Moderately unsure	6	4	4
Very unsure	2	2	2
% of IDU reporting	50	50	41

Source: IDRS IDU interviews

Figure 39 illustrates changes in the proportion of IDU sourcing cannabis from small-scale and large-scale producers, from 2002 to 2004. Over this two-year period the proportion of IDU sourcing cannabis from a small-scale producer almost doubled, while the proportion sourcing cannabis from a large-scale cultivator almost halved. It may be that small-scale production of cannabis has substantially increased in this time, however a more likely explanation is that the methodology of organised cannabis producers has changed. According to a number of key experts, cultivators are moving away from high-risk, open-air cannabis crops (i.e., 'bush' cannabis) towards the production of hydroponic cannabis across a number of private residences, with a 'broker' travelling between these residences to 'harvest' the aggregate crop. This explanation is consistent with the clear trend towards the consumption of hydroponic cannabis in Queensland, and would explain the increasing number of IDU reporting that their cannabis was sourced from a small-scale producer.

Figure 39: Proportion of IDU reporting usually sourcing cannabis from a small, back-yard producer and a large-scale supplier, 2002 - 2004

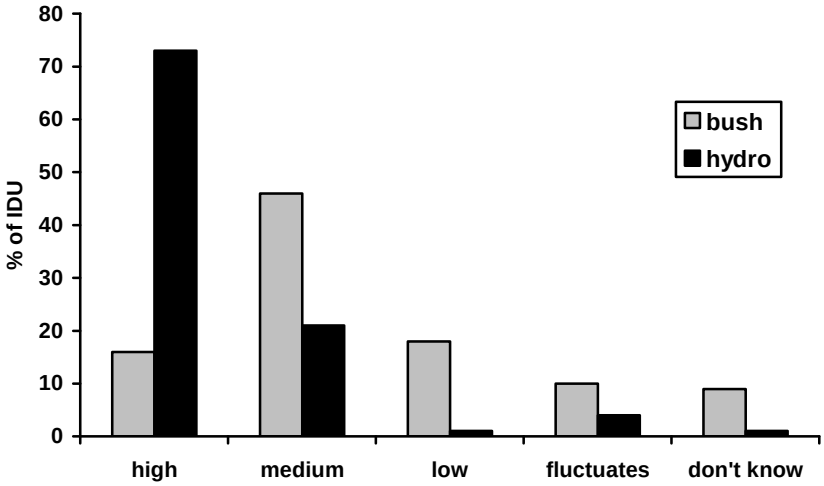


Source: IDRS IDU interviews

7.3 Potency

IDU perceive hydroponic cannabis to be of higher potency than 'bush' cannabis. In 2004 73% of IDU reported that the potency of hydro cannabis was 'high', compared with only 16% for bush cannabis. Typically, IDU in 2004 rated the potency of bush cannabis as medium (46%). Whereas nearly all IDU (94%) rated the potency of hydro as either medium or high, there was less agreement with respect to the potency of bush (see Figure 40).

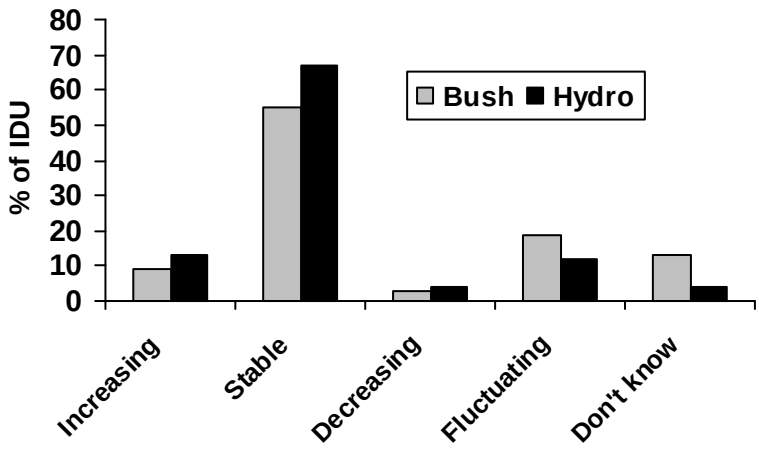
Figure 40: IDU reports of current potency of cannabis, 2004



Source: IDRS IDU interviews
NOTE: Valid percentages shown.

Figure 41 shows IDU perceptions of changes in the potency of cannabis in the last six months. The majority of IDU reported that the potency of both hydro (67%) and bush (55%) was stable, and fewer than one in twenty reported that the potency of either form of cannabis had decreased recently.

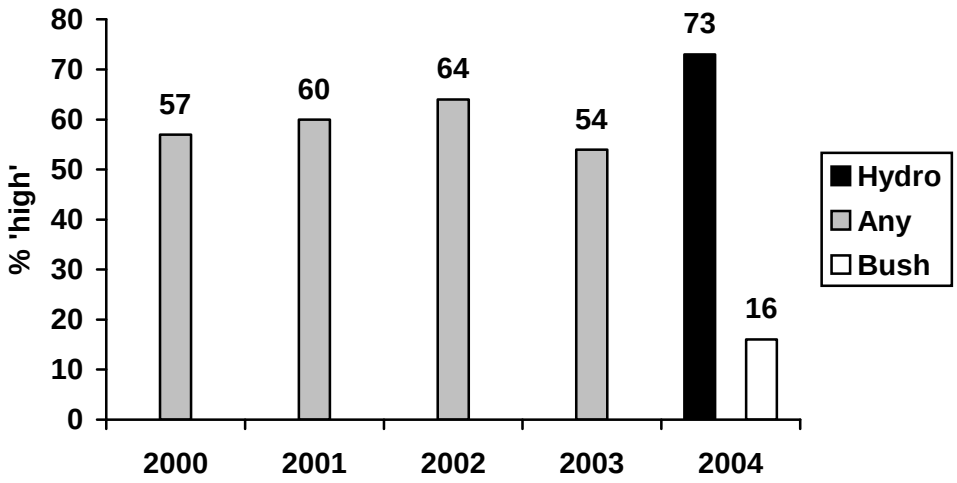
Figure 41: IDU reports of change in cannabis potency, 2004



Source: IDRS IDU interviews
NOTE: Valid percentages shown.

Figure 42 shows IDU perceptions of the potency of cannabis from 2000 to 2004. The potency of cannabis did not change markedly from 2000 to 2003, despite a 10% drop in the proportion of IDU rating potency as high in 2003. It is not possible to directly compare 2004 potency data, however given that the majority of IDU report mainly using hydroponic cannabis, one would expect that an 'averaged' figure for hydro and bush would be similar to that reported in previous years.

Figure 42: Proportion of IDU reporting current potency of cannabis as high, 2000 – 2004



Source: IDRS IDU interviews
NOTE: Valid percentages are shown. Prior to 2004 IDU were asked about cannabis potency in general; in 2004 IDU were asked separately about hydro and bush.

7.4 Use

Cannabis use among IDU

Three quarters of IDU in 2004 (75%) reported recent use of cannabis, although only 8% nominated cannabis as their drug of choice. Those who had used recently reported doing so on average two days out of every three, although about one third (34%) reported daily use in the last six months.

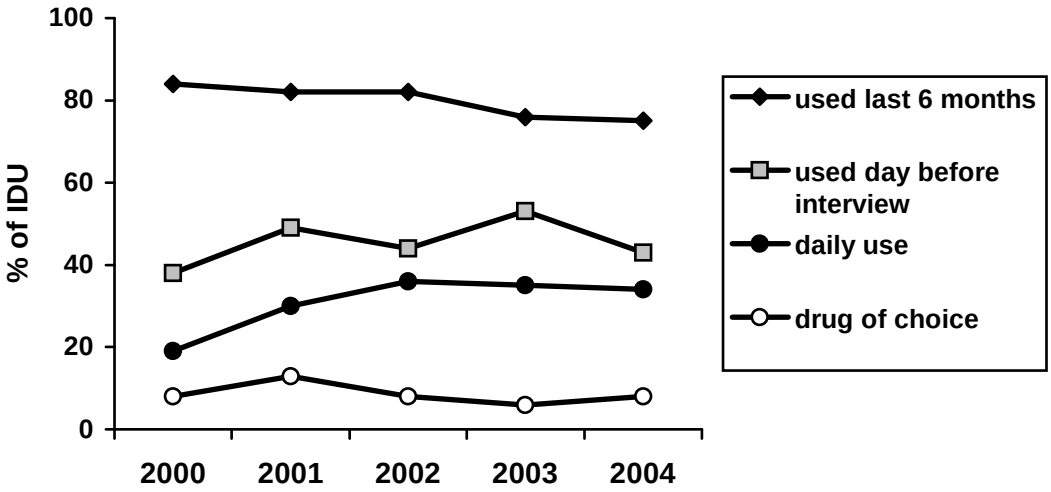
Key experts from the health sector reported increasing use of cannabis among both injecting and non-injecting users. According to KE, most users smoke hydroponic cannabis in a bong, and mental health problems are becoming increasingly common among regular users of this potent form of cannabis. KE reported that some users seek out 'bush' cannabis, which reportedly provides a milder effect, however for a number of reasons, hydroponic cannabis is usually more readily available.

Current patterns of cannabis use

There has been a gradual decline since 2000 in the proportion of IDU reporting recent use of cannabis, from 84% in 2000 to 75% in 2004 (see Figure 43). By contrast, with the exception of 2001, the proportion of IDU nominating cannabis as their drug of choice has been quite stable, with cannabis nominated by 8% of IDU in 2004. Similarly,

consistent with the last two years, around one third (34%) of IDU in 2004 reported daily use of cannabis in the last six months. From 2003 to 2004 the proportion of IDU reporting use of cannabis on the day before interview decreased from 53% to 43%, however this figure is still higher than recorded in 2000 (38%). Overall, despite some small fluctuations, the cannabis market in south-east Queensland continues to be distinguished by its relative stability over time.

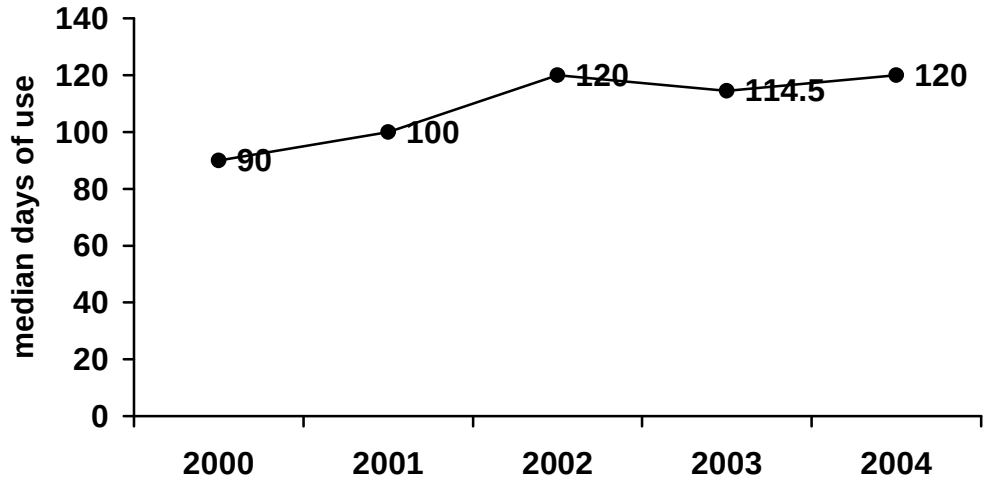
Figure 43: Prevalence and frequency of cannabis use among IDU, 2000 - 2004



Source: IDRS IDU interviews

Among those IDU who have used cannabis recently, the median frequency of use has increased since 2000, as illustrated in Figure 44. In 2004 IDU reported using cannabis on average two days out of every three (120 days), whereas in 2000 IDU reported using cannabis on average every second day (90 days). Although the frequency of use among IDU in Queensland therefore seems to have increased, IDU nationally report using cannabis on a daily basis (i.e., 180 days) (Breen et al., 2004).

Figure 44: Median number of days of cannabis use in the past six months, among those who had used recently, 2000 – 2004



Source: IDRS IDU interviews

In 2004 the vast majority of IDU (85%) who reported recent cannabis use reported using mostly hydro. Nevertheless, over two thirds of IDU (67%) reported recent use of bush cannabis, with around three quarters (74%) reporting recent use of hydro. Evidently, while the majority of IDU use mostly hydro, many also use bush on occasion (Table 22).

Table 22: Forms of cannabis used and used most in the last six months, 2000 – 2004

	2000[a]		2001		2002		2003		2004	
	Used	Most	Used	Most[b]	Used	Most	Used	Most	Used	Most
Hydro	83	--	78	78	77	85	75	75	74	85
Bush	48	--	74	27	68	15	68	24	67	14
Hash	38	--	42	1	24	0	17	1	12	1
Hash oil	13	--	24	1	16	0	13	0	12	0

Source: IDRS IDU interviews

NOTE: Valid percentages shown for 'form most used'

[a] IDU in 2000 were asked about cannabis head (instead of hydro) and leaf (instead of bush). Although head is more potent than leaf, these types are not directly comparable with hydro and bush;

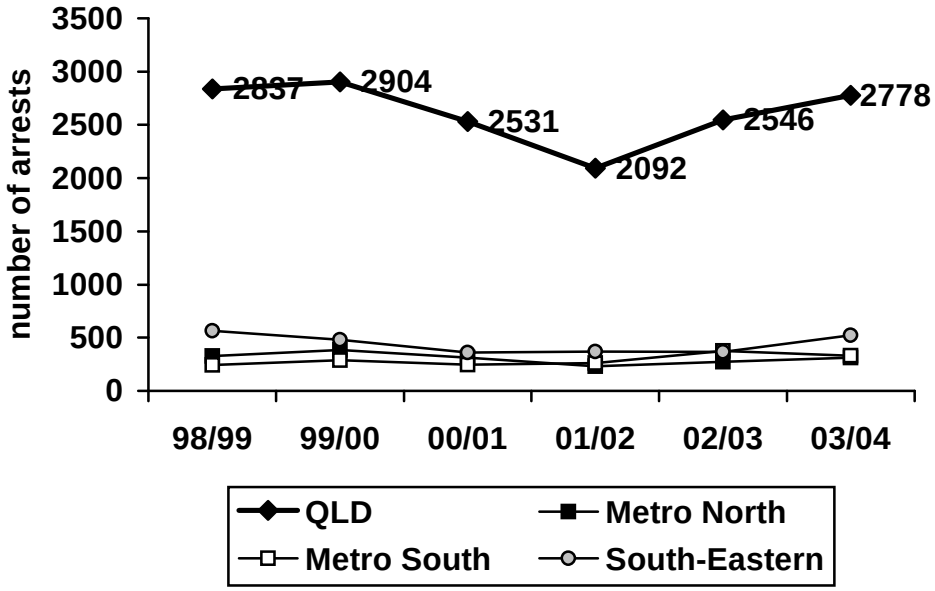
[b] percentages do not add to 100 as question was not asked in a forced-choice format in 2001

7.5 Cannabis related harms

Law enforcement

Figure 45 shows the number of arrests for cannabis use/possession in Queensland, from 1998/99 to 2003/04. The total number of arrests for the State dropped to a low of 2,092 in 2001/02, but has risen consistently since this time to 2,778 cannabis use/possession arrests in the 2003/04 financial year. Some of this increase can be attributed to an increase in arrests in the Metro North region, which rose from 232 in 2001/02 to 313 in 2003/04.

Figure 45: Number and proportion of cannabis possession/use arrests by geographic area, 1998/99 – 2003/04

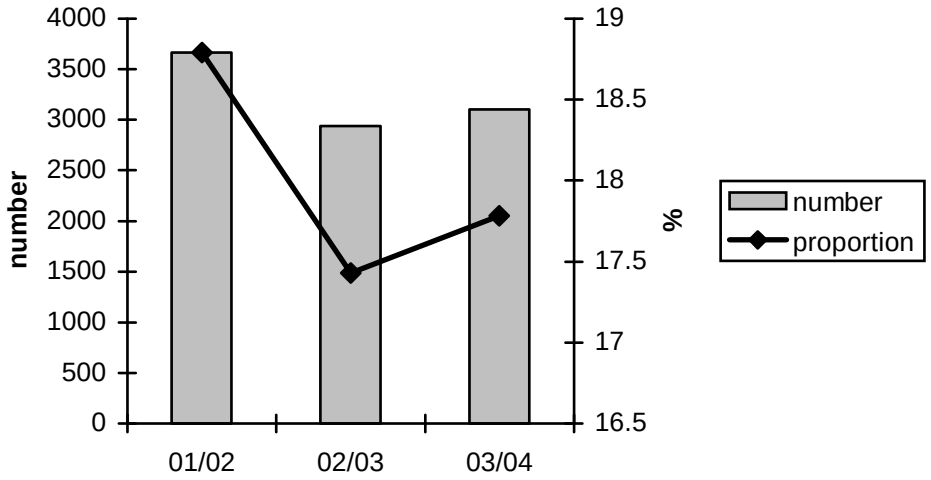


Source: Queensland Police Service

Health

Figure 46 shows the number of calls made to ADIS regarding cannabis from 2001/02 to 2003/04. In 2003/04 3,101 calls were made regarding cannabis, up slightly from 2,940 in 2002/03. The proportion of calls to ADIS in relation to cannabis has changed relatively little over this time, from 18.8% in 2001/02 to 17.8% in 2003/04.

Figure 46: Number of inquiries to ADIS regarding cannabis, 2001/02 – 2003/04

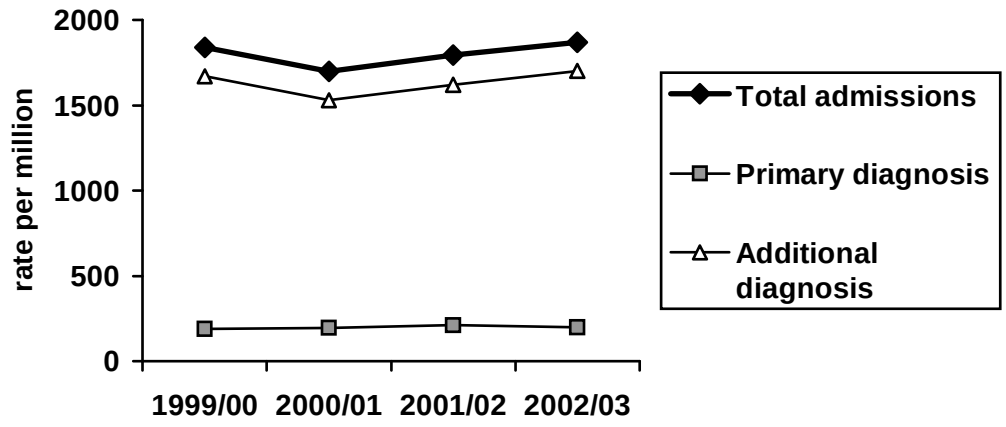


Source: ADIS

The number of cannabis-related hospital admissions per million persons aged 15-54 in Queensland, from 1999/00 to 2002/03, is shown in Figure 47. There has been relatively

little change in the rate of admission during this time, with 1,868 admissions per million persons in 2002/03. In all years, in the vast majority of cases cannabis use has contributed to an additional rather than a primary diagnosis, perhaps indicating that many problematic users do not actively seek help in relation to their use.

Figure 47: Cannabis-related hospital admissions by diagnosis type, rate per million persons aged 15-54, QLD 1999/00 – 2002/03



Source: AIHW

7.6 Summary of cannabis trends

- The cannabis market in Queensland continues to be **distinguished by its relative stability** over time.
- Hydroponic cannabis is consistently more expensive than bush cannabis, although the **price of both forms has been stable or decreasing**. In 2004 hydro cost a median of $300/oz and $25/gram; bush cost $200/oz and $20/gram.
- The reported **availability of cannabis has declined** consistently since 2001, however most IDU still consider cannabis, especially hydro, very easy to get. More IDU in 2004 reported obtaining cannabis from a mobile or street dealer, and there was a **trend towards sourcing cannabis from small-scale producers**, who may or may not be part of an organised production network.
- IDU typically consider the potency of hydro as 'high' and the potency of bush as 'medium', and reported **potency has been stable** in recent years.
- Recent **use of cannabis has declined** slightly among IDU since 2000, although 75% in 2004 reported recent use, typically on two days out of three. The median **frequency of use has increased** by 33% since 2000, although it remains well below the national average of 180 days in 6 months (i.e., daily).
- The majority of IDU have used both hydro and bush cannabis, although the **majority use mainly hydro**, due to its easier availability.
- The number of **arrests for cannabis use/possession has increased** by 33% in QLD since 2001/02.
- The number of telephone counselling calls and hospital admissions due to cannabis have been quite consistent since at least 2001/02. In the vast majority of hospital admissions, a cannabis-related diagnosis is made as an additional diagnosis (i.e., not related to reason for presentation).
- Key experts report increasing **problems of dependence and mental health problems** among cannabis users, and an increasing normalisation of cannabis use.

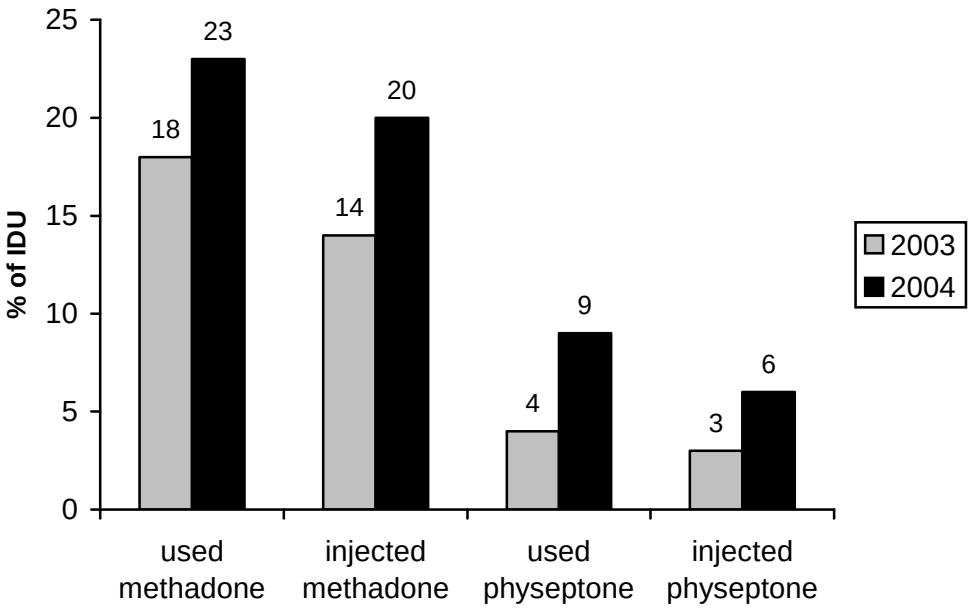
8 OPIOIDS

With on-going (although perhaps diminishing) uncertainty in the heroin market, a proportion of IDU appear to have turned to alternative opiates which, although perhaps less desirable than heroin, are more readily available and offer a more consistent effect, at a more consistent and affordable price. In Queensland, patterns of use of three pharmaceutical opiate preparations – methadone, buprenorphine and morphine – have closely mirrored trends in the availability and use of heroin, among IDU.

8.1 Use of illicit methadone

In 2004 almost one in four IDU (23%) reported recent use of illicit methadone (i.e., methadone which was not prescribed to them), and one in five (20%) reported recent injection of illicit methadone. Just under one in ten (9%) reported recent use of illicit physeptone and 6% reported recent injection of illicit physeptone. Reported rates of recent use and injection of methadone syrup and physeptone tablets have increased from 2003 (see Figure 48). Among those who had used illicit methadone recently, the average frequency of use in the last six months also increased from 2003 (median = 18 days) to 2004 (median = 23 days).

Figure 48: Use and injection of illicit methadone and illicit physeptone among IDU in the last six months, 2003 – 2004



Source: IDRS IDU interviews

IDU were also asked what forms of methadone they had used in the last six months, and used most in the last six months[3]. In 2004 more than a quarter of IDU reported recent use of both licit and illicit methadone, with smaller proportions reporting recent use of physeptone. When asked which form of methadone they had used most in the last six months, most IDU identified either licit (59%) or illicit (35%) methadone. The proportion of IDU reporting *mostly* using illicit methadone has risen consistently since 2001 (see Table 23).

Table 23: Forms of methadone used and used most in the last six months, 2000 – 2004

	2000		2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most	Used	Most
Methadone (licit)	33	--	31	69	36	66	29	68	28	59
Methadone (illicit)		--	14	19	24	25	22	30	26	35
Physeptone (licit)	12	--	4	2	8	2	2	2	2	2
Physeptone (illicit)		--	6	2	12	8	4	0	4	4

Source: IDRS IDU interviews

NOTE: Valid percentages shown for 'form most used'. "Form most used' question not asked in forced choice format in 2001, so percentages may not add to 100.

[3] responses to these questions (see Table 22) may be inconsistent with Figure 49, as some IDU failed to respond to these questions

In 2004 almost one in four IDU (23%) reported injecting methadone in the last month – up from 15% in 2003. About half of this number (12%) reported no problems associated with methadone injection, however the most commonly reported methadone injection-related problems were scarring and bruising (5%), methadone dependence (5%) and difficulty finding veins (4%). Despite an increase in reports of very recent methadone injection, these reports of problems associated with methadone injection are comparable with those from 2003 (see Table 24).

Table 24: Problems associated with methadone injection in the last month, 2003 - 2004

	2003	2004
Injected last month (%)	15	23
No problems (%)	6	12
Problems (%)		
Overdose	0	2
Abscess/infection	2	2
Dirty hit	2	2
Scarring/bruising	4	5
Thrombosis/blood clot	0	2
Swelling of arm	4	2
Swelling of leg	1	0
Swelling of hand	3	3
Swelling of feet	1	0
Hospitalisation	0	0
Contact with ambulance	1	1
Contact with police	0	2
Methadone dependence	4	5
Difficulty finding veins	7	4
Skin ulcers	0	0
Gangrene	0	0
Other	0	1

Source: IDRS IDU interviews

As in 2003, in 2004 the majority (55%) of IDU who reported on the price of illicit methadone stated that it was stable, however IDU in 2004 were more likely to report that the price was decreasing (9%) or fluctuating (6%). IDU in 2004 were also more likely to report that illicit methadone was easy or very easy (67%) to get, compared with those in 2003 (33%), although the majority (61%) still reported that the availability had been stable for the last six months. Again consistent with 2003, in 2004 the majority of IDU reported obtaining illicit methadone from a friend (67%), who had obtained the methadone as a take-away dose (90%) (see Table 25).

Table 25: Price change and availability of methadone, as reported by IDU, 2003 – 2004

	2003	2004
Price change (%)		
Increasing	5	6
Stable	76	55
Decreasing	0	9
Fluctuating	0	6
Don't know	19	24
Availability (%)		
Very easy	0	18
Easy	33	49
Difficult	43	18
Very difficult	0	0
Don't know	24	15
Availability change (%)		
Easier	0	6
Stable	59	61
More difficult	5	0
Fluctuates	14	3
Don't know	23	30
Usual source (%)		
Friend	60	67
Street dealer	10	6
Other	20	15
Don't use	10	12
Median time to score (mins)	10	10
Illicit Dose Origin (%)		
Take-away	76	90
Daily dose	5	0
Friend	0	3
Don't know	19	7

Source: IDRS IDU interviews

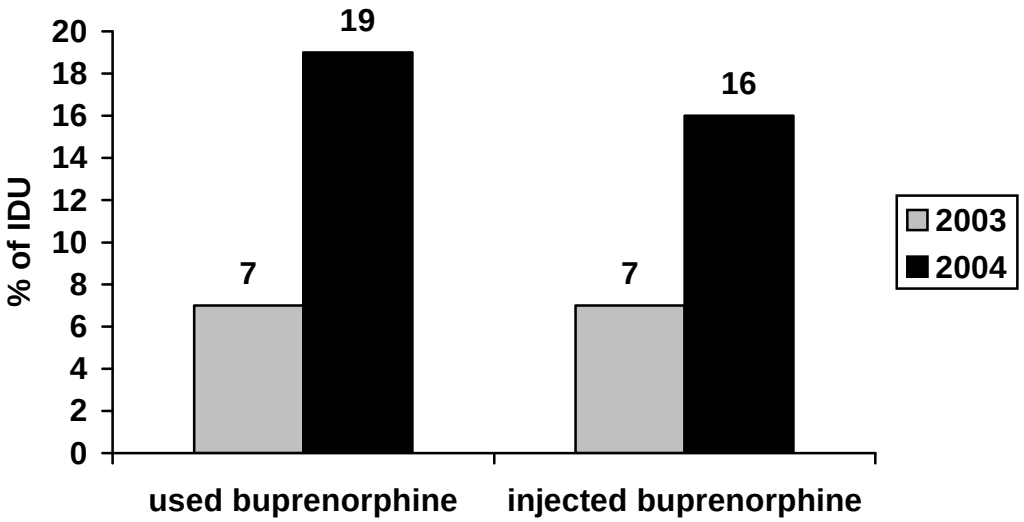
NOTE: no reliable price estimates available. Valid percentages are shown

8.2 Use of illicit buprenorphine

In 2004 19% of IDU reported recent use of illicit buprenorphine, and 16% reported recent injection of illicit buprenorphine. The incidence of recent use and injection of buprenorphine among IDU has more than doubled from 2003 to 2004 (see Figure 49). Nevertheless, it appears that for most IDU, use of illicit buprenorphine is still largely an opportunistic activity: Among those who had used illicit buprenorphine recently, the median days of use in the last six months decreased from 6 days in 2003 to 3 days in 2004.

A number of key experts commented on the increase in use and injection of diverted buprenorphine among IDU. Others reported a general increase in the number of IDU seeking access to pill filters, which could be used for injecting buprenorphine. Finally, of particular concern, two key experts reported increasing use and injection of diverted buprenorphine, among incarcerated offenders.

Figure 49: Recent (last six months) use and injection of illicit buprenorphine among IDU, 2003 – 2004



Source: IDRS IDU interviews

According to two key experts, there is increasing use of illicit buprenorphine in prisons, due to its availability and the relative ease with which it can be smuggled into correctional centres. Nevertheless, in the 2004 IDU sample there was no significant difference in rates of illicit buprenorphine use, between those with and without a prison history ($p > .05$). Given the risk of injection harm associated with injection of buprenorphine, particularly in a prison setting, this issue should be monitored in coming years.

Table 26 shows the proportion of IDU from 2002 to 2004 who reported recent use of licit and illicit buprenorphine, and indicates which form of buprenorphine IDU used most in the last six months. Recent use of both licit and illicit buprenorphine have both more than doubled from 2002 to 2004. Of more concern, however, it appears that among those who had used buprenorphine recently, a larger *proportion* in 2004 reported *mostly* using illicit buprenorphine. Again, given the risk for harm associated with

buprenorphine diversion and injection, this issue warrants close monitoring in coming years.

Table 26: Forms of buprenorphine used and used most in the last six months, 2002 – 2004

	2002		2003		2004	
	Used	Most	Used	Most	Used	Most
Buprenorphine (licit)	11	65	17	71	23	57
Buprenorphine (illicit)	7	35	10	29	19	44

Source: IDRS IDU interviews
NOTE: Valid percentages shown for 'form most used'

In 2004 13% of IDU reported injecting buprenorphine in the last month – more than twice the number in 2003 (6%). The majority of these reporting very recent buprenorphine injection in 2004 (8%) reported problems associated with this activity, including buprenorphine dependence (4%), difficulty finding veins (3%) and scarring and bruising (3%) (see Table 27).

Table 27: Problems associated with buprenorphine injection in the last month, 2003 - 2004

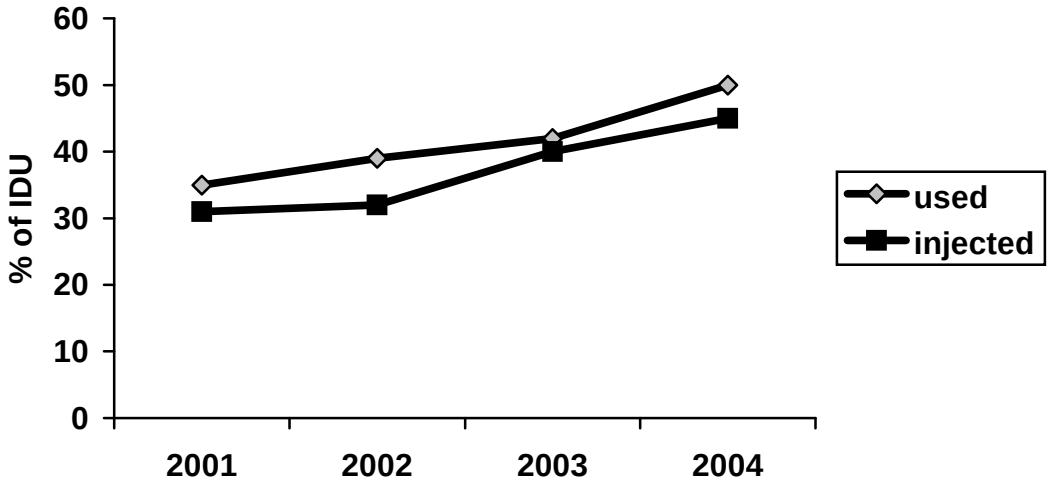
	2003	2004
Injected last month (%)	6	13
No problems (%)	2	5
Problems (%)		
Overdose	0	0
Abscess/infection	0	1
Dirty hit	1	2
Scarring/bruising	1	3
Thrombosis/blood clot	1	0
Swelling of arm	1	1
Swelling of leg	1	1
Swelling of hand	0	2
Swelling of feet	0	0
Hospitalisation	0	0
Contact with ambulance	0	0
Contact with police	0	0
Buprenorphine dependence	3	4
Difficulty finding veins	2	3
Skin ulcers	0	0
Gangrene	0	0
Other	0	0

Source: IDRS IDU interviews

8.3 Morphine

There has been a consistent increase in both the use and the injection of morphine among IDU in south-east Queensland since at least 2001 (see Figure 50). In 2004 50% of IDU (vs. 42% in 2003) reported recent morphine use, and 45% (vs. 40% in 2003) reported recent morphine injection. Given the fluctuations in the heroin market over this time (see Section 3), this trend cannot be attributed entirely to the use of morphine as a 'second-choice' substitute when heroin is less available. The prevalence of morphine use among IDU seems to be increasingly steadily in south-east Queensland, although the for most IDU use remains sporadic: Among those who had used recently, the median frequency of use varied from 5 days in 2001 to 12 days in 2002, 7 days in 2003 and 7 days in 2004. In 2004, 14% of IDU reported using morphine weekly or more often, and six IDU reported daily injection of morphine. As in previous years, a number of key experts commented on the increasing use and injection of morphine, particularly 100mg MS Contin®.

Figure 50: Proportion of IDU reporting morphine use and injection in the past six months 2001 – 2004



Source: IDRS IDU interviews
NOTE: Prior to 2001 IDU were not asked specifically about morphine.

Among those who had used morphine in 2004, the vast majority (92%) reported mostly using illicit morphine. By comparison, 80% of recent morphine users in 2003 reported mostly using illicit morphine. The use of illicit morphine among IDU in south-east Queensland appears to be increasing. As in previous years, most IDU in 2004 (74%) reported mostly using MS Contin®, although 13% reported mostly using Kapanol® and 13% reported mostly using another morphine preparation (Table 28). According to key experts, due to the low availability of heroin, morphine has traditionally been the opiate of choice in north Queensland; morphine also appears to be increasingly favoured by IDU in south-east Queensland.

Table 28: Forms of morphine used and used most in the last six months, 2001 – 2004

	2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most
Morphine (licit)	6	15	11	18	12	20	9	8
Morphine (illicit)	28	82	32	82	36	80	47	92
Main brand								
MS Contin®	--		53		92		74	
Kapanol®	--		8		3		13	
Other	--		39		5		13	

Source: IDRS IDU interviews

NOTE: Valid percentages shown for 'form most used' and 'main brand'. "Form used most' question not asked in forced-choice format in 2001, so percentages may not add to 100.

Almost one in three IDU (30%) in 2004 reported injecting morphine in the last month, with half of these (15%) reporting no problems associated with injection of this drug. The most commonly reported problems in 2004 were morphine dependence (8%), difficulty finding veins (7%), scarring or bruising (4%) and swelling of the arm or hand (4%). Both the proportion of IDU reporting very recent morphine injection, and reports of problems associated with this practice, were similar in 2003 and 2004 (see Table 29).

Table 29: Problems associated with morphine injection in the last month, 2003 - 2004

	2003	2004
Injected last month (%)	27	30
No problems (%)	15	15
Problems (%)		
Overdose	0	0
Abscess/infection	4	3
Dirty hit	2	2
Scarring/bruising	4	4
Thrombosis/blood clot	2	2
Swelling of arm	2	4
Swelling of leg	0	0
Swelling of hand	2	4
Swelling of feet	0	1
Hospitalisation	0	1
Contact with ambulance	1	1
Contact with police	1	1
Morphine dependence	5	8
Difficulty finding veins	7	7
Skin ulcers	0	1
Gangrene	0	0
Other	0	0

Source: IDRS IDU interviews

Table 30 shows IDU reports of the price and availability of morphine in 2003 and 2004. As in 2003, in 2004 the median price of a 100mg MS Contin® ('grey nurse') was $40, with a 60mg MS Contin® selling for $20 (vs. $25 in 2003). The median price of a 100mg

Kapanol® rose slightly from $35 in 2003 to $40 in 2004. The majority of IDU in 2004 reported the price of morphine as 'stable' (65%).

Also consistent with 2003, in 2004 the majority of IDU considered the availability of morphine to be 'easy or very easy' (79%), and the majority reported that availability had been stable (54%) or easier (18%) in the last six months. Most IDU in 2004 reported usually obtaining their morphine from a friend (33%) or a street dealer (39%), although 12% (vs. 7% in 2003) reported usually obtaining morphine from a mobile dealer.

Table 30: Price and availability of morphine, as reported by IDU, 2003 – 2004

	2003	2004
Median price ($)		
MS Contin® 60mg	25	20
MS Contin® 100mg	40	40
Kapanol® 100mg	35	40
Price change (%)		
Increasing	15	9
Stable	68	65
Decreasing	4	11
Fluctuating	2	5
Don't know	11	11
Availability (%)		
Very easy	19	25
Easy	55	54
Difficult	19	12
Very difficult	2	5
Don't know	4	4
Availability change (%)		
Easier	23	18
Stable	53	54
More difficult	13	19
Fluctuates	0	4
Don't know	11	5
Usual source (%)		
Friend	33	33
Street dealer	41	39
Mobile dealer	7	12
Other	13	14
Don't use	7	2
Median time to score (mins)	12.5	20

Source: IDRS IDU interviews
NOTE: valid percentages are shown

8.4 Other opioids

Among IDU in Queensland the main opiates of choice are heroin, morphine, methadone and buprenorphine, however a proportion of IDU in 2004 reported using various other opiates. In 2004 9% of IDU reported using other licit opiates and 12% reported using other illicit opiates. These figures are higher than those in 2003, but are comparable with previous years (see Table 31). Of those who had used other opiates recently, the majority (59%) reported mostly using other *illicit* opiates.

Table 31: Forms of other opiate used and used most in the last six months, 2000 – 2004

	2000		2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most	Used	Most
Other opiates (licit)	31	--	8	26	11	35	4	63	9	41
Other opiates (illicit)		--	16	68	11	65	2	38	12	59

Source: IDRS IDU interviews
NOTE: Valid percentages shown for 'form most used'. In 2000 'other opiates' included morphine.

The other brands of opiate most commonly used by IDU in 2004 included Panadeine Forte®, Pethidine, Oxycodone and Codeine. Of note, of those IDU in 2004 who reported using other opiates, 19% reported using Oxycodone, which has not been reported by IDU in previous years (see Table 32).

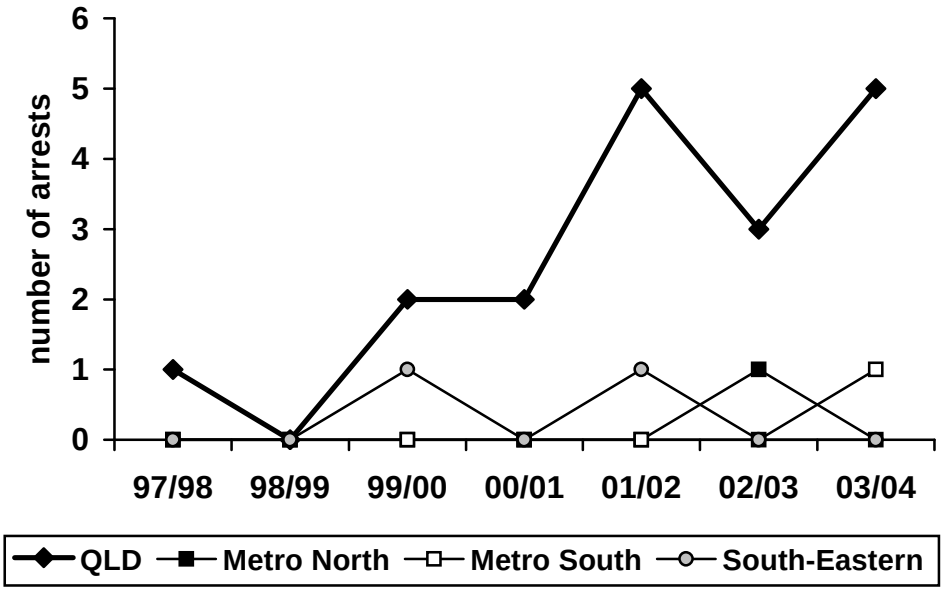
Table 32: Main type of other opiate used in the last six months, 2000 – 2004

	2000	2001	2002	2003	2004
Panadeine Forte ®	4	4	12	0	33
Pethidine	7	3	12	20	24
Oxycodone	0	0	0	0	19
Codeine	0	3	18	0	10
Other	89	90	58	80	14

Source: IDRS IDU interviews
NOTE: Valid percentages are shown

Figure 51 shows the number of arrests for other opioid possession/use in Queensland and in selected police regions, from 1997/98 to 2003/04. Compared with other drugs, the total number of arrests has been very low in each year, however the number has increased from only 1 arrest in 1997/98 to 5 arrests in 2003/04. During the 2003/04 financial year 4 of these arrests were made in the Far Northern region, which is consistent with key expert reports of low heroin availability in north Queensland, and consequent use of alternative opiates by IDU in this region.

Figure 51: Number of other opioid possession/use arrests by geographic area, 1997/98 – 2003/04



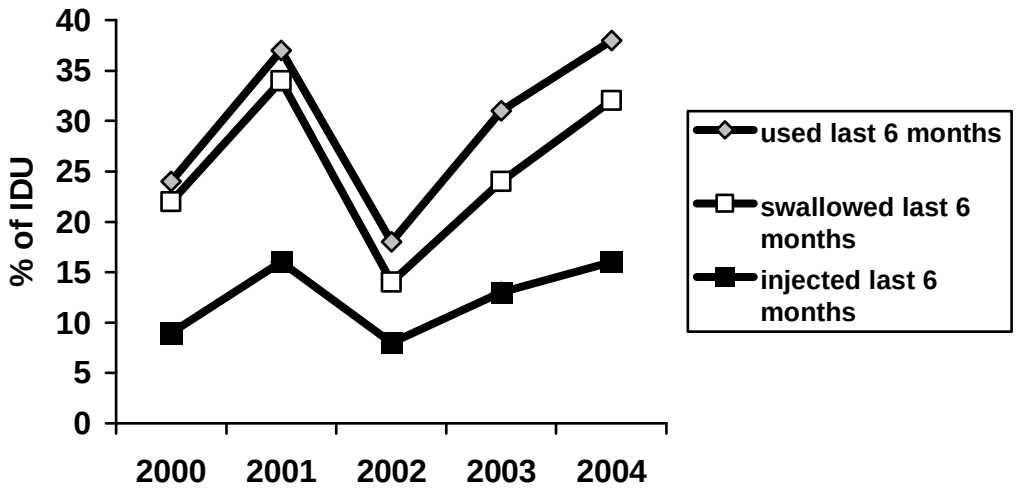
Source: Queensland Police Service

9 OTHER DRUGS

9.1 Ecstasy

The occasional use of ecstasy is becoming increasingly prevalent among IDU in Queensland, as illustrated below in Figure 52. In 2004 38% of IDU reported using ecstasy recently and 16% reported injecting ecstasy recently. Nevertheless, there has been no increase in the median frequency of ecstasy use among IDU. Among those who had used ecstasy recently the typical frequency of use has remained low, with a median of 4 days in the last six months in 2000, 6 days in 2001, 4 days in 2002, and 3 days in both 2003 and 2004. Despite an increase in the prevalence of ecstasy use among IDU, use is typically infrequent. Given the potential for harm associated with injection of ecstasy, however, this trend should be monitored closely in future years.

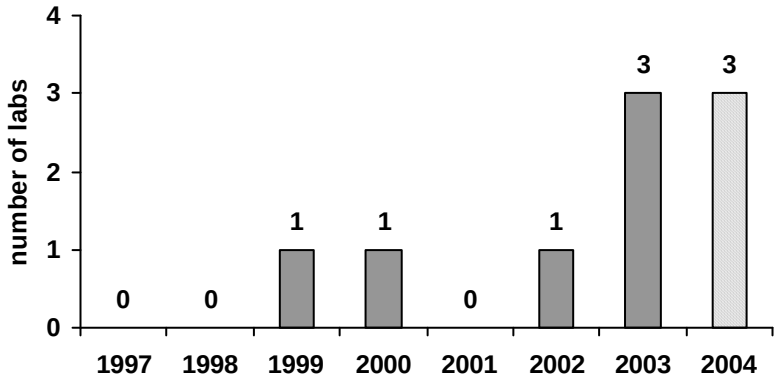
Figure 52: Proportion of IDU reporting use, swallowing and injection of ecstasy in the last six months, 2000 – 2004



Source: IDRS IDU interviews

While most ecstasy is imported into Australia (ACC, 2003), there is evidence of increased local production of MDMA in Queensland. Figure 53 shows the number of clandestine MDMA laboratories detected by QPS from 1997 to 2004. The first confirmed MDMA lab in Queensland was detected in 1999, and three labs were detected in 2003. In 2004, a further three labs have been detected, although given that only 92 of the 212 labs detected in 2004 had been analysed at the time of printing, this number is expected to rise. Consistent with this, one key expert from the law enforcement sector reported that MDMA lab detections were increasing in Queensland and in other states, reflecting both increased operational activity around clandestine laboratories, and increased domestic efforts to produce ecstasy.

Figure 53: Number of clandestine MDMA laboratory seizures in QLD, 1998-2004

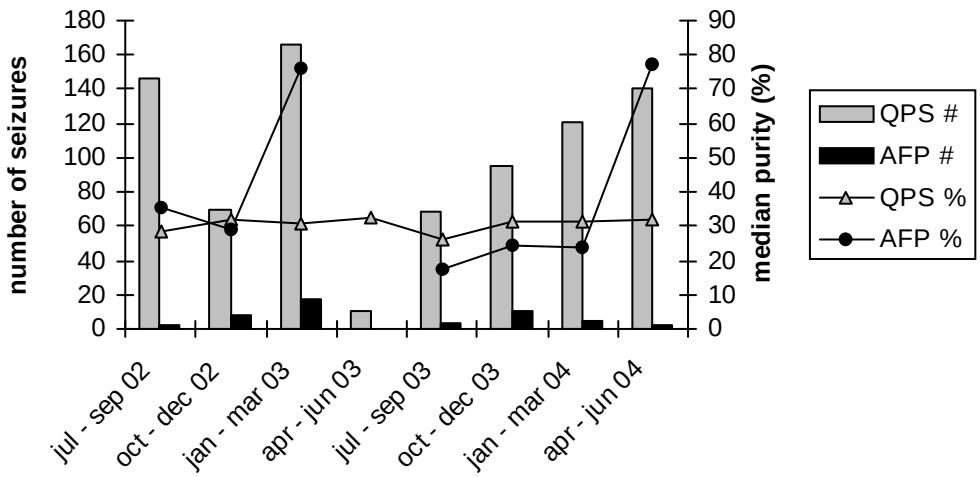


Source: Queensland Police Service
NOTE: sourced from ILIT within SDIG. These are not official QPS statistics

Figure 54 shows the number and median purity of analysed phenethylamine seizures in Queensland, by QPS and the AFP, from July 2002 to June 2004. As the figure shows, the number of seizures has fluctuated over this time, although the number of QPS seizures increased linearly throughout the 2003/04 financial year. Over the whole 2003/04 year, QPS made 425 phenethylamine seizures, while AFP made 21 seizures.

Whereas the number of seizures has varied over time, the median purity of seizures by QPS has been remarkably consistent, with the median purity of seizures in 2003/04 (31.6%) very similar to that recorded in 2002/03 (30.6%). The median purity of AFP seizures over this time has been similar, with two notable exceptions: between January and March 2003 AFP made 17 phenethylamine seizures in Queensland with a median purity of 76.2%, and in the April – June 2004 quarter AFP made two seizures with a median purity of 77.1%. According to one key expert, importers of ecstasy are increasingly obtaining the drug in a pure, powder form, then cutting and pressing the substance into pills within the country.

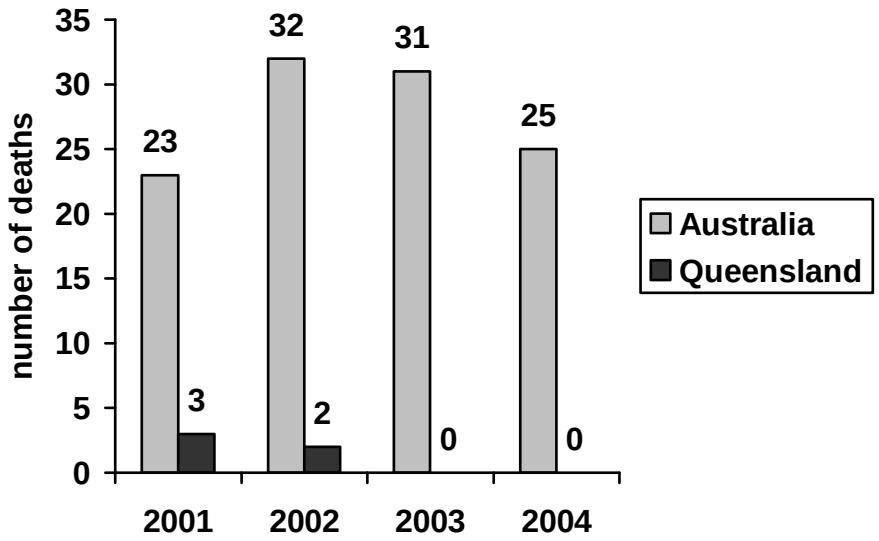
Figure 54: Purity of phenethylamine seizures analysed in QLD, by quarter, 2002/03 – 2003/04



Source: ABCI, ACC

Figure 55 shows the number of ecstasy-related deaths identified on the National Coroners Information System (NCIS) in Queensland and Australia, from 2001 to 2004. Over this four-year period five ecstasy-related deaths were identified in Queensland, however ecstasy was considered a primary contributor to death in only two of these cases. Across Australia 112 ecstasy-related deaths were identified in this time, with ecstasy deemed to be a primary contributor to death in 51 of these cases. Despite a significant proportion of both injecting and non-injecting drug users using ecstasy in Queensland, deaths related to ecstasy use seem to be very rare.

Figure 55: Ecstasy-related deaths in Queensland and Australia, 2001 - 2004



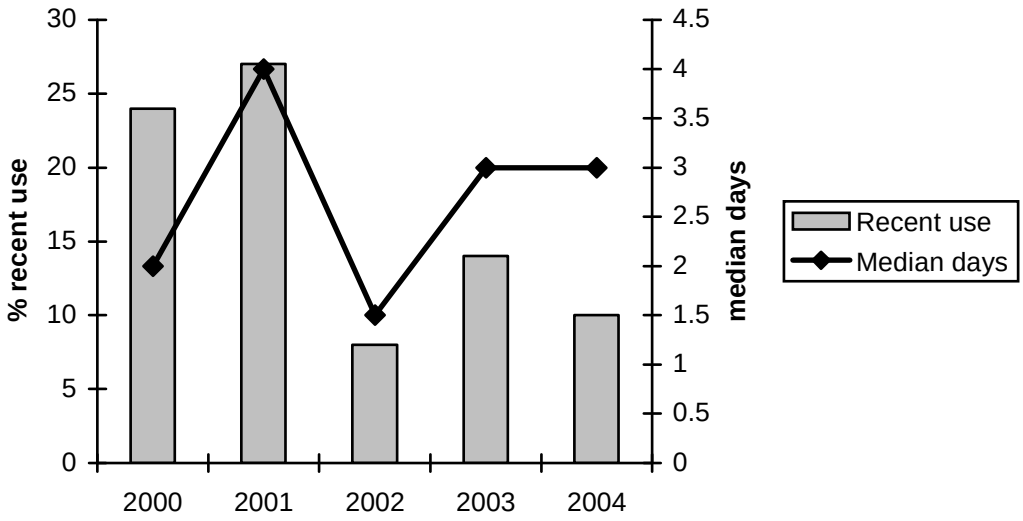
Source: National Coroners Information System (NCIS)
NOTE: 2004 data not a complete year

From 2001/02 to 2003/04 there has been no substantive change in the number of ecstasy-related phone calls to the Alcohol and Drug Information Service (ADIS) in Queensland. There were 386 calls received in the 2003/04 financial year, compared with 381 in 2001/02 and 382 in 2002/03. Given that most ecstasy use is likely to be among non-injectors (Kinner & Fischer, 2004), trends in the injection of ecstasy are unlikely to be reflected in calls to help lines such as ADIS.

9.2 Hallucinogens

Hallucinogens are used by only a minority of IDU in Queensland, and then only infrequently. In 2004 10% of IDU reported recent hallucinogen use, on a median of 3 days in the last six months. The prevalence of recent hallucinogen use declined sharply from 2001 (27%) to 2002 (8%), and has remained relatively stable since (see Figure 56).

Figure 56: Prevalence and frequency of recent hallucinogen use among IDU, 2000 – 2004



Source: IDRS IDU interviews

In 2004 5% of IDU reported recent use of LSD, and 5% reported recent use of mushrooms (see Table 33). Whereas the prevalence of recent mushroom use has been stable and low among IDU since 2000, the prevalence of recent LSD use dropped sharply from 2001 (29%) to 2002 (4%). According to one key expert, LSD has been very difficult to obtain in Queensland for a number of years.

Table 33: Forms of hallucinogen used and used most in the last six months, 2000 – 2004

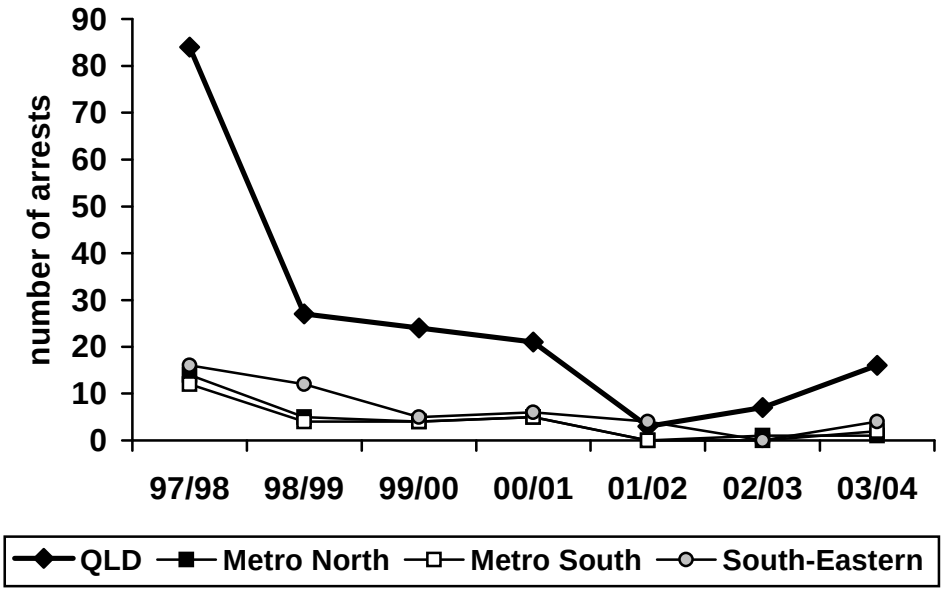
	2000		2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most	Used	Most
LSD/Trips	23	--	29	87	4	38	10	56	5	60
Mushrooms	6	--	13	7	6	63	8	44	5	40

Source: IDRS IDU interviews

NOTE: Valid percentages shown for 'form most used'. 'Form most used' question not asked in forced-choice format in 2001, so percentages may not add to 100.

Consistent with evidence of reduced hallucinogen use in Queensland, the number of arrests for hallucinogen use/possession recorded by QPS dropped sharply from 1997/98 (*n*=84) to 1998/99 (*n*=27), then declined further from 2000/01 (*n*=21) to 2001/02 (*n*=3). In 2003/04 QPS made 16 arrests for hallucinogen use/possession, 7 of which occurred in the three police regions from which IDU are sourced for the IDRS (see Figure 57).

Figure 57: Number of hallucinogen possession/use arrests by geographic area, 1997/98 – 2003/04

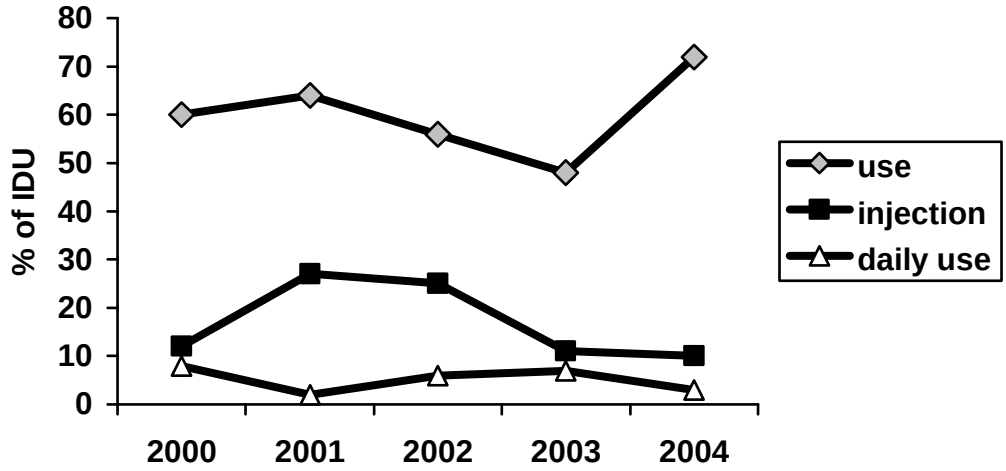


Source: Queensland Police Service

9.3 Benzodiazepines

Prior to May 2002 injection of benzodiazepines was not uncommon among IDU (Kinner & Fischer, 2003), however with the introduction of increased restrictions on the prescription of 10mg Temazepam gel capsules (Breen et al., 2003), reported rates of injection among IDU dropped markedly from 25% of IDU in 2002 to 11% of IDU in 2003. In 2004 10% of IDU reported recent injection of benzodiazepines, although only 3% reported daily benzodiazepine injection. Despite a continued decline in the injection of benzodiazepines by IDU, reported rates of non-injecting benzodiazepine use among IDU have increased from 48% in 2003 to 72% in 2004 (see Figure 58).

Figure 58: Proportion of IDU reporting benzodiazepine use, injection and daily use in the preceding six months, 2000 - 2004



Source: IDRS IDU interviews

Table 34 shows the main brand of benzodiazepine used by IDU in Queensland from 2000 to 2004. The impact of increased restrictions on Temazepam is evident, with the proportion of IDU reporting mostly using Temazepam dropping from 29% in 2002 to only 5% in 2003. Simultaneously, the proportion nominating Valium® as their favoured brand jumped from 39% in 2002 to 81% in 2003. In 2004 50% of IDU nominated Valium® as their favoured brand, and only 3% nominated Temazepam. The remainder nominated a wide range of other brands including Serepax® (14%), Antenex® (10%), Xanax® (6%) and Normison® (6%).

Table 34: Main brand of benzodiazepine used most in the last six months, 2000 – 2004

	2000	2001	2002	2003	2004
Valium ®	43	50	39	81	50
Temazepam	26	21	29	5	3
Other	31	29	32	14	47

Source: IDRS IDU interviews
NOTE: Valid percentages are shown

In 2004 roughly equal proportions of IDU reported recent use of licit (42%) and illicit (39%) benzodiazepines, with the majority of these (65%) reporting mostly using benzodiazepines which had been prescribed to them. Despite significant changes in the brand of benzodiazepine favoured by IDU for injection, the majority of IDU who use benzodiazepines continue to do so licitly (see Table 35).

Table 35: Forms of benzodiazepine used and used most in the last six months, 2001 – 2004

	2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most
Benzos (licit)	41	56	41	61	33	68	42	65
Benzos (illicit)	41	43	36	39	26	32	39	35

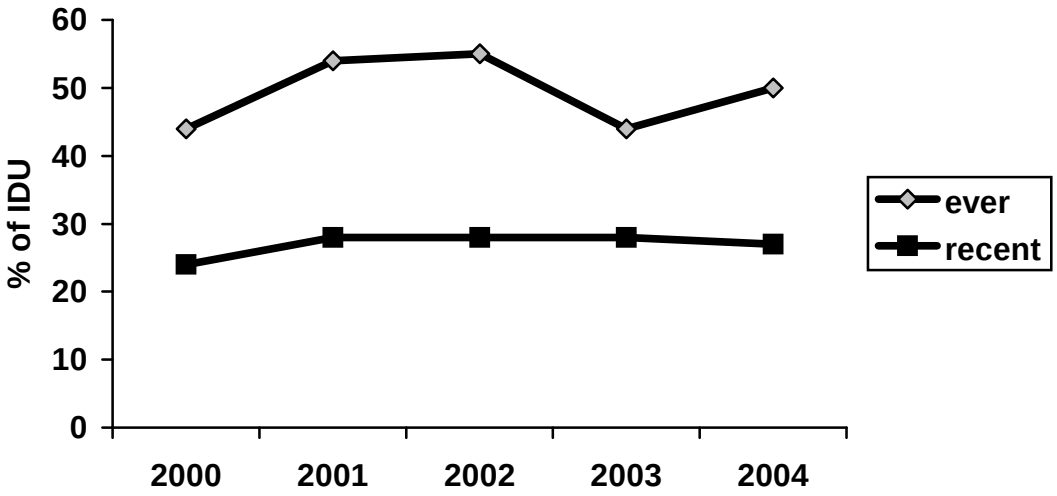
Source: IDRS IDU interviews
NOTE: Valid percentages shown for 'form most used'

Finally, although ten IDU (8%) in 2004 reported recent benzodiazepine injection, only four (vs. 7 in 2003) reported injecting benzodiazepines in the last month. Of these, two reported experiencing no problems related to benzodiazepine injection, one reported scarring and bruising associated with injection, one reported difficulty finding a vein and one reported experiencing swelling of the arm.

9.4 Anti-depressants

Consistent with the high level of mental health problems typically identified among IDU, among IDU interviewed in 2004 over a quarter reported recent use of antidepressants. This figure is similar to that reported by IDU in previous years (see Figure 59). In 2004, only 2% of IDU reported having ever injected antidepressants (a figure comparable with previous years), none of whom reported injection of antidepressants in the last six months.

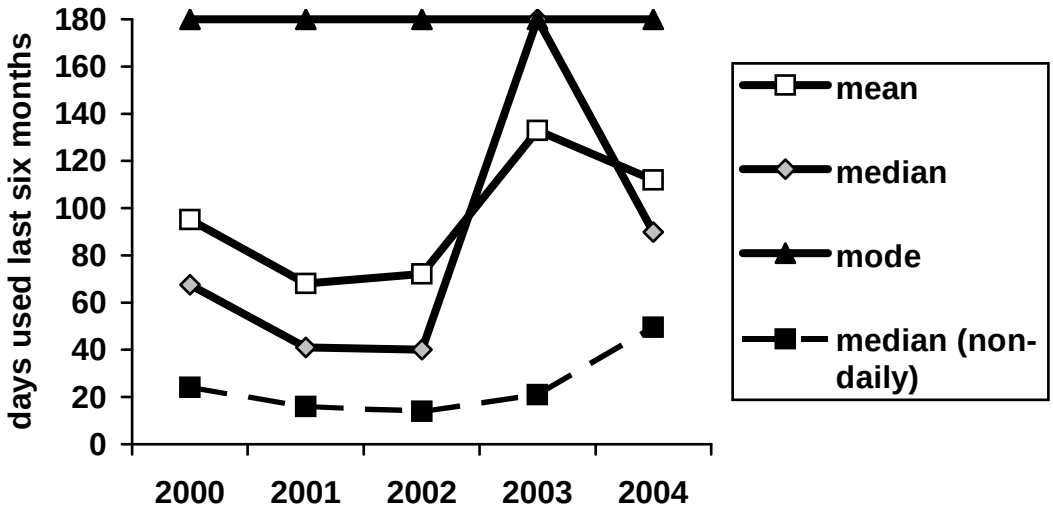
Figure 59: Proportion of IDU reporting lifetime and recent (last six months) use of antidepressants, 2000 - 2004



Source: IDRS IDU interviews

Although the prevalence of recent antidepressant use among IDU has not changed substantially from 2000 to 2004, there have been large fluctuations in the *frequency* of use. While the modal frequency of use has remained at 180 (daily use, presumably as prescribed), fluctuations in the mean and median frequency of use indicate a sharp increase in antidepressant use among IDU in 2003, followed by a decrease in frequency of use, in 2004. Among IDU who reported using antidepressants less than daily in the last six months, the median frequency of use has increased steadily since 2002 (median = 14 days), with a median of 21 days in 2003 and 50 days in 2004 (see Figure 60).

Figure 60: Frequency of antidepressant use in the last six months, among IDU who had used, 2000 – 2004



Source: IDRS IDU interviews

As in previous years, only a small proportion (3%) of IDU in 2004 reported illicit use of antidepressants, with the vast majority of those who had used recently (97%) reporting mostly licit use (see Table 36). Taken together with evidence of increased non-daily use of antidepressants among IDU (see Figure 60 above), this indicates that a larger proportion of IDU in 2004 have been using antidepressants as prescribed, but not for the entire six months prior to interview.

Table 36: Forms of antidepressant used and used most in the last six months, 2001 – 2004

	2001		2002		2003		2004	
	Used	Most	Used	Most	Used	Most	Used	Most
Antidepressants (licit)	21	72	22	79	24	87	26	97
Antidepressants (illicit)	11	24	6	21	5	13	3	3

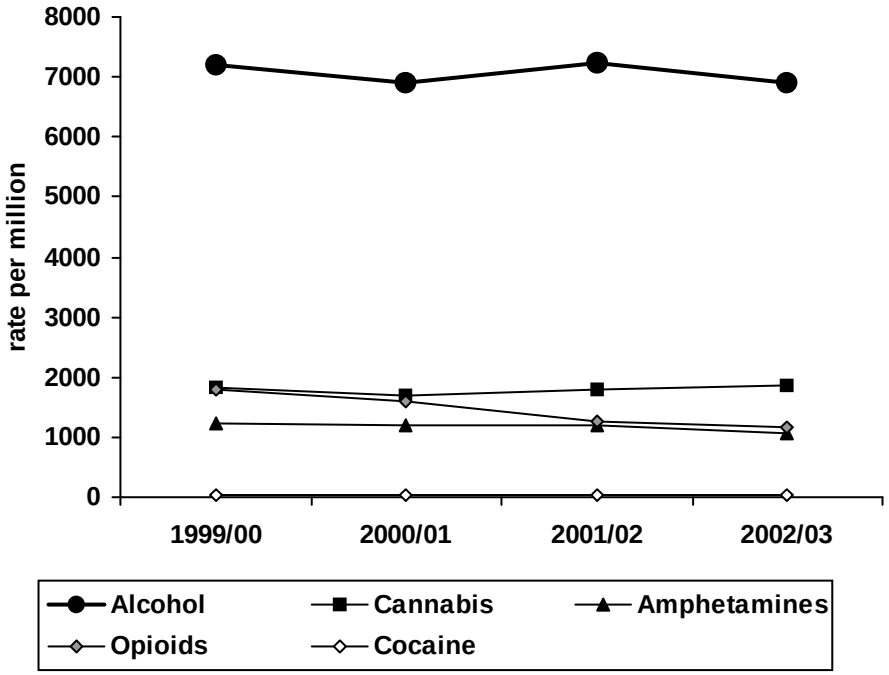
Source: IDRS IDU interviews
NOTE: Valid percentages shown for 'form most used'

10 ASSOCIATED HARMS

10.1 Substance-related treatment episodes

Figure 61 shows the total number of admissions to hospitals in Queensland, per million persons aged 15-54 years, where drug use was deemed to be either chiefly responsible for occasioning the episode of care, or where a drug-related complaint co-existed with the primary diagnosis, from 1999/00 to 2002/03. For the purposes of comparison, the figure includes alcohol as well as opioids, amphetamines, cannabis and cocaine. Consistent with the fact that alcohol is the most widely used psychoactive substance in the Australian population (Australian Institute of Health and Welfare, 2002), alcohol has consistently accounted for more admissions than the other four drug classes combined. In 2004 there were 6,890 alcohol-related admissions per million persons aged 15-54, compared with 1,868 for opioids, 1,075 for amphetamines, 1,167 for cannabis and 26 for cocaine. The relative rate of admission for each of these substances has changed relatively little over this time, with the exception of a substantial drop in the number of opioid-related admissions from 1,800 in 1999/00 to 1,167 in 2002/03 (see also Section 3.6).

Figure 61: Hospital admissions among persons aged 15-54 with substance-related problems as a primary and/or additional diagnosis, rate per million, QLD 1999/00 – 2002/03

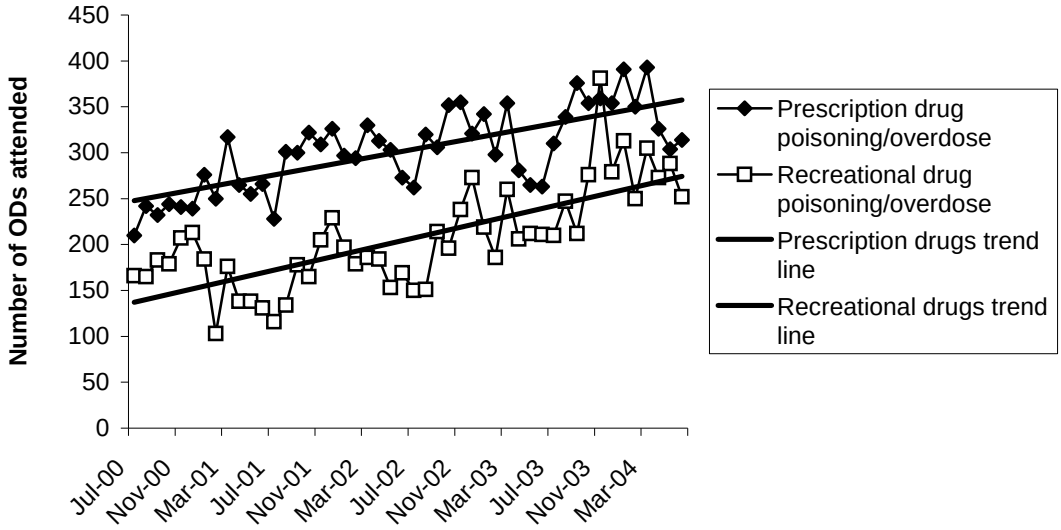


Source: AIHW

When Queensland Ambulance Service (QAS) paramedics attend an incident they deem to be a drug poisoning or overdose, they record whether the substance involved is believed to be a prescription drug (e.g. benzodiazepines, morphine) or a recreational drug (e.g., heroin, methamphetamine, ecstasy). Figure 62 shows the number of prescription drug poisoning/overdose incidents, and the number of recreational drug poisoning/overdose incidents, attended by QAS paramedics between July 2000 and June 2004. As the trendlines show, there has been a consistent increase in the number of such

incidents attended by QAS during this time, although it is unclear to what extent this increase reflects an increase in the incidence of overdose, or the operational activity of QAS.

Figure 62: Number of recreational drug and prescription drug poisoning and overdose incidents attended by paramedics in Queensland, 2000 - 2004



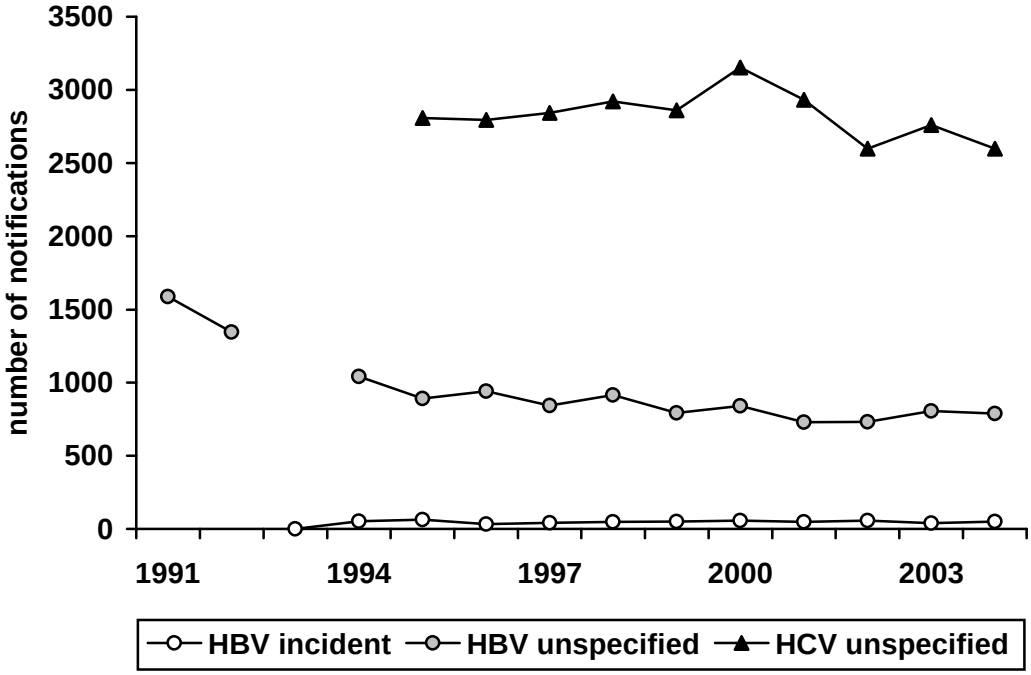
Source: QAS

10.2 Blood borne viruses

Rates of HBV infection notification in Queensland have dropped reasonably consistently since 1991, with the rate of unspecified notifications dropping from 1,588 in 1991 to 787 in 2004. The number of HBV incident notifications has been low and quite stable over this time, with 52 notifications in 1994 and 50 notifications in 2004 (see Figure 64).

The rate of HCV infection in Queensland has also decreased over this time, although Queensland data aggregate incident and unspecified notifications. After recording 2,808 notifications (incident and unspecified) in 1995, the HCV notification rate in Queensland rose to 3,153 in 2000. The 2004 rate of 2,598 HCV notifications is the lowest in Queensland since data were first collected, in 1995 (see Figure 63).

Figure 63: Total notifications for HBV and HCV (unspecified and incident) infections, 1991 - 2004

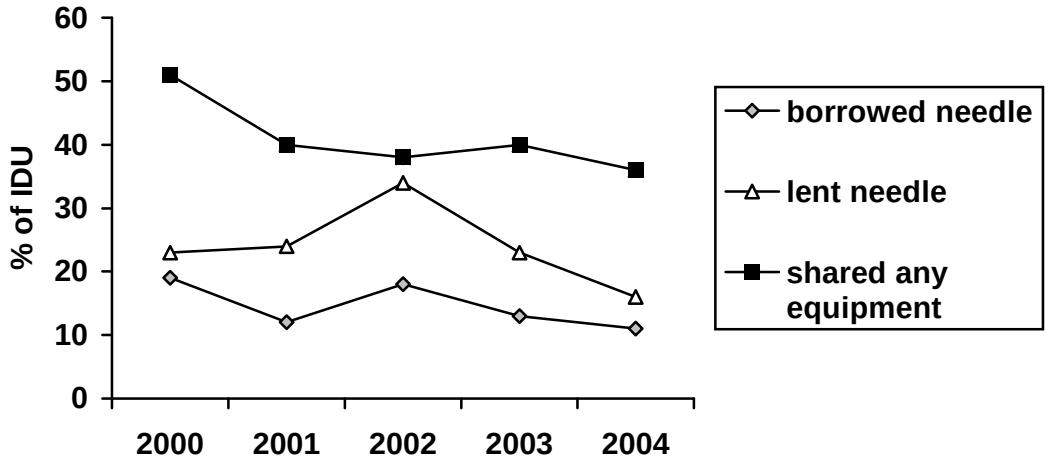


Source: Communicable Diseases Network Australia - National Notifiable Diseases Surveillance System*, personal communication, 10 January 2005*
NOTE: QLD reports all Hep C notifications (incident and unspecified) as unspecified. Data for Hep B notifications in 1993 unavailable at time of printing

10.3 Sharing of injecting equipment among IDU

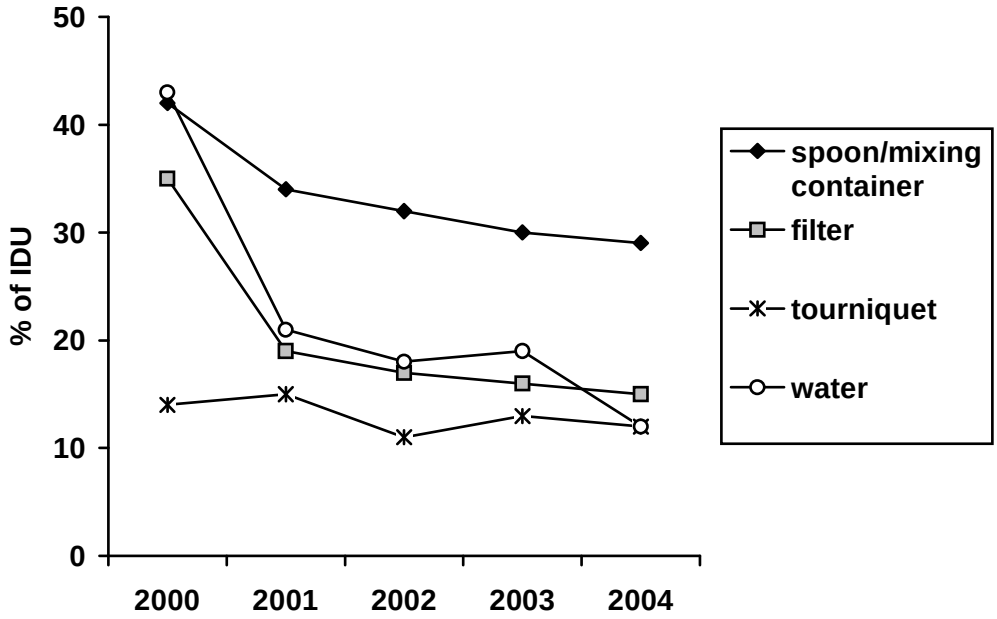
Just over a third of IDU in 2004 (36%) reported sharing some form of injecting equipment in the month preceding interview, with 11% reporting borrowing a needle and 16% reporting sharing a needle. Other equipment shared included spoons/mixing containers (29%), filters (15%), tourniquets (12%) and water (12%). Self-reported rates of equipment sharing among IDU have declined from 2000 (51%), and since 2002 self-reported rates of borrowing (18%) and lending (34%) a needle have also declined. Although more than a third of IDU in 2004 reported sharing injecting equipment, the rate reported in 2004 is the lowest recorded in the five years that the IDRS has been conducted in Queensland (see Figures 64 and 65).

Figure 64: Proportion of IDU reporting sharing injecting equipment in the month preceding interview, 2000 - 2004



Source: IDRS IDU interviews

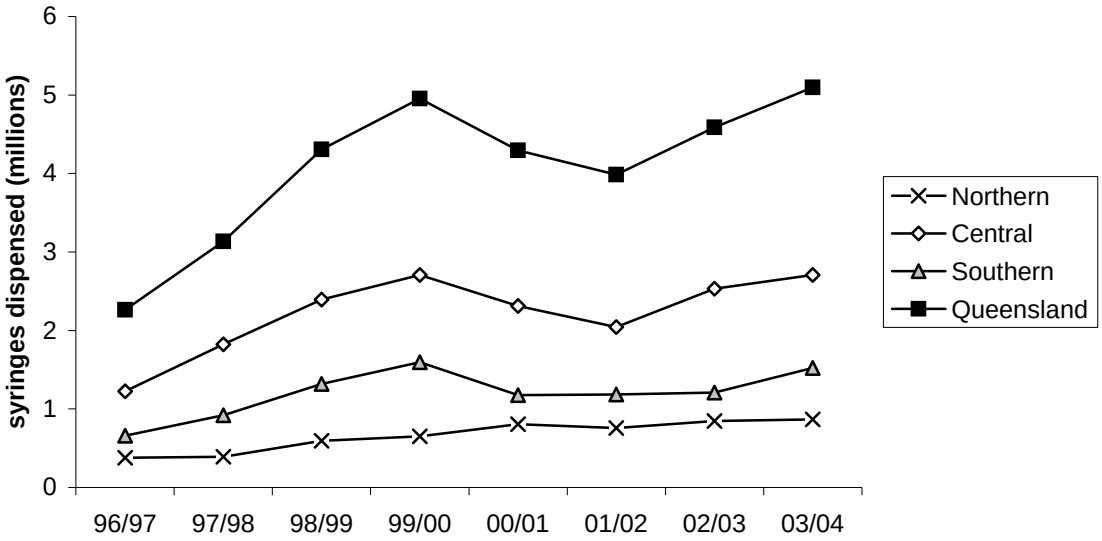
Figure 65: Proportion of IDU reporting sharing other injecting equipment by type, 2000 - 2004



Source: IDRS IDU interviews

Figure 66 shows the number of syringes dispensed to NSPs by Queensland Health from 1996/97 to 2003/04, by region and for the State as a whole. The figure shows an increase in syringes dispensed in 1999/00, followed by a decline in the following two years, however these data reflect the number of syringes dispensed rather than used by IDU, and according to QLD Health the NSP program in Queensland has in fact grown in a relatively linear fashion since 1996/97 (personal communication, QLD Health, Dec. 2004).

Figure 66: Number of syringes dispensed in Queensland, 1996/97 – 2003/04

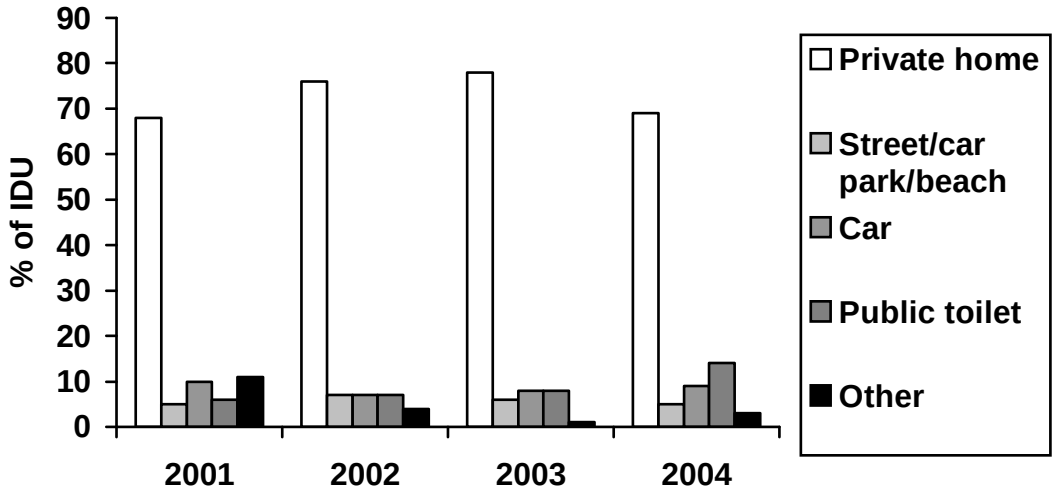


Source: IDRS IDU interviews

10.4 Location of injections

As in previous years, the majority of IDU in 2004 reported usually injecting in a private home (69%), however small proportions of IDU reported usually injecting on a street, car park or beach (5%), in a car (9%), in a public toilet (14%) or in some other location (3%) (see Figure 67).

Figure 67: Usual location for injection in the month preceding interview, 2001 – 2004



Source: IDRS IDU interviews

Similarly, when asked where they last injected, the majority of IDU in 2004 reported a private home (62%), with small proportions nominating a street, car park or beach (6%), car (12%), public toilet (16%) or other location (4%).

10.5 Injection-related health problems

Self-reported rates of injection-related health problems among IDU changed relatively little from 2003 to 2004. In 2004 almost half of IDU (48%) reported scarring or bruising relating to injecting in the last month, while 40% reported difficulty injecting, 16% reported experiencing a 'dirty hit', 11% reported abscesses or infections, 8% reported thrombosis and 3% reported an overdose. Overall, the average number of injection-related problems reported by IDU changed little from 2003 to 2004, however IDU on average reported more problems related to injecting in 2000, 2001 and 2002 (see Table 37).

Table 37: Proportion of IDU reporting injection related problems in the last month, by problem type, 2000 - 2004

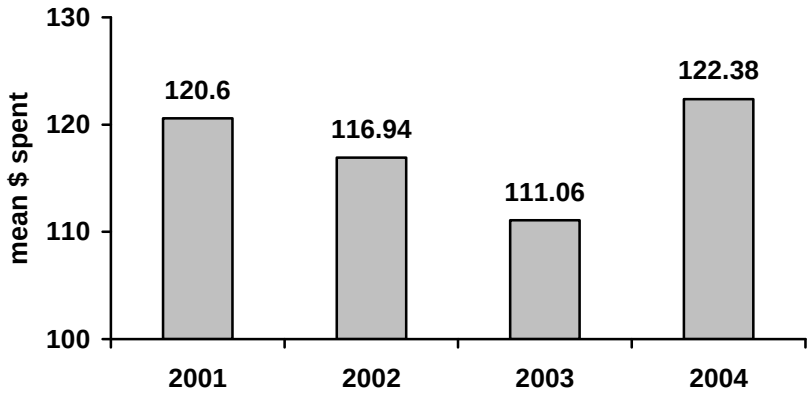
	2000	2001	2002	2003	2004
Overdose	8	7	6	7	3
Dirty hit	28	18	18	19	16
Abscesses/infections	14	10	14	16	11
Scarring/bruising	56	45	51	37	48
Difficulty injecting	36	32	43	35	40
Thrombosis	8	10	11	7	8
TOTAL (mean)	1.50	1.43	1.46	1.22	1.26

Source: IDRS IDU interviews

10.6 Expenditure on illicit drugs

Figure 68 shows the mean expenditure on drugs on the day before interview, among IDU who reported purchasing drugs on this day. Among the 58% of IDU who reported purchasing drugs the day before interview, the average amount spent was $122. This figure is slightly higher than that reported in 2003 (*M* = $111). Given that almost three quarters (72%) of the IDU sample in 2004 reported being unemployed, this represents a considerable financial outlay on illicit drugs.

Figure 68: Mean amount of money spent by IDU on illicit drugs on day before interview, 2001 - 2004

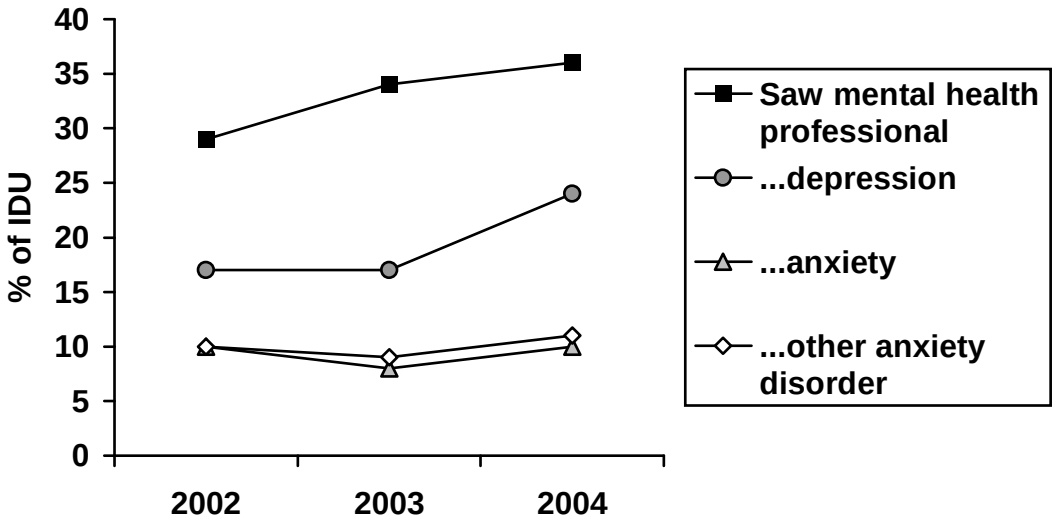


Source: IDRS IDU interviews
NOTE: comparable data are not available for 2000

10.7 Mental health problems

Over a third of IDU in 2004 (36%) reported having seen a mental health professional in the last six months, for a problem other than drug dependence. The mental health problems for which IDU most often sought help were depression (24%), generalised anxiety (10%), and other anxiety disorders such as panic attacks, paranoia and phobias (11%). The proportion of IDU reporting seeing a mental health professional recently has increased slightly from 2002 (29%) and 2003 (34%), driven largely by an increase in the proportion seeing a mental health professional for depression (17% in both 2002 and 2003) (Figure 69). This increase is consistent with the observed increase in licit use of antidepressants among IDU in 2004 (see Section 8.4), however it is inconsistent with the reports of some key experts, who reported an increase in anxiety-related problems associated with methamphetamine use. It may be that while there has been an increase in anxiety-related problems associated with methamphetamine use, some proportion of IDU are either not seeking assistance for these anxiety-related problems, or are unable to obtain appropriate assistance from a health professional.

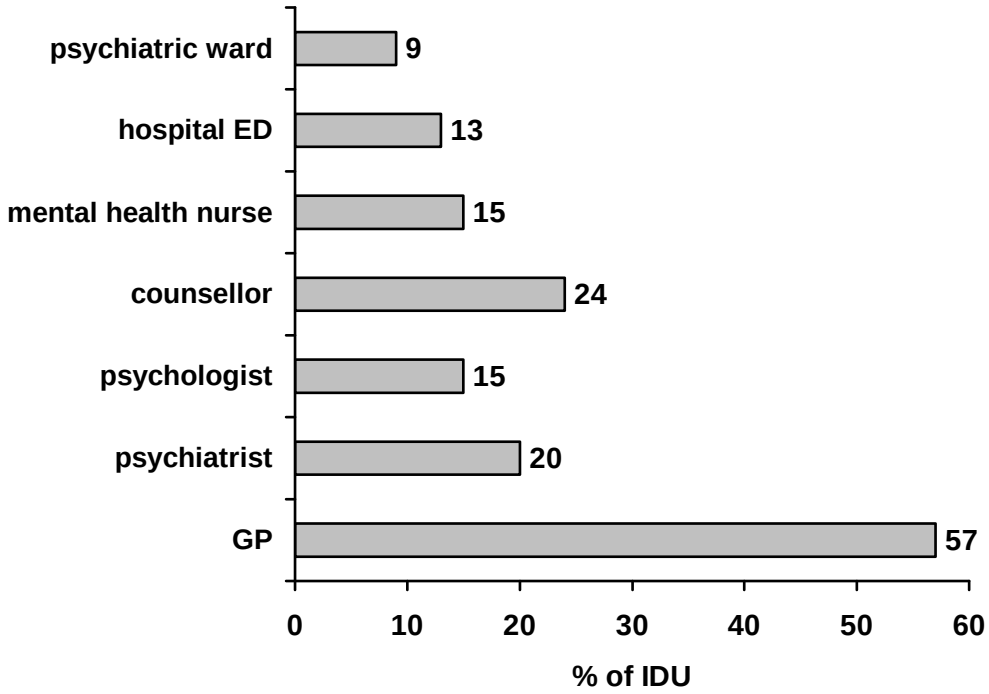
Figure 69: Proportion of IDU who saw a mental health professional in the last six months, for a problem other than drug dependence, 2002 - 2004



Source: IDRS IDU interviews
NOTE: 'Other anxiety disorders' include panic, paranoia, OCD and drug-induced psychosis.

Among those who reported seeing a mental health professional recently, the majority reported seeing a General Practitioner (57%). IDU also reported seeing a counsellor, psychiatrist, psychologist or a mental health nurse, or attending a hospital emergency department or psychiatric ward, in relation to their mental health problems (see Figure 70). It is significant that a substantial proportion of IDU reported seeing either a GP or attending a hospital ED for their mental health problems. Clearly, primary health care providers have an important role to play in screening for mental health problems in this group.

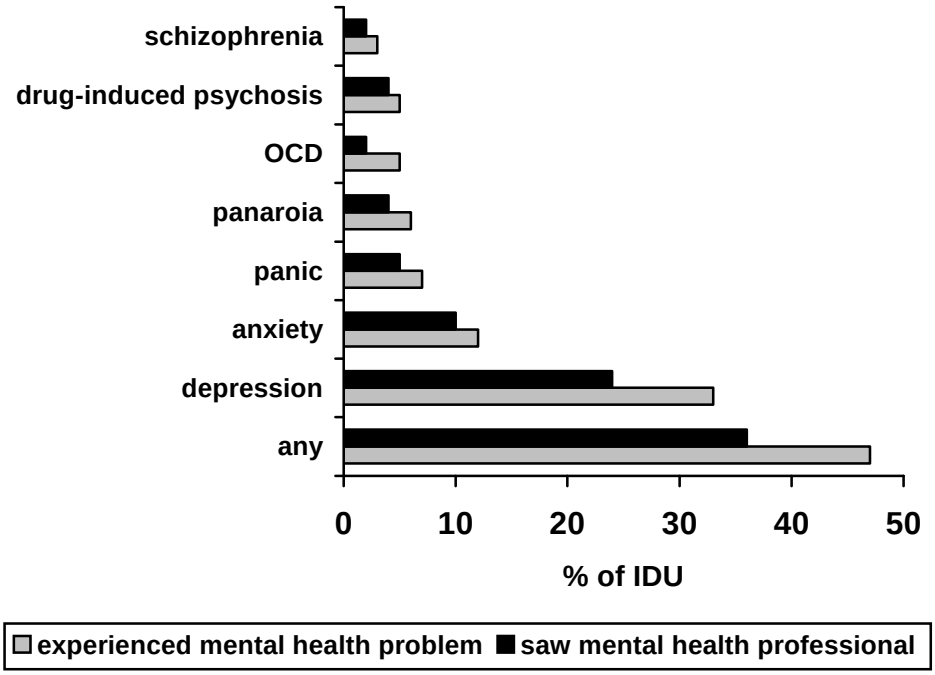
Figure 70: Types of mental health professional seen by IDU in the last six months, 2004



Source: IDRS IDU interviews
NOTE: Valid percentages (proportion of those who had seen any mental health professional) shown

In addition to asking about attending a mental health professional for a mental health problem, for the first time in 2004 IDU were also asked whether they had experienced each of a range of mental health problems in the last six months, irrespective of whether they sought help from a mental health professional. The proportion of IDU reporting experiencing and seeking help for each of a range of mental health problems in the last six months is shown below in Figure 72. While almost one in two IDU (47%) reported experiencing a mental health problem other than drug dependence in the last six months, only 36% reported seeing a mental health professional in this time. One third of IDU reported experiencing depression in the last six months, however only 24% reported seeing a mental health professional about depression in this time (see Figure 71).

Figure 71: Proportion of IDU who experienced and who saw a mental health professional for a mental health problem, 2004



Source: IDRS IDU interviews

While a number of key experts commented on mental health problems related to methamphetamine use, others stated that the most significant mental health problem experienced by IDU was depression. Among KE in the health sector, a number commented on an increasing incidence of dual diagnosis among IDU, while one key expert described depression as "endemic" among IDU.

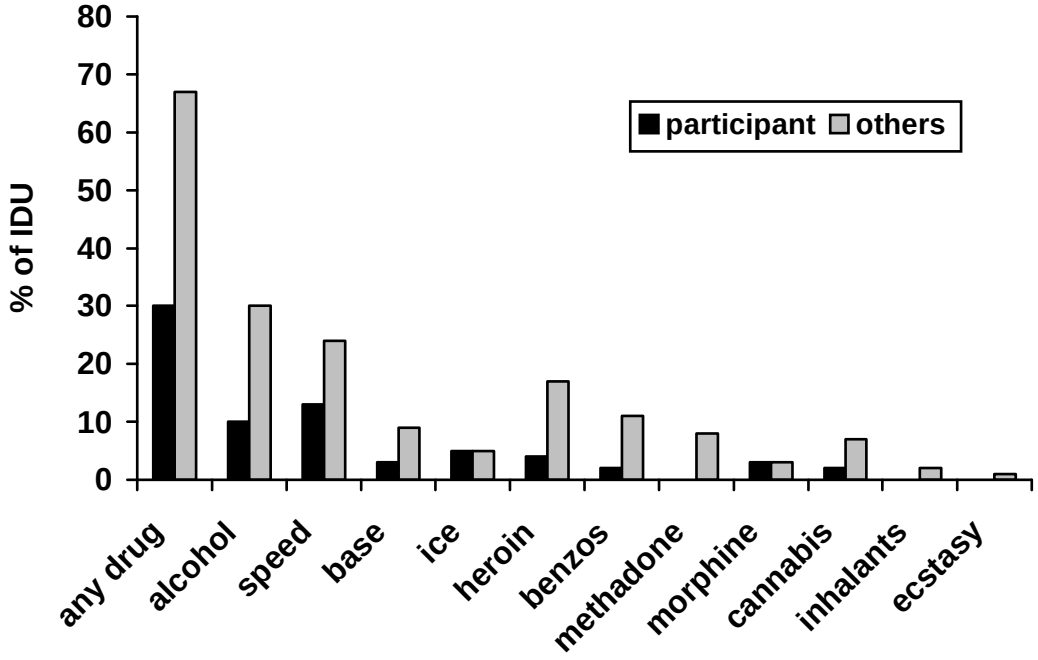
10.8 Substance related aggression

IDU in 2004 were asked whether they had become verbally aggressive following use of alcohol or any other drug, in the last six months, and whether they had witnessed someone else become aggressive after substance use, in the last six months. Almost one third of IDU (30%) reported becoming verbally aggressive after substance use, and approximately two thirds (67%) reported seeing someone else become aggressive after substance use recently (see Figure 72).

The substances most frequently associated with self-reported verbal aggression were alcohol (10%), methamphetamine powder (13%) and methamphetamine crystal (5%). The substances most frequently associated with reports of verbal aggression by others were alcohol (30%), methamphetamine powder (24%) and heroin (17%).

Consistent with this, key experts in both the health and the law enforcement sector commented on the association between aggression and methamphetamine – particularly ice. Law enforcement KE commented on the incidence of violent behaviour associated with methamphetamine use, while those from the health sector observed that methamphetamine use was also associated with sexual violence, and with aggressive and violent behaviour within the context of a relationship.

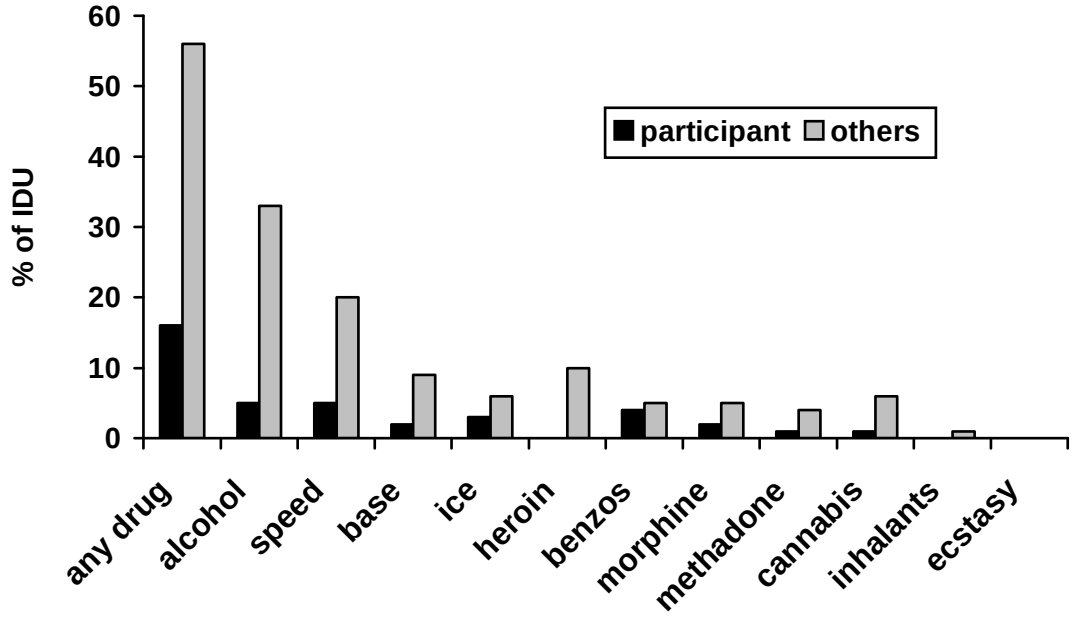
Figure 72: Proportion of IDU reporting themselves or others becoming verbally aggressive after substance use in last six months, by drug type, 2004



Source: IDRS IDU interviews
NOTE: Drugs which no IDU associated with aggression have been excluded from this figure.

IDU were also asked about physical aggression related to substance use in the last six months (Figure 73). Sixteen percent of IDU reported becoming physically aggressive following substance use, in the last six months, however of particular concern, over half (56%) reported witnessing someone else become physically aggressive following substance use recently. The substances most commonly associated with self-reported physical aggression were alcohol (5%), methamphetamine powder (5%) and, somewhat surprisingly, benzodiazepines (4%). The substances most commonly associated with physical aggression in others were alcohol (33%), methamphetamine powder (20%) and heroin (10%).

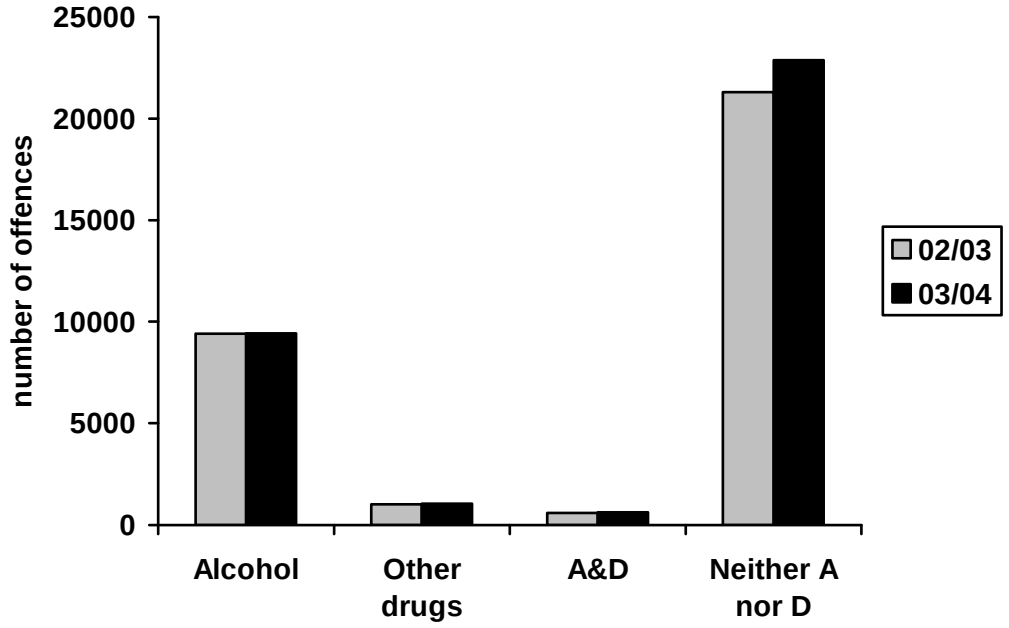
Figure 73: Proportion of IDU reporting themselves or others becoming physically aggressive after substance use in last six months, by drug type, 2004



Source: IDRS IDU interviews

QPS records the number of offences in each financial year in which the offender is believed to be under the influence of alcohol, other drugs, or both alcohol and other drugs. In 2003/04 QPS recorded 9,423 offences against the person associated with alcohol, and 1,054 offences against the person associated with other drugs. A further 617 recorded offences against the person were associated with both alcohol and other drugs. For the purposes of comparison, a further 22,868 offences against the person recorded in Queensland during 2003/04 were not associated with either alcohol or other drugs. These offence rates have not changed substantially from 2002/03 (see Figure 74).

Figure 74: Number of offences against the person related to alcohol, other drugs, alcohol and other drugs, and neither alcohol nor drugs, QLD, 2002/03 - 2003/04



Source: Queensland Police Service

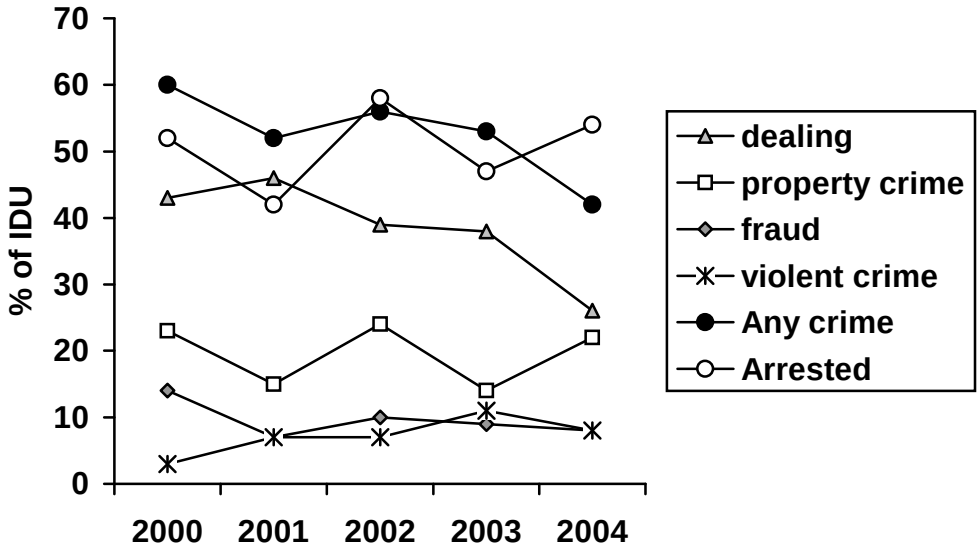
10.9 Criminal and police activity

Forty-two percent of IDU in 2004 reported engaging in some form of criminal activity in the last month, and over half (54%) reported having been arrested in the last 12 months. As in previous years, the most common type of crime reported by IDU was drug dealing (26%), with smaller proportions reporting engaging in property crime (22%), fraud (8%) and violent crime (8%) in the last month.

Overall, the proportion of IDU reporting criminal activity in the last month declined from 53% in 2003 to 42% in 2004, which is considerably lower than the rate reported in 2000 (60%). By contrast, the proportion of IDU reporting having been arrested in the last 12 months in 2004 (54%) was higher than in 2003 (47%). The reported rate of arrest has fluctuated over the past five years in a pattern similar to that reported for property crime (see Figure 75). Perhaps significantly, this pattern is also very similar to that observed for the prevalence of heroin use among IDU over this time (see Section 3.4). Consistent with the overall decrease in rates of last month criminal activity, the reported rate of drug dealing among IDU in the last month declined considerably from 43% in 2000 to 26% in 2004.

Despite an increase in reported rates of property crime among IDU, the overall rate of property crime in Queensland seems to have declined in the last year. During the 2002/03 financial year QPS recorded 279,967 property offences throughout the State. In 2003/04, this figure dropped by about 5% to 265,472 offences (personal communication QPS, Jan. 2005).

Figure 75: Proportion of IDU reporting engagement in criminal activity in last month by offence type, and proportion of IDU arrested last 12 months, 2000 - 2004



Source: IDRS IDU interviews

Consistent with increased reports of arrest, IDU in 2004 (56%) were more likely than in 2003 (50%) to report a recent increase in police activity. Similarly, fewer IDU in 2004 (30%) than in 2003 (39%) described police activity as stable (see Table 38). The proportion of IDU stating that police activity had made it harder to obtain drugs recently also increased from 2003 (17%) to 2004 (27%), suggesting that the increase in arrest reported by IDU may represent increased operational activity by police, either as well as or instead of increased criminal activity among IDU. The impact of law enforcement activity on perceived drug availability may also explain the reported decrease in drug dealing activity among IDU in 2004, with fewer IDU willing to risk arrest for dealing drugs.

Key experts from the health sector also reported increased police activity around drug use, although this information was usually obtained indirectly, via IDU. In particular, KE reported an increase in the use of undercover/plainclothes police officers in identified drug use and nightclub precincts, and a perceived increase in the number of arrests of drug users and low-level dealers. According to key experts from the health sector, there has been no increase in the targeting of higher-level distributors.

Table 38: Perceptions of police activity as reported by IDU, 2003 – 2004

	2003	2004
Police activity in last 6 months (%)		
More activity	50	56
Stable	39	30
Less activity	1	1
Don't know	10	13
More difficult to obtain drugs recently (%)		
Yes	17	27
No	82	71
Don't know	1	2

Source: IDRS IDU interviews

Table 39 shows the number of consumer and provider arrests made in Queensland during 2003/04, by drug type. Consistent with 2002/03, in 2003/04 about 84% of arrests were of drug consumers, and almost three quarters of arrests (73%) were in relation to cannabis. The proportion of arrests in relation to amphetamine-type stimulants has risen slightly from 9% in 2002/03 to 10% in 2003/04, however because the ATS class includes amphetamine, methamphetamine and MDMA, the significance of this increase is unclear. Overall, the number of drug consumer and provider arrests in Queensland has risen by 13%, from 26,808 in 2002/03 to 30,197 in 2003/04.

Table 39: Consumer and provider arrests by drug type in Queensland, 2003/04

	Consumer	Provider	Total	% of arrests
Cannabis	19370	2695	22065	73%
Amphetamine-type stimulants	2333	667	3000	10%
Heroin and other opioids	269	98	367	1%
Cocaine	21	14	35	<1%
Hallucinogens	22	9	31	<1%
Steroids	45	9	54	<1%
Other/unknown	3444	1201	4645	15%
All drugs	25504	4693	30197	100%
% of arrests	84%	16%	100%	

Source: ACC

10.10 Summary of Associated Harms

- The number of **substance-related hospital treatment episodes for opioids declined** substantially between 1999/00 and 2002/03, however the number of episodes for amphetamines, cocaine and cannabis has been quite stable. Consistently, the number of treatment episodes related to alcohol has been greater than that for the other four drug classes combined.
- The number of prescription and non-prescription **drug overdoses attended by QAS has increased** linearly since at least July 2000.
- The number of Hepatitis B notifications has been quite low and stable since the mid 1990's, with 50 notifications in 2004. The **number of Hepatitis C notifications has decreased** from a high of 3,153 in 2000 to 2,598 in 2004.
- Reported **rates of sharing any injection equipment have declined** by almost 30% since 2000. Since 2002, rates of borrowing (39%) and lending (53%) of syringes have declined markedly. The total number of syringes dispensed in QLD has risen by 125% since 1996/97.
- The majority of IDU continue to **inject mainly in a private home**, although in 2004 almost a third reported usually injecting in another location.
- The incidence of injection-related health problems declined from 2002 to 2003, and was stable in 2004. The most commonly reported problems are scarring/bruising and difficulty injecting.
- The majority of IDU reported spending money on drugs the day before interview. The average **amount spent increased on drugs yesterday increased** from 2003 to 2004.
- The **incidence of mental health problems among IDU, particularly depression, has increased**. In 2004 47% of IDU reported experiencing a mental health problem, although only 36% reported seeing a mental health professional, usually a GP.
- Many IDU reported engaging in or observing substance-related verbal and physical aggression. The substances most commonly associated with aggression were alcohol, methamphetamine and heroin.
- The majority of IDU in 2004 reported having been arrested in the last 12 months, and almost half reported engaging in criminal activity in the last month. Drug dealing and property crime were the most commonly reported crimes. Self-reported **rates of drug dealing have declined** by 40% since 2000. Self-reported **rates of property crime have fluctuated** over the last five years, in a pattern consistent with that for heroin use.
- The total number of drug consumer and provider arrests in Queensland increased by 13% from 2002/03 to 2003/04.

11 DISCUSSION

The 2004 Queensland IDRS identified a number of new trends, and confirmed that other trends, identified in previous years, continued into 2004. With each passing year the IDRS dataset becomes more valuable, as it is increasingly able to document both short-term trends and longer-term changes in illicit drug markets. Interpretation of these changes is complicated by the ageing sample of IDU accessed for the IDRS survey, but is facilitated by consideration of indicator data and information provided by key experts. In 2004 the IDRS identified a continuing trend towards polydrug use, which may be due to the ageing IDU sample, but which may also, as some key experts have advised, reflect increased polydrug dealing, and ever weaker boundaries between groups of illicit drug users.

11.1 Heroin

The heroin shortage in 2001 had a significant impact on the heroin market in Queensland and elsewhere, and the effects of this shortage were still evident in 2004. Nevertheless, in 2004 there was evidence of decreased price, increased purity and increased availability of heroin. The prevalence of use among IDU also increased. Surprisingly, however, the average frequency of heroin use among IDU continued to decline: While more IDU were using and injecting heroin in 2004, they are doing so less frequently. This reduced frequency cannot be attributed to increased time in treatment; this did not change between 2003 and 2004. Instead, it appears that while more IDU are able to use and access heroin, many are also using a range of alternative opiates, particularly morphine, methadone and buprenorphine. The reasons for this increased diversion and injection of pharmaceutical opiate preparations are likely to be complex, however price, purity and availability are likely to be factors. Although heroin was more available, cheaper and purer in 2004 than in 2003, these indicators of the heroin market have not yet returned to pre-shortage levels. Given the high rate of overdose among heroin users prior to the shortage, these market indicators should be closely monitored in coming years.

11.2 Methamphetamine

The IDRS monitors trends in three forms of methamphetamine: powder, base and ice. While the former two are mostly locally produced, often in small 'box labs', crystal methamphetamine or 'ice' is mostly imported. Patterns of use and trends associated with powder and base differ substantially from those for ice.

According to IDU, the price and availability of powder and base methamphetamine changed little from 2003 to 2004. By contrast, the reported price of ice increased and availability decreased. Seizure data, which do not distinguish among forms of methamphetamine, suggested a drop in the purity of methamphetamine, however this may simply reflect a shift in the 'mix' of methamphetamine seizures, with fewer seizures of high-purity ice. In interpreting changes in the methamphetamine market, it is therefore crucial to make a distinction at least between ice and other forms of the drug. In 2004, changes in the methamphetamine market in Queensland were driven entirely by changes in the market for ice.

The heroin and methamphetamine markets in Queensland have traditionally displayed a reciprocal relationship, with increased use of one drug paralleled by decreased use of the other. This continued to be the case in 2004, with an increase in the prevalence of heroin

use among IDU paralleled by a decrease in the prevalence of methamphetamine (in particular crystal methamphetamine) use. In 2004 however, in the context of increased polydrug use, IDU reported a decrease in the average frequency of use of both drugs. Given the instability in the methamphetamine market, particularly the market for ice, trends in the use of this drug should be closely monitored in coming years.

11.3 Cocaine

Cocaine use has traditionally been rare, sporadic and opportunistic among IDU in Queensland, and this continued to be the case in 2004. Among the small proportion who reported recent use, the frequency of use was very low. The small number of IDU reporting on this drug renders reports of price, purity and availability less reliable, however there was little evidence of change in the cocaine market in 2004. Cocaine continues to be of variable purity, and low and variable availability, and costs between $200 and $300 per gram. Anecdotal reports from users and key experts suggest that there may be a sizeable niche market for cocaine among non-injectors in Queensland, however at present there is little reason to suspect that use of this drug will increase among IDU.

11.4 Cannabis

The cannabis market in Queensland continues to be distinguished by its relative stability over time. Since 2000 there has been relatively little change in the price, purity or availability of cannabis among IDU interviewed as part of the IDRS. Responses from IDU in 2004 indicate that the distinction between hydroponic and bush cannabis is significant, with IDU distinguishing between these forms in terms of price, purity, availability and use.

The reported price of cannabis was stable or decreasing in 2004, and hydro was reported to be substantially more expensive than bush. Similarly, the reported potency of hydro was markedly higher than that for bush, although IDU reported that the potency of both forms had been stable in the last six months. Despite that hydro is more expensive and more potent than bush, it is also considered to be significantly more available than bush cannabis. Key experts and some IDU reported that users were increasingly finding hydro too potent, and were seeking out bush, which has a 'smoother' effect but is harder to obtain.

Consistent with reports that hydro is more readily available than bush, the majority of IDU in 2004 reported that although they had used both hydro and bush, they mostly used hydro. Also consistent with this trend towards supply and use of hydro cannabis, IDU in 2004 were less likely to report that their cannabis originally came from a large-scale cultivator, and were more likely to report that it came from a small-scale producer. According to key experts, however, these small-scale producers are often part of an organised network of hydro producers. The trend towards production of the more potent, hydroponic cannabis may reflect attempts by producers to reduce the likelihood of detection and subsequent crop destruction by law enforcement. Given the increasing reports of mental health problems associated with cannabis use – particularly hydroponic cannabis use – this trend should be closely monitored.

Although the majority of IDU in 2004 reported recent cannabis use, this proportion has declined from 84% in 2000 to 75% in 2004. Simultaneously, the average frequency of use among users has increased, with the median days of use rising from 90 days to 120 days (out of 180) between 2000 and 2004. Given reports of increasing cannabis potency, and increasing awareness of mental health problems among cannabis users, these trends may

indicate an increasing prevalence of problematic cannabis use, among a particular subset of IDU.

11.5 Other opioids

Since 2001 the IDRS has documented increasing use of illicit morphine among IDU. Use and injection of illicit methadone and buprenorphine have also increased. In the context of a sustained heroin shortage, it appears that IDU are increasingly sourcing and injecting a range of alternative opiates. These alternative, pharmaceutical opioid preparations are of consistent purity, and relatively consistent price and availability on the black market. Whereas a quarter gram of heroin costs an average of $120 in south-east Queensland, a 100mg MS Contin® ('grey nurse') costs an average of $40. Moreover, a 100mg morphine tablet will be of consistent purity, and will not contain unexpected additives or pollutants. Apparently, one undesirable consequence of the sustained heroin shortage in Queensland has been a marked increase in the use and injection of other, cheaper and more reliable opiates.

11.6 Benzodiazepines

Following increased restrictions on the availability of 10mg temazepam gel capsules in May 2002, rates of benzodiazepine injection among IDU dropped markedly in 2003. To a lesser extent, use of benzodiazepines in general declined, continuing a trend observed from 2001 to 2002. In 2004 there was a small, further decline in benzodiazepine injection, however the prevalence of non-intravenous benzodiazepine use increased dramatically, from 48% in 2003 to 72% in 2004. As in 2003, in 2004 the vast majority of IDU reported mostly using Valium®. Although over a third of IDU reported recent illicit use of benzodiazepines, two thirds of those who had used recently reported mostly using benzodiazepines that were prescribed to them. Given the large increase in use of benzodiazepines among IDU in 2004, this tends to suggest increasing prescription of benzodiazepines to this group, presumably by general practitioners. The reasons for this increase are unclear, and should be the subject of further study.

11.7 Associated harms

Since the heroin shortage the number of opioid-related hospital treatment episodes in Queensland has declined, presumably reflecting a reduction in both heroin overdose and heroin withdrawal presentations. Overall, however, the number of prescription and non-prescription drug overdoses attended by Queensland Ambulance Service has increased, quite linearly, since at least July 2000. In light of the rapidly changing drug choices and drug-using behaviours of IDU in Queensland, there is clearly scope for more detailed monitoring of overdoses, both among IDU and among non-injectors.

While key experts reported an increase in the incidence and severity of mental health problems among IDU, often associated with binge methamphetamine use, IDU in 2004 reported an increase in the prevalence of depression. Almost one in four reported seeing a mental health professional for depression recently, and one in three reported experiencing depression recently. Most IDU reported seeing a GP for their mental health problems. Given these reports of increasing mental health problems among IDU, it is timely to consider how well equipped primary health care practitioners are to identify and manage mental health problems among this group.

Since at least 2002, self-reported rates of sharing of injection equipment have declined, while the number of syringes dispensed throughout Queensland has continued to

increase. Simultaneously, the incidence of injection-related problems among IDU has decreased, although the majority of IDU still experience some problems, typically scarring/bruising or difficulty injecting. Perhaps most significantly, the number of Hepatitis C notifications in Queensland has dropped by 18% since 2000. There is some evidence that the continued provision of clean syringes, coupled with appropriately targeted harm reduction and safe injecting messages, has had a positive impact on the health of injecting drug users in Queensland.

Self-reported rates of drug dealing among IDU have decreased by 40% since 2000, although about one in four IDU in 2004 reported dealing in the last month. Overall, 42% of IDU reported engaging in criminal activity in the last month, and more than half reported having been arrested in the last twelve months. Throughout Queensland, the number of drug consumer and provider arrests increased by 13% from 2002/03 to 2003/04. Eighty-four percent of these arrests in the last financial year were of consumers, and 73% of arrests were in relation to cannabis.

Self-reported rates of property crime have fluctuated over the last five years, in a pattern similar to that observed for heroin use. Given the acknowledged link between heroin use and property crime, the possibility of a causal link between these two trends should be explored further.

Finally, the majority of IDU in 2004 reported witnessing substance-related verbal and physical aggression in the last six months, and a substantial minority reported engaging in substance-related verbal and physical aggression themselves. Methamphetamine, heroin and in particular alcohol, were the drugs most commonly associated with aggression. Given that alcohol is often consumed in public places and licensed premises, there is scope for intervention to reduce the incidence of alcohol-related aggression. Given that most IDU report using methamphetamine and heroin in a private home, however, effective interventions to reduce aggression associated with these drugs will be considerably more difficult.

12 IMPLICATIONS

Illicit drug markets in Queensland, as in other jurisdictions, continue to fluctuate and to interact. Accordingly, these markets should be monitored on a regular basis, and should not be interpreted in isolation from one another. The 2004 Queensland IDRS documented a number of new trends, and provided further evidence of inter-dependence among illicit drug markets in Queensland. In particular, it seems clear that changes in the availability of heroin are associated with changes in the use of methamphetamine, and changes in the use of other opiates including morphine, methadone and buprenorphine.

To the extent that illicit drug markets are interdependent, supply reduction, demand reduction and harm reduction policies should adopt a holistic view, recognising that targeting the use of one drug may impact on the availability and use of other drugs. In order to minimise drug-related harm, the realities of endemic polydrug use and interdependent illicit drug markets must be recognised. The data presented here further underscore the importance of this recognition.

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