



**Illicit Drug Reporting System  
Queensland Report  
1999**

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- Queensland Ambulance
- Queensland Corrective Services Commission (QCSC)
- Queensland Crime Commission (QCC)
- Queensland Health
- Queensland Police Service (QPS)
- QuIVAA (a Brisbane NSEP)

## **ABBREVIATIONS**

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ADIS	Alcohol and Drug Information Service
AFDL	Australian Forensic Drug Laboratory
ASSAD	Australian School Students' Alcohol and Drugs survey
ATSI	Aboriginal or Torres Strait Islander
CDHAC	Commonwealth Department of Health and Aged Care
IDRS	Illicit Drug Reporting System
IDU	Intravenous drug user
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDS	National Drug Strategy household survey
NESB	Non-English Speaking Background
NSEP	Needle and Syringe Exchange Program
NSP	Needle and Syringe Program
QADREC	Queensland Alcohol and Drug Research and Education Centre
QCC	Queensland Crime Commission
QCSC	Queensland Corrective Services Commission
QNASP	Queensland Needle Availability and Support Program
QPS	Queensland Police Service

## **1.0 INTRODUCTION**

Following successful trials in New South Wales, Victoria and South Australia, the Commonwealth Department of Health and Aged Care (CDHAC) in 1998 commissioned a national trial of the Illicit Drug Reporting System (IDRS). The purpose of the IDRS is to monitor trends in the use of opiates, cocaine, amphetamine and cannabis, with a view to identifying related harms and areas where intervention or further investigation may be necessary. As such, the IDRS needs to be conducted in a timely manner, to be comparable across states, and to be simple and cost-effective. The IDRS does not provide in-depth information about drug use, but rather acts as an early-warning system for emerging drug trends. The IDRS was conducted in Queensland for the first time in 1999.

This report is a summary and integration of the IDRS information collected in the greater Brisbane area from August to October 1999, using a methodology standardised across states. Data were collected from two sources:

- (a) key informants working in the drug and alcohol field, and
- (b) existing contemporary data from various local, state and federal agencies.

The reader is referred to the national IDRS report (McKetin et al., in preparation) which provides a comparison of trends across Australian states.

## **1.1 STUDY AIMS**

The aim of the Queensland IDRS was to identify emerging trends in illicit drug use, with a view to informing health, outreach, law enforcement and research workers of issues that may require further investigation or attention.



## 2.0 METHOD

Data came from two complementary sources: a survey of key informants (professionals working in the drug field), and an analysis of data from a variety of published and unpublished sources.

### 2.1 KEY INFORMANT STUDY

Forty-five key informants working in the drug field were interviewed between August and October 1999. Criteria by which informants were selected for participation in the study were:

- (a) contact at least weekly with illicit drug users, and
- (b) contact with ten or more illicit drug users in the past 6 months.

Nineteen key informants were identified by members of the steering committee, with the remainder recommended by other key informants. The sample included 19 drug treatment workers, 5 methadone workers, 5 general health workers, 5 outreach workers, 3 NSEP workers, 2 ambulance officers, 2 youth workers, 2 police officers, 1 researcher, and the director of a methadone clinic. Just over half of the sample (N=24) was male. Over 75% of participants reported seeing at least 50 different users in the past six months, and participants reported having contact with users on an average of 114 days over the past six months (i.e., 4-5 days a week). Thus although the sample consisted of only 45 key informants, they were reporting on a combined sample of potentially 3,000 or more illicit drug users.

Interviews took 20-60 minutes to complete and for convenience most interviews were completed over the phone. Key informants were asked to nominate and report on use of one illicit drug only. Eighteen participants reported on heroin, twenty on amphetamine, six on cannabis and one on cocaine. Most key informants also made comments about other illicit drugs.

The interview was a structured instrument including sections on drug use patterns, health issues, criminal and police activity, and drug availability. Notes were taken during the interview and transcribed in full afterwards. Quantitative data were analysed using SPSS for Windows, Release 9.0.

*A caveat:* Survey data of the kind presented in this report are inevitably to some extent biased and anecdotal, and trends reported by only a few key informants are of unknown reliability. Thus while the major trends reported herein are probably reliable, other trends have been highlighted *as targets for further investigation*, rather than as issues to be addressed by policy or intervention at this stage.

## 2.2 OTHER INDICATORS

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

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

Using these criteria the researchers identified the following data sources:

- drug purity estimates based on seizures analysed by the AFDL, courtesy of the ABCI
- drug price estimates based on covert police purchases, courtesy of the ABCI
- statewide rates of opioid related fatalities provided by the ABS
- toxicology findings from drug-related deaths, courtesy of Queensland Health
- phone advisory data provided by ADIS Queensland and Drug Arm Queensland
- prevalence of illicit drug use among school children, from the ASSAD survey
- needle exchange and client statistics from QuIVAA (a Brisbane NSEP)
- drug-related offence data from the QPS and ABCI
- prevalence of illicit drug use from the NDS Household Survey
- prevalence of illicit drug use among incarcerated offenders, courtesy of the QCSC
- patterns of injecting drug use based on the Australian NSP Survey, from the NCHECR on behalf of the Collaboration of Australian Needle and Syringe Programs
- prevalence of heroin-related overdose, provided by Queensland Ambulance
- statewide needle distribution statistics from QNASP, Queensland Health

### 3.0 SUMMARY OF DRUG TRENDS

Based on the key informant survey and additional data sources a number of drug trends were identified. Information on the price, purity, availability and use of the four main illicit drugs monitored by the IDRS is presented in Table 3.1, followed by a brief summary of the major trends identified.

**Table 3.1 Price, purity, availability and use of heroin, amphetamine, cocaine and cannabis**

	Heroin	Amphetamine	Cocaine	Cannabis
Price				
Cap	\$40	\$50-60 (point)		\$25 (gram)
Gram	\$300-600	\$50-120 (powder) \$180-400 (base)	\$220	\$400 (ounce)
Change	Stable/decreased	Decreased	Fluctuating	No change
Purity <sup>a</sup>	59%	23%	42%	High <sup>b</sup>
Change	Increased	Increased	Increased	Increased <sup>b</sup>
Availability	Very easy	Very easy	Moderately easy <sup>c</sup>	Very easy
Change	Easier	Easier	Easier <sup>c</sup>	Easier
Use	Increased	Increased	Increased <sup>c</sup>	Increased

Note: reported changes in purity and price are over a number of years

<sup>a</sup> based solely on seizures analysed by the AFDL, averaged over 1998/99 financial year

<sup>b</sup> based on key informant estimates

<sup>c</sup> based on report of only 1 key informant

#### HEROIN

The price, purity and availability of heroin appear to be relatively stable. There was some evidence of a small drop in the price of a cap, coupled with a fluctuating but overall increasing purity level. Heroin is reportedly very easy to obtain, and there were reports of more heroin users, younger heroin users, more female heroin users and a wider range of people using heroin. Also of note were reports of more amphetamine use among heroin users, more Hepatitis C among heroin users, and more overdoses among heroin users.

#### AMPHETAMINE

Trends in amphetamine use were tied to a recent shift from use of powder (“street speed”), usually sold in grams, to the more potent methamphetamine base, sold in 0.1 gram ‘points’. Tied to this shift was a trend towards more injection of amphetamine, more Hepatitis C, more needle risk-taking behaviour and poorer vein care among IDU. Amphetamine appears to be relatively cheap, with the price stable or perhaps decreasing slightly; the purity of amphetamine is increasing and is higher in Queensland than in any other state (McKetin, 1999). Amphetamine appears to be very easy to obtain and getting easier, with more dealers, more users, more young users, and more amphetamine users seeking treatment. With the increase in IV use of amphetamine there has been a concomitant shift towards more heroin use among amphetamine users, and more polydrug use generally. There also appears to be an increasing amount of drug-induced psychosis among amphetamine users.

## COCAINE

Reports suggest increased availability of cocaine in Queensland, coupled with more regular use, more IV use and a larger number of users overall. Despite this trend, most cocaine users still use only sporadically, and in most cases intranasally. The purity of cocaine appears to be increasing, while the price is fluctuating but presently (during the latter half of 1999) declining.

## CANNABIS

Cannabis remains the come-down drug of choice for many heroin and amphetamine users. The price is stable and availability remains high, as does the purity. Hydroponically grown cannabis is more common and more people, particularly young people, appear to be smoking cannabis. Despite a continuing trend for cannabis not to be seen as an illicit drug, there are reports of an increasing amount of psychosis and other mental illness associated with cannabis use, and reports of more IV use of heroin and amphetamine among cannabis users.

## OTHER DRUGS

Polydrug use remains quite high among methadone clients, while IDU may be losing interest in methadone maintenance programs. Illicit use of benzodiazepines is still very common among IDU; both licit and illicit antidepressant use are common and increasing, particularly among amphetamine users. There appears to be a renewed interest in ecstasy (MDMA), apparently prompted by more stable purity and reduced price. Drug 'cocktails' are becoming increasingly common.

**Table 3.2 Trends in other drug use**

- High but stable proportion of IDU using benzodiazepines
- Increased antidepressant use among amphetamine users
- High and stable level of polydrug use among methadone clients
- Reduced interest in methadone maintenance among heroin users
- Ecstasy more available and cheaper
- Ecstasy purity fluctuating
- More ecstasy use
- More drug 'cocktails'

## DRUG-RELATED ISSUES

Of note were an increase in the occurrence of drug-induced psychosis, more polydrug use and an increase in overdose among heroin users. With a shift towards injection of amphetamine there were reports of more Hepatitis C among IDU, and more injection-related problems. Key informant reports also suggest that more users are dealing to support their habit, and that the increase in psychosis is resulting in more aggression and more violent crime. On a more positive note key informants believed that police officers are more informed about drug use issues generally, and in particular are more sensitive to the needs of users.

**Table 3.3 Trends in drug-related issues**

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"><li>• Increase in opioid-related overdoses</li><li>• Increase in drug-induced psychosis</li><li>• Increase in prevalence of Hepatitis C</li><li>• Increase in injection-related problems, particularly among amphetamine users</li><li>• More polydrug use</li><li>• More users dealing to support their habit</li><li>• More property crime and violent crime</li><li>• Police more educated and sensitive to users' needs</li></ul> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### RESEARCH IMPLICATIONS

Findings of the 1999 Queensland IDRS suggest the following areas for further investigation.

1. Research into harms associated with amphetamine use, and identification of methods to reduce these harms
2. Exploration of the characteristics of polydrug users
3. Identification of factors influencing the decision to inject amphetamine
4. Continued research into ways of bridging the gap between knowledge of safe injecting practices and actual safe injecting behaviour
5. Investigation of pathways from cannabis use to injecting drug use
6. Identification of the antecedents of co-dependent heroin and amphetamine use
7. Clarification of the form and purity of methamphetamine 'base' being sold and used by amphetamine IDU in Queensland

Note that some of these issues have already received some research attention.

## 4.0 CURRENT DRUG SCENE AND RECENT TRENDS

### 4.1 HEROIN

Patterns of heroin use were identified based on information from 18 key informants: 6 general health workers, 5 methadone workers, 3 drug treatment workers, an outreach worker, a police officer, a researcher and the director of a methadone clinic. In addition, comments on heroin use made by key informants reporting on other drugs were noted. Although many key informants reported on users throughout the greater Brisbane area, most were particularly familiar with users from one or two specific areas: the inner city (N=12), southern suburbs (N=11) or northern suburbs (N=2). All key informants reported primarily on caucasian heroin users from an English-speaking background, however nearly all key informants had contact with some ATSI (average=5.4%, range 0-30%) or NESB (average=6.5%, range 0-29%) users.

#### 4.1.1 PRICE

Key informants reported that the price of heroin ranged from \$20 to \$60 for a cap, with the average price around \$40. The reported cost of a half gram ranged from \$250-350, with a gram reportedly costing \$300-600. Key informants also reported heroin sales in other amounts from a quarter gram (\$120-200) to an ounce (\$6,000).

The majority of key informants reported that the price of heroin has either decreased (N=6) or stayed the same (N=5). Only three key informants suggested that heroin has increased in price.

While incomplete, ABCI seizure data suggest a relatively stable pattern in street price until the end of the January-March 1999 quarter, then a sudden increase in price in the April-June quarter (see Table 4.1). Data for the July-September quarter is not yet available, however key informant reports suggest that the price of heroin is returning to more 'normal' levels. This fluctuation in the price of heroin during the April-June quarter may explain why some key informants reported a decrease in price while others reported no change. The ABCI reported that covert purchases of heroin made during the 1998/99 financial year cost \$50 for a cap, \$220-\$250 for half a weight, \$400-800 a weight, and between \$5,000 and \$11,000 for an ounce. Overall there appears to have been little change in the street price of heroin over the last 12-18 months.

**Table 4.1 Queensland heroin prices (\$), January 1998 to September 1999**

	Jan-Mar 1998	Apr-Jun 1998	Jul-Sep 1998	Oct-Dec 1998	Jan-Mar 1999	Apr-Jun 1999	KI report Sep 1999
Cap (0.1-0.3g)	50	--	--	50	50	--	40
1/2 weight (0.4-0.6g)	--	250	--	220	220	--	250-350 <sup>a</sup>
1 weight (0.6-0.8g)	400-550	400-500	--	450	450	800	300-600 <sup>a</sup>
1 ounce (28g)	11 000	--	--	5 000-5 700	5 000-5 700	--	6 000

Note: prices January 1998 - June 1999 based on ABCI-reported covert purchases

<sup>a</sup> most key informants were unsure whether users were purchasing weights or full grams

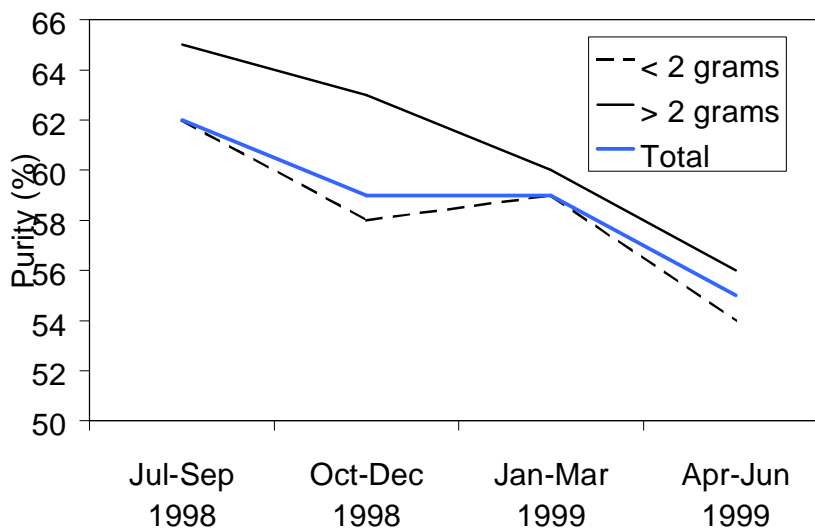
#### 4.1.2 AVAILABILITY

All 17 key informants who reported on heroin availability indicated that it was either easy (N=4) or very easy (N=13) to obtain, and 16 respondents suggested that it was as easy (N=9) or easier (N=7) to obtain than it was six months ago.

Twelve key informants commented on changes relating to heroin dealing. Reports indicated an increase in the number of young dealers, in the number of users becoming dealers, and particularly in the number of Vietnamese/south-east Asian dealers (N=5). The latter claim is supported by intelligence provided by the QCC (QCC & QPS, 1999).

#### 4.1.3 PURITY

Key informant reports suggested that heroin is of medium to high purity, however there was little consensus on whether purity has changed in the last 6 months. Eight key informants reported that purity has increased, five that it has remained stable, two that it has decreased, and one that the purity has fluctuated over the last six months. One key informant reported that a batch of particularly pure heroin was available at the beginning of 1999, however this was not reflected in the purity of police seizures during this period. In fact state and federal police data during the 1998/99 financial year suggest a decrease in heroin purity (see Figure 4.1) over this period, and an average purity across all heroin seizures of 59%. This compares with an average of 48% in 1996/97, and 49% in 1997/98. Given that key informants were reporting on changes in heroin purity from April to September 1999, the possibility of an increase over this period cannot be discounted, however overall heroin purity appears to have declined during 1998/99, despite the overall pattern of increasing purity since 1996.



**Figure 4.1** Average purity of heroin seizures in Queensland by state and federal police, 1998/99 financial year

#### 4.1.4 USE

##### *Prevalence of heroin use among different populations*

The Queensland Corrective Services Commission (QCSC) gathers data on self-reported drug use prior to incarceration, surveying all inmates upon admission. Data from one major men's correctional centre and one major women's correctional centre in the Brisbane area from March 1998 to October 1999 indicate that 19% of males and 31% of females used opiates, more than three quarters at least weekly and well over half (66% of male users, 78% of female users) daily.

A figure more representative of the general population comes from the NDS Household Survey, which found that in 1998 0.7% of males and 0.6% of females aged 14-44 had used heroin in the last 12 months. Another estimate of the prevalence of heroin use comes from the 1996 Australian School Students' Alcohol and Drugs (ASSAD) national survey (Stanton, Walker, Ballard & Lowe, 1997), which found that among 3,634 students in grades 7-12 of ninety-two Queensland schools an average of about 3% had ever tried heroin, almost 2% within the last 12 months.

##### *Current patterns of heroin use*

Key informant reports suggested that powder is the form of heroin most commonly used, and that injection is by far the preferred route of administration. Ten key informants indicated that a small proportion (0.5-5%) of users, mostly from a Vietnamese/south-east Asian background, exclusively smoke heroin ("chasing the dragon"). Key informants also reported that the majority of heroin users use daily, typically injecting a cap 2-3 times a day at a cost of \$100-200.

Polydrug use was reported to be very common among heroin users, with the majority also using tobacco, alcohol, cannabis, benzodiazepines, methadone and/or amphetamine. A number of key informants volunteered that heroin users use "whatever they could get their hands on" if heroin is not available. Three key informants also indicated that heroin users on Naltrexone use amphetamine to "get a buzz" which Naltrexone prevents them from getting from heroin, and eleven key informants from the heroin and amphetamine groups commented on the increasing number of users with both heroin and amphetamine addictions.

##### *Trends in heroin use*

Key informants reported contact with more young heroin users (16-17 years and younger), and that users are seeking treatment at a younger age. Six heroin key informants reported that overall more people are using heroin, and four reported that more people are seeking treatment for heroin addiction. In particular, it was reported that more people are seeking detoxification or Naltrexone treatment, and that users are becoming increasingly disenchanted with methadone maintenance. A number of key informants reported changes in the type of people using heroin, including a shift towards more female heroin users, more gay male users, and a wider range of people using generally.

Despite this apparent trend towards more heroin use, records from Drug Arm Queensland and the Queensland Alcohol and Drug Information Service (ADIS) show no increase in the number of phone calls for heroin-related telephone counselling over the past year (see section 5.2). Over a longer time span a trend away from heroin use is apparent in the Australian NSP Survey, which



shows that heroin was the last drug injected among 49% of IDU in 1995, 52% in 1996, 46% in 1997, and only 42% in 1998. Furthermore, ABS data from Queensland reveal that from 1995 to 1997 the number of opioid related overdose deaths per million population aged 15-44 fell from 27.7 to 16.7, indicating if not reduced heroin use, then at least safer use over this period.

The above data suggest reduced heroin use in Queensland, however data from the NDS Household Survey suggest that heroin use increased from 1995 to 1998. Whereas 0.3% of the Queensland population reported using heroin during the last 12 months in 1995, this figure had doubled to 0.6% in 1998. This apparent anomaly is explained by a considerable increase in injecting drug use generally over the same period, with five times as many Queenslanders having injected any drug in the last 12 months in 1998 as in 1995 (up from 0.2% to 1.0%). Taken together these data suggest a trend towards more injecting drug use generally, with a larger number but smaller proportion of IDU injecting heroin.

Four heroin key informants also reported an increase in speed use among heroin users, a trend confirmed by the reports of many amphetamine key informants. According to one key informant, this trend is primarily due to the number of amphetamine users becoming addicted to heroin, rather than the converse. Three key informants also reported more heroin smoking, a trend attributed to increased purity which makes smoking a more viable option, and to an increase in the number of Vietnamese heroin users. An increase in heroin smoking by more affluent users and by young Asian males has also been noted by the Queensland Crime Commission (QCC & QPS, 1999).

#### 4.1.5 SUMMARY OF HEROIN TRENDS

Table 4.2 presents a summary of trends in heroin price, purity, availability and use over the last six to twelve months. Heroin appears to be readily available in Brisbane and as cheap or cheaper than it was in 1998. The purity appears to have decreased over the past year, despite a general trend towards increased purity in Queensland. Heroin use seems to have increased, especially among younger individuals, and more heroin users are reportedly injecting amphetamine.

**Table 4.2 Estimated trends in the price, availability, purity and use of heroin**

<b>Price</b>	
<b>Cap</b>	\$40; stable to decreasing
<b>Gram</b>	\$300-600; fluctuating
<b>Availability</b>	Very easy; stable
<b>Purity</b>	59% (police seizures); decreasing (short term); increasing (long term)
<b>Use</b>	Increase in the number of heroin users Increase in the number of young heroin users Increase in the number of heroin users seeking treatment Increased amphetamine injection by heroin users

## 4.2 AMPHETAMINE

Almost half of the key informant sample (N=20) elected to report on amphetamine use. Those reporting on amphetamine included 12 drug treatment workers, 4 outreach workers, 2 needle exchange workers, 1 youth worker and 1 police officer. Most key informants reported on amphetamine use throughout the greater Brisbane area, and all based their reports on contact with primarily caucasian Australian users. Although key informants worked with mostly heterosexual amphetamine users, four respondents reported working with a predominantly gay or bisexual population.

### 4.2.1 PRICE

Twelve key informants reported on amphetamine price, with a number commenting on the transition from powder, which is typically sold in gram and half gram amounts, to the more pure methamphetamine base, usually sold in 'points' (0.1 of a gram<sup>1</sup>). This transition was also noted recently by police intelligence sources (QCC & QPS, 1999). Key informants reported that a point of speed costs from \$30 to \$100 depending on quality, with the price typically around \$50-60. A gram of base reportedly costs between \$180 and \$400, with a gram of powder between \$50 and \$120. Two key informants reported that a quarter ounce of powder amphetamine costs \$300, that an eight-ball ( $\frac{1}{8}$  ounce) costs \$150, and that an ounce of powder costs \$1200.

Key informants did not agree on whether the price of amphetamine had changed, with seven reporting a decrease, seven reporting no change, and one reporting an increase in price over the last six months. ABCI figures from covert purchases from January 1998 to March 1999 indicate no significant change in price, with the cost of a 'deal' (approx. 1 gram) constant at \$80-100. However in the April-June 1999 quarter the cost of a gram was reported at \$80-400, or an average of \$270 (see Table 4.3). This apparent price increase can be explained by the recent shift from powder to base, and from gram to 'point' terminology. One key informant indicated that a point of good quality base is equivalent to a gram of powder, and has the same effect. Given this, price comparisons based purely on weight will clearly be misleading. Overall, there is little evidence of a drop in the price of amphetamine over the last six months, except to say that a 'deal' (now a 'point') now reportedly costs \$50-60, whereas ABCI figures suggest a figure of \$80 or more six months ago.

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<sup>1</sup> There are in fact approximately 16.7 points in a gram (QCC & QPS, 1999).

**Table 4.3 Queensland amphetamine prices (\$), April 1998 to September 1999**

	Jan-Mar 1998	April-June 1998	July-Sep 1998	Oct-Dec 1998	Jan-March 1999	April-June 1999	KI report Sep 1999
1 deal	80-100	80-100		80-100	80-100	*80-400	*50-120 <sup>a</sup> 50-60 <sup>b</sup> *180-400 <sup>c</sup>
1 Ounce (28g) 1-2% pure 66% pure	4 500	850 5 000		5 000	5 000		1200

Note: prices January 1998 - June 1999 based on ABCI reports of covert purchases

\* prices for a gram rather than a 'deal'

<sup>a</sup> gram of powder; <sup>b</sup> point of base; <sup>c</sup> gram of base

#### 4.2.2 AVAILABILITY

The vast majority of key informants reported that amphetamine is very easy to obtain. Three key informants commented that amphetamine is currently easier to obtain than cannabis. Moreover, 15 key informants indicated that amphetamine has become more readily available in the last 6 months.

Five key informants reported that more people are dealing amphetamine, and that many users are becoming small-time dealers in order to support their habit. One key informant also indicated that there are more young (15-17 year old) dealers than there were six months ago. Two key informants maintained that the amphetamine market in Queensland is becoming increasingly "decentralised", with the distinction between 'user' and 'dealer' becoming increasingly blurred.

#### 4.2.3 PURITY

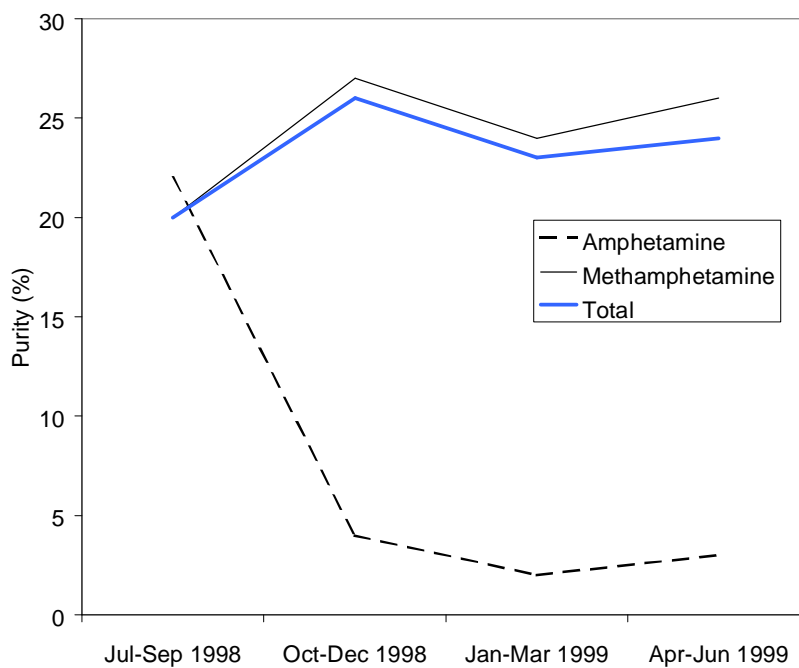
Of the 17 key informants who reported on amphetamine purity, 16 rated it as high. Ten amphetamine key informants and 8 heroin key informants also indicated that amphetamine purity has increased in the past 6 months. One key informant suggested that this increase is due to the growing number of 'cooks' in the Brisbane area, resulting in fewer intermediaries between dealer and user. Another key informant claimed that skilled amphetamine 'cooks' are being forced into full-time production by biekie gangs, who allegedly control the amphetamine market in Queensland<sup>2</sup>. The most likely explanation for this trend is, however, that amphetamine powder is being replaced by the more potent methamphetamine base, a trend reported by nine key informants.

Based on analysis of state and federal police amphetamine and methamphetamine seizures during the 1998/99 financial year, it appears that purity has been relatively low (23%) and stable throughout the year. The majority of seizures analysed (N=1453) were of methamphetamine, which fluctuated little in purity (see Figure 4.2). By contrast, amphetamine purity (based on analysis of only 50 seizures) plummeted from 22% in the July-September quarter to only 3% in the April-June quarter. Overall, the purity of small amphetamine seizures (2%) was substantially

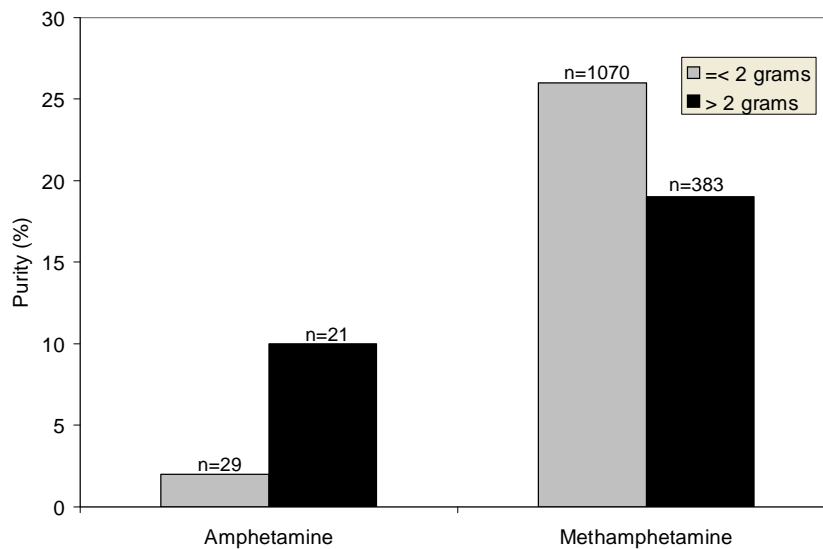
<sup>2</sup> Police intelligence suggests that while biekie gangs are heavily involved in the *distribution* of amphetamine, they by no means control the market (QCC & QPS, 1999).

lower than that of large seizures (10%), however the reverse was true for methamphetamine: Small seizures were on average considerably more pure than large seizures (26% vs 19%, see Figure 4.3).

Seizure data from previous years suggest that overall the purity of amphetamine is increasing in Queensland. The average purity of seizures analysed by the AFDL was 10% in 1996/97, 13% in 1997/98, and 23% in 1998/99. Given these figures, key informant reports of high and increasing amphetamine purity are not unreasonable.



**Figure 4.2** Average purity of analysed amphetamine and methamphetamine seizures in Queensland by state and federal police, 1998/99 financial year



**Figure 4.3** Average purity of analysed amphetamine and methamphetamine seizures in Queensland across the 1998/99 financial year, by size of seizure

Note: Numbers appearing on top of bars indicate the number of seizures analysed. This *does not* represent the total number of seizures made, as not all seizures are analysed.

#### 4.2.4 USE

##### *Prevalence of amphetamine use among different populations*

Records of self-reported stimulant use from one major men's and one major women's correctional centre in Brisbane from March 1998 to October 1999 suggest that approximately 22% of males and 26% of females used some form of stimulant prior to incarceration, almost three quarters (65% of male users and 72% of female users) at least weekly and about 50% (47% of male users and 52% of female users) daily. Although amphetamine was not necessarily the stimulant used, data from other sources (e.g., NDS Household Survey) suggest that amphetamine is by far the most popular illicit stimulant.

QCSC data also suggest an increase in amphetamine use over this period. In March 1998 17% of male inmates reported using stimulants, compared to 28% in October 1999. The comparable figures for female inmates are 20% in March 1998 and 29% in October 1999.

Looking at a group more representative of the general population, the 1996 ASSAD survey found that about 5% of Queensland school students in grades 7-12 had ever used amphetamine, and that 3.8% had used in the last 12 months.

##### *Current patterns of amphetamine use*

Key informant reports suggest a number of different patterns of amphetamine use, ranging from sporadic use at dance parties and raves to heavy daily use and bingeing. One consistent report was that injection is the most common route of administration, with 15 key informants reporting that at least 90% of amphetamine users inject exclusively. Also consistent was the report that

most amphetamine use is of methamphetamine base, with both powder “street speed” and “crystal meth” being rare.

According to key informants the most typical pattern of amphetamine use involves injecting base once or twice in a day (1-2 points per hit), two or three times a week, including an all-weekend binge. However some other distinct patterns were noted. Key informants also referred to a group of recreational users who use mostly at dance parties and raves, only once or twice a month. Although two key informants suggested that oral use is more common in this group, most considered IV use to be the standard route of administration even among these 'less serious' users. At the opposite end of the spectrum, key informants described a group of users who use 6-7 days a week, injecting as much as seven points at a time or as many as 10 times a day. One key informant suggested that as many as 30-40% of users may fit into this 'heavy user' category. Finally, five key informants reported an amphetamine 'cycle' in which progressively longer binges using progressively larger amounts of the drug (again up to seven points in a hit) are followed by a 'crash' (frequently involving a psychotic episode), a period of recovery when use is minimal or non-existent, then a return to progressively longer and heavier binges.

Polydrug use is reportedly common among amphetamine users, with many using alcohol and ecstasy with speed, and using heroin, other opiates, benzodiazepines, antidepressants, cannabis or alcohol to come down. A small number of users reportedly use cocaine with speed, and a small minority use heroin and speed interchangeably. Use of other illicit drugs such as ketamine ("Special K") and GHB is reportedly minimal, although somewhat higher among gay men. One key informant who worked with gay men reported that these users are starting to drink alcohol with speed in order to "even out" -- a response to the increasing purity of the drug.

#### *Trends in amphetamine use*

Two trends reported emphatically by the majority of key informants were an increase in IV use, and an increase in the availability and use of methamphetamine base. A number of key informants explained the former trend as being a consequence of the latter, pointing out that base is painful to snort and is in a form conducive to injecting (i.e., oil or moist crystals). Two key informants suggested that this move to base is an intentional 'marketing strategy' designed to encourage users to inject, and as a consequence to move from recreational to more heavy use. Despite this claim only four key informants reported an increase in the frequency of amphetamine use among current users, and one reported less frequent use.

Another trend noted by key informants was the increased use of heroin by amphetamine users. More than three quarters of amphetamine key informants reported that 5-20% of amphetamine users inject heroin on a regular basis, either to come down or as a substitute when amphetamine is not available. Three key informants made mention of a potent dark, apricot-coloured speed and heroin combination known as speedball, which reportedly costs about \$200 a gram<sup>3</sup>. One key informant noted that some users are now referring to heroin as 'slow', as it is seen as the counterpart to speed or 'go'. Furthermore, there appears to be a trend towards more polydrug use generally, with key informants also mentioning increased use of cocaine, antidepressants, PMA

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<sup>3</sup> Reports regarding 'speedball' are conflicting. Some users describe speedball as a heroin and cocaine combination, others as a heroin and amphetamine combination. It may be that the former is true in NSW where cocaine is more common, while the latter is the case in Queensland.

and alcohol among amphetamine users. Four key informants made specific mention of an increase in polydrug use, and three mentioned other new premixed drug "cocktails" on the market, notably including a purported speed and oestrogen combination being marketed as an aphrodisiac.

A trend towards increased amphetamine use in Queensland is evident in the Australian NSP Survey. In 1995 37% of IDU reported that speed was the last drug injected, whereas in 1998 46% reported injecting speed most recently. Furthermore, the NDS Household Survey found that while in 1995 0.8% of Queenslanders over the age of 14 had used amphetamine in the last 12 months, this figure had risen to 3.1% in 1998.

#### 4.2.5 SUMMARY OF AMPHETAMINE TRENDS

A summary of trends in amphetamine use over the last six to twelve months is presented in Table 4.4. Amphetamine appears to be readily available and cheaper than it was in 1998. Police seizure data suggest that amphetamine purity was relatively stable during 1998/99, however key informants are reporting increased purity, a trend attributed to the increased availability of methamphetamine base. More amphetamine users are injecting than in 1998, and more are also injecting heroin.

**Table 4.4 Estimated trends in the price, availability, purity and use of amphetamine**

<b>Price</b>	
<b>Gram Point</b>	\$50-\$120 (powder), \$180-\$400 (base); decreased \$50-60; decreased
<b>Availability</b>	Very easy; increased
<b>Purity</b>	23.4% (police seizures); stable (short term); increasing (long term)
<b>Use</b>	Increased injection of amphetamine Increased availability and use of methamphetamine base Increased heroin use among amphetamine users

### 4.3 COCAINE

Trends in cocaine use were based largely on collaborative data sources, with only one key informant (an inner-city needle exchange worker) reporting primarily on cocaine use. Comments made by other key informants were also noted.

#### 4.3.1 PRICE

The ABCI reported that between January 1998 and June 1999 covert purchases of cocaine cost from \$120 to \$250 per gram, and from as little as \$1,200 for a half ounce (14g) to \$6,000 for 10g: less than half an ounce. There was no apparent trend in cocaine price during this period. The sporadic price drops observed over the last 18 months may reflect an attempt on the part of distributors to create a broader market for cocaine in Queensland (QCC & QPS, 1999).

Four key informants (three reporting on amphetamine) reported a decrease in cocaine price over the last six months, with one reporting that a gram now costs \$220, and a half gram \$120 (see Table 4.5). The same key informant claimed that cocaine had dropped in price by \$80 over the last six months, a trend also endorsed by one amphetamine key informant.

**Table 4.5 Queensland cocaine prices (\$), April 1998 to September 1999**

	Jan-Mar 1998	April-June 1998	July-Sep 1998	Oct-Dec 1998	Jan-March 1999	April-June 1999	KI report Sep 1999
1 gram	130-200	120	--	180-250	120	200	220
1 ounce (28g)	5 000	1 200 (½ oz)	--	4 500 - 6 000	6 000 (10g)	--	120 (½g)

Note: prices January 1998 - June 1999 based on ABCI reports of covert purchases

#### 4.3.2 AVAILABILITY

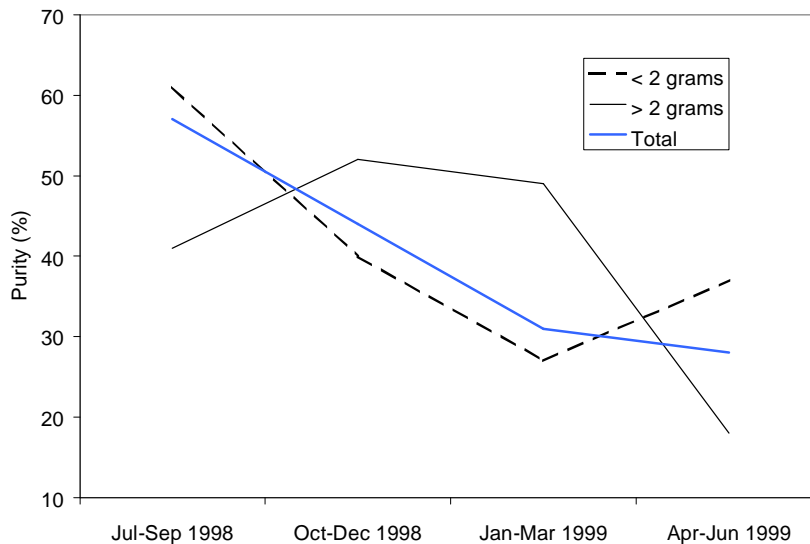
The cocaine key informant considered cocaine to be easy to obtain and getting easier, a trend confirmed by five key informants reporting on other drugs. According to the same key informant more cocaine is being transported up from Sydney, and through Brisbane airport. Police intelligence suggests that Brisbane is currently the second most common entry point for cocaine into Australia, after Sydney (QCC & QPS, 1999). The key informant also suggested that users don't have to be "as well connected" as they used to, in order to get access to cocaine. An increase in both demand and supply of cocaine in Queensland has been observed by Queensland police (QCC & QPS, 1999).

#### 4.3.3 PURITY

According to ABCI data the mean purity of all cocaine seizures analysed in 1997/98 was 42% (range <1-76%), with the average purity decreasing throughout the financial year. However the purity of cocaine appears to have increased from previous years, with an average of 27% in 1996/97 and 35% in 1997/98. Figure 4.4 suggests that the purity of small amounts (≤ 2 grams) may have increased in 1999, however the April-June 1999 data point is based on only 1 seizure and as such is unreliable. Despite the apparent trend to decreased cocaine purity from July 1998



to June 1999, the key informant reported that cocaine has increased in purity, up to a medium level. Across the 1998/99 financial year the AFDL analysed only 54 cocaine seizures, so any apparent trends in purity should be interpreted cautiously.



**Figure 4.4** Average purity of analysed cocaine seizures in Queensland by state and federal police, 1998/99 financial year

#### 4.3.4 USE

##### *Prevalence of cocaine use among different populations*

The 1996 ASSAD survey suggests that cocaine use is surprisingly high among Queensland school children. Among children in grades seven to twelve, 3% reported ever trying cocaine, with 1.9% reporting use in the last 12 months. These figures are roughly the same as for heroin use.

##### *Current patterns of cocaine use*

Current patterns of cocaine use were based largely on reports from only one key informant, with occasional agreement from other key informants. As such, these reports should be treated with caution.

Approximately 30% of cocaine users were reported to be gay, and about half employed; this report is not inconsistent with that of one amphetamine key informant who described the typical cocaine user as “a thirty-something white-collar gay male”. Snorting is reportedly the most common route of administration, particularly among heavy users, as the effect of snorting cocaine lasts for up to 3 hours compared to only 15-30 minutes if injected. According to the key informant, most cocaine users use only once or twice a month, usually at dance parties or raves. A recent increase in cocaine use at dance parties has been noted by police intelligence sources (QCC & QPS, 1999).

The key informant also reported that cocaine is typically used with speed or ecstasy, that nearly all cocaine users smoke tobacco, and that many cocaine users swallow benzodiazepines or smoke cannabis to come down. Two other key informants reported that cocaine is often mixed with speed both to reduce the cost of cocaine use and to shorten the duration of the speed high.

*Trends in cocaine use*

Six key informants reported that more people are using cocaine now than six months ago. One key informant also indicated that while still uncommon, cocaine injection is becoming more common, and that among users cocaine is being used more regularly now than six months ago. Both of these trends mirror changes observed in Sydney during the same period in 1998 (McKetin, Darke & Godycka-Cwirko, 1999).

4.3.5 SUMMARY OF COCAINE TRENDS

A summary of trends in cocaine use over the past six to twelve months is presented in Table 4.6. The price and purity of cocaine appear to have fluctuated over the past 12 months, although purity seems to be increasing overall. Cocaine is reportedly more readily available than it was in 1998, although still less so than heroin, amphetamine or cannabis. More people appear to be using cocaine, and users seem to be using more often, and more often choosing to inject cocaine.

**Table 4.6 Estimated trends in the price, availability, purity and use of cocaine**

<b>Price</b>	
Gram	\$220; fluctuating
Half gram	\$120; fluctuating
<b>Availability</b>	Moderately easy; increased
<b>Purity</b>	42% (police seizures); fluctuating but increasing overall
<b>Use</b>	Increase in the number of cocaine users Increase in the frequency of cocaine use Increased (but minimal) injection of cocaine

## 4.4 CANNABIS

Six key informants provided information on cannabis use: 4 drug treatment workers, 1 youth worker and 1 general health worker. Two of the key informants reported on users in southern suburbs, while the remainder were able to comment on cannabis use throughout Brisbane.

### 4.4.1 PRICE

Only four key informants were able to report on cannabis price, and none could specify the quality of the cannabis being purchased. One key informant, a youth worker, reported that a foil (approximately 1 gram) costs \$5-10, while another reported that a gram bag could cost anywhere from \$20 to \$50. A third key informant indicated that cannabis costs \$25 for a gram bag, and a fourth reported that an ounce (28g) costs about \$400.

There was no agreement among key informants with regard to price changes. Two did not know if the price had changed, two believed it was stable, and two reported a price decrease. One trend reported by two key informants was for dealers to start selling high-quality cannabis very cheaply to young users to get them "hooked", then to raise the price to normal levels. This trend may well explain the \$5-10 gram bags reported by the youth worker key informant. One cannabis user reported to the authors that cannabis head is typically purchased in \$25 bags (1.5-2g), \$50 bags (3-3.5g) and \$320 ounce quantities (28g), and that the price has not changed over the past six months.

An analysis of ABCI figures from covert purchases does not show any clear trends in cannabis price. In the October-December 1998 quarter a gram, half ounce (14g) and pound (454g) of cannabis head cost \$25, \$220 and \$4,000 respectively; in the following quarter the same prices applied to lower-quality leaf. In the April-June 1999 quarter an ounce of head cost \$250-300, suggesting a decrease in price. According to ABCI figures, across the 1998/99 financial year cannabis cost \$25 a gram, \$220-300 per ounce and \$4,000 for a pound.

Overall there was little evidence to suggest any consistent change in cannabis price over the last 12 months, and insufficient information to make firm conclusions about current prices.

### 4.4.2 AVAILABILITY

Key informants reported that cannabis is either easy or very easy to obtain, and three believed that availability has increased. One key informant reported more young people dealing, and another reported that there are fewer 'big dealers' and more users dealing to only a few customers, in order to support their habit. This parallels the trend towards 'decentralisation' seen in the amphetamine market. One key informant made specific mention of increased cannabis availability in schools.

#### 4.4.3 PURITY

Of the four key informants who reported on cannabis purity, three considered the purity to be high and increasing; one considered it medium and stable. Increase in purity was attributed to an increase in the availability of hydroponically grown cannabis, a trend observed by three key informants and supported by police intelligence (QCC & QPS, 1999).

#### 4.4.4 USE

##### *Prevalence of cannabis use among different populations*

QCSC records from March 1998 to October 1999 indicate that about 36% of incarcerated males and 34% of incarcerated females used cannabis, almost 70% at least weekly and over 45% daily, prior to incarceration in one large male and one large female correctional centre. As these figures are based on self-reported drug use, they are likely to be an underestimate.

Results of the 1996 ASSAD survey suggest that cannabis use was also common among Queensland school children in grades 7-12. Averaged across grades, 33% of children reported ever using cannabis, 29% within the last 12 months. Approximately 54% of grade 12 students reported ever using cannabis (48% within the last 12 months), compared to about 10% of grade 7 students (8% within the last 12 months).

##### *Current patterns of cannabis use*

Key informants reported that most cannabis users are in their late teens to late twenties, however users as young as twelve years old were reported. Reports suggested that three quarters of cannabis users are male, and that 80-95% are caucasian Australians. About 40% of users are reportedly school or university students, however two key informants reported only on students. Excluding full-time students, just over half of users are reportedly unemployed, 10-50% have a prison history, and about 30% are receiving treatment for their cannabis use.

Most users reportedly smoke cannabis daily using a bong, although within this group there is considerable variation. While five key informants reported that smoking 2-4 cones two or three times a day is typical, a drug treatment worker who worked with in-patients in a drug treatment facility reported that 20 cones a day is average, with users smoking from 5 to as many as 80 cones a day. Hydroponically grown head is by far the preferred form of cannabis, however 5-10% of cannabis users reportedly smoke hash regularly. One key informant reported that a small number of users inhale resin vapours, and that up to 10% eat hash cookies occasionally.

Alcohol and tobacco are the other drugs most commonly used by cannabis users, with all six key informants suggesting that about three quarters of users drink alcohol to hazardous levels, and four key informants reporting that 80% or more of users smoke tobacco. Key informants also reported that up to 50% of cannabis users have used other illicit substances such as speed, heroin and LSD. Two key informants reported that between 10% and 30% of cannabis users are also regular speed users, with one noting that the minority of these are primary speed users who use cannabis to come down. The youth worker key informant commented that among school students using cannabis, approximately half also sniff solvents, a third release CO<sub>2</sub> cartridges into bong water while smoking, and as many as a third of school students using cannabis mix it with "whatever

they can get their hands on", including antibiotics, diverted stimulants, and speed. While this report is from one key informant only and is not indicative of patterns among all cannabis users, it does draw attention to the extent of polydrug use among younger cannabis users.

*Trends in cannabis use*

Key informants reported more people using cannabis, more young cannabis users, and a shift away from the view that cannabis is an illicit drug. The latter two trends have been corroborated by police intelligence sources (QCC & QPS, 1999). Reflecting the normalisation of cannabis use, key informants also reported a broader demographic range of individuals using cannabis. In addition, one key informant reported that among school children using cannabis, cigarette smoking is becoming less common due to the increasing cost of tobacco, while there is a trend towards increased use of CO<sub>2</sub> cartridges in bong. Among cannabis users generally, increased IV use of amphetamine and (to a lesser degree) heroin was reported.

Findings of the NDS Household Survey also suggest increased cannabis use, with 10.4% of individuals surveyed reporting use in the last 12 months in 1995, compared to 17.7% in 1998. Over the same three-year period, however, there was little evidence of cannabis users getting younger, with the mean age of first use 19.4 years in 1995 and 18.9 years in 1998.

4.4.5 SUMMARY OF CANNABIS TRENDS

A summary of cannabis trends over the last six to twelve months is presented in Table 4.7. While the price of cannabis appears to have fluctuated slightly the purity seems to have increased, a trend attributed to the increased availability and use of hydroponically grown cannabis. Cannabis is readily and increasingly available even to school students, and more young people seem to be using. More people are using cannabis generally, and more cannabis users are experimenting with IV drug use, particularly with injecting amphetamine.

**Table 4.7 Estimated trends in the price, availability, purity and use of cannabis**

<b>Price</b>	
<b>Gram</b>	\$20-25; stable
<b>Ounce</b>	\$300-400; stable
<b>Availability</b>	Easy to very easy; increased
<b>Purity</b>	High; increased <sup>a</sup>
<b>Use</b>	Increased cannabis use Increased use among youth Increased use of hydroponic cannabis Increased (but minimal) IV use of amphetamine, heroin

<sup>a</sup>based on key informant reports

## 4.5 OTHER DRUGS

### 4.5.1 METHADONE

Key informants reporting on heroin suggested a high level of polydrug use among methadone clients. It was reported that while on methadone at least half of all clients use cannabis daily, that 100% smoke tobacco, and that on a less frequent basis 10-30% inject speed, 30-40% inject heroin, about 20% use benzodiazepines. Alcohol use is reportedly very low among methadone clients.

Records from the Queensland Methadone Program suggest that these claims are somewhat inflated. Of 3,271 clients registered as at March 31<sup>st</sup> 1999, 770 (24%) *reported* significant cannabis use, 595 (18%) significant benzodiazepine use, 150 (5%) significant stimulus use and 255 (8%) significant alcohol use, on entry into the program. Furthermore, of 748 urine tests performed from January to March 1999 147 (20%) were unsatisfactory and a further 123 (16%) were unspecified (i.e., results not recorded). While still cause for concern, these figures suggest a more moderate level of polydrug use than is suggested by key informant reports.

Three key informants reported more heroin users presenting for methadone maintenance for the first time, however two key informants reported on users' disenchantment with the program and growing interest in detoxification or Naltrexone, particularly among more experienced heroin users. This trend maybe be partially as a consequence of recent unfavourable media coverage of the methadone program. Queensland Methadone Program data show that from January to March 1999 there were 355 new registrations, 380 re-registrations and 85 transfers into the program; over the same period 748 individuals separated from the program. Almost half (46%) of these individuals simply stopped picking up their methadone, and only 8% separated after completion of the program. Of those who separated over this period, 64% stayed for less than six months.

Surprisingly, only one key informant made mention of use of diverted methadone. Data from the Australian NSP Survey suggest that illicit methadone use is low and reasonably stable in Queensland. In 1998 3% of IDU reported that methadone was the last drug injected, compared to 1% in 1997, 3% in 1996, and 1% in 1995. The 1998 NDS Household Survey found that among IDU in Queensland 1.7% had injected methadone in the last 12 months, and that for 3.5% it was the first drug injected. The same survey found that among the general population (all respondents over 14 years of age) only 0.4% had used methadone in the last 12 months and that 0.7% had ever used diverted methadone.

Thus illicit methadone use appears to be minimal in Queensland, despite considerable potential for methadone diversion. From January to March 1999 clients in the Queensland Methadone Program received an average of 8.36 take-away doses of methadone per month, with the average dose 53.48 mg. Given a client base of 3,271 this represents a total of almost 1.5 kg of take-away methadone per month. In light of the survey data presented above these figures are encouraging, as they suggest that the vast majority of methadone maintenance clients are using rather than selling their dose.

#### 4.5.2 BENZODIAZEPINES

Key informant reports suggest that illicit use of benzodiazepines is very common among drug users. About half of the amphetamine key informants and nearly all heroin key informants reported that users regularly take benzodiazepines (mostly orally) to come down. Even among those who are users of prescribed benzodiazepines, excessive use is reportedly common.

Records from the QCSC between March 1998 and October 1999 suggest that prior to incarceration between 3% and 5% of males were using benzodiazepines illicitly, compared to about 25% of females. About three quarters of those using benzos were using at least weekly, and over 80% were taking them orally.

A more representative figure comes from the NDS Household Survey, which found that in 1998, 6.5% of those surveyed had ever used benzodiazepines, and 2.7% had used in the last 12 months.

#### 4.5.3 ANTIDEPRESSANTS

Key informants also reported significant antidepressant use among IDU. One key informant reported that between 60% and 70% of amphetamine users in counselling are receiving prescribed antidepressants, and that this figure is increasing. Another key informant suggested that 30% of heroin users are being prescribed antidepressants, although the majority also use illicitly.

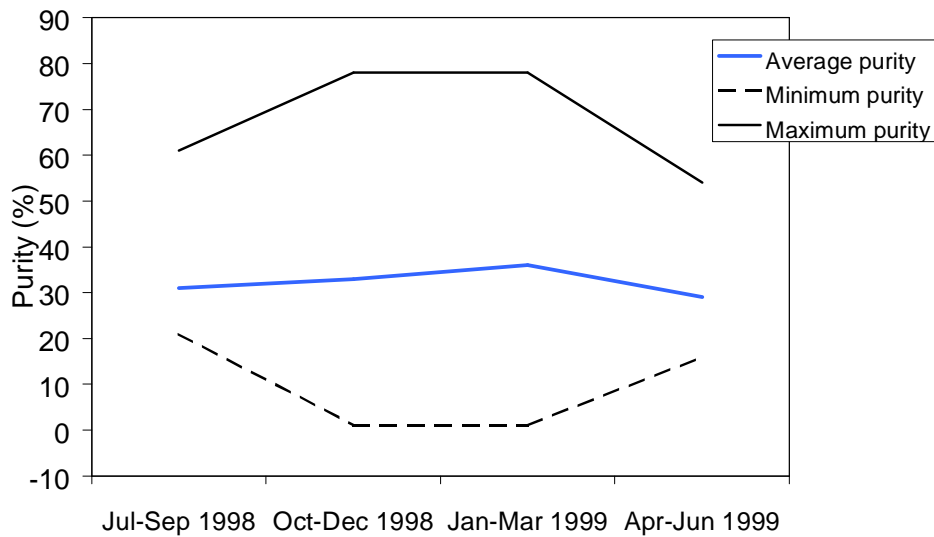
#### 4.5.4 ECSTASY (MDMA)

Key informants reported that ecstasy is used mostly as a 'party drug' and is usually taken orally at raves and dance parties, often with speed and/or cocaine. One key informant indicated that 10% of heroin users swallow an E about once a month. Reports also suggested that ecstasy use is more common among young users and among gay men. Key informants also agreed that following a period of reduced availability and purity of ecstasy earlier in 1999, it is once again becoming more available and cheaper, although the quality still varies widely. Commenting on the increased purity of ecstasy one heroin key informant stated that "there is E in E again". According to the NDS Household Survey, 1.4% of respondents over 14 years of age reported recent use of ecstasy in 1998, compared to only 0.3% in 1995. These most recent key informant reports may reflect a continued trend towards increased ecstasy use.

Ecstasy use may be somewhat higher among school children than in the general population. The 1996 ASSAD survey of school children in grades 7-12 found that in Queensland, 2.6% of school children had ever tried ecstasy, including 1.5% of grade 7 students and 3% of grade 12 students.

According to the ABCI the price of ecstasy has been remarkably stable in Queensland, with one tablet costing \$30-50 throughout the 1997/98 financial year, and \$35-50 throughout the 1998/99 financial year. Analysis of state and federal police seizures of MDMA suggest that the average purity did not fluctuate greatly during the 1998/99 financial year, however between October 1998 and March 1999 some particularly low-purity MDMA was seized (see Figure 4.5). Averaged across the 1998/99 financial year the purity of MDMA seized by police was 33%

(range 1-78%), representing little change from previous years (34% in 1996/97; 31% in 1997/98). Although the average purity of ecstasy has been quite stable, the purity of individual batches has varied considerably (Figure 4.6).



**Figure 4.5** Average, minimum and maximum purity of MDMA seizures in Queensland by state and federal police, 1998/99 financial year

#### 4.5.5 ANABOLIC AND ANDROGENIC STEROIDS

Although steroid use was not mentioned by key informants in the present study, a small-scale survey conducted by QADREC in October-November 1998 (Watt, 1998) identified a number of trends in steroid use in Queensland. Based on reports from 12 key informants it was suggested that the typical steroid user was male, of middle to high socio-economic status, health conscious and body conscious. Two groups of users were identified: an 18-22 year old group and a group in their late 20's to mid 30's. Reports suggested that most steroid users do not perceive themselves as drug users, even if they use other illicit drugs. Key informants commented that steroid use is seasonal (a definite increase in use was noted in the football off-season), and that the typical cycle of use had increased from 8 weeks to 12 or 14 weeks. Steroid users were also reportedly using larger quantities of steroid: from 800mg per day in 1997 to as much as 3000mg per day in 1998.

Trends observed among steroid users included an increase in 'layering' (i.e., injecting vitamin B, Insulin and steroid in succession), more use of human growth hormone, more use of animal steroids, and an increase in polydrug use. One key informant suggested that as many as 30% of steroid users in the Brisbane area also use other drugs (mainly speed), and that steroid using polydrug users can be split into two subgroups: steroid users who have started using speed for extra stamina and motivation, and speed users who have started using steroids to counteract the effects of amphetamine use (e.g., weight loss).



Health issues observed among steroid users included diet related problems (particularly relating to the injection of Insulin), questionable safe injecting practices (e.g., layering drugs using one syringe), health issues surrounding the use of human growth hormone, Gynaecomastia (breast-like tissue in males) and issues associated with intra-muscular injection.

#### 4.5.6 SUMMARY OF OTHER DRUG TRENDS

Table 4.8 provides a summary of trends in other illicit drugs. Reports of illicit methadone use were scarce, and decreased interest in methadone treatment was noted. According to key informants illicit use of benzodiazepines and antidepressants remains high among IDU. Ecstasy is reportedly more available, cheaper and more pure, and is being used in combination with a variety of other party drugs, especially speed. Steroid users are reportedly using larger quantities of the drug and using in longer cycles. Reports suggest that polydrug use is also becoming increasingly common among steroid users.

**Table 4.8 Summary of trends in other illicit drugs**

<b>Methadone</b>	Continued high level of polydrug use while on methadone Decreased interest in methadone maintenance among IDU
<b>Benzodiazepines</b>	Continued high level of illicit use
<b>Antidepressants</b>	Continued high level of use Increased prescription to amphetamine users
<b>Ecstasy</b>	Increased availability Price stable to decreasing Purity fluctuating Increased use Continued use of drug cocktails (especially with speed)
<b>Anabolic steroids*</b>	Increased polydrug use Longer cycle of use Increase in quantity used

\* information collected in October-November 1998

## 5.0 DRUG-RELATED ISSUES

### 5.1 KEY INFORMANT STUDY

#### *Heroin*

The concern most commonly reported by key informants was an increase in overdose among heroin users. Some key informants attributed this to the fluctuating purity of heroin, with occasional batches of high-purity heroin catching regular users off-guard. However several key informants pointed to the increasing number of heroin users being treated with Naltrexone who, due to reduced tolerance, overdose on heroin after they cease treatment. One key informant stated that some heroin users use Naltrexone specifically to reduce their tolerance, in order to make their heroin habit less expensive. Two key informants reported an increase in deaths from overdose among heroin users.

Key informants also commented on an increase in the number of overdoses among younger users, and noted an increase in polydrug overdoses and in overdoses involving more than one person in a group. The latter trend indirectly supports the claim that the purity of heroin is fluctuating.

Another concern noted was the increase in Hepatitis C among heroin users, coupled with conflicting reports about the prevalence of needle risk-taking behaviour. Three key informants also reported continued poor vein care and one noted an increase in psychiatric illness among heroin users. Finally, key informants reported more heroin users (especially younger users) seeking treatment, many for the first time.

#### *Amphetamine*

The vast majority of key informants reported an increase in the rate of amphetamine-induced psychosis. Associated with this trend were reports of more referrals to drug treatment agencies from mental health services, more parents of users seeking treatment for their increasingly aggressive children, and more users reporting serious relationship difficulties. Key informants also reported more users seeking treatment and, partially as a consequence of users seeking treatment earlier in their drug-using career, more young amphetamine users seeking treatment. One key informant suggested that due to the increased purity of amphetamine, users are experiencing more severe amphetamine withdrawal symptoms.

Coupled with an increase in the number of new, young amphetamine users, key informants reported more needle risk-taking behaviour despite increased knowledge of Hepatitis C. Trends towards poorer vein care and more sores and abscesses at the injection site were also reported. One key informant attributed the latter trend to an increase in the number of novice amphetamine 'cooks' using unsanitary equipment, thereby contaminating the drug during manufacture. Finally, one key informant expressed concern over the growing number of young, pregnant women choosing not to inform their doctor of their amphetamine use.

#### *Cocaine*

One key informant noted an increase in the number of cocaine-related dependency problems among regular amphetamine users. The pattern observed in Sydney in 1998 (McKetin et al.,

1998) of frequent cocaine injection and consequent vein problems was not evident in Brisbane, despite an increase in both the frequency of use and of injecting.

### *Cannabis*

As with amphetamine, the vast majority of cannabis key informants reported an increase in psychosis among cannabis users<sup>4</sup>. Also reported was an increase in the incidence of depression and aggression; particularly threats of violence by younger users towards their parents. A number of key informants commented on the growing number of cannabis users experimenting with IV drug use, while at the same time it was observed that among most drug users cannabis was no longer seen as an illicit drug.

Concern was also expressed over the growing incidence of ‘multigenerational cannabis use’ where both a parent and a child are receiving treatment for cannabis use. One key informant observed that more cannabis users are self-referring for drug treatment, while another commented on the lack of “adolescent-friendly” GPs who could help young users with their habit.

### *Crime*

Most key informants reported little change in the frequency or nature of crime among illicit drug users, with property crime still common, especially among heroin and amphetamine users. Nevertheless, four key informants reported an increase in property crime, and seven noted an increase in drug dealing among users, a trend indicative of the ‘decentralisation’ of the industry noted earlier (see sections 4.2.2, 4.4.2).

Of concern was the observation that violent crime is on the increase, especially among amphetamine users, but also among cannabis and heroin users (again, this trend may be related to the reported increase in polydrug use involving amphetamine). Key informants explained that violence during a psychotic episode is common, and that family members or partners are often the target of the user’s aggression. Two key informants reported an increase in sex work among female IDU, and one noted that younger females are engaging in this activity.

### *Intoxicated drivers*

One heroin key informant and one amphetamine key informant noted an increase in the number of users driving under the influence of their chosen drug. This may simply reflect the increased number of heroin and amphetamine users in the Brisbane area.

### *Police activity*

Key informants’ impressions of police activity differed considerably, with an almost equal number reporting that the police were targeting users, and that police were leaving users alone and targeting dealers. One point of consensus among key informants was that the police were having only a minimal deterrent effect on drug use generally. Cannabis users in particular reportedly do not consider the illegality of their behaviour, and as they believe that police are targeting ‘hard drugs’ they do not fear arrest or other legal ramifications.

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<sup>4</sup> This increase may be attributable to the growing number of cannabis users also using amphetamine.

On a more positive note, an encouraging comment made in particular by amphetamine key informants was that police officers seem better educated about drug issues and are more understanding of users' needs. Similarly, heroin key informants noted that police are choosing not to attend overdoses as they are aware that this will deter users from calling for help.

## 5.2 OTHER INDICATORS

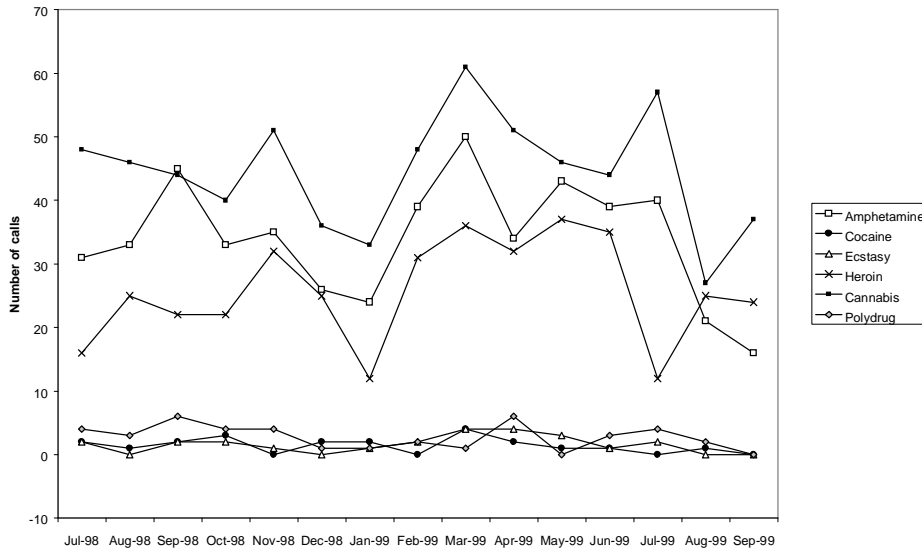
### *Drug enquiries*

The Queensland Alcohol and Drug Information Service (ADIS) collects data on the number and type of phone calls they receive. These figures show no substantial change in the number or nature of drug-related problems encountered by ADIS from November 1998 to October 1999. In the six months from November 1998 to April 1999 ADIS received a total of 14,162 calls, compared to 14,600 from May to October 1999. About 70% of calls were from a metropolitan area. Roughly 20% of callers were 25 years of age or less, 30% were aged 25-34, 23% were aged 35-44, 17% were aged 45-54, and 7% were more than 54 years of age. The drug most commonly discussed was alcohol, followed by cannabis, amphetamine, then opioids. Approximately equal proportions of males and females called in relation to all drugs except cannabis, which was more commonly discussed by male callers (see Table 5.1).

**Table 5.1 Calls made to ADIS (Queensland) by drug type and gender, November 1998 – October 1999**

Drug used	Nov 98 – Apr 99		May 99 – Oct 99	
	Male	Female	Male	Female
Alcohol	(29%)	(28%)	(27%)	(30%)
Cannabis	(23%)	(14%)	(26%)	(14%)
Amphetamine	(18.5%)	(19%)	(20%)	(19%)
Opioids	(16.5%)	(19.5%)	(15%)	(18%)
Other drugs	(13%)	(19.5%)	(12%)	(19%)

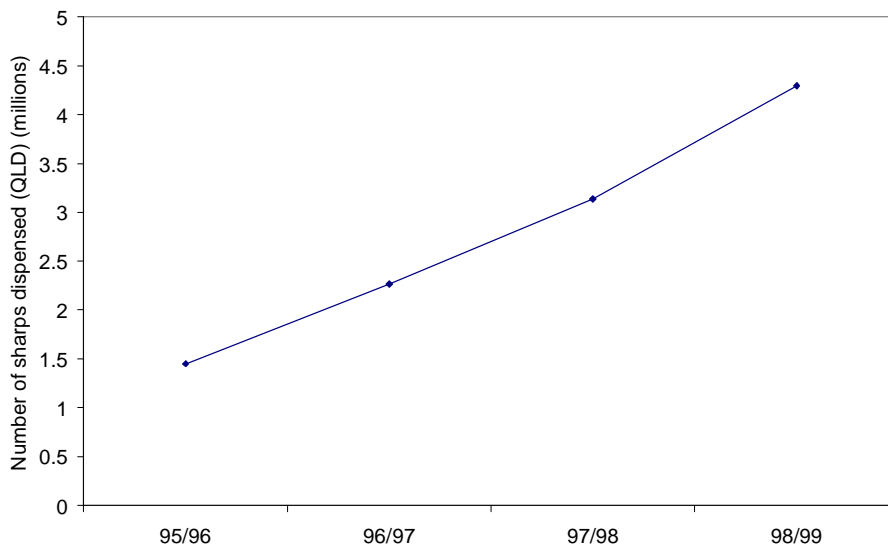
Drug-related phone counselling services in Queensland are also provided by Drug Arm, which received 2,963 phone calls between July 1998 and September 1999. During the 1998/99 financial year cannabis was, not surprisingly, the drug most frequently discussed (N=669), followed by amphetamine (N=509), heroin (N=386), ecstasy (N=24) and cocaine (N=21). This pattern continued through the first quarter of the 1999-2000 financial year (see Figure 5.1).



**Figure 5.1** Number of enquiries to Drug Arm Queensland from June 1998 to September 1999

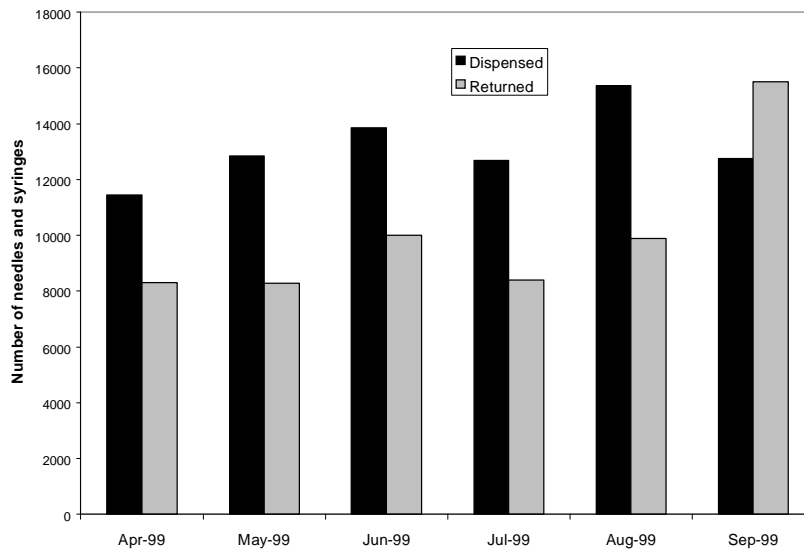
*NSEP data*

Queensland Health keeps a record of the number of needles dispensed from needle exchanges throughout the state, via a program known as QNASP. As Figure 5.2 shows, this number increased steadily and significantly throughout this period from 1,449,384 during the 1995/96 financial year to 4,295,359 in 1998/99 -- an almost three-fold increase over three years. During the first quarter of the 1999-2000 financial year 1,175,942 needles were dispensed, representing just over a quarter (27%) of the 1998/99 total. Thus the increase seen in previous years appears to be levelling off, however this is a function of limited supply, rather than limited demand.



**Figure 5.2** Sharps dispensed throughout Queensland by QNASP, July 1995 to June 1999

More locally, needle and syringe data over the last 6 months from QuIVAA, one of Brisbane's larger inner-city needle exchanges, show little change in needle and syringe dispensation, with 38,166 sharps dispensed in the April-June quarter of 1999 and 40,777 dispensed in the July-September 1999 quarter. Over the same period the number of returns increased considerably, from 26,576 in the April-June quarter to 33,797 in the July-September quarter. This increase was largely due to a focussed effort on the part of QuIVAA staff in the second quarter to conduct 'street sweeps', where discarded sharps are collected and safely disposed of.



**Figure 5.3** Number of needles and syringes dispensed from and returned to Biala NSEP

#### *HIV and HCV*

The National Centre in HIV Epidemiology and Clinical Research (NCHECR) provides an annual review of surveillance data indicative of HIV and HCV rates in the Australian population. Among IDU in Queensland, the report found that HCV rates dropped considerably between 1995 and 1998, with 40% of IDU testing positive in 1995, 33% in 1996, 29% in 1997 and 29% again in 1998. HIV rates among IDU were found to be low and relatively stable: 1.6% in 1995, 1.6% in 1996, 1.9% in 1997 and 1.9% in 1998 (NCHECR, 1999).

On the surface these figures appear to be inconsistent with key informants' reports of increased HCV and needle risk-taking behaviour among IDU (see section 5.1). However the above figures represent the *proportion* of IDU testing positive for HIV or HCV; given the substantial increase in the *number* of IDU in Queensland from 1995 to 1998 (see section 4.1.4, *Trends in Heroin Use*), these declining proportions may still represent a significant increase in the *number* of IDU in Queensland testing positive for HIV or HCV between 1995 and 1998.

### *Overdose*

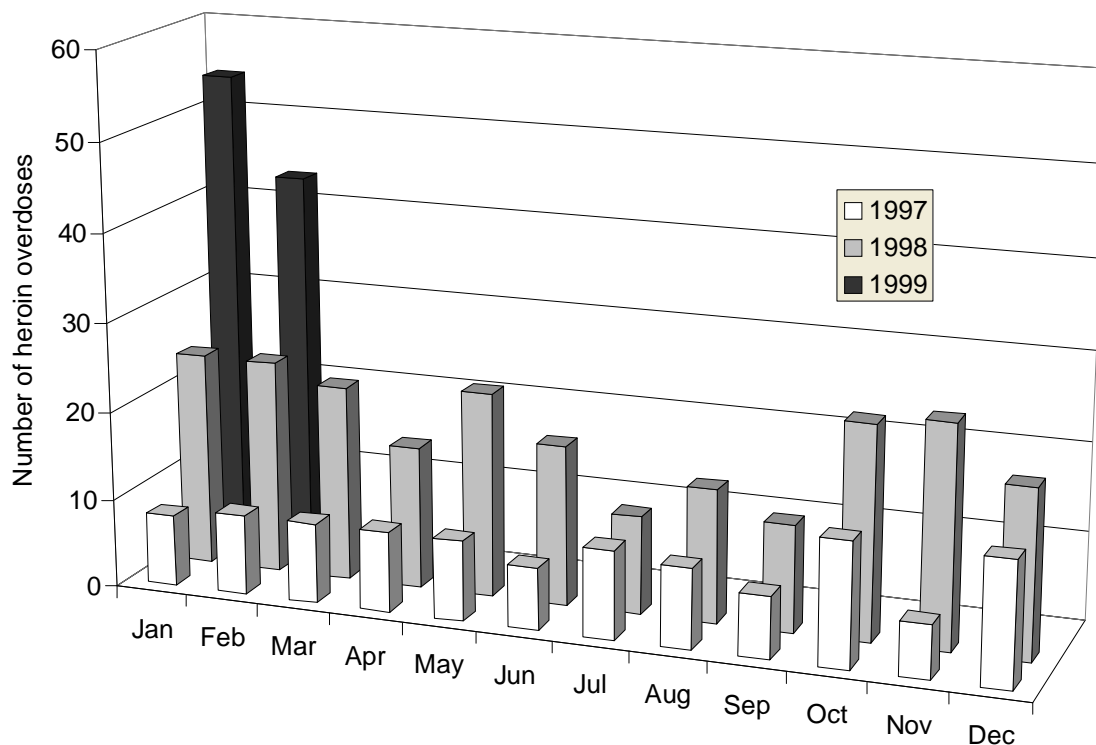
Although incomplete, Queensland Health toxicology reports from January 1997 to September 1999 provide an informative picture of drug-related deaths. Data on 206 cases<sup>5</sup> where drugs were ruled as the primary cause of death show that (a) males are much more likely to die from overdose (80% of recorded deaths), (b) most are not employed (80%), and (c) the average individual overdosing is about 31 years old at the time of death. Of the 206 cases recorded, 7 were HIV positive, 18 Hepatitis B positive and 40 Hepatitis C positive; in all 32% of cases tested positive for some infection.

The majority of drug-related deaths involved more than one drug. Morphine was present in 84% of cases (indicating heroin use, as it metabolises into morphine), THC (cannabis) in 38% of cases, amphetamine or methamphetamine in 20% of cases and cocaine in only 1 of the 206 cases.

Data from Queensland Ambulance suggest a significant increase in the number of heroin related overdoses in the Brisbane area since the beginning of 1997. As Figure 5.4 shows, the number of overdoses attended rose from 111 in 1997 to 233 in 1998: an increase of 110%. In January and February 1999 alone Queensland Ambulance officers attended 97 heroin overdoses in the Brisbane area, representing an increase of 102% from the same period in 1998, and 471% from January and February 1997. While these figures seem alarming, they should be interpreted with caution. A number of key informants (see section 5.1) noted that police are increasingly choosing not to attend overdoses, in order to encourage users to call for medical assistance. The figures presented below may at least in part reflect the success of this strategy. One key informant (see section 4.1.3) also commented on a batch of particularly pure heroin being available in Brisbane at the beginning of 1999. Given this observation, it would be imprudent to assume that the magnitude of increase in overdoses observed during January and February 1999 has continued throughout the year.

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<sup>5</sup> This figure does not represent all overdose deaths during this time period.



**Figure 5.4** Heroin related overdoses in the Brisbane area attended by Queensland Ambulance

*Arrest data*

Between 1993 and the 1998/99 financial year the number of drug-related arrests made in Australia annually jumped from 40,408 to 83,524 – an increase of over 100% in five and a half years. Throughout this period approximately 80% of all arrests were in relation to cannabis, with only about 25% of these in relation to provision of the drug. In Queensland 15,842 drug-related arrests were made in 1997/98, with 12,077 of these (76%) for consumption rather than provision of illicit drugs (see Table 5.2).

**Table 5.2** Drug-related arrests in Queensland 1997/98, by drug type

Drug	Consumer arrests (% of total for drug)	Provider arrests (% of total for drug)	Total arrests (% of total arrests)
All drugs	12 077 (76%)	3 765 (24%)	15 842 (100%)
Cannabis	10 350 (79%)	2 671 (21%)	13 021 (82%)
Heroin and other opioids	209 (49%)	220 (51%)	429 (3%)
Amphetamine	891 (68%)	414 (32%)	1 305 (8%)
Cocaine	17 (26%)	48 (74%)	65 (<1%)
Hallucinogens	84 (62%)	51 (38%)	135 (1%)
Anabolic substances	5 (56%)	4 (44%)	9 (<1%)
Other/unknown drugs	521 (59%)	357 (41%)	878 (6%)



The 1998/99 financial year saw a further 10% increase in the total number of drug-related arrests made in Queensland, to 17,316 (see Table 5.3). From 1997/98 to 1998/99 the proportion of arrests made in relation to each drug type changed little. A somewhat smaller proportion of arrests was made in relation to cannabis, while a slightly larger proportion of arrests was made in relation to heroin and amphetamine. However the overall pattern was the same as in previous years: almost 80% of arrests were in relation to cannabis, and about three quarters of these arrests were of cannabis consumers.

**Table 5.3 Drug-related arrests in Queensland 1998/99, by drug type**

Drug	Consumer arrests (% of total for drug)	Provider arrests (% of total for drug)	Total arrests (% of total arrests)
All drugs	13 558 (78%)	3 758 (22%)	17 316 (100%)
Cannabis	11 112 (83%)	2 274 (17%)	13 386 (77%)
Heroin and other opioids	363 (47%)	403 (53%)	766 (4%)
Amphetamine	1 284 (71%)	530 (29%)	1 814 (10%)
Cocaine	5 (21%)	19 (79%)	24 (<1%)
Hallucinogens	66 (61%)	42 (39%)	108 (1%)
Anabolic substances	26 (93%)	2 (7%)	28 (<1%)
Other/unknown drugs	702 (59%)	488 (41%)	1 190 (7%)

In 1998/99 Queensland had the third highest number of drug-related arrests of any state in Australia, following New South Wales (24,278) and Victoria (19,392). Compared to these states Queensland had a larger proportion of arrests in relation to cannabis and other drugs, and a substantially smaller proportion of arrests in relation to heroin. Surprisingly, the proportion of arrests made in relation to amphetamine was the same as in New South Wales (see Table 5.4).

**Table 5.4 Drug-related arrests by drug type in Queensland, New South Wales and Victoria, 1998/99 financial year**

Drug	NSW	VIC	QLD
Cannabis	15 378 (65%)	9 286 (48%)	13 386 (77%)
Heroin	4 659 (19%)	8 153 (42%)	766 (4%)
Amphetamine	2 352 (10%)	1 028 (5%)	1 814 (10%)
Cocaine	497 (2%)	70 (<1%)	24 (<1%)
Hallucinogens	139 (<1%)	0 (0%)	108 (<1%)
Anabolic substances	53 (<1%)	0 (0%)	28 (<1%)
Other drugs	800 (3%)	855 (4%)	1 190 (7%)
Total	24 278	19 392	17 316

According to the QCC (QCC & QPS, 1999) Queensland is predominantly a ‘consumer state’ in the Australian illicit drug market, with the notable exceptions of cannabis and amphetamine. This claim is not borne out in arrest figures from the ABCI, as can be seen in Table 5.5. While the overall number of arrests made in relation to heroin and cocaine was substantially smaller in

Queensland than in the other states, the proportion of arrests made in relation to provision was in fact substantially higher. In Queensland 53% of arrests made in relation to heroin were of providers, compared to only 23% in New South Wales and 25% in Victoria; in relation to cocaine 79% of arrests in Queensland were for provision, compared to 38% in New South Wales and 49% in Victoria.

**Table 5.5 Number (%) of Drug-Related Arrests of Illicit Drug Consumers in Queensland, New South Wales and Victoria, 1998/99**

	Number (%) of Drug-Related Arrests of Illicit Drug Consumers				
	All drugs	Heroin	Cocaine	Amphetamine	Cannabis
QLD	13 558 (78.3)	363 (47.4)	5 (20.8)	1 284 (70.8)	11 112 (83.0)
NSW	19 570 (80.6)	3 597 (77.2)	307 (61.8)	1 835 (78.0)	12 875 (81.8)
VIC	15 395 (79.4)	6 117 (75.0)	36 (51.0)	759 (73.8)	7 845 (84.5)

While the arrest of a suspect does not necessarily result in charges being laid, the same individual can be charged with more than one drug-related offence. The number of charges laid in relation to drug offences is therefore another indicator of the level of drug-related crime. During the 1998/99 financial year the QPS laid 33,688 charges in relation to drug offences, almost half of these for possession (see Table 5.6). In the Brisbane metropolitan region alone 8,054 charges were laid: 3,797 for possession, 281 for production, 517 for supply, 53 for trafficking (i.e., supplying in large amounts) and 3,405 for various other drug offences. These figures are consistent with the drug-related arrest data presented above, in suggesting that the majority of charges laid in relation to illicit drugs in Queensland relate to consumption rather than provision of the drug.

**Table 5.6 Charges relating to drug offences, metropolitan north region, metropolitan south region, and Queensland**

Offence type	Metropolitan North Region	Metropolitan South Region	Queensland
Trafficking	31	22	124
Unlawful possession of dangerous drugs	2 049	1 748	15 696
Unlawfully produce dangerous drugs	134	148	2 027
Sell, supply dangerous drugs	220	297	2 020
Other drug offences	1 666	1 739	13 821
Total drug offences	4 100	3 954	33 688

Source: Drug and Alcohol Co-ordination Unit, QPS

### 5.3 SUMMARY OF DRUG-RELATED ISSUES

A summary of the drug-related issues identified by key informants and other data sources is presented in Table 5.7. The most significant health-related issues included an increase in overdose, an increase in drug-related psychosis and aggression, and an increase in the number of users (particularly young users) seeking treatment. Related to the increase in injecting, there was evidence of an increase in injection-related problems and in the prevalence of Hepatitis C, despite a concomitant increase in the number of needles being dispensed through NSEPs.

Few changes were reported with regard to crime and police activity, although the overall number of drug-related arrests seems to have increased significantly. Partly reflecting an increase in the overall number of drug users there were some reports of increased property crime and drug dealing. An increase in violent crime was also noted, with this trend attributed largely to the increase in psychosis among amphetamine users. On a more positive note key informants commented on police officers' increasing sensitivity to drug users' needs.

**Table 5.7 Summary of drug-related issues**

<p><b>Drug-related health issues</b></p> <p>Increased heroin and polydrug overdose</p> <p>Increased Hepatitis C among IDU</p> <p>Increased psychosis and aggression among amphetamine and cannabis users</p> <p>Increase in number of users seeking treatment</p> <p>Users seeking treatment at a younger age</p> <p>Increase in injection-related problems</p> <p>Increase in number of sharps being dispensed</p> <p><b>Crime and police activity</b></p> <p>Increase in number of small-time dealers</p> <p>Increased property crime</p> <p>Increased violent crime</p> <p>Increase in drug-related arrests</p> <p>Police more sensitive to needs of illicit drug users</p>
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## 6.0 COMPARISON OF DATA FROM DIFFERENT SOURCES

Current and emerging drug trends are summarised in Tables 6.1 to 6.6, and the information source is indicated. Trends are summarised separately for each of the four main illicit drugs (heroin, amphetamine, cocaine, cannabis), for trends in other drugs and for drug-related issues. When a trend is endorsed by a given source a tick (✓) is placed in the appropriate column; a cross (✗) indicates that a trend reported by key informants has been contradicted by another source.

**Table 6.1 Trends in heroin endorsed by key informants (KI) or other indicators**

<b>HEROIN TRENDS</b>	<b>KI</b>	<b>Other</b>
Price stable to decreasing (\$40/cap)	✓	✓
Purity medium and increasing	✓	✓
Availability stable to increasing and very easy	✓	✓
Increased heroin use	✓	
More dealers	✓	
More young heroin users	✓	
More female heroin users	✓	
More amphetamine use among heroin users	✓	
More smoking of heroin	✓	✓
More heroin overdoses	✓	✓
More polydrug use among heroin users	✓	
More injection-related problems	✓	
More Hepatitis C	✓	✓

**Table 6.2 Trends in amphetamine endorsed by key informants (KI) or other indicators**

<b>AMPHETAMINE TRENDS</b>	<b>KI</b>	<b>Other</b>
Move from powder to methamphetamine base	✓	✓
Price low and stable to decreasing (\$50-60/point)	✓	✓
Availability increasing and very easy	✓	✓
More amphetamine users dealing amphetamine	✓	
Purity increasing	✓	✓
More amphetamine users	✓	
More injection of amphetamine	✓	
More heroin use by amphetamine users	✓	
More cocaine use by amphetamine users	✓	
Increased polydrug use	✓	
More amphetamine-induced psychosis and aggression	✓	
More amphetamine users seeking treatment	✓	
More needle risk-taking behaviour and injection-related problems	✓	

**Table 6.3 Trends in cocaine endorsed by key informants (KI) or other indicators**

<b>COCAINE TRENDS</b>	<b>KI</b>	<b>Other</b>
Price fluctuating		✓
Availability moderately easy and increasing	✓	✓
Purity medium to low, fluctuating but increasing overall	✓	✓
More users	✓	✓
More regular use	✓	
More injection of cocaine	✓	

**Table 6.4 Trends in cannabis endorsed by key informants (KI) or other indicators**

<b>CANNABIS TRENDS</b>	<b>KI</b>	<b>Other</b>
Price stable and low	✓	✓
Availability very easy and stable	✓	
Purity high and increasing	✓	
More cannabis users	✓	
Increased IV use of heroin and amphetamine among cannabis users	✓	
More hydroponically grown cannabis	✓	✓
More cannabis-induced psychosis, depression and aggression	✓	

**Table 6.5 Trends in other drugs endorsed by key informants (KI) or other indicators**

<b>OTHER DRUG TRENDS</b>	<b>KI</b>	<b>Other</b>
High and stable polydrug use among methadone clients	✓	
Reduced interest in methadone maintenance among heroin users	✓	
Illicit benzodiazepine use high and stable	✓	✓
Licit and illicit antidepressant use high and increasing	✓	
Ecstasy more available	✓	
More ecstasy users	✓	✓
Ecstasy price stable to decreasing	✓	✓
Ecstasy purity fluctuating		✓
More drug 'cocktails' involving ecstasy	✓	

**Table 6.6 Trends in drug-related issues endorsed by key informants (KI) or other indicators**

<b>DRUG-RELATED TRENDS</b>	<b>KI</b>	<b>Other</b>
More heroin overdoses	✓	✓
More Hepatitis C	✓	✓
More drug-induced psychosis	✓	
More illicit drug users (especially young users) seeking treatment	✓	
More injection-related problems	✓	
More small-time drug dealers	✓	
More property crime among drug users	✓	
More violent crime among drug users	✓	
More drug-related arrests		✓
Police more sensitive to drug users' needs	✓	

## 7.0 DISCUSSION

### *Summary of main findings*

The 1999 IDRS has identified a number of important new drug trends, most notably including an increase in drug-induced psychosis among amphetamine and cannabis users, an increase in Hepatitis C among IDU, an increase in injection of methamphetamine base, and an increase in heroin-related overdose. In addition, findings suggest more illicit drug users, younger users, and more health-related problems associated with use of illicit drugs. Other major trends observed include an increase in polydrug use, an increasing number of users dealing drugs to support their habit, and an increasing number of users seeking drug treatment.

### *Study limitations*

That the 1999 Queensland IDRS was based largely on key informant reports is in itself a significant limitation. Key informant reports are unavoidably biased and subjective, and reports of no change or of a favourable change are rarely volunteered. Nevertheless, key informant reports do highlight drug trends that secondary data sources would be unlikely to identify, at least not until after a considerable delay. Secondary data sources will by their very nature be slower to identify drug trends, and this problem is compounded by the often lengthy delay between data collection and data publication. This is one of the issues which the IDRS was designed to address, however while IDRS conclusions continue to be based on outdated data its success in this endeavour will be limited.

As this is the first year in which the IDRS has been conducted in Queensland, the present report also suffers from a unique limitation. Whereas states which have conducted the IDRS previously will be able to compare trends and patterns with those identified in previous years, the present Queensland IDRS findings must stand alone. It is hoped that the present report will serve as a base from which to draw more informed conclusions in the year 2000.

A further limitation of the 1999 Queensland IDRS is the absence of data from IDU. There are obvious limitations in comparing anecdotal key informant reports with more objective data sources, and agreement between key informants and IDU on emerging drug trends would do much to augment the credibility of identified trends, for two reasons: Firstly, IDU survey data are collected contemporaneously with key informant data, eliminating the possibility of conflicting reports due to data being collected at different times; secondly, both IDU and key informant data tend to focus on use at an individual level, whereas secondary data sources are more general. Inclusion of the IDU survey component in future years would greatly enhance the reliability of IDRS conclusions in Queensland. Nevertheless, there was a high degree of concordance between key informant reports and collaborative data sources, in the present report.

A final limitation of the IDRS is the lack of opportunity to directly address and discuss observed trends with key informants and IDU. It is not until well after data collection is complete that emerging trends and gaps in information are fully identified. While there is inevitably a trade-off between timeliness and rigorousness of data collection, much could be gained from recontacting at least some key informants, in order to test the veracity of identified trends.

*Implications for research*

Findings of the 1999 Queensland IDRS suggest the following areas for further investigation.

1. Research into harms associated with amphetamine use, and identification of methods of reducing these harms
2. Exploration of the characteristics of polydrug users
3. Identification of factors influencing the decision to inject amphetamine
4. Continued research into ways of bridging the gap between knowledge of safe injecting practices and actual safe injecting behaviour
5. Investigation of pathways from cannabis use to injecting drug use
6. Identification of the antecedents of co-dependent heroin and amphetamine use
7. Clarification of the form and purity of methamphetamine 'base' being sold and used by amphetamine IDU in Queensland

Note that some of these issues have already received some research attention.



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