

QUEENSLAND DRUG TRENDS 2002



Findings from the Illicit Drug Reporting System (IDRS)

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Queensland Alcohol & Drug Research & Education Centre (QADREC)
A Joint Initiative of Queensland Health and The University of Queensland

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ABBREVIATIONS

ABCI	Australian Bureau of Criminal Intelligence
ABS	Australian Bureau of Statistics
ACC	Australian Crime Commission (formerly ABCI)
ADIS	Alcohol and Drug Information Service
AFDL	Australian Forensic Drug Laboratory
AIHW	Australian Institute of Health and Welfare
ATSI	Aborigine or Torres Strait Islander
ATODS	Alcohol, Tobacco, and Other Drugs Services, Queensland Health
BBV	blood-borne virus
BYS	Brisbane Youth Service
CBD	Central Business District
CDHA	Commonwealth Department of Health and Ageing
CMC	Crime and Misconduct Commission (formerly QCC and CJC)
GHB	gamma hydroxybutyrate ('Fantasy')
HIC	Health Insurance Commission
ICD	International Classification of Diseases
IDRS	Illicit Drug Reporting System
IDU	Injecting Drug User
IV	Intravenous
KI	Key informant
MDMA	3,4-methylenedioxymethamphetamine ('Ecstasy')
NA	Narcotics Anonymous
NCHECR	National Centre in HIV Epidemiology and Clinical Research
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NDLERF	National Drug Law Enforcement Research Fund
NSP	Needle and Syringe Program
PBS	Pharmaceutical Benefits Scheme
QADREC	Queensland Alcohol and Drug Research and Education Centre
QCC	Queensland Crime Commission (now the CMC)
QNSP	Queensland Needle Availability and Support Program
QuIVAA	Queensland Intravenous Aids Association
QPS	Queensland Police Service
YFS	Youth and Family Services

EXECUTIVE SUMMARY

The Illicit Drug Reporting System (IDRS) is funded jointly by the Commonwealth Department of Health and Ageing (CDHA) and the National Drug Law Enforcement Research Fund (NDLERF), and is designed to monitor patterns and trends in illicit drug use and associated harms, with a view to highlighting issues that require further attention from relevant health or law enforcement agencies. Each year and in each state and territory of Australia, interviews are conducted with a sample of regular injecting drug users (IDU) and a sample of key informants (KI) working in the drug and alcohol field. Together with contemporary data from external agencies the IDRS aims to identify emerging trends in illicit drug use and associated harms, and to act as an early warning system for intervention. The IDRS focuses primarily on patterns and trends relating to heroin, methamphetamine, cocaine and cannabis, however data relating to other drugs and to drug-related issues are also collected. In 2002 the Queensland IDRS documented the following trends in illicit drug use and associated harms.

Demographic characteristics and patterns of drug use among IDU

Compared to previous years, IDU interviewed in 2002 were slightly older, more often unemployed, more likely to have a prison history and more likely to be receiving some form of treatment for their drug use.

There were no differences between male and female IDU in age at first injection or drug preference, however male IDU reported having tried and injected significantly more drugs than females. IDU in 2002 also reported having injected more drugs in their lifetime than IDU in 2001, although their greater age may explain this trend.

Heroin

Following the heroin shortage in 2001 it appears that heroin use is once again increasing in Queensland, although it has not at this stage returned to pre-2001 levels. During the heroin shortage in 2001 IDU seem to have increased their use of a range of alternative drugs, most notably [methamphetamine](#), however the increase in heroin use in 2002 has not been matched by a commensurate decrease in [methamphetamine](#) use.

IDU who nominated heroin as their drug of choice were characterised by significant polydrug use, particularly including cannabis, amphetamines, morphine, methadone and benzodiazepines. In 2002 IDU reported that heroin was cheaper and more available, although according to seizure data the purity of heroin in Queensland has continued to fall.

Methamphetamine

The use of methamphetamine among IDU rose in 2001 and declined slightly in 2002 – almost the mirror image of the trend observed in heroin use over the same period, except that while heroin use rose considerably in 2002, methamphetamine use fell only slightly. As a consequence, a larger proportion of IDU in 2002 were using both heroin and speed.

IDU seem to distinguish among three forms of methamphetamine: speed (powder), base and ice (crystal meth or ‘shabu’), although these distinctions are not clear cut. Ice seems to be the most expensive, most pure, least readily available and most sought-after form of the drug, and among IDU is almost always injected. Base and powder are considered less pure forms and are both

cheaper and more available than ice. Between 2001 and 2002 the availability of methamphetamine powder seems to have increased while the price may have decreased; the opposite is true for methamphetamine ice.

Consistent with both key informant and IDU reports that speed is 'everywhere', there was evidence in 2002 of opportunistic methamphetamine use: The proportion reporting use of speed was consistently higher than the proportion identifying speed as their drug of choice, suggesting that methamphetamine use in Queensland is driven by availability.

Cocaine

Cocaine use continues to be minimal among IDU in Queensland, although intranasal use may be considerably more common, particularly among individuals in a higher socio-economic bracket, and particularly on the Gold Coast. During the heroin shortage in 2001 cocaine use increased slightly, however use seems to have returned to a low level in 2002. There was no evidence of a change in the price of cocaine and the purity was highly variable. The availability of cocaine may be increasing slowly in Queensland, but it is still quite difficult to obtain and few use cocaine regularly.

Cannabis

Cannabis use continues to be highly prevalent among IDU in Queensland, and is common in the State's adult population generally. Users are more likely to be male and younger, and cannabis use is particularly common among amphetamine users. The majority of users seem to purchase hydroponically grown cannabis, typically from a large scale cultivator/supplier. Since 2000 there has been little change in the price, purity or availability of cannabis, with most users considering the drug very easy to obtain. Although the prevalence of use has not increased, IDU in 2002 were using cannabis more frequently than in previous years. Overall, the Queensland cannabis market continues to be distinguished by its stability over time.

Other drugs

The 2002 IDRS identified an increase in the use and injection of morphine among IDU, with MS Contin[®] the favoured brand. Use of methadone also increased in 2002, with some of this increase probably attributable to increased accessing of treatment services in the IDU sample. More IDU in 2002 reported illicit than licit use of Physeptone[®] tablets. Fifteen percent of IDU in 2002 reported recent use of buprenorphine; with 6% reporting illicit buprenorphine use.

Possibly in response to the heroin shortage, use of ecstasy among IDU increased in 2001 but decreased again in 2002. Relatively few IDU in Queensland report use of ecstasy and among this group, use is sporadic. Nevertheless, the price of ecstasy may have dropped in 2002.

Availability and use of Fantasy/GHB seem to have increased in 2002, with this trend flowing north from the Gold Coast to Brisbane and the Sunshine Coast. Fantasy is usually consumed orally in a club or party environment, often with alcohol, and is associated with a high risk of overdose and unconsciousness. There were reports in 2002 of local manufacture of Fantasy, and of its use as a 'date-rape' drug.

Benzodiazepine injection was identified in the 2001 IDRS as a cause for concern and on May 1 2002 restrictions were placed on the prescription of 10mg temazepam capsules. Twenty-five percent of IDU reported recent injection of benzodiazepines in 2002 (between January and June 2002), and reported having done so more often than in 2001.

Six percent of IDU in 2002 reported recent injection of antidepressants; fewer than in 2001. In 2002 recent use of antidepressants was associated with psychiatric distress among IDU.

Few IDU in 2002 reported use of hallucinogens or inhalants. Reported use of hallucinogens decreased from 2001 however anecdotal reports suggest that 'chroming' may be growing in popularity among youth.

Drug-related issues

The extent of polydrug use among IDU has changed little from 2001, although IDU in 2002 reported having injected more drug types. Use of methamphetamine increased in 2002 and regular use was associated with mental health problems. The incidence of heroin overdose declined sharply in 2001 during the heroin shortage, and may have increased again in 2002.

A significant proportion of IDU continue to engage in unsafe injecting practices, and in 2002 30% reported last injecting in a public place. The incidence of Hepatitis B, Hepatitis C and HIV infection in Queensland has remained relatively stable since 1997, highlighting the on-going need for harm-reduction strategies to reduce the spread of these blood-borne viruses among IDU.

Around one third of IDU in 2002 reported recent mental health problems, most often depression and anxiety. IDU who sought professional help for these problems most often consulted a GP. There was no evidence that mental health problems were associated with age, gender or any particular illicit drug.

There was little change in self-reported criminal activity among IDU in 2002. The crimes most frequently reported by IDU were drug dealing (39%) and property crime (24%). The number of arrests for drug-related crimes in Queensland seems to have dropped consistently since 1997/98, particularly in relation to heroin but less so in relation to amphetamines.

While the number of doctor shoppers in Queensland has declined slightly in the last five years, the median number of benzodiazepine and narcotic analgesic scripts accessed by doctor shoppers during this period has more than doubled.

Summary and Conclusions

Patterns of illicit drug use in Queensland seem to be driven primarily by availability. In 2001 the availability of heroin declined and a proportion of IDU sought other, more readily available drugs: ecstasy, cocaine and in particular amphetamines. With an increase in the availability of heroin in 2002, this trend has reversed.

Trends in illicit drug use also seem to be driven by price and quality (purity), which are inextricably linked to availability. While the availability of heroin has increased in 2002 the price is still higher than in 2000, and the purity has continued to fall. From 2001 to 2002 the IDRS also recorded increases in the use of methadone and morphine, which are likely to be of more reliable price and purity.

The 2002 IDRS also identified some significant trends in non-injecting drug use. Cannabis use seems to be more frequent among users, and use of Fantasy seems to have increased. Heroin and amphetamines currently dominate injecting drug use in Queensland. Among non-injectors cannabis, amphetamines and cocaine appear more popular.

1.0 INTRODUCTION

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

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

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

1.1 Aims

As in previous years, the aims of the 2002 Queensland IDRS were to:
document the price, purity and availability of heroin, amphetamines, cocaine and cannabis in Queensland
identify, assess and report on emerging trends in illicit drug use and associated harms

2.0 METHOD

2.1 Overview of method

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

2.2 Key Informant (KI) survey

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

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

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

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

The KI survey instrument includes sections on:
demographic characteristics of illicit drug users
drug use patterns
price, purity and availability of drugs
criminal activity
health issues

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

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

2.3 Injecting Drug User (IDU) survey

IDU are defined as individuals who have injected an illicit drug at least monthly for the six months prior to interview, and who have lived in the region where the interview takes place for at least 12 months. Given the ubiquity of polydrug use among IDU (e.g., Topp et al. 2002), they

are considered a 'sentinel' group in the community, well placed to provide first-hand and current information about a range of illicit drugs. IDU are not considered representative of all illicit drug users.

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

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

As noted above, essentially the same survey is used each year, to ensure comparability across time and across jurisdictions. In 2002 three notable improvements were made to the IDU survey: a series of questions focussing on use and injection of benzodiazepines was added IDU were asked specifically about use of buprenorphine and homebake questions about 'speed' were asked separately with respect to three forms of the drug: powder, base and ice.

2.4 Other indicators

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

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

Not all indicator data meet all of these criteria, however they do serve as a guide to ensure that indicator data are both relevant and contemporary. In 2002 the following data were obtained for the IDRS:

- ABS – accidental opioid overdose deaths
- QLD Government, Department of Emergency Services – non-fatal heroin overdoses attended by QAS in south-east Queensland
- QLD Health, QNSP – syringes issued to NSPs by year
- National Centre in HIV Epidemiology and Clinical Research: Australian NSP Survey report 1995 – 2001; 2002 HIV/AIDS, viral hepatitis and transmissible infections in Australia Annual Surveillance Report
- QPS - arrests in SE QLD by offence and drug type 1997/98 – 2001/02
- AIC – DUMA report 2001
- HIC - doctor shopping data
- CDHA, Illicit Drugs Section – National pharmacotherapy statistics
- AIHW NDSHS 2001 – State & Territory Supplement

ACC – illicit drug price and purity

Communicable Diseases Network, National Notifiable Diseases Surveillance System – BBV data

ADIS – number of calls regarding various drugs

2.5 Data analysis

Qualitative data were entered into a Microsoft Excel spreadsheet and inspected for patterns. Quantitative data were analysed using SPSS for Windows, Version 10.0. All statistical tests were conducted as two-tailed; chi-square tests were corrected for continuity as appropriate; repeated measures ANOVAs were checked for sphericity and adjusted as appropriate. Significant differences are reported when the probability of the finding occurring by chance are less than 5% ($p < .05$), less than 1% ($p < .01$) or less than 0.1% ($p < .001$). Throughout the report both overall and valid percentages are reported; the relevant n is indicated in each table.

3.0 RESULTS

In the following section the KI and IDU samples are described, then information about the general drug use history and current drug use of the IDU is presented.

3.1 Overview of key informants

In 2002 22 key informants participated in the Queensland IDRS – a relatively small number compared with previous years, however these informants covered a broad spectrum of occupations and were able to provide valuable information from diverse perspectives (see Table 1). The key informant sample was 64% male, and over half elected to report on methamphetamine users. The typical KI had contact with illicit drug users five days a week, and in the last six months reported contact with over 100 different users. Four KI (three intelligence officers and a forensic chemist) reported no direct contact with users, but were nevertheless able to provide valuable information about patterns of use, manufacture, dealing and associated crime.

Table 1. Demographic characteristics of key informants in 2002

Characteristic	KI 2002 (N = 22)
Gender	
Male	14
Female	8
Drug	
Heroin	4
Methamphetamine	12
Cannabis	1
Cocaine	0
GBH (Fantasy)	4
Methadone	1
Contact level ¹	
Median days in 6 months	130 (5 days a week)
Range	fortnightly – daily
Number of users seen last 6 months ¹	
Mode	>100
Range	10 – 570
Work type	
Drug treatment worker	3
Counsellor	1
Psychiatrist	1
Intelligence	3
Methadone prescriber	1
NSP worker	5
Outreach	1
Nurse	1
Paramedic	4
Research/education	1
Forensic chemist	1
Special populations	
Homeless	1
IDU	5
Prisoners	2
Women	2

¹ four KI had no direct contact with users

3.2 Overview of the IDU Sample

In 2002 104 IDU participated in the survey, including 38 females and 66 males. The greater number of males in the IDU sample (see Table 2) was not unexpected and is consistent with data from the national NSP survey (MacDonald & Zhou, 2002), and from IDRS IDU surveys in other states and in previous years (Topp et al. 2002, Breen et al. in press, Rose & Najman 2002, McAllister 2001). The mean age of IDU was significantly higher than in previous years ($p < .01$), although the age range (16 – 57 years) was quite similar to that observed in 2000 and 2001. The 2002 sample included a slightly larger proportion of respondents from an ATSI or non-English speaking background, and significantly more IDU with a history of incarceration ($p < .05$). In 2002, 50% of the IDU sample reported having been in prison in the past.

Table 2. Demographic characteristics of IDU sample by gender, 2000 to 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Females			
n	39	41	38
Mean age (SD)	24.9 (6.2)	26.0 (7.4)	27.6 (6.9)
Age range (yrs)	16 - 38	14 - 43	17 - 44
ATSI (%)	13	10	13
NESB (%)	0	2	3
Ever in prison (%)	23	15	29
Males			
n	62	61	66
Mean age (SD)	27.4 (7.8)	28.9 (9.1)	31.1 (8.6)
Age range (yrs)	16 – 53	17 - 58	16 - 57
ATSI (%)	5	13	12
NESB (%)	0	2	3
Ever in prison (%)	36	54	62
Full sample			
N	101	102	104
Mean age (SD)	26.4 (7.3)	27.7 (8.5)	29.9 (8.1)
Age range (yrs)	16 - 53	14 - 58	16 - 57
ATSI (%)	8	12	13
NESB (%)	0	2	3
Ever in prison (%)	31	38	50

The 2002 IDU sample was also significantly less educated than in previous years (see Table 3), with fewer than one in five IDU having completed high school ($p < .001$). Nevertheless, just over 50% reported some form of post-school education; either trade/technical training (42%) or university/college education (12%). Approximately three quarters of the sample was unemployed at the time of the survey, and the vast majority (84%) subsisted on some form of government benefit. Fifteen percent of IDU respondents in 2002 reported earning some form of wage or salary, and only 2% reported engaging in criminal activity for money.

Table 3. Education and employment status of IDU sample, 2000 - 2002

	IDRS 2000 (<u>N</u> = 101) %	IDRS 2001 (<u>N</u> = 102) %	IDRS 2002 (<u>N</u> = 104) %
School Education			
<10yrs	15	21	33
10-11yrs	47	43	49
12yrs	39	36	18
Post-school Education			
None	54	43	44
Trade/technical	28	44	42
Uni./college	19	11	12
Employment			
Unemployed	55	65	76
Full-time	12	9	11
Part-time	21	9	7
Student	5	7	2
Home duties	1	6	5
Sex industry	7	4	0
Source of Income			
Wage or salary	--	--	15
Govt. benefit	--	--	84
Criminal activity	--	--	2
Family	--	--	1
None	--	--	2

-- question not asked

Comparing the education and employment status of male and female IDU in 2002 (see Table 4) reveals some interesting patterns. While there was little difference between males and females in terms of school education, more males (50%) than females (29%) had completed some form of trade or technical training, and significantly more females (26%) than males (3%) reported some university or college education ($p < .01$). Nevertheless, more males than females were unemployed, with females more often engaged in part-time work (11%), study (5%) or home duties (13%). None of the IDU surveyed in 2002 reported involvement in the sex industry.

Table 5 details the accommodation status of IDU surveyed in 2000, 2001 and 2002. Little change is evident from year to year with the majority of IDU (63%) in 2002 either owning or renting but almost 1 in 10 homeless or itinerant.

Compared to previous years, in 2002 significantly fewer IDU (50%) reported receiving no treatment for their drug use ($p < .01$) and significantly more (34%) reported accessing methadone maintenance treatment ($p < .05$). Notably, only 3% of IDU in 2002 reported receiving drug counselling and only 2% reported receiving buprenorphine treatment (see Table 6).

Table 4. Education and employment status of 2002 IDU sample, by gender

	Females (<u>n</u> = 38) %	Males (<u>n</u> = 66) %
School Education		
<10yrs	31.6	33.3
10-11yrs	47.4	50.0
12yrs	21.0	16.7
Post-school Education		
None	44.7	43.6
Trade/technical	28.9	50.0
Uni./college	26.3	3.0
Employment		
Unemployed	65.8	81.8
Full-time	5.3	13.6
Part-time	10.5	4.6
Student	5.3	0
Home duties	13.2	0
Sex industry	0	0
Source of Income		
Wage or salary	10.5	16.7
Govt. benefit	86.8	77.3
Criminal activity	2.6	1.5
Family	0	1.5
None	0	3.0

Table 5. Accommodation status of IDU sample, 2000 - 2002

	IDRS 2000 (<u>N</u> = 101) %	IDRS 2001 (<u>N</u> = 102) %	IDRS 2002 (<u>N</u> = 104) %
Owner/renter	--	51	63
Parent/family home	--	14	8
Boarding house	--	9	11
Drug treatment centre	--	4	6
Caravan/share/other	--	13	5
NFPA/Homeless	14 ¹	9	9

¹ In 2000 IDU respondents were simply asked "are you homeless?".

Table 6. Drug treatment status of IDU sample, 2000 - 2002

	IDRS 2000 (<u>N</u> = 101) %	IDRS 2001 (<u>N</u> = 102) %	IDRS 2002 (<u>N</u> = 104) %
Not in treatment	74	64	50
Methadone	23	22	34
Detoxification	--	1	1
Therapeutic community	--	7	4
Drug Counselling	1	6	3
Buprenorphine	--	--	2
Home treatment	--	--	1
Own treatment	--	--	2
Speed	--	--	2
Subutex	--	--	1
Alcohol & speed	--	--	1
NA	2	--	--
Physeptone® tablets	1	--	--

-- not a response option in this year

In summary, the IDU sample in 2002 differed somewhat from that obtained in previous years: The individuals sampled in 2002 were slightly older, less educated, more often unemployed and more likely to have a prison history than those from previous years. The IDU sampled in 2002 were also more likely to be receiving some form of treatment for their drug use, most often methadone maintenance. These differences can be attributed at least partially to sampling differences in the 2002 IDRS: In this year fewer IDU were recruited from sites which traditionally attract younger users. Conclusions about trends and patterns based on IDU reports should therefore be considered in the context of this sampling difference.

3.3 Drug use history and current drug use

In 2002 IDU were asked a number of questions about their injecting behaviour and history. Responses to these questions are summarised in Table 7. The age at which IDU first injected an illicit drug ranged from 11 to 47, with a mean age of 19. About 60% of the sample reported that the drug they first injected was amphetamines, with roughly 35% first injecting heroin¹. By contrast, almost 63% of the sample reported that heroin was their drug of choice, with only 25% nominating amphetamines as their drug of choice. Again reflecting a preference for heroin, 52% of IDU reported that heroin was the drug they had injected most often in the last month, while 39% reported most often injecting amphetamines. This preference for heroin over amphetamine was less apparent when IDU were asked what drug they last injected: For 45% of IDU heroin was the last drug injected; for 41% methamphetamine was the last drug injected. One possible explanation for this pattern of findings is that while heroin may have been the drug of choice for the majority of IDU surveyed, methamphetamine may be more readily available to many.

IDU were also asked how often they had injected in the last month. Almost half of the sample reported injecting at least daily and 25% reported injecting two or three times a day. None of the female but 6% of the male IDU reported injecting more than three times a day: Of these male respondents one most often injected heroin, one morphine, and two methamphetamine.

Finally IDU were asked a series of questions about polydrug use. The mean number of drugs ever tried was 10.87, with males on average reporting having tried significantly more drugs ($M = 11.35$) than females ($M = 10.03$, $p < .05$), and having injected significantly more drugs ($M = 6.86$) than females ($M = 5.08$, $p < .001$). Similar trends were evident when IDU were asked how many drugs they had used in the last 6 months, and how many drugs they had injected in the last 6 months (see Table 7).

Similar questions about injection history, drug preference and polydrug use were asked in 2000 and 2001. The most notable trend across this time period reflects the 'heroin drought' of 2001, during which substantially more IDU reported using amphetamine rather than heroin. The reversal of this trend in 2002 may reflect the end of this so-called 'drought' (see Table 8).

Compared to 2000 and 2001, in 2002 significantly fewer IDU reported injecting more than three times a day during the past month ($p < .05$); more reported injecting two or three times a day, although this difference was not significant ($p > .05$). There was no significant difference across years in the mean number of drugs ever tried ($p > .05$), however compared to later years IDU in 2000 reported having used significantly fewer drugs in the last 6 months ($p < .01$). IDU in 2000 also reported having injected fewer drugs ever ($p < .001$) and in the past six months ($p < .001$). From 2001 to 2002 the mean number of drugs ever injected also rose significantly ($p < .05$) from 4.5 to 5.2.

¹ There was no significant difference in age at first injection between the two groups ($p > .05$).

Table 7. Injection history, drug preferences and polydrug use of IDU in 2002

	Females (n = 38)	Males (n = 66)	Full sample (N = 104)
Age at first injection			
Mean (SD)	19.26 (5.94)	19.43 (5.87)	19.37 (5.86)
Range	11 - 42	12 - 47	11 - 47
Drug first injected (%)			
Heroin	37	34	35
Amphetamines	61	62	61
Cocaine	3	2	2
Ecstasy	0	2	1
Morphine	0	2	1
Drug of choice (%)			
Heroin	66	62	63
Methamphetamine	26	25	25
Cannabis	8	8	8
Cocaine	0	2	1
Ecstasy	0	2	1
Methadone	0	2	1
Morphine	0	2	1
Drug most often injected in last month (%)			
Heroin	58	49	52
Methamphetamine	37	39	39
Methadone	3	5	4
Morphine	3	6	5
Last drug injected (%)			
Heroin	47	43	45
Methamphetamine	40	42	41
Methadone	8	5	6
Morphine	3	8	6
Benzodiazepines	3	0	1
Pethidine	0	2	1
Ecstasy & heroin	0	2	1
Frequency of injecting in last month (%)			
>3 times a day	0	6	4
2 or 3 times a day	24	26	25
once a day	18	19	18
> weekly but < daily	34	29	31
weekly or less	24	20	21
Polydrug use ¹			
Mean number of drugs ever tried*	10.03 (3.35)	11.35 (2.69)	10.87 (3.00)
Mean number of drugs used last 6 months	6.45 (2.33)	7.30 (2.20)	6.99 (2.27)
Mean number of drugs ever injected***	5.08 (2.68)	6.86 (2.54)	6.21 (2.72)
Mean number of drugs injected last 6 months**	2.53 (1.43)	3.41 (1.72)	3.09 (1.67)

Note: Significant gender difference indicated by * ($p < .05$), ** ($p < .01$), *** ($p < .001$)

¹ For the purposes of this analysis we have split amphetamine and methamphetamine; base and ice were considered forms of methamphetamine. Note that the above figures are therefore not comparable with 2001 data. Comparable figures for 2002 are presented in Table 8.

Table 8. Comparison of injecting drug use history of 2000, 2001 and 2002 IDU samples

	IDRS 2000 (N = 101) %	IDRS 2001 (N = 102) %	IDRS 2002 (N = 104) %
Mean age first injection (years)	19.0	18.6	19.4
Drug first injected (%)			
Heroin	27	28	35
(Meth)amphetamine	68	70	61
Cocaine	1	1	2
Ecstasy	0	0	1
Morphine	0	0	1
Ketamine	--	1	--
Methadone	0	0	--
Other opiates	1	2	--
Drug of choice (%)			
Heroin	62	44	63
(Meth)amphetamine	24	36	25
Cannabis	--	13	8
Cocaine	2	0	1
Ecstasy	--	3	1
Methadone	0	1	1
Morphine	--	0	1
Other opiates	2	0	--
Alcohol	--	2	--
LSD	--	1	--
Drug most often injected in last month (%)			
Heroin	65	37	52
(Meth)amphetamine	31	55	39
Methadone	2	3	4
Morphine	0	1	5
Other	0	4	0
Last drug injected (%)			
Heroin	62	35	45
(Meth)amphetamine	34	60	41
Methadone	3	3	6
Morphine	0	0	6
Benzodiazepines	--	0	1
Pethidine	--	--	1
Ecstasy & heroin	--	--	1
Cocaine	0	0	0
Frequency of injecting in last month (%)			
>3 times a day	11	15	4
2 or 3 times a day	21	14	25
once a day	13	9	18
> weekly but < daily	30	24	31
weekly or less	26	38	21
Polydrug use ¹			
Mean number of drugs ever tried	9.5	10.2	10.2
Mean number of drugs used last 6 months	6.1	6.9	6.7
Mean number of drugs ever injected	3.9	4.5	5.2
Mean number of drugs injected last 6 months	2.2	2.7	2.8

Note: As drug categories for these questions have changed from year to year, there is some redundancy in the categories listed.

¹ For comparability with 2001, figures for 2002 computed with amphetamine and methamphetamine collapsed into one category. Data from 2000 is not directly comparable and should be considered suggestive only.

On the following page Table 9 outlines the drug use history of the 2002 IDU sample. The percentage who have ever used each drug is shown, followed by information about route of administration and usage in the last 6 months. Finally, for those who have used the drug in the last six months, the median number of days used is shown. Comparable data from 2001 and

2000 are presented in Tables 10 and 11 respectively; Figure 1 illustrates the proportion of IDU who reported using each illicit drug during the past 6 months, from 2000 to 2002.

Over 90% of IDU in 2002 reported having tried cannabis, alcohol, tobacco and heroin; with the exception of alcohol over 80% of IDU reported having used each of these drugs in the last six months. Those who had used alcohol in the last six months (74%) reported using this drug on a median of 13 days over this time (approximately fortnightly), while tobacco was reportedly used daily, cannabis on two out of every three days, and heroin every second day.

Methamphetamine use was less frequent in this sample of IDU: 82% reported trying speed powder, 64% ice or shabu, and 57% methamphetamine 'base' or 'wax'. Among those who had used some form methamphetamine in the last six months (82%), use was typically very sporadic (see Table 9).

Around three quarters of the 2002 IDU sample had used benzodiazepines; over half in the last six months. The most common route of administration was oral and 'benzos' were typically used less than once a week. Nearly three quarters of IDU had tried methadone; just over half in the last six months. Nearly half of IDU reported having tried injecting methadone however the most common route of administration in the last six months was oral (44%). Those who had used methadone in the last six months reported use on average every second day.

Finally, while 59% of IDU reported having tried cocaine, and 49% having injected cocaine, only 15% had used cocaine in the last six months, for a median of only two days over that period. Of some concern, 14% of IDU reported having injected cocaine in the last six months. Also of concern, almost a third of IDU reported having injected morphine in the last six months (see Table 9).

Comparing drug use patterns across years (see Figure 1), some interesting trends emerge. According to IDU reports heroin use decreased during the shortage in 2001, but seems to have increased again in 2002: The proportions reporting use in the last six months were 81%, 62% and 80% in 2000, 2001 and 2002 respectively. Over this same period the median number of days heroin was used changed from 90 in 2000, to 70 in 2001, and up to 100 days in 2002. It is unclear to what extent sampling differences in 2002 can account for this trend, however the data do suggest that heroin use has increased among IDU in 2002.

Paralleling this change in the prevalence of heroin use, use of methamphetamine, cocaine and ecstasy rose in 2001, presumably as IDU sought alternatives when heroin was unavailable. However while cocaine and ecstasy use seem to have declined again in 2002, methamphetamine use seems instead to have reached a plateau: The proportions of IDU reporting recent use of methamphetamine in 2000, 2001 and 2002 were 71%, 84% and 82% respectively (See Figure 1, Tables 9 – 11).

While use of heroin, cocaine and methamphetamine have fluctuated over the past three years, the proportion using cannabis has been remarkably consistent: In each year just over 80% of IDU have reported recent cannabis use. However there is some evidence that those using cannabis in 2002 were doing so more frequently: The median days used in the last six months rose from 90 in 2000, to 100 in 2001, and 120 days in 2002. Again, it is impossible to know to what extent sampling differences could explain this trend, but IDU reports do suggest a considerable increase in the frequency of cannabis use since 2000.

Table 9. Drug use history of 2002 IDU sample: Proportion of IDU (N = 104) reporting use of each drug type

Drug	Ever used	Ever injected	Injected last 6 months	Ever smoked	Smoked last 6 months	Ever snorted	Snorted last 6 months	Ever swallowed	Swallowed last 6 months	Used in last 6 months	Median days used last 6 months ¹
Cannabis	95	--	--	--	--	--	--	--	--	82	120
Alcohol	95	5	0	--	--	--	--	95	74	74	13
Tobacco	94	--	--	--	--	--	--	--	--	90	180
Heroin	93	92	79	40	12	9	2	11	2	81	90
Speed powder	82	77	54	13	4	50	8	45	11	55	12
Benzodiazepines	76	52	25	2	2	2	0	71	52	56	22
Morphine	71	68	32	1	0	0	0	30	19	39	11
Methadone	71	47	19	--	--	--	--	64	44	51	90
Hallucinogens	70	27	3	3	1	1	0	64	5	8	1.5
(Methyl)amphetamine, any (incl. licit)	--	--	--	--	--	--	--	--	--	82	12
Ice/shabu/crystal	64	62	38	8	2	4	2	14	7	39	7.5
Cocaine	59	49	14	5	2	26	5	5	2	15	2
Base/point/wax	57	57	42	2	2	5	3	11	6	42	11
Antidepressants	55	4	2	--	--	--	--	55	28	28	40
Ecstasy	43	27	8	0	0	3	1	39	14	18	4
Other opiates	32	20	7	8	0	2	0	18	12	17	8.5
Homebake	31	30	7	3	1	1	1	4	1	9	2
Inhalants	26	--	--	--	--	--	--	--	--	7	50
Buprenorphine	15	5	5	0	0	0	0	14	13	15	6.5

¹ median number of days used in the last six months among those who had used the drug in this time

Table 10. Drug use history of 2001 IDU sample: Proportion of IDU (N = 102) reporting use of each drug type

Drug	Ever used	Ever injected	Injected last 6 months	Ever smoked	Smoked last 6 months	Ever snorted	Snorted last 6 months	Ever swallowed	Swallowed last 6 months	Used in last 6 months	Median days used last 6 months ¹
Cannabis	97	--	--	--	--	--	--	--	--	82	100
Alcohol	97	6	0	--	--	--	--	97	77	77	22
Tobacco	96	--	--	--	--	--	--	--	--	95	180
Heroin	91	89	62	44	8	15	1	23	6	62	70
Amphetamines	98	96	83	26	8	62	13	62	26	84	50
Benzodiazepines	77	44	27	8	2	2	1	72	59	64	14
Morphine	61	54	31	3	0	1	1	22	13	35	5
Methadone	54	28	14	--	--	--	--	51	34	38	42
Hallucinogens	87	34	6	2	1	1	1	86	27	27	4
Cocaine	68	43	22	13	5	41	12	17	7	28	3
Antidepressants	54	--	--	--	--	--	--	--	--	28	41
Ecstasy	66	37	16	3	3	10	4	59	34	37	6
Other opiates	36	21	13	9	2	1	1	24	11	23	5
Inhalants	34	--	--	--	--	--	--	--	--	8	2

¹ median number of days used in the last six months among those who had used the drug in this time

Table 11. Drug use history of 2000 IDU sample: Proportion of IDU (N = 101) reporting use of each drug type

Drug	Ever used	Ever injected	Injected last 6 months	Ever smoked	Smoked last 6 months	Ever snorted	Snorted last 6 months	Ever swallowed	Swallowed last 6 months	Used in last 6 months	Median days used last 6 months ¹
Cannabis	99	--	--	--	--	--	--	--	--	84	90
Alcohol	96	4	0	--	--	--	--	96	76	76	12
Tobacco	96	--	--	--	--	--	--	--	--	87	180
Heroin	93	91	79	55	14	18	4	25	9	80	100
Amphetamines	97	94	69	24	4	55	9	69	20	71	24
Benzodiazepines	75	25	12	4	1	1	1	73	56	60	20
Methadone	53	32	17	--	--	--	--	47	31	35	165
Hallucinogens	83	27	4	6	1	3	1	81	20	24	2
Cocaine	51	36	8	10	4	31	8	11	2	14	2
Antidepressants	44	--	--	--	--	--	--	--	--	24	68
Ecstasy	66	31	9	1	0	11	4	59	22	24	4
Other opiates	60	47	21	10	1	3	0	36	16	31	7
Inhalants	38	--	--	--	--	--	--	--	--	5	10
Steroids	3	2	0	--	--	--	--	1	0	0	0

¹ median number of days used in the last six months among those who had used the drug in this time

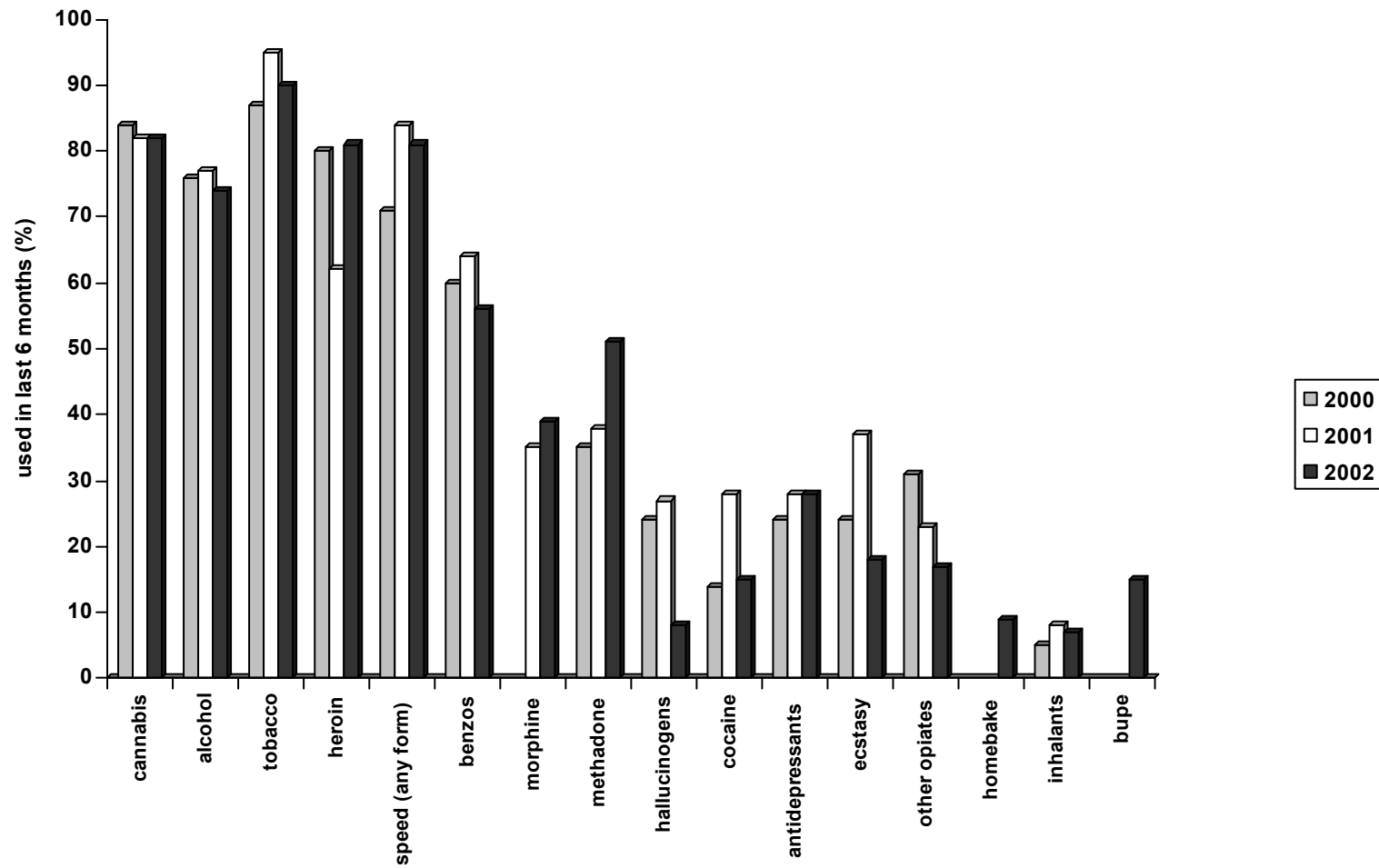
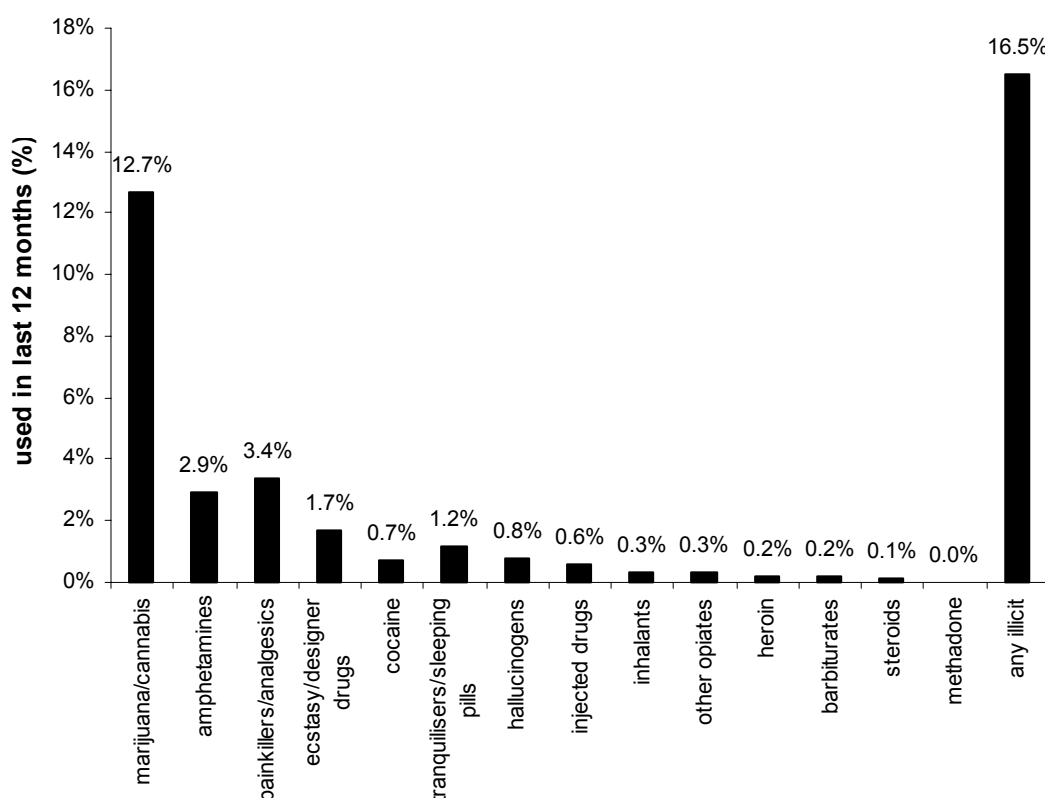


Figure 1. Proportion of IDU who reported using illicit drugs in the last 6 months, 2000 – 2002

In 2001 the National Drug Strategy Household Survey (NDSHS) surveyed almost 27,000 Australians about their drug use and associated beliefs and attitudes. In Queensland, 16.5% of those surveyed who were aged 14 or over reported having used at least one illicit drug in the last 12 months (see Figure 2). By far the most commonly used drug was cannabis, which had been used by 12.7% of respondents. Only 2.9% had used amphetamines, 0.7% cocaine and 0.2% heroin. Only 0.6% of the sample reported having injected drugs in the last 12 months, which implies that some of those who had used cocaine and the majority of those who had used amphetamines, had not injected.

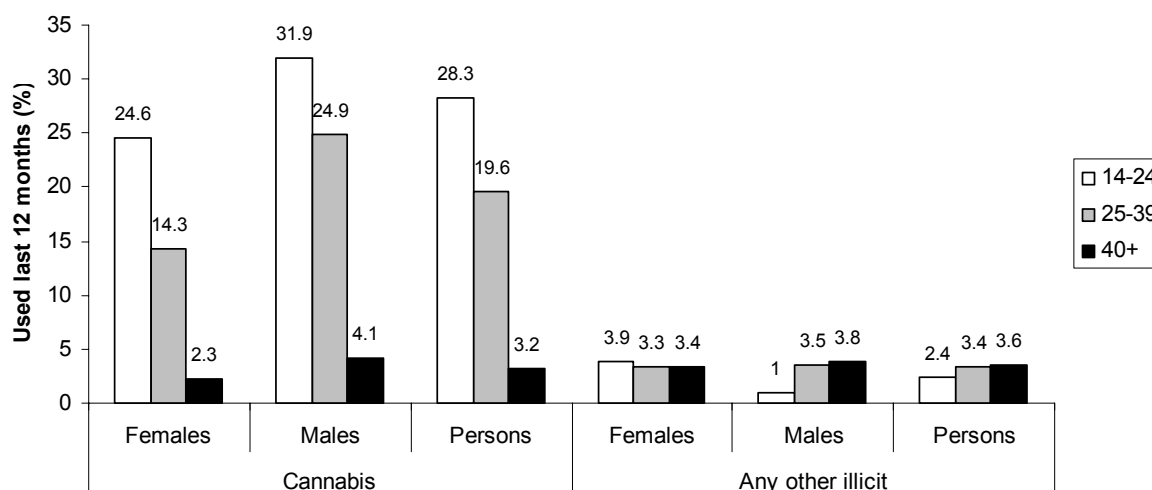
Among the IDU surveyed for the IDRS, similar numbers report having used heroin and methamphetamine, while much smaller numbers report having used cocaine in the last six months (see Tables 9 – 11 above). It therefore seems that while among injecting drug users in Queensland heroin and methamphetamine are used with similar frequency and much more frequently than cocaine, there is a different pattern in the wider drug-using community. Following cannabis, the preferred illicit drug seems to be methamphetamine; just over one quarter as many persons report using cocaine, and less than 7% of this number report having used heroin. Clearly, not all trends identified among IDU can be generalised to the wider drug-using population.



Source: NDSHS (2001) State and Territory Supplement

Figure 2. Proportion of persons in Queensland households, aged 14 and over reporting use of illicit substances for non-medical and non-maintenance purposes, in the last 12 months, 2001

Given the high prevalence of cannabis use in the general population, the NDSHS distinguishes between use of cannabis and use of other illicit drugs. In 2001 more males than females reported using cannabis, however for both genders the prevalence of cannabis use decreased markedly with age (see Figure 3). With regard to other illicit drugs, however, the reverse was true: Use of other illicit drugs was lower in the 14-24 year age group than in older groups, among males and persons in general. While cannabis use seems to decline with age, use of other illicit drugs, including injecting drugs, seems to increase with age among males.



Source: NDSHS (2001) State and Territory Supplement

Figure 3. Proportion of persons in Queensland households, aged 14 and over reporting use of cannabis or any other illicit substance for non-medical and non-maintenance purposes, in the last 12 months, 2001

Since 1999 the Drug Use Monitoring in Australia (DUMA) project has collected quarterly data on the prevalence of illicit drug use among police detainees throughout Australia. In Queensland, data were collected in the Southport watch-house, on the Gold Coast. DUMA data provide another window into the prevalence of illicit drug use in Queensland, among a group who are primarily male and who by definition have engaged in some form of criminal activity. During 2001 the proportion of detainees who tested positive for amphetamines rose from 19% in the first quarter to 32% in the last quarter; across 2001 38% reported use of amphetamines in the last 30 days. By contrast, only 16% tested positive for heroin in 2001 and fewer than 1% tested positive for cocaine, while 58% of males and 54% of females tested positive for cannabis (Makkai & McGregor 2002). Much like the NDSHS, these data seem to suggest that the prevalence of amphetamine use is much higher than that of heroin (or cocaine). Somewhat surprisingly, of those detainees who reported use of illicit drugs in the last 12 months 76% of males and 64% of females reported injecting amphetamines, while 91% of male and 95% of females reported injecting heroin. Contrary to the assertion of McAllister and Makkai (2001), these data suggest that among injecting users in Queensland, heroin may still be more popular.

4.0 HEROIN

In this section patterns and trends in heroin use for 2002 are reported and, where possible, compared with patterns from previous years.

4.1 Price

While the median price of a cap seems to have remained stable at \$50 from 2000 to 2002, the reported prices of other quantities of heroin may reflect the reduced availability of heroin in 2001, extending into 2002. The median reported price of $\frac{1}{8}$ gram of heroin remained stable at \$50 from 2000 to 2001 then rose to \$70 in 2002, while the price of a $\frac{1}{4}$ gram, a $\frac{1}{2}$ gram and a gram rose in 2001 and then fell by a smaller amount in 2002 (see Table 12). This pattern is illustrated in Figure 4 and is also reflected in the responses of IDU regarding price changes: From 2000 to 2002 the proportion of IDU who considered the price of heroin to have increased changed from 4% in 2000 to 46% in 2001, then down to 31% in 2002. Over the same time period the proportions who considered the price stable were 52%, 27% and 42% in 2000, 2001 and 2002 respectively (see Table 12). Based on reported price and price changes, it appears that the heroin drought may be 'breaking' rather than 'broken'.

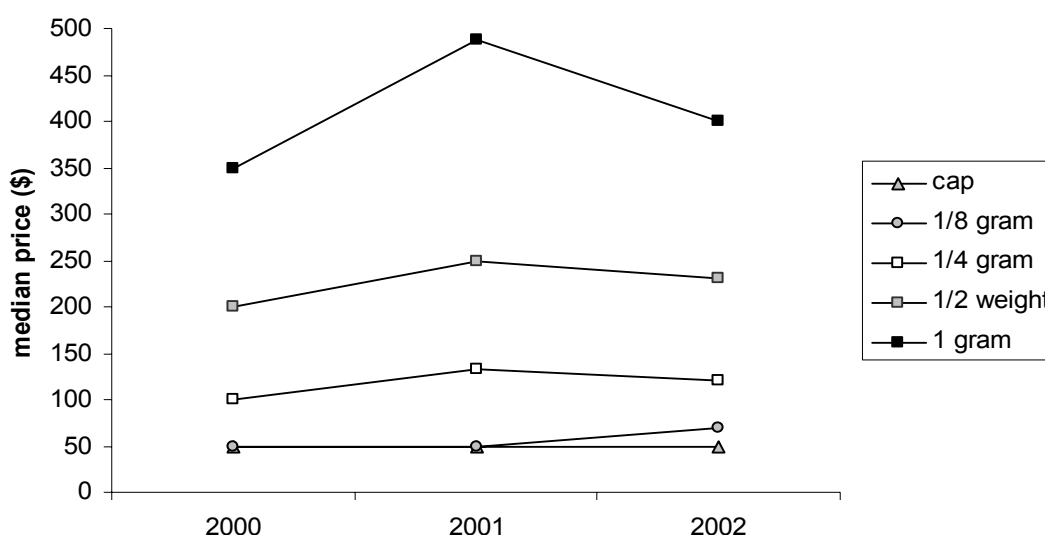


Figure 4. Median price of heroin in various quantities 2000 - 2002, as reported by IDU

Data indicative of the price of heroin is also available from the ACC, based on covert purchases by law-enforcement officers. No data were available for the 2000/01 financial year, in which the impact of the heroin shortage would likely have been most evident, however data for 1999/00 and 2001/02 appear below in Table 13. While the prices of covert purchases are as much as double those reported by IDU, it is worth noting that (a) the price of a weight and an ounce of heroin seem to have increased during 2001/02, (b) all quantities of heroin seem to cost substantially more in 2001/02 than in 1999/00, and (c) the ACC reported that in the first quarter of 2002 the availability of heroin was good, although the price continued to fluctuate (ACC, in press). Again, this is consistent with the view that the heroin drought is 'breaking rather than broken'.

Table 12. Price of heroin and changes in price during 2000, 2001 and 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Price per cap (\$)			
Mean (SD)	50.23 (3.40)	50.00 (4.65)	54.19 (20.29)
Median	50	50	50
Mode	50	50	50
Range	40 – 70	30 – 70	30 – 150
Bought in last 6 months (%)	44	44	30
Price per 1/8 gram (\$)			
Mean (SD)	52.25 (14.09)	65.36 (20.04)	68.46 (16.76)
Median	50	50	70
Mode	50	50	70
Range	15 – 75	50 – 100	50 – 100
Bought in last 6 months (%)	20	14	13
Price per 1/4 gram (\$)			
Mean (SD)	106.93 (21.56)	136.67 (22.34)	127.31 (49.49)
Median	100	132.50	120
Mode	100	150	100
Range	30 – 150	100 – 200	65 – 390
Bought in last 6 months (%)	56	47	52
Price per 1/2 weight (\$)			
Mean (SD)	191.57 (32.28)	246.71 (54.60)	232.16 (67.73)
Median	200	250	230
Mode	200	250 ¹	250
Range	50 – 260	90 – 400	70 – 500
Bought in last 6 months (%)	53	40	30
Price per gram (\$)			
Mean (SD)	353.09 (77.93)	473.75 (112.19)	413.33 (81.43)
Median	350	487.50	400
Mode	350	500	400
Range	100 – 525	300 – 750	250 – 600
Bought in last 6 months (%)	34	35	26
Price changes (%)			
Decreased	18	7	12
Stable	52	27	42
Increased	4	46	31
Fluctuating	2	17	7
Don't know	25	3	7
% of IDU reporting	100	69	78

¹ multiple modes exist. The smallest value is shown

Table 13. Cost of covert heroin purchases in Queensland, 1999/00 and 2001/02

	1999/00				2001/02			
	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun	Jul-Sep	Oct-Dec	Jan-Mar	Apr-Jun
cap	100–200	150			100	100		
1/2 weight	200–500	250			300	300		
weight	250–800	550		250 – 550	500	650	650 - 800	
gram	350–800	500			550	550		
8 ball				1 100 – 1 200	1 300	1 300		
1/2 ounce	3 600 - 4 000				5 000	5 000		
ounce	5 200 – 7 000			5 500	9 500 – 11 000	7 000 – 9 000	7 000 – 9 000	

Source: ABCI (2001) and ACC (in press)

4.2 Purity

The impact of the heroin shortage is also reflected to some extent in IDU reports of heroin purity. Between 2000 and 2001 substantially fewer IDU considered the purity of heroin medium, while considerably more reported the purity to be low. From 2001 to 2002 the reverse was true: Slightly fewer IDU reported the purity as low while more considered the purity to be medium, high or fluctuating. Interestingly, the proportion who considered the purity high changed relatively little from 2000 to 2002 (see Table 14).

Reports of changes in heroin purity also reflect this trend: During 2001 fewer IDU considered the purity increasing or stable, while more considered purity decreasing or fluctuating. In 2002 this trend reversed with 16% of IDU reporting the purity as increasing and almost one in five considering purity stable. Compared to 2001, in 2002 fewer IDU considered the purity to be decreasing, although over one quarter of IDU still reported that heroin purity was decreasing. Again, this is consistent with the view that the heroin drought is still ‘breaking’ rather than ‘broken’.

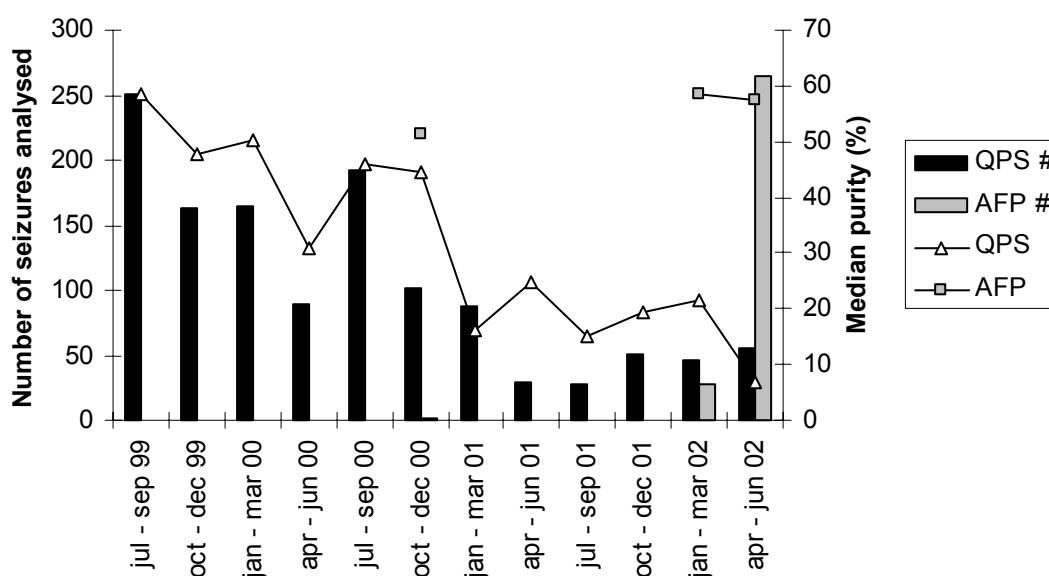
Table 14. Purity of heroin and changes in purity 2000 - 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Current purity (%)			
High	14	9	12
Medium	44	19	24
Low	13	28	24
Fluctuates	0	5	14
Don't know	30	39	27
Purity change last 6 months (%)			
Increasing	16	5	16
Stable	34	9	19
Decreasing	19	36	26
Fluctuating	7	14	13
Don't know	25	36	26

Note: in 2001 and 2002 IDU who had not used heroin in the last 6 months were not asked about heroin purity, however for comparability with 2000 data their responses have been classed as ‘don’t know’.

Figure 5 shows the median purity of heroin seizures in Queensland analysed by the state forensic laboratory and the Australian Forensic Drug Laboratory (AFDL) from July 1999 to June 2002. Vertical bars show the number of seizures analysed by state and federal authorities respectively in each quarter; lines show the median purity of state (QPS) and federal (AFP) seizures in each quarter. Although not all seizures are analysed, these figures do provide another means of gauging changes in the purity of heroin in Queensland.

From July 1999 until at least September 2001, the number of QPS seizures dropped, as did purity. During the 1999/00 financial year the median purity of analysed QPS seizures was 50.2%. At the reported peak of the heroin shortage, in 2000/01, the median purity of analysed QPS seizures was 42.3%. In 2001/02 the median purity of analysed QPS heroin seizures had dropped further, to only 18.5%. Although it was noted above that the heroin drought may be 'breaking', it appears that heroin purity has continued to fall, at least until the end of the 2001/02 financial year.



Source: ABCI (2001), ABCI (2002) and ACC (in press)

Figure 5. Median purity of heroin seizures analysed in Queensland

4.3 Availability

In 2002 about 85% of IDU who had used heroin in the last six months considered it either easy (42%) or very easy (43%) to obtain (see Table 15). None considered heroin 'very difficult' to obtain in 2002. Over three quarters reported that over the last six months the availability of heroin had been either stable (53%) or getting easier (25%) to obtain, while 17% considered heroin more difficult to obtain. Comparing these figures with those from 2000 and 2001 it appears as though the heroin drought has 'broken', although in 2000 a substantially larger proportion of IDU (59%) considered heroin 'very easy' to obtain.

Table 15. Availability of heroin and changes in availability 2000 - 2002, as reported by IDU

	IDRS 2000 (n = 81) (%)	IDRS 2001 (n = 70) (%)	IDRS 2002 (n = 81) (%)
Current availability			
Very easy	59	31	43
Easy	27	43	42
Difficult	6	13	15
Very difficult	3	7	0
Don't know	5	6	0
Availability change last 6 months			
More difficult	10	29	17
Stable	56	40	53
Easier	25	17	25
Fluctuating	0	9	3
Don't know	5	6	3

In order to further appreciate how IDU obtain heroin, those who had used heroin in the last six months were asked where they usually scored and how long it typically took them to score. Responses to these questions are presented in Table 16. The most common source of heroin in 2000, 2001 and 2002 was clearly a mobile dealer – in 2002 37% of IDU reported a mobile dealer as their usual source. Other common sources in 2002 were a friend (19%), a street dealer (17%) or a dealer's home (15%). In 2002 IDU reported that it typically took half an hour to score heroin.

Table 16. Source of heroin and time to score 2000 - 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)	
Usual source last 6 months (%)			Usual	Last time
Don't use heroin	21	13	3	1
Street dealer	22	19	17	20
Dealer's home	9	20	15	10
Mobile dealer	39	33	37	38
Friend	9	16	19	18
Home delivery	--	--	9	9
Gift from friend	--	--	1	4
% of IDU reporting	96	69	78	77
Length of time to score (minutes)				
Mean (SD)	--	--	45.5 (54.3)	32.8 (37.6)
Median	--	--	30	22.5
Mode	--	--	30	30
Range	--	--	1 – 390	0 – 210
% of IDU reporting			73	73

4.4 Prevalence of heroin use

From 2000 to 2001 the IDRS recorded a substantial decrease in the prevalence of heroin use among IDU, however in 2002 this trend reversed. As Figure 6 shows, heroin use declined in 2001 then increased in 2002 according to a range of indicators. The IDRS in 2002 saw an increase in the proportion of IDU who reported:

heroin use in the last six months (81%)
heroin as their drug of choice (63%)
heroin as the drug most often injected in the last month (52%)
heroin as the last drug injected (45%)
using heroin the day preceding interview (39%)
daily use of heroin (17%)

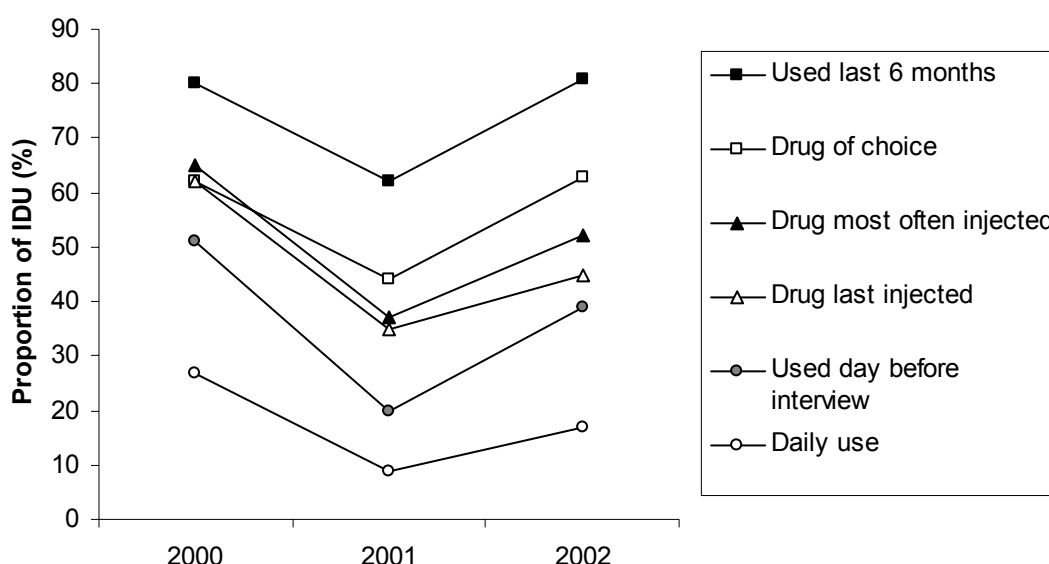


Figure 6. Indicators of the prevalence of heroin use among IDU, 2000 - 2002

The 2002 IDU also identified the same trend in the median number of days heroin was used by those who reported use in the last six months, from 100 days in 2000, to 70 days in 2001, and 80 days in 2002. Based on reported prevalence and frequency of use, it appears that heroin use is once again increasing among IDU, although not yet to the levels seen in 2000.

4.5 Current patterns and trends in heroin use

As in previous years, the most common route of administration for heroin in 2002 was intravenous. In the six months preceding interview 79% of IDU reported injecting heroin, 12% reported smoking ('chasing the dragon'), 2% reported snorting and 2% reported swallowing. Those reporting snorting and swallowing were all female.

Roughly equal proportions of IDU in 2002 reported using rock (79%) and powder (72%) forms of the drug, although rock was the form most used in the last six months, by the majority. By contrast, in 2000 more often reported having used the powder form of heroin (see Table 17).

Table 18 shows the extent of polydrug use in 2002 by IDU who nominated heroin as their drug of choice. Of the 65 heroin IDU, 40 were male and 25 female. Forty-seven of these IDU (72%) reported using cannabis in the last 6 months – of these, almost half (43%) reported daily cannabis use. Fifty-seven heroin IDU (88%) reported using tobacco, and of these only two did not report daily use. Alcohol was used by 68% of heroin IDU, although on a median of only nine days in six months.

Table 17. Form of heroin used by IDU in last 6 months, 2000 - 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102) ¹	IDRS 2002 (N = 104)
Used at all in last 6 months (%)			
Rock	66	56	79
Powder	76	58	72
Form most used last 6 months (%)			
Rock	--	36	53
Powder	--	34	28

¹ in 2001 only IDU who nominated heroin as their drug of choice (n = 63) responded to this question; consequently percentages are not directly comparable with 2000 and 2002 data. Overall percentages (based on full sample) are shown for each year.

Methadone was used by 65% of heroin IDU, typically on a daily basis. Almost half reported using morphine and almost a quarter reported using other opiates, although both were used very sporadically. Almost three quarters of heroin IDU (74%) reported using some form of methamphetamine in the last six months, with more IDU using powder (40%) and base (42%) than ice (29%). Methamphetamine was used on a median of only four days in six months by heroin IDU. Fifteen percent of heroin IDU reported using cocaine in the last six months, although typically only on two days over this period.

One in five heroin IDU reported using buprenorphine, on a median of 6 days, but 58% reported using benzodiazepines, typically about once a fortnight. Over a quarter (28%) reported using antidepressants, most frequently daily (see Table 18).

Table 18. Drug usage over the past 6 months by IDU who nominated heroin as their drug of choice in 2002 (n = 65)

	Number who used	% of heroin IDU ¹	Number of days used in last 6 months (1 – 180) ²			
			Mode	Median	Mean	SD
Heroin	61	94	180	104	105.1	66.3
Methadone	42	65	180	105	98.5	76.8
Morphine	30	46	3	9	32.3	50.0
Homebake	4	6	2	4	4.8	3.8
Other opiates	15	23	1	7	23.3	46.0
Speed powder	26	40	2	6	18.4	25.8
Base/point/wax	27	42	5 ³	6	22.1	30.5
Ice/shabu/crystal	19	29	2 ³	4	14.1	27.9
Speed (any form)	48	74	1 ³	4	15.0	25.5
Cocaine	10	15	2	2	2.4	1.3
Hallucinogens	2 ⁴	3	--	--	--	--
Ecstasy	8	12	1	2.5	4.4	4.8
Benzodiazepines	38	58	20	24	46.5	54.6
Alcohol	44	68	2 ³	9	29.3	39.4
Cannabis	47	72	180	96	100.5	77.7
Antidepressants	18	28	180	50	69.2	68.0
Inhalants	2 ⁵	3	--	--	--	--
Tobacco	57	88	180	180	175.4	26.0
Buprenorphine	13	20	1	6	27.0	56.1

¹ 'heroin IDU' are those who nominated heroin as their 'drug of choice'

² descriptive statistics based on responses of those who reported using the drug at least once in the last 6 months

³ multiple modes exist – the smallest mode is shown

⁴ one IDU reported using hallucinogens twice in the previous 6 months; the other reported daily use (i.e., 180 days)

⁵ one IDU reported using inhalants on 78 of the last 180 days; the other reported daily use

4.6 Summary of heroin trends

the **price** of heroin rose in 2001 but has fallen in 2002. Heroin currently costs \$50 per cap and \$400 per gram.

the **purity** of heroin has fallen consistently from July 1999 – June 2002, although some IDU believe the purity is now increasing

the **availability** of heroin in Queensland has increased, although not yet to 2000 levels

heroin **use** has increased in 2002, although accompanied by considerable polydrug use

5.0 METHAMPHETAMINE

There appears to be on-going confusion and ambiguity among IDU and researchers alike about the various forms of methamphetamine available on the street, and about the terminology used to describe each form. As the methamphetamine market in Queensland has grown and changed, so too have the hazy distinctions between various ‘forms’ of the drug, and the wide range of street terms used to describe them. In 2000 the IDRS asked about ‘speed’, although some questions were asked about powder, liquid and ice/shabu. Similarly, the 2001 IDRS asked about ‘speed’ but also collected some data on liquid, crystals and base. In 2002 IDU were asked about three forms of methamphetamine: powder, base and crystals (also called ice or shabu), with a view to collecting more comprehensive data on the use, price, purity and availability of each form. Before going on to describe patterns and trends in methamphetamine use in 2002, a brief explanation of the various forms of methamphetamine, and their manufacture, is provided below.

5.0.1. A brief note on methamphetamine forms and manufacture

In the initial stage of manufacture methamphetamine ‘cooks’ produce an oil known as ‘free base’. This oil is essentially 100% pure methamphetamine, but as an oil it is neither ideally suited to injecting nor readily amenable to cutting/dividing. Cooks therefore add other chemicals to convert this oil into a crystalline salt form – the more slowly the liquid crystallises, the larger the crystals. If these crystals are of a high quality they may be up to 80.4% pure methamphetamine, regardless of the size of the crystals. Small crystals are usually described as powder ‘speed’, and are typically cut by cooks and dealers. Consequently, the powder speed purchased on the street is usually much less than 80.4% pure. By contrast, larger crystals which are known as ‘ice’, ‘shabu’ or ‘crystal meth’, are usually not cut, so may in fact be up to 80.4% pure methamphetamine at the ‘street’ level.

If a cook fails to crystallise the free base a dark red, strong-smelling oil may result. This *may be* what some users have referred to as ‘ox-blood’; this substance would be much less pure than the 80.4% theoretical maximum. Similarly, if the crystallisation process is only partially successful a wet, pasty powder may result. This may be what users on the street are mistakenly referring to as ‘base’, probably because it smells much like the free base oil created during the cooking process. Due to moisture content and the presence of adulterants this so-called ‘base’ will have an initial purity considerably less than 80.4%; it is also typically cut with other substances, which will further reduce its purity. The methamphetamine base sold on the street is, therefore, usually much less than 80.4% pure.

To summarise, the goal of methamphetamine cooks is to produce a dry, crystalline substance which is 80.4% pure methamphetamine by weight. Large crystals are referred to as ice or shabu, and are usually sold in their pure form. Smaller crystals, whether dry or damp, are usually cut with other substances and sold on the street at a lower purity. The distinctions between these forms, particularly powder and base, are therefore somewhat hazy, however as IDU seem to make a distinction between powder, base and ice, there seems to be merit in making the same distinctions in the IDRS. Using the distinctions between speed powder, base and ice, it is hoped that more detailed comparisons will be possible in future years of the IDRS.

In the following section patterns and trends in these three forms of methamphetamine are presented and discussed. Where possible, figures from 2000 and 2001 are included for

comparison purposes, however given the fluid nature of this market and its associated terminology, only tentative comparisons can be made at this time.

5.1 Price

Tables 19 and 20 below detail the prices that IDU reported paying for various quantities and forms of methamphetamine the last time they purchased, in 2000, 2001 and 2002. In 2000 IDU reported prices for 'speed', whereas in 2001 separate prices were provided for 'speed' and 'ice'. These figures appear in Table 19. In 2002 IDU reported separately on the prices of methamphetamine powder (speed), base and ice. These figures appear below, in Table 20.

Table 21 summarises the above information about price and price changes for methamphetamine in 2000, 2001 and 2002. Although distinctions were made in 2002 between methamphetamine powder, base and ice, it is interesting to note that IDU reported very similar prices for each 'form' of the drug, and that for each form the majority of IDU reported that the price was stable. In 2002 the median price of a point of methamphetamine ranged from \$30 to \$50, a half weight (half gram) cost around \$100 and a gram of methamphetamine cost \$200 to \$235. There was some evidence that the price of methamphetamine ice was higher than that of powder or base.

Since 2001 the median price of powder may have dropped slightly, from \$50 to \$40 for a point, and from \$450 to \$400 for an 'eight-ball' (3.5 grams), however over the same period the median price of a gram rose from \$180 to \$200. Methamphetamine ice seems to have risen in price since 2001, with the median prices of a point (from \$37.50 to \$50), half weight (from \$100 to \$105), gram (from \$200 to \$235) and eight-ball (from \$450 to \$575) rising. Although the majority of IDU in both 2001 and 2002 considered the price of methamphetamine stable, it is interesting to note that there was greater consensus with regard to powder than ice. In fact in 2002, almost one quarter of IDU (24%) reported that the price of ice had increased in the last six months.

Table 19. Price of methamphetamine in 2000 and 2001, according to IDU

	IDRS 2000 (N = 101) Speed	IDRS 2001 (N = 102) Speed	IDRS 2001 (N = 102) Ice
Price per point (\$) ²			
Mean (SD)	43.82 (9.93)	40.50 (12.13)	36.70 (13.47)
Median	50	50	37.50
Mode	50	50	50
Range	20 – 50	20 – 50	10 – 60
Bought last 6 months (%)	17	20	43
Price per 1/8 gram (\$)			
Mean (SD)	50.00 (14.14)	45.00 (24.75)	32.00 (21.68)
Median	50	50	20
Mode	50	50	20
Range	30 – 70	10 – 100	20 – 70
Bought last 6 months (%)	5	9	5
Price per 1/4 gram (\$)			
Mean (SD)	73.00 (23.36)	60.38 (24.70)	67.73 (24.84)
Median	75	50	50
Mode	50	50	50
Range	50 – 120	15 – 120	50 – 120
Bought last 6 months (%)	15	13	11
Price per 1/2 weight (\$)			
Mean (SD)	121.32 (30.48)	90.00 (26.29)	102.03 (17.18)
Median	110	100	100
Mode	100	100	100
Range	70 – 200	20 – 120	70 – 150
Bought last 6 months (%)	38	29	36
Price per gram (\$)			
Mean (SD)	221.43 (48.59)	148.29 (66.05)	198.49 (45.95)
Median	200	180	200
Mode	200	200	200
Range	180 – 350	40 – 225	50 – 300
Bought last 6 months (%)	28	34	42
Price per eight-ball (1/8 oz) (\$)			
Mean (SD)	531.82 (155.49)	426.67 (169.77)	470.20 (156.77)
Median	500	450	450
Mode	550	450	450
Range	300 – 1000	150 – 800	75 – 800
Bought last 6 months (%)	22	24	25
Price per ounce (\$)			
Mean (SD)	2700.00 (818.54)	3214.29 (1211.65)	2900.00 (1272.79)
Median	2500	3200	2900
Mode	2000 ¹	3000	--
Range	2000 – 3600	800 – 4500	2000 – 3800
Bought last 6 months (%)	3	7	2
Price changes (%) ³			
Decreased	22	9	10
Stable	32	60	54
Increased	3	11	16
Fluctuating	6	7	8
Don't know	38	13	12

¹ multiple modes exist. The smallest value is shown

² IDU in 2001 were not asked about 'last time' they purchased a point; this figure represents the reported 'usual' cost

³ in 2001 only 54% of IDU responded regarding speed, and 73% regarding ice; valid percentages are shown

Table 20. Price of methamphetamine in 2002 according to IDU (N = 104)

	Powder	Base	Ice
Price per point (\$)			
Mean (SD)	38.00 (12.71)	36.05 (11.37)	43.08 (13.93)
Median	40	30	50
Mode	50	50	50
Range	20 – 50	20 – 50	20 – 70
Bought in last 6 months (%)	19	18	13
Price per 1/8 gram (\$)			
Mean (SD)	50.00	25.00	37.50 (17.68)
Median	50	25	37.50
Mode	50	25	25 ¹
Range	--	--	25 – 50
Bought in last 6 months (%)	1	1	2
Price per 1/4 gram (\$)			
Mean (SD)	237.50 (17.68)	75.00 (35.36)	--
Median	237.50	75	--
Mode	225 ¹	50 ¹	--
Range	225 – 250	50 – 100	--
Bought in last 6 months (%)	2	2	0
Price per 1/2 weight (\$)			
Mean (SD)	91.47 (21.20)	105.00 (31.72)	119.06 (22.82)
Median	100	100	105
Mode	100	100	100
Range	35 – 120	60 – 200	100 – 150
Bought in last 6 months (%)	16	16	15
Price per gram (\$)			
Mean (SD)	188.33 (60.44)	212.50 (78.32)	240.71 (58.63)
Median	200	200	235
Mode	200	200	200
Range	70 – 400	150 – 450	150 – 350
Bought in last 6 months (%)	20	13	13
Price per eight-ball (\$)			
Mean (SD)	351.88 (169.92)	443.89 (136.56)	593.75 (137.42)
Median	400	500	575
Mode	150 ¹	500	550
Range	120 – 700	120 – 600	400 – 800
Bought in last 6 months (%)	15	9	8
Price per ounce (\$)			
Mean (SD)	540.00 (509.12)	3000.00 (1414.21)	3666.67 (577.35)
Median	540	3000	4000
Mode	180	--	4000
Range	180 – 900	2000 – 4000	3000 – 4000
Bought in last 6 months (%)	2	2	3
Price changes (%) ²			
Decreased	10	13	3
Stable	64	56	53
Increased	14	13	24
Fluctuating	6	10	6
Don't know	8	8	15

¹ multiple modes exist. The smallest value is shown² in 2002 50% of IDU responded regarding speed, 38% regarding base and 33% regarding ice; valid percentages are shown

Table 21. Methamphetamine summary: Median price and modal price change according to IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Point			
Powder/speed	50	50	40
Base/paste/wax	--	--	30
Ice/shabu/crystal	--	37.50	50
1/4 gram			
Powder/speed	75	50	--
Base/paste/wax	--	--	--
Ice/shabu/crystal	--	50	--
1/2 weight			
Powder/speed	110	100	100
Base/paste/wax	--	--	100
Ice/shabu/crystal	--	100	105
Gram			
Powder/speed	200	180	200
Base/paste/wax	--	--	200
Ice/shabu/crystal	--	200	235
Eight ball			
Powder/speed	500	450	400
Base/paste/wax	--	--	--
Ice/shabu/crystal	--	450	575
Modal price change			
Powder/speed	stable (32%)	stable (60%)	stable (64%)
Base/paste/wax	--	--	stable (56%)
Ice/shabu/crystal	--	stable (54%)	stable (53%)

Note: median prices are presented for quantities reported by at least 10% of the sample

5.2 Purity

Consistent with the notion that IDU consider methamphetamine powder, base and ice distinct forms of the drug, IDU in 2002 rated the current purity of each form differently. Roughly one in five rated the purity of powder as high, while about a quarter each rated the purity as medium, low or fluctuating. By contrast, 44% rated the purity of base as high, 26% as medium and only 13% as low. Finally, 59% of IDU rated the purity of ice as high, 21% as medium and only 9% as low (see Table 22). There was little agreement among IDU regarding the purity of speed, however IDU increasingly agreed that base and, in particular, ice were of high purity.

Similarly, IDU disagreed with regard to changes in the purity of speed powder over the preceding six months, with over one fifth of respondents each stating that the purity had decreased, was stable or was fluctuating. Only 8% reported that the purity of speed powder was increasing. There was slightly more agreement regarding methamphetamine base, with almost half (46%) of respondents reporting that the purity was stable, and over one in five reporting that purity had fluctuated. As in 2001, the majority of respondents (53%) considered the purity of ice stable, and in 2002 15% reported that the purity of ice had increased.

Overall, there appears to be moderate agreement among IDU in 2002 about the purity of methamphetamine, with the exception of methamphetamine powder, about which IDU expressed very mixed opinions. IDU do seem to consider powder, base and ice as increasingly pure forms of methamphetamine, although it is worth noting that these purity ratings reflect perceptions and attitudes, not necessarily reality.

Table 22. Purity of methamphetamine and changes in purity 2000 - 2002, as reported by IDU

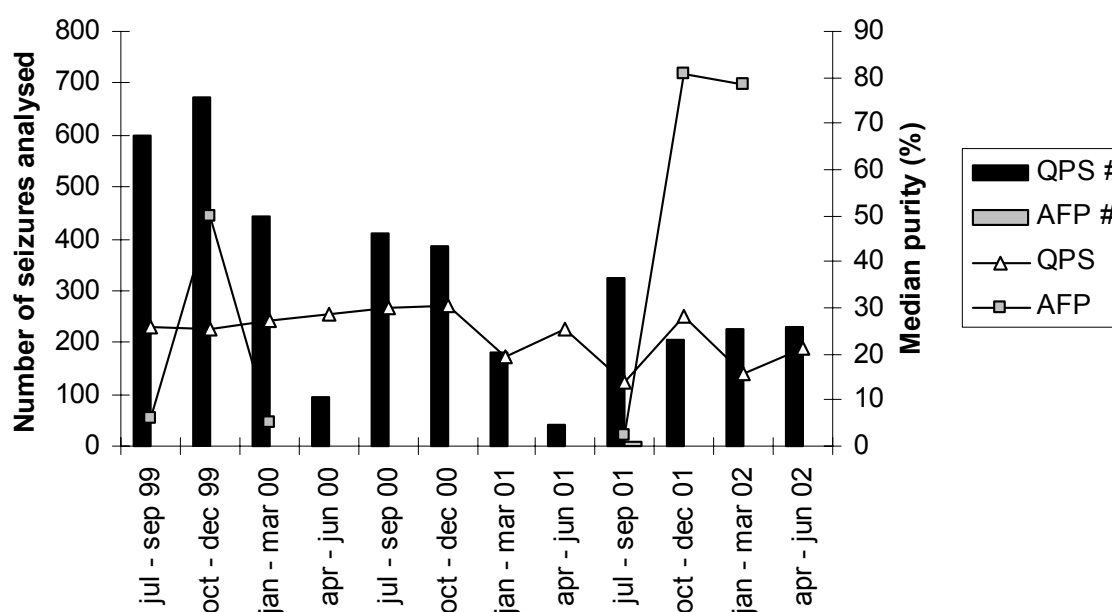
	IDRS 2000 ¹ (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Current purity of powder (%)			
High	37	30	19
Medium	13	28	27
Low	11	23	25
Fluctuates	0	9	29
Don't know	40	9	0
% of IDU reporting	100	52	50
Purity of powder last 6 months (%)			
Increasing	19	4	8
Stable	23	29	35
Decreasing	6	26	21
Fluctuating	12	29	27
Don't know	41	13	10
% of IDU reporting	100	54	50
Current purity of base (%)			
High			44
Medium			26
Low			13
Fluctuates			15
Don't know			3
% of IDU reporting			38
Purity of base last 6 months (%)			
Increasing			13
Stable			46
Decreasing			18
Fluctuating			23
Don't know			0
% of IDU reporting			38
Current purity of ice (%)			
High		51	59
Medium		30	21
Low		5	9
Fluctuates		12	3
Don't know		1	9
% of IDU reporting		73	33
Purity of ice last 6 months (%)			
Increasing		4	15
Stable		57	53
Decreasing		10	6
Fluctuating		20	12
Don't know		10	15
% of IDU reporting		73	33

¹ in 2000 all IDU responded to this question, so percentages are not directly comparable with later years

Another imperfect method of gauging the purity of methamphetamine on the street is to consider the purity of law enforcement seizures that have been analysed by forensic laboratories. In reporting the purity of seizures the ACC makes a distinction between amphetamine and methamphetamine, however during the 2001/02 financial year no amphetamine seizures were

analysed in Queensland. Purity data relating to methamphetamine seizures analysed in Queensland from 1999/00 to 2001/02 are presented below in Figure 7.

Consistent with the view that most methamphetamine in Queensland is locally produced, the vast majority of seizures were by QPS rather than the AFP. Over the entire three-year period from 2000 to 2002 only AFP 15 seizures were analysed, and their purity fluctuated wildly from eight small (< 2 gram) seizures in July – September 2001 with a median purity of only 2.2%, to one large (> 2 gram) seizure that was 81% pure. Over the same period QPS had 3,814 seizures analysed; the median purity over these three years was 26.3% in 1999/00, 28.6% in 2000/01 19.7% in 2001/02. Overall, while the purity of analysed seizures continues to fluctuate, perhaps more so in recent times, there is some evidence from law enforcement that overall, methamphetamine purity has dropped over the last few years. Unfortunately, when seizures are analysed no distinction is made between methamphetamine powder, base and ice, so it is not possible to establish whether this apparent drop in purity is evident in all forms of the drug.



Source: ABCI (2001), ABCI (2002) and ACC (in press)

Figure 7. Median purity of methamphetamine seizures analysed in Queensland, 1999/00 – 2001/02

5.3 Availability

IDU in 2002 also distinguished between powder, base and ice in terms of reported availability, with 77% of respondents considering powder very easy to obtain, 56% considering base very easy to obtain and only 32% considering ice very easy to obtain (see Table 23). The majority of IDU considered the availability of both powder (69%) and base (59%) stable, but only 38% considering the availability of ice stable. These data are consistent with the view that ice is the most pure and sought after – but the least available – form of methamphetamine in Queensland, although as noted above, ice may not be any more expensive for those who can obtain it.

Comparing 2002 and 2001 IDU responses regarding availability, it appears as though speed powder has become more readily available while ice has become more difficult to obtain. In 2001 59% of respondents considered powder ‘very easy’ to get, compared to 77% of respondents in 2002; the proportion stating that powder was either ‘easy’ or ‘very easy’ to get also increased slightly, from 91% in 2001 to 96% in 2002. Evidently, IDU who used speed powder in both 2001 and 2002 experienced little difficulty in obtaining it.

With regard to methamphetamine ice, a different pattern emerged. In 2001 54% of respondents reported that ice was very easy to obtain, compared to only 32% in 2002; the proportion reporting that ice was either ‘easy’ or ‘very easy’ to get also dropped, from 85% in 2001 to 67% in 2002. Notably, the proportion of IDU who were able to respond regarding ice also dropped considerably, from 73% in 2001 to only 33% in 2002. In 2001 72% of respondents considered the availability of ice stable, whereas in 2002 only 38% considered it stable, and almost one in four considered ice ‘more difficult’ to get. There is some evidence, therefore, that IDU in 2002 found methamphetamine ice more difficult to obtain than in 2001. This trend is also illustrated below in Figure 8.

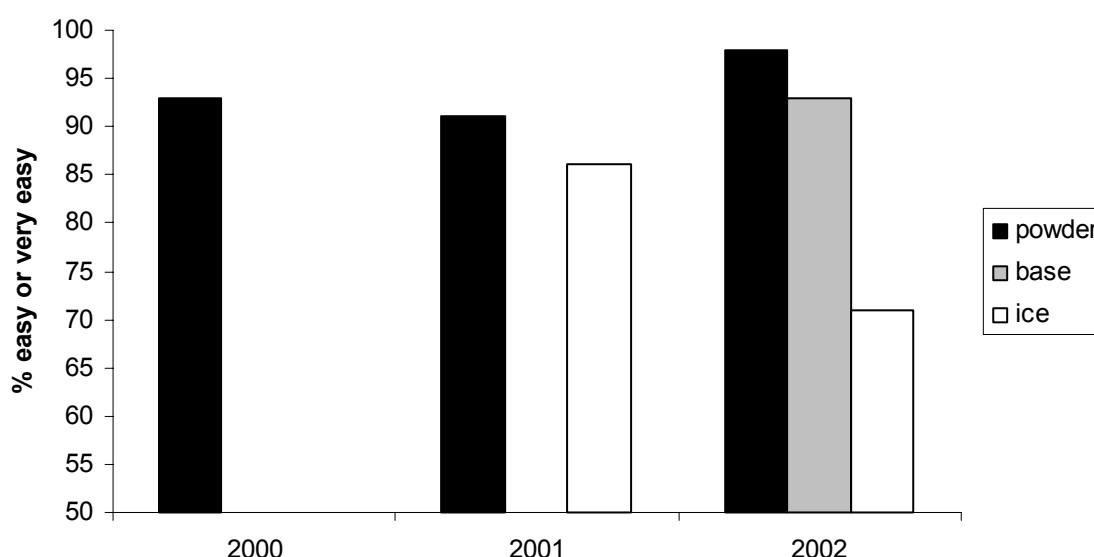


Figure 8. Proportion of IDU reporting the availability of methamphetamine powder, base and ice as ‘easy’ or ‘very easy’ in 2000, 2001 and 2002

In addition to providing information about methamphetamine availability, IDU are also asked to indicate where they obtain their methamphetamine, and in 2002 respondents were also asked to report how long it took them to score their drugs. In 2002 IDU were asked to report separately for methamphetamine powder, base and ice, and to report on both the ‘usual’ source and their source the ‘last time’ they had scored. These data are presented in Table 24.

Table 23. Availability of methamphetamine and changes in availability 2000 - 2002, as reported by IDU

	IDRS 2000 ¹ (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Current availability of powder (%)			
Very easy	39	59	77
Easy	23	32	19
Difficult	5	9	2
Very difficult	1	0	0
Don't know	33	0	2
% responding	100	55	50
Availability of powder last 6 months (%)			
More difficult	8	11	6
Stable	45	55	69
Easier	13	21	15
Fluctuating	0	5	6
Don't know	35	7	4
% responding	100	55	50
Current availability of base (%)			
Very easy			56
Easy			28
Difficult			5
Very difficult			0
Don't know			10
% responding			38
Availability of base last 6 months (%)			
More difficult			8
Stable			59
Easier			18
Fluctuating			8
Don't know			8
% responding			38
Current availability of ice (%)			
Very easy		54	32
Easy		31	35
Difficult		12	15
Very difficult		1	12
Don't know		1	6
% responding		73	33
Availability of ice last 6 months (%)			
More difficult		11	24
Stable		72	38
Easier		7	21
Fluctuating		5	3
Don't know		5	15
% responding		73	33

¹ in 2000 all IDU responded to this question, so percentages are not directly comparable with later years

Few changes are evident from year to year, with the most common sources in 2002 being a dealer's home and a friend. For all forms of methamphetamine, only a small proportion of IDU reported purchasing from a street dealer, suggesting that the phrase 'on the street' may be a misleading way of describing user-level methamphetamine purchases in Queensland. IDU reported that it typically took them only five minutes to score powder, and that at most it would

take three hours to score. IDU reported that it ‘usually’ took half an hour to score base, although the modal time reported for their ‘last purchase’ was only five minutes. According to IDU ice took slightly longer to obtain – typically half an hour – and could take up to six hours to obtain. Again, this is consistent with the view that methamphetamine crystals (ice) are less readily available to users than are the other forms.

Table 24. Source of methamphetamine 2000 - 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)	
			Usual	Last time
Usual source of powder last 6 months (%)				
Don't use meth powder	32	7	2	1
Street dealer	9	6	15	14
Dealer's home	15	38	35	31
Mobile dealer	20	18	21	15
Friend	22	31	12	21
Home delivery	--	--	15	15
Gift from friend	--	--	0	2
Other	2	--	--	--
% of IDU reporting	90	54	50	50
Length of time to score powder (mins)				
Median	--	--	22.5	15
Mode	--	--	5	5
Range	--	--	0 – 180	0 – 180
Usual source of base last 6 months (%)				
Don't use meth base	--	--	3	3
Street dealer	--	--	8	10
Dealer's home	--	--	31	28
Mobile dealer	--	--	23	18
Friend	--	--	21	21
Home delivery	--	--	13	10
Gift from friend	--	--	3	10
% of IDU reporting	--	--	38	38
Length of time to score base (mins)				
Median	--	--	20	12.5
Mode	--	--	30	5
Range	--	--	0 – 120	0 – 120
Usual source of ice last 6 months (%)				
Don't use meth ice	--	1	3	0
Street dealer	--	4	12	12
Dealer's home	--	36	38	46
Mobile dealer	--	26	12	6
Friend	--	32	29	30
Home delivery	--	--	3	3
Gift from friend	--	--	3	3
% of IDU reporting	--	71	33	33
Length of time to score ice (mins)				
Median	--	--	30	30
Mode	--	--	30	30
Range	--	--	0 – 360	0 – 180

5.4 Prevalence of methamphetamine use

Eighty-two percent of IDU in 2002 reported having used some form of methamphetamine in the last six months, with more IDU reporting use of powder speed (55%) than base (42%) or ice (39%). In 2002 25% of IDU identified methamphetamine as their drug of choice, however 39% reported that methamphetamine were the drug most often injected in the last month and 41% reported methamphetamine as the drug last injected. These proportions suggest opportunistic use of methamphetamine, with more IDU using the drug than reporting it as their drug of choice. In 2002 the proportions of IDU reporting that powder, base and ice were 'very easy' to obtain were 77%, 56% and 32% respectively. For purposes of comparison, 43% of IDU in 2002 reported that heroin was very easy to obtain.

Whereas heroin use declined in 2001 and rose again in 2002, methamphetamine use seems to have increased in 2001 and dropped only slightly in 2002. The reader is encouraged to compare the following figure with Figure 6 in Section 4.4, which illustrates changes in the prevalence of heroin use among IDU from 2000 to 2002. It seems that while heroin availability and use dropped during the 2001 heroin shortage, a proportion of IDU moved to injecting methamphetamine. As heroin availability increased in 2002, however, the concomitant reduction in methamphetamine use was relatively small (see Figure 9).

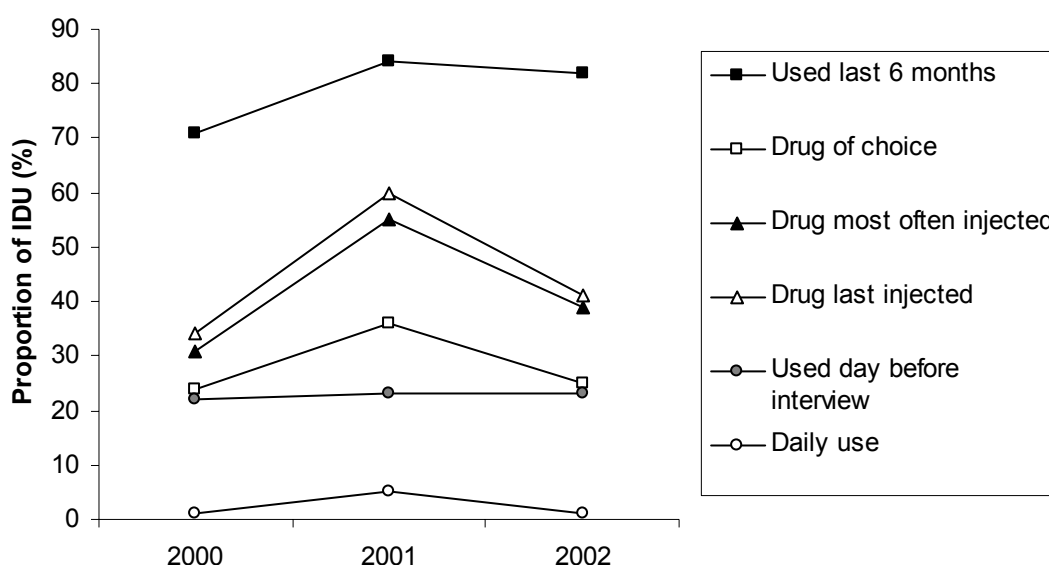


Figure 9. Indicators of the prevalence of methamphetamine use among IDU, 2000 - 2002

5.5 Current patterns and trends in methamphetamine use

It was noted in Section 5.0.1 that IDU in Queensland seem to distinguish among three forms of methamphetamine: powder, base and ice. While more IDU reported use of powder (55%) than base (42%) in the last six months, and even fewer reported using ice (39%), the pattern of use among those who did report using each form was remarkably similar. Of those who reported using powder in the last six months 98% reported injecting, 20% swallowing, 15% snorting and 9% smoking. For methamphetamine base, 100% reporting intravenous use, 14% swallowed, 7% snorted and 5% reported smoking. Among recent ice users 97% reported injecting, 18%

swallowing, 5% reported snorting and surprisingly, only 5% reported smoking this form of the drug. Although it is possible that ice may be smoked by the majority of methamphetamine users who do not inject (see Section 3.3) this certainly does not seem to be the case among IDU in Queensland. Given that ice may be up to 80% pure, the intravenous use of this form of methamphetamine is of particular concern.

Table 25 shows the proportion of IDU reporting use of each form of methamphetamine in 2000, 2001 and 2002. Consistent with analyses conducted by the Crime and Misconduct Commission (CMC 2002) it appears that illicit use of diverted amphetamines among IDU in Queensland is minimal. In 2002 the form most used by IDU was base (30%), while 25% reported mostly using powder and 22% mostly using ice. Five percent of IDU in 2002 reported mostly using a liquid form of the drug, however the precise composition and potency of this form is unclear. The possibility remains that IDU may themselves be unclear about what form of methamphetamine they are taking.

Table 25. Forms of methamphetamine used by IDU in last 6 months, 2000 - 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Used at all in last 6 months (%)			
Any form	71	84	82
Powder	58	69	55
Liquid	42	29	27
Base/paste	--	66	42
Crystal/ice	13	66	39
Prescription	9		
Licit	--	2	1
Illicit	--	9	5
Form most used last 6 months (%)			
Powder	--	23	25
Liquid	--	2	5
Base	--	40	30
Ice	--	26	22
Prescription			
Licit	--	0	0
Illicit	--	1	0

5.5.1 Flashcard analysis

In 2002 flashcards with colour photographs of methamphetamine (Churchill and Topp, 2002) were used to begin clarifying more precisely the characteristics of the different forms of methamphetamine that are marketed as “speed”, “base”, and “crystal”. A colour copy of the flashcard, with discussion of the groupings, is located on the NDARC website at:

<http://ndarc.med.unsw.edu.au/ndarc.nsf/website/IDRS.bulletins>.

Photographs were grouped by Churchill and Topp (2002) into three categories which they hypothesised *a priori* to correspond to the three types of methamphetamine. Category A types were thought to represent speed, category B represented base, and category C represented ice. Those participants who reported using speed, base or ice were shown a flashcard containing photographs from the three categories, and asked to identify the picture(s) that resembled what they had used. There were a number of pictures in each category, and participants could

nominate any number of photographs from any category. In the sections that follow, the most commonly identified pictures are shown.

Table 26 shows the reports from users of each of the forms of methamphetamine. Only those persons who reported use in the past 6 months are included in the table. For each form of methamphetamine, those who reported *any* use within the past 6 months, and those who reported *primarily* using each form, are presented. Note that numbers reporting *primarily* using each form are small, so these figures should be interpreted with caution.

Table 26. Reports from IDU regarding the appearance of speed, base and ice

	Speed		Base		Ice	
	Any use (<u>n</u> = 57)	Most common form used (<u>n</u> = 26)	Any use (<u>n</u> = 44)	Most common form used (<u>n</u> = 31)	Any use (<u>n</u> = 40)	Most common form used (<u>n</u> = 23)
% any A	28	19	5	6	0	0
% any B	12	19	36	42	5	4
% any C	5	8	7	10	50	43
% none	63	65	59	52	48	52

Note: percentages are not additive as persons could nominate more than one picture.

Over half of IDU who reported using each form of methamphetamine in the last six months did not identify corresponding pictures from the flashcard. Anecdotal reports from the interviewers suggest that many IDU were very unclear about what form of methamphetamine they were taking. Nevertheless, between a third and a half of IDU who had used methamphetamine did feel confident enough to identify what they had believed they had taken, from the flashcard.

Among IDU who reported using speed powder in the last six months (n = 57), class A photographs were identified most frequently (28%), although 12% identified B class photographs. The photographs identified most often were A1 (18%), A2 (9%) and A3 (7%) (see Figure 10). Surprisingly, equal numbers of IDU who reported using speed powder *most often* in the last six months identified class A (19%) and class B (19%) photographs. The most frequently identified photographs among this group were A2 (12%), B4 (8%) and B5 (8%). It appears that IDU were in little agreement regarding the appearance of speed powder.

IDU seemed more consistent in identifying methamphetamine base from the flashcard. Of those who reported using base in the last six months (n = 44) 36% identified class B photographs, with only 5% and 7% pointing to class A and C photographs respectively. The most frequently identified photographs were B4 (11%) and B5 (14%). A similar level of accuracy was evident among IDU who reported using base *most often* in the last six months: 42% identified class B photographs compared to only 10% identifying class C and 6% identifying class A photographs. Among those who used base *most often*, the most frequently identified photographs were again B4 (16%) and B5 (19%). Two IDU (6%) who reported using base *most often* identified picture B2, a liquid form of methamphetamine known as ox-blood, which according to Churchill and Topp (2002) is not widely available in Australia. As discussed in Section 5.0.1, however, these IDU may have been simply referring to uncrystallised freebase oil.

Of those who reported using ice in the last six months (n = 40), the vast majority identified class C photographs (50%), with none identifying class A photographs and only 5% identifying class B photographs. The most frequently identified photographs were C2 (35%) and, to a lesser extent,

C5 (13%). Among those who used ice *most often*, class C photographs were again most often identified, particularly C2 (30%), C4 (9%) and C5 (13%).



A1



A2



A3



B2



B4



B5



C2



C4



C5

Source: Churchill & Topp (2002)

Figure 10. Forms of methamphetamine most often identified by IDU.

In summary, there seems to be considerable uncertainty among IDU with regard to the ‘forms’ of methamphetamine available on the street, and with regard to the associated terminology. IDU seemed particularly poor at discriminating between powder and base, which is unsurprising in light of the genuinely hazy distinction between these ‘forms’ (see Section 5.0.1). While IDU continue to distinguish between powder, base and ice there may be merit in continuing to make the same distinctions in the IDRS, however in light of the historically fluid nature of this market and its clientele it may be necessary to further refine or modify these categories in the future.

5.6 Summary of methamphetamine trends

IDU seem to distinguish among three increasingly expensive, pure and sought after **forms of methamphetamine**: speed powder, base and ice/shabu. the majority of IDU in 2002 considered the **price** of **methamphetamine** stable, although the price of speed powder may be falling and the price of ice rising according to seizure data the **purity** of **methamphetamine** has dropped slightly, although this may reflect the purity of powder and base more than ice **methamphetamines** are still considered readily **available** by the majority of IDU in Queensland, although in 2002 powder may have become more readily available and ice less readily available

6.0 COCAINE

In the following section patterns and trends in cocaine use for 2002 are presented and, where possible, compared with data from 2000 and 2001. As cocaine use among IDU seems to be relatively uncommon in south-east Queensland, most data in this section are based on small numbers; the reliability of conclusions based on these data is limited accordingly.

6.1 Price

With so few IDU reporting having purchased cocaine in 2002, little can be said about price. Although 7% of IDU reporting having made a purchase in the last six months, none could provide a price for a cap of cocaine. Prices for a gram ranged from \$150 - \$350, although the median was \$220. As in previous years, the most frequent response among IDU regarding the price of cocaine was that it had remained stable over the last six months. No IDU in 2002 reported that the price of cocaine had increased (see Table 27).

Table 27. Price of cocaine and changes in price 2000 - 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Price per cap (\$)			
Mean (SD)	53.33 (5.77)	65.00 (21.21)	--
Median	50	65	--
Mode	50	50	--
Range	50 – 60	50 – 80	--
Bought in last 6 months (%)	3	2	7
Price per gram (\$)			
Mean (SD)	280.00 (90.83)	220.91 (46.79)	230.00 (73.82)
Median	250	200	220
Mode	200	180	150 ¹
Range	200 – 400	180 – 300	150 – 350
Bought in last 6 months (%)	5	11	7
Price changes (%) ¹			
Decreased	11	10	14
Stable	22	60	43
Increased	11	5	0
Fluctuating	0	5	14
Don't know	56	20	29
% of IDU reporting	18	20	7

¹ multiple modes exist. The smallest value is shown

During the period 1999/00 to 2001/02 very few covert cocaine purchases were recorded in Queensland. None were recorded during the 1999/00 financial year, however during 2000/01 a number of purchases were recorded. Between July and December 2000 the price of a gram of cocaine was recorded as \$120, however during the April – June and October – December 2001 quarters the recorded price of a gram was \$200. During the January – March 2002 quarter, covert purchases of a gram were recorded in the \$200 - \$250 range. Based on these few covert purchases, it seems as though the price of cocaine in Queensland has increased over the last three years.

Based on such a small number of purchases and reports, it is not possible to make any firm conclusions regarding the price of cocaine in Queensland. IDU reports tend to suggest that the price is either stable or fluctuating, while evidence from covert purchases points to a price rise in 2002. That reported prices vary so widely indicates that the cocaine market in Queensland remains idiosyncratic, and that among IDU at least, a stable and consistent price has not yet been set.

6.2 Purity

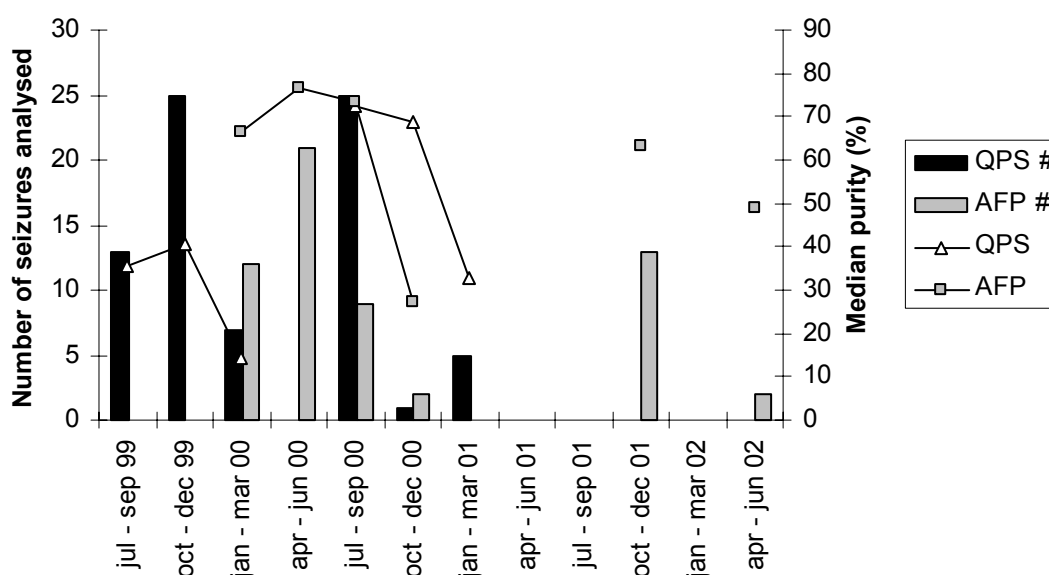
There was little agreement among IDU regarding the purity of cocaine in 2002, with almost equal numbers indicating that the purity was high, medium or fluctuating. In both 2000 and 2001 no IDU considered the purity of cocaine to be fluctuating, and the majority of respondents reported that the purity was medium or high (see Table 28). Similarly, then asked about changes in cocaine purity IDU in 2000 and 2001 typically reported that it was stable, whereas the modal response in 2002 was 'fluctuating'. Based on the responses of so few IDU, little can be concluded about the purity of cocaine in south-east Queensland, however there is some suggestion that the purity may be more variable in 2002 than in previous years.

Table 28. Purity of cocaine and changes in purity 2000 - 2002, as reported by IDU

	IDRS 2000 (<u>n</u> = 18)	IDRS 2001 (<u>n</u> = 20)	IDRS 2002 (<u>n</u> = 7)
Current purity of cocaine (%)			
High	17	25	29
Medium	17	50	29
Low	11	10	0
Fluctuates	0	0	14
Don't know	56	15	29
Purity of cocaine last 6 months (%)			
Increasing	11	20	14
Stable	39	40	14
Decreasing	0	5	14
Fluctuating	0	5	29
Don't know	50	30	29

Perhaps reflecting the limited availability of cocaine in Queensland, relatively few seizures of cocaine have been analysed in Queensland over the last three years. During the 1999/00 financial year QPS analysed 45 seizures and the AFP analysed a further 33 seizures; in 2000/01 QPS analysed 33 seizures and the AFP only 11; in 2001/02 no QPS seizures and only 15 AFP seizures were analysed in Queensland. However this pattern of decreasing seizure numbers is not reflected in the purity level, which seems to have fluctuated considerably both within and across years. The lowest recorded median purity figure is 14.3%, based on seven small (< 2 gram) QPS seizures during January – March 2000. The highest recorded median purity figure of 76.9% was also recorded in this month, based on eight large (> 2 gram) AFP seizures (see Figure 11).

QPS recorded no seizures analysed during 2001/02, however the median purity of AFP seizures during this time was 63.1%. In 2000/01 the median purity figures for QPS and AFP were 68.8% and 72.7% respectively; in 1999/00 the corresponding figures were 38.4% for QPS and 76.3% for AFP. The purity of cocaine in Queensland seems highly variable, and any firm conclusions regarding trends over time would be speculative at best.



Source: ABCI (2001), ABCI (2002) and ACC (in press)

Figure 11. Median purity of cocaine seizures analysed in Queensland 1999/00 – 2001/02, by quarter

6.3 Availability

Four of the seven IDU who reported on the availability of cocaine in 2002 considered it either easy or very easy to obtain. Two IDU considered cocaine difficult to obtain and one was unsure of its availability. By contrast, in both 2000 and 2001 the modal response from IDU was that cocaine was difficult to obtain. With regard to changes in availability, the modal response in 2000, 2001 and 2002 was that the availability of cocaine was stable, although in previous years a larger proportion of respondents indicated that cocaine had become more difficult to obtain (see Table 29).

Given the small numbers reporting and the extent of disagreement among IDU regarding the availability of cocaine, little can be concluded with confidence. What does seem clear is that few IDU in south-east Queensland have knowledge about the availability of cocaine, and that among those who do claim to have knowledge, there is no consensus of opinion. Perhaps this is indicative of a relatively low rate of cocaine use among IDU in this state.

When asked where they obtained their cocaine both usually and the last time they scored, the most frequent responses among IDU in 2002 were a dealer's home and a gift from a friend (see Table 30). None reported obtaining cocaine from a street dealer, although the majority did describe their source as a dealer. This contrasts with responses in 2000 and 2001, where the most frequently cited source was a friend. IDU reported that it took on average half an hour to score, the last time they obtained cocaine.

Table 29. Availability of cocaine and changes in availability 2000 - 2002, as reported by IDU

	IDRS 2000 (<i>n</i> = 18)	IDRS 2001 (<i>n</i> = 20)	IDRS 2002 (<i>n</i> = 7)
Current availability (%)			
Very easy	0	20	29
Easy	11	20	29
Difficult	39	60	29
Very difficult	17	0	0
Don't know	33	0	14
Availability change last 6 months (%)			
More difficult	11	30	14
Stable	44	40	29
Easier	6	10	14
Fluctuating	0	5	14
Don't know	39	15	29

Table 30. Source of cocaine and time to score 2000 - 2002, as reported by IDU

	IDRS 2000 (<i>n</i> = 14)	IDRS 2001 (<i>n</i> = 20)	IDRS 2002 (<i>n</i> = 7)	
Usual source last 6 months (%)			Usual	Last time
Don't use cocaine	-- ¹	20	0	14
Street dealer	7	5	0	0
Dealer's home	21	15	50	29
Mobile dealer	7	10	17	14
Friend	64	50	17	14
Home delivery	--	--	0	0
Gift from friend	--	--	17	29
Length of time to score (minutes)				
Mean (SD)	--	--	25.50 (28.99)	20.50 (24.01)
Median	--	--	16	16
Mode	--	--	60	30
Range	--	--	0 - 60	0 - 60

¹ in 2000 all non-responses were classed as 'don't use cocaine'; to improve comparability with more recent data these responses (86% of sample) have been omitted. Note that 2000 responses are nevertheless not directly comparable.

6.4 Prevalence of cocaine use

Cocaine use among IDU surveyed in the Queensland IDRS has been minimal. In 2002 15% of IDU reported recent use of cocaine but on a median of only two days in six months, and only a handful were able to report on price, purity or availability. It seems safe to say that the prevalence of cocaine use among IDU in Queensland is relatively low. The same cannot be said for cocaine use in general, however. According to the 2001 NDSHS 0.7% of persons aged 14 and over in Queensland had used cocaine in the last 12 months -- three and a half times the number who reported having used heroin. Even more surprising, in 2001 41% of interviewed Queensland police detainees who admitted using illicit drugs in the last 12 months reported injecting cocaine at least once, although fewer than 1% tested positive for cocaine while in custody (Makkai & McGregor 2002).

6.5 Current patterns and trends in cocaine use

Perhaps the most informative data regarding patterns of cocaine use in Queensland in 2002 came from key informants. Two KI reported that cocaine was difficult to obtain in Queensland and two reported that it was particularly expensive, however three KI noted that cocaine use was common among the 'rich set' and professionals on the Gold Coast, and two commented on the use of cocaine in the rave scene. Three KI in 2002 noted an increase in intravenous use of cocaine in Queensland, however three KI noted that most cocaine users snorted the drug. Two KI in 2002 mentioned the use of cocaine in combination with other drugs: One referred to a cocaine and heroin combination that was rarely available, however the second KI reported on a cocaine and fantasy (GBH) combination that was increasingly available in Gold Coast clubs, referred to as "Coke and Fanta".

It seems that while intravenous use of cocaine continues to be rare in south-east Queensland, intranasal use may be more common, particularly in the party drug scene, and particularly on Queensland's Gold Coast. Most cocaine users in Queensland use the powder form of the drug (12%), although in 2002 2% of IDU reported recent use of crack cocaine (see Table 31). This represents a considerable drop from 2001, when 10% of IDU reported recent use of crack cocaine and 27% reported use of cocaine powder.

Table 31. Form of cocaine used by IDU in last 6 months

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Used at all in last 6 months (%)			
Crack	3	10	2
Powder	15	27	12
Form most used last 6 months (%)			
Crack	--	8	2
Powder	--	21	12

6.6 Summary of cocaine trends

the **price** of cocaine is stable and ranges from \$150 - \$350 per gram
purity is highly variable and no clear trends are evident
the **availability** of cocaine in Queensland may be increasing, however cocaine is still difficult to obtain for most
use of cocaine among IDU is minimal in Queensland, although intranasal use may be considerably more common

7.0 CANNABIS

In this section patterns and trends relating to cannabis use are presented and, where possible, compared with data from previous years.

7.1 Price

Table 32 details reported price and price changes of cannabis in 2000, 2001 and 2002. As in previous years, the price of cannabis in 2002 seems to have remained relatively stable at \$25 for a gram and around \$300 for an ounce. Nevertheless, the median reported price for two grams and for a half ounce of cannabis did drop slightly from 2000 to 2001 and from 2001 to 2002. As in 2001 the most commonly purchased amount of cannabis among IDU in 2002 was a quarter ounce, which at a median of \$90 was the same price as in 2001, but slightly cheaper than in 2000.

In 2002 9% of IDU reported purchasing a 'stick' of cannabis (2.5 grams); all reported paying \$25. Three IDU reported purchasing a *pound* of cannabis in 2002; two paid \$3000 and one paid \$3800 – one IDU paying \$3000 noted that this was for hydroponic cannabis. As in 2001, in 2002 almost three quarters of IDU reported the price of cannabis to be 'stable'. Based on IDU reports, there seems to have been little change in the price of cannabis in Queensland during 2002.

Based on the purchases of covert police operatives, the ACC provides some information on the price of cannabis in Queensland. Reported prices for 1999/00 and for 2001/02 are shown below in Table 33; prices for 2000/01 were not available at the time of printing. There is little evidence of a change in the price of cannabis from 1999/00 to 2001/02, although it is interesting to note that the reported prices for different forms of cannabis vary considerably. The prices for 2001/02 are roughly comparable to those reported by IDU in 2002.

Table 32. Price of last cannabis purchase and changes in price 2000 - 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)		IDRS 2002 (N = 104)
Price per gram (\$)		Hash	Cannabis	
Mean (SD)	24.31 (5.93)	98.21 (143.59)	21.54 (4.42)	23.89 (2.20)
Median	25	25	22.50	25
Mode	25	25	25	25
Range	10 – 50	20 – 400	10 – 25	20 – 25
Bought in last 6 months (%)	29	14	25	9
Price per 2 grams (\$)				
Mean (SD)	42.12 (10.88)	36.50 (12.68)		29.00 (11.94)
Median	50	30		25
Mode	50	50		25
Range	25 – 50	20 – 50		20 – 50
Bought in last 6 months (%)	26	20		5
Price per bag (\$)				
Mean (SD)	49.13 (9.89)	51.29 (13.29)		48.79 (18.30)
Median	50	50		50
Mode	50	50		50
Range	25 – 100	25 – 100		22 – 100
Bought in last 6 months (%)	51	30		18
Price per ¼ ounce (\$)				
Mean (SD)	96.98 (17.88)	90.29 (11.90)		86.71 (13.58)
Median	100	90		90
Mode	100	90		90
Range	40 – 150	60 – 135		50 – 120
Bought in last 6 months (%)	52	51		39
Price per ½ ounce (\$)				
Mean (SD)	172.79 (28.85)	166.35 (30.47)		171.84 (42.92)
Median	177.50	170		160
Mode	150	180		150
Range	90 – 250	100 – 275		100 – 300
Bought in last 6 months (%)	34	36		18
Price per ounce (\$)		Hydro	Bush	
Mean (SD)	314.83 (58.47)	311.29 (55.31)	224.17 (62.55)	306.76 (73.86)
Median	300	320	237.50	300
Mode	300	320	250	280
Range	200 – 420	150 – 400	120 – 350	150 – 600
Bought in last 6 months (%)	29	34	12	36
Price changes (%)				
Decreased	10	5		8
Stable	56	74		74
Increased	10	11		11
Fluctuating	0	1		4
Don't know	24	9		4
% of IDU reporting	100	80		77

¹ multiple modes exist. The smallest value is shown.

Table 33. Price paid for cannabis, covert purchases in Queensland 1999/00 and 2001/02

	1999/00	2001/02
Price per deal (1 gram) (\$)		
Leaf	25	25
Head		
Hydroponic		25
Skunk		
Hash/resin	25	
Price per ounce (28 grams) (\$)		
Leaf		300 – 350
Head		
Hydroponic		
Skunk	380	
Hash/resin		
Price per pound (\$)		
Leaf	1600	3000 – 3600
Head	4000	
Hydroponic		3000 – 3500
Skunk	3200	
Hash/resin		

Source: ABCI (2001) and ACC (in press)

7.2 Purity

As in previous years, the majority of IDU in 2002 rated the current purity of cannabis as high; in 2002 90% considered the purity either medium or high. Similarly, the majority of IDU considered the purity of cannabis to be stable over the last six months, with only 6% reporting that cannabis had decreased in purity. These figures are not substantially different from those recorded in 2000 or 2001. Evidently, IDU in Queensland still consider cannabis to be of reliably high purity.

Table 34. Purity of cannabis and changes in purity 2000 - 2002, according to IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Current purity of cannabis (%)			
High	57	60	64
Medium	19	27	26
Low	2	0	6
Fluctuates	22	7	4
Don't know	0	6	0
% of IDU reporting	100	81	77
Purity of cannabis last 6 months (%)			
Increasing	11	12	16
Stable	54	71	64
Decreasing	3	2	6
Fluctuating	7	6	10
Don't know	26	8	4
% of IDU reporting	100	81	77

For the first time in 2002 the IDRS has been able to provide purity data based on analyses of cannabinoid seizures in Queensland. It is hoped that this more objective (although still not representative) measure of cannabis purity will assist in identifying trends in future years. During

the 2001/02 financial year the median purity of analysed cannabinoid seizures was 5%, with seizures ranging in purity from less than 1% to around 25% (See Table 35). The median purity during the first quarter of 2002 (2%) was lower than in the previous two quarters (7% and 5%), however as these figures are based on quite small numbers, this apparent trend should not be over-interpreted. More confident conclusions should be possible in the 2003 IDRS.

Table 35. Median purity of cannabinoid seizures during 2001/02 financial year

	Jul – Sep 01 (%)	Oct – Dec 01 (%)	Jan – Mar 02 (%)	Apr – Jun 02 (%) ¹	Total (%)
≤2 grams (range)	9 (2 – 16)	5 (1 – 7)	1 (1 – 10)	--	2 (1 – 16)
No. of seizures	2	4	6	--	12
>2 grams (range)	7 (1 – 25)	6 (1 – 20)	2 (1 – 7)	--	6 (1 – 25)
No. of seizures	15	4	5	--	24
Total (range)	7 (1 – 25)	5 (1 – 20)	2 (1 – 10)	--	5 (1 – 25)
No. of seizures	17	8	11	--	36

Source: ACC (in press)

¹ data not available at time of printing

7.3 Availability

In 2002 over 90% of IDU reported that cannabis was either easy or very easy to obtain (see Table 36). Similar ratings were made by IDU in 2001, however in 2000 IDU rated cannabis as slightly less readily available: Of those who were able to comment only 78% considered cannabis easy or very easy to obtain. Overall, cannabis continues to be readily available to the vast majority of IDU surveyed in each year of the IDRS.

Over three quarters of IDU in 2002 rated the availability of cannabis as stable and fewer than 10% considered it more difficult to obtain in the last six months. Again, these figures are very similar to those observed in previous years of the IDRS. Evidently, the cannabis market in Queensland is stable and IDU experience little difficulty in obtaining the drug.

Table 36. Availability of cannabis and changes in availability 2000 - 2002, as reported by IDU

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Current availability (%)			
Very easy	35	55	60
Easy	29	40	31
Difficult	14	2	8
Very difficult	4	1	1
Don't know	19	1	0
% of IDU reporting	100	81	77
Availability change last 6 months (%)			
More difficult	13	7	9
Stable	60	74	78
Easier	6	8	9
Fluctuating	1	8	5
Don't know	21	2	0
% of IDU reporting	100	81	77

Note: percentages for 2000 based on entire sample and therefore not directly comparable with later years

As in previous years, in 2002 most IDU reported obtaining cannabis either from a dealer's home or from a friend. Compared to 2000 and 2001, more IDU in 2002 reported scoring from a mobile dealer or having cannabis delivered to them, and a larger proportion reported scoring from a dealer rather than a friend (a trend also observed in the purchase of cocaine, see Section 6.3). IDU reported that it typically took them 15 or 20 minutes to score cannabis in 2002 (See Table 37).

Table 37. Source of cannabis and time to score 2000 - 2002, as reported by IDU

	IDRS 2000 (<u>n</u> = 87)	IDRS 2001 (<u>n</u> = 83)	IDRS 2002 (<u>n</u> = 79)	
Usual source last 6 months (%)			Usual	Last time
Don't use cannabis	18	4	--	--
Street dealer	9	2	10	9
Dealer's home	20	27	35	34
Mobile dealer	0	0	8	10
Friend	43	42	35	34
Home delivery	0	1	9	9
Gift from friend	2	5	3	3
Grow your own	1	2	0	0
Other	6	17	0	1
Length of time to score (mins)				
Mean (SD)	--	--	24.96 (25.46)	24.53 (38.17)
Median	--	--	20	15
Mode	--	--	30	5
Range	--	--	0 – 120	0 – 300

IDU in 2002 were also asked about where the cannabis they obtained had originated from. Roughly half were able to provide information and of those who did, over 90% were either moderately or very sure of their source (see Table 38). In 2002, the most frequently cited source of cannabis for IDU was a large scale cultivator/supplier, although almost a fifth of those responding reported that their cannabis came from a backyard user/grower.

Table 38. Usual production source of cannabis, as reported by IDU in 2002

	IDRS 2002 (<u>N</u> = 104)
Production source:	
Don't know	32
Small time backyard user/grower	19
Large scale cultivator/supplier	47
Northern NSW	1
Changes constantly	1
% of IDU responding	76
Confidence in source:	
Very sure	62
Moderately sure	31
Moderately unsure	6
Very unsure	2
% of IDU responding	50

7.4 Prevalence of cannabis use

Reports from IDU, key informants and indicator data agree that cannabis is by far the most commonly used illicit drug in Queensland. In 2002 95% of IDU reported having tried cannabis, 82% in the last six months. The prevalence of cannabis use among IDU has changed little since 2000 although the frequency of use may have increased in the last two years. According to the 2001 NDSHS almost 13% of Queensland householders aged 14 and over have used cannabis in the last 12 months, including 28% of persons aged 14-24 years, 20% of persons aged 25-39 and only 3.2% of persons aged 40 years or older. Among Queenslanders in general, cannabis seems to be more popular among the younger generations.

Cannabis also seems to be very common among police detainees, with 58% of those interviewed in the 2001 DUMA project (Makkai & McGregor 2002) testing positive for the drug and 61% reporting use in the last 30 days. As in the NDSHS, reported cannabis use among police detainees was more frequent among males (64%) than females (46%), and the prevalence of use declined with age. Among IDU in the 2002 IDRS females reported use on a median of 62 days in the last six months, while males used on a median of 90 days, however this difference was not significant ($p > .05$).

7.5 Current patterns and trends in cannabis use

Although no KI elected to talk primarily about cannabis in 2002, the majority made some comments about its use. Ten of the 22 KI (45%) noted that the vast majority of regular speed users also use cannabis to come down, and six KI (27%) stated that most regular speed users would use cannabis daily or almost daily. Six KI also claimed that the vast majority of IDU used mainly hydroponic cannabis, while two KI (9%) reported that hydroponic and 'bush' cannabis were used with equal frequency. When asked about changes in cannabis use, two KI volunteered that there had been remarkably little change in the cannabis market in Queensland during 2002.

Between 2001 and 2002 there seems to have been little change in the forms of cannabis used by IDU in Queensland, according to IDRS data. Around three quarters of IDU in each year reported having used both hydroponic and bush cannabis in the last six months, and in both years the majority used mostly hydroponic (see Table 39). There was, however, evidence in 2002 of increased use of hydroponic cannabis and decreased use of bush, hash and hash oil.

In 2002 there was a 9% drop in the proportion of IDU who had used bush in the last six months, and a 40% drop in the proportion who reported that they used bush cannabis the most (see Table 39). Similar reductions in the use of hash and hash oil were also reported. In 2002, the preference for hydroponic cannabis among IDU seems even stronger than in previous years.

Table 39. Form of cannabis used by IDU in last 6 months, 2000 - 2002

	IDRS 2000 (<u>N</u> = 101) ¹	IDRS 2001 (<u>N</u> = 102)	IDRS 2002 (<u>N</u> = 104)
Used at all in last 6 months (%)			
Hydroponic	83 (head)	78	77
Bush/outdoor/natural	48 (leaf)	74	68
Hash	38	42	24
Hash oil	13	24	16
Form most used last 6 months (%)			
Hydroponic	--	78 ²	85
Bush/outdoor/natural	--	27	16
Hash	--	1	0
Hash oil	--	1	0
% of IDU responding	--	80	81

¹ instead of hydro and bush, IDU in 2000 were asked about head and leaf. These types are not comparable.

² percentages do not add to 100 as question not asked in forced-choice format in 2001

7.6 Summary of cannabis trends

cannabis **use** is endemic among IDU in Queensland and is common in the population generally

the typical cannabis available in south-east Queensland is hydroponically grown by a large-scale cultivator, and **costs** the user \$25 per stick and \$300 per ounce

IDU in 2002 continue to rate the **purity** of cannabis as high

as in 2001, over 90% of IDU in 2002 considered cannabis either easy or very easy to **obtain** among cannabis users, the **frequency** of use seems to be increasing

8.0 OTHER OPIOIDS

8.1 Morphine

It was noted in Section 3.3 that morphine use among IDU in 2002 was not uncommon. For the first time in 2002 one IDU (a 31-year old male) reported morphine as the first drug ever injected, and one IDU (a 27-year old male) reported morphine as his drug of choice (See Table 40). From 2001 to 2002 there was also a considerable increase in the proportion of IDU reporting morphine as the drug most often injected in the last month, and there was a significant increase in the proportion of IDU reporting morphine as the drug last injected ($p < .05$). Over the same period there were also increases in the proportion of IDU who had ever used morphine, ever injected morphine, ever swallowed morphine and used morphine in the last six months. Among those who had used morphine in the last six months, IDU in 2002 reported using significantly more often than those in 2001 ($p < .05$). For the first time in 2002, two IDU reported having overdosed on morphine (see Section 10.3). There seems to be strong evidence for an increase in morphine use among IDU in Queensland in 2002. This trend was echoed by 10 key informants, three of whom explained that IDU were moving to morphine due to poor quality and limited availability of heroin. As one KI put it, “it’s cheaper and you get more smashed off it .. more value for money, compared to heroin”.

Table 40. Patterns of use of morphine among IDU, 2001 and 2002

	IDRS 2001 (<i>N</i> = 102)	IDRS 2002 (<i>N</i> = 104)
Drug first injected (%)	0	1
Drug of choice (%)	0	1
Drug most often injected last month (%)	1	5
Drug last injected (%)	0	6
Patterns of use (%)		
Ever used	61	71
Ever injected	54	68
Injected last 6 months	31	32
Ever smoked	3	1
Smoked last 6 months	0	0
Ever snorted	1	0
Snorted last 6 months	1	0
Ever swallowed	22	30
Swallowed last 6 months	13	19
Used last 6 months	35	39
Median days used last 6 months	5	11
Form of morphine used last 6 months (%)		
Licit	6	11
Illicit	28	32
Form of morphine most used last 6 months (%) ¹		
Licit	15	18
Illicit	82	82
Main brand of morphine used last 6 months (%) ¹		
OxyContin [®]	--	3
‘Grey Nurse’	--	11
MS Contin [®]	--	42
Endone [®]	--	3
Capanol [®]	--	8
Morphine Sulphate [®]	--	5
‘David Ball’	--	3
missing	--	26

¹ valid percentages, based on IDU who reported use in last 6 months: 2001 *n* = 34; 2002 *n* = 38

Table 40 also shows what form of morphine IDU reported using in 2001 and 2002. Although there seems to have been an increase in the use of morphine in 2002, this increase appears to be due to increases in both licit and illicit use. In fact five KI noted that morphine was easy for IDU to obtain on prescription, and three named MS Contin[®] as the favoured brand. Nevertheless, in both 2001 and 2002 over 80% of those who reported using morphine in the last six months stated that they most often used illicitly. Among IDU, the brand of morphine most often used in 2002 was MS Contin[®] (see Table 40).

8.2 Methadone

There was some evidence in 2002 of an increase in the use of methadone, with 51% of IDU (compared to 38% in 2001) reporting having used methadone in the last six months (see Table 41). However given that the IDU sample in 2002 was somewhat older and included more heroin users, and more persons in treatment (see Section 3.3), this is not surprising. Of greater concern, 4% of IDU in 2002 reported that methadone was the drug they had injected most in the last month (compared to 3% in 2001), and 6% of IDU in 2002 reported methadone as the last drug injected (compared to 3% in 2001). There is therefore some evidence for an increase in the injection of diverted methadone in 2002, although with sampling differences from year to year this finding should be interpreted with caution.

As in 2001, more IDU in 2002 reported using methadone syrup than Physeptone[®] tablets. Among those who used syrup in the last six months, licit use was more common than illicit use (36% vs 24%), whereas among Physeptone[®] users the reverse was true: Illicit use was more common than licit use (12% vs 8%). This pattern is again consistent with IDU reports from 2001, although in 2002 a larger proportion of methadone users reported illicit use of both syrup (24% vs 14%) and Physeptone[®] tablets (12% vs 6%) in the last six months.

Table 41. Patterns of use of methadone among IDU, 2001 and 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Drug first injected (%)	0	0	0
Drug of choice (%)	0	1	1
Drug most often injected last month (%)	2	3	4
Drug last injected (%)	3	3	6
Patterns of use (%)			
Ever used	53	54	71
Ever injected	32	28	47
Injected last 6 months	17	14	19
Ever swallowed	47	51	64
Swallowed last 6 months	31	34	44
Used last 6 months	35	38	51
Median days used last 6 months	165	42	90
Form of methadone used last 6 months (%) ¹			
Methadone syrup – licit	33	31	36
Methadone syrup – illicit		14	24
Physeptone [®] tablets – licit	12	4	8
Physeptone [®] tablets – illicit		6	12
Form of methadone most used last 6 months (%) ²			
Methadone syrup – licit	--	69 ³	66
Methadone syrup – illicit	--	19	25
Physeptone [®] tablets – licit	--	2	2
Physeptone [®] tablets – illicit	--	14	8

¹ IDU in 2000 were not asked to specify whether their use was licit or illicit

² valid percentages, based on IDU who reported use in last 6 months: n = 41 in 2001; n = 53 in 2002

³ percentages do not add to 100 as question not asked in forced-choice format in 2001

Table 42 shows the number of clients in Queensland receiving methadone maintenance treatment, as at June 30 2002. The vast majority of clients in Queensland were registered with a public prescriber, whereas in every other state and territory of Australia, most clients were registered with a private prescriber. Consistent with other states, clients in Queensland typically collected their dose from a pharmacy.

Table 42. Numbers receiving methadone maintenance treatment in Queensland, 2001/02

	QLD	Australia
Number of clients registered with a:		
Public prescriber	2 800	6 888
Private prescriber	486	17 375
Public/private prescriber	0	290
Correctional facility	34	1 859
Other	0	77
Total clients	3 320	26 489
Number of clients collecting doses at:		
Pharmacy	2 059	15 148
Public clinic	154	4 545
Private clinic	308	2 897
Correctional facility	17	1 897
Other	782	2 002
Total clients	3 320	26 489

Source: CDHA, Illicit Drugs Section

8.3 Buprenorphine

As a substitution treatment for heroin dependence, buprenorphine has been found to be quite effective: Patients experience a relatively mild withdrawal from the medication and it is safer in overdose than pure opiates. As a partial opioid agonist, buprenorphine has the added benefit of cross-tolerance to pure opioids (Proudfoot & Teesson 2000). Given the increasing interest in buprenorphine as a treatment, a series of questions about buprenorphine use were included in the 2002 IDU survey.

Fifteen percent of IDU in 2002 reported having used buprenorphine in the last six months, with 5% having injected at least once. Thirteen percent of IDU reported swallowing buprenorphine in the last six months, however it is unclear from this data whether their use was licit or illicit. Table 43 shows that 11% of IDU in 2002 had used buprenorphine licitly in the last six months, while 6% reported illicit use. One third of those who had used buprenorphine in the last six months reported that they mostly used the drug illicitly.

Most buprenorphine clients in Queensland in 2001/02 were registered with either a public prescriber (320 clients) or a private prescriber (228 clients). By contrast, in all other jurisdictions except for ACT, the vast majority of clients were registered with a private prescriber. Consistent with other jurisdictions, most buprenorphine clients in Queensland obtained their dose from a pharmacy in 2001/02 (see Table 44).

Table 43. Patterns of buprenorphine use among IDU in 2002

	IDRS 2002 (N = 104)
Drug first injected (%)	0
Drug of choice (%)	0
Drug most often injected last month (%)	0
Drug last injected (%)	0
Patterns of use (%)	
Ever used	15
Ever injected	5
Injected last 6 months	5
Ever smoked	0
Smoked last 6 months	0
Ever snorted	0
Snorted last 6 months	0
Ever swallowed	14
Swallowed last 6 months	13
Used last 6 months	15
Median days used last 6 months	6.5
Used at all in last 6 months (%)	
Buprenorphine – licit	11
Buprenorphine – illicit	6
Form most used last 6 months (%)	
Buprenorphine – licit	69
Buprenorphine – illicit	31
% of IDU responding	15

Table 44. Numbers receiving Buprenorphine treatment in Queensland, 2001/02

	QLD	Australia
Number of clients registered with a:		
Public prescriber	320	786
Private prescriber	228	4 318
Public/private prescriber	0	17
Correctional facility	28	183
Total clients	576	5 304
Number of clients collecting doses at:		
Pharmacy	450	4 069
Public clinic	36	597
Private clinic	0	323
Correctional facility	26	178
Other	83	156
Total clients	595	5 323

Source: CDHA, Illicit Drugs Section

9.0 OTHER DRUGS

Although the IDRS focuses primarily on heroin, methamphetamine, cocaine and cannabis, patterns and trends in other drugs are also noted. This information is summarised in brief below.

9.1 Ecstasy (MDMA)

It was noted in Section 3.3 that ecstasy use increased in 2001 during the heroin shortage, but decreased again in 2002. Overall, ecstasy use among IDU in Queensland appears minimal. In 2002 18% of IDU reported having tried ecstasy in the last six months (on a median of only four days), and only one IDU reported taking ecstasy the day before interview. The same IDU, a 35 year old male, nominated ecstasy as his first drug injected and drug of choice, however the last time this person injected, he reported injecting a combination of heroin and ecstasy.

Fourteen KI mentioned ecstasy, usually in the context of polydrug use. Most suggested that ecstasy was used sporadically by IDU, although three KI claimed that a significant proportion of injecting methamphetamine users also injected ecstasy. One KI reported that the price of ecstasy had decreased in the last six months, and one reported hearing of a combination of ecstasy and Viagra[®] being sold on the street. Data from covert police purchases of ecstasy also suggest that the price has dropped: The reported price in April-June 2000 was \$40-60, in July-September 2001 \$50 and from October 2001 to March 2002 \$35 per tablet (ABCI 2001, ACC in press).

To the extent that ecstasy use features among IDU, it seems to be sporadic and associated with a social/party environment. Among non-injecting users, however, ecstasy use may be more prevalent: according to the NDSHS (AIHW 2001) ecstasy and other designer drugs are the fourth most commonly used illicit substance among Queenslanders aged 14 years and over, having been used by 1.7% of respondents in 2001 (see Section 3.3). Although relatively uncommon among IDU in Queensland, ecstasy use may be significant among non-injecting drug users.

9.2 Fantasy/GHB (gamma hydroxybutyrate)

IDU in 2002 were not asked specifically about Fantasy and none volunteered any information about its use, suggesting that Fantasy use may be uncommon among injecting drug users in Queensland. Nevertheless, when asked to nominate a drug to talk about four KI (three paramedics and an intelligence officer) chose Fantasy, expressing concern that Fantasy use and overdose were increasing rapidly in south-east Queensland. Reports of increasing Fantasy use in the Gold Coast area (QCC, 1999) and in south-east Queensland generally (CMC, 2002) have been documented in recent years, suggesting that Fantasy use may be a growing problem among non-injecting drug users.

In a sample of 76 Fantasy users Degenhardt, Darke and Dillon (2001) found that the typical user was male, 27 years of age and either employed or studying. The majority of the sample reported having used mostly stimulant drugs in the last six months: ecstasy, amphetamine, cocaine, MDA and crystal methamphetamine. There are clear differences between this group and the demographic traditionally associated with injecting drug use.

Nevertheless, because Fantasy has such a steep dose-response curve and most users take the drug orally, the risk of loss of consciousness and overdose is considerable. Degenhardt, Darke

and Dillon (2001) found that although half of their sample had lost consciousness at least once after taking Fantasy, the majority thought they had a 1% chance or less of overdosing in the future. According to the CMC (2002) non-fatal Fantasy overdoses have recently increased in many Australian states.

Key informants described the typical Fantasy user as in their late teens or early twenties, typically male (50-75%), Caucasian and usually either employed or studying. Fantasy was described as a colourless, odourless and slightly salty-tasting liquid sold in either clear glass vials or water bottles, and usually taken with an alcoholic drink. According to KI, Fantasy is usually consumed in a social environment either in clubs or at private parties. Both KI and the CMC have noted that Fantasy is increasingly being used as a 'date-rape' drug in Queensland.

According to KI, Fantasy is usually sold at clubs and parties, and a close-knit group of regular users use virtually every weekend. One KI commented that Fantasy is usually imported legally into Australia as gamma butyrolactone (GBL), however a second KI reported that an increasing number of Fantasy users were manufacturing GBL themselves from legally-obtained industrial paint stripper, using recipes gleaned from the internet. KI reported Fantasy prices ranging from \$12 to \$50, although according to the CMC (2002) Fantasy sells for as little as \$5 on the Gold Coast. In light of the risk of overdose and death, and increasing reports of Fantasy 'date rape', Fantasy may be a drug of growing concern for non-injecting drug users in south-east Queensland.

9.3 Benzodiazepines

The 2001 IDRS identified injection of benzodiazepines as a cause for some concern in many Australian jurisdictions. On May 1st 2002, in an attempt to reduce the incidence of benzodiazepine injection, the prescription of 10mg temazepam capsules was restricted under the Pharmaceutical Benefits Scheme (PBS). IDRS IDU surveys were conducted in June 2002, and included an additional module addressing patterns of benzodiazepine use both before and after May 1. Preliminary findings from this module are presented and discussed in Breen et al. (2002) and will not be discussed here. A more detailed analysis, including further data collected in December 2002, will be available from NDARC in 2003.

In 2002 56% of IDU reported having used benzodiazepines in the last six months, including 25% who reported injecting in the last six months. These figures are similar to those reported in 2001 (see Table 45). In 2002 however, IDU who had used benzodiazepines recently reported doing so on a median of 22 days, up from 15 days in 2001. Forty-one percent of IDU in 2002 reported licit use of benzodiazepines, and 36% illicit use; almost two thirds of IDU who had used recently reported that they mainly used benzodiazepines licitly. Again, these figures are comparable to those obtained in 2001, and suggest that in the first half of 2002 (before the restriction of 10mg temazepam capsules) benzodiazepine use among IDU had changed little from the previous year.

The injection of benzodiazepines is associated with a high incidence of injection-related problems including scarring, bruising, vascular damage and in extreme cases gangrene necessitating limb amputation (Breen et al. 2002). IDU in 2002 were asked about a range of injection-related problems including overdose, abscess/infection, dirty hits, difficulty injecting and thrombosis, and an 'injection-related problems score' ranging from 0 - 5 was generated. Among those who reported injecting benzodiazepines in the last six months ($n = 26$) the median score was 1.5 and the modal score was 2. Among those who had not injected ($n = 76$), the median and modal score was 1. Those who had injected benzodiazepines recently more often

reported difficulty injecting (54% vs 40%), however the difference between the 'injecting problem scores' of these two groups was not significant ($p > .05$).

Table 45. Forms of benzodiazepine used by IDU in the last 6 months, 2000 - 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Drug first injected (%)	1	0	0
Drug of choice (%)	0	0	0
Drug most often injected last month (%)	0	0	0
Drug last injected (%)	0	0	1
Patterns of use (%)			
Ever used	75	77	76
Ever injected	25	44	52
Injected last 6 months	12	27	25
Ever smoked	4	8	2
Smoked last 6 months	1	2	2
Ever snorted	1	2	2
Snorted last 6 months	1	1	0
Ever swallowed	73	72	71
Swallowed last 6 months	56	59	52
Used last 6 months	60	64	56
Median days used last 6 months	20	14	22
Used at all in last 6 months (%)			
Benzodiazepines – licit	60 ³	41	41
Benzodiazepines – illicit		41	36
Form most used last 6 months (%)			
Benzodiazepines – licit	--	56	61
Benzodiazepines – illicit	--	43	39
% of IDU responding	--	60	59
Main brand of benzodiazepine used last 6 months (%) ¹			
Rohypnol [®]	13	9	0
Temazepam	26	21	29
Valium [®]	43	50	39
% of IDU responding	60	57 ²	57

¹ only brands nominated by $\geq 10\%$ of respondents in any year are shown

² where IDU in 2001 nominated > 1 'main brand', the first brand nominated is counted

³ IDU in 2000 were not asked to specify whether the use was licit or illicit

Information provided by IDU for the 2002 IDRS reflected drug use patterns up to June 2002, only one month after the restriction of 10mg temazepam capsules. Comparison of this data with data collected in December 2002 and in the 2003 IDRS will provide a clearer picture of the impact that this restriction has had.

9.4 Antidepressants

The use of antidepressants among IDU is of concern because of its association with heroin overdose, psychiatric distress and poorer general health (Darke & Ross 2000, Topp et al. 2001). In 2002 28% of IDU reported using antidepressants in the last six months, on a median of 40 days over this period – almost identical to the pattern of results found in 2001. Six percent of IDU in 2002 reported recent illicit use of antidepressants, compared to 11% in 2001, and of those who had used antidepressants recently in 2002 21% reported *primarily* illicit use, slightly lower than in 2001 (see Table 46). Three KI in 2002 reported that between 40% and 75% of

methamphetamine users also use antidepressants; a fourth KI claimed that intravenous use of antidepressants had increased in the last 12 months. In 2002, 2% of IDU reported recent injection of antidepressants.

Table 46. Forms of antidepressant used by IDU in the last 6 months, 2000 - 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Drug first injected (%)	0	0	0
Drug of choice (%)	0	0	0
Drug most often injected last month (%)	0	0	0
Drug last injected (%)	0	0	0
Patterns of use (%)			
Ever used	44	54	55
Ever injected	--	--	4
Injected last 6 months	--	--	2
Ever swallowed	--	--	55
Swallowed last 6 months	--	--	28
Used last 6 months	24	28	28
Median days used last 6 months	68	41	40
Used at all in last 6 months (%)			
Antidepressants – licit	24 ¹	21	22
Antidepressants – illicit		11	6
Form most used last 6 months (%)			
Antidepressants – licit	--	72	79
Antidepressants – illicit	--	24	21
% of IDU reporting	--	28	28
Main brand of antidepressants used last 6 months (%) ²			
Aropax [®]	14	15	0
Lovan [®]	14	0	0
Zoloft [®]	23	23	14
Cipromyl [®]	18	12	7
Effexor [®]	14	4	17
% of IDU responding	22	25	28

¹ IDU in 2000 were not asked to specify whether the use was licit or illicit

² only brands nominated by ≥ 10% of respondents in any year are shown

To test the proposition that antidepressant use among IDU is associated with psychiatric distress, the number of mental health problems experienced by those who had and had not used antidepressants in the last six months during 2002 was compared. A 'total mental health problems' score was computed by adding 1 to the total for each problem endorsed. IDU who had used antidepressants recently reported significantly more mental health problems in the last six months ($p < .001$) than those who had not used antidepressants recently, indicating that among IDU in the 2002 Queensland IDRS, antidepressant use was strongly associated with mental health problems.

9.5 Other drugs

IDU in 2002 also reported on use of hallucinogens (LSD and mushrooms) and inhalants. Four percent of IDU reported using LSD in the last six months, and six percent reported using hallucinogenic mushrooms, although IDU reported using hallucinogens on a median of only 1.5 days in six months. According to IDU in 2002 the most common route of administration for hallucinogens was oral; this pattern of use was confirmed by the three KI who mentioned hallucinogens. In 2002 8% of IDU reported use of some form of hallucinogen in the last six months; considerably fewer than in 2001 (27%) and 2000 (24%).

Seven percent of IDU in 2002 reported recent use of inhalants, on a median of 50 days in the last six months. According to one KI and two IDU, however, 'chroming' is becoming more popular among youth.

9.6 Summary of other drug trends

use and injection of **morphine**, particularly MS Contin®, has increased
use and illicit use of **methadone** have increased
ecstasy use has decreased however the price may also have decreased
use of **Fantasy/GHB** has increased, and is no longer confined to the Gold Coast. There are reports of Fantasy being used in 'date rapes'
injection of **benzodiazepines** increased between 2001 and the first half of 2002
injection of **antidepressants** has decreased, but is still associated with psychiatric distress
use of **hallucinogens** among IDU is minimal and has decreased since 2001; use of **inhalants** may be increasing among youth

10.0 DRUG-RELATED ISSUES

10.1 Polydrug use

IDU in 2002 reported having tried an average of 10.2 different drugs ever, and an average of 6.7 different drug types in the last six months. The mean number of drugs injected in the last six months was 2.8 (see Table 47). These figures are not significantly different from those reported in 2001 ($p > .05$), however IDU in 2002 did report having injected significantly more drugs ever ($M = 5.2$) than IDU in 2000 or 2001 ($M_s = 3.9$ and 4.5 respectively), $p < .05$. There therefore seems to be a trend towards injection of more drug types, however these findings might also be explained by the greater age of the 2002 IDU sample (see Section 3.2).

Consistent with the drug use history data presented in Table 9, the drug most commonly taken the day before interview among IDU in 2002 was cannabis (44%), although almost as many (39%) reported taking heroin. Reflecting the heroin shortage, reported heroin use the day before interview dropped significantly from 2000 (51%) to 2001 (20%) ($p < .001$), then increased significantly in 2002 ($p < .01$). Use of methadone the day before interview in 2002 (24%) was also higher than in previous years, although not significantly ($p > .05$).

One in five IDU in 2002 reported taking speed powder the day before interview, while 4% reported taking base and only 1% reported taking ice. Whereas in previous years no IDU had reported taking either morphine or antidepressants the day before interview, 4% and 5% of IDU in 2002 reported taking these drugs respectively.

Table 47. Drugs tried, injected and taken yesterday according to IDU, 2000 – 2002

	IDRS 2000 (<i>N</i> = 101)	IDRS 2001 (<i>N</i> = 102)	IDRS 2002 (<i>N</i> = 104)
Mean no. drugs ever tried	9.5	10.2	10.2
Mean no. drugs tried last 6 months	6.1	6.9	6.7
Mean no. drugs ever injected	3.9	4.5	5.2
Mean no. drugs injected last 6 months	2.2	2.7	2.8
Took any drugs yesterday (%)	87	83	86
Drugs taken yesterday (%)			
Cannabis	38	47	44
Heroin	51	20	39
Methadone	13	17	24
Speed	22	23	20
Alcohol	23	25	18
Benzodiazepines	9	10	14
Other drug	3	6	10
Antidepressants	0	0	5
Base	--	--	4
Morphine	0	0	4
Other opiates	1	0	4
Ice	--	--	1
Cocaine	0	3	0

10.2 Amphetamine-induced psychosis

There has been growing concern in Queensland in recent years over the association between methamphetamine use and psychosis (McKetin 1998; QCC 2000a, 2000b; Topp et al. 2002). Amphetamine-induced psychosis is characterised by suspiciousness, paranoid delusions, stereotyped behaviour and labile mood and is associated with regular use of high doses of the drug; it has also been associated with violent behaviour (Scott & Kingswell in preparation). In a sample of 252 amphetamine users presenting at an NSP in south-east Queensland Dawe, Kavanagh, Young and Saunders (in preparation) found that 32% had ever experienced a psychotic episode and 20% had actually been admitted to a psychiatric hospital. Dawe et al. also found a significant relationship between recent amphetamine use and psychiatric distress.

In 2001 the IDRS identified an increase in the use of methamphetamine among IDU in south-east Queensland, and in the same year the NDSHS found a 9% lifetime prevalence of amphetamine use among Queenslanders, with almost 3% of persons aged 14 and over having used in the last 12 months. In 2002 the majority of IDU interviewed for the IDRS reported that methamphetamine were either 'easy' or 'very easy' to obtain, and over 80% still reported recent use of the drug.

To investigate the mental health implications of regular methamphetamine use, IDU in the 2002 IDRS were asked whether or not they had experienced each of a range of mental health problems in the last six months. Table 48 shows, for IDU who reported methamphetamine as the drug they had most often injected in the last month ($n = 40$), the proportion who reported experiencing each of these problems. For comparison purposes, IDU who did not nominate methamphetamine ($n = 64$) are also shown. A total 'mental health problems' score was calculated for IDU by adding 1 to the total for each mental health problem endorsed. IDU in 2002 who reported injecting methamphetamine most often in the last month reported significantly more mental health problems in the last six months than other IDU ($p < .05$). These users more often reported experiencing depression, mania, manic-depression, anxiety, phobias, panic, obsessive-compulsive disorder (OCD), paranoia, personality disorders and drug-induced psychosis. Among IDU surveyed in 2002 there does seem to be a link between regular methamphetamine injection and mental health problems. This trend was also reported by three key informants.

Table 48. Mental health problems experienced by IDU who did and did not nominate methamphetamine as the drug most often injected last month, 2002

	Methamphetamine most often injected last month ($n = 40$)	Other IDU ($n = 64$)
Mental health problems experienced in last 6 months (%)	21	16
Depression	3	0
Mania	3	2
Manic-depression	15	6
Anxiety	5	0
Phobias	10	2
Panic	3	0
OCD	8	3
Paranoia	0	0
ASPD	3	2
Other PD (not ASPD)	0	0
Schizophrenia	5	0
Drug-induced psychosis	0	0
Other (not drug induced)		

10.3 Heroin and morphine overdose

Slightly fewer than half of the Queensland IDU interviewed in each year of the IDRS reported having overdosed at some point in their life (see Table 49). More IDU in 2000 (24%) than in either 2001 (18%) or 2002 (17%) reported having overdosed in the last 12 months, although this difference was not statistically significant ($p > .05$). Compared to 2000, IDU in 2001 and 2002 also reported that it had been significantly longer since they had overdosed on heroin or been administered Narcan (both $p < .001$), and significantly fewer IDU in 2002 reported having been present when someone else overdosed in the last 12 months ($p < .05$). One IDU in 2002 reported overdosing on morphine in the last 12 months (and three times ever); a second IDU reported having overdosed on morphine twice, but more than twelve months ago.

Based on this data there seems to have been relatively little change in the incidence of non-fatal opioid overdose among IDU in Queensland from 2000 to 2002, with roughly one in five IDU each year reporting an overdose in the last 12 months. Perhaps partially as a result of the heroin shortage in 2001, IDU reports do suggest a small drop in the incidence of overdose in both 2001 and 2002.

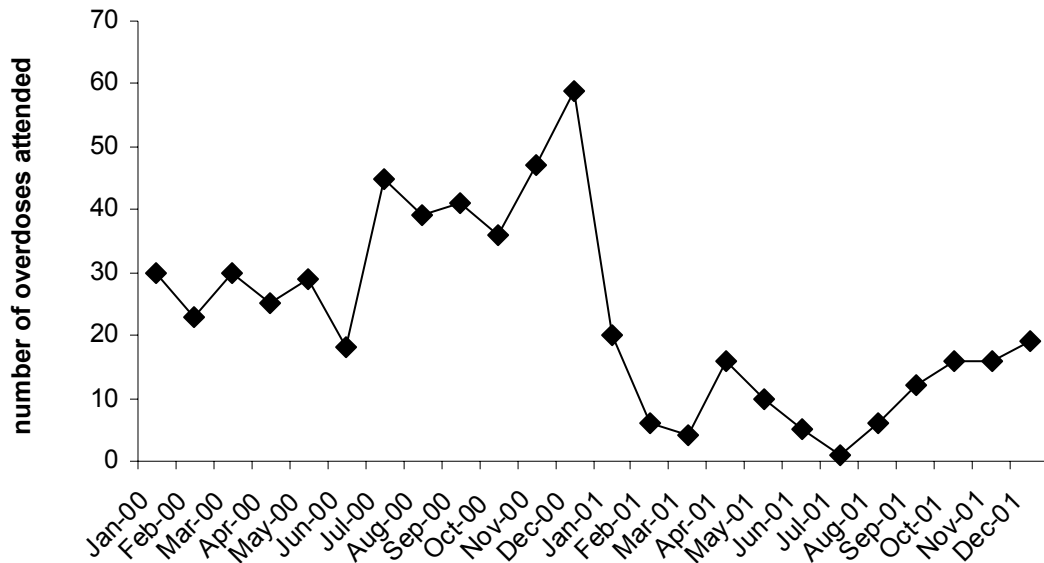
Table 49. Self-reported experience of heroin and morphine overdose among IDU, 2000 - 2002

	IDRS 2000 ² (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Ever overdosed (%)	43	45	46
In last 12 months (%)	24	--	--
Ever overdosed on heroin (%)	--	45	44
In last 12 months (%)	--	18	11
Ever overdosed on morphine (%)	--	0	2
In last 12 months (%)	--	0	1
Number of times overdosed on heroin ¹			
Mean (SD)	5.58 (5.54)	3.50 (2.75)	5.17 (8.24)
Median	4	3	3
Mode	1	1	1
Range	1 – 25	1 – 10	1 – 50
Months since last overdose on heroin ¹			
Mean (SD)	25.30 (36.82)	35.50 (38.87)	33.30 (31.50)
Median	12	19	24
Mode	1	12	24
Range	1 – 192	1 – 144	3 – 184
Ever administered Narcan (%)	22	36	38
In last 12 months (%)	12	17	11
Months since Narcan last administered ¹			
Mean (SD)	10.37 (19.49)	30.97 (38.84)	32.36 (27.52) ²
Median	2	14.5	24
Mode	0	0	24
Range	0 – 102	0 – 144	0 – 120
Was Narcan administered for heroin? (%) ¹			
Yes	--	--	81
No	--	--	19
Ever present when someone else overdosed (%)	69	77	70
Present in last 12 months (%)	47	46	32
Times present when someone else overdosed			
Mean (SD)	5.23 (8.12)	8.99 (15.06)	5.83 (8.80)
Median	2	4	2
Mode	0	1	0
Range	0 – 50	0 – 100	0 – 50
Months since present when someone overdosed			
Mean (SD)	16.72 (45.07)	22.50 (27.42)	26.77 (31.73)
Median	4	12	18
Mode	0	12	12
Range	0 – 360	0 – 144	0 – 144

¹ valid percentages are shown; descriptive statistics based on appropriate subsample of cases

² in 2000 IDU were simply asked if they had overdosed – no distinction was made between heroin and morphine

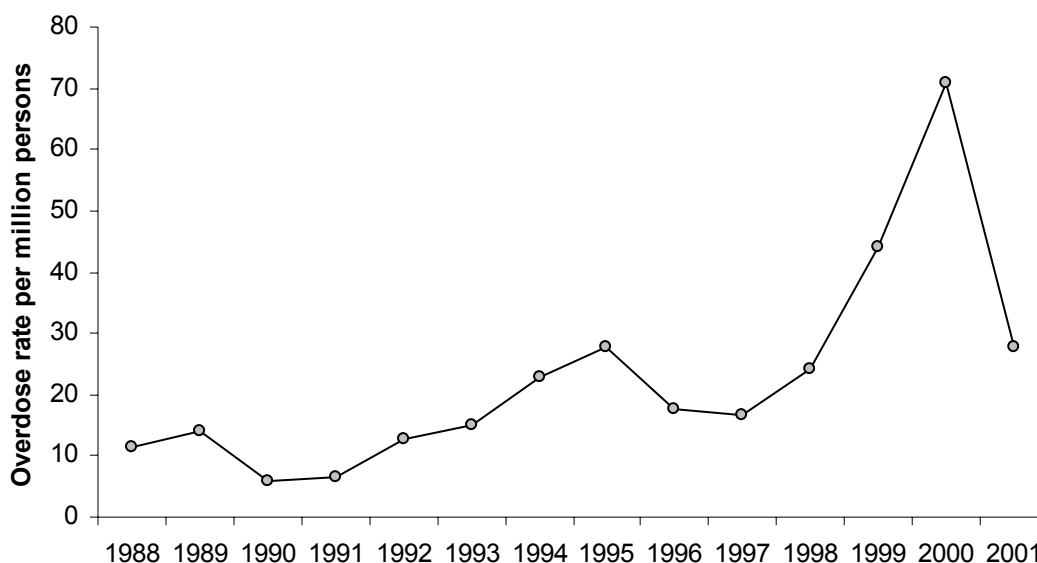
In 2000 the Queensland Ambulance Service (QAS) reported attending a total of 422 non-fatal heroin overdoses in the Greater Brisbane Region. In 2001 this number had dropped to 132 non-fatal overdoses, reaching a low of only one overdose attended in July 2001 (see Figure 12). Statewide in 2000, 9.7% of cases also reported ingestion of benzodiazepines, 8.8% alcohol, 2.7% amphetamines, 1.3% analgesics, 0.6% antidepressants and 0.6% methadone. Data for 2002 are not yet available, however anecdotal evidence from QAS suggests that the incidence of heroin overdose may have increased in 2002. As Figure 12 shows, the incidence of non-fatal overdose rose steadily from July 2001 to December 2001, in which nine non-fatal heroin overdoses were attended.



Source: Queensland Health, Department of Emergency Services

Figure 12. Number of non-fatal heroin overdoses attended by QAS in the Greater Brisbane Region, Jan 2000 – Dec 2001

Data provided by the ABS show that the rate of fatal opioid overdose in Australia also declined sharply in 2001 (see Figure 13), however these data also show that the rate of fatal overdose climbed gradually from 1988 to around 1997, then rose sharply until 2000. These figures provide support for the view that the so-called heroin ‘drought’ may be at least partially the result of the end of a heroin ‘glut’ during the mid- to late-1990s (Dietze & Fitzgerald 2002). To the extent that this is the case, the recent reduction in heroin use and heroin-related harms may be attributable as much to a cyclical heroin market as to any harm reduction interventions.



Source: Degenhardt (2002)

Figure 13. Rate of fatal opioid overdose death in Australia among persons aged 15-44, by year

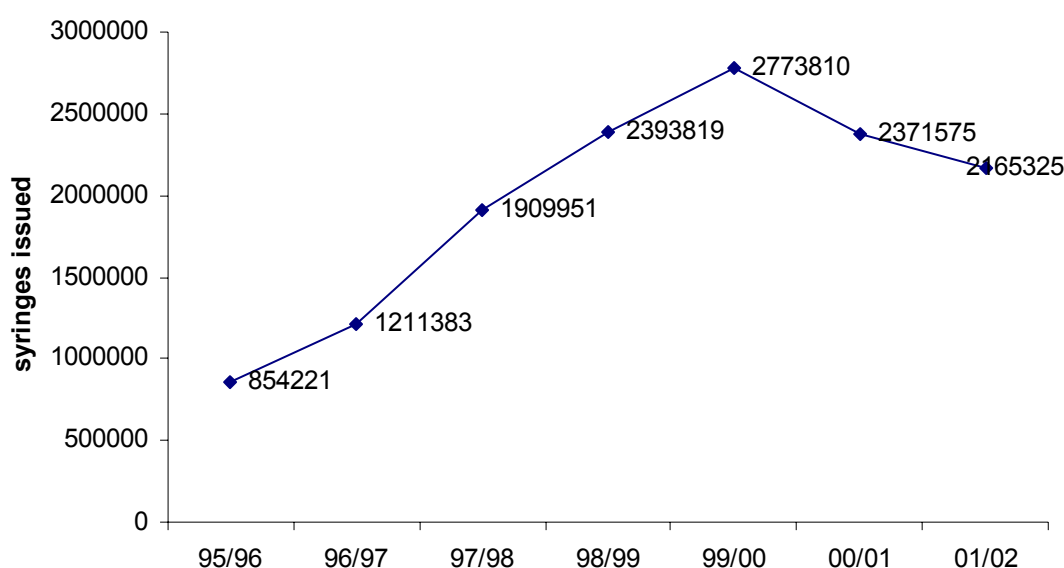
10.4 Sharing of injection equipment

From 2000 to 2002 there were few changes in the incidence of needle risk-taking behaviour among IDU (see Table 50). In 2002 almost one in five IDU reported using a needle after someone else, typically a regular sex partner, in the last month. A larger proportion of IDU in 2002 (34%) reported that someone had used a needle after them in the last month (compared to only 24% in 2001), with 22% of IDU in 2002 (compared to 16% in 2001) reporting that this had occurred more than once. As in previous years, the most commonly shared equipment other than syringes in 2002 were spoons or mixing containers (32%), water (18%) and filters (17%).

Figure 14 shows the number of syringes supplied to NSPs by Queensland Health over the last seven financial years. There appears to be a peak in 1999/00 followed by a substantial decline in syringes issued from 2000/01 onwards, however these figures are somewhat misleading: During 1999/00 Queensland Health purchased a large number of syringes which were in fact not used by NSP clients until the following year. Considering actual usage rates as opposed to supply rates, the demand for syringes in 1999/00 was 4,585,967 syringes, and in 2000/01 was 4,661,850 syringes. There does seem to have been a decline in demand for injecting equipment during 2001/02, perhaps at least partly due to the recent heroin shortage.

Table 50. Needle risk-taking behaviour reported by IDU in the last month, 2000 – 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Used needle after someone else last month (%)			
None	81	88	82
One time	8	6	7
Two times	4	0	4
3 – 5 times	3	4	6
6 – 10 times	1	1	2
> 10 times	3	1	0
Number of people who used needle before you (%)			
None	82	85	77
One person	16	13	16
Two people	3	2	2
3 – 5 people	--	0	1
Who used needle before you (%)			
Regular sex partner	6	12	12
Casual sex partner	4	0	0
Close friends	8	0	7
Acquaintance	2	0	2
Other	1	3	0
Times someone used needle after you (%)			
None	77	76	66
One time	6	9	13
Two times	6	6	11
3 – 5 times	8	4	7
6 – 10 times	2	1	3
> 10 times	1	5	1
Other equipment used after someone else (%)			
None	50	60	59
Spoons/mixing containers	42	34	32
Filters	35	19	17
Tourniquets	14	15	11
Water	43	21	18
Other equipment	5	2	2



Source: Queensland Health, QNSP

Figure 14. Syringes issued to NSPs in Queensland from 1995/96 to 2001/02

10.5 Location of injections

As in previous years, the vast majority of IDU in 2002 reported injecting in a private home. Three quarters of IDU reported that they *usually* injected in a private home, and around two thirds reported that this was where they *last* injected. Around one in ten reported last injecting on a street, car park or beach (8%), in a car (11%) or in a public toilet (10%). These figures are comparable to those from 2001 and highlight the importance of providing safe disposal bins for syringes in public places: In 2002 30% of IDU reported last injecting in a public place.

Table 51. Location for injection according to IDU, 2000 - 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)		IDRS 2002 (N = 104)	
		Usual	Last	Usual	Last
Usual/last location of injection (%) ¹					
Private home	52	68	69	75	67
Street / car park / beach	11	5	9	7	8
Car	17	10	8	7	11
Public toilet	16	6	5	7	10
Prison	--	--	--	1	1
Supervised injecting room	--	--	--	0	1
Squat	--	--	--	0	1
Car park	--	--	--	0	1
Other / no preference	5	11	8	3	0

¹ In 2000 IDU were asked where they last injected. In 2001 and 2002 IDU were asked both where they *usually* injected and where they *last* injected.

10.6 Injection-related problems

Among IDU in 2002 the most frequently reported injection-related problems during the last month were scarring and bruising (51%) and difficulty injecting (43%). For each IDU a total injection-related problems score was generated by adding 1 to the total for each problem endorsed. IDU in 2002 reported experiencing a median of one injection-related problem in the last month; not significantly different from 2000 or 2001 ($p > .05$). The reported incidence of scarring/bruising and difficulty injecting were higher in 2002 than in 2001 (see Table 52), however again, these differences were not statistically significant ($p > .05$).

Table 52. Injection-related problems reported by IDU 2000 - 2002

	IDRS 2000 (<u>N</u> = 101)	IDRS 2001 (<u>N</u> = 102)	IDRS 2002 (<u>N</u> = 104)
Injection problems in last month (%)			
Overdose	8	7	6
Abscess/infections	14	10	14
Dirty hit	28	18	18
Scarring/bruising	56	45	51
Difficulty injecting	36	32	43
Thrombosis	8	10	11
Total injection-related problems last month			
Mean (SD)	1.50 (1.23)	1.43 (1.35)	1.46 (1.39)
Median	1	1	1
Mode	2	0	0 ¹
Range	0 – 5	0 – 5	0 – 5

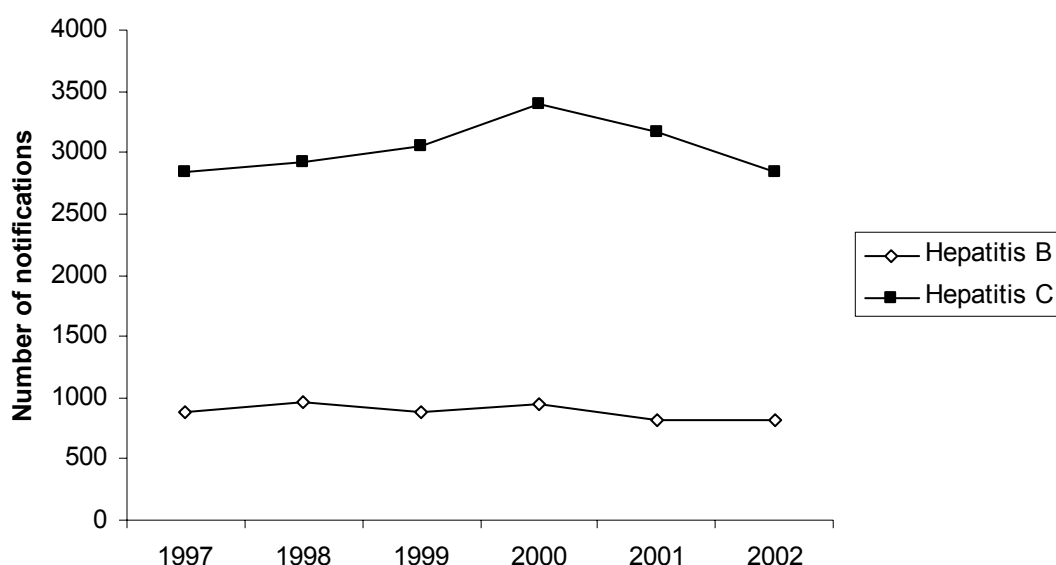
¹ multiple modes exist. The smallest value is shown.

10.7 Blood-borne viruses in Queensland

People with a history of injecting drug use are at significantly greater risk of acquiring hepatitis B (HBV), hepatitis C (HCV) and HIV than the general population (NCHECR 2002), because blood borne viruses (BBV) can be transmitted via the sharing of needles, syringes and equipment. Notification data for 2000 suggest that in Australia, injecting drug use is the most common mode of transmission for HBV incident infections (50-100%) and HCV incident infections (60-86%) (NNDSS, personal communication).

In Australia, the state and territory health departments report viral hepatitis notifications to the National Notifiable Diseases Surveillance System (NNDSS) and HIV notifications to the National Centre for HIV Epidemiology and Clinical Research (NCHECR) for monitoring purposes. Both the NNDSS and the NCHECR differentiate between incident infections (i.e. newly acquired infections) and unspecified infections (i.e. those where the timing of disease acquisition is unknown). In addition, the state health departments also record information on BBV risk factors, such as a history of injecting drug use.

Trends in the total number of notifications (i.e. unspecified and incident) for HBV and HCV in Queensland from 1997 to 2002 are shown in Figure 15. HCV and HBV reporting has remained stable (approx. 3000 and 800+ cases per year respectively) across this time period, with slight decreases from 2000 to 2001 unlikely to reflect a true change in disease activity. This data highlights the fact that HCV is the most commonly notified BBV in Australia (NNDSS, personal communication).

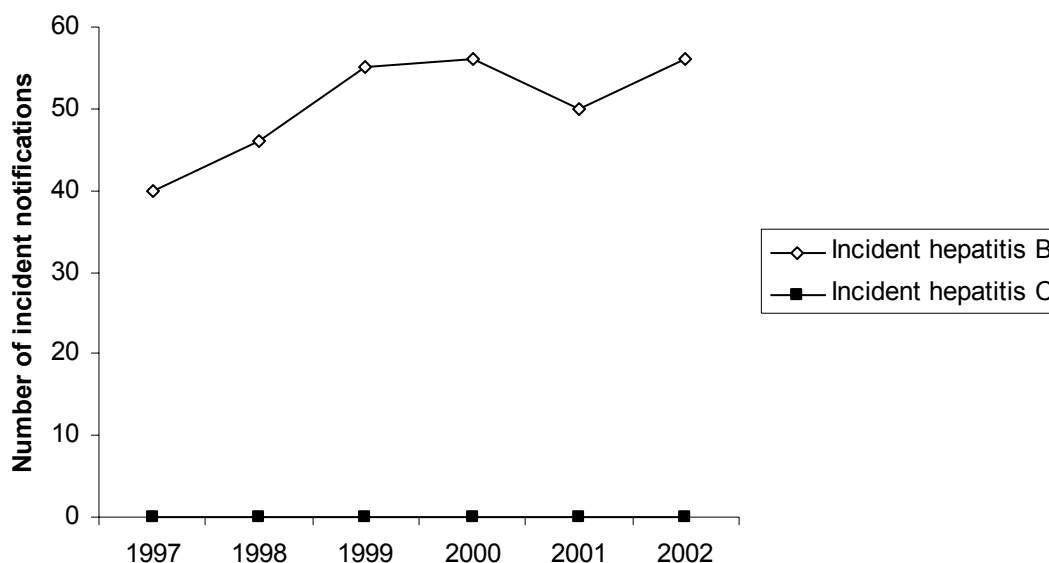


Source: Communicable Diseases Network – Australia - National Notifiable Diseases Surveillance System

Figure 15. Total number of HBV and HCV infection notifications in QLD, 1997-2002 ²

Trends in the number of incident notifications for HBV and HCV in Queensland are shown in Figure 16. HBV incident reporting has remained stable (approx. 50 cases) over the past few years. To date, Queensland has not differentiated between incident and unspecified infections, so that all HCV infections are coded as unspecified. This is likely to change in 2003 when new case definitions for hepatitis C are implemented (Paul Roche, personal communication). Despite this, it is expected that, in keeping with the trend in other states and territories, HCV incidents in Queensland is also increasing. This expected increase in incident HCV cases should not necessarily be interpreted as evidence of increasing transmission in the community. Instead, the increase in the number of incident HCV notifications in Australia is largely a product of improved surveillance, increased awareness, and more widespread testing. It is also important to note that the number of HCV notifications vastly underestimates the true incidence of HCV in Australia (NNDSS, personal communication).

² **Notes on interpretation:** The notifications compiled by the NNDSS may be influenced by a number of factors that should be considered when interpreting the data. Since no personal identifiers are collected in records, duplication in reporting may occur if patients move from one jurisdiction to another and were notified in both. In addition, notified cases are likely to only represent a proportion of the total number of cases that occur. This proportion may vary between diseases, between jurisdictions, and over time (NNDSS 2000).

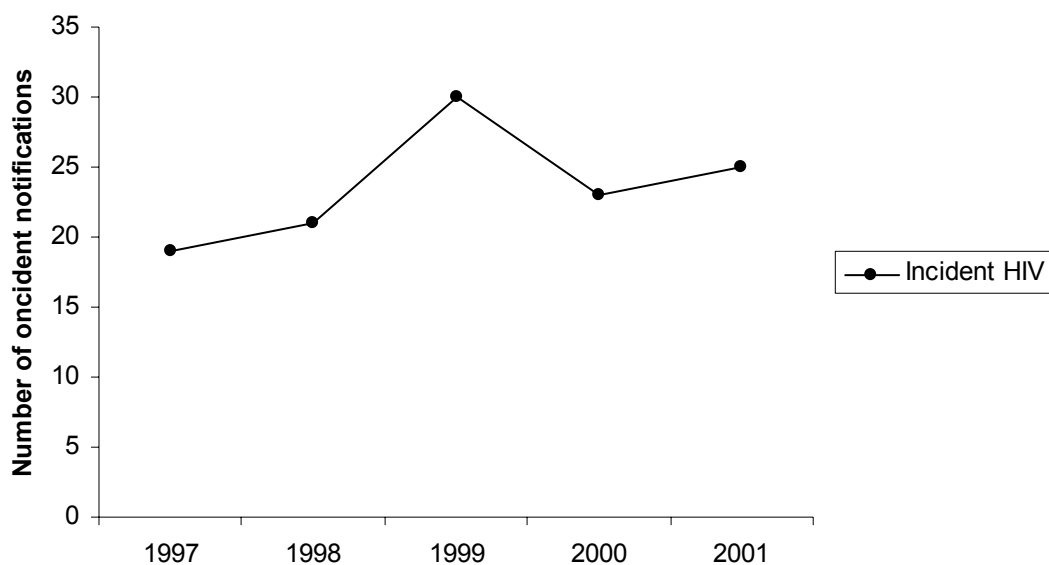


Source: Communicable Diseases Network – Australia - National Notifiable Diseases Surveillance System

Figure 16. Number of notifications of incident Hepatitis B and C infections in QLD ²

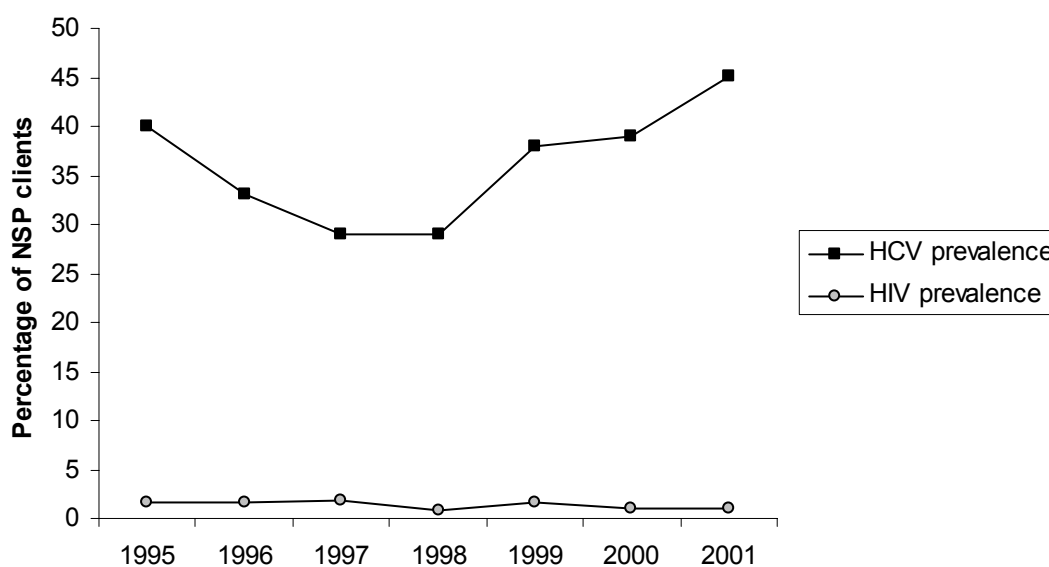
Trends in the number of incident notifications for HIV in Queensland from 1997-2001 are shown in Figure 17. This data shows that HIV reporting has remained relatively stable (approx. 25 cases per year) over time in Queensland. Transmission of HIV in Australia continues to be mainly through sexual contact between men, accounting for more than 85% of incident HIV cases from 1997-2001. A relatively small proportion of incident HIV (3.4%) was attributed to history of IDU for the same period in Australia (NCHECR 2002).

Trends in the prevalence of HCV and HIV infections among clients attending NSP clinics in Queensland from 1997 to 2001 are shown in Figure 18. Between 29% and 45% of clients attending NSPs in Queensland from 1997 to 2001 tested positive to HCV, consistent with state health authority data that injecting drug use is the main risk factor for HCV. Similarly, the evidence of stable rates of HIV infection over time and low rates of HIV infection amongst IDU are also supported by the results from the Australian NSP Survey, which found that between 1997 and 2001 only 1-1.9% of clients attending NSPs in Queensland tested positive to HIV (MacDonald & Zhou 2002).



Source: National Centre for HIV Epidemiology and Clinical Research (2002 HIV/AIDS, viral hepatitis and sexually transmissible infections in Australia: Annual Surveillance Report, page 40 - Table 1.2.3)³

Figure 17. Number of notifications of incident HIV infection in QLD, 1997-2001



Source: MacDonald & Zhou (2002)

Figure 18. Prevalence of HCV and HIV infection amongst NSP clients in QLD, 1995-2001

³ <http://www.med.unsw.edu.au/nchecr/Downloads/02ansurvprt.pdf>

These relatively stable rates of reporting of incident and unspecified cases of HBV, HCV and HIV to health authorities in Queensland, together with the prevalence of BBVs amongst the sentinel group of IDU from the Australian NSP Survey and the self-report of IDRS IDU on needle and syringe sharing behaviours (see Section 10.4 above), suggest that there is a high prevalence of HBV and HCV among IDU in Queensland, that IDU continue to exhibit risky behaviours (such as sharing of needle, syringes and other equipment) and are therefore at greater risk of developing BBVs. There is therefore a continued need for strategies aimed at decreasing harmful needle and equipment sharing behaviour amongst people who inject drugs.

10.8 Mental health and other drug-related problems

Almost one in three IDU in 2002 reported seeing a professional for mental health problem in the last six months, with the majority seeing a GP. By far the most frequently reported mental health problem among IDU was depression (17%), followed by anxiety (10%), panic (5%) and paranoia (5%) (see Table 53).

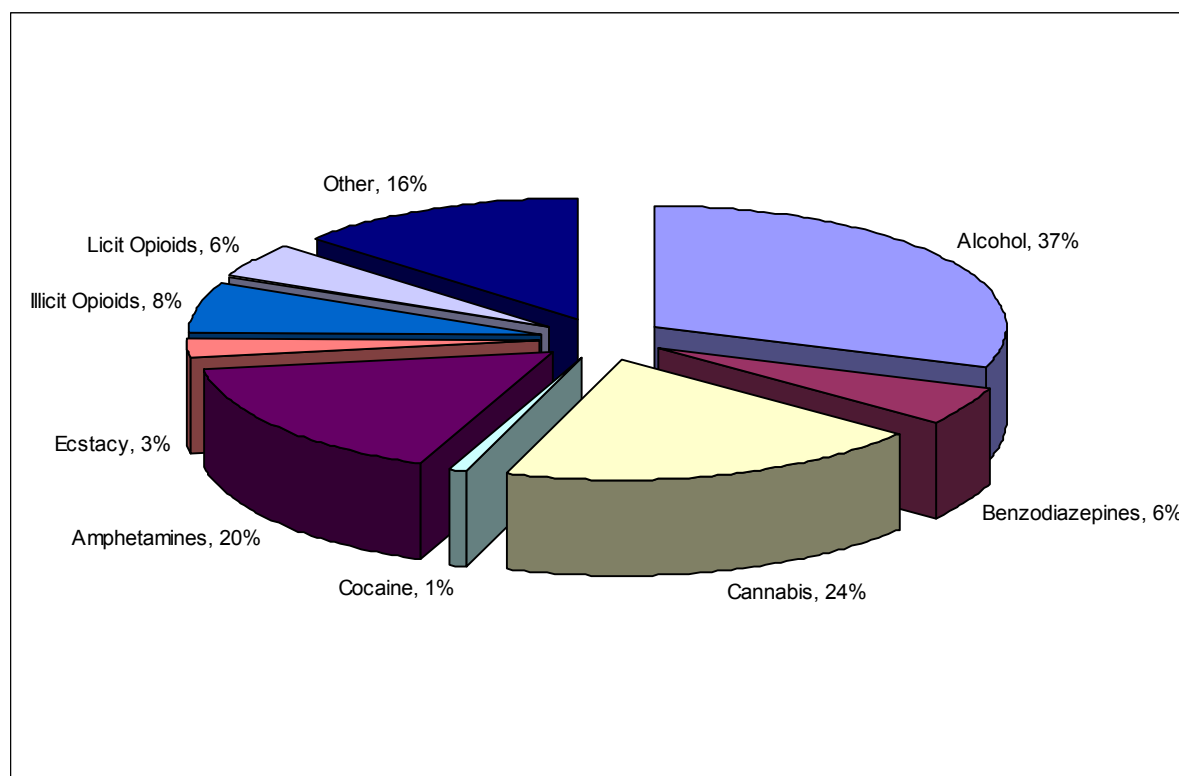
By counting the total number of mental health problems reported, a 'total mental health problems' score was generated for each IDU. There was no significant difference between males and females ($p > .05$) or between younger and older IDU (median split, $p > .05$) in the number of mental health problems endorsed. Nor were there any significant differences between those who were and were not currently receiving some form of treatment ($p > .05$), or by drug of choice ($p > .05$) or drug most often injected ($p > .05$).

Mental health problems, particularly depression and anxiety, were common among IDU in 2002, and seemed unrelated to gender, age, treatment status or the type of drug being used. With comparable data being collected in the 2003 IDRS it will be possible to identify not only prevalence, but also patterns and trends in reported mental health problems over time among IDU in Queensland.

Table 53. Mental health problems experienced by IDU in last 6 months, 2002

	IDRS 2002 (N = 104)
Attended professional for mental health problem (%)	29
Type of professional seen (%)	
GP	18
Psychiatrist	7
Psychologist	5
Counsellor	6
Community health nurse	3
Mental health nurse	1
Hospital emergency dept.	1
Mental health problem experienced (%)	
Depression	17
Mania	1
Manic-depression	2
Anxiety	10
Phobias	2
Panic	5
OCD	1
Paranoia	5
ASPD	0
Other PD (not ASPD)	2
Schizophrenia	0
Drug-induced psychosis	2
Other (not drug induced)	0

While mental health problems did not seem to be related to any particular drug among IDU in 2002, data from the Alcohol and Drug Information Service of Queensland (ADIS) suggest that some drugs are more problematic than others. Consistent with prevalence rates in the NDSHS (see Figure 1), cannabis accounted for almost a quarter of all calls to the information and referral service in 2001/02, while amphetamines account for one in five calls. Illicit opioids accounted for a much smaller proportion of calls (8%), as did licit opioids (6%) and benzodiazepines (6%). Few calls were received regarding ecstasy or cocaine, and over a third of calls related to alcohol (see Figure 19).



Source: ADIS Queensland, 2002

Figure 19. Calls made to ADIS in Queensland by drug type, 2001/02

10.9 Expenditure on illicit drugs

Data presented above in Section 4 – 7 suggest that the price of illicit drugs has changed relatively little in the last two years. The price of heroin increased slightly in 2001, however for other drugs the price seems either stable or dropping. One would therefore expect to see little change from year to year in the amount of money IDU report spending in a day on drugs. Table 54 shows that among IDU interviewed for the IDRS in 2001 and 2002, this was the case. The median amount of money that IDU spent on illicit drugs the day before interview in 2002 was \$70; the modal amount was \$50. These figures differ slightly from those obtained in 2001, but not significantly so ($p > .05$). While amounts up to \$1000 were reported in 2002 the majority of IDU reported spending much less: 75% spent less than \$100 and 95% spent \$250 or less. Nevertheless, even \$50 on a regular basis amounts to a considerable sum of money spent on drugs, particularly in a group of mostly unemployed individuals (see Section 3.2).

Table 54. Expenditure on illicit drugs yesterday according to IDU, 2001 - 2002

	IDRS 2001 (<i>n</i> = 54)	IDRS 2002 (<i>n</i> = 71)
Money spent on illicit drugs yesterday (\$)		
Mean (SD)	120.60 (126.82)	116.94 (160.55)
Median	75	70
Mode	25	50
Range	5 – 500	3 – 1 000

Note: in 2000 IDU selected a price bracket rather than specifying a dollar value; the modal price bracket was \$50-99

10.10 Criminal and police activity

It was noted in Section 3.2 that only 2% of IDU reported engaging in criminal activity. When asked about specific types of crime however, a larger proportion admitted to offences. In 2002 almost one on four reported engaging in property crime in the last month, with 10% doing so more than once a week (see Table 55). In light of the suspected strong link between heroin use and property crime (Makkai & McGregor 2002; Taylor 2002) it is interesting to note that the proportion of IDU who reported committing property crime dropped to 15% in 2001, when heroin was less readily available.

Thirty-nine percent of IDU in 2002 reported selling drugs in the last month, although only 7% reported doing so daily. Similar to previous years, 10% reported engaging in fraud and only 7% reported committing any violent crime. Two percent of IDU in 2002 reported committing violent crimes more than once a week in the last month.

Overall, fewer IDU in 2002 (56%) than in 2001 (67%) reported engaging in any crime during the past month, despite the fact that identical proportions in 2001 and 2002 (58%) reported being arrested. Most reported arrests were for drug use or possession (45% of arrests), property crime (27% of arrests) or driving offences (22% of arrests). Fifteen percent of arrests in 2002 were in relation to a violent crime.

Despite the fact that similar proportions of IDU reported being arrested in 2000, 2001 and 2002, in each year around 50% of IDU have reported an increase in police activity over the past six months (see Table 56). In 2002 14% of IDU reported that police activity had made it harder to score drugs, compared to 23% in 2001 and 26% in 2000. Overall, few changes were evident in IDU perceptions of police activity from year to year.

The south-east Queensland area covered by the IDU survey encompasses three police regions: Metropolitan North, Metropolitan South and South-East Queensland. QPS collect data on the number of arrests in each region each financial year, primarily for operational purposes. The data therefore represent not the *number of offenders arrested*, nor the *number of offences* which have occurred, but the *number of offences associated with each offence cleared per offence category*. In short, the data represent the number of arrests, but with some qualifications. For example, if an offender breaks into a dwelling and assaults three individuals, this would be counted as one arrest for break and enter, and one arrest for assault. If two offenders broke into a dwelling and one committed an assault, this would be counted as two arrests for break and enter, and one for assault.

Table 55. Self-reported criminal activity among IDU in the month preceding interview

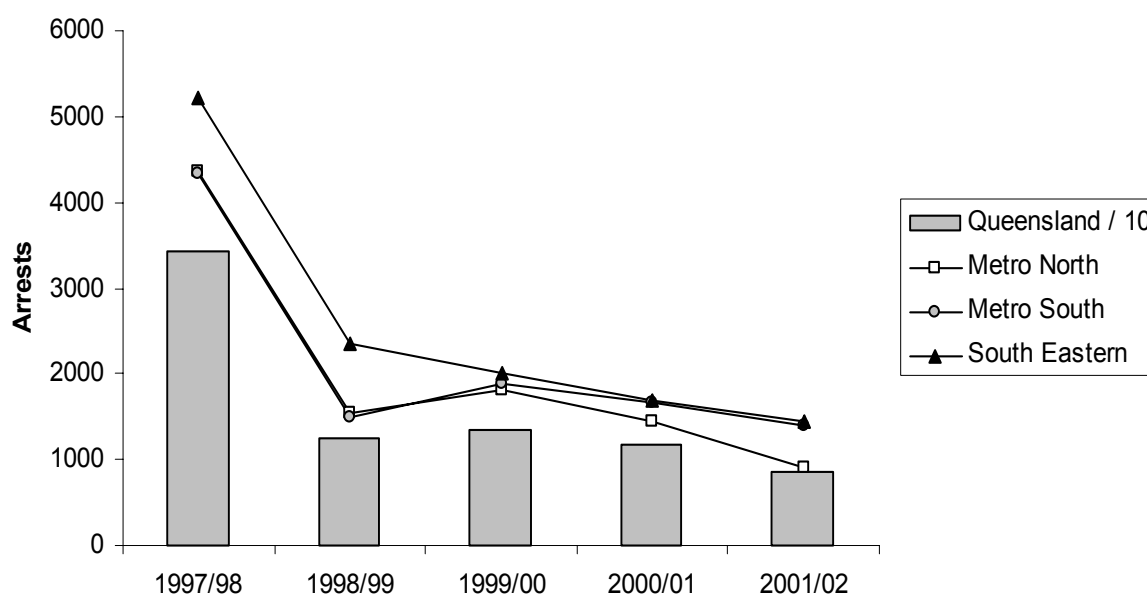
	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Property crime (%)			
None	77	85	76
Less than weekly	15	6	12
Once a week	3	4	3
More than weekly	3	1	6
Daily	2	4	4
Drug dealing (%)			
None	57	54	61
Less than once a week	14	16	13
Once a week	5	6	5
> once a week, < daily	15	16	15
Daily	9	9	7
Fraud (%)			
None	86	93	90
Less than once a week	10	4	7
Once a week	0	2	1
> once a week, < daily	3	1	0
Daily	1	1	2
Violent crime (%)			
None	97	93	93
Less than once a week	2	3	5
Once a week	0	2	2
> once a week, < daily	0	2	0
Daily	1	1	0
Any crime last month (%)	60	67	56
Arrested last 12 months (%)	52	58	58
Arrested for... (%) ¹			
Use/possession	10	45	45
Dealing/trafficking	--	--	3
Property crime	25	16	27
Fraud	6	7	12
Violent crime	4	9	15
Driving offence	--	--	22
Alcohol & driving	--	--	2
Drugs & driving	--	--	0
Prostitution	--	--	3
Other offence	56	20	30

¹ valid percentages, based on proportion who had been arrested last 12 months

Table 56. Perceived changes in police activity according to IDU, 2000 - 2002

	IDRS 2000 (N = 101)	IDRS 2001 (N = 102)	IDRS 2002 (N = 104)
Changes in activity last 6 months (%)			
Don't know	16	18	16
More activity	51	51	53
Stable	31	28	29
Less activity	3	4	2
Police activity made it harder to score (%)	26	23	14
Change in number of friends being busted (%)			
More	38	34	39
Stable	61	65	59
Less	1	1	1

Data representing arrests for all drug-related offences⁴ in south-east Queensland regions and across the State are presented below in Figure 20. The grey bars represent the number of arrests in each financial year state-wide (divided by 10 to improve comparability with regional data), while the lines represent the number of arrests in each region. There was a massive drop in arrests for drug-related offences from 1997/98 to 1998/99, with the total number in Queensland dropping from 34,173 to 12,402 – a 64% reduction in arrests. This drop is reflected in most drug-related offence categories with the exception of trafficking, for which arrests rose by 34% between 1997/98 and 1998/99. A second, smaller drop in arrests is evident from 1999/00 to 2001/02: Over this two-year period the number of drug-related arrests dropped by 50% in Metro North, by 26% in Metro South, and by 28% in the South Eastern region. Across Queensland, drug-related arrests dropped by 37% from 1999/00 to 2001/02, and this change was reflected in all drug-related offence categories. Evidently, drug-related police activity in Queensland has decreased dramatically in the last five years.

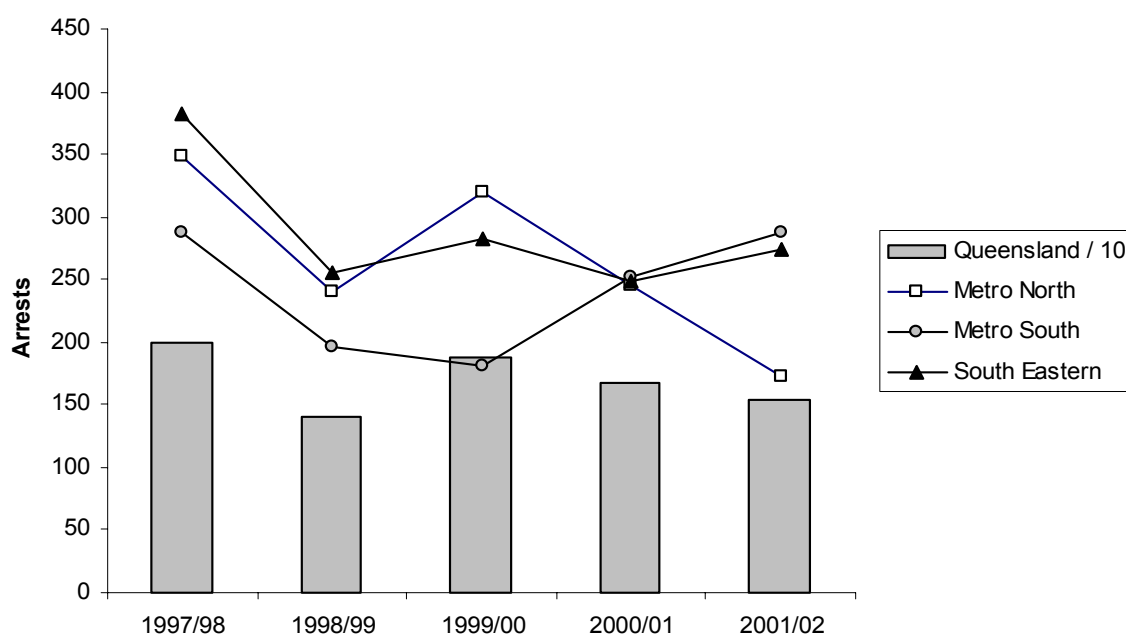


Source: QPS Information Resource Centre

Figure 20. Arrests by QPS for drug-related offences in Queensland, 1997/98 – 2001/02

⁴ QPS class the following offences as drug-related: possess and/or use dangerous drugs; possess things for use, or used in the administration, consumption, smoking of a dangerous drug; drugs offences (other); supply dangerous drugs; trafficking in dangerous drugs; produce dangerous drugs; permit premises to be used; receive or possess property obtained from trafficking or supplying dangerous drugs; import/export dangerous drugs.

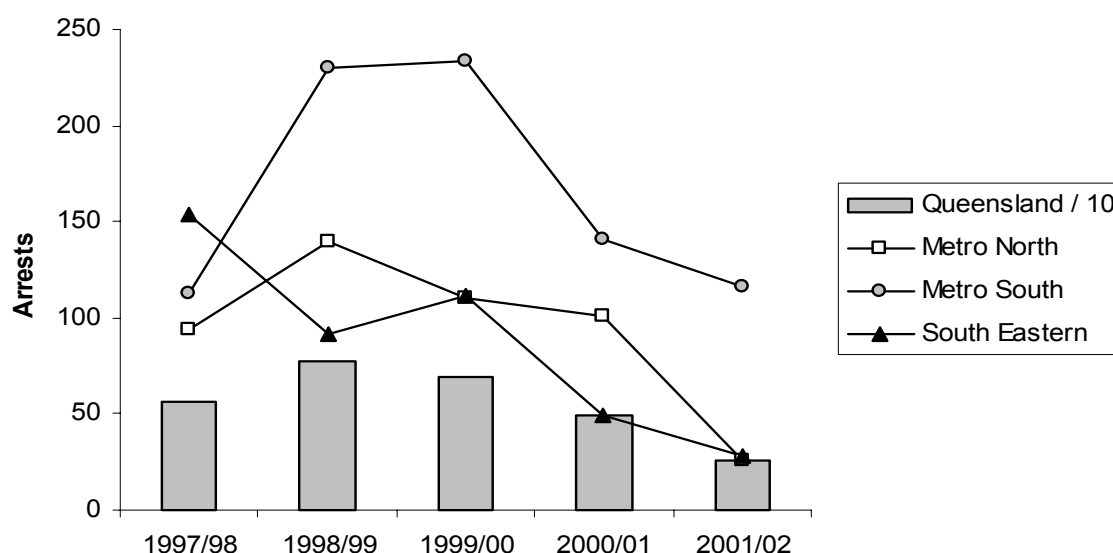
By contrast, arrests related specifically to amphetamine-type stimulants decreased by only 23% over this period, and by only 18% between 1999/00 and 2001/02 (see Figure 21). In the Metro South region, arrests related to amphetamine-type stimulants actually increased by 59% between 1999/00 and 2001/02, with the greatest increases being in arrests for supply (up by 158%) and production (up by 113%). While drug-related police activity in general seems to have dropped substantially in Queensland since 1997/98, the same cannot be said with respect to amphetamine-related crimes.



Source: QPS Information Resource Centre

Figure 21. Arrests by QPS for offences related to amphetamine-type stimulants in Queensland, 1997/98 – 2001/02

Figure 22 below shows the number of arrests in Queensland for heroin-related crimes since 1997/98. Perhaps reflecting the heroin shortage that began around December 2000, the number of arrests for offences related to heroin dropped by 62% from 1999/00 to 2001/02 – a drop 68% larger than that observed for all drug-related crime. This significant drop in heroin-related arrests was evident in all drug-related offence categories.



Source: QPS Information Resource Centre

Figure 22. Arrests by QPS for offences related to heroin in Queensland, 1997/98 – 2001/02

Drug-related arrests in Queensland have dropped substantially over the last five years, however the patterns for amphetamine- and heroin-related arrests are different. While amphetamine-related arrests have decreased relatively little, the drop in heroin-related arrests has been particularly large. Based on QPS arrest statistics, it appears that amphetamines are the drug of greater concern to the Queensland public.

Data showing the number of arrests of ‘consumers’ and ‘providers’ of illicit drugs in Queensland also suggest that after cannabis, amphetamines continue to dominate the illicit drug market in Queensland. Table 57 shows the number of consumer and provider arrests made in Queensland by QPS and AFP officers during the 2001/02 financial year. As the table shows, while 75% of arrests were in relation to cannabis, almost 9% were in relation to amphetamine-type stimulants and only 1% in relation to heroin.

Table 57. Consumer and provider arrests by drug type in Queensland, 2001/02

	Consumer	Provider	Total	% of arrests
Cannabis	14768	2300	17068	75
Amphetamine-type stimulants	1507	500	2007	9
Heroin & other opioids	149	114	263	1
Cocaine	13	7	20	< 1
Hallucinogens	10	2	12	< 1
Steroids	36	7	43	< 1
Other/unknown drugs	2440	873	3313	15
All drugs	18923	3803	22726	100
% of arrests	83	17	100	

Source: ACC (in press)

10.11 Doctor shopping

Since a significant proportion of IDU also use pharmaceutical drugs (see Table 9), it is important to establish whether these drugs are sourced from the black market, or via 'doctor shopping'. In an attempt to address this issue, patterns of doctor shopping in Queensland were reviewed for the period 1995/96 to 2000/01 (2001/02 data were not accessible at the time of printing). The Health Insurance Commission (HIC) identifies people as 'doctor shoppers' if, in one year, a person:

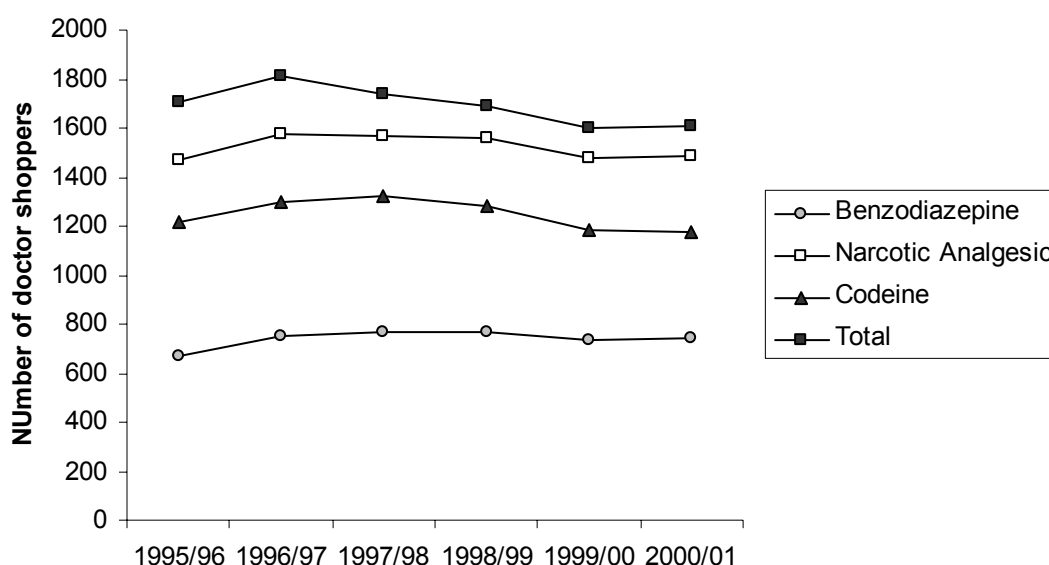
- sees 15 or more different general practitioners
- has 30 or more Medicare consultations
- obtains more PBS prescriptions than appears to be clinically necessary

HIC data from 1999/2000⁵ show that:

- the drugs most often accessed include benzodiazepines (35.5%), codeine compounds (14.6%) and narcotic analgesics (8.4%)
- 77% of doctor shoppers are in capital cities, 8% in other major cities, and the remainder in other rural or remote areas
- the majority (57%) of doctor shoppers are aged between 30 and 49 years, with the 15 to 29 year group (20%) being the next largest
- 58% of doctor shoppers are female
- the Queensland patient residential postcodes with the greatest doctor shopper activity were Woodridge/Logan, Southport and Beenleigh (for each postcode, doctor shoppers obtained in excess of 6500 PBS prescriptions)

Figure 23 shows the number of doctor shoppers both overall, and for each of the three main drug classes identified by the HIC doctor shopper program, from 1995/96 to 2000/01. The total number of doctor shoppers decreased only slightly over the last five financial years, from 1,708 in 1995/96 to 1,609 in 2000/01 (a decrease of 6%). This decrease was due to a 4% decline in the number of doctor shoppers accessing codeine between 1995/96 (1,217) and 2000/01 (1,172). Over the same period the number of doctor shoppers accessing narcotic analgesics and benzodiazepines increased, by 1% and 10% respectively.

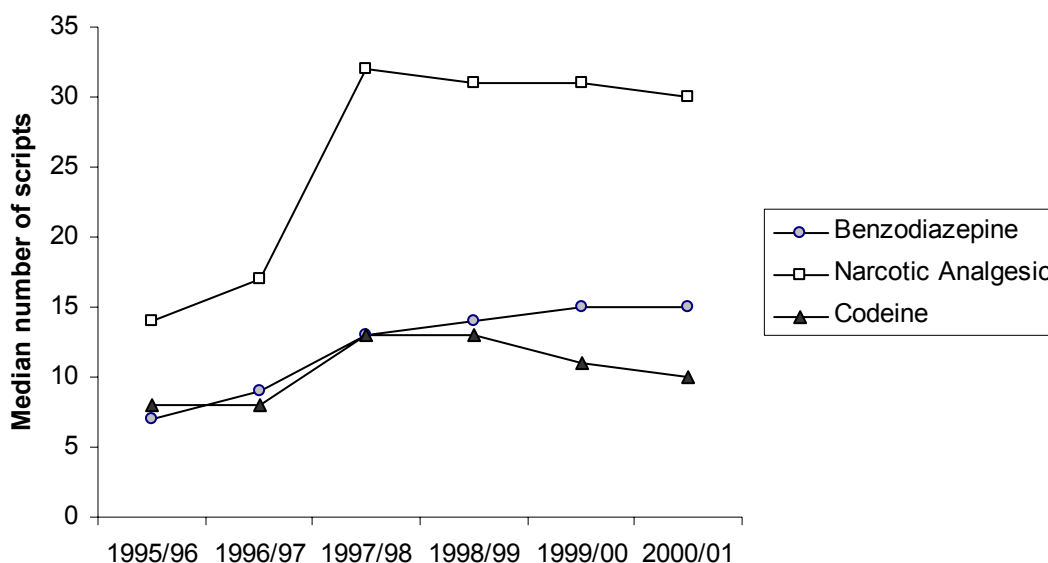
⁵ http://www.hic.gov.au/providers/publications_guidelines/program_review_fact_sheets/doctor_shopping.htm



Source: Health Insurance Commission

Figure 23. Number of doctor shoppers in Queensland by drug type, 1995/96 – 2000/01

Figure 24 shows changes in the median number of scripts per doctor shopper for each of the main drug classes from 1995/96 to 2000/01. Although there was little change overall in the number of doctor shoppers over the past five years, Figure 24 shows that the median number of scripts accessed by this group increased dramatically over the same period. The median number of scripts accessed by benzodiazepine doctor shoppers increased steadily from 7 in 1995/96 to 15 in 2000/01 (an increase of 114%), while the median number of scripts accessed by narcotic analgesic doctor shoppers increased from 14 to 17 between 1995/96 and 1996/97, then in the next year almost doubled to a median of 32 scripts. In the five years since the beginning of the program the median number of scripts accessed by narcotic analgesic doctor shoppers in Queensland rose by 114%. Over the same period, while the overall number of codeine doctor shoppers was declining, the median number of scripts accessed by this group rose by 25%, from 8 to 10.



Source: Health Insurance Commission

Figure 24. Median number of scripts obtained by doctor shoppers, 1995/96 – 2000/01

Over the last five years the number of doctor shoppers in Queensland has fallen only slightly, while the median number of scripts doctor shoppers have obtained for benzodiazepines and narcotic analgesics has more than doubled. This suggests that either the remaining doctor shoppers may be a more committed group of benzodiazepine and narcotic users, or perhaps that there is greater diversion of pharmaceuticals to illicit markets.

Data on HIC-defined doctor shoppers for 2001-2002 will show whether the trend for increasing scripts for benzodiazepine doctor shoppers has continued after the introduction of restrictions on the prescription of 10mg temazepam capsules.

With evidence of an increase in the illicit use of morphine among IDU in the 2002 IDRS (see Section 8.1), it will also be important to establish whether doctor shopping for narcotic analgesics has continued to increase.

10.12 Summary of drug-related issues

little change in **polydrug use**

methamphetamine use was associated with mental health problems

heroin overdoses dropped sharply between 2000 and 2001

little change in **needle risk-taking behaviour** or the incidence of BBVs

one third of IDU reported recent **mental health problems**

arrests for **drug-related crimes** dropped since 1997/98, but not in relation to amphetamines

fewer **doctor shoppers** than five years ago but increase of over 100% in number of benzodiazepine and narcotic analgesic scripts obtained

11.0 SUMMARY

11.1 Drug use patterns

Compared to previous years, the IDU interviewed in 2002 were slightly older, more often unemployed, more likely to have a prison history and more likely to be receiving some form of treatment for their drug use. It is important to keep these sampling differences in mind when interpreting trends across years.

In 2002 there were no differences between male and female IDU in age at first injection or drug preference, however males reported having tried and injected significantly more drugs than females. IDU in 2002 also reported having injected more drugs in their lifetime than IDU in 2001, possibly due to the above-mentioned age difference.

11.2 Heroin

The heroin market in Queensland continues to be in a state of flux. Following the heroin shortage in 2001 it appears that heroin use is once again increasing in Queensland, although it has not at this stage returned to pre-2001 levels. During the heroin shortage in 2001 IDU seem to have increased their use of a range of alternative drugs, most notably amphetamines, however the increase in heroin use in 2002 has not been matched by a commensurate decrease in amphetamine use.

IDU who nominate heroin as their drug of choice are characterised by significant polydrug use. Among IDU who nominated heroin as their drug of choice in 2002, almost three quarters reported recent use of cannabis and amphetamines, almost half recent morphine use, two thirds recent methadone use and over half recent benzodiazepine use. In 2002 IDU reported that heroin was cheaper and more available, although according to seizure data the purity of heroin in Queensland has continued to fall.

11.3 Methamphetamine

The use of methamphetamine among IDU rose in 2001 and declined slightly in 2002 – almost the mirror image of the trend observed in heroin use over the same period, except that while heroin use rose considerably in 2002, methamphetamine use has fallen only slightly. As a consequence, a larger proportion of IDU in 2002 are using both heroin and speed. This trend was reported by five key informants in 2002. IDU seem to distinguish among three forms of methamphetamine: speed (powder), base and ice (crystal meth or ‘shabu’), although these distinctions are not clear cut. Ice seems to be the most expensive, most pure, least readily available and most sought-after form of the drug, and among IDU is almost always injected. Base and powder are considered less pure forms and are both cheaper and more available than ice. Between 2001 and 2002 the availability of powder speed seems to have increased while the price may have decreased; the opposite is true for methamphetamine ice.

Consistent with both key informant and IDU reports that speed is ‘everywhere’, there was evidence in 2002 of opportunistic methamphetamine use: The proportion reporting use of speed

was consistently higher than the proportion identifying speed as their drug of choice. Methamphetamine use in Queensland seems to be driven by availability.

11.4 Cocaine

Cocaine use continues to be minimal among IDU in Queensland, although intranasal use may be considerably more common, particularly among individuals in a higher socio-economic bracket, and particularly on the Gold Coast. During the heroin shortage in 2001 cocaine use increased slightly, however use seems to have decreased again in 2002, with only 15% of IDU reporting (very infrequent) use in the last six months. There was no strong evidence to suggest a change in the price of cocaine in 2002, and the purity seems highly variable. The availability of cocaine may be increasing slowly in Queensland, but it is still quite difficult to obtain and is rarely used by most.

11.5 Cannabis

Cannabis use continues to be endemic among IDU in Queensland, and is not uncommon in the State's adult population generally. Users are more likely to be male and younger, and cannabis use is also strongly associated with amphetamine use. The majority of users seem to purchase hydroponically grown cannabis and the most commonly cited production source is a large scale cultivator/supplier. Since 2000 there has been little change in the price, purity or availability of cannabis, with most users considering the drug very easy to obtain. Although the prevalence of use has not increased, IDU in 2002 may be using cannabis more frequently than in previous years. Overall, the Queensland cannabis market continues to be distinguished by its stability over time.

11.6 Other opioids

The 2002 IDRS identified an increase in the use and injection of morphine among IDU, with MS Contin[®] reportedly the favoured brand. Use of methadone also increased in 2002, with some but not all of this increase attributable to increased accessing of treatment services in the IDU sample. More IDU in 2002 reported illicit than licit use of Physeptone[®] tablets. Fifteen percent of IDU in 2002 reported recent use of buprenorphine; 6% reported illicit use.

11.7 Other drugs

Possibly in response to the heroin shortage, recent use of ecstasy among IDU increased in 2001 but decreased again in 2002. Relatively few IDU in Queensland report use of ecstasy and among this group, use is sporadic. Nevertheless, the price of ecstasy may have dropped in 2002.

Availability and use of Fantasy/GHB seem to have increased in 2002, with this trend flowing north from the Gold Coast to Brisbane and the Sunshine Coast. Fantasy is usually consumed orally in a club or party environment, often with alcohol, and is associated with a high risk of overdose and unconsciousness. There were some reports in 2002 of local manufacture of Fantasy, and of its use as a 'date-rape' drug.

Benzodiazepine injection was identified in the 2001 IDRS as a cause for concern and on May 1 2002 restrictions were placed on the prescription of 10mg temazepam capsules. Twenty-five percent of IDU reported recent injection of benzodiazepines in 2002 (between January and June

2002), and reported having done so more often than in 2001. The impact of the temazepam restriction will be more clearly evident in the 2003 IDRS.

Six percent of IDU in 2002 reported recent injection of antidepressants, fewer than in 2001. In 2002 recent use of antidepressants was associated with psychiatric distress among IDU.

Few IDU in 2002 reported use of hallucinogens or inhalants. Reported use of hallucinogens has decreased since 2001 however anecdotal reports suggest that 'chroming' may be growing in popularity among youth.

11.8 Drug-related issues

The extent of polydrug use among IDU has changed little from 2001, although IDU in 2002 reported having ever injected significantly more drug types. Use of methamphetamine increased in 2002 and regular methamphetamine use was associated with more self-reported mental health problems. The incidence of both fatal and non-fatal heroin overdose declined sharply in 2001 during the heroin shortage, and based on IDU reports it seems that the rate of overdose has either stabilised or continued to decline into 2002. Anecdotal reports from QAS, however, indicate that with the increasing availability of heroin, the incidence of overdose in 2002 may have increased. Further data will be available to clarify this issue in the 2003 IDRS.

A significant proportion of IDU continue to share syringes and other injecting equipment, despite the availability of clean injecting equipment at NSPs throughout the State. Most IDU in 2002 reported injecting in a private home although 30% reported last injecting in a public place. The most frequently reported injection-related problems in 2002 were scarring/bruising and difficulty injecting, however there was no change in the incidence of injection-related problems from 2001. The incidence of Hepatitis B, Hepatitis C and HIV infection in Queensland has remained relatively stable since 1997, highlighting the on-going need for harm-reduction strategies to reduce the spread of these blood-borne viruses among IDU.

Around one third of IDU in 2002 reported recent mental health problems, most often depression and anxiety. IDU who sought professional help for these problems most often consulted a GP. There was no evidence that mental health problems were associated with age, gender or any particular illicit drug. By contrast, calls to ADIS in 2002 suggest that cannabis and amphetamines accounted for a disproportionate number of problems among illicit drug users in Queensland.

There was little change in money spent on illicit drugs, or self-reported criminal activity over the last month, in 2002. The crimes most frequently reported by IDU were drug dealing (39%) and property crime (24%). The number of arrests for drug-related crimes in Queensland seems to have dropped consistently since 1997/98, particularly in relation to heroin but less so in relation to amphetamines.

While the number of doctor shoppers in Queensland has declined slightly in the last five years, the median number of benzodiazepine and narcotic analgesic scripts accessed by doctor shoppers has more than doubled.

11.9 Overview, Conclusions and Implications

Patterns of illicit drug use in Queensland seem to be driven primarily by availability. In 2001 the availability of heroin declined and a proportion of IDU sought other, more readily available drugs: ecstasy, cocaine and in particular amphetamines. With an increase in the availability of heroin in 2002, this trend has reversed. Since 1999 when the IDRS was first conducted in Queensland (Kinner & Roche 2000) amphetamines have consistently been reported as readily available; it is therefore not surprising that use of this substance has continued at a high level among IDU.

Trends in illicit drug use also seem to be driven by price and quality (purity), which are inextricably linked to availability. While the availability of heroin has increased in 2002 the price is still higher than in 2000, and the purity has continued to fall. From 2001 to 2002 the IDRS also recorded increases in the use of methadone and morphine, which are likely to be of more reliable price and purity.

The 2002 IDRS also identified some significant trends in non-injecting drug use. Cannabis use seems to have become more frequent among users, and use and availability of Fantasy seem to have increased. While the injecting drug use market in Queensland is currently dominated by heroin and amphetamines, among non-injectors cannabis, amphetamines and cocaine appear more popular.

It was noted in the Introduction that the IDRS functions as a strategic early warning system, highlighting current issues that require further attention rather than embarking on an in-depth and time-consuming investigation of patterns and trends. Among the key issues identified in the 2002 Queensland IDRS were:

- evidence of an availability-driven relationship between the two main injecting drugs in Queensland: heroin and methamphetamine;
- increased use of other opioids in the context of continuing poor quality heroin;
- continued saturation of the illicit drug using market in Queensland with methamphetamine;
- significant polydrug use, mental health problems, needle risk-taking behaviour and incidence of blood-borne virus among IDU;
- increased use of Fantasy/GHB among party-drug users, and reports of the use of Fantasy as a 'date-rape' drug.

To the extent that these issues receive the necessary attention from relevant health, law enforcement and/or research agencies, the ultimate goal of the IDRS will be achieved.

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