

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

The first 12 months of data collection,
December 2006 to November 2007.

Queensland Needle and Syringe Program

Queensland Health

June 2008

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1. Executive summary

- The Queensland Minimum Data Set for Needle and Syringe Programs (QMDS-NSP) was implemented at the beginning of December 2006.
- From December 2006, 13 primary programs were involved, and an additional four sites commenced in April 2007. The three QuIHN sites (Brisbane, Gold Coast and Sunshine Coast) commenced data collection using the QMDS-NSP in August 2007, however the eight months of data for each of these sites (from December 2006 to July 2007) was re-coded to be consistent with the QMDS-NSPs. From April 2007, all sites consistently sent in data, and there is no missing monthly data from this time. State-wide and regional trends will be discussed from April to November, unless specified otherwise.
- The needle and syringe provision of these 20 agencies comprised over three quarters (77%) of the State-wide provision at the end of 2006/07 financial year. This report examines the first twelve months of QMDS-NSP data from December 2006 to November 2007.
- From December 2006 to November 2007 there were 145,815 occasions of service across the 20 participating NSPs.
- There was a 5 per cent growth in occasions of service among the 20 sites, from April 2007 to November 2007.
- The use of all opioids paralleled the levels of amphetamine use until June 2007, from which time opioid use surpassed amphetamine use, and the consistent upward trend throughout the 12 months presents the likelihood of further growth in opioid use. Amphetamine use declined from April to November.
- Nearly one-third (32%) of all opioid-related occasions were for morphine use, and there was a 23 per cent growth in morphine occasions from April 2007.
- 'Base' methamphetamine continues to be the type of amphetamine most often reported by clients
- The average age of clients was about 33 years (SD = 9), with the 26-35 age group comprising the largest proportion of clients.
- There were almost twice as many service occasions involving clients aged 35 or under compared with those involving clients aged over 35. Amphetamine and steroid use, were clearly more prevalent in the younger age group, while service occasions for 'other opioids' were more predominant in the over 35s than those aged 35 or under. In contrast, the proportion of service occasions associated with heroin for each age group were very similar.
- Distribution of 3ml syringes and butterflies increased by approximately 70 per cent. Twenty ml distribution increased at almost the same rate (66%) and 5ml by 51 per cent

from April 2007. This significant increase in equipment distribution is largely due to the increase in morphine use (3ml, 5mls and butterflies), methadone use (20ml and butterflies) and to some extent the increase in steroid-related service occasions (3ml).

- Staff provided at least one intervention on 40 per cent of service occasions. NSP interventions include information and education on topics such as blood-borne viruses, vein care, safe disposal of syringes, drug-related topics, sexual health, and antenatal and parenting information.
- There were over 3,000 referrals provided by NSP staff during the 12-month period; 2 per cent of all occasions of service involved referrals.
- The top 4 referral destinations across the state were referrals to drug and alcohol, hepatitis, medical, and sexual health services. Medical services include treatment (by nurses or medical practitioners) for bacterial infections and vascular disease.
- One in five (21%) referrals were 'formal'. A formal referral occurs when NSP staff actively arrange a referral by writing or phoning for an appointment, or having face-to-face contact with the staff member to whom the client is being referred. A large proportion (43%) of all referrals to hepatitis services were of a formal nature.

1.1 Regional Trends

- There were similar patterns in gender and age distribution throughout the state; however Central Area recorded the highest attendance of females, with almost 30 per cent of service occasions being for females, compared with 26 per cent State-wide.
- There was a decline in monthly service occasions for Brisbane City from March to September, and monthly occasions plateaued from this point onwards. In contrast, NSPs comprising Central Area, Northern Area and Southern Area all recorded increased service occasions.
- Service occasions associated with amphetamine, total opioids, heroin and morphine differed according to Region. Total opioid use was much more prevalent in Brisbane City than all other regions; however use of these substances were greater than for amphetamine use by September 2007 in the Southern Region, and on par with amphetamine use in Central Area from August 2007.
- Northern area displayed distinctively different drug use trends to other regions: amphetamine use remained higher than total opioid use throughout the 12 month period. Morphine use comprised the majority of opioid-related service occasions (72%), while heroin accounted for less than 15 per cent of these service occasions. Almost 50 per cent (48%) of female service occasions were associated with methamphetamines, higher than the 43 per cent State-wide.

2. Introduction

The purpose of State-wide standardised data collection via the Queensland minimum data set for needle and syringe programs (QMDS-NSP) is to support the ongoing development of the NSP sector in Queensland by providing core data about program activities.

Effective data collection among needle and syringe programs (NSPs) in Queensland is essential for planning and developing programs. Program development that is guided by valid, reliable data can help ensure, for example, that access is adequate in different locations and that an optimal mix of services and resources is available to clients. Hence, routine program data collection is integral to minimising the spread of HIV and hepatitis C among injecting populations.

Data sets of various forms have been collected by NSPs in Queensland since their inception in the 1980s. However, shortcomings in regard to the uniformity and comparability of data, and lack of a common understanding of data collection requirements limits the value of these data.

In addition, there has been significant growth in the number of programs and an increase in the diversity and complexity of the NSP sector in Queensland. Linkages with other services, including drug and alcohol treatment and primary health care services, have become more prominent, as has the need to meaningfully record referrals to such services. Major changes in the types of drugs injected and regional variations in these drugs underscore the importance of collecting basic drug information from clients.

The Queensland minimum data set for NSPs encompasses the following objectives:

- Establishing a core set of uniform definitions for activity data, relating to the equipment and services provided by NSPs on each occasion of service;
- Promoting consistency, validity and reliability in NSP data;
- Providing up-to-date information for NSPs on their program activities via the reporting tools of their data collection software;
- Conducting regular analyses of NSP data to be made available to participating NSPs.

2.1 Content of the Queensland minimum data set for needle and syringe programs

There are a total of 16 items or data elements in the QMDS-NSP. Only a subset of these will be collected on most occasions of service, depending upon what the client's injection equipment requirements are and whether any interventions and referrals are provided.

Conceptually, the data elements can be divided into three groups, a) client data, b) equipment data, and c) interventions data. These groups are as follows:

Client data (five elements)

- Date of NSP occasion of service
- Sex
- Postcode
- Age
- Drug to be injected

Equipment data (six elements)

- Needles and syringes issued
- 3*ml* barrels issued
- 5*ml* barrels issued
- 10*ml* barrels issued
- 20*ml* barrels issued
- Butterflies issued

Interventions data (four elements)

- NSP interventions provided
- Referral destination
- Referral type
- Time spent

In addition, there are three optional data elements – 'wheel filters issued', 'disposal method', and 'phone calls' – that may be used by individual NSPs as required.

- 'Wheel filters issued' is for the use of agencies that regularly dispense wheel filters.
- 'Disposal method' is recommended for use on a periodic basis as determined by local needs, rather than being part of routine data collection.
- 'Phone calls' may be used to provide additional information about intervention activity.

2.2 Standardised Data Collection

Collection of standardised data began in December 2006 with 13 primary programs sending in monthly data. Between December and April an additional four sites began participating. Three QuIHN sites (Brisbane, Gold Coast and Sunshine Coast) began collecting with the QMDS-NSPs from August 2007. The similarity of the QuIHN data to the QMDS-NSPs enabled the eight months of data (from December 2006 to August 2007) from the QuIHN sites to be re-coded and included in this analysis.

Table 1. Data provided by area and site, December 2006 to November 2007

Area	Site	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07	Sep 07	Oct 07	Nov 07
1. Brisbane City	Biala (Brisbane Harm Reduction Centre)	√	√	√	√	√	√	√	√	√	√	√	√
	QuIHN Brisbane	√	√	√	√	√	√	√	√	√	√	√	√
2. Central Area	Rockhampton ATODS	√	√	√	√	√	√	√	√	√	√	√	√
	Bundaberg ATODS	X	X	X	X	√	√	√	√	√	√	√	√
	Caboolture Community Health	√	√	√	√	√	√	√	√	√	√	√	√
	Redcliffe Community Health	√	√	√	√	√	√	√	√	√	√	√	√
	Sunshine Coast ATODS	√	√	X	√	√	√	√	√	√	√	√	√
	QuIHN Sunshine Coast	√	√	√	√	√	√	√	√	√	√	√	√
4. Northern Area	Cairns ATODS	√	√	√	√	√	√	√	√	√	√	√	√
	Cairns Sexual Health	X	√	√	√	√	√	√	√	√	√	√	√
	Mackay ATODS	√	√	√	√	√	√	√	√	√	√	√	√
	Mackay Sexual Health*	√	√	√	√	√	√	√	√	X	X	X	X
	Townsville ATODS	X	X	X	X	√	√	√	√	√	√	√	√
	Cairns Youth Link	√	√	√	√	√	√	√	√	√	√	√	√
		Gold Coast ATODS	√	√	√	√	√	√	√	√	√	√	√
5. Southern Area	Logan Youth & Family Services	√	√	√	√	√	√	√	√	√	√	√	√
	Toowoomba Sexual Health	√	√	√	√	√	√	√	√	√	√	√	√
	Ipswich Sexual Health	√	√	√	√	√	√	√	√	√	√	√	√
	Logan Community Health**	X	X	X	X	X	X	X	X	X	√	√	√
	QuIHN Gold Coast	√	√	√	√	√	√	√	√	√	√	√	√
	Inala ATODS**	X	X	X	X	X	X	X	X	X	X	X	X
	Palm Beach	X	X	X	X	√	√	√	√	√	√	√	√

*Merged with Mackay ATODS from August 2007. ** Sites not included in analyses.

Table 1 displays each site via Area Health Service. Brisbane City, comprising Biala and Brisbane QuIHN, has been analysed separately from the Southern Area as these NSPs are the state's two busiest sites; contributing over 50 per cent of the service occasions across these 20 agencies. The needle and syringe provision of these 20 sites comprised over three quarters (77%) of the State-wide provision at the end of 2006/07 financial year.

Table 1 details the monthly data sent in from December 2006 to November 2007. Although Logan Community Health began sending in data from September 2007, this data has not been included as three months of data was not sufficient for analysis.

For the purpose of this report, data will be examined at a State-wide level, to indicate trends and changes across the state in this 12-month period. Data will then be examined at a regional level and regional changes over the 12 months of data collection will be highlighted.

3. State-wide Profile

3.1 Occasions of Service

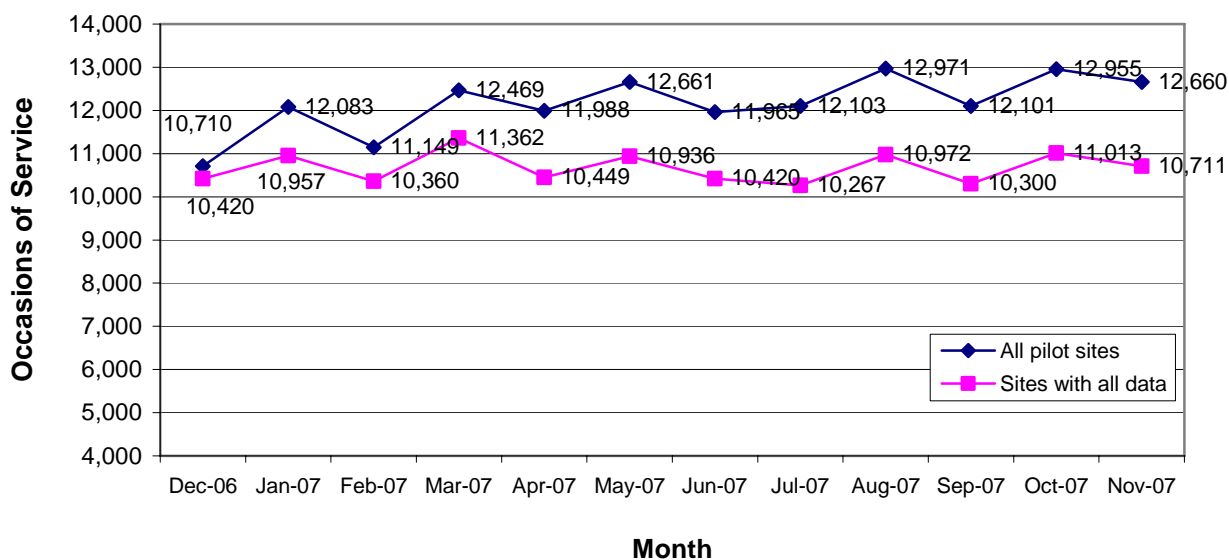


Figure 1. Occasions of service each month, December 2006 to November 2007 (N=145,815)

From December 2006 to November 2007 there were 145,815 occasions of service across the 20 NSPs. Figure 1 displays the number of service occasions each month across all sites. The upper line includes all 20 participating sites; while the lower line tracks the 15 sites for which there was no missing data (see Table 1). Both lines show similar peaks and troughs over the 12-month period. Throughout the year, the lower line, displaying the 15 sites with complete data, is quite stable. In contrast the upper line from April (at which point all 20 sites were sending in data and there was no missing data) increases slightly, and there was about 5 per cent growth from this time to November 2007. The growth can be attributed to the increases in monthly service occasions in smaller regional areas such as Townsville ATODS, Bundaberg ATODS, Rockhampton ATODS, Caboolture Community Health, Mackay ATODS, Gold Coast ATODS, Toowoomba Sexual Health and Ipswich Sexual Health. Larger centres like Biala and QuIHN Brisbane did not contribute to this increase.

3.2 Client Demographics

3.2.1 Client Age

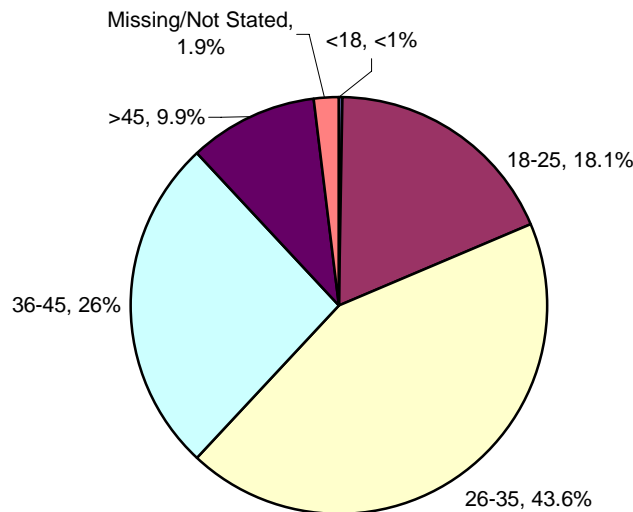


Figure 2. State-wide age distribution, December 2006 to November 2007 (N=145,815)

The average age of clients was 33.4 years (SD = 8.6), with the 26-35 age group comprising the largest proportion of clients presenting State-wide (see Figure 2). The 36-45 age group were the second largest group, followed by 18-25 year olds. Clients reporting to be aged under 18 comprised less than 1 per cent of all clients, while clients under the age of 25 comprised just fewer than 20 per cent of this sample (18.5%). The National Drug Strategy Household Survey (NDSHS; AIHW, 2008) estimated that of all Australians aged over 14 years, 0.5 per cent (82,400) had injected illicit drugs recently (at least once in the last 12 months). It was estimated that 7 per cent of these recent injectors were between 14 and 19 years of age, which is much higher than the 2 per cent of clients aged under 20 presenting across these 20 sites. This data indicates that younger injectors are a minority of the active injecting population and/or they are less likely to access NSPs compared to injectors aged over 20. It is also possible that this age group present less frequently at NSPs than older injectors as they are a likely to be less dependent than older injecting drugs users. The Amphetamines in Queensland studies (AIQ1, 2003; AIQ2, 2007) found that the average age of amphetamine users increased from 28 years in the earlier study to 31 years in the later study. This finding related to the average age of injectors only, which increased from 29 to 33 years; while for non-injectors the average age remained the same (26.7 and 26.8 years). This data, considered together, indicates a decline or delay in the uptake of injection drug use among younger age groups.

Proportions of all other age groups estimated by the NDSHS (AIHW, 2008) were more similar to the proportions of each age group accessing these NSPs. The NDSHS estimated 22 per cent of recent injectors to be over 40, while State-wide attendance at NSPs for this age group was

slightly higher at 24 per cent. Proportions of 20-29 (35%) and 30-39 year olds (39%) attending these NSPs were similar to estimates from the Household Survey (36% and 35% respectively).

Table 2. Number of service occasions related to drug type by age group (N=145,815)

Drug Type	<18	18-25	26-35	36-45	>45	Missing	Total
Amphetamines	289	13,768	29,023	15,355	4,161	419	63,015
Heroin	60	5,165	15,651	9,359	3,814	83	34,132
Morphine	118	3,135	7,985	6,385	3,046	261	20,930
Methadone	3	417	1,966	1,558	879	32	4,855
All other opioids	19	865	2,997	1,530	589	16	6,016
Steroids	5	1,168	1,410	439	145	18	3,185
All other categories*	91	1,869	4,515	3,366	1,866	1,975	13,682
Total in each age group	585	26,387	63,547	37,992	14,500	2,804	145,815

*Includes all other substance types (cocaine, ecstasy, other stimulants, HGH, vitamin B, benzodiazepines, insulin, hallucinogens, ketamine, GHB, other), unsure/not stated, missing, and not applicable categories.

Table 2 displays the number of service occasions for common drugs used, by age group. Comparing across all drug types, it can be seen that amphetamines accounted for the majority of all service occasions within each age group. Amphetamine was reported as the drug being used in 52 per cent of service occasions involving 18-25 year olds, while for under 18s and 26-35 year olds this drug was used on slightly fewer occasions (49% and 46% respectively). For clients aged over 45, amphetamine was used in only 29 per cent of service occasions. Also of note, morphine use was reported in 20 per cent of service occasions involving clients aged under 18, second only to amphetamine use for this age group (N=585).

There were approximately twice as many service occasions involving clients aged 35 or under compared with those involving clients aged over 35.

The ratio of service occasions involving clients aged 35 or under compared to over 35s, was 1.29:1 for amphetamine use, 0.92:1 for heroin, 0.70:1 for other opioids (including morphine, methadone and all other opioid types), and 3:1 for steroids. Amphetamine and steroid use were clearly more prevalent in the younger age group. Also of note is the finding that, while service occasions for 'Other Opioids' were more predominant in the over 35s than under 35s, the same was not true of heroin; service occasions for this drug were very similar for both age groups.

3.2.2 Client Gender

Of the 145,815 service occasions, 74 per cent (n = 108,146) were for male clients and 26 per cent (n = 37,441) were for female clients. In less than 1 per cent (n = 213) of cases this information was missing or not stated.

3.3 Drug Trends

3.3.1 Service Occasions Related to Male and Female Drug Use

Figure 3 displays service occasions related to male and female drug use, by drug type. The ‘All Other’ category in this figure encompasses all other drug types (cocaine, ecstasy, other stimulants, HGH, Vitamin B, benzodiazepines, insulin, hallucinogens, ketamine, GHB), and the missing and not applicable categories. Service occasions related to this category comprised less than 4 per cent of all service occasions.

State-wide, the three most commonly used drug types were the same for males and females. Amphetamine accounted for 43 per cent of male and female occasions of service. Heroin use was marginally higher in females, comprising 26 per cent of female service occasions and 22 per cent of male occasions while morphine use was slightly higher in males compared with females (15% vs. 13%). A key difference between male and female drug use was the occurrence of steroid use; as expected, use of this substance was much higher in male clients (2.8% of male vs. 0.4% of female service occasions).

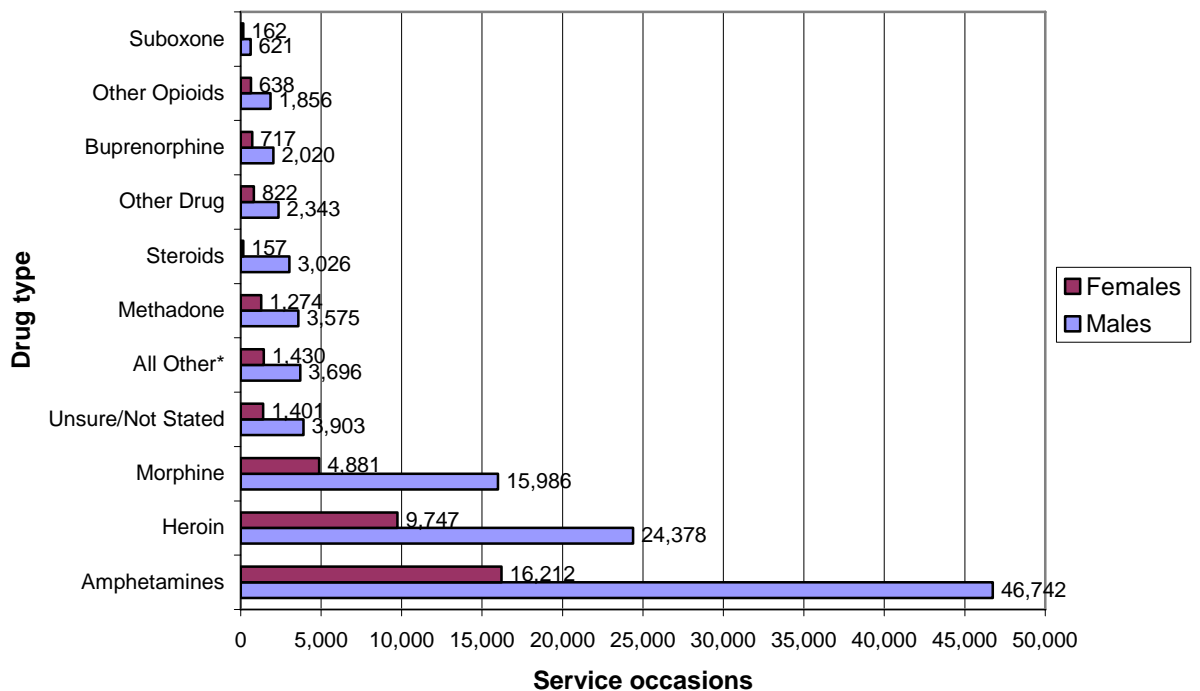


Figure 3. Service occasions related to male and female drug use, December 2006 to November 2007 (n=145,587)

3.3.2 Gender Breakdown for Amphetamine and Opioid Use

There were 62,954 occasions of service related to amphetamine use (for which gender was recorded; 43% of all service occasions) and 65,855 service occasions related to opioid use (45% of all service occasions). There was no significant difference in the State-wide gender distribution for amphetamine use compared to opioid use. Approximately three quarters of service occasions related to these drug types were for male clients. The gender distribution for each of these drug types reflected the overall State-wide pattern of clients.

3.3.3 Service Occasions Related to Drug Types

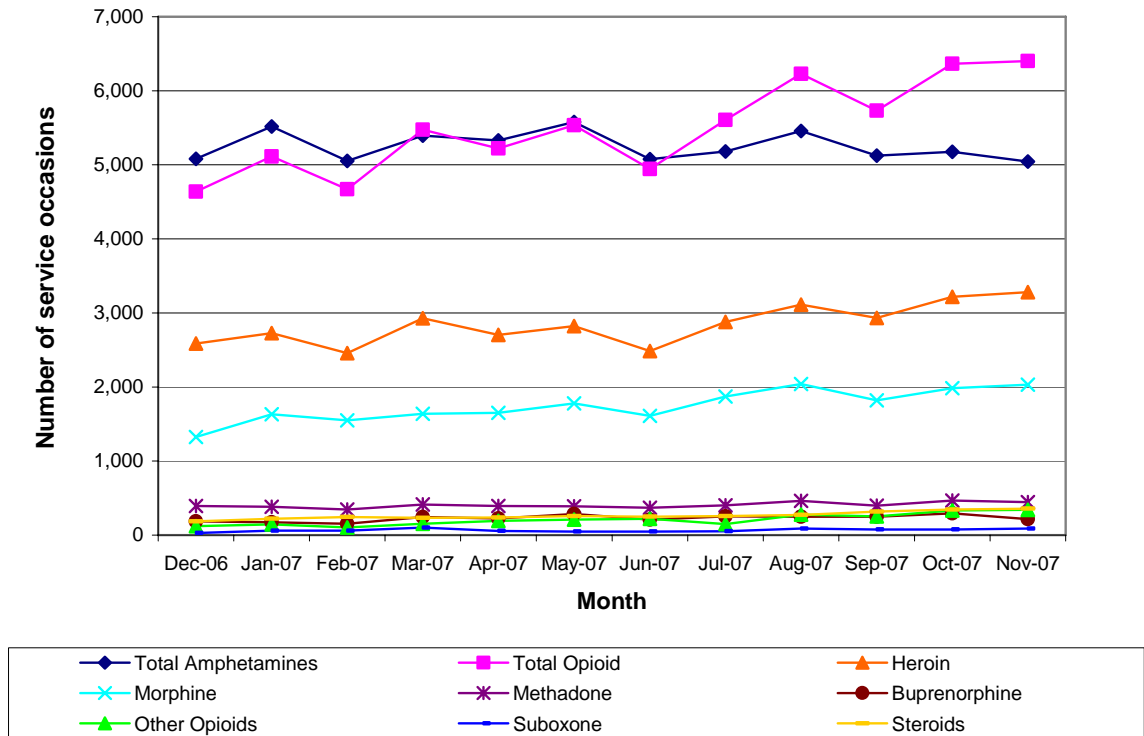


Figure 4. Service occasions related to drug type by month, December 2006 to November 2007 (n=132,133)

Figure 4 displays the number of monthly service occasions for the drugs most commonly used by clients throughout the year. These drug types accounted for over 90 per cent of all service occasions. ‘Total Amphetamines’ encompasses all (meth)amphetamine types (methamphetamine, base, powder, crystal, and other); and the ‘Total Opioid’ category includes heroin, morphine, methadone, buprenorphine, suboxone, and other opioids. This category of drugs accounted for the most service occasions over the 12-month period.

From April 2007 to November 2007, service occasions related to total opioid use increased by approximately 23 per cent. While service occasions related to amphetamines were higher than those for total opioids in the beginning of the 12-month period, by March service occasions for these two drug types were even and from July, total opioid use clearly surpassed amphetamine use. Monthly service occasions for most other drugs also increased from April to November (see Figures 4 and 5): methadone service occasions rose by 13 per cent (from a base in April of N=394) heroin by 21 per cent and morphine by 23 per cent (April N=2,703 and N=1649, respectively) and steroid and suboxone-related service occasions increased by approximately 50

per cent (April N=238 and N=57 respectively). The increases in heroin, morphine, and to a lesser extent methadone, from June 2007, all contributed to the sharper increase in total opioid use. Service occasions related to buprenorphine were more varied over this eight-month period, with no clear increase in the use of this substance.

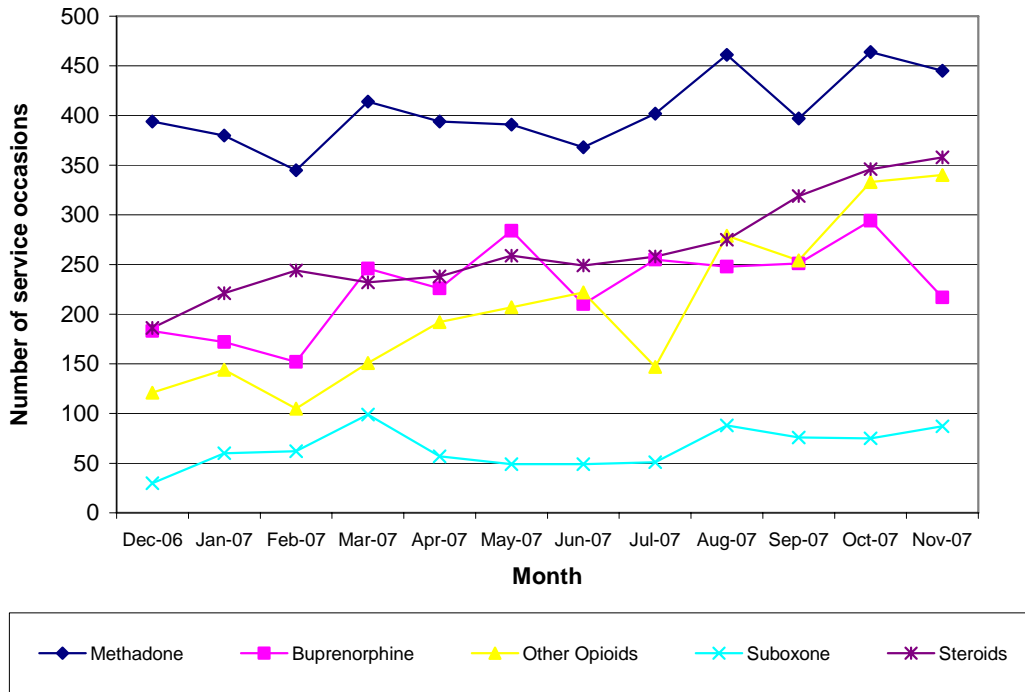


Figure 5. Service occasions related to methadone, buprenorphine, other opioids, suboxone and steroids by month, December 2006 to November 2007 (n=14,056)

3.3.4 Amphetamine Subtypes

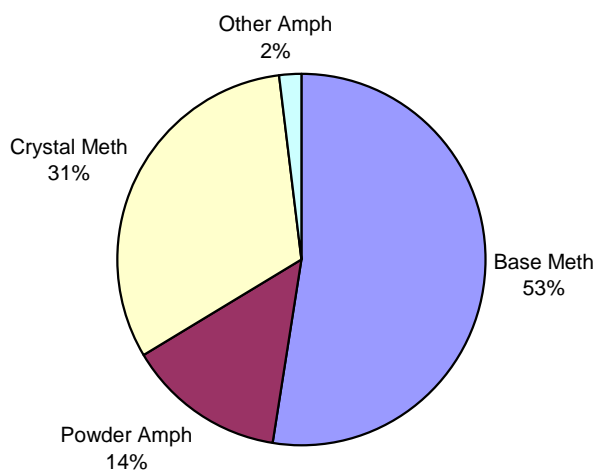


Figure 6. Percentage breakdown of amphetamine-related service occasions, December 2006 to November 2007 (n=32,944)

The Queensland minimum data set has five categories for recording amphetamine use. A broad amphetamines code is entered when clients are unsure of the exact type of amphetamine they will be using. The four other amphetamine categories (base, powder, crystal, and other) are optional categories used when clients are aware of and report the type of amphetamine they will be using. The 'Other' amphetamine code may be used for liquid and pill forms of this substance as well as amphetamine sulphate.

Of the 63,015 occasions of service related to all amphetamine use, approximately 50 per cent were recorded as specific amphetamine types. Figure 6 displays the breakdown of amphetamine types on occasions when specific amphetamine types were reported. For the period December 2006 to November 2007, base followed by crystal methamphetamines were the most common forms used.

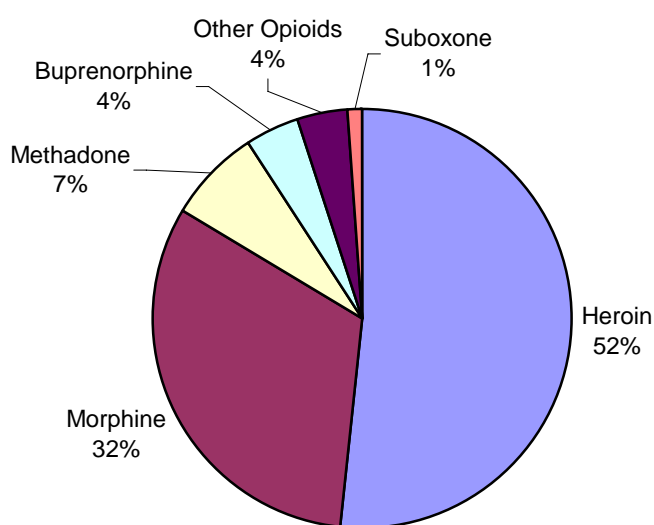


Figure 7. Percentage breakdown of opioid-related service occasions, December 2006 to November 2007 (n=65,933)

Figure 7 displays the percentage breakdown of service occasions related to all opioid use. Heroin and morphine, comprising over 80 per cent of opioid-related service occasions were the most commonly used opioids throughout this 12-month period.

3.4 Equipment Distribution

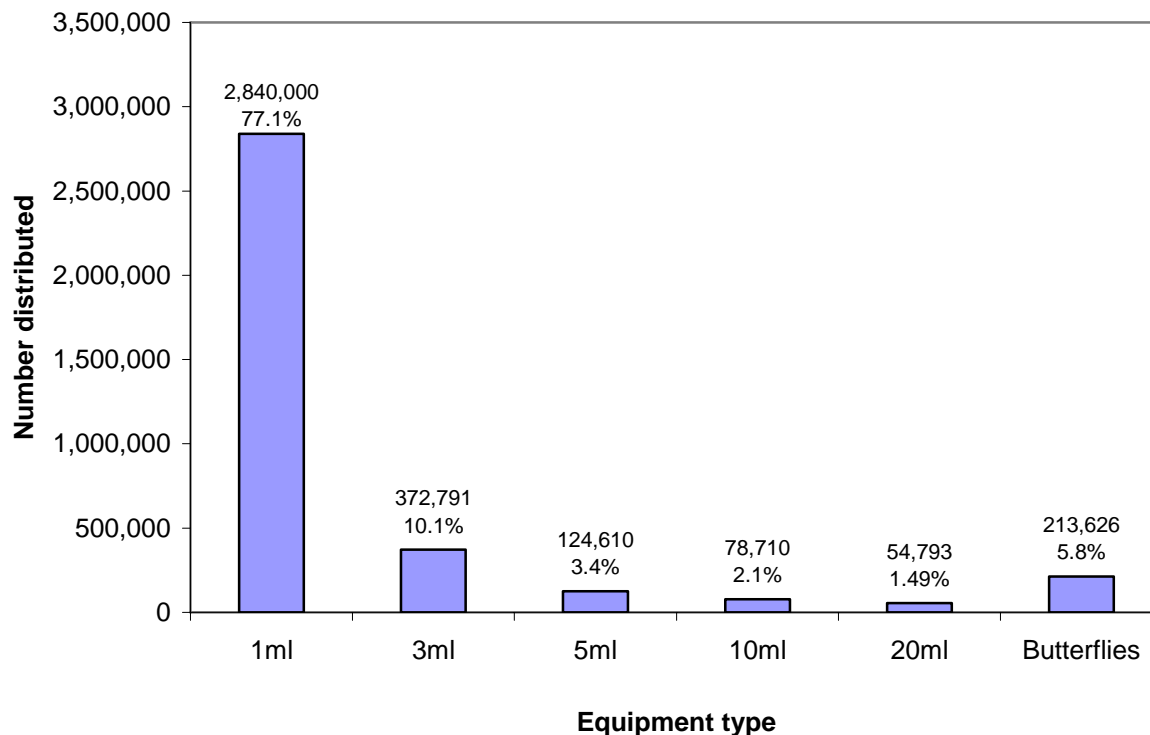


Figure 8. Total equipment distributed, December 2006 to November 2007

The total distribution for each equipment type is displayed in Figure 8. One *ml* syringes were the most commonly dispensed item, comprising 77 per cent of all equipment distributed. Butterfly distribution, accounting for 6 per cent of total distribution, surpassed that of 5, 10, and 20*ml* syringes.

Figure 9 displays the monthly distribution of 1ml syringes across the 20 sites. The great variability at the beginning of the year, followed by a steady decrease in distribution of 1ml syringes from July 2007 may be attributed to changing patterns of drug use and injecting behaviour, particularly the decrease in service occasions related to amphetamine use from August 2007. The great increase in service occasions related to morphine and other opioids, often associated with larger syringe sizes, has also contributed to decreased demand for 1ml syringes.

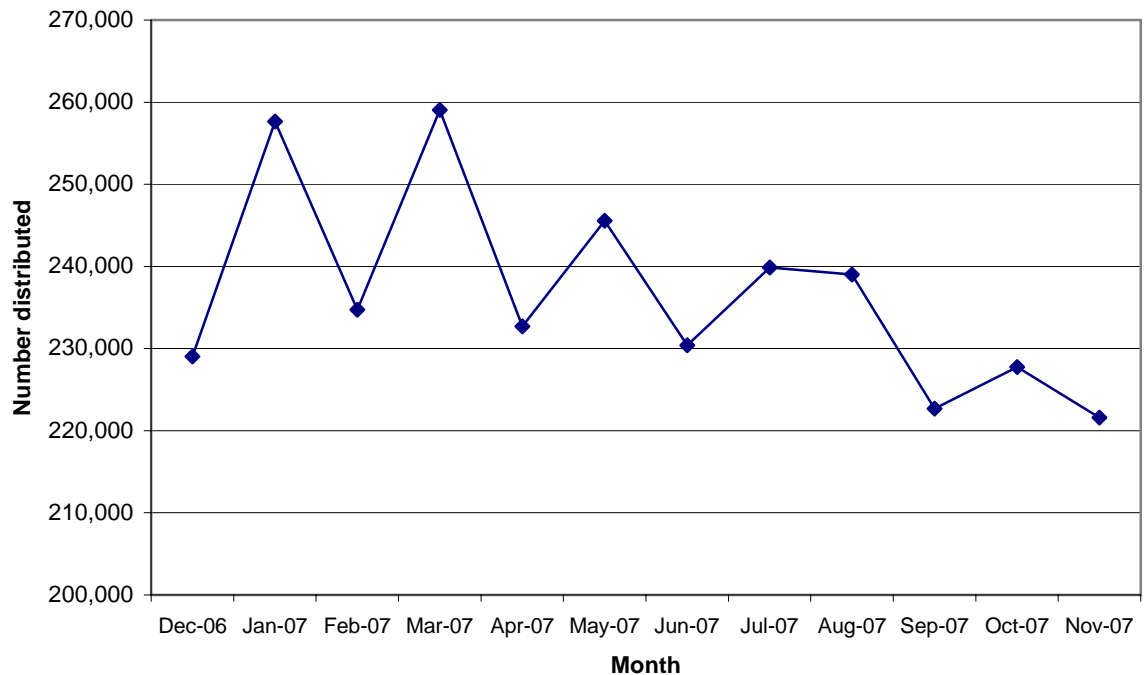


Figure 9. One ml syringes distributed, December 2006 to November 2007

Figure 10 details the monthly distribution of 3, 5, 10, and 20ml syringes, and butterflies. Use of 3ml syringes tripled from just under 15,000 in December 2006 to over 45,000 in November 2007. Some of this growth, as with other equipment types, may be accounted for by sites starting data collection between December and April, however from April, there was still a 68 per cent increase in the distribution of 3ml syringes (April base N=26,883). Distribution of butterflies, 5, 10, and 20ml syringes doubled from December 2006 to November 2007. From April, 10ml distribution rose by 41 per cent (April base N=5,690), 5ml by 51 per cent (April base N=9,398), 20ml by 66 per cent (April base N=3,857) and butterflies by 73 per cent (April base N=14,806). The large rise in these equipment types, all of which were most often distributed on morphine and methadone-related service occasions (see Table 3), may be attributable to the increase in such service occasions over the 12 months (see Figures 4 and 5).

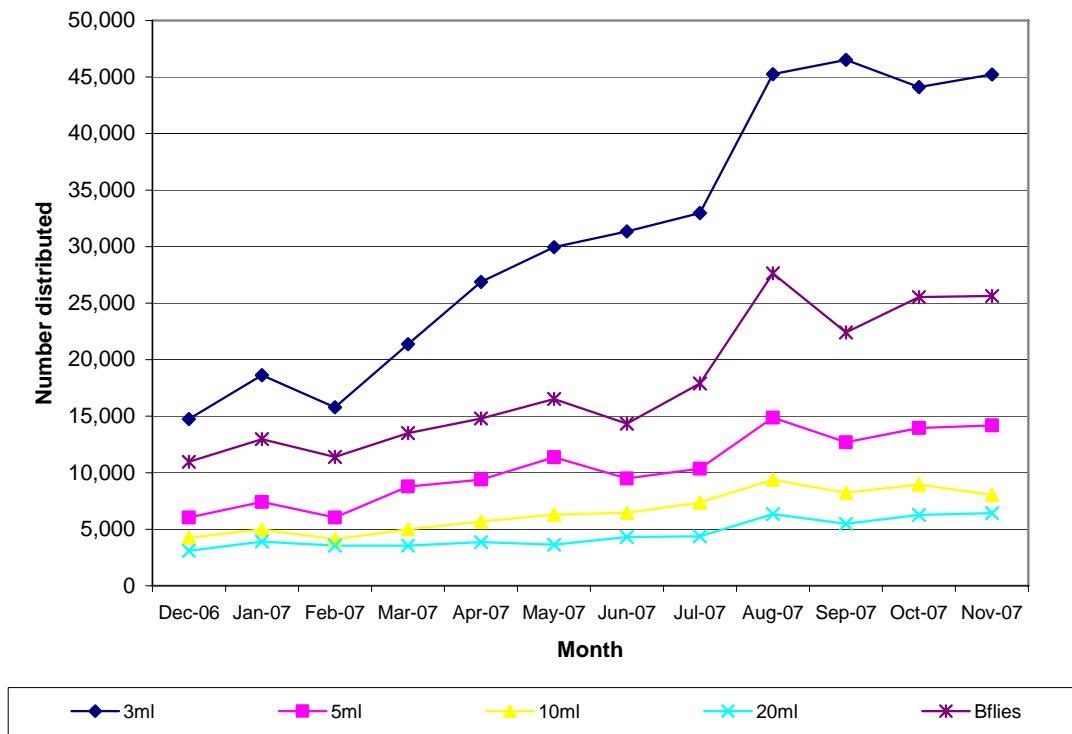


Figure 10. All other equipment distributed, December 2006 to November 2007

3.4.1 Equipment Distributed by Drug Type

Table 3 displays the total amount of equipment distributed, and a breakdown of equipment distributed for common drug types from December 2006 to November 2007. Amphetamine-related service occasions were associated with the highest distribution of 1ml needles and syringes. Morphine-related service occasions were associated with the highest distribution of 3, 5, and 10ml syringes, as well as butterflies and wheel filters. Twenty ml syringes were most often distributed for methadone use. Despite steroid-related service occasions comprising only 2 per cent of all service occasions, 3ml syringe distribution for this substance was second only to morphine.

The large increase in distribution of 3ml syringes and butterflies from July to August can be partially attributed to the syringe distribution of the three QuIHN sites. Data collection of 3, 5, 10, and 20ml syringes and butterflies did not begin at this program until August 2008.

Table 3. Total equipment distributed by drug type, December 2006 to November 2007

Equipment	Total	Amphet	Heroin	Morphine	Methadone	All Other Opioids*	Steroids
1ml	2,840,000	1,421,355	691,686	242,725	50,538	88,776	96,830
3ml	372,791	48,043	33,034	153,755	9,463	24,748	58,215
5ml	124,610	14,741	10,402	58,920	2,851	9,931	9,694
10ml	78,710	9,627	6,398	26,116	12,674	10,053	888
20ml	54,793	7,212	4,175	11,478	18,909	5,277	893
Butterflies	213,626	27,467	19,218	72,800	42,331	18,184	1,025
Filters	20,681	2,434	1,071	10,603	1,743	2,976	66

*Includes buprenorphine, suboxone and other opioids

Overall, far more butterflies were dispensed for morphine-related service occasions than for occasions related to any other opioid type (see Figure 11). However looking at the average number of butterflies dispensed per service occasion for each opioid type, methadone was associated with higher butterfly usage: an average of 9 butterflies were provided with every service occasion for morphine, compared with 7 for other opioids and 3 for morphine.

Service occasions for morphine accounted for one third of all opioid related service occasions; however 47 per cent of butterflies dispensed on opioid-related service occasions were dispensed for morphine use. Methadone comprised 8 per cent of opioid-related service occasions and around 28 per cent of butterflies dispensed for opioid-related service occasions were for this substance.

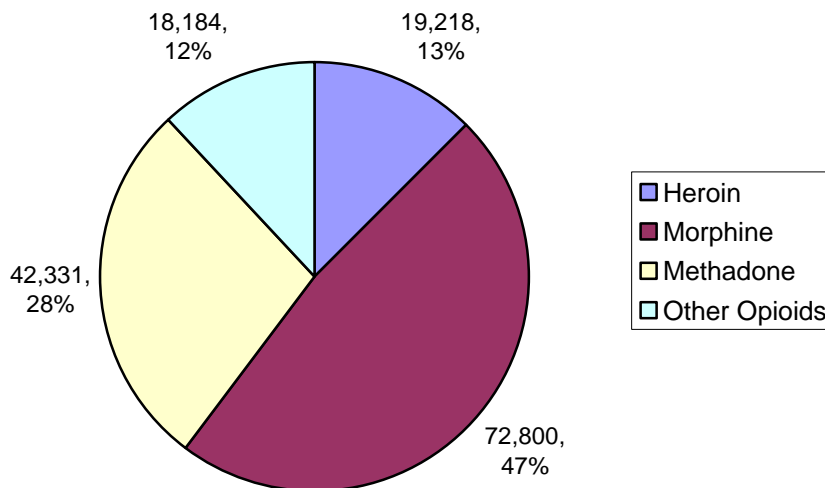


Figure 11. Number of butterflies distributed by opioid type, December 2006 to November 2007

Figure 12 displays the total number of 3, 5, 10 and 20ml syringes distributed by opioid type for occasions of service when butterflies were provided. For morphine, 3, 5 and 10ml syringes were

more often distributed with butterflies, for methadone it was 20ml syringes, and for “Other Opioids” 10ml syringes were most often provided with butterflies.

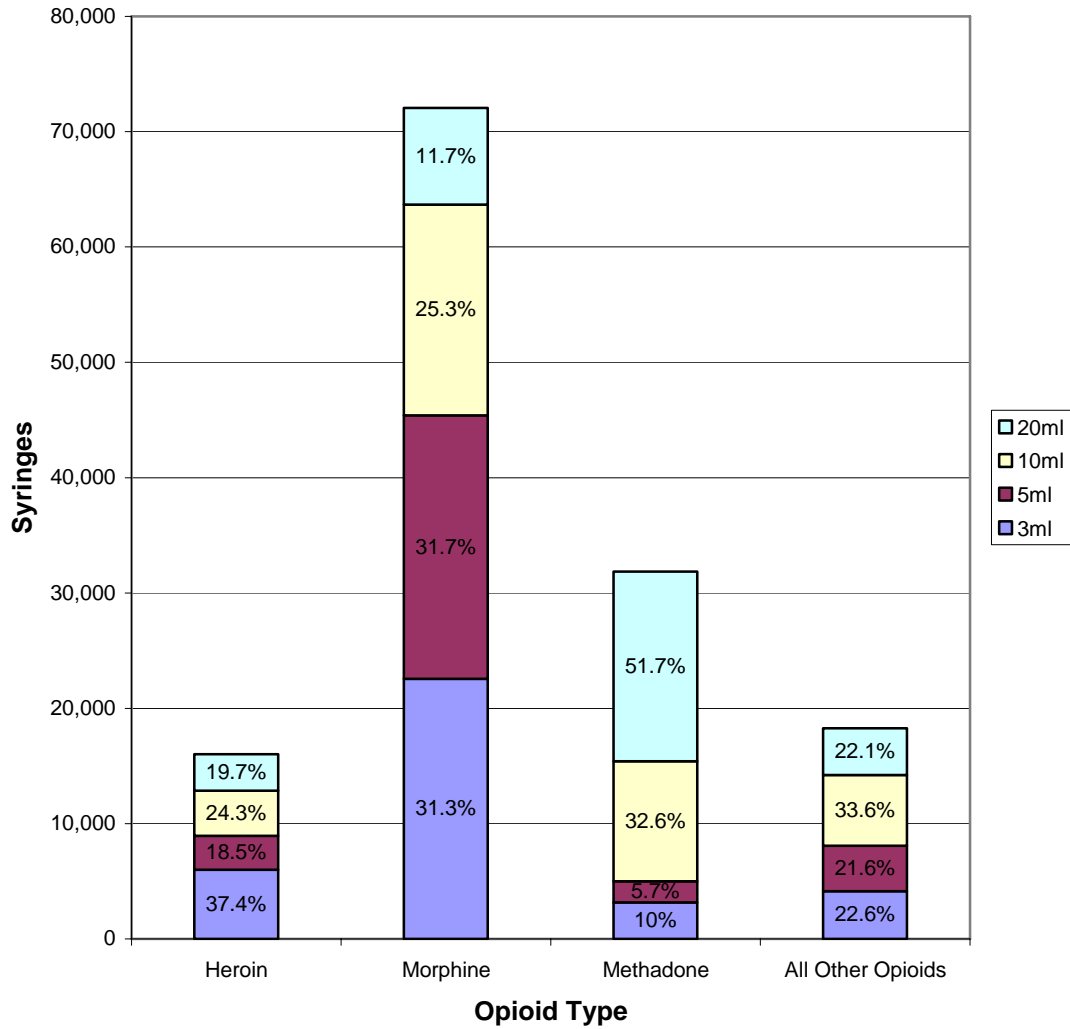


Figure 12. Proportion of syringes distributed for opioid-related service occasions when butterflies were provided

3.5 Interventions Provided

NSP interventions comprise information and education on topics such as blood-borne viruses (BBV), vein care and safe injecting practices, safe disposal of syringes, drug-related topics, sexual health and provision of condoms and dams, and antenatal and parenting information. Interventions also include ‘client-focussed discussion’. Client-focussed discussion comprises any discussion between the client and staff member focussed upon the client’s health or other needs, and includes rapport-building.

There is space on the data collection form to record up to three different interventions for each client. Figure 13 displays the aggregate of interventions given across all sites, from December 2006 to November 2007. Staff provided at least one intervention on 40 per cent of service occasions, while 13 per cent had at least two interventions. Three interventions were provided on just fewer than 4 per cent of service occasions.

The top five interventions provided across the state were safe disposal information and education, client-focussed discussion, drug information, vein care, and blood borne virus information. The prominence of these interventions reflects the health needs and concerns of clients and their communities. The ‘Other’ category encompasses site-specific interventions not covered by the minimum dataset codes.

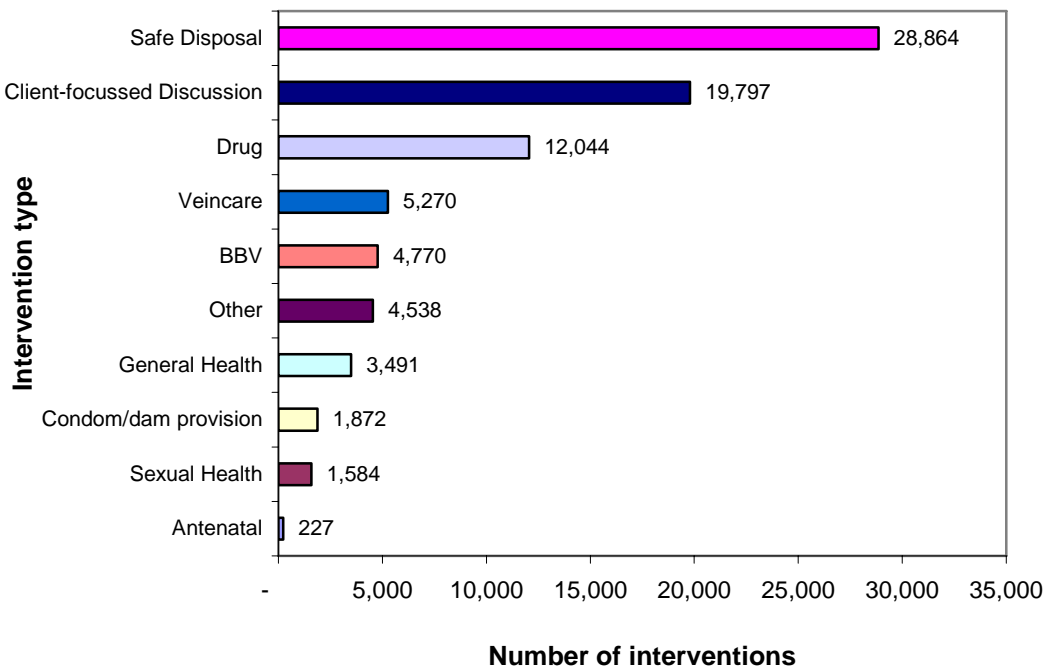


Figure 13. All interventions provided, December 2006 to November 2007

3.6 Referrals to Services

As part of an NSP occasion of service a client may be referred to a service. There were 3,016 referrals provided by NSP staff during the 12-month period; two per cent of all occasions of

service involved referrals. Figure 14 displays the total number of referrals made to each destination. ‘Other’ referrals include site-specific referrals not covered by the minimum dataset codes. The ‘Missing’ category indicates data recording errors, where the referral type (internal or external/formal or informal) has been recorded without the referral destination. The actual number of referrals may be higher than represented here, due to the possibility that some sites encountered difficulties with recording referrals.

The top four referral destinations across the state (excluding the ‘Other’ category) were referrals to drug and alcohol, hepatitis, medical, and sexual health services. Medical services include treatment (by nurses or medical practitioners) for bacterial infections and vascular disease, in addition to any other medical services not elsewhere classified.

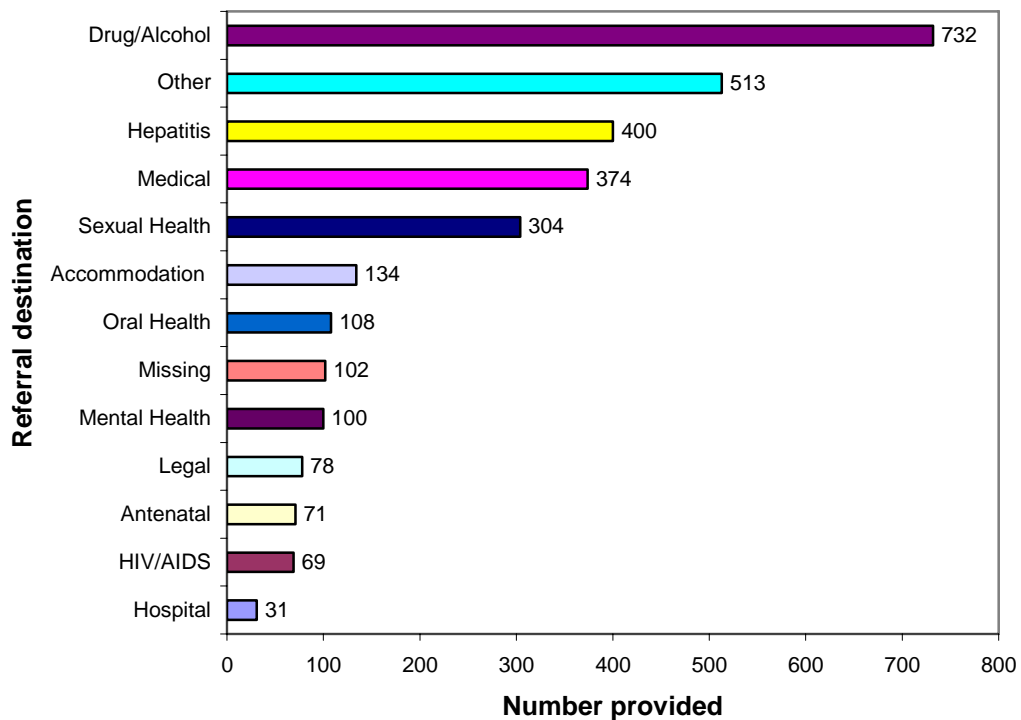


Figure 14. All referrals provided, December 2006 to November 2007

Referrals are broken down according to referral type (internal/external and formal/informal). Internal referrals include any referrals made to services within the premises where the NSP is located, while external referrals are those that are external to these premises. Referrals are also recorded as informal or formal. A formal referral occurs when NSP staff arrange a referral by writing a letter, phoning for an appointment, or having face-to-face contact with the staff member to whom the client is being referred. A referral is considered informal when the client is provided with agency information but is not assisted to make an appointment with the agency.

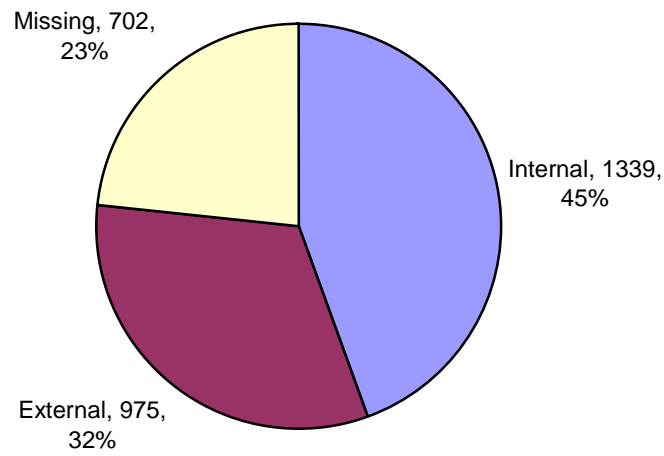


Figure 15. Percent of internal and external referrals (N=3,016)

Figures 15 and 16 display the breakdown of internal and external referrals, and formal and informal referrals, respectively. Internal, informal referrals were the most commonly provided referral type.

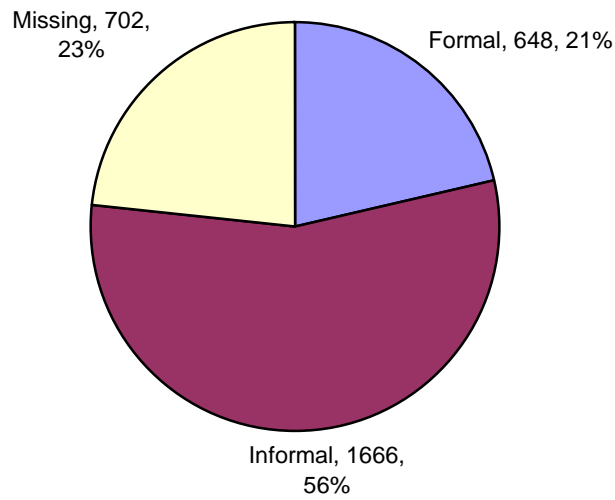


Figure 16. Percent of formal and informal referrals (N=3,016)

Figure 17 displays the top four referral destinations, which comprise 60 per cent of all referrals made, and whether they were informal or formal referrals. For most of these destinations, informal referrals were the most common type provided (all except hepatitis referrals). Referrals for hepatitis services had the highest proportion of formal referrals (43%), compared to any other referral destination.

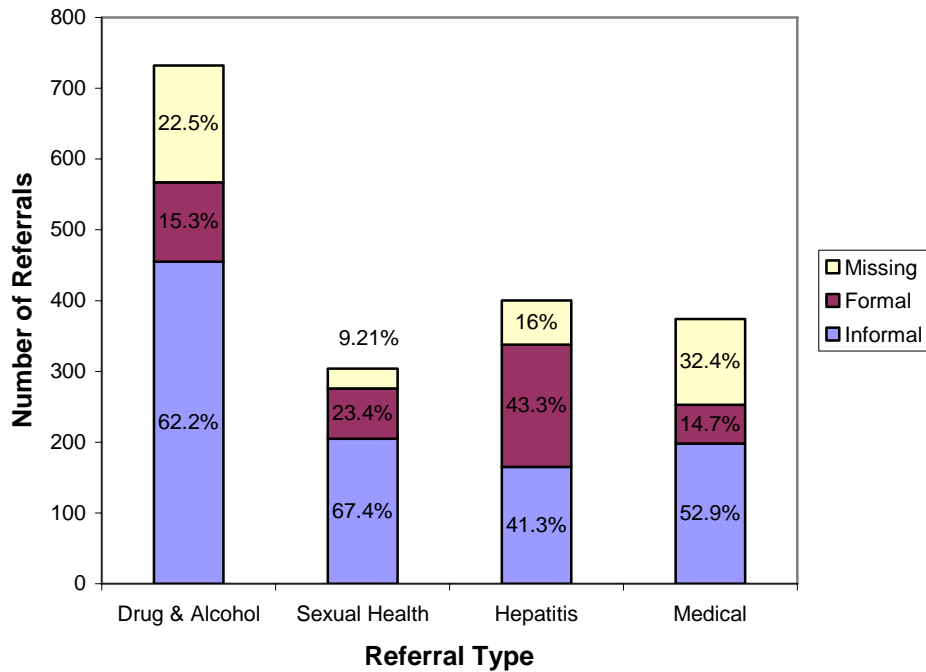


Figure 17. Breakdown by referral type for the most common referral destinations (n=1,810)

4. Discussion of QMDS-NSP findings

4.1 The minimum data set

The Queensland Minimum Data Set for Needle and Syringe Programs (QMDS-NSP) was implemented at the beginning of December 2006, facilitating the collection of a standardised core set of data on every occasion of service. This data is submitted to QNSP each month in an electronic format.

From December 2006 there were 13 primary programs involved, and an additional 4 sites commenced data collection by April 2007. The three QuIHN sites (Brisbane, Gold Coast and Sunshine Coast) commenced data collection using the QMDS-NSP in August 2007, however the eight months of data for each of these sites, from December 2006 to July 2007, was re-coded to be consistent with the QMDS-NSPs. The needle and syringe provision of these 20 agencies comprised over three quarters (77%) of the State-wide provision at the end of 2006/07 financial year. This report examines the data over a 12-month period from December 2006 to November 2007 inclusive.

The information generated by the QMDS-NSP contributes to efforts to reduce the spread of blood borne viruses including HIV and hepatitis C. The improved standardised collection of data throughout Queensland enables more accurate monitoring of NSP service provision, including the distribution of sterile injection equipment. Trends in the availability of sterile injecting equipment in a health service district can readily be ascertained, and considered in the context of the current and emerging needs of the target population.

The QMDS-NSP recognises the important role of NSPs as the primary contact point the health system has with people who inject drugs. For this reason the data set emphasises the clear reporting of the types of interventions and referrals provided by NSPs, including the quality of the referrals provided.

The data set also specifies the different types of injecting equipment distributed. This information is important for the development of targeted policy, interventions and resources. In conjunction with clients' reported use of specific types of drugs, information about equipment usage can increase our understanding of clients' drug use behaviour and exposure to health risks.

4.2 Trends in service access

The QMDS-NSP data indicates that there is steady growth in the distribution levels of needle and syringe programs. This growth is suggestive of increased coverage and accessibility in major regional centres, as the growth is largely attributable to increased distribution from primary programs in these centres rather than within Brisbane City. This growth pattern underscores the need for continuing to develop a strategic regional focus to the diversification and enhancement of program delivery in Queensland.

From December 2006 to November 2007 there were 145,815 occasions of service across the 20 participating NSPs, with growth in the total number of service occasions throughout 2007. There was a 5 per cent growth in occasions of service from April 2007 to November 2007, among the 20 sites.

4.3 Drug use patterns and trends

There are a number of key findings, in terms of drug use patterns. The use of all opioids have overtaken the levels of amphetamine use, and the consistent upward trend throughout the 12 months presents the likelihood of further growth. The total occasions of service for opioid use exceeded the total for amphetamine use from July 2007. The increase in service occasions for heroin, morphine, and to a lesser extent methadone, from July 2007, all contributed to the sharper increase in total opioid use.

Morphine has emerged as a major drug of choice. Nearly one-third (32%) of all opioid-related occasions were for morphine use, and there was a 23 per cent growth in morphine occasions during the 8 months from April 2007. This reinforces the need to focus on the development and implementation of best practice harm reduction strategies regarding morphine use, and may also have implications for the regulation of morphine in Queensland.

'Base' methamphetamine continues to be the type of amphetamine most often reported by clients, although clients are frequently unsure of what type they are using; on 50 per cent of amphetamine-related service occasions the client did not report a specific type of amphetamine.

Service occasions for steroid use, although comprising only 2 per cent of total service occasions, increased by 50 per cent from April 2007. The consistent upward trend in these service occasions indicates continued growth in the use of this substance and highlights the need to develop tailored brief interventions around steroid use and the development of referral pathways to services that will provide best practice harm reduction strategies associated with the use of this category of drugs.

4.4 Age, gender and drug use

Based on client data, the average age of injectors in Queensland appears to be continuing to increase. The average age of clients was about 33 years (SD = 9), with the 26-35 age group comprising the largest proportion of clients.

On the one hand this is suggestive of a decline or a delay in the uptake of injection drug use among the younger age groups. The age shift also has implications for NSP service provision, in terms of older injectors' drug use profile and emerging health needs.

Older clients more often tend to be users of non-heroin opioids (and are possibly more likely to be polydrug injectors), which has implications in terms of greater exposure to injection-related injury and disease (i.e. bacterial and vascular disease). Older clients with long injecting careers may also be at risk of systemic and chronic health issues, including the emergence of hepatitis C symptoms.

The ratio of service occasions involving clients aged 35 or under compared to over 35s, was 1.29:1 for amphetamine use, 0.92:1 for heroin, 0.70:1 for other opioids (including morphine, methadone and all other opioid types), and 3:1 for steroids. Amphetamine and steroid use were clearly more prevalent in the younger age group. In 52 per cent of service occasions involving 18-25 year olds, amphetamine was reported by clients as the drug they intended to use. Also of note is the finding that, while 'other opioids' were relatively predominant in the over 35s, the same was not true of heroin; the use of this drug was equally prevalent in both age groups.

The majority of NSP clients are male, which is consistent with established patterns of program utilisation. Of the 145,815 service occasions, around three-quarters (n = 108,146) were for male clients and one-quarter (n = 37,441) were for female clients. This gender distribution did not vary by drug type.

4.5 Injecting equipment and drug use

The QMDS-NSP shows for the first time the state-wide distribution trends for different types of injection equipment. Of particular note is the major increase in the use of the 3ml syringes and to a lesser extent 5, 10, and 20ml syringes and butterflies. Distribution of 3ml syringes and butterflies increased by approximately 70 per cent from April 2007, while the distribution of 5ml, 10ml, and 20ml syringes increased by 50, 40 and 60 per cent, respectively. These significant increases are largely due to the increases in morphine, methadone and other opioid use.

In total, far more butterflies were dispensed for morphine-related service occasions than for occasions related to any other opioid type. However, looking at butterfly distribution as a proportion of service occasions for each opioid type, a higher number of butterflies per occasion of service were distributed for methadone use, followed by other opioids and morphine.

The increase in the injection of morphine, methadone and other opioids coupled with the increased use of larger syringes, butterflies and wheel filters highlights the need for resources and training on the appropriate use of this equipment, in order to provide clients with advice, intervention and referral in accordance with best practice harm reduction strategies.

4.6 Interventions

The intervention data indicate that primary NSPs perform a major role in delivering information and education to clients to reduce injection-related harm, and also demonstrate the unique and sentinel position of NSPs in the healthcare system, in terms of being able to build trust and rapport with the target population.

Staff provided at least one intervention on 40 per cent of service occasions. NSP interventions comprise information and education on topics such as blood-borne viruses (BBV), vein care and safe injecting practices, safe disposal of syringes, drug-related topics, sexual health and provision of condoms and dams, and antenatal and parenting information. Interventions also include 'client-focussed discussion'. Client-focussed discussion comprises any discussion between the client and staff member focussed upon the client's health or other needs, and includes rapport-building.

The top five interventions provided across the state were information and education about safe disposal of needles and syringes, client-focussed discussion, drug-related information, vein care, and blood borne virus information and education.

4.7 Referral activity

More referrals were made to drug and alcohol services than to any other service type, reflecting the important role of NSPs within the harm minimisation approach more broadly. The data also shows a strong nexus between NSPs and hepatitis-related health services, with NSP staff playing a major role in facilitating client access to these services. However, the state-wide pattern of referrals also suggests that there may be considerable under-reporting of referral activity, which is not surprising given the recent implementation of the QMDS-NSP. Consequently there is a need for ongoing data training, in conjunction with the simplification of referral reporting, while retaining the capacity to report the quality of the referrals provided.

There were over 3,000 referrals provided by NSP staff during the 12-month period; with 2 per cent of service occasions involving referrals.

The top four referral destinations across the state were referrals to drug and alcohol, hepatitis, medical and sexual health services. Medical services include treatment (by nurses or medical practitioners) for bacterial infections and vascular disease, in addition to any other medical services not elsewhere classified.

One-fifth (21%) of all referrals were 'formal' referrals. A formal referral occurs when NSP staff actively arrange a referral by writing a letter, phoning for an appointment, or having face-to-face contact with the staff member to whom the client is being referred – as opposed to informal or 'passive' referrals where the client is provided with agency information but is not assisted to make an appointment with the agency.

A large proportion (43%) of all referrals to hepatitis services were of a formal nature.

5. Appendix: Regional Profiles

5.1 Brisbane City

- From December 2006 to November 2007 there were 78,632 occasions of service conducted in the Brisbane City region (comprising Biala and QuIHN Brisbane).

5.1.1 Client Gender

- Brisbane City's male attendance (76.2%) was slightly higher than State-wide attendance (74.2%).
- 24 per cent of clients attending were female.

5.1.2 Client Age

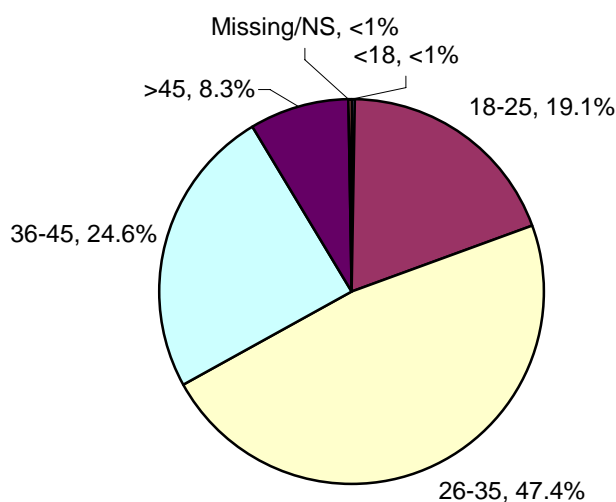


Figure 18. Brisbane City: Age distribution, December 2006 to November 2007 (N=78,632)

- The average age of clients attending was 32.7 years (SD = 8.2), similar to the State-wide mean of 33.4 years (SD=8.6).
- Consistent with State-wide patterns, the 26-35 age group comprised the largest proportion of clients attending. Almost 50 per cent (47.4%) of service occasions were for clients in this age group.

5.1.3 Service Occasions

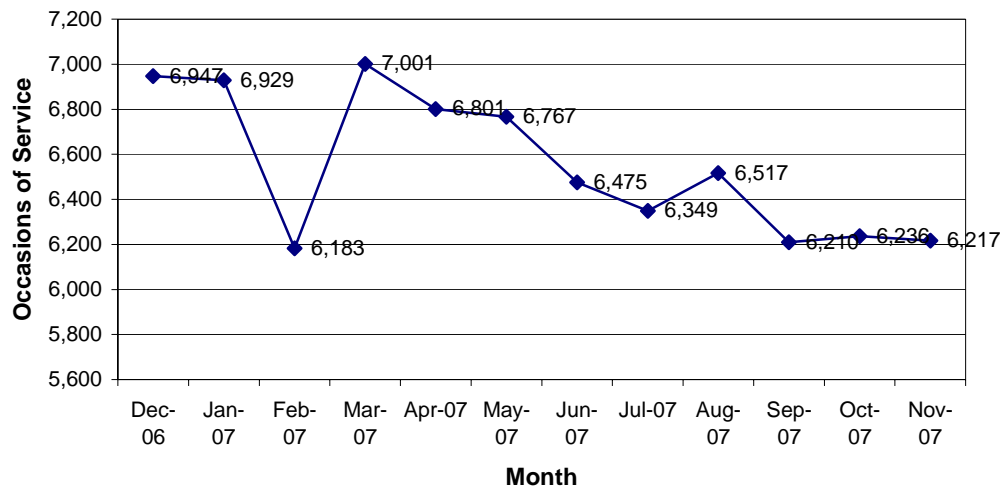


Figure 19. Brisbane City: Occasions of service each month, December 2006 to November 2007

- In contrast with the stability of State-wide monthly service occasions, Brisbane City's monthly service occasions decreased by about 10 per cent from December 2006 to November 2007.
- There was a pronounced drop in service occasions in February, followed by a steady decrease from April 2007.

5.1.4 Equipment Distribution

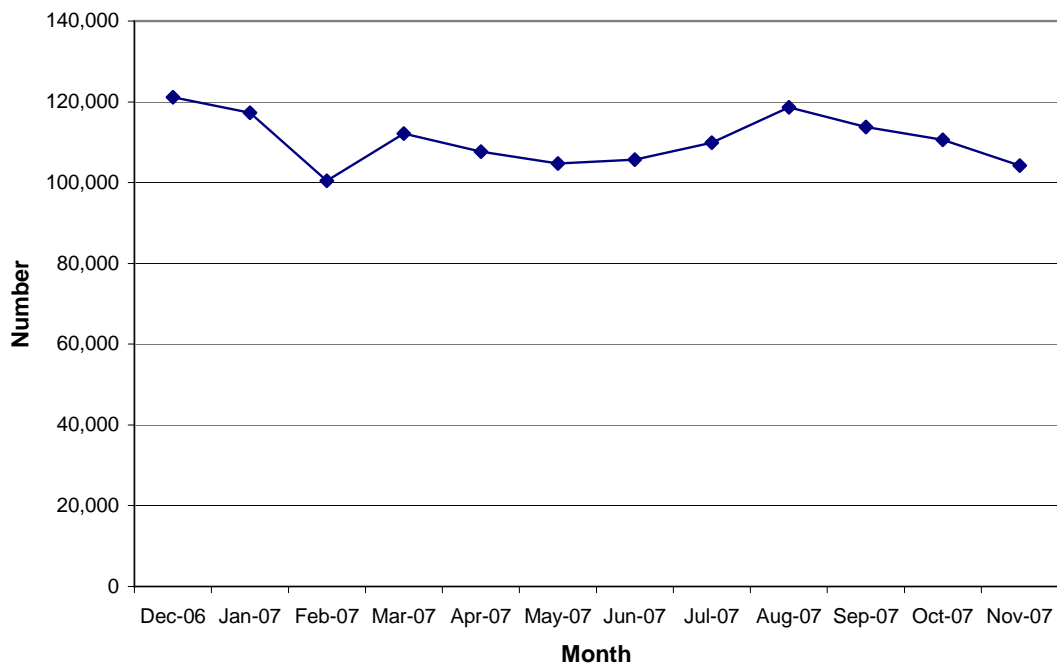


Figure 20. Brisbane City: One ml distributed monthly, December 2006 to November 2007

- One *ml* syringe distribution followed the same trends as that of monthly service occasions related to amphetamine use (see Figure 22); the 18 per cent decrease in amphetamine-related service occasions coincided with a 13 per cent decrease in distribution of 1*ml* syringes.

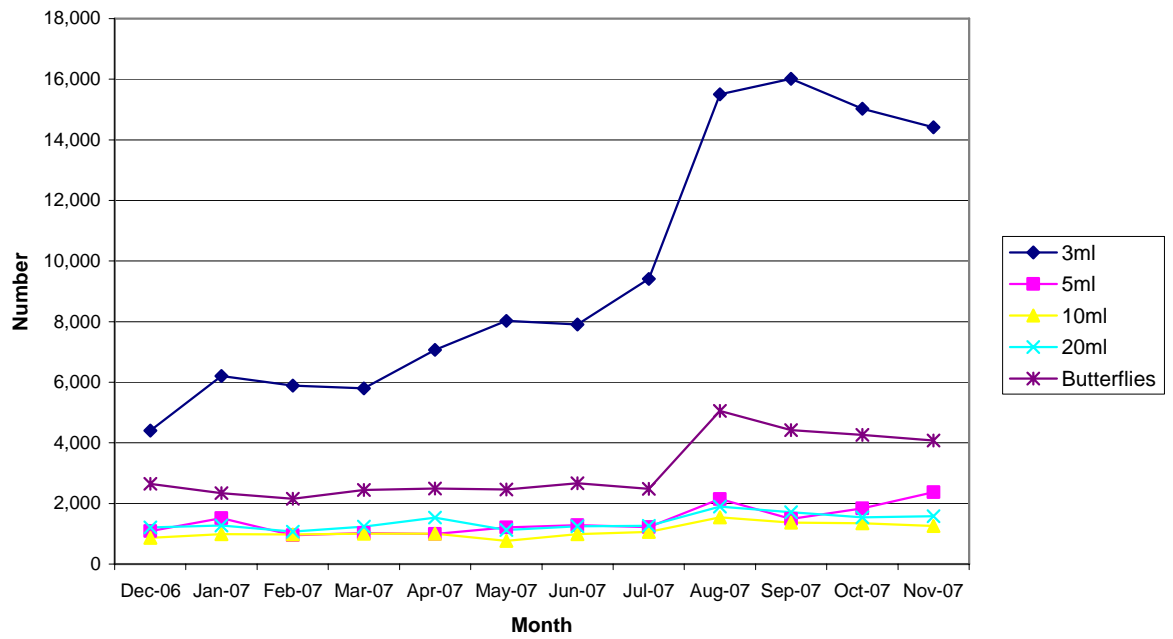


Figure 21. Brisbane City: Other equipment distributed monthly, December 2006 to November 2007

- Distribution of all equipment (other than 1ml syringes) increased over the 12 months, consistent with State-wide patterns.
- Over the year, distribution of 3ml syringes tripled, consistent with State-wide trends. The increase in distribution of 3mls and butterflies from July to August can largely be attributed to the syringe distribution of Brisbane QuIHN. Data collection of 3, 5, 10, and 20ml syringes and butterflies did not begin at this program until August 2007.

5.1.5 Drug Trends

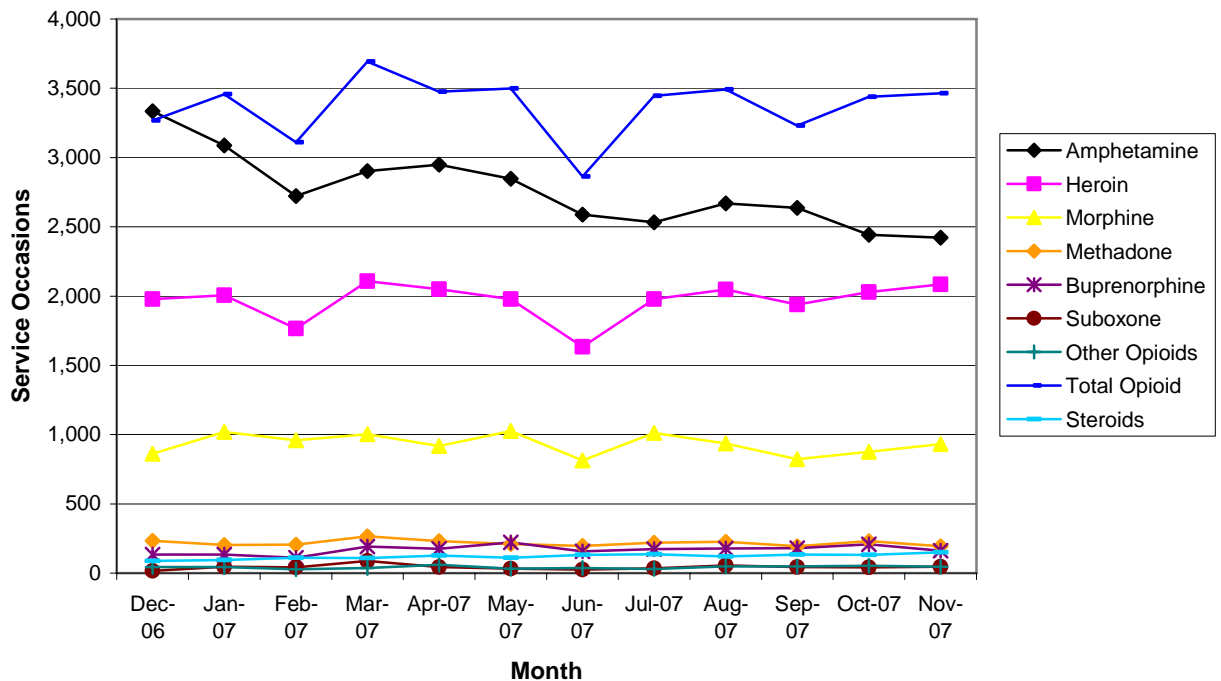


Figure 22. Brisbane City: Service occasions related to drug type by month. December 2006 to November 2007

- Service occasions related to amphetamine use steadily decreased from December 2006 to November 2007. This 18 per cent decrease over the 12 months is stronger than the trend of stabilisation of amphetamine use across all 20 sites.
- There was an increase in total opioid use, despite variability over the 12 months. Troughs in February, June and September coincided with decreases in service occasions related to heroin use and to a lesser extent morphine during these months.
- There were fluctuations in heroin, morphine, and methadone-related occasions of service, while service occasions associated with steroids, buprenorphine and suboxone increased.

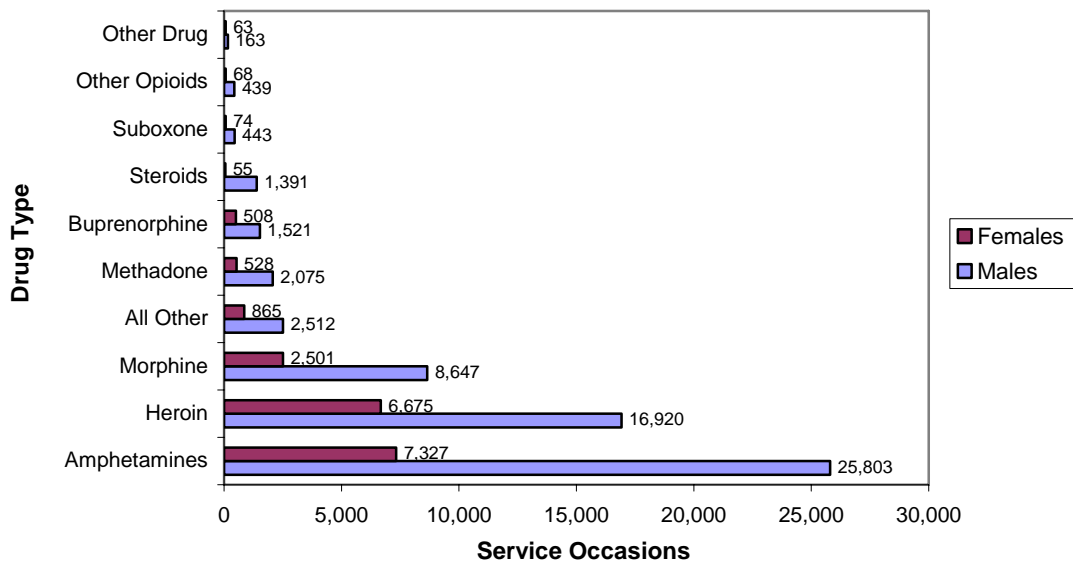


Figure 23. Brisbane City: Service occasions related to male and female drug use, December 2006 to November 2007 (n=78,578)

- Consistent with State-wide trends, for males and females, service occasions related to amphetamine, heroin, and morphine use were more prevalent than for any other drug types.
- Consistent with State-wide data, approximately 40 per cent of male and female service occasions were related to amphetamines, while heroin accounted for about one third of service occasions, and morphine approximately 15 per cent. There were no gender differences in the use of these three drug types.

5.1.6 Interventions Provided

Table 4. Brisbane City: Interventions provided, December 2006 to November 2007

Information/Education	Inter1	Inter2	Inter3	Total
Safe Disposal	11,913	2,369	34	14,316
Client-focussed Discussion	6,303	627	149	7,079
Drug	4,669	1,118	238	6,025
Veincare	1,689	869	162	2,720
BBV	1,195	632	149	1,976
Other	1,196	622	143	1,961
General Health	432	583	188	1,203
Sexual Health	77	161	41	279
Condom/dam provision	204	39	5	248
Antenatal	9	16	4	29
Total interventions	27,687	7,036	1,113	35,836

- On 35 per cent of service occasions, at least one intervention was provided to clients attending Brisbane City NSPs.
- Information on the safe disposal of equipment was provided most often, followed by client-focussed discussion, drug information, vein care and blood borne virus information and education.

5.1.7 Referrals to Services

Table 5. Brisbane City: Referrals provided, December 2006 to November 2007

Referral to Services	Ref1	Ref2	Ref3	Total
Drug Alcohol	336	53	9	398
Hepatitis	222	11	6	239
Medical	169	19	5	193
Other	84	14	16	114
Sexual Health	60	5	0	65
Mental Health	26	19	19	64
Accommodation	43	11	3	57
HIV/AIDS	6	23	0	29
Legal	20	7	1	28
Antenatal	4	13	0	17
Hospital	7	4	2	13
Oral Health	2	0	0	2
Total Referrals	979	179	61	1,219

- Referrals to drug and alcohol, hepatitis and medical services were provided more frequently than any other referrals.

5.2 Central Area

- From December 2006 to November 2007, Central Area (comprising Rockhampton ATODS, Bundaberg ATODS, Caboolture Community Health, Redcliffe Community Health, Sunshine Coast ATODS and QuIHN Sunshine Coast) conducted 19,937 occasions of service.
- Due to missing data from two sites in this region (see Table 1) data will be examined from April 2007, at which stage all sites sent in monthly data

5.2.1 Client Gender

- Female attendance in this region was higher than State-wide attendance (29.6% versus 25.7%) and all other regions.
- Seventy per cent (70.2%) of service occasions were for male clients.

5.2.2 Client Age

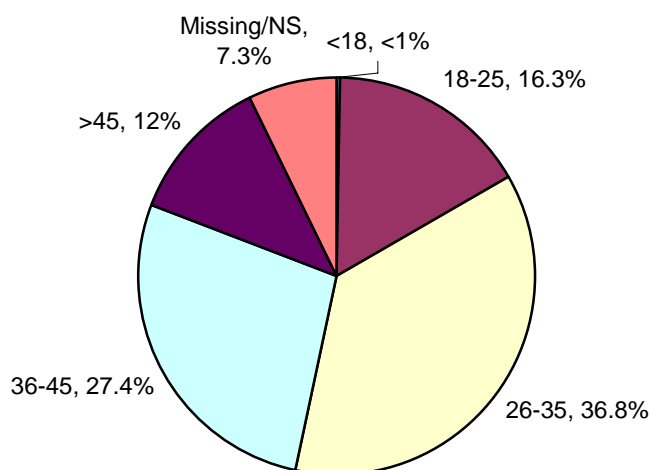


Figure 24. Central Area: Age distribution, December 2006 to November 2007 (N=19,937)

- The average age of clients was 34.6 years (SD=9.1), about one year older than the State average.
- Consistent with State-wide data, the 26-35 age group made up the largest proportion of client presentations.

5.2.3 Service Occasions

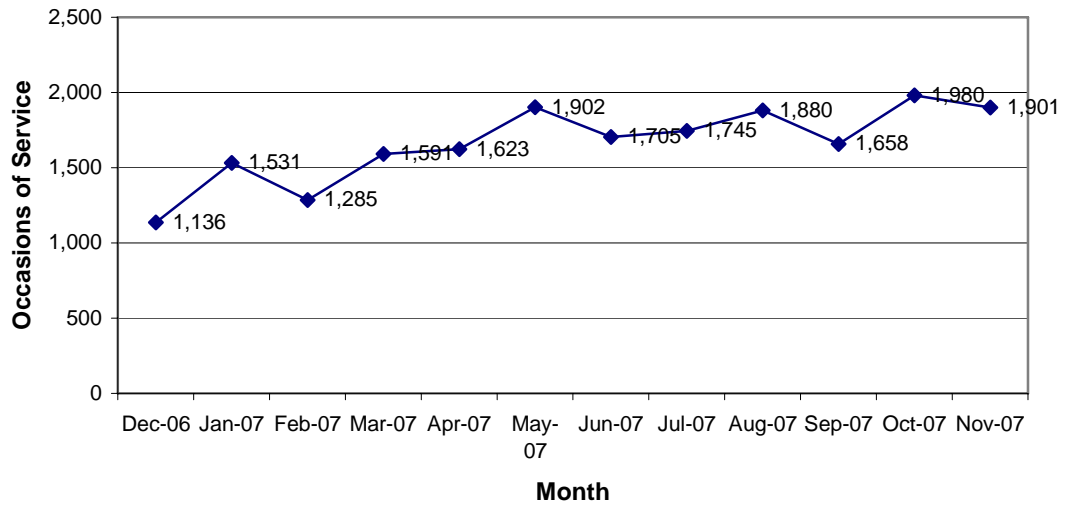


Figure 25. Central Area: Occasions of service each month, December 2006 to November 2007

- There was a 17 per cent increase in monthly service occasions from April to November, indicating overall growth in this region.

5.2.4 Equipment Distribution

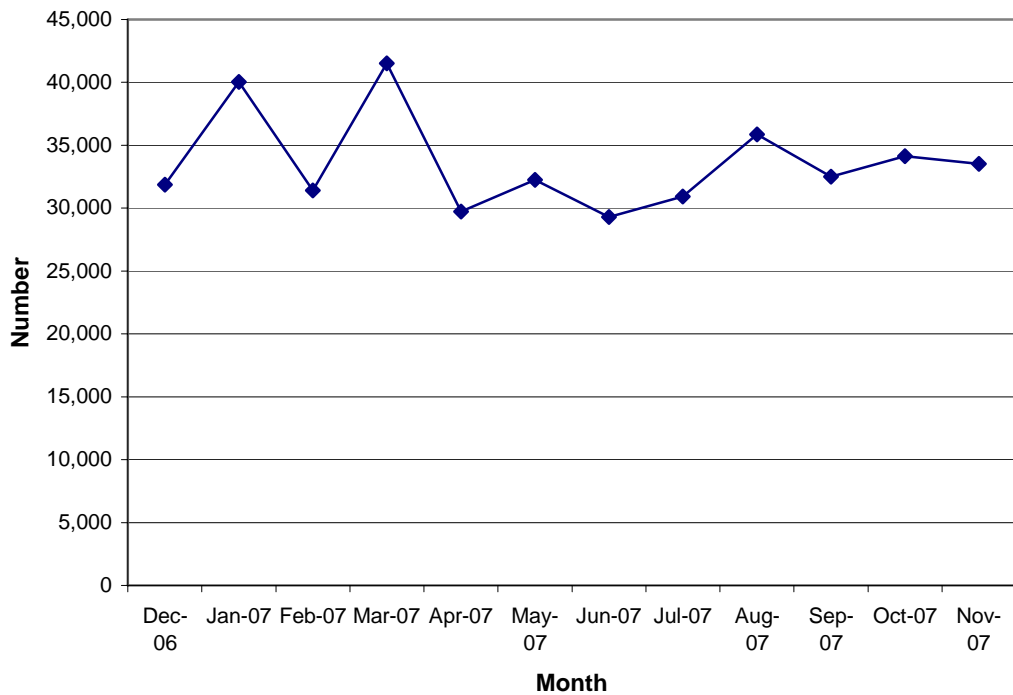


Figure 26. Central Area: One ml distributed monthly, December 2006 to November 2007

- One *ml* syringe distribution in this region followed a similar pattern to State-wide distribution in the first half of the year (see Figure 9); however from July there was growth in distribution in the Central Area, inconsistent with the decrease State-wide from this time.
- This growth is consistent with the increase in amphetamine-related service occasions in Central Area.

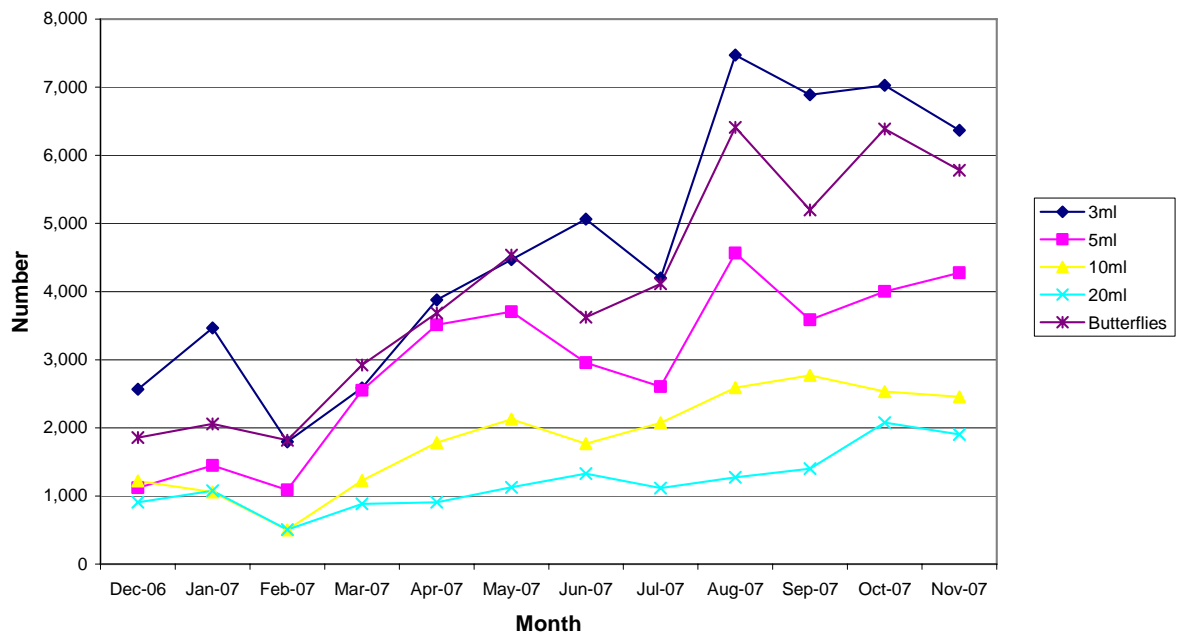


Figure 27. Central Area: Other equipment distributed monthly, December 2006 to November 2007

- From April 2007, there were increases in distribution all equipment types, consistent with State-wide provision.
- There were notable increases in the distribution of butterflies (50% increase from April to November), 3ml syringes (60% increase) and 20ml syringes (distribution doubled from April to November). These syringe sizes are associated with service occasions related to morphine, methadone and other opioid use, all of which increased.

5.2.5 Drug Trends

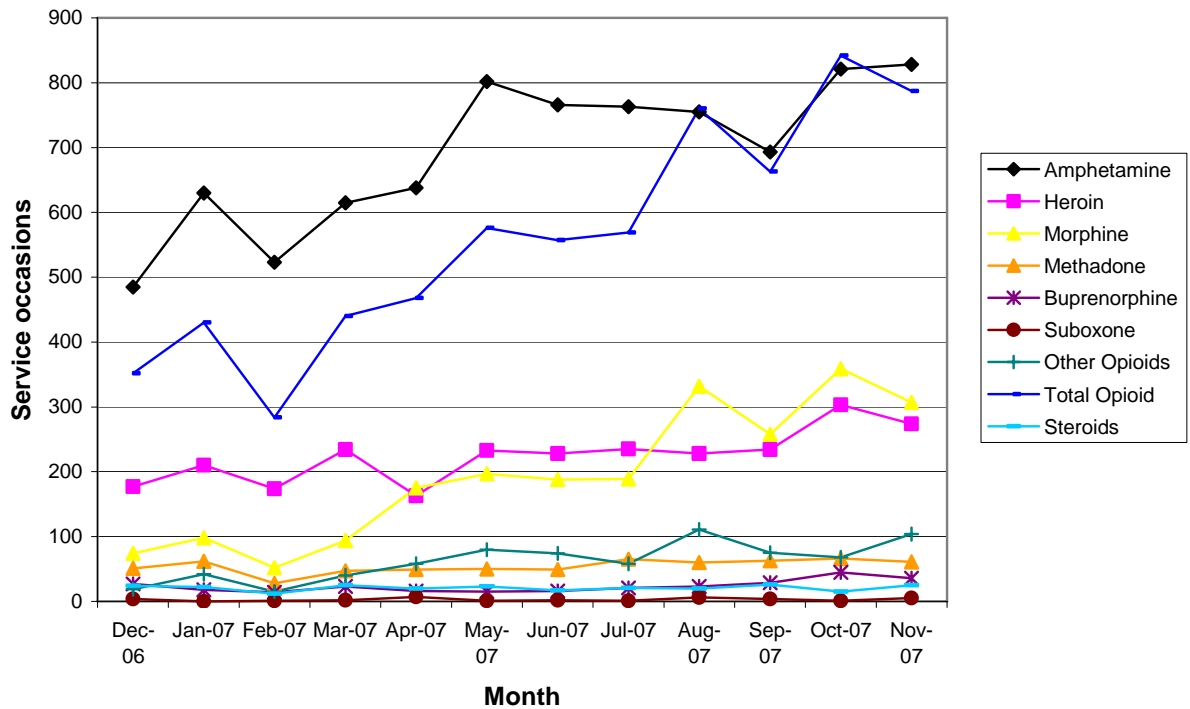


Figure 28. Central Area: Service occasions related to drug type by month, December 2006 to November 2007

- From April to November, there was variability in the number of service occasions for amphetamine use, however unlike State-wide trends, amphetamine use in this area increased.
- There was much stronger growth in total opioid use compared with amphetamine use, with morphine being the major contributor. Morphine-related service occasions increased by 75% from April 2007.
- There were increased service occasions for most drug types – amphetamine, heroin, morphine, methadone, buprenorphine, and other opioids. Unlike State-wide increases in steroid use (50% increase), steroid use in this area remained relatively stable.

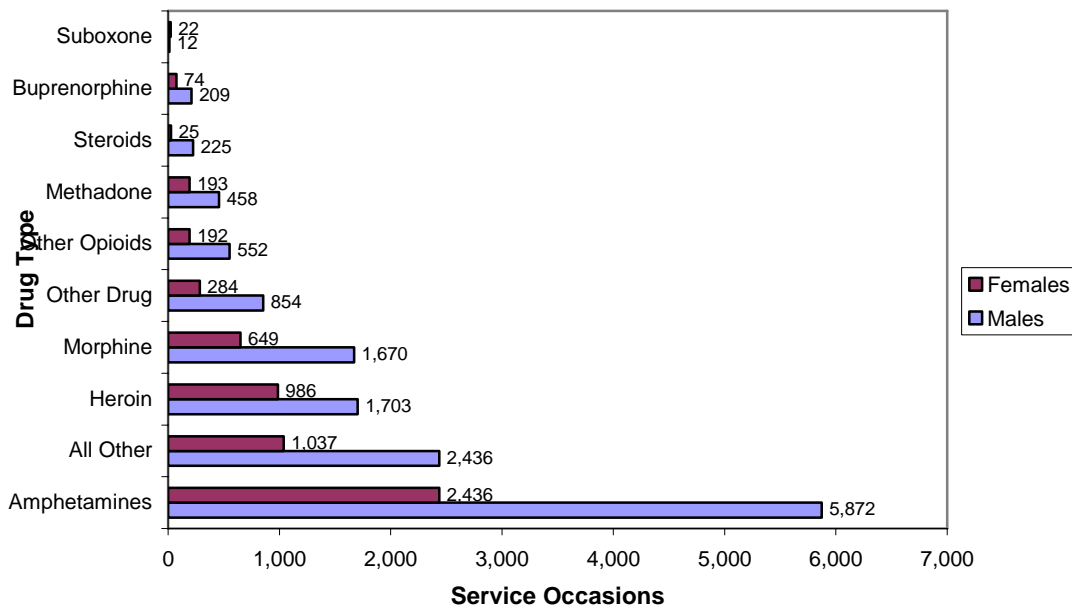


Figure 29. Central Area: Service occasions related to male and female drug use, December 2006 to November 2007 (n=19,889)

- Consistent with State-wide patterns of use, approximately 40 per cent of male and female service occasions were associated with amphetamine use.
- The ‘All Other’ category accounted for approximately 17 per cent of male and female service occasions. This category includes cocaine, ecstasy, other stimulants, HGH, Vitamin B, benzodiazepines, insulin, hallucinogens, ketamine, GHB, and the missing, not applicable, and unsure/not stated categories. For the Central Area the ‘unsure/not stated’ comprised the majority of service occasions in this category (n=2,675 for males and females combined). The use of the ‘unsure/not stated’ category may indicate an administration issue and/or clients not wanting to disclose which drug they will be using.
- The use of morphine for males and females was similar to State-wide data (approximately 12% of service occasions in Central Area and 14% State-wide); however service occasions related to heroin use for both males and females were substantially lower than State-wide data (12% vs. 22% for males, and 17% vs. 26% for females).

5.2.6 Interventions Provided

Table 6. Central Area: Interventions provided, December 2006 to November 2007

Information/Education	Inter1	Inter2	Inter3	All Inter
Safe Disposal	6,053	70	10	6,133
Drug	222	2,992	1,392	4,606
BBV	385	523	204	1,112
General Health	306	408	319	1,033
Client-focussed Discussion	556	148	132	836
Veincare	301	395	53	749
Other	315	174	37	526
Sexual Health	53	257	99	409
Condom/dam provision	69	19	4	92
Antenatal	23	8	1	32
Total Interventions	8,283	4,994	2,251	15,528

- Information and education was provided to clients on approximately 42 per cent of service occasions, particularly education related to safe disposal of equipment, safe drug use, blood borne viruses, general health information and client-focussed discussion.

5.2.7 Referrals Provided

Table 7. Central Area: Referrals provided, December 2006 to November 2007

Referral to Services	Ref1	Ref2	Ref3	Total Refs
Oral Health	61	3	0	64
Drug Alcohol	46	6	1	53
Other	42	1	0	43
Medical	32	4	0	36
Hepatitis	11	3	0	14
Legal	3	1	0	4
Accommodation	4	0	0	4
Antenatal	2	1	0	3
Mental Health	2	1	0	3
Sexual Health	2	0	0	2
HIV/AIDS	1	0	0	1
Hospital	0	0	0	0
Total Referrals	206	20	1	227

- Referrals to oral health, drug and alcohol, medical and hepatitis services were more prevalent than to any other referral services.
- In contrast to other regions, oral health was the top referral destination and comprised over 50 per cent of all oral health referrals State-wide.

5.3 Northern Area

- From December 2006 to November 2007, the Northern Area (comprising Cairns ATODS, Cairns Sexual Health, Mackay ATODS, Mackay Sexual Health, Townsville ATODS and Cairns Youth Link) conducted 16,264 occasions of service.
- Due to missing data from two sites in this region (see Table 1) data will be examined from April 2007, at which stage all sites sent in monthly data

5.3.1 Client Gender

- Male and female attendance was similar to State-wide attendance; with 75 per cent of service occasions being for males and 25 per cent for females.

5.3.2 Client Age

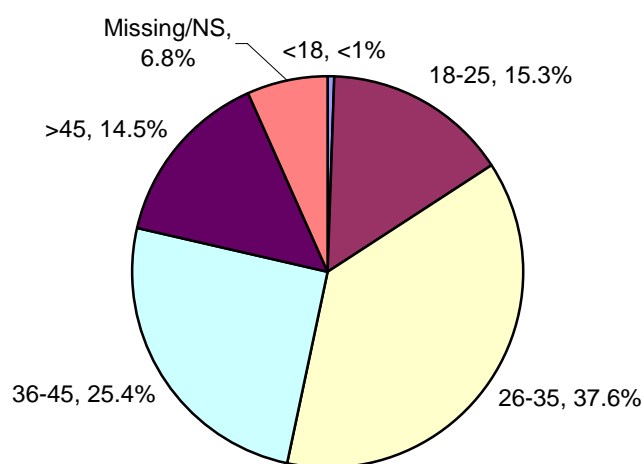


Figure 30. Northern Area: Age distribution, December 2006 to November 2007 (N=16,264)

- The average age of clients attending was 34.8 years (SD=9.1), about one year higher than the State-wide average.
- The age distribution for this region was divergent from the State-wide distribution, there were lower proportions of 18-25 and 26-35 year olds and higher attendance of clients aged over 45. Almost 7 per cent of age data was also missing or not stated by clients, which could account for some of these differences.

5.3.3 Service Occasions

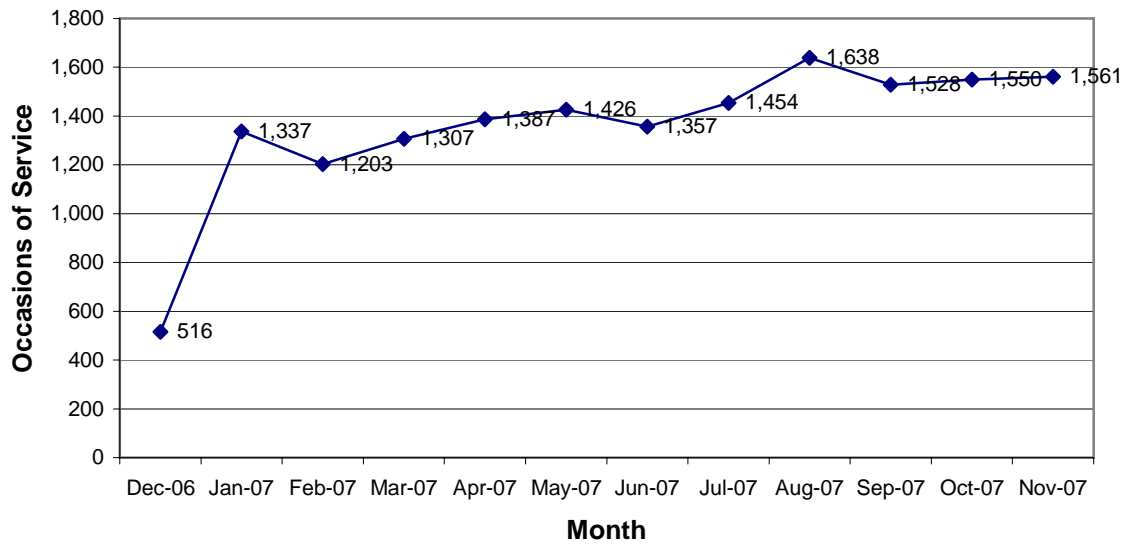


Figure 31. Northern Area: Occasions of service each month, December 2006 to November 2007

- From April 2007 there was a 12 per cent increase in service occasions, representing growth in this region. This is in contrast to the stability of monthly service occasions State-wide.
- The large increase in service occasions (and *1ml* distribution, see Figure 32) from December to January can be accounted for by Cairns Sexual Health beginning data collection in January. This service conducts approximately 700 service occasions monthly.

5.3.4 Equipment Distributed

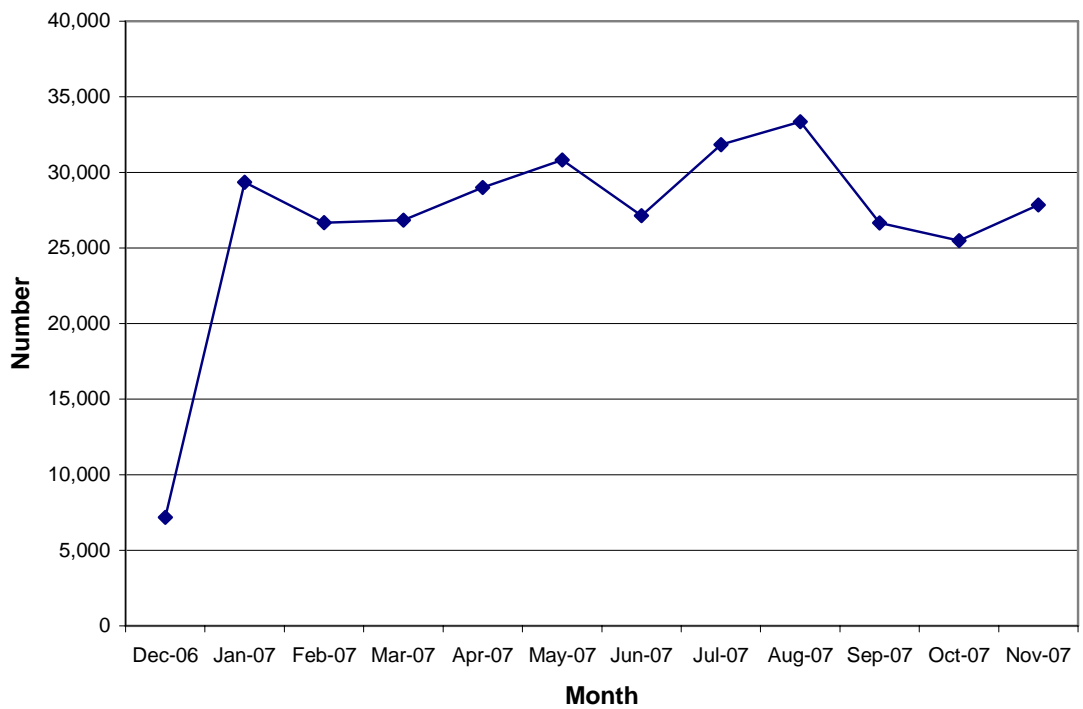


Figure 32. Northern Area: One ml distributed monthly, December 2006 to November 2007

- From April, there was variability in the distribution of 1ml syringes from month-to-month, despite the increase in service occasions. This trend however, closely resembles the variability in amphetamine use over the 12 months.

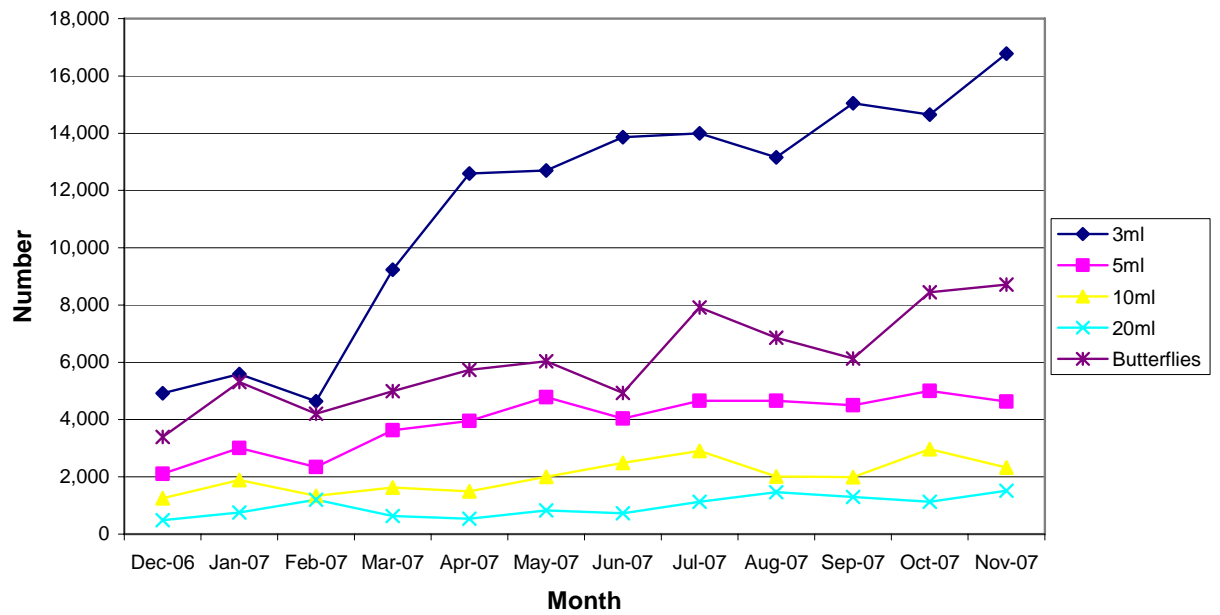


Figure 33. Northern Area: Other equipment distributed monthly, December 2006 to November 2007

- From April, there were increases in the distribution of all equipment types consistent with State-wide data. Notably, 3ml distribution increased by 30 per cent, butterfly and 10ml distribution by about 50 per cent. Distribution of 20ml syringes tripled. The rise in these equipment types is consistent with the increase in morphine use in this region.

5.3.5 Drug Trends

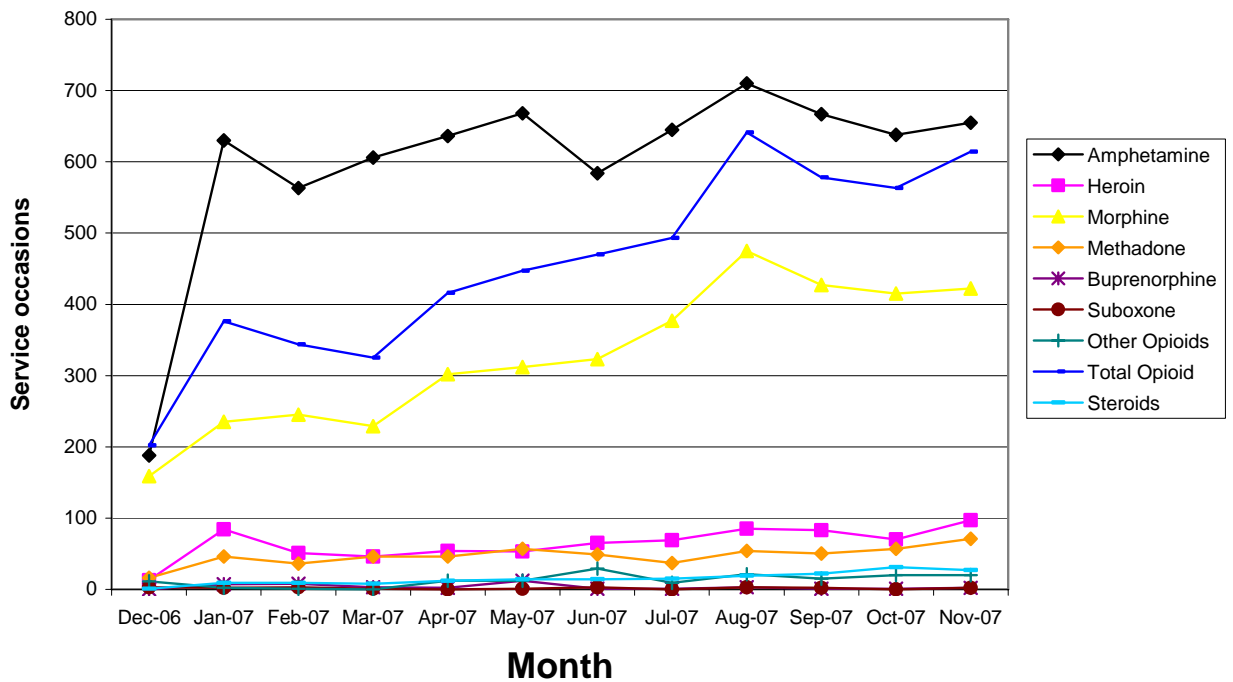


Figure 34. Northern Area: Service occasions related to drug type by month, December 2006 to November 2007.

- Service occasions related to amphetamines were far more prevalent than any other substance. There was variability in use of this substance, with a trough in June and peak in August; service occasions stabilised from September to November.
- Unlike the State-wide data, amphetamine use is still ahead of total opioid use, but the gap is closing; mainly due to the prevalence of morphine use. Morphine use increased by 40 per cent from April to November.
- Service occasions for heroin in the Northern Area were far less frequent in comparison with amphetamine and morphine use.

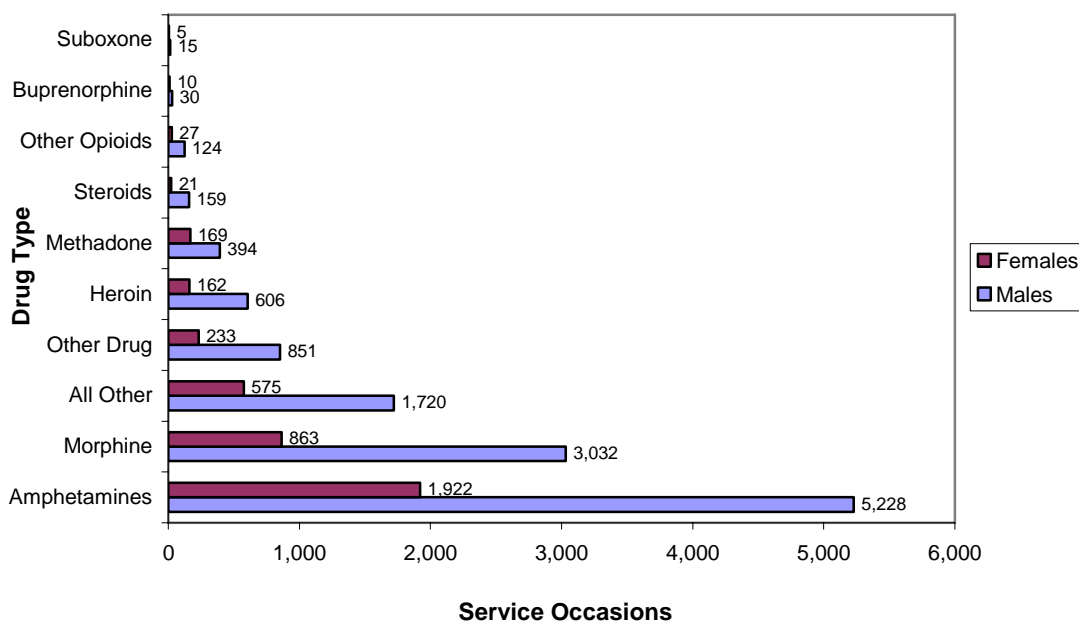


Figure 35. Northern Area: Service occasions related to male and female drug use, December 2006 to November 2007 (N=16,146)

- For males and females, amphetamine-related service occasions were more common than service occasions for any other drug type. Female service occasions related to amphetamine use were slightly higher than State-wide (48% vs. 43%).
- About one in five female, and one in four male service occasions were related to morphine use – higher than the 15 per cent for males and females State-wide.
- The ‘All Other’ category follows amphetamine and morphine use (it includes cocaine, ecstasy, other stimulants, HGH, Vitamin B, benzodiazepines, insulin, hallucinogens, ketamine, GHB, and the missing, not applicable, and unsure/not stated categories). The ‘unsure/not stated’ code comprises over 80 per cent of this category which may indicate an administration issue and/or clients not wanting to disclose which drug they will be using.
- Heroin use in the Northern Area is substantially lower than State-wide data; it accounts for approximately 5 per cent of male and female service occasions, compared to about one quarter of male and female service occasions State-wide.

5.3.6 Interventions Provided

Table 8. Northern Area: Interventions provided, December 2006 to November 2007

Information/Education	Inter1	Inter2	Inter3	All Inter
Client-focussed Discussion	3,113	1,111	247	4,471
Safe Disposal	1,378	520	158	2,056
Other	1,087	453	177	1,717
Veincare	543	469	152	1,164
Condom/dam provision	322	434	163	919
BBV	420	363	58	841
General Health	324	390	112	826
Drug	353	303	106	762
Sexual Health	458	194	41	693
Antenatal	44	45	36	125
Total Interventions	8,042	4,282	1,250	1,3574

- At least one intervention was provided on 49 per cent of service occasions.
- After client-focussed discussion, safe disposal, and veincare education were common interventions provided; following these interventions in frequency were the provision of condoms and dams, and blood borne virus information and education

5.3.7 Referrals to Services

Table 9. Northern Area: Referrals provided, December 2006 to November 2007

Referral to Services	Ref1	Ref2	Ref3	Total Refs
Other	233	26	2	261
Drug Alcohol	134	7	0	141
Sexual Health	106	6	2	114
Hepatitis	95	4	1	100
Medical	48	9	1	58
Legal	19	4	4	27
Oral Health	24	0	2	26
Accommodation	14	7	3	24
HIV/AIDS	21	1	0	22
Antenatal	14	6	1	21
Mental Health	9	4	3	16
Hospital	3	1	0	4
Total Referrals	720	75	19	814

- Referrals to drug and alcohol, sexual health, hepatitis, and medical services were the most frequently provided referrals in the Northern Area
- The Northern Area provided one third of all hepatitis referrals recorded by these four regions.

5.4 Southern Area

- There were a total of 30,982 occasions of service conducted in this region (comprising Gold Coast ATODS, Logan Youth & Family Services, Toowoomba Sexual Health, Ipswich Sexual Health, Palm Beach Community Health, and QuIHN Gold Coast) over the year from December 2006 to November 2007.
- Due to a new program opening in this region in March there is incomplete data (see Table 1) and trends will be examined from April 2007.

5.4.1 Client Gender

- Female attendance in this region was slightly higher than State-wide (28.7% vs. 25.7%). Males comprised 71 per cent of clients attending.

5.4.2 Client Age

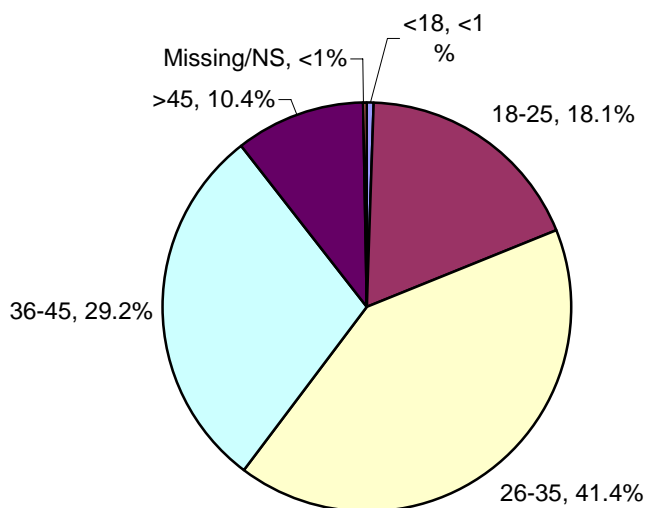


Figure 36. Southern Area: Age distribution, December 2006 to November 2007 (N=30,982)

- The average age of clients attending was 33.8 years (SD=9.2), similar to the State-wide average age of 33.4 years (SD=8.6).
- The age distribution for this region was very similar to the State-wide distribution; 26-35 year olds comprised the largest proportion of clients attending followed by 36-45 and 18-25 year olds.

5.4.3 Service Occasions

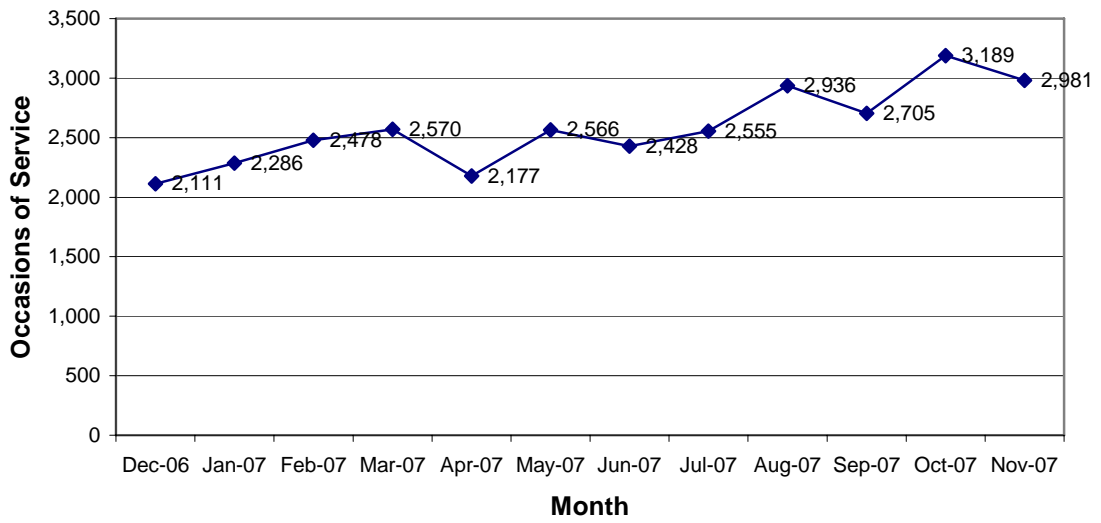


Figure 37. Southern Area: Occasions of service each month, December 2006 to November 2007

- From April, monthly service occasions in this region steadily increased. This was the highest growth area, with a 37 per cent increase in service occasions from April to November.

5.4.4 Equipment Distribution

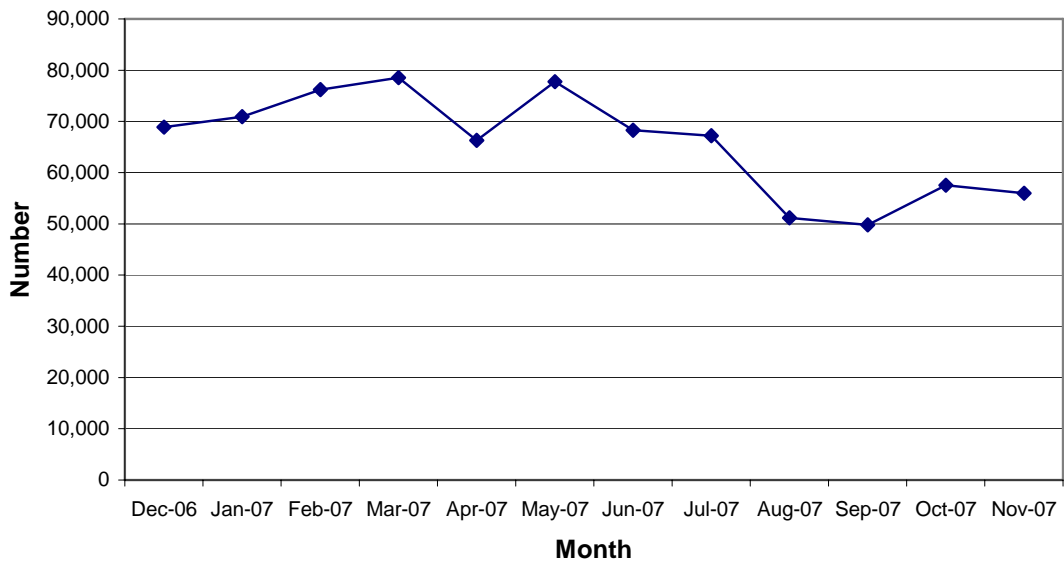


Figure 38. Southern Area: One ml distributed monthly, December 2006 to November 2007

- Despite the rise in monthly service occasions, 1ml distribution decreased from April to November. This is consistent with the trends in amphetamine use for this region.

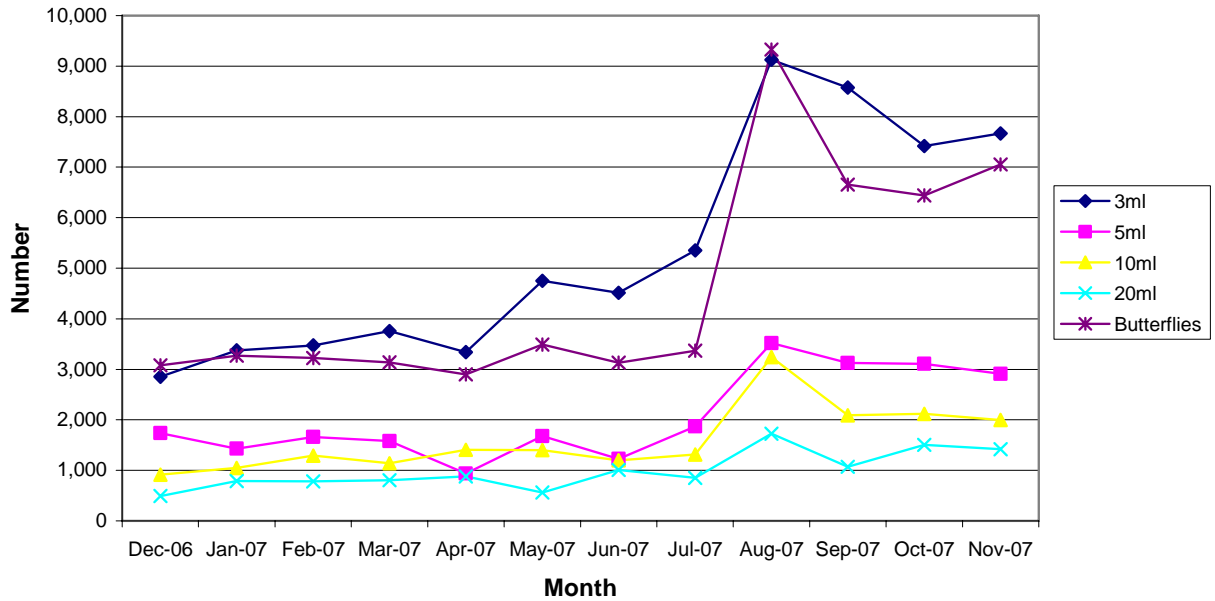


Figure 39. Southern Area: Other equipment distributed monthly, December 2006 to November 2007

- Trends in equipment distribution in this region were consistent with State-wide distribution. Distribution of 3 and 5ml syringes and butterflies more than doubled, 10ml syringes increased by 40 per cent and 20ml syringes by 60 per cent.
- The strong increases in distribution of 3, 5, and 10ml syringes and butterflies from July to August can be attributed to distribution at QuIHN Gold Coast. From August, the QuIHN sites started recording provision of 3, 5, 10, and 20ml syringes and butterflies – prior to this time these sites had recorded 1 ml distribution only.

5.4.5 Drug Trends

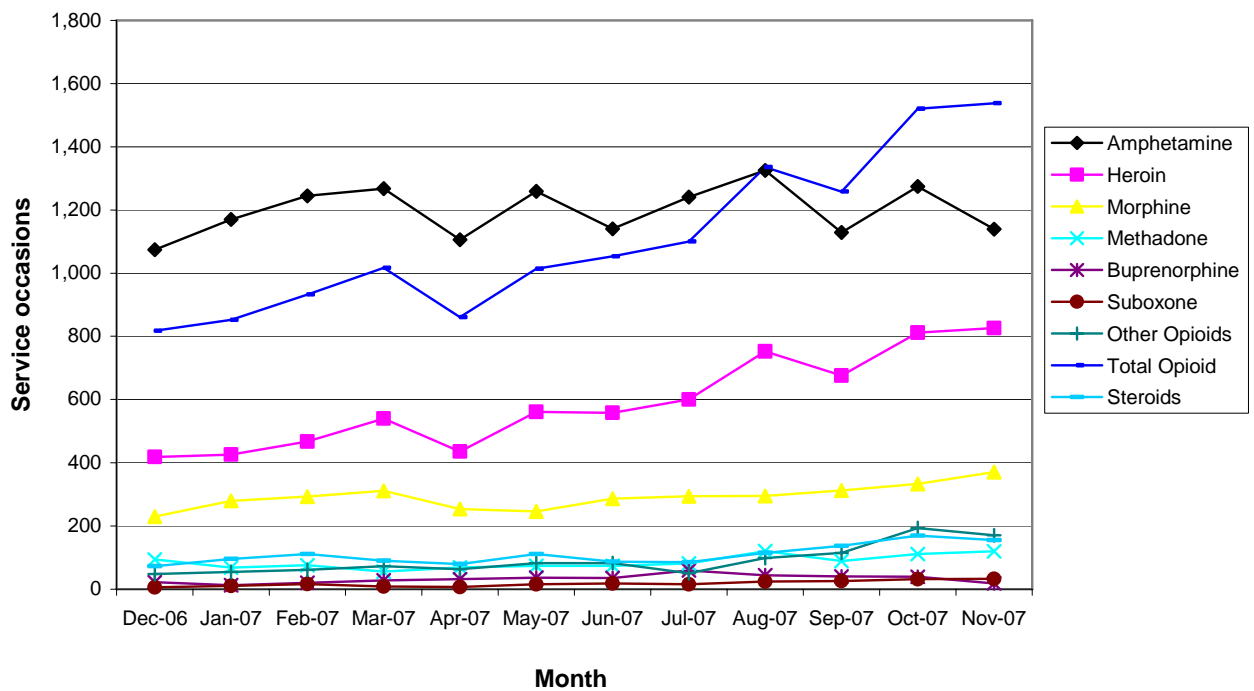


Figure 40. Southern Area: Service occasions related to drug type by month, December 2006 to November 2007

- Amphetamines were the predominant substance until August, at which point, total opioid use exceeded amphetamine-related service occasions. This is consistent with State-wide trends.
- Service occasions related to heroin, methadone and buprenorphine almost doubled from April to November; morphine use also increased, however not to the same extent.

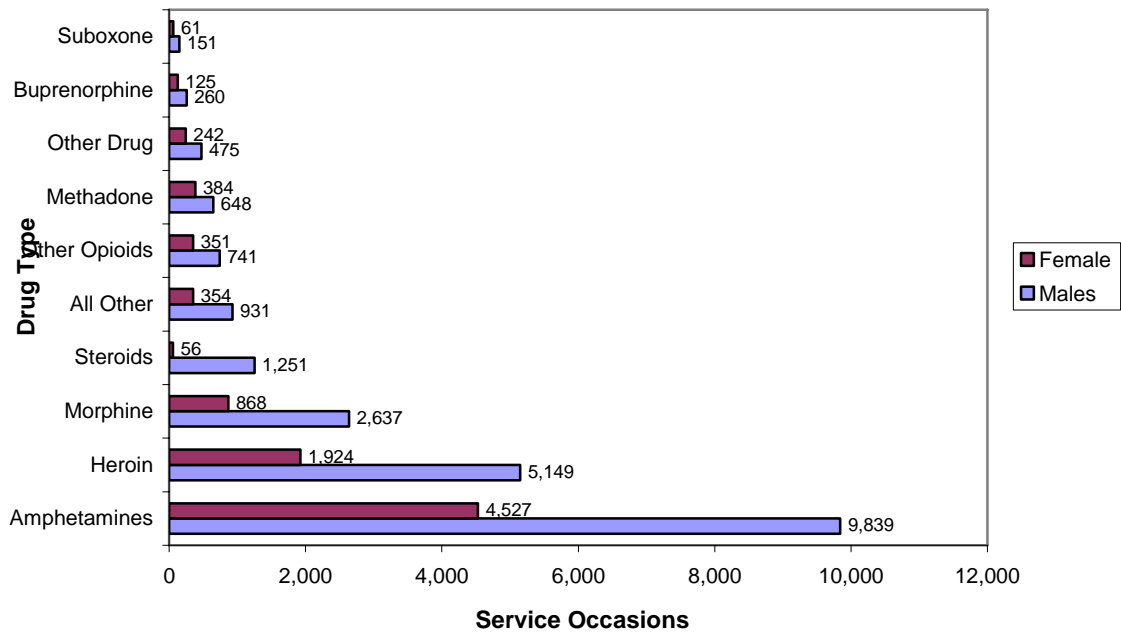


Figure 41. Southern Area: Service occasions related to male and female drug use, December 2006 to November 2007 (n=30,974)

- For Southern Area, the most commonly used drug types for males and females were amphetamines, heroin and morphine, consistent with State-wide data.
- Proportions of males using these drug types were also consistent with State-wide data: approximately 45 per cent of service occasions were related to amphetamine use, 23 per cent were heroin related and 12 per cent were morphine related.
- Female service occasions for amphetamine use were slightly higher than for males (and State-wide use for females) at 51 per cent, while morphine occasions were lower than State-wide trends at under 10 per cent.

5.4.6 Interventions Provided

Table 10. Southern Area: Interventions provided, December 2006 to November 2007

Information/Education	Inter1	Inter2	Inter3	All Inter
Client-focussed Discussion	7,366	31	14	7,411
Safe Disposal	6,156	190	13	6,359
BBV	158	563	120	841
Drug	139	429	83	651
Veincare	89	351	197	637
Condom/dam provision	157	425	31	613
General Health	64	248	117	429
Other	57	207	70	334
Sexual Health	37	142	24	203
Antenatal	10	31	0	41
Total Interventions	14,233	2,617	669	17,519

- On 46 per cent of service occasions, at least one intervention was provided.
- Client-focussed discussion occurred most frequently, followed by safe disposal, blood borne virus education, drug-related information and vein care.

5.4.7 Referrals to Services

Table 11. Southern Area: Referrals provided, December 2006 to November 2007

Referral to Services	Ref1	Ref2	Ref3	Total Refs
Drug Alcohol	129	11	0	140
Sexual Health	121	2	0	123
Other	93	2	0	95
Medical	77	10	0	87
Accommodation	43	6	0	49
Hepatitis	47	0	0	47
Antenatal	28	2	0	30
Legal	17	2	0	19
HIV/AIDS	17	0	0	17
Mental Health	17	0	0	17
Oral Health	16	0	0	16
Hospital	14	0	0	14
Total Referrals	619	35	0	654

- Drug and alcohol services were the most common referral destination that was specified, followed by sexual health, medical and accommodation services.

References:

Australian Institute of Health and Welfare 2008, *2007 National Drug Strategy Household Survey: First results*. AIHW, Canberra.

Lynch, M, Kemp, R, Krenske, L, Conroy, A, Webster, J 2003, *Patterns of amphetamine use: Initial findings from the Amphetamines in Queensland research project*. Crime and Misconduct Commission, Australia.