EDRS

QUEENSLAND DRUG TRENDS 2021

Key Findings from the Queensland Ecstasy and related Drugs Reporting System (EDRS) Interviews

DOI: 10.26190/8q7z-3620

QUEENSLAND DRUG TRENDS 2021: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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Suggested citation: Juckel, J., Thomas, N., Daly, C., Maravilla, J., & Salom, C. (2022). Queensland Drug Trends 2021: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/8q7z-3620

Please note that as with all statistical reports there is the potential for minor revisions to data in this report over its life. Please refer to the online version at Drug Trends.

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au or c.salom@uq.edu.au

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Acknowledgements

Funding

In 2021, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2021:

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- Cristal Hall, Sarah Eddy, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas, Dr Joemer Maravilla, and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

We would like to thank past and present members of the research team.

Participants

We would like to thank all the participants who were interviewed for the EDRS in the present and in previous years.

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Nadine Lorimer, Kavita Raj, Lawrence Rivera and Susan Savill for conducting the Queensland EDRS interviews in 2021. We would also like to thank the Students for Sensible Drug Policy (SSDP) for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the EDRS.

We acknowledge the traditional custodians of the lands on which the work for this report was undertaken. We pay respect to Elders past, present, and emerging.

DOI: 10.26190/8q7z-3620

Abbreviations

4-AcO-DMT	*4-Acetoxy*-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
ACT	Australian Capital Territory
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
CBD	Cannabidiol
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HR	Harm reduction
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSA	*d*-lysergic acid amide
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
REDCap	Research Electronic Data Capture
ROA	Route of administration
SA	South Australia
SD	Standard deviations
QLD	Queensland
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

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Executive Summary

The Queensland (QLD) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of mouth in Brisbane and the Gold Coast, QLD. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from April-August. Interviews were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The QLD EDRS sample (N=73) recruited from Brisbane/Gold Coast, Queensland, was largely similar to the sample in 2020 and in previous years; the sample comprised predominantly young, educated males (60%), most of whom were living in a rental house/flat (67%) or residing with their parents/at their family home (19%) at the time of interview. Participants had an older median age of 24 years in 2021 (IQR=20-32), an increase from 20 years in 2020 (p=0.012). Cannabis and ecstasy were the predominant drugs of choice (33% and 26%, respectively), and were also the drugs used most often in the preceding month (47% and 18%, respectively) in 2021.

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Forty-eight per cent of the QLD sample had been tested for SARS-CoV-2 in the past 12 months, though no participants had been diagnosed with COVID-19. Few participants (n≤5) had received at least one-dose of the COVID-19 vaccine at the time of interview, and 27% reported that they were 'slightly' worried about contracting COVID-19.

Ecstasy

In 2021, 92% of participants reported recent use of any ecstasy, with a significant decline in frequency of use (16 days in 2020; p=0.001). A significant change was observed in the chosen route of administration (ROA) for ecstasy powder, whereby the majority of those who had recently used powder reported swallowing it (79%; 39% in 2020; p=0.031), and 50% reported snorting, the most common ROA in 2020 (84%; p=0.044). There was a significant change in perceived purity of ecstasy capsules, with 25% reporting purity as 'low', and 29% as 'medium' (8% and 40% in 2020, respectively). No changes were observed in the price or perceived availability of any ecstasy forms between 2020 and 2021.

Methamphetamine

Almost one-third (30%) of the sample reported recent use of any form of methamphetamine in 2021, with 36% reporting weekly or more frequent use. Recent use of powder methamphetamine remained stable (15%; 8% in 2020), as did methamphetamine crystal (16%; 14% in 2020). No changes were observed in the price, perceived purity and perceived availability for any form in 2021.

Cocaine

Recent use of cocaine was reported by 73% of the sample, with the most common ROA being snorting, consistent with previous years. A significant increase was reported in the median price per gram of cocaine at $350 ($300 in 2020; p=0.005). Significant differences were also observed in the perceived purity of cocaine in 2021 (p=0.014), with 31% reporting 'low' purity, an increase from 11% in 2020, and 27% reporting 'high' purity, an increase from 17% in 2020. Likewise, perceived availability of cocaine changed significantly in 2021 (p=0.004), with 28% reporting 'very easy' obtainment, an increase from 11% in 2020 and 14% reporting 'difficult' obtainment, a decrease from 40% in 2020.

Cannabis

Eighty-nine per cent of participants reported recent use of cannabis in 2021 (90% in 2020), with 26% of these participants reporting daily

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use (22% in 2020). Hydroponic cannabis was the most commonly used form of cannabis (78%; 74% in 2020). The price per ounce of hydroponic cannabis increased significantly to $375 ($300 in 2020; *p*=0.001). The perceived availability of bush cannabis significantly changed between 2020 and 2021 (*p*=0.023), with 50% reporting 'very easy' obtainment, an increase from 33% in 2020, and 22% reporting 'easy' obtainment, an inverse decrease from 39% in 2020.

Ketamine, LSD and DMT

Recent use of ketamine, LSD and DMT remained stable in 2021, with almost three-fifths (37%) reporting recent use of ketamine, 60% reporting recent use of LSD and 26% reporting recent use of DMT in 2021. A significant change was reported with regards to the perceived availability of LSD between 2020 and 2021 (*p*=0.049), with 28% reporting 'very easy' obtainment, and 21% reporting 'difficult' obtainment, a decrease from 39% in 2020.

New Psychoactive Substances (NPS)

Fifteen per cent of participants reported recent use of any NPS (including plant-based NPS) in 2021, similar to 2020 (21%, *p*=0.427), and 14% reported recent use of any NPS (excluding plant-based NPS), stable from 19% in 2020 (*p*=0.474). A significant decrease was observed in the percentage of participants reporting any phenethylamine use (n≤5 in 2021; 10% in 2020; *p*=0.047).

Other Drugs

Twelve per cent reported recent use of non-prescribed codeine, remaining stable from 9% in 2020. Similarly, recent use of any non-prescribed benzodiazepines remained stable (40%; 38% in 2020). However, a significant decrease was observed in the frequency of non-prescribed alprazolam use, from a median of seven days in 2020 to one day in 2021 (*p*=0.016). Just under half the sample (48%) reported recent use of hallucinogenic mushrooms, although use was infrequent at a median of three days in 2021. Alcohol (95%) and tobacco (72%) use remained common amongst the sample, with a significant increase in daily use of alcohol among those who reported recent use (10%; n≤5 in 2020; *p*=0.020). Half (55%) of the sample reported recent use of e-cigarettes, a significant increase from 2020 (38%). Almost two-thirds (63%) of those who had recently consumed e-cigarettes reported that they did not use e-cigarettes as a smoking cessation tool.

Drug-Related Harms and Other Associated Behaviours

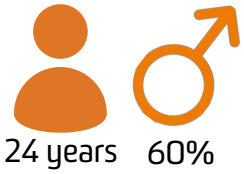
The majority (90%) of the sample reported concurrent use of more than one substance on their last occasion of ecstasy or related drug use. Almost three-quarters (73%) of the sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Twenty-one per cent reported a non-fatal stimulant overdose, and 22% reported a non-fatal depressant overdose in the past year. No participants reported injecting any drug in the past month and few participants (n≤5) were currently in drug treatment. Seventy-seven per cent reported engaging in sexual activity in the four weeks prior to interview, of which 25% reported penetrative sex without a condom where they did not know the HIV status of their partner. Almost two-thirds of the sample (63%) self-reported that they had experienced a mental health problem in the preceding six months, the most common problems being anxiety (70%) and depression (59%). Of the total sample (n=62), 23% reported driving while over the perceived legal limit of alcohol and 49% reported driving within three hours of consuming an illicit or non-prescribed drug. Reports of any criminal activity in the month preceding interview remained stable at 38% (34% in 2020). Drug dealing remained the most common form of self-reported criminal activity in 2021 (30%; 24% in 2020). Ninety-six per cent reported obtaining illicit drugs face-to-face in the 12 months preceding interview, consistent with 2020 (93%). A significant decrease was observed in the use of text-messaging (31%; 54% in 2020; *p*=0.005) and phone calls (21%; 41% in 2020; *p*=0.008) as a way of arranging the purchase of illicit or non-prescribed drugs.

DOI: 10.26190/8q7z-3620

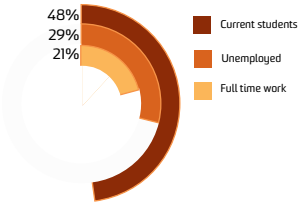
EDRS Ecstasy and Related Drugs Reporting System

2021 SAMPLE CHARACTERISTICS

In 2021, 73 people from the Greater Brisbane Area, QLD, participated in EDRS interviews.



The median age in 2021 was 24 (IQR = 20 - 32), and 60% identified as male.

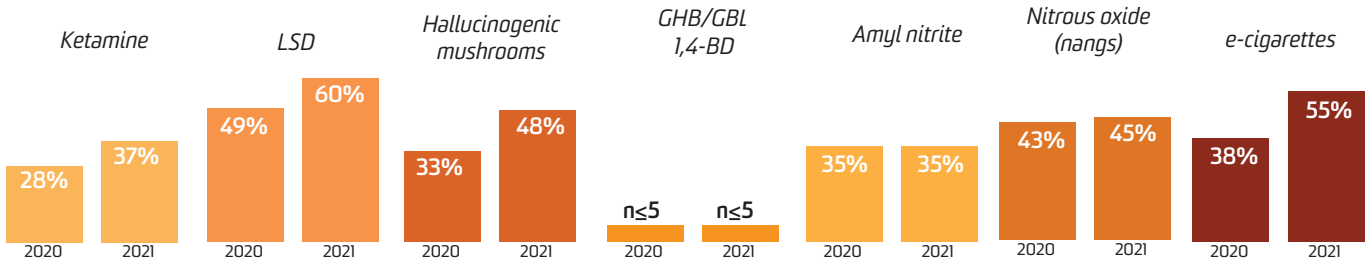


In the 2021 sample, 48% were enrolled students, 29% were unemployed, and 21% were employed full time.

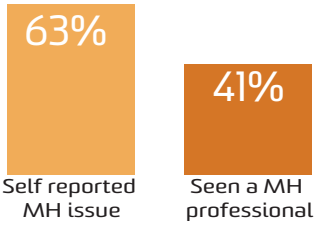
- Ecstasy
- Cocaine
- Other stimulants

Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

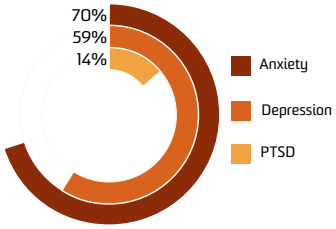
PAST 6 MONTH USE OF OTHER DRUGS



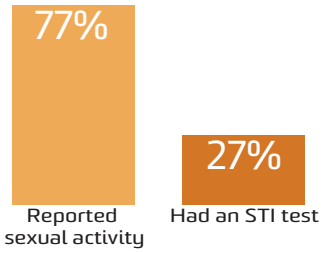
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



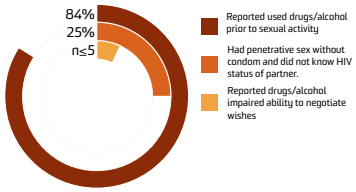
In the total sample, 63% self-reported a mental health issue and 41% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (70%), depression (59%) and PTSD (14%).

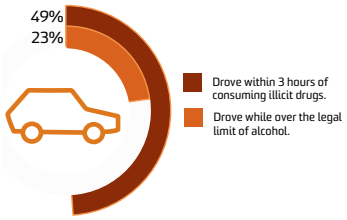


In the total sample, 77% reported sexual activity in the past 4 weeks, and 27% had a sexual health check in the past 6 months.

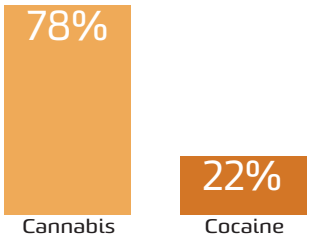


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (77%) and were able to comment.

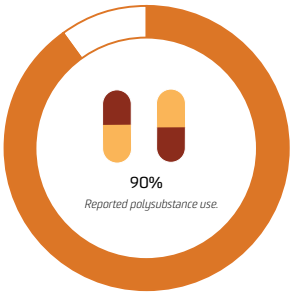
OTHER RISK BEHAVIOURS



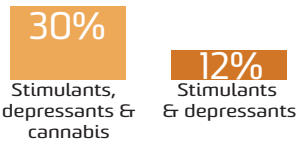
In the total sample, 49% reported driving a vehicle within 3 hours of consuming illicit drugs and 23% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (78%) and cocaine (22%).



In the total sample, 90% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.



In the total sample, 30% reported to have used stimulants, depressants and cannabis on one occasion whereas 12% reported using stimulants and depressants.

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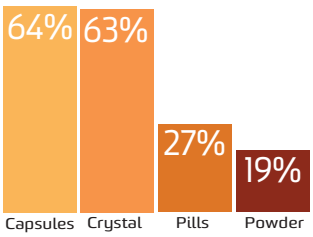
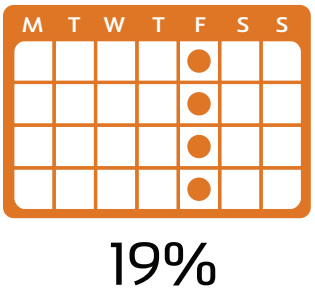
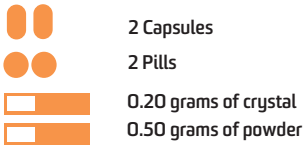
ECSTASY



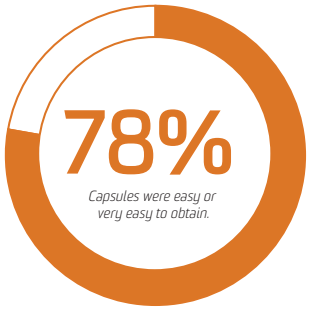
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.



Of those who had recently consumed ecstasy, 19% used it weekly or more frequently.

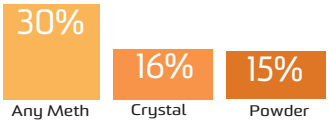


Median amounts of ecstasy consumed in a 'typical' session using each form.

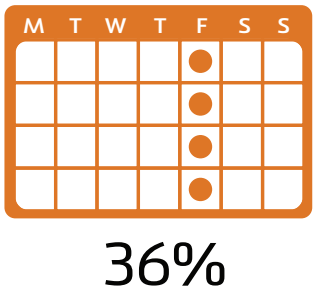


Of those who could comment 78% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

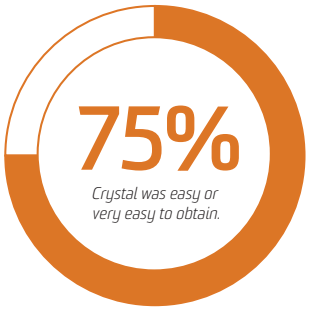


Past 6 month use of any methamphetamine (30%), crystal (16%), powder (15%) and base (0%) in 2021.



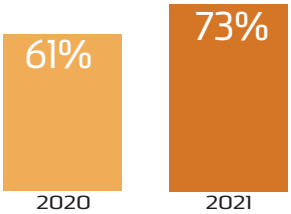
Of those who had recently consumed methamphetamine, 36% used it weekly or more frequently.

92% of those who had recently used crystal smoked it.

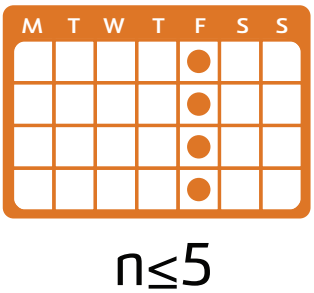


Of those who could comment 75% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

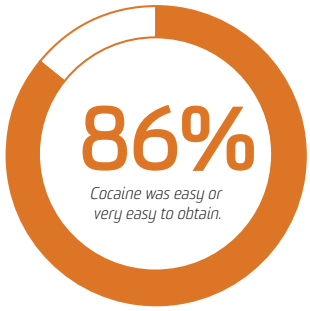


Past 6 month use of any cocaine remained stable from 2020 (61%) to 2021 (73%).



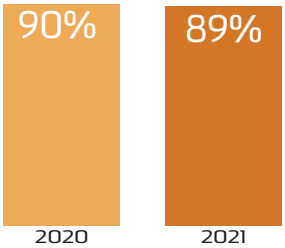
Of those who had consumed cocaine recently, n≤5 reported weekly or more frequent use.

Of those who had consumed cocaine in the last 6 months, the vasy particiants had snorted it (96%).

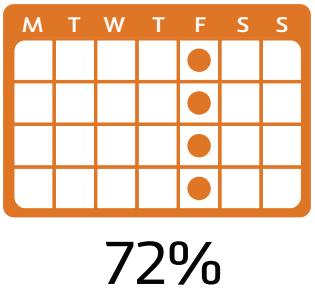


Of those who could comment 86% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

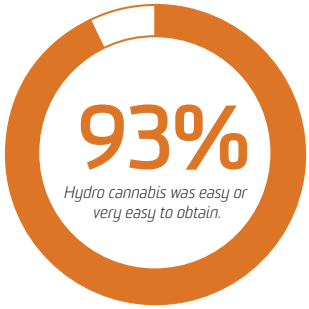


Past 6 month use of any cannabis remained stable from 90% in 2020 to 89% in 2021.



Of those who had consumed cannabis recently, 72% reported weekly or more frequent use.

Of those who had consumed cannabis in the last 6 months, 94% had smoked it.



Of those who could comment 93% perceived hydro to be 'easy' or 'very easy' to obtain.

DOI: 10.26190/8q7z-3620

Background

The Ecstasy and Related Drugs Reporting System (EDRS) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of Drug Trends. The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine.

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS.

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in WA), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

EDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in WA) to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

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Almost all jurisdictions, including Queensland, experienced trouble recruiting participants in 2021. Whilst it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, and the cancellation of many music festivals and events in 2020-21, and for Queensland participants, restriction of access to events usually held in northern NSW.

A total of 774 participants were recruited across capital cities nationally (April-August, 2021), with 73 participants interviewed in Brisbane/Gold Coast, QLD during April-August 2021. A total of 29 interviews were conducted via telephone. Ten per cent of the 2021 QLD sample had completed the interview in 2020, whilst in 2020, 6% reported having participated in the 2019 survey (p=0.554).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Brisbane/Gold Coast, Queensland, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Queensland (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-21, must be taken into consideration when comparing 2020-21 data to previous years, and treated with caution.

Additional Outputs

Infographics from this report are available for download. There are a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs via injection.

Please contact the research team at drugtrends@unsw.edu.au or c.salom@uq.edu.au in Queensland with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

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1

Sample Characteristics

In 2021, the Queensland (QLD) EDRS sample was mostly similar to the sample in 2020 and in previous years (Table 1), although there were some differences in participant characteristics including age.

Gender remained stable between 2020 and 2021 (p=0.200), with three-fifths of the sample identifying as male (60%; 71% in 2020). An older median age of 24 years was observed in 2021 (IQR=20-32), compared to 20 years in 2020 (IQR=19-27; p=0.012).

Accommodation significantly changed between 2020 and 2021 (p=0.046), with two-thirds of the sample living in a rented house/flat (67%; 50% in 2020), and most of the remaining participants living with their parents/in their family house (19%; 38% in 2020).

Almost half (48%) were current students (46% in 2020; p=0.921) and almost half (49%) had obtained a post-school qualification(s) in 2021 (47% in 2020; p=0.883).

Employment status remained stable between 2020 and 2021 (p=0.706). Similar to 2020, just over one-fifth (21%) reported being employed full time (22% in 2020) and 29% reported being unemployed at the time of interview (35% in 2020) (Table 1).

Table 1: Demographic characteristics of the sample, nationally (2021) and Queensland, 2017-2021

	National 2021	QLD 2021	QLD 2020	QLD 2019	QLD 2018	QLD 2017
	N=774	N=73	N=100	N=100	N=100	N=100
Median age (years; IQR)	24	**24 (20-32)***	20 (19-27)	20 (19-23)	19 (18-22)	19 (18-21)
% Gender						
Female	34	**38**	29	33	36	37
Male	63	**60**	71	66	64	62
Non-binary	3	**-**	0	-	0	0
% Aboriginal and/or Torres Strait Islander	6	**7**	-	-	-	-
% Sexual identity		**				
Heterosexual	73	**68**	90	77	84	83
Homosexual	4	**7**	-	-	-	-
Bisexual	14	**22**	6	17	9	13
Queer	6	**-**	-	-	/	/
Different identity	2	**0**	-	-	-	-
Mean years of school education (range)	12 (6-12)	**12 (9-12)**	12 (9-12)	12 (9-12)	12 (9-12)	12 (10-12)
% Post-school qualification(s)^	60	**49**	47	43	29	25

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	National 2021	QLD 2021	QLD 2020	QLD 2019	QLD 2018	QLD 2017
% Current employment status						
Employed full-time	27	**21**	22	11	16	13
Part time/casual	45	**44**	39	52	25	28
Self-employed	6	**7**	-	-	/	/
Students#	45	**48**	46	65	42	49
Unemployed	22	**29**	35	32	17	8
Current median weekly income $ (IQR)	(N=758) $600 (375-1000)	**(n=73) $500 (348-850)**	(n=98) $506 (289-854)	(n=100) $360 (250-550)	(n=99) $375 (200-650)	(n=96) $300 (200-550)
% Current accommodation		*				
Own house/flat	6	**7**	-	-	-	-
Rented house/flat	60	**67**	50	59	48	64
Parents'/family home	26	**19**	38	34	47	26
Boarding house/hostel	4	**-**	-	-	-	-
Public housing	2	**-**	-	0	0	0
No fixed address+	2	**-**	-	0	0	-
Other	1	**0**	0	0	0	-

Note. # 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + No fixed address included 'couch surfing and rough sleeping or squatting. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug of choice remained stable in 2021 compared to 2020 (p=0.884). In 2021, cannabis was the most commonly reported drug of choice (33%; 40% in 2020), followed by ecstasy (26%; 25% in 2020) (Figure 1).

The drug used most often in the last month also remained stable (p=0.108). Cannabis was the drug used most often in the previous month (47%; 60% in 2020), remaining the most commonly used drug since 2012, followed by ecstasy (18%; 16% in 2020) (Figure 2).

Just over three-fifths (64%) of the QLD sample reported weekly or more frequent cannabis use (69% in 2020; p=0.635) and almost one-fifth (18%) reported weekly or more frequent ecstasy use, a significant decrease from 36% in 2020 (p=0.014). One-tenth (11%) of the sample reported weekly or more frequent use of methamphetamine, stable from 2020 (n≤5; p=0.150) (Figure 3).

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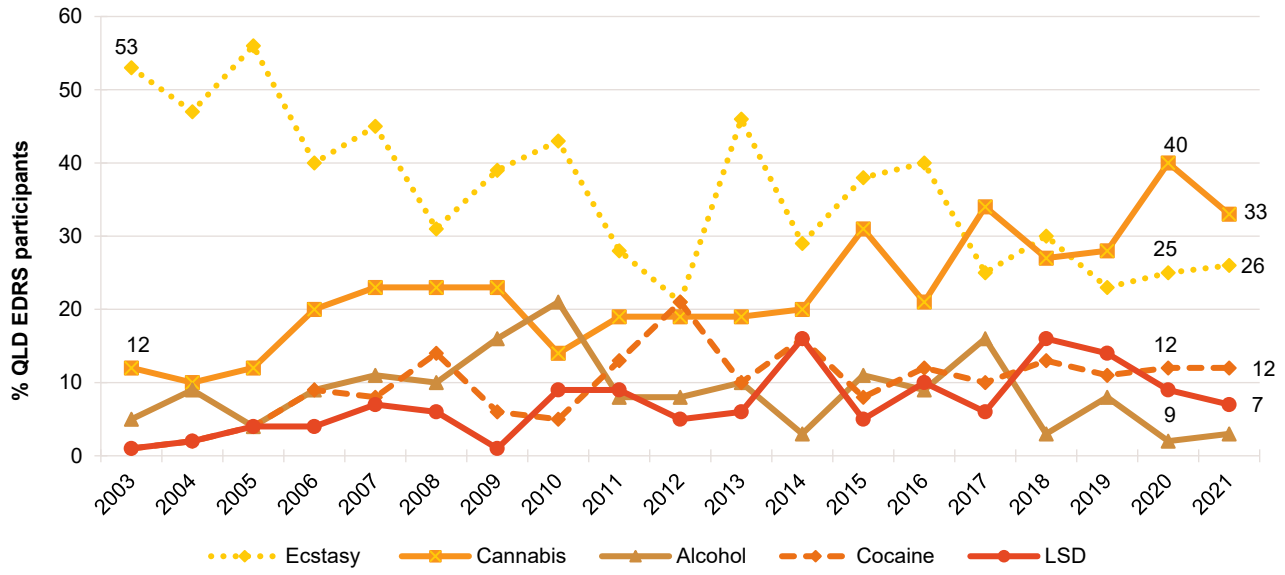
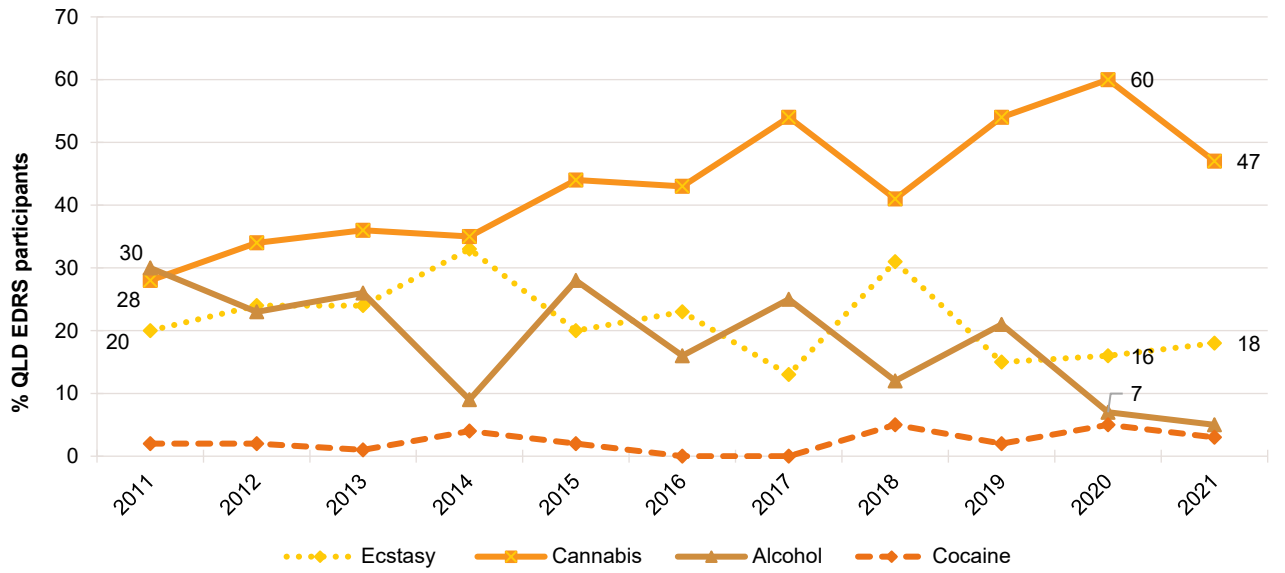
Figure 1: Drug of choice, Queensland, 2003-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 2: Drug used most often in the past month, Queensland, 2011-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2021 as this question was not asked in 2003-2010. Y axis reduced to 70% to improve visibility of trends. Data labels are only provided for the first (2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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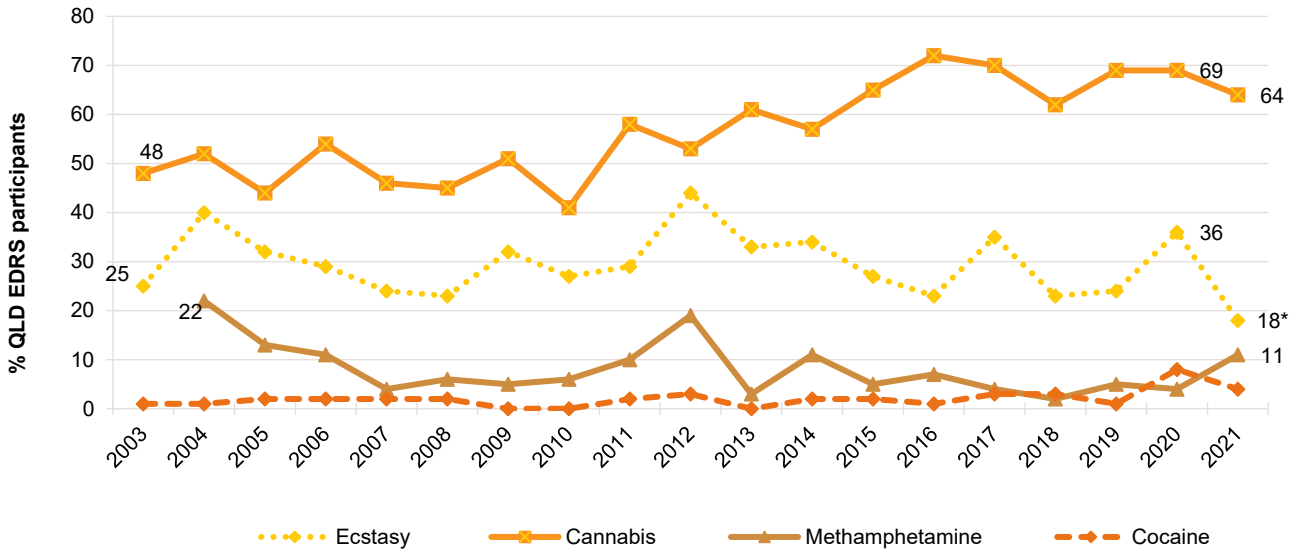
Figure 3: Weekly or more frequent substance use in the past six months, Queenland, 2003-2021



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2003/2004) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020) which declined shortly thereafter (<20 cases per day nationally from 20/4/2020). There was a resurgence in cases from late June 2020, largely based in Victoria and to a lesser extent in New South Wales, which subsequently declined from September onwards (<20 cases per day from 23/9/2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30/8/2021, not including cases from 1/09/2021 onwards) and a couple of months later in Victoria (peak 86 cases 29/8/2021, not including cases from 1/09/2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31/8/2021).

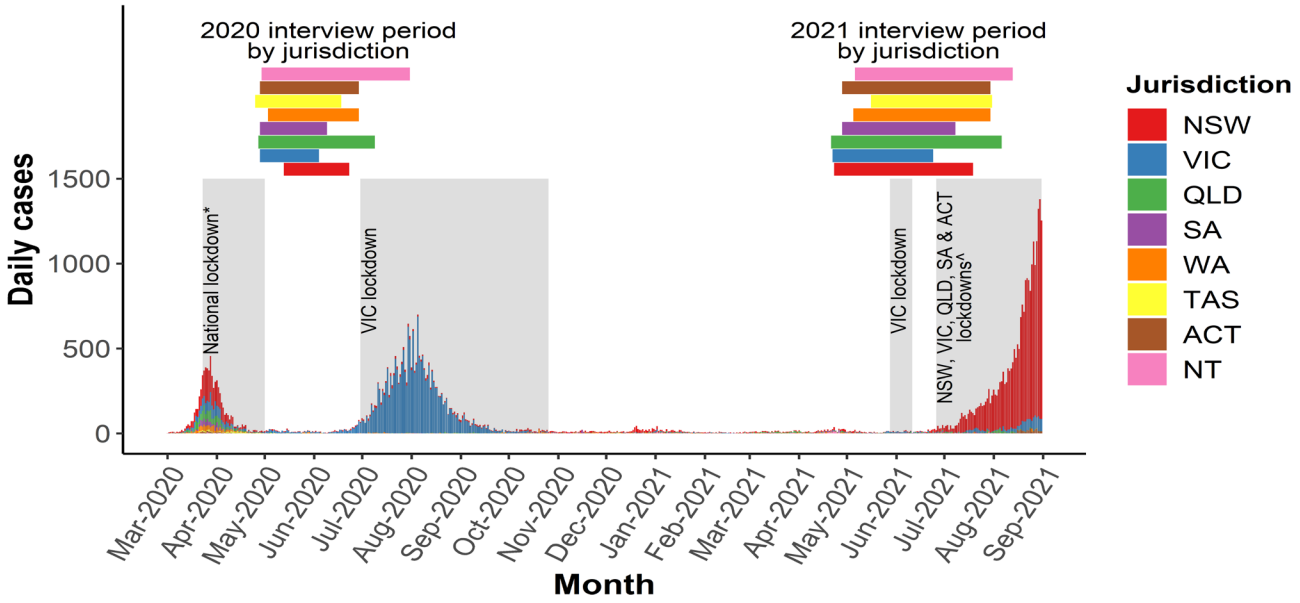
As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across the country from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, SA, QLD and ACT) introducing restrictions shortly thereafter.

Queensland observed its first case of COVID-19 on 28 January 2020. A public health emergency was declared in Queensland on 29 January 2020, however major restrictions on movement were not introduced until 23 March 2020, when shutdown of non-essential services, including pubs, clubs, and restaurants began. A peak of 78 new cases was observed on 24 March, bringing the state's total to 397 cases since 29 January 2020. The Queensland border closed on 25 March 2020 but remained open to local residents, essential travellers and freight. Following this, on 29 March, a direction was made by the Chief Health Officer to prohibit household gatherings of more than 10 people at any one time. A day later, on March 30, the Queensland Premier tightened physical distancing restrictions, imposing a limit of two visitors on householders. Travel outside the home was banned except for essential reasons. Restrictions began to ease gradually from 2 May 2020.

In 2021, the advent of new variants of COVID-19 caused further outbreaks in Queensland, resulting in several shorter lockdowns, and the tightening of physical distancing restrictions, and laws around mask-wearing. Although case numbers remained very low in Queensland itself, increased infections in other states resulted in restrictions on interstate travel, reducing access to cross-border events and markets, particularly those previously accessed in northern NSW.

DOI: 10.26190/8q7z-3620

Figure 4: Timeline of COVID-19 in Australia and EDRS data collection period, 2020-2021

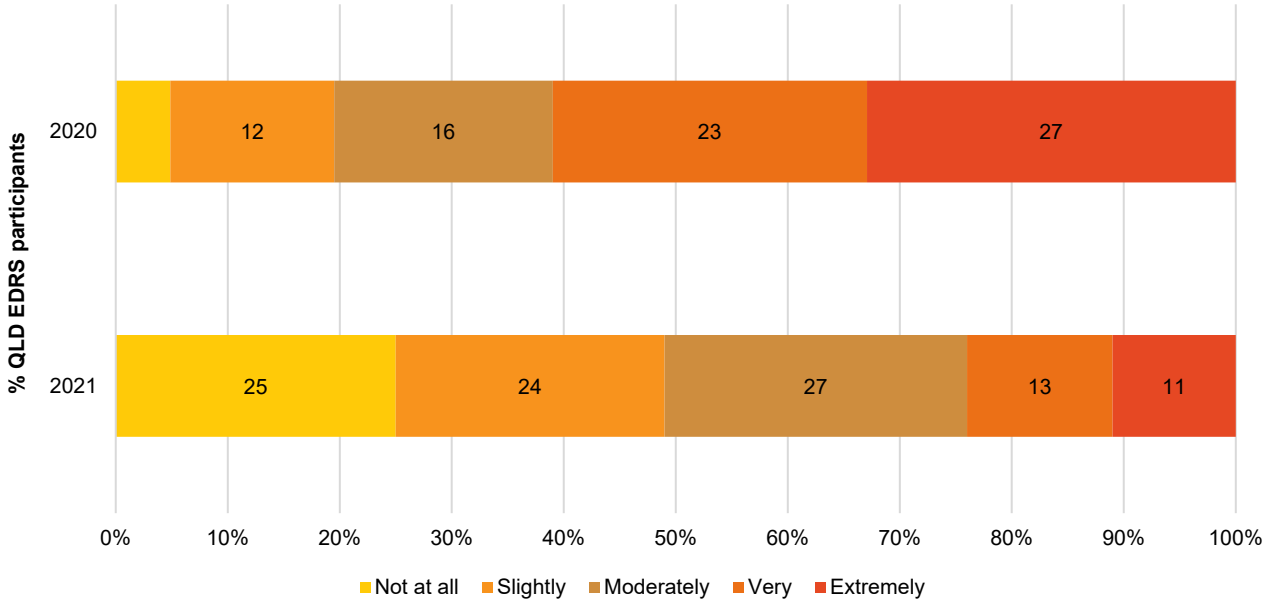


Note. Data obtained from https://www.covid19data.com.au/. Only lockdowns of >7 days and affecting at least an entire city are displayed. *National stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

In 2021, just under half (48%) of the sample had been tested for SARS-CoV-2 in the past 12 months (6% in 2020), though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (68%) responded 'not at all', and over one-quarter (27%) were 'slightly' worried. The majority (75%) reported being concerned about their health if they were to contract COVID-19 (Figure 5). Small numbers (≤5) reported that they had received at least one-dose of the COVID-19 vaccine at the time of interview.

Figure 5: Current concern about health if COVID-19 was contracted, Queensland, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

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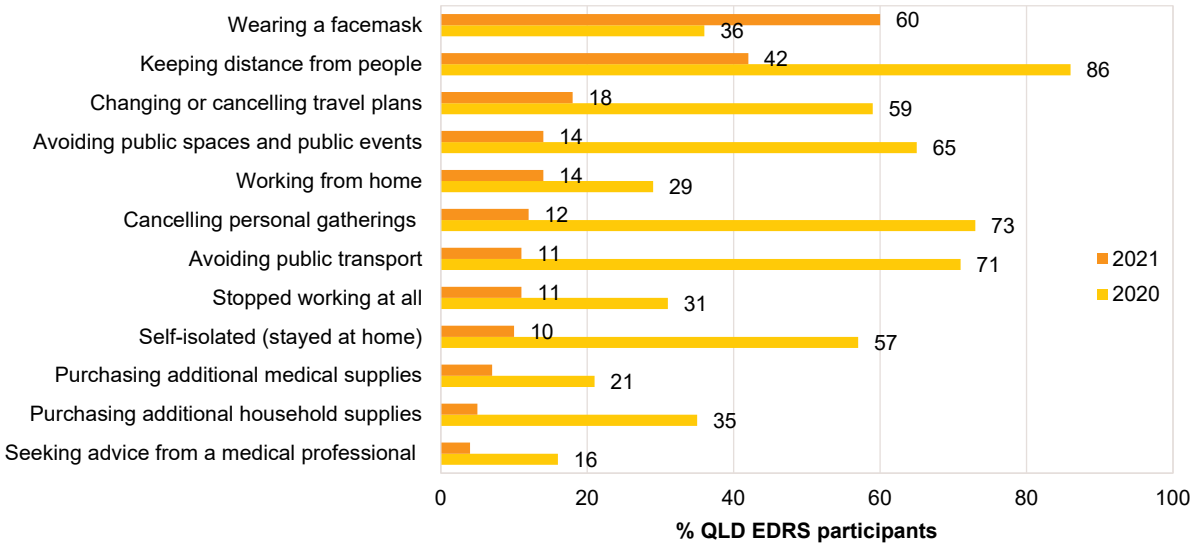
COVID-19 Related Health Behaviours

Participants were asked about health precautions they had taken in the four weeks prior to interview (Figure 6). Most commonly, participants reported wearing a facemask (60%), keeping distance from other people (42%), changing or cancelling their travel plans (18%), avoiding public spaces and events (14%), and working from home (14%).

Figure 6: Health precautions related to COVID-19 in the past four weeks, Queensland, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Mandatory mask wearing was introduced in Queensland in March 2021, just prior to the commencement of data collection.

DOI: 10.26190/8q7z-3620

3

Ecstasy

Participants were asked about their recent (past six month) use of various forms of ecstasy (3,4-methylenedoxymethamphetamine), including pills, powder, capsules, and crystal.

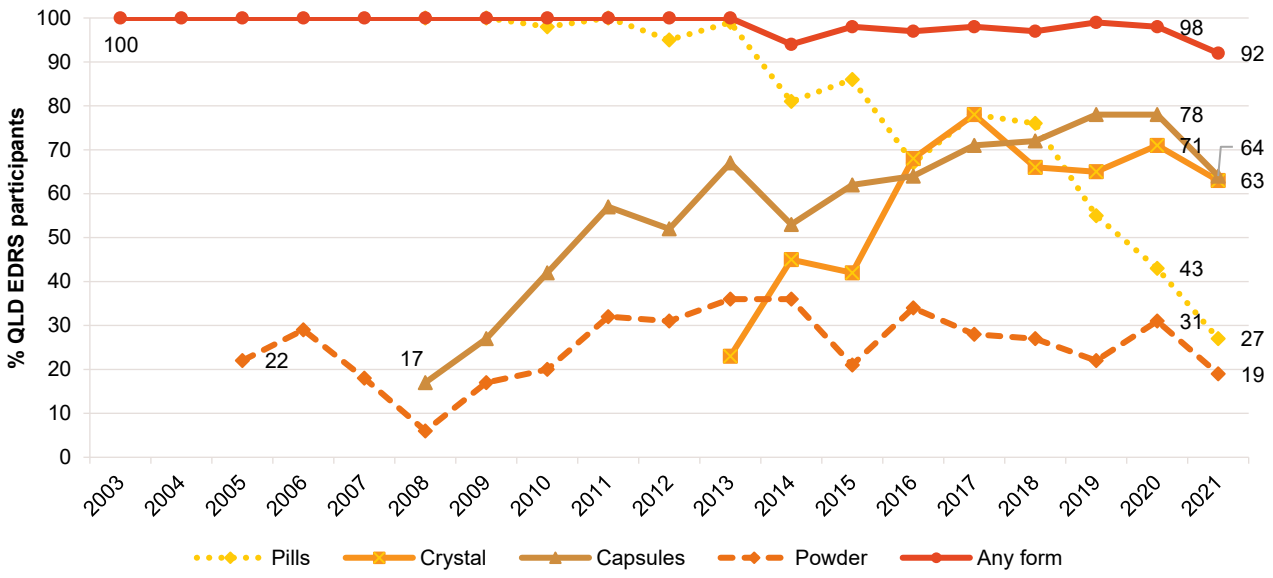
Recent Use (past 6 months)

In 2021, 92% of participants reported use of any ecstasy in the past six months, stable from 98% in 2020 (p=0.119) (Figure 7).

Frequency of Use

The median days of any ecstasy use in 2021 was nine days (IQR=6-16), a significant decline from 16 days (IQR=9-27; p=0.001) in 2020 (Figure 8). In 2021, 19% of participants who had recently consumed ecstasy reported weekly or more use of any form of ecstasy, significantly fewer than 2020 reports (37%; p=0.026).

Figure 7: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Queensland, 2003-2021



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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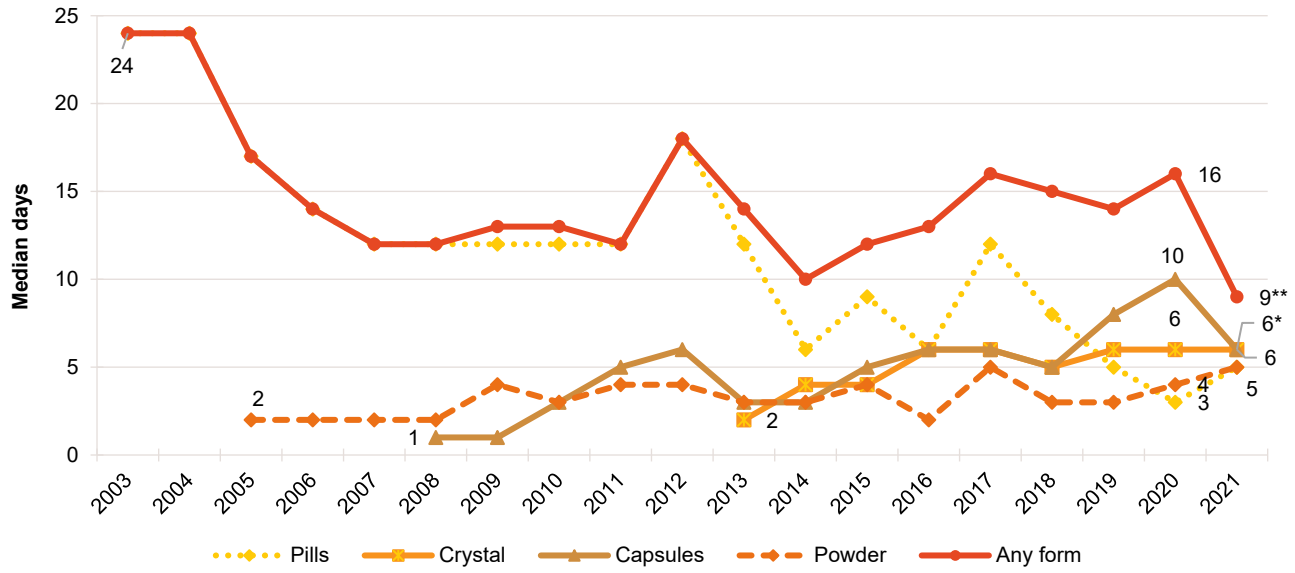
Figure 8: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Queensland, 2003-2021



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25 days to improve visibility of trends. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): One-quarter (27%) reported recently using ecstasy pills, a non-significant decrease from 43% reporting recent use in 2020 (*p*=0.052), and continuing a downward trend observed since 2018 (Figure 7).

Frequency of Use: Median frequency of use was five days in the previous six months (IQR=2-10), compared to three days (IQR=2-8; *p*=0.687) in 2020 (Figure 8). Few participants (n≤5) reported weekly or more frequent use.

Routes of Administration: Among those who had recently used pills in 2021 (n=20), the most common route of administration remained swallowing (100%; 95% in 2020; *p*=0.835). Few participants (n≤5) reported recent snorting, and no participants reported shelving/shafting or smoking.

Quantity: The median number of pills used in a 'typical' session remained stable at two pills (IQR=1-2; n=20; 2 pills in 2020; IQR=2-3; *p*=0.238). The median maximum amount used was 2.5 pills (IQR=1.8-4.3; n=20; 3 pills in 2020; IQR=2-5; *p*=0.647).

Ecstasy Capsules

Recent Use (past 6 months): Sixty-four per cent reported recently using ecstasy capsules, stable from 78% in 2020 (*p*=0.078; Figure 7).

Frequency of Use: Median frequency of use was six days (IQR=3-10) in 2021, a significant decrease from 10 days (IQR=4-15) in 2020 (*p*=0.033) (Figure 8). Few participants (n≤5) reported using capsules weekly or more frequently in 2021 (19% in 2020; *p*=0.088).

Routes of Administration: Among those who had recently used capsules (n=47), most participants (96%) reported swallowing them, consistent with 2020 (96%), while 23% also reported snorting them (19% in 2020; *p*=0.769). Few participants reported smoking (n≤5), and no participants reported shelving/shafting (8% in 2020; *p*=0.082).

Quantity: The median number of capsules used in a 'typical' session remained stable from 2020 at two (IQR=2-3; n=47; 2 capsules in 42020; IQR=2-3; *p*=0.533). The median maximum amount used in 2021 was four capsules (IQR=2.8-5; n=47; 4 capsules in 2020; IQR=3-6; *p*=0.244).

Contents of Capsules: Of those who reported recent use and responded (n=45), most (71%) reported that their last capsule contained crystal, whilst 18% reported that it contained powder. Eighteen per cent did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Sixty-three per cent of participants reported recently using crystal (71% in 2020; *p*=0.345) (Figure 7).

Frequency of Use: Median frequency of use remained stable at six days (IQR=3-12; 6 days in 2020, IQR=3-15; *p*=0.406) (Figure 8). Few participants (n≤5) reported weekly or more frequent use in 2021 (17% in 2020; *p*=0.175).

Routes of Administration: Among those who had recently used crystal (n=46), swallowing was the most common route of administration (87%; 86% in 2020), followed by snorting (41%; 51% in 2020; *p*=0.421). A small number of participants reported shelving/shafting and injecting (n≤5).

Quantity: The median amount of crystal used in a 'typical' session was 0.20 grams (IQR=0.20-0.40; n=39; 0.30 grams in 2020; IQR=0.20-0.50; *p*=0.187). The median maximum amount used was 0.50 grams (IQR=0.20-1.00; n=39; 0.50 grams in 2020; IQR=0.30-1.00; *p*=0.173).

Ecstasy Powder

Recent Use (past 6 months): Recent use of ecstasy powder was reported by 19% of participants (31% in 2020; *p*=0.115) (Figure 7).

Frequency of Use: Frequency of use remained low at a median of five days (IQR=3-9; 4 days in 2020, IQR=2-6; *p*=0.481) (Figure 8).

Routes of Administration: Among those who had recently used powder (n=14), contrary to 2020, the most common route of administration was swallowing (79%), a significant increase from 39% in 2020 (*p*=0.031). An inverse

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significant decrease was observed in the percentage of participants who reported snorting as a route of administration (50%; 84% in 2020; *p*=0.044).

Quantity: The median amount used in a 'typical' session was 0.50 grams (IQR=0.20-0.50, n=12; 0.30 grams in 2020; IQR=0.20-0.50; *p*=0.723) and the median maximum amount used 0.50 grams (IQR=0.30-1.00, n=12; 0.50 grams in 2020, IQR=0.40-1.00; *p*=0.800).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price per pill of ecstasy was $20 (IQR=20-20; n=6), unchanged from 2020 ($20; IQR=15-25; n=43; *p*=0.876) (Figure 9).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2020 and 2021 (*p*=0.323). Among those who were able to comment in 2021 (n=19), the largest per cent of respondents (37%) perceived purity as 'low' (17% in 2020) (Table 2).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2020 and 2021 (*p*=0.863). Among those who were able to comment in 2021 (n=19), 53% of participants reported that it was 'easy' to obtain pills (47% in 2020), though almost one-third (32%) reported that it was 'difficult' to obtain pills (28% in 2020) (Table 2).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $20 in 2021 (IQR=16-20; n=17), stable from $15 in 2020 (IQR=10-20; n=70; *p*=0.108) (Figure 9).

Perceived Purity: A significant change was observed in perceived purity of ecstasy capsules between 2020 and 2021 (*p*=0.043). Among those who were able to comment in 2021 (n=51), the largest per cent of participants perceived purity as 'medium' (29%), an increase from 40% in 2020. One-quarter (25%) reported 'low' purity, also an increase from 2020 (8%). An inverse decrease was observed, with 18% reporting 'high' purity (26% in 2020) (Table 2).

Perceived Availability: The perceived availability of ecstasy capsules remained stable between 2020 and 2021 (*p*=0.404). Among those who were able to comment in 2021 (n=50), 44% of participants reported that it was 'very easy', and 34% reported that it was 'easy' to obtain capsules, compared to 41% and 47% in 2020, respectively (Table 2).

Ecstasy Crystal

Price: The median price for a gram of crystal in 2021 remained relatively stable at $150 (IQR=133-180; n=18), compared to $110 in 2020 (IQR=100-150; n=46; *p*=0.050). Few participants (n≤5) reported the price of crystal per point (Figure 10).

Perceived Purity: The perceived purity of ecstasy crystal remained stable between 2020 and 2021 (*p*=0.093). Among those who were able to comment in 2021 (n=47), perceptions of purity were mixed, with 34% perceiving purity as 'medium' (29% in 2020) and 32% perceiving it as 'fluctuating' (32%; 22% in 2020). A further 23% perceived it as 'high' (45% in 2020) (Table 2).

Perceived Availability: The perceived availability of ecstasy crystal remained stable between 2020 and 2021 (*p*=0.782). Among those who were able to comment in 2021 (n=47), 40% reported ecstasy crystal as 'easy' to obtain (33% in 2020) and 32% reported that it was 'very easy' to obtain (41% in 2020) (Table 2).

Ecstasy Powder

Price: The reported median price per gram of ecstasy powder was $200 (IQR=163-200; n=6), stable relative to 2020 ($123; IQR=100-169; *p*=0.122). No participants reported on the price for ecstasy per point (Figure 10).

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2020 and 2021 (*p*=0.708). Among those who were able to comment in 2021 (n=15), most

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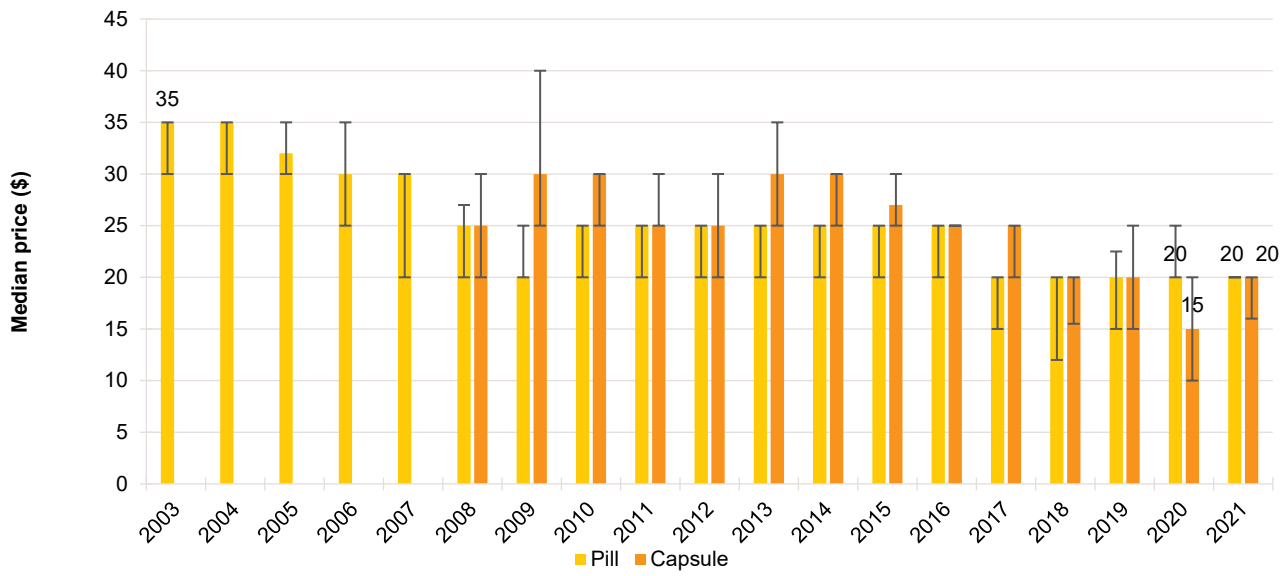
(40%) perceived the purity of powder to be 'medium' (35% in 2020) (Table 2).

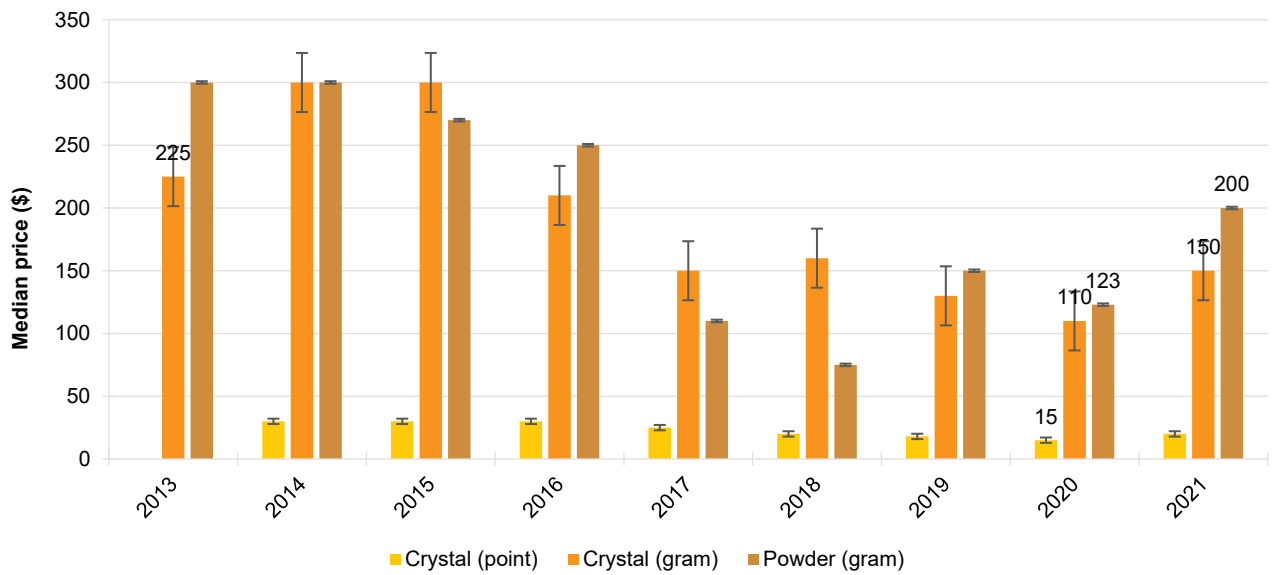
Perceived Availability: The perceived availability of ecstasy powder remained stable between 2020 and 2021 (p=0.501). Among those who were able to comment in 2021 (n=14), most perceived powder to be 'easy' (57%) to obtain (35% in 2020) (Table 2).

Figure 9: Median price of ecstasy pill and capsule, Queensland, 2003-2021



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 10: Median price of ecstasy crystal (per point and gram) and powder (per gram only), Queensland, 2013-2021



Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. No data for crystal point in 2013. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Table 2: Current perceived purity and availability of ecstasy pills, capsules, crystal and powder, Queensland, 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	(n=79)	(n=81)	(n=59)	(n=46)	**(n=19)**
Low	14	22	22	17	**37**
Medium	50	37	25	22	**-**
High	13	21	19	24	**-**
Fluctuates	23	20	34	37	**-**
% Capsules	(n=79)	(n=76)	(n=77)	(n=76)	**(n=51)***
Low	8	13	-	8	**25**
Medium	39	34	34	40	**29**
High	42	38	38	26	**18**
Fluctuates	12	15	23	26	**27**
% Crystal	(n=62)	(n=50)	(n=55)	(n=69)	**(n=47)**
Low	-	-	-	-	**-**
Medium	35	34	16	29	**34**
High	45	54	76	45	**23**
Fluctuates	16	8	-	22	**32**
% Powder			(n=9)	(n=20)	**(n=15)**
Low	-	-	-	15	**-**
Medium	-	-	-	35	**40**
High	-	-	-	20	**-**
Fluctuates	-	-	-	30	**-**
Current Perceived Availability					
% Pills	(n=79)	(n=80)	(n=60)	(n=47)	**(n=19)**
Very easy	51	61	42	21	**-**
Easy	42	33	43	47	**53**
Difficult	8	6	10	28	**32**
Very difficult	-	-	-	-	**-**
% Capsules	(n=78)	(n=76)	(n=77)	(n=75)	**(n=50)**
Very easy	45	30	53	41	**44**
Easy	42	23	38	47	**34**
Difficult	12	16	9	11	**20**
Very difficult	-	-	0	-	**-**
% Crystal	(n=63)	(n=48)	(n=56)	(n=69)	**(n=47)**
Very easy	33	23	29	41	**32**
Easy	43	52	41	33	**40**
Difficult	22	25	29	23	**23**
Very difficult	2	-	-	-	**-**
% Powder				(n=20)	**(n=14)**
Very easy	-	-	-	25	**-**
Easy	-	-	-	35	**57**
Difficult	-	-	-	35	**-**
Very difficult	-	-	-	-	**-**

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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4

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder) and crystal (clear, ice-like crystals).

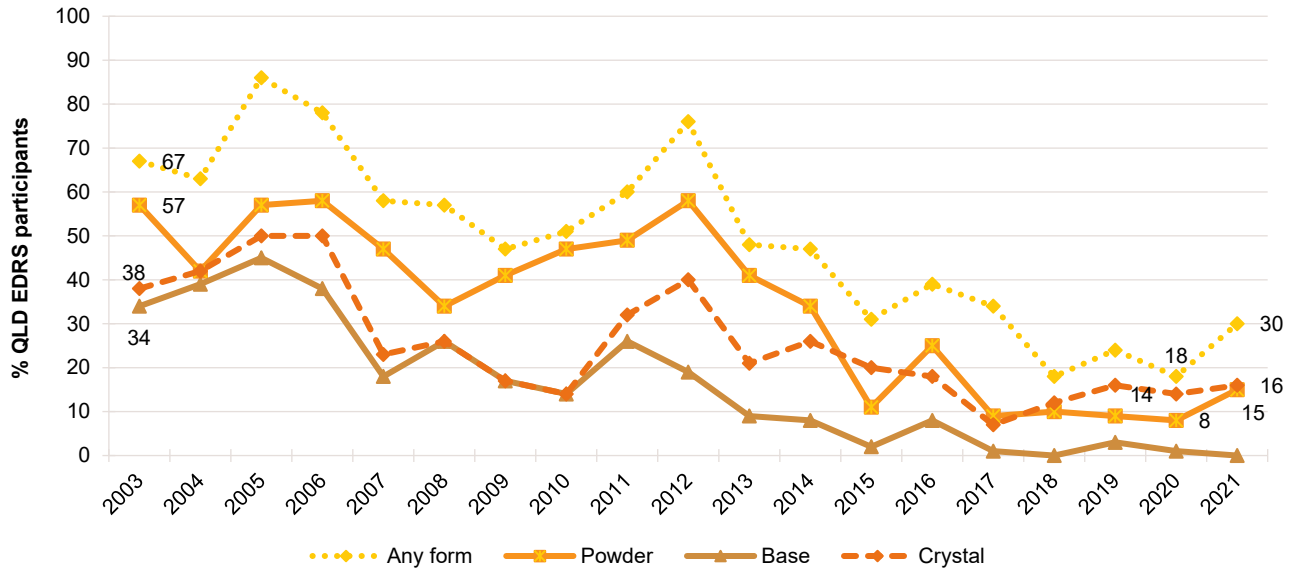
Recent Use (past 6 months)

In 2021, 30% reported recent use of methamphetamine, stable relative to 18% in 2020 (p=0.106; Figure 11).

Frequency of Use

Frequency of use in 2021 was at a median of eight days over the previous six months (IQR=3-31; 6 days in 2020; IQR=3-20; p=0.902; Figure 12). Thirty-six per cent of those who had recently used methamphetamine reported weekly or more frequent use in 2021 (22% in 2020; p=0.533).

Figure 11: Past six month use of any methamphetamine, powder, base and crystal, Queensland, 2003-2021



Note. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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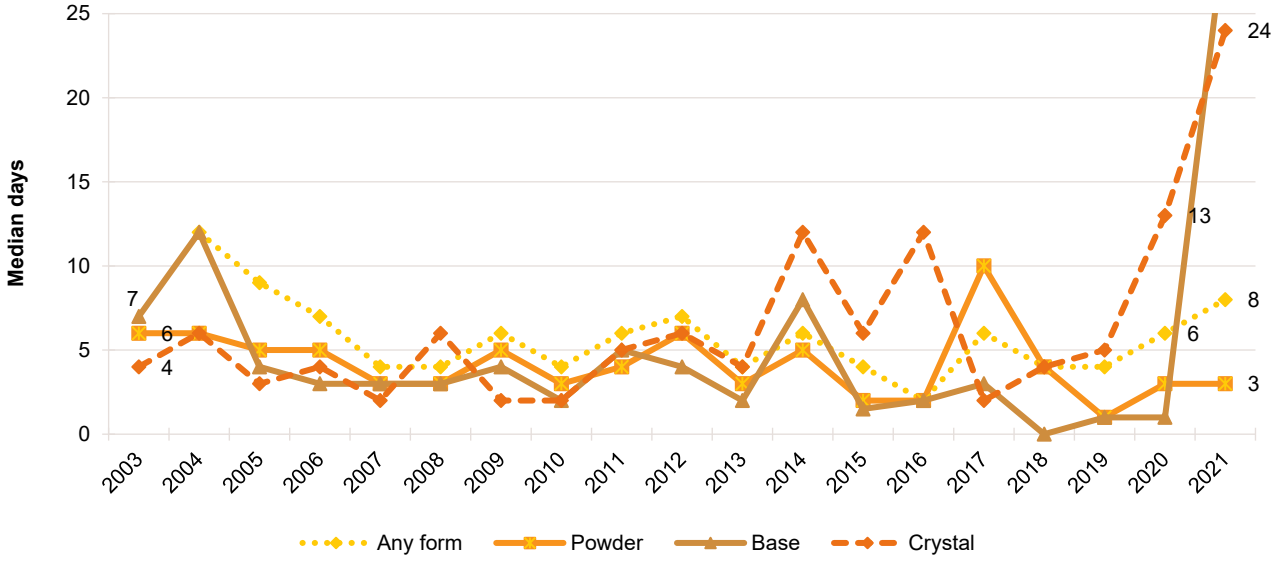
Figure 12: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Queensland, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The percentage of participants who had used methamphetamine powder in the last six months remained stable at 15% (8% 2020; *p*=0.240; Figure 11).

Frequency of Use: Median days of use in 2021 remained stable at three days (IQR=3-4), unchanged from three days in 2020 (IQR=1-11; *p*=0.899; Figure 12).

Routes of Administration: Among those who had recently used powder (n=11), the most common ROA was swallowing (64%; 50% in 2020; *p*=0.901).

Quantity: Of those who reported recent use and responded (n=7), the median 'typical' amount used per session remained stable in 2021 at 0.10 grams (IQR=0.10-0.20; 0.10 grams in 2020; IQR=0.10-0.20; *p*=0.641). The median maximum amount used was 0.20 grams (IQR=0.20-0.40), also comparable to 2020 (0.20 grams; IQR=0.10-0.30; *p*=0.793).

Methamphetamine Crystal

Recent Use (past 6 months): Sixteen per cent had used crystal in the six months preceding the interview (14% in 2020; *p*=0.863; Figure 11).

Frequency of Use: Median days of use in 2021 was 24 days (IQR=13-52), stable from 13 days in 2020 (IQR=4-23; *p*=0.290; Figure 12). Fifty-eight per cent (n=7) of those who had recently used crystal reported using weekly or more frequently in 2021 (29% in 2020; *p*=0.257).

Routes of Administration: Of those who reported recent use and responded (n=12), smoking remained the most common route of administration, with 92% (n=12) reporting this method in 2021, similar to 93% in 2020.

Quantity: The median amount used in a 'typical' session was 0.10 grams (IQR=0.10-0.20; n=12), a significant decline from 0.20 grams (IQR=0.20-0.40; n=10; *p*=0.046) in 2020. The median maximum amount used in a session in 2021 also significantly decreased to 0.30 grams (IQR=0.10-0.30; n=12), from 0.40 grams in 2020 (IQR=0.20-0.50; *p*=0.034).

Methamphetamine Base

No participants reported recent use of methamphetamine base, and therefore, further details are not reported. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers (n≤5), details will not be reported on price (Figure 13), perceived purity (Figure 15) and perceived availability (Figure 17) for methamphetamine powder. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Price: Due to low numbers (n≤5), details will not be reported on price (Figure 14). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: Due to low numbers (n≤5), details will not be reported on perceived purity (Figure 16). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2020 and 2021 (*p*=0.933). Among those who responded in 2021 (n=12), 58% perceived crystal to be 'very easy' to obtain (50% in 2020) (Figure 18).

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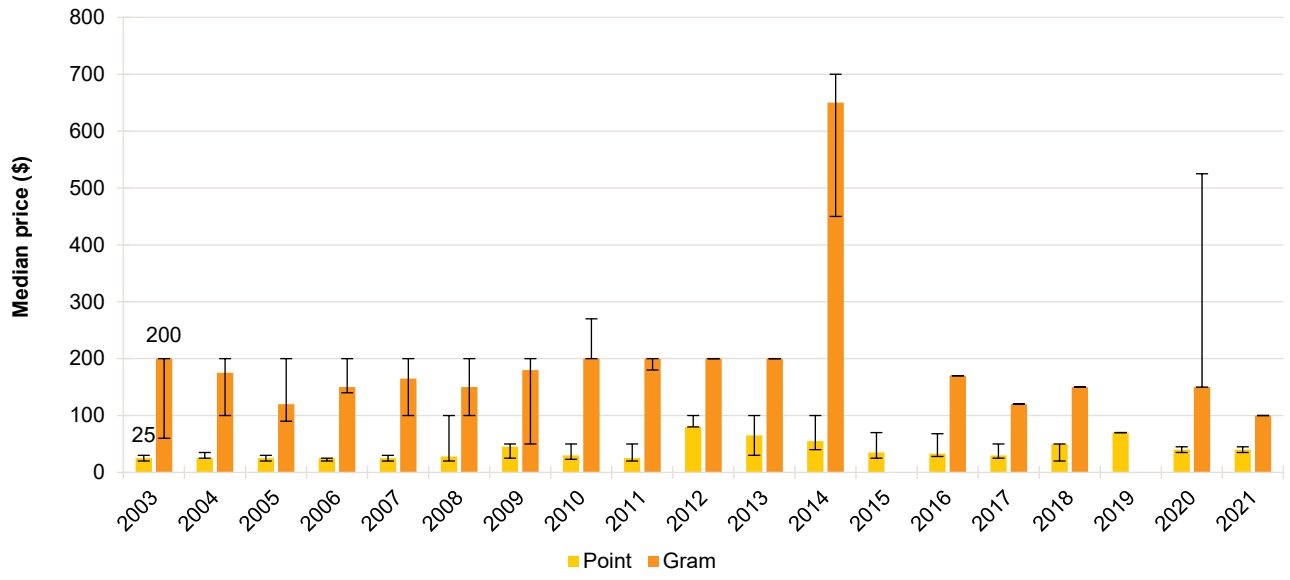
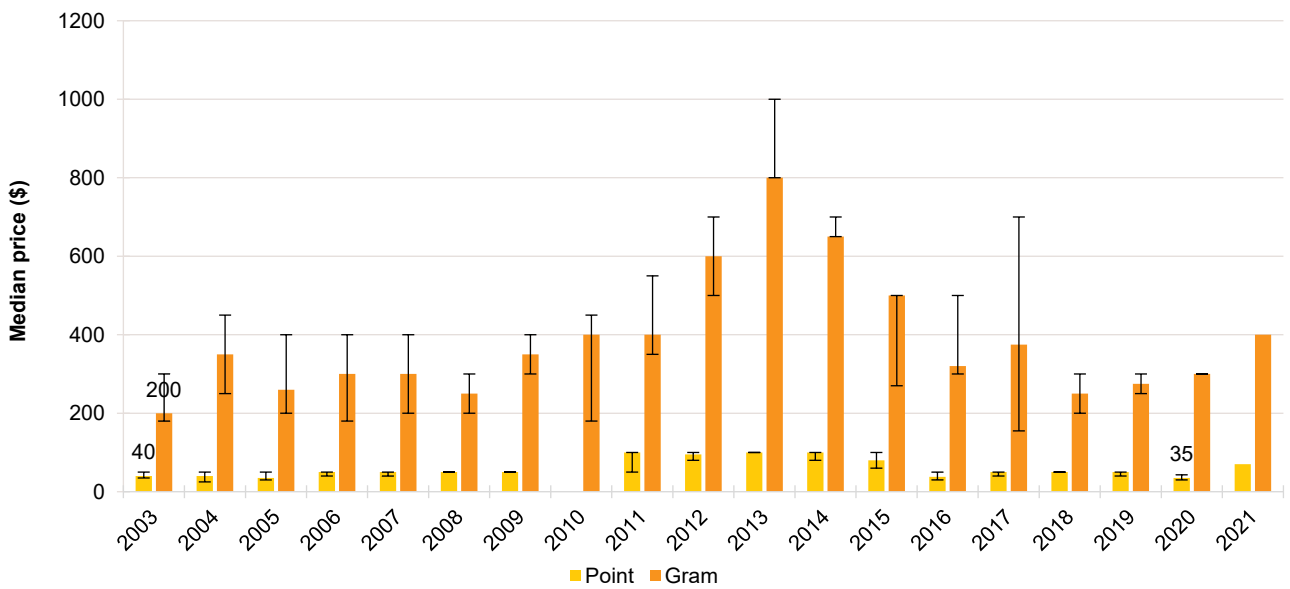
Figure 13: Median price of powder methamphetamine per point and gram, Queensland, 2003-2021



Note. Among those who commented. No respondents reported purchasing a gram of powder methamphetamine in 2015 and 2019. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 14: Median price of crystal methamphetamine per point and gram, Queensland, 2003-2021



Note. Among those who commented. No participants reported purchasing a point of crystal methamphetamine in 2010. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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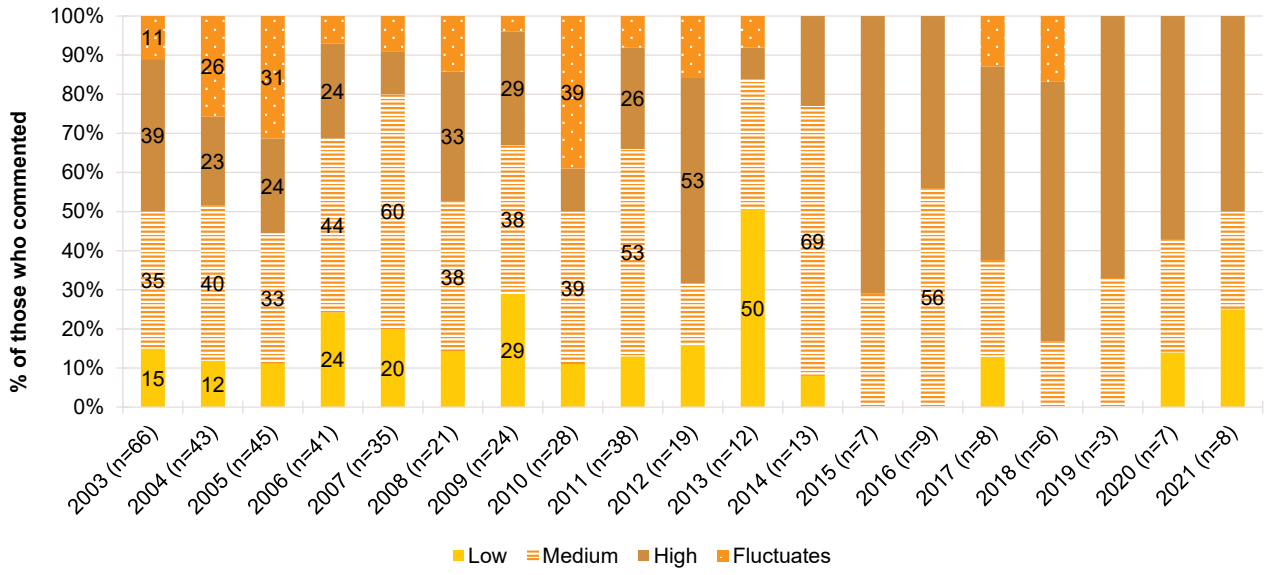
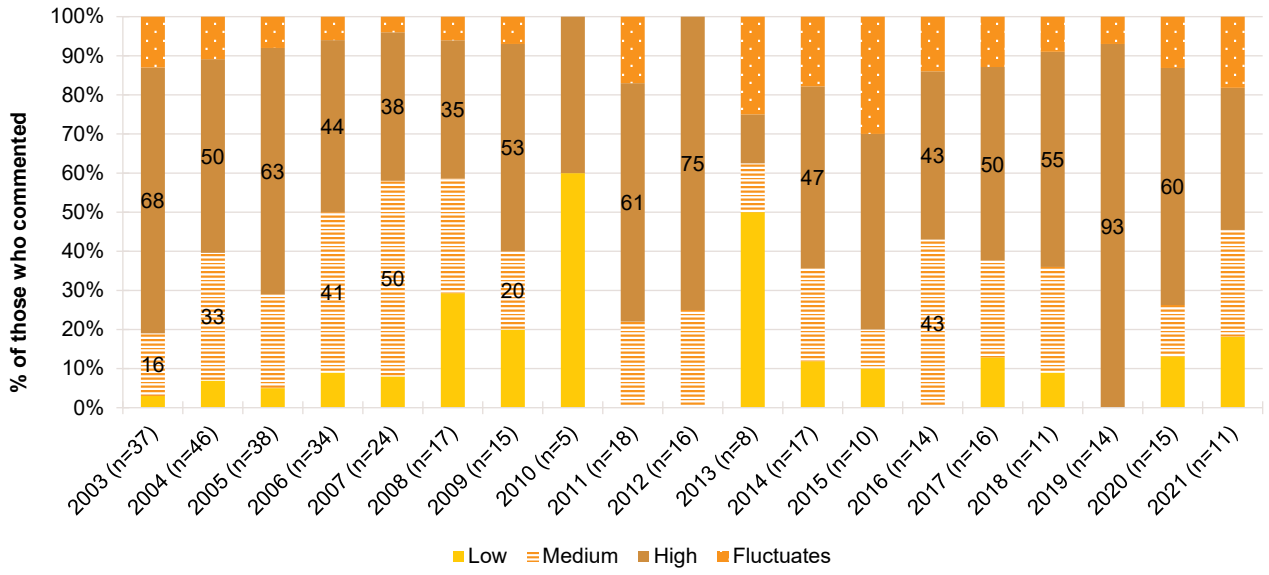
Figure 15: Current perceived purity of powder methamphetamine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 16: Current perceived purity of crystal methamphetamine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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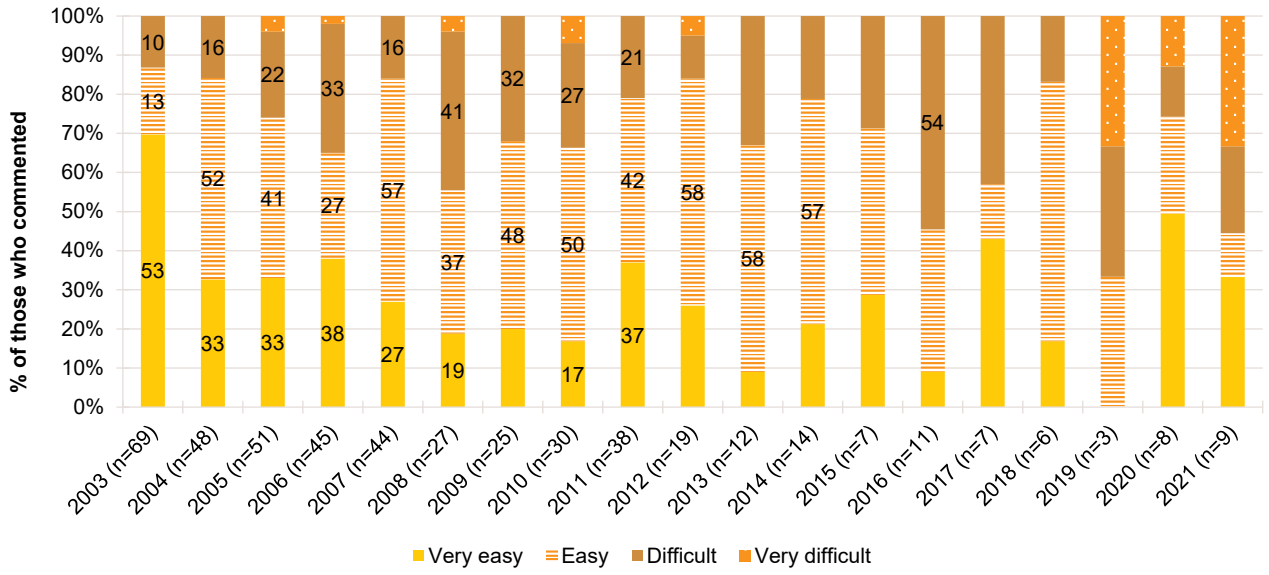
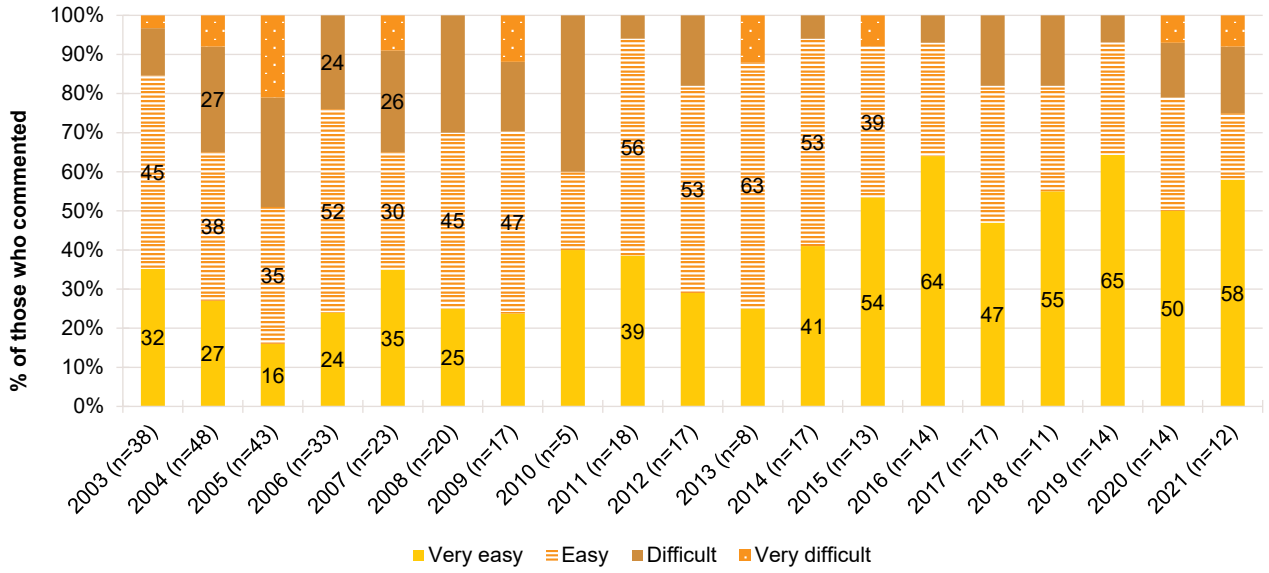
Figure 17: Current perceived availability of powder methamphetamine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 18: Current perceived availability of crystal methamphetamine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and 'crack' cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Patterns of Consumption

Recent Use (past 6 months)

Seventy-three per cent of the total sample had recently used cocaine, stable from 61% reporting use in 2020 (p=0.153) (Figure 19).

Frequency of Use

The median number of days used in the last six months remained stable at four days (IQR=3-10; 4 days in 2020; IQR=2-8; p=0.837) (Figure 19).

Routes of Administration

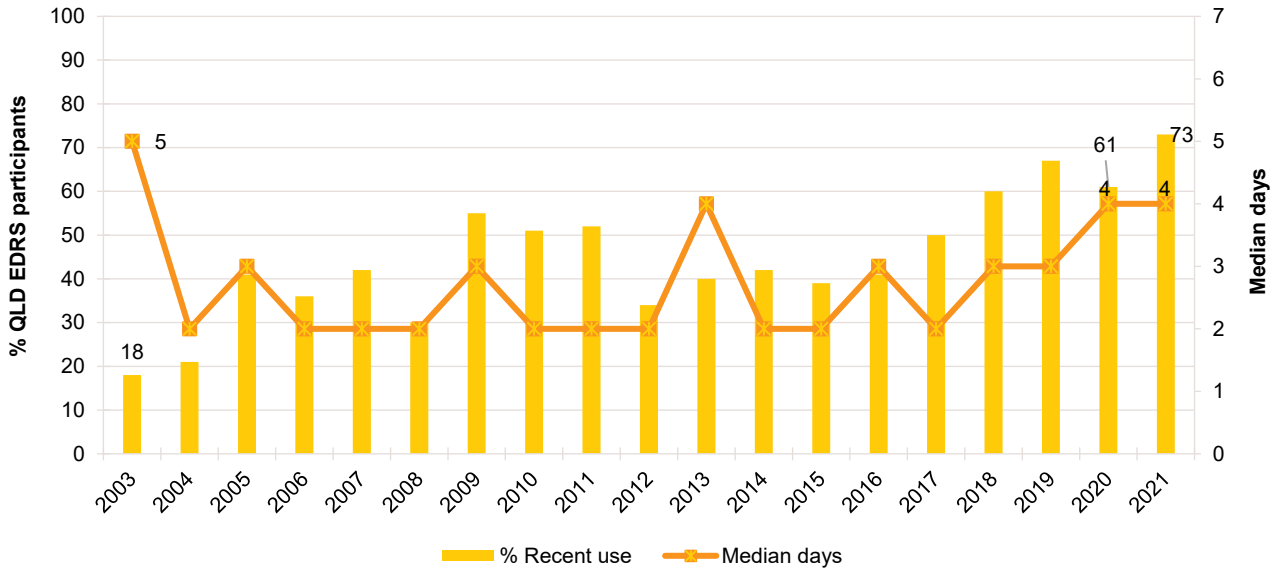
The most common route of administration among participants who had recently used cocaine (n=53) was snorting (96%), stable from 100% in 2020 (p=0.415). Small numbers (≤5) reported swallowing and smoking cocaine in the last six months and no participants reported shelving/shafting in 2021.

Quantity

The median amount of cocaine used in a 'typical' session was 0.50 grams (IQR=0.30-1.00; n=33), stable from 0.50 grams in 2020 (IQR=0.40-1.00; n=31; p=0.704). The median maximum amount used in 2021 was 1.00 gram (IQR=0.50-1.50; n=34) stable relative to 2020 (1.00 gram; IQR=0.50-1.60; p=0.451).

DOI: 10.26190/8q7z-3620

Figure 19: Past six month use and frequency of use of cocaine, Queensland, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 7 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

In 2021, the median price per gram of cocaine was $350 (IQR=300-350; n=20), a significant increase from 2020 ($300; IQR=300-335; p=0.005) (Figure 20).

Perceived Purity

The perceived purity of cocaine significantly changed between 2020 and 2021 (p=0.014). Among those who were able to comment in 2021 (n=45), 31% perceived purity as 'low', an increase from 11% in 2020. One-quarter (27%) reported 'medium' purity, also an increase from 32% in 2020. Sixteen per cent perceived purity as 'fluctuating', a decrease from 40% in 2020 (Figure 21).

Perceived Availability

The perceived availability of cocaine significantly changed between 2020 and 2021 (p=0.004). Among those who were able to comment in 2021 (n=43), 58% reported that it was 'easy' to obtain cocaine, an increase from 44% in 2020. A further 28% reported that it was 'very easy' to obtain, also an increase from 11% in 2020. Fourteen per cent reported it was 'difficult' to obtain cocaine, a decrease from 40% reporting so in 2020 (Figure 22).

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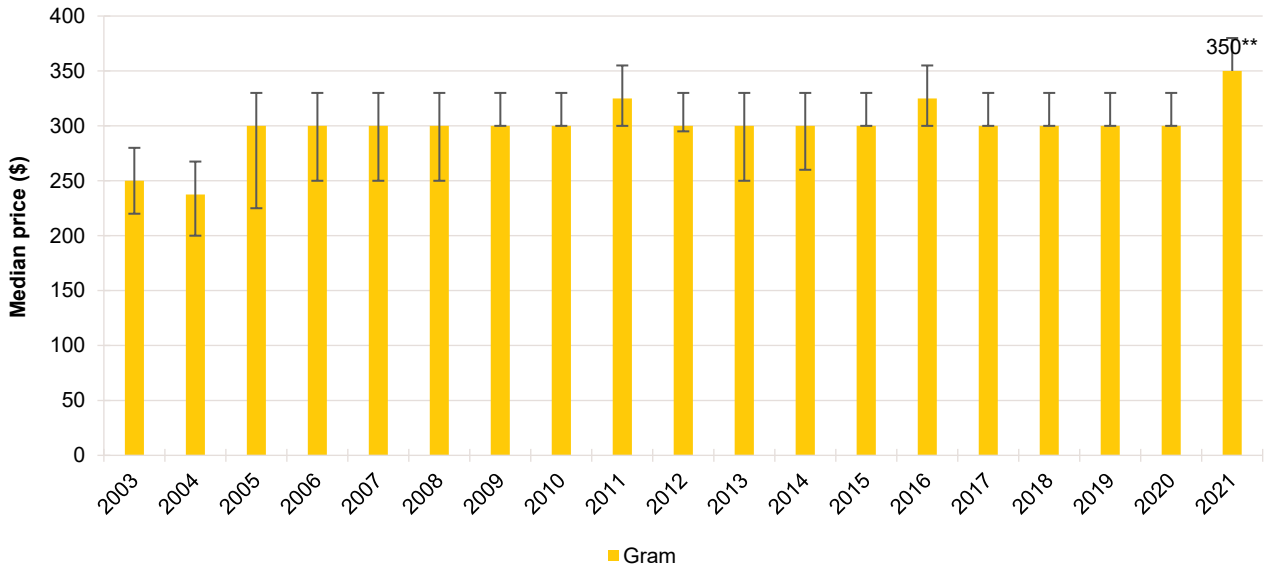
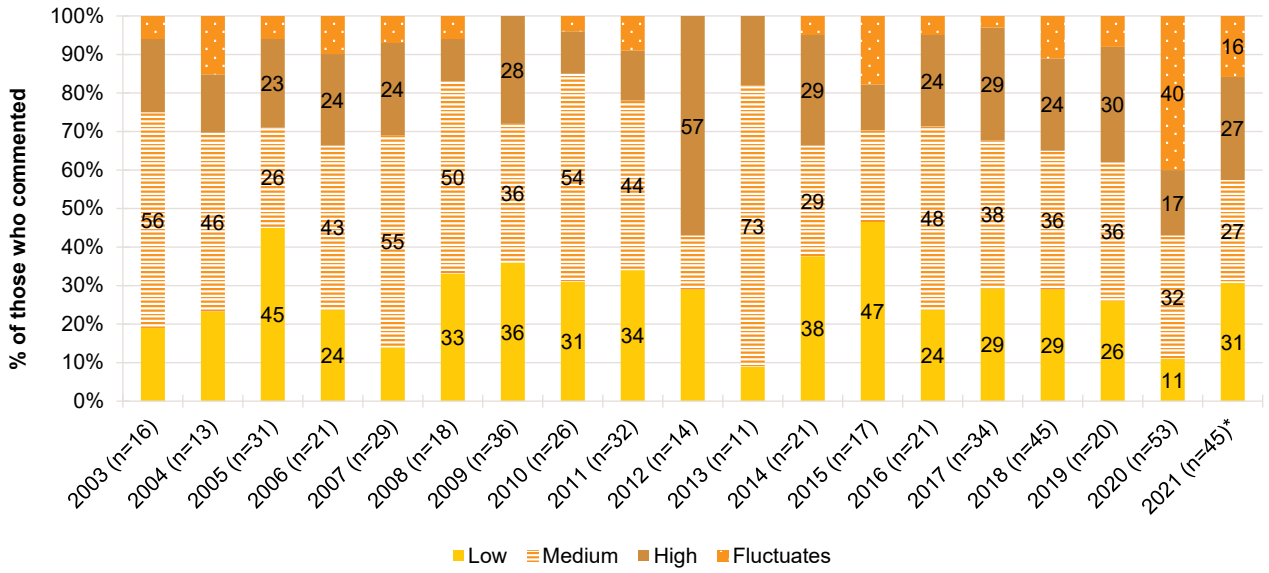
Figure 20: Median price of cocaine per gram, Queensland, 2003-2021



Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

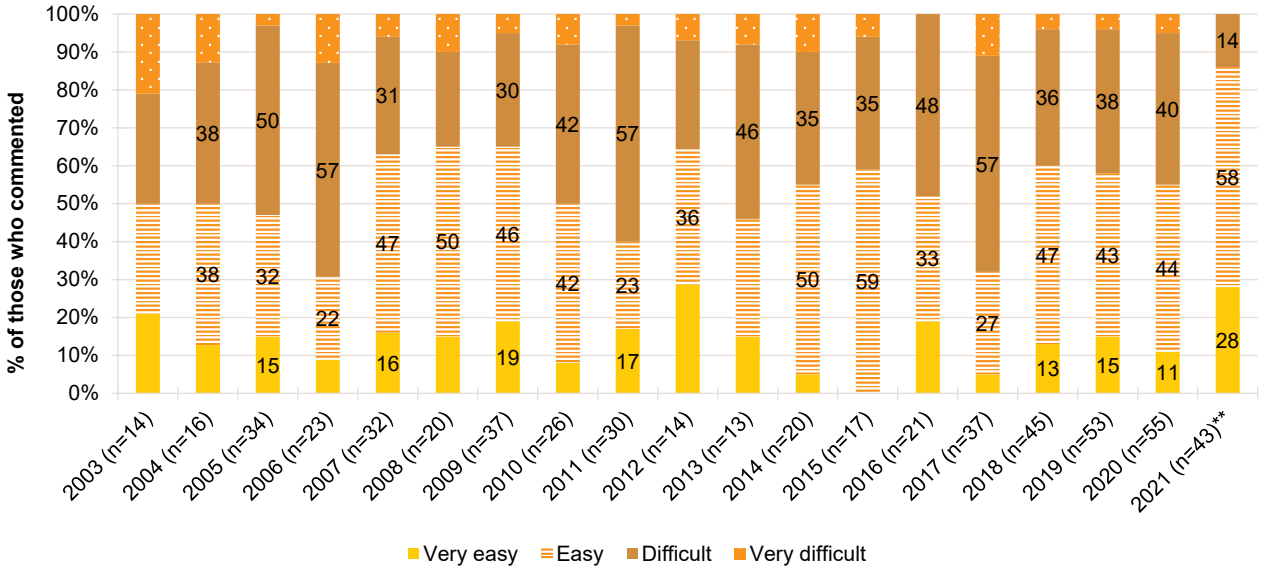
Figure 21: Current perceived purity of cocaine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

Figure 22: Current perceived availability of cocaine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

6

Cannabis

Participants were asked about their recent (past six month) use of indoor-cultivated cannabis via a hydroponic system ('hydro') and outdoor-cultivated cannabis ('bush'), as well as hashish, hash oil and pharmaceutical CBD oil.

Patterns of Consumption

Recent Use (past 6 months)

Eighty-nine per cent of participants reported recent use of cannabis, stable relative to 2020 (90%) (Figure 23).

Frequency of Use

The median frequency of use in 2021 was 72 days (IQR=20-180), stable compared to 90 days (IQR=24-170; *p*=0.549) in 2020. Seventy-two per cent of participants who had recently used cannabis reported using it weekly or more frequently in 2021 (77% in 2020; *p*=0.668); this includes 26% of participants who had recently used cannabis who reported daily use in 2021 (22% in 2020; *p*=0.707) (Figure 23).

Routes of Administration

Among those who had recently used cannabis (n=65), the most common route of administration in 2021 was smoking (94%), remaining stable from 93% in 2020. Approximately one-third, respectively, also reported swallowing (31%; 34% in 2020; *p*=0.759) and inhaling/vaporising (34%; 26% in 2020; *p*=0.346).

Quantity

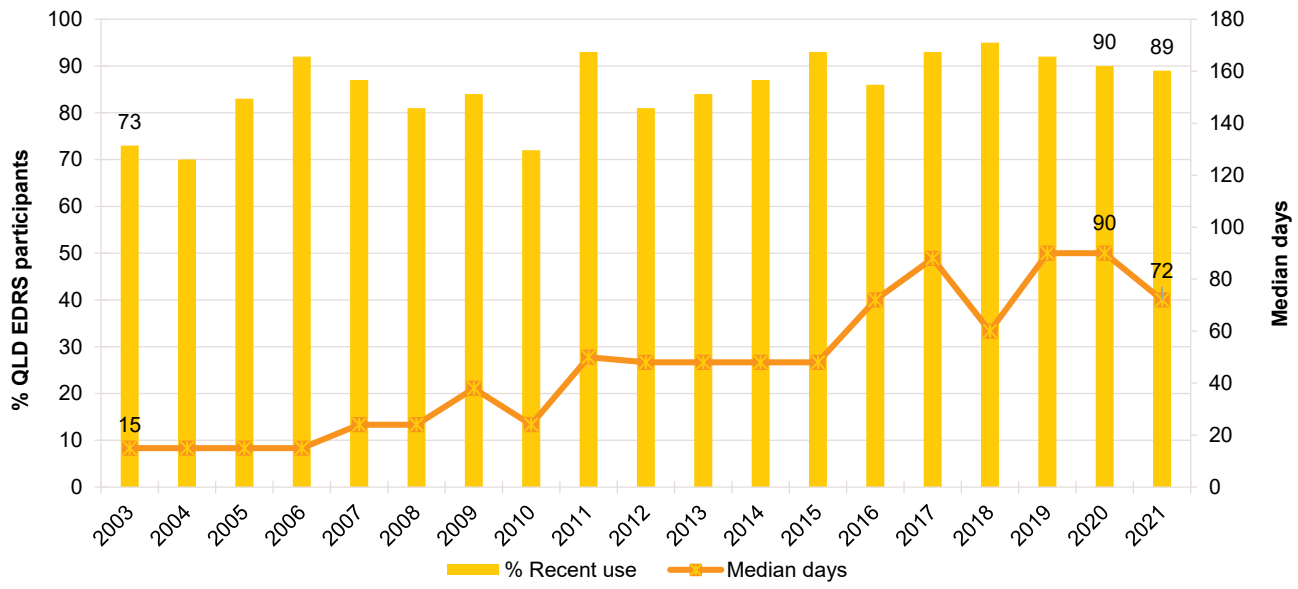
The median amount used in a 'typical' session was 1.50 grams (IQR=0.80-3.30; n=18; 1.50 grams in 2020; IQR=1.00-2.80; n=31; *p*=0.915) or two cones (IQR=1.8-3; n=28; 3 cones in 2020; IQR=2-5; n=41; *p*=0.047).

Forms Used

Among participants who had recently used cannabis and responded (n=63), the majority (78%) had recently used hydroponic cannabis (74% in 2020; *p*=0.780); 63% had recently used bush (77% in 2020; *p*=0.114); 11% had recently used hashish (13% in 2020; *p*=0.955); 11% had recently used hash oil (13% in 2020; *p*=0.955); and 11% had recently used pharmaceutical CBD oil (not asked in 2020).

DOI: 10.26190/8q7z-3620

Figure 23: Past six month use and frequency of use of cannabis, Queensland, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2021, there was a significant increase in the price per ounce of hydroponic cannabis ($375; IQR=350-419; n=6; $300 in 2020; IQR=270-318; n=24; *p*=0.001). Small numbers (≤5) reported the median price per gram (Figure 24a)**.**

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2020 and 2021 (*p*=0.090). Among those who were able to comment in 2021 (n=39), 54% perceived potency as 'high' (40% in 2020), 31% as 'medium' (27% in 2020), and 15% as 'fluctuates' (13% in 2020) (Figure 25a).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2020 and 2021 (*p*=0.061). Among those who were able to comment in 2021 (n=39), 49% of participants perceived hydroponic cannabis as 'easy' to obtain (25% in 2020), while 44% perceived it as 'very easy' (66% in 2020) (Figure 26a).

Bush Cannabis

Price: Small numbers (≤5) were able to report on the median price of bush cannabis per ounce and gram in 2021 (Figure 24b).

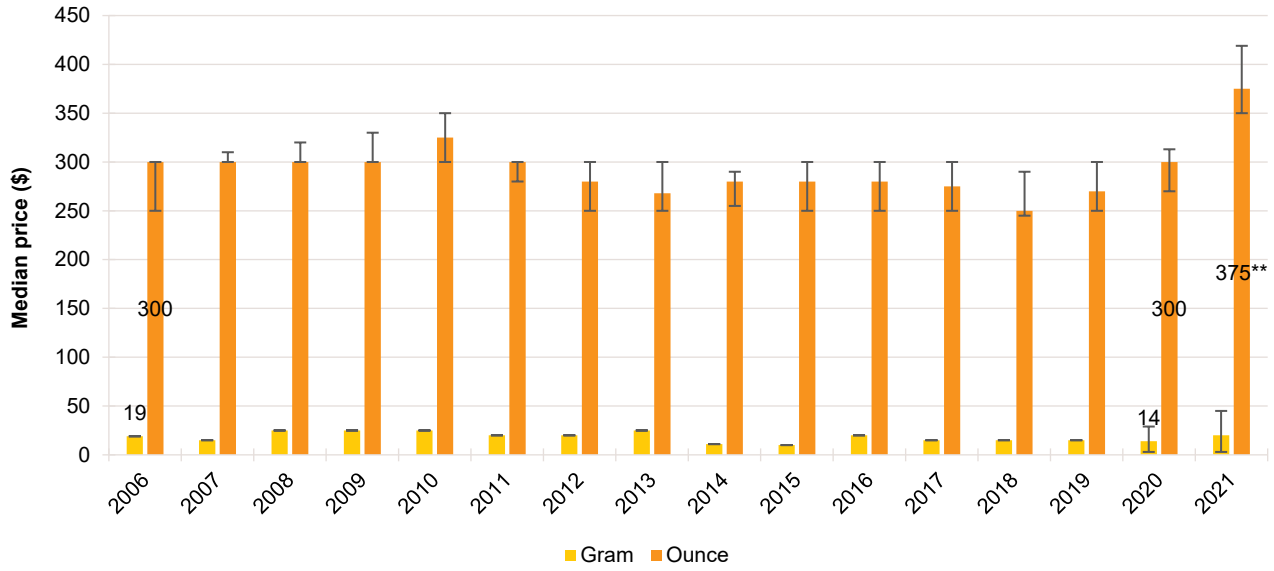
Perceived Potency: The perceived potency of bush cannabis remained stable between 2020 and 2021 (*p*=0.199). Among those who were able to comment in 2021 (n=31), 39% perceived potency as 'high' (35% in 2020) and 58% perceived potency as 'medium' (37% in 2020) (Figure 25b).

Perceived Availability: The perceived availability of bush cannabis significantly changed between 2020 and 2021 (*p*=0.023). Among those who were able to comment in 2021 (n=32), 50% of participants perceived bush cannabis as 'very easy' to obtain, an increase from 33% in 2020. In contrast, 22% perceived bush cannabis as 'easy' to obtain, a decrease from 39% in 2020 (Figure 26b).

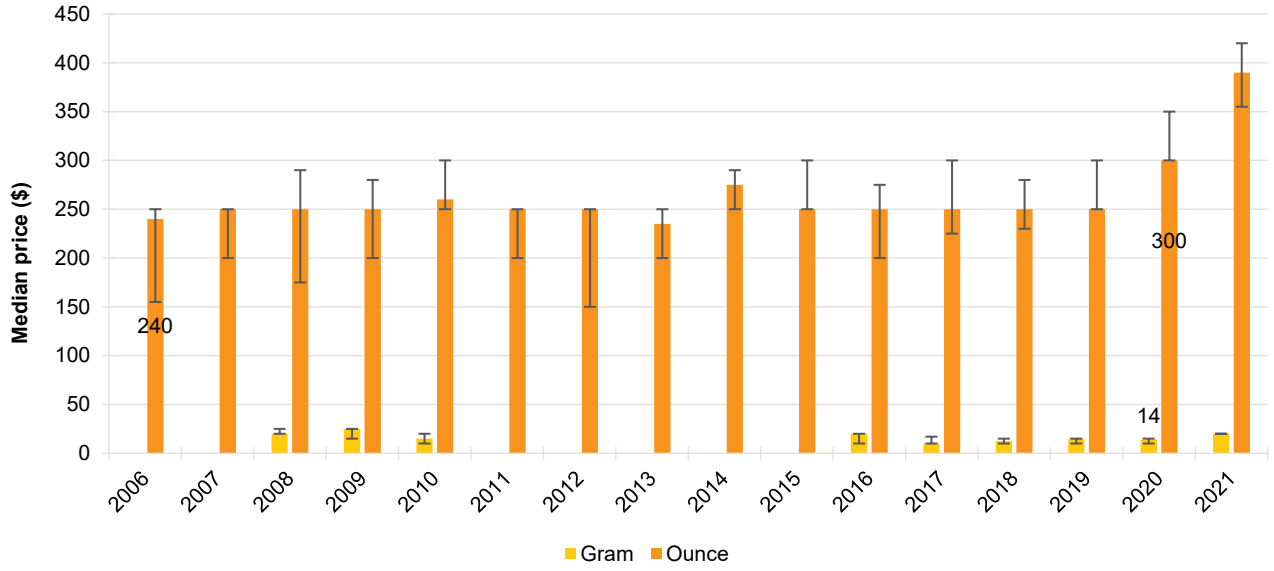
DOI: 10.26190/8q7z-3620

Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Queensland, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis

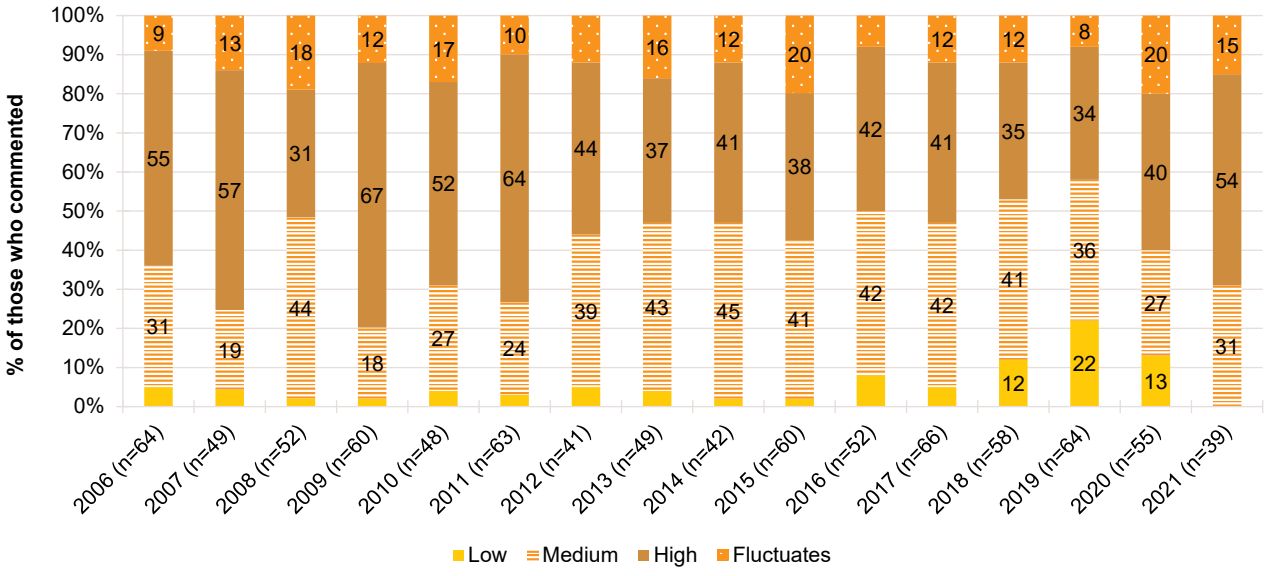


Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

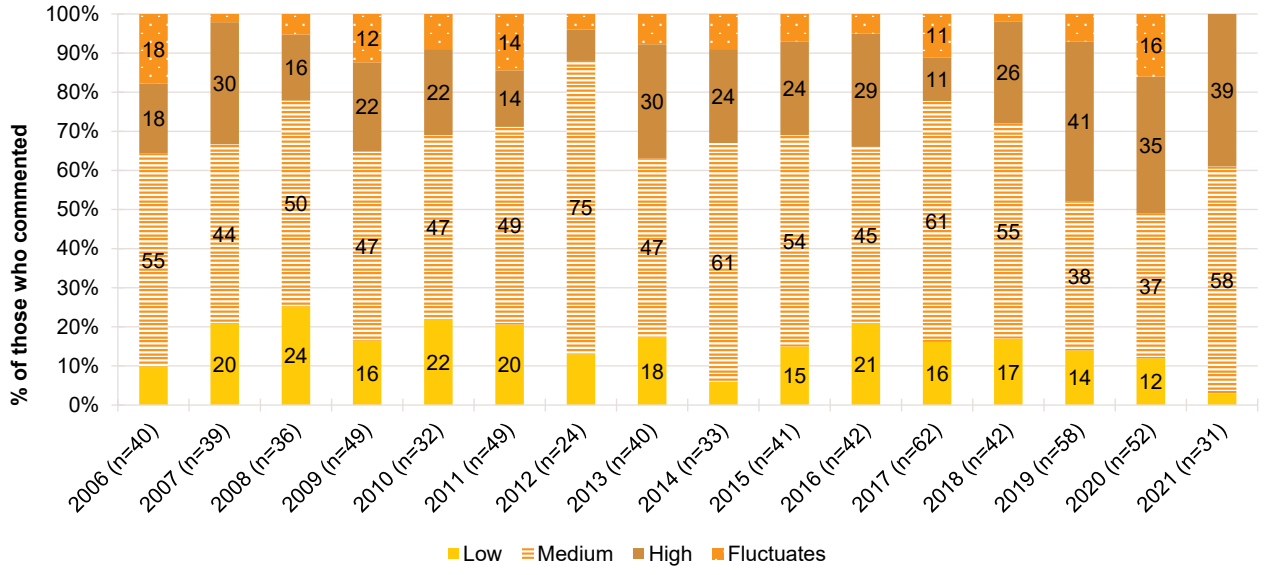
DOI: 10.26190/8q7z-3620

Figure 25: Current perceived potency of hydroponic (A) and bush (B) cannabis, Queensland, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis

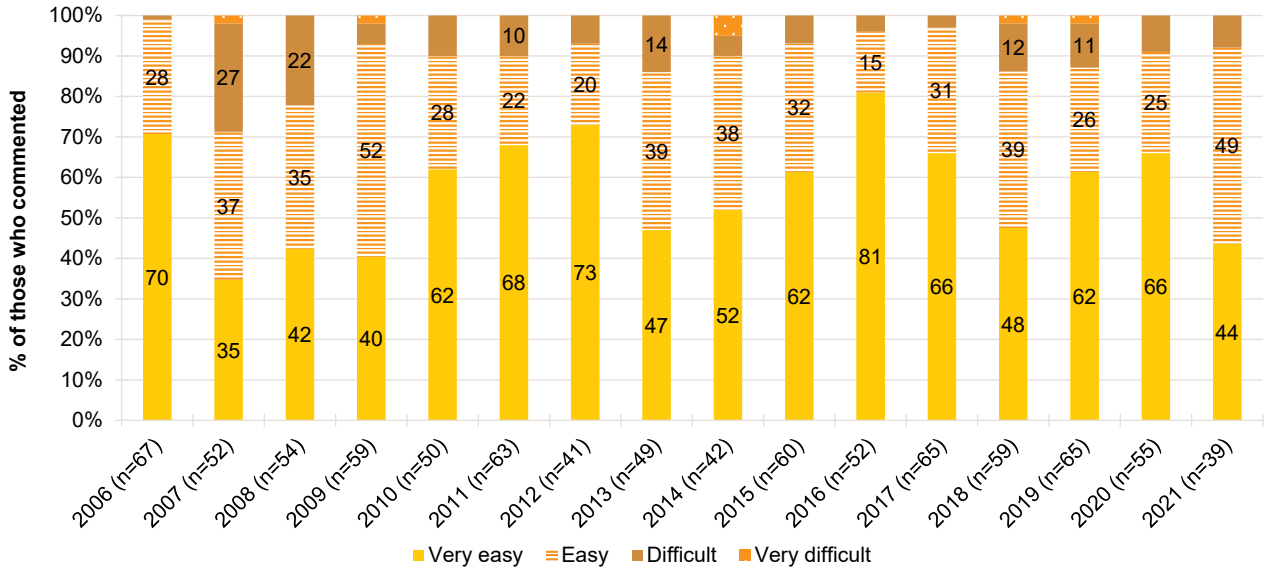


Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

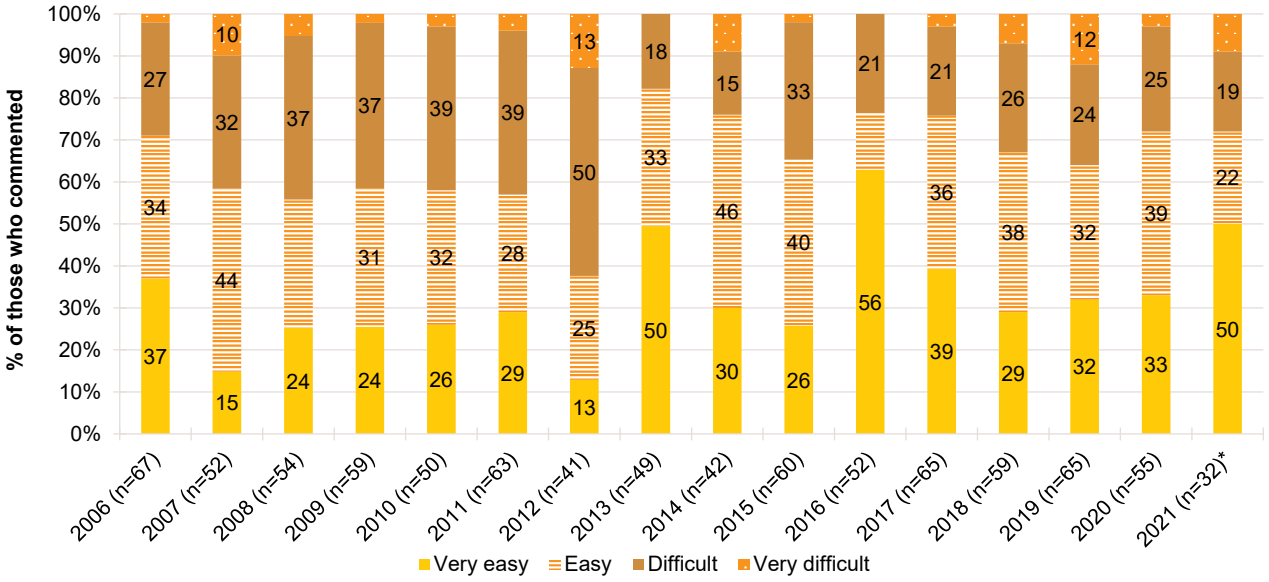
DOI: 10.26190/8q7z-3620

Figure 26: Current perceived availability of hydroponic (A) and bush (B) cannabis, Queensland, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

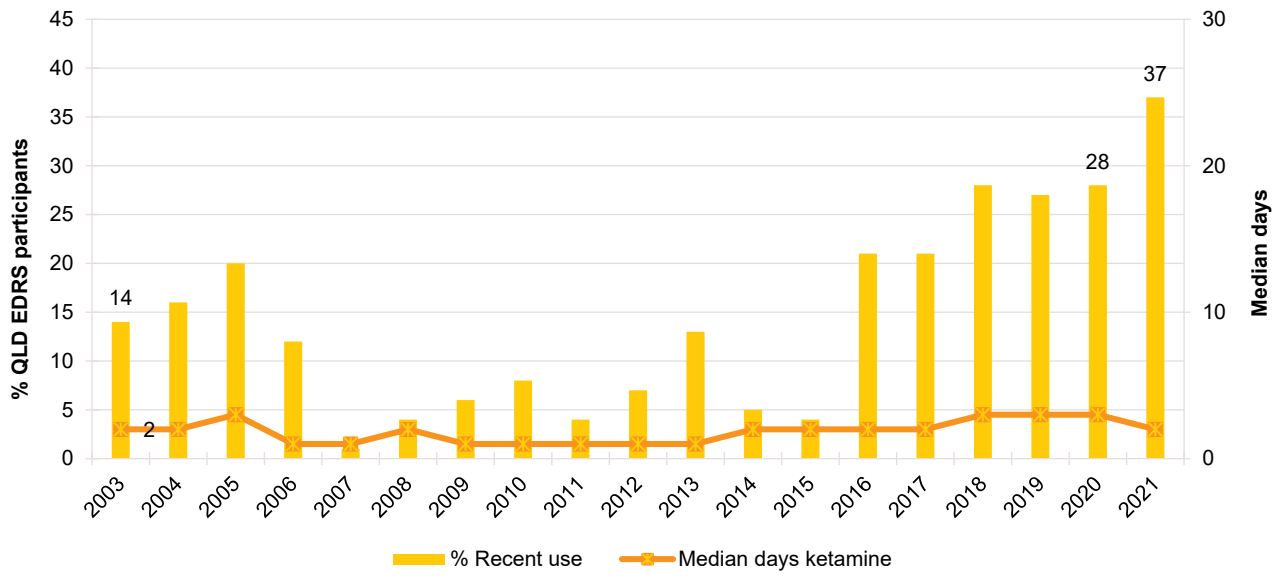
Recent Use (past 6 months): Thirty-seven per cent of the total sample had recently used ketamine in 2021, stable relative to 2020 (28%; *p*=0.276) (Figure 27).

Frequency of Use: Median frequency in 2021 was two days (IQR=1-6), stable compared to three days in 2020 (IQR=2-5; *p*=0.770) (Figure 27).

Routes of Administration: Among those who had recently used ketamine (n=27), the most commonly reported route of administration in 2021 was snorting (96%; 100% in 2020; *p*=0.985). A small number of participants (n≤5) reported swallowing and smoking ketamine in 2021.

Quantity: The median amount of ketamine used in a 'typical' session in 2021 was 0.30 grams (IQR=0.10-0.50; n=13). This remained stable from 2020 (0.30 grams; IQR=0.10-0.50; n=23; *p*=0.750). Of those who reported recent use and responded (n=13), the median maximum amount used was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2020; IQR=0.20-0.50; *p*=0.960).

Figure 27: Past six month use and frequency of use of ketamine, Queensland, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45% and 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

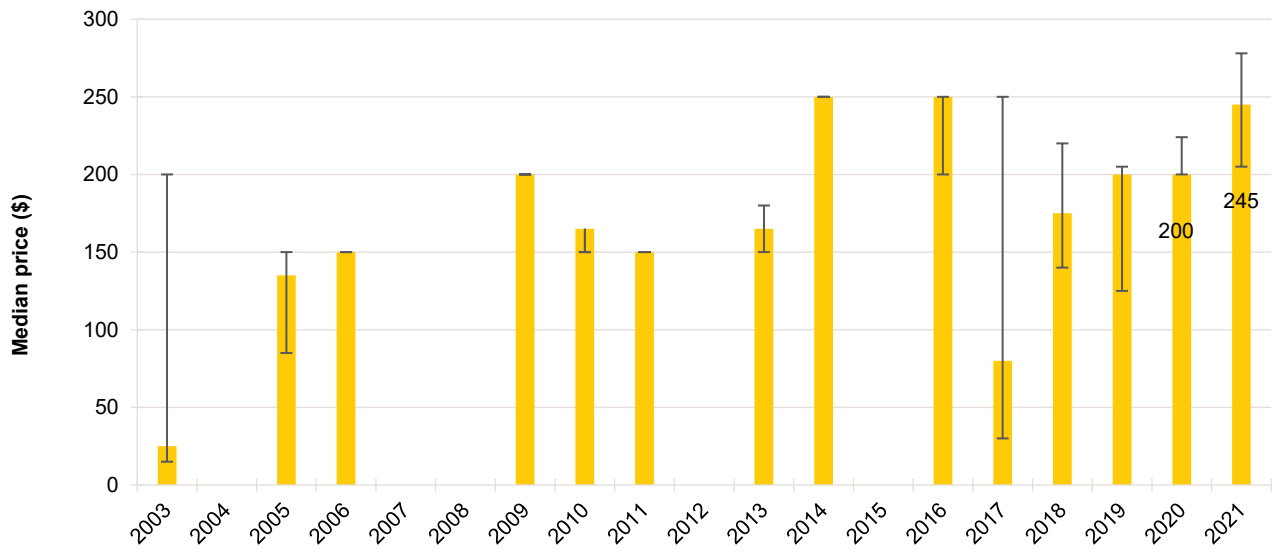
Price, Perceived Purity and Perceived Availability

Price: The median price per gram of ketamine in 2021 was $245 (IQR=205-278; n=6), stable compared to $200 in 2020 (IQR=200-224; n=14; *p*=0.332) (Figure 28).

Perceived Purity: The perceived purity of ketamine remained stable between 2020 and 2021 (*p*=0.051). Among those who were able to comment in 2021 (n=17), an equal percentage of participants perceived the purity of ketamine to be 'high' (35%; 67% in 2020) or 'medium' (35%; 33% in 2020) (Figure 29).

Perceived Availability: The perceived availability of ketamine in 2021 remained unchanged from 2020 (Figure 30).

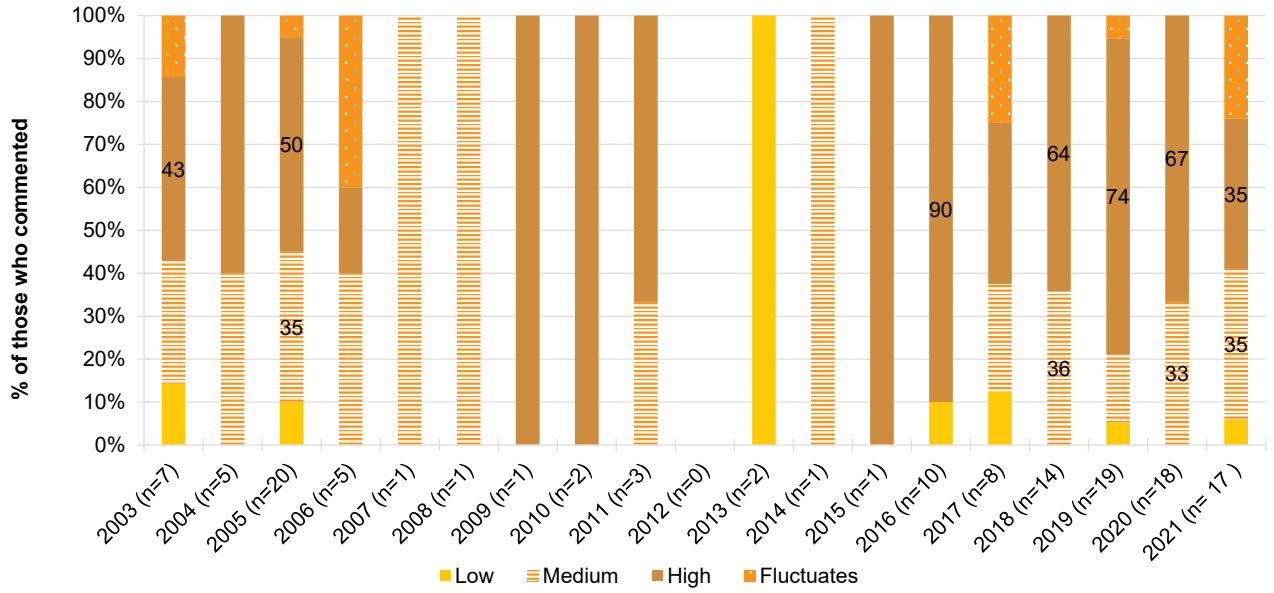
Figure 28: Median price of ketamine per gram, Queensland, 2003-2021



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). No participants reported purchasing ketamine in 2004, 2007, 2008, 2012, and 2015. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

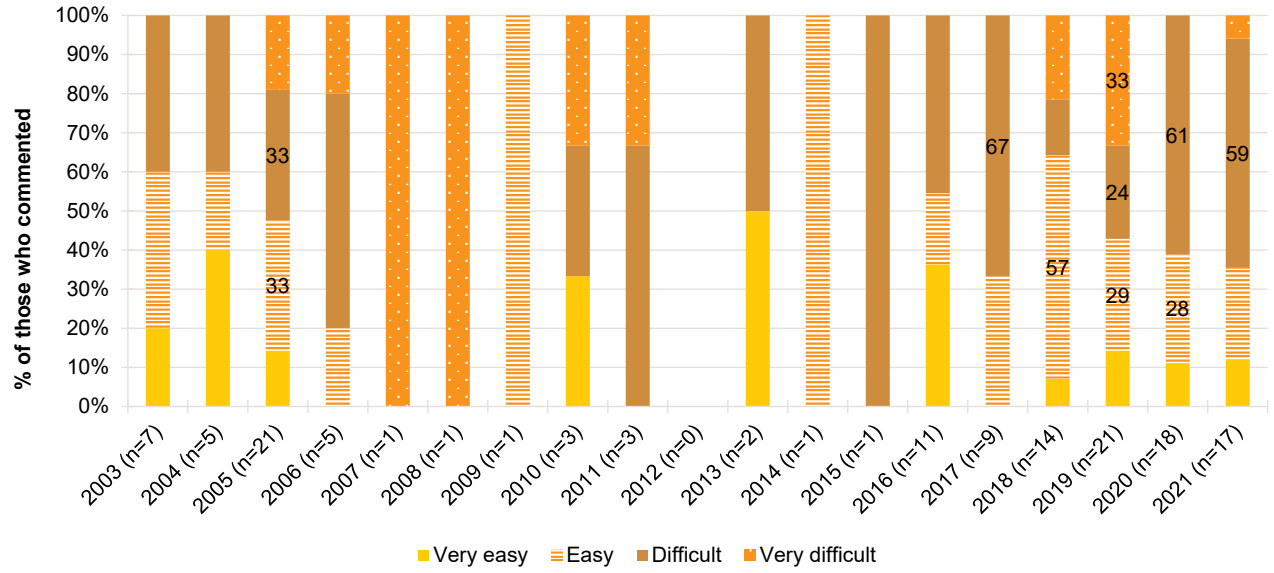
DOI: 10.26190/8q7z-3620

Figure 29: Current perceived purity of ketamine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. No participants reported on purity of ketamine in 2012. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 30: Current perceived availability of ketamine, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. No participants reported on availability of ketamine in 2012. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

LSD

Patterns of Consumption

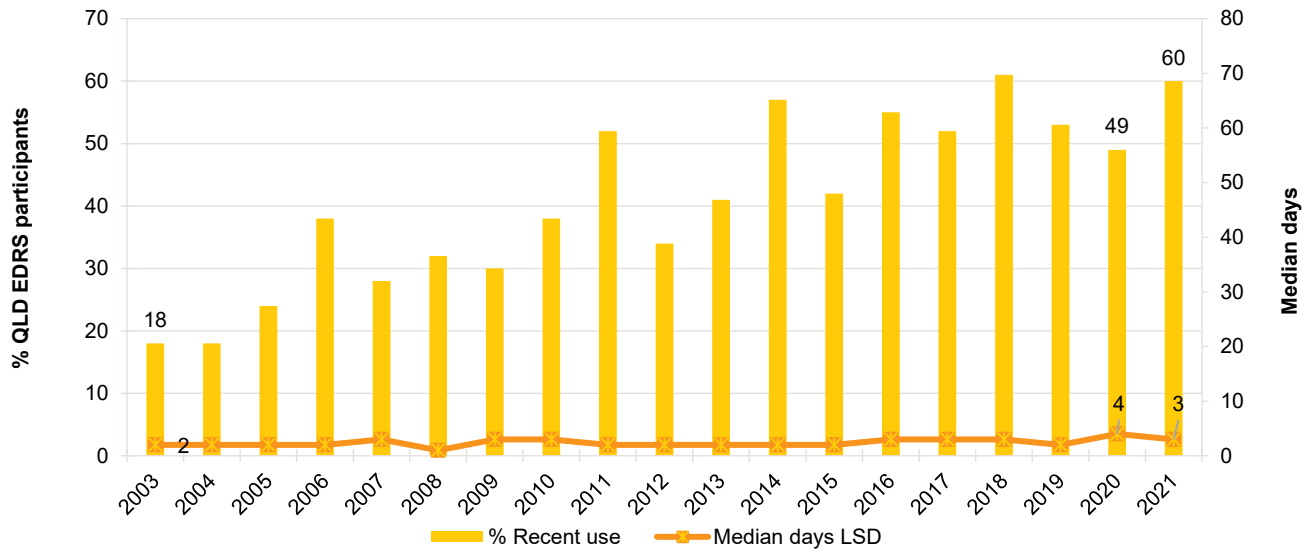
Recent Use (past 6 months): Sixty per cent of participants reported recently using LSD, stable from 49% in 2020 (*p*=0.189), and overall maintaining the trend of increased use compared to the early years of data collection (Figure 31).

Frequency of Use: In 2021, the median frequency of LSD use in the last six months remained stable at three days (IQR=2-9; 4 days in 2020; IQR=2-5; *p*=0.920) (Figure 31).

Routes of Administration: Among those who had recently used LSD (n=44), all participants (100%) reported swallowing as their ROA (98% in 2020).

Quantity: In 2021, the median amount used in a 'typical' session was one tab (IQR=1-1; n=27), a significant decline from two tabs in 2020 (IQR=1-2; *p*=0.001). Likewise, the median maximum amount used per session significantly decreased to one tab (IQR=1-2.5; n=27) from two tabs in 2020 (IQR=1-3; *p*=0.045).

Figure 31: Past six month use and frequency of use of LSD, Queensland, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and 80 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

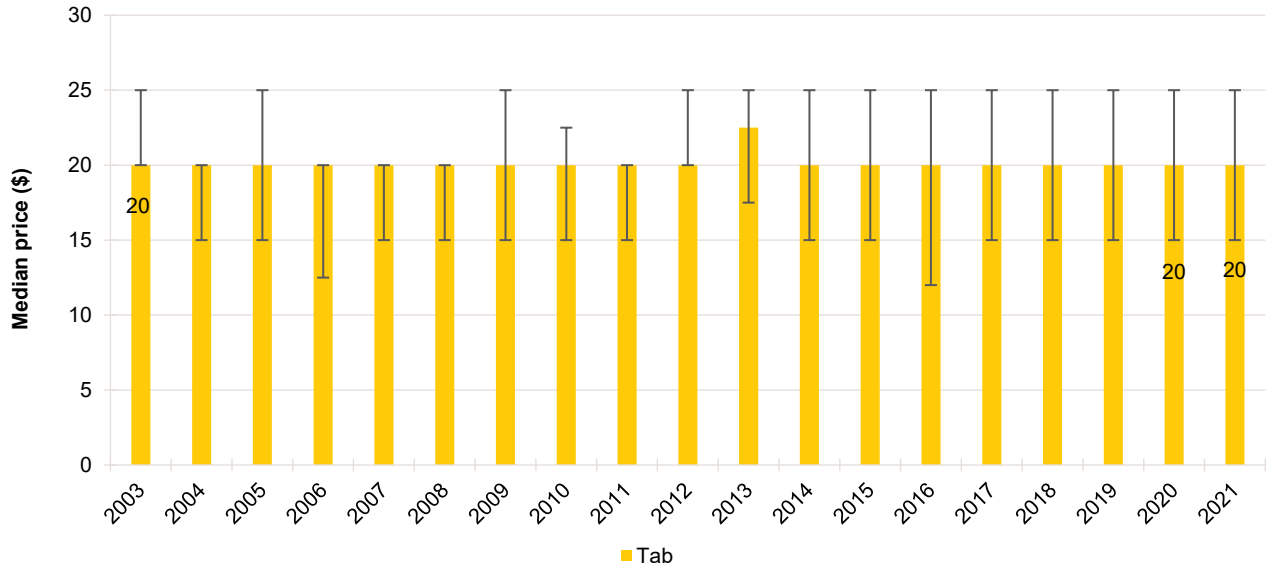
Price: In 2021, the median price per tab remained stable at $20 (IQR=15-25; n=13; $20 in 2020; IQR=15-25; *p*=0.859) (Figure 32).

Perceived Purity: The perceived purity of LSD remained stable between 2020 and 2021 (*p*=0.176). Among those who were able to comment in 2021 (n=39), 64% perceived the purity of LSD as 'high' (48% in 2020), and 23% as 'medium' (19% in 2020) (Figure 33).

Perceived Availability: The perceived availability of LSD significantly changed between 2020 and 2021 (*p*=0.049). Among those who were able to comment in 2021 (n=39), 44% of participants reported that it was 'easy' to obtain LSD (41% in 2020), and 28% reported that it was 'very easy' to obtain. An inverse decrease was observed in the percentage of participants reporting that LSD was 'difficult' to obtain, from 39% in 2020 to 21% in 2021 (Figure 34).

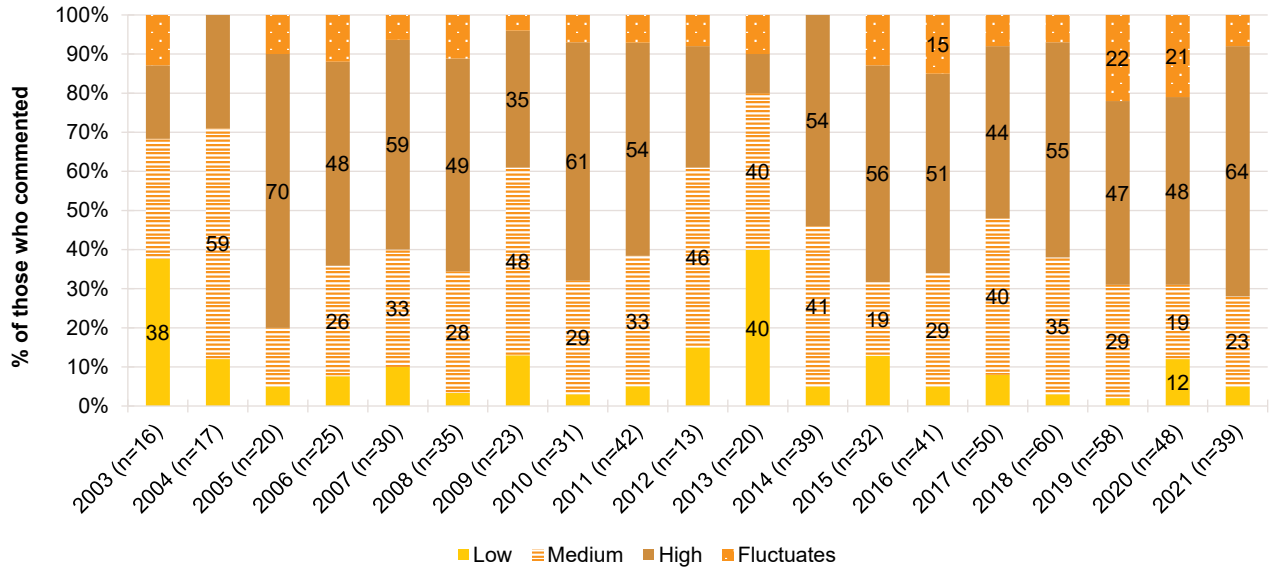
DOI: 10.26190/8q7z-3620

Figure 32: Median price of LSD per tab, Queensland, 2003-2021



Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

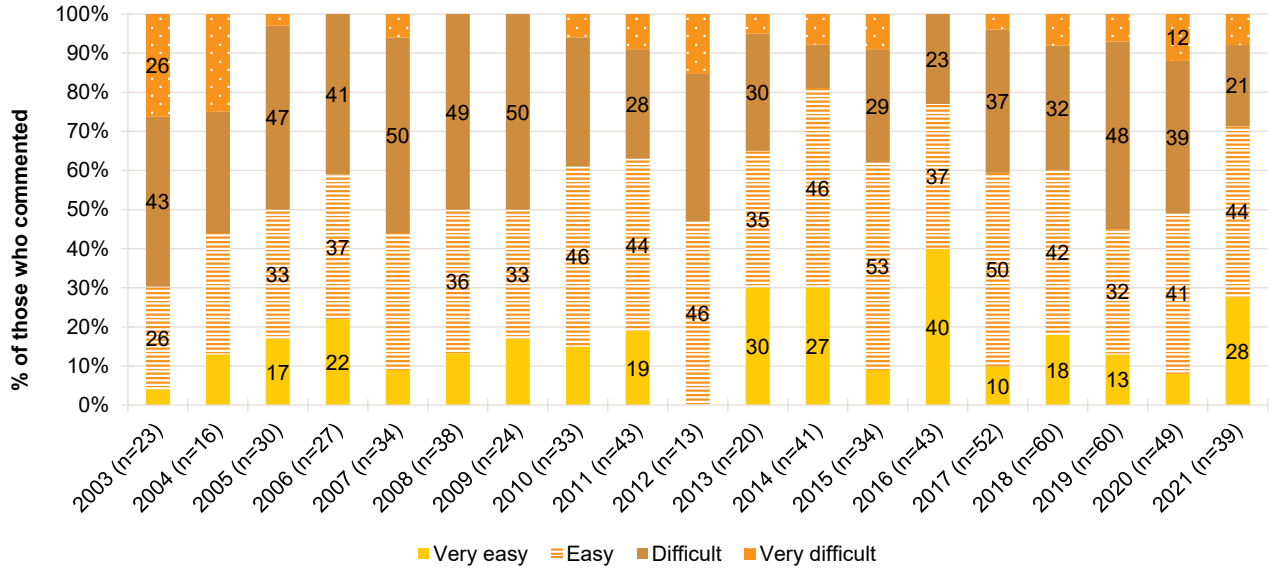
Figure 33: Current perceived purity of LSD, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

Figure 34: Current perceived availability of LSD, Queensland, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

DMT

Patterns of Consumption

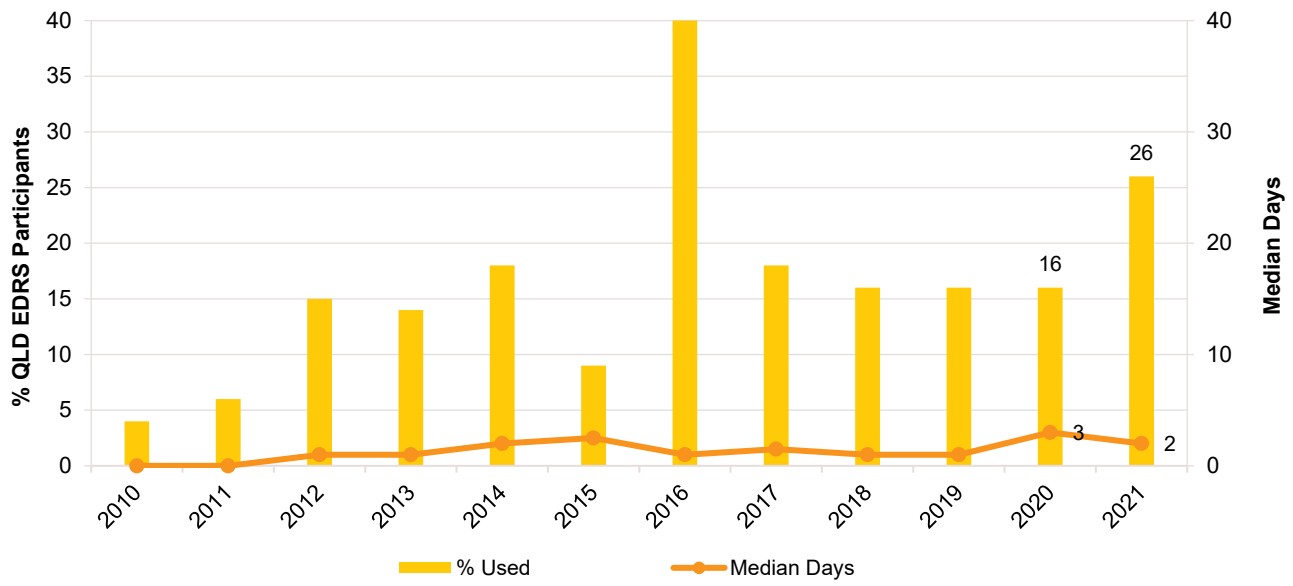
Recent Use (past 6 months): In 2021, 26% of participants reported recent use of DMT, stable compared to 16% in 2020 (*p*=0.153) (Figure 35).

Frequency of Use: In 2021, DMT was used on a median of two days in the last six months (IQR=1-5), stable compared to three days in 2020 (IQR=1-4; *p*=0.608) (Figure 35).

Routes of Administration: Among those who had recently used DMT (n=19), the only route of administration was smoking (100%; 94% in 2020; *p*=0.457).

Quantity: The median quantity used in a 'typical' session was 60 mgs (IQR=7.30-175; n=6; 30 mgs in 2020; IQR=2.90-50; *p*=0.334). The median maximum quantity used was 110 mgs (IQR=12.50-275; n=6; maximum quantity of DMT recently used was not collected in 2020).

Figure 35: Past six month use and frequency of use of DMT, Queensland, 2010-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and 40 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability for DMT were not collected.

DOI: 10.26190/8q7z-3620

8

New Psychoactive Substances

New psychoactive substances (NPS) are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets.

In previous (2010-2020) EDRS reports, DMT and para*methoxyamphetamine* (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and the decision has been made to exclude them from this category hereon-in. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our previous reports.

Further, some organisations (e.g., the United Nations Office on Drugs and Crime) include plant-based substances in their definition of NPS, whilst other organisations exclude them. To allow comparability with both methods, we present figures for 'any' NPS use, both including and excluding plant-based NPS.

NPS use among the QLD sample has fluctuated over time. Fifteen per cent of participants reported recent use of any NPS (including plant-based NPS) in 2021, compared to 21% in 2020 (p=0.427) (Table 3). Exclusion of plant-based NPS (Table 4) did not alter figures substantially.

The percentage of participants reporting recent use of specific NPS remained low (n≤5) and therefore these numbers have been suppressed (Table 5).

Table 3: Past six month use of NPS (including plant-based NPS), nationally and Queensland, 2010-2021

%	National	Queensland
2010	32	16
2011	40	22
2012	45	48
2013	44	47
2014	40	56
2015	39	39
2016	36	41
2017	33	26
2018	31	27
2019	30	27
2020	23	21
2021	**16**	**15**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

Table 4: Past six month use of NPS (excluding plant-based NPS), nationally and Queensland, 2010-2021

%	National	Queensland
2010	24	15
2011	33	21
2012	37	48
2013	42	44
2014	34	52
2015	34	39
2016	27	40
2017	24	25
2018	21	25
2019	19	22
2020	12	19
2021	**14**	**14**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 8 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 5: Past six month use of NPS by drug type, Queensland, 2010-2021

	2010 N=92	2011 N=76	2012 N=92	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=73
% Phenethylamines ^	-	15	11	25	37	22	22	14	20	18	10	-*
Any 2C substance~	-	12	10	20	27	14	15	10	14	12	8	-
NBOMe	/	/	/	/	18	8	9	-	-	-	-	**0**
DO-x	0	-	0	-	0	0	0	0	0	-	0	**0**
4-FA	/	/	/	/	/	/	/	-	0	0	-	**0**
% Tryptamines^^	**-**	**6**	**15**	**14**	**18**	**9**	**23**	**19**	**16**	**18**	**17**	**-**
5-MeO-DMT	0	-	0	-	-	-	-	-	-	-	-	-
4-AcO-DMT	/	/	/	/	/	/	/	0	/	/	/	/
% Synthetic cathinones	**13**	**14**	**15**	**11**	**6**	**6**	**6**	**10**	**-**	**-**	**-**	**-**
Mephedrone	13	13	6	8	-	-	0	-	0	-	-	-
Methylone/bk MDMA	/	-	6	-	-	-	-	7	-	-	-	-
MDPV/Ivory wave	0	-	10	0	-	-	0	0	0	0	0	-
Alpha PVP	/	/	/	/	/	/	-	-	0	-	0	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	-	/	/	/
N ethylhexedrone	/	/	/	/	/	/	/	/	/	0	1	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	0	-	**0**
% Piperazines	**-**	**-**	**-**	**0**	**-**	**0**	**0**	**0**	**/**	**/**	**/**	**/**
BZP	-	-	-	0	-	0	0	0	/	/	/	/
% Dissociatives	**/**	**/**	**-**	**-**	**-**	**0**	**-**	**-**	**0**	**0**	**-**	**0**
Methoxetamine (MXE)	/	/	-	-	-	0	-	-	0	0	0	**0**
% Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	**0**
% Plant-based NPS	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9**	**-**	**-**
Ayahuasca	/	/	/	/	0	0	0	-	0	-	-	-

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	2010 N=92	2011 N=76	2012 N=92	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=73
Mescaline	-	-	-	0	-	-	-	-	-	-	0	**-**
Salvia divinorum	/	-	0	-	-	-	-	-	-	-	0	**-**
Kratom	/	/	/	/	/	/	/	/	/	/	0	**-**
LSA	/	-	-	7	-	-	-	/	/	/	/	**/**
Datura	0	0	0	0	-	0	0	/	/	/	/	**/**
% Benzodiazepines	**/**	**/**	**/**	**/**	**/**	**/**	**-**	**-**	**-**	**-**	**-**	**-**
Etizolam	/	/	/	/	/	/	-	-	-	-	-	**-**
% Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0	**0**
% Synthetic cannabinoids	**/**	-	27	21	14	14	-	-	-	-	6	**-**
% Herbal high#	/	/	18	0	10	6	8	-	-	-	/	**/**
% Phenibut	/	/	/	/	/	/	/	/	**/**	-	-	**0**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	-	-	-	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	0	0	**-**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	**-**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	-	0	**-**

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 8 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. From 2020 onwards, 'any' 2C use is captured. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

Before 1 February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On 1 February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020 EDRS, however in 2021, participants were only asked about prescribed and non-prescribed codeine use, regardless of whether it was low- or high-dose.

Recent Use (past 6 months): In 2021, twenty-six per cent of the QLD sample reported recent use of codeine (29% in 2020; *p*=0.732). Fifteen per cent of participants had used prescribed codeine (22% in 2020; *p*=0.327), whereas 12% had reported using non-prescribed codeine (9% in 2020; *p*=0.616).

Recent Use for Non-Pain Purposes (past 6 months): Due to low numbers (n≤5) reporting recent use of codeine for non-pain purposes, numbers have been suppressed (Figure 36). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Frequency of Use: Participants who had recently used non-prescribed codeine (n=9) reported use on a median of two days (IQR=1-4; 5 days in 2020; IQR=1-10; *p*=0.404) in the past six months.

Pharmaceutical Opioids

Due to low numbers reporting recent use of pharmaceutical opioids, numbers have been suppressed (14% in 2020; *p*=0.123). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information (Figure 36).

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) were recently consumed by 42% of the sample in 2021 (30% in 2020; *p*=0.108) (Figure 36).

Frequency of Use: Participants reported a median of four days of non-prescribed pharmaceutical stimulant use (IQR=2-10; n=31; 5 days in 2020; IQR=2-14; *p*=0.954) in the six months prior to interview in 2021.

Quantity: In 2021, the median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session was two pills/tablets (IQR=1-3; n=21; 2 pills/tablets in 2020; IQR=1-3.8; *p*=0.455). The median maximum amount used was also two pills/tablets (IQR=1.8-6; n=20; not asked in 2020).

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Benzodiazepines

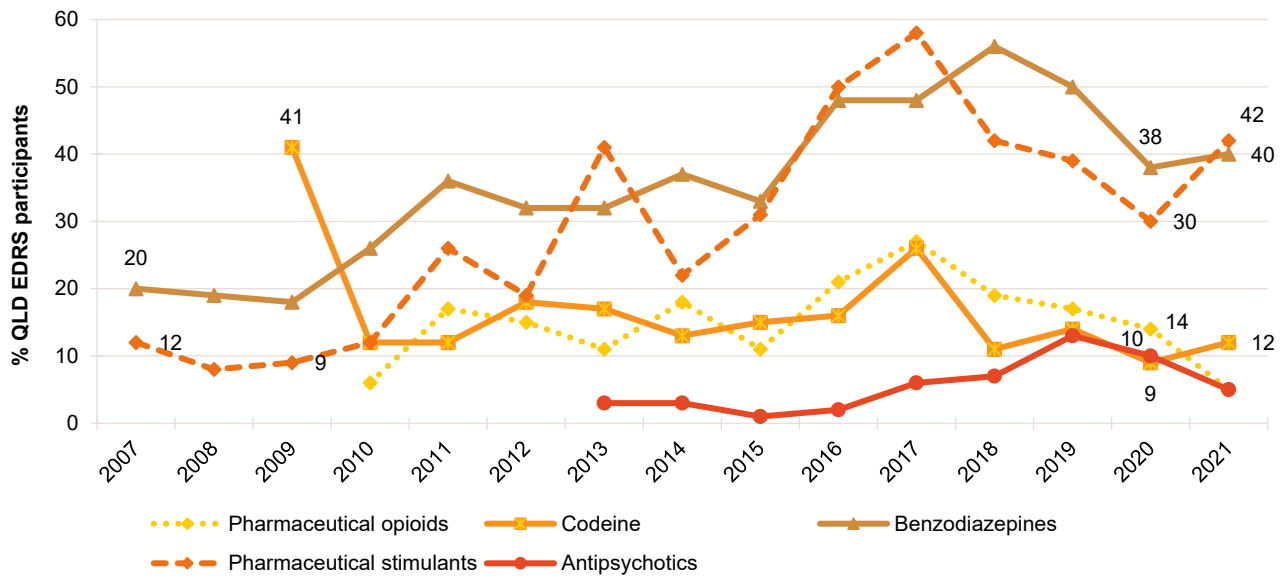
Recent Use (past 6 months): Forty per cent of participants had recently used non-prescribed benzodiazepines, unchanged from 2020 (38%; *p*=0.875) (Figure 36). From 2019, participants were asked about non-prescribed alprazolam use versus 'other' non-prescribed benzodiazepine use. Sixteen per cent (27% in 2020; *p*=0.101) and 34% (28% in 2020; *p*=0.409) of the total sample reported recent non-prescribed use of alprazolam and 'other' benzodiazepines, respectively, in 2021.

Frequency of Use: Participants reported using non-prescribed alprazolam on a median of one day (IQR=1-2, n=12), a significant decline from seven days in 2020 (IQR=2-22; *p*=0.016), and non-prescribed 'other' benzodiazepines on a median of three days (IQR=1-10; n=25; 3 days in 2020, IQR=2-6; *p*=0.678).

Antipsychotics

Due to low numbers reporting on recent use of non-prescribed antipsychotics (n≤5), numbers have been suppressed. For further information, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 36: Non-prescribed use of pharmaceutical drugs in the past six months, Queensland, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, pharmaceutical opioids in 2010 and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2007/2009/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Forty-eight per cent of participants reported recently using hallucinogenic mushrooms, stable compared to 2020 (33%; *p*=0.067) (Figure 37).

Frequency of Use: Participants reported a median of three days of hallucinogenic mushroom use (IQR=1-5; n=35; 2 days in 2020; IQR=1-5; n=30; *p*=0.742) in the six months prior to interview in 2021.

MDA

Recent Use (past 6 months): Twelve per cent of participants had recently used MDA, stable compared to 8% in 2020 (*p*=0.507) (Figure 37).

Frequency of Use: In 2021, the median number of days used in the last six months was three days (IQR=1-15) (no data were collected in 2020 on frequency of use).

Substance with Unknown Contents

Capsules: Few (n≤5) participants reported recent use of capsules with unknown contents in 2021, therefore these data are suppressed (6% in 2020) (Figure 37). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances: Sixteen per cent of participants reported use of any substance with 'unknown contents' in 2021 (16% in 2020) on a median of two days (IQR=1-3; questions on frequency of use were not asked in 2020).

From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder and crystal form. Few (n≤5) participants reported on recent use of pills, powder and crystal with unknown contents in 2021, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Heroin

Due to low numbers reporting on recent use of heroin (n≤5), numbers have been suppressed. For further information, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD (Liquid E)

Due to low numbers reporting on recent use of GHB/GBL/1,4-BD (n≤5), numbers have been suppressed. For further information, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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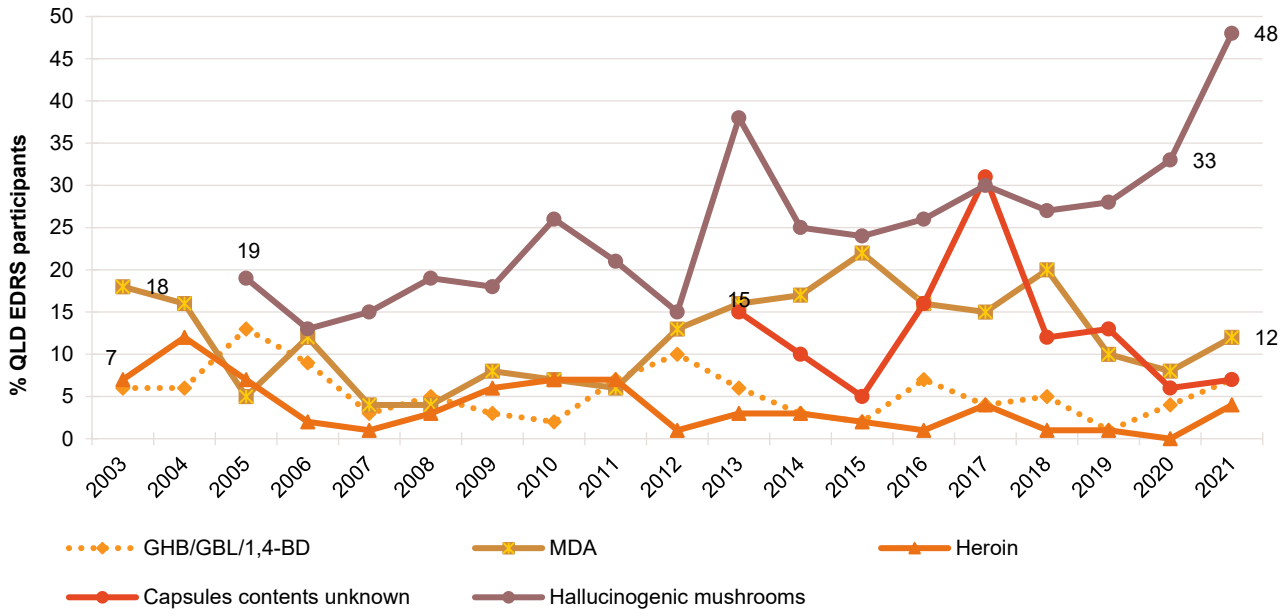
Figure 37: Past six month use of other illicit drugs, Queensland, 2003-2021



Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis has been reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2003/2005/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the sample reported recent use of alcohol in 2021 (95%), consistent with reports in 2020 (97%; p=0.670) and since monitoring began in 2003 (Figure 38).

Frequency of Use: Participants reported a median of 48 days of alcohol use in the past six months (IQR=24-72; n=69; 40 days in 2020; IQR=17-72; p=0.146). Eighty-one per cent of those who had recently consumed alcohol reported use on a weekly or more frequent basis, stable compared to 68% in 2020 (p=0.087) and of these participants, 10% reported consuming alcohol on a daily basis, a significant increase from 2020 (n≤5; p=0.020).

Tobacco

Recent Use (past 6 months): In 2021, recent use of tobacco was reported by 72% (79% in 2020; p=0.397) of participants (Figure 38).

Frequency of Use: Participants reported using tobacco on a median of 90 days (IQR=10-180; n=52; 100 days in 2020, IQR=24-180; p=0.761). Forty per cent of participants who had recently consumed tobacco reported daily use in 2021, remaining stable from 2020 (41%).

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E-cigarettes

Recent Use (past 6 months): Fifty-five per cent of the sample reported recent use of e-cigarettes in 2021, a significant increase from 38% in 2020 (p=0.042) (Figure 38).

Frequency of Use: Median days of use in the last six months was 24 days (IQR=10-72; n=39), stable compared to 11 days in 2020 (IQR=4-40; p=0.108).

Forms Used: Among those who had recently used e-cigarettes (n=40), 95% reported that they had used e-cigarettes that contained nicotine, while 40% reported using e-cigarettes that contained cannabis.

Reason for Use: Among those who had recently used e-cigarettes (n=40), 38% reported using e-cigarettes as a smoking cessation tool.

Nitrous Oxide

Recent Use (past 6 months): Recent use of nitrous oxide was reported by 45% of participants (43% in 2020; p=0.940) (Figure 38).

Frequency of Use: Participants reported using nitrous oxide on a median of four days (IQR=2-10; 5 days in 2020; IQR=2-11; p=0.821).

Quantity: Among those who reported recent use and responded (n=33), the median amount used in a 'typical' session was five bulbs (IQR=3-10; 10 bulbs in 2020; IQR=4-19; p=0.080). Of those who reported recent use and responded (n=33), the median maximum amount used was 10 bulbs (IQR=5-20; maximum quantity of nitrous oxide not asked in 2020).

Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as Schedule 4 substance in Australia (i.e., available only with prescription) yet is often sold under-the-counter in sex shops. Following a review by the Therapeutic Goods Administration, amyl nitrite was listed as Schedule 3 (i.e., for purchase over-the-counter) from 1 February 2020 when sold for human therapeutic purpose.

Recent Use (past 6 months): Just over one-third (35%) of participants reported recent use of amyl nitrite in 2021, consistent with reports in 2020 (35%) (Figure 38).

Frequency of Use: The median frequency of use was three days (IQR=1-14), stable compared to two days in 2020 (IQR=1-8; p=0.264).

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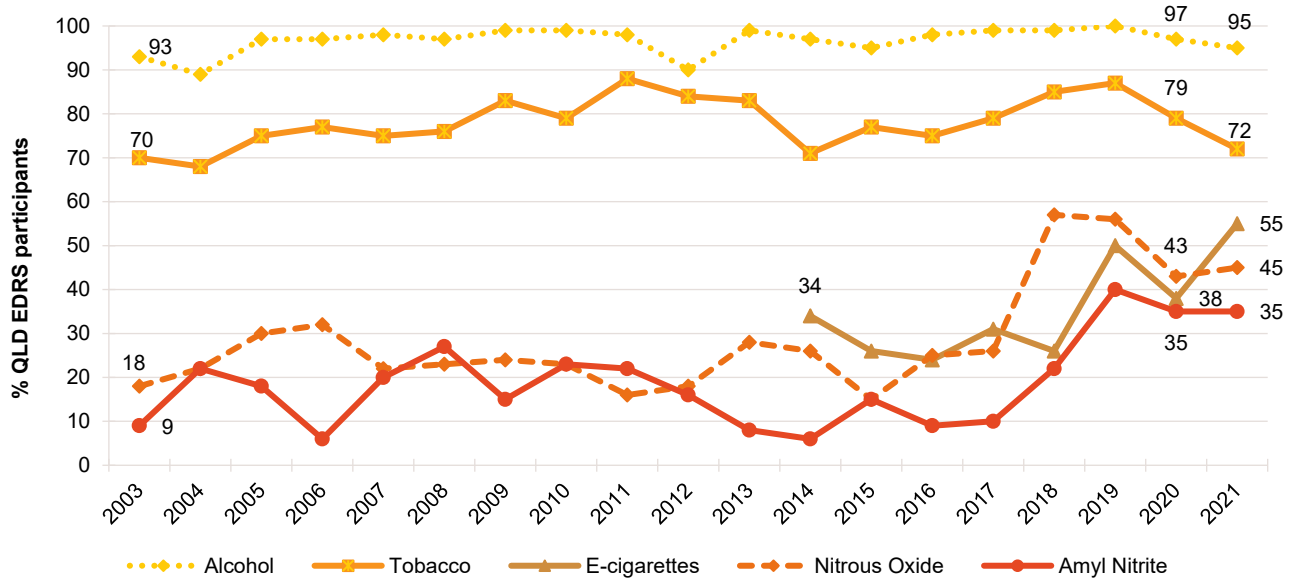
Figure 38: Licit and other drugs used in the past six months, Queensland, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. Data labels are only provided for the first (2003/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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10

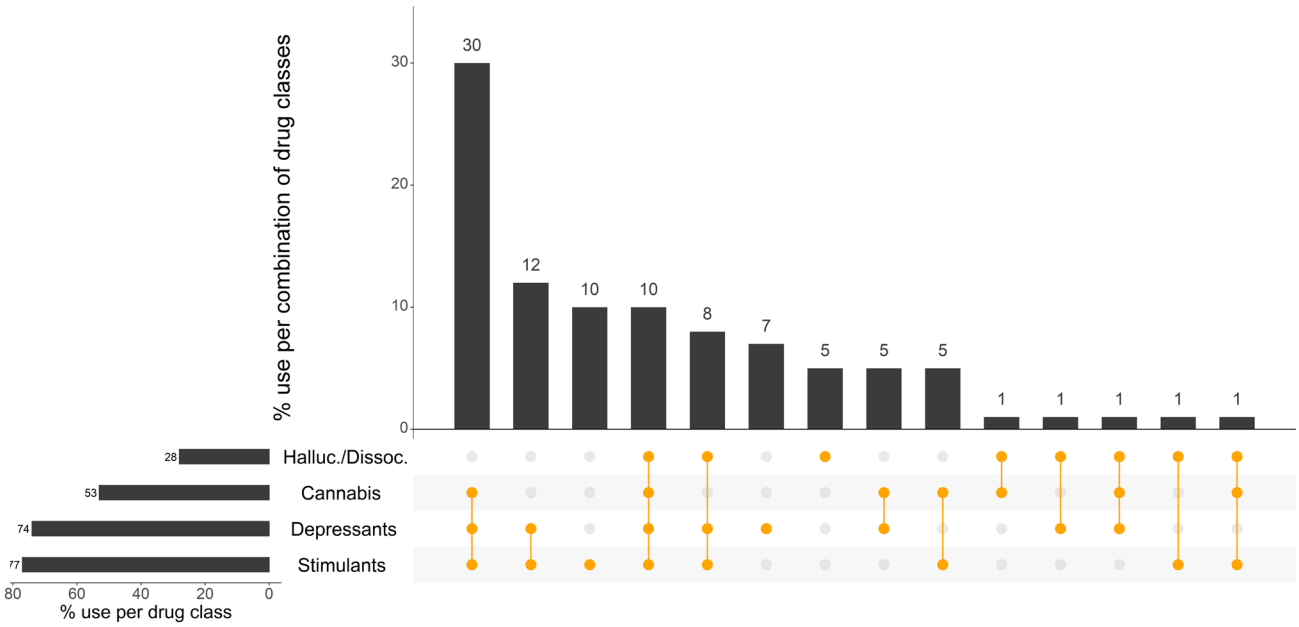
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, 90% (n=66) of participants reported concurrent use of at least one other substance (including alcohol, tobacco/e-cigarettes and prescription medicines). The most commonly reported substances were alcohol (74%), cannabis (55%) and tobacco (41%).

The most commonly used combinations of drug classes were cannabis, depressants and stimulants (30%), followed by depressants and stimulants (12%). Ten per cent of the sample reported using a combination of hallucinogens, cannabis, depressants and stimulants on their last occasion of stimulant use, and 10% reported using stimulants alone (Figure 39).

Figure 39: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Queensland, 2021: Most common drug pattern profiles



Note. % calculated out of EDRS 2021 sample. The horizontal bars represent the percent of participants who reported use of each drug class on their last occasion of ecstasy or related drug use; the vertical columns represent the percent of participants who used the combination of drug classes represented by the orange circles on their last occasion of ecstasy or related drug use. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 30% to improve visibility of trends

DOI: 10.26190/8q7z-3620

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months.

The mean score on the AUDIT for the QLD EDRS sample (including people who had not consumed alcohol in the past six months) was 12.6 (SD 8), a significant decrease from 2020 (13.4, SD 6; p=0.001). Nearly three-quarters (73%) of participants obtained a score of eight or more, indicative of hazardous use (80% in 2020; p=0.470) (Table 6). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence.

There was no significant change in the per cent of participants falling into each of these zones from 2020 to 2021 (Table 6).

Table 6: AUDIT total scores and per cent of participants scoring above recommended levels, Queensland, 2010-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=99	**N=99**	**N=52**	**N=87**	**N=95**	**N=83**	**N=90**	**N=99**	**N=99**	**N=99**	**N=97**	**N=73**
Mean AUDIT total score (SD)	17.0 (7)	16.4 (8)	14.8 (7)	15.9 (7)	13.2 (7)	14.7 (7)	12.6 (7)	13.5 (7)	11.8 (7)	14.2 (7)	13.4 (6)	**12.6 (8)*** **
Score 8 or above (%)	94	86	85	84	78	79	71	77	70	83	80	**73**
AUDIT zones												
Score 0-7	6	14	15	16	22	21	29	23	30	17	20	**27**
Score 8-15	37	36	34	35	46	36	37	43	42	43	44	**40**
Score 16-19	23	19	11	19	16	15	16	12	13	20	15	**15**
Score 20 or higher	33	30	40	30	16	27	17	21	14	20	20	**18**

Note. Monitoring of AUDIT first commenced in 2010. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) stimulant overdose, and iv) other drug overdose.

From 2019, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.
- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme

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anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.

- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

It is important to note that overdose events reported on for each drug type may not be unique given high rates of polysubstance use.

For the purpose of comparison with previous years, we computed the per cent reporting any depressant overdose, comprising any endorsement of alcohol or opioid overdose, or other drug overdose where a depressant (e.g., GHB/GBL/1,4-BD, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

Just over one-in-five (21%) of the QLD sample reported a stimulant overdose in the last 12 months on a median of one occasion, stable from 2020 (19%, p=0.953), but indicating a continued increase over the past 11 years (8% in 2009) (Figure 40).

Of those who had experienced a stimulant overdose event in the last year (n=15), the majority reported that their most recent overdose occurred after using some form of ecstasy (80%), most commonly ecstasy capsules (40%) or ecstasy crystal (27%), followed by cocaine (27%). Of participants who reported experiencing a non-fatal overdose while using a stimulant drug, 87% reported that they had also been under the influence of one or more additional drugs, with alcohol being the most commonly reported other drug (67%), followed by cannabis (53%). On their last stimulant event, 80% did not receive treatment or assistance; only a small number reported receiving treatment (n≤5). Due to low numbers reporting that they had received treatment or assistance (n≤5), please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Non-Fatal Depressant Overdose

Alcohol: Around one-in-five (19%) QLD participants reported experiencing a non-fatal alcohol overdose on a median of two occasions (IQR=1-5), stable from 32% in 2020 (p=0.087). Of those who had experienced a non-fatal alcohol overdose, 86% reported not receiving treatment on the last occasion.

Any Depressant (including alcohol): Past 12-month experience of non-fatal depressant overdose was reported by 22% of participants in 2021, stable from 34% in 2020 (p=0.118) (Figure 40). Among those who reported experiencing a non-fatal depressant overdose (n=16), most reported an alcohol-related overdose event (n=14; compared to n=32 in 2019), with small numbers reporting benzodiazepines or opioids (n≤5 and suppressed). Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

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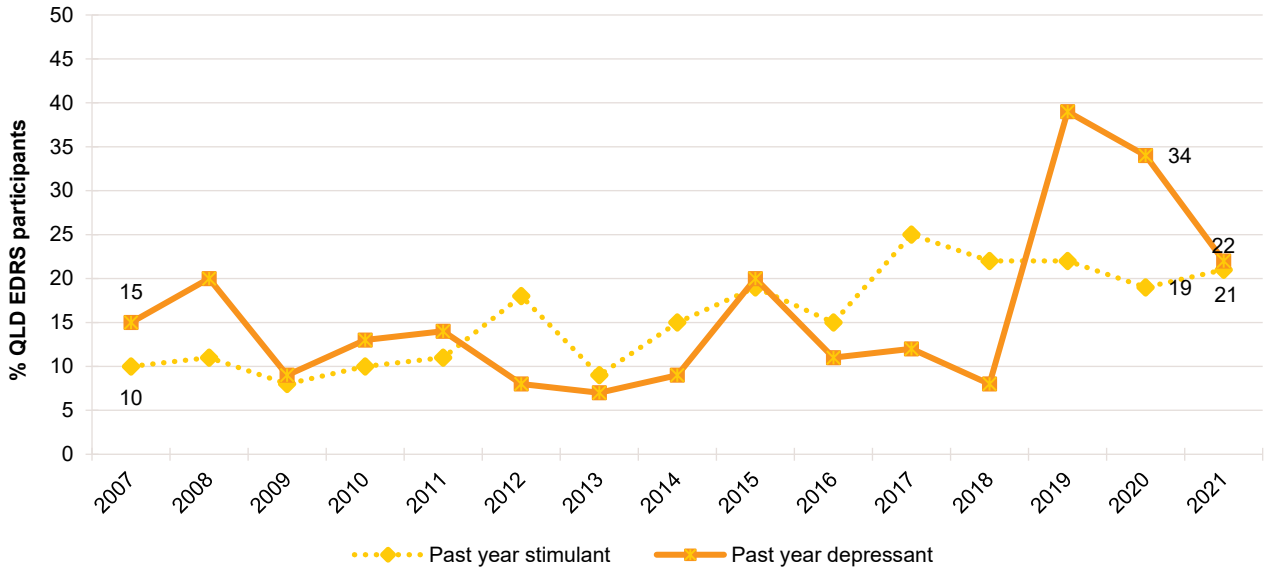
Figure 40: Past 12 month non-fatal stimulant and depressant overdose, Queensland, 2007-2021

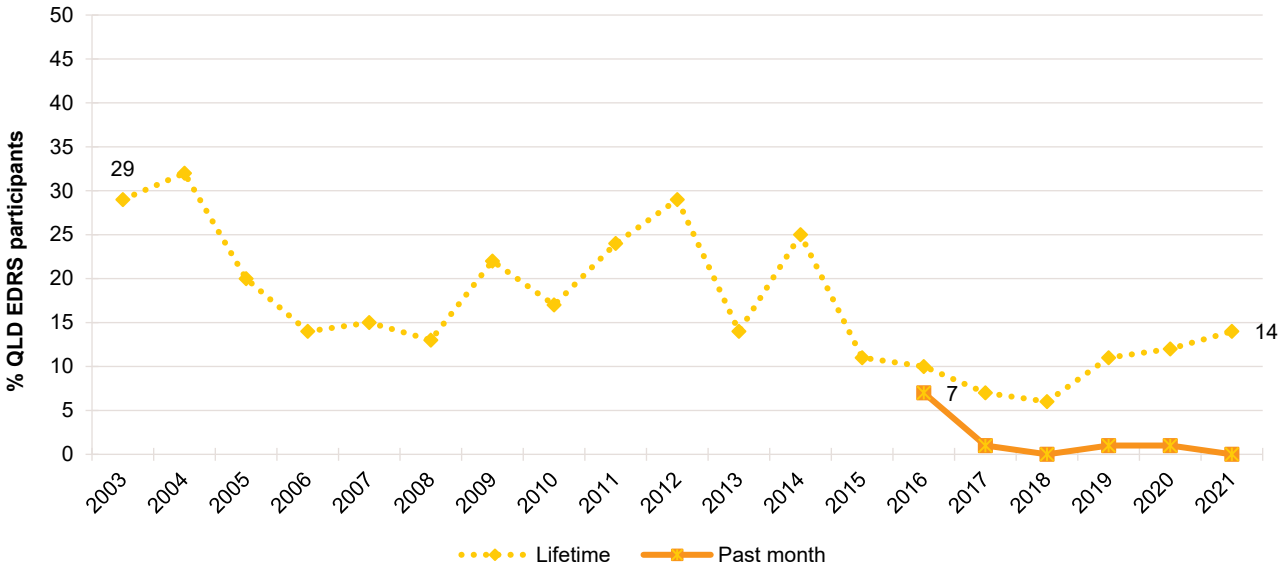


Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

The proportion of the sample who reported ever injecting any drug in 2021 (14%) was similar to 2020 (12%, *p*=0.940) (Figure 41). Due to low numbers reporting recently injecting drugs, no further data are reported. Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Figure 41: Lifetime and past month drug injection, Queensland, 2003-2021



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2003/2016) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Drug Treatment

In 2021, small numbers (n≤5) reported being in any form of drug treatment, consistent with 2020. Among those in drug treatment, most were receiving drug counselling. Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2021, 77% of the sample reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=55), 84% reported using alcohol and/or other drugs prior to, or while engaging in, sexual activity: smaller numbers (n≤5) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Further, of those who had engaged in sexual activity in the past four weeks and who responded (n=55), 25% reported penetrative sex without a condom where they did not know the HIV status of their partner in the past four weeks. Thirteen per cent reported a HIV test in the past six months, while 53% had never had a HIV test (Table 7). No participants had ever been diagnosed with HIV.

Twenty-seven per cent of the sample reported having a sexual health check-up in the past six months. A further 44% had done so more than six months ago, and 29% had never had a sexual health check-up. Of the total sample, 81% reported that they had never received a positive diagnosis for a sexually transmitted infection (STI); a small number (n≤5) had received a positive diagnosis in the past six months; and 18% had received a positive diagnosis over six months ago.

Table 7: Sexual health behaviours, Queensland, 2021

	2021
	N=73
% Any sexual activity in the past four weeks (n=71)	77
Of those who responded#:	n=55
% Drugs and/or alcohol used prior to or while engaging in sexual activity	84
Of those who responded#:	n=55
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	-
Of those who responded#:	**n=55**
% Had penetrative sex without a condom and did not know HIV status of partner	25
Of the total sample (past six months):	N=73
% Had a HIV test	13
% Diagnosed with HIV	0
% Had a sexual health check	27
% Diagnosed with a sexually transmitted infection	-

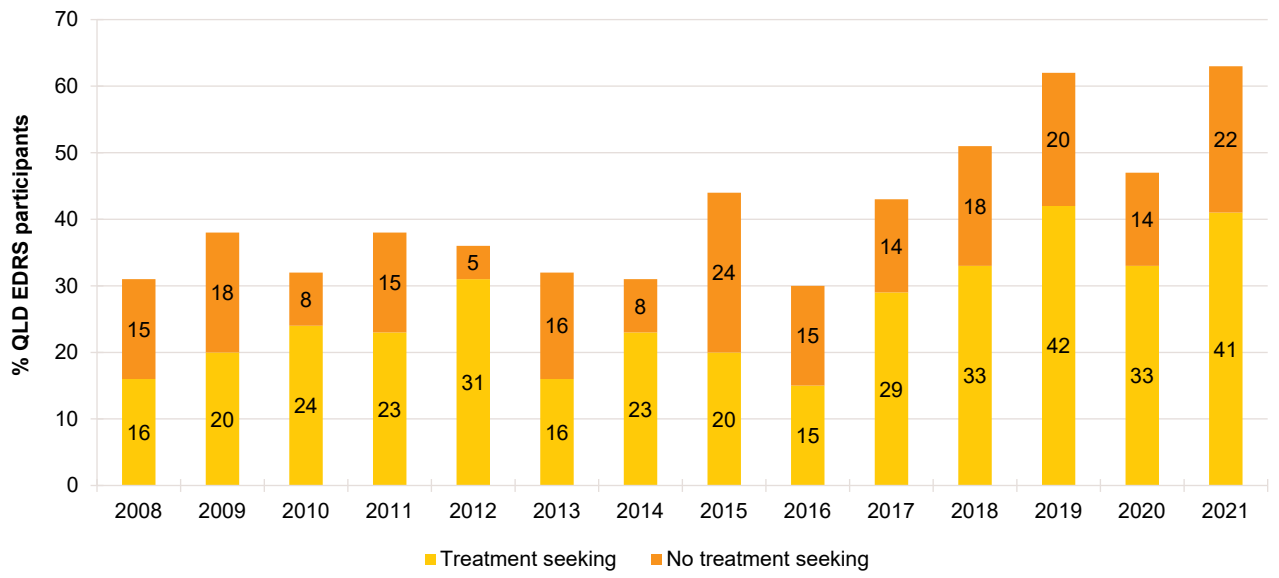
Note. Don't know and did not respond responses excluded. #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

DOI: 10.26190/8q7z-3620

Mental Health

In 2021, 63% of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), relatively stable from 2020 (48%; *p*=0.069). Of those who reported a mental health problem in 2021 (n=44), the most common mental health problem was anxiety (70%), followed by depression (59%). Of those who reported experiencing a mental health problem, 66% reported seeing a mental health professional during the past six months (70% in 2020; *p*=0.830); this equates to 38% of the entire sample (Figure 42). Of these participants (n=29), 52% reported being prescribed medication for this problem in this period (55% in 2020).

Figure 42: Self-reported mental health problems and treatment seeking in the past six months, Queensland, 2008-2021



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Y axis reduced to 70% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/8q7z-3620

Driving

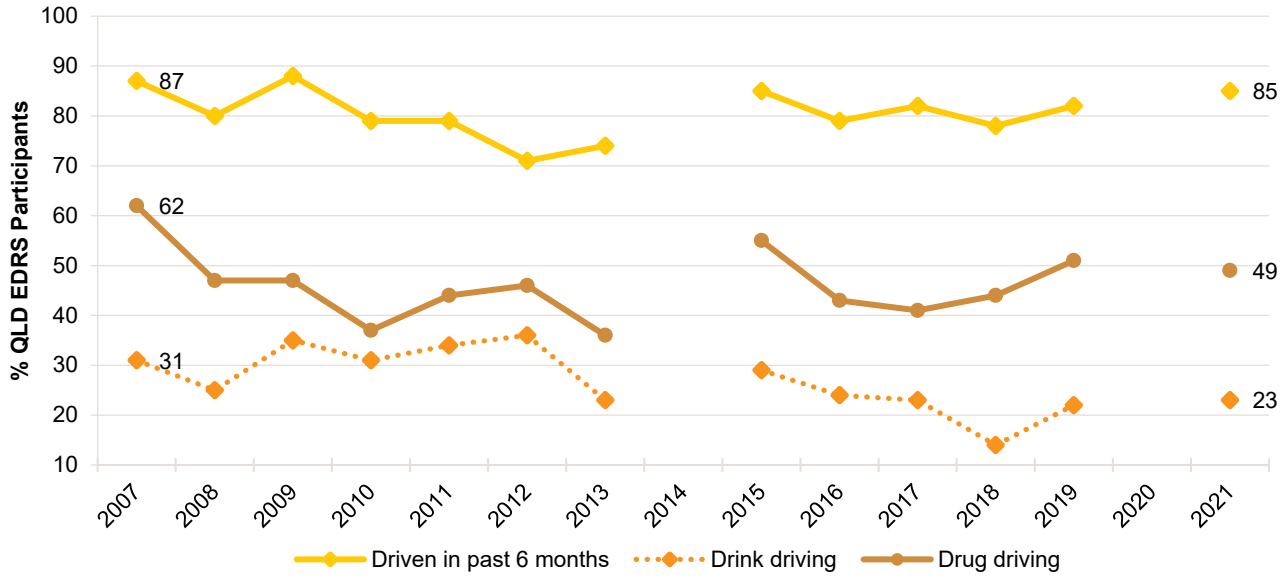
The majority (85%) of the QLD sample had driven a car, motorcycle or other vehicle in the last six months. Almost one-quarter (23%) reported driving while over the perceived legal limit of alcohol (29% of those who had driven in the past six months) and just under two-fifths (38%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (49% of those who had driven in the past six months) (Table 8). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using cannabis prior to driving (78%), with smaller numbers reporting the use of cocaine (22%) and ecstasy (19%).

Table 8: Participant reports of driving behaviour in the last six months, Queensland, 2021

	2021
	N=73
% Driven in the last six months	85 (n=62)
% Driven over the legal alcohol limit in the last six months	23
% Driven within three hours of consuming illicit drug(s) last six months	49
% Tested for drug driving by police roadside drug testing last six months	8
% Breath tested for alcohol by police roadside testing last six months	23

Note: Questions about driving behaviour were not asked in 2020. Computed of the entire sample.

Figure 43: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Queensland, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables

DOI: 10.26190/8q7z-3620

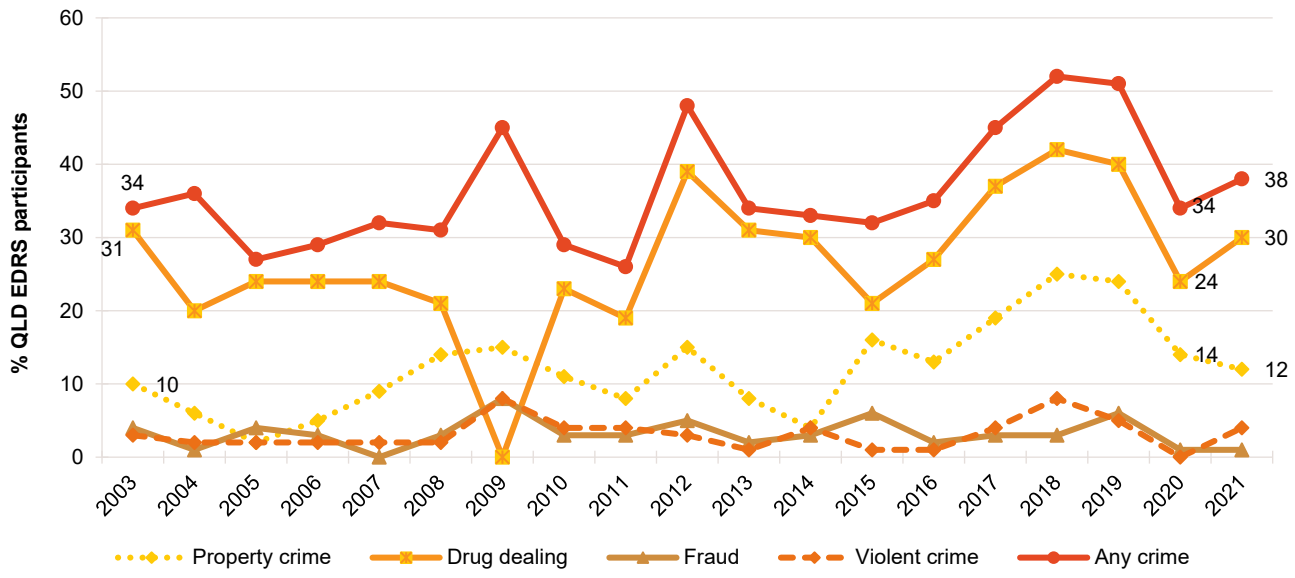
Crime

The proportion reporting any past month criminal activity has fluctuated over time, with drug dealing (30%; 24% in 2020; *p*=0.421) and property crime (12%; 14% in 2020; *p*=0.906) being the two main forms of criminal activity in 2021 (Figure 44). In 2021, low numbers (n≤5) reported being the victim of a crime involving violence (e.g., assault); therefore, these numbers are suppressed.

Eleven per cent of the 2021 QLD sample reported having been arrested in the 12 months preceding interview (8% in 2020; *p*=0.706). Low numbers (n≤5) reported reasons for arrest; therefore, these data are suppressed.

Low numbers (n≤5) reported having ever been in prison in 2021, consistent with previous years. Please refer to the National EDRS report or contact the Drug Trends team for further information.

Figure 44: Self-reported criminal activity in the past month, Queensland, 2003-2021



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

Purchases Approaches

In 2021, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were face-to-face (68%; 78% in 2020; *p*=0.211) and via social networking applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (61%), although the latter was a significant decrease from 2020 (80%; *p*=0.012). It is important to re-iterate that this refers to people arranging the purchase of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. There

DOI: 10.26190/8q7z-3620

was also a significant reduction in the use of text messaging (31%; 54% in 2020; *p*=0.005) and phone calls (21%; 41% in 2020; *p*=0.008) to arrange purchase (Table 9).

Obtaining Drugs

The majority of participants in 2021 reported obtaining illicit drugs from a friend/relative/partner/colleague (81%; 74% in 2020; *p*=0.385), followed by a known dealer/vendor (64%; 63% in 2020; *p*=0.979) and an unknown dealer/vendor (34%; 32% in 2020; *p*=0.883; Table 9).

When asked how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%; consistent with 2020). In 2021, 8% received illicit drugs via a collection point (defined as a predetermined location where a drug will be left for later collection) compared with 14% in 2020 (*p*=0.350). Few reported receiving illicit drugs by post in 2021 (Table 9).

Buying and Selling Drugs Online

In 2021, 52% of participants (n=36) reported having ever obtained illicit drugs through someone who had purchased them on the surface or darknet, with 33% doing so in the past 12 months (46% in 2020; *p*=0.163).

Table 9: Means of purchasing illicit drugs in the past 12 months, Queensland, 2020-2021

	2020	2021
	n=100	**n=72**
% Purchasing approaches in the last 12 months^		
Face-to-face	78	**68**
Surface web	6	**-**
Darknet market	8	**-**
Social networking applications	80	**61***
Text messaging	54	**31****
Phone call	41	**21****
Grew/made my own	-	**-**
Other	0	**0**
% Means of obtaining drugs in the last 12 months^~	n=100	**n=73**
Face-to-face	93	**96**
Collection point	14	**8**
Post	14	**-**
% Source of drugs in the last 12 months^	n=100	**n=73**
Friend/relative/partner/colleague	74	**81**
Known dealer/vendor	63	**64**
Unknown dealer/vendor	32	**34**

Note. - not reported due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'Drugs were dropped off to my house by someone' and/or 'Opportunistic – I arranged and collected at the same time (e.g. at an event/club).' *p<0.050; **p<0.010; ***p<0.001 for 2020 vs 2021.