EDRS

QUEENSLAND DRUG TRENDS 2022

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

QUEENSLAND DRUG TRENDS 2022: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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ISBN 978-0-7334-4061-8

Suggested citation: Juckel, J., Thomas, N., Daly, C., Maravilla, J., & Salom, C. (2022). Queensland Drug Trends 2022: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/ntkn-9x18

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 2022, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government Department of Health and Aged Care under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the EDRS. The following researchers and research institutions contributed to the EDRS in 2022:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Daisy Gibbs, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, 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 and Associate Professor 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 Tayla Barber, Jack Yiu Chak Chung, Louis De Waal, Callum Halstead, Grace Hart, Nadine Lorimer and Daniel Martino-Burke for conducting the Queensland EDRS interviews in 2022. 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.

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
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
FDCK	2-Fluorodescholorketamine
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSA	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
NBOH	A novel derivative of the phenethylamine class
NBOMe	A synthetic hallucinogen of the substituted phenethylamine class
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PCP	Phencyclidine
PMA	Paramethoxyamphetamine
PMMA	Polymethyl methacrylate
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
SD	Standard deviations
SA	South Australia

TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Brisbane/Gold Coast 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/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 2022 from April-June. Interviews in 2020, 2021 and 2022 were delivered face-to-face as well as via telephone or videoconference, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

The EDRS sample (N=102) recruited from Brisbane/Gold Coast, was very similar to the sample in 2021 and in previous years. Whilst we observed a significant difference in employment status compared to 2021 (p=0.026), the sample continued to predominantly comprise males (53%) with a median age of 23, the majority of whom held tertiary qualifications (59% completed post-school qualifications) and most of whom were living in a rental house/flat (65%) at the time of interview. In 2022, ecstasy was the most commonly reported drug of choice (27%; 26% in 2021). There was a significant change in the drug used most often in the past month (p=0.002). Specifically, although it remained the most commonly reported drug used most in the last month, there was a decline in the per cent of participants who nominated cannabis as the substance used most often in the preceding month (34%; 47% in 2021). Finally, cocaine consumption reached its highest point since monitoring began.

Ecstasy

In 2022, the majority of participants (93%) reported use of any form of ecstasy in the six months prior to interview, remaining stable from 92% in 2021 (p=0.776). The price of ecstasy capsules significantly changed between 2021 and 2022 (p=0.006), increasing from $20 to $25. The perceived availability of ecstasy capsules significantly changed (p=0.008), whereby more participants reported that it was 'difficult' to obtain (29%; 20% in 2021). A significant change was also observed in the availability of ecstasy crystal (p=0.012), with more participants reporting that it was 'very difficult' to obtain (24%, n≤5 in 2021), and fewer reporting it as 'easy' to obtain (22%; 40% in 2021).

Methamphetamine

Fifteen per cent of participants reported recent use of any methamphetamine, a significant decrease from 30% in 2021 (p=0.026). Recent use of crystal methamphetamine (ice) also decreased significantly, with 6% reporting recent use compared with 16% in 2021 (p=0.044). All of the participants who had used crystal had recently smoked this form, remaining stable with 2021 (92%).

Cocaine

Recent use of cocaine remained stable at 80% (73% in 2021; p=0.269). Sixteen percent of those who had recently used cocaine reported weekly or more frequent use. Of those who reported recent use of cocaine (n=82), all (100%) reported snorting as their chosen route of administration, remaining stable from 2021 (96%; p=0.152). The price of cocaine per gram remained stable in 2022, at $350, compared to $350 in 2021 ($p$=0.751). Perceived purity (p=0.196) and perceived availability (p=0.444) of cocaine also remained stable in 2022.

Cannabis and/or Cannabinoid Related Products

Around three-in-four participants (76%) reported recent use of non-prescribed cannabis and/or cannabinoid related products compared to 89% in 2021 (p=0.050). Of these, few (n≤5) reported daily use, a significant decrease from 2021 (26%; p=0.002). The perceived potency of non-prescribed bush cannabis changed significantly since 2021 (p=0.024), with fewer reporting it to be 'high' or 'medium' (28% and 41% respectively in 2022, vs 39% and 58% respectively in 2021).

Ketamine, LSD and DMT

Whilst recent use of ketamine and LSD remained stable in 2022 (51% and 53%, respectively), recent use of DMT decreased significantly, from 26% in 2021 to 12% in 2022 (p=0.020). There was a significant decline in the median number of days of use for LSD from three in 2021 to two in 2022 (p=0.033). Frequency of use for ketamine and DMT remained low and stable in 2022. The perceived availability of LSD and ketamine remained stable from 2021, with over half reporting both as 'easy' or' very easy' to obtain.

New Psychoactive Substances (NPS)

Any NPS use, including plant-based NPS, has fluctuated over time, with 13% reporting recent use in 2022, stable from 2021 (15%). A similar percentage was observed for any NPS use, excluding plant-based NPS (8%; 14% in 2021). These are the lowest rates of use since monitoring of NPS first commenced in 2010.

Other Drugs

Alcohol and tobacco use remained stable in 2022, with 98% reporting recent use of alcohol (95% in 2021; p=0.237) and 68% reporting recent tobacco use (72% in 2021; p=0.617). Likewise, recent use of e-cigarettes remained stable at 66% (55% in 2021, p=0.167); however, frequency of use increased significantly in 2022 (p=0.009), with participants reporting a median of 90 days' use in the six months prior to the interview, compared with 24 days in 2021.

Drug-Related Harms and Other Behaviours

On the last occasion of ecstasy or related drug use, 82% of the Brisbane/Gold Coast sample in 2022 reported concurrent use of two or more drugs (including alcohol, tobacco and e-cigarettes). Seventy-six per cent of participants obtained a score of eight or more on the AUDIT (73% in 2021; p=0.598), indicative of hazardous use, with a significantly higher mean score in 2022 of 13.1 (12.6 in 2021, p<0.001). Whilst those who had experienced a past year non-fatal stimulant overdose remained stable in 2022 (19%; 21% in 2021; p=0.845) there was a significant increase in those experiencing a past year non-fatal alcohol overdose (34%; 19% in 2021; p=0.042). Reported past month injecting drug use remained low (n≤5), as did drug treatment engagement (n≤5). The majority of the sample (88%) reported engaging in some form of sexual activity in the past four weeks, of which 28% reported penetrative sex without a condom where they did not know the HIV status of their partner. Almost one-third (30%) reported having a HIV test in the past six months, and 45% reported having a sexual health check-up in the six months prior to interview. Mental health remained stable amongst the sample, with 75% reporting experiencing a mental health problem in the six months preceding interview, with anxiety (70%) and depression (70%) most commonly reported. Of those who reported driving in the past six months before interview, 29% reported driving while over the perceived legal limit of alcohol, and 55% reported driving within three hours of consuming an illicit or non-prescribed drug. Fifty-two per cent of the Brisbane/Gold Coast sample reported any crime in the past month (38% in 2021, p=0.095), with property crime (34%) and drug dealing (23%) remaining the two main forms of criminal activity in 2022. Ten per cent of the sample reported a drug-related encounter with police without arrest in the past twelve months.

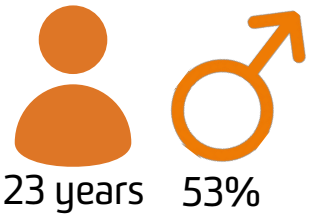
Social networking applications (85%) overtook face-to-face (73%) as the most popular means for participants to arrange the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (61%, p<0.001 and 68%, p=0.503, respectively, in 2021). Face-to-face remained the primary method (96%; 92% in 2021; p=0.324) of obtaining illicit drugs in 2022.

The majority (92%) of the sample had been tested for SARS-CoV-2 within the past 12 months, with 63% of participants having been diagnosed with COVID-19. One-third (34%) reported any concern about contracting COVID-19, and most (81%) reported that they had received at least one dose of the COVID-19 vaccine at the time of interview.

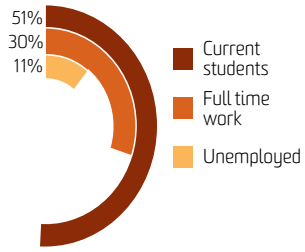
EDRS Ecstasy and Related Drugs Reporting System

2022 SAMPLE CHARACTERISTICS

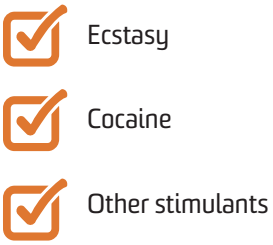
In 2022, 102 participants, recruited from Brisbane/Gold Coast, QLD were interviewed.



The median age in 2022 was 23, and 53% identified as male.

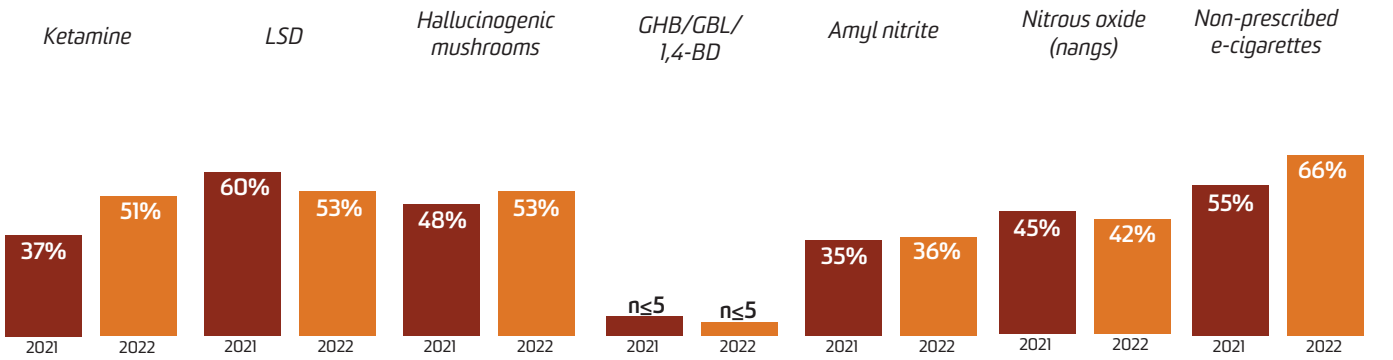


In the 2022 sample, 51% were enrolled students, 30% were employed full time and 11% were unemployed.



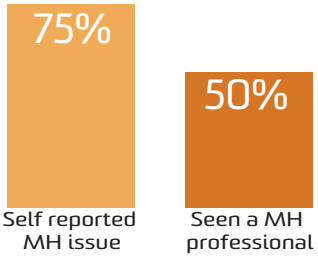
Participants were recruited on the basis that they had consumed ecstasy and/or other illicit stimulants at least monthly in the past 6 months.

PAST 6 MONTH USE OF SELECTED DRUGS

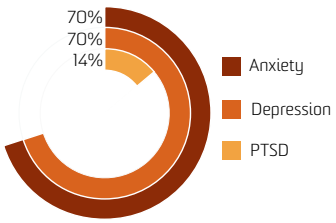


*p<0.050; **p<0.010; ***p<0.001

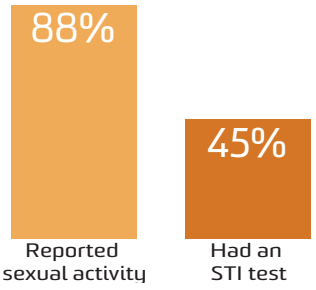
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



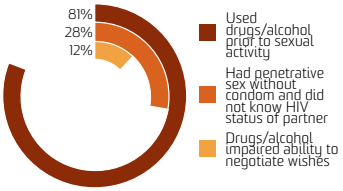
In the total sample, 75% self-reported a mental health issue and 50% had seen a mental health professional in the past 6 months.



Of those who had a mental health condition, the three most common mental health issues reported were anxiety (70%), depression (70%) and PTSD (14%).

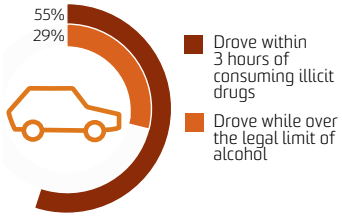


In the total sample, 88% reported sexual activity in the past 4 weeks, and 45% had a sexual health check in the past 6 months.

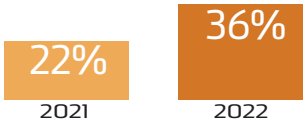


Sexual risk behaviours among those who reported any sexual activity in the past four weeks and were able to comment.

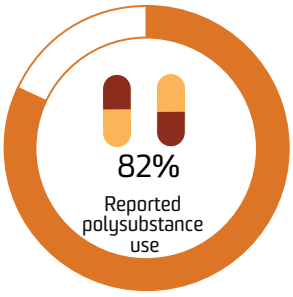
OTHER RISK BEHAVIOURS



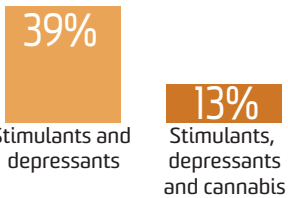
Among recent drivers, 55% reported driving a vehicle within 3 hours of consuming illicit drugs and 29% while over the legal limit of alcohol.



In the 2022 sample, 36% reported a non-fatal depressant overdose in the previous 12 months, relatively stable to 2021 (22%).

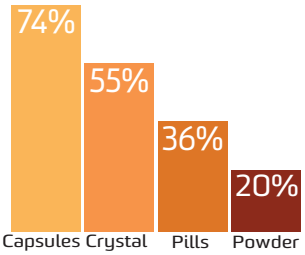


In the total sample, 82% reported concurrent use of two or more substances on the last occasion of ecstasy or related drug use.

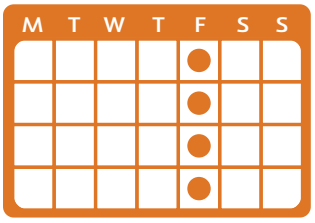


The most commonly used combinations of drug classes on the last occasion of ecstasy or related drug use.

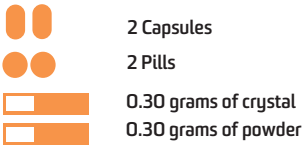
ECSTASY



Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2022.



Of those who had recently consumed ecstasy, 15% reported weekly or more frequent use.

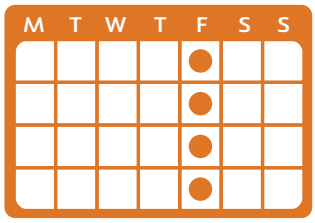


Median amounts of ecstasy consumed in a 'typical' session using each form.

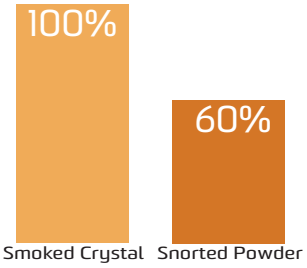
In 2022, more participants perceived the availability of capsules and crystal forms as 'difficult' or 'very difficult' relative to 2021.

METHAMPHETAMINE

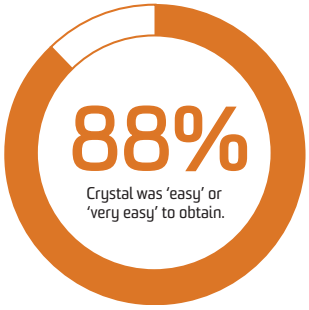
Past 6 month use of any methamphetamine, crystal, powder and base in 2022.



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

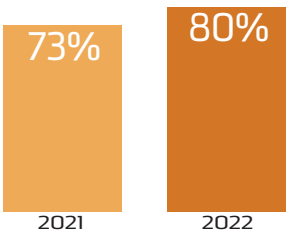


All participants who had recently used crystal smoked it. Of those who had recently used powder, 60% snorted it.

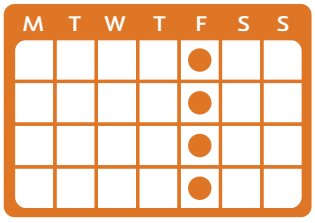


Of those who could comment, 88% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

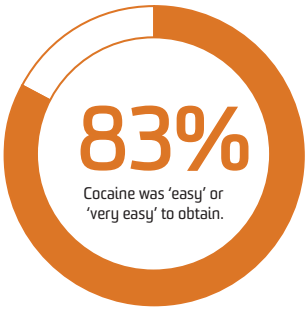


Past 6 month use of any cocaine remained stable between 2021 and 2022.



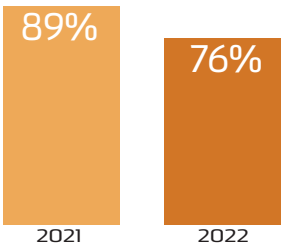
Of those who had recently consumed cocaine, 16% reported weekly or more frequent use.

In 2022, the median price of a gram of cocaine remained stable at $350.

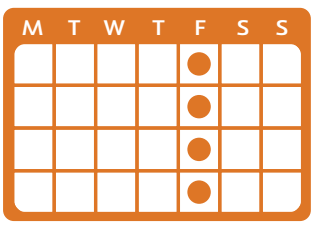


Of those who could comment, 81% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS

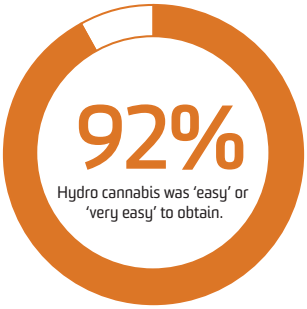


Past 6 month use of non-prescribed cannabis and/or cannabinoid related products remained stable between 2021 and 2022.



Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products, 67% reported weekly or more frequent use.

Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 94% had smoked it.



Of those who could comment, 92% perceived hydro to be 'easy' or 'very easy' to obtain.

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 the 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 Perth, Western Australia (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 2020-2022: 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 capital cities 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 Perth, WA) to 18 years old.

In 2021 and 2022, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were 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 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.

Almost all capital cities experienced trouble recruiting participants in 2021 and 2022: Brisbane/Gold Coast did not experience this in 2022. While 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 2021. Brisbane/Gold Coast were subject to less stringent restrictions in 2022, and many local festivals were reinstated in late 2021-early 2022.

A total of 700 participants were recruited across capital cities nationally (April-July, 2022), with 102 participants interviewed in Brisbane/Gold Coast, QLD during April-June 2022. A total of 60 interviews were conducted via videoconference, 40 face-to-face and few via telephone (n≤5). Seven per cent of the 2022 Brisbane/Gold Coast sample had also completed the interview in 2021, whereas 10% of the 2021 Brisbane/Gold Coast sample had completed the interview in 2020 (p=0.575).

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 2021 and 2022, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. 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 Brisbane/Gold Coast, QLD (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-22, must be taken into consideration when comparing 2020-22 data to previous years, and treated with caution.

Additional Outputs

Infographics, data tables and executive summary 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 with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

1

Sample Characteristics

In 2022, the Brisbane/Gold Coast EDRS sample was mostly similar to the sample in 2021 and in previous years (Table 1).

Gender remained stable between 2021 and 2022 (p=0.364), with 53% of the 2022 Brisbane/Gold Coast sample identifying as male (60% in 2021). The median age of the sample was 23 years (IQR=20-27), stable from 2021 (24 years; IQR=20-32; p=0.114).

Accommodation also remained unchanged between 2021 and 2022 (p=0.589), with the majority of the 2022 Brisbane/Gold Coast sample reporting that they lived in a rented house/flat (65%; 67% in 2021), and most of the remaining participants living with their parents/in their family house (23%; 19% in 2021).

There was a significant difference in median weekly income between 2021 and 2022, with participants reporting a median income of $800 per week in 2022 (IQR=600-1200), versus $500 (IQR=348-850) in 2021 (p<0.001).

Half of participants (51%) were current students (48% in 2021; p=0.755), and 59% had obtained a post-school qualification(s) in 2022 (49% in 2021; p=0.223).

There was a significant difference in employment status of participants between 2021 and 2022 (p=0.026). Specifically, in 2022, 30% reported being employed full time (21% in 2021), 52% reported being employed on a part time/casual basis (44% in 2021), and 11% reported being unemployed at the time of interview (29% in 2021). This was reflected in the increased weekly income in 2022 ($800; $500 in 2021; p<0.001)

Table 1: Demographic characteristics of the sample, nationally (2022) and Brisbane/Gold Coast, QLD, 2017-2022

	Brisbane/Gold Coast, Queensland						National
	2017	2018	2019	2020	2021	2022	2022
	N=100	N-=100	N=100	N=100	N=73	N=102	N=700
Median age (years; IQR)	19 (18-21)	19 (18-22)	20 (19-23)	20 (19-27)	24 (20-32)	**23 (20-27)**	25 (21-30)
% Gender							
Female	37	36	33	29	38	**42**	40
Male	62	64	66	71	60	**53**	56
Non-binary	0	0	-	0	-	**-**	4
% Aboriginal and/or Torres Strait Islander	-	-	-	-	-	**-**	5
% Sexual identity							
Heterosexual	83	84	77	90	68	**63**	71

	Brisbane/Gold Coast, Queensland						National
	2017	2018	2019	2020	2021	2022	2022
Homosexual	-	-	-	-	-	**-**	5
Bisexual	13	9	17	6	22	**24**	17
Queer	/	/	-	-	-	**6**	6
Different identity	-	-	-	-	0	**-**	2
Mean years of school education (range)	12 (10-12)	12 (9-12)	12 (9-12)	12 (9-12)	12 (9-12)	**12 (8-12)**	12 (6-12)
% Post-school qualification(s)^	25	29	43	47	49	**59**	61
% Current students#	49	42	65	46	48	**51**	41
% Current employment status						*	
Employed full-time	13	16	11	22	21	**30**	32
Part time/casual	28	25	52	39	44	**52**	41
Self-employed	/	/	-	-	-	**7**	8
Unemployed	8	17	32	35	29	**11**	19
Current median weekly income $ (IQR)	(n=96) $300 (200-550)	(n=99) $375 (200-650)	(n=100) $360 (250-550)	(n=98) $506 (289-854)	(n=73) $500 (348-850)	**(n=100) $800*** (600-1200)**	(n=700) $700 (450-1200)
% Current accommodation							
Own house/flat	-	-	-	-	-	**10**	12
Rented house/flat	64	48	59	50	67	**65**	59
Parents'/family home	26	47	34	38	19	**23**	23
Boarding house/hostel	-	-	-	-	-	**-**	2
Public housing	0	0	0	-	-	**0**	2
No fixed address+	-	0	-	-	-	**-**	2
Other	-	0	0	0	0	**-**	1

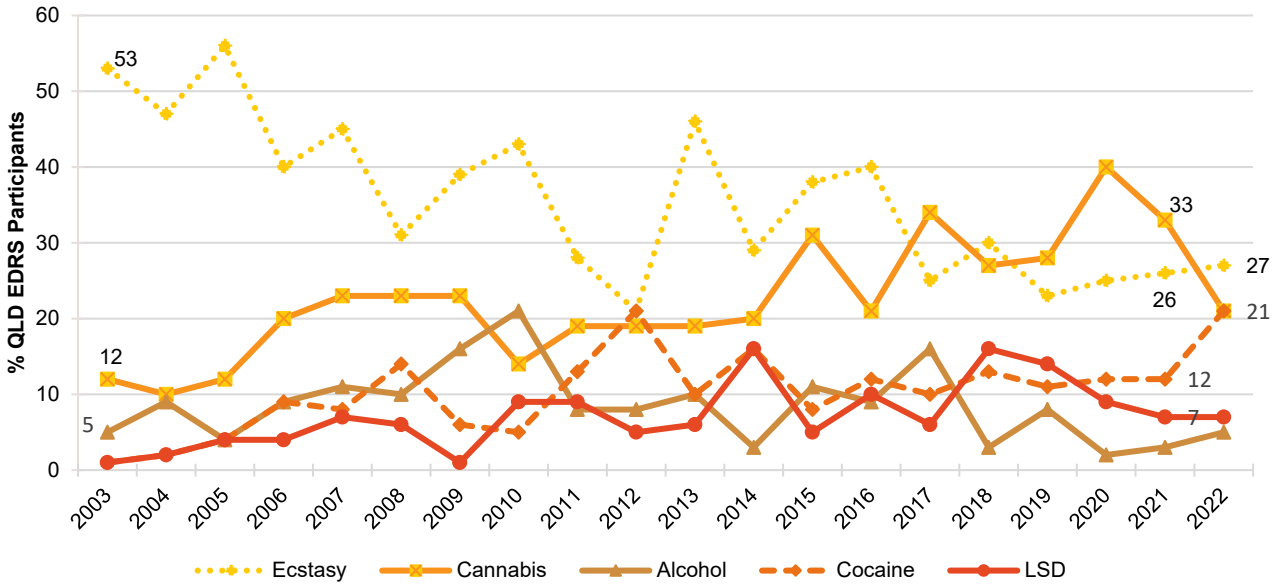
Note. ^Includes trade/technical and university qualifications.#. 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. / not asked. + No fixed address included 'couch surfing and rough sleeping or squatting. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

No significant change was observed for drug of choice in 2022 compared to 2021 (p=0.314), with the most commonly reported drug of choice remaining ecstasy (27%; 26% in 2021), followed by cannabis (21%; 33% in 2021) and cocaine (21%; 12% in 2021) (Figure 1).

A significant change was observed in the drug used most often in the past month (p=0.002) in 2022 relative to 2021. Specifically, there was a noticeable decrease in the per cent of participants nominating cannabis as the drug used most often in the month preceding interview (34%; 47% in 2021), with converse increases in the per cent of participants nominating cocaine (19%; n≤5 in 2021) and alcohol as the drug used most often (16%; n≤5 in 2021) (Figure 2).

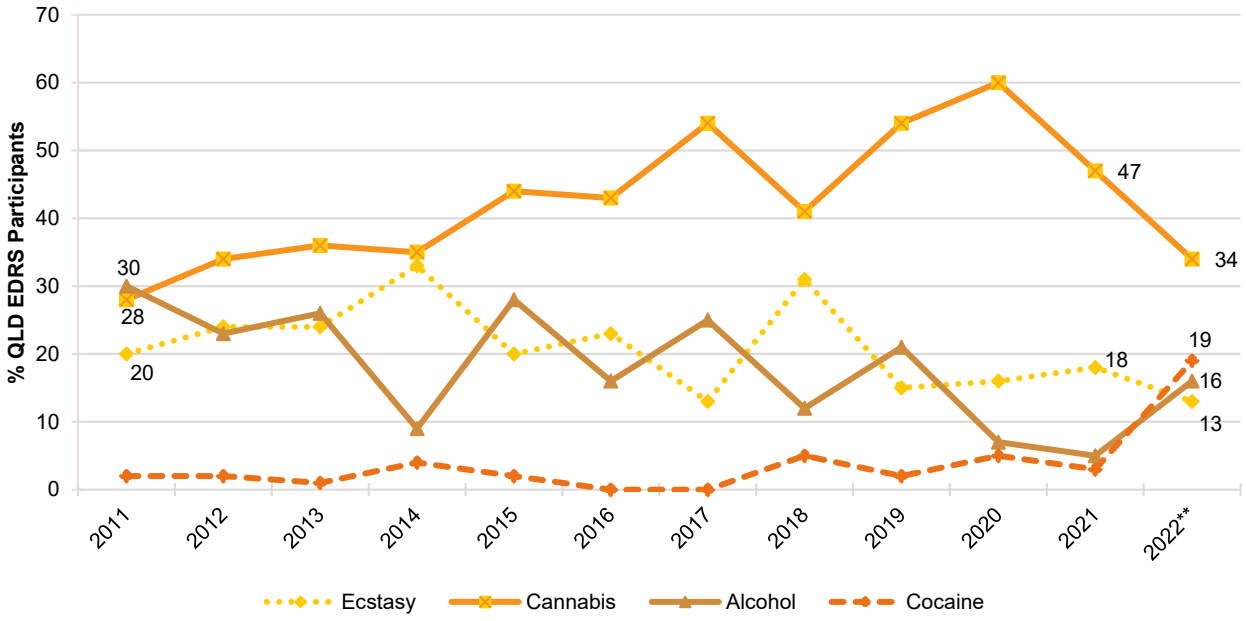
Half (51%) of the Brisbane/Gold Coast sample reported weekly or more frequent cannabis use (64% in 2021; p=0.095) and 14% reported weekly or more frequent use of ecstasy (18% in 2021; p=0.525) (Figure 3).

Figure 1: Drug of choice, Brisbane/Gold Coast, QLD, 2003-2022



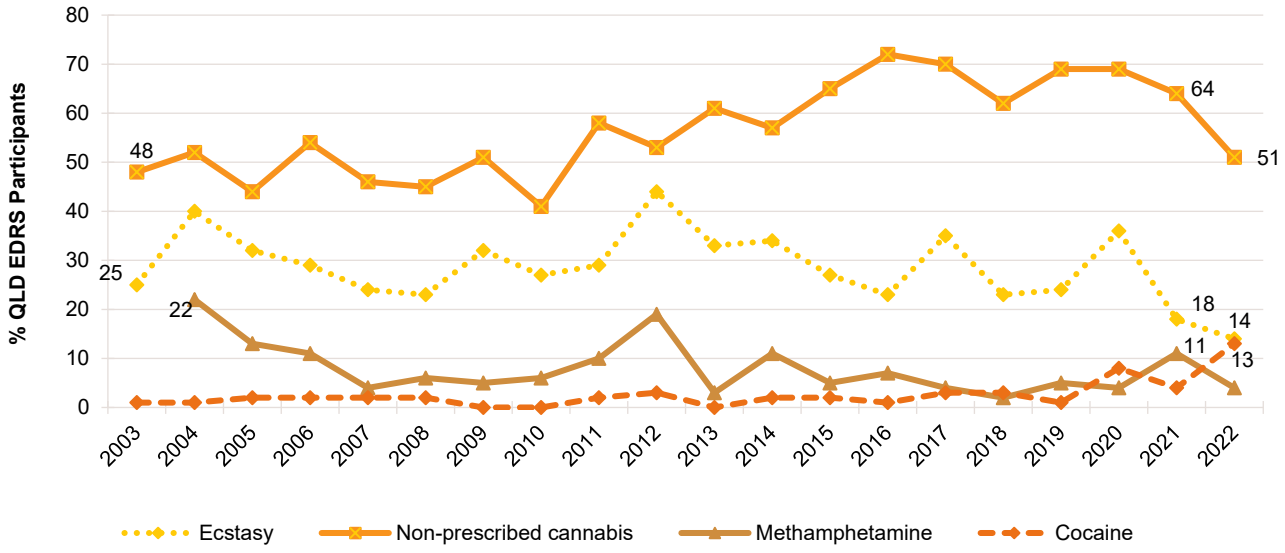
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug used most often in the past month, Brisbane/Gold Coast, QLD, 2011-2022



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 2011-2022 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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Brisbane/Gold Coast, QLD, 2003-2022



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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

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.

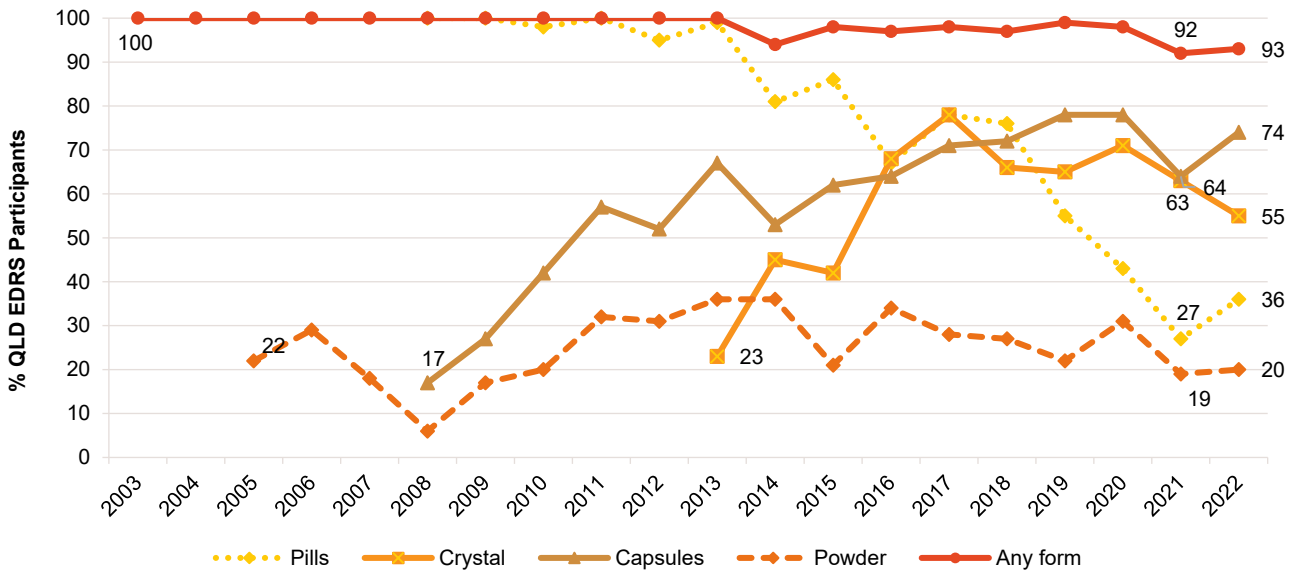
Recent Use (past 6 months)

In 2022, similar proportions reported recent use of any ecstasy compared to 2021 (93% and 92%, respectively; *p*=0.776) (Figure 4). Recent use of ecstasy pills, ecstasy caps, ecstasy crystal and ecstasy powder remained stable (Figure 4).

Frequency of Use

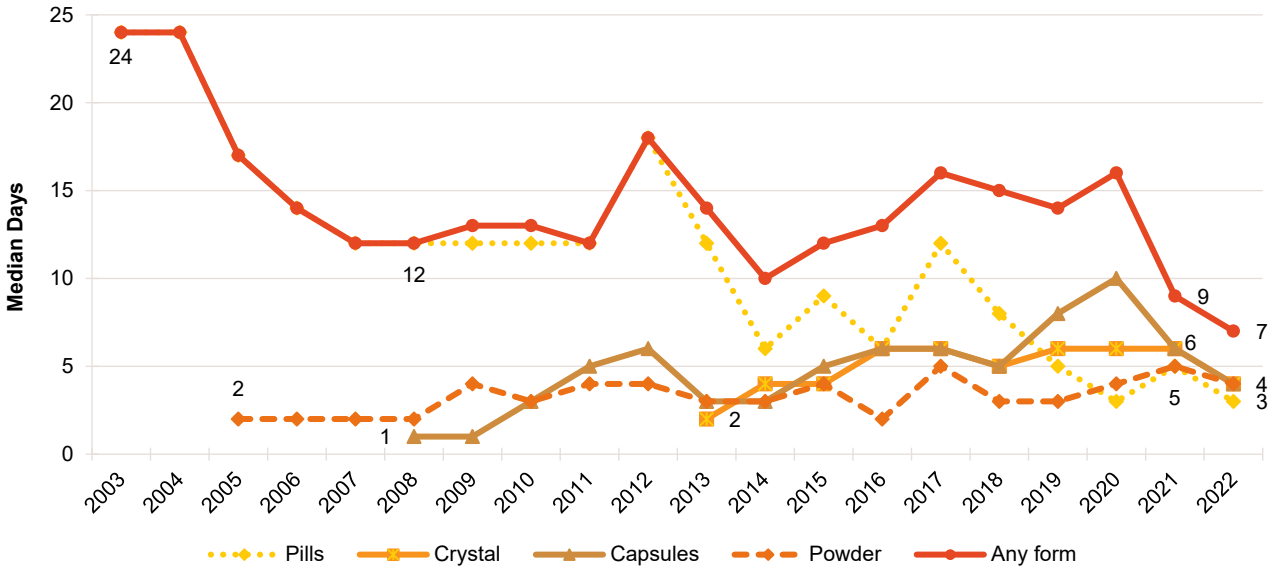
Among those who reported recent use of any ecstasy and commented (n=94), participants reported using ecstasy (in any form) on a median of seven days (IQR=4-13) compared to nine days in 2021 (IQR=6-16; *p*=0.065) (Figure 5). Weekly or more frequent use of any form of ecstasy was reported by 15% of those that reported recent use (19% in 2021; *p*=0.518).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Brisbane/Gold Coast, QLD, 2003-2022



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. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2021 and 2022) 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. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Brisbane/Gold Coast, QLD, 2003-2022



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. The response option 'Don't know' was excluded from analysis. 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 (2021 and 2022) 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. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Historically, ecstasy pills were the most common form reported as consumed; from 2019 other forms became more dominant. In 2022, 36% reported use of ecstasy pills in the past six months (27% in 2021; *p*=0.259) (Figure 4).

Frequency of Use: Among those that reported recent use and commented (n=37), ecstasy pills were used on a median of three days (IQR=1-12) in the six months preceding interview, stable from 2021 (5 days; IQR=2-10; *p*=0.786) (Figure 4). Sixteen per cent of participants who recently used reported weekly or more frequent use in 2022 (10% in 2021; *p*=0.699).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=37), the most common route of administration in 2022 was swallowing (97%; 100% in 2021), followed by snorting (14%; 25% in 2021; *p*=0.298), consistent with previous years. Few participants (n≤5) reported recent shelving/shafting or smoking (n≤5 in 2021).

Quantity: Of those who reported recent use and responded (n=37), the median number of pills used in a 'typical' session was two (IQR=1-2; 2 pills in 2021; IQR=1-2; *p*=0.887). Of those who reported recent use and responded (n=37), the median maximum number of pills used was two (IQR=2-4; 2.5 pills in 2021; IQR=1.8-4.3; *p*=0.885).

Ecstasy Capsules

Recent Use (past 6 months): From 2008, the consumption of ecstasy capsules has continued to increase, becoming the most used form in 2019. In 2022, 74% of participants reported recent use of ecstasy capsules, compared to 64% in 2021 (*p*=0.247) (Figure 4).

Frequency of Use: Among those that reported recent use and commented (n=75), participants reported consuming capsules on a median of four days (IQR=2-9), stable relative to six days in 2021 (IQR=3-10; *p*=0.185) (Figure 5). Few participants (n≤5) who had recently consumed ecstasy capsules reported weekly or more frequent use in 2022, therefore, these data are suppressed.

Routes of Administration: Among participants who had recently consumed ecstasy capsules and commented (n=75), the majority reported swallowing (93%; 96% in 2021; *p*=0.706), followed by snorting (15%; 23% in 2021; *p*=0.240).

Quantity: Of those who reported recent use and responded (n=75), the median number of capsules used in a 'typical' session was two (IQR=1-3; 2 capsules in 2021; IQR=2-3; *p*=0.605). Of those who reported recent use and responded (n=75), the median maximum number of capsules used was three (IQR=2-5; 4 capsules in 2021; IQR=2.8-5; *p*=0.164).

Contents of Capsules: Of those who reported recent use and responded (n=74), most (84%) reported that their last capsule contained crystal, while 20% reported that it contained powder. Few participants (n≤5) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Recent use of crystal ecstasy rose to high in 2017, declining since then. In 2022, 55% of the Brisbane/Gold Coast sample reported recent use of ecstasy crystal (63% in 2021; *p*=0.353) (Figure 4).

Frequency of Use: Among those that reported recent use and commented (n=56), participants reported using crystal on a median of four days (IQR=2-9) in 2022, stable from six days in 2021 (IQR=3-12; *p*=0.104) (Figure 5). Few participants (n≤5) who had recently consumed crystal reported weekly or more frequent use in 2022; therefore, these data are suppressed (n≤5 in 2021).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented (n=56), the majority (77%) reported swallowing (87% in 2021; *p*=0.216), while just under half (46%) reported snorting (41% in 2021; *p*=0.678).

Quantity: Of those who reported recent use and responded (n=43), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.20 grams in 2021;

IQR=0.20-0.40; *p*=0.373). Of those who reported recent use and responded (n=43), the median maximum amount of crystal used was 0.50 grams (IQR=0.30-0.90; 0.50 grams in 2021; IQR=0.20-1.00; *p*=0.673).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder remained stable at 20% in 2022, compared to 19% in 2021, and has consistently been the least commonly used form of ecstasy apart from 2013 (Figure 4).

Frequency of Use: Among those that reported recent use and commented (n=20), participants reported consuming powder on a median of four days (IQR=2-8) in 2022, stable relative to five days in 2021 (IQR=3-9; *p*=0.584) (Figure 5). Few participants (n≤5) who had recently consumed powder reported weekly or more frequent use in 2022; therefore, these data are suppressed (n≤5 in 2021).

Routes of Administration: Among participants who had recently consumed ecstasy powder and commented (n=20), the majority (80%) reported snorting (50% in 2021; *p*=0.135), with half (50%) reporting swallowing (79% in 2021; *p*=0.153).

Quantity: Of those who reported recent use and responded (n=14), the median amount of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.50 grams in 2021; IQR=0.20-0.50; *p*=0.813). Of those who reported recent use and responded (n=14), the median maximum amount of powder used was 0.50 grams (IQR=0.40-1.00; 0.50 grams in 2021; IQR=0.30-1.00; *p*=0.774).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of a pill has decreased over time but remained stable at $20 in 2022 (IQR=20-25; n=26; $20 in 2021; IQR=20-20; n=6; *p*=0.283) (Figure 6).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2021 and 2022 (*p*=0.365). Among those who responded in 2022 (n=42), 38% reported purity as 'high' and 21% as 'medium' (2021 figures too small to report). A further 26% reported purity to be 'low' (37% in 2021), and 'fluctuates' was reported by 14% (Figure 8).

Perceived Availability: The perceived availability of ecstasy pills has gradually reduced over time but remained stable between 2021 and 2022 (*p*=0.267). Among those who were able to comment in 2022 (n=43), 35% reported that pills were 'easy' to obtain (53% in 2021), whilst 28% reported pills as being 'difficult' to obtain (32% in 2021) (Figure 12).

Ecstasy Capsules

Price: The median price of an ecstasy capsule was reported as significantly higher in 2022, at $25 (IQR=20-25; n=41), compared to $20 in 2021 (IQR=16-20; n=17; *p*=0.006) (Figure 6).

Perceived Purity: The perceived purity of ecstasy capsules remained stable between 2021 and 2022 (*p*=0.405). Among those who were able to comment in 2022 (n=74), 39% perceived purity to be 'medium', compared to 29% in 2021, and almost one-quarter (23%) perceived purity to be 'high' (18% in 2021). A further 22% perceived purity to be fluctuating (27% in 2021) (Figure 9).

Perceived Availability: There was a significant change in the perceived availability of ecstasy capsules between 2021 and 2022 (*p*=0.008), with 2022 availability lower than any point since monitoring began. Among those who responded in 2022 (n=77), 31% reported that capsules were 'easy' to obtain (34% in 2021) and 23% as 'very easy' (44% in 2021), 29% reported that capsules were 'difficult' to obtain (20% in 2021), and 17% reported they were 'very difficult' to obtain (n≤5 in 2021) (Figure 13).

Ecstasy Crystal

Price: The median price of a gram of crystal in 2022 was reported at $170 (IQR=120-200; n=25; $150 in 2021; n=18; IQR=133-180; *p*=0.288) (Figure 7). Few participants (n≤5) reported purchasing a point of crystal in 2022.

Perceived Purity: The perceived purity of ecstasy crystal remained stable between 2022 and 2021 (p=0.347). Among those who responded in 2022 (n=54), 35% perceived the purity of crystal to be 'high' (23% in 2021) and 26% perceived purity to be 'medium' (34% in 2021) (Figure 10).

Perceived Availability: The perceived availability of ecstasy crystal changed significantly between 2021 and 2022 (p=0.012). Specifically, among those who were able to comment in 2022 (n=54), 30% reported crystal as being 'difficult' to obtain (23% in 2021) and 24% as 'very difficult' (n≤5 in 2021), while 24% reported it as 'very easy' (32% in 2021) and 22% reported 'easy' (40% in 2021). (Figure 14).

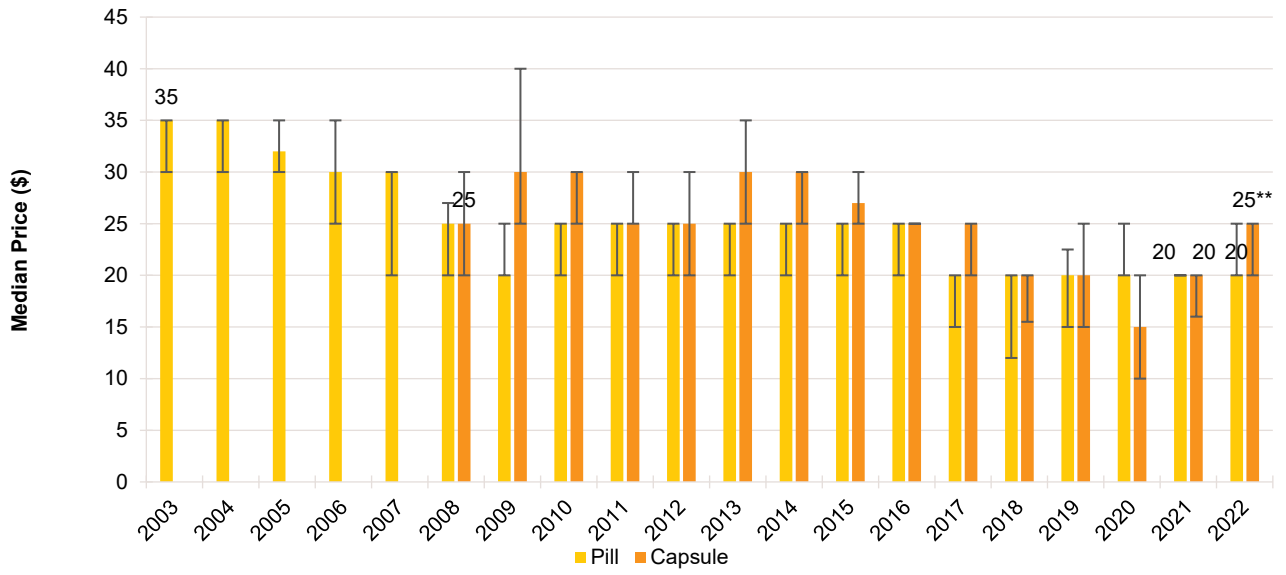
Ecstasy Powder

Price: The median price of a gram of powder remained stable in 2022 at $200 (IQR=150-250; n=7), compared to $200 in 2021 (IQR=163-200; p=0.769) (Figure 7). Few participants (n≤5) reported purchasing a point of powder in 2022 and none in 2021.

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2021 and 2022 (p=0.517). Among those who were able to comment in 2022 (n=13), 54% reported purity to be 'high' (n≤5 in 2021). (Figure 11).

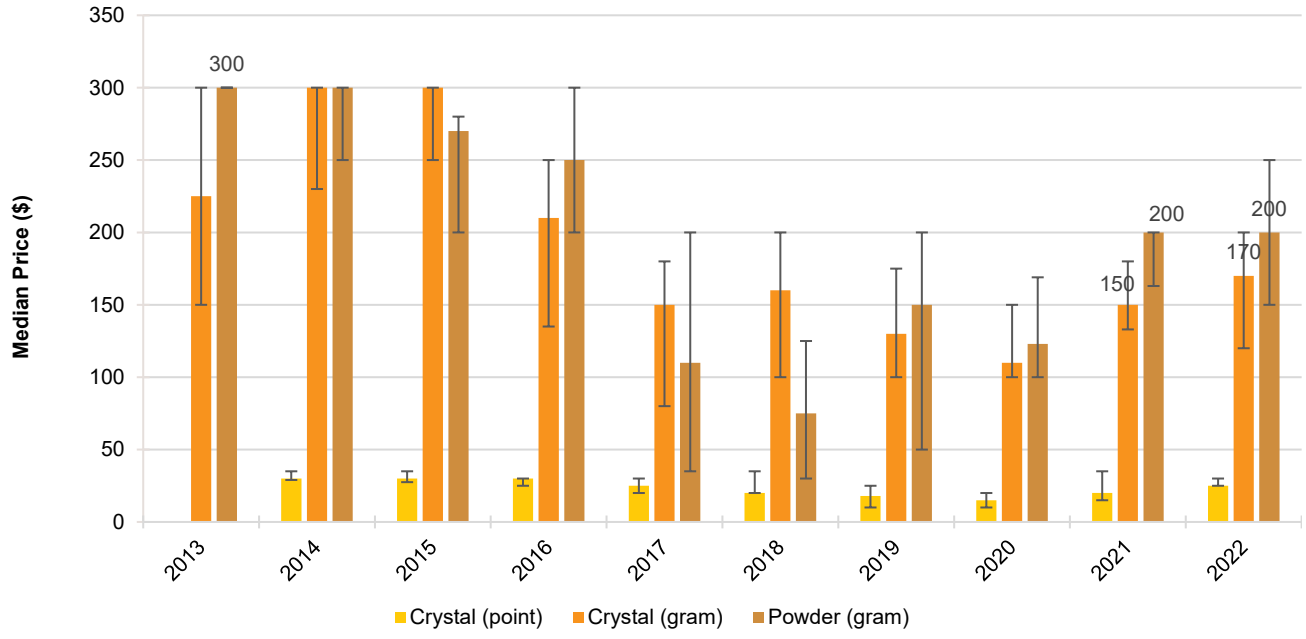
Perceived Availability: The perceived availability of ecstasy powder remained stable between 2021 and 2022 (p=0.066). Among those who were able to respond in 2022 (n=14), the majority (43%) reported powder as being 'difficult' to obtain (n≤5 in 2021). In 2021, the majority (53%, n=8) reported it as 'easy' (Figure 16).

Figure 6: Median price of ecstasy pill and capsule, Brisbane/Gold Coast, QLD, 2003-2022



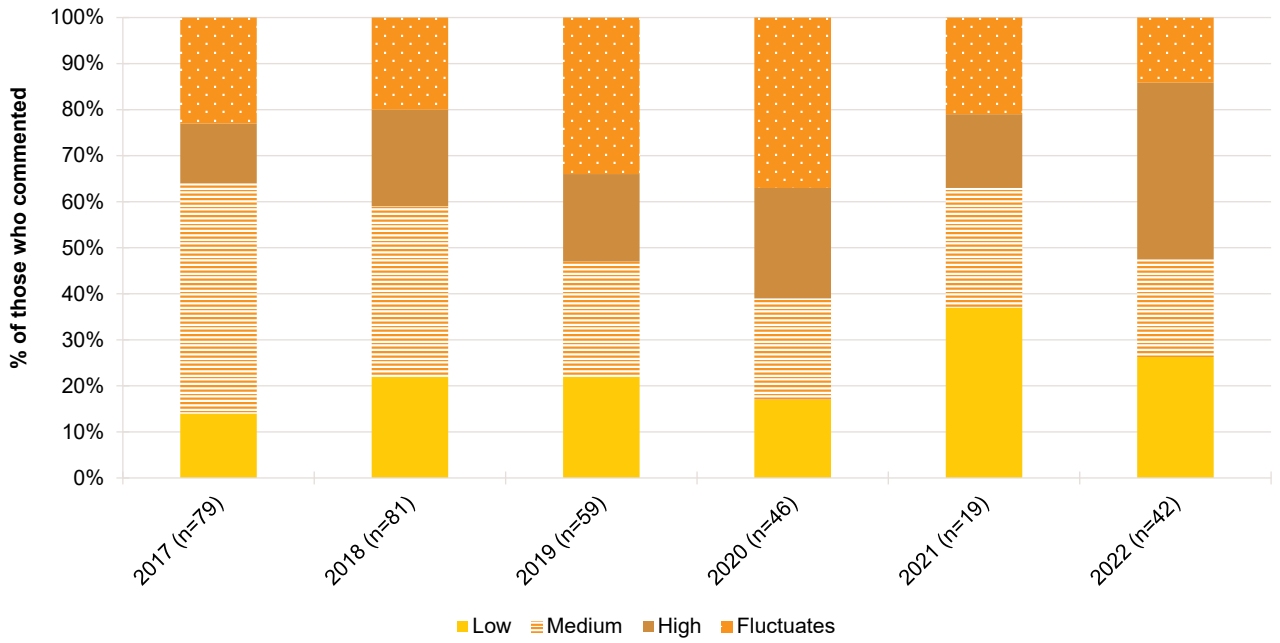
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Median price of ecstasy crystal (per point and gram) and powder (per gram only), Brisbane/Gold Coast, QLD 2013-2022



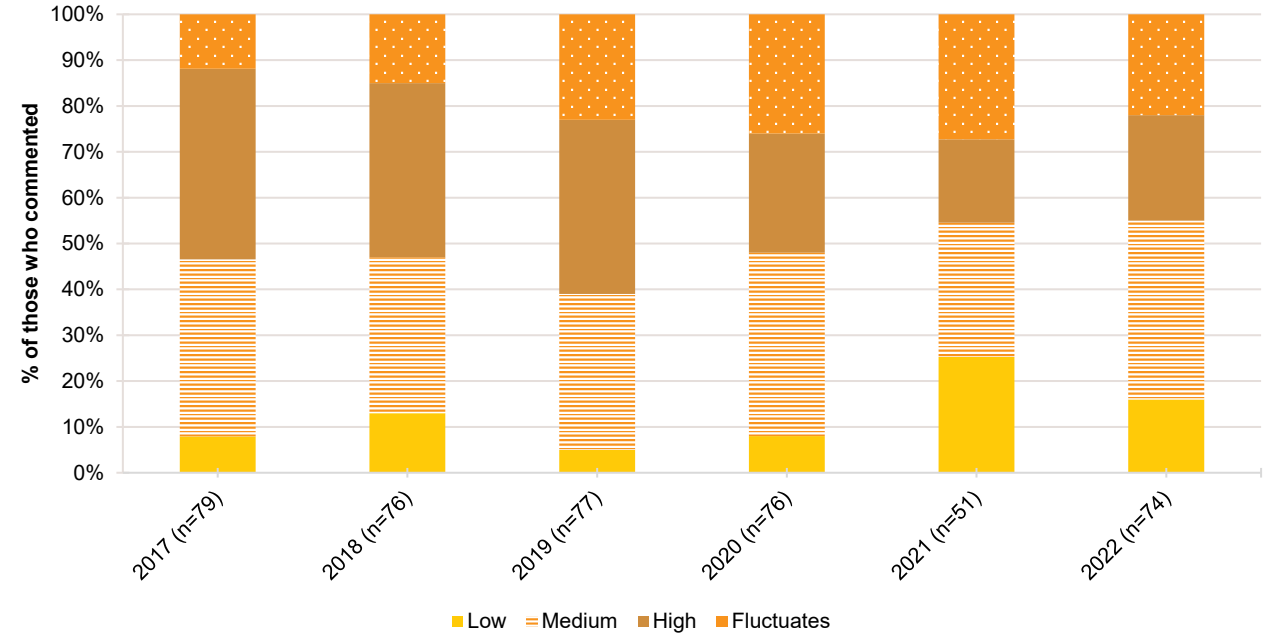
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. No participants reported price data for a 'point' of ecstasy crystal in 2013. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 8: Current perceived purity of ecstasy pills, Brisbane/Gold Coast, QLD, 2017-2022



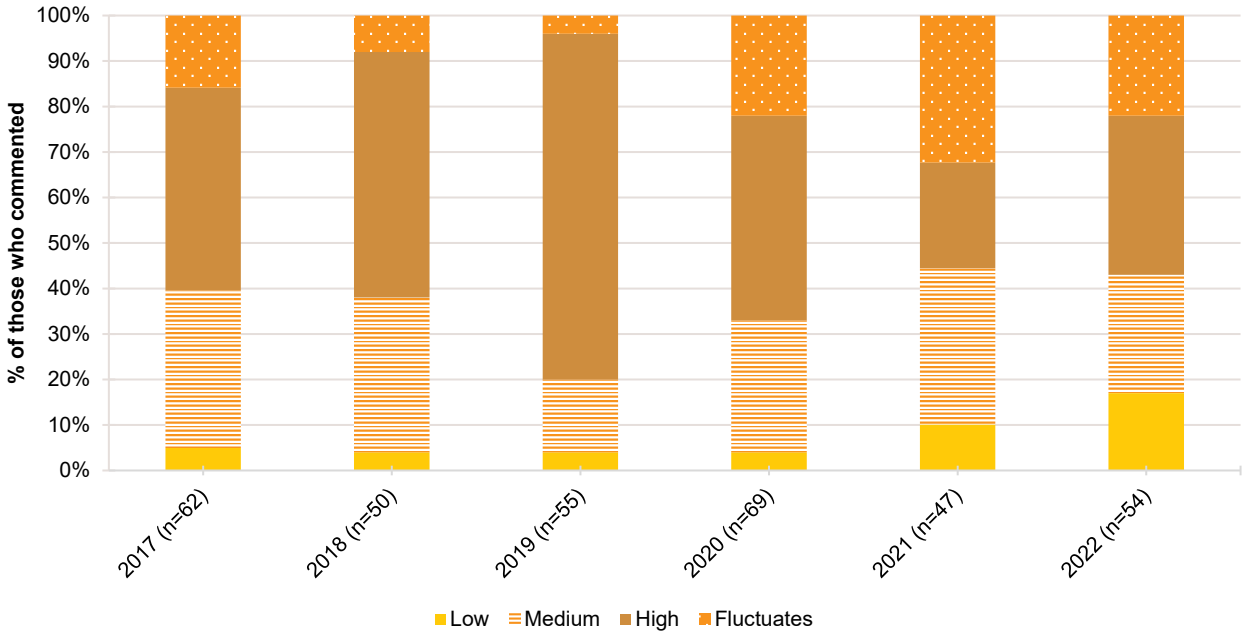
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Current perceived purity of ecstasy capsules, Brisbane/Gold Coast, QLD, 2017-2022



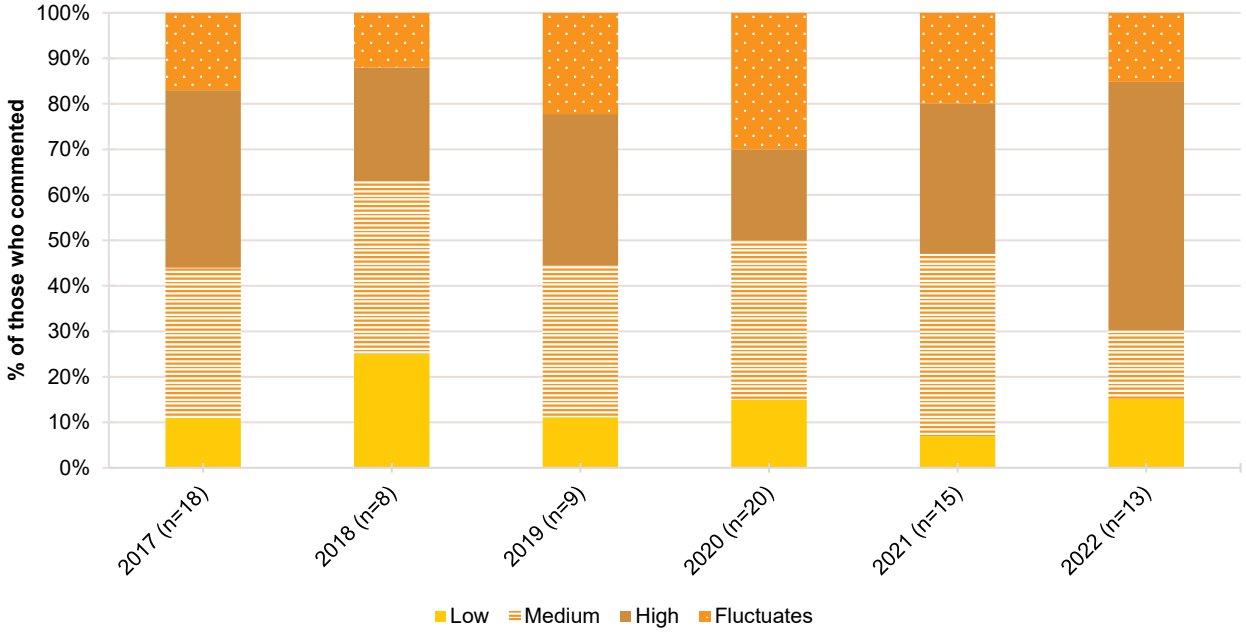
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 10: Current perceived purity of ecstasy crystal, Brisbane/Gold Coast, QLD, 2017-2022



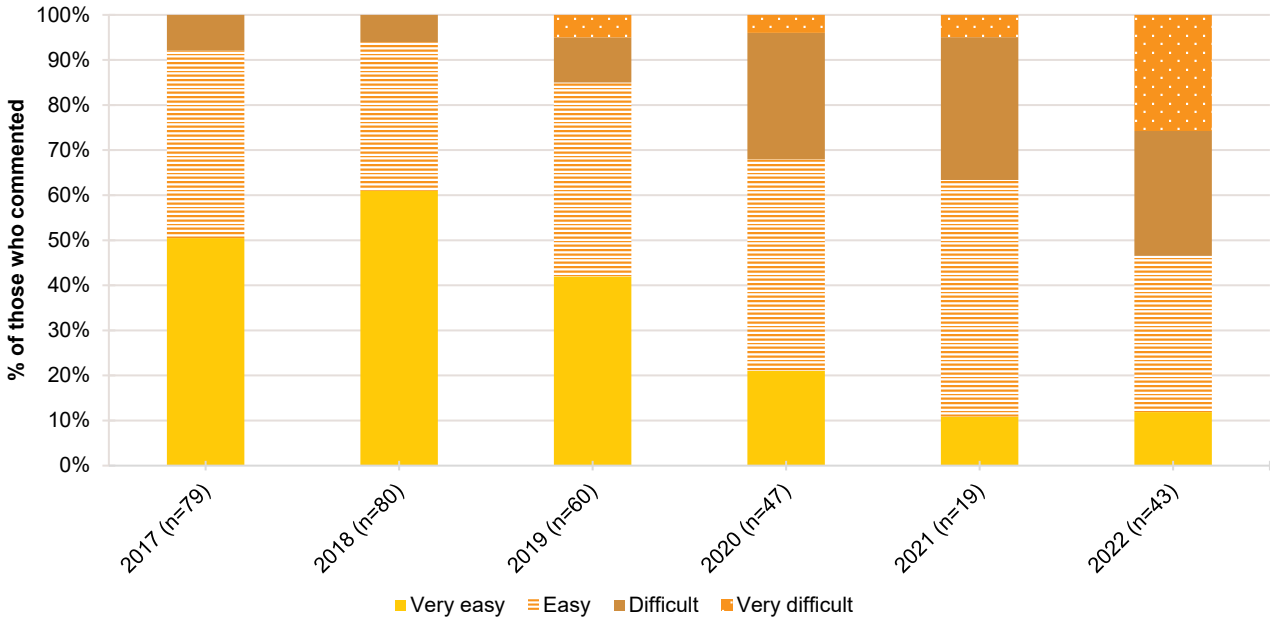
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of ecstasy powder, Brisbane/Gold Coast, QLD 2017-2022



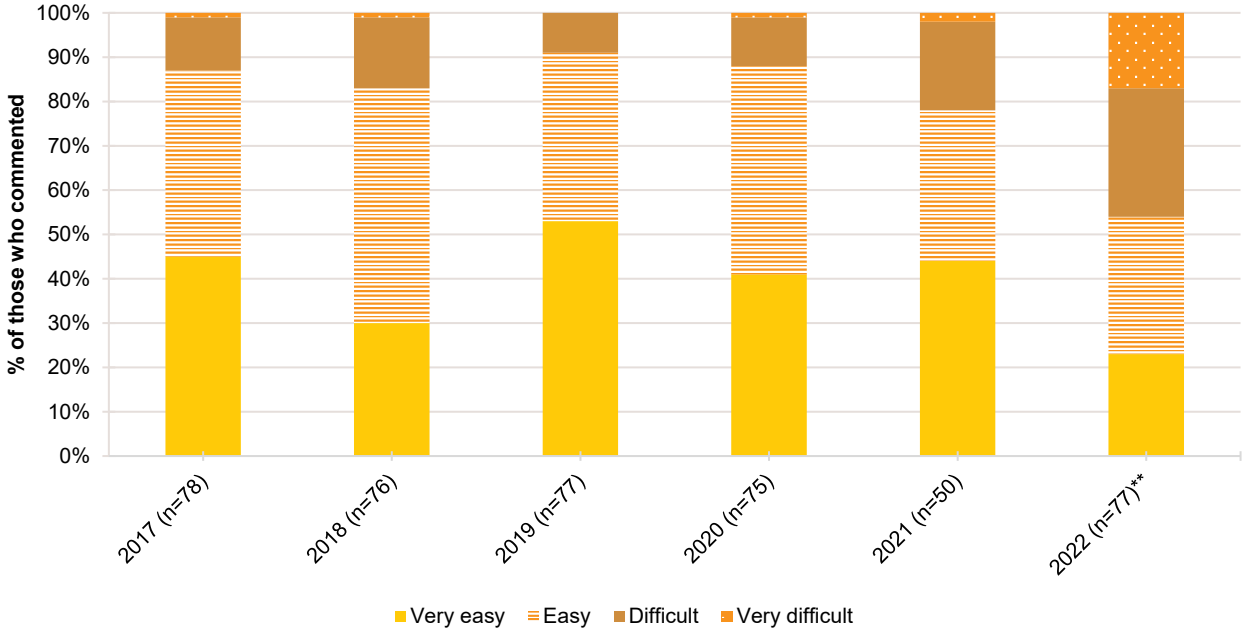
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of ecstasy pills, Brisbane/Gold Coast, QLD 2017-2022



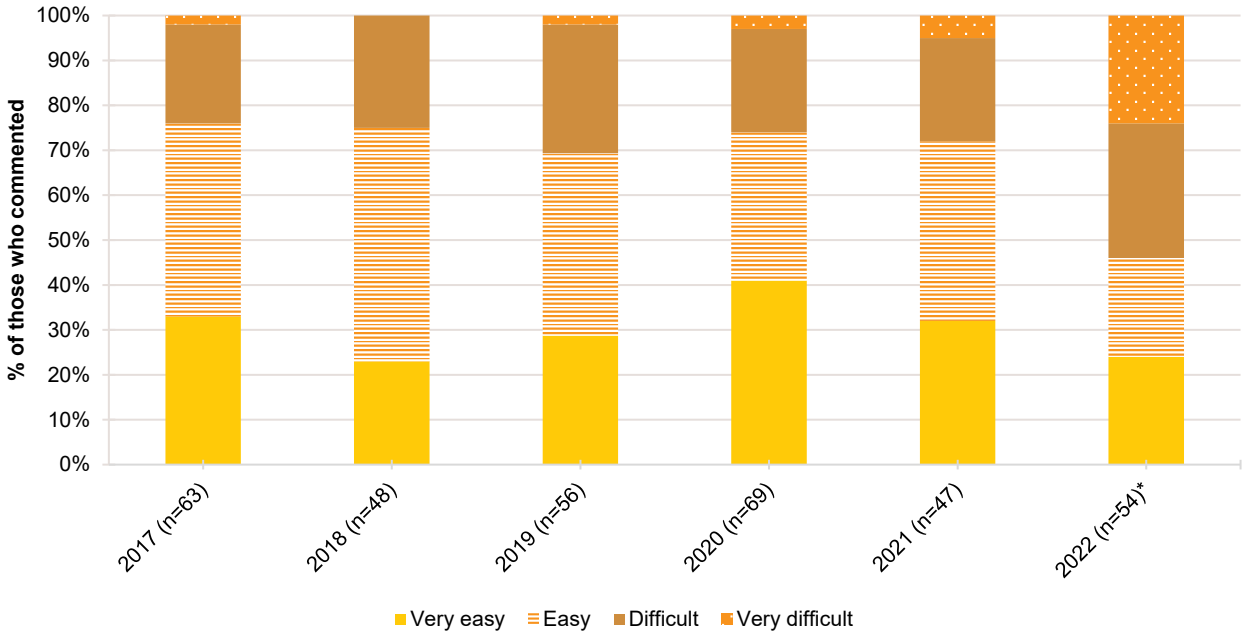
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived availability of ecstasy capsules, Brisbane/Gold Coast, QLD 2017-2022



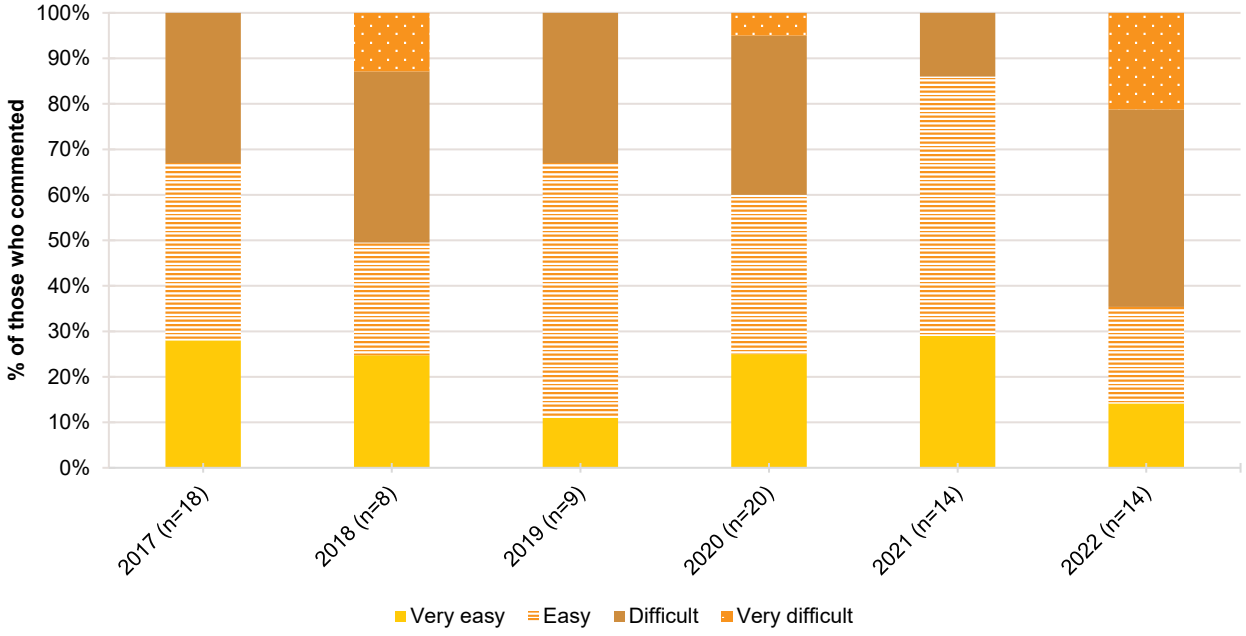
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of ecstasy crystal, Brisbane/Gold Coast, QLD 2017-2022



Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of ecstasy powder, Brisbane/Gold Coast, QLD 2017-2022



Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

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).

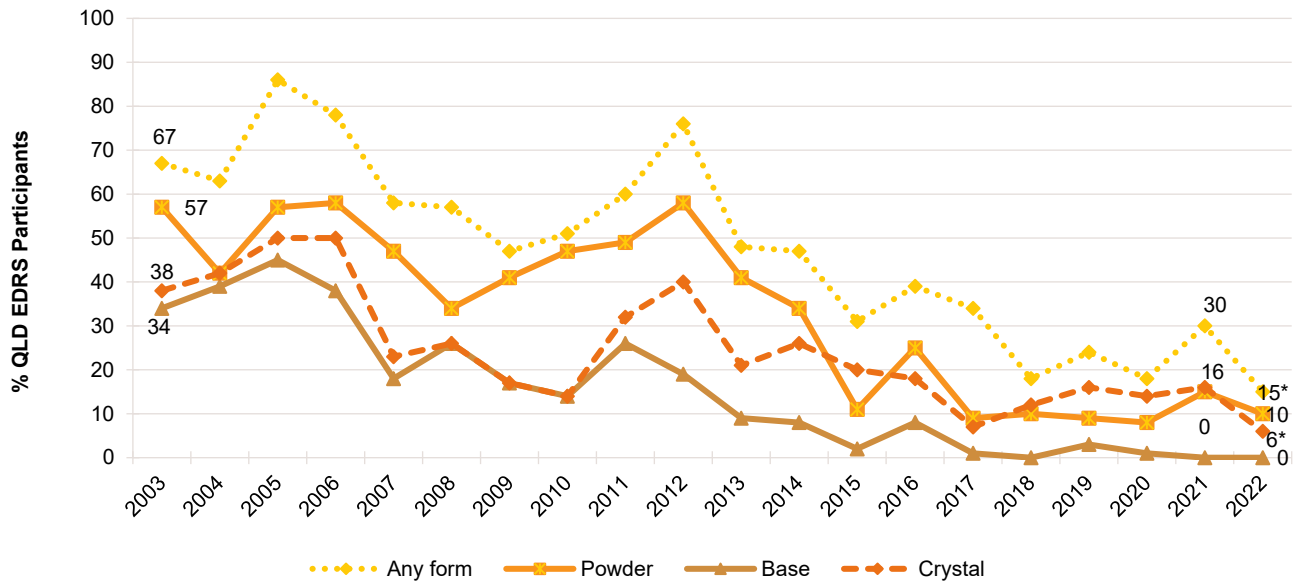
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring commenced in 2003 (Figure 16). This trend continued in 2022, with a significant decrease in recent use reported by 15% of participants (30% in 2021; *p*=0.026).

Frequency of Use

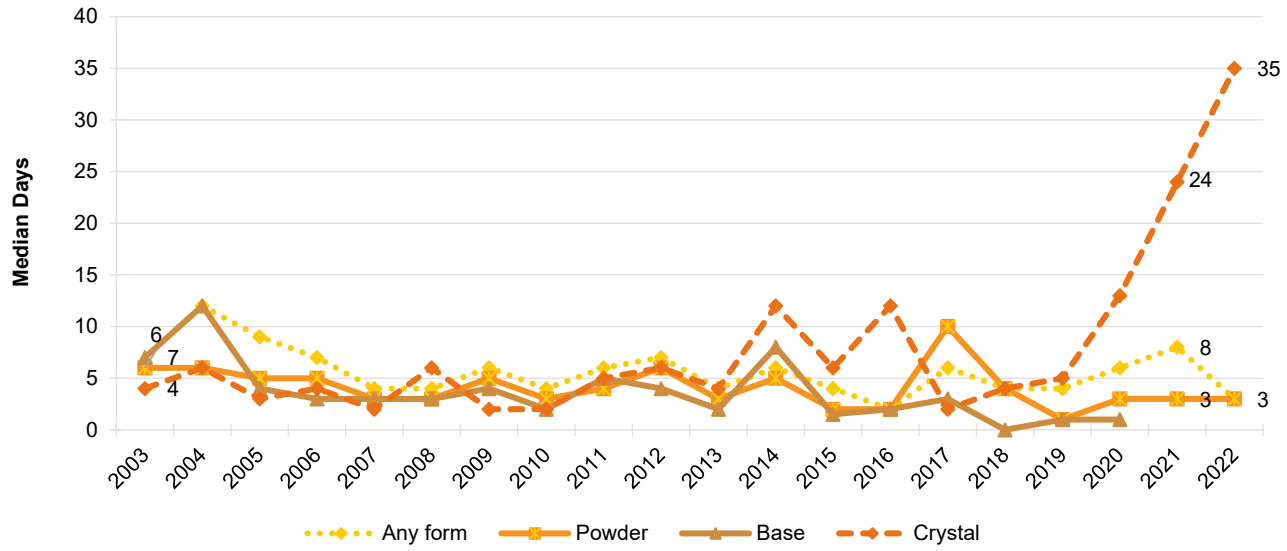
Frequency of use remained stable in 2022, with a median of three days (IQR=2-37) compared to a median of eight days (IQR=3-31) in 2021 (*p*=0.436) (Figure 17). Few participants (n≤5) reported weekly use.

Figure 16: Past six month use of any methamphetamine, powder, base, and crystal, Brisbane/Gold Coast, QLD 2003-2022



Note. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 17: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Brisbane/Gold Coast, QLD 2003-2022



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 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). No participants reported on use of base in 2021 or 2022. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Ten per cent of the sample reported recent use in 2022 (15% in 2021; p=0.349) (Figure 16).

Frequency of Use: Among participants who had recently consumed methamphetamine powder and commented (n=10), frequency of use remained stable in 2022, with a median of three days (IQR=1-4) reported, unchanged from three days (IQR=3-4) in 2021 (p=0.473) (Figure 17).

Routes of Administration: Of those who had recently consumed powder and responded (n=10), most (60%) reported snorting as their chosen route of administration (45% in 2021; p=0.670).

Quantity: Few participants (n≤5) reported on quantity of use of methamphetamine powder. Therefore, further information is not provided.

Methamphetamine Crystal

Recent Use (past 6 months): In 2022, a significant decrease in recent use of methamphetamine crystal was observed (p=0.044). Six per cent of participants reported recent use (n=6), compared to 16% in 2021 (Figure 16).

Frequency of Use: Of those who had recently consumed crystal and commented (n=6), frequency of use was reported on a median of 35 days (IQR=5-87) in comparison to 24 days (IQR=13-52) in 2021 (p=0.888) (Figure 17). Few participants (n≤5) reported weekly or greater use of crystal, consistent with 2021.

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=6), smoking remained the most common route of administration, with all participants reporting this method in 2022, stable from 92% in 2021.

Quantity: Few participants (n≤5) reported on quantity of use of methamphetamine powder.

Methamphetamine Base

No participants reported recent use of methamphetamine base, and therefore, further details are not reported. For historical overview, please refer to Figure 16.

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 18), perceived purity (Figure 20) and perceived availability (Figure 22) for methamphetamine powder. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

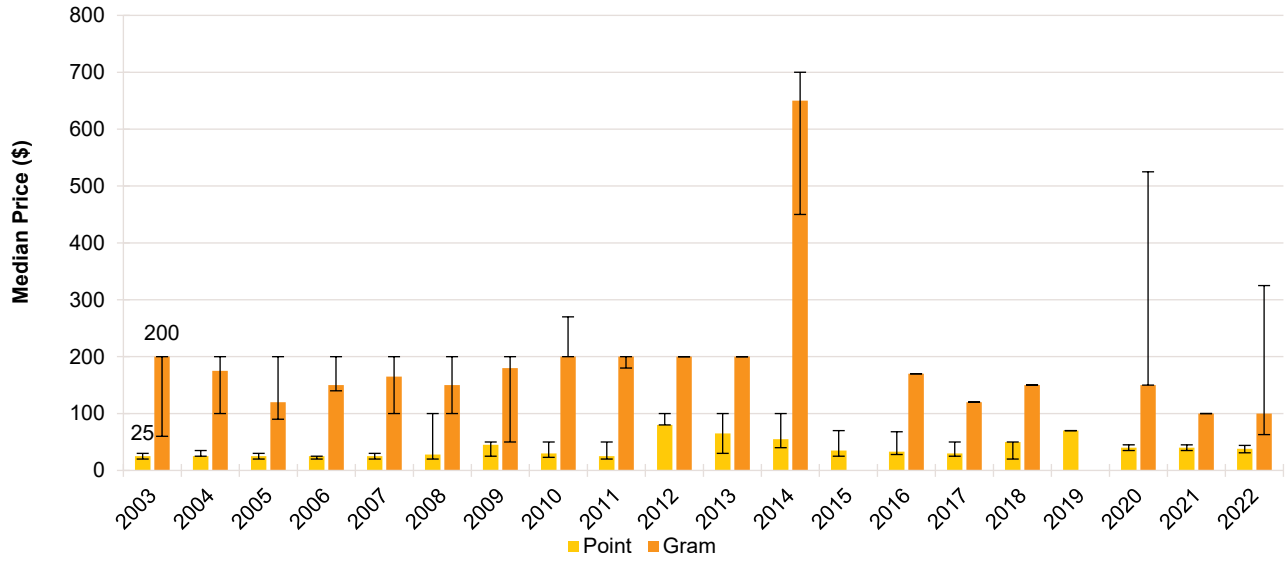
Methamphetamine Crystal

Price: Few participants (n≤5) reported on price of methamphetamine crystal in 2022 and therefore, further details are not reported. For historical overview, please refer to Figure 19.

Perceived Purity: Few participants (n≤5) reported on purity of methamphetamine crystal in 2022 and therefore, further details are not reported. For historical overview, please refer to Figure 21.

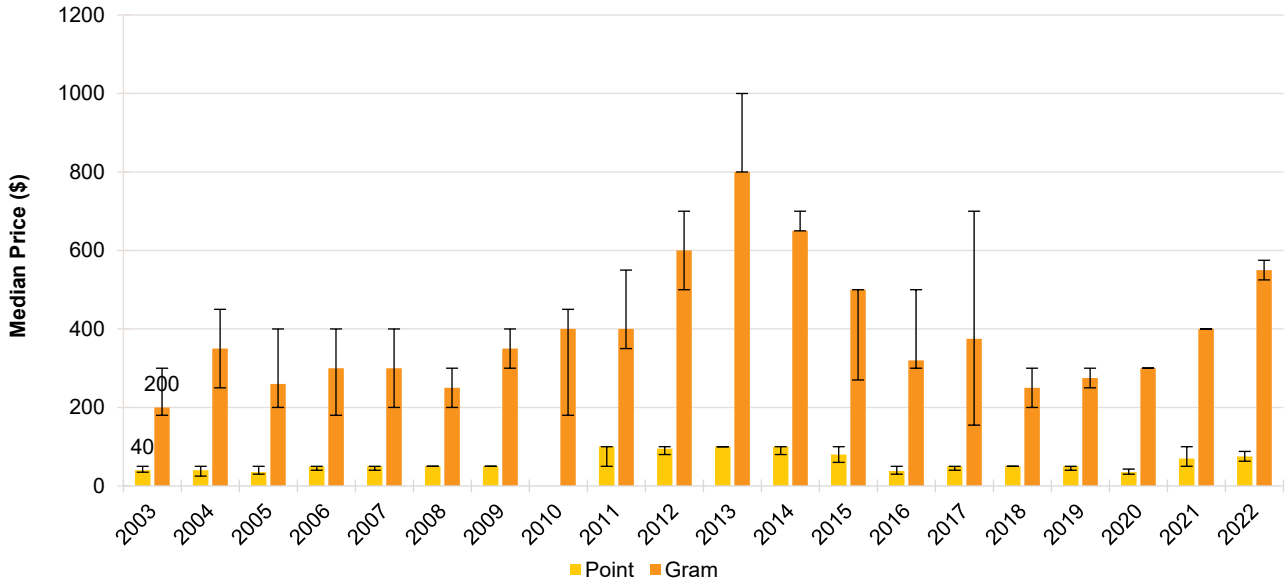
Perceived Availability: Few participants (n≤5) reported on availability of methamphetamine crystal in 2022 and therefore, further details are not reported. For historical overview, please refer to Figure 23.

Figure 18: Median price of powder methamphetamine per point and gram, Brisbane/Gold Coast, QLD 2003-2022



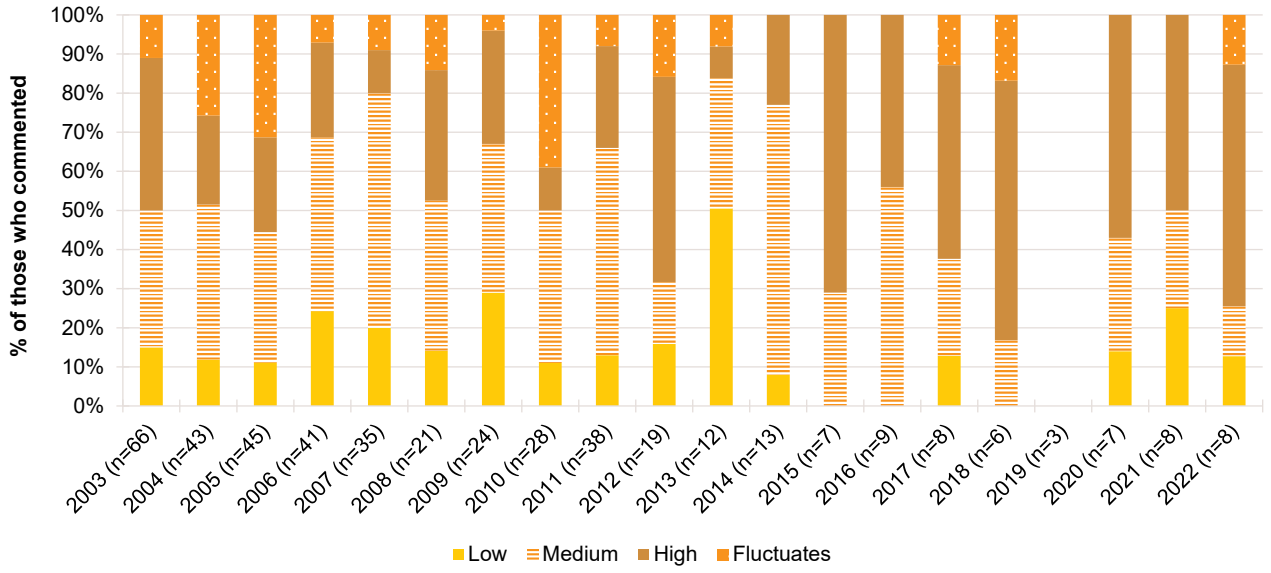
Note. Among those who commented. No participants reported purchasing a gram of powder methamphetamine in 2015 and 2019. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Median price of crystal methamphetamine per point and gram, Brisbane/Gold Coast, QLD 2003-2022



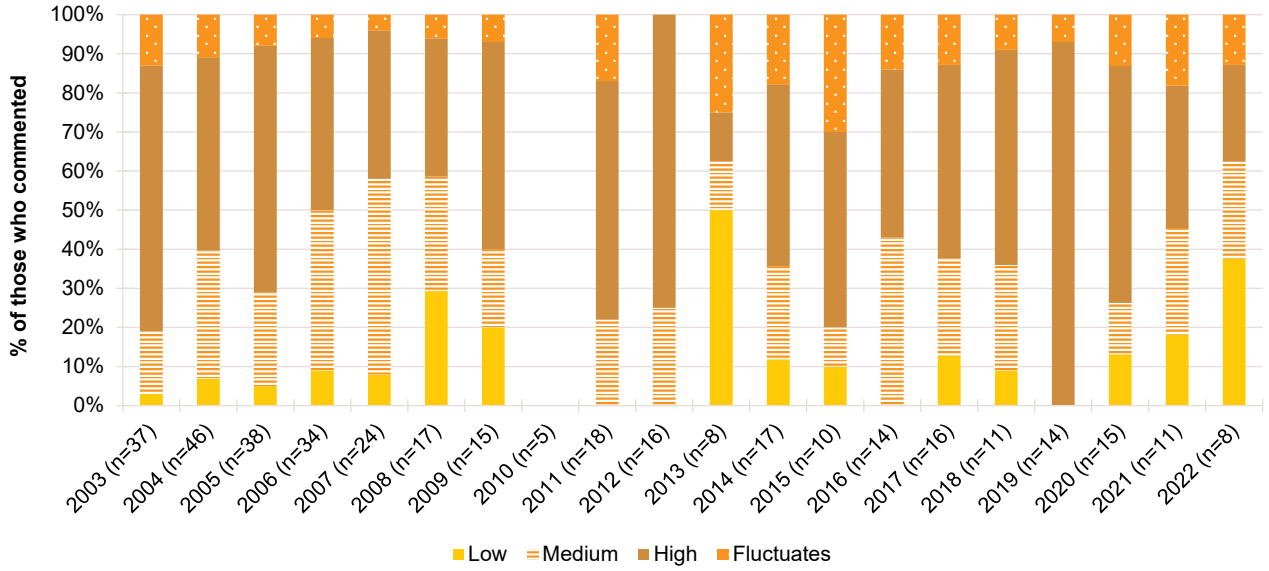
Note. Among those who commented. No participants reported purchasing a gram of crystal methamphetamine in 2010. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 20: Current perceived purity of powder methamphetamine, Brisbane/Gold Coast, QLD, 2003-2022



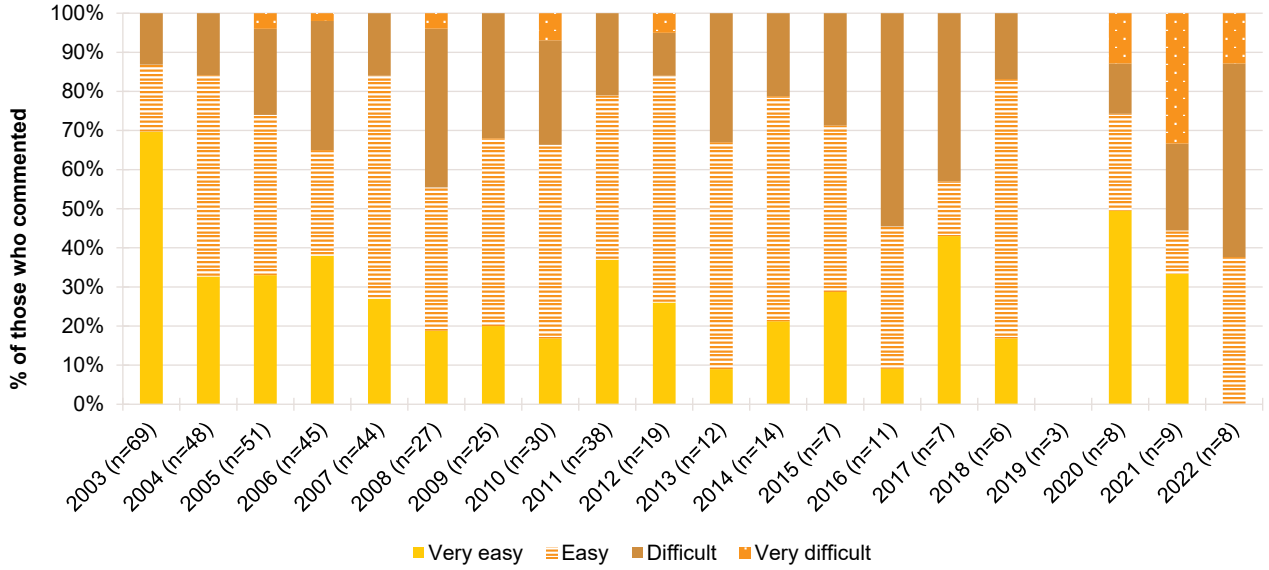
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 21: Current perceived purity of crystal methamphetamine, Brisbane/Gold Coast, QLD, 2003-2022



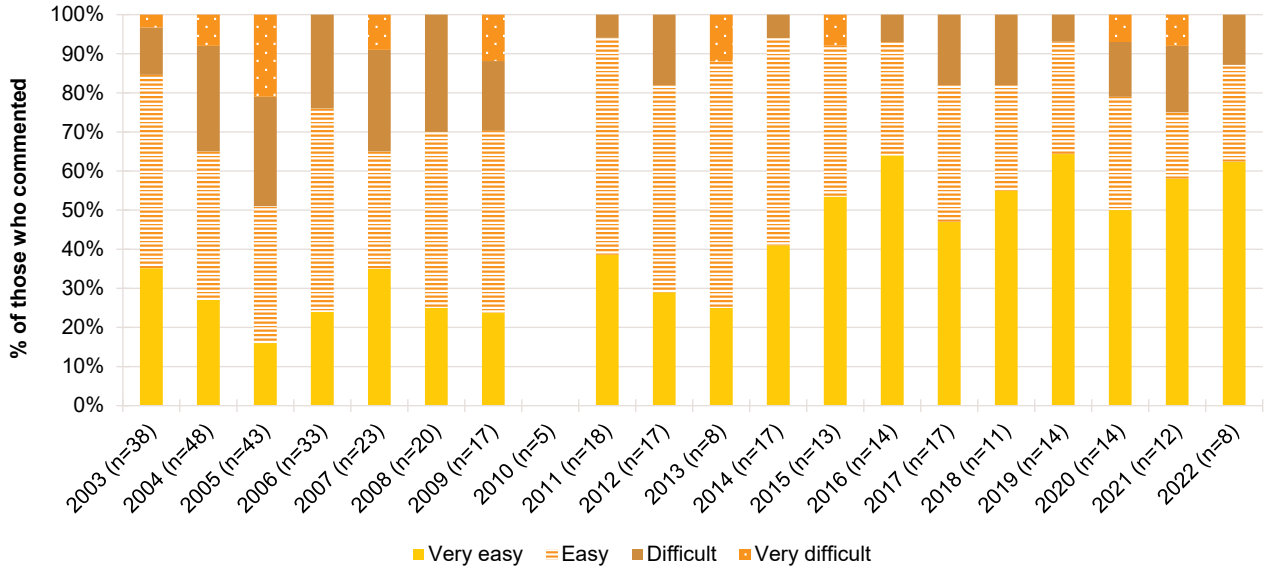
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 22: Current perceived availability of powder methamphetamine, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived availability of crystal methamphetamine, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

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)

Since 2017, the per cent reporting any recent cocaine use has gradually increased. In 2022, 80% of the Brisbane/Gold Coast sample reported recent use, the highest per cent reporting recent use since the commencement of monitoring. However, this was not significantly different from 73% in 2021 (p=0.269) (Figure 24).

Frequency of Use

Frequency of use has fluctuated in recent years. Of those who had recently consumed cocaine and commented (n=82), participants reported a median of six days (IQR=3-14) of use in 2022, stable from four days in 2021 (IQR=3-10; p=0.208) (Figure 24). Among those who reported recent use, 16% (n=13) reported consuming cocaine on a weekly or more frequent basis (n≤5 in 2021; p=0.102).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=82), all reported snorting cocaine, stable relative to 2021 (96%; p=0.152).

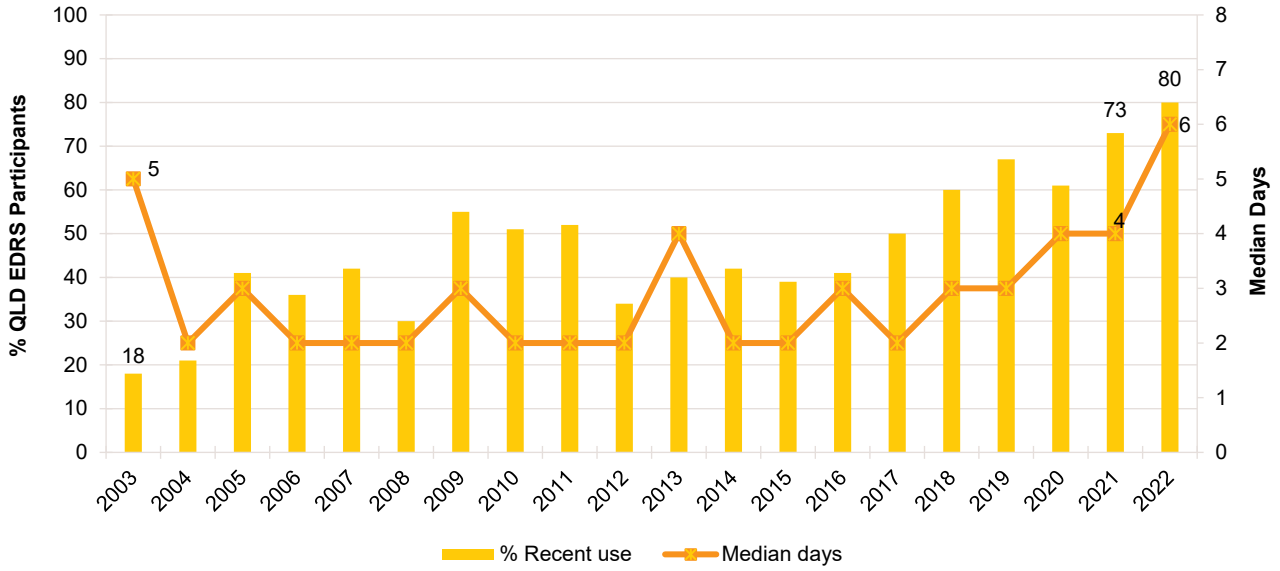
Quantity

Of those who reported recent use and responded (n=50), the median amount of cocaine used in a 'typical' session was 0.50 grams (IQR=0.40-1.00; 0.50 grams in 2021; IQR=0.30-1.00; p=0.823). Of those who reported recent use and responded (n=52), the median maximum amount used was 1.00 gram (IQR=0.50-2.00; 1.00 gram in 2021; IQR=0.50-1.50; p=0.350).

Forms used

Among participants who had recently consumed cocaine and commented (n=82), all participants reported using powder cocaine (100%; 96% in 2021; p=0.148), with few participants (n≤5) reporting use of crack cocaine (no reports in 2021).

Figure 24: Past six month use and frequency of use of cocaine, Brisbane/Gold Coast, QLD, 2003-2022



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 8 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

The median price per gram of cocaine was $350 in 2022 (IQR=300-350; n=48), stable relative to 2021 ($350; IQR=300-350; n=20; p=0.751), which were the two highest years for price since monitoring began (Figure 25).

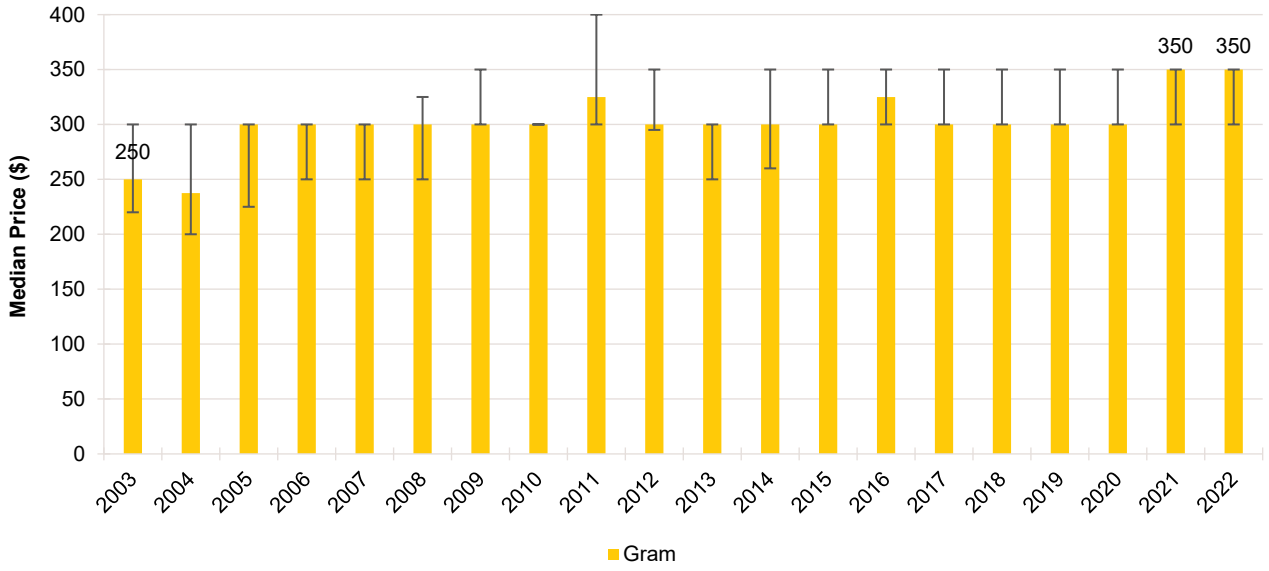
Perceived Purity

The perceived purity of cocaine remained stable between 2021 and 2022 (p=0.196). Among those who were able to respond in 2022 (n=71), the largest proportion of participants reported cocaine to be of 'fluctuating' purity (34%; 16% in 2021)). A further 25% reported purity as 'low' (31% in 2021), 21% as 'medium' (27% in 2021), and 20% as 'high' (27% in 2021) (Figure 26).

Perceived Availability

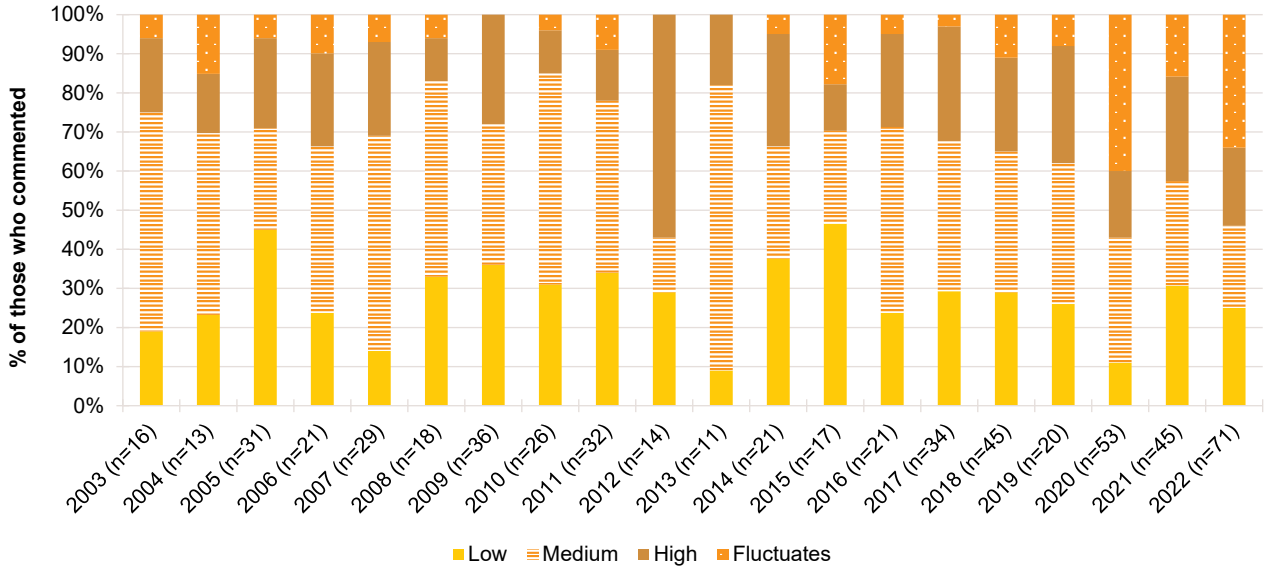
The perceived availability of cocaine remained stable between 2021 and 2022 (p=0.444). Among those who were able to respond in 2022 (n=73), 45% reported cocaine to be 'easy' to obtain (58% in 2021), 38% perceived it to be 'very easy' (28% in 2021), and 14% as 'difficult' (14% in 2021) (Figure 27).

Figure 25: Median price of cocaine per gram, Brisbane/Gold Coast, QLD, 2003-2022



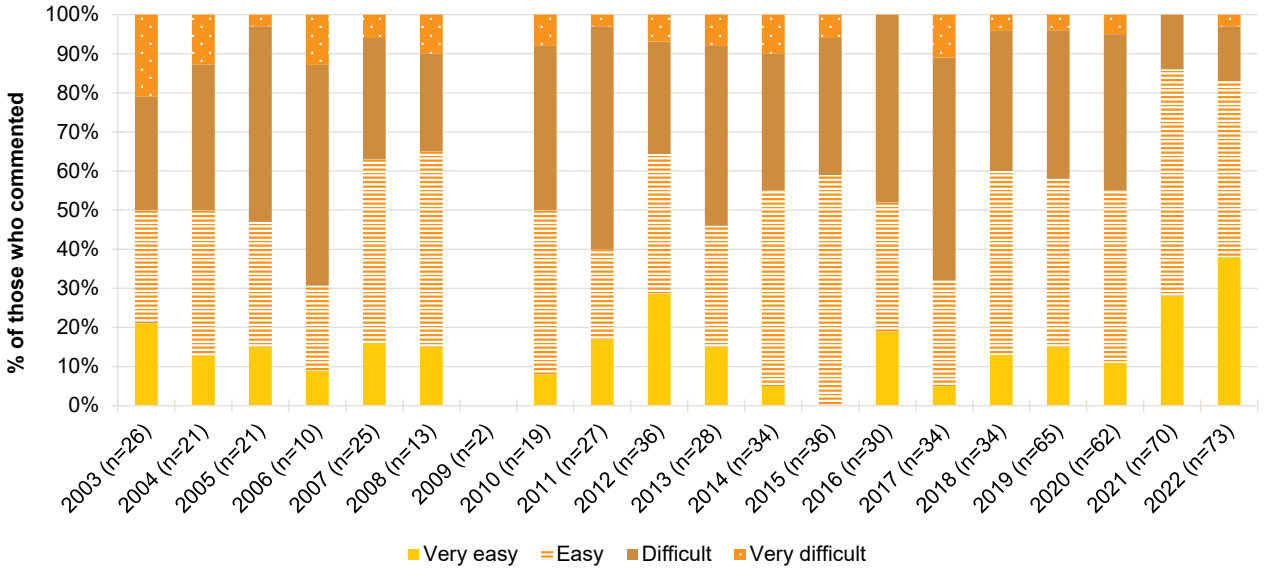
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 26: Current perceived purity of cocaine, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 27: Current perceived availability of cocaine, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

5

Cannabis and/or Cannabinoid Related Products

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 CBD and THC extract.

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid related products obtained through either of the above means.

Patterns of Consumption

In 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products; 10% of the sample reported prescribed use in the six months preceding interview.

In this chapter, data from 2021 and 2022, and from 2003-2016, refer to non-prescribed cannabis use only, while data from 2017-2020 refers to any cannabis use (including hydroponic and bush cannabis, hash, hash oil). While comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Historically, at least three-in-four participants have reported any recent use of non-prescribed cannabis and/or cannabinoid related products. In 2022, 76% reported recent use, relatively stable from 2021 (89%, p=0.050) (Figure 28).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented (n=78), participants reported a median of 48 days (IQR=12-100) of use in 2022, stable relative to 2021 (72 days; IQR=20-180; p=0.117) (Figure 28). Around two-thirds (67%) reported using non-prescribed cannabis on a weekly or more frequent basis (72% in 2021; p=0.582). A small number of participants (n≤5) reported daily use, a significant decrease from 2021 (26%; p=0.002).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented (n=78), the vast majority of participants (94%) reported smoking, unchanged from 2021 (94%). Almost one-third (32%) reported swallowing (31% in 2021) and 27% reported inhaling/vaporising (34% in 2021; p=0.457).

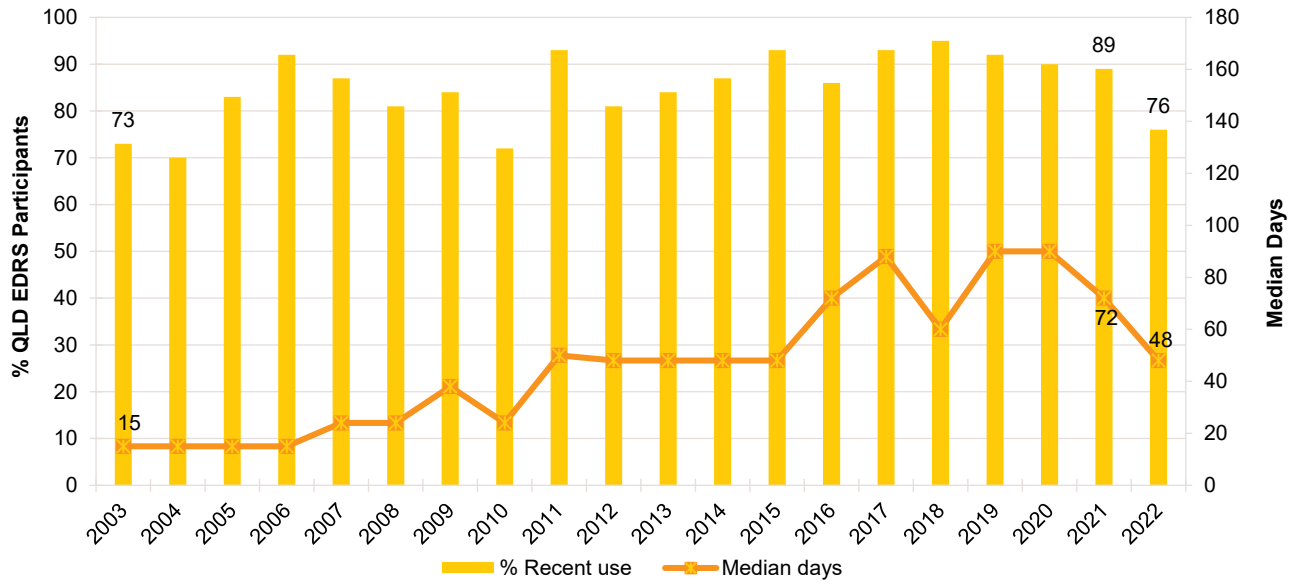
Quantity

Of those who reported recent non-prescribed use and responded, the median amount of cannabis used on the last occasion of use was 2.5 cones (IQR=1.0-3.8; n=18; 2 in 2021; IQR=1.8-3.0) or 1.00 grams (IQR=0.50-3.00; n=28; 1.50 in 2021; IQR=0.80-3.30) or one joint (IQR=0.5-1.0; n=28; 1.5 in 2021; IQR=1.0-2.0).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and responded (n=73), the majority reported recent use of hydroponic cannabis (73%; 78% in 2021; *p*=0.550) and sixty-three per cent reported recent use of bush cannabis (63% in 2021). Few participants (n≤5) reported having used hashish (11% in 2021; *p*=0.546) and 10% reported using hash oil (n=7; 11% in 2021; *p*=0.780) in the preceding six months. Eight per cent of participants reported recent use of (non-prescribed) CBD extract in 2022 (10% reported recent use of CBD oil in 2021) and 12% reported use of THC extract (not asked in 2021).

Figure 28: Past six month use and frequency of use of non-prescribed cannabis, Brisbane/Gold Coast, QLD, 2003-2022



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. 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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per ounce of non-prescribed hydroponic cannabis has fluctuated over the years. In 2022, participants paid a median of $400 per ounce (IQR=323-475; n=7), similar to the median price of $375 in 2021 (IQR=350-419; n=6; *p*=0.830) (Figure 29a). In 2022, the median price of a gram remained stable at $20 (IQR=16-23; n≤5 in 2021; *p*=0.805).

Perceived Potency: Among those who were able to respond in 2022 (n=46), most (46%) perceived non-prescribed hydroponic cannabis to be of 'high' potency, consistent with reports in 2021 (54%) and in previous years, while 24% perceived it to 'fluctuate' (n≤5 in 2021; *p*=0.053) (Figure 30a).

Perceived Availability: A significant change was observed in the perceived availability of non-prescribed hydroponic cannabis in 2022 (p=0.032). Among those who were able to respond (n=46), 70% perceived non-prescribed hydroponic cannabis to be 'very easy' (44% in 2021), and 22% to be 'easy' to obtain (49% in 2021) (Figure 31a).

Bush Cannabis

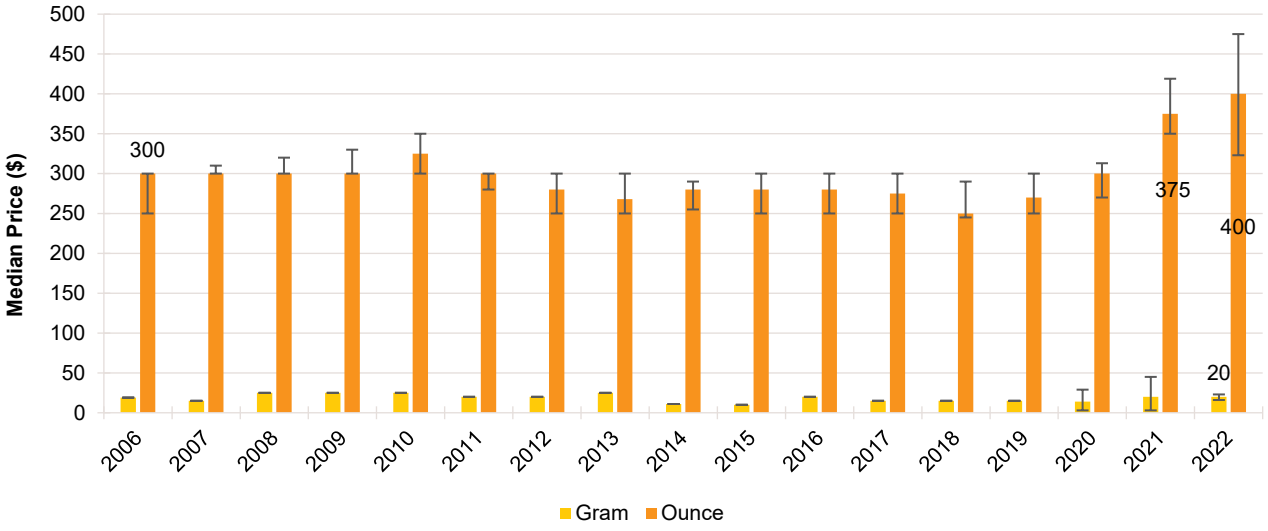
Price: The median price per gram of non-prescribed bush cannabis remained stable at $19 (IQR=17-20; n=6; n≤5 in 2021; p=0.773) (Figure 29b). Few participants (n≤5) reported on the price per ounce in 2022 and 2021; therefore, these data are suppressed.

Perceived Potency: The perceived potency of non-prescribed bush cannabis differed significantly between 2021 and 2022 (p=0.024). Among those who were able to respond in 2022 (n=39), fewer (28%) perceived potency as high (39% in 2021) or medium (41%; 58% in 2021) and more (13% perceiving it as low (n≤5 in 2021) (Figure 30b).

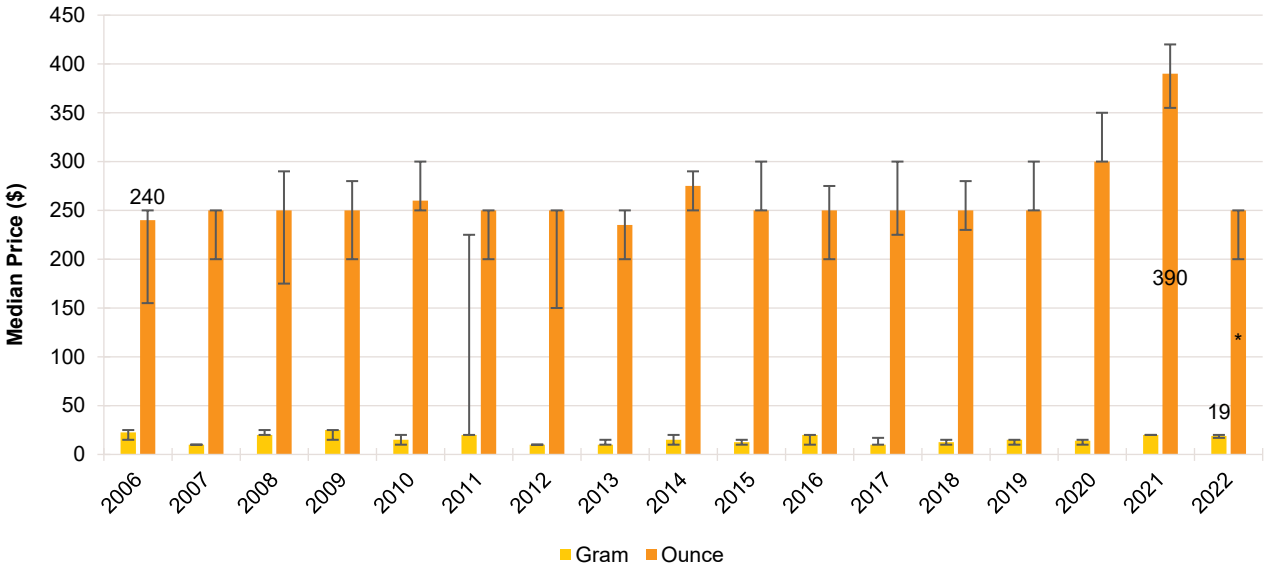
Perceived Availability: The perceived availability of non-prescribed bush cannabis remained stable between 2021 and 2022 (p=0.235). Among those who were able to respond in 2022 (n=39), 54% perceived non-prescribed bush cannabis to be 'very easy' to obtain (50% in 2021) and 36% perceived it as 'easy' to obtain (22% in 2021) (Figure 31b).

Figure 29: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Brisbane/Gold Coast, QLD, 2006-2022

(A) Hydroponic cannabis



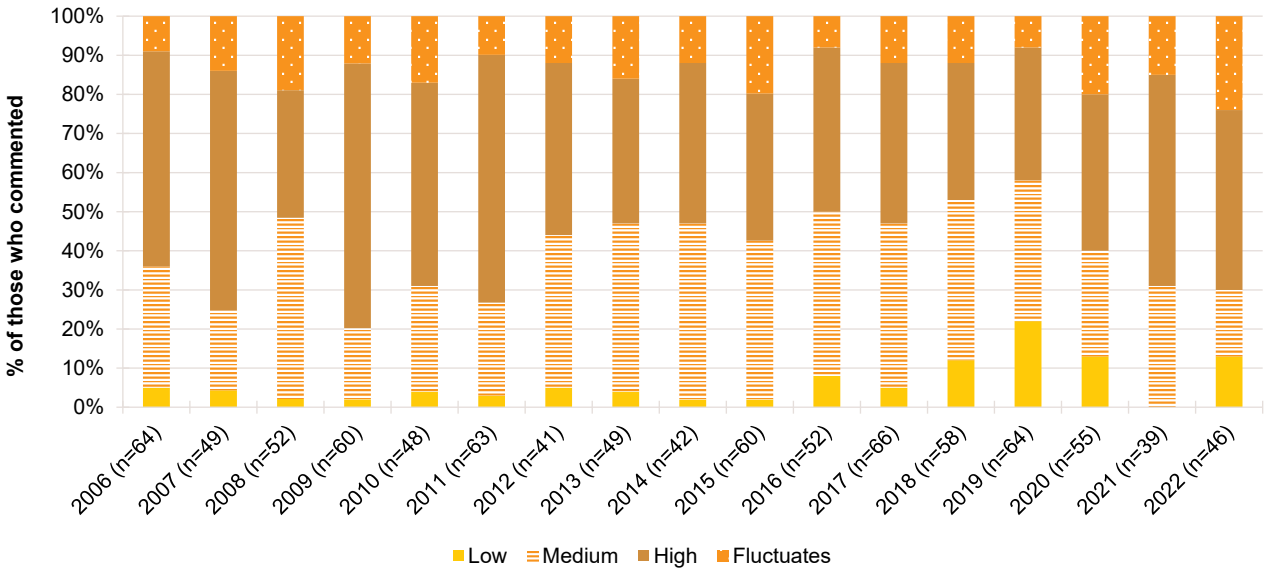
(B) Bush cannabis



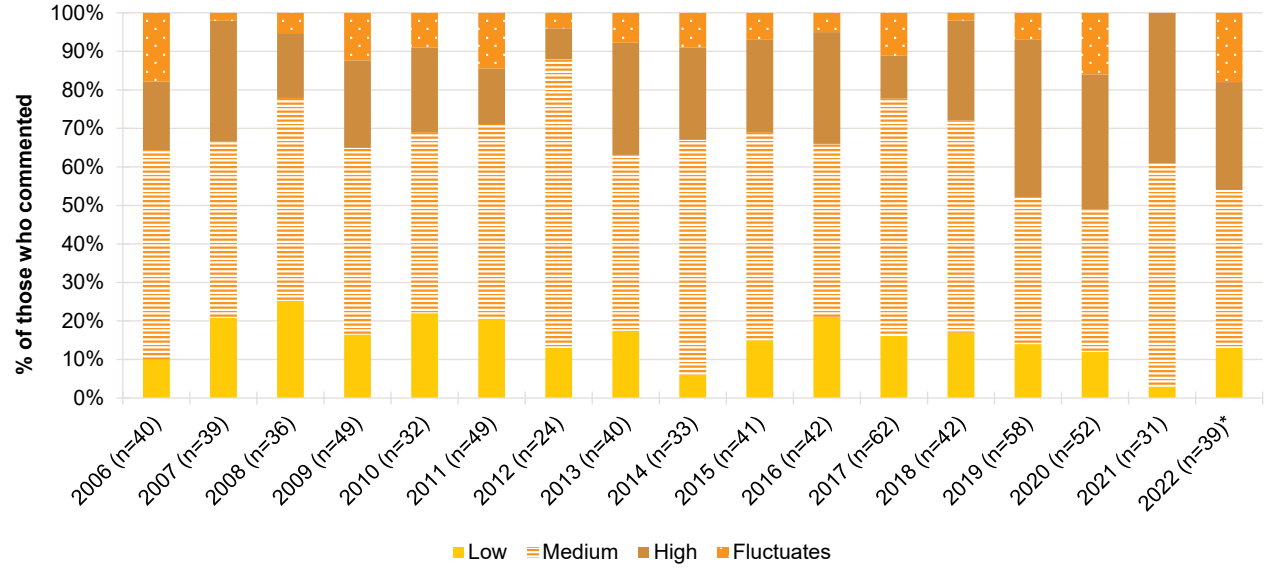
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are only provided for the first (2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 30: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2006-2022

(A) Hydroponic cannabis

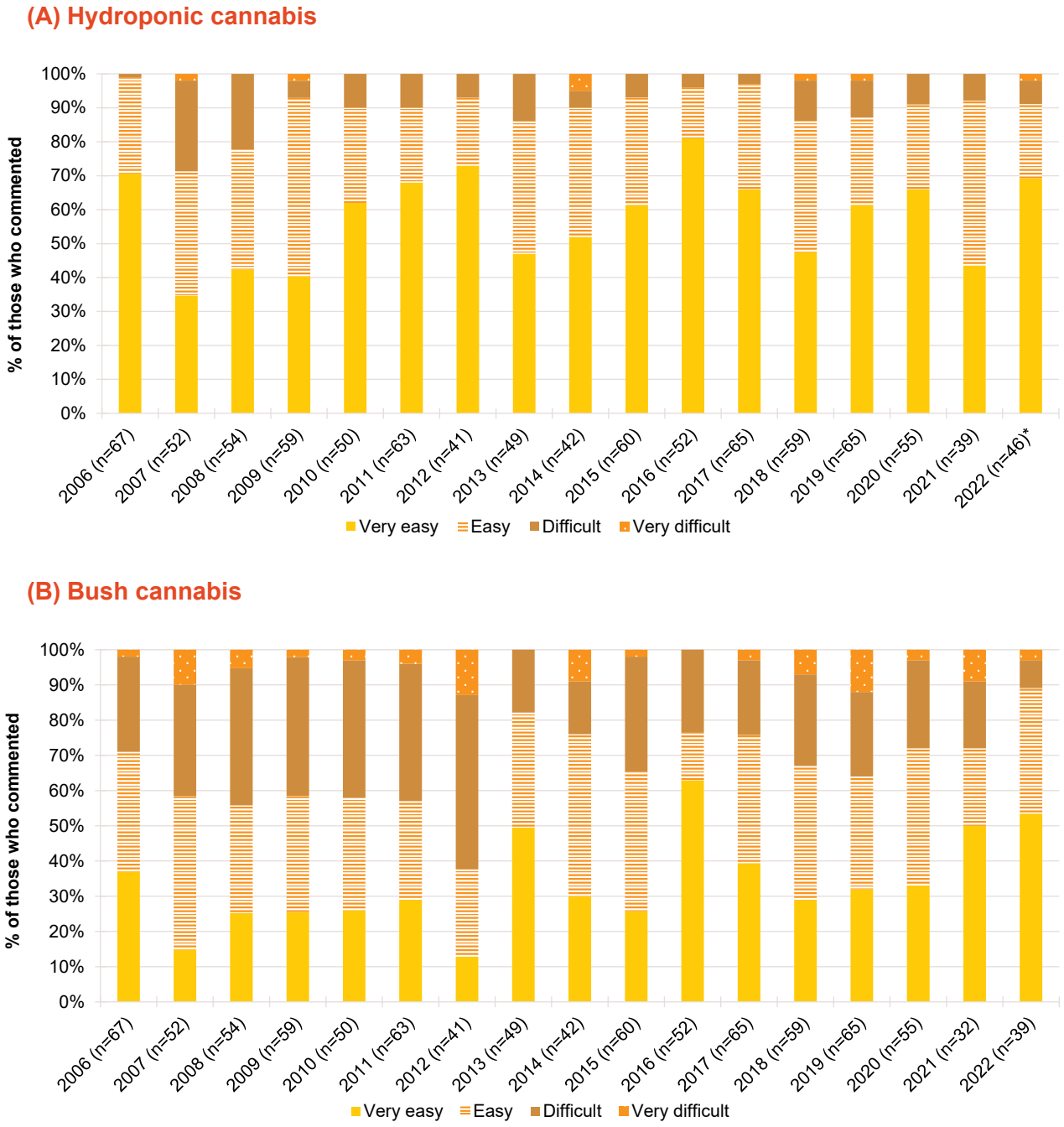


(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 31: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2006-2022



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

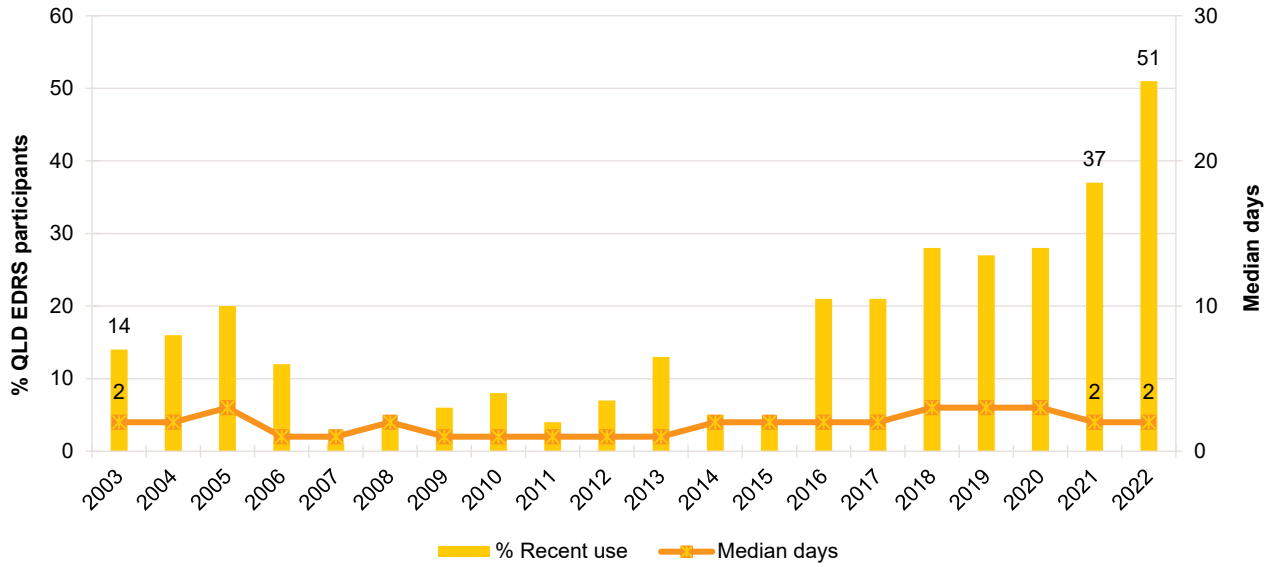
Recent Use (past 6 months): Fifty-one per cent of the Brisbane/Gold Coast sample reported using any ketamine in the six months prior to interview. This remained relatively stable from 37% in 2021 (p=0.095) (Figure 32).

Frequency of Use: Of those who had recently consumed ketamine and commented (n=51), frequency of use remained low and stable in 2022 compared to 2021 (median 2 days; IQR=1-4; 2 days in 2021; IQR=1-6; p=0.458) (Figure 32). Few participants (n≤5) who had recently consumed ketamine reported weekly or more frequent use in 2022 or 2021, thus, these data are suppressed.

Routes of Administration: Among participants who had recently consumed ketamine and commented (n=52), the vast majority of participants (92%) reported snorting in 2022, stable from 2021 (96%; p=0.656).

Quantity: Of those who reported recent use and responded (n=23), the median amount of ketamine used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2021; IQR=0.10-0.50; p=0.351). Of those who reported recent use and responded (n=23), the median maximum amount used was 0.40 grams (IQR=0.30-0.50; 0.30 grams in 2021; IQR=0.20-0.50; p=0.702).

Figure 32: Past six month use and frequency of use of ketamine, Brisbane/Gold Coast, QLD, 2003-2022



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 60% and 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

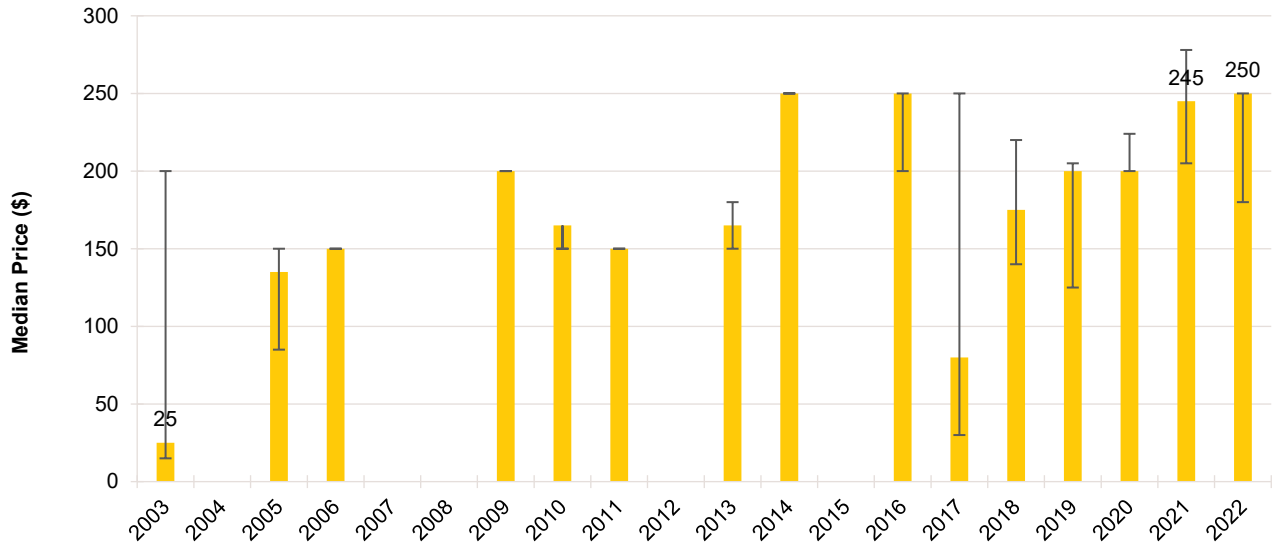
Price, Perceived Purity and Perceived Availability

Price: The median reported price of ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2022 was $250 (IQR=180-250; n=18; $245 in 2021; IQR=205-278; n=18; *p*=0.472) (Figure 33).

Perceived Purity: The perceived purity of ketamine remained stable between 2021 and 2022 (*p*=0.383). Among those who were able to respond in 2022 (n=32), 53% perceived the purity of ketamine to be 'high' (35% in 2021) (Figure 34).

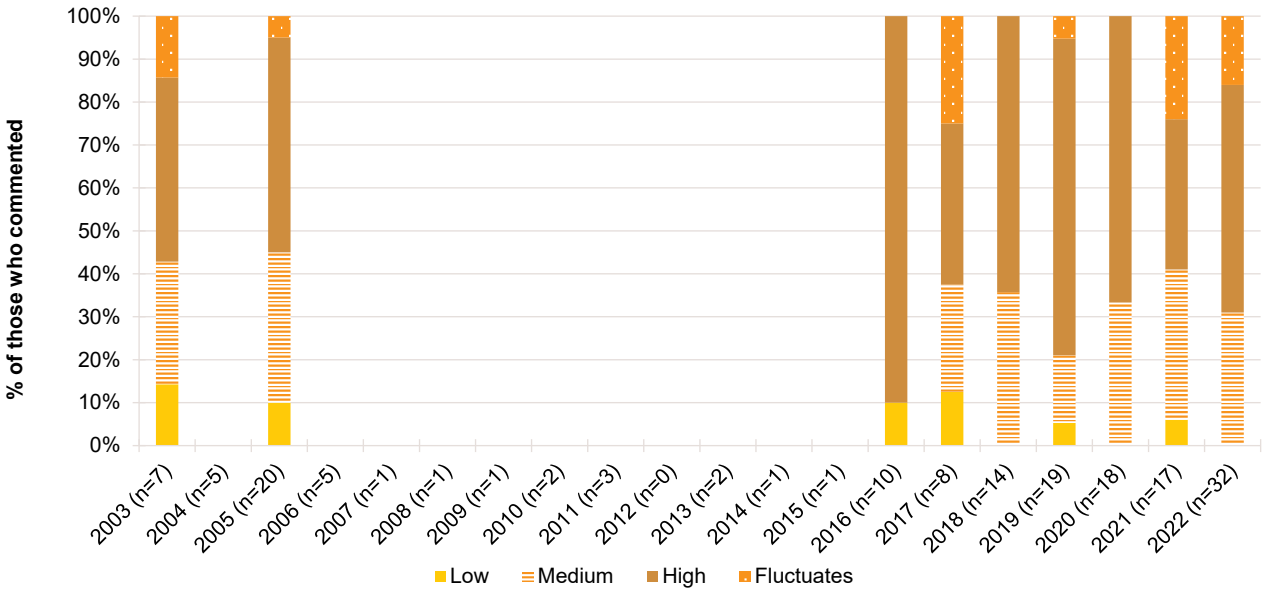
Perceived Availability: The perceived availability of ketamine remained stable between 2021 and 2022 (*p*=0.217). Of those who were able to respond in 2022 (n=32), 44% reported ketamine to be 'easy' to obtain (24% in 2021) (Figure 35).

Figure 33: Median price of ketamine per gram, Brisbane/Gold Coast, QLD, 2003-2022



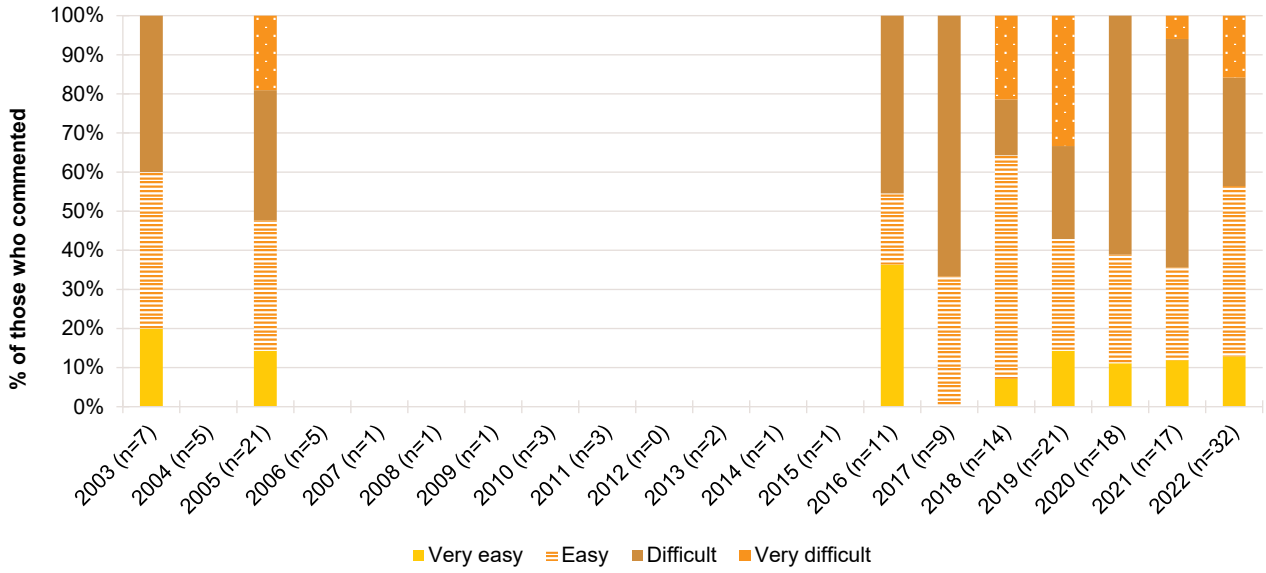
Note. Among those who commented. No participants reported purchasing ketamine in 2004, 2007, 2008, 2012, and 2015. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Figure 34: Current perceived purity of ketamine, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 35: Current perceived availability of ketamine, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

LSD

Patterns of Consumption

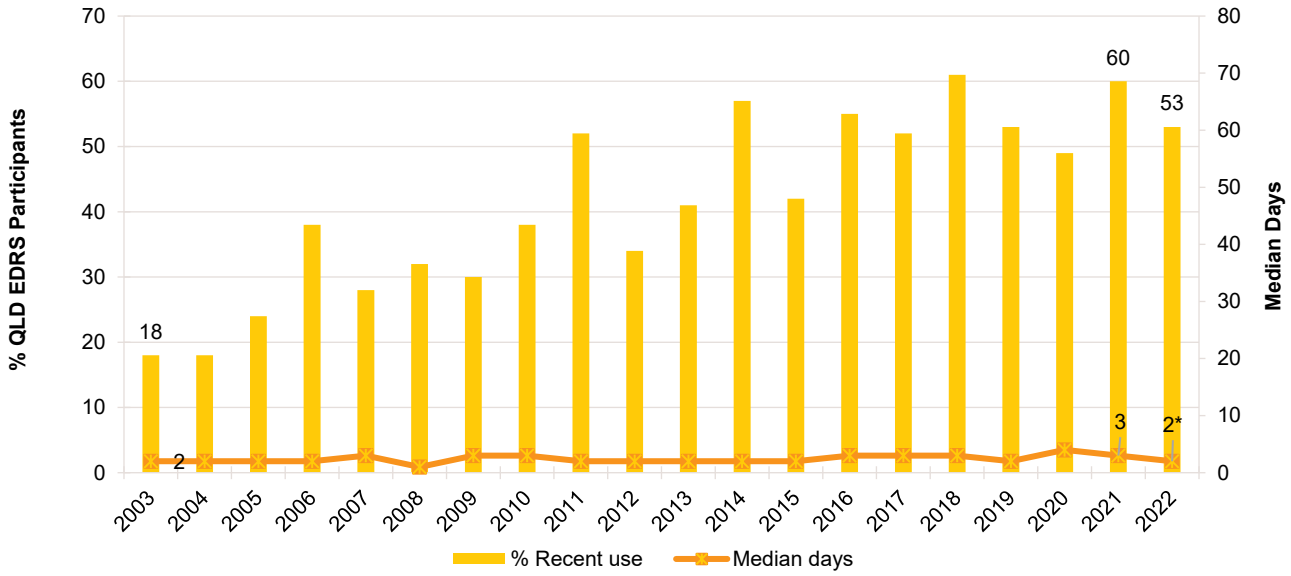
Recent Use (past 6 months): Half (53%) of the Brisbane/Gold Coast sample had used LSD in the six months preceding interview, stable from 2021 (60%, p=0.359) (Figure 36).

Frequency of Use: Median days of LSD use over the years has remained low. Of those who had recently consumed LSD in 2022 and commented (n=54), frequency of use declined to two days in 2022 (IQR=1-5; 3 days in 2021; IQR=2-9; *p*=0.033) (Figure 36). Few participants (n≤5) who had recently consumed LSD reported weekly or more frequent use in 2022, therefore, these data are suppressed (n≤5 in 2021; p=0.087).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=53), most participants (98%) reported swallowing LSD in 2022, stable from 2021 (100%).

Quantity: Of those who reported recent use and responded (n=35), the median amount of LSD used in a 'typical' session was one tab (IQR=0.60-1.00; 1 tab in 2021; IQR=1.00-1.00; *p*=0.825). Of those who reported recent use and responded (n=35), the median maximum amount used was one tab (IQR=1.00-2.00; 1.00 tabs in 2021; IQR=1.00-2.50; *p*=0.494).

Figure 36: Past six month use and frequency of use of LSD, Brisbane/Gold Coast, QLD, 2003-2022



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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

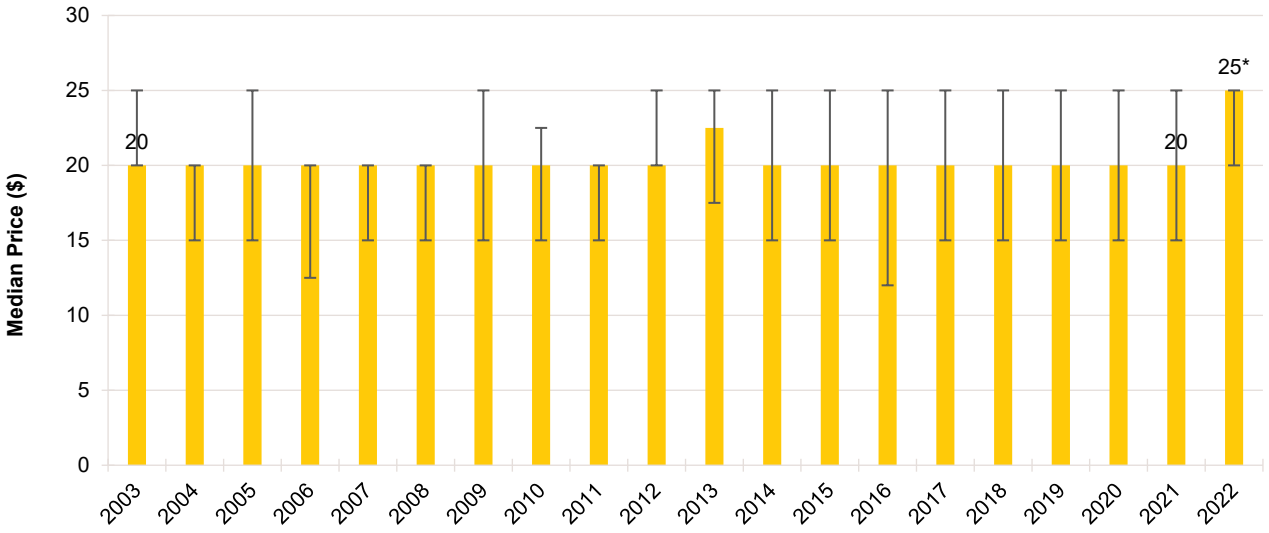
Price, Perceived Purity and Perceived Availability

Price: The median price for one tab of LSD saw a significant increase in 2022 ($25; IQR=20-25, n=24) relative to 2021 ($20; IQR=15-25; n=13; *p*=0.022) (Figure 37).

Perceived Purity: The perceived purity of LSD remained stable between 2021 and 2022 (*p*=0.934). Among those who were able to respond in 2022 (n=45), 64% perceived the purity of LSD to be 'high' (64% in 2021), followed by 20% who reported the purity to be 'medium' (23% in 2021) (Figure 38).

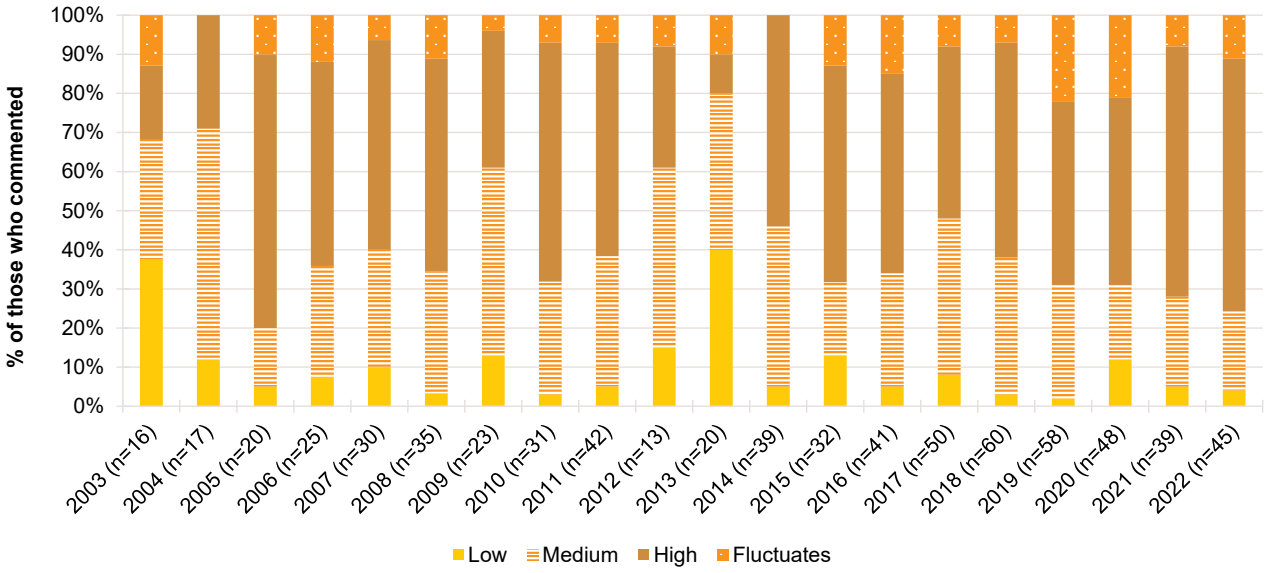
Perceived Availability: The perceived availability of LSD remained stable between 2021 and 2022 (*p*=0.971). Of those able to comment in 2022 (n=45), 42% reported LSD as being 'easy' to obtain (44% in 2021), followed by very easy (27%; 28% in 2021), difficult (20%; 21% in 2021), and very difficult (11%; n≤5 in 2021) (Figure 39).

Figure 37: Median price of LSD per tab, Brisbane/Gold Coast, QLD, 2003-2022



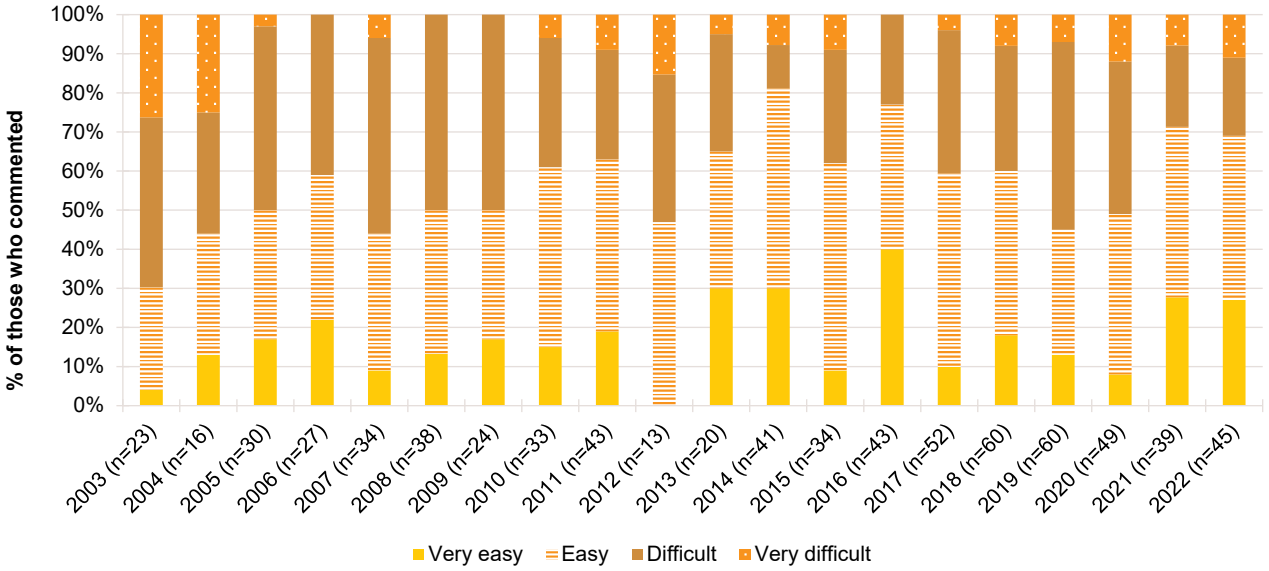
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 38: Current perceived purity of LSD, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 39: Current perceived availability of LSD, Brisbane/Gold Coast, QLD, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

DMT

Patterns of Consumption

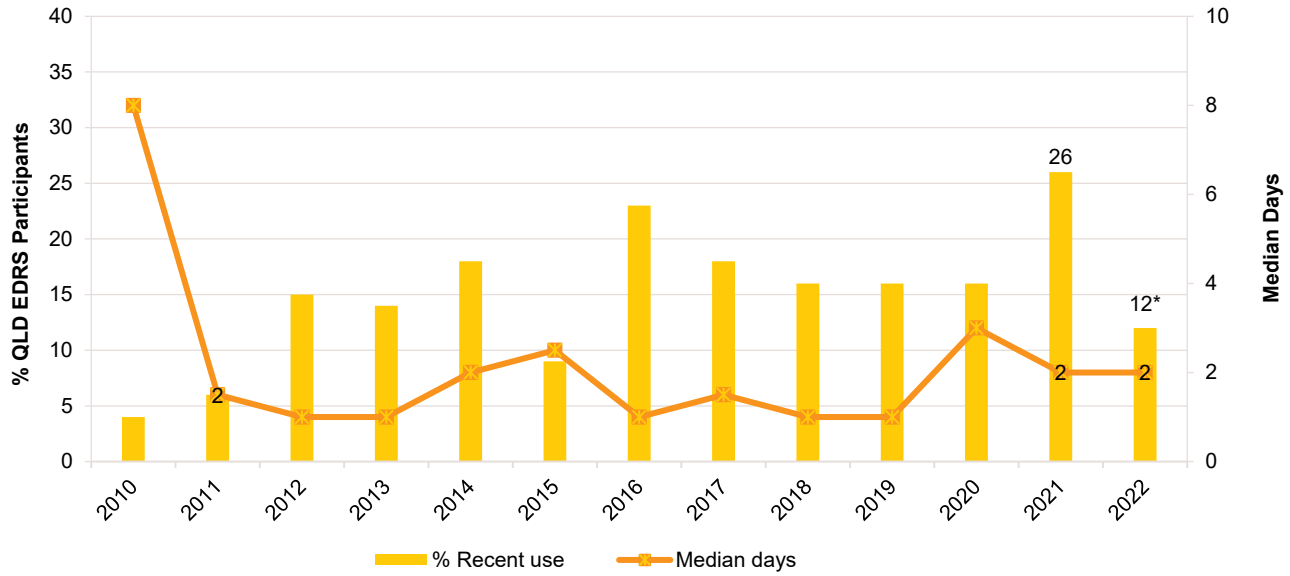
Recent Use (past 6 months): DMT use has fluctuated over the reporting period, with a significant decrease in recent use in 2022 compared to 2021 (12% versus 26%, p=0.020) (Figure 40).

Frequency of Use: Median days of DMT use across the years has been infrequent and stable, with a median of two (IQR=1-4) days of use reported in 2022 (2 days in 2021; IQR=1-5; p=0.848) (Figure 40).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=12), the only route of administration was smoking (100%; 100% in 2021).

Quantity: Of those who reported recent use and responded (n=6), the median amount of DMT used in a 'typical' session was 5.50 mgs (IQR=1-17.50; 60 mgs in 2021; IQR=7.30-175; p=0.107). Of those who reported recent use and responded (n=6), the median maximum amount used was 6 mgs (IQR=1.30-28; 110mgs in 2021; IQR=12.50-275; p=0.109).

Figure 40: Past six month use and frequency of use of DMT, Brisbane/Gold Coast, QLD, 2010-2022



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 10 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

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

7

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 paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and the decision was made to exclude them from this category from 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.

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 56% in 2014 and declining to 13% in 2022 (15% in 2021; p=0.817), the lowest per cent since the commencement of monitoring (Table 2). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 52% in 2014 and declining to 8% in 2022 (14% in 2021; p=0.318) (Table 3).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the Brisbane/Gold Coast sample has fluctuated over time, although 2022 had the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants (n≤5) reporting use of any individual NPS (Table 4). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of NPS (including plant-based NPS), nationally and Brisbane/Gold Coast, QLD, 2010-2022

%	National	Brisbane/Gold Coast, QLD
2010	24	16
2011	36	22
2012	40	48
2013	44	47
2014	35	56
2015	37	39
2016	28	41
2017	26	26
2018	23	27
2019	20	27
2020	15	21
2021	16	15
2022	**11***	**13**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2022 figures exclude DMT and PMA; refer to Chapter 6 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 3: Past six month use of NPS (excluding plant-based NPS), nationally and Brisbane/Gold Coast, QLD, 2010-2022

%	National	Brisbane/Gold Coast, QLD
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
2022	**9****	**8**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2022 figures exclude DMT and PMA; refer to Chapter 6 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past six month use of NPS by drug type, Brisbane/Gold Coast, QLD, 2010-2022

	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	2022 N=102
% 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	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	**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	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	-	/	/	/	**/**
N-Ethylhexedrone	/	/	/	/	/	/	/	/	/	0	-	0	**0**
N-Ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0	-
N-Ethylbutylone	/	/	/	/	/	/	/	/	/	0	-	0	-
3-Chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-Methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	-
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	-
N,N-Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Piperazines	-	-	-	0	-	0	0	0	/	/	/	/	/
BZP	-	-	-	0	-	0	0	0	/	/	/	/	/
% Dissociatives	/	/	-	-	-	**0**	-	-	**0**	**0**	-	**0**	-
Methoxetamine (MXE)	/	/	-	-	-	0	-	-	0	0	0	**0**	**0**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	-	**0**
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-
% Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	0	-
% Plant-based NPS	-	-	-	10	10	-	-	-	-	8	-	-	**8**
Ayahuasca	/	/	/	/	0	0	0	-	0	-	-	-	-
Mescaline	-	-	-	0	-	-	-	-	-	-	0	-	**6**
Salvia divinorum	/	-	0	-	-	-	-	-	-	-	0	-	-
Kratom	/	/	/	/	/	/	/	/	/	/	0	-	-
LSA	/	-	-	7	-	-	-	/	/	/	/	/	**/**
Datura	0	0	0	0	-	0	0	/	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	-	-	-	-	-	-	-
Etizolam	/	/	/	/	/	/	-	-	-	-	-	-	-
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	-
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-
% Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0	**0**	-
% Synthetic cannabinoids	/	-	27	21	14	14	-	-	-	-	6	-	-
% Herbal high#	/	/	18	0	10	6	8	-	-	-	/	/	/

	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	2022 N=102
% 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 6 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

8

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

Before the 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 the 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 from 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): Fourteen per cent of the Brisbane/Gold Coast sample reported using non-prescribed codeine in 2022 (12% in 2021; *p*=818) (Figure 41).

Recent Use for Non-Pain Purposes: Nearly three-quarters (71%) of participants who had recently used codeine had used it for non-pain purposes (10% of the total sample; n≤5 in 2021).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented in 2022 (n=14) reported use on a median of three days (IQR=1-4) in the past six months (2 days in 2021; IQR=1-4; *p*=0.819).

Pharmaceutical Opioids

Recent Use (past 6 months): One-tenth (10%) of the Brisbane/Gold Coast sample had recently used non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2022, stable from (n≤5 in 2021, *p*=0.401) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids and commented (n=10) reported use on a median of two days (IQR=1-3) in the six months preceding interview (n≤5 in 2021; *p*=0.191).

Pharmaceutical Stimulants

Recent Use (past 6 months): Fifty-three per cent of the Brisbane/Gold Coast sample had recently consumed non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil), stable relative to 2021 (42%; *p*=0.226) (Figure 41).

Frequency of Use: A median of six days of non-prescribed pharmaceutical stimulant use (IQR=3-14; n=54) was reported in the six months prior to interview in 2022 (4 days in 2021; IQR=2-10; *p*=0.300).

Quantity: Of those who reported recent use and responded (n=36), the median amount of non-prescribed pharmaceutical stimulants used in a 'typical' session was 1.5 pills/tablets (IQR=1-2; 2 pills/tablets in 2021; IQR=1-3; *p*=0.302), or 30mg (IQR=15-38mg). Of those who reported recent use

and responded (n=39), the median maximum amount used was two pills/tablets (IQR=1-4; 2 pills in 2021; IQR=1.8-6.0; *p*=0.688) or 40mg (IQR=25-70mg).

Price and Perceived Availability: In 2022, participants were asked questions pertaining to the price and perceived availability of non-prescribed pharmaceutical stimulants, however these data will be released separately in 2023. Please contact the Drug Trends team for further information.

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines remained stable in 2022 at 37% (n=38), compared to 40% in 2021 (*p*=0.758) (Figure 41). From 2019, participants were asked about non-prescribed alprazolam use versus 'other' non-prescribed benzodiazepine use. Twenty-one per cent of participants reported recent use of non-prescribed alprazolam, in comparison to 16% in 2021 (*p*=0.558). Recent use of non-prescribed 'other' benzodiazepines also remained stable, at 27% (n=28) compared to 34% in 2021 (*p*=0.404).

Frequency of Use: Participants who reported recent use reported a median of three days (IQR=1-10; n=21; 1 day in 2021; IQR=1-2; *p*=0.067) of non-prescribed alprazolam, and four days (IQR=2-14; n=28; 3 days in 2021; IQR=1-10; *p*=0.594) of other benzodiazepines in the past six months.

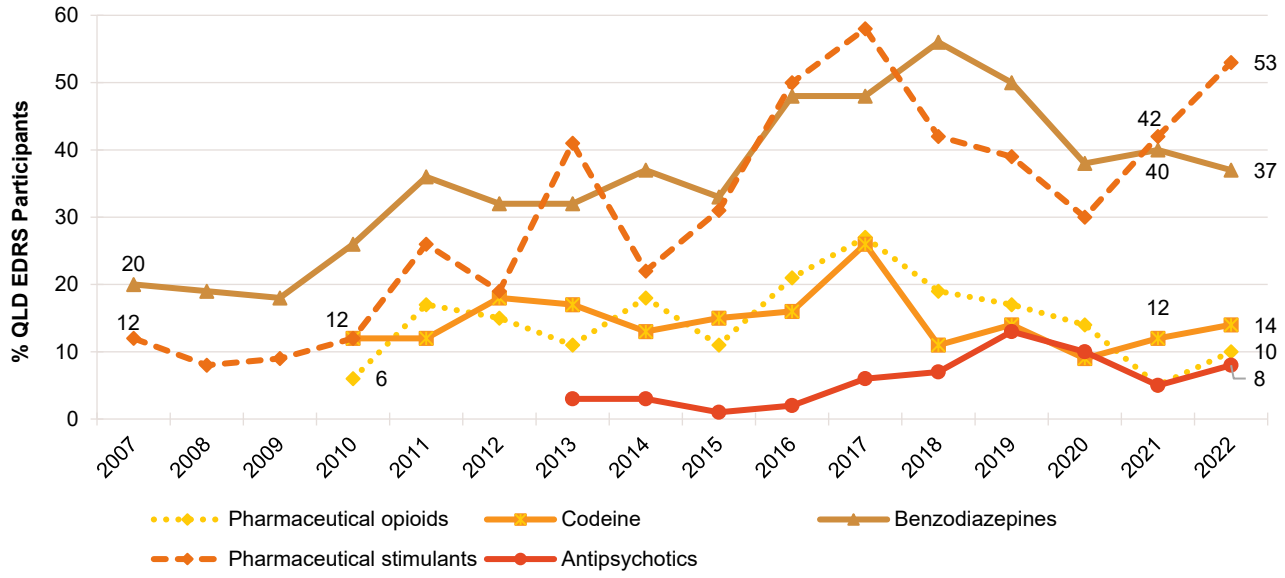
Price and Perceived Availability: In 2022, participants were asked questions pertaining to the price and perceived availability of non-prescribed benzodiazepines, however these data will be released separately in 2023. Please contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Participants reporting recent use of non-prescribed antipsychotics has remained low over the course of monitoring, with 8% of participants reporting recent use in 2022 (n≤5 in 2021; *p*=0.763) (Figure 41).

Frequency of Use: Participants who reported recent use reported a median of 12 days (IQR=3-28; n=8) of non-prescribed antipsychotic use in 2022 (n≤5 in 2021; *p*=0.300).

Figure 41: Non-prescribed use of pharmaceutical medicines in the past six months, Brisbane/Gold Coast, QLD, 2007-2022



Note. Non-prescribed use is reported for prescription medicines. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, and pharmaceutical opioids and antipsychotics in 2013. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2022), with high-dose codeine excluded from pharmaceutical opioids from 2018. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2007/2010/2013) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2022, around half of the Brisbane/Gold Coast sample (53%; n=54) reported recent use of hallucinogenic mushrooms in the six months prior to the interview, stable from 48% in 2021 (p=0.540) (Figure 42).

Frequency of Use: A median of four days of hallucinogenic mushroom use (IQR=2-6; n=54) was reported in the six months prior to interview in 2022 (3 days in 2021; IQR=1-5; p=0.091).

MDA

Due to low numbers reporting recent use of MDA (n≤5), further details about MDA use are not provided. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Substance with Unknown Contents

Capsules: Six per cent of participants (n=6) reported recent use of capsules with unknown contents in 2022, consistent with 2021 (7%) (Figure 42). For further information, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Seventeen per cent of participants reported use of any substance with 'unknown contents' in 2022 (16% in 2021) on a median of two days (IQR=1-6) remaining stable from 2021 (2 days; IQR=1-3; p=0.675). Twelve per cent reported recent use of unknown powder, n≤5 in 2021 (p=0.311).

Few (n≤5) participants reported on recent use of pills or crystal with unknown contents in 2022, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with unknown contents in the six months preceding interview. Few (≤5) participants were able to answer the median typical amount for pills with unknown contents in 2022, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information. Of those who reported recent use and responded (n=6), the median typical amount for capsules with unknown contents was two capsules (IQR=1.0-2.5) remaining stable from 2021 (2 capsules; IQR=1-3; *p*=1.000).

PMA, PMMA and Heroin

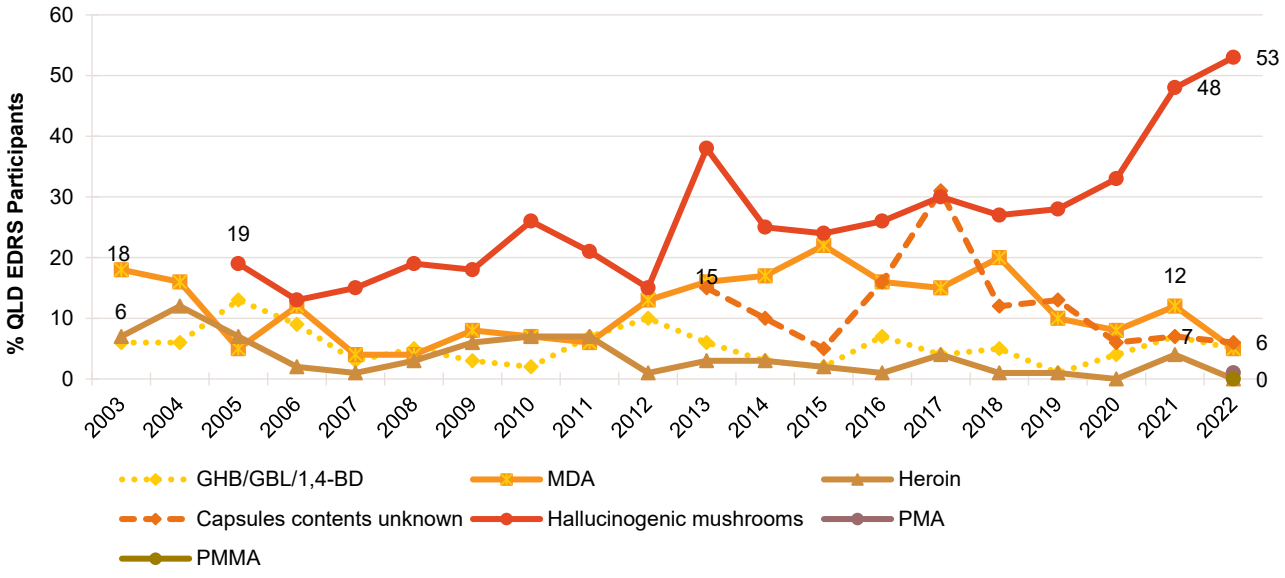
Due to low numbers reporting recent use of PMA, PMMA and heroin (n≤5 for all), further details are not provided. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): In 2022, few participants (n≤5) reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview (n≤5 in 2021; *p*=0.743) (Figure 42).

Frequency of Use: In 2022, few participants (n≤5) reported frequency of use of GHB/GBL/1,4-BD in the six months prior to interview (n≤5 in 2021; *p*=0.576).

Figure 42: Past six month use of other illicit drugs, Brisbane/Gold Coast, QLD, 2003-2022



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'. Monitoring of PMA and PMMA commenced in 2022. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003/2005/2013) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the Brisbane/Gold Coast sample continued to report recent use of alcohol in 2022 (98%), stable from 2021 (95%; *p*=0.237) (Figure 43).

Frequency of Use: A median of 47 days of alcohol use in the past six months (IQR=20-72; n=100) was reported in 2022 (48 days in 2021; IQR=24-72; *p*=0.361). Seventy-three per cent of those who recently consumed alcohol had done so on a weekly or more frequent basis in 2022, stable from 2021 (81%; *p*=0.273). Few (n≤5) participants reported daily use of alcohol in 2022 (10% in 2021; *p*=0.093).

Tobacco

Recent Use (past 6 months): Sixty-eight per cent of the Brisbane/Gold Coast sample reported recent tobacco use in 2022, remaining stable from 2021 (72%; *p*=0.617) (Figure 43). This was the lowest percentage since monitoring began, level with 2004.

Frequency of Use: Participants reported using tobacco on a median of 48 days in 2022 (IQR=7-180; n=69; 90 days in 2021; IQR=10-180; *p*=0.244), with a third (33%; n=23) reporting daily use (40% in 2021; *p*=0.445).

E-cigarettes

In Australia, legislation came into effect on 1 October 2021, requiring people to obtain a prescription to legally import nicotine vaping products. Thus, in 2022, participants were asked about their use of both prescribed and non-prescribed e-cigarettes. Few participants reported recent use of prescribed e-cigarettes (n≤5).

Recent Use (past 6 months): Two-thirds (66%) of the 2022 Brisbane/Gold Coast sample had used non-prescribed e-cigarettes in the six months preceding interview, the highest per cent since monitoring began, although, stable relative to 2021 (55%; *p*=0.167) (Figure 43).

Frequency of Use: A median frequency of 90 days of non-prescribed use was reported in the past six months in 2022 (IQR=19-180; n=67), a significant increase from 24 days in 2021 (IQR=10-72; *p*=0.009).

Forms Used: Among participants who responded (n=67), the majority (94%) reported using e-cigarettes containing nicotine, whereas 15% reported using e-cigarettes containing cannabis. Few (n≤5) participants reported using e-cigarettes containing both nicotine and cannabis. Thirty-six per cent of participants reported using e-cigarettes which did not contain nicotine nor cannabis. Few participants reported using e-cigarettes that contained another substance (n≤5).

Reason for Use: Of those who reported any (i.e., prescribed and non-prescribed) e-cigarette use and responded (n=69), the majority (61%) reported that they did not use e-cigarettes as a smoking cessation tool in 2022.

Nitrous Oxide

Recent Use (past 6 months): Forty-two per cent of the Brisbane/Gold Coast sample (n=43) reported recent use of nitrous oxide in 2022, remaining stable from 45% in 2021 (*p*=0.761) (Figure 43).

Frequency of Use: Frequency of use remained stable at a median of four days (IQR=2-9; n=43) in 2022 (4 days in 2021; IQR=2-10; *p*=0.453).

Quantity: Among those who reported recent use and responded (n=42), the median amount used in a 'typical' session was seven bulbs (IQR=3-12; 5 bulbs in 2021; n=33; IQR=3-10; *p*=0.371). Of those who reported recent use and responded (n=42), the median maximum number used was 10 bulbs (IQR=5-27.5), stable from 10 bulbs in 2021 (n=33; IQR=5-20; *p*=0.736).

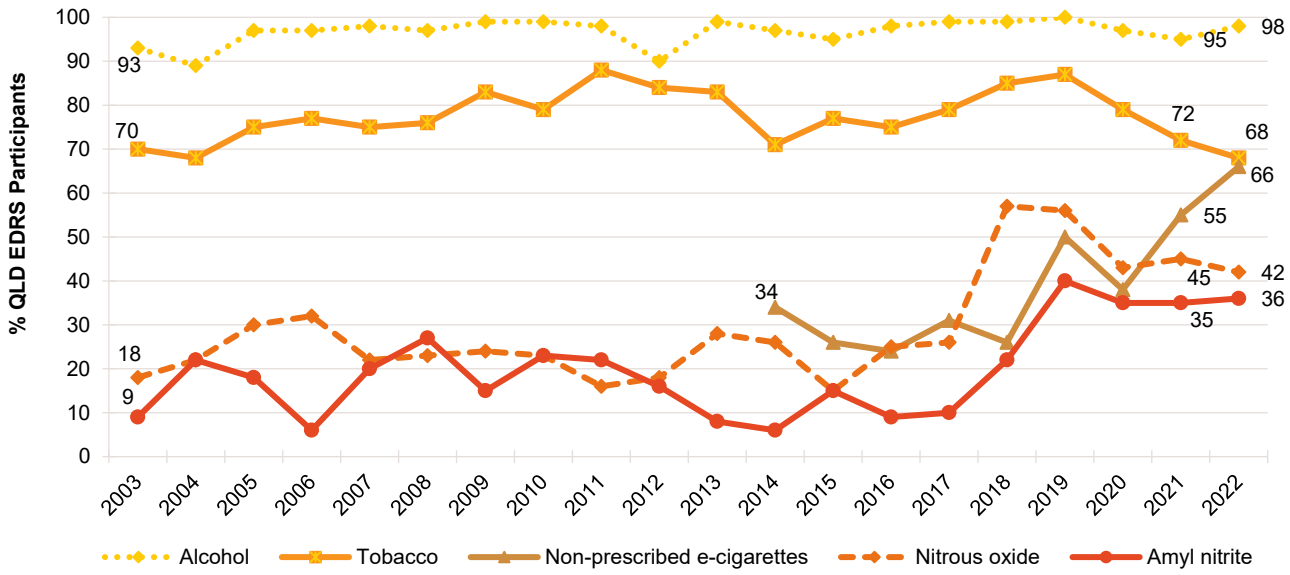
Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as a 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 purposes.

Recent Use (past 6 months): After considerable fluctuation over the course of monitoring, 36% of the Brisbane/Gold Coast sample reported recent use of amyl nitrite in 2022, stable relative to 2021 (35%; *p*=0.872) (Figure 43).

Frequency of Use: A median of two days of use was reported in 2022 (IQR=1-3; n=37; 3 days in 2021; IQR=1-14; *p*=0.077).

Figure 43: Licit and other drugs used in the past six months, Brisbane/Gold Coast, QLD, 2003-2022



Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first (2003/2014) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

9

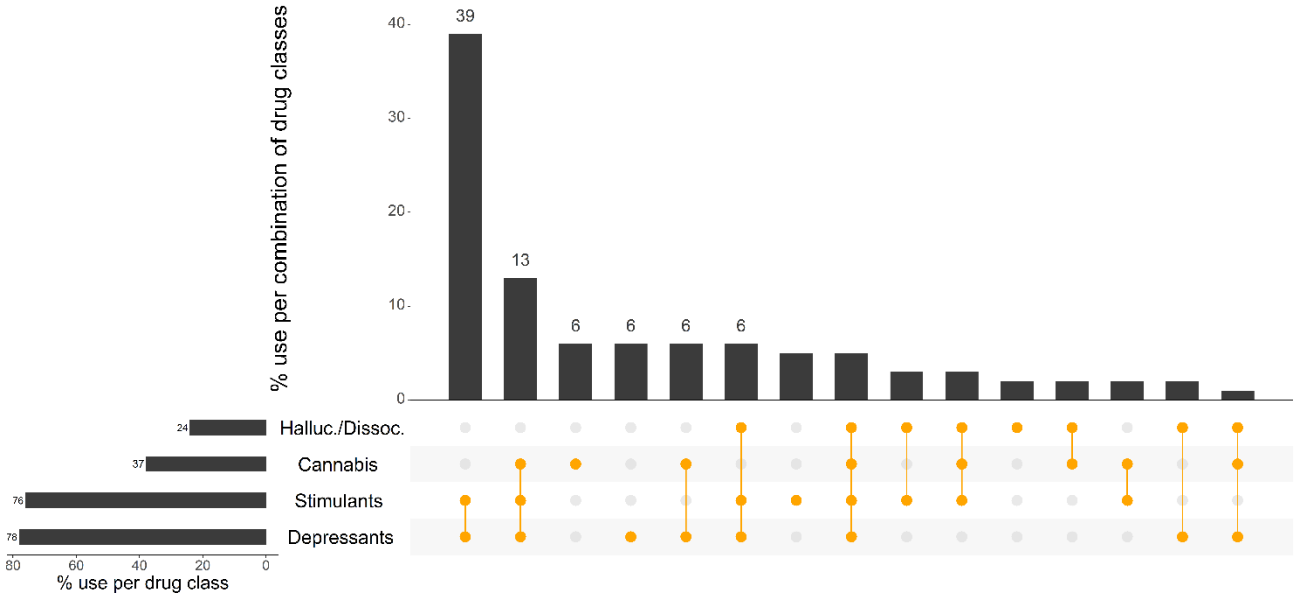
Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who answered (n=84), the most commonly used substances were alcohol (76%) and ecstasy (46%), followed by cannabis (37%) and cocaine (34%).

The majority (82%; n=84) of the Brisbane/Gold Coast sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of drug classes were stimulants and depressants (39%), followed by stimulants, depressants, and cannabis (13%). Smaller proportions reported concurrent use of cannabis and depressants (6%) and stimulants, depressants and hallucinogens/dissociatives (6%). Few participants commented on other polysubstance use (n≤5) (Figure 44).

Figure 44: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Brisbane/Gold Coast, QLD, 2022: Most common drug pattern profiles



Note. % calculated out of total EDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include 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, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 35% to improve visibility of trends.

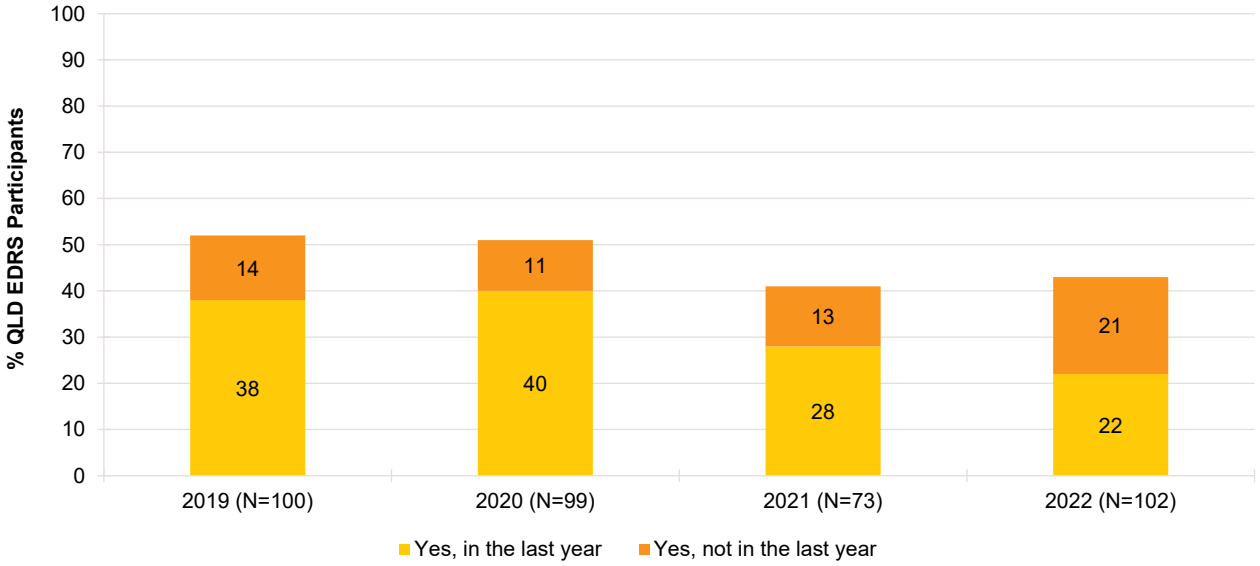
Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

In 2022, 42% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia and 22% reported doing so in the past year (p=0.466) (Figure 45). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=22), the majority (81%) reported using colorimetric or reagent test kits, followed by 24% using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips), and 14% reported having their drugs tested via Fourier Transform Infrared Spectroscopy or other method of spectroscopy/ chromatography.

Of those who reported that they or someone else had tested their illicit drugs in the past year (n=22), the majority (64%) reported having their drugs tested by a friend, followed by 50% who reported testing the drugs themselves. Few participants reported having their drugs tested by a dealer (n≤5).

Figure 45: Lifetime and past year engagement in drug checking, Brisbane/Gold Coast, QLD, 2019-2022



Note: The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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 total Brisbane/Gold Coast sample (including people who had not consumed alcohol in the past six months) was 13.1 (SD 6.8) in 2022, a significant increase from 12.6 (SD 8.0) in 2021 (p<0.001). 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.

Seventy-six per cent of the sample obtained a score of eight or more (73% in 2021; p=0.598), indicative of hazardous use (Table 5).

Table 5: AUDIT total scores and per cent of participants scoring above recommended levels, Brisbane/Gold Coast, QLD, 2010-2022

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
	N=99	N=99	N=52	N=87	N=95	N=83	N=90	N=99	N=99	N=99	N=97	N=73	N=101
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)	**13.1 (7) *****
Score 8 or above (%)	94	86	85	84	78	79	71	77	70	83	80	73	**76**
AUDIT zone:													
Score 0-7	6	14	15	16	22	21	29	23	30	17	20	27	**24**
Score 8-15	37	36	34	35	46	36	37	43	42	43	44	40	**45**
Score 16-19	23	19	11	19	16	15	16	12	13	20	15	15	**10**
Score 20 or higher	33	30	40	30	16	27	17	21	14	20	20	18	**22**

Note. Monitoring of AUDIT commenced in 2010. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. SD rounded to nearest whole number. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) stimulant overdose, and ii) depressant overdose.

From 2019, changes were made to this module. Participants were asked about the following in 2022, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness 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 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 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 overdose, or other drug overdose where a depressant (e.g., opioid, GHB/GBL/1,4-BD, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

In 2022, 19% of the Brisbane/Gold Coast sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 2021 (21%; *p*=0.845) (Figure 46).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (58%); mainly ecstasy capsules (42%), followed by cocaine (37%). Among those that experienced a recent non-fatal stimulant overdose, 84% (n=16) reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (68%; ≥5 standard drinks: 58%; ≤5 standard drinks: n≤5 participants) and cannabis (n≤5). On the last occasion of experiencing a non-fatal stimulant overdose, 95% reported that they did not receive treatment or assistance. Due to low numbers of participants 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.

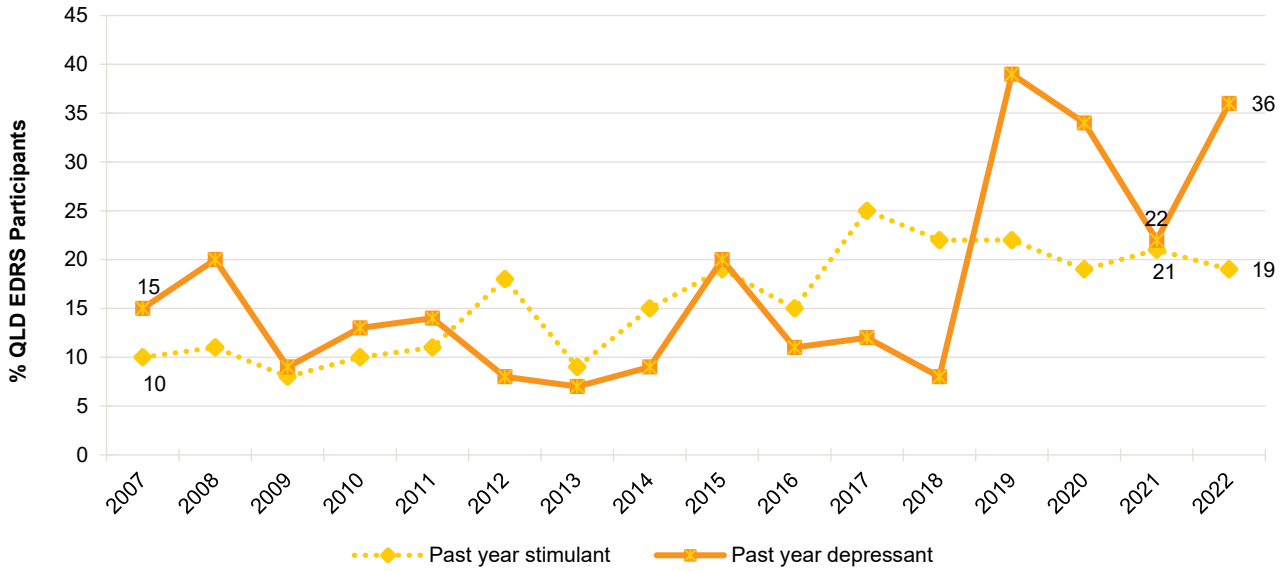
Non-Fatal Depressant Overdose

Alcohol: Thirty-four per cent of the Brisbane/Gold Coast sample reported a non-fatal alcohol overdose in the 12 months preceding interview on a median of two occasions (IQR=1-5). This represents a significant increase from those experiencing a non-fatal alcohol overdose in 2021 (19%; *p*=0.042). Of those who had experienced an alcohol overdose in the past year (n=35), the majority (91%) reported not receiving treatment on the last occasion. 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.

Any depressant (including alcohol): In 2022, 36% of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, unchanged from 2021 (22%; *p*=0.050) (Figure 46).

Of those who had experienced any depressant overdose in the past 12 months (n=37), the majority of participants reported alcohol as the most common depressant drug (95%). Few participants (n≤5) reported an overdose due to other drugs, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 46: Past 12 month non-fatal stimulant and depressant overdose, Brisbane/Gold Coast, QLD, 2007-2022

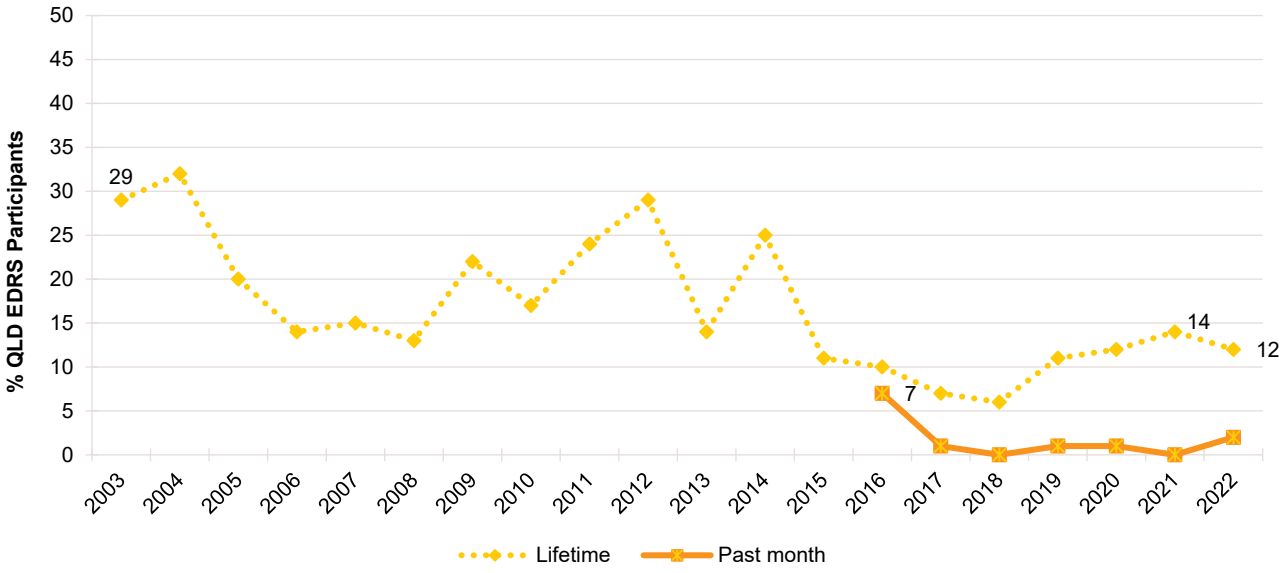


Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis reduced to 45% to improve visibility of trends. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) 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 response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Drug Use and Associated Risk Behaviours

Since 2019, at least one-in-ten participants have reported ever injecting drugs, with 12% reporting lifetime injection in 2022 (14% in 2021; p=0.812). The per cent who reported injecting drugs in the past month remained low in 2022 (n≤5), therefore, these data are suppressed (Figure 47). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 47: Lifetime and past month drug injection, Brisbane/Gold Coast, QLD, 2003-2022



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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

A nominal per cent reported currently receiving drug treatment (n≤5); this is consistent with reporting in previous years. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2022, 88% of the Brisbane/Gold Coast sample reported engaging in some form of sexual activity in the past four weeks (77% in 2021, p=0.098). 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=89), 81% reported using alcohol and/or other drugs prior to or while engaging in sexual activity (84% in 2021, p=0.818). Of those who had engaged in sexual activity in the past four weeks and responded (n=89), 12% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=88), 28% reported penetrative sex without a condom where they did not know the HIV status of their partner (25% in 2021, p=0.845) (Table 6).

Of the total Brisbane/Gold Coast sample who responded (n=102), 80% reported having a sexual health check-up in their lifetime in 2022, a significant increase relative to 2021 (71%; p=0.018), including 45% reporting having a sexual health check-up in the six months prior to interview (27% in 2021; p=0.043). Of the total Brisbane/Gold Coast sample who responded (n=102), 28% had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (19% in 2021; p=0.216) and 6% reported that they had received a positive diagnosis for a STI in the past six months in 2022 (n≤5 in 2021) (Table 6).

Of the total Brisbane/Gold Coast sample who responded (n=101), two-thirds (65%) reported having a test for human immunodeficiency virus (HIV) in their lifetime, a significant increase relative to 2021 (47%; *p*=0.022), including 45% having done so in the six months prior to interview (27% in 2021; *p*=0.024). In 2022, no participants in the Brisbane/Gold Coast sample had ever been diagnosed with HIV (Table 6).

Table 6: Sexual health behaviours, Brisbane/Gold Coast, QLD, 2021-2022

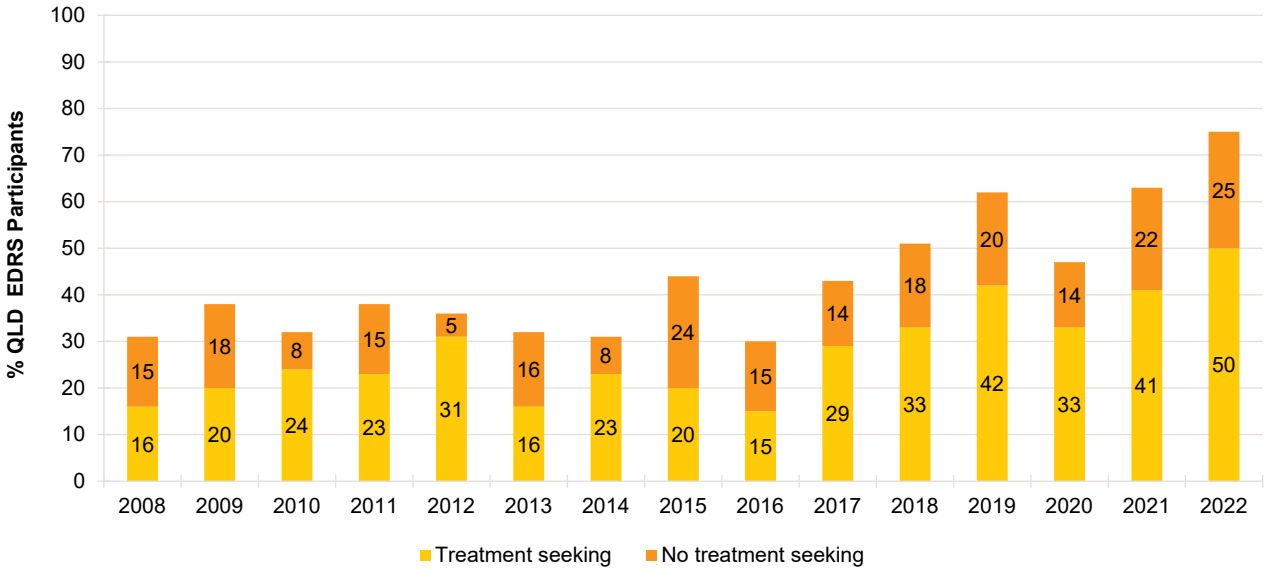
	2021	2022
Of those who responded:	**N=73**	**N=102**
% Any sexual activity in the past four weeks (n)	77 (n=55)	88 (n=89)
Of those who responded# and reported any sexual activity in the past four weeks	n=55	n=89
% Drugs and/or alcohol used prior to or while engaging in sexual activity	84	81
Of those who responded# and reported any sexual activity in the past four weeks:	n=55	n=89
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	-	12
Of those who responded# and reported any sexual activity in the past four weeks:	n=55	n=88
% Had penetrative sex without a condom and did not know HIV status of partner	25	28
Of those who responded#:	n=72	n=101
% Had a HIV test in the last six months	13	30**
% Had a HIV test in their lifetime	47	65*
Of those who responded#:	n=72	n=101
% Diagnosed with HIV in the last six months	0	0
% Diagnosed with HIV in their lifetime	0	0
Of those who responded#:	n=73	n=102
% Had a sexual health check in the last six months	27	45*
% Had a sexual health check in their lifetime	71	80*
Of those who responded#:	n=73	n=102
% Diagnosed with a sexually transmitted infection in the last six months	-	6
% Diagnosed with a sexually transmitted infection in their lifetime	19	28

Note. #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Mental Health

Three-quarters (75%) of the Brisbane/Gold Coast sample self-reported that they had experienced a mental health problem (other than drug dependence) in the preceding six months. This was stable relative to 2021 (63%; *p*=0.135), but showing a trend of increase since 2016. Of those who reported a mental health problem in 2022 (n=76), the most common mental health problems were anxiety (70%) and depression (70%), followed by post-traumatic stress disorder (PTSD) (14%). Two-thirds of those reporting a recent mental health problem (50% of the total sample) reported seeing a mental health professional during the past six months, remaining stable from 66% in 2021 (Figure 48). Of those who reported seeing a mental health professional (n=51), 67% reported being prescribed medication for their mental health problem (52% in 2021; *p*=0.239).

Figure 48: Self-reported mental health problems and treatment seeking in the past six months, Brisbane/Gold Coast, QLD, 2008-2022

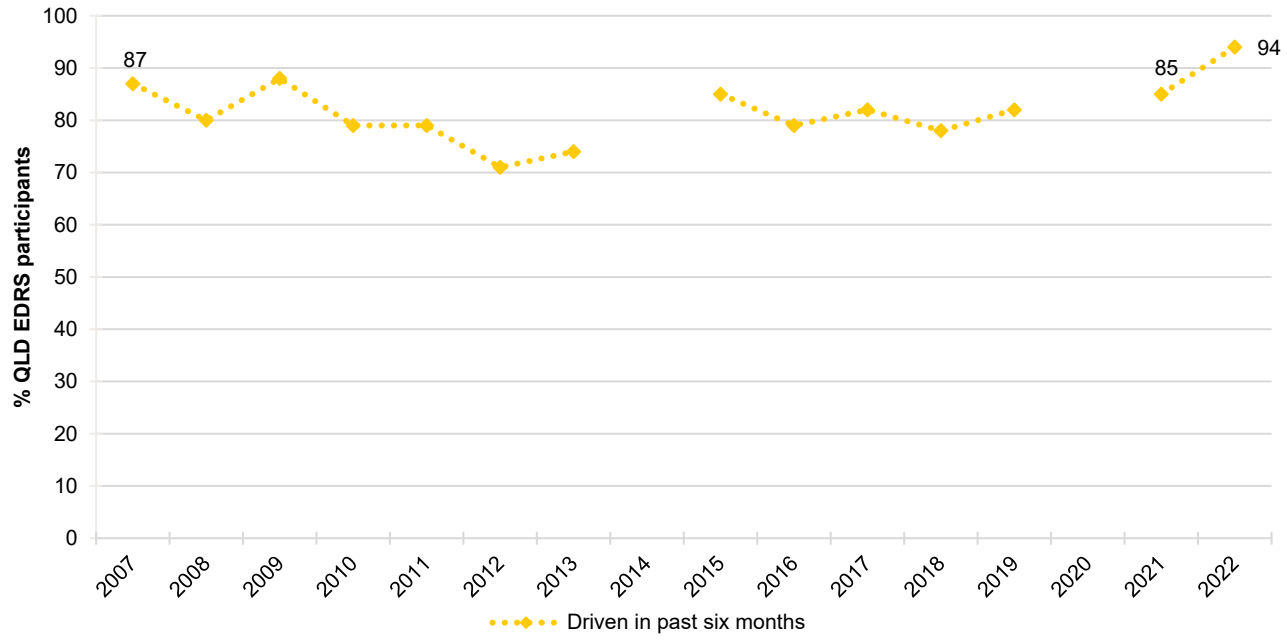


Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Driving

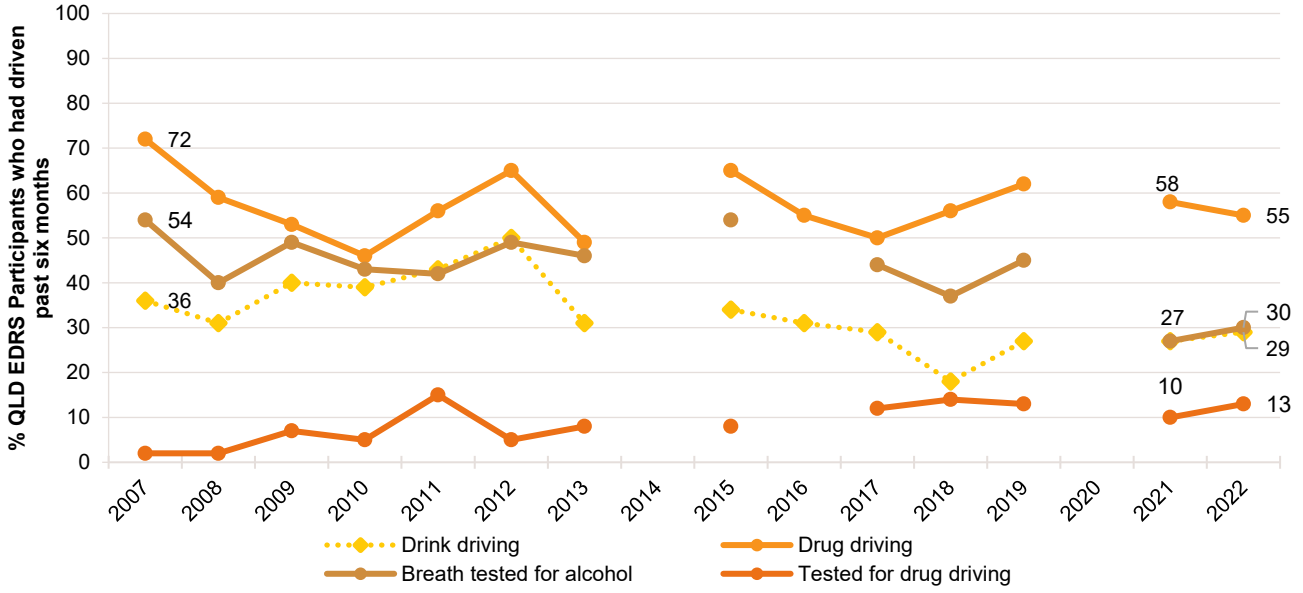
In 2022, 94% of the Brisbane/Gold Coast sample had driven a car, motorcycle or other vehicle in the last six months (Figure 49). Of those who had driven in the past six months and responded (n=90), 29% reported driving while over the legal limit of alcohol, remaining stable compared with 27% in 2021, and 55% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (38% in 2021; p=0.749) (Figure 50). Among those who had driven in the past six months (n=96), thirteen per cent reported that they had been tested for drug driving by the police roadside drug testing service (10% in 2021; p=0.615), and 30% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (27% in 2021; p=0.712) (Figure 50).

Figure 49: Self-reported driving in the past six months, Brisbane/Gold Coast, QLD, 2007-2022



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour were not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 50: Self-reported testing and driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, among those who had driven in the past six months, Brisbane/Gold Coast, QLD, 2007-2022



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Questions about testing not asked in 2014, 2016 and 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

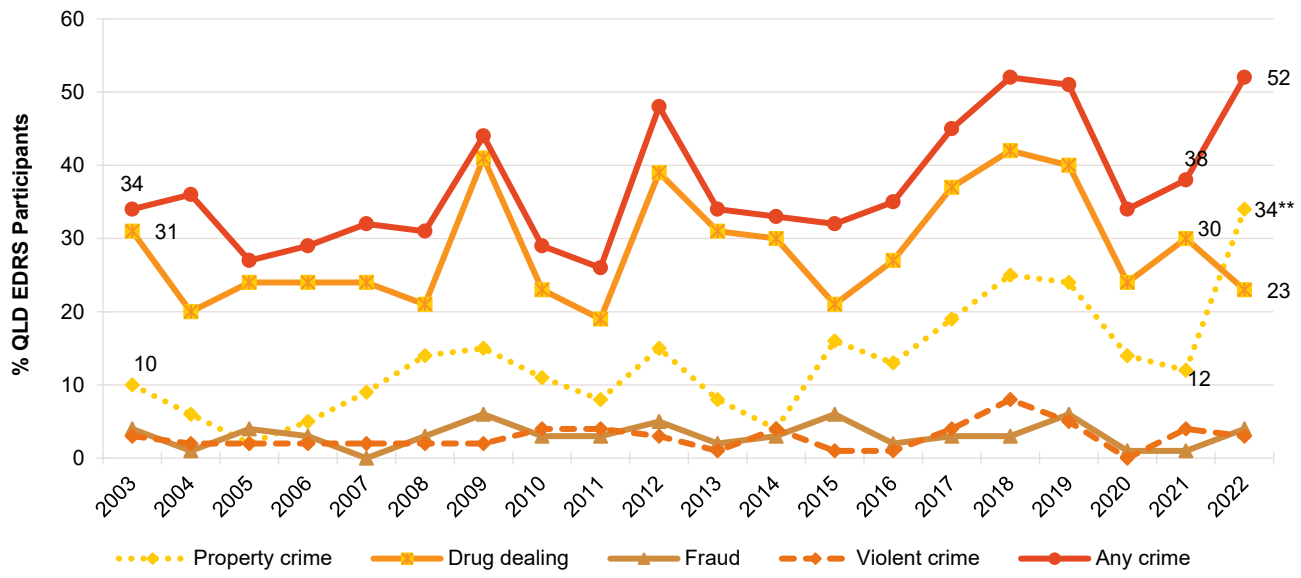
In 2022, 52% of the Brisbane/Gold Coast sample reported any crime in the past month (38% in 2021; *p*=0.095), with property crime (34%; a significant increase from 12% in 2021; *p*=0.001) and drug dealing (23%; 30% in 2021; *p*=0.304) being the two main forms of criminal activity (Figure 51).

In 2022, fifteen per cent of the Brisbane/Gold Coast sample reported being the victim of a crime involving violence, stable relative to 2021 (15%; *p*=0.147).

Six per cent of the 2022 Brisbane/Gold Coast sample reported having been arrested in the 12 months preceding interview (11% in 2021; *p*=0.268). Few participants (n≤5) reported reasons for arrest; therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information. In 2022, 10% of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021).

Few participants (n≤5) reported having ever been in prison in 2022, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 51: Self-reported criminal activity in the past month, Brisbane/Gold Coast, QLD, 2003-2022



Note. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Y axis has been reduced to 60% to improve visibility of trends. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2022, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was via social networking applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (85%; a significant increase from 61% in 2021; $p<0.001$). This was followed by face-to-face (73%), stable relative to 2021 (68%; $p=0.503$). 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. In 2022, 43% reported arranging the purchase of illicit or non-prescribed drugs via text messaging (31% in 2021; $p=0.114$), and 32% arranged the purchase via a phone call (21% in 2021; $p=0.127$). Eight per cent arranged purchase via the darknet market (n≤5 in 2021; $p=0.763$) (Table 7).

When asked about how they had *received* illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%), stable relative to 2021 (92%; $p=0.324$). In 2022, reports of receiving illicit drugs via a collection point remained stable (15%; 8% in 2021; $p=0.245$) (collection point defined as a predetermined location where a drug will be left for later collection), while reports of participants receiving illicit drugs via post increased significantly (18% in 2022; n≤5 in 2021; $p=0.042$) (Table 7).

Obtaining Drugs

The majority of participants in 2022 reported obtaining illicit drugs from a friend/relative/partner/colleague (84%; 81% in 2021; $p=0.674$), followed by obtaining illicit drugs from a known dealer/vendor (66%; 64% in 2021; $p=0.869$). Forty-three per cent of participants reported obtaining illicit drugs from an unknown dealer/vendor in 2022 (34% in 2021; $p=0.280$) (Table 7).

Buying and Selling Drugs Online

In 2022, few (n≤5) participants reported that they had sold illicit drugs on the surface web or darknet market, in the 12 months preceding interview (n≤5 in 2021; $p=0.639$). On the other hand, 60% reported they had ever obtained illicit drugs through someone who had purchased them on the surface web or darknet market, with 43% having done so in the last 12 months (33% in 2021; $p=0.259$).

Table 7: Means of purchasing illicit drugs in the past 12 months, Brisbane/Gold Coast, QLD, 2019-2022

	2019	2020	2021	2022
	n=99	n=100	n=72	**n=100**
% Purchasing approaches in the last 12 months^				
Face-to-face	82	78	68	**73**
Surface web	8	6	-	**-**
Darknet market	21	8	6	**8**
Social networking applications#	82	80	61	**85*** **
Text messaging	43	54	31	**43**
Phone call	35	41	21	**32**
Grew/made my own	-	-	-	**-**
Other	0	0	0	**0**
% Means of obtaining drugs in the last 12 months^~	n=99	n=100	n=75	n=101
Face-to-face	97	96	92	**96**
Collection point	11	14	8	**15**
Post	24	14	7	**18**
% Source of drugs in the last 12 months^	n=99	n=100	n=73	**n=101**
Friend/relative/partner/colleague	92	74	81	**84**
Known dealer/vendor	71	63	64	**66**
Unknown dealer/vendor	45	32	34	**43**

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. #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. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

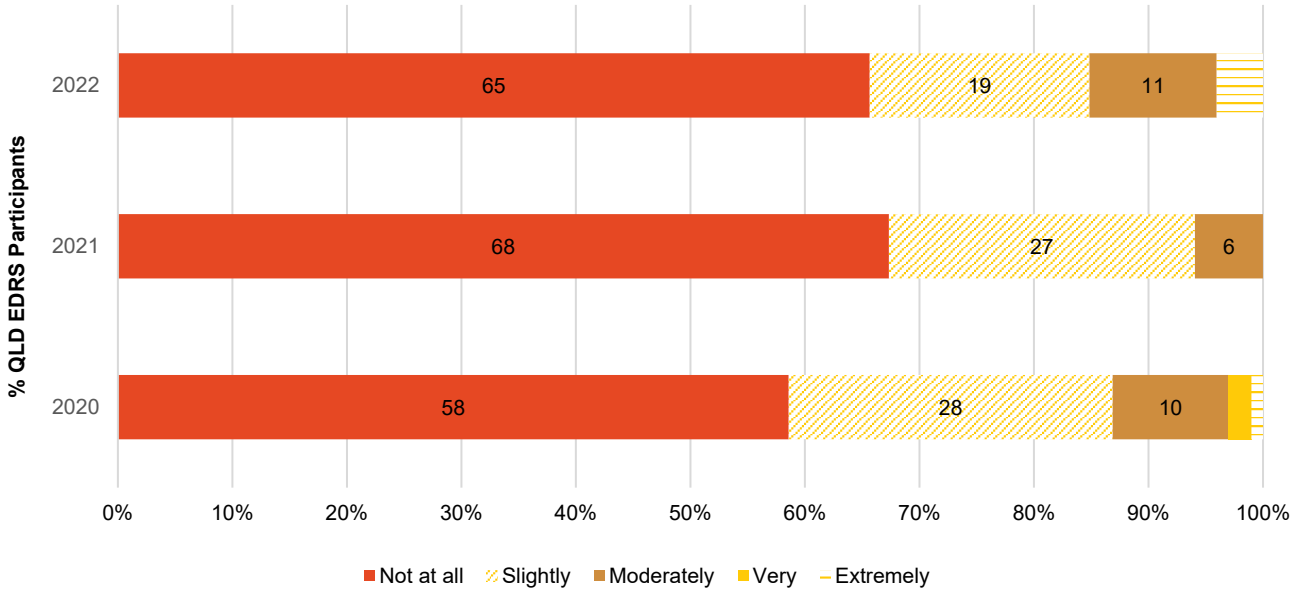
COVID-19 Testing and Diagnosis

COVID-19 Testing and Diagnosis In 2022, the vast majority of the sample (92%) had been tested for SARS-CoV-2 by the time of interview (48% in 2021), of whom 76% had received a PCR test and 78% a Rapid Antigen Test. Sixty-three per cent of participants reported having been diagnosed with the virus (no participants were diagnosed with the virus in 2021 and 2020).

In 2022, three quarters (75%) of the sample reported quarantining for at least seven days due to a positive test or possible exposure in the past 12 months, with 14% quarantining in the month prior to interview and 63% in the six months prior to interview. At the time of interview, 81% reported that they had received at least one COVID-19 vaccine dose (median 2 doses: none had received one dose, 55% received two doses, 26% received three or more doses).

When asked how worried they were currently about contracting COVID-19, 34% of participants reported some level of concern (p=0.169), with one-fifth (19%) responding that they were 'slightly' concerned and 11% reporting that they were 'moderately' concerned (Figure 52). Furthermore, 38% of participants reported that they would be concerned about their health if they did contract COVID-19, with one-third (30%) reporting that they would be 'slightly' concerned.

Figure 52: Current concern related to contracting COVID-19, Brisbane/Gold Coast, QLD, 2020-2022



Note. The response option '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). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.