



QUEENSLAND DRUG TRENDS 2023

Key Findings from the Queensland Illicit
Drug Reporting System (IDRS) Interviews



QUEENSLAND DRUG TRENDS 2023: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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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](#).

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: c.salom@unsw.edu.au or drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Udesha Chandrasena, 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 and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke, Lauren Stafford and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
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Participants

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

Contributors

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

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α -Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
HR	Harm Reduction
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction

PTSD	Post-traumatic stress disorder
QLD	Queensland
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence Scale
TAS	Tasmania
TAFE	Technical and Further Education
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least six days in the preceding six months and resided in Brisbane/Gold Coast, Queensland. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population.

Data were collected in June, 2023. Interviews between 2020 and 2023 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.

Sample Characteristics

The IDRS sample recruited from Brisbane/Gold Coast, Queensland (QLD) in 2023 (N=103) was consistent with the Brisbane/Gold Coast profile in previous years, whereby almost two thirds (66%) were male, with a median age of 45 years. Almost four fifths (78%) of the sample were unemployed at the time of interview, and most (86%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week remained stable, from \$450 in 2022 to \$429 in 2023. Participants typically nominated methamphetamine as their drug of choice in 2023 (51%), followed by heroin (34%). Methamphetamine was also the drug injected most often in the past month (56%), followed by heroin (29%). Weekly or more frequent use of heroin remained stable in 2023 (30%), relative to 2022 (34%; $p=0.654$).

Heroin

Recent (i.e., past six month) use of heroin has fluctuated since the commencement of monitoring, with 46% of the Brisbane/Gold

Coast sample reporting recent use in 2023, stable from 51% in 2022 ($p=0.478$). Two thirds (66%) of participants who had recently used heroin reported using on a weekly or more frequent basis in 2023, remaining stable relative to 2022 (67%). Perceived purity and availability also remained stable between 2022 and 2023, with 43% perceiving purity as 'medium' and 25% as 'high'. Forty-eight per cent perceived heroin was 'easy' to obtain and 45% 'very easy' to obtain (58% and 27% in 2022).

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with 73% of participants reporting recent use in 2023. This was mostly driven by continuing crystal methamphetamine use (96% in 2023), the most commonly used form since 2010. The median price for one point of crystal remained unchanged at \$50. Perceived purity of crystal methamphetamine remained stable between 2022 and 2023, with 28% of participants perceiving crystal methamphetamine as being 'low' in purity in 2023 (19% in 2022, $p=0.565$). Availability of crystal methamphetamine also remained stable in 2023, with two thirds (66%) perceiving it as 'very easy' to obtain (54% in 2022; $p=0.356$).

Cocaine

Thirteen per cent of the Brisbane/Gold Coast sample had recently consumed cocaine, stable from 17% in 2022 ($p=0.431$). Frequency of use also remained stable in 2023, at a median of one day (1 day in 2022; $p=0.105$). Small numbers ($n\leq 5$) of participants reported using cocaine weekly or more frequently in 2023.

Cannabis and/or Cannabinoid-related Products

Recent use of non-prescribed cannabis has remained fairly stable since 2014, with 59%

reporting recent use in 2023. Thirty per cent of participants who had recently used cannabis reported daily use (41% in 2022; $p=0.263$). Hydroponic cannabis remained the form most commonly used (90%), followed by bush cannabis (22%). Few participants ($n\leq 5$) reported using hashish, hash oil and/or non-prescribed pharmaceutical CBD oil in the six months preceding interview. Hydroponic cannabis was reported as being 'very easy' to obtain in 2023 (66% of those who commented) and was perceived to be of 'high' purity (72%).

Pharmaceutical Opioids

Recent non-prescribed use of most pharmaceutical opioids remained stable in 2023 relative to 2022. These included methadone (7%; 10% in 2022), buprenorphine tablet (11%; 15% in 2022), buprenorphine-naloxone (15%; 10% in 2022), oxycodone (11%; 11% in 2022) and fentanyl ($n\leq 5$ in 2023 and 2022). There was a significant decrease in the use of morphine (8%; 19% in 2022; $p=0.025$). There was also a significant decrease in any recent use of codeine ($n\leq 5$; 17% in 2022, $p=0.006$), as well as a significant decrease in recent non-prescribed use of codeine ($n\leq 5$; 10% in 2022; $p=0.005$).

Other Drugs

Recent use of any NPS remained low and stable in 2023, at seven per cent (8% in 2022). Recent non-prescribed benzodiazepine use was also stable, reported by 21% of participants in 2023 (21% in 2022). Pregabalin use remained stable at 13% (19% in 2022). Recent use of tobacco (83%; 86% in 2022) and e-cigarettes (34%; 27% in 2022) remained stable in 2023, while significantly fewer participants reported daily use of alcohol ($n\leq 5$; 15% in 2022; $p=0.006$). Significantly more participants reported recent use of GHB/GBL/1,4-BD, compared to 2022 (17%; 7% in 2022; $p=0.036$).

Drug-Related Harms and Other Behaviours

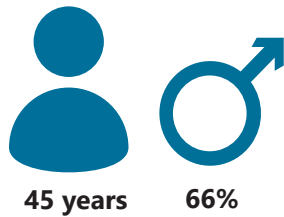
- In 2023, 48% of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).
- Almost one quarter (23%) reported overdosing on any drug in the preceding year, with the majority of those participants reporting a non-fatal opioid overdose (15%) or stimulant (7%) overdose.
- Three-quarters (72%) of the Brisbane/Gold Coast sample reported awareness of naloxone take-home programs, with 51% having been trained in naloxone administration in their lifetime, a significant increase from 2022 (33%; $p=0.012$). Forty-three per cent of the sample had accessed naloxone in the past year.
- In 2023, few participants ($n\leq 5$) reported receptive or distributive sharing of a needle or syringe in the past month, respectively.
- Almost one third (32%) reported experiencing injection-related problems in the past month, most commonly any nerve damage (18%), followed by any infection/abscess (11%).
- Two fifths (40%) of participants reported receiving any drug treatment in 2023, stable relative to 2022 (48%).
- The median opioid SDS score was six (IQR=0–14), indicating many participants reported symptoms of dependence in relation to their opioid use, while the median SDS score for methamphetamine use was three (IQR=0–15), indicating that the majority of respondents reported no or few symptoms of dependence in relation to methamphetamine use.

- Almost two fifths (38%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test in the past year and 32% reported receiving an RNA test in the past year. Six per cent reported having a current HCV infection.
- Self-reported mental health problems remained stable in 2023 (56%; 56% in 2022), with depression and anxiety being the most commonly reported problems (50% respectively), followed by post-traumatic stress disorder (34%).
- Fifty-nine per cent reported high/very high psychological distress.
- The majority (94%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview, and 10% of the sample reported experiencing stigma in specialist AOD service setting in the six months preceding interview, a significant decrease from 2022 (20%; $p=0.050$).
- In 2023, 85% of the Brisbane/Gold Coast sample had been tested for SARS-CoV-2 in the past 12 months. At the time of interview, 76% reported that they had received at least one COVID-19 vaccine dose, with 31% having received two or more doses.
- Of those who had driven recently ($n=49$), few participants ($n\leq 5$) reported driving while over the perceived legal limit of alcohol, and 73% reported driving within three hours of consuming an illicit or non-prescribed drug, both stable relative to 2022 ($n\leq 5$ and 79%, respectively).
- Seventeen per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, 10% in the past year.
- Thirty-three per cent of participants reported engaging in 'any' crime in the past month in 2023, stable from 41% in 2022, with 26% having been arrested in the past year, stable from 2022 (24%, $p=0.868$).

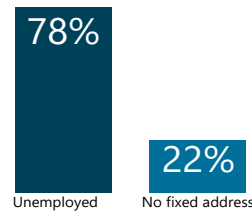
2023 SAMPLE CHARACTERISTICS



In 2023, 103 participants, recruited from Brisbane/Gold Coast, QLD were interviewed.



The median age in 2023 was 45, and 66% identified as male.

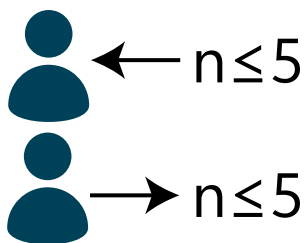


In the 2023 sample, 78% were unemployed and 22% had no fixed address.

- ☒ Injected heroin
- ☒ Injected methamphetamine
- ☒ Injected other illicit or non-prescribed drugs

Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

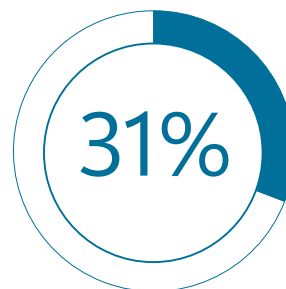
INJECTING RELATED RISKS AND HARMS



In 2023, few participants (n ≤ 5) reported receptive or distributive sharing in the past month.



29% of participants reported re-using their own needles in the past month, stable from 2022 (35%).

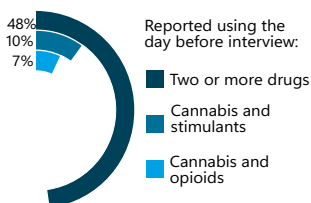


Almost one third (31%) of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (31%).

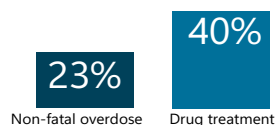


One third (32%) of participants reported having an injection-related health issue in the past month, stable from 2022 (34%).

OTHER HARMS AND HELP-SEEKING



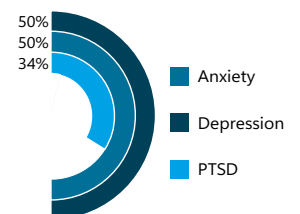
The most common patterns of poly substance use on the day preceding interview were cannabis and stimulants, and cannabis and opioids.



Past year non-fatal overdose (23%) and current drug treatment (40%) remained stable in 2023 relative to 2022.

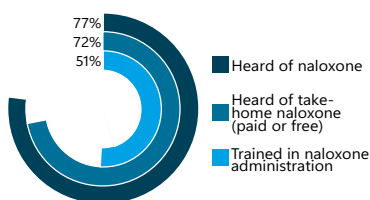


In 2023, 56% of participants reported a mental health problem in the 6 months preceding interview, and one quarter (27%) had seen a mental health professional.



Among those who reported a mental health problem, the three most common mental health issues were anxiety, depression and PTSD.

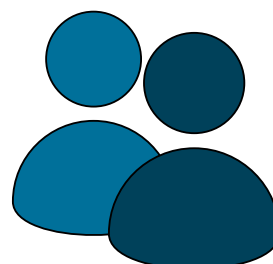
NALOXONE, HARM REDUCTION AND STIGMA



Knowledge of naloxone, and take-home naloxone remained high in 2023, with an increase in participants reporting having ever been trained in naloxone administration.



In 2023, one fifth (20%) of the sample reported ever using naloxone to resuscitate someone who had overdosed, with 15% having done so in the past year.

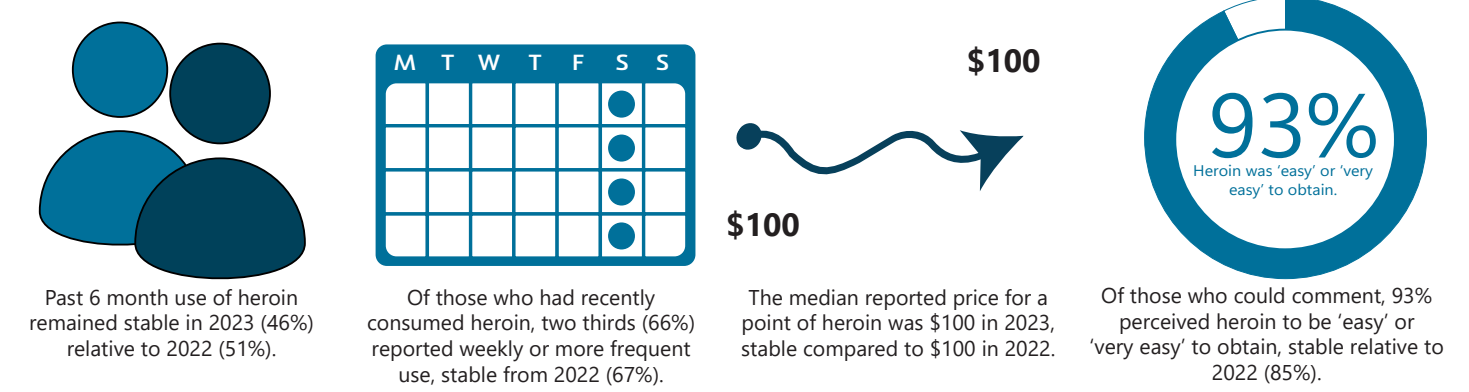


53% of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

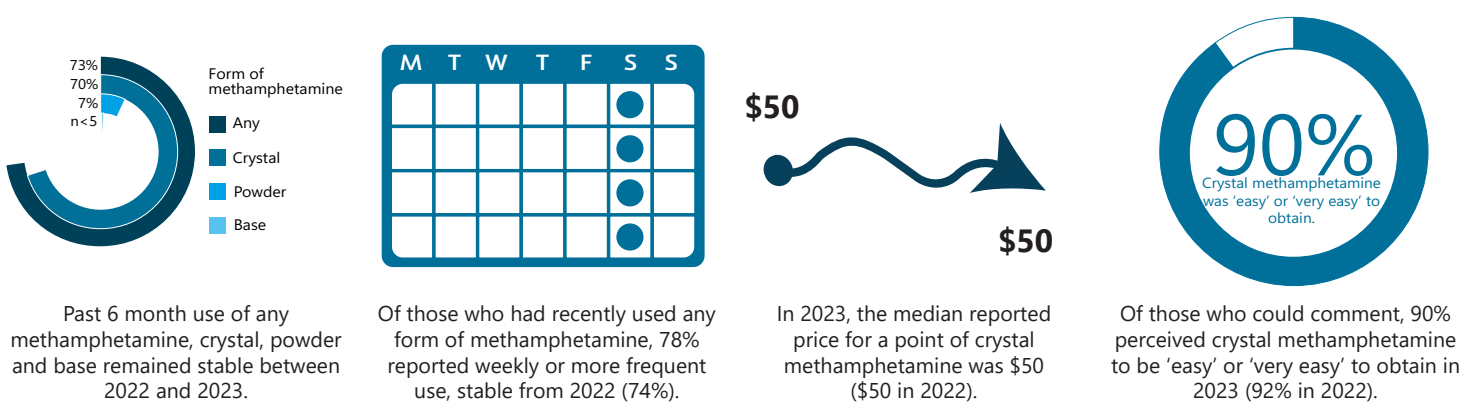


In 2023, 10% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

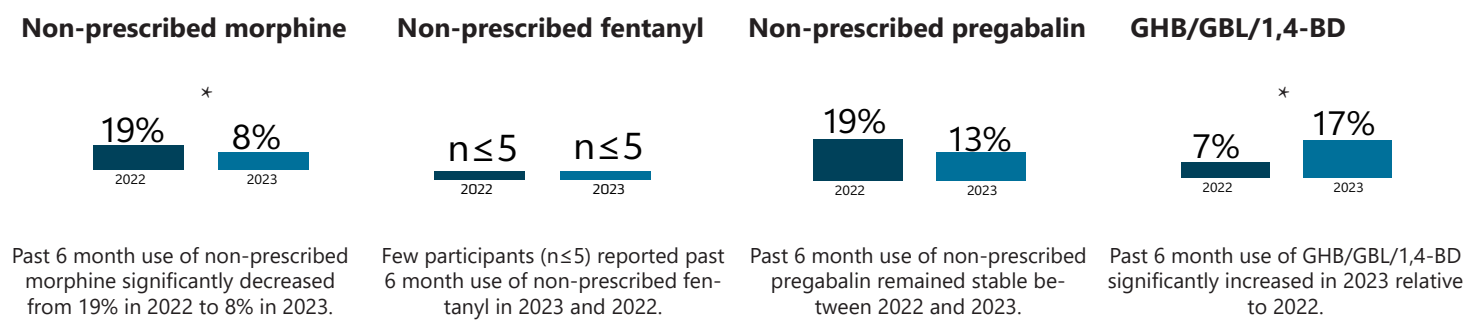
HEROIN



METHAMPHETAMINE

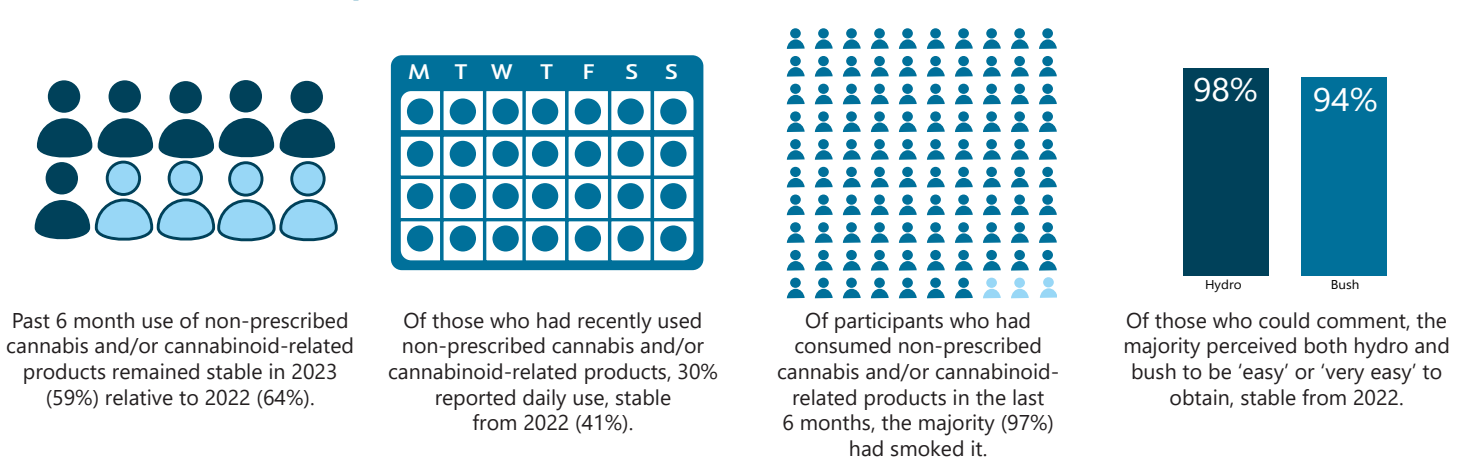


OTHER DRUGS



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

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



Background

The [Illicit Drug Reporting System \(IDRS\)](#) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of [Drug Trends](#). The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS 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 inject drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of the IDRS.

Methods

IDRS 2000-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; 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., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used 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.

IDRS 2020-2023: 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 across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, Pay ID or gift voucher where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

These changes were carried through between 2021 and 2023. A hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via

telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, 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.

2023 IDRS Sample

A total of 820 participants were recruited across capital cities nationally (May-July, 2023), with 103 participants recruited from Brisbane/Gold Coast, QLD between 2 June-30 June, 2023. All interviews were conducted face-to-face.

Fifteen per cent of the 2023 Brisbane/Gold Coast sample completed the interview in 2022, whereas 17% in the Brisbane/Gold Coast 2022 sample completed the interview in 2021 ($p=0.692$). In 2023, recruitment methods remained similar to 2022 ($p=0.256$), with the majority of participants being recruited via NSPs (85%; 81% in 2022), and via word-of-mouth (13%; 19% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p -value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in 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 COVID-19, must be taken into consideration when comparing 2020-2023 data to previous years, and treated with caution.

Additional Outputs

[Infographics](#), [the executive summary and data tables](#) from this report are available for download. There are a range of outputs from the IDRS which triangulate key results from the annual interviews and other data sources and consider the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#), which focuses on the use of ecstasy and other stimulants.

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 2023, the Brisbane/Gold Coast IDRS sample, for the most part, was similar to the sample in 2022 and in previous years (Table 1).

Gender identity remained stable between 2022 and 2023 ($p=0.640$), with two thirds (66%) identifying as male (69% in 2022). The median age of the sample was 45 years (IQR 39-49; 45 years in 2022; IQR=38-53; $p=0.765$) (Table 1). Almost four fifths (78%) were unemployed at the time of interview (85% in 2022; $p=0.238$), with 71% reporting that they had received a post-school qualification(s) (73% in 2022; $p=0.872$). The vast majority of participants (86%) reported receiving a government pension, allowance or benefit in the past month (89% in 2022; $p=0.672$). The median weekly income in 2023 was \$429 (IQR=348-550; \$450 in 2022; IQR=340-520; $p=0.658$).

Drug of choice remained stable in 2023 compared to 2022 ($p=0.198$), with half of participants (51%) reporting that methamphetamine was their drug of choice in 2023 (46% in 2022), followed by 34% nominating heroin (41% in 2022) (Figure 1). The drug injected most often in the past month also remained stable in 2023, relative to 2022 ($p=0.845$), with 56% of participants nominating methamphetamine as the drug injected most often (53% in 2022), followed by 29% nominating heroin (28% in 2022) (Figure 2).

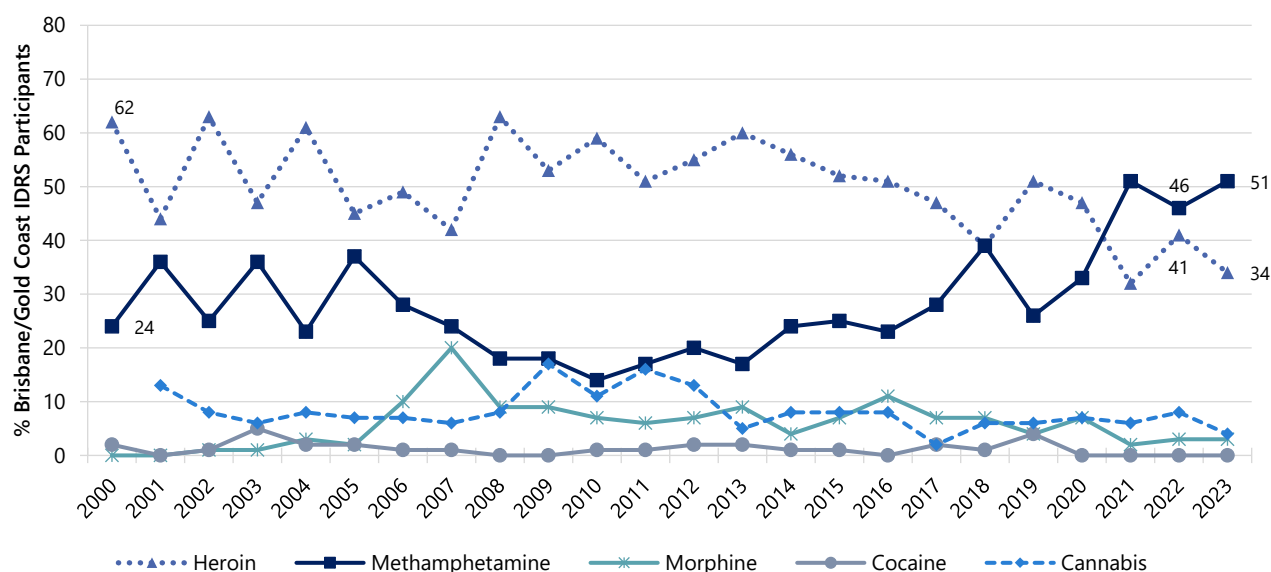
Weekly or more frequent consumption of crystal methamphetamine (56%; 52% in 2022; $p=0.571$), cannabis (44%; 49% in 2022; $p=0.570$) and heroin (30%; 34% in 2022; $p=0.654$) remained stable in 2023 (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Brisbane/Gold Coast, QLD, 2016-2023

	Brisbane/Gold Coast, QLD								National
	2016	2017	2018	2019	2020	2021	2022	2023	2023
	(N=101)	(N=100)	(N=101)	(N=100)	(N=100)	(N=101)	(N=100)	(N=103)	(N=820)
Median age (years; IQR)	40 (37-47)	42 (36-51)	41 (35-46)	41 (37-47)	44 (38-50)	43 (38-48)	45 (38-53)	45 (39-49)	46 (40-52)
% Gender									
Female	26	24	30	31	41	47	30	34	31
Male	74	75	69	67	58	53	69	66	68
Non-binary	0	0	0	-	-	0	-	0	0
% Aboriginal and/or Torres Strait Islander	19	16	17	13	12	28	23	22	26
% Sexual identity									
Heterosexual	88	85	85	86	87	80	82	79	85
Homosexual	-	-	-	-	-	-	-	6	-
Bisexual	8	12	13	9	9	12	12	13	10
Queer	0	0	0	-	0	-	0	0	0
Other	-	-	0	-	-	-	-	-	-
Mean years of school education (range)	10 (9-11)	10 (9-12)	10 (9-11)	10 (9-11)	10 (7-12)	10 (5-12)	10 (4-12)	10 (1-12)	10 (0-12)
% Post-school qualification(s) ^	59	55	43	61	73	65	73	71	61
% Current accommodation									
Own home (inc. renting)~	56	61	58	75	71	69	61	61	65
Parents'/family home	7	-	7	8	-	-	-	-	6
Boarding house/hostel	14	13	15	6	8	13	14	9	5
Shelter/refuge	-	-	-	-	-	0	-	-	-
No fixed address	12	18	18	10	13	14	18	22	19
Other	8	-	0	0	0	-	0	-	-
% Current employment status									
Unemployed	84	84	83	85	76	83	85	78	86
Full-time work	-	-	-	-	10	-	-	11	-
% Past month gov't pension, allowance or benefit	84	84	93	95	85	93	89	86	93
Current median income/week (\$; IQR)	\$371 (290-475)	\$400 (310-475)	\$385 (295-475)	\$323 (267-450)	\$540 (450-600)	\$356 (300-490)	\$450 (340-520)	\$429 (348-550)	\$400 (335-500)

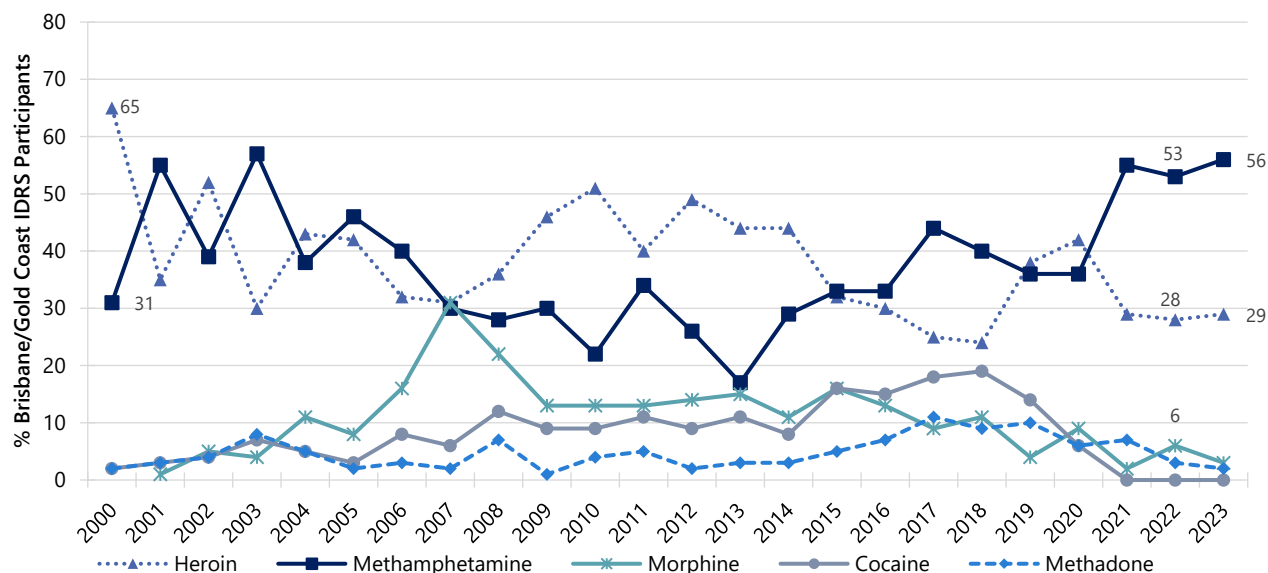
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the [data tables](#). / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the Brisbane/Gold Coast sample presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Figure 1: Drug of choice, Brisbane/Gold Coast, QLD, 2000-2023



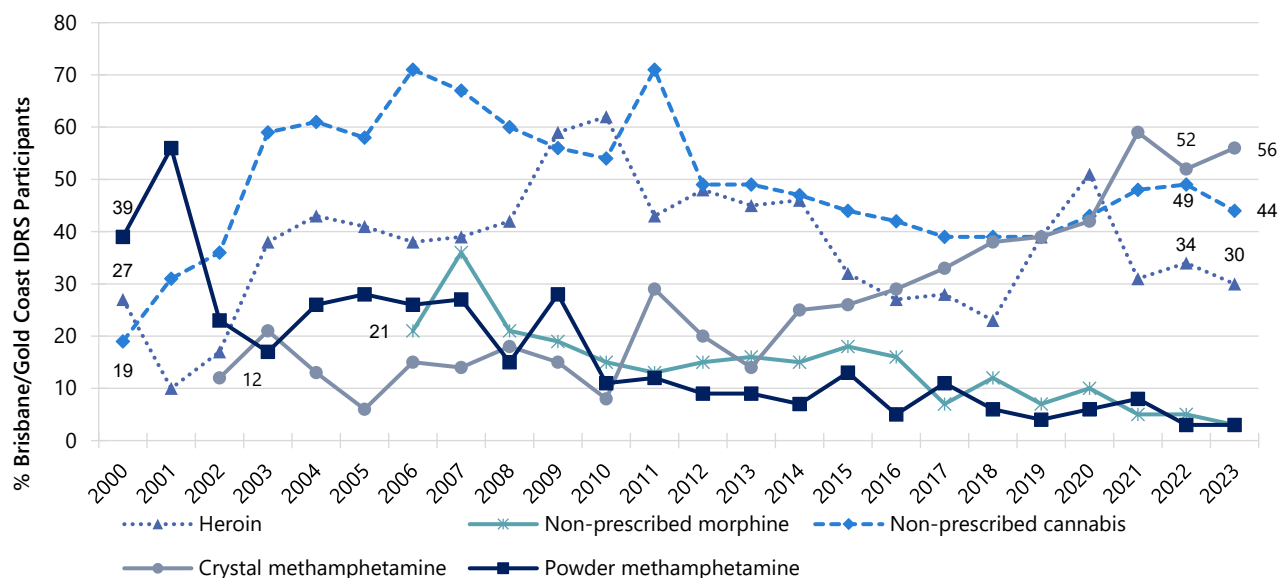
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000/2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2023, 41%, 45%, 2%, and 6% of the national sample reported heroin, methamphetamine, morphine, and cannabis, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Brisbane/Gold Coast, QLD, 2000-2023



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000/2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2023, 37%, 56%, 3%, 1% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, Brisbane/Gold Coast, QLD, 2000-2023



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Y axis reduced to 80% to improve visibility of trends Data labels are only provided for the first (2000/2002/2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2023, 61%, 56%, 42%, 60%, and 5% of the national sample reported high frequency use of any methamphetamine, non-prescribed cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

Heroin

Participants were asked about their recent (past six month) use of heroin and homebake heroin. Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of any heroin has fluctuated since the commencement of monitoring, with 46% of the Brisbane/Gold Coast sample reporting recent use in 2023, remaining stable from 51% in 2022 ($p=0.478$) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented ($n=47$) had used heroin on a median of 48 days (IQR=14-155) in 2023, compared with 50 days (IQR=16-180; $n=51$) in 2022 ($p=0.630$) (Figure 4). Two thirds (66%) of participants who had recently used heroin reported using on a weekly or more frequent basis in 2023, stable relative to 2022 (67%), and one quarter (26%) reported daily use, stable from 29% in 2022 ($p=0.816$).

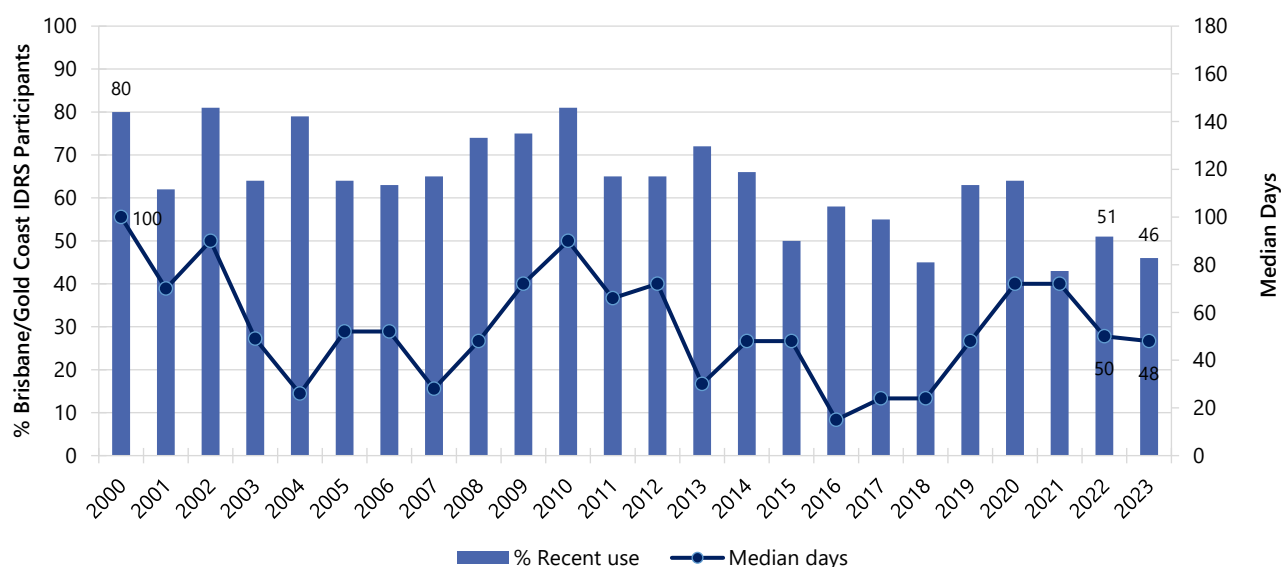
Routes of Administration

Among participants who had recently consumed heroin and commented ($n=47$), injecting remained the most common route of administration (98%; 98% in 2022). Participants who reported injecting heroin had done so on a median of 54 days (IQR=16-168), stable relative to 2022 (59 days; IQR=20-180; $p=0.624$). Few participants ($n\leq 5$) reported smoking in 2023 (8% in 2023; $p=0.364$).

Quantity

Of those who reported recent use and responded ($n=42$), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.50), stable relative to 2022 (0.20 grams; IQR=0.10-0.50; $n=47$; $p=0.822$). Of those who reported recent use and responded ($n=42$), the median maximum amount of heroin used per day in the six months preceding interview was 0.50 grams (IQR=0.10-0.50; 0.50 grams in 2022; IQR=0.20-1.00; $n=48$; $p=0.327$).

Figure 4: Past six month use and frequency of use of heroin, Brisbane/Gold Coast, QLD, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

Price

In 2023, the median price of heroin was \$100 (IQR=62-100; $n=20$) for one point (0.10 of a gram), stable relative to 2022 (\$100; IQR=50-100; $n=24$; $p=0.404$) (Figure 5). The median price for a gram of heroin was \$380 (IQR=300-500; $n=12$), compared to \$400 in 2022 (IQR=325-495; $n=14$; $p=0.794$). No participant reported on the price of a cap, and therefore further details are not reported. Please refer to Figure 5 for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

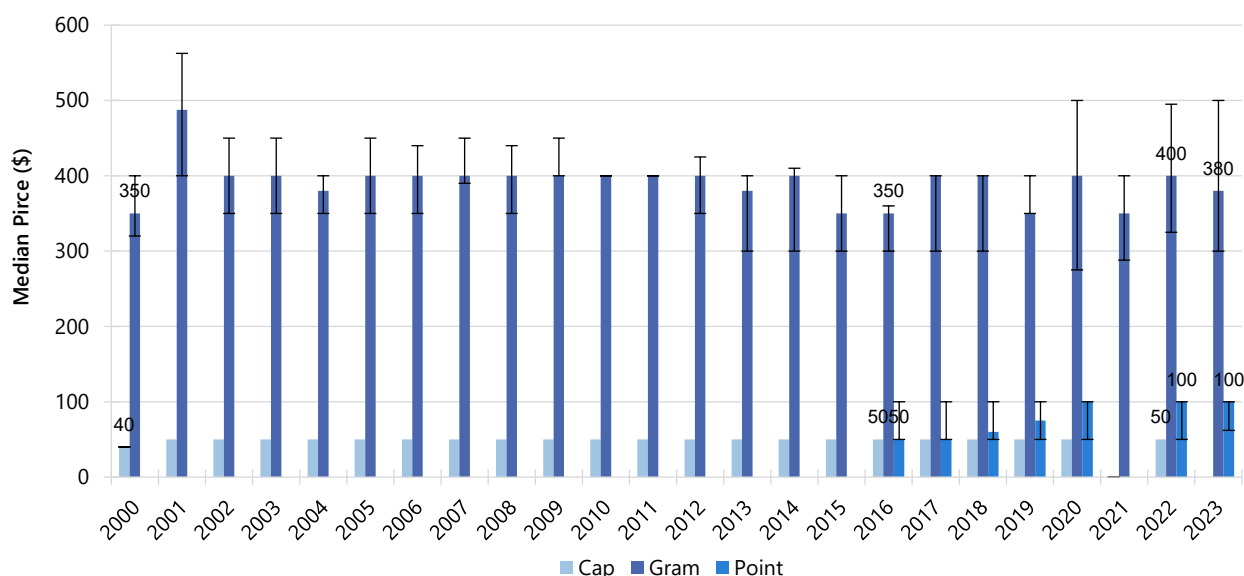
Perceived Purity

The perceived purity of heroin remained stable between 2022 and 2023 ($p=0.595$) (Figure 6). Among those who were able to comment in 2023 ($n=40$), 43% perceived purity as 'medium' (33% in 2022) and a further 25% perceived purity to be 'high' (22% in 2022).

Perceived Availability

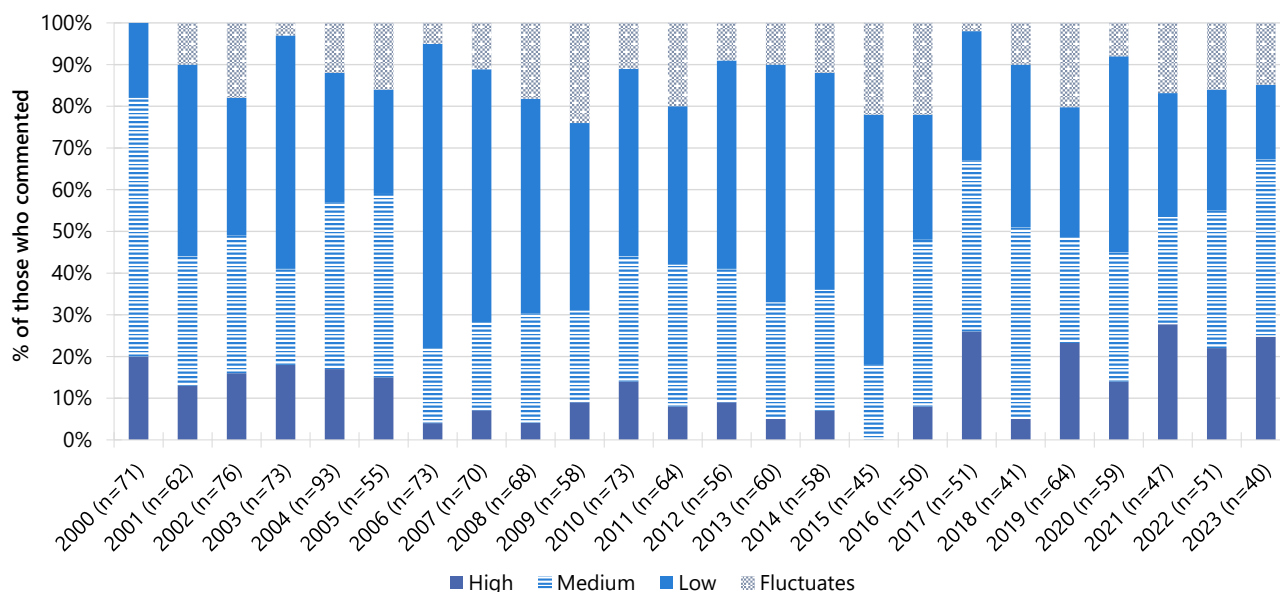
The perceived availability of heroin remained stable between 2022 and 2023 ($p=0.196$). Among those who were able to comment in 2023 ($n=42$), 45% perceived current availability as 'very easy' (27% in 2022), and almost half (48%) perceived current availability as 'easy' (58% in 2022) (Figure 7).

Figure 5: Median price of heroin per cap, gram and point, Brisbane/Gold Coast, QLD, 2000-2023



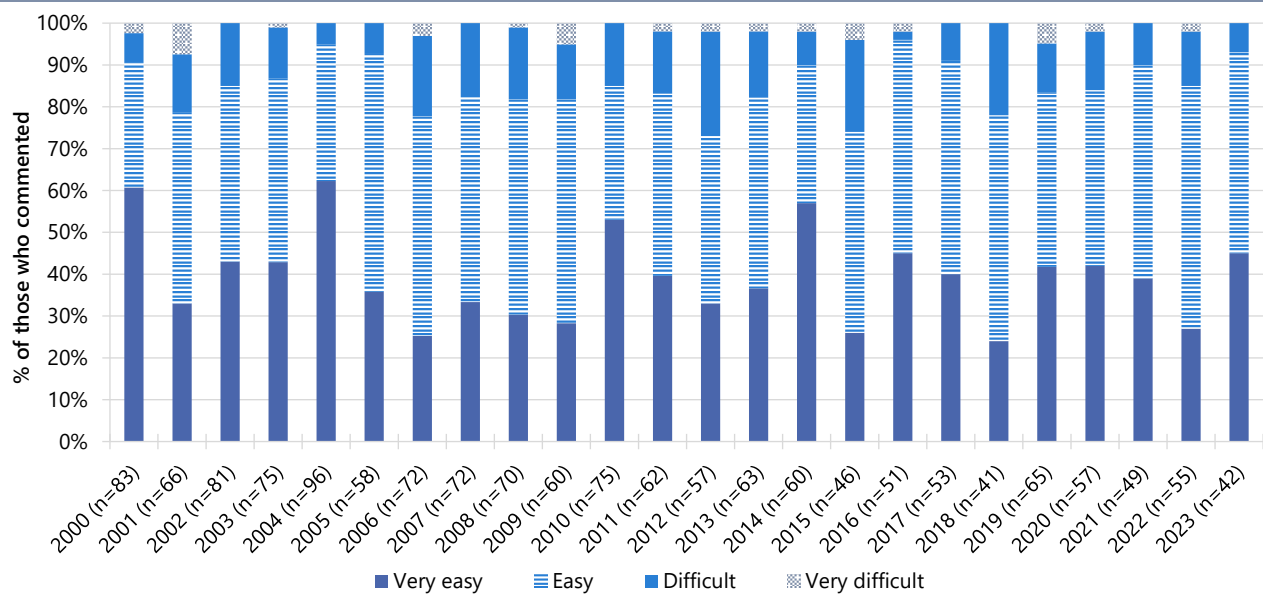
Note. Among those who commented. Price for a point of heroin was not collected in 2000-2015. Between 2009-2017 a cap was referred to as cap/point; in 2016 these measures were separated as their own response options. Data labels are only provided for the first (2000/2016) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. No participants commented price per cap in 2023. 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 6: Current perceived purity of heroin, Brisbane/Gold Coast, QLD, 2000-2023



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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 7: Current perceived availability of heroin, Brisbane/Gold Coast, QLD, 2000-2023



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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 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).

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

In 2023, three quarters (73%) of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2022 (70%; $p=0.749$) (Figure 8).

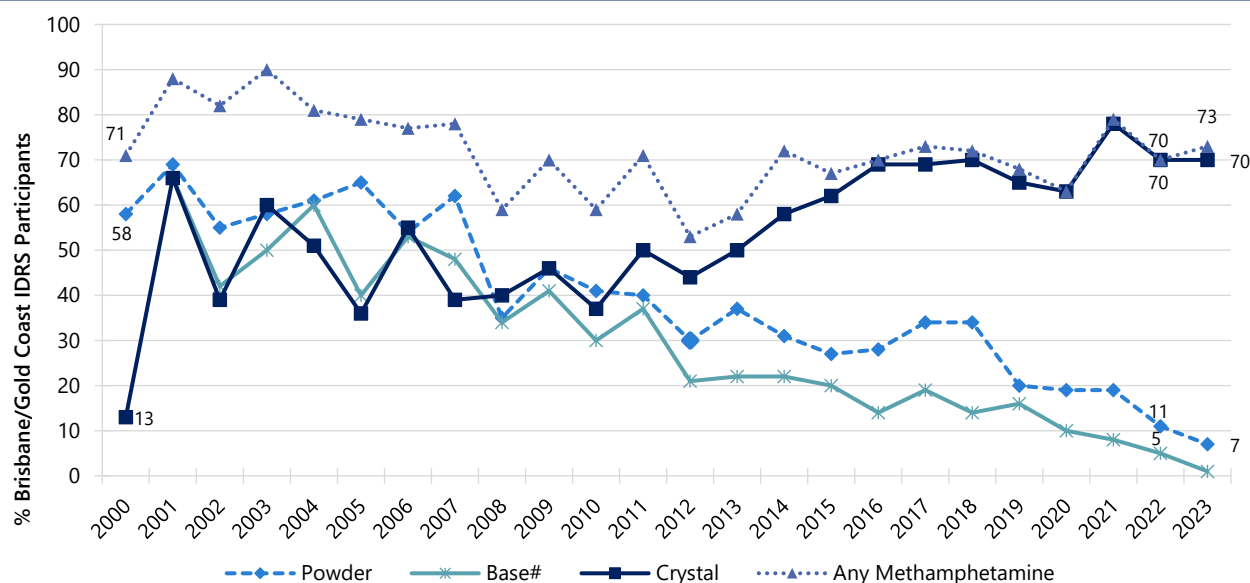
Frequency of Use

Among those who recently consumed any methamphetamine and commented ($n=74$), frequency of use remained largely stable at a median of 72 days (IQR=24-120; 60 days in 2022; IQR=20-96; $n=69$; $p=0.562$) (Figure 9). Weekly or more frequent use also remained stable among those who reported recent use, from 74% in 2022 to 78% in 2023 ($p=0.558$), as did daily use (17% in 2022; 18% in 2023).

Forms Used

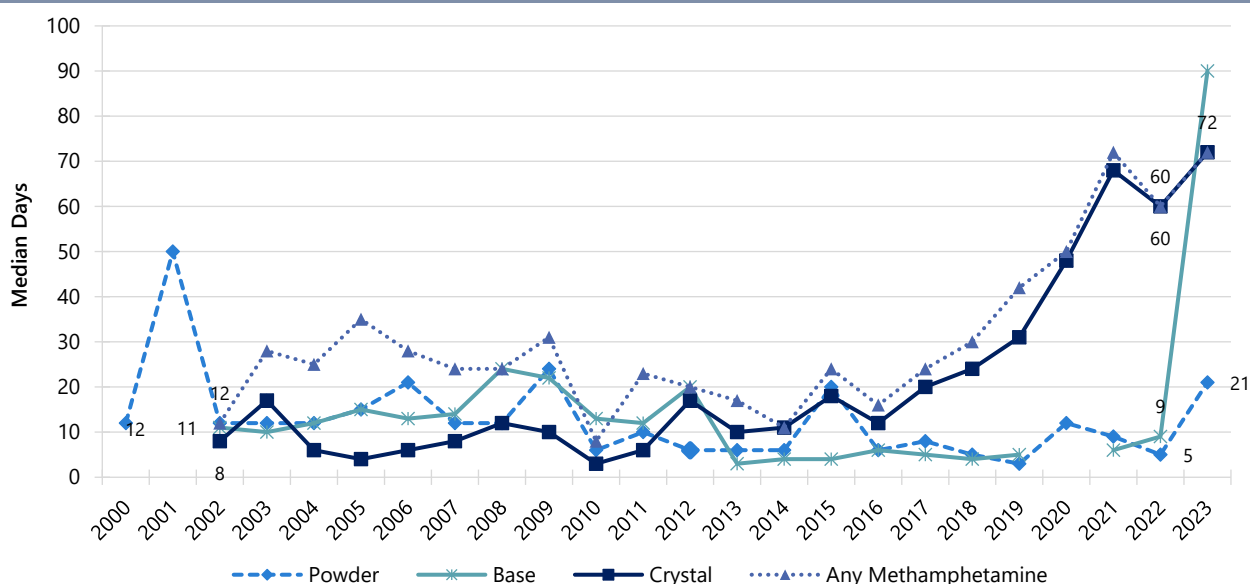
There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine (Figure 8). Of participants who had used methamphetamine in the six months preceding interview in 2023 ($n=74$), most participants had used crystal methamphetamine (96%; 100% in 2022; $p=0.245$), with nine per cent reporting use of powder (16% in 2022; $p=0.323$).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Brisbane/Gold Coast, QLD, 2000-2023



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid methamphetamine not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, Brisbane/Gold Coast, QLD, 2000-2023



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 80 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has gradually declined since 2001. In 2023, seven per cent of the sample reported recent use of powder, remaining relatively stable from 11% in 2022 ($p=0.337$) (Figure 8).

Frequency of Use: Of those who had recently consumed powder and commented ($n=7$), frequency of use was reported at a median of 21 days (IQR=12-66; 5 days in 2022; IQR=3-21; $n=10$; $p=0.118$) (Figure 9). Few ($n\leq 5$) of those who had recently used powder reported weekly or more frequent use in 2023.

Routes of Administration: Among participants who had recently consumed powder and commented ($n=7$), all reported injecting as route of administration (100%; 100% in 2022) and had done so on a median of 21 days (IQR=12-66), compared to 2022 (5 days; IQR=3-19; $p=0.096$). Few ($n\leq 5$) reported alternative routes of administration for powder in 2023.

Quantity: Of those who reported recent use and commented ($n=7$), the median 'typical' amount of powder used on an average day of consumption in the past six months was 0.50 grams (IQR=0.10-0.60; 0.20 grams in 2022; IQR=0.20-0.30; $n=10$; $p=0.693$). Of those who reported recent use and commented ($n=7$), the median maximum amount of powder used per day in the six months preceding interview was one gram (IQR=0.40-1.00; 0.40 grams in 2022; IQR=0.20-0.50; $n=10$; $p=0.253$).

Methamphetamine Base

Recent Use (past 6 months): Low numbers ($n\leq 5$) reported recent use of methamphetamine base, therefore further

details are not reported. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been increasing since 2010, surpassing base and powder methamphetamine from 2010 onwards and peaking at 78% in 2021. In 2023, 70% of the sample reported recent use, stable relative to 2022 (70%) (Figure 8).

Frequency of Use: Of those who had recently consumed crystal and commented ($n=71$), frequency of use remained stable at a median of 72 days (IQR=24-133; 60 days in 2022; IQR=20-96; $n=69$; $p=0.392$) (Figure 9). Four fifths (80%) of those who had recently used crystal reported weekly or more frequent use, stable from 2022 (74%; $p=0.428$), with 18% reporting daily use (17% in 2022).

Routes of Administration: Among participants who had recently consumed crystal and commented ($n=71$), all participants reported injecting it (100%; 100% in 2022) and had done so on a median of 48 days (IQR=22-110; 48 days in 2022; IQR=12-96; $p=0.709$). Forty-two per cent reported smoking crystal methamphetamine (33% in 2022; $p=0.296$).

Quantity: Of those who reported recent use and responded ($n=67$), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2022; IQR=0.10-0.30; $n=70$; $p=0.607$). Of those who reported recent use and responded ($n=66$), the median maximum amount of crystal used per day in the six months preceding interview was 0.40 grams

(IQR=0.20-0.60; 0.50 grams in 2022; IQR=0.20-0.60; n=70; $p=0.925$).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Low numbers ($n \leq 5$) reported recent use of methamphetamine powder, therefore further details of price, purity and availability are not reported. Please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to the 2023 [National IDRS Report](#).

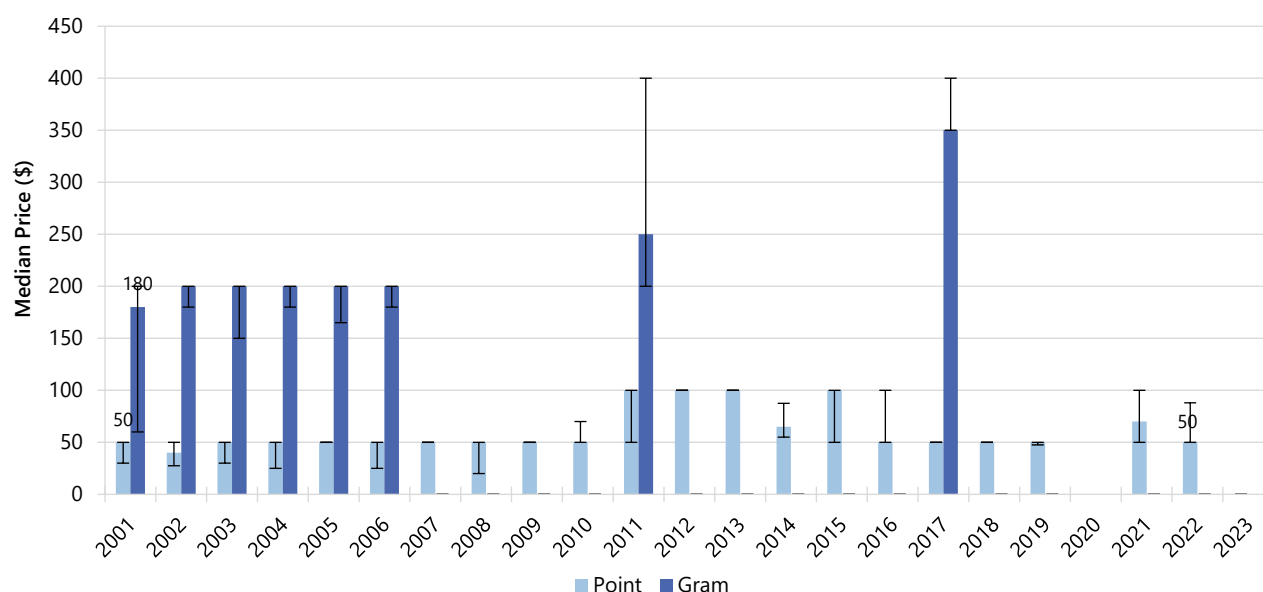
Methamphetamine Crystal

Price: Participants reported a median price of \$50 (IQR=40-50; $n=31$) for one point (\$50 in 2022; IQR=50-63; $n=31$; $p=0.006$). In 2023, participants reported the median price of \$400 for one gram (IQR=313-400), remaining stable with \$400 in 2022 (IQR=350-475; $n=10$; $p=0.381$) (Figure 11).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2022 and 2023 ($p=0.565$). Among those who were able to comment in 2023 ($n=60$), 28% reported that crystal was of 'low' purity (19% in 2022), followed by 25% reporting crystal was of 'medium' purity (34% in 2022), and 25% reporting it was of 'high' purity (25% in 2022) (Figure 13).

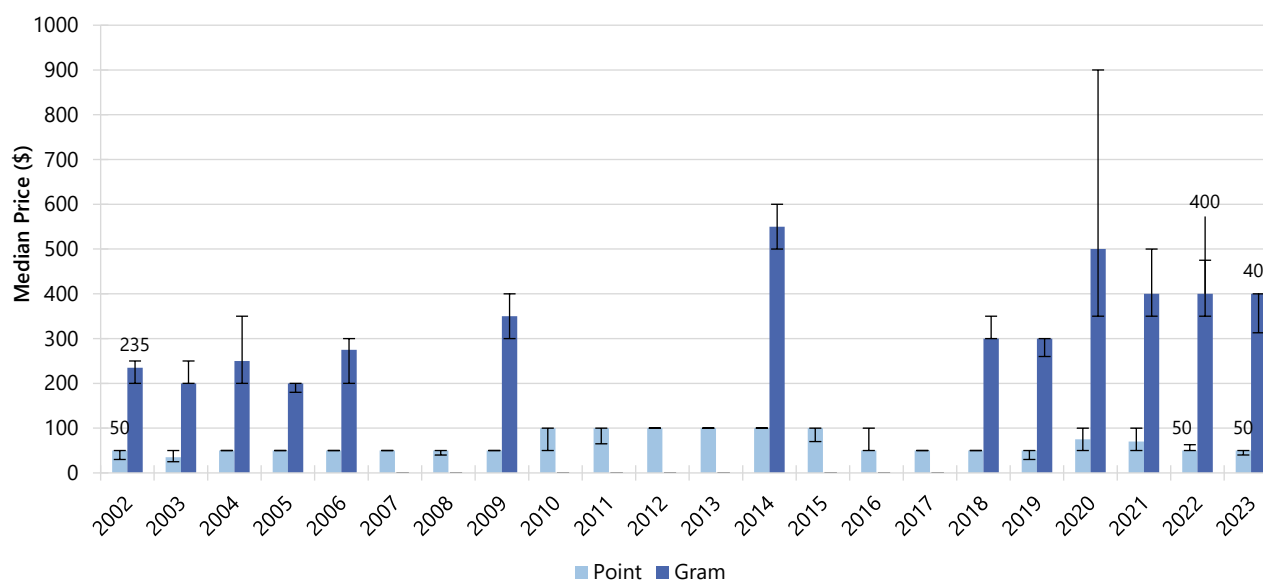
Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2022 and 2023 ($p=0.356$). Among those who were able to comment in 2023 ($n=62$), two thirds (66%) perceived crystal methamphetamine as being 'very easy' to obtain (54% in 2022) and 24% reported 'easy' obtainment (38% in 2022) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Brisbane/Gold Coast, QLD, 2001-2023



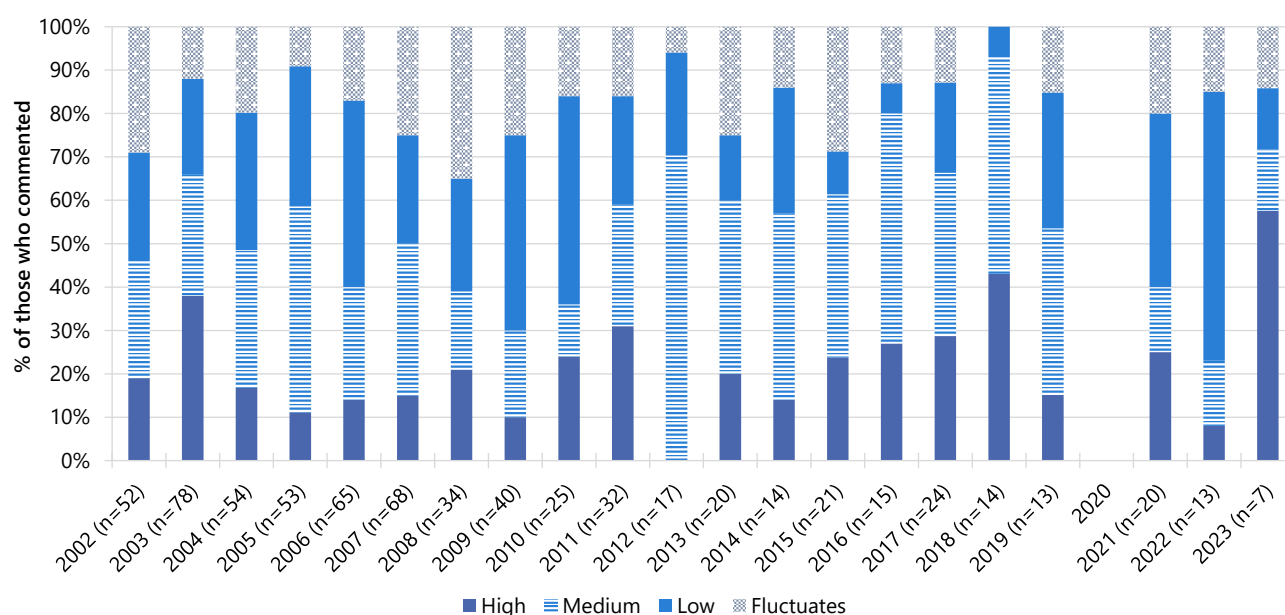
Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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. No participants commented price per gram in 2023. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 11: Median price of methamphetamine crystal per point and gram, Brisbane/Gold Coast, QLD, 2002-2023



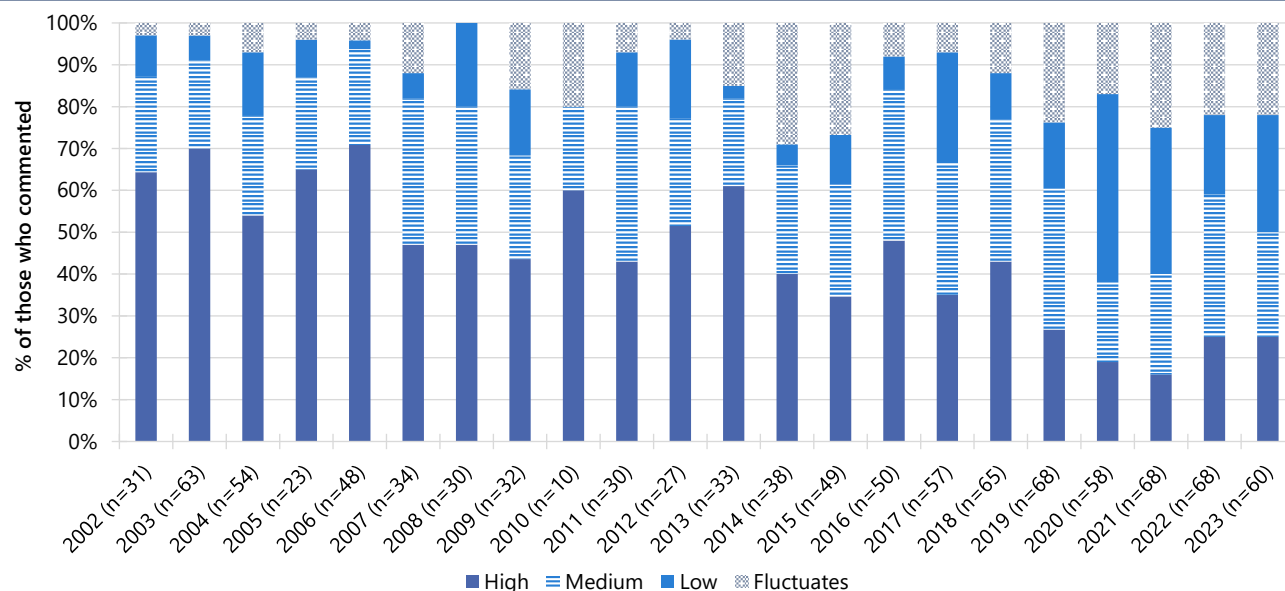
Note. Among those who commented. Price data not collected in 2000 and 2001. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 12: Current perceived purity of powder methamphetamine, Brisbane/Gold Coast, QLD, 2002-2023



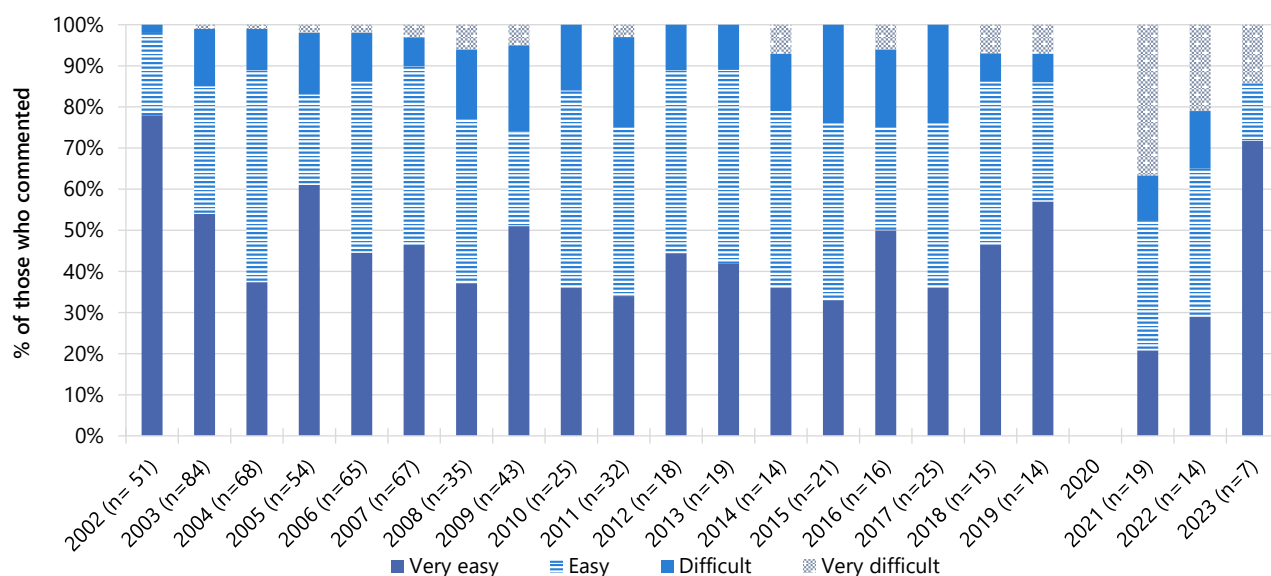
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 13: Current perceived purity of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2002-2023



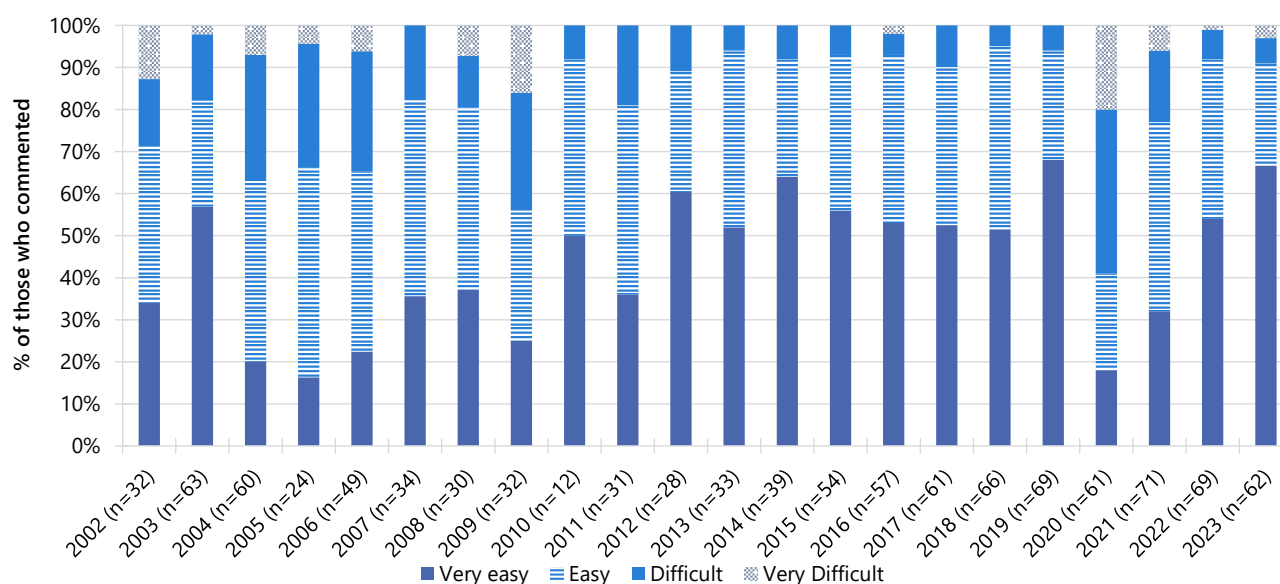
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 14: Current perceived availability of powder methamphetamine, Brisbane/Gold Coast, QLD, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. 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 $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 15: Current perceived availability of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2002-2023



Note. Methamphetamine asked separately for the three different forms from 2002 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 $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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)

Recent use of cocaine has fluctuated over the years, with 13% of the Brisbane/Gold Coast sample recently consuming cocaine in 2023. This remained stable from 2022 (17%; $p=0.431$) (Figure 16).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2023 ($n=13$), frequency of use remained stable at median of one day (IQR=1-1), from one day (IQR=1-4) in 2022 ($p=0.105$). No participants reported using cocaine weekly or more frequently in 2023 (12% in 2022; $p=0.492$) (Figure 16).

Routes of Administration

Among participants who had recently consumed cocaine and commented ($n=13$), three quarters (77%) reported snorting cocaine, stable relative to 2022 (71%). Few participants ($n\leq 5$) reported on any other route of administration; therefore, further details are not reported.

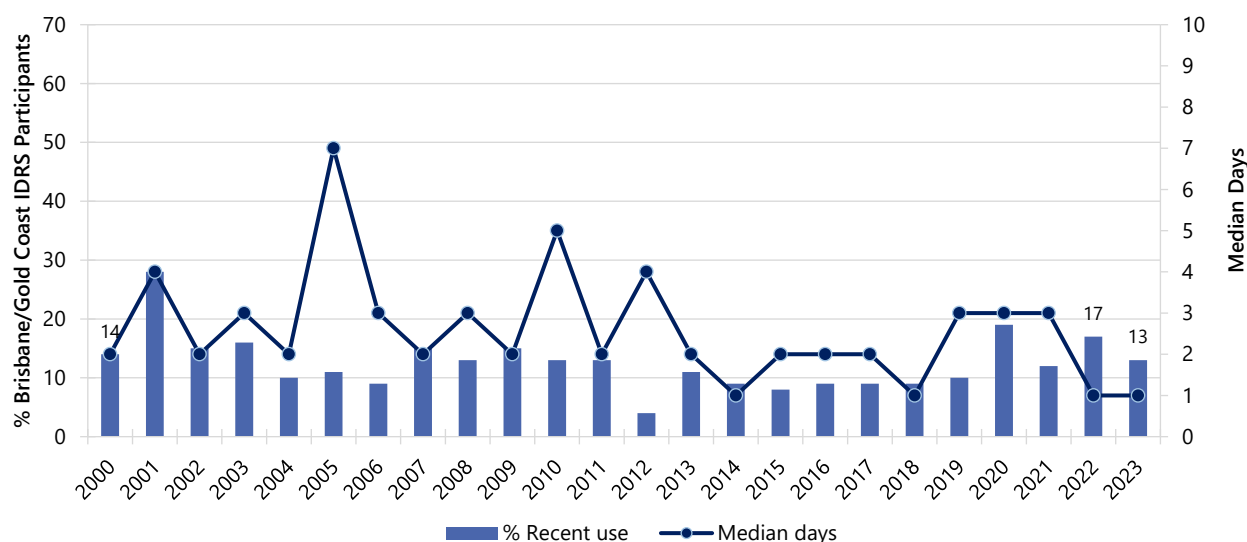
Quantity

Of those who reported recent use and responded ($n=8$), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.30 grams (IQR=0.20-0.30; 0.30 grams in 2022; IQR=0.10-0.90; $n=10$; $p=0.964$).

Forms Used

Among participants who had recently consumed cocaine and commented ($n=13$), the vast majority reported using powder cocaine (92%; 76% in 2022; $p=0.359$) and no participant reported using crack cocaine (18% in 2022; $p=0.238$).

Figure 16: Past six month use and frequency of use of cocaine, Brisbane/Gold Coast, QLD, 2000-2023

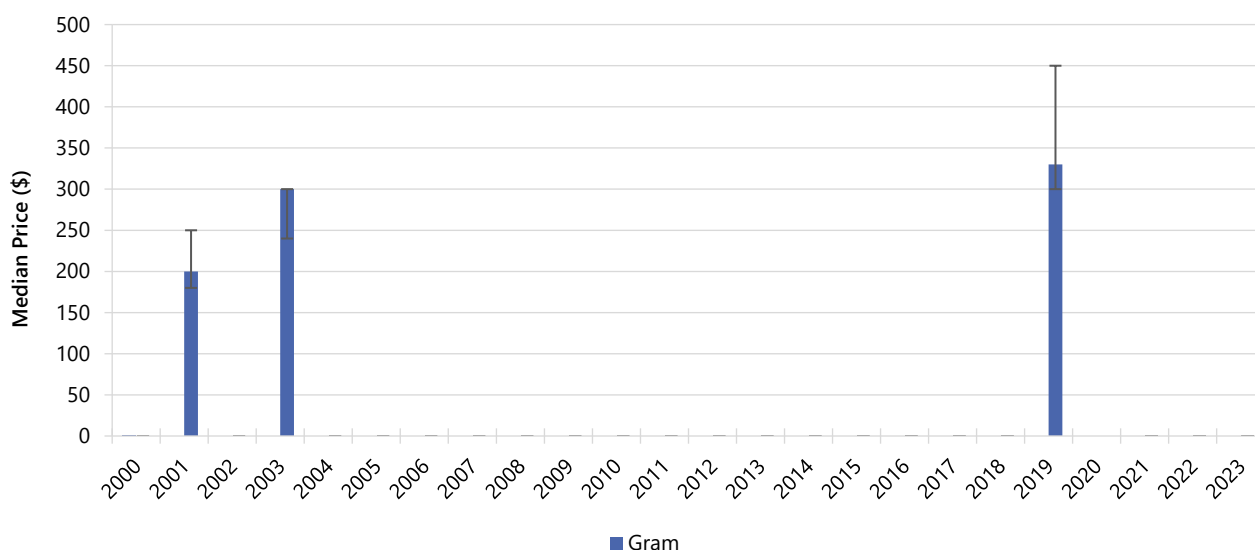


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced 70% and secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

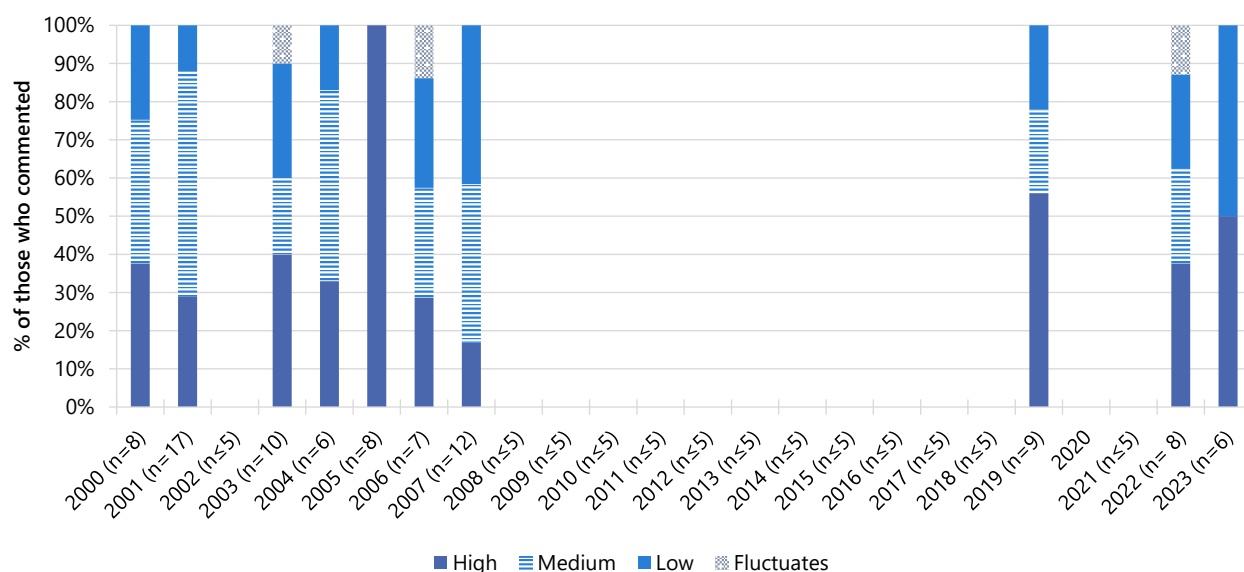
Due to low numbers ($n \leq 5$), details regarding the price (Figure 17), perceived purity (Figure 18) and perceived availability (Figure 19) of cocaine will not be discussed. Please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 17: Median price of cocaine per gram, Brisbane/Gold Coast, QLD, 2000-2023



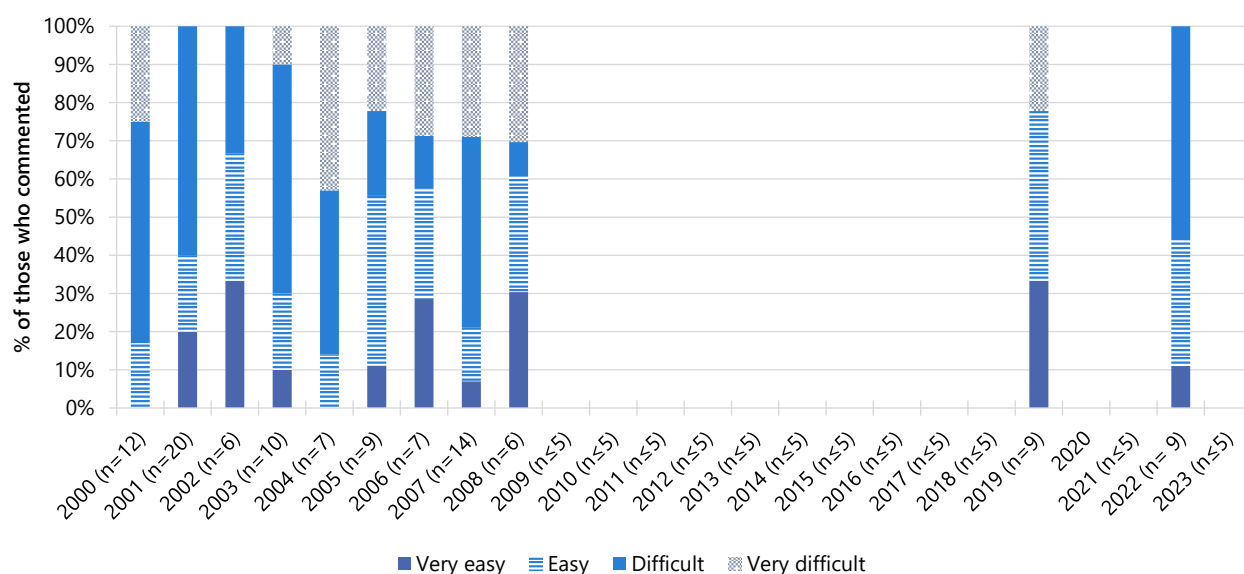
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. No participants reported on the price of a gram in 2006 and 2012. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 18: Current perceived purity of cocaine, Brisbane/Gold Coast, QLD, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. 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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 19: Current perceived availability of cocaine, Brisbane/Gold Coast, QLD, 2000-2023



Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. 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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 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 various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles 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 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Six per cent reported prescribed use in the six months preceding interview ($n \leq 5$ in 2022; $p=0.498$).

In the remainder of this chapter, data from 2021-2023, and from 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2023 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 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent non-prescribed cannabis use and/or related cannabinoid products has ranged from a peak of 85% in 2006 to a low of 60% in 2015, before increasing again subsequently thereafter. Past six-month use of non-prescribed cannabis and/or related cannabinoid products remained stable in 2023, with almost three fifths (59%) of the sample reporting recent use (64% in 2022; $p=0.563$) (Figure 20).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented in 2023 ($n=60$), frequency of use remained stable at a median of 72 days in 2023

(IQR=23-180; 110 days in 2022; IQR=25-180; $n=64$; $p=0.370$) (Figure 20). Thirty per cent reported daily use, stable relative to 2022 (41%; $p=0.263$).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented ($n=61$), smoking continued to be the most common route of administration (97%; 98% in 2022; $p=0.613$), followed by inhaling/vaporising in 2023 (10%; $n\leq 5$ in 2022; $p=0.316$).

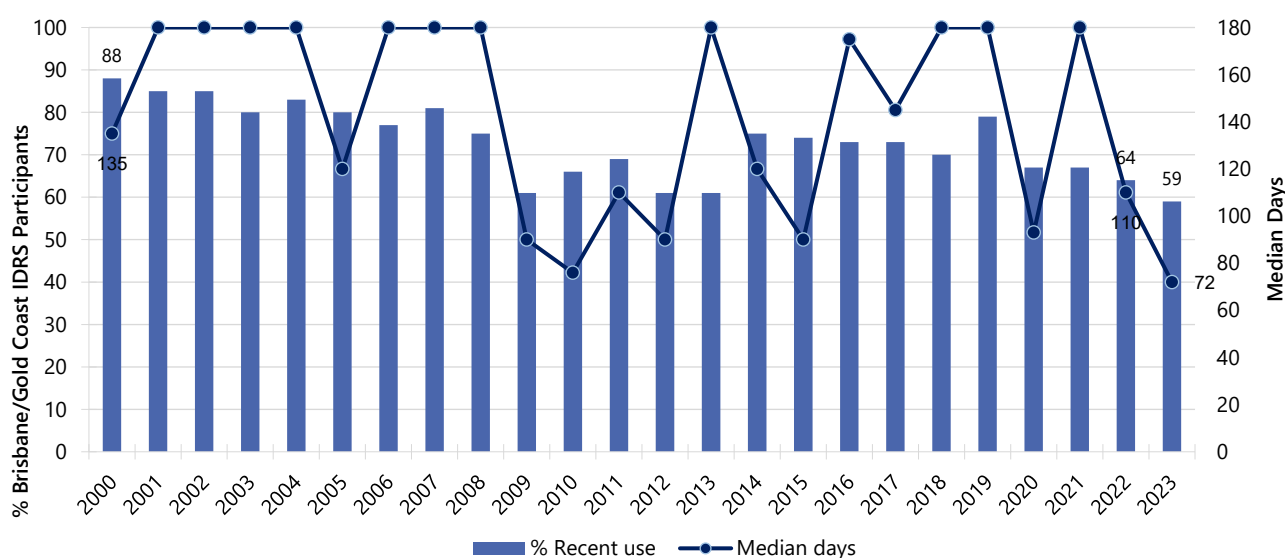
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023, the median 'typical' amount used on the last occasion of use was one gram (IQR=1.00-2.00; $n=21$; 1.00 gram in 2022; IQR=0.60-1.50; $n=22$; $p=0.543$) or two cones (IQR=1-3.5; $n=27$; 2 cones in 2022; IQR=2-4; $n=32$; $p=0.756$) or one joint (IQR=1-2; $n=10$; $n\leq 5$ in 2022; $p=0.689$).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented ($n=58$), most (90%) reported recent use of hydroponic cannabis (94% in 2022; $p=0.520$), and 22% reported recent use of outdoor grown 'bush' cannabis (40% in 2022; $p=0.052$). Few participants ($n\leq 5$) in 2023 reported using hashish ($n\leq 5$ in 2022), hash oil ($n\leq 5$ in 2022; $p=0.609$), non-prescribed CBD extract (no participant reported using CBD extract in 2022), and THC extract ($n\leq 5$ in 2022; $p=0.609$) in the preceding six months.

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Brisbane/Gold Coast, QLD, 2000-2023



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 (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2023, the median price per gram of hydroponic cannabis was \$23 (IQR=20-25; n=10; \$20 in 2022; IQR=20-25; n=12; $p=0.385$) and the median price per ounce of hydroponic cannabis was \$265 (IQR=250-333; n=6; \$300 in 2022; IQR=300-300; n=9; $p=0.548$) (Figure 21a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2022 and 2023 ($p=0.053$). Among those who were able to comment in 2023 (n=43), 72% reported 'high' potency (63% in 2022), 12% reported 'medium' potency (30% in 2022), and 12% reported 'fluctuating' potency (7% in 2022) (Figure 22a).

Perceived Availability: Perceived availability remained stable between 2022 and 2023 ($p=0.327$). Among those who were able to comment in 2023 (n=41), two thirds (66%) perceived hydroponic cannabis to be 'very easy' to obtain (48% in 2022), with 29% reporting 'easy' obtainment (45% in 2022) (Figure 23a).

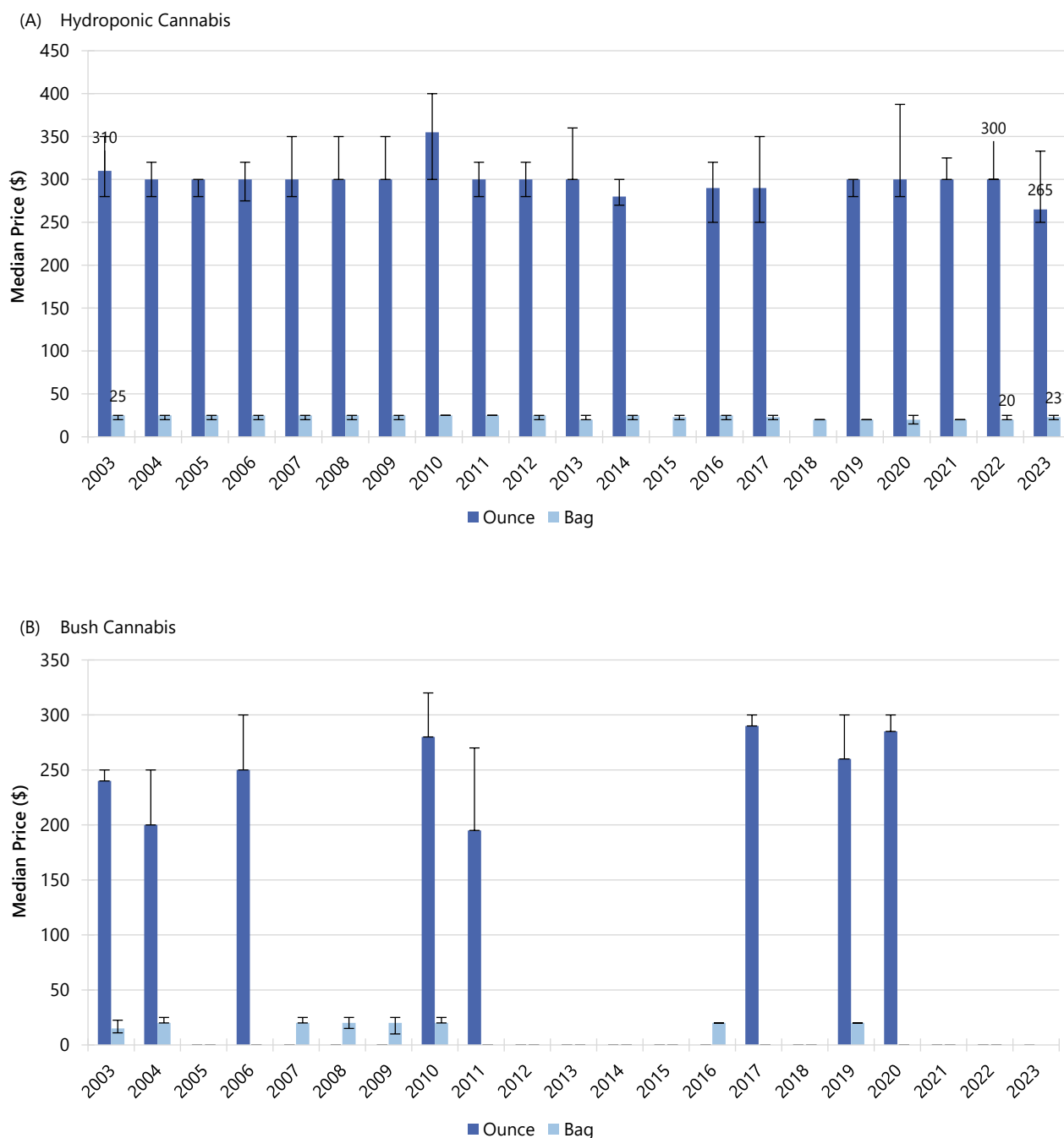
Bush Cannabis

Price: Few participants (n≤5) commented on perceived price of bush cannabis. Please refer to Figure 21b for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Potency: Perceived potency of bush cannabis remained stable between 2022 and 2023 ($p=0.641$). Among those who were able to comment in 2023 (n=8), few participants (n≤5) nominated perceived potency to be 'high', 'medium', 'low' or 'fluctuating'. Please refer to Figure 22b for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

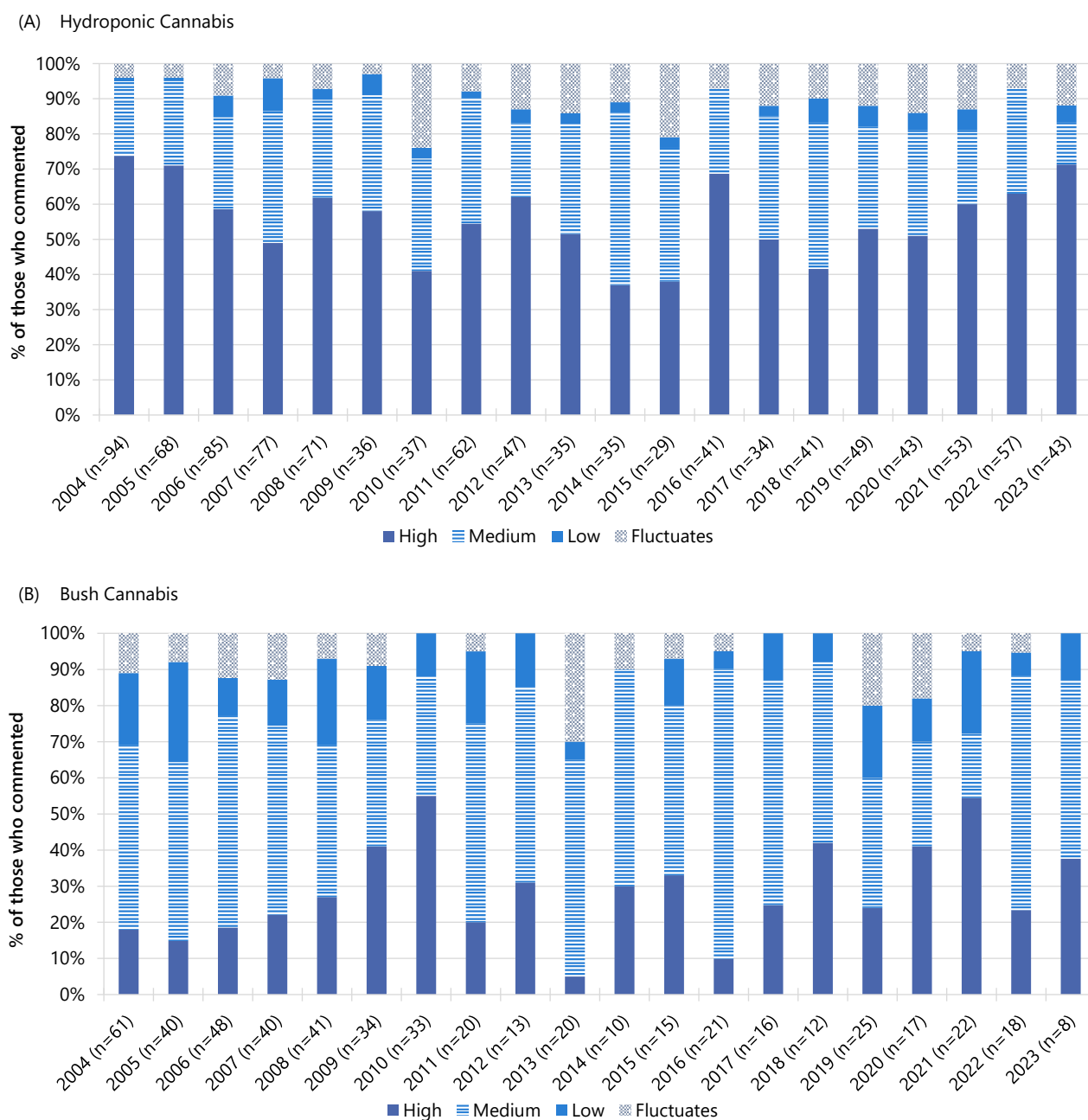
Perceived Availability: The perceived availability of bush cannabis remained stable between 2022 and 2023 ($p=0.084$). Among those who were able to comment in 2023 (n=8), few participants (n≤5) nominated perceived availability to be 'very easy', 'easy', 'difficult' or 'very difficult' to obtain. Please refer to Figure 23b for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and bag, Brisbane/Gold Coast, QLD, 2003-2023



Note. Among those who commented. No participants reported purchasing a bag of bush cannabis in 2023. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

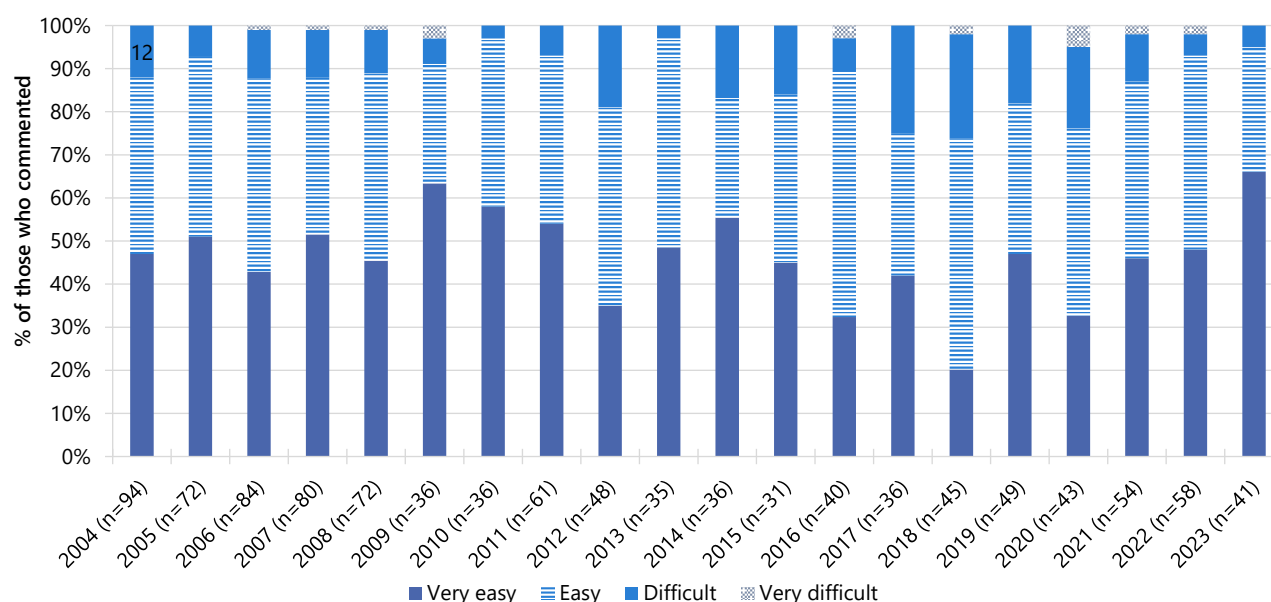
Figure 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2004-2023



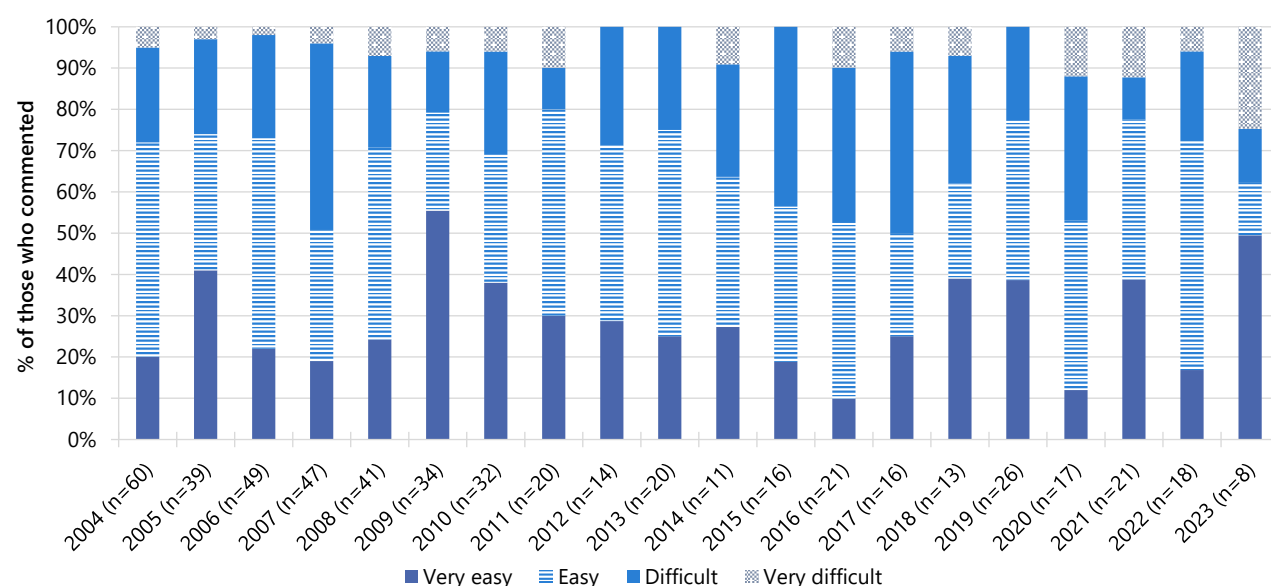
Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 23: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2004-2023

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

6

Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

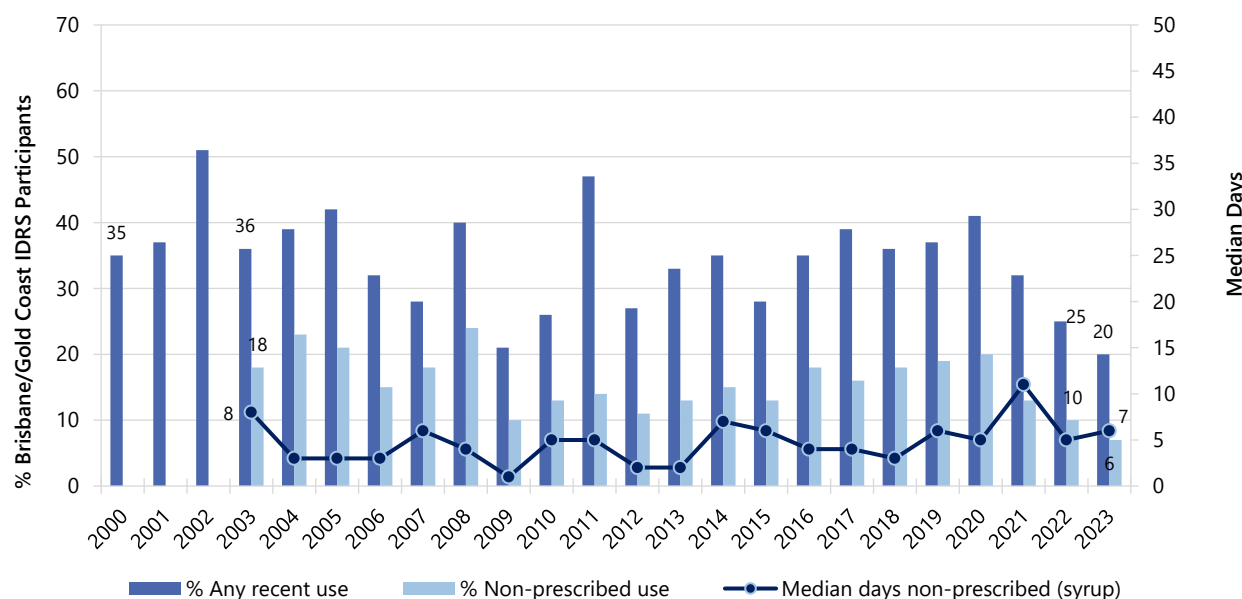
Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation, the per cent reporting any recent methadone use (including syrup and tablets) in Brisbane/Gold Coast has generally decreased since monitoring commenced. In 2023, one fifth (20%) of participants reported recent use of any prescribed and/or non-prescribed methadone (25% in 2022; $p=0.496$), the lowest percentage of recent use since the commencement of monitoring. Methadone use historically has largely consisted of prescribed use, with 16% reporting prescribed use in 2023, stable from 17% reporting prescribed use in 2022; $p=0.847$). The per cent reporting non-prescribed use remained stable in 2023 at seven per cent (10% in 2022; $p=0.451$) (Figure 24).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented ($n=7$), frequency of use remained low and stable in 2023 (6 days; IQR=2-90; 5 days in 2022; IQR=3-12; $n=10$; $p=0.806$)

Recent Injecting Use: Of those who had recently used any methadone in 2023 and commented ($n=10$), almost half (48%) reported injecting methadone (40% in 2022; $p=0.769$) on a median of 48 days (IQR=3-143), stable relative to 2022 (46 days; IQR 5-158; $p=0.909$).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Brisbane/Gold Coast, QLD, 2000-2023



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. 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 secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

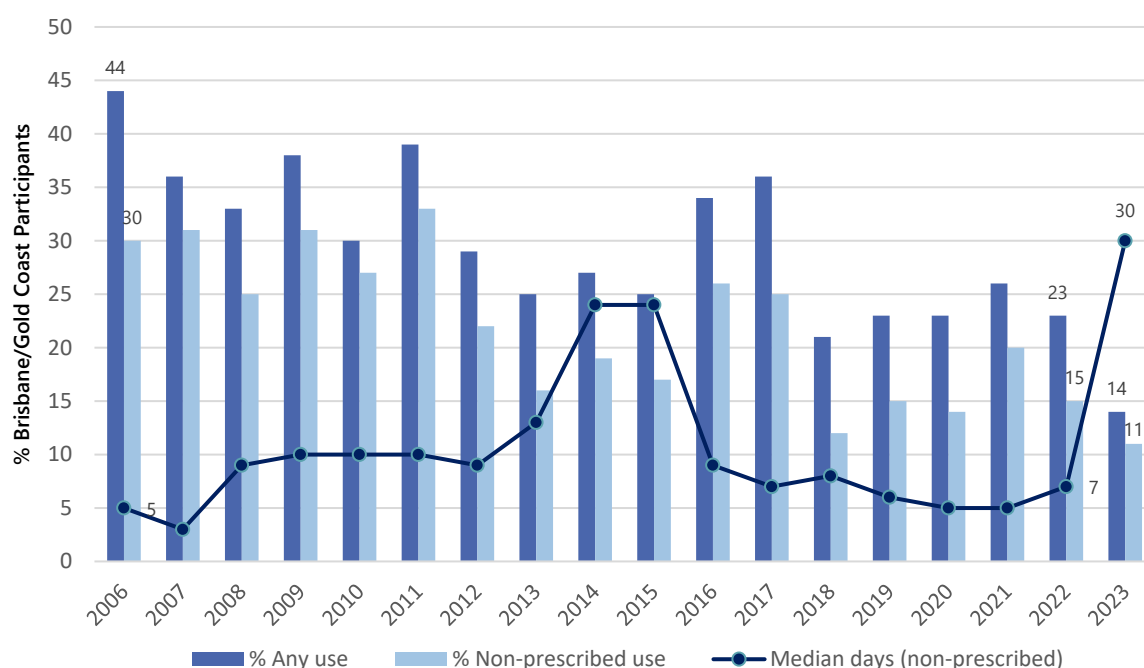
Buprenorphine Tablet

Any Recent Use (past 6 months): Although prescribing practices have shifted towards buprenorphine-naloxone in recent years, the use of buprenorphine tablet alone was still common in Brisbane/Gold Coast in 2023, with 14% reporting any recent use, compared with 23% in 2022 ($p=0.106$) (Figure 25). Few participants ($n \leq 5$) reported recent prescribed use (12% in 2022; $p=0.016$) and recent non-prescribed use was reported by 11% of participants (15% in 2022, $p=0.405$).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine tablet and commented ($n=11$), participants reported a median of 30 days (IQR=15-90) of use in the past six months, stable from seven days in 2022 (IQR=3-31; $n=15$; $p=0.132$).

Recent Injecting Use: Of those who had recently used buprenorphine tablet and commented ($n=14$), 57% reported any recent injection, stable relative to 2022 (83%; $p=0.132$), on a median of 57 days in the six months preceding the interview (IQR=4-132; 48 days in 2022; IQR=8-135; $p=0.790$).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablets, Brisbane/Gold Coast, QLD, 2002-2023



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 50% and secondary Y axis reduced to 40 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

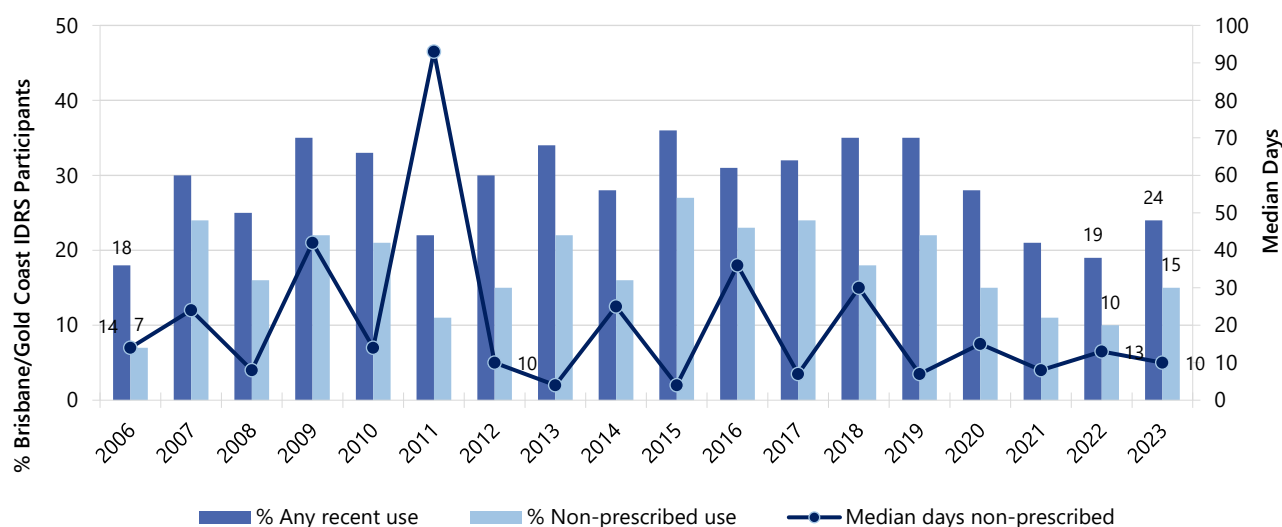
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2023, one quarter (24%) of the sample reported recent use of any buprenorphine-naloxone (19% in 2022; $p = 0.395$), with 15% reporting non-prescribed use (10% in 2022; $p = 0.397$), and 13% reporting prescribed use (11% in 2022; $p = 0.824$) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented ($n = 15$), frequency of use remained low and stable at a median of 10 days (IQR=2-69) in the six months preceding interview (13 days in 2022; IQR=3-23; $n = 10$; $p = 0.595$) (Figure 26).

Recent Injecting Use: OF those who had recently consumed non-prescribed buprenorphine-naloxone and commented ($n = 22$), most (88%) participants reported recent injection of buprenorphine-naloxone, (63% in 2022; $p = 0.074$), on a median of 20 days (IQR=2-86; 92 days in 2022; IQR=20-180; $p = 0.146$).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Brisbane/Gold Coast, QLD, 2006-2023



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 60% and secondary Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

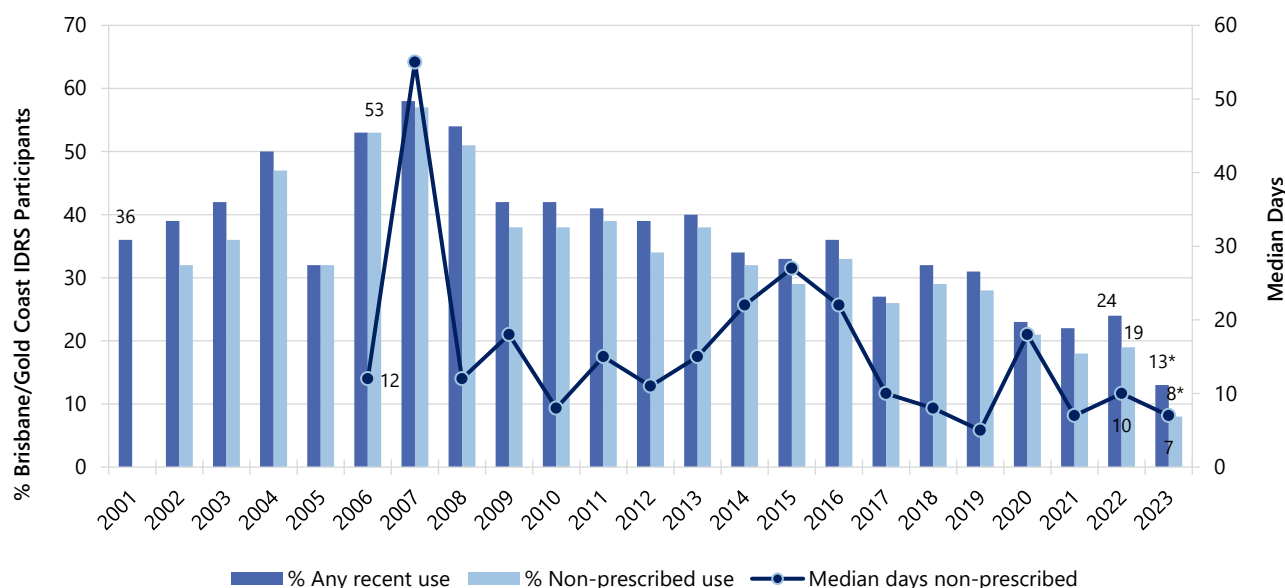
Morphine

Any Recent Use (past 6 months): The Brisbane/Gold Coast sample has observed a downward trend in recent use of morphine since peaking in 2007 (Figure 27). In 2023, recent use of any morphine significantly decreased from 24% in 2022 to 13% in 2023 ($p=0.048$). This was mostly driven by a significant decrease in non-prescribed use (8%; 19% in 2022; $p=0.025$). A further six per cent reported recent prescribed use in 2023 (7% in 2022; $p=0.778$).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented ($n=8$) reported use on a median of seven days (IQR=5-62) in 2023, stable relative to 2022 (10 days; IQR=3-23; $n=19$; $p=0.594$) (Figure 27).

Recent Injecting Use: Of those who had recently used any morphine in 2023 and commented ($n=11$), 85% reported injecting morphine (88% in 2022) on a median of 50 days (IQR=6-108; 8 days in 2022; IQR=2-48; $p=0.120$).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Brisbane/Gold Coast, QLD, 2001-2023



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 70% and secondary Y axis reduced to 60 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

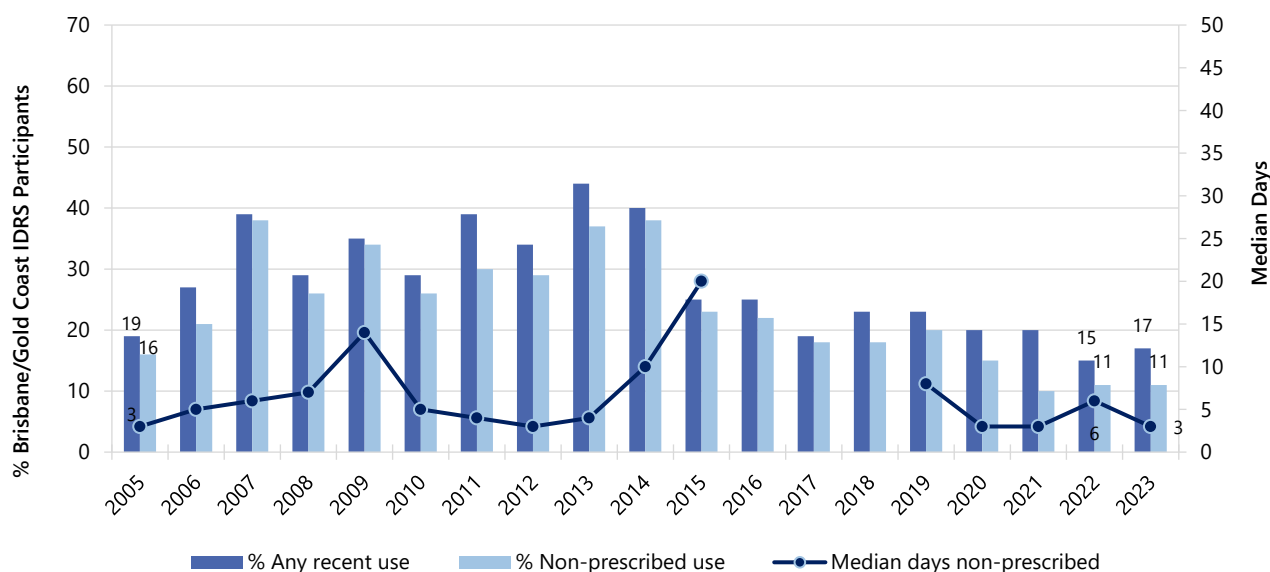
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring. In 2023, 17% of participants reported any recent use, stable relative to 2022 (15%; $p = 0.846$) (Figure 28). In 2023, seven per cent of the sample had used prescribed oxycodone (5% in 2022) and one tenth (11%) had used non-prescribed oxycodone, stable from 11% in 2022.

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented ($n = 11$) reported use on a median of three days (IQR=1-11) in the six months preceding interview in 2023 (6 days in 2022; IQR=3-24; $n = 11$; $p = 0.208$) (Figure 28).

Recent Injecting Use: Of those who had recently used any oxycodone in 2023 and commented ($n = 17$), 41% reported injecting oxycodone (67% in 2022; $p = 0.178$) on a median of six days (IQR=3-15), stable relative to 2022 (6 days; IQR=4-24; $p = 0.915$).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Brisbane/Gold Coast, QLD, 2005-2023



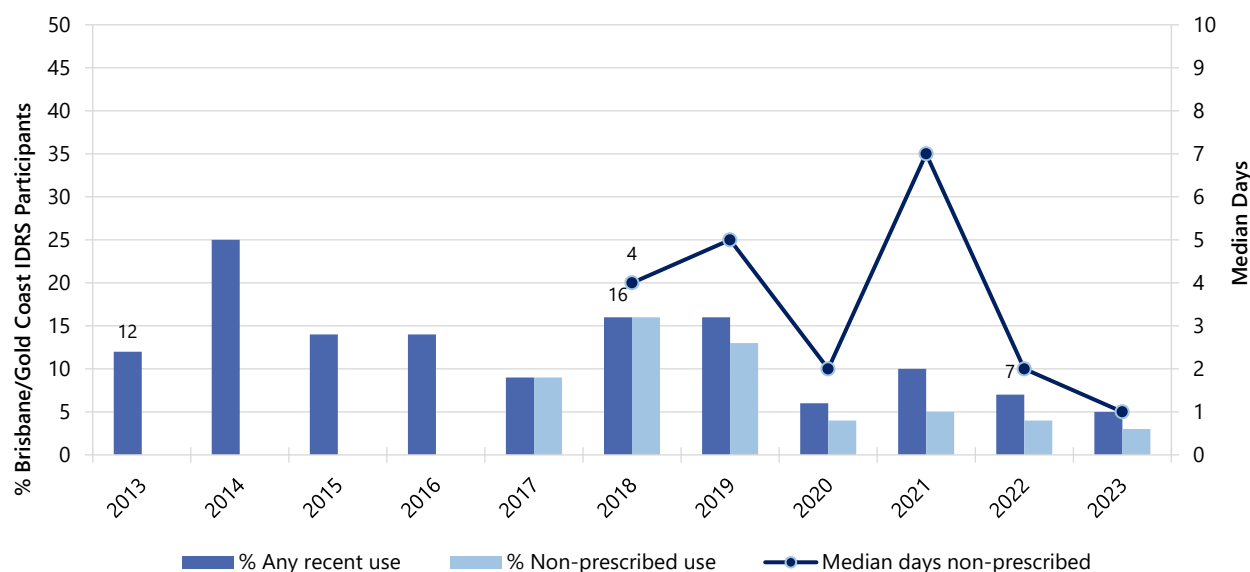
Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. In 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring commenced (Figure 29). In 2023, ($n \leq 5$) reported using any fentanyl in the six months preceding interview (7% in 2022; $p = 0.565$).

Few ($n \leq 5$) participants reported recent prescribed or non-prescribed, or any injecting use, therefore details on median frequency of prescribed or non-prescribed use and median frequency of injection in the six months prior to interview are not reported. Please refer to the for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Brisbane/Gold Coast, QLD, 2013-2023



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 2). In 2023, few ($n \leq 5$) participants reported any recent use of codeine (a significant decrease from 17% in 2022; $p = 0.006$), with few ($n \leq 5$) reporting recent prescribed use, as well as recent non-prescribed use in 2023 (10% in 2022; $p = 0.005$).

Seven per cent reported recent use of any form of tramadol (8% in 2022; $p = 0.792$) and no participants reported recent use of any form of tapentadol. Please refer to the Table 2 for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Brisbane/Gold Coast, QLD, 2019-2023

% Recent use (past 6 months)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)	2023 (N=103)
Codeine[^]					
Any use	18	9	7	17	_ ^{**}
Non-prescribed use	10	-	-	10	_ ^{**}
Any injection [#]	-	0	0	-	0
Tramadol					
Any use	13	7	14	8	7
Non-prescribed use	-	-	9	-	-
Any injection [#]	-	-	-	-	0
Tapentadol					
Any use	-	-	-	-	0
Non-prescribed use	-	-	-	-	0
Any injection [#]	-	-	0	-	0

Note. – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). [^]Includes high and low dose. [#]Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name, or via another source such as online) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

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.

Recent use of any NPS in the six months prior to interview remained stable in 2023 (7%; 8% in 2022). Few participants ($n \leq 5$) reported recent use of new drugs that mimic the effects of opioids, ecstasy, amphetamines/cocaine, cannabis, psychedelics or benzodiazepines, and therefore no further reporting on patterns of use will be included. Please refer to Table 3 for recent year trends in the Brisbane/Gold Coast sample, and also please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Brisbane/Gold Coast, QLD, 2013-2023

% Recent Use (past 6 months)	2013 (N=100)	2014 (N=100)	2015 (N=98)	2016 (N=91)	2017 (N=103)	2018 (N=103)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)	2023 (N=102)
'New' drugs that mimic the effects of opioids	/	/	/	/	0 [#]	-	-	0	-	-	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	- [#]	-	-	-	-	-	0
'New' drugs that mimic the effects of amphetamine or cocaine	/	/	-	-	/	-	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	7	-	-	0	-	-	-	-	-	-	0
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	- [#]	0	-	0	0	-	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0 [#]	-	-	0	0	0
Any of the above	7	-	-	6	-	-	8	-	9	8	7

Note. – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2023 (21%; 21% in 2022) (Figure 30). This was mostly driven by non-prescribed use of 'other' benzodiazepines (17%; 13% in 2022; $p=0.445$), with seven per cent reporting recent use of non-prescribed alprazolam in 2023 (10% in 2022; $p=0.451$).

Frequency of Use: Of those who had recently consumed non-prescribed alprazolam and commented ($n=7$), median frequency of use was six days (IQR=3-33), which remained relatively stable compared to 2022 (2 days; IQR=2-20; $n=9$; $p=0.141$). Participants who had recently consumed non-prescribed other benzodiazepines and commented ($n=18$) reported use on a median of 10 days in 2023 (IQR=5-48; 20 days in 2022; IQR=6-21; $n=13$; $p=0.445$).

Recent Injecting Use: In 2023, no participants reported recent injection of any non-prescribed benzodiazepines ($n \leq 5$ in 2022), therefore no further reporting will be included. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Very low numbers ($n \leq 5$) reported using non-prescribed pharmaceutical stimulants in the six months preceding interview in 2023 (9% in 2022; $p=0.160$) and therefore no further reporting on patterns of use will be included. Please refer to Figure 30 for recent trends in Brisbane/Gold Coast sample, and

also please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Very low numbers ($n \leq 5$) reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the six months prior to interview in 2023 (8% in 2022; $p=0.130$) and therefore no further reporting on patterns of use will be included. Please refer to Figure 30 for recent trends in the Brisbane/Gold Coast sample, and also please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2023, 13% of participants had used non-prescribed pregabalin in the six months preceding interview, stable relative to 19% in 2022 ($p=0.256$) (Figure 30).

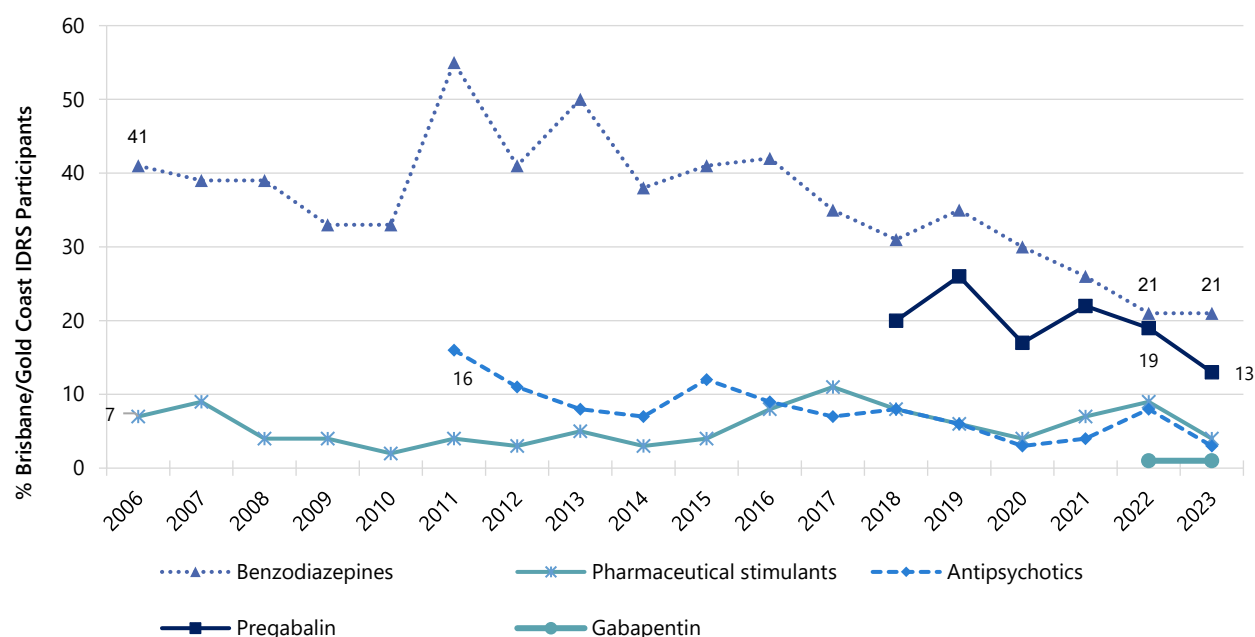
Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented ($n=13$) reported use on a median of 10 days (IQR=6-24) in 2023, stable from six days in 2022 (IQR=4-10; $p=0.165$).

Recent Injecting Use: No participants reported recent injection of non-prescribed pregabalin in 2023 ($n \leq 5$ in 2022), therefore details regarding median frequency of recent injection are not reported. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Gabapentin

Very low numbers ($n \leq 5$) reported using non-prescribed use of gabapentin in the six months preceding interview in 2023 ($n \leq 5$ in 2022) and therefore no further reporting on patterns of use will be included. Please refer to Figure 30 for recent trends in the Brisbane/Gold Coast sample, and also please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 30: Past six month use of non-prescribed pharmaceutical drugs, Brisbane/Gold Coast, QLD, 2006-2023



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), pregabalin in 2018, and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Half (49%) of the sample reported recent use of alcohol in 2023, stable from 52% in 2022 ($p=0.675$) (Figure 31).

Frequency of Use: Participants who had recently consumed alcohol and commented ($n=50$) reported use on a median of 11 days in 2023 (IQR=4-50; 24 days in 2022; IQR=3-105; $n=52$; $p=0.099$), with no participants reporting daily use in 2023, a significant decrease relative to 2022 (15%; $p=0.006$).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Brisbane/Gold Coast IDRS sample. In 2023, most of the sample (83%) reported recent use of tobacco (86% in 2022; $p=0.701$) (Figure 31).

Frequency of Use: Participants who had recently consumed tobacco and commented ($n=86$), reported use on a median of 180 days in 2023 (IQR=180-180; 180 days in 2022; IQR=180-180; $n=86$; $p=0.992$), with 85% reporting daily use (85% in 2022).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants ($n\leq 5$) reported recent use of prescribed e-cigarettes in 2023.

Recent Use (past 6 months): One third (34%) of participants reported recent use of non-prescribed e-cigarettes in 2023, stable relative to 2022 (27%; $p=0.298$) (Figure 31).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented ($n=35$), reported use on a median of 170 days in 2023 (IQR=42-180; 96 days in 2022; IQR=27-180; $n=27$; $p=0.441$).

Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded ($n=35$), most (88%) reported using e-cigarettes that contained nicotine (77% in 2022; $p=0.305$). Twelve per cent reported using e-cigarettes that contained cannabis (no participants reported using e-cigarettes that contained cannabis in 2022; $p=0.126$), and nine per cent reported using e-cigarettes that contained both cannabis and nicotine (no participants reported using e-cigarettes that contained cannabis and nicotine in 2022; $p=0.251$). One quarter (24%) of the sample reported using e-cigarettes that contained neither, a significant decrease relative to 2022 (58%; $p=0.012$). Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the six months prior to interview and responded ($n=35$), half (51%) reported using e-cigarettes as a smoking cessation tool, stable relative to 2022 (61%; $p=0.609$).

Steroids

Few participants ($n \leq 5$) reported using non-prescribed steroids in the six months preceding interview in 2023 ($n \leq 5$ in 2022), therefore, no further reporting on patterns of use will be included. Please refer to Figure 31 for recent trends in the Brisbane/Gold Coast sample, and also please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2023, 17% of participants reported recent use of GHB/GBL/1,4-BD, a significant increase from 2022 (7%; $p=0.036$) (Figure 31).

Frequency of use: In 2023, few ($n \leq 5$) participants reported on median days of use of GHB/GBL/1,4-BD, therefore no further reporting on patterns of use will be included (10 days in 2022; IQR=3-26; $n=6$; $p=0.234$). Please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

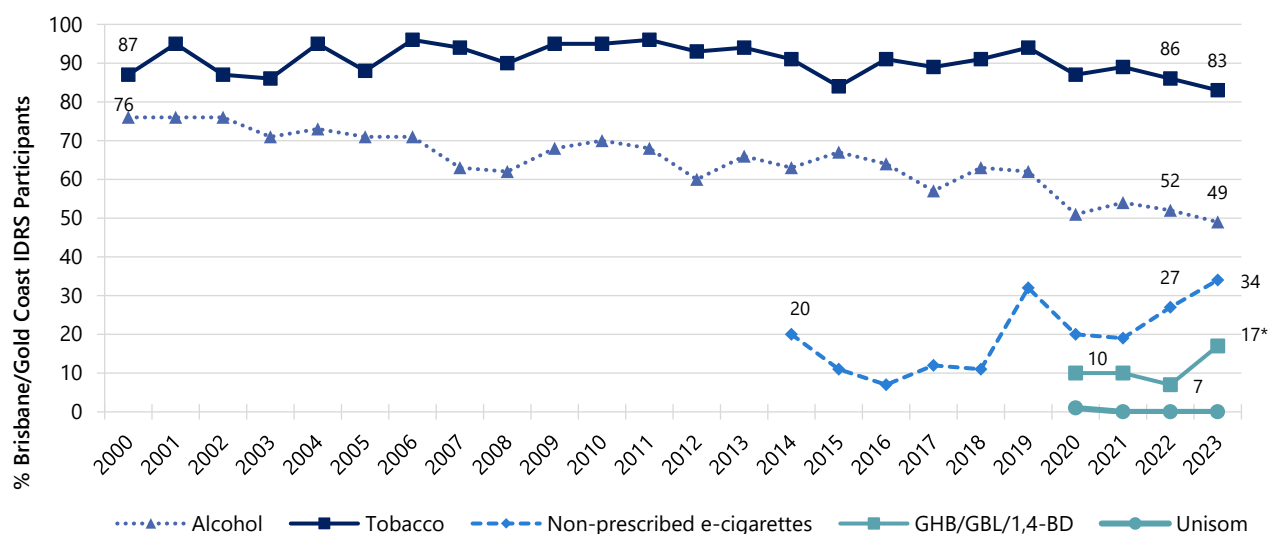
Recent Injecting Use: In 2023, no participants reported recent injection (0% in 2022), therefore no further reporting on patterns of use will be included. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been [reports](#) of injecting use in Australia, raising concern of attendant injecting-related injuries.

No participant reported using non-prescribed use of Unisom gel capsules in the six months preceding interview in 2023 (0 in 2022) and therefore no further reporting on patterns of use will be included. Please refer to Figure 31 for recent trends in the Brisbane/Gold Coast sample, and also please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 31: Past six month use of licit and other drugs, Brisbane/Gold Coast, QLD, 2000-2023



Note. Participants were first asked about e-cigarettes 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. Participants were first asked about GHB/GBL/1,4-BD and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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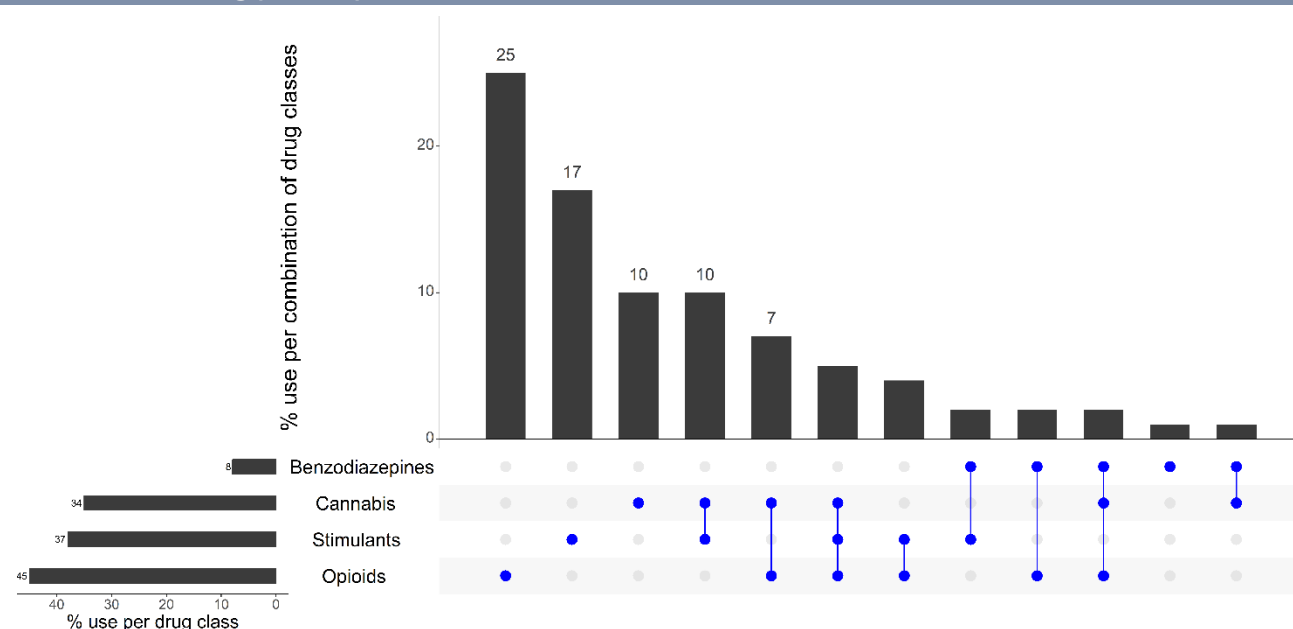
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, the majority (92%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs and who commented (n=103), the most commonly used substances were opioids (45%), stimulants (37%), and cannabis (34%).

Almost half (48%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Ten per cent of participants reported concurrent use of cannabis and stimulants on the day preceding interview, whilst seven per cent reported concurrent use of cannabis and opioids (Figure 32). One quarter of participants reported using opioids alone, 17% reported using stimulants alone, and 10% reported using cannabis alone on the day preceding interview.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Brisbane/Gold Coast, QLD, 2023



Note. % calculated out of total IDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 30% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

From 2022, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:
 - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
 - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

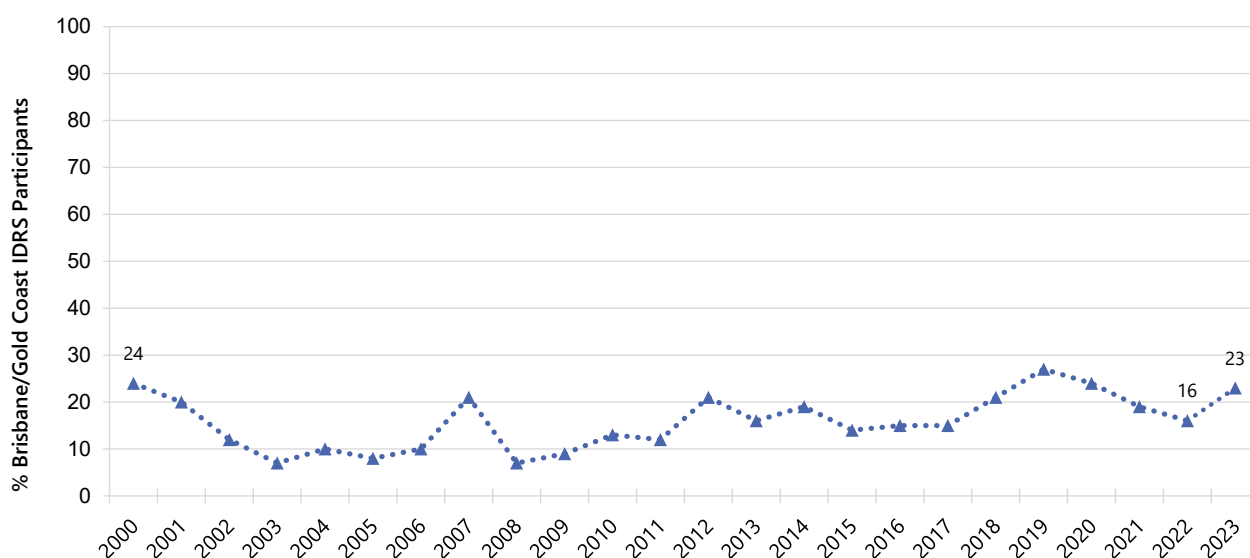
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Non-fatal overdose in the Brisbane/Gold Coast sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). The per cent reporting any past 12-month non-fatal overdose in 2023 remained stable relative to 2022 (23%; 16% in 2022; $p=0.279$) (Figure 33).

Fifteen per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding interview in 2022 (11% in 2022; $p=0.527$), whilst a further seven per cent reported a **non-fatal overdose following stimulant use** in the 12 months preceding interview ($n \leq 5$ in 2022; $p=0.537$) (Table 4).

The most commonly cited substances involved in past year non-fatal overdoses was heroin (12% of the total sample in 2023; 10% in 2022; $p=0.817$). Participants who had overdosed on an opioid had done so on a median of one occasion (IQR=1-2) in the 12 months preceding interview. Few participants ($n \leq 5$) were able to comment on other drugs used during the last opioid overdose, or whether they had received treatment on the last occasion of opioid overdose. These data are therefore suppressed. Please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 33: Past 12 month non-fatal any overdose, Brisbane/Gold Coast, QLD, 2000-2023



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Table 4: Past 12-month non-fatal overdose by drug type, Brisbane/Gold Coast, QLD, 2015-2023

	Brisbane/Gold Coast, QLD								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Any opioid	N=98 8	N=91 9	N=103 9	N=103 18	N=109 24	N=98 18	N=101 14	N=100 11	N=103 15
% Heroin overdose	N=98 6	N=91 7	N=103 7	N=103 8	N=109 20	N=98 14	N=100 12	N=100 10	N=103 12
% Methadone overdose	N=98 0	N=91 -	N=69 -	N=98 -	N=109 0	N=98 -	N=100 -	N=100 -	N=103 0
% Morphine overdose	N=97 -	N=91 -	N=62 -	N=98 -	N=109 -	N=98 0	N=100 -	N=100 0	N=103 0
% Oxycodone overdose	N=97 -	N=91 0	N=91 -	N=98 -	N=109 -	N=98 -	N=100 -	N=100 0	N=103 -
% Stimulant overdose	N=98 -	N=90 -	N=91 -	N=103 0	N=108 -	N=98 -	N=100 -	N=100 -	N=101 7
% Other overdose	/	/	/	/	N=109 -	N=98 7	N=100 0	N=100 7	N=101 10
% Any drug overdose	N=98 14	N=91 15	N=91 15	N=98 21	N=109 27	N=97 24	N=100 19	N=100 16	N=103 23

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. - Per cent suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in Sydney, NSW, Adelaide, SA and Perth, WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: In 2023, three quarters (77%) of the sample reported awareness of naloxone (86% in 2022; $p=0.111$) (Figure 34). In 2023, 13% of participants reported having heard of paid access (21% in 2022; $p=0.142$), and 68% of participants reported having heard of free access (67% in 2022).

Awareness of Take-Home Naloxone : The per cent reporting that they were aware that naloxone was available for people to take home has fluctuated over time, with 72% reporting awareness in 2023 (70% in 2022, $p=0.875$) (Figure 34).

Accessed Naloxone: Almost half (49%) of the Brisbane/Gold Coast sample reported having ever accessed naloxone (36% in 2022; $p=0.094$), with 43% having done so in the past year (30% in 2022; $p=0.085$). The majority of participants reported accessing naloxone from a NSP (94%). The majority (98%) reported that they did not have to pay the last time they accessed naloxone.

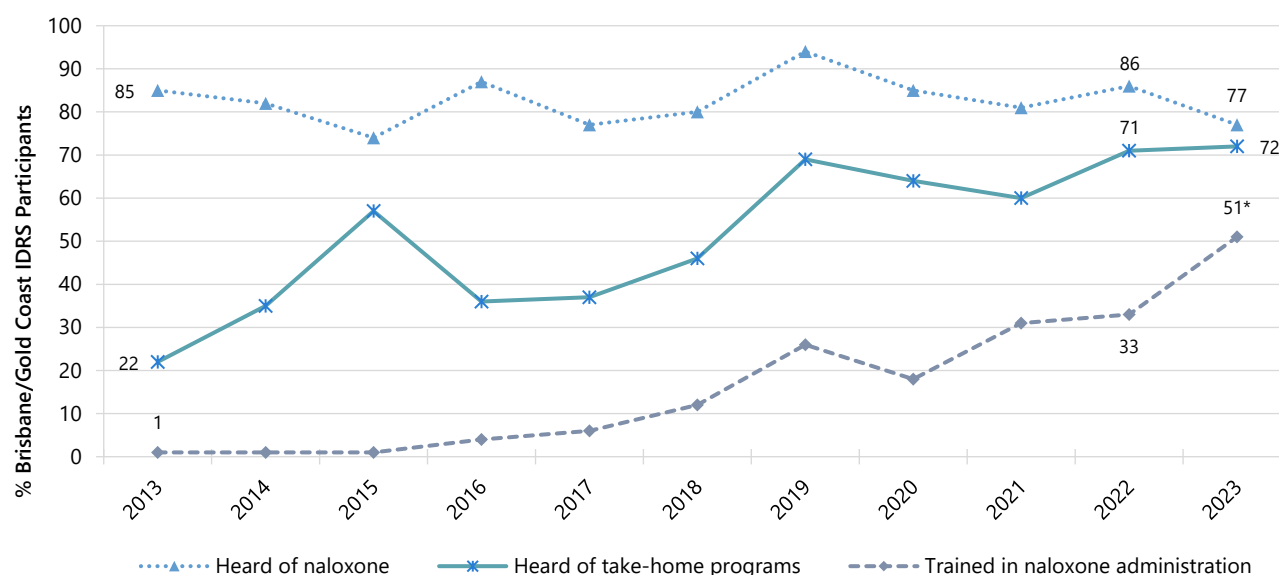
Few participants ($n \leq 5$) reported that they had tried to access naloxone in their lifetime but had been unsuccessful ($n \leq 5$ in 2022). Fifty-four per cent of participants reported that they had never tried to access naloxone. Of those who had ever had trouble accessing naloxone or had never tried to access naloxone ($n=55$), reasons included 'don't consider myself/my peers at risk of overdose' (31%) and 'don't use opioids' (15%).

Of those who had ever obtained naloxone, had used opioids in the past month and could respond ($n=37$), 59% reported that they 'always' had naloxone on hand when using opioids in the past month, 27% reported 'often', and 11% said 'sometimes', 0% said 'rarely', and small numbers ($n \leq 5$) reported never having naloxone on hand.

Education on Using Naloxone: In 2023, 51% had been trained in how to administer naloxone in their lifetime, a significant increase relative to 2022 (33%; $p=0.012$) (Figure 34). There was also a significant increase in participants reporting that they had been trained in naloxone administration in the past year (38%; 24% in 2022, $p=0.037$). In the last year, most participants (97%) were taught how to administer naloxone at an NSP.

Use of Naloxone to Reverse Overdose: In 2023, of those who heard of naloxone and responded ($n=103$), one fifth (20%) reported that they had resuscitated someone using naloxone at least once in their lifetime (23% in 2022; $p=0.742$), with 15% having done so in the past year. Seven per cent of participants reported that they had been resuscitated by a peer using naloxone in the past year ($n\leq 5$ in 2022; $p=0.538$).

Figure 34: Lifetime awareness of naloxone, and education in naloxone administration, Brisbane/Gold Coast, QLD, 2013-2023



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ 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 2022 versus 2023 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

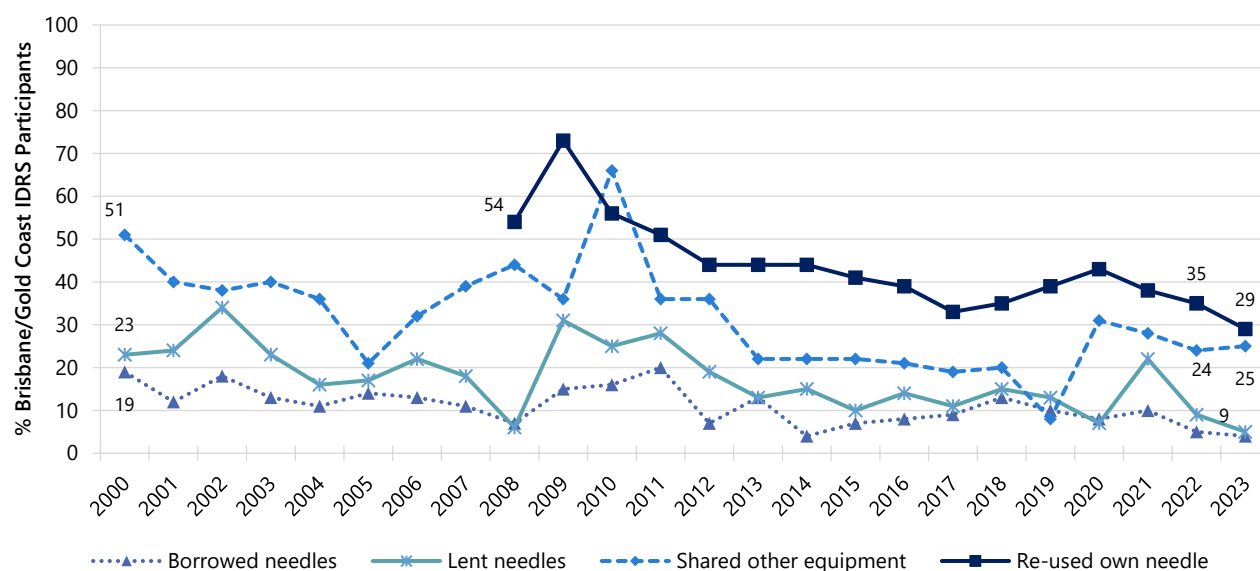
In 2023, few participants ($n\leq 5$) reported receptive ($n\leq 5$ in 2022; $p=0.748$) or distributive sharing of needles/syringes (9% in 2022; $p=0.281$), respectively, in the month prior to interview (Figure 35).

The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has fluctuated considerably over the course of monitoring (Figure 35), though remained stable in 2023 (25%) relative to 2022 (24%). Twenty-nine per cent of the sample reported that they had re-used their own needles in the past month, stable from 35% in 2022 ($p=0.366$) (Figure 35).

Almost one third (31%) of the 2023 sample reported that they had injected someone else after injecting themselves (31% in 2022), and 22% were injected by someone else in the past month (19% in 2022; $p=0.711$) (Table 5).

The location of last injection remained stable between 2022 and 2023 ($p=0.185$). Consistent with previous years, most participants (88%) reported that they had last injected in a private home (82% in 2022). (Table 5).

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, Brisbane/Gold Coast, QLD, 2000-2023



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Table 5: Sharing and re-using needles and injecting equipment in the past month, Brisbane/Gold Coast, QLD, 2015-2023

Brisbane/Gold Coast, QLD									
	2015 (N=98)	2016 (N=91)	2017 (N=103)	2018 (N=103)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)	2023 (N=103)
% Injecting behaviours past month									
Borrowed a needle	N=97 7	N=91 8	N=97 9	N=99 13	N=109 9	N=98 8	N=99 10	N=100 -	N=101 -
Lent a needle	N=97 10	N=91 14	N=97 11	N=99 15	N=108 13	N=98 7	N=99 22	N=99 9	N=101 -
Shared any injecting equipment ^	N=97 -	N=91 34	N=97 23	N=99 11	N=108 0	N=97 31	N=99 28	N=99 24	N=99 25
Reused own needle	N=97 41	N=90 39	N=98 33	N=99 36	N=109 39	N=98 43	N=98 38	N=100 35	N=101 29
Injected partner/friend after self~	/	N=91 29	N=98 25	N=99 36	N=109 41	N=94 34	N=98 48	N=100 31	N=101 31
Somebody else injected them after injecting themselves~	/	N=91 19	N=98 19	N=99 17	N=109 23	N=95 15	N=98 22	N=100 19	N=101 22
% Location of last injecting use									
Private home	90	77	78	76	76	83	87	82	88
Car	-	6	-	-	-	7	-	-	-
Street/car park/beach	-	8	6	10	-	-	-	8	-
Public toilet	-	8	12	8	14	6	-	-	-
Medically supervised injecting Centre/Room	/	/	/	/	/	0	0	0	0
Other	-	-	-	-	-	0	-	-	0

Note. ~ With a new or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. - Per cent suppressed due to small cell size ($n \leq 5$ but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2023 (32%), relative to 2022 (34%; $p = 0.878$) (Table 6). The most common injection-related injuries and diseases reported by participants was any nerve damage (18%; 14% in 2022, $p = 0.564$), followed by any infection/abscess (11%; 13% in 2022; $p = 0.669$; including skin abscess (11%; 12% in 2022; $p = 0.821$), and artery injection (9%; $n \leq 5$ in 2022; $p = 0.407$).

Table 6: Injection-related issues in the past month, Brisbane/Gold Coast, QLD, 2020-2023

	2020	2021	2022	2023
	(N=96)	(N=101)	(N=100)	(N=102)
% Artery injection	-	10	-	9
% Any nerve damage	23	27	14	18
% Any thrombosis	-	8	-	8
Blood clot	-	7	-	7
Deep vein thrombosis	-	-	0	-
% Any infection/abscess	8	9	13	11
Skin abscess	7	-	12	11
Endocarditis	0	-	0	0
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-	0
% Dirty hit	9	13	10	6
% Any injection-related problem	33	42	34	32

Note.— Per cent suppressed due to small cell size ($n \leq 5$ but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Drug Treatment

Two fifths (40%) if the sample reported receiving any drug treatment in 2023, stable relative to 2022 (48%; $p = 0.263$), with methadone continuing to be the most commonly received treatment (15%; 16% in 2022; $p = 0.844$). There was a significant decrease in participants reporting drug counselling in 2023 (12%) compared to 2022 (26%; $p = 0.013$) (Table 7).

Table 7: Current drug treatment, Brisbane/Gold Coast, QLD, 2015-2023

	Brisbane/Gold Coast, QLD								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
	(N=98)	(N=91)	(N=103)	(N=103)	(N=109)	(N=98)	(N=101)	(N=100)	(N=103)
% Any current drug treatment	39	46	54	54	58	47	45	48	40
Methadone	47	44	49	52	43	21	22	16	15
Buprenorphine	21	21	15	14	14	8	-	9	-
Buprenorphine-naloxone	18	16	25	43	25	11	11	7	10
Buprenorphine depot injection	/	/	/	/	-	0	0	-	-
Drug counselling	-	14	10	14	23	8	16	26	12*
Other	-	-	0	-	16	-	-	6	-

Note.—Per cent suppressed due to small cell size ($n \leq 5$ but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence, a [cut-off value of four](#) was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a [cut-off value of five](#) as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=56), the median SDS score was six (IQR=0-15), with 59% scoring five or above, indicating possible dependence (Table 8). Of those who scored five or above (n=33), 70% reported specifically attributing their responses to heroin and 12% to methadone.

Of those who had recently used methamphetamine and commented (n=70), the median SDS score was three (IQR= 0–15), with 49% scoring four or above, indicating possible dependence (Table 8).

Table 8: Total opioid and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Brisbane/Gold Coast, QLD, 2018-2023

	2017	2018	2019	2020	2021	2022	2023
Opioid	(N=79)	(N=73)	(N=86)	(N=0)	(N=50)	(N=68)	(N=56)
Median total score (IQR)	5 (1-8)	0 (0-7)	6 (3-10)	/	7 (3-10)	6 (0-15)	6 (0-14)
% score 0	23	51	13	/	6	19	21
% score = 1	-	-	7	/	8	-	-
% score ≥ 5	53	41	60	/	68	63	59
Methamphetamine	(N=73)	(N=74)	(N=74)	/	(N=78)	(N=65)	(N=70)
Median total score (IQR)	3 (0-6)	2 (0-6)	3 (0-7)	/	4 (1-8)	4 (2-9)	3 (1-7)
% score 0	30	38	26	/	21	15	20
% score = 1	-	9	9	/	14	9	11
% score ≥ 4	49	34	43	/	55	55	49

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence Scale was not asked of participants in 2020. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Bloodborne Virus Testing and Treatment

In 2023, almost two fifths (38%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test in the past year (41% in 2022; $p=0.771$), 32% had received an RNA test (34% in 2022; $p=0.875$) and few participants ($n\leq 5$) reported having a current HCV infection (10% in 2022; $p=0.282$) (Table 9). Few participants ($n\leq 5$) reported that they had received HCV treatment in the past year (7% in 2022; $p=0.537$).

Most (84%) of the sample reported having ever had a test for human immunodeficiency virus (HIV) (20% within the past six months), with few ($n \leq 5$) participants reporting that they had ever received a positive diagnosis (Table 9).

Table 9: HCV and HIV testing and treatment, Brisbane/Gold Coast, QLD, 2018-2023

%	Brisbane/Gold Coast, QLD					
	2018 (N=103)	2019 (N=109)	2020 (N=101)	2021 (N=101)	2022 (N=100)	2023 (N=103)
Past year Hepatitis C test						
Past year hepatitis C antibody test	N=97 64	N=109 48	N=97 31	N=98 29	N=98 41	N=100 38
Past year hepatitis C PCR or RNA test	N=91 41	N=106 42	N=95 28	N=95 32	N=96 34	N=96 32
Current hepatitis C status						
Currently have hepatitis C [^]	N=90 28	N=101 15	N=91 11	N=91 9	N=94 10	N=95 -
Past year treatment for hepatitis C						
Received treatment in past year	N=96 21	N=105 12	N=96 7	N=98 8	N=98 7	N=96 -
Most recent treatment was successful (among those who had received treatment in past year)	N=11 95	N=6 -	N=7 -	N=8 100	N=7 100	N $\leq$ 5 -
HIV test				N=100	N=98	N=86
HIV test in past 6 months	/	/	/	23	17	20
HIV test more than 6 months ago	/	/	/	58	58	65
HIV status				N=80	N=74	N $\leq$ 5
Lifetime HIV positive diagnosis	/	/	/	-	-	-

Note. [^]This includes people who had not been tested for HCV. – Per cent suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Mental Health and Psychological Distress (K10)

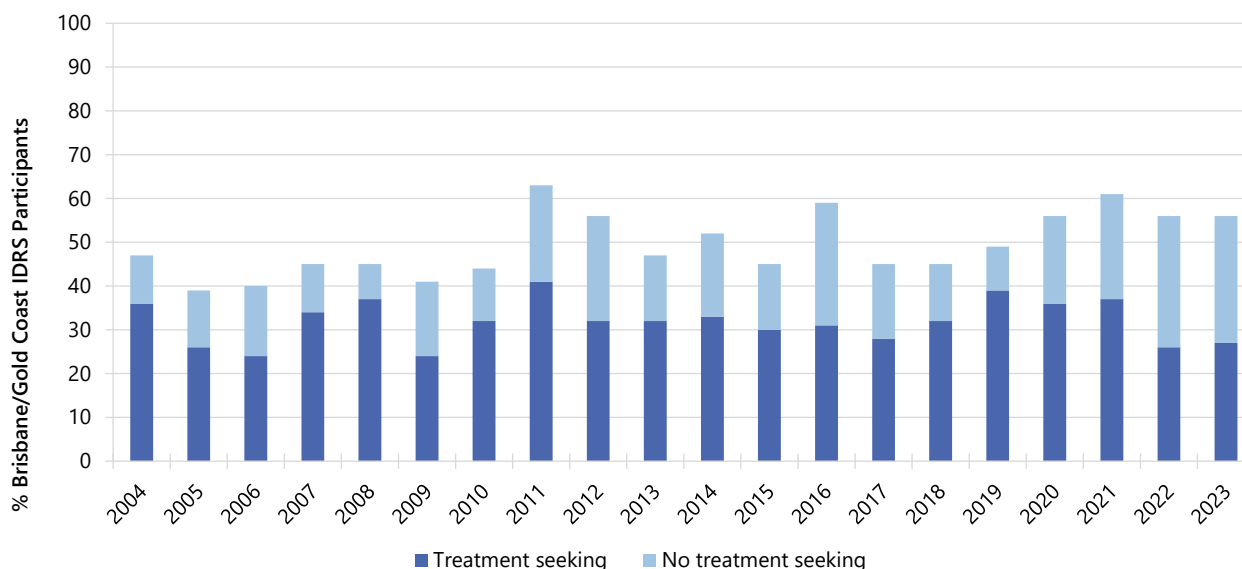
Mental Health

In 2023, 56% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2022 (56%) (Figure 36). Amongst this group, the most commonly reported problems were anxiety (50%; 54% in 2022; $p=0.872$), depression (50%; 59% in 2022; $p=0.532$), and post-traumatic stress disorder (PTSD) (34%; 22% in 2022; $p=0.251$). A smaller proportion of participants reported drug-induced psychosis (11%; $n \leq 5$ in 2022).

Approximately one quarter (27%) of the sample had seen a mental health professional during the past six months (49% of those who self-reported a mental health problem during the past six months, stable from 45% in 2022; $p=0.703$). Eighty-six per cent of those who had seen a mental health

professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable relative to 2022 (72%; $p=0.313$).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, Brisbane/Gold Coast, QLD, 2004-2023



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. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2004) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Psychological Distress (K10)

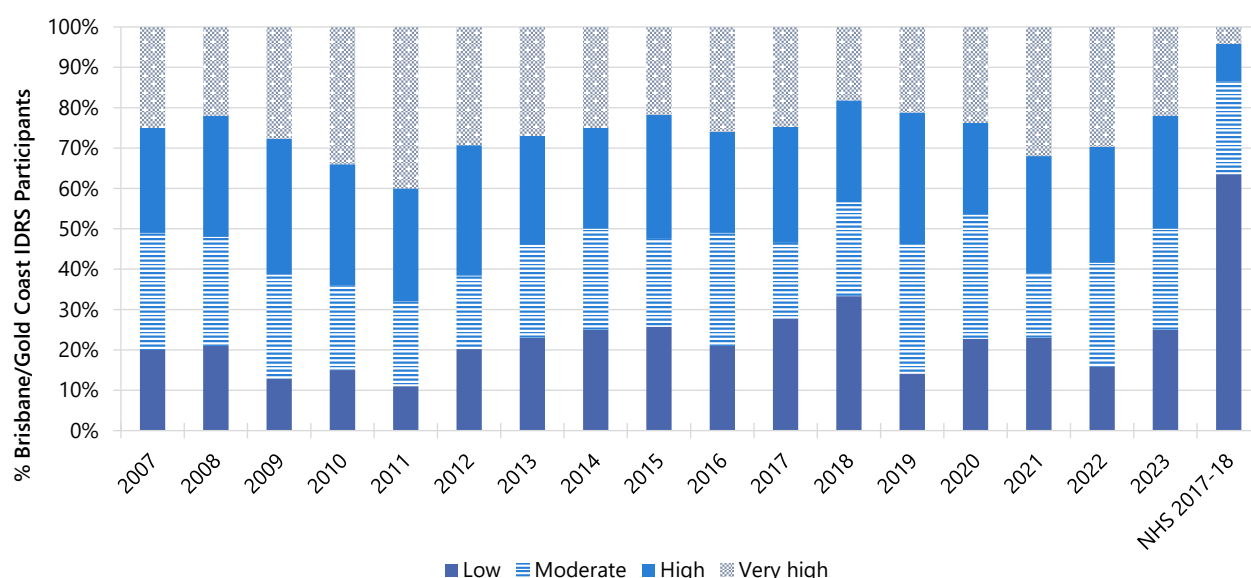
The [Kessler Psychological Distress Scale 10 \(K10\)](#) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders and the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 ($p=0.379$), with 22% of IDRS participants having a score of 30 or more (30% in 2022) (Figure 37).

The National Health Survey 2017-18 provides Australian population data for adult (≥ 18 years) K10 scores. Using these categories, IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 37).

Figure 37: K10 psychological distress scores, Brisbane/Gold Coast, 2007-2023, and NHS 2017-18



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores. (IDRS only). The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Health Service Access

The majority of participants (94%) reported accessing any health service for alcohol and/or drug support in the six months preceding interview in 2023 (90% in 2022; $p = 0.303$) (Table 10). Primary services reported by participants in 2023 were NSPs (89%; 85% in 2022; $p = 0.408$), general practitioners (GPs) (34%; 43% in 2022; $p = 0.198$), and drug and alcohol counsellors (20%; 28% in 2022; $p = 0.256$).

Almost all participants (99%) reported accessing any health service in the six months preceding interview in 2023 (96% in 2022; $p = 0.207$) (Table 10). Primary services reported by participants in 2023 were NSPs (91%; 83% in 2022; $p = 0.102$), GPs (71%; 67% in 2022; $p = 0.651$), and emergency departments (29%; 22% in 2022; $p = 0.265$).

Table 10: Health service access for alcohol and other drug reasons and for any reason in the past six months, Brisbane/Gold Coast, QLD, 2022-2023

	AOD support		Any reason	
	2022 (N=100)	2023 (N=103)	2022 (N=100)	2023 (N=103)
% accessed a health service in the past 6 months	90	94	96	99
Type of service accessed <i>(participants could select multiple services)</i>				
GP	43	34	67	71
Emergency department	9	8	22	29
Hospital admission (inpatient)	10	-	21	19
Medical tent (e.g., at a festival)	0	0	0	-
Drug and Alcohol counsellor	28	20	27	20
Hospital as an outpatient	-	6	13	14
Specialist doctor (not including a psychiatrist)	6	-	14	8
Dentist	-	-	13	15
Ambulance attendance	-	6	12	15
Other health professional (e.g., physiotherapist)	-	-	9	14
Psychiatrist	9	10	15	17
Psychologist	6	-	11	13
NSP	85	89	83	91
Peer based harm reduction service	10	9	10	10
Other harm reduction service	0	-	0	-

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small numbers ($n \leq 5$ but not 0). Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Stigma

Questions regarding stigma were derived from the [Stigma Indicators Monitoring Project](#), with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, 53% of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 11).

Specifically, 10% of the national sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (10% of those who had attended a specialist AOD service) (20% in 2022; $p = 0.050$). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (34%; 38% of those who had attended general health care services), stable relative to 2022 (47% in 2022; $p = 0.086$). Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (18%) or the emergency department (9%). One third (34%) of the sample reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (25%), followed by welfare/social service (12%), and housing services (9%). (Table 11).

Notably, two fifths (39%) of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved delaying accessing health care (23), followed by not telling a health worker about drug use (20%) and not attending follow-up appointments (15%).

Table 11: Self-reported experience of stigma due to illicit/injecting drug use in the past six months, Brisbane/Gold Coast, QLD, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	N=99 20	N=103 10
% Experienced stigma in general health care service:	N=96 47	N=103 34
% Experienced stigma in non-health care service:	/	N=102 34
% Experienced stigma in any of the above settings [^]	/	53
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	N=101
Delayed accessing healthcare	/	23
Did not tell health worker about drug use	/	20
Downplayed need for pain medication	/	10
Looked for different services	/	11
Did not attend follow-up appointment	/	15
Other	/	-

Note. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small numbers (n≤5 but not 0). [^]Includes specialist AOD service, general health care service and non-health care services. / Not asked. Statistical significance for 2022 versus 2023 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

COVID-19 Testing and Diagnosis

In 2023, most (89%) of the national sample had been tested for SARS-CoV-2 by the time of interview, with 85% having been tested in the 12 months preceding interview (70% in 2022; 39% in 2021; 7% in 2020). Forty-two per cent of participants reported having ever been diagnosed with the virus (27% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). Eighteen per cent of the sample reported a positive COVID-19 test in the 12 months preceding interview.

At the time of interview, three-quarters (76%) of the sample reported that they had received at least one COVID-19 vaccine dose (71% in 2022; $p=0.525$), with participants receiving a median of three doses (IQR=2-3: 5% received one dose, 31% received two doses and 40% received three or more doses).

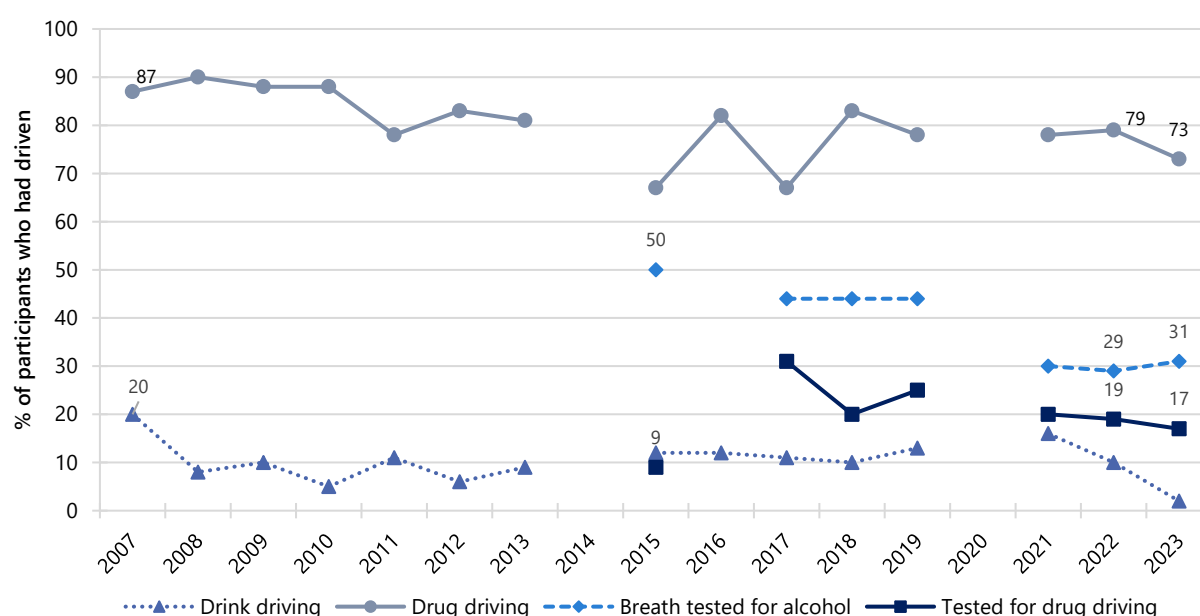
Driving

Almost half (48%) of the Brisbane/Gold Coast sample had driven a car, motorcycle or other vehicle in the last six months in 2023 (48% in 2022) (Figure 38). Of those who had driven recently and responded (n=47), few participants (n≤5) reported driving while over the perceived legal limit of alcohol, stable

relative to 2022 ($n \leq 5$; $p=0.207$), and 73% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2022 (73%, $p=0.631$) (Figure 38).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded ($n=49$), participants most commonly reported using methamphetamine crystal (59%), followed by heroin (41%). Of those who had recently driven, almost one fifth (17%) reported that they had been tested for drug driving by the police roadside drug testing service (19% in 2022; $p=0.792$), and 31% reported that they had been breath tested for alcohol by the police roadside testing service (29% in 2022) in the six months prior to interview.

Figure 38: Self-reported testing, and driving, over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Brisbane/Gold Coast, QLD, 2007-2023



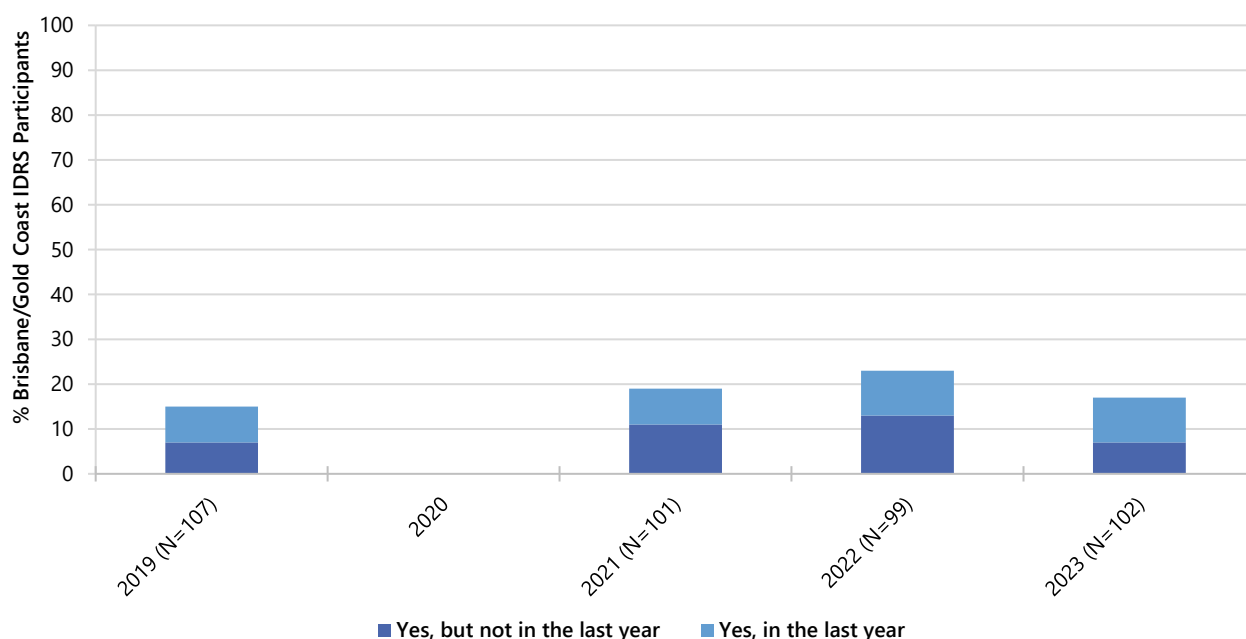
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020 and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007/2015) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a fixed-site drug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 17% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (23% in 2022; $p=0.298$), with one tenth (10%) reporting doing so in the past year. Few participants ($n \leq 5$) reported on the methods by which their drugs were tested, therefore, no further results are reported. Please refer to the 2023 [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 39: Lifetime and past year engagement in drug checking, Brisbane/Gold Coast, QLD, 2019-2023



Note. The response option 'Don't know' was excluded from analysis. Lifetime and past year engagement in drug checking was not collected in 2020. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Experience of Crime and Engagement with the Criminal Justice System

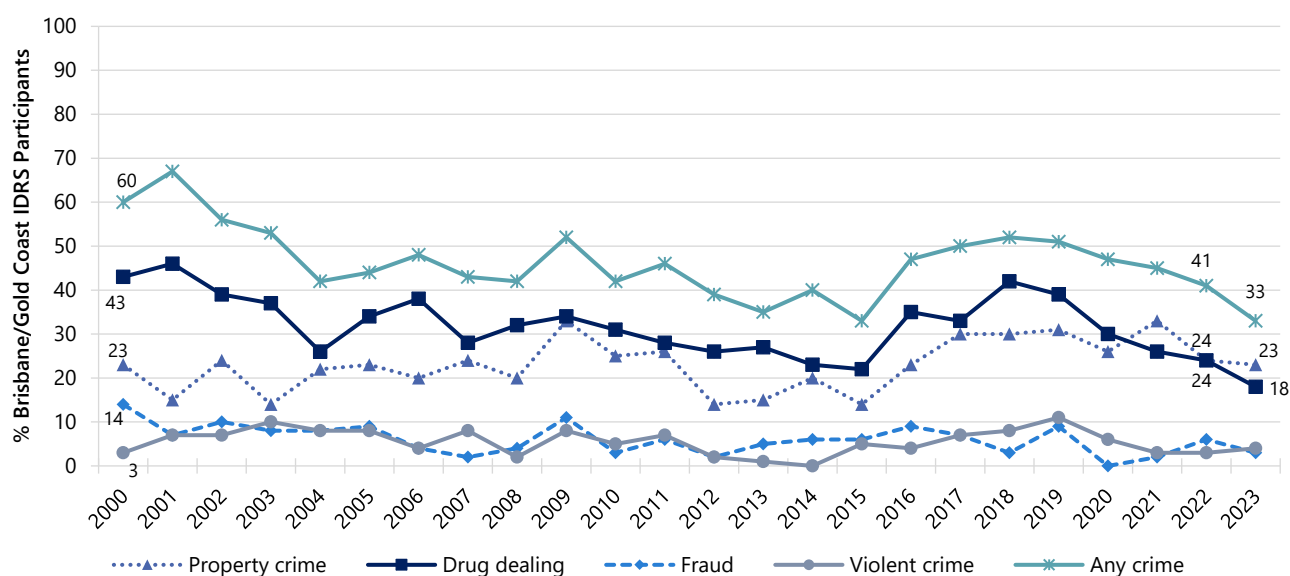
Thirty-three per cent of the Brisbane/Gold Coast sample reported engaging in 'any' crime in the past month in 2023, stable from 41% in 2022 ($p=0.311$). Property crime (23%; 24% in 2022) and selling drugs for cash profit (18%; 24% in 2022; $p=0.309$) remained the most common self-reported crimes in the month preceding interview (Figure 40)

Thirteen per cent of participants reported being a victim of violence in the past month (24% in 2022; $p=0.074$) (Figure 41).

In 2023, one quarter (26%) of the sample had been arrested in the past year, stable from 24% in 2022 ($p=0.868$). Of those who had been arrested and commented ($n=26$), the main reason for arrest in 2023 was use/possession of drugs (27%).

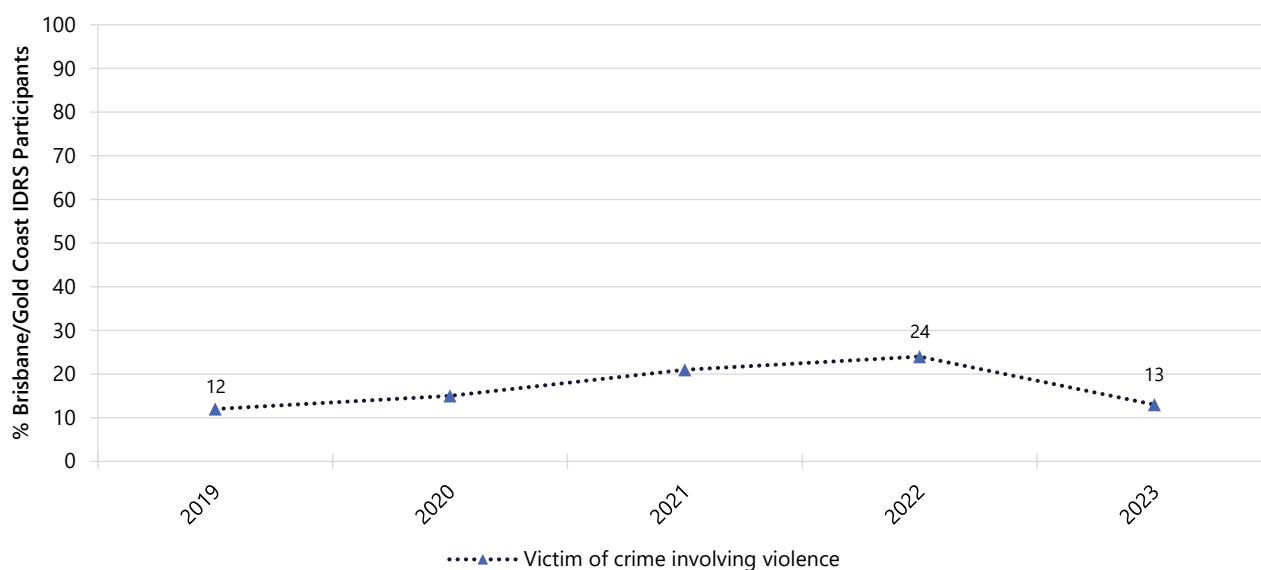
An additional 38% of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months, a significant increase relative to 2022 (22%; $p=0.022$). This predominantly comprised being stopped and searched (84%; 77% in 2022; $p=0.731$), followed by stopped and questioned (59%; 41% in 2022; $p=0.192$). There was a significant increase in participants who were stopped and issued a court attendance notice in 2023 (28%; 0% in 2022; $p=0.005$). Fifty-five per cent of the sample reported a lifetime prison history in 2023, stable from 58% in 2022 ($p=0.777$).

Figure 40: Self-reported criminal activity in the past month, Brisbane/Gold Coast, QLD, 2000-2023



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 41: Victim of crime involving violence in the past month, Brisbane/Gold Coast, QLD, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.