Queensland Drug Trends 2018

Key findings from the Ecstasy and Related Drug Reporting System (EDRS) Interviews

KEY FINDINGS FROM THE QUEENSLAND ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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Please contact the QLD Drug Trends team (c.salom@uq.edu.au) or the research team at NDARC (drugtrends@unsw.edu.au) with any queries regarding this publication.

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Table of contents

List of Tables

List of Figures

Acknowledgements

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Dr Caroline Salom and Professor Rosa Alati, Institute for Social Science Research, The University of Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In Queensland, we would like to acknowledge the coordinator, Catherine Daly, and the interviewing work of Camila, Emmalea, Leith, Megan and Sean. We also acknowledge Jennifer Juckel for helping edit the report.

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorder Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
PMA	Para-methoxy-amphetamine
ROA	Route of administration
QLD	Queensland
STI	Sexually transmitted infection
WA	Western Australia

Glossary of Terms

TERM	DEFINTION
Availability	Participants are asked how easy it is to obtain a certain drug
Casual sex	Penetrative sex with someone who is not a regular partner
Drug dealing	Sale of drugs for cash profit, where a person purchased drugs and on-sold them for a cash profit (more than the amount to cover personal use)
Ecstasy/MDMA drought	Used to refer to a period (~2011) where there were significant declines in ecstasy availability and potency. This 'drought' was believed to reflect a wider international drought linked to tighter controls on precursor chemicals used to manufacture ecstasy. To meet continued demands for the drug, it is believed manufacturers began substituting MDMA with substances like piperazines, which are known to induce an array of negative adverse effects.
Fraud	Acts involving fraud, including forging cheques, forging prescriptions, social security scams, using someone else's credit card
Incarceration	An occasion where a person has been convicted of an offence and sentenced to jail (excluding remand)
Injection	Injection (typically intravenous) of a substance
Jurisdiction	State or territory
New psychoactive substances	Substances which are sometimes referred to as research chemicals, analogues, legal highs, herbal highs, synthetic drugs, designer drugs or bath salts, and often mimic the effects of traditional illicit drugs
Non-prescribed use	Use of a prescribed medication obtained by a prescription in someone else's name, or use not as prescribed.
Overdose (stimulant)	Experience of symptoms such as nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium, that are outside the person's normal drug experience, or where professional assistance would have been helpful
Overdose (depressant)	Experience of symptoms such as reduced level of consciousness, respiratory depression, turning blue and collapsing, that are outside the person's normal drug experience, or where professional assistance would have been helpful
Over-the-counter	Availability of a medicine through a pharmacy without a doctor's prescription
Penetrative sex	Penetration by penis or hand of the vagina or anus
Point	0.1 gram (although may also be used as a term referring to an amount for one injection)
Prescribed use	Use of a prescribed medication obtained by a prescription in the person's name, and used as prescribed
Property crime	Theft or destruction of someone else's property, including shoplifting, break and enter, stealing a car, receiving stolen goods
Protective barrier (penetrative sex)	Use of a 'condom/glove/dam' during penetrative sex
Potency	Participants are asked 'how strong would you say *drug* is at the moment?'
Session	A period of continuous use without sleeping
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)
Smoking	Use of a substance via inhalation/vaping
Snorting	Use of a substance intranasally
Violent crime	Acts involving violence, including assault, violence in a robbery, armed robbery, sexual assault, breaking an apprehended violence order

Guide to Timeframes

Lifetime use	Use on one or more occasion in their lifetime
Recent use	Use on one or more occasion in the past six months
180 days of use	Use daily in the past six months
90 days of use	Use every second day in the preceding six months
24 days of use	Use weekly in the past six months
12 days of use	Use fortnightly (i.e., every two weeks) in the past six months
6 days of use	Use monthly (i.e., every four weeks) in the past six months

Background and methods

Background

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

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual surveys with people who use stimulant drugs (primarily ecstasy) regularly. This report focuses on the key findings from the annual survey component of the EDRS, namely data obtained from people who use ecstasy regularly in Queensland.

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, Queensland participants were recruited primarily via paid Facebook advertising (54%) and snowballing (45%; e.g., peer referral). This recruitment method is consistent with earlier QLD recruitment years where the survey was advertised in the Scenestr print magazine; however, advertising shifted online in response to advancing technology and media consumption patterns. Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy on at least six occasions during the preceding six months; and iii) have been a resident of Brisbane or the Gold Coast in the preceding 12 months. Interviews took place in coffee shops close to public transport and parking options. Following provision of informed consent and completion of a structured questionnaire, participants were reimbursed $40 for their time and expenses incurred. A total of 100 participants were interviewed between April and May 2018.

Additional Outputs

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

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

Sample characteristics

In 2018, the QLD sample was majority male (64%) and had a median age of 19 (IQR=18-22). Nearly one-third (29%) reported having completed a post-school qualification(s) and 42% were currently studying. There was a near even split between participants still living in their family home (47%), and those renting (48%).

Table 1: Demographic characteristics of the sample, 2009-2018

	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
	N=88	*N*=101	*N*=103	*N=62*	*N*=88	*N*=100	*N*=85	*N*=92	*N*=100	*N*=100
Median age (years; Range)	21	22	25 (18-43)	23 (17-51)	20 (17-35)	21 (17-49)	20 (17-51)	24 (17-49)	20 (17-40)	19 (17-46)
% Male	60	58	70	69	64	67	58	68	62	64
% Aboriginal and/or Torres Strait Islander	-	1	-	5	1	-	1	4	4	3
% Sexual identity										
Heterosexual	89	83	88	89	92	82	79	90	83	84
Gay Male	*nr*	7	5	3	2	3	4	1	1	3
Lesbian	*nr*	3		2		2	5	0	2	2
Bisexual	*nr*	6	6	5	6	11	12	8	13	9
Other	*nr*	1	1	2		2	1	1	1	2
Median years of school education	12	12	12	12	12	12	12	12	12	12
% Post-school qualification(s)^	62	38	42	52	34	49	46	38	25	29
% Employment										
Employed full-time	29	20	26	27	15	17	7	15	13	16
Students[#]	6[a]	51	40	37	56	48	63	64	49	42
Unemployed	19	11	15	19	8	21	14	11	8	17
Median weekly income $	*nr*	$400	$541	$424	$420	$451	$420	$506	$439	$375*
% Accommodation										
Own house/flat	8	6	1	5	7	5	9	5	3	1
Rented house/flat	45	64	73	68	58	66	77	77	64	48**
Family home	44	26	22	21	32	27	9	12	26	47**
Boarding house/hostel	-	4	4	2	3	-	2	1	5	2
No fixed address	-	-	1	5	-	1	2	4	2	1
Other	-	-	-	-	-	-	-	-	-	1
% Currently in drug treatment	5	6	9	5	6	3	5	1	4	3

Note. nr = not reported. ^Includes trade/technical and university qualifications. [#]Includes full-time students, part-time students and participants who both work and study. [a] full-time students only reported in 2009. *p<0.05; **p<0.01; *** p<0.001 for 2017 versus 2018.

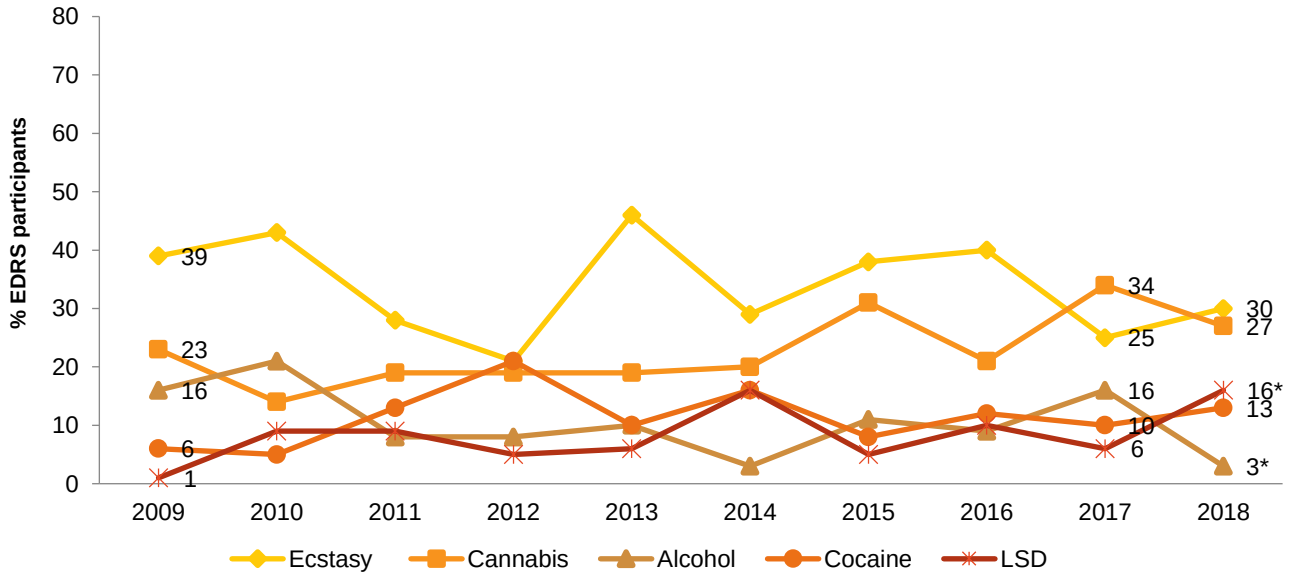
Drug of choice

In 2018 ecstasy was the most commonly reported drug of choice (30%), followed by cannabis (27%), reversing the trend from 2017 when cannabis was the most commonly reported (34%) drug of choice (Figure 1). This is similar to the 25% reported in 2017 but remains lower than the proportions reported in 2015 and 2016. Significantly fewer participants reported alcohol as their drug of choice in 2018 (3% vs 16% in 2017; $p<0.05$) and more listed LSD (16% vs 6% in 2017; $p<0.05$).

Cannabis remained the most used drug in the previous month (41%). Although this is a significant ($p<0.01$) decrease from 54% in 2017, cannabis has remained the most commonly reported drug most used since 2012. Ecstasy was the second most used drug at 31%, an increase from 13% in 2017 ($p<0.01$; Figure 2).

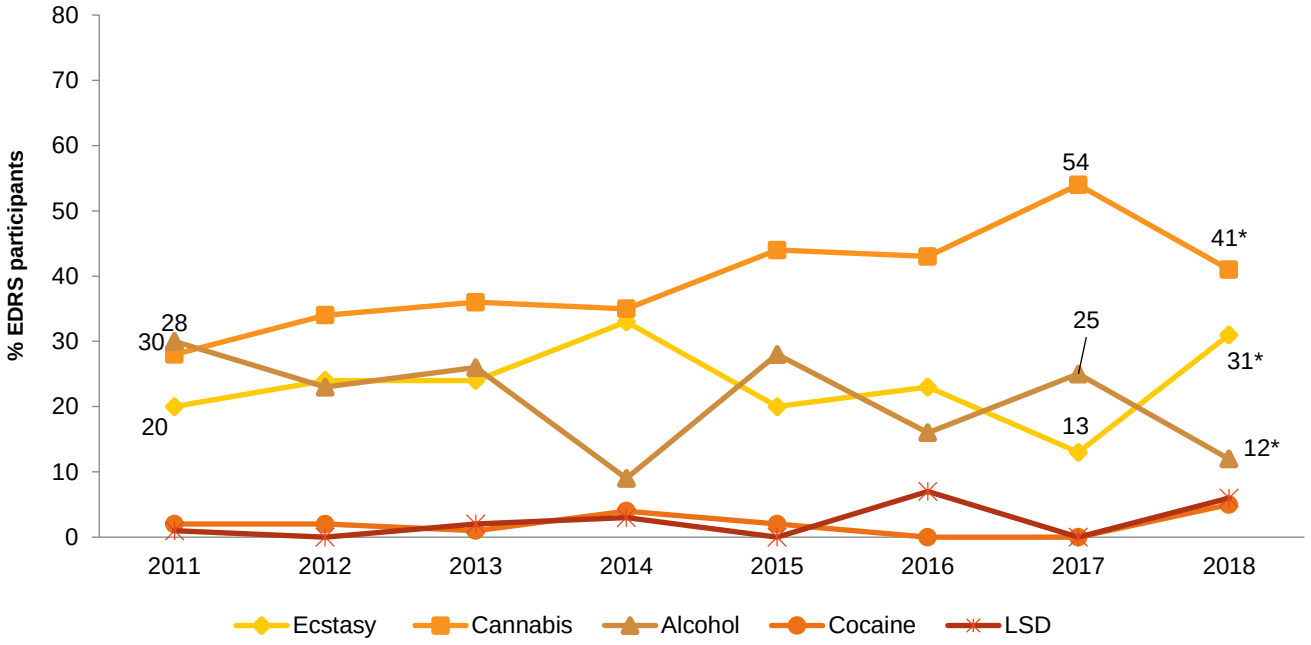
About half of participants (52%) reported a discrepancy between their drug of choice and the drug they used most. The most commonly reported main reason for this was related to health (27%), followed by availability (23%), appropriateness in social situations (17%), and price (15%).

Figure 1: Drug of choice, 2009-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis has been reduced to 80% to increase visibility of trends. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Figure 2: Drug used most often in the past month, 2011-2018



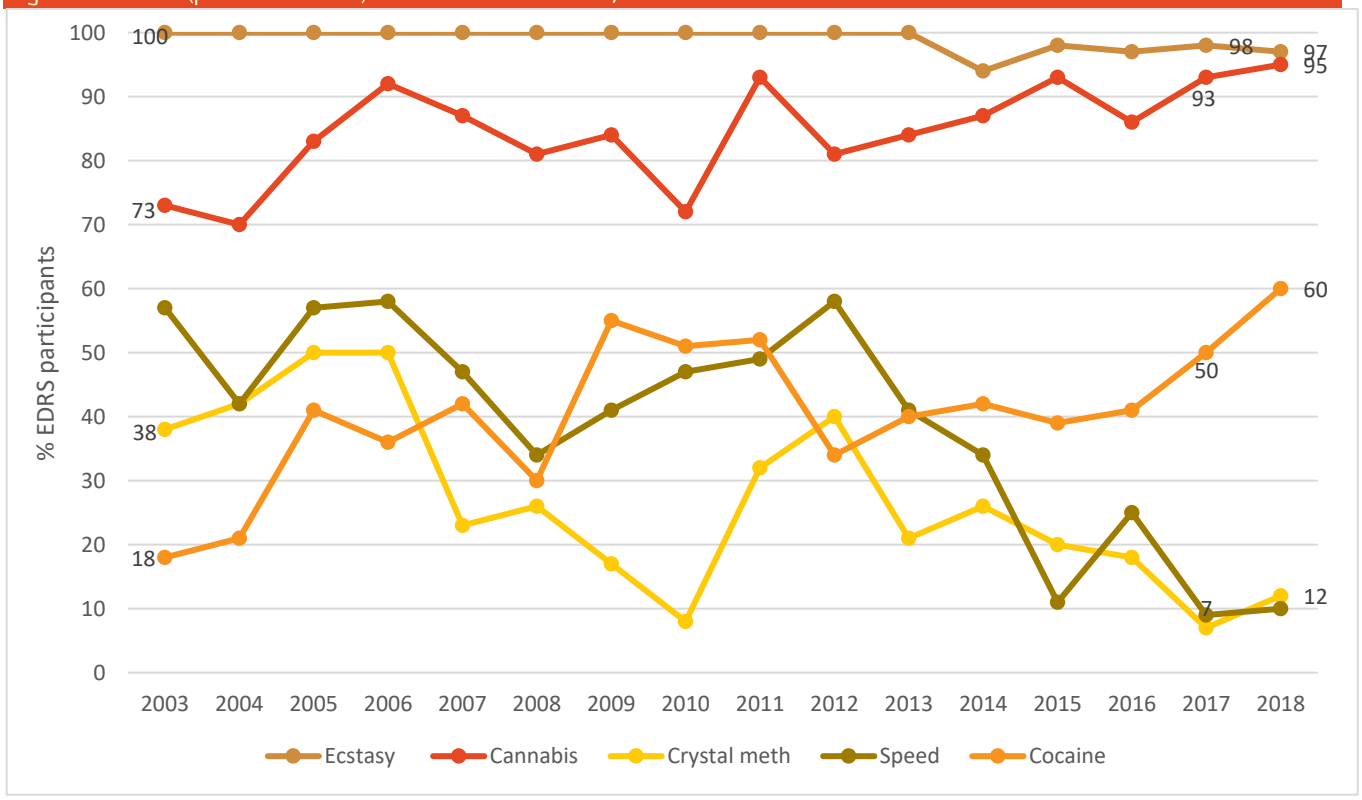
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis has been reduced to 80% to increase visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Rates of recent drug use

The figures below present, for the last 15 years, the proportions of the sample who reported using a particular drug at least once in the past 6 months. Drugs which significantly increased in 2018 (relative to 2017) include LSD (p<0.05), nitrous oxide (p<0.001) and amyl nitrite (p<0.01), with rates of LSD and nitrous oxide reaching the highest on record (for the QLD EDRS). Use of pharmaceutical stimulants (p<0.001) declined in 2018.

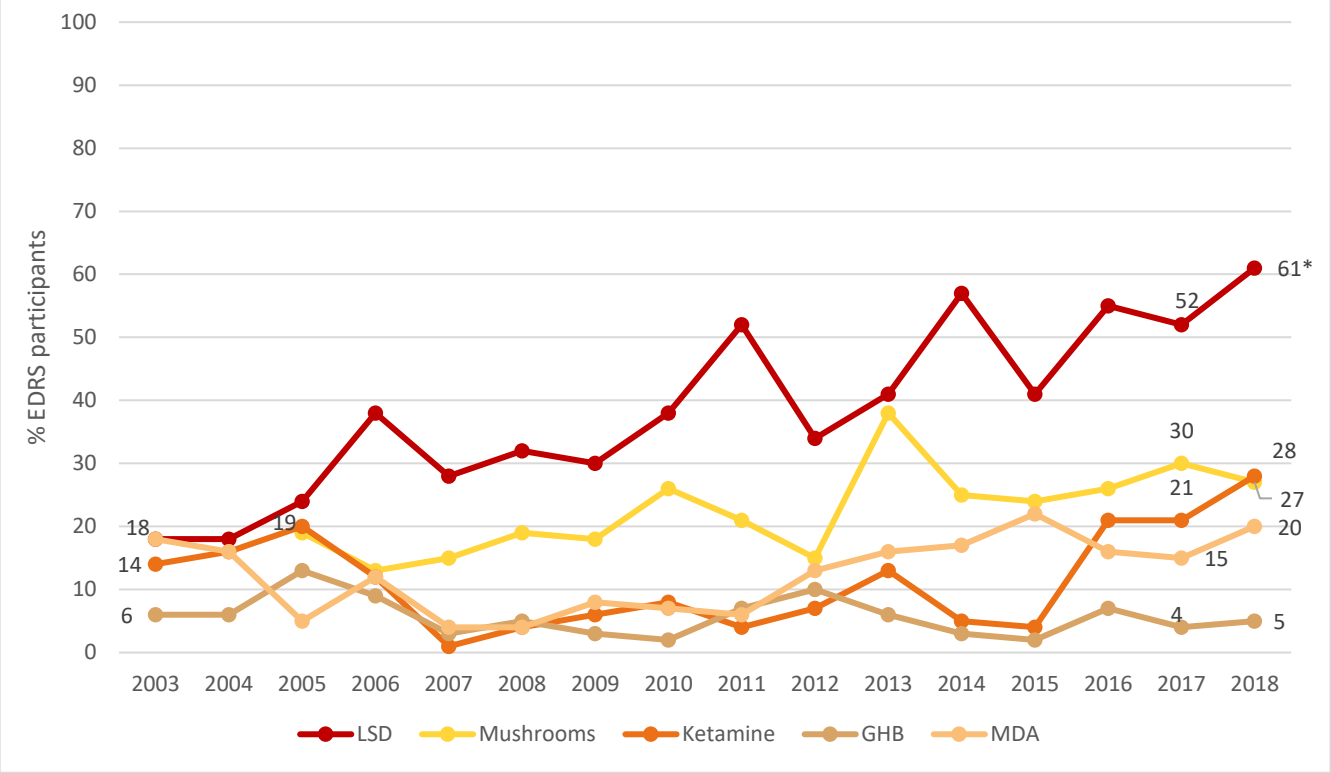
The figures also show some longer-term increasing trends in rates of cannabis, cocaine, LSD, benzodiazepine, ketamine and pharmaceutical stimulant use. Use of cocaine (Figure 3) reached the highest level seen in QLD in 2018. Figure 3 also shows a strong long-term trend of declining crystal methamphetamine and speed use. The 100% rate observed for ecstasy in the majority of QLD samples reflects the recruitment criteria for this study.

Figure 3: Recent (past six months) use of illicit stimulants, 2003-2018



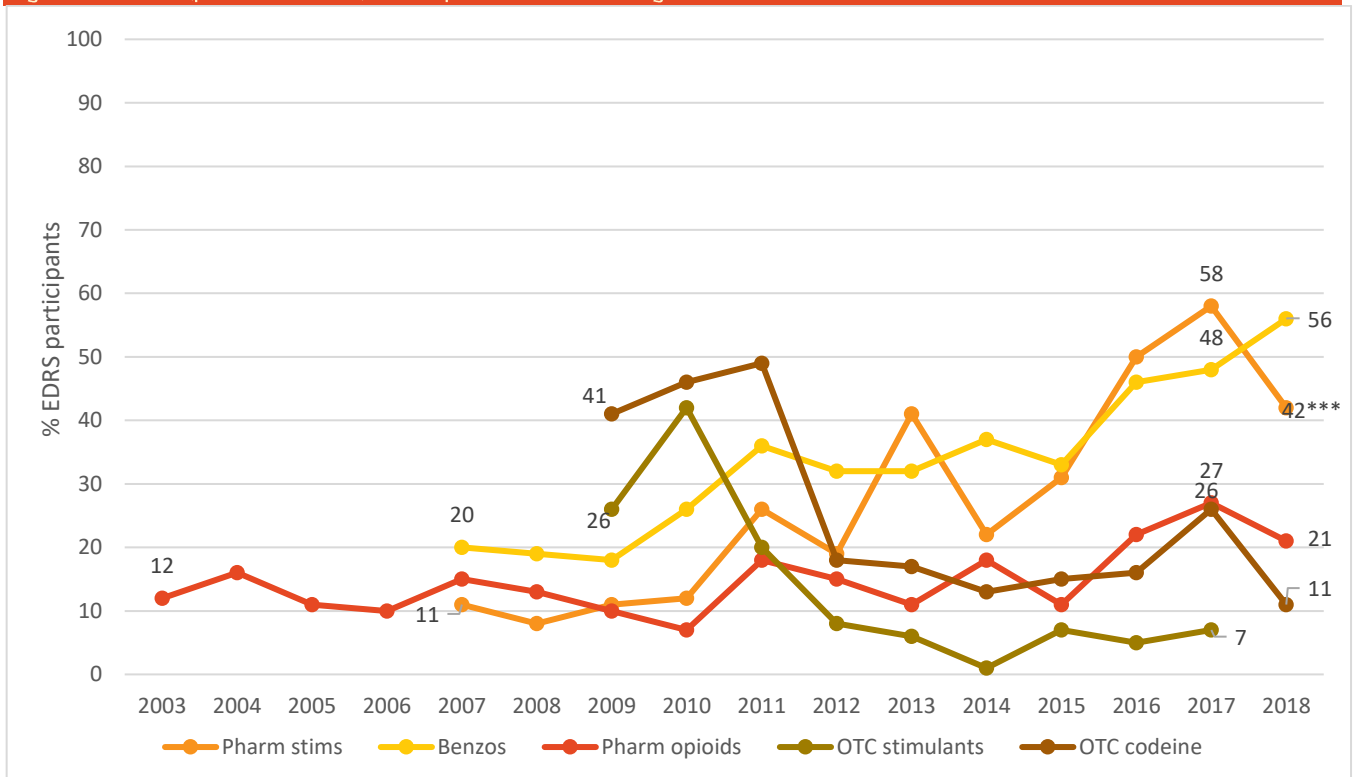
Note. In response to recruitment difficulties in 2011 (likely due to a global MDMA drought), in 2012 the participant eligibility was expanded to broader illicit stimulant use. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 4: Recent (past six months) use of other illicit drugs, 2003-2018 cont.



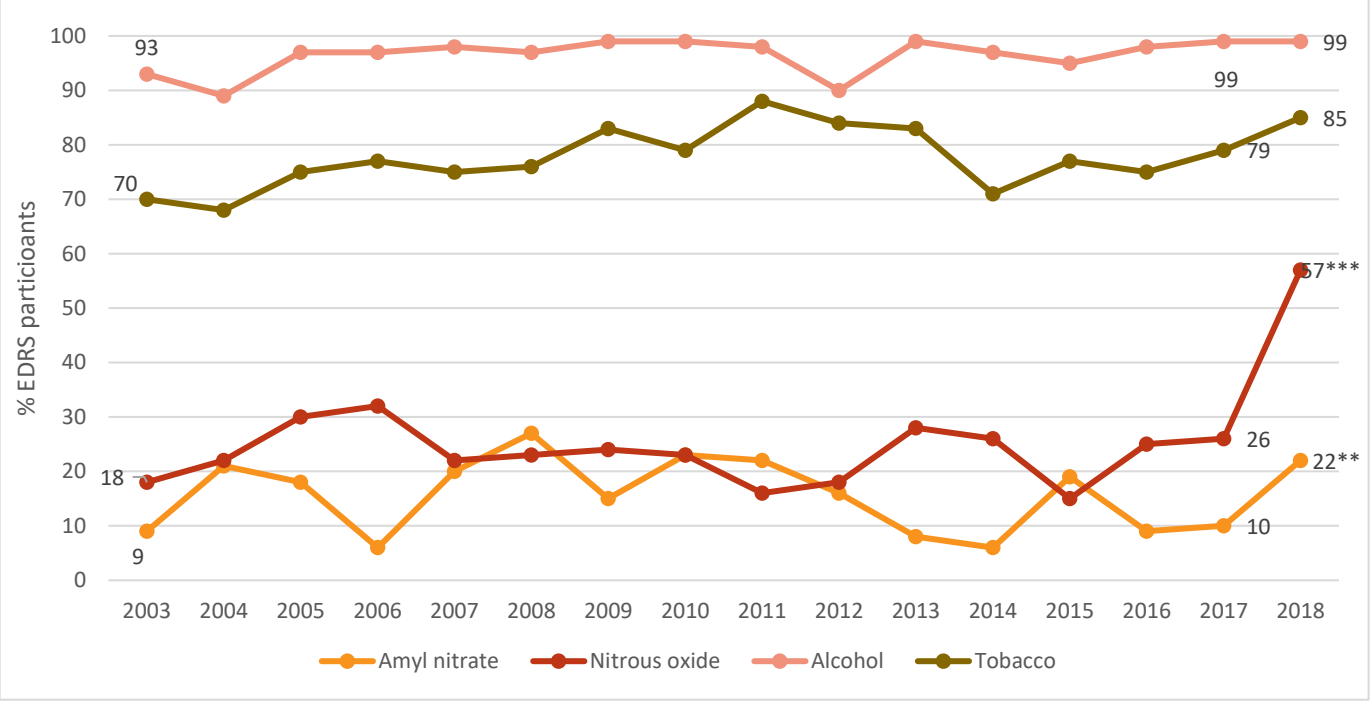
Note. Drugs with *n*≤5 (e.g. heroin) were excluded from this figure. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 5: Recent (past six months) use of pharmaceutical drugs, 2003-2018



Note. Illicit use of pharmaceutical stimulants, benzodiazepines and opioids only; drugs with *n*≤5 (e.g. antidepressants) were excluded from this figure. Prior to 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter, while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On 1st February 2018, legislation changed to require a prescription for ALL codeine products, low- and high-dose. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 6: Recent (past six months) use of licit drugs, 2003-2018



Note. # Amyl nitrite is an inhalant listed as a Schedule 4 substance in Australia (i.e. available only with prescription), but is often sold under-the-counter in sex shops. Drugs with $n \leq 5$ were excluded from this figure. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Recent trends in ecstasy/MDMA

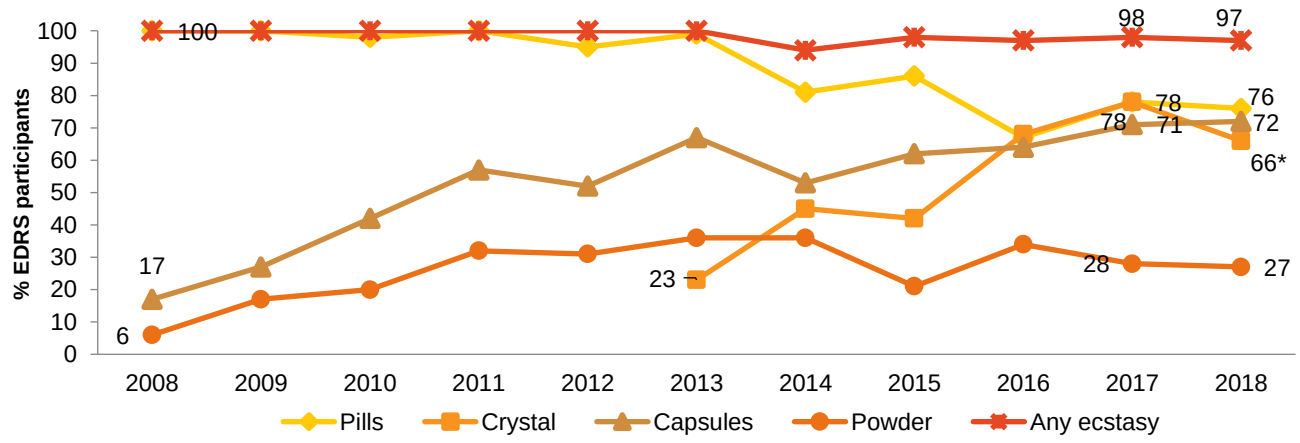
Consumption trends for all forms of ecstasy

Participants were asked about their recent use of various forms of drugs sold as ecstasy (3, 4-ethylenedoxymethamphetamine) including pills, powder, capsules and crystals. Participants were asked to differentiate between each form according to how the product was sold/marketed to them.

Forms used: Pills were the most common form used in 2018 (76%). The gap between pills, capsules, and crystal has been minimal since 2016, although use of crystal decreased from 78% in 2107 to 66% in 2018 ($p<0.05$). Powder remains the least commonly used form of ecstasy (27%).

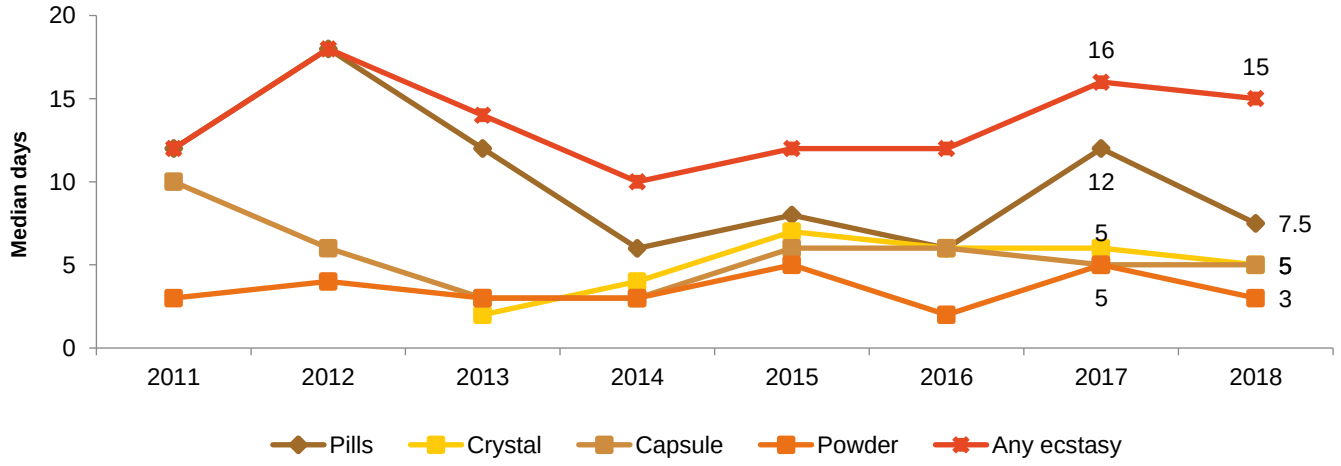
Frequency of use: Participants reported using ecstasy (in any form) on a median of 15 days, equivalent to approximately fortnightly use (range=1-108; $n=97$) in the preceding six months (similar to the 16 days reported in 2017). The proportion of the sample that reported weekly or greater use of any form of ecstasy declined from 44% in 2017 to 23% ($p<0.05$).

Figure 7: Recent (past six months) use of any ecstasy, and different forms of ecstasy, 2008-2018



Note. In response to recruitment difficulties in 2011 (most likely due to an international MDMA drought), in 2012 the participant eligibility was expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and MDMA crystal in 2013. Low numbers reported use of other forms of ecstasy before 2008. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Figure 8: Median days of ecstasy use in the past six months, 20011-2018



Note. In 2012 participant eligibility was expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and MDMA crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number.

Consumption trends for individual forms of ecstasy

Ecstasy pills

Recent (past 6m) use: Most (76%) reported using pills, not significantly different to 78% in 2017.

Frequency of use: Declined somewhat from a median of 12 days to 7.5 days (Range=1-72, *n*=76, *p<0.05*), but the proportion reporting weekly or greater use (34%) did not significantly change relative to 2017 (41%).

ROAs: The most common ROA remained swallowing (97% vs 96% in 2017) followed by snorting (40% in 2018 vs 46% in 2017). Few reported recent smoking (4%) or shelving/shafting (1%).

Quantities used: The median number of pills used in a 'typical' session remained stable at two (Range=1-20; *n*=90), while the median used in a 'heavy' session was four pills.

Ecstasy capsules

Recent (past 6m) use: Nearly three-quarters (72%) reported using capsules, similar to 71% in 2017.

Frequency of use: Remained stable at a median of 5 days (Range=1-48; *n*=72), as did the proportion who reported weekly or greater use (3%).

ROAs: The most common ROA was swallowing (97% vs 90% in 2017; *p<0.05*), followed by snorting (14% vs 23% in 2017; *n/s*).

Quantities used: The median number of capsules used in a 'typical' session remained stable at two (Range=1-7; *n*=73), as did the median used in a 'heavy' session (Mdn=3, Range=1-12; *n*=73).

Ecstasy crystal

Recent (past 6m) use: Two-thirds (66%) reported using crystal, a significant decline from 78% in 2017 (*p*<0.05).

Frequency of use: Remained stable at a median of 5 days (Range=1-72; *n*=66, vs. 6 days in 2017), as did the proportion reporting weekly or greater use (4%).

ROAs: The most common ROA was swallowing (92% vs 83% in 2017), but a substantial proportion reported snorting (42% vs 51% in 2017). Few participants reported smoking (5%) or shelving/shafting (3%).

Quantities used: The median amount of crystals used in a 'typical' session was 0.2 grams (range=0.05-1; *n*=29), or 2 caps (range=1-6; n=17). The median used in a 'heavy' session was 0.4 grams (range=0.1-1.1; *n*=32) or 3 caps (range=1-10; *n*=14).

Ecstasy powder

Recent (past 6m) use: Over a quarter (27%) reported using ecstasy powder in 2018, similar to reported levels in 2017 (28%).

Frequency of use: Frequency of remained low at 3 days (Range=1-24; *n*=27). Only one respondent reported weekly use of powder ecstasy in 2018.

ROAs: The most common ROA was snorting (74% vs 75% in 2017), followed by swallowing (59% vs 43% in 2017). Few participants reported smoking (4%) or shelving/shafting (4%).

Quantities used: The median amount used in a 'typical' session was 0.5 grams (Range=0.1-1; *n*=14) and the median amount used in a heavy session was 0.8 grams (Range=0.2-7; *n*=15).

Market trends for individual forms of ecstasy

Ecstasy pills

Price: Median of $20 per pill (IQR=12-20, *n*=79), unchanged from 2017.

Potency: Mixed perceptions of potency, but most commonly rated as medium (37%) with equal proportions reporting low (22%) and high (21%). Pill strength was mostly perceived as stable (35%) followed by decreasing strength (31%).

Availability: Majority rated as easy or very easy to obtain (94%) and stable (53%) or getting easier (35%).

Ecstasy capsules

Price: Median of $20 per cap (IQR=15.25-20, *n*=73), compared to $25 in 2017.

Potency: Most rated capsules as being high (38%) or medium (34%) potency (58%) and stable (43%). Equal numbers viewed the potency of capsules as decreasing or fluctuating (31% each).

Availability: Rated mainly as easy or very easy to obtain (83%), with stable availability (59%).

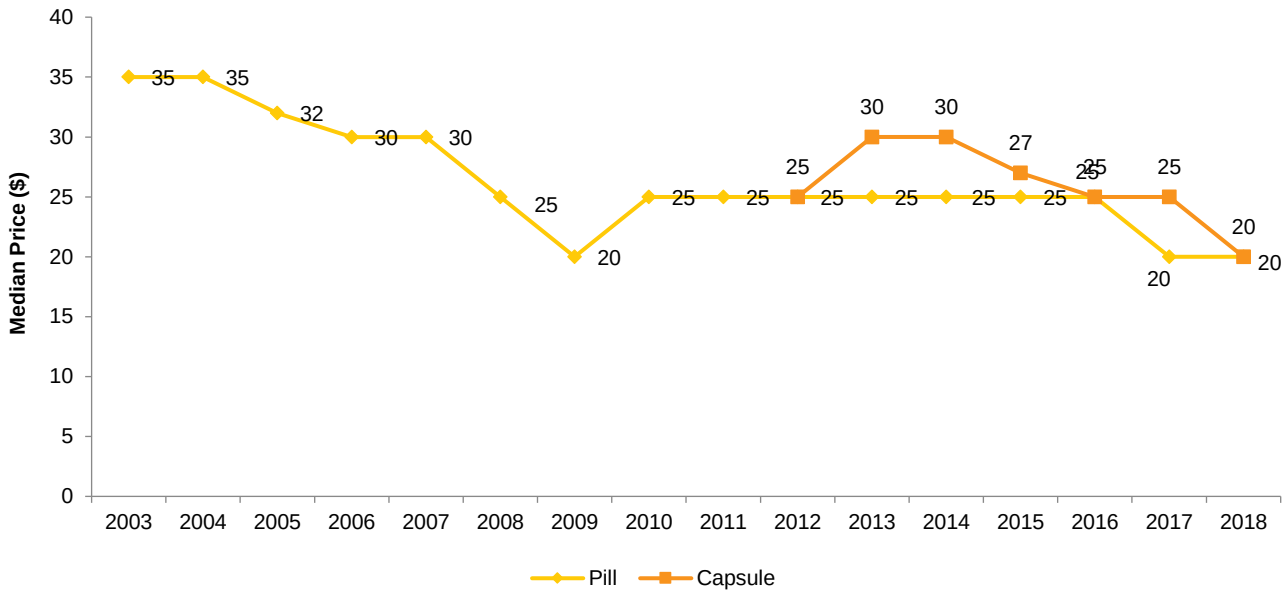
Ecstasy crystal

Price: Median of $160 per gram (IQR=100-210, *n*=29), similar to 2017 ($150).

Potency: Crystals were most frequently rated as high potency (54%) and stable over the preceding six months (62%).

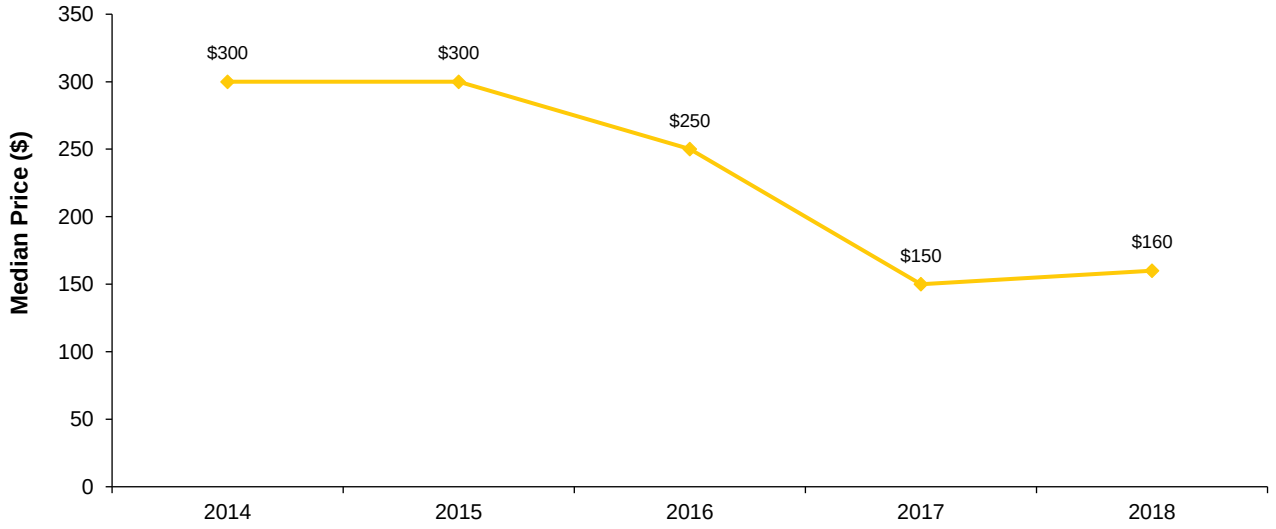
Availability: Rated mainly as easy or very easy to obtain (75%), with stable (43%) or increasing (32%) availability.

Figure 9: Median price of ecstasy pills and capsules, 2003-2018



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008.

Figure 10: Median price of ecstasy crystals per gram, 2014-2018



Note. Among those who commented. Data collection for price of ecstasy crystal started in 2013; only 2 participants commented in 2013.

Table 2: Perceived potency and availability of different forms of ecstasy, 2017-2018

	2017	2018
Current Potency		
% Pills (n)	(*n*=79)	**(*n*=81)**
Low	14	22
Medium	50	37
High	13	21
Fluctuates	23	20
% Capsules (n)	(*n*=79)	**(*n*=76)**
Low	8	**13**
Medium	39	**34**
High	42	**38**
Fluctuates	12	**15**
% MDMA crystal (n)	(*n*=62)	**(*n*=50)**
Low	5	**4**
Medium	35	**34**
High	45	**54**
Fluctuates	16	**8**
% Powder (n)	(*n*=18)	**(*n*=8)**
Low	11	**25**
Medium	33	**38**
High	39	**25**
Fluctuates	17	**13**
Current Availability		
% Pills (n)	(*n*=79)	**(*n*=80)**
Very easy	51	**61**
Easy	42	**33**
Difficult	8	**6**
Very difficult	-	**-**
% Capsules (n)	(*n*=78)	**(*n*=76)**
Very easy	45	**30**
Easy	42	**23**
Difficult	12	**16**
Very difficult	1	**1**
% Crystal (n)	(*n*=63)	**(*n*=48)**
Very easy	33	**23**
Easy	43	**52**
Difficult	22	**25**
Very difficult	2	**-**
% Powder (n)	(*n*=18)	**(*n*=8)**
Very easy	28	**25**
Easy	39	**25**
Difficult	33	**38**
Very difficult	-	**13**

Note. The response option 'Don't know' was excluded from analysis.

Recent trends in other drugs

Table 3: Summary of recent trends in other drugs (consumption and market trends), 2017-2018

Drug	Recent use (past 6m) %		Median days used (Range)		Quantity typical		Median price $ (Range)		Potency		Availability	
	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018	2017	2018
Crystal meth	7	12	2 (1-76)	3.5 (1-48)	-	0.15g (0.01- 0.3) (*n*=8)	$50/pt (30-50) (*n*=7)	$250/g (130-500) (*n*=5) $50/pt (*n*=5)	50% high, 25% med (n=16)	55% high, 27% medium (*n*=11)	82% easy/very easy (n=17)	82% easy/very easy (n=11)
Speed	9	10	10 (1-48)	4 (2-14)		-	$30/pt (20-50) (n=6)	$50/pt (20-50) (*n*=5)	50% high, 25% med (n=8)	67% high (*n*=6)	Mixed: 43% v.easy, 43% v.diff (n=7)	83% easy/very easy (*n*=6)
Cocaine	50	60	2 (1-50)	3 (1-150)	0.5g (0.15-3) (*n*=18)	0.5g (0.2-2) (*n*=24)	$300/g (200-400) (*n*=19)	$300/g (300-350) (*n*=38)	mixed, 38% med (*n*=34)	mixed: 36% medium (*n*=45)	68% difficult/very difficult (*n*=37)	60% easy/very easy (*n=45*)
Cannabis	93	95	88 (1-180)	60 (1-180)	4 cones (1-20) (*n*=50)	3 cones* (0.5-60) (*n*=54)	$275/oz (200-300) (*n*=46)#	$250/oz (200-500) (*n*=36)#	41% high, 42% med (*n*=66)#	41% high, 35% medium (*n*=58)#	97% easy/very easy (*n=65*)#	86% easy/very easy (*n*=59)#
LSD	52	61	3 (1-30)	3 (1-31)	1.5 tabs (0.5-8)	1 tab (0.5-4) (*n*=54)	$20/tab 4-40 (*n*=52)	$20/tab (10-50) (*n=57*)	44% high, 40% med (*n*=52)	55% high, 35% medium (*n*=60)	Mixed: 60% easy/very easy (*n*=52)	Mixed, 60% easy/very easy (*n*=60)
Ketamine	21	28	2 (1-54)	2.5 (1-20)	3 bumps (1-10) (*n*=11)	2.5 lines (1-10) (*n*=10)	$80/g (20-250) (n=7)	$175/g (50-250) (*n*=10)	-	64% high, 36% medium (*n*=14)	-	Mixed, 64% easy/very easy (*n*=14)
MDA	15	20	2 (1-27)	2 (1-24)		2 pills/caps (2-8)	-	-	-	-	-	-

Note: This is a summary of key findings; additional data on consumption and market characteristics were collected. Data have been supressed where *n*≤5. #data reported for hydro cannabis. pt=point (0.1gram). - Statistical comparisons were not performed where *n*≤5. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Table 4: Summary of recent trends in other drugs (consumption only), 2017-2018

Drug	Recent use (past 6m) %		Median days used (Range)	
	2017	2018	2017	2018
Alcohol	99	99	48 (3-180)	24 (1-170)
Tobacco	79	85	90 (2-180)	90 (1-180)
Mushrooms	30	27	2 (1-6)	2 (1-10)
Nitrous oxide	26	57**	3 (1-20)	6 (1-100)
Amyl nitrite	9	22*	2 (1-50)	4 (1-72)
GHB/GBL	4	5	2 (1-2)	1 (1-3)
Pharm stims (non-prescribed)	56	42*	5 (1-180)	5 (1-60)
Benzodiazepines (non-prescribed)	48	56	3 (1-16)	5 (1-72)
E-cigarettes	31	26	12 (2-180)	5 (1-180)

Note: This is a summary of key findings; additional data on consumption and market characteristics were collected. Statistical comparisons were not performed where *n*<5. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

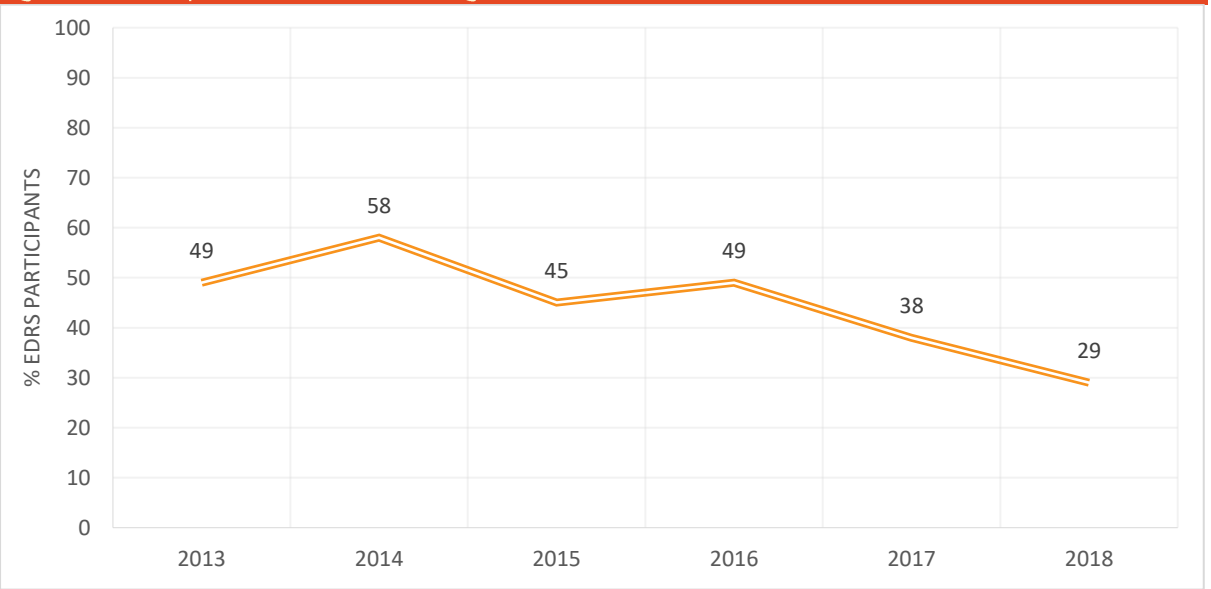
New psychoactive substances (NPS)

Participants were asked about their recent use of various forms of NPS. Importantly, they were asked to report only on NPS they had *intentionally* used, not if they suspect their drugs were misrepresented or adulterated with NPS.

In 2018, about two-fifths (43%) reported having ever used an NPS (vs. 43% in 2017), while under one-third reported recent use (29% vs. 38% in 2017, *p*=0.151).

Consistent with past years, the most common NPS was DMT (16% vs. 27% in 2017) followed by 2C-B (13% vs 18% in 2017). Rates of other NPS use were very low, with the next most common drugs nominated by only 4% (mescaline), 3% (NBOMe and herbal highs) and 2% (methylone, PMA, 2C-other, Salvia divinorum, etizolam, and synthetic cannabinoids).

Figure 11: Recent (past six months) use of any NPS, 2013-2018

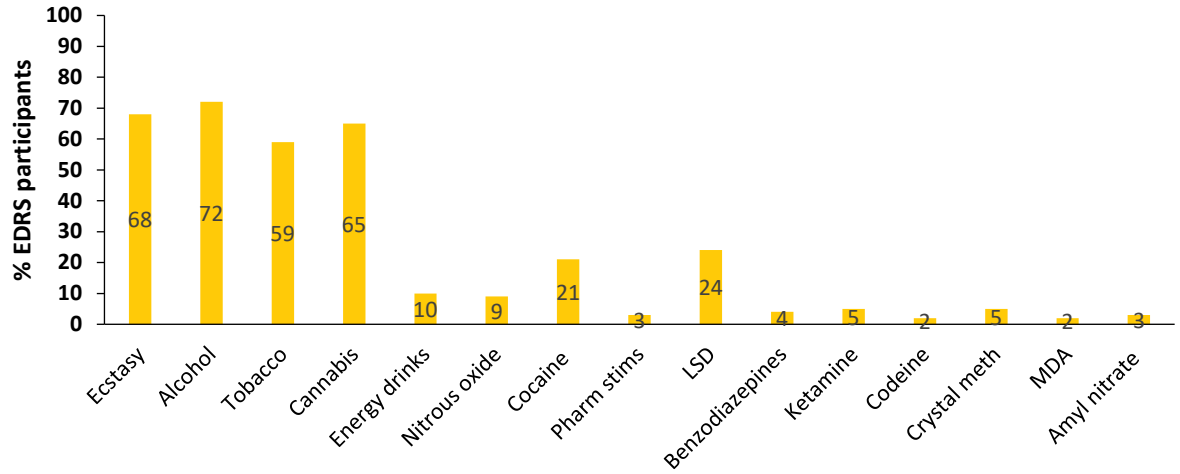


Trends in drug-related harms and other risk factors

Polydrug Use

All participants but one reported polydrug use on the last occasion of stimulant use (vs. 96% in 2017). The most common drugs reportedly used on the last occasion were alcohol (72%, ≥5 standard drinks), ecstasy (68%), cannabis (65%) and tobacco (59%). Other common drugs included LSD (24%) and cocaine (21%).

Figure 12: Polydrug use on the last occasion of stimulant use, 2018



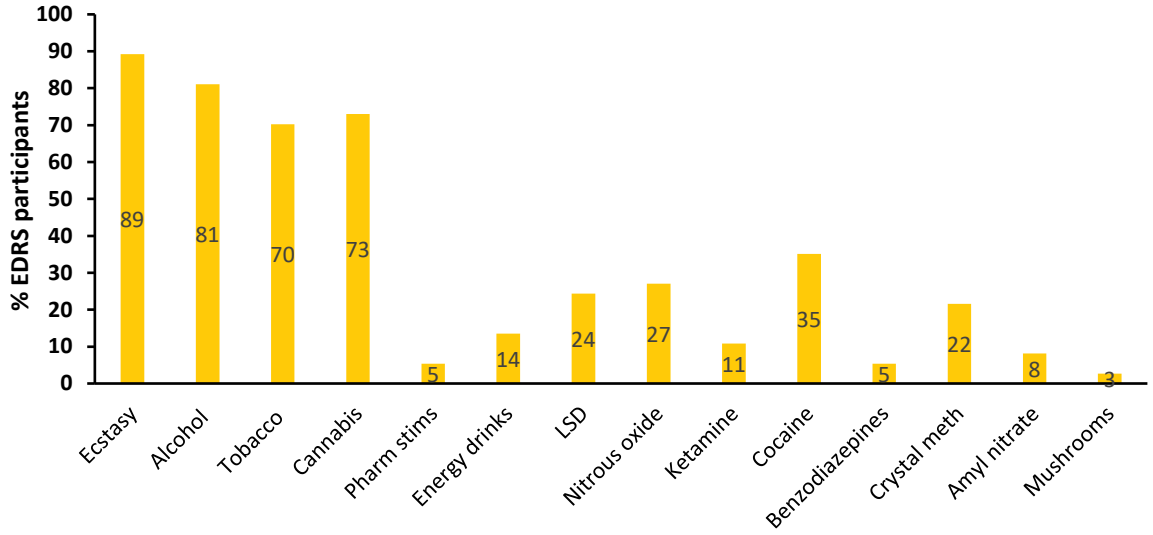
Note. Alcohol ≥ 5 standard drinks

Bingeing

Over one third of the sample (37%) reported a recent drug binge session (using drugs for ≥48hrs without sleeping), comparable to 35% in 2017. The median number of binge sessions in the last six months was three (range=1-24) and the median length of participant's longest binge session was 72 hours or three days (range=48-168).

Drugs most commonly involved in these sessions included ecstasy (89%), alcohol (81%; ≥5 standard drinks), cannabis (73%), and tobacco (70%). Other drugs commonly included cocaine (35%), nitrous oxide (27%), LSD (24%), and crystal methamphetamine (22%).

Figure 13: Drugs involved in recent (past six months) binge use, 2018



Note. Percentages above are proportion of those who reported a recent binge. Alcohol ≥ 5 standard drinks

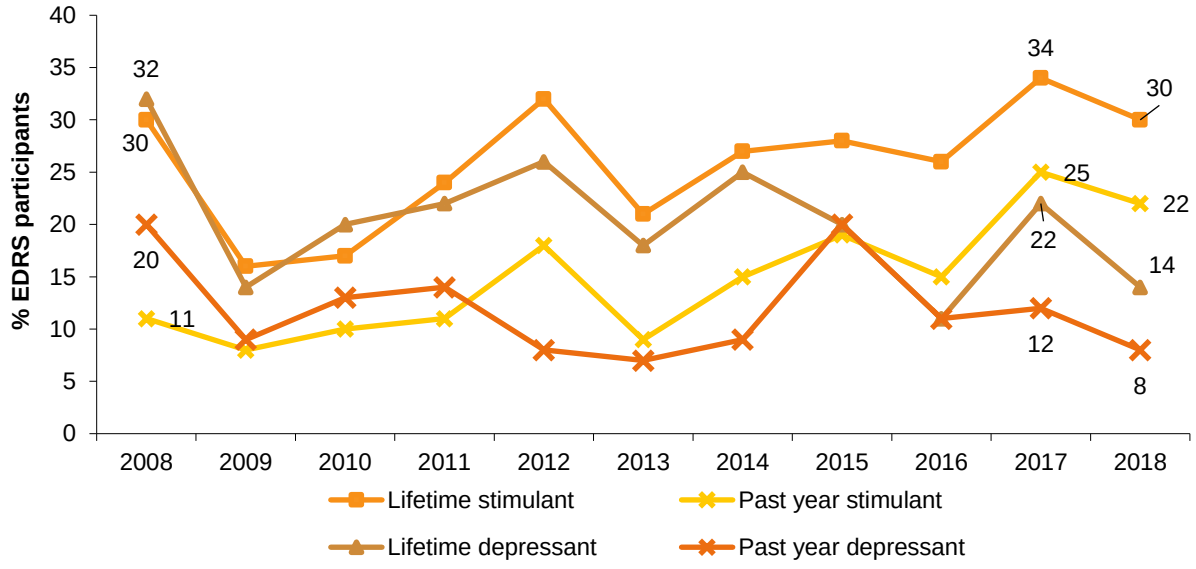
Non-Fatal Overdose

Thirty per cent of participants reported ever experiencing a stimulant overdose (similar to 34% in 2017), which occurred on a median of two occasions (IQR=1-2). Twenty-two percent (73% of those who had ever overdosed) reported overdosing in the last year, again similar to 25% in 2017. Most recent overdoses were attributed to ecstasy being the main drug (59%, n=17); however, polydrug use was present in all cases. Only three participants reported receiving any form of treatment and all three reported being treated by an ambulance and hospital emergency department.

Figure 14 demonstrates that rates of stimulant and depressant overdose have fluctuated over the previous ten years. There appears to be an overall increasing trend of recent stimulant overdose, while past year depressant overdose has been decreasing since 2015.

Fourteen percent of participants reported ever experiencing a depressant overdose, compared to 22% in 2017 (p=0.07), with the median number of overdoses reported as 1 (range 1-25). Only 8 (8%) participants reported experiencing an overdose recently (vs. 12% in 2017, p=0.14). Of those eight, four (50%) attributed the overdose mainly to alcohol, while three attributed it to benzodiazepines and six reported polydrug use. Only one participant reported receiving any form of treatment: an ambulance and hospital emergency department.

Figure 14: Lifetime and past year non-fatal stimulant and depressant overdoses, 2008-2018



Note. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Alcohol AUDIT

Alcohol use was measured using the Alcohol Use Disorder Identification Test (AUDIT). The mean score for 2018 was 11 (range 1-32), indicating that, on average, participants consumed alcohol at a hazardous level in the previous year. Scores of 8 or more indicate harmful or hazardous drinking, while scores about 13 (for women) and 15 (for men) indicate alcohol dependence. In 2018, 68% of participants recorded a score indicating hazardous drinking levels, compared to 76% in 2017 (n/s).

Table 5. Alcohol AUDIT scores, 2016-2018

	2016	2017	2018
Mean AUDIT Score (range)	12 (0-32)	13 (0-34)	**11 (1-32)**
% hazardous drinking	65%	76%	**68%**

Injecting Drug Use

In 2018, only six participants reported injecting a drug in their lifetime, with a median age of first injection of 19.5 years. This was similar to the 7% lifetime drug injection reported in 2017; however overall, injection drug use appears to have been decreasing among QLD EDRS participants since 2012 (Table 6). No participants reported any injecting drug use in the preceding month.

Table 6. Lifetime injecting drug use, 2012-2018

	2012 (n=62)	2013 (n=88)	2014 (n=100)	2015 (n=85)	2016 (n=92)	**2017 (n=100)**	**2018 (n=100)**
Ever injected (%)	29	14	25	11	10	7	**6**
Median age first injected (range)	19 (13–43)	18 (15–26)	21 (14–35)	19 (17–28)	18 (16–38)	20 (15-22)	**19.5 (16-28)**

Sexual Risk Behaviours

More than two-thirds (73%) reported having sex with at least one casual partner recently (vs. 71% in 2017, *p*=0.63). Of these, nearly half reported having 1-2 casual partners (49%), while 37% reported having 3-5 casual partners; only 4% reported more than 10 in the last six months.

Among those reporting recent casual sex, most (84%) also reported using drugs while having sex on at least one occasion in the past six months (61% of the total sample). The most common drugs used during casual sex were alcohol (80%), cannabis (49%) and ecstasy (48%). Only approximately one-third (34%) of this group reported always using a barrier (e.g. condom; see Table 7), and just under half (44%) used a barrier last time they had casual sex while using drugs.

Table 7. Use of condoms/gloves/dams while having sex with a casual partner while using drugs in the last six months

	2015 (n=57) %	2016 (n=50) %	**2017 (n=70) %**	**2018 (n=62) %**
Every time	26	38	29	**34**
Often	19	22	20	**16**
Sometimes	12	8	16	**16**
Rarely	19	10	17	**12**
Never	23	22	19	**21**

Note: percentages are of those who reported having sex with a casual partner

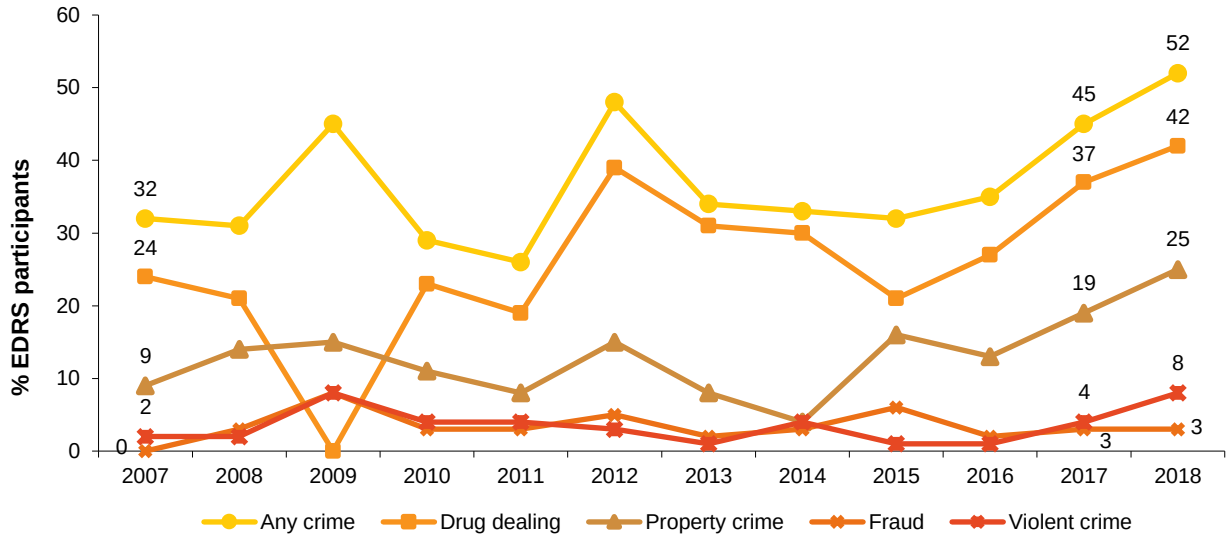
Less than half the overall sample (42%) reported having a sexual health check-up in the past year, while a further 15% reported doing so more than one year ago. Only 4% reported a positive STI diagnosis in the past year, but a further 10% reported a lifetime history of sexually transmitted infection (STI) diagnosis. There were no significant differences in relation to sexual health check-ups or STI diagnoses between 2017 and 2018.

Crime

Rates of past month criminal activity have fluctuated over time, with drug dealing being the most common type of criminal activity reported (Figure 17). All types of crime, with the exception of fraud, appeared to be increasing since 2015 although differences between 2017 and 2018 were not significant. Dealing (42%) and property crime (25%) were the most common forms in 2018.

Eleven percent of the sample reported having been arrested in the preceding 12 months and 1% reported having ever been to prison (for a conviction). Of those arrested in the preceding 12 months, crimes included use/possession of drugs (*n*=5), dealing/trafficking (*n*=3), drunk and disorderly (*n*=2), use/possession of weapons (*n*=1), property crime (*n*=1), violent crime (*n*=1) and other (*n*=3).

Figure 15: Self-reported criminal activity in the past month, 2007-2018

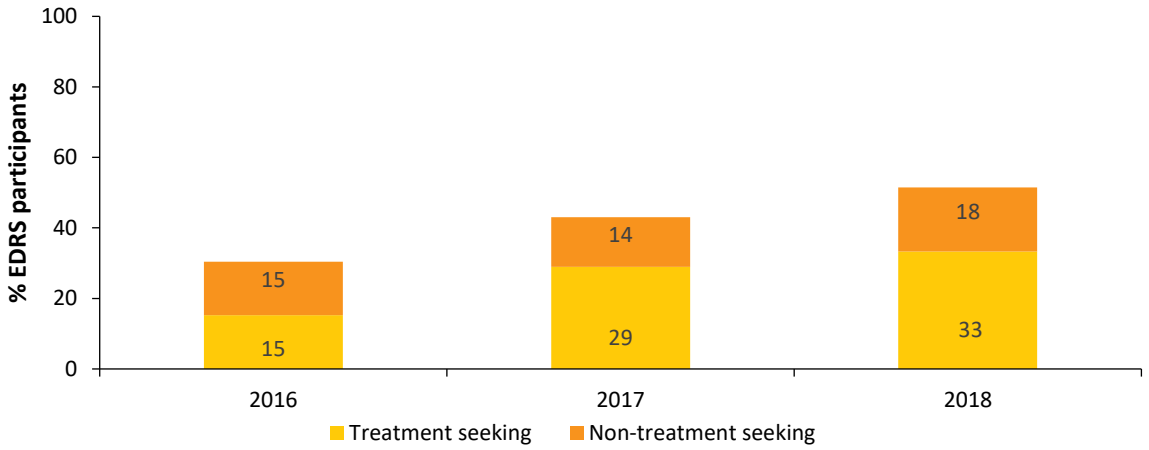


Note. Y axis has been reduced to 60% to improve visibility of trends

Mental Health

Just over half of all participants (51%) self-reported experiencing a recent mental health problem (other than drug dependence). Consistent with previous years, the most commonly reported problem was anxiety (80%), followed by depression (73%). Of those experiencing a problem, nearly two-thirds reported seeing a mental health professional recently (65% vs. 67% in 2017) and two-fifths (41%) reported being prescribed a medication (vs. 44% in 2017).

Figure 16: Self-reported mental health problems and treatment seeking in the past six months, 2016-2018



Drug Treatment

The proportion reporting current drug treatment has consistently been very low. In 2018, three participants reported being in any form of drug treatment, with all indicating that they were receiving drug counselling.

Digital purchasing

Since 2016, the EDRS has monitored behaviours around online purchasing of drugs. In 2018, 32% reported purchasing a drug online in the preceding 12 months, and a further 4% had ever done so. Most of these 32 participants had made purchases 3-5 times (*n*=11) or more than 5 times (*n*=11). Fourteen participants reported purchasing drugs online for the purpose of supplying to friends (*n*=4), selling to others (*n*=3), or both (*n*=7). Of those purchasing online recently, nearly half (*n*=15, 47%) had purchased from a darknet marketplace (10 from Australian marketplaces and 8 from international marketplaces). Six had purchased through social media. The most common drugs reportedly obtained were ecstasy (75%), LSD (41%), and cannabis (38%).

Only 1% had not heard of the darknet, while 40% had heard of it, but never accessed or researched it, 12% had researched it, but never accessed it, 24% had accessed it, but never purchased from it and 23% had purchased from the darknet.

Perhaps the most noteworthy finding from this module was that more than three quarters (77%) reported obtaining drugs in the preceding 12 months through someone who purchased the drugs from a darknet marketplace, and four in five (80%) had ever purchased from someone who obtained the drugs from the darknet.

Figure 17: Purchased drugs from someone who purchased them from the darknet (ever and in the past 12 months), 2018

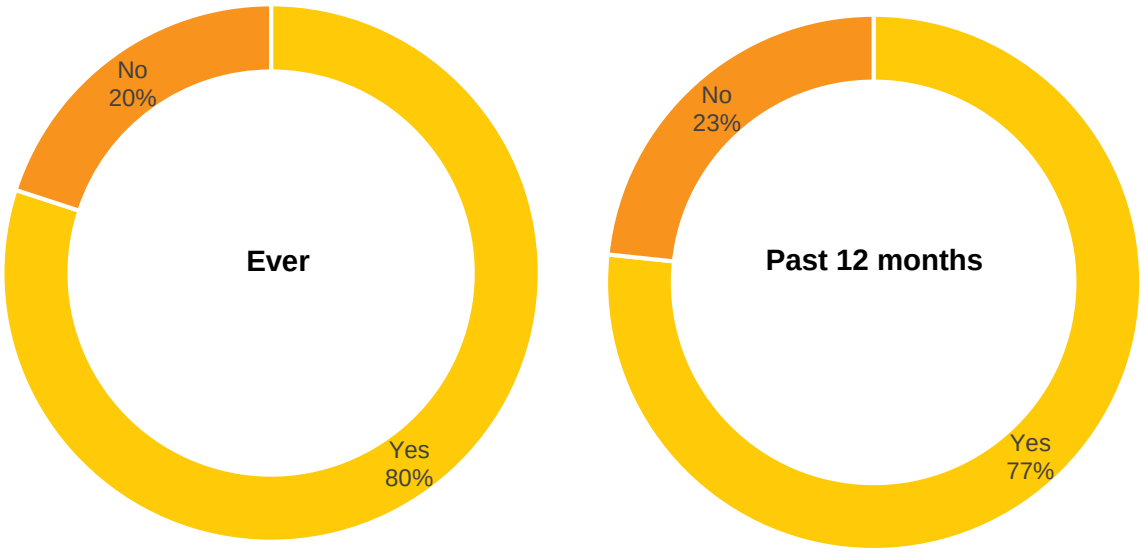


Table 8. Frequency of online illicit drug purchases in the past 12 months, 2016-2018

How many online purchases of illicit drugs in the past 12 months? [a]	2016 (n=31) %	2017 (n=18) %	2018 (n=32) %
Once	29% (n=9^)	28% (n=5^)	**13** (n=4^)
Twice	16% (n=5^)	28% (n=5^)	**19** (n=6^)
3-5 times	13% (n=4^)	11% (n=2^)	**34** (n=11)
More than 5 times	32% (n=10^)	33% (n=6^)	**34** (n=11)

Note: percentages are of those who reported having purchased illicit drugs online in the past 12 months

References

EMCDDA (2010). The state of the drugs problem in Europe. Luxembourg, European Monitoring Centre for Drugs and Drug Addiction.

UNODC (2010). World Drug Report. United Nations, United Nations Office on Drugs and Crime.