EDRS

QUEENSLAND DRUG TRENDS 2023

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

QUEENSLAND DRUG TRENDS 2023: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) 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](#).

Table of Contents

List of Tables

List of Figures

Acknowledgements

Abbreviations

1,4-BD	1,4-Butanediol
4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drug
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSA	Lysergic Acid Amide
LSD	d-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NBOME	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Service
NPS	New psychoactive substances
NSP	Needle Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
PMMA	Polymethyl methacrylate
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland

REDCAP	Research Electronic Data Capture
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
STI	Sexually Transmitted Infection
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Brisbane/Gold Coast, Queensland (QLD) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and word-of mouth in Brisbane/Gold Coast, QLD. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2023 from April-May. Interviews between 2020 and 2023 were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2023 samples, relative to previous years.**

Sample Characteristics

The EDRS sample (N=102) recruited from Brisbane/Gold Coast was mostly similar to the sample in 2022 and in previous years. Gender remained stable between 2022 and 2023, with over half (59%) identifying as male (53% in 2022), and participants had a median age of 26 years (23 years in 2022; *p*=0.001). Most participants held tertiary qualifications (67%), with one third (35%) reporting full-time employment and 35% reporting part time/casual employment. Accommodation remained stable relative to 2022, with over half the sample (59%; 65% in 2022) living in a rental house/flat or residing with their parents/at their family home (25%; 23% in 2022) at the time of interview. In 2023, cocaine was reported as the drug of choice (27%; 21% in 2022) followed by cannabis and ecstasy at 21% and 20% respectively. The drug used most often remained stable between 2022 and 2023, with almost one third (31%) nominating cannabis (34% in 2022), and 18% reporting

alcohol as the drug used most often in the month preceding interview (16% in 2022).

Ecstasy

In 2023, there were no significant changes to overall reported use of ecstasy compared to 2022 (95%; 93% in 2022). Use of ecstasy capsules significantly decreased in 2023 compared to 2022 (55% in 2023, 74% in 2022; *p*=0.010). Recent use of other forms of ecstasy remained stable. The perceived availability of crystal was significantly different in 2023 compared to 2022 (*p*=0.002) with 47% of participants reporting crystal as 'easy to access in 2023 compared to 22% in 2022. No other significant market changes were reported.

Methamphetamine

Since monitoring commenced, recent use of any methamphetamine declined until 2022. However, in 2023, there was a significant increase in the per cent reporting recent use (27%; 15% in 2022; *p*=0.043). Forty-six per cent of those who had recently used methamphetamine reported weekly or more frequent use, (27% in 2022). Of participants who had used methamphetamine in the six months preceding interview in 2023, most had used crystal methamphetamine (82%), a significant change from 2022 (40%; *p*=0.008). Few participants (n≤5) reported use of powder or base.

Non-Prescribed Pharmaceutical Stimulants

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 12% in 2007 to 41% in 2023 (53% in 2022).

Cocaine

Recent use of cocaine increased significantly in 2023, at 95% (80% in 2022; p=0.002). Six percent of those who had recently used cocaine reported weekly or more frequent use. Of those who reported recent use of cocaine (n=97), all (100%) reported snorting as their chosen route of administration, remaining stable from 2022. The price of cocaine per gram remained stable in 2023, at $350 ($350 in 2022). Perceived purity of cocaine significantly changed in 2023 in comparison to 2022 (p=0.002), with 47% of participants reporting it was 'low' in purity (25% in 2022), and 27% reporting it was 'medium' in purity (21% in 2022).

Cannabis and/or Cannabinoid Related Products

Three-in-four participants (75%) reported recent use of non-prescribed cannabis and/or cannabinoid related products compared to 76% in 2022. Twenty-three percent reported daily use, a significant increase from 2022 (6%; p=0.003). Forty-three percent reported use of bush cannabis, a significant decrease from 2022 (63%; p=0.033). Smoking remained the most common route of administration (95%; 94% in 2022), followed by swallowing (35%; 32% in 2022).

Non-prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine decreased significantly in 2023 (35%; 51% in 2022; p=0.037). Frequency of use significantly increased in the median number of days from two days in 2022 to three days in 2023 (p=0.043). Recent use of LSD (42%; 53% in 2022) and DMT (16%; 12% in 2022) remained stable in 2023, relative to 2022, as did frequency of use. Prices for ketamine and LSD remained stable between 2022 and 2023, however there was a significant increase in

participants reporting that LSD was 'difficult' to obtain (49%; 20% in 2022; p=0.033).

New Psychoactive Substances (NPS)

Any NPS use, including plant based NPS, has fluctuated over time, with 12% reporting recent use in 2023, stable from 2022 (13%). A similar percentage was observed for any NPS use, excluding plant-based NPS (9%; 8% in 2022). Recent use of any phenethylamines also remained low in 2023, at 6% (n≤5 in 2022).

Other Drugs

Participants who had recently used non-prescribed codeine (13%) reported use on a median of four days in the preceding six months, remaining stable with three days in 2022. One quarter of participants (25%) reported recent use of any benzodiazepines (37% in 2022; p=0.073), and 45% reported recent use of hallucinogenic mushrooms (53% in 2022). Recent use of alcohol remained stable at 95% (98% in 2022), as did recent use of tobacco (62%; 68% in 2022). Seventy-one per cent reported recent use of non-prescribed e-cigarettes, the highest percentage of recent use over the course of monitoring (66% in 2022), half of the sample reporting daily use (50%), a significant increase compared to 23% in 2022 (p<0.001). Fifteen per cent reported recent use of GHB/GBL/1,4-BD (5% in 2022; p=0.032).

Drug-Related Harms and Other Behaviours

The majority of the sample (92%; n=94) of the Brisbane/Gold Coast sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). Almost one quarter (24%) of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year. Seventy-four per cent of

participants obtained a score of eight or more on the AUDIT, indicative of hazardous use, stable from 2022.

Past year non-fatal stimulant overdose (17%; 19% in 2022) and non-fatal depressant overdose (31%; 36% in 2022) remained stable in 2023, relative to 2022. In 2023, 58% of the sample reported that they had ever heard of naloxone, a significant increase from 2022 (41%; p=0.020), of which 84% were able to correctly identify the purpose of naloxone (83% in 2022).

Reported past month injecting drug use remained low (n≤5), as did drug treatment engagement (n≤5). The median ecstasy SDS score was zero (range: 0–11), indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use. The median methamphetamine SDS score was four (range: 0-14).

Eighty-seven per cent of the sample reported engaging in some form of sexual activity in the past four weeks, of which 27% reported penetrative sex without a condom where they did not know the HIV status of their partner. Almost one quarter (23%) of the sample reported having a HIV test in the six months preceding interview, and 26% reported having a sexual health check-up in the six months prior to interview.

Mental health remained stable relative to 2022, with 68% (75% in 2022) reporting experiencing a mental health problem in the six months preceding interview, with depression (60%) and anxiety (59%) most commonly reported. Fifty-six per cent reported high/very high psychological distress. Almost one third of participants (29%) reported accessing any health service for alcohol and/or drug support in the six months preceding interview, and 27% of the sample reported experiencing stigma in

any setting in the six months preceding interview.

In 2023, the vast majority of the sample (95%) had been tested for SARS-CoV-2, with almost half (47%) of participants testing positive to COVID-19 in the 12 months preceding interview.

Amongst those who had recently driven, 38% reported driving while over the perceived legal limit of alcohol and 53% reported driving within three hours of consuming an illicit or non-prescribed drug in the prior six months. Forty-one per cent of the sample reported 'any' crime in the past month, with drug dealing (30%) and property crime (19%) remaining the two main forms of criminal activity in 2023, although there was a significant reduction in participants reporting property crime compared to 2022 (34% in 2022; p=0.017). Face-to-face and social networking applications were the most popular means of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (68% and 72%, respectively).

2023 SAMPLE CHARACTERISTICS
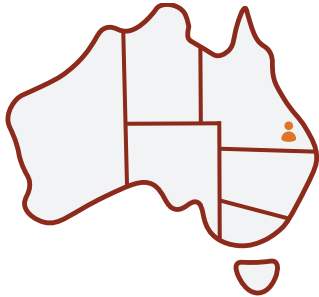
In 2023, 102 participants, recruited from Brisbane/Gold Coast, QLD were interviewed.

26 years **59%**

The median age in 2023 was 26, and 59% identified as male.

36% Current students
35% Full time work
22% Unemployed
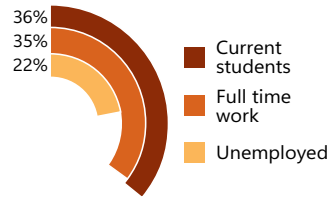
In the 2023 sample, 36% were current students, 35% were employed full time and 22% were unemployed.

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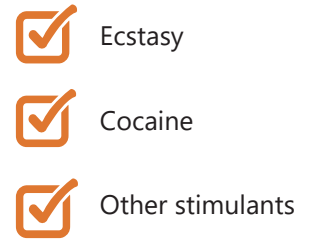
Participants were recruited on the basis that they had consumed ecstasy and/or other illicit stimulants at least monthly in the past 6 months.

PAST 6 MONTH USE OF OTHER DRUGS

Ketamine	LSD	Hallucinogenic mushrooms	GHB/GBL/1,4-BD	Amyl nitrite	Nitrous oxide (nangs)	E-cigarettes
*			*			

	2022	2023
Ketamine	51%	35%
LSD	53%	42%
Hallucinogenic mushrooms	53%	45%
GHB/GBL/1,4-BD	n≤5	15%
Amyl nitrite	36%	32%
Nitrous oxide (nangs)	42%	31%
E-cigarettes	66%	71%

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

DRUG-RELATED HARMS AND RISKS

53% Drove within 3 hours of consuming illicit drugs
38% Drove while over the legal limit of alcohol
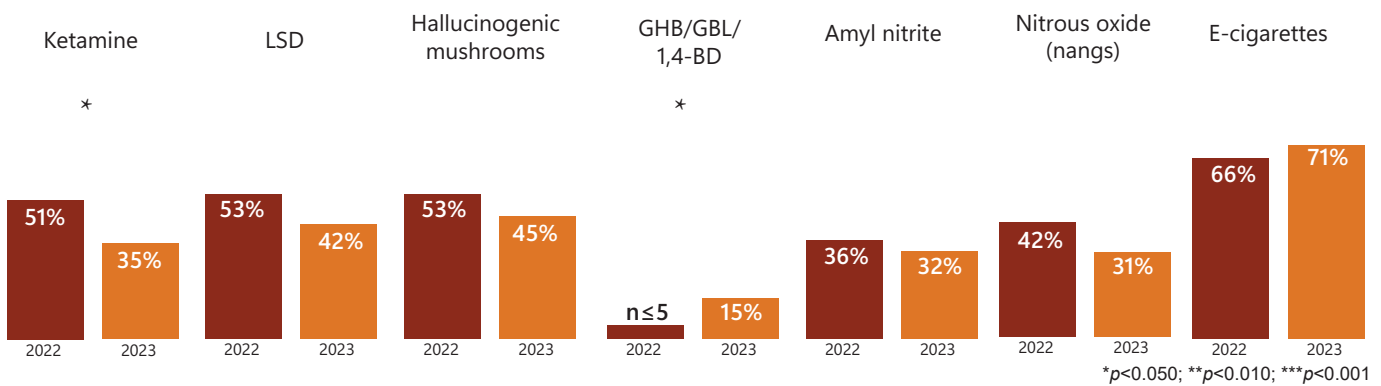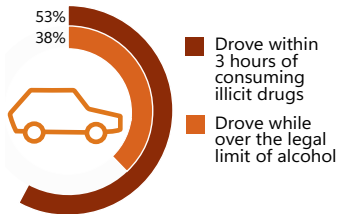
Among recent drivers, 53% reported driving a vehicle within 3 hours of consuming illicit drugs and 38% while over the legal limit of alcohol.

31% Depressant
17% Stimulant
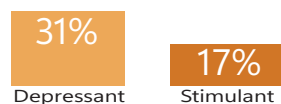
In the 2023 sample, 31% reported a non-fatal depressant overdose in the previous 12 months, and 17% reported a non-fatal stimulant overdose.

76% 2022
74% 2023
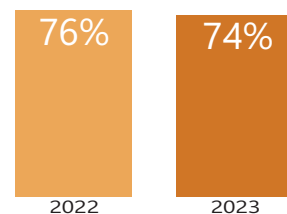
74% of the sample obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use (76% in 2022).

92% Two or more drugs
41% Depressants and stimulants
20% Depressants, stimulants and cannabis
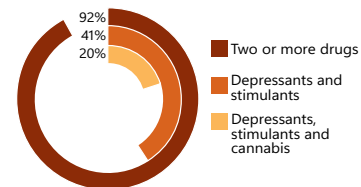
On the last occasion of ecstasy or related drug use, 92% used two or more drugs, 41% used both stimulants and depressants, and 20% used stimulants, depressants and cannabis.

OTHER BEHAVIOURS

68% Self reported MH issue
49% Seen a MH professional
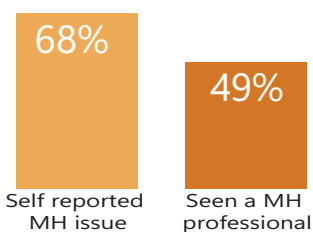
In the total sample, 68% self reported a mental health issue and 49% had seen a mental health professional in the past 6 months.

59% Anxiety
60% Depression
10% PTSD
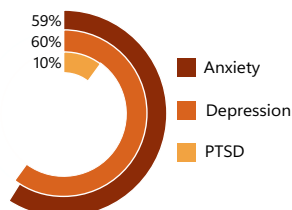
Of those who commented, the three most common mental health issues reported were depression (60%), anxiety (59%), and PTSD (10%).

22% 2022
24% 2023

24% 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.

27% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police or a GP.

ECSTASY

55% Capsules
56% Crystal
32% Pills
25% Powder

Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2023.

M T W T F S S

Of those who had recently consumed ecstasy, 12% used it weekly or more frequently.

2 Capsules
2 Pills
0.30 grams of crystal
0.30 grams of powder

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

In 2023, more participants perceived the availability of ecstasy crystal as 'easy' or 'very easy' relative to 2022.

METHAMPHETAMINE

27% Any Meth
23% Crystal
n≤5 Powder
n≤5 Base

Past 6 month use of any methamphetamine, crystal, powder and base in 2023.

M T W T F S S

Of those who had recently consumed methamphetamine, 46% used it weekly or more frequently.

91% Smoked crystal

91% of participants who had recently used crystal smoked it.

96% Crystal was 'easy' or 'very easy' to obtain

Of those who could comment 96% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

**
*

80% 2022
95% 2023

Past 6 month use of any cocaine significantly increased from 80% in 2022 to 95% in 2023.

M T W T F S S

Of participants who had consumed cocaine recently, 6% reported weekly or more frequent use.

$

In 2023, the median price of a gram of cocaine was $350.

88% Cocaine was 'easy' or 'very easy' to obtain

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

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

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

76% 2022
75% 2023

Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable between 2022 and 2023.

M T W T F S S

Of those who had consumed non-prescribed cannabis recently, 57% reported weekly or more frequent use.

Of participants who had consumed cannabis in the last 6 months, 95% had smoked it (35% swallowed and 30% vaped it).

93% Hydro
80% Bush

Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

EDRS 2003-2019
Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in Perth, Western Australia (WA)), ii) have used ecstasy or other illicit stimulants (including: MDA, methamphetamine, cocaine, non-prescribed pharmaceutical stimulants, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and in later years 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.

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

These changes were carried through between 2021 and 2023. A hybrid approach was used, with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2023 EDRS Sample

A total of 708 participants were recruited across capital cities nationally (April-July, 2023), with 102 participants interviewed in Brisbane/Gold Coast, QLD between 14 April-25 May 2023 (n=102 in 2022). A total of 58 interviews (57%) were conducted via videoconference (n=60 in 2022; 59%).

Four per cent of the 2023 Brisbane/Gold Coast sample had also completed the interview in 2022, whereas 7% of the 2022 Brisbane/Gold Coast sample had completed the interview in 2021 (p=0.537). There was no significant change in recruitment methods compared to 2022 (p=0.191), with most participants being recruited via the internet (e.g., Facebook and Instagram) (77%; 75% in 2022), and fewer via word-of-mouth (20%; 16% in 2022).

Data Analysis

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

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2023, 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 EDRS which triangulate key findings from the annual interviews and other data sources, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs via injection.

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

1

Sample Characteristics

In 2023, the Brisbane/Gold Coast EDRS sample was mostly similar to the sample in 2022 and to previous years (Table 1).

The median age of the sample was 26 years (IQR=21-34), a significant increase relative to 2022 (23 years; IQR=20-27; p=0.001). Gender proportions remained stable between 2022 and 2023 (p=0.557), with 59% of the sample identifying as male (53% in 2022).

Accommodation remained stable (p=0.792), with 59% of the sample reporting that they resided in a rented house/flat (65% in 2022), and most of the remaining participants living with their parents/in their family house (25%; 23% in 2022).

Mean years of schooling completed remained stable between 2022 (12 years; range: 8-12) and 2023 (12 years; range: 5-12; p=0.149). Thirty-six per cent were current students (51% in 2022; p=0.050), and 67% had obtained a post-school qualification(s) (59% in 2022; p=0.316).

Employment status remained stable between 2022 and 2023 (p=0.067). Specifically, 35% reported being employed full-time (30% in 2022), 35% reported being employed on a part time/casual basis (52% in 2022), and 22% reported being unemployed at the time of interview (11% in 2022).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Brisbane/Gold Coast, QLD, 2017-2023

	Brisbane/Gold Coast, QLD							National
	2017	2018	2019	2020	2021	2022	2023	2023
	(N=100)	(N=100)	(N=100)	(N=100)	(N=73)	(N=102)	(N=102)	(N=708)
Median age (years; IQR)	19 (18-21)	19 (18-22)	20 (19-23)	20 (19-27)	24 (20-32)	23 (20-27)	**26 (21-34) *****	25 (21-32)
% Gender								
Female	37	36	33	29	38	42	**38**	40
Male	62	64	66	71	60	53	**59**	58
Non-binary	0	0	-	0	-	-	**-**	3
% Aboriginal and/or Torres Strait Islander	-	-	-	-	-	-	**-**	4
% Sexual identity								
Heterosexual	83	84	77	90	68	63	**71**	71
Homosexual	-	-	-	-	-	-	**7**	8
Bisexual	13	9	17	6	22	24	**17**	16

| | Brisbane/Gold Coast, QLD | | | | | | | National |
	2017	2018	2019	2020	2021	2022	2023	2023
Queer	/	/	-	-	-	6	**-**	4
Different identity	-	-	-	-	0	**-**	**-**	1
Mean years of school education (range)	12 (10-12)	12 (9-12)	12 (9-12)	12 (9-12)	12 (9-12)	12 (8-12)	**12 (5-12)**	12 (5-12)
% Post-school qualification(s) ^	25	29	43	47	49	59	**67**	62
% Current students#	49	42	65	46	48	51	**36***	36
% Current employment status								
Employed full-time	13	16	11	22	21	30	**35**	38
Part time/casual	28	25	52	39	44	52	**35**	39
Self-employed	/	/	-	-	-	7	**8**	4
Unemployed	8	17	32	35	29	11	**22**	19
Current median weekly income $ (IQR)	$300 (200-550)	$375 (200-650)	$360 (250-550)	$506 (289-854)	$500 (348-850)	$800 (600-1200)	**$840 (485-1061)**	$808 (450-1385)
% Current accommodation								
Own house/flat	-	-	-	-	-	10	**12**	9
Rented house/flat	64	48	59	50	67	65	**59**	58
Parents'/family home	26	47	34	38	19	23	**25**	26
Boarding house/hostel	-	-	-	-	-	-	**-**	2
Public housing	0	0	0	-	-	0	**-**	3
No fixed address+	-	0	-	-	-	-	**-**	1
Other	-	0	0	0	0	**-**	**0**	1

Note. ^ Includes trade/technical and university qualifications. #'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. / not asked. + No fixed address included 'couch surfing and rough sleeping or squatting. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 (Brisbane/Gold Coast) presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Drug of choice remained stable between 2022 and 2023 ($p=0.655$), with 27% nominating cocaine as the drug of choice in 2023 (21% in 2022), followed by 21% nominating cannabis (21% in 2022) and 20% nominating ecstasy (27% in 2022) (Figure 1). The drug used most often in the past month also remained stable between 2022 and 2023 ($p=0.885$), with almost one third (31%) reporting cannabis as the drug used most often (34% in 2022), followed by alcohol (18%; 16% in 2022) and ecstasy (16%; 13% in 2022. (Figure 2).

Forty-three per cent of the Brisbane/Gold Coast sample reported weekly or more frequent cannabis use (51% in 2022; *p*=0.330) whilst 13% reported weekly or more frequent methamphetamine use, a significant increase from 2022 (4% in 2022; *p*=0.040). Twelve per cent reported weekly or more frequent use of ecstasy (14% in 2022; *p*=0.682) and 6% reported weekly or more frequent use of cocaine (13% in 2022; *p*=0.151) (Figure 3).

Figure 1: Drug of choice, Brisbane/Gold Coast, QLD, 2003-2023
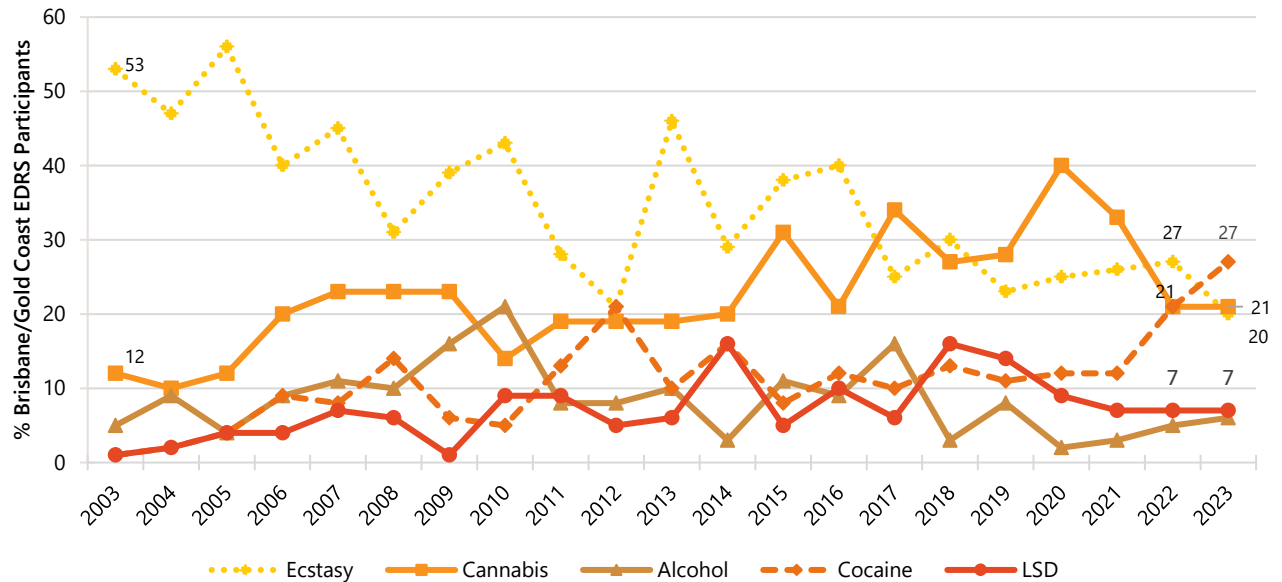
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug used most often in the past month, Brisbane/Gold Coast, QLD, 2011-2023
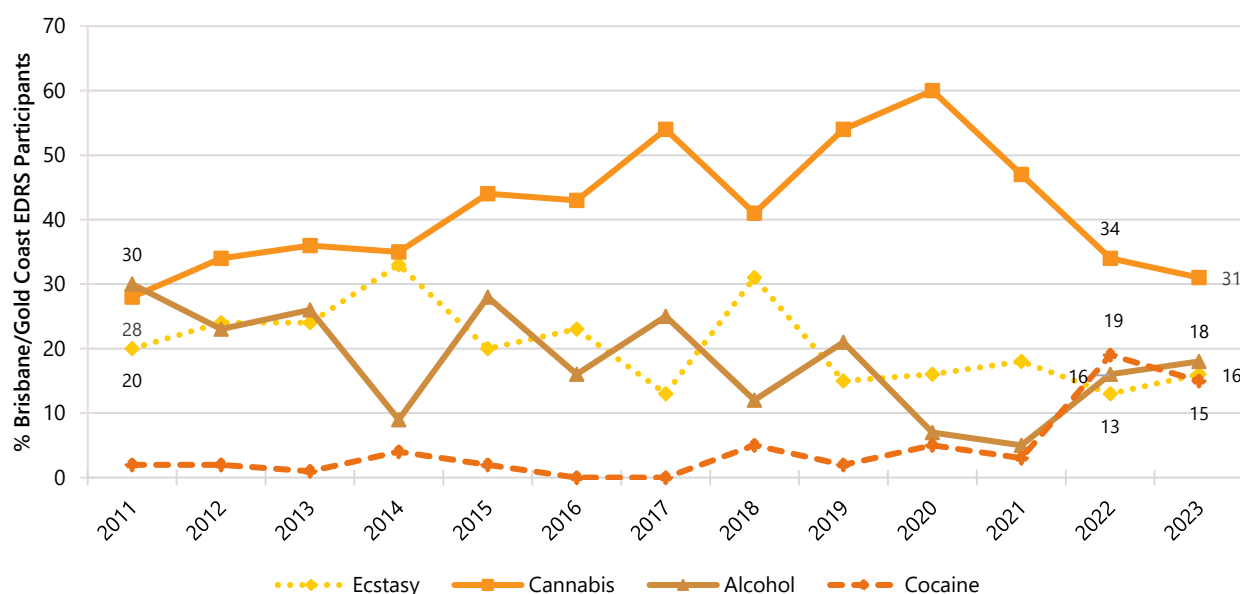
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2023 as this question was not asked in 2003-2010. Y axis reduced to 70% to improve visibility of trends. Data labels are only provided for the first (2011) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Brisbane/Gold Coast, QLD,2003-2023
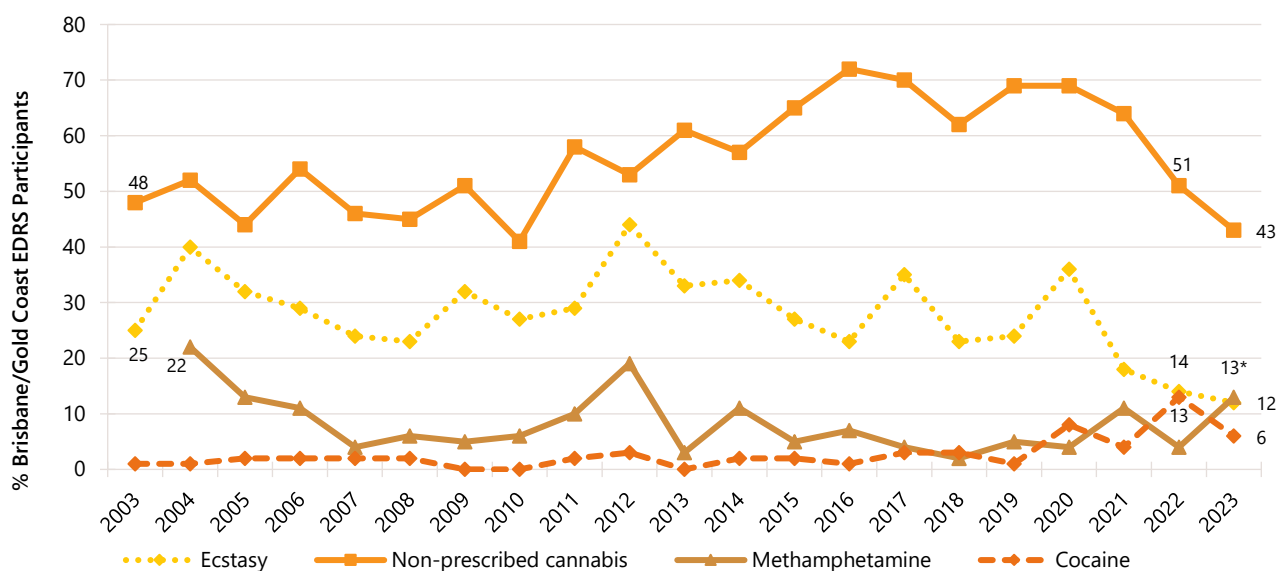
Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2003/2004) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. 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, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis.'

2

Ecstasy

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

Recent Use (past 6 months)

In 2023, the number of participants reporting use of any form of ecstasy in the six months prior to the interview remained stable compared to 2022 (95%; 93% in 2022; *p*=0.767) (Figure 4). Consistent with the previous few years, capsules (55%; 74% in 2022; p=0.010) and crystal (56%; 55% in 2022) were the most commonly used forms of ecstasy in the six months preceding interview in 2023, followed by pills (32%; 36% in 2022; p=0.661). Powder remained the least commonly used form of ecstasy (25%; 20% in 2022; p=0.401), consistent with almost the entirety of the reporting period, excepting 2013.

Frequency of Use

Among those who reported recent use of any ecstasy and commented (n=97), participants reported using ecstasy (in any form) on a median of seven days (IQR=4-14) in 2023 in the preceding six months (7 days in 2022; IQR=4-13; *p*=0.801). Weekly or more frequent use of any form of ecstasy in 2023 remained stable compared to 2022 (12% in 2023; 15% in 2022; p=0.677) (Figure 5).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Brisbane/Gold Coast, QLD, 2003-2023
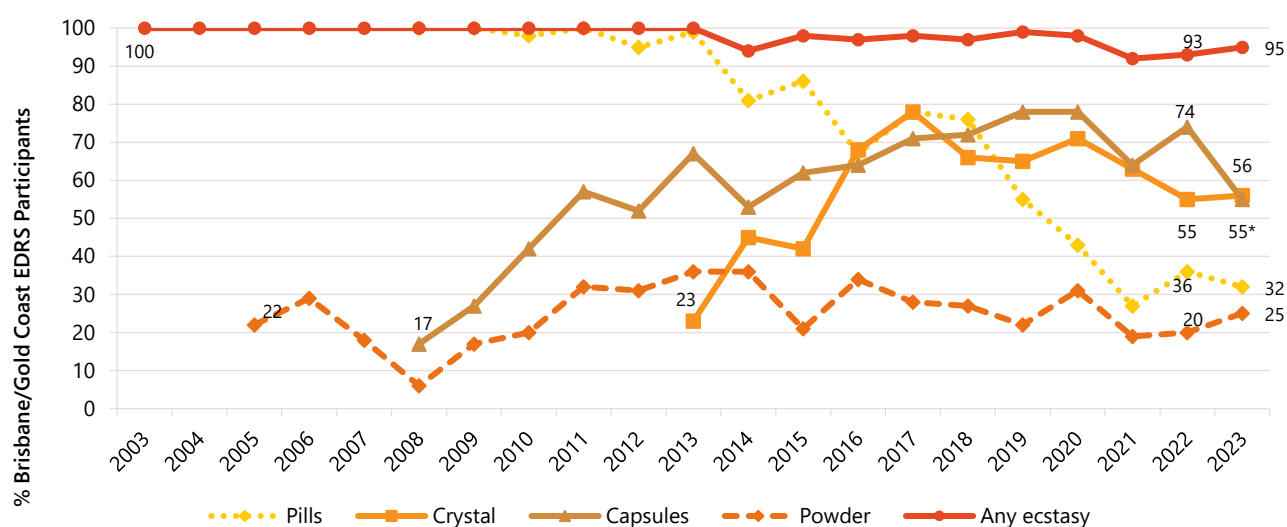
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Brisbane/Gold Coast, QLD, 2003-2023
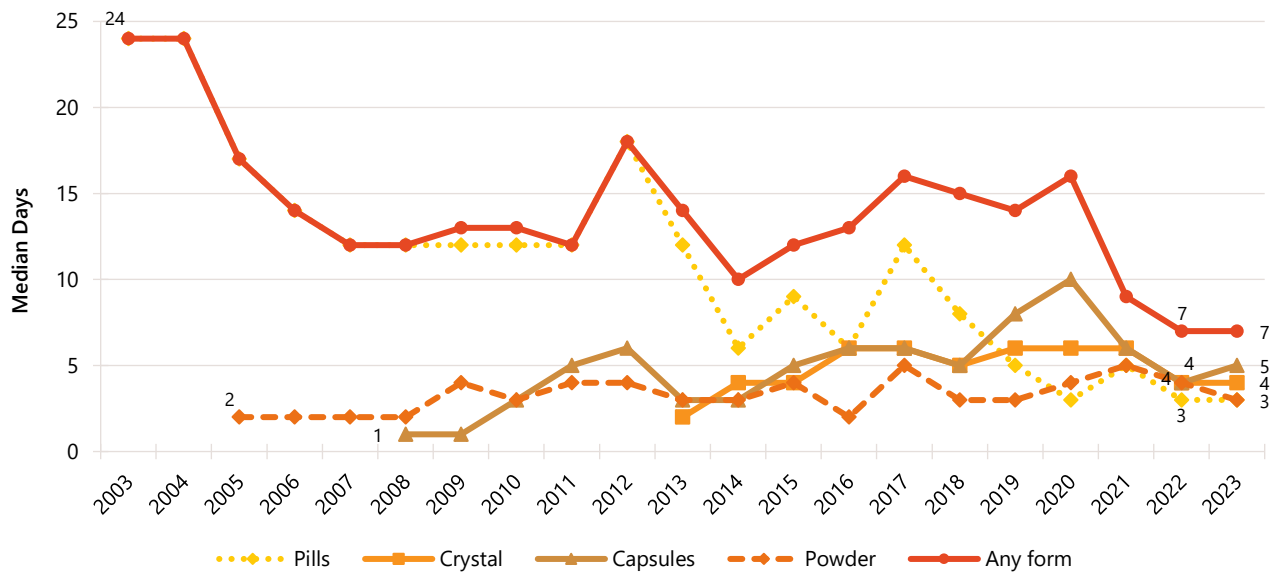
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. The response option 'Don't know' was excluded from analysis. Y axis reduced to 25 days to improve visibility of trends. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Recent use of ecstasy pills has declined considerably in the last decade. While 95%-100% of participants reported recent use from 2003-2013, 32% of participants reported recent use in 2023. However, there is no significant decrease from 36% in 2022 (p=0.661) (Figure 4).

Frequency of Use: Of those who had recently consumed ecstasy pills and commented (n=33), ecstasy pills were used on a median of three days (IQR=1-10) in the six months preceding the interview in 2023, stable from 2022 (3 days; IQR=1-12; p=0.650) (Figure 5). Few participants (n≤5) who had recently consumed ecstasy pills reported weekly or more frequent use in 2023, therefore, further details are not reported (n≤5 in 2022).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=33), the most common route of administration in 2023 was swallowing (100%; 97% in 2022), followed by snorting (18%; 14% in 2022; p=0.745), consistent with previous years. Few participants (n≤5) reported shelving/shafting in 2023, and no participants reported smoking or injecting.

Quantity: Of those who reported recent use and responded (n=33), the median number of pills used in a 'typical' session was two pills (IQR=1-2; 2 pills in 2022; IQR=1-2; p=0.389). Of those who reported recent use and responded (n=33), the median maximum number of pills used in a session was two pills (IQR=1-3; 2 pills in 2022; IQR=2-4; p=0.164).

Ecstasy Capsules

Recent Use (past 6 months): Fifty-five per cent of participants reported recent use of ecstasy capsules, significantly decreasing from 74% in 2022 (p=0.010) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=56), participants reported consuming capsules on a median of five days in 2023 (IQR=2-10), stable from 2022 (4 days, IQR=2-9; p=0.724) (Figure 5). Few participants (n≤5) reported weekly or more frequent use in 2023, therefore, further details are not reported (n≤5 in 2022, p=0.744).

Routes of Administration: Among those who had recently consumed ecstasy capsules and commented (n=56), 98% of participants reported swallowing (93% in 2022; p=0.238), followed by snorting (14%; 15% in 2022). Few participants (n≤5) reported shelving and shafting, and no participants reported smoking or injecting.

Quantity: Of those who reported recent use and responded (n=56), the median number of capsules used in a 'typical session' was two (IQR=2-3; 2 capsules in 2022, IQR 1-3; p=0.990). Of those who reported recent use and responded (n=56), the median maximum number of capsules used in a session was three (IQR=2-5; 3 capsules in 2022, IQR=2-5; p=0.832).

Ecstasy Crystal

Recent Use (past 6 months): Over half (56%, n=57) of participants reported use of ecstasy crystal in the six months prior to the interview in 2023, with no significant change from reported use in 2022 (55%).

Frequency of Use: Among those who reported frequent use and commented (n=57), participants reported using crystal on a median of four days (IQR=3-10) in 2023, stable from 4 days in 2022 (IQR=2-9; p=0.405) (Figure 5). Few participants (n≤5) reported weekly or more frequent use in 2023; therefore, further details are not reported (n≤5 in 2022, p=0.716).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented (n=57), 89% reported swallowing (77% in 2022; *p*=0.086), while two fifths (39%) reported snorting (46% in 2022; *p*=0.444). Few participants (n≤5) reported shelving and shafting or smoking crystal in 2023, and no participants reported injecting.

Quantity: Of those who reported recent use and responded (n=52), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022, IQR=0.20-0.50; *p*=0.186). Of those who reported recent use and responded (n=51), the median maximum amount of crystal used in a session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2022, IQR=0.30-0.90; *p*=0.235).

Ecstasy Powder

Recent Use (past 6 months): Use of ecstasy powder in 2023 remained relatively stable from 2022 (25%; 20% in 2022; *p*=0.401) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=26), participants reported consuming powder on a median of three days (IQR=2-6) in 2023, stable from four days in 2022 (IQR=2-8; *p*=0.678) (Figure 5). No participants reported weekly or more frequent use in 2023 (n≤5 in 2022; *p*=0.435).

Routes of Administration: Among participants who had recently consumed ecstasy powder and commented (n=19), 73% reported swallowing (50% in 2022; *p*=0.141), and 58% reported snorting (80% in 2022; *p*=0.128). Few participants (n≤5) reported shelving and shafting or smoking powder in 2023, and no participants reported injecting.

Quantity: Of those who reported recent use and responded (n=23), the median amount of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50). Of those who reported recent use and responded (n=23), the median maximum amount of powder used in a session was 0.50 grams (IQR=0.30-0.80; 0.50 grams in 2022; IQR=0.40-1.00; *p*=0.467).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of a pill was recorded at $25 in 2023 (IQR=20-30; n=13) remaining stable with $20 in 2022 (IQR=20-25; n=26; *p*=0.343) (Figure 6).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2023 and 2022 (*p*=0.604). Among those who responded (n=30), 27% reported purity as 'medium' (n=8; 21% in 2022), one third reported purity as 'high' (n=10, 33%; 38% in 2022), and a further 23% reported purity as 'fluctuates' (14% in 2022) (Figure 8).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2022 and 2023 (*p*=0.668). Among those who were able to comment in 2023 (n=30), 20% reported that pills were 'very easy' to obtain (n=6; 12% in 2022) and 27% reported that pills were 'easy' to obtain (n=8; 35% in 2022). However, one third reported that pills were 'difficult' to obtain (n=10, 33%; 28% in 2022) and a further 20% reported that pills were 'very difficult' to obtain (n=6, 26% in 2022) (Figure 12).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $25 in 2023 (IQR=20-25; n=26), remaining stable with $25 in 2022 (IQR=20-25; *p*=0.312) (Figure 6).

Perceived Purity: The perceived purity of ecstasy capsules remained relatively stable between 2022 and 2023 (*p*=0.379). Among those who were able to comment in 2023 (n=57), over one quarter (28%, n=16; 16% in 2022) reported purity of capsules as 'low', 37% reported purity as 'medium' (39% in 2022), and 16% reported purity as 'high' (23% in 2022). Additionally, one fifth (19% perceived purity of capsules to be 'fluctuating' (22% in 2022) (Figure 9).

Perceived Availability: The perceived availability of ecstasy capsules remained relatively stable between 2022 and 2023 (*p*=0.620). Among those who responded in 2023 (n=57), 32% reported that capsules were 'very easy' to obtain (n=18; 23% in 2022), 33% reported that capsules were 'easy to access' (n=19; 31% in 2022). Whereas one fifth (21%, n=12) reported that capsules were 'difficult' to obtain (29% in 2022) and a further 14% found capsules 'very difficult' to access (n=8; 17% in 2022) (Figure 13).

Ecstasy Crystal

Price: The median price of a gram of crystal saw some insignificant changes between 2022 and 2023 ($200 in 2023, IQR=170-250; n=33; $170 in 2022, IQR=120-200; *p*=0.060). Few participants (n≤5) reported purchasing a point of crystal in 2023, therefore further details are not reported.

Perceived Purity: The perceived purity of crystal remained relatively stable between 2022 and 2023 (*p*=0.460). Among those who responded (n=57), 14% perceived the purity of crystal as 'low' (n=8; 17% in 2022), two fifths (39%) reported the purity as 'medium' (n=22; 26% in 2022), and one quarter (25%) reported the purity as high (n=14; 35% in 2022). An additional quarter (23%) reported that the purity of crystal 'fluctuates', compared to 22% in 2022 (Figure 10).

Perceived Availability: The perceived availability of ecstasy crystal was significantly different in 2023 compared to 2022 (*p*=0.002). Among those who were able to comment in 2023 (n=58), fewer (14%) reported that it was 'very easy' to access crystal (n=8, 24% in 2022), almost half (47%) reported that crystal was 'easy' to access (n=27; 22% in 2022). One third (34%) perceived that crystal was 'difficult' to access (n=20; 30% in 2022). Few participants (n≤5) reported that crystal was 'very difficult' to access in 2023, compared to 24% in 2022 (*p*=0.002) (Figure 14).

Ecstasy Powder

Price: The median price of a gram of powder remained stable in 2023 compared to 2022 (*p*=0.783). The median price per gram of powder was $200 in 2023 (IQR=180-250; $200 in 2022, IQR=150-200). Few participants (n≤5) reported on the median price per point of powder, therefore further details are not reported (Figure 7).

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2022 and 2023 (*p*=0.176). Among those who were able to comment in 2023 (n=24), one quarter (25%) perceived the purity to be 'low' (n=6, 15% in 2022) and 38% reported the purity as medium (n=9, 15% in 2022). Few participants (n≤5) were able to comment on further market changes (Figure 11).

Perceived Availability: The perceived availability of ecstasy powder remained stable between 2022 and 2023 (*p*=0.382). Among those who were able to respond in 2023 (n=24), 42% reported powder as being 'easy' to obtain (n=10, 21% in 2022) and 42% reported powder as being 'difficult' to obtain (n=10, 43% in 2022). Few participants (n≤5) were able to comment on further market changes (Figure 15).

Figure 6: Median price of ecstasy pill and capsule, Brisbane/Gold Coast, QLD, 2003-2023
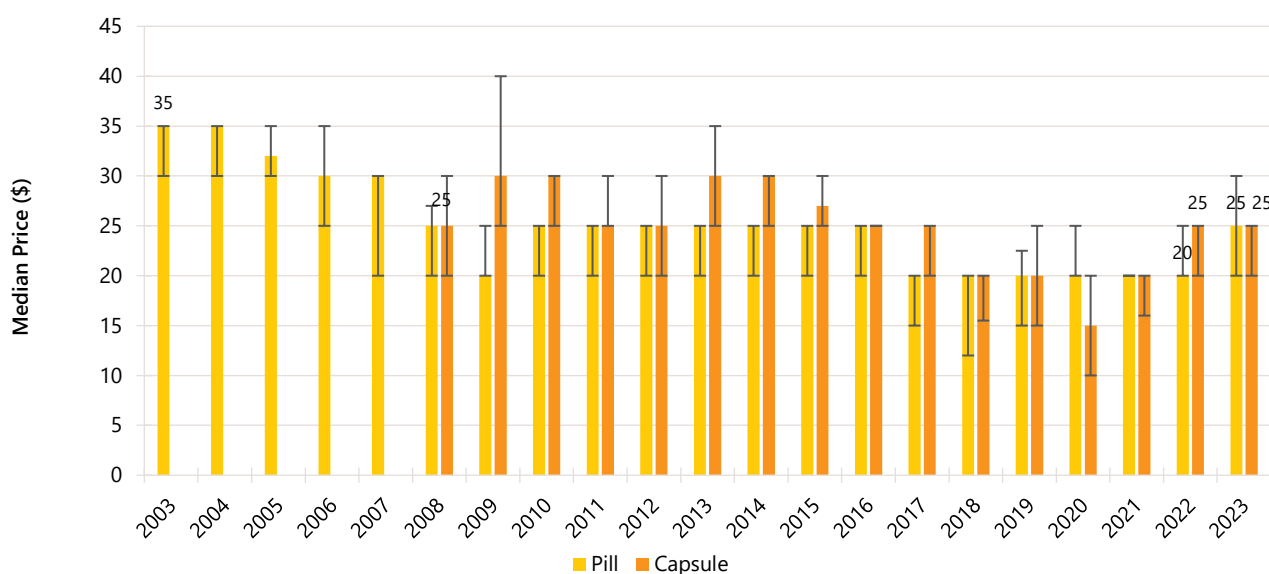
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Median price of ecstasy crystal (per point and gram) and powder (per gram only), Brisbane/Gold Coast, QLD, 2013-2023
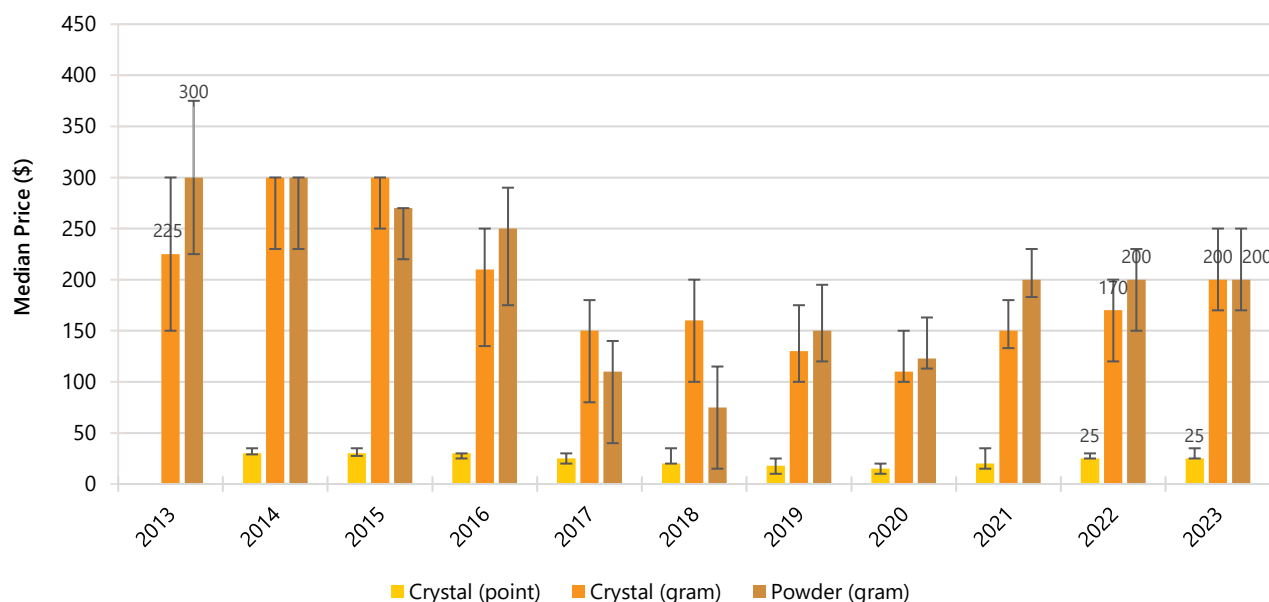
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. No participants reported price data for a 'point' of ecstasy crystal in 2013. Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 8: Current perceived purity of ecstasy pills, Brisbane/Gold Coast, QLD, 2017-2023
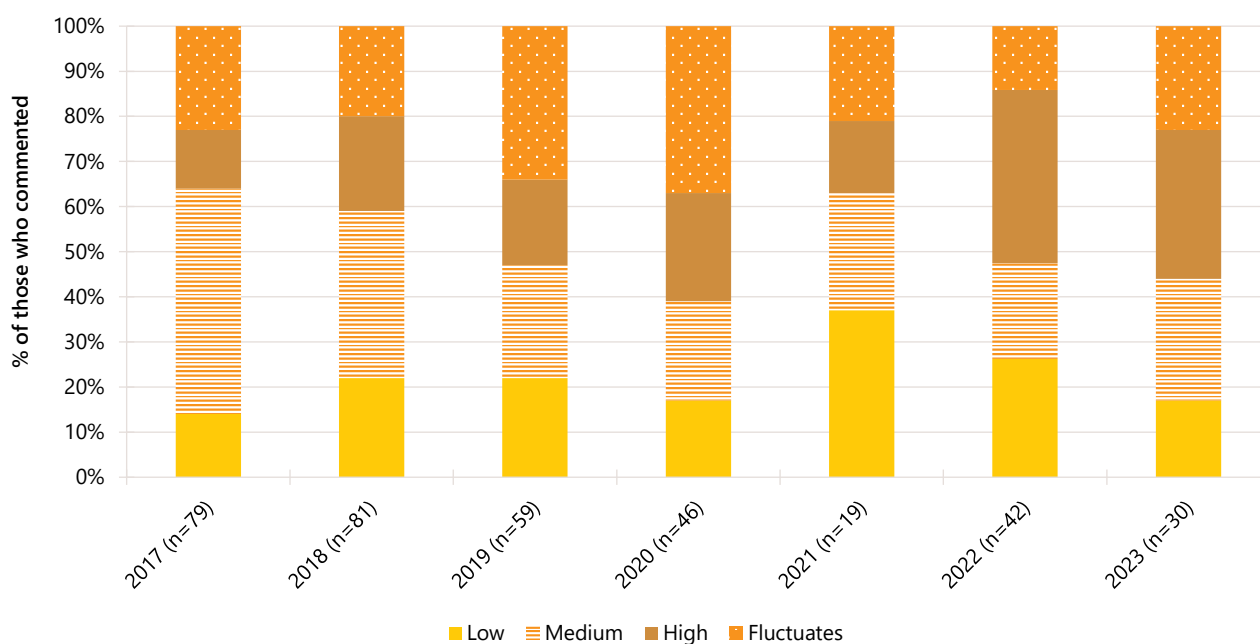
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Current perceived purity of ecstasy capsules, Brisbane/Gold Coast, QLD, 2017-2023
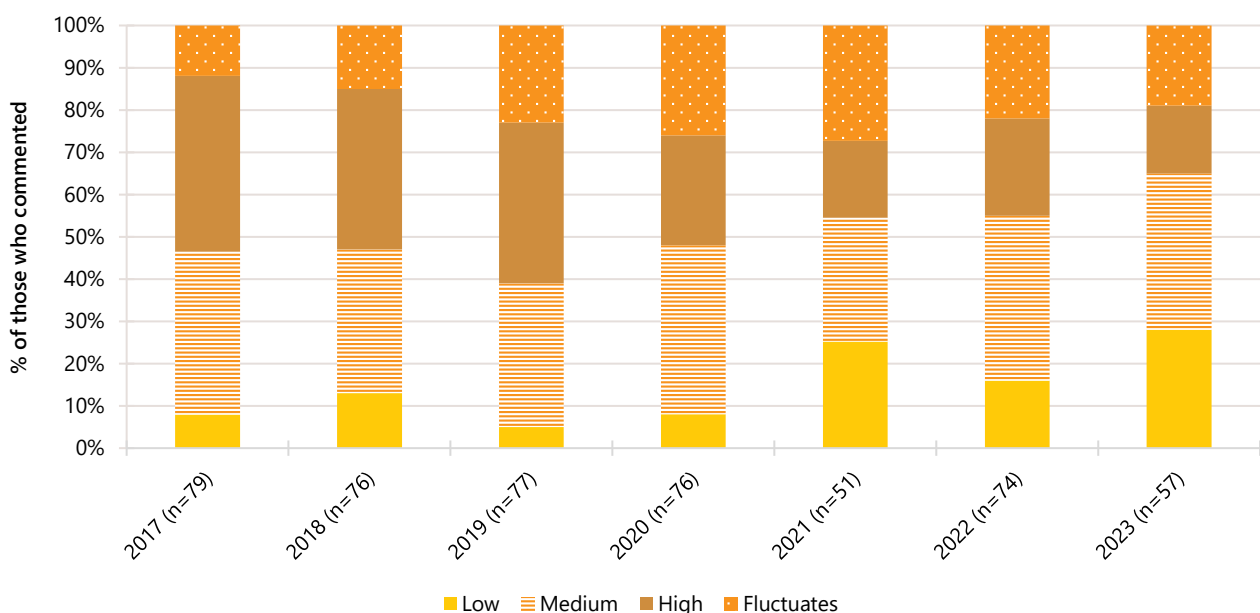
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 10: Current perceived purity of ecstasy crystal, Brisbane/Gold Coast, QLD, 2017-2023
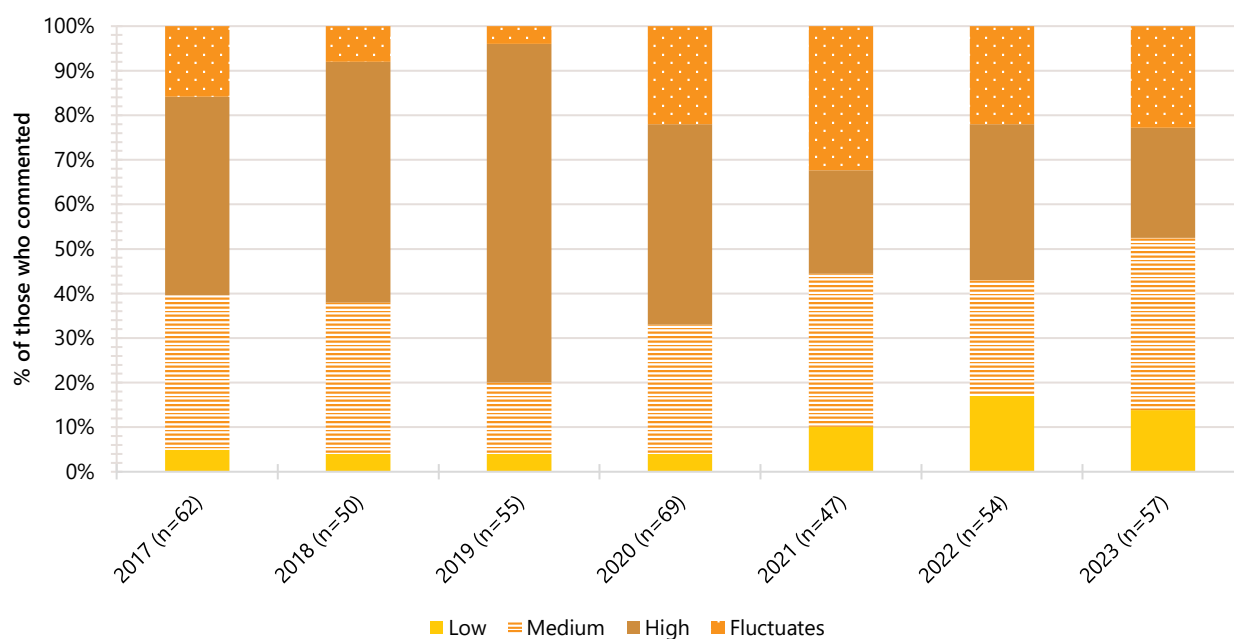
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 11: Current perceived purity of ecstasy powder, Brisbane/Gold Coast, QLD, 2017-2023
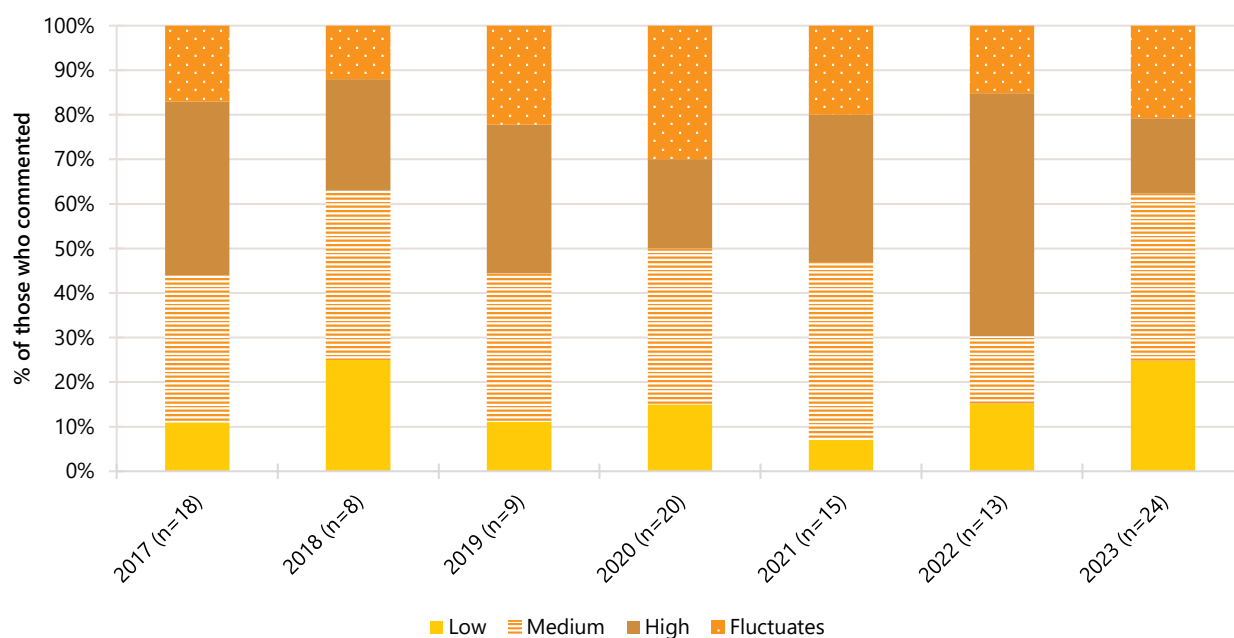
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 12: Current perceived availability of ecstasy pills, Brisbane/Gold Coast, QLD, 2017-2023
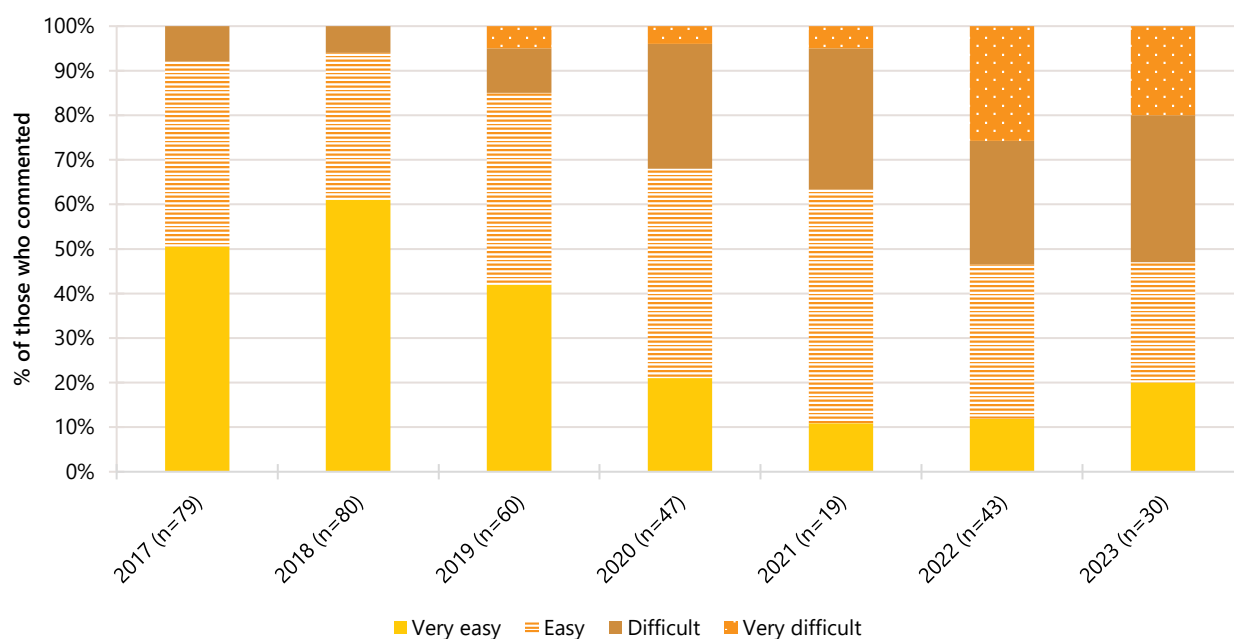
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived availability of ecstasy capsules, Brisbane/Gold Coast, QLD, 2017-2023
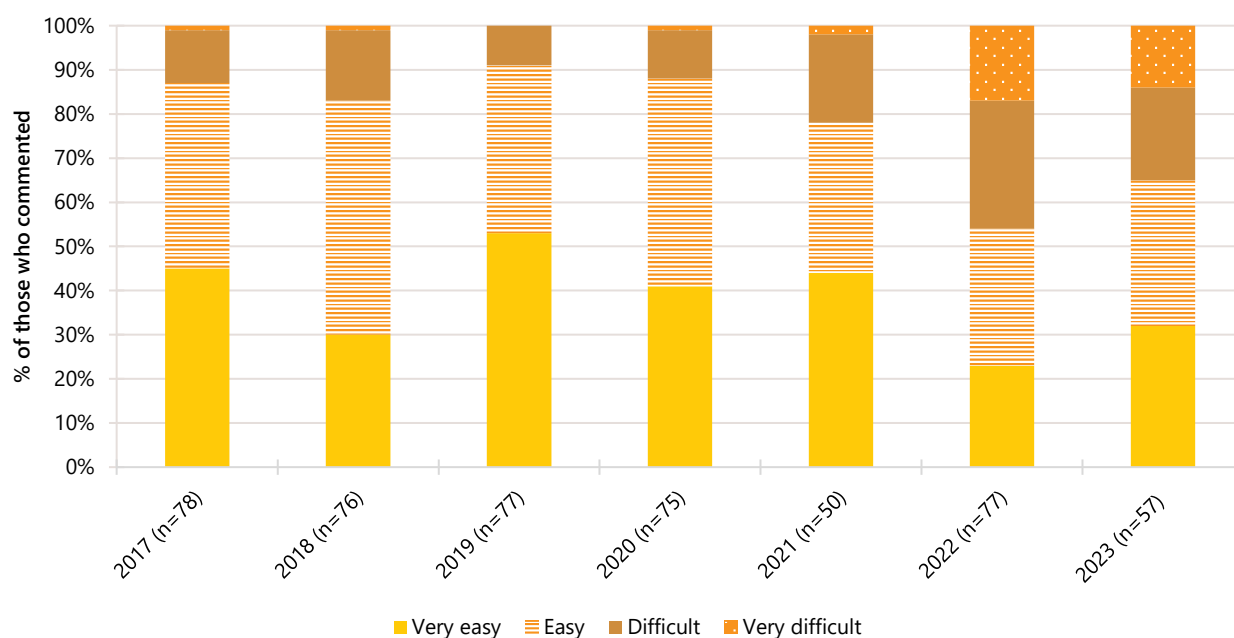
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of ecstasy crystal, Brisbane/Gold Coast, QLD, 2017-2023
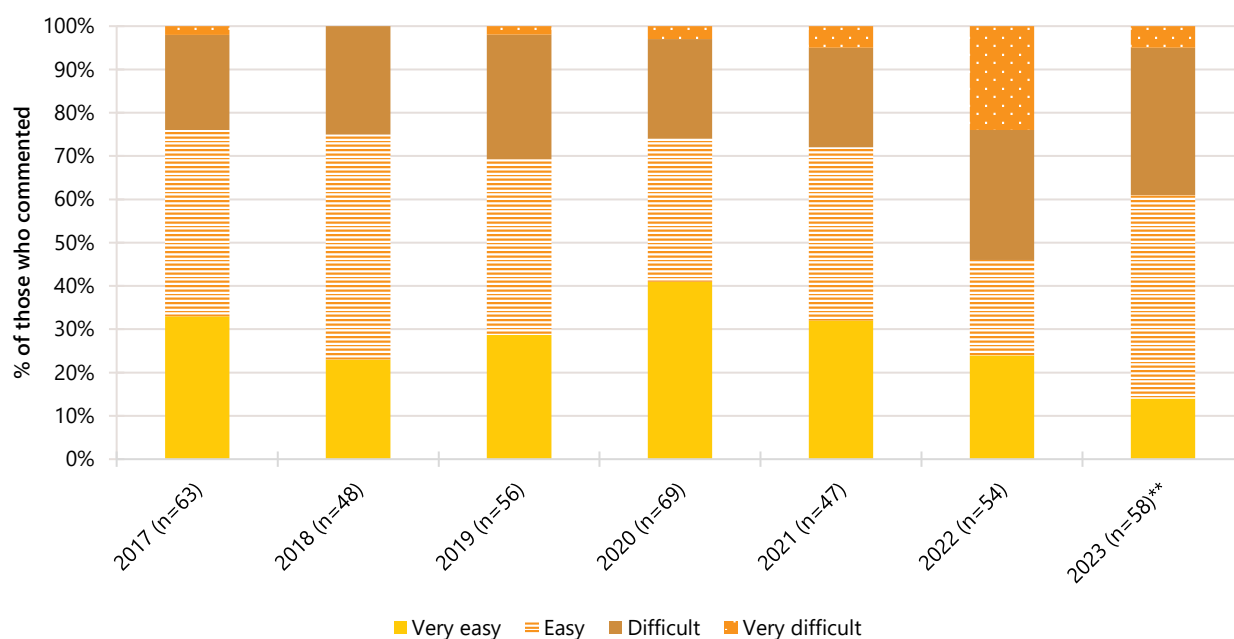
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 15: Current perceived availability of ecstasy powder, Brisbane/Gold Coast, QLD, 2017-2023
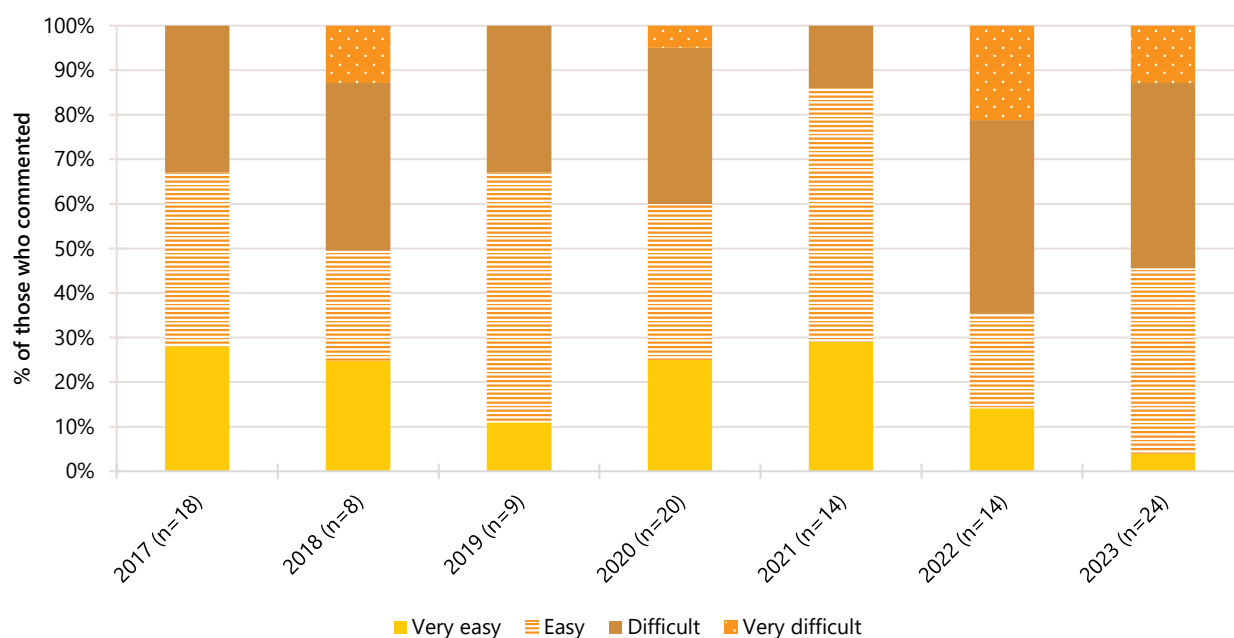
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 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)
Since monitoring commenced, recent use of any methamphetamine declined until 2022 (Figure 16). However, in 2023, a significant increase in recent use was reported by 27% of participants (15% in 2022; p=0.043).

Frequency of Use
Frequency of use remained stable in 2023, with a median of 20 days (IQR=4-85) compared to a median of three days (IQR=2-37) in 2022 (p=0.082). Forty-six percent of participants who had used methamphetamine in the last six months reported weekly use (n=13). Few participants (n≤5) had reported weekly use in 2022 (p=0.327).

Forms Used
Use of all forms of methamphetamine has decreased since the start of monitoring, with 67% of participants reporting any use in 2003, decreasing to 27% in 2023 (Figure 16). Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=28), most had used crystal methamphetamine (82%; 40% in 2022; p=0.008). Few participants (n≤5) reported use of powder or base.

Figure 16: Past six month use of any methamphetamine, powder, base, and crystal, Brisbane/Gold Coast, QLD, 2003-2023
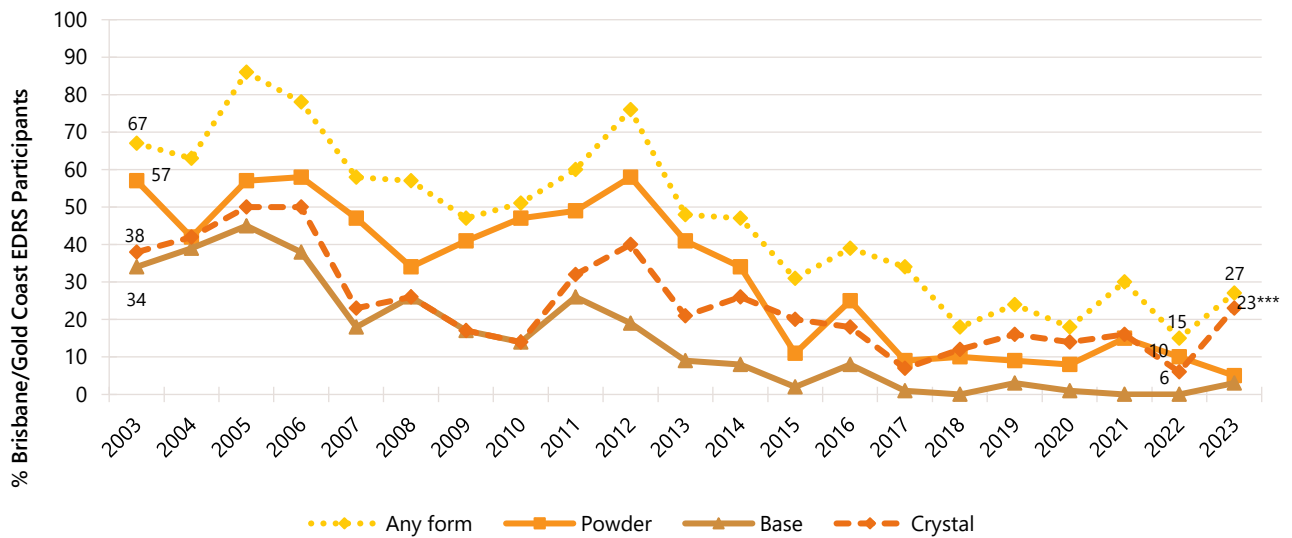
Note. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 17: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Brisbane/Gold Coast, QLD, 2003-2023
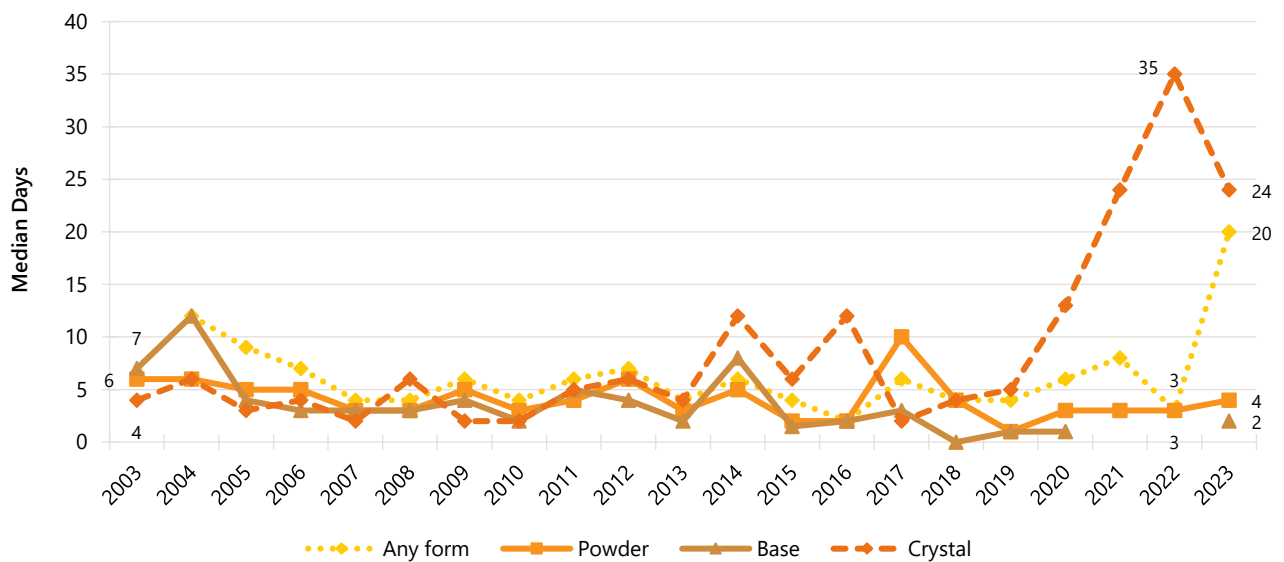
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

# Patterns of Consumption (by form)

Methamphetamine Powder

Due to low numbers (n≤5) reporting use of methamphetamine powder in 2023, details on recent use, frequency of use, routes of administration and quantity will not be reported. For historical overview, please refer to Figure 18.

Methamphetamine Crystal

Recent Use (past 6 months): In 2023, a significant increase in the use of methamphetamine crystal was observed, with 23% reporting recent use (n=23) compared to 6% in 2022 ($p=<0.001$) (Figure 16).

Frequency of Use: Of those who had recently consumed crystal and commented (n=23), frequency of use was reported on a median of 24 days (IQR=5-90) in 2023, as compared to 35 days in 2022 (IQR=5-87; n=6; $p=0.808$) (Figure 17). Fifty-two per cent of participants (n=12) reported weekly or greater use of crystal in 2023, remaining stable with 50% in 2022.

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=23), smoking remained the most common route of administration, with 91% reporting this method in 2023, stable from 100% in 2022). Few (n≤5) reported using other routes of administration.

Quantity: Of those who reported recent use and responded (n=23), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.10-0.40; 0.20 grams in 2022; IQR=0.20-0.30; $p=0.670$). Of those who reported recent use and responded (n=23), the median maximum amount of crystal used in a session was 0.50 grams (IQR=0.30-0.90; 0.20 grams in 2022; IQR=0.20-0.30; $p=0.145$).

Methamphetamine Base

Few participants (n≤5) reported recent use of methamphetamine base, and therefore, further details are not reported. For historical overview, please refer to Figure 16 and Figure 17. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers reporting (n≤5), further details are not reported on price, purity or availability for methamphetamine powder (Figure 18). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Price: Participants reported a median price of $40 per point (IQR=40-50; n=10; n≤5 in 2022, $p=0.119$). Few participants (n≤5) reported price information per gram of methamphetamine crystal (Figure 19).

Perceived Purity: The perceived purity of methamphetamine crystal remained relatively stable between 2022 and 2023 ($p=0.128$). Among those who were able to comment in 2023 (n=25), the greatest per cent reported purity to be 'high' (44%; 25% in 2022), with a further 28% reporting purity as 'medium' (25% in 2022) (Figure 21).

Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.507). Among those who were able to respond in 2023 (n=26), 69% reported availability as 'very easy' (63% in 2022), with a further 27% reporting it as 'easy' (25% in 2022) (Figure 23).

Figure 18: Median price of powder methamphetamine per point and gram, Brisbane/Gold Coast, QLD, 2003-2023
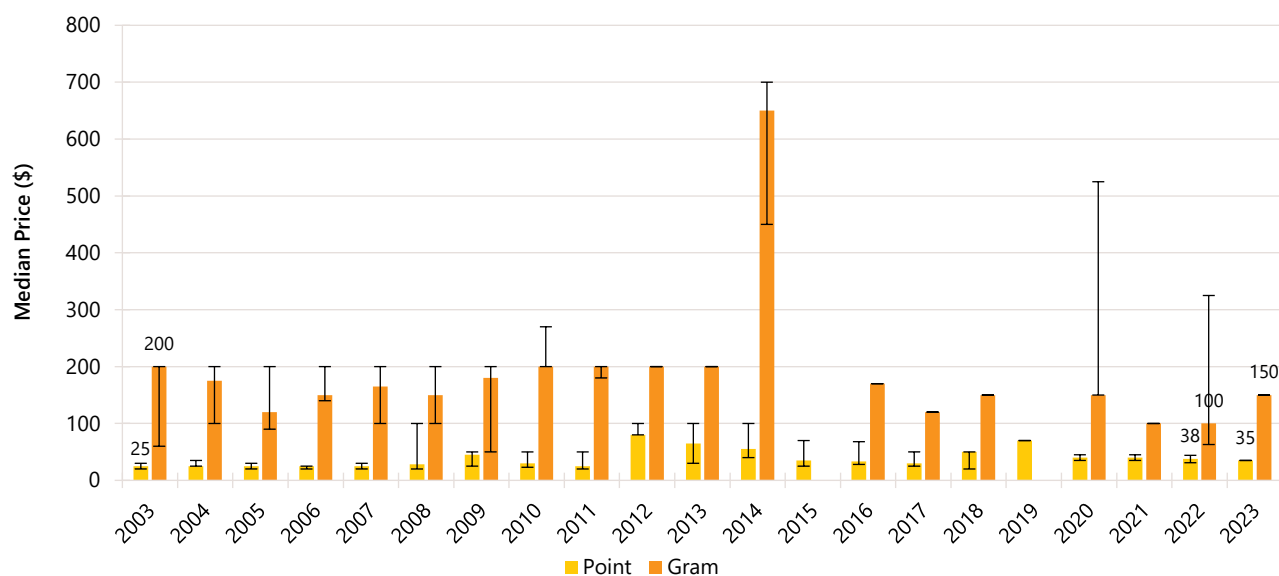
Note. Among those who commented. No participants reported purchasing a gram of powder methamphetamine in 2015 and 2019. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Figure 19: Median price of crystal methamphetamine per point and gram, Brisbane/Gold Coast, QLD, 2003-2023
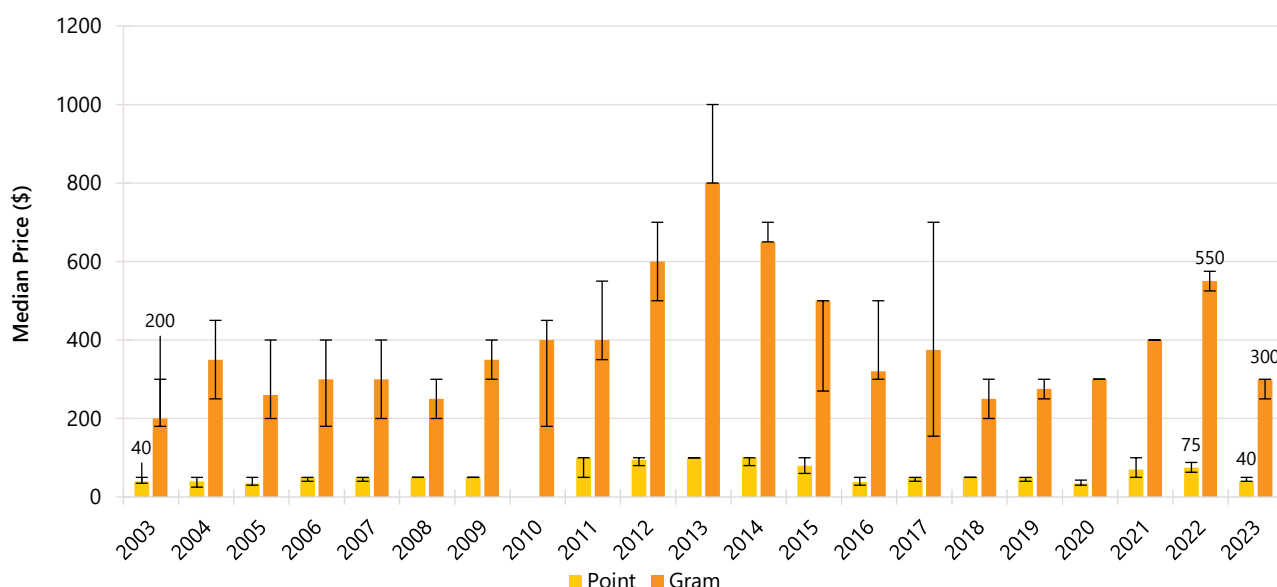
Note. Among those who commented. No participants reported purchasing a point of crystal methamphetamine in 2010. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 20: Current perceived purity of powder methamphetamine, Brisbane/Gold Coast, QLD, 2003-2023
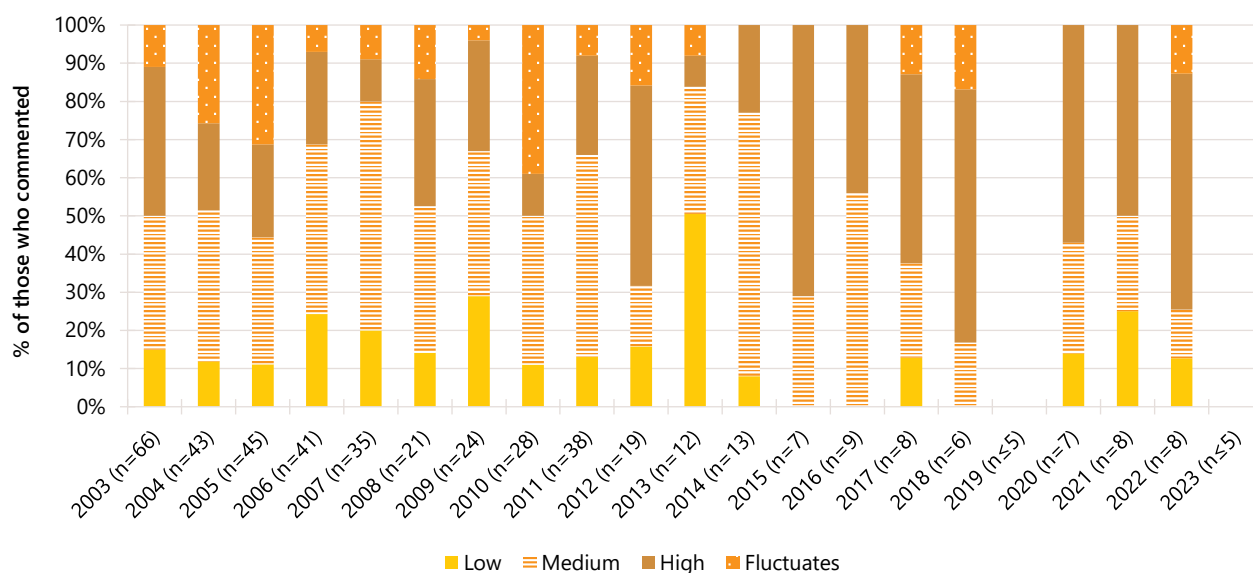
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 21: Current perceived purity of crystal methamphetamine, Brisbane/Gold Coast, QLD, 2003-2023
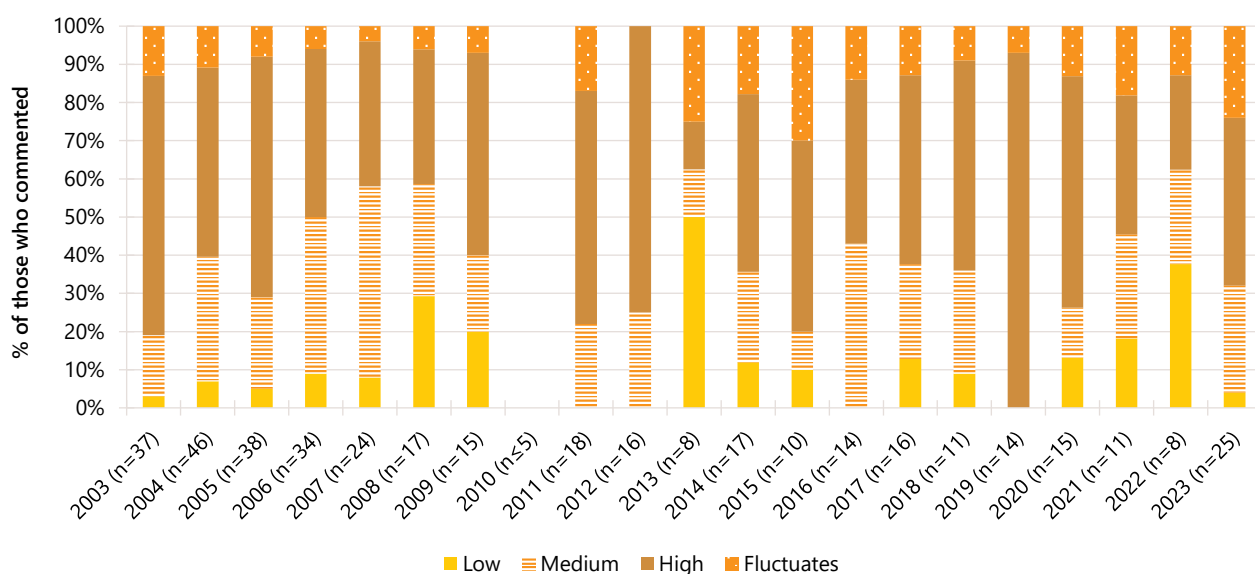
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 22: Current perceived availability of powder methamphetamine, Brisbane/Gold Coast, QLD, 2003-2023
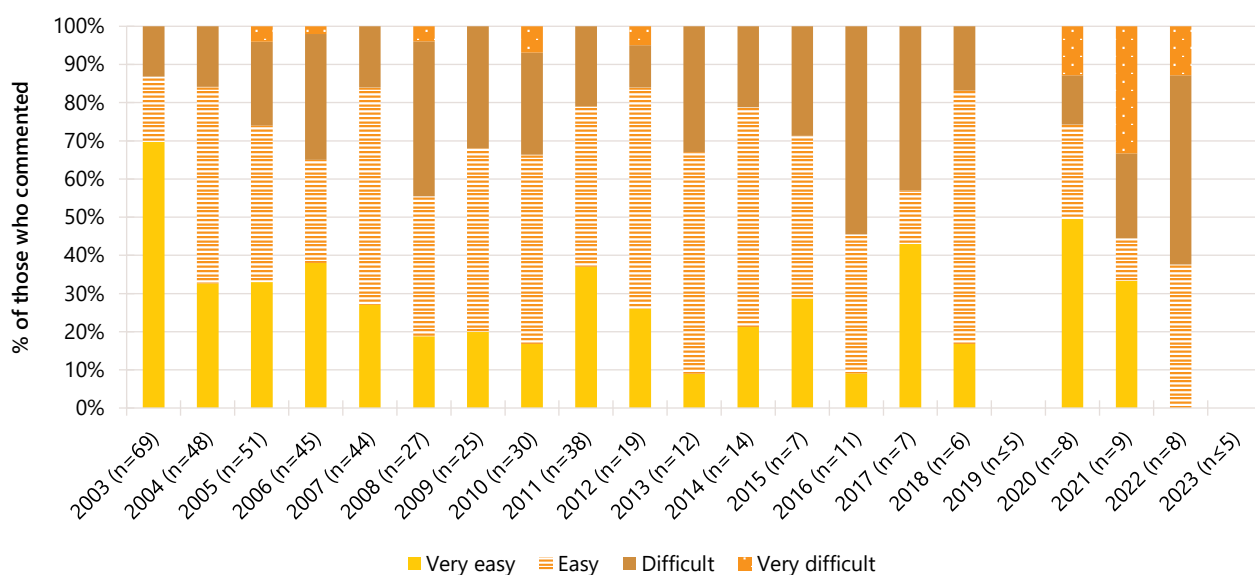
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived availability of crystal methamphetamine, Brisbane/Gold Coast, QLD, 2003-2023
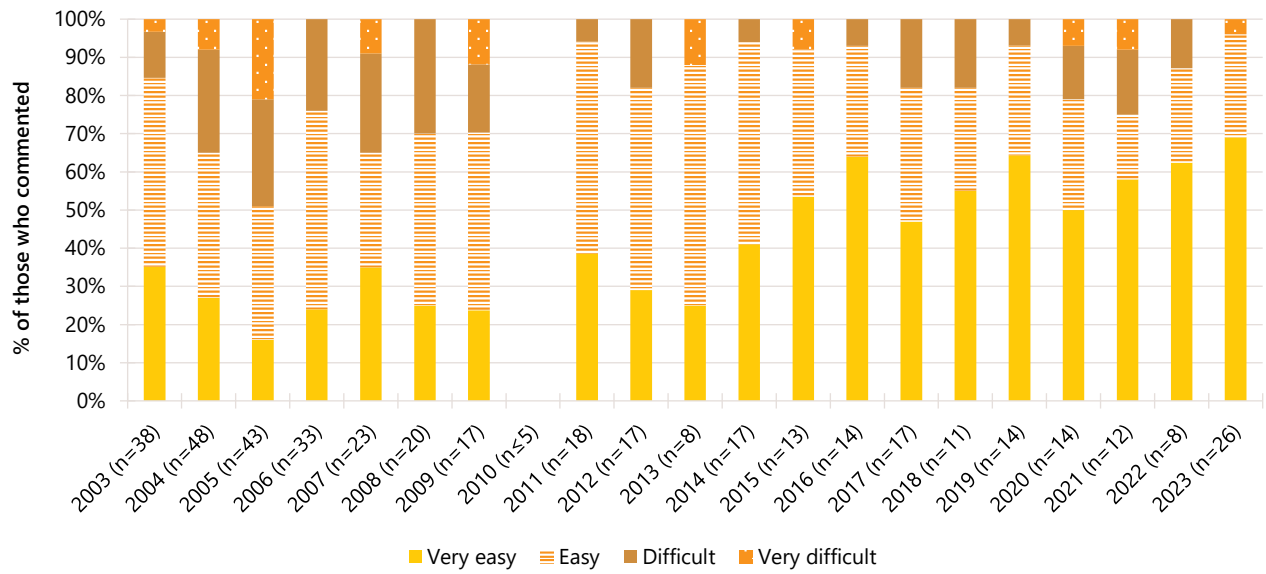
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

4

Non-Prescribed Pharmaceutical Stimulants

Participants were asked about their recent (past six month) use of non-prescribed pharmaceutical stimulants, such as dexamfetamine, lisdexamfetamine (Vyvanse®), or methylphenidate (Concerta®, Ritalin®, Ritalin LA®). These substances are commonly prescribed to treat attention deficit hyperactivity disorder and narcolepsy.

Patterns of Consumption

Recent Use (past 6 months)

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 12% in 2007 to 41% in 2023 (53% in 2022; p=0.129) (Figure 24).

Frequency of Use

Frequency of use remained stable in 2023, at a median of four days in the six months prior to interview (IQR=2-10; n=42; 6 days in 2022; IQR=3-14; n=54; p=0.120) (Figure 24).

Routes of Administration

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=42), the vast majority reported swallowing as a route of administration (88%; 98% in 2022; p=0.083), with fewer participants reporting snorting (12%; 24% in 2022; p=0.188).

Quantity

Among those who reported recent use and responded (n=27), the median amount used in a 'typical' session was two pills/tablets (IQR=1-2.5; 1.5 pills/tablets in 2022; IQR=1-2; p=0.549). Of those who reported recent use and responded (n=27), the median maximum amount used in a session was two pills/tablets (IQR=1-5; 2 pills/tablets in 2022; IQR=1-4; p=0.679).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=41), the majority reported using Dexamfetamine (66%; 77% in 2022; p=0.256), with fewer participants reporting use of Ritalin® (32%; 40% in 2022; p=0.512) and lisdexamfetamine (22%; 26% in 2022; p=0.634).

Figure 24: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Brisbane/Gold Coast, QLD, 2007-2023
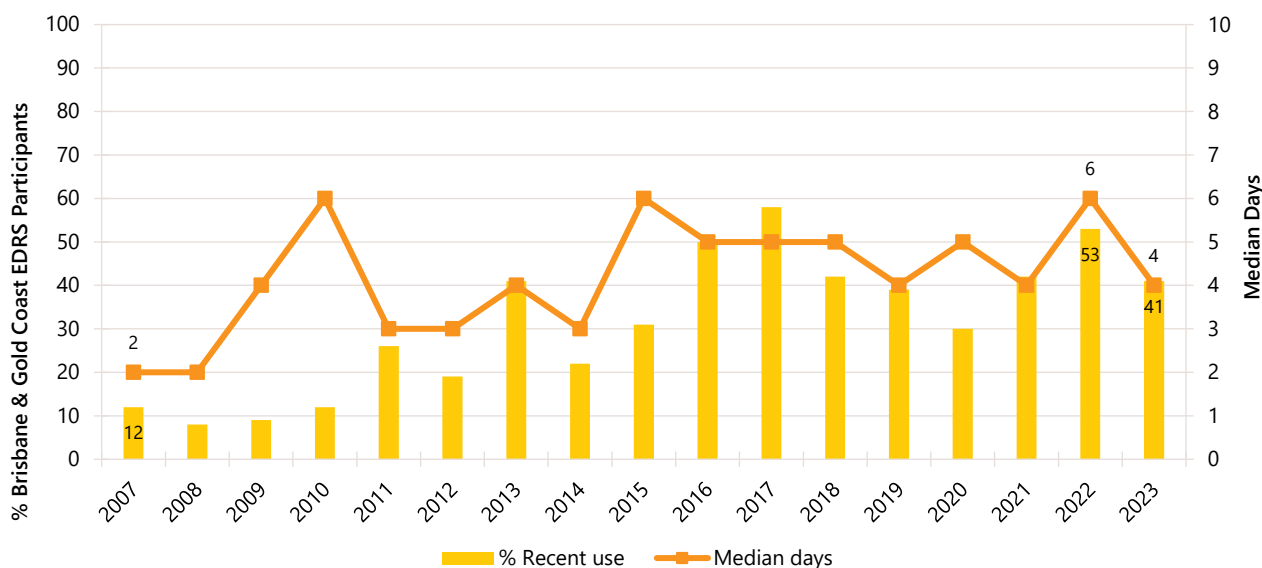
Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. 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≤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.

Price and Perceived Availability

Price and availability data for non-prescribed pharmaceutical stimulants were collected from 2022.

Price
Few participants (n≤5) commented on median price per 5mg tablet or median price per 10mg tablet in 2023.

Perceived Availability
Among those who responded in 2023 (n=31), the perceived availability of non-prescribed pharmaceutical stimulants remained stable, relative to 2022 (*p*=0.749). In 2023, 55% perceived non-prescribed pharmaceutical stimulants to be 'very easy 'to obtain (47% in 2022), with a further 26% perceiving availability as 'easy' (33% in 2022).

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)
Since 2017, the per cent reporting any recent cocaine use has gradually increased. In 2023, there was a significant increase, with 95% of the Brisbane/Gold Coast sample reporting recent use, compared to 80% in 2022 (p=0.002). This is the highest per cent reporting recent use since the commencement of monitoring (Figure 25).

Frequency of Use
Frequency of use has fluctuated in recent years. Of those who had recently consumed cocaine and commented (n=97), participants reported a median of six days (IQR=3-12) of use in 2023, stable from six days in 2022 (IQR=3-14; n=82; p=0.492 (Figure 25) and equivalent to monthly use. Six per cent reported consuming cocaine on a weekly or more frequent basis (16% in 2022; p=0.053).

Routes of Administration
Among participants who had recently consumed cocaine and commented (n=97), 100% of participants reported snorting cocaine, unchanged from 2022.

Quantity
Of those who reported recent use and responded (n=66), the median amount of cocaine used in a 'typical' session was 0.50 grams (IQR=0.50-1.00; 0.50 grams in 2022; IQR=0.40-1.00; p=0.754). Of those who reported recent use and responded (n=70), the median maximum amount of cocaine used in a session was 1.00 gram (IQR=0.50-1.50; 1.00 gram in 2022; IQR=0.50-2.00; p=0.407).

Forms Used
Among participants who had recently consumed cocaine and commented (n=97), the vast majority reported using powder cocaine (97%; 100% in 2022; p=0.251), with fewer participants reporting use of rock cocaine (10%; 10% in 2022). No participants reported using crack cocaine in 2023 (n≤5 in 2022, p=0.458).

Figure 25: Past six month use and frequency of use of cocaine, Brisbane/Gold Coast, QLD, 2003-2023
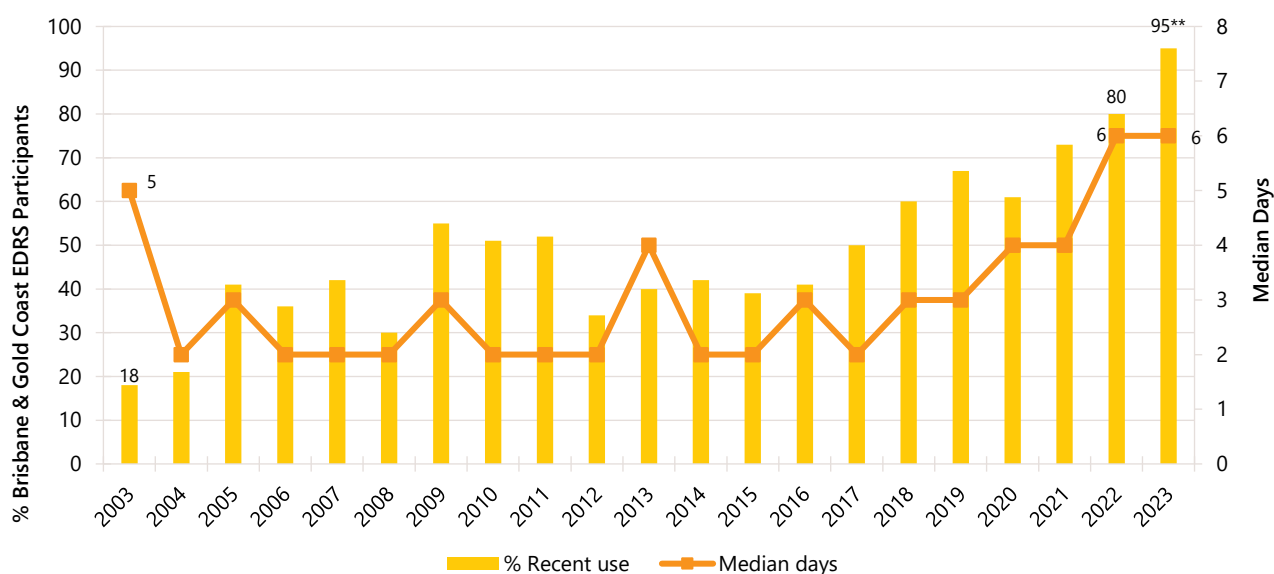
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 8 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Price, Perceived Purity and Perceived Availability

Price
The median price per gram of cocaine was $350 in 2023 (IQR=300-350; n=69), stable relative to 2022 ($350; IQR=300-350; n=48; *p*=0.979) (Figure 26).

Perceived Purity
There was a statistically significant change in the perceived purity of cocaine between 2022 and 2023 (*p*=0.002). Among those who were able to respond in 2023 (n=88), 47% perceived purity to be 'low', while 27% perceived it to be 'medium' (25% and 21%, respectively, in 2022) (Figure 27).

Perceived Availability
The perceived availability of cocaine largely remained stable between 2022 and 2023 (*p*=0.233). Among those who were able to respond in 2023 (n=87), 57% reported cocaine to be 'easy' to obtain (45% in 2022), while 31% perceived cocaine to be 'very easy' to obtain (38% in 2022) (Figure 28).

Figure 26: Median price of cocaine per gram, Brisbane/Gold Coast, QLD, 2003-2023
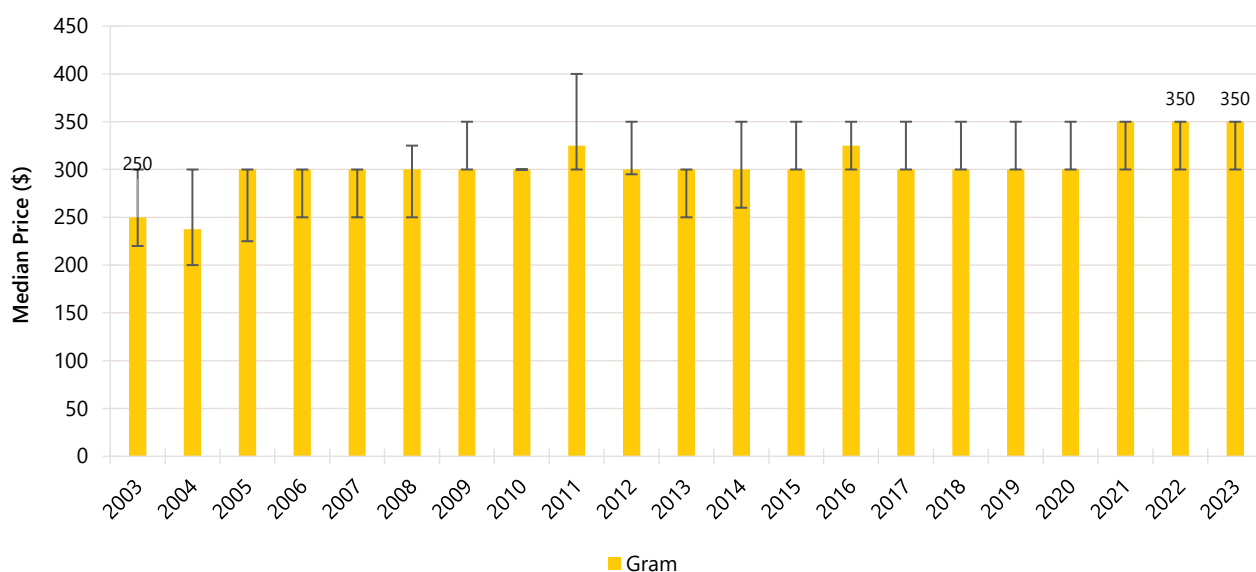
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 27: Current perceived purity of cocaine, Brisbane/Gold Coast, QLD, 2003-2023
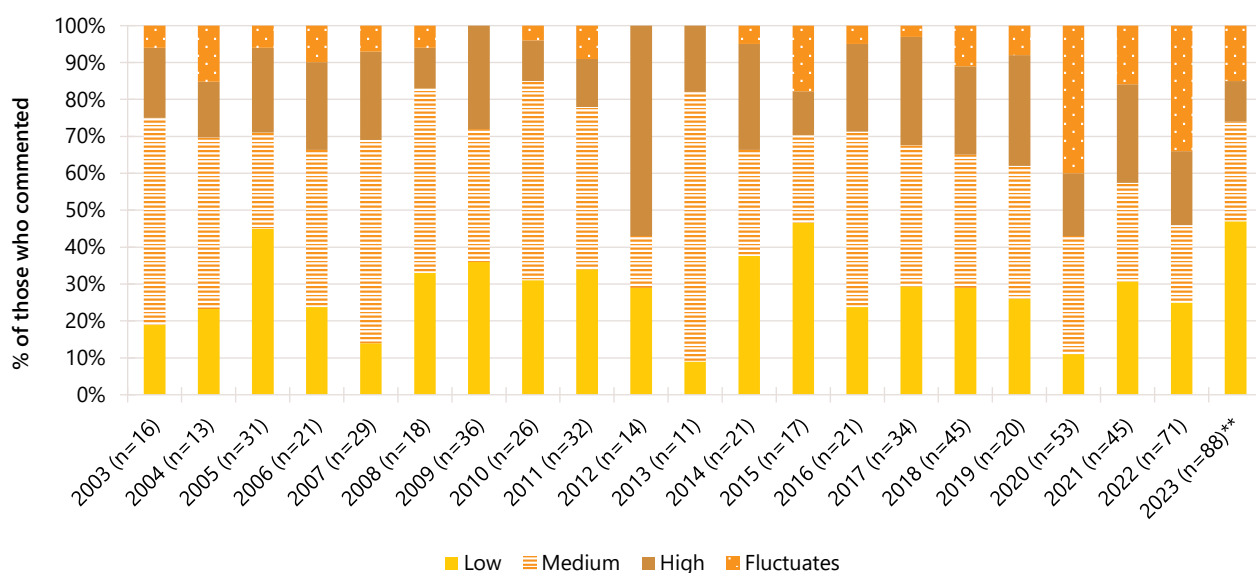
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 28: Current perceived availability of cocaine, Brisbane/Gold Coast, QLD, 2003-2023
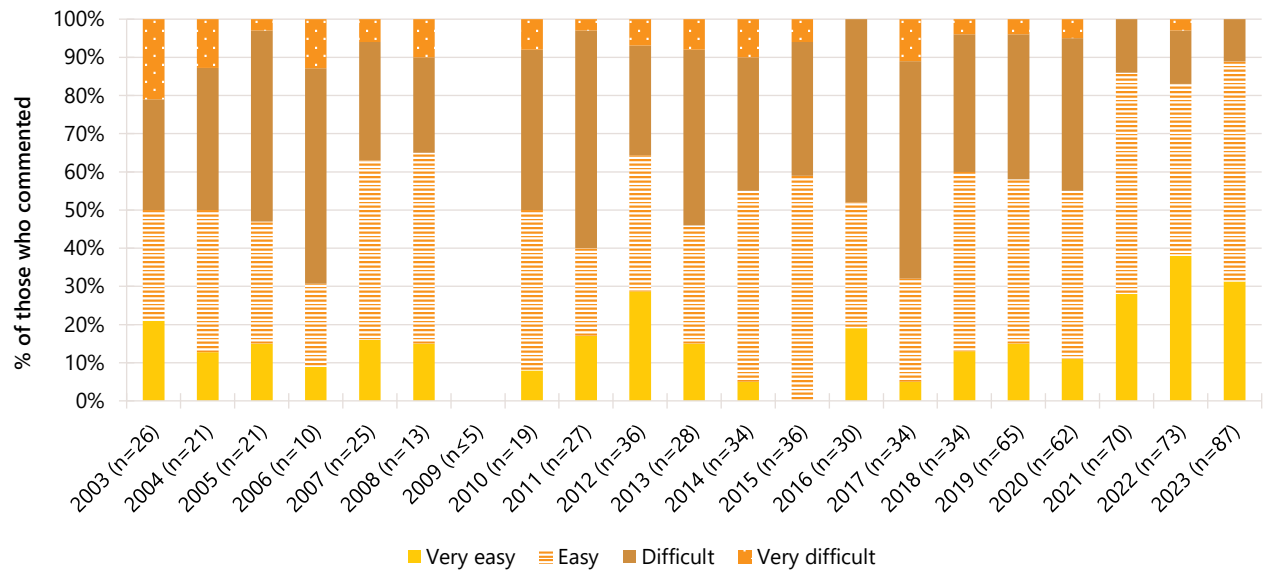
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Cannabis and/or Cannabinoid Related Products

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

In the remainder of this chapter, data from 2021-2023, and from 2003-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash and hash oil). While 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)
Three quarters (75%) reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2023, stable from 2022 (76%), and similar to estimates from earlier years (Figure 29).

Frequency of Use
Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented (n=77), participants reported a median of 30 days (IQR=6-140) of use in 2023, stable relative to 2022 (48 days; IQR=12-100; p=0.877) (Figure 29). Fifty-seven per cent reported using non-prescribed cannabis on a weekly or more frequent basis (67% in 2022; p=0.254). In 2023, there was a significant change in the per cent reporting daily use (23%; n=18; 6% in 2022; p=0.003).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented (n=77), the majority of participants (95%) reported smoking, stable relative to 2022 (94%). Thirty-five per cent reported swallowing (32% in 2022; p=0.723) and 30% reported inhaling/vaporising (27% in 2022; p=0.710).

Quantity

Of those who reported recent non-prescribed use and responded, the median amount of cannabis used on the last occasion of use was 2.5 cones (IQR=1-4; n=26; 2.5 cones in 2022; IQR=1-3.8; p=0.824) or 1.50 grams (IQR=1.00-2.50; n=27; 1.00 grams in 2022; IQR=0.50-3.00; p=0.558) or one joint (IQR=1-1; n=18; 1 joint in 2022; IQR=0.5-1; p=0.128).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and responded (n=69), the majority reported recent use of hydroponic cannabis (77%), compared to 73% in 2022 (p=0.691). A significant change was reported in the recent use of outdoor grown 'bush' cannabis (43%; 63% in 2022; p=0.033). Seventeen per cent of participants reported recent use of THC extract (12% in 2022; p=0.474) and 9% reported recent use of (non-prescribed) CBD extract (8% reported recent use of CBD oil in 2022). Thirteen per cent of participants reported having used hashish (7% in 2022; p=0.266) and hash oil (9%; 10% in 2022) in the preceding six months.

Figure 29: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Brisbane/Gold Coast, QLD, 2003-2023
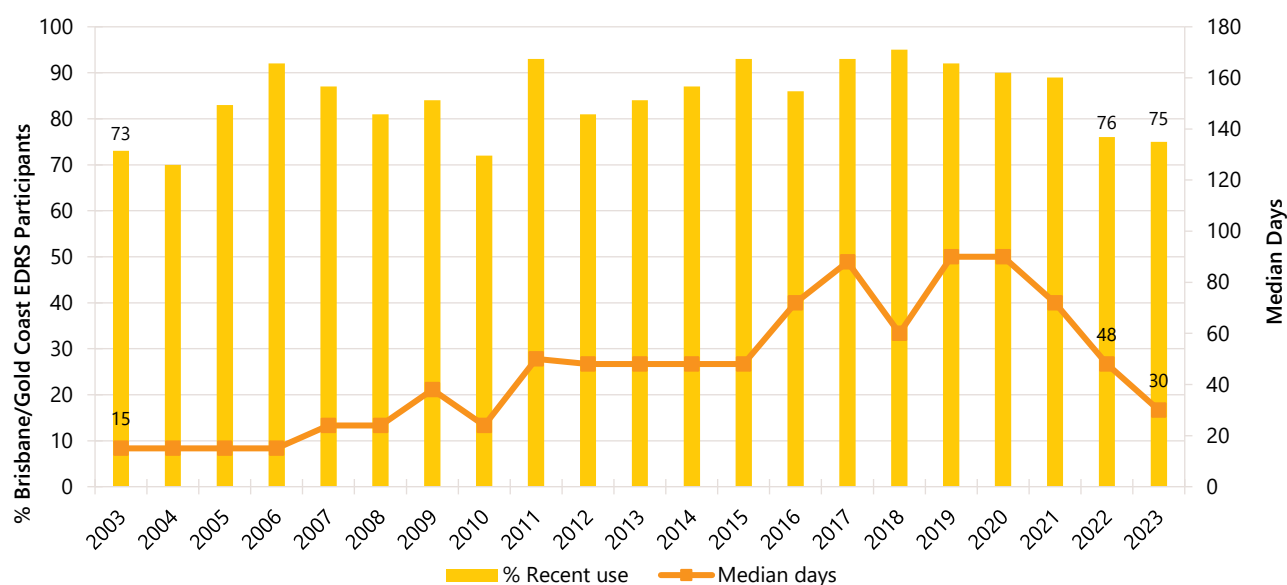
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate 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 (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per ounce of non-prescribed hydroponic cannabis has fluctuated over the years. In 2023, participants paid a median of $320 per ounce (IQR=300-388; n=7), stable relative to the median price of $400 in 2022 (IQR=323-475; n=7; p=0.108) (Figure 30a). The median price per gram of non-prescribed hydroponic cannabis was $20 (IQR=20-20; n=10; 20 in 2022; IQR=16-23; p=0.605).

Perceived Potency: The perceived potency of non-prescribed hydroponic cannabis remained stable between 2022 and 2023 (p=0.468). Among those who were able to respond in 2023 (n=42), 48% perceived non-prescribed hydroponic cannabis to be 'high' potency (46% in 2022), and 29% perceived potency to be 'medium' (17% in 2022) (Figure 31a).

Perceived Availability: The perceived availability of non-prescribed hydroponic cannabis remained stable between 2022 and 2023 (p=0.820). Among those who were able to respond in 2023 (n=42), 62% perceived non-prescribed hydroponic cannabis to be 'very easy' to obtain, stable from 70% in 2022. Thirty-one per cent perceived non-prescribed hydroponic cannabis to be 'easy' to obtain (22% in 2022) (Figure 32a).

Bush Cannabis

Price: Few participants (n≤5) reported on the price of bush cannabis in 2023; therefore, further details are not reported.

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2022 and 2023 (p=0.742). Among those who were able to respond in 2023 (n=20), 35% perceived the potency of non-prescribed bush cannabis to be 'medium' (41% in 2022) (Figure 31b).

Perceived Availability: The perceived availability of non-prescribed bush cannabis remained stable between 2022 and 2023 (p=0.547). Among those who were able to respond in 2023 (n=20), half (50%) perceived non-prescribed bush cannabis to be 'very easy' to obtain (54% in 2022) and 30% perceived it as 'easy' to obtain (36% in 2022). (Figure 32b).

Figure 30: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Brisbane/Gold Coast, QLD, 2006-2023
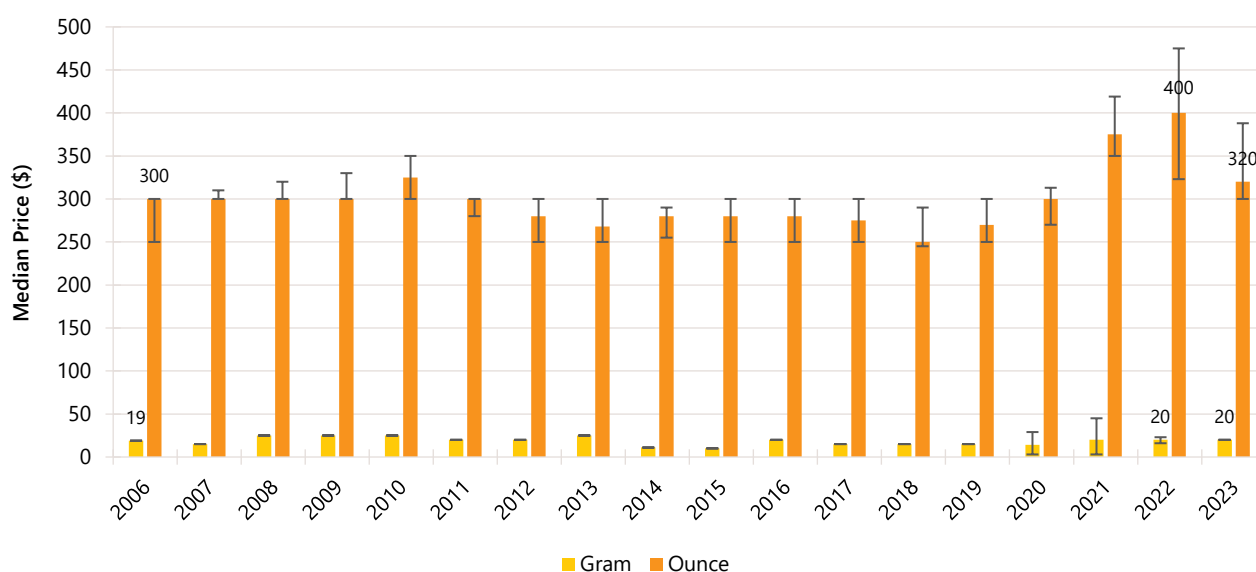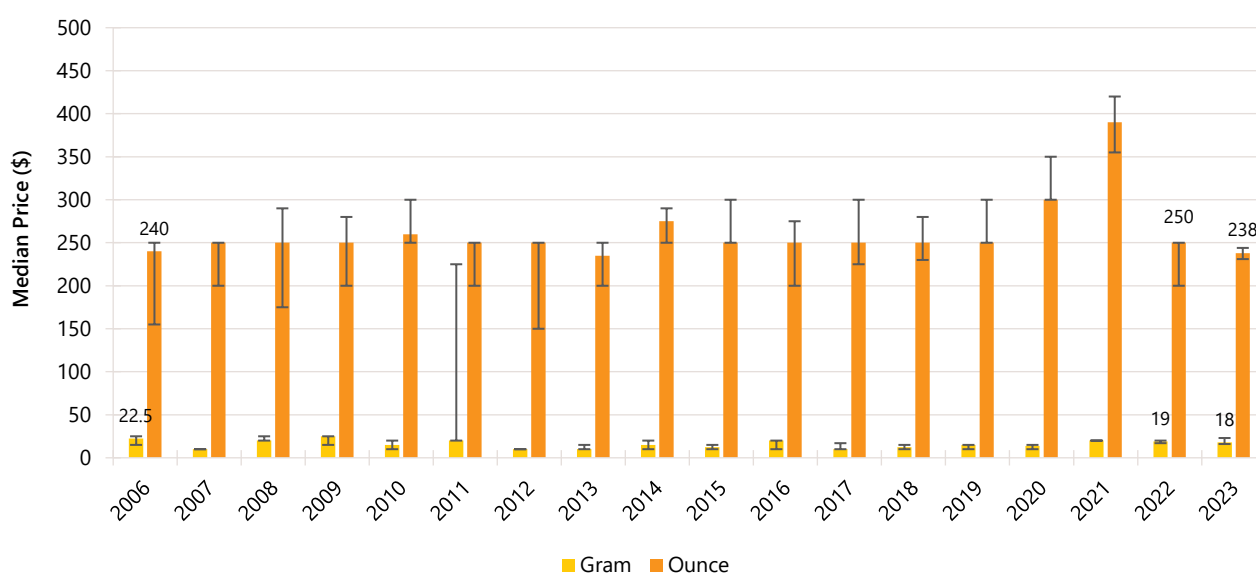
(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: 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 reported 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 (2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 31: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2006-2023

(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: 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 reported 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 not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 32: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2006-2023

(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: 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 reported 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 not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

Recent Use (past 6 months): Thirty-five per cent of the Brisbane/Gold Coast sample reported using non-prescribed ketamine in the six months prior to interview, a significant decrease from 51% in 2022 (p=0.037) (Figure 33).

Frequency of Use: Of those who had recently consumed non-prescribed ketamine and commented (n=36), median days of use increased in 2023 compared to 2022 (3 days; IQR=2-5; 2 days in 2022; IQR=1-4; n=28; p=0.043) (Figure 33). Few participants (n≤5) reported weekly or more frequent use in 2022 or 2023, therefore, these data are suppressed.

Routes of Administration: Among participants who had recently consumed non-prescribed ketamine and commented (n=36), almost all participants reported snorting in 2023, stable from 2022 (92%, respectively).

Quantity: Of those who reported recent use and responded (n=24), the median amount of non-prescribed ketamine used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50; p=0.772). Of those who reported recent use and responded (n=25), the median maximum amount of non-prescribed ketamine used in a session was 0.40 grams (IQR=0.30-0.60; 0.40 grams in 2022; IQR=0.30-0.50; p=0.685).

Figure 33: Past six month use and frequency of use of non-prescribed ketamine, Brisbane/Gold Coast, QLD, 2003-2023
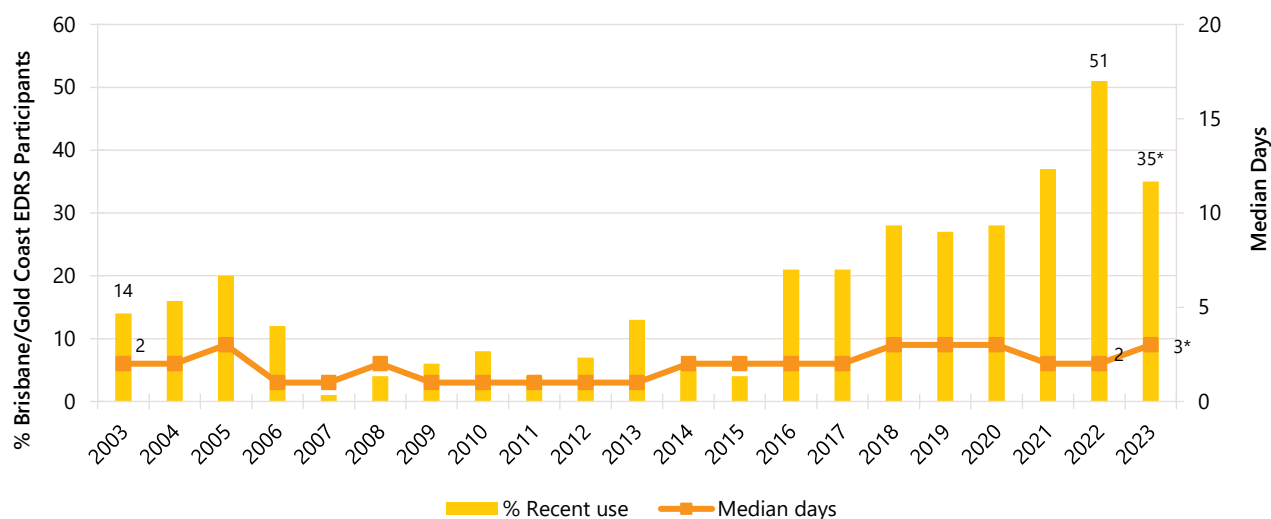
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and 20 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). 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≤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: The median reported price of non-prescribed ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2023 was $250 (IQR=200-250; n=17), stable from 2022 ($250; IQR=180-250; n=18; $p=0.444$) (Figure 34).

Perceived Purity: The perceived purity of non-prescribed ketamine remained stable between 2022 and 2023 ($p=0.928$). Among those who were able to respond in 2023 (n=25), three fifths (60%) perceived the purity of ketamine to be 'high' (53% in 2022) (Figure 35).

Perceived Availability: The perceived availability of non-prescribed ketamine remained stable between 2022 and 2023 ($p=0.956$). Of those who were able to respond in 2023 (n=26), 38% reported ketamine to be 'easy' to obtain (44% in 2022), though in contrast almost three in ten participants (27%) reported ketamine to be 'difficult' to obtain (28% in 2022) (Figure 36).

Figure 34: Median price of non-prescribed ketamine per gram, Brisbane/Gold Coast, QLD, 2003-2023
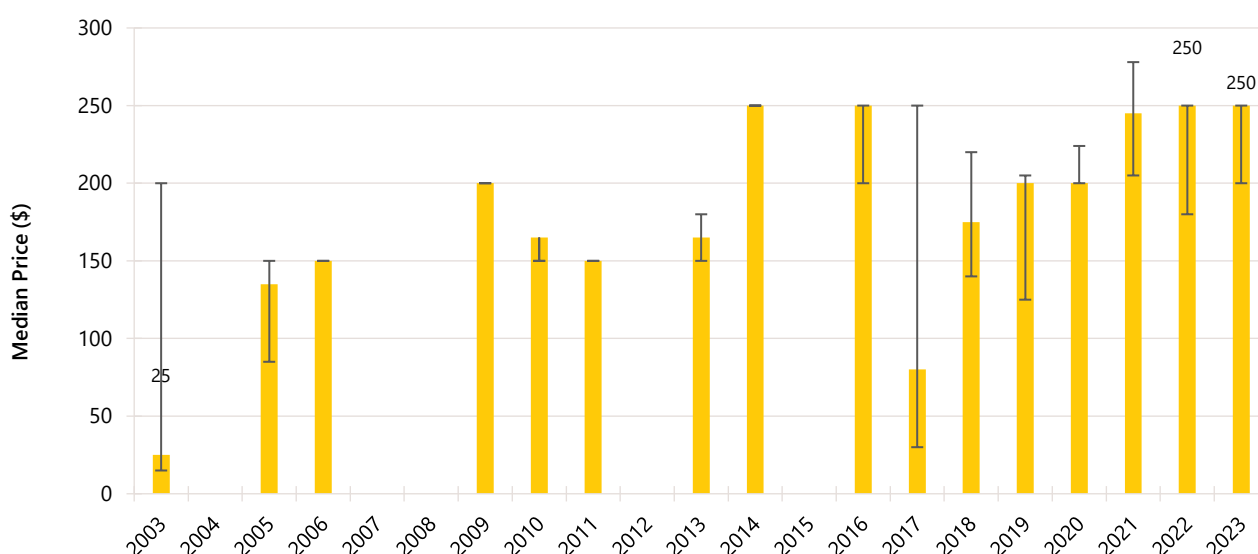
Note. Among those who commented. No participants reported purchasing ketamine in 2004, 2007, 2008, 2012 and 2015. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). 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≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 35: Current perceived purity of non-precribed ketamine, Brisbane/Gold Coast, QLD, 2003-2023

Note. The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 36: Current perceived availability of non-prescribed ketamine, Brisbane/Gold Coast, QLD, 2003-2023

Note. The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

LSD

Patterns of Consumption

Recent Use (past 6 months): Forty-two per cent of the Brisbane/Gold Coast sample had used LSD in the six months preceding interview, stable relative to 2022 (53%; *p*=0.167) (Figure 37).

Frequency of Use: Median days of LSD use over the years has remained low. Of those who had recently consumed LSD in 2023 and commented (n=43), frequency of use remained stable at three days (IQR=1-6; 2 days in 2022; IQR=1-5; n=54; *p*=0.837) (Figure 37). Few participants (n≤5) who had recently consumed LSD reported weekly or more frequent use in 2023 (n≤5 in 2022, *p*=0.583).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=43), all participants (100%) reported swallowing LSD in 2023, stable from 2022 (98%).

Quantity: Of those who reported recent use and responded (n=33), the median amount of LSD used in a 'typical' session was one tab (IQR=1.00-1.00; 1 tab in 2022; IQR=0.60-1.00; *p*=0.415). Of those who reported recent use and responded (n=33), the median maximum amount of LSD used in a session was one tab (IQR=1.00-2.00; 1 tab in 2022; IQR=1.00-2.00; *p*=0.708).

Figure 37: Past six month use and frequency of use of LSD, Brisbane/Gold Coast, QLD, 2003-2023
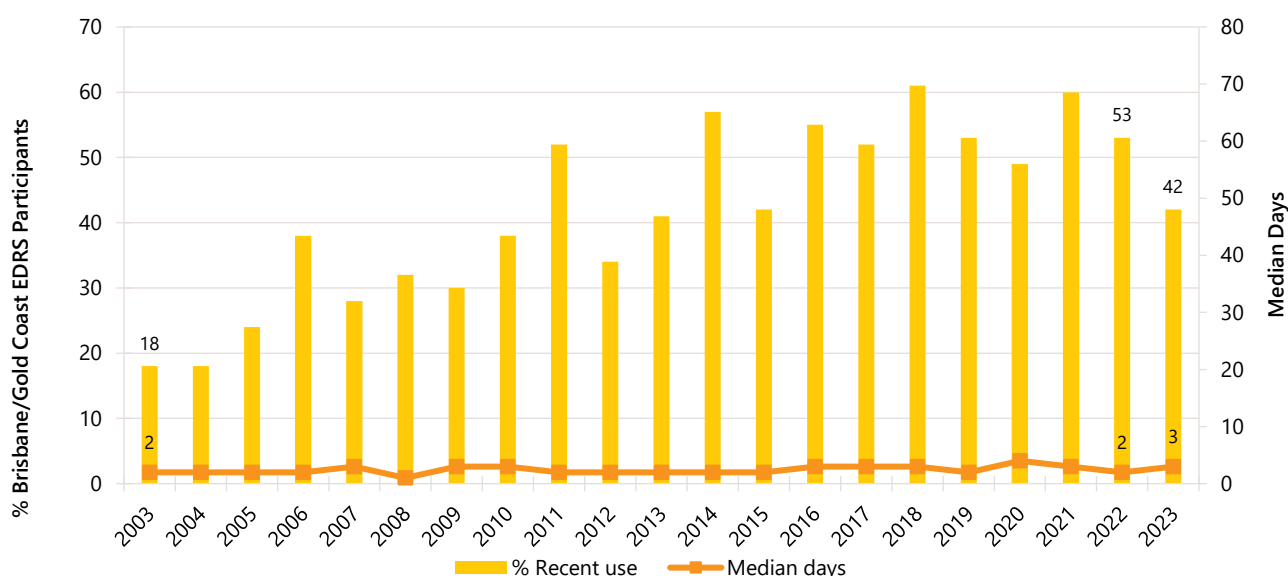

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and 80 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤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: The median price for one tab of LSD was $20 (IQR=20-25; n=21) compared to $25 in 2022 (IQR=20-25; n=24; p=0.436). (Figure 38).

Perceived Purity: The perceived purity of LSD remained stable between 2022 and 2023 (p=0.859). Among those who were able to respond in 2023 (n=41), almost two thirds (68%) perceived the purity of LSD to be 'high' (64% in 2022), followed by 15% who reported the purity to be 'medium' (20% in 2022) (Figure 39).

Perceived Availability: The perceived availability of LSD remained stable between 2022 and 2023 (p=0.033). Of those able to comment in 2023 (n=43), 49% reported LSD as being 'difficult' to obtain (20% in 2022), whilst almost one third (33%) reported LSD as being 'easy' to obtain (42% in 2022) (Figure 40).

Figure 38: Median price of LSD per tab, Brisbane/Gold Coast, QLD, 2003-2023
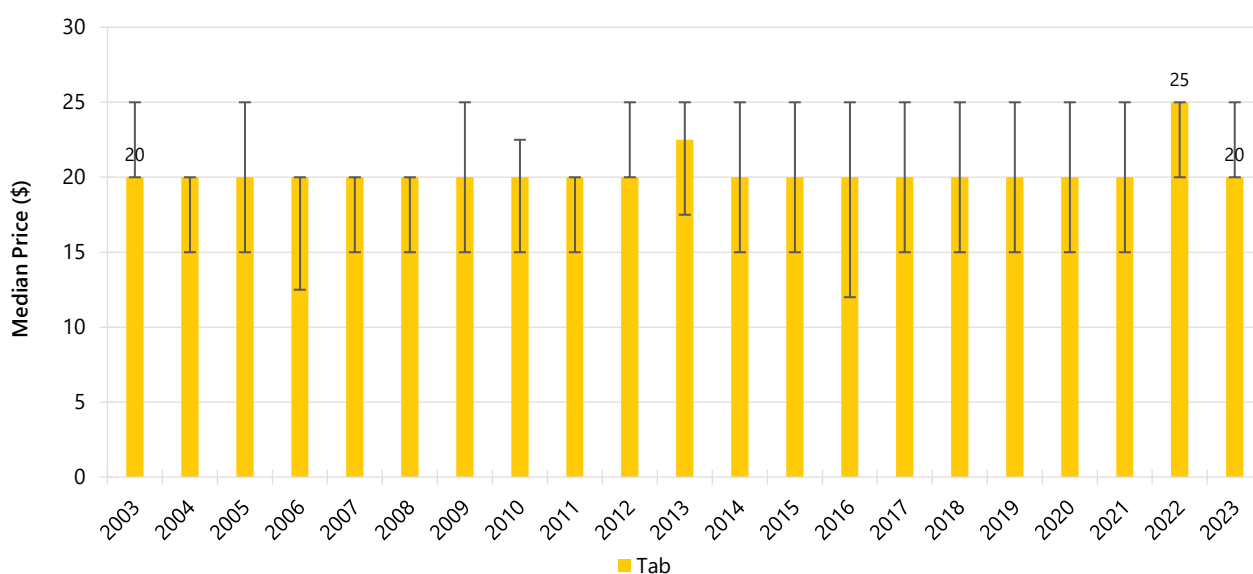
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 39: Current perceived purity of LSD, Brisbane/Gold Coast, QLD, 2003-2023
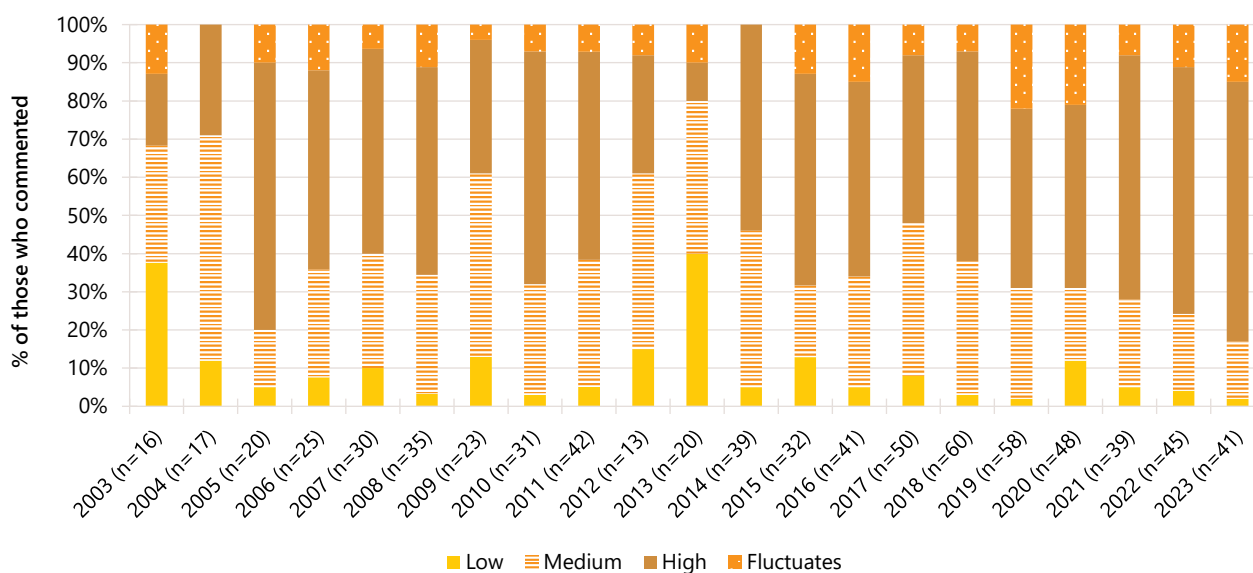
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 40: Current perceived availability of LSD, Brisbane/Gold Coast, QLD, 2003-2023
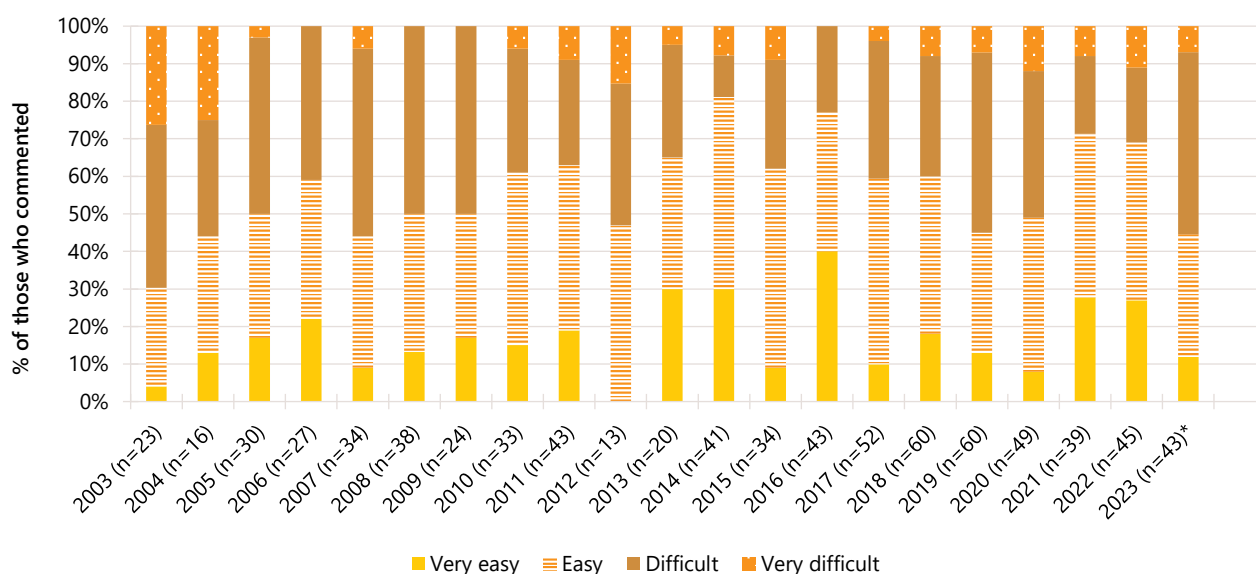
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

DMT

Patterns of Consumption

Recent Use (past 6 months): DMT use has fluctuated over the reporting period, with 16% reporting recent use in 2023 (12% in 2022; *p*=0.538). (Figure 41).

Frequency of Use: Median days of DMT use across the years has been infrequent and stable, with a median of one day of use (IQR=1-2; n=16) reported in 2023 (2 days in 2022; IQR=1-4; n=12; *p*=0.268) (Figure 41).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=16), route of administration remained unchanged, with 100% reporting smoking (100% in 2022).

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a session in 2023, therefore, further details are not reported (n≤5 in 2022).

Figure 41: Past six month use and frequency of use of DMT, Brisbane/Gold Coast, QLD, 2010-2023
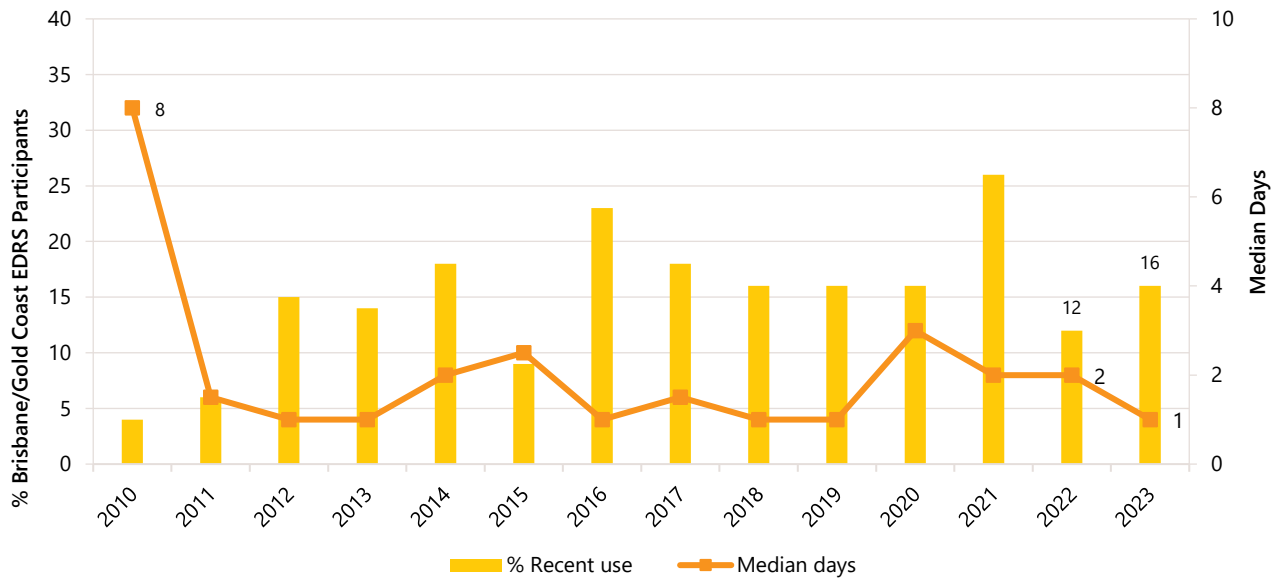
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and 10 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and in 2021, the decision was made to exclude them from this category. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our 2010-2020 reports.

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

Recent Use (past 6 months)
Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 56% in 2014 and declining to 12% in 2023 (13% in 2022), the lowest per cent since the commencement of monitoring (Table 2). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 52% in 2014 and declining to 9% in 2023 (8% in 2022) (Table 2).

Forms Used
Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the Brisbane/Gold Coast sample has fluctuated over time, although 2023 observed the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants (n≤5) reporting use of any individual NPS (Table 3), with the exception of plant-based NPS (7%; 8% in 2022). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of NPS (excluding and including plant-based NPS), Brisbane/Gold Coast, QLD, 2010-2023

%	Brisbane/Gold Coast, QLD	
	Excluding plant-based NPS	**Including plant-based NPS**
2010	15	16
2011	21	22
2012	48	48
2013	44	47
2014	52	56
2015	39	39
2016	40	41
2017	25	26
2018	25	27
2019	22	27
2020	19	21
2021	14	15
2022	8	13
2023	**9**	**12**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 7 and Chapter 9, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from figure. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Table 3: Past six month use of NPS by drug type, Brisbane/Gold Coast, QLD, 2010-2023

	2010 (N=92)	2011 (N=76)	2012 (N=92)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=73)	2022 (N=102)	2023 (N=102)
% Phenethylamines^	-	15	11	25	37	22	22	14	20	18	10	-	-	**6**
Any 2C substance~	-	12	10	20	27	14	15	10	14	12	8	-	-	**-**
NBOMe	/	/	/	/	18	8	9	-	-	-	-	0	-	**-**
DO-x	0	-	0	-	0	0	0	0	0	-	0	0	-	**-**
4-FA	/	/	/	/	/	/	/	-	0	0	-	0	0	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
% Tryptamines^^	-	6	15	14	18	9	23	19	16	18	17	-	-	**-**
5-MeO-DMT	0	-	0	-	-	-	-	-	-	-	-	-	-	**-**
4-AcO-DMT	/	/	/	/	/	/	/	0	/	/	/	/	/	**/**
% Synthetic cathinones	13	14	15	11	6	6	6	10	-	-	-	-	-	**-**
Mephedrone	13	13	6	8	-	-	0	-	0	-	-	-	-	**0**
Methylone/bk MDMA	/	-	6	-	-	-	-	7	-	-	-	-	-	**0**
MDPV/Ivory wave	0	-	10	0	-	-	0	0	0	0	0	-	-	**0**
Alpha PVP	/	/	/	/	/	/	-	-	0	-	0	0	0	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	-	/	/	/	/	**-**
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	-	0	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0	-	**-**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	0	-	0	-	**0**
3-chloro-methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
4-chloro-methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-methyl-methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Dimethyl-pentylone	/	/	/	/	/	/	/	/	/	/	/	/	-	**-**
N, N-Dimethyl pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
% Piperazines	-	-	-	0	-	0	0	0	/	/	/	/	/	**/**
BZP	-	-	-	0	-	0	0	0	/	/	/	/	/	**/**
% Dissociatives	/	/	-	-	-	0	-	-	0	0	-	0	-	**-**
Methoxetamine (MXE)	/	/	-	-	-	0	-	-	0	0	0	0	0	**0**
2-Fluoro-deschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
3 Cl-PCP/4Cl-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-MeO-PCP/4-MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**

	2010 (N= 92)	2011 (N= 76)	2012 (N= 92)	2013 (N= 100)	2014 (N= 100)	2015 (N= 100)	2016 (N= 100)	2017 (N= 100)	2018 (N= 100)	2019 (N= 100)	2020 (N= 100)	2021 (N= 73)	2022 (N= 102)	2023 (N= 102)
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	0	-	-
% Plant-based NPS	-	-	-	10	10	-	-	-	-	8	-	-	8	7
Ayahuasca	/	/	/	/	0	0	0	-	0	-	-	-	-	-
Mescaline	-	-	-	0	-	-	-	-	-	-	0	-	6	-
Salvia divinorum	/	-	0	-	-	-	-	-	-	-	0	-	-	-
Kratom	/	/	/	/	/	/	/	/	/	/	0	-	-	-
LSA	/	-	-	7	-	-	-	/	/	/	/	/	/	/
Datura	0	0	0	0	-	0	0	/	/	/	/	/	/	/
% Benzodiazepines	/	/	/	/	/	/	-	-	-	-	-	-	-	-
Etizolam	/	/	/	/	/	/	-	-	-	-	-	-	-	-
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	0
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0	0	-	0
% Synthetic cannabinoids	/	-	27	21	14	14	-	-	-	-	6	-	-	-
% Herbal high#	/	/	18	0	10	6	8	-	-	-	/	/	/	/
Phenibut	/	/	/	/	/	/	/	/	/	-	-	0	-	0
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	-	-	-	0	-	0
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	0	0	-	-	0
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	-	-	-
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	-	0	-	-	-

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 7 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019, three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. - Per cent suppressed due to small cell size (n≤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.

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2023, 13% reported using any non-prescribed codeine in the past six months, stable relative to 2022 (14% in 2022) (Figure 42).

Recent Use for Non-Pain Purposes: Ten per cent of the Brisbane/ Gold Coast sample reported using non-prescribed codeine for non-pain purposes in 2023 (10% in 2022) (77% of participants who had recently used non-prescribed codeine and commented; 70% in 2022).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented (n=13) reported use on a median of four days (IQR=2-10) in the past six months, stable from three days (IQR=1-4; n=14) in 2022 (p=0.126).

Pharmaceutical Opioids

Recent Use (past 6 months): Over one-tenth (13%) of the Brisbane/Gold Coast sample had recently used non-prescribed pharmaceutical opioids in 2023 (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine), stable from 10% in 2022 (p=0.645) (Figure 42).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids and commented (n=13) reported use on a median of six days (IQR=1-20) in the six months preceding interview (2 days in 2022; IQR=1-3; n=10; p=0.129).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has fluctuated considerably over the course of monitoring, with 25% of the Brisbane/Gold Coast sample reporting recent use in 2023, compared with 37% in 2022 (p=0.073) (Figure 42). From 2019, participants were asked about non-prescribed alprazolam use versus 'other' non-prescribed benzodiazepine use. Seventeen per cent of participants reported recent use of non-prescribed alprazolam, stable relative to 21% in 2022 (p=0.587). Recent use of non-prescribed 'other' benzodiazepines also remained stable, with almost one fifth (19%) reporting recent use in 2023 (27% in 2022; p=0.195).

Frequency of Use: Participants who reported recent non-prescribed benzodiazepine use reported a median of three days (IQR=1-20; n=17; 3 days in 2022; IQR=1-10; n=21; p=0.799) and three days

(IQR=2-20; n=19; 4 days in 2022; IQR=2-14; n=28; *p*=0.895) of non-prescribed alprazolam and other benzodiazepine use in the past six months, respectively.

Forms Used: Few (n≤5) participants who had recently consumed non-prescribed benzodiazepines were able to comment on the main brand used in the six months preceding interview, therefore, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Seven per cent of participants reported recent non-prescribed use of antipsychotics in 2023 (8% in 2022) (Figure 42).

Frequency of Use: Participants who reported recent use reported a median of two days (IQR=2-18; n=7) of non-prescribed antipsychotic use in 2023 (12 day in 2022; IQR=3-28; n=8; *p*=0.120).

Figure 42: Non-prescribed use of pharmaceutical medicines in the past six months, Brisbane/Gold Coast, QLD, 2007-2023
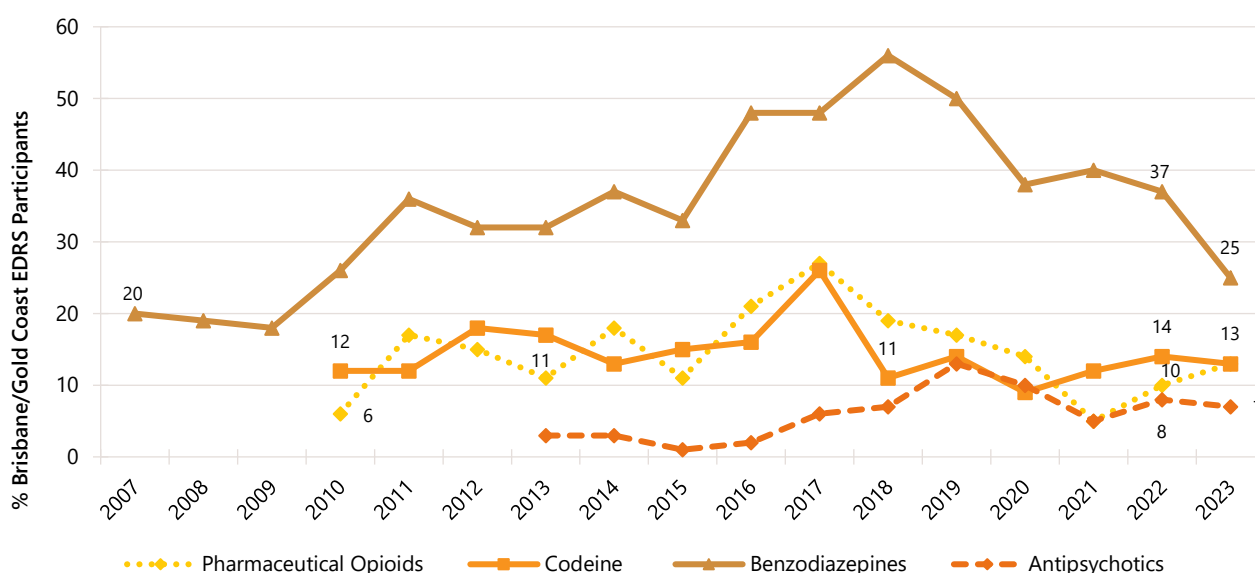
Note. Non-prescribed use is reported for prescription medicines. Monitoring of benzodiazepines commenced in 2007, and pharmaceutical opioids in 2010 and antipsychotics in 2013. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2023), with high-dose codeine excluded from pharmaceutical opioids from 2018. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2007/2010/2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; **p<0.050; **p<0.010; ***p<0.001.*

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2023, 45% of the Brisbane/Gold Coast sample reported recent use of hallucinogenic mushrooms in the six months prior to the interview, stable from 2022 (53%; *p*=0.331) (Figure 43).

Frequency of Use: A median of two days of hallucinogenic mushroom use (IQR=1-4; n=46) was reported in the six months prior to interview in 2023, a significant decrease from a median of four days in 2022 (IQR=2-6; n=54; p=0.032).

MDA

Recent Use (past 6 months): In 2023, six per cent of the Brisbane/Gold Coast sample reported recent use of MDA in the six months prior to the interview, stable from 2022 (n≤5).

Frequency of Use: A median of three days of MDA use (IQR=1-4; n=6) was reported in the six months prior to interview in 2023, stable from 2022 (n≤5).

Substance with Unknown Contents

Capsules: Few (n≤5) participants reported recent use of capsules with unknown contents in 2022, therefore, further details are not reported (n≤5 in 2021) (Figure 43). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Thirteen per cent of participants reported use of any substance with 'unknown contents' in 2023 (17% in 2022; p=0.435) on a median of one day (IQR=1-2; n=13; 2 days in 2022; IQR=1-6; n=17; p=0.473).

When broken down by substance form, 8% of participants reported recent use of powder with unknown contents (12% in 2022; p=0.359). Few (n≤5) participants reported on recent use of capsules, pills and crystal with unknown contents in 2023, therefore, further details are not reported. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with unknown contents in the six months preceding interview. Few (n≤5) participants were able to answer questions regarding the median quantity of capsules used in a 'typical' session in 2023, therefore, further details are not reported. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMA

No participants reported recent use of PMA in 2023 (n≤5 in 2022) (Figure 43). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMMA

No participants reported recent use of PMMA in 2023 (Figure 43). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Heroin

Few (n≤5) participants reported recent use of heroin in 2023, therefore, further details are not reported (Figure 43). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): In 2023, 15% of the Brisbane/Gold Coast sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, a significant increase from 2022 (n≤5 in 2022; *p*=0.032) (Figure 43).

Frequency of Use: A median of four days of GHB/GBL/1,4-BD use (IQR=1-9; n=15) was reported in the six months prior to interview in 2023 (n≤5 in 2022; *p*=0.372).

Figure 43: Past six month use of other illicit drugs, Brisbane/Gold Coast, QLD, 2003-2023
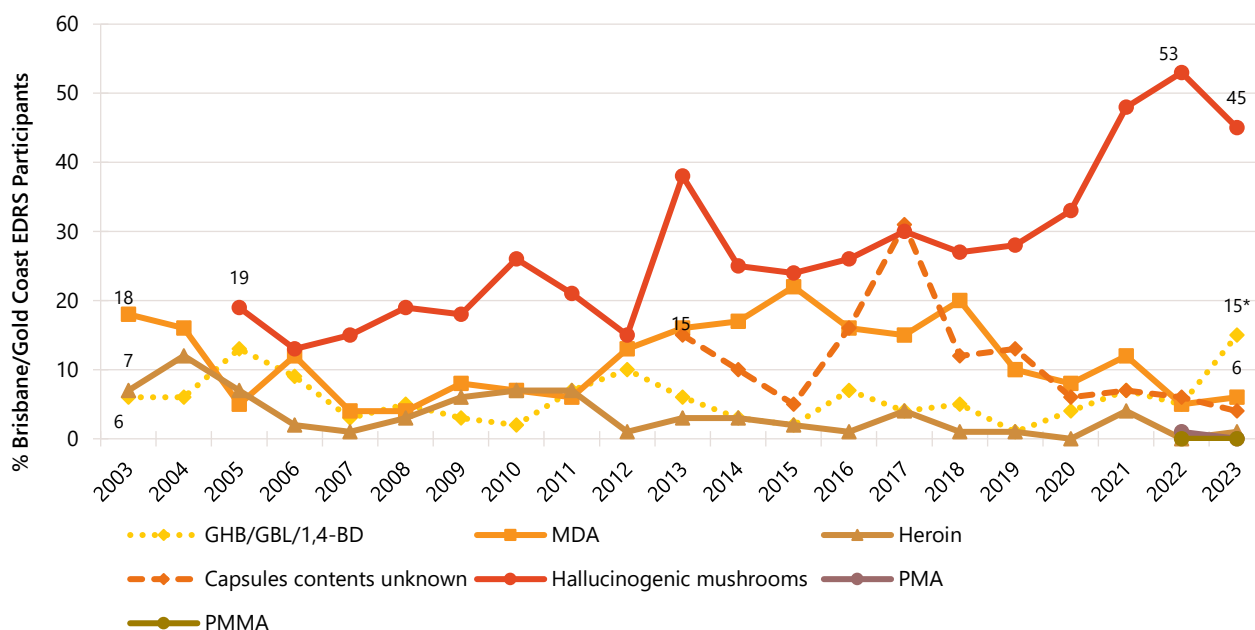
Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Monitoring of PMA commenced in 2010 and monitoring of PMMA commenced in 2022. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003/2005/2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 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): The majority of the Brisbane/Gold Coast sample continued to report recent use of alcohol in 2023 (95%), stable relative to 2022 (98%; *p*=0.445) (Figure 44).

Frequency of Use: A median of 36 days of alcohol use in the past six months (IQR=20-60; n=97) was reported in 2023 (47 days in 2022; IQR=20-72; n=100; *p*=0.636). Seventy-one per cent of those who recently consumed alcohol had done so on a weekly or more frequent basis in 2023, stable from 2022 (73%). Six per cent of participants reported daily use of alcohol in 2023 (3% in 2022).

Tobacco

Recent Use (past 6 months): Almost two thirds (62%) of the Brisbane/Gold Coast sample reported recent tobacco use in 2023, which remained stable from 68% reporting recent use in 2022 (p=0.457) (Figure 44).

Frequency of Use: Participants reported using tobacco on a median of 30 days in 2023 (IQR=7-158; n=63; 48 days in 2022; IQR=7-180; n=69; p=0.561), with 24% of these participants reporting daily use (33% in 2022; p=0.258).

E-cigarettes

In Australia, legislation came into effect on 1 October 2021 requiring people to obtain a prescription to legally import nicotine vaping products. Thus, from 2022, participants were asked about their use of both prescribed and non-prescribed e-cigarettes. Eight per cent of participants in Brisbane/Gold Coast reported recent use of prescribed e-cigarettes in 2023 (n≤5 in 2022, p=0.214).

Recent Use (past 6 months): Almost three quarters (71%) of the 2023 Brisbane/Gold Coast sample had used non-prescribed e-cigarettes in the six months preceding interview (66% in 2022; p=0.545) (Figure 44). Eight per cent reported use of prescribed e-cigarettes in the six months preceding interview in 2023 (8% in 2022).

Frequency of Use: A median frequency of 115 days of non-prescribed use was reported in the past six months in 2023 (IQR=30-180; n=72; 90 days in 2022; IQR=19-180; n=67; p=0.087), with 50% of these participants reporting daily use (23% in 2022; p=<0.001).

Forms Used: Among participants who responded (n=72), the majority (97%) reported using e-cigarettes containing nicotine, 13% reported using e-cigarettes containing cannabis. One tenth (13%) reported using e-cigarettes containing both nicotine and cannabis, and 25% reported using e-cigarettes which did not contain nicotine or cannabis.

Reason for Use: Of those who reported any (i.e., prescribed and non-prescribed) e-cigarette use and responded (n=75), almost two thirds (63%) of the Brisbane/Gold Coast sample reported that they did not use e-cigarettes as a smoking cessation tool in 2023 (61% in 2022; p=0.861).

Nitrous Oxide

Recent Use (past 6 months): Almost one third (31%) of the Brisbane/Gold Coast sample reported recent use of nitrous oxide in 2023, stable relative to 2022 (42%; p=0.144) (Figure 44).

Frequency of Use: Frequency of use remained stable at a median of four days (IQR=2-8; n=32) in 2022 (4 days in 2022; IQR=2-9; n=43; p=0.910).

Quantity: Among those who reported recent use and responded (n=31), the median amount used in a 'typical' session was 10 bulbs (IQR=5-10; 7 bulbs in 2022; IQR=3-12; n=42; p=0.884). Of those who reported recent use and responded (n=31), the median maximum amount used in a session was 10 bulbs (IQR=6-20; 10 bulbs in 2022; IQR=5-28; n=42; p=0.658).

Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as a Schedule 4 substance in Australia (i.e., available only with prescription) yet is often sold under-the-counter in sex shops. Following a review by the

[Therapeutic Goods Administration](#), amyl nitrite was listed as Schedule 3 (i.e., for purchase over-the-counter) from 1 February 2020 when sold for human therapeutic purposes.

Recent Use (past 6 months): After considerable fluctuation over the course of monitoring, almost one third (32%) of the Brisbane/Gold Coast sample reported recent use of amyl nitrite in 2023, stable relative to 2022 (36%; *p*=0.661) (Figure 44).

Frequency of Use: A median of two days of use was reported in 2023 (IQR=1-6; n=33; 2 days in 2022; IQR=1-3; n=37; *p*=0.185).

Figure 44: Licit and other drugs used in the past six months, Brisbane/Gold Coast, QLD, 2003-2023
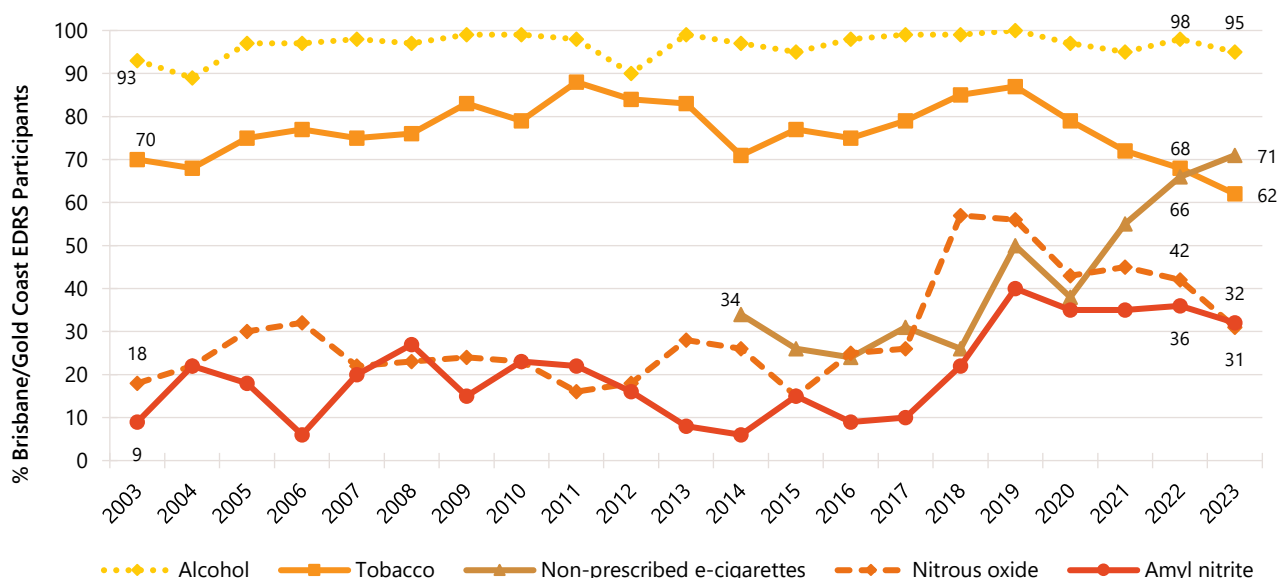
Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first (2003/2014) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

10

Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who answered (n=94), the most commonly used substances were alcohol (76%), MDMA (45%), e-cigarettes (46%), and cocaine (37%), followed by cannabis (36%). Ninety-two per cent of the Brisbane/Gold Coast sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of drug classes were stimulants and depressants (41%), followed by stimulants, depressants and cannabis (20%), and stimulants, depressants and hallucinogens/dissociatives (11%). Eight per cent of participants reported using stimulants, depressants, cannabis and hallucinogens/dissociatives, while six per cent reported using stimulants alone (Figure 45).
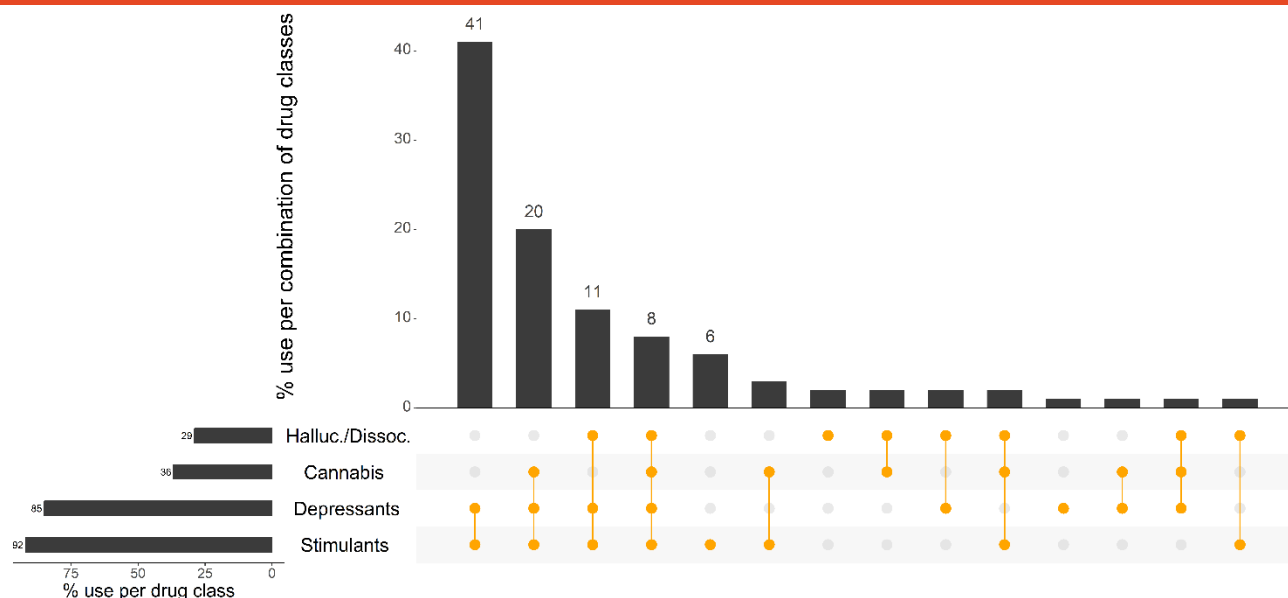
Note. % calculated out of total EDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 38% to improve visibility of trends.

Drug Checking

Drug checking is a common strategy used to test the contents and purity 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, 47% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, and 24% reported doing so in the past year (22% in 2022; p=0.730) (Figure 46). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=24), 90% reported using colorimetric reagent test kits. Few participants (n≤5) reported having their drugs tested via testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) and no participants reported testing via professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy).

Of those who reported that they or someone else had tested their illicit drugs in the past year (n=24), 50% reported having their drugs tested by a friend, and 50% reported testing the drugs themselves. Few participants (n≤5) reported having their drugs tested by a dealer, a partner or an acquaintance, respectively.

Figure 46: Lifetime and past year engagement in drug checking, Brisbane/Gold Coast, QLD, 2019-2023
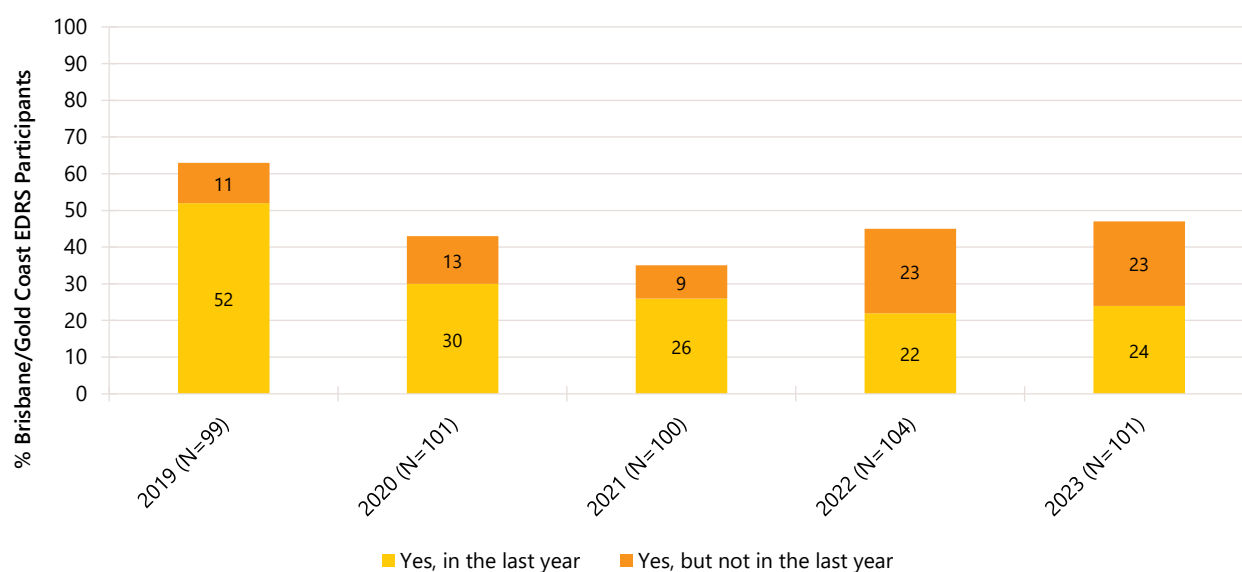
Note: The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total Brisbane/Gold Coast sample (including people who had not consumed alcohol in the past six months) was 13.3 (SD 7.5) in 2023, a significant increase from 13.1 (SD 6.8) in 2022 ($p<0.001$). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence. There was no significant change in the per cent of the sample falling into each of these risk categories from 2022 to 2023 ($p=0.229$; Table 4). Seventy-four per cent of the sample obtained a score of eight or more (76% in 2022; $p=0.751$), indicative of hazardous use (Table 4).

Table 4: AUDIT total scores and per cent of participants scoring above recommended levels, Brisbane/Gold Coast, QLD, 2010-2023

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=99	N=100	N=52	N=87	N=95	N=83	N=90	N=99	N=100	N=100	N=98	N=73	N=101	N=100
Mean AUDIT total score (SD)	17.0 (7)	16.4 (8)	14.8 (7)	15.9 (7)	13.7 (7)	14.7 (7)	12.6 (7)	13.5 (7)	11.8 (7)	14.2 (7)	13.4 (6)	12.6 (8)	13.1 (7)	**13.3 (8)*****
Score 8 or above (%)	93	96	44	74	78	67	65	76	69	83	77	53	76	**74**
AUDIT zones:														
Score 0-7	6	4	15	15	18	19	28	23	31	17	21	27	24	**26**
Score 8-15	37	30	40	36	48	37	38	43	43	44	46	40	45	**35**
Score 16-19	23	26	13	20	17	16	17	12	13	19	14	15	10	**19**
Score 20 or higher	33	30	31	30	17	28	18	21	13	20	18	18	22	**20**

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Imputation used for missing scale scores.

Overdose Events

Non-Fatal Overdose

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

From 2019, changes were made to this module, with participants asked about alcohol, stimulant and other drug overdose, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness and collapsing) where professional assistance would have been helpful.
- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose, but this was removed in 2020 as few participants endorsed this behaviour.

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

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

Non-Fatal Stimulant Overdose

In 2023, 17% of the Brisbane/Gold Coast sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 2022 (19%; p=0.849).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (53%; individual numbers for forms too low to report (n≤5)). Among those who experienced a recent non-fatal stimulant overdose, 82% (n=17) reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (65%; ≥5 standard drinks: 53%; ≤5 standard drinks; n≤5). Due to low numbers reporting that they had received treatment or assistance (n≤5), please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Non-Fatal Depressant Overdose

Alcohol: One quarter (25%) of the Brisbane/Gold Coast sample reported a non-fatal alcohol overdose in the 12 months preceding interview (34% in 2022; p=0.231) on a median of two occasions (IQR=1-3). Of those who had experienced an alcohol overdose in the past year (n=26), the 31% reported not receiving treatment on the last occasion. Due to low numbers reporting treatment or assistance received (n≤5), please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): In 2022, almost one third (31%) of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, stable relative to 2022 (36%; *p*=0.551) (Figure 47).

Of those who had experienced any depressant overdose in the past 12 months (n=32), the majority of participants reported alcohol as the most common depressant drug (81%). Few participants (n≤5) reported an overdose due to other drugs, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 47: Past 12 month non-fatal stimulant and depressant overdose, Brisbane/Gold Coast, QLD, 2007-2023
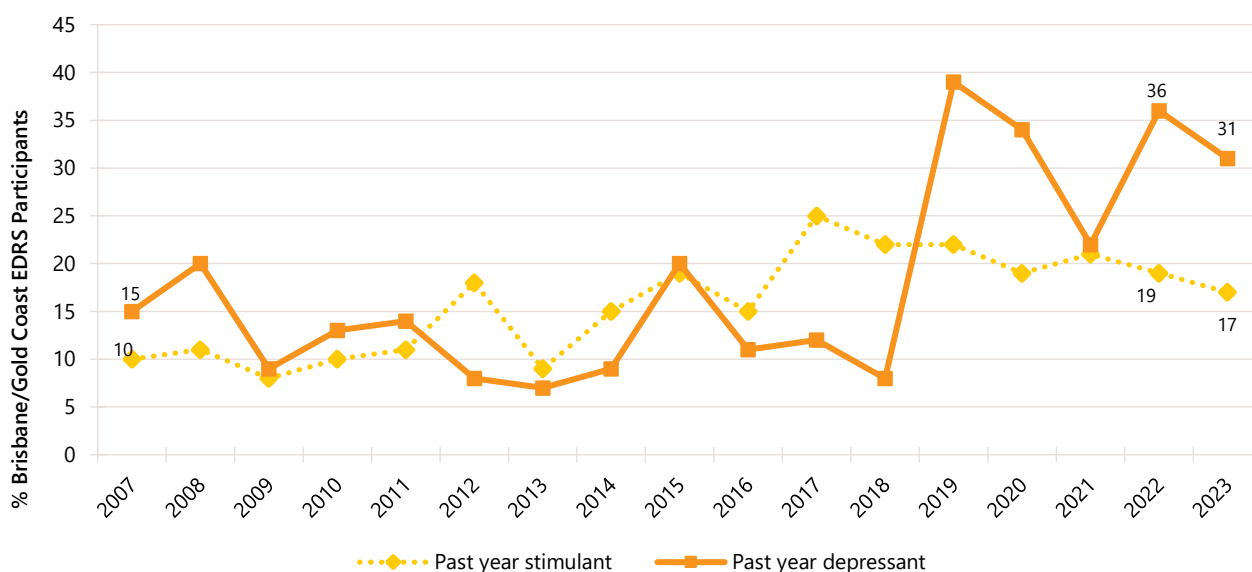
Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis reduced to 45% to improve visibility of trends. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Awareness of Naloxone

In 2023, 58% reported that they had ever heard of naloxone, a significant increase from 2022 (41% in 2022; *p*=0.020). Among those who had ever heard of naloxone and responded (n=57), 84% were able to correctly identify the purpose of naloxone, stable from 83% reporting so in 2022.

Injecting Drug Use and Associated Risk Behaviours

For the past several years, at least one in ten participants have reported ever injecting drugs, with 14% reporting lifetime injection in 2022 (12% in 2022; *p*=0.830). The per cent who reported injecting drugs in the past month remained low in 2023 (n≤5; n≤5 in 2022), therefore, further details are not reported (Figure 48). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

**Figure 48: Lifetime and past month drug injection, Brisbane/Gold Coast, QLD, 2003-2023**
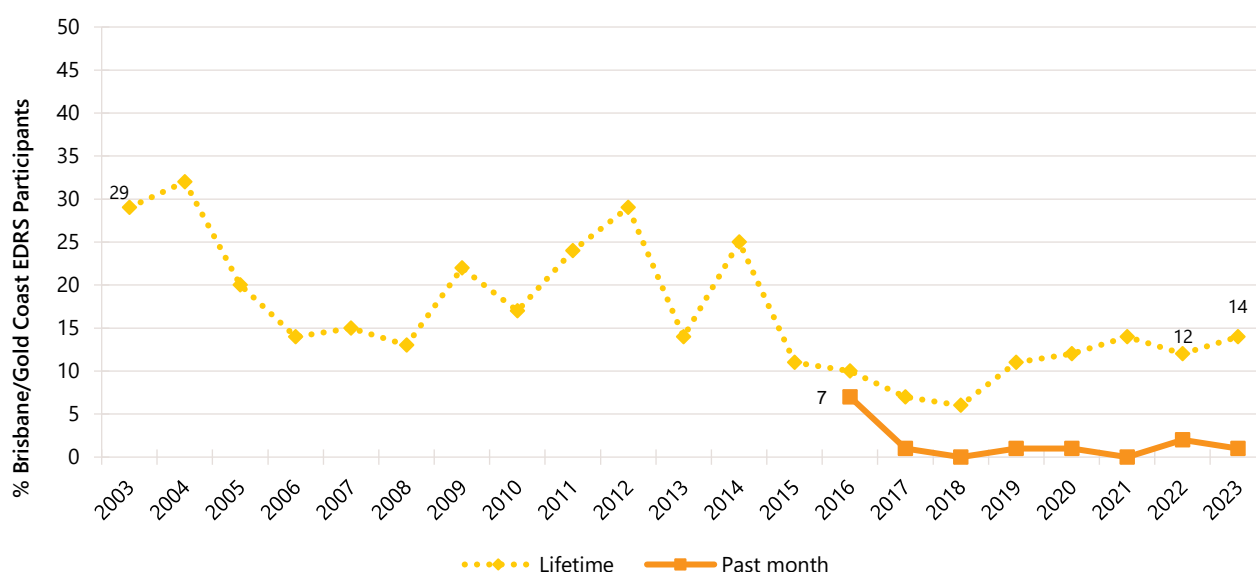
Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2003/2016) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Drug Treatment

In 2023, low numbers (n≤5) of the Brisbane/Gold Coast sample reported currently receiving drug treatment (n≤5 in 2022; $p=0.621$). Due to low numbers reporting on the forms of treatment received (n≤5), please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Ecstasy and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item tool questionnaire 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, and 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 ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Of those who had recently used ecstasy and responded (n=97), 19% recorded a score of three and above, stable from 17% in 2022 ($p=0.847$). The median ecstasy SDS score was zero (range: 0–11). Sixty seven per cent of participants obtained a score of zero on the ecstasy SDS and a further eight per cent obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use (Table 5).

To assess methamphetamine dependence in the past six months, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence. Of those who had recently used methamphetamine and responded (n=28), 54% scored four or above, stable from 43% in 2022 (p=0.749). The median methamphetamine SDS score was four (range: 0–14). One quarter of the participants (25%) obtained a score of zero on the methamphetamine SDS and few participants (n≤5) obtained a score of one on the scale, indicating that over half of respondents reported symptoms of dependence in relation to methamphetamine use (Table 5).

Table 5: Total ecstasy 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, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Ecstasy	**(N=97)**	**(N=96)**	**(N=97)**	**/**	**(N=65)**	**(N=95)**	**(N=97)**
Median total score (IQR)	0 (0-2)	1 (0-2)	1 (0-2)	/	1 (0-2)	0 (0-1)	**0 (0-1)**
% score 0	54	40	35	/	43	64	**67**
% score =1	18	18	26	/	23	13	**8**
% score ≥3	19	22	19	/	14	17	**19**
Methamphetamine	**(N=12)**	**(N=17)**	**(N=23)**	**(N=18)**	**(N=20)**	**(N=14)**	**(N=28)**
Median total score (IQR)	2 (0-6)	0 (0-4)	2 (0-7)	1 (0-6)	2 (0-4)	2 (0-6)	**4 (1-7)**
% score 0		53	43	50	40	-	**25**
% score =1	-	0	-	-	-	-	**-**
% score ≥4		35	43	33	-	43	**54**

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. / Ecstasy Severity of Dependence was not asked of participants in 2020. The response option 'Don't know' was excluded from analysis. Imputed values used for missing scale scores. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Sexual Health Behaviours

In 2023, 87% of the sample reported some form of sexual activity in the past four weeks (88% in 2022; p=0.829) (Table 6). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=87), 87% reported using alcohol and/or other drugs prior to or while engaging in sexual activity, stable relative to 2022 (81%; p=0.311). Of those who had engaged in sexual activity in the past four weeks and responded (n=87), nine per cent reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (12% in 2022; p=0.626). Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=85), 27% reported

penetrative sex without a condom where they did not know the HIV status of their partner (28% in 2022; *p*=0.864) (Table 6).

Of those who commented (n=99), 75% reported having a sexual health check-up in their lifetime (80% in 2022; *p*=0.396), including 26% reporting having a sexual health check-up in the six months prior to interview, a significant decrease from 2022 (45% in 2022; *p*=0.010). Of the total sample who responded (n=99), 29% had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (28% in 2022), though few (n≤5) participants reported that they had received a positive diagnosis for a STI in the past six months in 2023 (6% in 2022; *p*=0.748) (Table 6).

Of those who commented (n=100), 61% reported having a test for human immunodeficiency virus (HIV) in their lifetime (65% in 2022; *p*=0.558), including 23% having done so in the six months prior to interview (30% in 2022; *p*=0.339). In 2023, no participants had been diagnosed with HIV in their lifetime (0% in 2022) (Table 6).

Table 6: Sexual health behaviours, Brisbane/Gold Coast, QLD, 2021-2023

|	2021	2022	2023
Of those who responded:	N=71	N=101	**N=100**
% Any sexual activity in the past four weeks (n)	77 (n=55)	88 (n=89)	**87 (n=87)**
Of those who responded# and reported any sexual activity in the past four weeks	n=55	n=89	**n=87**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	84	81	**87**
Of those who responded# and reported any sexual activity in the past four weeks:	n=55	n=89	**n=87**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	-	12	**9**
Of those who responded# and reported any sexual activity in the past four weeks:	n=55	n=88	**n=85**
% Had penetrative sex without a condom and did not know HIV status of partner	25	28	**27**
Of those who responded#:	n=72	n=101	**n=100**
% Had a HIV test in the last six months	13	30	**23**
% Had a HIV test in their lifetime	47	65	**61**
Of those who responded#:	n=72	n=101	**n=100**
% Diagnosed with HIV in the last six months	0	0	**0**
% Diagnosed with HIV in their lifetime	0	0	**0**
Of those who responded#:	n=73	n=102	**n=99**
% Had a sexual health check in the last six months	27	45	**26****
% Had a sexual health check in their lifetime	71	80	**75**
Of those who responded#:	n=73	n=102	**n=99**
% Diagnosed with a sexually transmitted infection in the last six months	-	6	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	19	28	**29**

Note. # Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). 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

Sixty-eight per cent of the Brisbane/Gold Coast sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2022 (75%; p=0.355). Of those who reported a mental health problem and commented in 2023 (n=69), the most common mental health problem was depression (60%, 70% in 2022, p=0.129), followed by anxiety (59%, 70% in 2022, p=0.096), post-traumatic stress disorder (PTSD) (10%, 14% in 2022, p=0.453), bipolar disorder (10%, 11% in 2022) and any personality disorder (10%, 11% in 2022). Of those who reported experiencing a mental health problem and commented (n=69), 71% reported seeing a mental health professional during the past six months (67% in 2022; p=0.703) (49% of the total sample in 2023) (Figure 49). Of those who reported seeing a mental health professional (n=49), 71% reported being prescribed medication for their mental health problem (67% in 2022; p=0.655).

Figure 49: Self-reported mental health problems and treatment seeking in the past six months, Brisbane/Gold Coast, QLD, 2008-2023
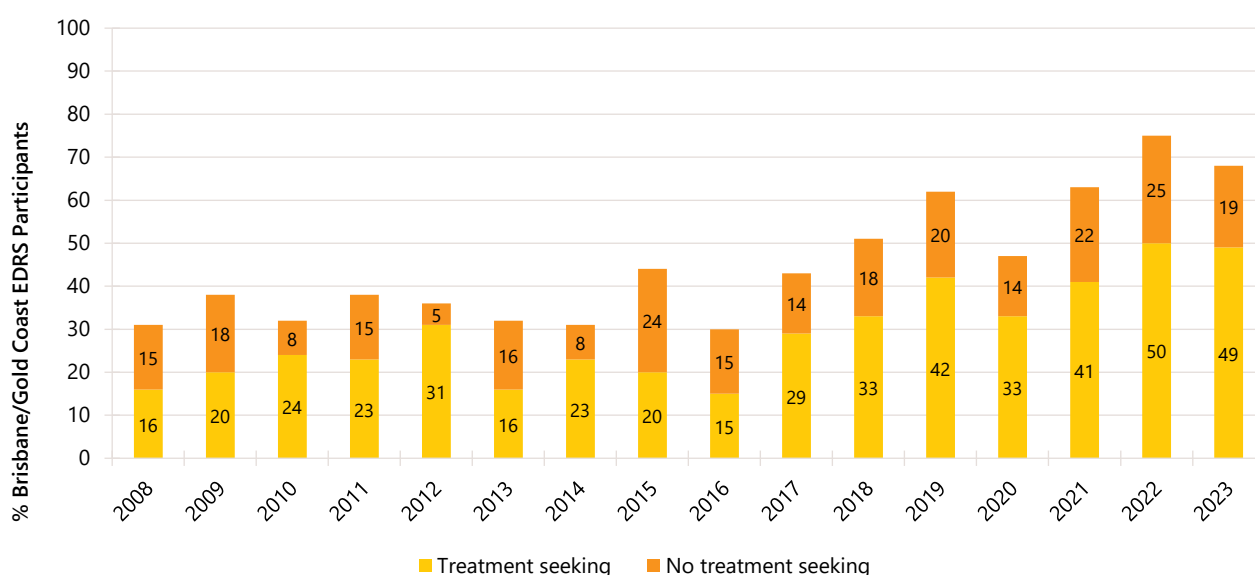
Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels are only provided for the first (2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. 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/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; scores 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.

Among those who responded (n=102), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.626). In 2023, 19% of the EDRS participants had a score of 30 or more (25% in 2022; p=0.102) (Figure 50).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 50).

Figure 50: K10 psychological distress scores, NHS 2017-18 and Brisbane/Gold Coast, QLD, 2006-2023
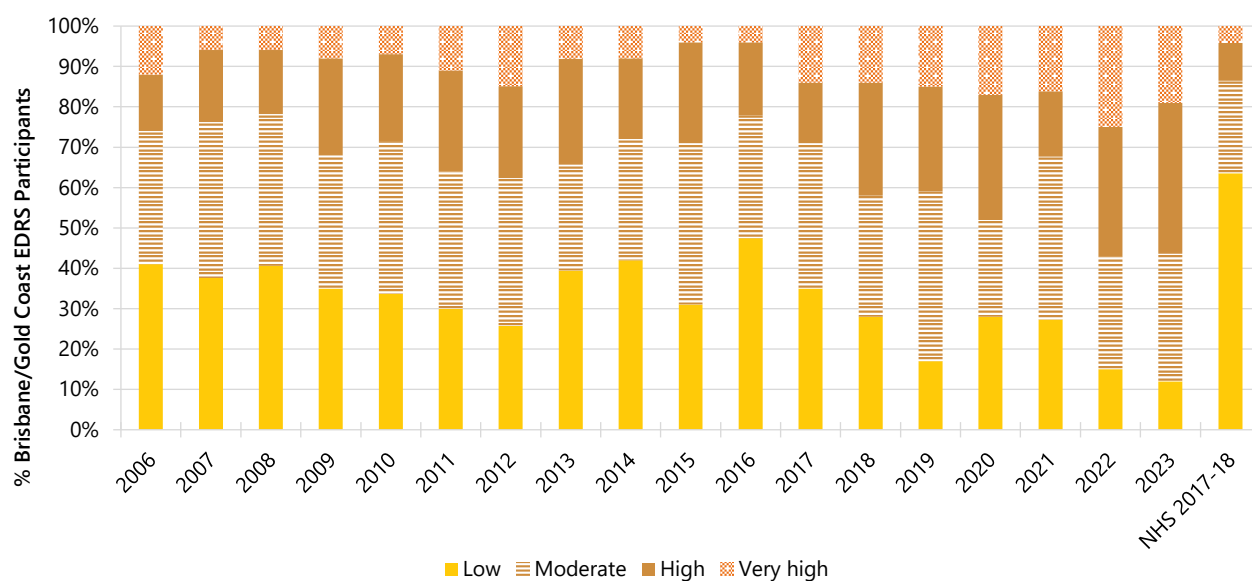
Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Almost three in ten (29%) participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview in 2023 (32% in 2022; p=0.761). Primary services reported by participants in 2023 were GP (11%), drug and alcohol counsellor (10%), psychologist (10%), and emergency department (6%) (Table 7).

The majority of participants reported accessing any health service in the six months preceding interview in 2023 (90%) (95% in 2022; p=0.283). Primary services reported by participants in 2023 were GP (80%), psychologist (38%) or psychiatrist (25%), dentist (27%), and emergency department (25%) (Table 7).

Table 7: 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=102)	2023 (N=102)	2022 (N=102)	2023 (N=102)
% accessed a health service in the past 6 months	32	**29**	95	**90**
Type of service accessed *(participants could select multiple services)*	N=33	**N=30**	N=97	**N=92**
GP	9	**11**	87	**80**
Emergency department	7	**6**	23	**25**
Hospital admission (inpatient)	-	**-**	12	**17**
Medical tent (e.g., at a festival)	7	**-**	14	**-**
Drug and Alcohol counsellor	-	**10**	-	**11**
Hospital as an outpatient	-	**0**	8	**10**
Specialist doctor (not including a psychiatrist)	-	**-**	9	**17**
Dentist	-	**0**	41	**27**
Ambulance attendance	-	**-**	-	**11**
Other health professional (e.g., physiotherapist)	0	**-**	20	**17**
Psychiatrist	-	**-**	20	**25**
Psychologist	17	**10**	45	**38**
NSP	-	**-**	-	**-**
Peer based harm reduction service	-	**-**	-	**-**
Other harm reduction service	0	**-**	-	**-**

Note. – Per cent suppressed due to small cell size (n≤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.

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, 27% of the sample reported experiencing stigma in any setting in the six months preceding interview. These experiences of stigma most commonly occurred when visiting a general health care services (14%) (Table 8).

Few participants (n≤5) reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview, a decrease relative to 13% in 2022 (p=0.014). A larger percentage reported experiencing stigma within general health care services in the six months preceding interview (14%; 16% of those who had attended general health care services), stable relative to 2022 (23% in 2022; p=0.145).

Self-reported experiences of stigma whilst attending general health care services most commonly occurred when visiting a GP (8%). Thirteen per cent of participants reported experiencing stigma in non-health care settings, most commonly from police (6%), followed by a current/potential employer (n≤5; not asked in 2022) (Table 8).

Table 8: Experience of stigma, Brisbane/Gold Coast, QLD, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service:	N=91 13	**N=99 -**
% Experienced stigma in general health care service:	N=93 23	**N=100 14**
% Experienced stigma in non-health care service:	/	**N=98 13**
% Experienced stigma in any of the above settings^	/	**27**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**N=94 28**
Delayed accessing healthcare	/	**6**
Did not tell health worker about drug use	/	**19**
Downplayed need for pain medication	/	**-**
Looked for different services	/	**-**
Did not attend follow-up appointment	/	**7**
Other	/	**-**

Note. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. – Per cent suppressed due to small cell size (n≤5 but not 0). 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.

COVID-19 Testing and Diagnosis

In 2023, the vast majority (95%) of the Brisbane/Gold Coast EDRS sample had ever been tested for SARS-CoV-2 by the time of interview, with 75% having been tested in the 12 months preceding interview (93% in 2022; 48% in 2021; 6% in 2020). Three quarters (78%) of participants reported having ever been diagnosed with the virus (63% in 2022, no participants in 2021 and 2020, respectively), with those who had ever been diagnosed reporting a median of one infection (IQR=1-2). Forty-seven per cent of the sample reported a positive COVID-19 test in the 12 months preceding interview.

At the time of interview, 89% reported that they had received at least one COVID-19 vaccine dose (81% in 2022), with participants receiving a median of two doses (IQR=2-3); n≤5 received one dose, 49% received two doses and 39% received three or more doses).

Driving

In 2023, 85% of the Brisbane/Gold Coast sample had driven a car, motorcycle, or other vehicle in the last six months. Of those who had driven in the past six months and responded (n=81), almost two fifths (38%) reported driving while over the (perceived) legal limit of alcohol (29% in 2022; p=0.208). Of those who had driven in the past six months and responded (n=87), 53% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, remaining stable from 2022 (55%; p=0.878) (Figure 51). Participants most commonly reported using cannabis (61%) within three hours of driving in the last six months, followed by cocaine (33%), and methamphetamine crystal (26%). Among those who had driven in the past six months (n=87), 14% reported that they had been tested for drug driving by the police roadside drug testing service, stable from 2022 (13%; p=0.824), and almost two fifths (37%) reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview, stable from 2022 (30%; p=0.431) (Figure 51).

Figure 51: Self-reported testing and driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, among those who had driven in the past six months, Brisbane/Gold Coast, QLD, 2007-2023
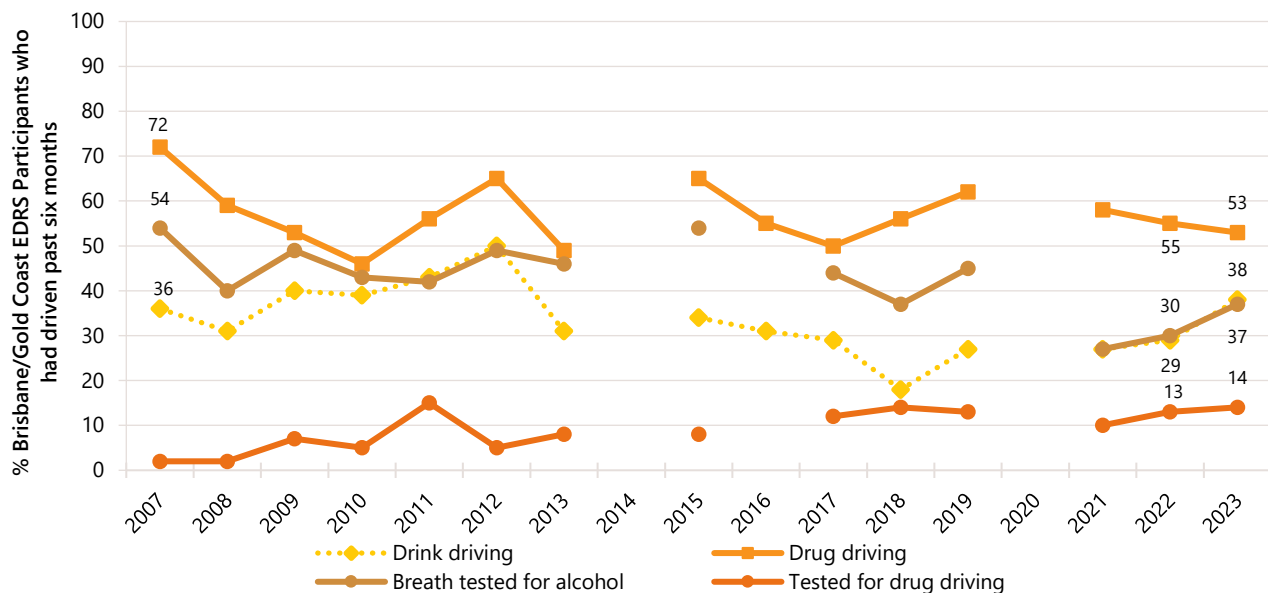
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Questions about alcohol and drug driving testing were not asked in 2016. Data labels are only provided 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≤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.

Experience of Crime and Engagement with the Criminal Justice System

In 2023, 41% of the Brisbane/Gold Coast sample reported 'any' crime in the past month (52% in 2022; p=0.129), with drug dealing (30%; 23% in 2022; p=0.266) and property crime (19%; a decrease from 34% in 2022; p=0.017) being the two main forms of criminal activity in 2023 (Figure 52).

In 2023, almost one-tenth (10%) of the Brisbane/Gold Coast sample reported being the victim of a crime involving violence, stable relative to 2022 (15%; p=0.298) (Figure 53).

Seven per cent of the 2023 sample reported having been arrested in the 12 months preceding interview (6% in 2022). Few participants (n≤5) reported reasons for arrest; therefore, further details are not reported. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

An additional 17% of participants (10% in 2022; p=0.223) reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months. This predominantly comprised being stopped and searched (82%; 50% in 2023; p=0.102), followed by being stopped for questioning. (41%; 50% in 2022; p=0.706).

Few participants (n≤5) reported having ever been in prison in 2023, stable relative to 2022.

Figure 52: Self-reported criminal activity in the past month, Brisbane/Gold Coast, QLD, 2003-2023
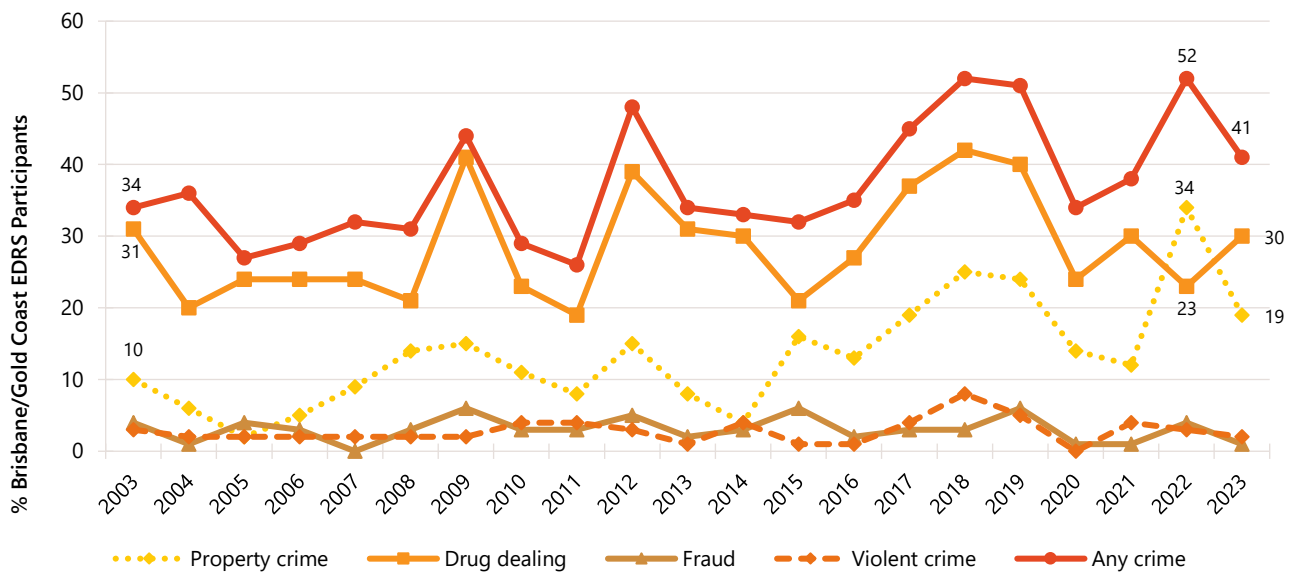
Note. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Y axis has been reduced to 60% to improve visibility of trends. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 53: Victim of crime involving violence in the past month, Brisbane/Gold Coast, QLD, 2019-2023
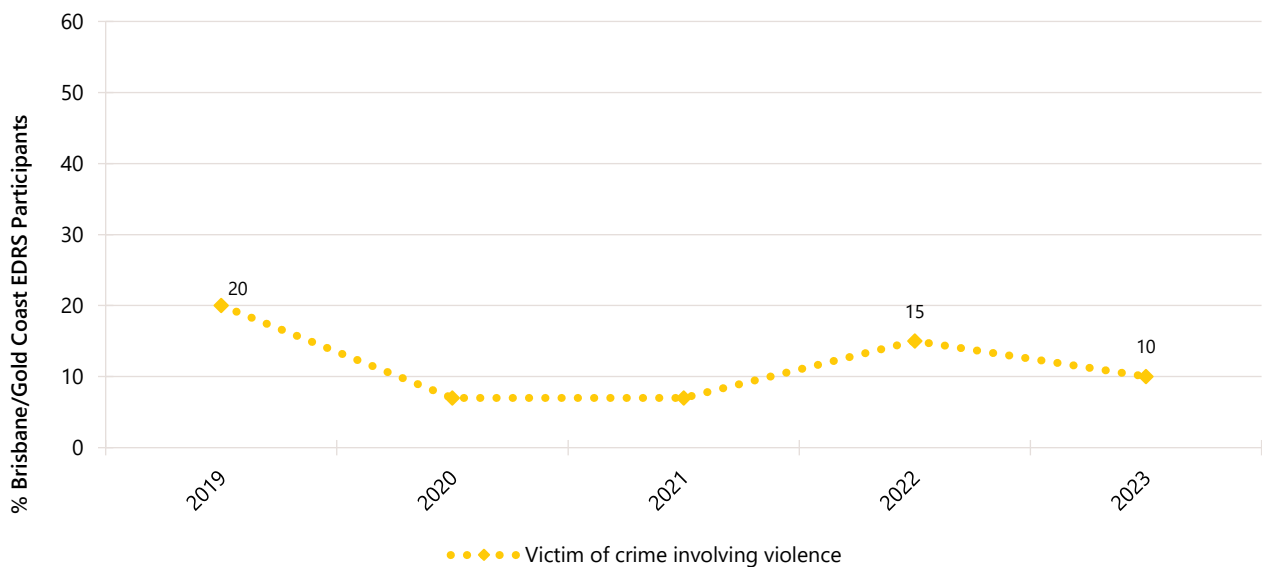
Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤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.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2023, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was in person (68%; 73% in 2022; p=0.530) and social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (72%; a significant decrease from 85% in 2022; p=0.040) (Table 9). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Buying and Selling Drugs Online

Few participants (n≤5) reported obtaining drugs via the darknet in the past year (n≤5 in 2022; p=0.134); and few (n≤5) reported purchasing on the surface web (n≤5 in 2022). Fifty-eight per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface web or darknet, with 35% having done so in the last 12 months (43% in 2022; p=0.298).

In 2023, six per cent of participants reported selling illicit/non-prescribed drugs via surface or darknet marketplaces in the 12 months preceding interview (n≤5 in 2022; p=0.818).

Source and Means of Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2023 (76%; 84% in 2022; p=0.219), followed by 69% reporting obtaining it from a known dealer/vendor (66% in 2022; p=0.760). Almost two fifths (39%) reported obtaining illicit drugs from an unknown dealer/vendor (43% in 2022; p=0.668) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (97%; 96% in 2022), followed by a collection point (defined as a predetermined location where a drug will be dropped for later collection; 24%; 15% in 2022; p=0.157), and fewer participants reporting receiving illicit drugs via post (7%; significantly decreased from 18% in 2022; p=0.034) (Table 9).

Table 9: Means of purchasing and obtaining illicit drugs in the past 12 months, Brisbane/Gold Coast, QLD, 2019-2023

	2019 (n=99)	2020 (n=100)	2021 (n=72)	2022 (n=100)	2023 (n=101)
% Purchasing approaches in the last 12 months^					
Face-to-face	82	78	68	82	**68**
Surface web	8	6	-	8	**-**
Darknet market	21	8	6	21	**-**
Social networking or messaging applications#	82	80	61	82	**72***
Text messaging	43	54	31	43	**39**
Phone call	35	41	21	35	**27**
Grew/made my own	-	-	-	-	**-**
Other	0	0	0	0	**0**
% Means of obtaining drugs in the last 12 months^~	(n=100)	(n=100)	(n=73)	(n=101)	**(n=101)**
Face-to-face	94	96	92	96	**97**
Collection point	11	14	8	15	**24**
Post	24	14	7	18	**7***
% Source of drugs in the last 12 months^	(n=100)	(n=100)	(n=73)	(n=101)	**(n=101)**
Friend/relative/partner/colleague	92	74	81	84	**76**
Known dealer/vendor	71	63	64	66	**69**
Unknown dealer/vendor	45	32	34	43	**39**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option from 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.