IDRS



QUEENSLAND DRUG TRENDS 2021

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

DOI: 10.26190/ftn4-sd95



QUEENSLAND DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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DOI: 10.26190/ftn4-sd95

ISBN 978-0-7334-4021-2 ©NDARC 2022

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Suggested citation: Juckel, J., Thomas, N., Daly, C., Maravilla, J., & Salom, C. (2022). Queensland Drug Trends 2021: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. DOI: 10.26190/ftn4-sd95

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

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

DOI: 10.26190/ftn4-sd95

Table of Contents

SAMPLE CHARACTERISTICS 16

COVID-19 18

HEROIN 23

METHAMPHETAMINE 27

COCAINE 34

CANNABIS 38

PHARMACEUTICAL OPIOIDS 43

OTHER DRUGS 50

DRUG-RELATED HARMS AND OTHER RISK FACTORS 54

DOI: 10.26190/ftn4-sd95

List of Tables

Table 1: Demographic characteristics of the sample, nationally, 2021, and Queensland, 2016-2021 17
Table 2: Past six month use of other opioids, Queensland, 2020-2021 49
Table 3: Past six month use of new psychoactive substances, Queensland, 2014-2021 50
Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2021, and Queensland, 2015-2021 56
Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and Queensland, 2015-2021 59
Table 6: Injection-related issues in the past month, Queensland, 2020-2021 60
Table 7: Current drug treatment, nationally, 2021, and Queensland, 2015-2021 60
Table 8: HCV and HIV Testing and Treatment, nationally (2021) and Queensland, 2020-2021 61
Table 9: Participant reports of driving behaviour in the last six months, nationally and Queensland, 2021 63

DOI: 10.26190/ftn4-sd95

List of Figures

Figure 1: Drug of choice, Queensland, 2000-2021 18
Figure 2: Drug injected most often in the past month, Queensland, 2000-2021 18
Figure 3: Weekly or more frequent substance use in the past six months, Queensland, 2000-2021 19
Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021 21
Figure 5: Current concern related to contracting COVID-19, Queensland, 2021-2021 22
Figure 6: Past six month use and frequency of use of heroin, Queensland, 2000-2021 24
Figure 7: Median price of heroin per cap and gram, Queensland, 2000-2021 25
Figure 8: Current perceived purity of heroin, Queensland, 2000-2021 25
Figure 9: Current perceived availability of heroin, Queensland, 2000-2021 26
Figure 10: Past six month use of any methamphetamine, powder, base, and crystal, Queensland, 2000-2021 28
Figure 11: Frequency of use of any methamphetamine, powder, base, and crystal, Queensland, 2000-2021 28
Figure 12: Median price of powder methamphetamine per point and gram, Queensland, 2002-2021 31
Figure 13: Median price of methamphetamine crystal per point and gram, Queensland, 2002-2021 31
Figure 14: Current perceived purity of powder methamphetamine, Queensland, 2002-2021 32
Figure 15: Current perceived purity of methamphetamine crystal, Queensland, 2002-2021 32
Figure 16: Current perceived availability of powder methamphetamine, Queensland, 2002-2021 33
Figure 17: Current perceived availability of methamphetamine crystal, Queensland, 2002-2021 33
Figure 18: Past six month use and frequency of use of cocaine, Queensland, 2000-2021 35
Figure 19: Median price of cocaine per gram, Queensland, 2000-2021 36
Figure 20: Current perceived purity of cocaine, Queensland, 2001-2021 36
Figure 21: Current perceived availability of cocaine, Queensland, 2001-2021 37
Figure 22: Past six month use and frequency of use of cannabis, Queensland, 2000-2021 39
Figure 23: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Queensland, 2003-2021 40
Figure 24: Current perceived potency of hydroponic (a) and bush (b) cannabis, Queensland, 2004-2021 41
Figure 25: Current perceived availability of hydroponic (a) and bush (b) cannabis, Queensland, 2004-2021. 42
Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Queensland, 2000-2021 44
Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Queensland, 2006-2021 45
Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Queensland, 2001-2021 46
Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Queensland, 2005-2021 47
Figure 30: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Queensland, 2013-2021 48
Figure 31: Past six month use of non-prescribed pharmaceutical drugs, Queensland, 2006-2021 52
Figure 32: Past six month use of licit and other drugs, Queensland, 2000-2021 53
Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Queensland, 2021 54

DOI: 10.26190/ftn4-sd95

Figure 34: Past 12 month non-fatal any overdose, Queensland, 2000-2021 56
Figure 35: Take-home naloxone program and distribution, Queensland, 2013-2021 58
Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, Queensland, 2000-2021 59
Figure 37: Self-reported mental health problems and treatment seeking in the past six months, Queensland, 2004-2021 62
Figure 38: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Queensland, 2007-2021 63
Figure 39: Self-reported criminal activity in the past month, Queensland, 2000-2021 64

DOI: 10.26190/ftn4-sd95

Acknowledgements

Funding

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

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson, Sarah Eddy, Emma Woods and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Tayla Barber, Nadine Lorimer, and Lawrence Rivera for conducting the Queensland IDRS interviews in 2021. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the IDRS.

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

DOI: 10.26190/ftn4-sd95

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase chain reaction
REDCap	Research Electronic Data Capture
RNA	Ribonucleic acid
QLD	Queensland
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

DOI: 10.26190/ftn4-sd95

Executive Summary

The Queensland (QLD) IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Brisbane and the Gold Coast, Queensland. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from June-July. Interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Brisbane/Gold Coast, Queensland (QLD) was consistent with the QLD profile in previous years, whereby half (53%) the sample was male, with a mean age of 44 years. The majority (83%) of the sample was unemployed at the time of interview, and most of the sample (93%) received a government pension/allowance or benefit in the month prior to interview. Median weekly income significantly decreased in 2021, from $540 in 2020 to $356 in 2021 ($p$<0.001). There was a significant change in drug of choice amongst the sample between 2020 and 2021 (p=0.030), with half (51%) the sample reporting that methamphetamine was their drug of choice, an increase from 33% in 2020. In contrast, heroin as participants' drug of choice decreased from 47% in 2020 to 32%. There was a significant change in the drug injected most in the last month (p=0.022), with just over half (55%) reporting methamphetamine was most often injected, an increase from 36% in 2020. Heroin being the drug injected most often in the past month decreased in 2021, from 42% in 2020 to 29% in 2021. Weekly or more frequent use of heroin significantly decreased in 2021 (p=0.006), whilst weekly or more frequent use of crystal methamphetamine significantly increased (p=0.023).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. In 2021, 39% of the QLD sample had been tested for SARS-CoV-2 in the past 12 months, though no participants had been diagnosed with the virus. Twenty-eight per cent expressed any concern about contracting COVID-19, and 7% of participants reported that they had received at least one dose of the COVID-19 vaccine at the time of interview.

Heroin

Notwithstanding some fluctuation, recent (i.e., past six month) use of heroin has generally decreased amongst the QLD sample since monitoring began. In 2021, a significant decrease was observed, with 43% of the sample reporting recent use (64% in 2020; p=0.003), the lowest per cent since monitoring began. Seventy-two per cent of those who had recently used heroin reported weekly or more frequent use in 2021. The reported median price of heroin remained stable at $100 per point, with perceived purity and perceived availability also remaining stable between 2020 and 2021. The largest proportion of those able to comment perceived heroin as 'low' purity (30%) and, most (51%) perceived it as 'easy' to obtain.

Methamphetamine

Recent use of any methamphetamine increased significantly in 2021 to 79% (63% in 2020; p=0.020). This was mostly driven by a continued increase in use of crystal methamphetamine (78%; 63% in 2020, p=0.030). A significant change in the availability of methamphetamine crystal was reported in 2021 (p<0.001), with more participants finding it 'easy' to obtain in 2021 (45%; 23% in 2020) or 'very easy' (32%; 18% in 2020), while less participants (17%)

DOI: 10.26190/ftn4-sd95

perceived it as 'difficult' to obtain in 2021 (39% in 2020).

Cocaine

Twelve per cent of the QLD sample had recently consumed cocaine, stable from 19% in 2020, on a median of three days (IQR=2-4), consistent with 2020 reports. No participants reported using cocaine on a weekly or more frequent basis.

Cannabis

Recent use of cannabis has remained fairly consistent since 2014, with 68% reporting recent use in 2021, stable from 64% in 2020 (p=0.688). Almost one-third (31%) of those who had recently used cannabis reported using it on a daily basis, stable from 30% in 2020. Hydroponic cannabis remained the form most commonly used (87%; 94% in 2020), followed by bush cannabis (35%; 44% in 2020). No market changes were observed in price, perceived purity or perceived availability. Among those able to answer, the majority (60%) perceived hydroponic cannabis to be 'high' in potency (51% in 2020), and 46% reported that hydroponic cannabis was 'very easy' to obtain (33% in 2020).

Pharmaceutical Opioids

Recent non-prescribed use of buprenorphine (20%), buprenorphine-naloxone (11%), morphine (18%), oxycodone (10%) and fentanyl (n≤5) remained stable from 2020 to 2021.

Other Drugs

Nine per cent reported any recent NPS use (n≤5 in 2020). Non-prescribed benzodiazepine use remained stable in 2021 and was reported by 26% of participants (30% in 2020). Alcohol and tobacco use have remained consistently high over the period of monitoring, with 54% and 89% reporting recent use of alcohol and tobacco, respectively, in 2021. The median days of alcohol use increased significantly to 52 days (12 days in 2020; p<0.001). Twenty-one per cent of those who had recently consumed alcohol reported daily use, a significant increase from 2020 (n≤5; p=0.007).

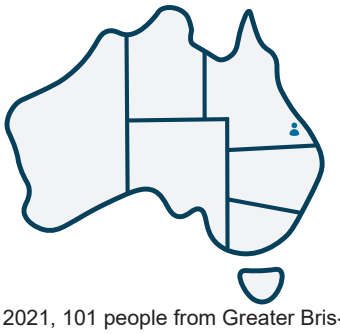
Drug-Related Harms and Other Associated Behaviours

In 2021, the majority (99%) of the QLD sample reported using one or more drugs on the day preceding interview. Nearly one-in-five (19%) reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug, with 12% reporting a past year non-fatal heroin overdose. The majority (60%) of the sample had heard of take-home naloxone programs, and 30% had been trained in naloxone administration. One-fifth (22%) reported distributive sharing of a needle, a significant increase from 7% in 2020 (p=0.007), and almost half (48%) reported injecting their partner/friend after injecting themselves. Two-fifths of the sample (42%) reported experiencing injection-related problems in the past month, most commonly nerve damage (27%). Almost half (45%) of the sample reported being in drug treatment at the time of interview, stable from 2020 (47%; p=0.845). Twenty-nine per cent of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year, 32% had received an RNA test and 9% reported having a current HCV infection. Self-reported past six-month mental health problems remained stable (61%; 56% in 2020), as did past month criminal activity (45%; 47% in 2020). Seven per cent of the QLD sample reported driving while over the perceived legal limit of alcohol and 37% reported driving within three hours of consuming an illicit or non-prescribed drug. Nineteen per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 8% having done so in the past year.

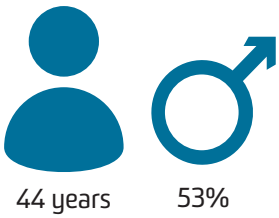
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IDRS Illicit Drug Reporting System

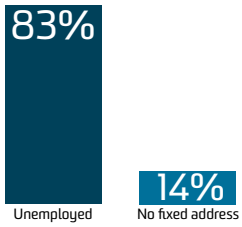
2021 SAMPLE CHARACTERISTICS



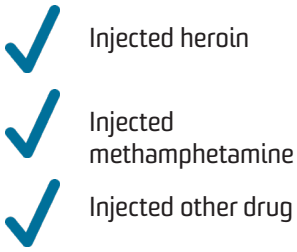
In 2021, 101 people from Greater Bris- bance Area, QLD participated in IDRS interviews.



The mean age in 2021 was 44, and 53% identified as male.

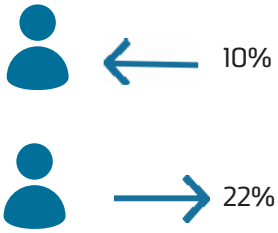


In the 2021 sample, 83% were unemployed and 14% had no fixed address.

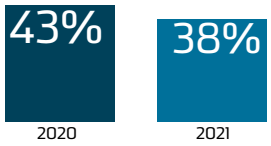


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

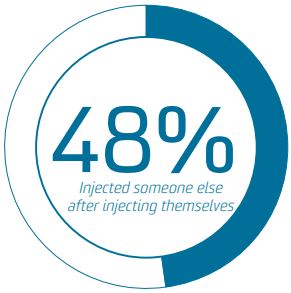
INJECTING RELATED RISKS AND HARMS



In 2021, 10% of the IDRS sample reported receptive needle sharing, and 22% reported distributive needle sharing.



The number of people who re-used their own needles remained stable from 43% in 2020 to 38% in 2021.

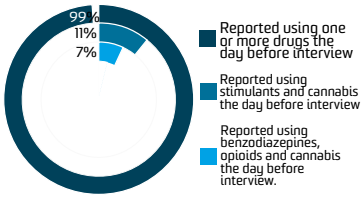


In the QLD sample, 48% of participants reported injecting someone else after injecting themselves.

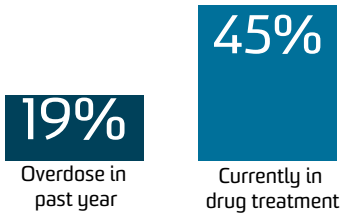


In 2021, 42% of the QLD sample reported having an injection-related health issue in the month preceding interview.

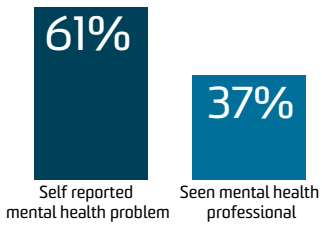
OTHER HARMS AND HELP-SEEKING



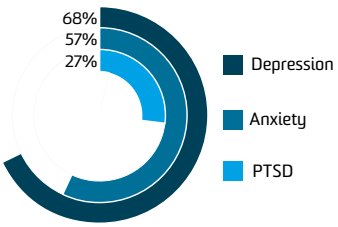
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 19% had experienced a non-fatal overdose in the previous 12 months and 45% were currently in drug treatment.

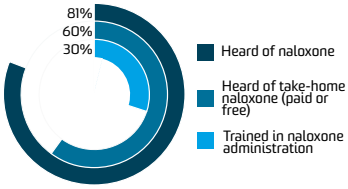


In the sample, 61% self reported a mental health problem in the six months prior to interview, and 37% had seen a mental health professional.



Of those who commented, the three most common mental health issues reported were depression (68%), anxiety (57%) and PTSD (27%).

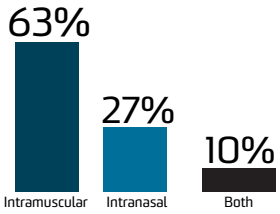
NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of, and participation in, the take-home naloxone program remained stable in 2021.



Of those who reported having heard of naloxone, 22% had used naloxone to resuscitate someone who had overdosed.



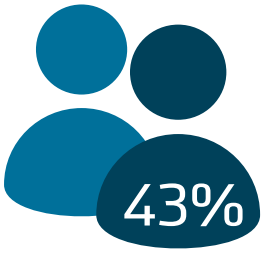
Of those who reported ever accessing naloxone, 63% received intramuscular naloxone, 27% intranasal naloxone and 10% both.



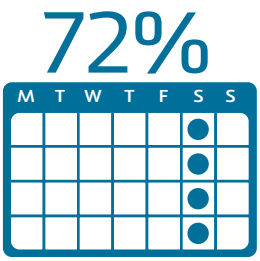
In 2021, 8% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

DOI: 10.26190/ftn4-sd95

HEROIN



Past 6 month use of heroin was at 43% in the 2021 IDRS sample, a decrease from 64% 2020.



Of those who had recently consumed heroin, 72% used it weekly or more often, stable from 79% in 2020.

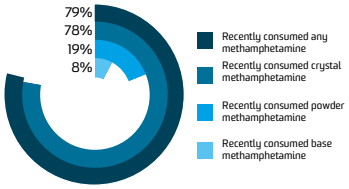


The median reported price for a point of heroin was $100 in 2021 and $100 in 2020.

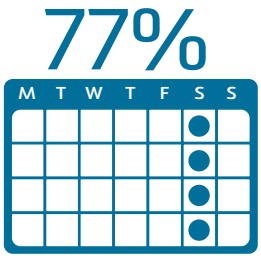


Of those who could comment 90% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 84% in 2020.

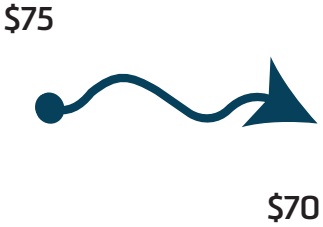
METHAMPHETAMINE



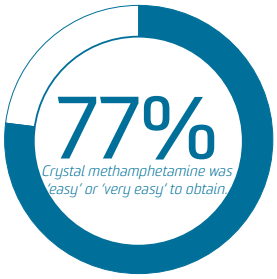
Past 6 month use of any (79%) and crystal methamphetamine (78%) increased from 2020 whereas recent use of powder (19%) and base (8%) remained stable.



Of those who had recently used any form of methamphetamine, 77% used it at least weekly, stable from 69% in 2020.



The median reported price for a point of crystal methamphetamine was $70 in 2021, stable from $75 in 2020.



Of those who could comment, 77% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from 41% in 2020.

OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine was stable at 21% in the 2020 sample and 18 % in 2021.

Non-prescribed fentanyl



Past 6 month use of non-prescribed fentanyl was stable at n≤5 in the 2020 sample to n≤5 in 2021.

Non-prescribed pregabalin



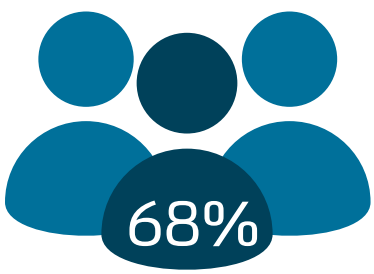
Past 6 month use of non-prescribed pregabalin was stable at 17% in the 2020 sample and 22% in 2021.

GHB/GBL/1,4-BD

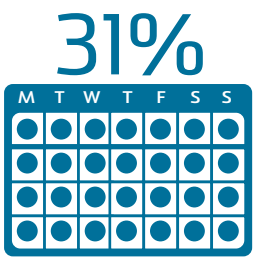


Past 6 month use of GHB/GBL/1,4-BD was stable at 10% in the 2020 sample and 10% in 2021.

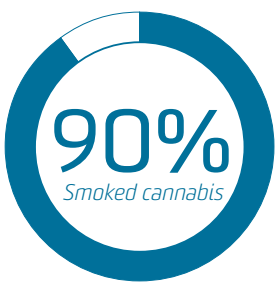
CANNABIS



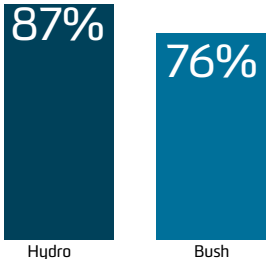
Past 6 month use of any cannabis was stable at 64% in the 2020 sample and 68% in 2021.



Of those who had consumed cannabis recently, less than one-third reported daily use (31%).



Of people who had consumed cannabis in the last 6 months, 90% had smoked it.



Of those who could comment 87% perceived hydro and 76% perceived bush to be 'easy' or 'very easy' to obtain.

DOI: 10.26190/ftn4-sd95

Background

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

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

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs at least monthly during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

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

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

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

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

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 101 participants recruited from Brisbane/Gold Coast, Queensland. A total of 73 interviews were conducted via telephone in Brisbane/Gold Coast, Queensland.

DOI: 10.26190/ftn4-sd95

Data Analysis

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

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

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

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

DOI: 10.26190/ftn4-sd95

1

Sample Characteristics

In 2021, there was a significant change in recruitment methods compared to 2020 (p<0.001), with less participants being recruited via NSPs (64%; 85% in 2020), and more participants recruited via word-of-mouth (32%; 6% in 2020). Thirteen per cent of the 2021 sample had taken part in the 2020 interview (19% of the 2020 sample had taken part in the 2019 interview; p=0.336).

Gender identity remained stable between 2020 and 2021 (p=0.449), with 53% of the 2021 QLD sample identifying as male (58% in 2020). The mean age of the sample was 44 years (SD:10), stable from 45 years in 2020 (SD:10; p=0.773), and there was a significant increase in participants who identified as Aboriginal/Torres Strait Island origin (28%; 12% in 2020; p=0.011) (Table 1). Employment status remained stable from 2020 (p=0.265), whereby the majority (83%) of the sample were unemployed (76% in 2020). Sixty-five per cent of the sample reported having obtained a post-school qualification(s) (73% in 2020; p=0.276). Accommodation remained stable between 2020 and 2021 (p=0.456), with 69% reporting living in their own house/flat (including renting) (71% in 2020), while 27% reported living in unstable accommodation (i.e., boarding house/hostel, shelter/refuge, or no fixed address) (23% in 2020). Most of the sample (93%) reported receiving a government pension, allowance or benefit in the past month (85% in 2020; p=0.097), and the median weekly income significantly decreased from $540 (IQR=450-600) in 2020 to $356 (IQR=300-490) in 2021 (p<0.001).

Drug of choice was significantly different in 2021 compared to 2020 (p=0.030), with more participants nominating methamphetamine as their drug of choice in 2021 (51%; 33% in 2020), and fewer participants nominating heroin as their drug of choice (32%; 47% in 2020) (Figure 1). There was also a significant change in the drug injected most often in the past month (p=0.022). Specifically, there was an increase in methamphetamine being the drug injected most often in the month preceding interview (55%; 36% in 2020), with a corresponding decrease in heroin being the drug injected most often (29%; 42% in 2020; Figure 2).

A significant decrease was observed in the percentage of participants reporting heroin consumption on a weekly or more frequent basis (31%; 51% in 2020, p=0.006), while there was a significant increase in the percentage of participants reporting crystal methamphetamine consumption on a weekly or more frequent basis (59%; 42% in 2020, p=0.023; Figure 3).

DOI: 10.26190/ftn4-sd95

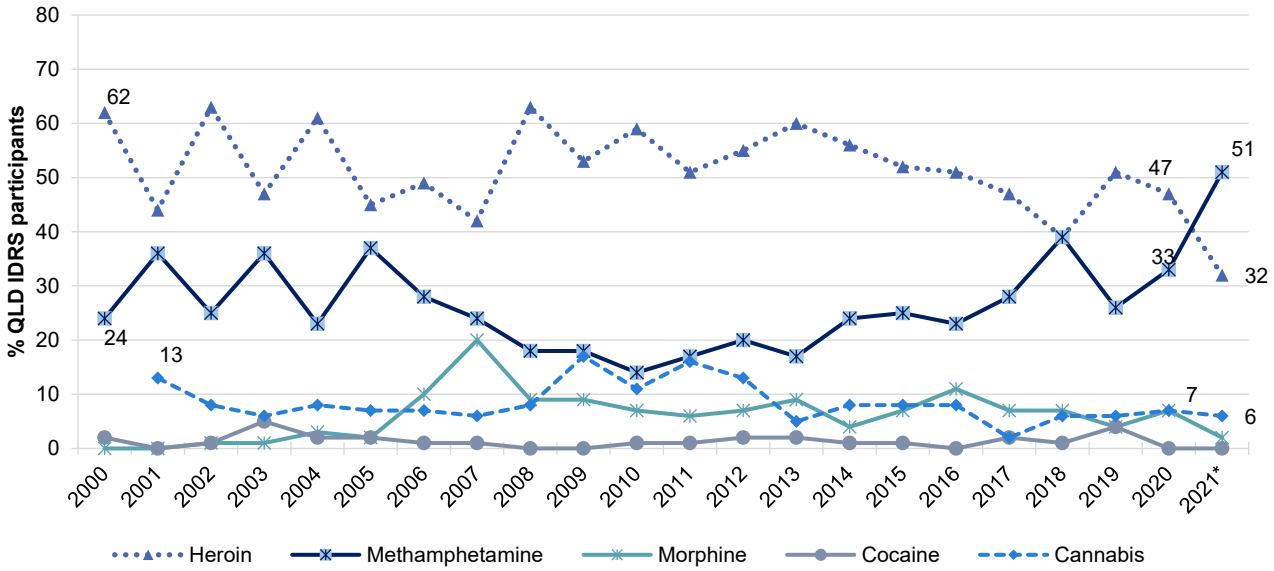
Table 1: Demographic characteristics of the sample, nationally, 2021, and Queensland, 2016-2021

	National	Queensland					
	2021	2021	2020	2019	2018	2017	2016
	(N=888)	(N=101)	(N=98)	(N=109)	(N=103)	(N=103)	(N=91)
Mean age (years; SD)	45 (10)	**44 (10)**	45 (10)	42 (10)	42 (9)	43	41 (8)
% Gender							
Female	34	**47**	41	31	30	24	26
Male	65	53	58	67	69	75	74
Non-binary	0	**0**	-	-	0	0	0
% Aboriginal and/or Torres Strait Islander	23	**28***	12	13	17	16	19
% Sexual identity							
Heterosexual	82	**80**	87	86	85	85	88
Homosexual	4	**-**	-	-	-	-	-
Bisexual	11	**12**	9	9	13	12	8
Queer	1	**-**	0		0	0	0
Other	1	**-**	-	-	0	-	-
Mean years of school education (range)	10 (1-12)	10 (5-12)	10 (7-12)	10 9-11)	10 (9-11)	10 (9-12)	10 (9-11)
% Post-school qualification(s)^	58	**65**	73	61	43	55	59
% Current accommodation							
Own home *(inc. renting)*~	66	**69**	71	75	58	61	56
Parents'/family home	5	**-**	-	8	7	-	7
Boarding house/hostel	9	**13**	8	6	15	13	14
Shelter/refuge	2	**0**	-	-	-	-	-
No fixed address	16	**14**	13	10	18	18	12
Other	2	**-**	0	0	0	-	8
% Current employment status							
Unemployed	88	**83**	76	85	83	84	84
Full-time work	2	**-**	10	-	-	-	-
% Past month gov't pension, allowance or benefit	95	**93**	85	95	93	84	84
Current Median income/week ($; IQR)	358 (300-460)	**356*** (300-490)**	540 (450-600)	323 (267-450)	385 (295-475)	400 (310-475)	371 (290-475)

Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). / Denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

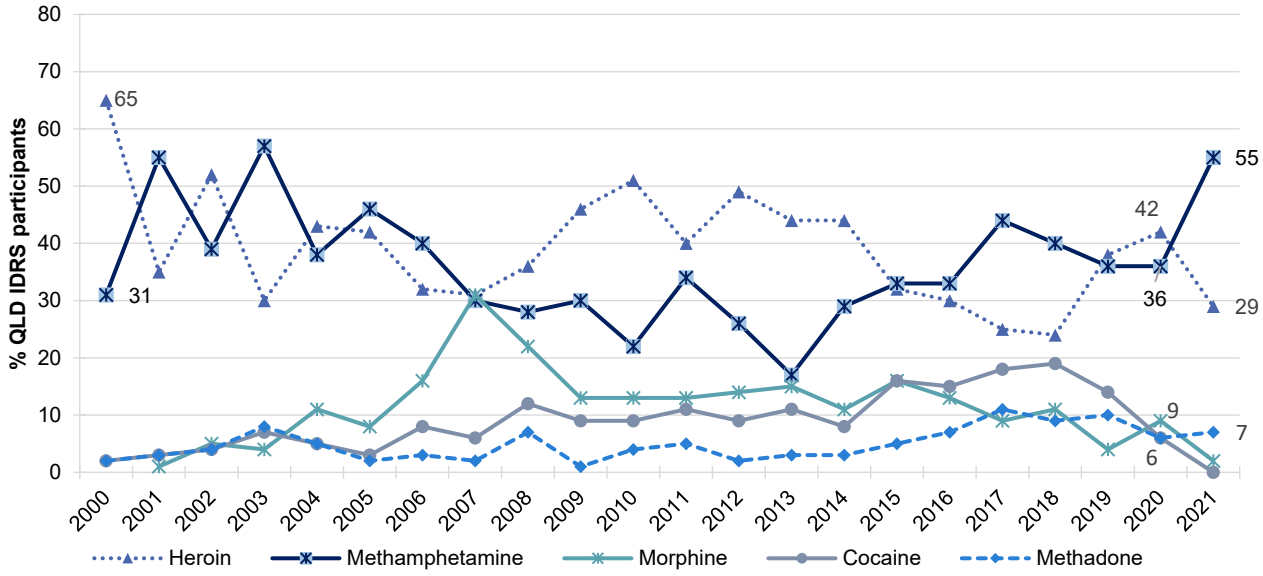
DOI: 10.26190/ftn4-sd95

Figure 1: Drug of choice, Queensland, 2000-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

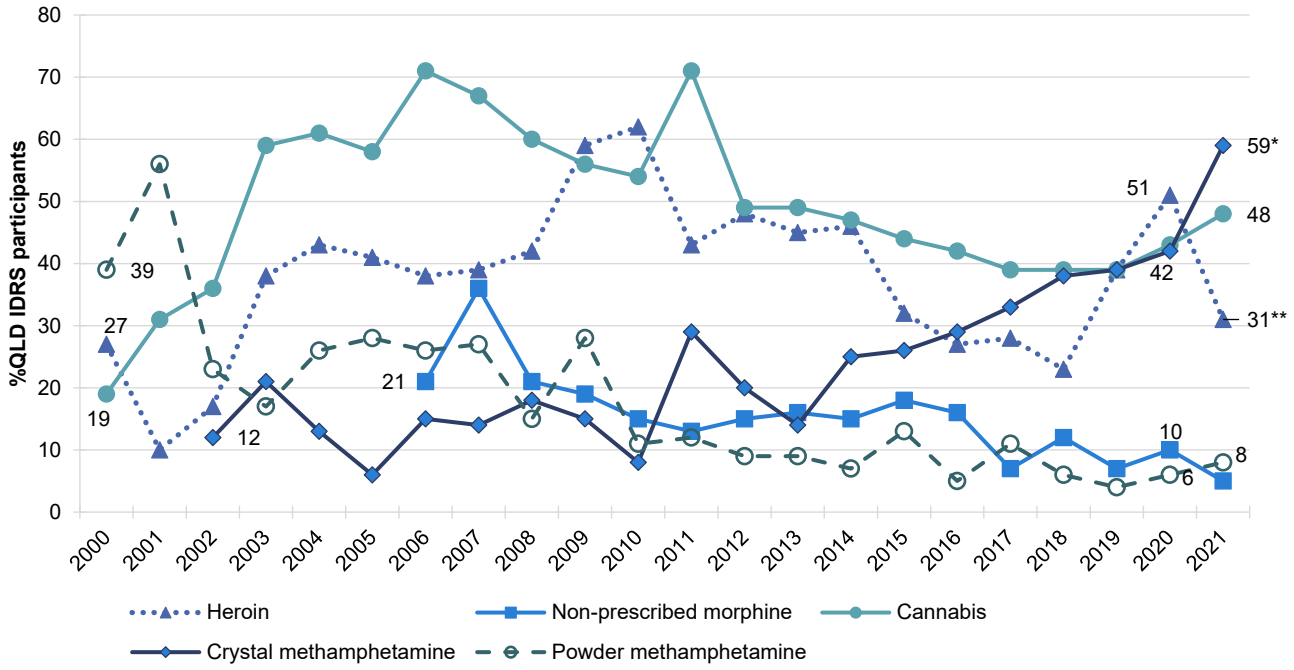
Figure 2: Drug injected most often in the past month, Queensland, 2000-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Figure 3: Weekly or more frequent substance use in the past six months, Queensland, 2000-2021



Note. Computed of 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. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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2

COVID-19

Background

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

As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced across May-June 2020, again with variation across jurisdictions (notably, significant restrictions were enforced again in Victoria from July-October 2020, whereby Stage 4 restrictions were implemented in early August 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, SA, QLD and ACT) introducing restrictions shortly thereafter.

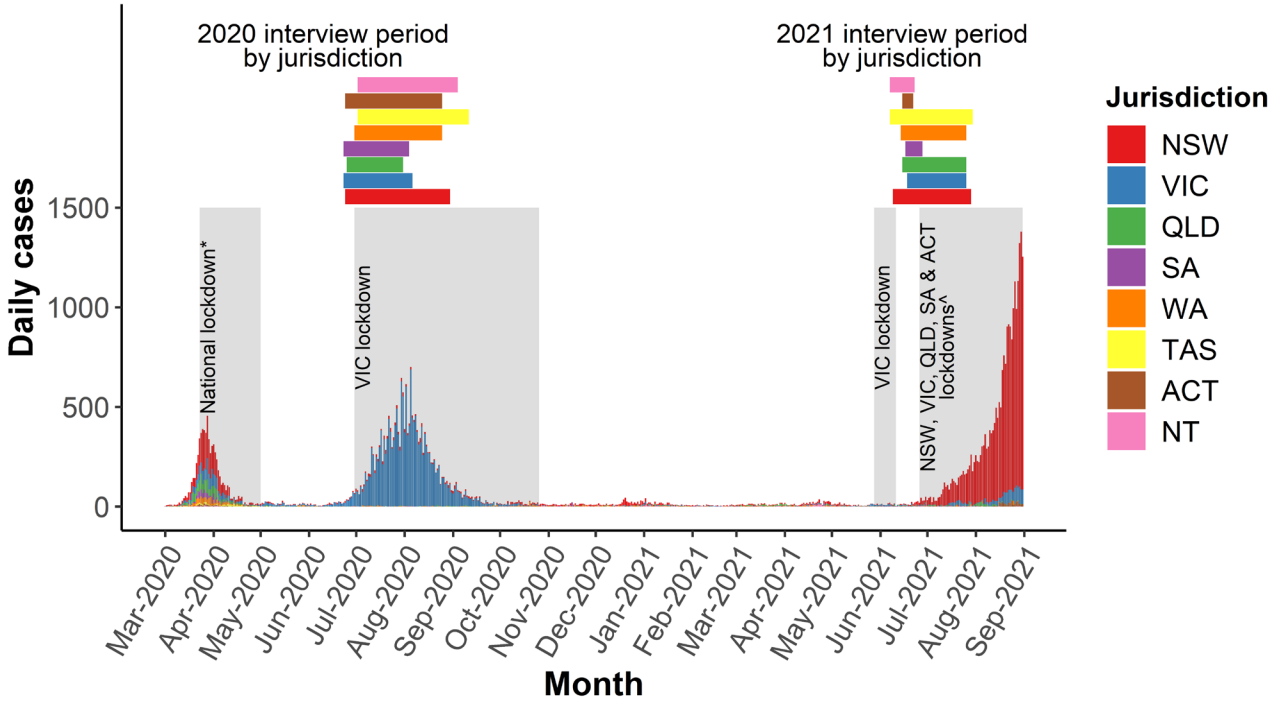
Queensland observed its first case of COVID-19 on 28 January 2020. On 29 January 2020, a public health emergency was declared in Queensland, but major restrictions on movement were not introduced until 23 March 2020 when shutdown of non-essential services, including pubs, clubs, and restaurants began from midday. A peak of 78 new cases was observed on 24 March, bringing the state's total to 397 cases since 29 January 2020. The Queensland border closed on 25 March 2020 but remained open to local residents, essential travellers and freight. Following this, on 29 March, a direction was made by the Chief Health Officer to prohibit household gatherings of more than 10 people at any one time. On 30 March, the Queensland Premier tightened social distancing restrictions, imposing a limit of two visitors on householders. Travel outside the home was banned except for essential reasons. Restrictions began to ease gradually from 2 May 2020 in stages. Stage 1 allowed for gatherings of 10 people and venues were allowed to open, with a maximum capacity of 10 patrons. Some level of restriction on social gatherings and venue capacity remained in place throughout the data collection period for the IDRS. From 31 May 2020, Stage 2 of easing restrictions allowed for gatherings of 20 people, and restaurants, cafes, and pubs operating under a COVID-safe checklist were able to increase their total number of patrons from 10 to 20. From 3 July 2020, Stage 3 restrictions allowed for private gatherings of 100 people, and increased patron capacity for businesses.

In 2021, the advent of new variants of COVID-19 caused further outbreaks in Queensland, resulting in several shorter lockdowns, and the tightening of physical distancing restrictions, and laws around mask-wearing. Border restrictions were re-instituted in June 2021 and remained in place for the

DOI: 10.26190/ftn4-sd95

duration of 2021 data collection, reducing usual movements between Brisbane/Gold Coast and northern NSW.

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



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

COVID-19 Testing and Diagnosis

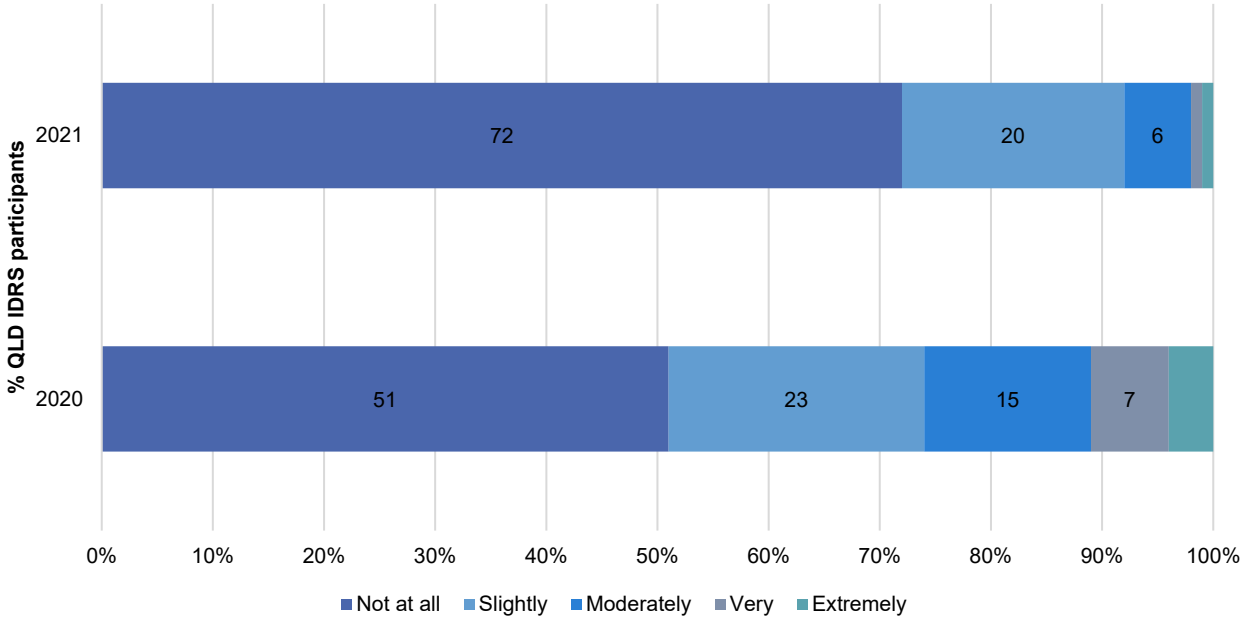
Thirty-nine per cent of the Queensland sample had been tested for SARS-COV-2 in the past 12 months (10% in 2020), and no participants had been diagnosed with the virus (n≤5 were still waiting for their test result at the time of interview). At the time of interview, 7% of participants had received at least one dose of the COVID-19 vaccine.

Just over one-quarter (28%) of participants reported any concern about contracting COVID-19; 20% reported being ‘slightly’ worried, whereas 6% reported being ‘moderately’ worried. Small numbers (n≤5) reported being ‘very’ to ‘extremely’ worried (Figure 5).

Almost three-quarters (73%) reported that they would be concerned about their health if they were to contract COVID-19; 15% of participants reported that they would be ‘slightly’ concerned, 18% reported ‘moderately’, 28% reported ‘very’ and 13% reported that they would be ‘extremely’ concerned.

DOI: 10.26190/ftn4-sd95

Figure 5: Current concern related to contracting COVID-19, Queensland, 2021-2021



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

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3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

In 2021, 43% of the sample reported recent use of heroin, a significant decrease from 64% in 2020 (p=0.003) (Figure 6).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. In 2021, median frequency of use in the six months preceding interview was 72 days (IQR=20-150), similar to 2020 (72 days; IQR=24-179; p=0.776) (Figure 6). Seventy-two per cent of those who had recently used heroin (n=43) reported weekly or more frequent use, stable compared to 79% in 2020 (p=0.527). Of these participants, 16% reported daily use, stable relative to 24% in 2020 (p=0.487).

Routes of Administration

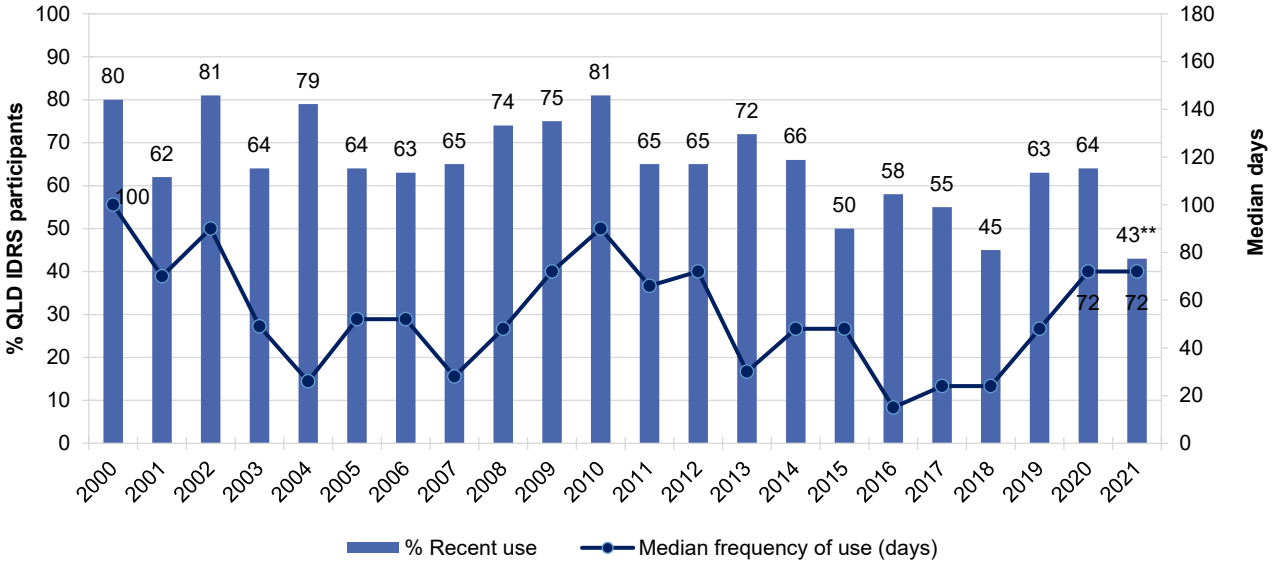
Of those who had recently used heroin and commented (n=43), all (100%) participants reported injecting heroin, consistent with 2020 (100%). Participants who reported injecting did so on a median of 72 days (IQR=20-150), stable relative to 2020 (72 days; IQR=24-179; p=0.788). Few participants (n≤5) reported swallowing heroin in the six months preceding interview), and no participants reported smoking (n≤5 in 2020; p=0.651) or snorting in 2021.

Quantity

For those who reported recent use and responded (n=39), the median amount of heroin used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.30 grams in 2020; IQR=0.10-0.50; p=0.172). The median maximum amount of heroin used per day was 0.50 grams (IQR=0.30-0.90; n=39; median maximum amount not collected in 2020).

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Figure 6: Past six month use and frequency of use of heroin, Queensland, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

In 2021, the median price per point of heroin was $100 (IQR=50-100, n=22), remaining stable from 2020 ($100; IQR=50-100; p=0.728). The median price per gram was $350 (IQR=288-400, n=12), stable compared to 2020 ($400; IQR=288-500; p=0.379) (Figure 7). Low numbers (n≤5) reported price per cap.

Perceived Purity

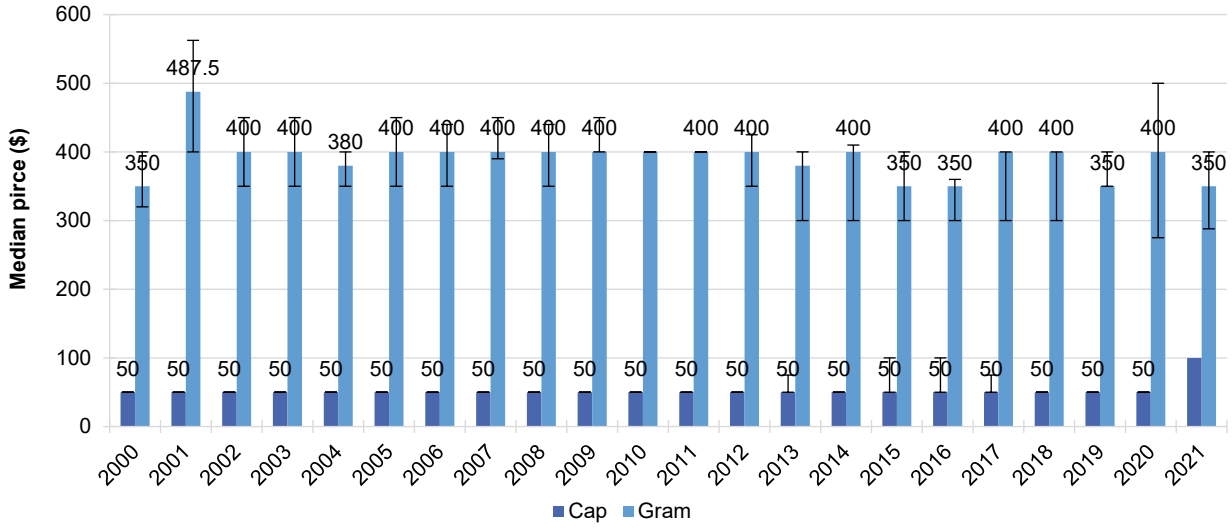
The perceived purity of heroin remained stable between 2020 and 2021 (p=0.099) (Figure 8). Among those who were able to comment in 2021 (n=47), 30% of participants perceived purity to be 'low' (47% in 2020), 28% perceived purity to be 'high' (14% in 2020), and 26% perceived purity to be 'medium' (31% in 2020).

Perceived Availability

The perceived availability of heroin remained stable between 2020 and 2021 (p=0.668). Among those who were able to comment in 2021 (n=49), the majority (51%) reported that heroin was 'easy' to obtain (42% in 2020), and 39% reported that it was 'very easy' to obtain (42% in 2020) (Figure 9).

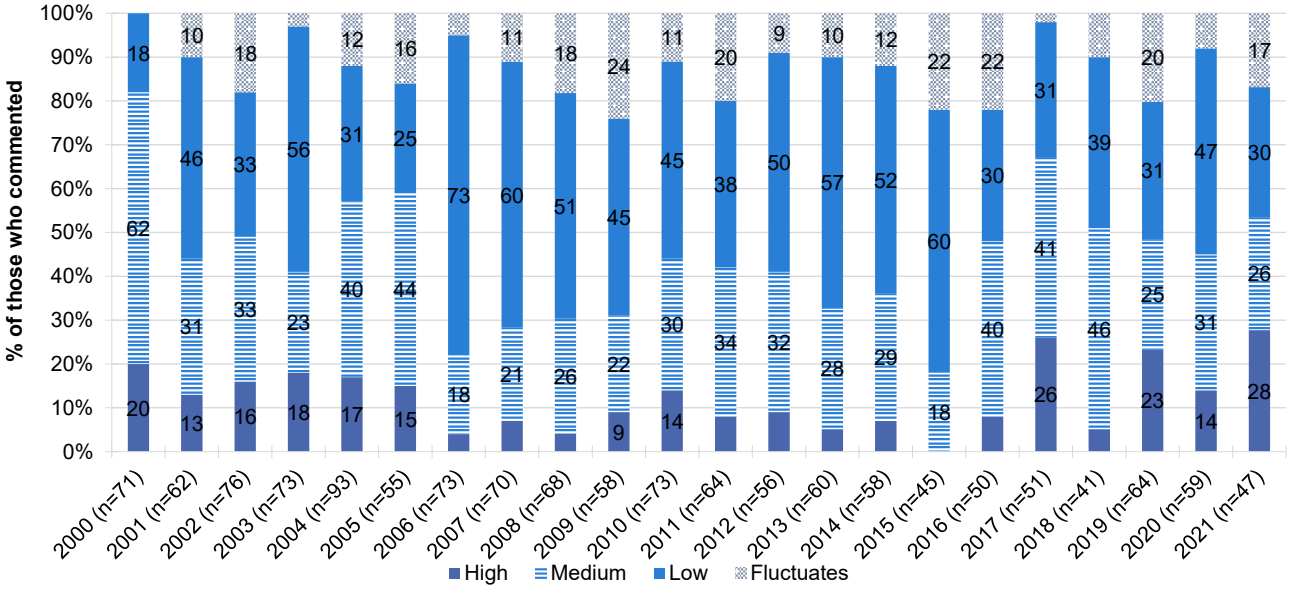
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Figure 7: Median price of heroin per cap and gram, Queensland, 2000-2021



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

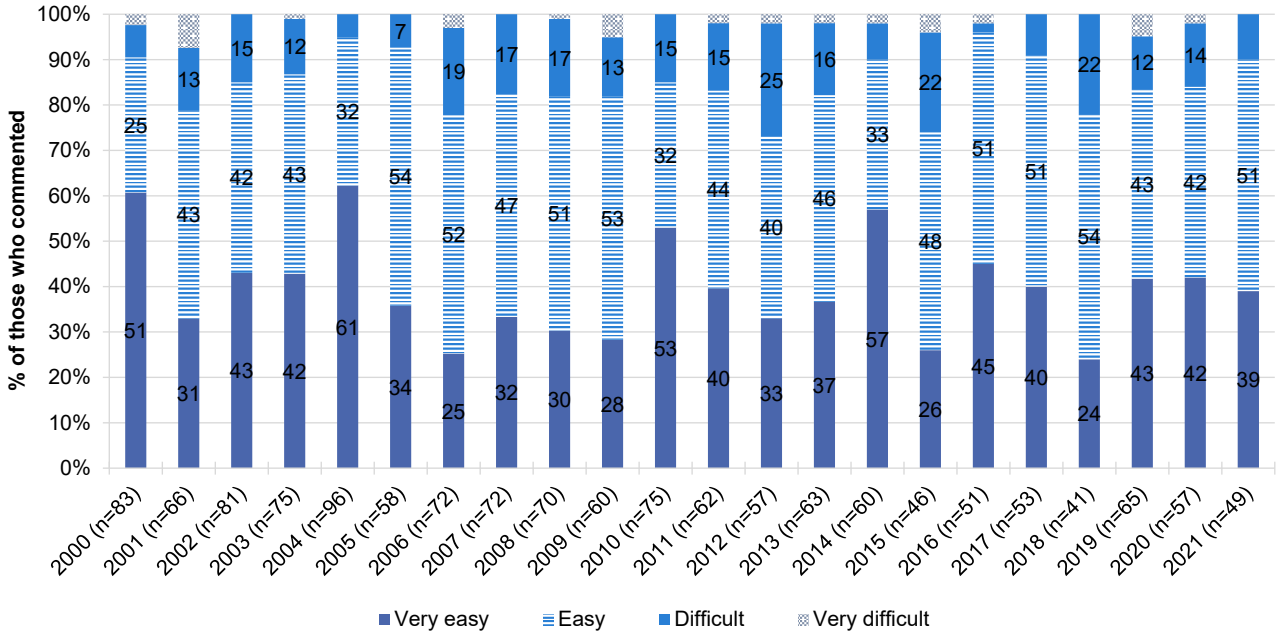
Figure 8: Current perceived purity of heroin, Queensland, 2000-2021



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

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Figure 9: Current perceived availability of heroin, Queensland, 2000-2021



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

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4

Methamphetamine

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

Recent Use (past 6 months)

In 2021, 79% of participants reported recent use of any methamphetamine (powder, base and crystal), a significant increase from 2020 (63%; p=0.020) (Figure 10).

Frequency of Use

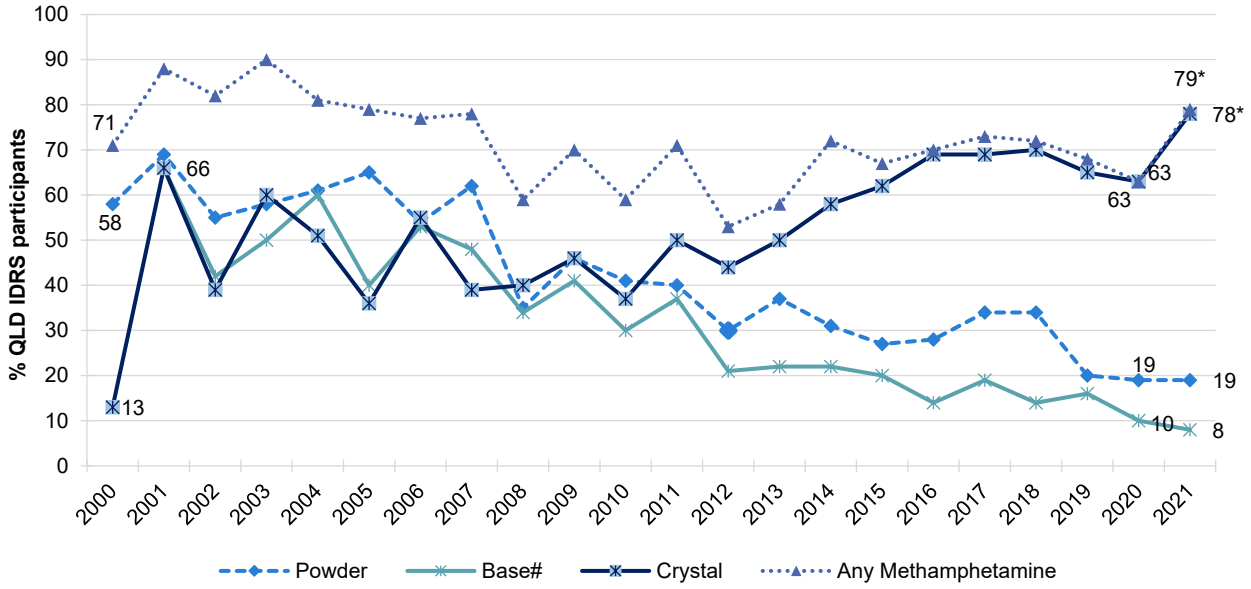
In 2021, frequency of use remained largely stable at a median of 72 days (IQR=24-114; 50 days in 2020, IQR=16-180; p=0.997) (Figure 11). The per cent of participants who had recently used any methamphetamine who reported weekly or more frequent use also remained stable, from 69% in 2020 to 77% in 2021 (p=0.415). Seventeen per cent of these participants reported daily use in 2021, stable compared to 27% in 2020 (p=0.183).

Forms of Methamphetamine

There has been a shift over time to decreased use of methamphetamine powder and base and increasing use of methamphetamine crystal (Figure 10). Indeed, in 2021, most participants (78%) reported recent use of methamphetamine crystal (a significant increase from 63% in 2020; p=0.030), and 19% reported recent use of powder (19% in 2020).

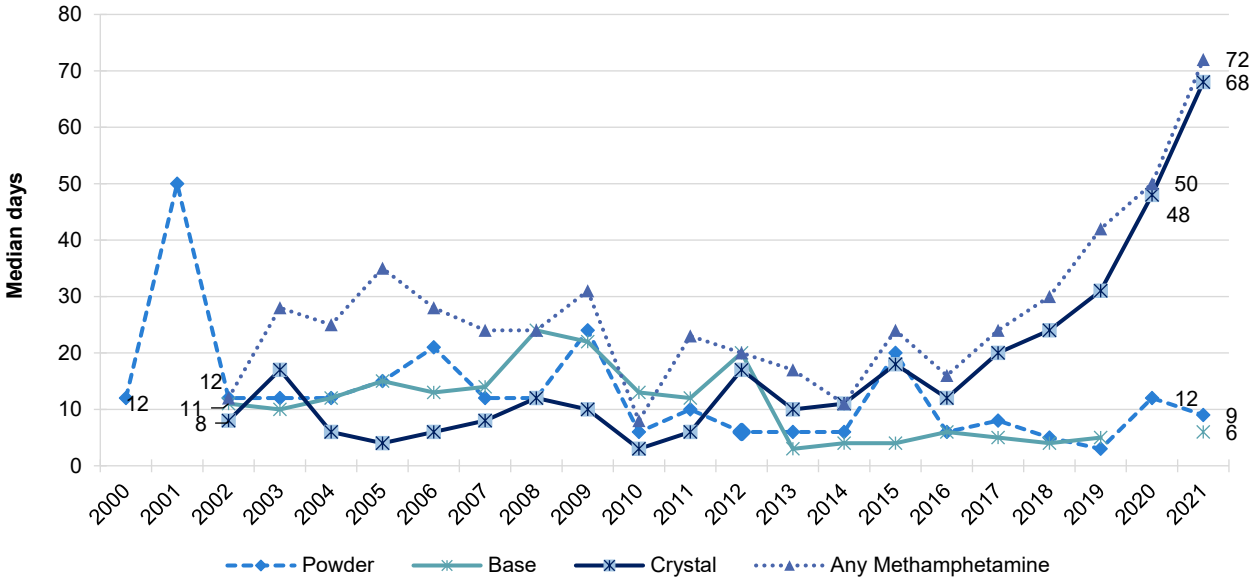
DOI: 10.26190/ftn4-sd95

Figure 10: Past six month use of any methamphetamine, powder, base, and crystal, Queensland, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any Methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 11: Frequency of use of any methamphetamine, powder, base, and crystal, Queensland, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for methamphetamine base. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000/2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): In 2021, 19% of participants reported recent use of methamphetamine powder, remaining stable compared to 2020 (19%) (Figure 10).

Frequency of Use: The median frequency of use was nine days (IQR=5-72), stable compared to 12 days (IQR=5-24) in 2020 (p=0.792) (Figure 11).

Routes of Administration: Among participants who had recently consumed powder and commented (n=19), 100% reported injecting (89% in 2020; p=0.486). Few (n≤5) reported smoking, consistent with 2020.

Quantity: Of those who reported recent use and responded (n=18), the median amount of powder used per day was 0.20 grams (IQR= 0.10-0.40; 0.30 grams in 2020; IQR=0.20-0.50; p=0.275). The median maximum amount of powder used per day in the last six months was 0.50 grams (IQR=0.30-1.00; n=16; maximum quantity of powder recently used was not collected in 2020).

Methamphetamine Base

Recent Use (past 6 months): In 2021, base continued to be the least commonly used form of methamphetamine, with 8% of participants reporting recent use (10% in 2020, p=0.753) (Figure 10).

Frequency of Use: The median number of days participants reported using methamphetamine base in the last six months was six (IQR=2-23; median number of days not collected in 2020).

Routes of Administration: Among participants who had recently consumed base (n=8), 100% of participants reported injecting as the only route of administration.

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

Methamphetamine Crystal

Recent Use (past 6 months): In 2021, 78% of participants reported recent use of methamphetamine crystal, a significant increase from 63% in 2020 (p=0.030) (Figure 10).

Frequency of Use: Frequency of use remained stable at a median of 68 days (IQR=24-96; 48 days in 2020; IQR=15-179; p=0.916). Among those who recently used methamphetamine crystal, 76% reported weekly or more frequent use (66% in 2020; p=0.294) and 14% of these participants reported daily use, stable compared to 26% in 2020 (p=0.127) (Figure 11).

Routes of Administration: Among participants who had recently used methamphetamine crystal (n=79), the most common route of administration remained injecting (99%; 97% 2020; p=0.582), followed by smoking (29%; 39% in 2020; p=0.308).

Quantity: Of those who reported recent use and responded (n=74), the median amount used per day was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2020; IQR=0.10-0.30; p=0.721). The median maximum amount of crystal used per day in the last six months was 0.50 grams (IQR=0.20-0.80; n=73; maximum quantity of crystal recently used was not collected in 2020).

DOI: 10.26190/ftn4-sd95

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine powder were not asked of participants in 2020, meaning that significance testing between 2021 and 2020 figures cannot be undertaken.

Price: In 2021, the median price per point of methamphetamine powder was $70 (IQR=50-100, n=15). Small numbers (n≤5) reported median price per gram (Figure 12).

Perceived Purity: Among those who were able to comment in 2021 (n=20), the purity of powder was most commonly perceived as 'low' (40%) (Figure 14).

Perceived Availability: Among those who were able to comment in 2021 (n=19), almost two-fifths reported that it was 'very difficult' (37%) to obtain, though in contrast, 32% perceived it 'easy' to obtain (Figure 16).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2021. For further information, please refer to the 2020 IDRS Queensland Report or the 2020 IDRS National Report.

Methamphetamine Crystal

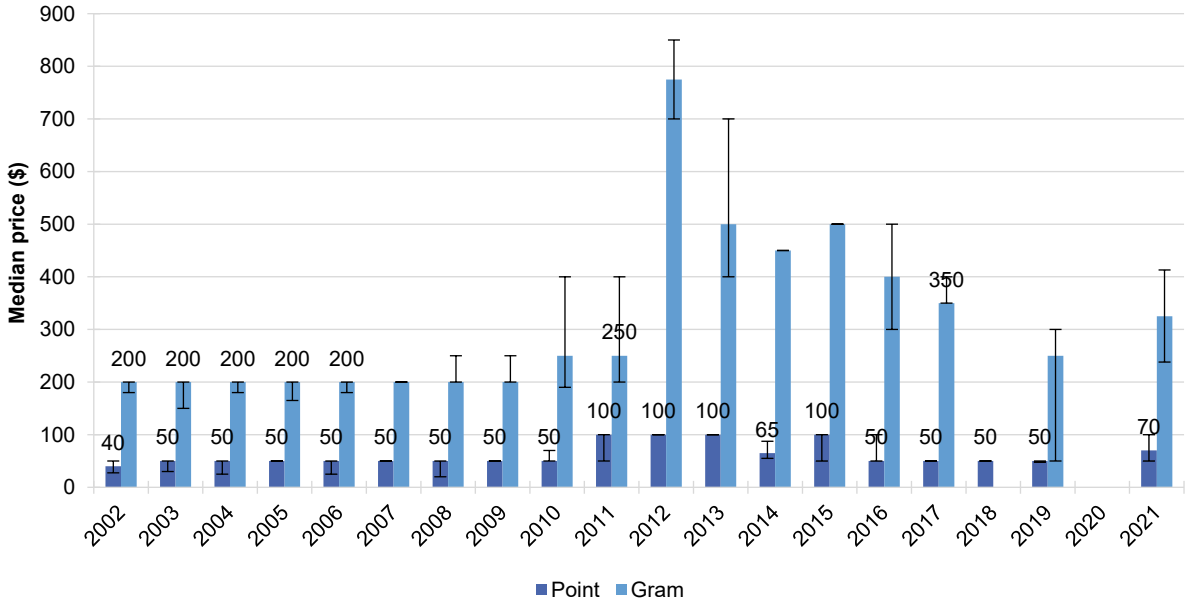
Price: In 2021, the median price per point of crystal was $70 (IQR=50-100, n=48), stable compared to $75 in 2020 (IQR=50-100, n=41; *p*=0.376). The reported price per gram was $400 (IQR=350-500, n=7), stable compared to $500 in 2020 (IQR=350-900, n=13; *p*=0.319) (Figure 13).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2020 and 2021 (*p*=0.586). Among those who were able to comment in 2021 (n=68), the purity of crystal was most commonly perceived as 'low' (35%; 45% in 2020), followed by 'fluctuates' (25%; 17% in 2020), and 'medium' (24%; 19% in 2020) (Figure 15).

Perceived Availability: In 2021, there was a significant change in the perceived availability of methamphetamine crystal between 2020 and 2021 (*p*<0.001). Among those who were able to comment in 2021 (n=71), the largest percentage reported that it was 'easy' to obtain (45%), an increase from 23% in 2020. An increase was also observed in those reporting availability as 'very easy' (32%; 18% in 2020). In contrast, significantly fewer participants in 2021 perceived methamphetamine crystal as being 'difficult' to obtain (17%; 39% in 2020) (Figure 17).

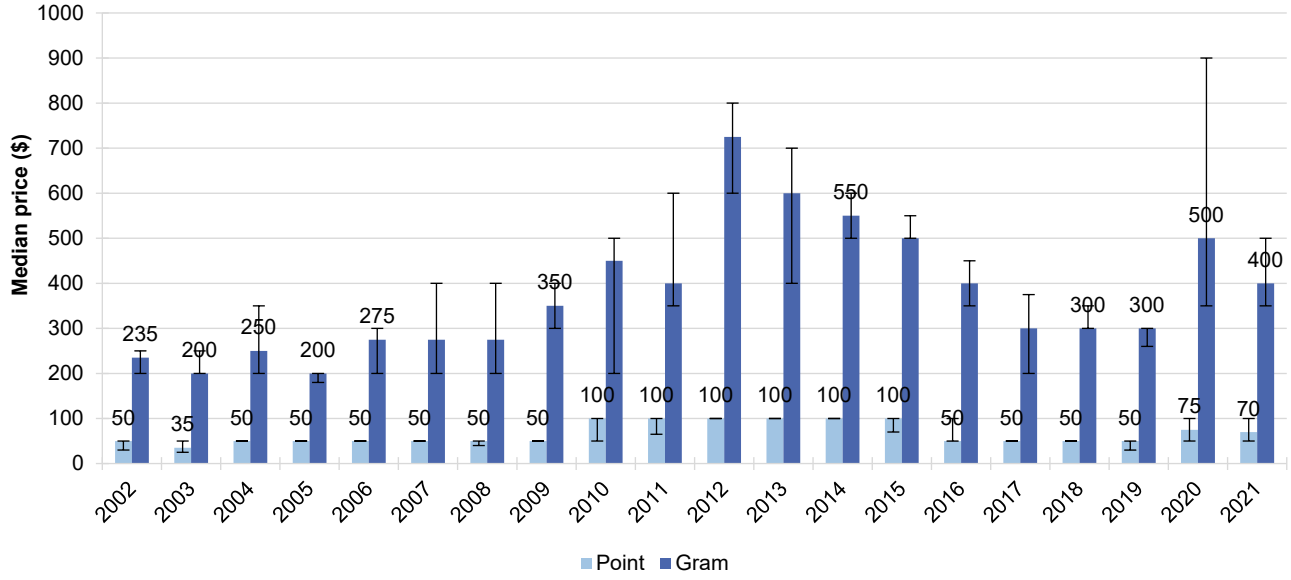
DOI: 10.26190/ftn4-sd95

Figure 12: Median price of powder methamphetamine per point and gram, Queensland, 2002-2021



Note. Among those who commented. Price data for powder not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. No participants reported purchasing a gram in 2018. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR.

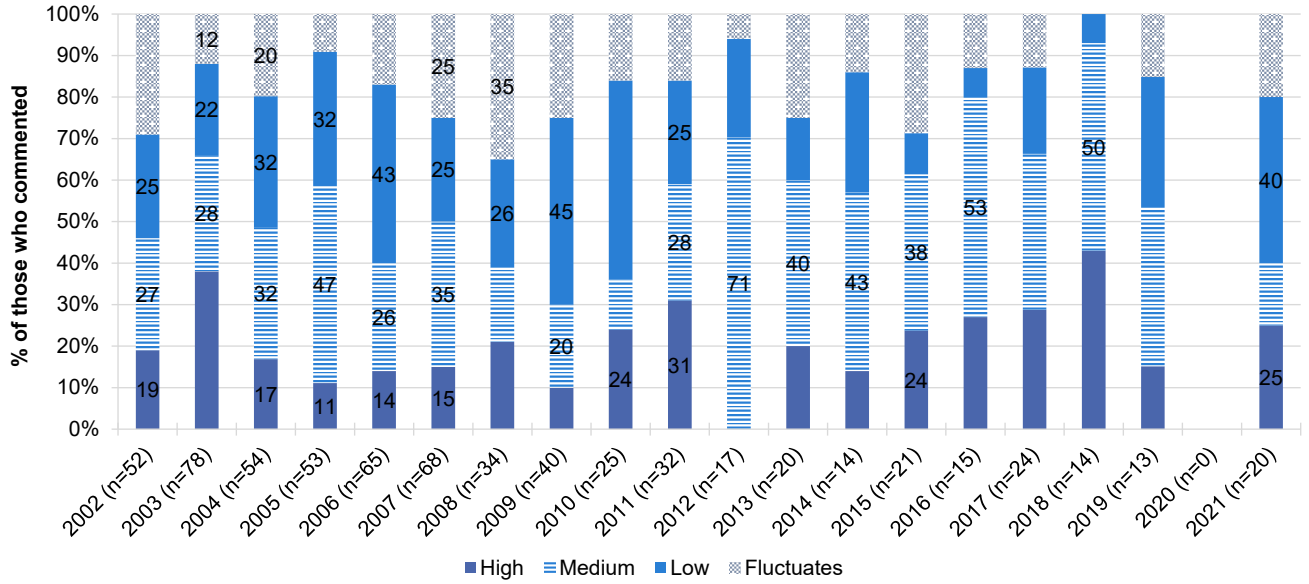
Figure 13: Median price of methamphetamine crystal per point and gram, Queensland, 2002-2021



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

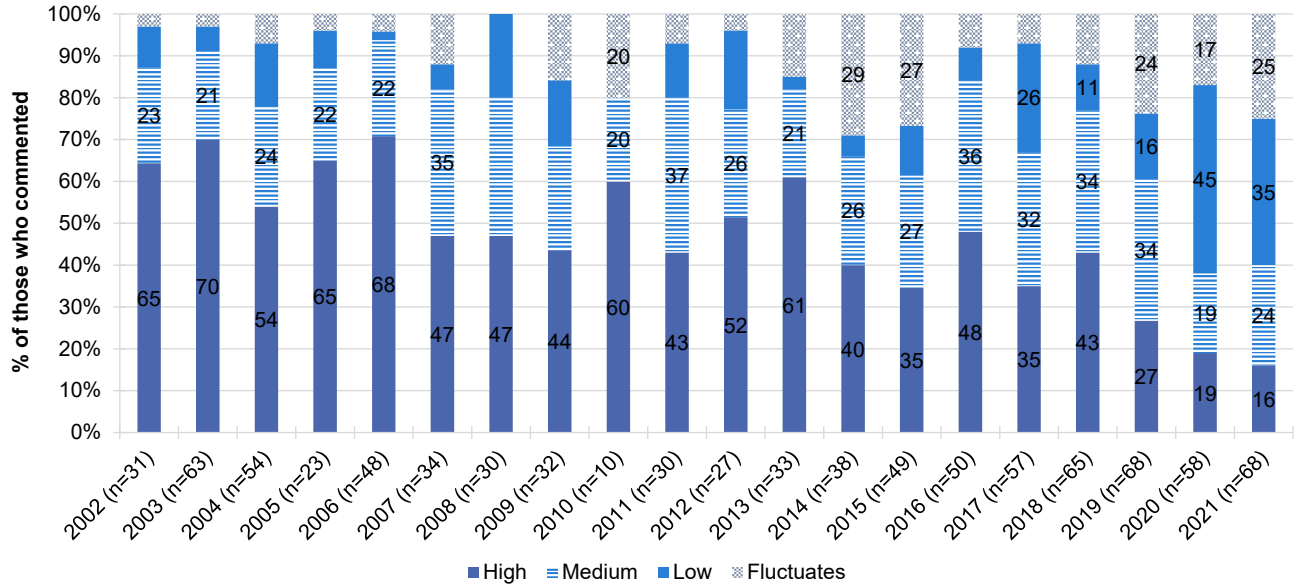
DOI: 10.26190/ftn4-sd95

Figure 14: Current perceived purity of powder methamphetamine, Queensland, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Purity data for powder not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

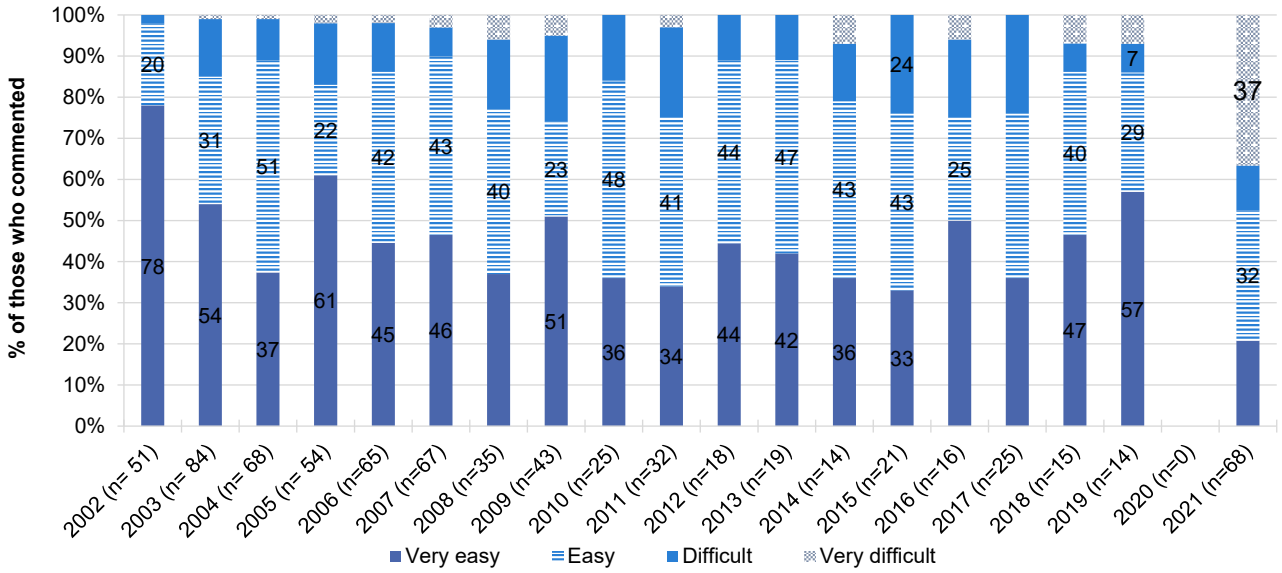
Figure 15: Current perceived purity of methamphetamine crystal, Queensland, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

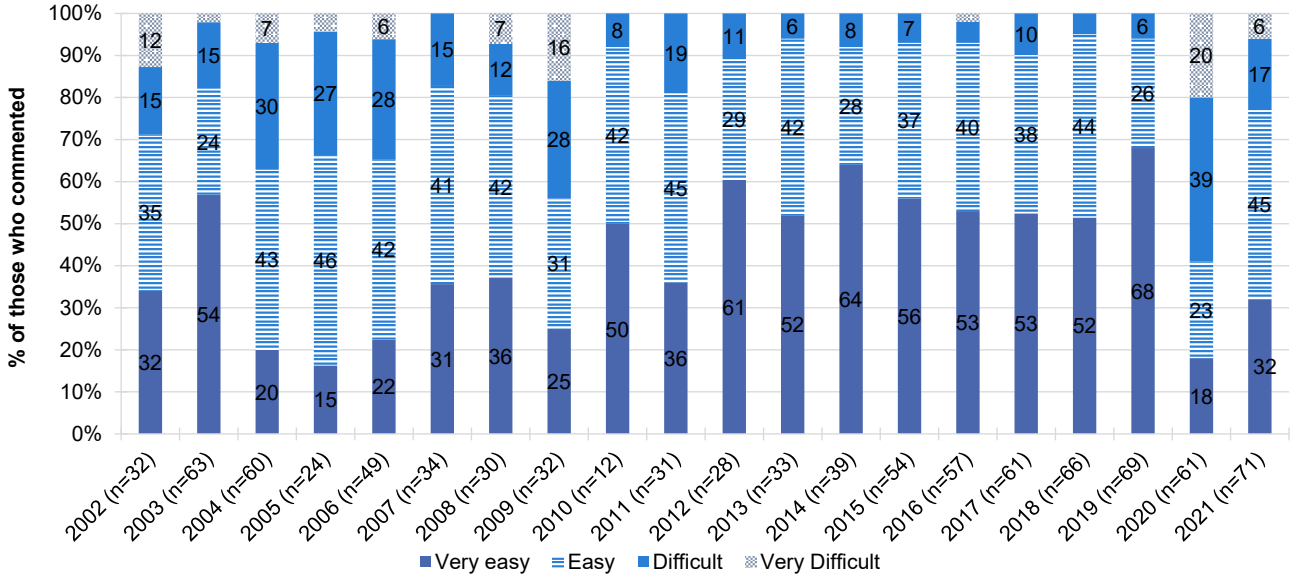
DOI: 10.26190/ftn4-sd95

Figure 16: Current perceived availability of powder methamphetamine, Queensland, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Availability data for powder not collected in 2020 and therefore, statistical significance has not been undertaken between 2020 and 2021. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 17: Current perceived availability of methamphetamine crystal, Queensland, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

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)

In 2021, 12% of participants reported having recently used cocaine, stable compared to 19% in 2020 (p=0.206) (Figure 18).

Frequency of Use

The median number of days used in the last six months remained stable at three days (IQR=2-4), stable relative to 2020 (3 days; IQR=1-6; p=0.789) (Figure 18). No participants reported weekly or more frequent use of cocaine.

Routes of Administration

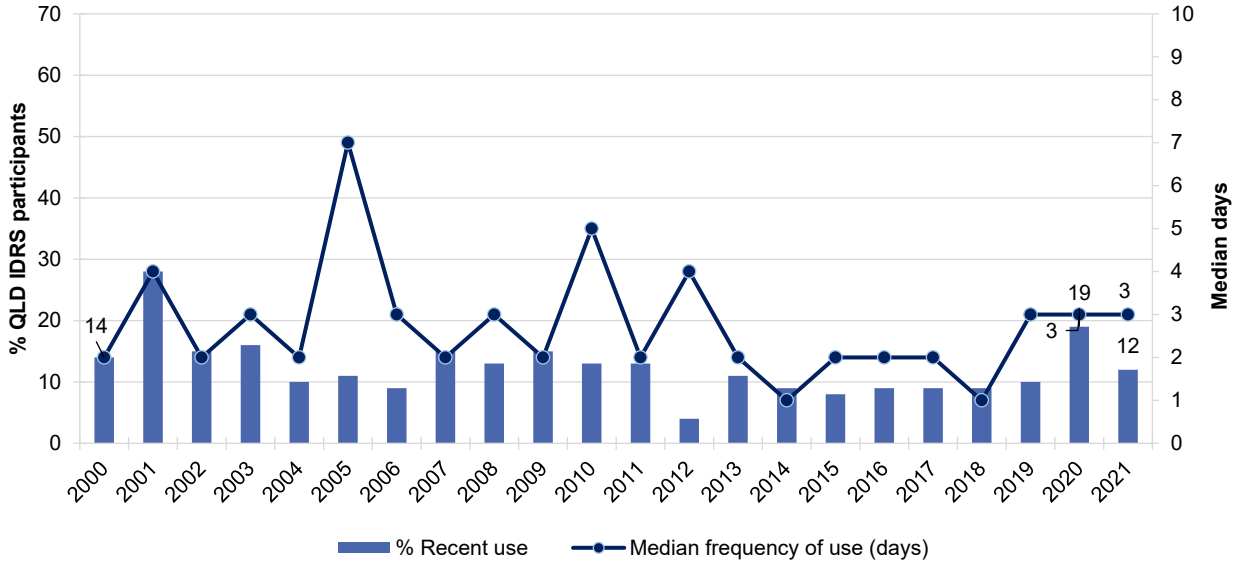
Among participants who had recently used cocaine (n=12), the most frequent route of administration in 2021 was snorting (83%; 95% in 2020; p=0.673), with low numbers reporting injecting (n≤5).

Quantity

Of those who reported recent use and responded (n=8), the median 'typical' amount used per day was 0.50 grams (IQR=0.20-1.20; 0.20 grams in 2020; IQR=0.10-0.40; p=0.226).

DOI: 10.26190/ftn4-sd95

Figure 18: Past six month use and frequency of use of cocaine, Queensland, 2000-2021



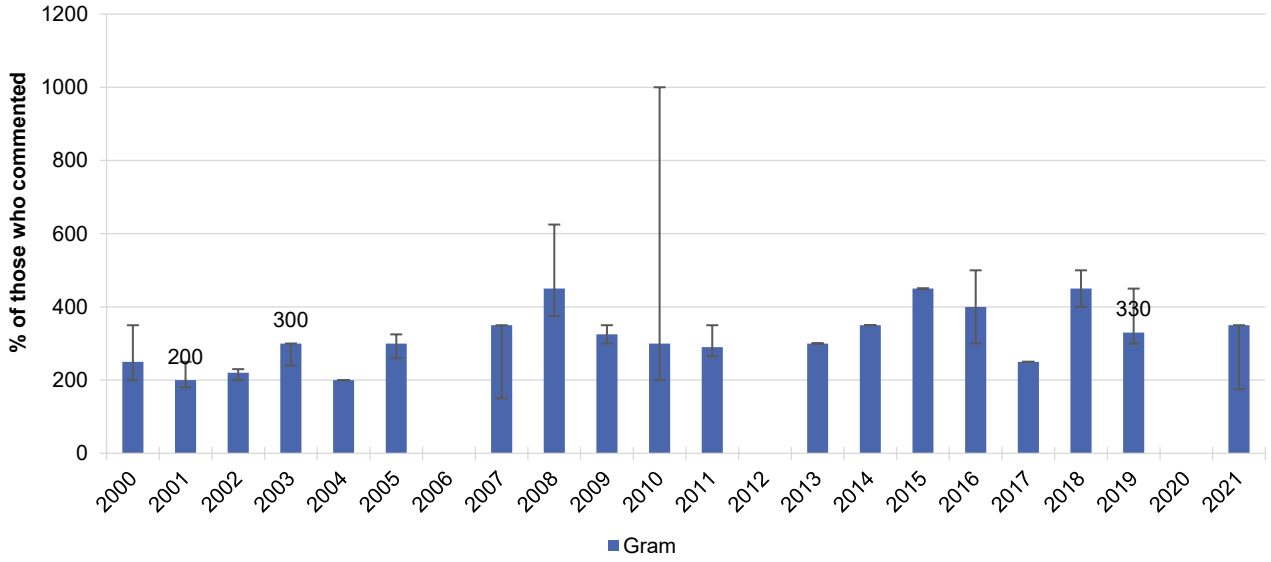
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Due to low numbers (n≤5), details will not be reported on price (Figure 19), perceived purity (Figure 20) and perceived availability (Figure 21) for cocaine. Please refer to the 2020 IDRS Queensland Report or the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

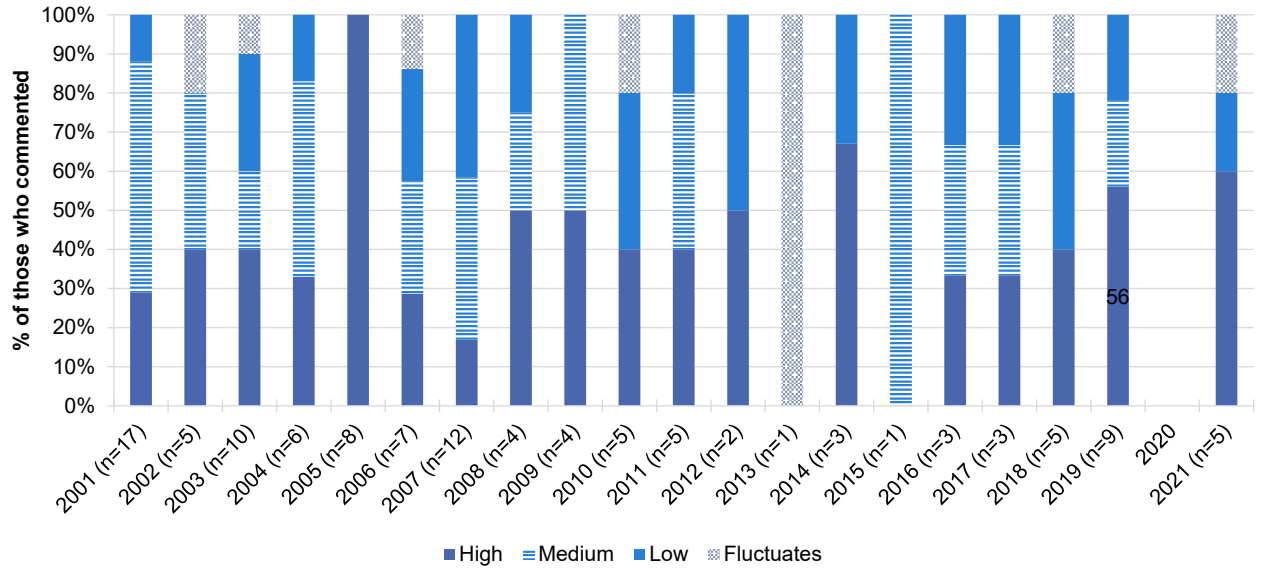
DOI: 10.26190/ftn4-sd95

Figure 19: Median price of cocaine per gram, Queensland, 2000-2021



Note. Among those who commented. The error bars represent IQR. No participants reported buying a gram in 2006 and 2012. Price data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

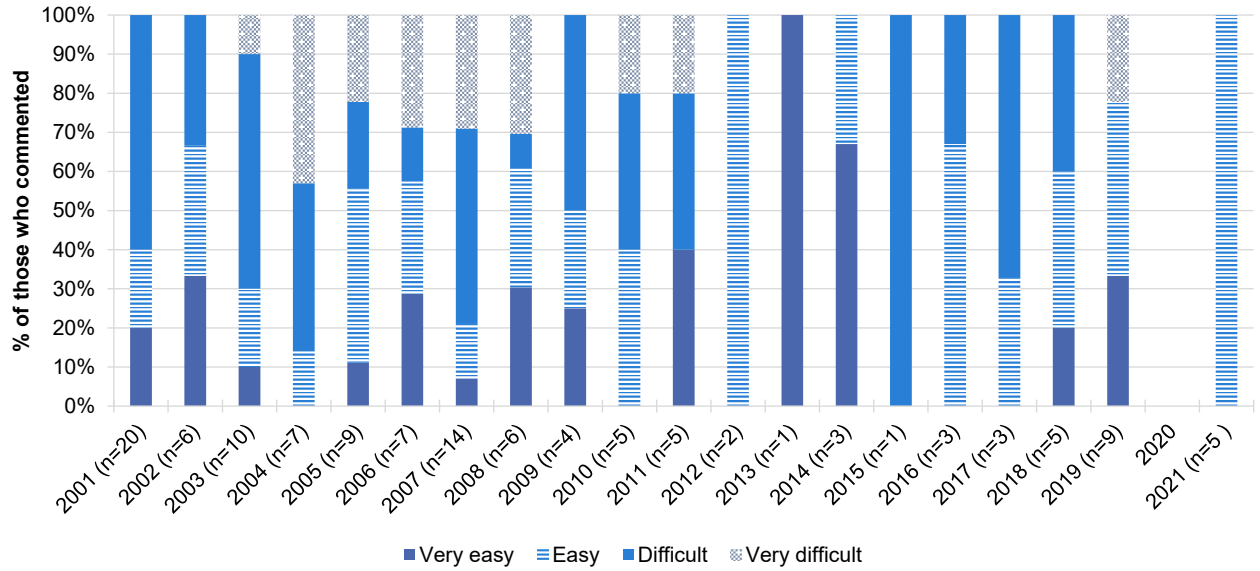
Figure 20: Current perceived purity of cocaine, Queensland, 2001-2021



Note. The response 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

DOI: 10.26190/ftn4-sd95

Figure 21: Current perceived availability of cocaine, Queensland, 2001-2021



Note. The response 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

DOI: 10.26190/ftn4-sd95

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The percentage of participants using cannabis has remained stable in recent years, with 68% reporting recent use in 2021, stable relative to 2020 (64%; *p*=0.688) (Figure 22).

Frequency of Use

The median number of days cannabis was used in the last six months was 90 days (IQR=20-180; 72 days in 2020; IQR=12-180; *p*=0.583) (Figure 22). Among those who had used cannabis recently, 31% reported daily use (30% in 2020).

Routes of Administration

Among those who had recently used cannabis (n=68), most (90%) reported smoking it in the six months prior to interview (98% in 2020; *p*=0.086). Sixteen per cent reported inhaling/vaporising cannabis (n≤5 in 2020; *p*=0.067), and few participants (n≤5) reported swallowing.

Quantity

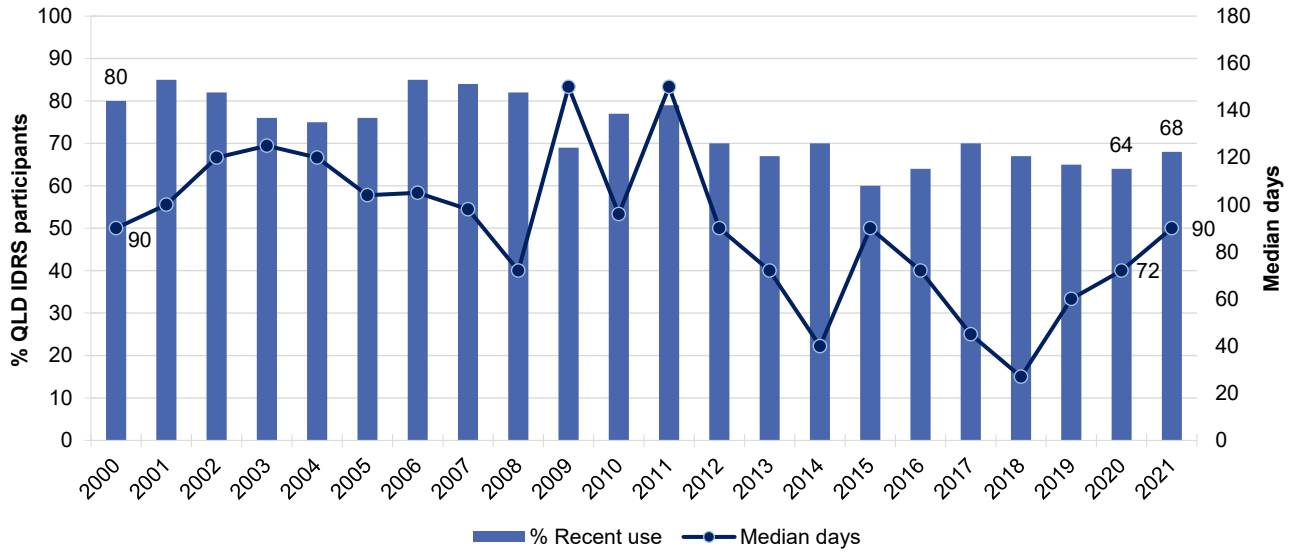
Of those who reported recent use, the median quantity used on the last occasion of use was 1.50 grams (n=29, IQR=1.00-3.00; one gram in 2020; IQR=0.50-3.00; *p*=0.715) or two cones (n=25, IQR=2-4; 3 cones in 2020; IQR=1-5; *p*=0.573) or one joint (n=8, IQR=1-2; one joint in 2020; IQR=1-1; *p*=0.243).

Forms Used

Among those who had recently used cannabis and were able to comment (n=63), 87% had used hydroponic cannabis in the last six months (94% in 2020, *p*=0.378), 35% had used bush cannabis (44% in 2020; *p*=0.421), whilst few participants (n≤5) had used hash oil, hashish and pharmaceutical CBD oil.

DOI: 10.26190/ftn4-sd95

Figure 22: Past six month use and frequency of use of cannabis, Queensland, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis in 2021 remained stable at $20 (IQR=20-20, n=10; $20 in 2020; IQR=15-25; p=0.716). The median price per ounce also remained stable at $300 (IQR=300-325, n=8; $300 in 2020; IQR=280-381; p=0.958) (Figure 23a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2020 and 2021 (p=0.765). Among those who were able to comment in 2021 (n=53), 60% perceived the potency to be 'high' (51% in 2020) and 21% reported it as 'medium' (30% in 2020) (Figure 24a).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2020 and 2021 (p=0.447). Among those who were able to comment in 2021 (n=54), most participants reported that hydroponic cannabis was 'very easy' (46%; 33% in 2020) or 'easy' (41%; 44% in 2020) to obtain, whilst 11% perceived it as 'difficult' (19% in 2020) (Figure 25a).

Bush Cannabis

Price: Due to low numbers (n≤5) reporting on the price of bush cannabis, details have been suppressed (Figure 23b). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

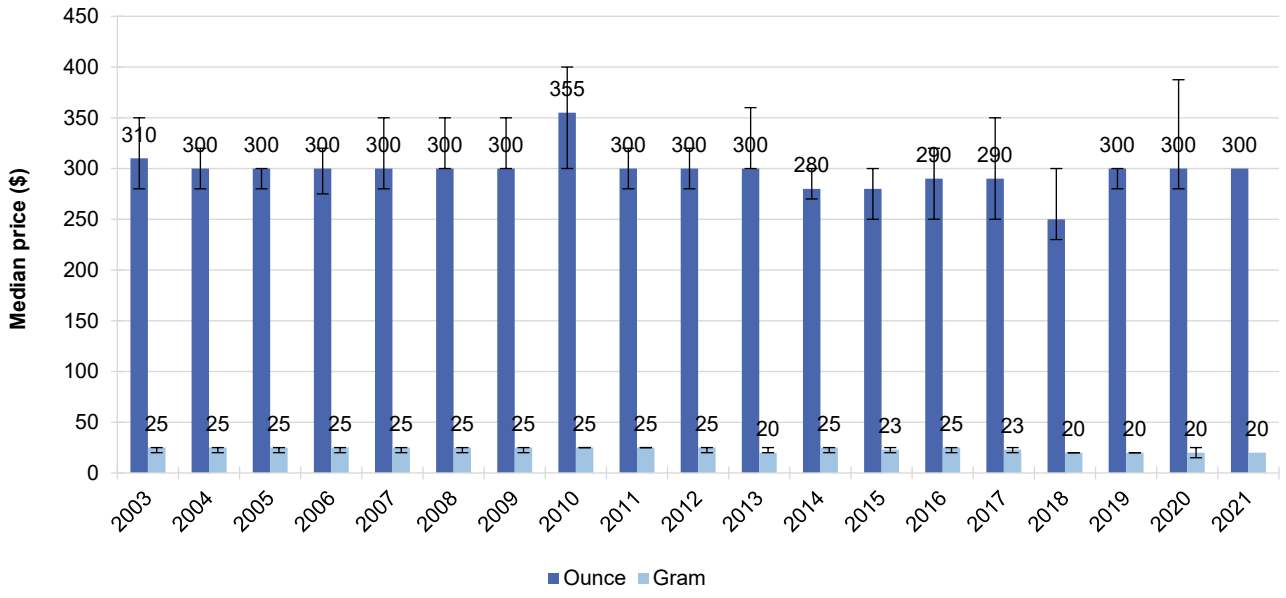
Perceived Potency: The perceived potency of bush cannabis remained stable between 2020 and 2021 (p=0.156). Among those who were able to comment in 2021 (n=22), most perceived the potency of bush as 'high' (55%; 41% in 2020) (Figure 24b).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2020 and 2021 (p=0.459). Among those who were able to comment in 2021 (n=21), an equal percentage of participants perceived that it was 'very easy' (38%; n≤5 in 2020), or 'easy' (38%; 41% in 2020) to obtain bush cannabis (Figure 25b).

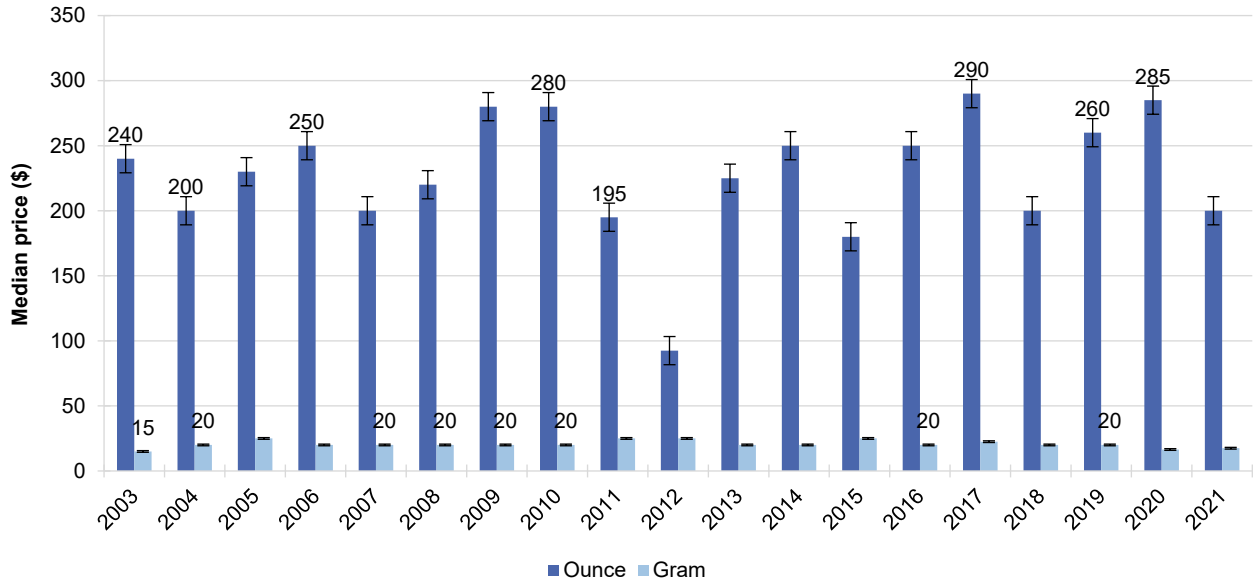
DOI: 10.26190/ftn4-sd95

Figure 23: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Queensland, 2003-2021

(A) Hydroponic Cannabis



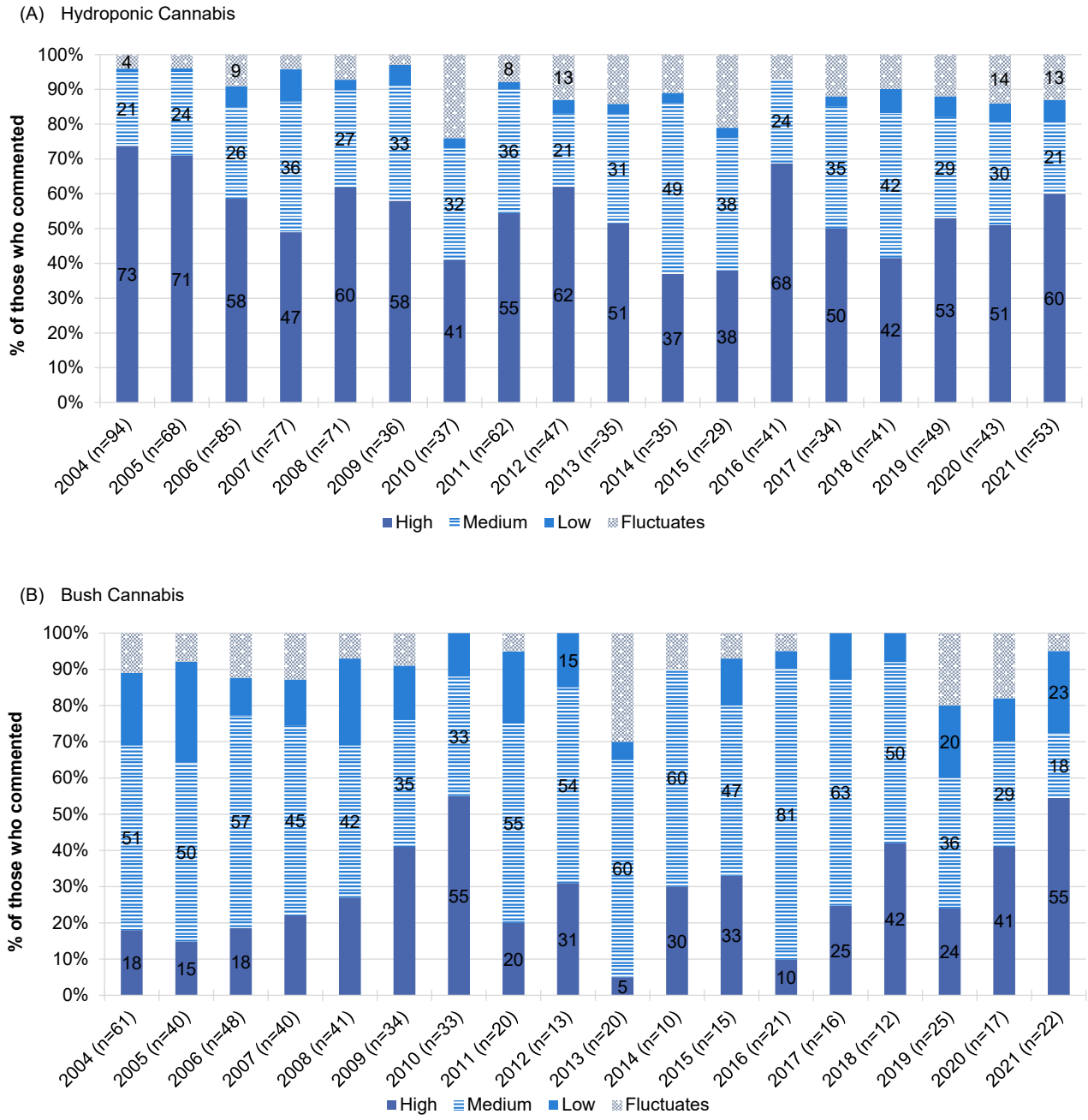
(B) Bush Cannabis



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

Figure 24: Current perceived potency of hydroponic (a) and bush (b) cannabis, Queensland, 2004-2021

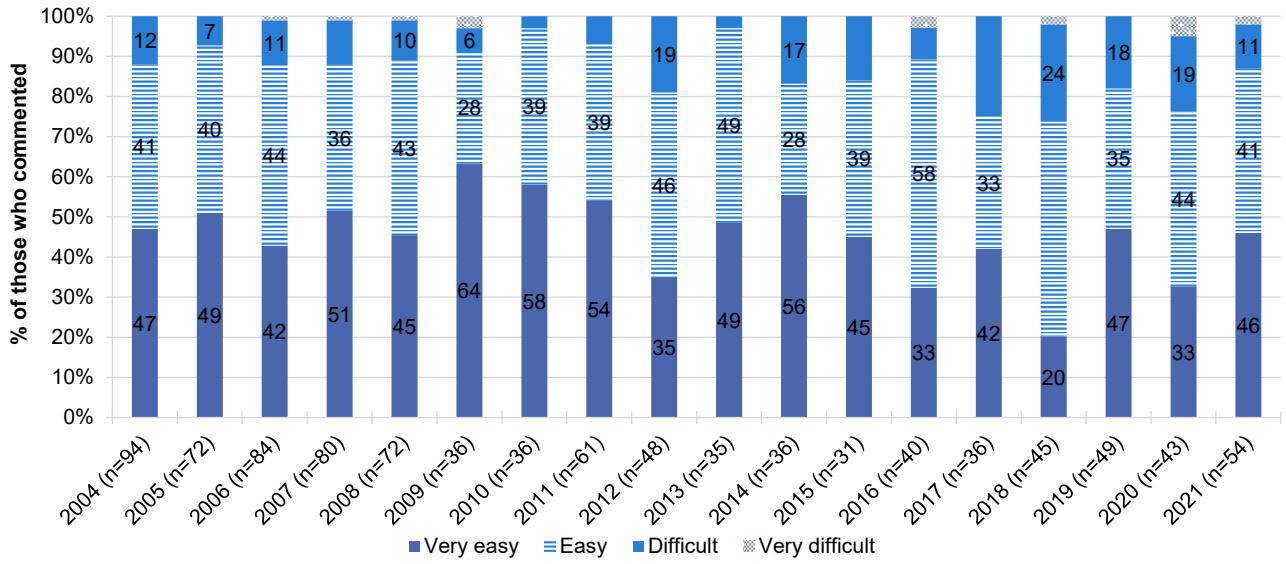


Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

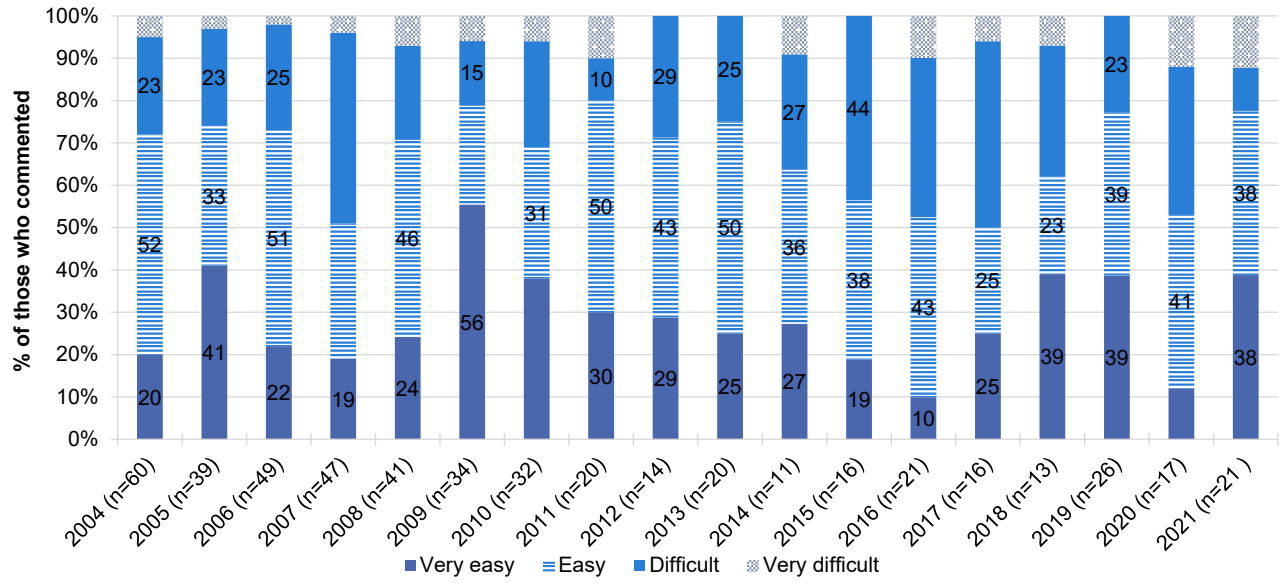
DOI: 10.26190/ftn4-sd95

Figure 25: Current perceived availability of hydroponic (a) and bush (b) cannabis, Queensland, 2004-2021

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

7

Pharmaceutical Opioids

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

• **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
• **Non-Prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
• **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

Methadone

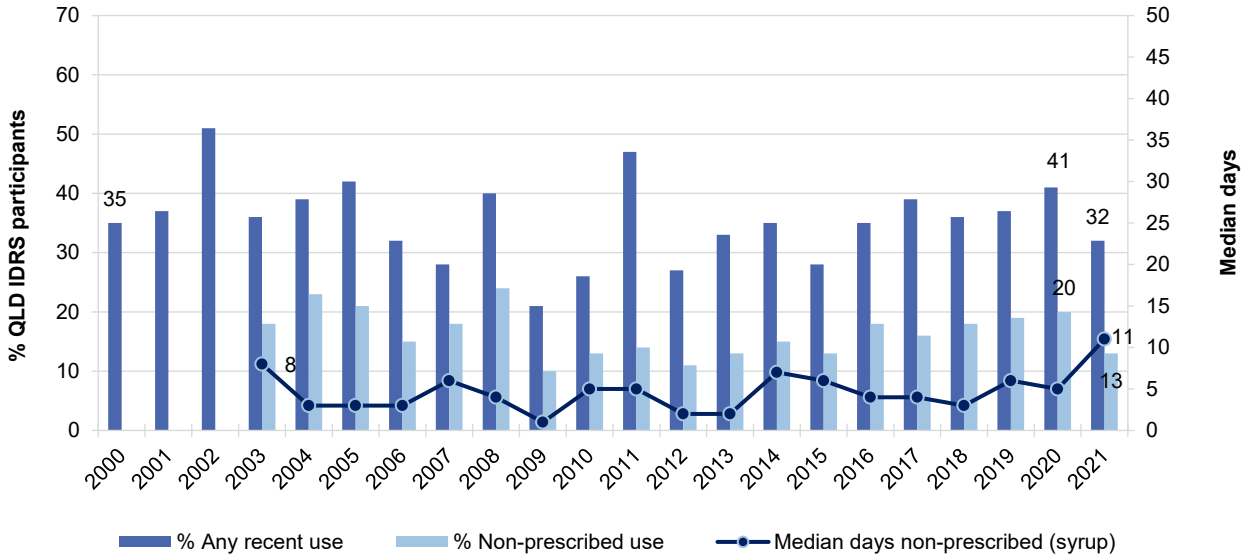
Any Recent Use (past 6 months): In 2021, 32% of participants reported any use of methadone in the six months preceding interview, stable from 41% in 2020 (p=0.233). Recent prescribed use was reported by 23% of participants (26% in 2020; p=0.775) and recent non-prescribed use was reported by 13% of participants (20% in 2020; p=0.216) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented (n=12), frequency of non-prescribed methadone syrup use remained stable at 11 days (IQR=5-36; 5 days in 2020; IQR=2-32; p=0.351). The median days of use for any methadone, however, increased significantly to 180 days (IQR=18-180) from four days (IQR=2-6) in 2020 (p<0.001) (Figure 26).

Recent Injection: Of those who had recently used any methadone (syrup or tablets) in 2021 (n=32), 59% reported recently injecting any methadone (50% in 2020; p=0.579) on a median of 30 days (IQR=6-120), stable compared to 18 days in 2020 (IQR=4-78; p=0.631).

DOI: 10.26190/ftn4-sd95

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Queensland, 2000-2021



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Buprenorphine

Any Recent Use (past 6 months): Although prescribing practices have shifted towards buprenorphine-naloxone in recent years, the use of buprenorphine alone was still common in Queensland in 2021, with 26% reporting any recent use, compared with 23% in 2020 (p=0.836). Eight per cent of participants reported recent prescribed use (10% in 2020; p=0.753) and recent non-prescribed use was reported by 20% of participants (14% in 2020; p=0.398).

Frequency of Use: Participants reported a median of five days of non-prescribed use (IQR=2-72) of buprenorphine in the past six months, remaining stable from five days in 2020 (IQR=2-21).

Recent Injection: Of those who had recently used buprenorphine, 77% reported any recent injection, stable relative to 2020 (61%; p=0.365) on a median of eight days (IQR=3-123), also stable from 14 days in 2020 (IQR=2-169; p=0.912).

DOI: 10.26190/ftn4-sd95

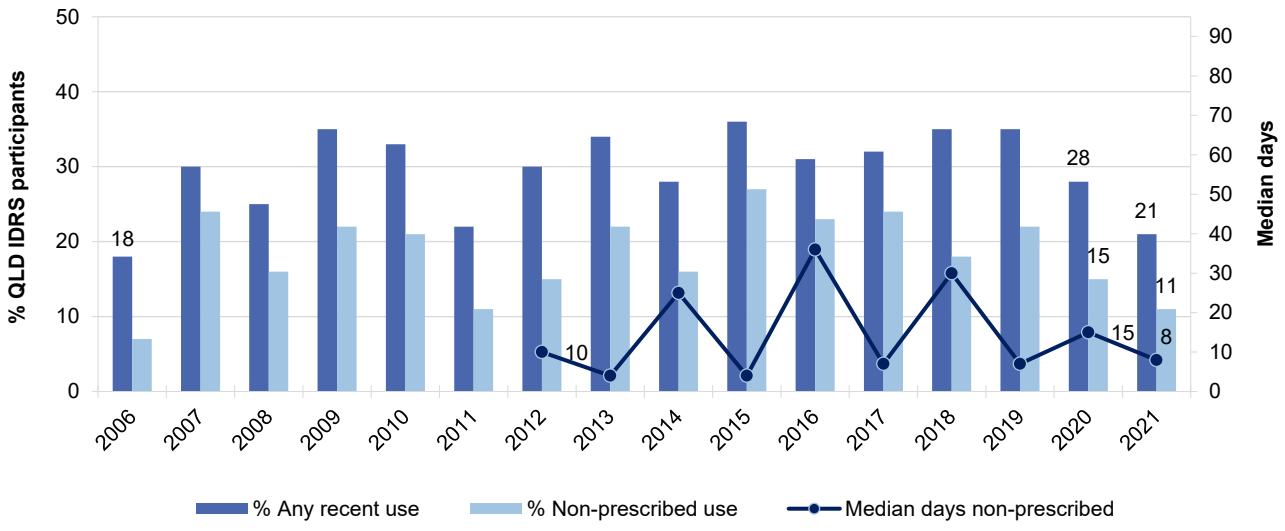
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2021, 21% of the sample reported recent use of any buprenorphine-naloxone (28% in 2020; *p*=0.343) with 11% reporting non-prescribed use (15% in 2020; *p*=0.476) and 12% reporting prescribed use (13% in 2020; *p*=0.936) (Figure 27).

Frequency of Use: Participants reported a median of eight days (IQR=3-45) of non-prescribed use of buprenorphine-naloxone in the past six months (15 days in 2020; IQR=2-27; *p*=0.933) (Figure 27).

Recent Injection: Of those who had recently used buprenorphine-naloxone (n=21), 57% reported any recent injection (59% in 2020) on a median of 10 days (IQR=3-135), stable compared with 25 days in 2020 (IQR=13-163; *p*=0.551).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Queensland, 2006-2021



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2021, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 50% and 90 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

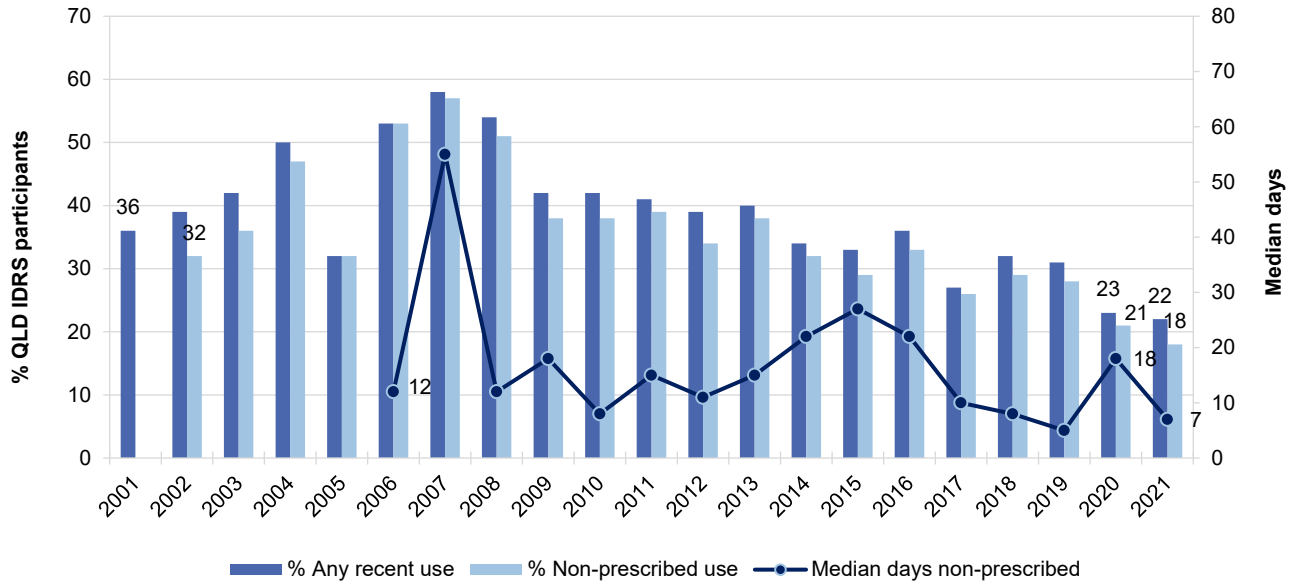
Morphine

Any Recent Use (past 6 months): In 2021, 22% of participants had recently used any morphine (23% in 2020). Recent prescribed use was reported by few participants (n≤5), while recent non-prescribed use was reported by 18% in 2021 (21% in 2020; *p*=0.750) (Figure 28).

Frequency of Use: Participants reported a median of seven days (IQR=1-36) of non-prescribed use of morphine in 2021, stable compared to 18 days in 2020 (IQR=4-105; *p*=0.142) (Figure 28).

Recent Injection: Of those who had recently used any morphine in 2021 (n=22), 77% of participants reported injecting morphine (91% in 2020; *p*=0.410) on a median of seven days (IQR=2-30), stable compared to 24 days in 2020 (IQR=5-120; *p*=0.131).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Queensland, 2001-2021



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use reported as 'illicit" use in 2002-2005 . Y axis reduced to 70% and 80 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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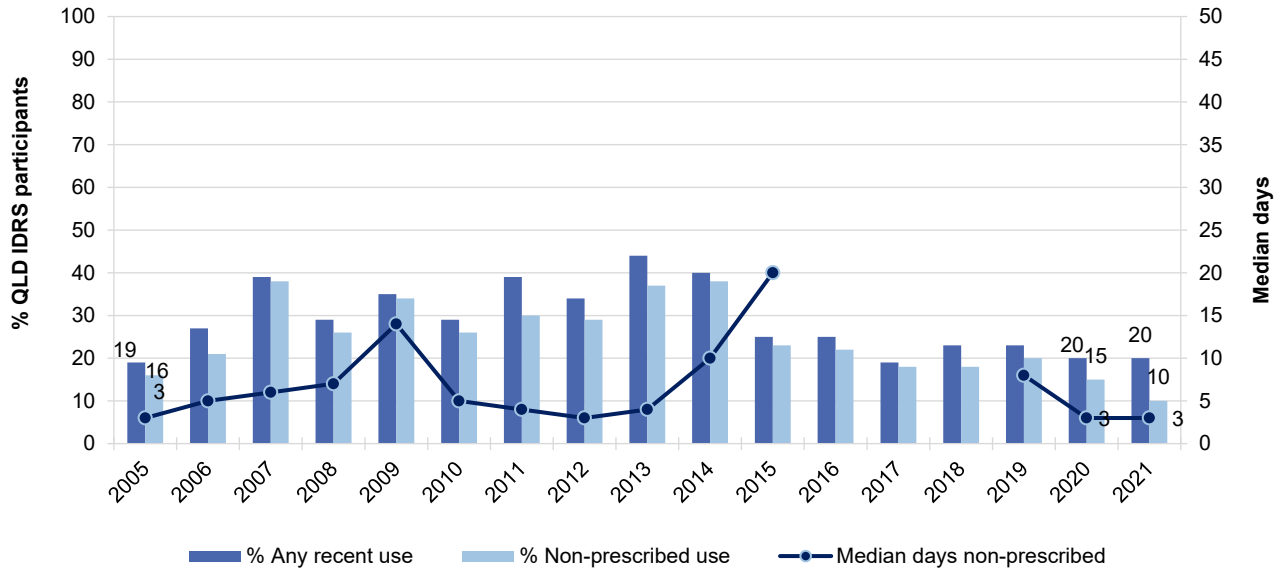
Oxycodone

Any Recent Use (past 6 months): In 2021, 20% of participants reported recently using any oxycodone, unchanged from 20% in 2020. Recent prescribed use was reported by 11% of participants (n≤5 in 2020; *p*=0.223). Recent non-prescribed use was reported by 10% in 2021 (15% in 2020; *p*=0.446) (Figure 29).

Frequency of Use: The median number of days of non-prescribed use of oxycodone in the last six months was three days (IQR=2-3, n=10), stable relative to 2020 (3 days; IQR=1-7; *p*=0.976) (Figure 29).

Recent Injection: Of those who had recently used any oxycodone in 2021 (n=20), 45% reported recently injecting any form (79% in 2020; *p*=0.064) on a median of three days (IQR=2-33) in the past six months (5 days in 2020, IQR=2-16; *p*=0.833).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Queensland, 2005-2021



Note. From 2005-2015, participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). Since 2019, oxycodone has been broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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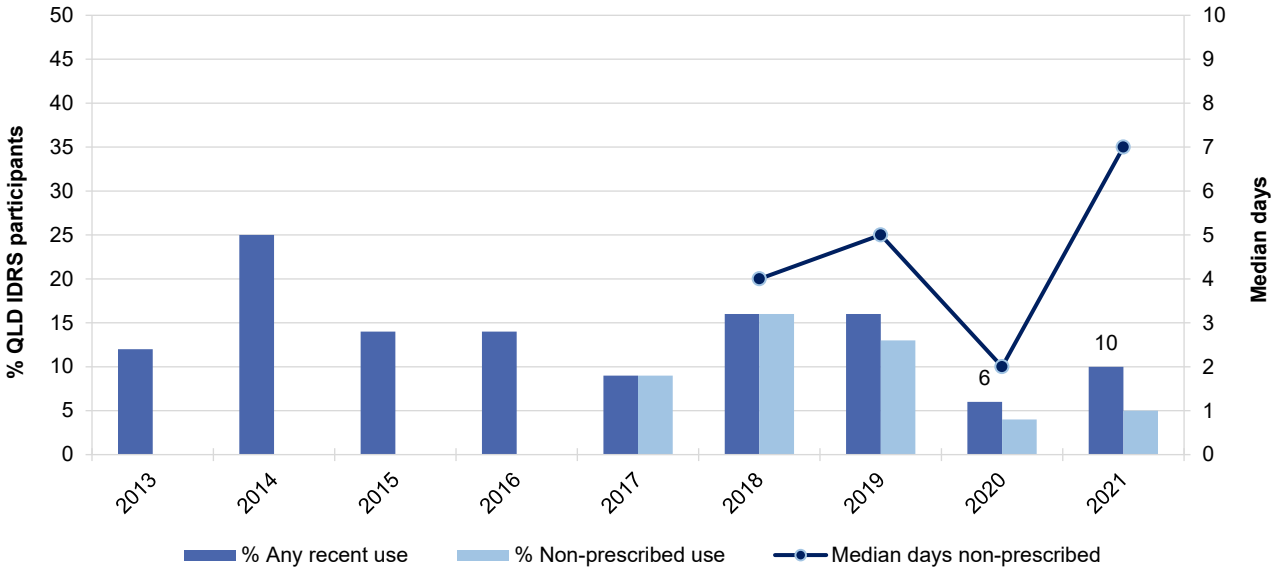
Fentanyl

Any Recent Use (past 6 months): In 2021, 10% of participants reported recently using fentanyl (6% in 2020; *p*=0.472). Low numbers (n≤5) reported using both prescribed and non-prescribed fentanyl in the six months prior to interview (Figure 30).

Frequency of Use: Few participants (n≤5) reported frequency of non-prescribed fentanyl use in 2021.

Recent Injection: Of those who had recently used any fentanyl in 2021 and commented (n=9), 89% reported recently injecting any form (83% in 2020) on a median of three days (IQR=1-8) in the past six months, stable compared to two days in 2020 (IQR=1-3; *p*=0.650).

Figure 30: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Queensland, 2013-2021



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2016. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 10 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2021 (Table 2). In 2021, 7% of participants reported any recent use of codeine, stable compared with 9% in 2020 (p=0.746). Few participants (n≤5) reported prescribed and non-prescribed recent use in 2021, therefore, these numbers are suppressed.

Small numbers (n≤5) reported recently using any form of tapentadol (numbers supressed). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Fourteen per cent reported any recent use of tramadol, stable compared to 7% in 2020 (p=0.190). Whilst few participants (n≤5) reported prescribed use, just under one-tenth (9%) reported recent non-prescribed use of tramadol (n≤5 in 2020; p=0.275).

Due to low numbers (n≤5) reporting on recent injection and median frequency of recent injection, details have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Queensland, 2020-2021

% Recent Use (past 6 months)	2021 (N=101)	2020 (N=98)
Codeine		
Any prescribed use	-	7
Any non-prescribed use	-	-
Any injection	0	0
Tramadol		
Any prescribed use	-	-
Any non-prescribed use	9	-
Any injection	-	-
Tapentadol		
Any prescribed use	0	-
Any non-prescribed use	-	0
Any injection	0	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

8

Other Drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2021, 9% of participants reported recent use of any NPS, stable compared to 2020 (n≤5; *p*=0.451). Very low numbers (n≤5) reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Queensland, 2014-2021

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): In 2021, 26% of participants reporting having recently used any non-prescribed benzodiazepines, stable compared to 30% in 2020 (p=0.685) (Figure 31). This was mostly driven by non-prescribed use of other benzodiazepines (17%; 22% in 2020; p=0.432), followed by 11% of participants reporting recent use of non-prescribed alprazolam in 2021 (11% in 2020).

Frequency of Use: Participants who had recently consumed non-prescribed other benzodiazepines reported use on a median of three days (IQR=2-26, n=16; 11 days in 2020; IQR=3-48, n=20; p=0.432). Those who reported using non-prescribed alprazolam reported a median of three days in 2021 (IQR=1-41, n=11; 3 days in 2020; IQR=2-6; n=11; p=0.789).

Recent Injection: In 2021, very low numbers (n≤5) reported recent injection of any non-prescribed benzodiazepines, therefore no further reporting will be included. Please refer to the 2021 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants was reported by 7% of participants in 2021 (n≤5 in 2020; p=0.569) (Figure 31).

Frequency of Use: Participants reported using non-prescribed pharmaceutical stimulants on a median of two days (IQR=2-2); few (n≤5) reported frequency of use in 2020 (p=0.272).

Recent Injection: In 2021, very low numbers (n≤5) reported recent injection of non-prescribed pharmaceutical stimulants, therefore no further reporting will be included. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Very low numbers (n≤5) reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the last six months and therefore no further reporting on patterns of use will be included. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

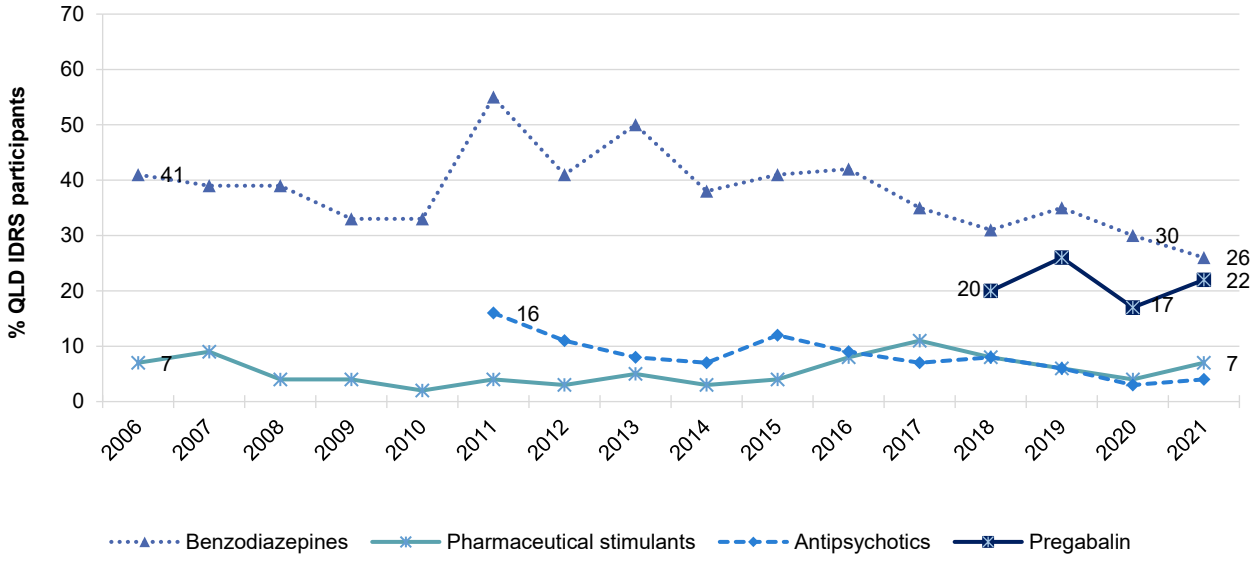
Recent Use (past 6 months): In 2021, non-prescribed use of pregabalin was reported by 22% of participants (17% in 2020; p=0.542) (Figure 31).

Frequency of Use: Participants reported using non-prescribed pregabalin on a median of six days (IQR=2-21), stable from 2020 (6 days; IQR=2-12; p=0.579).

Recent Injection: No participants reported recent injection of non-prescribed pregabalin in the six months prior to interview (18% in 2020; p=0.148), therefore no further reporting will be included. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

DOI: 10.26190/ftn4-sd95

Figure 31: Past six month use of non-prescribed pharmaceutical drugs, Queensland, 2006-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants and benzodiazepines were separated into prescribed and non-prescribed from 2006 onwards; Y axis reduced to 70% to improve visibility of trends. Data labels are only provided for the first (2007/2011/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Steroids

Very low numbers (n≤5) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Alcohol

Recent Use (past 6 months): In 2021, 54% of participants had recently used alcohol, stable from 51% reporting use in 2020 (p=0.781) (Figure 32).

Frequency of Use: Median days of use in 2021 increased significantly to 52 days (IQR= 9-170) from 12 days in 2020 (IQR= 5-30; p=0.001). Twenty-one per cent of those who had recently consumed alcohol reported daily use, a significant increase from 2020 (n≤5; p=0.007).

Tobacco

Recent Use (past 6 months): Eighty-nine per cent of participants reported recent use of tobacco in 2021, stable compared to 87% in 2020 (p=0.767) (Figure 32).

Frequency of Use: Participants reported use on a median of 180 days (IQR=180-180), consistent with 2020 reports (180 days; IQR=180-180; p=0.879). Eighty-nine per cent of those who had recently used tobacco reported daily use, also consistent with 2020 (89%).

DOI: 10.26190/ftn4-sd95

E-cigarettes

Recent Use (past 6 months): The percentage of participants who reported recent use of e-cigarettes in 2021 was 19%, stable compared to 20% in 2020 (*p*=0.944) (Figure 32).

Frequency of Use: Median frequency of use was 27 days (IQR=4-180), a non-significant increase from 180 days in 2020 (IQR=24-180; *p*=0.106). In 2021, 33% of participants who had recently used e-cigarettes reported doing so daily, compared to 53% in 2020 (*p*=0.394).

Forms Used: Of those who reported e-cigarette use in the last six months and responded (n=16), 75% reported using e-cigarettes that contained nicotine. Six per cent reported using e-cigarettes containing cannabis, 25% reported e-cigarettes which contained neither cannabis nor nicotine, and a further 6% of participants reported both cannabis and nicotine were present.

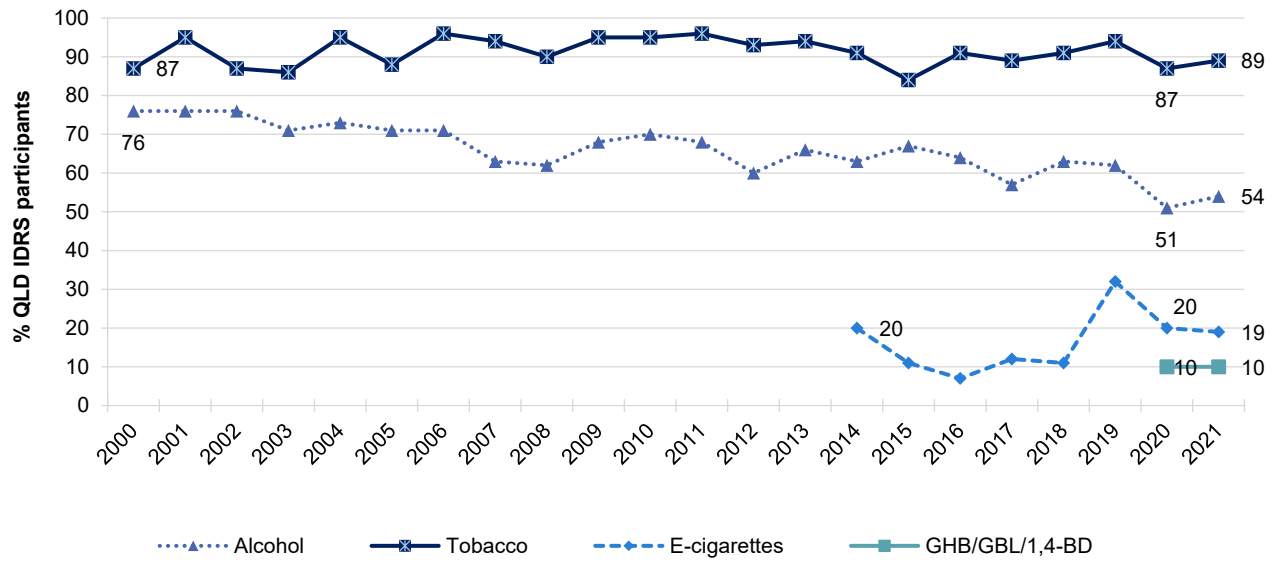
Reason for Use: Of those who reported e-cigarette use in the last six months and responded (n=19), 53% reported using it as a smoking cessation tool.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2021, 10% of participants reported recent use of GHB/GBL/1, 4-BD, consistent with 2020 reports (10%) (Figure 32).

Recent Injection: In 2021, no participants reported recent injection (10% in 2020), therefore no further reporting will be included. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 32: Past six month use of licit and other drugs, Queensland, 2000-2021



Note. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021

DOI: 10.26190/ftn4-sd95

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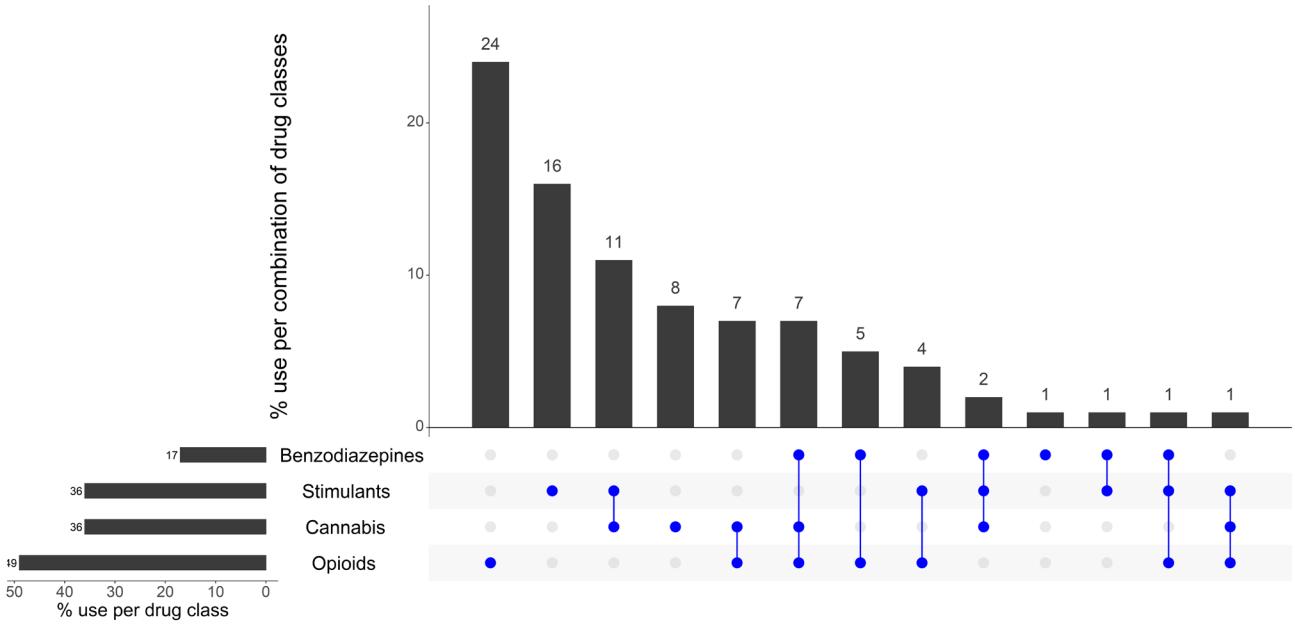
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (99%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. Of those who reported using one or more drugs (n=99), the most commonly used substances were tobacco (76%), opioids (49%), cannabis (36%), stimulants (36%), and benzodiazepines (17%).

One-quarter (24%) of the sample reported using opioids alone, whilst 16% reported using stimulants alone on the day preceding interview. Eleven per cent reported concurrent use of stimulants and cannabis, 7% reported concurrent use of cannabis and opioids, and 7% reported concurrent use of benzodiazepines, cannabis and opioids (Figure 33).

Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Queensland, 2021



Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 30 % to improve visibility of trends.

DOI: 10.26190/ftn4-sd95

Overdose Events

Non-Fatal Overdose

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

In 2021, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

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

Overdose in the QLD sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). Nineteen per cent reported a non-fatal overdose on any drug in the past twelve months (24% in 2020; p=0.488) (Figure 34).

Fourteen per cent reported a **non-fatal overdose following opioid use** in the past 12 months in 2021 (18% in 2020; p=0.629). This was mostly driven by 12% of the sample reporting a non-fatal overdose from heroin (14% in 2020; p=0.769) (Table 4).

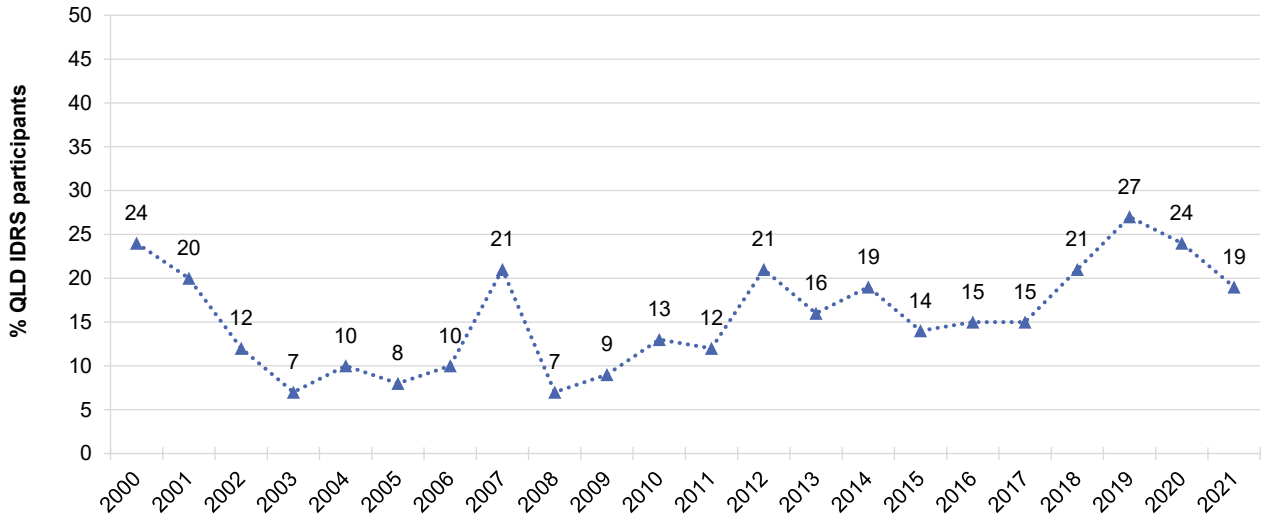
Participants who had overdosed on an opioid had done so on a median of one occasion (IQR=1-2) in the last 12 months. Heroin was most commonly cited as the opioid used during the last opioid overdose (13%), along with tobacco as the other drug most commonly used (64%). On the occasion of their last overdose, 43% reported that that they received naloxone. Small numbers (n≤5) were able to comment on other treatment received.

Small numbers (n≤5) reported a **non-fatal overdose following stimulant use** in the past 12 months. Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Please contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings regarding non-fatal overdose in the IDRS sample.

DOI: 10.26190/ftn4-sd95

Figure 34: Past 12 month non-fatal any overdose, Queensland, 2000-2021



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2021, and Queensland, 2015-2021

	National	Queensland						
	2021	2021	2020	2019	2018	2017	2016	2015
% Any opioid overdose	N=882 11	**N=101 14**	N=98 18	N=109 24	N=103 18	N=103 9	N=91 9	N=98 8
% Heroin overdose	N=880 9	**N=100 12**	N=98 14	N=109 20	N=103 8	N=103 7	N=91 7	N=98 6
% Methadone overdose	N=880 1	**N=100 -**	N=98 -	N=109 0	N=98 -	N=69 -	N=91 -	N=98 0
% Morphine overdose	N=880 1	**N=100 -**	N=98 0	N=109 -	N=98 -	N=62 -	N=91 -	N=97 -
% Oxycodone overdose	N=880 0	**N=100 -**	N=98 -	N=109 -	N=98 -	N=91 -	N=91 0	N=97 -
% Stimulant overdose	N=885 4	**N=100 -**	N=98 -	N=108 -	N=103 0	N=91 -	N=90 -	N=98 -
% Other drug overdose	N=885 3	**N=100 0***	N=98 7	N=109 -	/	/	/	/
% Any drug overdose	N=882 17	**N=100 19**	N=97 24	N=109 27	N=98 21	N=91 15	N=91 15	N=98 14

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: In 2021, 81% of participants reported that they had heard of naloxone (85% in 2020; p=0.573) (Figure 35).

Awareness of Take-Home Programs (training program): Fluctuations have been observed over the years in the per cent reporting that they were aware of the take-home naloxone programs. In 2021, 60% of participants reported awareness of these programs, stable from 2020 (64%; p=0.655) (Figure 35). Of those who reported participating in a training program, the majority reported that they received their training at an NSP (70%).

Participation in Training Programs: In 2021, 30% of participants reported that they had participated in naloxone training programs, whilst 18% reported participation in naloxone training programs in 2020 (p=0.070).

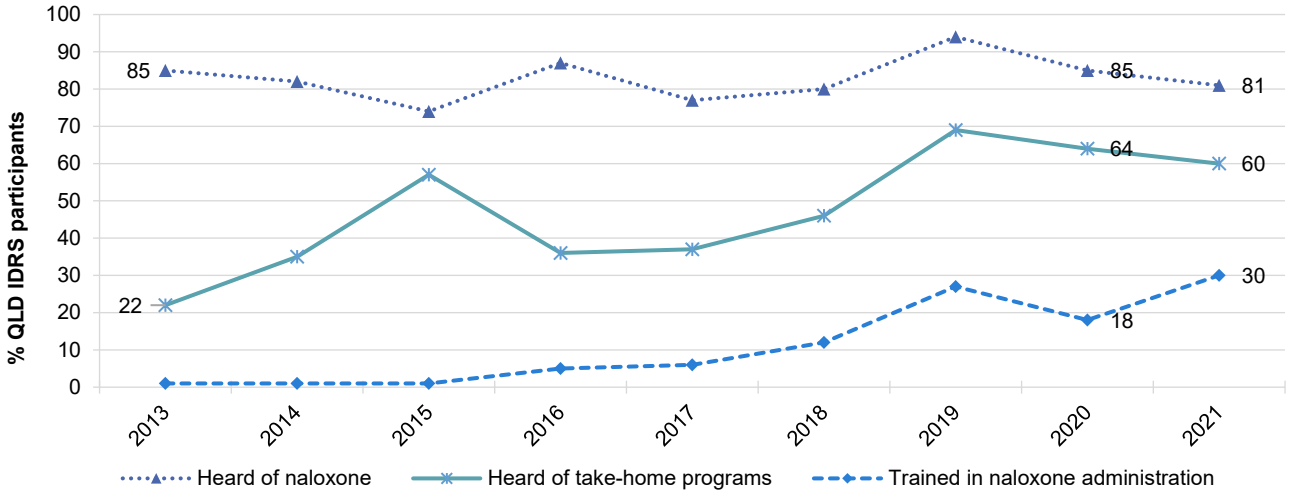
Accessed Naloxone: Thirty per cent of the QLD sample reported having ever accessed naloxone. Out of those who reported either experiencing trouble accessing naloxone or never accessing naloxone (n=74), reasons included 'don't use opioids' (26%), 'don't consider myself/my peers at risk of overdose' (23%), and 'didn't know you could access naloxone' (11%).

Use of Naloxone to Reverse Overdose: In 2021, 22% reported that they had ever resuscitated someone using naloxone at least once in their lifetime, a significant increase from 2020 (16%; p=0.049). Few (n≤5) participants reported that they had been resuscitated by a peer using naloxone in the past year (n≤5 in 2020).

Of those who reported ever accessing naloxone and commented (n=30), on the last occasion, 63% reported last receiving intramuscular naloxone, and 27% reported receiving intranasal naloxone. Seventy per cent of participants last accessed naloxone from an NSP, and the majority (90%) of participants reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone, over half (55%) reported that they 'always' had naloxone on hand when using opioids in the past month, whilst 21% reported 'never' having naloxone on hand when using opioids.

DOI: 10.26190/ftn4-sd95

Figure 35: Take-home naloxone program and distribution, Queensland, 2013-2021



Note. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2021, 10% of QLD participants reported receptive sharing in the past month, stable compared to 8% in 2020 (p=0.840). A significant increase was observed in distributive sharing in the past month (22%; 7% in 2020; p=0.007) (Figure 36). Twenty-eight per cent of participants reported that they shared other equipment, stable relative to 2020 (31%; p=0.803).

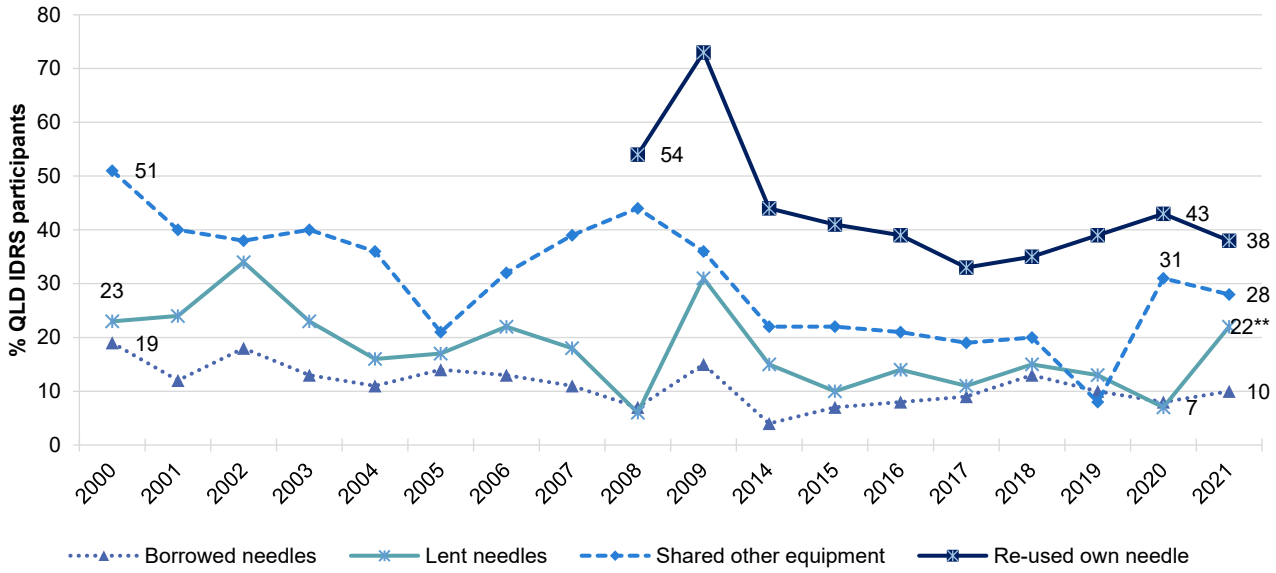
Almost half (48%) reported that they had injected a partner/friend after injecting themselves (34% in 2020; p=0.070), whilst 22% were injected by a partner/friend who had previously injected (15% in 2020;, p=0.234) (Table 5).

In 2021, 38% of participants reported re-using their own needles or syringes in the past month, stable compared with 43% in 2020 (p=0.560) (Table 5).

Location of last injection remained stable between 2020 and 2021 (p=0.345). Most participants (87%) reported that they had last injected in a private home (83% in 2020). Few participants (n≤5) reported injecting elsewhere (Table 5).

DOI: 10.26190/ftn4-sd95

Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, Queensland, 2000-2021



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000/2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and Queensland, 2015-2021

	National	Queensland						
	2021 N=888	2021 N=101	2020 N=98	2019 N=109	2018 N=103	2017 N=103	2016 N=91	2015 N=98
% Injecting behaviours past month								
Borrowed a needle	N=880 6	**N=99 10**	N=98 8	N=109 9	N=99 13	N=97 9	N=91 8	N=97 7
Lent a needle	N=877 10	**N=99 22****	N=98 7	N=108 13	N=99 15	N=97 11	N=91 14	N=97 10
Shared any injecting equipment ^	N=881 18	**N=99 28**	N=97 31	N=108 0	N=99 11	N=97 23	N=91 34	N=97 3
Re-used own needle	N=878 38	**N=98 38**	N=98 43	N=109 39	N=99 36	N=98 33	N=90 39	N=97 41
Injected partner/friend after self~	N=882 34	**N=98 48**	N=94 34	N=109 41	N=99 36	N=98 25	N=91 29	/
Somebody else injected them after injecting themselves~	N=880 18	**N=98 22**	N=95 15	N=109 23	N=99 17	N=98 19	N=91 19	/
% Location of last injection	N=884	**N=99**	N=98	N=108	N=99	N=98	N=91	N=97
Private home	83	**87**	83	76	76	78	77	90
Car	4	**-**	7	-	-	-	6	-
Street/car park/beach	4	**-**	-	-	10	6	8	-
Public toilet	4	**-**	6	14	8	12	8	-
Medically supervised injected services	3	**0**	0	/	/	/	/	/
Other	2	**-**	0	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

Self-Reported Injection-Related Health Problems

In 2021, two-fifths (42%) reported an injection-related health issue in the month preceding interview (33% in 2020; *p*=0.295) (Table 6). Thirteen per cent reported having a dirty hit (9% in 2020; *p*=0.581), and any nerve damage remained the most common injection-related health issue (27%; 23% in 2020; *p*=0.650).

Table 6: Injection-related issues in the past month, Queensland, 2020-2021

	2021	2020
	(N=101)	(N=96)
% Artery injection	**10**	**-**
% Any nerve damage	**27**	**23**
% Any thrombosis	**8**	**-**
Blood clot	**7**	**-**
Deep vein thrombosis	**-**	**-**
% Infection/ abscess	**9**	**8**
Skin abscess	**-**	**7**
Endocarditis	**-**	**0**
Osteomyelitis/Sepsis/Septic arthritis	**-**	**-**
% Dirty hit	**13**	**9**
% Any injection-related problem	**42**	**33**

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Treatment

In 2021, 45% of participants reported that they were currently in any form of treatment for their substance use, stable compared to 47% in 2020 (*p*=0.845). Among those receiving treatment, the most common forms were methadone (22%; 21% in 2020), counselling (16%; 8% in 2020; *p*=0.148), and buprenorphine-naloxone (11%; 11% in 2020) (Table 7).

In 2021, of those not currently in treatment (n=56), one-in-five (20%) participants reported having difficulties accessing treatment in the past six months. Of these participants, 91% were seeking treatment for methamphetamine use.

Table 7: Current drug treatment, nationally, 2021, and Queensland, 2015-2021

	National	Queensland						
	2021 N=886	2021 N=101	2020 N=98	2019 N=109	2018 N=103	2017 N=103	2016 N=91	2015 N=98
% Current drug treatment	37	**45**	47	58	54	54	46	39
Methadone	24	**22**	21	43	52	49	44	47
Buprenorphine	2	**-**	8	14	14	15	21	21
Buprenorphine-naloxone	5	**11**	11	25	43	25	16	18
Buprenorphine depot injection	2	**0**	0	-	/	/	/	/
Drug counselling	8	**16**	8	23	14	10	14	-
Other	4	**-**	-	16	-	0	-	-

Note. - Numbers suppressed when n≤5 (but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

Bloodborne Virus Testing and Treatment

In 2021, 29% reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (31% in 2020; *p*=0.839), 32% had received an RNA test (28% in 2020; *p*=0.752) and 9% reported having a current HCV infection (11% in 2020; *p*=0.804) (Table 8). Eight per cent of the sample reported that they had received HCV treatment in the past year (7% in 2020), of which all (100%; n=8) reported that their treatment had been successful (n≤5 in 2020; *p*=0.388).

Of the total sample, 80% (n=80) reported having ever had a test for human immunodeficiency virus (HIV) (23% within the past six months), with the majority reporting that they had never received a positive diagnosis (95%).

Table 8: HCV and HIV Testing and Treatment, nationally (2021) and Queensland, 2020-2021

	National	Queensland	
	2021	**2021**	**2020**
	N=888	**N=101**	N=101
	N %	**N** **%**	N %
Past year Hepatitis C test			
Past year hepatitis C antibody test	N=868 44	**N=98** **29**	N=97 31
Past year hepatitis C PCR or RNA test	N=839 40	**N=95** **32**	N=95 28
Current hepatitis C status			
Currently have hepatitis C	N=826 9	**N=91** **9**	N=91 11
Past year treatment for hepatitis C			
Received treatment in past year	N=862 12	**N=98** **8**	N=96 7
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	**N=8** **100**	N=7 -
HIV test	N=727	**N=99**	/
HIV test in past 6 months	31	**(N=101)** **23**	/
HIV test more than 6 months ago	53	**(N=99)** **58**	/
HIV status	N=727	**N=99**	/
Lifetime HIV positive diagnosis	3	**-**	/

Note. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

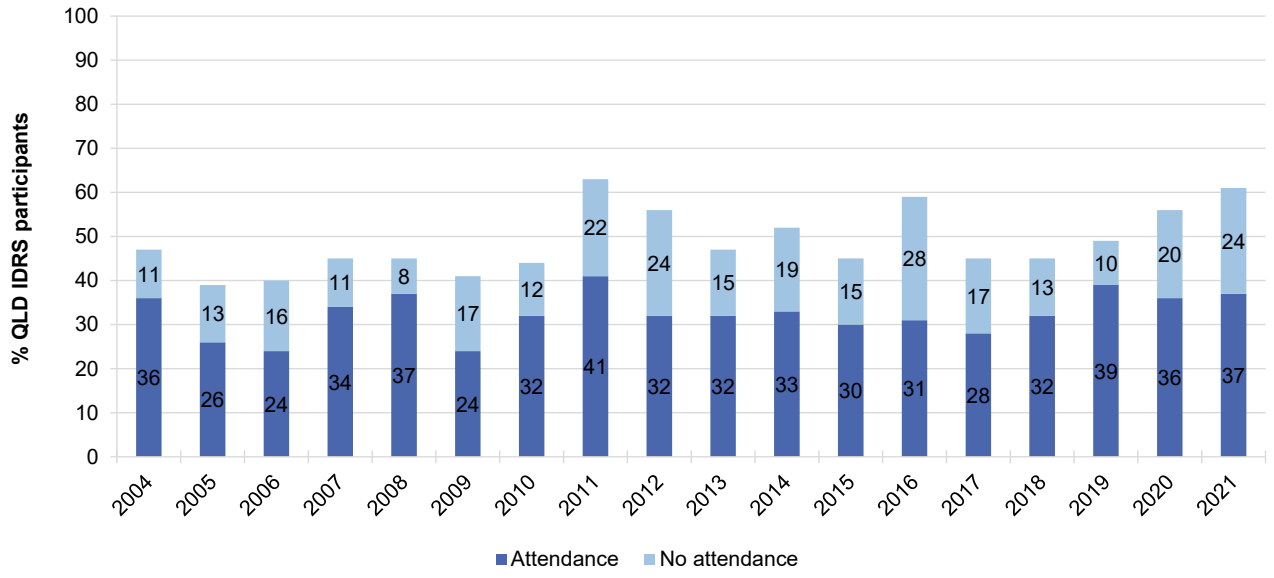
DOI: 10.26190/ftn4-sd95

Mental Health

In 2021, 61% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable compared to 56% in 2020 (p=0.562) (Figure 37). Amongst this group, the most commonly reported problems were depression (68%), anxiety (57%), post-traumatic stress disorder (27%), bipolar disorder (13%), and paranoia (13%).

Almost two-fifths (37%) of participants (60% of those who reported a mental health problem (64% in 2020; p=0.835)) had seen a mental health professional during the last six months. Of those who had a mental health problem and reported seeing a mental health professional in 2021 (n=36), 53% had been prescribed medication for their mental health problem in the preceding six months, stable compared to 66% in 2020 (p=0.386).

Figure 37: Self-reported mental health problems and treatment seeking in the past six months, Queensland, 2004-2021



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/ftn4-sd95

Driving

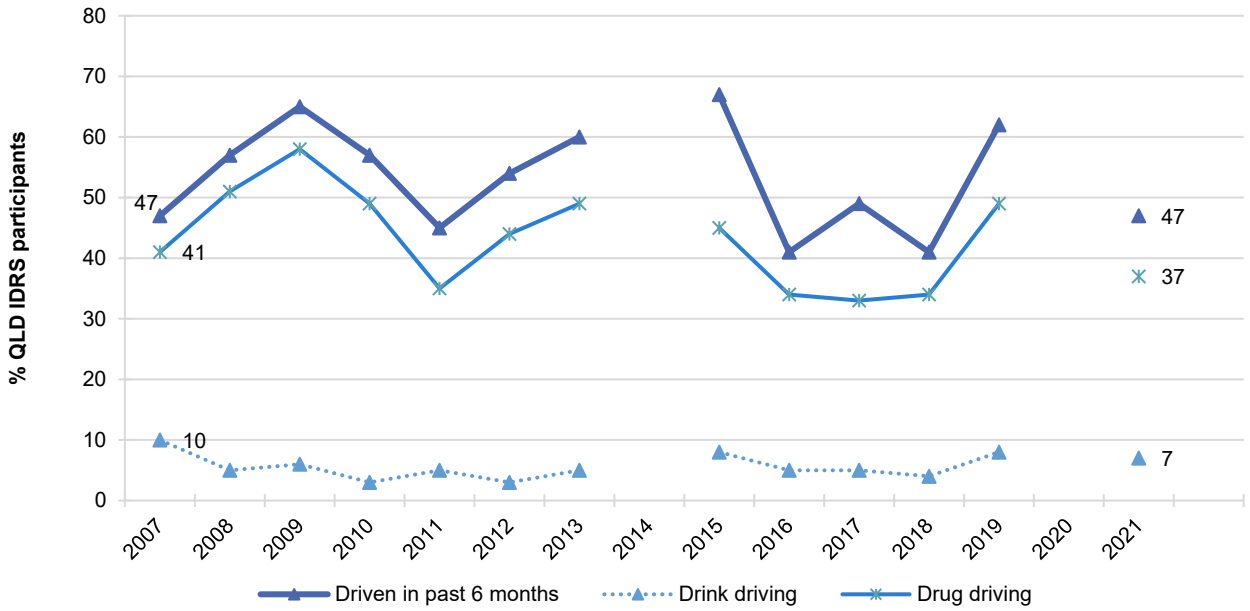
Of the total sample, almost half (47%) had driven a car, motorcycle or other vehicle in the last six months (Table 9). Of those who responded (n=97), 7% reported driving while over the perceived legal limit of alcohol and 37% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (Figure 38). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, half reported using methamphetamine crystal prior to driving (50%), with others reporting the use of heroin (47%) and cannabis (36%).

Table 9: Participant reports of driving behaviour in the last six months, nationally and Queensland, 2021

%	National	Queensland
	N=875	**N=99**
% Driven in last six months	36	**47**
% Driven over the legal alcohol limit in the last six months	N=867 4	**N=97** **7**
% Driven within three hours of consuming illicit drug(s) last six months	N=871 25	**N=98** **37**
% Tested for drug driving by police roadside drug testing last six months	N=872 9	**N=98** **9**
% Breath tested for alcohol by police roadside testing last six months	N=874 13	**N=99** **14**

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

Figure 38: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Queensland, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2007) and most recent year (2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables.

DOI: 10.26190/ftn4-sd95

Drug Checking

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

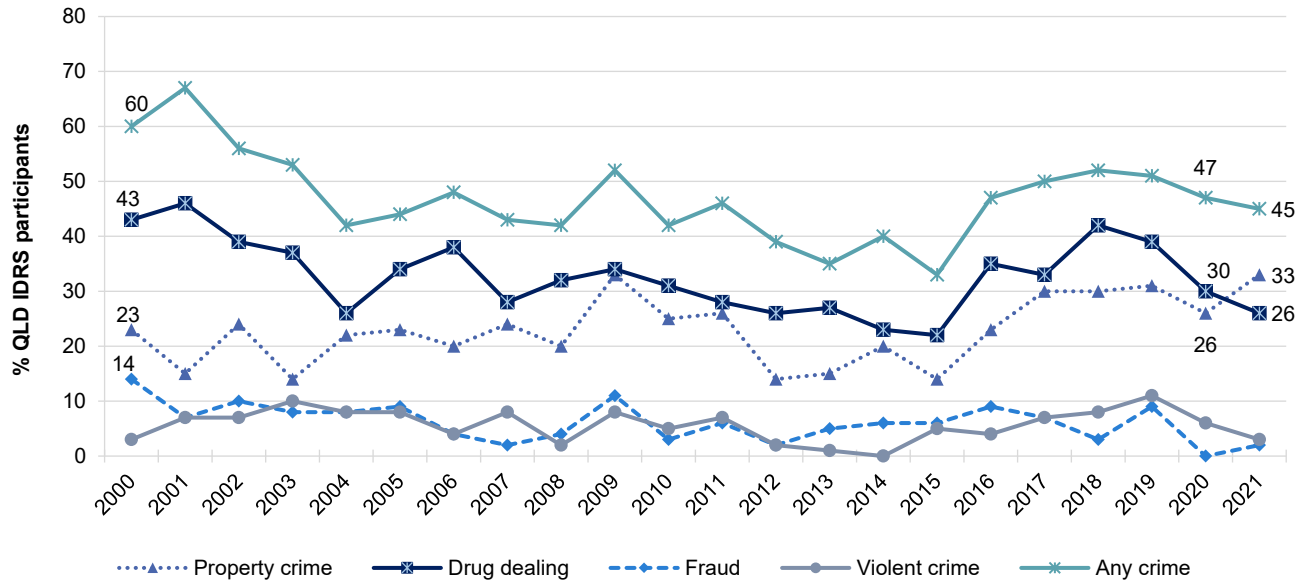
In 2021, 19% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 8% undertaking this in the past year. Of those who reported testing their illicit drugs in the past year (n=8), few reported on specific methods (n≤5). Please refer to the 2021 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Crime

Forty-five per cent of participants reported engaging in 'any' crime in the past month in 2021, stable from 47% in 2020 (p=0.842). Property crime was the most commonly reported crime in the past month (33%; 26% in 2020; p=0.420), followed by drug dealing (26%; 30% in 2020; p=0.651) (Figure 39). One-fifth (21%) reported being the victim of a crime involving violence in the past month (e.g., assault), stable from 2020 (15%; p=0.359).

In 2021, 39% of participants reported being arrested in the 12 months preceding interview, stable compared to 29% in 2020 (p=0.176). Fifty-four per cent of participants reported a history of imprisonment, compared with 53% in 2020 (p=0.962).

Figure 39: Self-reported criminal activity in the past month, Queensland, 2000-2021



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.