EDRS



QUEENSLAND DRUG TRENDS 2020

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

QUEENSLAND DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2020:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Amy Kirwan, Cristal Hall and Professor Paul Dietze, Burnet Institute Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania, Tasmania;
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- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas, Leith Morris, 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 EDRS in the present and in previous years.

Contributors

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

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Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorders Identification Test
COVID-19	The disease caused by novel coronavirus SARS-CoV-2
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
ERD	Ecstasy and/or related drugs
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
QLD	Queensland
ROA	Route of administration
SD	Standard deviations

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Executive Summary

The QLD EDRS sample is a sentinel group of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements and via word-of mouth in Brisbane and the Gold Coast, QLD. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from April-July: subsequent to COVID-19 restrictions on travel and gatherings in Australia. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

The QLD EDRS sample (N=100) was predominantly young, educated males, consistent with the sample profile in 2019 and since monitoring commenced. Cannabis and ecstasy were the drugs of choice nominated by the majority of the sample (40% and 25%, respectively), while cannabis and ecstasy were the drugs used most often in the last month by the sample (60% and 16%, respectively). There was a significant decrease in the proportion of respondents reporting alcohol as the drug used most often in the last month from 2019 to 2020 (p=0.004).

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. Six per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (91%) had practiced social distancing and 87% had undergone home isolation. Ecstasy was reported by 36% of participants as the drug most used in February 2020 (before COVID-19 restrictions), and by 16% in the month prior to interview. By contrast, cannabis and alcohol were reported by 43% and 7%, respectively, as the drug most used in February, and 60% and 7%, respectively, in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March, including ecstasy/MDMA (54%), and methamphetamine (33%). The primary reasons for a decrease in use of ecstasy/MDMA comprised 'fewer opportunities to be with people or to go out', whilst the primary reason for decrease in methamphetamine use was 'worried about effects on my physical health'. An increase in cannabis use was observed (44%), mainly cited as due to 'boredom/less things to occupy time', and 'more time to use the drug'. Most participants reported drug availability as stable, although MDMA pills, MDMA powder, cocaine, and methamphetamine powder were most commonly cited as drugs which had decreased in availability (44%, 33%, 34% and 33%). Two-fifths (38%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, 35% reported 'similar' and 26% reported their mental health as 'better'. One-in-ten (13%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Over half (53%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e., past six months) use of ecstasy pills declining and use of capsules and crystal increasing (43%, 78% and 71% of the QLD sample, respectively). These changes may be partially explained by the differences in perceived purity, with ecstasy capsules and crystal reported to be of higher purity than pills and powder.

Methamphetamine

In 2020, 18% of the QLD sample reported recent use of methamphetamine (i.e., past six months), with crystal being the primary form used (14%), followed by powder (8%).

Cocaine

Recent use of cocaine has increased in recent years, with 61% of the sample reportedly using

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cocaine in the last six months. Most consumers reported infrequent use of the drug. Fifty-five per cent of consumers believed that cocaine was 'easy' or 'very easy' to access in the 2020 sample.

Cannabis

Almost all participants (90%) in the 2020 QLD sample have recently used cannabis, continuing a consistently high rate of use since reporting began in 2003. Twenty-two per cent of the QLD sample reported daily use in 2020.

Ketamine & LSD

Recent use of ketamine and LSD has increased since monitoring began in 2003, with 28% of the QLD sample reporting recent ketamine use (27% in 2019) and 49% of the QLD sample reporting recent LSD use in 2020 (53% in 2019).

New Psychoactive Substances (NPS)

One-third of QLD participants (31%) reported recent use of at least one form of NPS in 2020. DMT and 2C-B were the most common NPS recently used (16% and 8%, respectively).

Other Drugs

Twenty-seven per cent of participants reported recent use of non-prescribed alprazolam, a significant decrease from 2019 (p=0.029). Just over one-third of the sample reported recent use of amyl nitrite (35%; 40% in 2019).

Sixteen per cent of participants reported use of any substance with 'unknown contents' in 2020; 6% reported recent use of capsules with unknown contents and 6% reported recent use of a powder with unknown contents.

Forty-three per cent of the sample reported recent use of nitrous oxide. There was a significant increase in the average amount of nitrous oxide used by participants in a typical session (10 bulbs versus five bulbs in 2019, p=0.035).

Drug-Related Harms and Other Associated Behaviours

One-fifth (19%) reported experiencing a non-fatal stimulant overdose, and 34% reported a non-fatal depressant overdose in the past year. The proportion reporting life-time injecting drug use remained low (12%), as did the number currently in drug treatment (≤5). Close to half the sample (48%) self-reported that they had experienced a mental health problem in the preceding six months, a significant decrease from 2019 (p=0.040), and 70% of this group had seen a mental health professional in the same period. Almost one quarter (24%) reported engaging in drug dealing in the past month, a significant decrease from 2019 (40%), and 14% reported engaging in property crime in the past month.

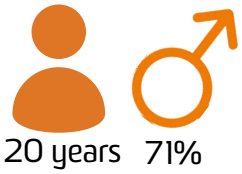
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EDRS Ecstasy and Related Drugs Reporting System

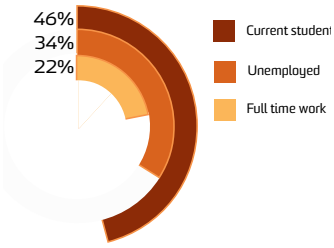
2020 QUEENSLAND SAMPLE CHARACTERISTICS



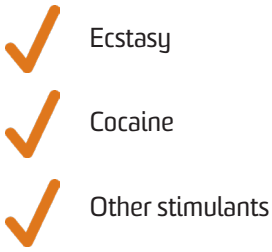
In 2020, 100 people from Brisbane, Queensland, participated in EDRS interviews.



The median age in 2020 was 20, and 71% identified as male.

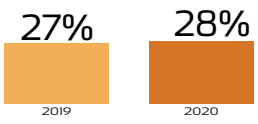


In the 2020 sample, 46% were enrolled students, 34% were unemployed, and 22% were employed full time.

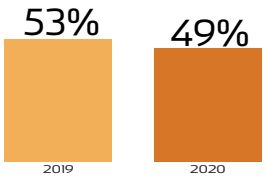


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

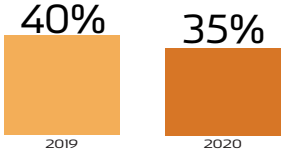
OTHER DRUGS



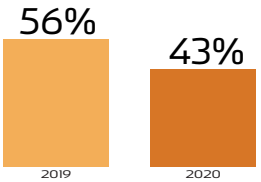
Past 6 month use of any ketamine was stable 27% in 2019 to 28% in the 2020 EDRS sample.



Past 6 month use of LSD decreased from 53% in the 2019 sample to 49% in 2020.



Past 6 month use of any amyl nitrite decreased from 40% in 2019 to 35% in the 2020 EDRS sample.

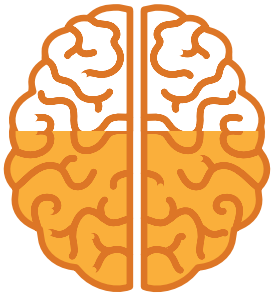


Past 6 month use of any nitrous oxide (nangs) decreased from 56% in the 2019 EDRS sample to 43% in 2020.

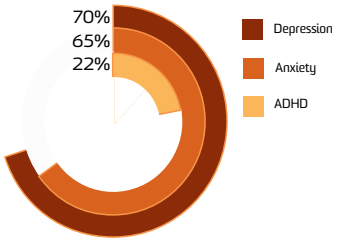
DRUG TREATMENT AND MENTAL HEALTH



Of the 2020 EDRS sample 5% reported that they were currently receiving drug treatment.



Just under half of the sample (48%) self-reported that they had experienced a mental health problem in the previous 6 months.

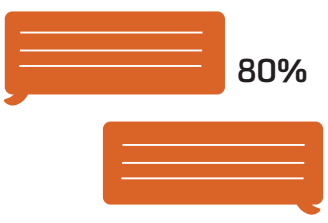


Of those who commented, the most common self-reported mental health concern was depression (70%), followed by anxiety (65%), and ADHD (22%).

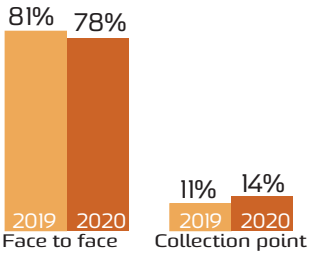


Of those self-reporting a mental health problem, 70% reported seeing a mental health professional in the previous 6 months (33% of the entire sample).

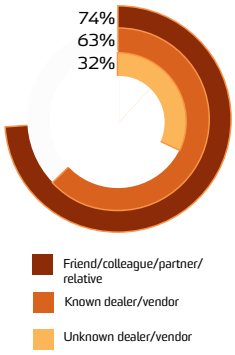
MODES OF PURCHASING



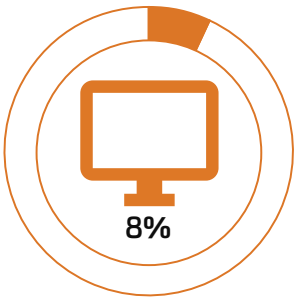
In 2020, 80% of participants organised the purchase of illicit or non-prescribed drugs was via social networking.



When asked about how they received drugs, 78% said face to face, and 14% said via a pre-arranged collection point.



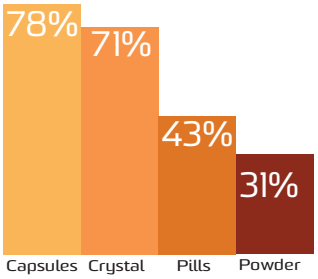
The majority of participants reported obtaining drugs from someone they knew personally (74%).



In 2020, 8% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

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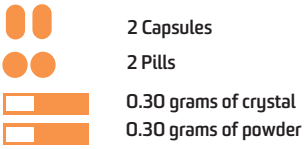
ECSTASY



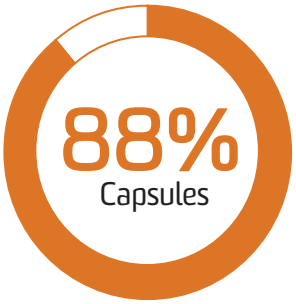
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.



Of those who had recently consumed ecstasy, 1 in 3 used it weekly.

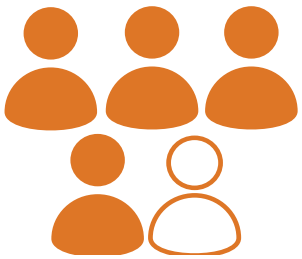


Median amounts of ecstasy consumed in a 'typical' session using each form.

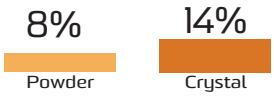


Of those who could comment 89% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain,

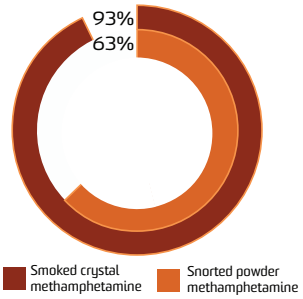
METHAMPHETAMINE



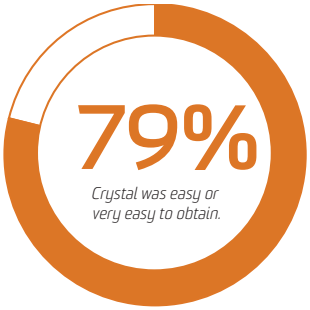
Past 6 month use of any methamphetamine was stable in the 2020 sample (18%) compared to 2019 (24%).



Of the entire sample 8% had recently consumed powder, and 14% crystal methamphetamine.



93% of people who had recently used crystal smoked it. Of those who had recently used powder, 63% snorted it.

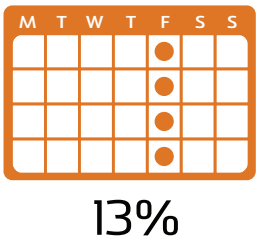


Of those who could comment 79% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



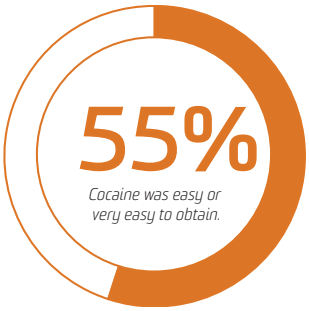
Past 6 month use of any cocaine was stable from 2019 (67%) to 2020 (61%).



Of people who had consumed cocaine recently, 13% reported weekly or more frequent use.

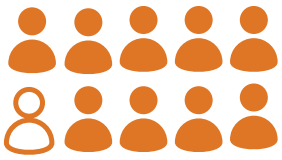


Of people who had consumed cocaine in the last 6 months, 100% had snorted it.

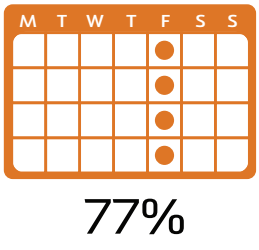


Of those who could comment 55% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



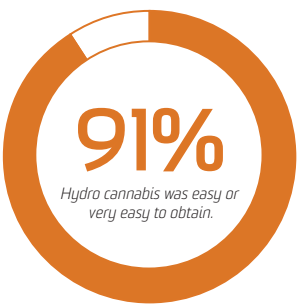
Past 6 month use of any cannabis was stable at 90% in 2020 and 92% in 2019.



Of those who had consumed cannabis recently, three quarters reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 93% had smoked it.



Of those who could comment 91% perceived hydro to be 'easy' or 'very easy' to obtain.

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Background

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

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS. It should also be noted that data collected in 2020 occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants at least six times during the preceding six months (including: MDA, methamphetamine, cocaine, mephedrone or other NPS); and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred. In 2019, a total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Brisbane and the Gold Coast during April-May 2019.

EDRS 2020: COVID-19 Impacts on Recruitment and Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID, or gift voucher;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal

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circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 100 participants interviewed in Brisbane and the Gold Coast during April-July 2020.

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 2019 and 2020. 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 (null 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 and the Gold Coast, 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 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 jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it 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 Queensland (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on gathering and travel on drug use and relative behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released based on EDRS 2020 findings.

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Additional Outputs

Infographics from this report are available for download. There is a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs, including injecting drug use.

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

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1

Sample Characteristics

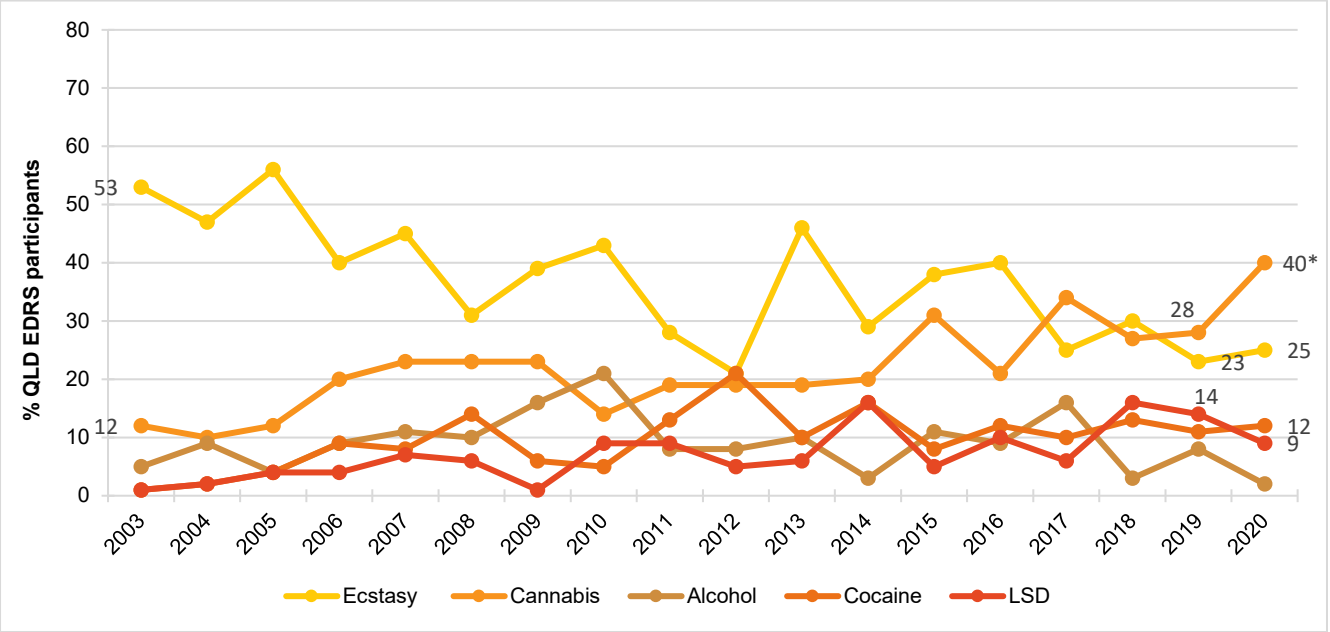
In 2020, the QLD EDRS sample was very similar to the sample in 2019 and in previous years; almost two-thirds of the sample was male (71%; 66% in 2019; *p*=0.447), with a median age of 20 years (IQR=19-27; 20 years in 2019 (IQR=19-23; *p*=0.725). Half the sample was living in a rented house/flat (50%; 59% in 2019; *p*=0.201), with most of the remaining participants living with their parents/in their family house (38%; 34% in 2019; *p*=0.556). Almost half (46%) were current students (65% in 2019, *p*=0.007), whereby 38% were studying at university/college and 8% were undergoing a trade/technical qualification. Just over one-fifth (22%) reported being employed full time (11% in 2019; *p*=0.036) and 34% reported being unemployed at the time of interview (32% in 2019; *p*=0.764) (Table 1). Of interest, over one tenth of the sample (13%) had participated in the study before (16% in 2019; *p*=0.507).

In 2020 cannabis was the most commonly reported drug of choice (40%; 28% in 2019; *p*=0.081), followed by ecstasy (25%; 23% in 2019; *p*=0.771) (Figure 1).

Cannabis was the drug used most in the previous month (60%, compared to 54% in 2019; *p*=0.391), remaining the most commonly used drug since 2012. Ecstasy was the second most used drug in the past month (16%, compared to 15% in 2019; *p*=0.845). The proportion of participants reporting alcohol as the most used drug decreased significantly in 2020 to 7% (from 21% in 2019; *p*=0.004) (Figure 2). There was a significant decrease in the proportion of participants reporting use of ecstasy and related drugs in the last month (*p*=0.019), as well as weekly or more frequent use of cocaine in the past six months (8%; ≤5 in 2019, *p*=0.023) (Figure 3).

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Figure 1: Drug of choice, Queensland, 2003-2020



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 80% to improve visibility. 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 2019 versus 2020.

Table 1: Demographic characteristics of the sample, nationally (2020) and Queensland, 2015-2020

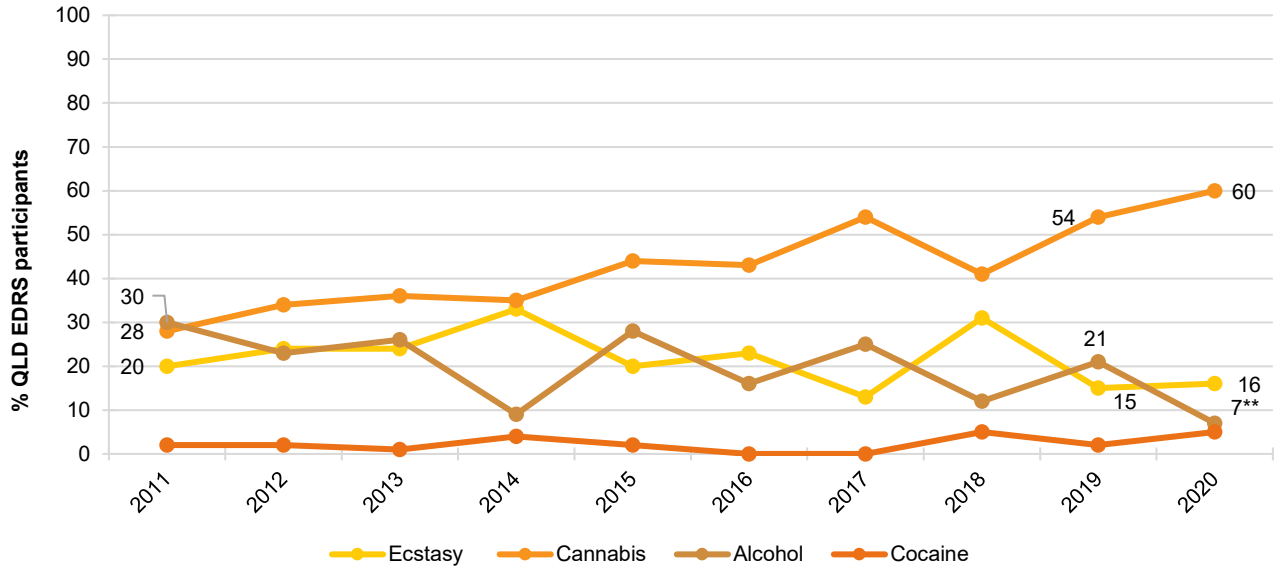
	QLD 2015 N=85	QLD 2016 N=92	QLD 2017 N=100	QLD 2018 N=100	QLD 2019 N=100	QLD 2020 N=100	National 2020 N=797
Median age (years; IQR)	21 (20-24)	21 (19-25)	19 (18-21)	19 (18-22)	20 (19-23)	**20 (19-27)**	22 (19-27)
% Male	58	68	62	64	66	**71**	61
% Aboriginal and/or Torres Strait Islander	-	-	-	-	-	**-**	4
% Sexual identity							
Heterosexual	79	90	83	84	77	**90***	83
Homosexual	9	-	-	-	-	**-**	3
Bisexual	12	8	13	9	17	**6***	10
Different identity	-	-	-	-	-	**-**	2
Queer	/	/	/	/	-	**-***	3
Median years of school education (range)	12	12	12	12	12	**12 (9-12)**	12 (7-12)
% Post-school qualification(s)^	46	38	25	29	43	**47**	51
% Employment status							
Employed full-time	-	15	13	16	11	**22***	26
Students[#]	63	64	49	42	65	**46****	35
Unemployed	14	11	8	17	32	**34**	5

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	QLD 2015 N=85	QLD 2016 N=92	QLD 2017 N=100	QLD 2018 N=100	QLD 2019 N=100	QLD 2020 N=100	National 2020 N=797
Median weekly income $	(N=85) $350 ($250-500)	(N=92) $424 ($300-600)	(N=96) $300 ($200-550)	(N=99) $375 ($200-650)	(N=100) $360 ($250-550)	(N=98) **506**** **($285-856)**	(N=771) $600 (400-923)
% Accommodation							
Own house/flat	9	-	-	-	-	-	5
Rented house/flat#	77	77	64	48	59	**50**	50
Parents'/family home	9	12	26	47	34	**38**	40
Boarding house/hostel	-	-	-	-	-	-	2
No fixed address+	-	-	-	-	0	-	0
Other	-	-	-	-	0	**0**	-

Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018, 2019 and 2020. In 2020, employment status was expanded to include 'part time/casual' and 'self-employed' due to participant responses in 2019. Furthermore, in 2020, 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + In 2020, no fixed address included 'couch surfing and rough sleeping or squatting. # in 2016 and 2017, public housing was included in rented house/flat. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020

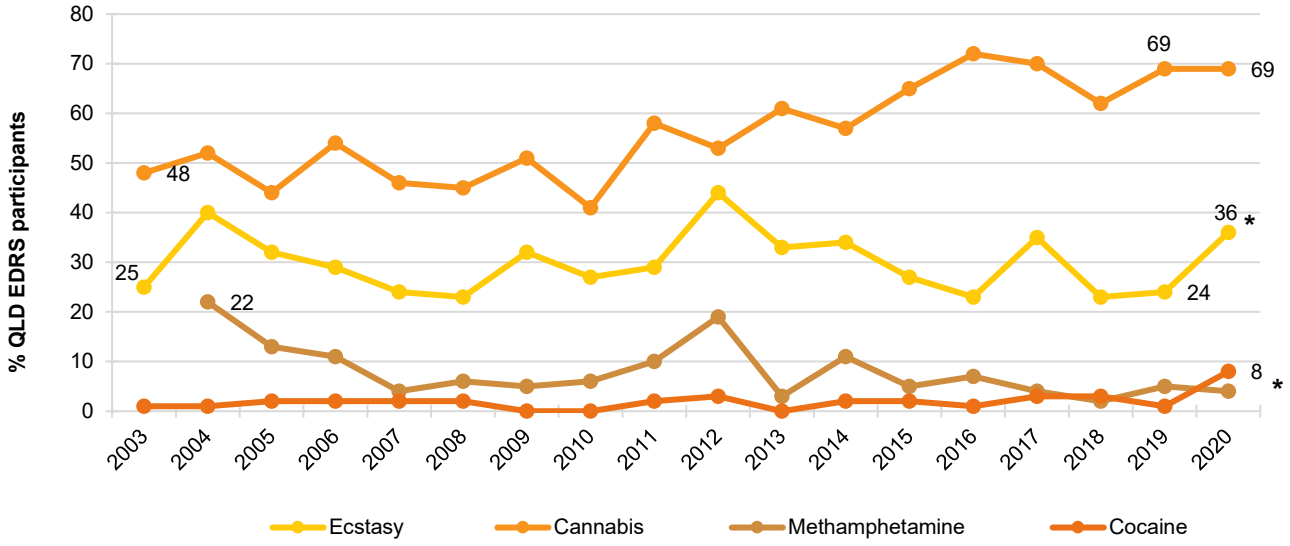
Figure 2: Drug used most often in the past month, Queensland, 2003-2020



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2020 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Figure 3: Weekly or more frequent substance use in the past six months, Queensland, 2003-2020



Note. Among the entire sample. Y axis reduced to 80% to improve visibility. 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 2019 versus 2020.

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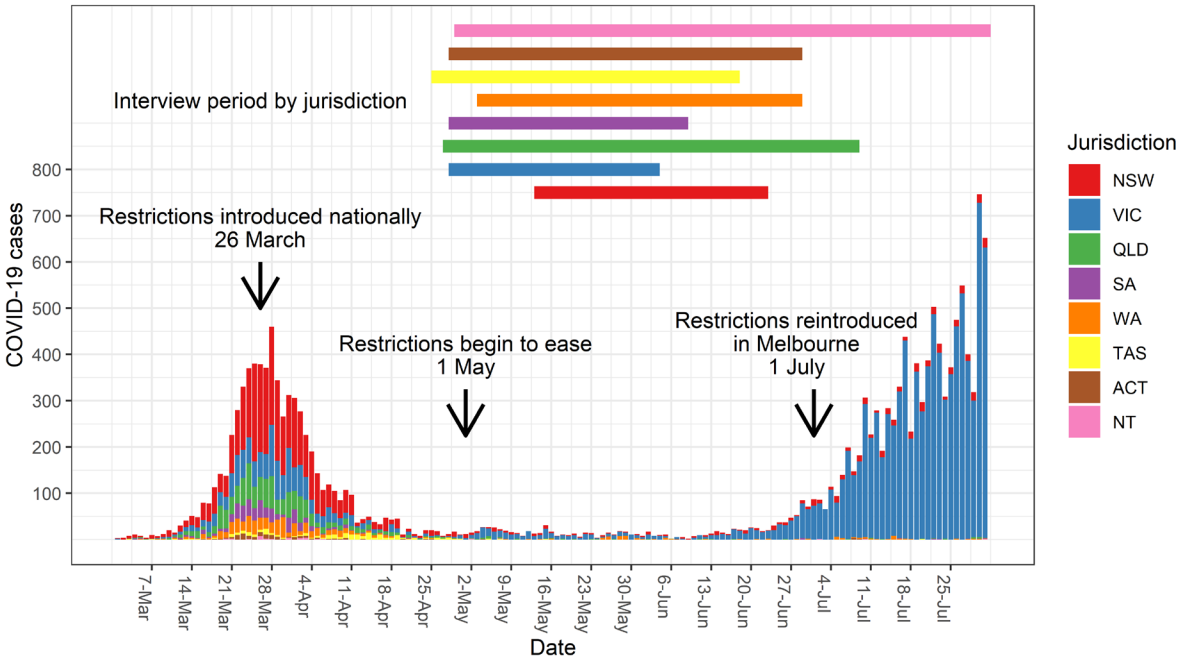
2

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 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 4). 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; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July).

Figure 4. Timeline of COVID-19 in Australia and EDRS data collection period



Note. Data obtained from https://www.covid19data.com.au/.

Queensland observed its first case of COVID-19 on 28th January, 2020. A day later, on 29th January 2020, a public health emergency was declared in Queensland, however major restrictions on

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movement were not introduced until March 23rd 2020 when shutdown of non-essential services, including pubs, clubs, and restaurants began from midday. A peak of 78 new cases was observed on 24th March, bringing the state's total to 397 cases since 29th January 2020. The Queensland border closed on 25th March 2020 but remained open to local residents, essential travellers and freight. Following this, on 29thth March, a direction was made by the Chief Health Officer to prohibit household gatherings of more than 10 people at any one time. A day later, on March 30th, 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 the 2nd May 2020.

Methods

EDRS interviews commenced in Queensland on 27th April and concluded on 9th July, 2020.

In 2020, the EDRS interview was condensed to alleviate the burden on participants completing the survey via telephone/videoconference, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions are posed throughout the interview to explore demographic characteristics, drug consumption and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Methods** section of this document.

COVID-19 Testing and Diagnosis

Six per cent of the QLD sample had been tested for COVID-19, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (59%) responded 'not at all', while over one-quarter (28%) were 'slightly' worried.

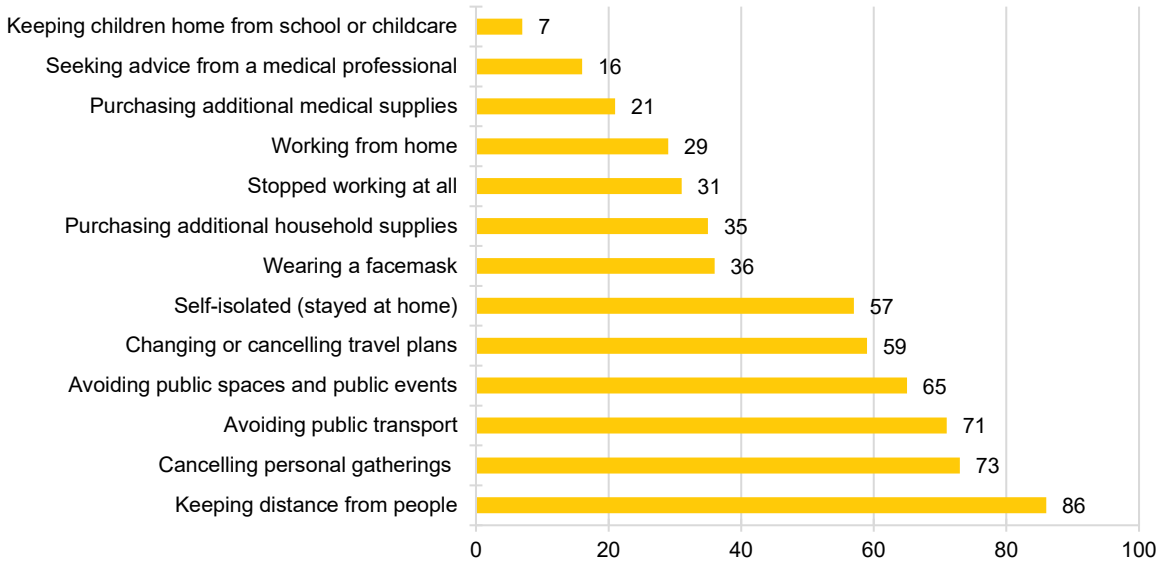
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the vast majority of QLD participants (91%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 87% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A small number (n≤5) had quarantined for 14 days.

The vast majority of the QLD sample had engaged in at least one form of health precaution related to COVID-19 in the past four weeks (Figure 5). The most common precaution amongst participants was keeping distance from people (86%), followed by cancelling personal gatherings (73%), and avoiding public transport (71%).

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Figure 5: Health precautions related to COVID-19 in the past four weeks, Queensland, 2020



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).

Housing. Half (50%) of the QLD sample reported living in a rental house/flat at the time of interview, with a further 38% residing with parents/at their family house. Over one-tenth (12%) of participants reported that their living situation had changed since the beginning of March, and of these participants, the majority (58%; n=7) reported that they were living in a rented house/flat in the month of February, before COVID restrictions, and small numbers (n≤5) reported they were living with parents/family. As to why participants' living situation had changed, reasons included 'could no longer afford rent', 'moved to be with family/partner', 'moved to be away from vulnerable family member', 'moved to self-isolate' and 'people you were living with asked you to leave'.

Employment and Income. Just over two-fifths (42%) of the QLD sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants, in the month of February, 91% (n=38) were receiving a wage/salary; small numbers (n≤5) were receiving a government pension (e.g. New Start/Jobseeker) and an allowance from their parents (n≤5). During the month prior to interview, nearly one-third (30%) of participants were not receiving a wage or salary due to being stood down temporarily because of COVID-19 (though were expecting employment in the future), 21% had been stood down permanently because of COVID-19 and 21% were seeking employment since before COVID-19.

When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 27% of participants reported that they were receiving more income, 37% reported less income, and 35% reported a similar amount of income (n=99) (Table 2).

Two-fifths (40%) of the sample reported experiencing financial difficulty during the past month; most commonly reported difficulties were being unable to pay household or phone bills on time (18%) and being unable to buy food (11%). Furthermore, over a quarter (29%) of the sample reported asking for financial help from friends or family (Table 2).

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Table 2: Social and financial impacts of COVID-19 restrictions, Queensland, 2020

	National 2020	QLD 2020
	N= 804	N=100
% Change in source of income since March 2020 (since COVID-19 restrictions)	58	42
% change in total income in the past month compared to February	**63**	**64**
More money	27	27
Less money	36	37
About the same	37	35
% Financial difficulties in the past month#	28	40
Could not pay household or phone bills on time	13	18
Could not pay the mortgage or rent on time	7	7
Requested deferred payment of mortgage/rent/loan	5	10
Unable to buy food or went without meals	7	11
Unable to heat/air-condition house	-	-
Asked for financial help from friends or family	19	29
Asked for help from welfare or community organisations	6	9
Difficulty paying for medicines	-	-
Difficulty paying for medical treatment	-	6

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug used. Over one-third (35%) of participants in the QLD sample reported that the drug used most often in the last month was not the same as the drug used most often in February 2020. The main transition was from ecstasy to cannabis (Table 3).

Frequency of drug use. Fifty-three per cent of the QLD sample reported using ecstasy and related drugs (ERD) less in the month prior to interview as compared to February 2020, 19% reported greater frequency of use, and 28% reported stable frequency (Table 3). Significant decreases in frequency were seen among those who had used ERD weekly or more in February.

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Table 3: Drug used most often in February (pre-COVID-19 restrictions) versus in the past month (during COVID-19 restrictions), Queensland, 2020

	QLD 2020	
	February	Past month
% Drug used most often in that month	N=100	N=100
Ecstasy	36	16***
Cannabis	43	60***
Alcohol	7	7***
Cocaine	-	-***
Other	10	12
*% reporting change in drug used most often from February to past month^*	Overall:	35
% Frequency of ecstasy and related drug use in that month	N=100	N=100
Not in the month	6	16
Monthly	16	20
Fortnightly	28	28
Weekly	27	26*
More than once per week	21	8***
Once a day	-	-
More than once per day	-	-
% reporting decrease in frequency	Overall:	53
% reporting increase in frequency	Overall:	19
% reporting stable frequency	Overall:	28

Note. The response 'Don't know' was excluded from analysis. ^ this value might be greater than the difference between February and past month for individual drugs listed as participants may have changed main drug used within the 'other drug' category (e.g., from LSD to ketamine). - Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for past month versus February.

Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 6).

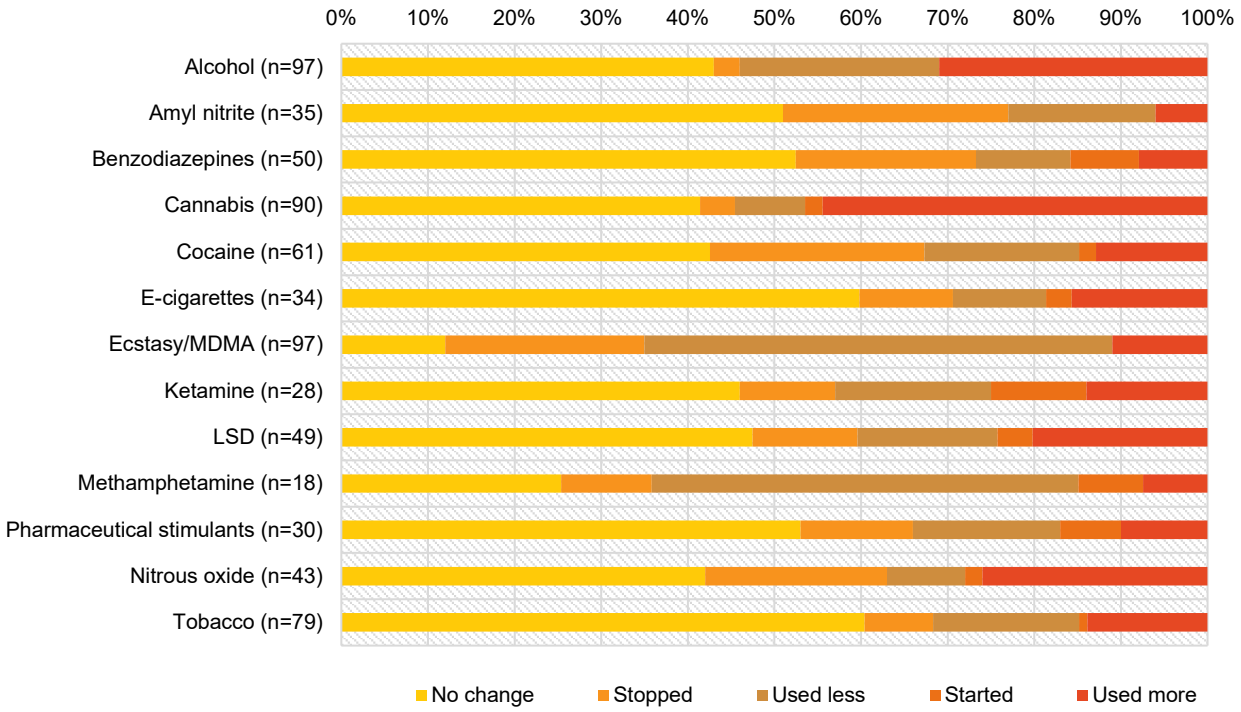
Most commonly, participants reported a decrease in use of ecstasy/MDMA (54%), and methamphetamine (33%); an increase in use was reported for cannabis (44%) and alcohol (31%); and no change was most commonly reported for tobacco (61%), pharmaceutical stimulants (53%), and amyl nitrite (51%). Twenty-two per cent reported that they had stopped the use of ecstasy/MDMA.

The primary reasons cited for decreasing use for ecstasy/MDMA comprised 'fewer opportunities to be with people/go out (80% and 84%, respectively), followed by 'decreased availability of this drug' (15%), 'didn't feel like using' (9%) and 'worried about effects on my mental health' (12%). The primary reasons for reduced use of methamphetamine comprised 'worried about effects on my physical health' (54%), worried about effects on my mental health' (39%), and 'less money to buy the drug or saving money' (21%).

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The primary reasons why participants increased their cannabis use and alcohol comprised 'boredom/less things to occupy time' (84% and 73% respectively), followed by 'more time to use the drug' (17% and 40% respectively).

Figure 6: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



Note. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Price, Perceived Purity and Perceived Availability

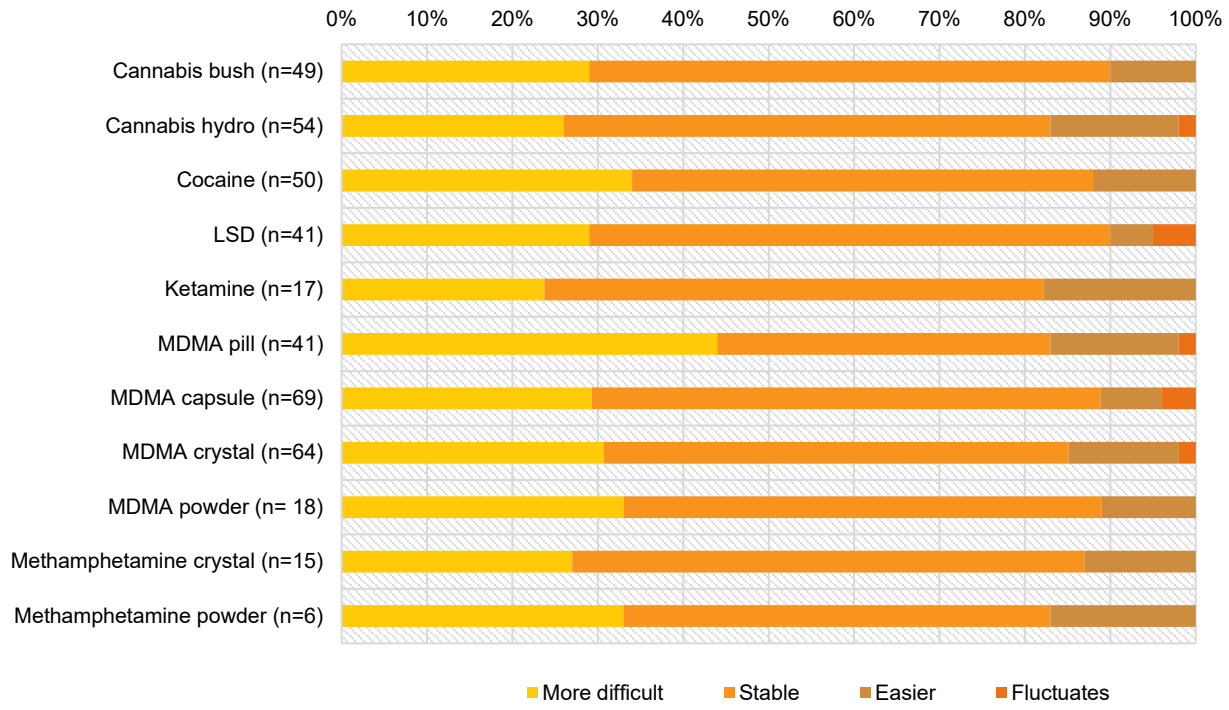
All price, perceived purity and perceived availability data for 2020 was captured during the COVID-19 restriction period, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Participants reported that the availability of most drugs remained stable, except for MDMA pills which were reported to be more difficult to access since March 2020 as compared to before by 44% of those who commented.

Participants were also asked about level of concern about being able to access illicit drugs. Over one-quarter (27%) of participants in the QLD sample reported concerns about not being able to access illicit drugs due to COVID-19; 22% were 'somewhat concerned'.

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Figure 7: Change in perceived availability of illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Queensland, 2020



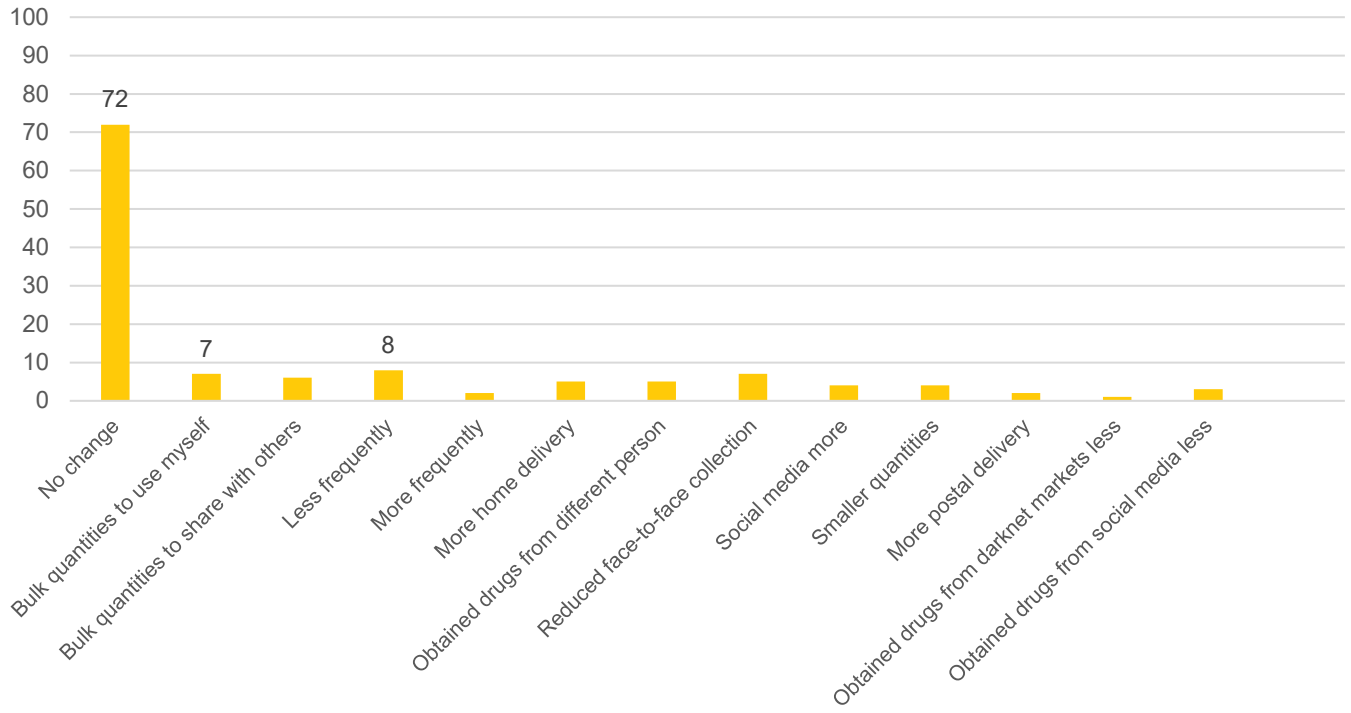
Note. Don't know responses are excluded.

Drug Purchasing Behaviours

Almost three-quarters (72%) of participants reported no change in means of obtaining drugs (Figure 8). However, 8% of the sample obtained drugs 'less frequently', 7% purchased in 'bulk quantities to use myself', and 6% purchased drugs in 'bulk quantities to share with others'.

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Figure 8: Change in means of obtaining drugs since March 2020 (since COVID-19 restrictions), Queensland, 2020



Note: Data labels have been removed with small cell size (i.e. n≤5 but not 0).

Risk and Protective Behaviours

Overdose. Almost one in five (19%) QLD participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 17% experienced this prior to March, 2020 and a small number (n≤5) reported this as occurring since March.

Similarly, 32% of QLD participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months; 65% experienced this prior to March; 3% since March, and 32% both before and since March, 2020.

Drug and alcohol support. Nine per cent of the QLD sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview; a small number (n≤5) reported difficulties accessing these services since March, 2020 (since COVID-19 restrictions). Low numbers (≤5), however, reported specific alcohol and/or drug support services they had difficulty accessing. For further information, please refer to the National EDRS report, or contact the Drug Trends team.

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, 38% of participants rated their mental health as being 'worse', 35% reported 'similar' and 26% reported their mental health as 'better'. Please note mental health data in 2020 reflects experiences during the COVID-19 restriction period; that is, participants reported on experiences in the past four weeks, with data collected from April-July 2020.

Crime. Fourteen per cent of the QLD sample reported committing a property crime during the past month, and (13%) reported committing the same offence in February. Drug dealing remained stable, with 24% of QLD participants reporting drug dealing during the past month and 25% reported drug dealing during the month of February, 2020.

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Behaviours to protect against COVID-19 transmission or impacts of restrictions. More than one-tenth (13%) of QLD participants reportedly sought information on how to reduce the risk of acquiring COVID-19, whereby 7% of participants reported obtaining information from online fact sheets/websites.

Just over half (53%) of participants in QLD reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Queensland, 2020

	QLD, 2020 (n=100)
Washed hands with soap/sanitiser before handling drugs or money	38
Avoiding sharing other drug use equipment with other people	27
Stocked up on illicit/non prescribed drugs	18
Wiped down drug packages/wraps with soap/sanitiser	15
Avoided smoking/vaping drugs	6
Prepared your drugs yourself	14
Stocked up on prescription medicines prescribed to you	-
Stocked up on sterile needles/syringes	-
Stocked up on other sterile drug use equipment	-
Home delivery of sterile drug use equipment from a HR service	0
Obtained take-home naloxone/narcan	-

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

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3

Ecstasy/MDMA

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

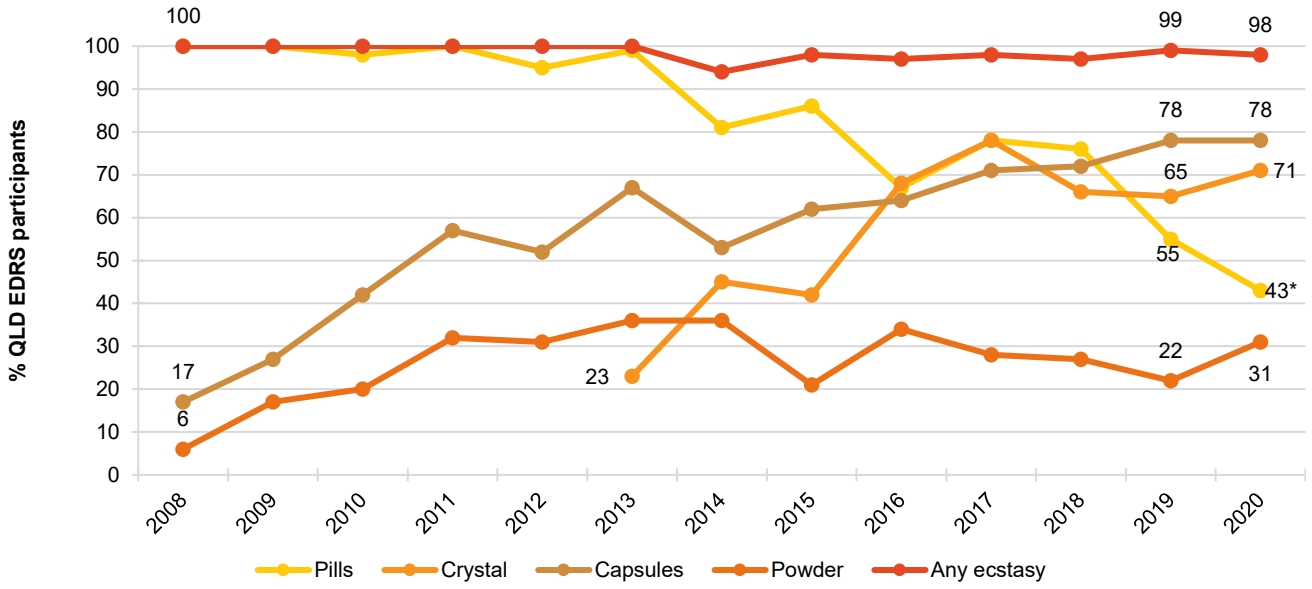
Recent Use (past 6 months)

In 2020, nearly all (98%) participants reported recent use of ecstasy, remaining stable from 2019 (99%) and across all years of the study (Figure 9).

Frequency of Use

The median days any ecstasy was used in 2020 was 16 (IQR=9-27, similar to 2019, where the median days used was 14 (IQR=7-23; *p*=0.264) (Figure 10, see following page). Over a third (36%) of participants who had recently consumed ecstasy reported weekly or more use of any form of ecstasy, compared to 2019 reports (24%; *p*=0.063).

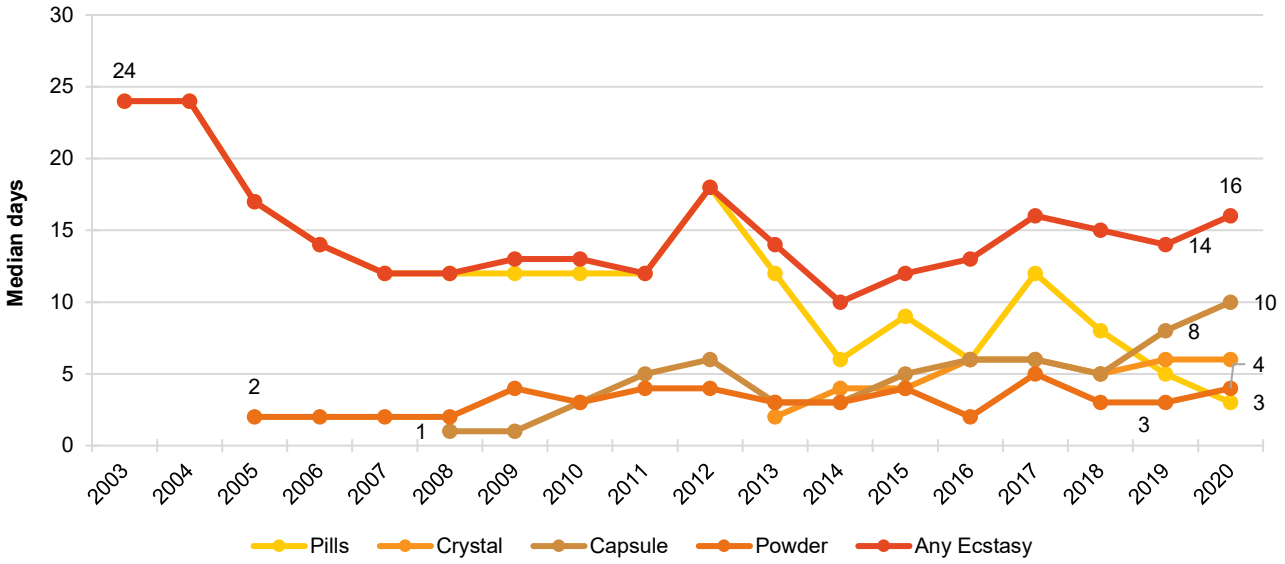
Figure 9: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Queensland, 2008-2020



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. 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 2019 versus 2020.

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Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Queensland, 2003-2020



Note. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 median days 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 2019 versus 2020.

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Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Forty-three per cent reported recently using pills; the lowest proportion recorded since data collection began. This is a decrease from 2019 where 55% reported recent use of pills (*p*=0.077) (Figure 9).

Frequency of Use: Median frequency declined to three days (IQR=2-8) from five (IQR=2-12; *p*=0.264) in 2019 (Figure 10). Few participants (n≤5) reported weekly or more use.

Routes of Administration: The most common route of administration remained swallowing (95% versus 96% in 2019; *p*=0.801), followed by snorting (16% versus 27% in 2019; *p*=0.196). Few participants reported recent shelving/shafting or smoking (n≤5).

Quantity: The median number of pills used in a 'typical' session remained stable at two (IQR=1-3; n=43), versus two in 2019 (IQR=2-3, n=55) (*p*=0.331). The median maximum amount used was three pills (IQR=2-5; n=43), versus four in 2019 (IQR=2-6, n=55) (*p*=0.071).

Ecstasy Capsules

Recent Use: Over three-quarters (78%) reported recently using capsules, consistent with 78% in 2019 (*p*=0.970) (Figure 9).

Frequency of Use: Median frequency of use was ten days (IQR=4-16) in 2020 compared to eight days (IQR=7-23; *p*=0.231) in 2019 (Figure 10). The proportion using weekly or more rose to 15% from 6% in 2019 (*p*=0.032).

Routes of Administration: Most participants (96%) who recently used capsules reported swallowing them (100% in 2019; *p*=0.078), while 19% also reported snorting them (18% in 2019; *p*=0.807). Although small numbers reported shelving/shafting ecstasy capsules in the last six months in 2020 (n=6), this was a statistically significant increase from 2019 (8% in 2020 versus 0 in 2019, *p*=0.012).

Quantity: The median number of capsules used in a 'typical' session remained stable at two (IQR=2-3; n=76) versus two in 2019 (IQR 2-3, *p*=0.069), The median maximum amount in 2020 was 4 capsules (IQR=3-6; n=76), versus 3 capsules in 2019 (IQR=2-5, *p*=0.072).

Contents of Capsules: Of participants who had recently used capsules, most (87%) reported crystal being among the contents the last time they had used the substance, whilst 13% reported powder being among the contents. Few participants (n≤5) did not look at the contents the last time they used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Seventy-one per cent of participants reported recently using crystal (65% in 2019; *p*=0.363) (Figure 9).

Frequency of Use: Median frequency remained stable at six days (IQR=3-15; 6 days in 2019 (IQR=3-15; *p*=0.188) (Figure 10). Twelve participants reported weekly or more use in 2020 (≤5 participants in 2019; *p*=0.022).

Routes of Administration: Among those who had recently used crystal (n=71), swallowing was the most common route of administration (86% versus 85% in 2019; *p*=0.831), followed by snorting (51% versus 37% in 2019; *p*=0.106). A small number of participants reported shelving/shafting (n≤5).

Quantity: The median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; n=65). The median maximum amount used was 0.50 grams (IQR=0.30-1.00; n=65).

Ecstasy Powder

Recent Use (past 6 months): Recent use of ecstasy powder was reported by 31% of participants (22% in 2019; *p*=0.161) (Figure 9).

Frequency of Use: Frequency of use remained low at a median of four days (IQR=2-6; 3 days in 2019, IQR=1-7; *p*=0.362) (Figure 10).

Routes of Administration: The most common route of administration was snorting (84%; 64% in 2019; *p*=0.092) and swallowing (39%; 64% in 2019; *p*=0.074).

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Quantity: The median amount used in a 'typical' session was 0.30 grams (IQR=0.20-0.50, n=27), versus 0.20 grams in 2019 (IQR=0.20-0.40; *p*=0.161) and the median maximum amount used 0.50 grams, IQR=0.40-1.00, n=16 (versus 0.40 grams in 2019, IQR=0.20-0.50; *p*=0.237).

Price, Perceived Purity and Availability

Ecstasy Pills

Price: The median price per pill of ecstasy was $20 (IQR=15-25; n=43), unchanged from 2019 ($20, IQR=15-24, n=60; *p*=0.863) (Figure 11).

Perceived Purity: Among those who were able to comment in 2020 (n=46), twenty-two per cent perceived the purity of pills as 'medium' (25% in 2019; *p*=0.660), 17% as 'low' (22% in 2019; *p*=0.555) and 24% as 'high' (19% in 2019; *p*=0.510) (Table 5).

Perceived Availability: Among those who were able to comment in 2020 (n=47), 68% of participants reported that it was 'very easy' or 'easy' to obtain pills, compared to 85% in 2019 (*p*=0.037; Table 5).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $15 in 2020 (IQR=10-20; n=70), lower compared to 2019 ($20, IQR=15-25; n=74; *p*=0.000) (Figure 11).

Perceived Purity: Among those who were able to comment in 2020 (n=76), most participants perceived purity as 'medium' (40%), with equal proportions of ''high' and 'fluctuates' (both 26%); compared to 2019 (38% 'high'; *p*=0.133, 23% 'fluctuates'; *p*=0.674) (Table 5).

Perceived Availability: Among those who were able to comment in 2020 (n=75), 88% of participants reported that it was 'very easy' or 'easy' to obtain capsules, compared to 91% in 2019 (*p*=0.316) (Table 5).

Ecstasy Crystal

Price: The median price for a gram of crystal was $110 in 2020 (IQR=100-150; n=46), compared to $130 in 2019 (IQR=100-185; n=29; *p*=0.098) (Figure 12). The median price for a point of crystal was $15 (IQR=10-23, n=17), compared to $18 in 2019 (*p*=0.465).

Perceived Purity: Among those who were able to comment in 2020 (n=69), 45% perceived purity as 'high' (76% in 2019; *p*=0.000), followed by 'medium' (29%; 16% in 2019, *p*=0.099) (Table 5).

Perceived Availability: Among those who were able to comment in 2020 (n=69), 74% reported ecstasy crystal as 'very easy' or 'easy' to obtain (70% in 2019; *p*=0.691) (Table 5).

Ecstasy Powder

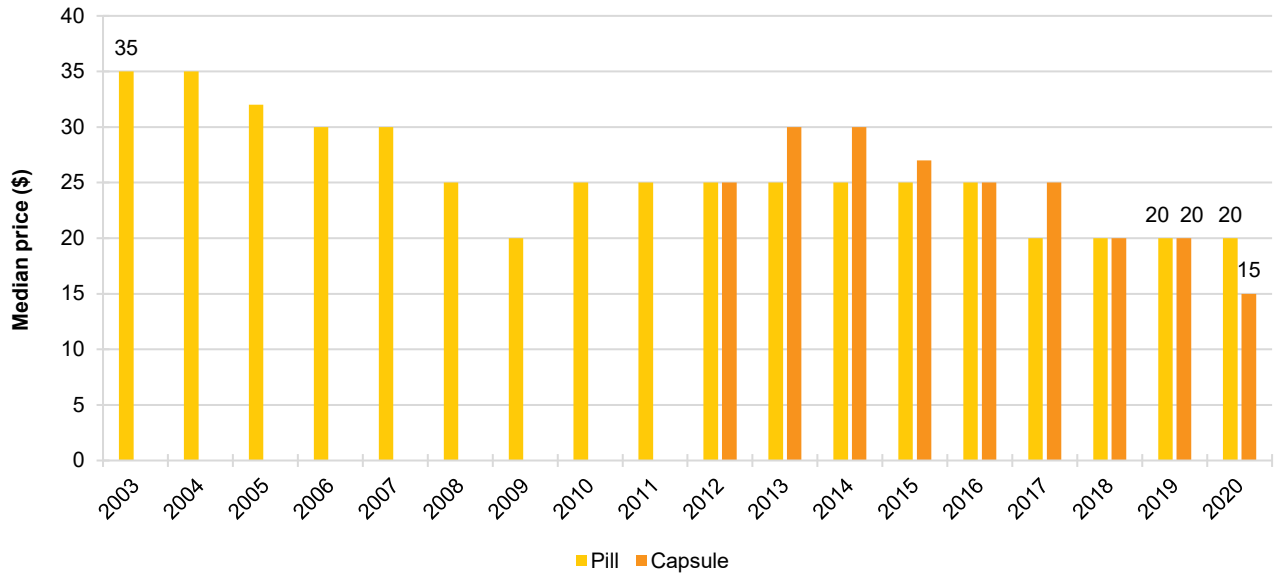
Price: The reported median price per gram of ecstasy powder was $123 (IQR=100-194; n=14) in comparison to $150 in 2019 (IQR=50-200; n=7; *p*=0.636). Low numbers (≤5) reported prices for ecstasy per point.

Perceived Purity: Among those who were able to comment in 2020 (n=20), most perceived the purity of powder to be 'medium' or 'fluctuates' (35% and 30%, respectively) compared to one-third in 2019 who perceived it as 'high' or 'medium' (33% each; n≤5; *p*=0.438 and 0.930, respectively).

Perceived Availability: Among those who were able to comment in 2020 (n=20), most perceived powder to be either 'easy' or 'difficult' (35% each) to obtain: 60% perceived it as 'easy' or 'very easy' compared to 67% in 2019 (n=9; *p*=0.732).

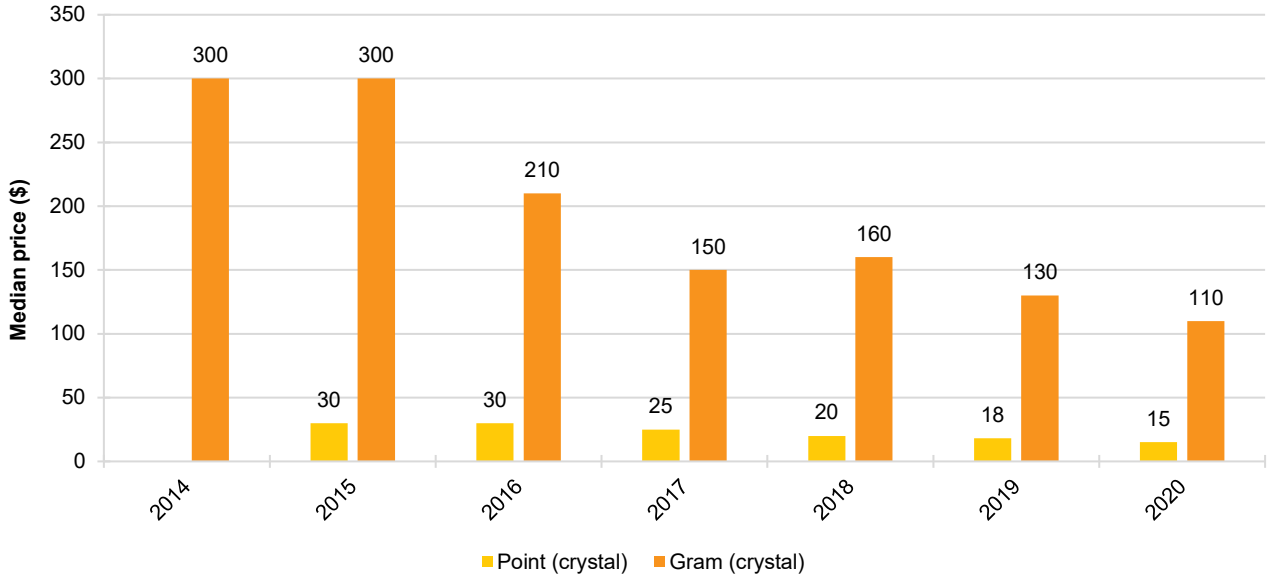
http://doi.org/10.26190/tn66-c598

Figure 11: Median price of ecstasy pill and capsule, Queensland, 2003-2020



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. 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 2019 versus 2020.

Figure 12: Median price of ecstasy crystal per point and gram, Queensland, 2014-2020



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014, respectively. Data not presented for 2013 due to only two participants reporting purchasing crystal. 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 2019 versus 2020.

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Table 5: Perceived purity and availability of ecstasy pills, capsules and crystal, Queensland, 2017-2020

	2017	2018	2019	2020
Current Perceived Purity				
% Pills (n)#	(n=79)	(n=81)	(n=59)	**(n=46)**
Low	14	22	22	**17**
Medium	50	37	25	**22**
High	13	21	19	**24**
Fluctuates	23	20	34	**37**
% Capsules (n)	(n=79)	(n=76)	(n=77)	**(n=76)**
Low	8	13	-	**8**
Medium	39	34	34	**40**
High	42	38	38	**26**
Fluctuates	12	15	23	**26**
% Crystal (n)	(n=62)	(n=50)	(n=55)	**(n=69)**
Low	-	-	-	**-**
Medium	35	34	16	**29**
High	45	54	76	**45*** **
Fluctuates	16	8	-	**22**
% Powder (n)			(n=9)	**(n=20)**
Low	-	-	-	**-**
Medium	-	-	-	**35**
High	-	-	-	**-**
Fluctuates	-	-	-	**30**
Current Perceived Availability				
% Pills (n)#	(n=79)	(n=80)	(n=60)	**(n=47)**
Very easy	51	61	42	**21**
Easy	42	33	43	**47**
Difficult	8	6	10	**28**
Very difficult	-	-	-	**-**
% Capsules (n)	(n=78)	(n=76)	(n=77)	**(n=75)**
Very easy	45	30	53	**41**
Easy	42	23	38	**47**
Difficult	12	16	9	**11**
Very difficult	-	-	0	**-**
% Crystal (n)	(n=63)	(n=48)	(n=56)	**(n=69)**
Very easy	33	23	29	**41**
Easy	43	52	41	**33**
Difficult	22	25	29	**23**
Very difficult	2	-	-	**-**
% Powder (n)				**(n=20)**
Very easy	-	-	-	**-**
Easy	-	-	-	**35**
Difficult	-	-	-	**35**
Very difficult	-	-	-	**-**

Note. The response option 'Don't know' was excluded from analysis. Percentage suppressed due to small cell size (n≤5 but not 0). Data regarding purity and availability of ecstasy powder not reported in previous years due to low numbers (n≤5 but not 0) *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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4

Methamphetamine

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

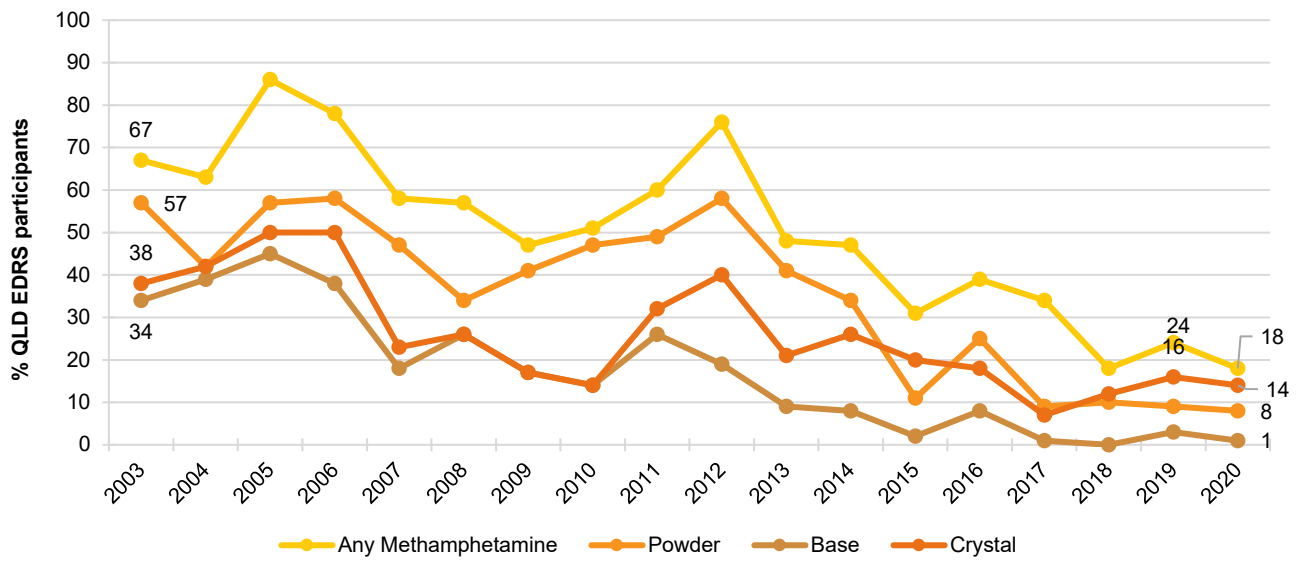
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began; two-thirds (67%) of participants recently used any methamphetamine in 2003 versus 18% who had recently used methamphetamine in 2020 (p=0.314) (Figure 13).

Frequency of Use

Frequency of use over time has been variable with no clear trends (Figure 14).

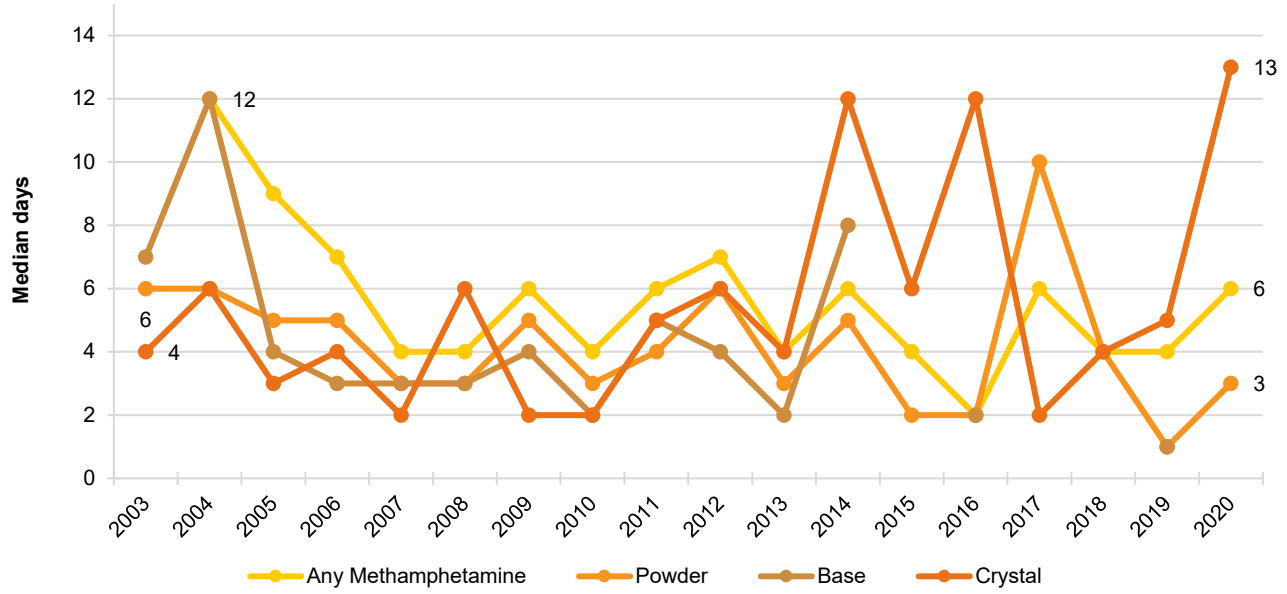
Figure 13: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Queensland, 2003-2020



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0).
*p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Figure 14: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Queensland, 2003-2020



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 14 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Patterns of Consumption

Methamphetamine Crystal

Recent Use (past 6 months): Fourteen per cent of those who commented (n=98) had used crystal in the six months preceding interview (16% in 2019; *p*=0.737) (Figure 13).

Frequency of Use: Median days of use in 2020 was 13 days (IQR=4-24), increasing from 2019 (5 days, IQR=2-25; *p*=0.415) (Figure 14). A small number of participants (n≤5) used crystal weekly or more.

Routes of Administration: Among those who had used crystal in the last six months (n=14), most participants (93%) reported smoking (81% in 2019; *p*=0.351), with low numbers reporting snorting, swallowing or injecting (n≤5).

Quantity: The median amount used in a 'typical' session was two points (IQR=1-2.25; n=10; 2 points in 2019; n=10; *p*=0.428) (≤5 participants reported quantity in grams; data suppressed). The largest amount used in a session was a median of three points (IQR=2-5; n=11).

Methamphetamine Powder

Recent Use (past 6 months): The proportion of participants who had used methamphetamine powder in the last six months remained relatively stable at 8%, compared to 9% in 2019 (*p*=0.817) (Figure 14).

Frequency of Use: Median days used in 2020 was three (IQR=1-17), compared to one day (IQR=1-2) in 2019 (*p*=0.285) (Figure 14).

Routes of Administration: The most common ROA among those who had used powder (n=8) was snorting, 63%; n<5 participants reported other ROAs; data are suppressed. This was not significantly different to 2019 reports, where 67% of participants reported snorting (*p*=0.756) and n<5 participants reported other ROAs.

Quantity: Five or fewer participants reported quantity in points or grams; these data are suppressed.

Methamphetamine Base

As in 2019, due to low numbers, details will not be reported on base. For further information, please refer to the National EDRS report, or contact the Drug Trends team.

Price, Perceived Purity and Availability

Methamphetamine Crystal

Price: Median price per point in 2020 decreased to $35 (IQR=30-48; n=8) from $50 in 2019 (IQR=35-50; n=9; *p*=0.132). Due to low numbers, price data per gram are not reported (Figure 15).

Perceived Purity: Among those who were able to comment in 2020 (n=15), 60% perceived crystal to be 'high' in purity, compared to 2019 (n=14), where 93% perceived purity as 'high' (*p*=0.169) (Figure 16).

Perceived Availability: Among those who were able to comment in 2020 (n=14), 79% perceived it was 'very easy' or 'easy' to obtain crystal, compared to 93% in 2019 (*p*=0.663) (Figure 17).

Methamphetamine Powder

Price: Due to low numbers reporting, price data are not reported.

Perceived Purity: Among those who were able to comment in 2020 (n=7), 57% perceived powder to be 'high' in purity, 29% 'medium', and 14% 'low' (*p*=0.788).

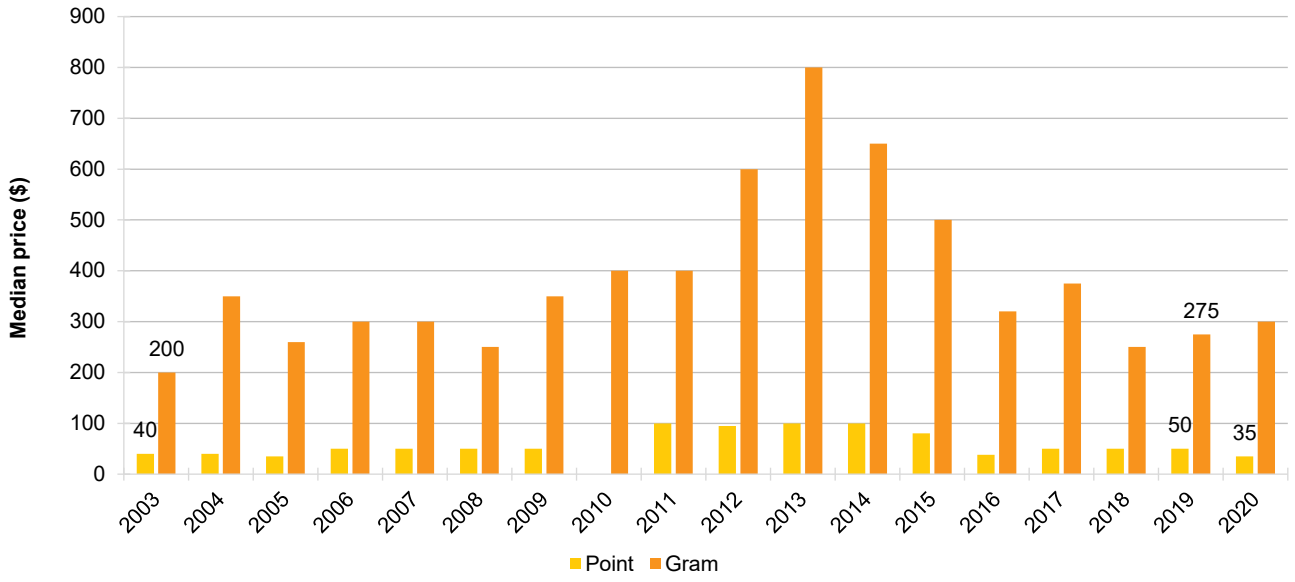
Perceived Availability: Among those who were able to comment in 2020 (n=8), 75% perceived it was 'very easy' or 'easy' to obtain powder (*p*=0.458).

Methamphetamine Base

Due to low numbers, details will not be reported on methamphetamine base. For further information, please refer to the National EDRS report, or contact the Drug Trends team.

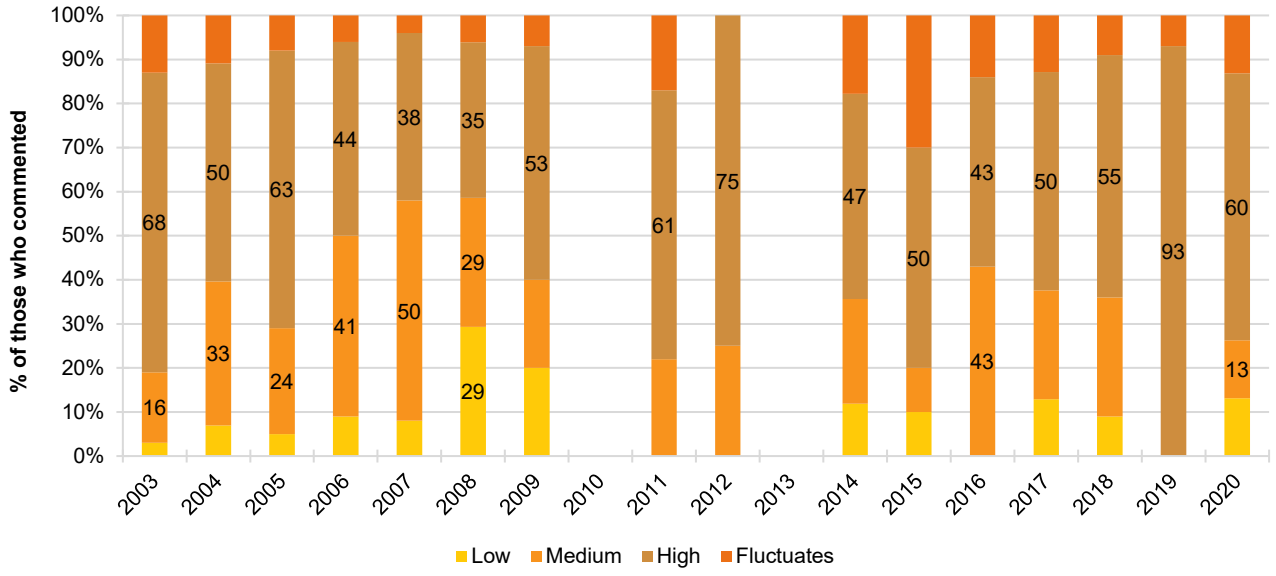
http://doi.org/10.26190/tn66-c598

Figure 15: Median price of crystal methamphetamine per point and gram, Queensland, 2003-2020



Note. Among those who commented. 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 2019 versus 2020.

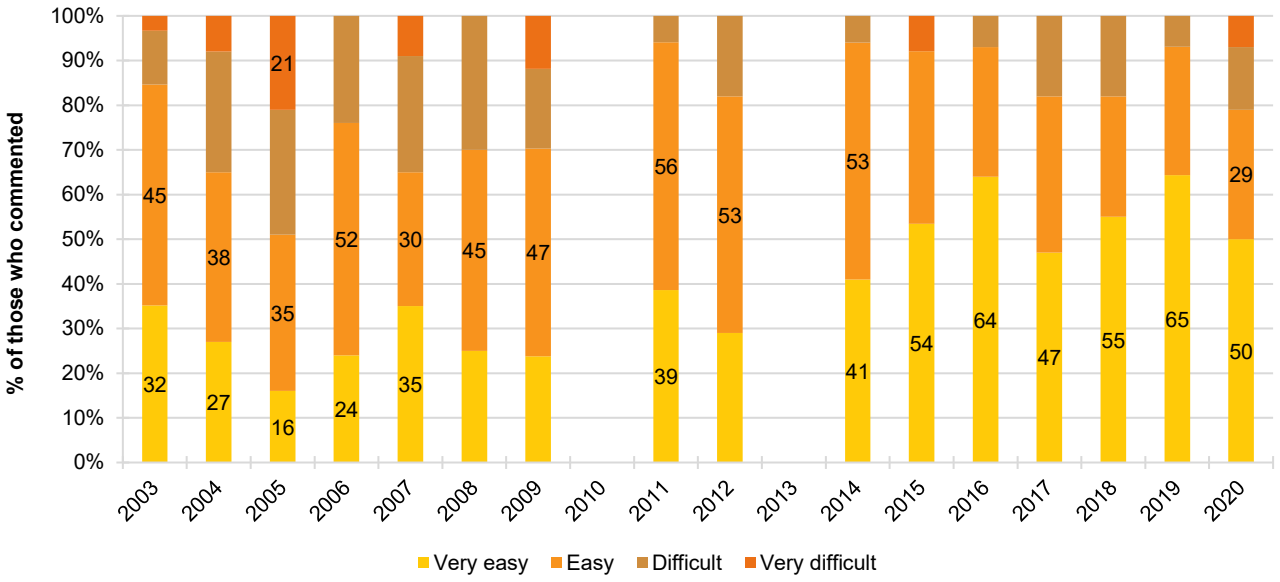
Figure 16: Current perceived purity of crystal methamphetamine, Queensland, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data not presented for years where n<10 (2010 & 2013). 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 2019 versus 2020.

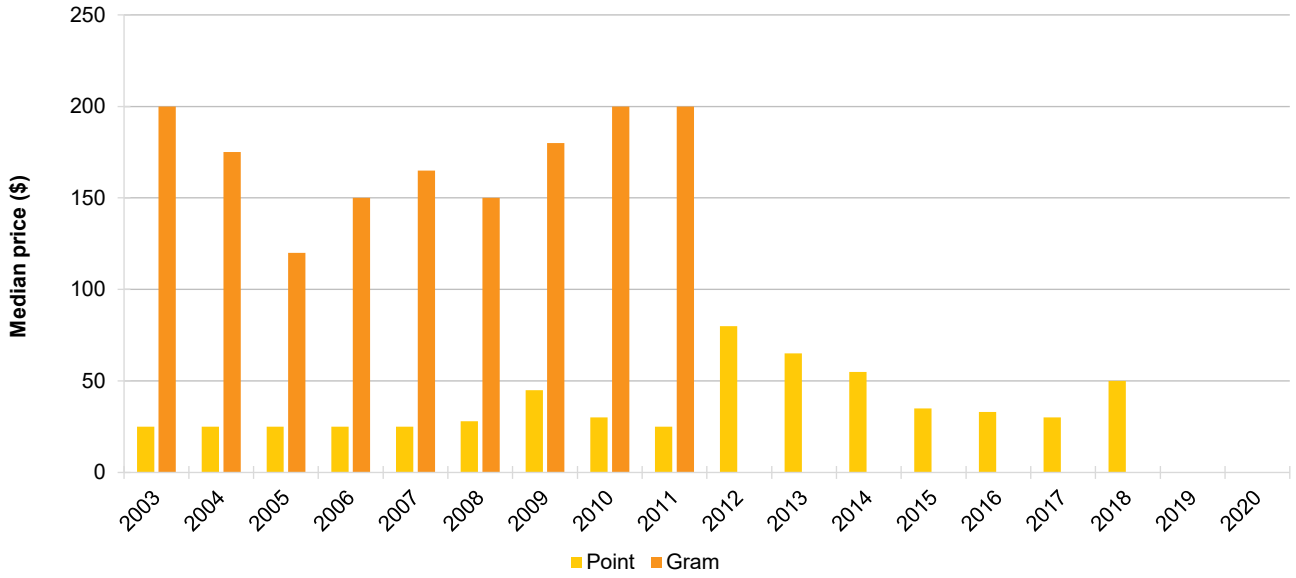
http://doi.org/10.26190/tn66-c598

Figure 17: Current perceived availability of crystal methamphetamine, Queensland, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data not presented for years where n<10 (2010 and 2013). 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 2019 versus 2020.

Figure 18: Median price of powder methamphetamine per point and gram, Queensland, 2003-2020



Note. Among those who commented. Data not presented for years with small cell size (i.e. n≤5 but not 0). Few participants (n≤5) were able to comment on the price of powder methamphetamine in 2019 and 2020, these data have been suppressed. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figures for perceived purity and availability for powder methamphetamine are not presented due to numerous years with low numbers of respondents (n<10). For further information, please refer to the National EDRS report, or contact the Drug Trends team.

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5

Cocaine

Participants were asked about their recent (past six month) use of various forms of 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)

Sixty-one per cent of the total sample had recently used cocaine, similar to the 67% reporting use in 2019 (p=0.377) (Figure 19).

Frequency of Use

The median number of days used in the last six months remained stable at four (IQR=2-9; 3 days in 2019; IQR=2-6; p=0.033) (Figure 19).

Routes of Administration

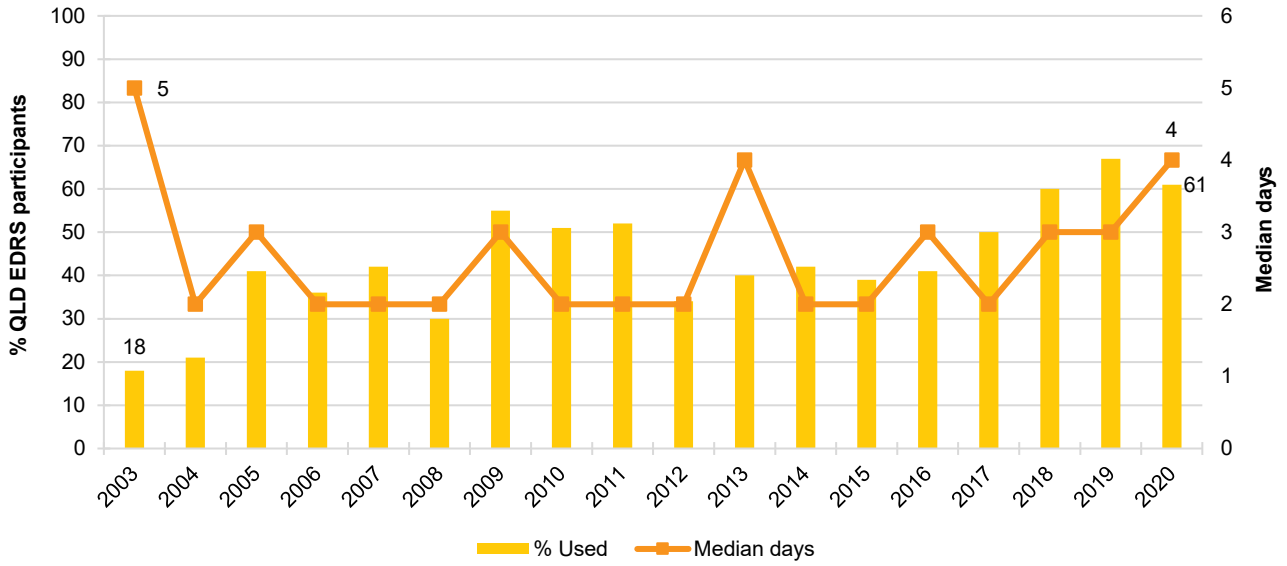
The most common route of administration among all participants who had recently used cocaine (n=61) was snorting (100%), with small numbers (≤5) reporting swallowing cocaine in the last six months. This was similar to the pattern reported in 2019, with 97% snorting (p=0.174) and 12% swallowing (p=0.297).

Quantity

The median amount of cocaine used in a 'typical' session remained stable at one gram (IQR=0.50-1.50; n=31), compared to 0.50 grams in 2019 (IQR=0.20-0.50; n=39; p=0.0.027). Few participants (n≤5) reported on the median maximum amount used in 2020, therefore, numbers are suppressed (one gram (IQR 0.50-1.00, n=40) in 2019; p=0.006).

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Figure 19: Past six month use and frequency of use of cocaine, Queensland, 2003-2020



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 6 days to improve visibility of trends. Data labels have been removed from figures in initial years of monitoring, 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

In 2020, the median price per gram of cocaine remained stable since 2017 at $300 (IQR=300-350; n=47) (Figure 20).

Perceived Purity

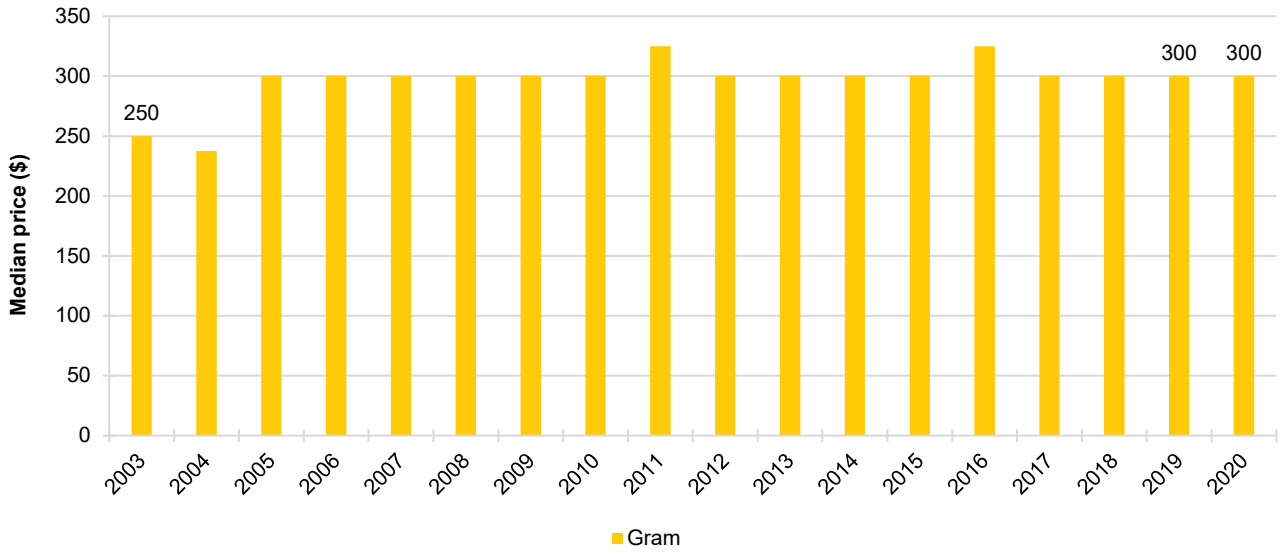
Among those who were able to comment in 2020 (n=53), 32% perceived purity as 'medium' (36% in 2019; p=0.674) and 17% as 'high' (30% in 2019; p=0.118) (Figure 21). Two in five (40%) of those who commented reported purity as fluctuating in 2020 compared with few (n≤5) participants in 2019 (p=0.000).

Perceived Availability

Among those who were able to comment in 2020 (n=55), 55% reported that it was 'easy' or 'very easy' to obtain cocaine, while the remainder (45%) reported that it was 'difficult' or 'very difficult'. Reports were similar in 2019, where 58% of participants perceived cocaine as being 'easy' or 'very easy' to obtain (p=0.679) (Figure 22).

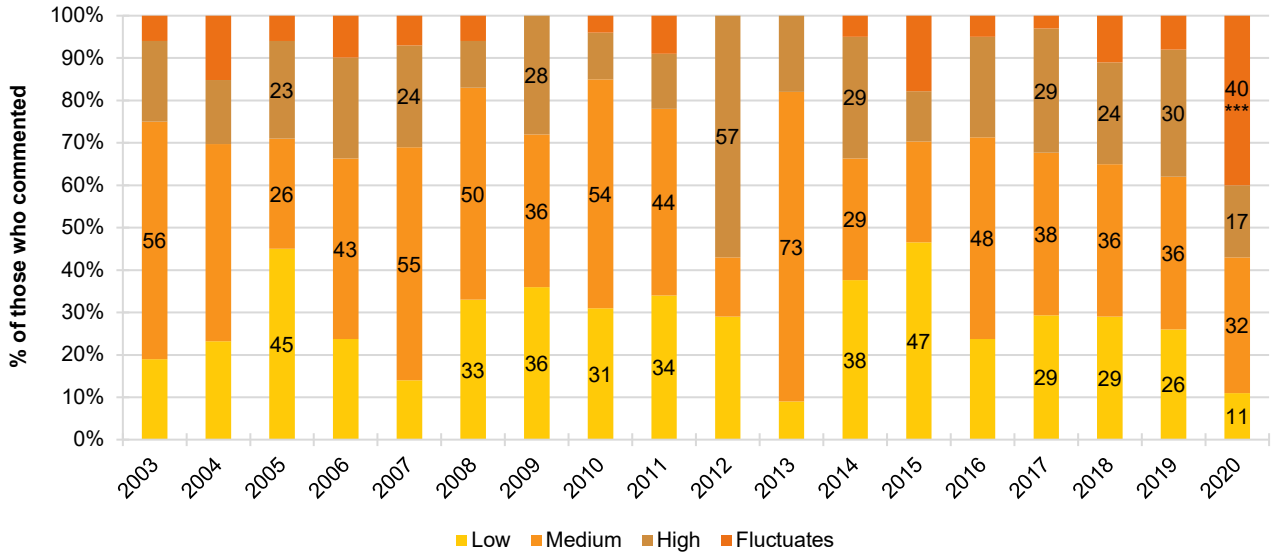
http://doi.org/10.26190/tn66-c598

Figure 20: Median price of cocaine per gram, Queensland, 2003-2020



Note. Among those who commented. 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 2019 versus 2020.

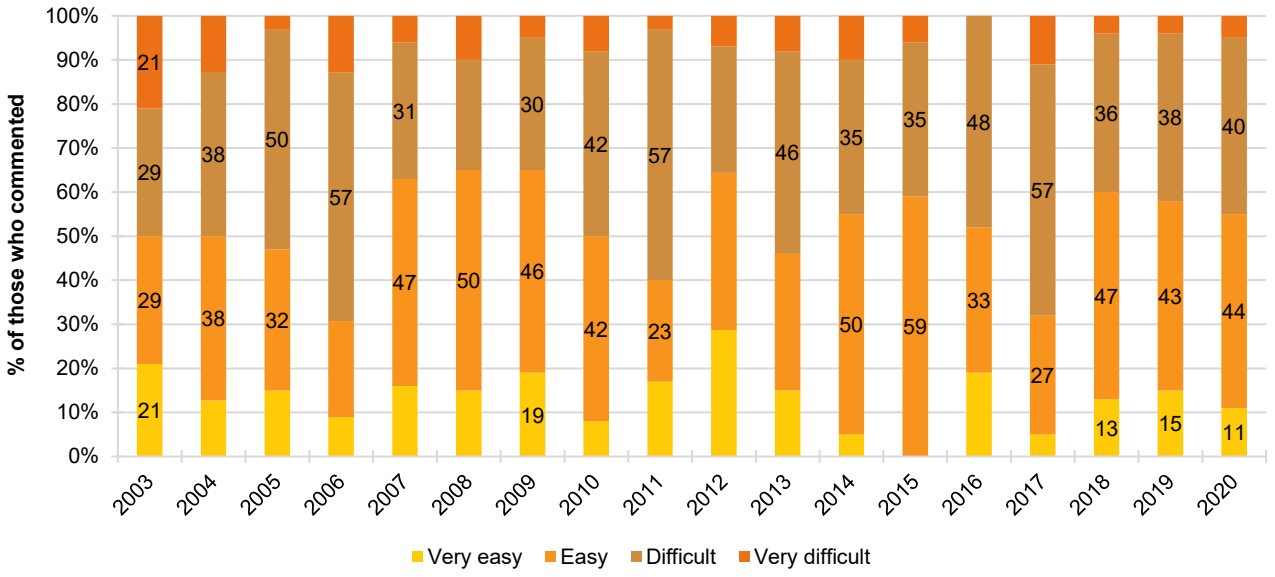
Figure 21: Current perceived purity of cocaine, Queensland, 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

Figure 22: Current perceived availability of cocaine , Queensland, 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

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)

Ninety per cent of participants reported recent use of cannabis. The proportion reporting recent use in 2020 was similar to that of 2019 (92%; *p*=0.621) (Figure 23).

Frequency of Use

The median number of days used in 2020 was 90 (IQR=24-172), remaining stable compared to 90 days (IQR=22.5-180; *p*=0.847) in 2019. Twenty-two per cent of participants who had recently used cannabis reported using it daily in 2020 (27% in 2019; *p*=0.439) (Figure 23).

Routes of Administration

The most common route of administration in 2020 was smoking (93%), while substantial proportions also reported swallowing (34%) and inhaling/vaporising (26%). In 2019, 96% reported smoking (*p*=0.415), 29% inhaling/vaporising (*p*=0.514) and 22% swallowing (*p*=0.074).

Quantity

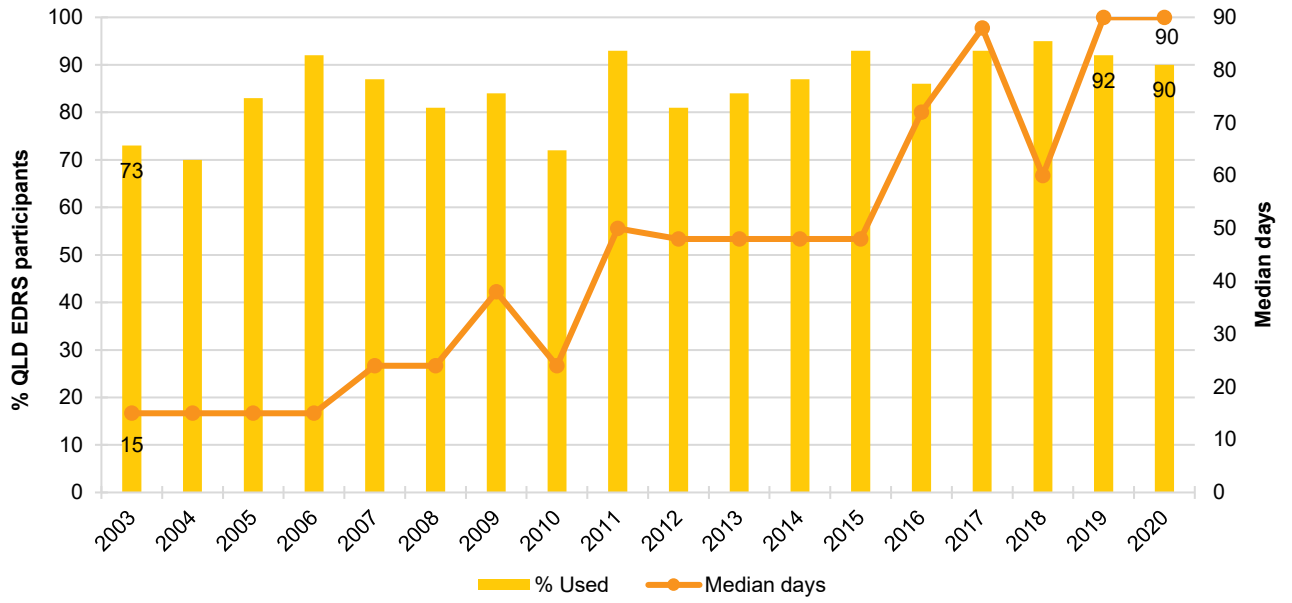
The median amount used in a 'typical' session was 1.50 grams (IQR=1.00-3.00; n=31; 1.00 grams in 2019; IQR=0.50-2.00; n=37; *p*=0.200) or three cones (IQR=2-5; n=41; 3.5 cones in 2019; IQR=2-6; n=36; *p*=0.415).

Forms Used

Among participants who had recently used cannabis (n=90), 73% had recently used bush cannabis (74% in 2019; *p*=0.929); 71% had recently used hydroponic cannabis (82% in 2019; *p*=0.098); 12% had recently used hashish (21% in 2019; *p*=0.125); and 12% had recently used hash oil (23% in 2019; *p*=0.060).

http://doi.org/10.26190/tn66-c598

Figure 23: Past six month use and frequency of use of cannabis, Queensland, 2003-2020



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 90 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The median price per gram in 2020 remained stable at $14 (IQR=9.75-17.50; n=6; $15 in 2019, IQR=10.75-20.00, n=17, p=0.569), with the price per ounce at $300 (IQR=270-318; n=24 versus $270 in 2019, IQR=250-300; n=33; p=0.157) (Figure 24).

Perceived Potency: Among those who were able to comment in 2020 (n=55), 40% perceived potency as 'high', 27% as 'medium', and 13% as 'low'; compared to 2019 where 34% perceived purity as 'high', 36% as 'medium', and 22% as 'low' (p=0.132) (Figure 25).

Perceived Availability: Among those who were able to comment in 2020 (n=55), 91% of participants perceived hydroponic cannabis as 'very easy' or 'easy' to obtain. This was similar to 2019 reports, where 88% perceived it as 'very easy' or 'easy' to obtain and 12% as 'difficult' or 'very difficult' (Figure 26).

Bush Cannabis

Price: The median price per gram in 2020 was $14 (IQR=8.75-21.25; n=6 versus $15 in 2019, IQR=10.0-17.5; n=17; p=0.886); or $300 per ounce (IQR=300-350; n=19, increasing from $250 in 2019; p=0.013) (Figure 24).

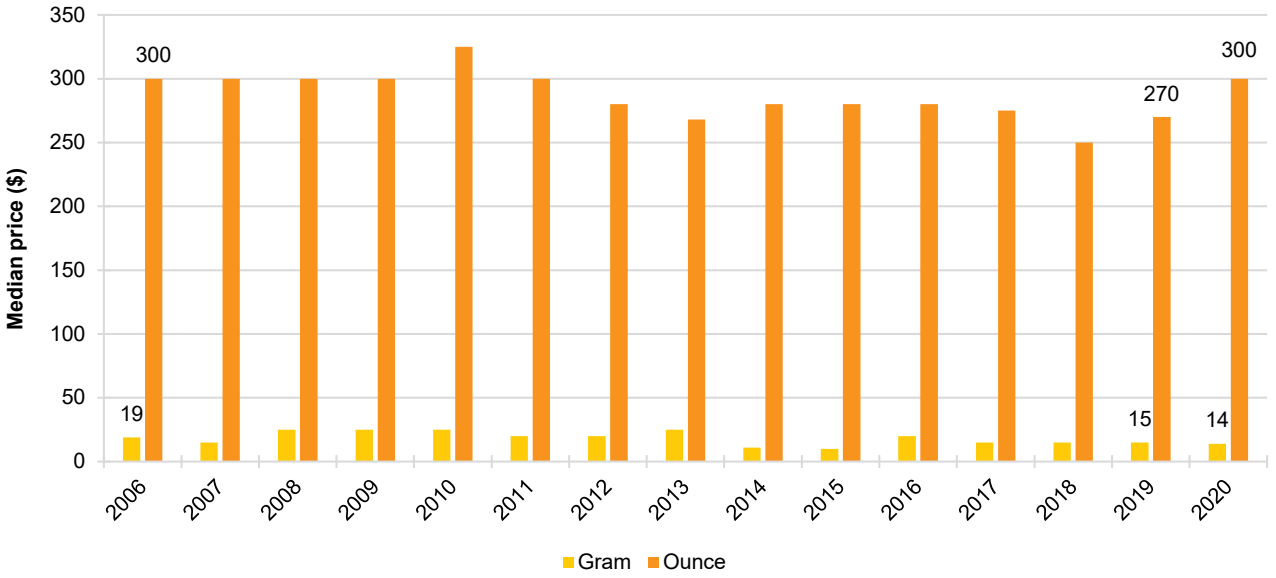
Perceived Potency: Among those who were able to comment in 2020 (n=52), 35% perceived potency as 'high', 37% as 'medium', and 12% as 'low'; compared to 2019 where 41% perceived potency as 'high', 38% as 'medium', and 14% as 'low' (p=0.397) (Figure 25).

Perceived Availability: Among those who were able to comment in 2020 (n=52), 71% of participants perceived bush cannabis as 'very easy' or 'easy' to obtain, with the remaining 29% perceiving it as 'difficult' or 'very difficult'. This was similar to 2019, where 64% perceived it as 'very easy' or 'easy' to obtain and 36% as 'difficult' or 'very difficult' (n=52, p=0.472) (Figure 26).

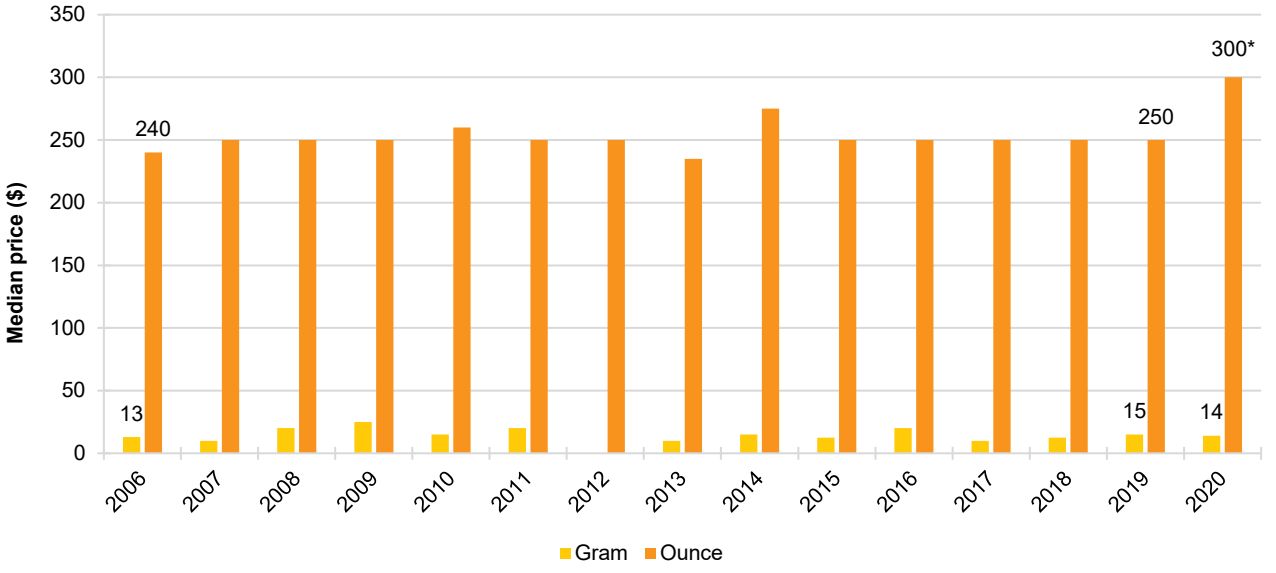
http://doi.org/10.26190/tn66-c598

Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Queensland, 2006-2020

(A) Hydroponic cannabis



(B) Bush cannabis

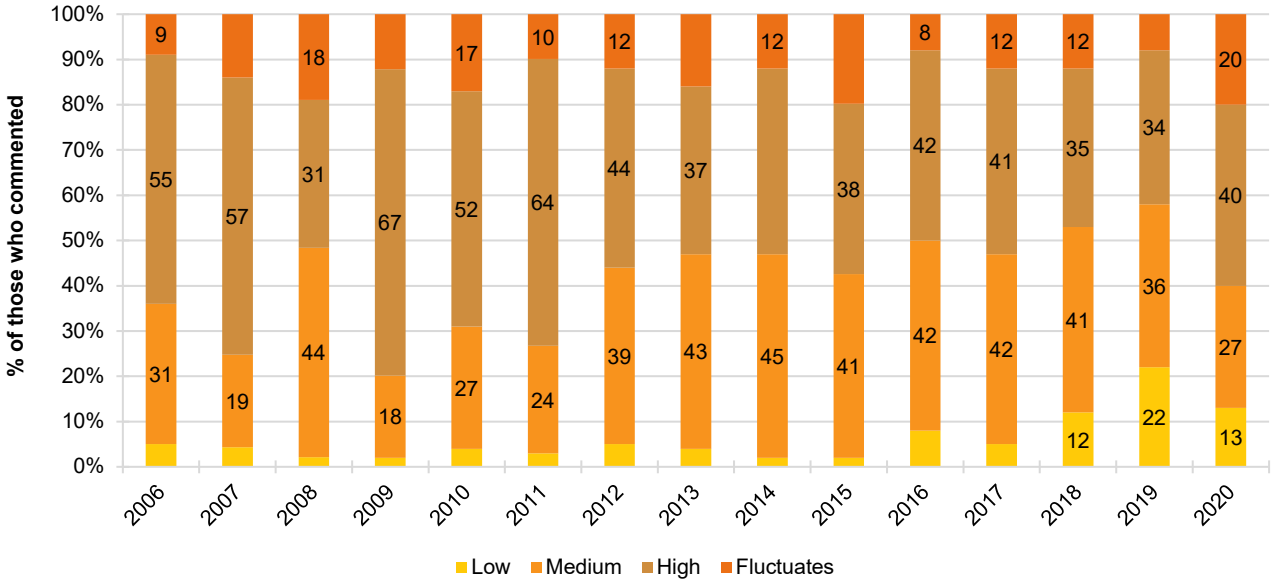


Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

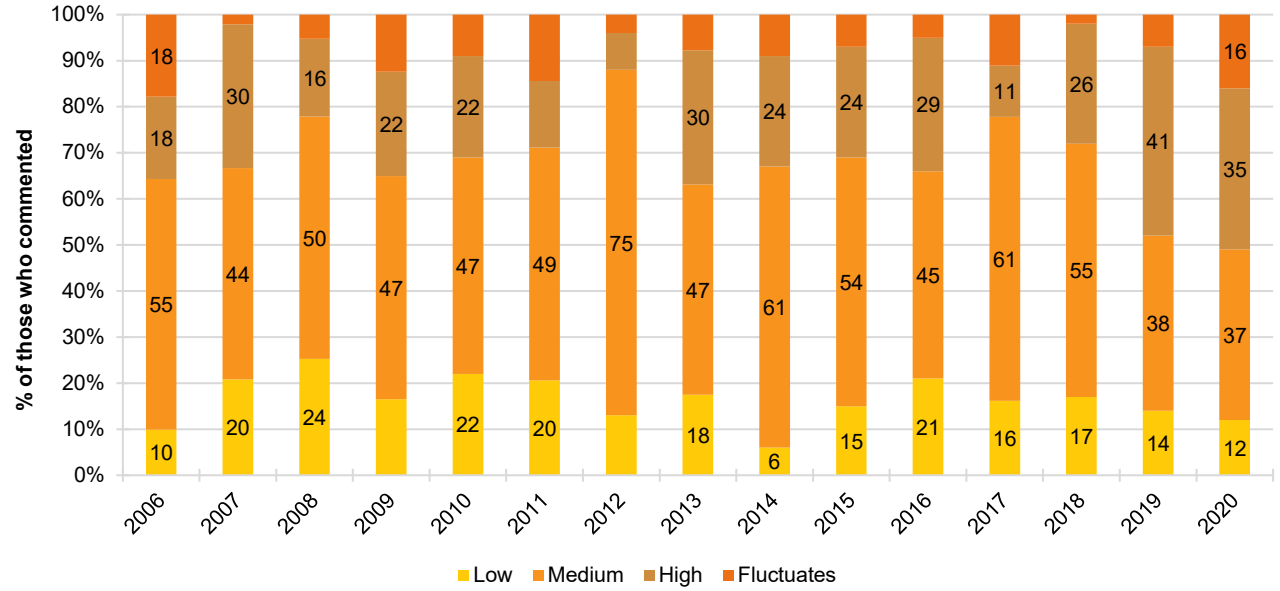
http://doi.org/10.26190/tn66-c598

Figure 25: Current perceived potency of hydroponic (A) and bush (B) cannabis, Queensland, 2006-2020

(A) Hydroponic cannabis



(B) Bush cannabis

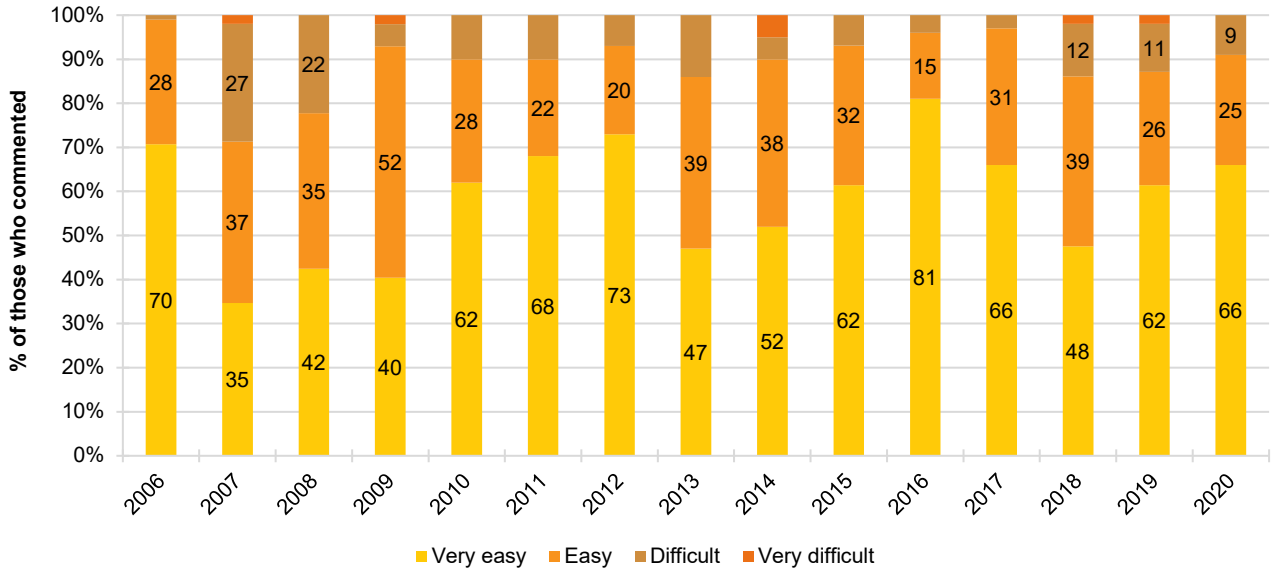


Note. The response 'Don't know' was excluded from analysis. From 2006 onwards, hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

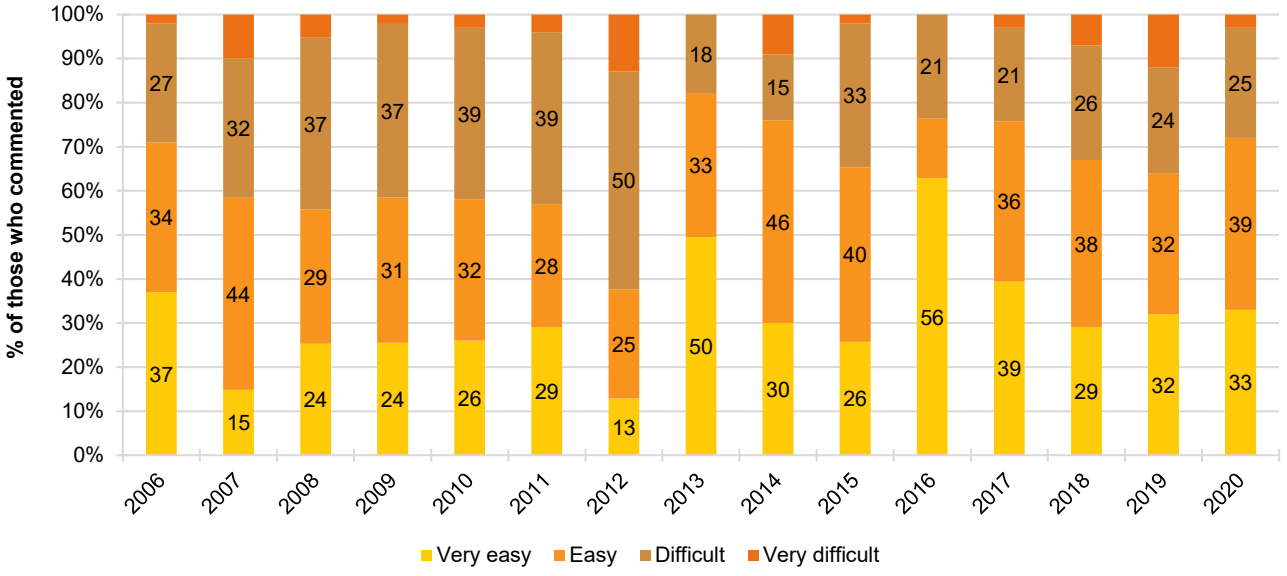
http://doi.org/10.26190/tn66-c598

Figure 26: Current perceived availability of hydroponic (A) and bush (B) cannabis, Queensland, 2006-2020

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 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). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

7

Ketamine and LSD

Ketamine

Patterns of Consumption

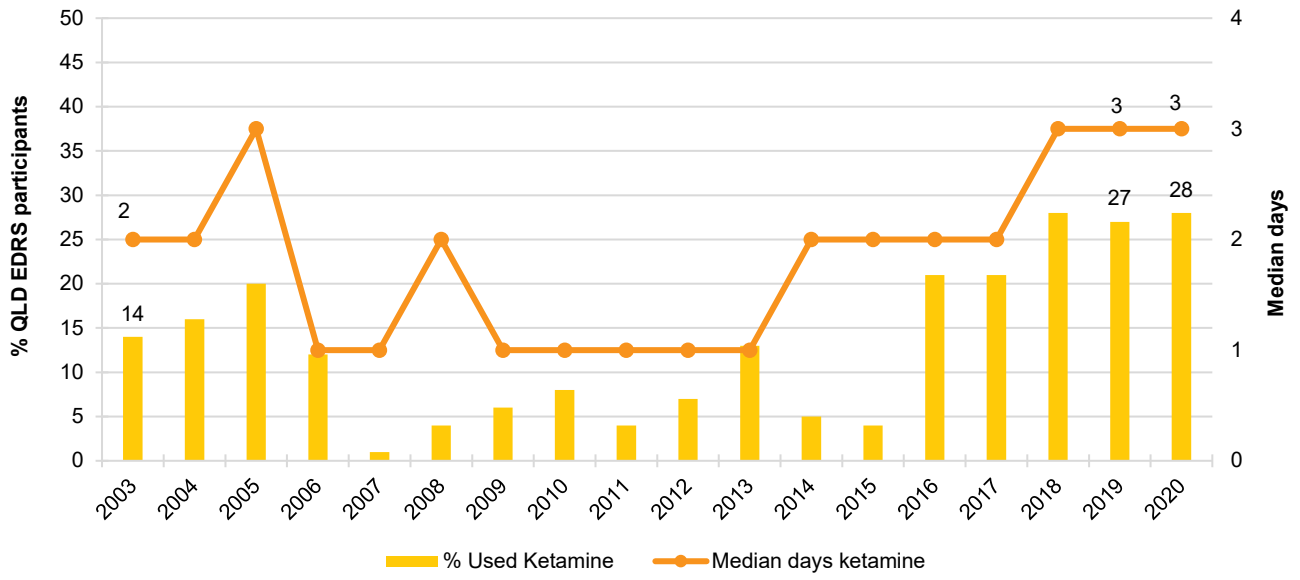
Recent Use (past 6 months): Twenty-eight per cent of the total sample had recently used ketamine in 2020, remaining stable from 2019 where 27% had recently used the drug (p=0.874) (Figure 27).

Frequency of Use: The median days used in 2020 was three (IQR=1.25-5.75), unchanged from three days in 2019 (IQR=1-6; p=0.783) (Figure 27).

Routes of Administration: The most commonly reported route of administration in 2020 was snorting (100% versus 85% in 2019; p=0.034). A small number of participants (n≤5) reported swallowing and smoking ketamine in 2020.

Quantity: The median amount of ketamine used in a 'typical' session in 2020 was 0.30 grams (IQR=0.10-0.50; n=23), compared with 0.20 grams in 2019 (IQR=0.15-0.50, n=19, p=0.491).

Figure 27: Past six month use and frequency of use of ketamine, Queensland, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 4 days 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 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

Price, Perceived Purity and Availability

Price: The median price per gram in 2020 remained stable at $200 (IQR=200-231; n=14), compared to $200 in 2019; IQR=112.5-207.5; n=12; *p*=0.181). In previous years, the number of reports was too small to include (n≤5).

Perceived Purity: Among those who were able to comment in 2020 (n=18), most perceived the purity of ketamine as 'high' (68%) and 33% perceived it as 'medium', compared to 2019 where 74% perceived the purity as 'high' and 16% as 'medium' (*p*=0.372). Prior to 2016, the number of reports was too small to include (n≤5).

Perceived Availability: Among those who were able to comment in 2020 (n=18), 39% reported ketamine as 'very easy' or 'easy' to obtain, while 61% reported it as 'difficult' or 'very difficult'; compared to 2019 where 43% reported that it was 'very easy' or 'easy' to obtain. In years previous to 2016, the number of reports was too small to include (n≤5).

LSD

Patterns of Consumption

Recent Use (past 6 months): Forty-nine per cent of participants reported recently using LSD, similar to 53% in 2019 (*p*=0.572), and overall maintaining the trend of increased use compared to the early years of data collection (Figure 28).

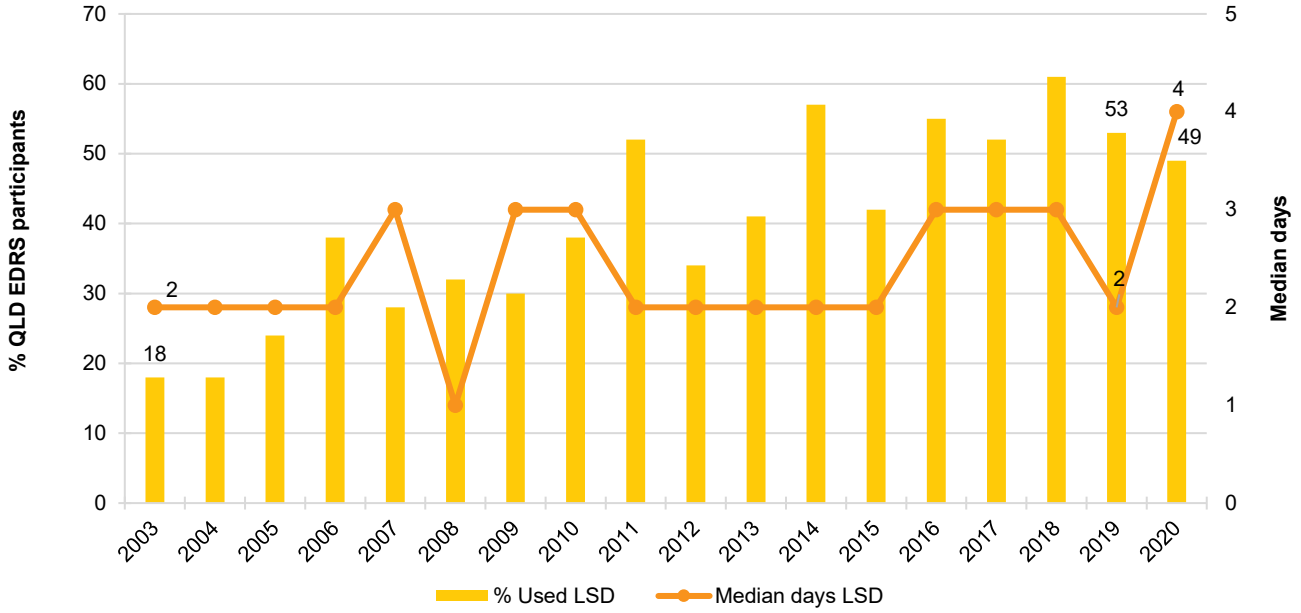
Frequency of Use: The median days used in the last six months was similar at four (IQR=2-5) to two days in 2019 (IQR=2-5; *p*=0.491) (Figure 28).

Routes of Administration: Ninety-eight per cent of participants who reported using LSD in 2020 did so by swallowing (100% in 2019; *p*=0.296).

Quantity: In 2020, the median amount used in a 'typical' session was two tabs (IQR=1.0-2.5; n=25), or 200 micrograms (IQR=120-300; n=23).

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Figure 28: Past six month use and frequency of use of LSD, Queensland, 2003-2020



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 5 days 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 2019 versus 2020.

Price, Perceived Purity and Availability

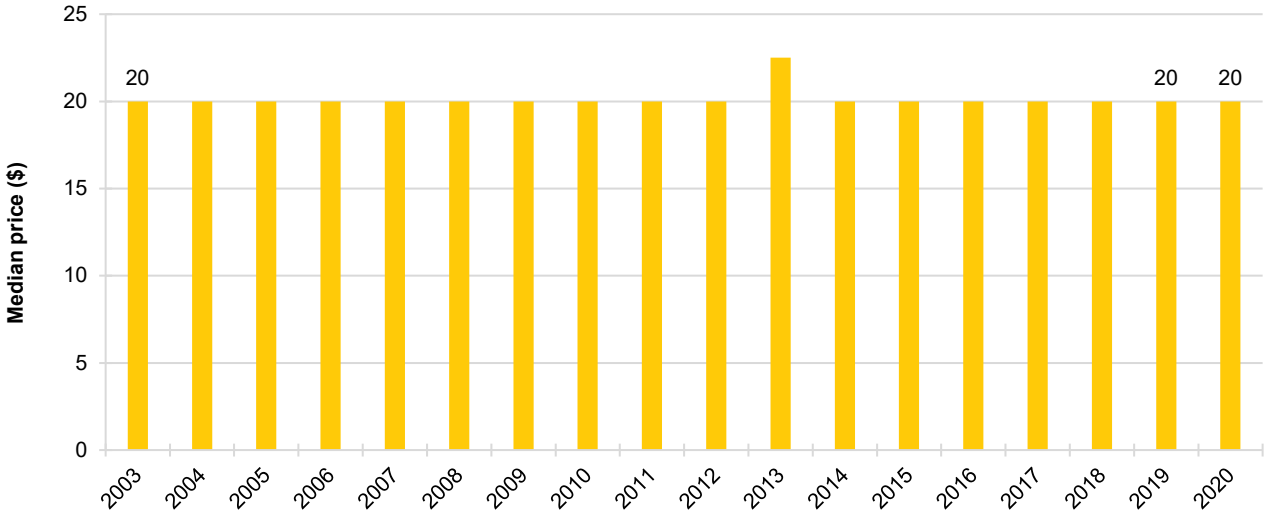
Price: In 2020, the median price per tab was $20 (IQR=15-25; n=44); stable from previous years (Figure 29).

Perceived Purity: Among those who were able to comment in 2020 (n=48), 48% perceived the purity of LSD as 'high' (47% in 2019; p=0.916) and 19% as 'medium' (29% in 2019; p=0.119) (Figure 30).

Perceived Availability: Among those who were able to comment in 2020 (n=49), 49% of participants reported that it was 'very easy' or 'easy' to obtain LSD, while 51% reported that it was 'difficult' or 'very difficult' to obtain. In 2019 (n=60), 45% reported that it was 'very easy' or 'easy' to obtain LSD, while 55% reported that it was 'difficult' or 'very difficult' to obtain (p=0.430) (Figure 31).

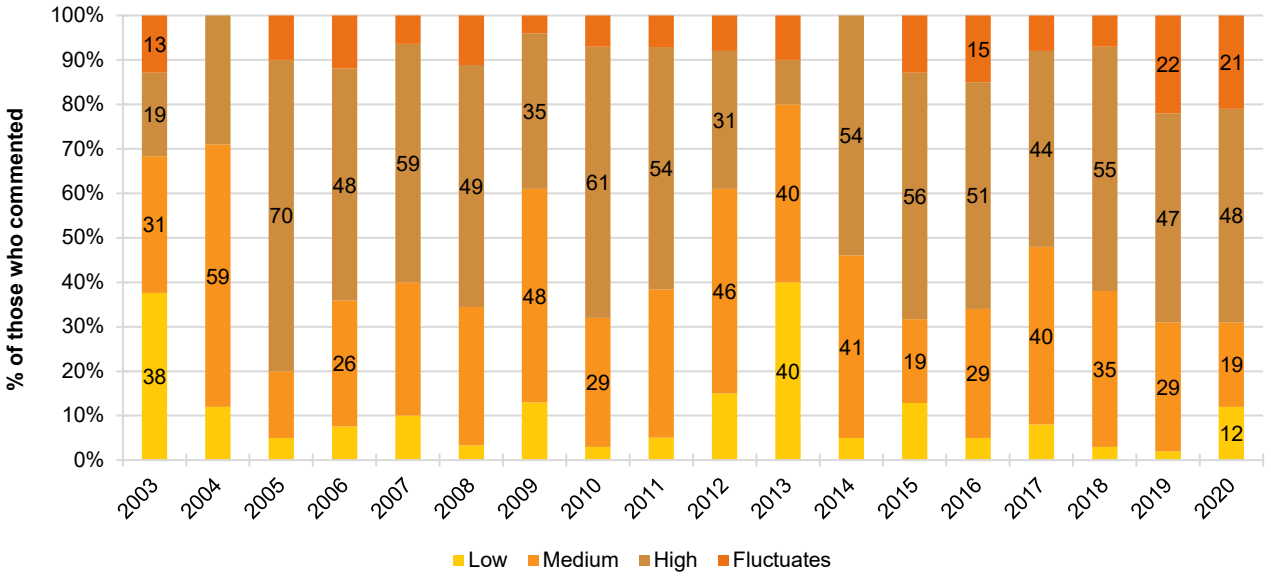
http://doi.org/10.26190/tn66-c598

Figure 29: Median price of LSD per tab, Queensland, 2003-2020



Note. Among those who commented. 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 2019 versus 2020.

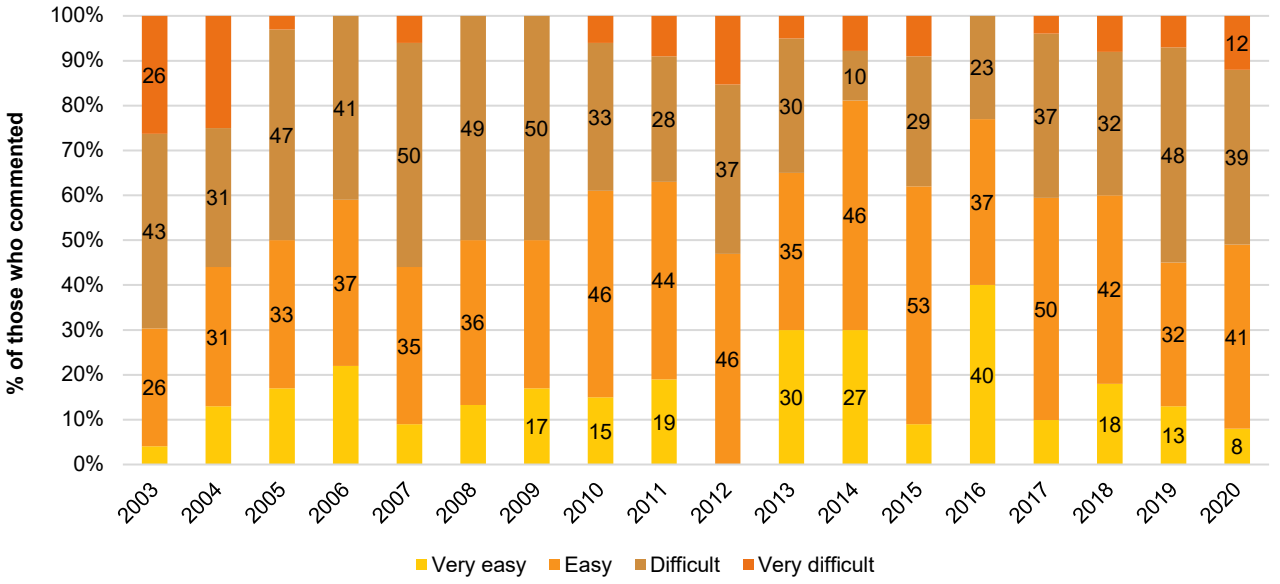
Figure 30: Current perceived purity of LSD, Queensland, 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

Figure 31: Current perceived availability of LSD, Queensland, 2003-2020



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 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

8

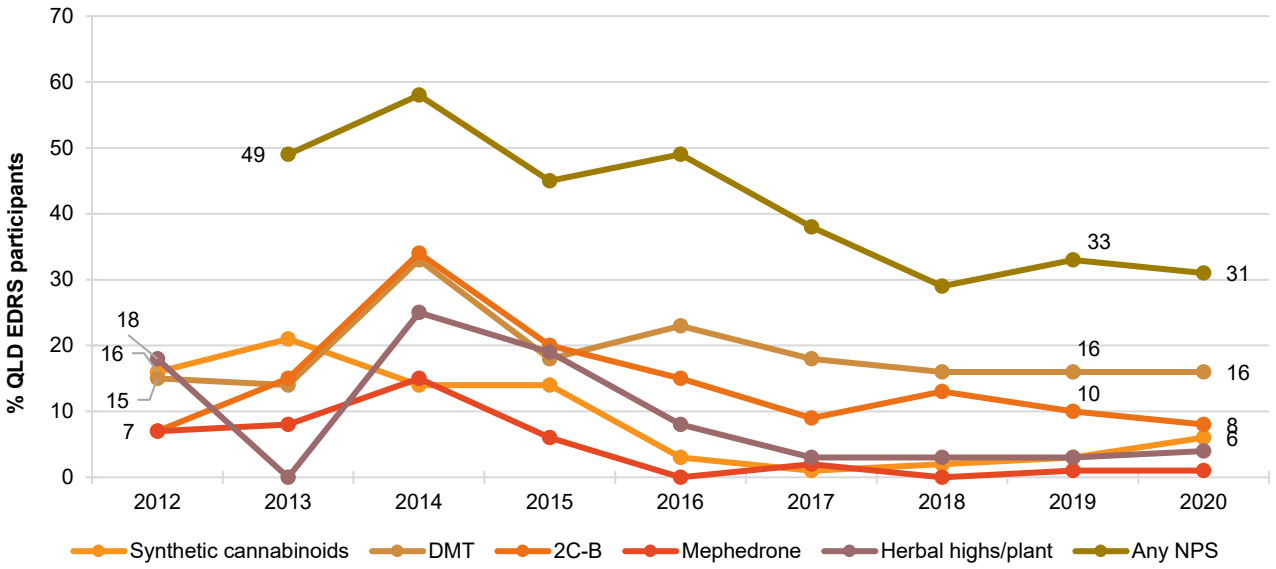
New Psychoactive Substances

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

Approximately one in three (31%) participants in 2020 reported lifetime use of at least one NPS (Figure 32), similar to the 33% who reported this in the 2019 sample (p=0.857).

Relatively low numbers of participants reported recent use of NPS (Table 6). Consistent with past years, the most used NPS were tryptamines (17%, versus 18% in 2019; p=0.949). Of these, the most common was DMT (16%) which was used on a median of three days in the past six months (IQR=1-4.5; n=16). Other common forms were the phenethylamines (10%, versus 18% in 2019; p=0.159) such as the 2C-substances (8%) and NBOMe (3%). The proportion of participants reporting recent use of other NPS remained low (n≤5) and therefore these numbers have been suppressed.

Figure 32: Any use of NPS, Queensland, 2012-2020



Note. Y axis reduced to 70% 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 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

Table 6: Use of NPS in the past six months, Queensland, 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	N=101	N=103	N=62	N=88	N=100	N=85	N=92	N=100	N=100	N=100	N=100
% Phenethylamines	**-**	**15**	**11**	**25**	**37**	**22**	**22**	**14**	**20**	**18**	**10**
Any 2C substance~	-	12	10	20	27	14	15	10	14	12	8
NBOMe	/	/	/	/	18	8	9	-	-	-	-
Mescaline	-	-	-	0	-	-	-	-	-	-	0
DO-x	0	-	0	-	0	0	0	0	0	-	0
4-FA	/	/	/	/	/	/	/	-	0	0	-
PMA	-	-	-	0	/	/	0	-	-	0	0
% Tryptamines	**-**	**6**	**15**	**14**	**18**	**9**	**23**	**19**	**16**	**18**	**17**
DMT	-	6	15	14	18	9	23	18	16	18	16
5-MeO-DMT	0	-	0	-	-	-	-	-	-	-	-
4-AcO-DMT	/	/	/	/	/	/	/	0	/	/	/
% Synthetic cathinones	**13**	**14**	**15**	**11**	**6**	**6**	**6**	**10**	**-**	**-**	**-**
Mephedrone	13	13	6	8	-	-	0	-	0	-	-
Methylone/bk MDMA	/	-	6	-	-	-	-	7	-	-	-
MDPV/Ivory wave	0	-	10	0	-	-	0	0	0	0	0
Alpha PVP	/	/	/	/	/	/	-	-	0	-	0
Other substituted cathinone	/	/	0	0	0	0	0	0	-	/	/
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	-
% Piperazines	**-**	**-**	**-**	**0**	**-**	**0**	**0**	**0**	**/**	**/**	**/**
BZP	-	-	-	0	-	0	0	0	/	/	/
% Dissociatives	**/**	**/**	**-**	**-**	**-**	**0**	**-**	**-**	**0**	**0**	**-**
Methoxetamine (MXE)	/	/	-	-	-	0	-	-	0	0	0
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-
% Plant-based NPS	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**-**	**9**	**-**
Ayahuasca	/	/	/	/	0	0	0	-	0	-	-
Mescaline	-	-	-	0	-	-	-	-	-	-	0
Salvia divinorum	/	-	0	-	-	-	-	-	-	-	0
Kratom	/	/	/	/	/	/	/	/	/	/	0
% Benzodiazepines	**/**	**/**	**/**	**/**	**/**	**/**	**-**	**-**	**-**	**-**	**-**
Etizolam	/	/	/	/	/	/	-	-	-	-	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0
% Synthetic cannabinoids	**/**	-	27	21	14	14	-	-	-	-	6
% Herbal high#	/	/	18	0	10	6	8	-	-	-	/
% Phenibut	/	/	/	/	/	/	/	/	**/**	-	-
% Other drugs that mimic the effects of:											
opioids	/	/	/	/	/	/	/	0	-	-	-
ecstasy	/	/	/	/	/	/	/	-	-	0	0
amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-
psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	-	0

http://doi.org/10.26190/tn66-c598

Note. NPS first asked about in 2010 and onwards. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

http://doi.org/10.26190/tn66-c598

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in IDRS 2018 and 2019.

Recent Use (past 6 months): In 2020, 30% of the sample reported any recent use of codeine (33% in 2019). Twenty-two per cent of the sample had used prescribed codeine (19% in 2019; *p*=0.599), whereas 9% (14% in 2019; *p*=0.489) reported using non-prescribed codeine.

Recent Use for Non-Pain Purposes: Nine per cent of participants reported using low dose codeine (<30mg codeine) for non-pain purposes, compared to 7% who did so in 2019 (Figure 33).

Frequency of Use: The median number of days of non-prescribed codeine in the last six months was five (IQR=1-10).

Forms Used: Of consumers who had recently used non-prescribed codeine, 56% had used low dose codeine (<30mg codeine) and 44% had used high dose codeine (≥30mg codeine).

Pharmaceutical Opioids

Recent Use (past 6 months): Past six month use of non-prescribed pharmaceutical opioids (e.g. morphine, oxycodone, fentanyl, excluding codeine) was reported by 14% of participants in 2020, similar to 17% in 2019 (*p*=0.440) (Figure 33).

Frequency of Use: Median number of days of pharmaceutical opioid use in 2019 was two (IQR=1-11.25; n=17; 3 days in 2019, IQR=2-5; n=17; *p*=0.158).

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulant (e.g. dexamphetamine, methylphenidate, modafinil) use was reported by 30% of participants, continuing a downward trend since 2017 (58%), but remaining much higher than when data collection began in 2007 (12%) (Figure 33).

Frequency of Use: Frequency of use in 2020 was a median of five days (IQR=2-14), remaining stable from 2019 (four days; IQR=2-10; *p*=0.656).

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Quantity: In 2020, the median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session was two pills/tablets (IQR=1-4; n=26).

Benzodiazepines

Recent Use (past 6 months): Thirty-eight per cent of participants had recently used non-prescribed benzodiazepines, similar to 2019 (49%; *p*=0.117) (Figure 33). We asked participants about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 27% and 28% of the total sample reporting recent non-prescribed use, respectively. Twenty-seven per cent of participants reported recent use of non-prescribed alprazolam, a significant decrease from 2019 (42%, *p*=0.029).

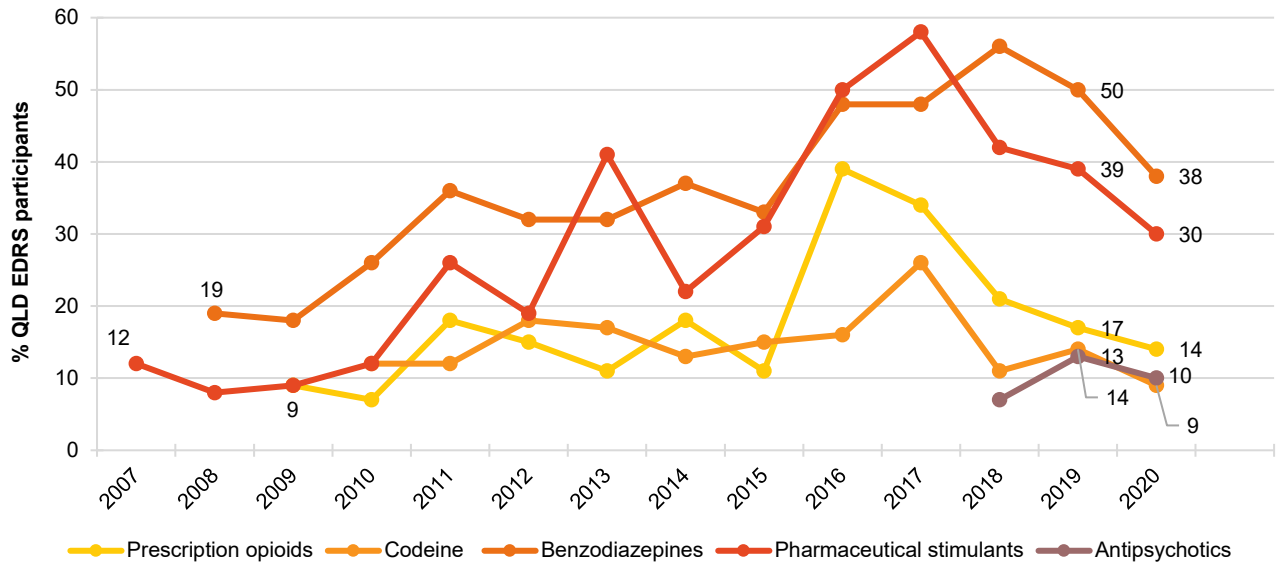
Frequency of Use: Consumers reported a median of seven days for alprazolam (IQR=2-24, n=27; three days in 2019, IQR=1-10; *p*=0.129) and three days for 'other benzodiazepines' (IQR=2-9; three days in 2019, IQR=2-10; *p*=0.826).

Antipsychotics

Recent Use (past 6 months): Non-prescribed antipsychotics were used by 10% of participants, compared to 13% in 2019 (*p*=0.506) (Figure 33).

Frequency of Use: The median number of days used in the last six months was nine (IQR=1-65) in 2020 and two (IQR=1-12; *p*=0.446) in 2019.

Figure 33: Non-prescribed use of pharmaceutical drugs in the past six months, Queensland, 2007-2020



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines. In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Thirty-three per cent of participants reported recently using mushrooms, similar to 2019 (28%; *p*=0.443) and remaining stable since 2014 (Figure 34).

Frequency of Use: The median number of days used in the last six months was two days (IQR=1-5.5), compared to one day in 2019 (IQR=1-3; *p*=0.443) (Figure 34).

MDA

Recent Use (past 6 months): Eight per cent of participants had recently used MDA, compared to 10% in 2019 (*p*=0.541) (Figure 34).

Substance with Unknown Contents

Capsules: Less than one in ten participants reported recent use of capsules with unknown contents over the first three years of monitoring (2013-2015). In 2018, the per cent reporting recent use increased to 12%, which remained stable at 13% in 2019 (Figure 34). In 2020, the percentage of participants reporting use of capsules with unknown contents reduced to 6% (*p*=0.091). Capsules with unknown contents were used on a median of two days in 2020 (IQR=1-4).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Sixteen per cent reported use of any substance with 'unknown contents' in 2020. Six per cent of the sample had recently used powder with unknown contents on a median of one day (IQR=1.00-2.25), and small numbers (≤5) reported using pills with unknown contents. Fewer numbers reported using crystal and pills with unknown contents in 2020.

Quantity: In 2020, we asked participants about the average amount of pills used with unknown contents and the average amount of capsules used with unknown contents, in the last six months. The median quantity of capsules with unknown contents consumed in a 'typical' session in the last six months was one (IQR=1-2; n=19). The median quantity of pills with unknown contents consumed in a 'typical' session in the last six months was two (IQR=1-2; n=21).

GHB/GBL/1,4-BD

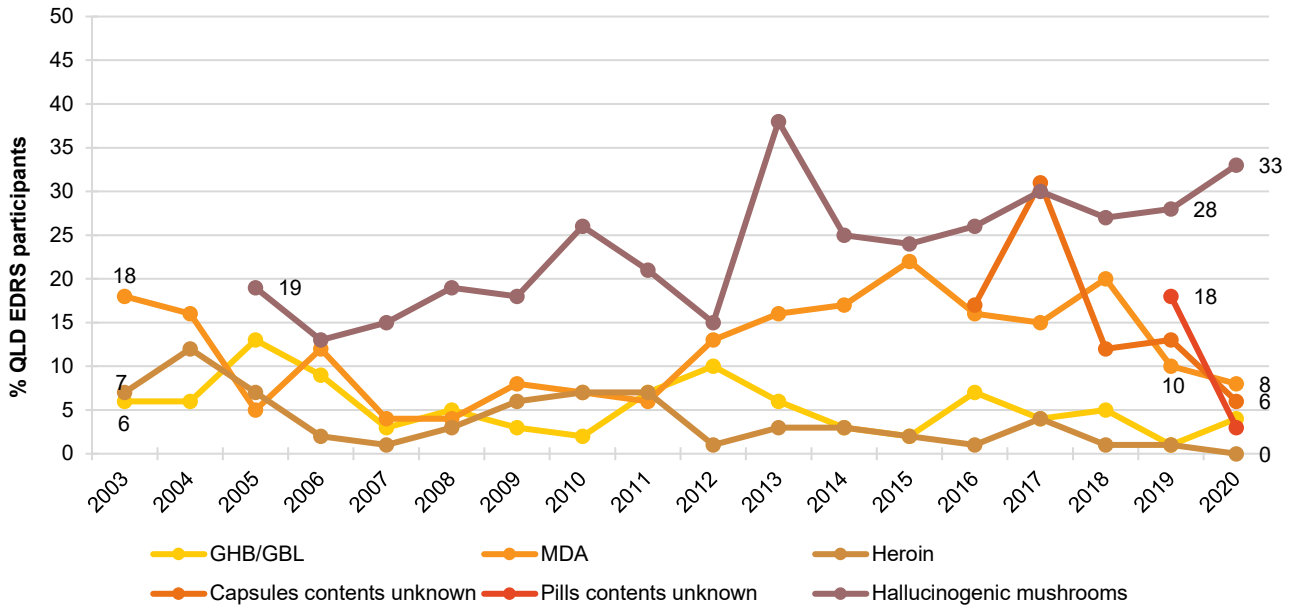
Very small numbers reported recent use of GHB/GBL/1,4-BD and therefore data are not described. If further details about the use of GHB/GBL/1,4-BD by the QLD EDRS sample are needed, please contact the Drug Trends team, or refer to the National EDRS report for national trends in use (Figure 34).

Heroin

Recent Use (past 6 months): Due to low numbers reporting on recent use of heroin, numbers have been suppressed (Figure 34). For further information, please refer to the National EDRS report, or contact the researchers.

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Figure 34: Past six month use of other illicit drugs, Queensland, 2003-2020



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been 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 2019 versus 2020.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Almost all participants reported using alcohol in the past six months in 2020 (97%; 100% in 2019; p=0.081) (Figure 35).

Frequency of Use: The median number of days used was 40 (IQR=16-72), not significantly different from the 38 days reported in 2019 (IQR=20-52; p=0.728). Just over two-thirds (68%) of recent consumers drank alcohol weekly or more (similar to 72% in 2019; p=0.544).

Tobacco

Recent Use (past 6 months): The majority (79%) of the sample reported recent use in 2020 (87% in 2019; p=0.092) (Figure 35).

Frequency of Use: Recent consumers reported using tobacco on a median of 100 days (IQR=24-180; 90 days in 2019, IQR=20-180; p=0.689). Forty per cent of participants who had recently consumed tobacco reported daily use in 2020, remaining stable from 2019 (40% in 2019; p=0.971).

E-cigarettes

Recent Use (past 6 months): Thirty-eight per cent of the sample reported recent use in 2020, compared to 50% in 2019 (p=0.087) (Figure 35).

Frequency of Use: Median days used in the last six months was 11 (IQR=4-42), compared to seven days in 2019 (IQR=3-20; p=0.280).

Forms Used: Among those who had recently used e-cigarettes (n=38), 45% reported that they contained nicotine (44% in 2019; p=0.945), 16% reported that they contained cannabis, 29% reported they contained both, and 11% reported that they contained neither cannabis nor tobacco.

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Reason for Use: Among recent consumers, 11% were using e-cigarettes as a smoking cessation tool before March 2020 (before the introduction of COVID restrictions), 8% were using e-cigarettes as a smoking cessation since the beginning of March 2020, and 8% reported using e-cigarettes both before and after the beginning of COVID restrictions.

Nitrous Oxide

Recent Use (past 6 months): Recent use of nitrous oxide was reported by 43% of the QLD sample (56% in 2019; *p*=0.065) (Figure 35).

Frequency of Use (past 6 months): Recent consumers reported using nitrous oxide on a median of five days (IQR=2-12;5 days in 2019; IQR=2-10; *p*=0.738).

Quantity: In 2020, we asked participants about the average amount of nitrous oxide that participants had used in the six months preceding interview. In a 'typical' session, participants reported using a median of 10 bulbs (IQR=4-20; n=42, versus five bulbs in 2019, IQR=3-10, *p*=0.035).

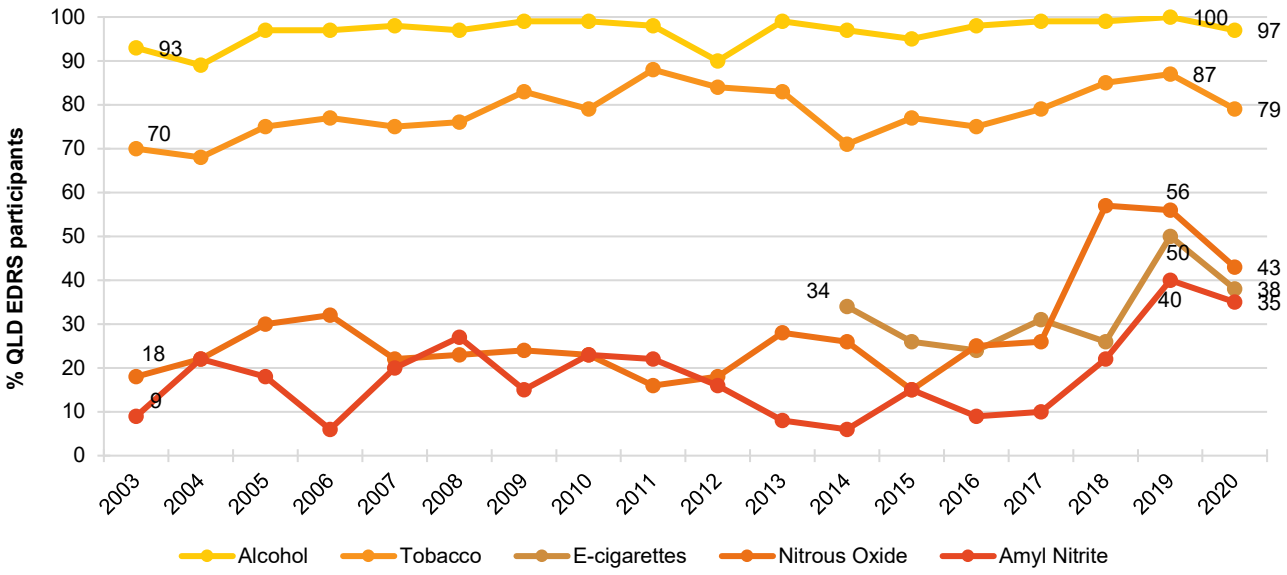
Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as Schedule 4 substance in Australia (i.e. available only with prescription) yet is often sold under-the-counter in sex shops. Following a review by the Therapeutic Goods Administration, amyl nitrite will be listed as Schedule 3 (i.e., for purchase over-the-counter) from 1 February 2020 when sold for human therapeutic purpose.

Recent Use (past 6 months): Just over one third (35%) of participants reported recent use of amyl nitrite in 2020 (40% in 2019; *p*=0.222) (Figure 35).

Frequency of Use: The median frequency of use was two days (IQR=1-8), remaining stable from 2019 (2 days, IQR=2-10; *p*=0.606).

Figure 35: Past six month use of licit drugs, Queensland, 2003-2020



Note. Monitoring of e-cigarettes commenced in 2014. 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 2019 versus 2020.

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10

Drug-Related Harms and Other Associated Behaviours

Participants were asked about various drug-related harms and associated behaviours, including hazardous alcohol use, non-fatal overdose following drug use, injecting drug use, drug treatment, mental health, crime and modes of purchasing drugs. It should be noted that the following data refer to participants' understanding of these behaviours (e.g. may not necessarily represent medical diagnoses in the case of reporting on health conditions).

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the QLD EDRS sample was 13.4 (SD 6.46) (including people who had not consumed alcohol in the past six months). Over three-quarters (79%) of participants obtained a score of eight or more, indicative of hazardous use (83% in 2019; p=0.429) (Table 7). AUDIT scores are divided into four 'zones' which indicate risk level. There has been no significant change in the per cent of participants falling into each of these zones from 2019 to 2020.

Table 7: AUDIT total scores and per cent of participants scoring above recommended levels, Queensland, 2010-2020

	2010 (n=10)	2011 (n=10)	2012 (n=53)	2013 (n=88)	2014 (n=10)	2015 (n=85)	2016 (n=92)	2017 (n=10)	2018 (n=10)	2019 (n=10)	2020 (n=98)
Mean AUDIT total score (SD)	-	-	-	16	13 (8)	14 (7)	12 (7)	13 (7)	11 (7)	14 (7)	**13 (6)**
Score 8 or above (%)	92	86	83	84	78	78	71	76	68	83	**79**
Zone 1 (low risk drinking or abstinence)	6	14	17	16	22	21	29	24	31	17	**21**
Zone 2 (alcohol in excess of low-risk guidelines)	37	36	40	35	46	36	37	43	42	44	**45**
Zone 3 (harmful or hazardous drinking)	23	19	13	19	16	15	16	12	13	19	**14**
Zone 4 (possible alcohol dependence)	33	30	30	29	16	27	17	21	13	20	**18**

Note. Mean total scores not presented 2010 – 2012. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) stimulant overdose, and iv) other drug overdose.

In 2020, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

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

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

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

Non-Fatal Depressant Overdose

Alcohol: Around one-third (32%) of QLD participants reported experiencing an adverse event while using alcohol on a median of two occasions (IQR=1-6), versus 35% in 2019 (IQR=1-3) (p=0.764). Of those who had experienced an adverse event while using alcohol, 87% reported not receiving treatment and only a small number reported receiving treatment (n≤5).

Any Depressant (including alcohol): Past 12-month experience of non-fatal depressant overdose was reported by 34% of participants in 2020 (p=0.463), similar to 39% in 2019 (p=0.463). Among those who reported experiencing an adverse event while using a depressant drug (n=34), most reported an alcohol-related event (n=32), (compared to n=35 in 2019), with small numbers reporting alprazolam (n≤5 and suppressed) (Figure 36).

Non-Fatal Stimulant Overdose

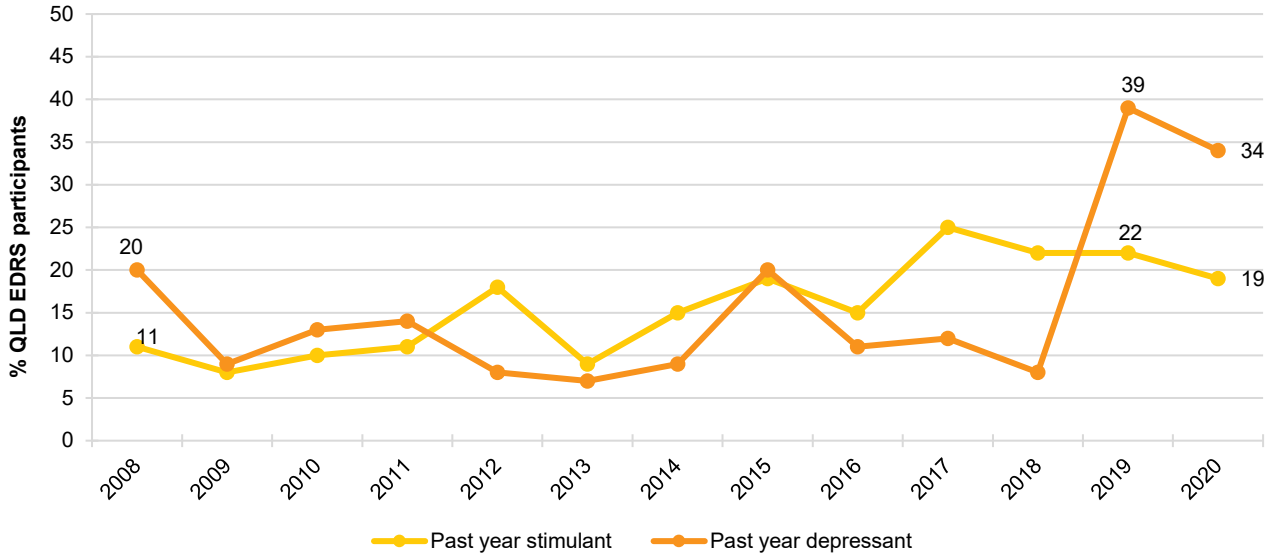
In 2020, 19% of participants reported that they had experienced a non-fatal stimulant overdose in the previous 12 months, similar to 2019 (22%; p=0.487), but indicating a continued increase over the past 10 years (8% in 2009). Participants reported experiencing a stimulant overdose on a median of one occasion (IQR=1-3; one occasion in 2019; IQR=1-1; p=0612) (Figure 36).

In 2020, participants reporting a non-fatal stimulant overdose in the past 12 months (n=19) were asked which stimulant drug they had used at the time of the last event, mainly nominating MDMA/ecstasy capsules (47%), MDMA/ecstasy crystal (21%), and MDMA/ecstasy pills and crystal methamphetamine (11% each). Of participants who reported experiencing a non-fatal overdose while using a stimulant drug, 84% reported that they had also been under the influence of one or more

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additional drugs. On their last stimulant event, 90% did not receive treatment or assistance; only a small number reporting receiving treatment (n≤5).

Figure 36: Past year non-fatal stimulant and depressant overdose, Queensland, 2008-2020

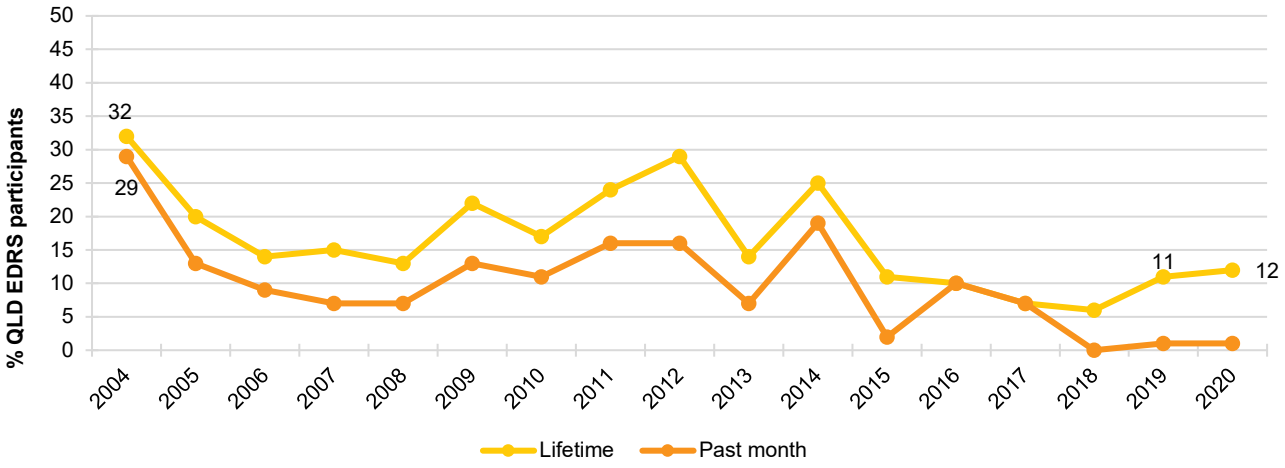


Note. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

The proportion of the sample who reported ever injecting any drug in 2020 (12%) was similar to 2019 (11%, p=0.805) and continued an overall decreasing trend since 2004 (32%: Figure 37). Due to low numbers reporting recently injecting drugs, no further data are reported. For national trends refer to the National EDRS report or contact the researchers for more information.

Figure 37: Lifetime and past month drug injection, Queensland, 2004-2020



Note. Y axis reduced to 50% to improve visibility of trends. Past 6-month injection asked of participants prior to 2016. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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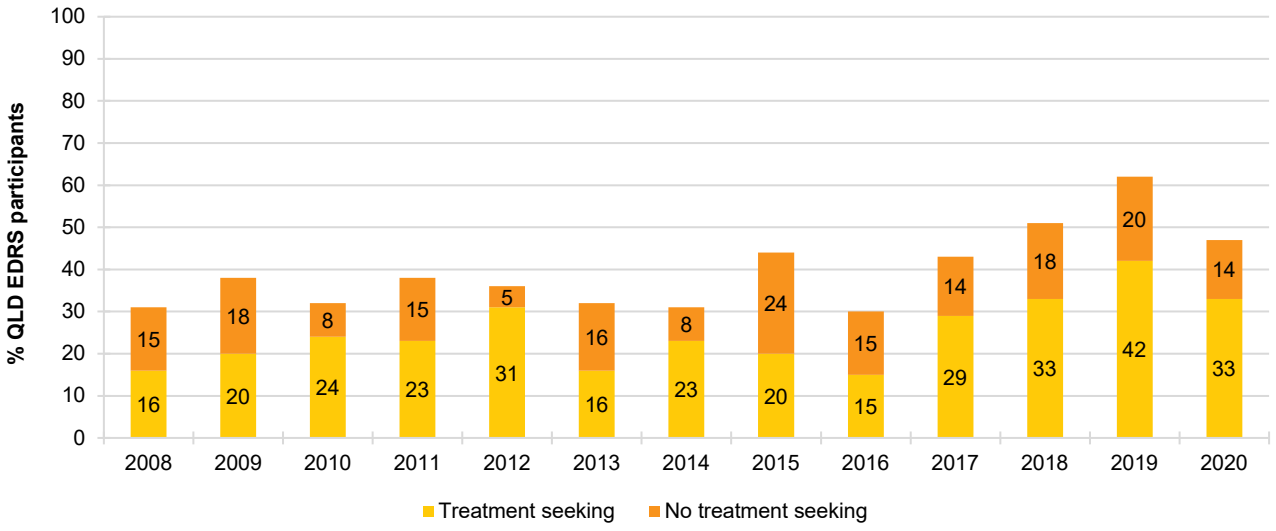
Drug Treatment

In 2020, small numbers (n≤5) reported being in any form of drug treatment (9% in 2019; *p*=0.268); the small decrease from 2019 was not significant. Among those in drug treatment, most were receiving drug counselling. For national trends, refer to the national EDRS report, or for further information contact the researchers.

Mental Health

Close to half of the sample (48%) self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), reversing a rising trend since 2016 (62% in 2019; *p*=0.040). Twenty-one per cent of the sample reported that they experienced mental health problems before March 2020 (before the introduction of COVID-19 restrictions), small numbers (≤5) reported that they experienced mental health problems since the beginning of March 2020, and 22% reported that they experienced mental health problems both before and after the introduction of COVID-19 restrictions. Of those who commented in 2020 (n=47), the most common mental health problem was depression (70%), followed by anxiety (65%). Smaller proportions reported Attention Deficit Hyperactivity Disorder (ADHD) (22%); all other disorders were reported by fewer than five participants. These were similar to 2019. Over two-thirds (70%) of those who reported experiencing a mental health problem (33% of the total sample) reported seeing a mental health professional during the past six months, similar to 67% in 2019. Of these participants (n=33), 54% reported being prescribed medication for this problem in this period (43% in 2019; *p*=0.329) (Figure 38). Seventy-seven per cent of the sample answered 'no' they had not tried to access mental health treatment in the last six months but been unable to, while 9% reported they had tried to access mental health treatment but been unable to before March 2020, and 11% reported that they had tried to access mental health treatment in the last six months but were unable to since the beginning of March 2020; small numbers (≤5) reported that they had tried to access mental health treatment both before and since March 2020 but were unable to.

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, Queensland, 2008-2020



Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

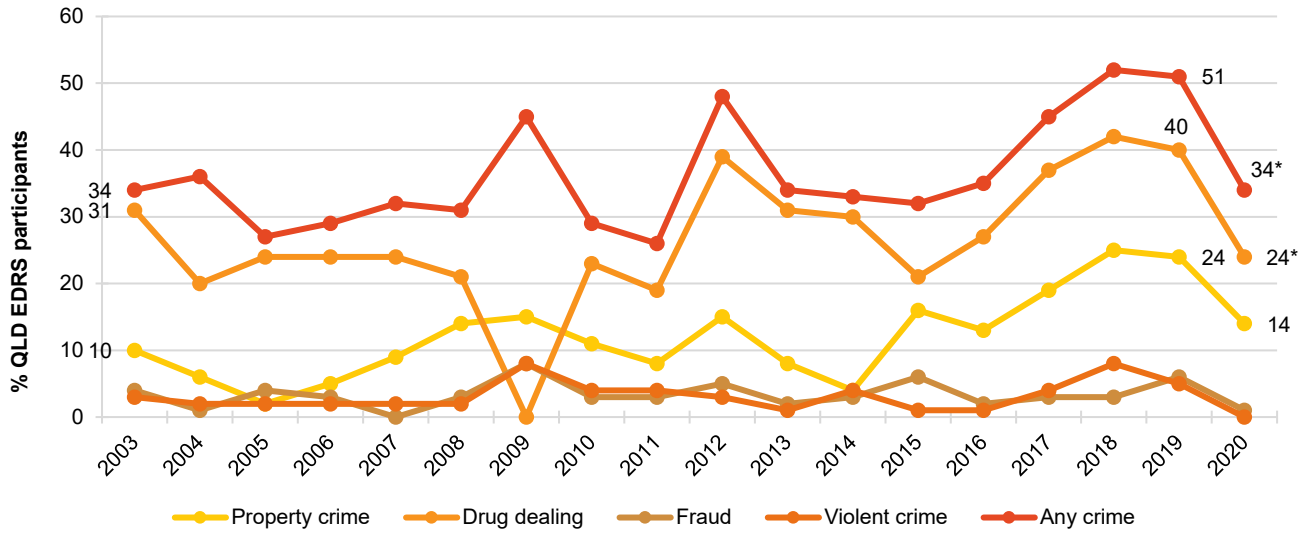
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Crime

The percentage of the sample reporting past month criminal activity has fluctuated over time, with 34% of the 2020 sample self-reporting any criminal activity during the last month, a significant decrease from 2019 (51%, *p*=0.014). Drug dealing and property crime were the two main forms of criminal activity in the last month reported by participants in 2020 (24% and 14%, respectively, versus 40% and 24%, respectively, in 2019). The decrease between 2019 and 2020 was significant for participants reporting drug dealing (*p*=0.014), violent crime (*p*=0.024) but not property crime.

Eight per cent of the sample reported having been arrested in the 12 months preceding interview, compared to 15% in 2019 (*p*=0.121). Among those arrested in 2019, the main reasons for arrest were drunk and disorderly, and drug use or possession. Very low numbers (n≤5) reported having ever been in prison in 2020, consistent with previous years.

Figure 39: Self-reported criminal activity in the past month, Queensland, 2003-2020



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels have been removed from figures in 2003, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

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Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (80%; 82% in 2019; *p*=0.724) and face-to-face (78%; 81% in 2019; *p*=0.487). Eight per cent had obtained drugs via the darknet in the past year (21% in 2019; *p*=0.005) and 6% had purchased drugs on the surface web (6% in 2019; *p*=0.579) (Table 8).

Obtaining Drugs

The majority of participants in 2020 reported obtaining illicit drugs from a friend/relative/partner/colleague (74%; 91% in 2019; *p*=0.002), followed by obtaining illicit drugs from a known dealer/vendor (63%; 70% in 2019; *p*=0.294) and an unknown dealer/vendor (32%; 45% in 2019; *p*=0.059) (Table 8).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%; 94% in 2019; *p*=0.487). In 2020, there was an increase in those receiving illicit drugs via a collection point compared with 2019 (14%; none in 2019; *p*=00.000; defined as a predetermined location where a drug will be left for later collection). Fourteen per cent of participants reported receiving illicit drugs by post, similar to 2019 (11% in 2019; *p*=0.521) (Table 8).

Buying and Selling Drugs

In 2020, a minority of participants reported to have sold illicit drugs on the surface or darknet, with few (n≤5) reporting selling drugs online in the 12 months preceding interview. Fifty-five per cent of participants reported obtaining illicit drugs through someone who had purchased them on the surface or darknet, fewer than in 2019 (73%; *p*=0.008) with 41% doing so in the last 12 months.

Table 8: Means of purchasing illicit drugs in the past 12 months, Queensland, 2020

	2019 n=100	2020 n=100
% Purchasing approaches in the last 12 months^		
Face to face	81	78
Surface web	8	6
Darknet market	21	8**
Social networking applications	82	80
Text messaging	43	54
Phone call	35	41
% Means of purchasing illicit drugs in the past 12 months		
Face to face	94	93
Collection point	0	14***
Post	11	14
% Source of drugs in the last 12 months^		
Friend/relative/partner/colleague	91	74**
Known dealer/vendor	70	63
Unknown dealer/vendor	45	32

Note. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. / not asked. ~ The face-to-face response option in 2020 was combined by those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'.

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