

Queensland Drug Trends 2019: Key findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews

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EDRS



QUEENSLAND DRUG TRENDS 2019

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



QUEENSLAND DRUG TRENDS 2019: 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), UNSW Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2019:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Georgia Kelly, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Brittany Ciupka, Amy Kirwan, Cristal Hall and Professor Paul Dietze, Burnet Institute Victoria;
- Calulla Sharman and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Tayla Barber and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Alice Campbell, Camila Couto é Cruz, Catherine Daly, Dr Jenny Juckel, Ella Kuskoff, Leith Morris and Emmalea Salmon for conducting Queensland EDRS interviews in 2019.

We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

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

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
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

Executive Summary

Sample Characteristics

The QLD EDRS sample was predominantly young, educated males. Cannabis and ecstasy were the drugs of choice nominated by the sample (28% and 23%, respectively), while cannabis and alcohol were the drugs used most often by the sample (54% and 21%, respectively).

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 (55%, 78% and 65% 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 2019, 24% of the QLD sample reported recent use of methamphetamine (i.e. past six months), with crystal being the primary form used (16%), followed by powder (9%).

Cocaine

Recent use of cocaine has increased in recent years, with 67% of the sample reportedly using cocaine in the last six months. Most consumers reported infrequent use of the drug. Fifty-nine per cent of consumers believed that cocaine was 'easy' or 'very easy' to access.

Ketamine, LSD & Mushrooms

Recent use of ketamine and LSD has increased since monitoring began in 2003, with 27% of the QLD sample reporting recent ketamine use and 53% of the QLD sample reporting recent LSD use in 2019. Use of mushrooms has also increased since monitoring began, but has remained stable in recent years, with 27% of participants reporting recent use.

Cannabis

Almost all participants (92%) in the 2019 QLD sample have recently used cannabis,

continuing a consistently high rate of use in Queensland since reporting began in 2003. Twenty-seven per cent of the QLD sample reported daily use in 2019.

New Psychoactive Substances (NPS)

One-third of QLD participants (33%) reported recent use of at least one form of NPS in 2019. DMT and 2C-B were the most common NPS recently used (16% and 10%, respectively). Thirteen per cent of participants reported recent use of capsules with unknown contents and almost one-fifth (18%) reported using pills with unknown contents.

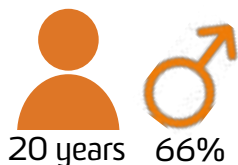
Drug-Related Harms and Other Risks

Ninety-one per cent of the QLD sample reported using depressants, cannabis and/or hallucinogens and dissociatives on their last occasion of stimulant use. One-fifth (22%) reported a non-fatal stimulant overdose, and 39% reported a non-fatal depressant overdose in the past year. The proportion reporting injecting drug use remained low (10%), as did the number currently in drug treatment (9%). Almost two-thirds (62%) self-reported that they had experienced a mental health problem in the preceding six months, and 67% of this group had seen a mental health professional in the same period. Two-fifths (40%) reported engaging in drug dealing, and almost one-quarter (24%) reported engaging in property crime in the past month.

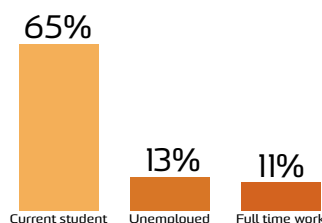
QUEENSLAND 2019 SAMPLE CHARACTERISTICS



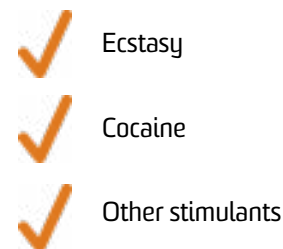
In 2019, 100 people from Queensland participated in EDRS interviews.



The median age in 2019 was 20 (IQR = 19-23), and 66% identified as male.

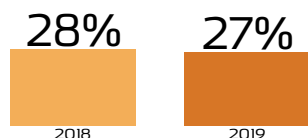


In the 2019 sample, 65% were students, 13% were unemployed, and 11% were employed full time.

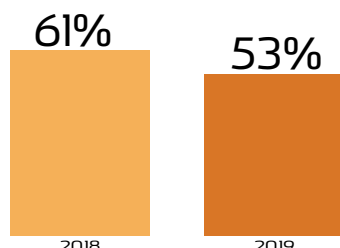


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

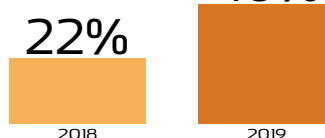
OTHER DRUGS



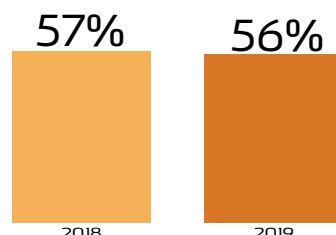
Past 6 month use of ketamine was reported by 27% of the 2019 EDRS sample, stable from 28% in 2018.



Past 6 month use of LSD was reported by 53% in 2019, down from 61% in the 2019 EDRS sample.



Past 6 month use of amyl nitrite increased from 22% in 2018 to 40% in the 2019 EDRS sample.

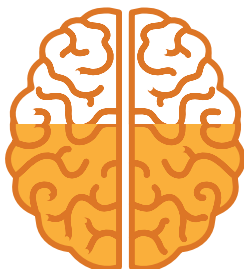


Past 6 month use of nitrous oxide (nangs) was stable at 56% in 2019 (57% in the 2018).

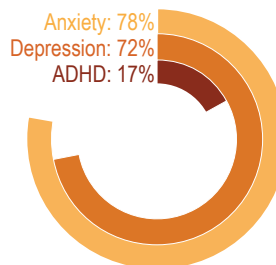
DRUG TREATMENT AND MENTAL HEALTH



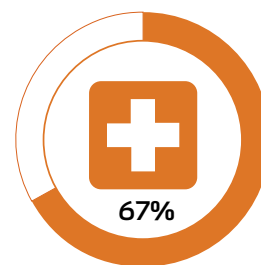
Of the 2019 EDRS sample 9% reported that they were currently receiving drug treatment.



Over half of the Queensland sample (62%) self-reported that they had experienced a mental health problem in the previous 6 months.

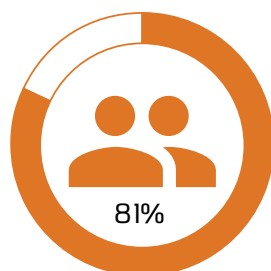


Of those who commented, the most common self-reported mental health concern was anxiety (78%), followed by depression (72%), and ADHD (17%).

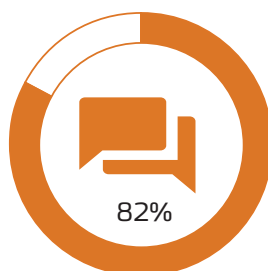


Of those self-reporting a mental health problem, 67% reported seeing a mental health professional in the previous 6 months.

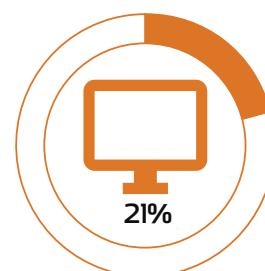
MODES OF PURCHASING



In 2019, 81% of the EDRS sample reported buying drugs face to face in the previous 12 months.

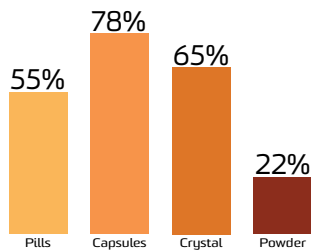


In 2019, 82% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.

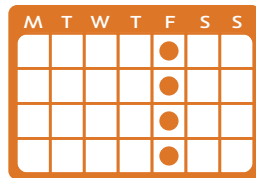


In 2019, 21% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

ECSTASY

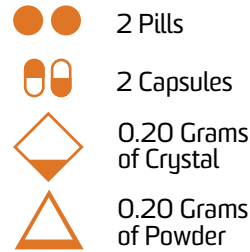


Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.

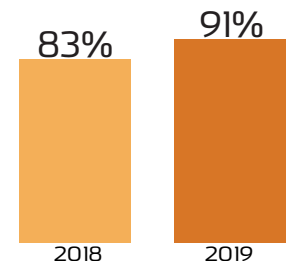


24%

Of those who had recently consumed ecstasy, 24% used it weekly or more often.



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



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

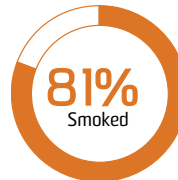
METHAMPHETAMINE



24% of people in the Queensland EDRS sample had used methamphetamine in the previous 6 months.



Of the entire sample, 9% had recently consumed powder, and 16% crystal methamphetamine.



81% of people who had recently used crystal smoked it. Of those who had recently used powder, 67% snorted it.



Of those who could comment 93% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

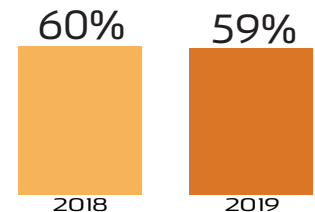
COCAINE



67% of the entire sample used cocaine in the past 6 months.



Of people who had consumed cocaine in the last 6 months, 97% had snorted it.

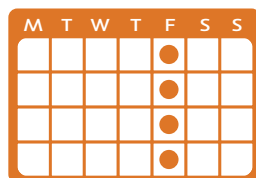


Of those who could comment 59% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



92% of the sample had used cannabis in the previous 6 months.

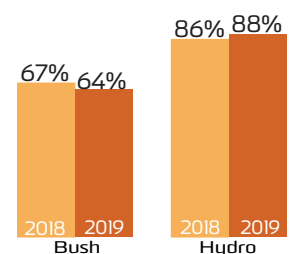


75%

Of those who had consumed cannabis recently, 75% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 96% had smoked it.



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

Background

The [Ecstasy and Related Drugs Reporting System \(EDRS\)](#) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of [Drug Trends](#). The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS.

Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 799 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Brisbane and the Gold Coast during April-May 2019.

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 2018 and 2019 and are reported when significance reaches $p < 0.05$; **non-significant p-values are not reported**. 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).

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).

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 [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 with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

1

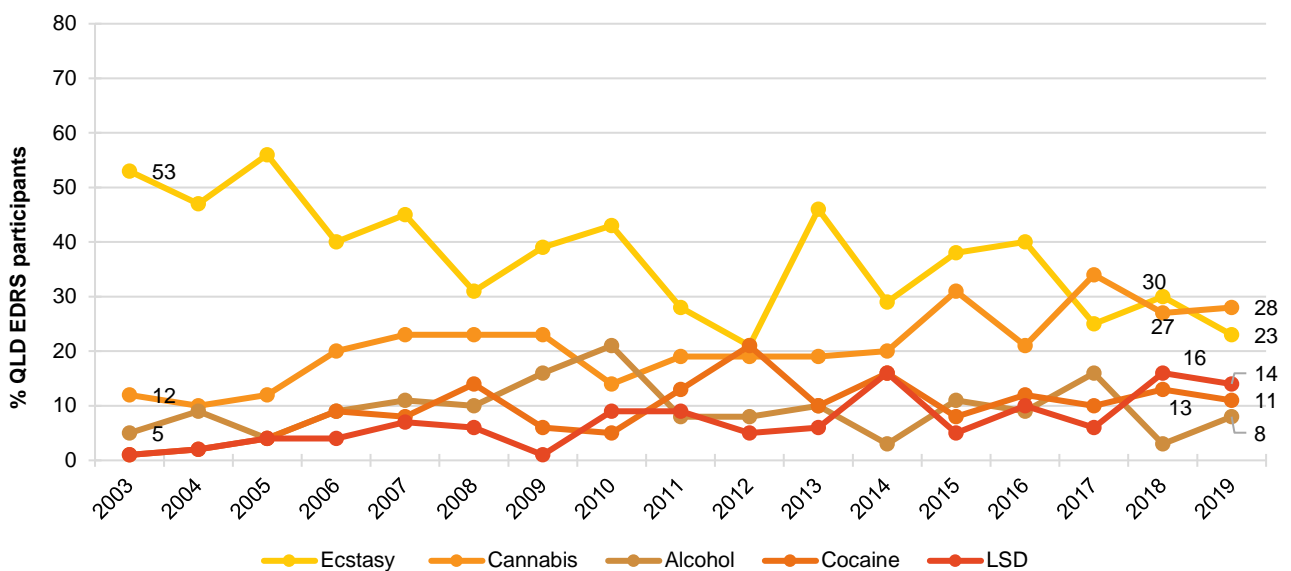
Sample Characteristics

In 2019, the QLD sample was mostly male (66%) and had a median age of 20 (IQR=19-23). Forty-three per cent reported having completed a post-school qualification(s) and 65% were currently studying. Renting was the most commonly reported form of accommodation (59%), followed by living in parents'/family home (34%) (Table 1).

In 2019 cannabis was the most commonly reported drug of choice (28%; 27% in 2018), followed by ecstasy (23%), reversing the trend from 2018 when ecstasy was the most commonly reported (30%) drug of choice (Figure 1).

Cannabis was the drug used most in the previous month (54%, compared to 41% in 2018), remaining the most commonly used drug since 2012. Alcohol was the second most used drug (21%, compared to 12% in 2018). The proportion of participants reporting ecstasy as the most used drug decreased significantly in 2019 to 15% (from 31% in 2018; $p=0.007$) (Figure 2).

Figure 1: Drug of choice, Queensland, 2003-2019



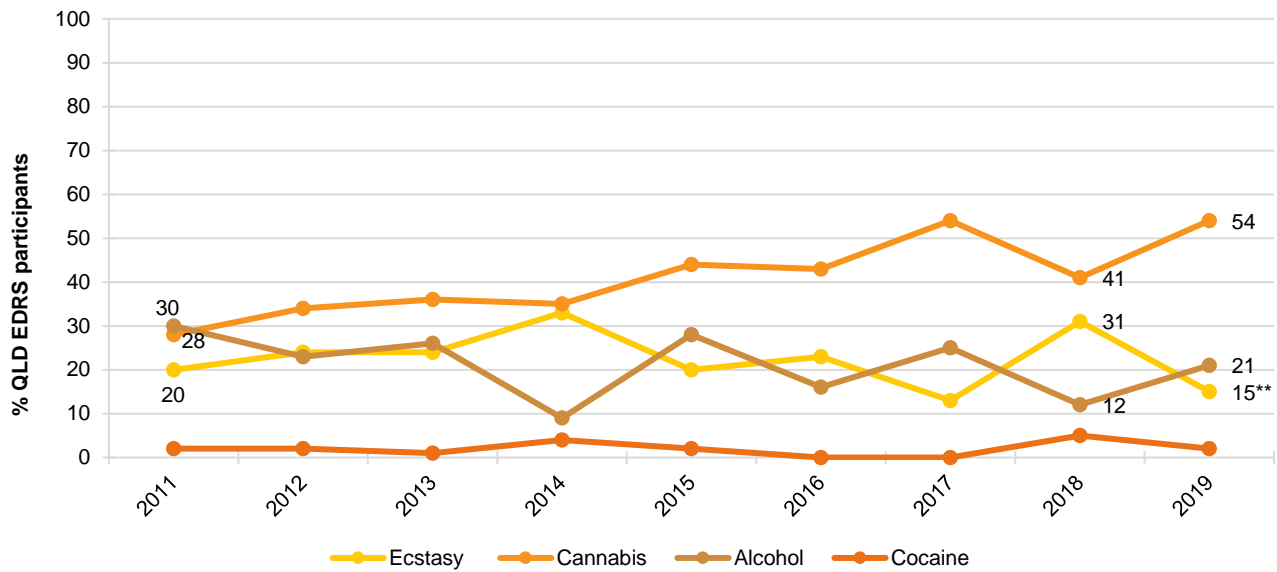
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 80% to improve visibility. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table I: Demographic characteristics of the sample, nationally and Queensland, 2015-2019

	National 2019 N=797	QLD 2019 N=100	QLD 2018 N=100	QLD 2017 N=100	QLD 2016 N=92	QLD 2015 N=85
Median age (years; IQR)	22 (19-26)	20 (19-23)	19 (18-22)	19 (18-21)	21 (19-25)	21 (20-24)
% Male	60	66	64	62	68	58
% Aboriginal and/or Torres Strait Islander	5	5	3	4	4	1
% Sexual identity						
Heterosexual	81	77	84	83	90	79
Homosexual	5	-	5	3	-	9
Bisexual	12	17	9	13	8	12
Different identity	-	-	2	1	1	1
Median years of school education	12 (8-12)	12	12	12	12	12
% Post-school qualification(s)^	54	43	29	25	38	46
% Employment status						
Employed full-time	22	11	16	13	15	7
Students [#]	45	65	42	49	64	63
Unemployed	27	13	17	8	11	14
Median weekly income \$	500	\$360 (\$250-550)	\$375 (\$200-650)	\$300 (\$200-550)	\$424 (\$300-600)	\$350 (\$250-500)
% Accommodation						
Own house/flat	4	-	1	3	5	9
Rented house/flat	44	59	48	64	77	77
Parents'/family home	48	34	47	26	12	9
Boarding house/hostel	1	-	2	5	1	2
No fixed address	2	0	1	2	4	2
Other	1	0	1	-	-	-

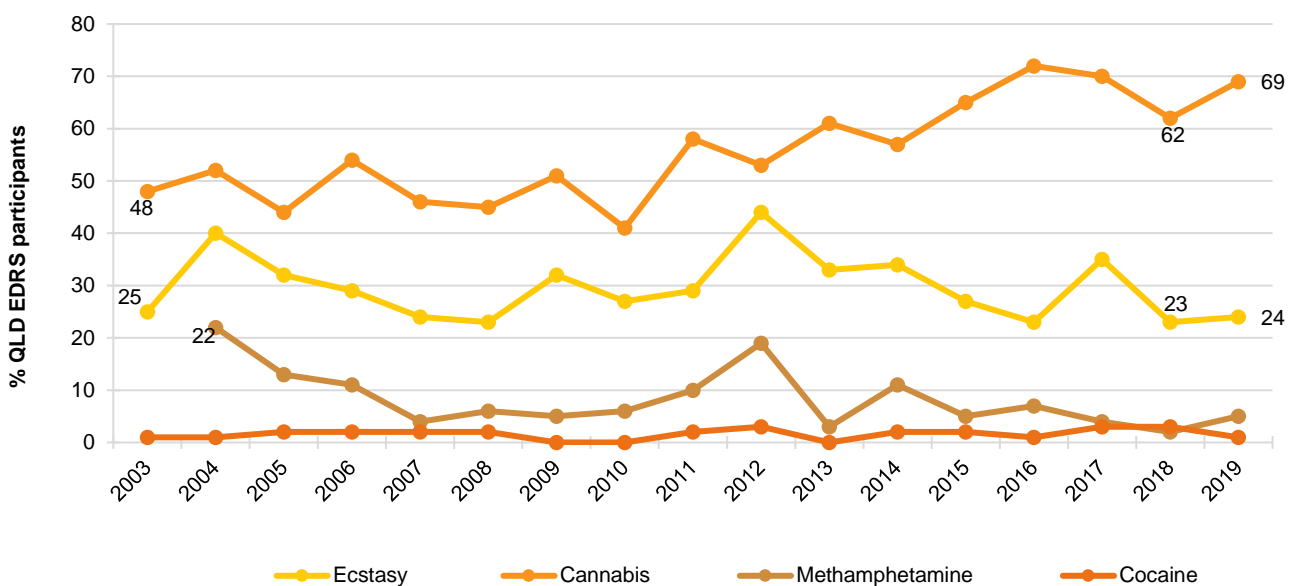
Note. ^Includes trade/technical and university qualifications. [#] Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 2: Drug used most often in the past month, Queensland, 2011-2019



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). Data are only presented for 2011-2019 as this question was not asked in 2003-2010. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, Queensland, 2003-2019



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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

2

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.

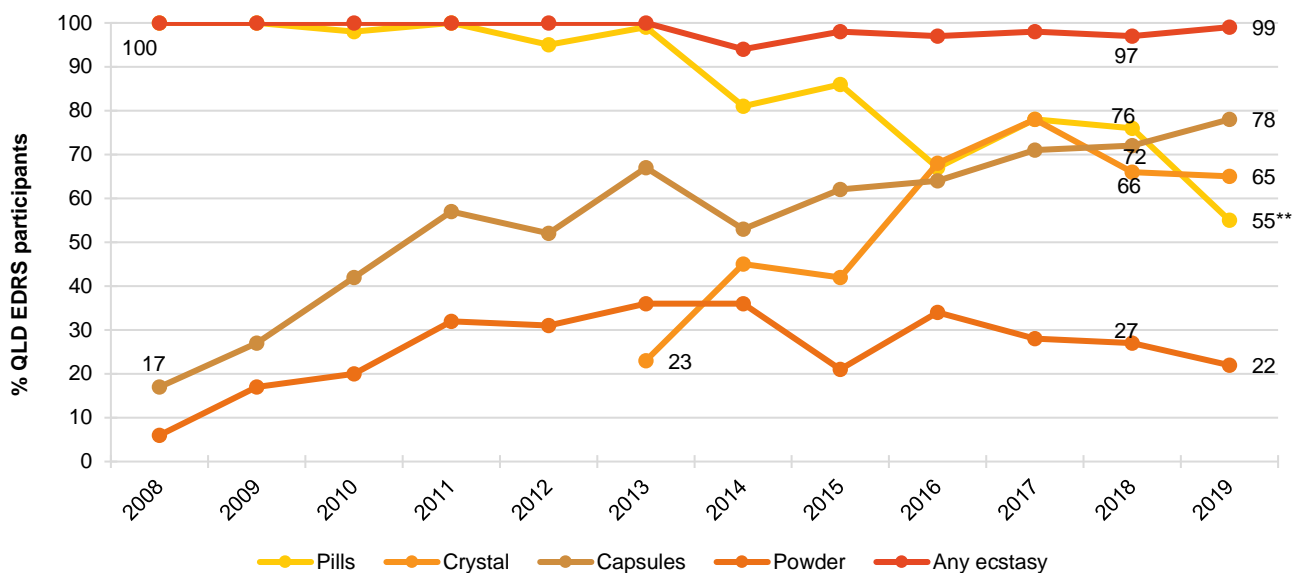
Recent Use (past 6 months)

In 2019, nearly all (99%) participants reported recent use of ecstasy, remaining stable from 2018 (97%) and across all years of the study (Figure 4).

Frequency of Use (past 6 months)

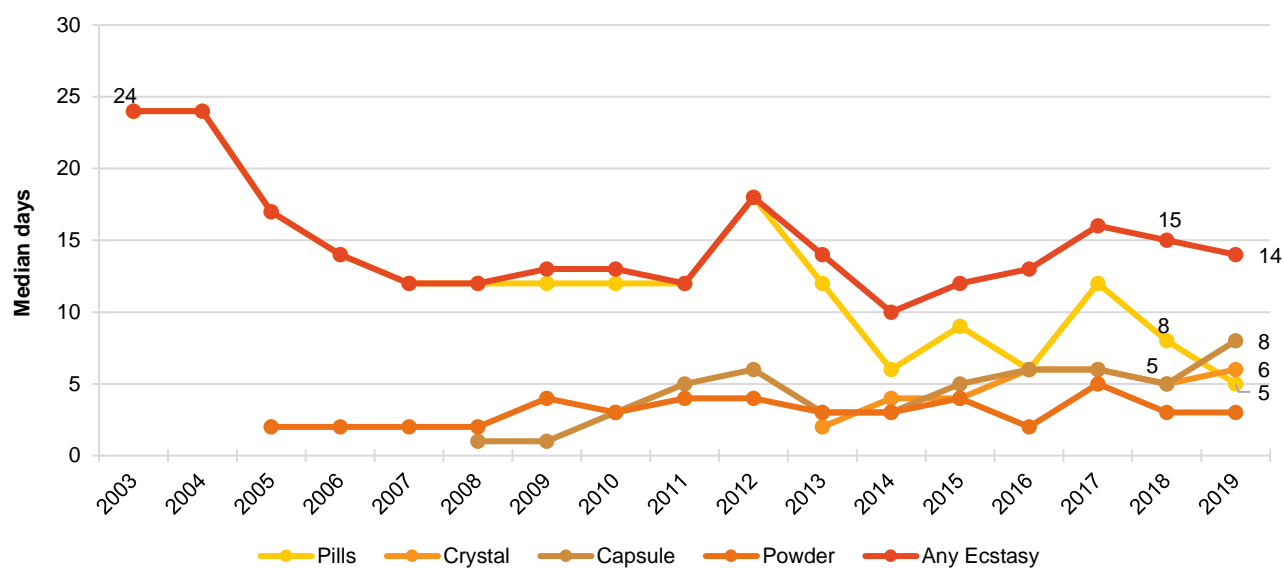
The median days any ecstasy was used in 2019 was 14 (IQR=7-23), similar to 2018, where the median days used was 15 (IQR=8-23) (Figure 5, see following page). Nearly one-quarter (24%) of participants who had recently consumed ecstasy reported weekly or more use of any form of ecstasy, very similar to 2018 reports (23%).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Queensland, 2008-2019



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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Queensland, 2003-2019



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% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Fifty-five per cent reported recently using pills; the lowest proportion recorded since data collection began. This is a significant decrease from 2018 where 76% reported recent use of pills ($p=0.002$) (Figure 4).

Frequency of Use (past 6 months): Median frequency declined to five days (IQR=2-12) from eight (IQR=3-13) in 2018 (Figure 5). Few participants ($n\leq 5$) reported weekly or more use.

Routes of Administration: The most common ROA remained swallowing (96% versus 96% in 2018), followed by snorting (27% versus 40% in 2018; $p=0.011$). Few reported recent shelving/shafting or smoking ($n\leq 5$).

Quantity: The median number of pills used in a 'typical' session remained stable at two (IQR=2-3; $n=55$), while the median maximum amount used was four pills (IQR=2-6; $n=55$).

Ecstasy Capsules

Recent Use (past 6 months): Over three-quarters (78%) reported recently using capsules, continuing a rising trend in QLD (72% in 2018) (Figure 4).

Frequency of Use (past 6 months): Median frequency of use was eight days (IQR=7-23) in 2019 compared to five days (IQR=3-14) in 2018. The proportion using weekly or more remained low at 6% (low numbers in 2018 suppressed; $n\leq 5$) (Figure 5).

Routes of Administration: All participants who recently used capsules reported swallowing them (97% in 2018), while 18% also reported snorting them (14% in 2018).

Quantity: The median number of capsules used in a 'typical' session remained stable at

two (IQR=1.9-3.0), as did the median maximum amount (3 capsules; IQR=2-5).

Ecstasy Crystal

Recent Use (past 6 months): Sixty-five per cent of participants reported recently using crystal (66% in 2018) (Figure 4).

Frequency of Use (past 6 months): Median frequency remained stable at six days (IQR=3-10; 5 days in 2018 (IQR=2-10) (Figure 5). Few participants ($n\leq 5$) reported weekly or more use.

Routes of Administration: Among those who had recently used crystal ($n=65$), swallowing was the most common ROA (85% versus 92% in 2018), followed by snorting (37% versus 42% in 2018). A small number of participants reported shelving/shafting (6%).

Quantity: The median amount of crystal used in a 'typical' session was stable at 0.2 grams (IQR=0.19-0.40; $n=50$). The median maximum amount used was 0.5 grams (IQR=0.3-1.0; $n=52$).

Ecstasy Powder

Recent Use (past 6 months): Recent use of ecstasy powder was reported by 22% of participants (27% in 2018) (Figure 4).

Frequency of Use (past 6 months): Frequency of use remained low at a median of three days (IQR=1-7; 3 days in 2018, IQR=2-6) (Figure 5).

Routes of Administration: The most common route of administration was snorting (64%; 74% in 2018) and swallowing (64%; 59% in 2018).

Quantity: The median amount used in a 'typical' session was 0.2 grams (IQR=0.2-0.4 versus 0.5 grams in 2018 (IQR=0.2-0.6) and the median maximum amount used 0.4 grams (IQR=0.2-0.5 versus 0.8 grams in 2018 (IQR=0.4-1.0).

Market Trends

Ecstasy Pills

Price: The median price per pill of ecstasy was \$20 (IQR=15-24; n=60), unchanged from 2018 (\$20, IQR=12-20, n=79) (Figure 6).

Perceived Purity: Among those who were able to comment in 2019 (n=59), 34% reported the strength of pills had 'fluctuated'. One-quarter (25%) perceived the purity of pills as 'medium' (37% in 2018), 22% as 'low' (22% in 2018) and 19% as 'high' (21% in 2018) (Table 2).

Perceived Availability: Among those who were able to comment in 2019 (n=60), 85% of participants reported that it was 'very easy' or 'easy' to obtain pills, compared to 94% in 2018 ($p=0.042$) (Table 2).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was \$20 in 2019 (IQR=15-25; n=74), unchanged from 2018 (\$20, IQR=15-20; n=76) (Figure 6).

Perceived Purity: Among those who were able to comment in 2019 (n=77), most participants perceived purity as 'high' (38%) and 'medium' (34%); unchanged from 2018 (38% 'high', 34% 'medium') (Table 2).

Perceived Availability: Among those who were able to comment in 2019 (n=77), 91% of participants reported that it was 'very easy' or 'easy' to obtain capsules, an increase from 83% in 2018 ($p=0.028$) (Table 2).

Ecstasy Crystal

Price: The median price for a gram of crystal was \$130 in 2019 (IQR=100-185; n=29), similar to \$160 in 2018 (IQR=100-210; n=29) (Figure 7).

Perceived Purity: Among those who were able to comment in 2019 (n=55), over three-quarters perceived purity as 'high' (76%; 54% in 2018; $p=0.024$), followed by 'medium' (16%; 34% in 2018, $p=0.032$) (Table 2).

Perceived Availability: Among those who were able to comment in 2019 (n=56), 70% reported ecstasy crystal as 'very easy' or 'easy' to obtain (75% in 2018) (Table 2).

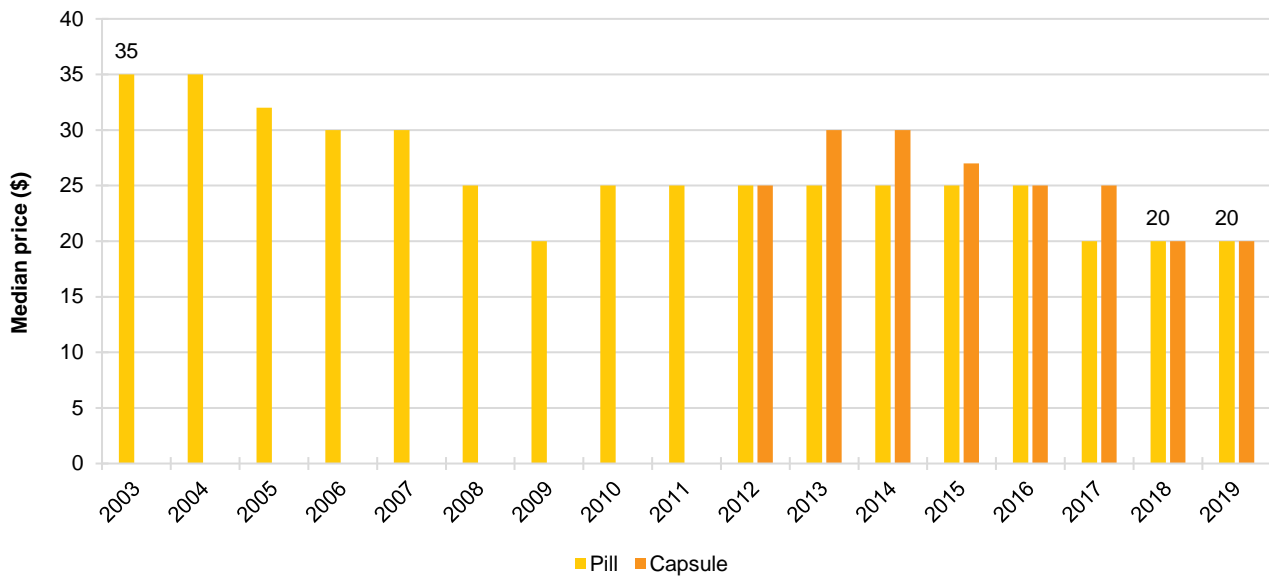
Ecstasy Powder

Price: The reported median price per gram of ecstasy powder was \$150 (IQR=50-200; n=7).

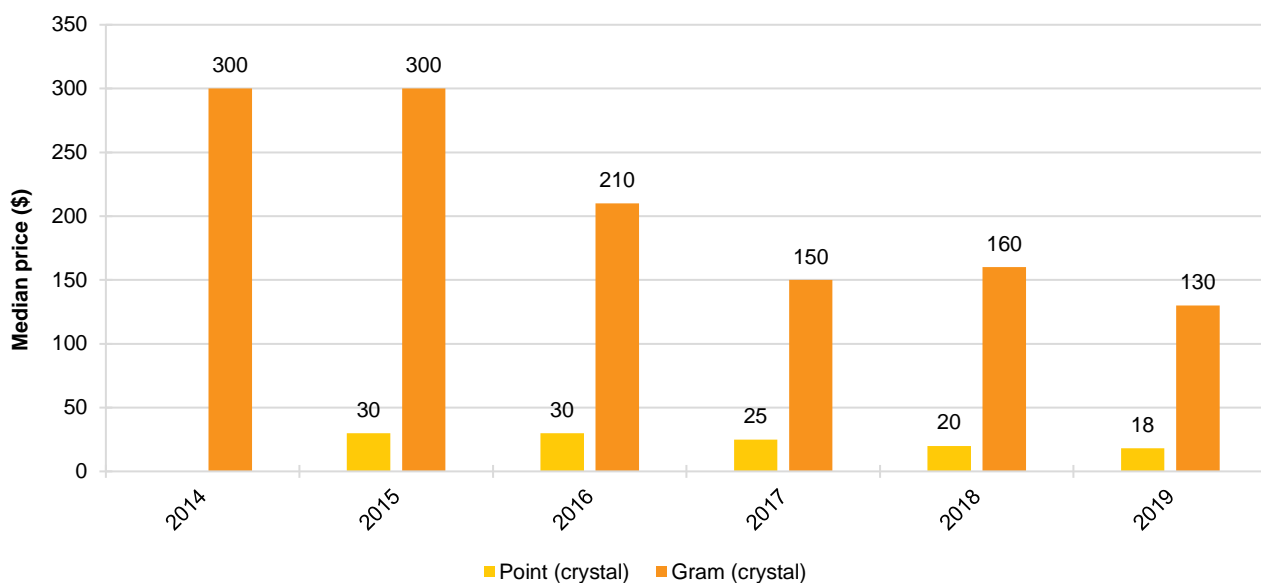
Perceived Purity: Among those who were able to comment in 2019 (n=9), one-third perceived the purity of powder to be 'high' or 'medium' (33% for each).

Perceived Availability: Among those who were able to comment in 2019 (n=9), two-thirds perceived powder to be 'very easy' or 'easy' (67%) to obtain.

Comparisons with 2018 are not reported for ecstasy powder due to low numbers who reported on price, perceived purity and perceived availability.

Figure 6: Median price of ecstasy pill and capsule, Queensland, 2003-2019

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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 7: Median price of ecstasy crystal per point and gram, Queensland, 2014-2019

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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 2: Perceived purity and availability of ecstasy pills, capsules and crystal, Queensland, 2016-2019

	2016	2017	2018	2019
Current Perceived Purity				
% Pills (n)[#]	(n=74)	(n=79)	(n=81)	(n=59)
Low	11	14	22	22
Medium	38	50	37	25
High	31	13	21	19
Fluctuates	10	23	20	34
% Capsules (n)	#	(n=79)	(n=76)	(n=77)
Low	#	8	13	5
Medium	#	39	34	34
High	#	42	38	38
Fluctuates	#	12	15	23
% Crystal (n)	(n=50)	(n=62)	(n=50)	(n=55)
Low	-	5	4	-
Medium	20	35	34	16
High	68	45	54	76
Fluctuates	10	16	8	-
Current Perceived Availability				
% Pills (n)[#]	(n=78)	(n=79)	(n=80)	(n=60)
Very easy	54	51	61	42
Easy	42	42	33	43
Difficult	-	8	6	10
Very difficult	0	-	-	5
% Capsules (n)	#	(n=78)	(n=76)	(n=77)
Very easy	#	45	30	53
Easy	#	42	23	38
Difficult	#	12	16	9
Very difficult	#	1	1	0
% Crystal (n)	(n=50)	(n=63)	(n=48)	(n=56)
Very easy	38	33	23	29
Easy	44	43	52	41
Difficult	18	22	25	29
Very difficult	0	2	-	-

Note. The response option 'Don't know' was excluded from analysis. [#]In 2016, pills, powder and capsules were asked together. - Percentage suppressed due to small cell size (n≤5 but not 0). Data regarding purity and availability of ecstasy powder not reported due to low numbers (n≤5 but not 0) * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

3

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).

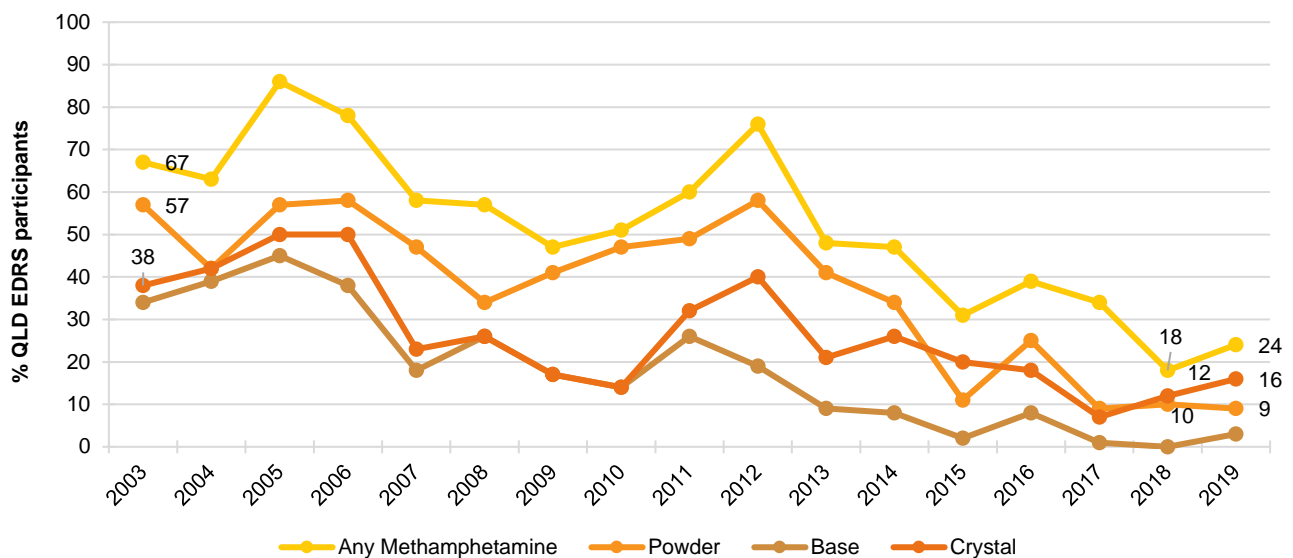
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began; two-thirds (67%) of participants recently used any methamphetamine in 2003 versus 24% who had recently used methamphetamine in 2019 (Figure 8).

Frequency of Use (past 6 months)

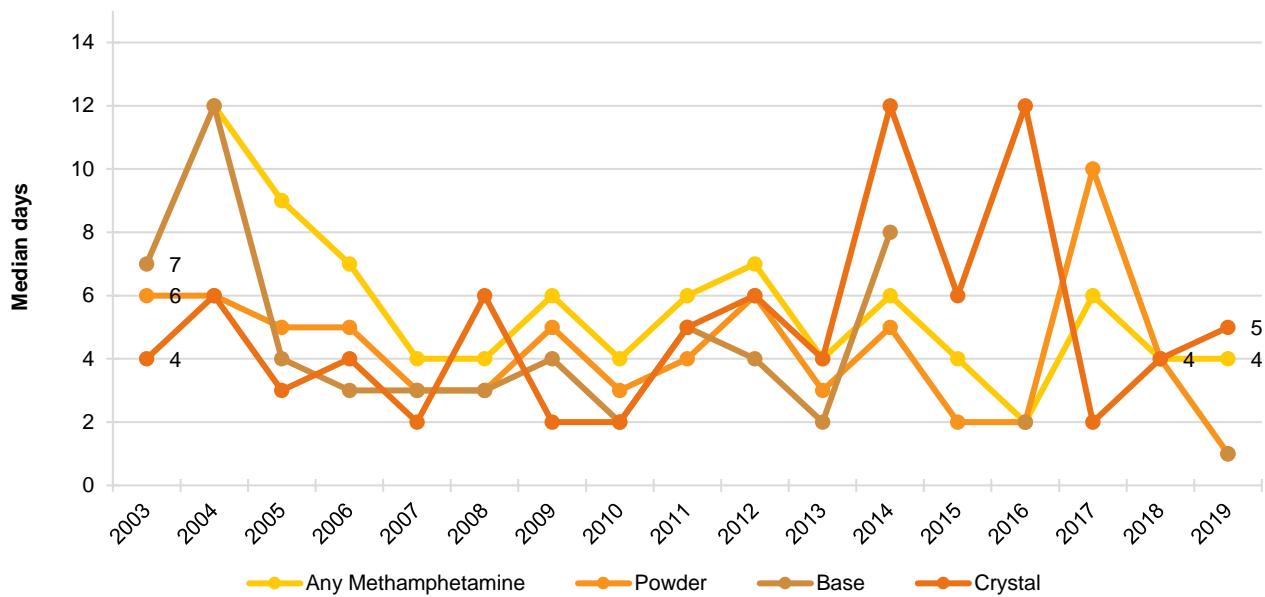
Frequency of use over time has been variable with no clear trends (Figure 9).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Queensland, 2003-2019



Note. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2018 versus 2019.

Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Queensland, 2003-2019



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 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Patterns of Consumption

Crystal Methamphetamine

Recent Use (past 6 months): Sixteen per cent of the total sample had used crystal in the six months preceding interview (12% in 2018) showing an increasing trend since 2017 (Figure 8).

Frequency of Use (past 6 months): Median days of use in 2019 was five days (IQR=2-25), similar to 2018 (4 days, IQR=2-9) (Figure 9). 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=16), most participants (81%) reported smoking (75% in 2018), followed by swallowing (31% versus 25% in 2018). Low numbers reported snorting or injecting (n≤5).

Quantity: The median amount used in a 'typical' session was two points (IQR=1-3; n=10; 1 point in 2018; n=7) (≤5 participants reported quantity in grams; data suppressed). The largest amount used in a session was a median of four points (IQR=2-5; n=8) or one gram (IQR=1-3; n=7).

Methamphetamine Powder

Recent Use (past 6 months): The proportion of participants who had used speed in the last six months remained relatively stable at 9%, compared to 10% in 2018 (Figure 8).

Frequency of Use (past 6 months): Median days used in 2019 was one (IQR=1.0-3.5), not significantly different to four days (IQR=2-8) in 2018 (Figure 9).

Routes of Administration: The most common ROA among those who had used speed (n=9) was snorting (67%; ≤5 participants reported other ROAs; data are suppressed). This was in contrast to 2018 reports, where 70% of participants reported swallowing and 40% reported snorting.

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

Methamphetamine Base

Due to low numbers, details will not be reported on base. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Market Trends

Crystal Methamphetamine

Price: Median price per point in 2019 remained stable at \$50 (IQR=35-50; n=9), and increased slightly though non-significantly to \$275 per gram (IQR=250-300; n=6; ≤5 participants reported in 2018; these data are suppressed) (Figure 10).

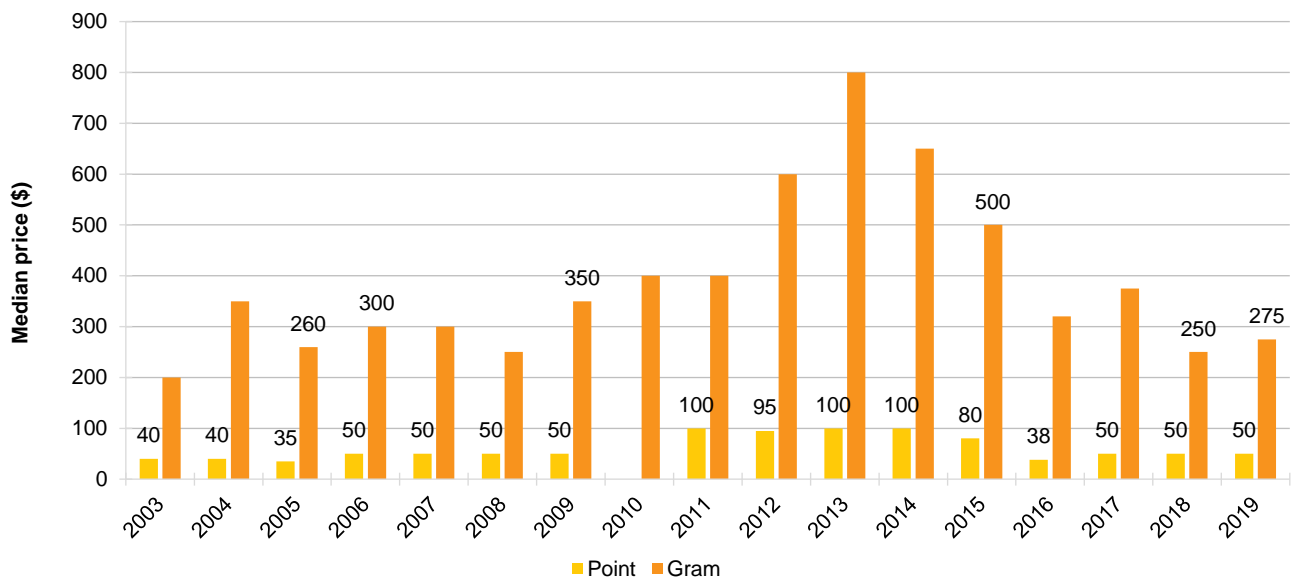
Perceived Purity: Among those who were able to comment in 2019 (n=14), 93% perceived crystal to be 'high' in purity, compared to 2018 (n=11), where 55% perceived purity as 'high' (p=0.020) (Figure 11).

Perceived Availability: Among those who were able to comment in 2019 (n=14), 93% perceived it was 'very easy' or 'easy' to obtain crystal, compared to 82% in 2018 (Figure 12).

Methamphetamine Powder and Methamphetamine Base

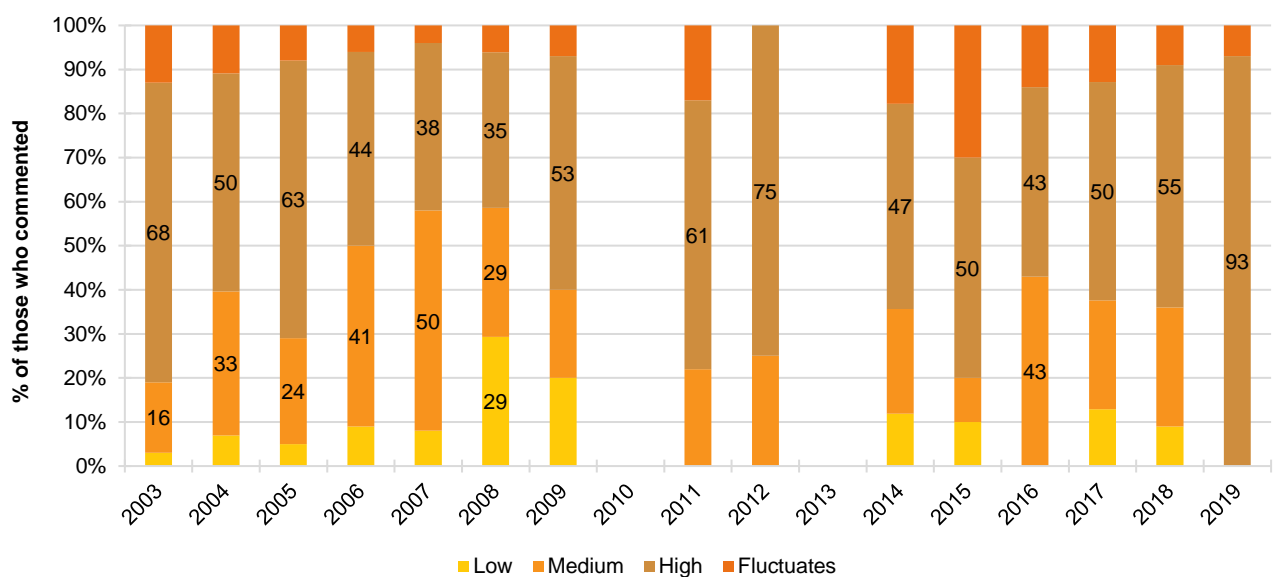
Due to low numbers, details will not be reported on methamphetamine powder or methamphetamine base. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Figure 10: Median price of crystal methamphetamine per point and gram, Queensland, 2003-2019

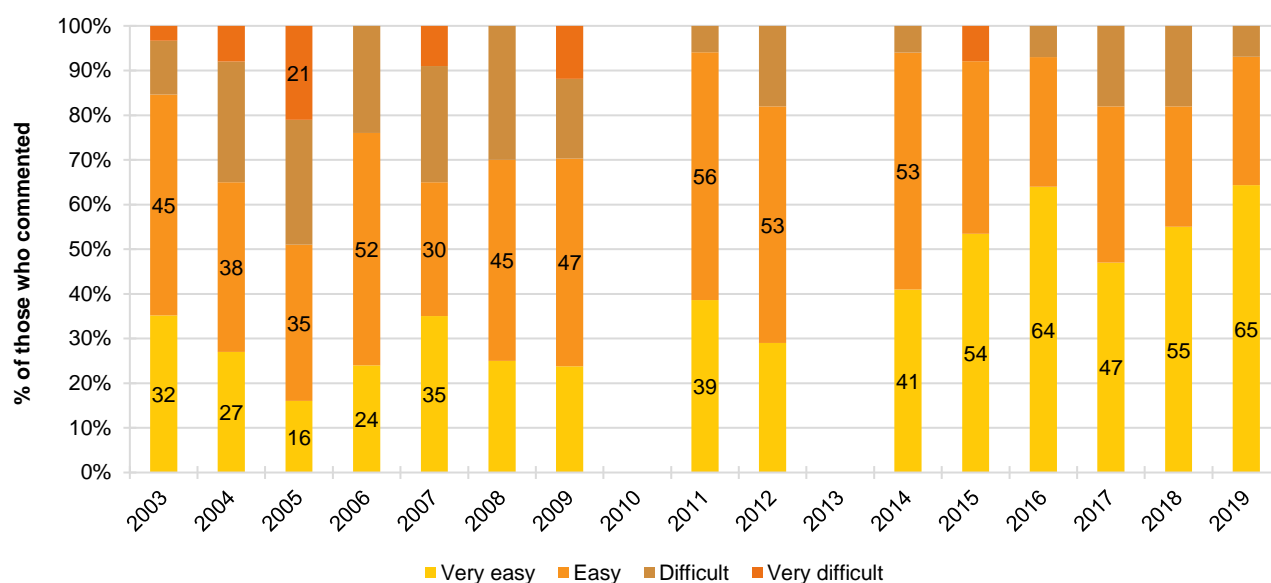


Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

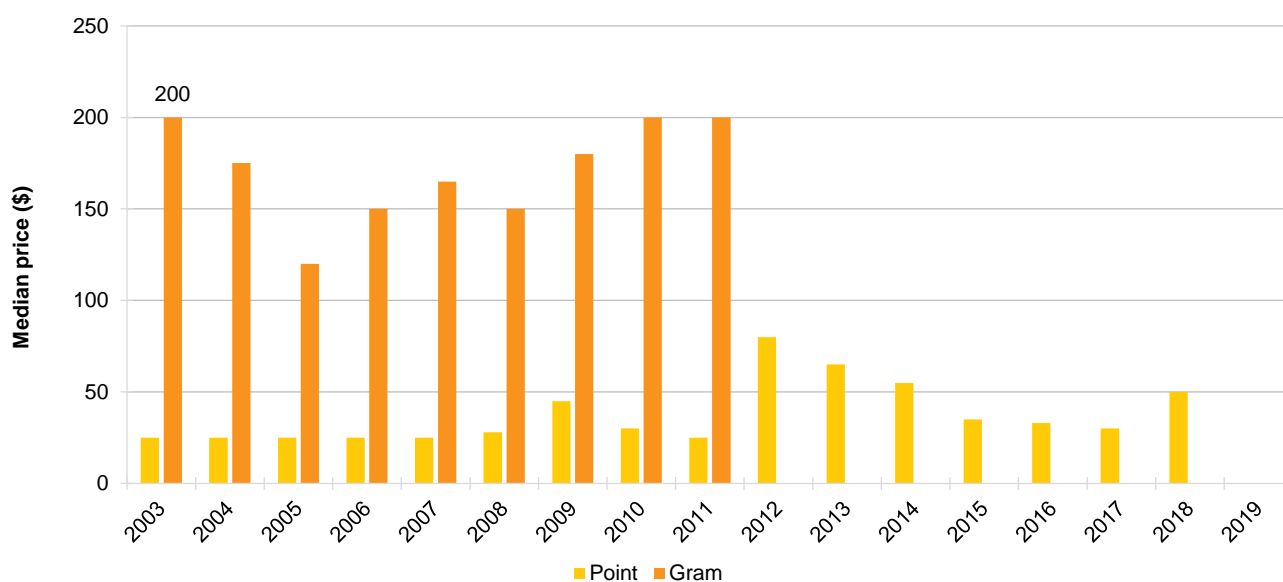
Figure 11: Current perceived purity of crystal methamphetamine, Queensland, 2003-2019



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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 12: Current perceived availability of crystal methamphetamine, Queensland, 2003-2019

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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 13: Median price of powder methamphetamine per point and gram, Queensland, 2003-2019

Note. Among those who commented. Data not presented for years with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

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 Report](#), or contact the Drug Trends team.

4

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)

Two-thirds (67%) of the total sample had recently used cocaine, continuing an increasing trend in Queensland. This was a non-significant increase from 60% in 2018 (Figure 14).

Frequency of Use (past 6 months)

The median number of days used in the last six months remained stable at three (IQR=2-6) (Figure 14).

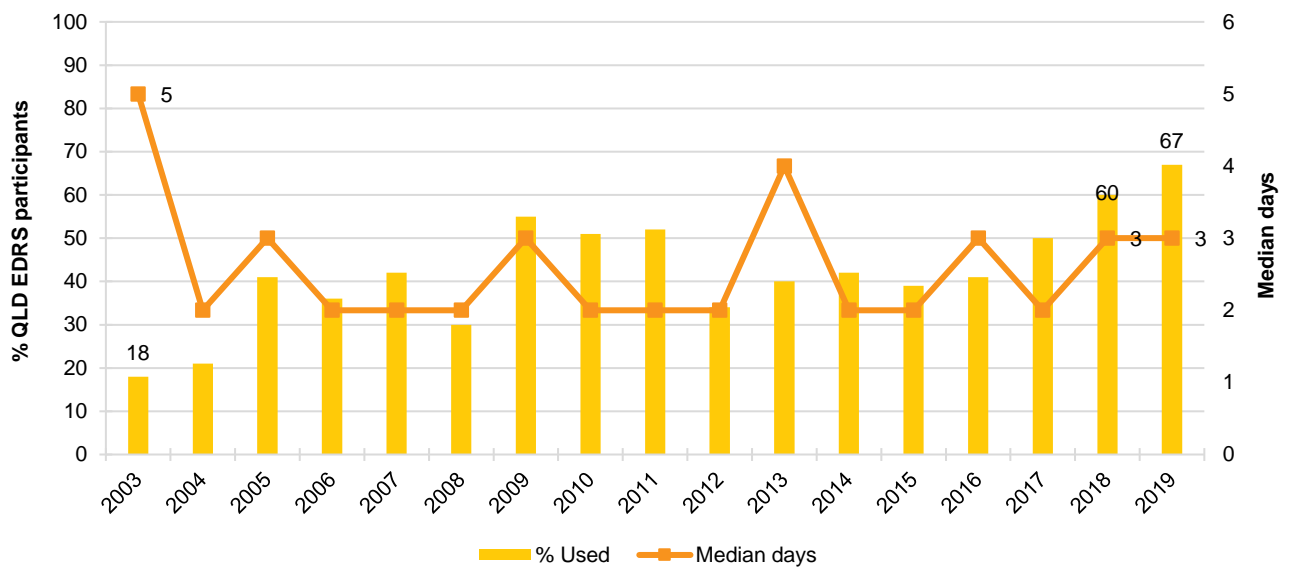
Routes of Administration

The most common ROA among participants who had recently used cocaine (n=67) was snorting (97%), with a small percentage also swallowing (12%) cocaine in the last six months. This was similar to the pattern reported in 2018, with 98% snorting and 10% swallowing.

Quantity

The median amount of cocaine used in a 'typical' session was 0.5 grams (IQR=0.5-0.5; n=39) or two points (IQR=2-3.5.0; n=12).

Figure 14: Past six month use and frequency of use of cocaine, Queensland, 2003-2019



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, 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Market Trends

Price

In 2019, the median price per gram of cocaine remained stable at \$300 (IQR=300-350; $n=45$) (Figure 15).

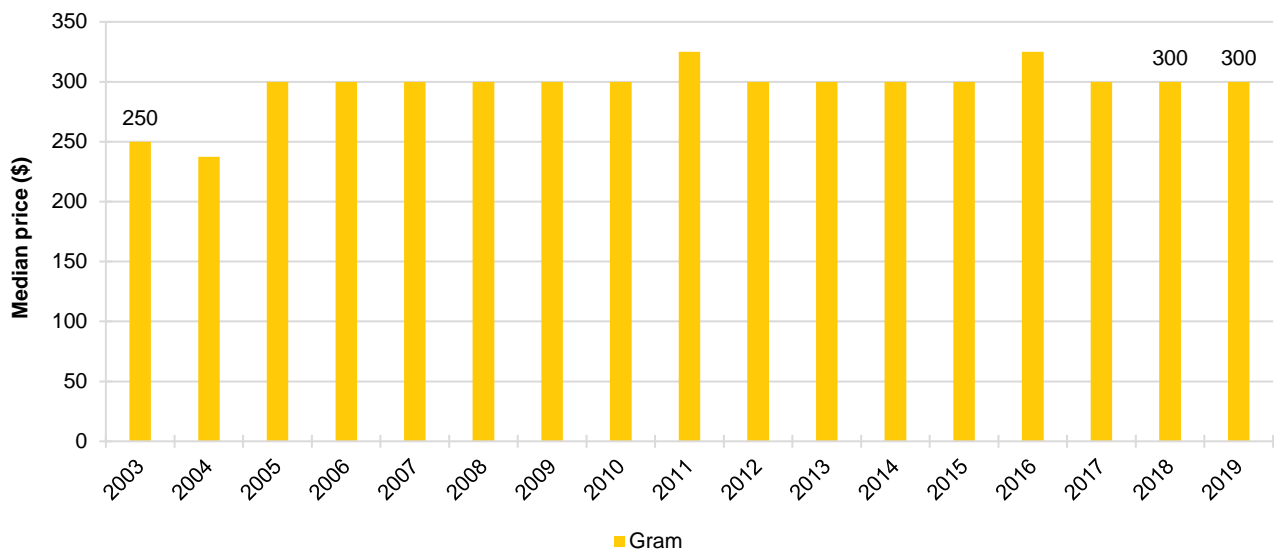
Perceived Purity

Among those who were able to comment in 2019 ($n=50$), 30% perceived purity as 'high' (24% in 2018), 36% as 'medium' (36% in 2018) and 26% as 'low' (29% in 2018) (Figure 16).

Perceived Availability

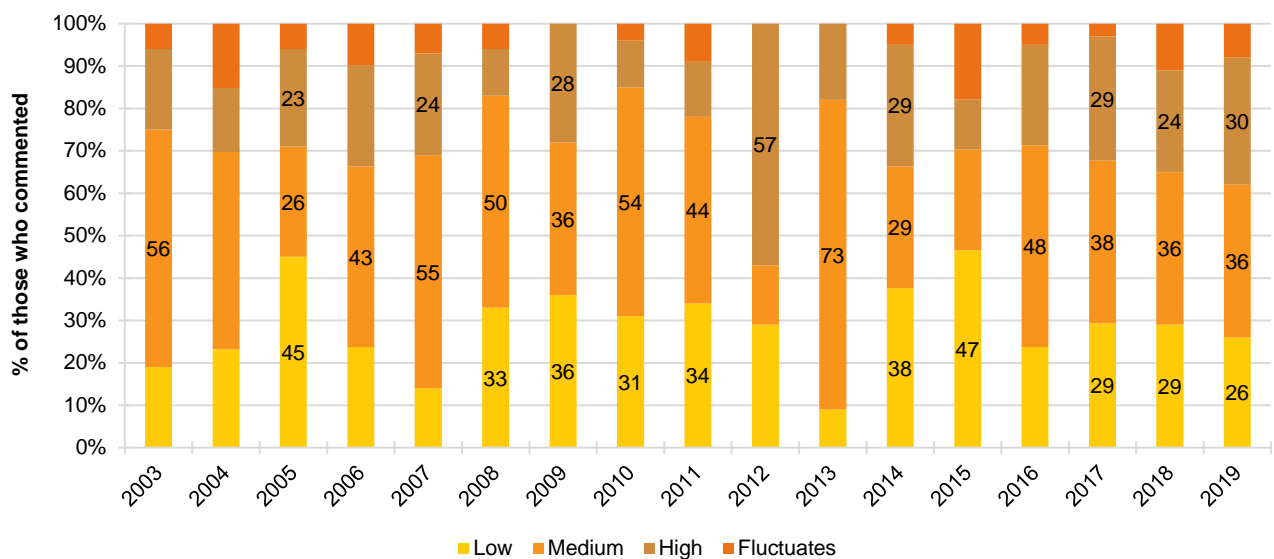
Among those who were able to comment in 2019 ($n=53$), 59% reported that it was 'easy' or 'very easy' to obtain cocaine, while the remainder (41%) reported that it was 'difficult' or 'very difficult'. Reports were similar in 2018, where 60% of participants perceived cocaine as being 'easy' or 'very easy' to obtain (Figure 17).

Figure 15: Median price of cocaine per gram, Queensland, 2003-2019



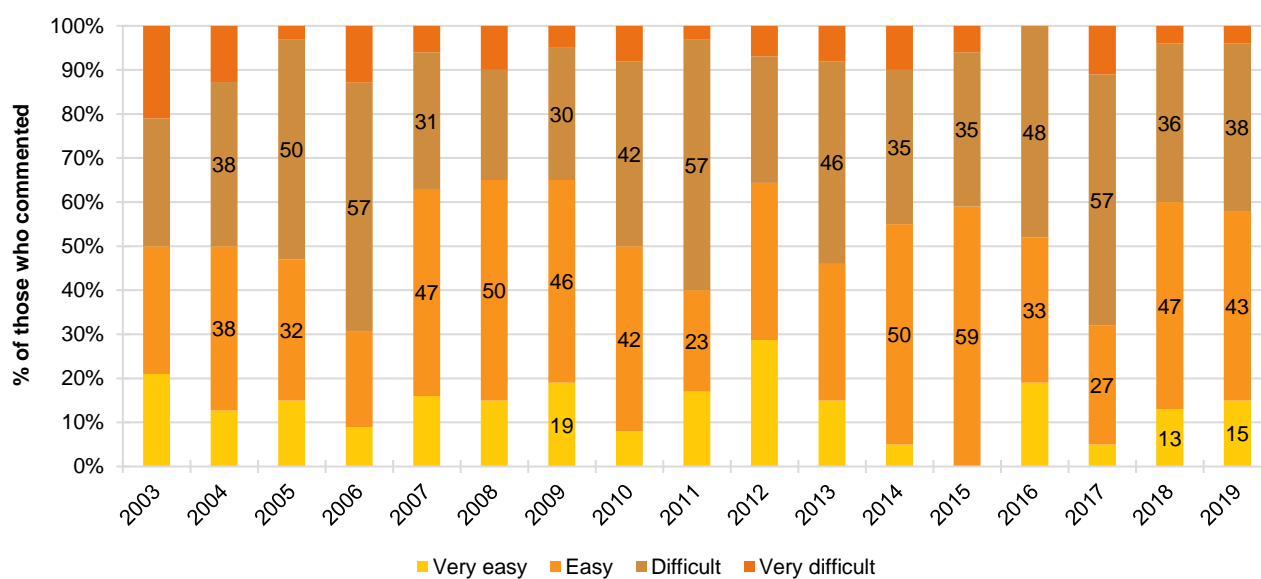
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 16: Current perceived purity of cocaine, Queensland, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 17: Current perceived availability of cocaine, Queensland, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

5

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-two per cent of participants reported recent use of cannabis. The proportion reporting recent use in 2019 was similar to that of 2018 (95%) (Figure 18).

Frequency of Use (past 6 months)

The median number of days used in 2019 was 90 (IQR=22.5-180.0), a non-significant increase from 60 days (IQR=12-170) in 2018 ($p=0.123$). Over one-quarter (27%) of participants who had recently used cannabis reported using it daily in 2019 (20% in 2018) (Figure 18).

Routes of Administration

The most common ROA in 2019 was smoking (96%), while substantial proportions also reported inhaling/vaporising (29%) and swallowing (22%). In 2018, 100% reported smoking, 21% inhaling/vaporising and 18% swallowing.

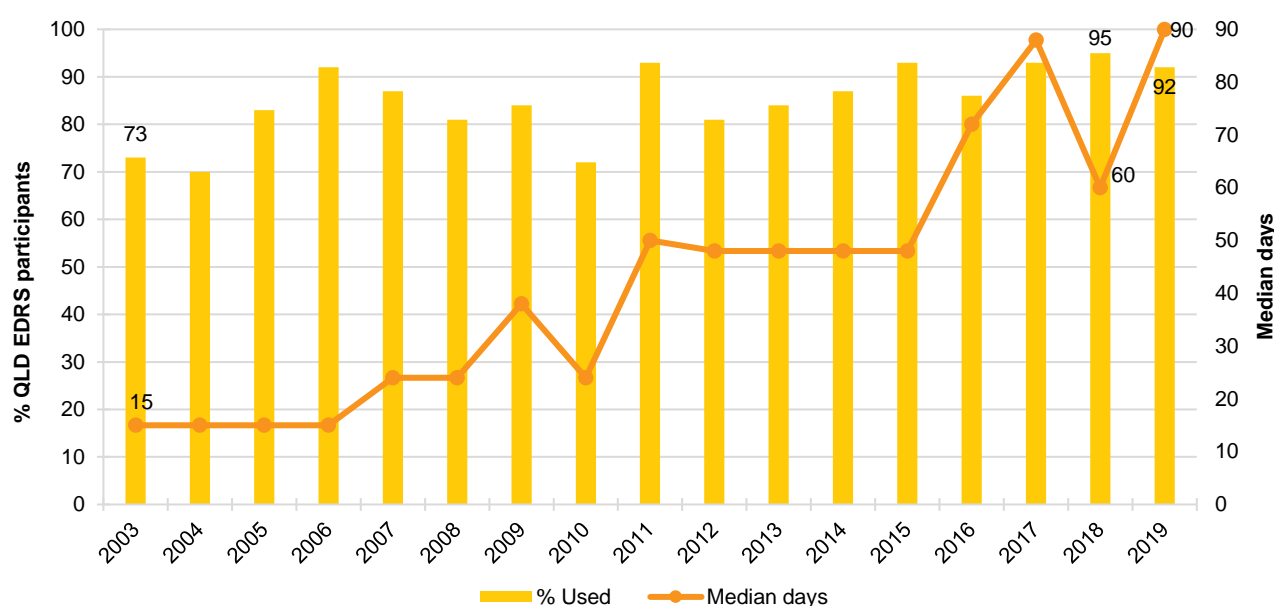
Quantity

The median amount used in a 'typical' session was one gram (IQR=0.5-2.0; $n=37$; 1.5 grams in 2018; IQR=0.8-3.5; $n=19$, $p=0.572$) or 3.5 cones (IQR=2-6; $n=36$; 3 cones in 2018; IQR=2-6; $n=54$).

Forms Used

Among participants who had recently used cannabis ($n=92$), 82% had recently used hydroponic cannabis; 75% had recently used bush cannabis; 21% had recently used hashish; and 23% had recently used hash oil. The form that was used most in the last 6 months was hydroponic (65%), followed by bush (33%).

Figure 18: Past six month use and frequency of use of cannabis, Queensland, 2003-2019



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, 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Market Trends

Hydroponic Cannabis

Price: The median price per gram in 2019 remained stable at \$15 (IQR=10.75-20.00; $n=17$), as did the price per ounce at \$270 (IQR=250-300; $n=33$ versus \$250 in 2018, IQR=245-290; $n=36$) (Figure 19).

Perceived Potency: Among those who were able to comment in 2019 ($n=64$), 34% perceived potency as 'high', 36% as 'medium', and 22% as 'low'; compared to 2018 where 35% perceived purity as 'high', 41% as 'medium', and 12% as 'low' (Figure 20).

Perceived Availability: Among those who were able to comment in 2019 ($n=65$), 88% of participants perceived hydroponic cannabis as 'very easy' or 'easy' to obtain, with the remaining 12% perceiving it as 'difficult' or 'very difficult' to obtain. This was similar to 2018 reports, where 86% perceived it as 'very easy' or 'easy' to obtain and 14% as 'difficult' or 'very difficult' (Figure 21).

Bush Cannabis

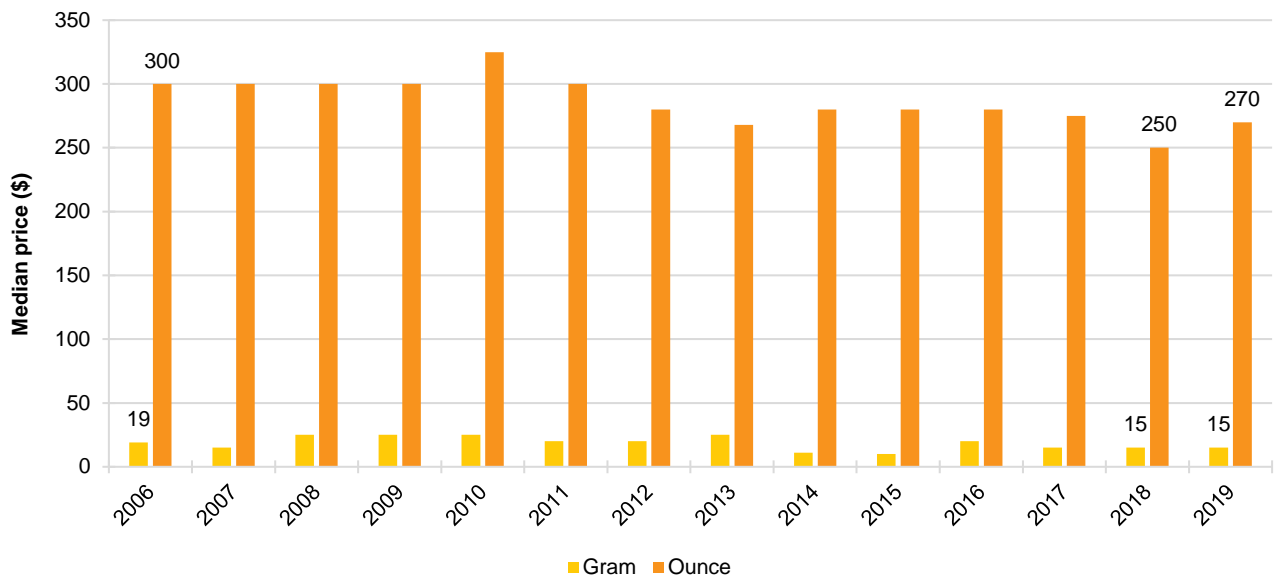
Price: The median price per gram in 2019 was \$15 (IQR=10.0-17.5; $n=17$ versus \$13 in 2018, IQR=10-10; $n=20$; $p=0.790$); or \$250 per ounce (IQR=235-300; $n=25$, stable from 2018) (Figure 19).

Perceived Potency: Among those who were able to comment in 2019 ($n=58$), 41% perceived potency as 'high', 38% as 'medium', and 14% as 'low'; compared to 2018 where 26% perceived potency as 'high', 55% as 'medium', and 17% as 'low' (Figure 20).

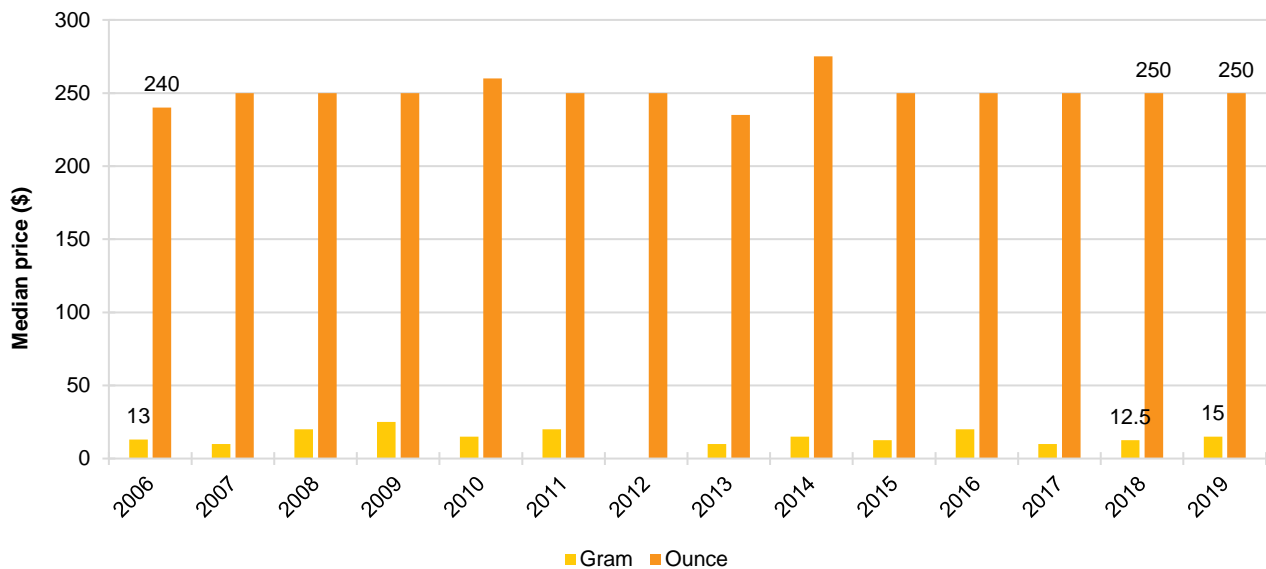
Perceived Availability: Among those who were able to comment in 2019 ($n=59$), 64% of participants perceived bush cannabis as 'very easy' or 'easy' to obtain, with the remaining 36% perceiving it as 'difficult' or 'very difficult'. This was similar to 2018, where 67% perceived it as 'very easy' or 'easy' to obtain and 33% as 'difficult' or 'very difficult' (Figure 21).

Figure 19: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Queensland, 2006-2019

(A) Hydroponic cannabis



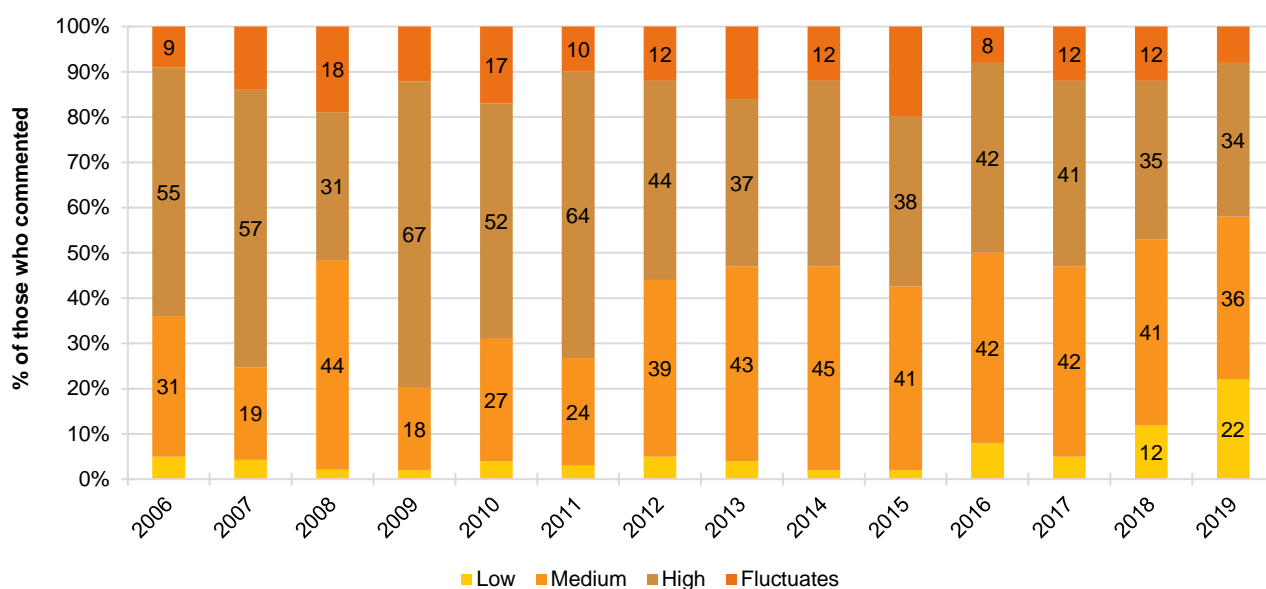
(B) Bush cannabis



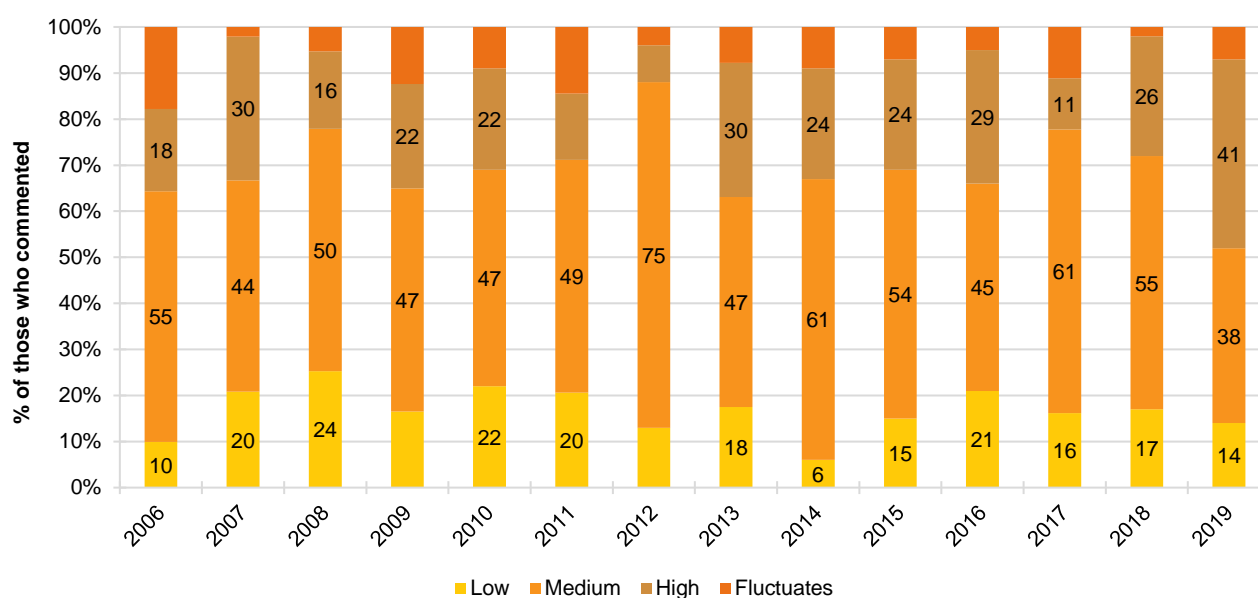
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 20: Current perceived potency of hydroponic (A) and bush (B) cannabis, Queensland, 2006-2019

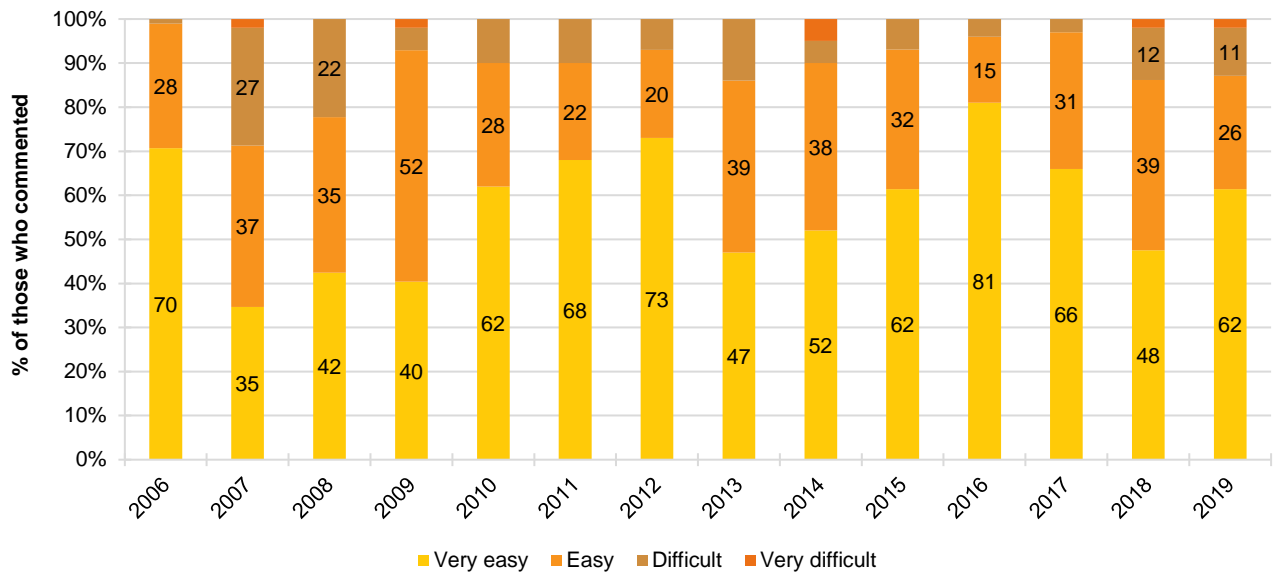
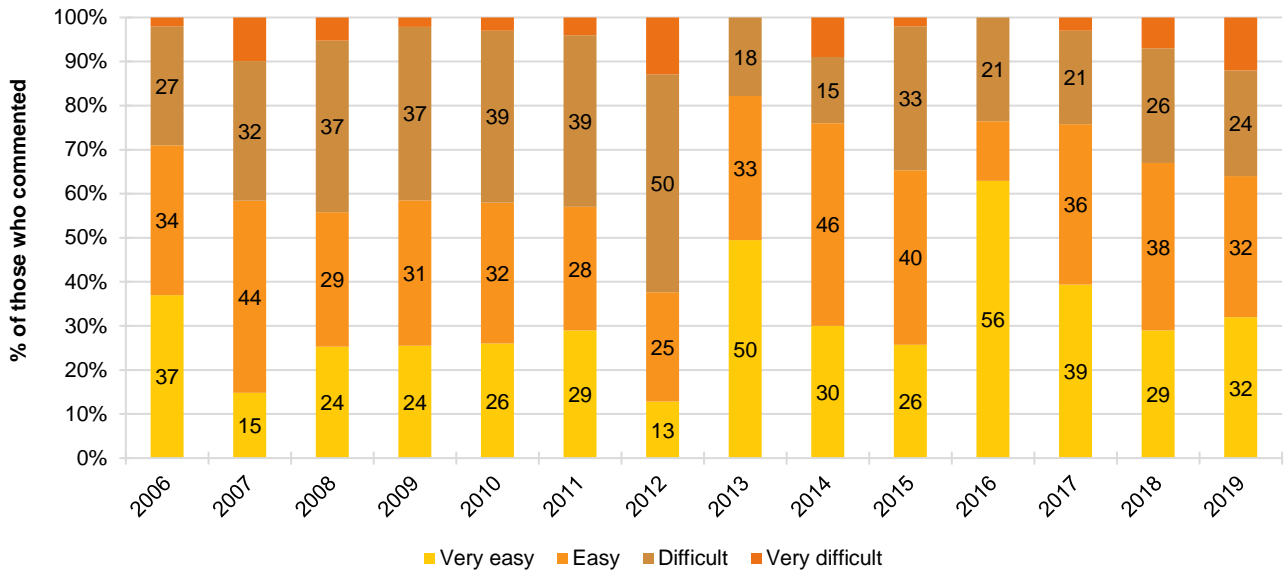
(A) Hydroponic cannabis



(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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 21: Current perceived availability of hydroponic (A) and bush (B) cannabis, Queensland, 2006-2019**(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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

6

Ketamine, LSD, and Hallucinogenic Mushrooms

Ketamine

Patterns of Consumption

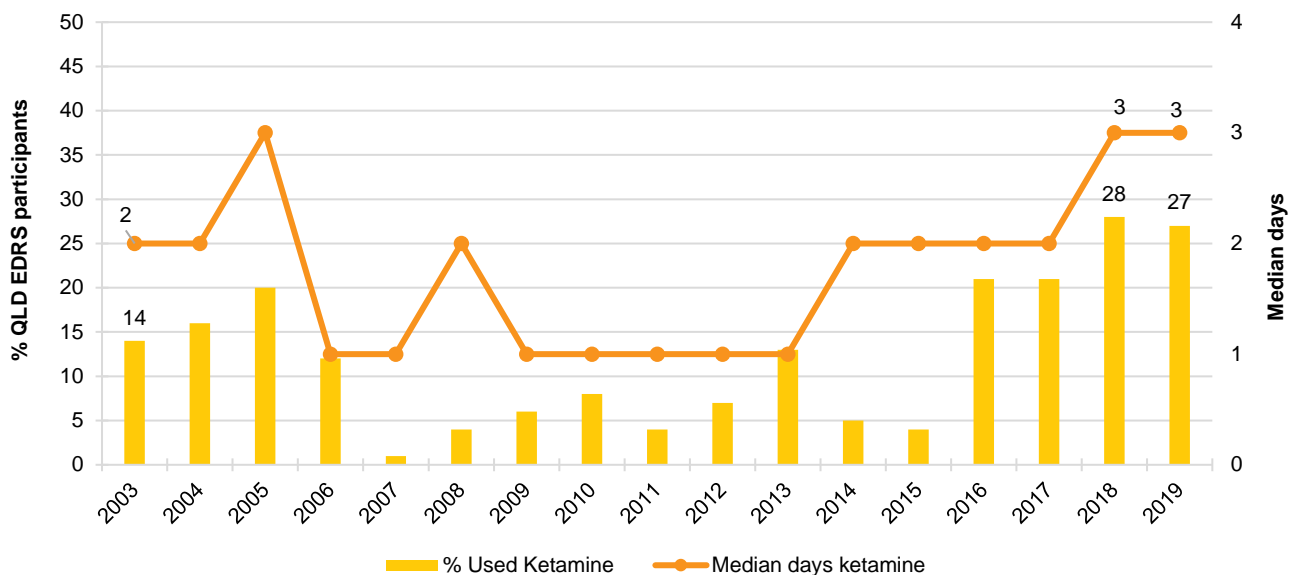
Recent Use (past 6 months): Twenty-seven per cent of the total sample had recently used ketamine, remaining stable from 2018 whereby 28% had recently used the drug (Figure 22).

Frequency of Use (past 6 months): The median days used in 2019 was three (IQR=1-6), unchanged from three days in 2018 (IQR=1-4) (Figure 22).

Routes of Administration: The most commonly reported ROA in 2019 was snorting (85% versus 86% in 2018), followed by swallowing (19% versus 25% in 2018). A small number of participants (n≤5) reported smoking ketamine in 2019.

Quantity: The median amount of ketamine used in a 'typical' session in 2019 was 0.2 grams (IQR=0.15-0.50; n=19).

Figure 22: Past six month use and frequency of use of ketamine, Queensland, 2003-2019



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 2018 versus 2019.

Market Trends

Price: The median price per gram in 2019 was \$200 (IQR=112.5-207.5; n=12), compared to \$175 in 2018; IQR=140-220; n=10). In previous years, the number of reports was too small to include (n≤5).

Perceived Purity: Among those who were able to comment in 2019 (n=19), most perceived the purity of ketamine as 'high' (74%) and 16% perceived it as 'medium', compared to 2018 where 64% perceived the purity as 'high' and 36% as 'medium'. Prior to 2016, the number of reports was too small to include (n≤5).

Perceived Availability: Among those who were able to comment in 2019 (n=21), 43% reported ketamine as 'very easy' or 'easy' to obtain, while 67% reported it as 'difficult' or 'very difficult'; compared to 2018 where 64% 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

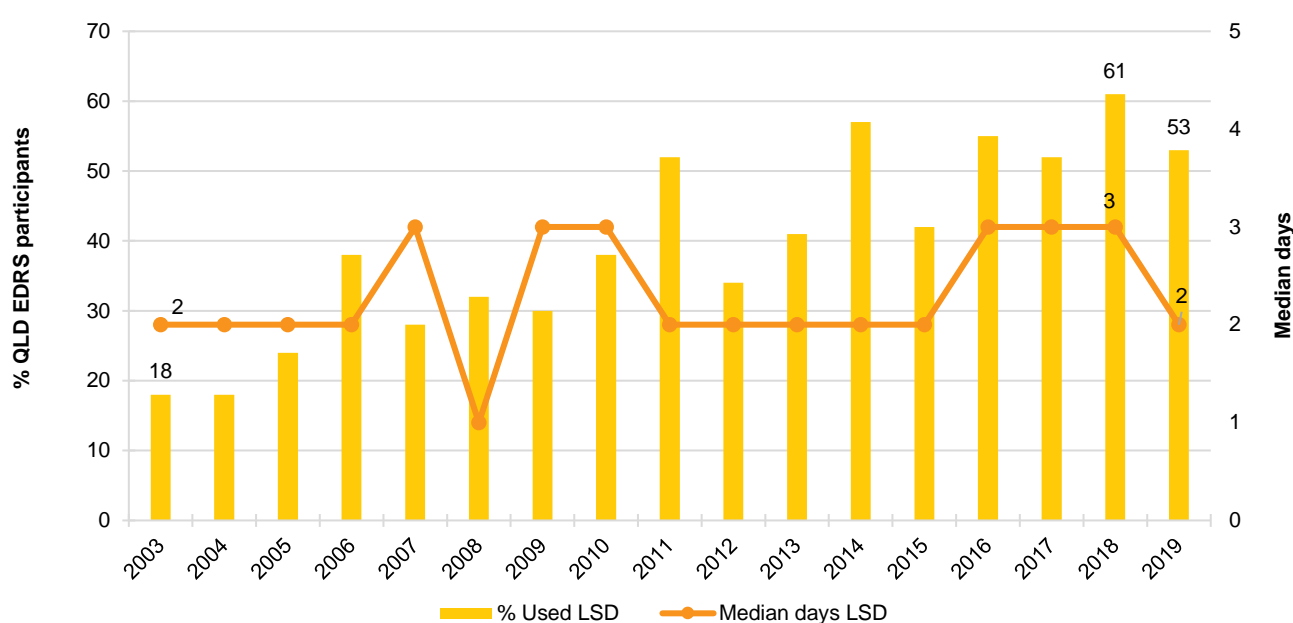
Recent Use (past 6 months): Fifty-three per cent of participants reported recently using LSD, a decrease from 61% in 2018 ($p=0.253$), but overall maintaining the trend of increased use compared to the early years of data collection (Figure 23).

Frequency of Use: The median days used in the last six months was two (IQR=2-5), compared to three days in 2018 (IQR=1-7; $p=0.627$) (Figure 23).

Routes of Administration: All participants who reported using LSD in 2019 did so by swallowing (98% in 2018).

Quantity: In 2019, the median amount used in a 'typical' session was one tab (IQR=1-2; n=34), or 220 micrograms (IQR=135-312; n=18).

Figure 23: Past six month use and frequency of use of LSD, Queensland, 2003-2019



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 2018 versus 2019.

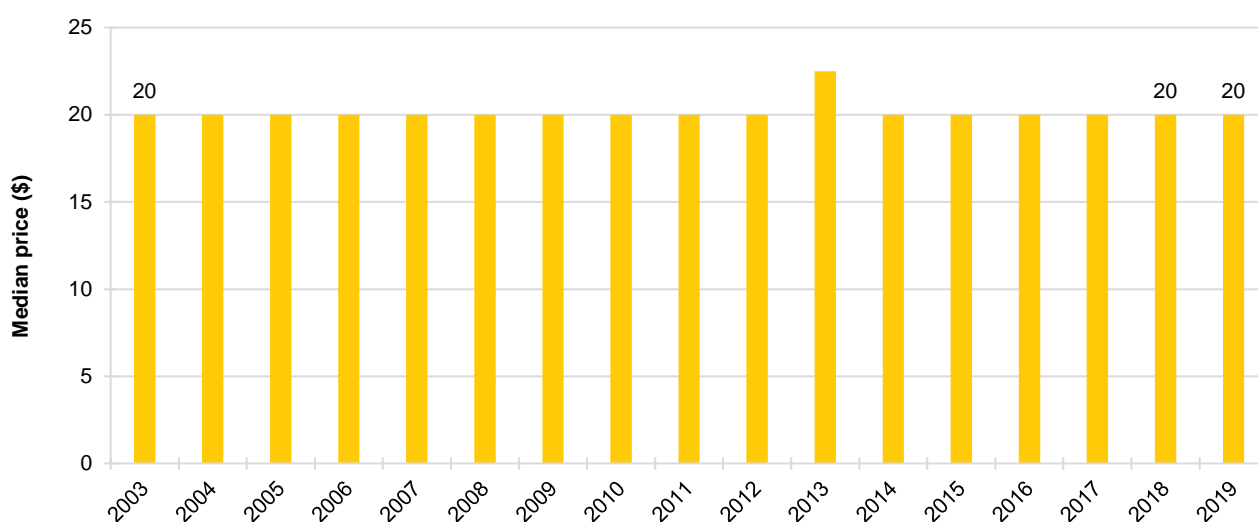
Market Trends

Price: In 2019, the median price per tab was \$20 (IQR=15-25; n=58); stable from previous years (Figure 24).

Perceived Purity: Among those who were able to comment in 2019 (n=58), 47% perceived the purity of LSD as 'high' (55% in 2018) and 29% as 'medium' (35% in 2018) (Figure 25).

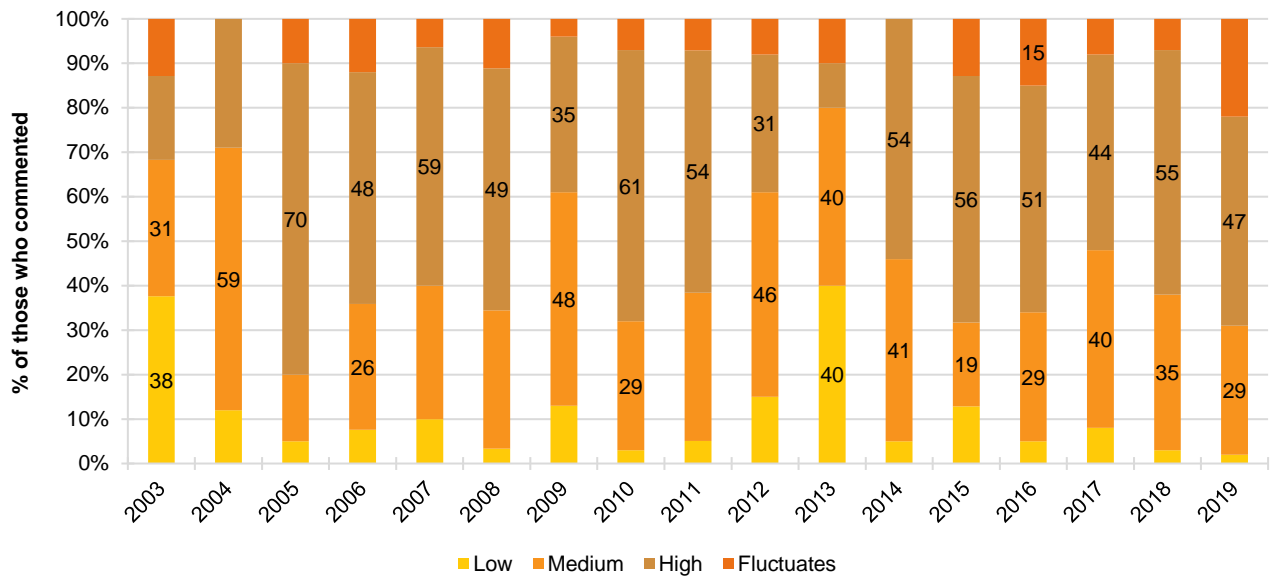
Perceived Availability: Among those who were able to comment in 2019 (n=60), 45% of participants reported that it was 'very easy' or 'easy' to obtain LSD, while 55% reported that it was 'difficult' or 'very difficult' to obtain. In 2018 (n=60), 60% reported that it was 'very easy' or 'easy' to obtain LSD, while 40% reported that it was 'difficult' or 'very difficult' to obtain (Figure 26).

Figure 24: Median price of LSD per tab, Queensland, 2003-2019



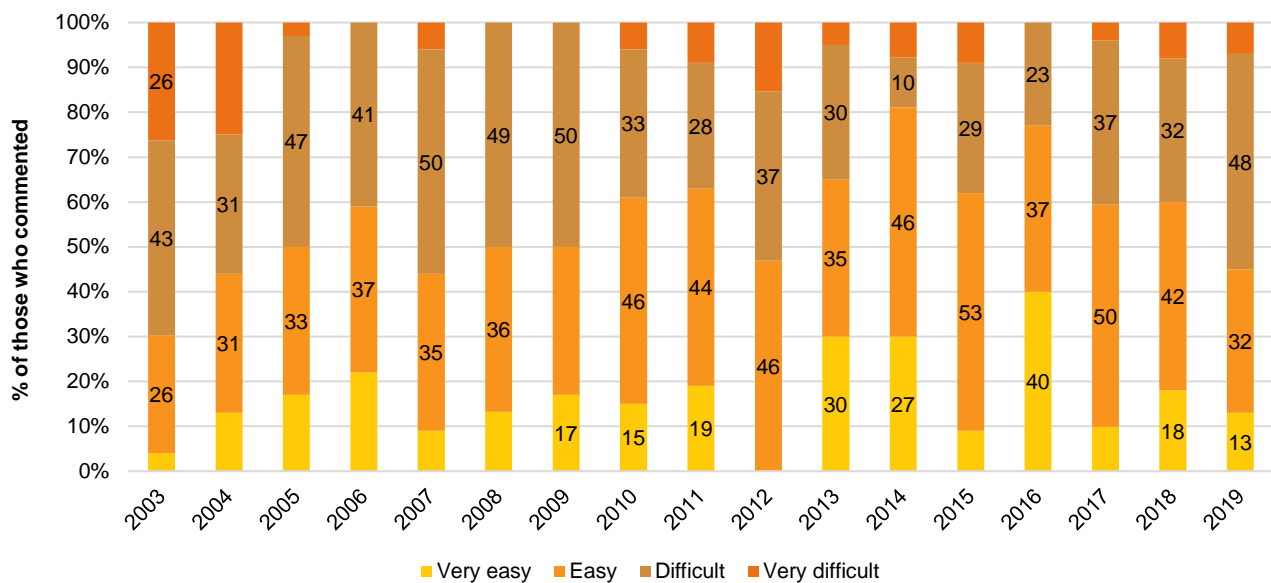
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 25: Current perceived purity of LSD, Queensland, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 26: Current perceived availability of LSD, Queensland, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

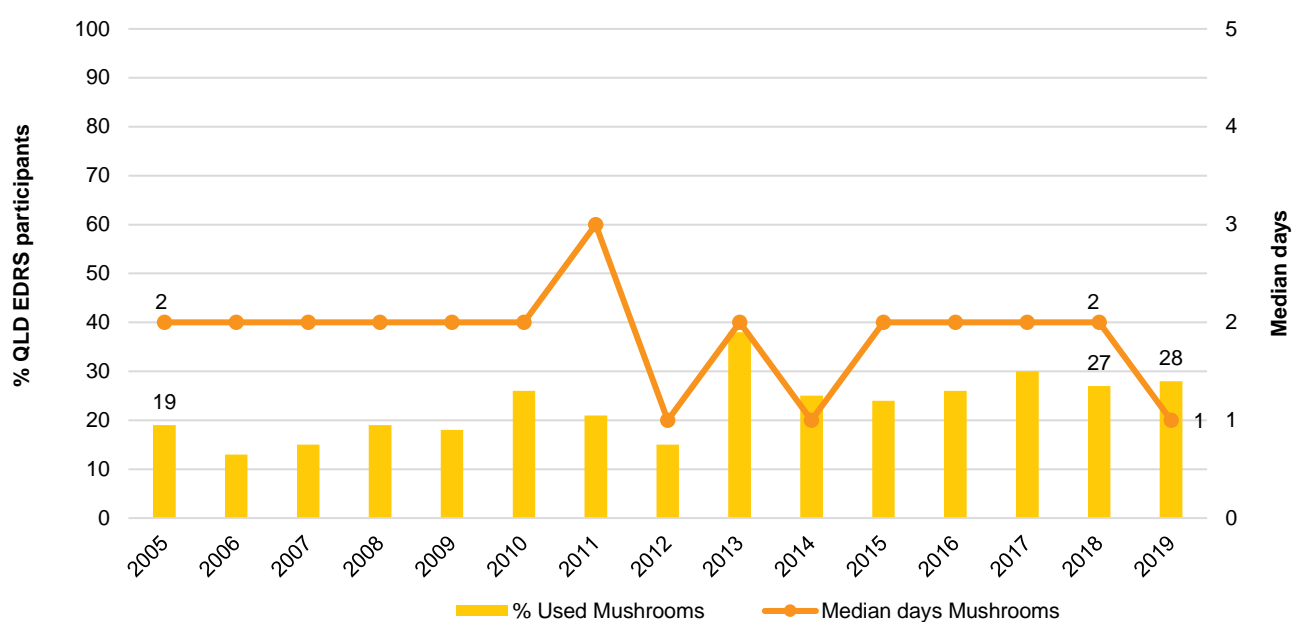
Hallucinogenic Mushrooms

Patterns of Consumption

Recent Use (past 6 months): Twenty-eight per cent of participants reported recently using mushrooms, similar to 2018 (27%; $p = 0.874$) and remaining fairly stable since 2014 (Figure 27).

Frequency of Use (past 6 months): The median number of days used in the last six months was one day (IQR=1-3), compared to two days in 2018 (IQR=1-3; $p = 0.928$) (Figure 27).

Figure 27: Past six month use and frequency of use of mushrooms, Queensland, 2005-2019



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 5 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

7

New Psychoactive Substances

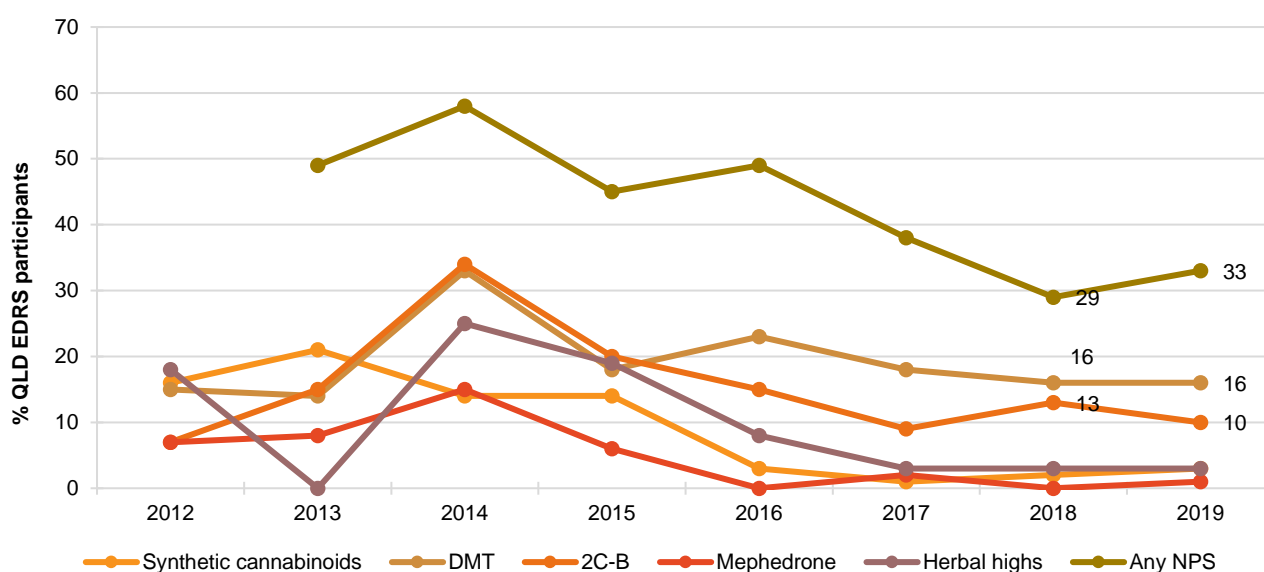
NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational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

In 2019, 33% of participants reported recent use of any NPS, not significantly higher than the 29% reported in 2018.

Consistent with past years, the most common NPS was DMT (16% versus 16% in 2018) which was used on a median of one day in the past six months (IQR=1-2; n=16), followed by 2C-B (10% versus 13% in 2018). The proportion of participants reporting recent use of other NPS was low (n≤5) and therefore these numbers have been suppressed (Figure 28).

EDRS collects data on a large number of NPS specifically by name, however those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the Queensland EDRS participants are needed, please contact the Drug Trends team, or refer to the [National Report](#) for national trends in use.

Figure 28: Any use of NPS, Queensland, 2012-2019



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 2018 versus 2019.

8

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 2019, 33% of the sample reported any recent use of codeine (42% in 2018). Nineteen per cent of the sample had used prescribed codeine, whereas 14% reported using non-prescribed codeine.

Recent Use for Non-Pain Purposes: Seven per cent of participants reported using low dose codeine for non-pain purposes, compared to 11% who did so in 2018.

Frequency of Use (past 6 months): The median number of days of any codeine use in 2019 in the last six months was three (IQR=2-7), remaining stable from 2018 (IQR=2-15).

Forms Used: In 2019, 18% of participants had used low dose codeine (9% used non-prescribed low-dose codeine) and 15% had used high dose codeine (very small numbers reported recent use of non-prescribed high-dose codeine ($n \leq 5$) and therefore data have been suppressed).

Pharmaceutical Opioids

Recent Use (past 6 months): Past six month use of non-prescribed pharmaceutical opioids (e.g. morphine, oxycodone, excluding codeine) was reported by 17% of participants in 2019, similar to 19% in 2018 (Figure 29).

Frequency of Use (past 6 months): Median number of days of pharmaceutical opioid use in 2019 was three (IQR=2-5; $n=17$; 2 days in 2018, IQR=2-5; $n=19$).

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulant (e.g. dexamphetamine, methylphenidate, modafinil) use was reported by 39% of participants, continuing a downward trend since 2016 (58%), but remaining much higher than when data collection began in 2007 (11%) (Figure 29).

Frequency of Use (past 6 months): Frequency of use in 2019 was a median of four days (IQR=2-10), remaining stable from 2018 (IQR=2-8; $p=0.902$).

Benzodiazepines

Recent Use (past 6 months): Fifty per cent of participants had recently used non-prescribed benzodiazepines; similar to 2018 (56%, $p=0.322$) but continuing an overall increase since data collection began in 2007 (20%). In 2019, we asked participants for the first time about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 42% and 30% of the total sample reporting recent non-prescribed use, respectively (Figure 29).

Frequency of Use (past 6 months): Consumers reported a median of three days for Alprazolam (IQR=1-10) and three days for 'other benzodiazepines' (IQR=2-10), compared to five days for any benzodiazepines in 2018 (IQR=3-10).

Antipsychotics

Recent Use (past 6 months): Non-prescribed antipsychotics were used by 13% of participants, compared to 7% in 2018 ($p=0.157$) (Figure 29).

Frequency of Use (past 6 months): The median number of days used in the last six months was two (IQR=1-12) in 2019 and one (IQR=1=3) in 2018 ($p=0.948$).

Other Illicit Drugs

MDA

Recent Use (past 6 months): One-tenth (10%) of participants had recently used MDA, compared to 20% in 2018 ($p=0.072$) (Figure 30).

Frequency of Use (past 6 months): The median number of days used was two (IQR=1-6), unchanged from 2018 (IQR=1.0-4.5).

Substance with Unknown Contents

Capsules: Thirteen per cent of participants reported recent use of capsules with unknown contents in 2019 (12% in 2018; $p=0.831$). Capsules with unknown contents were used on a median of two days in 2019 (IQR=1.0-5.5), compared to one day in 2018 (IQR=1-1) (Figure 30).

Other Unknown Substances: In 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. Twenty-eight per cent reported use of any substance with 'unknown contents' in 2019 and 18% of participants reported using pills with unknown contents in the previous six months on a median of two days (IQR=1-3). Very small numbers reported use of unknown powder or crystal ($n\leq 5$).

GHB/GBL

Very small numbers reported recent use of GHB/GBL and therefore data are not described. If further details about the use of GHB/GBL by the QLD EDRS sample are needed, please contact the Drug Trends team, or refer to the [National Report](#) for national trends in use (Figure 30).

Heroin

Very small numbers reported recent use of heroin and therefore data are not described. If further details about the use of heroin are needed, please contact the Drug Trends team, or refer to the [National Report](#) for national trends in use (Figure 30).

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): All participants reported using alcohol in the past six months in 2019 (99% in 2018) (Figure 31).

Frequency of Use (past 6 months): The median number of days used was 38 (IQR=20-52), not significantly different from the 24 days reported in 2018 (IQR=12-58). Nearly three quarters (72%) of recent consumers drank alcohol weekly or more (similar to 64% in 2018). In 2019, 60% of recent consumers drank five or more standard drinks the last time they consumed a psychostimulant drug, a marginally significant increase from 47% in 2018.

Tobacco

Recent Use (past 6 months): Recent tobacco use continued an increasing trend since 2014, although changes from 2018 were not significant. The majority (87%) of the sample reported recent use in 2019 (85% in 2018) (Figure 31).

Frequency of Use (past 6 months): Recent consumers reported using tobacco on a median of 90 days (IQR=20-180), remaining stable from 2018 (also 90 days, IQR=20-180; n=85). Forty per cent of participants who had recently consumed tobacco reported daily use in 2019 (34% in 2018).

E-cigarettes

Recent Use (past 6 months): Fifty per cent of the sample reported recent use in 2019, compared to 26% in 2018 ($p<0.001$) (Figure 31).

Frequency of Use (past 6 months): Median days used in the last six months was seven (IQR=3-20), compared to five days in 2018 (IQR=2-10).

Forms Used: Among those who had recently used e-cigarettes (n=50), 82% reported that they contained nicotine (88% in 2018; n=26), and 14% were using e-cigarettes as a smoking cessation tool (27% in 2018).

Nitrous Oxide

Recent Use (past 6 months): Recent use of nitrous oxide remained steady with 56% of the sample reporting recent use in 2019 (57% 2018) (Figure 31).

Frequency of Use (past 6 months): Recent consumers reported using nitrous oxide on a median of five days (IQR=2-10) (6 days in 2018).

Quantity: The median amount used in a 'typical' session in 2019 was five bulbs (IQR=3-10), compared to eight bulbs in 2018 (IQR=4-12).

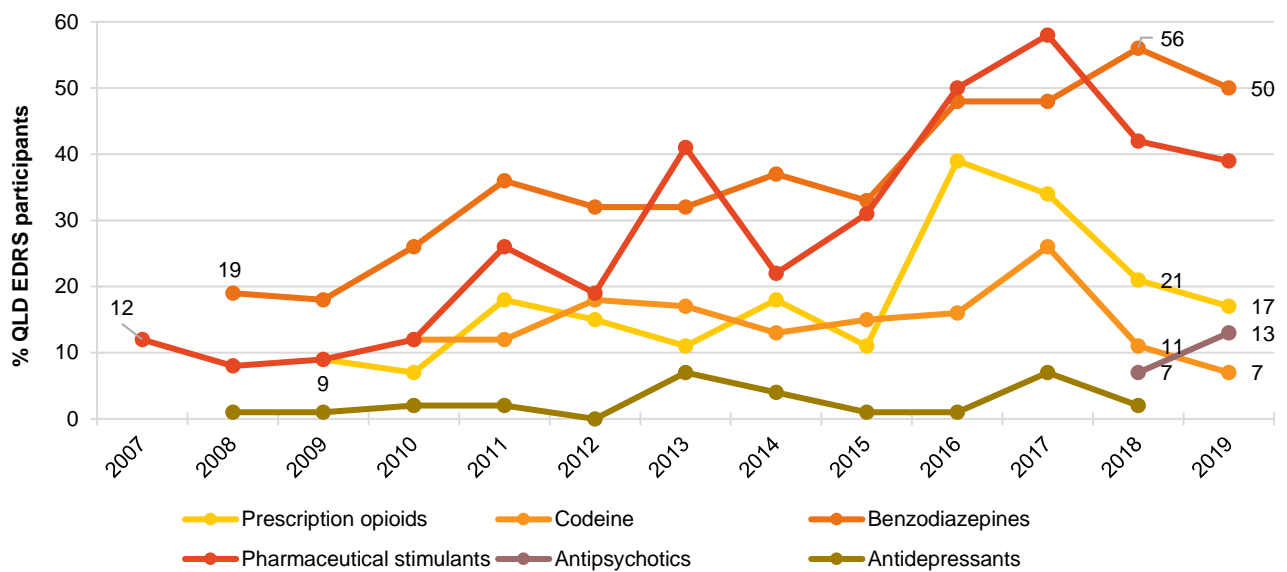
Amyl Nitrite

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): Two-fifths (40%) of participants reported recent use of amyl nitrite in 2019, increasing from 22% in 2018 ($p=0.005$) (Figure 31).

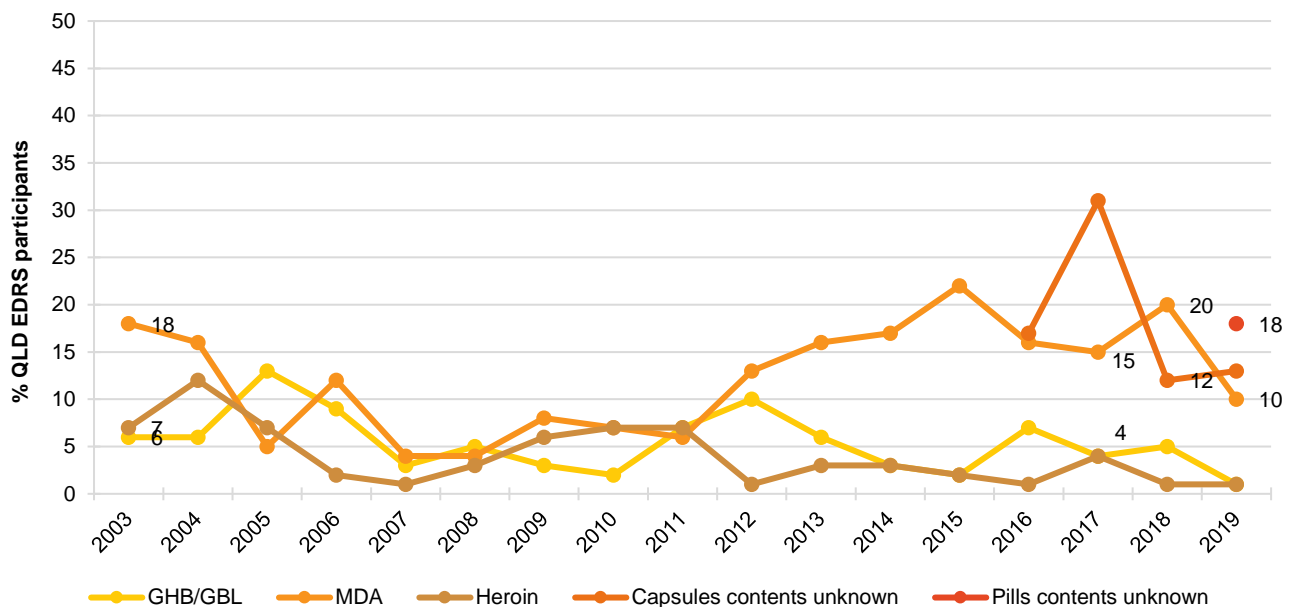
Frequency of Use (past 6 months): The median frequency of use was two days (IQR=2-7), compared to four days in 2018 (IQR=2-10).

Figure 29: Non-prescribed use of pharmaceutical drugs in the past six months, Queensland, 2007-2019



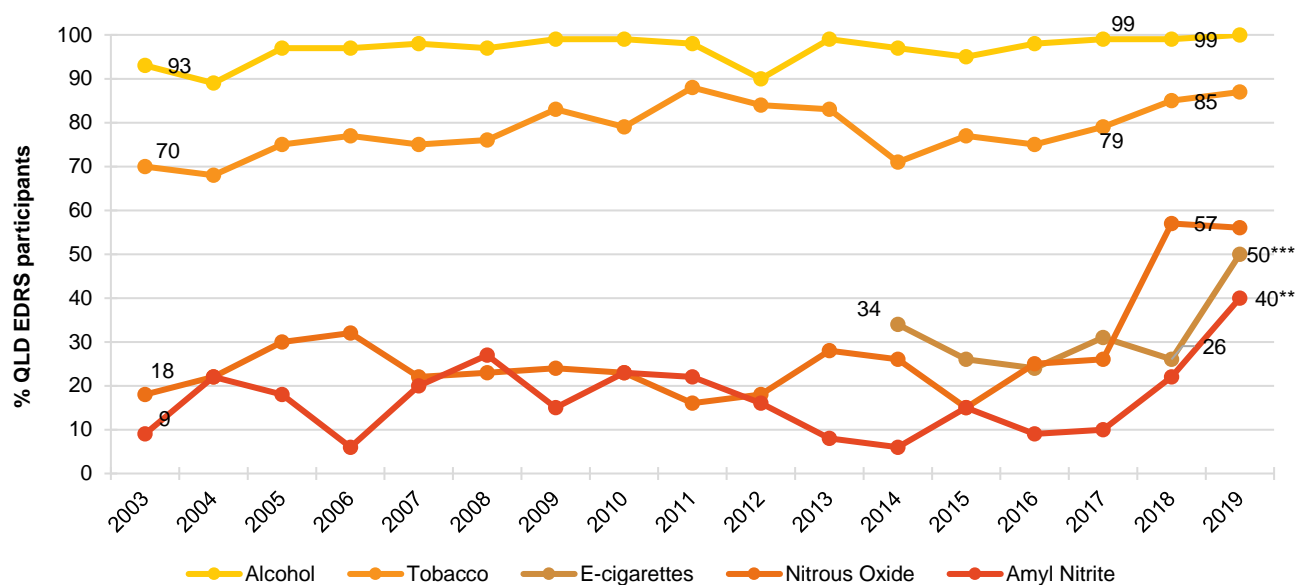
Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Y axis reduced to 60% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 30: Other illicit drugs used in the past six months, Queensland, 2003-2019



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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 31: Licit drugs used in the past six months, Queensland, 2003-2019



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

9

Drug-Related Harms and Other Risk Factors

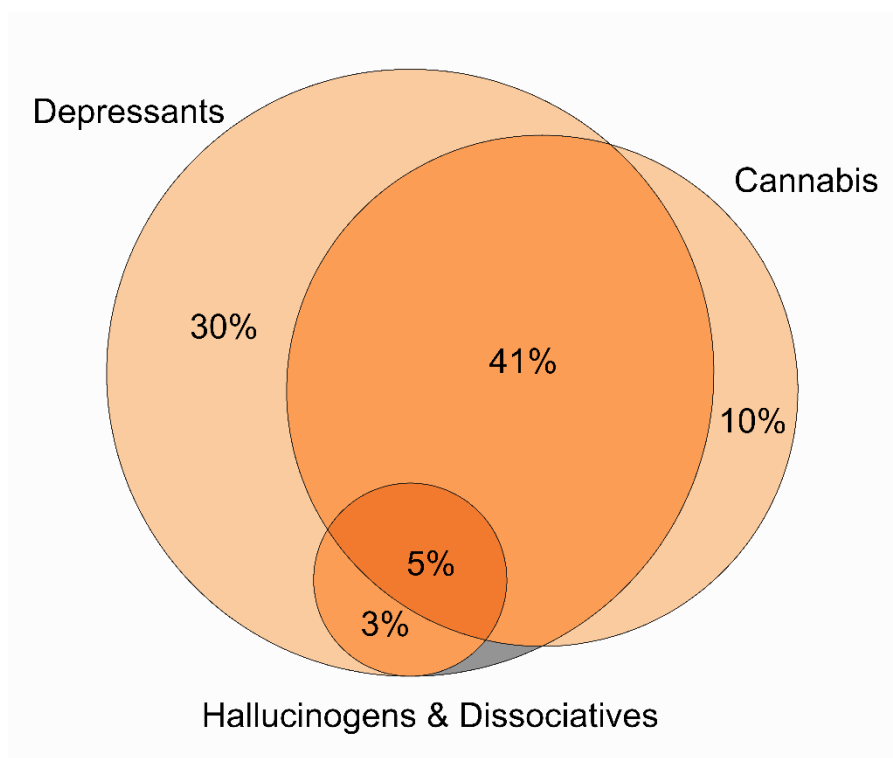
Polysubstance Use

Nearly all (94%) participants reported using other substances on their last occasion of stimulant use (99% in 2018). The drugs most commonly used in conjunction with last stimulant use were alcohol (79%; 60% ≥ 5 standard drinks), cannabis (58%) and tobacco (41%).

Ninety-one per cent of participants reported using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use, with the most common combination being stimulants, depressants and cannabis (41%) (Figure 32).

In 2019, 30% of participants reported using stimulants or related drugs for 48 hours or more without sleep, compared to 37% in 2018 ($p=0.294$).

Figure 32: Polysubstance use on occasion of last stimulant use, Queensland, 2019



Note. This figure captures those who had also used hallucinogens/dissociatives (GHB, ketamine, LSD, and/or hallucinogenic mushrooms), depressants (alcohol and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use (94% of the sample). No participants reported using hallucinogens and dissociatives only in addition to stimulants.

Harmful Consumption of Alcohol

The Alcohol Use Disorders Identification Test ([AUDIT](#)) was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the Queensland EDRS sample was 14 (SD=7), indicating that, on average, participants consumed alcohol at a hazardous level in the past year. In 2019, 83% of participants obtained a score of 8 or more, indicative of hazardous alcohol use (Table 3), compared to 68% in 2018 ($p=0.020$). AUDIT scores are divided into four 'zones' which indicate risk level (Table 3).

Table 3: AUDIT total scores and per cent of participants scoring above recommended levels, Queensland, 2014-2019

	2014 (n=100)	2015 (n=85)	2016 (n=92)	2017 (n=100)	2018 (n=100)	2019 (n=100)
Mean AUDIT total score (SD)	13 (8)	14 (7)	12 (7)	13 (7)	11 (7)	14 (7)
Score 8 or above (%)	78%	78%	71%	76%	68%	83%*
Zone 1 (low risk drinking or abstinence)	22	21	29	24	31	17
Zone 2 (alcohol in excess of low-risk guidelines)	46	36	37	43	42	44
Zone 3 (harmful or hazardous drinking)	16	15	16	12	13	19
Zone 4 (possible alcohol dependence)	16	27	17	21	13	20

Note: * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Non-Fatal Overdose

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

In 2019, 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.
- **Opioid overdose:** same definition as above.
- **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:** similar definition to above.

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: Over one-third (35%) of QLD participants reported experiencing an adverse event while using alcohol on a median of two occasions (IQR=1-3). Of those who had experienced an adverse

event while using alcohol, 86% reported not receiving treatment and only a small number reported receiving treatment ($n \leq 5$).

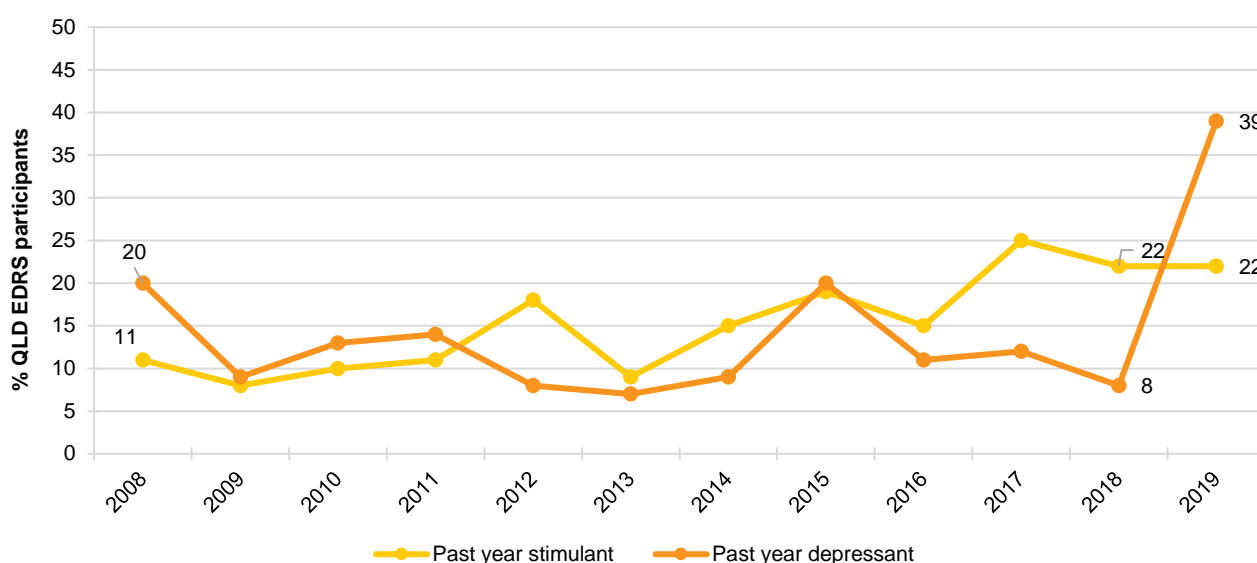
Any Depressant (including alcohol): Past 12-month experience of non-fatal depressant overdose appeared to increase substantially from 8% in 2018 to 39% in 2019 (but we note that changes in how items regarding overdose and adverse event were asked in 2019 may have confounded these data). Amongst those who reported experiencing an adverse event while using a depressant drug ($n=39$), most reported an alcohol-related event ($n=35$; 2018 numbers ≤ 5 and suppressed), with smaller numbers reporting opioids, benzodiazepines and alprazolam ($n \leq 5$ and suppressed) (Figure 33).

Non-Fatal Stimulant Overdose

In 2019, 22% of participants reported that they had experienced a non-fatal stimulant overdose in the previous 12 months, stable from 2018 (22%), 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=1.00-1.25) (Figure 33).

In 2019, participants reporting a non-fatal stimulant overdose in the past 12 months ($n=22$) were asked which stimulant drug they had used at the time of the last event, mainly nominating MDMA/ecstasy capsules (41%), MDMA/ecstasy pills (32%), and crystal methamphetamine (23%). Of participants who reported experiencing an adverse event while using a stimulant drug, 82% reported that they had also been under the influence of one or more additional drugs. On their last stimulant adverse event, 77% did not receive treatment or assistance; only a small number reporting receiving treatment ($n \leq 5$).

Figure 33: Past year non-fatal stimulant and depressant overdose, Queensland, 2008-2019

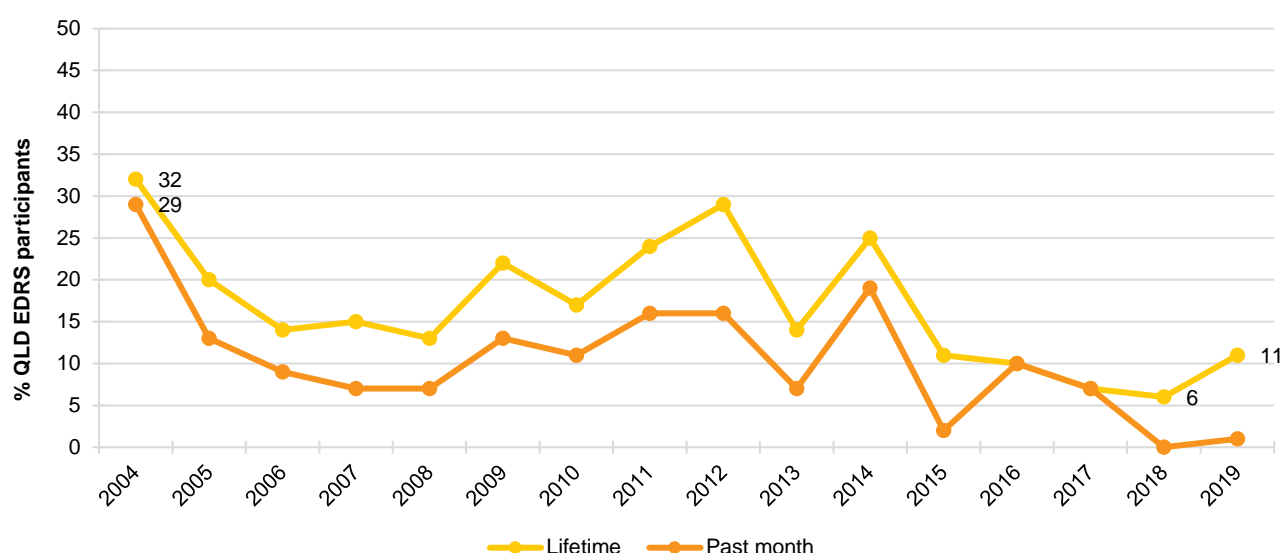


Note. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Injecting Drug Use and Associated Risk Behaviours

The proportion of the sample who reported ever injecting any drug in 2019 (11%) continued an overall decreasing trend since 2004 (32%), the small increase was not significant (Figure 34). Due to low numbers reporting recently injecting drugs, no further data are reported. For national trends refer to the [National Report](#) or contact the researchers for more information.

Figure 34: Lifetime and past month drug injection, Queensland, 2004-2019



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 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Drug Treatment

In 2019, nine participants reported being in any form of drug treatment, indicating an increase from 2018 ($n \leq 5$ and suppressed) and equally the highest proportion in the last 10 years. Among those in drug treatment, most were receiving drug counselling ($n=7$). For national trends, refer to the [National Report](#), or for further information contact the researchers.

Sexual Risk Behaviours

Nearly all participants (98%) reported having penetrative sex with at least one partner in the six months preceding interview. In 2019, participants were asked about any penetrative sex, whether with a regular or casual partner, whereas in previous years, participants had been asked about casual partners only. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (Table 4).

Of those who reported having penetrative sex in the last six months, the majority (93%) reported having penetrative sex without a barrier (condom or dam) and 84% reported penetrative sex without a barrier while using alcohol and/or other drugs. About one third (34%) reported using a condom or dam the last time they engaged in penetrative sex while using alcohol/drugs (Table 4).

In 2019, 51% of the sample reported having a sexual health check-up in the past year, similar to 42% in 2018; 19% had done so more than one year ago (15% in 2018), and 30% had never had a sexual

health check-up (marginally fewer than 43% in 2018; $p=0.056$). Amongst the former group, 84% reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); 6% had received a positive diagnosis in the past year; and 10% had received a positive diagnosis over one year ago (Table 4).

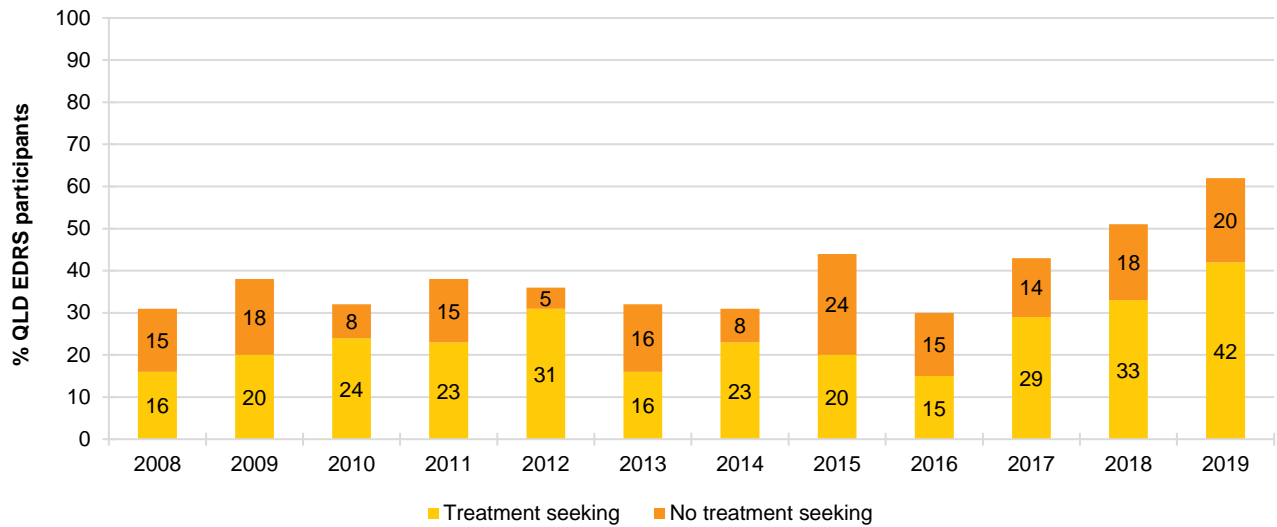
Table 4: Sexual health practices, Queensland, 2019

	QLD N=100
Any penetrative sex in the past six months % (n)	98 (98)
Of those who responded#:	N=91
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	46
Of those who responded#:	N=97
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	31
Of the total QLD sample (past 12 months):	N=100
% Had a sexual health check	51
% Diagnosed with a sexually transmitted infection#	-

Note. Don't know and did not respond responses excluded. # Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

Mental Health

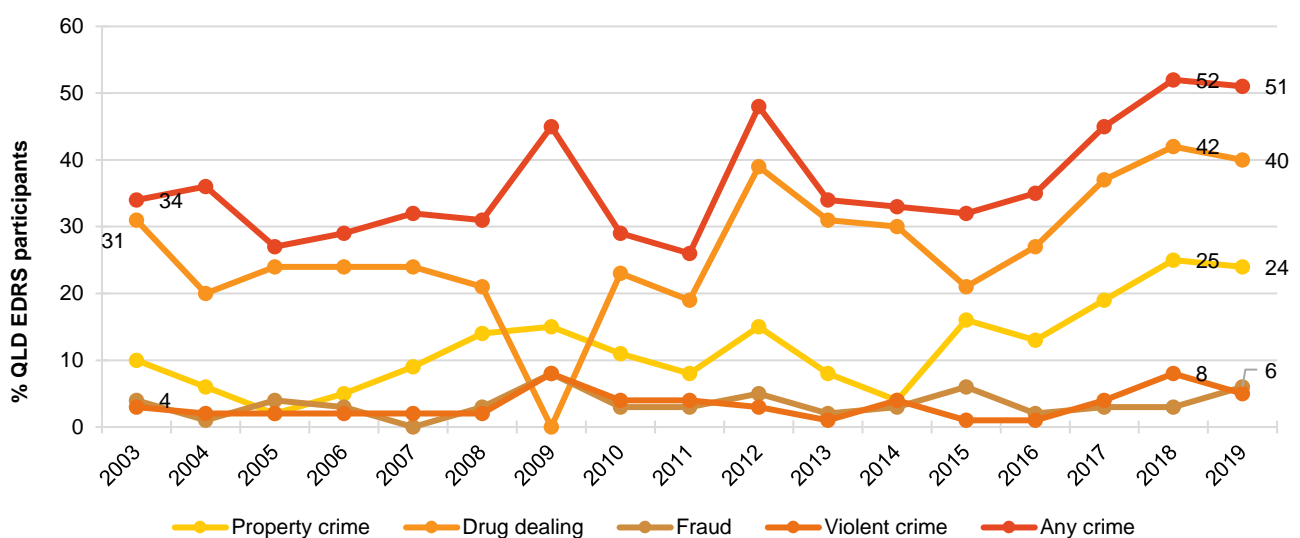
A majority of participants (62%) self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), continuing a rising trend since 2016, and double the proportion reporting mental health problem(s) in 2008 (31%; $p<0.001$). Of those who commented in 2019 ($n=60$), the most common mental health problem was anxiety (78%), followed by depression (72%). Smaller proportions reported Attention Deficit Hyperactivity Disorder (ADHD) (17%) and Post Traumatic Stress Disorder (PTSD) (12%); all other disorders were reported by fewer than five participants. Two-thirds (67%) of those who reported experiencing a mental health problem (42% of the total sample) reported seeing a mental health professional during the past six months, similar to 65% in 2018. Of these participants ($n=42$), 43% reported being prescribed medication for this problem in this period (41% in 2018) (Figure 35).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, Queensland, 2008-2019

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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Crime

Rates of past month criminal activity have fluctuated over time, with drug dealing and property crime the two main forms of criminal activity in 2019 (40% and 24%, respectively). Fifteen per cent of the sample reported having been arrested in the 12 months preceding interview, compared to 11% in 2018. Among those arrested in 2019, the main reasons for arrest were drunk and disorderly (33%) drug use or possession (27%), and property crime (20%). Very low numbers ($n \leq 5$) reported having ever been in prison in 2019, consistent with previous years (Figure 36).

Figure 36: Self-reported criminal activity in the past month, Queensland, 2003-2019

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. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2019, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2019 were via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (82%) and face-to-face (81%). Participants reported having obtained drugs via the darknet in the past year (21%) and 8% had purchased drugs on the surface web (Table 5).

When asked to choose their main purchasing approach in the previous 12 months, the largest proportion nominated social networking applications (57%), followed by face-to-face (29%) (Table 5).

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 (94%), with smaller numbers who reported receiving drugs by post (24%) and using a collection point (11%).

Buying Drugs Online

Twenty-one percent of participants reported purchasing drugs on the darknet in the previous 12 months. We asked the remaining participants about their knowledge of the darknet and among those that commented (n=71), 52% had heard of it but had never accessed or researched it, 17% had researched it but never accessed it, and 31% had accessed it, but had never purchased from it.

Of those that had purchased drugs via surface or darknet markets in the past 12 months (n=21), 29% had done so more than five times during this period. Of those who had purchased drugs online (n=31), the most commonly reported purchased drugs via online sources in the past 12 months was ecstasy (32%; n=10) followed by cannabis (28%; n=9). Of those who reported purchasing drugs via the surface or darknet in the last 12 months, 41% (n=13) reported doing so for later supply to others and 23% (n=7) reported doing so to sell the drugs for profit.

Selling Drugs Online

Considering low numbers reported selling drugs online (n≤5), please refer to the [National Report](#) for national trends, or for further information, contact the research team.

Table 5: Purchasing approaches of illicit drugs, Queensland, 2019

Modes of purchase, last 12 months (%)	2019 n=109
% Purchasing approaches	
Face to face	81
Surface web	8
Darknet market	21
Social networking applications	82
Text messaging	43
Phone call	35
% Main purchasing approach	
Face to face	29
Surface web	0
Darknet market	3
Social networking applications	57
Text messaging	9
Phone call	2