EDRS

QUEENSLAND DRUG TRENDS 2024

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

QUEENSLAND DRUG TRENDS 2024: 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.](#)

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Abbreviations

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

SA	South Australia
SD	Standard deviation
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
STI	Sexually Transmitted Infection
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Brisbane/Gold Coast, Queensland (QLD) EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants, recruited via social media and word-of mouth in Brisbane/Gold Coast, QLD. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2024 from April-June. Interviews from 2020 onwards were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples, relative to previous years.**

Sample Characteristics

The EDRS sample (N=101) recruited from Brisbane/Gold Coast was similar to the sample in 2023 and in previous years. Gender remained stable between 2023 and 2024, with 62% identifying as male (59% in 2023), and participants had a median age of 23 years (26 years in 2023). Forty-four per cent of participants reported being current students in 2024 (36% in 2023), though most participants held tertiary qualifications (59%). One quarter (24%) of the sample reported full-time employment (35% in 2023) and 44% reported part time/casual employment (35% in 2023). Drug of choice and drug used most often remained stable between 2023 and 2024, with one quarter (28%) nominating cannabis as their drug of choice (21% in 2023), and two fifths (42%) nominating cannabis as the drug used most often in the month preceding interview (31% in 2023).

Non-Prescribed Ecstasy

Recent use of any non-prescribed ecstasy in the six months prior to interview remained stable in 2024, relative to 2023 (92%; 95% in 2023). Capsules (63%) and crystal (54%) remained the most commonly used forms of non-prescribed ecstasy. There were significant changes in the perceived purity (p=0.033) and availability of ecstasy capsules (p=0.012), with one third reporting purity as 'high' (36%, 16% in 2023), and almost half reporting capsules as 'very easy' to obtain (46%; 32% in 2023). The perceived purity and availability of ecstasy crystal also significantly changed between 2023 and 2024 (p=0.022 and p=0.005, respectively), with 54% reporting that crystal was 'high' in purity (25% in 2023) and two fifths (41%) reporting that crystal was 'easy' to obtain (47% in 2023).

Methamphetamine

Since monitoring commenced, recent use of any methamphetamine declined until 2022, followed by a significant increase in 2023. In 2024, 18% of participants reported recent use, remaining stable relative to 2023 (27%). Forty-four per cent of those who had recently used methamphetamine reported weekly or more frequent use (46% in 2023). Of participants who had used methamphetamine in the six months preceding interview in 2024, almost three quarters (72%) had used methamphetamine crystal (82% in 2023). Forty-four per cent of participants reported use of methamphetamine powder (18% in 2023), whereas no participants reported use of base. Market characteristics for methamphetamine powder and crystal remained stable in 2024, relative to 2023.

Non-Prescribed Pharmaceutical Stimulants

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 12% in 2007 to 61% in 2024

(41% in 2023; *p*=0.005), signifying the highest percentage of use since monitoring commenced. Frequency of use remained stable, as did the price and perceived availability of non-prescribed pharmaceutical stimulants.

Cocaine

Recent use of cocaine has increased over the years of monitoring. After a significant increase in 2023, recent use remained stable at 87% in 2024 (95% in 2023). Fourteen per cent of those who had recently used cocaine reported weekly or more frequent use (6% in 2023). Perceived availability of cocaine significantly changed in 2024 (*p*=0.009), with 37% reporting it was 'easy' to obtain, compared to 57% in 2023.

Cannabis and/or Cannabinoid-Related Products

Eight in ten participants (81%) reported any recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024 (75% in 2023). The majority of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported use of outdoor grown 'bush' cannabis (72%), a significant increase from 2023 (43%; *p*<0.001). The use of commercially prepared edibles also significantly increased (21%; n≤5 in 2023; *p*=0.003). Market characteristics of non-prescribed hydroponic and bush cannabis remained stable between 2023 and 2024.

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine was reported by half the sample (52%), a significant increase from 2023 (35%; *p*=0.017). Recent use of LSD (42%; 42% in 2023) and DMT (15%; 16% in 2023) remained stable, as did frequency of use. Market characteristics of non-prescribed ketamine and LSD remained stable between 2023 and 2024.

New Psychoactive Substances (NPS)

Any NPS use, including plant based NPS, has fluctuated over time, with 18% reporting recent use in 2024, stable from 2023 (13%). Also stable was the reported use of any NPS, excluding plant-based NPS (16%; 10% in 2023). Recent use of any phenethylamines was the most common NPS used, though remained low in 2024, at 6% (6% in 2023).

Other Drugs

Participants who had recently used non-prescribed benzodiazepines (26%) reported a median of five days of use in 2024, stable from 10 days of use in 2023. Eight per cent reported recent use of GHB/GBL/1,4-BD in the six months prior to interview (15% in 2023). Two thirds (64%) had used non-prescribed e-cigarettes in the six months preceding interview (71% in 2023). Two fifths (42%) of participants who had recently used non-prescribed e-cigarettes reported daily use, stable from 46% reporting daily use in 2023.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

Almost four fifths (86%; n=87) of the Brisbane/Gold Coast sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes).

Two fifths (38%) of participants reported using stimulants or related drugs for 48 hours or more continuously without sleep in the six months preceding interview (35% in 2023).

Dependence, overdose and injecting

In 2024, the mean AUDIT total score was 13.6%, a significant change from 13.3% in 2023 (*p*<0.001). Eighty per cent of participants

obtained a score of eight or more on the AUDIT, indicative of hazardous use.

In 2024, 12% of those who reported recent ecstasy use obtained an SDS score of ≥3, whilst 39% of participants reporting recent methamphetamine use obtained a score of ≥4, indicating possible dependence on these substances.

Past year non-fatal stimulant overdose (20%; 17% in 2023) and non-fatal depressant overdose (28%; 31% in 2023) remained stable in 2024, relative to 2023.

Reported past month injecting drug use remained low (n≤5).

Drug checking and naloxone awareness
Twenty-four per cent of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, stable from 24% in 2023.

In 2024, three fifths (61%) reported that they had ever heard of naloxone, stable from 58% in 2023, of which 87% were able to correctly identify the purpose of naloxone (84% in 2023).

Sexual activity, mental health and health service access
Eighty per cent of the sample reported engaging in some form of sexual activity in the past four weeks, (87% in 2023), of which 79% reported using alcohol and/or other drugs prior to or while engaging in sexual activity. Almost one quarter (24%) reported having a test for human immunodeficiency virus (HIV) in the six months prior to interview (23% in 2023), whilst 54% had done so in their lifetime, stable from 61% in 2023.

Mental health remained stable in 2024, with 53% reporting experiencing a mental health problem in the six months preceding interview (68% in 2023; p=0.034), with anxiety (77%) and

depression (63%) most commonly reported. Seventeen per cent of the sample reported a score of ≥30 on the K10, indicating very high psychological distress. One quarter (27%) of participants reported accessing any health service for alcohol and/or drug support in the past six months, most commonly from a GP (10%; 11% in 2023). Current drug treatment engagement remained low (n≤5).

Nineteen per cent of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview.

Driving, contact with police and modes of purchasing drugs
Amongst those who had recently driven, one quarter (27%) reported driving while over the perceived legal limit of alcohol and half (52%) reported driving within three hours of consuming an illicit or non-prescribed drug in the prior six months.

Forty-one per cent of the sample reported 'any' crime in the past month. Property crime was the main form of criminal activity reported in 2024 at 27% (19% in 2023), followed by drug dealing at 22% (30% in 2023). Seventeen per cent reported a drug-related encounter with police which did not result in charge or arrest, stable from 17% in 2023.

Social networking applications were the most common way in which participants arranged the purchase of illicit or non-prescribed drugs in the 12 months preceding interview, with three quarters (75%) reporting this method (72% in 2023), followed by face to face (72%) (68% in 2023).

The majority (85%) of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2024, stable from 2023 (76%).

2024 SAMPLE CHARACTERISTICS

EDRS Ecstasy and Related Drugs Reporting System

In 2024, 101 participants, recruited from Brisbane/Gold Coast, QLD, were interviewed.

23 years **62%** **Male**

The median age in 2024 was 23 years, and 62% identified as male.

Current students **44%**
Full time work **24%**
Unemployed **26%**

In the 2024 sample, 44% were current students, 24% were employed full time and 26% were unemployed.

✓ **Ecstasy**
✓ **Cocaine**
✓ **Other stimulants**

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

DRUG-RELATED HARMS AND RISKS

Drug driving **52%**
Drink driving **27%**

Among recent drivers, 52% reported driving a vehicle within 3 hours of consuming illicit drugs and 27% while over the legal limit of alcohol.

28% Depressant
20% Stimulant

Percentage who reported past year non-fatal depressant and stimulant overdose.

74% 2023
80% 2024

Percentage who obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use.

Two or more drugs **86%**
Depressants and stimulants **30%**
Cannabis and stimulants **7%**

In 2024, 86% reported using two or more drugs on the last occasion of ecstasy or related drug use: the most commonly used combination of drug classes was depressants and stimulants (30%).

OTHER BEHAVIOURS

53% Self reported MH issue
34% Seen a MH professional

Percentage who self-reported mental health problems and treatment seeking in the six months preceding interview.

Anxiety **77%**
Depression **63%**
ADHD **21%**

Among those who reported a mental health problem, the three most common mental health issues were anxiety, depression and ADHD.
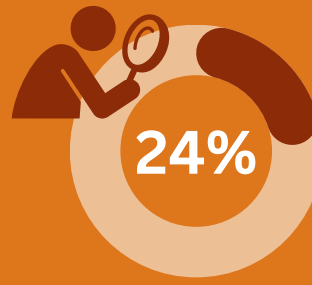
24%

Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

19% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police (8%).

PAST 6 MONTH USE OF SELECT DRUGS
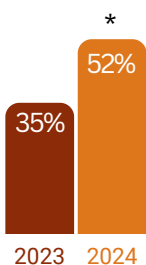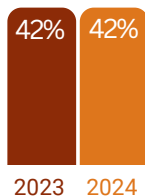
Ketamine	LSD	Hallucinogenic mushrooms/ psilocybin	GHB/GBL/ 1,4-BD	Amyl Nitrite	Nitrous oxide (nangs)	E-cigarettes
*						
35% / 52%	42% / 42%	45% / 45%	15% / 8%	32% / 45%	31% / 35%	71% / 64%
2023 2024	2023 2024	2023 2024	2023 2024	2023 2024	2023 2024	2023 2024
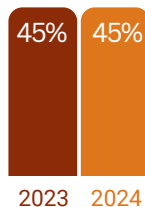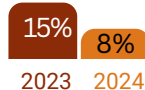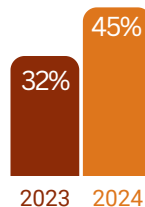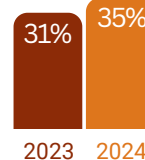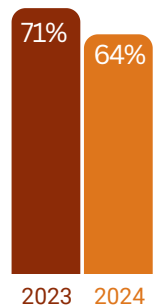
*p<0.050; **p<0.010; ***p<0.001.

ECSTASY

FORM of ecstasy

- 63% Capsules
- 54% Crystal
- 34% Pills
- 29% Powder
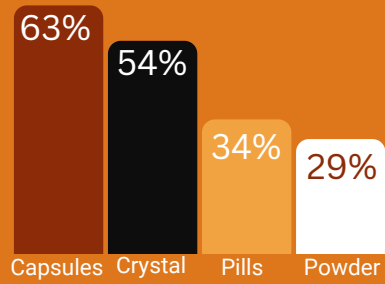
Past 6 month use of ecstasy capsules, crystal, pills and powder in 2024.

S M T W T F S

20%
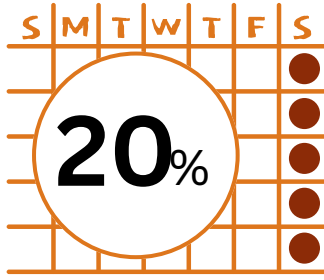
Of those who had recently used any ecstasy, 20% reported weekly or more frequent use, stable from 2023 (12%).

- 2 Capsules
- 2 Pills
- 0.25 grams of crystal
- 0.30 grams of powder
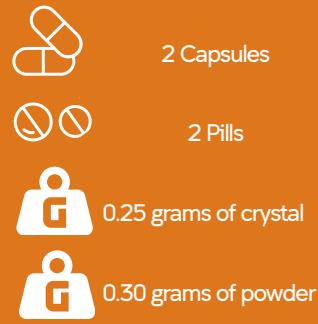
Median amounts of ecstasy consumed in a 'typical' session.

In 2024, more participants perceived the availability of all forms of ecstasy as 'easy' or 'very easy', relative to 2023.

METHAMPHETAMINE

FORM of methamphetamine

- 18% Any meth
- 13% Crystal
- 8% Powder
- 0% Base
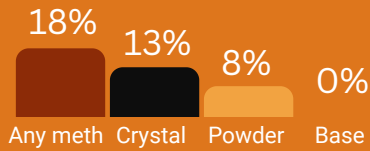
Past 6 month use of any methamphetamine, crystal, powder and base in 2024.

S M T W T F S

44%
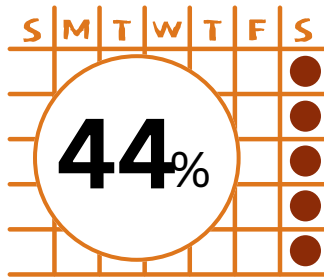
Of those who had recently used any methamphetamine, 44% reported weekly or more frequent use, stable from 2023 (46%).

- 100% Smoked crystal
- n≤5 Snorted powder
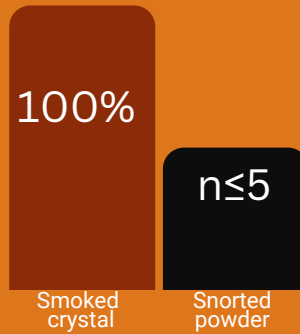
100% of participants who had recently used crystal smoked it. Of those who had recently used powder, few (n≤5) snorted it.

100% 2024
96% 2023
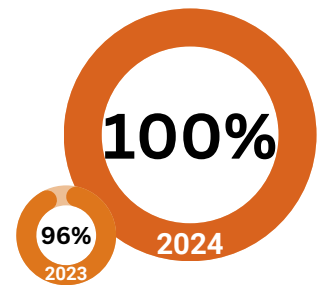
Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

COCAINE

- 95% 2023
- 87% 2024
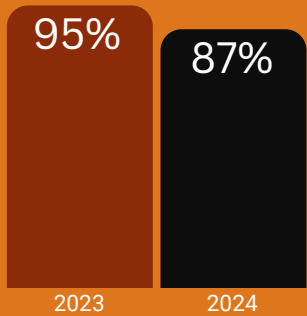
Past 6 month use of any cocaine remained stable between 2023 and 2024.

S M T W T F S

14%
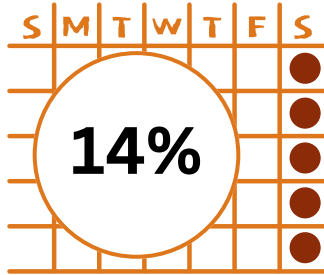
Of those who had recently consumed cocaine, 14% reported weekly or more frequent use, stable from 2023 (6%).

$350 2023   **$350** 2024

The median reported price for a gram of cocaine.

70% ** 2024
88% 2023
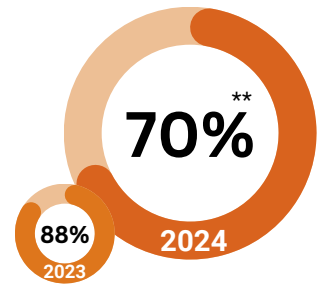
Percentage who perceived cocaine as being 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

- 75% 2023
- 81% 2024
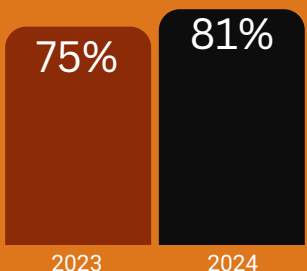
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products was stable between 2023 and 2024.

S M T W T F S

63%
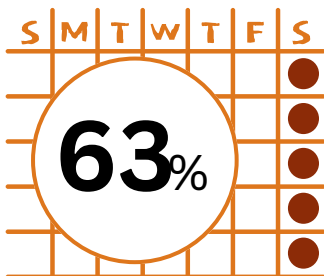
Of those who had recently used non-prescribed cannabis, 63% reported weekly or more frequent use, stable from 2023 (57%).

Of participants who had consumed cannabis in the last 6 months, 95% had smoked it (33% swallowed and 32% vaped it).

HYDRO 98%
89% BUSH
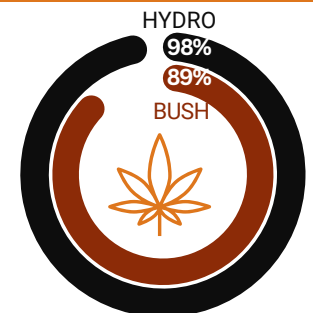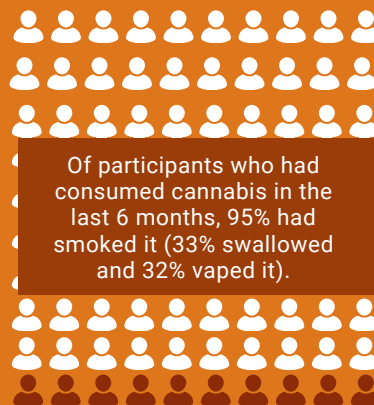
Percentage who perceived cannabis and/or cannabinoid-related products as being 'easy' or 'very easy' to obtain

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/or other illicit stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of the EDRS.

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in Perth, Western Australia (WA)), ii) have used ecstasy and/or other illicit stimulants (including: MDA, methamphetamine, cocaine, non-prescribed pharmaceutical stimulants, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and in later years were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

EDRS 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

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

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

2024 EDRS Sample

A total of 740 participants were recruited across capital cities nationally (April-July, 2024), with 101 participants interviewed in Brisbane/Gold Coast, QLD between 9 April and 4 June 2024 (n=102 in 2023). A total of 44 interviews (44%) were conducted via zoom (n=58 in 2023; 57%), the remainder were conducted face-to-face.

Eleven per cent of the 2024 Brisbane/Gold Coast sample completed the interview in 2023, and few (n≤5) of the 2023 Brisbane/Gold Coast sample completed the interview in 2022 (p=0.065). In 2024, there was no significant change in recruitment methods compared to 2023 (p=0.316), with less participants being recruited via the internet (e.g., Facebook and Instagram) (70%; 77% in 2023), more participants via word-of-mouth (23%; 20% in 2023), and 'other' (7%; n≤5 in 2023).

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 2023 and 2024, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

%	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2023 and 2024

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

In 2024, the Brisbane/Gold Coast EDRS sample was mostly similar to the sample in 2023 and in previous years (Table 2).

Gender remained stable between 2023 and 2024 (p=0.609), with over half (62%) of the sample identifying as male (59% in 2023). The median age of the sample was 23 years (IQR=20-29), stable relative to 2023 (26 years; IQR=21-34; p=0.122).

Accommodation remained stable (p=0.633), with 59% of the sample reporting that they resided in a rented house/flat (59% in 2023), and most of the remaining participants living with their parents/in their family home (25%; 25% in 2023).

Participants reported a mean of 12 years of school in 2024 (range: 8-12; 12 years in 2023; range: 5-12; p=0.220) and 44% were current students, stable relative to 2023 (36%; p=0.323). Fifty-nine per cent had obtained a post-school qualification(s) (67% in 2023; p=0.316).

Current employment status remained stable between 2023 and 2024 (p=0.277). Specifically, almost one quarter (24%) reported being employed full-time at the time of interview (35% in 2023), 44% reported being employed on a part time/casual basis (35% in 2023), and one quarter (26%) reported being unemployed at the time of interview (22% in 2023).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Brisbane/Gold Coast, QLD, 2020-2024

	Brisbane/Gold Coast, QLD					National
	2020	2021	2022	2023	2024	2024
	(N=100)	(N=73)	(N=102)	(N=102)	(N=101)	(N=740)
Median age (years; IQR)	20 (19-27)	24 (20-32)	23 (20-27)	26 (21-34)	**23 (20-29)**	23 (20-32)
% Gender						
Female	29	38	42	38	**33**	43
Male	71	60	53	59	**62**	55
Non-binary	0	-	-	-	**-**	3
% Aboriginal and/or Torres Strait Islander		-	-	-	**-**	9
% Born in Australia	/	/	/	86	**86**	84
% English primary language spoken at home	/	/	/	94	**96**	97
% Sexual identity						
Heterosexual	90	68	63	71	**66**	69
Homosexual	-	-	-	7	**-**	7
Bisexual	6	22	24	17	**20**	17
Queer	-	-	6	-	**-**	4
Other identity	-	0	**-**	-	**-**	3
Mean years of school education (range)	12 (9-12)	12 (9-12)	12 (8-12)	12 (5-12)	**12 (8-12)**	12 (7-12)
% Post-school qualification(s)^	47	49	59	67	**59**	56
% Current students#	46	48	51	36	**44**	39
% Current employment status						
Employed full-time	22	21	30	35	**24**	30
Part time/casual	39	44	52	35	**44**	42
Self-employed	-	-	7	8	**6**	5
Unemployed	35	29	11	22	**26**	23
Current median weekly income $ (IQR)	$506 (289-854)	$500 (348-850)	$800 (600-1200)	$840 (485-1061)	**$800 (500-1175)**	$700 (400-1200)
% Current accommodation						
Own house/flat	-	-	10	12	**7**	10
Rented house/flat	50	67	65	59	**59**	48
Parents'/family home	38	19	23	25	**25**	34
Boarding house/hostel	-	-	-	-	**-**	1
Public housing	-	-	0	-	**-**	3
No fixed address+	-	-	-	-	**-**	2
Other	0	0	**-**	0	**-**	1

Note. ^ Includes trade/technical and university qualifications. #'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included couch surfing and rough sleeping or squatting. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 (Brisbane/Gold Coast) presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Drug of choice remained stable between 2023 and 2024 (*p*=0.338), with one quarter (28%) nominating cannabis as their drug of choice in 2024 (21% in 2023), followed by 27% nominating ecstasy as their drug of choice (20% in 2023) and 22% nominating cocaine (27% in 2023) (Figure 1). The drug used most often in the past month also remained stable between 2023 and 2024 (*p*=0.258), with 42% reporting cannabis and 13% reporting alcohol as the drugs used most often (31% and 18% in 2023, respectively) (Figure 2).

Weekly or more frequent use of various drugs remained stable between 2023 and 2024. Specifically, half (51%) of the Brisbane/Gold Coast sample reported weekly or more frequent cannabis use (43% in 2023; *p*=0.267) and one fifth (19%) reported weekly or more frequent ecstasy use (12% in 2023; *p*=0.183). Twelve per cent reported weekly or more frequent use of cocaine (6% in 2023) and 8% reported weekly or more frequent use of methamphetamine (13% in 2023; *p*=0.359) (Figure 3).

Figure 1: Drug of choice, Brisbane/Gold Coast, QLD, 2003-2024
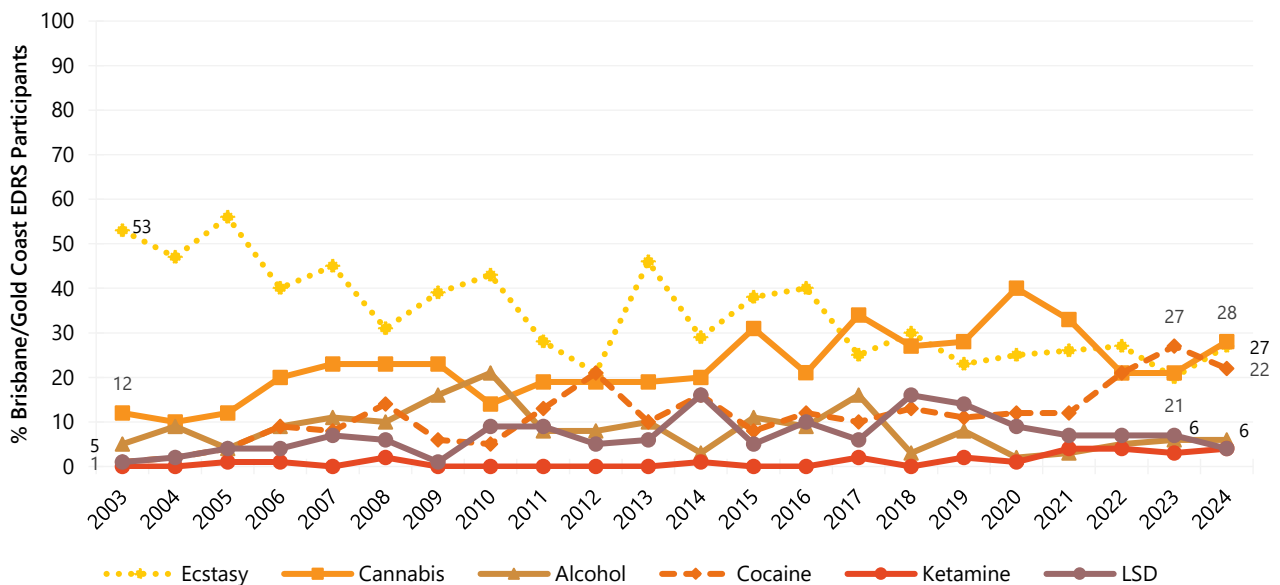
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug used most often in the past month, Brisbane/Gold Coast, QLD, 2011-2024
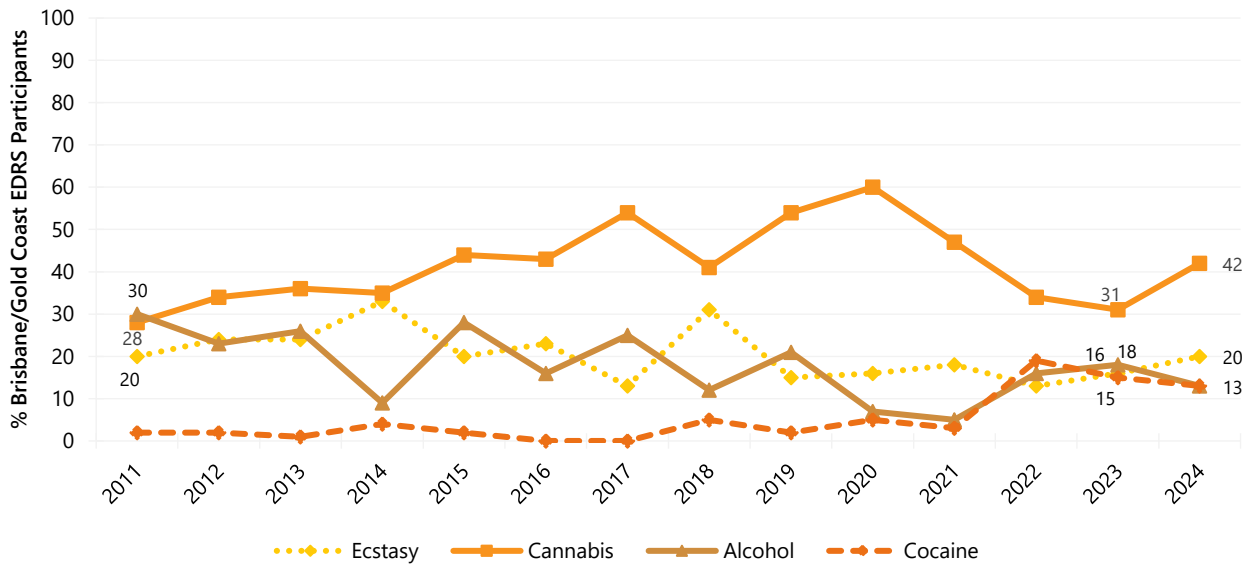
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances. Data are only presented for 2011-2024 as this question was not asked in 2003-2010. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Brisbane/Gold Coast, QLD, 2003-2024
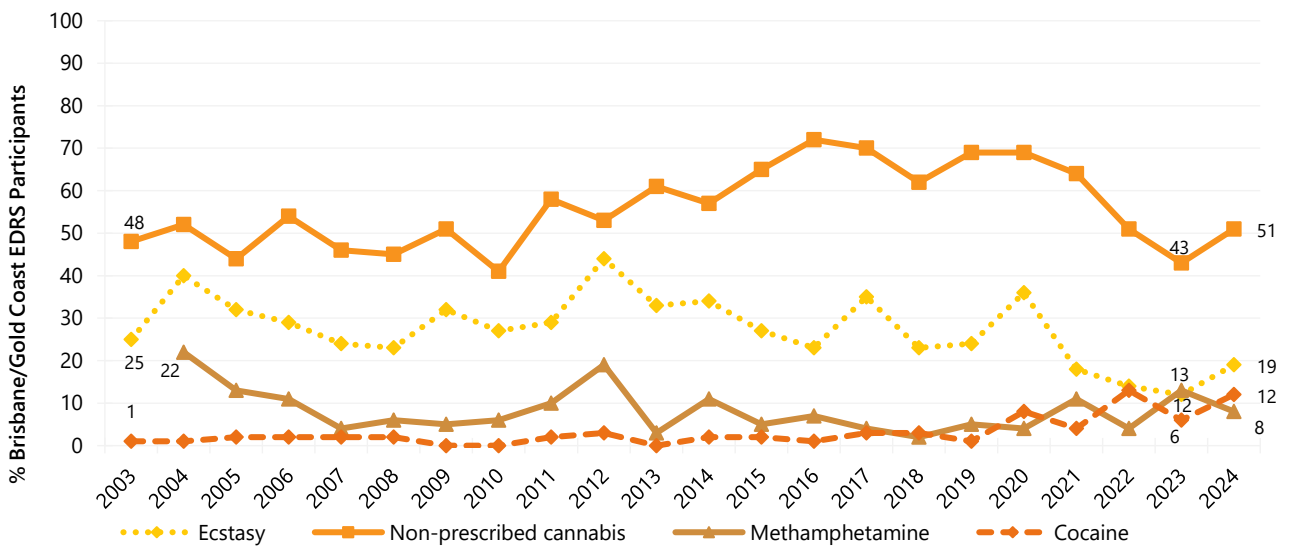
Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

2

Non-Prescribed Ecstasy

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

Patterns of Consumption (Any Ecstasy)

Recent Use (past 6 months)

Recent use of any non-prescribed ecstasy in the six months prior to interview remained stable in 2024, relative to 2023 (92%; 95% in 2023; p=0.407) (Figure 4). Consistent with the previous few years, capsules (63%; 55% in 2023; p=0.262) and crystal (54%; 56% in 2023; p=0.885) were the most commonly used forms of non-prescribed ecstasy in the six months preceding interview in 2024, followed by pills (34%; 32% in 2023; p=0.878). Powder remained the least commonly used form of non-prescribed ecstasy (29%; 25% in 2023; p=0.634), consistent with almost the entirety of the reporting period, excepting 2013.

Frequency of Use

Among those who reported recent use of any non-prescribed ecstasy and commented (n=93), participants reported using ecstasy (in any form) on a median of nine days (IQR=4-20) in 2024 in the preceding six months, and remaining stable relative to 2023 (7 days; IQR=4-14; n=97; p=0.316) (Figure 5). Weekly or more frequent use of any form of ecstasy remained stable in 2024, relative to 2023 (20%; 12% in 2023; p=0.177).

Number of Forms Used

Among participants who had recently consumed non-prescribed ecstasy and commented (n=93), the majority of participants reported using a median of two forms in the six months preceding interview (IQR=1-3; 2 forms in 2023, IQR=1-2; n=97; p=0.268).

Figure 4: Past six month use of any non-prescribed ecstasy, and non-prescribed ecstasy pills, powder, capsules, and crystal, Brisbane/Gold Coast, QLD, 2003-2024
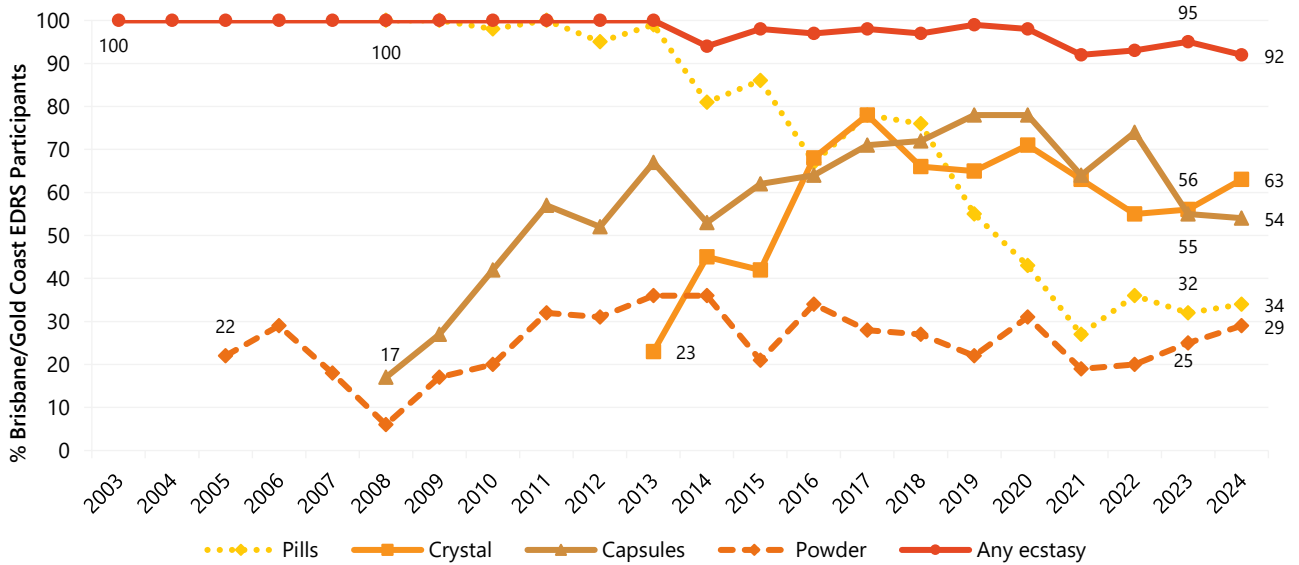
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 5: Median days of any non-presribed ecstasy use, and non-prescribed ecstasy pills, powder, capsules, and crystal use in the past six months, Brisbane/Gold Coast, QLD, 2003-2024
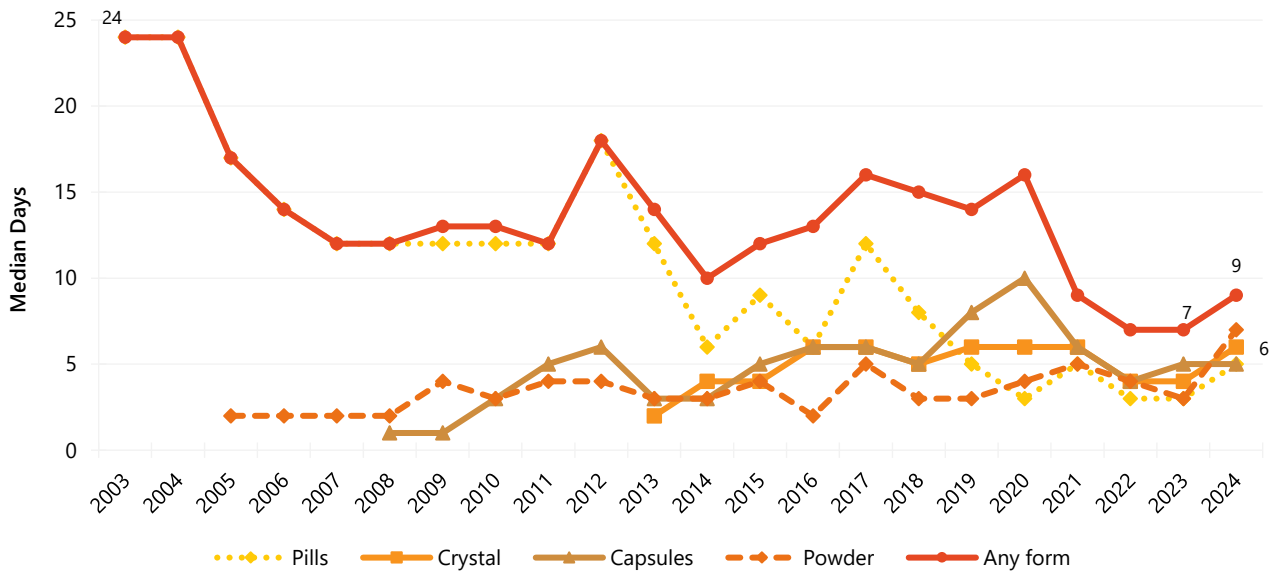
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Non-Prescribed Ecstasy Pills

Recent Use (past 6 months): Recent use of non-prescribed ecstasy pills has declined considerably in the last decade. While 95%-100% of participants reported recent use from 2003-2013, 34% of participants reported recent use of non-prescribed ecstasy pills in 2024 (32% in 2023; p=0.878) (Figure 4).

Frequency of Use: Of those who had recently consumed non-prescribed ecstasy pills and commented (n=34), ecstasy pills were used on a median of five days (IQR=3-12) in the six months preceding interview in 2024, stable from 2023 (3 days; IQR=1-10; n=33; p=0.119) (Figure 5). Few participants (n≤5) who had recently consumed non-prescribed ecstasy pills reported weekly or more frequent use in 2024, stable relative to 2023 (n≤5; p=0.197).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy pills and commented (n=34), the most common route of administration in 2024 was swallowing (100%; 100% in 2023), followed by snorting (21%; 18% in 2023), consistent with previous years. No participants reported recent smoking (0% in 2023).

Quantity: Of those who reported recent use and responded (n=34), the median number of non-prescribed ecstasy pills used in a 'typical' session was two (IQR=2-2.4; 2 pills in 2023; IQR=1-2; n=33; p=0.066). Of those who reported recent use and responded (n=34), there was a significant increase in the median maximum number of non-prescribed ecstasy pills used in a session compared to 2023 (p=0.011), with participants reporting a maximum of three pills (IQR=2-4.8) compared to two pills in 2023; (IQR=1-3; n=33).

Non-Prescribed Ecstasy Capsules

Recent Use (past 6 months): Sixty-three per cent of participants reported recent use of non-prescribed ecstasy capsules, stable from 55% in 2023 (p=0.262) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=64), participants reported consuming non-prescribed ecstasy capsules on a median of five days in 2024 (IQR=3-11), stable from 2023 (5 days; IQR=2-10; n=56; p=0.767) (Figure 5). Few participants (n≤5) reported weekly or more frequent use in 2024 (9% in 2023; p=0.732).

Routes of Administration: Among those who had recently consumed non-prescribed ecstasy capsules and commented (n=64), the vast majority (98%) of participants reported swallowing (98% in 2023). Sixteen per cent reported snorting, stable relative to 2023 (14%). No participants reported recent smoking (0% in 2023).

Quantity: Of those who reported recent use and responded (n=64), the median number of non-prescribed ecstasy capsules used in a 'typical' session was two (IQR=1-3; 2 capsules in 2023; IQR=1.9-3; n=56; p=0.292). Of those who reported recent use and responded (n=64), the median maximum number of non-prescribed ecstasy capsules used in a session was 3.3 (IQR=2-4.3; 3 capsules in 2023; IQR=2-5; n=56; p=0.559).

Non-Prescribed Ecstasy Crystal

Recent Use (past 6 months): Fifty-four per cent of participants reported recent use of ecstasy crystal, stable relative to 2023 (56%; p=0.885) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=55), participants reported using non-prescribed ecstasy crystal on a median of six days (IQR=3-19) in 2024, stable from four days in 2023 (IQR=3-10; n=57; p=0.192) (Figure 5). Sixteen

per cent of participants who had recently consumed non-prescribed ecstasy crystal reported weekly or more frequent use in 2024 (9% in 2023; p=0.263).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy crystal and commented (n=55), most (95%) reported swallowing (89% in 2023; p=0.490), while 44% reported snorting (39% in 2023; p=0.693). Few participants (n≤5) reported recent smoking (n≤5 in 2023).

Quantity: Of those who reported recent use and responded (n=46), the median amount of non-prescribed ecstasy crystal used in a 'typical' session was 0.25 grams (IQR=0.20-0.50; 0.33 grams in 2023; IQR=0.20-0.50; n=52; p=0.061). Of those who reported recent use and responded (n=46), the median maximum amount of non-prescribed ecstasy crystal used in a session was 0.50 grams (IQR=0.30-0.95; 0.50 grams in 2023; IQR=0.30-1.00; n=51; p=0.177).

Non-Prescribed Ecstasy Powder

Recent Use (past 6 months): Recent use of non-prescribed ecstasy powder remained stable, relative to 2023 (29%; 25% in 2023; p=0.634) (Figure 4).

Frequency of Use: Amongst those who reported recent use and commented (n=29), participants reported consuming non-prescribed ecstasy powder on a median of seven days (IQR=2-12) in 2024, stable from three days in 2023 (IQR=2-6; n=26; p=0.097) (Figure 5). Few participants (n≤5) who had recently consumed non-prescribed ecstasy powder reported weekly or more frequent use in 2023 (0% in 2023; p=0.238).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy powder and commented (n=29), three quarters (76%) reported snorting (58% in 2023; p=0.253), followed by three fifths (62%) who reported swallowing (73% in 2023; p=0.407).

Quantity: Of those who reported recent use and responded (n=21), the median amount of non-prescribed ecstasy powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2023; IQR=0.20-0.50; n=23; p=0.792). Of those who reported recent use and responded (n=21), the median maximum amount of non-prescribed ecstasy powder used in a session was 0.50 grams (IQR=0.35-1.00; 0.50 grams in 2023; IQR=0.30-0.80; n=23; p=0.196).

Price, Perceived Purity and Perceived Availability

Non-Prescribed Ecstasy Pills

Price: The median price of a pill remained stable, recorded at $25 in 2024 (IQR=25-30; n=13) and $25 in 2023 (IQR=20-30; n=13; p=0.270) (Figure 6).

Perceived Purity: The perceived purity of non-prescribed ecstasy pills remained stable between 2023 and 2024 (p=0.205). Among those who responded in 2024 (n=35), 43% reported purity as being 'medium' (27% in 2023), with a further 31% reporting purity to be 'high' (33% in 2023). 'Fluctuating' purity was reported by almost one quarter (23%) of participants (23% in 2023) (Figure 8).

Perceived Availability: The perceived availability of non-prescribed ecstasy pills remained stable between 2023 and 2024 (p=0.122). Among those who were able to comment in 2024 (n=35), 40% reported that pills were 'easy' to obtain (27% in 2023), with a further 29% reporting 'very easy' obtainment (20% in 2023), and 29% reporting 'difficult' obtainment (33% in 2023) (Figure 12).

Non-Prescribed Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $22 in 2024 (IQR=20-25; n=23), stable relative to $25 in 2023 (IQR=20-25; n=26 p=0.376) (Figure 6).

Perceived Purity: There was a significant change in the perceived purity of non-prescribed ecstasy capsules between 2023 and 2024 (p=0.033). Among those who were able to comment in 2024 (n=58), 36% perceived purity to be 'high', an increase from 16% in 2023, and 29% perceived purity to be 'medium', a decrease from 37% in 2023. In contrast, 22% perceived purity to be 'fluctuating' (19% in 2023) and a further 12% perceived purity to be 'low', a decrease from 28% in 2023 (Figure 9).

Perceived Availability: There was a significant change in the perceived availability of non-prescribed ecstasy capsules between 2023 and 2024 (p=0.012). Among those who responded (n=57), 46% reported that capsules were 'very easy' to obtain, an increase from 32% in 2023, whereas 40% reported that capsules were 'easy' to obtain, an increase from 33% in 2023 (Figure 13).

Non-Prescribed Ecstasy Crystal

Price: The median price of a gram of crystal remained stable in 2024 at $200 (IQR=150-250; n=27; $200 in 2023; IQR=170-250; n=33; p=0.922) (Figure 7). No participants reported purchasing a point of crystal in 2024, therefore further details are not reported.

Perceived Purity: There was a significant change in the perceived purity of non-prescribed ecstasy crystal between 2023 and 2024 (p=0.022). Among those who responded in 2024 (n=50), 54% perceived the purity of crystal to be 'high', an increase from 25% in 2023, and 22% perceived purity to be 'medium', a decrease from 39% in 2023 (Figure 10).

Perceived Availability: The perceived availability of non-prescribed ecstasy crystal significantly changed between 2023 and 2024 (p=0.005). Among those who were able to comment in 2024 (n=51), two fifths (41%) reported that crystal was 'easy' to obtain, a decrease from 47% in 2023, whereas 39% reported that crystal was 'very easy' to obtain, an increase from 14% in 2023 (Figure 14).

Non-Prescribed Ecstasy Powder

Price: The median price of a gram of powder remained stable in 2024 ($250; IQR=148-263; n=8; $200 in 2023; IQR=180-250; p=0.933), though few participants (n≤5) were able to report on the median price of a point of powder in 2024 (n≤5 in 2023) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed ecstasy powder remained stable between 2023 and 2024 (p=0.787). Among those who were able to comment in 2024 (n=20), 30% perceived purity to be 'high' (17% in 2023), and 30% perceived purity to be 'medium' (38% in 2023) (Figure 11).

Perceived Availability: The perceived availability of non-prescribed ecstasy powder remained stable between 2023 and 2024 (p=0.108). Among those who were able to respond in 2024 (n=19), 42% reported powder as being 'easy' to obtain (42% in 2023), and a further 32% perceived powder as being 'difficult' to obtain (42% in 2023) (Figure 15).

Figure 6: Median price of non-prescribed ecstasy pill and capsule, Brisbane/Gold Coast, QLD, 2003-2024
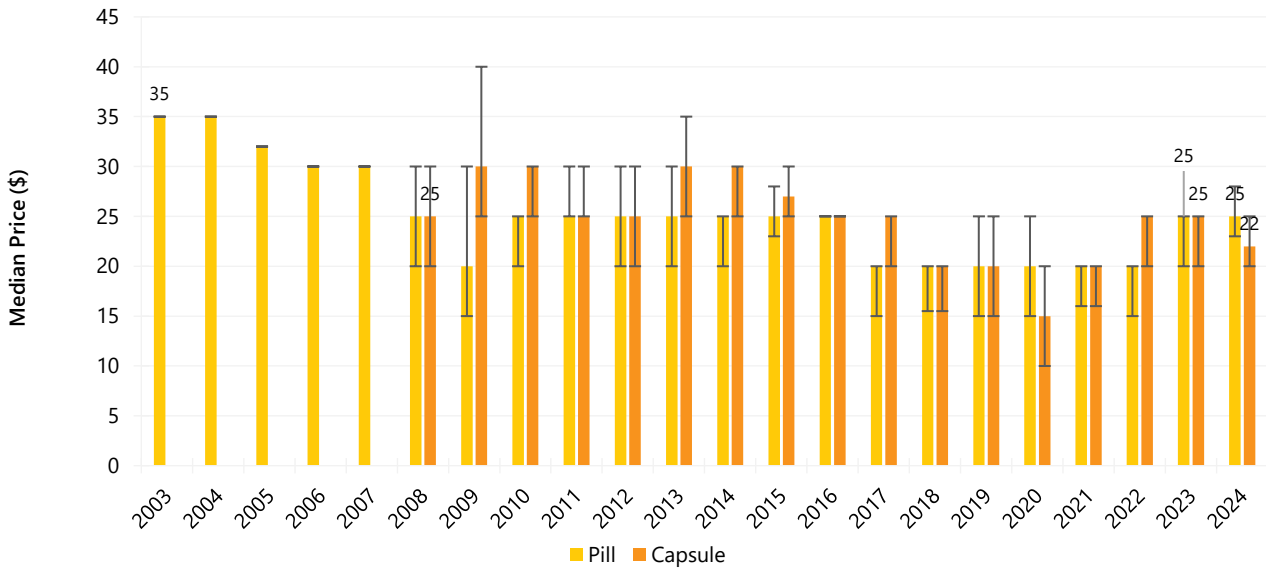
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Median price of non-prescribed ecstasy crystal (per point and gram) and powder (per gram only), Brisbane/Gold Coast, QLD, 2013-2024
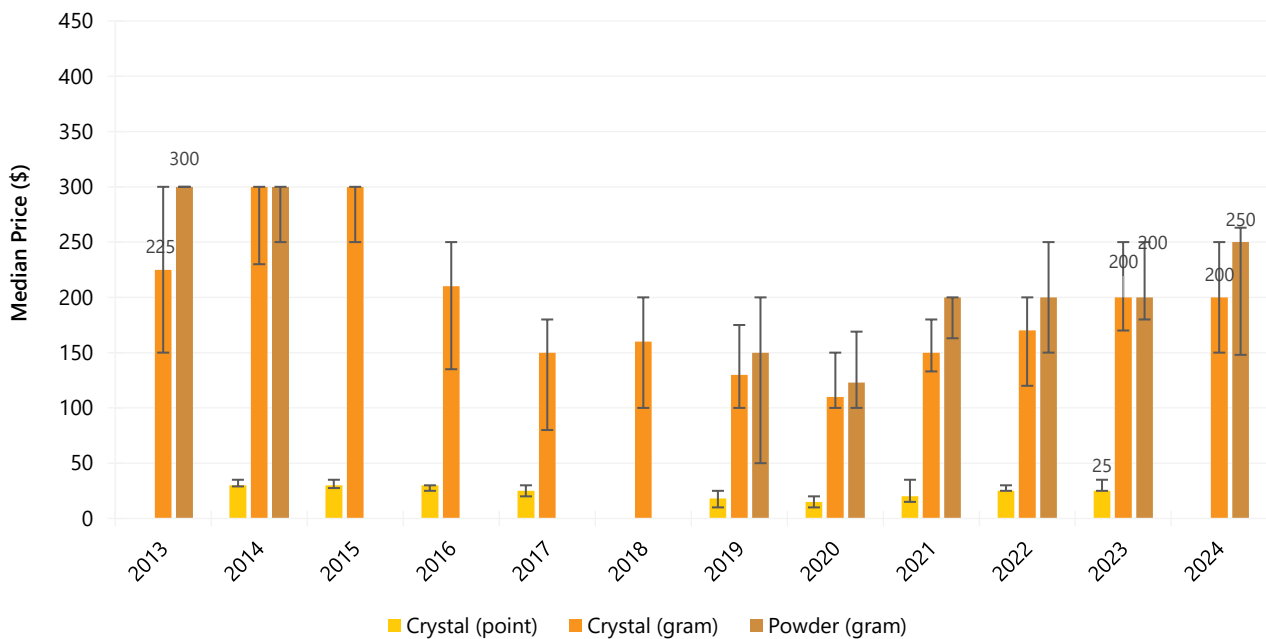
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 8: Current perceived purity of non-prescribed ecstasy pills, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Current perceived purity of non-prescribed ecstasy capsules, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 10: Current perceived purity of non-prescribed ecstasy crystal, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Current perceived purity of non-prescribed ecstasy powder, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived availability of non-prescribed ecstasy pills, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived availability of non-prescribed ecstasy capsules, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of non-prescribed ecstasy crystal, Brisbane/Gold Coast, QLD 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of non-prescribed ecstasy powder, Brisbane/Gold Coast, QLD, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

3

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), base (wet, oily powder) and crystal (clear, ice-like crystals). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team (drugtrends@unsw.edu.au).

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)
Since monitoring commenced, recent use of any methamphetamine declined until 2022 (Figure 16), with a significant increase reported in 2023. In 2024, 18% reported recent use of any methamphetamine, remaining stable relative to 2023 (27%; p=0.138).

Frequency of Use
Median frequency of use reported by participants in the past six months was seven days (IQR=2-139; n=18) in 2024, stable relative to 20 days in 2023 (IQR=4-85; p=0.651) (Figure 17). Forty-four per cent of those who had recently used methamphetamine and commented reported using methamphetamine weekly or more frequently, stable relative to 2023 (46%).

Forms Used
All forms of methamphetamine have decreased since the start of monitoring. Of participants who had used methamphetamine in the six months preceding interview in 2024 (n=18), most had used methamphetamine crystal (72%; 82% in 2023; p=0.480), followed by powder (44%; 18% in 2023; p=0.092). No participants reported recent use of base in 2024 (11% in 2023; p=0.270).

Number of Forms Used
Among participants who had recently consumed any methamphetamine and commented (n=18), the majority of participants reported using a median of one form in a single session (IQR=1-1; 1 form in 2023; IQR=1-1; n=28; p=0.666).

Figure 16: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Brisbane/Gold Coast, QLD, 2003-2024
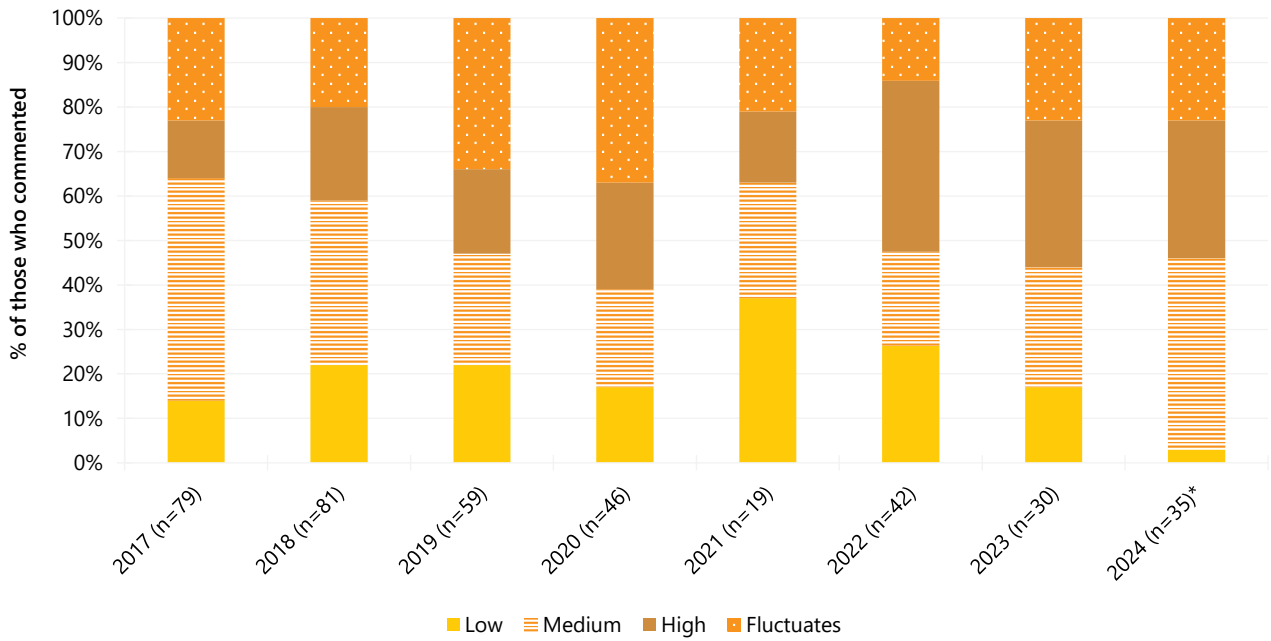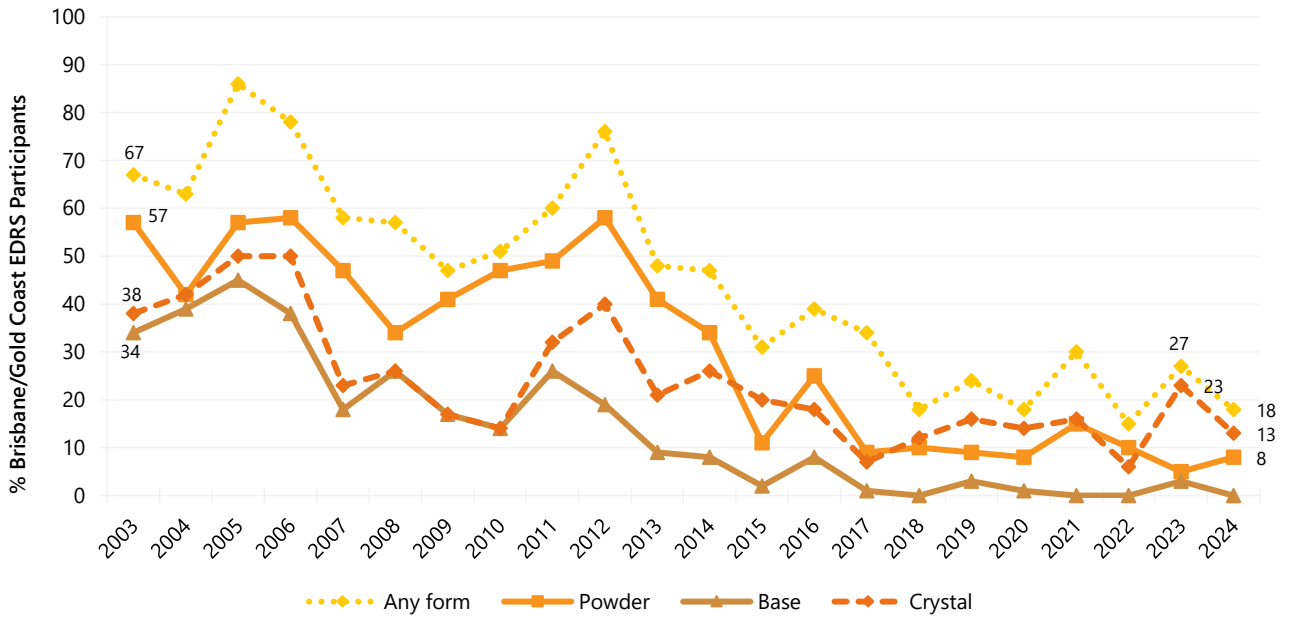

Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 17: Median days of any methamphetamine use, and methamphetamine powder, base, and crystal use in the past six months, Brisbane/Gold Coast, QLD, 2003-2024
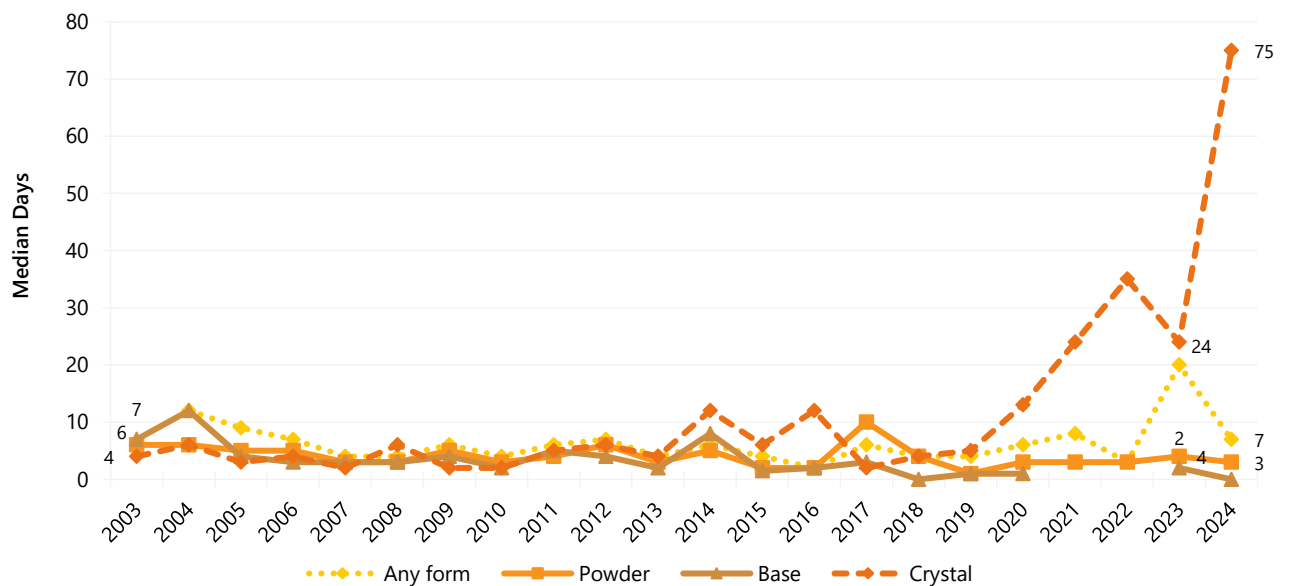
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Recent use of methamphetamine powder has declined over the course of monitoring, though remained stable in 2024 at 8% (n≤5 in 2023; *p*=0.407) (Figure 16).

Frequency of Use: Amongst those who had recently consumed methamphetamine powder and commented (n=8), participants reported use on a median of three days (IQR=2-4) in 2024 (n≤5 in 2023; *p*=0.601) (Figure 17). No participants reported weekly or more frequent use of powder in 2024 (n≤5 in 2023; *p*=0.385).

Routes of Administration: Among participants who had recently consumed methamphetamine powder and commented (n=8), few participants (n≤5) were able to comment on individual routes of administration and this will therefore not be reported.

Quantity: Of those who reported recent use and responded (n=7), the median amount of methamphetamine powder used in a 'typical' session was 0.50 grams (IQR=0.40-0.75; 0.40 grams in 2023; IQR=0.20-0.50; *p*=0.360). Of those who reported recent use and responded (n=7), the median maximum amount of methamphetamine powder used in a session was one gram (IQR=0.70-1.63; 0.50 grams in 2023 (IQR=0.40-2.00; *p*=0.870).

Methamphetamine Crystal

Recent Use (past 6 months): Since 2012, methamphetamine crystal has consistently been the main form of methamphetamine used. In 2024, 13% of participants reported recent use of crystal, stable relative to 2023 (23%; *p*=0.101) (Figure 16).

Frequency of Use: Of those who had recently consumed methamphetamine crystal and commented (n=13), participants reported use on a median of 75 days (IQR=4-150) in 2024, compared to 24 days in 2023 (IQR=5-90; n=23; *p*=0.644) (Figure 17). Three fifths (62%) of participants who had recently used methamphetamine crystal reported weekly or greater use in 2024, stable relative to 2023 (52%; *p*=0.731).

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=13), smoking remained the most common route of administration, with 100% reporting this method in 2024, stable from 91% in 2023 (*p*=0.525). Few participants (n≤5) reported using other routes of administration.

Quantity: Of those who reported recent use and responded (n=13), the median amount of methamphetamine crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2023; IQR=0.10-0.42; n=23; *p*=0.776). Of those who reported recent use and responded (n=13), the median maximum amount of methamphetamine crystal used in a session was 0.50 grams (IQR=0.20-1.50; 0.50 grams in 2023; IQR=0.30-0.90; n=23; *p*=0.764).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers reporting (n≤5), further details are not reported on price (Figure 18), perceived purity (Figure 20) and perceived availability (Figure 22) for methamphetamine powder. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Crystal

Price: Due to low numbers reporting (n≤5), further details are not reported on price of methamphetamine crystal (Figure 19).

Perceived Purity: Due to low numbers reporting (n≤5), further details are not reported on perceived purity of methamphetamine crystal (Figure 21).

Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2023 and 2024 (p=0.567). Among those who were able to respond in 2024 (n=11), most participants (91%) reported availability as 'very easy' (69% in 2023) (Figure 23).

Figure 18: Median price of methamphetamine powder per point and gram, Brisbane/Gold Coast, QLD, 2003-2024
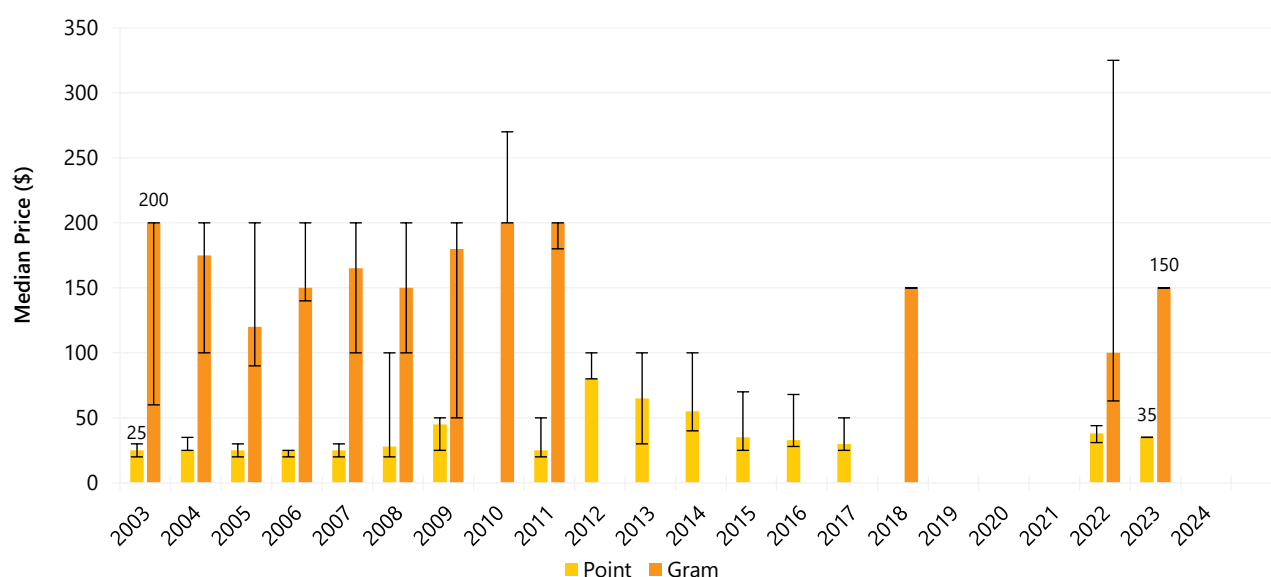
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 19: Median price of methamphetamine crystal per point and gram, Brisbane/Gold Coast, QLD, 2003-2024
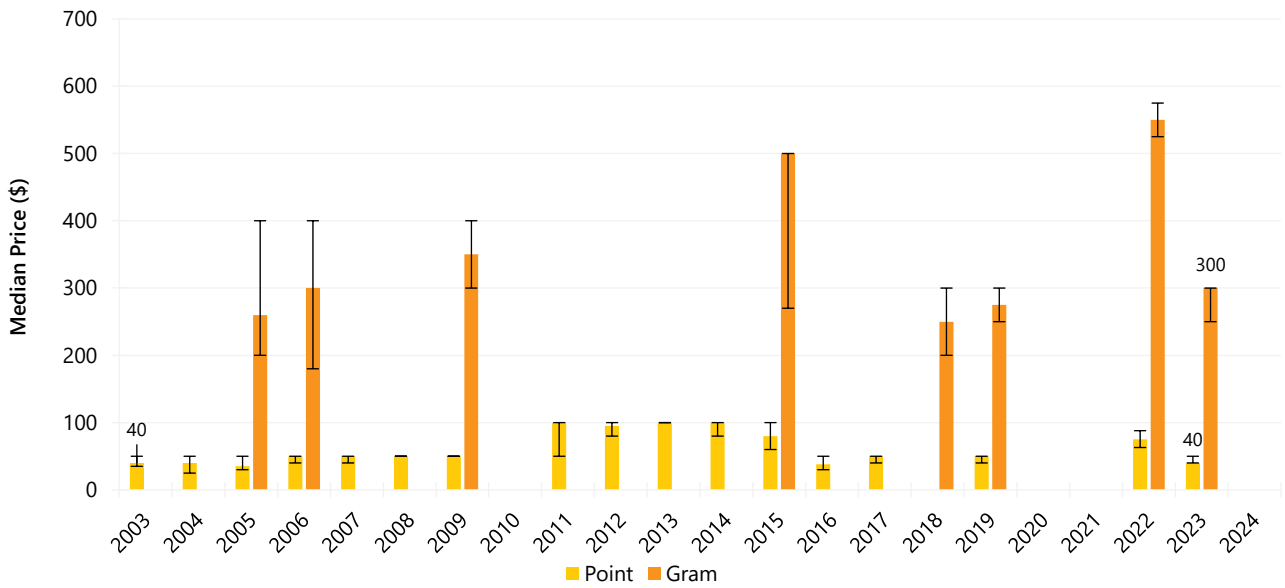
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 20: Current perceived purity of methamphetamine powder, Brisbane/Gold Coast, QLD, 2003-2024
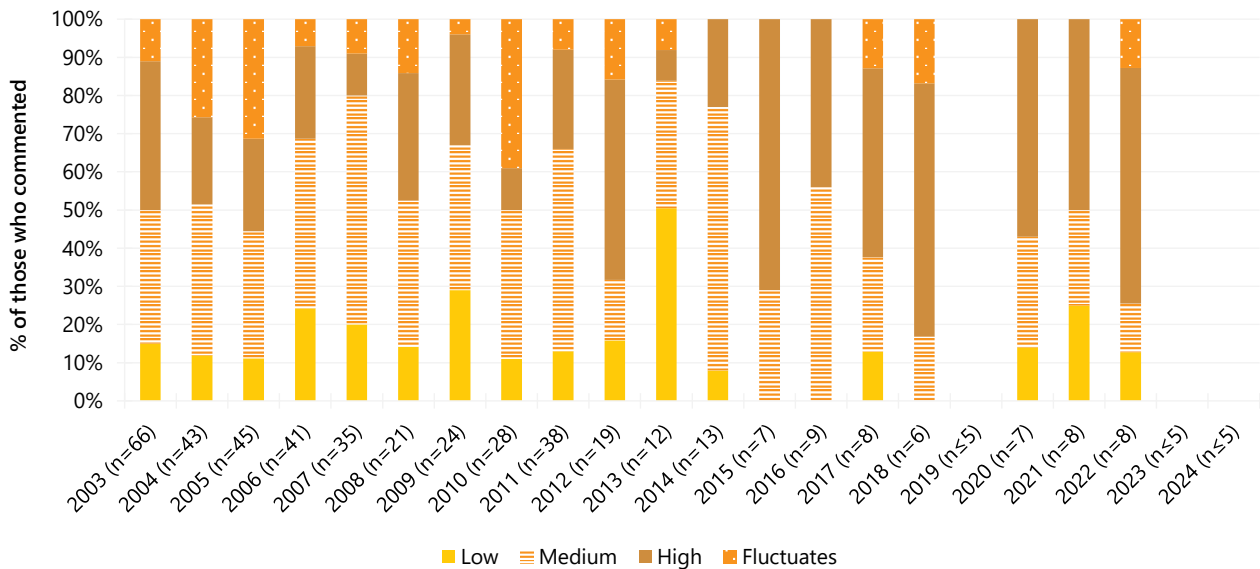
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 21: Current perceived purity of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2003-2024
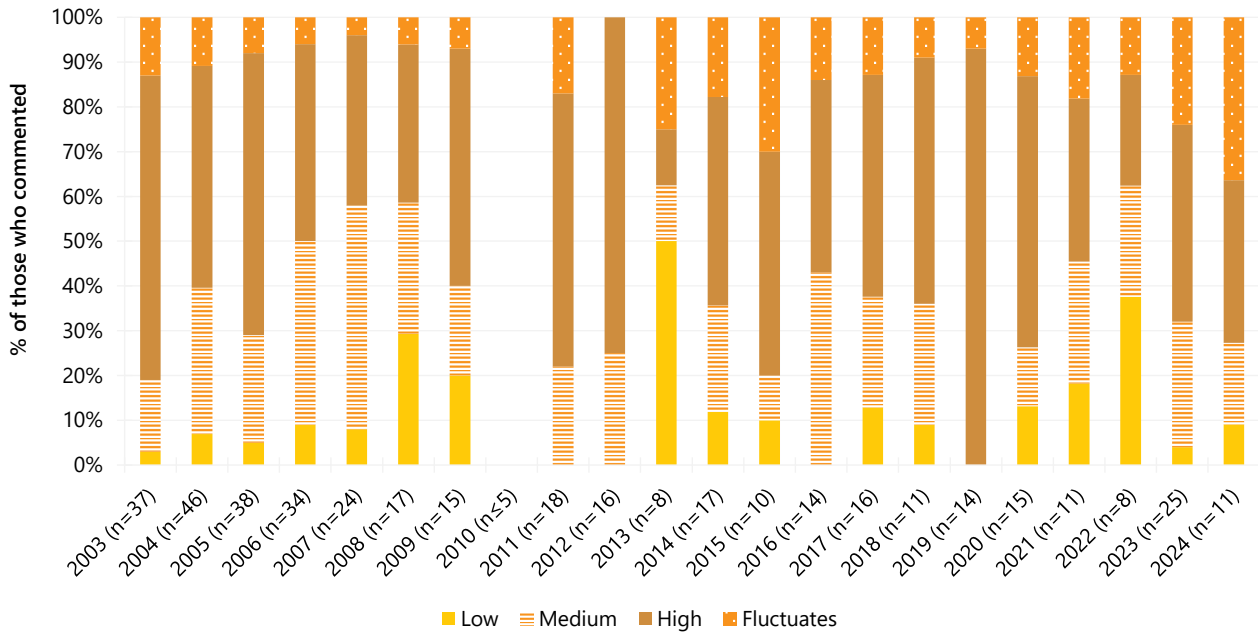
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 22: Current perceived availability of methamphetamine powder, Brisbane/Gold Coast, QLD, 2003-2024
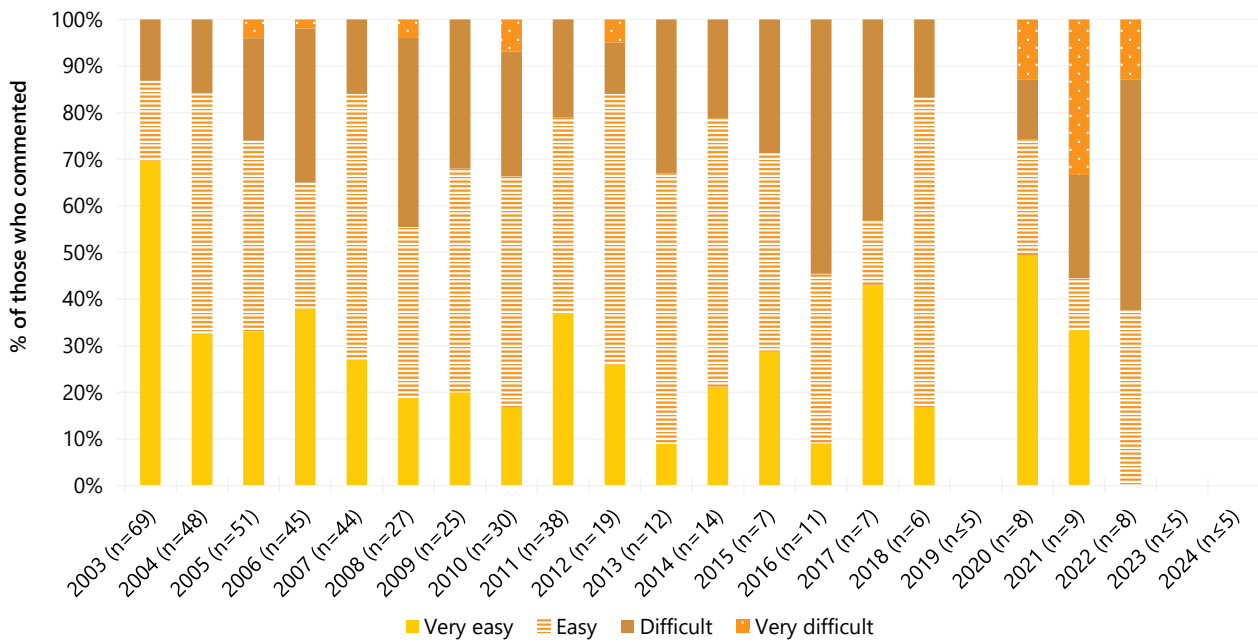
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 23: Current perceived availability of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2003-2024
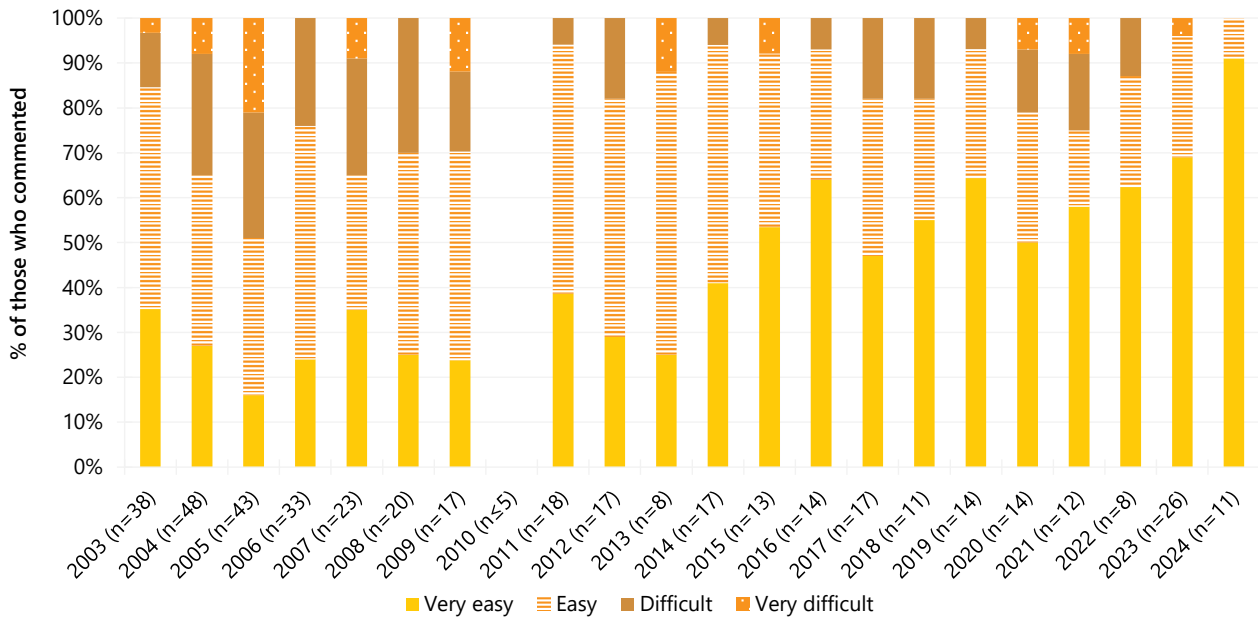
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

4

Non-Prescribed Pharmaceutical Stimulants

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

Patterns of Consumption

Recent Use (past 6 months)
The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 12% in 2007 to 61% in 2024 (41% in 2023; p=0.005), the highest percentage of use since monitoring commenced (Figure 24).

Frequency of Use
Frequency of use remained stable in 2024, at a median of five days in the six months prior to interview (IQR=2-15; n=62; 4 days in 2023; IQR=2-10; n=42; p=0.299) (Figure 24).

Routes of Administration
Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=62), the vast majority reported swallowing as a route of administration (94%; 88% in 2023; p=0.480), with fewer participants reporting snorting (27%; 12% in 2023; p=0.086).

Quantity
Among those who reported recent use and responded (n=35), the median amount used in a 'typical' session was two pills/tablets (IQR=1-2; 2 pills/tablets in 2023; IQR=1-2.5; p=0.817). Of those who reported recent use and responded (n=35), the median maximum amount used in a session was three pills/tablets (IQR=1-4.5; 2 pills/tablets in 2023; IQR=1-5; p=0.524).

Forms Used
Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=62), the majority reported using dexamfetamine (84%; 66% in 2023; p=0.060), 47% reported using methylphenidate (32% in 2023; p=0.161), and 23% reported using lisdexamfetamine (22% in 2023).

Figure 24: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Brisbane/Gold Coast, QLD, 2007-2024
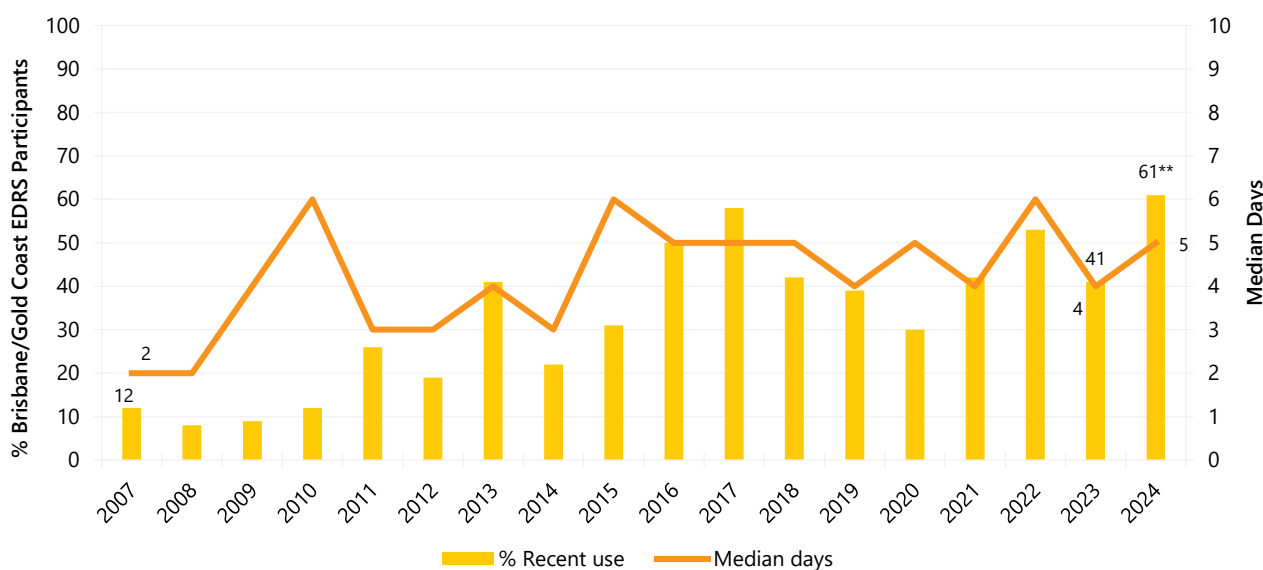
Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price and Perceived Availability

Price and availability data for non-prescribed pharmaceutical stimulants have been collected from 2022 onwards.

Price

Participants reported a median price of $5 per 5mg tablet in 2024 (IQR=2-10; n=11; n≤5 in 2023; p=0.908).

Perceived Availability

Among those who responded in 2024 (n=35), the perceived availability of non-prescribed pharmaceutical stimulants remained stable, relative to 2023 (p=0.346). In 2024, 34% perceived non-prescribed pharmaceutical stimulants to be 'very easy' (55% in 2023) to obtain, with a further 34% perceiving availability as 'easy' (26% in 2023), and 26% perceiving availability as 'difficult' (13% in 2023) (Figure 25).

Figure 25: Current perceived availability of non-prescribed pharmaceutical stimulants, Brisbane/Gold Coast, QLD, 2022-2024
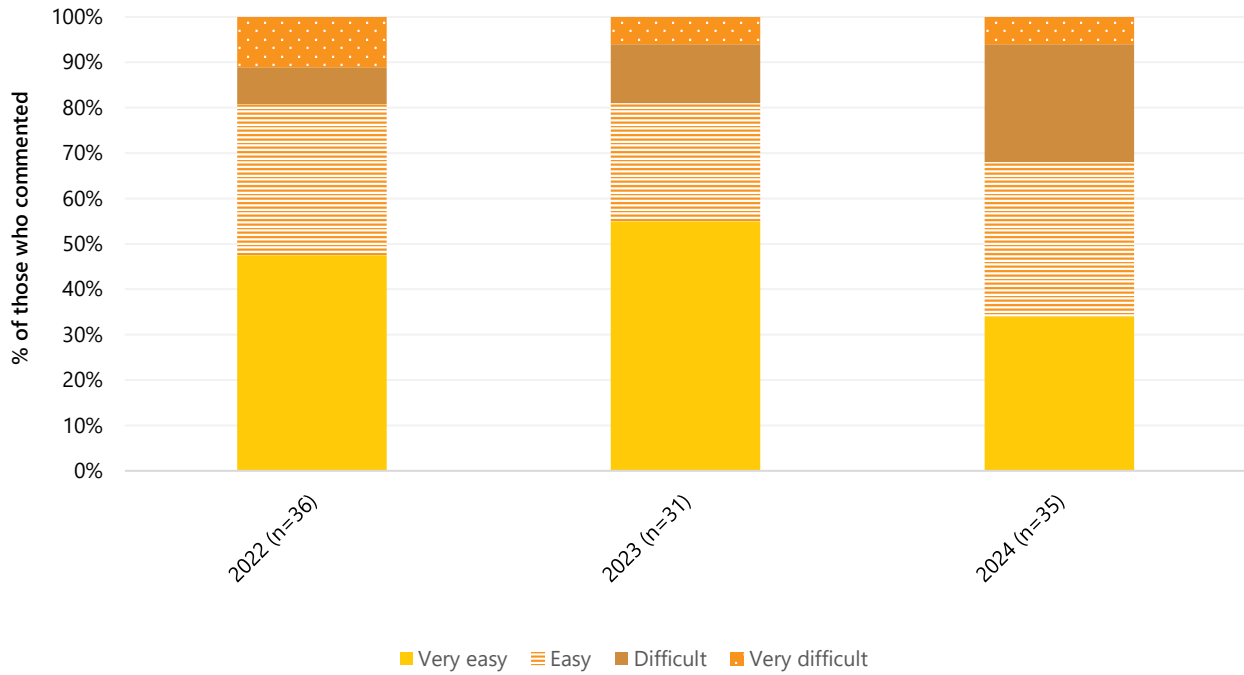
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Since 2017, the per cent reporting any recent cocaine use has gradually increased. In 2024, 87% of the Brisbane/Gold Coast sample reported recent use, relatively stable compared to 95% in 2023 (p=0.052) (Figure 26).

Frequency of Use

Frequency of use has fluctuated in recent years. Of those who had recently consumed cocaine and commented (n=88), participants reported a median of five days (IQR=3-10) of use in 2024, stable from six days in 2023 (IQR=3-12; n=97; p=0.815) (Figure 26). Fourteen per cent of those who had recently used cocaine reported weekly or more frequent use, stable relative to 2023 (6%; p=0.136).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=88), all participants (100%) reported snorting cocaine, unchanged from 2023 (100%).

Quantity

Of those who reported recent use and responded (n=60), there was a significant change in the median amount of cocaine used in a 'typical' session, from 0.50 grams in 2023 (IQR=0.50-1.00; n=66) to 0.50 grams (IQR=0.25-0.50; p=0.002) in 2024. Of those who reported recent use and responded (n=60), the median maximum amount of cocaine used in a session was 0.60 grams (IQR=0.30-1.00), a significant decrease from one gram in 2023 (IQR=0.50-1.50; n=70; p=0.028).

Forms Used

Among participants who had recently consumed cocaine and commented (n=88), the majority reported using powder cocaine (97%; 97% in 2023), with fewer participants reporting recent use of crack/rock cocaine (9%; 10% in 2023; p=0.803).

Figure 26: Past six month use and frequency of use of cocaine, Brisbane/Gold Coast, QLD, 2003-2024
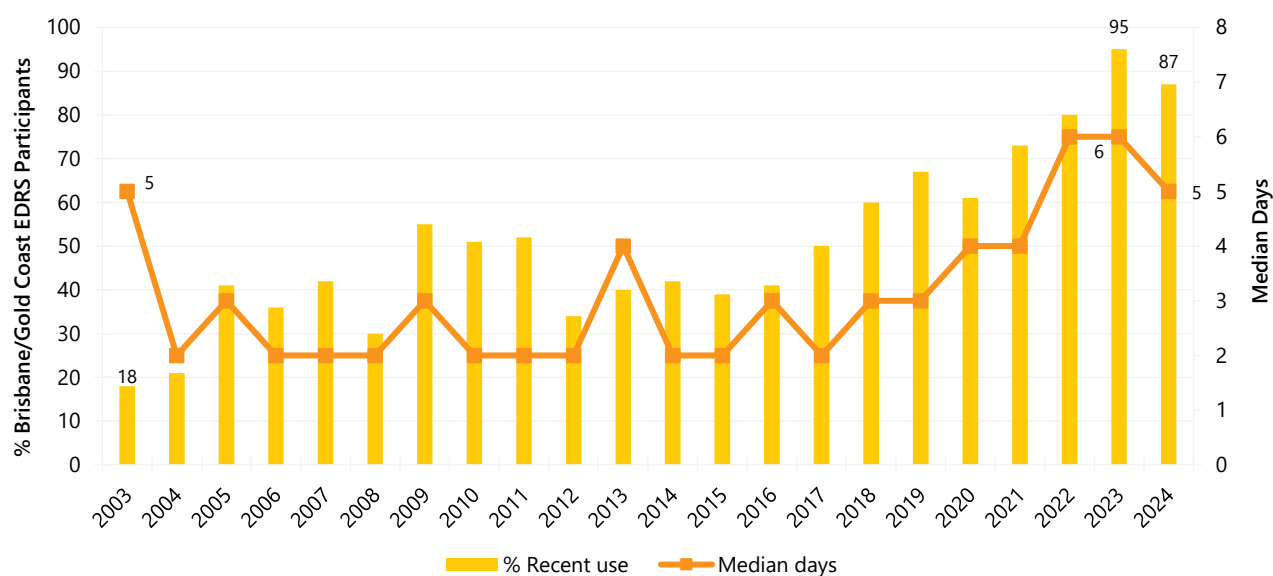
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 8 days to improve visibility of trends for days of use. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price
The median price per gram of cocaine was $350 in 2024 (IQR=300-400; n=42; $350 in 2023; IQR=300-350; n=69; *p*=0.362) (Figure 27).

Perceived Purity
The perceived purity of cocaine remained stable between 2023 and 2024 (*p*=0.151). Among those who were able to respond in 2024 (n=74), equal percentages reported purity to be 'low' (31%; 47% in 2023) or 'medium' (31%; 27% in 2023). One fifth (22%) perceived purity to be 'high' (11% in 2023) and a further 16% perceived purity to be 'fluctuating' (15% in 2023) (Figure 28).

Perceived Availability
There was a significant change in the perceived availability of cocaine between 2023 and 2024 (*p*=0.009). Among those who were able to respond in 2024 (n=75), 37% reported cocaine to be 'easy' to obtain, a decrease from 57% in 2023. A further 33% reported cocaine to be 'very easy' to obtain (31% in 2023). One quarter (27%) perceived cocaine to be 'difficult' to obtain in 2024, an increase from 11% in 2023 (Figure 29).

Figure 27: Median price of cocaine per gram, Brisbane/Gold Coast, QLD, 2003-2024
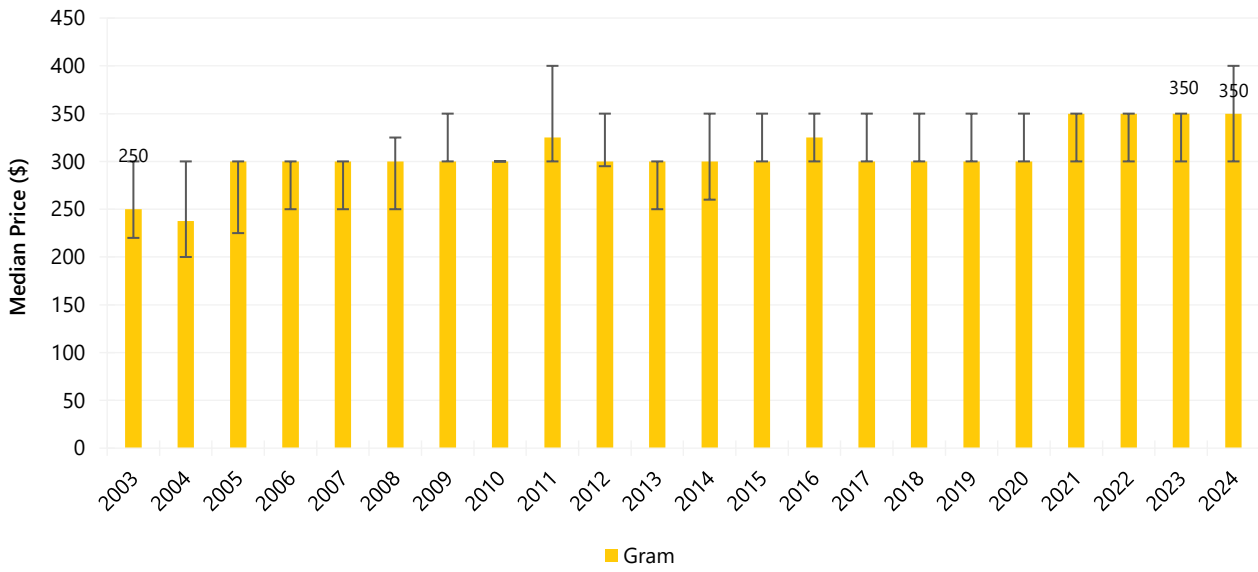

Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 28: Current perceived purity of cocaine, Brisbane/Gold Coast, QLD, 2003-2024
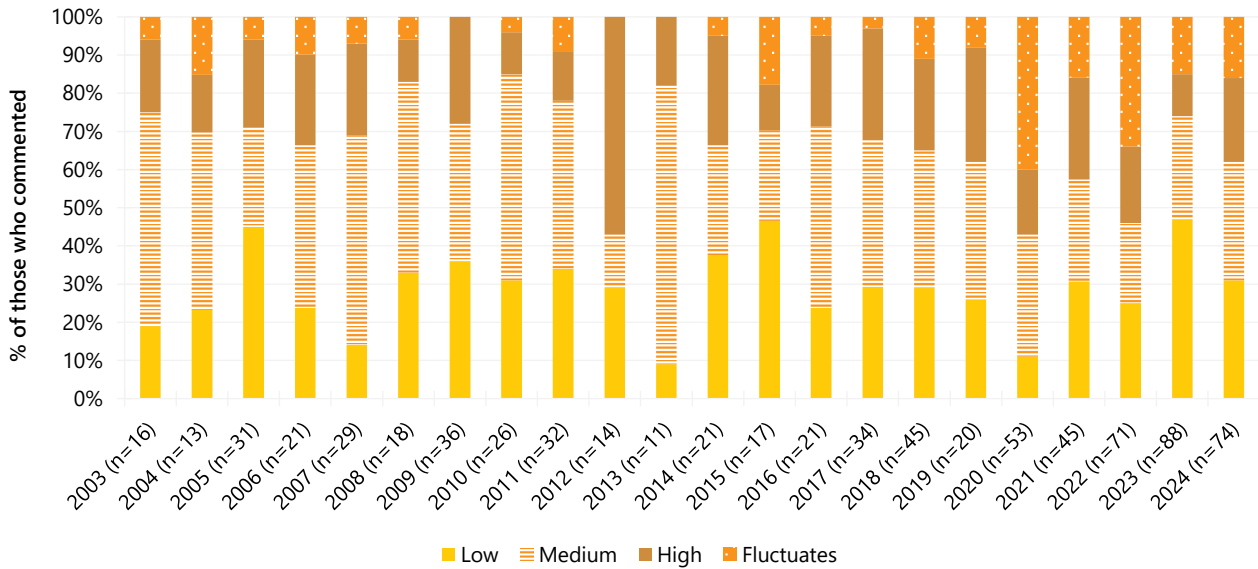
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 29: Current perceived availability of cocaine, Brisbane/Gold Coast, QLD, 2003-2024
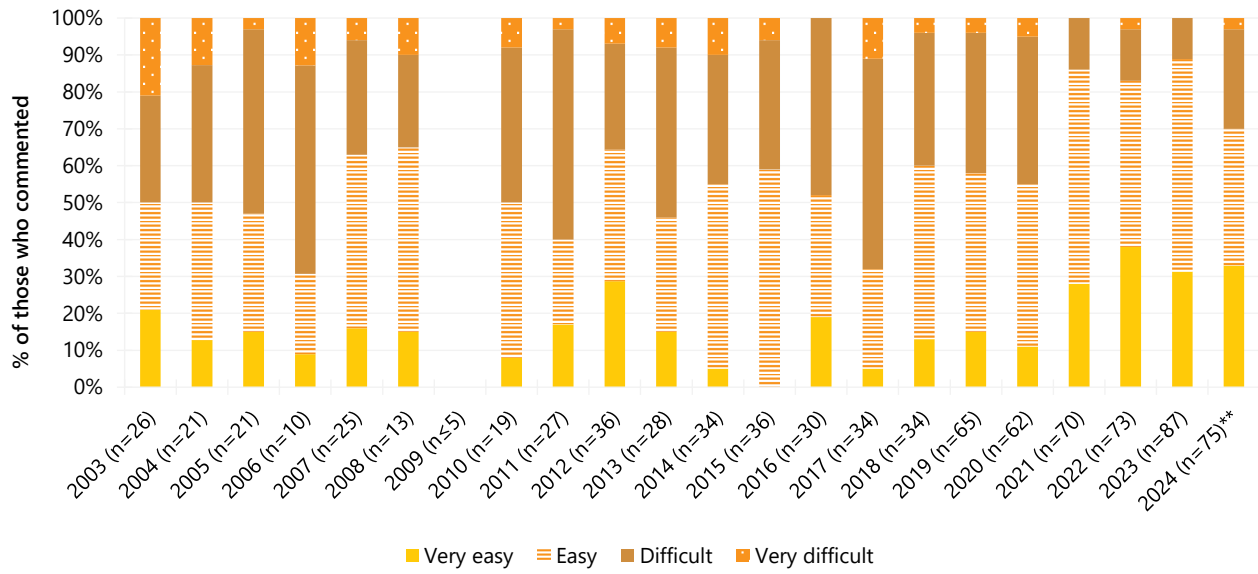
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

6

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic'), outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid-related products obtained through either of the above means.

Patterns of Consumption

Participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Fourteen per cent reported prescribed use in the six months preceding interview in 2024 (14% in 2023).

In the remainder of this chapter, data from 2021-2024, and from 2003-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). While comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use between 2022 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)
Eighty-one per cent of the Brisbane/Gold Coast sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024, remaining stable relative to 2023 (75%; p=0.393) (Figure 30).

Frequency of Use
Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=82), participants reported a median of 71 days (IQR=11-180) of use in 2024, stable relative to 2023 (30 days; IQR=6-140; n=77; p=0.144) (Figure 30). Almost two thirds (63%) of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported

weekly or more frequent use (57% in 2023; *p*=0.522), including 29% who reported daily use (23% in 2023; *p*=0.477).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=82), the vast majority (95%) reported smoking, stable relative to 2023 (95%). One third (33%) reported swallowing (35% in 2023; *p*=0.864) and almost one third (32%) reported inhaling/vaporising, stable with 30% in 2023 (*p*=0.860).

Quantity

Of those who reported recent non-prescribed use and responded, the median amount of non-prescribed cannabis and/or cannabinoid-related products used on the last occasion of use was two cones (IQR=1.5-4; n=31; 2.5 cones in 2023; IQR=1-4; n=26; *p*=0.838) or 1.50 grams (IQR=0.88-3.63; n=16; 1.50 grams in 2023; IQR=1.00-2.50; n=27; *p*=0.770) or one joint (IQR=0.6-1; n=22; 1 joint in 2023; IQR=1-1; n=18; *p*=0.466).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and responded (n=76), the majority (72%) reported recent use of outdoor grown 'bush' cannabis, a significant increase from 43% in 2023 (*p*<0.001). This was closely followed by hydroponic cannabis, with 68% reporting recent use, stable relative to 77% in 2023 (*p*=0.274). Fewer participants reported having used THC extract (22%; 17% in 2023; *p*=0.530) and (non-prescribed) CBD extract (18%; 9% in 2023, *p*=0.102) in the preceding six months. One fifth (21%) reported recent use of commercially prepared edibles, a significant increase from 2023 (n≤5; *p*=0.003). Fourteen per cent of participants reported recent use of hashish, which remained stable from 2023 (13%; *p*=0.809), and thirteen per cent of participants reported recent use of hash oil (9% in 2023; *p*=0.436) (Figure 31).

Figure 30: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Brisbane/Gold Coast, QLD, 2003-2024
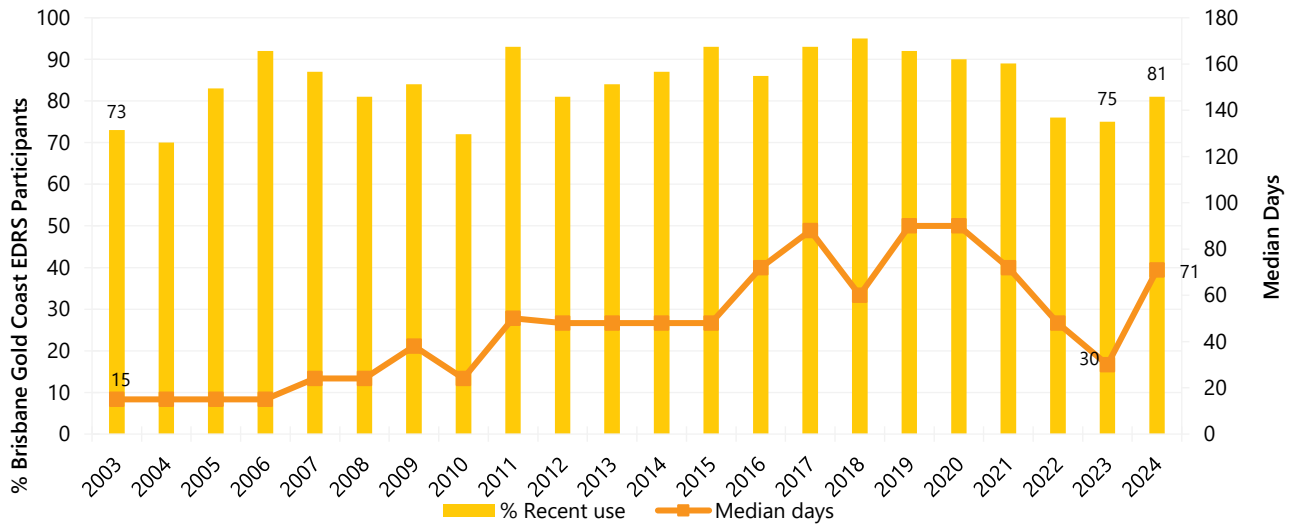
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (in 2022, 10% of participants reported use of prescribed cannabis only). Further, from 2022 onwards, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 31: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Brisbane/Gold Coast, QLD, 2018-2024
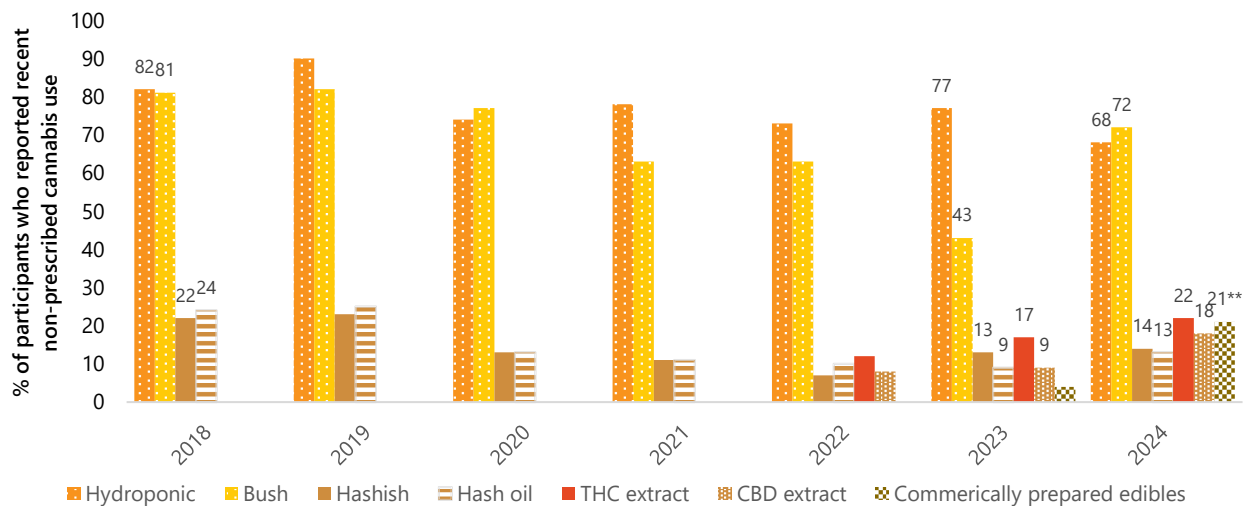
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per ounce of non-prescribed hydroponic cannabis has fluctuated over the course of monitoring. In 2024, participants paid a median of $300 per ounce (IQR=245-335; n=11), stable relative to 2023 ($320; IQR=300-388; n=7; p=0.313) (Figure 32A). Few participants (n≤5) reported on the median price per gram of non-prescribed hydroponic cannabis in 2024 ($20 in 2023; IQR=20-20; n=10; p=0.144).

Perceived Potency: The perceived potency of non-prescribed hydroponic cannabis remained stable between 2023 and 2024 (p=0.366). Among those who were able to respond in 2024 (n=40), three fifths (60%) perceived non-prescribed hydroponic cannabis to be of 'high' potency (48% in 2023), and 28% perceived potency to be 'medium' (29% in 2023) (Figure 33A).

Perceived Availability: The perceived availability of non-prescribed hydroponic cannabis remained stable between 2023 and 2024 (p=0.248). Among those who were able to respond in 2024 (n=40), half (50%) perceived non-prescribed hydroponic cannabis to be 'easy' to obtain (31% in 2023), while almost half (48%) perceived non-prescribed hydroponic cannabis to be 'very easy' to obtain (62% in 2023) (Figure 34A).

Bush Cannabis

Price: The median price per ounce of non-prescribed bush cannabis in 2024 was $250 (IQR=250-295; n=14; n≤5 in 2023; p=0.455) (Figure 32B). Few participants (n≤5) reported on the price of a gram in 2023 and 2024; therefore, further details are not reported.

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2023 and 2024 (p=0.500). Among those who were able to respond in 2024 (n=44), 36% perceived the potency of non-prescribed bush cannabis to be 'high' (20% in 2023), with a further 34% perceiving potency to be 'medium' (35% in 2023) (Figure 33B).

Perceived Availability: The perceived availability of non-prescribed bush cannabis remained stable between 2023 and 2024 (p=0.682). Among those who were able to respond in 2024 (n=44), the largest per cent (57%) perceived non-prescribed bush cannabis to be 'very easy' to obtain (50% in 2023) while almost one third (32%) perceived non-prescribed bush cannabis as 'easy' (30% in 2023) (Figure 34B).

Figure 32: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Brisbane/Gold Coast, QLD, 2006-2024
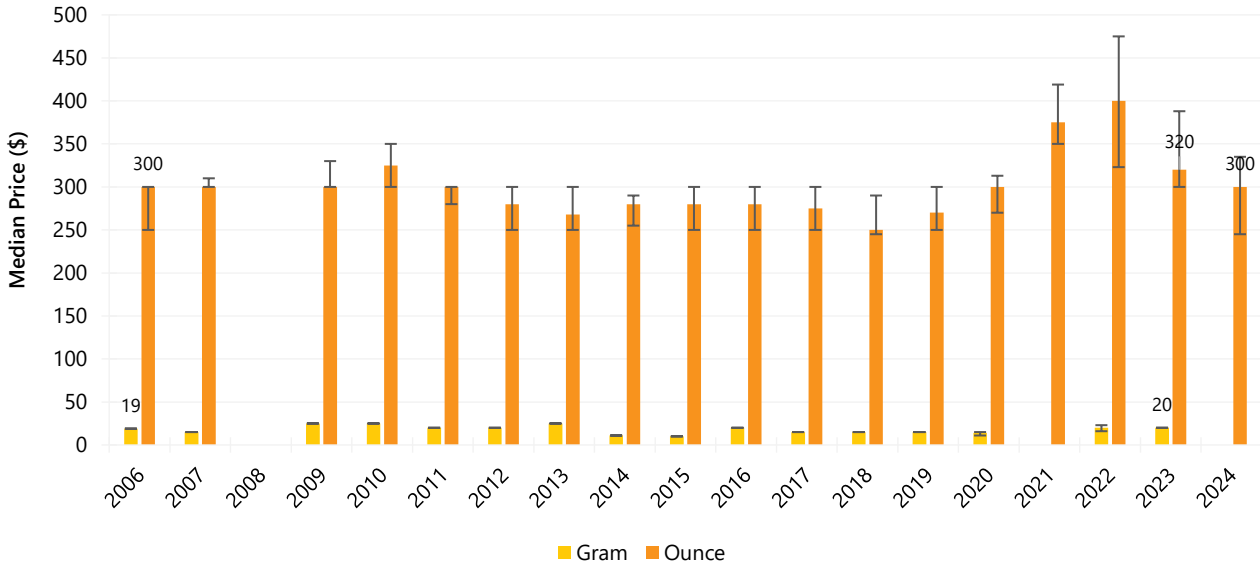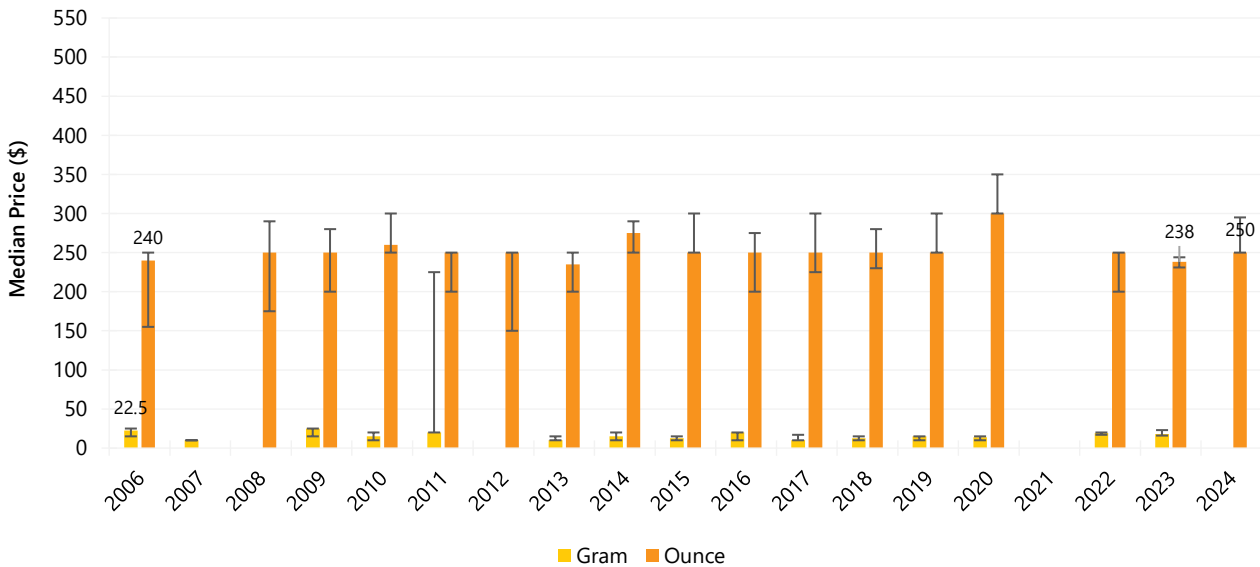
(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 33: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2006-2024

(A) Hydroponic cannabis
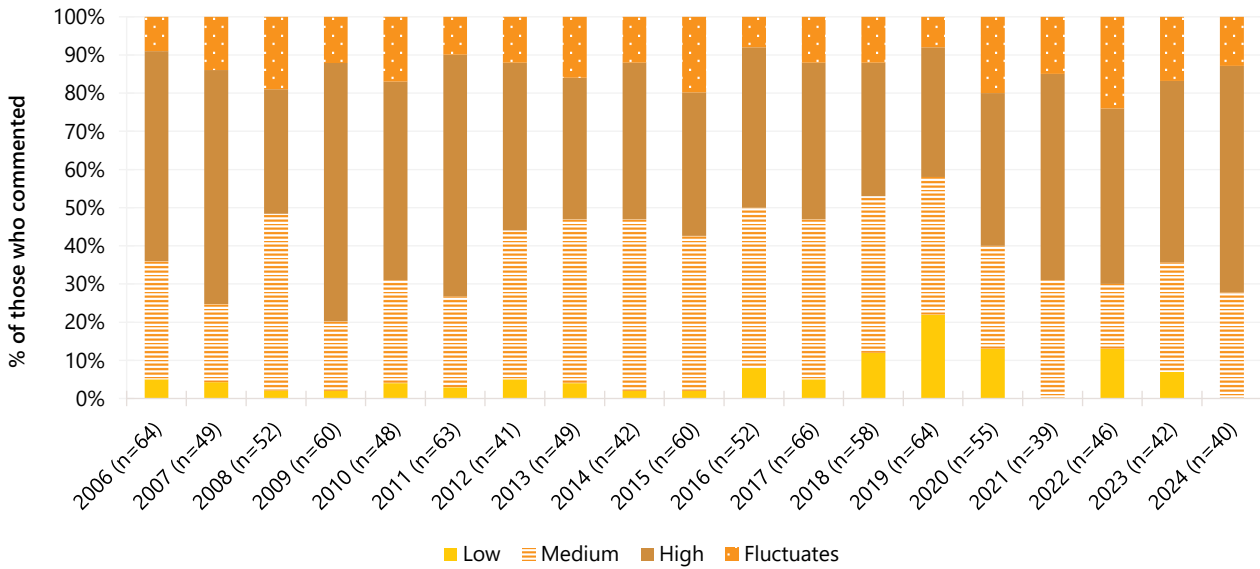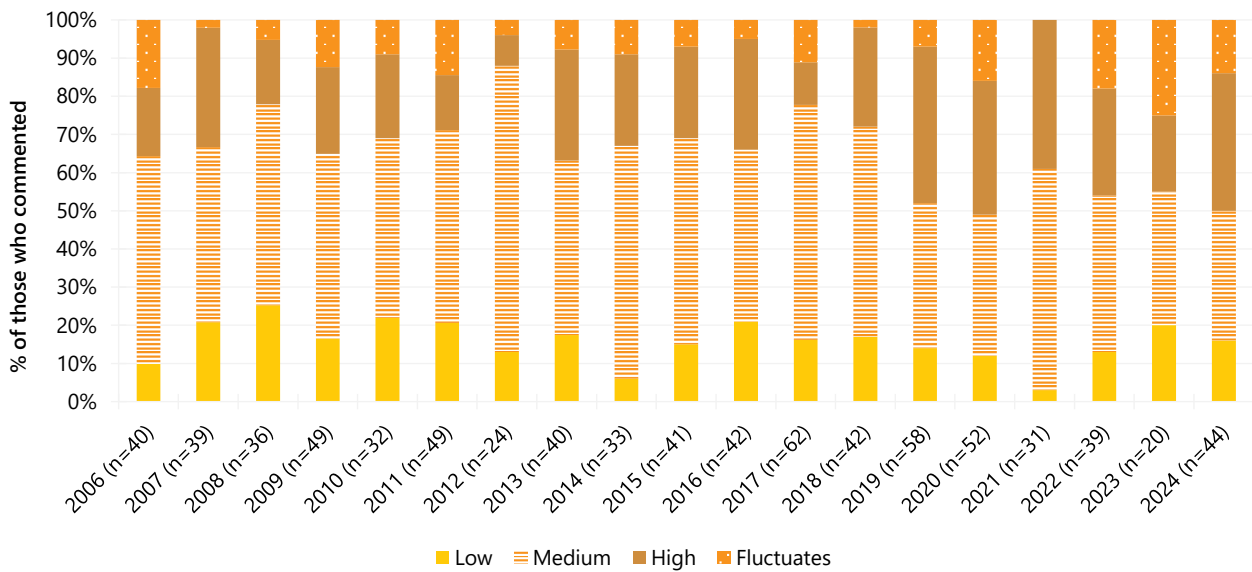
(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the perceived potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 34: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2006-2024

(A) Hydroponic cannabis
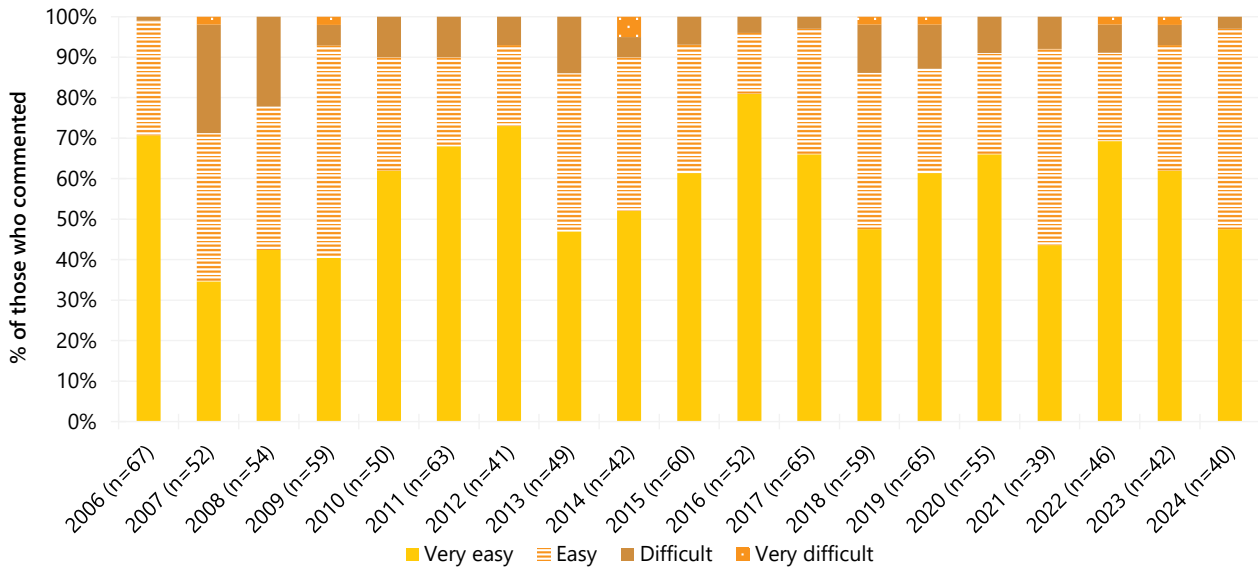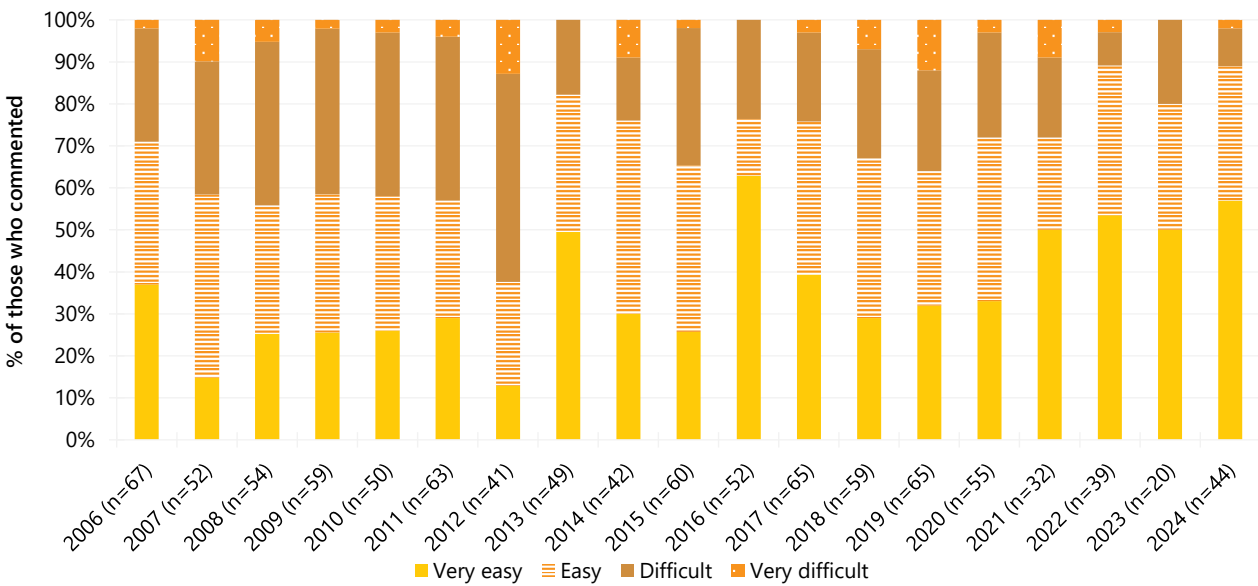
(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the perceived availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

Recent Use (past 6 months): Half (52%) of the Brisbane/Gold Coast sample reported using non-prescribed ketamine in the six months prior to interview, a significant increase from 35% in 2023 (p=0.017) (Figure 35).

Frequency of Use: Of those who had recently consumed non-prescribed ketamine and commented (n=53), median days of use remained low and stable in 2024 (4 days; IQR=2-10), relative to 2023 (3 days; IQR=2-5; n=36; p=0.336) (Figure 35). Few participants (n≤5) reported weekly or more frequent use in 2024, therefore, these data are suppressed (11% in 2023).

Routes of Administration: Among participants who had recently consumed non-prescribed ketamine and commented (n=53), most (92%) participants reported snorting in 2024, stable from 2023 (92%).

Quantity: Of those who reported recent use and responded (n=35), the median amount of non-prescribed ketamine used in a 'typical' session was 0.20 grams (IQR=0.18-0.45; 0.28 grams in 2023; IQR=0.20-0.50; n=24; p=0.193). Of those who reported recent use and responded (n=36), the median maximum amount of non-prescribed ketamine used in a session was 0.45 grams (IQR=0.20-0.76; 0.40 grams in 2023; IQR=0.25-0.60; n=25; p=0.621).

Figure 35: Past six month use and frequency of use of non-prescribed ketamine, Brisbane/Gold Coast, QLD, 2003-2024
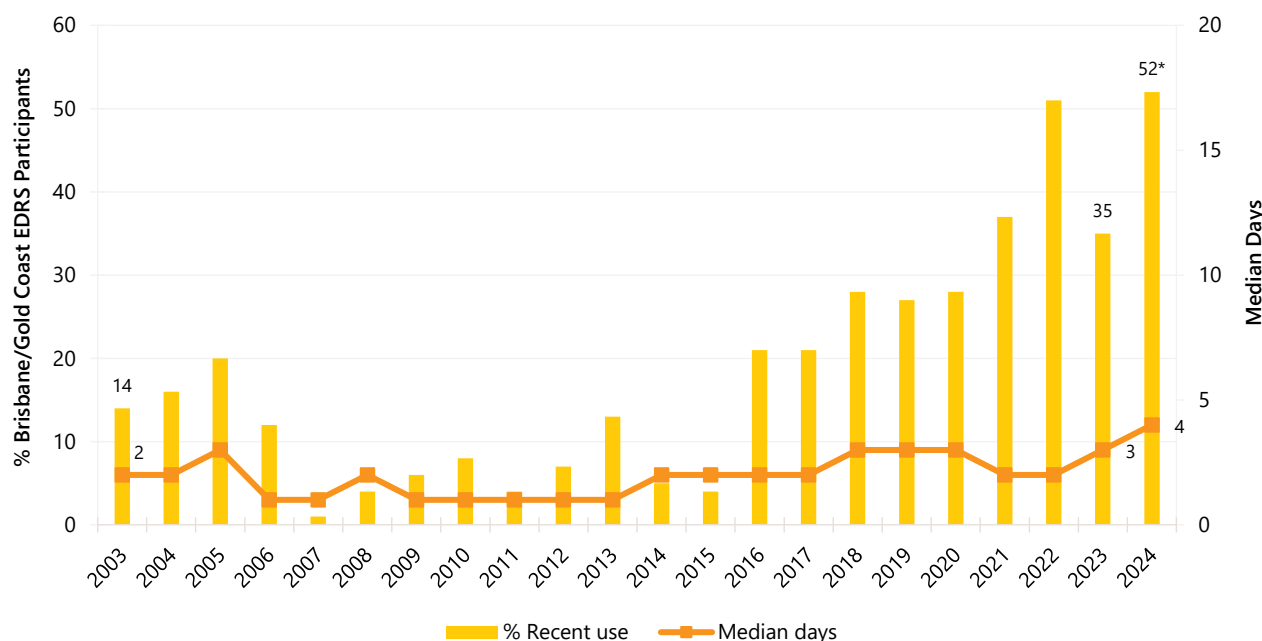
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60% and secondary Y axis reduced to 20 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price: The median reported price of non-prescribed ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2024 was $200 (IQR=158-245; n=18), stable from 2023 ($250; IQR=200-250; n=17; $p=0.066$) (Figure 36).

Perceived Purity: The perceived purity of non-prescribed ketamine remained stable between 2023 and 2024 ($p=0.802$). Among those who were able to respond in 2024 (n=33), the highest percentage (58%) perceived the purity of ketamine to be 'high' (60% in 2023) (Figure 37).

Perceived Availability: The perceived availability of non-prescribed ketamine remained stable between 2023 and 2024 ($p=0.171$). Of those who were able to respond in 2024 (n=34), two fifths (41%) reported ketamine to be 'easy' to obtain (38% in 2023), with a further 29% perceiving it to be 'very easy' to obtain (15% in 2023). In contrast, one quarter (26%) perceived ketamine to be 'difficult' to obtain (27% in 2023) (Figure 38).

Figure 36: Median price of non-prescribed ketamine per gram, Brisbane/Gold Coast, QLD, 2003-2024
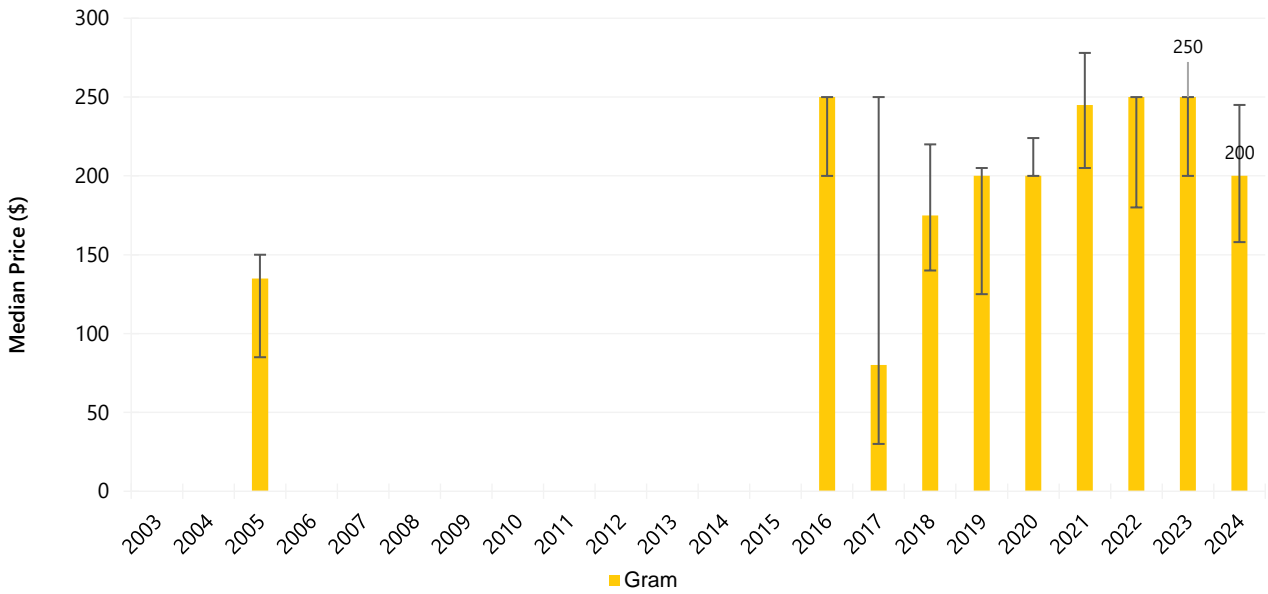
Note. Among those who commented. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 37: Current perceived purity of non-precribed ketamine, Brisbane/Gold Coast, QLD, 2003-2024
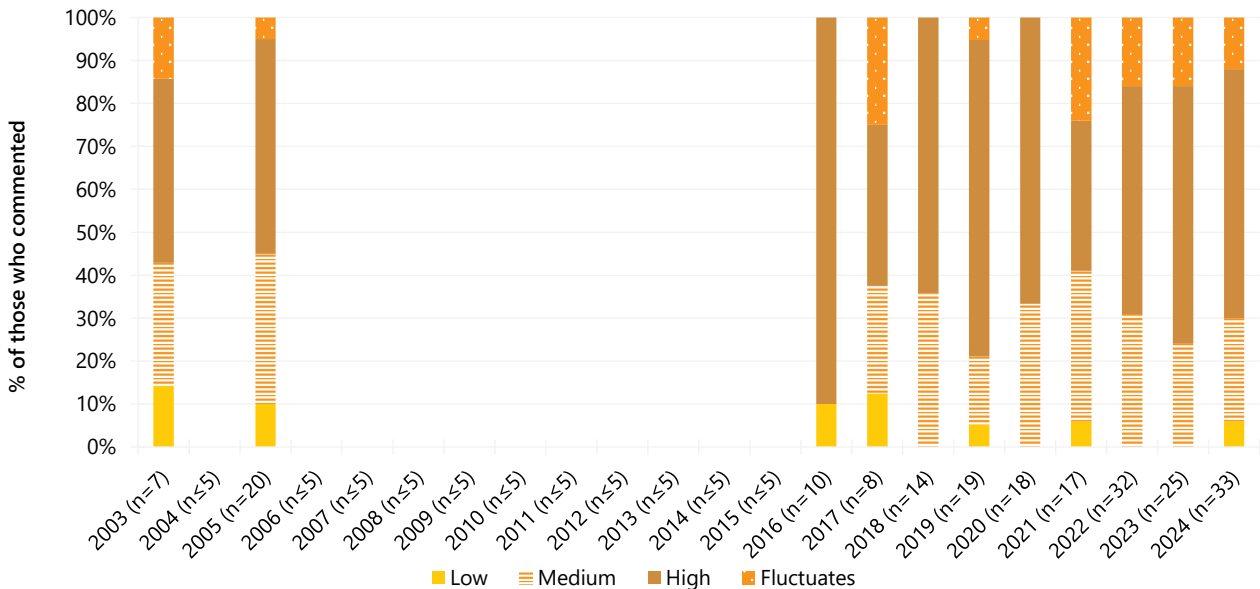
Note. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 38: Current perceived availability of non-prescribed ketamine, Brisbane/Gold Coast, QLD, 2003-2024

Note. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

LSD

Patterns of Consumption

Recent Use (past 6 months): Two fifths (42%) of the Brisbane/Gold Coast sample had used LSD in the six months preceding interview, stable relative to 2023 (42%) (Figure 39).

Frequency of Use: Median days of LSD use over the years has remained low. Of those who had recently consumed LSD in 2024 and commented (n=42), frequency of use remained stable at two days (IQR=2-5; 3 days in 2023; IQR=1-6; n=43; *p*=0.680) (Figure 39). Few participants (n≤5) who had recently consumed LSD reported weekly or more frequent use in 2024 (n≤5 in 2023; *p*=0.676).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=42), all participants (100%) reported swallowing LSD in 2024, stable from 2023 (100%).

Quantity: Of those who reported recent use and responded (n=25), the median amount of LSD used in a 'typical' session was one tab (IQR=1-1.5; 1 tab in 2023; IQR=1-1; n=33; *p*=0.195). Of those who reported recent use and responded (n=25), the median maximum amount of LSD used in a session was 1.5 tabs (IQR=1-2; 1 tab in 2023; IQR=1-2; n=33; *p*=0.141).

Figure 39: Past six month use and frequency of use of LSD, Brisbane/Gold Coast, QLD, 2003-2024

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 80 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price: The median price for one tab of LSD was $25 (IQR=21-25; n=14), stable relative to $20 in 2023 (IQR=20-25; n=21; p=0.482) (Figure 40).

Perceived Purity: The perceived purity of LSD remained stable between 2023 and 2024 (p=0.177). Among those who were able to respond in 2024 (n=35), almost half (49%) perceived the purity of LSD to be 'high' (68% in 2023), followed by almost one third (31%) who reported the purity to be 'medium' (15% in 2023) (Figure 41).

Perceived Availability: The perceived availability of LSD remained stable between 2023 and 2024 (p=0.257). Of those able to comment in 2024 (n=35), almost two fifths (37%) reported LSD as being 'difficult' to obtain (49% in 2023). In contrast, almost one third (31%) reported LSD as being 'easy' to obtain (33% in 2023) (Figure 42).

Figure 40: Median price of LSD per tab, Brisbane/Gold Coast, QLD, 2003-2024
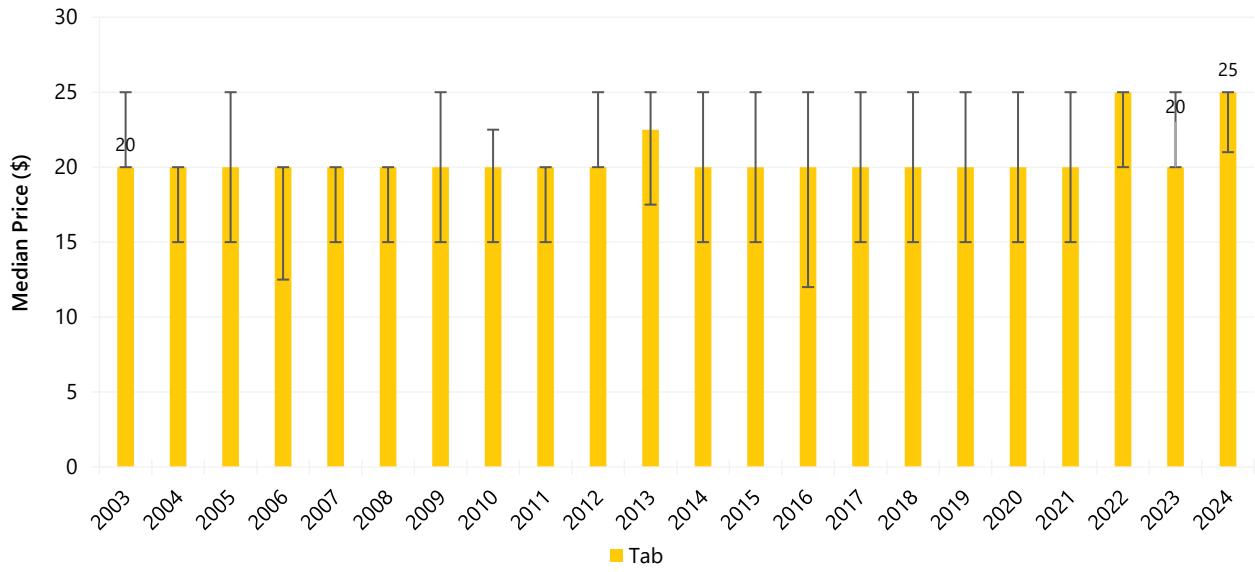
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 41: Current perceived purity of LSD, Brisbane/Gold Coast, QLD, 2003-2024
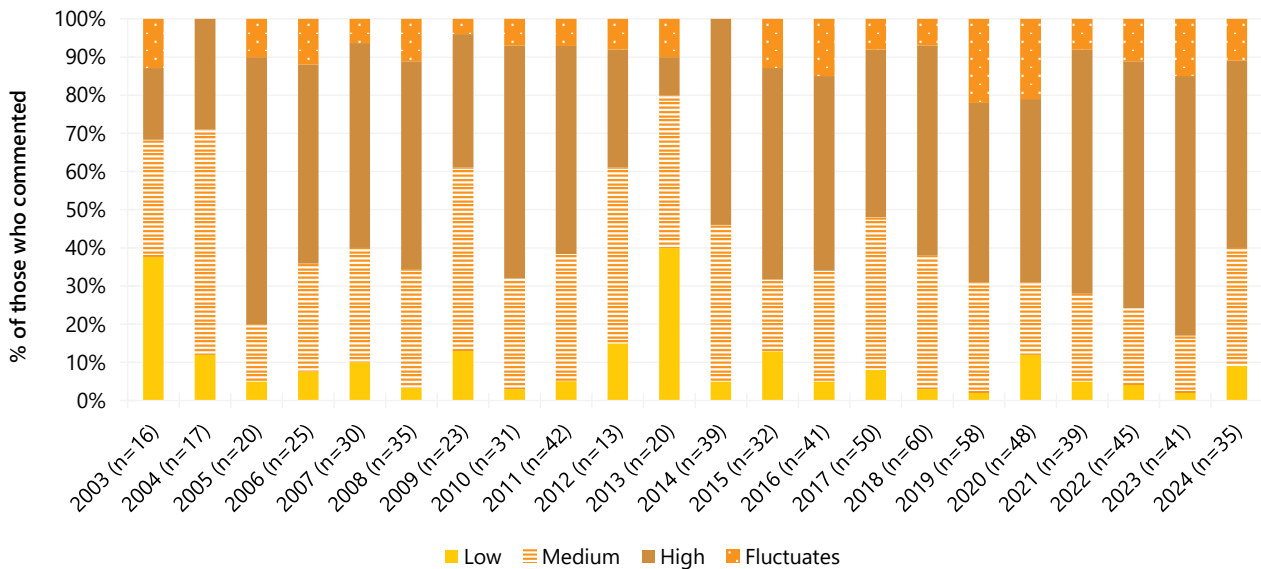
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 42: Current perceived availability of LSD, Brisbane/Gold Coast, QLD, 2003-2024
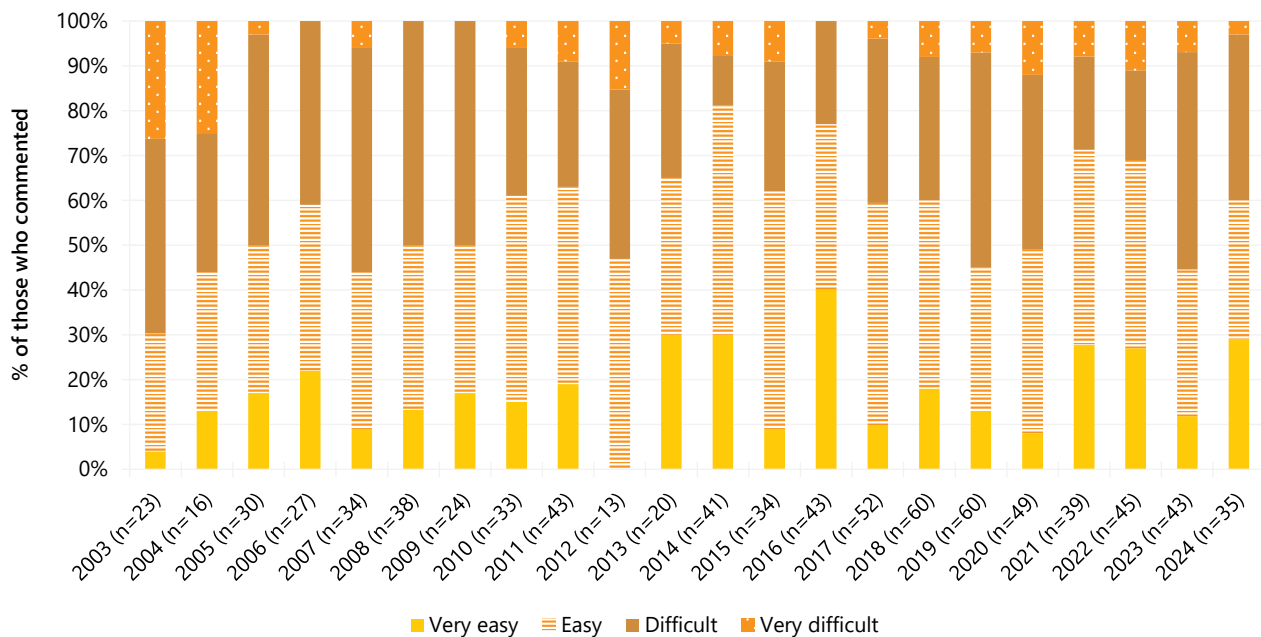
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

DMT

Patterns of Consumption

Recent Use (past 6 months): DMT use has fluctuated over the reporting period, with 15% reporting recent use in 2024, stable relative to 16% in 2023 (Figure 43).

Frequency of Use: Median days of DMT use across the years has been infrequent and stable, with a median of two days of use (IQR=1-2; n=15) reported in 2024 (1 day in 2023; IQR=1-2; n=16; *p*=0.549) (Figure 43).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=15), route of administration remained stable, with 87% reporting smoking (100% in 2023; *p*=0.226).

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a 'typical' session in 2024, therefore, further details are not reported (n≤5 in 2023).

Figure 43: Past six month use and frequency of use of DMT, Brisbane/Gold Coast, QLD, 2010-2024
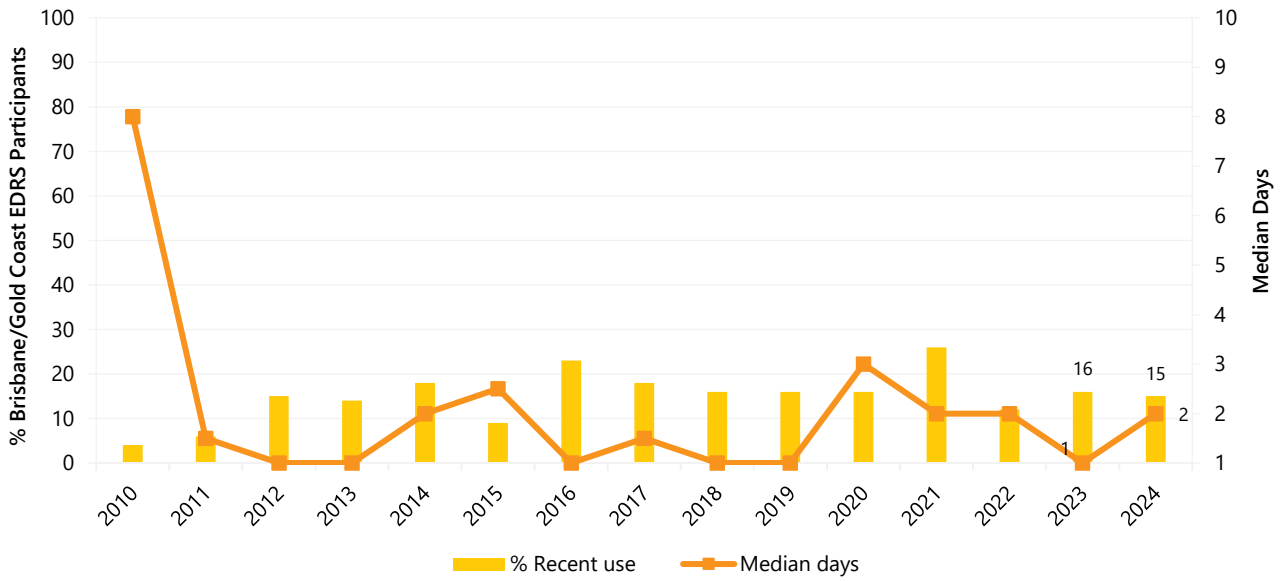
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

8

# New Psychoactive Substances

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

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

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

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 56% in 2014 and declining to 18% in 2024 (13% in 2023; *p*=0.338) (Table 3).

Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 52% in 2014 and declining to 16% in 2024 (10% in 2023; *p*=0.229) (Table 3).

Forms Used

Participants are asked about a range of NPS, updated each year to reflect key emerging substances of interest. NPS use among the Brisbane/Gold Coast sample has fluctuated over time, although 2024 observed the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants (n≤5) reporting use of any individual NPS (Table 4), with the exception of any phenethylamines (6%; n≤5 in 2023). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 3: Past six month use of NPS (including and excluding plant-based NPS), Brisbane/Gold Coast, QLD, 2010-2024

%	Including plant-based NPS	Excluding plant-based NPS
2010	16	15
2011	22	21
2012	48	48
2013	47	44
2014	56	52
2015	39	39
2016	41	40
2017	26	25
2018	27	25
2019	27	22
2020	21	19
2021	15	14
2022	13	8
2023	13	10
2024	**18**	**16**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 7 and Chapter 9, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 4: Past six month use of NPS by drug type, Brisbane/Gold Coast, QLD, 2010-2024

	2010 (N=92)	2011 (N=76)	2012 (N=92)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=73)	2022 (N=102)	2023 (N=102)	2024 (N=101)
% Phenethylamines ^	-	15	11	25	37	22	22	14	20	18	10	-	-	6	**6**
Any 2C substance~	-	12	10	20	27	14	15	10	14	12	8	-	-	-	-
NBOMe	/	/	/	/	18	8	9	-	-	-	-	0	-	-	**0**
DO-x	0	-	0	-	0	0	0	0	0	-	0	0	-	-	**0**
Tuci	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
4-FA	/	/	/	/	/	/	/	-	0	0	-	0	0	0	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Tryptamines^^	-	6	15	14	18	9	23	19	16	18	17	-	-	-	-
5-MeO-DMT	0	-	0	-	-	-	-	-	-	-	-	-	-	-	-
% Synthetic cathinones	13	14	15	11	6	6	6	10	-	-	-	-	-	-	-
Mephedrone	13	13	6	8	-	-	0	-	0	-	-	-	-	0	**0**
Methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Methylone/bk MDMA	/	-	6	-	-	-	-	7	-	-	-	-	-	0	**0**
MDPV/Ivory wave	0	-	10	0	-	-	0	0	0	0	0	-	-	0	**0**
Alpha PVP	/	/	/	/	/	/	-	-	0	-	0	0	0	0	**0**
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	-	0	0	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0	-	-	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	0	-	0	-	0	**0**
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
4-chloromethcathinone	c	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	-	0	-
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**0**
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Piperazines	-	-	-	0	-	0	0	0	/	/	/	/	/	/	**/**
% Dissociatives	/	/	-	-	-	0	-	-	0	0	-	0	-	-	-
Methoxetamine (MXE)	/	/	-	-	-	0	-	-	0	0	0	0	0	0	-
2F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	-	0	0	-
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	-
3F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**

	2010 (N=92)	2011 (N=76)	2012 (N=92)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=73)	2022 (N=102)	2023 (N=102)	2024 (N=101)
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
Tiletamine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	0	-	-	**0**
% Plant-based NPS	-	-	-	10	10	-	-	-	-	8	-	-	8	7	**-**
Ayahuasca	/	/	/	/	0	0	0	-	0	-	-	-	-	-	**-**
Mescaline	-	-	-	0	-	-	-	-	-	-	0	-	6	-	**0**
Salvia divinorum	/	-	0	-	-	-	-	-	-	-	0	-	-	-	**-**
Kratom/mitragynine	/	/	/	/	/	/	/	/	/	/	0	-	-	-	**-**
% Benzodiazepines	/	/	/	/	/	/	-	-	-	-	-	-	-	-	**-**
Etizolam	/	/	/	/	/	/	-	-	-	-	-	-	-	-	**0**
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**-**
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**0**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**-**
Flubromazepam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Phenazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0	0	-	0	**0**
% Xylazine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Synthetic cannabinoids (e.g., ADB-BUTINACA, 4F-MDMB-BUTICA, FUB-AM)	/	-	27	21	14	14	-	-	-	-	6	-	-	-	**0**
% Herbal high#	/	/	18	0	10	6	8	-	-	-	/	/	/	/	**/**
Phenibut	/	/	/	/	/	/	/	/	/	-	-	0	-	0	**-**
4F-phenibut	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Glaucine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Other drugs that mimic the effect of opioids (e.g., acetylfentanyl, nitazenes)	/	/	/	/	/	/	/	0	-	-	-	0	-	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	0	0	-	-	0	**-**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	-	-	-	**-**

	2010 (N=92)	2011 (N=76)	2012 (N=92)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=73)	2022 (N=102)	2023 (N=102)	2024 (N=101)
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	-	0	-	-	-	**0**
Other new and emerging psychoactive substances	/	/	/	/	/	/	/	/	-	-	-	0	-	0	-

Note. NPS first asked about in 2010. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline w-as removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 7 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2024 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019, three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2024, 10% reported using any non-prescribed codeine in the past six months, stable relative to 2023 (13%; p=0.645) (Figure 44).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented (n=10) reported use on a median of six days (IQR=2-13) in the past six months, stable relative to 2023 (4 days; IQR=2-10; n=13; p=0.950).

Pharmaceutical Opioids

Recent Use (past 6 months): Sixteen per cent of the Brisbane/Gold Coast sample had recently used non-prescribed pharmaceutical opioids in 2024, excluding codeine (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl), stable from 13% in 2023 (p=0.550) (Figure 44).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids reported use on a median of four days (IQR=2-16; n=16) in the six months preceding interview (6 days in 2023; IQR=1-20; n=13).

Forms used: Among participants who had recently consumed non-prescribed pharmaceutical opioids and commented in 2024 (n=15), the main brand used in the six months preceding interview was oxycodone (67%). Few participants (n≤5) were able to report on other forms used.

Benzodiazepines

From 2019-2023, participants were asked about non-prescribed alprazolam use and non-prescribed use of 'other' benzodiazepines (e.g., diazepam). In 2024, the two forms were combined, such that participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) has fluctuated considerably over the course of monitoring, with 26% of the Brisbane/Gold Coast sample reporting recent use in 2024, stable relative to 2023 (25%; p=0.869) (Figure 44).

Frequency of Use: Participants who reported recent non-prescribed use of benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) reported a median of five days (IQR=2-19; n=26; 10 days in 2023; IQR=4-30; n=17; p=0.150) of use in 2024.

Forms Used: Among participants who had recently consumed non-prescribed benzodiazepines and commented in 2024 (n=25), the main brand used in the six months preceding interview was Valium (diazepam) (50%), followed by the generic form of Diazepam (29%) and Xanax (alprazolam) (25%).

Steroids

Recent Use (past 6 months): Few participants (n≤5) had recently used non-prescribed steroids in 2024, stable relative to 2023 (n≤5; p=0.369) (Figure 44).

Antipsychotics

Recent Use (past 6 months): Six per cent of the Brisbane/Gold Coast sample had recently used non-prescribed antipsychotics in 2024, stable relative to 2023 (7%) (Figure 44).

Frequency of Use: Participants who had recently used non-prescribed antipsychotics and commented (n=6) reported use on a median of five days (IQR=3-5) in the six months preceding interview (2 days in 2023; IQR=2-18; n=7; p=0.299).

Figure 44: Non-prescribed use of pharmaceutical medicines in the past six months, Brisbane/Gold Coast, QLD, 2007-2024
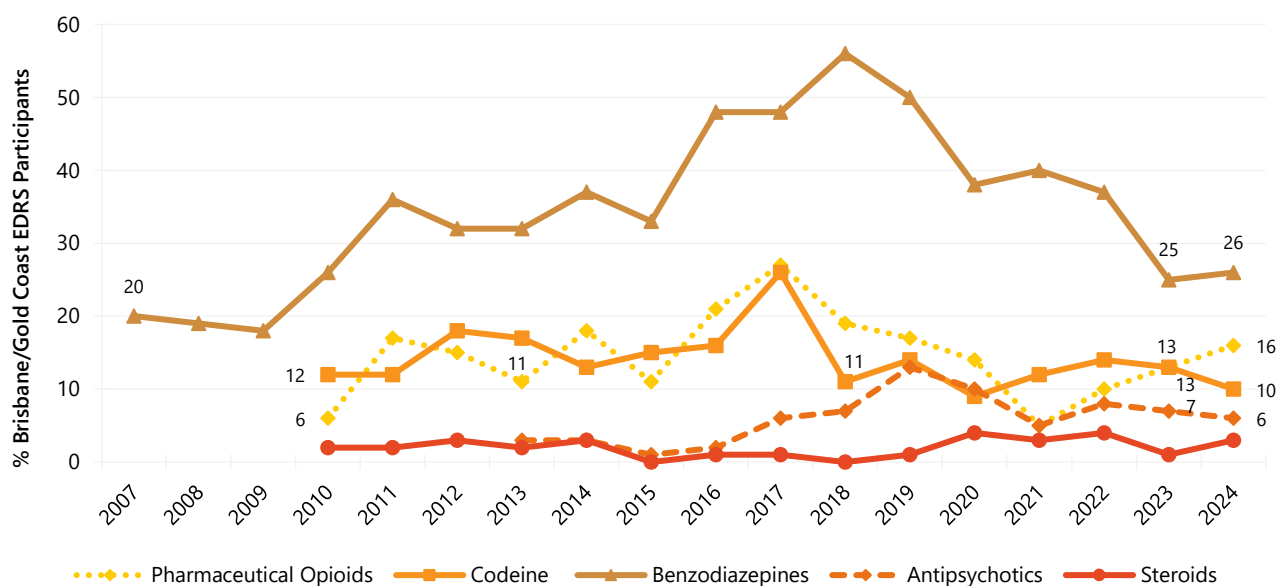
Note. Non-prescribed use is reported for prescription medicines Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2024), with high-dose codeine excluded from pharmaceutical opioids from 2018. Between 2019 and 2023, participants were asked about 'alprazolam' and 'other benzodiazepines'. In 2024, 'alprazolam' and 'other benzodiazepines' were combined. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Other Illicit Drugs

Non-Prescribed Hallucinogenic Mushrooms/Psilocybin

Recent Use (past 6 months): In 2024, 45% of the Brisbane/Gold Coast sample reported recent use of hallucinogenic mushrooms/psilocybin in the six months prior to the interview, stable from 2023 (45%) (Figure 45).

Frequency of Use: A median of three days of hallucinogenic mushroom/psilocybin use (IQR=1-8; n=45) was reported in the six months prior to interview in 2024 (2 days in 2023; IQR=1-4; n=46; *p*=0.084).

Kava

Recent Use (past 6 months): In 2024, 12% of the Brisbane/Gold Coast sample reported recent use of kava in the six months prior to the interview, stable relative to 2023 (7%; *p*=0.244) (Figure 45).

Frequency of Use: A median of four days of kava use (IQR=2-18; n=11) was reported in the six months prior to interview in 2024 (5 days in 2023; IQR=2-10; *p*=0.582).

MDA

Due to low numbers reporting recent use of MDA, further details are not reported (n≤5 in 2023 and 2024) (Figure 45). Please refer to the 2024 National EDRS Report trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Substance with Unknown Contents

Capsules: Seven per cent of participants reported recent use of capsules with 'unknown contents' in 2024 (n≤5 in 2023; p=0.373) (Figure 45).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Twenty per cent of participants reported use of any substance with 'unknown contents' in 2024 (13% in 2023; p=0.189) on a median of one day (IQR=1-5; n=20), stable from one day in 2023 (IQR=1-2; n=13; p=0.793).

When broken down by substance form, 15% of participants reported recent use of powder (8% in 2023; p=0.135). Few participants (n≤5) reported recent use of pills and crystal with 'unknown contents' in 2024, therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Quantity: From 2020, we asked participants about the average amount of capsules and pills used with 'unknown contents' in the six months preceding interview. Of those who reported recent use and responded (n=7), the median number of capsules with 'unknown contents' used in a 'typical' session was two (IQR=1-3.3; n≤5 in 2023). Few participants (n≤5) were able to answer questions regarding the median quantity of pills used in a 'typical' session in 2024, therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

PMA

No participants reported recent use of PMA in 2024 (0% in 2023) (Figure 45). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

PMMA

Few participants (n≤5) reported recent use of PMMA in 2024 (0% in 2023; p=0.495) (Figure 45). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Heroin

Few participants (n≤5) reported recent use of heroin in 2024, therefore, further details are not reported (n≤5 in 2023; p=0.369) (Figure 45). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

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

Recent Use (past 6 months): In 2023, 8% of the Brisbane/Gold Coast sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, stable with 15% in 2023 (p=0.186) (Figure 45).

Frequency of Use: A median of five days of GHB/GBL/1,4-BD use (IQR=2-18; n=8) was reported in the six months prior to interview in 2024 (4 days in 2023; IQR=1-9; n=15; *p*=0.579).

Figure 45: Past six month use of other illicit drugs, Brisbane/Gold Coast, QLD, , 2003-2024
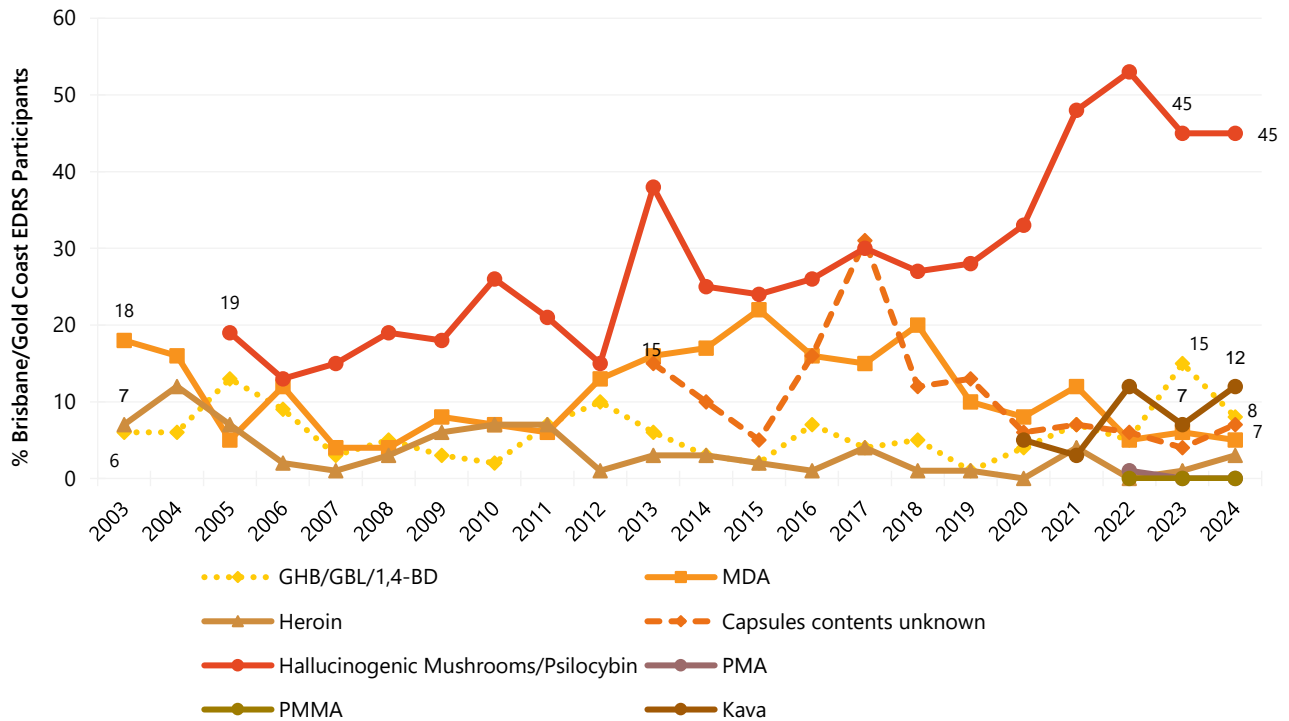
Note. In 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the Brisbane/Gold Coast sample continued to report recent use of alcohol in 2024 (97%), stable relative to 2023 (95%; *p*=0.721) (Figure 46).

Frequency of Use: A median of 48 days of alcohol use in the past six months (IQR=21-72; n=98) was reported in 2024 (36 days in 2023; IQR=20-60; n=97; *p*=0.365). Seventy-four per cent of those who recently consumed alcohol had done so on a weekly or more frequent basis in 2024, stable from 2023 (71%; *p*=0.630). Few participants (n≤5) reported daily use of alcohol in 2024 (n≤5 in 2023; *p*=0.065).

Tobacco

In 2024, for the first time, questions were included about illicit tobacco. This was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): Seventy-one per cent of the Brisbane/Gold Coast sample reported recent tobacco use in 2024, which remained stable from 62% in 2023 (*p*=0.184) (Figure 46). Thirty-

seven per cent of the sample reported recent use of smoked or non-smoked illicit tobacco products (data not collected in 2023).

Frequency of Use: Participants reported using tobacco on a median of 60 days in 2024 (IQR=12-180; n=72; 30 days in 2023; IQR=7-158; n=63; *p*=0.306), with 31% of participants who had recently used tobacco reporting daily use (24% in 2023; *p*=0.449).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants reported recent use of prescribed e-cigarettes in 2022 (n≤5), 2023 (8%; n=8) and 2024 (0%). Data below for 2022 to 2024 refers only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Sixty-four per cent of the 2024 Brisbane/Gold Coast sample had used non-prescribed e-cigarettes in the six months preceding interview (71% in 2023; *p*=0.370) (Figure 46). No participants in Brisbane/Gold Coast reported recent use of prescribed e-cigarettes in 2024, a significant decrease from 2023 (8%; *p*=0.007).

Frequency of Use: A median frequency of 100 days of non-prescribed use was reported in the past six months in 2024 (IQR=20-180; n=65), from 115 days in 2023 (IQR=30-180; n=72; *p*=0.337). Forty-two per cent of participants who had recently used non-prescribed e-cigarettes reported daily use (46% in 2023; *p*=0.737).

Contents and Forms Used: Among participants who had recently used non-prescribed e-cigarettes and responded (n=63), the majority (97%) reported using e-cigarettes containing nicotine. Among participants who had recently used e-cigarettes and responded in 2024 (n=64), participants most commonly reported using disposable devices (92%), followed by pods (27%).

One fifth (22%) of the total sample reported vaping substances other than nicotine/vape juice. Among those who vaped substances other than nicotine/vape juice and commented (n=22), the most commonly vaped substance was cannabis (91%).

Reason for Use: Of those who reported any (i.e., prescribed and non-prescribed) e-cigarette use and responded (n=65), 15% of the Brisbane/Gold Coast sample reported that they used e-cigarettes as a smoking cessation tool in 2024, a significant decrease relative to 2023 (37%; *p*=0.005).

Nicotine Pouches

Recent Use (past 6 months): Seventeen per cent of the Brisbane/Gold Coast sample had used nicotine pouches in the six months preceding interview (not asked in 2023 or earlier years) (Figure 46)

Frequency of Use: A median frequency of three days of use was reported in the past six months in 2024 (IQR=2-6; n=17).

Nitrous Oxide

Recent Use (past 6 months): One third (35%) of the Brisbane/Gold Coast sample reported recent use of nitrous oxide in 2024, stable relative to 2023 (31%; *p*=0.659) (Figure 46).

Frequency of Use: Frequency of use remained stable at a median of three days (IQR=2-9; n=35) in 2024 (4 days in 2023; IQR=2-8; n=32; *p*=0.675).

Quantity: Among those who reported recent use and responded (n=34), the median amount used in a 'typical' session was five bulbs (IQR=3-10; 10 bulbs in 2023; IQR=5-10; n=31; *p*=0.312). Of those who reported recent use and responded (n=32), the median maximum amount used was 10 bulbs (IQR=4-20; 10 bulbs in 2023; IQR=6-20; n=31; *p*=0.468).

Amyl Nitrite

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

Recent Use (past 6 months): After considerable fluctuation over the course of monitoring, forty-five per cent of the Brisbane/Gold Coast sample reported recent use of amyl nitrite in 2024, stable relative to 2023 (32%; *p*=0.089) (Figure 46).

Frequency of Use: A median of two days of use was reported in 2024 (IQR=1-6; n=45; 2 days in 2023; IQR=1-6; n=33; *p*=0.597).

Figure 46: Licit and other drugs used in the past six months, Brisbane/Gold Coast, QLD, 2003-2024
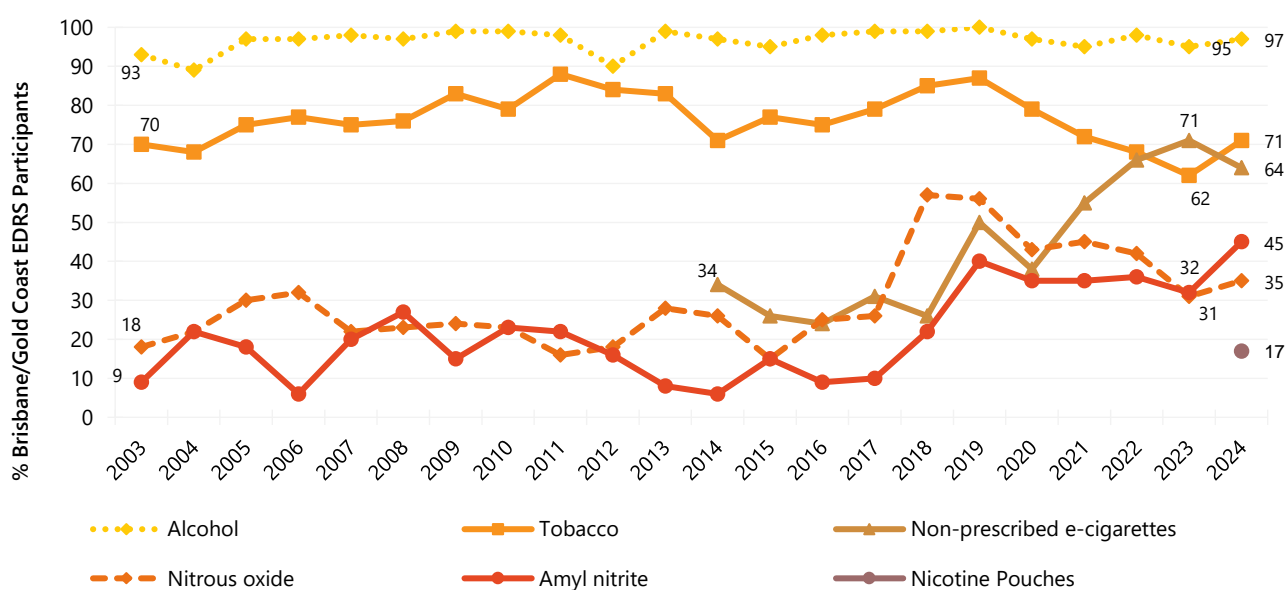
Note. Regarding e-cigarettes, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](). Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

10

Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who responded (n=101), the most commonly used substances were alcohol (74%) and MDMA (56%), followed by cannabis (48%) and cocaine (42%).

Eighty-six per cent (n=87) of the Brisbane/Gold Coast sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of drug classes were stimulants and depressants (30%), followed by stimulants, depressants, and cannabis (19%). Eight per cent reported using hallucinogens/dissociatives, cannabis, depressants, and stimulants. Seven per cent reported using stimulants and cannabis, and 7% reported using hallucinogens/dissociatives, depressants and stimulants. Twelve per cent reported using stimulants alone (Figure 47).

Figure 47: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Brisbane/Gold Coast, QLD, 2024: Most common drug pattern profiles
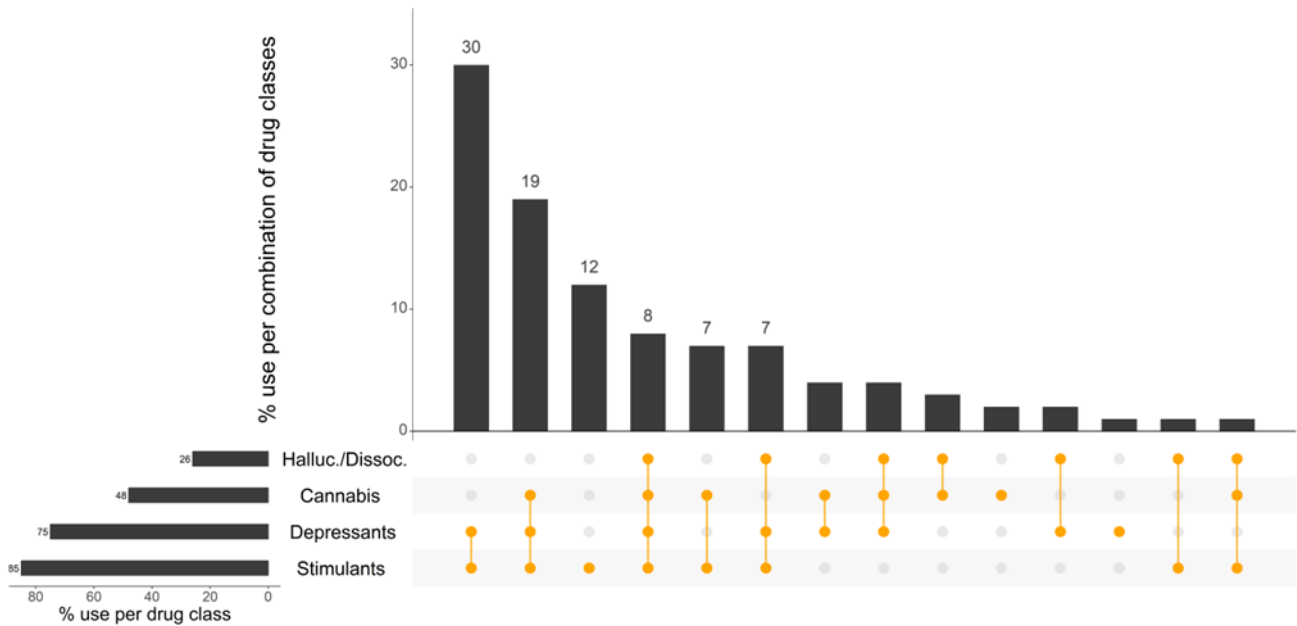
Note. % calculated out of total EDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 30% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had binged on any stimulant or related drug for 48 hours or more continuously without sleep (i.e. binged) in the six months preceding interview. Of those who responded (n=100), one quarter (25%) of the Brisbane/Gold Coast sample had binged on one or more drugs in the preceding six months, stable relative to 2023 (35%; p=0.134) (Figure 48).

Figure 48: Past six month use of stimulants or related drugs for 48 hours or more continuously without sleep ('binge'), Brisbane/Gold Coast, QLD, 2003-2024
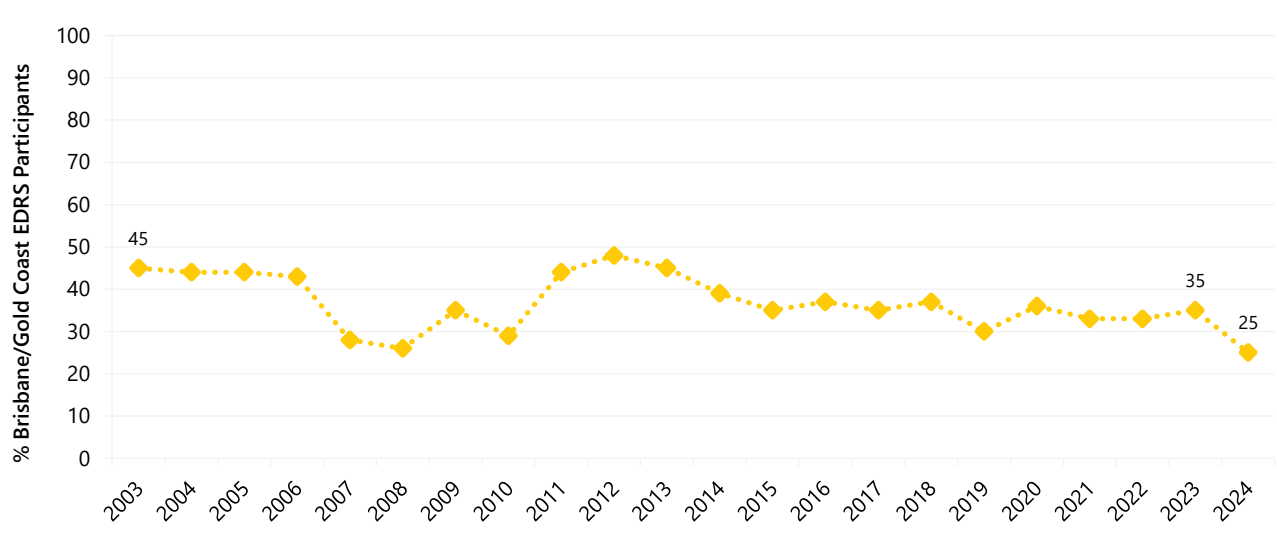
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p <0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and CanTEST, a pilot fixed-site drug checking service in Canberra which has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened its doors in Brisbane shortly after EDRS recruitment commenced (April 20 2024), and a second service opened on the Gold Coast shortly after EDRS recruitment had finished (July 2024).

In 2024, 24% of Brisbane/Gold Coast participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, stable from 2023 (Figure 49). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=24), 65% reported using colorimetric reagent test kits, and few participants (n≤5) reported having their drugs tested via testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) or via professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy).

Of those who reported that they or someone else had tested their illicit drugs in the past year (n=24), the majority (46%) reported having their drugs tested by a friend, followed by 42% who reported testing the drugs themselves.

Figure 49: Lifetime and past year engagement in drug checking, Brisbane/Gold Coast, QLD, 2019-2024
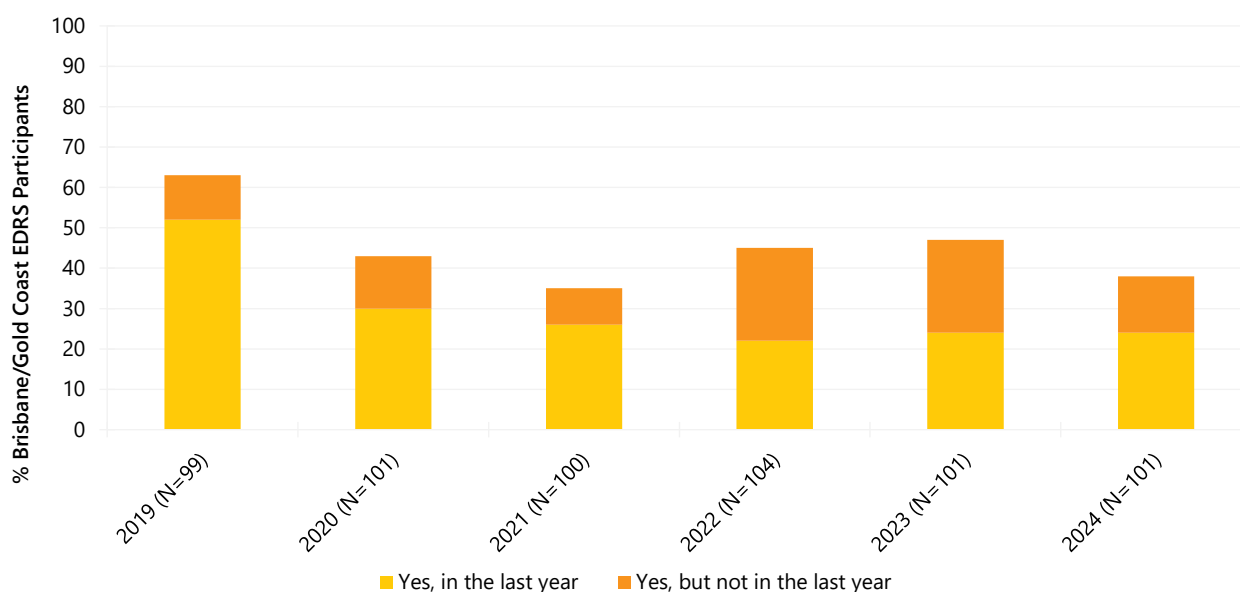
Note: Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total Brisbane/Gold Coast sample (including people who had not consumed alcohol in the past 12 months) was 13.6 (SD 7.4) in 2024, a significant increase from 13.3 (SD 7.5) in 2023 ($p<0.001$). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence. There was no significant change in the per cent of the sample falling into each of these risk categories from 2023 to 2024 ($p=0.514$) (Table 5).

Four fifths (80%) of the sample obtained a score of eight or more (74% in 2023; $p=0.401$), indicative of hazardous use (Table 5).

Table 5: AUDIT total scores and per cent of participants scoring above recommended levels, Brisbane/Gold Coast, QLD, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	N=99	N=100	N=52	N=87	N=95	N=83	N=90	N=99	N=100	N=100	N=98	N=73	N=101	N=100	N=101
Mean AUDIT total score (SD)	17 (7)	16 (8)	15 (8)	16 (7)	13 (8)	14 (7)	12 (7)	13(7)	11 (7)	14 (7)	13 (7)	12 (8)	13 (7)	13 (8)	14 (7)***
Score 8 or above (%)	93	96	44	74	78	67	65	76	69	83	77	53	76	74	80
AUDIT zones:															
Score 0-7	6	4	15	15	18	19	28	23	31	17	21	27	24	26	20
Score 8-15	37	30	40	36	48	37	38	43	43	44	46	40	45	35	45
Score 16-19	23	26	13	20	17	16	17	12	13	19	14	15	10	19	18
Score 20 or higher	33	30	31	30	17	28	18	21	13	20	18	18	22	20	16

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Imputation used for missing scale scores. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

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

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

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

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

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

Non-Fatal Stimulant Overdose

In 2024, 20% of the Brisbane/Gold Coast sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 2023 (17%; p=0.582) (Figure 50).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (42%; individual numbers for ecstasy forms too low to report; n≤5) and cocaine (42%). Among those who experienced a recent non-fatal stimulant overdose, 70% (n=20) reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (55%: ≥5 standard drinks; 45%: ≤5 standard drinks; n≤5 participants). Due to few participants (n≤5) reporting on forms of treatment on the last occasion of experiencing a non-fatal stimulant overdose, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Non-Fatal Depressant Overdose

Alcohol: One quarter (25%) of the Brisbane/Gold Coast sample reported a non-fatal alcohol overdose in the 12 months preceding interview (25% in 2023) on a median of two occasions (IQR=1-4). Of those who had experienced an alcohol overdose in the past year (n=25), the majority (76%) reported not receiving treatment on the last occasion. Due to few participants (n≤5) reporting that they had received treatment or assistance, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Any depressant (including alcohol): In 2024, 28% of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, stable relative to 2023 (31%; *p*=0.645) (Figure 50).

Of those who had experienced any depressant overdose in the past 12 months (n=28), the majority (89%) of participants reported alcohol as the most common depressant drug. Few participants (n≤5) reported a non-fatal depressant overdose due to other drugs, therefore, these data are suppressed. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 50: Past 12 month non-fatal stimulant and depressant overdose, Brisbane/Gold Coast, QLD, 2007-2024
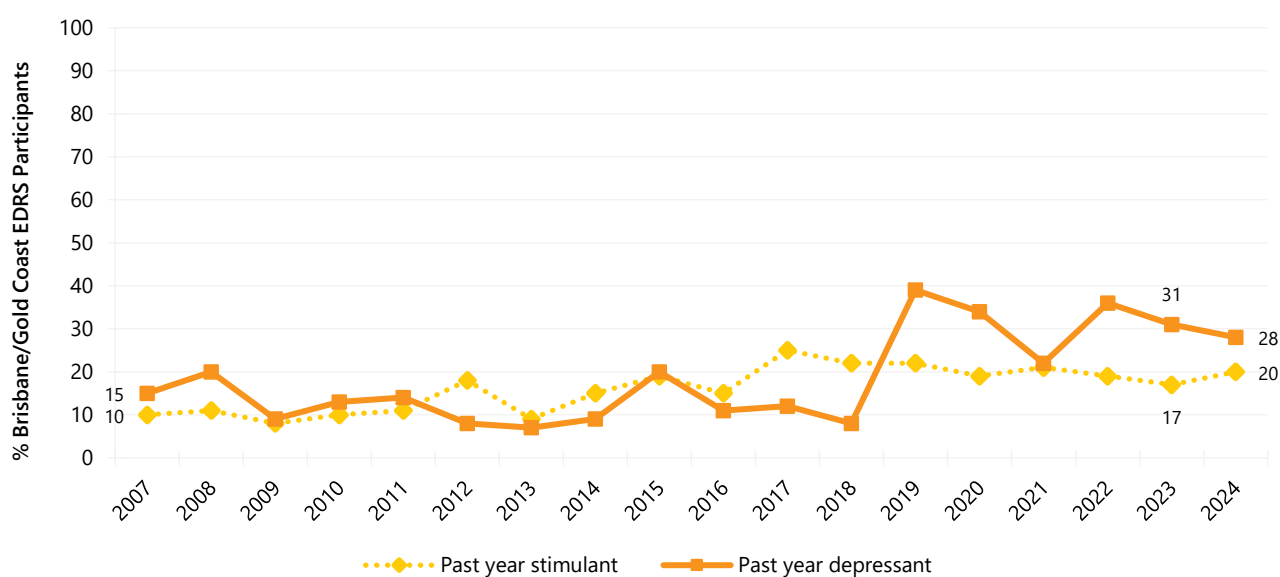
Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Awareness of Naloxone

In 2024, three fifths (61%) reported that they had ever heard of naloxone, stable from 2023 (58%; p=0.670). Among those who had ever heard of naloxone and responded (n=60), 87% were able to correctly identify the purpose of naloxone, stable from 84% reporting so in 2023 (p=0.793). Few participants (n≤5) reported ever obtaining naloxone, therefore, these data are suppressed. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Injecting Drug Use and Associated Risk Behaviours

In 2024, 7% of the Brisbane/Gold Coast sample reported that they had ever injected a drug (14% in 2023; *p*=0.175). The per cent who reported injecting drugs in the past month remained low in 2024 (n≤5; n≤5 in 2023) (Figure 51), therefore, further details are not reported. Please refer to the 2024

National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).
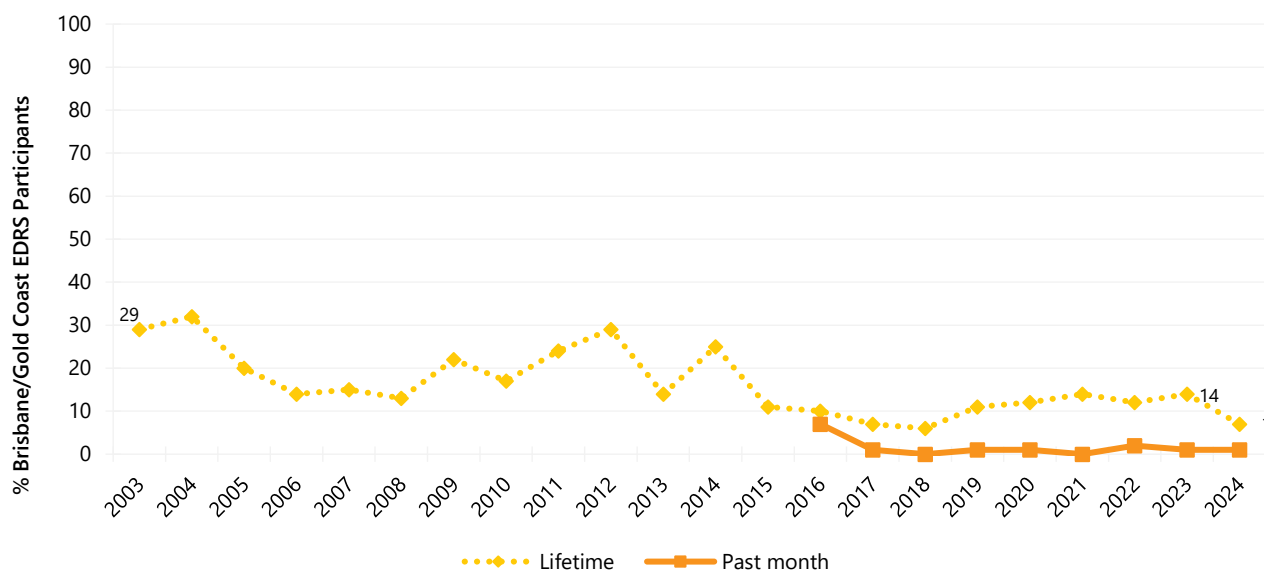
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

In 2024, few participants (n≤5) reported currently receiving drug treatment (n≤5 in 2023). Due to few participants (n≤5) reporting on the forms of treatment received, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

# Ecstasy and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Among those who reported recent ecstasy use and commented (n=91), one in ten (12%) recorded a score of three or above, stable relative to 2023 (19%; *p=0.236). The median ecstasy SDS score was zero (IQR=0-1). Fifty-five per cent of participants obtained a score of zero on the ecstasy SDS indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use (Table 6).

To assess methamphetamine dependence in the past six months, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence. Of the 18 participants who reported recent methamphetamine use and completed this section, 39% scored four or above, stable relative to 2023 (54%, $p=0.376$). The median methamphetamine SDS score was one (IQR=0-4.8). In 2024, half (50%) of these participants obtained a score of zero on the methamphetamine SDS, indicating that the majority of participants reported no or few symptoms in relation to their methamphetamine use. Thirty-nine per cent of participants reporting recent use obtained a score of four or above, indicating possible dependence in relation to methamphetamine use (Table 6).

Table 6: Total ecstasy and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Brisbane/Gold Coast, QLD, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Ecstasy	(N=97)	(N=96)	(N=97)	/	(N=65)	(N=95)	(N=97)	**(N=91)**
Median total score (IQR)	0 (0-2)	1 (0-2)	1 (0-2)	/	1 (0-2)	0 (0-1)	0 (0-1)	**0 (0-1)**
% score = 0	54	40	35	/	43	64	67	**55**
% score ≥3	19	22	19	/	14	17	19	**12**
Methamphetamine	(N=12)	(N=17)	(N=23)	(N=18)	(N=20)	(N=14)	(N=28)	**(N=18)**
Median total score (IQR)	2 (0-6)	0 (0-4)	2 (0-7)	1 (0-6)	2 (0-4)	2 (0-6)	4 (1-7)	**1 (0-5)**
% score = 0	42	53	43	50	40	-	25	**50**
% score ≥4	42	35	43	33	-	43	54	**39**

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. Imputed values used for missing scale scores. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, four fifths (80%) of the sample reported some form of sexual activity in the past four weeks (87% in 2023; $p=0.254$) (Table 7). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=77), 79% (n=61) reported using alcohol and/or other drugs prior to or while engaging in sexual activity, stable relative to 2023 (87%; $p=0.209$). Of those who had engaged in sexual activity in the past four weeks and responded (n=75), 11% (n=8) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (9% in 2023; $p=0.794$), while 40% (n=30) reported that they had used alcohol and/or other drugs to enhance sexual activity or pleasure with another person (not asked prior to 2024). Few participants (n≤5) had engaged in sexual activity in exchange for money, drugs, or other goods or services (not asked prior to 2024) (Table 7).

Of those who commented (n=101), one third (32%) reported having a sexual health check-up in the six months prior to interview (26% in 2023; *p*=0.436), whilst 74% had done so in their lifetime (75% in 2023). Of the total sample who responded (n=101), few participants (n≤5) reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2024 (n≤5 in 2023; *p*=0.442), though 20% had received a positive diagnosis in their lifetime, stable from 29% in 2023 (*p*=0.151) (Table 7). Due to low numbers reporting on the specific types of STIs diagnosed (n≤5), please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Of those who commented (n=100), almost one quarter (24%) of the sample reported having a test for human immunodeficiency virus (HIV) in the six months prior to interview (23% in 2023), whilst 54% had done so in their lifetime, stable from 61% in 2023 (*p*=0.390). In 2024, no participants had been diagnosed with HIV in the past six months (0% in 2023), whilst few participants (n≤5) had been diagnosed within their lifetime (0% in 2023) (Table 7).

Table 7: Sexual health behaviours, Brisbane/Gold Coast, QLD, 2021-2024

|	2021	2022	2023	2024
Of those who responded[#]:	N=71	N=101	N=100	**N=97**
% Any sexual activity in the past four weeks (n)	77 (n=55)	88 (n=89)	87 (n=87)	**80 (n=78)**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=55	n=89	n=87	**n=77**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	84	81	87	**79**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=55	n=89	n=87	**n=75**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	-	12	9	**11**
% Drugs and/or alcohol used to enhance sexual activity or pleasure with another person	/	/	/	**40**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=55	n=88	n=85	**n=77**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	/	**-**
Of those who responded[#]:	n=72	n=101	n=100	**n=100**
% Had a HIV test in the last six months	13	30	23	**24**
% Had a HIV test in their lifetime	47	65	61	**54**
Of those who responded[#]:	n=72	n=101	n=100	**n=100**
% Diagnosed with HIV in the last six months	0	0	0	**0**
% Diagnosed with HIV in their lifetime	0	0	0	-
Of those who responded[#]:	n=73	n=102	n=99	**n=101**
% Had a sexual health check in the last six months	27	45	26	**32**
% Had a sexual health check in their lifetime	71	80	75	**74**
Of those who responded[#]:	n=73	n=102	n=99	**n=101**
% Diagnosed with a sexually transmitted infection in the last six months	-	6	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	19	28	29	**20**

Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2023 versus 2024 presented in table; *p*<0.050; **p*<0.010; ***p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Mental Health and Psychological Distress (K10)

Mental Health

Half (53%) of the Brisbane/Gold Coast sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a significant decrease relative to 2023 (68%; *p*=0.034). Of those who reported a mental health problem in 2024 and commented (n=53), the most common mental health problems reported was anxiety (77%; 59% in 2023; *p*=0.882), followed by depression (63%; 60% in 2023; *p*=0.312) and attention-deficit/hyperactivity disorder ADHD (21%; 29% in 2023, *p*=0.123). Of those who reported experiencing a mental health problem (n=53), three fifths (62%) reported seeing a mental health professional during the past six months (71% in 2023; *p*=0.338) (34% of the total sample) (Figure 52). Of those who reported seeing a mental health professional in 2024 (n=34), two thirds (68%) of the sample reported being prescribed medication for their mental health problem (71% in 2023; *p*=0.803).

Figure 52: Self-reported mental health problems and treatment seeking in the past six months, Brisbane/Gold Coast, QLD, 2008-2024
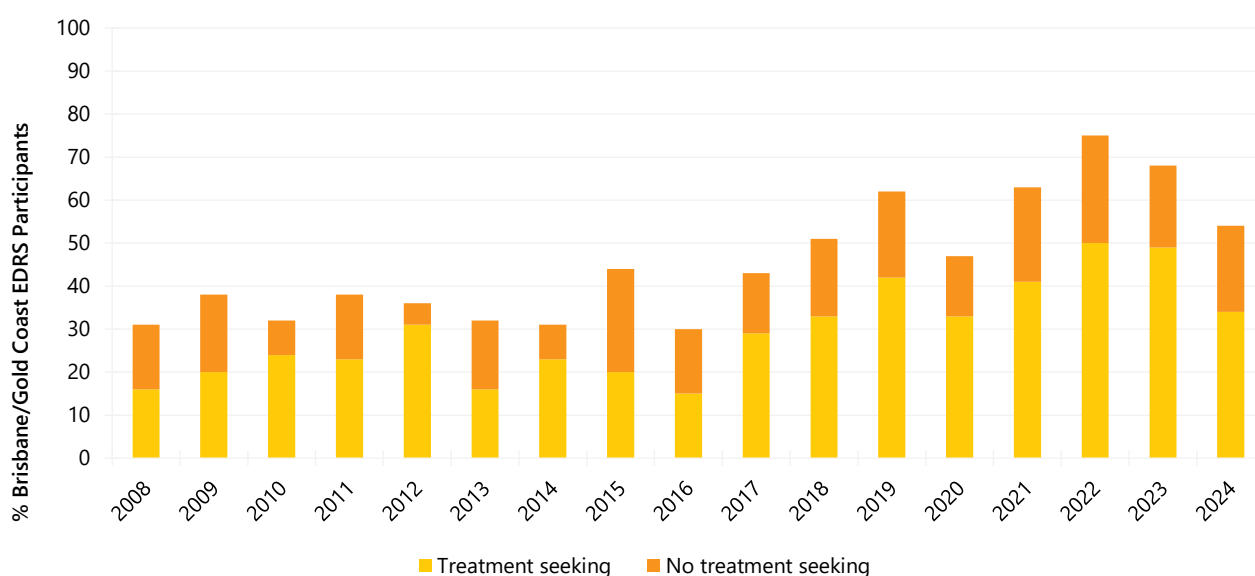
Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p*<0.050; **p*<0.010; ****p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders and the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no psychological distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of

distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; scores between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.235). Among those who responded in 2024 (n=101), 17% had a score of 30 or more (19% in 2023) (Figure 53).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 53).

Figure 53: K10 psychological distress scores, Brisbane/Gold Coast, QLD, 2006-2024 and and among the general population, 2022-2023
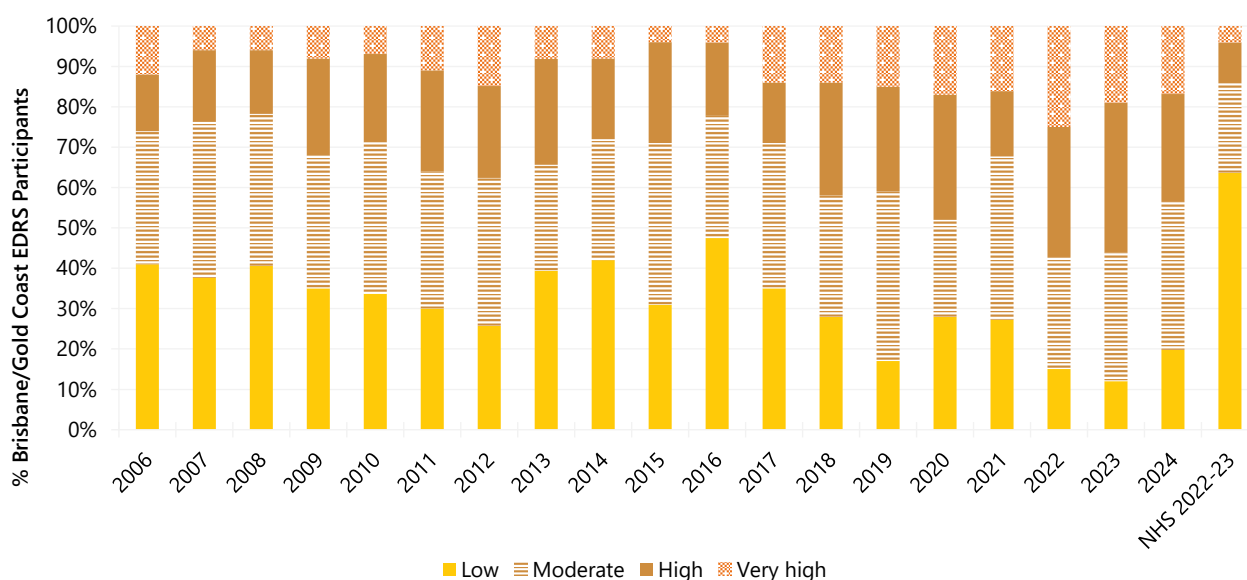
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Twenty-seven per cent of participants in the Brisbane/Gold Coast sample reported accessing any health service for alcohol and/or drug support (AOD) in the six months preceding interview, stable relative to 2023 (29%; p=0.758) (Figure 54). The most common services reported by participants in 2024 included a general practitioner (GP) (10%; 11% in 2023), followed by a drug and alcohol counsellor (8%; 10% in 2023; p=0.802) and a psychologist (8%; 10% in 2023; p=0.802) (Table 8).

The majority (94%) of participants reported accessing any health service for any reason in the six months preceding interview in 2024, stable from 90% in 2023 (p=0.435) (Figure 54). The most common services accessed by participants in 2024 was a GP (82%; 80% in 2023; p=0.852), followed by a

pharmacy (41%; not asked prior to 2024), a dentist (38%; 27% in 2023; *p*=0.135) and a psychologist (26%; 38% in 2023; *p*=0.073) (Table 8).

Twenty-two per cent of participants reported attending the emergency department in the past six months (for any reason) (25% in 2023; *p*=0.747), with the most common reason being injury (6%). Furthermore, 9% reported being attended to by an ambulance in the past six months (11% in 2023; *p*=0.808), though few participants (n≤5) were able to provide specific reasons for this. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 54: Health service access for alcohol and other drug reasons, and for any reason, in the past six months, Brisbane/Gold Coast, QLD, 2004-2024
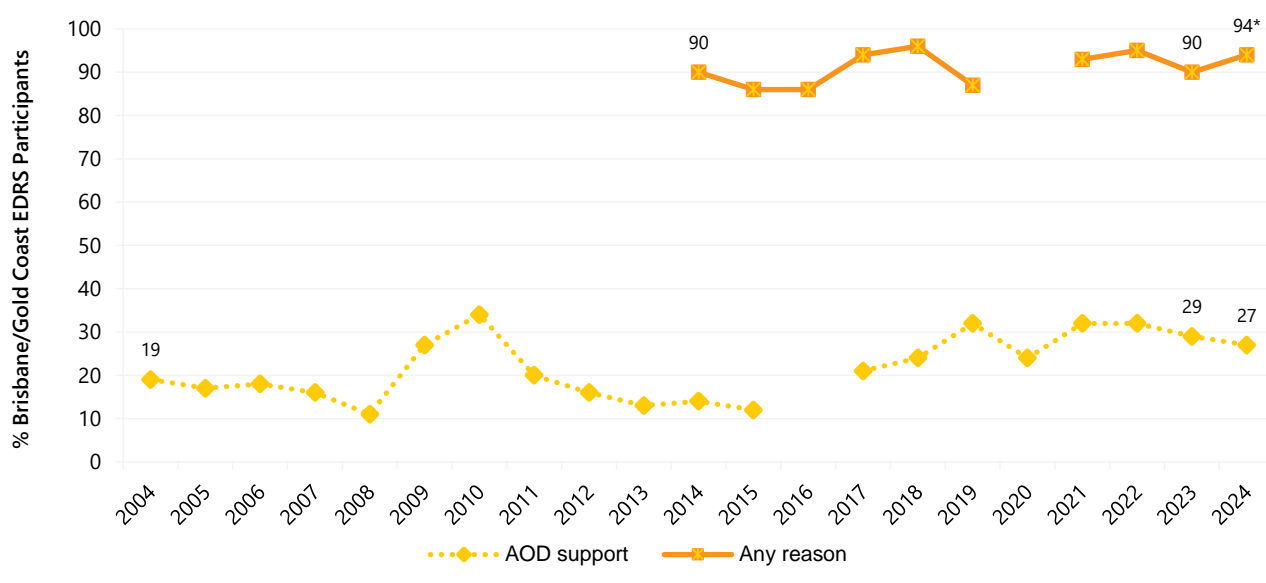
Note. Questions about health service access for any reason were first asked about in 2015. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; **p<0.050; **p<0.010; ***p<0.001.* Please refer to Table 1 for a guide to table/figure notes.

Table 8: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Brisbane/Gold Coast, QLD, 2022-2024

	AOD support			Any reason		
	2022	**2023**	**2024**	**2022**	**2023**	**2024**
% accessing health services	N=102 32	N=102 29	**N=101 27**	N=102 95	N=102 90	**N=101 94**
GP	9	11	**10**	87	80	**82**
Emergency department	7	6	**7**	23	25	**22**
Hospital admission (inpatient)	-	-	**-**	12	17	**11**
Medical tent (e.g., at a festival)	7	-	**6**	14	-	**9**
Drug and Alcohol counsellor	-	10	**8**	-	11	**8**
Hospital as an outpatient	-	0	**-**	8	10	**9**
Specialist doctor (not including a psychiatrist)	-	-	**-**	9	17	**13**
Dentist	-	0	**-**	41	27	**38**
Ambulance attendance	-	-	**-**	-	11	**9**
Pharmacy	/	/	**-**	/	/	**41**
Other health professional (e.g., physiotherapist)	0	-	**-**	20	17	**19**
Psychiatrist	-	-	**6**	20	25	**14**
Psychologist	17	10	**8**	45	38	**26**
NSP	-	-	**-**	-	-	**-**
Peer based harm reduction service	-	-	**-**	-	-	**6**
Other harm reduction service	0	-	**0**	-	-	**-**

Note. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Stigma

Questions regarding stigma were derived from the [Stigma Indicators Monitoring Project](#), with stigma defined as people being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2024, 19% of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview, stable relative to 2023 (27%; $p=0.323$) (Table 9).

Few participants (n≤5) reported experiencing stigma within specialist AOD services in the six months preceding interview, stable relative to 2023 (n≤5; $p=0.721$). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (10%; 11% of those who had attended general health care services), stable relative to 2023 (14% in 2023; $p=0.508$). Thirteen per cent of participants reported experiencing stigma in non-health care settings (13% in 2023), most commonly from police (8%; 6% in 2023) (Table 9).

Notably, one quarter (26%) of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by an AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (22%; 18% in 2023), followed by downplaying the need for pain medications (7%; n≤5 in 2023).

Table 9: Self-reported experiences of stigma due to illicit drug use in the past six months, Brisbane/Gold Coast, QLD, 2022-2024

	2022	**2023**	**2024**
% Experienced stigma in specialist AOD service	N=91 13	N=99 -	**N=98** **-**
% Experienced stigma in general health care service	N=93 23	N=100 14	**N=98** **10**
% Experienced stigma in non-health care service	/	N=98 13	**N=99** **13**
Welfare and social service	/	-	-
Current or potential employer	/	-	-
School/uni/TAFE	/	-	-
Police	/	6	**8**
Other legal services	/	-	-
Housing and homelessness services	/	0	-
Other	/	-	-
% Experienced stigma in any of the above settings^	/	27	**19**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	n=94 28	**n=98** **26**
Delayed accessing healthcare	/	6	-
Did not tell health worker about drug use	/	19	**22**
Downplayed need for pain medication	/	-	**7**
Looked for different services	/	-	-
Did not attend follow-up appointment	/	7	-
Other	/	-	-

Note. N is the number who responded (denominator). ^Includes specialist AOD service, general health care service and non-health care services. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Driving

In 2024, 89% of the Brisbane/Gold Coast sample had driven a car, motorcycle, or other vehicle in the last six months. Of those who had driven in the past six months and responded (n=82), 27% reported driving while over the (perceived) legal limit of alcohol (38% in 2023; $p=0.143$).

Of those who had driven in the past six months and responded (n=89), 52% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (53% in 2023;

p=0.878) (Figure 55). Participants most commonly reported using cannabis (70%) prior to driving in the last six months, followed by cocaine (22%).

Among those who had driven in the past six months (n=90), almost one fifth (18%) reported that they had been tested for drug driving by the police roadside drug testing service (14% in 2023; *p*=0.533), and one third (33%) reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (37% in 2023; *p*=0.636) (Figure 55).

Figure 55: Self-reported testing, and driving over the (perceived) legal limit for alcohol or three hours following illicit drug use, among those who had driven in the past six months, Brisbane/Gold Coast, QLD, 2007-2024
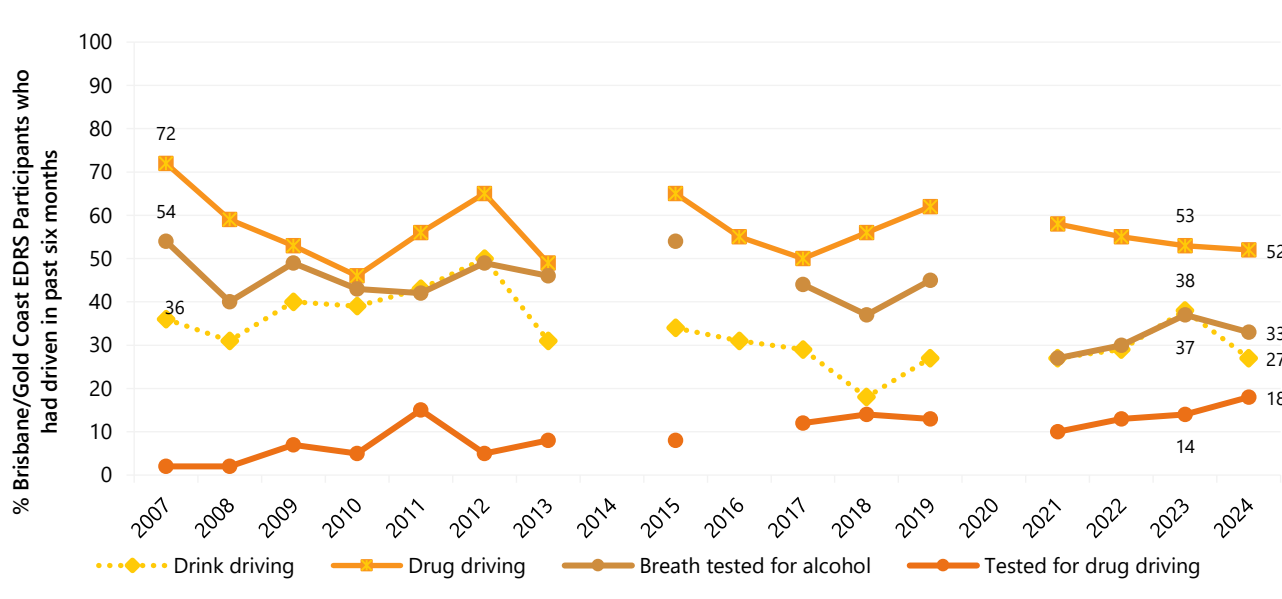
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

In 2024, 41% of the Brisbane/Gold Coast sample reported 'any' crime in the past month (41% in 2023), with property crime (27%; 19% in 2023, *p*=0.193) and drug dealing (22%; 30% in 2023; *p*=0.204) being the two main forms of criminal activity in 2024 (Figure 56).

In 2024, 10% of the Brisbane/Gold Coast sample reported being the victim of a crime involving violence, stable relative to 2023 (10%) (Figure 57).

Six per cent reported having ever been in prison in 2024, stable relative to 2023 (n≤5; *p*=0.537) (Figure 58).

Few participants (n≤5) reported having been arrested in the 12 months preceding interview (7% in 2023; *p*=0.537) (Figure 58) and thus, few participants (n≤5) reported reasons for arrest; therefore,

further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Almost one fifth (17%) of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months (17% in 2023) (Figure 58). This predominantly comprised being stopped and searched (59%; 82% in 2023; p=0.259), followed by being stopped for questioning (53%; 41%% in 2023; p=0.738) and stopped and issued a caution (35%; 18% in 2023; p=0.438).

Figure 56: Self-reported criminal activity in the past month, Brisbane/Gold Coast, QLD, 2003-2024
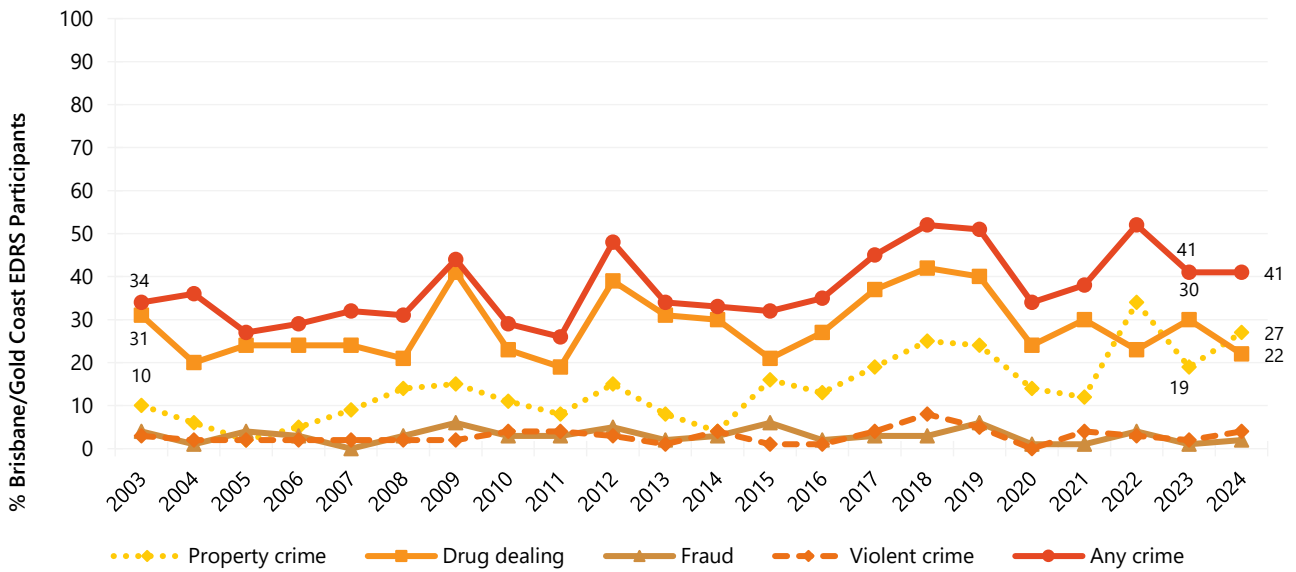
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 57: Victim of crime involving violence in the past month, Brisbane/Gold Coast, QLD, 2019-2024
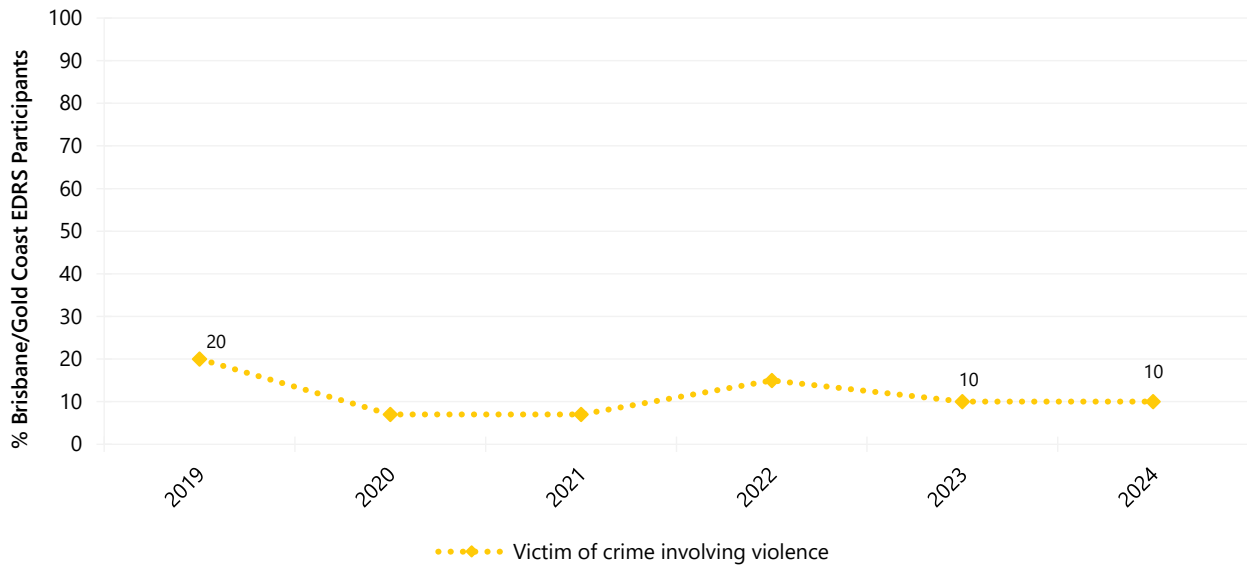
Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 58: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Brisbane/Gold Coast, QLD, 2003-2024
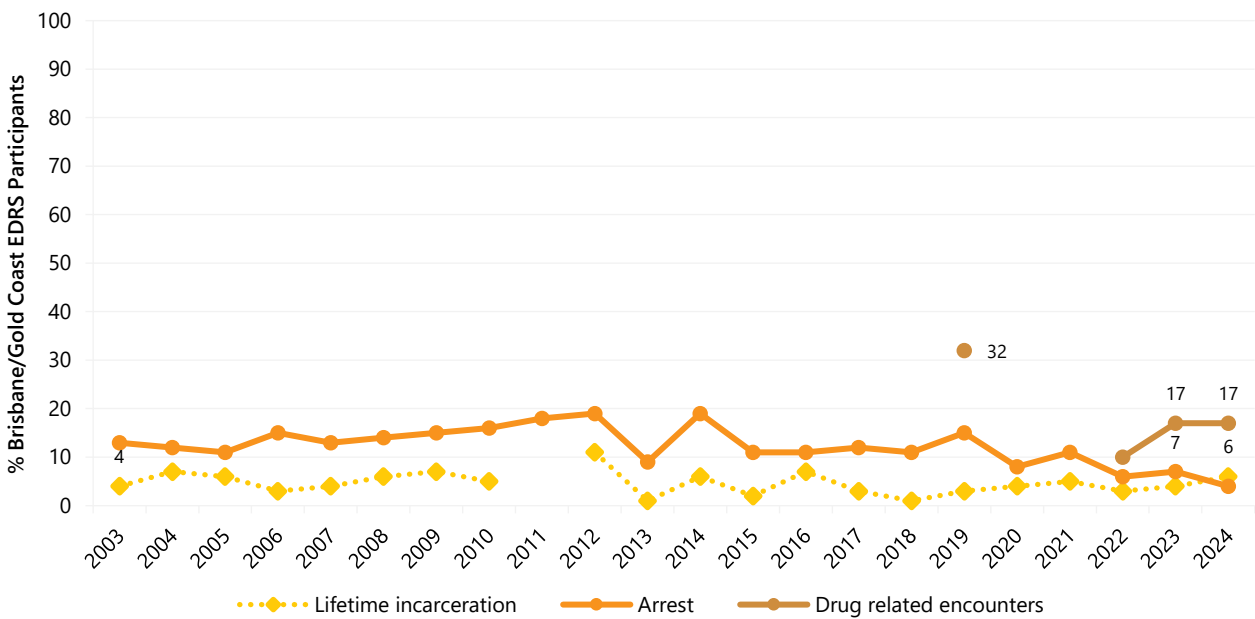

Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was via social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (74%; 72% in 2023; $p=0.872$) and face-to-face (72%; 68% in 2023; $p=0.644$) (Table 10). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Among those who had used social networking or messaging applications to arrange the purchase of illicit or non-prescribed drugs in the 12 months preceding interview, the most commonly used social networking or messaging apps were Snapchat (68%), Instagram (35%) and Telegram (34%), with substances mostly obtained from a friend/relative/partner/colleague (77%), followed by a known dealer/vendor (61%). Among those who used social networking or messaging apps to arrange the purchase of drugs in 2024 and responded (n=75), 44% reported that the person they have obtained drugs from advertised the sale of illicit drug/s via these platforms.

Buying and Selling Drugs Online

Two fifths (42%) of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface web or darknet, with 29% having done so in the last 12 months (35% in 2023; $p=0.416$).

In 2024, few participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces in the 12 months preceding interview (6% in 2023; $p=0.064$).

Source and Means of Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2024 (85%; 76% in 2023; $p=0.157$), followed by 62% reporting obtaining illicit drugs from a known dealer/vendor (69% in 2023; $p=0.308$). One third (34%) reported obtaining illicit drugs from an unknown dealer/vendor (39% in 2023; $p=0.555$) (Table 10).

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 (98%; 97% in 2023), followed by a collection point (defined as a predetermined location where a drug will be dropped for later collection; 13%; 24% in 2023; $p=0.072$), and via post (12%; 7% in 2023; $p=0.240$) (Table 10).

Table 10: Means of purchasing and obtaining illicit drugs in the past 12 months, Brisbane/Gold Coast, 2019-2024

	2019 (N=100)	2020 (N=101)	2021 (N=100)	2022 (N=104)	2023 (N=101)	2024 (N=101)
% Purchasing approaches in the last 12 months^	(n=99)	(n=100)	(n=72)	(n=100)	(n=101)	**(n=101)**
Face-to-face	82	78	68	82	68	**72**
Surface web	8	6	-	8	-	**-**
Darknet market	21	8	6	21	-	**8**
Social networking or messaging applications #`	82	80	61	82	72	**74**
Text messaging	43	54	31	43	39	**41**
Phone call	35	41	21	35	27	**32**
Grew/made my own	-	-	-	-	-	**-**
Other	0	0	0	0	0	**-**
% Means of obtaining drugs in the last 12 months^~	(n=100)	(n=100)	(n=73)	(n=101)	(n=101)	**(n=99)**
Face-to-face	94	96	92	96	97	**98**
Collection point	11	14	8	15	24	**13**
Post	24	14	7	18	7	**12**
% Source of drugs in the last 12 months^	(n=100)	(n=100)	(n=73)	(n=101)	(n=101)	**(n=100)**
Friend/relative/partner/colleague	92	74	81	84	76	**85**
Known dealer/vendor	71	63	64	66	69	**62**
Unknown dealer/vendor	45	32	34	43	39	**34**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. `This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option from 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.