IDRS

QUEENSLAND DRUG TRENDS 2022

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

QUEENSLAND DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) 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

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The Brisbane/Gold Coast (QLD) IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Brisbane/Gold Coast, Queensland. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of drug use in the general population. **Data were collected in 2022 from May-July. Interviews in 2020, 2021 and 2022 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

Despite a significant increase in the proportion of males in the sample (69% in 2022; 53% in 2021, p=0.025), the IDRS sample recruited from Brisbane/Gold Coast, Queensland (QLD) in 2022 (N=100) was largely consistent with the participant profile in previous years. Participants had a mean age of 45 years, the majority (85%) of the sample were unemployed at the time of interview, and most (89%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week significantly increased, from $356 in 2021 to $450 in 2022 ($p$=0.010). The drug of choice nominated by participants remained stable between 2021 and 2022, as did the drug injected most often in the past month. In 2022, 46% of the sample reported that methamphetamine was their drug of choice (51% in 2021; p=0.164), and 53% reported that crystal methamphetamine was the drug they had injected most often in the past month (55% in 2021, p=0.402).

Heroin

Recent (i.e., past six month) use of heroin has fluctuated amongst the Brisbane/Gold Coast sample since monitoring began, with 51% reporting recent use in 2022, stable from 2021. Two-thirds (67%) of those who had recently used heroin reported weekly or more frequent use in 2022 (72% in 2021). Perceived purity and availability remained stable between 2021 and 2022, with one-third (33%) of respondents perceiving purity to be medium in 2022 (26% in 2021), and three-fifths (58%) perceiving that heroin was 'easy' to obtain (51% in 2021).

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with 70% of participants reporting recent use in 2022. This was mostly driven by a continued increase in crystal methamphetamine use (70% in 2022) – the most commonly used form since 2010. The median price for one point of crystal significantly decreased, from $70 in 2021 to $50 in 2022 ($p$=0.021). There was also a significant change in the perceived availability of crystal methamphetamine between 2021 and 2022, with more participants perceiving crystal methamphetamine as being 'very easy' to obtain in 2022 (54%; 32% in 2021, p=0.031).

Cocaine

Seventeen per cent of the Brisbane/Gold Coast sample had recently consumed cocaine, stable from 12% in 2021 (p=0.327). Small numbers (n≤5) of participants reported using cocaine weekly or more frequently in 2022. The perceived availability of cocaine changed significantly between 2021 and 2022 (p=0.045).

Cannabis and/or Cannabinoid Related Products

Recent use of non-prescribed cannabis has remained fairly stable since 2014, with 64% reporting recent use in 2022. Two fifths (41%) of participants who had recently used cannabis reported daily use (31% in 2021; p=0.281). Hydroponic cannabis remained the form most commonly used (94%), followed by bush cannabis (40%). Few participants (n≤5) reported using hashish, hash oil and/or non-prescribed pharmaceutical CBD oil in the six months preceding interview. Hydroponic cannabis was reported as being 'very easy' to obtain in 2022 (48% of those who commented), while bush cannabis was reported as 'easy'

(56%) to obtain; both were stable from 2021 (46% and 38%, respectively).

Pharmaceutical Opioids

Recent non-prescribed use of most pharmaceutical opioids examined remained stable in 2022 relative to 2021. These included methadone (10%; 13% in 2021), buprenorphine tablet (15%; 20% in 2021), buprenorphine-naloxone (10%; 11% in 2021), morphine (19%; 18% in 2021), oxycodone (11%; 10% in 2021) and fentanyl (n≤5 in 2022 and 2021). There was a significant increase in any recent use of codeine (17%; 7% in 2021, p=0.031), as well as a significant increase in recent non-prescribed use of codeine (10%; n≤5 in 2021, p=0.049).

Other Drugs

Recent use of NPS, pharmaceutical stimulants and antipsychotics remained low and stable. Recent non-prescribed benzodiazepine use was reported by 21% of participants in 2022 (26% in 2021). Non-prescribed pregabalin use remained stable at 19% (22% in 2021). Recent use of tobacco (86%; 89% in 2021) and non-prescribed e-cigarettes (27%; 19% in 2021) remained stable in 2022. Recent use of alcohol remained stable (52%; 54% in 2021).

Drug-Related Harms and Other Behaviours

In 2022, the majority (95%) of the Brisbane/Gold Coast sample reported using one or more drugs on the day preceding interview. Sixteen per cent reported overdosing on any drug in the preceding year, with 10% reporting a non-fatal overdose following heroin use. Thirty-three per cent of the sample had ever been trained in naloxone administration, and 23% reported that they had resuscitated someone using naloxone at least once in their lifetime, stable from 22% in 2021. In 2022, few participants (n≤5) reported receptive sharing of a needle or syringe (10% in 2021, p=0.191), and 9% reported distributive sharing in the past month, a significant reduction from 2021 (22%, p=0.019). Thirty-one per cent of the sample reported that they had injected someone else after injecting themselves, a significant decrease from 48% in 2021 (p=0.022). Thirty-four per cent reported experiencing injection-related problems in the past month, most commonly nerve damage (14%), although there was a decrease in reported injection-related nerve damage amongst participants (27% in 2021, p=0.038). Almost half of the sample were currently in any drug treatment (48%), stable from 2021 (45%; p=0.673).

Forty-one per cent reported that they had received a Hepatitis C virus (HCV) antibody test in the past year. One-third (34%) of the sample had received a Hepatitis C RNA test in the past year and twelve per cent reported having a current HCV infection. Self-reported mental health problems remained stable in 2022 (56%; 61% in 2021; p=0.559). Amongst participants who reported driving in the past six months (n=48), 79% reported driving within three hours of consuming an illicit drug in the last six months.

Twenty-three per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia. Forty-one per cent of participants reported engaging in 'any' crime in the past month in 2022, stable from 45% in 2021 (p=0.667). In 2022, 70% of the Brisbane/Gold Coast sample had been tested for SARS-CoV-2 in the past 12 months, and 27% had been diagnosed with the virus. The majority (73%) of participants were 'not at all' worried about contracting COVID-19. Seventy-one per cent had received at least one dose of the COVID-19 vaccine by the time of interview.

2022 SAMPLE CHARACTERISTICS

In 2022, 100 participants, recruited from Brisbane/Gold Coast, QLD were interviewed.

45 years   69%
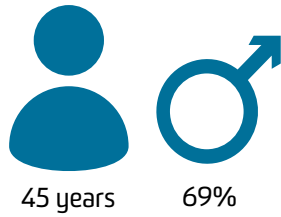
The mean age in 2022 was 45, and 69% identified as male.

85% Unemployed   18% No fixed address
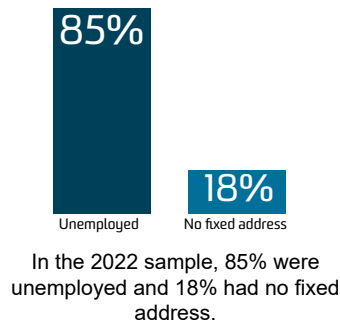
In the 2022 sample, 85% were unemployed and 18% had no fixed address.

☑ Injected heroin

☑ Injected methamphetamine

☑ Injected other illicit or non-prescribed drugs

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

INJECTING RELATED RISKS AND HARMS

n≤5

9%
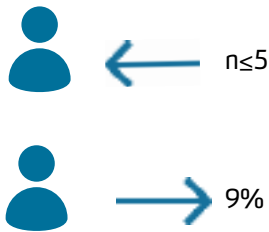
In 2022, few (n≤5) participants reported receptive sharing in the past month and 9% reported distributive sharing.

38% 2021   35% 2022
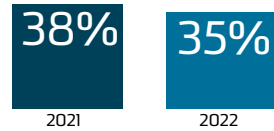
35% of participants reported re-using their own needles in the past month, stable from 2021 (38%).

31% Injected someone else after injecting themselves
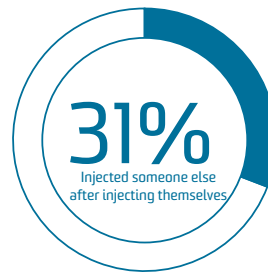
31% of participants reported injecting someone else after injecting themselves in the past month, a decrease relative to 2021 (48%).

34% of participants reported having an injection-related health issue in the past month, stable from 2021 (42%).

OTHER HARMS AND HELP-SEEKING

46%
15%
8%

Reported using the day before interview
■ Two or more drugs
■ Opioids and cannabis
■ Stimulants and cannabis
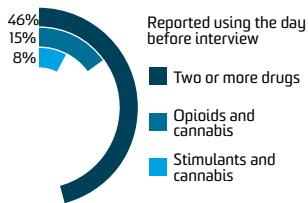
The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.

16% Non-fatal overdose   48% Drug treatment
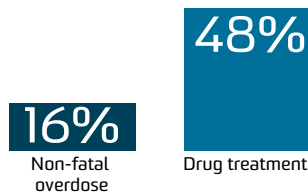
Past year non-fatal overdose (16%) and past 6-month drug treatment (48%) remained stable in 2022 relative to 2021.

In 2022, 56% of participants reported a mental health problem in the 6 months preceding interview, and 26% had seen a mental health professional.

59%
54%
22%

■ Depression
■ Anxiety
■ PTSD
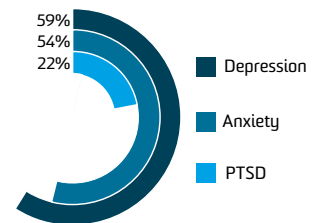
Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

NALOXONE AND HARM REDUCTION

86%
71%
33%

■ Heard of naloxone
■ Heard of take-home naloxone (paid or free)
■ Trained in naloxone administration
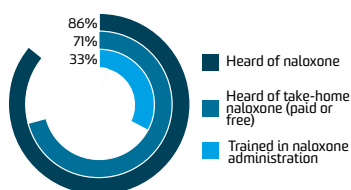
Knowledge of naloxone, and take-home naloxone programs, remained high and stable in 2022, however fewer participants reported ever being trained in naloxone administration.

One-quarter (23%) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.

66% Intramuscular   40% Intranasal
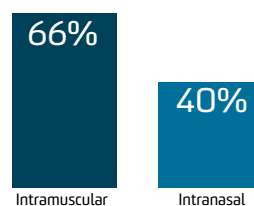
Of those who reported ever accessing naloxone, two-thirds (66%) of participants reported receiving intramuscular naloxone on the last occasion of access.

10% Tested substances

In 2022, 10% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN
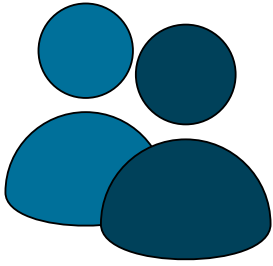
Past 6 month use of heroin remained stable in 2022 (51%) relative to 2021 (43%).

M	T	W	T	F	S	S
					●	
					●	
					●	
					●	
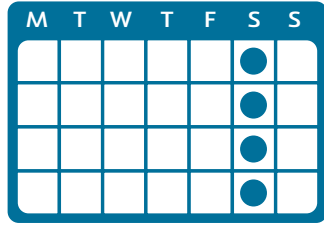
Of those who had recently consumed heroin, 67% reported weekly or more frequent use, stable from 2021 (72%).

$100 → $100

The median reported price for a point of heroin was $100 in 2022, stable compared to $100 in 2021.

85%
Heroin was 'easy' or 'very easy' to obtain.
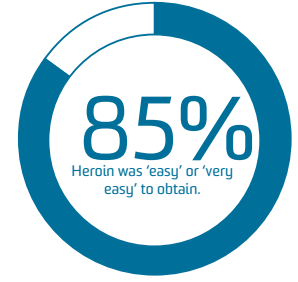
Of those who could comment, 85% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 2021 (90%).

METHAMPHETAMINE

70%
70%
11%
n≤5

Form of methamphetamine
- Any
- Crystal
- Powder
- Base
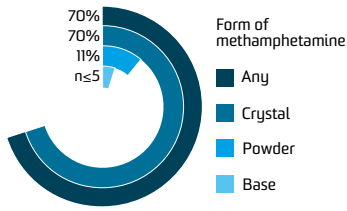
Past 6 month use of all forms of methamphetamine remained stable in 2022 relative to 2021.

M	T	W	T	F	S	S
					●	
					●	
					●	
					●	
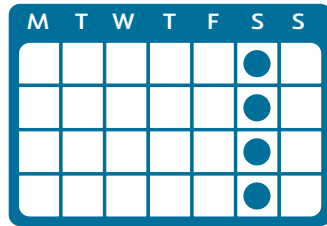
Of those who had recently used any form of methamphetamine, 74% reported weekly or more frequent use, stable from 2021 (77%).

$70 → $50
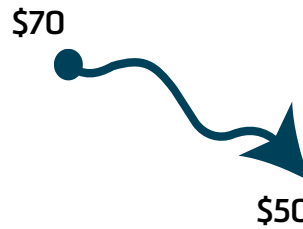
In 2022, the median reported price for a point of crystal methamphetamine decreased from $70 in 2021 to $50 in 2022.

92%
Crystal methamphetamine was 'easy' or 'very easy' to obtain.
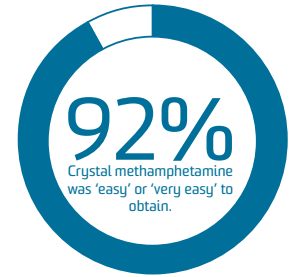
Of those who could comment, 92% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, stable relative to 2021 (77%).

OTHER DRUGS

Non-prescribed morphine

18% 2021   19% 2022

Past 6 month use of non-prescribed morphine remained stable between 2021 and 2022.

Non-prescribed fentanyl

n≤5 2021   n≤5 2022

Past 6 month use of non-prescribed fentanyl remained stable between 2021 and 2022.

Non-prescribed pregabalin

22% 2021   19% 2022

Past 6 month use of non-prescribed pregabalin remained stable between 2021 and 2022.

GHB/GBL/1,4-BD

10% 2021   7% 2022
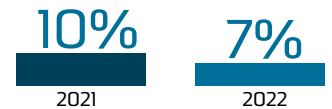
Past 6 month use of GHB/GBL/1,4-BD remained stable between 2021 and 2022.

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS
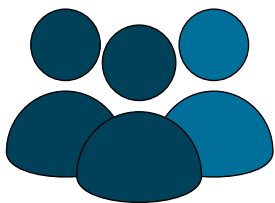
Past 6 month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022 (64%) relative to 2021 (68%).

M	T	W	T	F	S	S
●	●	●	●	●	●	●
●	●	●	●	●	●	●
●	●	●	●	●	●	●
●	●	●	●	●	●	●
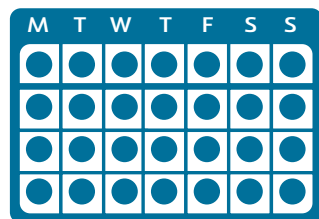
Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (41%), stable from 2021 (31%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 98% had smoked it.

93% Hydro   73% Bush
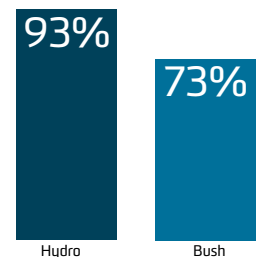
Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

IDRS 2000-2019

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

IDRS 2020-2022: COVID-19 Impacts on Recruitment and Data Collection

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

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS))) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

In 2021 and 2022, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 879 participants were recruited across capital cities nationally (May-July, 2022), with 100 participants recruited from Brisbane/Gold Coast, QLD. Few interviews (n≤5) were conducted via telephone in Brisbane/Gold Coast, Queensland in 2022.

In 2022, there was a significant change in recruitment methods compared to 2021 (*p*=0.026), with more participants being recruited via NSPs (81%; 64% in 2021), and fewer via word-of-mouth (19%; 32% in 2021). Seventeen per cent of the Brisbane and Gold Coast 2022 sample had taken part in the 2021 interview (13% of the 2021 sample had taken part in the 2020 interview; *p*=0.409).

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 2021 and 2022, and references to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the *p*-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview.

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2022, must be taken into consideration when comparing 2021-2022 data to previous years, and treated with caution.

Additional Outputs

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

Please contact the research team at c.salom@uq.edu.au or 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

Although most characteristics of the 2022 sample were consistent with previous years, two changed. Gender identity changed significantly between 2021 and 2022 (*p*=0.025), with 69% of the 2022 sample identifying as male (53% in 2021). The median weekly income in 2022 of $450 (IQR=340-520) was a significant increase from $356 in 2021 (IQR=300-490; *p*=0.010). The mean age of the sample however remained stable at 45 years (SD=11; 44 years in 2021; SD=10; *p*=0.485) (Table 1). The majority of the sample (85%) were unemployed at the time of interview (83% in 2021), with 73% reporting that they had received a post-school qualification(s) (65% in 2021; *p*=0.292). The vast majority of participants (89%) reported receiving a government pension, allowance or benefit in the past month (93% in 2021; *p*=0.338).

Drug of choice remained stable in 2022 compared to 2021 (*p*=0.164), with participants typically reporting methamphetamine as their drug of choice (46%; 51% in 2021) (Figure 1). Drug injected most in the past month remained stable between 2021 and 2022 (*p*=0.402), with methamphetamine injected most (53%; 55% in 2021), followed by heroin (28%; 29% in 2021) (Figure 2).

Weekly or more frequent consumption of crystal methamphetamine (52%; 59% in 2021; *p*=0.325), cannabis (49%; 48% in 2021) and heroin (34%; 31% in 2021; *p*=0.655) also remained stable in 2022 (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022 and Brisbane/Gold Coast, QLD, 2016-2022

	Brisbane/Gold Coast, QLD							National
	2016	2017	2018	2019	2020	2021	**2022**	**2022**
	(N=91)	(N=103)	(N=103)	(N=109)	(N=98)	(N=101)	**(N=100)**	**(N=879)**
Mean age (years; SD)	41 (8)	43 (10)	42 (9)	42 (10)	45 (10)	44 (10)	**45 (11)**	46 (10)
% Gender							*	
Female	26	24	30	31	41	47	**30**	33
Male	74	75	69	67	58	53	**69**	66
Non-binary	0	0	0	-	-	0	**-**	1
% Aboriginal and/or Torres Strait Islander	19	16	17	13	12	28	**23**	27
% Sexual identity								
Heterosexual	88	85	85	86	87	80	**82**	83
Homosexual	-	-	-	-	-		**-**	4
Bisexual	8	12	13	9	9	12	**12**	11
Queer	0	0	0	-	0	-	**0**	1
Other	-	-	0	-	-	-	**-**	1
Mean years of school education (range)	10 (9-11)	10 (9-12)	10 (9-11)	10 (9-11)	10 (7-12)	10 (5-12)	**10 (4-12)**	10 (0-12)
% Post-school qualification(s)^	59	55	43	61	73	65	**73**	63
% Current accommodation								

	Brisbane/Gold Coast, QLD							National
	2016	2017	2018	2019	2020	2021	**2022**	**2022**
	(N=91)	(N=103)	(N=103)	(N=109)	(N=98)	(N=101)	**(N=100)**	**(N=879)**
Own home *(inc. renting)*~	56	61	58	75	71	69	**61**	68
Parents'/family home	7	-	7	8	-	-	**-**	5
Boarding house/hostel	14	13	15	6	8	13	**14**	8
Shelter/refuge	-	-	-	-	-	0	**-**	2
No fixed address	12	18	18	10	13	14	**18**	16
Other	8	-	0	0	0	-	**0**	2
% Current employment status								
Unemployed	84	84	83	85	76	83	**85**	87
Full-time work	-	-	**-**	-	10	-	**-**	3
% Past month gov't pension, allowance or benefit	84	84	93	95	85	93	**89**	92
Current median income/week ($; IQR)	$371 (290-475)	$400 (310-475)	$385 (295-475)	$323 (267-450)	$540 (450-600)	$356 (300-490)	**$450* (340-520)**	$385 (300-490)

Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the Brisbane/Gold Coast sample presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 1: Drug of choice, Brisbane/Gold Coast, QLD, 2000-2022
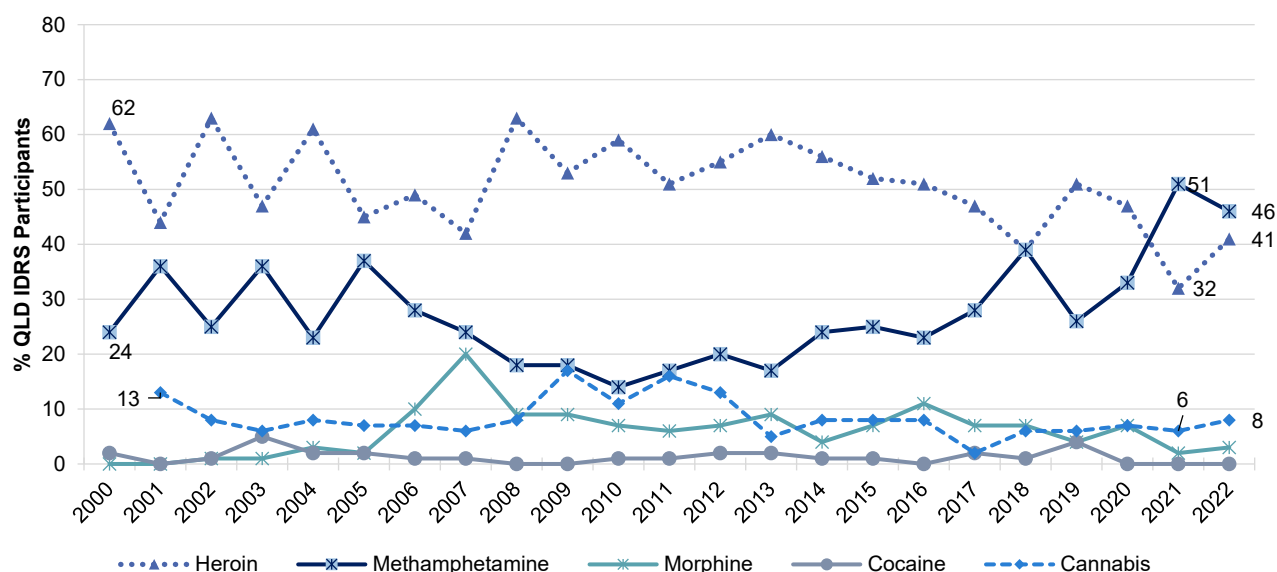
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 2: Drug injected most often in the past month, Brisbane/Gold Coast, QLD, 2000-2022
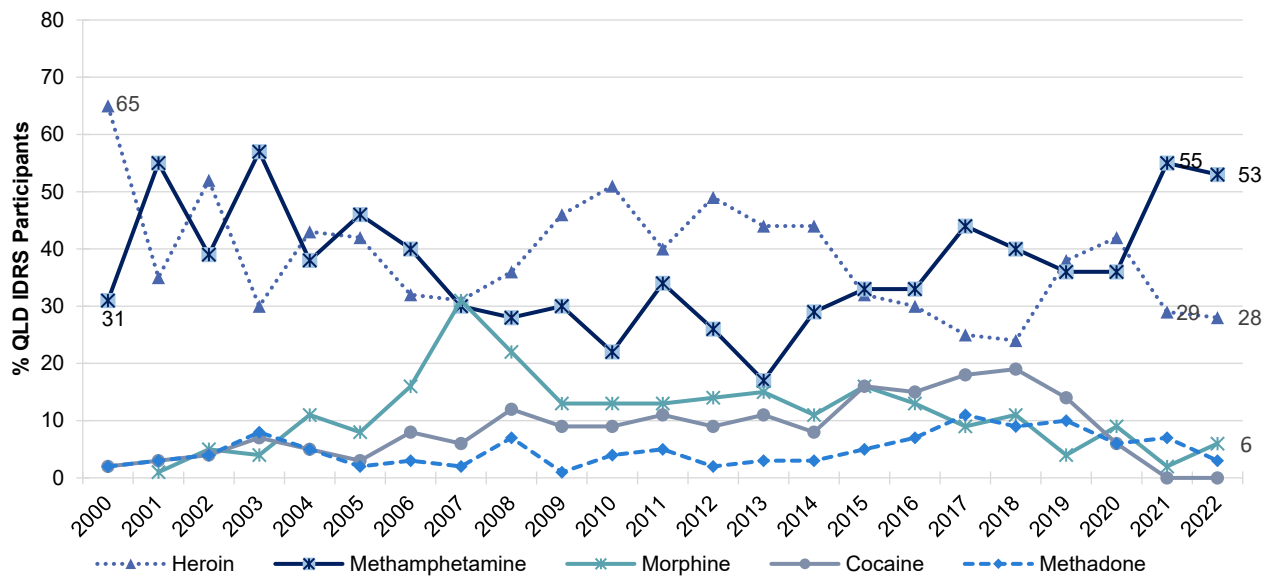
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Brisbane/Gold Coast, QLD, 2000-2022
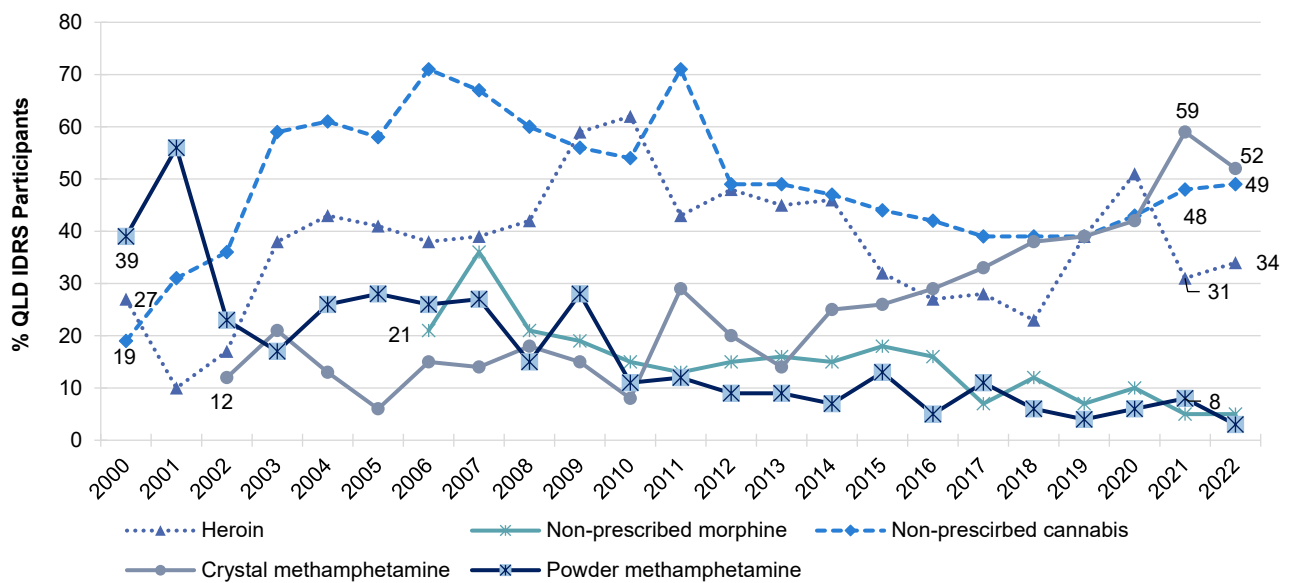
Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Y axis reduced to 80% to improve visibility of trends. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

Around half of the Brisbane/Gold Coast sample (51%) reported recent use of heroin in 2022, remaining stable from 43% in 2021 (p=0.267) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented (n=51) had used heroin on a median of 50 days (IQR=16-180) in 2022, compared with 72 days (IQR=20-150) in 2021 (p=0.854) (Figure 4). Among those reporting recent use, weekly or more frequent use remained stable at 67% (72% in 2021; p=0.660), as did daily use (29%; 16% in 2021; p=0.149).

Routes of Administration

Among participants who had recently consumed heroin and commented (n=51), injecting remained the most common route of administration (98%; 100% in 2021). Participants who reported injecting heroin in 2022 had done so on a median of 59 days (IQR=20-180); stable relative to 2021 (72 days; IQR=20-150; p=0.975). Few participants (n≤5) reported smoking heroin in 2022 (n≤5 in 2021; p=0.122).

Quantity

Of those who reported recent use and responded (n=47), the median amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.50) in 2022 (0.20 grams in 2021; IQR=0.10-0.30; p=0.502). Of those who reported recent use and responded (n=48), the median maximum amount of heroin used per day in the last six months was 0.50 grams (IQR=0.20-1.00; 0.50 in 2021; IQR: 0.30-0.90; p=0.744).

Figure 4: Past six month use and frequency of use of heroin, Brisbane/Gold Coast, QLD, 2000-2022
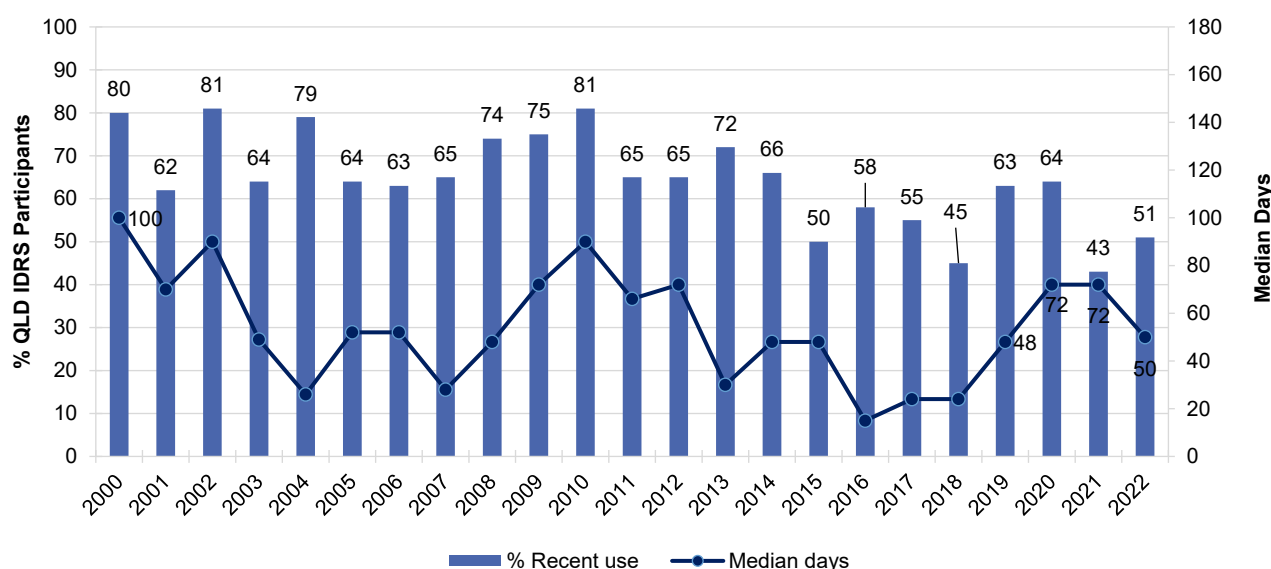
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Price, Perceived Purity and Perceived Availability

Price

In 2022, the median price of heroin was $100 (IQR=50-100; n=24) for one point (0.10 of a gram), stable relative to 2021 ($100; IQR=50-100; *p*=0.714). The median price for one gram of heroin was $400 (IQR=325-495; n=14), compared to $350 in 2021 (IQR=288-400; *p*=0.203) (Figure 5). Due to low numbers reporting on the price of a cap (n≤5), details have been suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity

The perceived purity of heroin remained stable between 2021 and 2022 (*p*=0.823) (Figure 6). Among those who were able to comment in 2022 (n=51), one-third (33%) perceived purity to be 'medium' (26% in 2021), and a further 29% perceived purity to be 'low' (30% in 2021).

Perceived Availability

The perceived availability of heroin remained stable between 2021 and 2022 (*p*=0.505). Among those who were able to comment in 2022 (n=55), 58% perceived current availability as 'easy' (51% in 2021), and a further 27% perceived it to be 'very easy' (39% in 2021) (Figure 7).

Figure 5: Median price of heroin per cap and gram, Brisbane/Gold Coast, QLD, 2000-2022
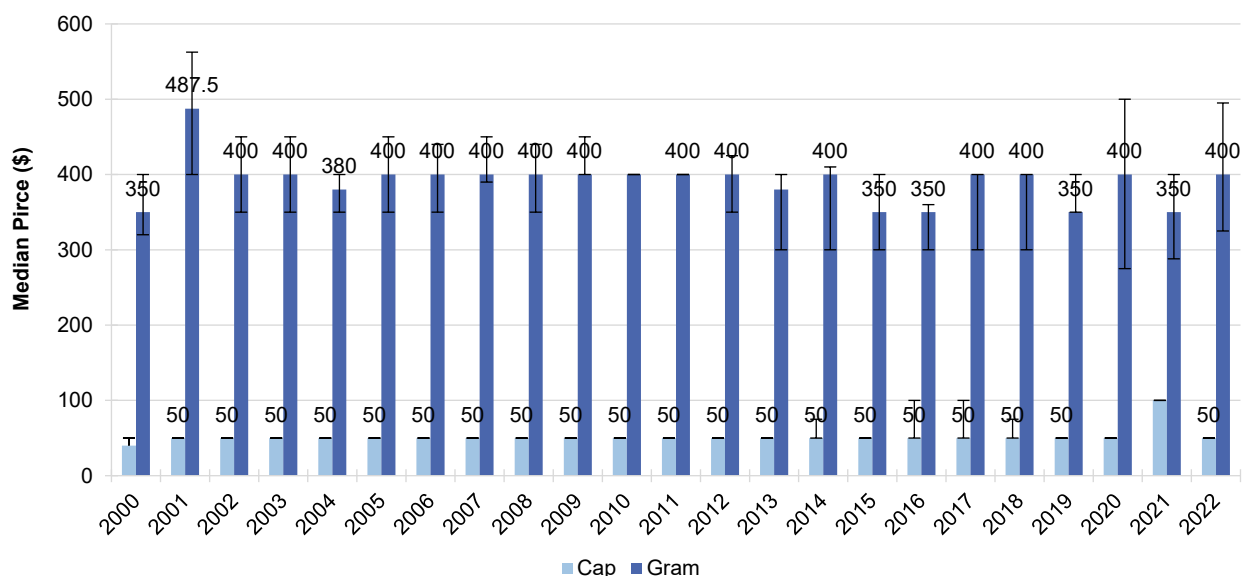
Note. Among those who commented. Between 2009-2017 a cap was referred to as cap/point and in 2018 these measures were separated as their own response options. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 6: Current perceived purity of heroin, Brisbane/Gold Coast, QLD, 2000-2022
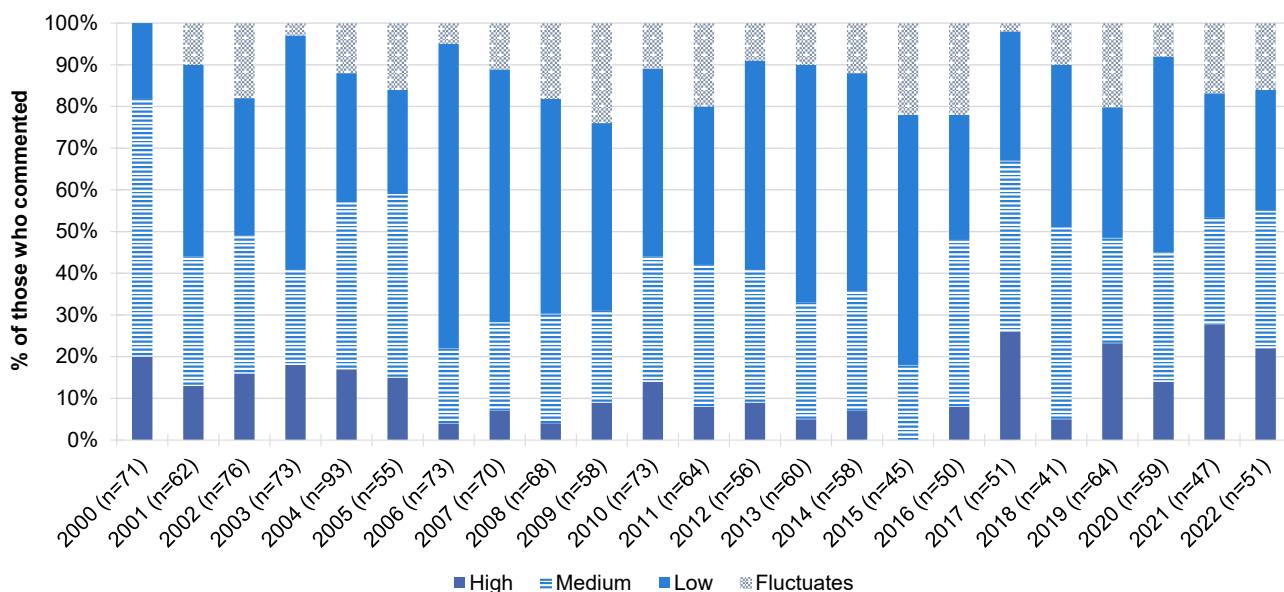
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 7: Current perceived availability of heroin, Brisbane/Gold Coast, QLD, 2000-2022
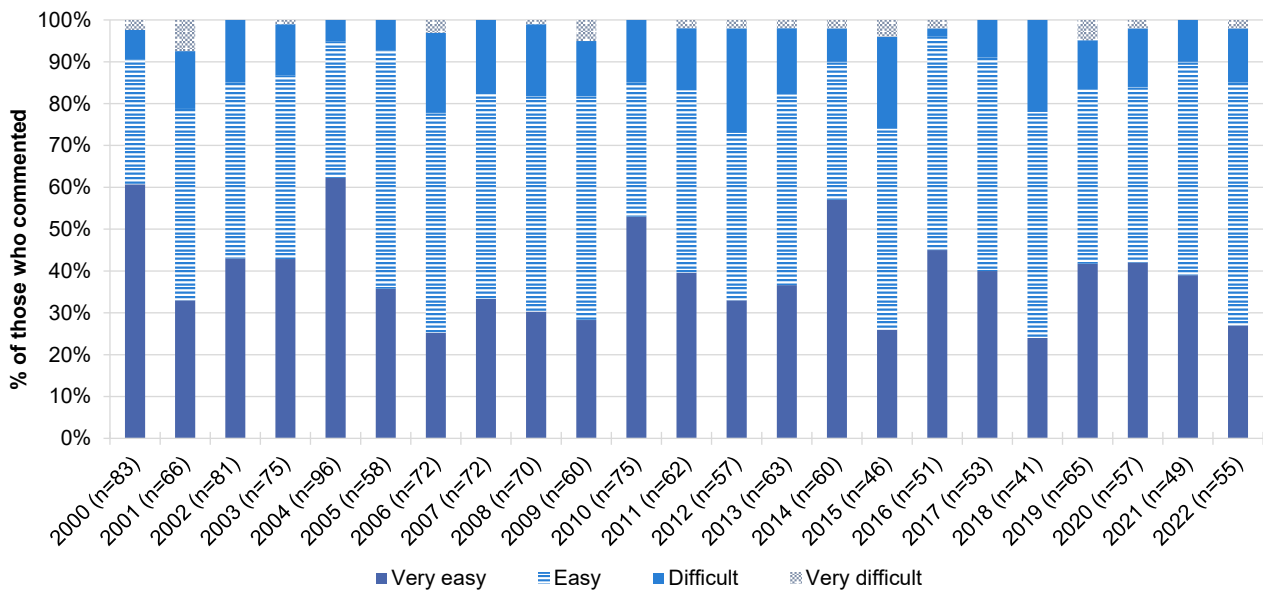
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

Methamphetamine

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

Patterns of Consumption (any methamphetamine)

Recent Use (past 6 months)

In 2022, 70% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2021 (79%; p=0.155) (Figure 8).

Frequency of Use

In 2022, frequency of use remained largely stable at a median of 60 days (IQR=20-96; 72 days in 2021; IQR=24-114; p=0.697) (Figure 9). The per cent of participants who had recently used any methamphetamine who reported weekly or more frequent use also remained stable, at 74% (77% in 2021; p=0.707). Daily use among those who had recently used methamphetamine also remained stable, at 17% (17% in 2021).

Forms of Methamphetamine

There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine (Figure 8). Indeed, of those who had used methamphetamine in the six months preceding interview in 2022 (n=70), all participants had used crystal methamphetamine (100%; 99% in 2021), with 16% reporting use of powder (24% in 2021; p=0.312).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Brisbane/Gold Coast, QLD, 2000-2022
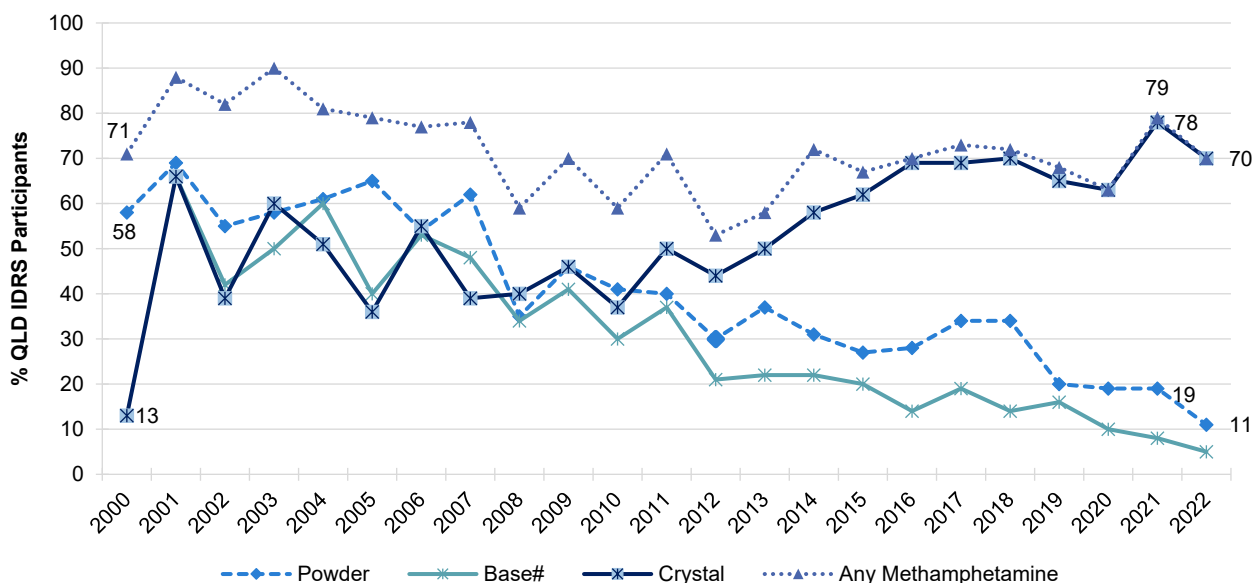
Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, Brisbane/Gold Coast, QLD, 2000-2022
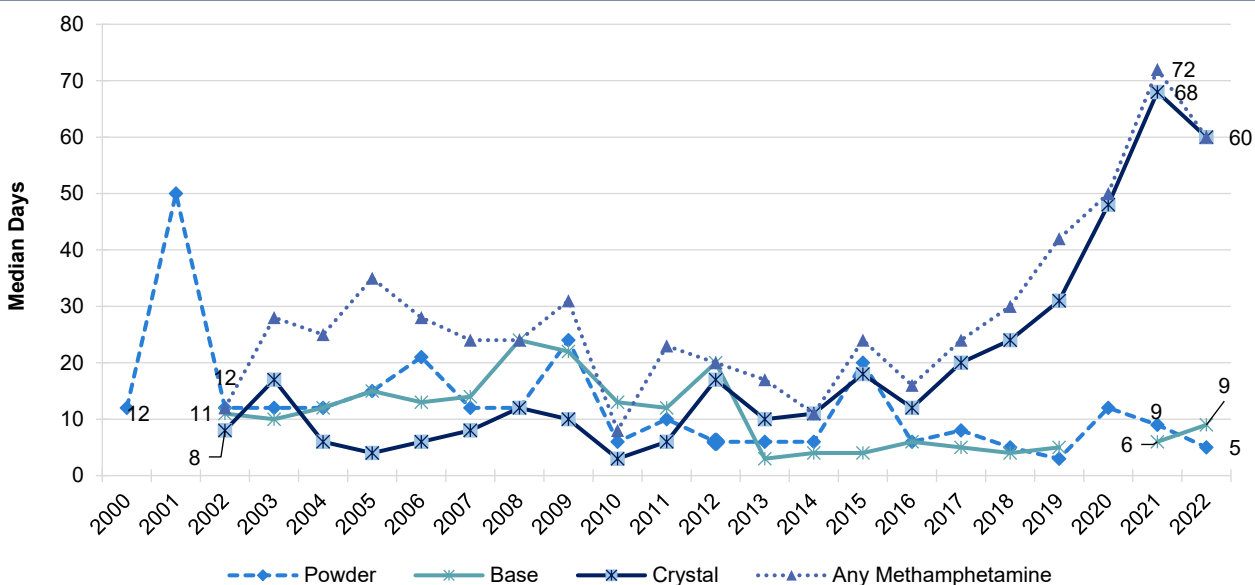
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has gradually declined since 2001. In 2022, 11% of the sample reported recent use of powder, remaining relatively stable from 19% in 2021 (*p*=0.175) (Figure 8).

Frequency of Use: Of those who had recently consumed powder and commented (n=10), frequency of use remained stable at a median of five days (IQR=3-21; 9 days in 2021; IQR=5-72; *p*=0.322) (Figure 9). Few (n≤5) of those who had recently used powder reported weekly or more frequent use in 2022 (42% in 2021; *p*=0.694).

Routes of Administration: Among participants who had recently consumed powder and commented (n=11), all reported recent injection of powder (100% in 2021) in the six months preceding interview. Participants who reported injecting powder did so on a median of five days (IQR=3-19), stable relative to 2021 (7 days; IQR=5-50; *p*=0.288).

Quantity: Of those who reported recent use and commented (n=10), the median amount of powder used on an average day of consumption in the past six months was 0.20 grams (IQR=0.20-0.30; 0.20 grams in 2021; IQR=0.10-0.40; *p*=0.902). Of those who reported recent use and commented (n=10), the median maximum amount of powder used per day in the last six months was 0.40 grams (IQR=0.20-0.50; 0.50 in 2021; IQR=0.30-1.00; *p*=0.294).

Methamphetamine Base

Low numbers (n≤5) reported recent use of methamphetamine base, therefore further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been increasing since 2010, surpassing base and powder methamphetamine from 2010 onwards and peaking at 78% in 2021. In 2022, 70% of the sample reported recent use, stable relative to 2021 (78%; *p*=0.203) (Figure 8).

Frequency of Use: Of those who had recently consumed crystal and commented (n=69), frequency of use remained stable at a median of 60 days (IQR=20-96; 68 days in 2021; IQR=24-96; *p*=0.918) (Figure 9). Almost three-quarters (74%) of those who had recently used crystal reported weekly or more frequent use, stable from 2021 (76%; *p*=0.847), with 17% reporting daily use (14% in 2021; *p*=0.638).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=70), all participants reported having injected it (99% in 2021) and had done so on a median of 48 days (IQR=12-96; 60 days in 2021; IQR=21-90; *p*=0.761). One-third (33%) reported smoking crystal methamphetamine (29% in 2021; *p*=0.706).

Quantity: Of those who reported recent use and responded (n=70), the median amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.30; *p*=0.987). Of those who reported recent use and responded (n=70), the median maximum amount of crystal used per day in the last six months was 0.50 grams (IQR=0.20-0.60; 0.50 in 2021; IQR=0.20-0.80; *p*=0.751).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for a point (0.10 of a gram) of methamphetamine powder remained stable at $50 (IQR=50-88I; n=6) compared to $70 in 2021 (IQR=50-100; *p*=0.592) (Figure 10). Low numbers (n≤5) reported on the price of a gram in 2022, therefore these data are suppressed.

Perceived Purity: Perceptions regarding the perceived purity of powder methamphetamine remained stable (n=13; *p*=0.607), with most (62%) reporting it to be 'low' (40% in 2021) (Figure 12).

Perceived Availability: The perceived availability of powder methamphetamine remained stable in 2022 (n=14; *p*=0.833 compared to 2021), when more reported it as 'easy' or 'very easy' to obtain than 'difficult' or 'very difficult' (Figure 14).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to the [IDRS National Report](#).

Methamphetamine Crystal

Price: The median price for one point (0.10 of a gram) of crystal decreased significantly from $70 (IQR=50-100) in 2021 to $50 (IQR=50-63; n=31, *p*=0.021) in 2022 (Figure 11). The median price for one gram of crystal remained stable at $400 (IQR=350-475; n=10) compared to $400 in 2021 (IQR=350-500; *p*=0.920).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2021 and 2022 (*p*=0.120). Among those who were able to comment in 2022 (n=68), 34% reported that crystal was of 'medium' purity (24% in 2021), 25% reported it was of 'high' purity (16% in 2021), 22% reported that it had 'fluctuating' purity (25% in 2021), and 19% reported it was of 'low' purity (35% in 2021) (Figure 13).

Perceived Availability: The perceived availability of crystal methamphetamine significantly changed between 2021 and 2022 (*p*=0.031). Among those who were able to comment in 2022 (n=69), the majority (54%) perceived crystal methamphetamine as being 'very easy' to obtain, an increase from 32% in 2021, with 38% reporting 'easy' obtainment (45% in 2021) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Brisbane/Gold Coast, QLD, 2001-2022
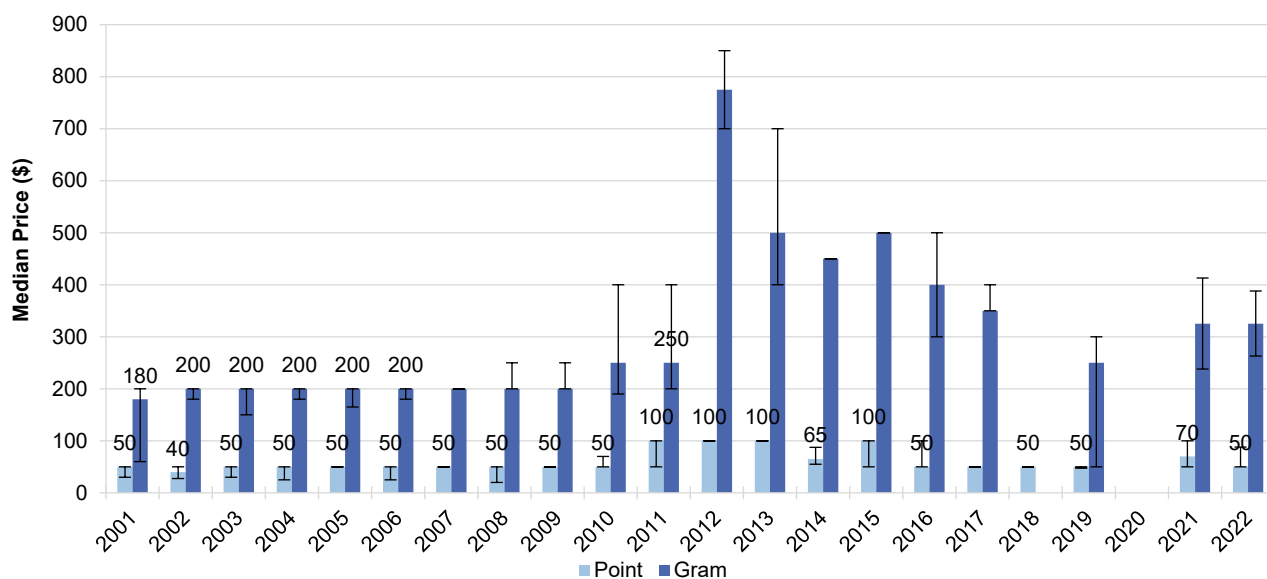
Note. Among those who commented. Price data for powder not collected in 2020. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Median price of methamphetamine crystal per point and gram, Brisbane/Gold Coast, QLD, 2001-2022
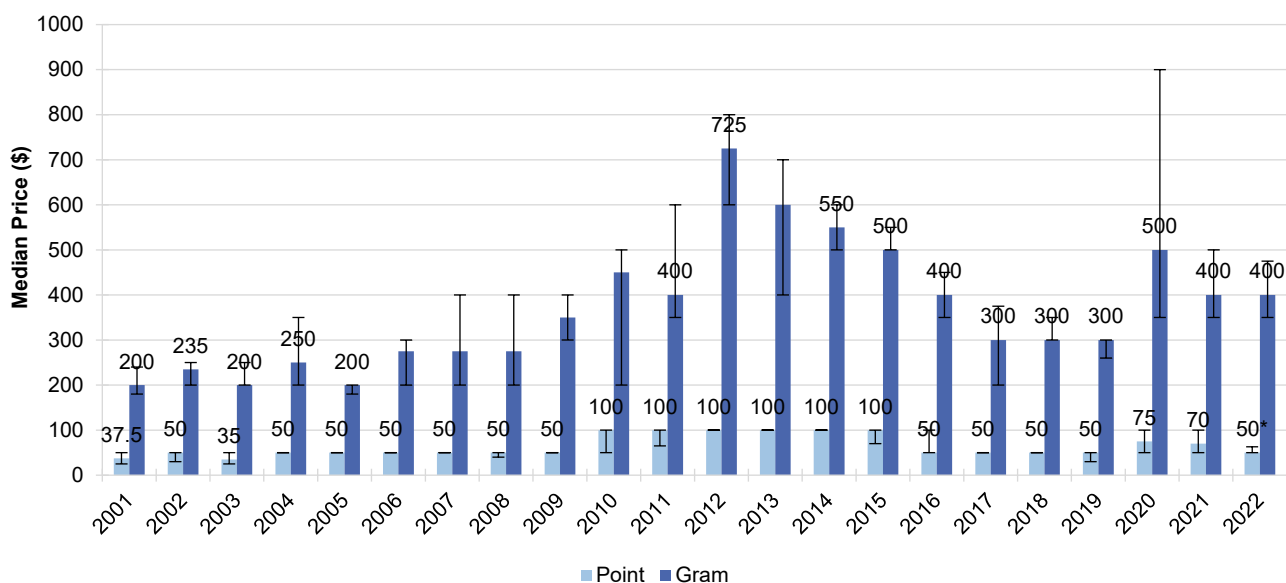
Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived purity of powder methamphetamine, Brisbane/Gold Coast, QLD, 2002-2022
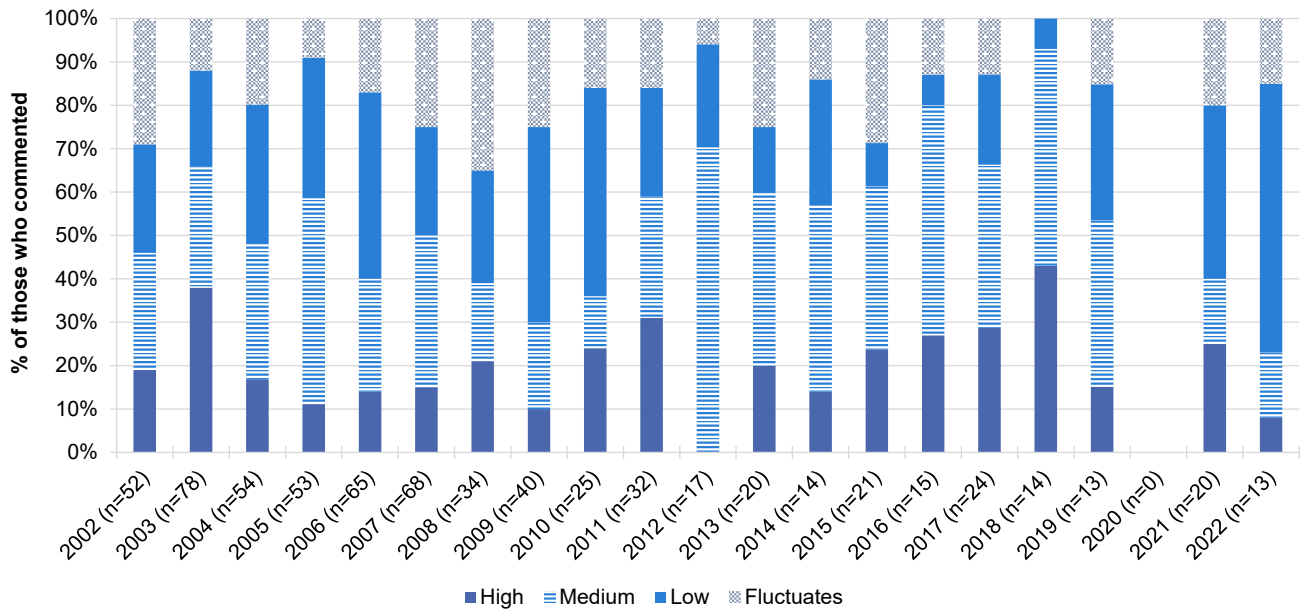
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived purity of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2002-2022
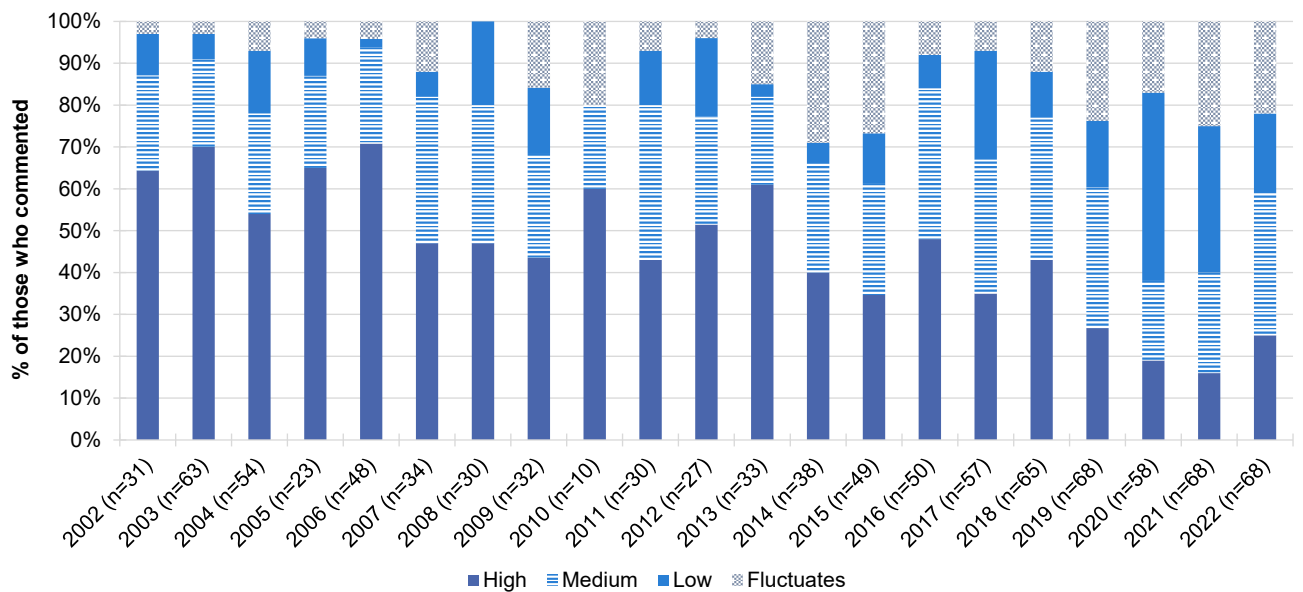
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of powder methamphetamine, Brisbane/Gold Coast, QLD, 2002-2022

Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 is presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2002-2022
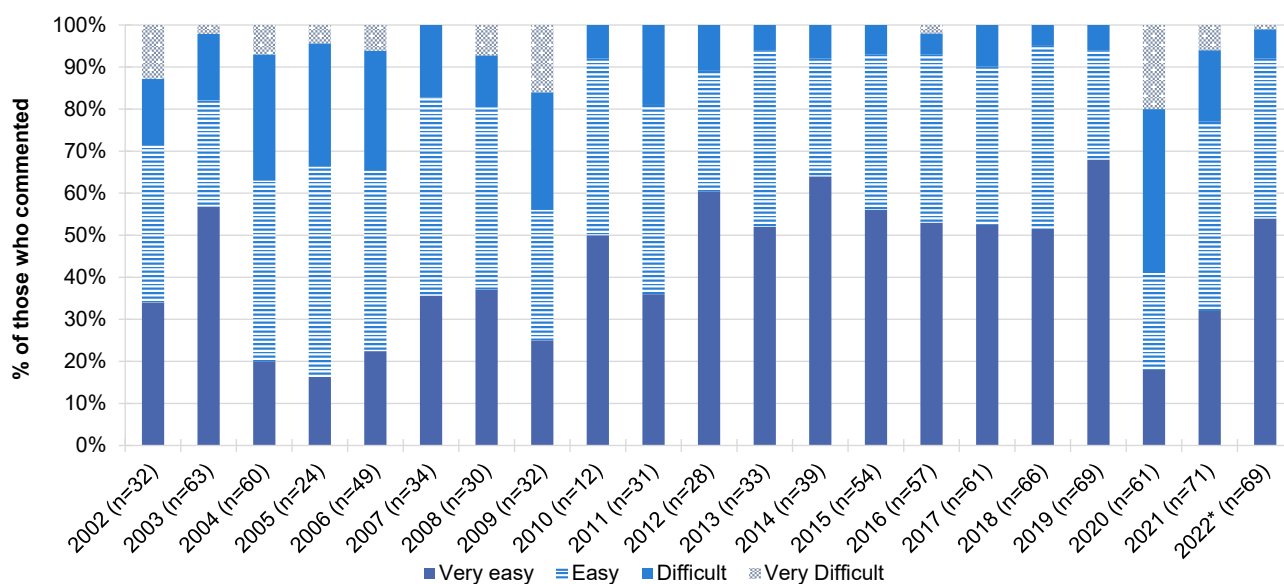
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 17% of the Brisbane/Gold Coast sample recently consuming cocaine in 2022. This remained stable from 2021 (12%; p=0.327) and relative to previous years (Figure 16).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2022 (n=17), frequency of use remained low and stable at a median of one day (IQR=1-4), compared to three days in 2021 (IQR=2-4; p=0.384) (Figure 16). Few participants (n≤5) reported using cocaine weekly or more frequently in 2022.

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=17), 71% reported snorting cocaine, relatively stable to reports in 2021 (83%; p=0.665). Few participants (n≤5) reported on any other route of administration; therefore, these data are suppressed.

Quantity

Of those who reported recent use and responded (n=10), the median amount of cocaine used on an average day of consumption in the six months preceding interview was 0.30 grams (IQR=0.10-0.90; 0.50 grams in 2021; IQR=0.20-1.20; p=0.721).

Forms used

Among participants who had recently consumed cocaine and commented (n=17), the majority reported using powder cocaine (76%; 100% in 2021; p=0.132), with few (n<5) participants reporting use of crack cocaine.

Figure 16: Past six month use and frequency of use of cocaine, Brisbane/Gold Coast, QLD, 2000-2022
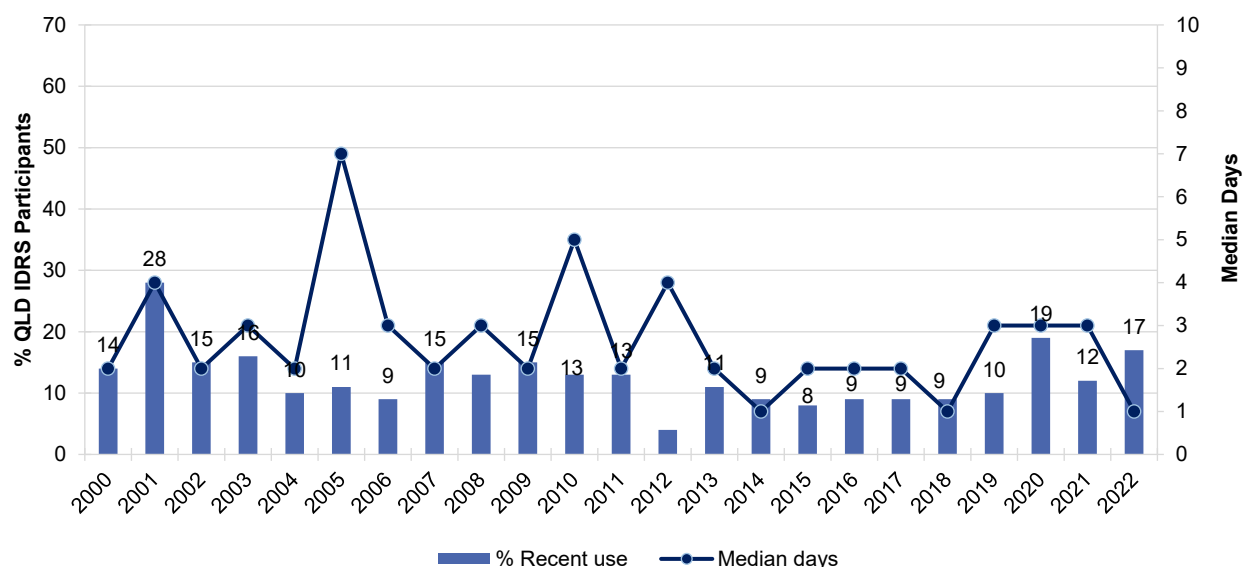
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price: Due to low numbers (n≤5), details will not be reported on price (Figure 17). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: Due to low numbers (n≤5), details will not be reported on purity (Figure 18). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: Due to low numbers (n≤5), details will not be reported on availability (Figure 19). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 17: Median price of cocaine per gram, Brisbane/Gold Coast, QLD, 2000-2022
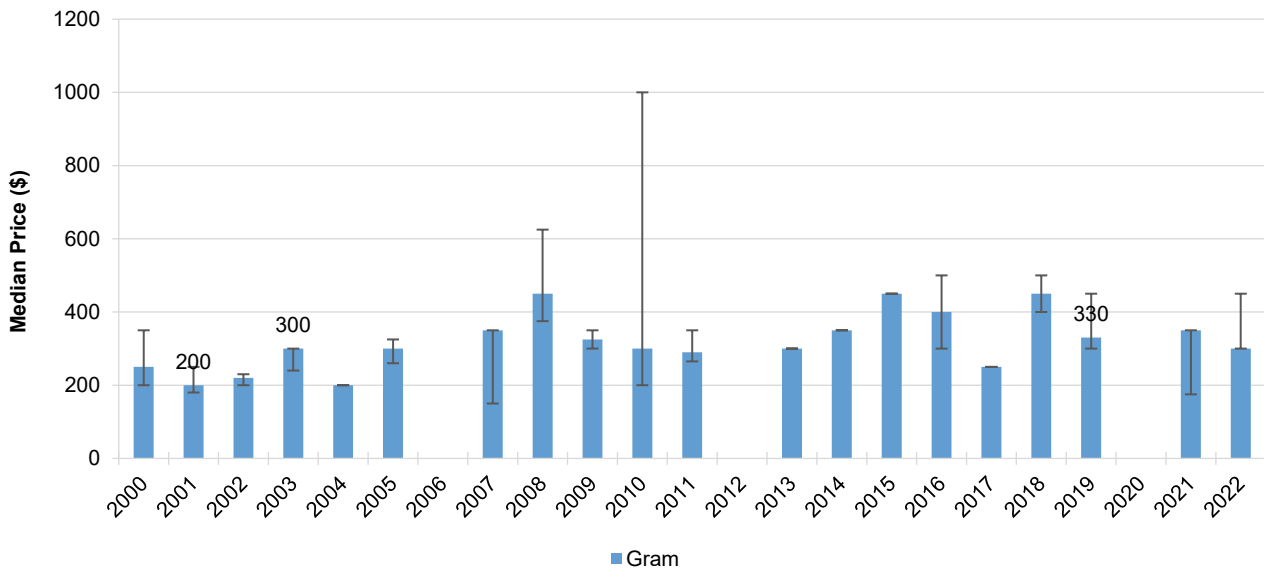
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. No participants reported on the price of a gram in 2006 and 2012 Data labels have been removed from figures with small cell size (i.e,. n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 18: Current perceived purity of cocaine, Brisbane/Gold Coast, QLD, 2000-2022
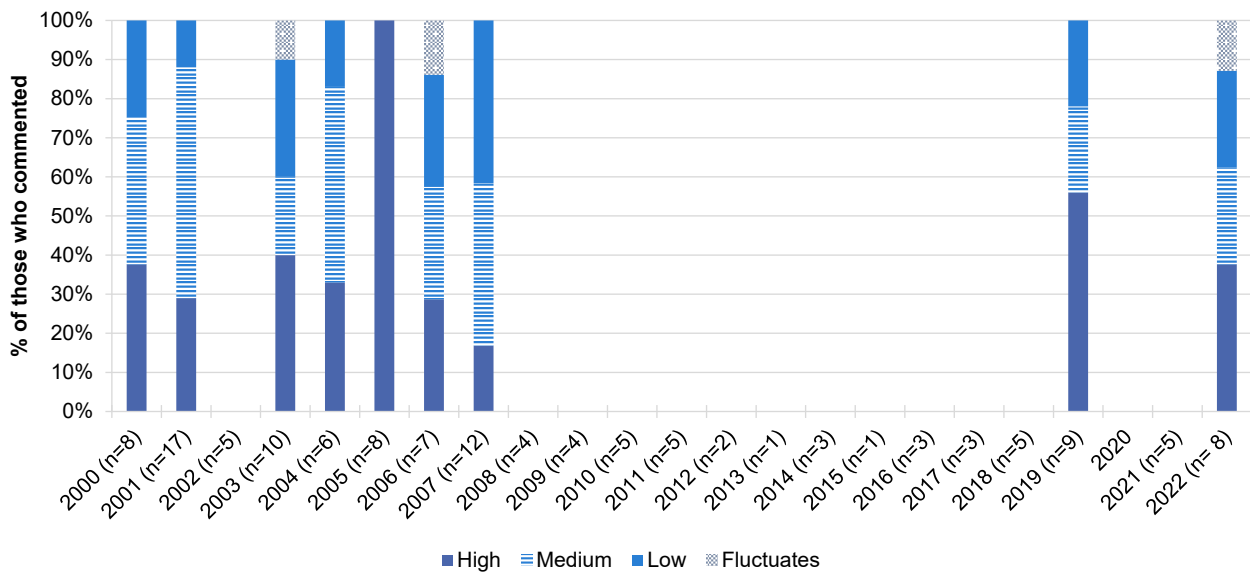
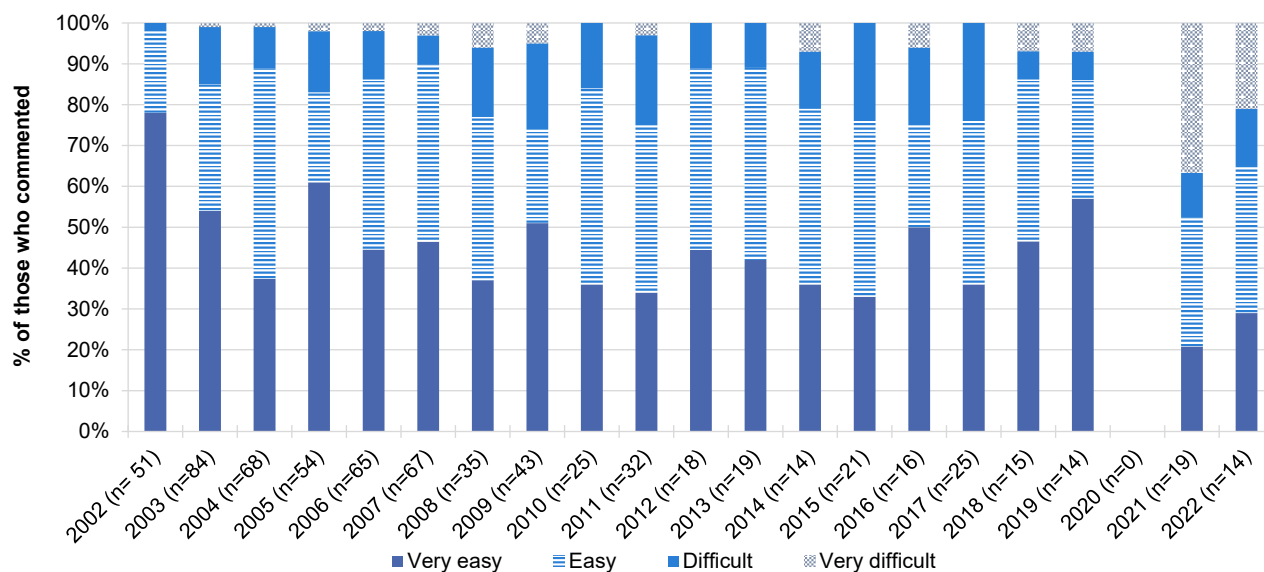Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; $p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 19: Current perceived availability of cocaine, Brisbane/Gold Coast, QLD, 2000-2022
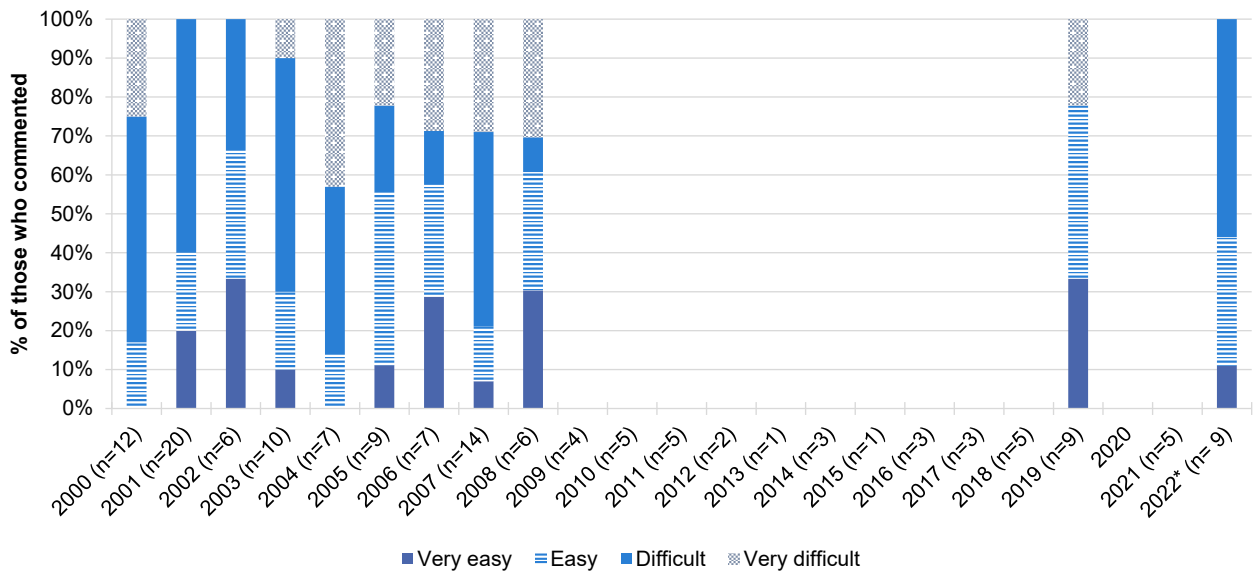
Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; $p<0.050$; $**p<0.010$; $***p<0.001$.

5

Cannabis and/or Cannabinoid Related Products

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

Terminology throughout this chapter refers to:

- **Prescribed use**: use of cannabis and/or cannabinoids related products obtained by a prescription in the person's name;
- **Non-prescribed use**: use of cannabis and/or cannabinoids 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 cannabinoids related products obtained through either of the above means.

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); few participants nationally (1%; n=8) reported prescribed use in the six months preceding interview; few Brisbane/Gold Coast participants (n≤5) reported this.

In this chapter, data from 2021 and 2022, and from 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). While comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent non-prescribed cannabis use and/or related cannabinoid products has ranged from a peak of 85% in 2006 to a low of 60% in 2015, before increasing again subsequently thereafter. Past six-month use of non-prescribed cannabis and/or related cannabinoid products remained stable in 2022, with 64% reporting recent use (68% in 2021; p=0.657) (Figure 20).

Frequency of Use

Frequency of use remained stable, from a median of 90 days (IQR=20-180) in 2021 to 110 days (IQR=25-180; p=0.450) in 2022 (Figure 20). Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented in 2022 (n=64), 41% reported daily use, stable relative to 2021 (31%; p=0.281).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented (n=64), smoking continued to be the most common route of administration (98%; 90% in 2021; p=0.063); however, there was a significant decline in those reporting inhaling/vaporising (n≤5; 16% in 2021; p=0.046).

Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022, the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=0.60-1.50; n=22), a significant decrease from 1.50 grams in 2021 (IQR=1.00-3.00; p=0.041). In cones, the median 'typical' amount was two cones (IQR=2-4; n=32; 2 cones in 2021; IQR=2-4; p=0.316). Few participants (n≤5) reported on use in joints.

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid related products in the past six months and commented (n=62), 94% reported recent use of hydroponic cannabis (87% in 2021; p=0.363), and 40% reported recent use of outdoor-grown 'bush' cannabis (35% in 2021; p=0.577). Few participants (n≤5) in 2022 reported using hashish, non-prescribed CBD extract, and THC extract in the preceding six months.

Figure 20: Past six month use and frequency of use of non-prescribed cannabis, Brisbane/Gold Coast, QLD, 2000-2022
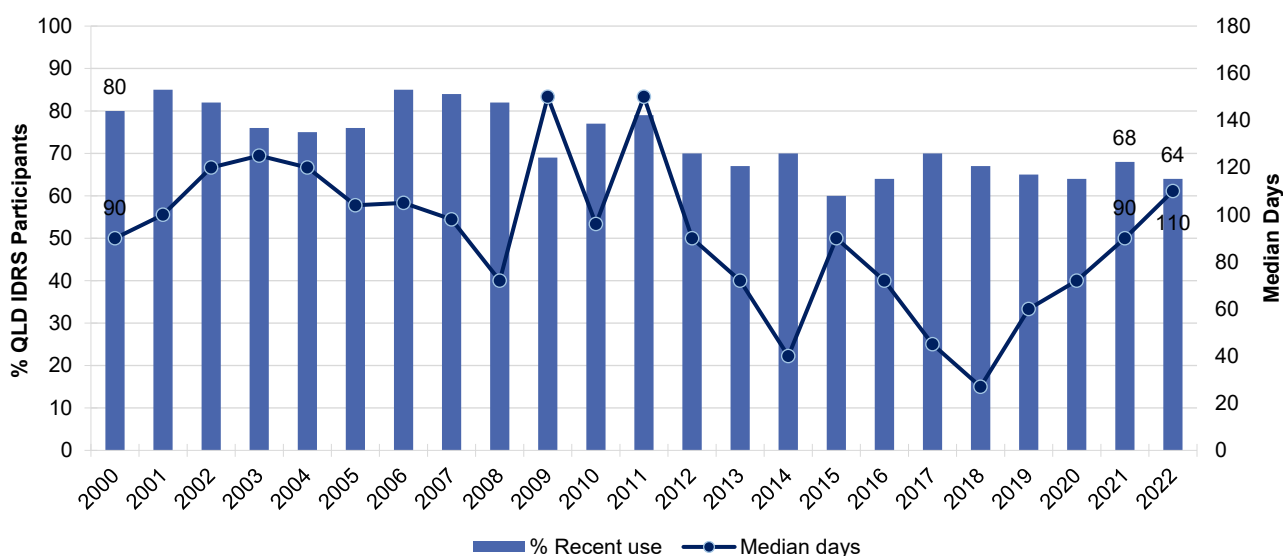
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australian in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

# Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram of hydroponic cannabis in 2022 was $20 (IQR=20-25; n=12; $20 in 2021; IQR=20-20; *p*=0.345) and the median price per ounce of hydroponic cannabis was $300 (IQR=300-300; n=9; $300 in 2021; IQR=300-325; *p*=0.518) (Figure 21a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2021 and 2022 (*p*=0.179). Among those who were able to comment in 2022 (n=57), 63% reported 'high' purity (60% in 2021), and 30% reported 'medium' purity (21% in 2021) (Figure 22a).

Perceived Availability: Perceived availability remained relatively stable between 2021 and 2022 (*p*=0.775). Among those who were able to comment in 2022 (n=58), 48% perceived hydroponic cannabis to be 'very easy' to obtain (46% in 2021), with 45% reporting 'easy' obtainment (41% in 2021) (Figure 23a).

Bush Cannabis

Price: Few participants (n≤5) commented on perceived price of bush cannabis. For an historical overview please see Figure 21b.

Perceived Potency: Perceived potency of bush cannabis changed significantly between 2021 and 2022 (*p*=0.016). Among those who were able to comment in 2022 (n=18), 61% perceived potency to be 'medium' (n≤5 in 2021) (Figure 22b).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2021 and 2022 (*p*=0.299). Among those who were able to comment in 2022 (n=18), 56% perceived that bush was 'easy' to obtain (38% in 2021) (Figure 23b).

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Brisbane/Gold Coast, QLD, 2003-2022

(A) Hydroponic Cannabis
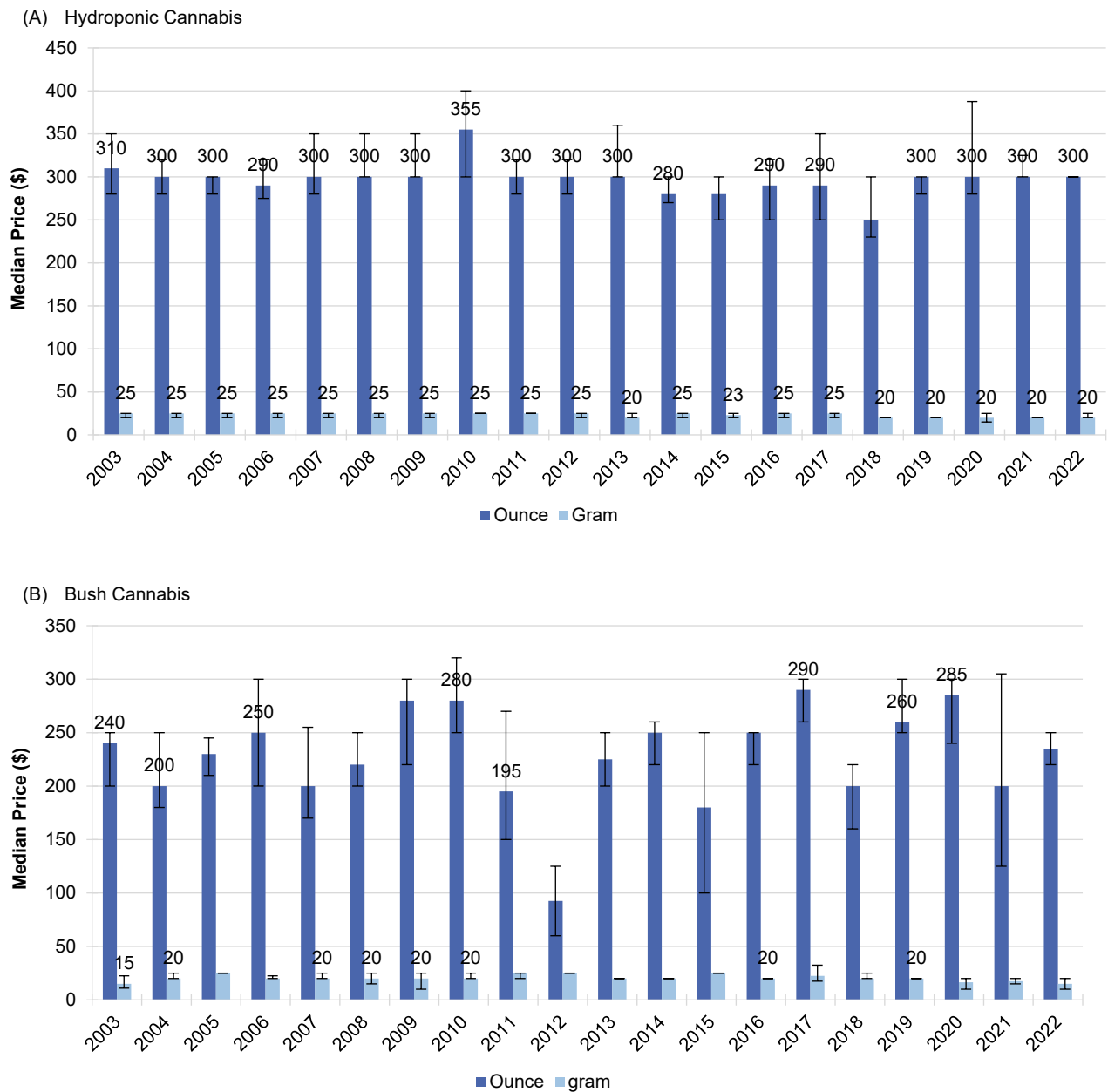
(B) Bush Cannabis

Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Please note that the error bars reported in the 2021 Queensland IDRS were incorrect, and have been amended in this figure. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 22: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Brisbane/Gold Coast, QLD, 2004-2022
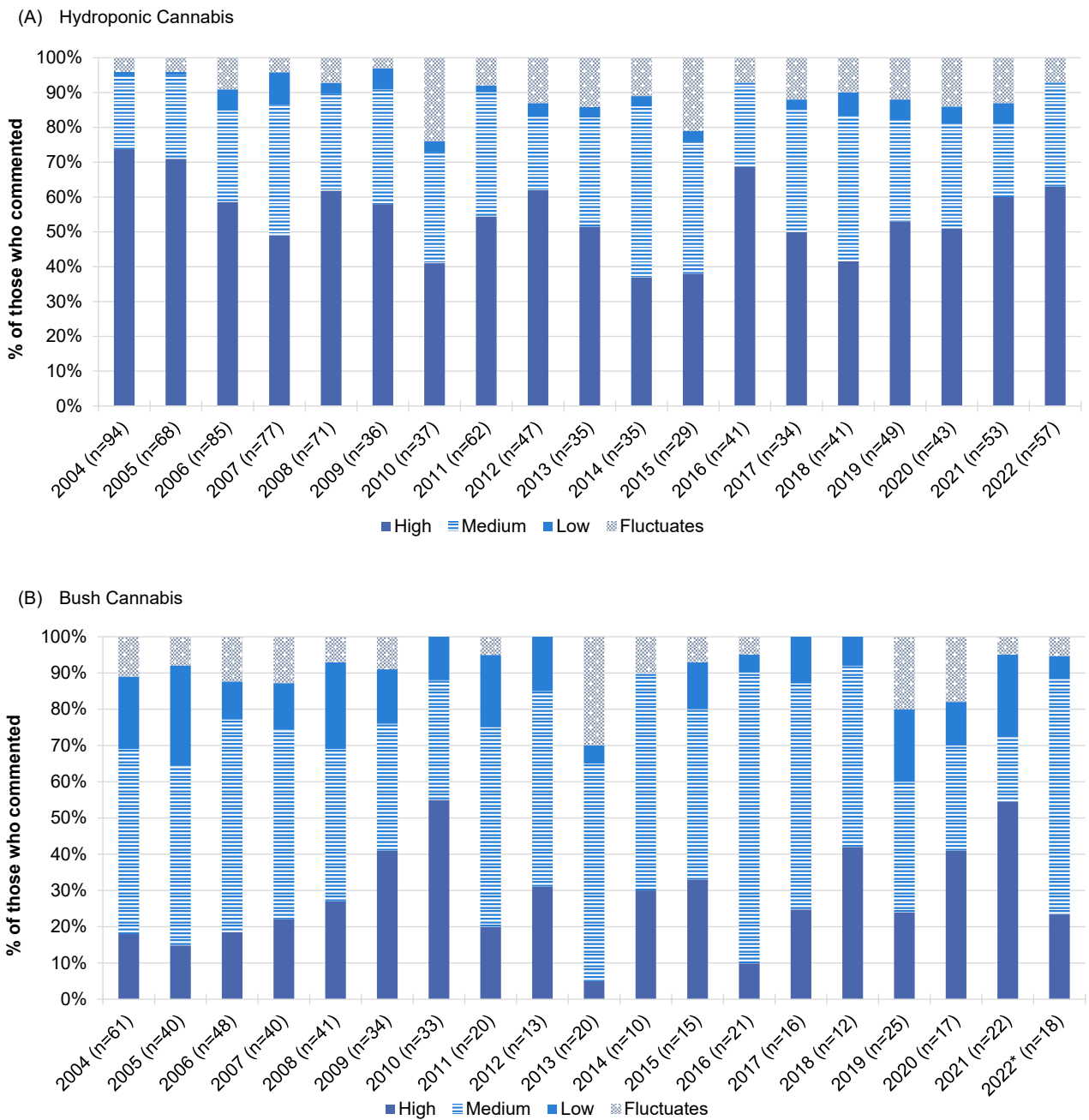
(A)   Hydroponic Cannabis

(B)   Bush Cannabis

Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. 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 2021 versus 2022 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Figure 23: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Brisbane/Gold Coast, QLD, 2004-2022
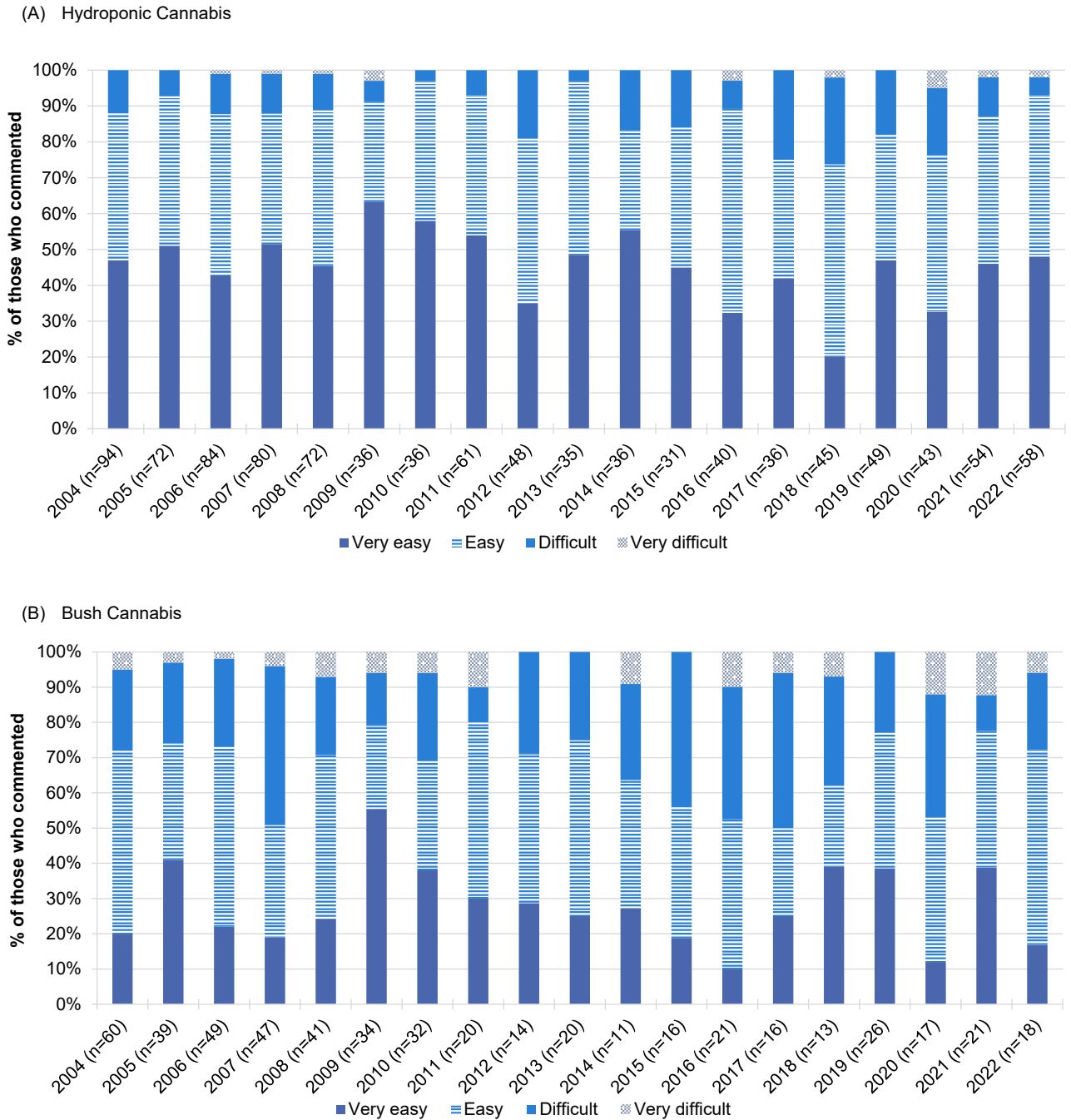
(A) Hydroponic Cannabis

(B) Bush Cannabis

Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. 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 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Pharmaceutical Opioids

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

• **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
• **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
• **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

Methadone

Any Recent Use (past 6 months): Despite some fluctuation**,** the per recent reporting any recent methadone use (including syrup and tablets) in Brisbane/Gold Coast has generally decreased since monitoring commenced. In 2022, one-quarter (25%) of participants reported recent use of any prescribed and/or non-prescribed methadone (32% in 2021; p=0.348). Methadone use historically has largely consisted of prescribed use, with 17% reporting prescribed use in 2022, stable from 23% reporting prescribed use in 2021 (p=0.375). The per cent reporting non-prescribed use remained stable in 2022 at 10% (13% in 2021; p=0.661) (Figure 24).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented (n=10), frequency of non-prescribed methadone syrup use remained low and stable in 2022 (5 days; IQR=3-12; 11 days in 2021; IQR=5-36; p=0.372) (Figure 24).

Recent Injecting Use: Of those who had recently consumed non-prescribed methadone and commented (n=10), 40% reported recent injection, stable from 59% in 2021 (p=0.188), on a median of 46 days (IQR=5-158), also stable from 30 days in 2021 (IQR=6-120; p=0.854).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Brisbane/Gold Coast, QLD, 2000-2022

% Any recent use   % Non-prescribed use   Median days non-prescribed (syrup)
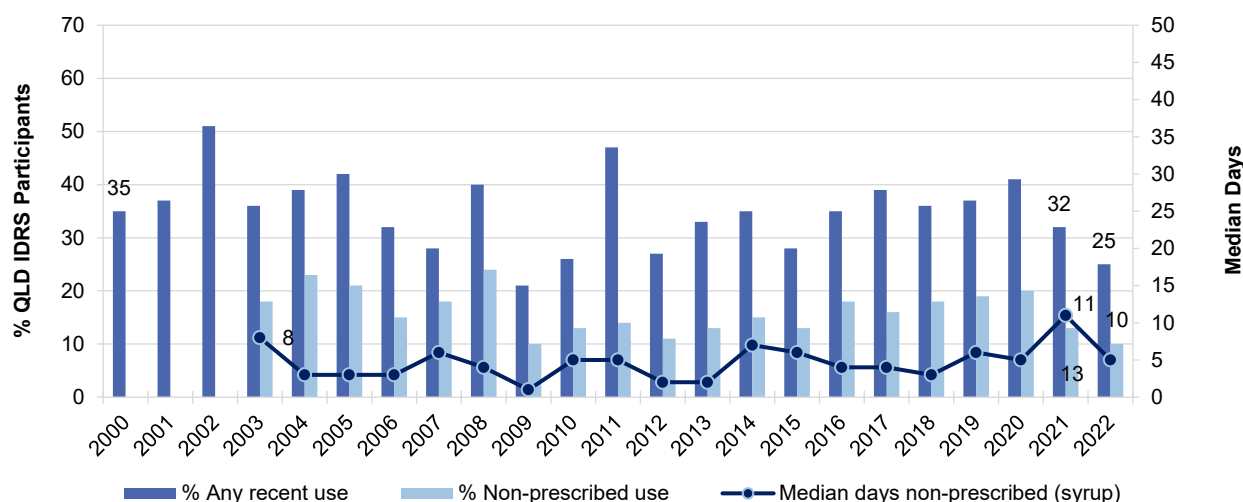
Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70% and 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablet

Any Recent Use (past 6 months): Although prescribing practices have shifted towards buprenorphine-naloxone in recent years, the use of buprenorphine tablet alone was still common in Brisbane/Gold Coast in 2022, with 23% reporting any recent use, compared with 26% in 2021 (p=0.749) (Figure 25). Twelve per cent of participants reported recent prescribed use (8% in 2021, p=0.355) and recent non-prescribed use was reported by 15% of participants (20% in 2021, p=0.451).

Frequency of Use: Participants reported a median of seven days of non-prescribed use (IQR=3-31) of buprenorphine tablet in the past six months, remaining stable from five days in 2021 (IQR=2-72, p=0.712).

Recent Injecting Use: Of those who had recently used buprenorphine tablet, 83% reported any recent injection, stable relative to 2021 (77%; p=0.731), on a median of 48 days (IQR=8-135), compared to eight days in 2021 (IQR=3-123; p=0.269).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablets, Brisbane/Gold Coast, QLD, 2002-2022
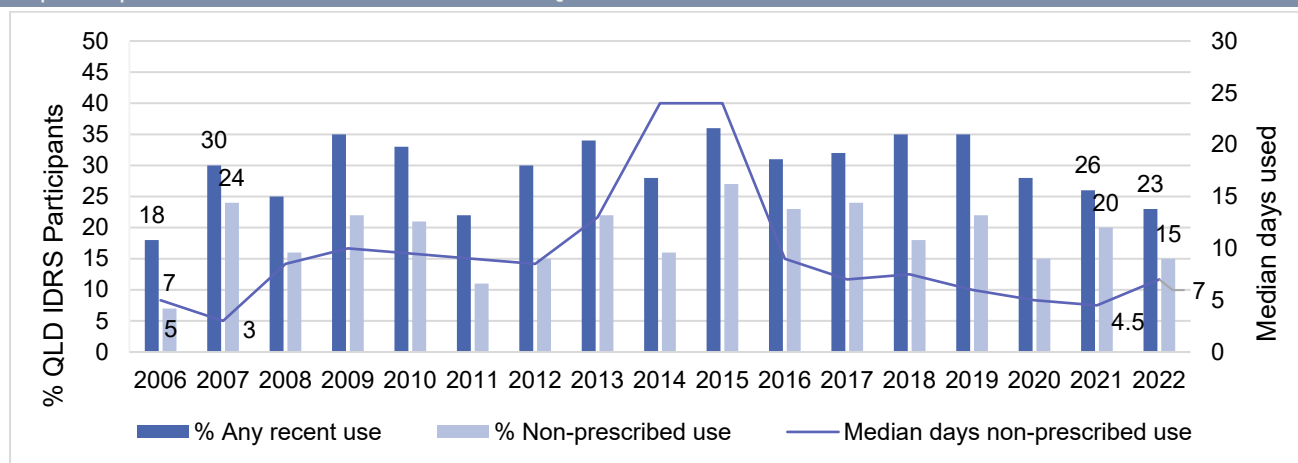
Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to 50% and 30 days to improve visibility of trends. Data labels are only provided for the first (2006/2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2022, 19% of the sample reported recent use of any buprenorphine-naloxone (21% in 2021; p=0.855), with 10% reporting non-prescribed use (11% in 2021) (Figure 26). Eleven per cent reported prescribed use (12% in 2021).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=10), frequency of use remained stable at a median of 13 days (IQR=3-23) in the past six months (8 days in 2021; IQR=3-45; p=0.879) (Figure 25).

Recent Injecting Use: Sixty-three per cent (n=12) reported recent injection of any buprenorphine-naloxone (57% in 2021; p=0.758), on a median of 92 days (IQR=20-180), relatively stable from 10 days in 2021 (IQR=3-135; p=0.187).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Brisbane/Gold Coast, QLD, 2006-2022
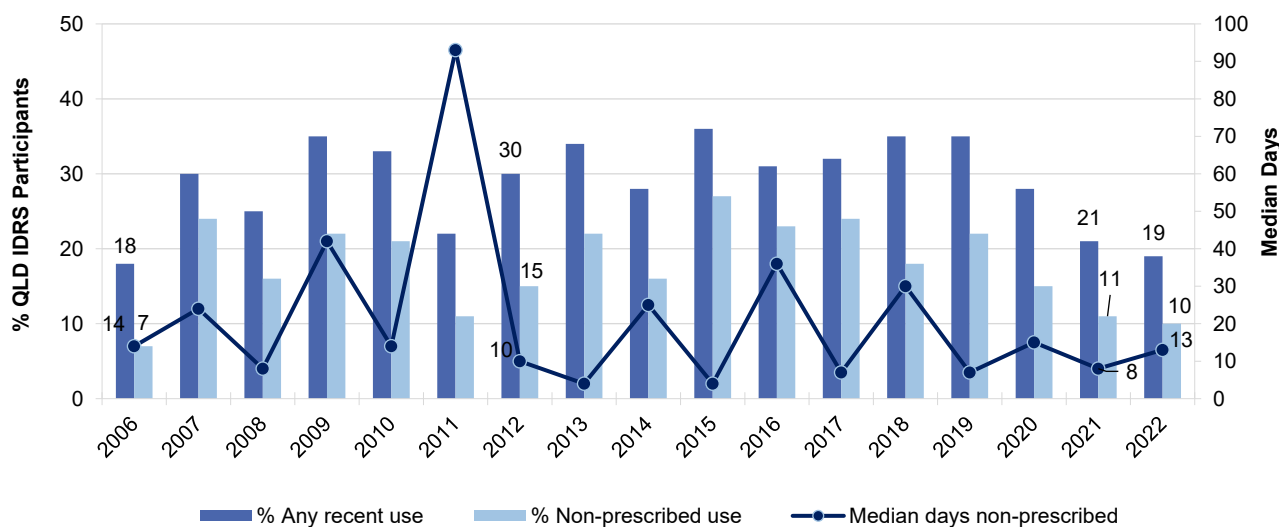
Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axes reduced to 50% and 100 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Morphine

Any Recent Use (past 6 months): The Brisbane/Gold Coast sample has observed a downward trend in recent use of morphine since peaking in 2007 (Figure 26). In 2022, 24% of the sample had recently used any morphine (22% in 2021; p=0.730). This was mostly driven by non-prescribed use (19%; 18% in 2021; p=0.852), with 7% reporting recent prescribed use (n≤5 in 2021; p=0.373).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented (n=19) reported use on a median of 10 days (IQR=3-23), stable relative to 2021 (7 days; IQR=1-36; p=0.636) (Figure 27).

Recent Injecting Use: Of those who had recently used any morphine in 2022 and commented (n=24), 88% reported injecting morphine (77% in 2021; p=0.451) on a median of eight days (IQR=2-48), stable relative to 2021 (7 days; IQR=2-30; p=0.779).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Brisbane/Gold Coast, QLD, 2001-2022
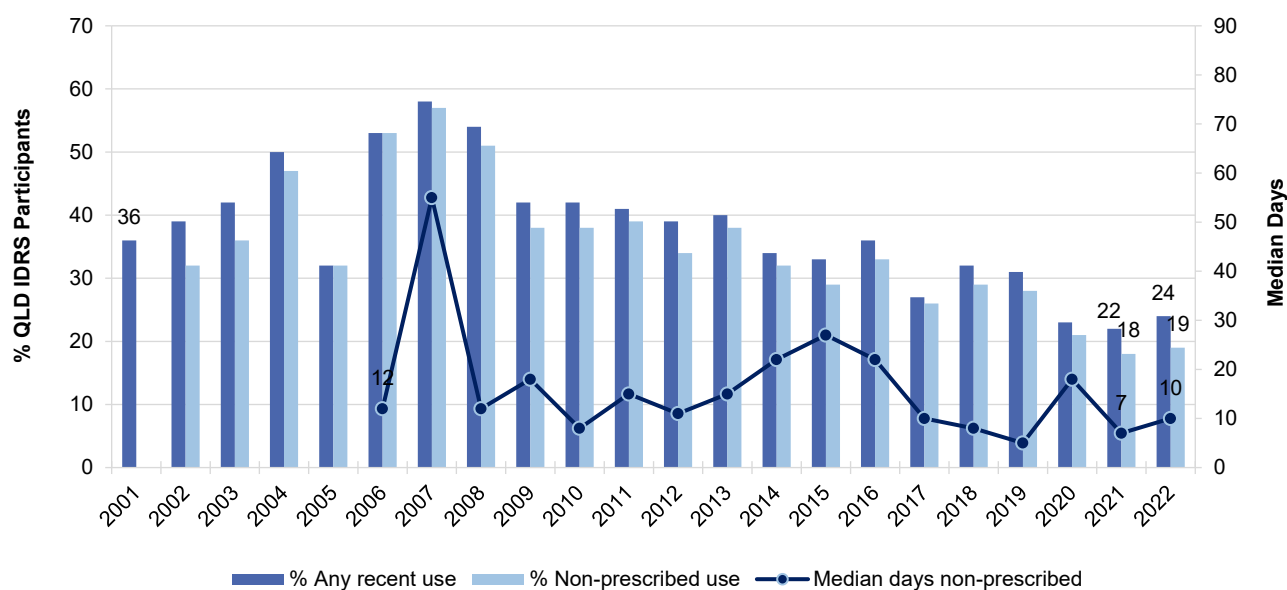
Note. Median days of computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 70% and 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Oxycodone

**Any Recent Use (past 6 months):** Recent use of oxycodone has fluctuated over the course of monitoring, with 15% of participants reporting recent use in 2022, stable relative to 2021 (20%; p=0.459) (Figure 27). In 2022, few participants (n≤5) had used prescribed oxycodone (11% in 2021; p=0.191) and 11% had used non-prescribed oxycodone, stable from 10% in 2021.

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=11) reported use on a median of six days (IQR=3-24) in the six months preceding interview in 2022 (3 days in 2021; IQR=2-3; p=0.252) (Figure 28).

Recent Injecting Use: Of those who had used any oxycodone and commented (n=15), 67% reported recent injection of any oxycodone, stable from 45% in 2021 (p=0.306).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Brisbane/Gold Coast, QLD, 2005-2022
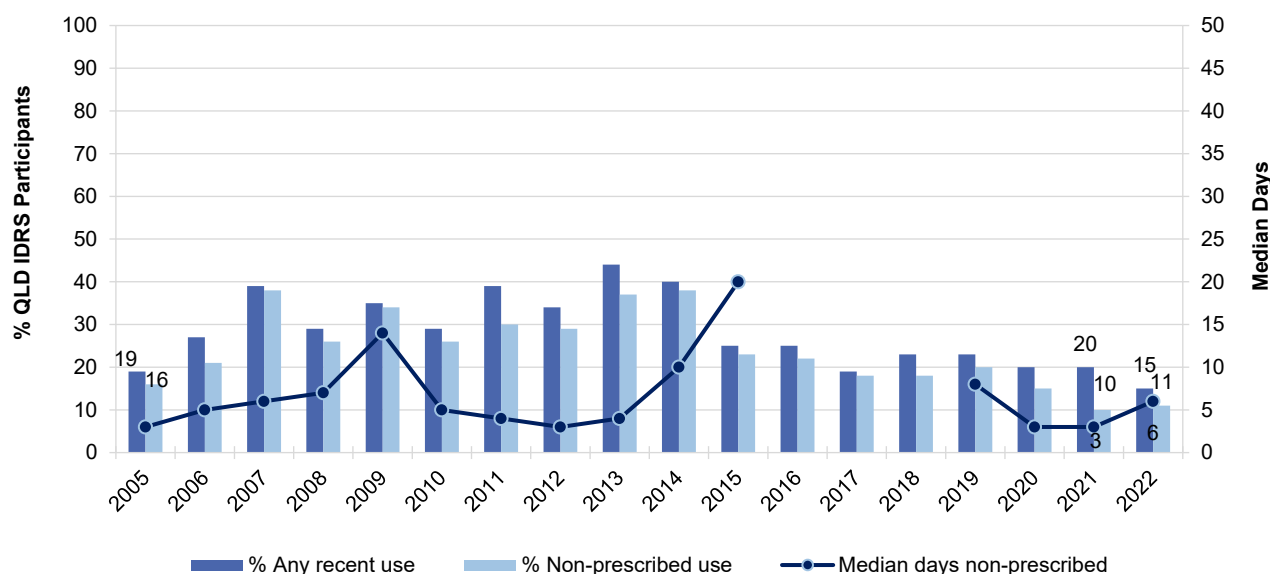
Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring commenced (Figure 29). In 2022, 7% of the sample reported using fentanyl (prescribed or non-prescribed) in the six months preceding interview (10% in 2021; *p*=0.598). Few participants (n≤5) reported prescribed use and non-prescribed use in 2022 (n≤5 in 2021).

Few (n≤5) participants reported frequency of use or recent injection of fentanyl and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Brisbane/Gold Coast, QLD, 2013-2022
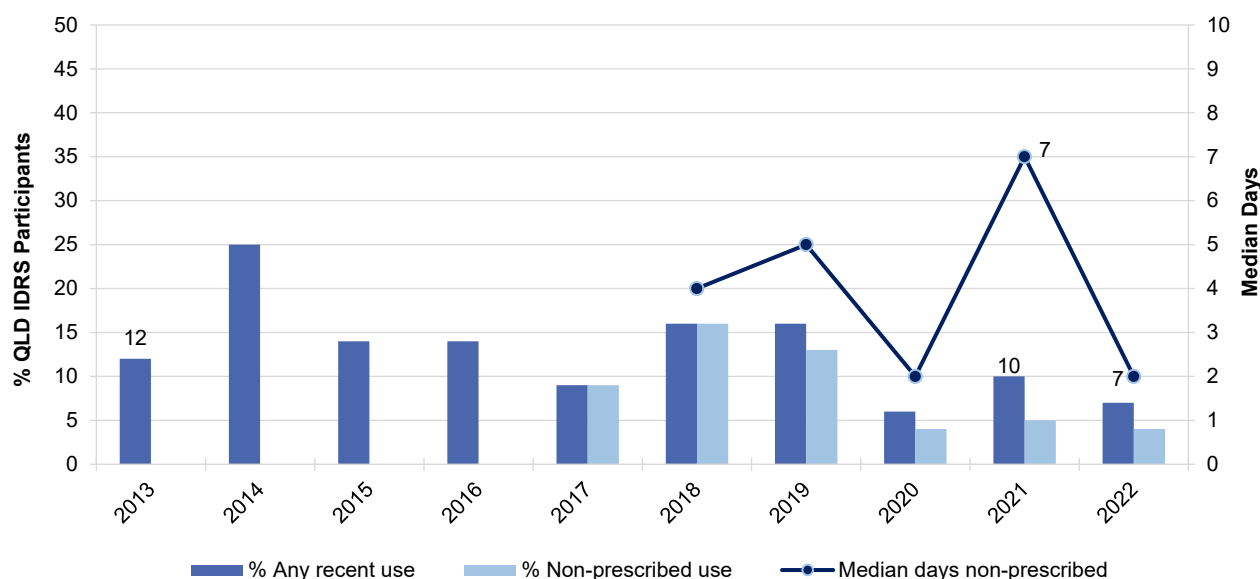
Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axes reduced to 50% and 10 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.000.for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2022 (Table 2). In 2022, 17% of participants reported any recent use of codeine (a significant increase from 7% in 2021; p=0.031), with 7% reporting recent prescribed use (n≤5 in 2021; p=0.373) and 10% reporting recent non-prescribed use (a significant increase from 2021; n≤5; p=0.049).

Eight per cent reported recent use of any form of tramadol (14% in 2021; p=0.261) and few (n≤5) participants reported recent use of any form of tapentadol (n≤5 in 2021). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Brisbane/Gold Coast, QLD, 2019-2022

% Recent Use (past 6 months)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)
Codeine^				
Any use	18	9	7	**17***
Non-prescribed use	10	-	-	**10***
Any injection#	-	0	0	**-**
Tramadol				
Any use	13	7	14	**8**
Non-prescribed use	-	-	9	**-**
Any injection#	-	-	-	**-**
Tapentadol				
Any use	-	-	-	**-**
Non-prescribed use	-	-	-	**-**
Any injection#	-	-	0	**-**

Note. - Values suppressed due to small cell size (n≤5 but not 0). Includes high and low dose. #Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

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

Recent use of any NPS in the six months prior to interview remained stable in 2022 (8%; 8% in 2021) (Table 3). Few participants (n≤5) reported recent use of new drugs that mimic the effects of opioids, ecstasy, amphetamines/cocaine, cannabis, psychedelics or benzodiazepines, and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Brisbane/Gold Coast, QLD, 2013-2022

% Recent Use (past 6 months)	2013 N=100	2014 N=100	2015 N=98	2016 N=91	2017 N=103	2018 N=103	2019 N=109	2020 N=98	2021 N=101	2022 N=100
'New' drugs that mimic the effects of opioids	/	/	/	/	0[#]	-	-	0	-	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-[#]	-	-	-	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	/	/	-	-	/	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	7	-	-	0	-	-	-	-	-	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-[#]	0	-	0	0	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0[#]	-	-	0	0
Any of the above	7	-	-	6	-	-	8	-	9	8

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs' and 'new drugs that mimic the effects of opioids'. [#]In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2022 (21%; 26% in 2021; *p*=0.506) (Figure 30). Recent non-prescribed use of other benzodiazepines remained stable at 13% (17% in 2021; *p*=0.549), and recent non-prescribed use of alprazolam also remained stable at 10% (11% in 2021).

Frequency of Use: Participants who had recently consumed non-prescribed other benzodiazepines and commented (n=13) reported use on a median of 20 days (IQR=6-21; 3 days in 2021; IQR=2-26; *p*=0.549). Participants who had recently consumed non-prescribed alprazolam and commented (n=9) reported use on a median of two days (IQR=2-20; 3 days in 2021; IQR=1-41); *p*=0.817).

Recent Injecting Use: In 2022, no participants reported recent injection of any non-prescribed benzodiazepines, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants remained stable in 2022 at 9%, in comparison to 7% in 2021 (*p*=0.610) (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=9) reported use on a median of 10 days (IQR=1-24) in 2022, stable from two days in 2021 (IQR=2-2; *p*=0.628).

Recent Injecting Use: In 2022, few participants (n≤5) reported recent injection of non-prescribed pharmaceutical stimulants, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Recent use of non-prescribed antipsychotics remained stable in 2022 at 8%, n≤5 in 2021 (*p*=0.373) (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed antipsychotics and commented (n=7) reported use on a median of 24 days (IQR=4-81) in 2022 (n≤5 in 2021).

Recent Injecting use: In 2022, no participants reported recent injection of non-prescribed antipsychotics, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2022, 19% of participants had used non-prescribed pregabalin (22% in 2021; *p*=0.733) in the six months preceding interview (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=19) reported use on a median of six days (IQR=4-10) in 2022, stable from six days in 2021 (IQR=2-21; *p*=0.990).

Recent Injecting use: In 2022, few participants (n≤5) reported recent injection of any non-prescribed pregabalin, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past six month use of non-prescribed pharmaceutical drugs, Brisbane/Gold Coast, QLD, 2006-2022
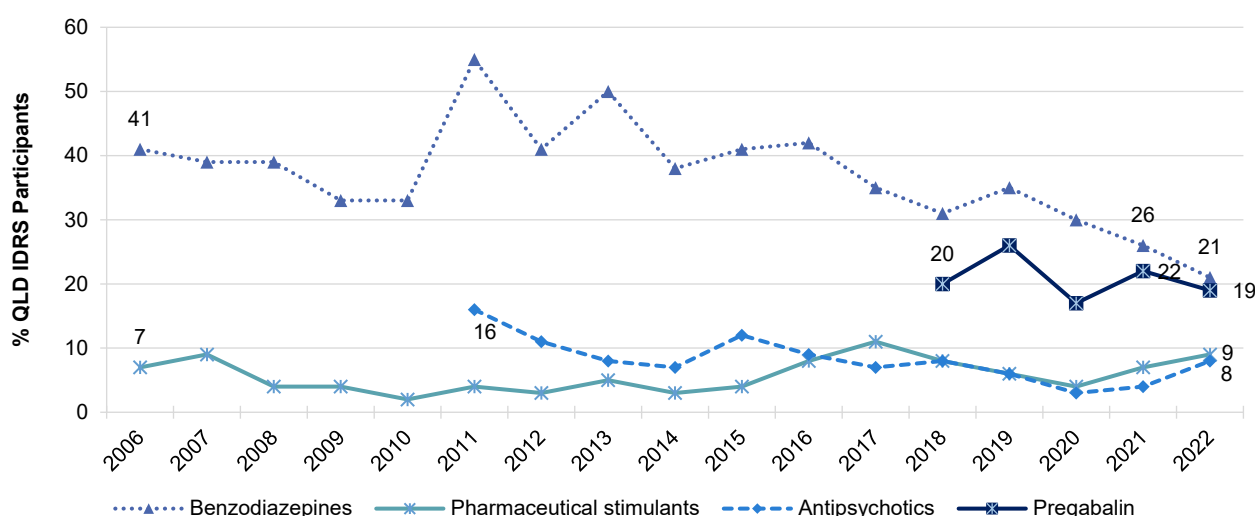
Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2006/2011/2018) and two most recent years (2021/2022) of monitoring, however labels are suppressed where numbers are small (i.e., n≤5 but not 0). For historical numbers, please refer to data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Fifty-two per cent of the sample reported recent use of alcohol in 2022, remaining stable from 54% in 2021 (p=0.884) (Figure 30).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=52) reported use on a median of 24 days in 2022 (IQR=3-105; 52 days in 2021; IQR=9-170; p=0.094), with 15% reporting daily use (21% in 2021; p=0.598).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Brisbane/Gold Coast IDRS sample. In 2022, the majority of the sample (86%) reported recent use of tobacco (89% in 2021; p=0.527) (Figure 30).

Frequency of Use: Participants who had recently used tobacco and commented (n=86), reported use on a median of 180 days in 2022 (IQR=180-180; 180 days in 2021; IQR=180-180; p=0.442), with the majority (85%) reporting daily use (89% in 2021; p=0.499).

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 (n≤5) reported recent use of prescribed e-cigarettes in 2022. Data below for 2022 refer only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Twenty-seven per cent of participants reported recent use of non-prescribed e-cigarettes in 2022, stable relative to 2021 (19%; p=0.194) (Figure 31).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=27), reported use on a median of 96 days in 2022 (IQR=27-180; 27 days in 2021; IQR=4-180; *p*=0.248).

Forms Used: Among those who reported recent non-prescribed use in the last six months and responded (n=26), 77% reported using e-cigarettes that contained nicotine (75% in 2021). Fifty-eight per cent reported using e-cigarettes that contained neither cannabis nor nicotine (25% in 2021; *p*=0.057). No participants reported using e-cigarettes that contained cannabis, or both cannabis and nicotine. No participants reported using e-cigarettes that contained another substance. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the last six months and responded (n=28), 61% reported using e-cigarettes as a smoking cessation tool (53% in 2021, *p*=0.767).

Steroids

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

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2022, 7% of participants reported recent use of GHB/GBL/1,4-BD, remaining stable from 10% in 2021 (*p*=0.613) (Figure 31).

Recent Injecting Use: In 2022, no participants reported recent injection, therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 31: Past six month use of licit and other drugs, Brisbane/Gold Coast, QLD, 2000-2022
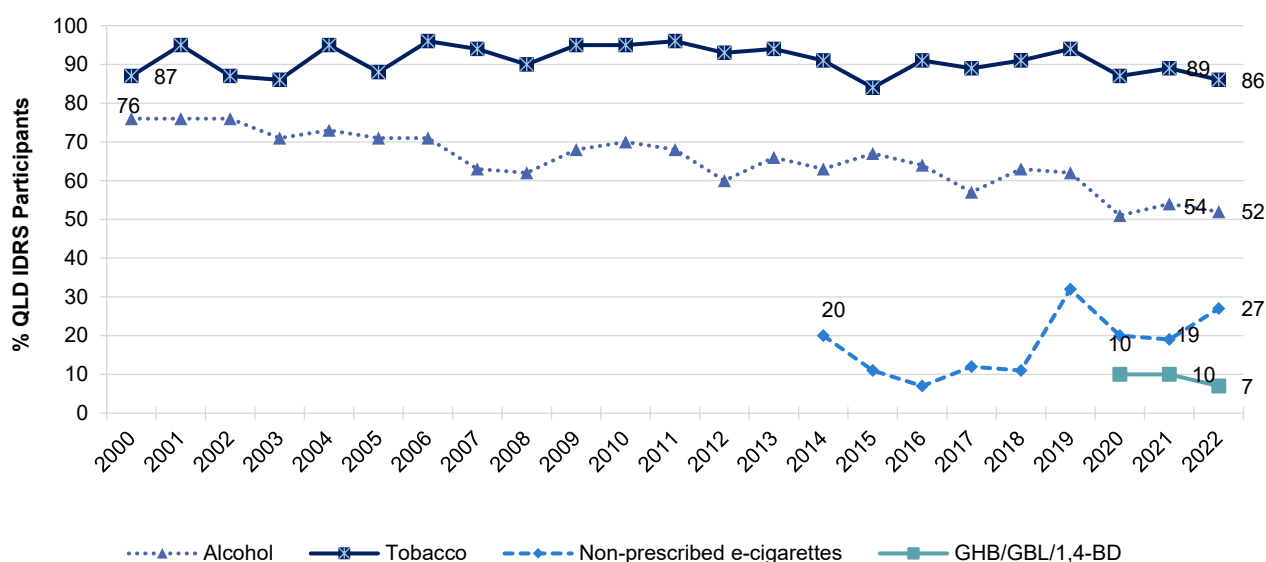
Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, 95% of the sample reported using one or more drugs (including alcohol and prescription medications, excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=95), the most commonly used substances were opioids (50%), cannabis (42%) and stimulants (29%).

Forty-six per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Fifteen per cent reported concurrent use of cannabis and opioids, whilst 8% of participants reported concurrent use of cannabis and stimulants on the day preceding interview (Figure 32). Twenty-four per cent reported using opioids alone, and 13% of respondents reported using stimulants alone, whilst 12% reported using cannabis alone. Few (n≤5) reported using more than two substances concurrently on the day before interview.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Brisbane/Gold Coast, QLD, 2022
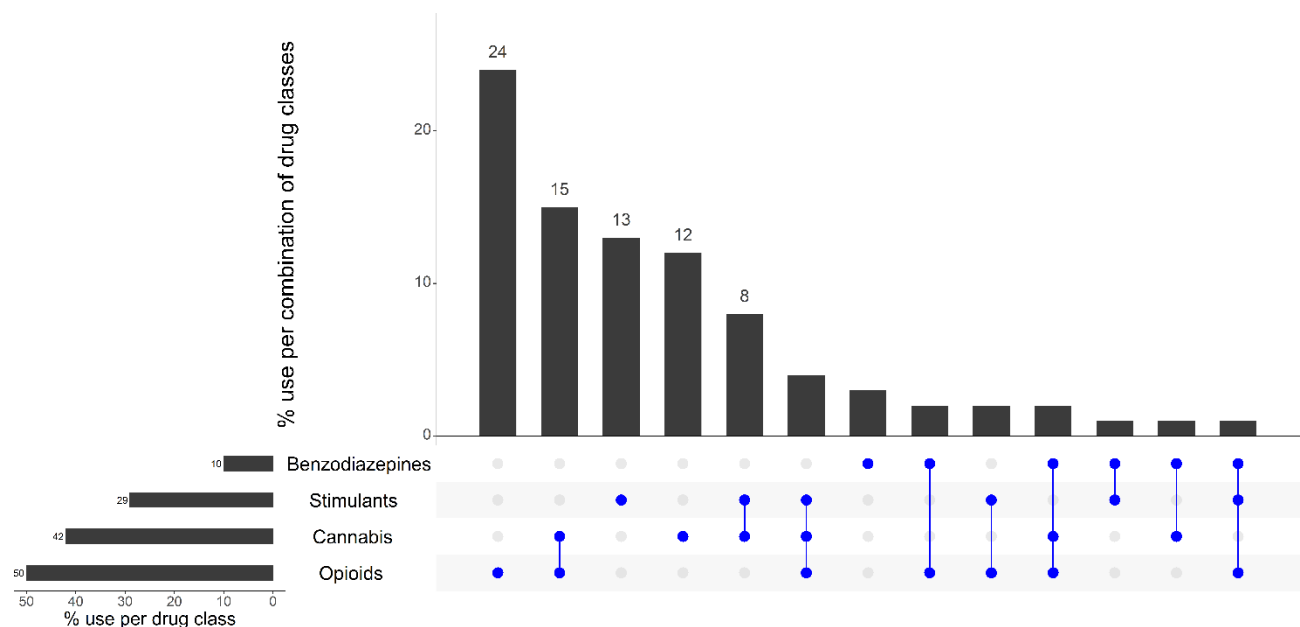
Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 30 % to improve visibility of trends.
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Overdose Events

Non-Fatal Overdose

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

In 2022, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;

- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following data coding:

  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and
  - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Overdose in the Brisbane/Gold Coast sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). The per cent reporting any past 12-month non-fatal overdose in 2022 remained relatively stable (16%; 19% in 2021; p=0.713) (Figure 33).

Eleven per cent reported a **non-fatal overdose following opioid use** in the past 12 months in 2022 (14% in 2021; p=0.659), most commonly heroin (10%; 12% in 2021; p=0.817). Few participants (n≤5) reported a **non-fatal overdose following stimulant use** in the past 12 months (n≤5 in 2021). (Table 4).

Participants who had overdosed on an opioid had done so on a median of two occasions (IQR=2-3) in the last 12 months. Few participants (n≤5) commented on the treatment they received on the last occasion of opioid overdose. These data are therefore suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 33: Past 12 month non-fatal any overdose, Brisbane/Gold Coast, QLD, 2000-2022
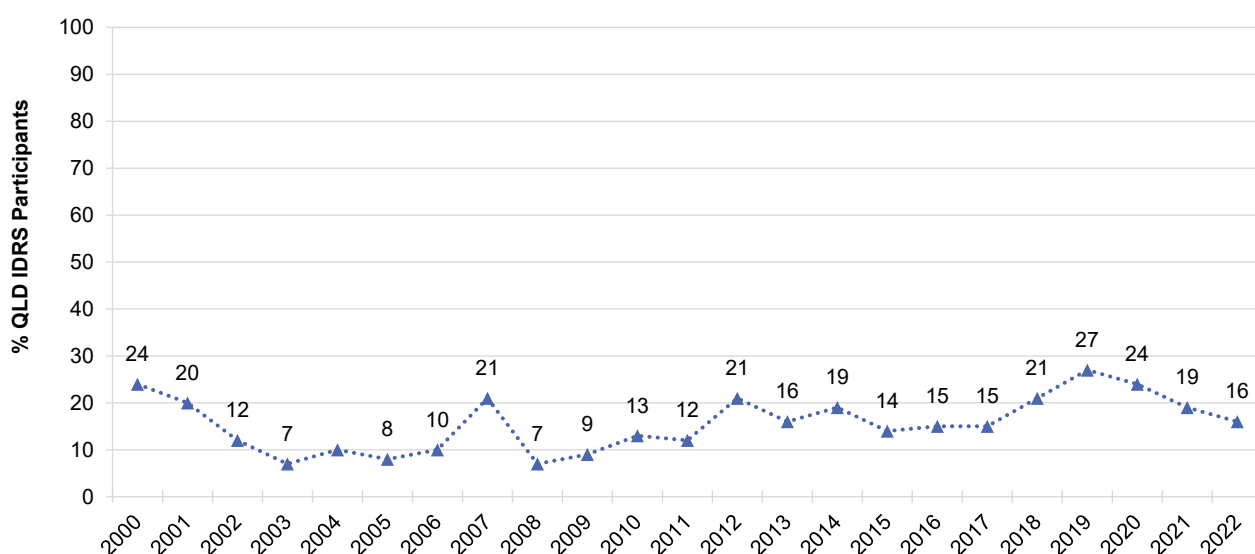
Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2022, and Brisbane/Gold Coast, QLD, 2015-2022

| | Brisbane/Gold Coast, QLD | | | | | | | | National |
	2015	2016	2017	2018	2019	2020	2021	2022	2022
% Any opioid	N=98 8	N=91 9	N=103 9	N=103 18	N=109 24	N=98 18	N=101 14	**N=100 11**	N=868 12
% Heroin overdose	N=98 6	N=91 7	N=103 7	N=103 8	N=109 20	N=98 14	N=100 12	**N=100 10**	N=867 11
% Methadone overdose	N=98 0	N=91 -	N=69 -	N=98 -	N=109 0	N=98 -	N=100 -	**N=100 -**	N=867 1
% Morphine overdose	N=97 -	N=91 -	N=62 -	N=98 -	N=109 -	N=98 0	N=100 -	**N=100 0**	N=867 0
% Oxycodone overdose	N=97 -	N=91 0	N=91 -	N=98 -	N=109 -	N=98 -	N=100 -	**N=100 0**	N=867 -
% Stimulant overdose	N=98 -	N=90 -	N=91 -	N=103 0	N=108 -	N=98 -	N=100 -	**N=100 -**	N=878 4
% Other overdose	/	/	/	/	N=109 -	N=98 7	N=100 0	**N=100 7**	N=878 3
% Any drug overdose	N=98 14	N=91 15	N=91 15	N=98 21	N=109 27	N=97 24	N=100 19	**N=100 16**	N=868 17

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020 and 2021, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: From 2013-2022, the per cent of participants who had heard of naloxone remained relatively high, ranging between 74% and 94%. In 2022, 86% reported awareness of naloxone (81% in 2021; p=0.448) (Figure 34).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs has gradually increased over time, with 71% reporting awareness of these programs in 2022, stable relative to 2021 (60%; p=0.139) (Figure 34). A significant change occurred in the awareness of paid take-home programs (21%; 8% in 2021; p=0.020), whilst awareness of free take-home programs remained stable (68%; 56% in 2021, p=0.113).

Participation in Training Programs: In 2022, one-third (33%) had been trained in how to administer naloxone in their lifetime, remaining stable from 2021 (30%; p=0.652) (Figure 34). The majority of those (81%) reported receiving training at an NSP, with few participants (n≤5) being trained in a pharmacy, health service, drug treatment or other service.

Accessed Naloxone: Half of the Brisbane/Gold Coast sample (52%) reported having ever accessed naloxone (53% in 2021), with 30% having done so in the past year (20% in 2021; p=0.470). Few participants (n≤5) reported that they had tried to access naloxone in their lifetime but had been unsuccessful. Of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=56), reasons included 'don't consider myself/my peers at risk of overdose' (36%), 'don't use opioids' (18%) and 'didn't know you could access naloxone' (11%).

Of those who reported ever accessing naloxone and commented (n=35) on the last occasion, 60% reported last receiving intramuscular naloxone alone and 34% reported receiving intranasal naloxone alone (6% said both). The majority (97%) reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone and could respond (n=35), 43% reported that they 'always' had naloxone on hand when using opioids in the past month, whilst 11% said 'often', 11% said 'rarely', and 20% said 'never'. Few participants (n≤5) reported they 'sometimes' have naloxone on hand when using opioids in the past month.

Use of Naloxone to Reverse Overdose: In 2022, 23% of the Brisbane/Gold Coast sample reported that they had ever resuscitated someone using naloxone at least once in their lifetime (22% in 2021). Few (n≤5) participants reported that they had been resuscitated by a peer using naloxone in the past year (n<5 in 2021).

Figure 34: Take-home naloxone program and distribution, Brisbane/Gold Coast, QLD, 2013-2022
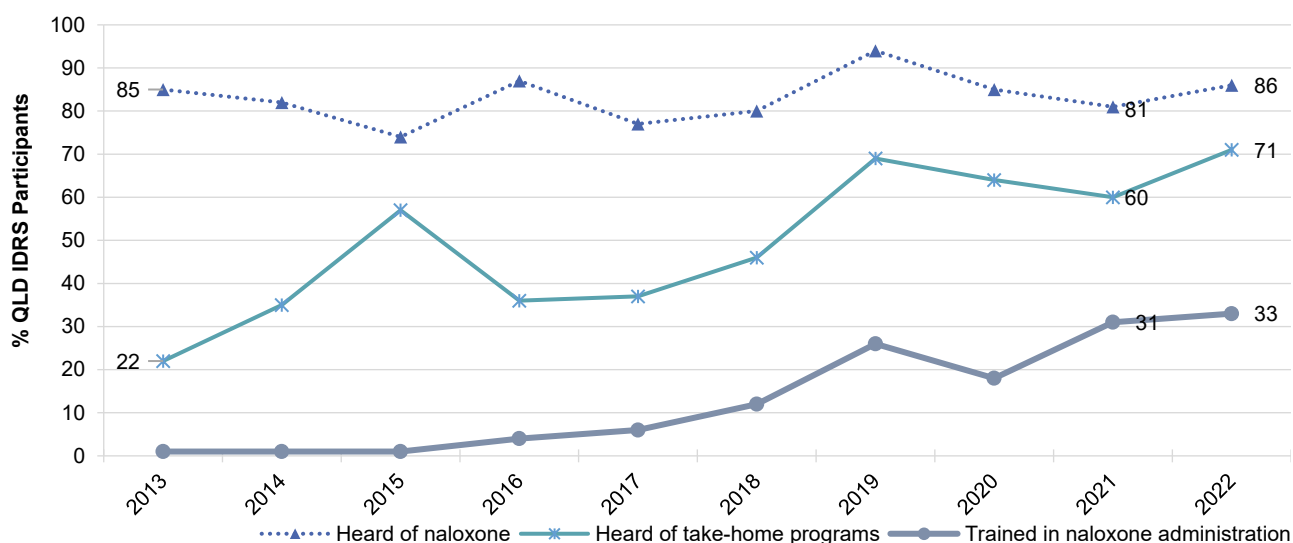
Note. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2022, few participants (n≤5) reported receptive sharing (10% in 2021; p=0.191), whilst 9% reported distributive sharing in the past month, a significant decrease from 2021 (22%; p=0.019) (Figure 35).

The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has fluctuated considerably over the course of monitoring (Figure 35), though remained stable from 2021 to 2022 (24%; 28% in 2021; p=0.626). Thirty-five per cent of the sample reported that they had re-used their own needles in the past month, remaining stable from 38% in 2021 (p=0.770) (Figure 35).

Thirty-one per cent of the 2022 sample reported that they had injected someone else after injecting themselves, a significant decrease from 2021 (48%; p=0.022), and almost one-fifth (19%) were injected by someone else who had previously injected in the past month (22% in 2021; p=0.598) (Table 5).

The location of last injection remained stable between 2021 and 2022 (p=0.837). Consistent with previous years, most participants (82%) reported that they had last injected in a private home (87% in 2021). An additional 8% of participants reported that they had last injected in a street, park, or beach (n≤5 in 2021) (Table 5).

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, Brisbane/Gold Coast, QLD, 2000-2022
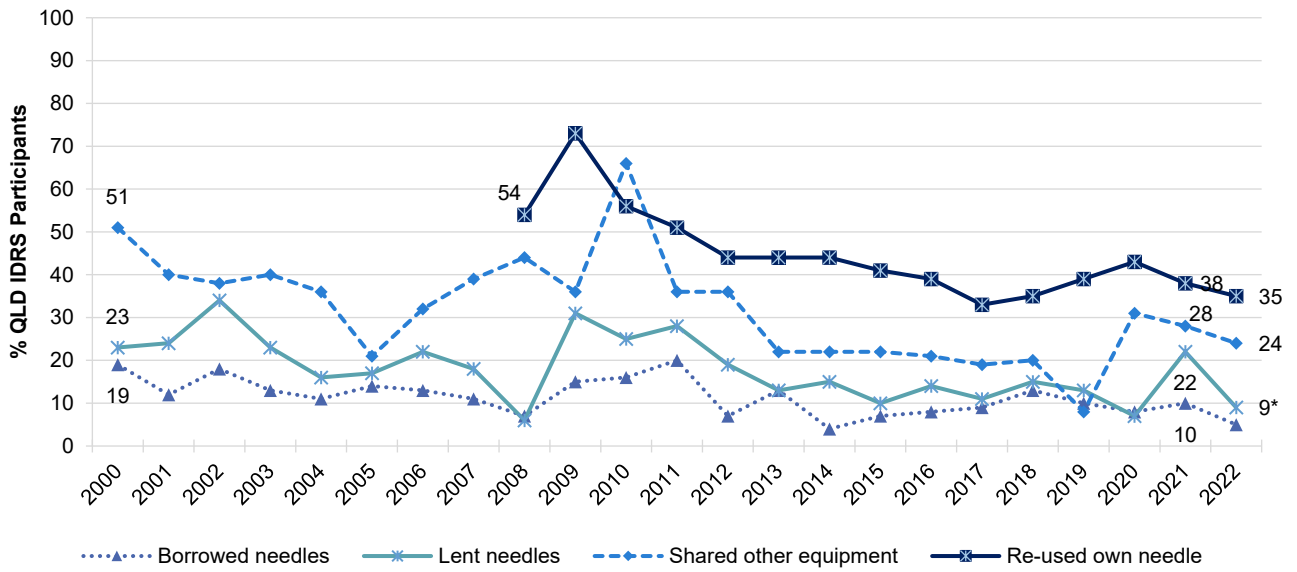
Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Brisbane/Gold Coast, QLD, 2015-2022

	Brisbane/Gold Coast, QLD								National
	2015 **N=98**	**2016** **N=91**	**2017** **N=103**	**2018** **N=103**	**2019** **N=109**	**2020** **N=98**	**2021** **N=101**	**2022** **N=100**	**2022** **N=879**
% Injecting behaviours past month									
Borrowed a needle	N=97 7	N=91 8	N=97 9	N=99 13	N=109 9	N=98 8	N=99 10	**N=100** **-**	N=868 4
Lent a needle	N=97 10	N=91 14	N=97 11	N=99 15	N=108 13	N=98 7	N=99 22	**N=99** **9***	N=865 8
Shared any injecting equipment ^	N=97 **3**	N=91 34	N=97 23	N=99 11	N=108 0	N=97 31	N=99 28	**N=99** **24**	N=872 20
Re-used own needle	N=97 41	N=90 39	N=98 33	N=99 36	N=109 39	N=98 43	N=98 38	**N=100** **35**	N=865 35
Injected partner/ friend after self ˜	/	N=91 29	N=98 25	N=99 36	N=109 41	N=94 34	N=98 48	**N=100** **31***	N=866 27
Somebody else injected them after injecting themselves˜	/	N=91 19	N=98 19	N=99 17	N=109 23	N=95 15	N=98 22	**N=100** **19**	N=865 15
% Location of last injection	N=97	N=91	N=98	N=99	N=108	N=98	N=99	**N=100**	N=868
Private home	90	77	78	76	76	83	87	**82**	78
Car	-	6	-	-	-	7	**-**	**-**	5
Street/car park/beach	-	8	6	10	-	-	**-**	**8**	6
Public toilet	-	8	12	8	14	6	-	**-**	5
Medically supervised injected services	/	/	/	/	/	0	0	**0**	2
Other	-	-	-	-	**-**	0	-	**-**	1

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 prsented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2022 (34%), relative to 2021 (42% in 2021; p=0.315) (Table 6). The most common injection-related injuries and diseases reported by participants was nerve damage (14%; a significant decrease from 27% in 2021, p=0.038), followed by any infection/abscess (13%; 9% in 2021; p=0.374), mainly skin abscess (12%; n≥5 in 2021; p=0.081).

Table 6: Injection-related issues in the past month, Brisbane/Gold Coast, QLD, 2020-2022

	2020	2021	2022
	(N=96)	(N=101)	(N=100)
% Artery injection	-	10	-
% Any nerve damage	23	27	**14***
% Any thrombosis	-	8	-
Blood clot	-	7	-
Deep vein thrombosis	-	-	**0**
% Any infection/abscess	8	9	13
Skin abscess	7	-	12
Endocarditis	0	-	0
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-
% Dirty hit	9	13	10
% Any injection-related problem	33	42	34

Note. - Values suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

The percentage of participants who reported that they were currently receiving any drug treatment in 2022 remained stable (48%; 45% in 2021; p=0.673), with counselling the most commonly received treatment (26%; 16% in 2021; p=0.090) (Table 7).

Table 7: Any current drug treatment, nationally, 2022, and Brisbane/Gold Coast, QLD, 2015-2022

	Brisbane/Gold Coast, QLD								National
	2015	2016	2017	2018	2019	2020	2021	2022	2022
	N=98	N=91	N=103	N=103	N=109	N=98	N=101	N=100	N=879
% Current drug treatment	39	46	54	54	58	47	45	**48**	38
Methadone	47	44	49	52	43	21	22	**16**	24
Buprenorphine	21	21	15	14	14	8	-	**9**	2
Buprenorphine-naloxone	18	16	25	43	25	11	11	**7**	5
Buprenorphine depot injection	/	/	/	/	-	0	0	**-**	3
Drug counselling	-	14	10	14	23	8	16	**26**	9
Other	-	-	0	-	16	-	-	**6**	3

Note. - Values suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

In 2022, 41% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (29% in 2021; p=0.102), 34% had received an RNA test (32% in 2021; p=0.752) and 12% reported having a current HCV infection (9% in 2021; p=0.615) (Table 8). Seven per cent of the total sample reported that they had received HCV treatment in the past year, of which all (n=7) reported that their treatment had been successful.

Of the total sample, 76% reported having ever had a test for human immunodeficiency virus (HIV) (17% within the past six months), with the vast majority reporting that they had never received a positive diagnosis (97%) (Table 8).

Table 8: HCV and HIV testing and treatment, nationally (2022) and Brisbane/Gold Coast, QLD, 2018-2022

| %	Brisbane/Gold Coast, QLD					National
	2018 **N=103**	**2019** **N=109**	**2020** **N=101**	**2021** N=101	**2022** **N=100**	**2022** N=879
Past year Hepatitis C test (n)						
Past year Hepatitis C antibody test	N=97 64	N=109 48	N=97 31	N=98 29	**N=98** **41**	N=846 43
Past year Hepatitis C PCR or RNA test	N=91 41	N=106 42	N=95 28	N=95 32	**N=96** **34**	N=803 37
Current Hepatitis C status (n)						
Currently have Hepatitis C^	N=90 28	N=101 15	N=91 11	N=91 9	**N=92** **12**	N=805 7
Past year treatment for Hepatitis C (n)						
Received treatment in past year	N=96 21	N=105 12	N=96 7	N=98 8	**N=98** **7**	N=835 10
Most recent treatment was successful (among those who received treatment in past year)	N=11 95	N=6 -	N=7 -	N=8 100	**N=7** **100**	N=85 69
HIV test (n)				N=100	**N=98**	N=823
HIV test in past 6 months	/	/	/	23	**17**	23
HIV test more than 6 months ago	/	/	/	58	**58**	55
HIV status (n)				N=80	**N=74**	N=633
Lifetime HIV positive diagnosis	/	/	/	-	**-**	3

Note. ^ The denominator includes people who had not been tested for HCV. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Mental Health

In 2022, 56% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2021 (61%; p=0.559) (Figure 36). Amongst this group, the most commonly reported problems were depression (59%), anxiety (54%) and post-traumatic stress disorder (PTSD) (22%). A smaller proportion of participants reported manic depression/bipolar (20%) and schizophrenia (13%).

Twenty-six per cent of the sample had seen a mental health professional during the past six months (45% of those who self-reported a mental health problem during the past six months, 60% in 2021; p=0.145). Seventy-two per cent of those who had seen a mental health professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable from 2021 (53%; p=0.186).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, Brisbane/Gold Coast, QLD, 2004-2022
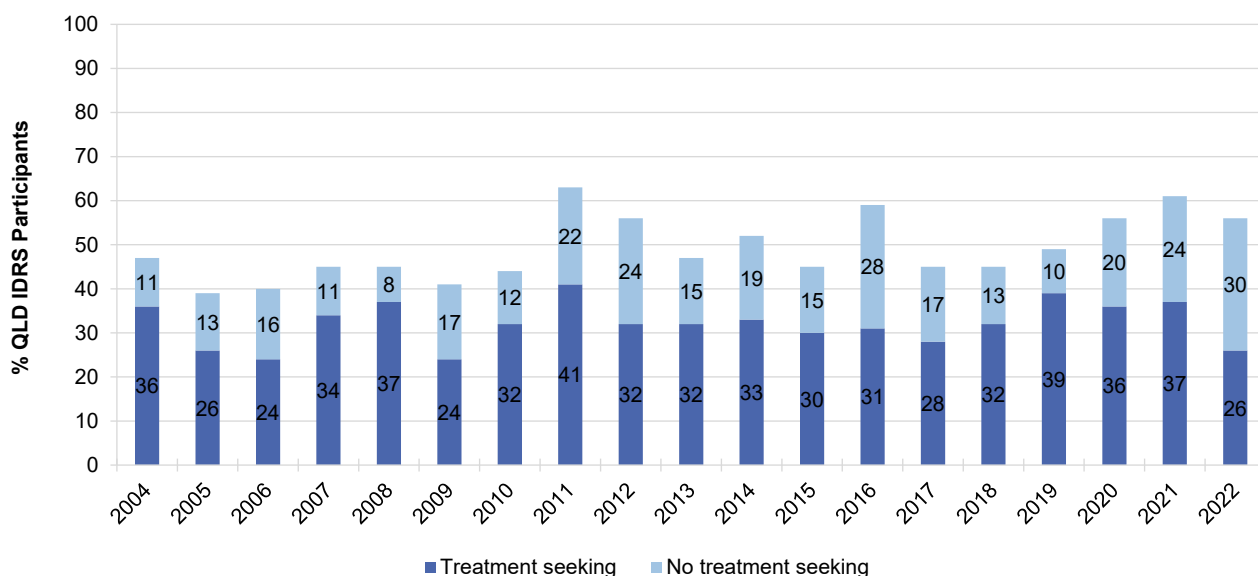

Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.
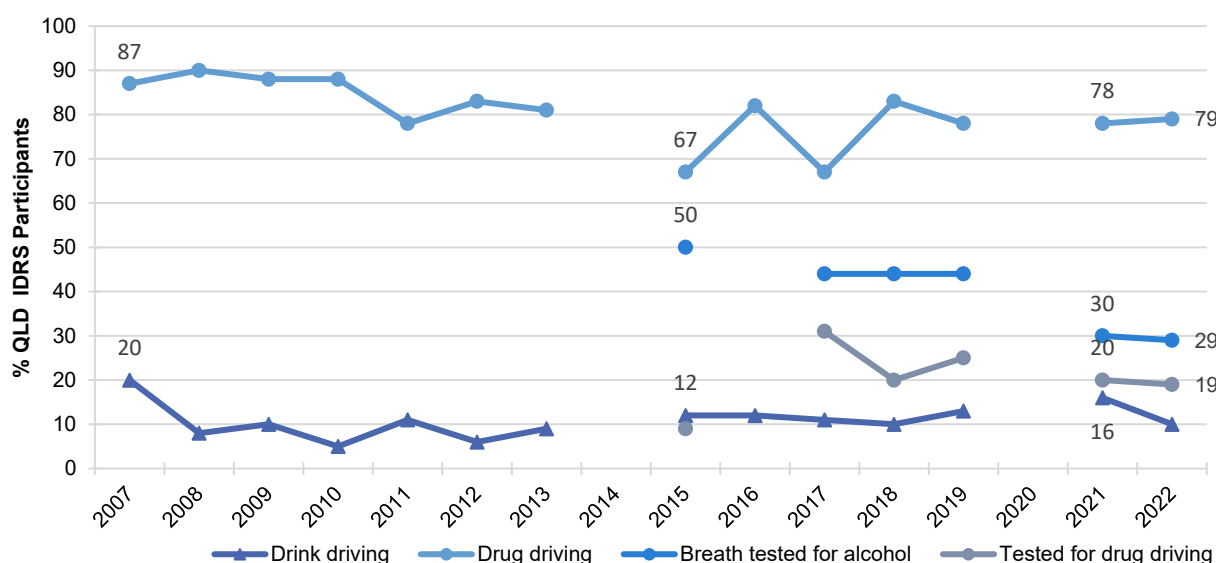
Driving

In 2022, 48% of the Brisbane/Gold Coast sample had driven a car, motorcycle or other vehicle in the last six months (47% in 2021) (Figure 37). Of those who had driven in the past six months (n=48), few participants (n≤5) reported driving while over the perceived legal limit of alcohol, whilst 79% reported driving within three hours of consuming an illicit drug in the last six months (38% of the whole sample). Among those who had driven in the last six months (n=48), 19% reported that they had been tested for drug driving by the police roadside drug testing service, and 29% reported being breath tested for alcohol by the police roadside testing service in the past six months (Figure 38).

Figure 37: Self-reported driving in the past six months Brisbane/Gold Coast, QLD, 2007-2022
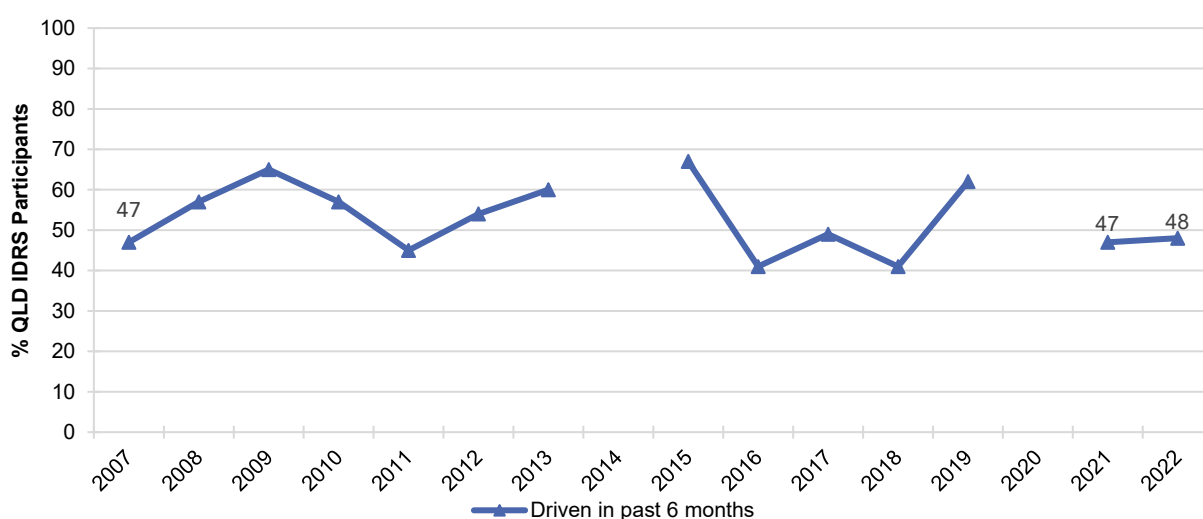
Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 38: Self-reported testing, driving over the (perceived) legal limit for alcohol and driving within three hours following illicit drug use in the last six months, among recent drivers, Brisbane/Gold Coast, QLD, 2007-2022

Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. Data labels are only provided for the first (2007/2015) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

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

In 2022, 23% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (10% in the past year). Given small numbers (n≤5) of past year drug checking, no further results will be reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Experience of Crime and Engagement with the Criminal Justice System

Forty-one per cent of participants reported engaging in 'any' crime in the past month in 2022, stable from 45% in 2021 (p=0.667). Selling drugs for cash profit (24%; 26% in 2021; p=0.868) and property crime (24%; 33% in 2021; p=0.214) remained the most common self-reported crimes in the month preceding interview (Figure 39). Twenty-four per cent reported being the victim of a crime involving violence in the past month (e.g., assault), also stable from 2021 (21%; p=0.729).

In 2022, 24% of the sample had been arrested in the past year, a significant decrease from 39% in 2021 (p=0.035). In 2022, 22% of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021). Fifty-eight per cent of the sample reported a lifetime prison history in 2022, stable from 54% in 2021 (p=0.669).

Figure 39: Self-reported criminal activity in the past month, Brisbane/Gold Coast, QLD, 2000-2022
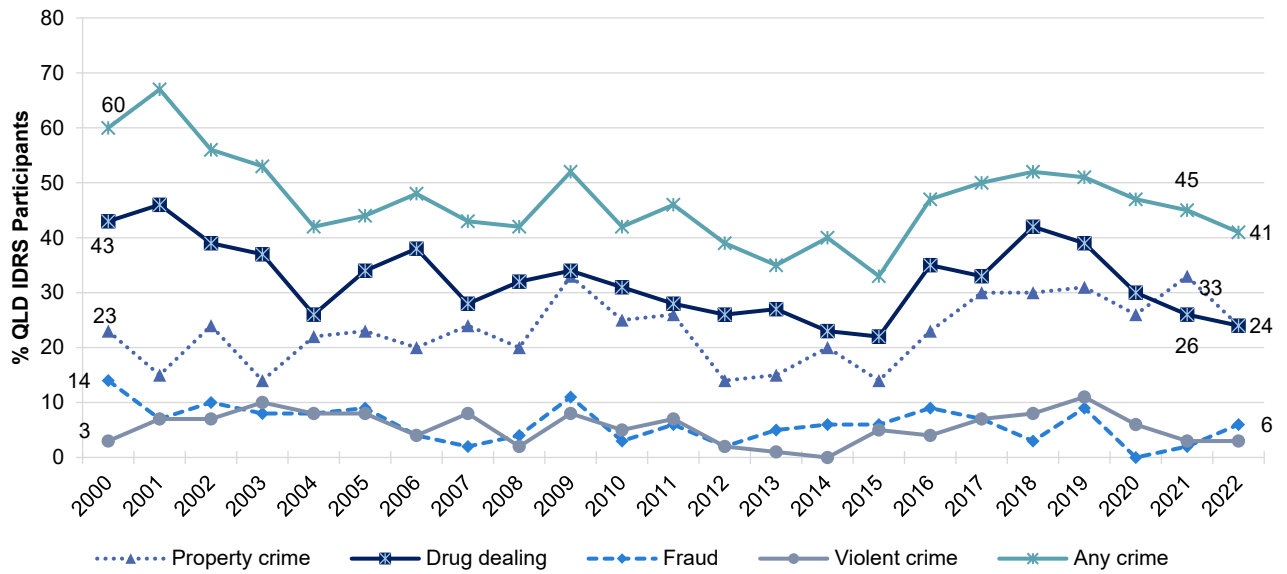
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

COVID-19 Testing and Diagnosis

In 2022, 70% of the Brisbane/Gold Coast IDRS sample had been tested for SARS-COV-2 by the time of interview (39% in 2021), of whom 44% had received a PCR test and 53% a Rapid Antigen Test. Twenty-seven per cent of participants reported having been diagnosed with the virus (no participants had been diagnosed with the virus in 2021 and 2020, respectively).

In 2022, 41% of participants reported that quarantining for at least seven days due to a positive test or possible exposure in the past 12 months, with 6% quarantining in the month prior to interview, 24% in the six months prior to interview and 12% in the 12 months prior to interview. At the time of interview, 71% reported that they had received at least one COVID-19 vaccine dose (median two doses; 35% received two doses; 31% received three or more doses, n≤5 received one dose).

When asked how worried they currently were about contracting COVID-19, 27% of participants reported some level of concern: 10% responded that they were 'slightly' concerned and 11% reported 'moderately' concerned (p=0.191). Few participants (n≤5) reported feeling 'very' or 'extremely' concerned, therefore these data are suppressed (Figure 40). Further, 65% of participants reported that they would be concerned about their health if they did contract COVID-19, with 16% reporting that they would be 'slightly' concerned, 21% reporting 'moderately', 23% reporting 'very' and n≤5 reporting that they would be 'extremely' concerned.

Figure 40: Current concern related to contracting COVID-19, Brisbane/Gold Coast, QLD, 2020-2022
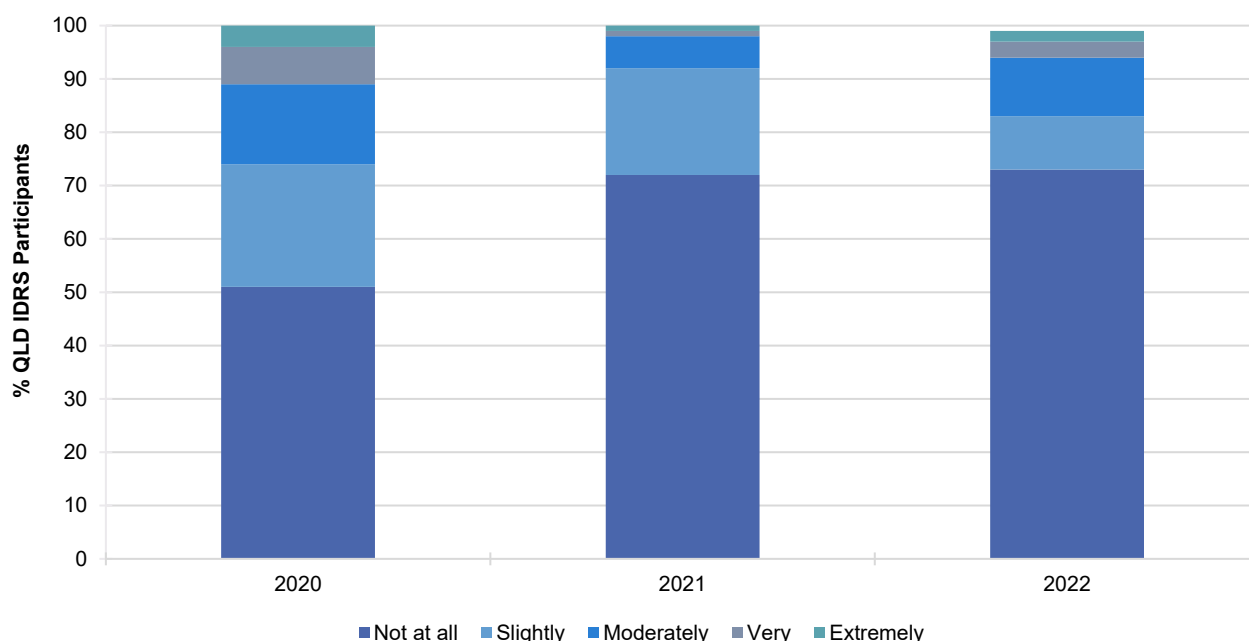
Note. The response option 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.