

Queensland Drug Trends 2025: Key Findings from the Illicit Drug Reporting System (IDRS) Interviews

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QUEENSLAND DRUG TRENDS 2025

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



QUEENSLAND DRUG TRENDS 2025: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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Please note that, as with all statistical reports, the data in this report may be subject to minor revisions over time. For the most up-to-date information, please refer to the online version at [Drug Trends](#).

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2025:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Olivia Price, Haniene Tayeb, Lily Palmer, Agata Chrzanowska, Cate King, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Dylan Vella-Horne, Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Jack Curran and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia; and
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Participants

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

Contributors

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

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
ADHD	Attention-deficit hyperactivity disorder
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α -Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
AUDIT	Alcohol Use Disorders Identification Test
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
K10	Kessler Psychological Distress Scale
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypropylone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
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
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
SDS	Severity of Dependence
STI	Sexually transmitted infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales

Executive Summary

The IDRS comprises a sentinel sample of people aged 18 years or older who injected illicit drugs ≥ 6 days 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 use in the general population.

Data were collected in June 2025. Interviews from 2020 onward were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2025 samples relative to previous years.

Sample Characteristics

The IDRS sample recruited from Brisbane/Gold Coast, Queensland (QLD) in 2025 (N=104) was consistent with the Brisbane/Gold Coast profile in previous years, whereby two thirds (65%) were male (75% in 2024), with a median age of 45 years (43 years in 2024). Eighty-one per cent of the sample were unemployed at the time of interview (85% in 2024), and most (87%) had received a government pension/allowance or benefit in the month prior to interview (90% in 2024). Current accommodation remained stable, with three fifths (60%; 62% in 2024) reporting residing in their own home (including renting), followed by one quarter (25%) reporting no fixed address (25% in 2024). Participants typically nominated methamphetamine as their drug of choice in 2025 (57%; 50% in 2024), followed by heroin (25%; 26% in 2024). Methamphetamine was also the drug injected most often in the past month (68%; 69% in 2024), followed by heroin (19%; 19% in 2024). Weekly or more frequent

use of methamphetamine crystal remained stable in 2025 (69%; 70% in 2024).

Heroin

Two fifths (39%) of the Brisbane/Gold Coast sample reported recent use of heroin in 2025, remaining stable from 37% in 2024. Frequency of use also remained stable at a median of 48 days in 2025 (48 days in 2024). Among those who reported recent use, white/off white rock continued to be the most commonly used form of heroin in 2025 (56%; 51% in 2024) and participants reported using 0.20 grams on an average day of consumption (0.20 grams in 2024). The price, perceived purity and perceived availability remained stable in 2025, relative to 2024.

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past 10-15 years, largely driven by an increase in methamphetamine crystal use. In 2025, 88% reported any recent use, the highest per cent since monitoring commenced, though stable from 85% in 2024. Methamphetamine crystal continued to be the most commonly used form (88%; 85% in 2024), consistent since 2010, with participants reporting use on a median of 90 days (90 days in 2024). The median price for one point of crystal remained stable at \$50 (\$50 in 2024). Perceived purity and availability of methamphetamine crystal also remained stable between 2024 and 2025, with 31% of participants perceiving methamphetamine crystal as being 'high' in purity in 2025 (24% in 2024) and two thirds (64%) perceiving it as 'very easy' to obtain (67% in 2024).

Cocaine

In 2025, 29% of the sample reported recent use of cocaine, the highest per cent since monitoring commenced, although stable relative to 2024 (20%). Frequency of use

remained infrequent and stable at a median of three days in the past six months (2 days in 2024). Among those who reported recent use, most reported snorting (83%) as a route of administration (71% in 2024), followed by injecting (30%; 29% in 2024). The price, perceived purity and perceived availability of cocaine remained stable in 2025, relative to 2024.

Cannabis and/or Cannabinoid-Related Products

Three fifths (61%) of the sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2025 (58% in 2024). Among those who reported recent use, hydroponic cannabis remained the most commonly used form (73%), although significantly decreased from 93% in 2024 ($p=0.006$). Few participants ($n\leq 5$) reported using CBD extract, THC extract, hashish, hash oil, or commercially prepared edibles. The price, perceived potency and perceived availability remained stable for both hydroponic and bush cannabis between 2024 and 2025.

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids has generally remained stable or declined over the past 5-15 years of monitoring. In 2025, recent non-prescribed use of methadone (7%; 8% in 2024), buprenorphine tablet (9%; 16% in 2024), buprenorphine-naloxone (7%; 13% in 2024), morphine (13%; 11% in 2024), oxycodone (12%; 16% in 2024), fentanyl ($n\leq 5$; $n\leq 5$ in 2024) and codeine ($n\leq 5$; $n\leq 5$ in 2024) remained low and stable in 2025, relative to 2024.

Other Drugs

Eight per cent of the sample reported recent use of any NPS in 2025 ($n\leq 5$ in 2024). Benzodiazepines remained the most common non-prescribed pharmaceutical drug reported by participants in 2025 (23%; 22% in 2024),

followed by pregabalin (21%; 13% in 2024). Recent use of tobacco remained high yet stable (83%; 83% in 2024), however recent use of illicit tobacco increased significantly in 2025 (68%; 51% in 2024; $p=0.016$). Illicit e-cigarettes were used by one third (34%) of the sample in 2025 (34% in 2024) on a median of 180 days (i.e., daily) in the six months preceding interview in 2025. One quarter (28%) of the sample reported recent use of GHB/GBL/1,4-BD, the highest per cent since monitoring commenced, although stable relative to 2024 (25%). Use of all other monitored drugs remained stable.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2025, two thirds (66%) of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).

Almost four fifths (78%) of the sample had binged on one or more drugs for 48 hours or more in the six months preceding interview, a significant increase from 2024 (64%; $p=0.048$).

Injecting behaviours and equipment access

In 2025, 10% reported receptive sharing of a needle or syringe in the past month (8% in 2024) and 18% reported distributive sharing, a significant increase from 8% in 2024 ($p=0.040$). One third (35%) of the sample reported they had re-used their own needles in the past month (33% in 2024).

Fifty-four per cent of the sample reported experiencing injection-related problems in the past month, a significant increase relative to 2024 (38%; $p=0.026$), most commonly nerve damage (28%), and infection/abscess (28%).

Overdose, naloxone and drug checking

One quarter (27%) reported overdosing on any drug in the preceding year, stable from 24% in 2024. Fourteen per cent reported a non-fatal opioid overdose (14% in 2024), and 11% reported a non-fatal stimulant overdose (10% in 2024).

In 2025, 90% of the sample reported awareness of naloxone, a significant increase relative to 2024 (76%; $p=0.013$) and 85% reported awareness of the take-home naloxone program, also a significant increase relative to 2024 (70%; $p=0.024$). Fifty-one per cent of the sample had obtained naloxone in the past year (40% in 2024).

One quarter (24%) of the sample reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year (15% in 2024).

Dependence, drug treatment and HCV

In 2025, 34% of male participants obtained an AUDIT-C score of ≥ 4 , and 44% of female participants obtained a score of ≥ 3 , indicative of hazardous alcohol use.

Sixty-five per cent of participants who reported recent opioid use scored ≥ 5 on the Severity of Dependence Scale (SDS) and 64% of participants reporting recent methamphetamine use scored ≥ 4 , indicating possible dependence on these substances.

Forty-one per cent of participants reported receiving any drug treatment in 2025, stable relative to 2024 (40%). Thirteen per cent reported being unable to access treatment (11% in 2024).

Half (47%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test (50% in 2024) and 28% reported receiving an RNA test in the past year, a significant decrease from 48% in 2024 ($p=0.008$).

Sexual activity, mental health and health service access

Half (47%) of the sample reported engaging in sexual activity in the past four weeks (60% in 2024), and 33% reported a sexual health check in the preceding six months (27% in 2024).

Self-reported mental health problems significantly increased in 2025 (72%; 56% in 2024; $p=0.023$) and was the highest per cent observed since monitoring commenced. Depression (59%) and anxiety (52%) were the most common mental health problems. Two-fifths (43%) of the sample obtained a score of ≥ 30 on the K10 scale, indicating very high psychological distress (36% in 2024).

Most (90%) participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview, although this was a significant decrease from 98% in 2024 ($p=0.033$).

Driving, contact with police and modes of purchasing drugs

Of those who had driven recently ($n=42$), 77% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2024 (80%) and few participants ($n \leq 5$) reported driving while over the perceived legal limit of alcohol ($n \leq 5$ in 2024).

Half (50%) of the sample reported engaging in 'any' crime in the past month in 2025 (39% in 2024), with property crime significantly increasing (40%; 20% in 2024; $p=0.004$). One third (33%) of the sample had been arrested in the past year (35% in 2024), and 52% reported a drug-related encounter with police which did not result in charge or arrest (46% in 2024).

In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (79%; 78% in 2024).

2025 SAMPLE CHARACTERISTICS

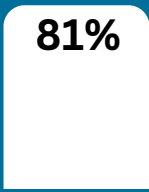
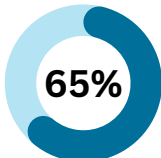


In June, 104 participants, recruited from Brisbane/Gold Coast, QLD, were interviewed.



45 years **Male**

Median age and per cent who identified as male.



In the 2025 sample, 81% were unemployed and 25% had no fixed address.



Injected heroin



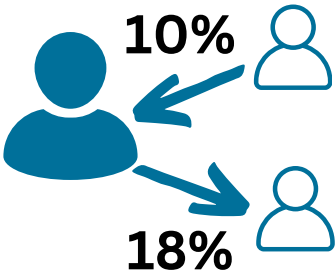
Injected methamphetamine



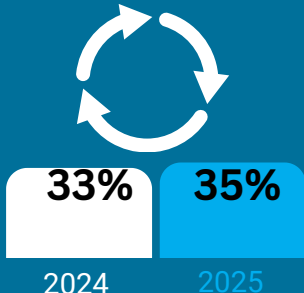
Injected other illicit or non-prescribed drugs

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

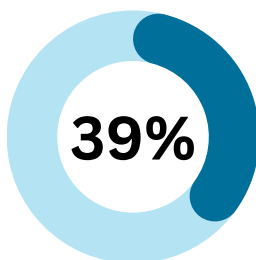
INJECTING-RELATED RISKS AND HARMS



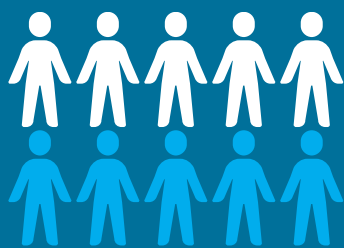
In 2025, 10% of participants reported receptive sharing in the past month, and 18% reported distributive sharing.



Percentage who reported re-using their own needles in the past month.

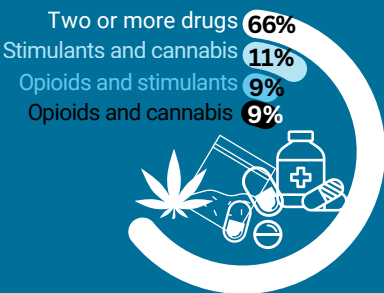


Percentage who reported injecting someone else in the past month.

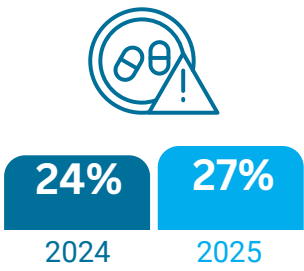


54% of participants reported having an injection-related health issue in the past month, a significant increase from 38% in 2024.

OTHER HARMS



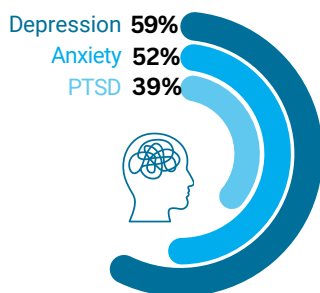
66% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was stimulants and cannabis (11%).



Past year non-fatal overdose remained stable in 2025, relative to 2024.

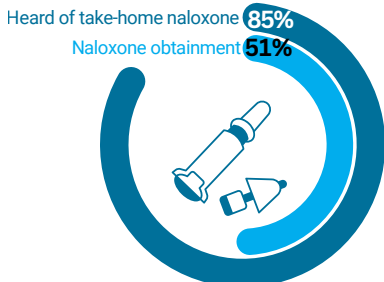


72% of participants self-reported a mental health problem in the 6 months preceding interview.



Among those who reported a mental health problem, the 3 most common mental health issues were depression, anxiety and PTSD.

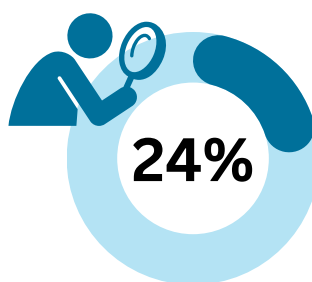
NALOXONE AND OTHER HARM REDUCTION STRATEGIES



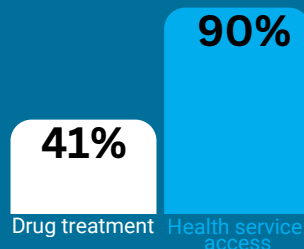
Knowledge of take-home naloxone significantly increased in 2025 relative to 2024 and past year naloxone obtainment remained stable.



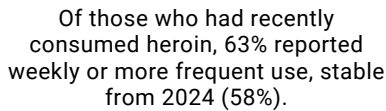
25% reported ever using naloxone to resuscitate someone who had overdosed, with 16% having done so in the past year.



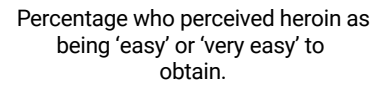
Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



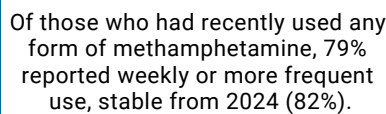
Percentage who reported current drug treatment and health service access for AOD support in the past 6 months.



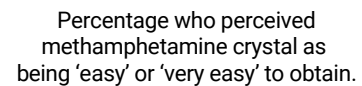
The median reported price for 1 point of heroin.



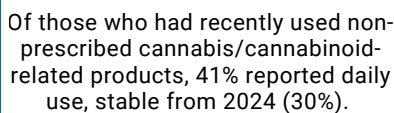
Past 6 month use
remained stable in 2025
relative to 2024.



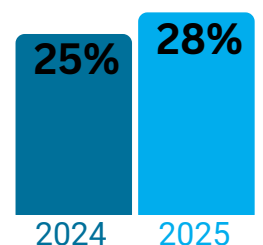
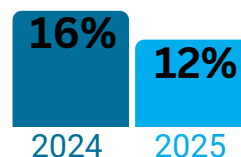
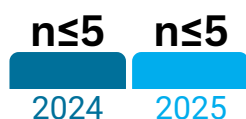
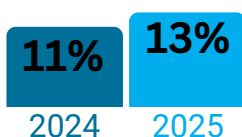
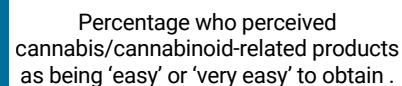
The median reported price for 1 point of methamphetamine crystal.



Past 6 month use remained stable in 2025 (61%) relative to 2024 (58%).



The median reported price for 1 gram of hydroponic cannabis.



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 the 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 on at least six days 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 2020-2025: 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.

These changes were carried through between 2021 and 2025. 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 participants. Consent was collected verbally for all participants.

2025 IDRS Sample

A total of 865 participants were recruited across capital cities nationally (26 May-15 July 2025), with 104 participants recruited from Brisbane/Gold Coast, Queensland (QLD) between 2 June-18 June, 2025. All interviews were conducted face-to-face.

Fourteen per cent of the 2025 Brisbane/Gold Coast sample completed the interview in 2024, whereas 14% of participants in the Brisbane/Gold Coast 2024 sample had completed the interview in 2023.

In 2025, recruitment methods remained fairly stable compared to 2024; most participants (97%) were recruited via an NSP (88% in 2024) and few participants ($n \leq 5$) were recruited via word-of-mouth (12% in 2024). Few participants ($n \leq 5$) reported other recruitment methods.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2024 and 2025. 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 past six-month time period. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size ($n \leq 5$ but not 0) (for tables)
	Missing data points indicate question not asked in respective year or $n \leq 5$ answered the question (for figures)
*$p < 0.050$; **$p < 0.010$; ***$p < 0.001$	Statistical significance between 2024 and 2025

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).

Additional Outputs

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

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

1

Sample Characteristics

In 2025, the Brisbane/Gold Coast IDRS sample, for the most part, was similar to the sample in 2024 and in previous years (Table 2).

Gender identity remained stable between 2024 and 2025 ($p=0.178$), with two thirds (65%) identifying as male (75% in 2024). The median age of the sample was 45 years (IQR=39-52; 43 years in 2024; IQR=38-48; $p=0.227$) (Table 2). Employment status also remained stable between 2024 and 2025 ($p=0.207$), with 81% of the sample being unemployed at the time of interview (85% in 2024). Two thirds (66%) of the sample reported that they had received a post-school qualification(s) (71% in 2024; $p=0.545$). The majority of participants (87%) reported receiving a government pension, allowance or benefit in the month prior to interview (90% in 2024; $p=0.509$). The median weekly income remained stable relative to 2024, with participants reporting a median of \$450 (IQR=385-600) in 2025 (\$428 in 2024; IQR=359-550; $p=0.174$). Current accommodation remained stable between 2024 and 2025 ($p=0.247$), with three fifths (60%) reporting residing in a private house/flat (62% in 2024) and one quarter (25%) reporting having no fixed address (25% in 2024).

Drug of choice remained stable in 2025 compared to 2024 ($p=0.216$), with 57% of the sample reporting that methamphetamine was their drug of choice in 2025, the highest per cent recorded since monitoring commenced (50% in 2024), followed by one quarter (25%) reporting heroin, the lowest per cent recorded since monitoring commenced (26% in 2024) (Figure 1). The drug injected most often in the past month also remained stable in 2025 relative to 2024 ($p=0.269$), with participants nominating methamphetamine as the drug injected most often (68%; 69% in 2024), followed by heroin (19%; 19% in 2024) (Figure 2).

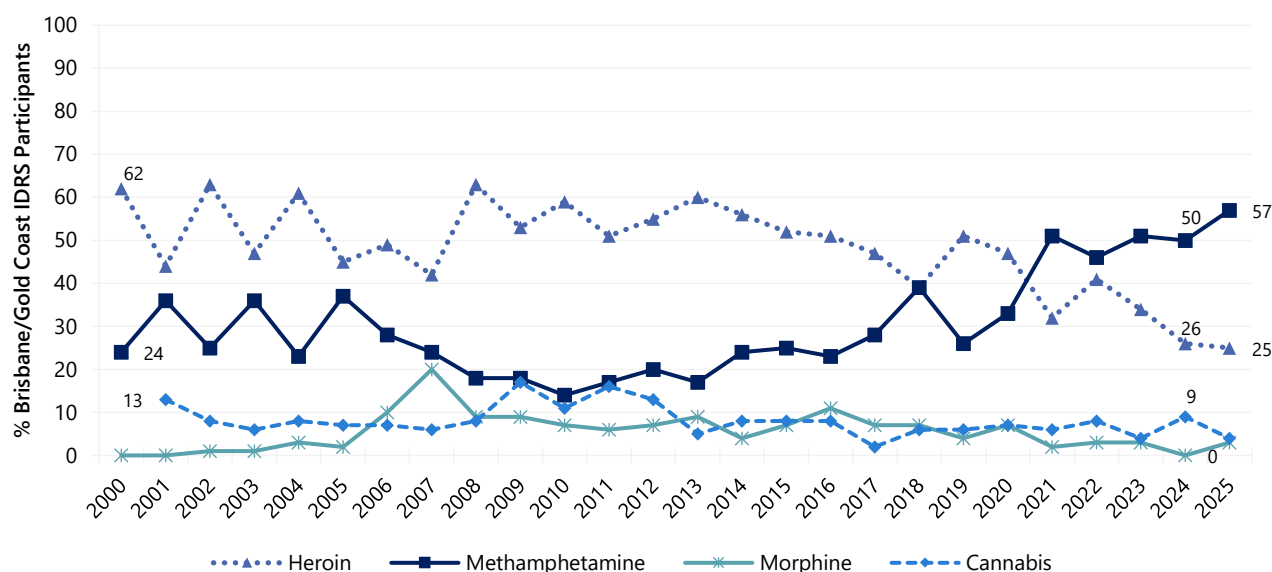
Weekly or more frequent consumption of any methamphetamine remained stable (69%; 70% in 2024), as did methamphetamine powder ($n\leq 5$; $n\leq 5$ in 2024), methamphetamine crystal (69%; 70% in 2024), heroin (25%; 21% in 2024; $p=0.620$) and weekly or more frequent consumption of non-prescribed cannabis (48%; 42% in 2024; $p=0.401$) (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2025, and Brisbane/Gold Coast, QLD, 2021-2025

	Brisbane/Gold Coast, QLD					National
	2021	2022	2023	2024	2025	2025
	(N=101)	(N=100)	(N=103)	(N=103)	(N=104)	(N=865)
Median age (years; IQR)	43 (38-48)	45 (38-53)	45 (39-49)	43 (38-48)	45 (39-52)	47 (41-54)
% Gender						
Female	47	30	34	25	35	34
Male	53	69	66	75	65	66
Non-binary	0	-	0	0	0	1
% Aboriginal and/or Torres Strait Islander	28	23	22	25	32	29
% Born in Australia	/	/	/	84	92	91
% English primary language spoken at home	/	/	/	98	100	98
% Sexual identity						
Heterosexual	80	82	79	78	77	82
Homosexual		-	6	8	-	5
Bisexual	12	12	13	10	13	9
Queer	-	0	0	0	-	2
Other	-	-	-	-	-	1
Mean years of school education (range)	10 (5-12)	10 (4-12)	10 (1-12)	10 (1-12)	10 (1-12)	10 (1-12)
% Post-school qualification(s)^	65	73	71	71	66	57
% Current accommodation						
Own home (<i>inc. renting</i>)	69	61	61	62	60	66
Parents'/family home	-	-	-	6	-	5
Boarding house/hostel	13	14	9	7	-	4
Shelter/refuge	0	-	-	0	-	4
No fixed address	14	18	22	25	25	19
Other	-	0	-	0	-	1
% Current employment status						
Unemployed	83	85	78	85	81	88
Full-time work	-	-	11	-	8	3
Part time/casual	9	8	7	8	7	6
Self-employed	-	-	-	-	-	2
Other	-	0	-	-	0	0
% Past month gov't pension, allowance or benefit	93	89	86	90	87	94
Current median income/week (\$; IQR)	\$356 (300-490)	\$450 (340-520)	\$429 (348-550)	\$428 (359-550)	\$450 (385-600)	\$465 (375-598)

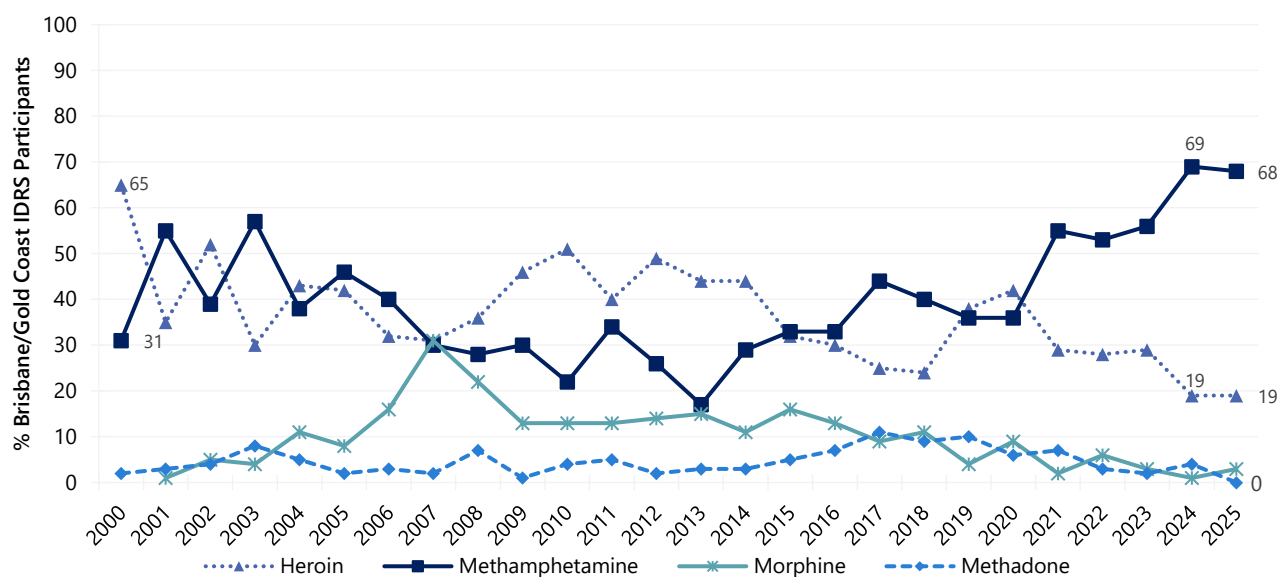
Note. ^Includes trade/technical and university qualifications. Statistical significance for 2024 versus 2025 among the Brisbane/Gold Coast sample is presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Brisbane/Gold Coast, QLD, 2000-2025



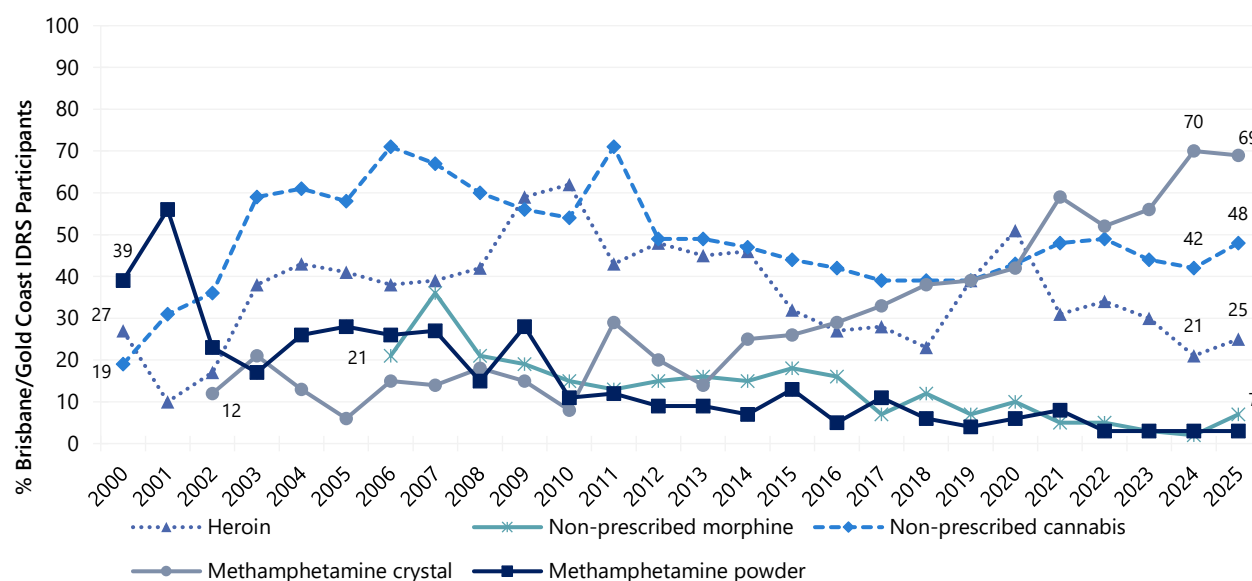
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug injected most often in the past month, Brisbane/Gold Coast, QLD, 2000-2025



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Brisbane/Gold Coast, QLD, 2000-2025



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

2

Heroin

Participants were asked about their recent (past six month) use of heroin and 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 illicitly produced from pharmaceutical opioid products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of any heroin has fluctuated since the commencement of monitoring, with almost two fifths (39%) of the Brisbane/Gold Coast sample reporting recent use in 2025, remaining stable from 37% in 2024 ($p=0.883$) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented ($n=41$) had used heroin on a median of 48 days (IQR=5-178) in 2025, stable from 48 days in 2024 (IQR=6-145; $n=39$; $p=0.617$) (Figure 4). Almost two thirds (63%) of participants who had recently used heroin reported using heroin on a weekly or more frequent basis in 2025, stable relative to 2024 (58%; $p=0.633$), and 24% reported daily use, also stable from 24% in 2024.

Routes of Administration

Among participants who had recently consumed heroin and commented ($n=41$), injecting remained the most common route of administration (100%; 97% in 2024; $p=0.488$). Participants who reported injecting heroin had done so on a median of 48 days (IQR=5-178), stable relative to 47 days in 2024 (IQR=6-138; $p=0.635$). Few participants ($n\leq 5$) reported smoking heroin in 2025 ($n\leq 5$ in 2024).

Quantity

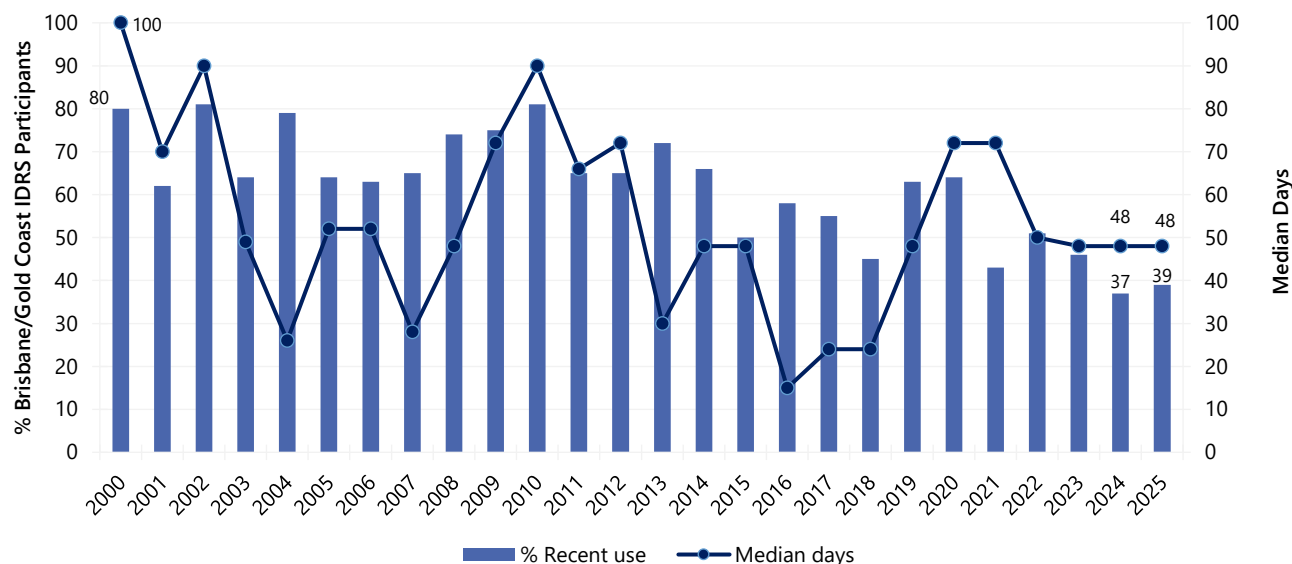
Of those who reported recent use and responded ($n=41$), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.40), stable relative to 2024 (0.20 grams; IQR=0.10-0.30; $n=37$; $p=0.742$). Of those who reported recent use and responded ($n=41$), the median maximum amount of heroin used on an average day in the six months preceding interview was 0.40 grams (IQR=0.20-0.80; 0.30 grams in 2024; IQR=0.10-0.50; $n=38$; $p=0.143$).

Forms Used

Among participants who reported recent use of heroin and commented ($n=41$), 56% reported using white/off-white rock heroin, stable relative to 2024 (51%; $p=0.722$), whereas 37% reported using white/off-white powder heroin, stable from 44% in 2024 ($p=0.707$). One fifth (22%) of the sample

reported using brown/beige powder, stable relative to 2024 (36%; $p=0.282$), whereas 37% reported using brown/beige rock, also stable relative to 2024 (26%; $p=0.400$). No or few participants ($n \leq 5$) reported using purple rock, purple powder or homebake in 2025 (0% in 2024).

Figure 4: Past six month use and frequency of use of heroin, Brisbane/Gold Coast, QLD, 2000-2025



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2025, the median price of heroin was \$75 (IQR=50-100; $n=30$) for one point (0.10 of a gram), stable relative to 2024 (\$100; IQR=50-100; $n=22$; $p=0.801$) (Figure 5). Few participants ($n \leq 5$) reported on the price of one gram and one cap, hence further details are not reported. Please refer to the [National 2025 IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

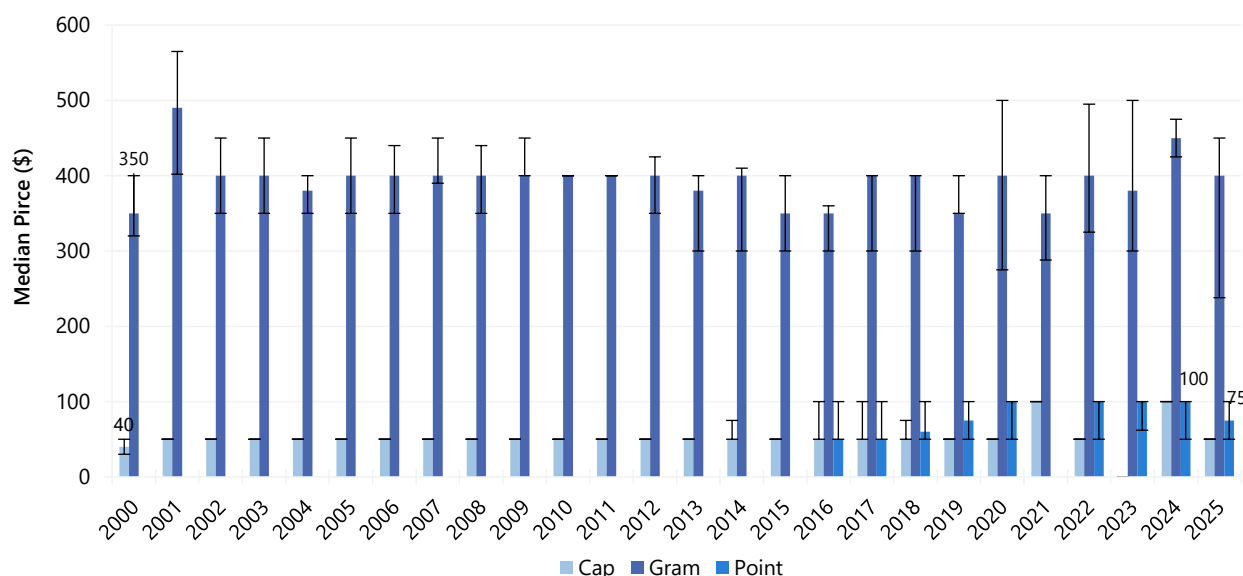
Perceived Purity

The perceived purity of heroin remained stable between 2024 and 2025 ($p=0.913$). Among those who were able to comment in 2025 ($n=37$), two fifths (41%) perceived purity to be 'high' (33% in 2024), and 27% perceived purity to be 'medium' (31% in 2024). Almost one fifth (19%) perceived purity to be 'low' (19% in 2024) (Figure 6).

Perceived Availability

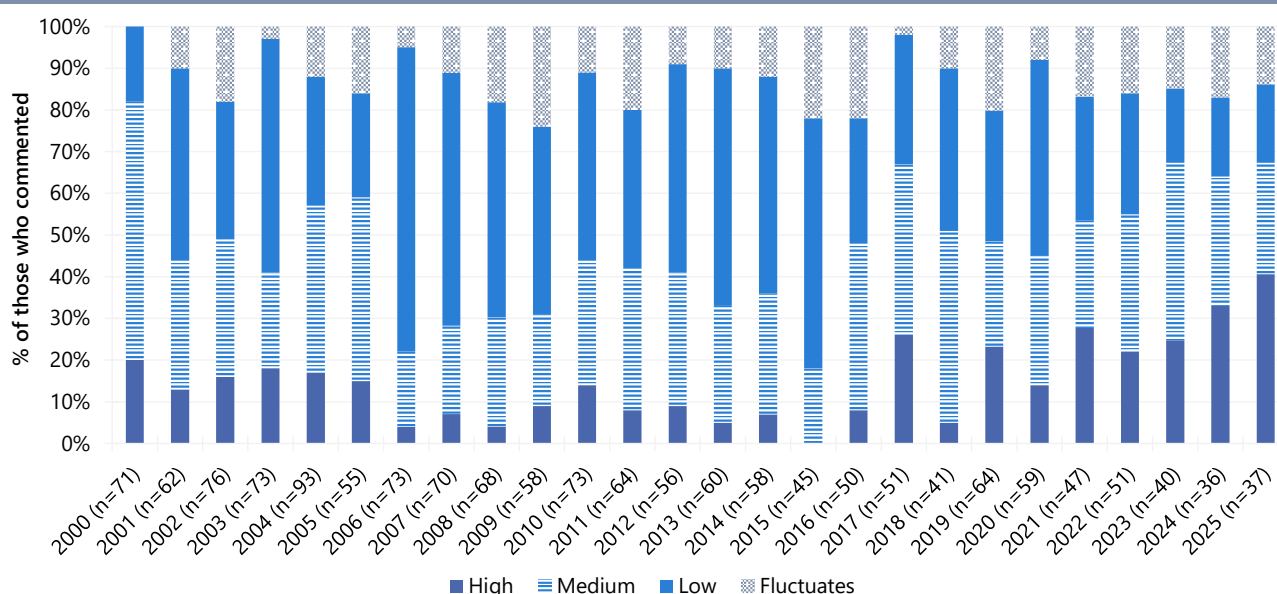
The perceived availability of heroin remained stable between 2024 and 2025 ($p=0.281$). Among those who were able to comment in 2025 ($n=39$), two fifths (41%) perceived current availability as 'easy' (53% in 2024), and 38% perceived current availability as 'very easy' (39% in 2024). In contrast, one fifth (21%) perceived current availability as 'difficult' (8% in 2024) (Figure 7).

Figure 5: Median price of heroin per cap, gram and point, Brisbane/Gold Coast, QLD, 2000-2025



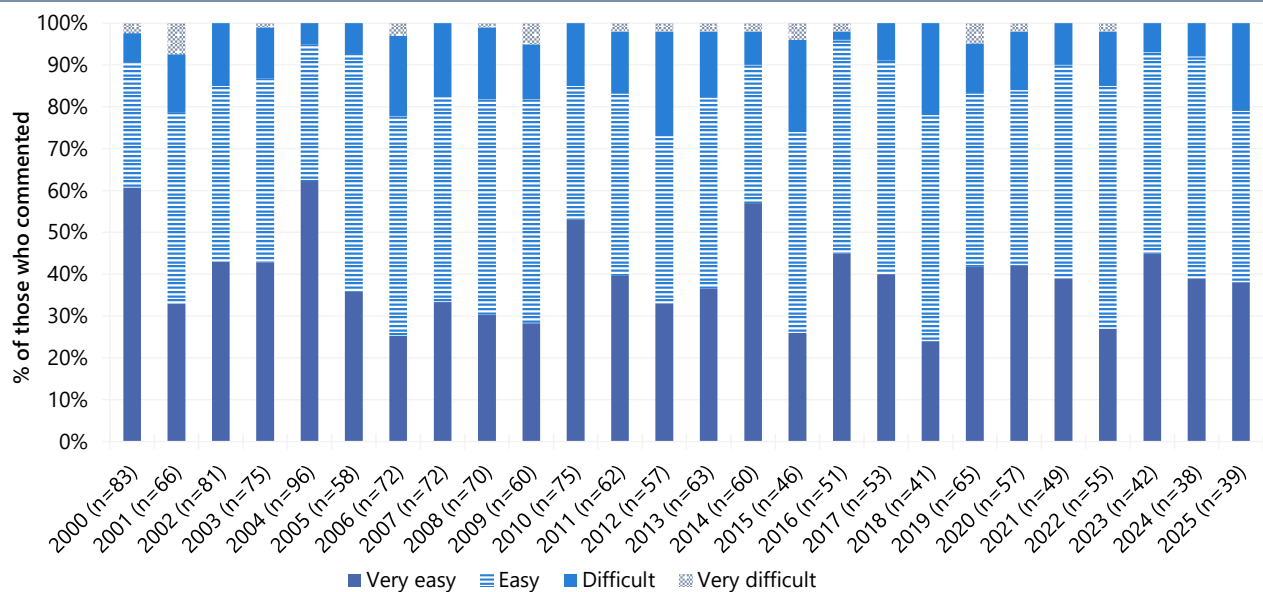
Note. Among those who commented. No participants reported purchasing a gram of heroin in 2023. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where $n \leq 5$ responded to the item. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 6: Current perceived purity of heroin, Brisbane/Gold Coast, QLD, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Current perceived availability of heroin, Brisbane/Gold Coast, QLD, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

In 2025, 88% of participants reported recent use of any methamphetamine (powder, base and crystal), the highest per cent since monitoring commenced, although stable relative to 2024 (85%; $p=0.681$) (Figure 8).

Frequency of Use

Participants who reported recent use and commented ($n=91$) had used any methamphetamine on a median of 90 days (IQR=24-180), stable relative to 2024 (90 days; IQR=31-180; $n=87$; $p=0.942$) (Figure 9). Weekly or more frequent use also remained stable among those who reported recent use, from 82% in 2024 to 79% in 2025 ($p=0.711$), as did daily use (28% in 2024; 31% in 2025; $p=0.735$).

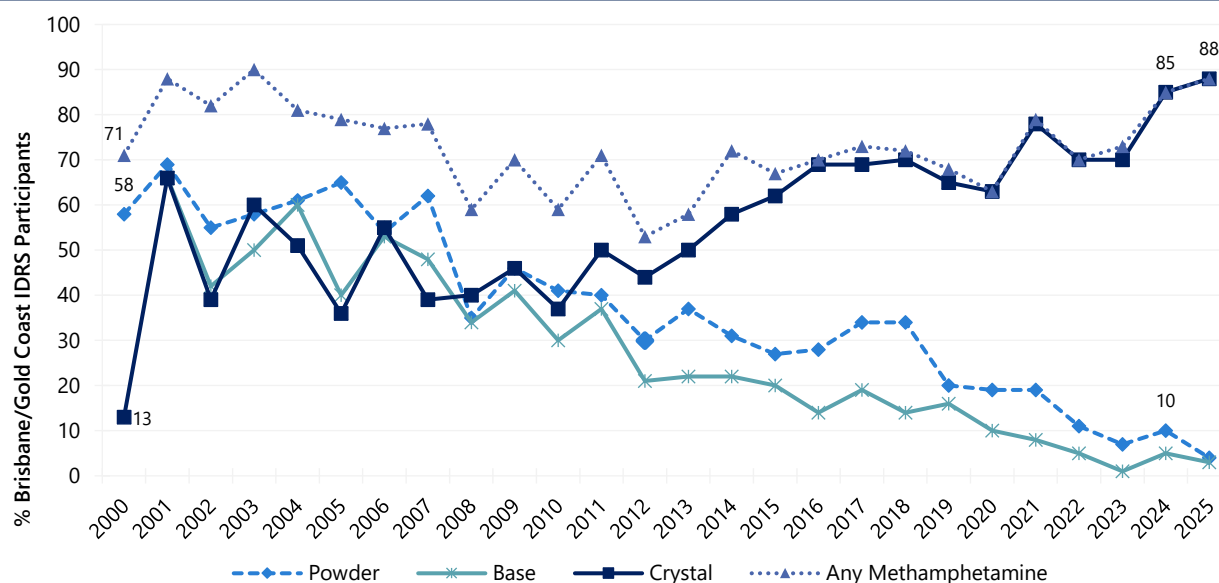
Forms Used

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 methamphetamine crystal. Of those who had used methamphetamine in the six months preceding interview in 2025 ($n=91$), all participants had used methamphetamine crystal (100%; 100% in 2024; $p=0.877$), with few participants reporting methamphetamine powder ($n\leq 5$; 11% in 2024; $p=0.100$) and methamphetamine base ($n\leq 5$; $n\leq 5$ in 2024; $p=0.492$).

Number of Forms Used

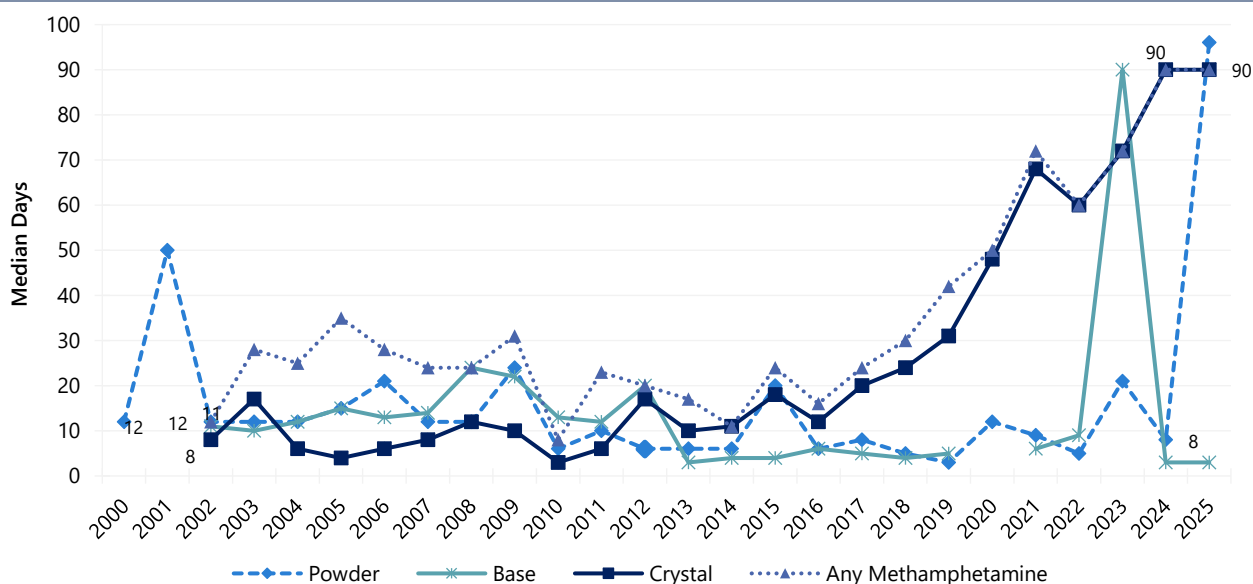
Among participants who had recently consumed any methamphetamine and commented ($n=91$), the majority of participants reported using a median of one form (IQR=1-1; 1 form in 2024; IQR=1-1; $n=88$; $p=0.161$).

Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Brisbane/Gold Coast, QLD, 2000-2025



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Questions regarding liquid methamphetamine not asked from 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Frequency of use of any methamphetamine and methamphetamine powder, base, and crystal, Brisbane/Gold Coast, QLD, 2000-2025



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 100 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of methamphetamine powder gradually declined since 2001. In 2025, few participants ($n \leq 5$) reported recent use of powder, reaching the lowest per cent reporting use since monitoring commenced, although stable relative to 2024 (10%; $p=0.105$) (Figure 8).

Due to few participants ($n \leq 5$) reporting recent use of methamphetamine powder, further details are not reported. Please refer to the [2025 National IDRS Report](#) trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Base

Few participants ($n \leq 5$) reported recent use of methamphetamine base, therefore further details are not reported (Figure 8). Please refer to the [2025 National IDRS Report](#) trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been increasing since 2010, surpassing methamphetamine base and powder from 2010 onwards. In 2025, 88% of the sample reported recent use, the highest per cent observed since monitoring commenced, although stable relative to 2024 (85%; $p=0.681$) (Figure 8).

Frequency of Use: Among those who had recently consumed crystal and commented ($n=91$), median days of use was 90 days

(IQR=24-180; 90 days in 2024; IQR=30-180; $n=71$; $p=0.945$) (Figure 9). Four fifths (79%) of those who had recently used crystal reported weekly or more frequent use (82% in 2024; $p=0.711$), with 31% reporting daily use (28% in 2024; $p=0.735$).

Routes of Administration: Among participants who had recently consumed crystal and commented ($n=91$), the vast majority reported injecting crystal (99%; 99% in 2024) and had done so on a median of 76 days (IQR=24-178; 83 days in 2024; IQR=26-170; $p=0.771$). One third (34%) reported smoking methamphetamine crystal (41% in 2024; $p=0.360$).

Quantity: Of those who reported recent use and responded ($n=91$), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2024; IQR=0.10-0.30; $n=83$; $p=0.795$). Of those who reported recent use and responded ($n=85$), the median maximum amount of crystal used per day in the six months preceding interview was 0.50 grams (IQR=0.20-1.00; 0.50 grams in 2024; IQR=0.30-1.00; $n=83$; $p=0.925$).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Few participants ($n \leq 5$) reported recent use of methamphetamine powder, therefore further details on price, perceived purity and perceived availability are not reported (Figure 10, Figure 12, Figure 14). Please refer to the [2025 National IDRS Report](#) trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants from 2020. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

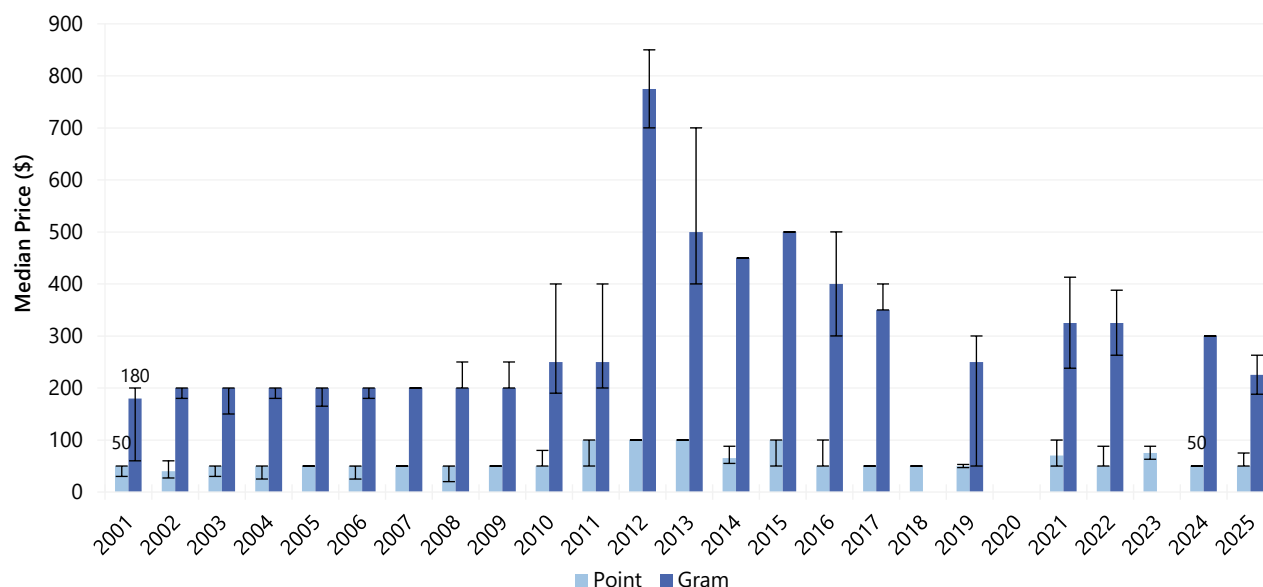
Methamphetamine Crystal

Price: Participants reported a median price of \$50 (IQR=36-50; $n=42$) for one point (0.10 of a gram) of crystal in 2025 (\$50 in 2024; IQR=39-50; $n=36$; $p=0.928$) (Figure 11). In 2025, participants reported the median price of \$200 for one gram (IQR=150-300; $n=13$), stable relative to 2024 (\$200; IQR=200-250; $n=9$; $p=0.865$).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2024 and 2025 ($p=0.528$). Among those who were able to comment in 2025 ($n=85$), nearly one third (31%) reported that crystal was of 'high' purity (24% in 2024), followed by 27% reporting crystal was of 'medium' purity (27% in 2024). Almost one quarter (24%) perceived the purity to be 'fluctuating' (22% in 2024), and in contrast, almost one fifth (19%) perceived the purity to be 'low' (28% in 2024) (Figure 13).

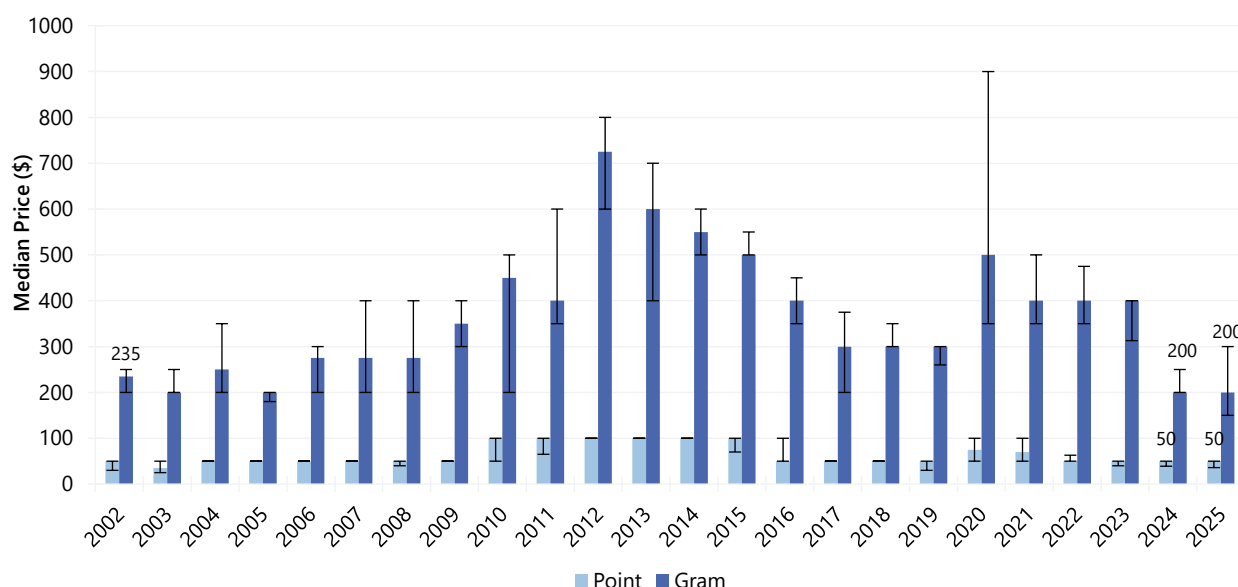
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2024 and 2025 ($p=0.634$). Among those who were able to comment in 2025 ($n=89$), almost two thirds (64%) perceived methamphetamine crystal as being 'very easy' to obtain (67% in 2024) and 30% reported 'easy' obtainment (25% in 2024) (Figure 15).

Figure 10: Median price of methamphetamine powder per point and gram, Brisbane/Gold Coast, QLD, 2001-2025



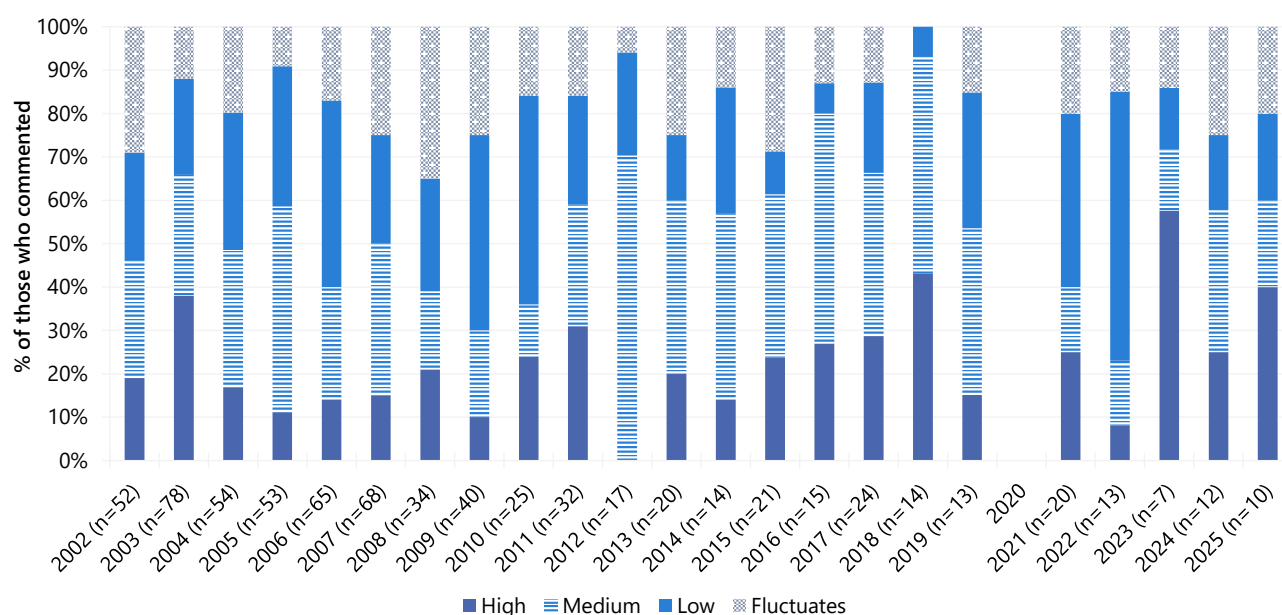
Note. Among those who commented. No participants reported on the price of a gram in 2023. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where $n \leq 5$ responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Median price of methamphetamine crystal per point and gram, Brisbane/Gold Coast, QLD, 2002-2025



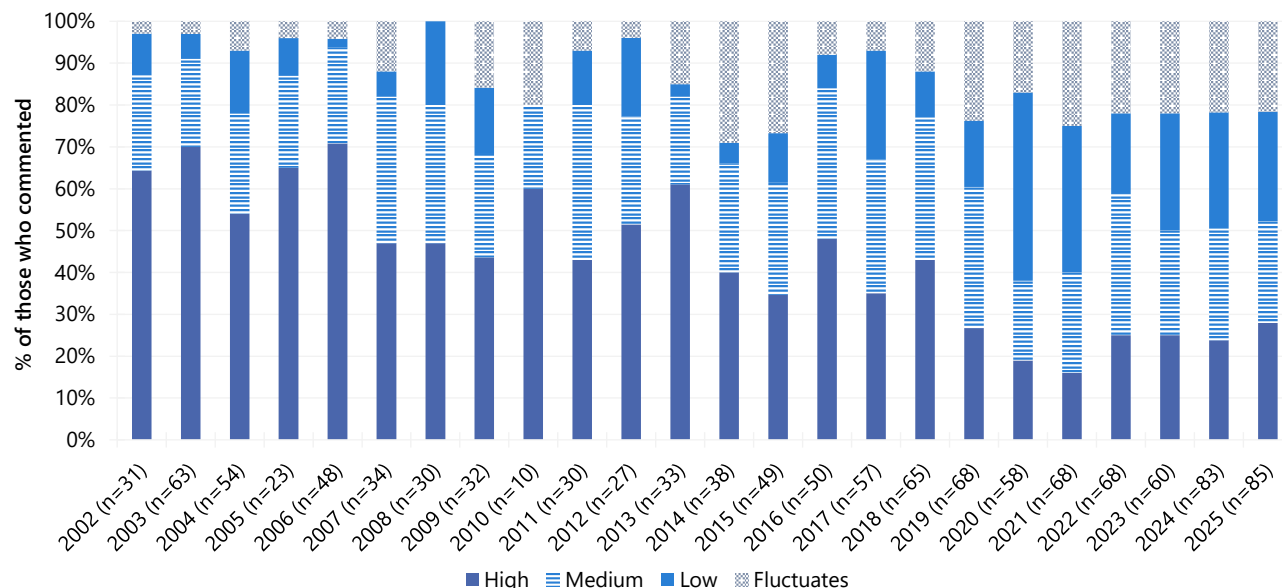
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where $n \leq 5$ responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived purity of methamphetamine powder, Brisbane/Gold Coast, QLD, 2002-2025



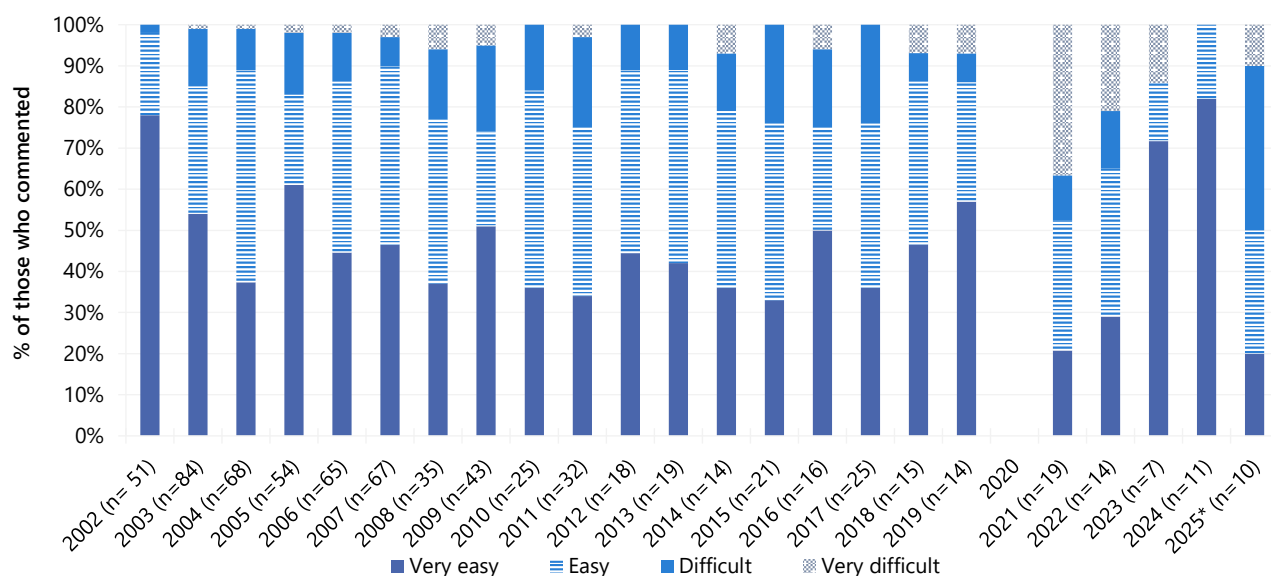
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived purity of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2002-2025



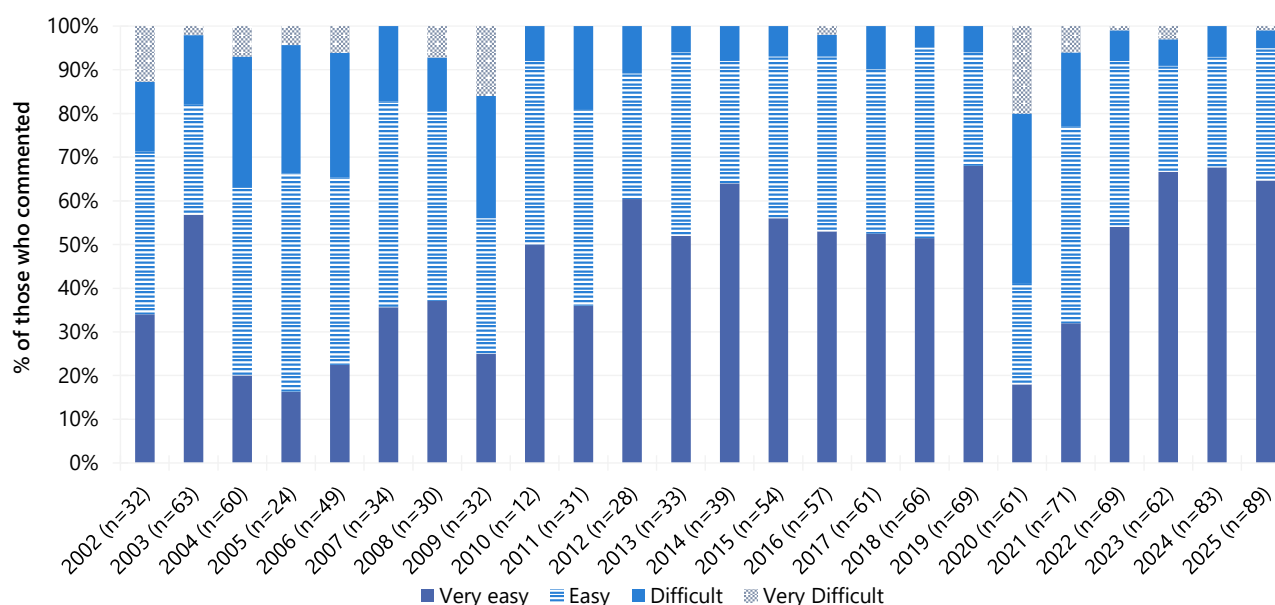
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of methamphetamine powder, Brisbane/Gold Coast, QLD, 2002-2025



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. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of methamphetamine crystal, Brisbane/Gold Coast, QLD, 2002-2025



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. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 29% of the Brisbane/Gold Coast sample recently consuming any cocaine in 2025, the highest per cent recorded since monitoring commenced, although remaining stable relative to 2024 (20%; $p=0.202$) (Figure 16).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2025 ($n=30$), median days of use was three days (IQR=1-9; $n=30$; 2 days in 2024; IQR=1-4; $n=21$; $p=0.188$). Few participants ($n\leq 5$) reported using cocaine weekly or more frequently in 2025 ($n\leq 5$ in 2024) (Figure 16).

Routes of Administration

Among participants who had recently consumed cocaine and commented ($n=30$), 83% reported snorting cocaine, stable relative to 2024 (71%; $p=0.327$). Thirty per cent of participants reported injecting cocaine in 2025 (29% in 2024), on a median of six days (IQR=2-12; 4 days in 2024; IQR=2-7; $p=0.634$).

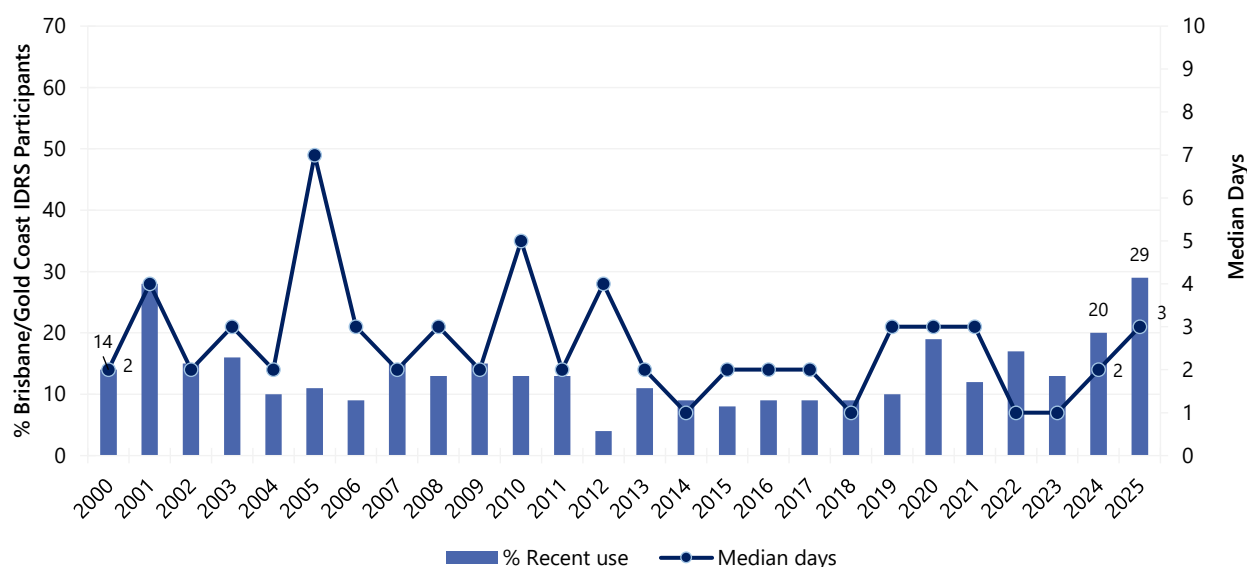
Quantity

Of those who reported recent use and responded ($n=19$), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.30 grams (IQR=0.20-1.00; 0.40 grams in 2024; IQR=0.20-0.50; $n=18$; $p=0.841$).

Forms Used

Among participants who had recently consumed cocaine and commented ($n=30$), 90% reported using powder cocaine (86% in 2024; $p=0.682$) and 20% reported using crack/rock cocaine in 2025 ($n\leq 5$ in 2024).

Figure 16: Past six month use and frequency of use of cocaine, Brisbane/Gold Coast, QLD, 2000-2025



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced 70% and secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring. For historical numbers, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

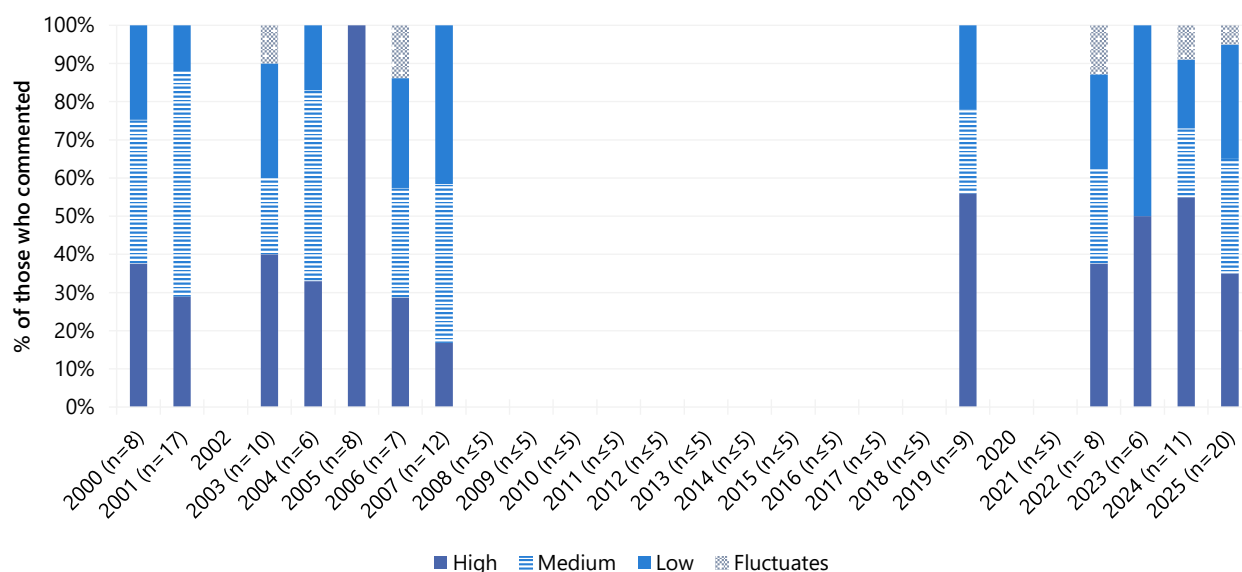
Price, Perceived Purity and Perceived Availability

Price: Participants reported a median price of \$300 (IQR=300-400; $n=11$) for one gram of cocaine ($n \leq 5$ in 2024; $p=0.812$). Due to few participants ($n \leq 5$) reporting on price of cocaine historically, there is no figure displayed to show trends over time; instead, please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Purity: The perceived purity of cocaine remained stable between 2024 and 2025 ($p=0.670$). Among those who were able to comment in 2025 ($n=20$), one third (35%) reported that cocaine was of 'high' purity (55% in 2024), followed by equal percentages (30%) reporting 'medium' or 'low' purity ($n \leq 5$ in 2024, respectively) (Figure 17).

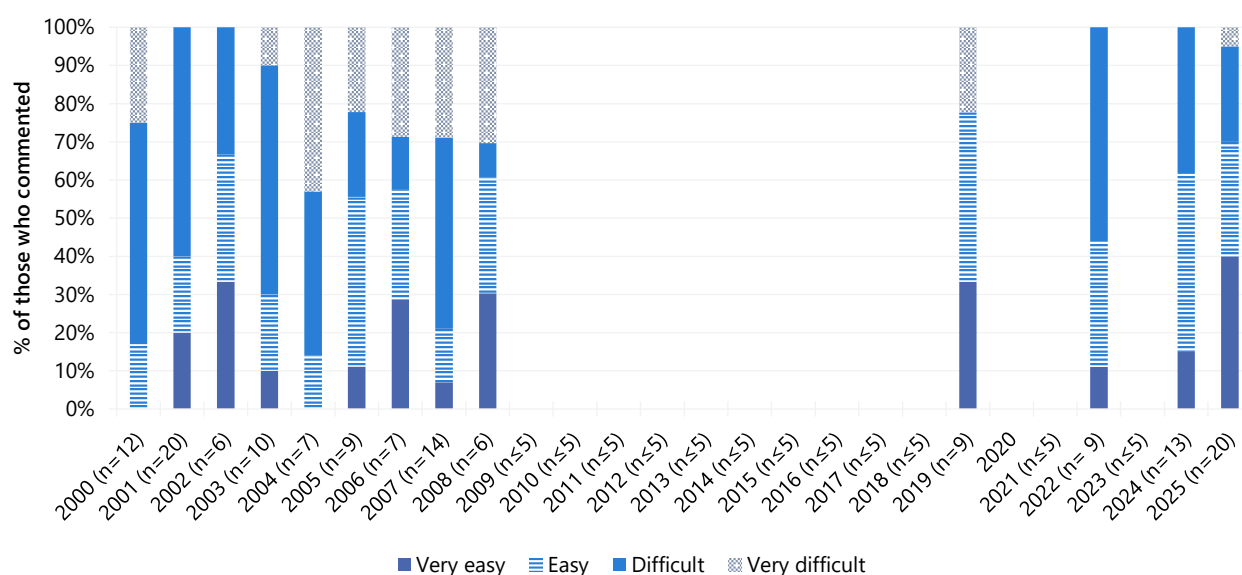
Perceived Availability: The perceived availability of cocaine remained stable between 2024 and 2025 ($p=0.354$). Among those who were able to comment in 2025 ($n=20$), two fifths (40%) reported that cocaine was 'very easy' to obtain ($n \leq 5$ in 2024), followed by 30% reporting 'easy' obtainment (46% in 2024) (Figure 18).

Figure 17: Current perceived purity of cocaine, Brisbane/Gold Coast, QLD, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 18: Current perceived availability of cocaine, Brisbane/Gold Coast, QLD, 2000-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

5

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. In 2025, 13% of participants reported prescribed use in the six months preceding interview (12% in 2024; $p=0.830$).

In the remainder of this chapter, data from 2021-2025, and from 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2025 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use between 2022 and 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

In 2025, past six month use of non-prescribed cannabis and/or cannabinoid-related products remained stable relative to 2024 ($p=0.779$), with three fifths (61%) reporting recent use (58% in 2024) (Figure 19).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented in 2025 ($n=63$), frequency of use remained stable at a median of 90 days (IQR=24-180), stable relative to 2024 (90 days; IQR=14-180; $n=60$; $p=0.321$) (Figure 19). Two fifths (41%) reported daily use, stable relative to 2024 (30%; $p=0.257$).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented ($n=63$), smoking continued to be the most common route of administration (100%; 98% in 2024; $p=0.488$). Few participants ($n\leq 5$) reported swallowing ($n\leq 5$ in 2024; $p=0.432$) or inhaling/vaporising in 2025 ($n\leq 5$ in 2024; $p=0.713$).

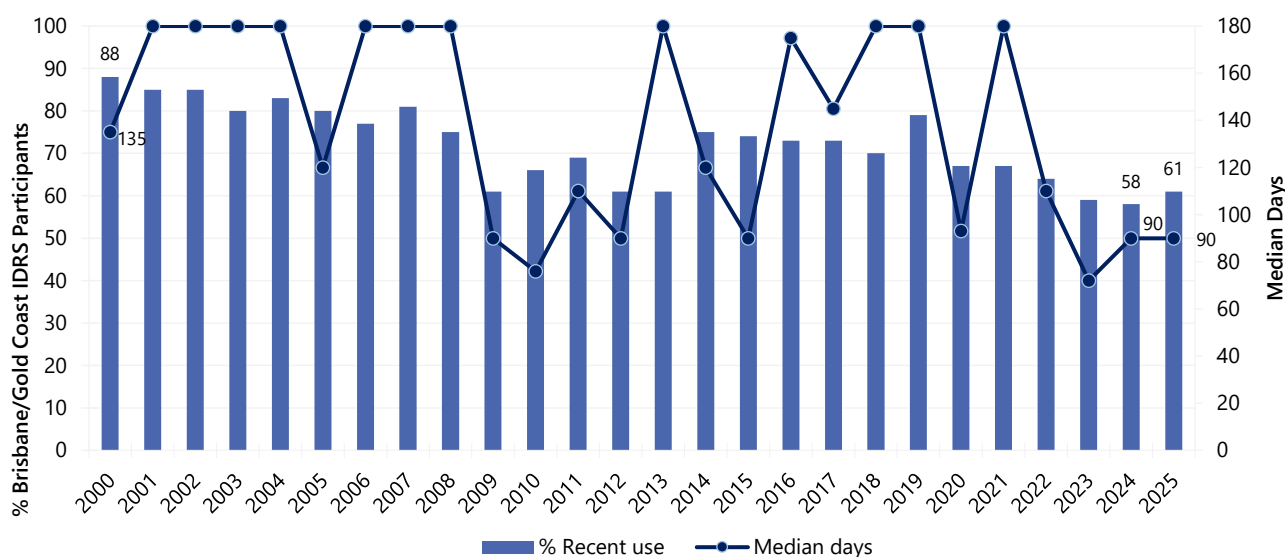
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2025, the median 'typical' amount used on the last occasion of use was one gram (IQR=1.00-2.80; $n=18$; 1.00 gram in 2024; IQR=1.00-1.00; $n=21$; $p=0.405$) or two cones (IQR=2-4; $n=31$; 3 cones in 2024; IQR=2-4.50; $n=27$; $p=0.632$) or one joint (IQR=1-2; $n=9$; 1 joint in 2024; IQR=1-1; $n=10$; $p=0.635$).

Forms Used

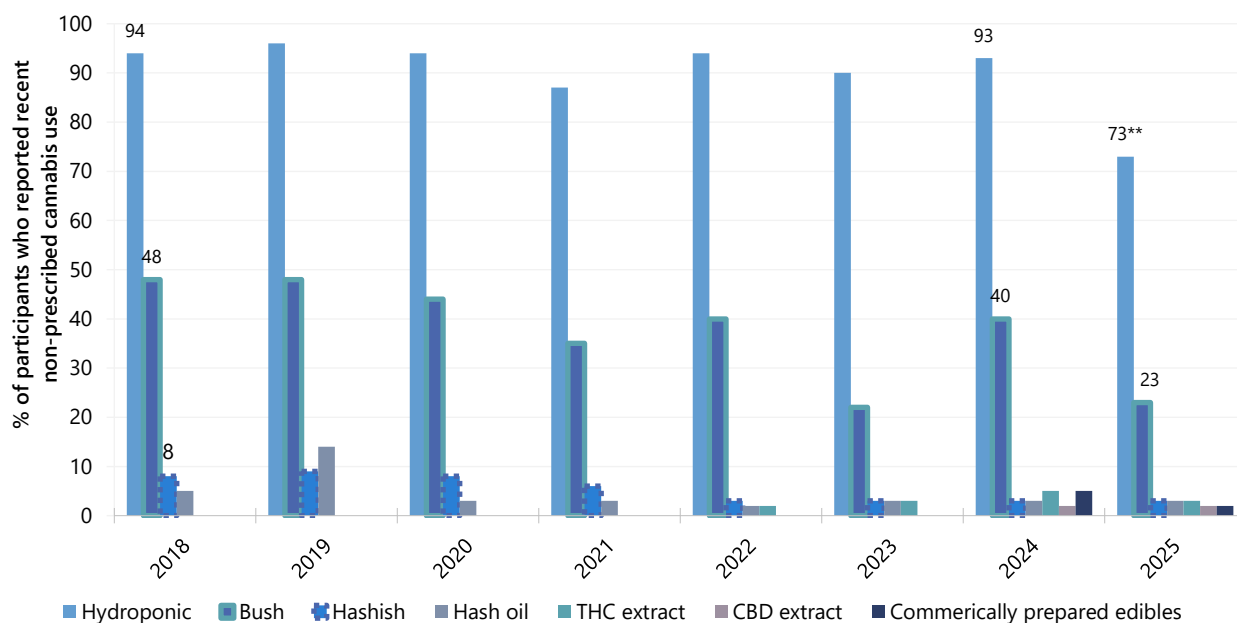
Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented ($n=60$), the majority of participants (73%) reported recent use of hydroponic cannabis, a significant decrease relative to 2024 (93%; $p=0.006$), followed by almost one quarter (23%) reporting recent use of outdoor-grown 'bush' cannabis (40% in 2024; $p=0.078$). Few participants ($n\leq 5$) reported recent use of hashish, hash oil, CBD extract, THC extract ($n\leq 5$ in 2024; $p=0.677$) or commercially prepared edibles in 2025 ($n\leq 5$ in 2024; $p=0.360$).

Figure 19: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Brisbane/Gold Coast, QLD, 2000-2025



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 20: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Brisbane/Gold Coast, QLD, 2018-2025



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis in 2025 was \$20 (IQR=20-20; n=8; \$20 in 2024; IQR=20-25; n=10; $p=0.452$) (Figure 21). Due to few participants ($n \leq 5$) reporting on the price of an ounce in 2025, no further details are reported ($n \leq 5$ in 2024; $p=0.200$). Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2024 and 2025 ($p=0.813$). Among those who were able to comment in 2025 ($n=31$), two thirds (68%) reported 'high' potency (66% in 2024) (Figure 22a).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2024 and 2025 ($p=0.182$). Among those who were able to comment in 2025 ($n=31$), nearly half (48%) perceived hydroponic cannabis to be 'easy' to obtain (32% in 2024), followed by almost two fifths

(39%) reporting 'very easy' obtainment (46% in 2024) (Figure 23a).

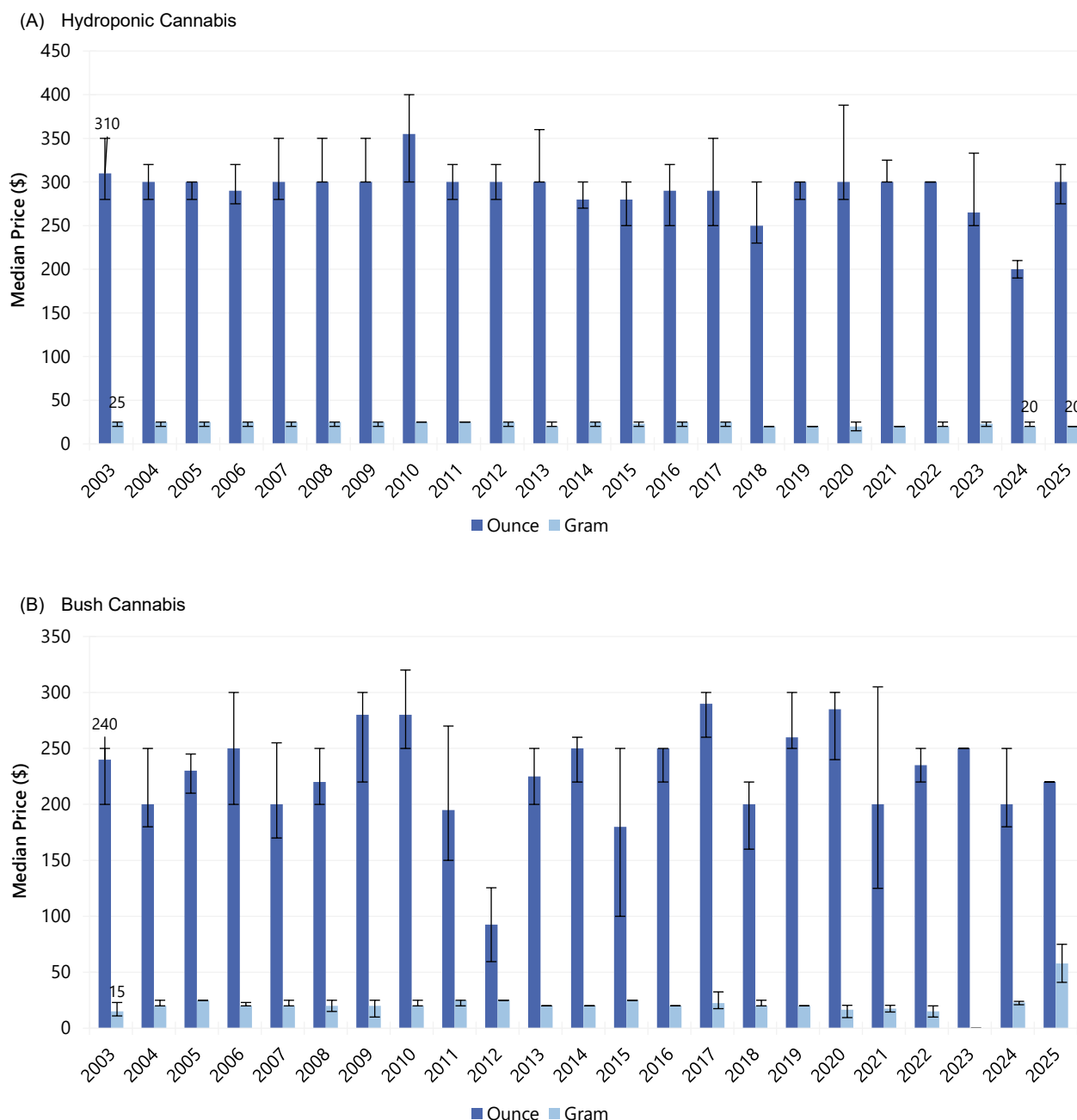
Bush Cannabis

Price: Few participants ($n \leq 5$) reported on the price of bush cannabis ($n \leq 5$ in 2024), therefore no further details are reported. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: Perceived potency of bush cannabis remained stable between 2024 and 2025 ($p=0.759$). Among those who were able to comment in 2025 ($n=14$), 43% perceived potency to be 'high' ($n \leq 5$ in 2024) and another 43% reported 'medium' potency (50% in 2024) (Figure 22).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2024 and 2025 ($p=0.067$). Among those who were able to comment in 2025 ($n=14$), 71% perceived bush cannabis to be 'very easy' to obtain ($n \leq 5$ in 2024) (Figure 23b).

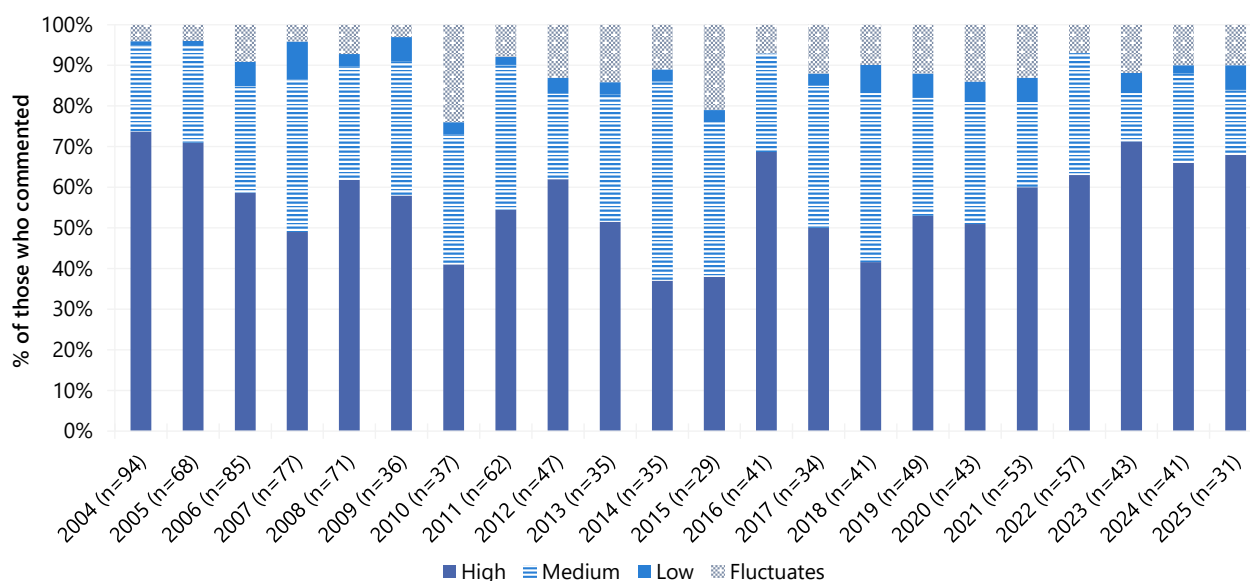
Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Brisbane/Gold Coast, QLD, 2003-2025



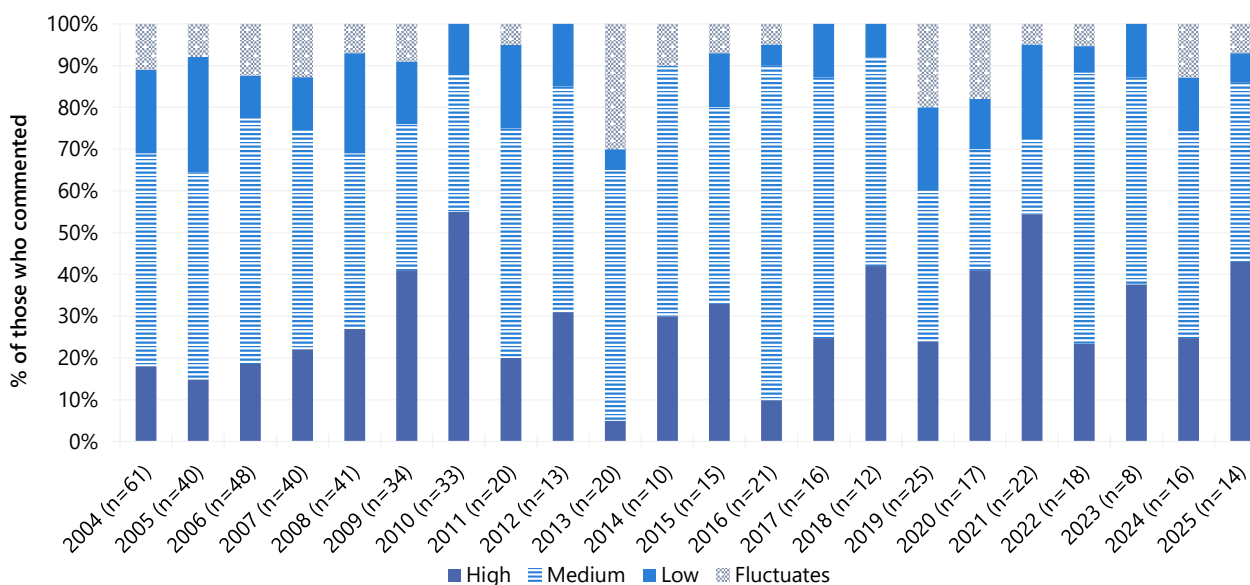
Note. Among those who commented. No participants reported purchasing a gram of bush cannabis in 2023. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however data labels are suppressed in the figure where $n \leq 5$ responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2004-2025

(A) Hydroponic Cannabis



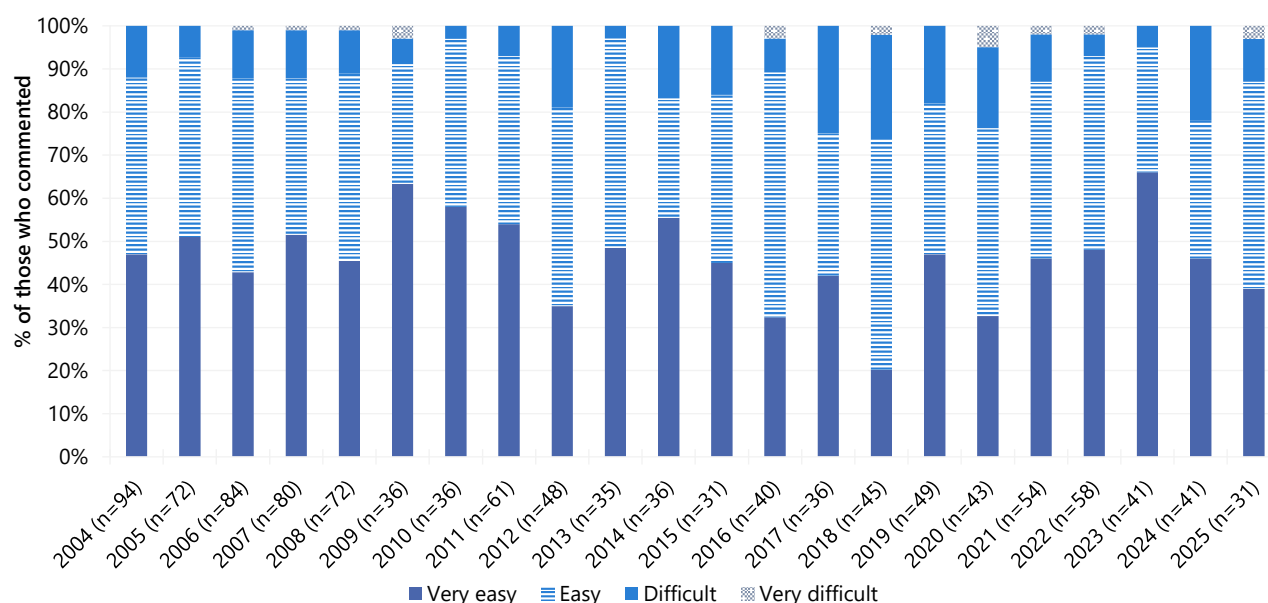
(B) Bush Cannabis



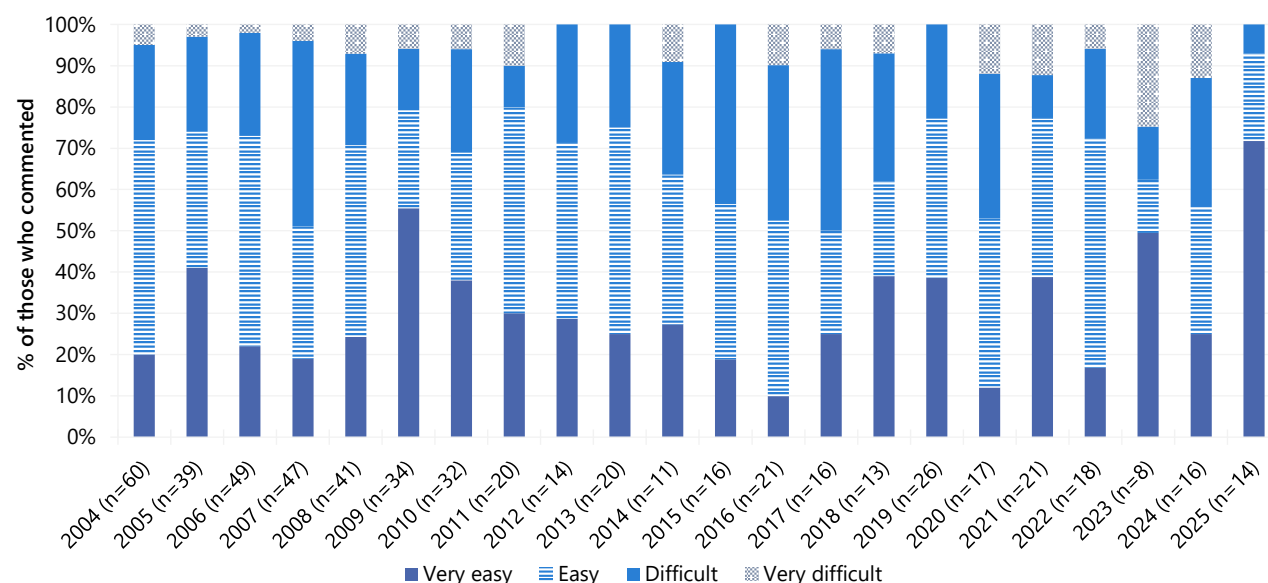
Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 23: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Brisbane/Gold Coast, QLD, 2004-2025

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

6

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).

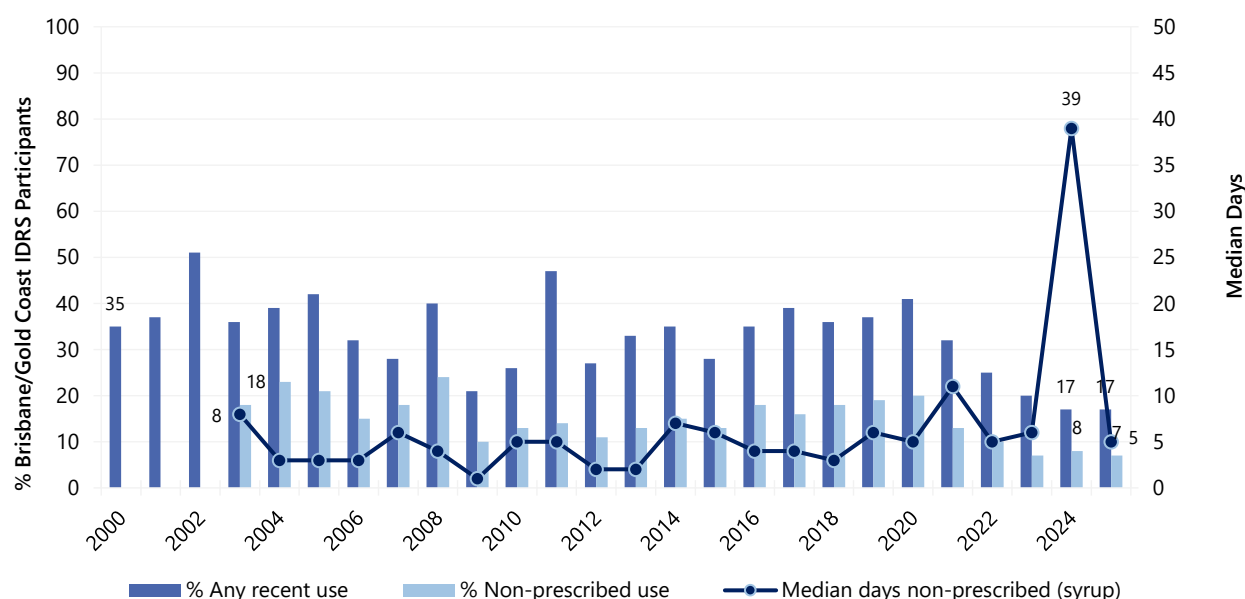
Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation, the per cent reporting any recent methadone use (including syrup and tablets) in the Brisbane/Gold Coast sample has generally decreased since monitoring commenced. In 2025, 17% of participants reported recent use of any prescribed and/or non-prescribed methadone (17% in 2024), the lowest per cent of recent use together with 2024 since monitoring commenced. Methadone use historically has largely consisted of prescribed use, with 11% reporting recent prescribed use in 2025, stable from 14% reporting prescribed use in 2024 ($p=0.527$). Non-prescribed use remained low with 7% reporting recent use in 2025, stable relative to 2024 (8%; $p=0.793$) (Figure 24).

Frequency of Use: Of those who had recently reported non-prescribed methadone use and commented ($n=7$), participants reported a median of five days of use (IQR=2-6; 39 days in 2024; IQR=3-54; $n=8$; $p=0.179$) (Figure 24).

Recent Injecting Use: Of those who had recently used any methadone in 2025 and commented ($n=8$), 44% reported injecting methadone (50% in 2024) on a median of 18 days (IQR=5-86; 60 days in 2024; IQR=30-180; $n=9$; $p=0.284$).

Figure 24: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Brisbane/Gold Coast, QLD, 2000-2025



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

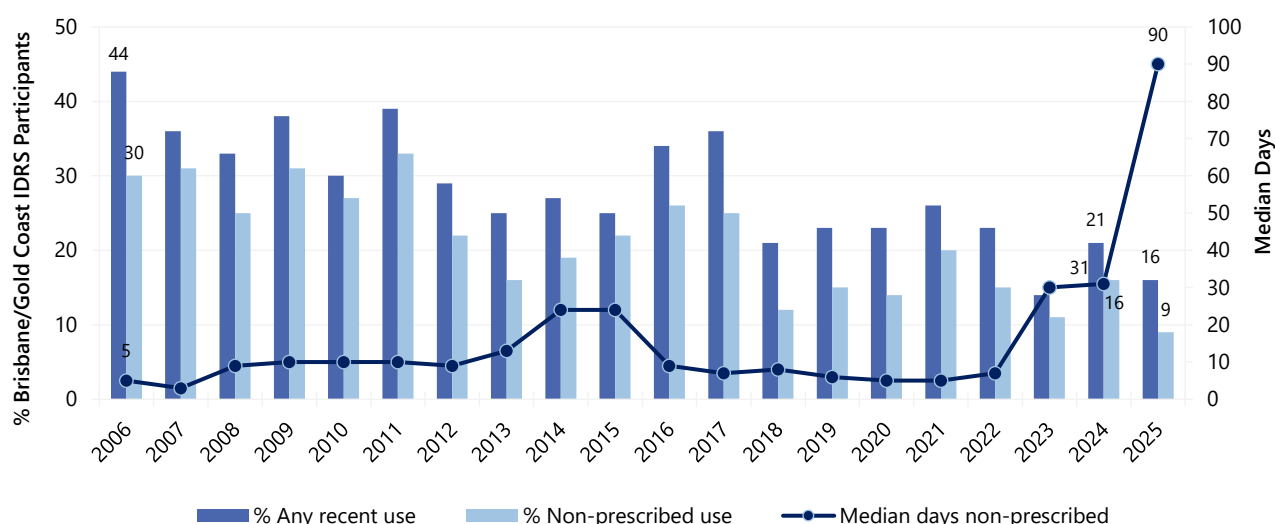
Buprenorphine Tablet

Any Recent Use (past 6 months): In 2025, 16% of participants reported recent use of any buprenorphine tablet, compared with 21% in 2024 ($p=0.376$) (Figure 25). Nine per cent reported recent prescribed use (7% in 2024; $p=0.793$) and recent non-prescribed use was reported by a further 9% of participants (16% in 2024; $p=0.150$).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine tablet and commented ($n=9$), participants reported a median of 90 days of use (IQR=10-180) in the six months preceding interview (31 days in 2024; IQR=4-81; $n=16$; $p=0.409$) (Figure 26).

Recent Injecting Use: Of those who had recently used any buprenorphine tablet in 2025 and commented ($n=13$), 76% reported recent injection (77% in 2024) on a median of 90 days (IQR=12-180; 18 days in 2024; IQR=6-78; $n=17$; $p=0.100$).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Brisbane/Gold Coast, QLD, 2002-2025



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and secondary Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes

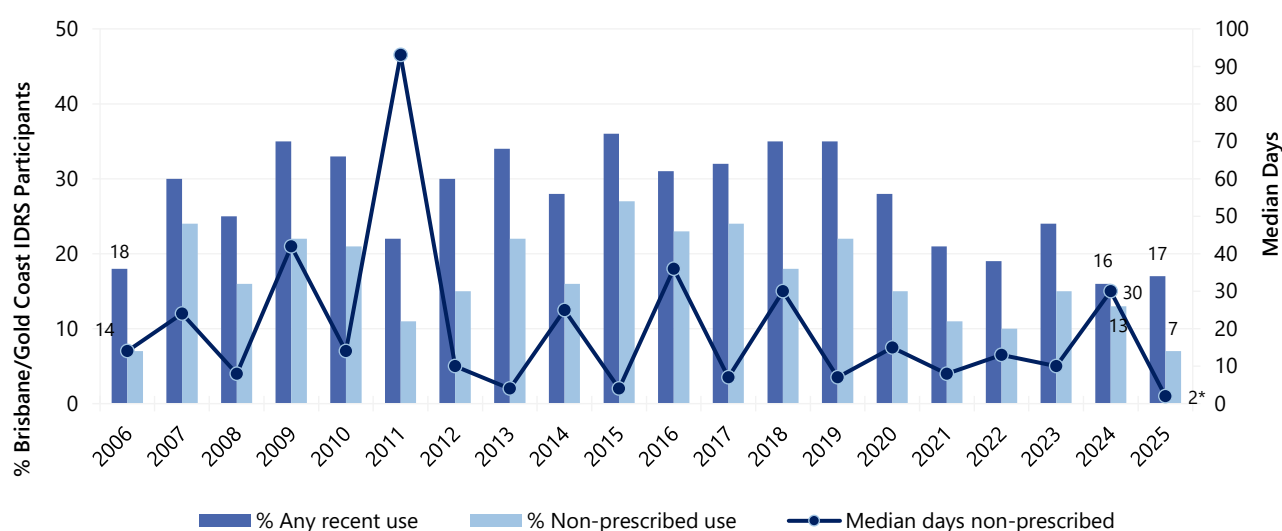
Buprenorphine-Naloxone

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 2025, 17% of the sample reported recent use of any buprenorphine-naloxone (16% in 2024; $p=0.847$), with 7% reporting non-prescribed use (13% in 2024; $p=0.176$), and 12% reporting prescribed use ($n \leq 5$ in 2024; $p=0.066$) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented ($n=6$), participants reported use on a median of two days (IQR=1-4) in the six months preceding interview, a significant decrease relative to 2024 (30 days; IQR=24-70; $n=13$; $p=0.012$) (Figure 26).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2025 and commented ($n=11$), 61% reported recent injection (88% in 2024; $p=0.125$) on a median of two days (IQR=1-6), a significant decrease relative to 2024 (30 days; IQR=11-66; $n=22$; $p=0.044$).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Brisbane/Gold Coast, QLD, 2006-2025



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 axis reduced to 50% and secondary Y axis reduced to 100 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

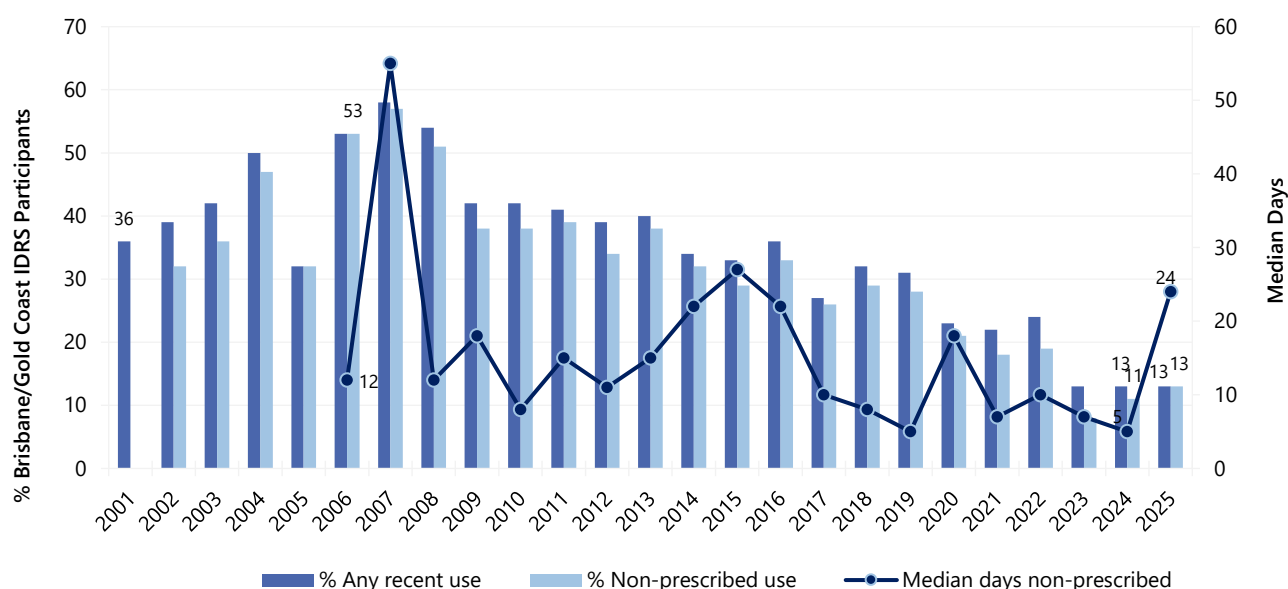
Morphine

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 27). In 2025, 13% of the sample had recently used any morphine (13% in 2024). This was mostly driven by non-prescribed use (13%; 11% in 2024; $p=0.823$), with few participants ($n\leq 5$) reporting recent prescribed use in 2025 ($n\leq 5$ in 2024).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented ($n=13$) reported use on a median of 24 days (IQR=4-120) in 2025, stable relative to 2024 (5 days; IQR=3-12; $n=11$; $p=0.172$) (Figure 27).

Recent Injecting Use: Of those who had recently used any morphine in 2025 and commented ($n=11$), almost four fifths (79%) reported injecting morphine (100% in 2024; $p=0.222$) on a median of 100 days (IQR=16-180), a significant increase relative to 2024 (5 days; IQR=2-6; $n=13$; $p=0.011$).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Brisbane/Gold Coast, QLD, 2001-2025



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 70% and secondary Y axis reduced to 60 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

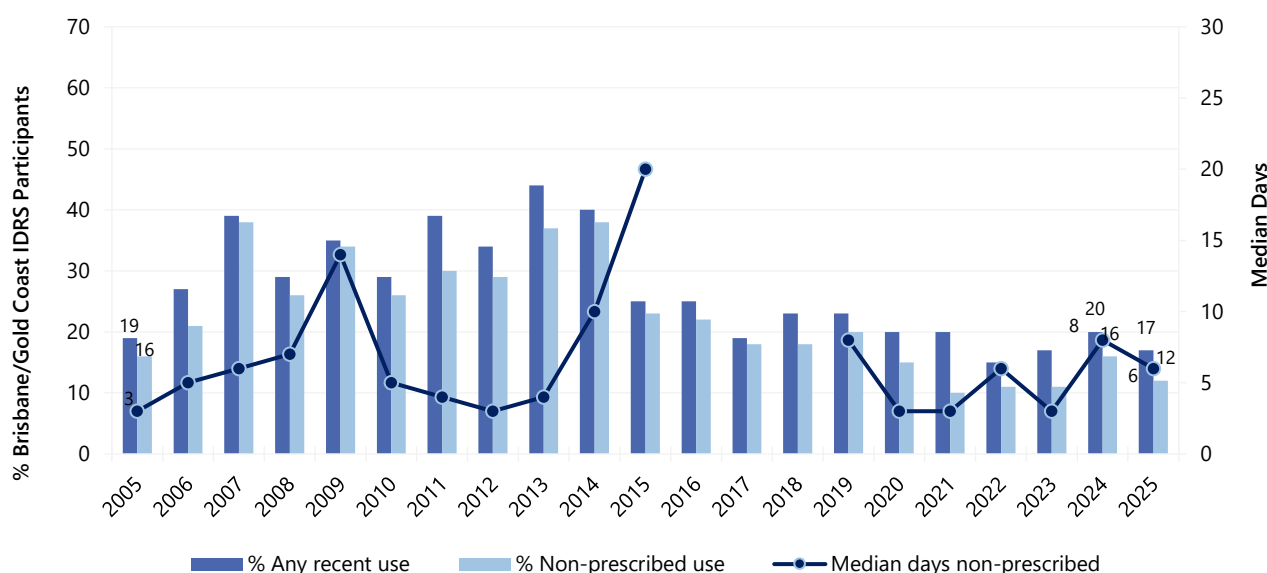
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with 17% of participants reporting any recent use in 2025 (20% in 2024; $p=0.595$) (Figure 28). In 2025, 12% of the sample had used non-prescribed oxycodone (16% in 2024; $p=0.424$), and 7% of participants had used prescribed oxycodone (7% in 2024).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented ($n=12$) reported use on a median of six days (IQR=3-9) in the six months preceding interview in 2025 (8 days in 2024; IQR=2-15; $n=16$; $p=0.780$) (Figure 28).

Recent Injecting Use: Of those who had recently used any oxycodone in 2025 and commented ($n=11$), 61% reported injecting oxycodone (62% in 2024) on a median of six days (IQR=3-7), stable relative to 2024 (4 days; IQR=1-10; $n=13$; $p=0.521$).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Brisbane/Gold Coast, QLD, 2005-2025

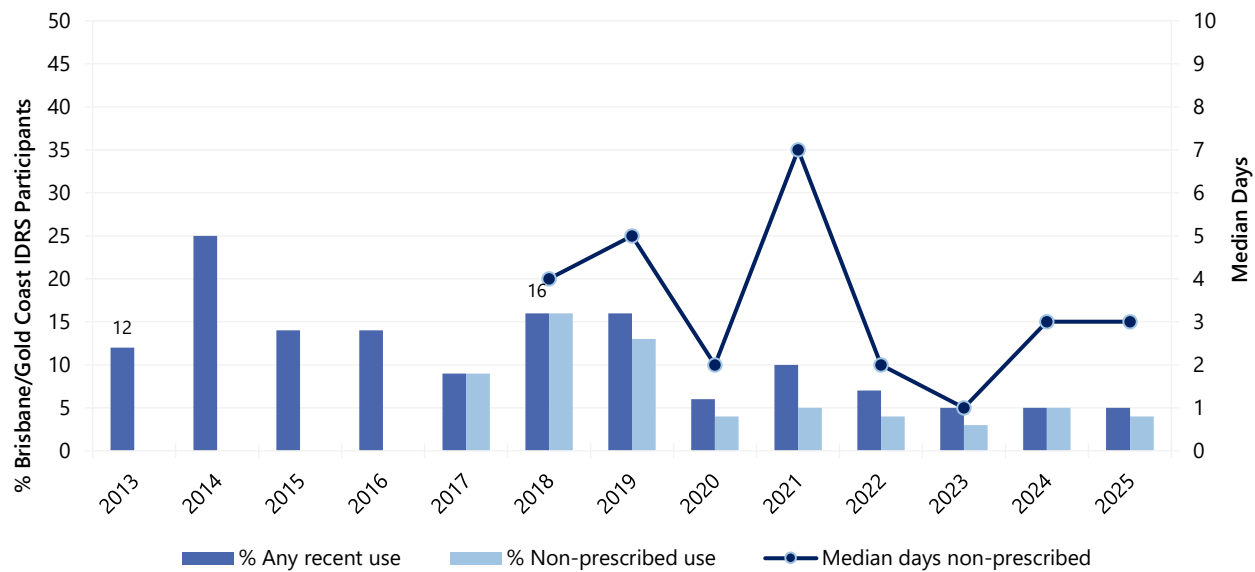


Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed 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. From 2023, participants were asked about recent use and frequency of use 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 70% and secondary Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Fentanyl

Due to few participants ($n \leq 5$) reporting recent use of any fentanyl in 2025 ($n \leq 5$ in 2024), further details are not reported. Please refer to (Figure 29) for recent year trends in the Brisbane/Gold Coast sample, and the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 29: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Brisbane/Gold Coast, QLD, 2013-2025



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 axis reduced to 50% and secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2025, 6% of participants reported recent use of any codeine (6% in 2024) with few participants ($n \leq 5$) reporting recent prescribed use ($n \leq 5$ in 2024) and non-prescribed use ($n \leq 5$ in 2024). Please refer to the [2025 National IDRS Report](#) for more detailed data on use of codeine, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Few participants ($n \leq 5$) reported recent use of any form of tramadol, a significant decrease relative to 2024 (10%; $p=0.005$), with no participants reporting recent non-prescribed use, also a significant decrease relative to 2024 ($n \leq 5$; $p=0.029$).

Few participants ($n \leq 5$) reported recent use of any tapentadol ($n \leq 5$; $n \leq 5$ in 2024). Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 3: Past six month use of other opioids, Brisbane/Gold Coast, QLD, 2019-2025

% Recent use (past 6 months)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)	2023 (N=103)	2024 (N=103)	2025 (N=104)
Codeine[^]							
Any use	18	9	7	17	-	6	6
Non-prescribed use	10	-	-	10	-	-	-
Any injection [#]	-	0	0	-	0	-	-
Tramadol							
Any use	13	7	14	8	7	10	-**
Non-prescribed use	-	-	9	-	-	-	0*
Any injection [#]	-	-	-	-	0	-	0
Tapentadol							
Any use	-	-	-	-	0	-	-
Non-prescribed use	-	-	-	-	0	-	-
Any injection [#]	-	-	0	-	0	0	-

Note. [^]Includes high and low dose. [#]Of those who reported past six month use. Statistical significance for 2024 versus 2025 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

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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, or via another source such as online) 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.

In 2025, 8% of the sample reported using any NPS in the six months prior to interview ($n \leq 5$ in 2024; $p=0.373$), and few participants ($n \leq 5$) reported recent use of individual forms, therefore no further details on patterns of use are reported. Please refer to Table 4 for trends in use in the Brisbane/Gold Coast sample and the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 4: Past six month use of new psychoactive substances, Brisbane/Gold Coast, QLD, 2013-2025

% 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=102	2023 N=100	2024 N=103	2025 N=104
'New' drugs that mimic the effects of opioids	/	/	/	/	0 [#]	-	-	0	-	-	-	-	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	- [#]	-	-	-	-	-	0	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	/	/	-	-	/	-	-	-	-	-	-	0	-
'New' drugs that mimic the effects of cannabis	7	-	-	0	-	-	-	-	-	-	0	-	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	- [#]	0	-	0	0	-	-	-	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0 [#]	-	-	0	0	0	0	-
'New' drugs that mimic the effects of dissociatives	/	/	/	/	/	/	/	/	/	/	/	/	-
Any of the above	7	-	-	6	-	-	8	-	9	8	7	-	8

Note. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. Statistical significance for 2024 versus 2025 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepine (e.g., Valium, Diazepam, Xanax, Kalma) remained stable in 2025 relative to 2024 (23% versus 22% in 2024) (Figure 30).

Frequency of Use: Of those who had recently consumed non-prescribed benzodiazepines in 2025 and commented (n=23), median frequency of use was six days (IQR=5-23; 6 days in 2024; IQR=2-12; n=23; $p=0.642$).

Recent Injecting Use: Due to few participants ($n \leq 5$) reporting recent injecting use in 2025, details regarding recent injection of any non-prescribed benzodiazepines ($n \leq 5$ in 2024) and frequency of any injection ($n \leq 5$ in 2024) are not reported. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Forms used: Among those who reported non-prescribed benzodiazepine use and responded in 2025 (n=22), the most commonly used benzodiazepine was Valium (diazepam), reported by 55% of the sample, followed by Xanax (alprazolam) (36%).

Pharmaceutical Stimulants

Recent Use (past 6 months): In 2025, 12% of the Brisbane/Gold Coast sample had used non-prescribed pharmaceutical stimulants (e.g., Ritalin, dexamphetamine, Modafinil, Concerta, Vyvanse) in the six months preceding interview, stable relative to 2024 (8%; $p=0.475$) (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants in 2025 and commented (n=12) reported use on a median of four days (IQR=2-6; 3 days in 2024; IQR=2-6; n=8; $p=0.876$).

Recent Injecting Use: Few participants ($n \leq 5$) reported recent injection of non-prescribed pharmaceutical stimulants in 2025 ($n \leq 5$ in 2024), therefore details regarding recent injection and median frequency of recent injection are not reported. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Antipsychotics

Few participants ($n \leq 5$) reported using antipsychotics in the six months prior to interview in 2025 (6% in 2024; $p=0.332$), hence further details are not reported. Please see Figure 30 for historical trends or refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Pregabalin

Recent Use (past 6 months): In 2025, one fifth (21%) of participants had used non-prescribed pregabalin in the six months preceding interview, stable relative to 13% in 2024 ($p=0.136$) (Figure 30).

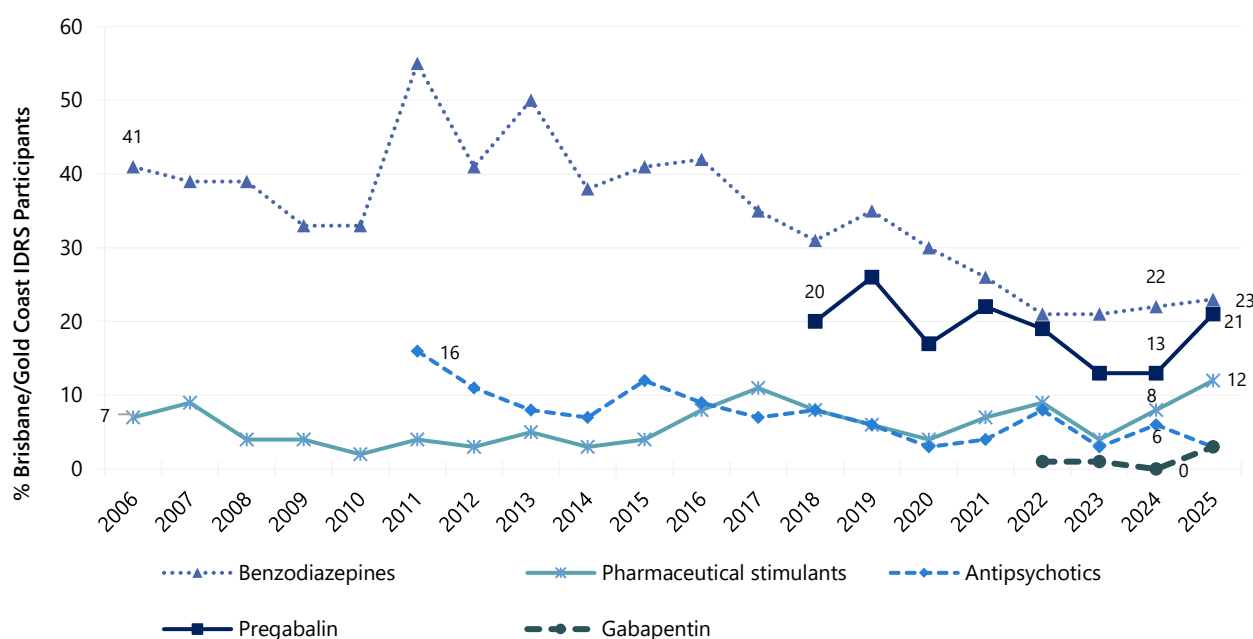
Frequency of Use: Participants who had recently consumed non-prescribed pregabalin in 2025 and commented (n=22) reported use on a median of five days (IQR=1-12; 2 days in 2024; IQR=2-7; n=13; $p=0.488$).

Recent Injecting Use: Few participants ($n \leq 5$) reported recent injection of non-prescribed pregabalin in 2025 (0% in 2024), therefore details regarding recent injection and median frequency of recent injection are not reported. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Gabapentin

Few participants ($n \leq 5$) reported using non-prescribed gabapentin in the six months prior to interview in 2025 (0% in 2024; $p=0.246$), hence no further details are reported. Please see Figure 30 for historical trends or refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 30: Past six month use of non-prescribed pharmaceutical drugs, Brisbane/Gold Coast, QLD, 2006-2025



Note. From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines. Non-prescribed use is reported. Antipsychotics was asked as 'Seroquel' from 2011-2018. 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 and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): In 2025, 54% of the sample reported any recent use of alcohol, stable relative to 48% in 2024 ($p=0.397$) (Figure 31).

Frequency of Use: Participants who had recently consumed alcohol in 2025 and commented ($n=56$) reported use on a median of 24 days (IQR=12-90; 26 days in 2024; IQR=6-120; $n=49$; $p=0.691$). Thirteen per cent reported daily use of alcohol (20% in 2024, $p=0.307$).

Tobacco

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

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Brisbane/Gold Coast IDRS sample. In 2025, 83% of participants reported recent use of tobacco, consistent with 2024 (83%) (Figure 31). Two thirds (68%) of participants reported recent use of smoked or non-smoked illicit tobacco products, a significant increase relative to 2024 (51%; $p=0.016$).

Frequency of Use: Participants who had recently consumed tobacco in 2025 and commented ($n=86$) reported use on a median of 180 days (IQR=180-180; 180 days in 2024; IQR=180-180; $n=83$; $p=0.885$), with 85% reporting daily use (85% in 2024).

E-cigarettes/'Vapes'

[Legislation regulating e-cigarettes](#) (also known as vapes) has changed markedly in recent years. From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose, and from 1 July 2024, all e-cigarette products, regardless of whether they contained nicotine, could only legally be sold in a pharmacy. From 1 October 2024, people 18 years and older could buy e-cigarettes from participating pharmacies with a nicotine concentration of 20 mg/mL or less *without a prescription*, where state and territory laws allowed: products with a nicotine concentration of >20 mg/mL still required a prescription.

To capture these changes, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. In 2025, participants were asked about their use of e-cigarettes obtained from pharmacy (with or without a prescription) and 'non-pharmacy' locations.

In 2025, few participants ($n\leq 5$) reported recent use of e-cigarettes that were obtained from a pharmacy (0% in 2024; $p=0.498$). Between 2022 and 2024, few participants reported recent use of prescribed e-cigarettes (0% in 2022, $n\leq 5$ in 2023 and 0% in 2024). The data presented below for 2025 refers only to use of e-cigarettes that were obtained from non-pharmacy locations; 2022-2024 data refers to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use (collectively referred to as 'illicit use' from herein).

Recent Use (past 6 months): In 2025, one third (34%) of participants reported recent use of illicit e-cigarettes, stable relative to 2024 (34%) (Figure 31).

Frequency of Use: Participants who had recently consumed illicit e-cigarettes in 2025 and commented (n=32) reported use on a median of 180 days (i.e., daily; IQR=86-180; 180 days in 2024; IQR=93-180; n=35; $p=0.887$).

Forms Used: Among participants who had recently used illicit e-cigarettes and responded in 2025 (n=34), participants most commonly reported using disposable devices (91%).

Reason for Use: Of those who reported *any* e-cigarette use in the six months prior to interview and responded (n=36), 39% reported using e-cigarettes as a smoking cessation tool, stable relative to 2024 (29%; $p=0.448$).

Nicotine Pouches

Few participants (n≤5) reported recent use of nicotine pouches in 2025 (n≤5 in 2024; $p=0.721$), therefore details regarding recent use and frequency of use are not reported. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Steroids

Few participants (n≤5) reported using non-prescribed steroids in the six months preceding interview in 2025 (n≤5 in 2024) therefore, no further reporting on patterns of use is provided. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2025, 28% of participants reported recent use of GHB/GBL/1,4-BD, remaining stable from 25% in 2024 ($p=0.633$) (Figure 31).

Frequency of Use: Participants who had recently consumed GHB/GBL/1,4-BD in 2025 and commented (n=28) reported use on a median of five days (IQR=3-13; 5 days in 2024; IQR=3-7; n=25; $p=0.585$).

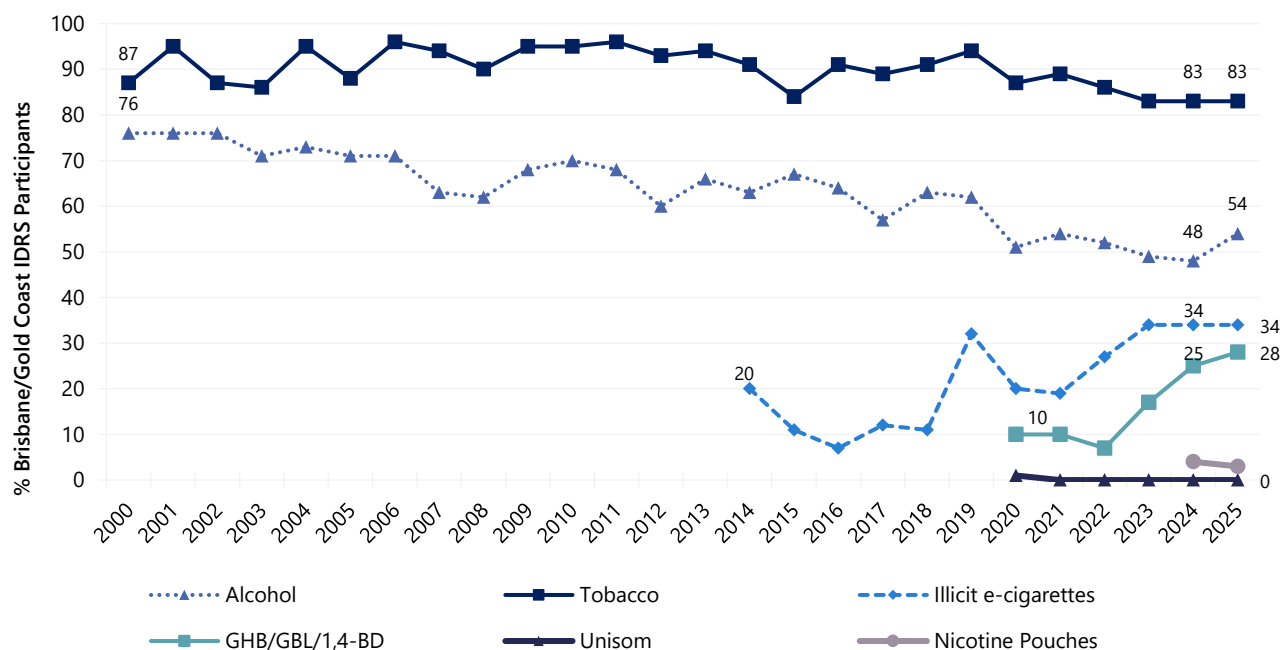
Recent Injecting Use: In 2025, few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD (n≤5 in 2024; $p=0.591$), therefore no further reporting on patterns of use is provided. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been [reports](#) of injecting use in Australia, raising concern of attendant injecting-related injuries.

No participants reported using Unisom in the six months prior to interview in 2025 (0% in 2024) (Figure 31) and therefore no further reporting on patterns of use is provided. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 31: Past six month use of licit and other drugs, Brisbane/Gold Coast, QLD, 2000-2025



Note. Regarding e-cigarette use, 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 illicit e-cigarettes only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

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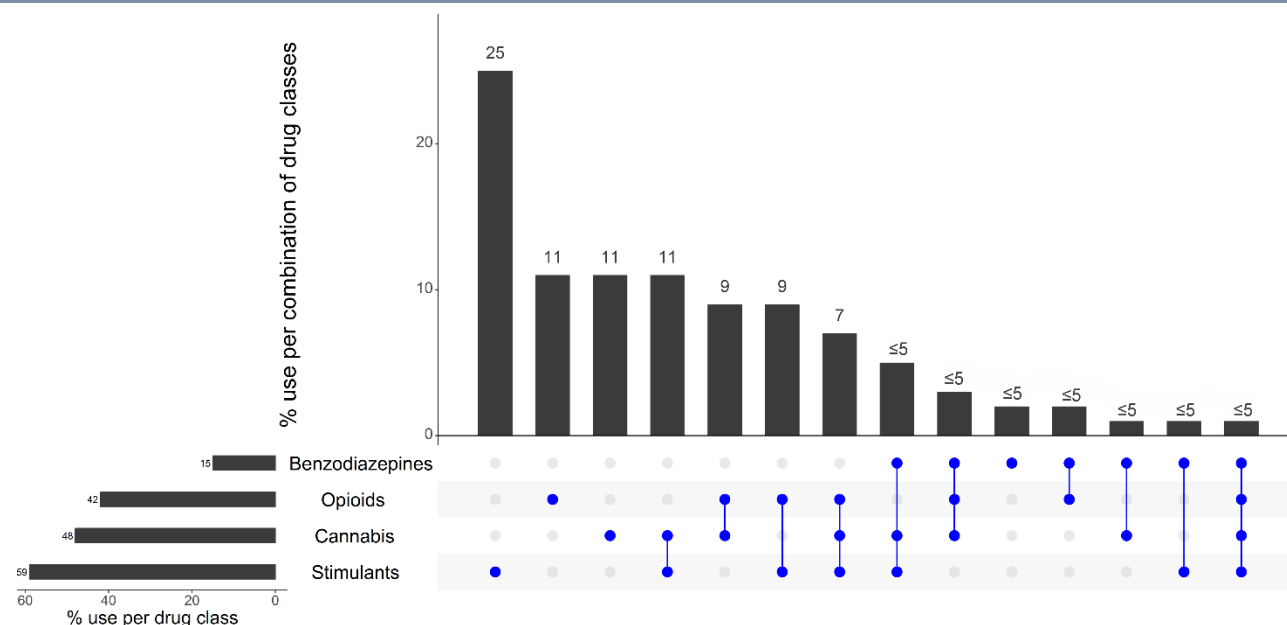
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2025, 96% of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs and commented (n=100), the most commonly used substances were opioids (58%), cannabis (48%), stimulants (40%), alcohol (21%) and benzodiazepines (15%).

Two thirds (66%) of the sample reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). One quarter (25%) of respondents reported using stimulants alone, 11% reported using opioids or cannabis alone, and a further 11% reported concurrent use of cannabis and stimulants (Figure 32). Nine per cent reported concurrent use of opioids with either cannabis or stimulants, followed by 7% reporting opioids, cannabis and stimulants. 7% reporting opioids, cannabis and stimulants.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Brisbane/Gold Coast, QLD, 2025

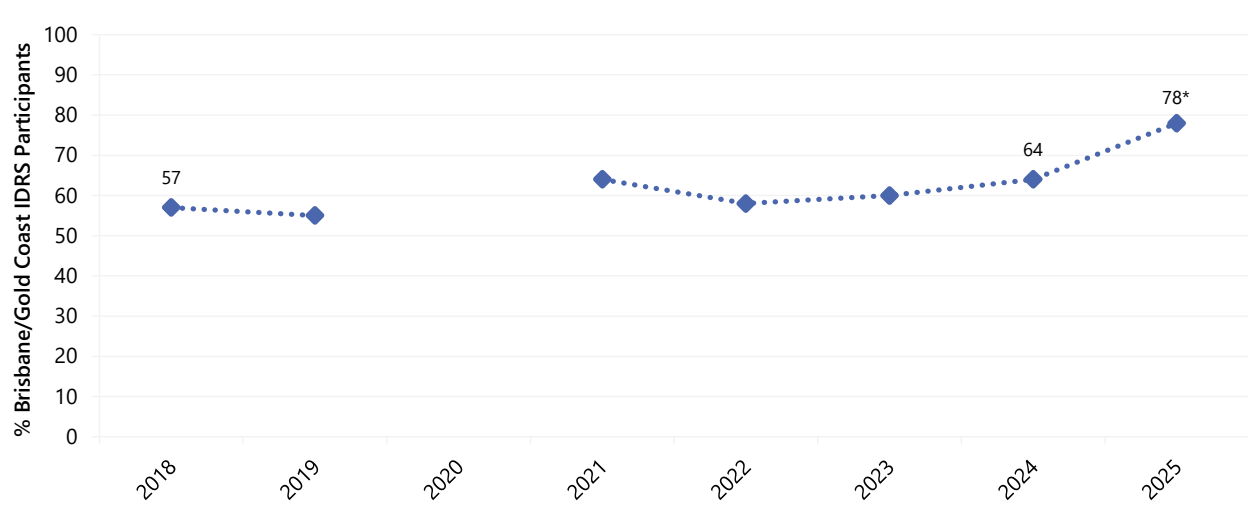


Note. % calculated out of total IDRS 2025 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue 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, ecstasy 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 Y axis reduced to 30% to improve visibility of trends. Please refer to Table 1 for a guide to table/figure notes.

Binge Drug Use

Participants were asked whether they had used any drug/s for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. Three quarters (78%) of the Brisbane/Gold Coast sample had binged on one or more drugs in the preceding six months, a significant increase relative to 2024 (64%; $p=0.048$) (Figure 33).

Figure 33: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Brisbane/Gold Coast, QLD, 2018-2025



Note. Participants were first asked about bingeing in 2018. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

There have been some changes in the way questions about overdose have been asked over the years, which may account for some variation in estimates.

From 2019 onwards, 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:
 - **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.

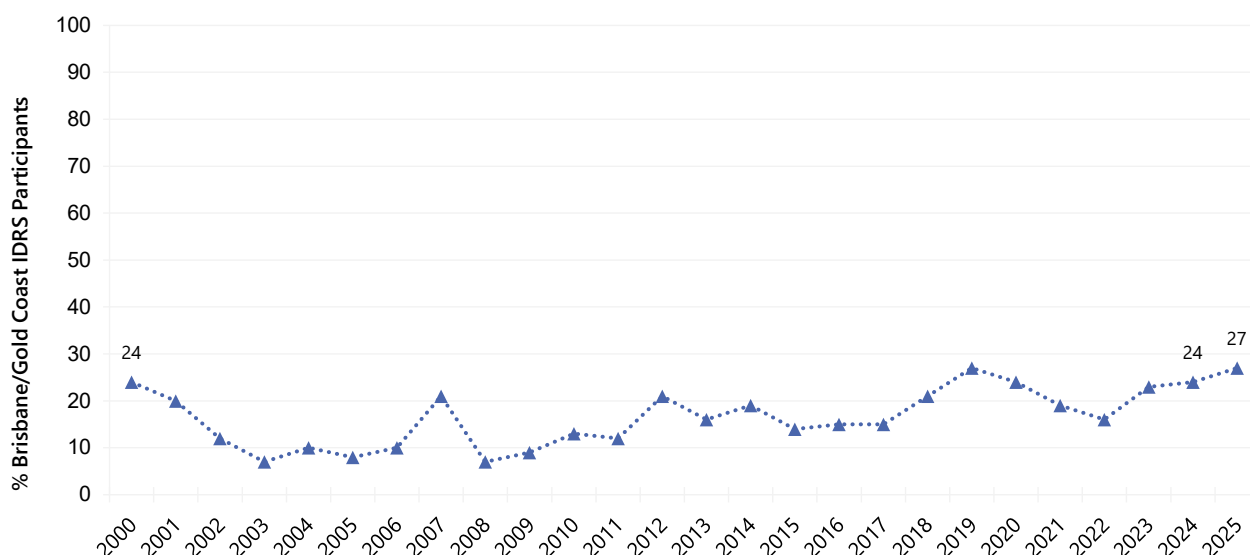
Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see Table 5 below).

Non-fatal 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 2025 was stable relative to 2024 (27%; 24% in 2024; $p=0.741$). This was the highest percentage observed since monitoring commenced, alongside 2019 (Figure 34).

Fourteen per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding interview in 2025 (14% in 2024), whilst a further 11% reported a **non-fatal overdose following stimulant use** in the 12 months preceding interview (10% in 2024; $p=0.817$) (Table 5).

The most commonly cited substance involved in past year non-fatal overdoses was heroin (11% of the total sample in 2025; 13% in 2024; $p=0.671$). Participants who had overdosed on an opioid had done so on a median of one occasion (IQR=1-2) in the 12 months preceding interview. Among those who experienced an opioid overdose and commented ($n=15$), 60% reported that they had received naloxone as treatment on the last occasion of opioid overdose, followed by 53% reporting ambulance attendance and 47% visited a hospital emergency department.

Figure 34: Past 12 month non-fatal any overdose, Brisbane/Gold Coast, QLD, 2000-2025



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 5: Past 12-month non-fatal overdose by drug type, Brisbane/Gold Coast, QLD, 2015-2025

Brisbane/Gold Coast, QLD											
	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
% 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=103 15	N=103 14	N=104 14
% 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=103 12	N=103 13	N=104 11
% Methadone overdose	N=98 0	N=91 -	N=69 -	N=98 -	N=109 0	N=98 -	N=100 -	N=100 -	N=103 0	N=103 0	N=104 0
% Morphine overdose	N=97 -	N=91 -	N=62 -	N=98 -	N=109 -	N=98 0	N=100 -	N=100 0	N=103 0	N=103 0	N=104 -
% Oxycodone overdose	N=97 -	N=91 0	N=91 -	N=98 -	N=109 -	N=98 -	N=100 -	N=100 0	N=103 -	N=103 0	N=104 -
% Stimulant overdose	N=98 -	N=90 -	N=91 -	N=103 0	N=108 -	N=98 -	N=100 -	N=100 -	N=101 7	N=103 10	N=102 11
% Other overdose	/	/	/	/	N=109 -	N=98 7	N=100 0	N=100 7	N=101 10	N=103 10	N=102 6
% 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=103 23	N=103 24	N=104 27

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. N is the number who responded (denominator). Statistical significance for 2024 versus 2025 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test ([AUDIT](#)) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising three questions and is scored on a scale of 0-12.

In 2025, the mean score on the AUDIT-C for the total sample (including participants who had not consumed alcohol in the past 12 months) was 2.8 (SD 3.2), a significant decrease relative to 2024 (2.9; SD 4.1; $p=0.005$).

AUDIT-C scores of ≥ 3 (women) and ≥ 4 (men) are likely to indicate hazardous drinking, and potentially alcohol dependence (Table 6). In 2025, one third (34%) of male participants had obtained a score of four or more (29% in 2024; $p=0.587$), and 44% of female participants had obtained a score of three or more (42% in 2024), indicative of hazardous use.

Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels[^], Brisbane/Gold Coast, QLD, 2010-2025

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Men																
Mean AUDIT-C score (SD)	4.1 (3.5)	4.5 (4.0)	3.1 (2.9)	3.6 (3.8)	4.2 (4.0)	4.3 (3.8)	3.8 (3.9)	4.6 (3.5)	3.7 (3.6)	3.5 (3.2)	4.8 (3.0)	7.3 (3.5)	3.1 (4.1)	2.3 (3.3)	2.8 (4.0)	2.9 (3.4)
Score of ≥ 4 (%)	51	56	45	41	52	49	43	50	42	44	59	86	33	29	29	34
Women																
Mean AUDIT-C score (SD)	2.9 (3.3)	3.3 (3.5)	3.3 (3.8)	3.2 (3.8)	2.8 (3.5)	2.4 (2.5)	2.8 (3.4)	4.1 (3.1)	4.3 (3.4)	2.8 (2.9)	4.3 (2.8)	6.3 (3.8)	2.9 (3.8)	2.5 (3.2)	3.2 (4.2)	2.6 (2.8)
Score of ≥ 3 (%)	37	48	46	38	44	40	38	61	68	53	70	83	40	37	42	44

Note. Monitoring of AUDIT-C commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Statistical significance for 2024 versus 2025 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 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 could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian

states and territories from 1 July 2022. 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 2013-2025, at least three quarters of the sample reported awareness of naloxone each year. In 2025, 90% of the sample reported that they had heard of naloxone, a significant increase from 76% in 2024 ($p=0.013$) (Figure 35).

Awareness of Take-Home Naloxone: In 2025, 85% of participants had heard about take-home naloxone, a significant increase relative to 2024 (70%; $p=0.013$), and the highest per cent observed since monitoring commenced (Figure 35). In 2025, 83% of Brisbane/Gold Coast participants reported having heard of free access to take home naloxone, a significant increase relative to 2024 (69%; $p=0.024$), and few participants ($n\leq 5$) reported having heard of paid access ($n\leq 5$ in 2024).

Obtained Naloxone: Fifty-five per cent of the Brisbane/Gold Coast sample reported having ever obtained naloxone, stable relative to 2024 (47%; $p=0.272$), with 51% having done so in the past year (40% in 2024; $p=0.132$) (Figure 36). All participants (100%) in the Brisbane/Gold Coast sample reported that they did not have to pay the last time they obtained naloxone. Most commonly, participants reported that they obtained naloxone from a Needle Syringe Program (NSP) (89%).

In 2025, of those who reported obtaining naloxone at least once in their lifetime ($n=56$), four fifths (82%) reported that they had a median of two naloxone kits stored away at the time of interview (IQR=1-3). Among those with at least one naloxone kit stored away and who responded ($n=41$), 93% had at least one kit within its expiration date.

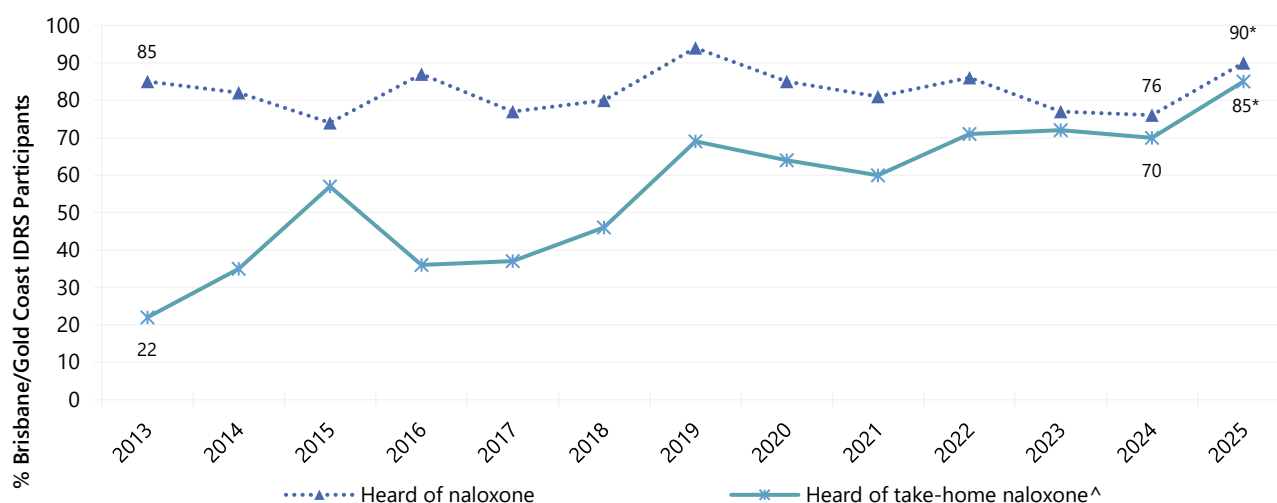
Few participants ($n\leq 5$) in the Brisbane/Gold Coast sample reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful (0% in 2024; $p=0.246$), whereas 40% of participants reported never having tried to obtain naloxone (54% in 2024; $p=0.053$). Of those who had ever had trouble obtaining naloxone or had never tried to obtain naloxone and commented ($n=42$), reasons included 'don't consider myself/my peers at risk of overdose' (38%), and 'don't use opioids' (33%).

Of those participants who reported ever obtaining naloxone, used opioids recently and commented ($n=52$), 46% reported that they 'always' had naloxone on hand when using opioids, 13% reported that they 'often' or 'sometimes' had naloxone on hand, 15% said 'rarely' and 12% reported that they 'never' had naloxone on hand.

Education on Using Naloxone: In 2025, 52% reported they had been trained in how to administer naloxone in their lifetime, stable relative to 2024 (45%; $p=0.333$), with two fifths (42%) of participants having done so in the past year (33% in 2024; $p=0.257$) (Figure 36). The majority of participants reported the location of their last naloxone education/training session was at an NSP (93%). No participants reported that the training they received was online.

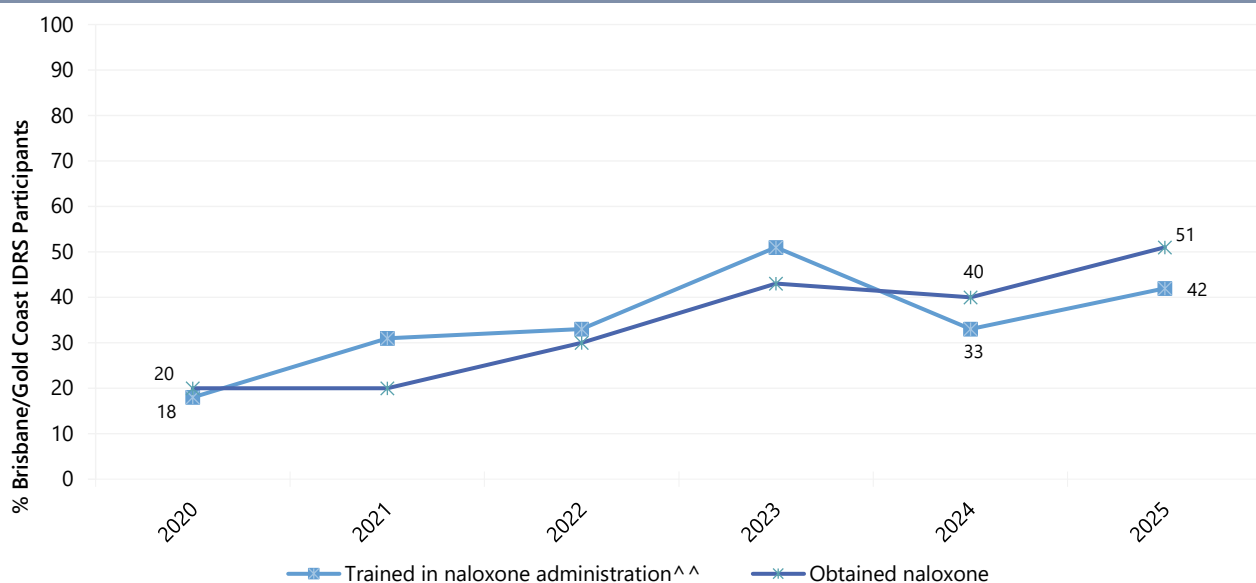
Use of Naloxone to Reverse Overdose: In 2025, one quarter (25%) of the Brisbane/Gold Coast sample reported that they had resuscitated someone using naloxone at least once in their lifetime (17% in 2024; $p=0.179$), with 16% of participants having done so in the past year. Almost one in ten participants (9%) reported that they had been resuscitated by a peer using naloxone in the past year (8% in 2024).

Figure 35: Lifetime awareness of naloxone and naloxone take-home programs, Brisbane/Gold Coast, QLD, 2013-2025



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 36: Past 12-month education in naloxone administration, and obtainment of naloxone, Brisbane/Gold Coast, QLD, 2020-2025



Note. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2020-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023 onwards). Response options delineated whether this had occurred in the past year or more than a year ago. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Equipment Access, and Injecting Behaviours

Equipment Access

In 2025, participants reported obtaining a median of 100 new needle and syringes in the past month (IQR=40-200; 100 in 2024; IQR=27-200; $p=0.894$), having a median of 14 'stored away' (IQR=0-50; 10 in 2024; IQR=0-50; $p=0.983$) and providing a median of 20 to others (IQR=0-50; 18 in 2024; IQR=0-50; $p=0.691$).

Ten per cent of the sample reported difficulties obtaining new needles and syringes in the past month (6% in 2024; $p=0.436$), and 6% reported difficulties accessing filters ($n \leq 5$ in 2024; $p=0.498$) (Table 7). Seventeen per cent reported difficulties obtaining sterile water (not asked in 2024). The majority of participants reported that they obtained needles from an NSP (94%; 94% in 2024), followed by a chemist (21%; 21% in 2024) or a partner or friend (10%; 13% in 2024; $p=0.661$) (Table 7).

Injecting Behaviours

In 2025, participants reported injecting on a median of 26 occasions in the past month (IQR=9-60; 20 occasions in 2024; IQR=10-44; $p=0.491$). In 2025, 10% reported receptive sharing (8% in 2024; $p=0.802$) and 18% reported distributive sharing, a significant increase relative to 2024 (8%; $p=0.040$) in the month prior to interview (Figure 37 and Table 8).

The per cent who reported having shared injecting equipment other than syringes (e.g., spoons, tourniquet, water, and filters) in the past month has fluctuated considerably over the course of monitoring (Figure 37), though remained stable in 2025 (21%), relative to 2024 (15%; $p=0.272$). One third (35%) of the sample reported that they had re-used their own needles in the past month, stable relative to 33% in 2024 ($p=0.879$) (Figure 37 and Table 8). Almost half (48%) of the Brisbane/Gold Coast sample reported reusing other injecting equipment in the past month, stable relative to 2024 (55%; $p=0.335$), most commonly tourniquets (35%; 43% in 2024; $p=0.259$), followed by spoons and mixing containers (28%; 34% in 2024; $p=0.368$) and water (7%; 8% in 2024; $p=0.793$) (Table 8).

Two fifths (39%) of the sample reported that they had injected someone else in the past month (38% in 2024; $p=0.883$) and 30% were injected by someone else in the past month (22% in 2024; $p=0.268$) (Table 8).

The location of last injection remained stable between 2024 and 2025 ($p=0.771$). Consistent with previous years, most participants (77%) reported that they had last injected in a private home (80% in 2024). Twelve per cent reported that they had last injected on the street, park or beach (7% in 2024), followed by 6% reporting injecting in a public toilet (9% in 2024) (Table 8).

Half (52%) of the sample reported injecting alone on the last occasion of injecting (45% in 2024; $p=0.333$).

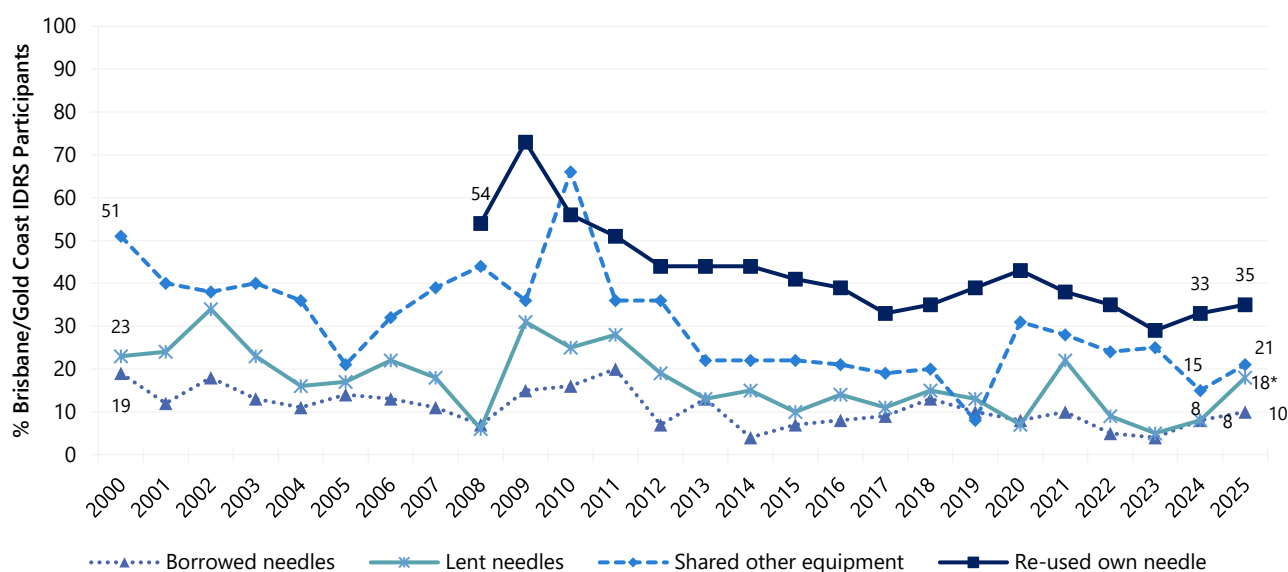
The site of last injection remained stable between 2024 and 2025 ($p=0.247$). Consistent with previous years, the majority of the sample (80%) reported injecting in their arm on the last occasion of injecting (76% in 2024), followed by 7% reporting last injecting in their hand/wrist (11% in 2024) (Table 8).

Table 7: Injecting equipment access in past month, Brisbane/Gold Coast, QLD, 2023-2025

Brisbane/Gold Coast, QLD			
	2023 (N=103)	2024 (N=103)	2025 (N=101)
% Location of needle/syringe access past month			
NSP	95	94	94
NSP vending machine	15	8	-
Chemist	23	21	21
Friend/Partner	10	13	10
Dealer	-	-	-
Hospital	0	-	-
Outreach/peer worker	0	0	-
Medically supervised injecting Centre/Room	0	0	0
Other	0	0	-
% Difficulties accessing filters^ in the past month			
	-	-	6
% Difficulties accessing needles/syringes in the past month			
	7	6	10
% Equipment used past month			
Needle and syringe (e.g., 0.5mL, 1mL)	92	92	93
Syringe or barrel (e.g., 3mL, 5mL, 10mL, 20mL, 50mL)	37	24	30
Spoons/mixing containers	59	61	65
Tourniquet	49	51	59
Swabs	87	76	71
Water	73	85	83
Any filters	75	56	59

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). Statistical significance for 2024 versus 2025 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.005$. Please refer to Table 1 for a guide to table/figure notes.

Figure 37: Borrowing and lending of needles and sharing of injecting equipment in the past month, Brisbane/Gold Coast, QLD, 2000-2025



Note. 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 and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Injecting behaviours in the past month, and location of last injection use, Brisbane/Gold Coast, QLD, 2015-2025

Brisbane/Gold Coast, QLD											
	2015 (N=98)	2016 (N=91)	2017 (N=103)	2018 (N=103)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)	2023 (N=103)	2024 (N=103)	2025 (N=104)
% 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=101 -	N=103 8	N=104 10
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=101 -	N=103 8	N=103 18*
Shared any injecting equipment ^	N=97 -	N=91 34	N=97 23	N=99 11	N=108 0	N=97 31	N=99 28	N=99 24	N=99 25	N=103 15	N=104 21
Reused 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=101 29	N=103 33	N=104 35
Reused any other equipment	N=96 46	N=90 61	N=98 48	N=103 48	N=109 27	/	/	/	N=103 52	N=103 55	N=104 48
Injected partner/friend	/	N=91 29	N=98 25	N=99 36	N=109 41	N=94 34	N=98 48	N=100 31	N=101 31	N=102 38	N=104 39
Somebody else injected them	/	N=91 19	N=98 19	N=99 17	N=109 23	N=95 15	N=98 22	N=100 19	N=101 22	N=103 22	N=104 30
% Location of last injecting use											
Private home	90	77	78	76	76	83	87	82	88	80	77
Car	-	6	-	-	-	7	-	-	-	-	-
Street/car park/beach	-	8	6	10	-	-	-	8	-	7	12
Public toilet	-	8	12	8	14	6	-	-	-	9	6
Medically supervised injecting Centre/Room	/	/	/	/	/	0	0	0	0	0	0
Prison	0	0	0	0	0	0	0	0	0	0	0
Stairwell	0	0	0	-	-	0	0	0	0	0	-
Other	-	-	-	-	-	0	-	-	0	-	-
% Last injection site											
Arm	71	71	71	66	71	64	71	74	74	76	80
Leg	-	7	-	6	-	-	-	6	-	-	-
Hand/wrist	20	10	12	14	10	16	14	12	12	11	7
Foot	0	-	-	-	0	-	-	0	-	0	-
Groin	-	-	-	-	-	-	-	-	-	-	0
Neck	-	-	8	-	10	12	6	6	6	10	-
Other	0	-	-	-	-	-	0	0	3	-	-

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. N is the number who responded (denominator). Statistical significance for 2024 versus 2025 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

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 significantly increased from 38% in 2024 to 54% in 2025 ($p=0.026$) (Table 9). The most common injection-related injuries and diseases reported by participants was any nerve damage (28%; 17% in 2024; $p=0.068$), any infection/abscess (28%; 17% in 2024; $p=0.068$; including skin abscess or cellulitis: 23%; 15% in 2024; $p=0.158$) and a dirty hit (18%; 11% in 2024; $p=0.176$). Nine per cent of participants reported experiencing other serious infection, a significant increase relative to 2024 ($n \leq 5$; $p=0.019$).

Table 9: Injection-related issues in the past month, Brisbane/Gold Coast, QLD, 2020-2025

	2020	2021	2022	2023	2024	2025
	(N=96)	(N=101)	(N=100)	(N=102)	(N=103)	(N=104)
% Artery injection	-	10	-	9	12	11
% Any nerve damage	23	27	14	18	17	28
% Any thrombosis	-	8	-	8	7	8
Blood clot	-	7	-	7	6	6
Deep vein thrombosis	-	-	0	-	-	-
% Any infection/abscess	8	9	13	11	17	28
Skin abscess or cellulitis	7	-	12	11	15	23
Endocarditis	0	-	0	0	-	-
Other serious infection (e.g., osteomyelitis/ Sepsis/Septic arthritis)	-	-	-	0	-	9*
% Dirty hit	9	13	10	6	11	18
% Any injection-related problem	33	42	34	32	38	54*

Note. Statistical significance for 2024 versus 2025 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

Two fifths (41%) of the sample reported receiving any drug treatment in 2025, stable relative to 2024 (40%; $p=0.884$), with counselling the most commonly received treatment (11%; 16% in 2024; $p=0.316$), followed by methadone, buprenorphine (Subutex) and buprenorphine-naloxone (suboxone) (9%, respectively) (Table 10). Of those who had used either methadone or buprenorphine and commented ($n=26$), four fifths (81%) reported receiving takeaway doses (86% in 2024; $p=0.715$).

Thirteen per cent of participants reported having tried to access treatment in the past six months but were unable to, stable relative to 2024 (11%; $p=0.823$). The most commonly cited drug the last time treatment was required for comprised methamphetamine (92%; 73% in 2024; $p=0.300$). Participants most commonly tried to access rehabilitation/therapeutic community (54%; 27% in 2024; $p=0.240$) but were unable to the last time. The most common reason for this was 'too hard to get into treatment' (62%; 64% in 2024).

Table 10: Current drug treatment, Brisbane/Gold Coast, QLD, 2015-2025

	Brisbane/Gold Coast, QLD										
	2015 (N=98)	2016 (N=91)	2017 (N=103)	2018 (N=103)	2019 (N=109)	2020 (N=98)	2021 (N=101)	2022 (N=100)	2023 (N=103)	2024 (N=103)	2025 (N=104)
% Any current drug treatment	39	46	54	54	58	47	45	48	40	40	41
Methadone	47	44	49	52	43	21	22	16	15	13	9
Buprenorphine	21	21	15	14	14	8	-	9	-	6	9
Buprenorphine-naloxone	18	16	25	43	25	11	11	7	10	-	9
Buprenorphine depot injection	/	/	/	/	-	0	0	-	-	6	-
Drug counselling	-	14	10	14	23	8	16	26	12	16	11
Other	-	-	0	-	16	-	-	6	-	7	9

Note. Statistical significance for 2024 versus 2025 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

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

To assess methamphetamine dependence in the past six months, a [cut-off value of four](#) was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a [cut-off value of five](#) as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=48), the median SDS score was six (IQR=3-9; 6 in 2024; IQR=2-9), with 65% scoring five or above, indicating possible dependence (55% in 2024; $p=0.424$) (Table 11). Thirteen per cent obtained a score of zero on the opioid SDS (n≤5 in 2024; $p=0.753$), indicating no or few symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=89), the median SDS score was five (IQR=1-8; 4 in 2024; IQR=1-8), with 64% scoring four or above, indicating possible dependence (56% in 2024; $p=0.288$) (Table 11). Fifteen per cent of participants obtained a score of zero on the methamphetamine SDS (15% in 2024), indicative of no symptoms of methamphetamine dependence.

Table 11: Total opioid and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Brisbane/Gold Coast, QLD, 2015-2025

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Opioid	(N=73)	(N=73)	(N=77)	(N=73)	(N=86)	(N=0)	(N=50)	(N=68)	(N=56)	(N=53)	(N=48)
Median total score (IQR)	7 (3-9)	7 (3-10)	6 (4-10)	0 (0-7)	6 (3-10)	/	7 (3-10)	6 (0-15)	6 (0-14)	6 (2-9)	6 (3-9)
% score = 0	16	7	9	51	13	/	-	19	21	-	13
% score ≥ 5	63	64	65	41	60	/	68	63	59	55	65
Methamphetamine	(N=64)	(N=64)	(N=44)	(N=74)	(N=74)	/	(N=78)	(N=65)	(N=70)	(N=86)	(N=89)
Median total score (IQR)	2 (0-5)	2 (0-6)	6 (4-10)	2 (0-6)	3 (0-7)	/	4 (1-8)	4 (2-9)	3 (1-7)	4 (1-8)	5 (1-8)
% score = 0	34	30	14	38	26	/	21	15	20	15	15
% score ≥ 4	39	45	79	34	43	/	55	55	49	56	64

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. Imputation used for missing scale scores. Statistical significance for 2024 versus 2025 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2025, nearly half (47%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (50% in 2024; $p=0.675$) and 28% had received an RNA test, a significant decrease relative to 2024 (48%; $p=0.008$). Few participants ($n \leq 5$) reported having a current HCV infection ($n \leq 5$ in 2024) (Table 12). Few participants ($n \leq 5$) reported that they had received HCV treatment in the past year ($n \leq 5$ in 2024; $p=0.767$) and few participants ($n \leq 5$) reported having been re-tested with a PCR/RNA test to determine whether they had acquired a new HCV infection (re-infection) after successful treatment ($n \leq 5$ in 2024).

Amongst those who had undergone an HCV RNA test in the last year and commented ($n=29$), almost half of the participants (48%) reported it took a median time of 0-14 hours to receive a result (whether positive or negative), following the administration of the last HCV RNA test, followed by one fifth reporting '1-5 days' or 'more than five days' (21%, respectively). Four fifths (81%) of the total sample reported having ever had a test for human immunodeficiency virus (HIV) (35% within the past six months; 26% in 2024; $p=0.230$) (Table 12).

Table 12: HCV and HIV testing and treatment, Brisbane/Gold Coast, QLD, 2018-2025

%	Brisbane/Gold Coast, QLD							
	2018 (N=103)	2019 (N=109)	2020 (N=101)	2021 (N=101)	2022 (N=100)	2023 (N=103)	2024 (N=103)	2025 (N=104)
Past year Hepatitis C test								
Past year hepatitis C antibody test	N=97 64	N=109 48	N=97 31	N=98 29	N=98 41	N=100 38	N=101 50	N=102 47
Past year hepatitis C PCR or RNA test	N=91 41	N=106 42	N=95 28	N=95 32	N=96 34	N=96 33	N=101 48	N=102 28**
Current hepatitis C status								
Currently have hepatitis C [^]	N=90 28	N=101 15	N=91 11	N=91 9	N=94 10	N=95 -	N=98 -	N=99 -
Past year treatment for hepatitis C								
Received treatment in past year	N=96 21	N=105 12	N=96 7	N=98 8	N=98 7	N=96 -	N=101 7	N=101 -
Most recent treatment was successful (among those who had received treatment in past year)	N=11 95	N=6 -	N=7 -	N=8 100	N=7 100	- -	N=7 -	- -
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	/	-	-
HIV test				N=100	N=98	N=86	N=102	N=100
HIV test in past 6 months	/	/	/	23	17	20	26	35
HIV test more than 6 months ago	/	/	/	58	58	65	50	46
HIV status				N=80	N=74	-	N=102	N=81
Lifetime HIV positive diagnosis	/	/	/	-	-	-	-	-

Note. [^]This includes people who had not been tested for HCV. 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. Statistical significance for 2024 versus 2025 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2025, nearly half (47%) of the sample reported some form of sexual activity in the past four weeks (60% in 2024; $p=0.095$). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Amongst those who reported engaging in sexual activity in the past four weeks and commented ($n=47$), participants reported a median of two partners (IQR=1-3) a significant increase relative to 2024 (1 partner; IQR=1-2; $p=0.039$). Nearly one quarter (23%) reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (15% in 2024; $p=0.313$).

Of those who commented ($n=100$), one third (33%) reported having a sexual health check-up in the six months prior to interview (27% in 2024; $p=0.438$), whilst 71% had done so in their lifetime (71% in 2024). Of the total sample who responded ($n=100$), few participants ($n\leq 5$) reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2025 ($n\leq 5$ in 2024; $p=0.440$) and 18% had received a positive diagnosis in their lifetime (22% in 2024; $p=0.481$). Given few participants ($n\leq 5$) reported a recent STI diagnosis, data regarding the specific STI diagnosis are not reported. Please refer to the [2025 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 13: Sexual health behaviours, Brisbane/Gold Coast, QLD, 2022-2025

	2022	2023	2024	2025
Of those who responded[#]:	N=98	N=101	N=103	N=104
% Any sexual activity in the past four weeks	42	47	60	47
Of those who reported any sexual activity in the past four weeks and responded[#]:				
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	15	23
Of those who responded[#]:				
% Had a sexual health check in the last six months	13	15	27	33
% Had a sexual health check in their lifetime	55	65	71	71
Of those who responded[#]:				
% Diagnosed with a sexually transmitted infection in the last six months	0	-	-	-
% Diagnosed with a sexually transmitted infection in their lifetime	18	20	22	18

Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2024 versus 2025 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

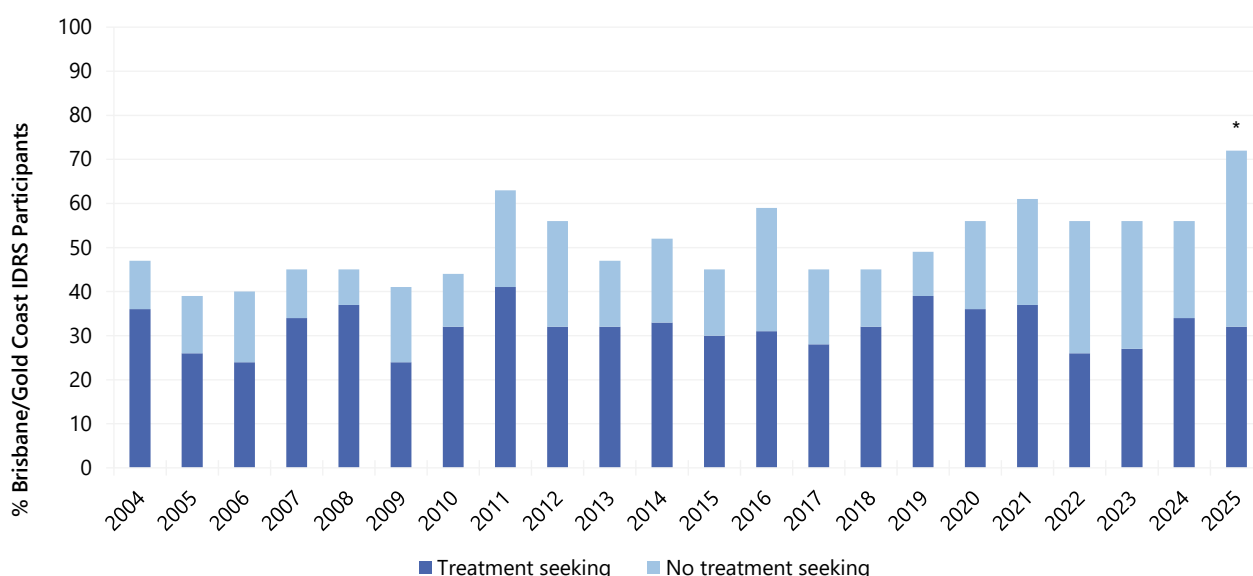
Mental Health and Psychological Distress (K10)

Mental Health

In 2025, almost three quarters (72%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, the highest per cent since monitoring commenced and a significant increase relative to 2024 (56%; $p=0.023$) (Figure 38). Amongst this group, the most commonly reported problems were depression (59%; 64% in 2024; $p=0.383$), anxiety (52%; 64% in 2024; $p=0.878$) and post-traumatic stress disorder (PTSD) (39%; 33% in 2024; $p=0.137$).

Almost one third (32%) of the Brisbane/Gold Coast sample had seen a mental health professional during the past six months (34% in 2024; $p=0.770$) (44% of those who self-reported a mental health problem during the past six months, stable from 60% in 2024; $p=0.084$). Sixty-nine 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 (60% in 2024; $p=0.598$).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, Brisbane/Gold Coast, QLD, 2004-2025



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. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

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

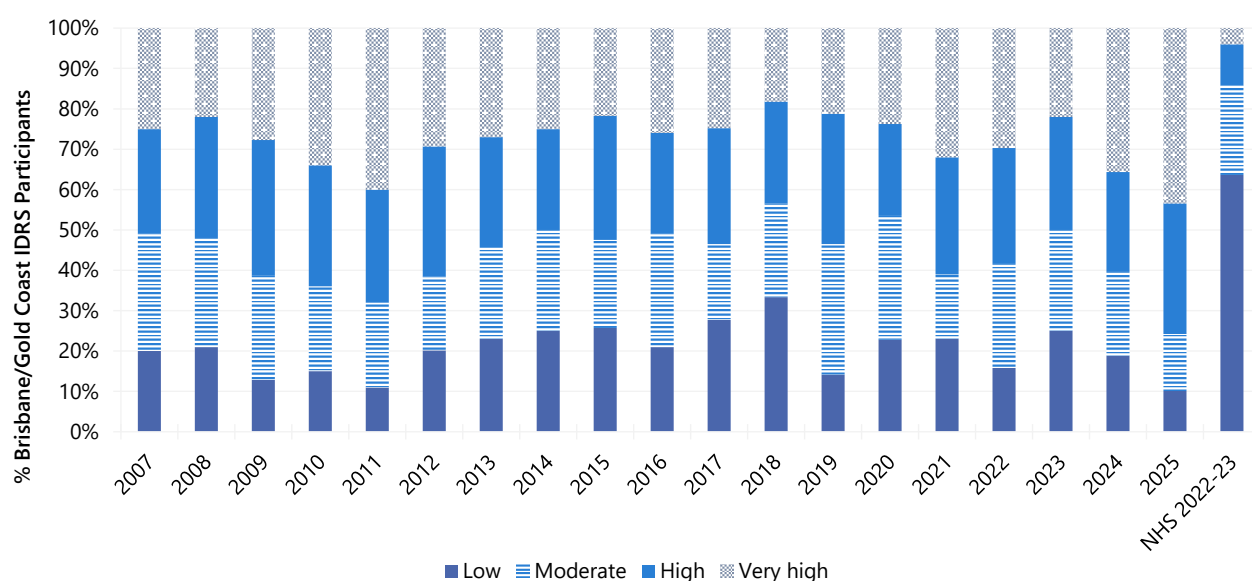
The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress;

and scores between 30–50 indicate ‘very high’ psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2024 and 2025 ($p=0.132$), with 43% of the 2025 sample having a score of 30 or more, the highest per cent since monitoring commenced (36% in 2024) (Figure 39).

The National Health Survey 2022-23 provides Australian population data for adult (≥ 18 years) K10 scores. IDRS participants in 2025 reported greater levels of ‘high’ and ‘very high’ distress compared to the general population (Figure 39).

Figure 39: K10 psychological distress scores, Brisbane/Gold Coast, QLD, 2007-2025 and among the general population 2022-23



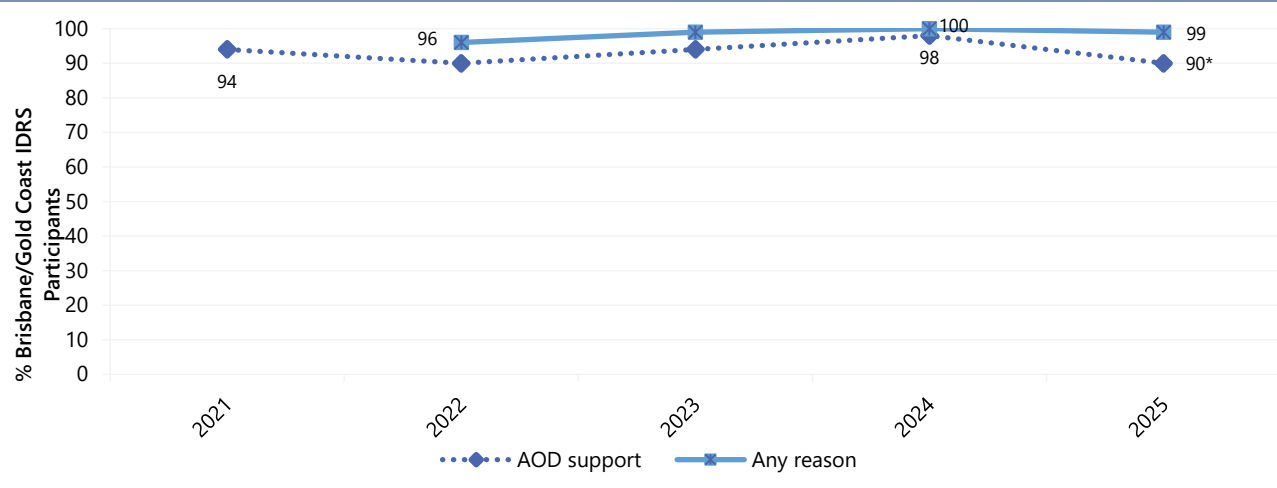
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; $*p < 0.050$; $**p < 0.010$; $***p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

The majority (90%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025, a significant decrease relative to 2024 (98%; $p=0.033$) (Table 14). This was mainly driven by a significant decrease in visiting an NSP (82%; 95% in 2024; $p=0.005$). Nearly two fifths (38%) reported accessing a general practitioner (GP) (30% in 2024; $p=0.310$), followed by 29% accessing a pharmacy (25% in 2024; $p=0.634$) and 28% accessing a drug and alcohol counsellor (21% in 2024; $p=0.333$).

Nearly all participants (99%) reported accessing any health service for any reason in the six months preceding interview in 2025 (100% in 2024) (Table 14). There was a significant increase in participants accessing a GP in 2025 (81%), relative to 2024 (66%; $p=0.028$) and a pharmacy (69%; 52% in 2024; $p=0.023$) (Table 14). The majority of the sample (90%) had accessed an NSP in 2025 (96% in 2024; $p=0.173$).

Figure 40: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Brisbane/Gold Coast, QLD, 2021-2025



Note. Questions regarding health service access for AOD support were first asked in 2018, however due to differences in response options between 2018 and 2020, data are presented from 2021 onwards. Questions regarding health service access for any reason were first asked in 2018. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Brisbane/Gold Coast, QLD, 2022-2024

	AOD support				Any reason			
	2022	2023	2024	2025	2022	2023	2024	2025
% accessing health services	(N=100) 90	(N=103) 94	(N=103) 98	(N=103) 90*	(N=100) 96	(N=103) 99	(N=103) 100	(N=103) 99
GP	43	34	30	38	67	71	66	81*
<i>In-person</i>	/	/	/	36	/	/	/	78
<i>Telehealth</i>	/	/	/	7	/	/	/	15
Emergency department	9	8	21	16	22	29	38	33
Hospital admission (inpatient)	10	-	14	10	21	19	28	34
Medical tent (e.g., at a festival)	0	0	0	-	0	-	0	-
Drug and Alcohol counsellor	28	20	21	28	27	20	22	30
Hospital as an outpatient	-	6	9	-	13	14	16	8
Specialist doctor (not including a psychiatrist)	6	-	6	-	14	8	15	6
Dentist	-	-	-	-	13	15	18	13
Ambulance attendance	-	6	15	11	12	15	29	21
Pharmacy	/	/	25	29	/	/	52	69*
Other health professional (e.g., physiotherapist)	-	-	6	-	9	14	14	9
Psychiatrist	9	10	-	7	15	17	12	11
Psychologist	6	-	14	9	11	13	18	16
NSP	85	89	98	82**	83	91	96	90
Peer based harm reduction service	10	9	16	8	10	10	16	9
Other harm reduction service	0	-	8	-	0	-	8	-

Note. Statistical significance for 2024 versus 2025 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

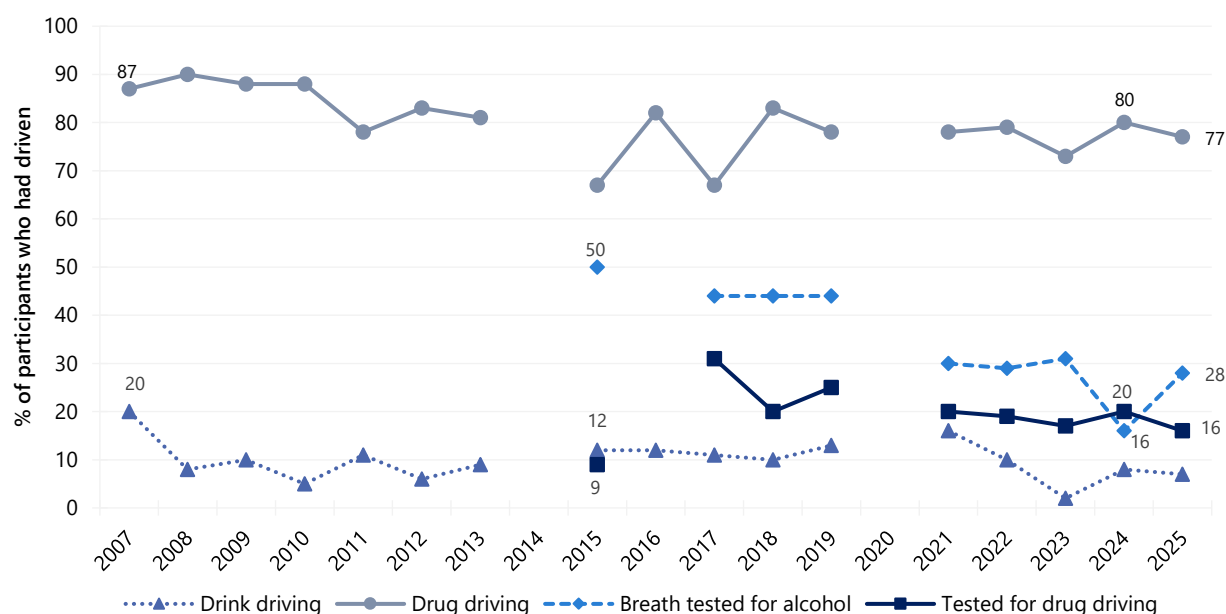
Driving

Two fifths (42%) of the Brisbane/Gold Coast sample had driven a car, motorcycle or other vehicle in the last six months in 2025 (49% in 2024; $p=0.397$). Of those who had driven within the last six months and commented ($n=42$), few participants ($n\leq 5$) reported driving while over the perceived legal limit of alcohol ($n\leq 5$ in 2024). Among those who had driven within the last six months and commented ($n=43$), 77% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2024 (80%; $p=0.798$) (Figure 41).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded ($n=33$), participants most commonly reported using methamphetamine crystal (70%) prior to driving in the last six months, followed by cannabis (27%) and heroin (24%).

Of those who had recently driven and commented ($n=43$), 16% of participants reported that they had been tested for drug driving by the police roadside drug testing service (20% in 2024; $p=0.787$), and 28% of participants reported that they had been breath tested for alcohol by the police roadside testing service (16% in 2024; $p=0.212$) in the six months prior to interview. Among those who had been tested for drug driving by the police roadside drug testing service ($n=7$), few participants ($n\leq 5$) reported that a drug/s had been detected (not asked in 2024).

Figure 41: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Brisbane/Gold Coast, QLD, 2007-2025



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

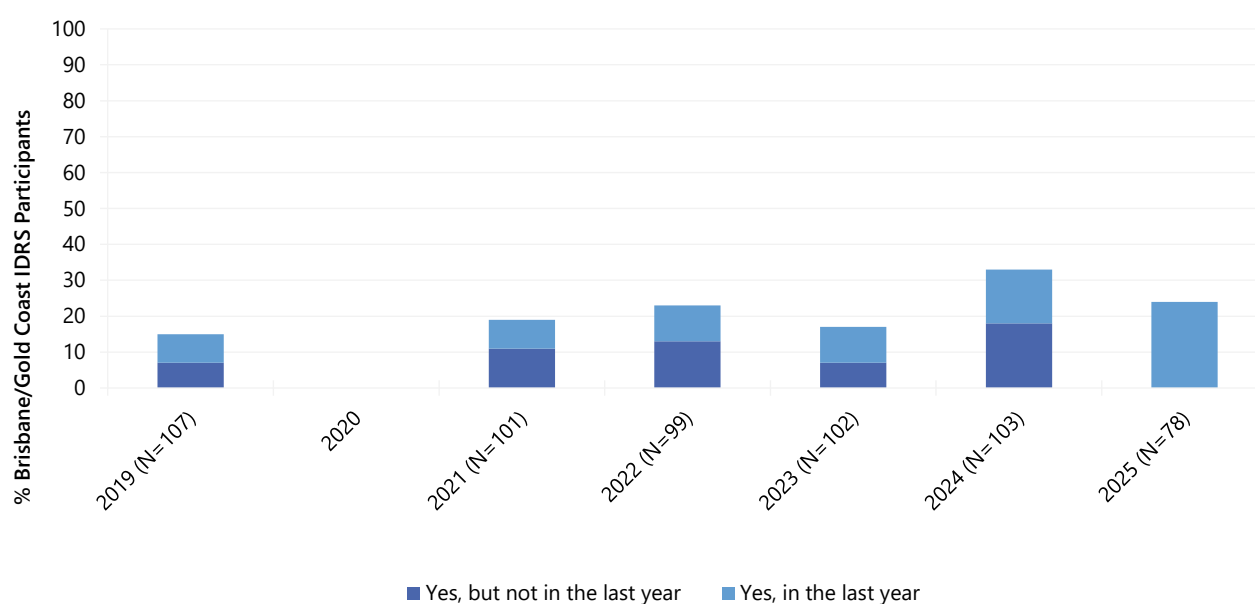
Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2025, the only government-sanctioned drug checking services that had operated in Australia were in the ACT, QLD, VIC and NSW. In Canberra, ACT, drug checking was provided at the Groovin the Moo festival in 2018 and 2019, and a fixed-site drug checking service (CanTEST) has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened in Brisbane on 20 April 2024, and a second service opened in the Gold Coast in July 2024. Drug checking services were also provided at 3 festivals in 2024 - Rabbits Eat Lettuce and Wildlands (by Pill Testing Australia) and Earth Frequency (by CheQpoint) - and as part of the 2024 Qld Gov Schoolies Response (CheQpoint). However, all government funded services ceased in April 2025. In Victoria, drug checking was provided at 'up to' 10 festivals throughout 2024-2025 during an 18-month implementation trial and in March 2025, NSW commenced a 12-month trial of mobile drug checking at 'up to' 12 festivals.

In 2025, almost one quarter (24%) of participants reported that they or someone else had tested the contents and/or purity of their illicit drugs in Australia in the past year (15% in 2024; $p=0.118$) (Figure 42). Of those who reported that they or someone else had tested their illicit drugs in the past year in 2025 and responded ($n=24$), 46% reported using a personal testing kit, most commonly colorimetric or reagent test kits (38%).

Of those who reported that they or someone else had tested their illicit drugs in the past year ($n=24$), 58% reported that they had submitted drugs for testing at a drug checking service, most commonly at a fixed-site face-to-face drug checking service (e.g., a drop-in service in a central location) (46%).

Figure 42: Lifetime and past year engagement in drug checking, Brisbane/Gold Coast, QLD, 2019-2025



Note. Questions on drug checking commenced in 2019. In 2025, survey questions were separated into 'personal testing kits' and 'drug checking services' and focused on past year use only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where $n \leq 5$ responded to the item. Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

Half (50%) of the Brisbane/Gold Coast sample reported engaging in 'any' crime in the past month in 2025, stable from 39% in 2024 ($p=0.129$). The most common self-reported crimes in 2025 comprised property crime (40%), a significant increase relative to 2024 (20%; $p=0.004$), followed by selling drugs for cash profit (24%; 26% in 2024; $p=0.752$) (Figure 43).

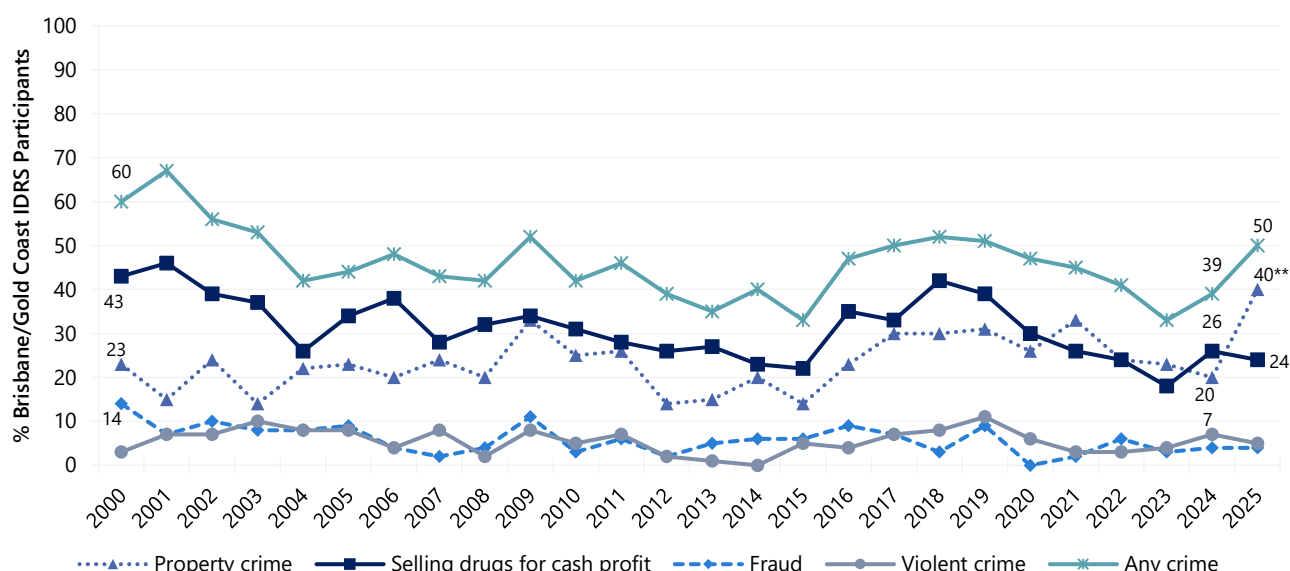
One fifth (22%) of participants reported being a victim of violence in the past month, a significant increase relative to 2024 (11%; $p=0.039$) (Figure 44).

Half (52%) of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months (46% in 2024; $p=0.402$). This predominantly comprised being stopped and searched (66%; 74% in 2024; $p=0.387$), followed by being stopped and questioned (49%; 47% in 2024; $p=0.841$). Thirty per cent of participants were stopped and issued a court attendance notice, a significant decrease relative to 2024 (53%; $p=0.029$). Almost one quarter (23%) of the sample reported being stopped and issued drug diversion, a significant increase relative to 2024 ($n\leq 5$; $p=0.027$).

In 2025, one third (33%) of the sample had been arrested in the past year, stable relative to 2024 (35%; $p=0.770$). Of those who had been arrested and commented ($n=33$), the main reason for arrest in 2025 was drug use/possession offences (55%). In 2025, 15% of the sample had been convicted of a drug-related offence in the past year (21% in 2024; $p=0.280$), and 7% had been sentenced to a community corrections order (11% in 2024; $p=0.453$).

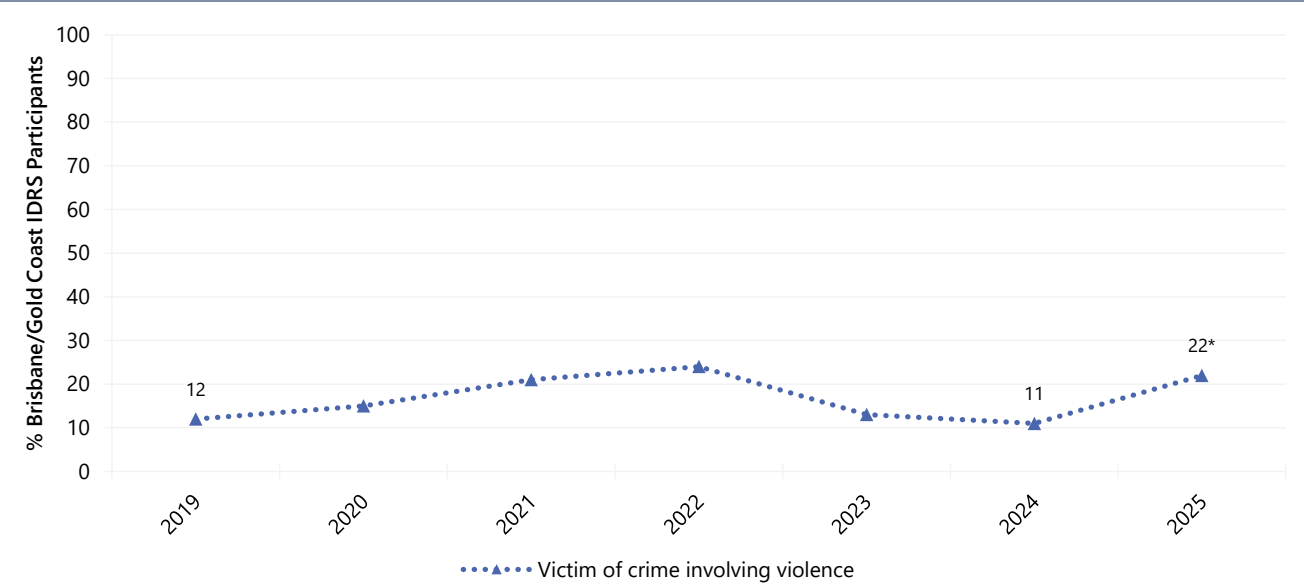
In 2025, 62% of the sample reported a lifetime prison history (63% in 2024).

Figure 43: Self-reported criminal activity in the past month, Brisbane/Gold Coast, QLD, 2000-2025



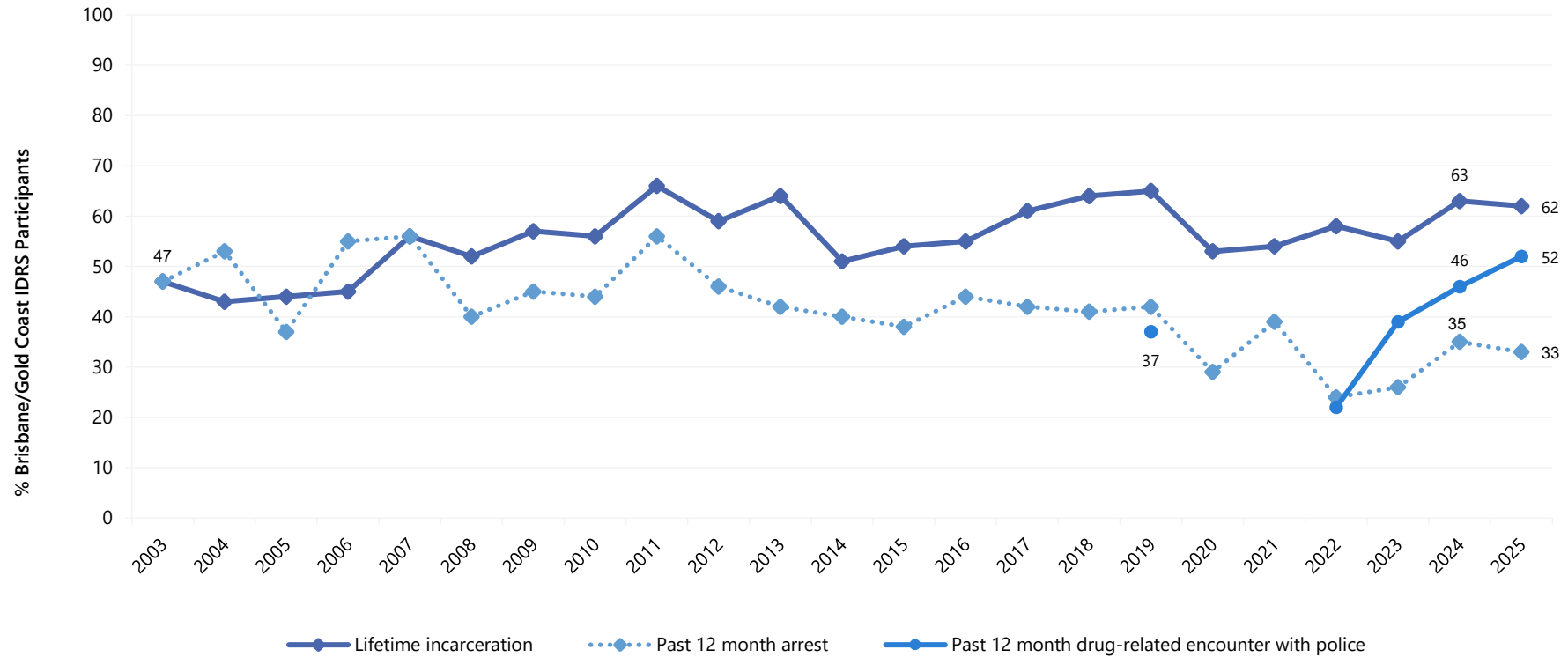
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 44: Victim of crime involving violence in the past month, Brisbane/Gold Coast, QLD, 2019-2025



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 45: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Brisbane/Gold Coast, QLD, 2003-2025



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Statistical significance for 2024 versus 2025 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (79%; 78% in 2024; $p=0.861$), followed by phone call (58%; 58% in 2024), text-messaging (33%; 34% in 2024) and social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (11%; 14% in 2024; $p=0.527$). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Table 15: Purchasing approaches in the past 12 months, Brisbane/Gold Coast, QLD, 2022-2025

	2022	2023	2024	2025
% Purchasing approaches in the last 12 months [^] #	N=98	N=103	N=101	N=102
Face-to-face	59	69	78	79
Surface web	-	-	-	-
Darknet market	0	-	-	-
Social networking or messaging applications [`]	10	21	14	11
Text messaging	36	31	34	33
Phone call	73	75	58	58
Grew/made my own	/	/	0	-
Other	/	/	0	-

Note. [^] participants could endorse multiple responses. [#]This refers to people *arranging the purchase* of illicit or non-prescribed drugs. [`]This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Statistical significance for 2024 versus 2025 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$. Please refer to Table 1 for a guide to table/figure notes.