EDRS

AUSTRALIAN DRUG TRENDS 2021

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

AUSTRALIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE NATIONAL ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Cristal Hall, Sarah Eddy, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. We would like to thank the Students for Sensible Drug Policy (SSDP) for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), for their contribution to the EDRS.

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

4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
ACT	Australian Capital Territory
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
SD	Standard deviations
SA	South Australia
STI	Sexually transmitted infection
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

Executive Summary

The EDRS sample is a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisement on websites and via word-of-mouth in the capital cities of Australia. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from April-August. Interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed in various jurisdictions throughout the data collection period. This methodological change should be factored into all comparisons of data from the 2020 and 2021 sample relative to previous years.**

Sample Characteristics

In 2021, the national EDRS sample (n=774) differed in some ways to the sample in 2020. Despite these differences, the 2021 sample continued to comprise predominantly young (median 24; IQR=21-29) males (63%), most of whom held tertiary qualifications (60% completed post-school qualifications) and lived in a rental house/flat (60%) or resided with their parents/at their family home (26%) at the time of interview. Ecstasy and cannabis continued to be the drugs of choice, and cannabis and alcohol were the drugs used most often.

COVID-19

Over half (55%) of the sample had been tested for SARS-CoV-2, although few participants had received a positive diagnosis (n≤5). Over one-tenth (11%) reported that they had received at least one dose of the COVID-19 vaccine at the time of interview.

Ecstasy

Whilst ecstasy capsules remained the most commonly used form of ecstasy, recent use declined significantly in 2021 (70%; $p<0.001$), as did ecstasy pills (42%; $p<0.001$) and ecstasy powder (26%; $p<0.001$). Recent use of crystal remained stable (53%). Frequency of use also significantly declined, with median days of 'any' ecstasy use dropping from 12 days in 2020 to 7 days in 2021 ($p<0.001$), and weekly or more ecstasy use more than halving amongst recent consumers, from 27% in 2020 to 13% in 2021 ($p<0.001$). Over three-quarters (76%) reported that their last ecstasy capsule contained crystal, whilst 27% reported that it contained powder. The median price for all four forms of ecstasy increased significantly in 2021. Significant changes were observed in the perceived purity ($p=0.001$) and availability ($p<0.001$) of ecstasy capsules, with participants less likely to report purity as 'high' and availability as 'very easy' in 2021.

Methamphetamine

Methamphetamine use has been declining over time but remained stable between 2020 and 2021, with 26% reporting any recent use in the latter year. Over one-quarter (28%) of those who had recently used methamphetamine reported weekly or more frequent use, a significant increase from 17% in 2020 ($p=0.022$). Whilst powder has historically been the most commonly used form of methamphetamine, recent use of powder (12%) dropped to below crystal (16%) for the first time in 2021. The vast majority of participants (93%) who had used crystal had recently smoked this form. Price, perceived purity and perceived availability of both powder and crystal methamphetamine remained stable between 2020 and 2021.

Cocaine

Recent use of cocaine increased significantly from 68% in 2020 to 80% in 2021 ($p<0.001$), the largest per cent observed since monitoring commenced. This increase was mostly driven by significant increases in TAS, VIC and NSW, although slight increases were observed across all jurisdictions. Frequency of use, however, remained stable in 2021, as did the per cent of recent consumers reporting weekly or more frequent use (7%). The price of a gram of cocaine significantly increased ($p<0.001$), and a significant change was observed in the perceived purity ($p=0.006$), whereby participants were less like to report 'high' purity. In contrast, a significant change was observed in the perceived availability of cocaine ($p=0.002$), with participants more likely to report it as being 'very easy' to obtain in 2021.

Cannabis

Approximately four in five participants have reported any recent use of cannabis each year since monitoring began in 2003. In 2021, the per cent reporting recent use (84%) significantly decreased relative to 2020 (88%; p=0.024). Weekly or more frequent use of cannabis among recent consumers remained stable (64%; 62% in 2020), as did daily use (24%; 21% in 2020). Price and availability of hydroponic and bush cannabis remained stable relative to 2020, although a significant change in perceived potency for both hydroponic (p=0.001*)* and bush cannabis (p=0.001*)* was observed between 2020 and 2021. Ten per cent of participants reported recent use of non-prescribed pharmaceutical CBD oil.

Ketamine, LSD and DMT

Recent use of ketamine significantly increased from 43% in 2020 to 52% in 2021 (p<0.001), representing the largest per cent reporting recent use since the commencement of monitoring. Recent use of LSD remained stable (53% in 2021), while recent DMT use significantly increased, from 13% in 2020 to 18% in 2021 (p=0.015). Frequency of use for all three substances remained low and stable. Perceived purity remained stable for both ketamine and LSD, whilst the price of ketamine significantly increased from $200 in 2020 to $220 in 2021 ($p$<0.001). A significant change was observed in the perceived availability of ketamine (p=0.030) and LSD (p=0.034), with both drugs reported as easier to obtain in 2021.

New Psychoactive Substances (NPS)

Any NPS use, including plant-based NPS, has fluctuated over time, with 16% reporting recent use in 2021, stable from 2020 (15%). Two per cent of participants reported recent use of synthetic cannabinoids, a significant decrease from 4% in 2020 (p=0.019).

Other Drugs

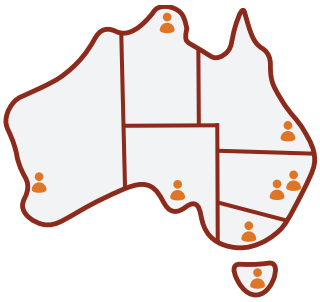
Recent use of non-prescribed pharmaceutical stimulants significantly increased from 39% in 2020 to 46% in 2021 (p=0.004), as did the per cent reporting any recent hallucinogenic mushroom (45%; 30% in 2020; p<0.001) and GHB/GBL/1,4-BD (9%; 6% in 2020; p=0.049) use. Alcohol and tobacco use were common, though both significantly decreased in 2021, with 96% reporting recent alcohol use (98% in 2020; p=0.014) and 73% reporting recent tobacco use (83% in 2020; p<0.001). In contrast, recent use of e-cigarettes significantly increased in 2021 to 58% (39% in 2020; p<0.001).

Drug-Related Harms and Other Associated Behaviours

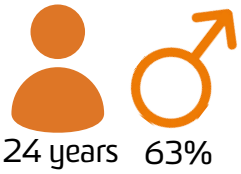
On the last occasion of ecstasy or related drug use, 89% of participants in 2021 reported concurrent use of two or more drugs (including alcohol, tobacco and e-cigarettes). Almost four in five (77%) participants obtained an AUDIT score of eight or more (81% in 2020; p=0.025), indicative of hazardous alcohol use. Reported past year non-fatal stimulant overdose remained stable between 2020 (18%) and 2021 (16%), whilst reported past year non-fatal alcohol overdose significantly decreased in 2021 (15%; 21% in 2020; p=0.008). Reported past month injecting drug use remained low (11%), as did current drug treatment engagement (3%). The majority of the sample (82%) reported engaging in sexual activity in the past four weeks, of which 22% reported penetrative sex without a condom where they did not know the HIV status of their partner. Over one-third (36%) of the sample reported having a sexual health check-up in the past six months. A significant increase was observed in the per cent reporting a mental health problem in the past six months (58%; 52% in 2020; p=0.017). One-quarter (25%) of the sample reported driving while over the perceived legal limit of alcohol, and 39% reported driving within three hours of consuming an illicit or non-prescribed drug, most commonly cannabis. Over one-third (36%) of the sample reported 'any' crime in the past month, with drug-dealing (23%) and property crime (18%) remaining the main forms of criminal activity in 2021. Face-to-face was the most popular means by which participants arranged the purchase of illicit or non-prescribed drugs in the past 12 months (72%; 67% in 2020; p=0.040), followed by social networking applications (71%).

EDRS Ecstasy and Related Drugs Reporting System

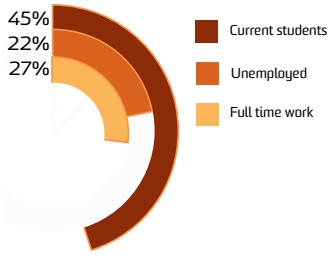
2021 SAMPLE CHARACTERISTICS



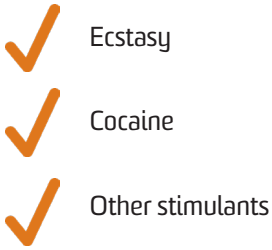
In 2021, 774 people from all Australian capital cities participated in EDRS interviews.



The median age in 2021 was 24 (IQR = 21 - 29), and 63% identified as male.

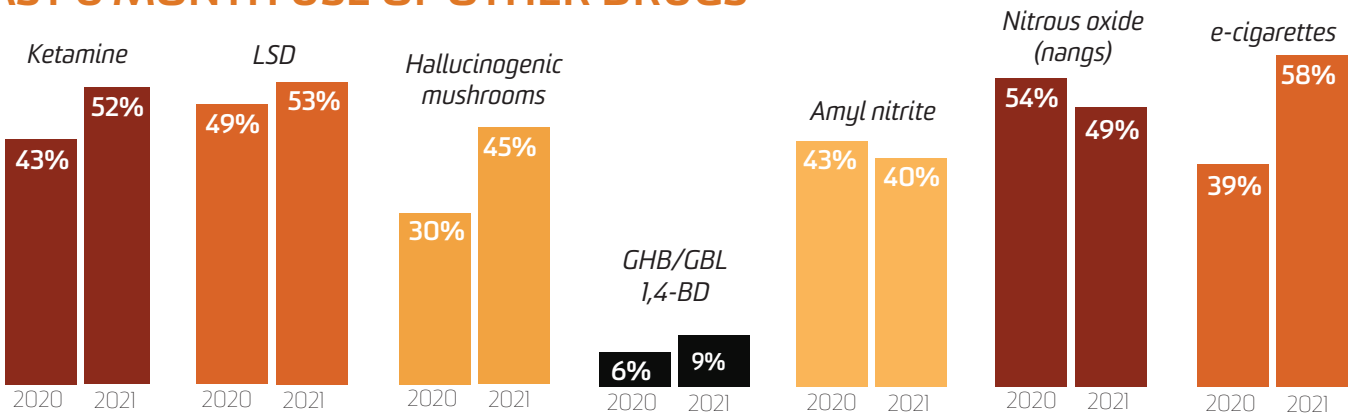


In the 2021 sample, 45% were enrolled students, 22% were unemployed, and 27% were employed full time.

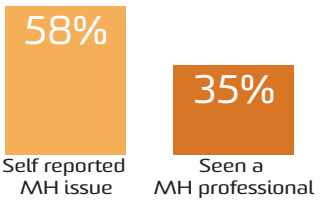


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

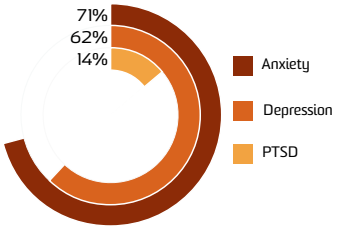
PAST 6 MONTH USE OF OTHER DRUGS



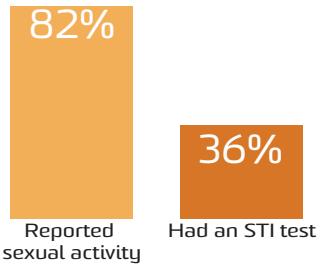
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



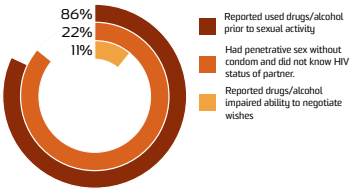
In the total sample, 58% self-reported a mental health issue and 35% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (71%), depression (62%) and PTSD (14%).

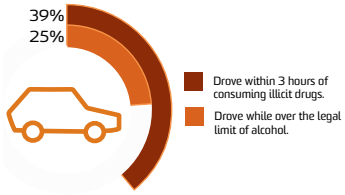


In the total sample, 82% reported sexual activity in the past 4 weeks, and 36% had a sexual health check in the past 6 months.

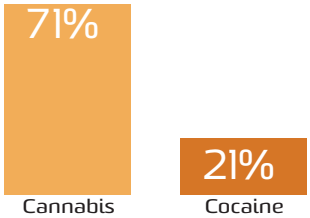


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (82%) and were able to comment.

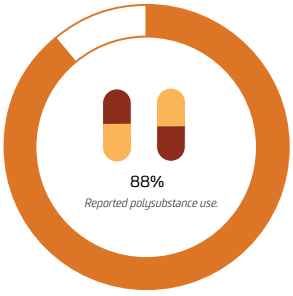
OTHER RISK BEHAVIOURS



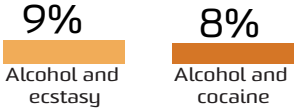
In the total sample, 39% reported driving a vehicle within 3 hours of consuming illicit drugs and 25% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (71%) and cocaine (21%).

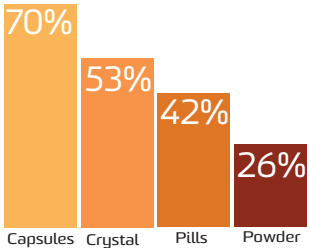


In the total sample, 88% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.

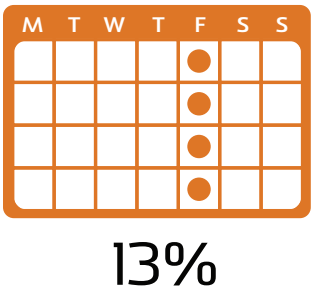


The most commonly used combinations of drug classes were alcohol and MDMA (9%), followed by alcohol and cocaine (8%).

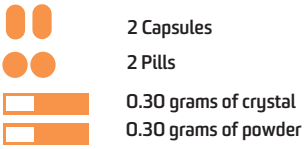
ECSTASY



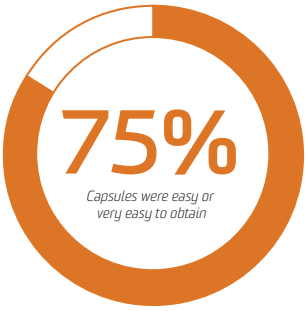
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.



Of those who had recently consumed ecstasy, 13% used it weekly or more frequently.



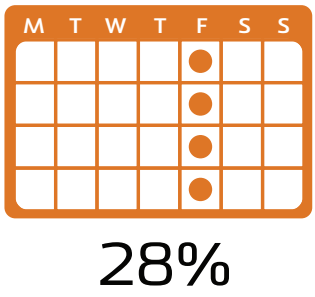
Median amounts of ecstasy consumed in a 'typical' session using each form.



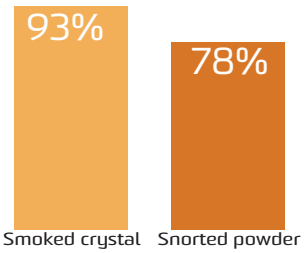
Of those who could comment 75% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain,

METHAMPHETAMINE

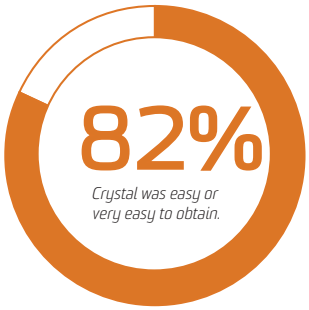
Past 6 month use of any methamphetamine (26%), crystal (16%), powder (12%) and base (<5) in 2021.



Of those who had recently consumed methamphetamine, 28% used it weekly or more frequently.

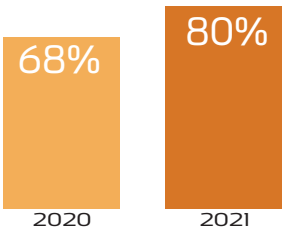


93% of people who had recently used crystal smoked it. Of those who had recently used powder, 78% snorted it.

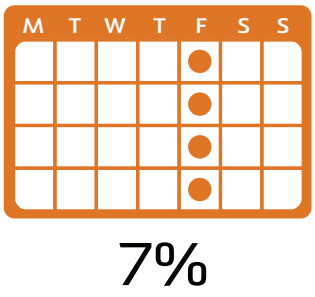


Of those who could comment 82% perceived crystal methmphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

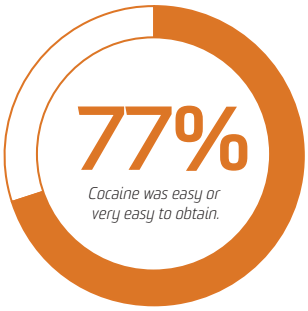


Past 6 month use of any cocaine increased significantly from 2020 (68%) to 2021 (80%).



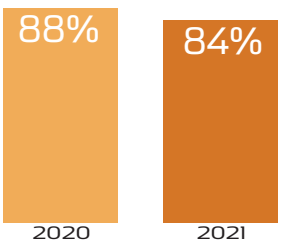
Of people who had consumed cocaine recently, 7% reported weekly or more frequent use.

Of people who had consumed cocaine in the last 6 months, 98% had snorted it.

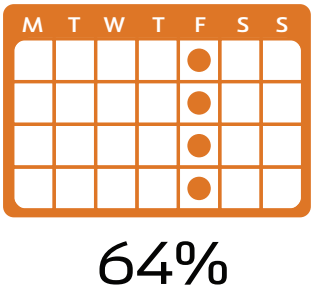


Of those who could comment 77% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

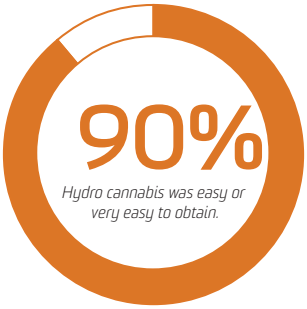


Past 6 month use of any cannabis decreased from 88% in 2020 to 84% in 2021.



Of those who had consumed cannabis recently, 64% reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 95% had smoked it.



Of those who could comment 90% perceived hydro to be 'easy' or 'very easy' to obtain.

1

Background and Methods

The EDRS interviews are conducted annually with a sentinel sample of people who regularly use ecstasy and other stimulants, recruited from all capital cities of Australia (n=774 in 2021). The results from the EDRS interviews are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but this is not the aim of these data. Rather, these data are intended to provide evidence indicative of emerging issues that warrant further monitoring. 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 Australia.

Background

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

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

Methods

EDRS 2003-2019

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

EDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

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

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

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that 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.

Almost all jurisdictions experienced some trouble recruiting participants in 2021. While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, and the cancellation of many music festivals and events in 2020-21. The recruitment period was therefore extended until 13 August 2021. Further, in some jurisdictions, there was an increase in people not meeting the residency criteria (i.e., residence in the capital city in which the interview took place for at least ten out of the past 12 months), and this criterion was eased mid-way through data collection to include residency for six out of the past 12 months.

A total of 774 participants were recruited across capital cities nationally (April-August, 2021). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW n=99; Melbourne, VIC n=100; Adelaide, SA n=100; Canberra, ACT n=100; Hobart, TAS n=102; Brisbane and Gold Coast, QLD n=73; Darwin, NT n=100; and Perth, WA n=100. Of this number, 325 interviews were conducted via telephone/videoconference: Sydney, NSW n=41; Melbourne, VIC n=72; Adelaide, SA n=35; Canberra, ACT n=49; Hobart, TAS n=19; Brisbane and Gold Coast, QLD n=29; Darwin, NT n=60; and Perth, WA n=20.

Ten per cent of the 2021 sample had taken part in the 2020 interview (8% of the 2020 sample had taken part in the 2019 interview; p=0.188).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021, noting 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.

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 capital cities, 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 jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-21, must be taken into consideration when comparing 2020-21 data to previous years, and treated with caution.

Additional Outputs

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

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

2

Sample Characteristics

Participants were asked questions about select sociodemographic characteristics, as well as key drug use characteristics of interest.

Sample Characteristics

In 2021, the national EDRS sample differed in various ways to the sample in 2020 (Table 1). It is difficult to ascertain whether some of these changes (e.g., current accommodation and current employment) are a consequence of changes in the methodology, resulting in a slightly different sample being recruited, or whether it is a result of current events surrounding COVID-19.

A significant change was observed in gender in 2021 (p=0.005), with over three-fifths (63%) of the sample identifying as male (61% in 2020) and one-third (34%) identifying as female (38% in 2020). Fewer participants (3%) identified as non-binary (1% in 2020). The median age of the sample was 24 years (IQR=21-29), a significant increase from 22 years in 2020 (IQR=19-27; p<0.001).

A significant change was observed in participants' living situation (p<0.001), whereby three-fifths (60%) of participants reported living in a rented house/flat (50% in 2020), with most of the remaining participants living with their parents/in their family home (26%; 40% in 2020).

The mean years of school remained stable relative to 2020, though a significant increase was observed in the percentage of participants who reported having a post-school qualification (60%; 51% in 2020; p<0.001).

A significant change was observed in current employment status (p<0.001); over one-quarter (27%) reported being employed full-time (26% in 2020) and 22% reported being unemployed at the time of interview, a decrease from 35% in 2020. Furthermore, over two-fifths (45%) reported being employed on a part time/casual basis at the time of interview, an increase from 35% in 2020.

Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2020-2021

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=805	N=774	N=99	N=100	N=100	N=102	N=100	N=100	N=100	N=73
	2020	**2021**								
Median age (years; IQR)	22 (19-27)	**24*** (21-29)**	23 (21-26)	23 (21-29)	25 (23-28)	25 (22-30)	25 (21-32)	22 (19-26)	25 (23-28)	24 (20-32)
% Gender		**								
Female	38	**34**	29	34	26	34	42	32	34	38
Male	61	**63**	67	64	67	62	57	64	65	60
Non-binary	1	**3**	-	-	7	-	-	-	-	-
% Aboriginal and/or Torres Strait Islander	4	**6**	-	10	-	9	-	-	10	-
% Sexual identity		***								
Heterosexual	83	**73**	75	69	64	77	70	77	84	68
Homosexual	3	**4**	-	-	-	-	-	-	-	-
Bisexual	10	**14**	13	17	11	11	23	8	11	22
Queer	2	**6**	8	7	17	6	-	6	-	-
Different identity	1	**2**	0	-	6	-	-	-	-	0
Mean years of school education (range)	12 (7-12)	**12 (6-12)**	12 (10-12)	12 (8-12)	12 (8-12)	12 (7-12)	12 (6-12)	12 (9-12)	11 (7-12)	12 (9-12)

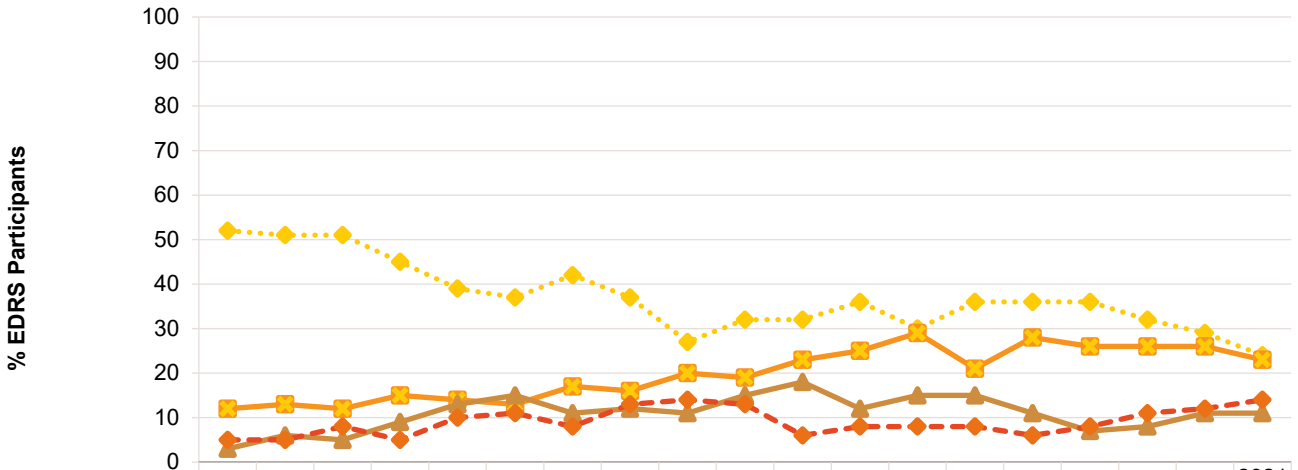
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Post-school qualification(s)^	51	**60*** **	52	55	69	69	62	54	70	49
% Current employment status		***								
Employed full-time	26	**27**	28	27	18	29	20	30	42	21
Part time/casual	35	**45**	48	39	51	43	47	54	34	44
Self-employed	5	**6**	8	10	8	-	-	-	-	-
Students#	47	**45**	63	45	42	44	42	59	22	48
Unemployed	**35**	**22**	15	24	23	24	29	12	21	29
Current median weekly income $ (IQR)	600 (400-923)	**600 (375-1000)**	700 (475-1000)	588 (333-1081)	540 (350-906)	500 (350-951)	500 (332-850)	600 (354-950)	1000 (700-1361)	500 (348-850)
% Current accommodation		***								
Own house/flat	5	**6**	-	8	-	15	-	7	-	-
Rented house/flat	50	**60**	71	64	75	49	49	46	58	67
Parents'/family home	40	**26**	26	15	19	28	40	46	13	19
Boarding house/hostel	2	**4**	0	-	-	0	-	0	21	-
Public Housing	1	**2**	-	-	0	-	-	0	-	-
No fixed address+	1	**2**	0	-	-	-	-	0	-	-
Other	0	**1**	0	-	0	-	0	-	-	0

Note. ^ Includes trade/technical and university qualifications. # 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included 'couch surfing and rough sleeping or squatting. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021 for the national sample.

There was a significant change in drug of choice in 2021 compared to 2020 (p=0.020), with small declines in the per cent of participants who nominated ecstasy (24%; 29% in 2020) or cannabis (23%; 26% in 2020) as their drug of choice (Figure 1). A significant change was also observed for the drug used most often in the past month (p=0.015). Specifically, there was a decrease in the per cent of participants who reported that cannabis was the drug used most often in the month preceding interview (36%; 42% in 2020), with an inverse increase in those who reported that alcohol was the drug used most often (31%; 27% in 2020) (Figure 2).

Just over one-tenth (12%) of the sample reported weekly or more frequent ecstasy use, a significant decrease from 27% in 2020 (p<0.001). In contrast, weekly or more frequent methamphetamine use significantly increased in 2021 (7%; 4% in 2020; p=0.014), while weekly or more frequent use of cannabis remained stable (54%; 55% in 2020; p=0.835) (Figure 3).

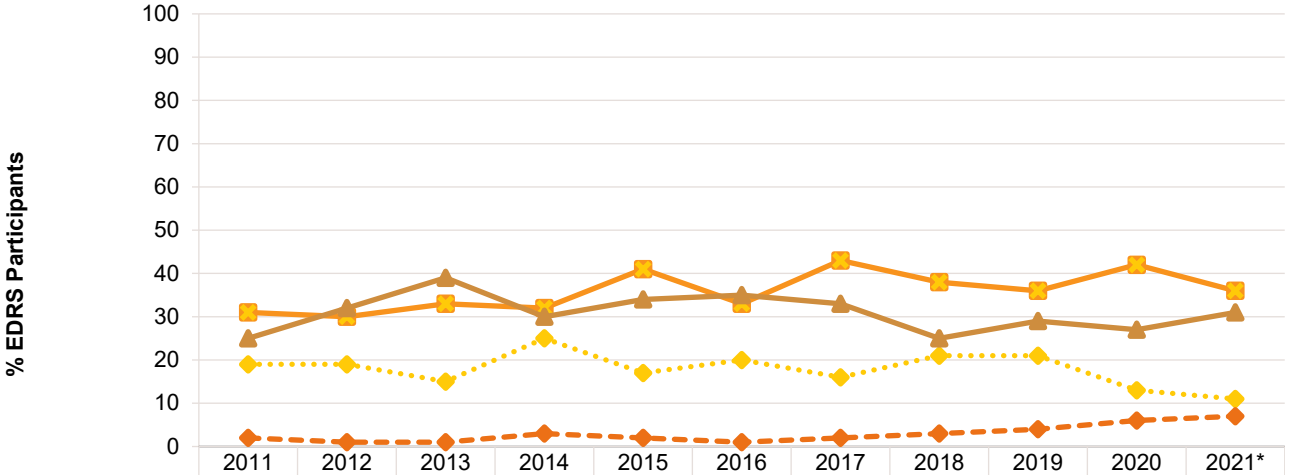
Figure 1: Drug of choice, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021*
Ecstasy	52	51	51	45	39	37	42	37	27	32	32	36	30	36	36	36	32	29	24
Cannabis	12	13	12	15	14	13	17	16	20	19	23	25	29	21	28	26	26	26	23
Alcohol	3	6	5	9	13	15	11	12	11	15	18	12	15	15	11	7	8	11	11
Cocaine	5	5	8	5	10	11	8	13	14	13	6	8	8	8	6	8	11	12	14

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

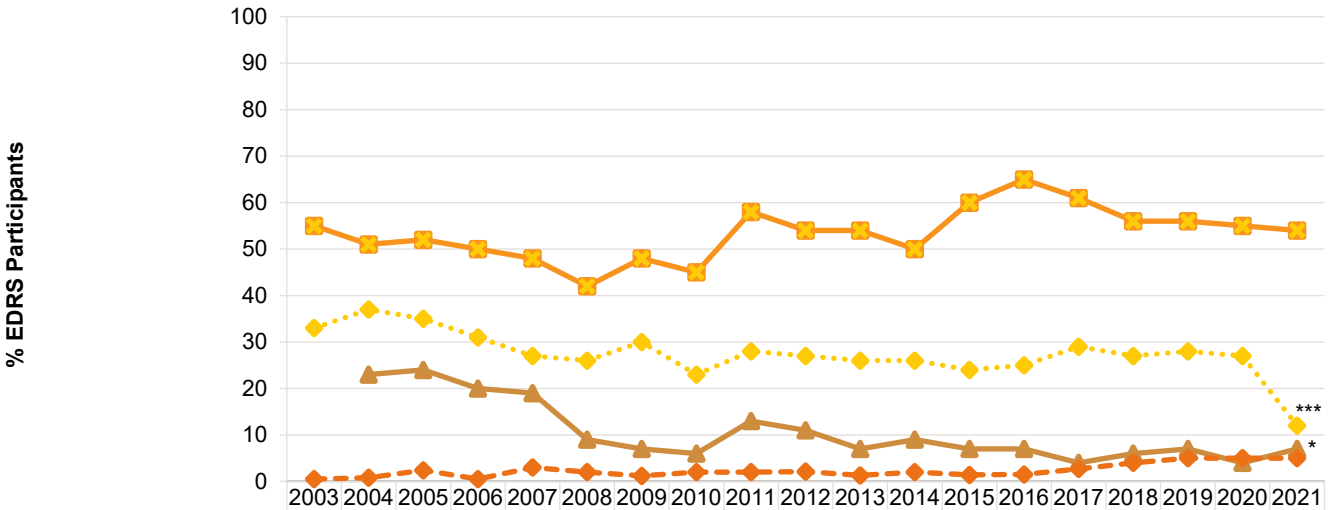
Figure 2: Drug used most often in the past month, nationally, 2011-2021



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021*
Ecstasy	19	19	15	25	17	20	16	21	21	13	11
Cannabis	31	30	33	32	41	33	43	38	36	42	36
Alcohol	25	32	39	30	34	35	33	25	29	27	31
Cocaine	2	1	1	3	2	1	2	3	4	6	7

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2021 as this question was not asked in 2003-2010. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 3: Weekly or more frequent substance use in the past six months, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Ecstasy	33	37	35	31	27	26	30	23	28	27	26	26	24	25	29	27	28	27	12
Cannabis	55	51	52	50	48	42	48	45	58	54	54	50	60	65	61	56	56	55	54
Methamphetamine		23	24	20	19	9	7	6	13	11	7	9	7	7	4	6	7	4	7
Cocaine	1	1	2	1	3	2	1	2	2	2	1	2	1	2	3	4	5	5	5

Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

COVID-19

Participants were asked about COVID-19 testing, diagnosis and vaccination, as well as engagement in health precautions.

COVID-19

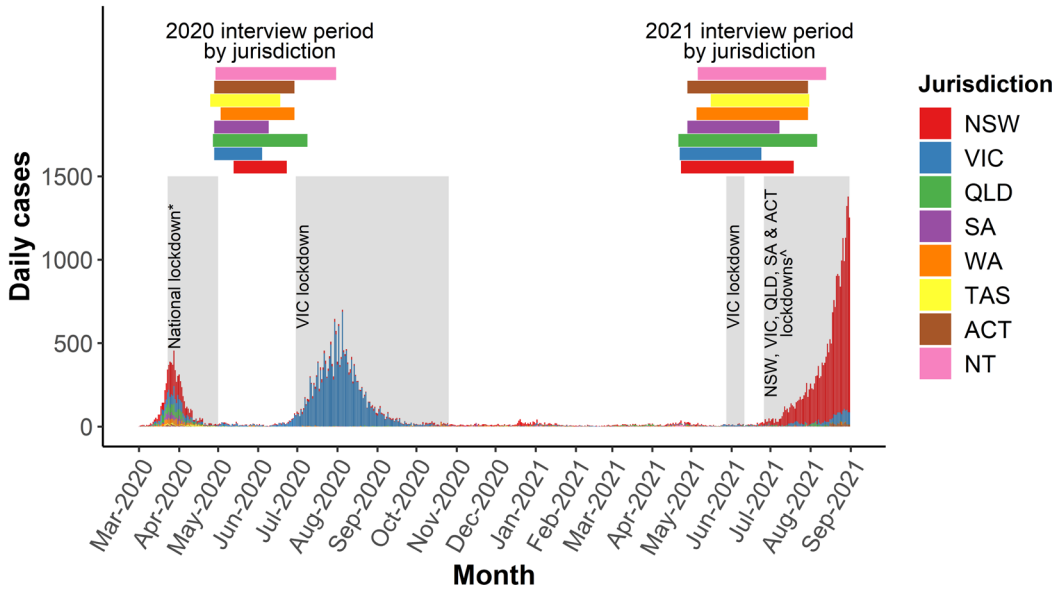
Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28 March 2020) which declined shortly thereafter (<20 cases per day nationally from 20 April 2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5 August 2020), which subsequently declined from September onwards (<20 cases per day from 23 September 2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021).

As a nation of federated states and territories, public health policy including restrictions on movement and gatherings varies by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June, 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, SA, QLD and ACT) introducing restrictions shortly thereafter.

Notably, most of the 2021 EDRS surveys occurred before the most recent wave of cases and before subsequent restrictions were introduced in some jurisdictions. However, Figure 4 serves to illustrate how COVID-19 restrictions throughout 2020-2021 may have impacted substance use, particularly those used in the context of entertainment venues and other recreational locations (which were often closed throughout periods of restrictions and beyond).

Figure 4: Timeline of COVID-19 in Australia and EDRS data collection period, 2020-2021



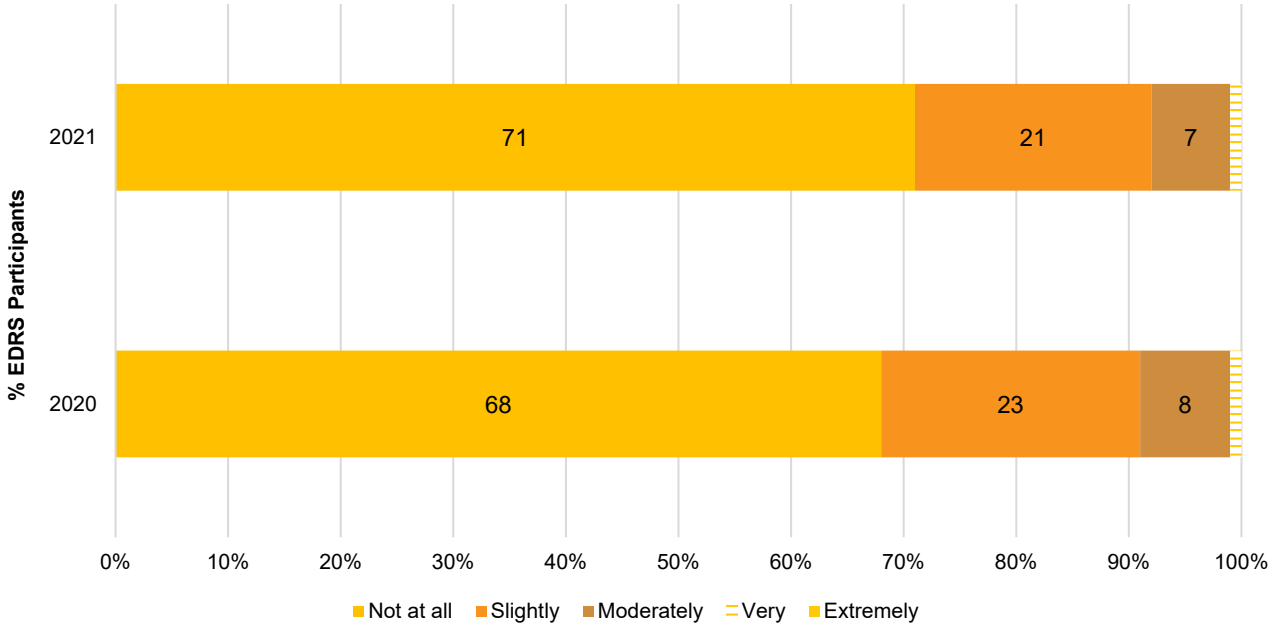
Notes: Data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *National stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

In 2021, over half (55%) of the sample had been tested for SARS-CoV-2 by the time of interview (9% in 2020), with few participants having been diagnosed with the virus (n≤5; numbers are suppressed). When asked how worried they were currently about contracting COVID-19, 29% of participants reported some level of concern: one-fifth (21%) responded that they were 'slightly' concerned, 7% reported 'moderately', 1% reported 'very' and no participants reported being 'extremely' concerned (Figure 5). Furthermore, 72% of participants reported that they would be concerned about their health if they did contract COVID-19, with 30% reporting they would be 'slightly' concerned, 22% reporting 'moderately', 14% reporting 'very' and 5% reporting that they would be 'extremely' concerned.

Fourteen per cent of the sample reported quarantining for at least fourteen days due to a possible test or possible exposure (since January 2020), with 1% quarantining in the month prior to interview, 3% two-six months prior to interview, and 5% 7-12 months prior to interview. At the time of interview, over one-tenth (11%) reported that they had received at least one dose of the COVID-19 vaccine.

Figure 5: Current concern related to contracting COVID-19, nationally, 2020-2021

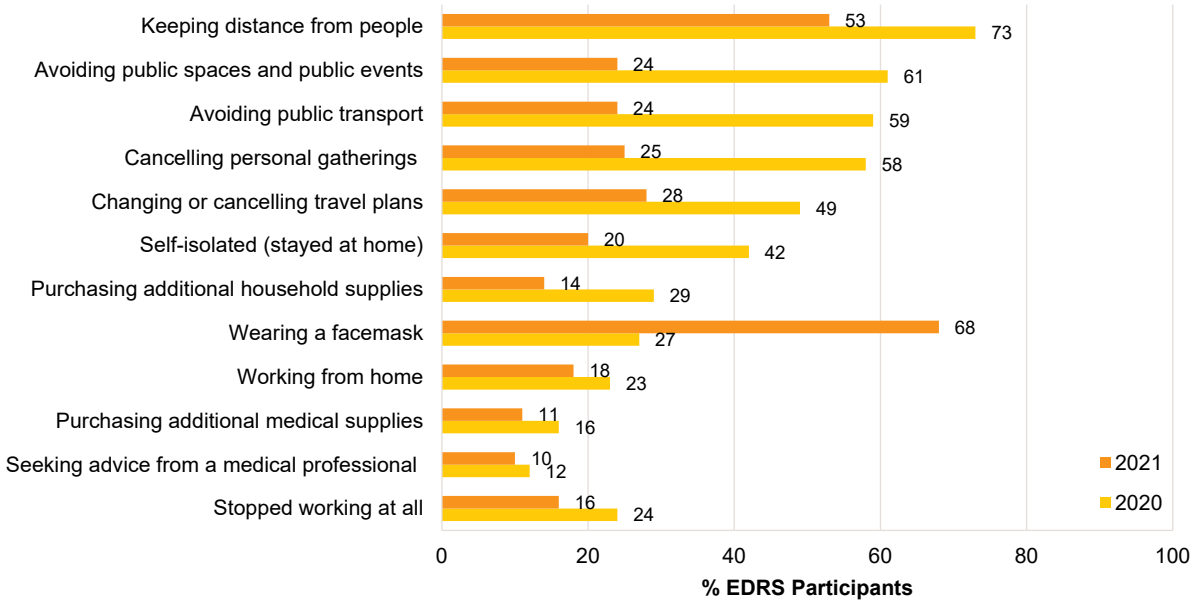


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0).

COVID-19 Related Health Behaviours

Participants were asked about COVID-19 related health precautions that they had engaged in during the four weeks prior to interview (Figure 6). In 2021, participants most commonly reported wearing a face mask (68%; 27% in 2020), keeping distance from other people (53%; 73% in 2020) and changing or cancelling travel plans (28%; 49% in 2020).

Figure 6: Health precautions related to COVID-19 in the past four weeks, nationally, 2020-2021



Note. The response 'Don't know' was excluded from analysis Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0).

4

Ecstasy

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

Patterns of Consumption (any ecstasy)

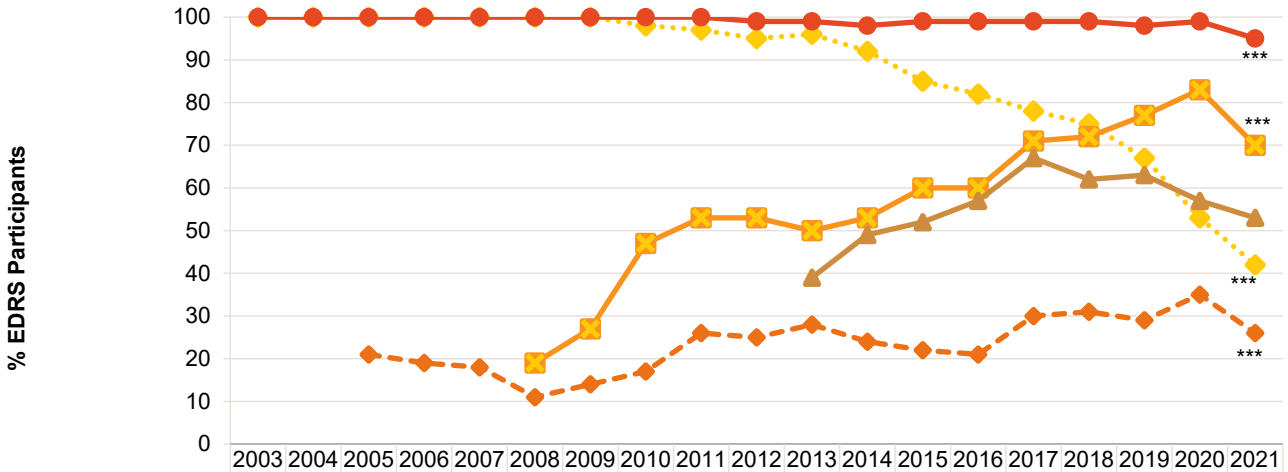
Recent Use (past 6 months)

The vast majority of participants (95%) reported any recent use of ecstasy in 2021, although this was a significant decline relative to 2020 (99%; $p<0.001$). Consistent with the previous two years, capsules were the most commonly used form of ecstasy in the past six months. Whilst pills have historically (2003-2018) been the primary form of ecstasy used, recent use of crystal overtook recent use of pills for the second year running. Powder remained the least commonly used form of ecstasy, consistent with the entirety of the reporting period (Figure 7).

Frequency of Use

Participants reported using ecstasy (in any form) on a median of 7 days (IQR=5-15; n=737), a significant decrease from 12 days in 2020 (IQR=7-24; $p<0.001$) (Figure 8). Among those that reported recent use and commented (n=737), weekly or more frequent use of any form of ecstasy decreased from 27% in 2020 to 13% in 2021 ($p<0.001$).

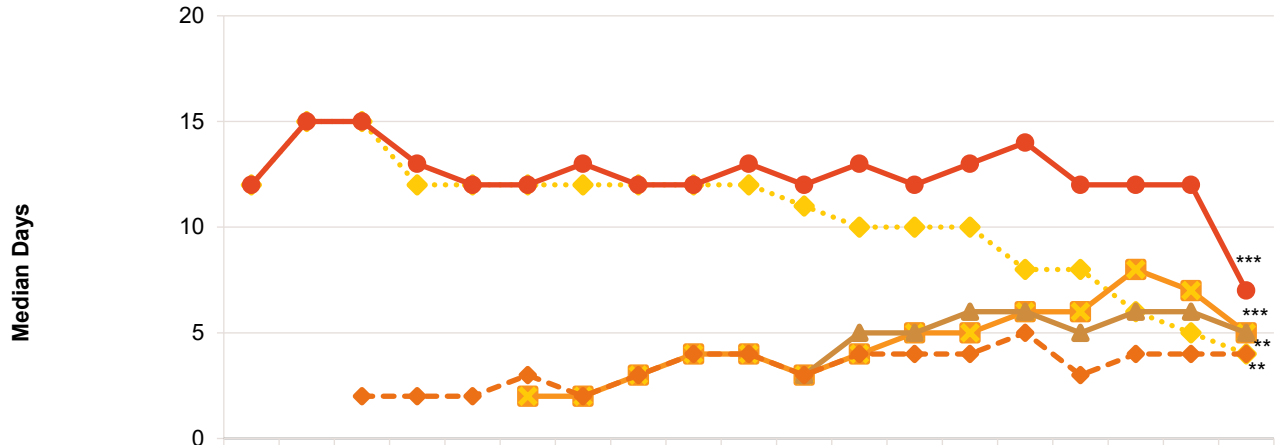
Figure 7: Past six month use of any ecstasy, and ecstasy pills, capsules, crystal, and powder, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pills	100	100	100	100	100	100	100	98	97	95	96	92	85	82	78	75	67	53	42
Capsules						19	27	47	53	53	50	53	60	60	71	72	77	83	70
Crystal											39	49	52	57	67	62	63	57	53
Powder			21	19	18	11	14	17	26	25	28	24	22	21	30	31	29	35	26
Any ecstasy	100	100	100	100	100	100	100	100	100	99	99	98	99	99	99	99	98	99	95

Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Significance for 2020 versus 2021 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 8: Median days of any ecstasy and ecstasy pills, powder, capsules and crystal use in the past six months, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pills	12	15	15	12	12	12	12	12	12	12	11	10	10	10	8	8	6	5	4
Capsules						2	2	3	4	4	3	4	5	5	6	6	8	7	5
Crystal											3	5	5	6	6	5	6	6	5
Powder			2	2	2	3	2	3	4	4	3	4	4	4	5	3	4	4	4
Any Ecstasy	12	15	15	13	12	12	13	12	12	13	12	13	12	13	14	12	12	12	7

Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 2: Past six month use of ecstasy pills, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	100	100	100	100	100	100	100	100
2004	100	100	100	100	100	100	100	100
2005	100	100	100	100	100	100	100	100
2006	100	100	100	100	100	100	100	100
2007	100	100	100	100	100	99	100	100
2008	100	100	100	100	100	100	100	100
2009	100	100	100	100	99	100	100	100
2010	99	99	98	96	99	100	100	98
2011	99	100	90	95	100	100	100	99
2012	99	94	92	92	98	100	67	95
2013	99	96	86	93	98	99	96	99
2014	89	91	90	92	96	98	99	81
2015	69	56	84	99	94	99	98	86
2016	52	70	93	95	96	98	90	67
2017	42	79	83	93	71	93	86	78
2018	41	80	77	88	56	92	90	76
2019	40	70	74	74	62	68	92	56
2020	41	55	69	74	52	25	63	43
2021	**17*****	**36****	**47****	**55****	**54**	**37**	**56**	**27**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 3: Past six month use of ecstasy capsules, by jurisdiction, 2008-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2008	24	23	18	18	16	28	9	17
2009	33	6	48	48	10	15	31	27
2010	35	37	65	81	38	14	89	42
2011	55	39	64	80	34	11	64	57
2012	57	61	67	75	29	32	25	52
2013	59	43	69	53	26	48	27	67
2014	76	56	66	49	37	51	32	53
2015	64	69	76	50	49	65	44	62
2016	68	72	84	40	55	54	44	64
2017	76	67	90	60	81	61	57	72
2018	77	74	87	62	58	76	74	72
2019	82	81	90	62	64	84	76	78
2020	88	91	78	73	83	83	90	78
2021	**82**	**76****	**70**	**67**	**53*****	**67***	**82**	**64**

Note. Data collection for capsules started in 2008. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Past six month use of ecstasy crystal, by jurisdiction, 2013-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2013	28	71	51	48	25	34	50	23
2014	61	54	64	29	36	58	43	45
2015	68	57	54	36	41	51	65	42
2016	81	52	59	33	63	59	43	68
2017	75	75	43	47	69	78	71	78
2018	64	60	57	53	79	51	69	67
2019	68	72	52	48	78	64	54	65
2020	47	71	42	57	59	61	51	71
2021	**62***	**36*****	**47**	**66**	**49**	**63**	**38**	**63**

Note. Data collection for crystal started in 2013. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 5: Past six month use of ecstasy powder, by jurisdiction, 2005-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	15	24	27	11	31	27	14	20
2006	8	19	35	13	27	9	8	31
2007	20	8	38	5	28	11	11	18
2008	15	7	27	6	11	9	-	6
2009	11	14	24	12	9	10	20	17
2010	7	14	34	21	19	6	15	20
2011	21	23	30	26	29	7	27	32
2012	20	35	31	30	11	26	17	31
2013	29	20	51	20	16	25	18	36
2014	15	13	43	20	18	20	26	36
2015	19	22	46	15	14	18	15	22
2016	15	12	51	28	21	13	22	34
2017	21	32	34	24	44	36	20	28
2018	18	23	45	41	27	24	42	27
2019	18	30	20	28	41	30	42	22
2020	33	35	44	37	37	27	35	31
2021	**25**	**26**	**21****	**40**	**22***	**17**	**38**	**19**

Note. Data collection for powder started in 2005. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Reported recent use was at its lowest in 2021 (42%), down from 53% in 2020 (p<0.001) (Figure 7). This decline was most prominent in NSW and VIC, as well as TAS and QLD (Table 2).

Frequency of Use: Of those who had recently consumed ecstasy pills and commented (n=324), ecstasy pills were used on a median of 4 days (IQR=2-9) in the six months preceding interview, a significant decline relative to 2020 (5 days; IQR=2-12; p=0.002) (Figure 8). The percentage reporting weekly or greater use of ecstasy pills remained stable at 8% in 2021 (11% in 2020; p=0.208).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=323), the most common route of administration reported by consumers was swallowing (96%; 96% in 2020), followed by snorting (34%; 29% in 2020; p=0.104): this is consistent with previous years. Few participants reported recent shelving/shafting (2%; 3% in 2020; p=0.663).

Quantity: Of those who reported recent use and responded (n=321), the median number of pills used in a 'typical' session was two (IQR=1-3) in 2021 (2 pills in 2020; IQR=1-3; p=0.411). Of those who reported recent use and responded (n=321), the median maximum number of pills used was three (IQR=2-5; 3 pills in 2020; IQR=2-5; p=0.492).

Ecstasy Capsules

Recent Use (past 6 months): Capsules remained the most common form of ecstasy used in 2021. Nevertheless, a decline was observed, with 70% of the total sample reporting any recent use (83% in 2020; p<0.001) (Figure 7). This decline was most noticeable in SA, WA and the ACT (Table 3).

Frequency of Use: Of those who recently consumed ecstasy capsules and commented (n=543), capsules were used on a median of 5 days (IQR=3-9), a decline from 7 days (IQR=3-12) in 2020 (p<0.001) (Figure 8). Six per cent reported weekly or more frequent use, a significant decrease relative to 2020 (13%; p<0.001).

Routes of Administration: Among participants who had recently consumed ecstasy capsules and commented (n=544), swallowing remained the main route of administration (97% of consumers in 2021; 96% in 2020; p=0.537). Over one-quarter (27%) reported snorting capsules, stable from 26% in 2020 (p=0.740). Smaller numbers reported shelving/shafting (1%; 3% in 2020; p=0.073).

Quantity: Of those who reported recent use and responded (n=542), the median number of capsules used in a 'typical' session in 2021 was two (IQR=1-3; 2 capsules in 2020; IQR=1.5-3; p<0.001). Of those who reported recent use and responded (n=542), the median maximum number of capsules used was three (IQR=2-4; 4 capsules in 2020; IQR=2-6; p<0.001).

Contents of Capsules: Of those who reported recent use and responded (n=531), over three-quarters (76%) reported that their last capsule contained crystal (80% in 2020), whilst 27% reported that it contained powder (30% in 2020). Eight per cent of participants did not look at the contents the last time they had used capsules (4% in 2020).

Ecstasy Crystal

Recent Use (past 6 months): Recent use of crystal was reported by over half the sample (53%), stable from 57% reporting recent use in 2020 (p=0.062) (Table 4).

Frequency of Use: Of those who had recently consumed ecstasy crystal and commented (n=408), participants reported consuming crystal on a median of 5 days (IQR=2-10) in 2021, a significant decrease from 6 days in 2020 (IQR=3-12; p=0.001) (Figure 8). Five per cent reported weekly or greater use, a significant decline relative to 2020 (12%; p<0.001).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented (n=407), the

main route of administration reported was swallowing (83%), a significant increase from 76% in 2020 (p=0.015). This was followed by snorting (56%), which significantly decreased relative to 2020 (63%; p=0.030). Few participants who had recently used crystal reported shelving/shafting (3%, 2% in 2020; p=0.520).

Quantity: Of those who reported recent use and responded (n=327), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2020; IQR=0.20-0.50). Of those who reported recent use and responded (n=329), the median maximum amount used was 0.40 grams (IQR=0.20-0.70; 0.50 grams in 2020; IQR=0.30-1.00; p<0.001).

Ecstasy Powder

Recent Use (past 6 months): Consistent with previous years, powder was the least used form of ecstasy in 2021, with 26% of participants having recently used this form, a significant decline relative to 2020 (35%; p<0.001) (Table 5). This decline was most prominent in VIC, SA and QLD.

Frequency of Use: Of those who had recently used ecstasy powder and commented (n=204), powder was used on a median of 4 days (IQR=2-8) in the previous six months, stable relative to 2020 (4 days; IQR=2-8; p=0.849) (Figure 8). Weekly or more frequent use was reported by 6%, stable from 2020 (4%; p=0.414).

Routes of Administration: Among participants who had recently used ecstasy powder and commented (n=204), snorting was the most common route of administration, consistent with previous years, though a decrease was observed in 2021 (73%; 84% in 2020; p=0.007). In contrast, 57% reported swallowing ecstasy powder, a significant increase from 41% in 2020 (p=0.001).

Quantity: Of those who reported recent use and responded (n=144), the median quantity of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2020; IQR=0.20-0.50; p=0.619). Of those who reported recent use and responded (n=147), the median maximum amount used was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2020; IQR=0.30-1.00; p=0.748).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The reported price of a pill increased in 2021, with participants reporting $25 per pill (IQR=20-35; n=180; $25 in 2020; IQR=20-30; n=400; p<0.001) (Figure 9).

Perceived Purity: Of those who responded in 2021 (n=328), the perceived purity of ecstasy pills remained stable from 2020 to 2021 (p=0.078). The largest percentage of participants reported perceived purity to be 'medium' (29%; 25% in 2020), with almost equal percentages reporting perceived purity to be 'high' (24%; 31% in 2020), 'low' (23%; 18% in 2020) or 'fluctuating' (25%; 25% in 2020) (Table 6).

Perceived Availability: Of those who responded in 2021 (n=332), the perceived availability of ecstasy pills changed significantly between 2020 and 2021 (p=0.013). Over one-third (37%) of participants reported ecstasy pills to be 'easy' to obtain (39% in 2020), with a decrease observed for those who reported that pills were 'very easy' to obtain (24%; 31% in 2020). In contrast, 29% reported pills as being 'difficult' to obtain (26% in 2020) and 10% reported pills as being 'very difficult' to obtain (5% in 2020) (Table 6).

Ecstasy Capsules

Price: The median price of a capsule increased significantly in 2021, with participants reporting $25 (IQR=20-30; n=291) per capsule ($20 in 2020; IQR=15-25; n=570; p<0.001) (Figure 9).

Perceived Purity: Of those who responded in 2021 (n=531), the perceived purity of capsules significantly changed between 2020 and 2021 (p<0.001). Participants predominantly perceived capsules as being of 'medium' purity (38%; 36% in 2020), with fewer participants

reporting 'high' (24%; 35% in 2020) or 'low' (18%; 11% in 2020) purity (Table 6).

Perceived Availability: Of those who responded in 2021 (n=532), the perceived availability of capsules changed significantly between 2020 and 2021 (p<0.001). Whilst participant reports of capsules being 'easy' to obtain remained unchanged (47% in 2021 and 2020, respectively), there was a decrease in the per cent of participants perceiving capsules to be 'very easy' to obtain (28%; 37% in 2020). Over one-fifth (22%) perceived capsules to be 'difficult' to obtain, as compared to 15% in 2020 (Table 6).

Ecstasy Crystal

Price: The median price per gram of crystal increased from $150 in 2020 (IQR=100-200; n=274) to $200 (IQR=150-250; n=209; p<0.001) in 2021. Similarly, the median price for a point of crystal also increased in 2021 ($25; IQR=20-35; n=27; $20 in 2020; IQR=15-25; n=76; p=0.007) (Figure 10).

Perceived Purity: Of those who responded in 2021 (n=387), the perceived purity of crystal significantly changed between 2020 and 2021 (p<0.001). Specifically, in 2021, fewer participants perceived purity to be 'high' (31%; 51% in 2020), whilst more participants perceived purity to be 'medium' (36%; 27% in 2020) (Table 6).

Perceived Availability: Of those who responded in 2021 (n=391), the perceived availability of crystal changed significantly between 2020 and 2021 (p<0.001). Whilst the largest percentage of participants perceived crystal to be 'easy' to obtain in 2021 (43%; 41% in 2020), there was an increase in participants reporting that it was 'difficult' to obtain (27%; 18% in 2020) (Table 6).

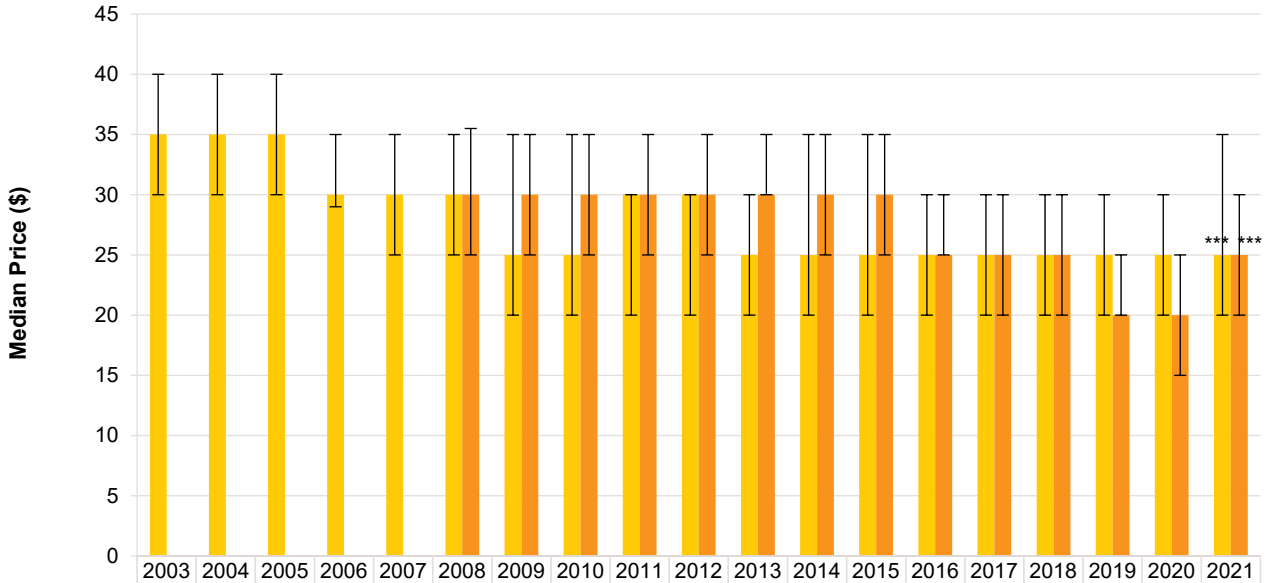
Ecstasy Powder

Price: The reported median price per gram of powder increased in 2021, from $150 (IQR=100-200; n=87) in 2020 to $200 (IQR=150-250; n=69) in 2021 (p<0.001) (Figure 10).

Perceived Purity: Of those who responded in 2021 (n=144), the perceived purity of powder remained stable between 2020 and 2021 (p=0.296). The largest percentage of participants perceived powder to be of 'medium' (34%; 43% in 2020) or 'high' (30%; 30% in 2020) purity in 2021. One-fifth (21%) of participants perceived powder to have 'fluctuated' in purity (13% in 2020) (Table 6).

Perceived Availability: Of those who responded in 2021 (n=146), the perceived availability of powder remained stable between 2020 and 2021 (p=0.837). The largest percentage (41%) reported that powder was 'easy' to obtain in 2021 (46% in 2020), while over one-quarter (27%) reported that it was 'very easy' to obtain (23% in 2020) (Table 6).

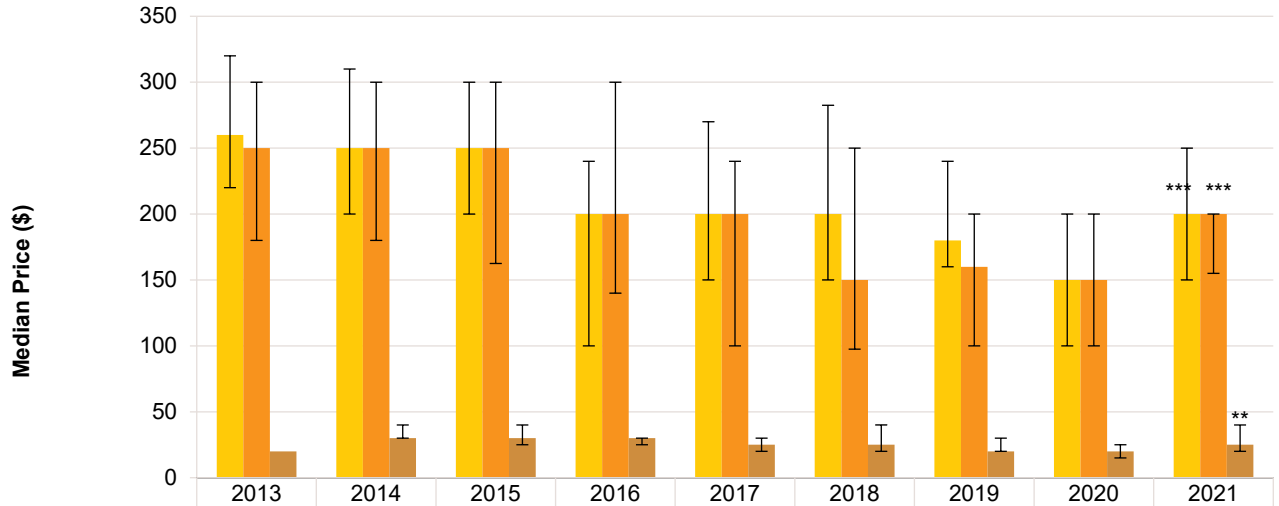
Figure 9: Median price of ecstasy pills and capsules, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pill	35	35	35	30	30	30	25	25	30	30	25	25	25	25	25	25	25	25	25
Capsule						30	30	30	30	30	30	30	30	25	25	25	20	20	25

Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. The error bars represent the IQR. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 10: Median price of ecstasy crystal (per gram and point) and powder (per gram only), nationally, 2013-2021



	2013	2014	2015	2016	2017	2018	2019	2020	2021
Crystal (gram)	260	250	250	200	200	200	180	150	200
Powder (gram)	250	250	250	200	200	150	160	150	200
Crystal (point)	20	30	30	30	25	25	20	20	25

Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. The error bars represent the IQR. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 6: Current perceived purity and availability of different forms of ecstasy, nationally, 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	*(n=566)*	(*n=592*)	(*n=555*)	*(n=417)*	***(n=328)***
Low	17	18	12	18	**23**
Medium	37	33	28	25	**29**
High	18	23	30	31	**24**
Fluctuates	28	26	29	25	**25**
% Capsules	*(n=563)*	(*n=581*)	(*n=651*)	*(n=612)*	***(n=531)*** ***
Low	11	11	7	11	**18**
Medium	37	37	33	36	**38**
High	34	38	39	35	**24**
Fluctuates	18	15	22	18	**20**
% Crystal	*(n=430)*	(*n=394*)	(*n=444*)	*(n=401)*	***(n=387)*** ***
Low	5	5	3	5	**12**
Medium	30	32	26	27	**36**
High	50	54	62	51	**31**
Fluctuates	15	9	10	17	**21**
% Powder	*(n=122)*	(*n=111*)	(*n=147*)	*(n=128)*	***(n=144)***
Low	14	16	7	14	**15**
Medium	51	42	49	43	**34**
High	27	33	30	30	**30**
Fluctuates	8	8	14	13	**21**
Current Perceived Availability					
% Pills	*(n=576)*	(*n=597*)	(*n=561*)	*(n=419)*	***(n=332)*** *
Very easy	50	43	40	31	**24**
Easy	38	40	41	39	**37**
Difficult	10	16	16	26	**29**
Very difficult	1	2	3	5	**10**
% Capsules	*(n=567)*	(*n=588*)	(*n=653*)	*(n=610)*	***(n=532)*** ***
Very easy	43	38	55	37	**28**
Easy	43	47	37	47	**47**
Difficult	13	14	8	15	**22**
Very difficult	1	1	-	1	**4**
% Crystal	*(n=433)*	(*n=392*)	(*n=442*)	*(n=406)*	***(n=391)*** ***
Very easy	38	30	37	39	**23**
Easy	40	44	44	41	**43**
Difficult	20	23	18	18	**27**
Very difficult	2	4	-	2	**6**
% Powder	*(n=122)*	(*n=115*)	(*n=148*)	*(n=132)*	***(n=146)***
Very easy	30	20	29	23	**27**
Easy	40	48	47	46	**41**
Difficult	27	30	22	27	**27**
Very difficult	3	2	-	5	**5**

Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

5

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)

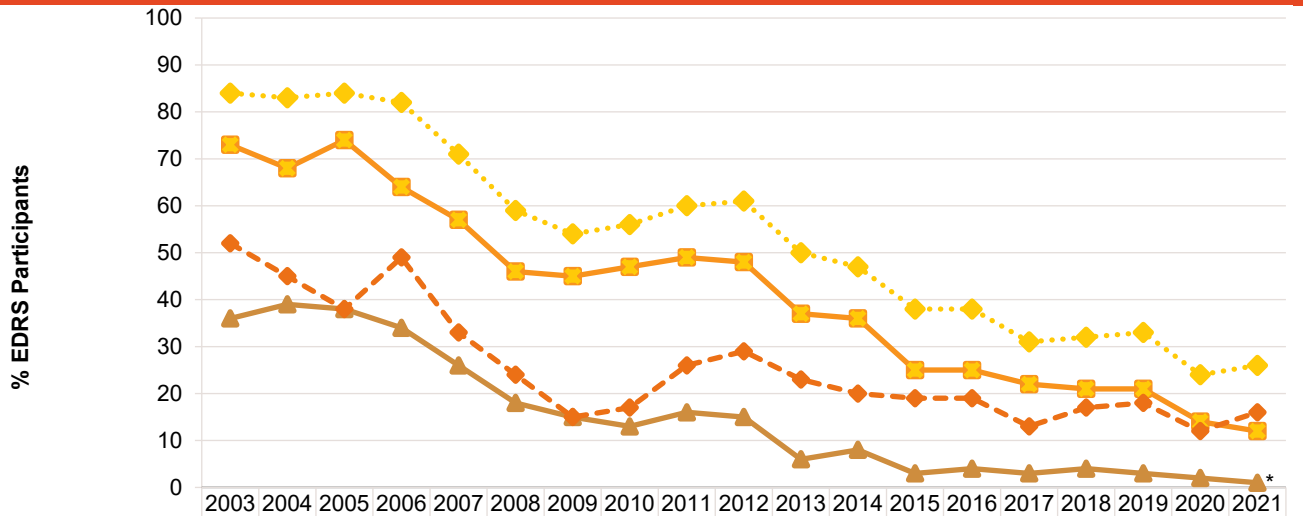
Recent Use (past 6 months)

The per cent reporting any recent use of methamphetamine has been declining since monitoring began (Figure 11), whereby 84% of participants reported recent use in 2003. A substantial decline ensued in later years, with just over one-quarter (26%) reporting recent use in 2021, stable from 24% in 2020 (p=0.374) (Figure 11).

Frequency of Use

Use has remained relatively infrequent over the course of monitoring, with participants reporting a median of 5 days (IQR=2-24) in 2021 (4 days in 2030; IQR=1-13; p=0.053) (Figure 12). There was, however, a significant increase in the per cent of people who had recently used methamphetamine who reported use on a weekly or more frequent basis in 2021 (28%) compared to 2020 (17%; p=0.022).

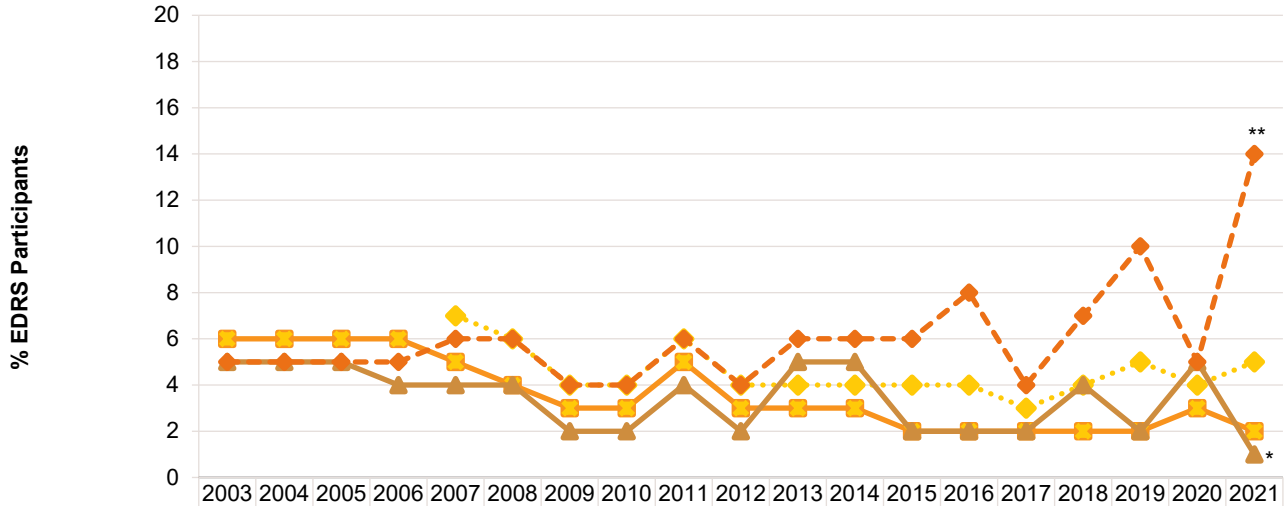
Figure 11: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Any form	84	83	84	82	71	59	54	56	60	61	50	47	38	38	31	32	33	24	26
Powder	73	68	74	64	57	46	45	47	49	48	37	36	25	25	22	21	21	14	12
Base	36	39	38	34	26	18	15	13	16	15	6	8	3	4	3	4	3	2	-
Crystal	52	45	38	49	33	24	15	17	26	29	23	20	19	19	13	17	18	12	16

Note. – Per cent suppressed due to small cell size (n≤5 but not 0). Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Median days of any methamphetamine use, and methamphetamine powder, base, and crystal in the past six months, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Any form					7	6	4	4	6	4	4	4	4	4	3	4	5	4	5
Powder	6	6	6	6	5	4	3	3	5	3	3	3	2	2	2	2	2	3	2
Base	5	5	5	4	4	4	2	2	4	2	5	5	2	2	2	4	2	5	-
Crystal	5	5	5	5	6	6	4	4	6	4	6	6	6	8	4	7	10	5	14

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 20 days to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder has historically been the most common form used, although use has declined substantially since 2005, dropping to below crystal for the first time in 2021 (Figure 11). In 2021, 12% of participants had recently consumed powder, stable from 2020 (14%; p=0.213). Use significantly decreased in the NT sample (p=0.004) (Table 8).

Frequency of Use: Of those who had recently consumed powder and commented (n=94), median days of use remained stable at 2 days in 2021 (IQR=1-5; 3 days in 2020; IQR=1-7; p=0.289) (Figure 12). Six per cent reported using powder on a weekly or more frequent basis in 2021, stable from 9% in 2020 (p=0.719).

Routes of Administration: Among participants who had recently consumed powder and commented (n=93), the main route of administration in 2021 was snorting (78%; 67% in 2020; p=0.084), followed by swallowing (30%; 42% in 2020; p=0.102). Smaller numbers reported smoking (10%; 10% in 2020).

Quantity: Of those who reported recent use and responded (n=57), the median amount used in a 'typical' session was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2020; IQR=0.10-0.50; p=0.823). Of those who reported recent use and responded (n=59), the median maximum amount used was 0.30 grams (IQR=0.10-0.70; 0.50 grams in 2020; IQR=0.20-1.00; p=0.363).

Methamphetamine Crystal

Recent Use (past 6 months): As with all forms of methamphetamine, crystal use has generally decreased over time (Figure 11). Sixteen per cent of the sample had recently consumed crystal in 2021 (12% in 2020; p=0.061). Recent use of crystal significantly increased in the ACT sample (p=0.001) (Table 9).

Frequency of Use: Of those who had recently consumed crystal and commented (n=119),

frequency of use increased significantly in 2021, from a median of 5 days (IQR=1-24) in 2020 to a median of 14 days (IQR=4-48) in 2021 (p=0.007) (Figure 12). Over two-fifths (44%) reported using crystal on a weekly or more frequent basis in 2021, a significant increase from 27% in 2020 (p=0.015).

Routes of Administration: Smoking remained the most common route of administration among those who had used crystal and commented (n=120), with 93% reporting this method in 2021 (85% in 2020; p=0.101), followed by injecting (13%; 11% in 2020; p=0.836) and snorting (8%; 16% in 2020; p=0.329).

Quantity: Of those who reported recent use and responded (n=109), the median amount used in a 'typical' session was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2020; IQR=0.10-0.50; p=0.549). Of those who reported recent use and responded (n=108), the median maximum amount used was 0.40 grams (IQR=0.20-0.90; 0.50 grams in 2020; IQR=0.20-1.00 gram; p=0.963).

Table 7: Past six month use of any methamphetamine, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	87	79	98	82	92	91	82	66
2004	89	77	94	76	90	95	82	70
2005	83	75	86	78	94	92	76	84
2006	76	79	91	78	92	88	67	78
2007	66	60	91	70	90	62	67	58
2008	66	55	77	63	58	50	24	57
2009	49	54	72	52	53	44	64	47
2010	50	70	72	48	57	45	63	51
2011	49	51	75	52	67	64	91	60
2012	42	73	84	64	48	47	75	76
2013	36	65	71	57	46	31	44	48
2014	32	51	68	64	32	31	47	47
2015	33	35	55	45	33	20	49	31
2016	27	26	57	42	36	27	52	39
2017	30	33	46	40	37	12	35	14
2018	19	33	60	46	45	11	27	18
2019	26	33	46	45	34	11	44	24
2020	17	15	49	31	26	12	24	18
2021	**15**	**29***	**44**	**31**	**33**	**13**	**14**	**30**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 8: Past six month use of methamphetamine powder, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	79	64	89	67	65	83	81	57
2004	81	64	92	68	62	78	72	42
2005	76	70	85	77	66	85	73	57
2006	55	66	91	62	51	65	59	58
2007	45	53	90	65	53	46	55	46
2008	48	42	75	59	30	38	24	34
2009	37	44	72	46	30	37	61	41
2010	29	66	70	40	38	38	59	47
2011	32	50	69	47	45	44	91	49
2012	31	63	77	61	24	27	58	58
2013	25	57	58	53	21	17	34	41
2014	21	48	56	58	13	19	39	34
2015	27	31	45	39	11	6	31	11
2016	18	21	50	32	12	18	27	25
2017	18	32	43	29	19	7	20	9
2018	14	25	56	30	15	-	14	10
2019	17	23	41	33	16	-	28	9
2020	8	12	39	25	6	-	14	8
2021	**8**	**9**	**36**	**20**	**-**	**-**	**-****	**15**

Note. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 9: Past six month use of methamphetamine crystal, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	48	56	64	52	48	77	40	38
2004	46	39	52	16	47	80	35	42
2005	40	26	42	10	41	69	32	50
2006	56	37	49	27	62	77	26	50
2007	42	20	39	7	49	52	24	23
2008	33	24	22	15	34	36	0	26
2009	9	8	13	7	32	20	15	17
2010	21	16	18	-	26	22	22	8
2011	19	9	38	-	43	46	-	32
2012	18	26	48	10	32	33	-	40
2013	11	14	45	17	28	22	21	21
2014	13	8	34	14	20	17	27	26
2015	12	7	19	13	26	16	36	20
2016	15	5	18	21	33	12	32	18
2017	12	8	10	14	26	6	24	7
2018	6	15	14	24	40	8	21	12
2019	13	15	12	20	26	8	31	16
2020	10	4	14	12	21	10	12	14
2021	**-**	**21****	**13**	**15**	**32**	**10**	**12**	**16**

Note. - Per cent suppressed due to low numbers (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Participants reported a median price of $200 per gram (IQR=165-200, n=24; $200 in 2020; IQR=150-250; n=31; *p*=0.756) and $50 for one point in 2021 (IQR=40-63; n=7; $50 in 2020; IQR=30-60; n=17; *p*=0.846) (Figure 13).

Perceived Purity: Of those who responded in 2021 (n=61), perceived purity of powder remained stable between 2020 and 2021 (*p*=0.787). There were similar percentages who perceived purity as being 'high' (38%; 41% in 2020) and 'medium' (34%; 38% in 2020) (Figure 15).

Perceived Availability: Of those who responded in 2021 (n=66), perceived availability of powder remained stable between 2020 and 2021 (*p*=0.530). Almost one-third (32%) reported that powder was 'very easy' (28% in 2020) or 'easy' (27%; 38% in 2020) to obtain, respectively. Over one-tenth (12%) perceived powder as being 'very difficult' to obtain (7% in 2020) and 29% perceived it as being 'difficult' to obtain (28% in 2020) (Figure 17).

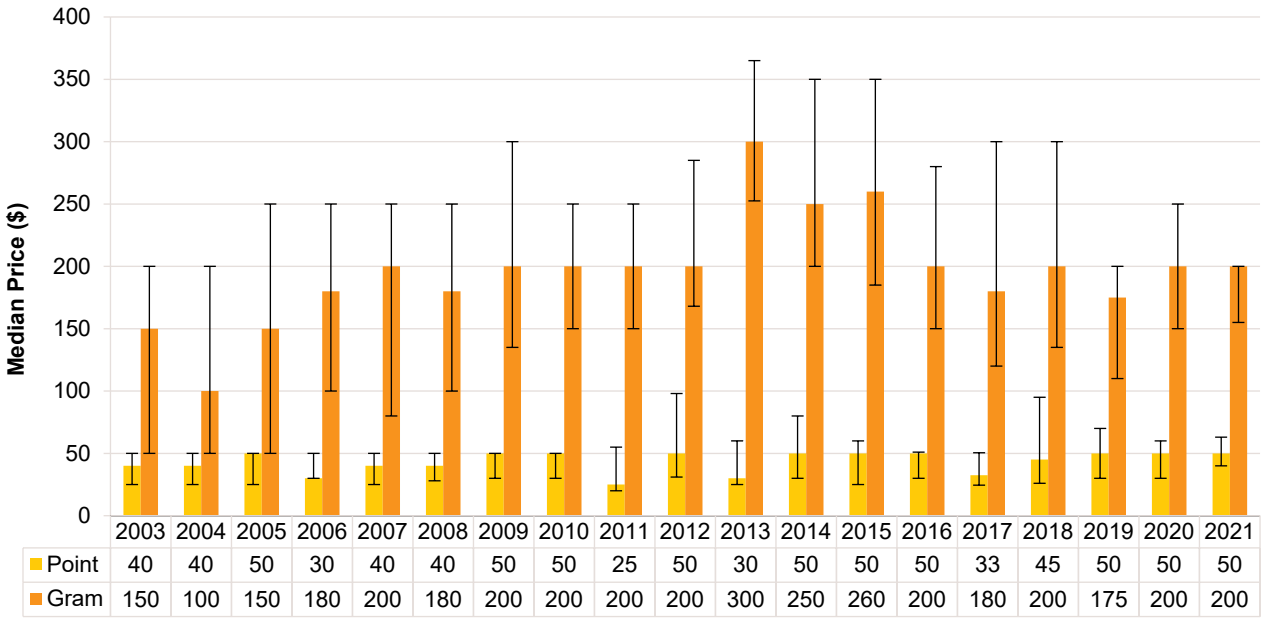
Methamphetamine Crystal

Price: Participants reported a median price of $425 per gram (IQR=250-500; n=16; $300 in 2020; IQR=250-320; n=21; *p*=0.052) and $60 per point (IQR=50-100; n=44; $50 in 2020; IQR=48-80, n=56; *p*=0.100) (Figure 14).

Perceived Purity: Of those who responded in 2021 (n=107), perceived purity of crystal remained stable between 2020 and 2021 (*p*=0.788). The largest per cent (46%) reported purity as 'high', unchanged from 2020 (46%). 'Medium' and 'low' purity was reported by 23% and 12%, respectively (Figure 16).

Perceived Availability: Of those who responded in 2021 (n=114), perceived availability of crystal remained stable between 2020 and 2021 (*p*=0.159). Over two-fifths (44%) of participants regarded crystal as 'very easy' to obtain in 2021, consistent with reports in 2020 (44%) (Figure 18). Sixteen per cent commented that crystal was 'difficult' to obtain (21% in 2020).

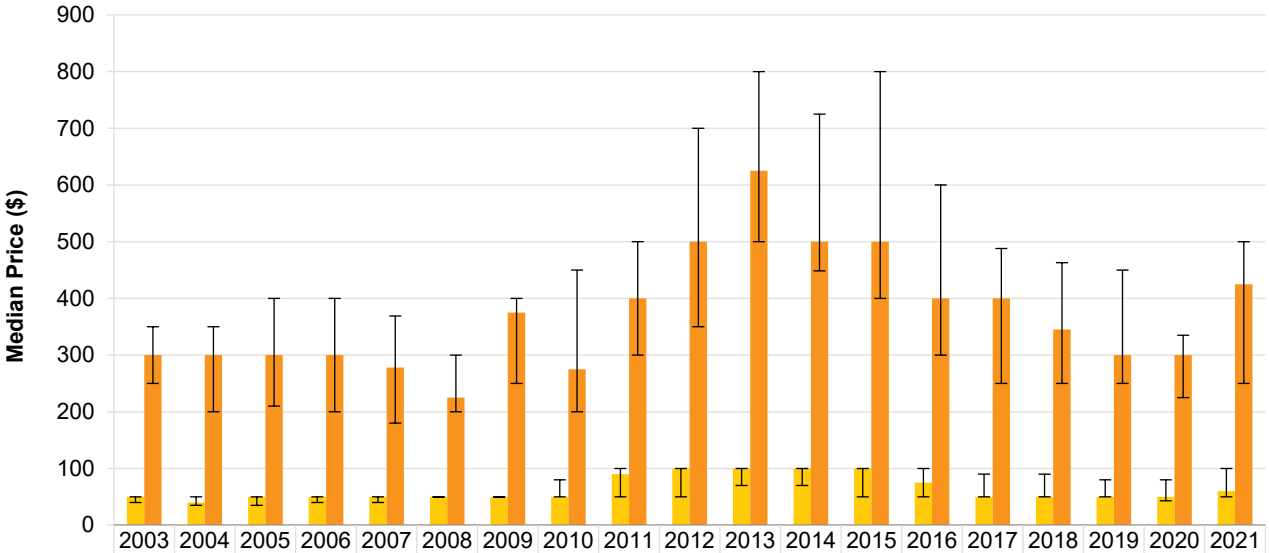
Figure 13: Median price of powder methamphetamine per point and gram, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Point	40	40	50	30	40	40	50	50	25	50	30	50	50	50	33	45	50	50	50
Gram	150	100	150	180	200	180	200	200	200	200	300	250	260	200	180	200	175	200	200

Note. Among those who commented. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

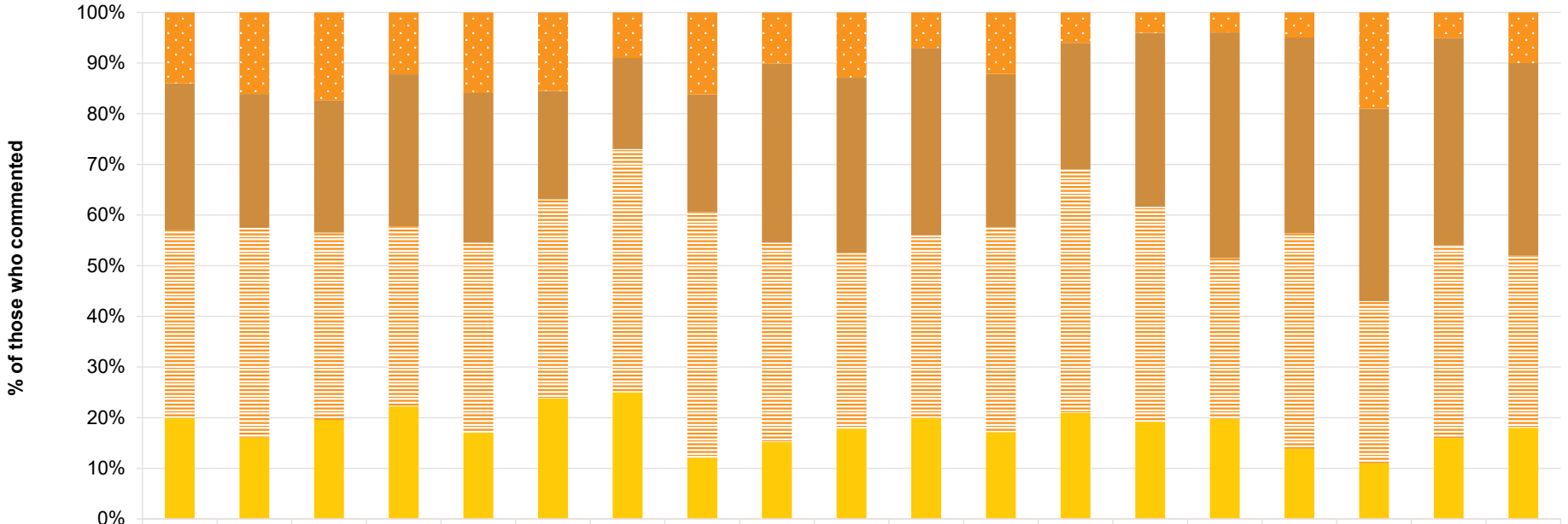
Figure 14: Median price of crystal methamphetamine per point and gram, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Point	50	40	50	50	50	50	50	50	90	100	100	100	100	75	50	50	50	50	60
Gram	300	300	300	300	278	225	375	275	400	500	625	500	500	400	400	345	300	300	425

Note. Among those who commented. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

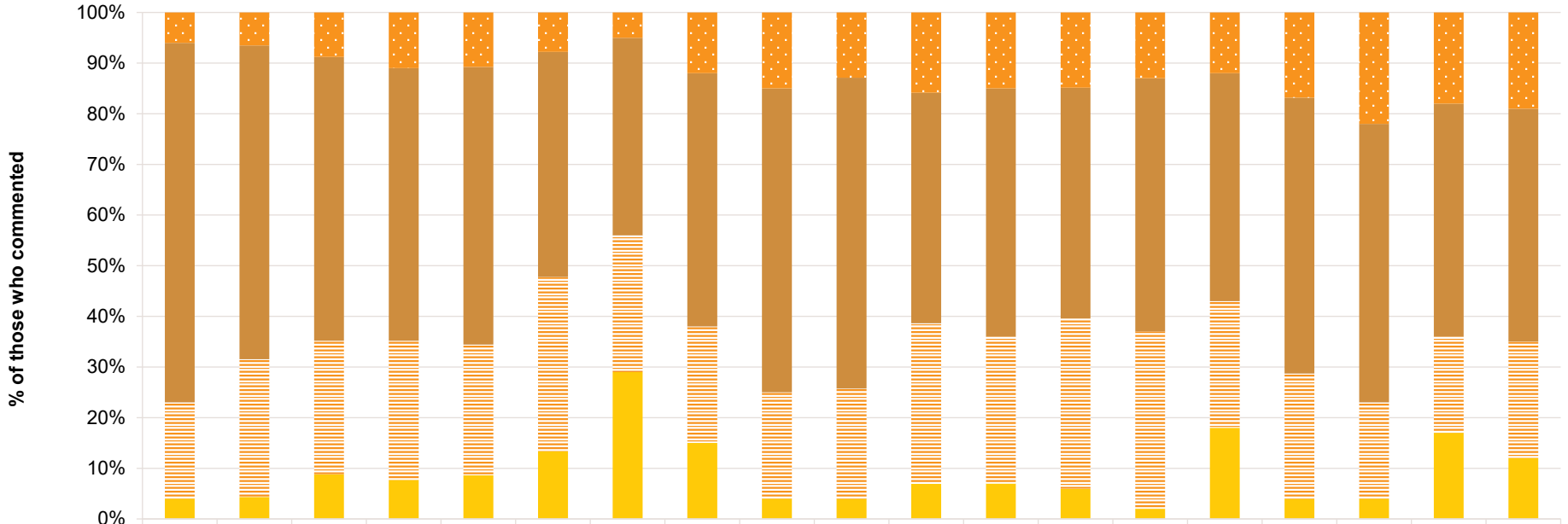
Figure 15: Current perceived purity of powder methamphetamine, nationally, 2003-2021



	2003 (n=494)	2004 (n=412)	2005 (n=450)	2006 (n=367)	2007 (n=275)	2008 (n=199)	2009 (n=199)	2010 (n=177)	2011 (n=209)	2012 (n=205)	2013 (n=128)	2014 (n=146)	2015 (n=98)	2016 (n=99)	2017 (n=82)	2018 (n=96)	2019 (n=118)	2020 (n=58)	2021 (n=61)
Fluctuates	14	14	16	11	14	13	9	16	10	13	7	12	6	4	4	5	19	5	10
High	29	23	24	27	26	18	18	23	35	35	37	30	25	34	45	39	38	41	38
Medium	37	36	34	32	33	33	48	48	39	35	36	40	48	42	32	43	32	38	34
Low	20	14	18	20	15	20	25	12	15	18	20	17	21	19	20	14	11	16	18

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

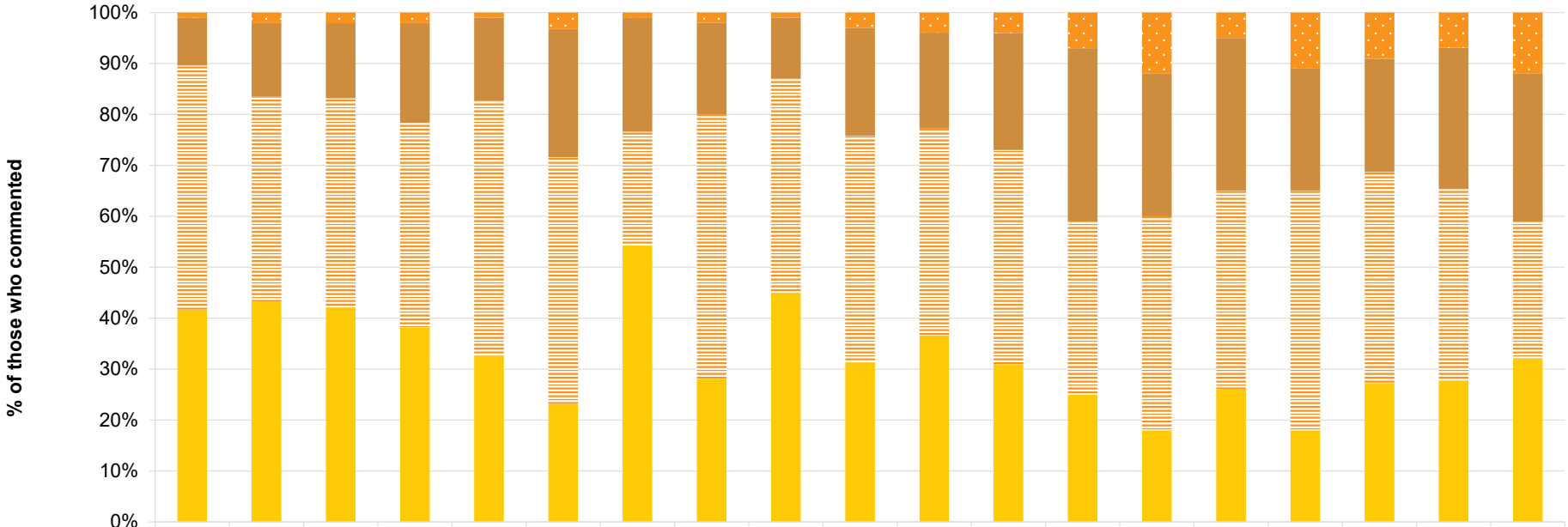
Figure 16: Current perceived purity of crystal methamphetamine, nationally, 2003-2021



	2003 (n=329)	2004 (n=277)	2005 (n=239)	2006 (n=261)	2007 (n=173)	2008 (n=117)	2009 (n=81)	2010 (n=66)	2011 (n=105)	2012 (n=135)	2013 (n=103)	2014 (n=110)	2015 (n=103)	2016 (n=113)	2017 (n=91)	2018 (n=112)	2019 (n=145)	2020 (n=78)	2021 (n=107)
Fluctuates	6	6	8	10	10	7	5	12	15	13	16	15	15	13	12	17	22	18	19
High	71	57	51	49	51	40	39	50	60	62	46	49	46	50	45	55	55	46	46
Medium	19	25	24	25	24	31	27	23	21	22	32	29	34	35	25	25	19	19	23
Low	4	4	8	7	8	12	29	15	4	4	7	7	6	2	18	4	4	17	12

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

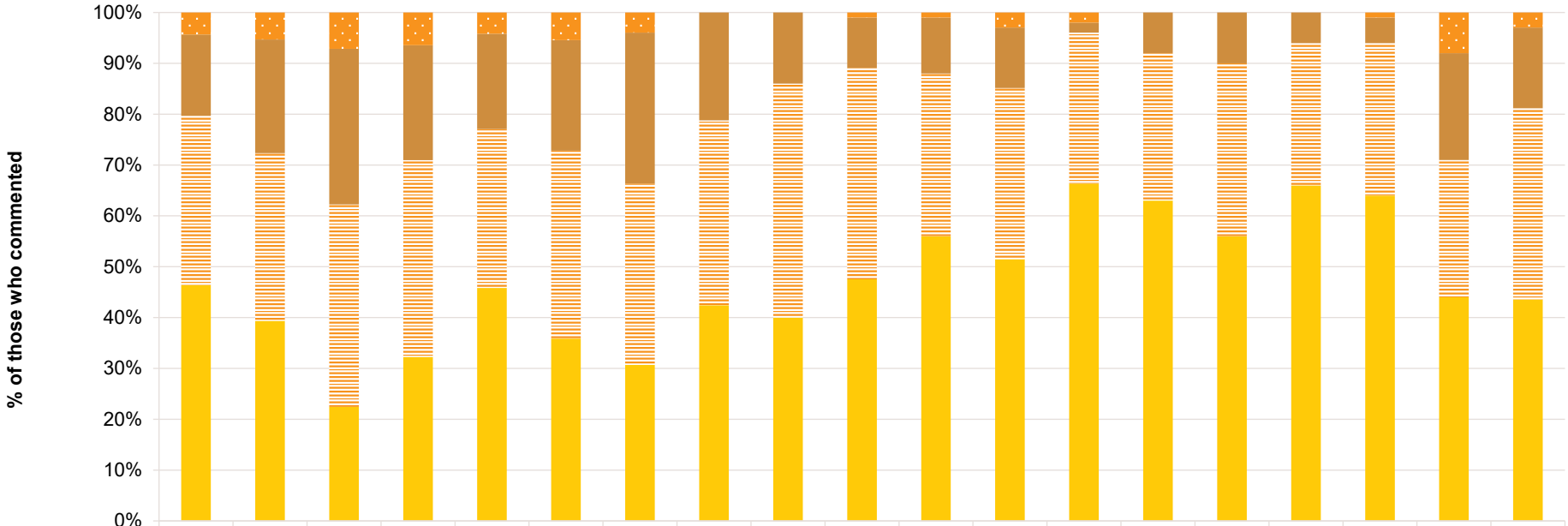
Figure 17: Current perceived availability of powder methamphetamine, nationally, 2003-2021



	2003 (n=539)	2004 (n=453)	2005 (n=473)	2006 (n=395)	2007 (n=304)	2008 (n=223)	2009 (n=212)	2010 (n=187)	2011 (n=213)	2012 (n=212)	2013 (n=134)	2014 (n=149)	2015 (n=103)	2016 (n=102)	2017 (n=93)	2018 (n=95)	2019 (n=121)	2020 (n=61)	2021 (n=66)
Very difficult	1	2	2	2	1	3	1	2	1	3	4	4	7	12	5	11	9	7	12
Difficult	9	14	14	19	16	24	21	18	12	21	19	23	34	28	30	24	22	28	29
Easy	46	39	39	39	49	46	21	52	42	44	41	42	34	42	39	47	41	38	27
Very easy	40	42	40	37	32	22	51	28	45	31	37	31	25	18	26	18	27	28	32

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 18: Current perceived availability of crystal methamphetamine, nationally, 2003-2021



	2003 (n=353)	2004 (n=287)	2005 (n=255)	2006 (n=269)	2007 (n=180)	2008 (n=119)	2009 (n=83)	2010 (n=66)	2011 (n=108)	2012 (n=136)	2013 (n=105)	2014 (n=112)	2015 (n=111)	2016 (n=120)	2017 (n=100)	2018 (n=113)	2019 (n=153)	2020 (n=89)	2021 (n=114)
Very difficult	3	5	7	6	4	5	4	0	0	1	1	3	2	0	0	0	1	8	3
Difficult	11	21	30	21	18	20	30	21	14	10	11	12	2	8	10	6	5	21	16
Easy	23	31	39	36	30	34	36	36	46	42	32	34	30	29	34	28	30	27	38
Very easy	32	37	22	30	44	33	31	42	40	48	56	52	67	63	56	66	64	44	44

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

6

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent cocaine use has gradually increased over the years. The per cent reporting any recent use increased from 68% in 2020 to 80% in 2021 (p<0.001), the largest per cent observed since monitoring commenced (Figure 19). At the jurisdiction level, significant increases in use were observed in TAS (61% in 2020 versus 84% in 2021; p<0.001), NSW (84% in 2020 versus 94% in 2021; p=0.034) and VIC (76% in 2020 versus 90% in 2021; p=0.014) (Table 10).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2021 (n=619), the median days of use amongst consumers was 5 (IQR=2-10; 4 days in 2020; IQR=2-10; p=0.123) (Figure 19). This is equivalent to less than monthly use. Seven per cent reported using cocaine weekly or more frequently (7% in 2020; p=0.659).

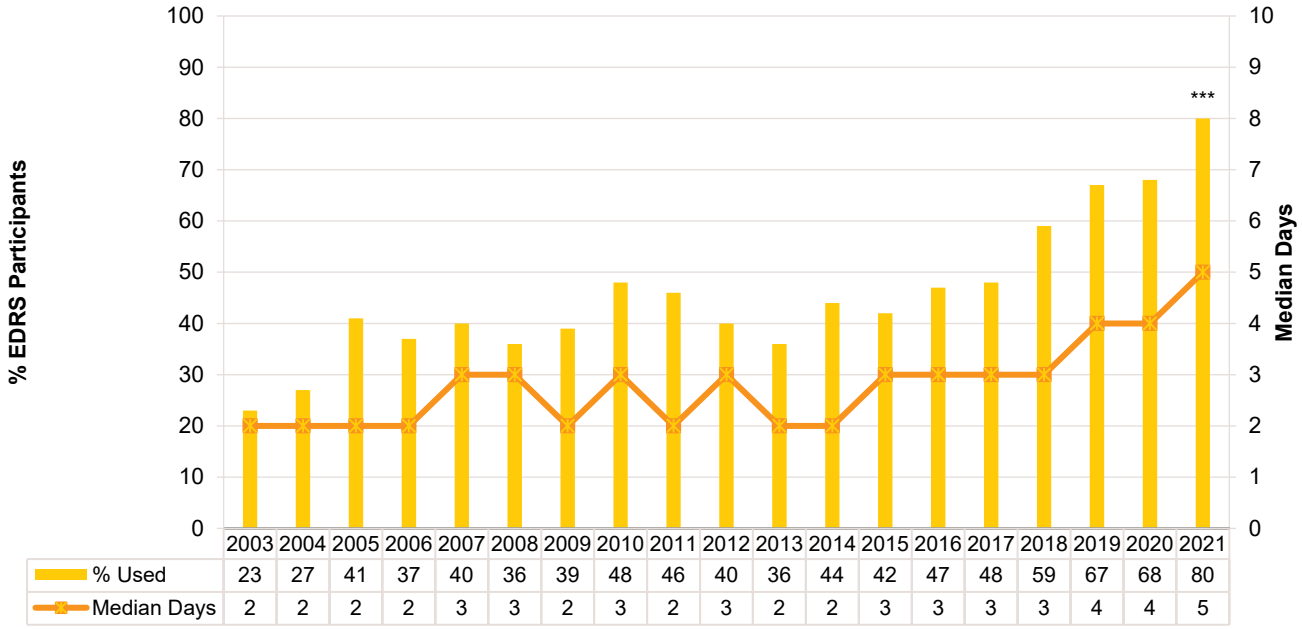
Routes of Administration

Among participants who had recently consumed cocaine and commented (n=621), the main route of administration was snorting (98%; 99% in 2020; p=0.350) followed by swallowing (9%; 7% in 2020; p=0.349).

Quantity

Among those who reported recent use and responded (n=410), the median amount used in a 'typical' session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2020; IQR=0.30-1.00; p=0.032). Of those who reported recent use and responded (n=428), the median maximum amount used was 1.00 gram (IQR=0.50–1.10; 1.00 gram in 2020; IQR=0.50-1.50; p=0.302).

Figure 19: Past six month use and frequency of use of cocaine, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
% Used	23	27	41	37	40	36	39	48	46	40	36	44	42	47	48	59	67	68	80
Median Days	2	2	2	2	3	3	2	3	2	3	2	2	3	3	3	3	4	4	5

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 10 days to improve visibility of trends. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 10: Past six month use of cocaine, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	46	26	35	7	37	17	-	18
2004	46	34	48	10	26	16	16	21
2005	55	44	63	20	49	35	11	41
2006	45	44	55	33	31	29	-	36
2007	62	46	54	35	36	27	-	41
2008	51	45	51	35	20	40	-	30
2009	64	44	48	31	20	24	23	55
2010	59	58	54	49	42	26	52	51
2011	59	43	43	39	45	32	-	52
2012	57	37	54	26	37	31	-	34
2013	42	38	46	17	35	34	34	40
2014	67	51	58	22	45	30	39	42
2015	61	41	46	17	45	29	52	39
2016	70	44	56	24	57	38	42	41
2017	62	48	53	24	60	31	57	50
2018	71	75	84	42	55	47	40	60
2019	83	75	80	38	71	47	74	67
2020	84	89	76	61	69	48	59	61
2021	**94***	**91**	**90***	**84*****	**78**	**59**	**71**	**73**

Note. - Per cent suppressed due to low numbers (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

The median price per gram of cocaine significantly increased in 2021, from $300 (IQR=300-350; n=348) in 2020 to $350 (IQR=300-350; n=310) in 2021 (p<0.001) (Figure 20).

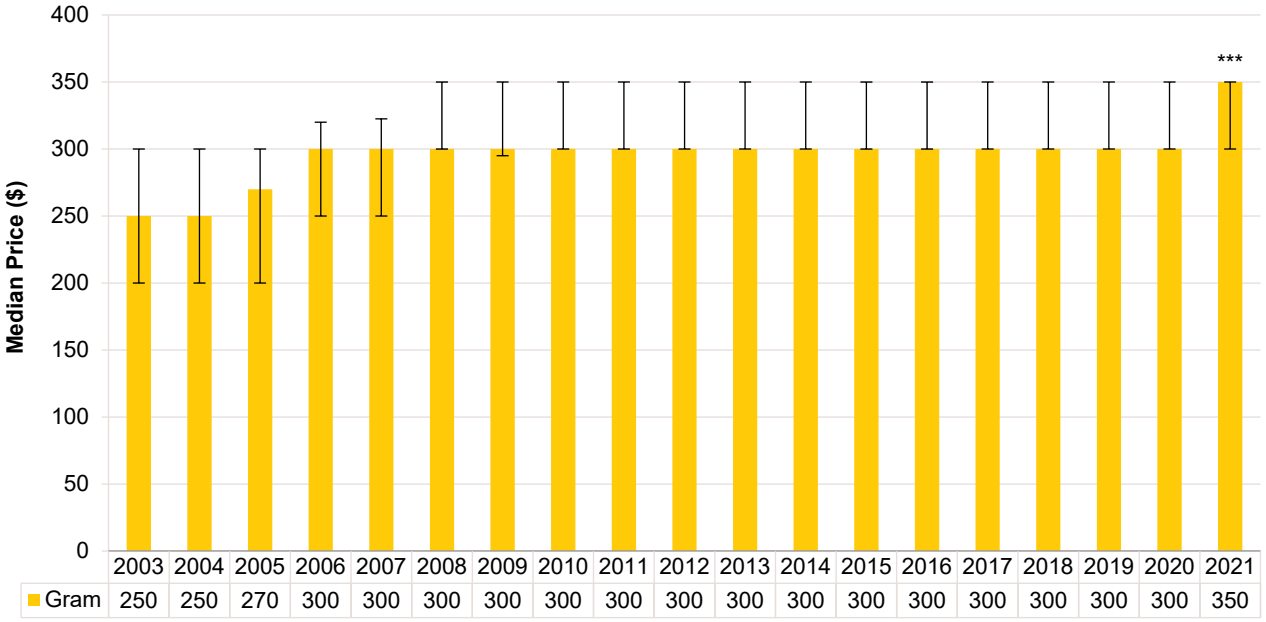
Perceived Purity

Among those able to comment in 2021 (n=488), perceived purity significantly changed between 2020 and 2021 (p=0.005). Specifically, almost one-fifth (18%) perceived purity to be 'high', a decrease from 28% in 2020, and one-third (33%) perceived purity to be 'medium', as compared to 30% in 2020 (Figure 21).

Perceived Availability

Among those able to comment in 2021 (n=482), perceived availability had significantly changed between 2020 and 2021 (p=0.004). Whilst over two-fifths (44%) reported that cocaine was 'easy' to obtain, unchanged from 2020 (44%), there was an increase in the per cent of participants who reported that it was 'very easy' to obtain (33%; 23% in 2020) (Figure 22).

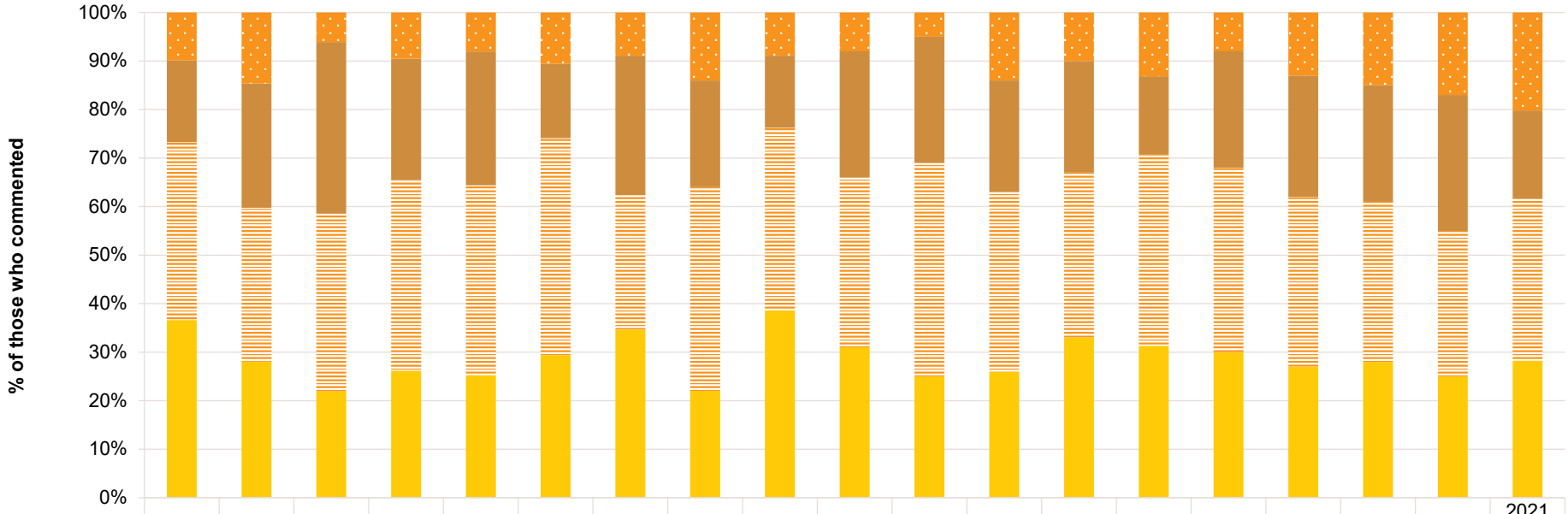
Figure 20: Median price of cocaine per gram, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Gram	250	250	270	300	300	300	300	300	300	300	300	300	300	300	300	300	300	300	350

Note. Among those who commented. The error bars represent the IQR. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

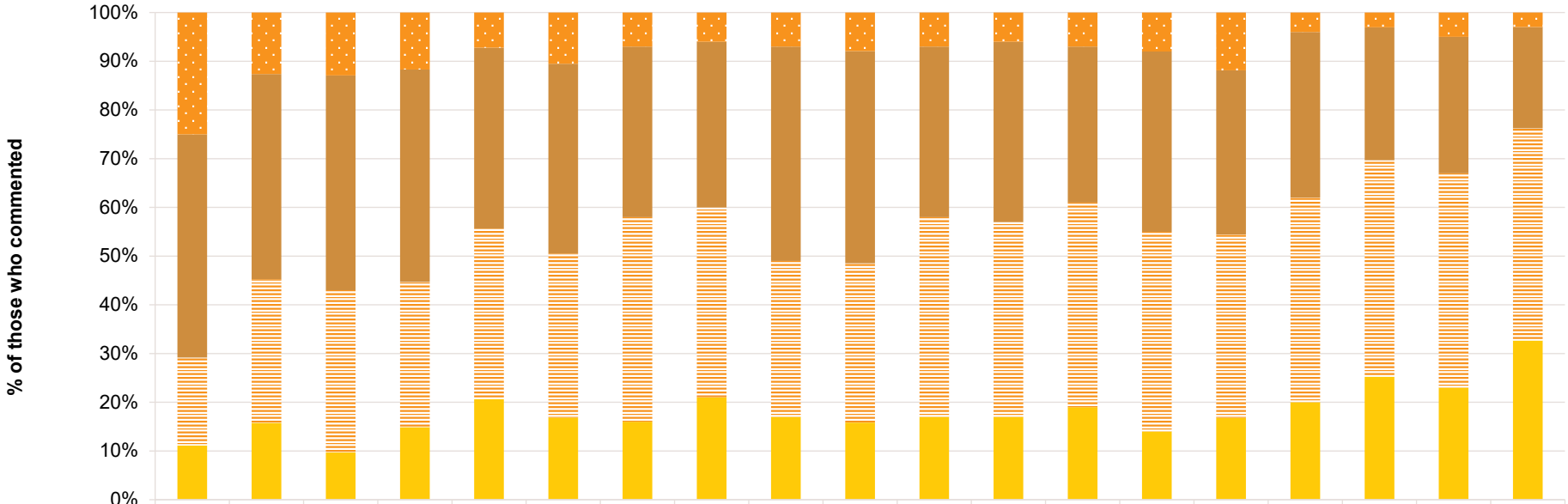
Figure 21: Current perceived purity of cocaine, nationally, 2003-2021



	2003 (n=123)	2004 (n=117)	2005 (n=188)	2006 (n=139)	2007 (n=178)	2008 (n=162)	2009 (n=140)	2010 (n=166)	2011 (n=182)	2012 (n=162)	2013 (n=127)	2014 (n=202)	2015 (n=165)	2016 (n=176)	2017 (n=236)	2018 (n=309)	2019 (n=444)	2020 (n=396)	2021 (n=488) **
Fluctuates	10	12	5	8	7	9	9	14	9	8	5	14	10	13	8	13	15	17	20
High	17	21	29	21	24	13	29	22	15	26	26	23	23	16	24	25	24	28	18
Medium	37	26	30	33	34	38	28	42	38	35	44	37	34	39	38	35	33	30	33
Low	37	23	18	22	22	25	35	22	39	31	25	26	33	31	30	27	28	25	28

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 22: Current perceived availability of cocaine, nationally, 2003-2021



	2003 (n=161)	2004 (n=137)	2005 (n=213)	2006 (n=158)	2007 (n=197)	2008 (n=182)	2009 (n=146)	2010 (n=182)	2011 (n=186)	2012 (n=165)	2013 (n=138)	2014 (n=208)	2015 (n=170)	2016 (n=188)	2017 (n=255)	2018 (n=317)	2019 (n=460)	2020 (n=409)	2021 (n=482) **
Very difficult	18	12	12	11	7	10	7	6	7	8	7	6	7	8	12	4	3	5	3
Difficult	33	40	41	41	36	37	35	34	44	44	35	37	32	37	34	34	27	28	21
Easy	13	28	31	28	34	32	42	39	32	33	41	40	42	41	38	42	44	44	44
Very easy	8	15	9	14	20	16	16	21	17	16	17	17	19	14	17	20	25	23	33

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

7

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least four in five participants have reported any recent use of cannabis each year since 2009. In 2021, 84% of participants reported any recent use, which was a significant decrease from 88% in 2020 (p=0.024) (Figure 23). There were, however, no significant changes in recent use across any of the jurisdictions from 2020 to 2021 (Table 11).

Frequency of Use

Typical frequency of use has varied between weekly and several times a week over the course of monitoring. Of those who had recently consumed cannabis and commented (n=416), participants reported a median of 48 days of use (IQR=10-170) in 2021, stable relative to 2020 (48 days; IQR=10-150; p=0.458) (Figure 23). Sixty-four per cent reported using cannabis weekly or more frequently (62% in 2020; p=0.412), including almost one-quarter (24%; n=156) who reported using cannabis daily (21% in 2020; p=0.139).

Routes of Administration

Among participants who had recently consumed cannabis and commented (n=648), nearly all reported smoking cannabis (95%; 95% in 2020; p=0.916), consistent across all years. Over one-third (34%) reported swallowing (35% in 2020; p=0.779) and almost one-quarter (24%) reported inhaling/vaporising cannabis (26% in 2020; p=0.557).

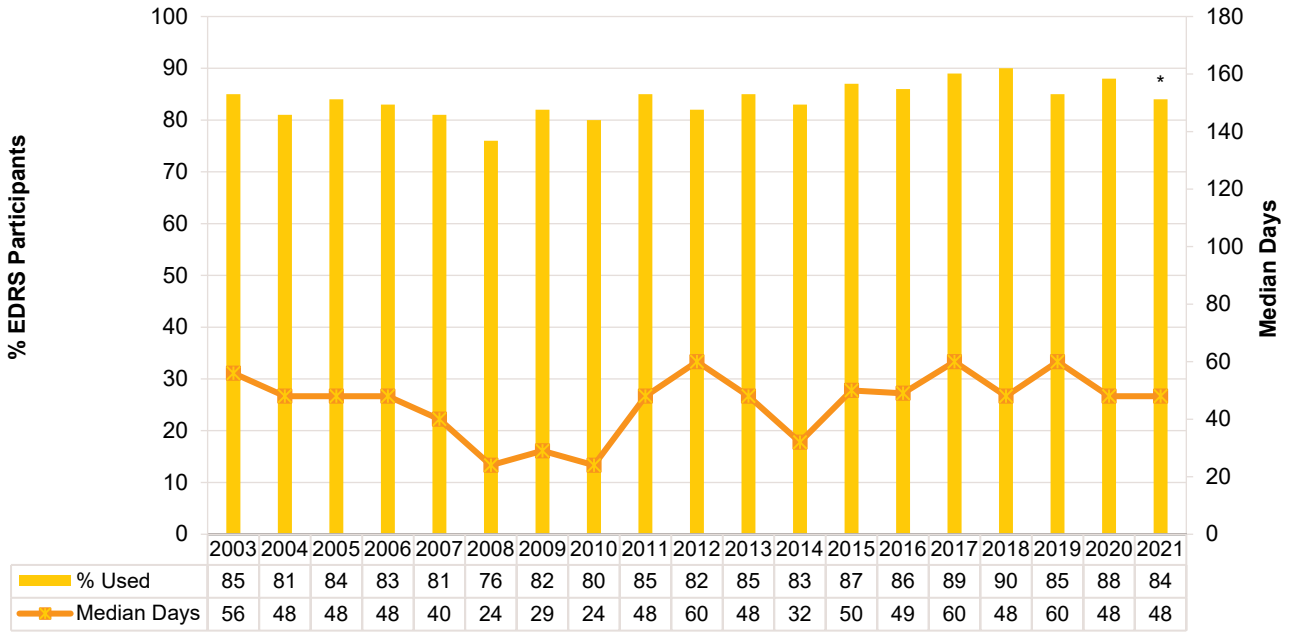
Quantity

Of those who reported recent use, the median 'typical' amount used on the last occasion of use was 1.00 gram (IQR=0.50-2.00; n=195; 1.00 gram in 2020; IQR=1.00-2.00; p=0.054), two cones (IQR=1-4; n=187; 3 cones in 2020; IQR=1.5-5; p=0.030) or one joint (IQR=0.5-1.5; n=220; 1 joint in 2020; IQR=1-2; p=0.191).

Forms Used

Among all EDRS participants, the majority reported recent use of hydroponic cannabis (71%; 74% in 2020; p=0.327) and two-thirds (67%) also reported recent use of outdoor-grown 'bush' cannabis (71% in 2020; p=0.199). Fewer participants reported having used hashish (11%; 17% in 2020; p=0.007) and hash oil (11%; 14% in 2020; p=0.082) in the preceding six months. One-tenth (10%) of participants reported recent use of (non-prescribed) pharmaceutical CBD oil in 2021.

Figure 23: Past six month use and frequency of use of cannabis, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
% Used	85	81	84	83	81	76	82	80	85	82	85	83	87	86	89	90	85	88	84
Median Days	56	48	48	48	40	24	29	24	48	60	48	32	50	49	60	48	60	48	48

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 11: Past six month use of cannabis (any form), by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	82	82	82	90	88	91	95	73
2004	85	83	78	91	81	84	87	70
2005	82	81	88	89	87	83	79	83
2006	73	83	79	82	83	85	84	92
2007	74	85	82	68	80	80	96	87
2008	71	86	84	74	74	85	40	81
2009	83	89	85	76	86	85	60	84
2010	78	89	89	72	84	81	70	72
2011	83	89	86	67	92	86	73	93
2012	86	92	85	69	88	77	83	81
2013	90	87	87	78	85	92	73	84
2014	85	74	81	76	87	86	84	87
2015	91	82	90	80	92	86	82	93
2016	85	85	86	77	97	87	82	86
2017	93	95	88	84	89	82	88	93
2018	91	88	84	94	85	86	93	95
2019	81	81	86	88	82	86	83	92
2020	91	85	89	84	90	87	91	90
2021	**88**	**86**	**84**	**75**	**84**	**82**	**83**	**89**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis nationally has consistently been $20 (IQR=17-28; n=39; $20 in 2020; IQR=15-30; n=89; *p*=0.443). The median price paid per ounce of hydroponic cannabis nationally was $330 (IQR=250-400; n=86; $300 in 2020; IQR=270-350; n=109; *p*=0.117) (Figure 24A).

Perceived Potency: Of those able to comment in 2021 (n=322), perceived potency of hydroponic cannabis significantly changed between 2020 and 2021 (*p*=0.001). The majority (62%) of participants reported potency to be 'high', an increase from 48% in 2020, and almost one-quarter (23%) reported potency to be 'medium', a slight decrease from 27% in 2020 (Figure 25A).

Perceived Availability: Of those able to comment in 2021 (n=327), perceived availability of hydroponic cannabis remained stable between 2020 and 2021 (*p*=0.120). The majority of participants reported hydroponic cannabis to be 'very easy' to obtain (56%; 48% in 2020) and one-third (33%) reported hydroponic to be 'easy' to obtain (41% in 2020) (Figure 26A).

Bush Cannabis

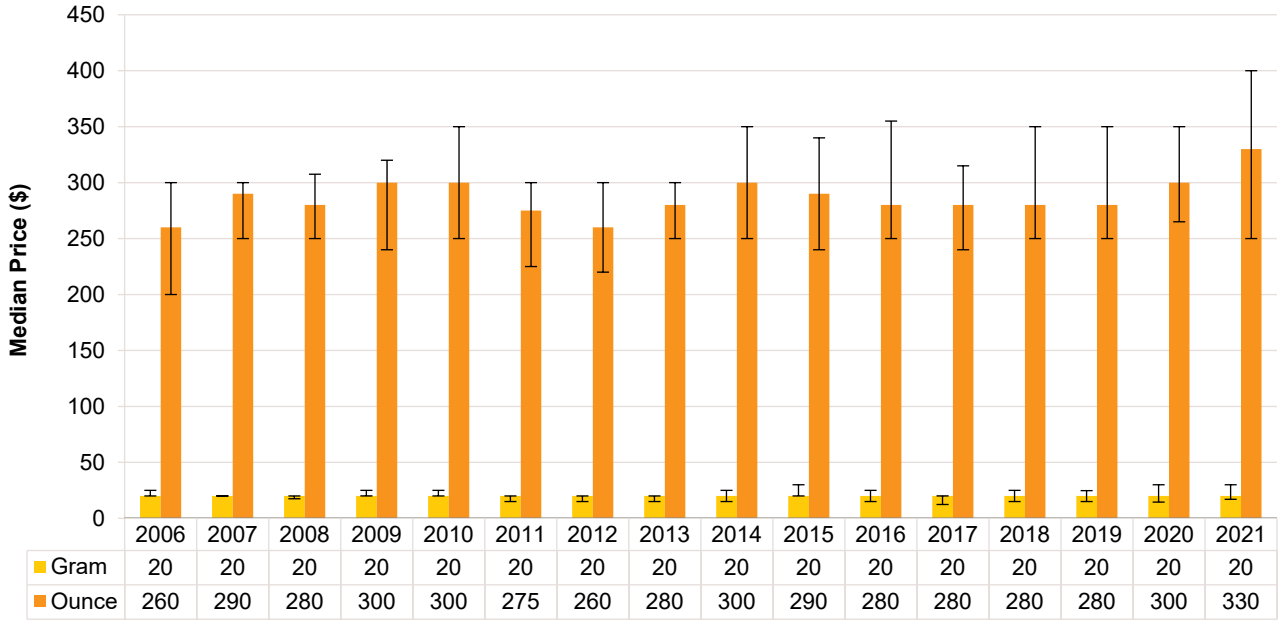
Price: The median price per gram for bush cannabis was $20 (IQR=15-28; n=27) in 2021, stable relative to 2020 ($20; IQR=15-25; n=73; *p*=0.482). The median price for an ounce also remained stable, with participants in 2021 reporting a median of $250 (IQR=200-320; n=69; $300 in 2020; IQR=240-320; n=91; *p*=0.302) (Figure 24B).

Perceived Potency: Among those that were able to comment in 2021 (n=278), perceived potency of bush cannabis significantly changed between 2020 and 2021 (*p*=0.001). Almost half (49%) reported potency to be 'medium', an increase from 37% in 2020. Fewer participants (13%) reported potency to be 'low' in 2021, compared to 18% in 2020 (Figure 25B).

Perceived Availability: Of those able to comment in 2021 (n=276), perceived availability of bush cannabis significantly changed between 2020 and 2021 (*p*=0.023). Those reporting bush cannabis as 'difficult' (16% respectively) or 'very difficult' (5%; 3% in 2020) to obtain remained largely unchanged between 2020 and 2021. There was, however, an increase in participants reporting bush cannabis to be 'very easy' to obtain (53%; 40% in 2020) and an inverse decrease in those reporting that it was 'easy' to obtain (26%; 41% in 2020) (Figure 26B).

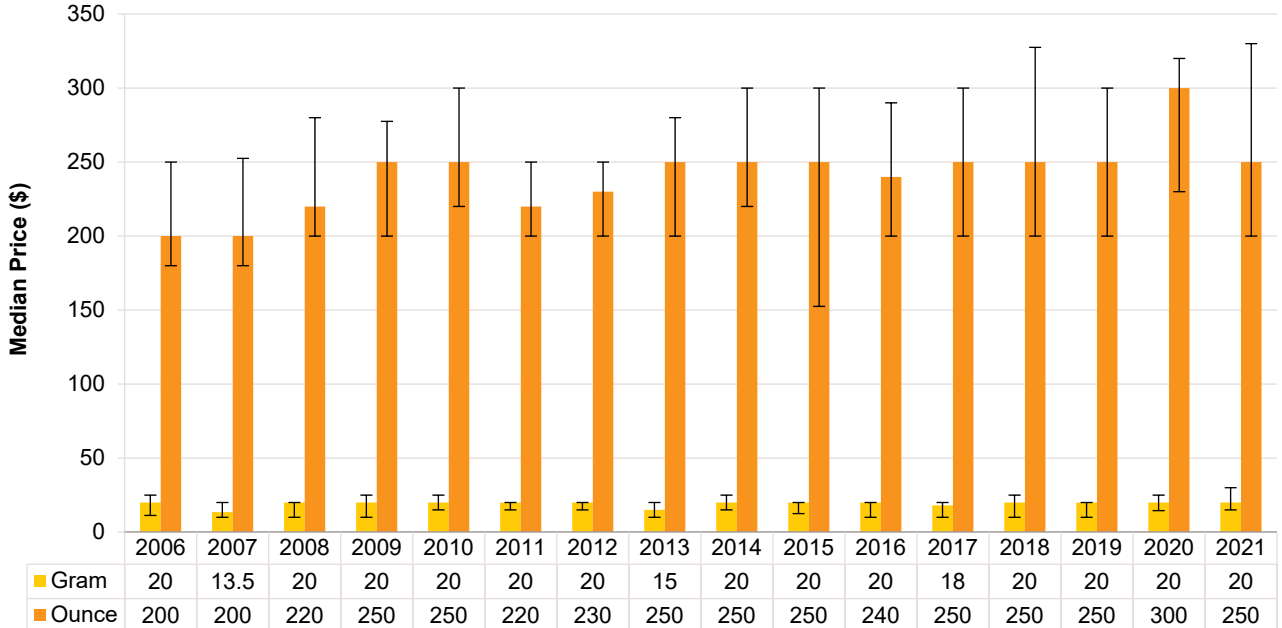
Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2006-2021

(A) Hydroponic cannabis



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Gram	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Ounce	260	290	280	300	300	275	260	280	300	290	280	280	280	280	300	330

(B) Bush cannabis

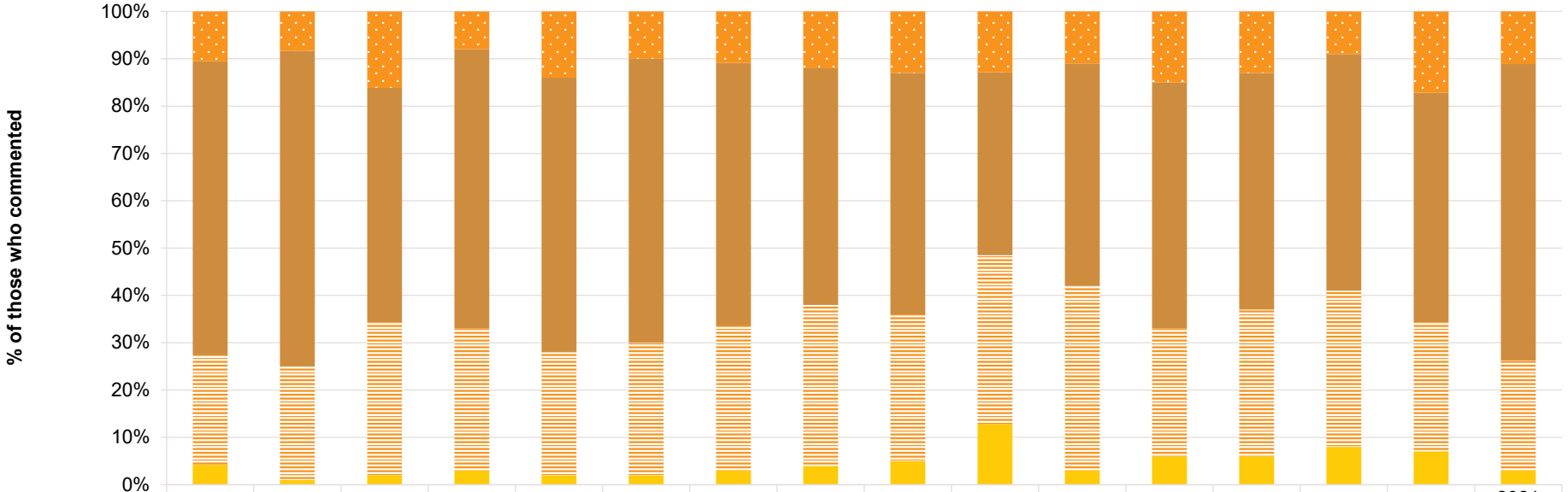


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Gram	20	13.5	20	20	20	20	20	15	20	20	20	18	20	20	20	20
Ounce	200	200	220	250	250	220	230	250	250	250	240	250	250	250	300	250

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

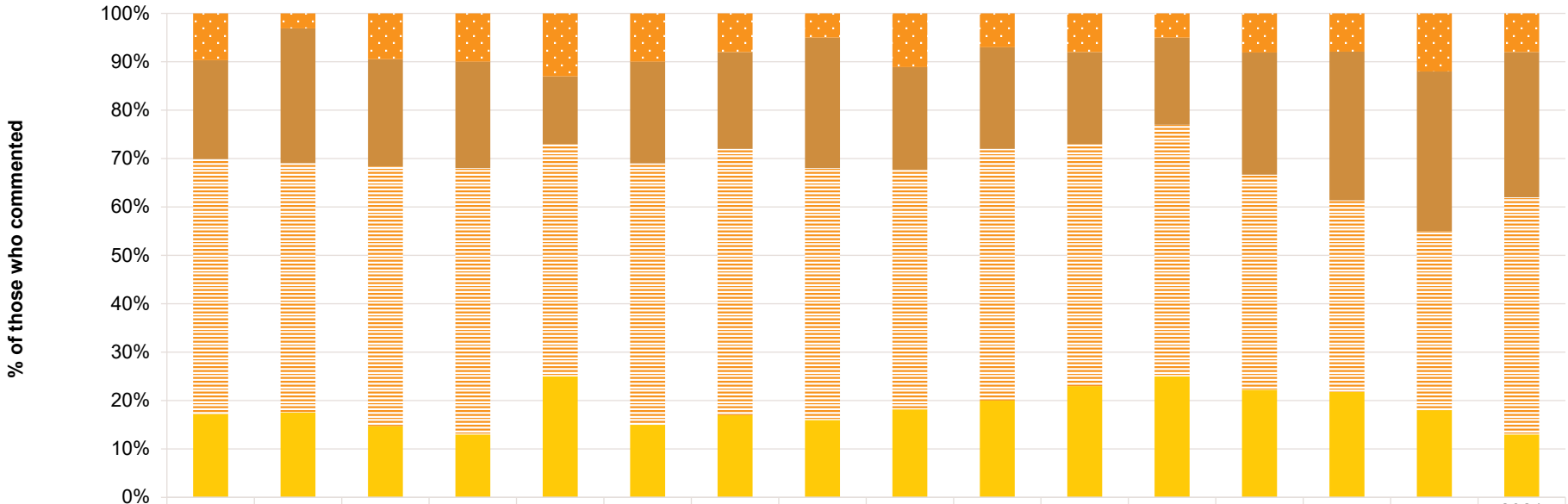
Figure 25: Current potency of hydroponic (A) and bush (B) cannabis, nationally, 2006-2021

(A) Hydroponic cannabis



	2006 (n=418)	2007 (n=310)	2008 (n=255)	2009 (n=371)	2010 (n=307)	2011 (n=308)	2012 (n=351)	2013 (n=346)	2014 (n=352)	2015 (n=381)	2016 (n=359)	2017 (n=379)	2018 (n=380)	2019 (n=404)	2020 (n=332)	2021 (n=322) **
Fluctuates	10	8	16	8	14	10	11	12	13	13	11	15	13	9	17	11
High	59	64	49	59	58	60	56	50	51	39	47	52	50	50	48	62
Medium	22	23	32	30	26	28	31	34	31	36	39	27	31	33	27	23
Low	4	1	2	3	2	2	3	4	5	13	3	6	6	8	7	3

(B) Bush cannabis

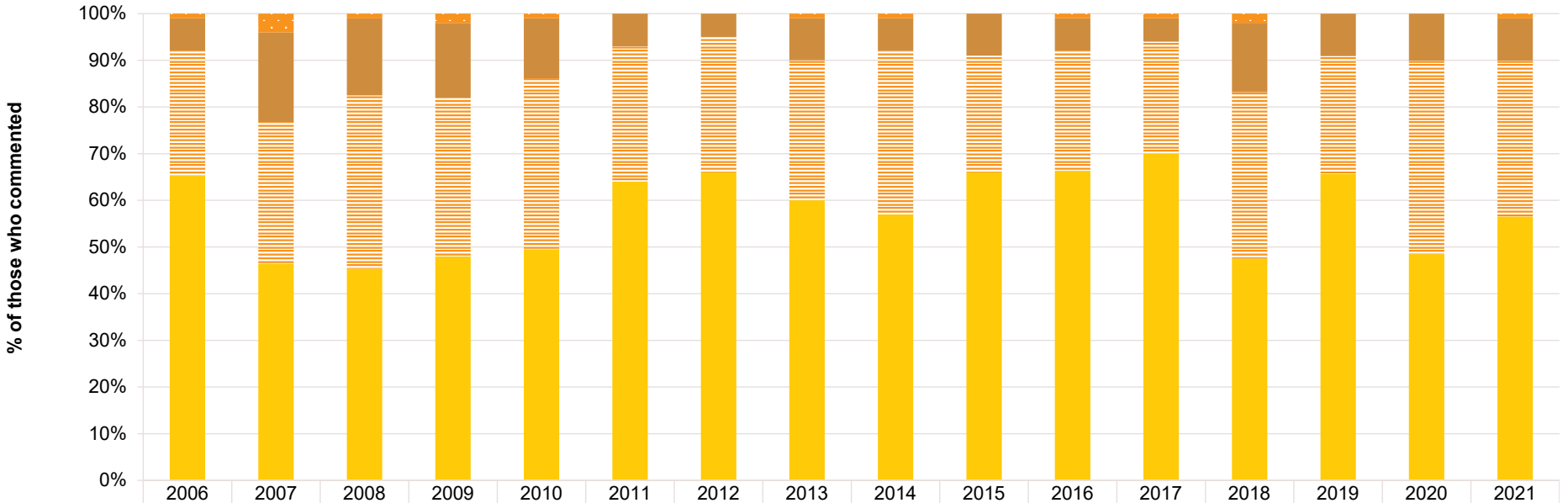


	2006 (n=277)	2007 (n=201)	2008 (n=176)	2009 (n=284)	2010 (n=211)	2011 (n=229)	2012 (n=266)	2013 (n=279)	2014 (n=310)	2015 (n=291)	2016 (n=280)	2017 (n=334)	2018 (n=291)	2019 (n=326)	2020 (n=278)	2021 (n=278) **
Fluctuates	9	3	9	10	13	10	8	5	11	7	8	5	8	8	12	8
High	19	27	21	22	14	21	20	27	21	21	19	18	25	31	33	30
Medium	49	50	51	55	48	54	55	52	49	52	50	52	44	40	37	49
Low	16	17	14	13	25	15	17	16	18	20	23	25	22	22	18	13

Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

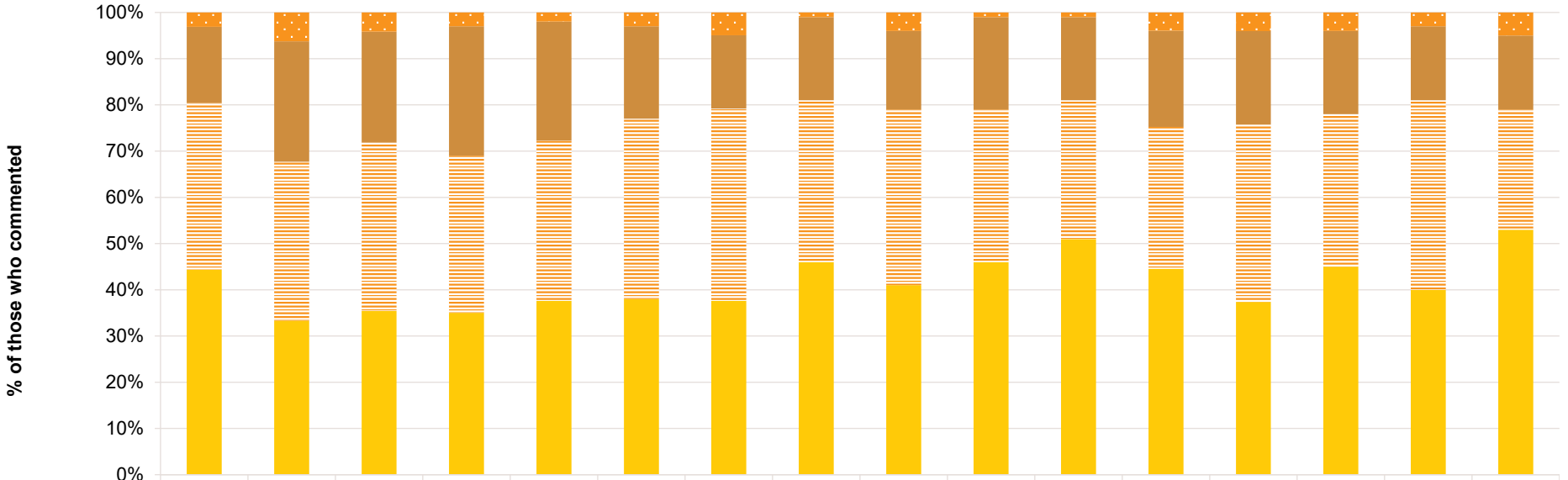
Figure 26: Current perceived availability of hydroponic (A) and bush (B) cannabis, nationally, 2006-2021

(A) Hydroponic cannabis



	2006 (n=433)	2007 (n=322)	2008 (n=258)	2009 (n=379)	2010 (n=312)	2011 (n=311)	2012 (n=355)	2013 (n=347)	2014 (n=359)	2015 (n=390	2016 (n=360)	2017 (n=382)	2018 (n=383)	2019 (n=409)	2020 (n=341)	2021 (n=327)
Very difficult	1	4	1	2	1	0	0	1	1	0	1	1	2	0	0	-
Difficult	7	19	16	16	13	7	5	9	7	9	7	5	15	9	10	9
Easy	27	30	36	34	37	29	29	30	35	25	26	24	36	25	41	33
Very easy	66	46	44	48	50	64	66	60	57	66	67	70	48	65	48	56

(B) Bush cannabis



	2006 (n=288)	2007 (n=203)	2008 (n=176)	2009 (n=285)	2010 (n=216)	2011 (n=234)	2012 (n=269)	2013 (n=280)	2014 (n=310)	2015 (n=289)	2016 (n=284)	2017 (n=332)	2018 (n=290)	2019 (n=327)	2020 (n=279)	2021 (n=276)
Very difficult	3	6	4	3	2	3	5	1	4	1	1	4	4	4	3	5
Difficult	16	25	23	28	26	20	16	18	17	20	18	21	20	18	16	16
Easy	35	33	35	34	35	39	42	35	38	33	30	31	38	33	41	26
Very easy	43	32	34	35	38	38	38	46	41	46	51	45	37	45	40	53

Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. – Per cent suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

8

Ketamine, LSD and DMT

Participants were asked about their recent (last six month) use of various forms of ketamine, lysergic acid diethylamide (LSD) and N,N-Dimethyltryptamine (DMT).

Ketamine

Patterns of Consumption

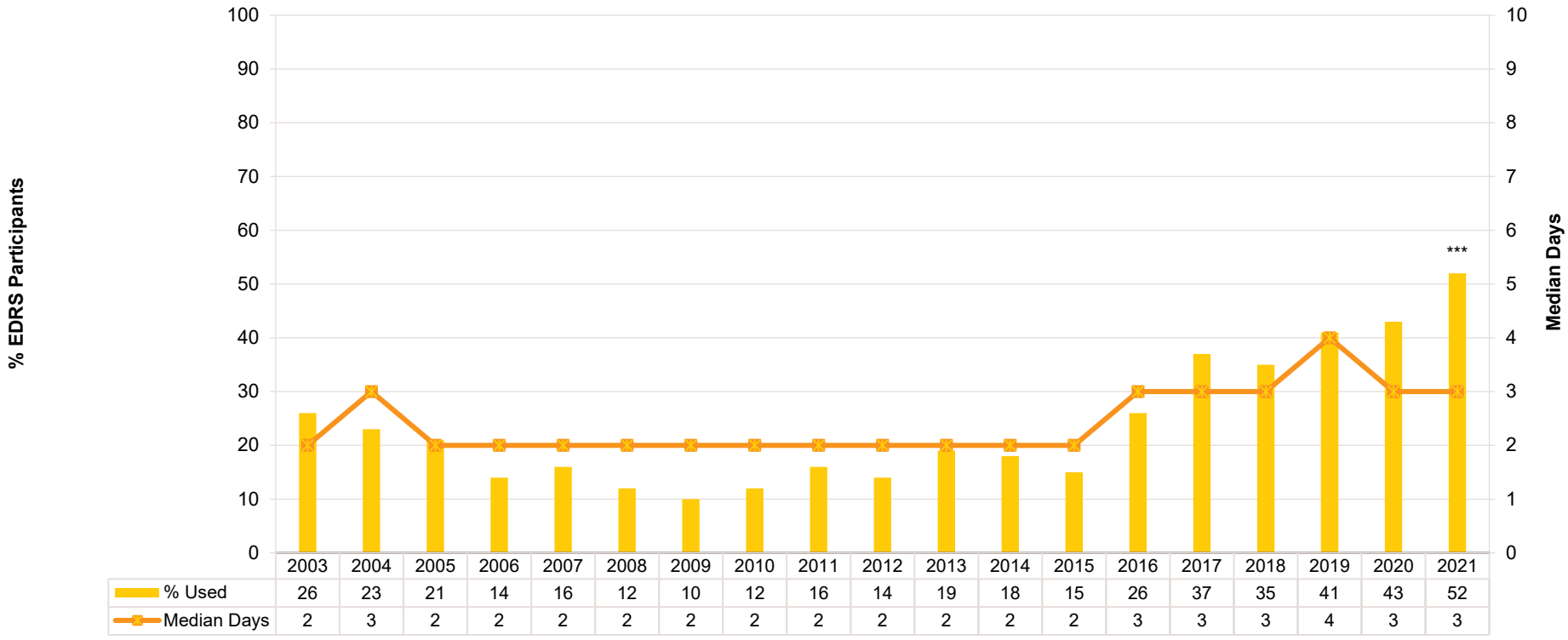
Recent Use (past 6 months): The per cent of the sample reporting any recent use of ketamine declined from the beginning of monitoring to 2009, with an increase observed from then onwards. In 2021, 52% of participants reported recent use, a significant increase from 43% in 2020 (p<0.001) (Figure 27), and the largest per cent reporting recent use since the commencement of monitoring. In 2021, jurisdictional estimates ranged from over one-quarter (28%) of the SA sample reporting recent use to over four-fifths (81%) of the VIC sample. The per cent reporting recent use increased significantly from 2020 to 2021 in the NSW (p=0.002) and the NT (p<0.001) samples (Table 12).

Frequency of Use: Of those who had recently consumed ketamine and commented (n=404), frequency of use remained stable in 2021 compared to 2020 (median 3 days; IQR=2-8; 3 days in 2020; IQR=2-8; p=0.748) (Figure 27). The per cent that reported weekly or more frequent use also remained stable at 7% (4% in 2020; p=0.213).

Routes of Administration: Among participants who had recently consumed ketamine and commented (n=404), the most common route of administration was snorting (96%; 97% in 2020; p=0.701) followed by swallowing (5%; 6% in 2020; p=0.511). Smaller percentages (n≤5) reported smoking, injecting and shelving/shafting; therefore, numbers are suppressed.

Quantity: Among those who reported recent use and responded (n=237), the median amount used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2020; IQR=0.20-0.50; n=180; p=0.893). Of those who reported recent use and responded (n=248), the median maximum quantity used was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2020; IQR=0.30-0.70; n=188; p=0.418).

Figure 27: Past six month use and frequency of use of ketamine, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
% Used	26	23	21	14	16	12	10	12	16	14	19	18	15	26	37	35	41	43	52
Median Days	2	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	4	3	3

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 10 days to improve visibility of trends. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 12: Past six month use of ketamine, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	49	21	51	24	36	12	7	14
2004	39	15	45	-	39	10	18	16
2005	39	17	35	11	24	11	7	20
2006	27	15	29	6	11	-	-	12
2007	36	10	25	14	26	-	-	-
2008	30	6	20	6	20	-	0	-
2009	19	-	21	-	19	6	0	6
2010	24	6	23	6	13	-	-	8
2011	39	14	26	8	8	0	0	-
2012	24	14	35	-	10	-	-	7
2013	24	33	46	9	6	7	-	13
2014	23	6	63	14	-	11	15	-
2015	24	9	50	-	-	-	18	-
2016	50	20	72	-	15	18	11	22
2017	50	49	80	17	48	16	11	21
2018	54	29	90	23	24	22	11	28
2019	68	33	84	17	33	25	39	27
2020	53	47	78	52	32	31	24	28
2021	**76****	**51**	**81**	**46**	**28**	**41**	**55*****	**37**

Note. – Data not published due to small numbers commenting (n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

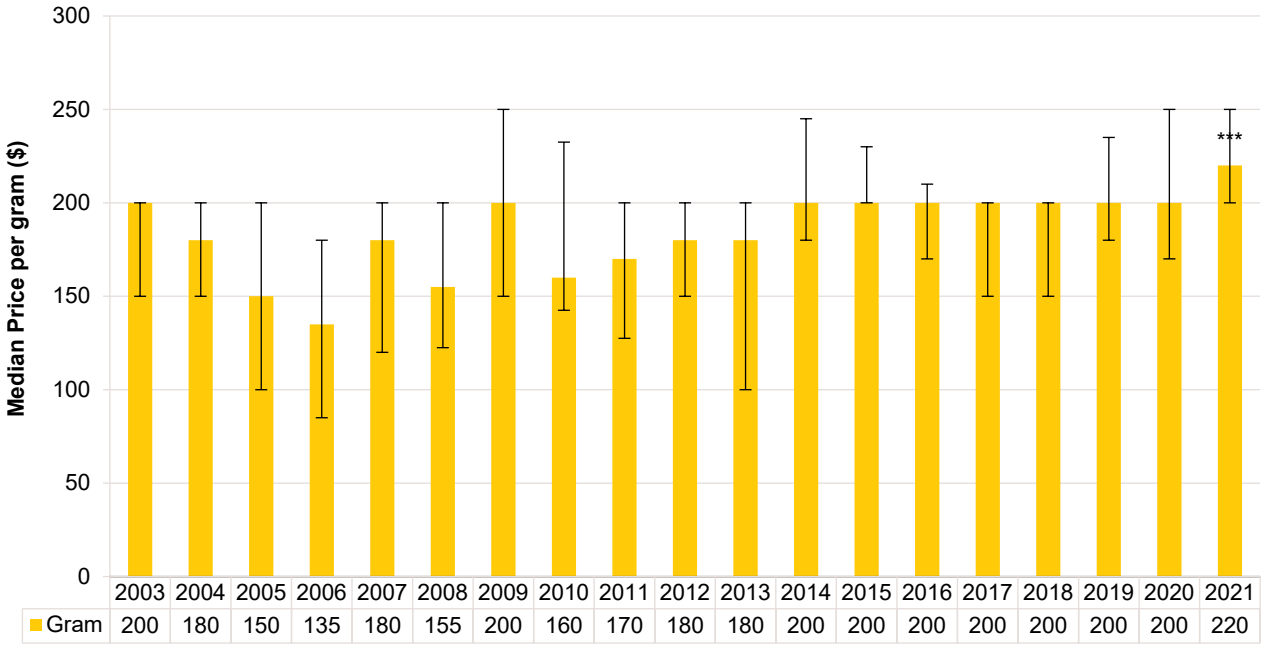
Price, Perceived Purity and Perceived Availability

Price: Historically, the median reported price of ketamine per gram decreased from $200 in 2003 to $135 in 2006, returning to the same median price from 2014-2020. In 2021, there was a significant increase in price, with participants reporting a median of $220 per gram (IQR=200-250; n=157; $200 in 2020; IQR=170-250; n=169; p<0.001) (Figure 28).

Perceived Purity: Among those able to comment in 2021 (n=267), perceived purity of ketamine remained stable between 2020 and 2021 (p=0.541). Over half (55%) perceived purity as being 'high' (60% in 2020), followed by one-quarter (25%) reporting 'medium' perceived purity in 2021 (25% in 2020) (Figure 29).

Perceived Availability: Of those able to comment in 2021 (n=276), perceived availability of ketamine significantly changed between 2020 and 2021 (p=0.030). Over one-third (34%) perceived ketamine to be 'easy' to obtain, a decrease from 40% in 2020, and 24% perceived it to be 'very easy' to obtain (17% in 2020). A decrease was also observed in the percentage of participants who reported ketamine as being 'difficult' to obtain, from 37% in 2020 to 31% in 2021 (Figure 30).

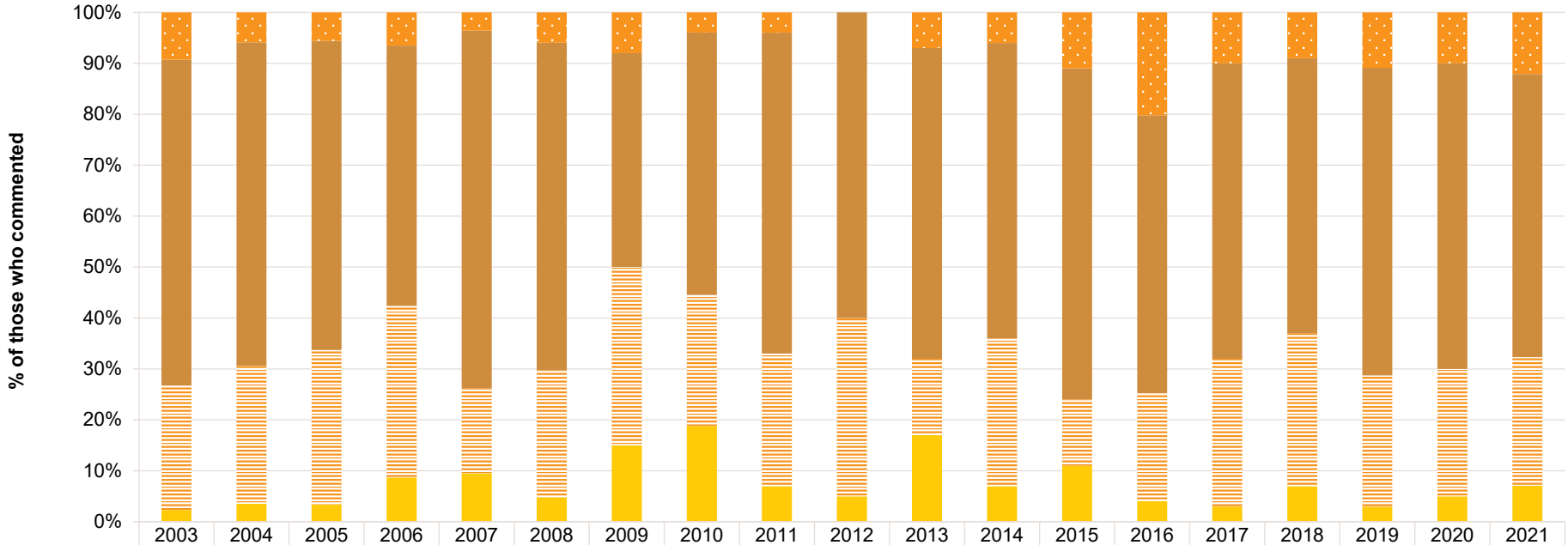
Figure 28: Median price of ketamine per gram, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Gram	200	180	150	135	180	155	200	160	170	180	180	200	200	200	200	200	200	200	220

Note. Among those who commented. The error bars represent the IQR. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

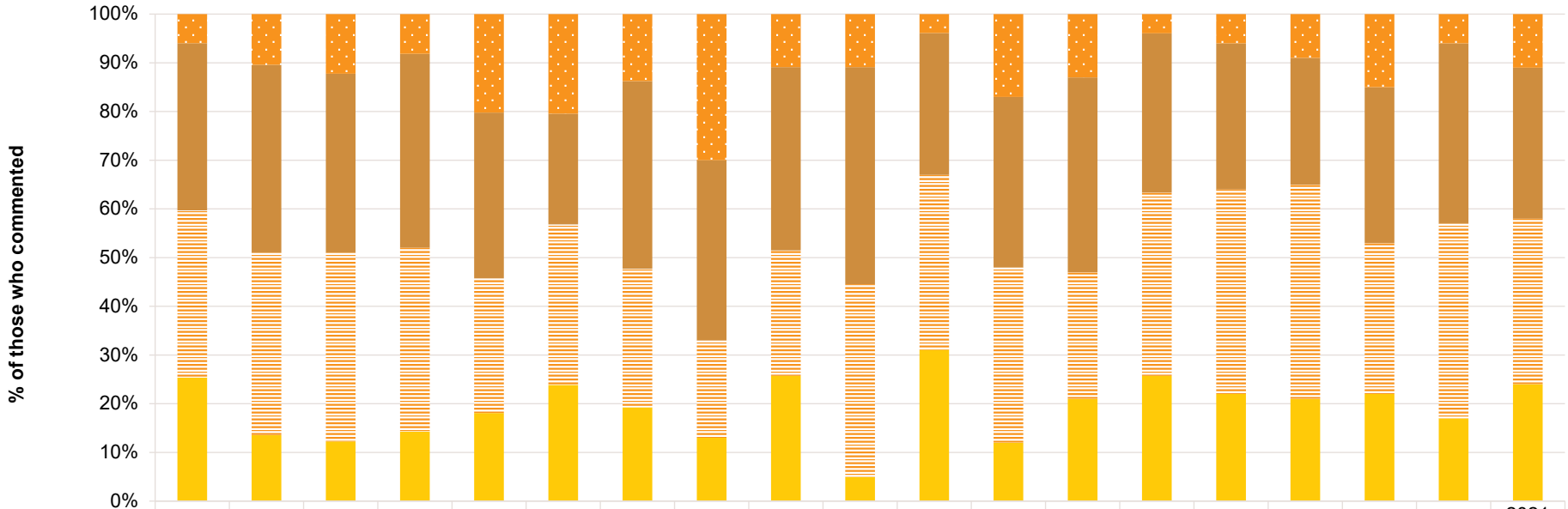
Figure 29: Current perceived purity of ketamine, nationally, 2003-2021



	2003 (n=141)	2004 (n=105)	2005 (n=115)	2006 (n=47)	2007 (n=54)	2008 (n=47)	2009 (n=26)	2010 (n=27)	2011 (n=46)	2012 (n=37)	2013 (n=54)	2014 (n=55)	2015 (n=46)	2016 (n=98)	2017 (n=136)	2018 (n=168)	2019 (n=254)	2020 (n=207)	2021 (n=267)
Fluctuates	8	5	5	6	3	5	8	4	4	0	7	6	11	20	10	9	11	10	12
High	55	54	54	47	59	54	42	52	63	60	61	58	65	54	58	54	61	60	55
Medium	21	23	27	31	14	21	35	26	26	35	15	29	13	21	29	30	26	25	25
Low	2	3	3	8	8	4	15	19	7	5	17	7	11	4	3	7	3	5	7

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 30: Current perceived availability of ketamine, nationally, 2003-2021



	2003 (n=102)	2004 (n=118)	2005 (n=126)	2006 (n=50)	2007 (n=61)	2008 (n=49)	2009 (n=26)	2010 (n=30)	2011 (n=47)	2012 (n=38)	2013 (n=57)	2014 (n=58)	2015 (n=47)	2016 (n=101)	2017 (n=145)	2018 (n=170)	2019 (n=265)	2020 (n=211)	2021 (n=276) *
Very difficult	4	10	12	8	19	18	15	30	11	11	4	17	13	4	6	9	15	6	11
Difficult	23	37	36	39	32	20	42	37	38	45	30	35	40	33	30	26	32	37	31
Easy	23	36	38	37	26	29	31	20	26	40	37	36	26	38	42	44	31	40	34
Very easy	17	13	12	14	17	21	21	13	26	5	32	12	21	26	22	21	22	17	24

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

LSD

Patterns of Consumption

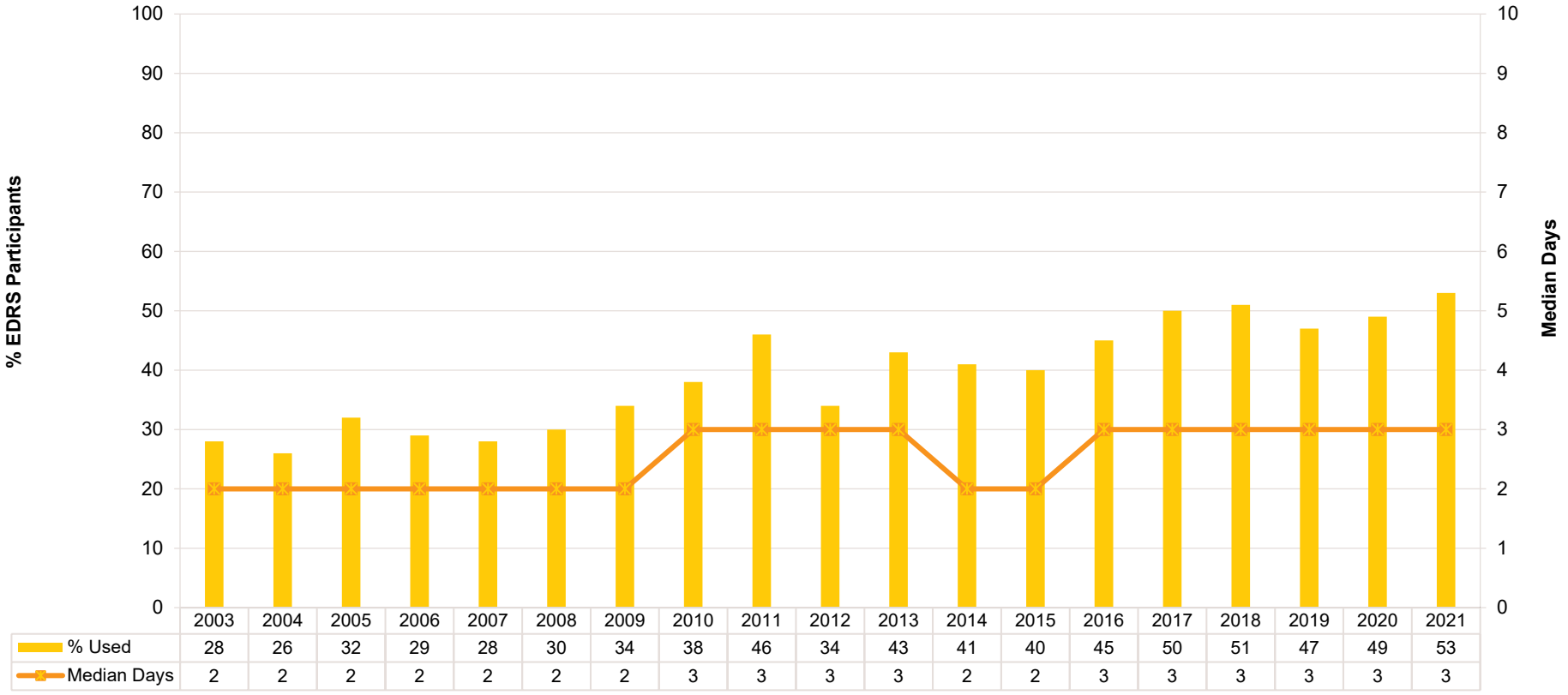
Recent Use (past 6 months): The per cent reporting any recent use of LSD has been gradually increasing over the course of monitoring. In 2021, the largest per cent of participants reporting recent use was observed since the commencement of monitoring, with 53% of participants reporting use in the previous six months, stable from 49% in 2020 (p=0.099) (Figure 31). Variation in use was observed across jurisdictions in 2021, ranging from 35% in the SA sample to 63% in the TAS sample (Table 13). A significant decrease was observed in the SA sample, from 52% in 2020 to 35% in 2021 (p=0.027), whilst a significant increase was observed in the NT sample, from 42% in 2020 to 59% in 2021 (p=0.024).

Frequency of Use: Of those who had recently consumed LSD and commented (n=412), use was reported as infrequent and stable, with a median of 3 (IQR=1-6) days of use in 2021 (3 days in 2020; IQR=1-5; p=0.278) (Figure 31). In addition, 4% reported using LSD on a weekly or more frequent basis (3% in 2020; p=0.506).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=411), the most common route of administration was swallowing (100%; 99% in 2020; p=0.585).

Quantity: Among those who reported recent use and responded (n=269), the median amount used in a 'typical' session was one tab (IQR=0.50-1.00; 1 tab in 2020; IQR=0.50-1.50; n=225; p=0.047). Of those who reported recent use and responded (n=268), the median maximum amount used was one tab (IQR=1.00–2.00; 1 tab in 2020; IQR=1.00-2.00; n=225; p=0.168).

Figure 31: Past six month use and frequency of use of LSD, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
% Used	28	26	32	29	28	30	34	38	46	34	43	41	40	45	50	51	47	49	53
Median Days	2	2	2	2	2	2	2	3	3	3	3	2	2	3	3	3	3	3	3

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 10 days to improve visibility of trends.
*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 13: Past six month use of LSD, by jurisdiction, 2003-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	27	44	48	24	30	22	25	18
2004	20	23	40	32	36	11	31	18
2005	33	30	38	31	48	35	15	23
2006	17	18	37	29	34	25	41	38
2007	22	24	39	20	33	23	33	28
2008	18	37	29	41	35	21	16	32
2009	37	35	46	34	37	31	11	30
2010	44	41	49	27	35	35	26	38
2011	46	39	57	43	30	36	60	52
2012	43	38	38	30	19	33	-	34
2013	51	53	52	38	25	41	40	41
2014	43	19	49	35	35	45	43	57
2015	60	37	46	41	37	24	32	41
2016	65	40	52	39	30	50	32	55
2017	73	64	52	39	36	33	47	52
2018	71	43	64	41	36	39	52	61
2019	48	42	55	44	43	43	52	53
2020	44	41	61	60	52	43	42	49
2021	**57**	**45**	**53**	**63**	**35***	**55**	**59***	**60**

Note. – Data not published due to small numbers commenting (n<5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

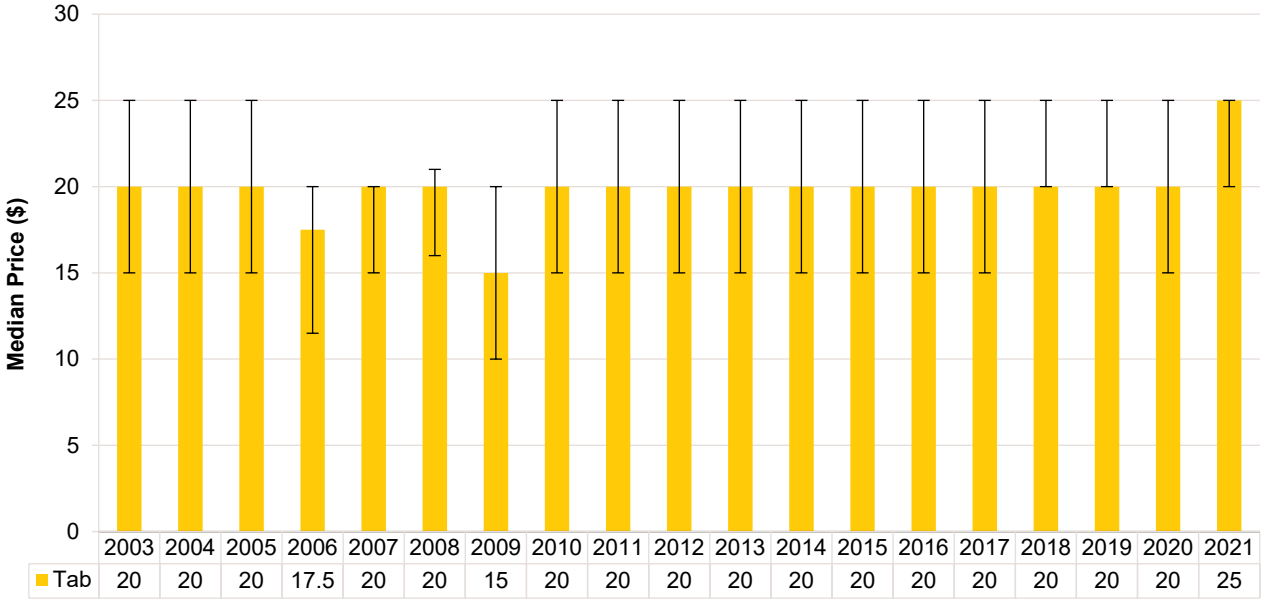
Price, Perceived Purity and Perceived Availability

Price: In 2021, participants reported a median of $25 per tab (IQR=20-25; n=189; $20 in 2020; IQR=15-25; n=302; p=0.173) (Figure 32).

Perceived Purity: Of those who commented in 2021 (n=355), perceived purity of LSD remained stable between 2020 and 2021 (p=0.200). Specifically, over three-fifths (61%) reported purity as 'high' (58% in 2020) and one-quarter (26%) reported it as 'medium' (23% in 2020) (Figure 33).

Perceived Availability: Of those able to comment in 2021 (n=364), perceived availability of LSD significantly changed between 2020 and 2021 (p=0.034). Forty-four per cent perceived LSD to be 'easy' to obtain, unchanged from 43% in 2020, whilst one-quarter (25%) reported LSD to be 'very easy' to obtain, an increase from 18% in 2020 (Figure 34). Inversely, there was a slight decrease in the percentage of participants who reported LSD as being 'difficult' to obtain (27%; 33% in 2020).

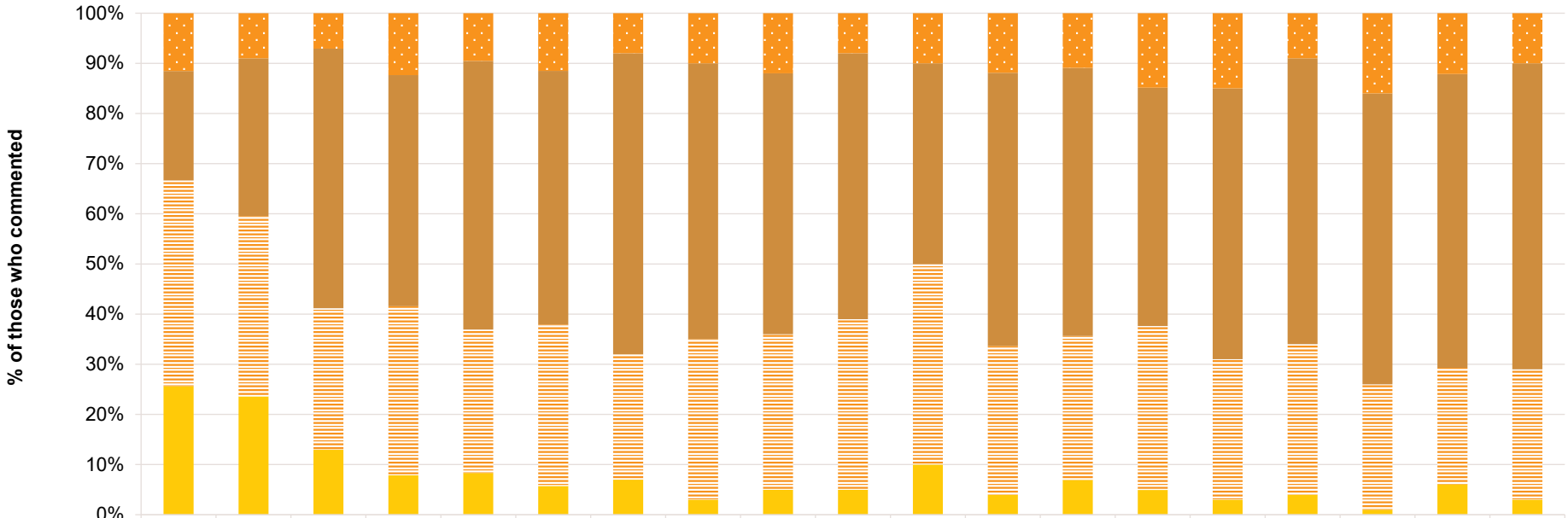
Figure 32: Median price of LSD per tab, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Tab	20	20	20	17.5	20	20	15	20	20	20	20	20	20	20	20	20	20	20	25

Note. Among those who commented. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

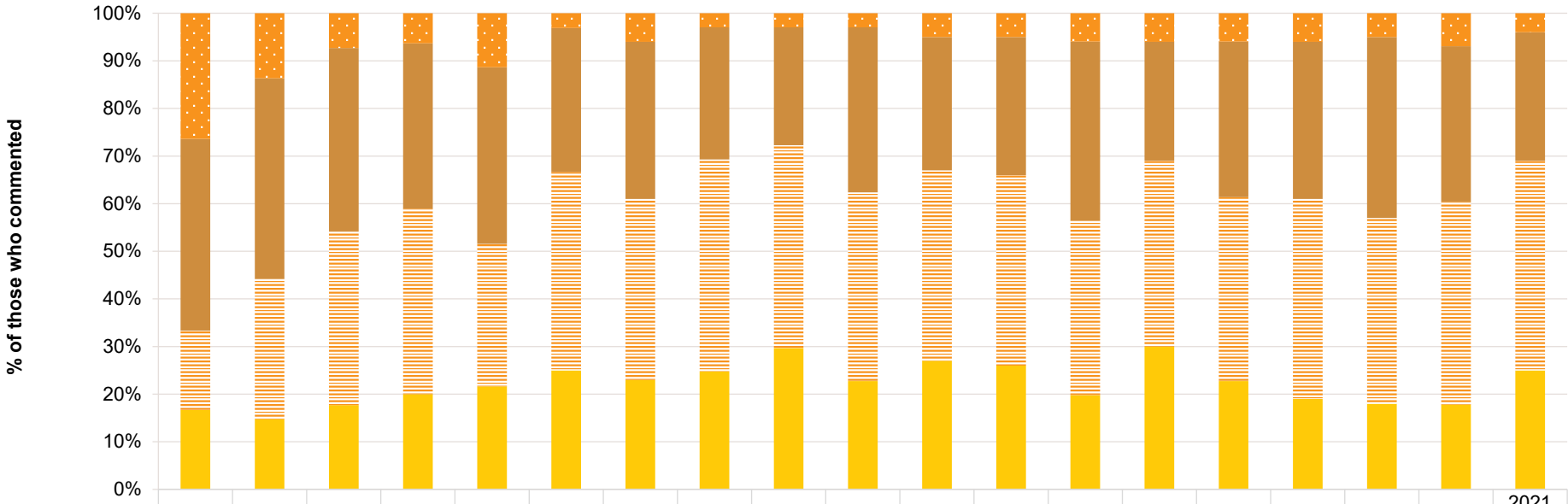
Figure 33: Current perceived purity of LSD, nationally, 2003-2021



	2003 (n=225)	2004 (n=199)	2005 (n=228)	2006 (n=176)	2007 (n=163)	2008 (n=165)	2009 (n=192)	2010 (n=184)	2011 (n=229)	2012 (n=185)	2013 (n=238)	2014 (n=244)	2015 (n=226)	2016 (n=286)	2017 (n=338)	2018 (n=362)	2019 (n=412)	2020 (n=326)	2021 (n=355)
Fluctuates	9	8	6	11	8	10	8	10	12	8	10	12	11	15	15	9	16	12	10
High	17	28	44	41	45	44	60	55	52	53	40	55	54	48	54	57	58	58	61
Medium	32	32	24	30	24	28	25	32	31	34	40	30	29	33	28	30	25	23	26
Low	20	21	11	7	7	5	7	3	5	5	10	4	7	5	3	4	1	6	3

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 34: Current perceived availability of LSD, nationally, 2003-2021



	2003 (n=192)	2004 (n=214)	2005 (n=255)	2006 (n=186)	2007 (n=190)	2008 (n=182)	2009 (n=207)	2010 (n=195)	2011 (n=236)	2012 (n=200)	2013 (n=247)	2014 (n=254)	2015 (n=231)	2016 (n=297)	2017 (n=344)	2018 (n=371)	2019 (n=424)	2020 (n=338)	2021 (n=364) *
Very difficult	19	13	7	6	11	3	6	3	3	3	5	5	6	6	6	6	5	7	4
Difficult	29	40	37	33	36	29	33	28	25	35	28	29	38	25	33	33	38	33	27
Easy	12	28	35	37	29	40	38	45	43	40	40	40	37	39	39	42	39	43	44
Very easy	12	14	17	19	21	24	23	25	30	23	27	26	20	30	23	19	18	18	25

Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DMT

Patterns of Consumption

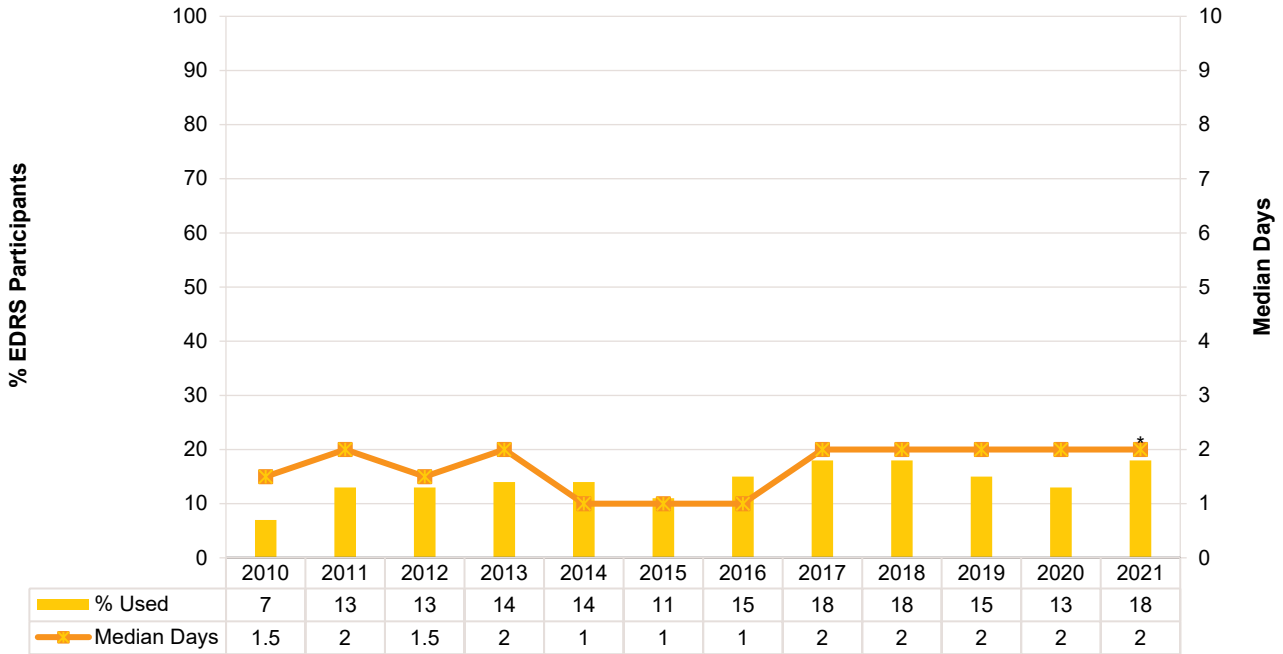
Recent Use (past 6 months): The per cent reporting DMT use has fluctuated over the reporting period, however, has consistently remained below 20% of the sample. In 2021, almost one-fifth (18%) of participants reported recent use, a significant increase from 13% in 2020 (p=0.015) (Figure 35).

Frequency of Use: Use across the years has shown to be infrequent and stable, with a median of 2 (IQR=1-3) days of use in 2021 (2 days in 2020; IQR=1-3; p=0.680) (Figure 35).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=136), the most common route of administration was smoking (98%; 97% in 2020). Smaller percentages (n≤5) reported injecting, swallowing and shelving/shafting; therefore, numbers are suppressed. No participants reported snorting DMT in 2021.

Quantity: Among those who reported recent use and responded (n=41), the median amount used in a 'typical' session was 25 mgs (IQR=2-100; 27.5 mgs in 2020; IQR=10-67.5; p=0.844). Of those who reported recent use and responded (n=41), the median maximum amount used was 40 mgs (IQR=3-100; maximum quantity of DMT not asked in 2020).

Figure 35: Past six month use and frequency of use of DMT, nationally, 2010-2021



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
% Used	7	13	13	14	14	11	15	18	18	15	13	18
Median Days	1.5	2	1.5	2	1	1	1	2	2	2	2	2

Note. Data collection for DMT started in 2010. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 14: Past six month use of DMT, by jurisdiction, 2010-2021

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2010	7	-	15	7	-	8	0	-
2011	8	18	29	-	8	25	-	6
2012	15	14	14	6	-	22	-	15
2013	9	8	25	11	14	22	-	14
2014	11	7	30	9	10	19	8	18
2015	10	6	25	-	11	13	6	9
2016	15	12	23	-	10	18	16	23
2017	20	21	23	-	22	23	13	18
2018	17	16	29	9	23	17	12	16
2019	17	13	16	6	16	22	17	16
2020	18	7	10	13	13	20	7	16
2021	**14**	**18***	**16**	**16**	**13**	**27**	**13**	**26**

Note. – Data not published due to small numbers commenting (n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability for DMT were not collected.

9

New Psychoactive Substances

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

New Psychoactive Substances (NPS)

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

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

Patterns of Consumption

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 44% in 2013 and declining to 16% in 2021 (15% in 2020; p=0.742) (Table 15). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 42% in 2013 and declining to 14% in 2021 (12% in 2020; p=0.453) (Table 16). Similar trends have been observed across all jurisdictions. In 2021, any NPS use (both including and excluding plant-based NPS) was highest in the VIC sample (23% and 21%, respectively) and lowest in the SA (10% and 8%, respectively) and WA samples (10% and 9%, respectively) (Table 15).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. Whilst the 2C class and synthetic cannabinoids have been highly endorsed over the course of monitoring, both peaking in 2013 (20% and 16%, respectively), the per cent reporting recent use of both substances has declined in recent years, with 6% reporting recent use of any 2C substance in 2021 (5% in 2020; p=0.826), and 2% reporting recent use of synthetic cannabinoids in 2021, a significant decline relative to 2020 (4%; p=0.019). Similarly, use of mephedrone (the most commonly reported NPS in 2010) has decreased over recent years (less than five participants reported recent mephedrone use in 2021, therefore numbers are suppressed).

Two per cent of the national sample reported recent use of new drugs that mimic the effects of psychedelic drugs like LSD in 2021 (1% in 2020; p=0.158). Two per cent of the national sample also reported recent use of benzodiazepine NPS in 2021 (1% in 2020; p=0.108), with one per cent reporting recent use of etizolam (n≤5 participants reported recent use of etizolam in 2020; p=0.071). Less than five participants reported recent use of new drugs that mimic the effects of ecstasy or new drugs that mimic the effect of amphetamines or cocaine (Table 17).

Table 15: Past six month use of any NPS (including plant-based NPS), nationally and by jurisdiction, 2010-2021

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2010	24	10	15	29	49	23	32	-	16
2011	36	35	36	40	33	49	54	-	22
2012	40	42	53	45	26	43	29	-	48
2013	44	52	48	45	34	38	45	38	47
2014	35	34	17	34	38	38	39	25	56
2015	37	40	33	36	22	49	32	39	39
2016	28	38	27	31	14	28	21	25	41
2017	26	32	25	29	17	31	22	26	26
2018	23	26	20	28	23	29	13	17	27
2019	20	16	28	17	18	27	8	19	27
2020	15	23	13	12	10	17	9	13	21
2021	**16**	**17**	**18**	**23**	**11**	**10**	**10**	**20**	**15**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 8 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 16: Past six month use of any NPS (excluding plant-based NPS), nationally and by jurisdiction, 2010-2021

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2010	24	9	15	28	48	22	31	-	15
2011	33	31	26	37	33	47	50	-	21
2012	37	42	49	40	24	37	27	-	48
2013	42	52	44	45	33	36	43	36	44
2014	34	34	17	34	36	35	39	22	52
2015	34	36	32	33	18	44	32	38	39
2016	27	35	24	29	14	25	21	25	40
2017	24	29	24	27	17	25	21	24	25
2018	21	26	18	27	21	26	12	16	25
2019	19	16	28	16	18	24	6	19	22
2020	12	18	11	12	8	12	7	10	19
2021	**14**	**16**	**17**	**21**	**10**	**8**	**9**	**14**	**14**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 8 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 17: Past six month use of NPS by drug type, nationally, 2010-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=693	N=574	N=607	N=686	N=800	N=763	N=795	N=785	N=799	N=797	N=805	N=774
% Phenethylamines^	7	14	12	20	20	18	13	12	9	7	6	**7**
Any 2C substance~	6	14	12	20	15	14	11	9	8	6	5	**6**
NBOMe	/	/	/	/	9	7	4	5	2	2	1	**1**
DO-x	1	1	0	-	-	0	0	1	-	-	0	**0**
4-FA	/	/	/	/	/	/	-	-	0	0	0	**0**
% Tryptamines^^	0	2	-	1	1	0	1	1	1	2	1	**2**
5-MeO-DMT	-	5	-	1	1	-	1	1	1	2	1	**2**
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	/	**/**
% Synthetic cathinones	19	18	11	9	8	8	3	5	4	5	1	**1**
Mephedrone	16	13	5	6	5	3	1	1	-	1	0	**-**
Methylone/bk MDMA	/	5	5	3	3	4	2	4	3	3	0	**0**
MDPV/Ivory wave	-	2	3	1	1	1	0	-	0	-	0	**0**
Alpha PVP	/	/	/	/	/	/	-	-	-	-	0	**0**
Other substituted cathinone	/	/	-	0	-	-	0	-	-	/	/	**/**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	**0**
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	**0**
% Piperazines	5	2	1	-	-	0	0	-	/	/	/	
BZP	5	2	1	-	-	0	0	-	/	/	/	**/**
% Dissociatives	**/**	**/**	1	2	2	2	3	2	0	2	1	**2**
Methoxetamine (MXE)	/	/	1	2	2	2	3	2	0	2	0	**1**
% Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	**/**	**/**	-	**1**
% Plant-based NPS	2	7	8	6	4	5	5	5	3	3	5	**5**
Ayahuasca	/	/	/	/	/	0	-	1	-	1	1	**-**
Mescaline	2	4	2	3	2	2	2	3	2	2	2	**3**
Salvia divinorum	/	2	3	2	2	1	2	2	1	1	2	**-**
Kratom											-	**1**
LSA	/	1	3	2	1	1	1	/	/	/	/	**/**
Datura	0	-	-	0	0	0	0	/	/	/	/	**/**
% Benzodiazepines	**/**	**/**	**/**	**/**	**/**	**/**	1	1	1	2	1	**2**
Etizolam	/	/	/	/	/	/	1	1	1	1	0	**1**
% Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	1	0	**0**
% Synthetic cannabinoids	**/**	6	15	16	7	6	4	2	3	3	4	**2***
% Herbal high#	/	/	12	8	4	5	4	2	2	2	**/**	**/**
% Phenibut	/	/	/	/	/	/	/	/	**/**	2	0	**1**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	-	-	-	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	1	1	0	**-**
% Other drugs that mimic the effect of	/	/	/	/	/	/	/	1	-	1	1	**-**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=693	N=574	N=607	N=686	N=800	N=763	N=795	N=785	N=799	N=797	N=805	N=774
amphetamine or cocaine												
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	1	2	1	**2**

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 8 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

10

Other Drugs

Participants were asked about their recent (past 6 month) use of various other drugs, including non-prescribed use of pharmaceutical drugs (i.e., use of a prescribed drug obtained from a prescription in someone else's name) and use of licit substances (e.g., alcohol, tobacco, e-cigarettes).

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2021, 24% of the national sample reported any recent use of codeine (25% in 2020; *p*=0.726). Fifteen per cent of the national sample had recently used prescribed codeine (15% in 2020; *p*=0.943), whereas 12% reported using non-prescribed codeine (12% in 2020).

Recent Use for Non-Pain Purposes: Eight per cent of the sample reported using non-prescribed codeine for non-pain purposes (67% of those who had recently used non-prescribed codeine) (Figure 36).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented (n=89) reported use on a median of 2 days (IQR=1-5) in the past six months, stable from 2020 (3 days; IQR=1-5; *p*=0.841).

Pharmaceutical Opioids

Recent Use (past 6 months): The per cent of participants reporting any past six month use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, oxycodone, morphine, fentanyl, excluding codeine) remained stable, from 9% in 2020 to 10% in 2021 (*p*=0.490) (Figure 36).

Frequency of Use: Frequency of use remained low and stable in 2021 at a median of 2 days (IQR=1-5; n=73) of non-prescribed pharmaceutical opioid use in the six months prior to interview (2 days in 2020; IQR=1-4; *p*=0.297).

Pharmaceutical Stimulants

Recent Use (past 6 months): The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 17% in 2007 to 39% in 2020. An increase was observed in 2021, whereby 46% of the national sample reported recent use (*p*=0.004), signifying the highest percentage of recent use since monitoring commenced (Figure 36).

Frequency of Use: Median days of use remained unchanged between 2020 and 2021 (5 days; IQR=2-12; n=353; 5 days in 2020; IQR=2-12; *p*=0.950).

Quantity: Among those who reported recent use of non-prescribed pharmaceutical stimulants and responded (n=306), the median amount used in a 'typical' session was two pills/tablets (IQR=1-2; 2 pills/tablets in 2020; IQR=1-3; *p*=0.013). Of those who reported recent use and responded (n=307), the median maximum amount used was two pills/tablets (IQR=1-4; maximum quantity of pharmaceutical stimulants not asked in 2020).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began. In 2021, over one-third (35%) of the sample reported such

use, similar to 2020 (40%; *p*=0.054) (Figure 36). From 2019, participants were asked about non-prescribed alprazolam use versus 'other' non-prescribed benzodiazepine use. Almost one-fifth (19%) of participants reported recent use of non-prescribed alprazolam, a significant decrease from 26% in 2020 (*p*=0.001). Recent use of non-prescribed 'other' benzodiazepines remained stable, with over one-quarter (26%) reporting recent use in 2021 (28% in 2020; *p*=0.428).

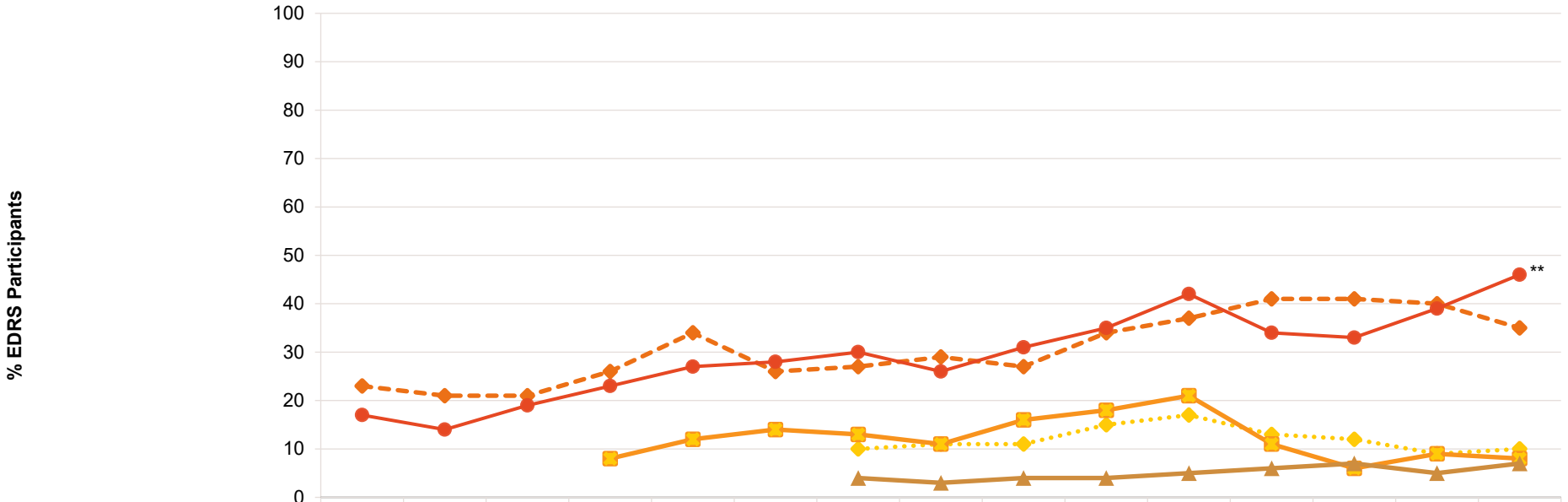
Frequency of Use: People who had recently used non-prescribed benzodiazepines and commented (n=148) reported a median of 3 days (IQR=1-6; 3 days in 2020; IQR=2-10; *p*=0.083) of non-prescribed alprazolam use and 3 days (IQR=2-10, n=201; 3 days in 2020; IQR=2-7; *p*=0.441) of non-prescribed 'other' benzodiazepine use in the past six months, respectively.

Antipsychotics

Recent Use (past 6 months): Few participants reported any recent use of non-prescribed antipsychotics (7% in 2021; 5% in 2020; *p*=0.117) (Figure 36).

Frequency of Use: A median of 5 days of use (IQR=1-65; n=55) was reported by participants who had recently used non-prescribed antipsychotics (3 days in 2020; IQR=1-8; *p*=0.950).

Figure 36: Non-prescribed use of pharmaceutical drugs in the past six months, nationally, 2007-2021



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Pharmaceutical Opioids							10	11	11	15	17	13	12	9	10
Codeine				8	12	14	13	11	16	18	21	11	6	9	8
Benzodiazepines	23	21	21	26	34	26	27	29	27	34	37	41	41	40	35
Pharmaceutical Stimulants	17	14	19	23	27	28	30	26	31	35	42	34	33	39	46
Antipsychotics							4	3	4	4	5	6	7	5	7

Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2010, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines. In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents non-prescribed low-dose codeine used for non-pain purposes (2010-2020) and non-prescribed codeine (low- and high-dose) for non-pain purposes (2021). Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Forty-five per cent of the national sample had used hallucinogenic mushrooms in the six months preceding interview, a significant increase from 30% in 2020 (p<0.001) (Figure 37).

Frequency of Use: Frequency of use was infrequent in 2021 at a median of 2 days (IQR=1-4; n=346; 2 days in 2020; IQR=1-4; p=0.151).

MDA

Recent Use (past 6 months): Recent use of MDA remained stable in 2021, with 5% of the national sample reporting any use of MDA in the six months preceding interview (6% in 2020; p=0.189) (Figure 37).

Frequency of Use: Frequency of use was infrequent at a median of 2 days (IQR=1-3, n=35) in 2021 (no data were collected in 2020 on frequency of use).

Substance with Unknown Contents

Capsules: Capsules with unknown contents peaked in 2017, with 20% of participants reporting recent use. This has since decreased across recent years, with 6% of the national sample reporting past six-month use in 2021, stable from 7% in 2020 (p=0.551) (Figure 37).

Other Unknown Substances: Fifteen per cent of participants reported use of any substance with 'unknown contents' in 2021 (18% in 2020; p=0.099) on a median of 1 day (IQR=1-4; questions on frequency of use were not asked in 2020).

From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder and crystal form. Of the 2021 sample, 5% reported using pills with unknown contents, 7% had recently used powder with unknown contents and 1% had recently consumed crystal with unknown contents.

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with unknown contents in the six months preceding interview. Of those who reported recent use and responded (n=37), the median 'typical' amount used in a session was one pill with unknown contents (IQR=1-3; 1 pill in 2020; IQR=1-2; p=0.001). Of those who reported recent use and responded (n=44), the median 'typical' amount used in a session was one capsule with unknown contents (IQR=1-2; 1 capsule in 2020; IQR=1-2; p=0.073).

Heroin

Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin (3% in 2021; 1% in 2020; p=0.117) (Figure 37).

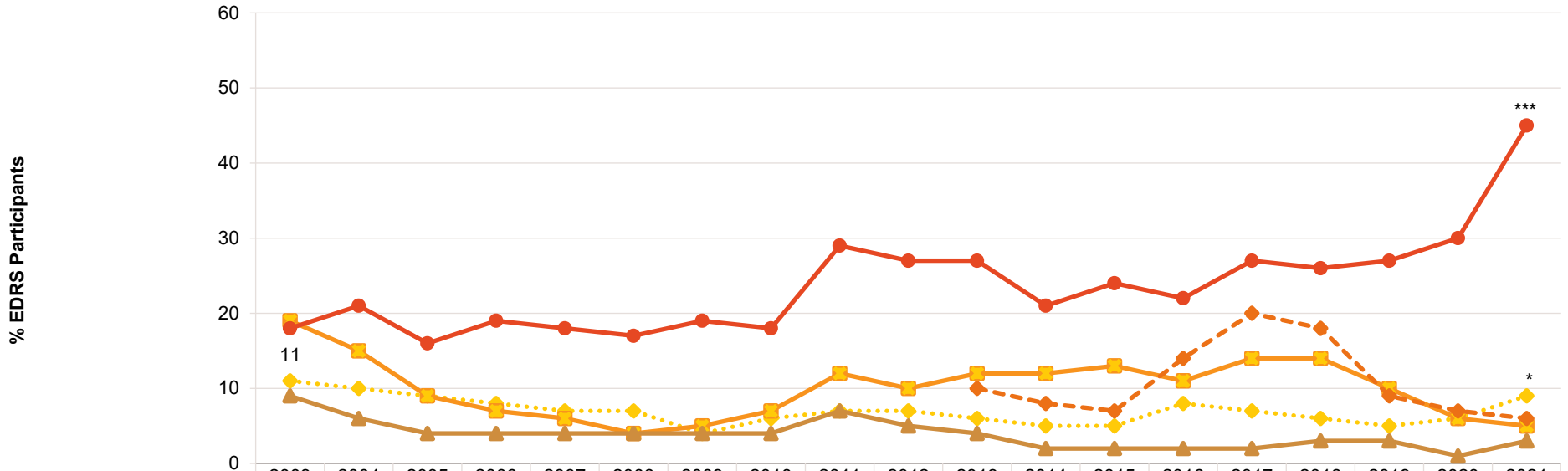
Frequency of Use: Participants reported a median of 2 days of use (IQR=1-5; n=20) in 2021, stable from 2020 (1 day; IQR=1-4; p=0.390).

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

Recent Use (past 6 months): Nine per cent of the national sample reported recent use of GHB/GBL/1,4 BD, a significant increase from 6% in 2020 (p=0.049) (Figure 37).

Frequency of Use: GHB/GBL/1,4 BD was used on a median of 2 days in 2021 (IQR=1-6, n=67; 2 days in 2020; IQR=1-6, p=0.975), indicating infrequent use.

Figure 37: Past six month use of other illicit drugs, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
GHB/GBL/1,4 BD	11	10	9	8	7	7	4	6	7	7	6	5	5	8	7	6	5	6	9
MDA	19	15	9	7	6	4	5	7	12	10	12	12	13	11	14	14	10	6	5
Heroin	9	6	4	4	4	4	4	4	7	5	4	2	2	2	2	3	3	1	3
Capsules contents unknown											10	8	7	14	20	18	9	7	6
Mushrooms	18	21	16	19	18	17	19	18	29	27	27	21	24	22	27	26	27	30	45

Note. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis reduced to 60% to improve visibility of trends. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the national sample have reported recent alcohol use each year (96% in 2021; 98% in 2020; p=0.014) (Figure 38).

Frequency of Use: People who had used alcohol reported a median of 48 days of use in the past six months (IQR=24-72; n=738; 45 days in 2020; IQR=20-72; p=0.366). Over three-quarters (78%) of consumers drank alcohol on a weekly or more frequent basis (75% in 2020; p=0.134); this includes 4% who reported daily use (4% in 2020; p=0.430).

Tobacco

Recent Use (past 6 months): Whilst almost three-quarters (73%) of participants reported recent use in 2021, this was a significant decline from 83% reporting recent use in 2020 (p<0.001) (Figure 38).

Frequency of Use: Median frequency of use reported by participants was 90 days (IQR=15-180; n=566; 120 days in 2020; IQR=24-180; p=0.074), with 39% of people who had recently used tobacco reporting daily use (42% in 2020; p=0.321). In 2021, daily use amongst those reporting any use was highest in the ACT sample (51%) and lowest in the WA sample (26%).

E-cigarettes

Recent Use (past 6 months): Almost three-fifths (58%) of the national sample reported any e-cigarette use in the six months preceding interview, a significant increase from 39% in 2020 (p<0.001) (Figure 38). The highest per cent of recent use was observed in the NSW sample (85%) and the lowest per cent was observed in the NT sample (46%).

Frequency of Use: Median days of use in the past six months also significantly increased, from 7 days in 2020 (IQR=3-30) to 30 days in 2021 (IQR=7-120; n=444; p<0.001). Almost one-fifth (19%) of those who had recently used e-cigarettes reported use on a daily basis in the past six months, an increase from 8% in 2020 (p<0.001).

Forms Used: Among those who had recently used e-cigarettes and responded (n=447), the majority (94%) reported using e-cigarettes containing nicotine, whereas 19% reported using e-cigarettes containing cannabis. Four per cent reported using e-cigarettes containing both nicotine and cannabis, and a further 4% reported using neither cannabis nor nicotine in 2021.

Reason for Use: Of those who reported e-cigarette use and responded (n=446), over three-fifths (61%) reported that they did not use e-cigarettes as a smoking cessation tool in 2021.

Nitrous Oxide

Recent Use (past 6 months): The per cent of the sample reporting any recent use of nitrous oxide was stable in 2021 (49%) relative to 2020 (54%; p=0.073) (Figure 38). The national estimate belies high jurisdictional variation, ranging from 33% in the SA sample to 69% in the NSW sample in 2021.

Frequency of Use: Frequency of use also remained stable, from 4 days (IQR=2-10) of use reported in 2020 to 4 days (IQR=2-10; n=378; p=0.121) of use reported in 2021, equivalent to less than monthly use.

Quantity: Among those who reported recent use and responded (n=372), the median amount used in a 'typical' session was five bulbs (IQR=3-15; 8 bulbs in 2020; IQR=3-16.5; p=0.041). Of those who reported recent use and responded (n=371), the median maximum amount used was 10 bulbs (IQR=4-30; maximum quantity of nitrous oxide not asked in 2020).

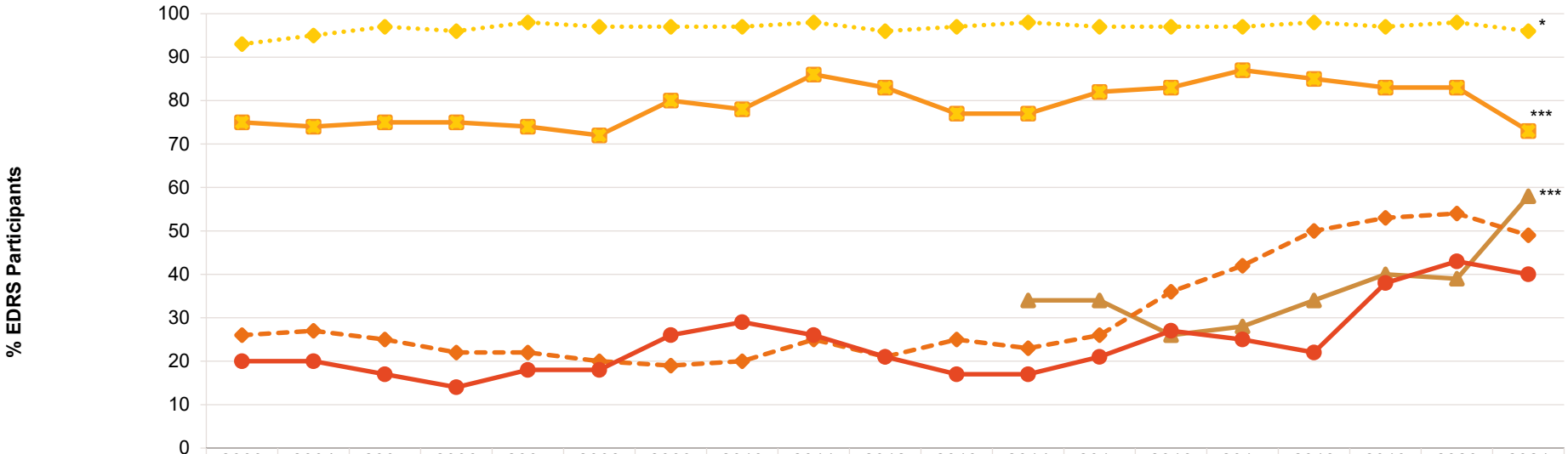
Amyl Nitrite

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

Recent Use (past 6 months): Use of amyl nitrite has varied over the course of monitoring (Figure 38). In 2021, two-fifths (40%) of participants reported any recent use of amyl nitrite, remaining stable from 43% in 2020 (p=0.289). There was variation in the per cent reporting any recent use between jurisdictions, from 21% in the WA sample to 55% in the ACT sample.

Frequency of Use: Frequency of amyl nitrite use remained generally low and stable, with participants reporting a median of 3 days of use (IQR=1-7; n=308) in 2021 (3 days in 2020; IQR=1-8; p=0.341).

Figure 38: Past six month use of licit drugs, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Alcohol	93	95	97	96	98	97	97	97	98	96	97	98	97	97	97	98	97	98	96
Tobacco	75	74	75	75	74	72	80	78	86	83	77	77	82	83	87	85	83	83	73
E-cigarettes												34	34	26	28	34	40	39	58
Nitrous Oxide	26	27	25	22	22	20	19	20	25	21	25	23	26	36	42	50	53	54	49
Amyl Nitrite	20	20	17	14	18	18	26	29	26	21	17	17	21	27	25	22	38	43	40

Note. Monitoring of e-cigarettes commenced in 2014. Significance for 2020 versus 2021 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

11

Drug-Related Harms and Other Associated Behaviours

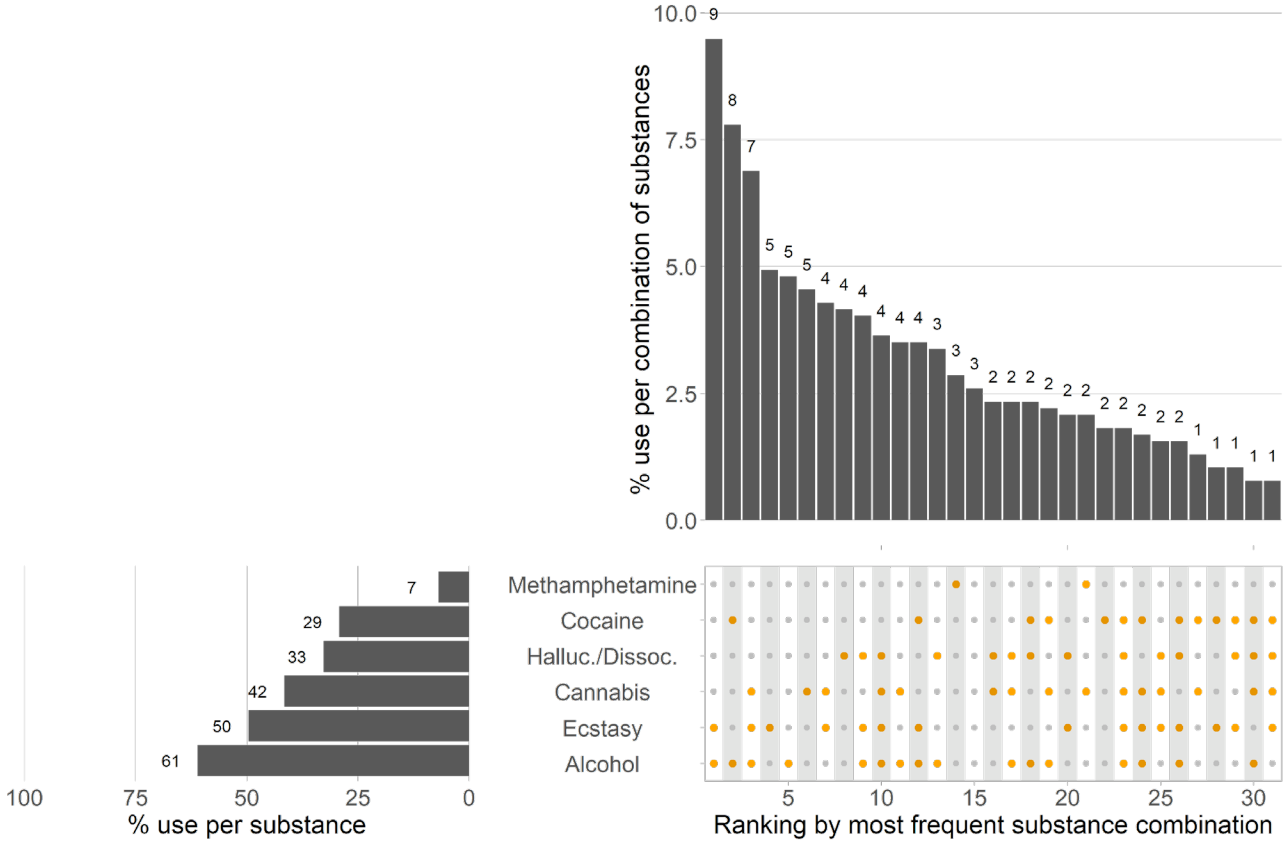
Participants were asked about various drug-related harms and associated behaviours, including hazardous alcohol use, non-fatal overdose following drug use, injecting drug use, drug treatment, mental health, crime and modes of purchasing drugs. It should be noted that the following data refer to participants'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

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used substances were alcohol (61%) and ecstasy (50%), followed by cannabis (42%) and hallucinogens/dissociatives (33%).

The majority (88%; n=681) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use. The most commonly used combinations of substances were alcohol and ecstasy (9%), followed by alcohol and cocaine (8%). Approximately one-in-fifteen participants reported using alcohol, ecstasy and cannabis (7%). Five per cent of the sample reported using ecstasy alone (Figure 39).

Figure 39: Use of alcohol, ecstasy, cocaine, methamphetamine, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, nationally, 2021: Most common drug pattern profiles



Note. % calculated out of total EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the six substances depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines). Note that participants may report use of multiple substances within a class. Y axis reduced to 10% to improve visibility of trends.

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 12.9 (SD 7.0) in 2021 (13.1 (SD 6.4) in 2020; p<0.001). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence.

Almost four in five (77%) participants obtained a score of eight or more (81% in 2020; p=0.025), indicative of hazardous use (Table 18).

Table 18: AUDIT total scores and per cent of participants scoring above recommended levels, nationally, 2010-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=674	**N=566**	**N=592**	**N=682**	**N=790**	**N=756**	**N=789**	**N=780**	**N=787**	**N=791**	**N=800**	**N=766**
Mean AUDIT total score (SD)	14.8 (7.0)	15.0 (7.3)	14.8 (7.4)	13.5 (7.0)	13.3 (6.5)	13.1 (6.3)	12.3 (6.8)	12.4 (8.5)	12.8 (6.8)	13.5 (7.0)	13.1 (6.4)	**12.9 (7.0) *****
Score 8 or above (%)	84	84	83	79	82	79	73	77	75	79	81	**77***
AUDIT zones												*
Score 0-7:	16	16	17	21	18	21	27	23	25	21	19	**23**
Score 8-15:	39	38	37	42	48	45	43	48	43	45	51	**43**
Score 16-19:	20	21	19	13	17	18	15	14	15	17	15	**17**
Score 20 or higher:	26	26	27	24	17	17	15	15	17	18	16	**16**

Note. Monitoring of AUDIT first commenced in 2010. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Overdose Events

Non-Fatal Overdose

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

From 2019, changes were made to this module. Participants were asked about the following in 2021, prompted by the definitions provided:

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

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

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

Non-Fatal Stimulant Overdose

Sixteen per cent of the national sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 2020 (18%; p=0.298) (Figure 40).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (66%; capsules: 32%; crystal: 18%; pills: 15% and powder: 7%), cocaine (29%), any form of methamphetamine (18%) and pharmaceutical stimulants (15%). One-tenth (10%) reported that they had also consumed one or more additional drugs on the last occasion, most notably, any quantity of alcohol (76%; ≥5 standard drinks: 61%; ≤5 standard drinks: 16%) and cannabis (35%). On the last occasion of experiencing a non-fatal stimulant overdose, 82% reported that they did not receive treatment or assistance. Of those that did report receiving treatment or assistance (n=22), most reported emergency department attendance (55%) and ambulance attendance (45%).

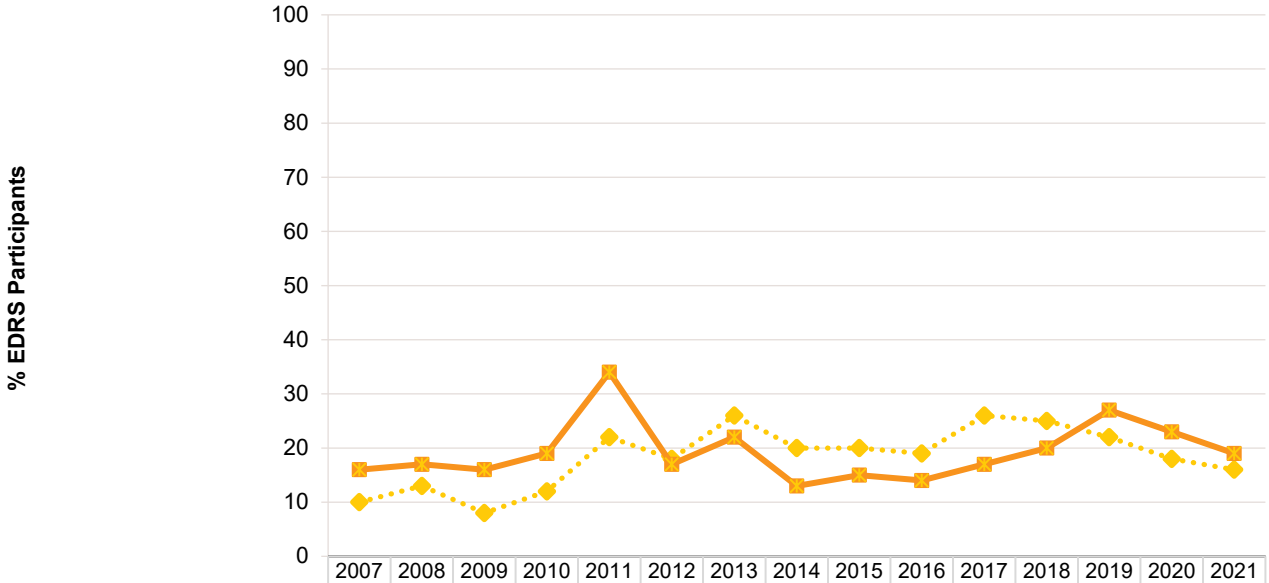
Non-Fatal Depressant Overdose

Alcohol: Fifteen per cent of the national sample reported a non-fatal alcohol overdose in the 12 months preceding interview on a median of one occasion (IQR=1-4). This represents a significant decrease from those experiencing a non-fatal alcohol overdose in 2020 (21%; p=0.008). Of those who had experienced an alcohol overdose in the past year (n=119), the majority (93%) reported not receiving treatment on the last occasion. Of those who reported receiving treatment (n=10), the majority reported hospital emergency department admission (5%), with smaller numbers reporting ambulance attendance (n≤5).

Any depressant (including alcohol): Almost one-fifth (19%) of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, stable relative to 2020 (23%; p=0.065) (Figure 40).

Of those who had experienced any depressant overdose in the past 12 months (n=144), the majority reported alcohol as the most common depressant drug (83%), with a smaller per cent reporting benzodiazepines (11%), and GHB/GBL/1,4 BD (8%). Five per cent reported a non-fatal overdose due to an opioid (including heroin and pharmaceutical opioids).

Figure 40: Past 12 month non-fatal stimulant and depressant overdose, nationally, 2007-2021



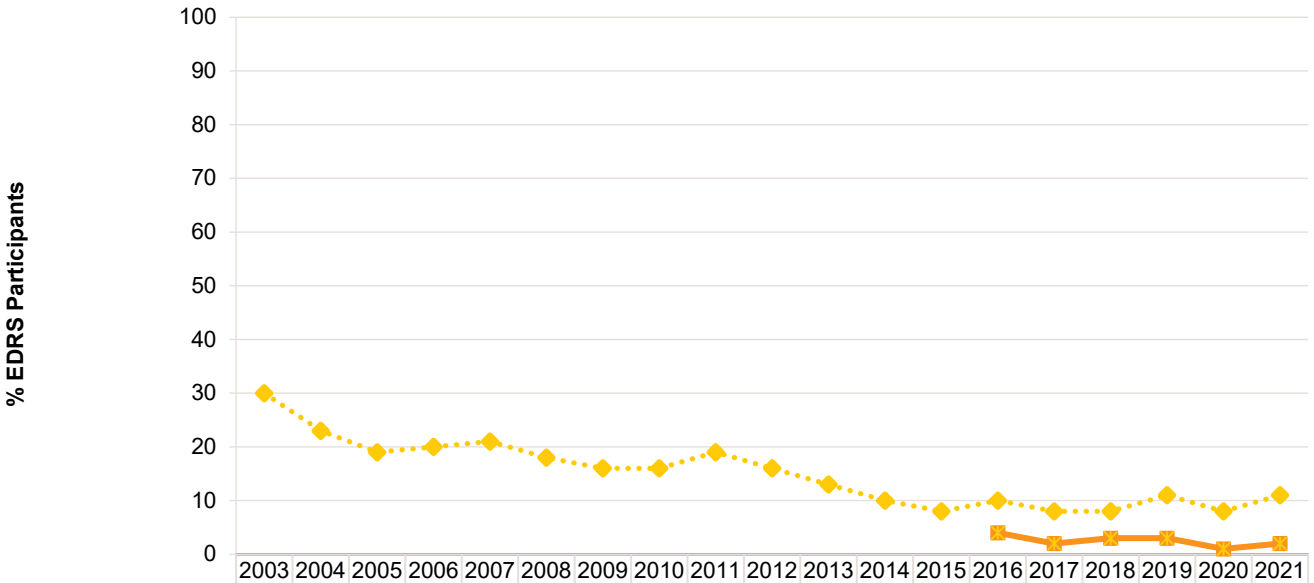
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Past year stimulant	10	13	8	12	22	18	26	20	20	19	26	25	22	18	16
Past year depressant	16	17	16	19	34	17	22	13	15	14	17	20	27	23	19

Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 and earlier may be a function of greater nuance in capturing depressant events. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

For the past several years, approximately one in ten participants have reported ever injecting drugs (11% in 2021, 8% in 2020; *p*=0.146). The per cent who reported injecting drugs in the past month over this period has been low, though stable, with 2% reporting past month injection in 2021 (1% in 2020) (Figure 41).

Figure 41: Lifetime and past month drug injection, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Lifetime	30	23	19	20	21	18	16	16	19	16	13	10	8	10	8	8	11	8	11
Past month														4	2	3	3	1	2

Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Drug Treatment

A nominal per cent reported currently receiving drug treatment in 2021 (3%), stable compared with 2020 (3% in 2020; *p*=0.381). Of those who had reported being in treatment (n=27), the majority reported drug counselling as their main form of treatment (70% of those who reported receiving treatment in 2021 versus 86% in 2020).

Sexual Health Behaviours

In 2021, 82% of the sample reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=612), 86% reported using alcohol and/or other drugs prior to or while engaging in sexual activity. Of those who had engaged in sexual activity in the past four weeks and responded (n=608), 11% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=608), 22% reported penetrative sex without a condom where they did not know the HIV status of their partner (Table 19).

Of those who commented (n=759), over one-third (36%) of the sample reported having a sexual health check-up in the six months prior to interview. A further 40% had done so more than six months ago, and 24% had never had a sexual health check-up. Of the total sample, 78% reported that they had never received a positive diagnosis for a sexually transmitted infection (STI); 3% had received a positive diagnosis in the past six months; and 19% had received a positive diagnosis over six months ago.

Of those who commented (n=759), over half (57%) the sample reported having ever had a test for human immunodeficiency virus (HIV) (24% in the past six months; 33% more than six months ago). The majority of the sample (99%) had never been diagnosed with HIV.

Table 19: Sexual health behaviours, nationally and jurisdictionally, 2021

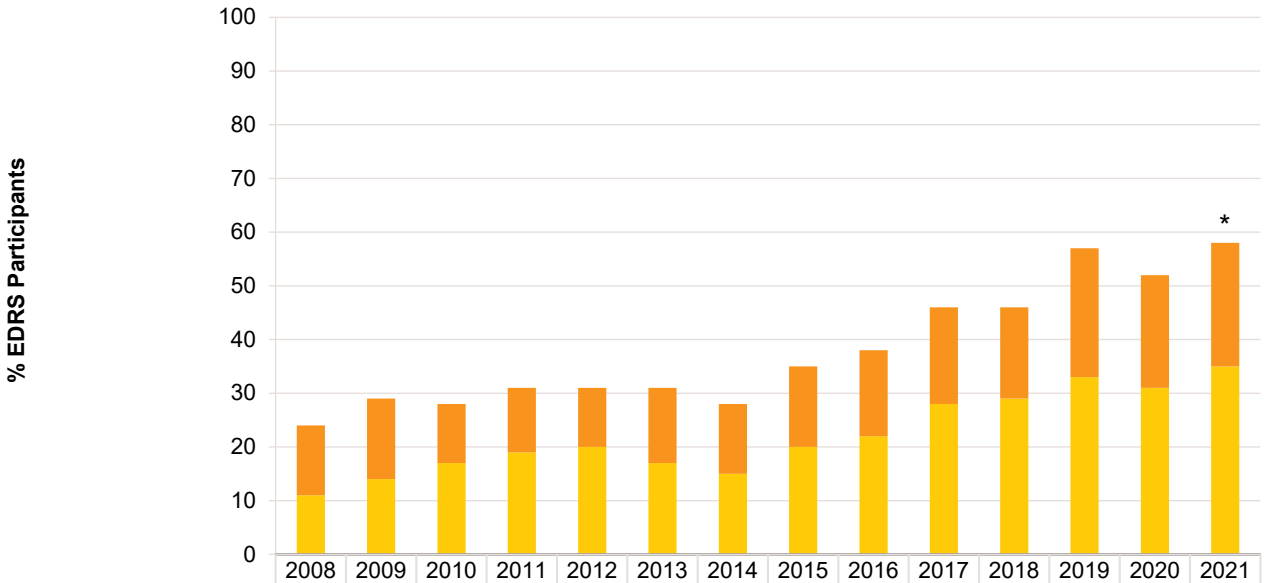
	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
Of those who responded:	**N=749**	**N=96**	**N=98**	**N=100**	**N=99**	**N=88**	**N=99**	**N=98**	**N=71**
% Any sexual activity in the past four weeks (n)	82 (n=615)	77 (n=74)	84 (n=82)	78 (n=78)	82 (n=81)	82 (n=72)	86 (n=85)	90 (n=88)	77 (n=55)
Of those who responded[#]:	n=612	n=74	n=82	n=78	n=82	n=70	n=83	n=88	n=55
% Drugs and/or alcohol used prior to or while engaging in sexual activity	86	89	88	95	82	84	76	89	84
Of those who responded[#]:	n=608	n=74	n=82	n=78	n=82	n=70	n=80	n=87	n=55
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	11	12	7	-	11	10	16	15	-
Of those who responded[#]:	n=608	n=71	n=82	n=78	n=81	n=73	n=83	n=85	n=55
% Had penetrative sex without a condom and did not know HIV status of partner	22	23	27	14	16	16	10	42	25
Of the total sample (past six months):	n=759	n=95	n=98	n=100	n=98	n=93	n=95	n=98	n=72
% Had a HIV test	24	25	32	32	18	25	16	30	13
% Diagnosed with HIV	-	0	0	-	0	0	-	0	0
% Had a sexual health check	36	29	45	39	39	33	30	45	27
% Diagnosed with a sexually transmitted infection	3	-	-	-	-	-	-	-	-

Note. Don't know and did not respond responses excluded. The wording of these questions changed in 2021, thus comparisons to previous years are not provided. [#]Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond.

Mental Health

Almost three-fifths (58%) of the national sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a significant increase from 2020 (52%; *p*=0.017) (Figure 42). Of those who reported a mental health problem and commented (n=430), the most common mental health problem reported was anxiety (71%), followed by depression (62%) and post-traumatic stress disorder (PTSD) (14%). Of those that reported experiencing a mental health problem (n=442), 60% (60% in 2020; *p*=0.947) reported seeing a mental health professional during the past six months (35% of the total sample). Of those who attended a mental health professional in 2021 (n=267), 54% reported being prescribed medication for their mental health problem (50% in 2020; *p*=0.449).

Figure 42: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2008-2021



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
No treatment seeking	13	15	11	12	11	14	13	15	16	18	17	24	21	23
Treatment seeking	11	14	17	19	20	17	15	20	22	28	29	33	31	35

Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Driving

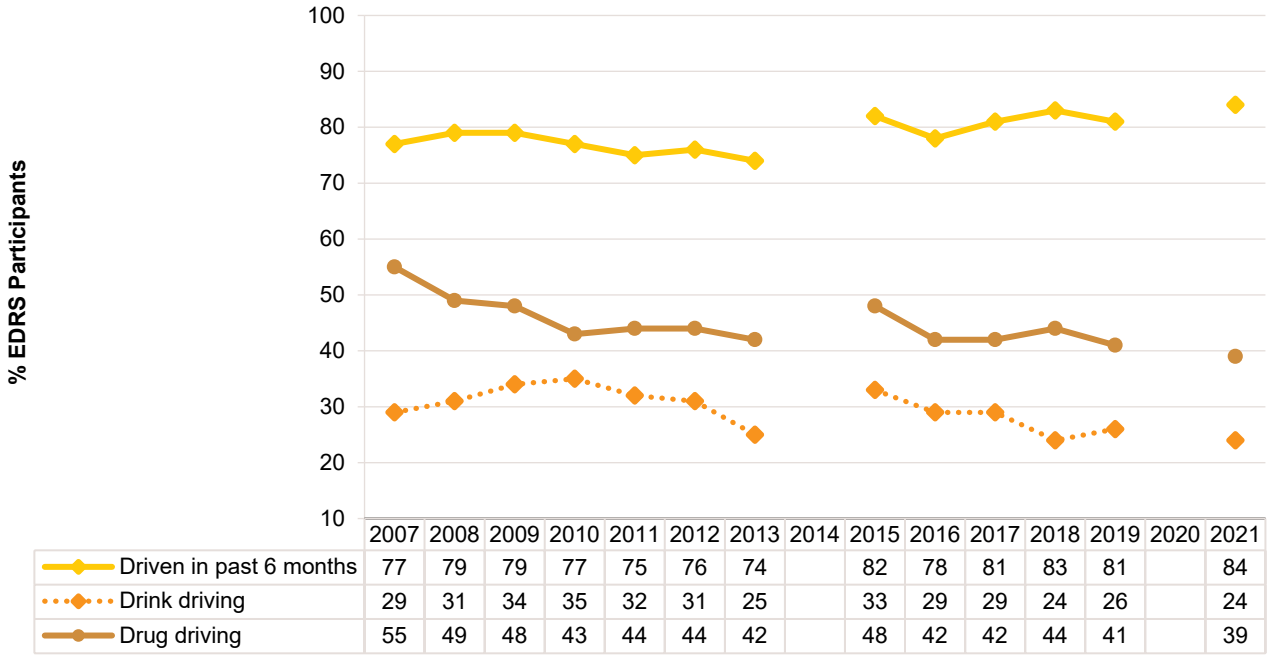
Of the national sample, the majority (84%) had driven a car, motorcycle or other vehicle in the last six months. One-quarter (25%) of the sample reported driving while over the perceived legal limit of alcohol (28% of those who had driven in the past six months) and two-fifths (39%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (46% of those who had driven in the past six months) (Table 20). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, cannabis was the most common drug used prior to driving (71%), followed by cocaine (21%) and pharmaceutical stimulants (12%). Smaller numbers reported the use of crystal methamphetamine (10%) and ecstasy capsules (7%). One-tenth (10%) of the national sample reported that they had been tested for drug driving by the police roadside drug testing service, and 31% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview.

Table 20: Self-reported driving behaviour in the last six months, nationally and by jurisdiction, 2021

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=774	N=99	N=100	N=100	N=101	N=100	N=100	N=100	N=73
% Driven in the last six months	84	75	88	77	91	77	90	87	85
% Driven over the legal alcohol limit in the last six months	25	22	27	18	24	23	31	31	23
% Driven within three hours of consuming illicit drug(s) last six months	39	34	43	36	31	38	44	36	49
% Tested for drug driving by police roadside drug testing last six months	10	-	14	-	15	11	13	7	8
% Breath tested for alcohol by police roadside testing last six months	31	25	39	15	37	31	54	25	23

Note: Questions about driving behaviour were not asked in 2020. Computed out of the total sample.

Figure 43: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, nationally, 2007-2021



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Driven in past 6 months	77	79	79	77	75	76	74		82	78	81	83	81		84
Drink driving	29	31	34	35	32	31	25		33	29	29	24	26		24
Drug driving	55	49	48	43	44	44	42		48	42	42	44	41		39

Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour were not asked in 2014 or 2020.

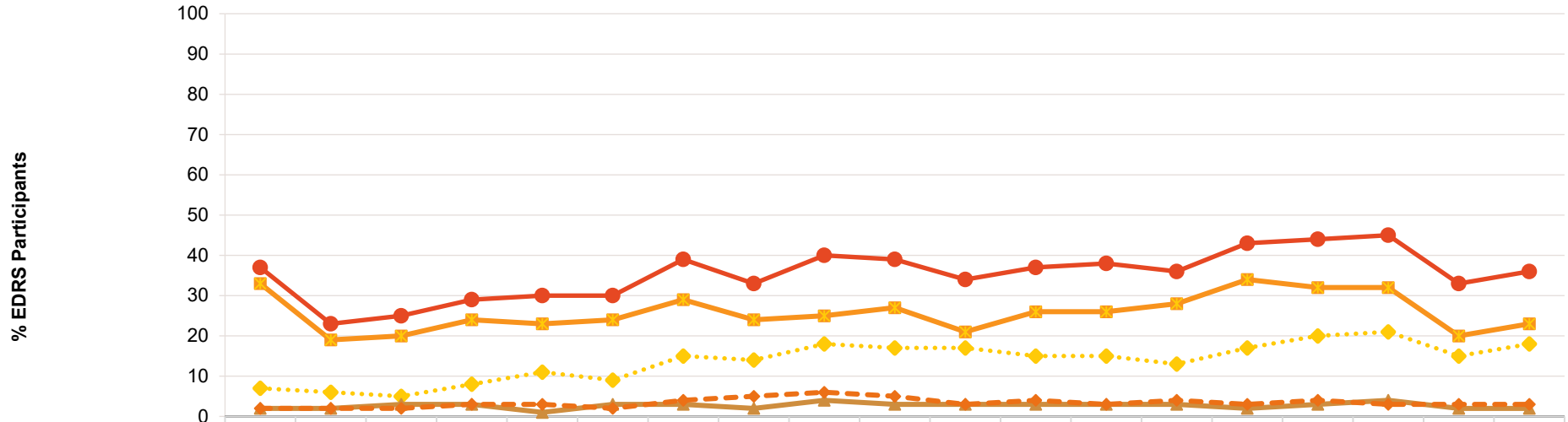
Crime

Past month self-reported criminal activity has fluctuated over time, with 36% reporting 'any' crime in the past month, stable relative to 2020 (33%; *p*=0.128). Drug dealing and property crime remained the two main forms of criminal activity, with both remaining stable in 2021, relative to 2020. Almost one-quarter (23%) reported drug dealing in 2021 (20% in 2020; *p*=0.225) and almost one-fifth (18%) reported property crime in 2021 (15% in 2020; *p*=0.190) (Figure 44). Six per cent reported being the victim of a crime involving violence (e.g., assault) in 2021 (5% in 2020; *p*=0.840).

One-tenth (10%) of the 2021 national sample reported having been arrested in the 12 months preceding interview, stable relative to 2020 (8%; *p*=0.083). Of those who commented (n=77), the main reasons for arrest in 2021 were violent crime (23%), use/possession of drugs (21%) and property crime (17%).

Four per cent of the national sample reported a lifetime history of imprisonment in 2021, stable relative to 2020 (2%; *p*=0.053).

Figure 44: Self-reported criminal activity in the past month, nationally, 2003-2021



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Property crime	7	6	5	8	11	9	15	14	18	17	17	15	15	13	17	20	21	15	18
Drug dealing	33	19	20	24	23	24	29	24	25	27	21	26	26	28	34	32	32	20	23
Fraud	2	2	3	3	1	3	3	2	4	3	3	3	3	3	2	3	4	2	2
Violent crime	2	2	2	3	3	2	4	5	6	5	3	4	3	4	3	4	3	3	3
Any crime	37	23	25	29	30	30	39	33	40	39	34	37	38	36	43	44	45	33	36

Note. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2021, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (72%), a significant increase relative to 2020 (67%; p=0.040). This was closely followed by social networking applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (71%; 75% in 2020; p=0.064). 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. In 2021, significantly fewer participants reported arranging the purchase of illicit or non-prescribed drugs via text messaging (39%; 48% in 2020; p=0.001) and phone call (28%; 35% in 2020; p=0.003). Seven per cent had obtained drugs via the darknet market in the past year (7% in 2020; p=0.887) and 4% had purchased drugs on the surface web (6% in 2020; p=0.050) (Table 21).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (98%), which was stable relative to 2020 (96%; p=0.059). In 2021, a decrease was observed in those receiving illicit drugs via a collection point (10%; 20% in 2020; p<0.001) (collection point defined as a predetermined location where a drug will be left for later collection). A significant decrease was also observed in those receiving illicit drugs via post (8%; 12% in 2020; p=0.015) (Table 21).

The majority of participants in 2021 reported obtaining illicit drugs from a friend/relative/partner/colleague (83%; 84% in 2020; p=0.957), followed by a known dealer/vendor (66%; 68% in 2020; p=0.572). Significantly fewer participants reported obtaining illicit drugs from an unknown dealer/vendor in 2021 (30%; 37% in 2020; p=0.004) (Table 21).

In 2021, a minority of participants reported to have sold illicit drugs on the surface web or darknet market, with 2% reporting selling drugs online in the 12 months preceding interview (3% in 2020; p=0.045). Almost three-fifths (59%) reported they had ever obtained illicit drugs through someone who had purchased them on the surface web or darknet market, with 39% doing so in the last 12 months (47% in 2020; p=0.006).

Table 21: Means of purchasing illicit drugs in the past 12 months, nationally and by jurisdiction, 2020-2021

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=799	n=774	n=98	n=100	n=99	n=98	n=98	n=100	n=99	n=72
	2020	**2021**								
% Purchasing approaches in the last 12 months^	n=799	**n=764**								
Face-to-face	67	**72***	64	63	52	70	83	90	86	68
Surface web	6	**4**	7	-	-	-	-	-	-	-
Darknet market	7	**7**	7	7	6	-	9	12	-	-
Social networking applications[#]	75	**71**	80	56	88	66	72	73	66	61
Text messaging	48	**39****	34	48	20	37	54	35	55	31
Phone call	35	**28****	29	33	19	27	35	21	40	21
Grew/made my own	4	**4**	-	11	0	-	-	-	-	-
Other	1	**0***	0	0	0	0	0	0	0	0
% Means of obtaining drugs in the last 12 months^~	n=803	**n=761**	n=99	n=100	n=100	n=102	n=100	n=100	n=100	n=73
Face-to-face	96	**98**	95	95	98	92	97	97	97	96
Collection point	20	**10*****	11	9	-	9	20	-	10	8
Post	12	**8***	13	8	10	7	6	10	-	-
% Source of drugs in the last 12 months^	n=789	**n=763**	n=98	n=99	n=99	n=96	n=98	n=100	n=100	n=73
Friend/relative/ partner/colleague	84	**83**	82	76	73	94	89	88	85	81
Known dealer/vendor	68	**66**	74	72	75	68	78	50	51	64
Unknown dealer/vendor	37	**30****	38	19	33	22	33	29	34	34

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. [#]This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club).' *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.