



EDRS



SOUTH AUSTRALIAN DRUG TRENDS 2021

**Key Findings from the South Australian Ecstasy and
related Drugs Reporting System (EDRS) Interviews**



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

Antonia Karlsson¹, Amy Peacock^{1,2} & Rachel Sutherland¹

¹ National Drug and Alcohol Research Centre, University of New South Wales

² School of Psychology, University of Tasmania



ISBN 978-0-7334-4012-0 ©NDARC 2021

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Suggested citation: Karlsson, A., Peacock, A. & Sutherland, R., (2021). South Australian Drug Trends 2021: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

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

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Acknowledgements

Funding

In 2021, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

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 and enAble 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 assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Luke Macauley, Eleanor Lontos, Lara Kireta, Tina Makris, Joel Smith and Neophytos Georgiou for conducting the South Australia EDRS interviews in 2021. We would also 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	<i>4-Acetoxy-N,N</i> -dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	<i>5-methoxy-N,N</i> -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	<i>d</i> -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
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

Executive Summary

The South Australia (SA) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of mouth in Adelaide, SA. 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-July. Interviews were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The SA EDRS sample (N=100) recruited from Adelaide, SA, was very similar to the sample in 2020 and in previous years. Whilst we observed a significantly older population in 2021 (25 years; 23 years in 2020; $p=0.024$), the sample continued to predominantly comprise males (57%), most of whom held tertiary qualifications (62% completed post-school qualifications) and most of whom were living in a rental house/flat (49%) or residing with their parents/at their family home (40%) at the time of interview. In 2021, there were significant changes in drug of choice and the drug used most often in the past month ($p=0.023$ and $p<0.001$, respectively). Specifically, there were declines in the per cent of participants who nominated cannabis (22%; 28% in 2020) and ecstasy (19%; 31% in 2020) as their drug of choice, as well as a decline in the per cent who nominated cannabis as the substance used most often in the preceding month (51%; 29% in 2020). One-third (34%) of the sample nominated alcohol as the drug used most often in the preceding month (13% in 2020).

COVID-19 Impact

Almost half (49%) of the sample had been tested for SARS-CoV-2, with no participants having been diagnosed with COVID-19. The

majority (69%) reported that they were 'not at all' worried about contracting COVID-19, and just under one-tenth (7%) reported that they had received at least one dose of the COVID-19 vaccine, at the time of interview.

Ecstasy

In 2021, significantly fewer participants (87%) reported use of 'any' ecstasy in the six months prior to interview (98% in 2020; $p=0.007$). Recent use of ecstasy capsules declined significantly in 2021 ($p<0.001$), as did ecstasy powder ($p=0.034$). Frequency of use also significantly declined, with median days of 'any' ecstasy use dropping from 10 days in 2020 to seven days in 2021 ($p=0.020$), though weekly or more frequent ecstasy use remained stable at 17% (21% in 2020). Over three-quarters (78%) reported that their last ecstasy capsule contained crystal, whilst 28% reported that it contained powder. The perceived purity of capsules significantly changed between 2020 and 2021 ($p=0.007$), whereby less participants perceived purity as 'high' (14%; 42% in 2020). The perceived availability of ecstasy crystal significantly changed between 2020 and 2021 ($p=0.014$), whereby more participants reported that it was 'difficult' to obtain (33%; 17% in 2020).

Methamphetamine

One-in-three participants (33%) reported any past six month use of methamphetamine in 2021, stable from 2020. Seventy per cent of those who had recently used methamphetamine reported weekly or more frequent use, a significant increase from 35% in 2020 ($p=0.015$). Frequency of use of crystal methamphetamine significantly increased, from a median of 12 days in 2020 to 44 days in 2021 ($p=0.047$). The vast majority of participants (94%) who had used crystal had recently smoked this form.

Cocaine

Recent use of cocaine has increased over the years of monitoring, with the largest per cent reporting any recent use recorded in 2021 (78%; 69% in 2020; $p=0.216$). One-tenth (10%) of those who had recently used cocaine reported weekly or more frequent use.

Perceived purity of cocaine significantly changed between 2020 and 2021 ($p<0.001$), with fewer participants reporting 'high' purity in 2021, compared with 2020 reports.

Cannabis

At least three-in-four participants have reported any recent use of cannabis each year since monitoring commenced. Eighty-four per cent of participants reported recent use in 2021, stable from 89% in 2020. Weekly or more frequent use amongst those who had recently used cannabis remained stable (74%; 66% in 2020), as did daily use (29%; 27% in 2020). The median price per ounce of bush cannabis increased significantly, from \$200 in 2020 to \$260 in 2021 ($p=0.010$).

Ketamine, LSD and DMT

Whilst recent use of ketamine and DMT remained stable in 2021 (28% and 13%, respectively), recent use of LSD decreased significantly, from 51% in 2020 to 35% in 2021 ($p=0.027$). Frequency of use for all three substances remained low and stable in 2021. A significant change was observed in the perceived availability of LSD ($p=0.022$), with 24% perceiving LSD as 'difficult' to obtain in 2021, a decrease from 48% in 2020.

New Psychoactive Substances (NPS)

Any NPS use, including plant-based NPS, has fluctuated over time, with 10% reporting recent use in 2021, stable from 2020 (17%). A similar percentage was observed for any NPS use, excluding plant-based NPS (8%; 12% in 2020). These are the lowest rates of use since monitoring of NPS first commenced in 2010.

Other Drugs

Reported recent use of non-prescribed benzodiazepines significantly decreased from 50% in 2020 to 30% in 2021 ($p=0.004$). Alcohol and tobacco use were common in the sample, though both significantly decreased in 2021, with 90% reporting recent use of alcohol (98% in 2020; $p=0.036$) and 72% reporting recent tobacco use (85% in 2020; $p=0.036$). Furthermore, recent use of nitrous oxide significantly decreased, from 49% in 2020 to 33% in 2021 ($p=0.036$). On the other hand, recent use of e-cigarettes significantly

increased in 2021, with 51% of the sample reporting recent use (34% in 2020; $p=0.023$).

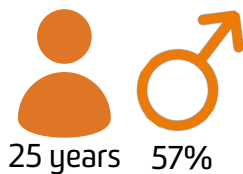
Drug-Related Harms and Other Associated Behaviours

On the last occasion of ecstasy or related drug use, 86% of the SA sample in 2021 reported concurrent use of two or more drugs (including alcohol, tobacco and e-cigarettes). Seventy-two per cent of participants obtained a score of eight or more on the AUDIT (77% in 2020; $p=0.491$), indicative of hazardous use. Whilst those who had experienced a past year non-fatal stimulant overdose remained stable in 2021 (19%; 30% in 2020; $p=0.109$), there was a significant decrease in those experiencing a past year non-fatal alcohol overdose (16%; 29% in 2020; $p=0.046$). Reported past month injecting drug use remained low ($n\leq 5$), as did drug treatment engagement ($n\leq 5$). The majority of the sample (82%) reported engaging in some form of sexual activity in the past four weeks, of which 16% reported penetrative sex without a condom where they did not know the HIV status of their partner. One-quarter of the sample reported having a HIV test in the past six months, and one-third (33%) reported having a sexual health check-up in the six months prior to interview. Mental health remained stable amongst the sample, with 57% reporting experiencing a mental health problem in the six months preceding interview, with anxiety (70%) and depression (65%) most commonly reported. Almost one-quarter (23%) of the sample reported driving while over the perceived legal limit of alcohol, and 38% reported driving within three hours of consuming an illicit or non-prescribed drug, most commonly cannabis. Twenty-nine per cent of the SA sample reported 'any' crime in the past month, with drug dealing (20%) and property crime (14%) remaining the two main forms of criminal activity in 2021. Face-to-face was the most popular means of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (83%; 72% in 2020). A significant decrease was observed in the percentage of participants reporting obtaining illicit drugs from an unknown dealer/vendor in 2021 (33%; 50% in 2020; $p=0.020$).

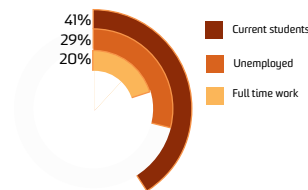
2021 SAMPLE CHARACTERISTICS



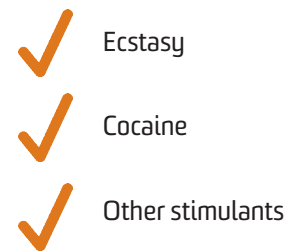
In 2021, 100 people from Adelaide, SA, participated in EDRS interviews.



The median age in 2021 was 25 (IQR = 21 - 32), and 57% identified as male.

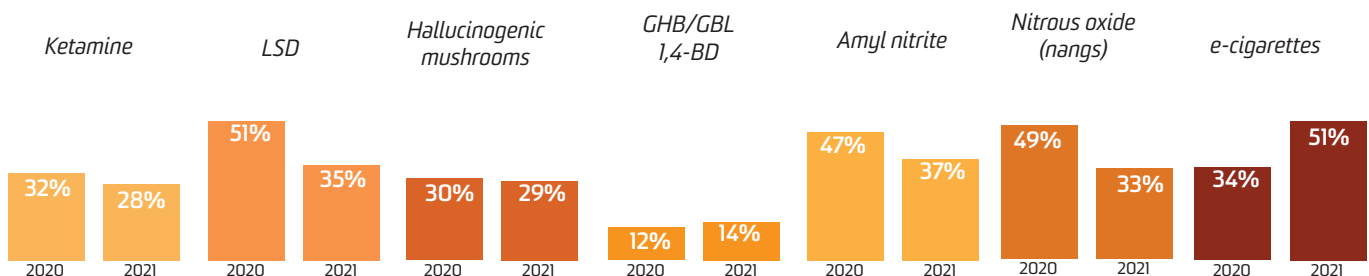


In the 2021 sample, 41% were enrolled students, 29% were unemployed, and 20% were employed full time.

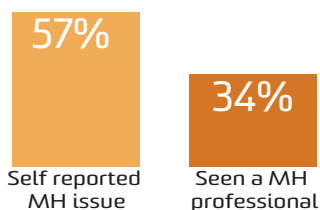


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

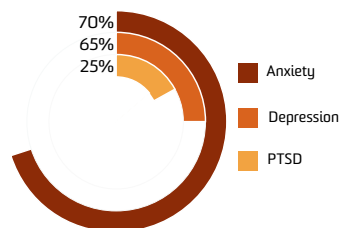
PAST 6 MONTH USE OF OTHER DRUGS



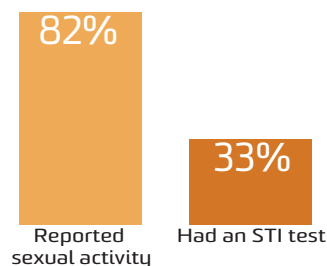
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



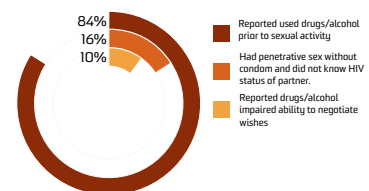
In the total sample, 57% self-reported a mental health issue and 34% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (70%), depression (65%) and PTSD (25%).

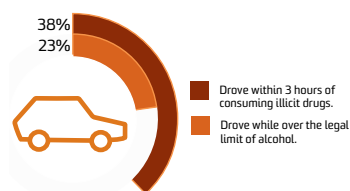


In the total sample, 82% reported sexual activity in the past 4 weeks, and 33% had a sexual health check in the past 6 months.

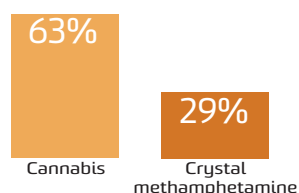


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (82%) and were able to comment.

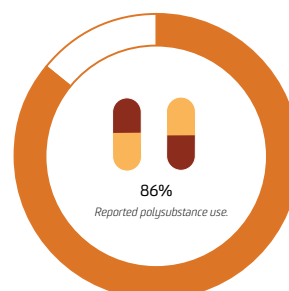
OTHER RISK BEHAVIOURS



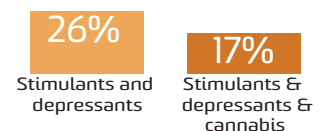
In the total sample, 38% reported driving a vehicle within 3 hours of consuming illicit drugs and 23% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (63%) and crystal methamphetamine (29%).

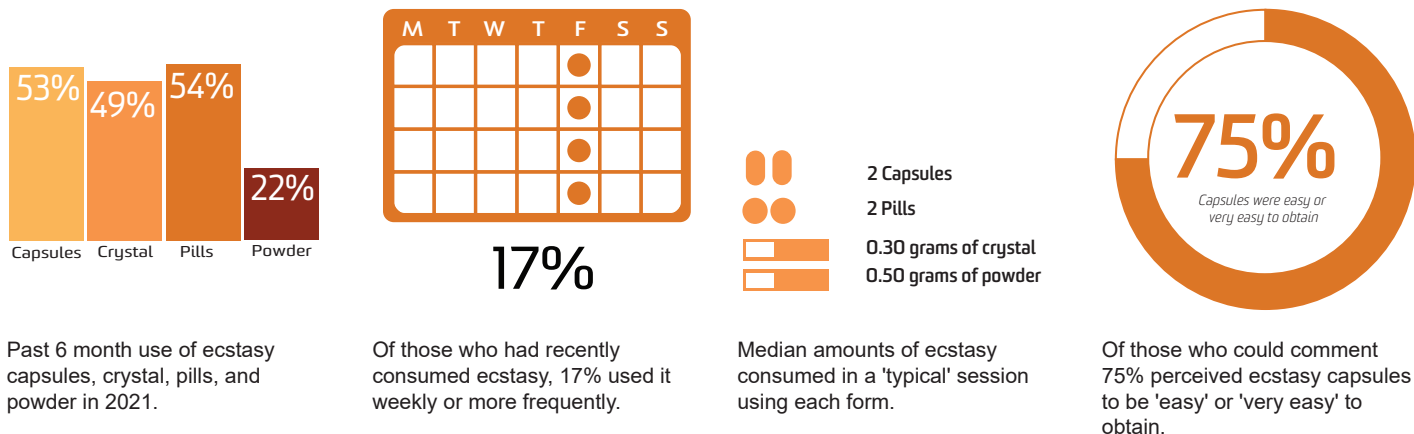


In the total sample, 86% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.

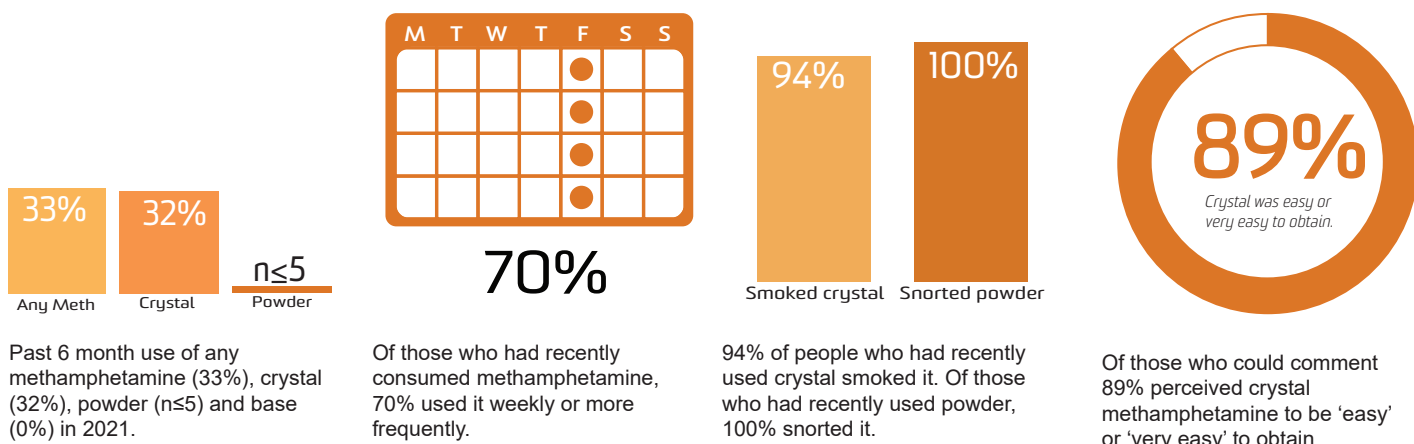


In the total sample, 26% reported to have used stimulants and depressants on one occasion whereas 17% reported using stimulants, depressants and cannabis.

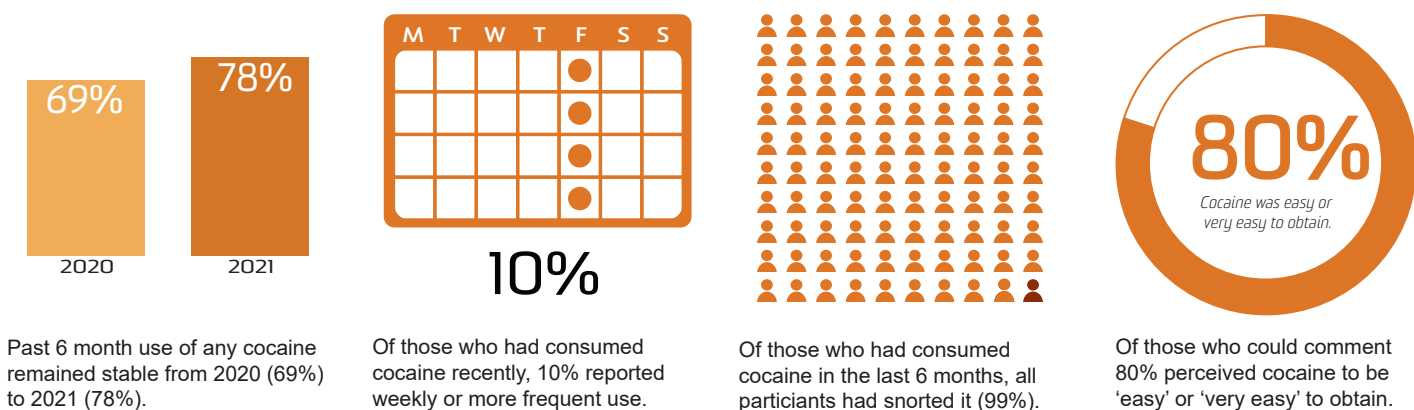
ECSTASY



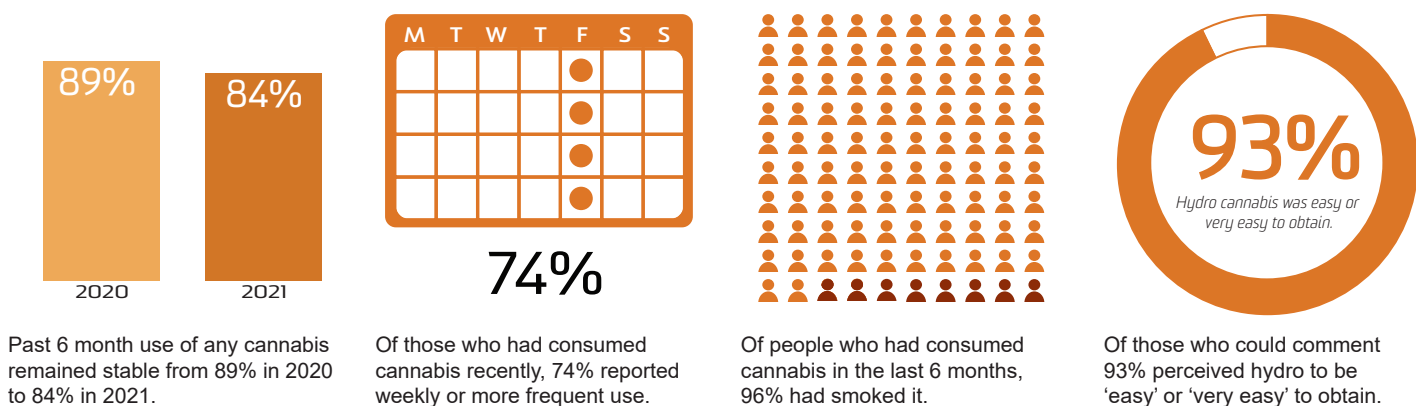
METHAMPHETAMINE



COCAINE



CANNABIS



Background

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

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

A total of 774 participants were recruited across capital cities nationally (April-August, 2021), with 100 participants interviewed in Adelaide, SA during April-July 2021. A total of 35 interviews were conducted via telephone. Six per cent of the 2021 SA sample completed the interview in 2020, whereas 14% of the 2020 SA sample completed the interview in 2019 ($p=0.104$).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 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 Adelaide, South Australia, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in South 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](#). This includes results from the [Illicit Drug Reporting System \(IDRS\)](#), which focuses 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.

1

Sample Characteristics

In 2021, the South Australia (SA) EDRS sample was mostly similar to the sample in 2020 and in previous years (Table 1).

Gender remained stable between 2020 and 2021 ($p=0.424$), with under three-fifths (57%) of the 2021 SA sample identifying as male (63% in 2020). The median age of the sample was 25 years (IQR=21-32), a significant increase relative to 2020 (23 years; IQR=19-27; $p=0.024$).

Accommodation also remained unchanged ($p=0.823$), with almost half of the 2021 SA sample reporting that they lived in a rented house/flat (49%; 49% in 2020), and most of the remaining participants living with their parents/in their family house (40%; 40% in 2020).

Over two-fifths (41%) were current students (32% in 2020; $p=0.220$), and over three-fifths (62%) had obtained a post-school qualification(s) in 2021 (60% in 2020; $p=0.929$).

Employment status remained stable between 2020 and 2021 ($p=0.050$). Specifically, almost half (47%) of the SA sample reported being employed on a part time/casual basis (30% in 2020), one-fifth (20%) reported being employed full time (20% in 2020) and 29% reported being unemployed at the time of interview (43% in 2020).

Table 1: Demographic characteristics of the sample, nationally and South Australia, 2017-2021

	National 2021 N=774	SA 2021 N=100	SA 2020 N=101	SA 2019 N=100	SA 2018 N=100	SA 2017 N=100
Median age (years; IQR)	24 (21-29)	25 (21-32)*	23 (19-27)	22 (19-25)	21 (18-28)	20 (19-22)
% Gender						
Female	34	42	37	28	29	40
Male	63	57	63	69	70	60
Non-binary	3	-	0	-	/	/
% Aboriginal and/or Torres Strait Islander	6	-	-	-	7	-
% Sexual identity						
Heterosexual	73	70	84	81	84	87
Homosexual	4	-	0	6	0	-
Bisexual	14	23	11	10	10	11
Queer	6	-	-	-	/	/
Different identity	2	-	-	-	-	0
Mean years of school education (range)	12 (6-12)	12 (6-12)	12 (9-12)	11 (8-12)	11 (8-12)	12 (7-12)
% Post-school qualification(s)^	60	62	60	62	53	40

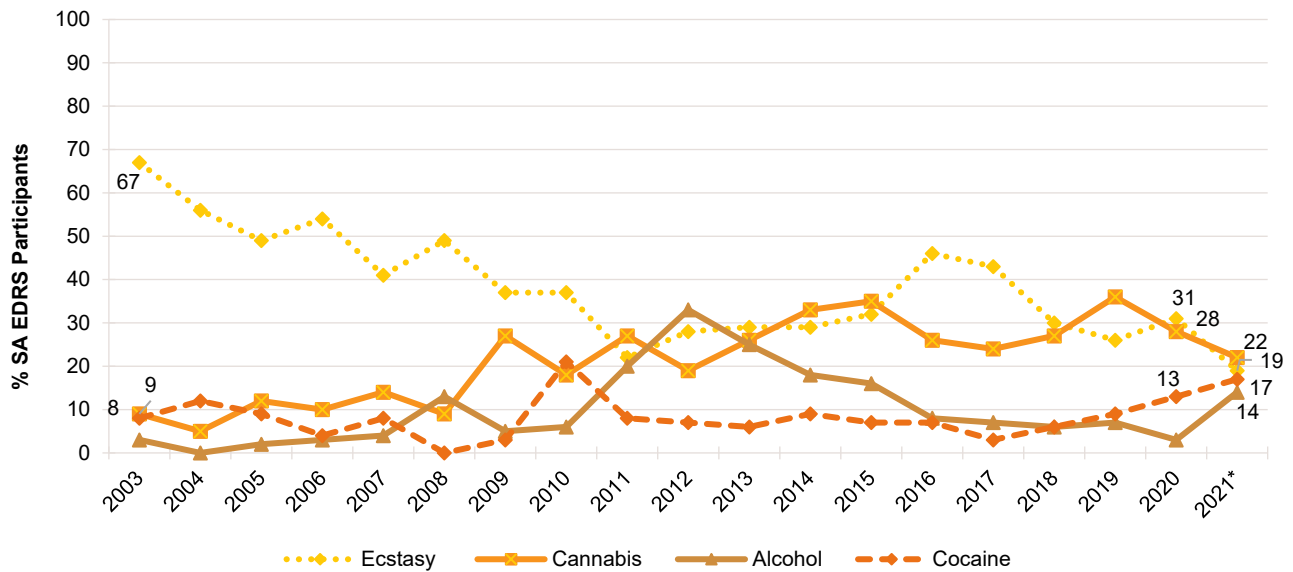
	National 2021	SA 2021	SA 2020	SA 2019	SA 2018	SA 2017
% Current employment status						
Employed full-time	27	20	20	22	21	18
Part time/casual	45	47	30	/	/	/
Self-employed	6	-	8	/	/	/
Students [#]	45	41	32	36	8	34
Unemployed	22	29	43	38	30	7
Current median weekly income \$ (IQR)	(N=758) \$600 (375- 1000)	(N=100) \$500 (332- 850)	(N=95) \$550 (348-800)	(N=93) \$460 (250-750)	(N=98) \$552 (358-800)	(N=100) \$625 (370-1075)
% Current accommodation						
Own house/flat	6	-	9	-	-	-
Rented house/flat	60	49	49	46	41	39
Parents'/family home	26	40	40	48	47	53
Boarding house/hostel	4	-	0	0	-	0
Public housing	2	-	-	-	-	/
No fixed address ⁺	2	-	-	-	-	0
Other	1	0	0	0	0	-

Note. [#] 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. [^]Includes trade/technical and university qualifications. / not asked. + 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.

A significant change was observed for drug of choice in 2021 compared to 2020 ($p=0.023$), with declines in the per cent of participants nominating cannabis (22%; 28% in 2020) and ecstasy (19%; 31% in 2020) as their drug of choice (Figure 1). A significant change was also observed in the drug used most often in the past month ($p<0.001$). Specifically, there was a noticeable decrease in the per cent of participants nominating cannabis as the drug used most often in the month preceding interview (29%; 51% in 2020), with an inverse increase in the per cent of participants nominating alcohol as the drug used most often (34%; 13% in 2020) (Figure 2).

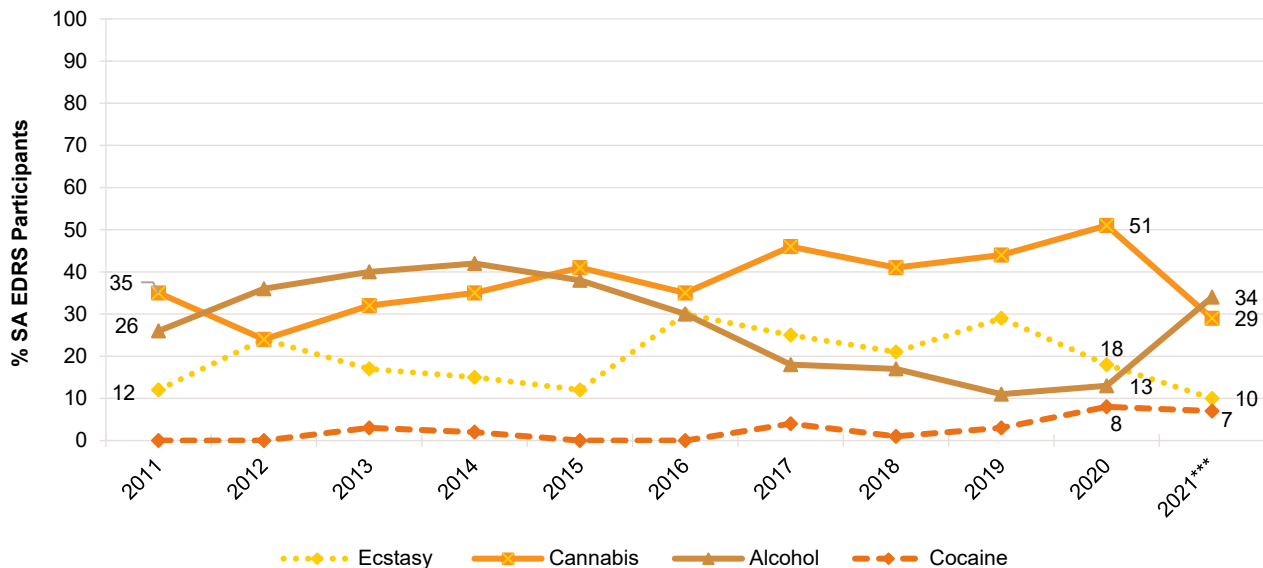
Over three-fifths (62%) of the SA sample reported weekly or more frequent cannabis use (58% in 2020; $p=0.708$) and almost one-quarter (23%) reported weekly or more frequent methamphetamine use, a significant increase from 9% in 2020 ($p=0.012$) (Figure 3).

Figure 1: Drug of choice, South Australia, 2003-2021



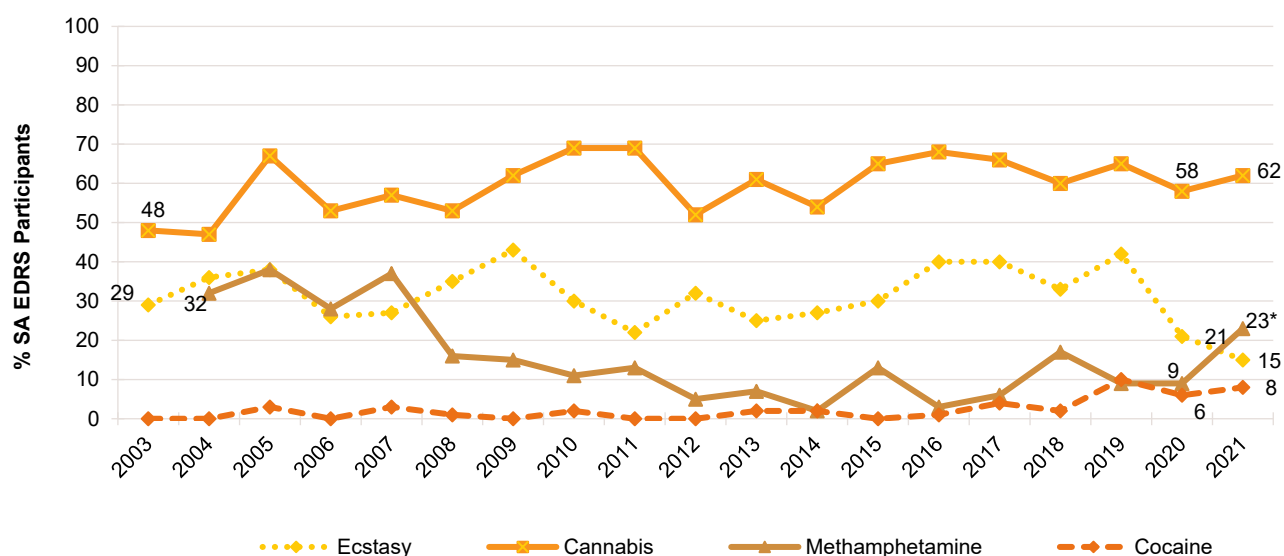
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



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. Data labels are only provided for the first (2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2003/2004) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

2

COVID-19

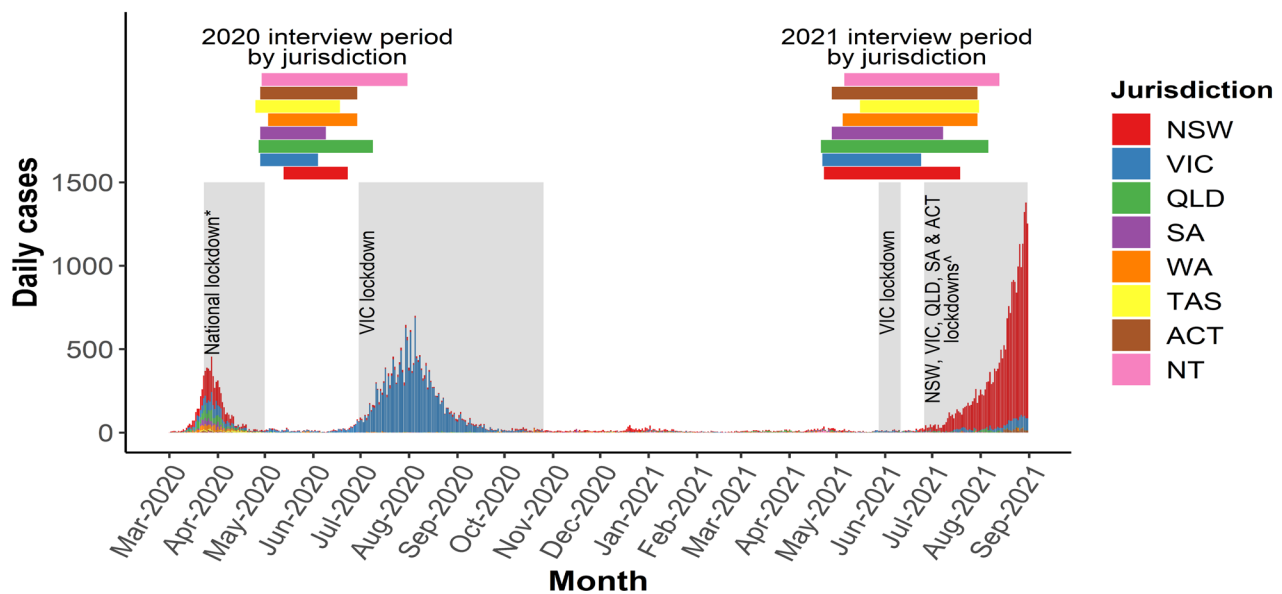
Background

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 (notably VIC, SA, QLD and ACT) shortly following suit.

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



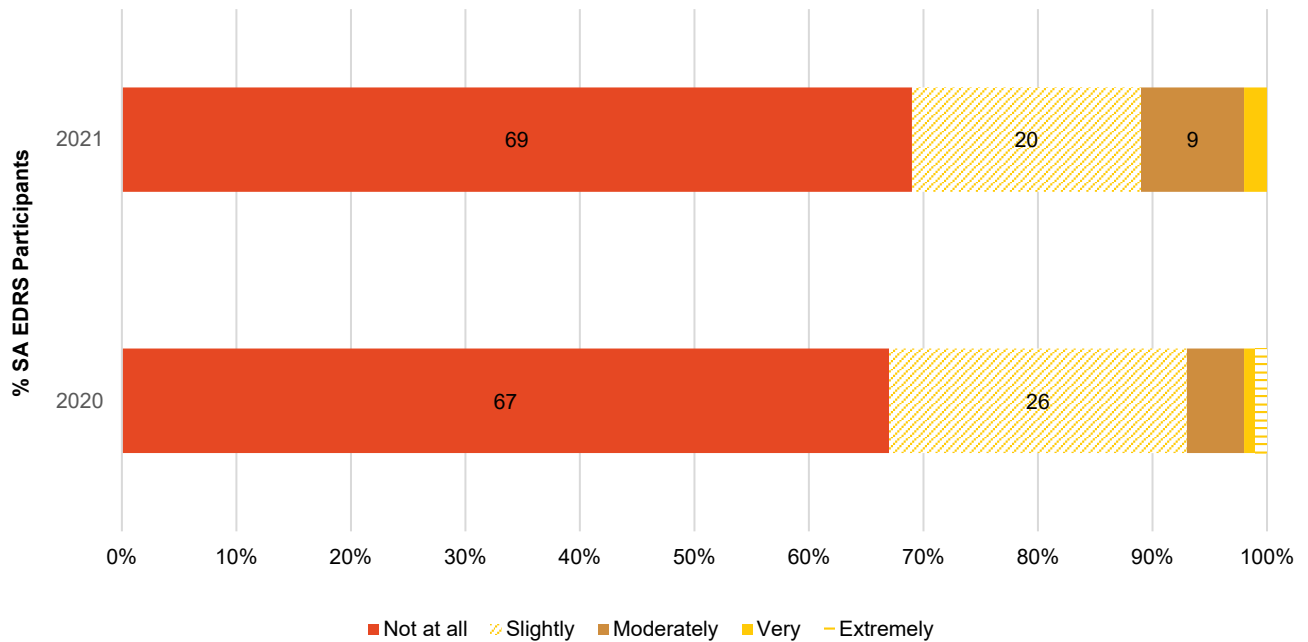
Notes: Data obtained from <http://www.covid19data.com.au>. Only lockdowns of >7 days and affecting at least an entire city are displayed. *National stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 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, almost half (49%) of the SA sample had been tested for SARS-CoV-2 in the past 12 months (9% in 2020), though no participants had been diagnosed with the virus. When asked how worried they were currently about contracting COVID-19, 31% of participants reported some level of concern, with one-fifth (20%) responding that they were 'slightly' concerned and nine per cent reporting that they were 'moderately' concerned (Figure 5). Furthermore, 77% of participants reported that they would be concerned about their health if they did contract COVID-19, with one-third (33%) reporting that they would be 'slightly' concerned, 24% reporting 'moderately', 13% reporting 'very' and seven per cent reporting that they would be 'extremely' concerned.

Sixteen per cent of the SA sample reported quarantining for at least fourteen days due to a possible test or possible exposure. Few participants ($n \leq 5$) reported quarantining in either the month prior to interview, or in the two-six months prior to interview ($n \leq 5$), although seven per cent reported quarantining in the 7-12 months prior to interview. At the time of interview, seven per cent reported that they had received at least one dose of the COVID-19 vaccine.

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

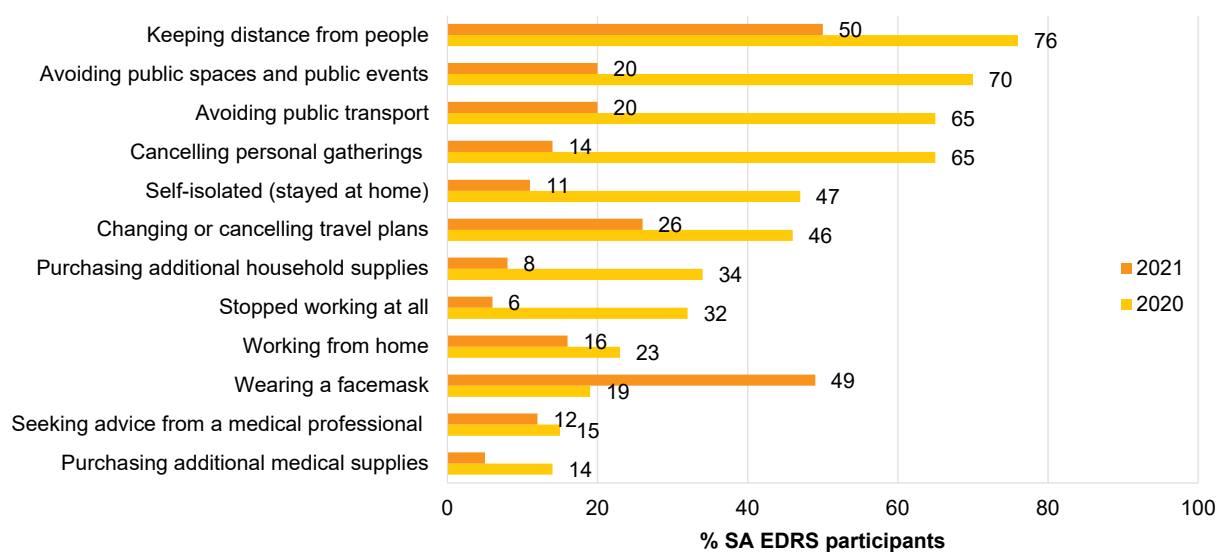


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

COVID-19 Related Health Behaviours

Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 6). Most commonly, participants reported keeping distance from other people (50%), wearing a facemask (49%) and changing or cancelling travel plans (26%).

Figure 6: Health precautions related to COVID-19 in the past four weeks, South Australia, 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. $n \leq 5$ but not 0).

3

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.

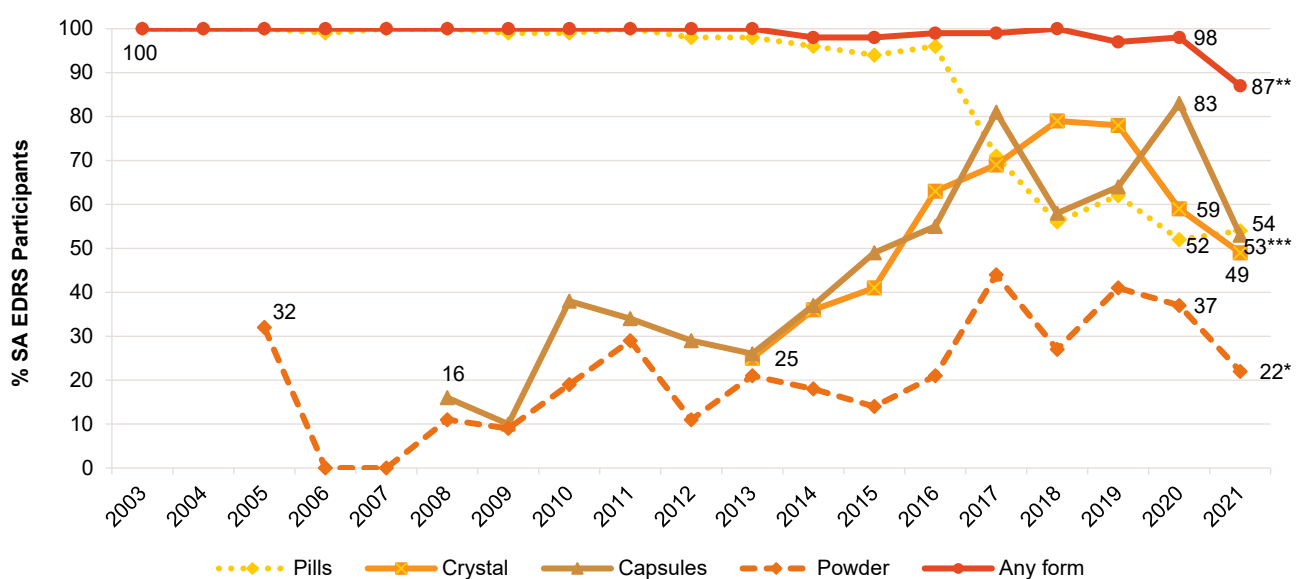
Recent Use (past 6 months)

In 2021, significantly fewer participants reported use of any ecstasy in the six months prior to interview (87%; 98% in 2020; $p=0.007$) (Figure 7). This was mostly driven by a sharp decrease in recent use of ecstasy capsules, as well as a significant decline in ecstasy powder. Whilst there has been a shift over time to greater use of ecstasy crystal, recent use has dropped sharply in the past two years. The per cent of the sample reporting recent use of ecstasy capsules peaked in 2020, overtaking ecstasy crystal for the second time since monitoring commenced, however as noted above, a sharp decrease was observed in 2021. Recent use of ecstasy pills remained stable in 2021, however has been trending downwards since 2016 (discussed further below).

Frequency of Use

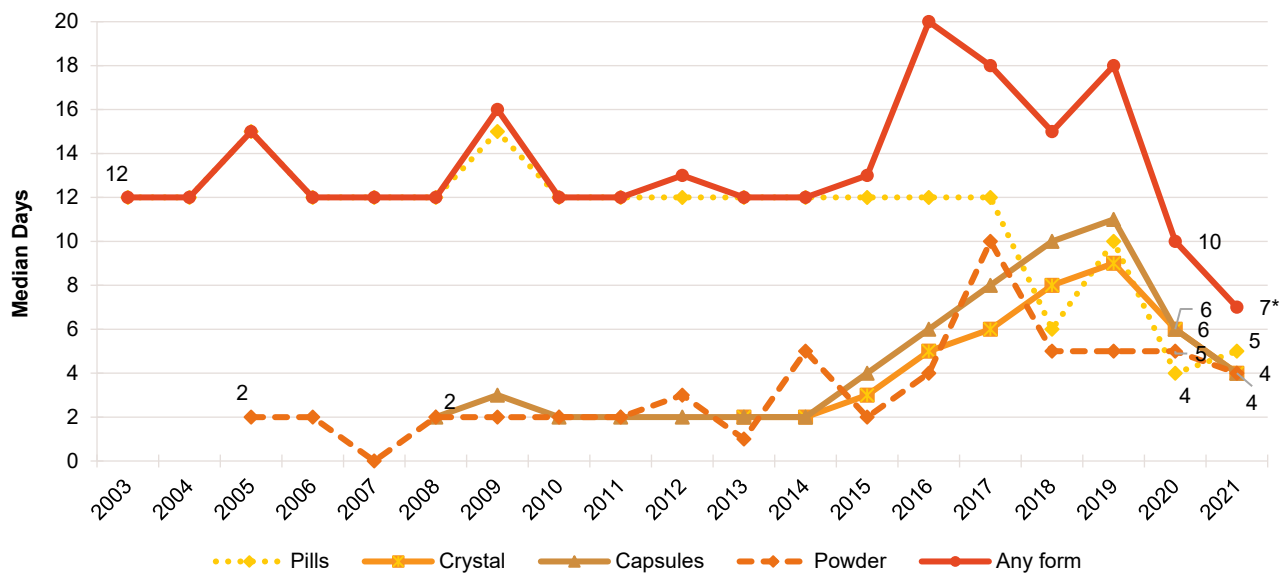
Among those that reported recent use of any ecstasy and commented ($n=86$), participants reported using ecstasy (in any form) on a median of seven days (IQR=4-13) in 2021, equivalent to monthly use in the preceding six months (10 days in 2020; IQR=6-21; $p=0.020$). Weekly or more frequent use of any form of ecstasy remained stable relative to 2020 (17%; 21% in 2020; $p=0.645$) (Figure 8).

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



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



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. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Whilst the per cent reporting recent use remained stable in 2021 at 54% (52% in 2020; $p=0.887$), use has declined considerably since 2016 (96%) (Figure 7).

Frequency of Use: Among those that reported recent use and commented ($n=54$), ecstasy pills were used on a median of five days (IQR=2-9) in the six months preceding interview in 2021, stable from 2020 (4 days; IQR=2-6; $p=0.384$) (Figure 7). Few participants ($n\leq 5$) who had recently consumed ecstasy pills reported weekly or more frequent use in 2021, therefore, these data are suppressed ($n\leq 5$ in 2020).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented ($n=54$), the most common route of administration in 2021 was swallowing (96%; 94% in 2020; $p=0.966$), followed by snorting (31%; 29% in 2020; $p=0.933$), consistent with previous years. Few participants ($n\leq 5$) reported recent shelving/shafting and smoking.

Quantity: Of those who reported recent use and responded ($n=54$), the median number of pills used in a 'typical' session was two (IQR=2-4; 2 pills in 2020; IQR=1-3; $p=0.003$). Of those who reported recent use and responded ($n=54$), the median maximum number of pills used was four (IQR=2-6; 3 pills in 2020; IQR=1-4; $p=0.003$).

Ecstasy Capsules

Recent Use (past 6 months): A significant decrease was observed in the per cent of participants reporting recent use of ecstasy capsules, from 83% in 2020, to 53% in 2021 ($p<0.001$) (Figure 7).

Frequency of Use: Among those that reported recent use and commented ($n=53$), participants reported consuming capsules on a median of four days in 2021 (IQR=3-10), stable from 2020 (6 days; IQR=2-12; $p=0.552$) (Figure 8). Few participants ($n\leq 5$) who had recently consumed ecstasy capsules reported weekly

or more frequent use in 2021, therefore, these data are suppressed (13% in 2020; $p=0.670$).

Routes of Administration: Among participants who had recently consumed ecstasy capsules and commented ($n=53$), the majority reported swallowing (96%; 98% in 2020), followed by snorting (28%; 19% in 2020; $p=0.311$).

Quantity: Of those who reported recent use and responded ($n=53$), the median number of capsules used in a 'typical' session was two (IQR=2-3; 2 capsules in 2020; IQR=1-3; $p=0.911$). Of those who reported recent use and responded ($n=53$), the median maximum number of capsules used was four (IQR=3-5; 3 capsules in 2020; IQR=2-6; $p=0.507$).

Contents of Capsules: Of those who reported recent use and responded ($n=50$), most (78%) reported that their last capsule contained crystal (73% in 2020), whilst 28% reported that it contained powder (38% in 2020). Few participants ($n\leq 5$) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Almost half (49%) the SA sample reported recent use of ecstasy crystal in 2021, stable from 2020 (59%; $p=0.181$) (Figure 7).

Frequency of Use: Among those that reported recent use and commented ($n=49$), participants reported using crystal on a median of four days (IQR=3-10) in 2021, stable from six days in 2020 (IQR=2-10; $p=0.985$) (Figure 8). A small number ($n\leq 5$) who had recently consumed crystal reported weekly or more frequent use in 2021; therefore, these data are suppressed ($n\leq 5$ in 2020).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented ($n=49$), the majority (86%) reported swallowing (78% in 2020; $p=0.458$), while just over half (53%) reported snorting (63% in 2020; $p=0.375$).

Quantity: Of those who reported recent use and responded ($n=41$), 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; $p=0.687$). Of those who

reported recent use and responded ($n=40$), the median maximum amount of crystal used was 0.50 grams (IQR=0.30-1.00; 0.40 grams in 2020; IQR=0.30-0.80; $p=0.391$).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder significantly decreased, from 37% in 2020 to 22% in 2021 ($p=0.034$) (Figure 7).

Frequency of Use: Among those that reported recent use and commented ($n=22$), participants reported consuming powder on a median of four days (IQR=2-15) in 2021. This was stable from five days in 2020 (IQR=3-12; $p=0.912$) (Figure 8). Few participants ($n\leq 5$) who had recently consumed powder reported weekly or more frequent use in 2021; therefore,

these data are suppressed ($n\leq 5$ in 2020; $p=0.815$).

Routes of Administration: Among participants who had recently consumed ecstasy powder and commented ($n=22$), over three-quarters (77%) reported snorting (86% in 2020; $p=0.580$), with 32% reporting swallowing (46% in 2020; $p=0.427$).

Quantity: Of those who reported recent use and responded ($n=16$), the median amount of powder used in a 'typical' session was 0.50 grams (IQR=0.30-1.00; 0.30 grams in 2020; IQR=0.20-0.50; $p=0.086$). Of those who reported recent use and responded ($n=16$), the median maximum amount of powder used was 0.70 grams (IQR=0.50-1.50; 0.60 grams in 2020; IQR=0.30-1.00; $p=0.452$).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of a pill remained stable, recorded as \$25 in 2021 (IQR=16-30; $n=24$) and \$25 in 2020 (IQR=20-30; $n=53$; $p=0.304$) (Figure 9).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2020 and 2021 ($p=0.200$). Among those who responded in 2021 ($n=56$), over one-quarter (27%) reported purity as being 'high' (43% in 2020), with a further 27% reporting purity to be 'medium' (16% in 2020). 'Low' purity was reported by 25% (17% in 2020) (Table 2).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2020 and 2021 ($p=0.857$). Among those who were able to comment in 2021 ($n=55$), over two-fifths (44%) reported that pills were 'very easy' to obtain (35% in 2020), though 27% reported pills as being 'difficult' to obtain (31% in 2020) (Table 2).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was \$20 in 2021 (IQR=19-25; $n=26$), consistent with the reported median price of

\$20 in 2020 (IQR=15-20; $n=71$; $p=0.072$) (Figure 9).

Perceived Purity: The perceived purity of ecstasy capsules significantly changed between 2020 and 2021 ($p=0.007$). Among those who were able to comment in 2021 ($n=56$), over half (52%) perceived purity to be 'medium', an increase from 34% in 2020, and almost one-quarter (23%) perceived purity to be 'fluctuating', also an increase from 13% in 2020. An inverse decrease was observed in those reporting 'high' purity (14%; 42% in 2020) (Table 2).

Perceived Availability: The perceived availability of ecstasy capsules remained stable between 2020 and 2021 ($p=0.373$). Among those who responded in 2021 ($n=57$), two-fifths (40%) reported that capsules were 'easy' to obtain (47% in 2020), whereas just over one-fifth (21%) reported that capsules were 'difficult' to obtain (11% in 2020) (Table 2).

Ecstasy Crystal

Price: The median price of a gram of crystal remained stable in 2021 at \$150 (IQR=150-200; $n=17$; \$150 in 2020; IQR=100-200; $n=27$; $p=0.248$) (Figure 10). No participants reported purchasing a point of crystal in 2021.

Perceived Purity: The perceived purity of ecstasy crystal remained stable between 2020 and 2021 ($p=0.368$). Among those who responded in 2021 ($n=49$), one-third (33%) perceived the purity of crystal to be 'high' (47% in 2020) and 29% perceived purity to be 'medium' (22% in 2020) (Table 2).

Perceived Availability: The perceived availability of ecstasy crystal changed significantly between 2020 and 2021 ($p=0.010$). Specifically, among those who were able to comment in 2021 ($n=49$), almost one-quarter (24%) reported crystal as being 'very easy' to obtain, a decrease from 41% in 2020. A further one-third (33%) reported crystal as being 'difficult' to obtain, an increase from 17% in 2020 (Table 2).

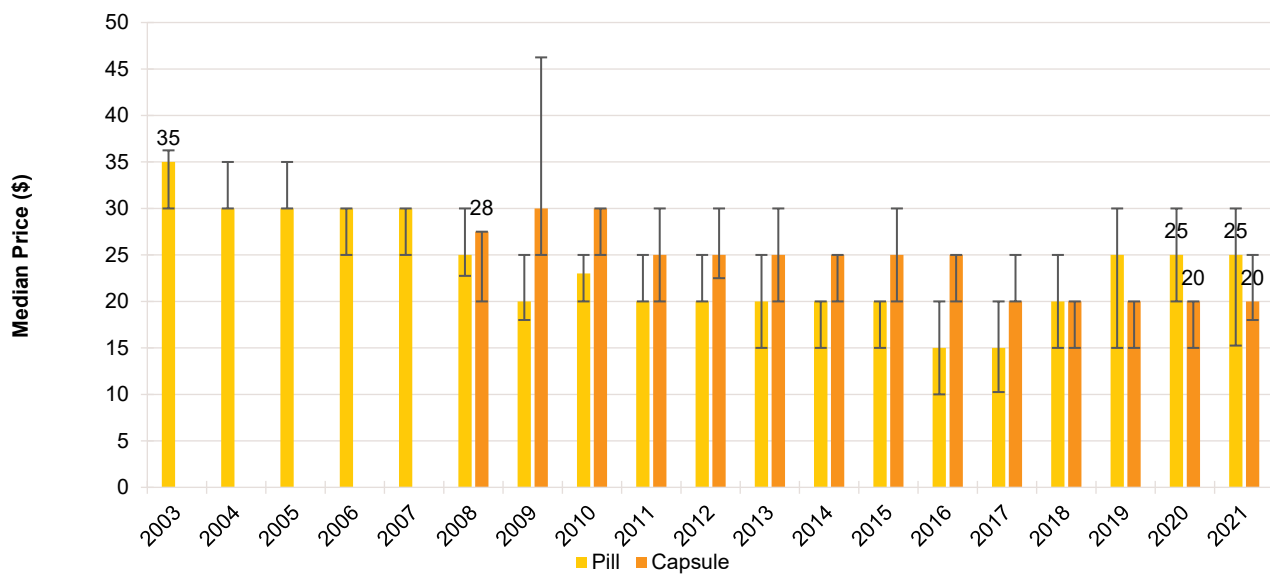
Ecstasy Powder

Price: The median price of a gram of powder remained stable in 2021 at \$150 (IQR=150-175; $n=7$), similar to the median price of \$140 in 2020 (IQR=100-150; $n=15$; $p=0.148$) (Figure 10).

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2020 and 2021 ($p=0.114$). Among those who were able to comment in 2021 ($n=21$), one-third (33%) perceived purity to be 'high' (50% in 2020), and a further one-third (33%) perceived purity to be 'fluctuating' ($n\leq 5$ in 2020) (Table 2).

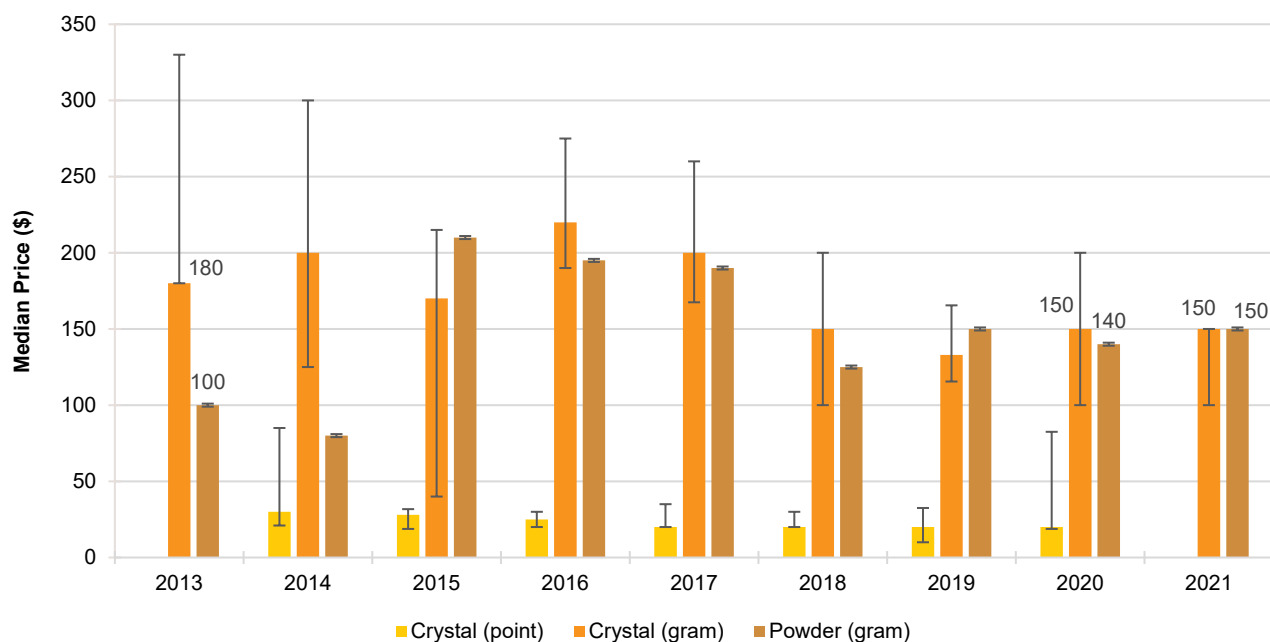
Perceived Availability: The perceived availability of ecstasy powder remained stable between 2020 and 2021 ($p=0.795$). Among those who were able to respond in 2021 ($n=24$), one-third (33%) reported powder as being 'very easy' (29% in 2020) and 'easy' (48% in 2020) to obtain in 2021, respectively. A further 29% perceived powder as being 'difficult' to obtain (19% in 2020) (Table 2).

Figure 9: Median price of ecstasy pill and capsule, South Australia, 2003-2021



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. No participants reported price data for a 'point' of ecstasy crystal in 2021. Data labels are only provided for the first (2013/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 2: Current perceived purity and availability of ecstasy pills, capsules, crystal and powder, South Australia, 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	(n=65)	(n=49)	(n=62)	(n=58)	(n=56)
Low	35	35	15	17	25
Medium	34	33	21	16	27
High	14	22	44	43	27
Fluctuates	17	-	21	24	21
% Capsules	(n=77)	(n=55)	(n=69)	(n=76)	(n=56)**
Low	-	-	9	11	11
Medium	31	38	36	34	52
High	56	44	35	42	14
Fluctuates	12	-	20	13	23
% Crystal	(n=63)	(n=67)	(n=67)	(n=55)	(n=49)
Low	-	-	-	-	12
Medium	24	36	28	22	29
High	60	48	55	47	33
Fluctuates	13	10	13	25	27
% Powder	(n=26)	(n=14)	(n=23)	(n=20)	(n=21)
Low	-	-	-	35	-
Medium	58	50	61	0	-
High	31	-	-	50	33
Fluctuates	-	-	-	-	33
Current Perceived Availability					
% Pills	(n=66)	(n=49)	(n=64)	(n=55)	(n=55)
Very easy	58	33	52	35	44
Easy	38	31	28	31	25
Difficult	-	27	16	31	27
Very difficult	0	-	-	-	-
% Capsules	(n=76)	(n=55)	(n=69)	(n=79)	(n=57)
Very easy	50	58	77	41	35
Easy	32	40	20	47	40
Difficult	17	-	-	11	21
Very difficult	-	0	0	-	-
% Crystal	(n=64)	(n=69)	(n=67)	(n=54)	(n=49)*
Very easy	48	51	60	41	24
Easy	31	41	34	43	33
Difficult	19	-	-	17	33
Very difficult	-	-	0	0	-
% Powder	(n=27)	(n=14)	(n=25)	(n=21)	(n=24)
Very easy	41	43	48	29	33
Easy	26	43	36	48	33
Difficult	30	-	-	-	29
Very difficult	-	-	-	-	-

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). 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.

4

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).

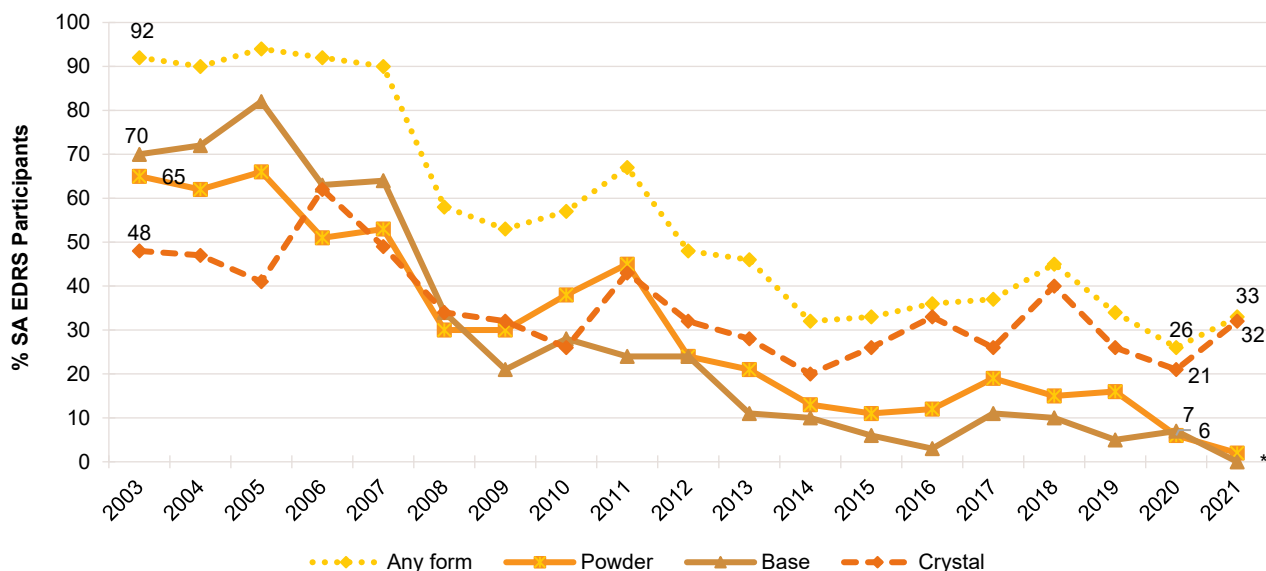
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring commenced (Figure 11), from more than nine-in-ten participants in 2003 (92%) to one-in-three participants (33%) in 2021. However, the per cent reporting recent use of any methamphetamine remained stable in 2021 (33%) compared to 2020 (26%; $p=0.352$).

Frequency of Use

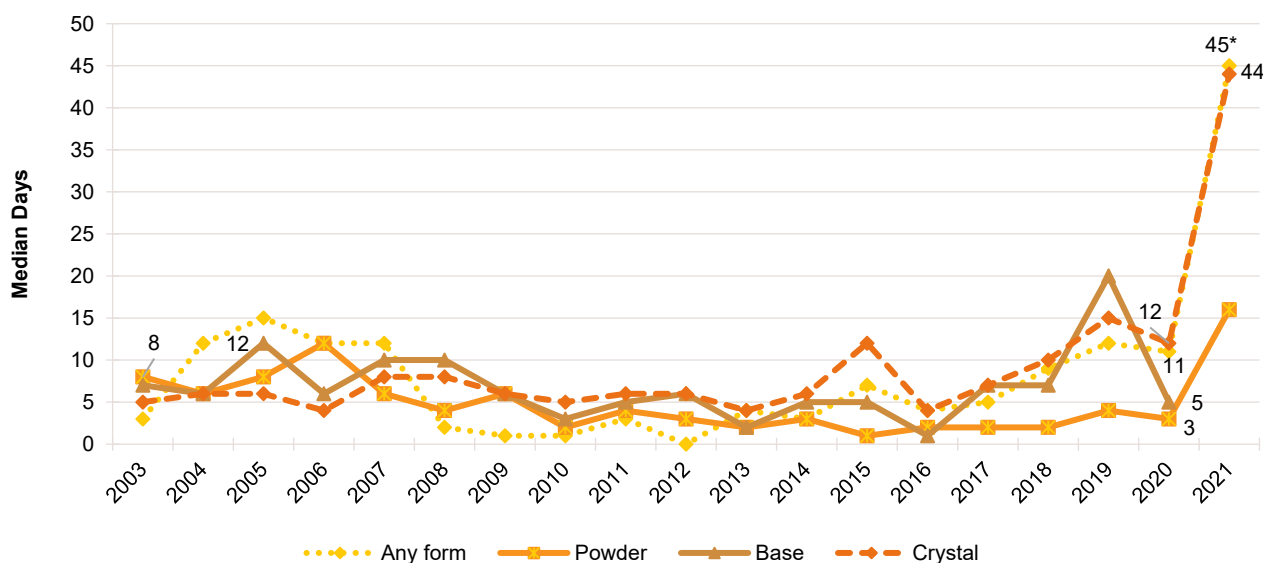
Frequency of use increased significantly in 2021, from a median of 11 days (IQR=1-45) in 2020 to a median of 45 days (IQR=15-72) in 2021 ($p=0.020$) (Figure 12). Seventy per cent of those who commented ($n=33$) reported using methamphetamine weekly or more frequently in 2021, a significant increase from 35% in 2020 ($p=0.015$).

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



Note. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Low numbers ($n \leq 5$) reported on recent use, frequency of use, routes of administration and quantity regarding methamphetamine powder, and therefore, further details are not reported. For historical overview, please refer to Figure 11 and Figure 12. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Since 2012, crystal has consistently been the main form of methamphetamine used. Almost one-third (32%) of participants reported recent use of crystal in 2021, stable relative to 2020 (21%; $p = 0.109$) (Figure 11).

Frequency of Use: Of those who had recently consumed crystal and commented ($n = 32$), frequency of use was reported on a median of 44 days (IQR=19-74) in 2021, a significant increase from 12 days (IQR=4-48) in 2020 ($p = 0.047$) (Figure 12). Seventy-two per cent

reported weekly or greater use of crystal, a significant increase from 38% in 2020 ($p = 0.031$).

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented ($n = 32$), smoking remained the most common route of administration, with 94% reporting this method in 2021, stable from 86% in 2020 ($p = 0.618$).

Quantity: Of those who reported recent use and responded ($n = 31$), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.20 grams in 2020; IQR=0.10-0.20; $p = 0.110$). Of those who reported recent use and responded ($n = 30$), the median maximum amount of crystal was 0.60 grams (IQR=0.50-1.00), a significant decrease from 0.20 grams in 2020 (IQR=0.20-0.40; $p = 0.009$).

Methamphetamine Base

No participants reported recent use of methamphetamine base, and therefore, further details are not reported. For historical

overview, please refer to Figure 11 and Figure 12. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers ($n \leq 5$), details will not be reported on price (Figure 13), perceived purity (Figure 15) and perceived availability (Figure 17) for methamphetamine powder. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

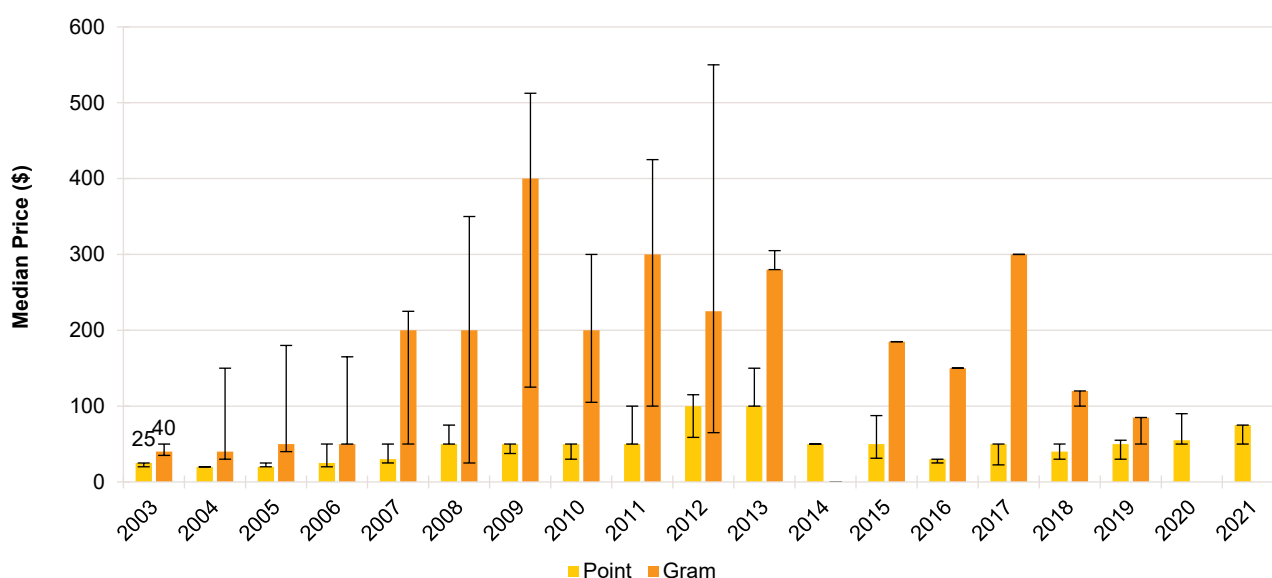
Price: Participants reported a median price of \$50 per point (IQR=50-78; $n=8$; \$50 in 2020; IQR=50-50; $n=13$; $p=0.110$) (Figure 14).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable

between 2020 and 2021. Among those who were able to comment in 2021 ($n=33$), the greatest per cent reported purity to be 'high' (48%; 45% in 2020), with a further 24% reporting purity as 'medium' (20% in 2020) (Figure 16).

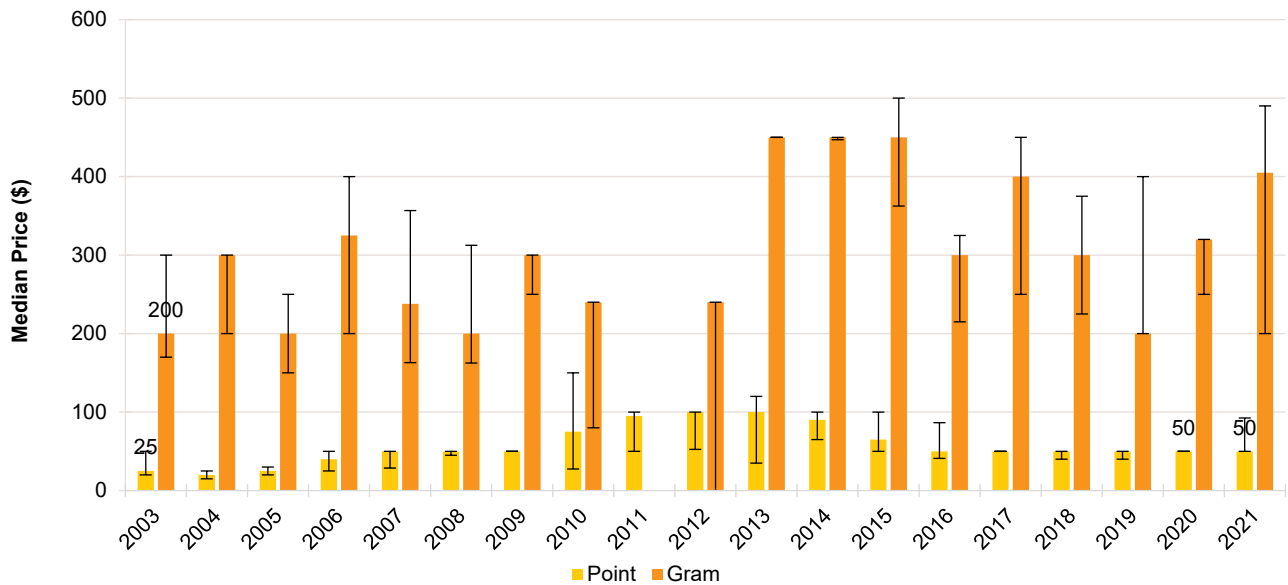
Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2020 and 2021 ($p=0.740$). Among those who were able to respond in 2021 ($n=35$), 69% reported availability as 'very easy' (58% in 2020), with a further 20% reporting it as 'easy' (25% in 2020) (Figure 18).

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



Note. Among those who commented. No participants reported purchasing a gram of powder methamphetamine in 2014, 2020 and 2021. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

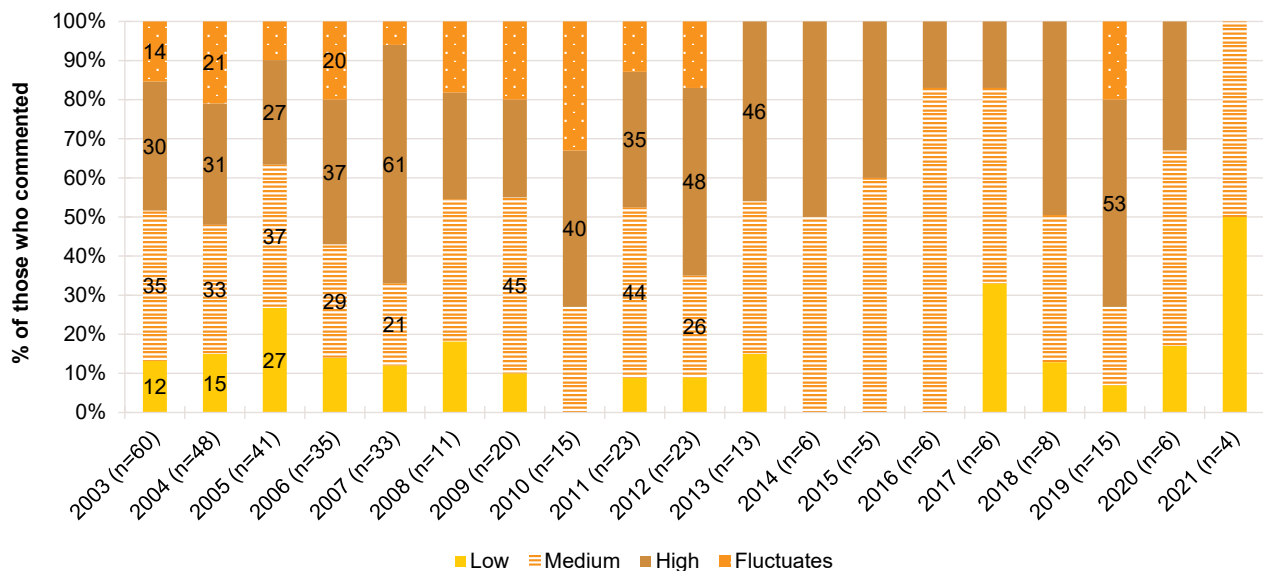
Figure 14: Median price of crystal methamphetamine per point and gram, South Australia, 2003-2021



Note. Among those who commented. No participants reported purchasing a gram of crystal methamphetamine in 2011. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR.

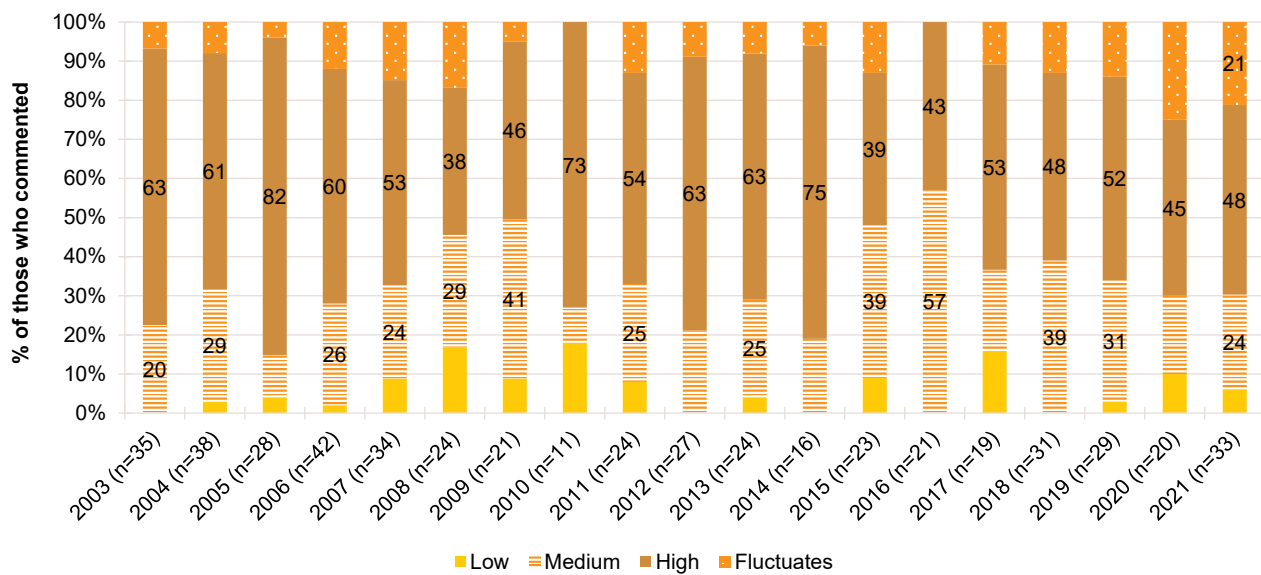
* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



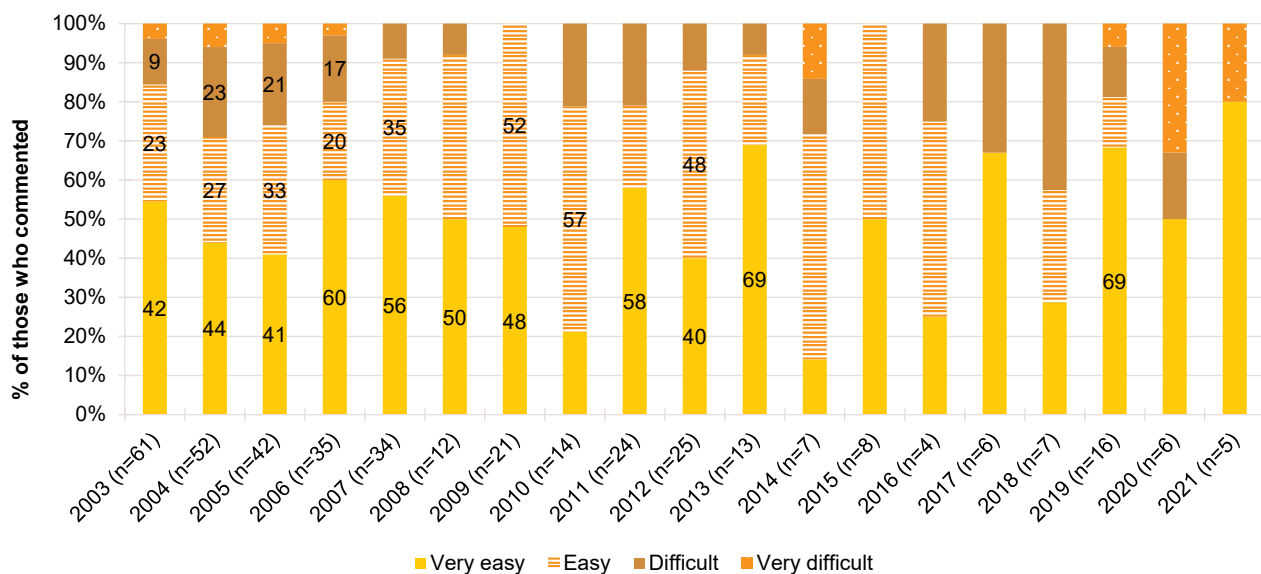
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



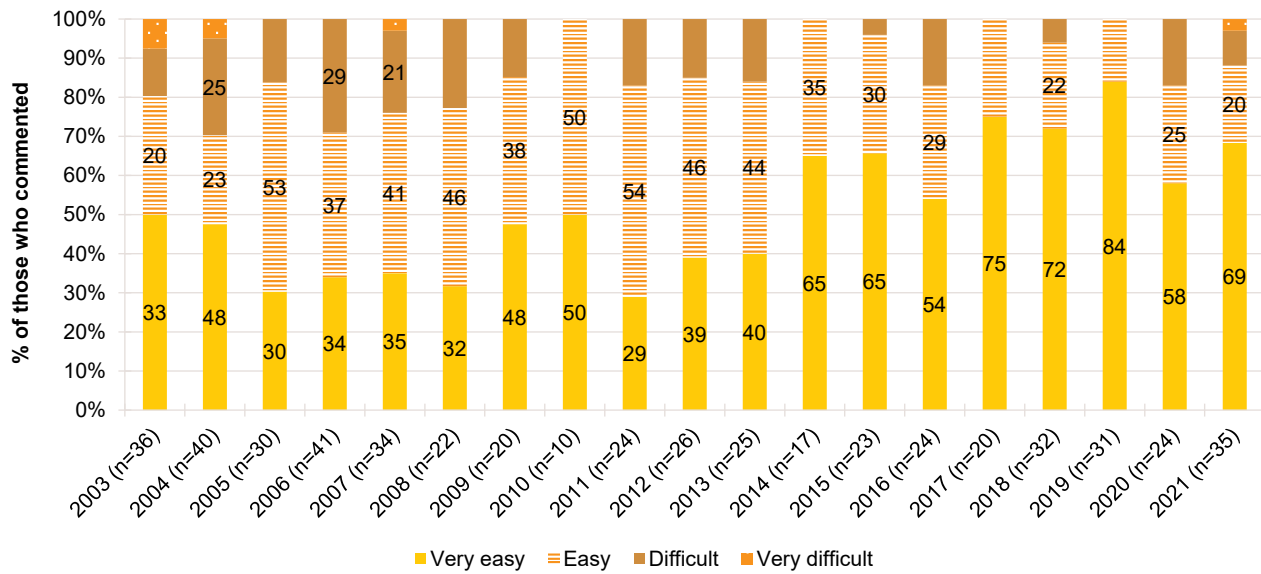
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

5

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)

Since 2015, the per cent reporting any recent cocaine use has gradually increased. In 2021, 78% of the SA sample reported recent use, the greatest per cent reporting recent use since the commencement of monitoring. This remained stable from 69% in 2020 ($p=0.216$) (Figure 19).

Frequency of Use

Frequency of use has fluctuated in recent years. Of those who had recently consumed cocaine and commented ($n=77$), participants reported a median of five days (IQR=3-10) of use in 2021, stable from four days in 2020 (IQR=3-7; $p=0.296$) (Figure 19). This is equivalent to less than monthly use. One-tenth (10%) reported consuming cocaine on a weekly or more frequent basis (9% in 2020; $p=0.925$).

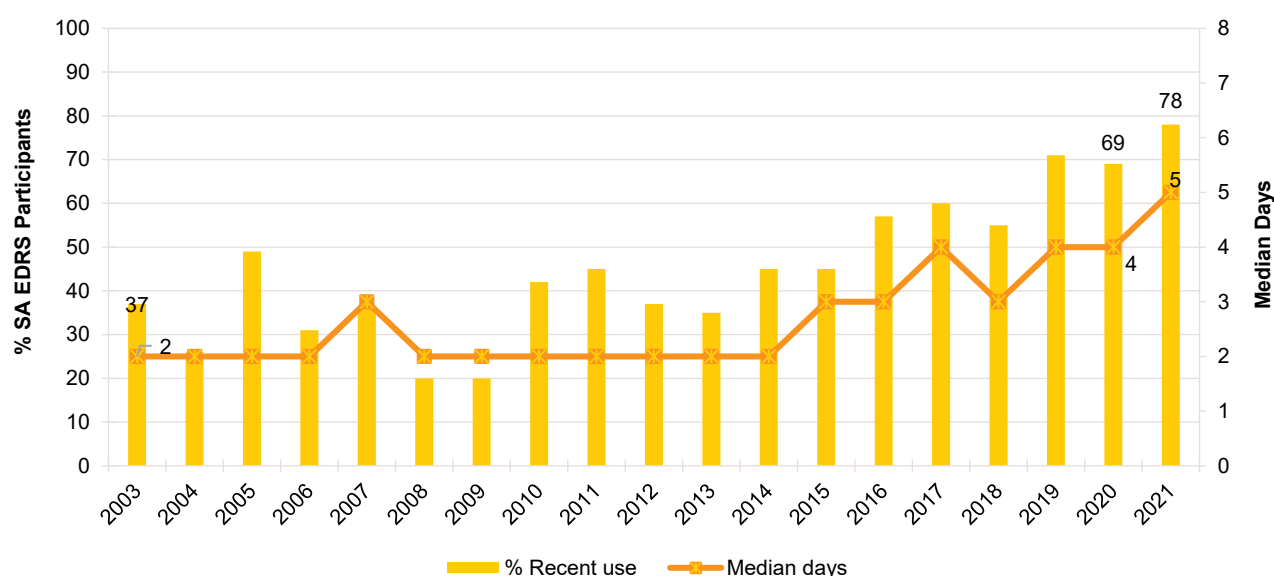
Routes of Administration

Among participants who had recently consumed cocaine and commented ($n=78$), 99% of participants reported snorting cocaine, stable relative to 2020 (100%).

Quantity

Of those who reported recent use and responded ($n=58$), the median amount of cocaine used in a 'typical' session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2020; IQR=0.30-0.50; $p=0.612$). Of those who reported recent use and responded ($n=59$), the median maximum amount used was 1.00 gram (IQR=0.50-2.00; 0.60 grams in 2020; IQR=0.50-1.00; $p=0.301$).

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



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 8 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

The median price per gram of cocaine was \$350 in 2021 (IQR=300-350; $n=38$), stable relative to 2020 (\$350; IQR=300-350; $n=41$; $p=0.636$) (Figure 20).

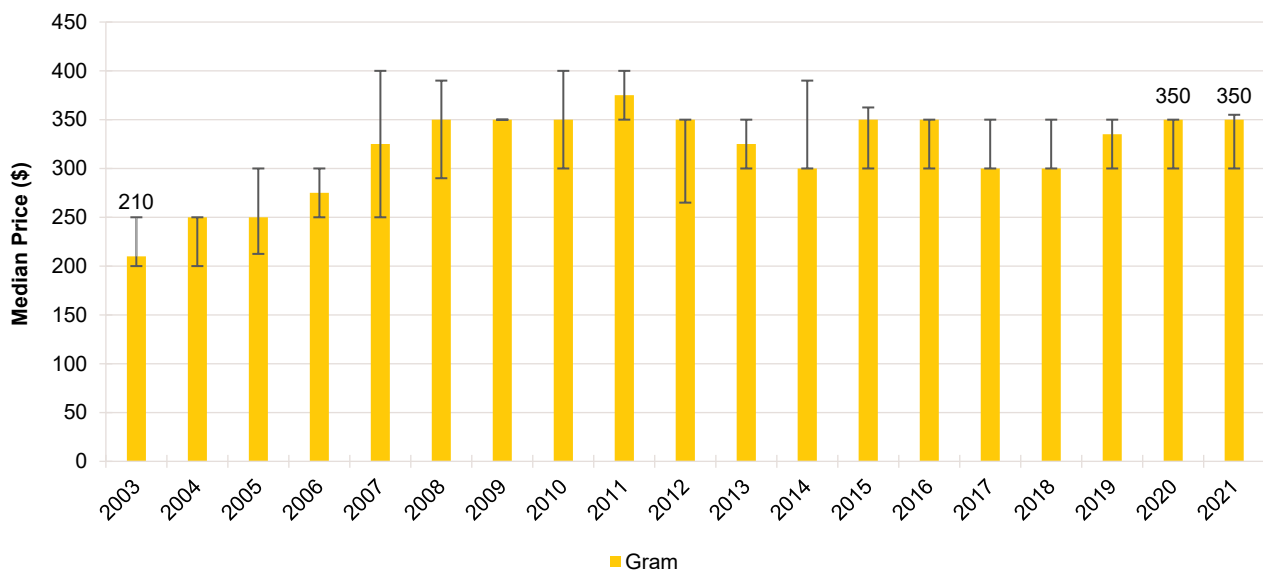
Perceived Purity

The perceived purity of cocaine significantly changed between 2020 and 2021 ($p < 0.001$). Among those who were able to respond in 2021 ($n=70$), the largest proportion of participants reported cocaine to be of 'medium' purity (39%; 21% in 2020). Few participants ($n \leq 5$) reported 'high' purity, a decline from 37% in 2020. (Figure 21).

Perceived Availability

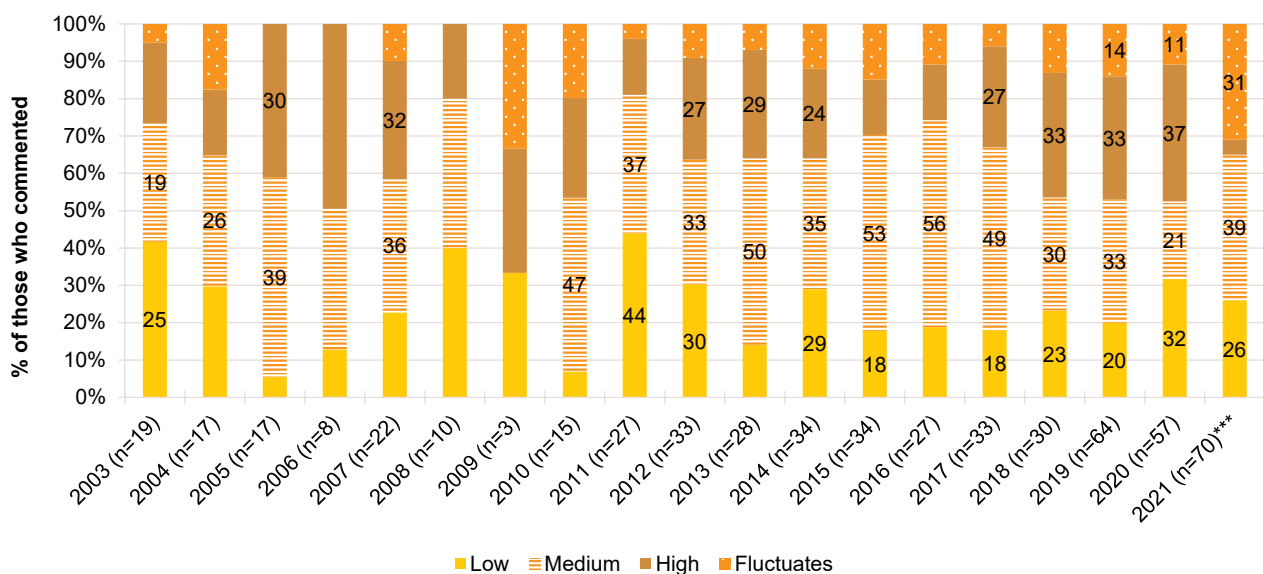
The perceived availability of cocaine largely remained stable between 2020 and 2021 ($p=0.234$). Among those who were able to respond in 2021 ($n=70$), half (50%) reported cocaine to be 'easy' to obtain (45% in 2020). In contrast, almost one-fifth (17%) perceived cocaine to be 'difficult' to obtain (32% in 2020) (Figure 22).

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



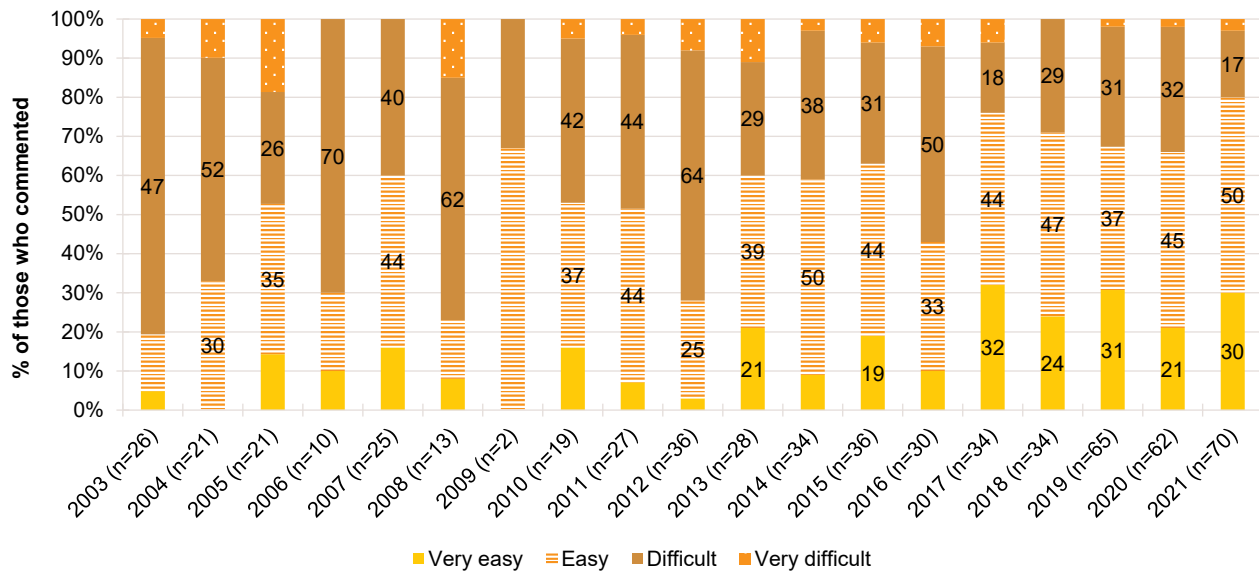
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least three-in-four participants have reported any recent use of cannabis each year since 2003. The majority (84%) reported recent use of cannabis in 2021, stable from 2020 (89%; $p=0.392$) (Figure 23).

Frequency of Use

Frequency of use has varied between at least once per week to up to four days per week over the course of monitoring. Of those who had recently consumed cannabis and commented ($n=84$), participants reported a median of 56 days (IQR=20-180) of use in 2021, stable relative to 2020 (85 days; IQR=12-180; $p=0.843$) (Figure 23). Just under three-quarters (74%) reported using cannabis on a weekly or more frequent basis (66% in 2020; $p=0.309$), including 29% who reported using cannabis on a daily basis (27% in 2020; $p=0.911$).

Routes of Administration

Among participants who had recently consumed cannabis and commented ($n=84$), the vast majority of participants (96%) reported smoking, unchanged from 2020 (96%). Just over one-third (35%) reported inhaling/vaporising (31% in 2020; $p=0.751$) and 30% reported swallowing (37% in 2020; $p=0.421$).

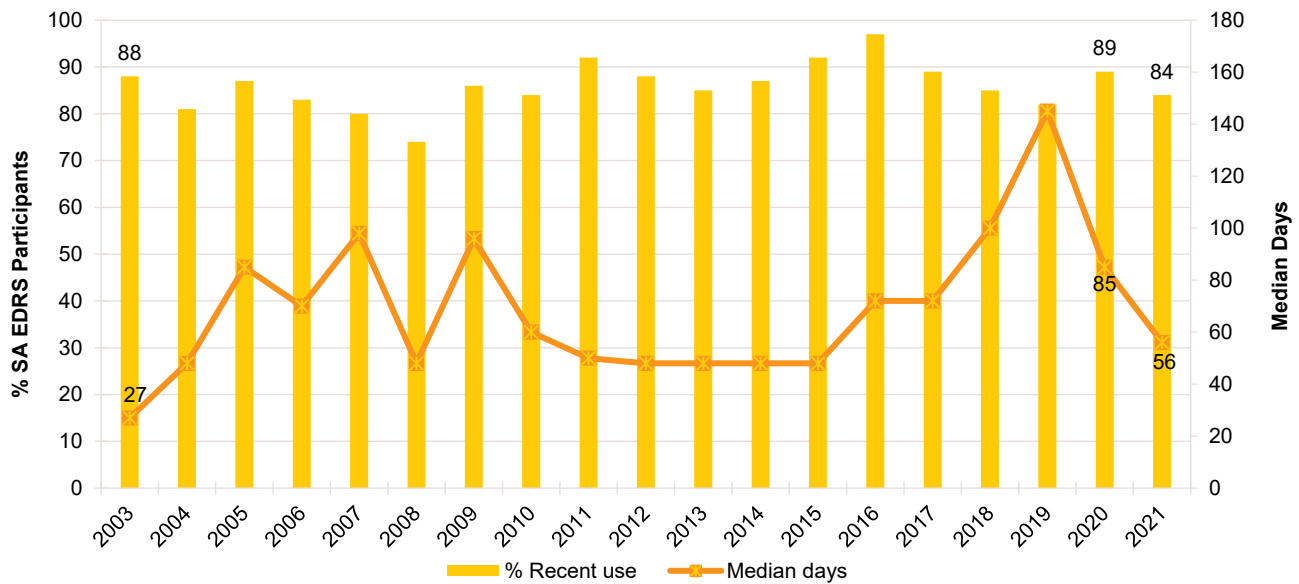
Quantity

Of those who reported recent use and responded ($n=28$), the median amount of cannabis used on the last occasion of use was two cones (IQR=1-3; 3 cones in 2020; IQR=2-5; $p=0.010$) or 1.30 grams (IQR=0.50-2.10; $n=24$; 2.00 grams in 2020; IQR=1.00-2.50; $p=0.504$) or one joint (IQR=1-1; $n=24$; 1 joint in 2020; IQR=1-1; $p=0.494$).

Forms Used

Among participants who had recently consumed cannabis and responded ($n=79$), the majority reported recent use of outdoor-grown 'bush' cannabis (78%; 79% in 2020) and just under three-fifths (59%) reported recent use of hydroponic cannabis (72% in 2020; $p=0.158$). Fewer participants reported having used hashish (23%; 35% in 2020; $p=0.134$) and hash oil (16%; 28% in 2020; $p=0.126$) in the preceding six months. One-tenth (10%) of participants reported recent use of (non-prescribed) pharmaceutical CBD oil in 2021 (not asked in 2020).

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per ounce of hydroponic cannabis has fluctuated over the years. In 2021, participants paid a median of \$230 per ounce (IQR=215-255; $n=8$), similar to the median price of \$210 in 2020 (IQR=195-243; $n=8$; $p=0.312$) (Figure 24a). Few participants ($n \leq 5$) reported on the price of a gram in 2021; therefore, these data are suppressed (\$10 in 2020; IQR=10-10; $n=10$).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2020 and 2021 ($p=0.498$). Among those who were able to respond in 2021 ($n=41$), the majority (73%) perceived hydroponic cannabis to be of 'high' potency, consistent with reports in 2020 (69%) and in previous years (Figure 25a).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2020 and 2021 ($p=0.529$). Among those who were able to respond in 2021 ($n=42$), just over two-thirds (67%) perceived hydroponic cannabis to be 'very easy' to obtain (56% in 2020), and over one-quarter (26%) perceived hydroponic cannabis to be 'easy' to obtain (40% in 2020) (Figure 26a).

Bush Cannabis

Price: The median price per ounce of bush cannabis increased significantly, from \$200 (IQR=180-238; $n=11$) in 2020 to \$260 (IQR=240-275; $n=10$; $p=0.010$) in 2021 (Figure 24b). Few participants ($n \leq 5$) reported on the price of a gram in 2021; therefore, these data are suppressed (\$10 in 2020; IQR=10-10; $n=6$).

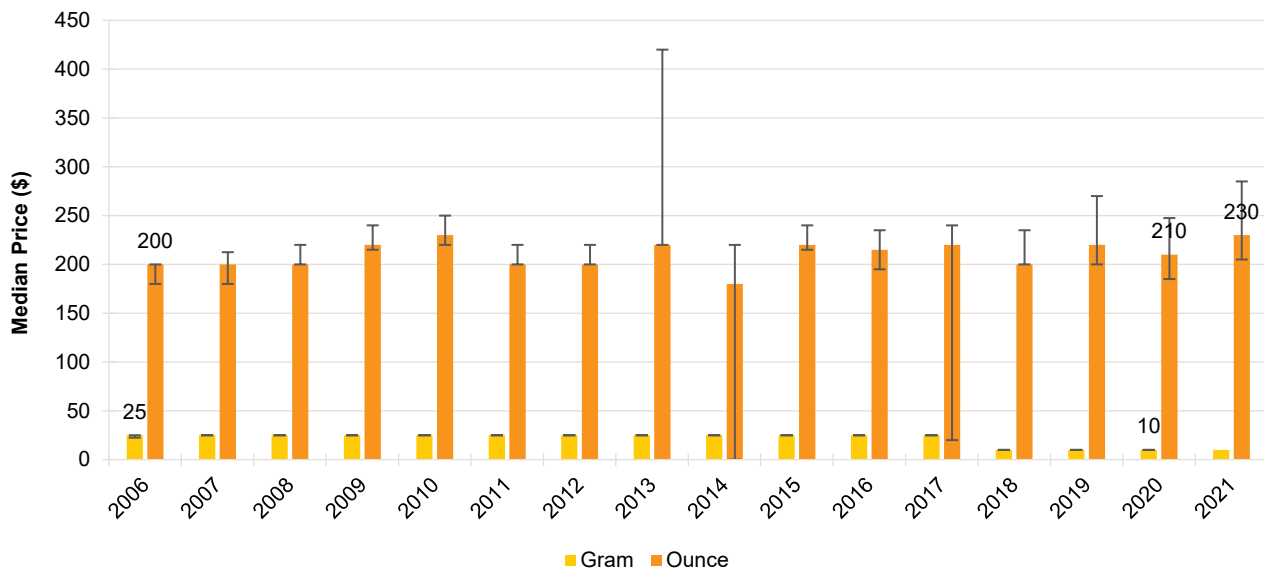
Perceived Potency: The perceived potency of bush cannabis remained stable between 2020 and 2021 ($p=0.094$). Among those who were able to respond in 2021 ($n=50$), 44% perceived the potency of bush to be 'medium' (41% in 2020), with a further 40% perceiving potency to be 'high' (44% in 2020) (Figure 25b).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2020 and 2021 ($p=0.959$). Among those who were able to respond in 2021 ($n=49$), half (51%) perceived

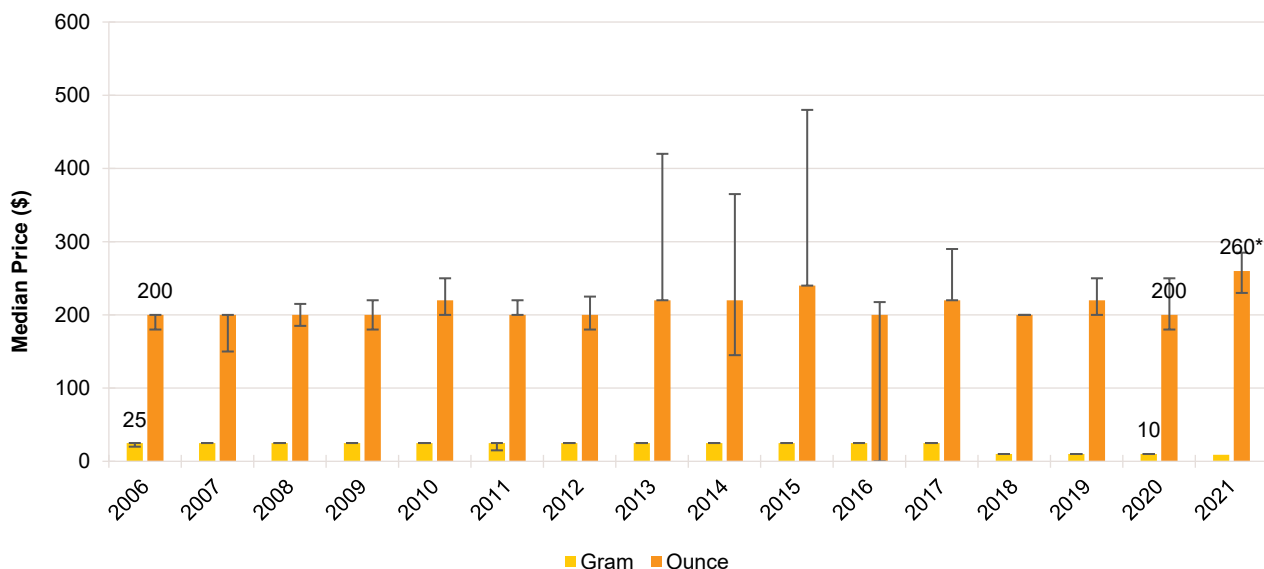
bush to be 'very easy' to obtain (35% in 2020) and just over one-fifth (22%) perceived it as 'easy' to obtain (48% in 2020). A further 22% reported that bush cannabis was 'difficult to obtain' (15% in 2020) (Figure 26b).

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

(A) Hydroponic cannabis



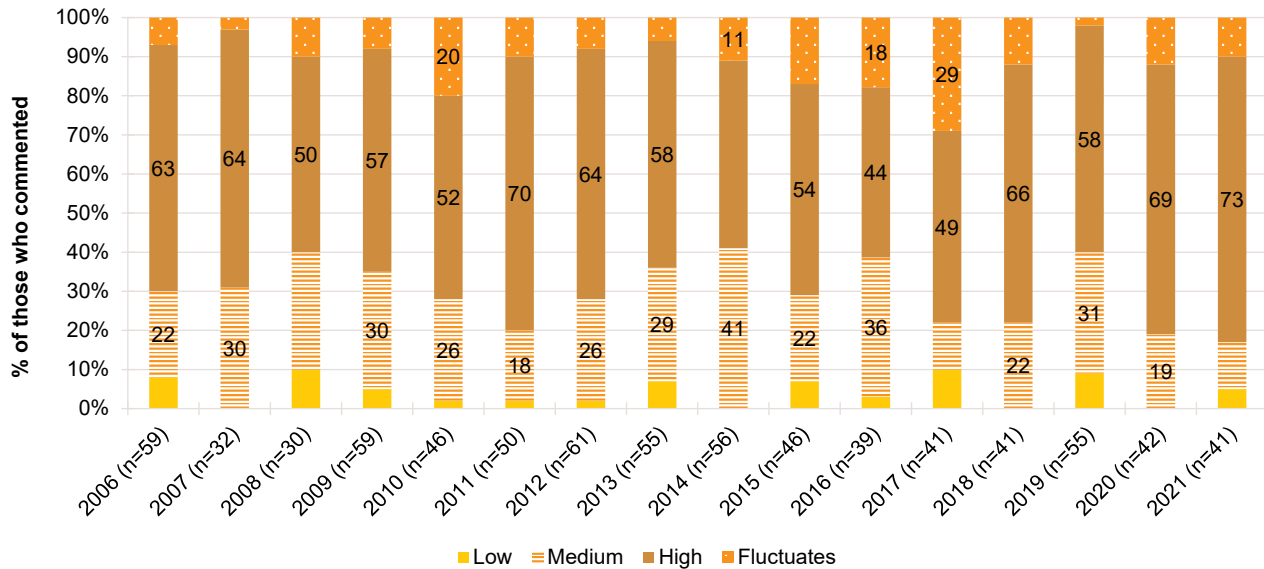
(B) Bush cannabis



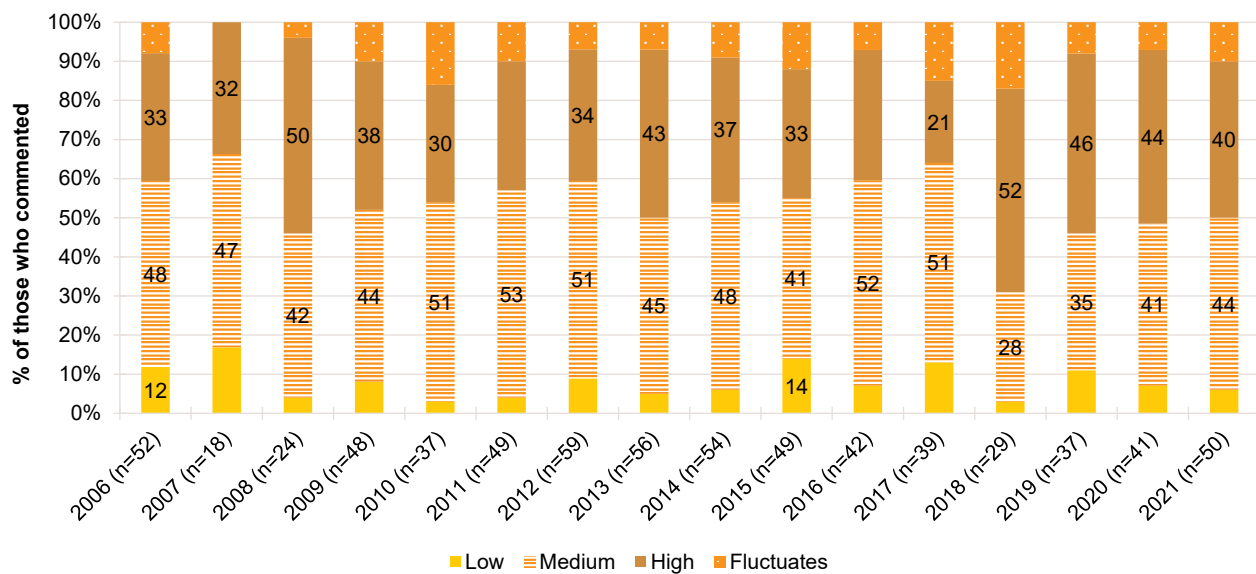
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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

(A) Hydroponic cannabis



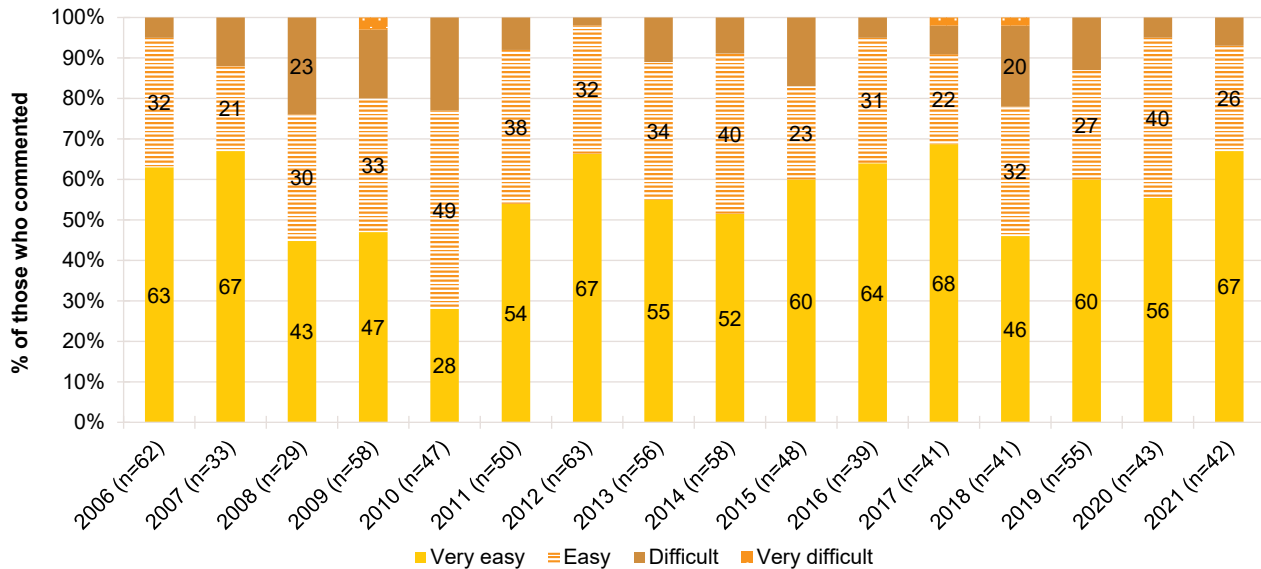
(B) Bush cannabis



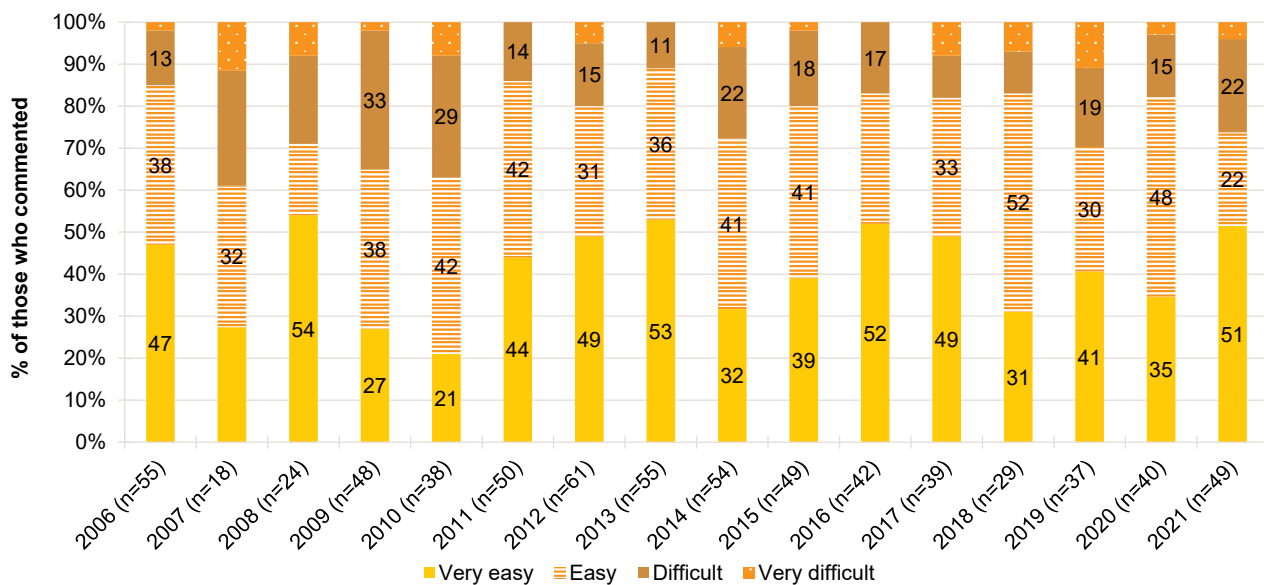
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

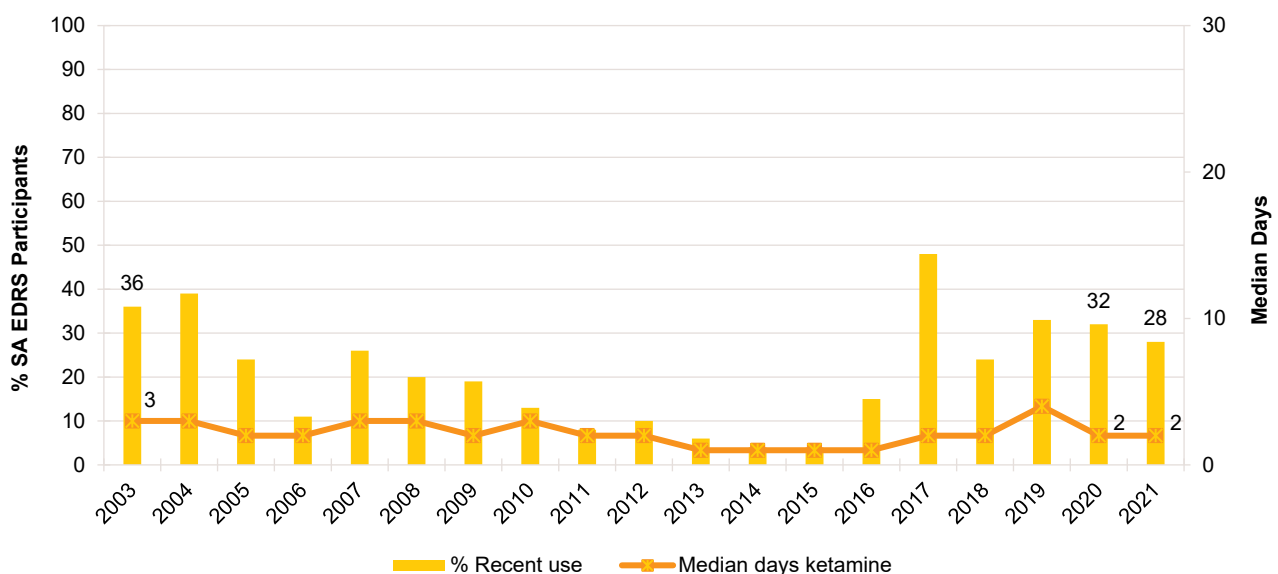
Recent Use (past 6 months): Twenty-eight per cent of the SA sample reported using any ketamine in the six months prior to interview. This remained stable from 32% in 2020 ($p=0.677$) (Figure 27).

Frequency of Use: Of those who had recently consumed ketamine and commented ($n=28$), frequency of use remained low and stable in 2021 compared to 2020 (median 2 days; IQR=1-4; 2 days in 2020; IQR=1-3; $p=0.689$) (Figure 27). Few participants ($n\leq 5$) who had recently consumed any ketamine reported weekly or more frequent use in 2021, therefore, these data are suppressed ($n\leq 5$ in 2020; $p=0.946$).

Routes of Administration: Among participants who had recently consumed ketamine and commented ($n=28$), the vast majority of participants (96%) reported snorting in 2021, stable from 2020 (91%; $p=0.704$).

Quantity: Of those who reported recent use and responded ($n=21$), the median amount of ketamine used in a 'typical' session was 0.30 grams (IQR=0.10-0.50; 0.20 grams in 2020; IQR=0.10-0.30; $p=0.187$). Of those who reported recent use and responded ($n=21$), the median maximum amount used was 0.50 grams (IQR=0.30-0.50; 0.20 grams in 2020; IQR=0.10-0.30; $p=0.224$).

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



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 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

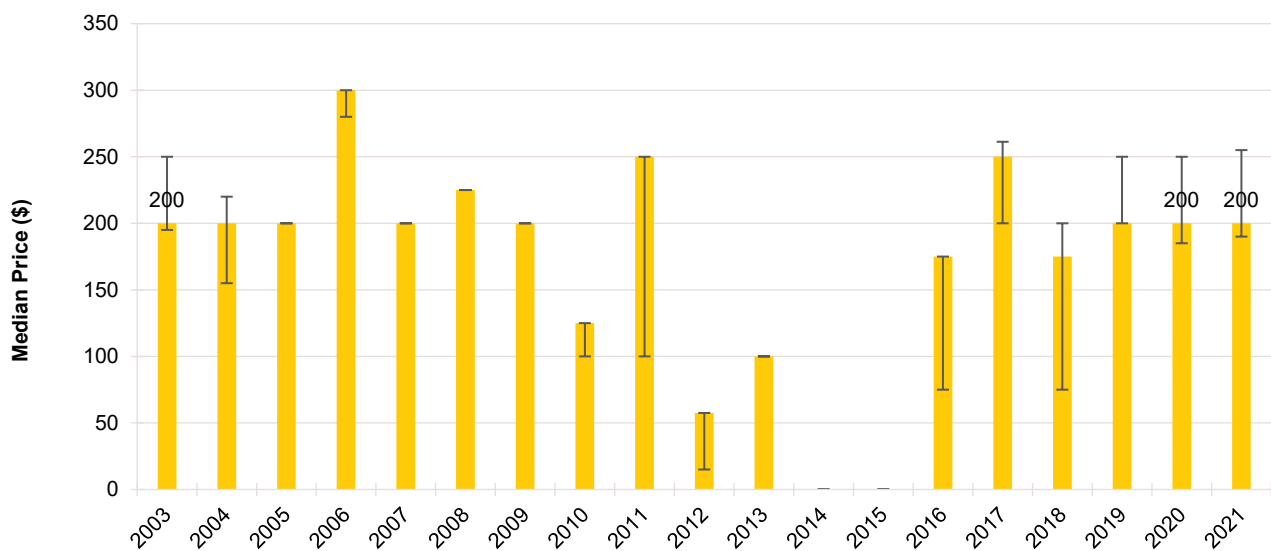
Price, Perceived Purity and Perceived Availability

Price: The median reported price of ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2021 was \$200 (IQR=200-250; n=9; \$200 in 2020; IQR=195-250; n=12; $p=0.798$) (Figure 28).

Perceived Purity: The perceived purity of ketamine remained stable between 2020 and 2021 ($p=0.578$). Among those who were able to respond in 2021 (n=17), three-fifths (59%) perceived the purity of ketamine to be 'high' (41% in 2020) (Figure 29).

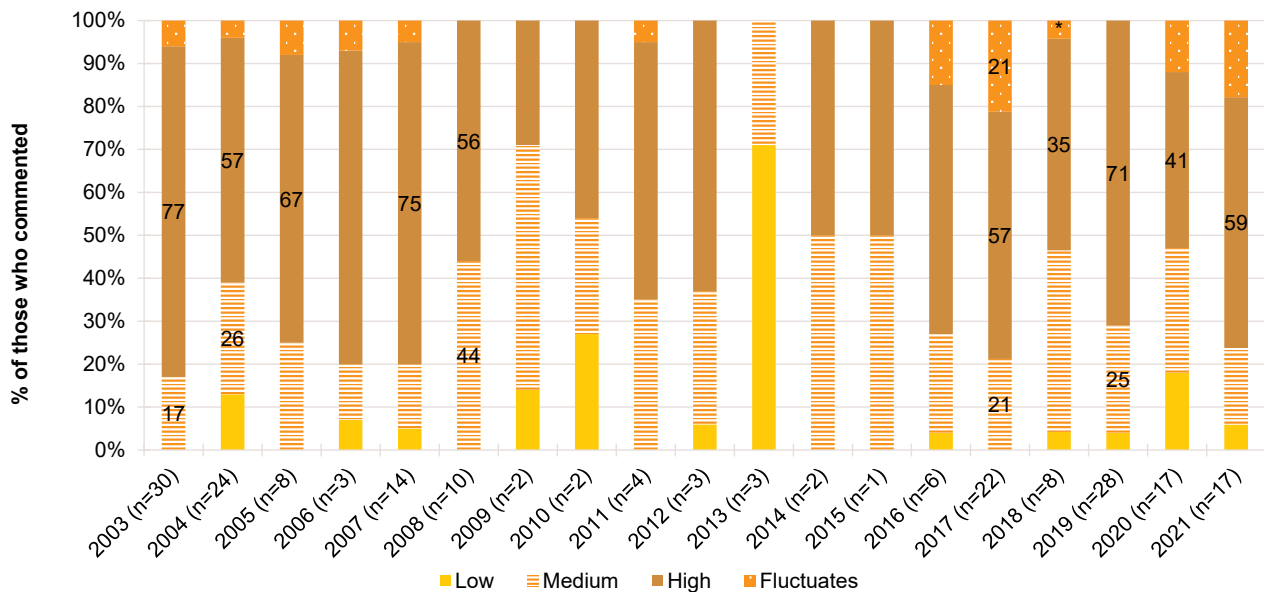
Perceived Availability: The perceived availability of ketamine remained stable between 2020 and 2021 ($p=0.744$). Of those who were able to respond in 2021 (n=18), 44% reported ketamine to be 'difficult' to obtain (42% in 2020) (Figure 30).

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



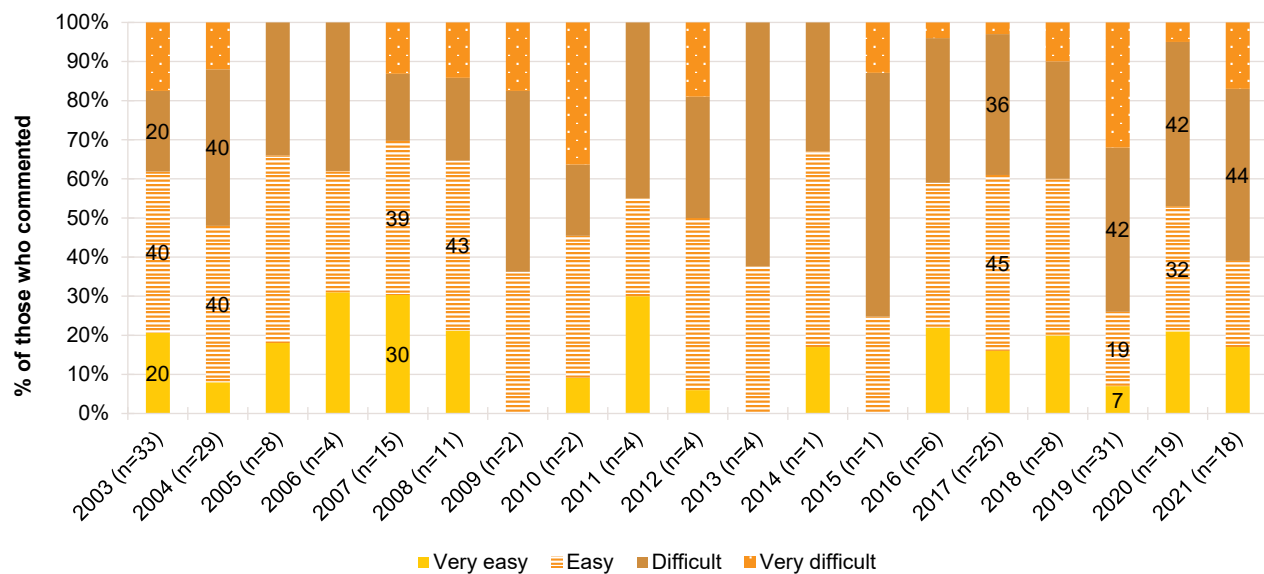
Note. Among those who commented. No participants reported purchasing ketamine in 2014 and 2015. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

LSD

Patterns of Consumption

Recent Use (past 6 months): Just over one-third (35%) of the SA sample had used LSD in the six months preceding interview, a significant decrease from 51% in 2020 ($p = 0.027$) (Figure 31).

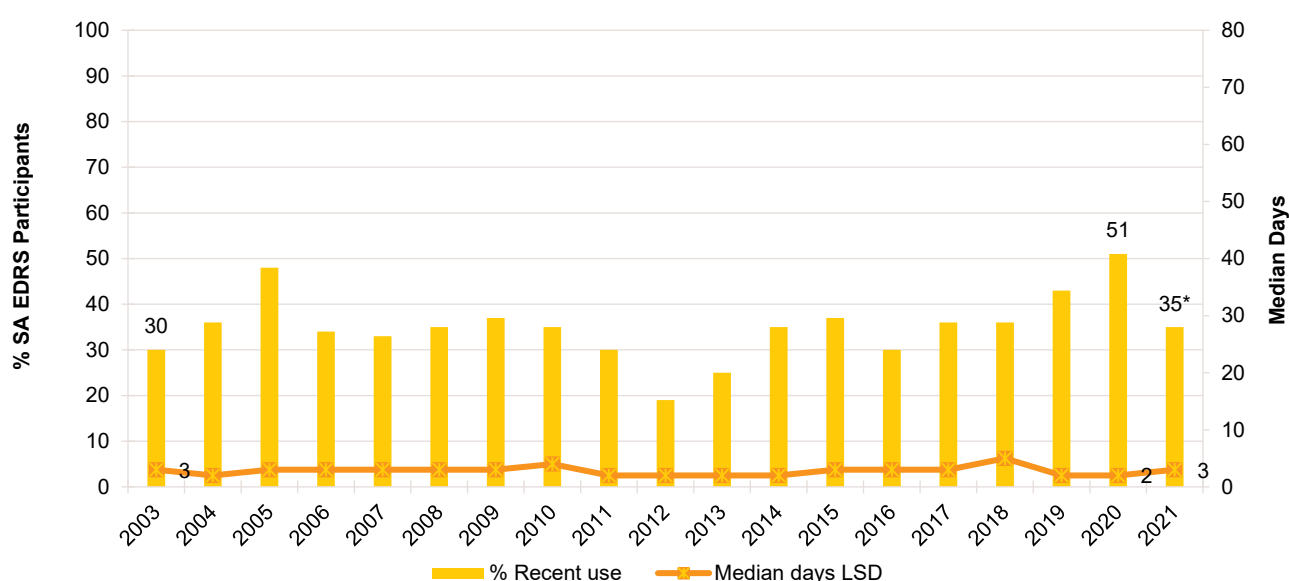
Frequency of Use: Median days of LSD use over the years has remained low. Of those who had recently consumed LSD in 2021 and commented ($n = 35$), frequency of use remained stable at three days (IQR=1-7; 2 days in 2020; IQR=1-4; $p = 0.305$) (Figure 31). Few participants ($n \leq 5$) who had

recently consumed LSD reported weekly or more frequent use in 2021, therefore, these data are suppressed ($n \leq 5$ in 2020).

Routes of Administration: Among participants who had recently consumed LSD and commented ($n=35$), all participants (100%) reported swallowing LSD in 2021, stable from 2020 (98%).

Quantity: Of those who reported recent use and responded ($n=18$), the median amount of LSD used in a 'typical' session was one tab (IQR=0.80-1.00; 1 tab in 2020; IQR=1.00-1.40; $p=0.043$). Of those who reported recent use and responded ($n=18$), the median maximum amount used was one tab (IQR=1.00-2.00; 1.30 tabs in 2020; IQR=1.00-2.00; $p=0.266$).

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

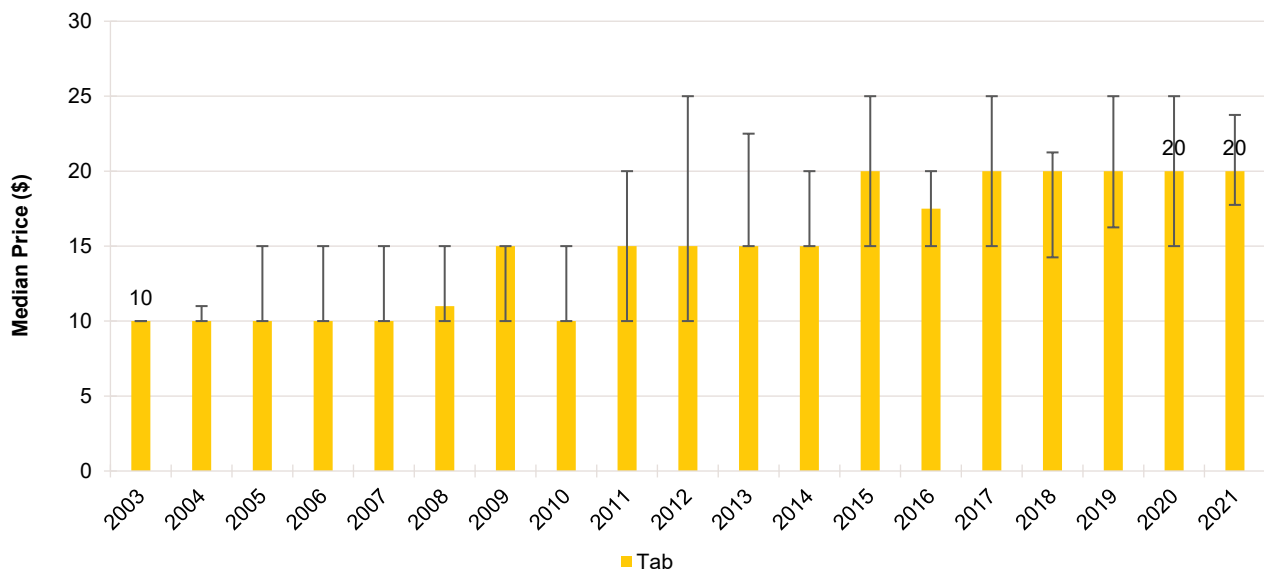
Price, Perceived Purity and Perceived Availability

Price: The median price for one tab of LSD has doubled since the start of monitoring, although remained stable in 2021, at a median of \$20 (IQR=19-21; $n=16$), relative to 2020 (\$20; IQR=15-25; $n=42$; $p=0.871$) (Figure 32).

Perceived Purity: The perceived purity of LSD remained stable between 2020 and 2021 ($p=0.227$). Among those who were able to respond in 2021 ($n=32$), three-fifths (63%) perceived the purity of LSD to be 'high' (50% in 2020), followed by 31% who reported the purity to be 'medium' (29% in 2020) (Figure 33).

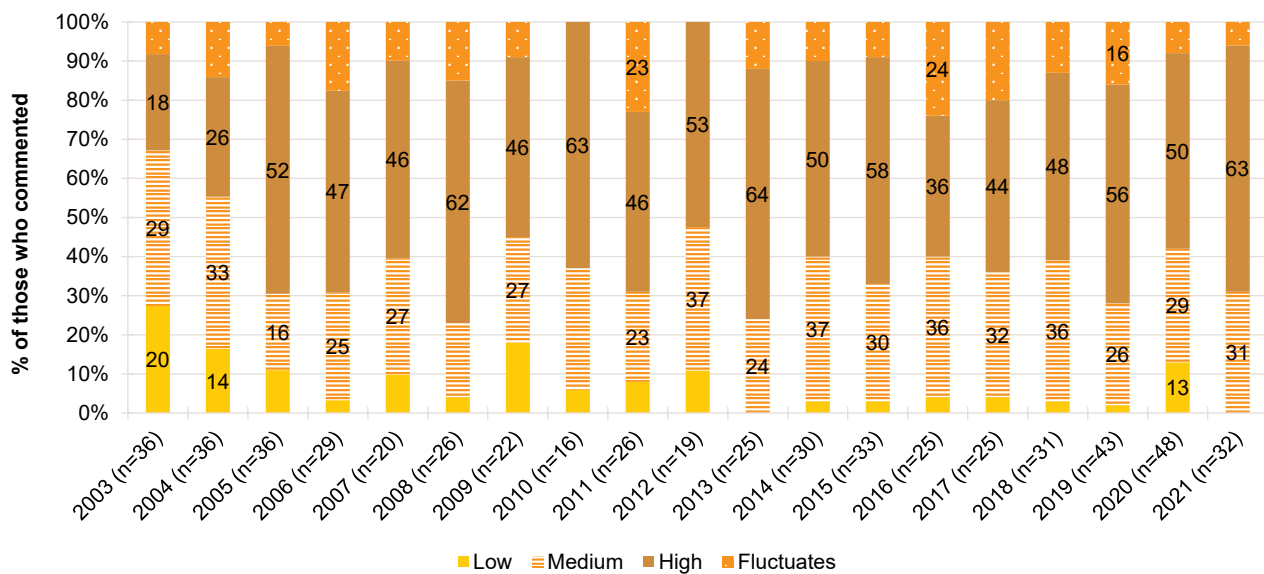
Perceived Availability: The perceived availability of LSD significantly changed between 2020 and 2021 ($p=0.021$). Of those able to comment in 2021 ($n=33$), two-fifths (42%) reported LSD as being 'easy' to obtain, an increase from 28% in 2020. There was also an increase in the percentage of participants who perceived LSD as being 'very easy' to obtain (30%; 12% in 2020), and a decrease in those who perceived it as 'difficult' to obtain (24%; 48% in 2020) (Figure 34).

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



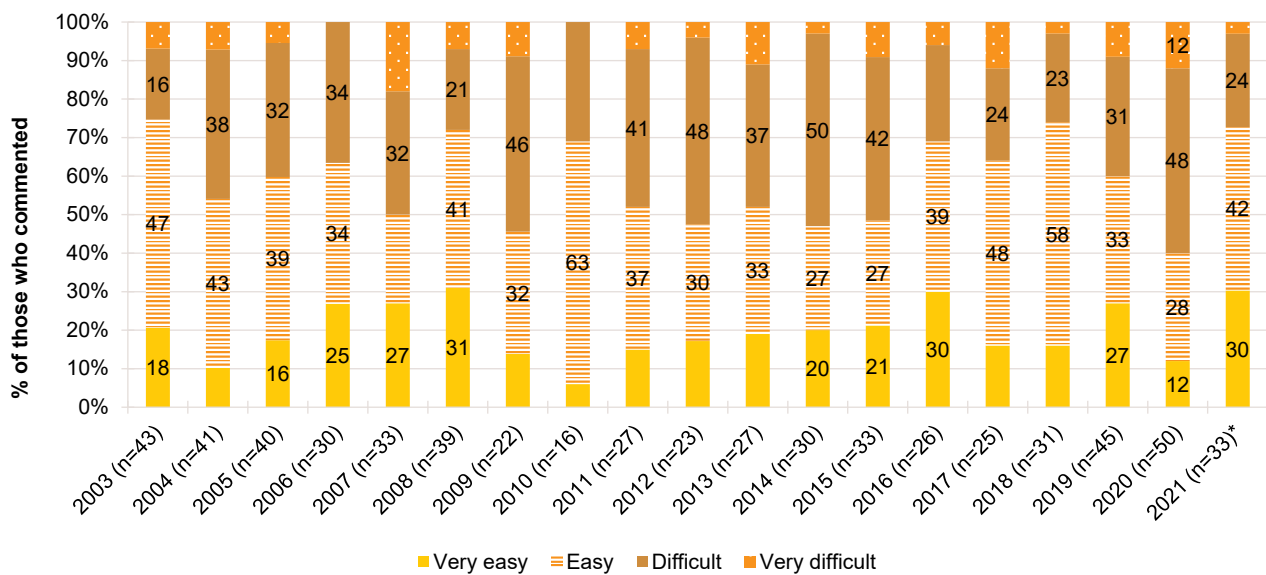
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. $n \leq 5$ but not 0).
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

DMT

Patterns of Consumption

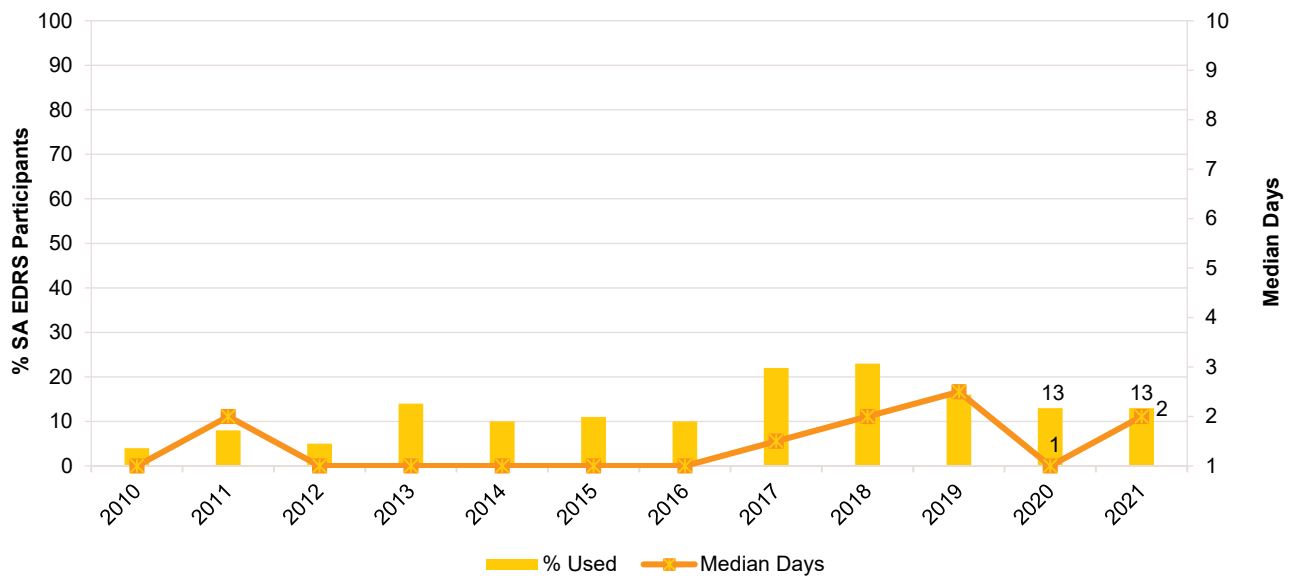
Recent Use (past 6 months): DMT use has fluctuated over the reporting period, however remained stable in 2021 compared to 2020 (13%, respectively) (Figure 35).

Frequency of Use: Median days of DMT use across the years has been infrequent and stable, with a median of two (IQR=1-2) days of use reported in 2021 (1 day in 2020; IQR=1-2; $p=0.405$) (Figure 35). Few participants ($n \leq 5$) who had recently consumed DMT reported weekly or more frequent use in 2021, therefore, these data are suppressed ($n \leq 5$ in 2020).

Routes of Administration: Among participants who had recently consumed DMT and commented ($n=13$), the only route of administration was smoking (100%; 92% in 2020).

Quantity: Few participants ($n \leq 5$) reported on the 'typical' and maximum quantity of DMT used in a session in 2021, therefore, these data are suppressed.

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



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. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability for DMT was not collected in 2021.

8

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and *paramethoxyamphetamine* (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.

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 49% in 2011 and 2015 and declining to 10% in 2021 (17% in 2020; $p=0.225$), the lowest per cent since the commencement of monitoring (Table 3). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 47% in 2011 and declining to 8% in 2021 (12% in 2020; $p=0.494$) (Table 4).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the SA sample has fluctuated over time, although 2021 had the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants ($n \leq 5$) reporting use of any individual NPS (Table 5). Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of NPS (including plant-based NPS), nationally and South Australia, 2010-2021

%	National	South Australia
2010	24	23
2011	36	49
2012	40	43
2013	44	38
2014	35	38
2015	37	49
2016	28	28
2017	26	31
2018	23	29
2019	20	27
2020	15	17
2021	16	10

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

Table 4: Past six month use of NPS (excluding plant-based NPS), nationally and South Australia, 2010-2021

%	National	South Australia
2010	24	22
2011	33	47
2012	37	37
2013	42	36
2014	34	35
2015	34	44
2016	27	25
2017	24	25
2018	21	26
2019	19	24
2020	12	12
2021	14	8

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

Table 5: Past six month use of NPS by drug type, South Australia, 2010-2021

	2010 N=92	2011 N=76	2012 N=92	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=100
% Phenethylamines[^]	13	42	11	20	26	36	14	15	12	14	7	-
Any 2C substance~	11	18	10	19	15	29	9	9	12	14	7	-
NBOMe	/	/	/	/	16	18	9	8	-	-	0	0
DO-x	-	7	0	-	0	0	0	-	0	-	0	0
4-FA	/	/	/	/	/	/	0	0	0	0	0	0
% Tryptamines^{^^}	-	-	-	-	0	0	0	-	-	-	-	-
5-MeO-DMT	-	-	-	-	0	0	0	0	-	-	-	-
4-AcO-DMT	/	/	/	/	/	/	0	-	/	/	/	/
% Synthetic cathinones	9	10	10	-	-	-	-	-	7	8	-	-

	2010 N=92	2011 N=76	2012 N=92	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=100
Mephedrone	9	8	-	-	-	0	0	0	-	-	-	-
Methylone/bk MDMA	/	-	-	-	-	-	-	-	7	-	0	-
MDPV/Ivory wave	-	-	-	-	0	-	0	0	0	0	0	0
Alpha PVP	/	/	/	/	/	/	0	0	-	0	0	0
Other substituted cathinone	/	/	0	0	0	0	0	0	0	/	/	/
Nethyl hexedrone	/	/	/	/	/	/	/	/	/	/	0	0
N-ethylpentylone	/	/	/	/	/	/	/	/	/	/	0	0
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0
% Piperazines	0	-	-	0	0	0	0	0	/	/	/	/
BZP	0	-	-	0	0	0	0	0	/	/	/	/
% Dissociatives	/	/	0	/	/	0	0	-	-	0	-	0
Methoxetamine (MXE)	/	/	0	/	/	0	0	-	-	0	-	0
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	0	0
% Plant-based NPS	-	-	12	8	-	8	9	10	-	8	7	-
Ayahuasca	/	/	/	/	/	0	-	-	0	-	0	-
Mescaline	-	-	-	-	-	-	6	6	-	-	-	-
Salvia divinorum	/	-	-	-	0	-	-	-	-	-	-	0
Kratom	/	/	/	/	/	/	/	/	/	/	-	-
LSA	/	-	11	-	0	-	-	/	/	/	/	/
Datura	-	-	0	-	0	0	0	/	/	/	/	/
% Benzodiazepines	/	/	/	/	/	/	0	-	-	-	-	-
Etizolam	/	/	/	/	/	/	0	-	-	-	-	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	0	0	-
% Synthetic cannabinoids	0	0	10	/	/	0	/	/	/	-	-	0
% Herbal high [#]	/	/	17	10	6	7	-	-	-	-	/	/
Phenibut	/	/	/	/	/	/	/	/	/	/	0	-
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	-	0	0	0
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	-	-	-	-
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	-	-	0
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	0	-	-	0

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 7 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 whereas between 2011-2016 four forms were asked. From 2020 onwards, 'any' 2C use is captured. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

Before the 1 February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥ 30 mg, 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, almost one-third (30%) of the SA sample reported any recent use of codeine, unchanged from 30% in 2020. One-fifth (21%) of participants had used any prescribed codeine (13% in 2020; $p=0.188$), whereas 13% reported using any non-prescribed codeine (18% in 2020; $p=0.332$).

Recent Use for Non-Pain Purposes: Seven per cent of the SA sample reported using non-prescribed codeine for non-pain purposes in 2021 (54% of participants who had recently used non-prescribed codeine) (Figure 36).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented ($n=13$) reported use on a median of three days (IQR=1-6) in the past six months (3 days in 2020; IQR=2-4; $n=18$; $p=0.699$).

Pharmaceutical Opioids

Recent Use (past 6 months): One-tenth (9%) of the SA sample had recently used non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2021, stable from 9% in 2020 (Figure 36).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids and commented ($n=9$) reported use on a median of three days (IQR=1-6) in the six months preceding interview (2 days in 2020; IQR=1-5; $n=10$; $p=0.497$).

Pharmaceutical Stimulants

Recent Use (past 6 months): Almost one-third (31%) of the SA sample had recently consumed non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil), stable relative to 2020 (27%; $p=0.536$) (Figure 36).

Frequency of Use: A median of three days of non-prescribed pharmaceutical stimulant use (IQR=2-6; n=31) was reported in the six months prior to interview in 2021 (5 days in 2020; IQR=3-17; n=27; $p=0.052$).

Quantity: Of those who reported recent use and responded (n=24), the median amount of non-prescribed pharmaceutical stimulants used in a 'typical' session was two pills/tablets (IQR=1.00-3; 2 pills/tablets in 2020; IQR=1.00-2.00; $p=0.496$). Of those who reported recent use and responded (n=24), the median maximum amount used was two pills/tablets (IQR=2.00-5.00; maximum quantity of non-prescribed pharmaceutical stimulants not asked in 2020).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has fluctuated considerably over the course of monitoring, with 30% of the SA sample reporting recent use in 2021, a significant decline from 50% in 2020 ($p=0.004$) (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 33% in 2020 ($p=0.036$). Recent use of non-prescribed 'other' benzodiazepines also significantly decreased, from 36% reporting recent use in 2020 down to 20% in 2021 ($p=0.018$).

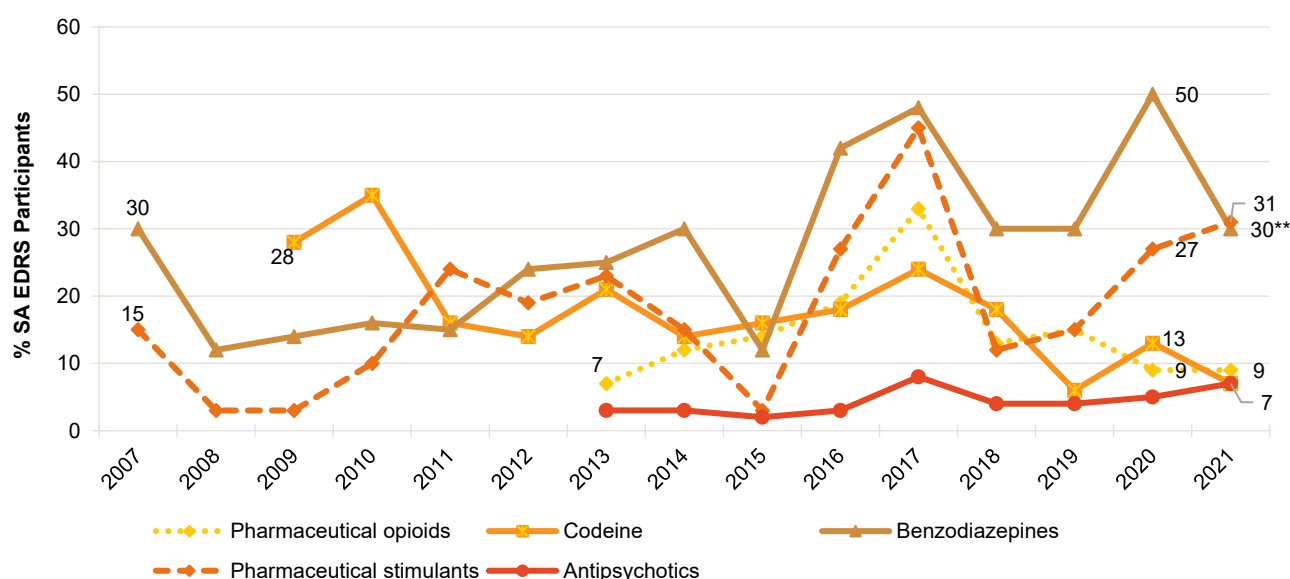
Frequency of Use: Participants who reported recent use reported a median of two days (IQR=2-5; n=19; 2 days in 2020; IQR=1-5; n=33; $p=0.846$) and four days (IQR=2-9; n=20; 3 days in 2020; IQR=2-10; n=36; $p=0.715$) of non-prescribed alprazolam and other benzodiazepine use in the past six months, respectively.

Antipsychotics

Recent Use (past 6 months): Participants reporting recent use of non-prescribed antipsychotics has remained low over the course of monitoring, with seven per cent of participants reporting recent use in 2021 (n≤5 reported recent use in 2020, therefore, these data are suppressed; $p=0.568$) (Figure 36).

Frequency of Use: Participants who reported recent use reported a median of 130 days (IQR=47-180; n=7) of non-prescribed antipsychotic use in 2021 (n≤5 reported frequency of use in 2020, therefore, these data are suppressed; $p=0.052$).

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



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, 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). Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2007/2009/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2021, 29% of the SA sample reported recent use of hallucinogenic mushrooms in the six months prior to the interview, stable from 30% in 2020 (Figure 37).

Frequency of Use: A median of two days of hallucinogenic mushroom use (IQR=1-7; $n=29$) was reported in the six months prior to interview in 2021 (2 days in 2020; IQR=1-4; $n=30$; $p=0.084$).

MDA

Due to low numbers reporting recent use of MDA, numbers have been suppressed. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Substance with Unknown Contents

Capsules: Few ($n \leq 5$) participants reported recent use of capsules with unknown contents in 2021, therefore these data are suppressed (10% in 2020; $p=0.089$) (Figure 37). Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances: Ten per cent of participants reported use of any substance with 'unknown contents' in 2021 (16% in 2020; $p=0.306$) on a median of one day (IQR=1-3; 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. Few ($n \leq 5$) participants reported on recent use of pills, powder

and crystal with unknown contents in 2021, therefore, these data are suppressed. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with unknown contents in the six months preceding interview. Few (≤ 5) participants were able to answer these questions in 2021, therefore, these data are suppressed. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Heroin

Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin, with seven per cent reporting use in the past six months in 2021 ($n \leq 5$ in 2020; $p=0.322$).

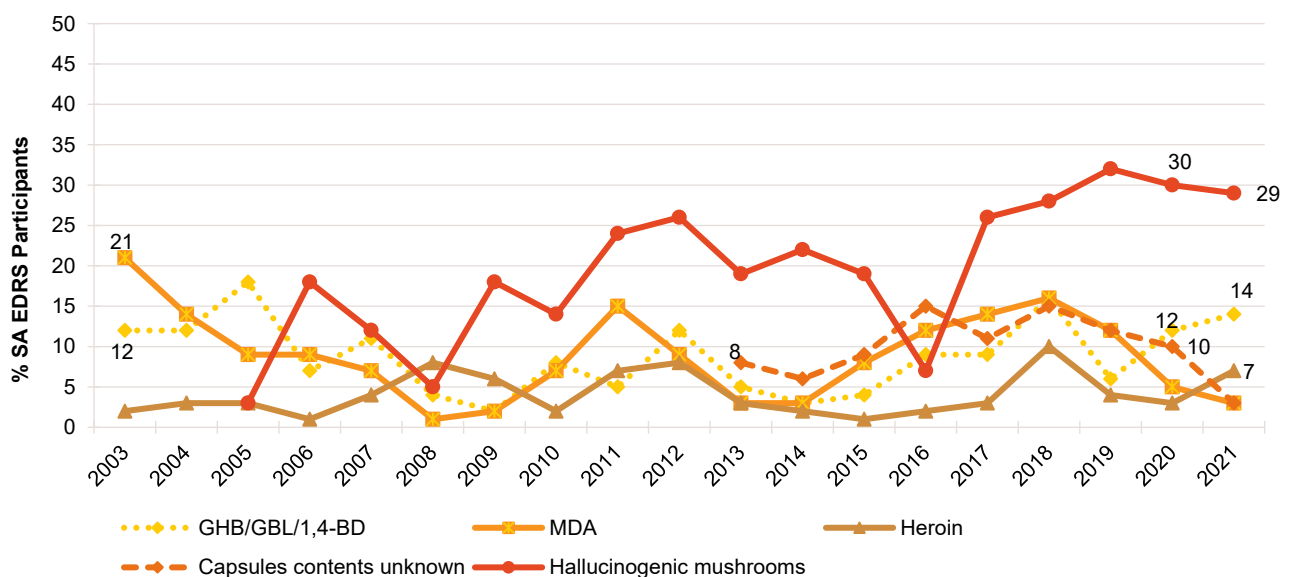
Frequency of Use: Participants reported a median of two days of use (IQR=2-3; $n=7$) in 2021, stable from 2020 ($n \leq 5$; $p=0.403$).

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

Recent Use (past 6 months): In 2021, 14% of the SA sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, stable from 12% in 2020 ($p=0.791$) (Figure 37).

Frequency of Use: A median of four days of GHB/GBL/1,4-BD use (IQR=1-12; $n=14$) was reported in the six months prior to interview in 2021 (2 days in 2020; IQR=1-4; $n=12$; $p=0.327$).

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



Note. Monitoring of hallucinogenic mushrooms commenced in 2005. 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 has been reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2003/2005/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Whilst the majority of the SA sample continued to report recent use of alcohol in 2021 (90%), a significant decrease was observed from 2020 (98%; $p=0.036$) (Figure 38).

Frequency of Use: A median of 36 days of alcohol use in the past six months (IQR=12-72; n=90) was reported in 2021 (30 days in 2020; IQR=15-72; n=99; $p=0.863$). Seventy-two per cent of those who recently consumed alcohol had done so on a weekly or more frequent basis in 2021, stable from 2020 (69%; $p=0.710$). Few (≤ 5) participants reported daily use of alcohol in 2021 (7% in 2020; $p=0.898$).

Tobacco

Recent Use (past 6 months): Almost three-quarters (72%) of the SA sample reported recent tobacco use in 2021, a significant decrease from 85% in 2020 ($p=0.036$) (Figure 38).

Frequency of Use: Participants reported using tobacco on a median of 175 days in 2021 (IQR=29-180; n=72; 165 days in 2020; IQR=24-180; n=85; $p=0.577$), with 50% of these participants reporting daily use (48% in 2020; $p=0.952$).

E-cigarettes

Recent Use (past 6 months): Half (51%) of the 2021 SA sample had used e-cigarettes in the six months preceding interview, a significant increase relative to 2020 (34%; $p=0.023$) (Figure 38).

Frequency of Use: A median frequency of 24 days of use was reported in the past six months in 2021 (IQR=6-180; n=50), a significant increase from five days in 2020 (IQR=1-34; n=34; $p=0.001$).

Forms Used: Among participants who responded (n=50), the majority (94%) reported using e-cigarettes containing nicotine, whereas 16% reported using e-cigarettes containing cannabis. Ten per cent reported using e-cigarettes containing both nicotine and cannabis. Few ($n\leq 5$) participants reported using e-cigarettes which did not contain nicotine nor cannabis; therefore, these data are suppressed.

Reason for Use: Of those who reported e-cigarette use and responded (n=50), half the SA sample (50%) reported that they did not use e-cigarettes as a smoking cessation tool in 2021.

Nitrous Oxide

Recent Use (past 6 months): One-third (33%) of the SA sample reported recent use of nitrous oxide in 2021, a significant decrease from 49% in 2020 ($p=0.036$) (Figure 38).

Frequency of Use: Frequency of use remained stable at a median of four days (IQR=2-8; n=33) in 2021 (4 days in 2020; IQR=2-10; n=49; $p=0.775$).

Quantity: Among those who reported recent use and responded (n=33), the median amount used in a 'typical' session was 15 bulbs (IQR=5-23; 10 bulbs in 2020; IQR=5-20; n=47; $p=0.517$). Of those who reported recent use and responded (n=32), the median maximum amount used was 20 bulbs (IQR=9-33; maximum quantity of nitrous oxide not asked in 2020).

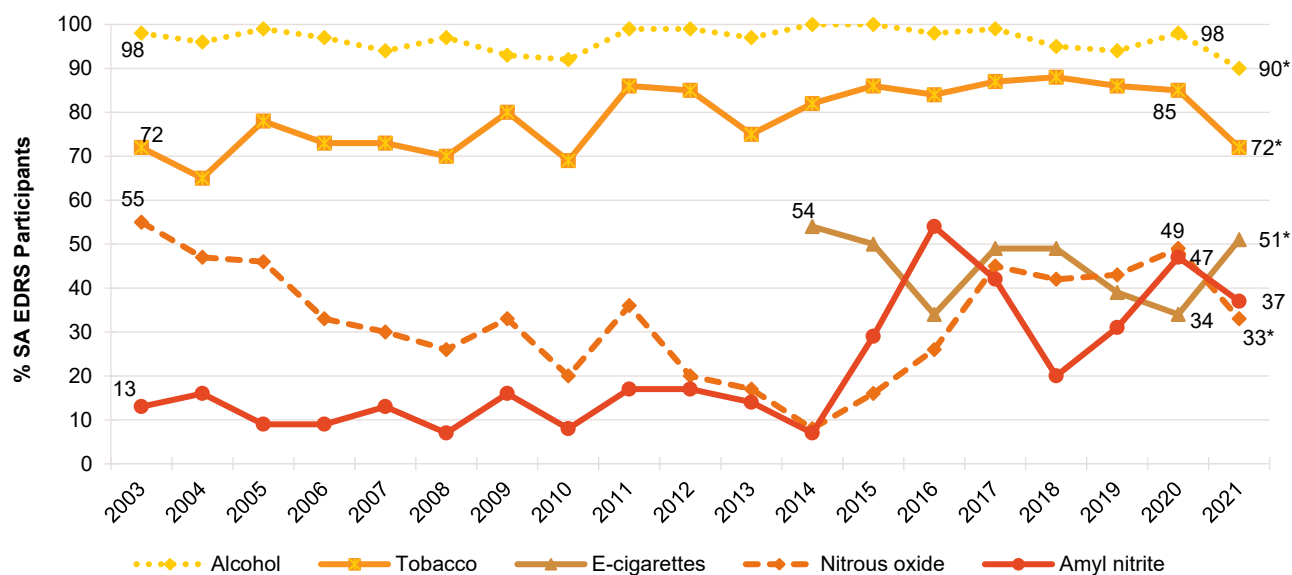
Amyl Nitrite

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): After considerable fluctuation over the course of monitoring, 37% of the SA sample reported recent use of amyl nitrite in 2021, stable relative to 2020 (47%; $p=0.220$) (Figure 38).

Frequency of Use: A median of three days of use was reported in 2021 (IQR=1-10; n=37; 2 days in 2020; IQR=2-4; n=46; $p=0.345$).

Figure 38: Licit and other drugs used in the past six months, South Australia, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. Data labels are only provided for the first (2003/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

10

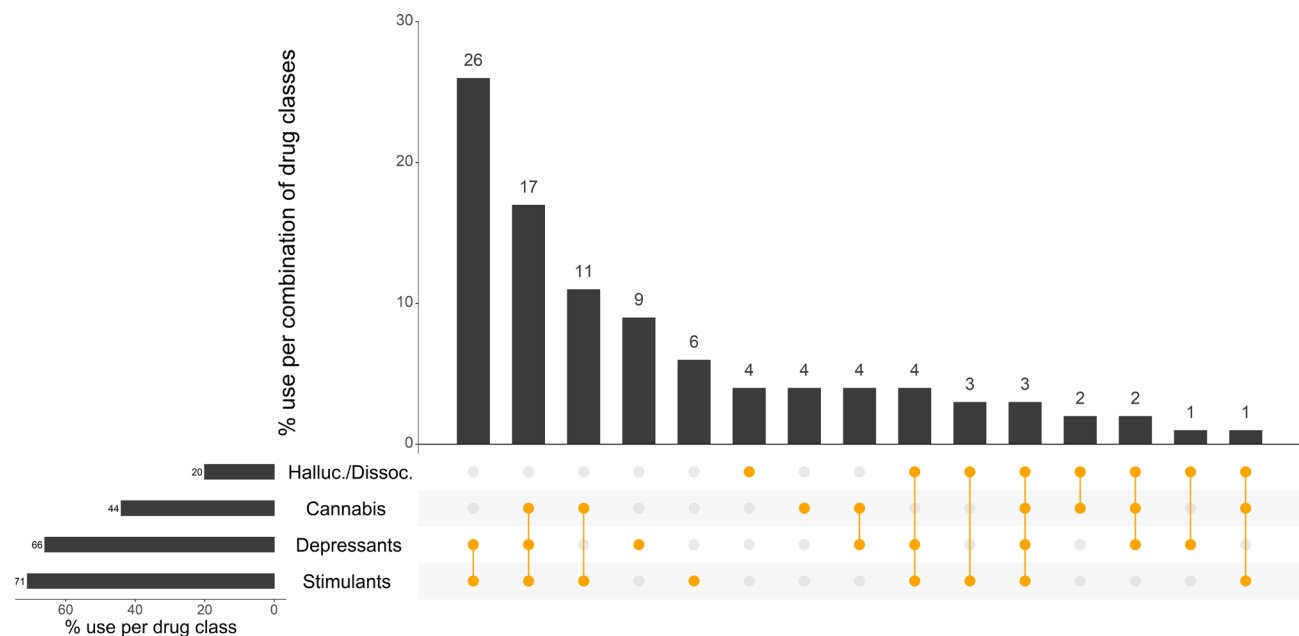
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used drug classes were stimulants (71%; predominantly comprising ecstasy and cocaine) and depressants (66%; predominantly comprising alcohol), followed by cannabis (44%) and hallucinogens/ dissociatives (20%) (Figure 39).

The majority (86%; n=84) of the SA sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol, tobacco and prescription medicines). The most commonly used combinations of drug classes were stimulants and depressants (26%), followed by stimulants, depressants, and cannabis (17%). Just over one-in-ten participants reported using stimulants and cannabis (11%), whilst nine per cent reported using depressants alone, and six per cent reported using stimulants alone (Figure 39).

Figure 39: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, South Australia, 2021: Most common drug pattern profiles



Note. Percentage calculated out of total EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class 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. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL, 1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 30% 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 SA sample (including people who had not consumed alcohol in the past six months) was 12.1 (SD 7.0) in 2021, a significant decrease from 12.8 (SD 7.4) 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 three-quarters (72%) of the sample obtained a score of eight or more (77% in 2020; $p=0.491$), indicative of hazardous use (Table 6).

Table 6: AUDIT total scores and per cent of participants scoring above recommended levels, South Australia, 2010-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=92	N=76	N=92	N=100	N=100	N=100	N=100	N=100	N=100	N=100	N=101	N=100
Mean AUDIT total score (SD)	14.9 (6.8)	15.8 (7.2)	16.2 (6.8)	14.8 (6.9)	14.7 (6.2)	13.1 (5.3)	11.2 (5.7)	12.8 (6.2)	14.9 (7.4)	13.7 (7.6)	12.8 (7.4)	12.1 (7.0)***
Score 8 or above (%)	86	90	88	86	89	81	74	83	85	74	77	72
AUDIT zones:												
Score 0-7	14	11	12	14	11	19	26	17	15	26	23	28
Score 8-15	42	42	34	43	44	48	51	51	40	38	46	43
Score 16-19	19	18	21	20	25	23	13	18	21	16	12	15
Score 20 or higher	25	29	33	22	20	10	10	14	24	19	20	14

Note. Monitoring of AUDIT first commenced in 2010. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ 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

In 2021, almost one-fifth (19%) of the SA sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 2020 (30%; $p=0.109$) (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 (58%; individual numbers for forms too low to report ($n \leq 5$ participants)) and cocaine (32%). Among those that experienced a recent non-fatal stimulant overdose, five per cent ($n=18$) reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (74%; ≥ 5 standard drinks: 53%; ≤ 5 standard drinks: $n \leq 5$ participants) and cannabis (42%). On the last occasion of experiencing a non-fatal stimulant overdose, 79% reported that they did not receive treatment or assistance. Due to low numbers reporting that they had received treatment or assistance ($n \leq 5$), please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

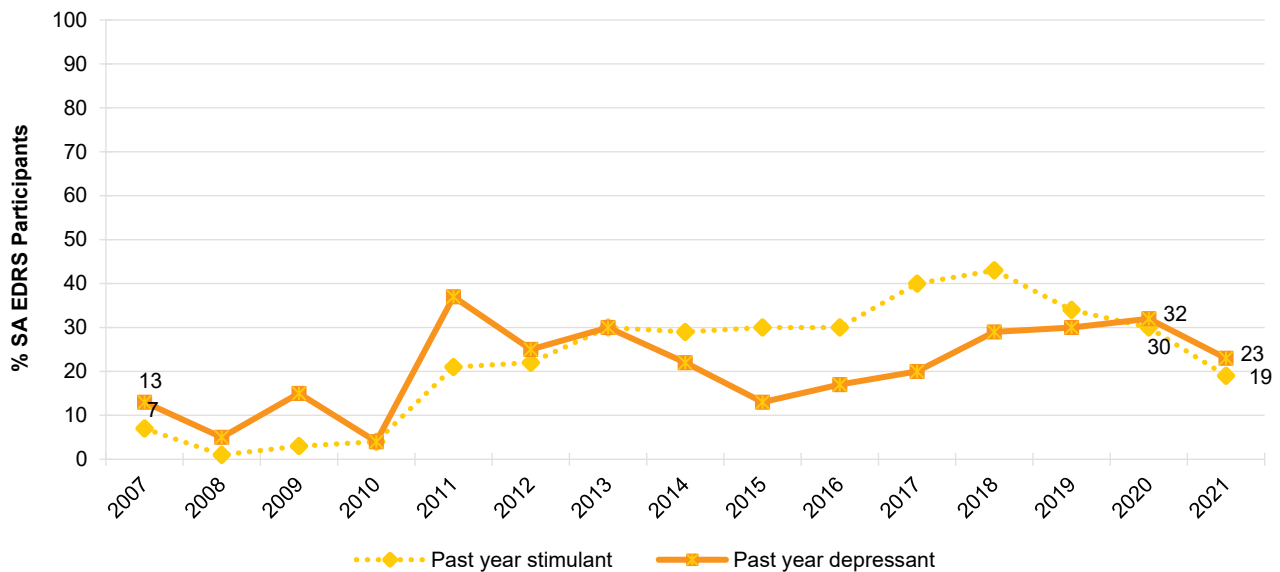
Non-Fatal Depressant Overdose

Alcohol: Sixteen per cent of the SA sample reported a non-fatal alcohol overdose in the 12 months preceding interview on a median of two occasions (IQR=1-6). This represents a significant decrease from those experiencing a non-fatal alcohol overdose in 2020 (29%; $p=0.046$). Of those who had experienced an alcohol overdose in the past year ($n=16$), the majority (88%) reported not receiving treatment on the last occasion. Due to low numbers reporting that they had received treatment or assistance ($n \leq 5$), please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): In 2021, almost one-quarter (23%) of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, stable relative to 2020 (32%; $p=0.221$) (Figure 40).

Of those who had experienced any depressant overdose in the past 12 months ($n=23$), the majority of participants reported alcohol as the most common depressant drug (70%). Few participants ($n \leq 5$) reported an overdose due to other drugs, therefore, these data are suppressed. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

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

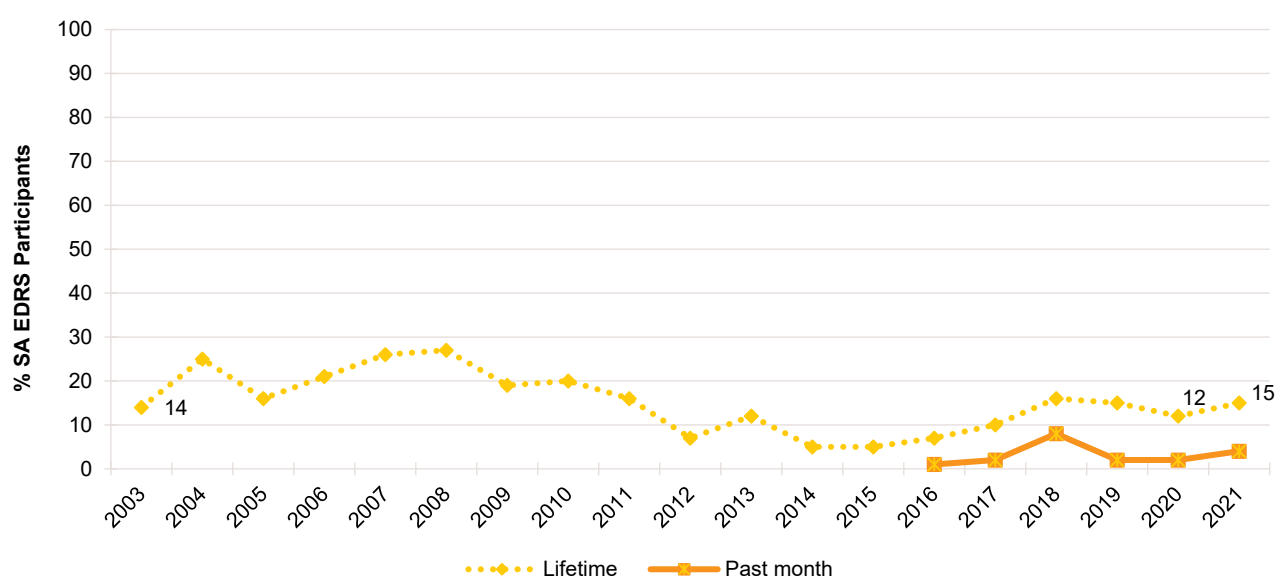


Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

Since 2017, at least one-in-ten participants have reported ever injecting drugs, with 15% reporting lifetime injection in 2021 (12% in 2020; $p = 0.659$). The per cent who reported injecting drugs in the past month remained low in 2021 ($n \leq 5$), therefore, these data are suppressed (Figure 41). Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

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



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels are only provided for the first (2003/2016) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Drug Treatment

A nominal per cent reported currently receiving drug treatment ($n \leq 5$); this is consistent with reporting in previous years. Please refer to the [National EDERS Report](#) for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2021, 82% of the SA sample reported engaging in 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 ($n=70$), 84% 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 ($n=70$), 10% 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 ($n=73$), 16% reported penetrative sex without a condom where they did not know the HIV status of their partner (Table 7).

Of the total SA sample who responded ($n=94$), one-third (33%) reported having had a sexual health check-up in the six months prior to interview. A further 40% had done so more than six months ago, and 27% had never had a sexual health check-up. Of the total SA sample who responded ($n=94$), 80% reported that they had never received a positive diagnosis for a sexually transmitted infection (STI); few ($n \leq 5$) participants had received a positive diagnosis in the past six months, therefore these data are suppressed; and 19% had received a positive diagnosis over six months ago.

Of the total SA sample who responded ($n=92$), over half (53%) reported having ever had a test for human immunodeficiency virus (HIV) (25% in the past six months; 28% more than six months ago). No participants in the SA sample had ever been diagnosed with HIV.

Table 7: Sexual health behaviours, South Australia, 2021

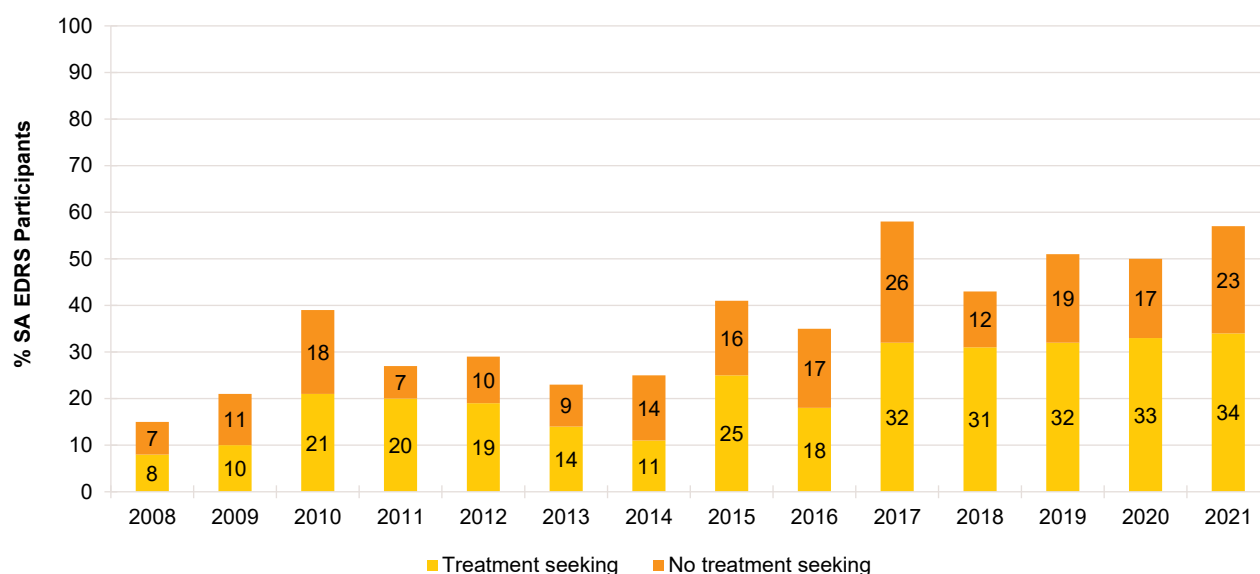
	2021
Of those who responded:	N=88
% Any sexual activity in the past four weeks (n)	82 (n=72)
Of those who responded*:	n=70
% Drugs and/or alcohol used prior to or while engaging in sexual activity	84
Of those who responded*:	n=70
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	10
Of those who responded*:	n=73
% Had penetrative sex without a condom and did not know HIV status of partner	16
Of the total sample (past six months):	n=93
% Had a HIV test	25
% Diagnosed with HIV	0
% Had a sexual health check	33
% Diagnosed with a sexually transmitted infection	-

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

Mental Health

Fifty-seven per cent of the SA sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2020 (50%; $p=0.395$). Of those who reported a mental health problem in 2021 ($n=57$), the most common mental health problem was anxiety (70%), followed by depression (65%) and post-traumatic stress disorder (PTSD) (25%). Of those that reported experiencing a mental health problem ($n=57$), 60% reported seeing a mental health professional during the past six months (66% in 2020; $p=0.633$) (34% of the total sample) (Figure 42). Of those who reported seeing a mental health professional ($n=34$), 68% reported being prescribed medication for their mental health problem (55% in 2020; $p=0.396$).

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



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Driving

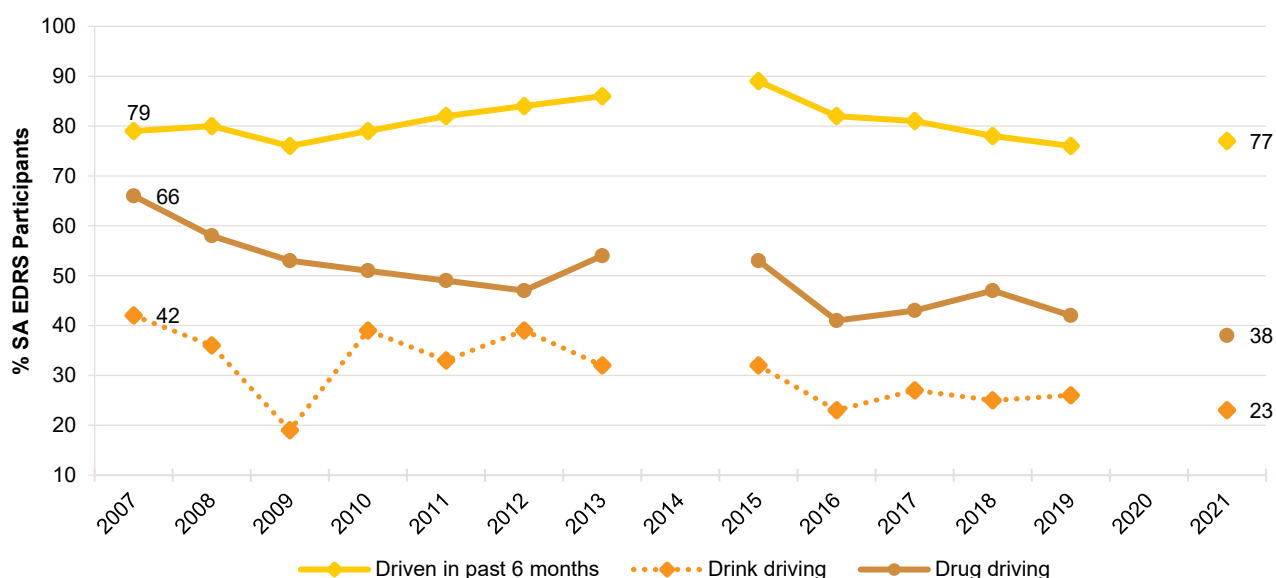
In 2021, 77% of the SA sample had driven a car, motorcycle or other vehicle in the last six months. Almost one-quarter (23%) reported driving while over the perceived legal limit of alcohol (29% of those who had driven in the past six months) and just under two-fifths (38%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (49% of those who had driven in the past six months) (Table 8). 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 (63%), followed by crystal methamphetamine (29%) and cocaine (26%). Over one-tenth (11%) of the SA 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 8: Participant reports of driving behaviour in the last six months, South Australia, 2021

	2021
	N=100
% Driven in the last six months	77
% Driven over the legal alcohol limit in the last six months	23
% Driven within three hours of consuming illicit drug(s) last six months	38
% Tested for drug driving by police roadside drug testing last six months	11
% Breath tested for alcohol by police roadside testing last six months	31

Note: Questions about driving behaviour were not asked in 2020. Computed out of the entire 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, South Australia, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables.

Crime

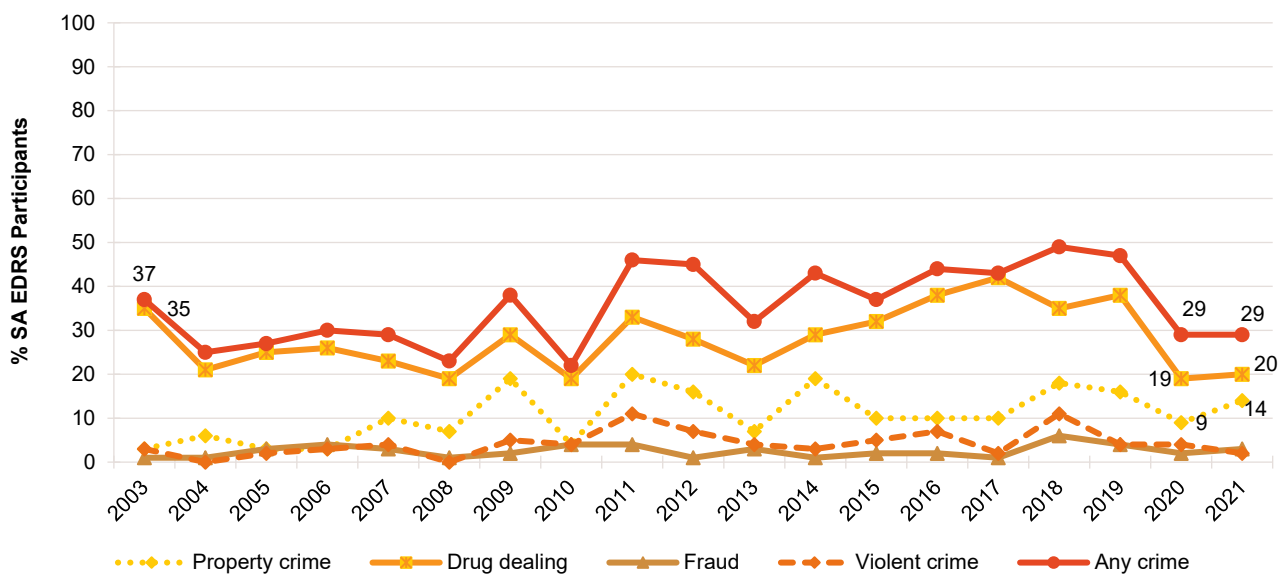
In 2021, 29% of the SA sample reported 'any' crime in the past month (29% in 2020), with drug dealing (20%; 19% in 2020; $p=0.972$) and property crime (14%; 9% in 2020; $p=0.361$) being the two main forms of criminal activity in 2021 (Figure 44).

In 2021, one-tenth (10%) of the SA sample reported being the victim of a crime involving violence, stable relative to 2020 ($n\leq 5$; $p=0.283$).

Nine per cent of the 2021 SA sample reported having been arrested in the 12 months preceding interview (9% in 2020). Few participants ($n\leq 5$) reported reasons for arrest; therefore, these data are suppressed. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Six per cent reported having ever been in prison in 2021, stable relative to 2020 ($n\leq 5$; $p=0.124$). Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

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



Note. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ 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 (83%), stable relative to 2020 (72%; $p=0.097$). This was closely followed by social networking applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (72%; 81% in 2020; $p=0.223$). 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, 54% reported arranging the purchase of illicit or non-prescribed drugs via text messaging (43% in 2020; $p=0.176$), just over one-third (35%) arranged the purchase via a phone call (34% in 2020) and almost one-tenth (9%) arranged the purchase via the darknet market (6% in 2020; $p=0.577$) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the vast majority of participants reported face-to-face (99%), stable relative to 2020 (96%; $p=0.377$). In 2021, reports of receiving illicit drugs via a collection point remained stable (20%; 25% in 2020; $p=0.548$) (collection point defined as a predetermined location where a drug will be left for later collection), as did reports of participants receiving illicit drugs via post (6%; 14% in 2020; $p=0.109$) (Table 9).

The majority of participants in 2021 reported obtaining illicit drugs from a friend/relative/partner/colleague (89%; 87% in 2020; $p=0.869$), followed by obtaining illicit drugs from a known dealer/vendor (78%; 79% in 2020; $p=0.940$). A significant decrease was observed in the percentage of participants reporting obtaining illicit drugs from an unknown dealer/vendor in 2021 (33%; 50% in 2020; $p=0.020$) (Table 9).

In 2021, few ($n\leq 5$) participants reported that they had sold illicit drugs on the surface web or darknet market, in the 12 months preceding interview ($n\leq 5$ in 2020; $p=0.921$). On the other hand, 48% reported they had ever obtained illicit drugs through someone who had purchased them on the surface web or darknet market, with 29% having done so in the last 12 months (46% in 2020; $p=0.038$).

Table 9: Means of purchasing illicit drugs in the past 12 months, South Australia, 2020-2021

	2020	2021
	n=99	n=98
% Purchasing approaches in the last 12 months[^]		
Face-to-face	72	83
Surface web	-	-
Darknet market	6	9
Social networking applications	81	72
Text messaging	43	54
Phone call	34	35
Grew/made my own	-	-
Other	0	0
% Means of obtaining drugs in the last 12 months^{^~}		
	n=101	n=100
Face-to-face	96	99
Collection point	25	20
Post	14	6
% Source of drugs in the last 12 months[^]		
	n=100	n=98
Friend/relative/partner/colleague	87	89
Known dealer/vendor	79	78
Unknown dealer/vendor	50	33*

Note. - not reported, due to small numbers ($n \leq 5$ but not 0). [^] participants could endorse multiple responses. [~] 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.