



EDRS



AUSTRALIAN DRUG TRENDS 2020

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



AUSTRALIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE NATIONAL ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2020:

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- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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Contributors

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Abbreviations

4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
ACT	Australian Capital Territory
ADHD	Attention Deficit Hyperactivity Disorder
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
GP	General Practitioner
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 EDRS sample is a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisement on websites and via word-of-mouth in the capital cities of Australia. The results are not representative of all people who use illicit drugs, nor of use in the general population. Data were collected in 2020 from April-July: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were also delivered via phone/videoconference rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample relative to previous years.

Sample Characteristics

In 2020, the national EDRS sample (n=805) was very similar to the sample in 2019 and in previous years; the sample comprised predominantly young (median 22; IQR=19-27), well-educated males (61%), most of whom were living in a rental house/flat (50%) or residing with their parents/at their family home (40%) at the time of interview. Ecstasy and cannabis continued to be the drugs of choice, and cannabis was the drug used most often.

COVID-19

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Seven per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (93%) had practiced social distancing and 80% had undergone home isolation. Ecstasy was reported by 31% of participants as the drug most used in February 2020 (before COVID-19 restrictions), and by 13% in the month prior to interview. By contrast, cannabis and alcohol were reported by 30% and 23%, respectively, as the drug most used in February, and 42% and 27%, respectively, in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March, including ecstasy/MDMA (70%), cocaine (46%) and ketamine (45%).

The primary reasons for a decrease in use of these drugs comprised 'fewer opportunities to be with people or to go out'. An increase in cannabis use was observed (41%), mainly cited as due to 'boredom/less things to occupy time', 'more time to use the drug' and 'greater anxiety/depression with COVID-19'. Most participants reported drug availability as stable, although crystal methamphetamine and MDMA pills were most commonly cited as drugs which had decreased in availability (46% and 45%). Two-fifths (41%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, 33% reported 'similar' and 26% reported their mental health as 'better'. One-in-ten (12%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Almost two-thirds (61%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Ecstasy

Reports of any recent (past six month) use of ecstasy pills continued to decline, significantly so in 2020, whilst recent use of ecstasy capsules significantly increased and remained the most commonly used form of ecstasy. Indeed, 83%, 57%, 53% and 35% of the sample reported any past six month use of ecstasy capsules, crystal, pills and powder, respectively. One in four participants (27%) reported weekly or more frequent ecstasy use. Eighty per cent reported that crystal was among the contents of capsules the last time they had used the substance, whilst 30% reported powder being among the contents. Whilst the median price of crystal decreased, the median price of pills and capsules remained stable.

Methamphetamine

Methamphetamine use continued to decline, with one in four participants (24%) reporting any past six month use of methamphetamine in 2020, a significant decline from 33% in 2019 ($p<0.001$). Less than one in five participants (17%) who had recently used methamphetamine reported weekly or more

frequent use. Whilst powder has consistently been the main form used, the difference in the per cent reporting use of powder (14%) and crystal (12%) in 2020 was the smallest observed historically. Four-fifths of participants (85%) who had used crystal had recently smoked this form.

Cocaine

Cocaine use remained stable from 2019, though the per cent of participants reporting any recent use in 2020 was the largest since monitoring began (68%). This was mostly driven by significant increases in use in samples from some jurisdictions, most notably TAS and the ACT. Price, perceived purity and availability remained stable from 2019, with the majority of those commenting reporting 'medium' purity and cocaine as 'easy' or 'very easy' to obtain in 2020. Most consumers reported infrequent use of cocaine (8% weekly or more frequent use).

Cannabis

At least three in four participants have reported any recent use of cannabis each year since monitoring began, with the per cent reporting recent use in 2020 (88%) remaining stable from 2019 (85%). However, significantly fewer participants (20%) reported daily use in the past six months in 2020, relative to 2019 (27%; $p=0.007$). Price, perceived purity and availability were mostly stable relative to 2019.

Ketamine and LSD

Recent use of ketamine and LSD remained stable in 2020, with 43% of the sample reporting any recent ketamine use (41% in 2019) and 49% reporting any recent LSD use (47% in 2019). Frequency of use for both drugs was low. Reports of price, perceived purity and availability were mostly consistent with 2019, though 6% of participants perceived ketamine to be 'very difficult' to obtain in 2020, a significant decline from 15% in 2019 ($p=0.003$).

New Psychoactive Substances (NPS)

Just over one-fifth (23%) of participants reported recent use of any NPS in 2020, a significant decrease from 30% in 2019

($p=0.004$). Consistent with previous years, frequency of use was low, and DMT and the 2C class were the most common recently used NPS in 2020 (14% and 5%, respectively).

Other Drugs

Reported recent use of pharmaceutical stimulants significantly increased from 33% in 2019 to 39% in 2020 ($p=0.007$), as did the per cent reporting any recent amyl nitrite use (43%; 38% in 2019; $p=0.031$). The per cent reporting any recent use of nitrous oxide doubled from 2018 to 2019 and remained high in 2020 (54%), although use was infrequent. Alcohol and tobacco use were common in the sample, with 42% of recent tobacco consumers reporting daily use. Two-fifths (39%) reported recent use of e-cigarettes, with 9% of this group reporting daily use.

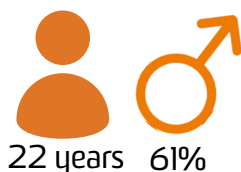
Drug-Related Harms and Other Associated Behaviours

Four in five participants (81%) obtained a score of eight or more on the AUDIT scale, indicative of hazardous alcohol use. A significant decrease was observed in the number of participants who reported a non-fatal stimulant overdose (18%; 22% in 2019; $p=0.004$) and non-fatal depressant overdose (including alcohol; 23%; 27% in 2019; $p=0.042$) in the 12 months prior to interview. Reported past month injecting drug use remained low (2%), as did drug treatment engagement (3% currently in treatment). A significant decrease was also observed for the per cent reporting having experienced a mental health problem in the six months prior to interview (52%; 57% in 2019; $p=0.044$). Drug-dealing (20%) and property crime (15%) remained the two main forms of criminal activity in 2020, though both significantly declined, relative to 2019. Social networking applications were the most popular means of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (75%), followed by face-to-face (67%) arrangement.

2020 SAMPLE CHARACTERISTICS

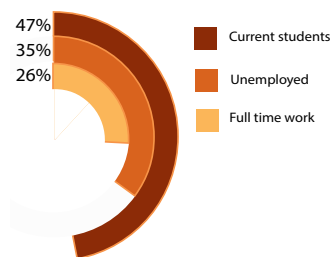


In 2020, 805 people from all Australian capital cities participated in EDRS interviews.

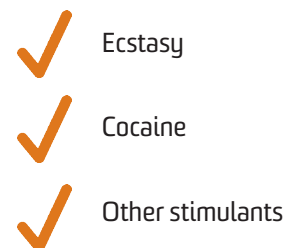


22 years 61%

The median age in 2020 was 22 (IQR = 19 - 27), and 61% identified as male.

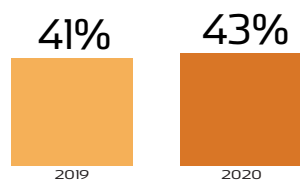


In the 2020 sample, 47% were enrolled students, 35% were unemployed, and 27% were employed full time.

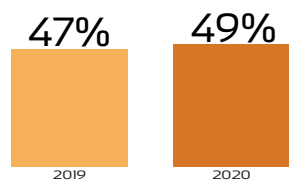


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

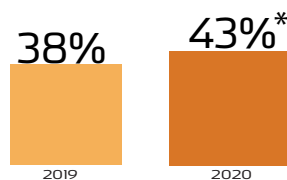
OTHER DRUGS



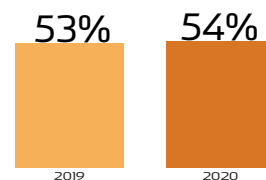
Past 6 month use of any ketamine was stable from 41% in 2019 to 43% in the 2020 EDRS sample.



Past 6 month use of LSD was stable at 49% in the 2020 EDRS sample (47% in 2019).



Past 6 month use of any amyl nitrite increased significantly from 38% in 2019 to 43% in the 2020 EDRS sample.



Past 6 month use of any nitrous oxide (nangs) was stable at 54% in the 2020 EDRS sample (53% in 2019).

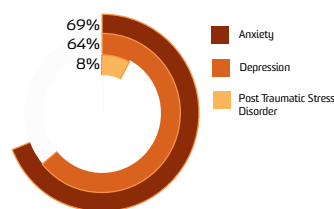
DRUG TREATMENT AND MENTAL HEALTH



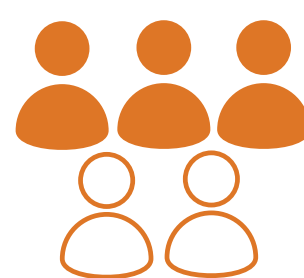
Of the 2020 EDRS sample, 3% reported that they were currently receiving drug treatment.



Over half of the national sample (52%) self-reported that they had experienced a mental health problem in the previous 6 months.

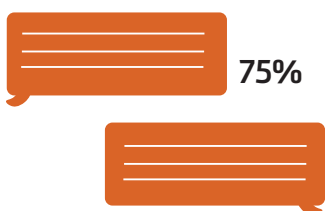


Of those who commented, the most common self-reported mental health concern was anxiety (69%), followed by depression (64%), and PTSD (8%).



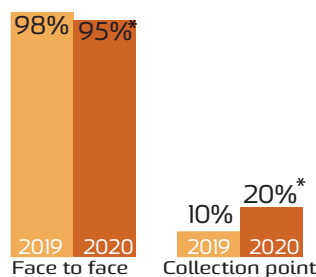
Of those self-reporting a mental health problem, 60% reported seeing a mental health professional in the previous 6 months (31% of the entire sample).

MODES OF PURCHASING

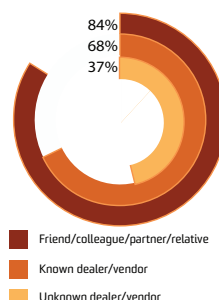


75%

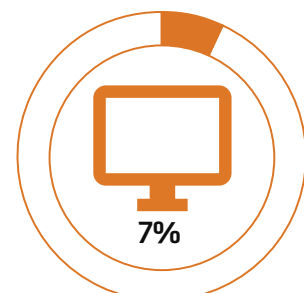
75% of participants organised the purchase of illicit or non-prescribed drugs via social networking in the last 12 months.



When asked about how they received drugs in the last 12 months, 95% said face to face, and 20% said via a pre-arranged collection point.

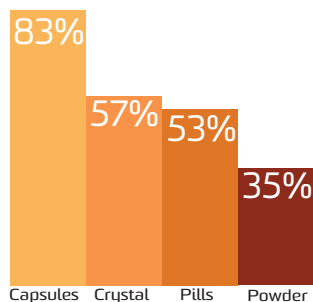


The majority of participants reported obtaining drugs from someone they knew personally (84%).

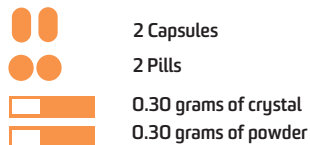
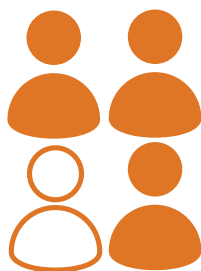


In 2020, 7% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

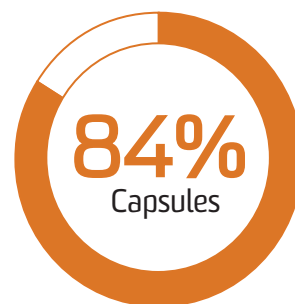
ECSTASY



Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.

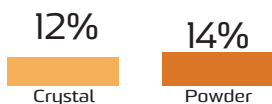
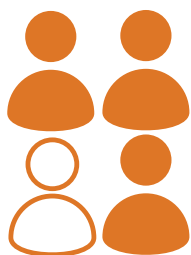


Median amounts of ecstasy consumed in a 'typical' session using each form.



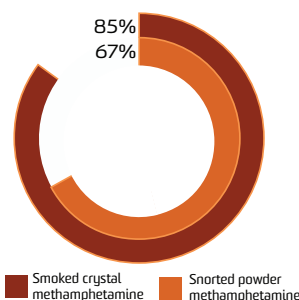
Of those who could comment 84% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

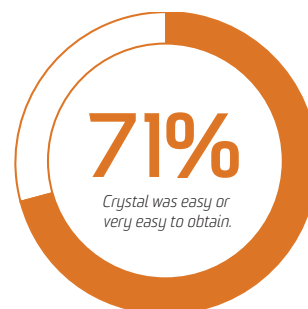


Past 6 month use of any methamphetamine significantly decreased in the 2020 sample (24%) compared to 2019 (33%).

Of the entire sample, 14% had recently consumed powder, and 12% crystal methamphetamine.



85% of people who had recently used crystal smoked it. Of those who had recently used powder, 67% snorted it.

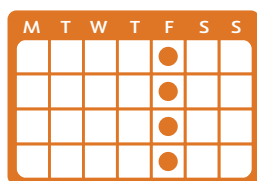


Of those who could comment 71% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



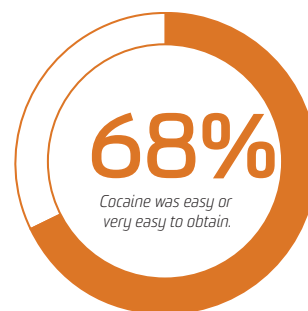
Two in three participants reported past six month use of cocaine in 2020 (68%).



Of people who had consumed cocaine recently, 8% reported weekly or more frequent use.



Of people who had consumed cocaine in the last 6 months, 99% had snorted it.

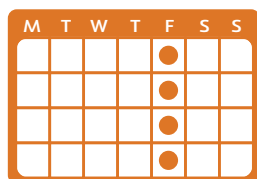


Of those who could comment 68% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



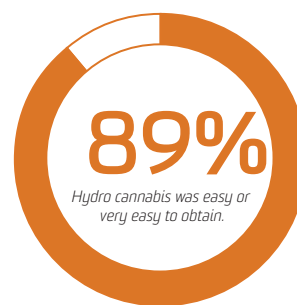
Past 6 month use of any cannabis was stable at 88% in 2020 and 85% in 2019.



Of those who had consumed cannabis recently, 2 in 3 reported weekly or more frequent use.



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



Of those who could comment 89% perceived hydro to be 'easy' or 'very easy' to obtain.

1

Background and Methods

The EDRS interviews are conducted annually with a sentinel sample of people who regularly use ecstasy and other stimulants, recruited from all capital cities of Australia (n=805 in 2020). The results from the EDRS interviews are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but this is not the aim of these data, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia.

Background

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

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

In 2019, a total of 797 participants were interviewed during April–July (799 participants in 2018). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW $n=100$; Melbourne, VIC $n=99$; Adelaide, SA $n=100$; Canberra, ACT $n=100$; Hobart, TAS $n=98$; Brisbane, QLD $n=100$; Darwin, NT $n=100$; and Perth, WA $n=100$. Please note that for 2010 to 2012, the target sample size ($n=100$) was not achieved in the NT (2010 $n=28$; 2011 $n=11$; 2012–12 2013 $n=45$); as such, the NT jurisdictional data from these years should be interpreted with caution.

EDRS 2020: 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 came into effect in March 2020), face-to-face interviews were no longer 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;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and

5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 3 for further detail.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW n=103; Melbourne, VIC n=100; Adelaide, SA n=101; Canberra, ACT n=101; Hobart, TAS n=100; Brisbane, QLD n=100; Darwin, NT n=100; and Perth, WA n=100.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ± 1 or kurtosis > ± 3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 2, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 3.

Outcomes relating to the previous 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution.

For further information on findings related to COVID-19 and associated restrictions, please see earlier [bulletins](#) released based on EDRS 2020 findings.

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.

2

Sample Characteristics

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

Sample Characteristics

In 2020, the national EDRS sample was mostly similar to the sample in 2019 and in previous years (Table 1).

Over three-fifths of the 2020 sample was male (61%; 60% in 2019; $p=0.514$), with a median age of 22 years (IQR=19-27; 22 years in 2019; IQR=19-26; $p=0.020$).

Half of the 2020 sample reported living in a rented house/flat (50%; 48% in 2019; $p=0.352$), with most of the remaining participants living with their parents/in their family house (40%; 40% in 2019; $p=0.902$).

Almost half (47%) were current students (45% in 2019; $p=0.534$), whereby 37% were studying at university/college and 10% were undergoing a trade/technical qualification (35% in 2019; $p=0.363$ and 11% in 2019; $p=0.680$, respectively).

Over one-quarter (26%) reported being employed full-time (22% in 2019; $p=0.077$) and 35% reported being unemployed at the time of interview (27% in 2019; $p=0.001$).

Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2019-2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=797	N=805	N=103	N=101	N=100	N=100	N=101	N=100	N=100	N=100
	2019	2020								
Median age (years; IQR)	22 (19-26)	22* (19-27)	21 (19-27)	21 (20-24)	26 (21-30)	23 (21-28)	23 (19-28)	20 (19-23)	23 (20-28)	20 (19-27)
% Male	60	61	62	56	60	54	63	65	58	71
% Aboriginal and/or Torres Strait Islander	5	4	-	6	-	-	-	0	11	-
% Sexual identity										
Heterosexual	81	83	82	81	70	79	84	91	87	90
Homosexual	5	3*	-	-	8	-	0	-	-	-
Bisexual	12	10	16	14	12	9	11	6	8	6
Queer	2	3	-	-	10	-	-	0	-	-
Different identity	1	2	0	-	0	6	-	0	-	-
Mean years of school education (range)	12 (8-12)	12 (7-12)	12 (8-12)	12 (8-12)	12 (8-12)	12 (8-12)	12 (9-12)	12 (8-12)	12 (7-12)	12 (9-12)
% Post-school qualification(s)^	54	51	45	48	64	57	60	42	47	51
% Current employment~ status										
Employed full-time	22	26	29	34	24	28	20	18	30	22
Part time/casual	46	35***	32	32	37	34	30	40	33	38
Self-employed	5	5	-	-	-	-	8	7	-	-
Students#	45	47	53	55	40	48	32	60	40	46
Unemployed	27	35**	36	31	34	34	43	34	31	34
Current median weekly income \$ (IQR)	(N=763) \$500	(N=771) \$600	(N=101) \$635	(N=94) \$750	(N=96) \$750	(N=100) \$700	(N=95) \$550	(N=97) \$550	(N=90) \$696	(N=98) \$506

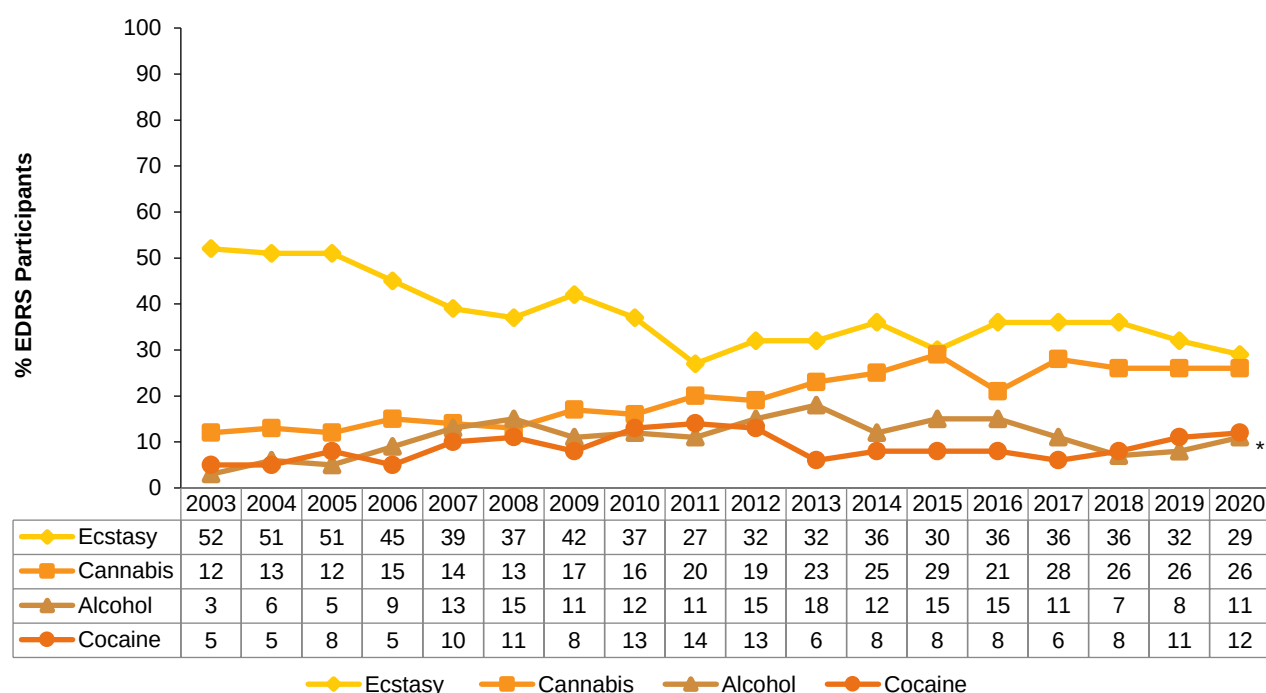
	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	(257-850)	(400-923)***	(420-962)	(496-1052)	(424-988)	(406-891)	(345-800)	(300-750)	(386-1000)	(285-856)
% Current accommodation										
Own house/flat	4	5	6	-	-	6	9	-	-	-
Rented house/flat	48	50	41	54	63	57	49	32	56	50
Parents'/family home	40	40	47	36	26	34	40	64	37	38
Boarding house/hostel	5	2	-	-	-	-	0	0	-	-
Public housing	3	2	-	-	-	-	-	0	-	-
No fixed address+	1	1	0	0	0	0	0	0	0	0
Other	-	-	-	0	0	0	0	0	0	0

Note. -Difference in employment and student status may be due to a difference in how the questions was asked in 2018, 2019 and 2020. In 2020, employment status was expanded to include 'part time/casual' and 'self-employed' due to participant responses in 2019. Furthermore, in 2020, 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + In 2020, no fixed address included 'couch surfing and rough sleeping or squatting. - Per cent suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Ecstasy and cannabis continued to be the drug(s) of choice among participants, though alcohol was nominated the drug of choice by 11% of participants (8% in 2019; $p = 0.025$) (Figure 1).

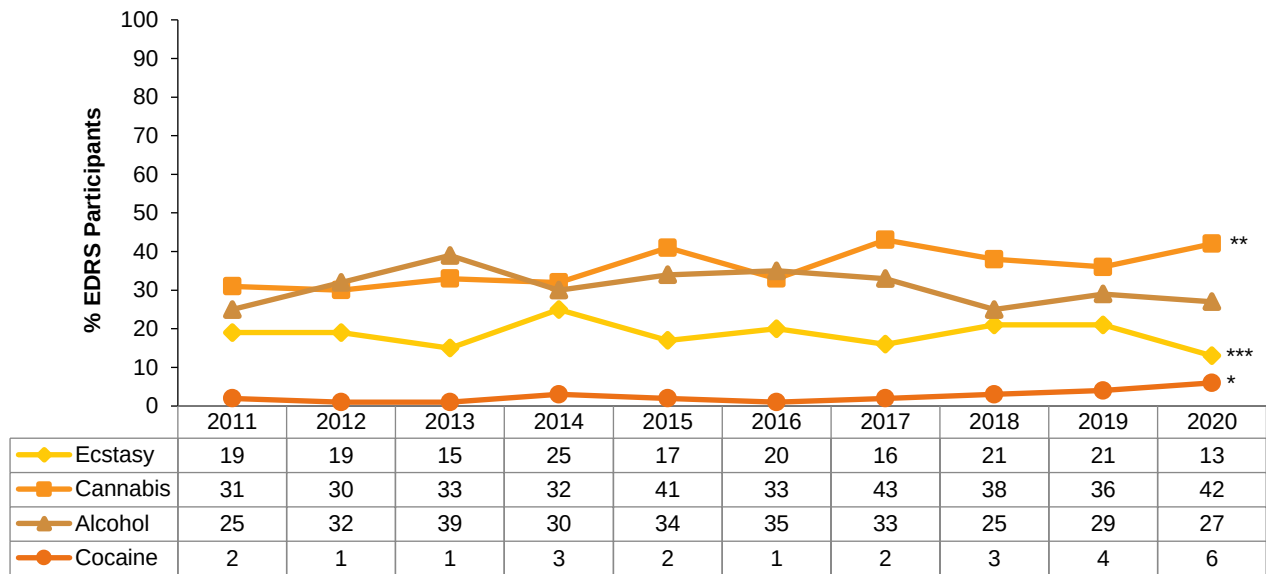
Cannabis proved to be the drug used most often, increasing from 36% in 2019 to 42% in 2020 ($p = 0.007$) (Figure 2). Cocaine also increased significantly, from 4% in 2019 to 6% in 2020 ($p = 0.018$). In contrast, ecstasy as the drug used most often declined in 2020, relative to 2019 (13% versus 21%; $p < 0.001$).

Figure 1: Drug of choice, nationally, 2003-2020



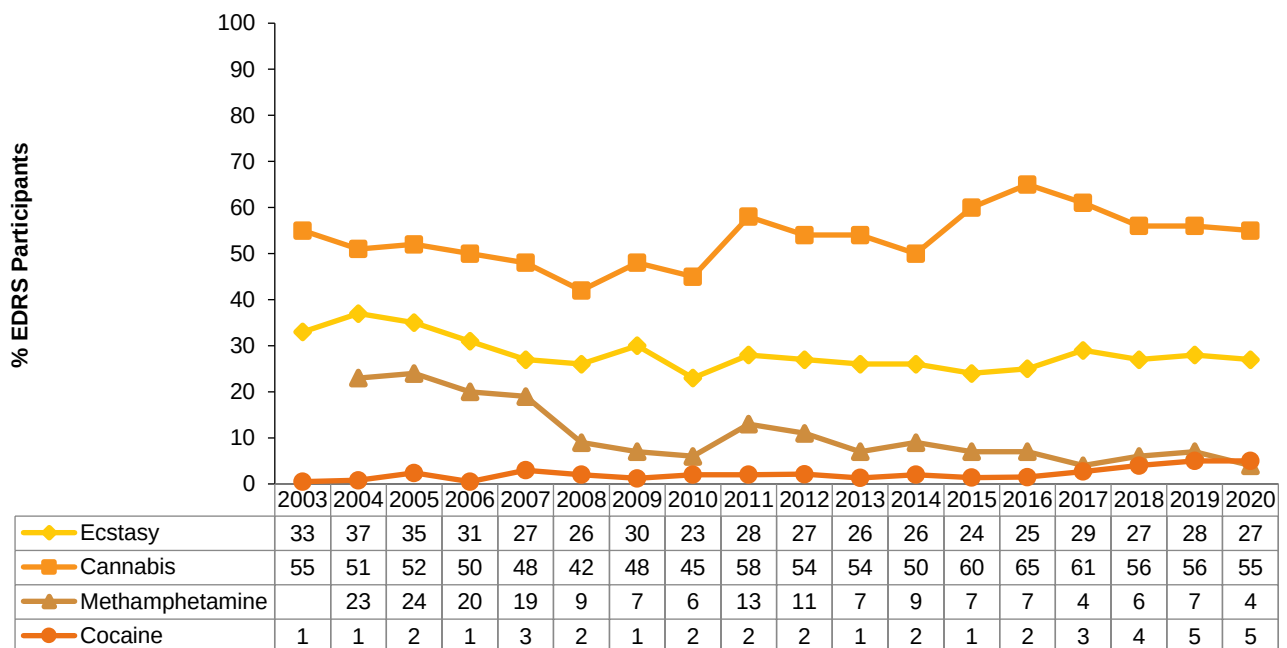
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 2: Drug used most often in the past month, nationally, 2011-2020



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 2011-2020 as this question was not asked in 2003-2010. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, nationally, 2003-2020



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

3

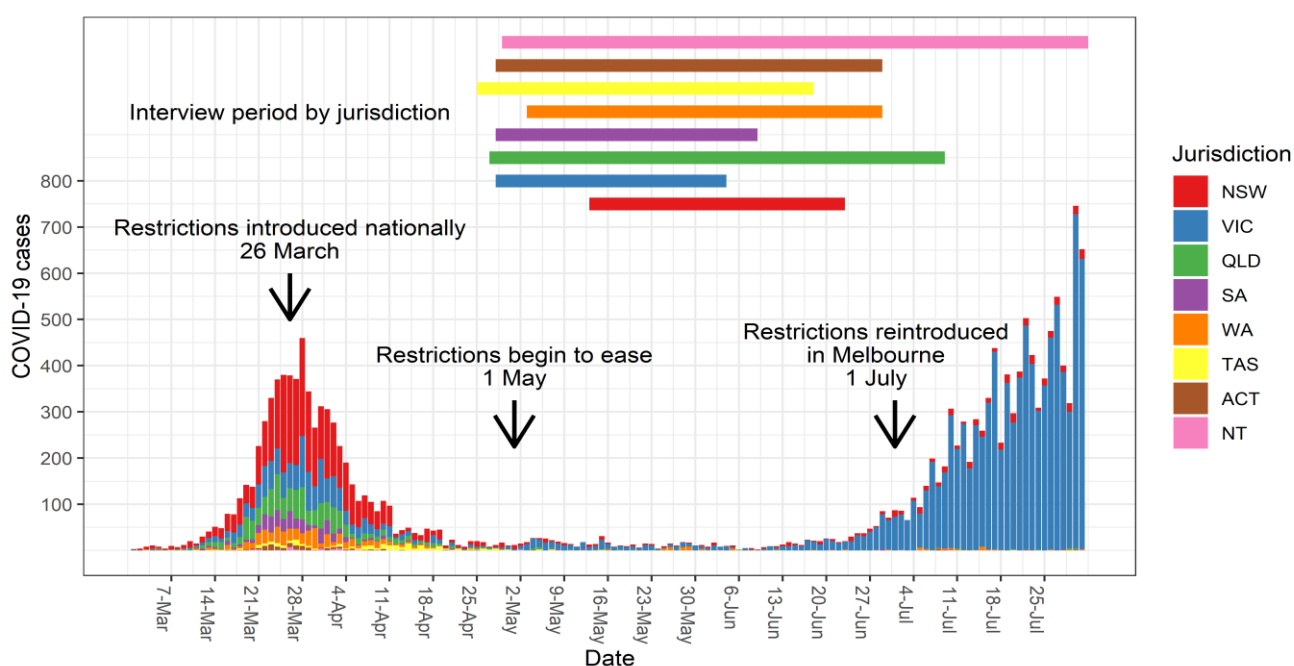
COVID-19

Participants were asked various questions regarding their experience during COVID-19 and the impacts the virus had on their lives following implementation of restrictions in Australia at the beginning of March, 2020.

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (10) (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July).

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



Note. Data obtained from <https://www.covid19data.com.au/>.

Methods

EDRS interviews commenced on 25th April and concluded on 31st July, 2020.

In 2020, the EDRS interview was condensed to alleviate the burden on participants completing the survey via telephone/videoconference, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions are posed throughout the interview to explore demographic characteristics, drug consumption and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Background** section of this document.

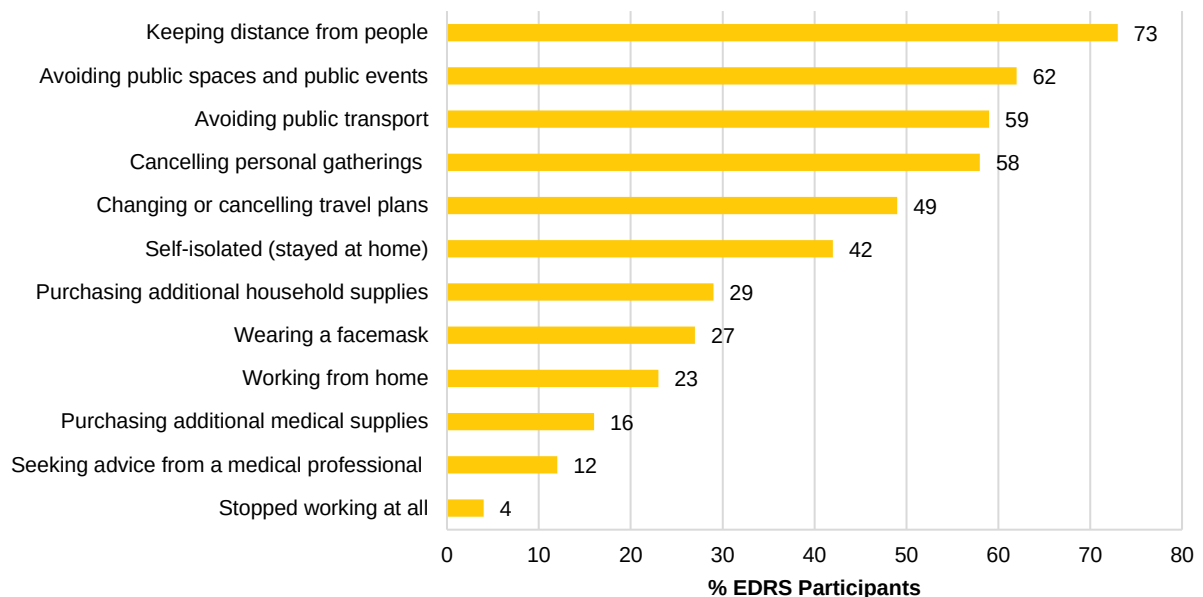
COVID-19 Testing and Diagnosis

Just under one-tenth (7%) of the sample had been tested for SARS-CoV-2 by the time of interview, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (68%) responded 'not at all', and under one-quarter (23%) were 'slightly' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the vast majority of participants (93%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 80% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A smaller percentage (7%) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19. Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported keeping distance from other people (73%), avoiding public spaces and events (62%), and public transport (59%)

Figure 5: Health precautions related to COVID-19 in the past four weeks, nationally, 2020



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).

Housing. Half (50%) of the sample reported living in a rental house/flat at the time of interview, with a further 40% residing with parents/at their family house. Over one-tenth (14%) of participants reported that their living situation had changed since the beginning of March, and of these participants ($n=118$), the majority (59%) reported that they were living in a rented house/flat in the month of February, before COVID restrictions. As to why participants' living situation had changed, reasons included 'movement unrelated to COVID' and 'moved to be with family'.

Employment and Income. Two-fifths (42%) of the sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants ($n=339$), in the month of February, 90% were receiving a wage/salary and 16% were receiving a government pension (e.g. New Start/Jobseeker). Of those not receiving a wage or salary ($n=332$) during the month prior to interview, one-third (35%) had been stood down temporarily because of COVID-19 (though were

expecting employment in the future) and 13% were stood down permanently due to COVID-19, while 19% were seeking employment since before COVID-19.

When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 27% of participants reported that they were receiving more income, 36% reported less income, and 37% reported a similar amount of income (Table 2).

Three-in-ten participants (28%) reported experiencing financial difficulty during the past month; most commonly reported difficulties were being unable to pay household or phone bills on time (13%), being unable to buy food (7%) and requesting deferred payment of rent or mortgage (7%). Furthermore, one-fifth (19%) of the sample reported asking for financial help from friends or family (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, nationally, 2020

National 2020	
N=805	
% Change in source of income since March 2020 (since COVID-19 restrictions)	42
% Change in total income in the past month compared to February	n=794
More money	27
Less money	36
About the same	37
% Financial difficulties in the past month#	n=804
Could not pay household or phone bills on time	13
Could not pay the mortgage or rent on time	7
Requested deferred payment of mortgage/rent/loan	5
Unable to buy food or went without meals	7
Unable to heat/air-condition house	2
Asked for financial help from friends or family	19
Asked for help from welfare or community organisations	6
Difficulty paying for medicines	4
Difficulty paying for medical treatment	3

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug used. Over one-third (37%) of participants reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020. Of these participants (n=298), the main transitions cited were from MDMA/ecstasy to cannabis (25%) or alcohol (17%) and alcohol to cannabis (7%; Table 3).

Frequency of drug use. Half of the sample (52%) reported using ecstasy and related drugs less in the month prior to interview as compared to February, 2020; 17% reported greater frequency of use, and 31% reported stable frequency (Table 3).

Table 3: Drug used most often in February (pre-COVID-19 restrictions) versus in the past month (during COVID-19 restrictions), nationally, 2020

National 2020			
	February	Past month	<i>p</i>
% Drug used most often in that month	N=804	N=804	
Ecstasy	31	13	<0.001
Cannabis	30	42	<0.001
Alcohol	23	27	0.070
Cocaine	7	6	0.695
Other	9	12	0.168
% reporting change in drug used most often from February to past month [^]	Overall: 37		
% Frequency of ecstasy and related drug use in that month	N=804	N=804	
Not in the month	6	20	
Monthly	13	19	
Fortnightly	36	27	
Weekly	27	19	
More than once per week	16	13	
Once a day	3	2	
More than once per day	-	-	
% reporting decrease in frequency	Overall: 52		
% reporting increase in frequency	Overall: 17		
% reporting stable frequency	Overall: 31		

Note. The response 'Don't know' was excluded from analysis. [^] this value might be greater than the difference between February and past month for individual drugs listed as participants may have changed main drug used within the 'other drug' category (e.g., from LSD to ketamine). - Per cent suppressed due to small cell size (n≤5 but not 0).

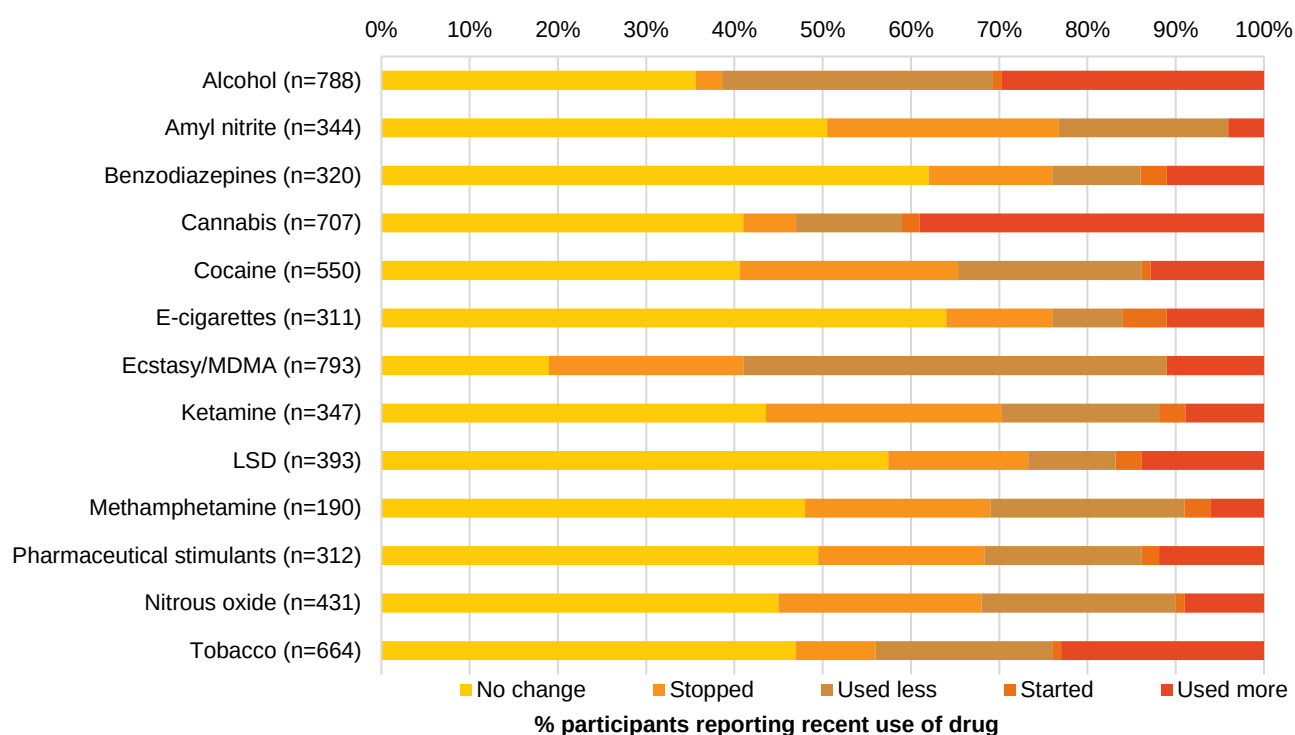
Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 6).

Most commonly, participants reported a decrease in use of ecstasy/MDMA (70%), cocaine (46%), amyl nitrite (45%), ketamine (45%) and methamphetamine (43%); an increase in use was reported for cannabis (41%); and no change was reported for e-cigarettes (64%) and benzodiazepines (62%).

The primary reason cited for decreasing use of ecstasy/MDMA, cocaine and ketamine were 'fewer opportunities to be with people/go out' (84%, 78% and 76%, respectively). Other commonly endorsed reasons were 'didn't feel like using the drug' and 'decreased availability of the drug'.

The primary reasons why participants increased their cannabis use comprised 'boredom/less things to occupy time' (74%), followed by 'more time to use the drug' (38%), and 'greater anxiety/depression with COVID-19' (11%).

Figure 6: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, nationally, 2020



Note. Questions about change in use were asked of participants who reported past six month use of the respective substance; don't know responses were excluded. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

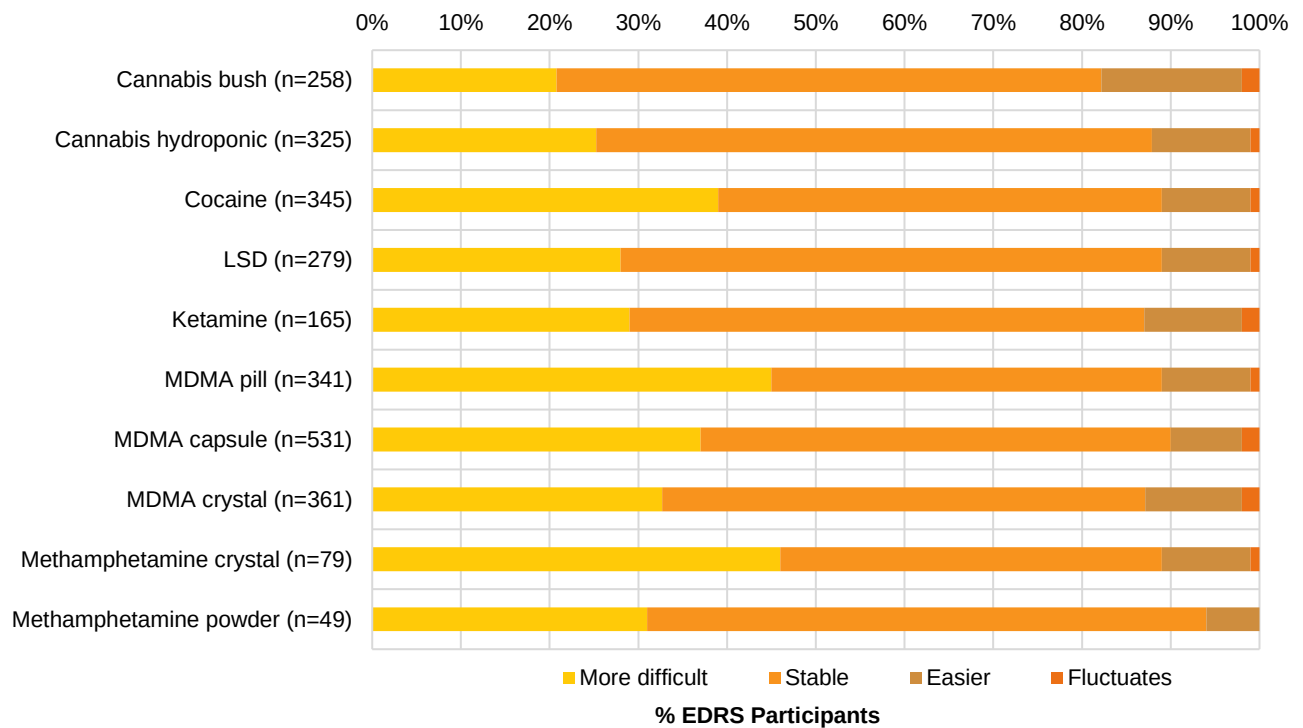
Price, Perceived Purity and Availability

All price, perceived purity and perceived availability data for 2020 were captured during the COVID-19 restriction period, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. For most drugs, participants reported that availability was stable (Figure 7). Crystal methamphetamine and MDMA pills were most commonly cited as drugs which had decreased in availability (46% and 45%, respectively).

Participants were also asked about level of concern about being able to access illicit drugs. Almost one-quarter (22%) of participants reported concerns about not being able to access illicit drugs due to COVID-19 and associated restrictions; 16% were 'somewhat concerned' and 4% were 'moderately concerned'.

Figure 7: Change in perceived availability of illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, nationally, 2020

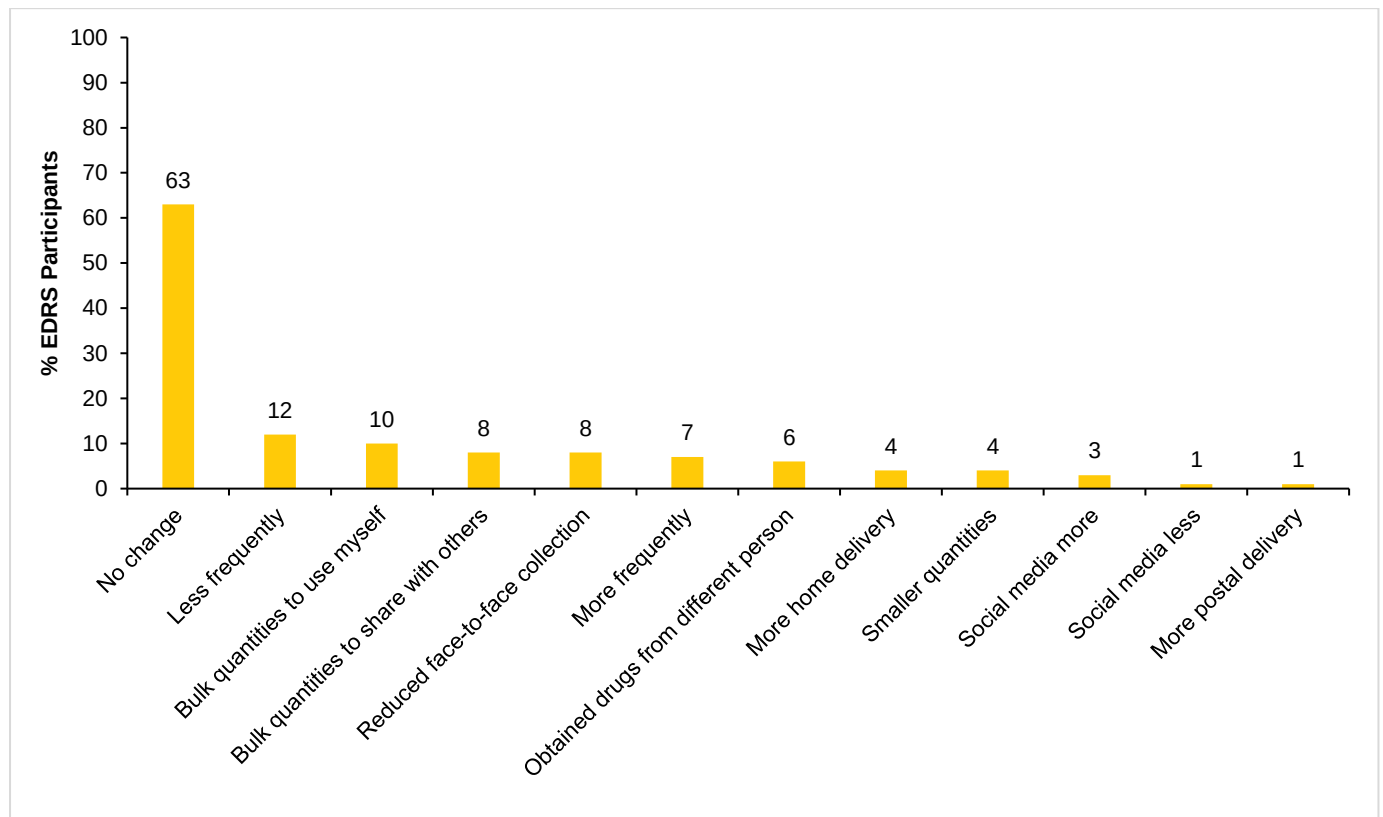


Note. The response 'Don't know' was excluded from analysis.

Drug Purchasing Behaviours

Two-thirds (65%) of participants reported no change in means of obtaining drugs (Figure 8). However, 12% of the sample obtained drugs 'less frequently', 10% obtained drugs in 'bulk quantities to use myself', 8% obtained drugs in 'bulk quantities to share with others' and 8% reduced 'face-to-face collection of drugs'.

Figure 8: Change in means of obtaining drugs since March 2020 (since COVID-19 restrictions), nationally, 2020



Note: Data labels have been removed with small cell size (i.e. $n \leq 5$ but not 0).

Risk and Protective Behaviours

Overdose. Almost one-fifth (19%) of participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 14% experienced this prior to March; 3% since March and 1% both before and since March, 2020.

Similarly, 21% of participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months; 13% experienced this prior to March; 2% since March, and 5% both before and since March, 2020.

Drug and alcohol support. One-fifth (19%) of the sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and only a small percentage (4%) of participants reported difficulties accessing these services since March, 2020 (since COVID-19 restrictions), with GP and psychologist most commonly cited (both by 2% of the national sample).

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, 41% of participants rated their mental health as being 'worse', 33% reported 'similar' and 26% reported their mental health as 'better'.

Crime. Fifteen per cent of the sample reported committing a property crime during the past month, and 16% reported committing the same offence in February. Drug dealing also remained stable, with 20% and 22% of participants reporting drug dealing during the past month and in February, respectively.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. One-in-ten (12%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or

avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were social media (6%), online forums (4%) and online websites/fact sheets (4%).

Almost two-thirds (61%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, nationally, 2020

	National, 2020 (n=803)
Washed hands with soap/sanitiser before handling drugs or money	43
Avoiding sharing other drug use equipment with other people	29
Stocked up on illicit/non prescribed drugs	22
Wiped down drug packages/wraps with soap/sanitiser	21
Avoided smoking/vaping drugs	14
Prepared drugs yourself	7
Stocked up on prescription medicines prescribed to you	4
Avoided sharing needles/syringes with other people	1
Stocked up on sterile needles/syringes	1
Stocked up on other sterile drug use equipment	1
Home delivery of sterile drug use equipment from a HR service	-
Obtained take-home naloxone/narcan	0

Note. - Per cent suppressed due to small cell size ($n \leq 5$ but not 0). Participants could endorse multiple responses.

4

Ecstasy/MDMA

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

Patterns of Consumption (any ecstasy)

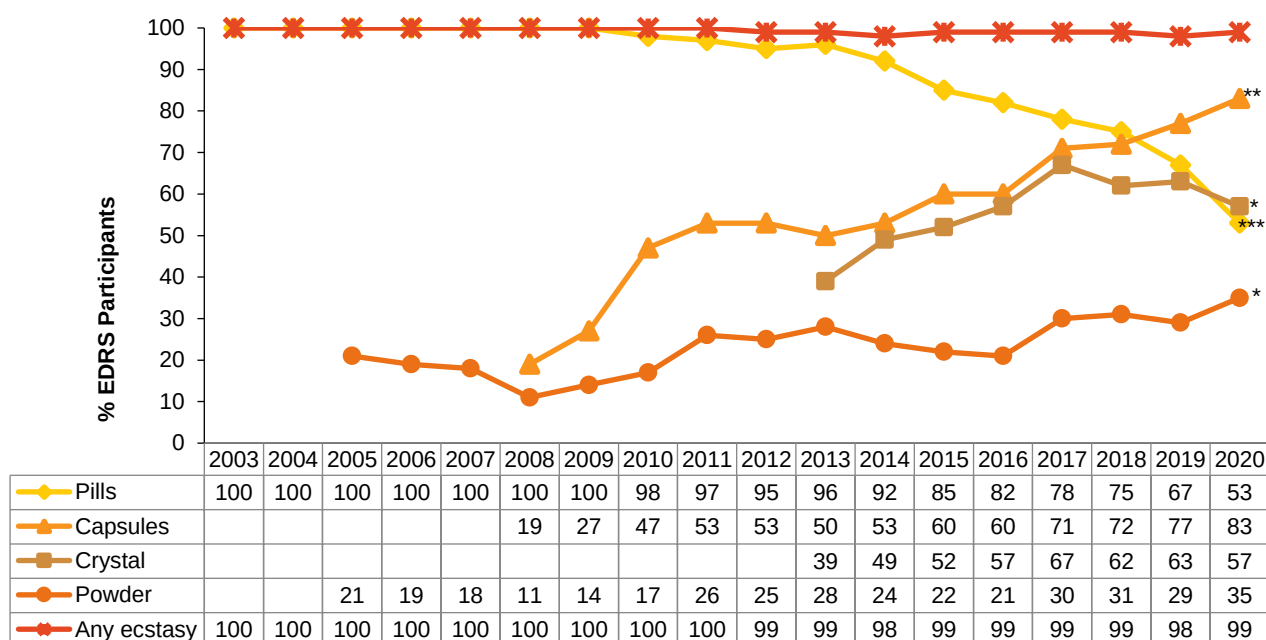
Recent Use (past 6 months)

In 2020, nearly all participants (99%) reported any use of ecstasy in the past six months, reflecting the eligibility criteria. Consistent with the previous two years, capsules were the form used by most participants in the past six months. Whilst pills were historically a primary form, the per cent reporting recent use of crystal was greater than that of pills in 2020 (Figure 9).

Frequency of Use

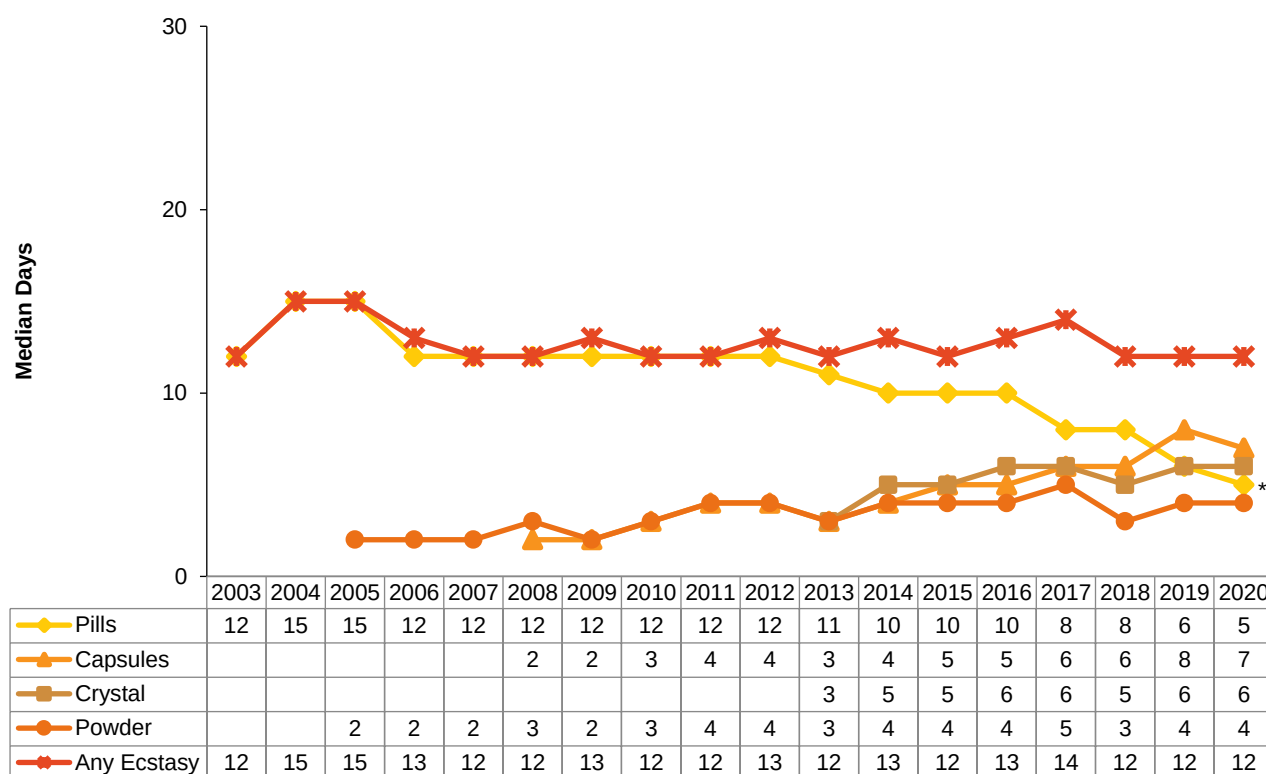
Participants reported using ecstasy (in any form) on a median of 12 days (IQR=7-24; n=778), equivalent to fortnightly use in the preceding six months (12 days in 2019, IQR=7-24). Among those that reported recent use (n=794), weekly or more frequent use of any form of ecstasy remained stable at 27% (27% in 2019; $p=0.543$; Figure 10).

Figure 9: Past six month use of any ecstasy, and ecstasy pills, capsules, crystal, and powder, nationally, 2003-2020



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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules and crystal use in the past six months, nationally, 2003-2020



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 30 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 5: Past six month use of ecstasy pills, by jurisdiction, 2003-2020

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 6: Past six month use of ecstasy capsules, by jurisdiction, 2008-2020

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

Note. Data collection for capsules started in 2008. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 7: Past six month use of ecstasy crystal, by jurisdiction, 2013-2020

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

Note. Data collection for crystal started in 2013. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 8: Past six month use of ecstasy powder, by jurisdiction, 2005-2020

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

Note. Data collection for powder started in 2005. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Reported recent use was at its lowest in 2020 (53%), down from 67% in 2019 ($p < 0.001$). The decline was most prominent in WA, followed by the ACT and the NT (Table 5).

Frequency of Use: Ecstasy pills were used on a median of 5 days (IQR=2-12) in the six months preceding interview, a significant decline from 6 days in 2019 (IQR=3-12; $p = 0.018$) (Figure 10), and the proportion reporting weekly or greater use was 11% in 2020 amongst those that reported recent use of ecstasy pills (14% in 2019; $p = 0.192$).

Routes of Administration: The most common route of administration remained swallowing (96%; 97% in 2019; $p < 0.391$) followed by snorting (29%; 37% in 2019; $p < 0.007$). Few people reported recent shelving/shafting (3%; 3% in 2019; $p = 0.262$).

Quantity: In a 'typical' session, the median number of pills used was 2 pills (IQR=1-3) in 2020 (2 pills in 2019; IQR=1-3). The median maximum number of pills used was 3 pills (IQR=2-5; 4 pills in 2019; IQR=2-6; $p < 0.001$).

Ecstasy Capsules

Recent Use (past 6 months): Capsules were the most common form used in 2020, with 83% of the total sample reporting any recent use (77% in 2019; $p = 0.004$; Table 6).

Frequency of Use: Capsules were used on a median of 7 days (IQR=3-12), which remained stable from 8 days (IQR=4-12) in 2019 ($p = 0.191$) (Figure 10). Thirteen per cent of consumers reported weekly or more frequent use, stable from 2019 (13%; $p = 0.794$).

Routes of Administration: Swallowing remained the main route of administration (96% of consumers in 2019 versus 98% in 2019; $p = 0.084$). Over one-quarter (26%) reported snorting capsules, stable from 29% in 2019 ($p = 0.168$). Smaller numbers reported shelving/shafting (3%; 3% in 2019; $p = 0.803$).

Quantity: The median number of capsules used in a 'typical' session in 2020 was 2 (IQR=1.5-3; 2 capsules in 2019; IQR=2-3; $p = 0.075$), and the median maximum number of capsules used was 4 (IQR=2-6; 4 capsules in 2019; IQR=2-6; $p = 0.179$).

Contents of Capsules: Of those participants who had recently used capsules, most (80%) reported crystal being among the contents the last time they had used the substance, whilst 30% reported powder being among the contents. Four per cent of participants did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Any recent use of crystal was reported by over half the sample (57% in 2020), a significant decrease from the 63% who reported recent use in 2019 ($p = 0.032$; Table 7).

Frequency of Use: Participants reported consuming crystal on a median of 6 days (IQR=3-12) in 2020, stable from 6 days in 2019 (IQR=3-12; $p = 0.885$) (Figure 10). Among recent consumers, 12% reported weekly or greater use of ecstasy crystal, stable from 12% in 2019 ($p = 0.686$).

Routes of Administration: The main route of administration among consumers was swallowing (76% versus 80% in 2019; $p = 0.140$) followed by snorting (63% versus 53% in 2019; $p = 0.001$). Few people who had used crystal reported smoking or shafting/shelving (2%, respectively).

Quantity: The median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.25 grams in 2019; IQR=0.20-0.50; $p = 0.876$), and the median for maximum used was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2019; IQR=0.25-1.00; $p = 0.039$).

Ecstasy Powder

Recent Use (past 6 months): As in previous years, powder was the least used form in 2020, with 35% of respondents having used this form (29% in 2019; $p = 0.012$; Table 8).

Frequency of Use: Powder was used on a median of 4 days (IQR=2-8) in the previous 6 months (Figure 10). This remained stable from 2019 (4 days; IQR=2-10; $p=0.982$). Weekly or more frequent use of powder was reported by 4% of those who reported recent use, a significant decrease from 2019 (11%; $p=0.006$).

Routes of Administration: Snorting has consistently been the most common route of administration for powder (84%; 81% in 2019; $p=0.413$), followed by swallowing (41%; 40% in 2019; $p=0.838$).

Quantity: In 2020, the median quantity of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.40 grams in 2019; IQR=0.20-0.50; $p=0.712$). The median maximum amount used was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2019; IQR=0.30-1.00; $p=0.596$).

Price, Perceived Purity and Availability

Ecstasy Pills

Price: The reported median price of a pill in 2020 remained stable at \$25 (IQR=20-30; $n=400$; \$25 in 2019; IQR=20-30; $n=542$), consistent with previous years (Figure 11).

Perceived Purity: Of those who responded ($n=417$), responses to the perceived purity of ecstasy pills were mixed. Whilst endorsed by the smallest percentage, 18% reported purity of ecstasy pills to be 'low' (Table 9), an increase from 12% in 2019 ($p=0.016$).

Perceived Availability: Of those who responded ($n=419$), 39% reported pills as being 'easy' and 31% reported pills as being 'very easy' to obtain (Table 9), the latter a significant decrease from 40% in 2019 ($p=0.002$). On the contrary, 26% reported pills as being 'difficult' to obtain, a significant increase from 16% in 2019 ($p<0.001$).

Ecstasy Capsules

Price: The median price of a capsule in 2020 was similar to previous years at \$20 (IQR=15-25; $n=570$; \$20 in 2019; IQR=20-25; $n=625$) (Figure 11).

Perceived Purity: Of those who responded ($n=612$), 36% reported pills as medium and high purity, respectively (33% and 39%, respectively, in 2019; Table 9).

Perceived Availability: Of those who responded ($n=610$), 37% reported that capsules were 'very easy' to obtain in 2020, a significant decrease from 55% in 2019 ($p<0.001$). However, 47% reported that capsules were 'easy' to obtain in 2020, a significant increase from 2019 (37%; $p<0.001$) (Table 9).

Ecstasy Crystal

Price: The median price of a gram of crystal decreased from \$180 in 2019 (IQR=120-200; $n=258$) to \$150 (IQR=100-200; $n=274$; $p=0.001$) in 2020. This is the lowest median price since reporting began in 2013 (Figure 12).

Perceived Purity: Of those who responded ($n=401$), over half (51%) endorsed crystal to be 'high' in purity (62% in 2019; $p<0.001$; Table 9). Furthermore, significantly more participants reported that crystal had 'fluctuated' in 2020 (17%), compared to 2019 (10%; $p=0.002$).

Perceived Availability: Of those who responded ($n=406$), crystal was rated as 'easy' (41%) or 'very easy' (39%) to obtain in 2020, stable from 2019 (44%; $p=0.345$ and 37%; $p=0.590$, respectively) (Table 9).

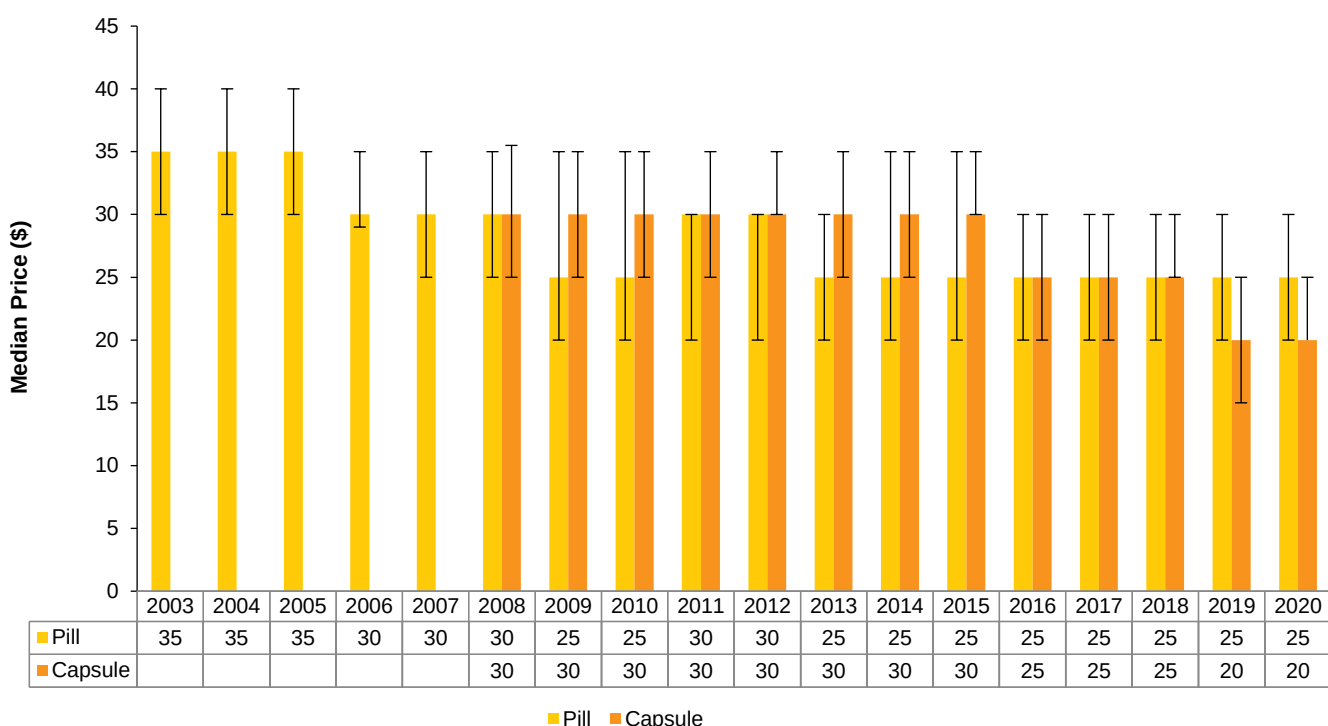
Ecstasy Powder

Price: A gram of ecstasy powder had a median price of \$150 in 2020 (IQR=100-200; $n=87$; \$160 in 2019; IQR=100-200; $n=92$; $p=0.497$) (Figure 12).

Perceived Purity: Of those who responded in 2020 ($n=128$), most participants reported that powder was 'medium' in purity (43%), stable from 2019 (49%; $p=0.319$; Table 9).

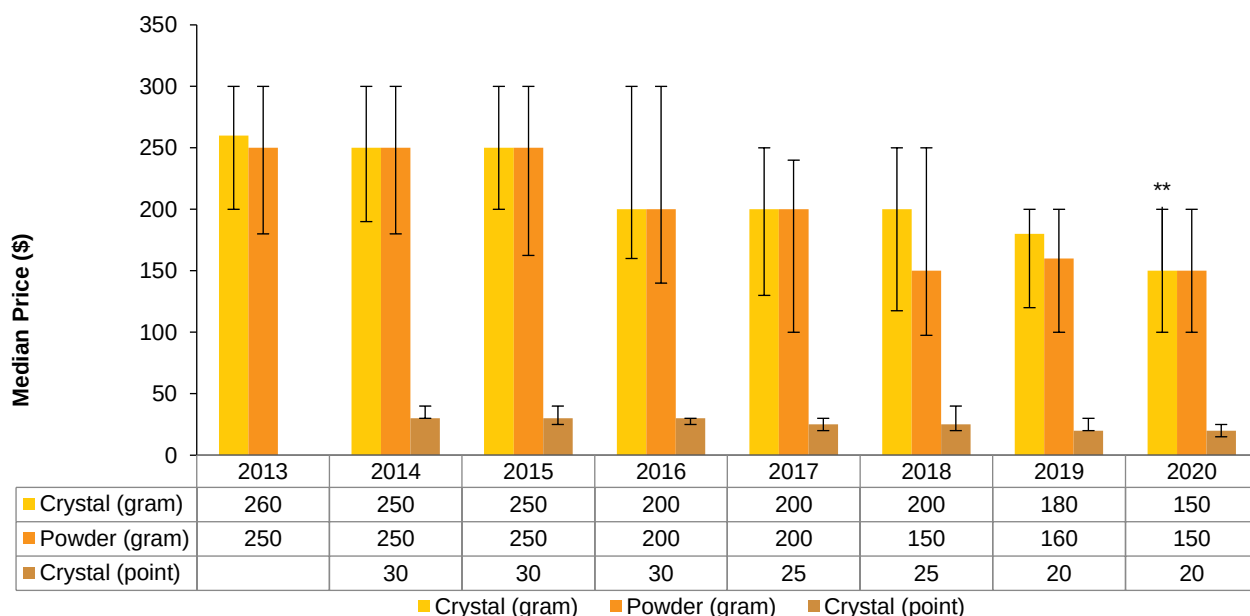
Perceived Availability: Of those who responded ($n=132$), the majority (46%) reported that powder was 'easy' to obtain, stable from 2019 (47%; $p=0.856$) (Table 9).

Figure 11: Median price of ecstasy pills and capsules, nationally, 2003-2020



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 12: Median price of ecstasy crystal (per gram and point) and powder (per gram only), nationally, 2013-2020



Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) started in 2013 and 2014, respectively. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 9: Current perceived purity and availability of different forms of ecstasy, nationally, 2017-2020

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

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 2019 versus 2020.

5

Methamphetamine

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

Patterns of Consumption (any methamphetamine)

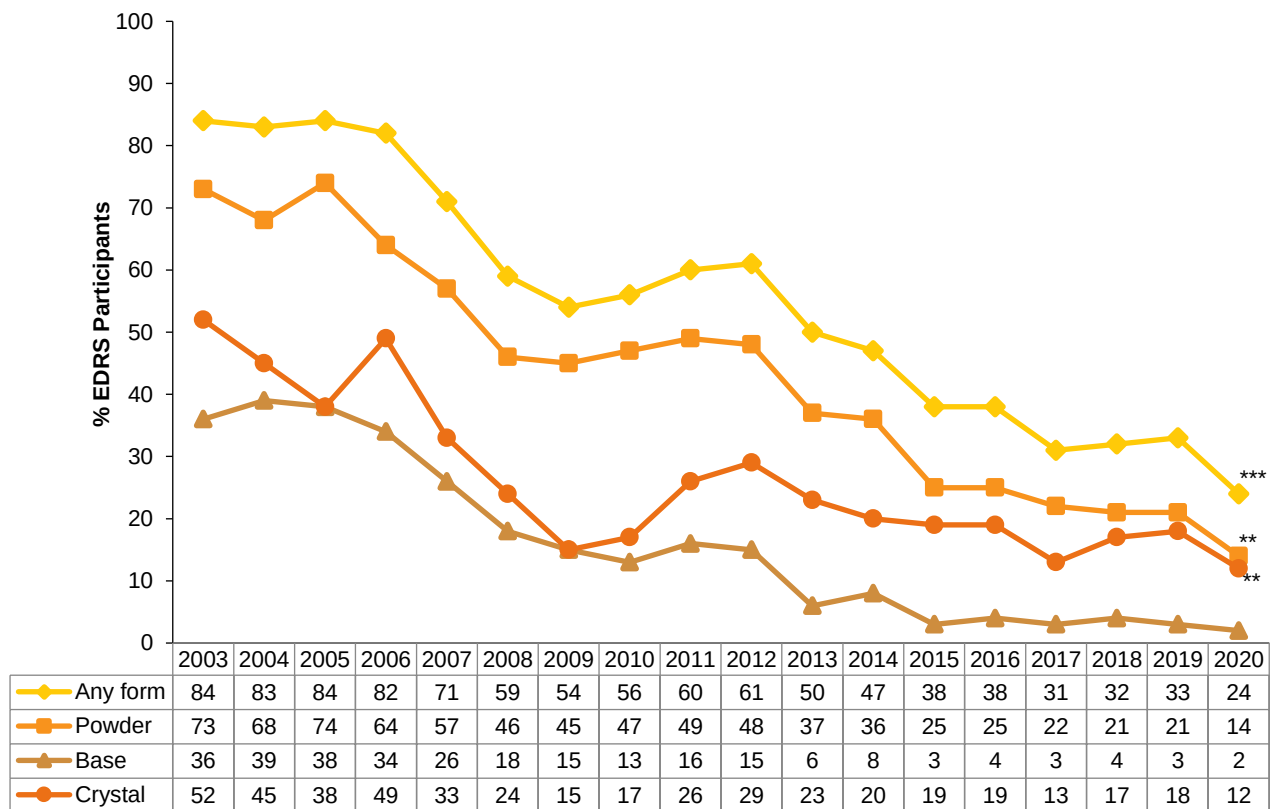
Recent Use (past 6 months)

The per cent reporting any recent use of methamphetamine has been declining since monitoring began (Figure 13), from more than four in five participants in 2003 (84%) to one in four participants (24%) in 2020 ($p<0.001$). In 2020, recent use of any methamphetamine declined from 33% in 2019 to 24% ($p<0.001$).

Frequency of Use

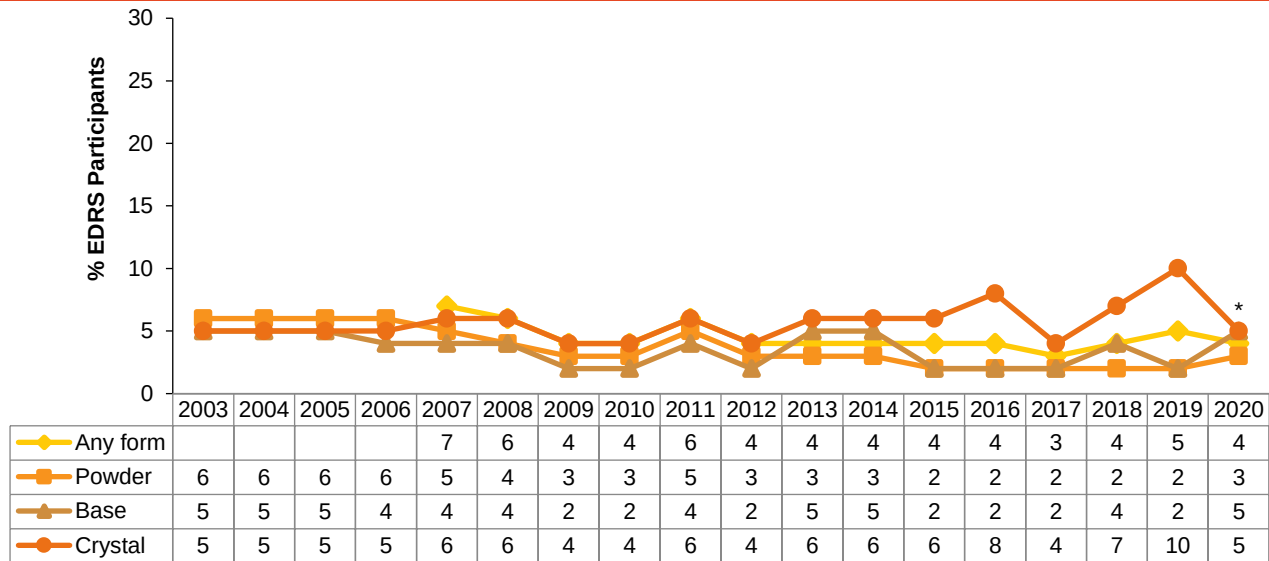
Use has remained relatively infrequent since 2013 at a median of 4 days (IQR=1-13) in the last 6 months in 2020 (5 days in 2019; IQR=2-15; $p=0.189$; Figure 19). Indeed, 17% of recent consumers reported using methamphetamine on a weekly or more frequent basis in 2020 (21% in 2019; $p=0.333$).

Figure 13: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, nationally, 2003-2020



Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Figure 14: Median days of any methamphetamine, and methamphetamine powder, base, and crystal in the past six months, nationally, 2003-2020



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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder has consistently been the main form used, although use has declined substantially (Figure 13). In 2020, 14% of participants consumed powder, a significant decrease from 2019 (21%; $p<0.001$). Use significantly decreased in NSW ($p=0.045$), the ACT ($p=0.044$), SA ($p=0.024$) and the NT ($p=0.019$) samples (Table 11).

Frequency of Use: Median days of use remained stable at 3 days in 2020 (IQR=1-7; 2 days in 2019; IQR=1-6; $p=0.643$) (Figure 14).

Routes of Administration: In 2020, the main route of administration was snorting (67%; 73% in 2019; $p<0.001$), followed by swallowing (42%; 30% in 2019). Smaller numbers reported smoking (10%; 14% in 2019; $p=0.024$) and injecting (4%; 9% in 2019; $p=0.010$).

Quantity: The median intake in a 'typical' session was 0.50 grams (IQR=0.23-0.75; 0.25 grams in 2019; IQR=0.10-0.58; $p=0.121$) and the median maximum was 0.80 grams (IQR=0.50-1.38; 0.40 grams in 2019; IQR=0.10-1.00; $p=0.924$).

Methamphetamine Crystal

Recent Use (past 6 months): Crystal use has decreased over time (Figure 13). Twelve per cent had recently consumed crystal in 2020 (18% in 2019; $p=0.003$). Recent use of crystal significantly decreased in the ACT ($p=0.008$) and the NT ($p=0.001$) samples (Table 12).

Frequency of Use: Frequency of use decreased in 2020 (median 5 days; IQR=1-24) relative to 2019 (median 10 days; IQR=3-20; $p=0.029$) (Figure 14).

Routes of Administration: Smoking remained the most common route of administration among those who had used crystal, with 85% reporting this method in 2020 (80% in 2019; $p=0.021$), followed by snorting (17%; 24% in 2019; $p=0.012$), injecting (11%; 21% in 2019; $p=0.004$) and swallowing (12%; 17% in 2019; $p=0.056$).

Quantity: Those who reported recent crystal use had used a median 0.50 grams (IQR=0.28-0.88; 0.20 grams in 2019; IQR=0.10-0.50; $p=0.779$) in a 'typical' session and a median maximum of 0.75 grams (IQR=0.50-1.50; 0.50 grams in 2019; IQR=0.20-1.00; $p=0.481$).

Table 10: Past six month use of any methamphetamine, by jurisdiction, 2003-2020

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 11: Past six month use of methamphetamine powder, by jurisdiction, 2003-2020

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

Note. – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 12: Past six month use of methamphetamine crystal, by jurisdiction, 2003-2020

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

Note. - Per cent suppressed due to low numbers ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Methamphetamine Powder

Price: Participants reported a median price of \$200 per gram (IQR=150-250, $n=31$; \$175 in 2019; IQR=110-200; $n=61$; $p=0.386$) and \$50 for one point (IQR=30-60; $n=17$; \$50 in 2019; IQR=30-70; $n=43$; $p=0.980$) in 2020 (Figure 15).

Perceived Purity: Of those who responded ($n=58$), the greatest per cent reported perceived purity to be 'high' (41%; 38% in 2019; $p=0.679$), followed by 'medium' (38%; 32% in 2019; $p=0.451$) purity (Figure 17).

Perceived Availability: Of those who responded ($n=61$), two-thirds (66%) found methamphetamine powder 'easy' or 'very easy' to obtain (69% in 2019; $p=0.797$), and 28% found it 'difficult' (22% in 2019; $p=0.409$) (Figure 19).

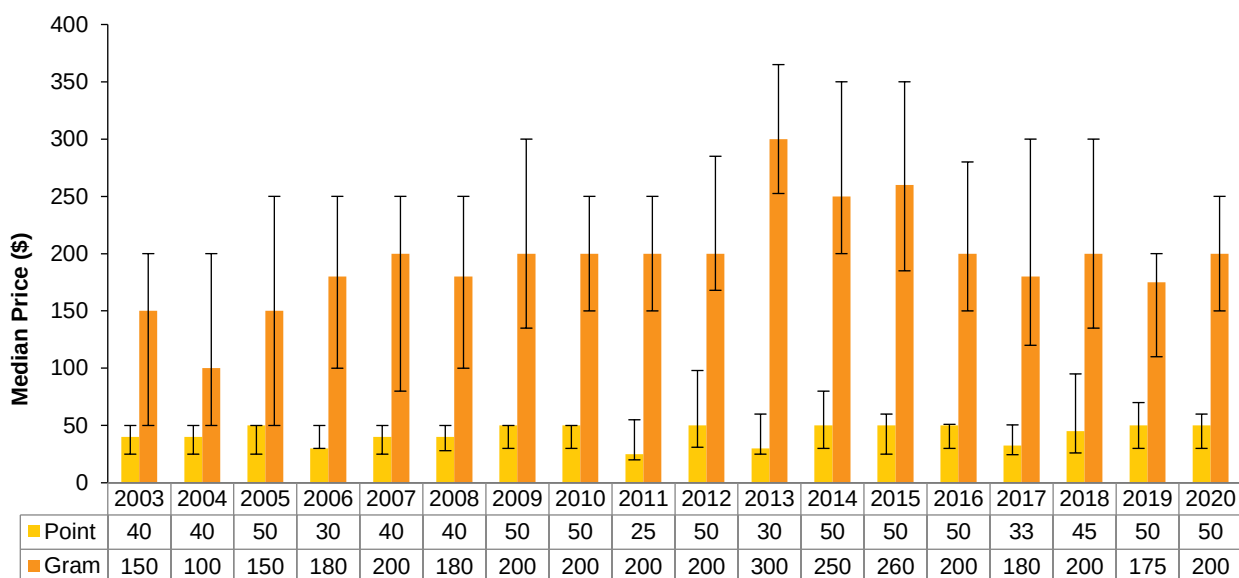
Methamphetamine Crystal

Price: Participants reported a median price of \$300 per gram (IQR=225-335; $n=21$; \$300 in 2019; IQR=50-80; $n=106$; $p=0.286$) and \$50 per point (IQR=43-80, $n=56$; \$50 in 2019; IQR=50-80; $n=106$; $p=0.882$) (Figure 16).

Perceived Purity: Of those who responded ($n=78$), the majority (46%) perceived purity as high (55% in 2019; $p=0.235$). 'Low' purity was reported by 17%, a significant increase from 4% in 2019 ($p=0.001$) (Figure 18).

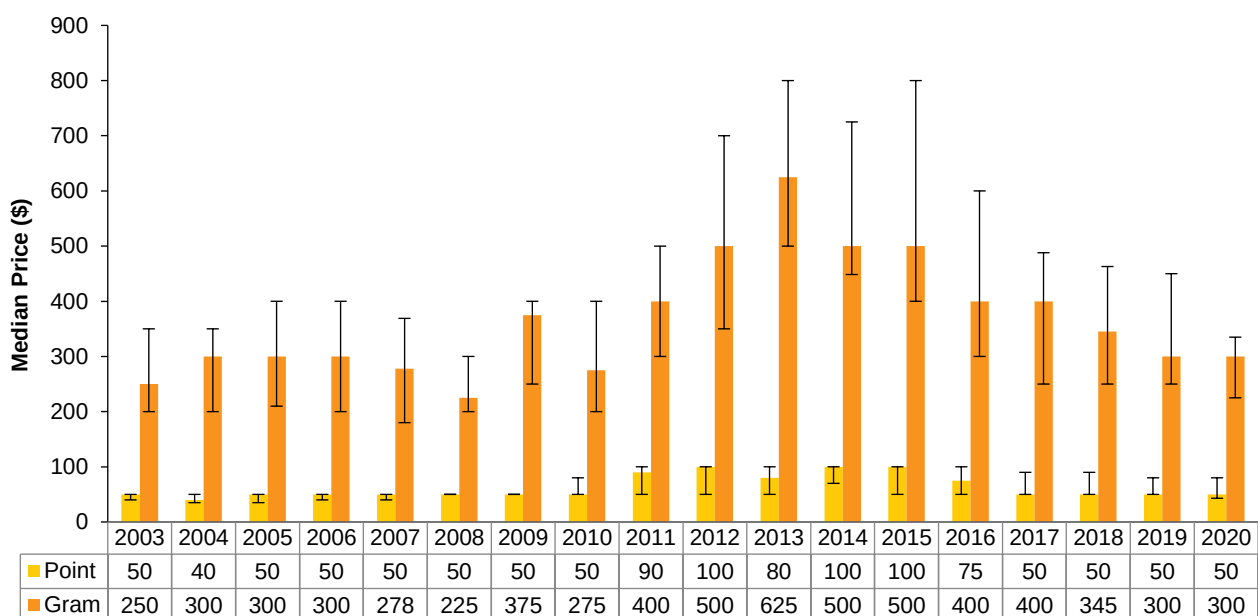
Perceived Availability: Of those who responded ($n=89$), the majority (44%) of participants regarded crystal as 'very easy' to obtain in 2020, a significant decrease from 2019 (64%; $p=0.002$) (Figure 20). On the other hand, 21% commented that crystal was 'difficult' to obtain in 2020, a significant increase relative to 2019 (5%; $p < 0.001$), and 8% believed it 'very difficult' to obtain (≤ 5 participants responded in 2019; $p=0.003$).

Figure 15: Median price of powder methamphetamine per point and gram, nationally, 2003-2020



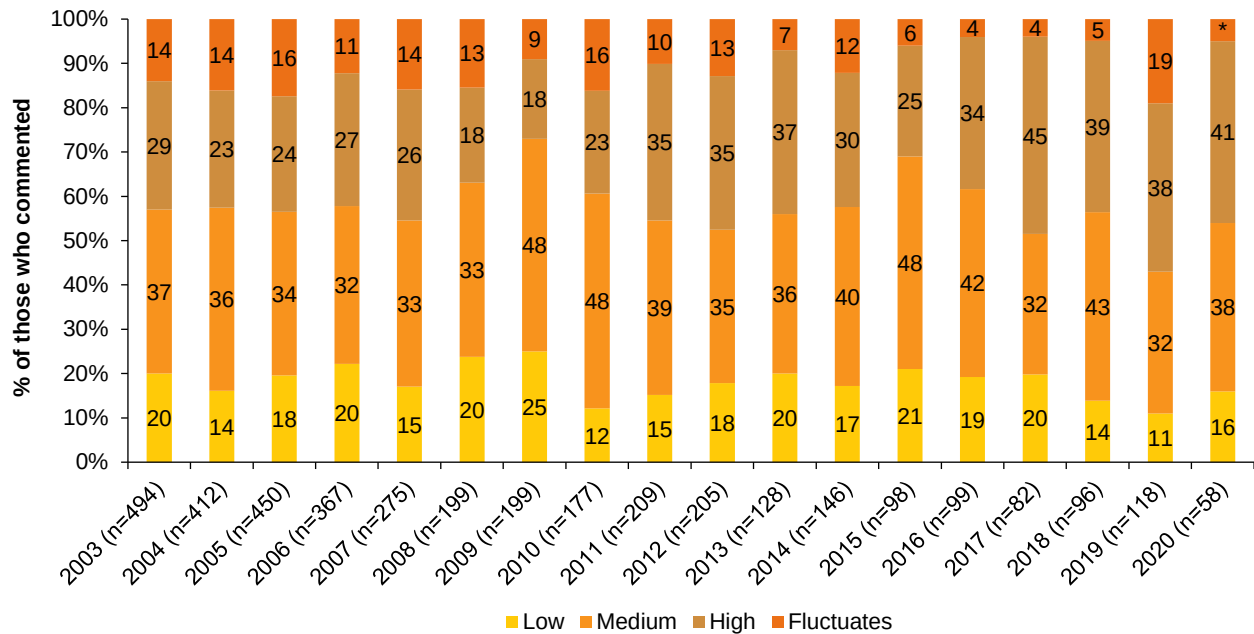
Note. Among those who commented. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 16: Median price of crystal methamphetamine per point and gram, nationally, 2003-2020



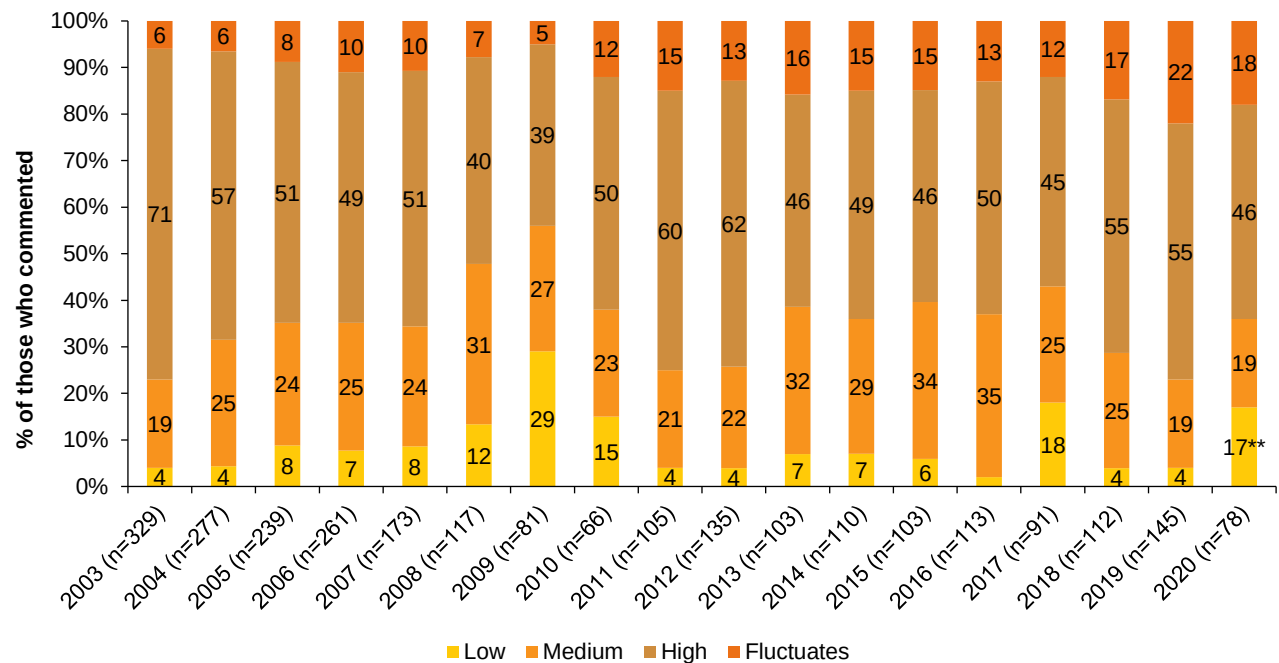
Note. Among those who commented. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 17: Current perceived purity of powder methamphetamine, nationally, 2003-2020



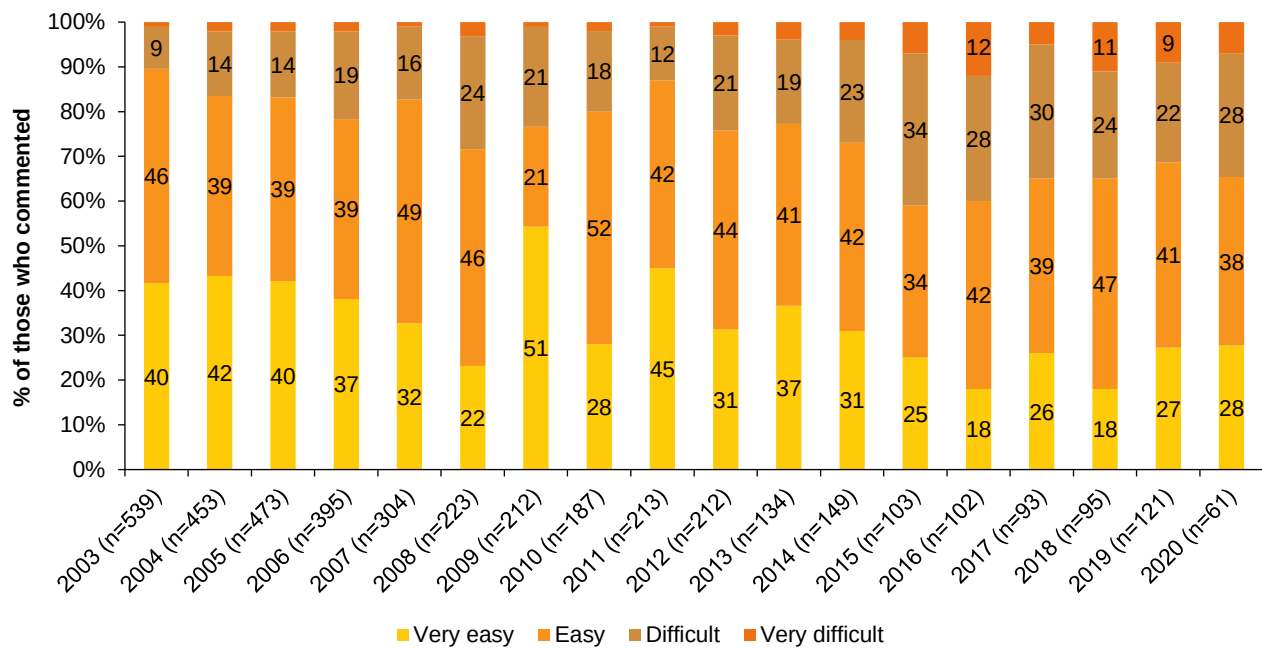
Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 18: Current perceived purity of crystal methamphetamine, nationally, 2003-2020



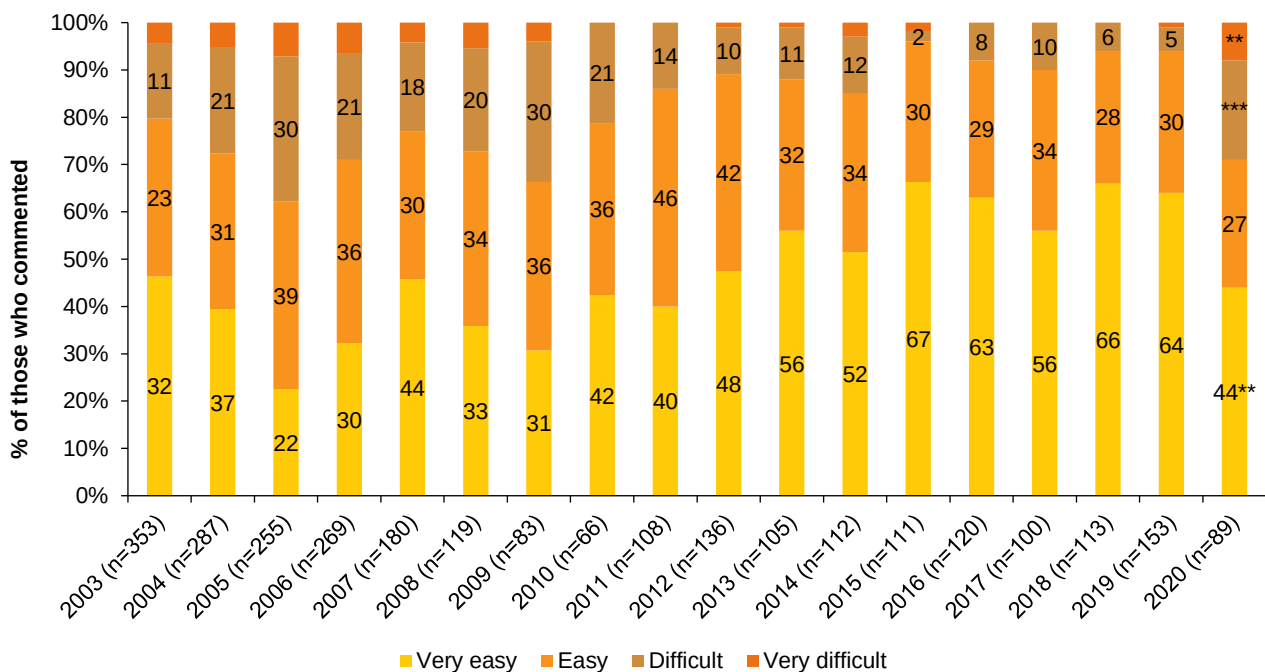
Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 19: Current perceived availability of powder methamphetamine, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 20: Current perceived availability of crystal methamphetamine, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

6

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent cocaine use has gradually increased over the years. The per cent reporting any recent use increased from 59% to 67% from 2018 to 2019 ($p=0.002$), though remained stable in 2020 at 68% ($p=0.501$; Figure 21). At the jurisdiction level, significant increases in use were observed relative to 2019 in the ACT (75% in 2019 versus 89% in 2020; $p=0.009$) and TAS (38% in 2019 versus 61% in 2020; $p=0.001$), though a decrease in use was observed in the NT (74% in 2019 versus 59% in 2020; $p=0.025$) (Table 13).

Frequency of Use

In 2020, the median days of use amongst consumers was 4 days (IQR=2-10; median 4 days in 2019; IQR=2-7; $p=0.029$) (Figure 21). This is equivalent to less than monthly use. Of those who had recently consumed cocaine ($n=551$), 8% reported using cocaine weekly or more frequently (7% in 2019; $p=0.648$).

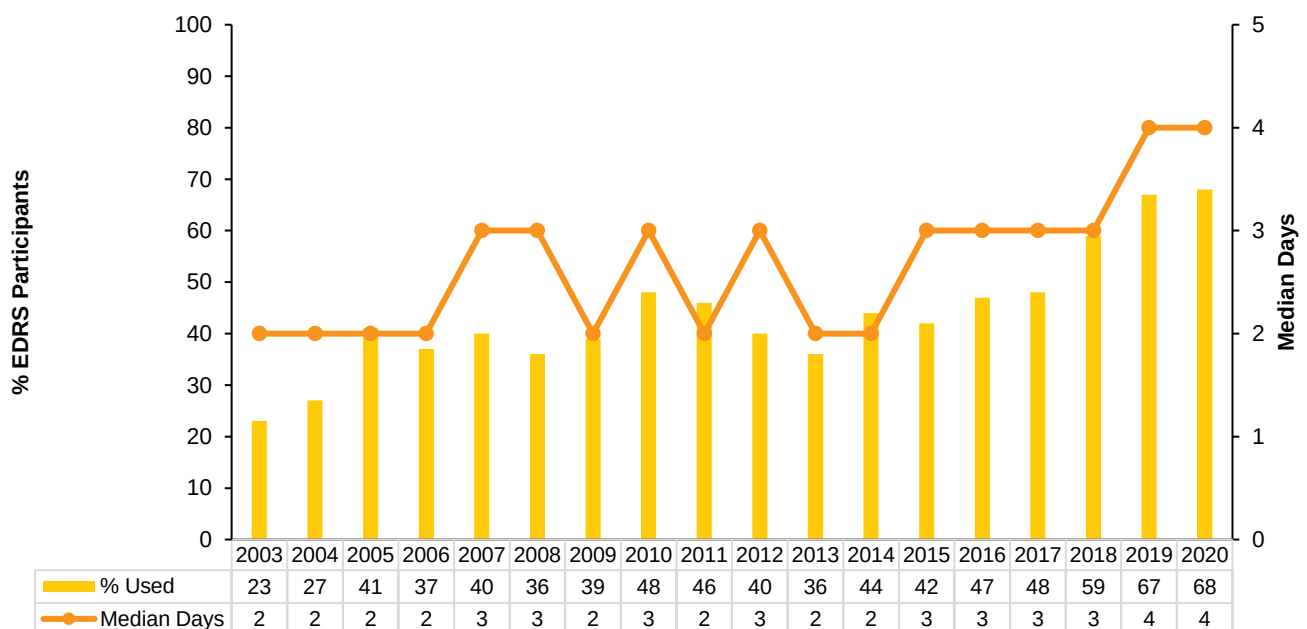
Routes of Administration

Among people who had recently consumed cocaine ($n=551$), the main route of administration was snorting (99%; 99% in 2019; $p=0.734$) followed by swallowing (7%; 10% in 2019; $p=0.109$).

Quantity

The median intake in a 'typical' session in 2020 was 0.50 grams (IQR=0.30–1.00; 0.50 grams in 2019; IQR=0.20-1.00; $p=0.026$) and the median maximum intake was 1 gram (IQR=0.50–1.50; 1 gram in 2019; IQR=0.50-2.00; $p=0.159$).

Figure 21: Past six month use and frequency of use of cocaine, nationally, 2003-2020



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 5 days to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 13: Past six month use of cocaine, by jurisdiction, 2003-2020

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

Note. - Per cent suppressed due to low numbers (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

The median price per gram of cocaine was reported to be \$300 (IQR=300-350; n=348) in 2020 (\$300 in 2019; IQR=300-350; n=389) (Figure 22).

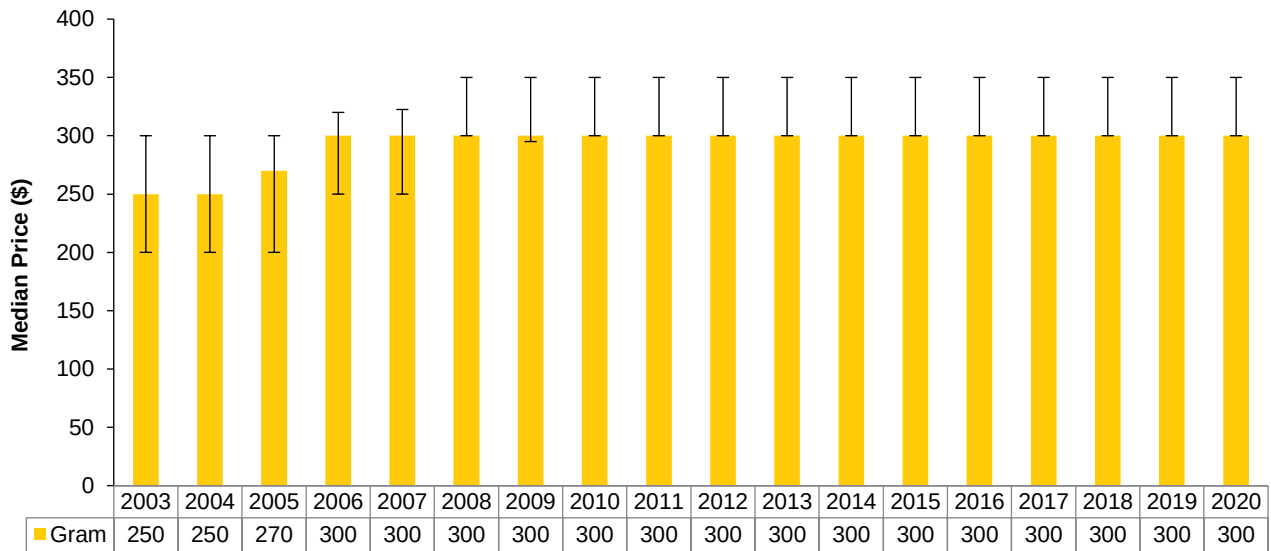
Perceived Purity

Among those able to comment (n=396), 30% of participants perceived cocaine to be of 'medium' purity (33% in 2019; $p=0.298$), and 28% of participants perceived cocaine to be of 'high' purity, stable from 2019 (24%; $p=0.146$) (Figure 23).

Perceived Availability

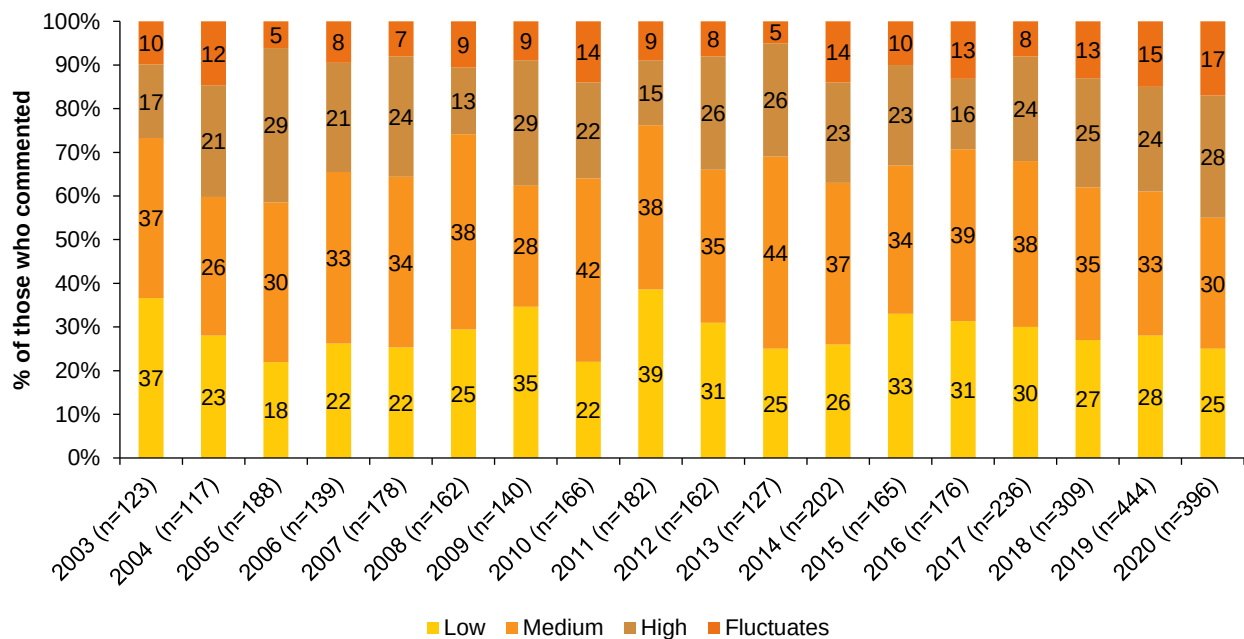
Among those able to comment (n=409), 28% reported cocaine as being 'difficult' to obtain, stable from 2019 (27% in 2019; $p=0.818$), but a significant decrease from previous years of reporting (Figure 24). The majority of participants who were able to comment reported cocaine to be 'easy' or 'very easy' to obtain (68%; 70% in 2019; $p=0.509$).

Figure 22: Median price of cocaine per gram, nationally, 2003-2020



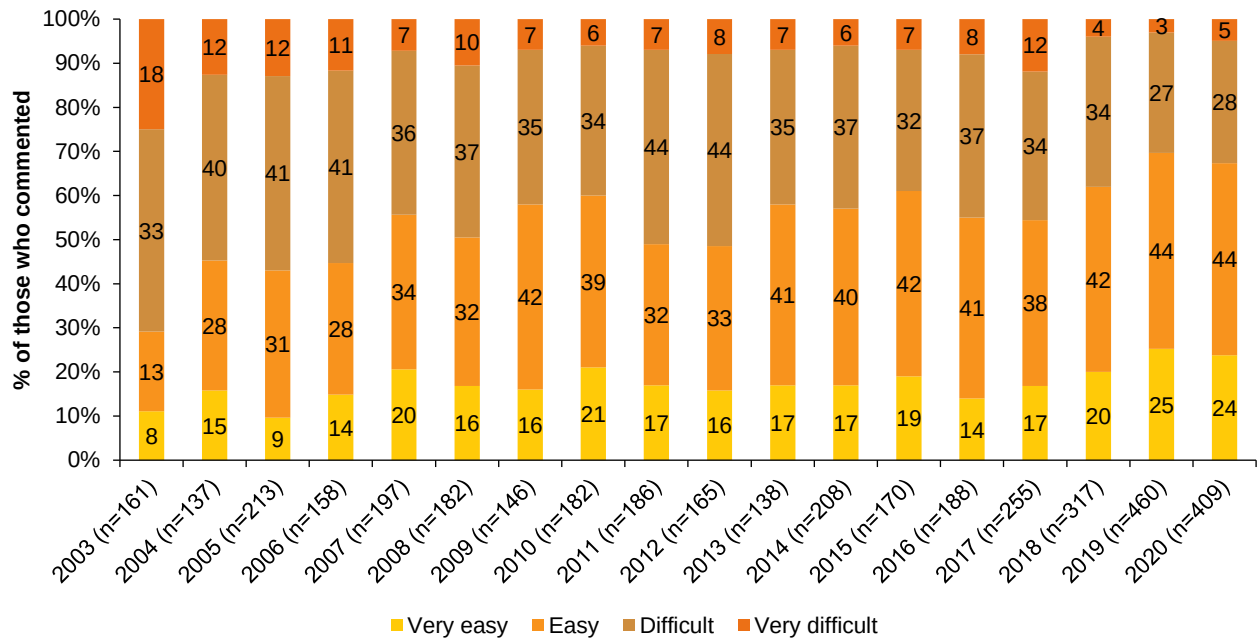
Note. Among those who commented. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 23: Current perceived purity of cocaine, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 24: Current perceived availability of cocaine, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

7

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least three in four participants have reported any recent use of cannabis each year since 2003, with the percentage observed in 2020 (88%) stable since 2019 (85%; $p=0.080$; Figure 25). Recent use was stable across all jurisdictions from 2019 to 2020 (Table 14).

Frequency of Use

Typical frequency of use has varied between weekly and several times a week over the course of monitoring (2020: median 48 days; IQR=10-150; 60 days in 2019; IQR=10-180; $p=0.075$; Figure 25). Indeed, nearly two-thirds (62%) of recent consumers reported using cannabis weekly or more frequently (66% in 2019; $p=0.118$), including one-fifth (20%) who reported using cannabis daily (27% in 2019; $p=0.007$).

Routes of Administration

Across all years, nearly all consumers reported smoking cannabis (95% in 2020; 98% in 2019).

In 2020, 35% reported swallowing (an increase from 26% in 2019; $p<0.001$) and 26% reported inhaling/vaporising cannabis (an increase from 19% in 2019; $p=0.001$).

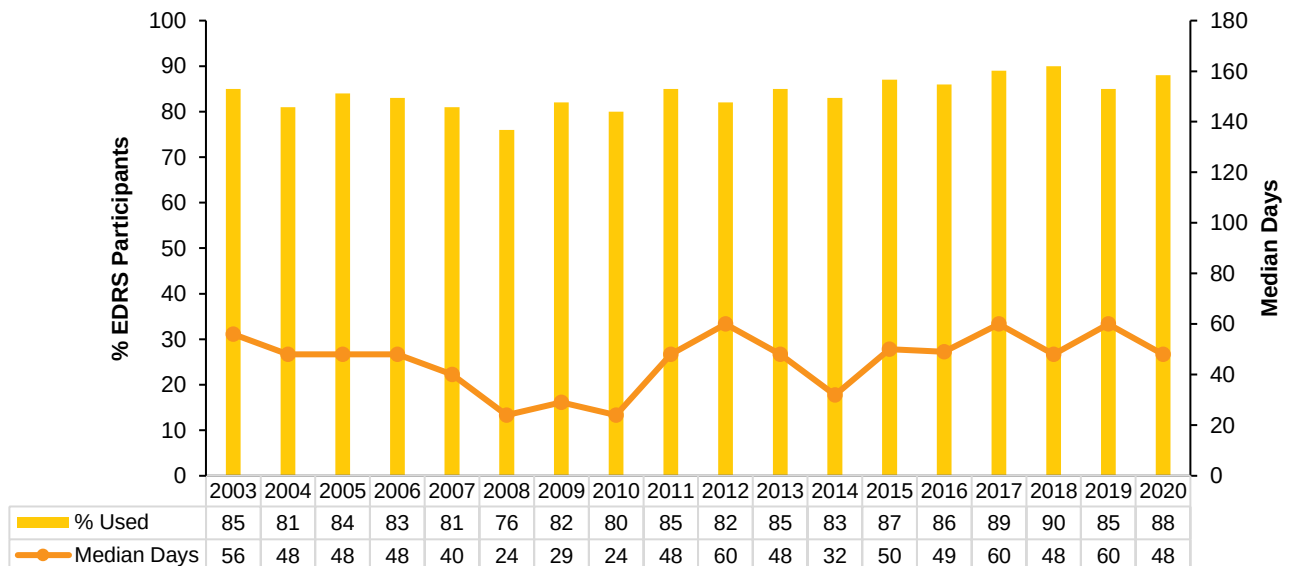
Quantity

The median amount used by those who commented on the last occasion of use was three cones (IQR=2.50-5.00; $n=223$; 3 cones in 2019; IQR=2-5; $n=235$; $p=0.194$) or 1.00 gram (IQR=1.00-2.00; $n=217$; 1.20 grams in 2019; IQR=1.0-2.0; $n=207$; $p=0.374$).

Forms Used

Among all EDRS participants, the majority reported recent use of hydroponic cannabis (63%; 69% in 2019; $p=0.022$) and over half also reported recent use of outdoor-grown 'bush' cannabis (60%; 59% in 2019; $p=0.588$). Fewer reported having used hashish (15%; 16% in 2019; $p=0.513$) and the same for hash oil (12%; 12% in 2019; $p=0.789$) in the preceding six months.

Figure 25: Past six month use and frequency of use of cannabis, nationally, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 14: Past six month use of cannabis (any form), by jurisdiction, 2003-2020

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis nationally has consistently been \$20 (IQR=15-30; $n=89$; \$20 in 2019; IQR=15-25; $n=156$; $p=0.112$). The median price paid per ounce of hydroponic cannabis nationally was \$300 (IQR=265-350; $n=109$; \$280 in 2019; IQR=250-350; $n=164$; $p=0.257$) in 2020, stable across reporting in the preceding three years (Figure 26A).

Perceived Potency: Of those able to comment ($n=332$), half perceived hydroponic cannabis to be 'high' potency (49%), consistent with previous years (50% in 2019; $p=0.684$) (Figure 27A).

Perceived Availability: Of those able to comment ($n=341$), reports of hydroponic cannabis as being 'very easy' to obtain decreased from 65% in 2019 to 48% in 2020 ($p < 0.001$). On the contrary, reports of

hydroponic cannabis as being 'easy' to obtain increased from 25% in 2019 to 41% in 2020 ($p < 0.001$) (Figure 28A).

Bush Cannabis

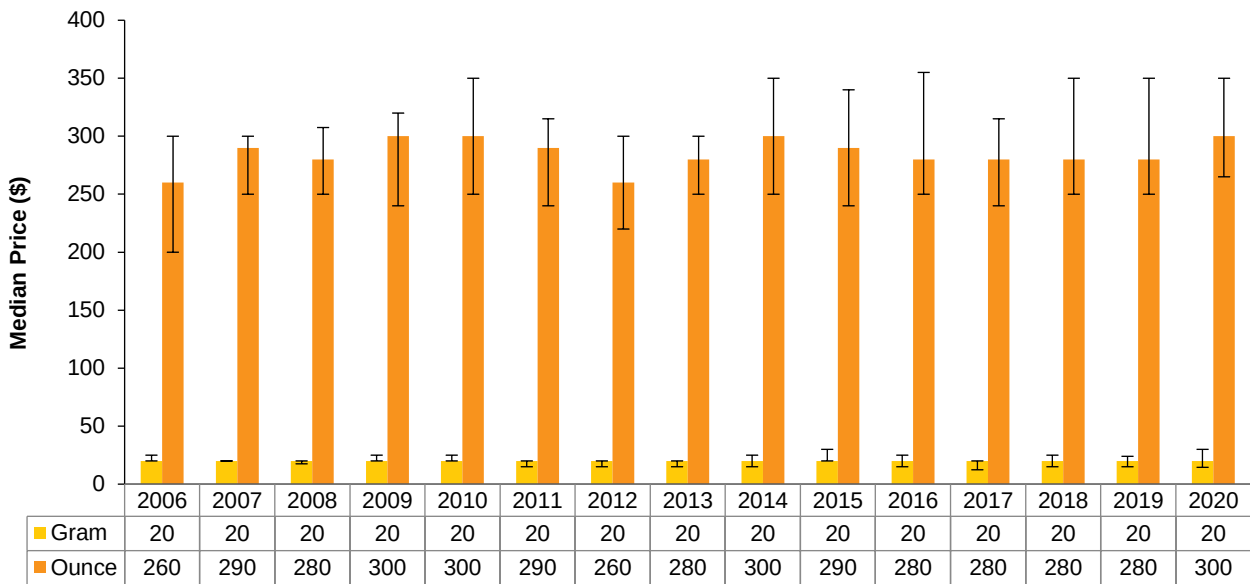
Price: The median price per gram for bush cannabis was similar across most years (2020: \$20; IQR=15-25; $n=73$; \$20 in 2019; IQR=10-20; $n=125$; $p=0.077$). In 2020, median price for an ounce was \$300 (IQR=230-320; $n=91$; \$250 in 2019; IQR=200-300; $n=132$; $p=0.076$) (Figure 26B).

Perceived Potency: Among those that were able to comment ($n=278$), 37% of participants perceived bush cannabis to be of 'medium' potency (40% in 2019; $p=0.422$) and one-third (33%) perceived it to be of 'high' potency (31% in 2019; $p=0.588$) (Figure 27B).

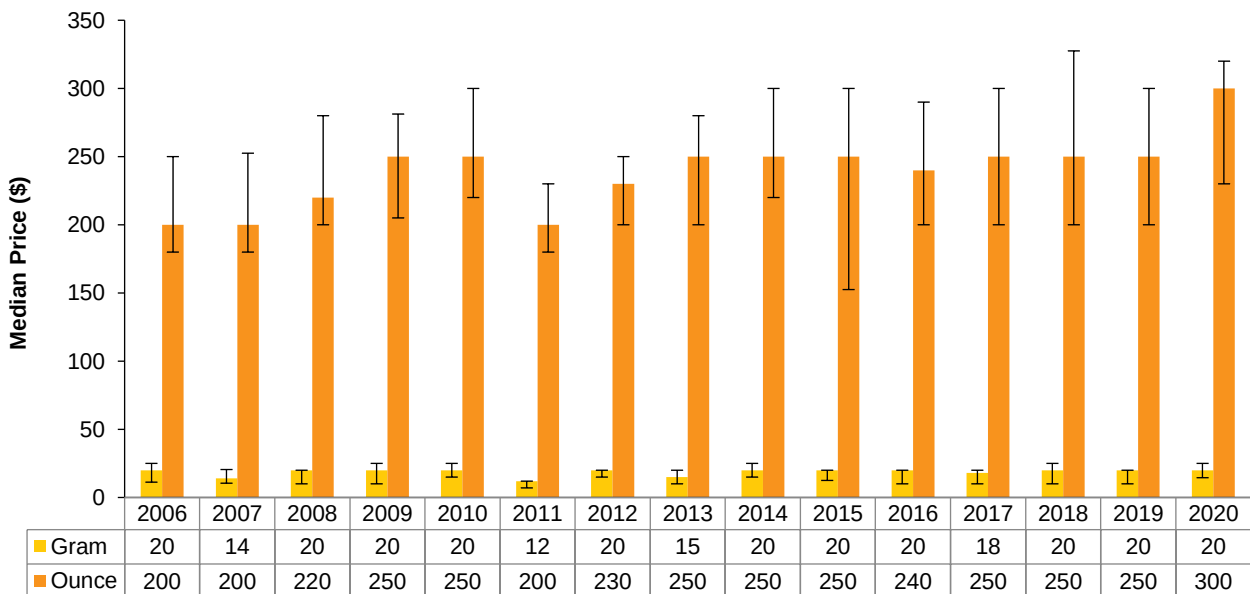
Perceived Availability: Of those able to comment ($n=279$) in 2020, reports of bush cannabis as being 'easy' to obtain increased relative to 2019 (41% versus 33%; $p=0.031$) (Figure 28B).

Figure 26: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2006-2020

(A) Hydroponic cannabis

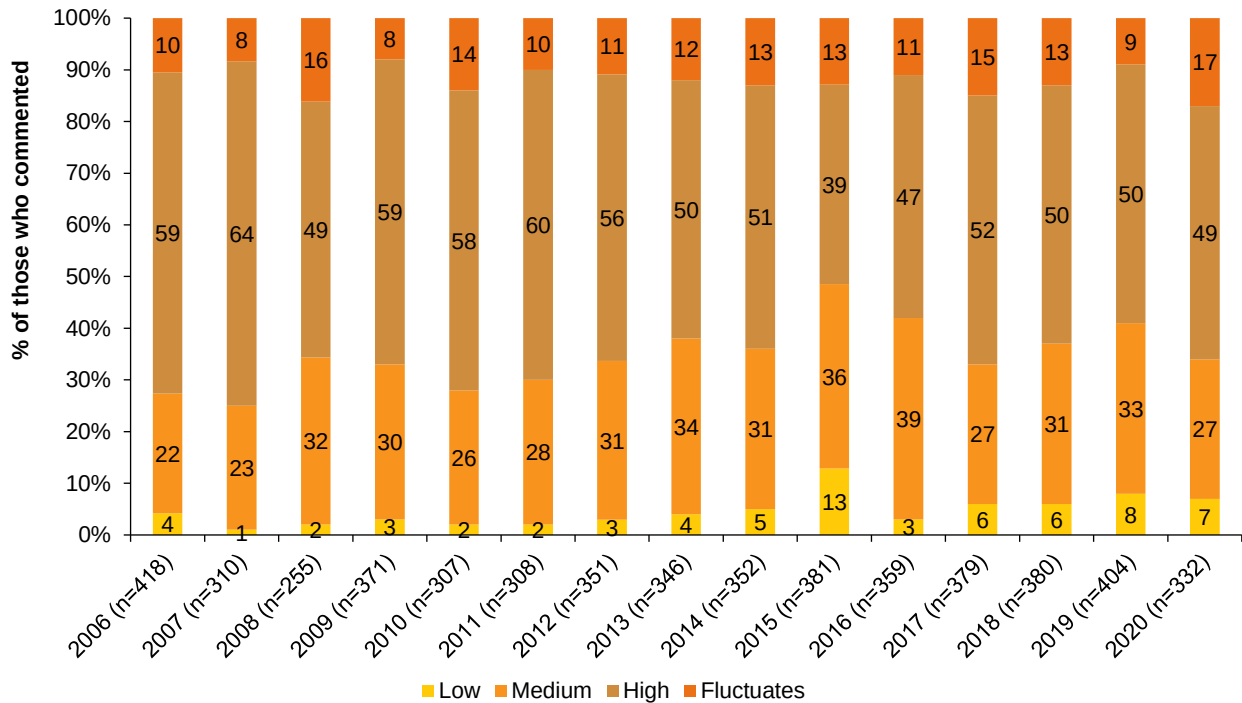
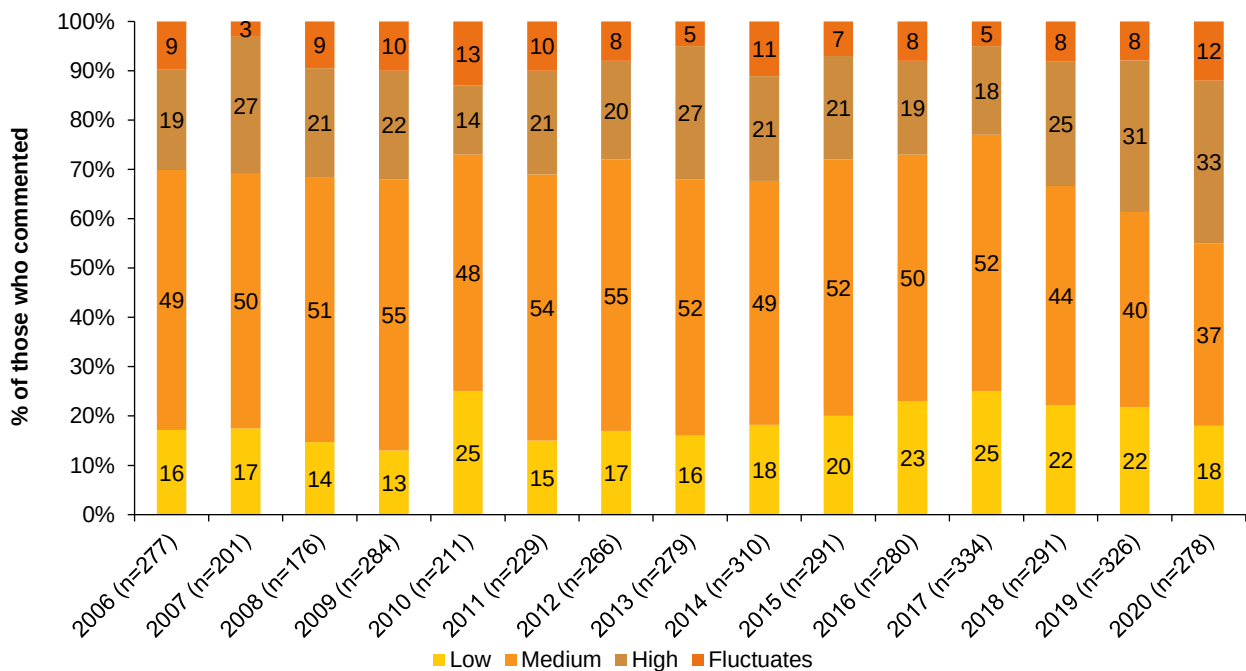


(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

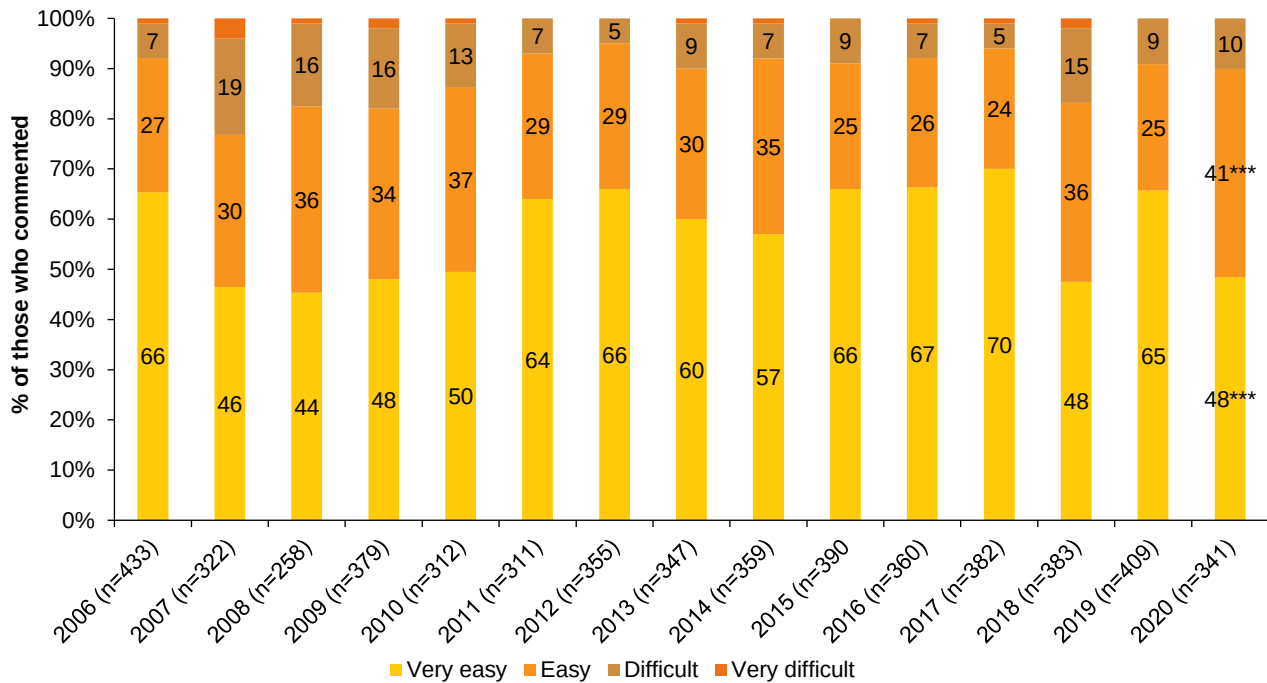
Figure 27: Current potency of hydroponic (A) and bush (B) cannabis, nationally, 2006-2020

(A) Hydroponic cannabis**(B) Bush cannabis**

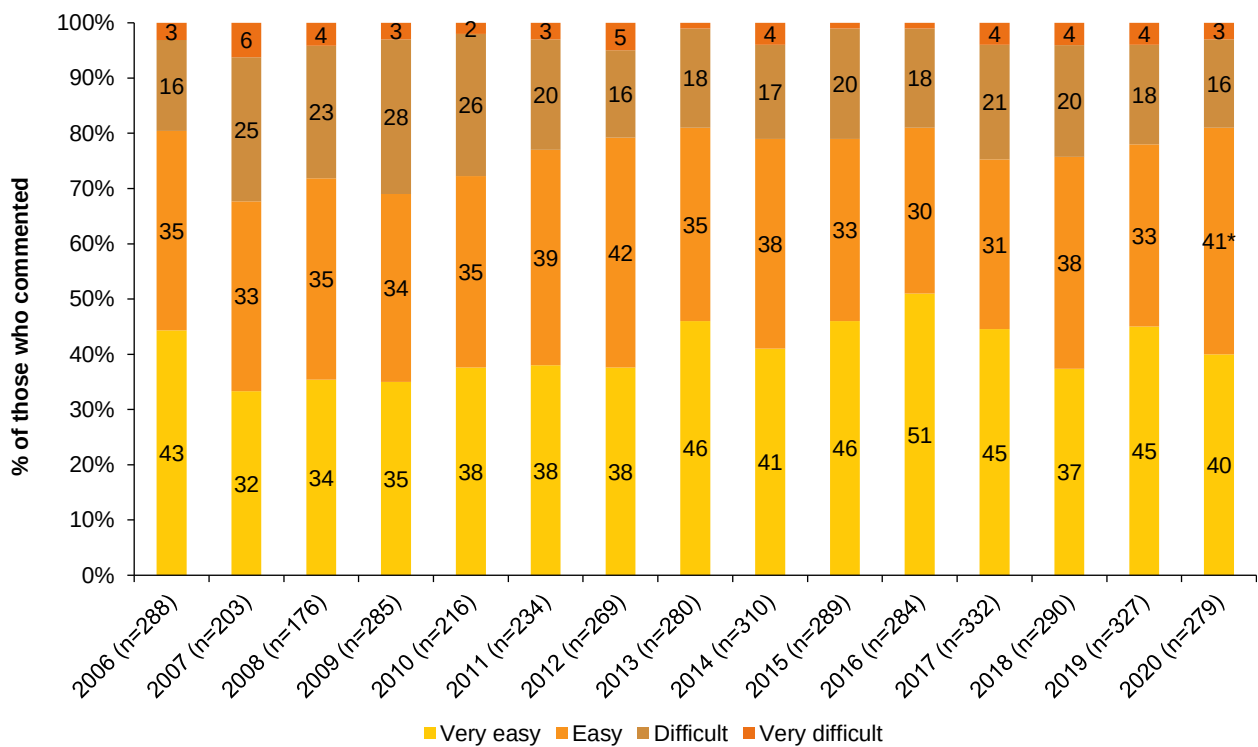
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately.
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 28: Current perceived availability of hydroponic (A) and bush (B) cannabis, nationally, 2006-2020

(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.
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

8

Ketamine and LSD

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

Ketamine

Patterns of Consumption

Recent Use (past 6 months): The per cent of the sample reporting any recent use of ketamine declined from the beginning of monitoring to 2009, with an increase observed from then onwards. In 2020, 43% of participants reported recent use, stable from 41% in 2019 ($p=0.315$) (Figure 29). In 2020, jurisdictional estimates ranged from almost one-quarter (24%) of the NT sample reporting recent use to over three-quarters (78%) of the VIC sample. The per cent reporting recent use increased significantly from 2019 to 2020 in the ACT ($p=0.043$) and the TAS ($p<0.001$) samples (Table 15), though significantly decreased in the NSW ($p=0.030$) and NT samples ($p=0.022$).

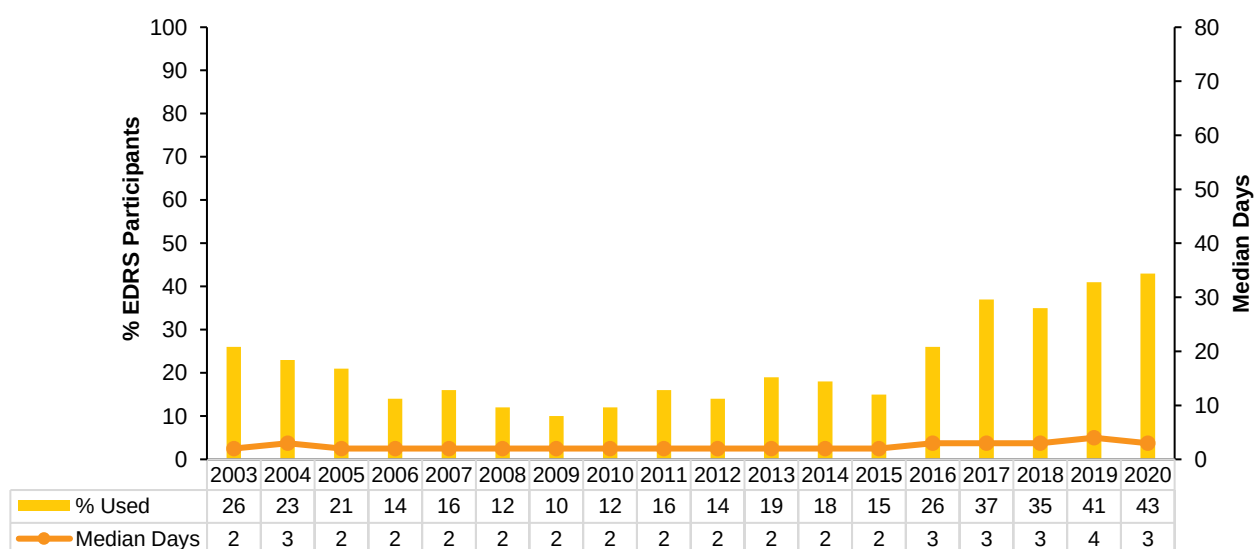
Frequency of Use: Frequency of use remained relatively stable in 2020 compared to 2019 (median 3 days; IQR=2-8; 4 days in 2019; IQR=2-10; $p=0.381$) (Figure 29). Indeed, the per cent of recent consumers that reported weekly or more use also remained stable at 4% (6% in 2019; $p=0.455$).

Routes of Administration: Among consumers, the most common route of administration was snorting (97%; 93% in 2019; $p=0.013$) followed by swallowing (6%; 11% in 2019; $p=0.025$). Smaller percentages ($n\leq 5$) reported smoking, injecting and shelving/shafting; therefore, numbers are suppressed.

Quantity: The median quantity used in a 'typical' session was 0.30 grams (IQR=0.15-0.50; $n=180$; 0.30 grams in 2019; IQR=0.20-0.50; $n=204$; $p=0.471$), 2 lines (IQR=1-3; $n=52$; 2 lines in 2019; IQR=1-3; $n=23$; $p=0.712$) or 3 bumps (IQR=2-4; $n=58$; 3 bumps in 2019; IQR=2-5; $n=51$; $p=0.985$).

The median maximum quantity used was 0.50 grams (IQR=0.25-0.70; $n=188$; 0.50 grams in 2019; IQR=0.25-1.00; $n=210$; $p=0.278$), 3 lines (IQR=2-4; $n=49$; 4 lines in 2019; IQR=3-5; $n=12$; $p=0.019$) or 4 bumps (IQR=2-6; $n=51$; 5 bumps in 2019; IQR=3-7; $n=33$; $p=0.433$).

Figure 29: Past six month use and frequency of use of ketamine, nationally, 2003-2020



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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 15: Past six month use of ketamine, by jurisdiction, 2003-2020

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

Note. – Data not published due to small numbers commenting ($n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

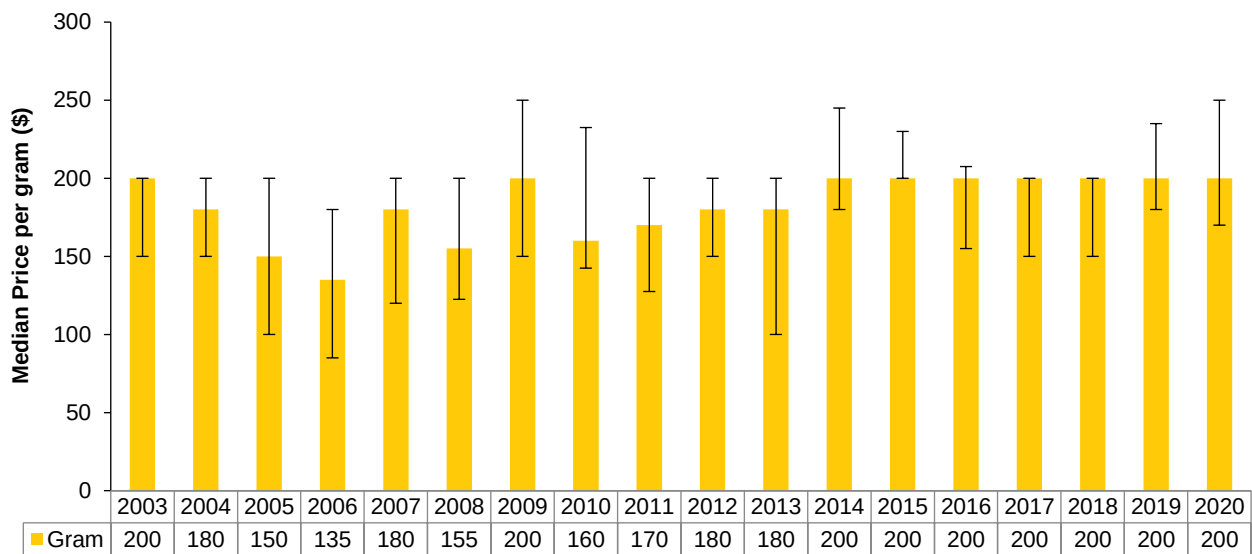
Price, Perceived Purity and Availability

Price: Historically, the median reported price of ketamine per gram decreased from \$200 in 2003 to \$135 in 2006, returning to the same median price from 2014 (2020: median \$200, IQR=170-250; $n=169$; \$200 in 2019; IQR=180-235; $n=197$; $p=0.645$; Figure 30).

Perceived Purity: Among those able to comment ($n=207$), three-fifths (60%) perceived purity as being 'high' (61% in 2019; $p=0.807$), followed by one-quarter (25%) reporting 'medium' perceived purity in 2020 (26% in 2019; $p=0.908$) (Figure 31).

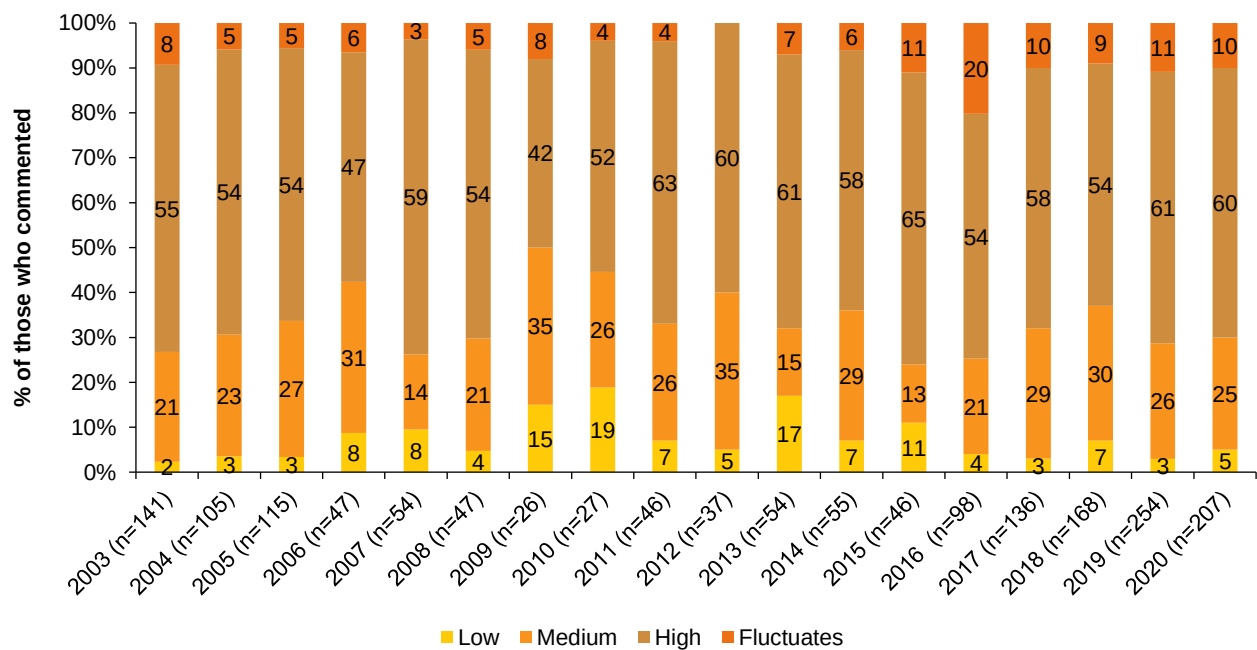
Perceived Availability: Of those who commented ($n=211$), two-fifths (40%) perceived ketamine to be 'easy' to obtain, stable relative to 2019 (31%; $p=0.055$; Figure 32).

Figure 30: Median price of ketamine per gram, nationally, 2003-2020



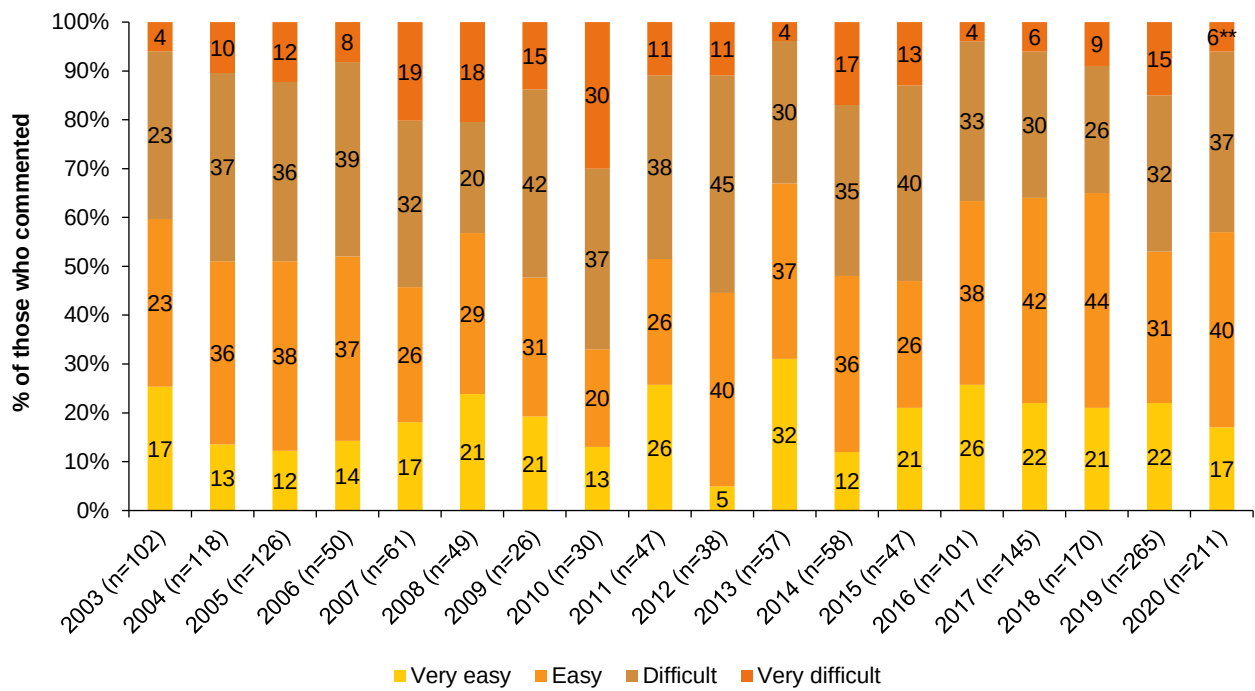
Note. Among those who commented. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 31: Current perceived purity of ketamine, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 32: Current perceived availability of ketamine, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

LSD

Patterns of Consumption

Recent Use (past 6 months): The per cent reporting any recent use of LSD has been gradually increasing over the course of monitoring, from 28% in 2003 to 47% in 2019, with a similar per cent reporting use in 2020 (49%; $p=0.577$; Figure 33). Slight variation in use was observed across jurisdictions in 2020, ranging from 41% in the ACT sample to 61% in the VIC sample (Table 16). TAS was the only jurisdiction that showed a significant increase in recent use of LSD amongst this subsample from 2019 to 2020 (44% to 60%; $p=0.023$).

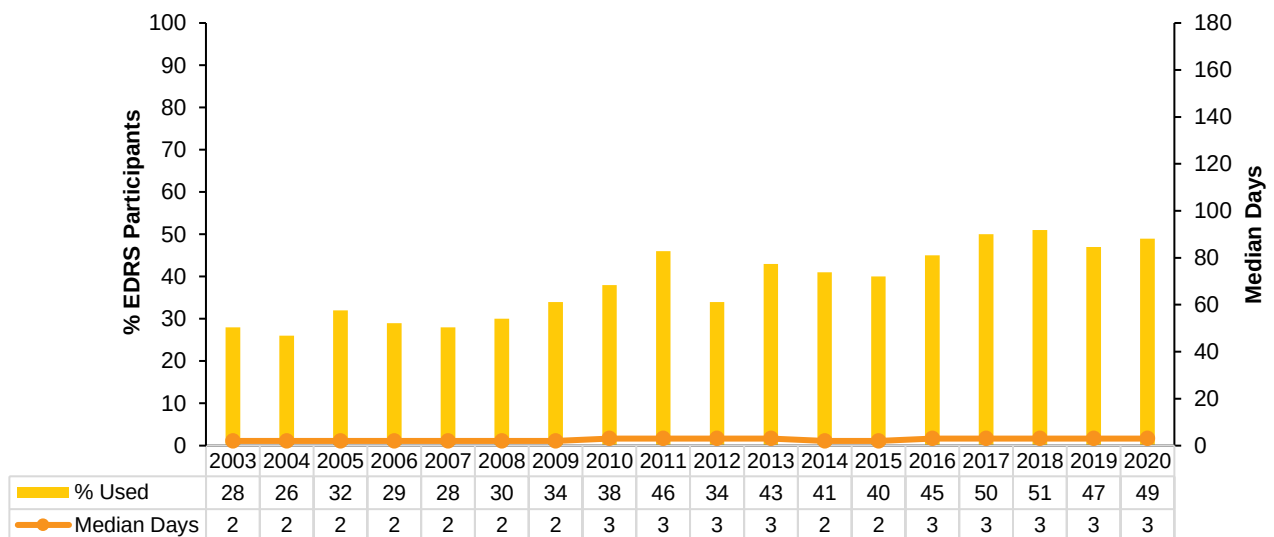
Frequency of Use: Use across the years has shown to be infrequent and stable, with a median of 3 (IQR=1-5) days of use in 2020 (3 days in 2019; IQR=1-5; $p=0.717$) (Figure 33). In addition, 3% of recent consumers reported weekly or more frequent use of LSD, stable from 2019 (5%; $p=0.205$).

Routes of Administration: Among consumers, the most common route of administration was swallowing (99% versus 100% in 2019; $p=0.685$).

Quantity: The median quantity used in a 'typical' session was one tab (IQR=0.50-1.75; $n=225$; 1 tab in 2019; IQR=1-2; $n=257$; $p=0.076$) or 200 micrograms (IQR=150-250; $n=147$; 200 micrograms in 2019; IQR=140-250; $n=102$; $p=0.890$).

The median maximum quantity used in a session was also one tab (IQR=1-2; $n=225$; 1 tab in 2019; IQR=1-2; $n=259$; $p=0.363$) and 250 micrograms (IQR=162.50-430.00; $n=144$; 250 micrograms in 2019; IQR=150-450; $n=101$; $p=0.885$).

Figure 33: Past six month use and frequency of use of LSD, nationally, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 16: Past six month use of LSD, by jurisdiction, 2003-2020

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

Note. – Data not published due to small numbers commenting (n<5). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

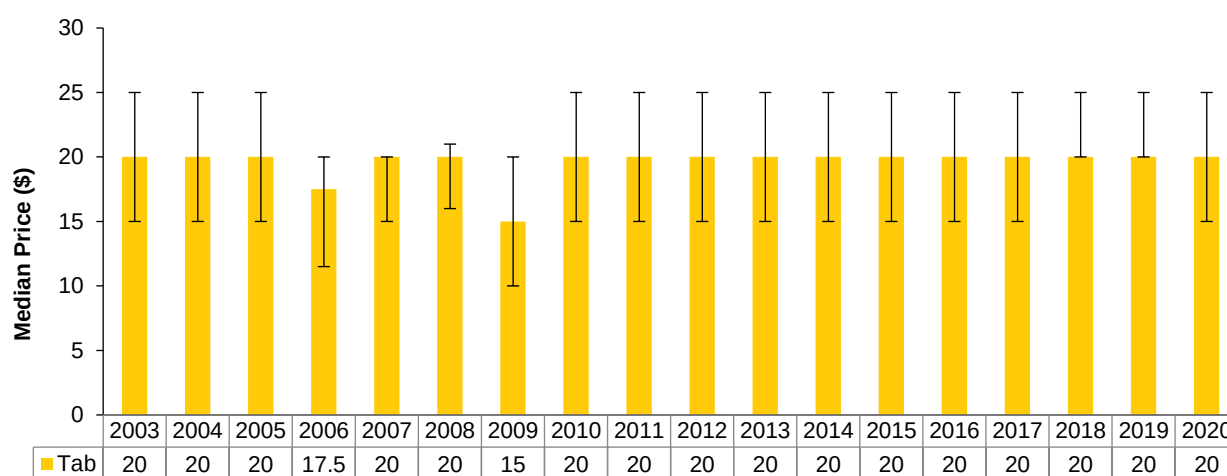
Price, Perceived Purity and Availability

Price: In 2020, the median price for one tab was reported as \$20 (IQR=15-25; n=302; \$20 in 2019; IQR=20-25; n=390; $p=0.368$), consistent with estimates since 2010 (Figure 34).

Perceived Purity: Of those who commented (n=326), almost three-fifths (58%) reported the perceived purity as 'high', stable from 2019 (58%; $p=0.941$; Figure 35).

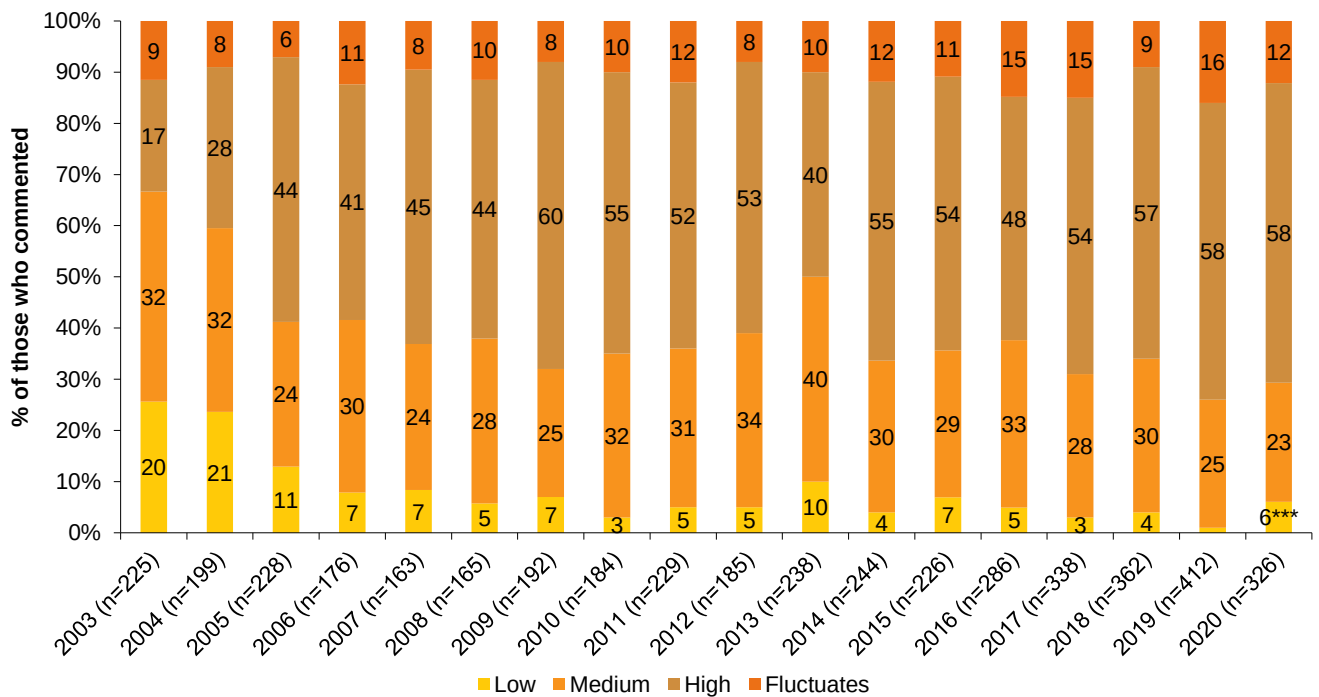
Perceived Availability: Of those able to comment (n=338), 43% perceived LSD to be 'easy' to obtain (39% in 2019; $p=0.259$), whilst one-third (33%) perceived it to be 'difficult' (38% in 2019; $p=0.120$) (Figure 36). These findings are consistent with previous years.

Figure 34: Median price of LSD per tab, nationally, 2003-2020



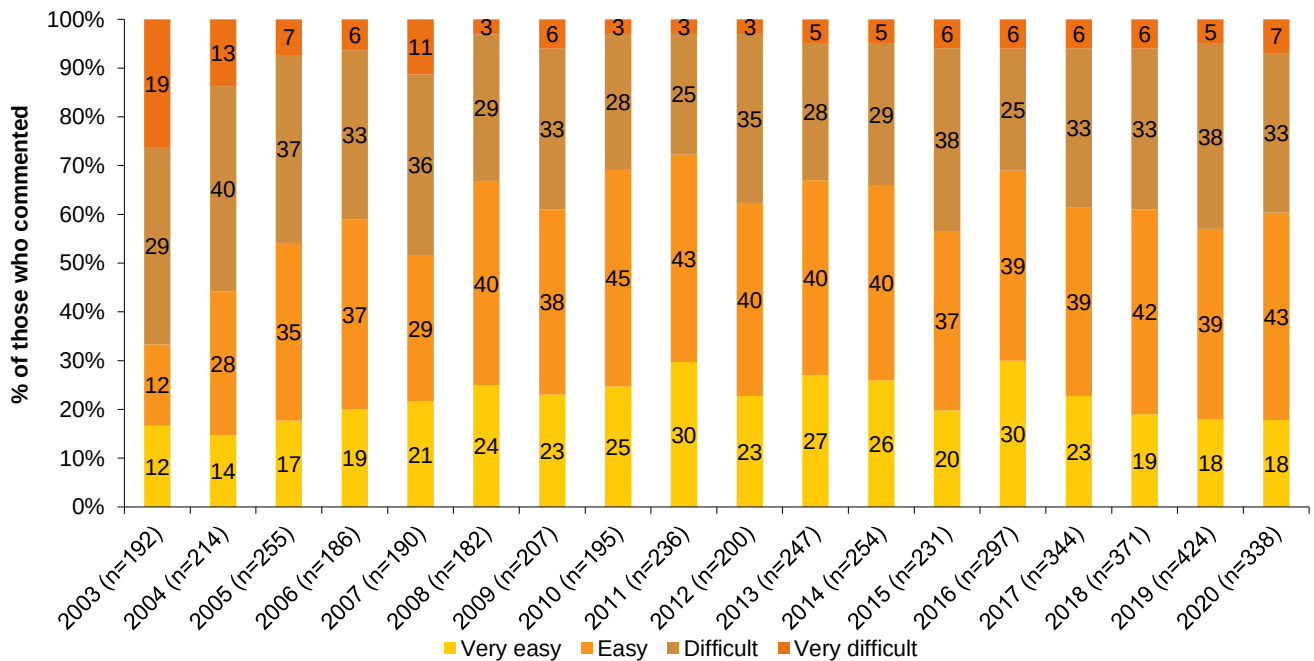
Note. Among those who commented. The error bars represent the IQR. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Figure 35: Current perceived purity of LSD, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 36: Current perceived availability of LSD, nationally, 2003-2020



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

9

New Psychoactive Substances

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

New Psychoactive Substances (NPS)

Patterns of Consumption

Recent Use (past 6 months)

One-third (32%) of the national sample reported recent use of NPS when monitoring began in 2010, rising to nearly half the sample (45%) in 2012 (Table 17). Since then, use has returned to earlier levels, declining further in 2020 (23% versus 30% in 2019; $p=0.004$). NPS use has varied across jurisdictions over time. In 2020, any NPS use was lowest in the NT sample (16%) and highest in the NSW and QLD samples (33% and 31%, respectively; Table 17).

Frequency of Use

Frequency of NPS use has consistently been low (i.e., typically a median of 2 days or fewer for each form used).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. DMT has consistently been one of the most commonly endorsed NPS (13%; 16% in 2019; $p=0.171$; Table 18), at a median of 2 days in 2020 (IQR=1-3; 2 days in 2019; IQR=1-3; $p=0.901$). The 2C class and synthetic cannabinoids have also been highly endorsed over the course of monitoring, although the per cent reporting recent use has declined in recent years. Similarly, use of mephedrone (the most commonly reported NPS in 2010) has decreased (less than five participants reported recent mephedrone use in 2020, therefore numbers are suppressed).

Whilst less than five participants reported use of new drugs that mimic opioids (e.g., acetylfentanyl), one per cent reported recent use of new drugs that mimic the effects of amphetamines or cocaine and one per cent reported recent use of new drugs that mimic the effects of psychedelic drugs like LSD in 2020 (Table 18).

Table 17: Past six month use of NPS, nationally and by jurisdiction, 2010-2020

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2010	32	19	19	36	54	30	37	-	31
2011	40	35	34	47	43	54	57	-	26
2012	45	46	51	53	28	48	41	50	53
2013	44	48	49	47	37	40	47	27	49
2014	40	39	20	47	41	40	43	29	57
2015	39	43	34	47	22	52	36	37	39
2016	36	43	31	42	16	33	32	35	53
2017	33	36	35	38	17	38	32	29	38
2018	31	32	30	41	26	40	22	24	29
2019	30	27	30	32	21	34	28	34	34
2020	23**	33	17*	21	18	25	23	16*	31

Note. Monitoring of NPS first commenced in 2010. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 18: Past six month use of NPS by drug type, nationally, 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	N=693	N=574	N=607	N=686	N=800	N=763	N=795	N=785	N=799	N=797	N=805
% Phenethylamines	8	16	15	21	21	19	14	14	11	9	7
Any 2C substance~	6	14	12	20	15	14	11	9	8	6	5
NBOMe	/	/	/	/	9	7	4	5	2	2	1
Mescaline^	2	4	2	3	2	2	2	3	2	2	2
DO-x	1	1	0	-	-	0	0	1	-	-	-
4-FA	/	/	/	/	/	/	-	-	0	0	-
PMA	-	-	2	1	2	1	2	2	1	-	0*
% Tryptamines	8	14	14	15	15	11	16	18	18	16	14
DMT	7	13	12	14	14	11	15	18	18	16	13
5-MeO-DMT	-	5	-	1	1	-	1	1	1	2	1
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	
% Synthetic cathinones	19	18	11	9	8	8	3	5	4	5	1
Mephedrone	16	13	5	6	5	3	1	1	-	1	.*
Methylone/bk MDMA	/	5	5	3	3	4	2	4	3	3	-
MDPV/Ivory wave	-	2	3	1	1	1	0	-	0	-	0
Alpha PVP	/	/	/	/	/	/	-	-	-	-	-
Other substituted cathinone	/	/	-	0	-	-	0	-	-	/	/
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	-
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	-
% Piperazines	5	2	1	-	-	0	0	-	/	/	/
BZP	5	2	1	-	-	0	0	-	/	/	/
% Dissociatives	/	/	1	2	2	2	3	2	0	2	1
Methoxetamine (MXE)	/	/	1	2	2	2	3	2	0	2	..**
% Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-
% Plant-based NPS	2	7	8	6	4	5	5	5	3	3	4
Ayahuasca	/	/	/	/	/	0	-	1	-	1	1
Mescaline	2	4	2	3	2	2	2	3	2	2	2
Salvia divinorum	/	2	3	2	2	1	2	2	1	1	2
Kratom											-
% Benzodiazepines	/	/	/	/	/	/	1	1	1	2	1
Etizolam	/	/	/	/	/	/	1	1	1	1	-
% Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	1	-
% Synthetic cannabinoids	/	6	15	16	7	6	4	2	3	3	4
% Herbal high#	/	/	12	8	4	5	4	2	2	2	/
% Phenibut	/	/	/	/	/	/	/	/	/	2	-
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	-	-	-	-
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	1	1	.*

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

Note. NPS first asked about in 2010. / not asked. # 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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

10

Other Drugs

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

Non-Prescribed Pharmaceutical Drugs

Codeine

Before the 1st 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 1st 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 EDRS 2018, 2019 and 2020.

Recent Use (past 6 months): In 2020, 27% of the national sample reported any recent use of codeine (27% in 2019). Fifteen per cent of the national sample had recently used prescribed codeine, whereas 12% had reported using non-prescribed codeine.

Recent Use for Non-Pain Purposes: Forty-three per cent of consumers who had used any low dose codeine (<30mg codeine) reported using it for non-pain purposes (42% in 2019; $p=0.709$) (Figure 37).

Frequency of Use: Participants who had recently used non-prescribed codeine ($n=93$) reported use on a median of 3 days (IQR=1-5) in the past six months.

Forms Used: Of consumers who had recently used non-prescribed codeine, 63% had used low dose codeine (<30mg codeine) and 40% had used high dose (≥ 30 mg codeine).

Pharmaceutical Opioids

Recent Use (past 6 months): The per cent of participants reporting any past six month use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, oxycodone, morphine, fentanyl, excluding codeine) remained stable from 2019 to 2020 (12% to 9%; $p=0.105$), noting that high-dose codeine was excluded from this classification for the first time in 2018 (Figure 37).

Frequency of Use: Consumers reported a median of 2 days (IQR=1-4; $n=75$) of non-prescribed opioid use in the six months leading up to interview (3 days in 2019; IQR=1-10; $p=0.031$).

Pharmaceutical Stimulants

Recent Use (past 6 months): The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use increased amongst the national sample from 2007 (17%) to 2017 (42%) (Figure 37). Whilst there was a decline in use from 2017 to 2019 (33%), a significant increase was observed in 2020 (39%; $p=0.007$).

Frequency of Use: Median days of use increased significantly from 4 days (IQR=2-8) in 2019 to 5 days in 2020 (IQR=2-13, $n=313$; $p=0.002$).

Quantity: In 2020, the median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session was 2 pills/tablets (IQR=1.00-3.00; $n=272$).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began. In 2020, two-fifths (40%) of the sample reported such use, stable from 2019 (41%; $p=0.539$; Figure 37). In 2019, we asked participants for the first time about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 26% (26% in 2019, $p=0.893$) and 28% (30% in 2019; $p=0.280$) of the total sample reporting recent non-prescribed use, respectively.

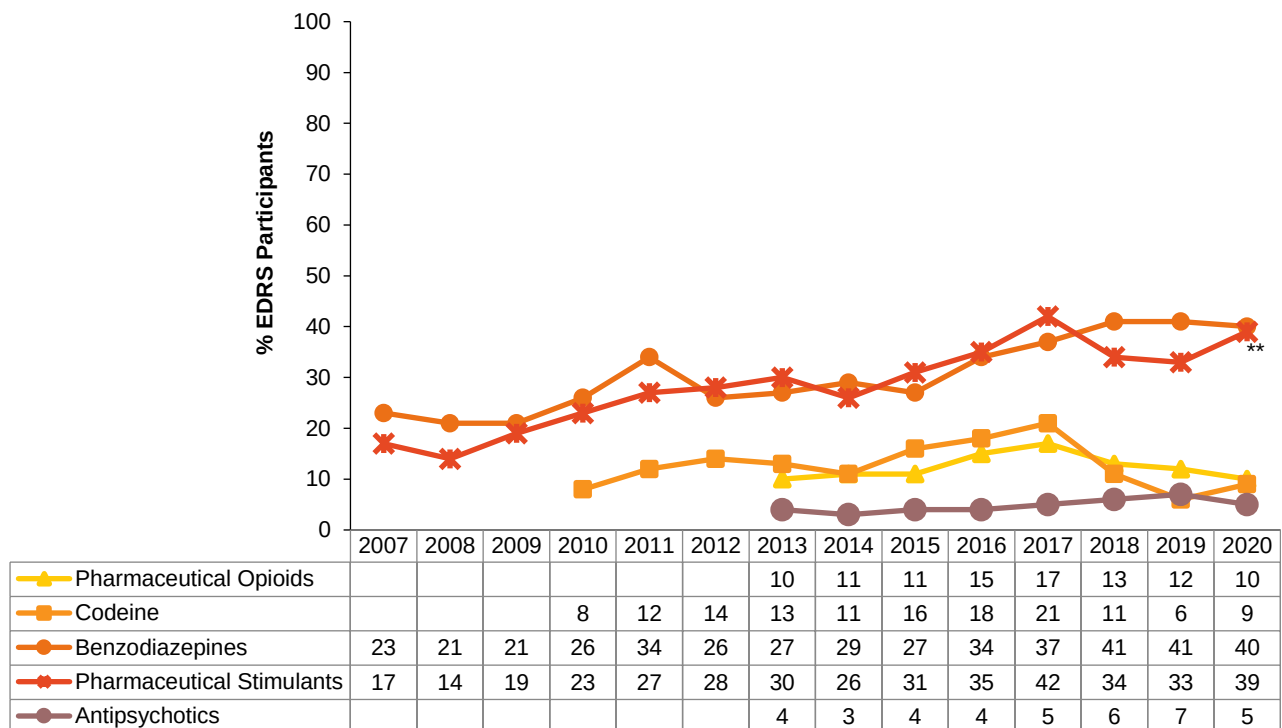
Frequency of Use: Consumers reported a median of 3 days (IQR=2-10; $n=207$; 3 days in 2019; IQR=1-7; $p=0.124$) of non-prescribed alprazolam use and 3 days (IQR=2-7, $n=225$; 4 days in 2019; IQR=2-10; $p=0.141$) of non-prescribed 'other benzodiazepine' use in the past six months, respectively.

Antipsychotics

Recent Use (past 6 months): Small numbers reported any recent use of non-prescribed antipsychotics (5% in 2020 versus 7% in 2019; $p=0.268$; Figure 37).

Frequency of Use: A median of 3 days of use (IQR=1-9; $n=42$) was reported by participants who had recently used non-prescribed antipsychotics (5 days in 2019; IQR=1-14; $p=0.128$).

Figure 37: Non-prescribed use of pharmaceutical drugs in the past six months, nationally, 2007-2020



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 low-dose codeine used for non-pain purposes. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Almost one-third (30%) of the national sample had used hallucinogenic mushrooms in the six months preceding interview (27% in 2019; $p=0.133$; Figure 38).

Frequency of Use: Recent use was infrequent at a median of 2 days (IQR=1-4, $n=243$) in 2020 (2 days in 2019; IQR=1-4; $p=0.678$).

MDA

Recent Use (past 6 months): In 2020, 6% of the sample reported any use of MDA in the six months preceding interview, a significant decrease compared to 2019 (10%; $p=0.014$) (Figure 38). No data were collected in 2020 on frequency of use.

Substance with Unknown Contents

Capsules: Around one in ten participants reported recent use of capsules with unknown contents over the first three years of monitoring (2013-2015). In 2018, the per cent reporting use increased to 18%, with a subsequent decrease in 2019 (9%), remaining stable in 2020 (7%; $p=0.096$; Figure 38). Participants reported using capsules with unknown contents on a median of 2 days (IQR=1-3; $n=56$) in 2019.

Other Unknown Substances: 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, crystal and 'other' form. Almost one-fifth (18%) of participants reported use of any substance with 'unknown contents' in 2020 (25% in 2019; $p=0.003$). Of the 2020 sample, 5% reported using pills with unknown contents in the previous six months on a median of one day (IQR=1-2; $n=40$; 2 days in 2019; IQR=1-5). Seven per cent had recently used powder with unknown contents on a median of one day (IQR=1-2; $n=57$; 1 day in 2019; IQR=1-3) and 2% had recently consumed crystal with unknown contents on a median of one day (IQR=1-2; $n=15$; 2 days in 2019; IQR=1-6).

Quantity: In 2020, we asked participants about the average amount of pills and capsules used with unknown contents in the six months preceding interview. In a 'typical' session, participants reported using a median of one capsule (IQR=1-2; $n=56$) with unknown contents. Similarly, participants reported using a median of one pill (IQR=1-2; $n=40$) with unknown contents in a 'typical' session.

Heroin

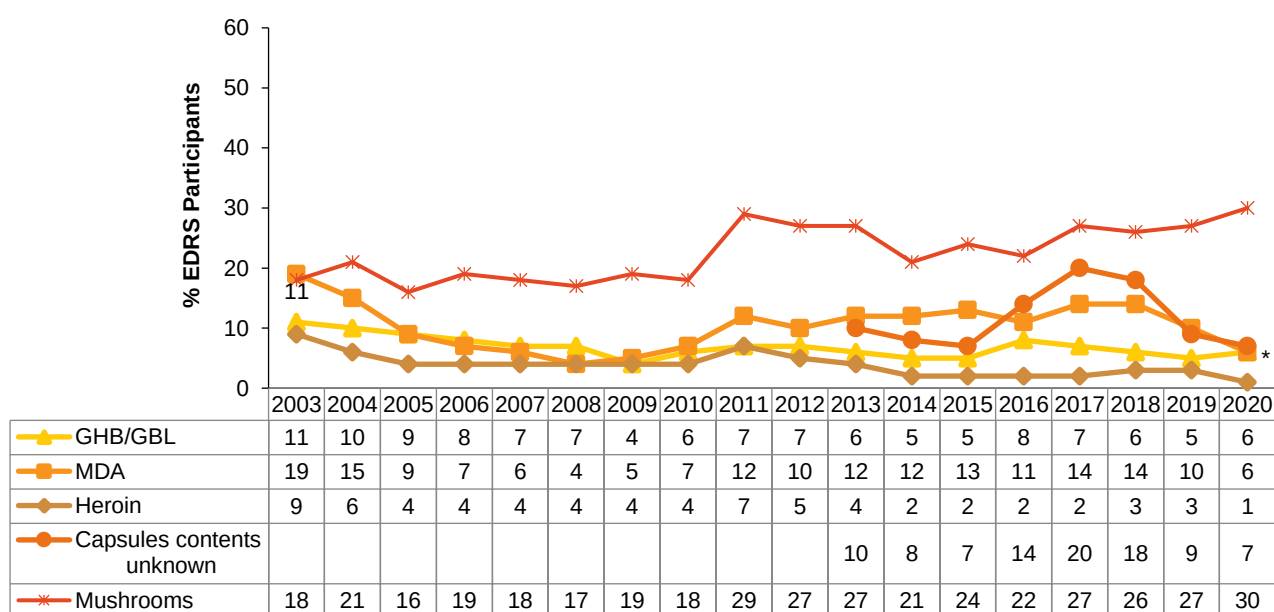
Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin (1% in 2020; 3% in 2019; $p=0.096$; Figure 38). No data were collected in 2020 on frequency of use.

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

Recent Use (past 6 months): Consistently small numbers have reported recent use of GHB/GBL/1,4 BD (6% in 2020; 5% in 2019; $p=0.552$; Figure 38).

Frequency of Use: GHB/GBL/1,4 BD was used on a median of two days in 2020 (IQR=1-8, $n=49$; 3 days in 2019; IQR=1-6, $p=0.962$), indicating infrequent use.

Figure 38: Past six month use of other illicit drugs, nationally, 2003-2020



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

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire national sample reported any alcohol use in the past six months (98%; 97% in 2019; $p=0.145$), consistent with the per cent observed since monitoring began in 2003 (Figure 39) and also consistent across the jurisdictions.

Frequency of Use: Consumers reported a median of 45 days of use in the past six months ($n=789$, $IQR=20-72$; 48 days in 2019; $IQR=24-72$; $p=0.385$). Three-quarters (75%) of consumers drank alcohol on a weekly or more basis (75% in 2019; $p=0.737$); this includes 4% who reported daily use (4% in 2019; $p=0.934$).

Tobacco

Recent Use (past 6 months): The per cent reporting tobacco use has ranged between 75% and 86%, with 83% reporting any recent use in 2020 (83% in 2019; $p=0.667$; Figure 39).

Frequency of Use: Median frequency of use was 120 days ($IQR=24-180$, $n=661$; 167 days in 2019; $IQR=24-180$; $p=0.074$), with 42% of recent consumers reporting daily use (48% in 2019; $p=0.025$). In 2020, daily use amongst those reporting any use was highest in the ACT (49%) and lowest in NSW and WA (39%, respectively).

E-cigarettes

Recent Use (past 6 months): Two-fifths (39%) of the sample reported any e-cigarette use in the six months preceding interview (40% in 2019; $p=0.604$) (Figure 39). The highest per cent of recent use was observed in the ACT sample (52%) and the lowest per cent was observed in the NT sample (27%).

Frequency of Use: Median days of use in the past six months was reported at seven days in 2020 ($IQR=3-30$, $n=309$), stable compared to 10 days in 2019 ($IQR=3-40$; $p=0.430$). Nine per cent of recent consumers reported using e-cigarettes on a daily basis in the past six months.

Forms Used: Among recent consumers ($n=309$), the majority (68%; $n=211$) reported using e-cigarettes containing nicotine, whereas 3% ($n=10$) reported cannabis. One-fifth (20%; $n=62$) reported using e-cigarettes containing both nicotine and cannabis, and 8% ($n=26$) reported using neither cannabis nor nicotine in 2020.

Reason for Use: Over two-thirds (69%) of recent consumers reported that they did not use e-cigarettes as a smoking cessation tool in 2020.

Nitrous Oxide

Recent Use (past 6 months): The per cent of the sample reporting any recent use of nitrous oxide was stable from 2003 (26%) to 2014 (23%), and since then has more than doubled (54% in 2020; 53% in 2019; $p=0.854$; Figure 39). The national estimate belies high jurisdictional variation, ranging from 39% in the NT sample to 67% in the NSW sample in 2020.

Frequency of Use: Frequency of use decreased significantly from a median of six days in 2019 ($IQR=2-15$) to a median of four days in 2020 ($IQR=2-10$; $n=430$; $p<0.001$), equivalent to less than monthly use.

Quantity: In 2020, we asked participants about the average amount of nitrous oxide that participants had used in the six months preceding interview. In a 'typical' session, participants reported using a median of eight bulbs ($IQR=3-18$; $n=424$; 7 bulbs in 2019; $IQR=4-20$; $n=417$; $p=0.721$).

Amyl Nitrite

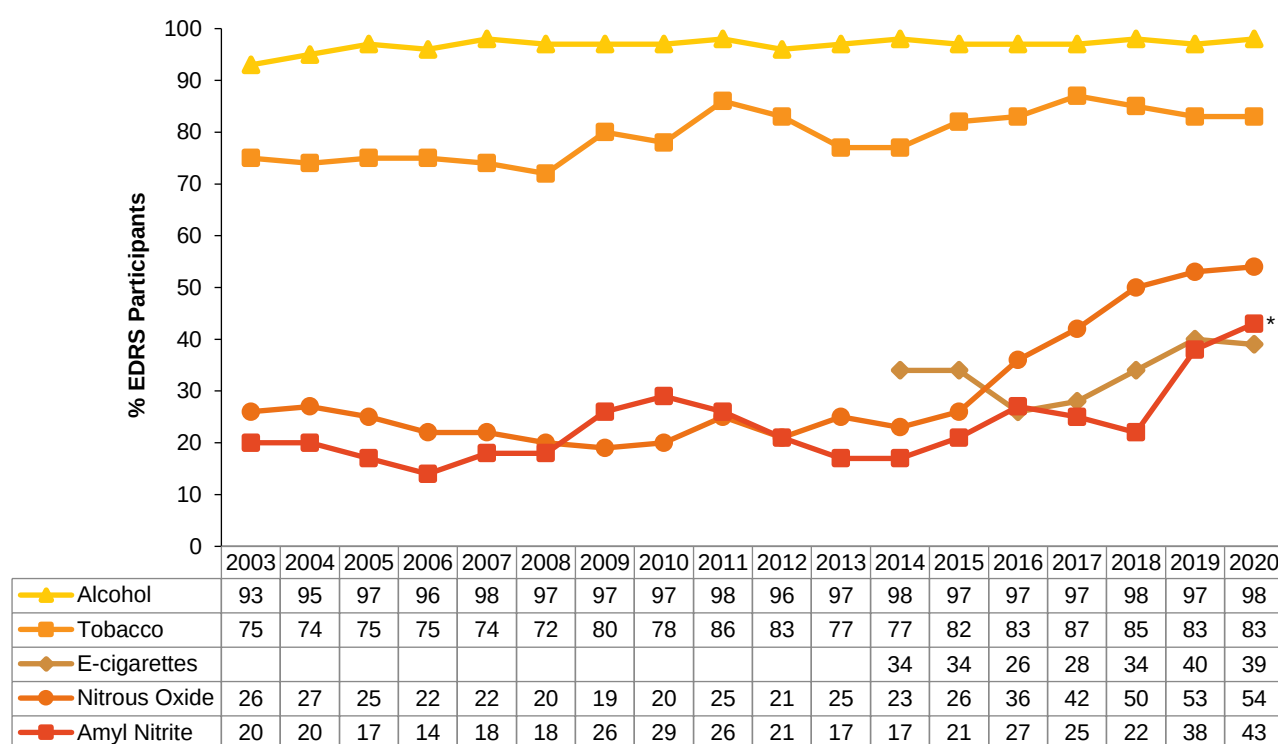
Amyl nitrite is an inhalant which is currently listed as Schedule 4 substance in Australia (i.e. available only with prescription) yet is often sold under-the-counter in sex shops. Following a review by the

[Therapeutic Goods Administration](#), amyl nitrite was listed as Schedule 3 (i.e., for purchase over-the-counter) from 1 February 2020 when sold for human therapeutic purpose.

Recent Use (past 6 months): Use of amyl nitrite has varied over the course of monitoring (Figure 39). In 2020, over two-fifths (43%) of participants reported any recent use of amyl nitrite, a significant increase from 38% in 2019 ($p=0.031$). There was variation in the per cent reporting any recent use between jurisdictions, from 24% in the NT sample to 64% in the ACT sample.

Frequency of Use: Frequency of amyl nitrite use was generally low, though participants reported a decrease in use, from a median of four days in 2019 (IQR=2-10) to three days in 2020 (IQR=1-8; $n=342$; $p=0.026$).

Figure 39: Past six month use of licit drugs, nationally, 2003-2020



Note. Monitoring of e-cigarettes commenced in 2014. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

11

Drug-Related Harms and Other Associated Behaviours

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

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 13.1 (SD 6.4) in 2020. AUDIT scores are divided into four 'zones' which indicate risk level. Four in five (81%) participants obtained a score of eight or more, indicative of hazardous use (Table 19).

Table 19: AUDIT total scores and per cent of participants scoring above recommended levels, nationally, 2010-2020

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

Note. Monitoring of AUDIT first commenced in 2010. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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.

In 2019 and 2020, changes were made to this module. Participants were asked about the following, 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, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

One-fifth of the national sample (18%) reported a stimulant overdose in the last 12 months on a median of one occasion (IQR=1-2). This per cent was significantly lower compared to 2019 (22%; $p=0.004$) (Figure 40).

Of those who had experienced a stimulant event in the last year ($n=139$), most nominated some form of MDMA/ecstasy (capsules: 50%; crystal: 19%; pills: 13%), cocaine (22%), pharmaceutical stimulants (11%) and/or crystal methamphetamine (9%) in any of these events in the last 12 months. The majority (88%) reported that they had also consumed one or more additional drugs on the last occasion. On the last occasion, 87% did not receive treatment or assistance. Of those that did report receiving treatment or assistance ($n=18$), most reported ambulance attendance (78%) and emergency department attendance (50%).

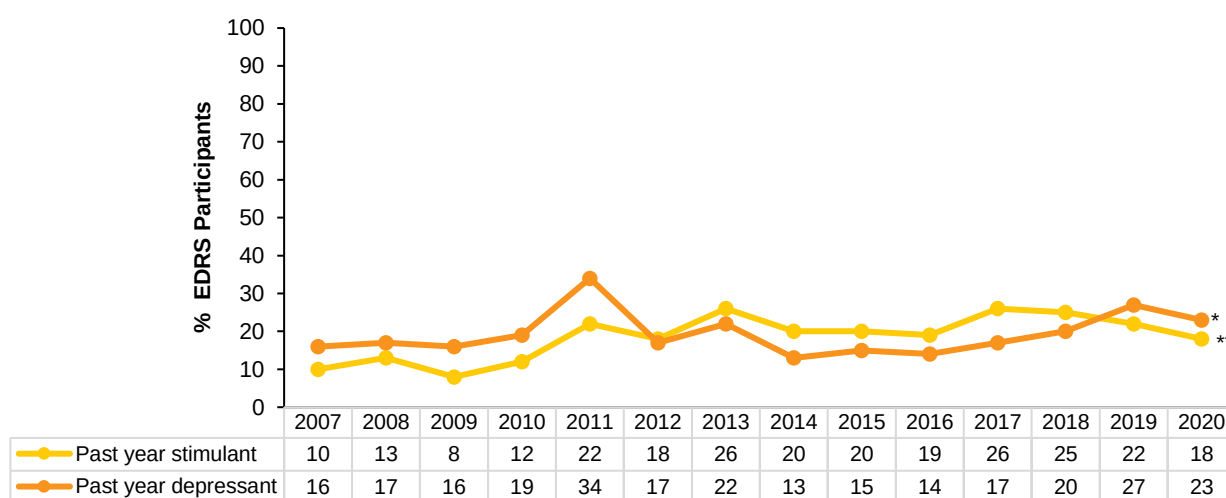
Non-Fatal Depressant Overdose

Alcohol: One-fifth (21%; 24% in 2019; $p=0.152$) of the national sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of 2 occasions (IQR=1-4). Of those who had experienced an alcohol overdose in the past year ($n=166$), the majority (88%) reported not receiving treatment on the last occasion. Of those who reported receiving treatment ($n=20$), the majority reported hospital emergency department admission (70%), with smaller numbers reporting ambulance attendance (35%).

Any depressant (including alcohol): Past 12-month experience of any non-fatal depressant overdose has remained relatively stable over time, however there was a significant decrease in 2020 (23% versus 27% in 2019; $p=0.042$; Figure 40).

Of those who had experienced any depressant overdose in the last year ($n=181$), the majority reported alcohol (92%; 88% in 2019; $p=0.259$), with a smaller per cent reporting benzodiazepines (9%), and GHB/GBL/1,4 BD (4%). Less than five participants reported an overdose due to an opioid.

Figure 40: Past 12 month non-fatal stimulant and depressant overdose, nationally, 2007-2020

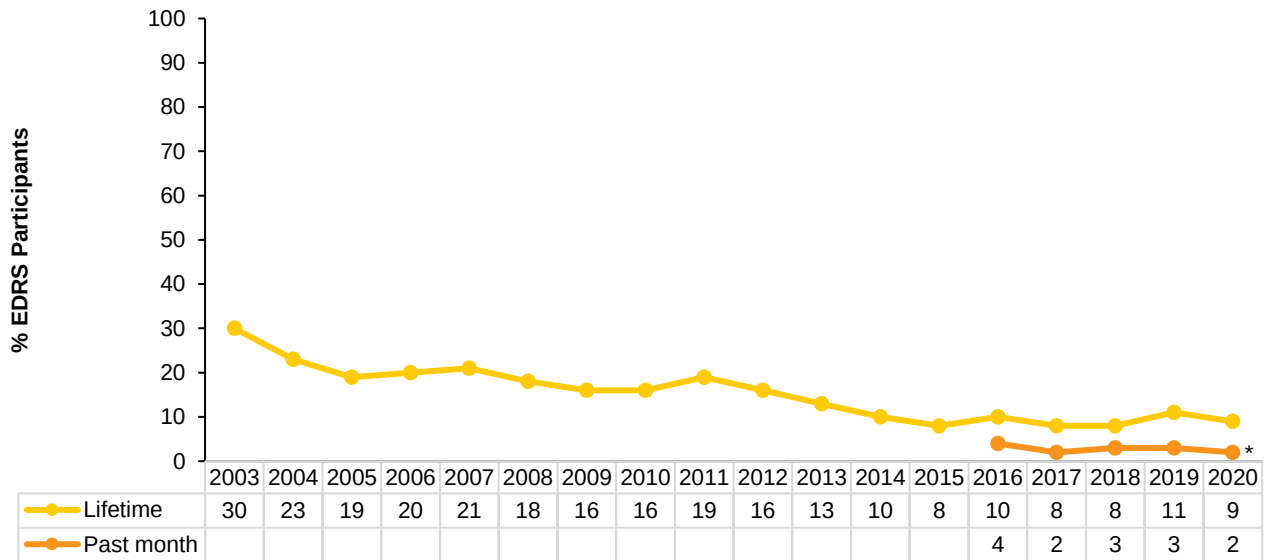


Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

In the past four years, approximately one in ten participants have reported ever injecting drugs (9% in 2020; 11% in 2019; $p=0.127$). The per cent who reported injecting drugs in the past month over this period has been low (2% in 2020; 3% in 2019; $p=0.013$) (Figure 41).

Figure 41: Lifetime and past month drug injection, nationally, 2003-2020



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

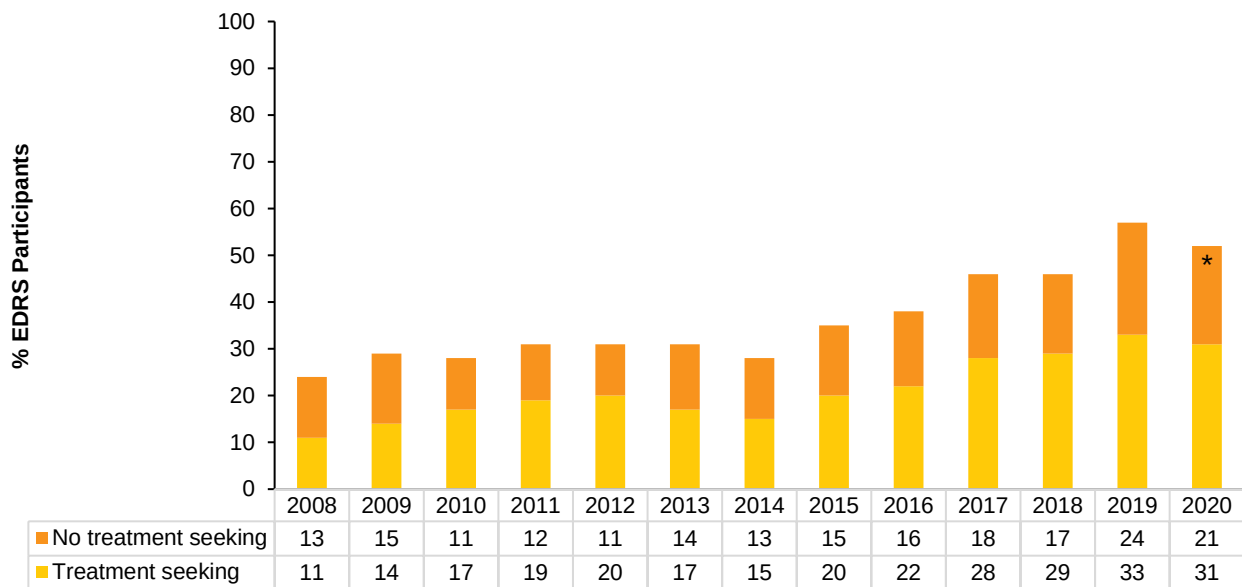
Drug Treatment

A nominal per cent reported currently receiving drug treatment in 2020 (3%), significantly lower compared to 2019 (6% in 2019; $p=0.001$). Of those who had reported being in treatment ($n=21$), the majority reported drug counselling as their main form of treatment (86% of those who reported receiving treatment in 2020 versus 71% in 2019; $p=0.182$).

Mental Health

Half (52%) of the national sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a significant decrease from 2019 (57%; $p=0.044$; Figure 42). Of those who reported a mental health problem and commented ($n=402$), the most common mental health problem was anxiety (69%), followed by depression (64%), post-traumatic stress disorder (PTSD) (8%) and attention deficit hyperactivity disorder (ADHD) (8%) in 2020. Of those that reported experiencing a mental health problem ($n=412$), 60% (58% in 2019; $p=0.603$) reported seeing a mental health professional during the past six months (31% of the total sample). Of these participants ($n=247$), 50% reported being prescribed medication for this problem in this period (54% in 2019; $p=0.435$).

Figure 42: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2008-2020



Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Crime

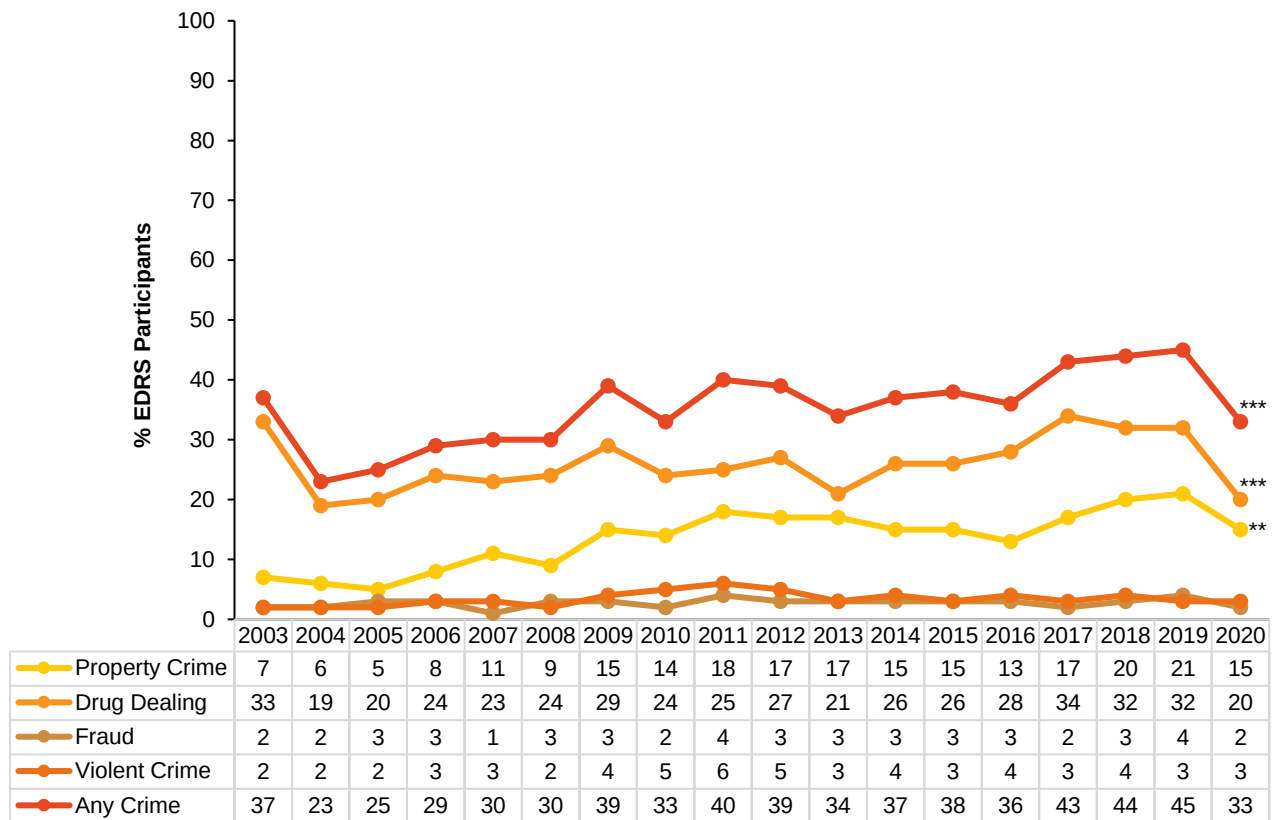
All crime data for 2020 was captured during the COVID-19 restriction period (i.e., data were captured from April-July 2020, and participants reported on past month behaviour).

Past month self-reported criminal activity has fluctuated over time, with drug dealing and property crime being consistently the two main forms of criminal activity. The per cent reporting drug dealing and property crime declined in 2020 (20% and 15%, respectively) relative to 2019 (32% and 21%, respectively; $p < 0.001$ and $p = 0.001$; Figure 43). Five per cent reported being a victim of a crime involving violence (e.g., assault) in 2020, significantly lower than in 2019 (12%; $p < 0.001$).

Eight per cent of the 2020 national sample reported having been arrested in the 12 months preceding interview, a significant decrease compared to 2019 (11% in 2019; $p = 0.022$). Of those who commented ($n = 61$), the main reasons for arrest in 2020 were violent crime (23%), public order (drunk and disorderly; 21%), property crime (13%), and alcohol and driving (12%).

Three per cent of the national sample reported a lifetime history of imprisonment in 2020, significantly lower than in 2019 (5%; $p = 0.019$).

Figure 43: Self-reported criminal activity in the past month, nationally, 2003-2020



Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2020 was via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (75%; 73% in 2019; $p=0.337$). In 2020, significantly fewer participants reported to have arranged the purchase of illicit or non-prescribed drugs via face-to-face compared to 2019 (67% in 2020 versus 82% in 2019; $p<0.001$). Seven per cent had obtained drugs via the darknet in the past year (10% in 2019; $p=0.013$) and 6% had purchased drugs on the surface web (5% in 2019; $p=0.330$) (Table 20).

The majority of participants in 2020 reported obtaining illicit drugs from a friend/relative/partner/colleague (84%; 89% in 2019; $p=0.005$), followed by obtaining illicit drugs from a known dealer/vendor (68%; 71% in 2019; $p=0.272$) and an unknown dealer/vendor (37%; 39% in 2019; $p=0.521$) (Table 20).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (95%), significantly fewer than in 2019 (98%; $p=0.003$). In 2020, there was an increase in those receiving illicit drugs via a collection point compared with 2019 (20%; 10% in 2019; $p<0.001$; defined as a predetermined location where a drug will be left for later collection). There was no change between reports of participants receiving illicit drugs via post between 2020 and 2019 (12% and 12%, respectively; $p=0.911$) (Table 20).

In 2020, a minority of participants reported to have sold illicit drugs on the surface or darknet, with 3% reporting selling drugs online in the 12 months preceding interview (1% in 2019; $p=0.005$). Sixty-one per cent of participants reported obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 47% doing so in the last 12 months, significantly less than in the last 12 months in 2019 (54%; $p=0.005$).

Table 20: Means of purchasing illicit drugs in the past 12 months, nationally and by jurisdiction, 2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=792 2019	n=799 2020	n=102	n=100	n=100	n=100	n=99	n=99	n=100	n=99
% Purchasing approaches in the last 12 months[^]										
Face-to-face	82	67***	61	49	68	60	72	82	69	78
Surface web	5	6	11	-	7	-	-	14	-	6
Darknet market	10	7*	11	-	7	8	6	8	-	8
Social networking applications	73	75	68	74	81	71	81	79	66	80
Text messaging	53	48*	58	51	48	34	43	47	49	54
Phone call	39	35	40	27	36	33	34	33	37	41
Grew/made my own	/	4	-	-	-	-	-	-	-	-
Other	-	1	0	-	-	-	0	0	0	0
% Means of obtaining drugs in the last 12 months^{^~}	n=791	n=803	n=103	n=99	n=100	n=100	n=101	n=100	n=100	n=100
Face-to-face	98	95**	94	96	94	94	96	95	98	96
Collection point	10	20***	22	25	18	11	25	18	27	14
Post	12	12	16	8	12	12	14	13	8	14
% Source of drugs in the last 12 months[^]	n=798	n=789	n=101	n=100	n=100	n=98	n=100	n=100	n=99	n=100
Friend/relative/partner/colleague	89	84**	76	83	82	86	87	91	90	74
Known dealer/vendor	71	68	73	56	75	69	79	63	65	63
Unknown dealer/vendor	39	37	45	22	49	22	50	39	38	32

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020. - not reported, due to small numbers ($n \leq 5$ but not 0). [^] participants could endorse multiple responses. / not asked. [~] The face-to-face response option in 2020 was combined by those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'.