EDRS

VICTORIA DRUG TRENDS 2019

Key Findings from the Victoria Ecstasy and Related Drugs ReportingSystem (EDRS) Interviews

VICTORIA DRUG TRENDS 2019: KEY FINDINGS FROM THE 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), UNSW Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2019:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Georgia Kelly, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Brittany Ciupka, Amy Kirwan, Cristal Hall, and Professor Paul Dietze, Burnet Institute Victoria;
- Callula Sharman and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
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- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular we would like to thank Cristal Hall, Jack Gunn, Filip Djordjevic, Ellen Heeps, Ashleigh Stewart, and Brittany Ciupka for conducting Victorian EDRS interviews in 2019.

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

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
SD	Standard deviation

Executive Summary

Recent use of ecstasy, cannabis, and alcohol has remained consistently high amongst the Victorian EDRS participants since 2008. Use of methamphetamine has been continuously decreasing while use of cocaine and ketamine has been increasing.

Sample Characteristics

The sample comprised predominantly young, educated individuals (51% male and 48% female), consistent with the sample profile from previous years. Cannabis and ecstasy were the drugs of choice (17% and 34%, respectively), whilst cannabis and alcohol were the drugs used most often in the preceding month (20% and 49%, respectively) in 2019.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e., past six month) use of ecstasy pills declining and use of capsules increasing (74% and 90% of the VIC sample, respectively). These changes may be partially explained by differences in perceived purity, with ecstasy pills more likely to fluctuate.

Methamphetamine

Recent use of methamphetamine has been declining amongst the VIC sample over recent years (45% in 2019). Powder (speed) has consistently been the main form used, although the difference in the percentage reporting recent use of powder and crystal has generally decreased over time (40% and 12% respectively in 2019). Very few participants reported weekly or more frequent use in 2019.

Cocaine

Recent use of cocaine has fluctuated somewhat, but overall has been increasing amongst the VIC sample, with the majority of participants reporting recent use in 2019 (80%). Most consumers reported infrequent use of cocaine. Thirteen per cent of consumers believed cocaine to be 'very difficult' or 'difficult' to obtain, consistent with previous years.

Ketamine, LSD & Hallucinogenic Mushrooms

Recent use of ketamine and LSD has increased since monitoring began, although it remained stable in 2019 relative to 2018. Most (89% and 55%, respectively) of the VIC sample reported recent use in 2019. Over one-quarter (28%) of participants in VIC reported recent use of hallucinogenic mushrooms in 2019.

Cannabis

At least three in four participants have reported recent use of cannabis each year since 2008. Eighty-six per cent of participants reported recent use in 2019. Twelve per cent of the VIC sample reported daily use in 2019.

New Psychoactive Substances (NPS)

Seventeen per cent of the VIC sample reported recent use of at least one form of NPS. DMT has consistently been the most common recently used NPS (17% in 2019).

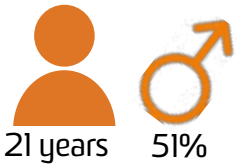
Drug-Related Harms and Other Risks

Ninety-six per cent of the sample reported using depressants, cannabis and/or hallucinogens/dissociative drugs on their last occasion of stimulant use. Twenty-two per cent reported a non-fatal stimulant overdose, and 13% reported a non-fatal depressant overdose in the past year. The percentage reporting injecting drug use remained low, as did the number reporting currently being in drug treatment. Over half the sample (62%) reported that they had experienced a mental health problem in the preceding six months, and half (54%) of this group had seen a mental health professional in the same period. Approximately a third reported engaging in drug dealing (31%) and/or property crime (33%) in the past month.

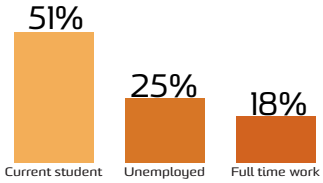
EDRS Ecstasy and Related Drugs Reporting System

VICTORIA 2019 SAMPLE CHARACTERISTICS

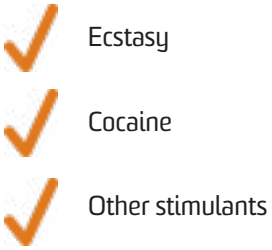
In 2019, 99 people from Victoria participated in EDRS interviews.



The median age in 2019 was 21 (IQR = 17-26), and 51% identified as male.

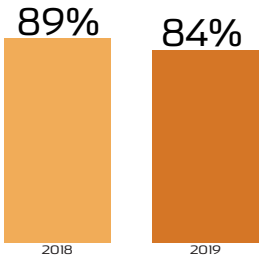


In the 2019 sample, 51% were students, 25% were unemployed, and 18% were employed full time.

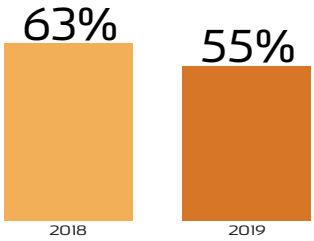


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

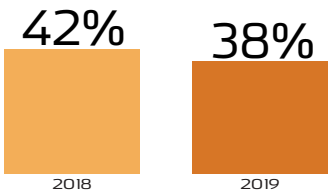
OTHER DRUGS



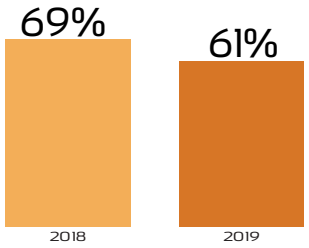
Past 6 month use of ketamine was reported by 84% of the 2019 EDRS sample, stable from 89% in 2018.



Past 6 month use of LSD was reported by 55% in 2019, down from 63% in the 2018 EDRS sample.



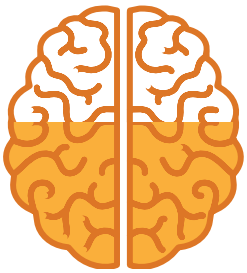
Past 6 month use of amyl nitrite was 42% in 2018 and 38% in the 2019 EDRS sample.



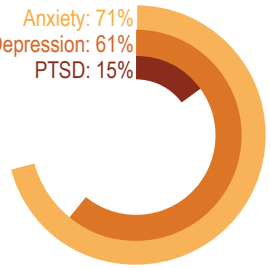
Past 6 month use of nitrous oxide (nangs) ws stable at 61% in 2019 (69% in the 2018).

DRUG TREATMENT AND MENTAL HEALTH

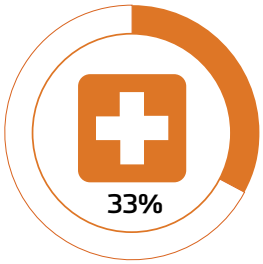
Of the 2019 EDRS sample 5% reported that they were currently receiving drug treatment.



Over half of the Victorian sample (62%) self-reported that they had experienced a mental health problem in the previous 6 months.

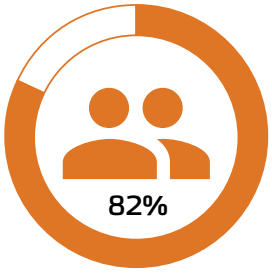


Of those who commented, the most common self-reported mental health concern was anxiety (71%), followed by depression (61%), and PTSD (15%).

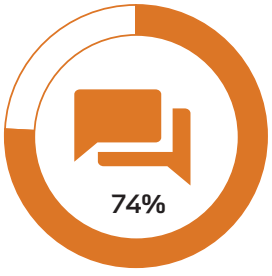


Of those self-reporting a mental health problem, 33% reported seeing a mental health professional in the previous 6 months.

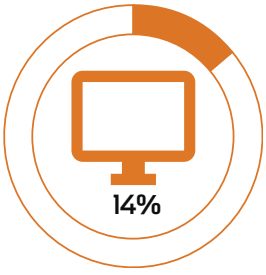
MODES OF PURCHASING



In 2019, 82% of the EDRS sample reported buying drugs face to face in the previous 12 months.

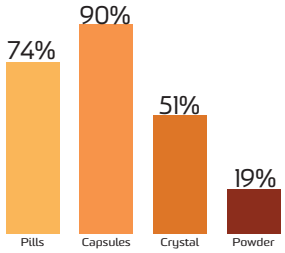


In 2019, 74% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.

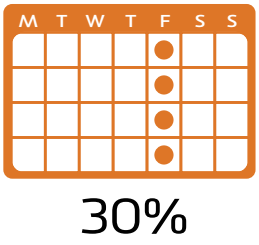


In 2019, 14% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

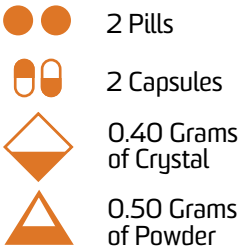
ECSTASY



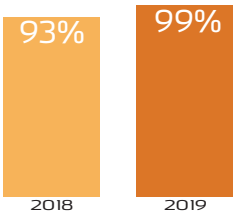
Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.



Of those who had recently consumed ecstasy, 30% used it weekly or more often.



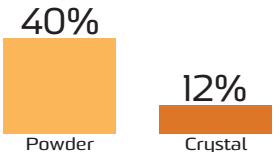
Median amounts of ecstasy consumed in a 'typical' session using each form.



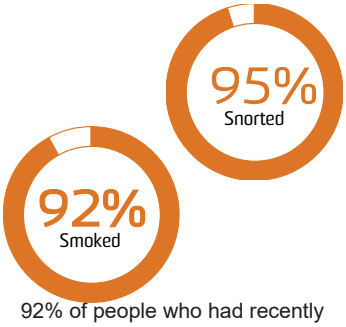
Of those who could comment 99% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

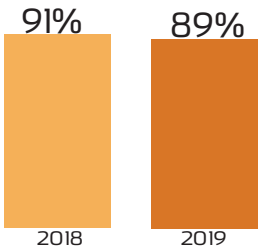
Almost half (48%) of people in the Victorian EDRS sample had used methamphetaime in the previous 6 months.



Of the entire sample, 40% had recently consumed powder, and 12% crystal methamphetamine.



92% of people who had recently used crystal smoked it. Of those who had recently used powder, 95% snorted it.

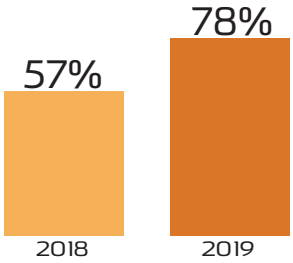


Of those who could comment 89% perceived crystal methmphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

Four in five (80%) of the entire sample used cocaine in the past 6 months.

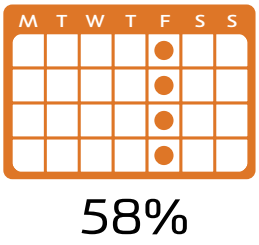
Of people who had consumed cocaine in the last 6 months, 99% had snorted it.



Of those who could comment 78% perceived cocaine to be 'easy' or 'very easy' to obtain.

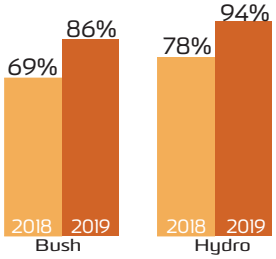
CANNABIS

Foru in five (86%) of the sample had used cannabis in the previous 6 months.



Of those who had consumed cannabis recently, 58% reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 97% had smoked it.



Of those who could comment 94% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

The Ecstasy and Related Drugs Reporting System (EDRS) is an illicit drug monitoring system which has been conducted in all Australian states and territories since 2003, and forms part of Drug Trends. Its 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

Full details of the methods for the annual interviews are available for download. To briefly summarise, 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 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). Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. Ninety-nine participants were interviewed in Melbourne during April–June 2019.

For normally distributed continuous variables, means and standard deviations (SDs) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQRs) are reported. Tests of statistical significance are reported for differences between estimates for 2018 and 2019 (noting that no corrections for multiple comparisons were made and thus comparisons should be treated with caution). Comparisons involving cell sizes ≤5 are suppressed, with corresponding notation (zero values are reported).

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 Melbourne, and thus do not reflect trends in regional and remote areas of Victoria. 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 the 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 Victoria; see section on ‘Additional Outputs’ below for details of other outputs providing such profiles.

Additional outputs

Infographics from this report are available for download. Many outputs from the EDRS 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 on the use of illicit drugs, including injecting drug use.

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

1

Sample Characteristics

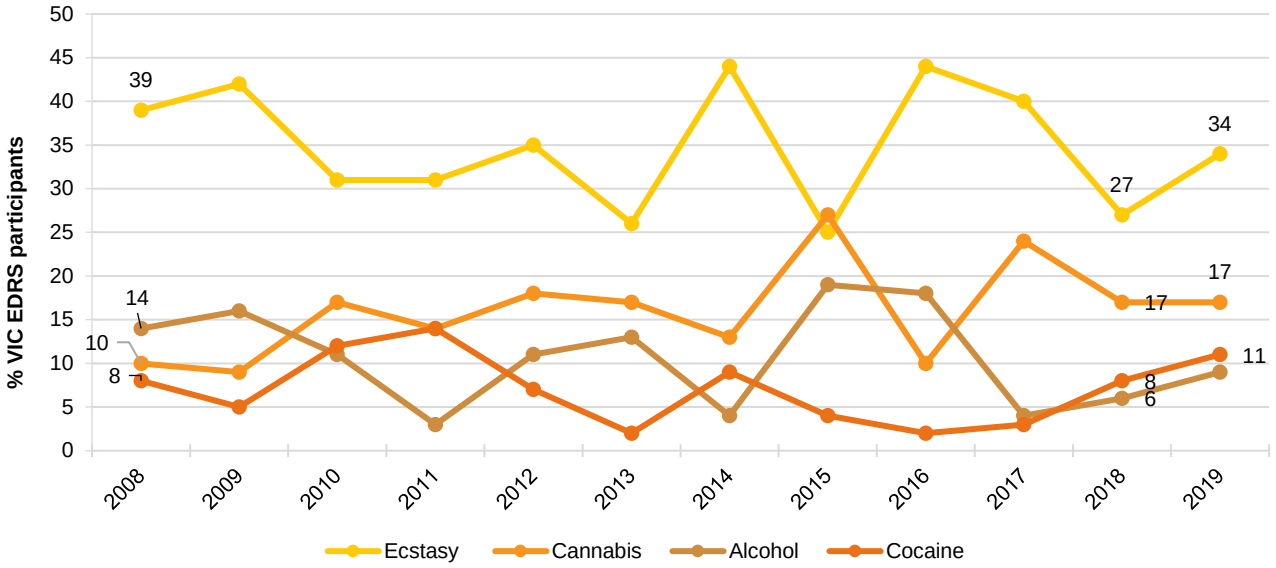
In 2019, the VIC EDRS sample was comprised of predominately young, educated individuals, consistent with previous years (Table 1). Similar to previous years, the majority of participants identified as heterosexual (83%). Approximately half (51%) of the sample were studying for qualifications at the time of the interview. Most participants were employed part-time or casually, with 25% unemployed and 18% employed full-time.

Table 1: Demographic characteristics of the sample, nationally and Victoria, 2015-2019

	National 2019 N=797	VIC 2019 N=99	VIC 2018 N=100	VIC 2017 N=100	VIC 2016 N=100	VIC 2015 N=100
Median age (years; IQR)	22 (19-26)	**21 (17-26)**	23 (20-25)	21 (19-23)	24 (20-27)	24 (20-26)
% Male	60	**51**	57	57	47	59
% Aboriginal and/or Torres Strait Islander	5	**0**	-	0	-	0
% Sexual identity						
Heterosexual	81	**83**	74	79	85	84
Homosexual	5	**6**	6	-	-	-
Bisexual	12	**10**	17	17	10	11
Different identity	-	**-**	-	0	-	-
Mean years of school education (range)	12 (8-12)	**12 (8-12)**	12 (9-12)	12 (9-12)	12 (9-12)	12 (9-12)
% Post-school qualification(s)^	54	**57**	32	42	50	49
% Employment status						
Employed full-time	22	**18**	24	16	16	14
Students[#]	45	**51**	8	-	-	-
Unemployed	27	**25**	14	17	14	16
Median weekly income $	500	**450**	400	435	489	446
% Accommodation						
Own house/flat	4	**7**	-	0	0	0
Rented house/flat	44	**50**	50	36	51	58
Parents'/family home	48	**41**	48	62	44	40
Boarding house/hostel	1	**-**	-	0	-	0
No fixed address	2	**0**	0	-	0	-
Other	1	**-**	0	-	-	-

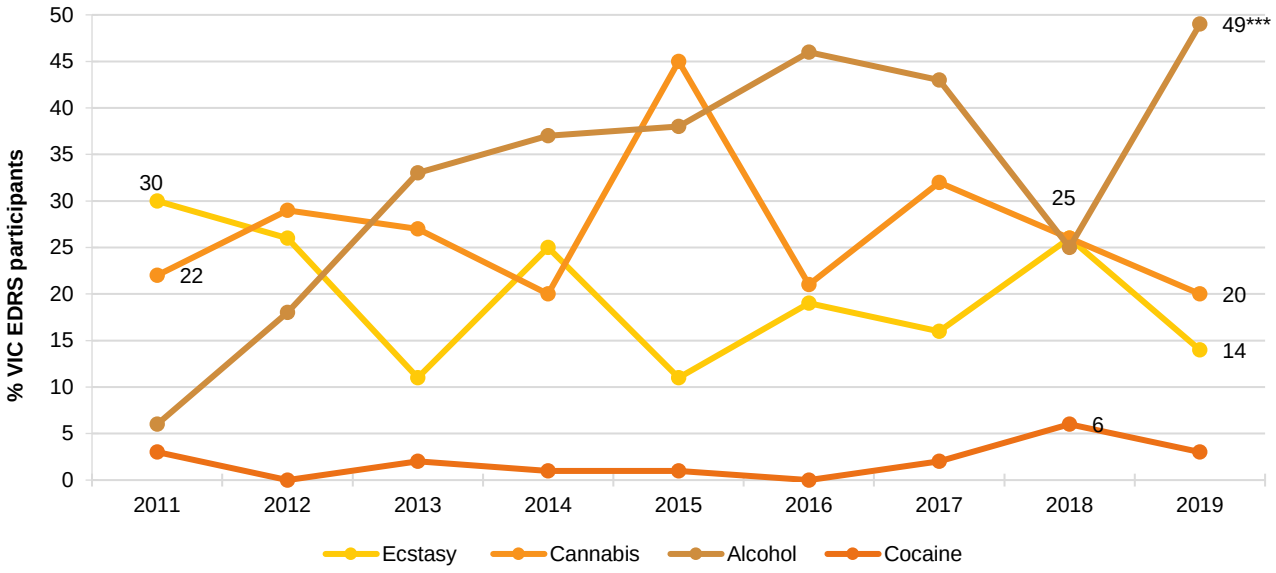
Note. ^Includes trade/technical and university qualifications. [#] Includes full-time students, part-time students and participants who both work and study. Percentage suppressed due to small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 1: Drug of choice, Victoria, 2008-2019



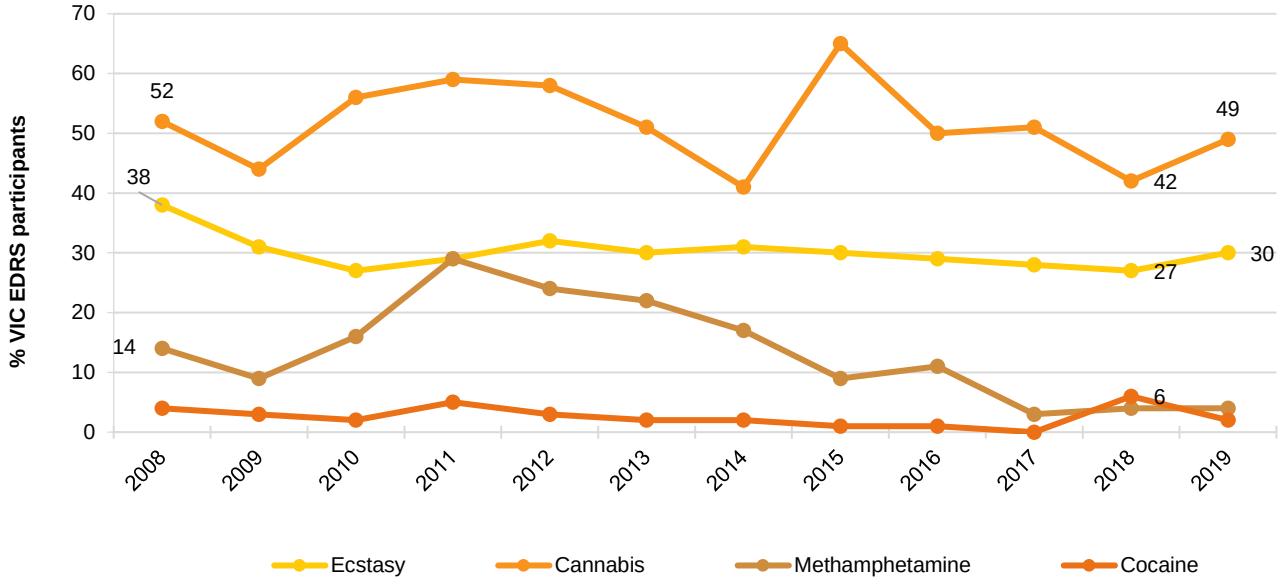
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 50% to improve visibility. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 2: Drug used most often in the past month, Victoria, 2011-2019



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years 2011, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2008-2019



Note. Y axis reduced to 70% to improve visibility of trends. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

Ecstasy/MDMA

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

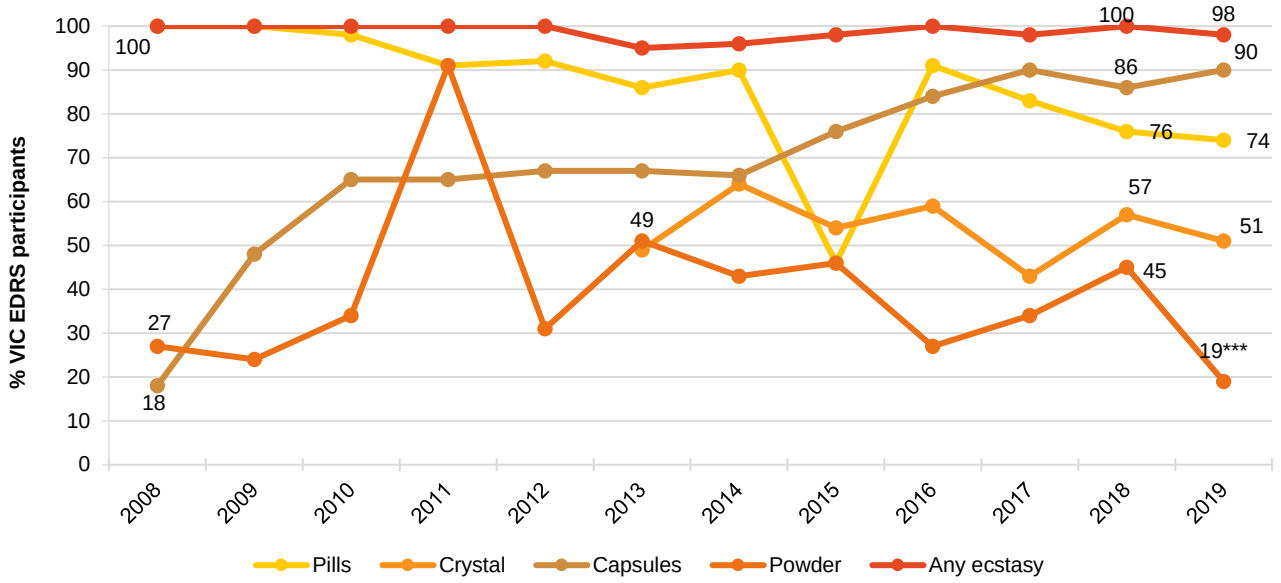
Recent Use (past 6 months)

The majority of participants (98%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 4). There was a significant decrease in recent use of ecstasy powder ($p<0.001$).

Frequency of Use (past 6 months)

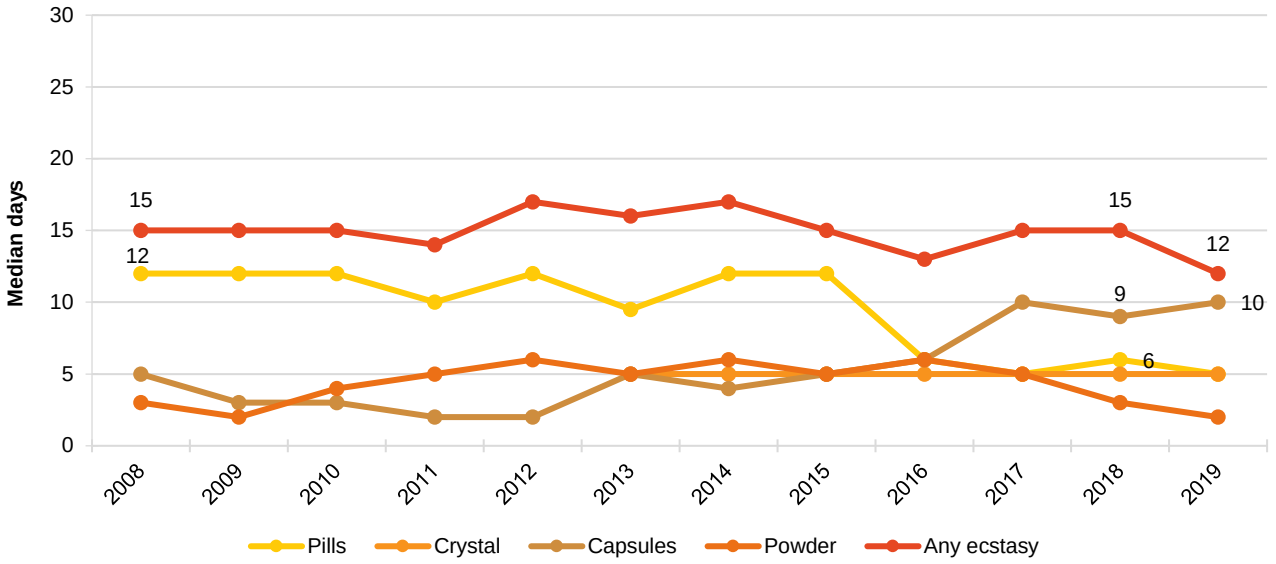
Median frequency of past six month use was slightly less in 2019 (12 days (IQR=7-25) versus 15 days in 2018 (IQR=7-24)) but relatively consistent over the past 10 years (Figure 5). Thirty per cent of those who reported recent use of ecstasy used the drug weekly or more frequently.

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Victoria, 2008-2019



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it was expanded to broader illicit stimulant use. Data collection for crystal started in 2013. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Victoria, 2008-2019



Note. Data collection for crystal started in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Most (74%) participants reported using pills, consistent with figures for 2018 (76%) (Figure 4). Reports of use of pills have shown a gradual downward trend since 2008.

Frequency of Use (past 6 months): Frequency of use was for a median of five days in 2019 (IQR=2.5-12.0), largely unchanged from a median of six days (IQR=3-12) in 2018 (Figure 5).

Routes of Administration: Swallowing remained the most common route of administration (100% in both 2018 and 2019). There was a significant increase in reports of snorting (34% versus 18% in 2018, $p<0.010$).

Quantity: The median number of pills used in a 'typical' session remained stable at two (IQR=1-3), while the median maximum number was three (IQR=2-5).

Ecstasy Capsules

Recent Use (past 6 months): Similar to 2018, the majority of participants reported recent use of ecstasy capsules (90% versus 86% in 2018) (Figure 4). Reports of use of capsules have been increasing since monitoring began (18% in 2008).

Frequency of Use (past 6 months): The median number of days of use in the preceding six months was 10 (IQR=4.5-14.0) (Figure 5). The percentage of participants reporting weekly or more frequent use of ecstasy capsules increased slightly from 7% in 2018 to 11% in 2019.

Routes of Administration: The most common route of administration remained swallowing (99% in both 2018 and 2019). Snorting has remained fairly common (26% versus 19% in 2018).

Quantity: Similar to 2018, participants reported using a median of two (IQR=2.00-3.75) capsules in a 'typical' session, while the median maximum number was four (IQR=3-6) capsules in 2019, the same figure as that found in 2018.

Ecstasy Crystal

Recent Use (past 6 months): Approximately half of the sample (51%) reported recently using crystal, similar to 2018 (57%) (Figure 4). Recent use of crystal has somewhat fluctuated since monitoring began in 2013. The highest percentage of participants reporting recent use was 66% in 2014 and the lowest was 43% in 2017.

Frequency of Use (past 6 months): Participants' median reported number of days of use was five in 2019 (IQR=2-10), unchanged from 2018 (Figure 5).

Routes of Administration: Swallowing remained the most common ROA (71% in 2019 versus 72% in 2018). There was a non-significant increase in snorting ecstasy crystals (59% versus 49% in 2018, $p>0.050$).

Quantity: The median amount of crystal used in a 'typical' session was 0.4 (IQR=0.25-0.50) grams and the median maximum amount used in a session was half a gram (IQR=0.29-1.00).

Ecstasy Powder

Recent Use (past 6 months): Recent use of ecstasy powder decreased significantly (19% versus 45% in 2018, $p<0.001$) (Figure 4). Reports of recent use of powder have been decreasing steadily since 2011.

Frequency of Use (past 6 months): Participants' median reported number of days of use was two (IQR=2-4) (Figure 5).

Routes of Administration: The most common ROA was snorting (84% versus 82% in 2018). Prevalence of swallowing ecstasy powder remained consistent with the previous year (37% versus 33% in 2018).

Quantity: Similar to 2018, the median amount of powder used in a 'typical' session was half a gram (IQR=0.45-1.00). Participants' median maximum reported quantity consumed was one gram (IQR=1.0-1.6, 0.85 grams in 2018).

Market Trends

Ecstasy Pills

Price: The median of the reported price for an ecstasy pill was $25 (IQR=20-30; n=66; $20 in 2018) (Figure 6).

Perceived Purity: Perceived purity of ecstasy pills has mostly increased (Table 2), but many respondents reported fluctuation. Of those who responded in 2019 (n=65), large minorities of participants perceived purity as 'high' (40% versus 18% in 2018) or as 'fluctuating' (43% versus 28% in 2018). The remaining participants perceived purity to be 'medium' or 'low' (17% versus 54% in 2018).

Perceived Availability: Availability of ecstasy pills remained consistent with 2018 (Table 2). Among those who were able to comment in 2019 (n=64), large minorities of respondents reported them as 'very easy' (47% versus 37% in 2018) or 'easy' (39% versus 46% in 2018) to obtain. Some respondents reported finding it 'difficult' (17% versus 13% in 2018) to obtain.

Ecstasy Capsules

Price: The median reported price for an ecstasy capsule was $20 in 2019 (IQR=15-20, n=86) the same figure as was found in 2018 (Figure 6).

Perceived Purity: Large minorities of respondents perceived the purity of ecstasy capsules to be 'medium' (31% versus 34% in 2018) or 'high' (32% versus 34% in 2018). Nearly one-third of respondents perceived that purity had 'fluctuated' (31% versus 19% in 2018). Few respondents reported purity to be 'low' (6% versus 14% in 2018) (Table 2).

Perceived Availability: Seventy-six per cent of respondents (versus 45% in 2018) stated that it was 'very easy' to obtain ecstasy capsules (Table 2).

Ecstasy Crystal

Price: The median reported price for a gram of ecstasy crystal was $180 (IQR=120-200, n=27) in 2019, the same figure as was found in 2018 (Figure 7).

Perceived Purity: Approximately two-thirds of respondents reported ecstasy crystal to be 'high' in purity (67% versus 54% in 2018). 'Medium' purity was reported by 19% of respondents (29% in 2018). (Table 2).

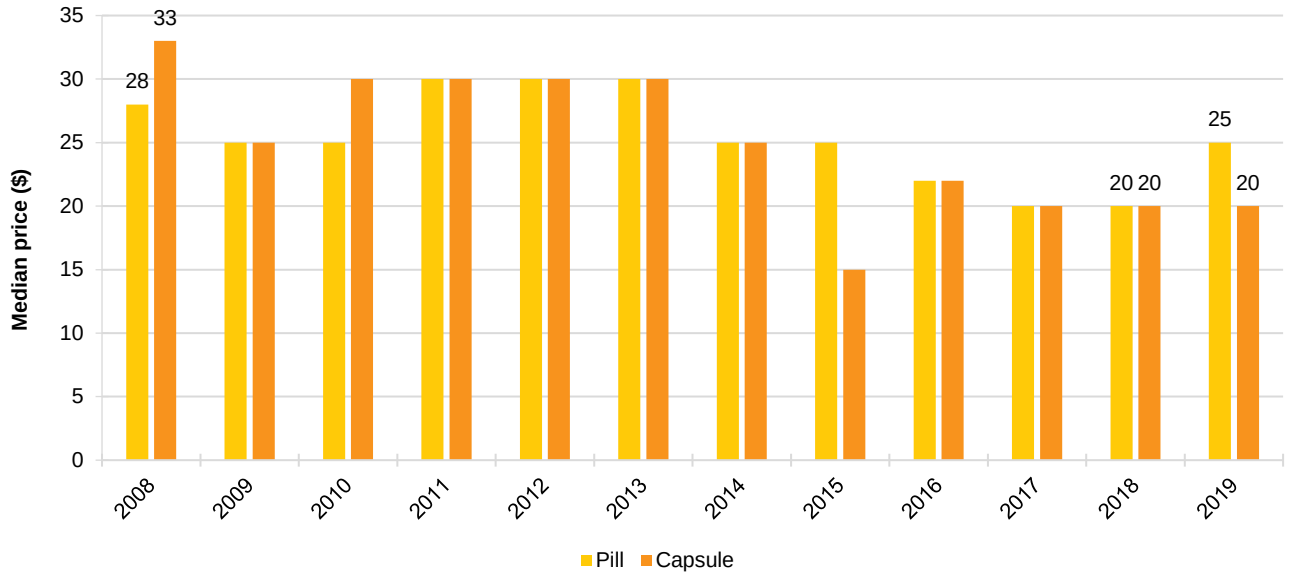
Perceived Availability: A majority of respondents reported that ecstasy crystal was either 'very easy' (51% versus 20% in 2018) or 'easy' (31% versus 66% in 2018). Some respondents reported ecstasy crystal to be 'difficult' (14% in both 2018 and 2019) (Table 2).

Ecstasy Powder

Price: The median reported price for a gram of ecstasy powder was $160 (IQR=100-200, n=14, $175 in 2018).

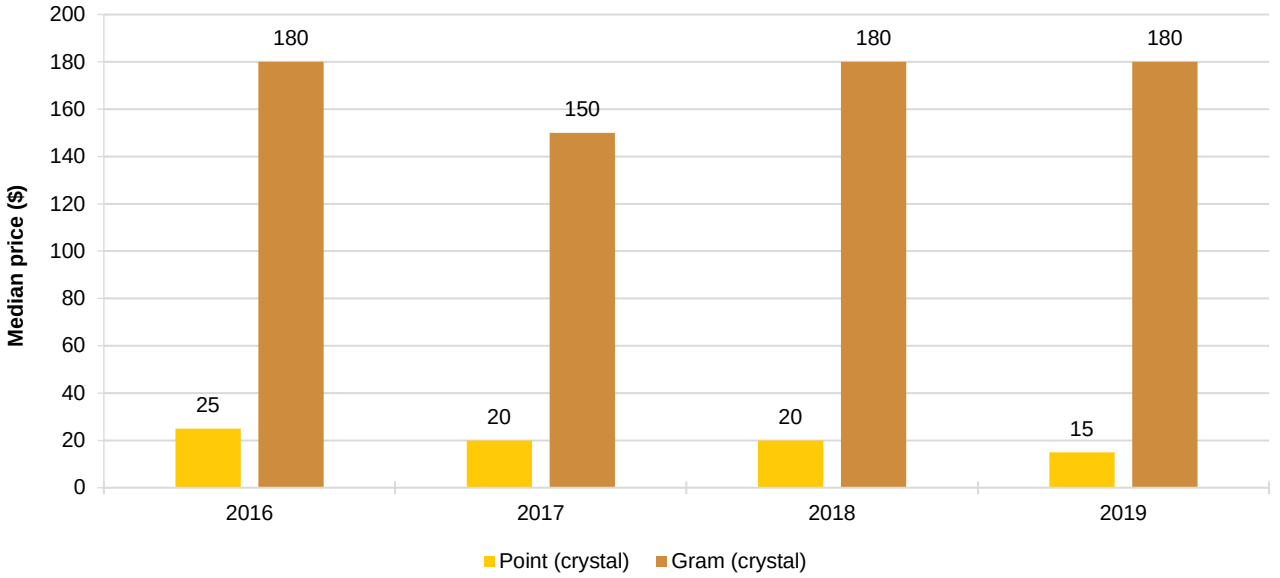
Perceived Purity and Perceived Availability: Due to low numbers, details will not be reported on ecstasy powder. For further information please refer to the National EDRS report, or contact the Drug Trends team.

Figure 6: Median price of ecstasy pills and capsules, Victoria, 2008-2019



Note. Among those who commented. Collection of ecstasy capsule price data started in 2008. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not =0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 7: Median price of ecstasy crystal per point and gram, Victoria, 2016-2019



Note. Among those who commented. Price data collection for ecstasy crystal grams and points started in 2013 and 2014 respectively. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not =0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 2: Perceived purity and availability of ecstasy pills, capsules and crystal, Victoria, 2017-2019

	2017	2018	2019
Current Perceived Purity			
% Pills (n)	n=54	n=81	**n=65**
Low	13	26	**-**
Medium	36	28	**12**
High	22	18	**40**
Fluctuates	27	28	**43**
% Capsules (n)	n=73	n=87	**n=87**
Low	18	14	**6**
Medium	27	34	**31**
High	27	34	**32**
Fluctuates	27	19	**31**
% Crystal (n)	n=21	n=86	**n=36**
Low	18	0	**-**
Medium	27	29	**19**
High	41	54	**67**
Fluctuates	-	11	**-**
Current Perceived Availability			
% Pills (n)	n=55	n=81	**n=64**
Very easy	58	37	**47**
Easy	33	46	**39**
Difficult	9	13	**17**
Very difficult	0	0	**0**
% Capsules (n)	n=73	n=87	**n=87**
Very easy	44	45	**76**
Easy	47	23	**-**
Difficult	10	6	**-**
Very difficult	0	-	**0**
% Crystal (n)	n=21	n=36	**n=35**
Very easy	32	20	**51**
Easy	32	66	**31**
Difficult	27	14	**14**
Very difficult	-	0	**-**

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). Data on powder not presented as cell sizes too small, but contact authors for further details. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

3

Methamphetamine

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

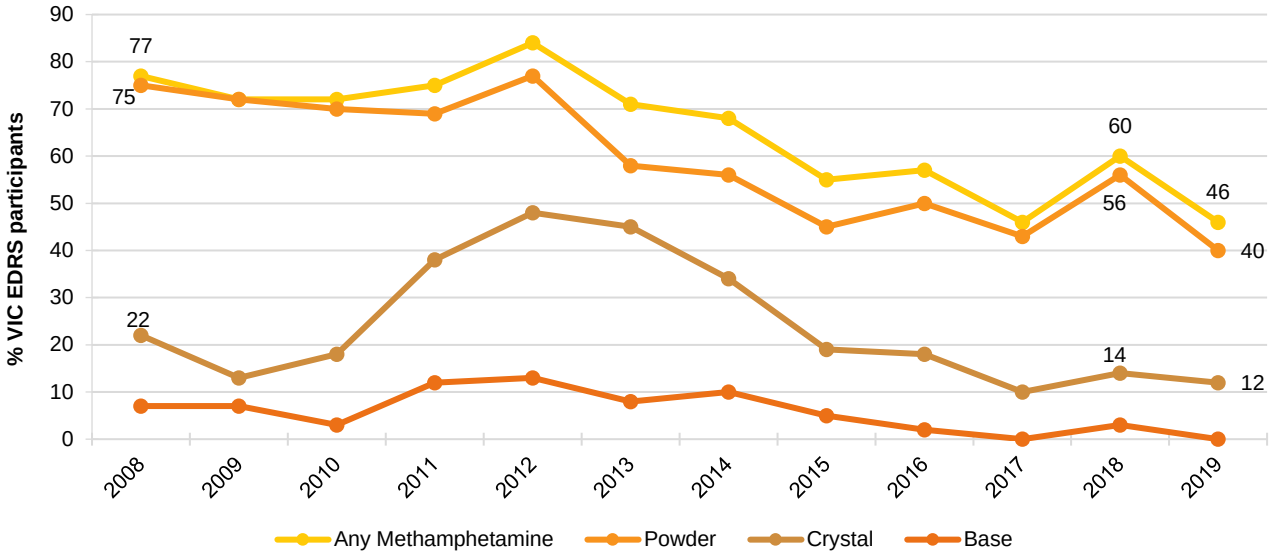
Recent Use (past 6 months)

Recent use of methamphetamine has been fluctuating since 2008 but overall shows a gradual decline (Figure 8). Less than half of the respondents (46% versus 60% in 2018, $p<0.050$) reported recent use. No participants reported using base. For further information on base methamphetamine, please refer to the National EDRS report, or contact the Drug Trends team.

Frequency of Use (past 6 months)

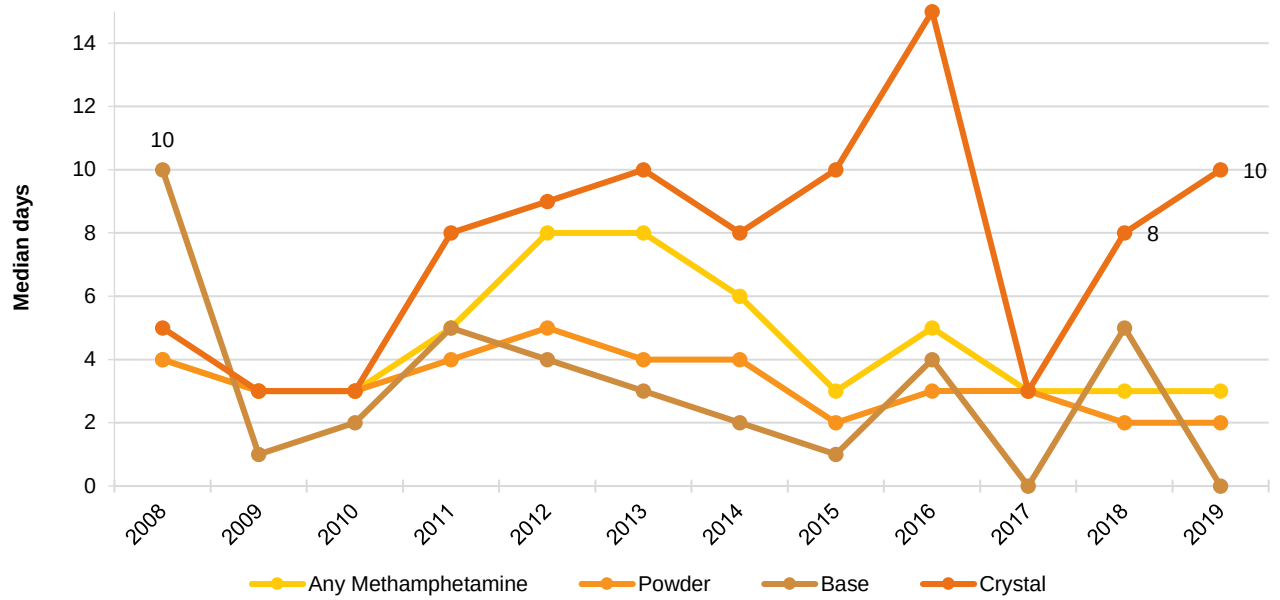
Frequency of use has also fluctuated over time (Figure 9). Few (n=6) reported weekly or more frequent use of methamphetamine.

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Victoria, 2008-2019



Note. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.

Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Victoria, 2008-2019



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 14 days to improve visibility of trends. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Crystal Methamphetamine

Recent Use (past 6 months): Twelve per cent of respondents reported recent use of crystal methamphetamine (14% in 2018). Reports of recent use have been declining since 2012 (Figure 8).

Frequency of Use (past 6 months): Among those who reported recently using crystal methamphetamine (n=12), the median days of reported use was 10 (IQR=1.25-28.50) (eight days in 2018) (Figure 9).

Routes of Administration: The most common route of administration remained smoking (92% versus 86% in 2018).

Quantity: Respondents' median reported usage was 0.25 grams (IQR=0.06-0.30) in a 'typical' session, whilst the median maximum amount used in a session was 0.3 (IQR=0.3-0.6) grams.

Methamphetamine Powder

Recent Use (past 6 months): Forty per cent of respondents reported using methamphetamine powder in the preceding six months, a significant decline from 2018 (56%, p<0.050), reflecting a continued overall decline since 2008 (Figure 8).

Frequency of Use (past 6 months): The median number of days respondents reported using methamphetamine powder was two (IQR=1.00-3.75, n=40), the same figure as was found in 2018 (Figure 9).

Routes of Administration: The majority of respondents reported snorting methamphetamine powder (95% versus 91% in 2018).

Quantity: The median amount of methamphetamine powder used in a 'typical' session was one gram (IQR=0.25-1.00, 1.75 grams in 2018), whilst the median maximum amount used was 1.25 grams (IQR=1.25-2.63, 2.75 grams in 2018).

Market Trends

Crystal Methamphetamine

Price: The median reported price per point of crystal methamphetamine was $50 (IQR=33-50, $500/gram versus $300/gram in 2018 (Figure 10).

Perceived Purity and Availability:

Few participants commented on perceived purity or availability of crystal methamphetamine. For further details, please contact the Drug Trends team.

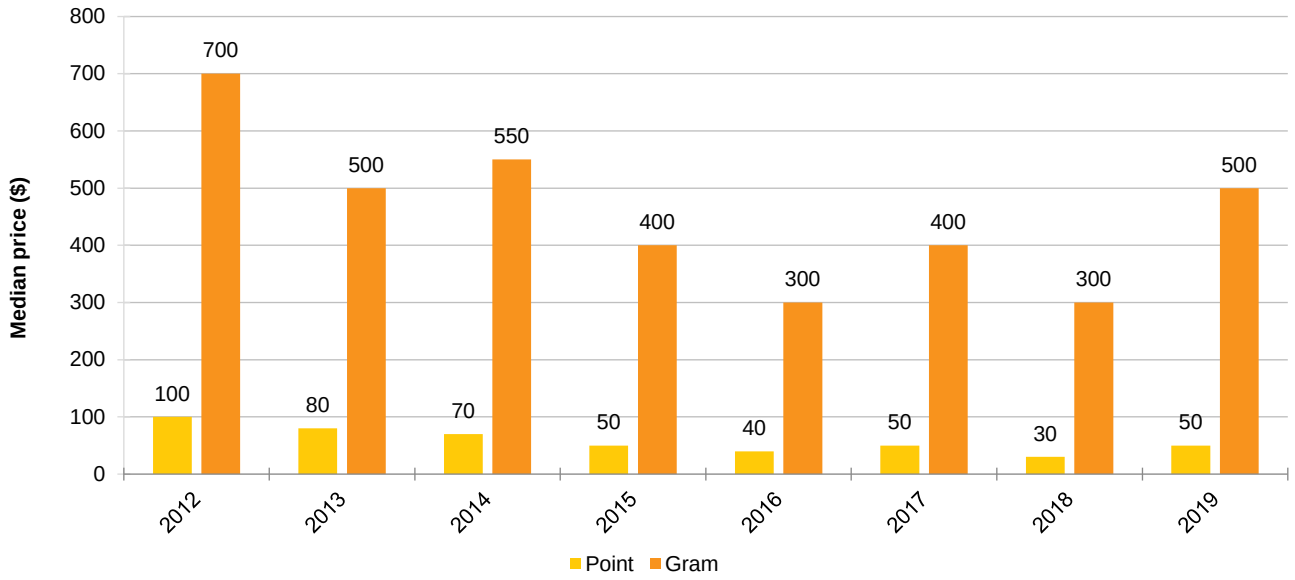
Methamphetamine Powder

Price: The median reported price of methamphetamine powder was $183 per gram (IQR=158-200, n=18, $200/g in 2018; Figure 11).

Perceived Purity: Perceptions of the purity of methamphetamine powder among those who commented (n=24) were equally divided between 'low', 'medium', and 'high' strength, with 29% each (19%, 37%, and 37% respectively in 2018;Figure 12).

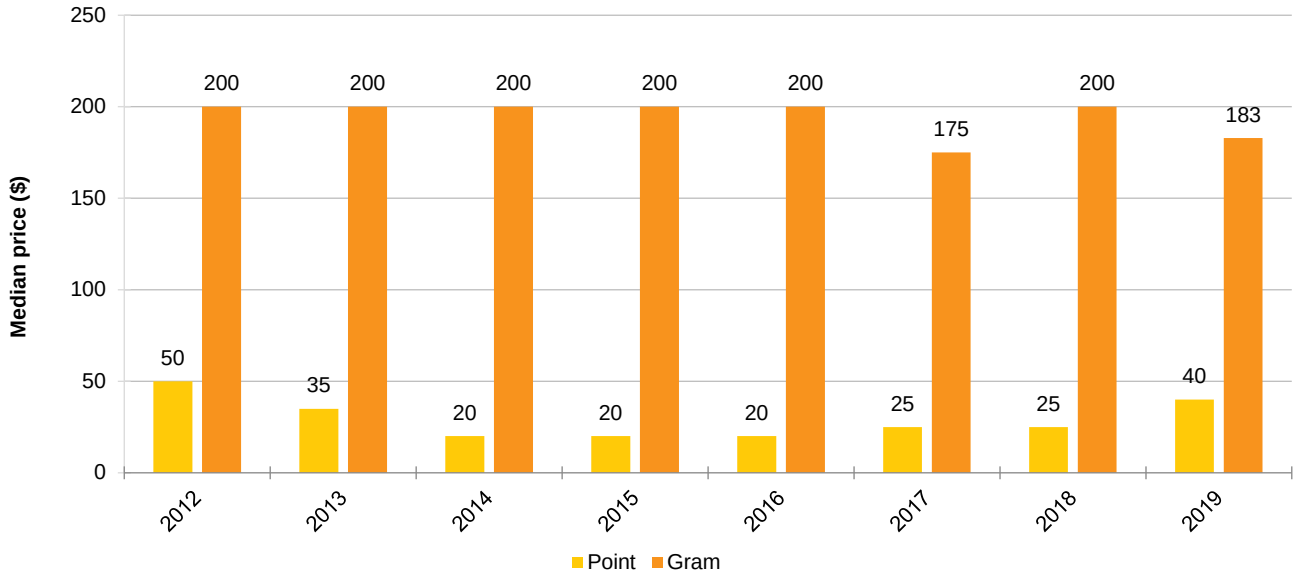
Perceived Availability: Most respondents reported it to be 'easy' (54% versus 55% in 2018) or 'very easy' (25% vs 17% in 2018) to obtain methamphetamine powder (Figure 13).

Figure 10: Median price of crystal methamphetamine per point and gram, Victoria, 2012-2019



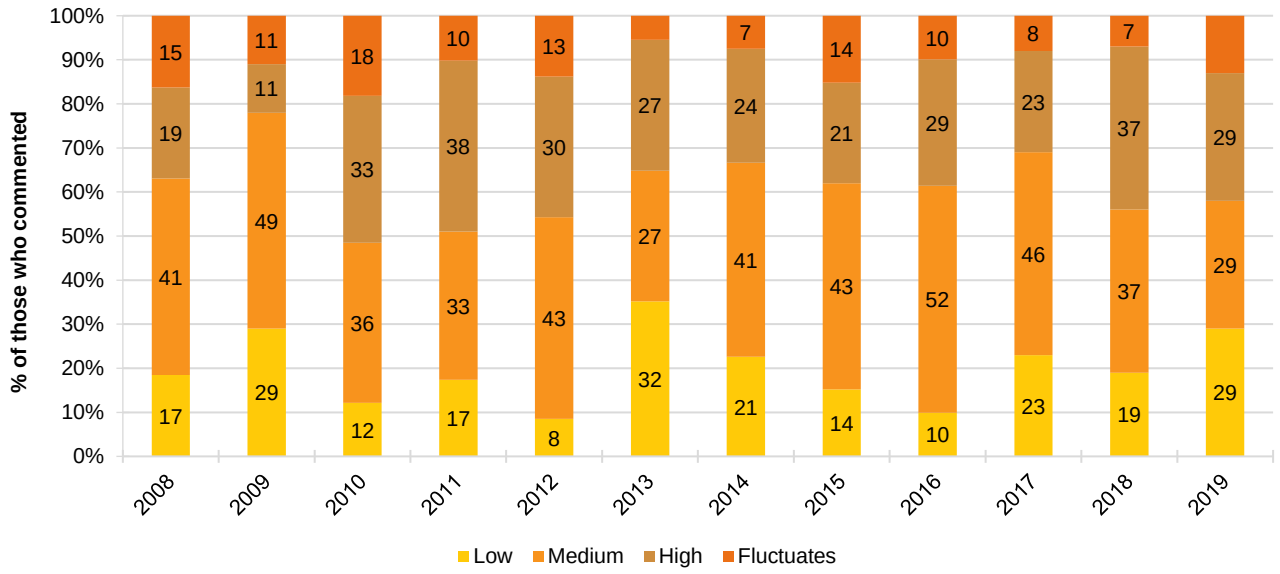
Note. Among those who commented. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 11: Median price of powder methamphetamine per point and gram, Victoria, 2012-2019



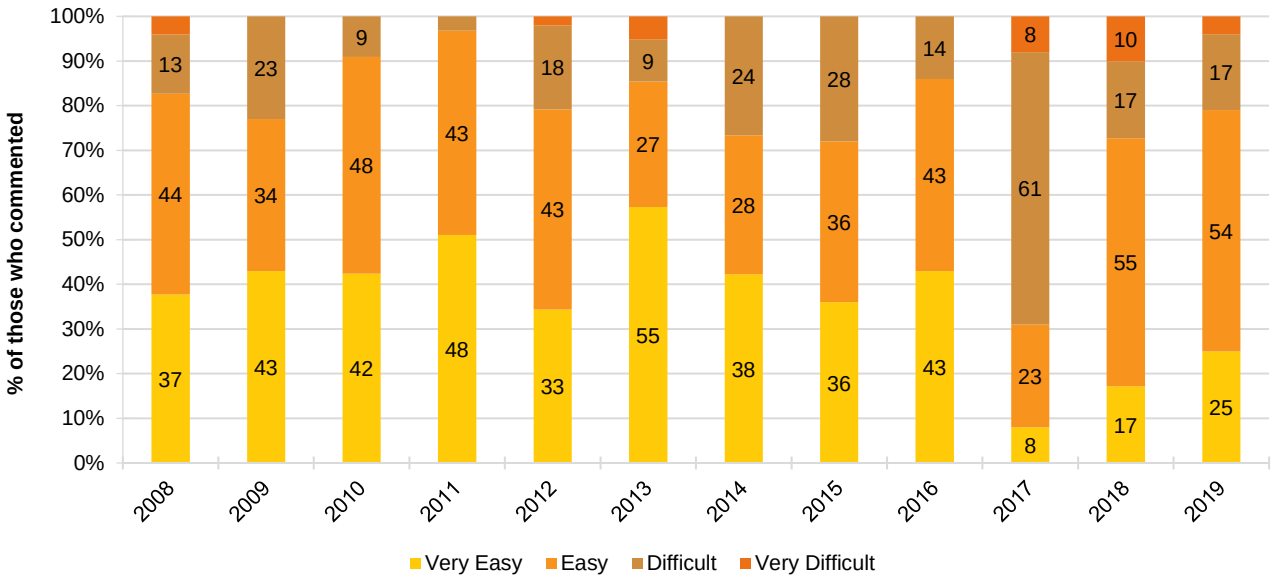
Note. Among those who commented. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 12: Current perceived purity of powder methamphetamine, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 13: Current perceived availability of powder methamphetamine, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not =0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

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 prevalent in North America but infrequently encountered in Australia.

Patterns of Consumption

Recent Use (past 6 months)

The proportion of participants reporting recent use of cocaine has been trending upwards since monitoring began. Eighty per cent of participants reported recent use in 2019 (83% in 2018; Figure 14).

Frequency of Use (past 6 months)

Frequency of use has also increased gradually over the years (Figure 14), to a median of four days (IQR=2-7). Very few (<5) participants reported using cocaine weekly or more frequently; these data are suppressed.

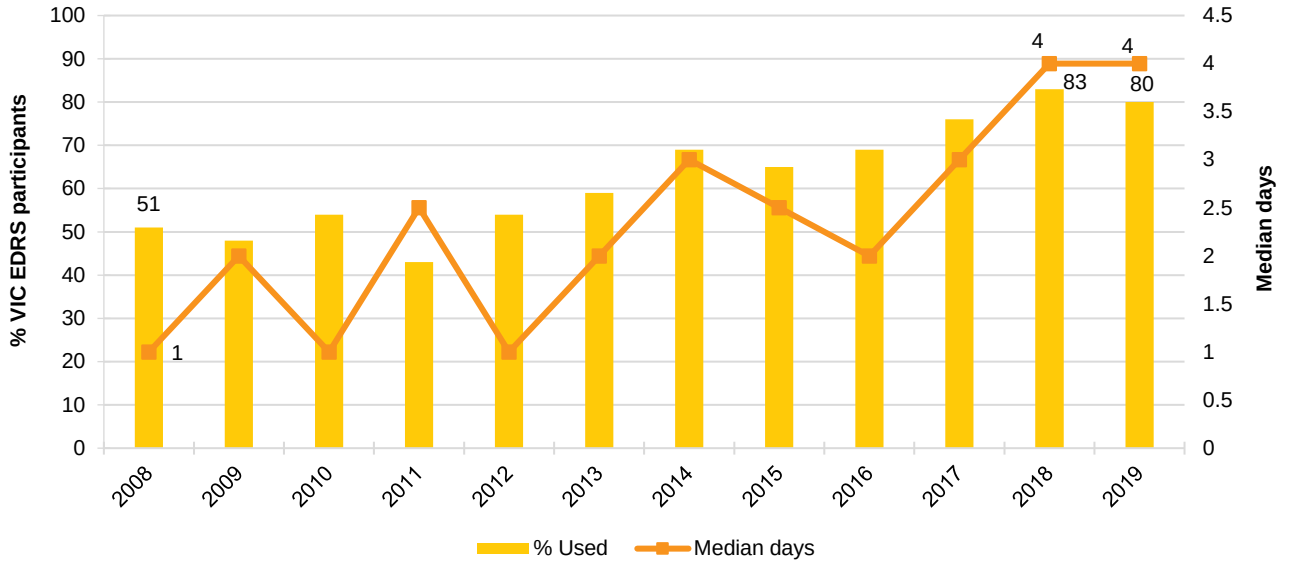
Routes of Administration

Among recent consumers of cocaine (n=79), the main route of administration was snorting (99% in both 2018 and 2019).

Quantity

The median quantity used in a 'typical' session was 0.5 grams (IQR=0.5-1.0) in 2019, the same figure as was found in 2018. The median maximum quantity used was one gram (IQR=0.5-1.0, 0.5 grams in 2018).

Figure 14: Past six month use and frequency of use of cocaine, Victoria, 2008-2019



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 4.5 days to improve visibility of trends for days of use. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Market Trends

Price

The median price of cocaine was $300 per gram (IQR=300-350) in 2019, the same figure as was found in 2018 (Figure 15).

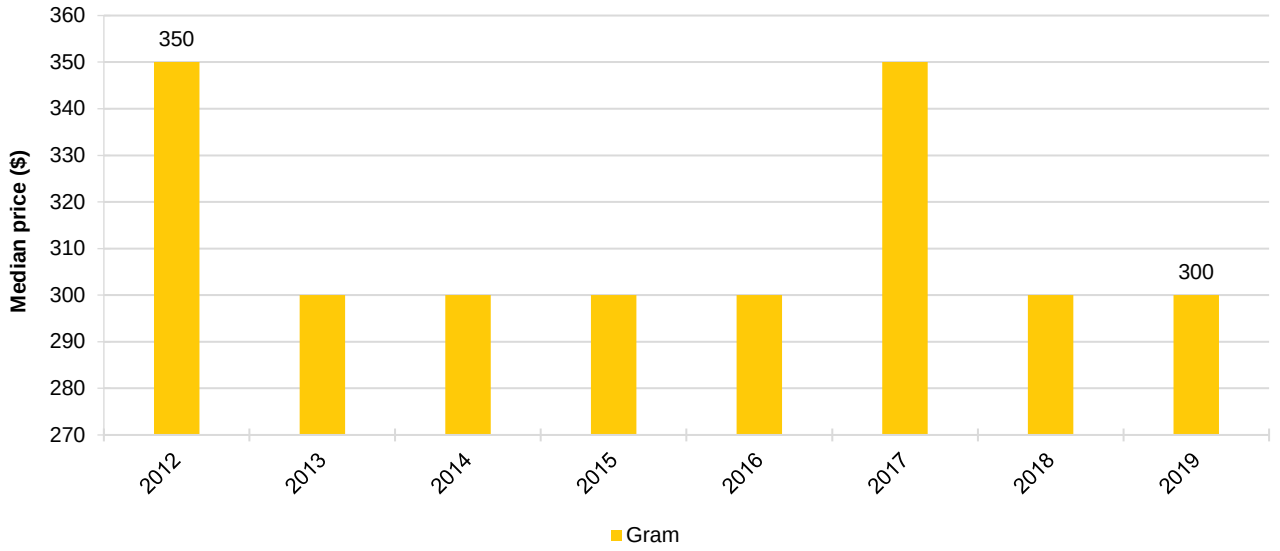
Perceived Purity

Respondents had mixed perceptions of purity (Figure 16): 'low' purity (33% versus 22% in 2018), 'medium' purity (33% in both 2018 and 2019) and 'high' purity (27% versus 30% in 2018).

Perceived Availability

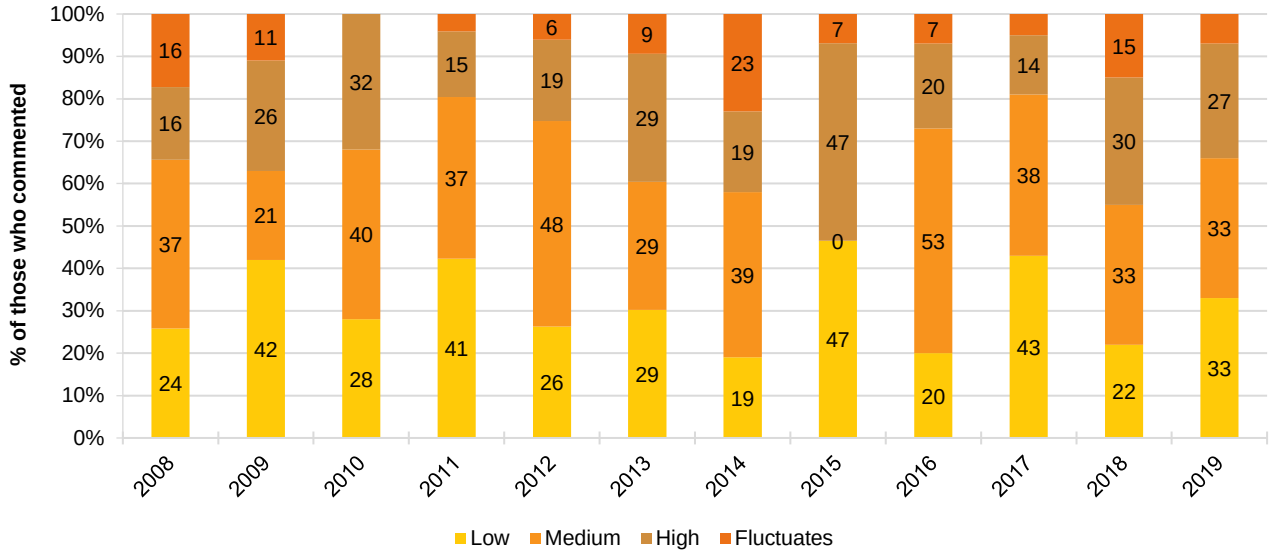
The majority perceived cocaine to be 'easy' (50% versus 42% in 2018) or 'very easy' (28% versus 14% in 2018) to obtain (Figure 17). Some reported it as 'difficult' (20% versus 42% in 2018) to obtain.

Figure 15: Median price of cocaine per gram, Victoria, 2012-2019



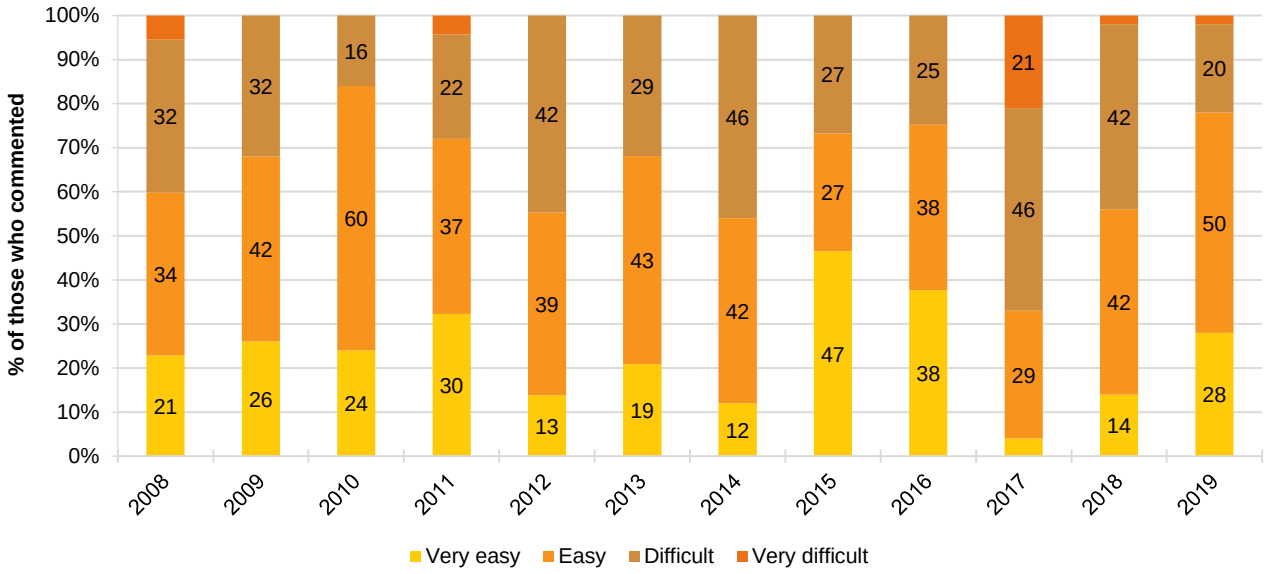
Note. Among those who commented. Data labels have been removed from figures in years 2012, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 16: Current perceived purity of cocaine, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 17: Current perceived availability of cocaine, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

5

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

A least 81% of participants have reported recent use of cannabis each year since 2008, with the highest percentage reporting recent use in 2015 (90%) and the majority (86%) reporting recent use in 2019 (Figure 18).

Frequency of Use (past 6 months)

Typical reported frequency of use has varied between fortnightly and several times a week since 2008. The median of 24 days (IQR=7.5-24.0) in 2019 was the same figure as was found in 2018 (Figure 18).

Routes of Administration

Across all years, consistently high numbers of recent consumers reported smoking cannabis (97% in 2019 versus 93% in 2018), with more reporting swallowing (35% versus 11% in 2018, $p<0.001$) and vaping (26% versus 10% in 2018, $p<0.001$) in 2019 compared to previous years.

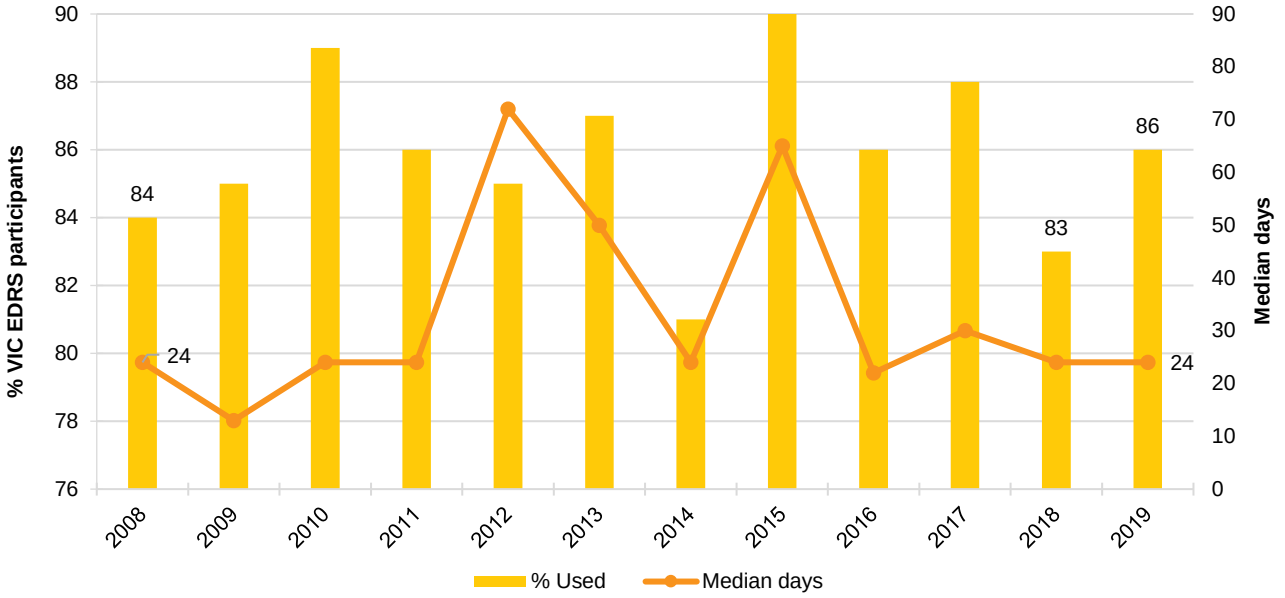
Quantity

The median amount used by those who commented on the last occasion of use was one gram (IQR=0.63-2.00).

Forms Used

Similar percentages of consumers reported recent use of hydroponic cannabis (30%) and outdoor-grown 'bush' cannabis (37%). Smaller percentages reported having used hashish (17%) in the preceding six months. Nineteen per cent of respondents reported hydroponic cannabis as the main form used, and 27% reported 'bush' cannabis as the main form used.

Figure 18: Past six month use and frequency of use of cannabis, Victoria, 2008-2019



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 90% and 90 days to improve visibility of trends in days of use. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Hydroponic Cannabis

Price: Among those who commented on the price of hydroponic cannabis (n=14), the median reported price was $15 per gram (IQR=14-16) or $290 per ounce ($15 per gram or $275 per ounce in 2018; Figure 19).

Perceived Potency: Those who commented on the potency of hydroponic cannabis (n=18) perceived it as being ‘medium’ (33% versus 30% in 2018) to ‘high’ (56% versus 57% in 2018) strength (Figure 20).

Perceived Availability: Those who commented on the availability of hydronic cannabis (n=19) reported it as mostly ‘very easy’ (68% versus 39% in 2018) or ‘easy’ (26% versus 39% in 2018) to obtain (Figure 21).

Bush Cannabis

Price: Among those who commented on the price of bush cannabis (n=12) the median reported price was $15 per gram (IQR=13-15) or $260 per ounce ($15 per gram or $240 per ounce in 2018; Figure 19).

Perceived Potency: Those who commented on the potency of bush cannabis (n=20) mostly reported ‘medium’ (45% versus 31% in 2018) to ‘high’ (30% versus 54% in 2018) strength (Figure 20).

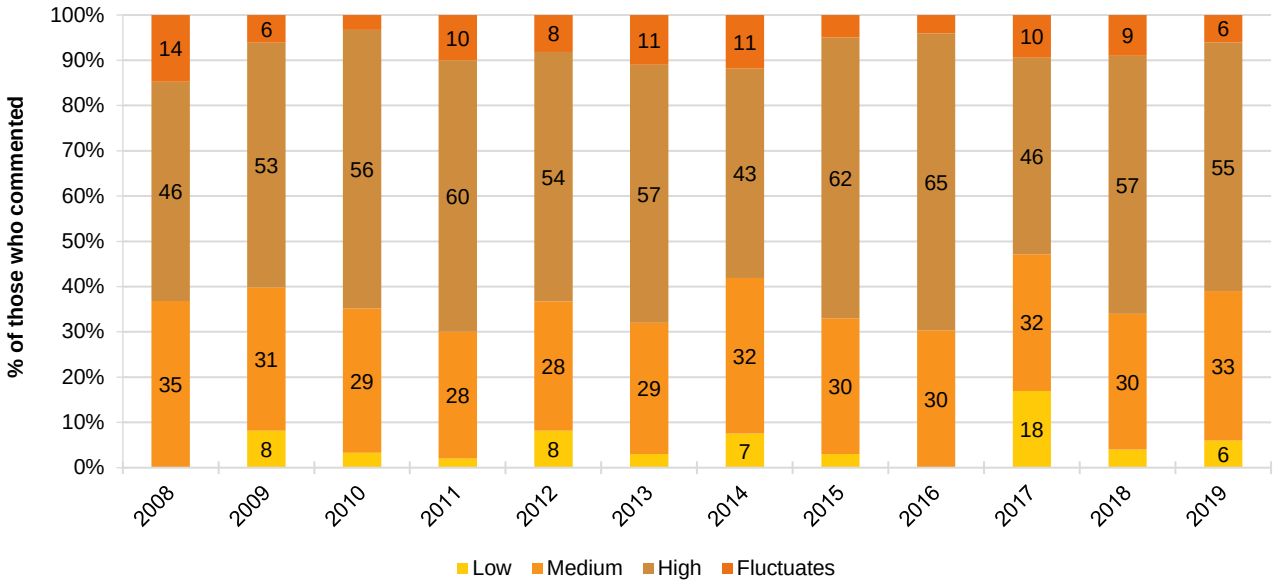
Perceived Availability: Those who commented on the availability of bush cannabis (n=22), 59% reported it as mostly ‘very easy’ (46% in 2018) or ‘easy’ (27% versus 23% in 2018) to obtain (Figure 21).

Figure 19: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Victoria, 2008-2019

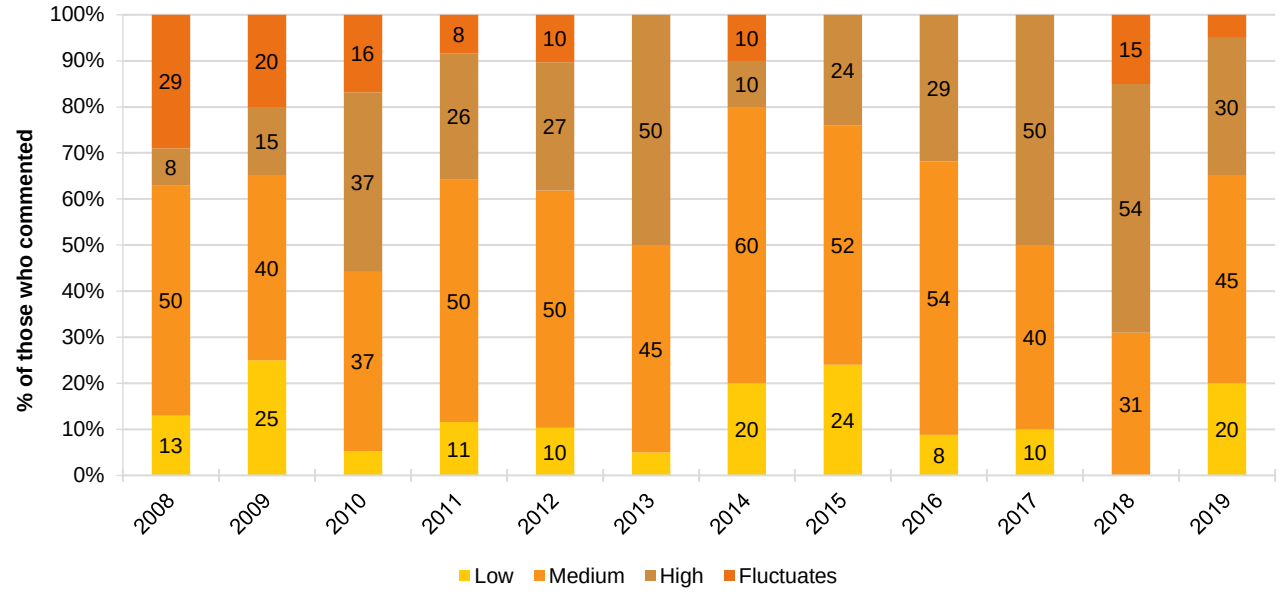
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 20: Current perceived potency of hydroponic (A) and bush (B) cannabis, Victoria, 2008-2019

(A) Hydroponic cannabis



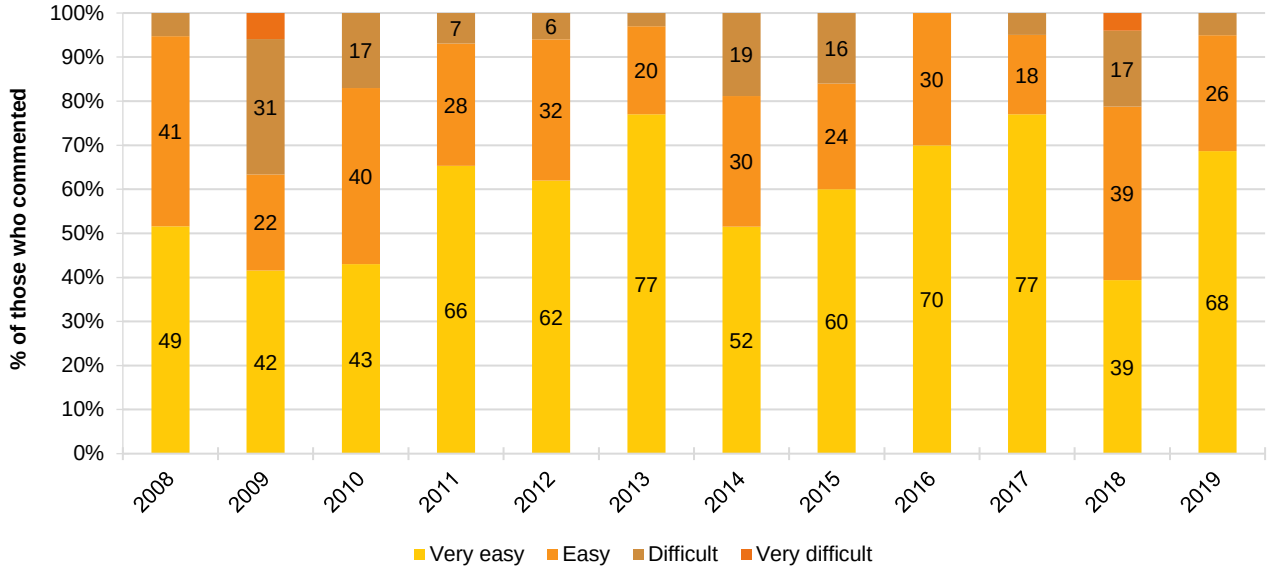
(B) Bush cannabis



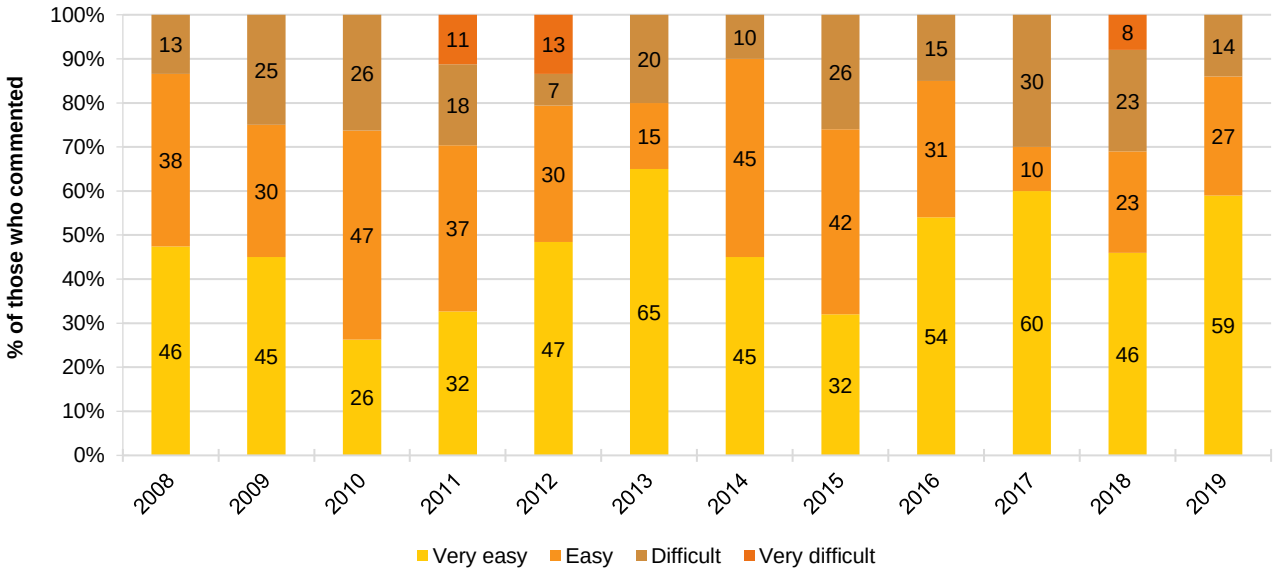
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 21: Current perceived availability of hydroponic (A) and bush (B) cannabis, Victoria, 2008-2019

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

6

Ketamine, LSD, and Hallucinogenic Mushrooms

Ketamine

Patterns of Consumption

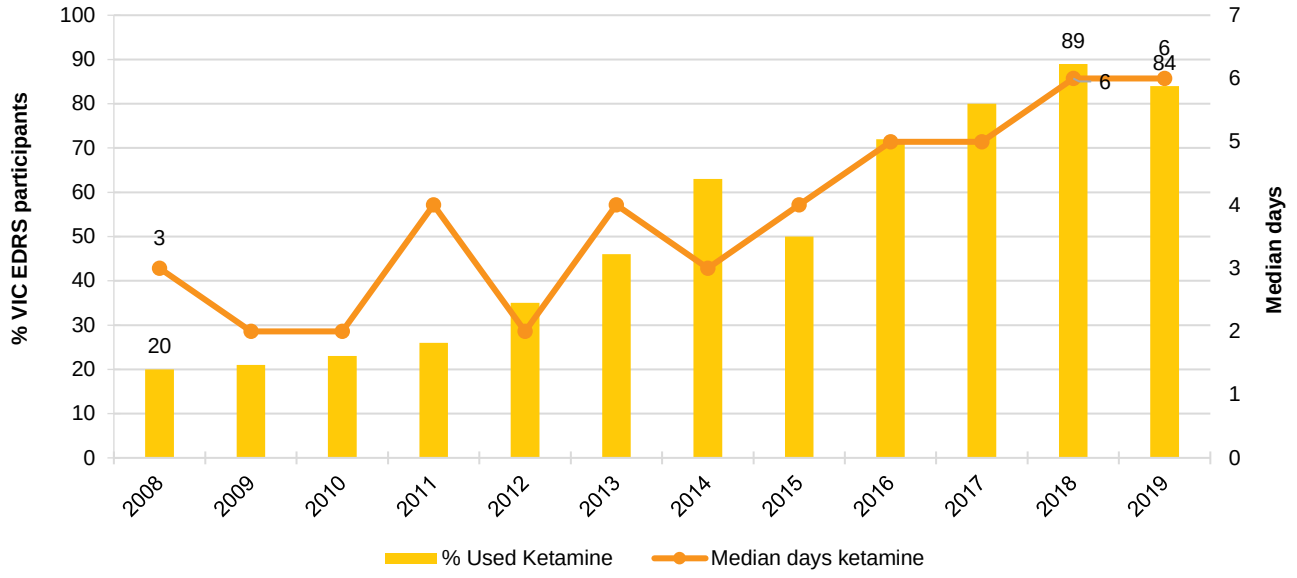
Recent Use (past 6 months): Ketamine use has gradually increased in prevalence since 2008. In 2019, 84% of participants reported recent use of ketamine, a comparable figure to that found in 2018 (89%;Figure 22).

Frequency of Use (past 6 months): Frequency of use in the past six months has ranged between two and six days since 2008, with consumers reporting use on a median of six days in 2018 and 2019 (IQR=3-12) (Figure 22). Seven per cent of participants reported weekly or more use in 2019.

Routes of Administration: Among consumers, the most common route of administration reported was snorting (99% in both 2018 and 2019).

Quantity: The median quantity used in a 'typical' session was 0.3 (IQR=0.3-0.5) grams in 2019, the same as the figure found for 2018.

Figure 22: Past six month use and frequency of use of ketamine, Victoria, 2008-2019



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 7 days to improve visibility of trends. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

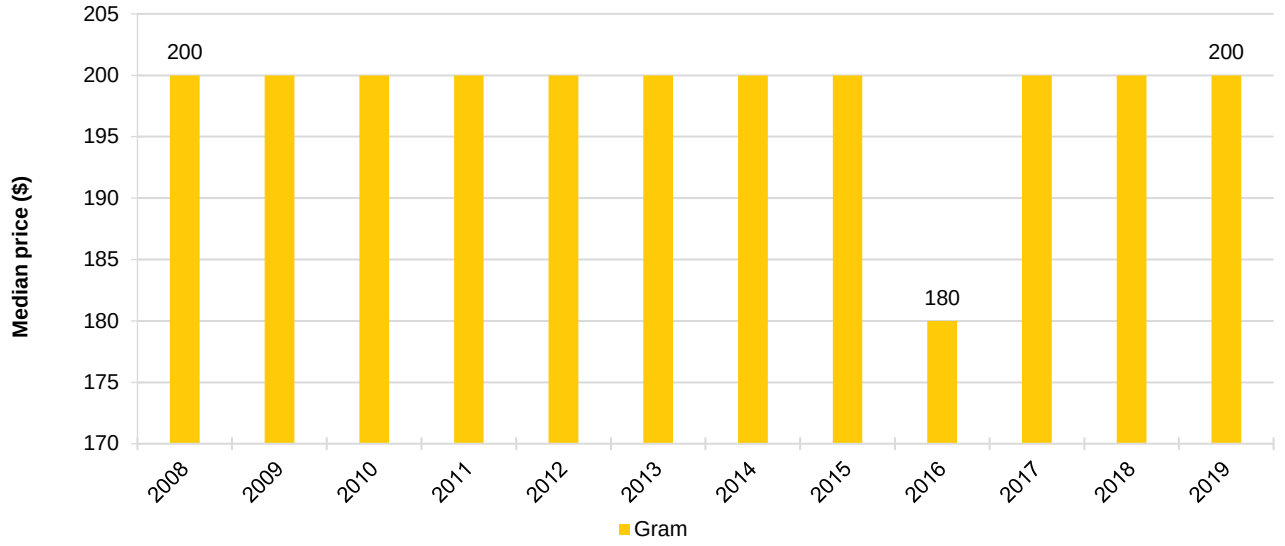
Market Trends

Price: The reported price of ketamine per gram has remained consistent over recent years at $200 per gram (IQR=180-200). In 2016, the price was reported as $180 per gram (Figure 23).

Perceived Purity: The majority of those who responded (n=64) perceived the purity of ketamine to be 'high' (59% versus 44% in 2018;Figure 24). Another 23% reported ketamine purity to be 'medium' and 13% reported it as 'fluctuating'.

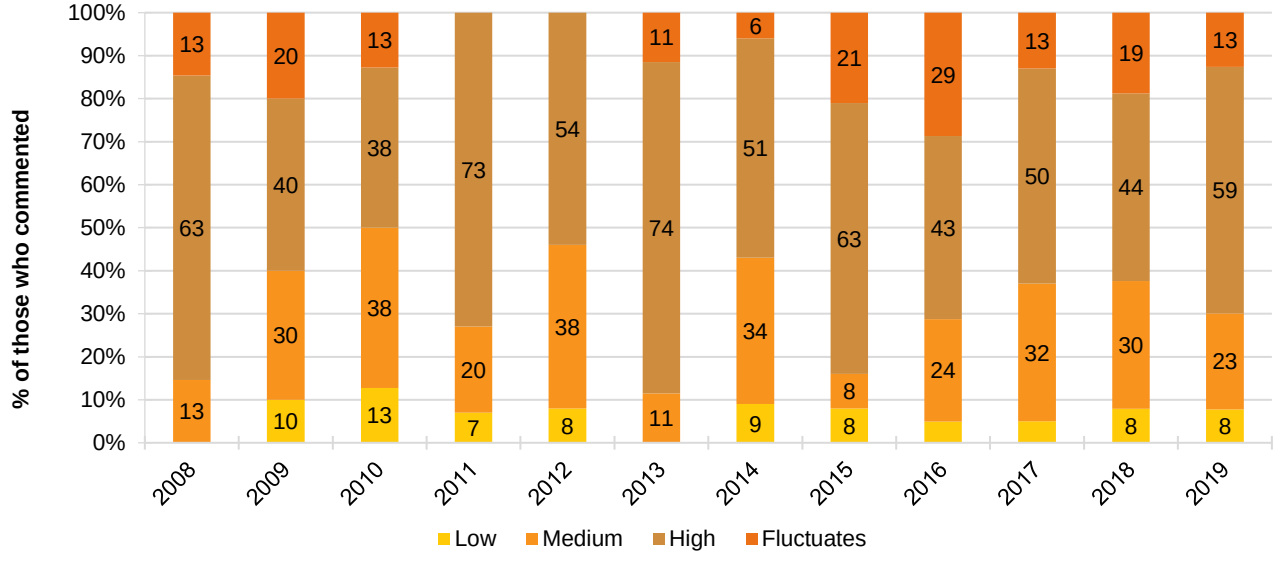
Perceived Availability: Most participants reported that ketamine was 'easy' (45% versus 54% in 2018) or 'very easy' to obtain (45% versus 29% in 2018), with a small number (11%) reporting it as 'difficult' to obtain (17% in 2018; Figure 25).

Figure 23: Median price of ketamine per gram, Victoria, 2008-2019



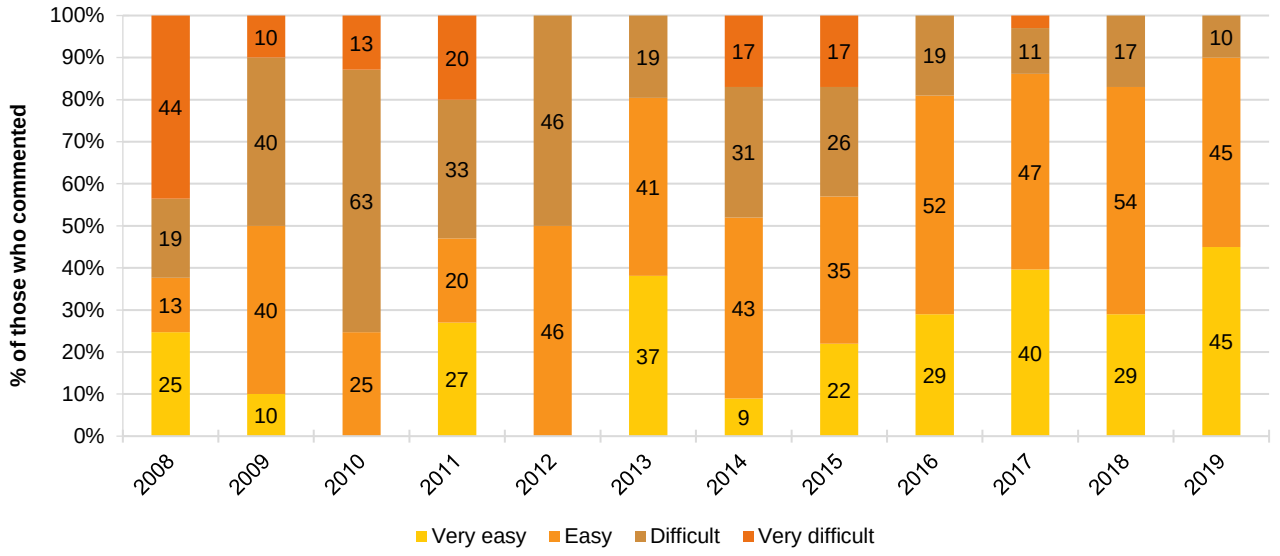
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 24: Current perceived purity of ketamine, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 25: Current perceived availability of ketamine, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

LSD

Patterns of Consumption

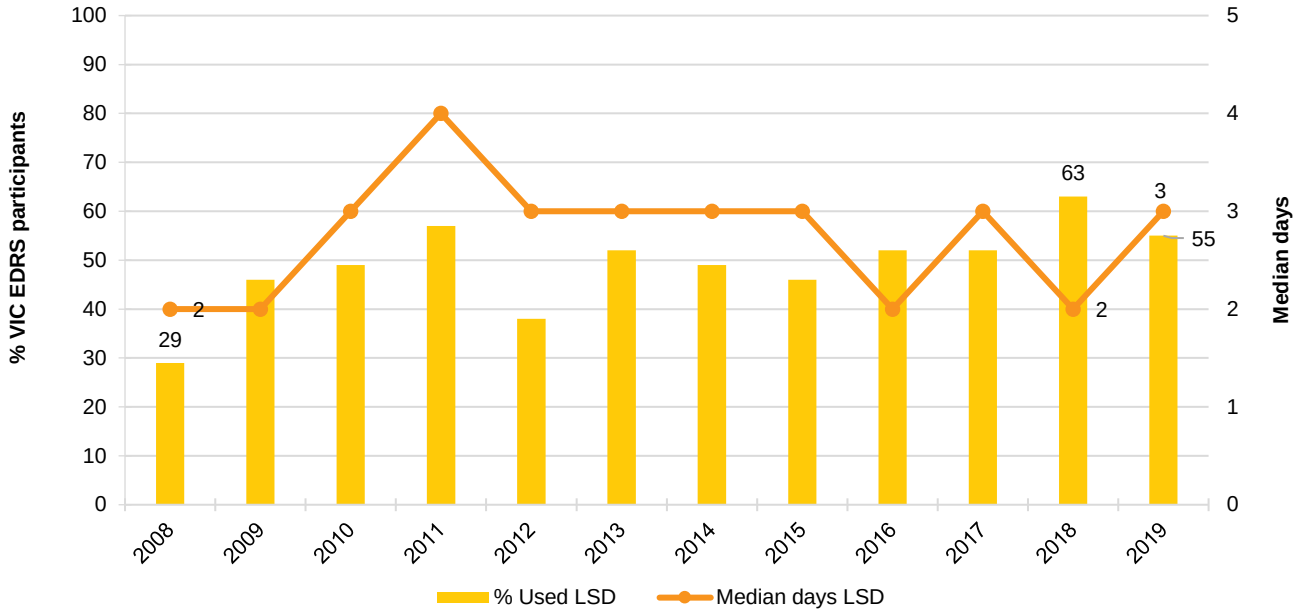
Recent Use (past 6 months): Approximately half of the sample reported recent use of LSD (55% versus 63% in 2018;Figure 26). Reported recent use of LSD has fluctuated over the past 10 years, with at least one in four participants reporting recent use since 2008.

Frequency of Use (past 6 months): Use across the years has been infrequent, ranging from a median of two days to a median of four days since 2008. In 2019, participants reported using LSD on a median of three days (IQR=1.8-5.0) versus two days in 2018 (Figure 26).

Routes of Administration: In both 2018 and 2019, all recent consumers reported swallowing LSD.

Quantity: The median quantity used in a 'typical' session was one tab (IQR=0.5-1.0) or 200 micrograms.

Figure 26: Past six month use and frequency of use of LSD, Victoria, 2008-2019



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. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

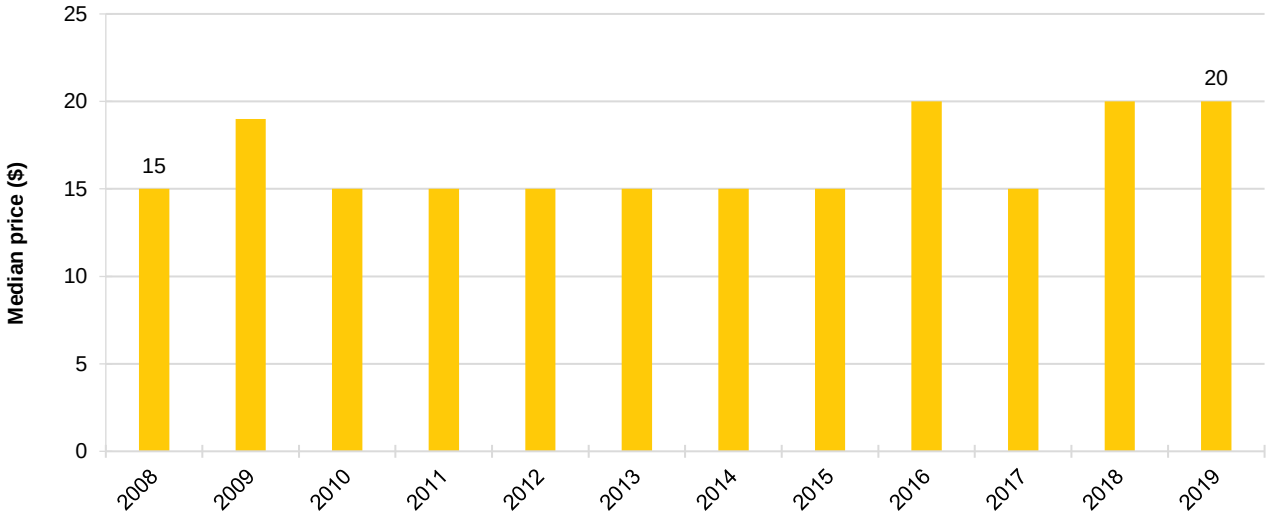
Market Trends

Price: The price of LSD per tab has remained consistent since 2008, ranging from $15 to $20. Respondents reported paying $20 per tab (IQR=25-75, n=50), the same figure as was found in 2018 (Figure 27).

Perceived Purity: Of those who commented (n=51), the majority reported the perceived purity as 'high' (71% versus 56% in 2018), followed by 22% reporting 'medium' purity (26% in 2018; Figure 28).

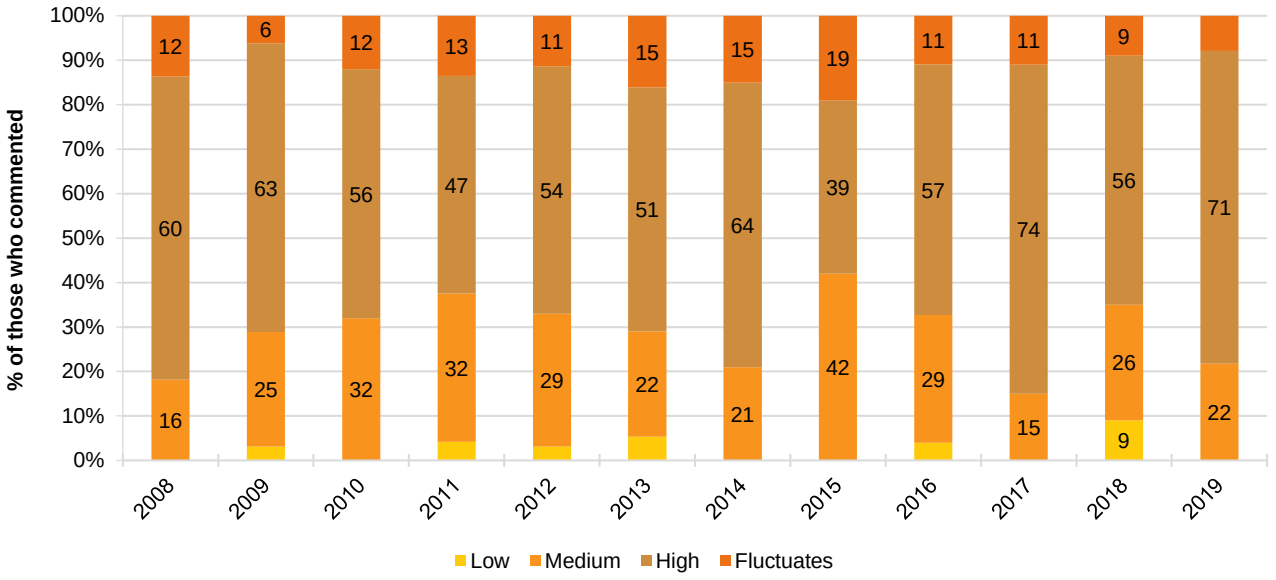
Perceived Availability: Reports of LSD availability had fluctuated. Thirty-eight per cent of respondents in 2019 stated it was 'easy' to obtain LSD (43% in 2018) and 38% reported that it was 'difficult' to obtain (40% in 2018; Figure 29).

Figure 27: Median price of LSD per tab, Victoria, 2008-2019



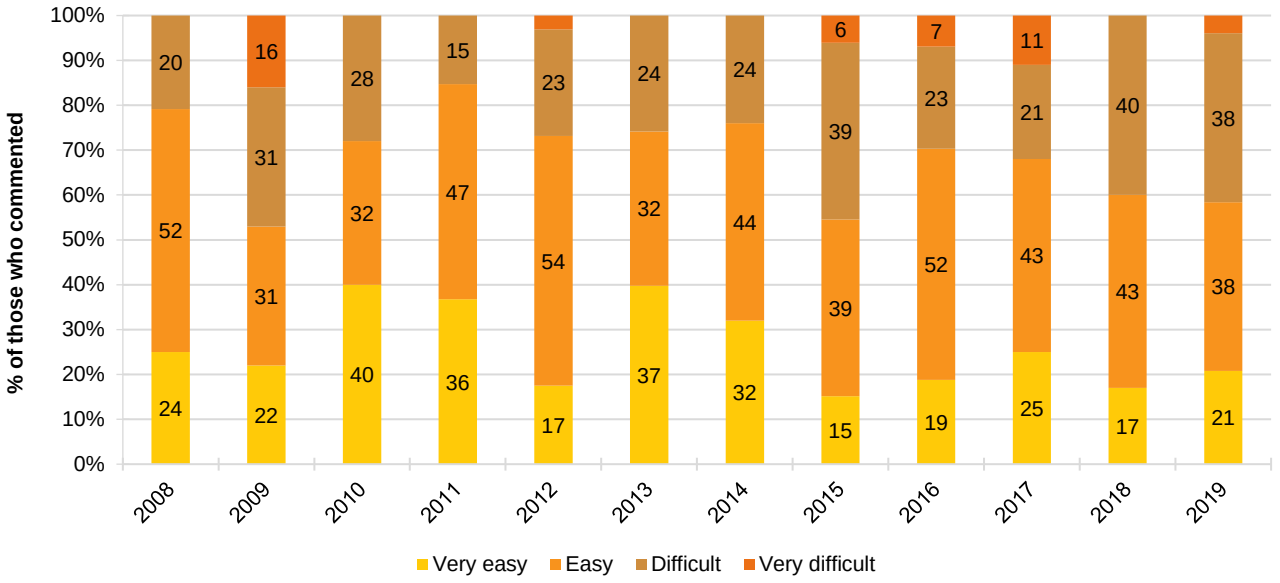
Note. Among those who commented. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 28: Current perceived purity of LSD, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 29: Current perceived availability of LSD, Victoria, 2008-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

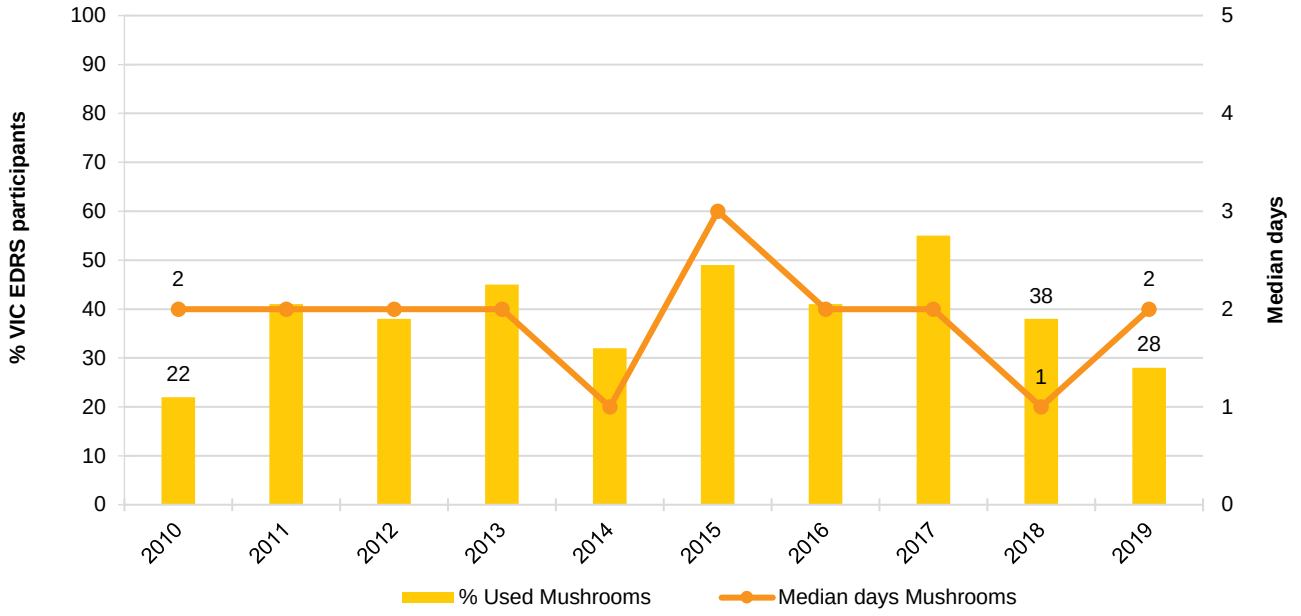
Hallucinogenic Mushrooms

Patterns of Consumption

Recent Use (past 6 months): Twenty-eight per cent of the sample reported hallucinogenic mushroom use in the six months preceding interview (38% in 2018, p>0.050; Figure 30). The percentage of participants reporting recent use of mushrooms has fluctuated since 2010, ranging from 22% in 2010 to 55% in 2017.

Frequency of Use (past 6 months): Respondents' median reported days of use was two (IQR=1.00-3.75) (one day in 2018; Figure 30). This frequency of reported use has remained largely consistent, between one and three days, since 2010.

Figure 30: Past six month use and frequency of use of mushrooms, Victoria, 2010-2019



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. Data labels have been removed from figures in years 2010, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

7

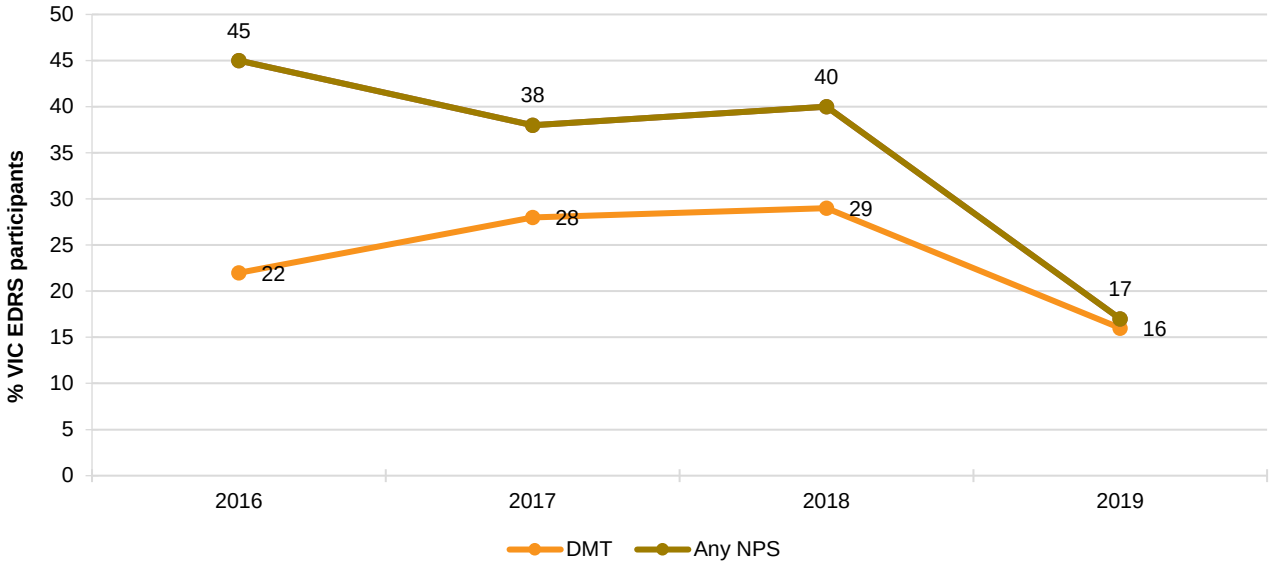
New Psychoactive Substances

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 the term has come to include drugs which have previously not been well established in recreational drug markets.

Seventeen per cent of the VIC sample reported recent use of NPS (Figure 31), a significant decline from 2018 (40%, $p<0.001$). Recent use of NPS has been gradually declining since 2016, with DMT consistently being nominated as the substance most used.

EDRS collects data on a large number of NPS specifically by name; however, those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the Victorian EDRS sample are needed, please contact the Drug Trends team, or see the National Report for national trends in use.

Figure 31: Any use of NPS, Victoria, 2016-2019



Note. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.

8

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Recent Use (past 6 months): Ten per cent of the sample reported recent use of any non-prescribed codeine (low dose and/or high dose). This was consistent with 2018, when 9% of the sample reported recent use of any non-prescribed codeine (Figure 32). Use of non-prescribed codeine has been gradually decreasing since 2009.

Recent Use for Non-Pain Purposes (past 6 months): Very few respondents (n≤5) reported use of low-dose codeine for non-medical/pain purposes. It is unclear if this was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e., participants could only report use for non-pain purposes occurring prior to rescheduling in February 2018).

Pharmaceutical Opioids

Recent Use (past 6 months): Eleven per cent of the 2019 sample reported recent use of non-prescribed pharmaceutical opioids, noting that high-dose codeine was excluded from this classification for the first time in 2018 (Figure 32).

Frequency of Use (past 6 months): The median number of days non-prescribed pharmaceutical opioids were used amongst those able to comment (n=11) was one day (IQR=1-3).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) has remained consistent in recent years. Thirty-four per cent of the 2019 sample reported using non-prescribed pharmaceutical stimulants in the six months preceding the interview (37% in 2018) (Figure 32).

Frequency of Use (past 6 months): Frequency of reported use has decreased slightly, with consumers in 2019 reporting a median of three days (IQR=1-6) of use in the past six months, down from a median of five days in 2018.

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since 2008, with 42% of the sample reporting such use in 2019 (Figure 32). Use of alprazolam (30%) is relatively consistent with use of other benzodiazepines (29%).

Frequency of Use (past 6 months): Participants reported a median of three days (IQR=1-10) of use of non-prescribed alprazolam in the six months preceding the interview. Participants who reported using other non-prescribed benzodiazepines also reported a median of three days (IQR=2-10) of use.

Antipsychotics

Recent Use (past 6 months): Use of non-prescribed antipsychotics has remained low over the course of monitoring (Figure 32). Six per cent of the 2019 sample reported recent use of non-prescribed antipsychotics (11% in 2018).

Frequency of Use (past 6 months): The median number of days of use among those who reported recent use of non-prescribed antipsychotics was five days (IQR=5-18, two days in 2018).

Other Illicit Drugs

MDA

Recent Use (past 6 months): Reported MDA (3,4-methylenedioxyamphetamine) use has decreased in recent years (6% in 2019 versus 16% in 2018, $p<0.050$) (Figure 33).

Frequency of Use (past 6 months): The median reported days of use of MDA was three (IQR=1-5, two days in 2018) indicating infrequent use.

Heroin

Due to low numbers reporting on recent use of heroin, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the researchers.

Substances with Unknown Contents

Capsules: Due to low numbers reporting on recent use of capsules with unknown contents, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the researchers.

Other Unknown Substances: In 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' forms. Nine per cent of the sample reported recent use of pills with unknown contents, with a median of one day of use (IQR=1-1) in the preceding six months. Sixteen per cent of participants reported recent use of unknown powder, with a median of two days of use. Fewer numbers reported using crystal with unknown contents in 2019.

GHB/GBL

Recent Use (past 6 months): Reported recent use of GHB/GBL has remained relatively consistent since 2008 (10% in 2019 versus 14% in 2018;Figure 33).

Frequency of Use (past 6 months): Frequency of use has also remained consistent. In 2018 and 2019, the median reported number of days of use was three (IQR=1-6).

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire sample (97%) reported recent alcohol use, consistent with the percentage observed in previous years (Figure 34).

Frequency of Use (past 6 months): In 2019, consumers reported using alcohol on a median of 33 days in the past six months, a decline from 48 days in 2018 ($p<0.010$). The majority (75%) of recent consumers drank alcohol once a week or more frequently in 2019, a similar figure to that found in 2018 (82%).

Tobacco

Recent Use (past 6 months): Similar to previous years, 75% per cent of respondents reported recent use of tobacco (78% in 2018) (Figure 34).

Frequency of Use (past 6 months): The median frequency of reported use was 90 days in both 2018 and 2019. Forty per cent of consumers reported daily use, a non-significant increase from 28% in 2018.

E-cigarettes

Recent Use (past 6 months): Use of e-cigarettes has fluctuated since monitoring began in 2014, with 40% of participants reporting use in the six months preceding interview in 2019, a non-significant increase from 28% in 2018 (Figure 34).

Frequency of Use (past 6 months): The median of days of reported use was 10 in 2019, a large increase from three days in 2018 (p<0.010).

Forms Used: Among recent consumers (n=41), 63% reported using e-cigarettes containing nicotine. Fifteen per cent reported using e-cigarettes containing both nicotine and cannabis and 17% reported using neither cannabis nor nicotine in 2019. Among recent consumers, 32% reported using e-cigarettes as a smoking cessation tool in 2019.

Nitrous Oxide

Recent Use (past 6 months): In 2019, 61% of participants reported recent use of nitrous oxide (69% in 2018;Figure 34). There has been a gradual increase since 2008, where 23% of the sample reported recent use.

Frequency of Use (past 6 months): Frequency of use remained stable at a median of six days (IQR=3-12) in 2019, the same figure as was found in 2018.

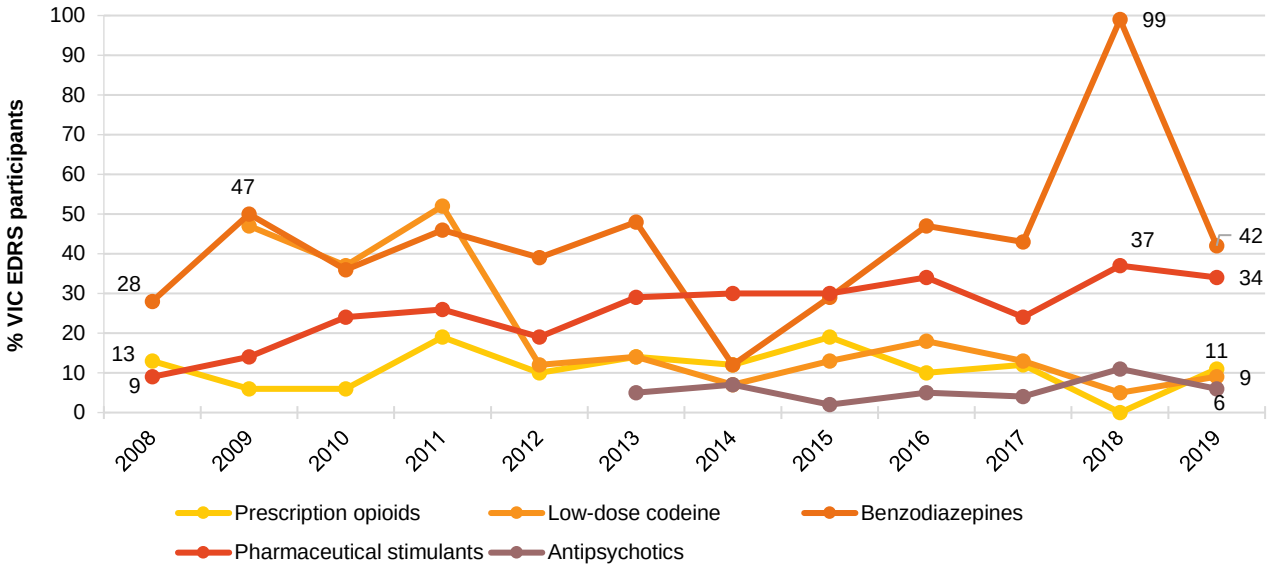
Amyl Nitrite

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 will be 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): Thirty-eight per cent of participants reported recent use of amyl nitrite (42% in 2018) (Figure 34). Recent use of amyl nitrite has fluctuated since 2008, ranging between 16% in 2008 and 44% in 2017.

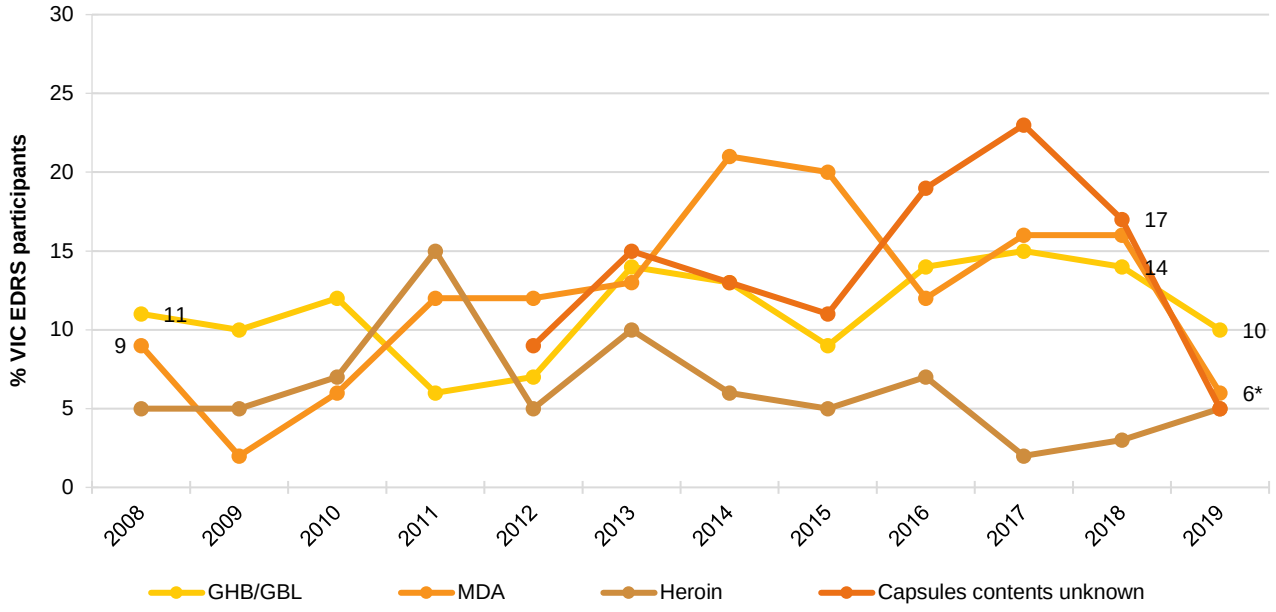
Frequency of Use (past 6 months): Frequency of amyl nitrite use was generally low, with participants reporting a median of three days (IQR=1-5) of use in the last six months (four days in 2018).

Figure 32: Non-prescribed use of pharmaceutical drugs in the past six months, Victoria, 2008-2019



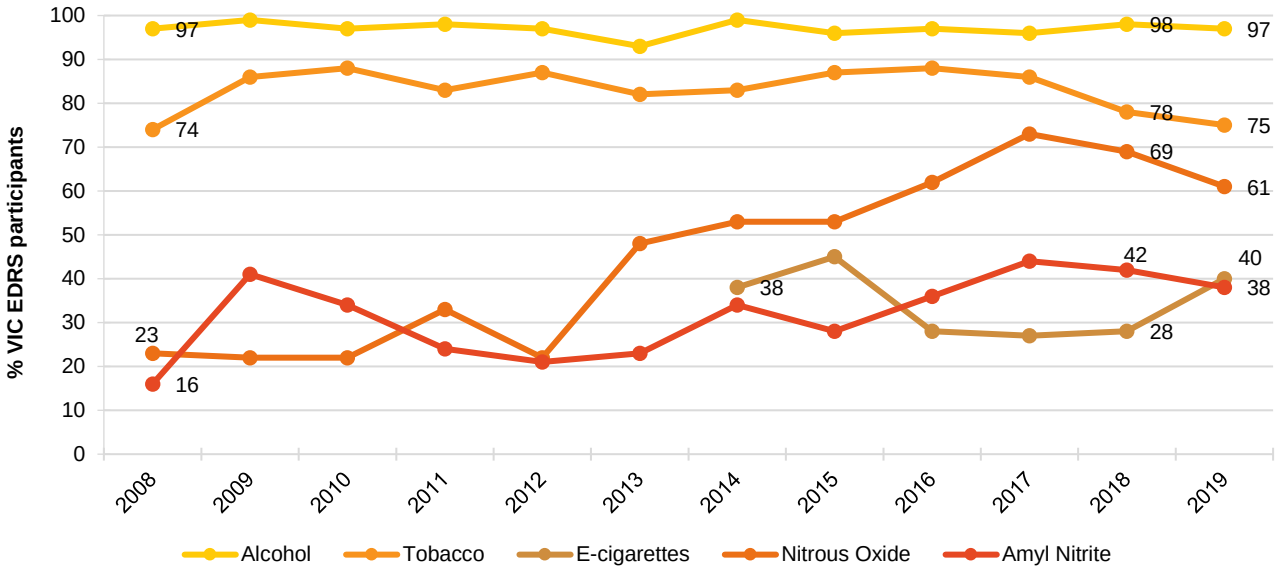
Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 33: Other illicit drugs used in the past six months, Victoria, 2008-2019



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 has been reduced to 30% to improve visibility of trends. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 34: Licit drugs used in the past six months, Victoria, 2008-2019



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

9

Drug-Related Harms and Other Risk Factors

Polysubstance Use

Polysubstance use is common amongst the EDRS sample in VIC, with the vast majority (96%) of participants reporting use of other substances on their last occasion of ecstasy or other stimulant use. The most commonly used substances (in addition to stimulant use) were alcohol (73%), tobacco (44%), cannabis (36%), and ketamine (36%). Ninety-three per cent of the sample reported using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use, with the most common combinations being stimulants, depressants and hallucinogens/dissociatives (28%) and stimulants, depressants, and cannabis (27%). Ten per cent of the sample reported using depressants, cannabis, and hallucinogens/dissociatives on their last occasion of stimulant use.

Harmful Consumption of Alcohol

The World Health Organization designed the Alcohol Use Disorders Identification Test (AUDIT) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the Victoria EDRS sample was 12.3 (SD 7.5). The majority (74%) of participants obtained a score of eight or more, indicative of hazardous use. These scores further break down into 50% of the sample reporting drinking in excess of low risk drinking guidelines, seven per cent reporting harmful drinking, and 17% screening positive for possible alcohol dependence.

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, 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.
- **Opioid overdose:** same definition as above.
- **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:** similar definition to above.

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 percentage reporting any depressant overdose, comprising any endorsement of alcohol or opioid overdose, or other drug overdose where a depressant (e.g. GHB, benzodiazepines) was listed.

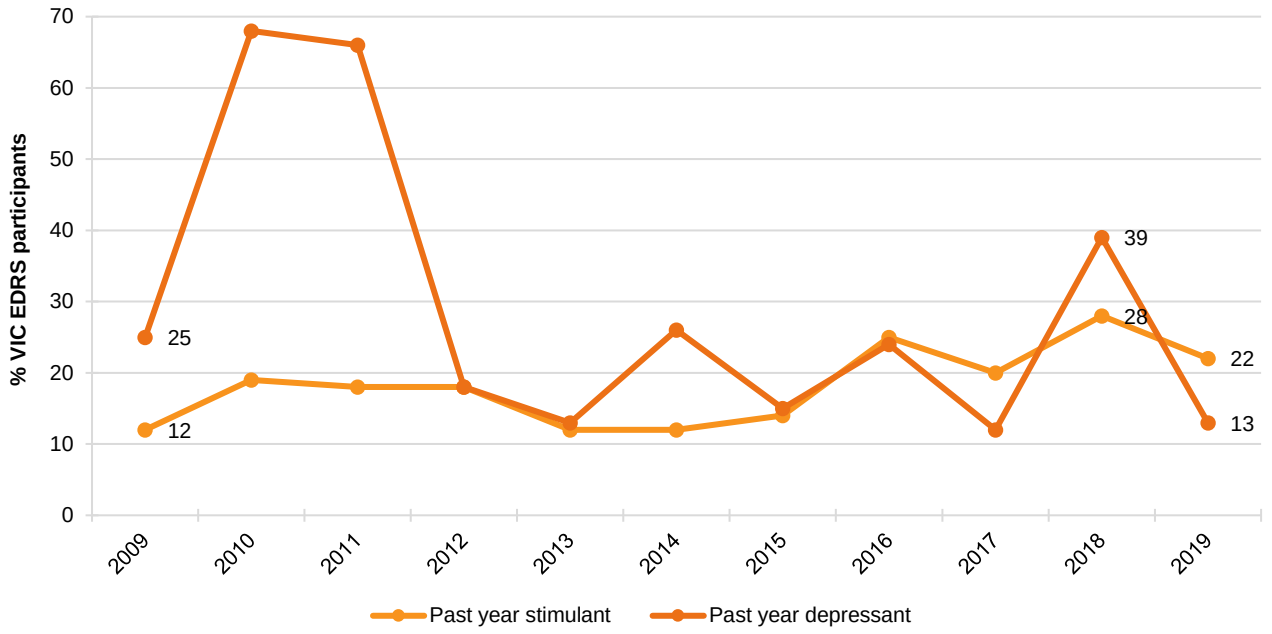
Non-Fatal Depressant Overdose

In 2019, 13% of the sample reported having ever overdosed on a depressant drug (Figure 35). When asked to report the main drug to which they attributed their last depressant overdose (n=13), the majority reported alcohol (85%). Of those who commented (n=13), polydrug use was not common at the time of their last overdose (15%). Ninety-one per cent of respondents did not receive treatment at the time of their last depressant overdose.

Non-Fatal Stimulant Overdose

Twenty-two per cent of the sample reported having overdosed on a stimulant drug in the last year on a median of two occasions (IQR=1-3) (Figure 35). In 2019, participants reporting a non-fatal overdose in the last year (n=22) were asked which stimulant drug they considered to be the main drug causing their last overdose, and mainly nominated ecstasy capsules (68%). Over two-thirds (77%) reported that they had also been under the influence of one or more additional drugs (stimulants or depressants). The majority of participants (91%) did not receive treatment or assistance on their last stimulant overdose occasion.

Figure 35: Past year non-fatal stimulant and depressant overdose, Victoria, 2009-2019

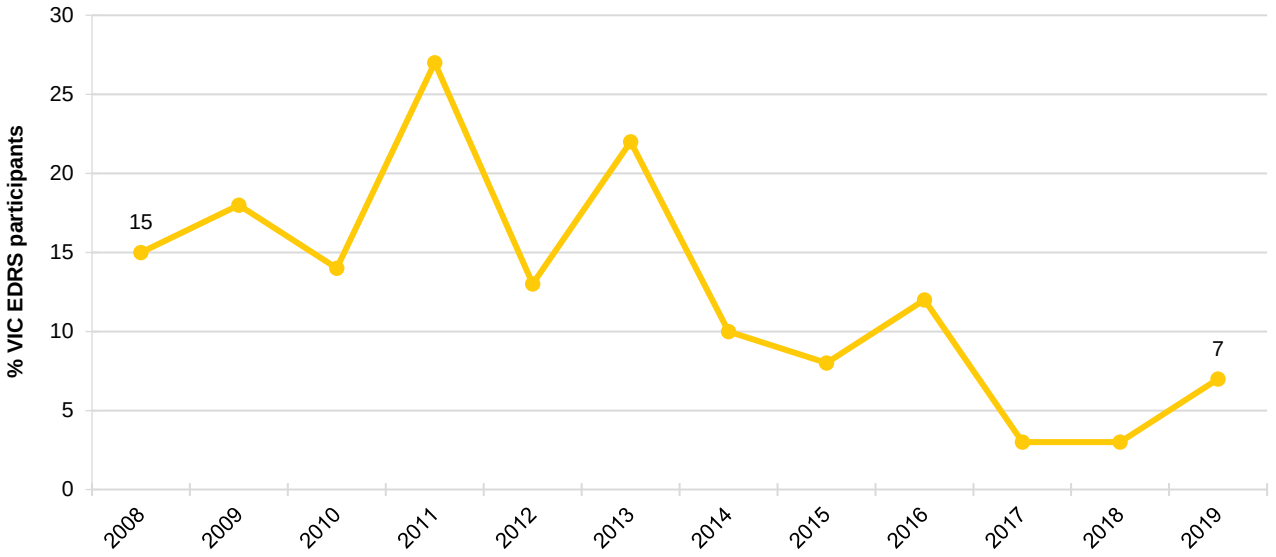


Note. Y axis has been reduced to 70% to improve visibility of trends. Data labels have been removed in initial years of monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Injecting Drug Use and Associated Risk Behaviours

There has been a gradual decrease in the percentage of participants reporting injecting in their lifetime (7% in 2019 versus 15% in 2008). Due to low numbers reporting injecting drugs, no further data will be reported on injecting. For national trends, refer to the National EDRS Report or contact the researchers for more information.

Figure 36: Lifetime drug injection, Victoria, 2008-2019



Note. Y axis reduced to 30% to improve visibility of trends. Past six month injection asked of participants prior to 2016. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Drug Treatment

Few participants (<5) reported currently receiving drug treatment in 2019; this is consistent with reporting in previous years. For national trends refer to the National EDRS Report, or for further information contact the researchers.

Sexual Risk Behaviours

In 2019, 90% of the sample reported having had penetrative sex in the last six months (Table 3). In 2019, participants were asked about any penetrative sex, defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

The median number of people with whom the 2019 sample reported penetrative sex within the last six months was two. The median number of people with whom respondents reported having unprotected sex was one, with 14% reporting no unprotected sex. Thirty per cent of respondents who reported having penetrative sex reported that they did not know the HIV status of their partner when done so without a barrier.

Over half (54%) of the total sample reported having had a sexual health check-up in the past year; 18% had done so more than one year ago; and 27% reported never having had a sexual health check-up. Of those tested in the past year who commented (n=53), nearly two-thirds (59%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); 19% had received a positive diagnosis in the past year; and 23% had received a positive diagnosis over a year ago.

Table 3: Sexual health practices, Victoria, 2019

	VIC N=99
Any penetrative sex in the past six months (n)	N=90
Of those who responded[#]:	
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	30
Of those who responded[#]:	
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	34
Of the total sample (past 12 months):	
% Had a sexual health check	54
% Diagnosed with a sexually transmitted infection#	19

[#]of those who had had sexual health check

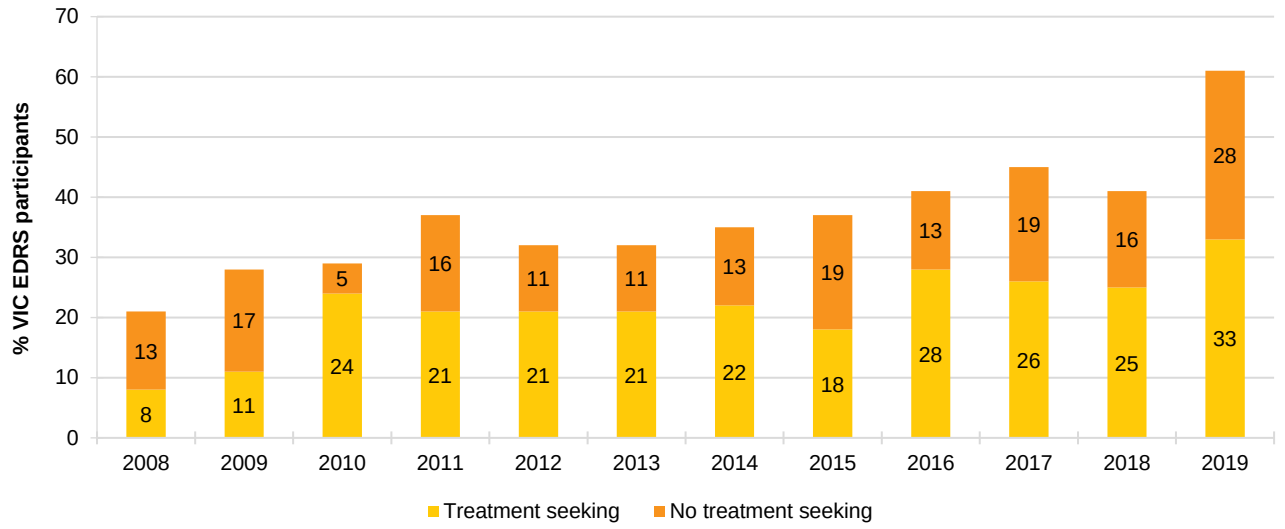
Drug Checking ("pill testing")

Thirty-five per cent of EDRS participants reported ever having had the purity/contents of their drugs tested and 31% had tested in the past year. Of those who tested in the past year, the majority (84%) reported using an at-home testing kit (i.e., reagant test kit). Of those who tested in the past year with a reagant test kit and who responded, they reported most recently testing ecstasy capsules (29%), MDMA crystals (19%), ecstasy pills (19%) and ketamine (10%).

Mental Health

Over half (62%) of the sample reported that they had experienced a mental health problem other than drug dependence in the preceding six months, a figure that has increased gradually since 2008, and was significantly higher than 2018 (41%, $p<0.010$,Figure 37). Of those who commented (n=61), the most common mental health problem was anxiety (71%), followed by depression (61%). Over half (54%) of those who reported experiencing a mental health problem (33% of the total sample) reported seeing a mental health professional during the past six months. Of these people (n=33), 54% reported being prescribed medication for this problem in this period (14% in 2018).

Figure 37: Reported mental health problems and treatment seeking in the past six months, Victoria, 2008-2019

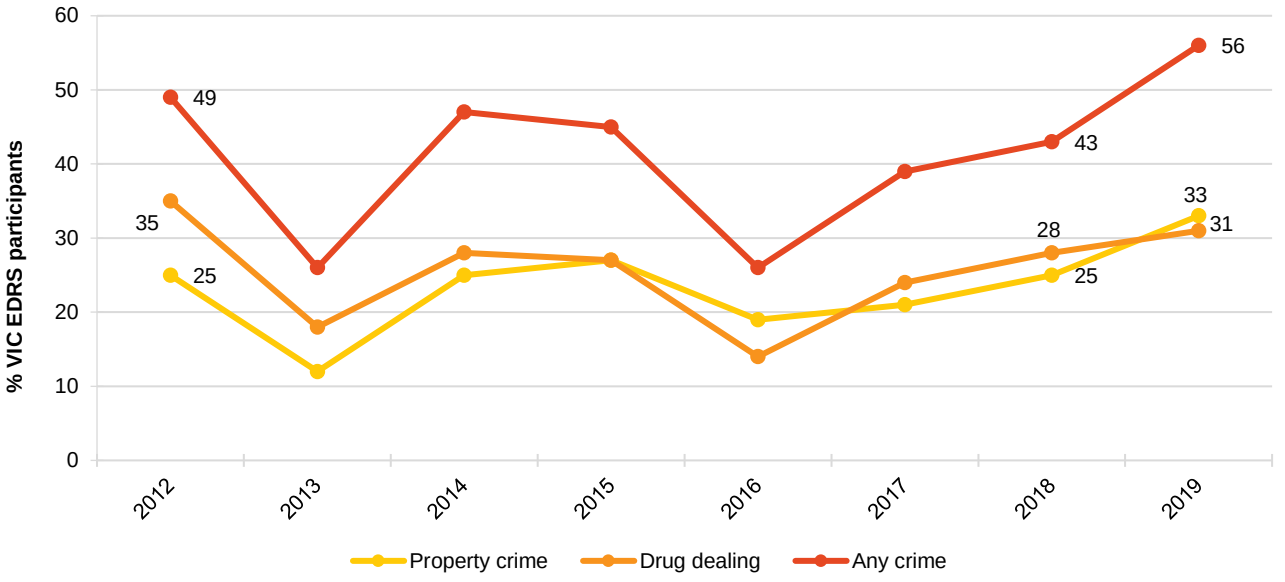


Note. The sum of the percentages who reported treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Y axis has been reduced to 70% to improve visibility of trends. Data labels have been removed from figures in years 2008, 2018 and 2019 with small cell size (i.e. n≤5 but not 0).). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Crime

The percentage of participants reporting past month criminal activity has fluctuated over time, with drug dealing and property crime consistently the two main forms of criminal activity (21% and 33%, respectively, in 2019; Figure 38). The increase in reports of any crime between 2018 (43%) and 2019 (56%) was not significant. Very low numbers (<5 participants) reported engaging in fraud or violent crime or reported recent arrest or having ever been in prison in 2019, consistent with previous years.

Figure 38: Self-reported criminal activity in the past month, Victoria, 2012-2019



Note. 'Any crime' comprises the percentage who reported any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels have been removed from figures in 2012, 2018 and 2019 with small cell size (i.e. n≤5 but not 0).). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2019, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2019 were face-to-face (82%) and via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (76%) (Table 4).

When asked to choose their main purchasing approach in the previous 12 months, a large minority chose social networking applications (42%), followed by face-to-face (38%).

When asked about how they had received illicit drugs on any occasion in the last 12 months, all participants reported face-to-face (100%). Participants also reported receiving illicit drugs in the post (11%).

Buying Drugs Online

Sixteen per cent reported purchasing a drug online in the preceding 12 months. Of those purchasing online recently, most (n=14, 88%) had purchased from a darknet marketplace. Half reported purchasing drugs from an Australian vendor and 43% reported purchasing from an international vendor. The most common drug reportedly obtained was ecstasy, followed by cocaine and cannabis. Similar to 2018, nearly half (49%) reported having heard of the darknet but never accessed or researched it, 9% had researched it but never accessed it, 24% had accessed it but never purchased from it, and 15% reported ever purchasing drugs from the darknet.

Selling Drugs Online

Considering the low numbers reporting (n≤5), please refer to the National EDRS Report for national trends, or for further information, contact the research team.

Table 4: Purchasing approaches of illicit drugs, Victoria, 2019

	2019
% Purchasing approaches in the last 12 months^	n=99
Face to face	82
Surface web	-
Darknet market	14
Social networking applications	76
Text messaging	51
Phone call	35
Other	-
% Main purchasing approach in the last 12 months	
Face to face	38
Surface web	0
Darknet market	-
Social networking applications	42
Text messaging	11
Phone call	-
Other	-

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses.