EDRS

VICTORIAN DRUG TRENDS 2024

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

VICTORIAN DRUG TRENDS 2024: 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.

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to the EDRS in 2024:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Olivia Price, Haniene Tayeb, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Zachary Lloyd and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg, Dr Sophie Haywood and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

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

Abbreviations

1,4-BD	1,4-Butanediol
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drug
AUDIT	Alcohol Use Disorders Identification Test
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Service
NPS	New psychoactive substances
NSP	Needle Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
PMMA	Polymethyl methacrylate
PTSD	Post-Traumatic Stress Disorder
REDCAP	Research Electronic Data Capture
SA	South Australia
SD	Standard deviation
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
STI	Sexually Transmitted Infection

THC	Tetrahydrocannabinol
UNSW	University of New South Wales
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Melbourne Victoria (VIC) EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants, recruited via social media and word-of mouth in Melbourne, VIC. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2024 from April-June. Interviews from 2020 onwards were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples, relative to previous years.**

Sample Characteristics

The EDRS sample (N=100) recruited from Melbourne was similar to the sample in 2023 and in previous years. Gender remained stable between 2023 and 2024, with 48% identifying as female (42% in 2023), and participants had a median age of 25 years. The per cent of respondents that reported being a current student (39%; 31% in 2023) or holding a tertiary qualification (60%; 71% in 2023) remained stable. There was a significant change in respondents employment status ($p<0.001$), with fewer reporting fulltime work (23%; 51% in 2023) and more reporting part time/casual work (56%; 32% in 2023). Accommodation status changed significantly relative to 2023 ($p=0.012$), with half of the sample (50%) living in a rental house/flat (69% in 2023) and a further 36% residing with their parents/at their family home (19% in 2023) at the time of interview. The median weekly income significantly decreased to a median of $600 in 2024 (IQR=392–1029; $1200 in 2023; IQR=700–1737; $p<0.001$). There was a significant change in drug of choice between 2023 and 2024 ($p=0.026$), with more participants nominating ketamine (20%; 13% in 2023) and cocaine (19%; 14% in 2023) as their drug of choice. Drug used most often in the month preceding interview changed significantly in 2024 ($p=0.012$), with fewer participants nominating ecstasy (15%; 27% in 2023) and alcohol (6%; 18% in 2023) and more nominating cannabis (31%; 22% in 2023) and cocaine (18%; 11% in 2023).

Non-Prescribed Ecstasy

Recent use of any non-prescribed ecstasy in the six months prior to interview remained stable in 2024 relative to 2023 (95%; 99% in 2023). Pills (65%) and capsules (64%) remained the most commonly used forms of non-prescribed ecstasy. Frequency of use remained stable for all four forms of non-prescribed ecstasy. The perceived availability of non-prescribed ecstasy capsules significantly changed between 2023 and 2024 ($p=0.008$), with more participants (55%) reporting that capsules were 'very easy' to obtain (40% in 2023) and a corresponding decrease in those reporting 'difficult' obtainment (n≤5; 16% in 2023). The perceived availability of non-prescribed ecstasy pills, crystal and powder remained stable in 2024, as did the perceived purity of all forms of non-prescribed ecstasy. In 2024, the median reported price of non-prescribed ecstasy pills ($30; IQR=25–35; $38 in 2023; IQR=30–40; $p=0.031$), capsules ($25; IQR=20–30; $30 in 2023; IQR=25–30; $p=0.006$), and crystal ($200; IQR=150–250; $250 in 2023; IQR=200–250; $p=0.041$) decreased significantly relative to 2023.

Methamphetamine

Twenty-nine per cent of the Melbourne sample reported recent use of any methamphetamine, stable compared to 2023 (29%). Frequency of use also remained stable, with participants reporting a median of 6 days in 2024 (2 days in

2023). One fifth (20%) reported recent use of methamphetamine powder, while 12% reported recent use of methamphetamine crystal. The perceived price, purity and availability of methamphetamine remained stable between 2024 and 2023.

Non-Prescribed Pharmaceutical Stimulants

The percentage of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has increased since the commencement of monitoring, from 9% in 2007, peaking at 66% in 2022, declining to 60% in 2024 (47% in 2023). Recent use of Modafinil significantly decreased in 2024 (n≤5; 28% in 2023; p=0.009).

Cocaine

The percentages of participants reporting recent use of cocaine remained stable at 80% in 2024 (90% in 2023). Frequency of use of cocaine in the six months prior to interview increased from 5 days in 2023 to 8 days in 2024 (p=0.045). Fifteen percent of those who had recently used cocaine reported weekly or more frequent use. Perceived purity and perceived availability for cocaine remained stable between 2023 and 2024.

Cannabis and/or Cannabinoid-Related Products

Seventy-two percent of the sample reported any recent use of non-prescribed cannabis and/or cannabinoid-related products, stable compared to 2023 (67%). In 2024, 26% of the Melbourne sample reported daily use of cannabis, a significant increase from 2023 (n≤5; p<0.001). The perceived price of hydroponic cannabis was $245 (IQR=210-258) an ounce in 2024 (n≤5 in 2023).

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine remained stable at 80% in 2024, although frequency of use in the previous six months significantly increased from a median of six days in 2023 to 10 days in 2024 (p=0.021). Recent use of LSD decreased significantly from 55% in 2023 to 38% in 2024 (p=0.026). The median frequency of use of LSD remained low at 3 days in 2024. Ten per cent of participants reported recent use of DMT in 2024 and frequency of use remained low at 2 days.

New Psychoactive Substances (NPS)

One quarter (25%) of the sample reported recent use of any NPS (including plant-based NPS) in 2024. Of recently used NPS, any 2C substance was the most frequently reported (14%).

Other Drugs

Recent use of all other drugs remained stable between 2023 and 2024. There was a significant increase in the median days of use of tobacco, increasing from 14 days (IQR=5–100) in 2023 to 55 days (IQR=15–180) in 2024 (p=0.007). Use of smoked or non-smoked illicit tobacco products was captured for the first time in EDRS, with use reported by 31% of participants. Recent use of nicotine pouches was reported by 17% of the sample, with a median frequency of use of 3 days (IQR=1–5).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

Most participants (85%) reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). Of those who responded, 29% reported using stimulants or related drugs for 48 hours of more

continuously without sleep in the 6 months preceding interview (19% in 2023).

Dependence, injecting and overdose

Three quarters (77%) of participants obtained a score of eight or more on the AUDIT, indicative of hazardous use.

In 2024, 23% of those who reported recent ecstasy use obtained an SDS score of 3 or more, a statically significant increase from 9% in 2023 (p=0.018), whilst 25% of participants reporting recent methamphetamine use obtained a score of 4 or more, indicating possible dependence on these substances.

Past year non-fatal stimulant overdose (15%; 14% in 2023) and non-fatal depressant overdose (29%; 18% in 2023) remained stable in 2024 relative to 2023.

Past month injecting drug use remained low in 2024 (n≤5).

Drug checking and naloxone awareness

Forty-four per cent of participants reported ever having tested the contents of their illicit drugs in Australia, with 30% reporting doing so in the past year, a significant decrease from 51% in 2023 (p=0.004). Participants most commonly reported using colorimetric or reagent test kits (79%).

In 2024, 76% reported that they had ever heard of naloxone, a significant increase relative to 2023 (60%; p=0.025), of which 92% were able to correctly identify the purpose of naloxone (93% in 2023). There was a significant increase in the number of participants that reported obtaining naloxone in the past year (15%; n≤5 in 2023; p=0.038).

Sexual activity, mental health and health service access

Four fifths (80%) of the sample reported engaging in some form of sexual activity in the four weeks prior to interview, of which 75% reported use of alcohol/drugs before or during sex. In 2024, the per cent (55%) of participants reporting ever having a HIV test declined significantly relative to 2023 (70%; p=0.033), with one fifth (22%) of the sample reporting being tested for HIV in the six months preceding interview. Thirty-six per cent reported having a sexual health check-up in the six months prior to interview.

Mental health remained stable relative to 2023, with 63% reporting experiencing a mental health problem in the six months preceding interview (52% in 2023), with depression (70%) and anxiety (70%) most commonly reported. One quarter (24%) of the sample reported 'very high' psychological distress.

Twenty-eight per cent of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview, and 31% of the sample reported experiencing stigma in any setting in the six months preceding interview. There was a significant increase in participants who reported experiencing stigma in non-health settings relative to 2023 (17%; 6% in 2023; p=0.015).

Current drug treatment engagement remained low (7%).

Driving, contact with police and modes of purchasing drugs

Amongst those who had recently driven, 16% reported driving while over the perceived legal limit of alcohol and 49% reported driving within three hours of consuming an illicit or non-prescribed drug in the six months prior to interview (most commonly cannabis (38%), a significant increase from 30% in 2023 (p=0.021).

Fifty-two per cent of the sample reported 'any' crime in the past month, a significant increase from 29% in 2023 (p=0.001). Property crime

was the most common form of criminal activity reported and significantly increased from 23% in 2023 to 37% in 2024 (p=0.045). Reports of drug dealing also increased significantly, from 15% in 2023 to 29% in 2024 (p=0.028). Few (n≤5) participants reported having been arrested in the 12 months preceding interview, and 7% reported a drug-related encounter with police which did not result in charge or arrest.

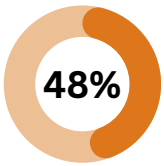
Social networking applications were the most common method in which participants arranged the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (77%; 82% in 2023). In 2024, there were significant increases in the per cent of participants reporting purchasing illicit or non-prescribed drugs through text messaging (42%; 26% in 2023; p=0.028) or phone call (24%; 11% in 2023; p=0.023). The majority (80%) of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2024, although there was a significant increase in the per cent of participants who obtained illicit or non-prescribed drugs from an unknown dealer/vendor (42%; 23% in 2023; p=0.007).

2024 SAMPLE CHARACTERISTICS

EDRS Ecstasy and Related Drugs Reporting System

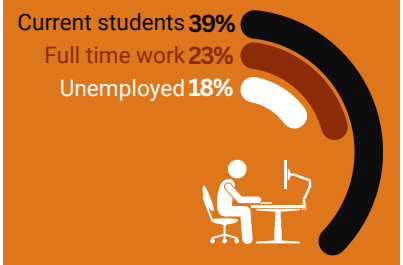
In 2024, 100 participants, recruited from Melbourne, VIC were interviewed.

25 years



Female

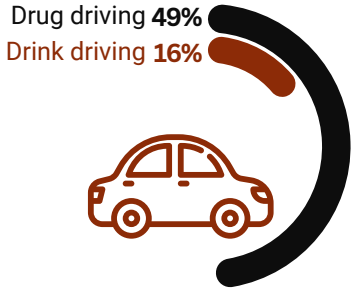
The median age in 2024 was 25, and 48% identified as female.



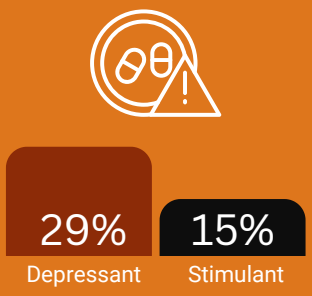
In the 2024 sample, 39% were current students, 23% were employed full time and 18% were unemployed.

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

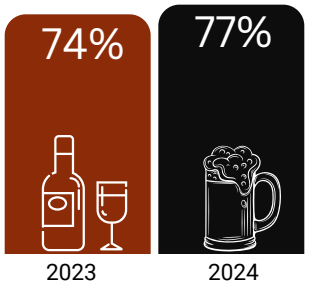
DRUG-RELATED HARMS AND RISKS



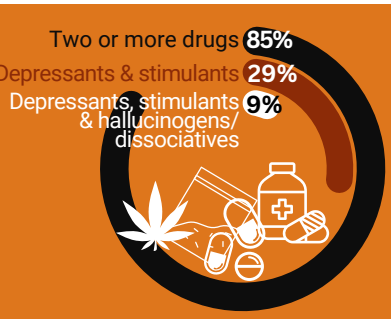
Among recent drivers, 49% reported driving a vehicle within 3 hours of consuming illicit drugs and 16% while over the legal limit of alcohol.



Percentage who reported past year non-fatal depressant and stimulant overdose.

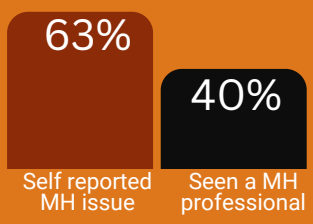


Percentage who obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use.

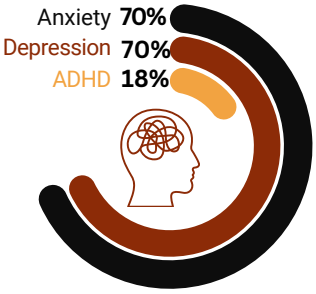


In 2024, 85% reported using two or more drugs on the last occasion of ecstasy or related drug use: the most commonly used combination of drug classes was depressants and stimulants (29%).

OTHER BEHAVIOURS

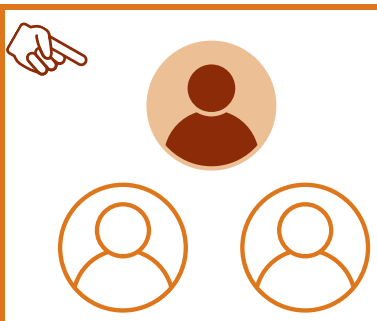


Percentage who self-reported mental health problems and treatment seeking in the six months preceding interview.



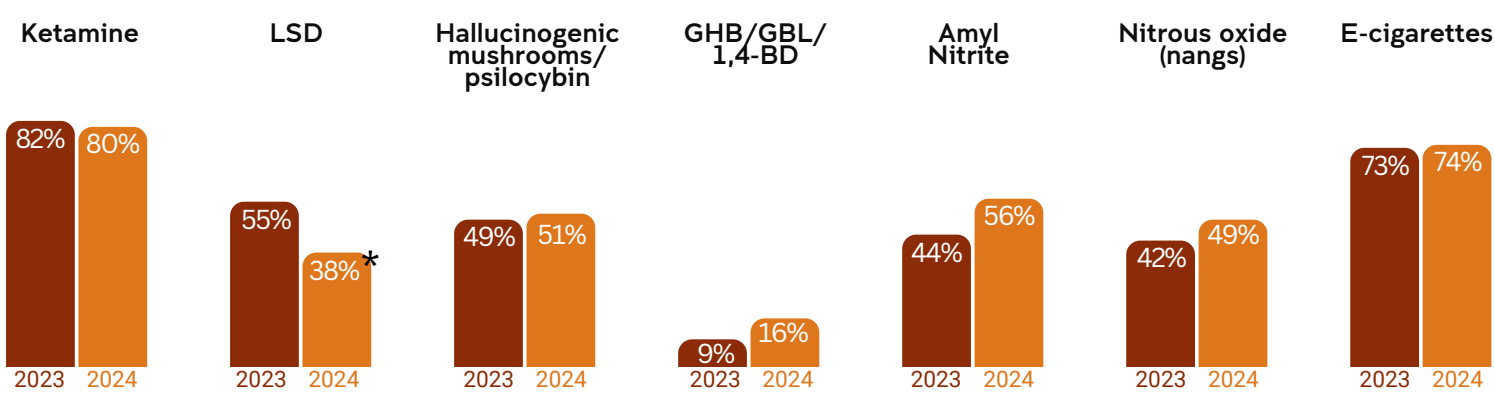
Among those who reported a mental health problem, the three most common mental health issues were anxiety, depression and ADHD.

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



31% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police.

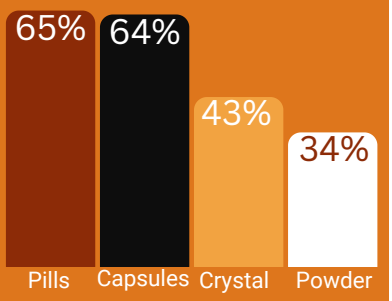
PAST 6 MONTH USE OF SELECT DRUGS



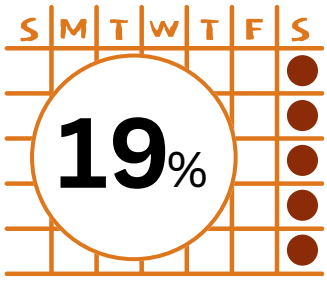
ECSTASY

EDRS Ecstasy and Related Drugs Reporting System

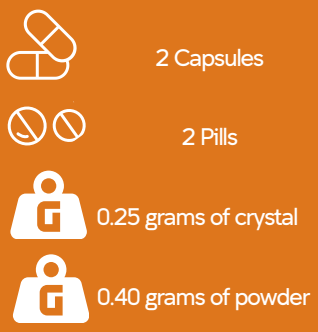
FORM of ecstasy



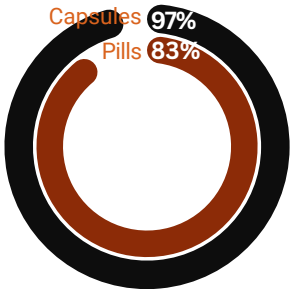
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2024.



Of those who had recently used any ecstasy, 19% reported weekly or more frequent use, stable from 2023 (9%).



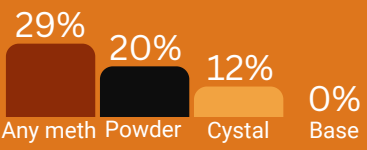
Median amounts of ecstasy consumed in a 'typical' session.



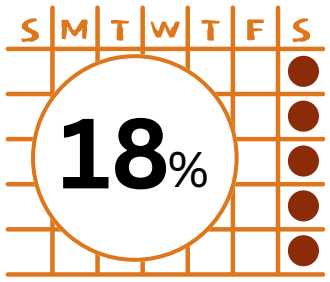
Percentage who perceived capsules an pills as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

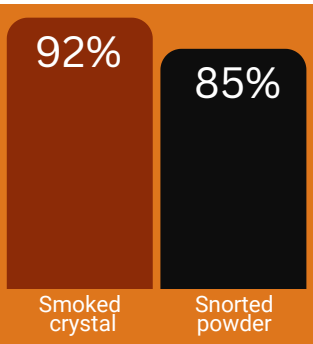
FORM of methamphetamine



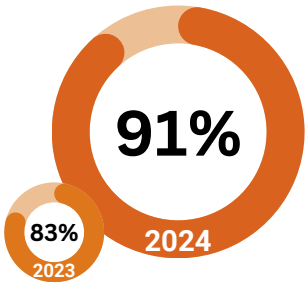
Past 6 month use of any methamphetamine, crystal, powder and base in 2024.



Of those who had recently used any methamphetamine, 18% reported weekly or more frequent use, stable from 2023 (17%).

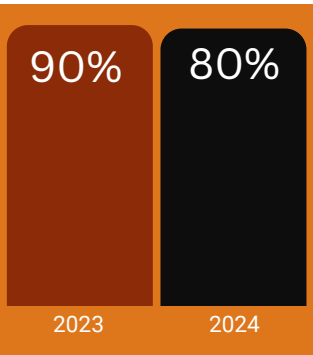


92% of participants who had recently used crystal smoked it. Of those who had recently used powder, 85% snorted it.

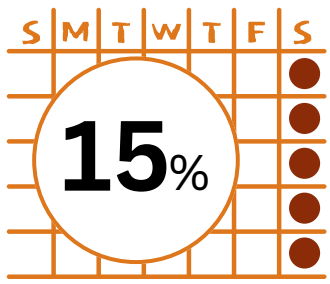


Percentage who perceived crystal methamphetamine as being 'easy' or 'very easy' to obtain.

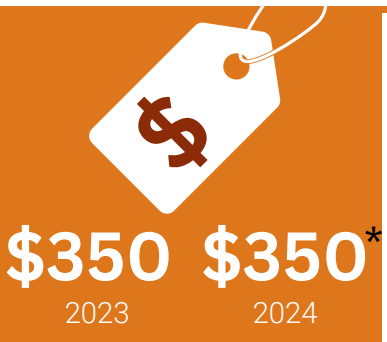
COCAINE



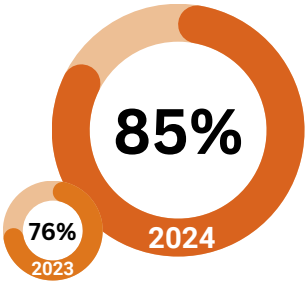
Past 6 month use of any cocaine remained stable between 2023 and 2024.



Of those who had recently consumed cocaine, 15% reported weekly or more frequent use, stable from 2023 (6%).

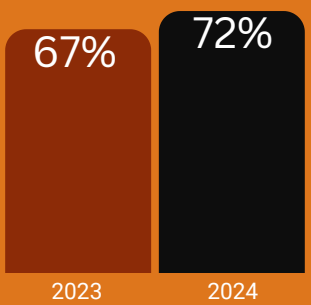


The median reported price for a gram of cocaine.

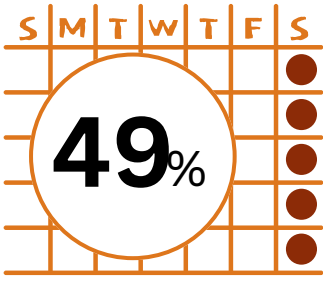


Percentage who perceived cocaine as being 'easy' or 'very easy' to obtain.

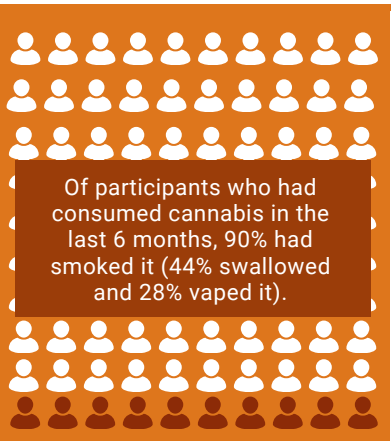
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

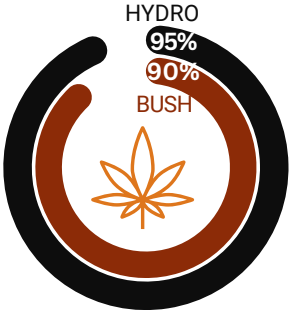


Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products was stable between 2023 and 2024.



Of those who had recently used non-prescribed cannabis, 49% reported weekly or more frequent use, stable from 2023 (51%).





Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2023).

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/or other illicit stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of the EDRS.

Methods

EDRS 2003-2019

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

EDRS 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

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

From 2021 onwards, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2024 EDRS Sample

A total of 740 participants were recruited across capital cities nationally (9 April-13 July, 2024), with 100 participants interviewed in Melbourne, VIC between 11 April and 7 June 2024 (n=100 in 2023). A total of 95 interviews (95%) were conducted via telephone (n=12 in 2023; 12%), 3 interviews (3%) via video conference (n=48 in 2023; 48%) and 2 interviews (2%) were done face-to-face (n=40 in 2023; 40%).

Four per cent of the 2024 Melbourne sample completed the interview in 2023, stable from 4% of the 2023 Melbourne sample who completed the interview in 2022. Recruitment methods remained stable compared to 2023 (p=0.081), with 77% of participants being recruited via the internet (e.g., Facebook and Instagram) (88% in 2023), and 17% via word-of-mouth (11% in 2023). Few (n≤5) responded 'other' (n≤5 in 2023).

Routinely Collected Data

Four different types of routinely collected data are presented in this report.

Drug seizure purity levels

The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for seizures of drugs in VIC for inclusion in this report for the 2022/23 financial year.

Ambulance attendances at non-fatal drug-related events

Turning Point manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records. Data for the period between January 2005 and December 2023 are presented in this report.

Specialist drug treatment presentations

The Victorian Department of Health funds community-based agencies to provide specialist alcohol and other drug treatment services across the state. Data on people seeking treatment from specialist alcohol and other drug agencies in VIC were collected via the Alcohol and Drug Information System (ADIS), now called the Victorian Alcohol and Drug Collection (hereafter ADIS/VADC). During the 2022/23 financial year, 65,799 courses of treatment were delivered to 29,971 clients, compared to 58,219 courses of treatment delivered to 26,112 clients in the 2021/22 financial year.

Alcohol and other drug helpline calls

DirectLine is a 24-hour specialist telephone service in VIC (operated by Turning Point) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from or about people who use drugs. This report presents data for the period between 1999 and 2023.

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 2023 and 2024, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the *p*-value is less than 0.050. 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 six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, was excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

%	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤ answered the question (for figures)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2023 and 2024

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, Victoria, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Melbourne, VIC (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

Infographics, the executive summary and data tables 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 national reports, jurisdictional reports, bulletins, and other resources

available via the Drug Trends webpage. This includes results from the Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs via injection.

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

1

Sample Characteristics

In 2024, the Melbourne EDRS sample was mostly similar to the sample in 2023 and previous years (Table 2).

The gender distribution of the 2024 sampled remained stable from 2023 (p=0.551), with 48% of the sample identifying as female (42% in 2023). The median age of the sample was 25 years (IQR=20–32), stable relative to 2023 (29 years; IQR=23–33; p=0.067).

There was a significant difference in the distribution of participants reported accommodation in 2024 compared to 2023 (p=0.012), with fewer participants reporting that they resided in a rented house/flat (50%; 69% in 2023). Conversely, there was an increase in participants living with their parents/in their family house (36%; 19% in 2023).

Two fifths (39%) of the sample were current students, stable relative to 2023 (31%; p=0.306). Three fifths (60%) had obtained a post-school qualification(s) (71% in 2023; p=0.136).

There was a significant change in participants current employment status (p<0.001). More participants (56%) reported being employed on a part time/casual basis at the time of interview (32% in 2023), while fewer participants (23%) reported being employed full-time compared to 2023 (51%). A further 18% reported being unemployed at the time of interview (12% in 2023).

Median weekly income decreased significantly, from $1200 in 2023 (IQR=700–1737) to $600 in 2024 (IQR=392–1029; p<0.001).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Melbourne, VIC, 2017-2024

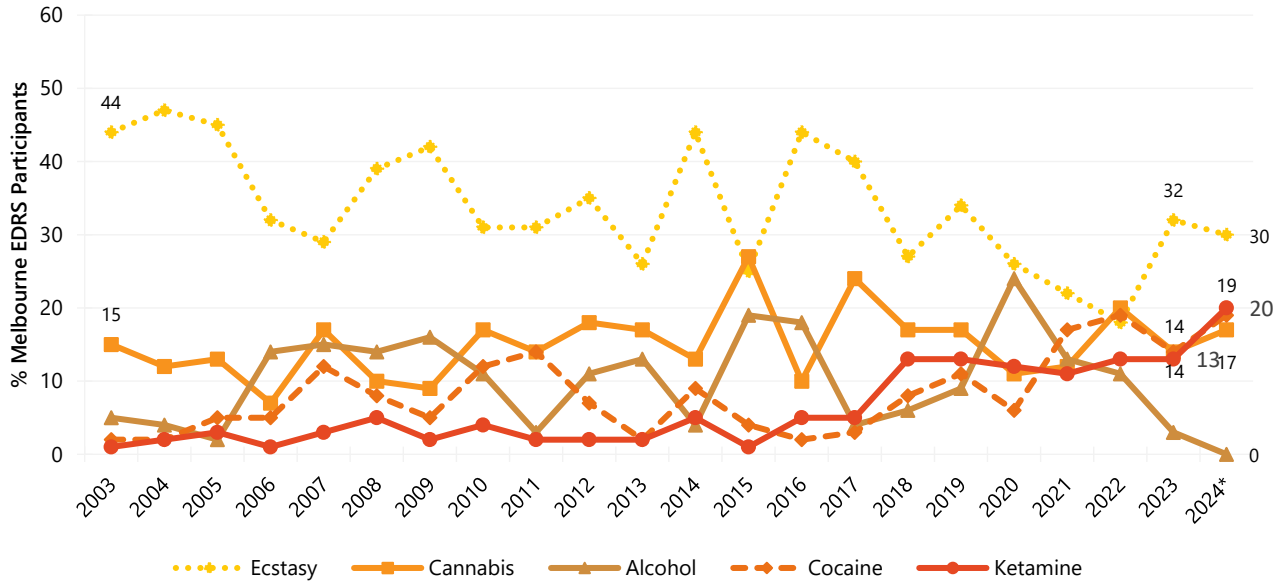
	Melbourne, VIC					National
	2020	2021	2022	2023	2024	2024
	(N=100)	(N=100)	(N=100)	(N=100)	(N=100)	(N=740)
Median age (years; IQR)	26 (22–30)	25 (23–28)	25 (22–28)	29 (23–33)	**25 (20–32)**	23 (20–32)
% Gender						
Female	38	26	43	42	**48**	43
Male	60	67	52	54	**46**	55
Non-binary	0	-	0	-	**-**	3
% Aboriginal and/or Torres Strait Islander	-	-	7	-	**-**	9
% Born in Australia	/	/	/	/	**75**	84
% English primary language spoken at home	/	/	/	/	**96**	97
% Sexual identity						
Heterosexual	70	64	64	61	**56**	69
Homosexual	8	-	-	13	**10**	7
Bisexual	12	11	18	15	**20**	17
Queer	10	17	11	9	**10**	4
Other identity	0	6	-	-	**-**	3
Mean years of school education (range)	12 (8–12)	12 (8–12)	12 (9–12)	12 (9–12)	**12 (8–12)**	12 (7–12)
% Post-school qualification(s)^	64	69	62	71	**60**	56
% Current students#	40	42	50	31	**39**	39
% Current employment status					***	
Employed full-time	24	18	29	51	**23**	30
Part time/casual	37	51	52	32	**56**	42
Self-employed	-	8	10	-	**-**	5
Unemployed	34	23	9	12	**18**	23
Current median weekly income $ (IQR)	$750 (441–963)	$540 (350–906)	$700 (490–1154)	$1200 (700–1737)	**$600 (392–1029)*** **	$700 (400–1200)
% Current accommodation					*	
Own house/flat	-	-	-	11	**10**	10
Rented house/flat	63	75	69	69	**50**	48
Parents'/family home	26	19	26	19	**36**	34
Boarding house/hostel	-	-	0	-	-	1
Public housing	-	0	-	0	-	3
No fixed address+	-	-	0	0	-	2
Other	0	0	0	0	**0**	1

Note. ^ Includes trade/technical and university qualifications. #'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included couch surfing and rough sleeping or squatting. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 (Melbourne) presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

The distribution of reported drug of choice changed significantly between 2023 and 2024 (p=0.026), with three tenths (30%) nominating ecstasy as their drug of choice in 2024 (32% in 2023), followed by 20% nominating ketamine (13% in 2023) and 19% nominating cocaine (14% in 2023) (Figure 1). The distribution of reported drug used most often in the past month also changed significantly between 2023 and 2024 (p=0.012), with more participants reporting cannabis in 2024 (31%) compared to 2023 (22%). This is followed by 18% reporting cocaine as the drug used most often in the past month (11% in 2023), and fewer participants reporting ecstasy in 2024 (15%; 27% in 2023) (Figure 2).

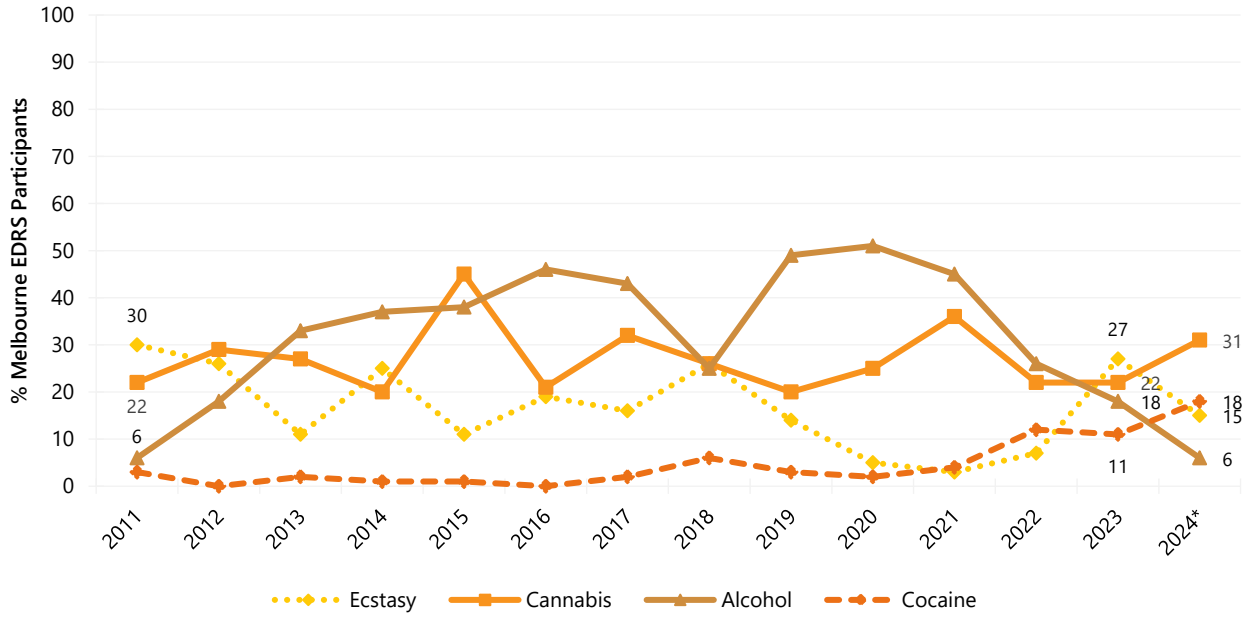
Weekly or more frequent use of various drugs remained stable between 2023 and 2024. Specifically, 35% of the Melbourne sample reported weekly or more frequent cannabis use (34% in 2023) and 18% reported weekly or more frequent non-prescribed ecstasy use (9% in 2023; p=0.100). Twelve per cent reported weekly or more frequent use of cocaine (n≤5 in 2023; p=0.126) (Figure 3).

Figure 1: Drug of choice, Melbourne, VIC, 2003-2024



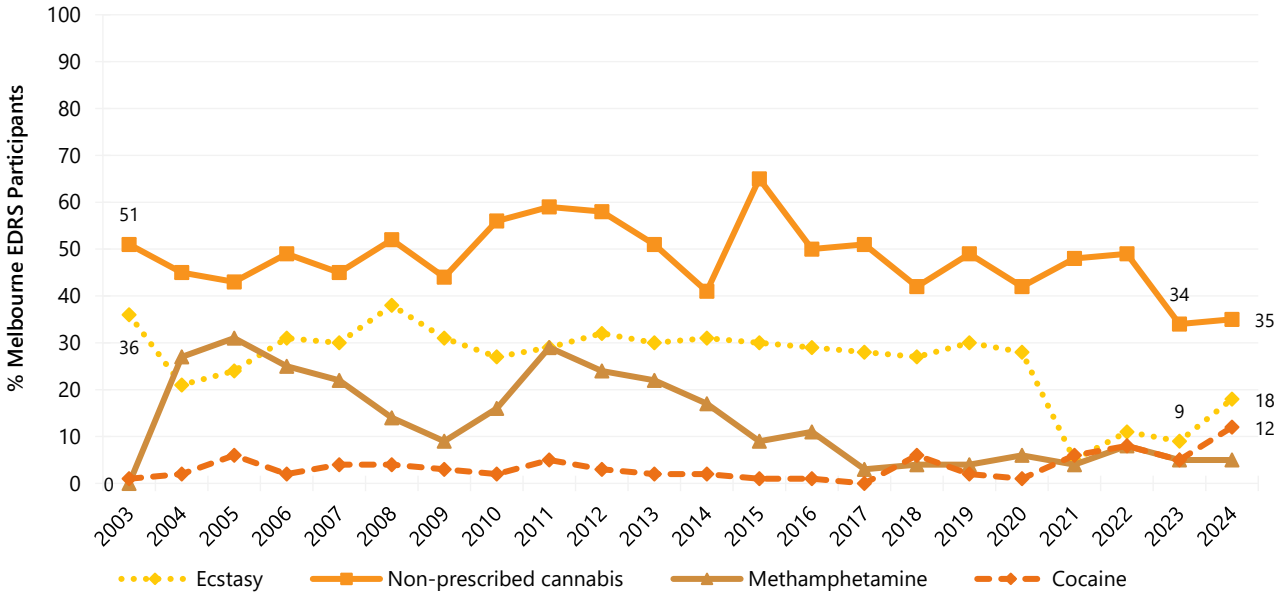
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug used most often in the past month, Melbourne, VIC, 2011-2024



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances. Data are only presented for 2011-2024 as this question was not asked in 2003-2010. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Melbourne, VIC, 2003-2024



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical

significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

2

Non-Prescribed Ecstasy

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

Recent Use (past 6 months)

Recent use of any non-prescribed ecstasy in the six months prior to interview remained stable in 2024 relative to 2023 (95%; 99% in 2023; p=0.212) (Figure 4). There has been a shift over time to use of non-prescribed ecstasy capsules (64% in 2024; 67% in 2023; p=0.763), which peaked in 2017 and 2019, while reported use of non-prescribed ecstasy pills (65% in 2024; 51% in 2023; p=0.066) and powder (34% in 2024; 26% in 2023; p=0.285) has fluctuated in recent years. Past six-month use of non-prescribed ecstasy in crystal form has remained stable in recent years (43%; 49% in 2023; p=0.473).

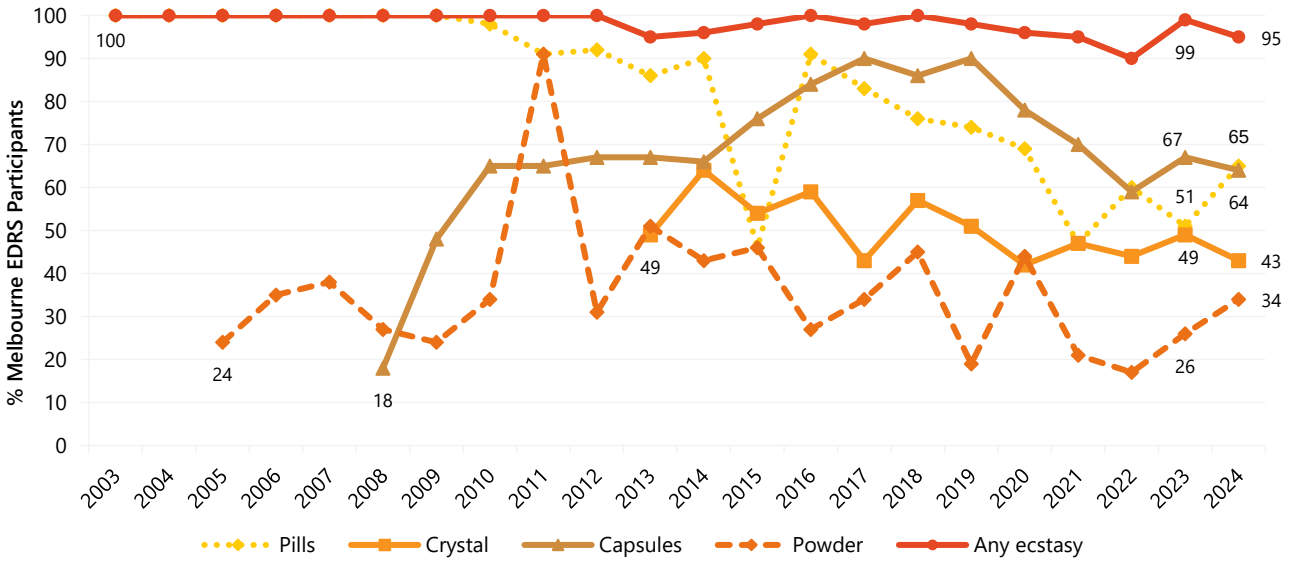
Frequency of Use

Among those who reported recent use of any non-prescribed ecstasy and commented (n=95), participants reported using ecstasy (in any form) on a median of eight days (IQR=5–20) in the six months preceding interview, remaining stable relative to 2023 (8 days; IQR=6–13; n=99; p=0.535) (Figure 5). Weekly or more frequent use of any form of non-prescribed ecstasy remained stable, relative to 2023 (19%; 9% in 2023; p=0.066).

Number of Forms Used

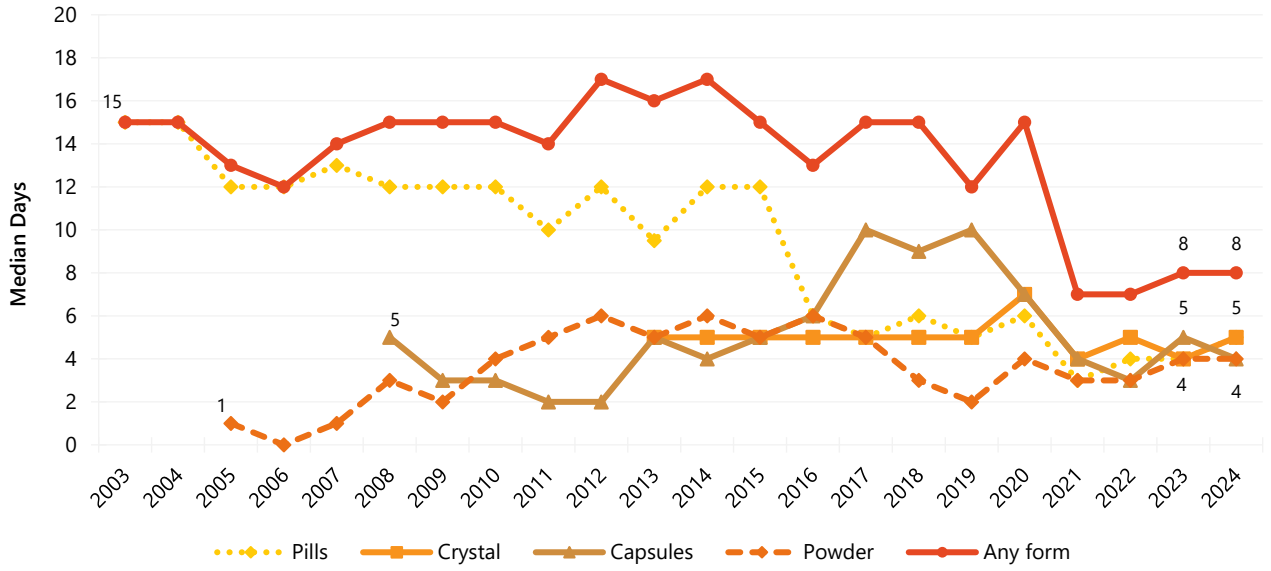
Among participants who had recently consumed non-prescribed ecstasy and commented (n=95), the median number of forms of ecstasy used in the six months preceding interview was two (IQR 1–3; 2 in 2023; IQR=1-2; n=99; p=0.053).

Figure 4: Past six month use of any non-prescribed ecstasy, and non-prescribed ecstasy pills, powder, capsules, and crystal, Melbourne, VIC, 2003-2024



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 labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 5: Median days of any non-presribed ecstasy and non-prescribed ecstasy pills, powder, capsules, and crystal use in the past six months, Melbourne, VIC, 2003-2024



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. 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 25 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Non-Prescribed Ecstasy Pills

Recent Use (past 6 months): Recent use of ecstasy pills in 2024 (65%) was similar to that of 2023 (51%; *p*=0.066) (Figure 4).

Frequency of Use: Of those who had recently consumed ecstasy pills and commented (n=65), ecstasy pills were used on a median of five days (IQR=2–12) in the six months preceding interview in 2024, stable from 2023 (4 days; IQR=2–6; n=51; *p*=0.0.53) (Figure 5). Fourteen per cent of those who had recently consumed ecstasy pills reported weekly or more frequent use in 2024, stable relative to 2023 (n≤5; *p*=0.224).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=65), the most common route of administration in 2024 was swallowing (97%; 98% in 2023), followed by snorting (15%; 16% in 2023), consistent with previous years. Few participants (n≤5) reported recent smoking and injecting.

Quantity: Of those who reported recent use and responded (n=65), the median number of pills used in a 'typical' session was two (IQR=1–2; 2 pills in 2023; IQR=1–2.5; n=49; *p*=0.521). Of those who reported recent use and responded (n=65), the median maximum number of pills used in a session was two (IQR=1.5–4; 3 pills in 2023; IQR=1–4; n=49; *p*=0.447).

Non-Prescribed Ecstasy Capsules

Recent Use (past 6 months): Sixty-four per cent of participants reported recent use of ecstasy capsules, stable from 67% in 2023 (*p*=0.763) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=64), participants reported consuming capsules on a median of four days (IQR=2–8) in the six months preceding interview in 2024, stable from 2023 (5 days; IQR=3–10; n=67; *p*=0.270) (Figure 5). No participants who had recently consumed ecstasy capsules reported weekly or more frequent use in 2024 (n≤5 in 2023; *p*=0.496).

Routes of Administration: Among those who had recently consumed ecstasy capsules and commented (n=64), the majority (91%) reported swallowing (99% in 2023; *p*=0.058), while one fifth (20%) reported snorting (15%; *p*=0.486). No participants reported recent smoking or injecting (no participants in 2023).

Quantity: Of those who reported recent use and responded (n=64), the median number of capsules used in a 'typical' session was two (IQR=1–3; 2 capsules in 2023; IQR=1–3; n=67; *p*=0.759). Of those who reported recent use and responded (n=64), the median maximum number of capsules used in a session was three (IQR=2–5; 3 capsules in 2023; IQR=2–5; n=67; *p*=0.865).

Non-Prescribed Ecstasy Crystal

Recent Use (past 6 months): Forty-three per cent of participants reported recent use of ecstasy crystal, stable from 2023 (49%; *p*=0.473) (Figure 4).

Frequency of Use: Among those who reported recent use and commented (n=43), participants reported using crystal on a median of five days (IQR=2–11) in the six months preceding interview, stable from four days in 2023 (IQR=2–8; n=49; *p*=0.473) (Figure 5). Few participants (n≤5) who had recently consumed crystal reported weekly or more frequent use in 2024 (n≤5 in 2023; *p*=0.336).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented (n=43), three quarters (74%) reported swallowing (88% in 2023; *p*=0.121), while 47% reported snorting

(41% in 2023; p=0.665). Few (n≤5) participants reported smoking (no participants in 2023).

Quantity: Of those who reported recent use and responded (n=41), the median amount of crystal used in a 'typical' session was 0.25 grams (IQR=0.20–0.50; 0.20 grams in 2023; IQR=0.18–0.32; n=39; p=0.076). Of those who reported recent use and responded (n=41), the median maximum amount of crystal used in a session was 0.40 grams (IQR=0.25–1.00; 0.30 grams in 2023; IQR=0.20–0.55; n=39; p=0.280).

Non-Prescribed Ecstasy Powder

Recent Use (past 6 months): Reports of recent use of ecstasy powder in 2024 (34%) were comparable to 2023 (26%; p=0.285) (Figure 4).

Frequency of Use: Amongst those who reported recent use and commented (n=34), participants reported consuming powder on a median of four days (IQR=2–7) in the six months preceding interview in 2024, stable from four days in 2023 (IQR=2–7; n=26; p=0.696) (Figure 5). Few (n≤5) participants who had recently consumed powder reported weekly or more frequent use in 2024 (no participants in 2023; p=0.501).

Routes of Administration: Among participants who had recently consumed ecstasy powder and commented (n=34), four fifths (79%) reported snorting (69% in 2023; p=0.546), followed by 47% who reported swallowing (62% in 2023; p=0.311).

Quantity: Of those who reported recent use and responded (n=31), the median amount of powder used in a 'typical' session was 0.40 grams (IQR=0.23–0.50; 0.33 grams in 2023; IQR=0.20–0.40; n=18; p=0.316). Of those who reported recent use and responded (n=31), the median maximum amount of powder used in a session was 0.50 grams (IQR=0.30–0.70; 0.50 grams in 2023; IQR=0.33–0.60; n=18; p=0.833).

Price, Perceived Purity and Perceived Availability

Non-Prescribed Ecstasy Pills

Price: The median reported price of an ecstasy pill was $30 in 2024 (IQR=25–35; n=29), a significant decrease from $38 in 2023 (IQR=30–40; n=32; p=0.031) (Figure 6).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2023 and 2024 (p=0.243). Among those who responded in 2024 (n=61), two fifths (38%) reported purity as being 'high' (26% in 2023), with a further 20% reporting purity to be 'medium' (33% in 2023). 'Low' purity was reported by 13% of participants in 2024 (20% in 2023) and 30% reports purity to 'fluctuate' (22% in 2023) (Figure 8).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2023 and 2024 (p=0.266). Among those who were able to comment in 2024

(n=62), half (48%) reported that pills were 'easy' to obtain (45% in 2023), with a further 35% reporting 'very easy' obtainment (28% in 2023). Sixteen percent perceived them as 'difficult' to obtain (23% in 2023) (Figure 12).

Non-Prescribed Ecstasy Capsules

Price: The reported median price of an ecstasy capsule significantly decreased from $30 in 2023 (IQR=25–30; n=43), to $25 in 2024 (IQR=20–30; n=40; p=0.006) (Figure 6).

Perceived Purity: The perceived purity of ecstasy capsules remained stable between 2023 and 2024 (p=0.797). Among those who were able to comment in 2024 (n=64), 34% perceived purity to be 'high' (32% in 2023) and 28% perceived purity to be 'medium' (37% in 2023). One tenth (9%) perceived purity to be

'low' (n≤5 in 2023), while 28% perceived purity to 'fluctuate' (24% in 2023) (Figure 9).

Perceived Availability: The perceived availability of ecstasy capsules significantly changed between 2023 and 2024 (p=0.008). Among those who responded in 2024 (n=64), 2% of respondents perceived the of ecstasy capsules availability as 'difficult', down from 16% in 2023 (Figure 13).

Non-Prescribed Ecstasy Crystal

Price: The median price of a gram of ecstasy crystal significantly decreased from $250 in 2023 (IQR=200–250; n=28) to $200 in 2024 (IQR=150–250; n=21; p=0.041) (Figure 7).

Perceived Purity: The perceived purity of ecstasy crystal remained stable between 2023 and 2024 (p=0.396). Among those who responded in 2024 (n=40), 38% perceived the purity of crystal to be 'high' (47% in 2023), with a further 35% perceiving purity to be 'medium' (21% in 2023) (Figure 10).

Perceived Availability: The perceived availability of ecstasy crystal remained stable between 2023 and 2024 (p=0.608). Among those who were able to comment in 2024 (n=39), the majority reported that crystal was either 'very easy' (44%) or 'easy' (36%) to obtain (38% and 44%, respectively, in 2023). (Figure 14).

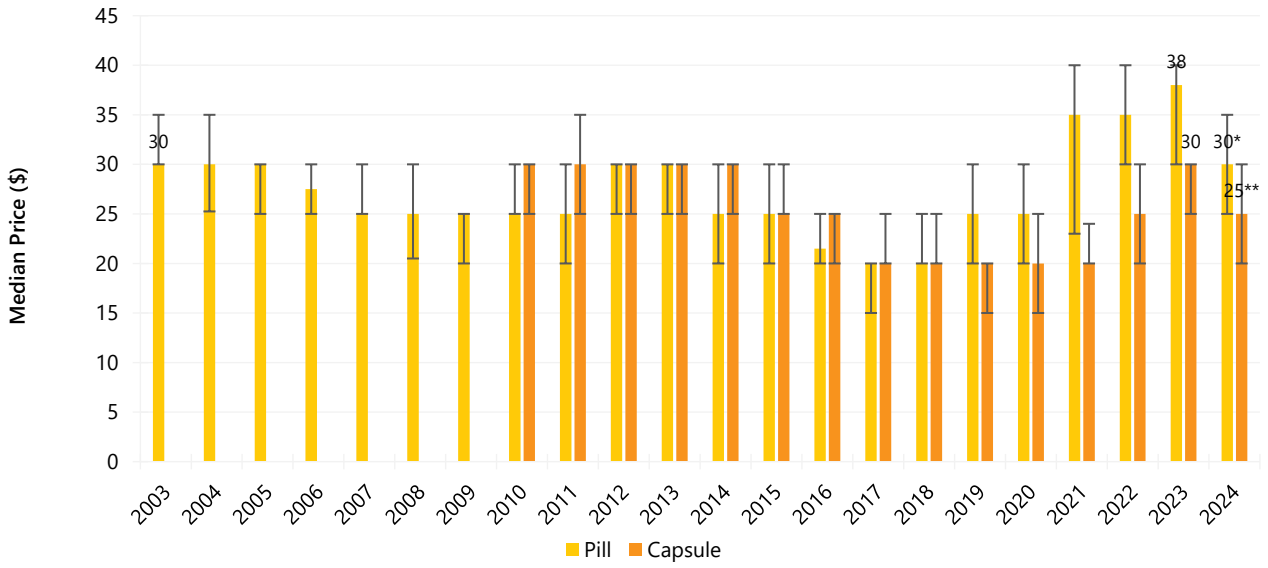
Non-Prescribed Ecstasy Powder

Price: The median price of a gram of powder remained stable in 2024 at $200 (IQR=180–250; n=11; $240 in 2023; IQR=200–255; n=7; p=0.463) (Figure 7).

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2023 and 2024 (p=0.656). Among those who were able to comment in 2024 (n=25), half (48%) perceived purity to be 'medium' (n≤5 in 2023), and a further 36% perceived purity to be 'high' (n≤5 in 2023) (Figure 11).

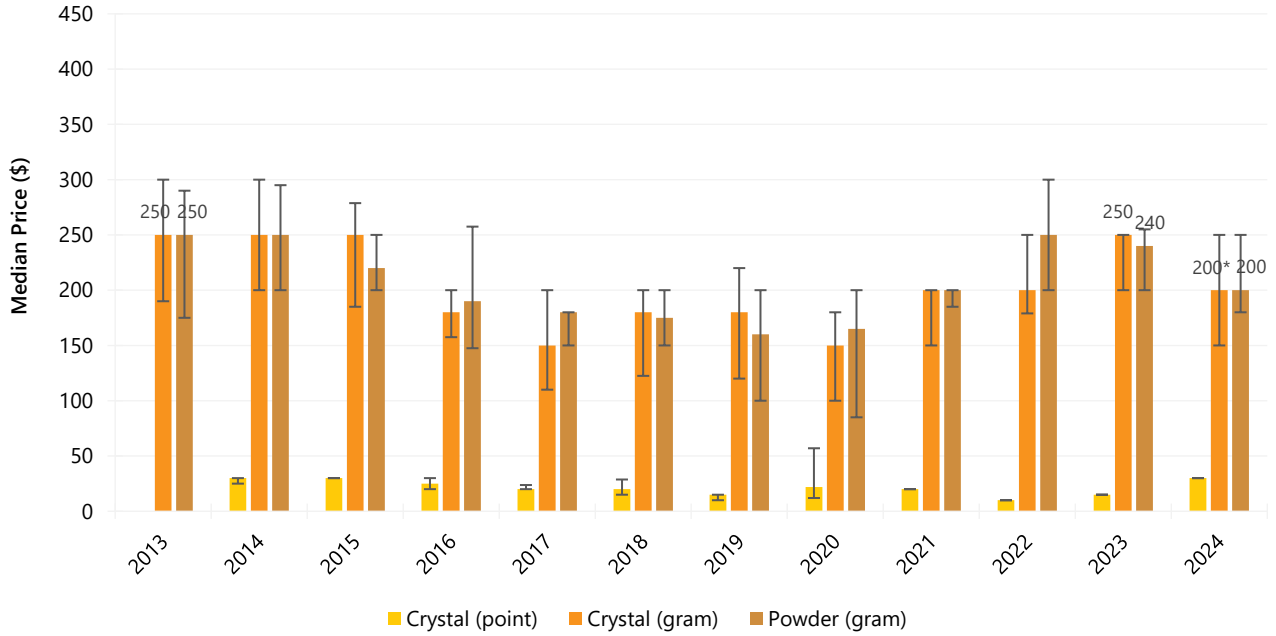
Perceived Availability: The perceived availability of ecstasy powder remained stable between 2023 and 2024 (p=0.628). Among those who were able to respond in 2024 (n=25), 40% perceived ecstasy powder as 'very easy' to obtain (n≤5 in 2023), with a further 36% reporting availability as 'easy' (n≤5 in 2023) (Figure 15).

Figure 6: Median price of non-prescribed ecstasy pill and capsule, Melbourne, VIC, 2003-2024



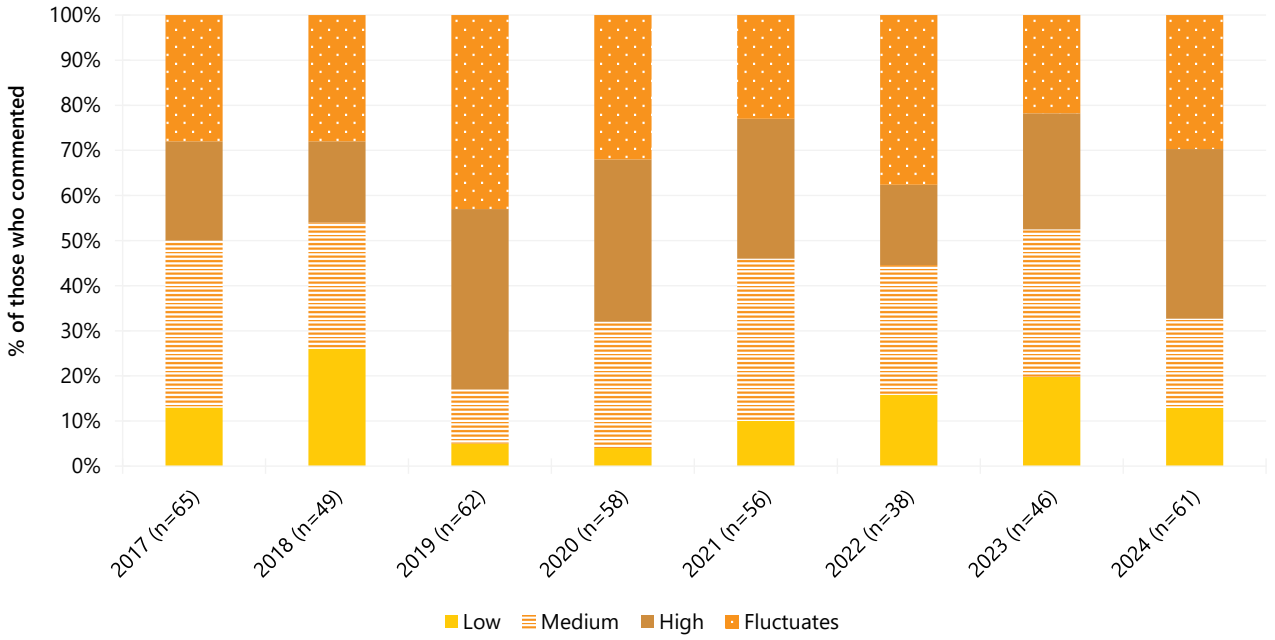
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Median price of non-prescribed ecstasy crystal (per point and gram) and powder (per gram only), Melbourne, VIC, 2013-2024



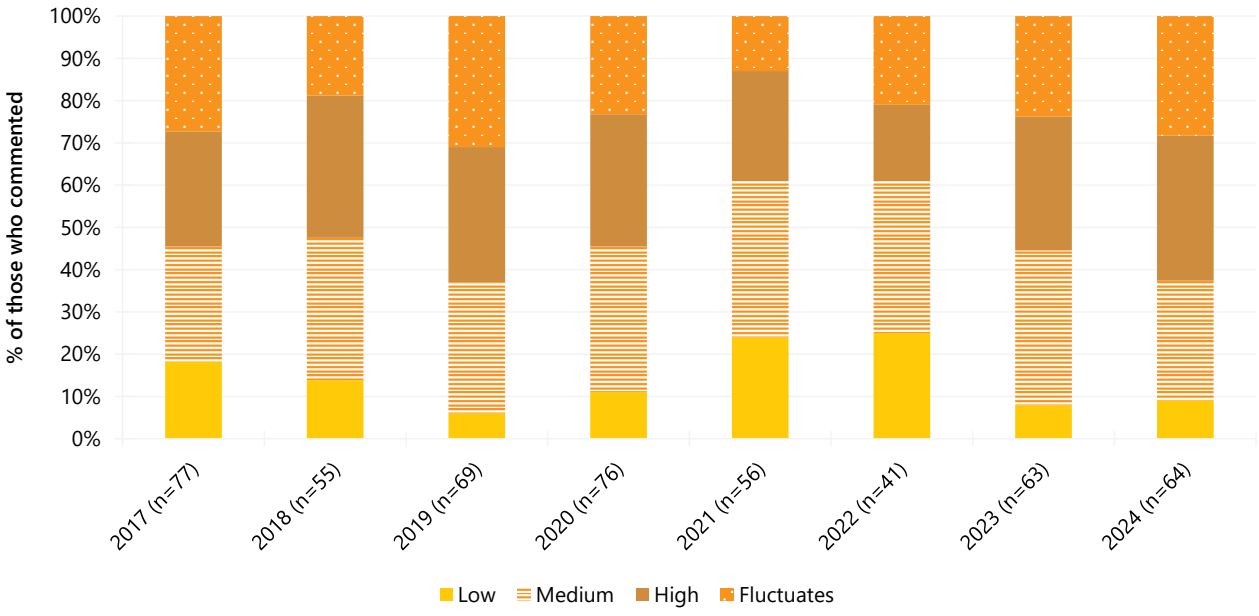
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 8: Current perceived purity of non-prescribed ecstasy pills, Melbourne, VIC, 2017-2024



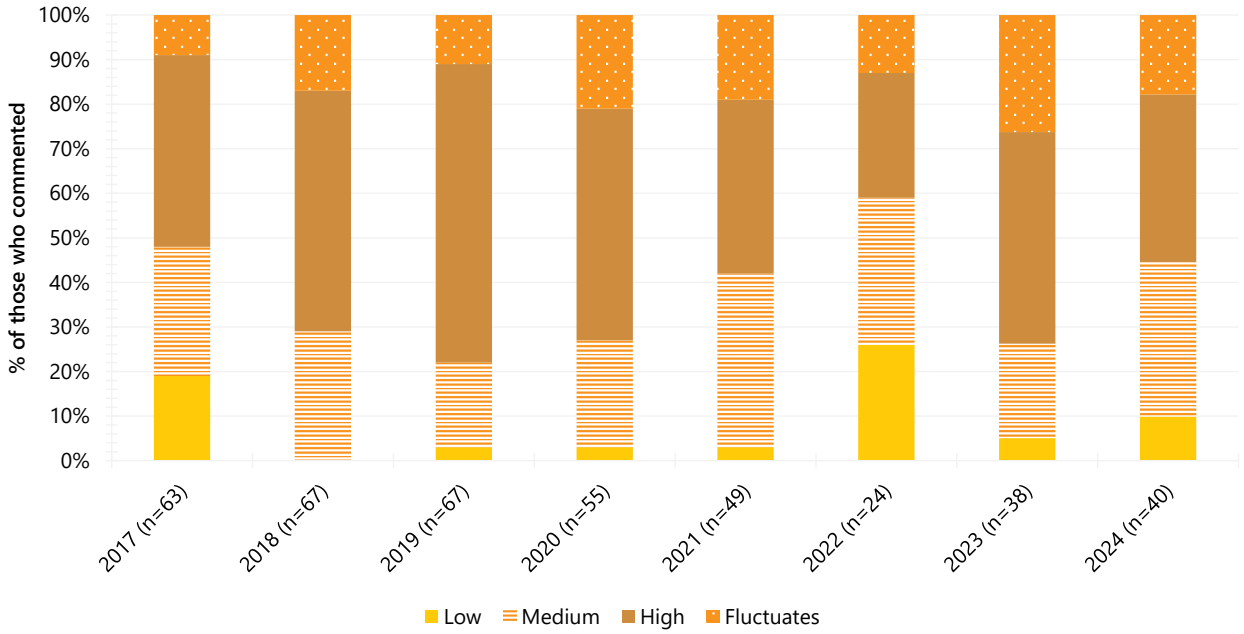
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Current perceived purity of non-prescribed ecstasy capsules, Melbourne, VIC, 2017-2024



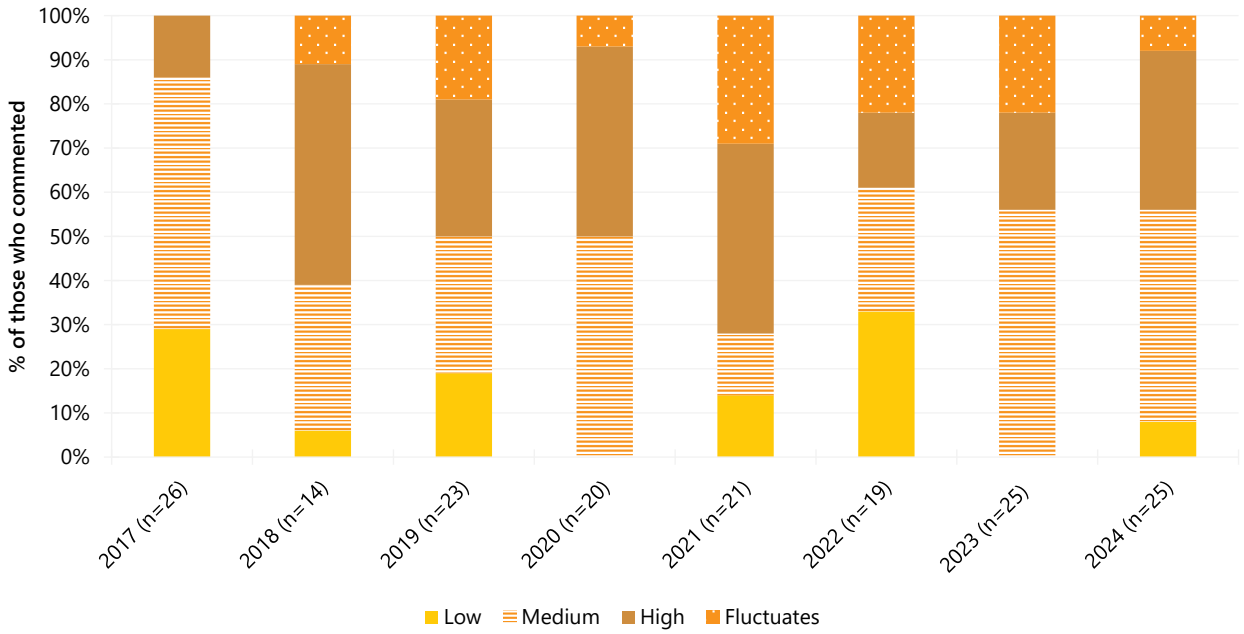
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 10: Current perceived purity of non-prescribed ecstasy crystal, Melbourne, VIC, 2017-2024



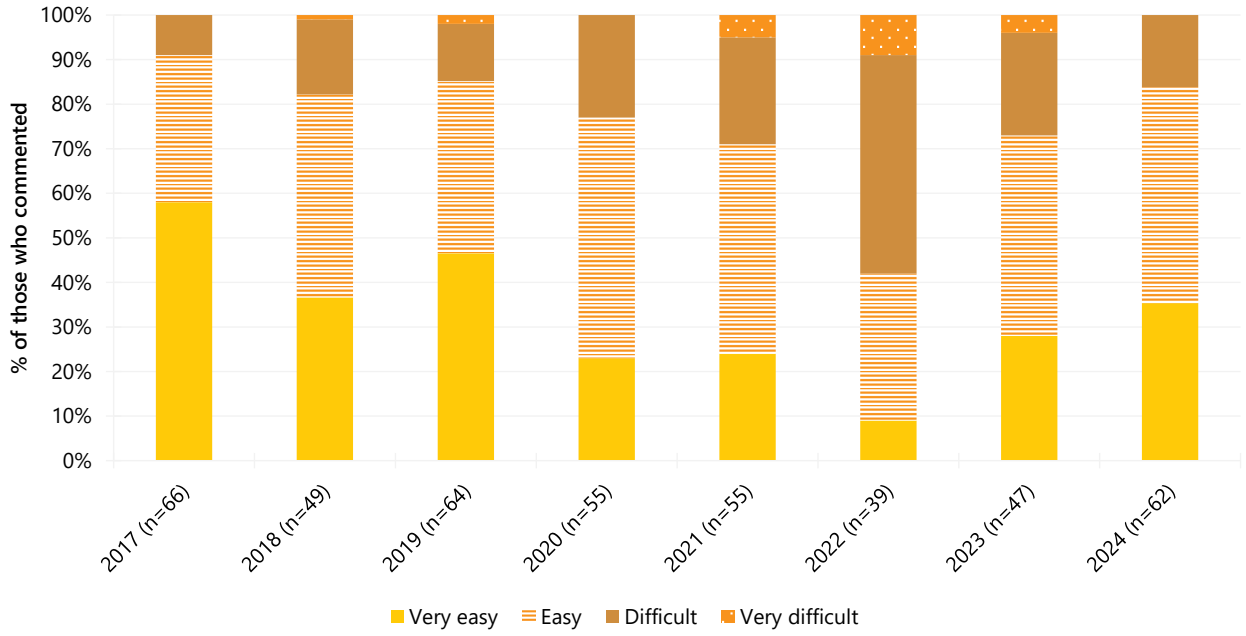
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Current perceived purity of non-prescribed ecstasy powder, Melbourne, VIC, 2017-2024



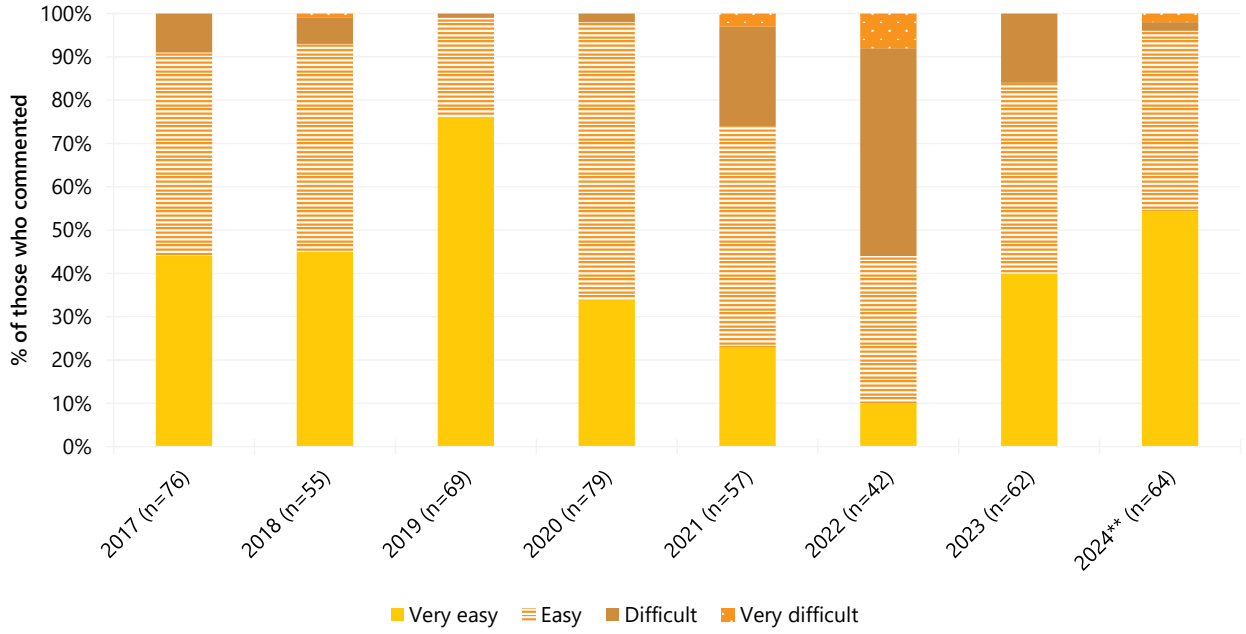
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived availability of non-prescribed ecstasy pills, Melbourne, VIC, 2017-2024



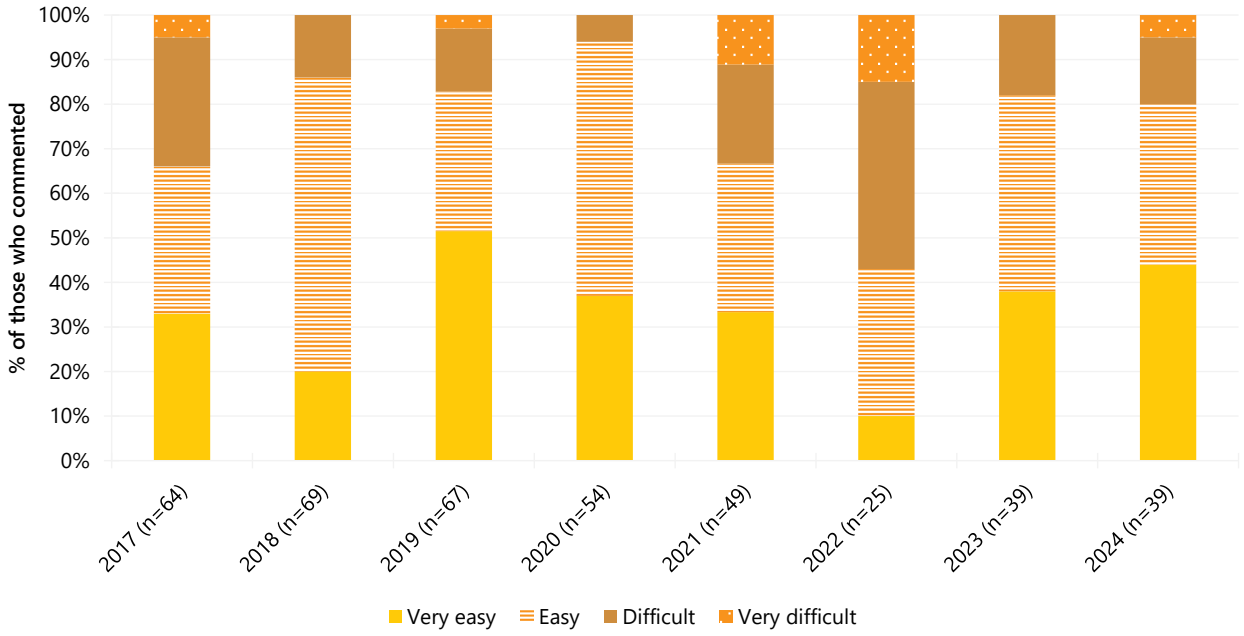
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived availability of non-prescribed ecstasy capsules, Melbourne, VIC, 2017-2024



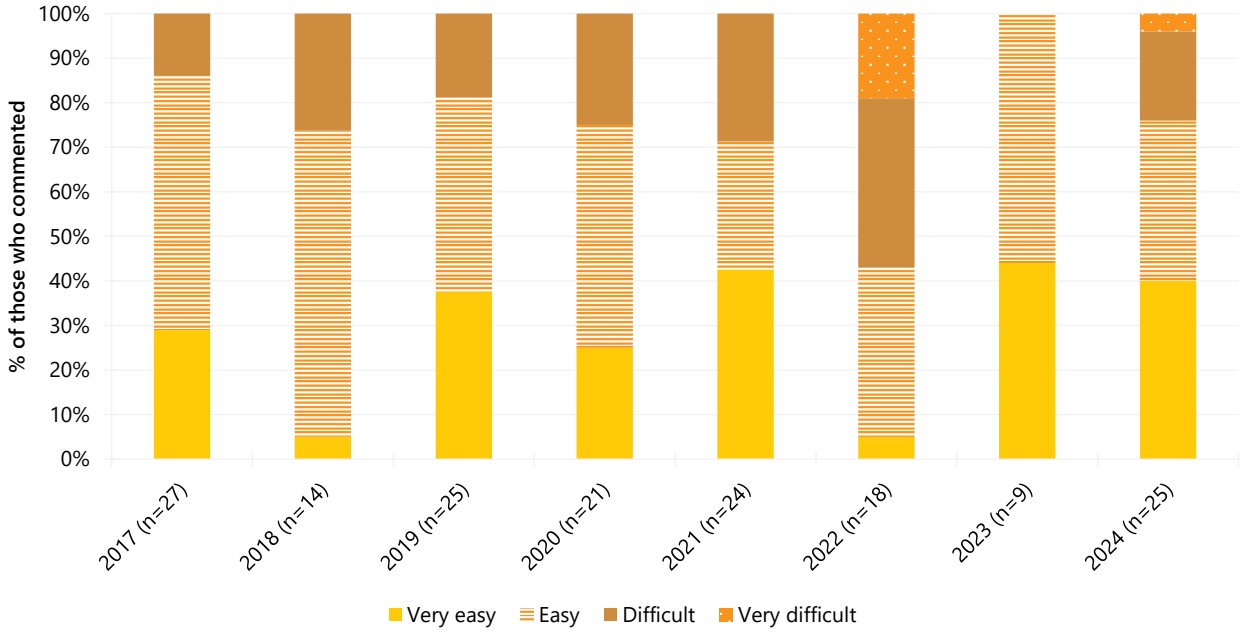
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of non-prescribed ecstasy crystal, Melbourne, VIC, 2017-2024



Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of non-prescribed ecstasy powder, Melbourne, VIC, 2017-2024



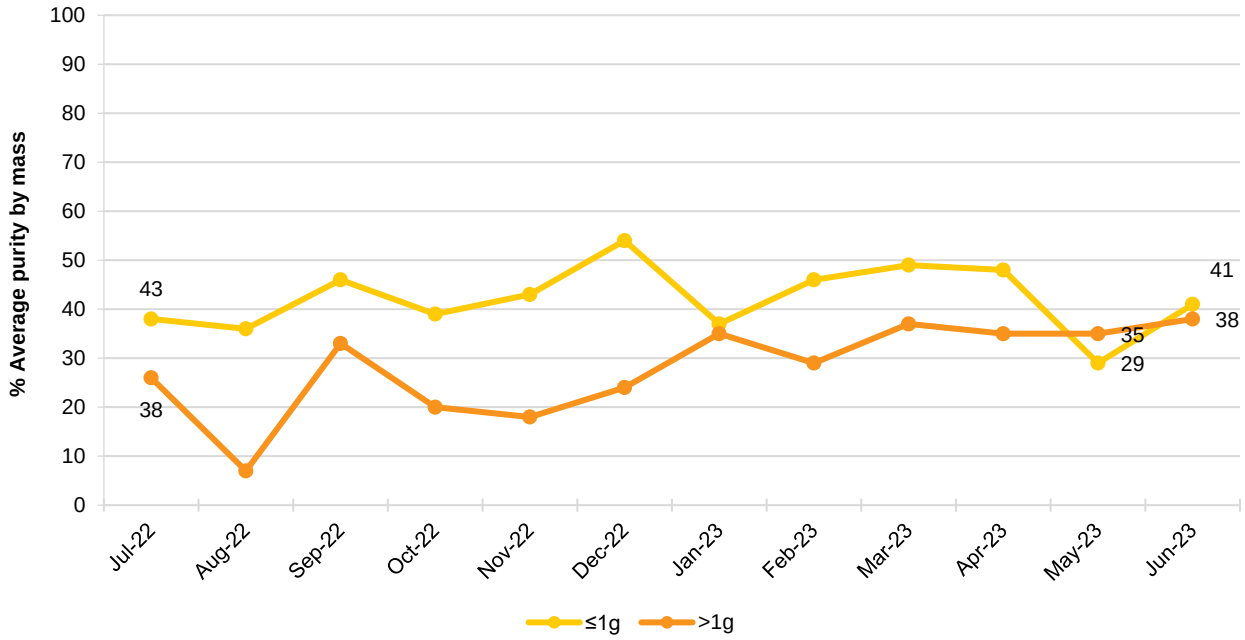
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routinely Collected Data

Victoria Police Seizure Purity

Ecstasy seizures analysed by the Victoria Police Forensic Services Department during the 2022/23 financial year, weighing one gram or less and more than one gram, were on average 41% (IQR=38–46%, range=29–54) and 28% (IQR=23–35, range=7–38) pure, respectively (Figure 16).

Figure 16: Purity of ecstasy seizures (includes MDMA, MDEA and MDA) by Victorian law enforcement, July 2022–June 2023

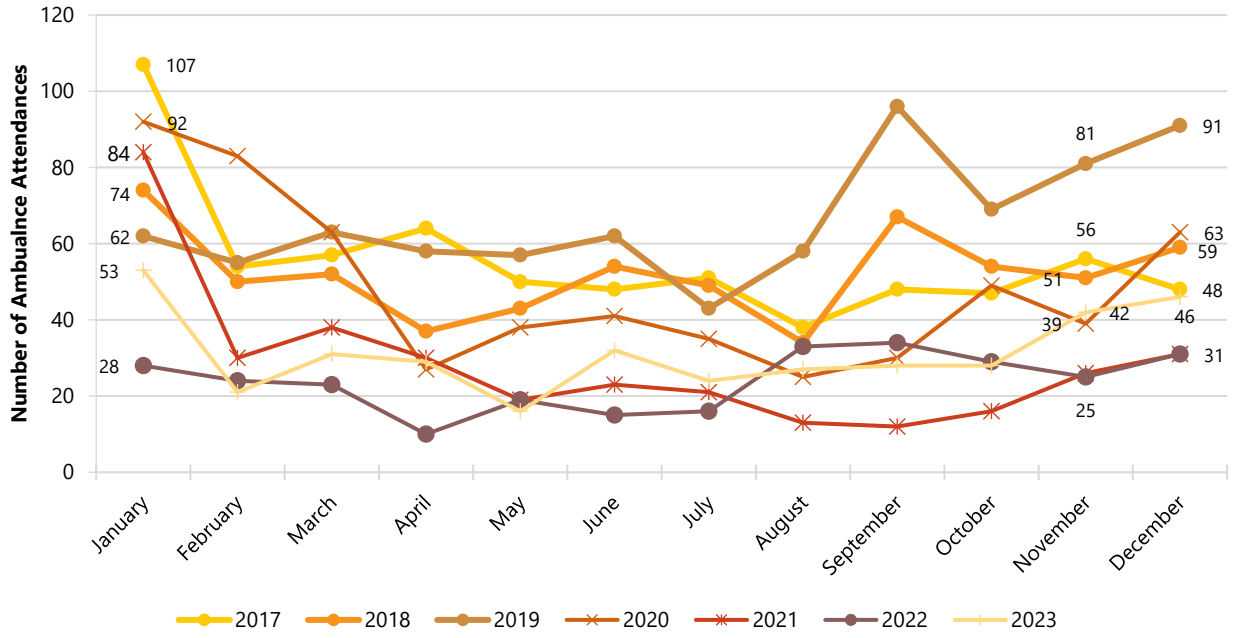


Note. Includes all forms (e.g., pill, capsule, powder and crystal) of MDMA, MDEA and MDA seized by Victoria Police. May not include every drug seized, because not all seized drugs undergo purity analysis. Data labels provided are only provided for the first (Jul-22) and last two months (May-23, Jun-23) of monitoring.

Ambulance Attendances at Non-Fatal Drug Events

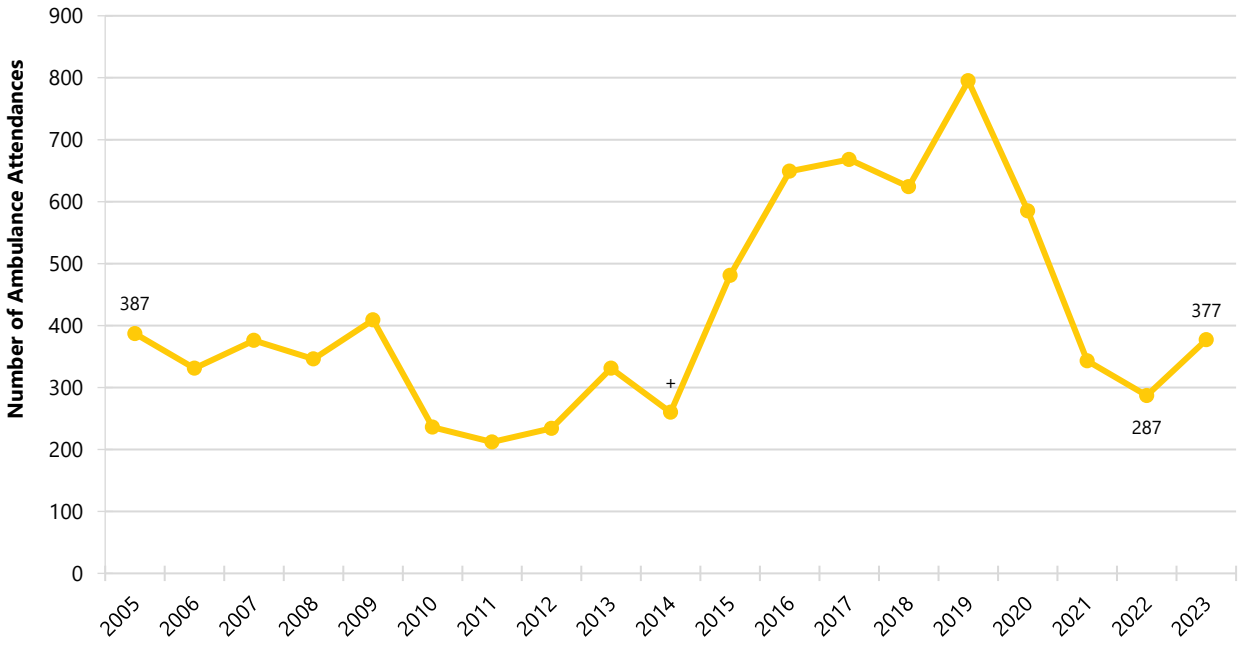
The number of ecstasy-related ambulance attendances in metropolitan Melbourne ranged between 10 and 107 per month during 2017–2023 (Figure 17). The total annual number of ecstasy-related attendance attendances rose steadily between 2014 and 2019 but has been declining in recent years. In 2023 there were 377 attendances, an increase from 2022 (Figure 18). The median age of patients in Melbourne in 2023 was 24 years (range 20–29), consistent with previous years.

Figure 17: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2017–2023



Source: Turning Point. Data labels are only provided for the first (January) month of monitoring in each year.

Figure 18: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2005–2023



Note. + = Data missing from October-December due to industrial action. Source: Turning Point. Data labels provided are only provided for the first (2005) and the two most recent years (2021 and 2023) of monitoring.

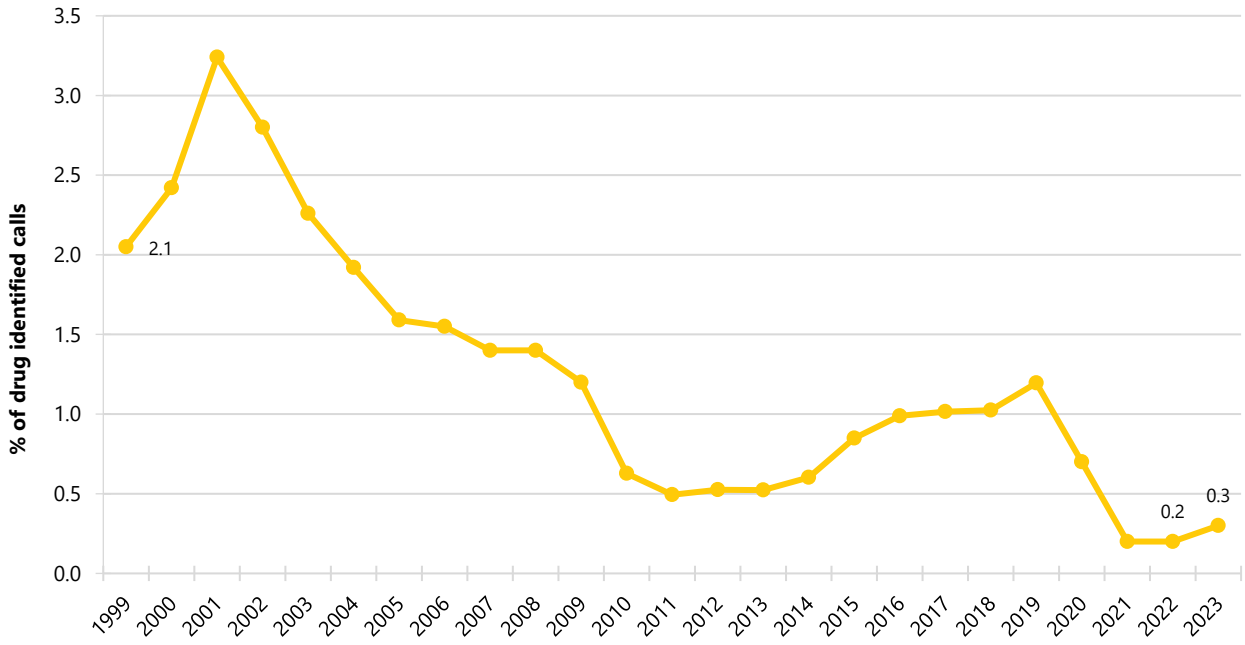
ADIS\VADC

In 2021/22, 170 courses of treatment were delivered to 142 clients for ecstasy, equivalent to 0.3% and 0.4% of the total courses delivered and clients treated. This represents an increase of 21.4% and 46.4% in courses delivered and clients treated from 2020/21 (140 and 97, respectively).

DirectLine

During 2023, DirectLine received 48 calls in which ecstasy was identified as the drug of concern, representing 0.3% of all drug-identified calls to DirectLine in that year, similar to 0.2% of drug-identified calls reported in 2022 (Figure 19).

Figure 19: Percentage of calls to DirectLine in which ecstasy was identified as drug of concern, Victoria 1999–2022



Source: DirectLine, Turning Point. Data labels provided are only provided for the first year (1999) and the two most recent years (2021 and 2023) of monitoring.

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

Recent use of any methamphetamine has fluctuated since 2003 but declined gradually overall (Figure 20). In 2024, 29% of participants reported recent use of any form of methamphetamine, stable relative to 2023 (29%).

Frequency of Use

Median frequency of use reported by participants in the past six months was six days (IQR=2–20; n=28) in 2024, stable relative to two days in 2023 (IQR=1–12; n=29; p=0.347) (Figure 21). Few (n≤5) participants reported using methamphetamine weekly or more frequently in 2024 (n≤5 in 2023).

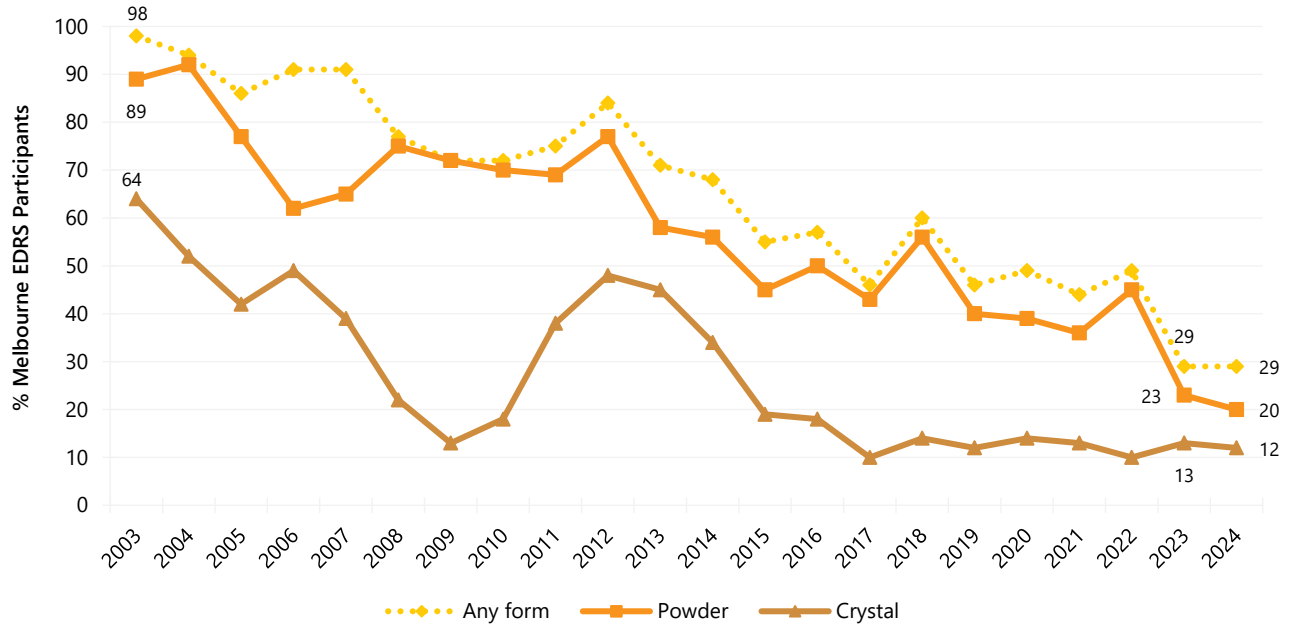
Forms Used

Use of all forms of methamphetamine has decreased since the start of monitoring. Of participants who had used methamphetamine in the six months preceding interview in 2024 (n=29), 69% had used powder methamphetamine (79% in 2023; p=0.548), followed by crystal (41%; 45% in 2023). No participants reported use of base in 2024 (n≤5 in 2023).

Number of Forms Used

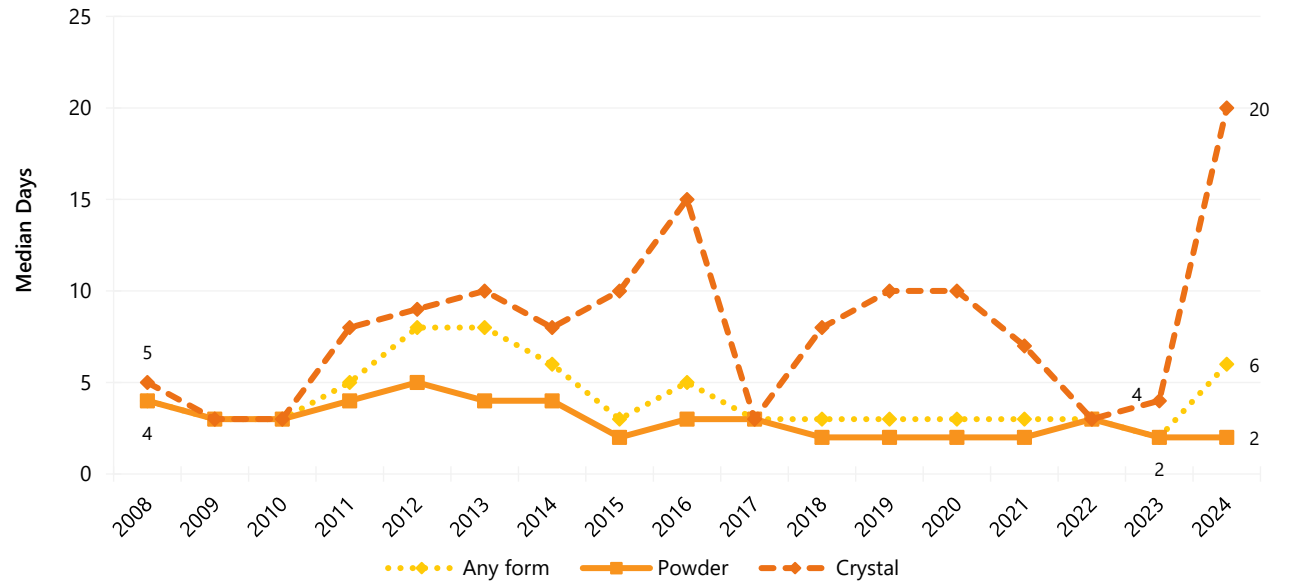
Among participants who had recently consumed any methamphetamine and commented (n=29), the median number of forms of methamphetamine used in a single session was one (IQR 1–1; 1 in 2023; IQR=1–1; n=29; p=0.289).

Figure 20: Past six month use of any methamphetamine, powder, and crystal, Melbourne, VIC, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 21: Median days of any methamphetamine, powder, and crystal use in the past six months, Melbourne, VIC, 2003-2024



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 25 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Since 2003, methamphetamine powder has been the main form reportedly used. Use has declined over the period of monitoring, though remained stable in 2024 at 20% (23% in 2023; *p*=0.721) (Figure 20).

Frequency of Use: Amongst those who had recently consumed powder and commented (n=20), participants reported use on a median of two days (IQR=1–5) in the six months preceding interview in 2024, stable relative to 2023 (2 days; IQR=1–10; n=23; *p*=0.609) (Figure 21). No participants reported weekly or more frequent use of powder in 2024 (17% in 2023; *p*=0.111).

Routes of Administration: Among participants who had recently consumed methamphetamine powder and commented (n=20), snorting was the most common route of administration, with 85% reporting this method in 2024 (96% in 2023; *p*=0.323). Few participants (n≤5) reported swallowing (n≤5 in 2023) or smoking (n≤5 in 2023) as a route of administration.

Quantity: Of those who reported recent use and responded (n=18), the median amount of powder used in a 'typical' session was 0.30 grams (IQR=0.20–0.50; 0.38 grams in 2023; IQR=0.20–0.56 n=16; *p*=0.599). Of those who reported recent use and responded (n=17), the median maximum amount of powder used in a session was 0.50 grams (IQR=0.20–0.70) stable from 0.72 grams in 2023 (IQR=0.43–1.00; n=16; *p*=0.168).

Methamphetamine Crystal

Recent Use (past 6 months): Use of methamphetamine crystal has remained stable in recent years. In 2024, 12% of participants reported recent use of crystal (13% in 2023) (Figure 20).

Frequency of Use: Of those who had recently consumed crystal and commented (n=11), participants reported use on a median of 20 days (IQR=6–93) in the six months preceding interview in 2024, compared to four days in 2023 (IQR=2–12; n=13; *p*=0.059) (Figure 21). Few participants (n≤5) reported weekly or more frequent use of crystal in 2024 (n≤5 in 2023; *p*=0.182).

Routes of Administration: Among participants who had recently consumed methamphetamine crystal and commented (n=12), smoking remained the most common route of administration, with 92% reporting this method in 2024, stable from 85% in 2023.

Quantity: Of those who reported recent use and responded (n=10), the median amount of crystal used in a 'typical' session was 0.50 grams (IQR=0.30–1.00; 0.28 grams in 2023; IQR=0.21–0.39; n=10; *p*=0.074). Of those who reported recent use and responded (n=10), the median maximum amount of crystal used in a session was 1.90 grams (IQR=0.43–3.38; 0.65 grams in 2023; IQR=0.30–0.95; n=28; *p*=0.197).

Methamphetamine Base

No participants reported use of base in 2024, therefore, details are supressed. For further information, please refer to the National IDRS report, or contact the Drug Trends team.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Participants reported a median price of $200 per gram of powder in 2024 (IQR=188–200; n=8), stable from 2023 ($200; IQR=190–235; n=11; *p*=0.540).

Perceived purity: The perceived purity of methamphetamine powder in 2024 was comparable to 2023 (*p*=0.323). Due to low numbers for each of the responses, further details have been suppressed (Figure 23). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived availability: The perceived availability of methamphetamine powder remained stable in 2024 (*p*=0.284) Among those who reported use and commented, 64% perceived methamphetamine powder as 'easy' to obtain (n≤5 in 2023) (Figure 25).

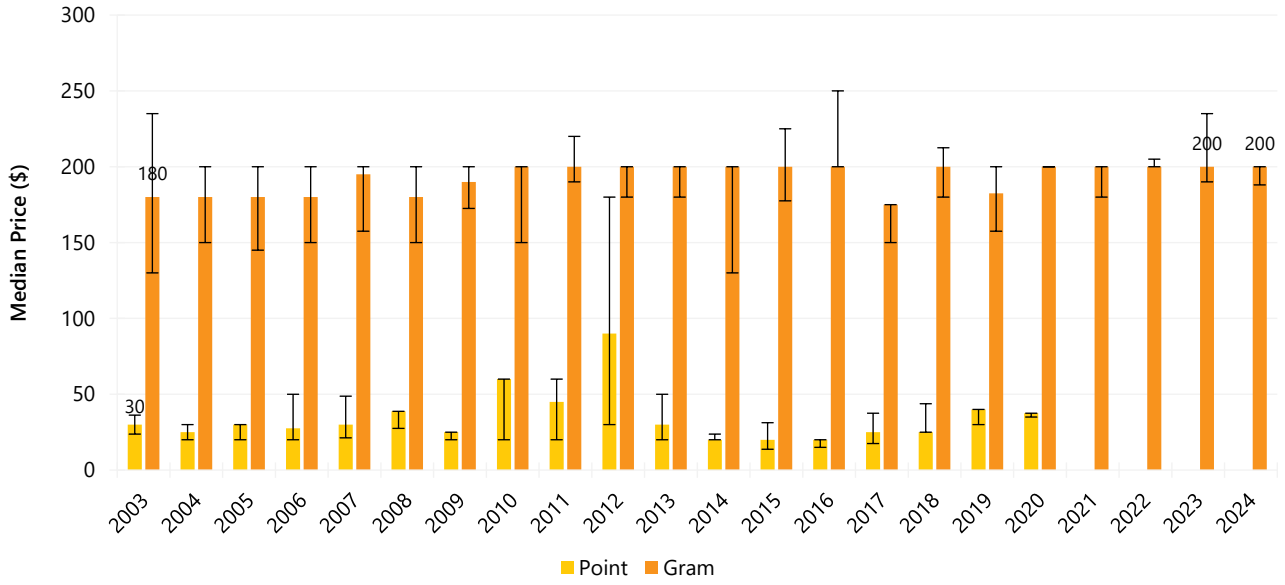
Methamphetamine Crystal

Price: Few (n≤5) participants reported on the price of methamphetamine crystal in 2024 (n≤5 in 2023). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information..

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2023 and 2024. Among those who were able to comment in 2024 (n=11), 55% reported methamphetamine crystal purity to be 'high' (n≤5 in 2023) (Figure 24).

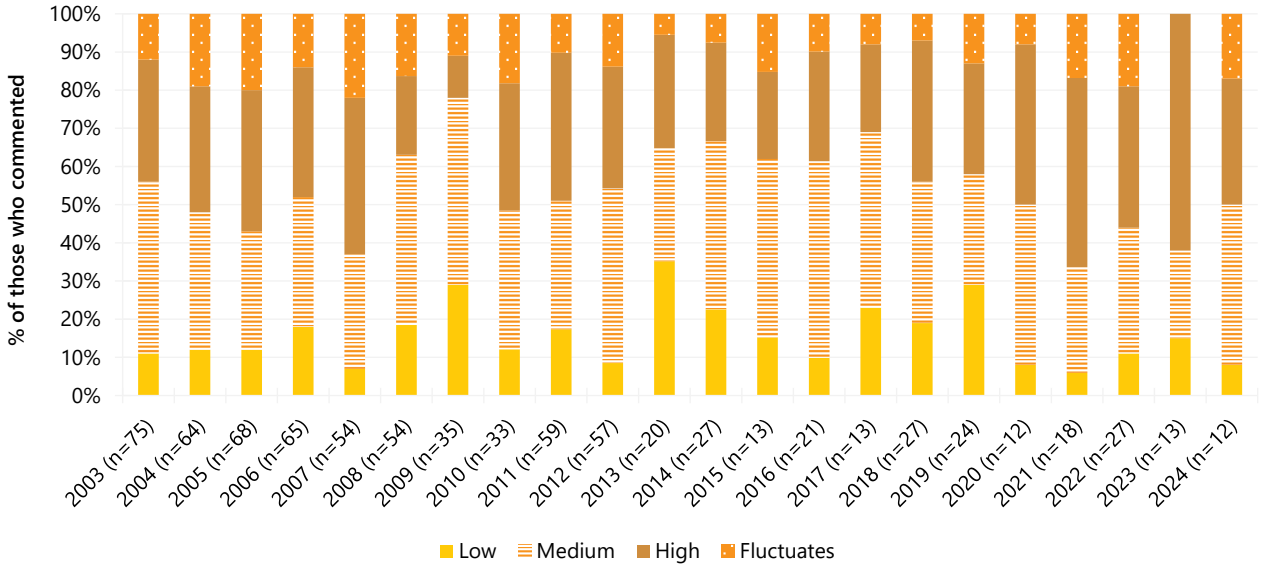
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2023 and 2024. Among those who were able to respond in 2024 (n=11), 64% reported availability as 'very easy' (n≤5 in 2023) (Figure 26).

Figure 22: Median price of powder methamphetamine per point and gram, Melbourne, VIC, 2003-2024



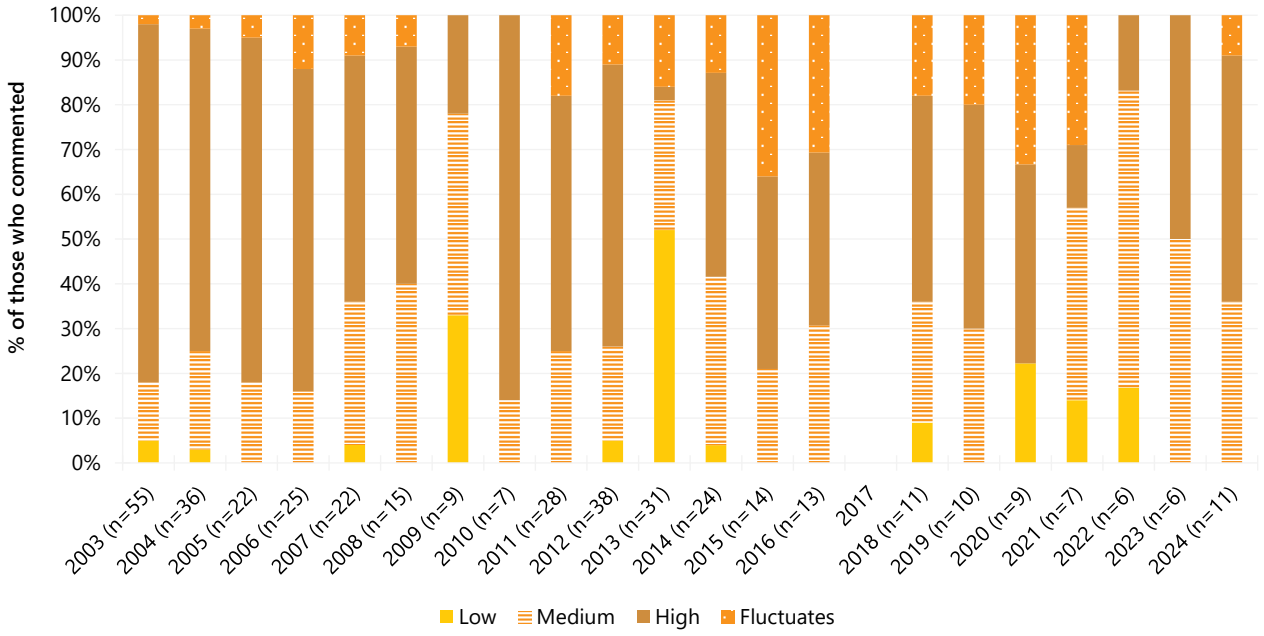
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 23: Current perceived purity of powder methamphetamine, Melbourne, VIC, 2003-2024



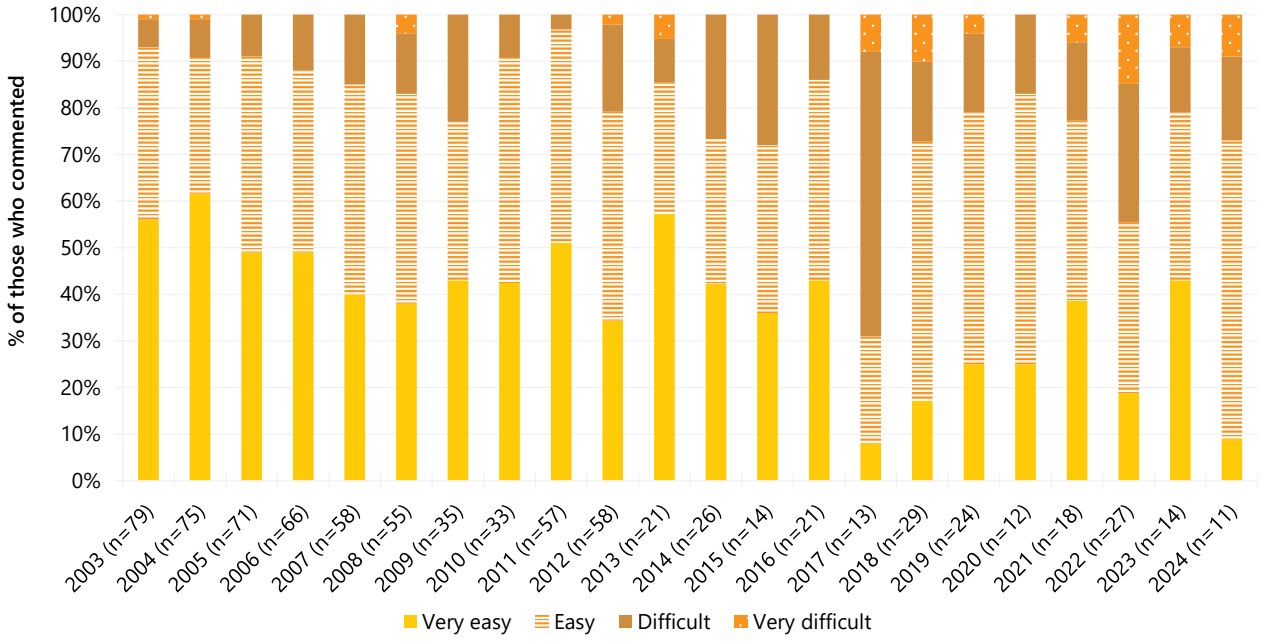
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 24: Current perceived purity of methamphetamine crystal, Melbourne, VIC, 2003-2024



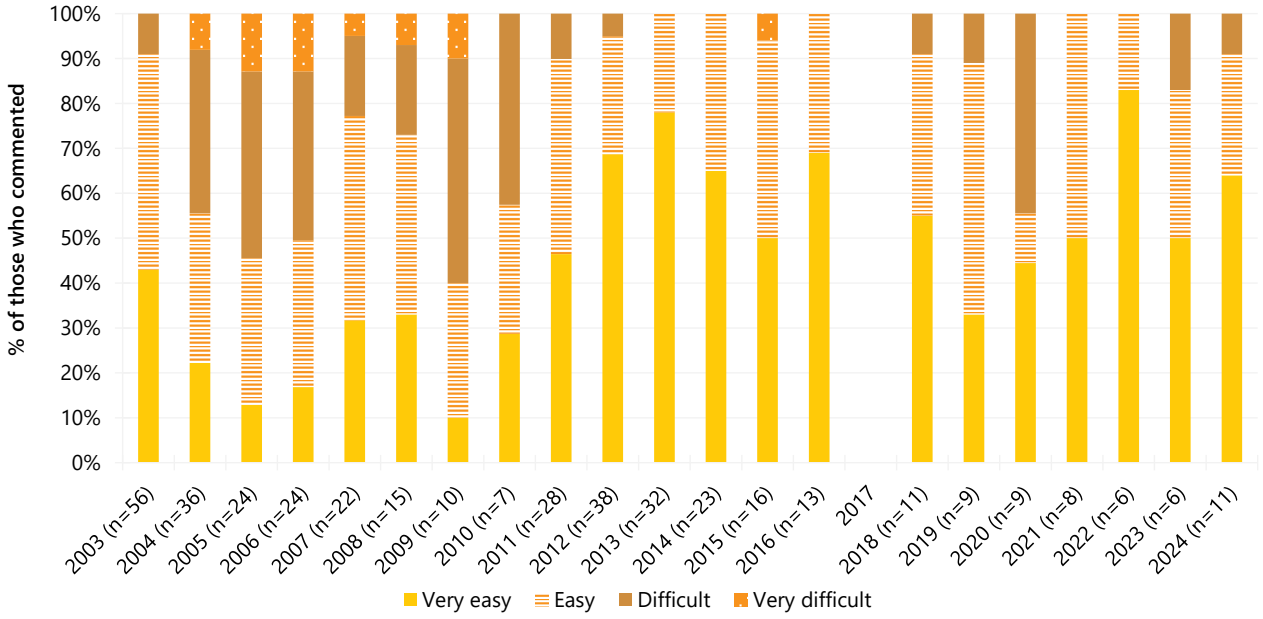
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item (e.g. 2017). Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 25: Current perceived availability of powder methamphetamine, Melbourne, VIC, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 26: Current perceived availability of methamphetamine crystal, Melbourne, VIC, 2003-2024



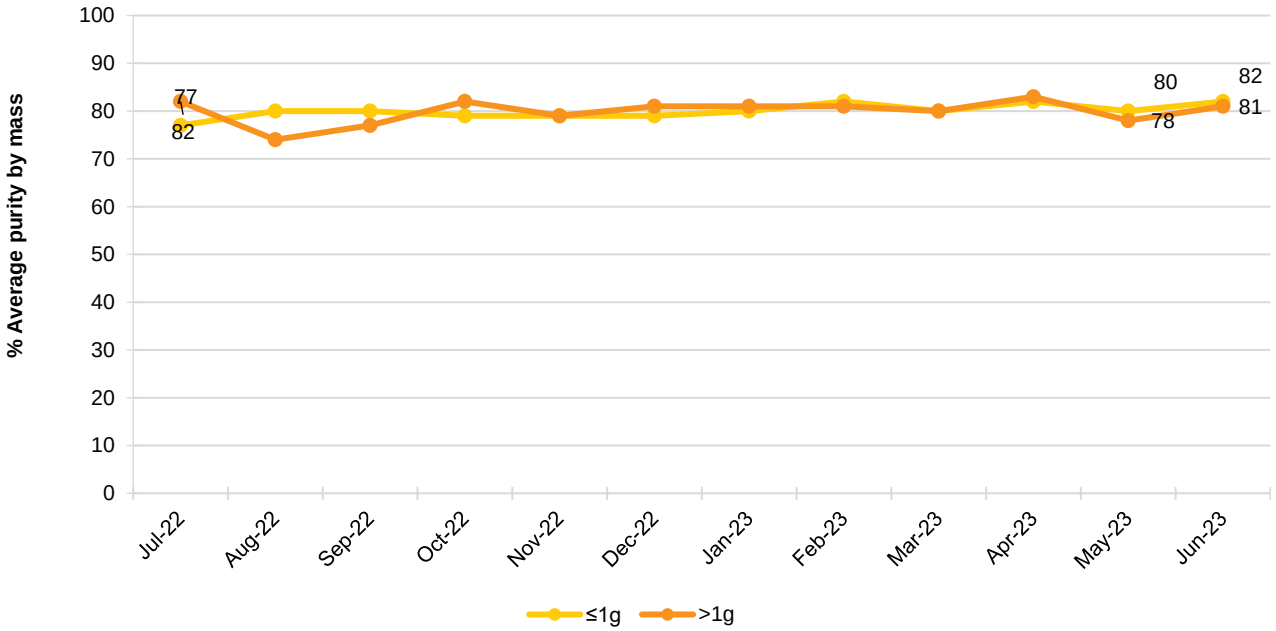
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item (e.g. 2017). Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2022/2023 financial year averaged 80% purity in those weighing one gram or less (IQR=79–80, range=77–82) and 79% in those weighing over one gram (IQR=79–81, range=74–83) (Figure 27).

Figure 27: Purity of methamphetamine seizures by Victorian law enforcement, July 2022–June 2023



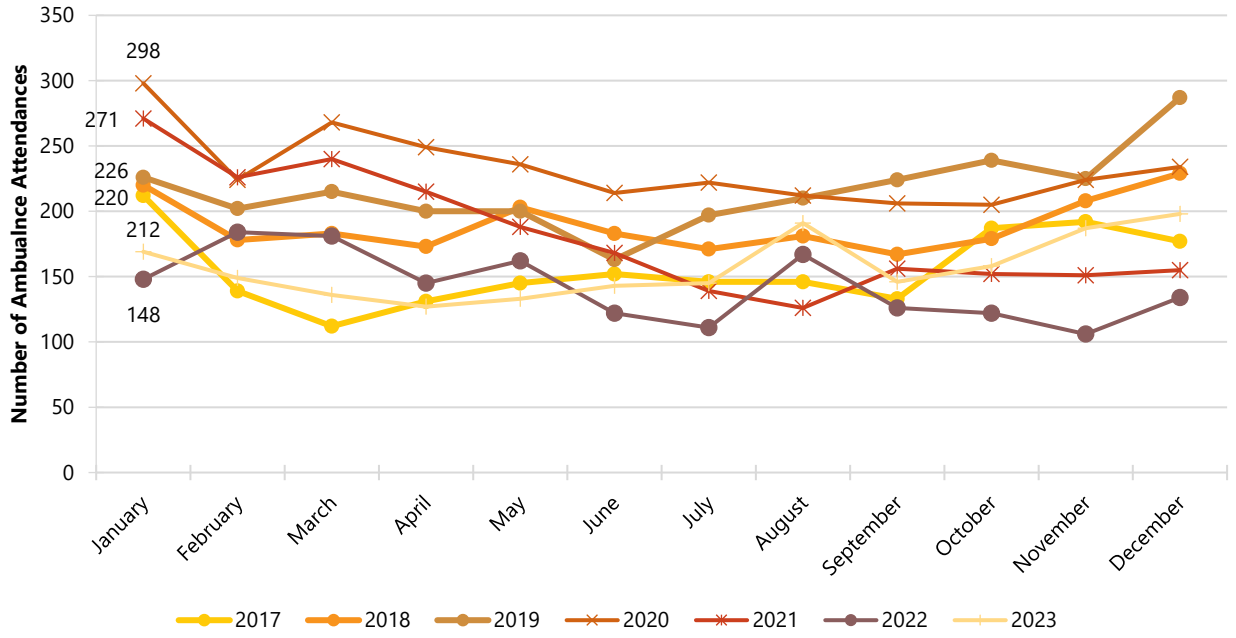
Note. Includes all forms (e.g., powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for first (Jul-22) and two most recent months (May-23, Jun-23) of monitoring.

Ambulance Attendances at Non-Fatal Drug Events

Use of methamphetamine crystal was categorised separately from use of amphetamines in metropolitan Melbourne ambulance attendances for the first time in 2012.

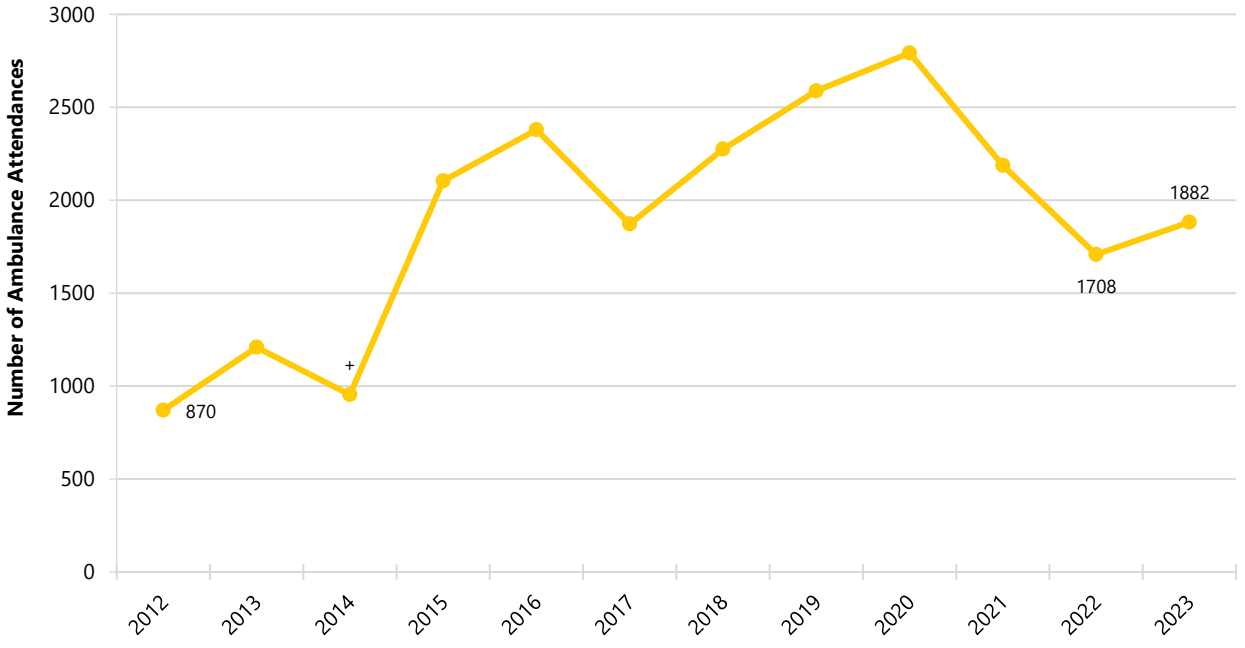
The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 106 and 298 per month during 2017–2023 (Figure 28). The annual number of methamphetamine-related attendances rose steadily between 2012 and 2022. In 2023 there were 1882 attendances, an increase from 2022 (Figure 29). The median age of patients in 2023 was 33.5 years (range 27–42), consistent with recent years.

Figure 28: Number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2022



Source: Turning Point. Data labels are only provided for the first (January) month of monitoring in each year.

Figure 29: Number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2023



Note. + = Data missing from October-December due to industrial action. Source: Turning Point. Data labels are only provided for the first (2012) and two most recent years (2022 and 2023) of monitoring.

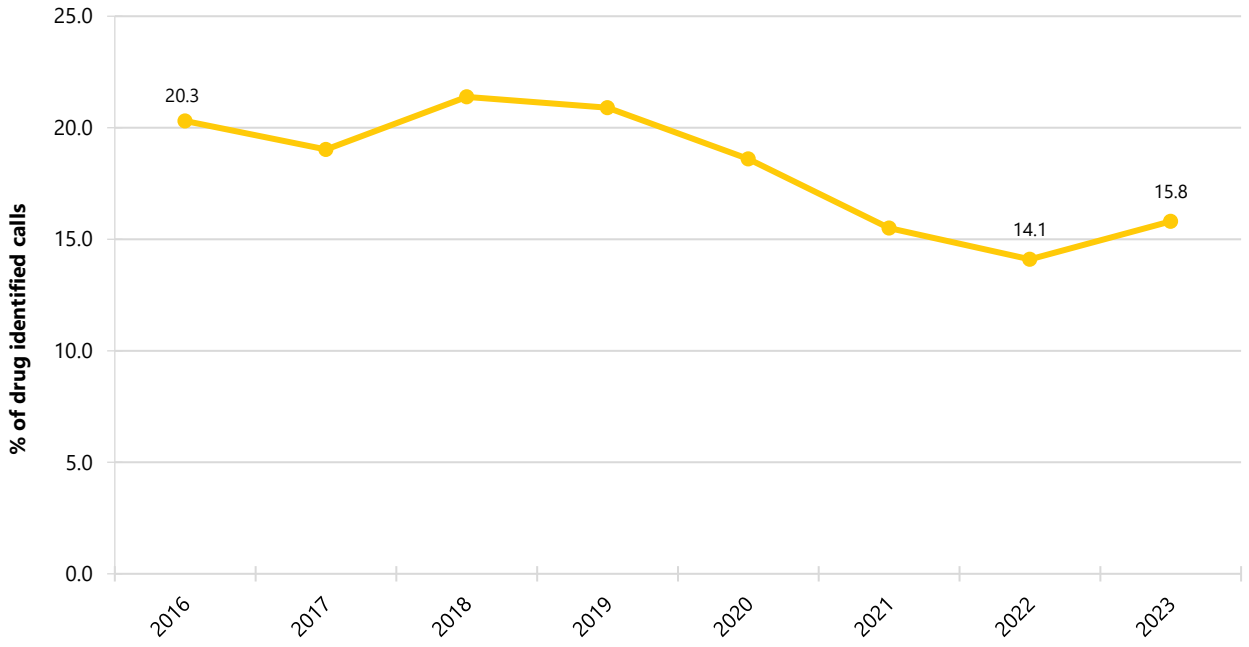
ADIS\VADC

In 2021/22, 12,145 courses of treatment were delivered to 7,723 clients for methamphetamine, equivalent to 18.5% and 19.4% of the total courses delivered and clients treated, respectively. This represents an increase of 36.8% and 49.6% in courses delivered and clients treated from 2020/21 (8,878 and 5,162, respectively).

DirectLine

During 2023, DirectLine received 2,883 calls in which methamphetamine was identified as the drug of concern, representing 15.8% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls in which methamphetamine was identified as the drug of concern has remained fairly stable since monitoring began in 2016 (Figure 30).

Figure 30: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2023



Source: DirectLine, Turning Point. Data labels are provided only for the first (2016) and two most recent years of monitoring (2022 and 2023).

4

Non-Prescribed Pharmaceutical Stimulants

Participants were asked about their recent (past six month) use of non-prescribed pharmaceutical stimulants, such as dexamfetamine, lisdexamfetamine (Vyvanse®), or methylphenidate (Concerta®, Ritalin®, Ritalin LA®). These substances are commonly prescribed to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy.

Patterns of Consumption

Recent Use (past 6 months)

The proportion of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 9% in 2007 to a peak of 66% in 2021 (Figure 31). Self-reported recent use of non-prescribed stimulants in 2024 was similar to 2023 (60%; 47% in 2023; p=0.095).

Frequency of Use

Frequency of use remained stable in 2024, at a median of five days in the six months prior to interview (IQR=2–12; n=60; 5 days in 2023; IQR=2–12; n=47; p=0.857) (Figure 31).

Routes of Administration

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=60), the vast majority reported swallowing as a route of administration (95%; 94% in 2023), with fewer participants reporting snorting (22%; 21% in 2023).

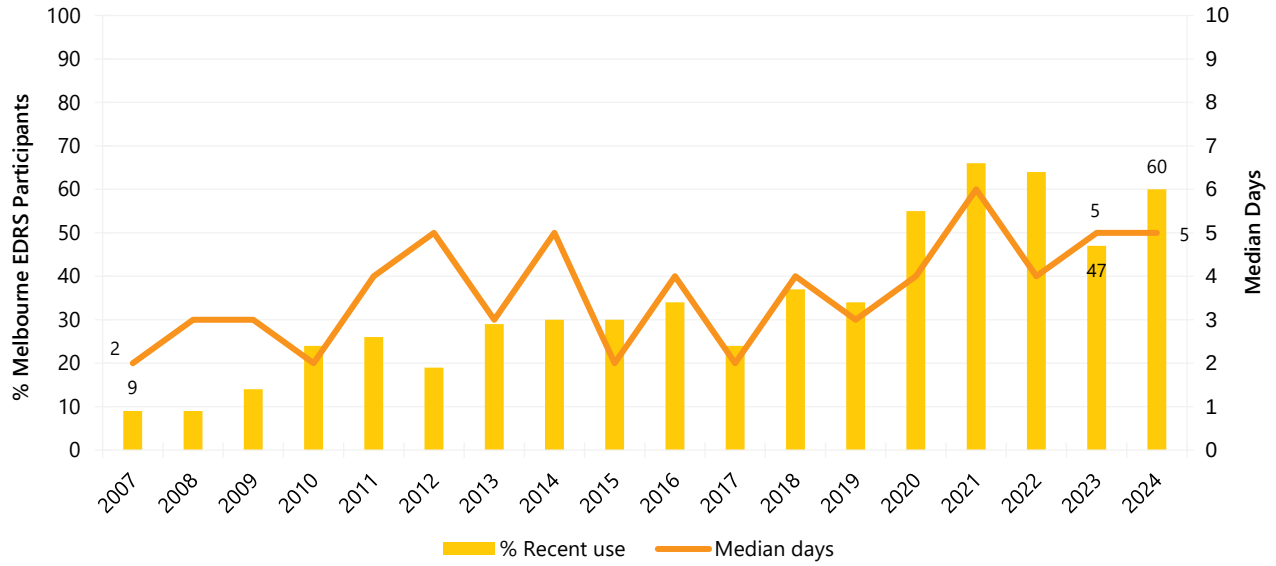
Quantity

Among those who reported recent use and responded (n=53), the median amount used in a 'typical' session was one and a half pills/tablets (IQR=1–2; 1 pill/tablet in 2023; IQR=1–2; p=0.093). Of those who reported recent use and responded (n=54), the median maximum amount used in a session was two pills/tablets (IQR=1–3.8; 2 pills/tablets in 2023; IQR=1–3; p=0.541).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=60), the majority reported using dexamphetamine (82%; 77% in 2023; p=0.616), followed by Ritalin (43%; 43% in 2023). There was a significant decrease in the self-reported use of modafinil in 2024 (n≤5; 28% in 2023; p=0.009).

Figure 31: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Melbourne, VIC, 2007-2024



Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price and Perceived Availability

Price and availability data for non-prescribed pharmaceutical stimulants were collected from 2022.

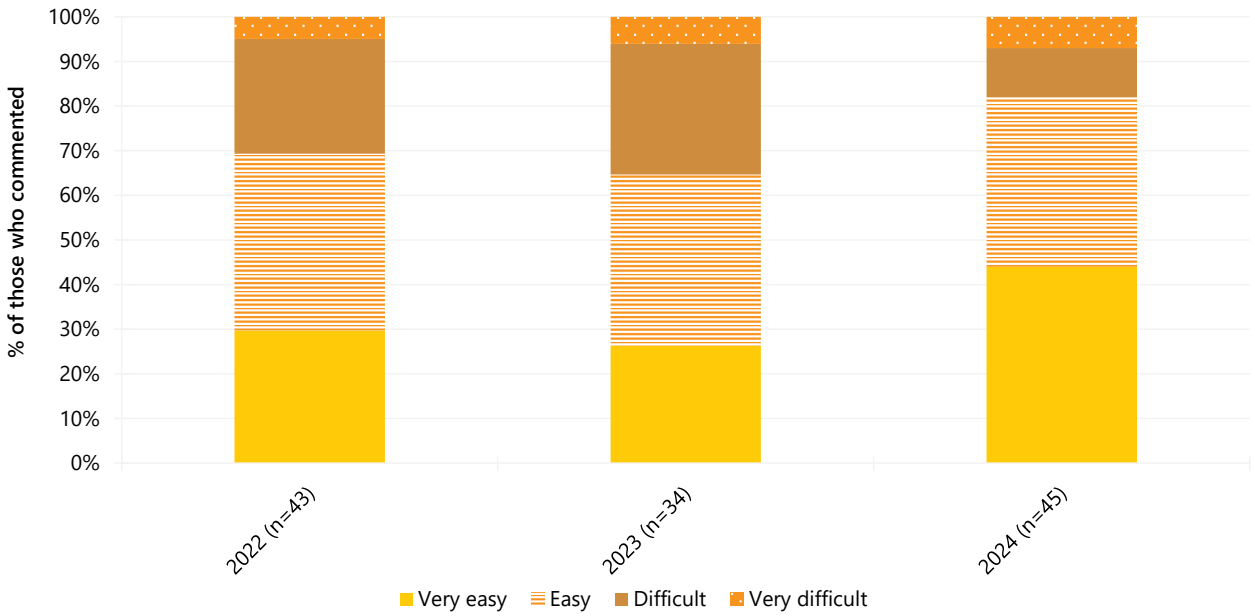
Price

Participants reported a median price of $5 per 5mg tablet in 2024 (IQR=4–8; n=7; $10 in 2023; IQR=5–15; n=11; p=0.105) and $7 per 10mg tablet (IQR=3–10; n=6; n≤5 in 2023; p=0.864).

Perceived Availability

The perceived availability of non-prescribed pharmaceutical stimulants remained stable in 2024 relative to 2023 (p=0.161). Among those who responded in 2024 (n=45), 44% perceived non-prescribed pharmaceutical stimulants to be 'very easy' (26% in 2023) to obtain, with a further 38% perceiving availability as 'easy' (38% in 2023) (Figure 32).

Figure 32: Current perceived availability of non-prescribed pharmaceutical stimulants, Melbourne, VIC, 2022-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has gradually increased since monitoring began but has since plateaued. In 2024, 80% of the Melbourne sample reported recent use, stable relative to 90% in 2023 (p=0.077) (Figure 33).

Frequency of Use

Reported frequency of use of cocaine has gradually increased in recent years, with a median of 8 days (IQR=3–14; n=80) of use in the six months preceding interview in 2024, a significant increase from 5 days in 2023 (IQR=2–10; p=0.045). Fifteen per cent of those who had recently used cocaine reported weekly or more frequent use, stable relative to 2023 (n≤5; p=0.070).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=80), 99% reported snorting cocaine, stable relative to 2023 (100%; p=0.070).

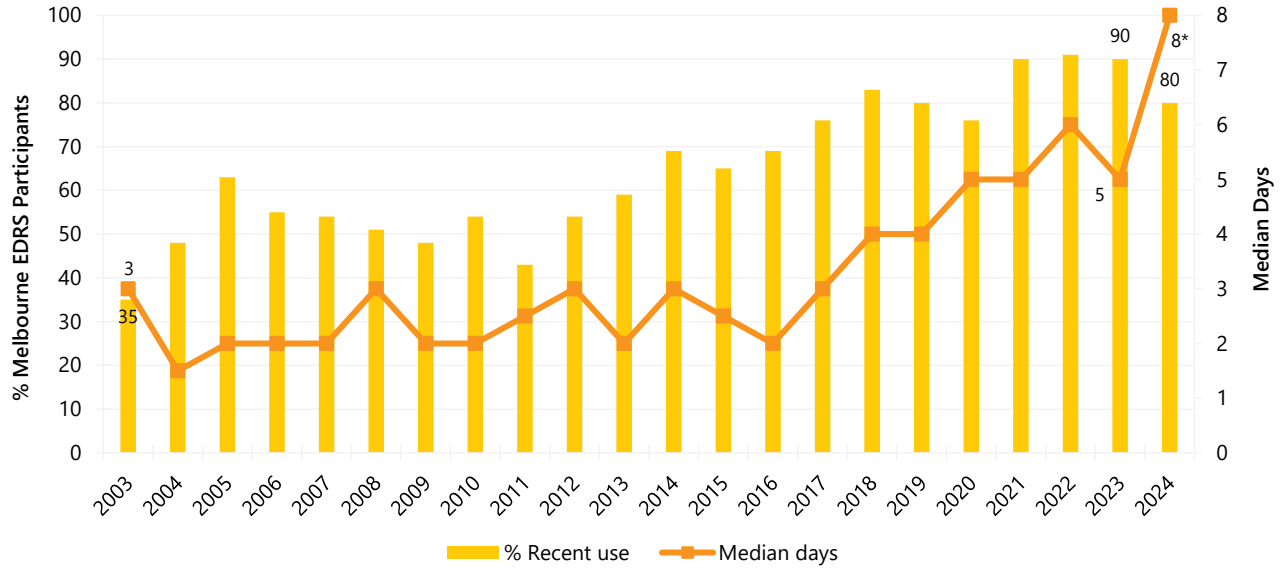
Quantity

Of those who reported recent use and responded (n=62), the median amount of cocaine used in a 'typical' session was 0.50 grams (IQR=0.20–0.50; 0.50 grams in 2023; IQR=0.25–0.50; n=60; p=0.534). Of those who reported recent use and responded (n=64), the median maximum amount of cocaine used in a session was 0.50 gram (IQR=0.38–1.00; 0.78 grams in 2023; IQR=0.50-1.00; n=64; p=0.863).

Forms Used

Among participants who had recently consumed cocaine and commented (n=80), the majority (93%) reported using powder cocaine (99% in 2023; p=0.052), with 9% reporting recent use of crack/rock cocaine (n≤5 in 2023; p=0.551). Few (n≤5) participants reported using 'other' forms of cocaine (no participants in 2023; p=0.220).

Figure 33: Past six month use and frequency of use of cocaine, Melbourne, VIC, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 8 days to improve visibility of trends for days of use. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

The median price per gram of cocaine was $350 in 2024 (IQR=300–350; n=42; $350 in 2023; IQR=315–350; n=52; p=0.030) (Figure 34).

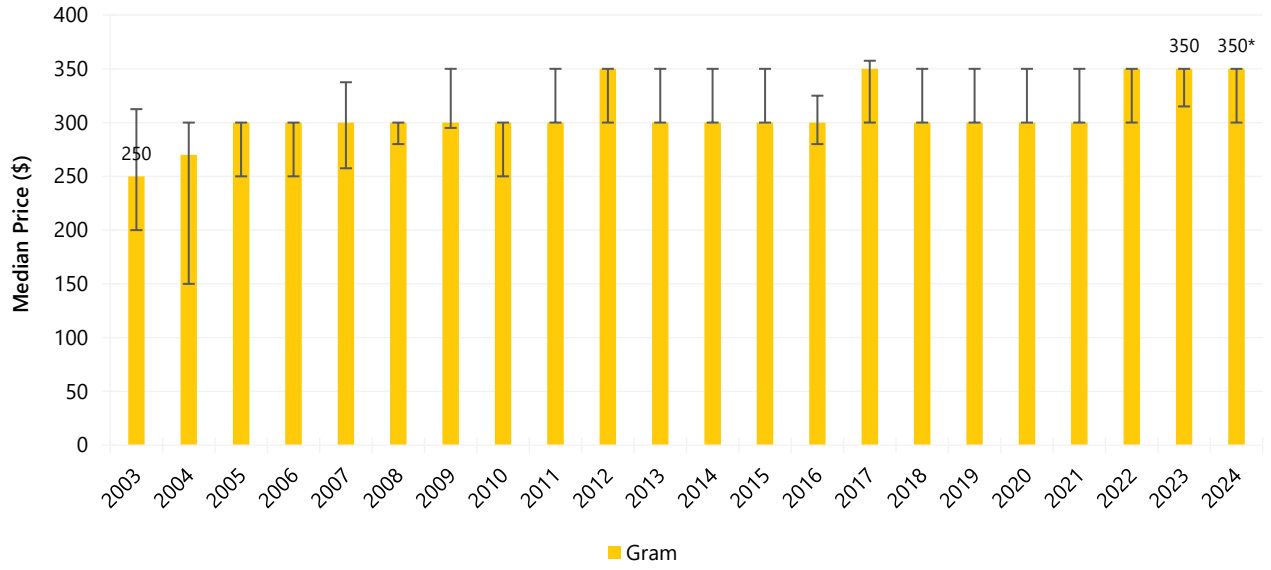
Perceived Purity

The perceived purity of cocaine remained stable between 2023 and 2024 (p=0.351). Among those who were able to respond in 2024 (n=71), 35% perceived purity as 'medium' (27% in 2023), with 27% reporting it to be 'low' (39% in 2023). A further 20% reported purity to be 'high' (14% in 2023), while 18% perceived purity to be 'fluctuating' (20% in 2023) (Figure 35).

Perceived Availability

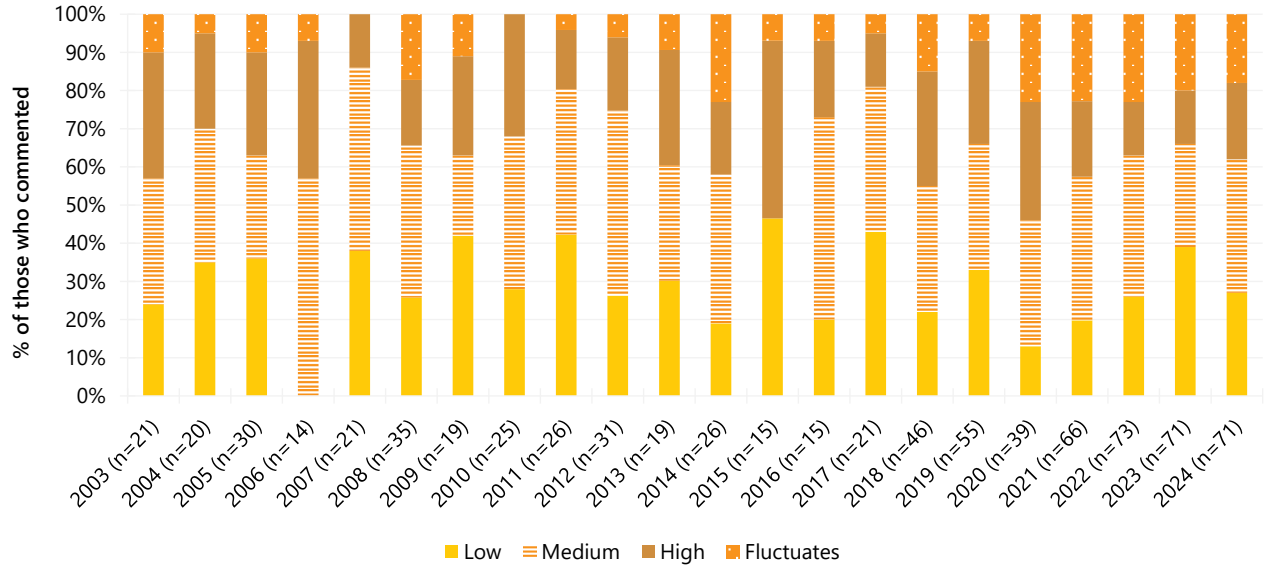
The perceived availability of cocaine remained stable between 2023 and 2024 (p=0.531). Among those who were able to respond in 2024 (n=72), 46% reported cocaine to be 'very easy' to obtain (43% in 2023), with a further 39% reporting it to be 'easy' to obtain (43% in 2023). Fifteen per cent perceived cocaine as 'difficult' to obtain in 2024 (11% in 2023) (Figure 36).

Figure 34: Median price of cocaine per gram, Melbourne, VIC, 2003-2024



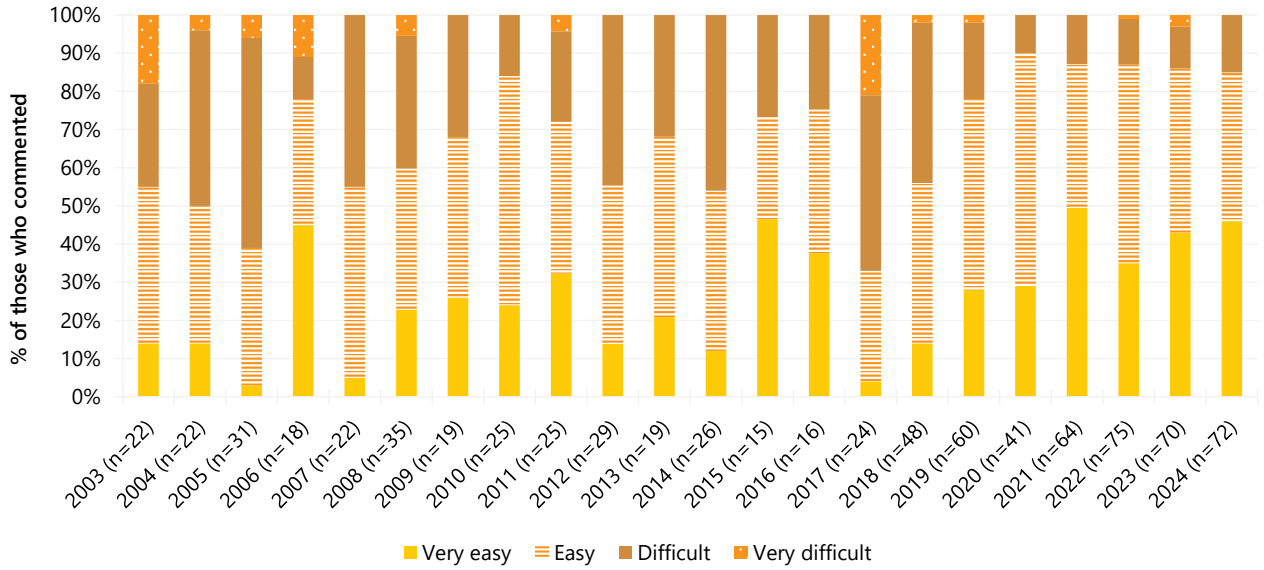
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 35: Current perceived purity of cocaine, Melbourne, VIC, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 36: Current perceived availability of cocaine, Melbourne, VIC, 2003-2024



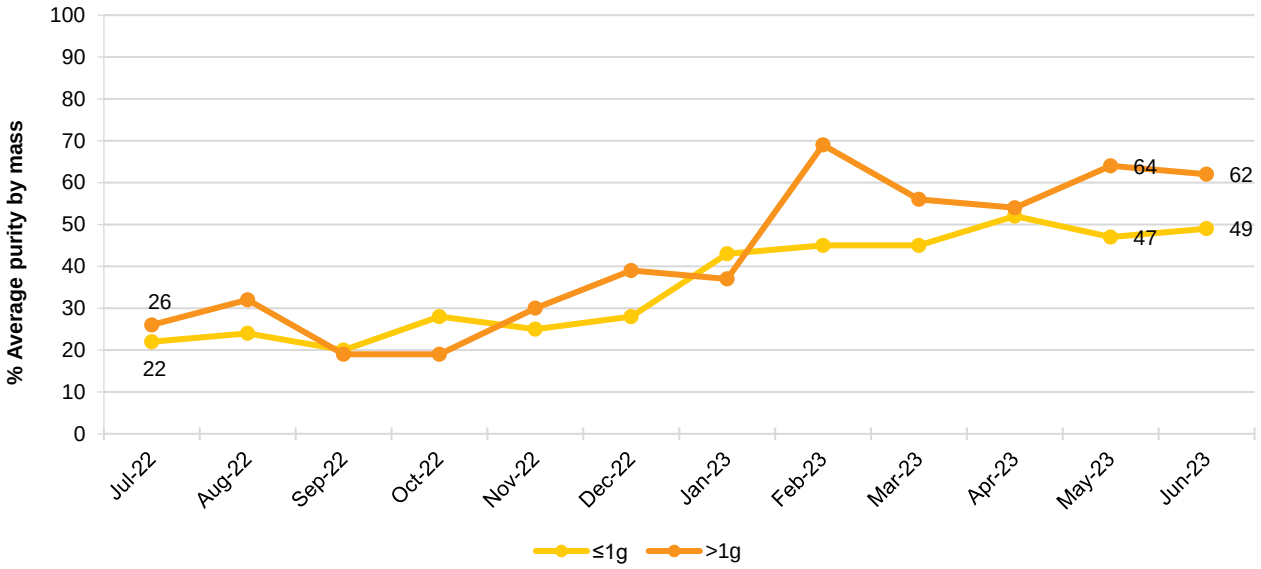
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routinely Collected Data

Victoria Police Seizure Purity

Cocaine seizures analysed by the Victoria Police Forensic Services Department during the 2022/23 financial year averaged 36% purity in those weighing one gram or less (IQR=25–45, range=20–52) and 42% in those weighing over one gram (IQR=29–57, range=19–69) (Figure 37).

Figure 37: Purity of cocaine seizures by Victorian law enforcement, July 2022–June 2023

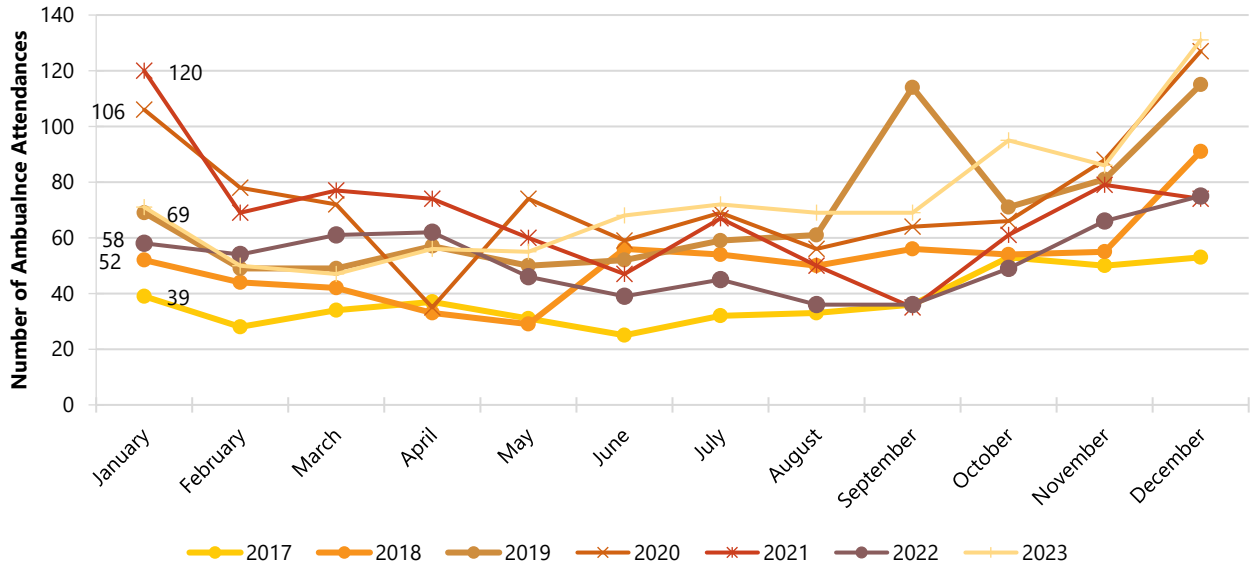


Note. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-22) and last two months (May-23, Jun-23) of monitoring.

Ambulance Attendances at Non-Fatal Drug Events

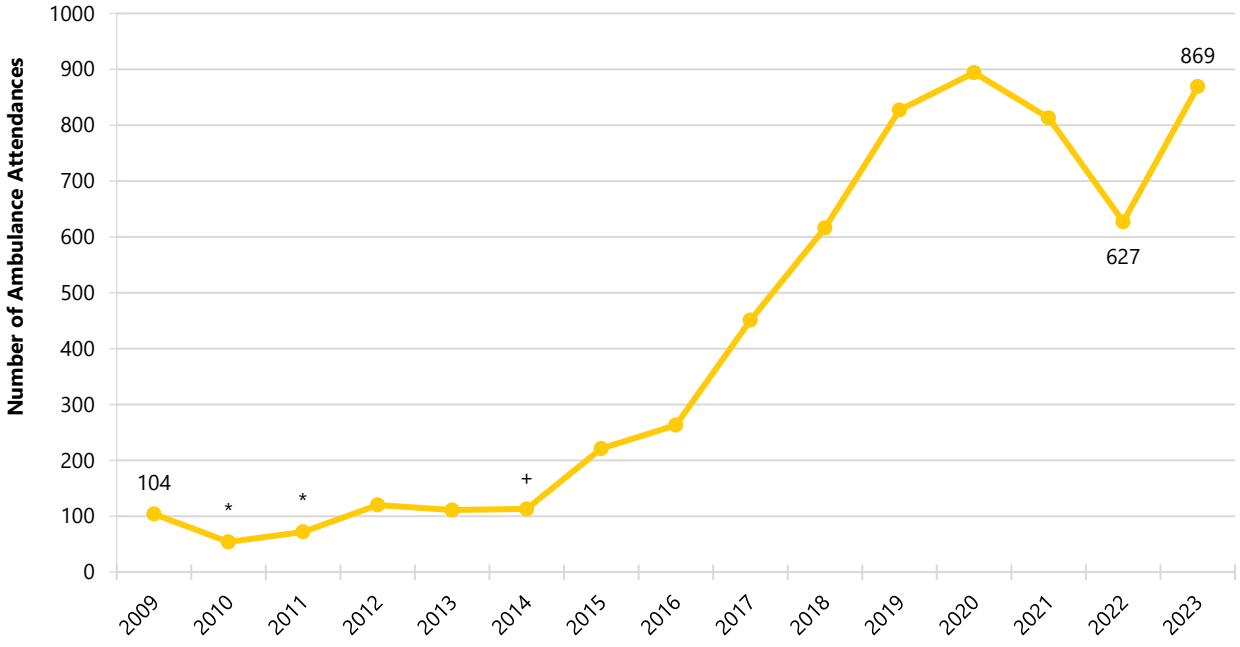
The number of cocaine-related ambulance attendances in metropolitan Melbourne ranged between 25 and 131 per month during 2017–2023 (Figure 38). The annual number of cocaine-related attendances rose steadily between 2015 and 2023. In 2023 there were 869 attendances, an increase from 2022 (Figure 39). The median age of patients in 2022 was 27 years (range=22–33), consistent with previous years.

Figure 38: Number of cocaine-related events attended by Ambulance Victoria, Melbourne, 2017–2023



Source: Turning Point. Data labels are only provided for the first (January) month of monitoring in each year.

Figure 39: Number of cocaine-related events attended by Ambulance Victoria, Melbourne, 2009-2023



Note. * = Some months excluded due to small numbers (≤5). + = Data missing from October-December due to industrial action. Source: Turning Point. Data labels are only provided for the first (2009) and two most recent years (2022 and 2023) of monitoring.

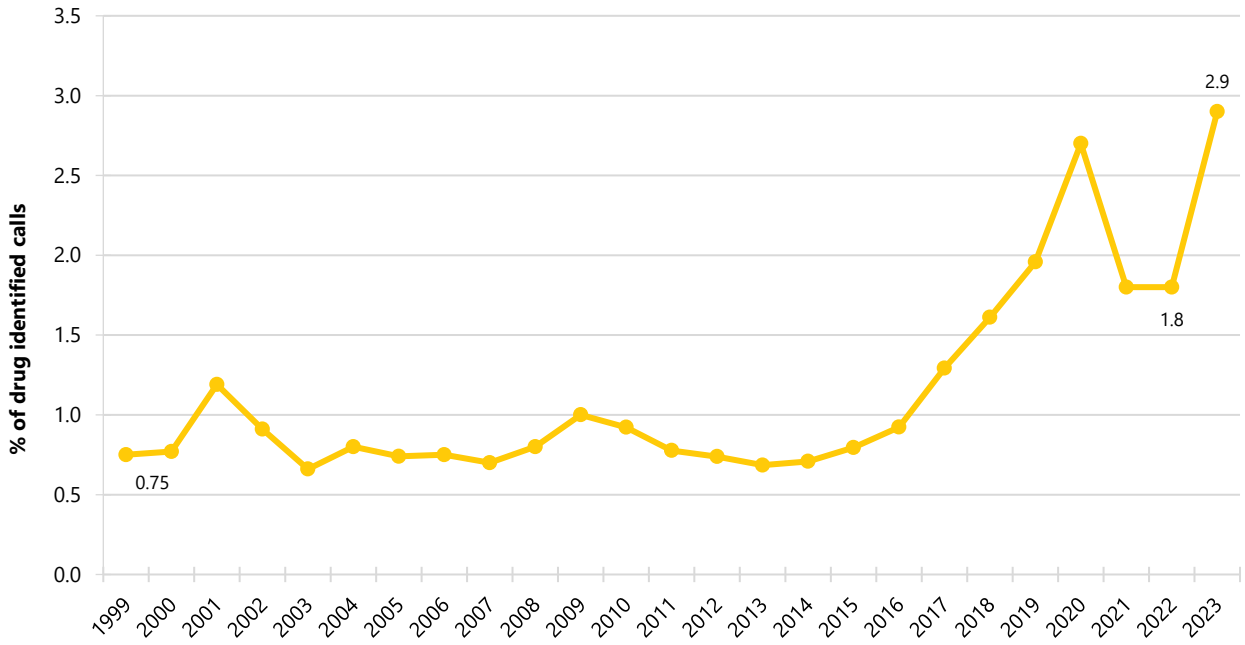
ADIS\VADC

In 2021/2022, 516 courses of treatment were delivered to 420 clients for cocaine, equivalent to 0.8% and 1.1% of the total courses delivered and clients treated. This represents an increase of 37.2% and 41.4% in courses delivered and clients treated from 2020/21 (376 and 297, respectively).

DirectLine

During 2023, DirectLine received 539 calls in which cocaine was identified as the drug of concern, representing 2.9% of all drug-identified calls to DirectLine in that year, an increase from 2022 (Figure 40).

Figure 40: Percentage of calls to DirectLine in which cocaine was identified as drug of concern, Victoria 1999–2023



Source: DirectLine, Turning Point. Data labels are only provided for the first (1999) and two most recent years (2022 and 2023) of monitoring.

6

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

Participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. In 2024, 12% of participants reported prescribed use in the six months preceding interview (n≤5 in 2023; p=0.126).

In the remainder of this chapter, data from 2021-2024, and from 2003-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). While comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use between 2022 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

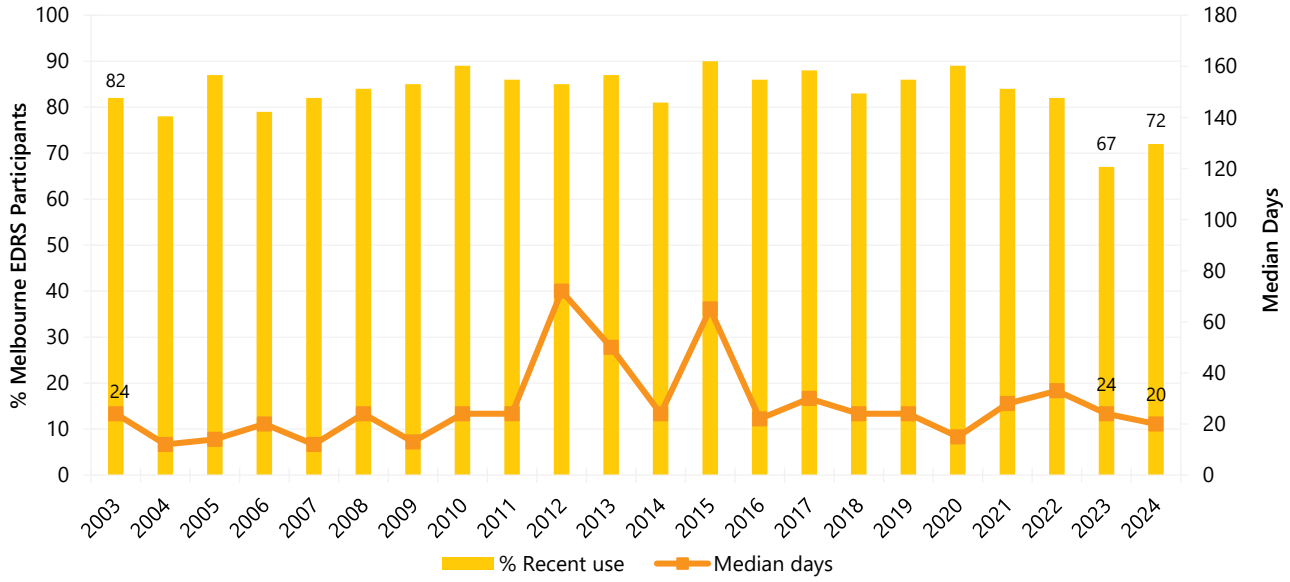
Seventy-two per cent of the Melbourne sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024, stable relative to 2023 (67%; p=0.538) (Figure 41).

Frequency of Use

Typical frequency of reported cannabis use has varied between fortnightly and several times per week over the course of monitoring. Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=72), participants reported a median of 20 days (IQR=7–180) of use in the six months preceding interview in 2024, stable relative to 2023 (24 days; IQR=5–50; n=67; p=0.072) (Figure 42). Half (49%) of those who had recently used non-prescribed

cannabis and/or cannabinoid-related products reported weekly or more frequent use (51% in 2023; p=0.862), including one quarter (26%) who reported daily use, a significant increase from 2023 (n≤5; p<0.001).

Figure 41: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Melbourne, VIC, 2003-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022 onwards, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=72), the majority (90%) reported smoking, stable relative to 2023 (88%; p=0.782). Forty-four per cent reported swallowing (40% in 2023; p=0.721) and 28% reported inhaling/vaporising (25% in 2023; p=0.845).

Quantity

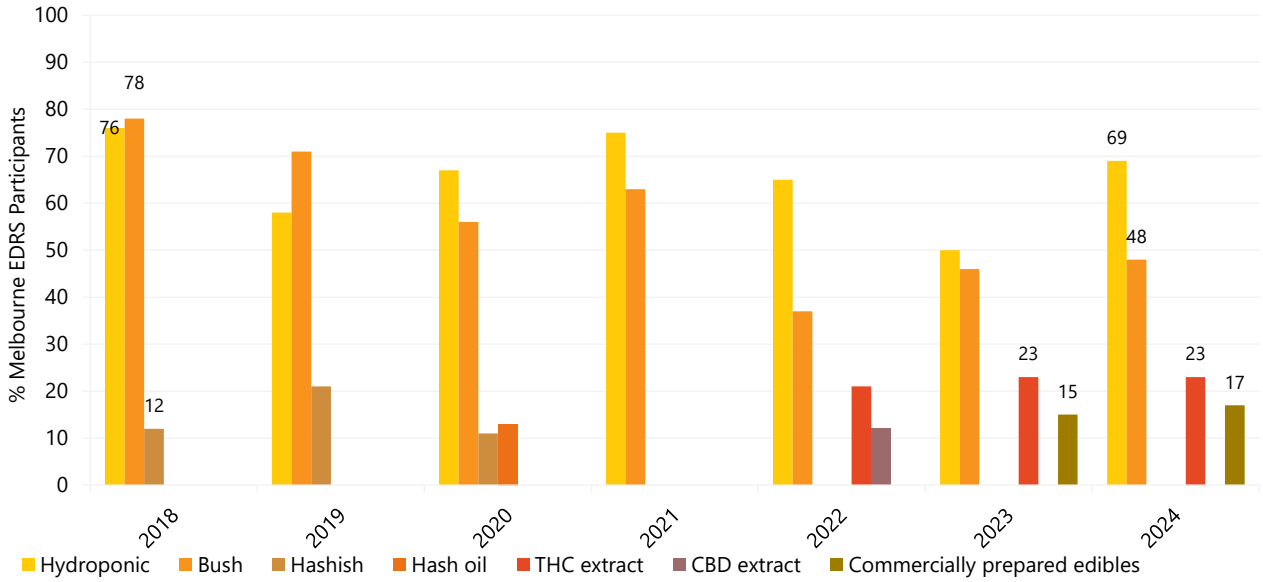
Of those who reported recent non-prescribed use and responded, the median amount of non-prescribed cannabis and/or cannabinoid-related products used on the last occasion of use was two cones (IQR=1–6; n=16; n≤5 in 2023; p=0.552) or 0.7 grams (IQR=0.50–1.00; n=25; 0.50 grams in 2023; IQR=0.45–1.25; n=23; p=0.652) or one joint (IQR=0.5–1.3; n=20; 1 joint in 2023; IQR=0.5–1.0; n=22; p=0.587).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and responded (n=48), 69% reported recent use of hydroponic cannabis (50% in 2023; p=0.073). This was followed by 48% reporting recent use of outdoor grown 'bush' cannabis,

stable from 46% in 2023. One quarter (23%) of participants reported recent use of THC extract (23% in 2023), while 17% reported recent use of commercially prepared edibles (15% in 2023). Few participants (n≤5) reported having used hashish, hash oil and non-prescribed CBD extract in the preceding six months.

Figure 42: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, nationally, 2018-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Participants who reported use of hydroponic cannabis and commented (n=6), paid a median of $245 per ounce (IQR=210–258; n≤5 in 2023; *p*=0.309) A). The median price per gram of non-prescribed hydroponic cannabis was $19 (IQR=16–20; n=6; n≤5 in 2023).

Perceived Potency: The perceived potency of non-prescribed hydroponic cannabis remained stable between 2023 and 2024 (*p*=0.359). Among those who were able to respond in 2024 (n=33), two-thirds (64%) perceived non-prescribed hydroponic cannabis to be of 'high' potency (44% in 2023), with a further 27% perceiving it to be 'medium' (39% in 2023) (Figure 44A).

Perceived Availability: The perceived availability of non-prescribed hydroponic cannabis remained stable between 2023 and 2024 (*p*=0.472). Among those who were able to respond in 2024 (n=34), 71% perceived non-prescribed hydroponic cannabis to be 'very easy' to obtain (67% in 2023) (Figure 45A).

Bush Cannabis

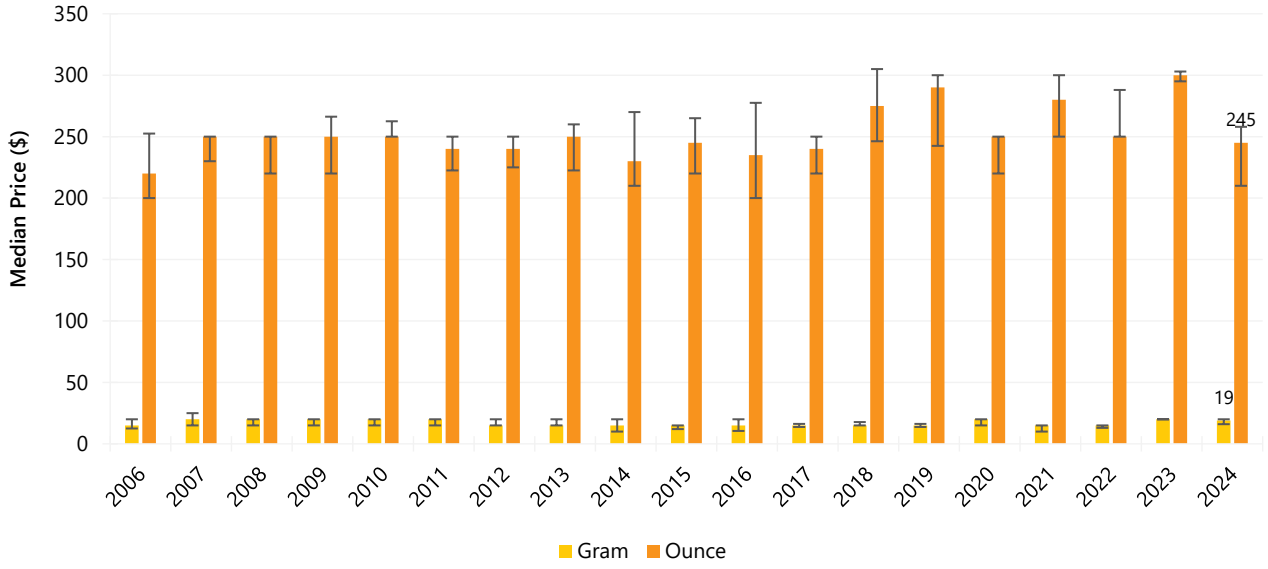
Price: The median price per ounce of non-prescribed bush cannabis was $260 in 2024 (IQR=245–260; n=6; n≤5 in 2023) (Figure 44B). Few participants (n≤5) reported on the price of a gram in 2024, therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2023 and 2024 (*p*=0.305). Among those who were able to respond in 2023 (n=21), 43% perceived the potency of non-prescribed bush cannabis to be 'medium' (n≤5 in 2023) (Figure 44B).

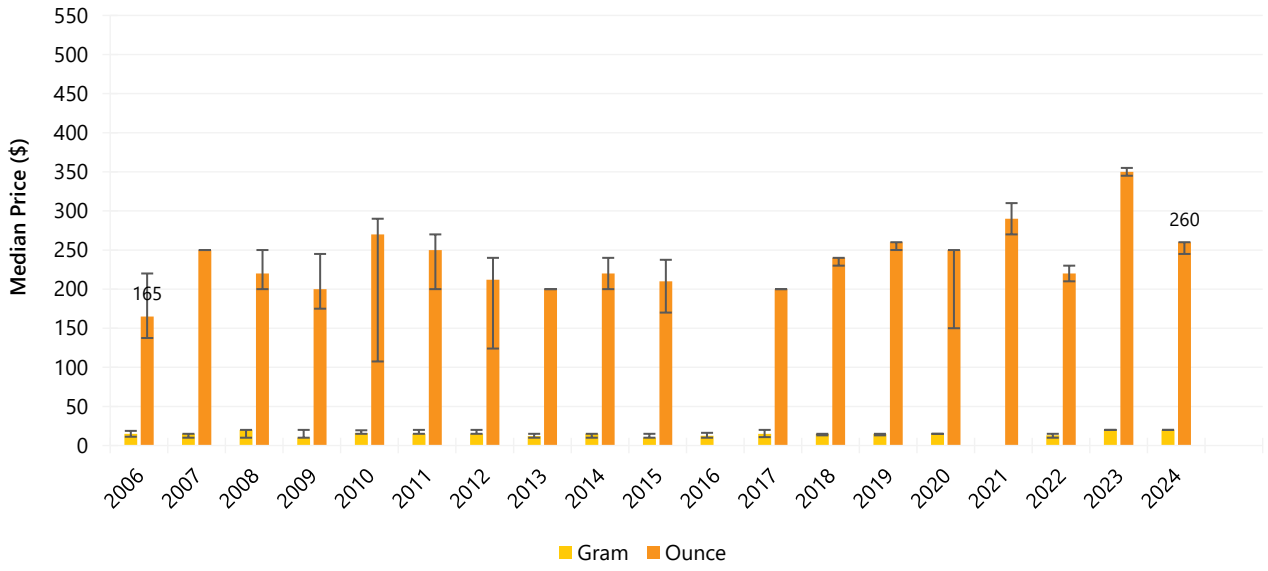
Perceived Availability: The perceived availability of non-prescribed bush cannabis remained stable between 2023 and 2024 (*p*=0.824). Among those who were able to respond in 2024 (n=21), 76% perceived non-prescribed bush cannabis to be 'very easy' to obtain (64% in 2023) (Figure 45B).

Figure 43: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Melbourne, VIC, 2006-2024

(A) Hydroponic cannabis

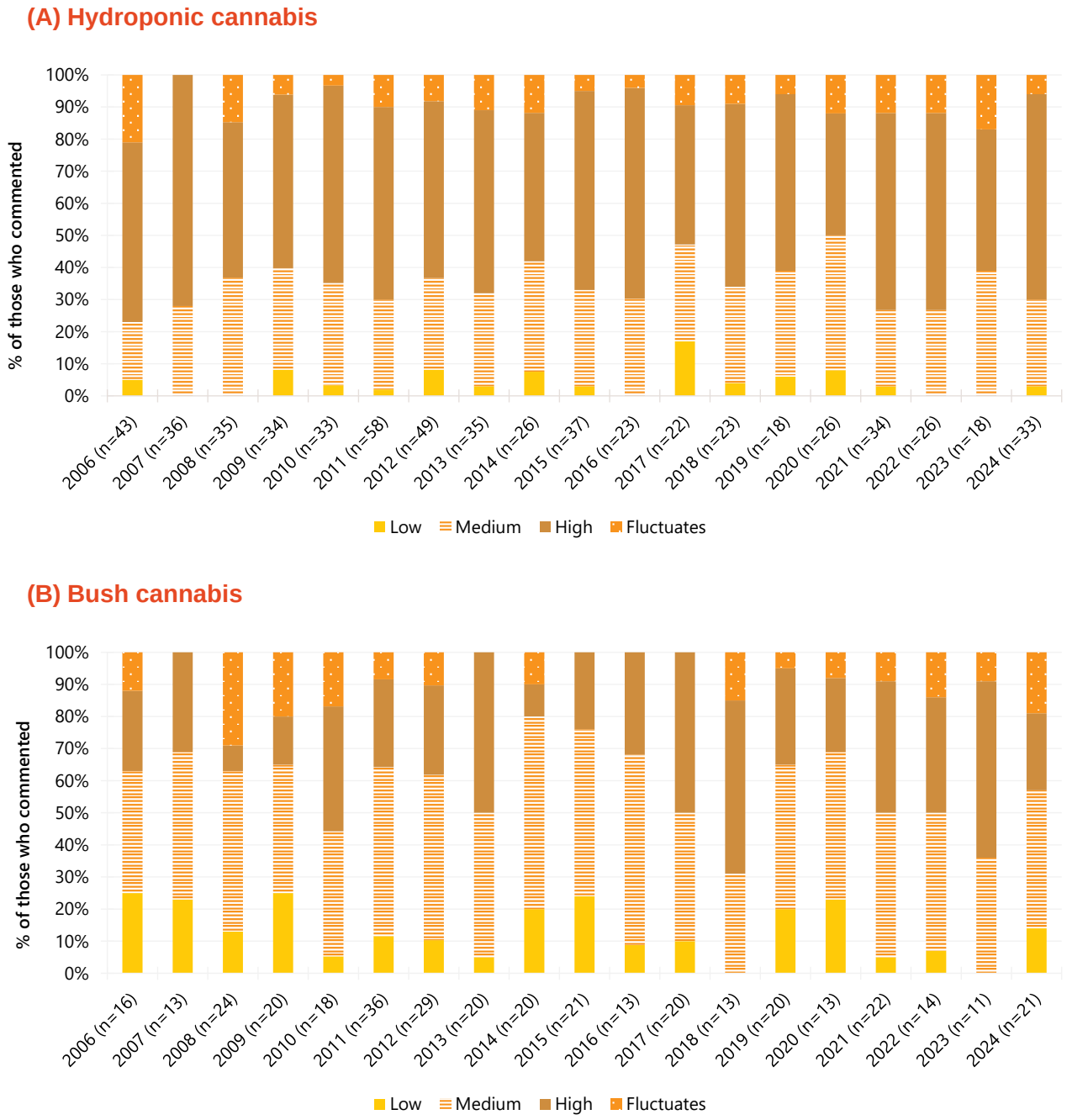


(B) Bush cannabis



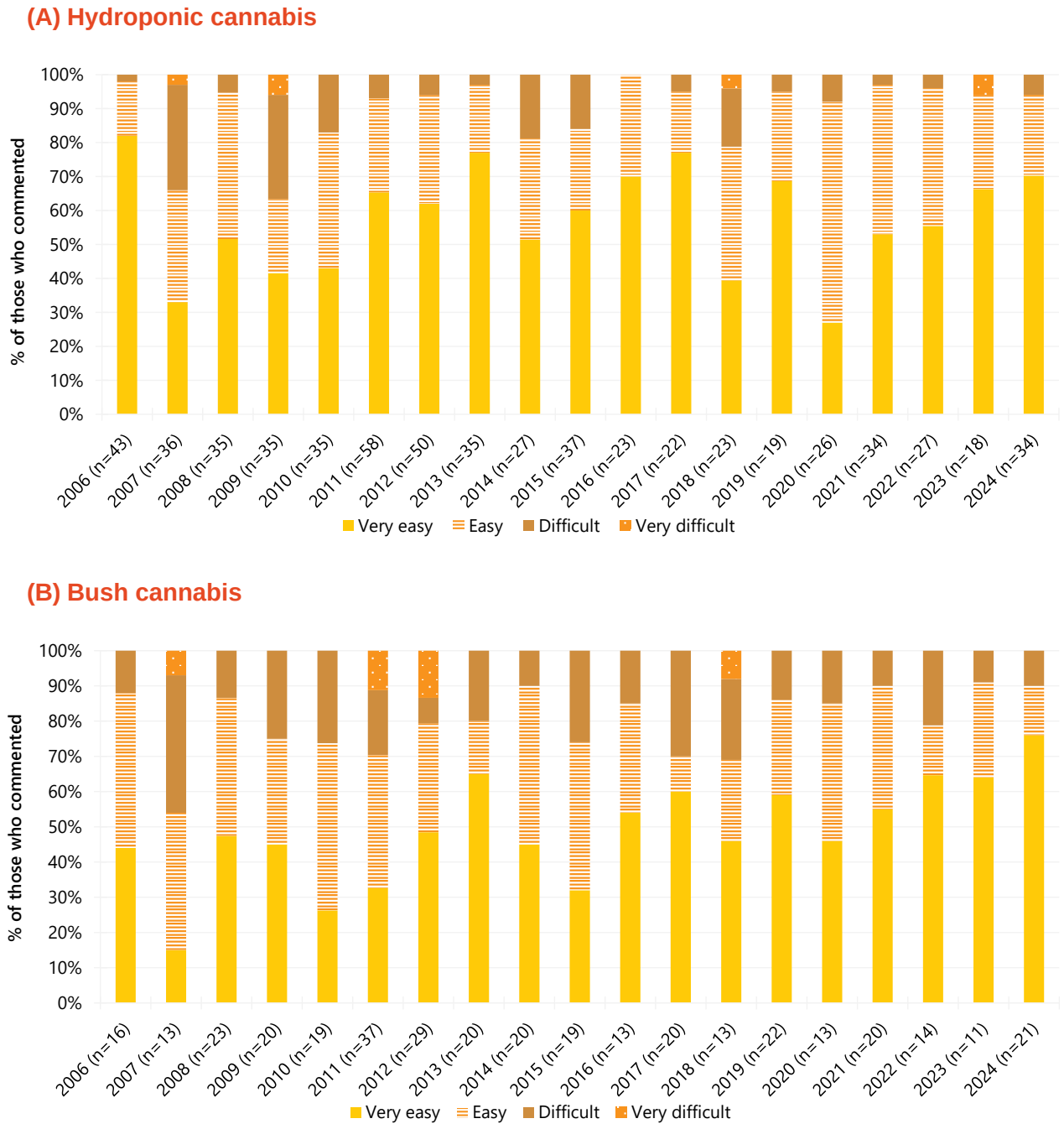
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 44: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Melbourne, VIC, 2006-2024



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the perceived potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 45: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Melbourne, VIC, 2006-2024



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the perceived availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routinely Collected Data

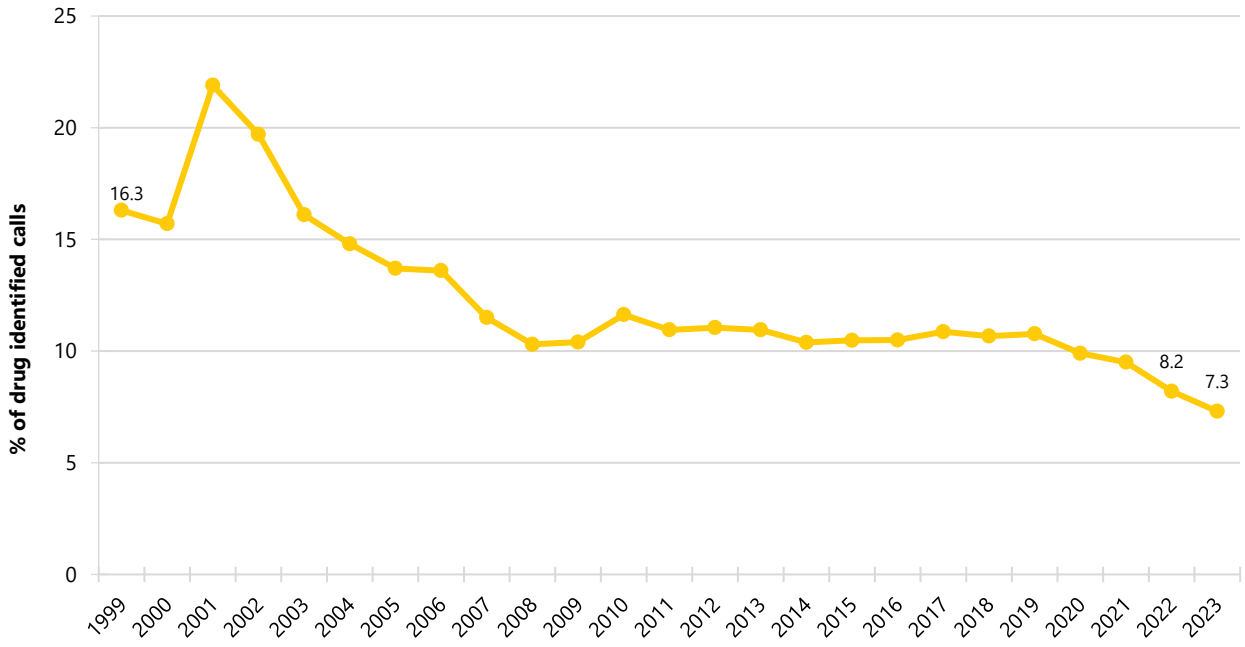
ADIS\VADC

In 2021/22, 9,356 courses of treatment were delivered to 5,316 clients for cannabis, equivalent to 14.2% and 13.4% of the total courses delivered and clients treated. These were 29.6% and 23.0% increases from courses delivered and clients treated in 2020/21 (7,218 and 4,322, respectively).

DirectLine

During 2023, DirectLine received 1,330 calls in which cannabis was identified as the drug of concern – 7.3% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls in which cannabis was identified as the drug of concern has been largely consistent since 2008, but declining since 2019 (Figure 46).

Figure 46: Percentage of calls to DirectLine in which cannabis was identified as drug of concern, Victoria 1999–2023



Source: DirectLine, Turning Point. Data labels provided are only provided for the first (1999) and the two most recent years (2022 and 2023) of monitoring.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

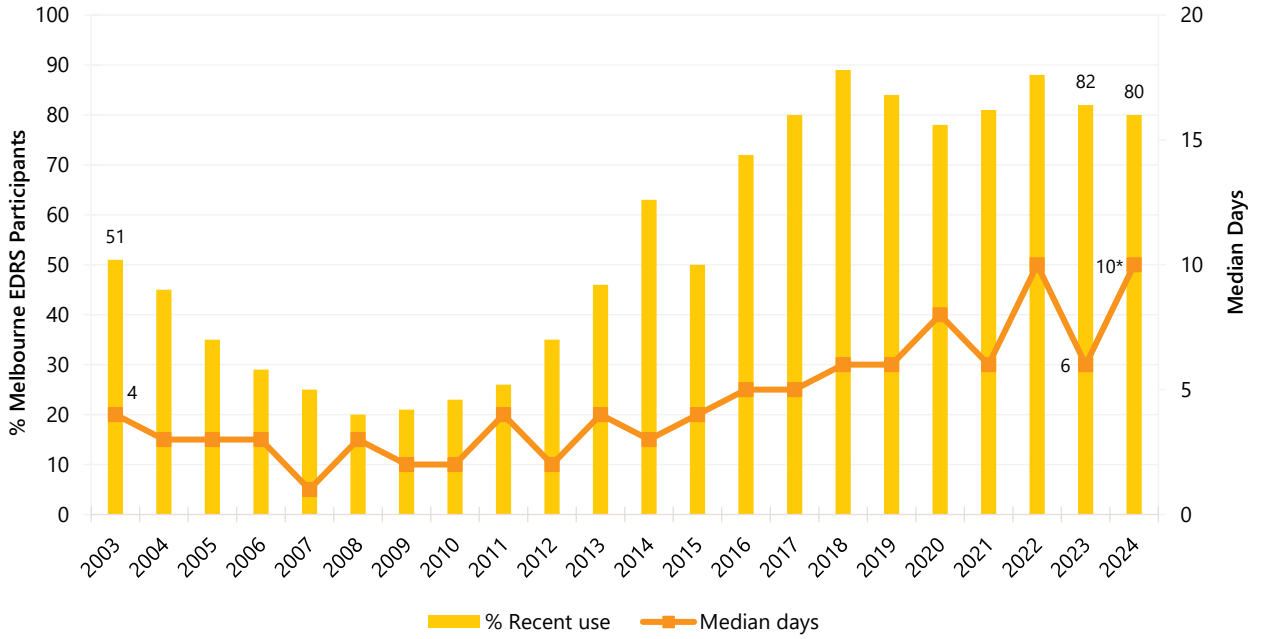
Recent Use (past 6 months): Four fifths (80%) of the Melbourne sample reported using non-prescribed ketamine in the six months prior to interview. This remained stable from 82% in 2023 (p=0.852) (Figure 47).

Frequency of Use: Of those who had recently consumed non-prescribed ketamine and commented (n=80), median days of use increased significantly in 2024 (10 days; IQR=4–20), relative to 2023 (6 days; IQR=2–10; n=82; p=0.021) (Figure 47). Eighteen per cent of participants reported weekly or more frequent use in 2024 (11% in 2023; p=0.266).

Routes of Administration: Among participants who had recently consumed non-prescribed ketamine and commented (n=80), 98% reported snorting in 2024, stable from 2023 (100%; p=0.242).

Quantity: Of those who reported recent use and responded (n=64), the median amount of non-prescribed ketamine used in a 'typical' session was 0.25 grams (IQR=0.10–0.50; 0.25 grams in 2023; IQR=0.20–0.40; n=47; p=0.800). Of those who reported recent use and responded (n=67), the median maximum amount of non-prescribed ketamine used in a session was 0.50 grams (IQR=0.25–1.00; 0.50 grams in 2023; IQR=0.25–0.60; n=49; p=0.753).

Figure 47: Past six month use and frequency of use of non-prescribed ketamine, Melbourne, VIC, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

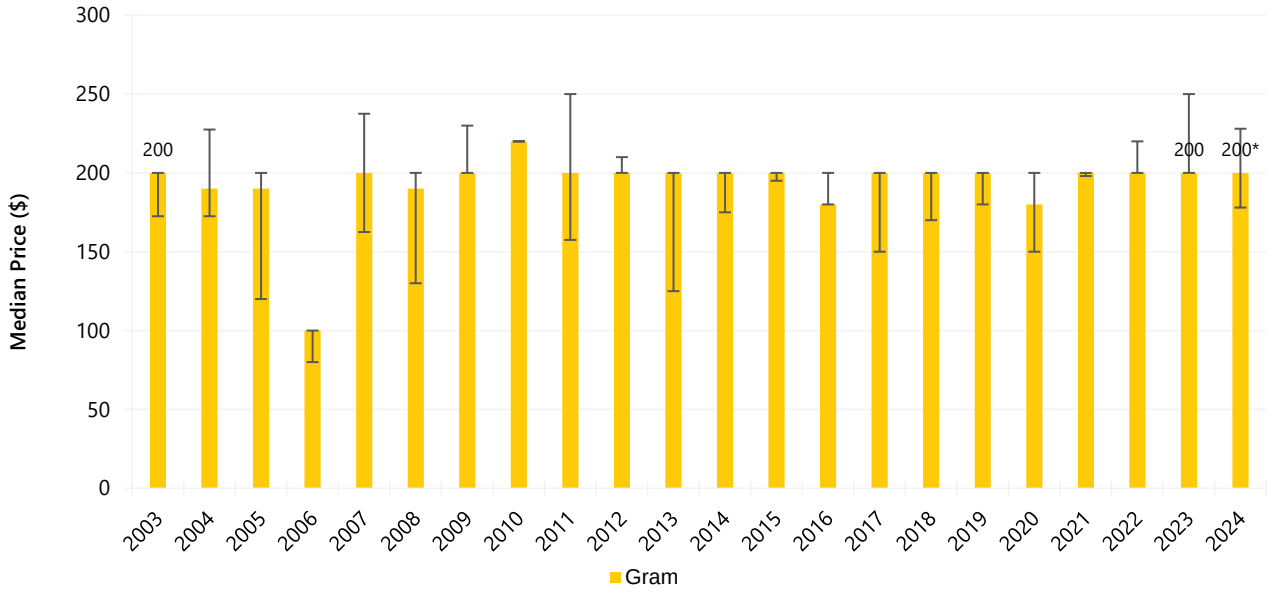
Price, Perceived Purity and Perceived Availability

Price: The median price per gram of ketamine in 2024 was $200 (IQR=178–228; n=40; $200 in 2023; IQR=200–250; n=41; p=0.024) (Figure 48).

Perceived Purity: The perceived purity of non-prescribed ketamine remained stable between 2023 and 2024 (p=0.902). Among those who were able to respond in 2024 (n=70), 53% perceived the purity of ketamine to be 'high' (58% in 2023) and one quarter (26%) perceived it to be medium (23% in 2023) (Figure 49).

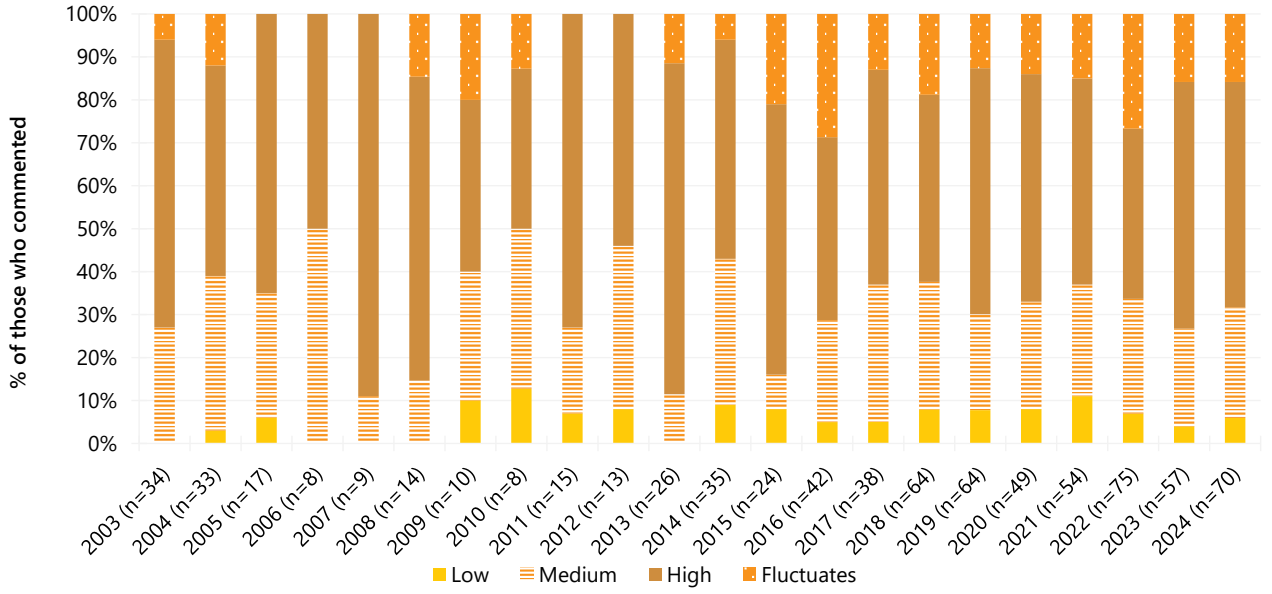
Perceived Availability: The perceived availability of non-prescribed ketamine was comparable between 2023 and 2024 (p=0.263). Of those who were able to respond in 2024 (n=70), 56% reported ketamine to be 'very easy' to obtain (42% in 2023), with a further 40% perceiving it to be 'easy' to obtain (49% in 2023) (Figure 50).

Figure 48: Median price of non-prescribed ketamine per gram, Melbourne, VIC, 2003-2024



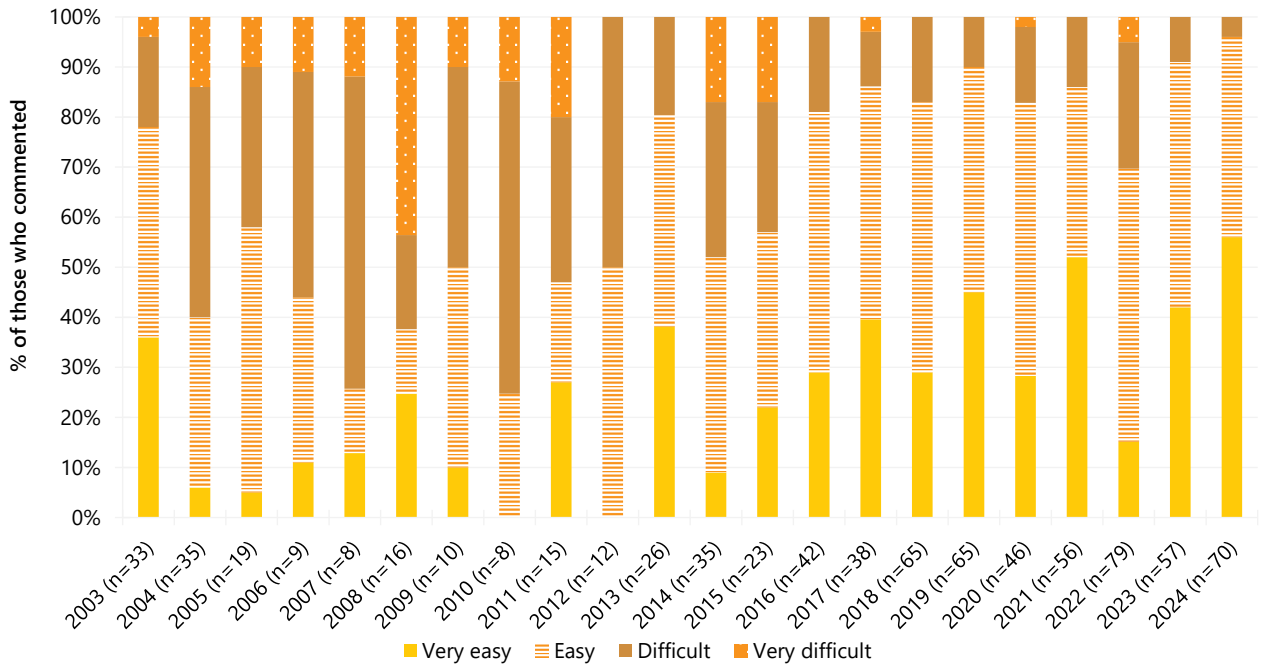
Note. Among those who commented. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 49: Current perceived purity of non-precribed ketamine, Melbourne, VIC, 2003-2024



Note. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 50: Current perceived availability of non-prescribed ketamine, Melbourne, VIC, 2003-2024



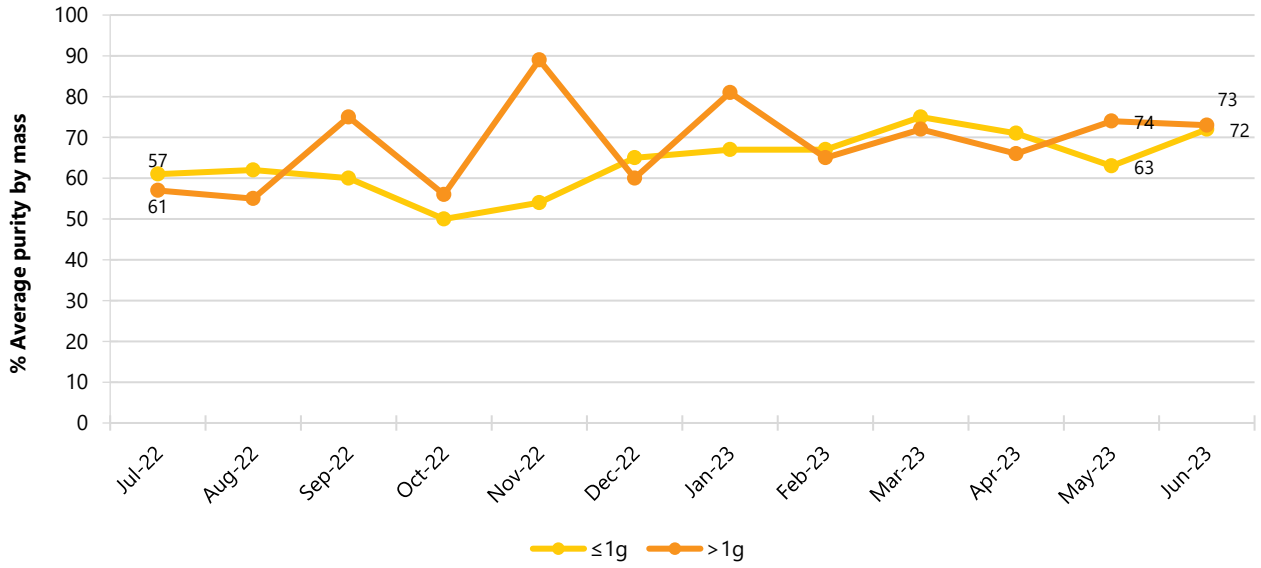
Note. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Routinely Collected Data

Victoria Police Seizure Purity

Ketamine seizures analysed by the Victoria Police Forensic Services Department during the 2021/22 financial year averaged 64% purity in samples weighing one gram or less (IQR=61–68, range=50–75) and 68% in samples weighing over one gram (IQR=59–89, range=55–89) (Figure 51).

Figure 51: Purity of ketamine seizures by Victorian law enforcement, July 2022–June 2023



Note. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (Jul-22) and last two months (May-23, Jun-23) of monitoring.

LSD

Patterns of Consumption

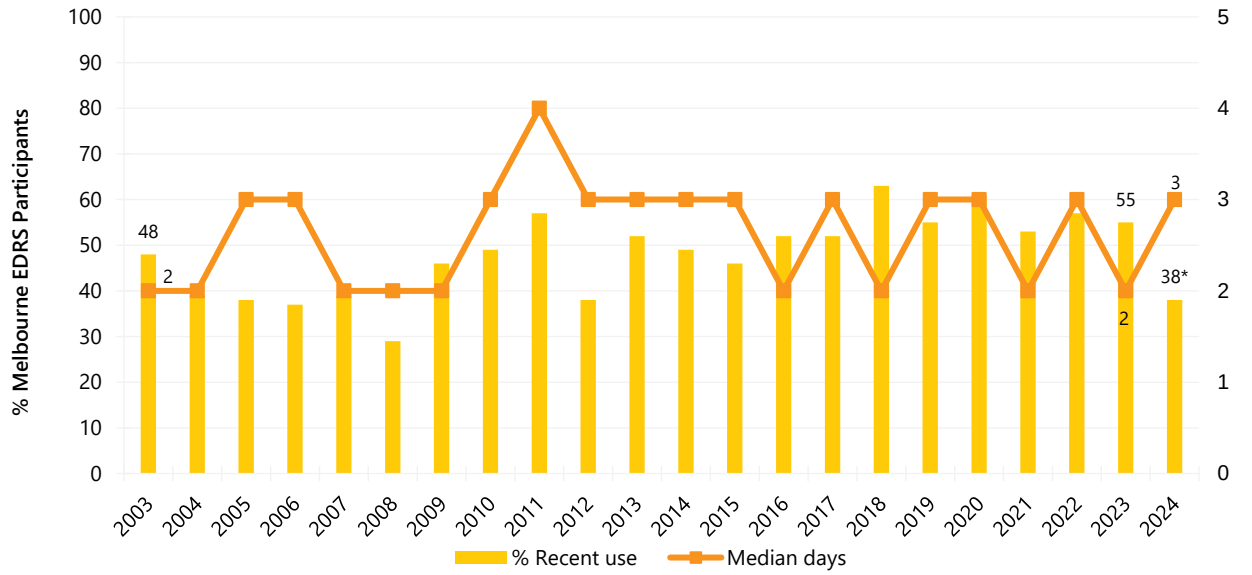
Recent Use (past 6 months): Two fifths (38%) of the Melbourne sample had used LSD in the six months preceding interview, a significant decrease relative to 2023 (55%; p=0.026) (Figure 52).

Frequency of Use: Of those who had recently consumed LSD in 2024 and commented (n=38), frequency of use remained stable at three days (IQR=1–5) in the six months preceding interview (2 days in 2023; IQR=1–4; n=55; p=0.518) (Figure 52). Few participants (n≤5) who had recently consumed LSD reported weekly or more frequent use in 2024 (n≤5 in 2023).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=38), all participants (100%) reported swallowing LSD in 2024, stable from 2023 (100%).

Quantity: Of those who reported recent use and responded (n=25), the median amount of LSD used in a 'typical' session was one tab (IQR=0.5–1; 1 tab in 2023; IQR=0.5–1.0; n=44; p=0.404). Of those who reported recent use and responded (n=24), the median maximum amount of LSD used in a session was one tab (IQR=0.7–2; 1 tab in 2023; IQR=0.7–2; n=44; p=0.895).

Figure 52: Past six month use and frequency of use of LSD, Melbourne, VIC, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 5 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

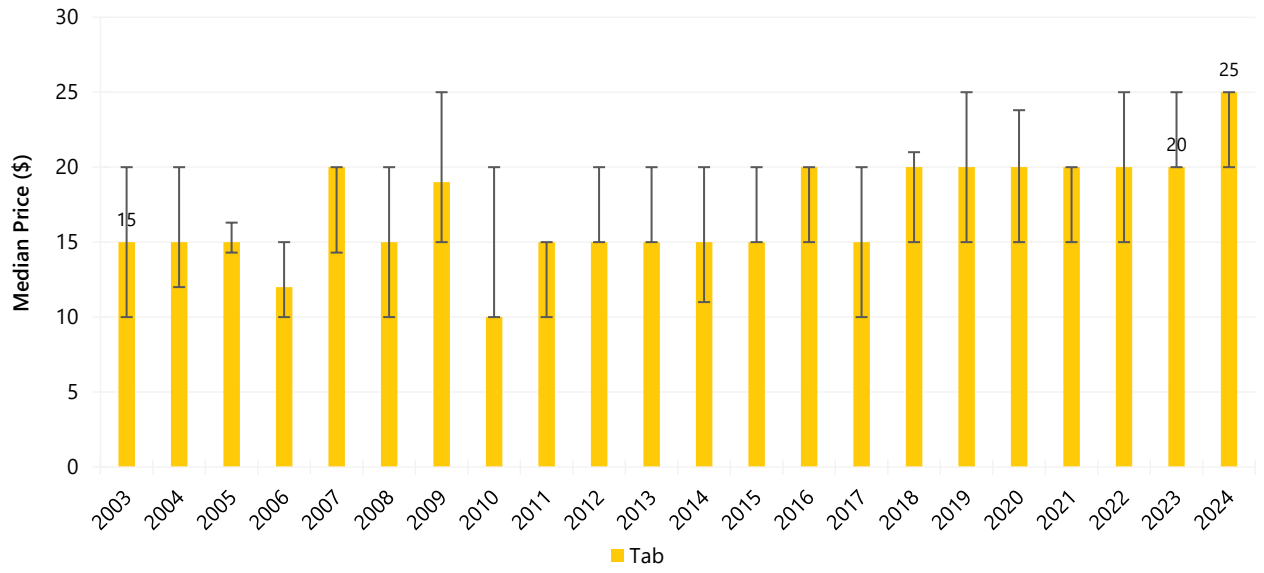
Price, Perceived Purity and Perceived Availability

Price: The median price for one tab of LSD has remained relatively stable since 2016, despite some small fluctuation over the years. In 2024, the median price remained stable at $25 (IQR=20–25; n=15; $20 in 2023; IQR=20–25; n=28; p=0.396) (Figure 53).

Perceived Purity: The perceived purity of LSD remained stable between 2023 and 2024 (p=0.235). Among those who were able to respond in 2023 (n=33), half (48%) perceived the purity of LSD to be 'high' (39% in 2023), followed by 27% who reported purity to be 'medium' (44% in 2023) (Figure 54).

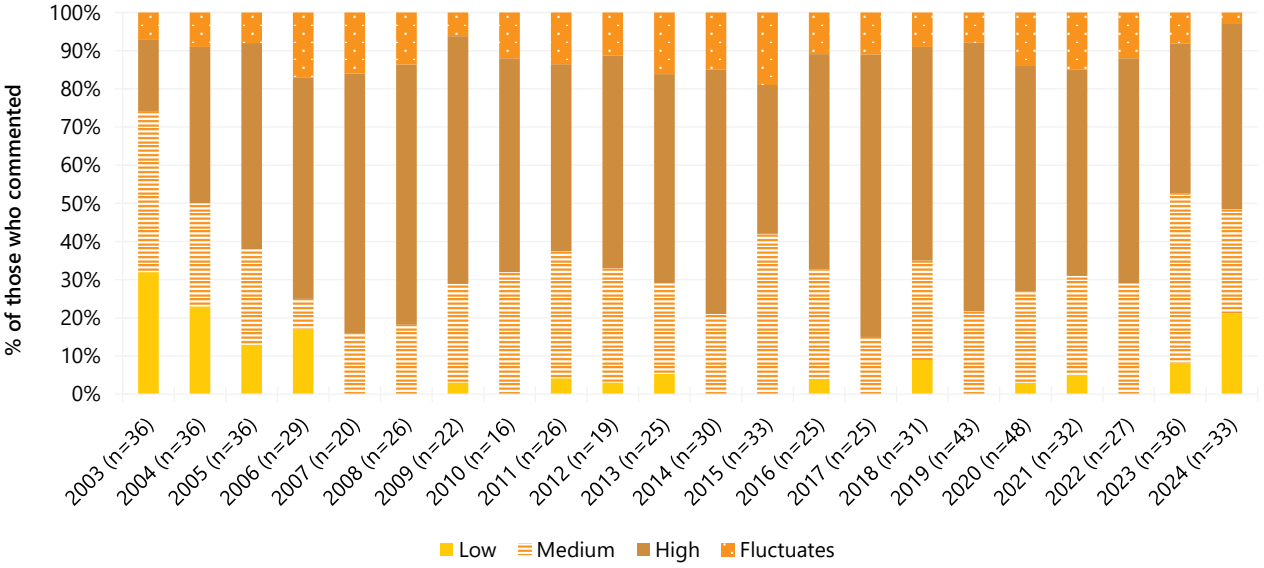
Perceived Availability: The perceived availability of LSD remained stable between 2023 and 2024 (p=0.813). Of those able to comment in 2024 (n=33), 36% reported LSD as being 'difficult' to obtain (33% in 2023). In contrast, 30% reported LSD as being 'very easy' to obtain (33% in 2023) and an equal per cent (30%) reported it to be 'easy' (35% in 2023) (Figure 55).

Figure 53: Median price of LSD per tab, Melbourne, VIC, 2003-2024



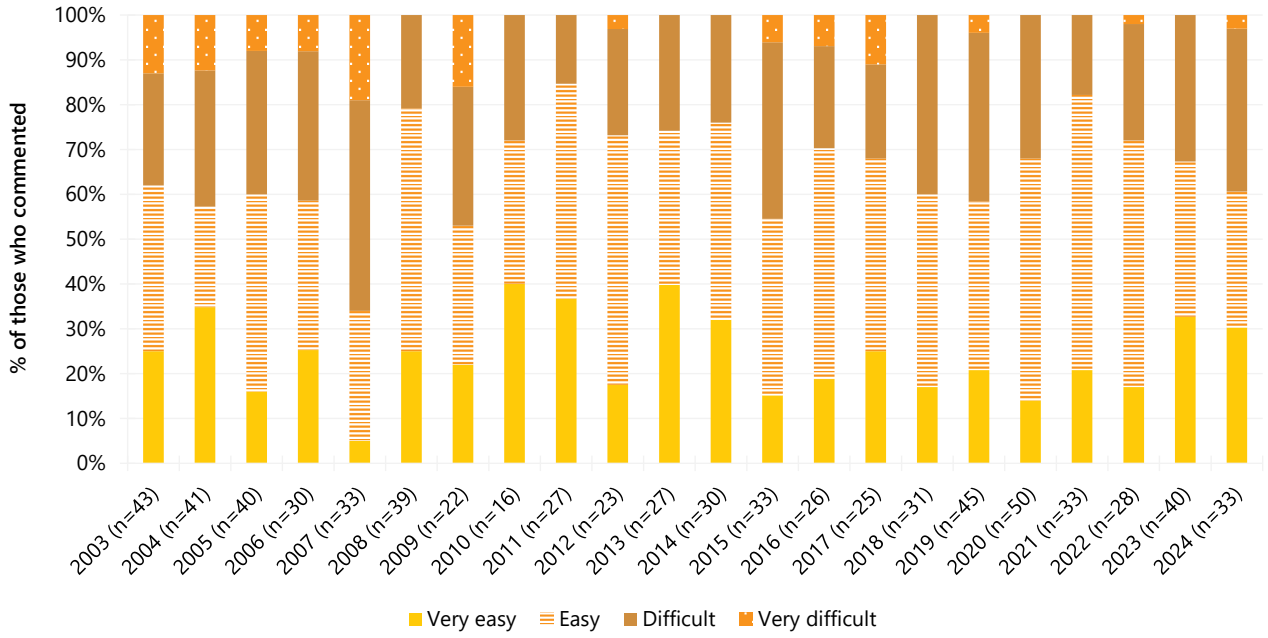
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 54: Current perceived purity of LSD, Melbourne, VIC, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 55: Current perceived availability of LSD, Melbourne, VIC, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

DMT

Patterns of Consumption

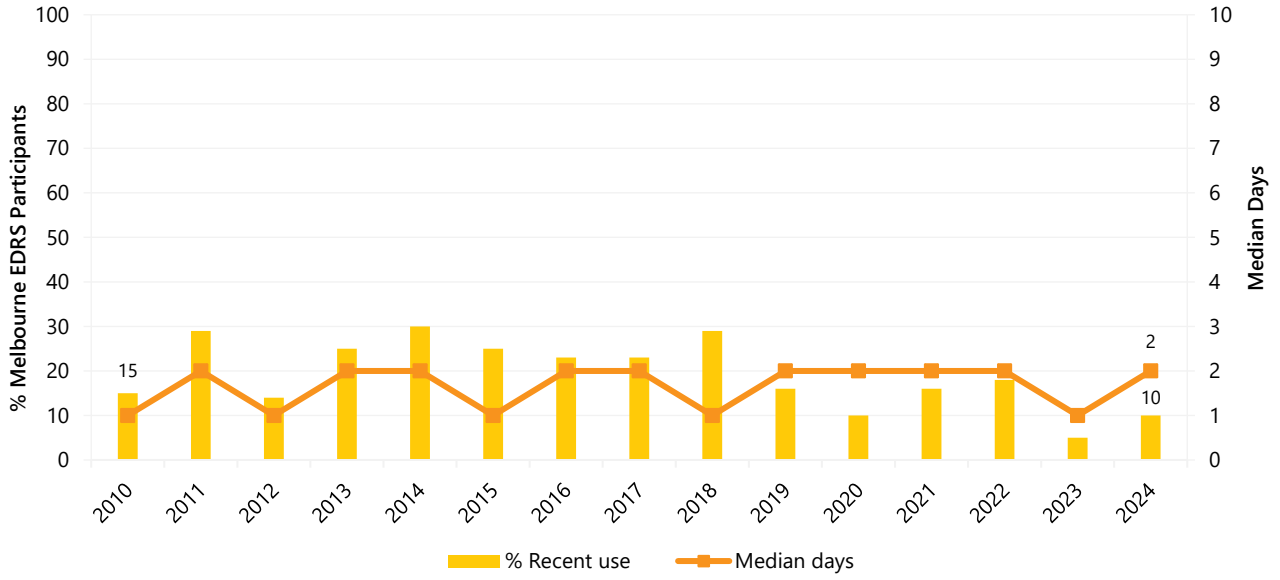
Recent Use (past 6 months): In 2024, 10% of the Melbourne sample reported recent use of DMT (n≤5 in 2023; p=0.283) (Figure 56).

Frequency of Use: Median days of DMT use across the years has been infrequent and stable, with a median of 2 days of use (IQR=1–3; n=10) in the six months preceding interview in 2024 (n≤5 in 2023; p=0.362) (Figure 56).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=10), route of administration remained stable, with 100% reporting smoking (n≤5 in 2023).

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a 'typical' session in 2024, therefore, further details are not reported (n≤5 in 2023). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 56: Past six month use and frequency of use of DMT, Melbourne, VIC, 2010-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

8

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and from 2021 onwards, the decision was made to exclude them from this category. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our 2010-2020 reports.

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

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 45% in 2013 and declining to 25% in 2024 (15% in 2023; p=0.117) (Table 3).

Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 45% in 2012 and 2013 and declining to 21% in 2024 (15% in 2023; p=0.359) (Table 3).

Forms Used

Participants are asked about a range of NPS, updated each year to reflect key emerging substances of interest. The NPS most frequently reported was 'any phenethylamines', with 15% reporting recent use in 2024 (6% in 2023; p=0.067), followed by any 2C substance (14%; 6% in 2023) (Table 4). Few participants (n≤5) reported recent use of any other NPS. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of NPS (excluding and including plant-based NPS), Melbourne, VIC, 2010-2024

	Melbourne, VIC	
%	Including plant-based NPS	Excluding plant-based NPS
2010	28	29
2011	37	40
2012	40	45
2013	45	45
2014	34	34
2015	33	36
2016	29	31
2017	27	29
2018	27	28
2019	16	17
2020	12	12
2021	21	23
2022	15	16
2023	15	15
2024	**25**	**21**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 7 and Chapter 9, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Table 4: Past six month use of NPS by drug type, Melbourne, VIC, 2010-2024

	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=99)	2020 (N=99)	2021 N=100)	2022 (N=100)	2023 (N=100)	2024 (n=100)
% Phenethylamines ^	-	-	14	23	22	12	13	12	11	-	8	17	11	6	**15**
Any 2C substance~	-	-	10	20	16	7	12	9	8	-	8	16	9	6	**14**
NBOMe	/	/	/	/	8	7	0	-	-	-	0	0	-	0	**-**
DO-x	0	0	0	0	0	0	0	-	-	0	0	0	0	0	**0**
Tuci	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**-**
4-FA	/	/	/	/	/	/	0	-	0	0	0	-	-	0	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Tryptamines^^	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
5-MeO-DMT	0	-	-	-	0	0	0	-	-	0	0	0	0	0	**0**
% Synthetic cathinones	29	42	14	18	11	11	-	-	-	-	0	-	29	-	**-**
Mephedrone	28	25	8	10	6	7	-	-	-	0	0	0	28	-	**-**
Methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Methylone/bk MDMA	/	12	-	6	-	-	-	-	-	-	0	-	/	0	**0**
MDPV/Ivory wave	-	-	-	-	-	0	0	-	0	0	0	0	-	0	**0**
Alpha PVP	/	/	/	/	/	/	-	0	0	0	0	0	/	0	**0**
N-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	0	0	/	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	-	/	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0	/	0	**0**
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
4-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	-	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Piperazines	-	-	-	-	0	0	0	0	/	/	/	/	/	/	**/**
% Dissociatives	/	/	-	6	/	10	9	-	6	-	-	6	-	7	**-**
Methoxetamine (MXE)	/	/	-	6	/	10	9	-	6	-	-	-	-	-	**0**
2F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**-**

	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=99)	2020 (N=99)	2021 N=100)	2022 (N=100)	2023 (N=100)	2024 (n=100)
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
3F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	-	**0**
Tiletamine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**-**
% Plant-based NPS	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**-**
Ayahuasca	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**0**
Mescaline	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**-**
Salvia divinorum	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**0**
Kratom/mitragynine	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**-**
% Benzodiazepines	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**-**
Etizolam	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**0**
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**0**
Clonazolam	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**0**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	-	-	-	-	**-**
Flubromazepam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Phenazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0	0	0	0	**0**
Xylazine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Synthetic cannabinoids (e.g., ADB-BUTINACA, 4F-MDMB-BUTICA, FUB-AM)	/	-	16	18	9	8	-	-	-	0	0	-	-	-	**-**
% Herbal high[#]	/	/	7	7	-	-	-	-	0	-	/	/	/	/	**0**
Phenibut	/	/	/	/	/	/	/	/	/	/	-	-	/	0	**0**
4F-phenibut	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Glaucine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Other drugs that mimic the effect of opioids (e.g.,	/	/	/	/	/	/	/	/	0	0	0	0	/	0	**-**

	2010 (N=100)	2011 (N=101)	2012 (N=100)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=99)	2020 (N=99)	2021 N=100)	2022 (N=100)	2023 (N=100)	2024 (n=100)
acetylfentanyl, nitazenes)															
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	0	-	0	0	/	0	**-**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	0	-	-	0	/	0	**0**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	-	-	0	/	0	**0**
Other new and emerging psychoactive substances	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**-**

Note. NPS first asked about in 2010. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 7 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2024 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019, three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2024, 12% reported using any non-prescribed codeine in the past six months, stable relative to 2023 (7%; p=0.335) (Figure 57).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented (n=12) reported use on a median of two days (IQR=1–4) in the past six months, stable relative to 2023 (1 days; IQR=1–4; n=7; p=0.480).

Pharmaceutical Opioids

Recent Use (past 6 months): Thirteen per cent of the Melbourne sample had recently used non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl; codeine excluded) in 2024, stable from 7% in 2023 (p=0.243) (Figure 57).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids reported use on a median of two days (IQR=1–7; n=13) in the six months preceding interview (2 days in 2023; IQR=1–3; n=7; p=0.393).

Forms used: Among participants who had recently consumed non-prescribed pharmaceutical opioids and commented in 2024 (n=13), the main brand used in the six months preceding interview was oxycodone (85%).

Benzodiazepines

From 2019-2023, participants were asked about non-prescribed alprazolam use versus 'other' non-prescribed benzodiazepine use (e.g., diazepam). In 2024, the two forms were combined, such that participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): Reports of recent use of non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) remained stable in 2024, with 36% reporting recent use (31% in 2023; p=0.548) (Figure 57).

Frequency of Use: Participants who reported recent non-prescribed use of benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) reported a median of six days (IQR=4–30; n=36) in the six months preceding interview (5 days in 2023; IQR=2–14; n=31; p=0.555) of use in 2024.

Forms Used: Amongst participants who reported recent use of non-prescribed benzodiazepines and were able to comment (n=31), 71% reported use of Valium (diazepam), 19% reported use of diazepam (generic) and 19% reported use of Xanax (alprazolam).

Steroids

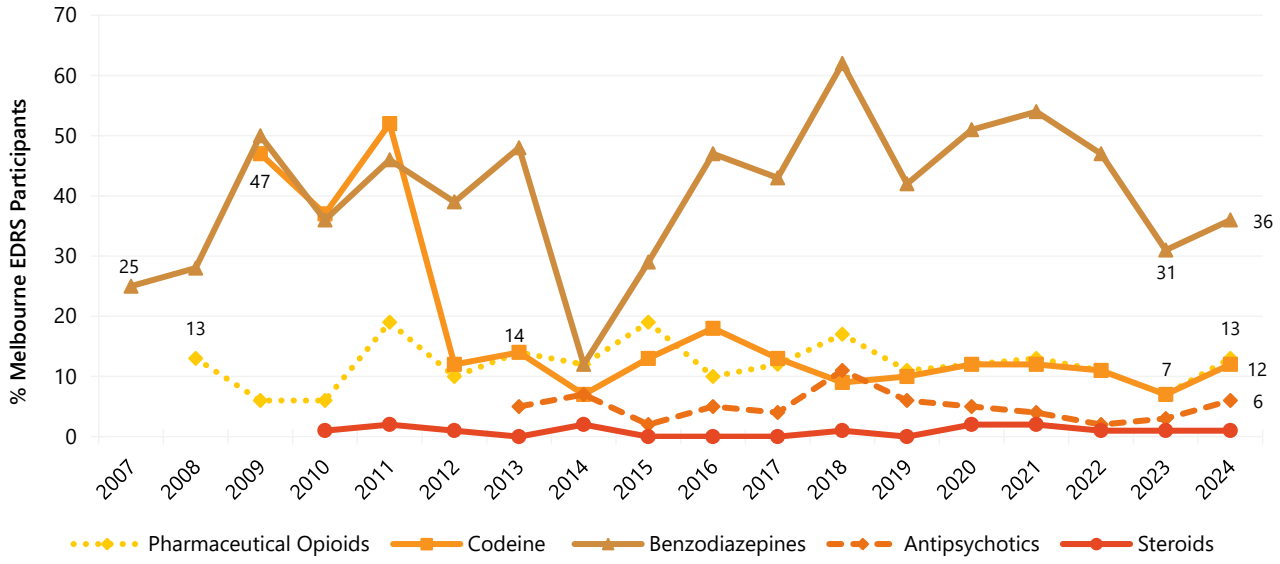
Due to low numbers reporting recent use of non-prescribed steroids in 2024, further details are not reported (n≤5 in 2023) (Figure 57). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Six per cent of the Melbourne sample had recently used non-prescribed antipsychotics in 2024, stable relative to 2023 (n≤5; p=0.498) (Figure 57).

Frequency of Use: Participants who had recently used non-prescribed antipsychotics and commented (n=6) reported use on a median of seven days (IQR=2–33) in the six months preceding interview (n≤5 in 2023; p=0.857).

Figure 57: Non-prescribed use of pharmaceutical medicines in the past six months, Melbourne, VIC, 2007-2024



Note. Non-prescribed use is reported for prescription medicines Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2024), with high-dose codeine excluded from pharmaceutical opioids from 2018. Between 2019 and 2023, participants were asked about 'alprazolam' and 'other benzodiazepines'. In 2024, 'alprazolam' and 'other benzodiazepines' were combined**.** Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Other Illicit Drugs

Non-Prescribed Hallucinogenic Mushrooms/Psilocybin

Recent Use (past 6 months): In 2024, half (51%) of the Melbourne sample reported recent use of non-prescribed hallucinogenic mushrooms/psilocybin in the six months prior to the interview, stable relative to 49% in 2023 (p=0.884) (Figure 58).

Frequency of Use: A median of two days of non-prescribed hallucinogenic mushrooms/psilocybin use (IQR=1–5; n=51) was reported in the six months prior to interview in 2024 (2 days in 2023; IQR=1–3; n=49; p=0.818).

Kava

Recent Use (past 6 months): Six per cent of participants reported recent use of kava in the 6 months preceding interviewing in 2024 (n≤5 in 2023; p=0.118).

Frequency of Use: Of those who recently used of kava (n=6), the median days of use reported were 1 day (IQR=1–3) in the six months preceding interview (n≤5 in 2023; p=0.168).

MDA

Due to low numbers reporting recent use of MDA in 2024, further details are not reported (n≤5 in 2023; p=0.445) (Figure 58). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information. .

Substance with Unknown Contents

Capsules: Few (n≤5) participants reported recent use of capsules with 'unknown contents' in 2024, therefore, further details are not reported (n≤5 in 2023) (Figure 58). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Twenty-five per cent of participants reported use of any substance with 'unknown contents' in 2024 (14% in 2023; p=0.078) on a median of one day (IQR=1–2; n=25), stable from two days in 2023 (IQR=1–2; n=14; p=0.281).

When broken down by substance form, 6% of participants reported recent use of pills with 'unknown content' (n≤5 in 2023; p=0.118) and 17% of participants reported recent use of powder with 'unknown content' (14% in 2023; p=0.689). Few participants (n≤5) reported recent use of crystal with 'unknown contents' in 2024 (no participants in 2023; p=0.246).

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with 'unknown contents' in the six months preceding interview. Of those who reported recent use and responded (n=6), the median number of pills with 'unknown contents' used in a 'typical' session was one (IQR=1–1; n≤5 in 2023). Few (n≤5) participants reported the median quantity of capsules used in a 'typical' session in 2024 (n≤5 in 2023).

PMA

No participants reported recent use of PMA in 2024 (no participants in 2023) (Figure 58). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMMA

No participants reported recent use of PMMA in 2023 (n≤5 in 2023; p=0.497) (Figure 58). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Heroin

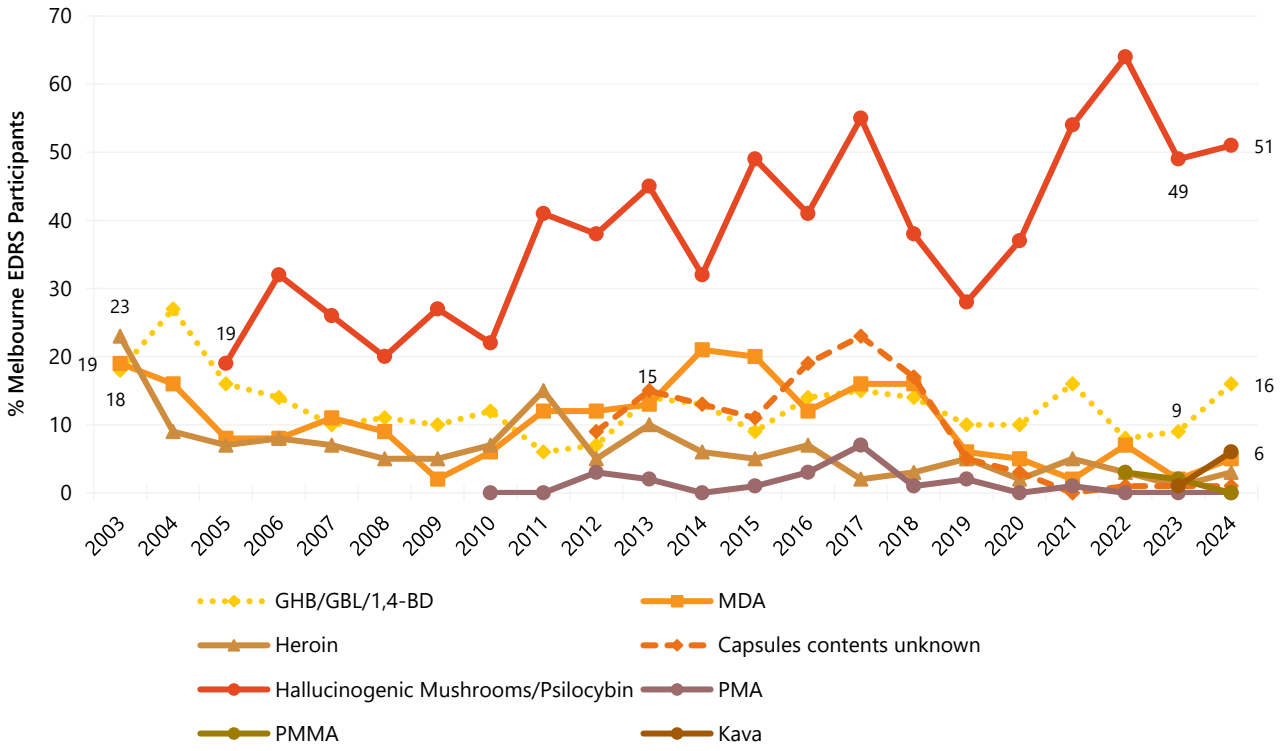
Few (n≤5) participants reported recent use of heroin in 2024, therefore, further details are not reported (n≤5 in 2023; p=0.621) (Figure 58). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): In 2024, 16% of the Melbourne sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, stable from 9% in 2023 (p=0.210) (Figure 58).

Frequency of Use: A median of 4 days (IQR=1–11; n=16) of GHB/GBL/1,4-BD use was reported in the six months prior to interview in 2024 (1 day in 2023; IQR=1–1; n=9; p=0.076).

Figure 58: Past six month use of other illicit drugs, Melbourne, VIC, 2003-2024



Note. 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 70% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the Melbourne sample continued to report recent use of alcohol in 2024 (94%), stable relative to 2023 (96%; p=0.748) (Figure 59).

Frequency of Use: A median of 48 days (IQR=24–72; n=94) of alcohol use in the past six months was reported in 2024 (48 days in 2023; IQR=20–72; n=96). Seventy-seven per cent of those who recently consumed alcohol had done so on a weekly or more frequent basis in 2024, stable from 2023 (73%; p=0.618). No participants reported daily use of alcohol in 2024 (n≤5 in 2023; p=0.246).

Tobacco

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

Recent Use (past 6 months): Seventy per cent of the Melbourne sample reported recent tobacco use in 2024, stable from 56% in 2023 (p=0.060) (Figure 59). Almost one third (31%) of participants reported recent use of smoked or non-smoked illicit tobacco products. Among those who reported the use of smoked tobacco products (n=31), the most common products used were branded cigarette packets (84%), followed by branded loose tobacco (32%) and unbranded loose tobacco (26%).

Frequency of Use: In the six months preceding interview, participants reported using tobacco on a median of 55 days in 2024 (IQR=15–180; n=70), a significant increase from 14 days in 2023 (IQR=5–100; n=56; *p*=0.007). One-third (33%) of participants who had recently used tobacco reported daily use (21% in 2023; *p*=0.177).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2024 (no participants in 2023; *p*=0.497). Data below for 2022 to 2024 refer only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Three quarters (74%) of the 2024 Melbourne sample had used non-prescribed e-cigarettes in the six months preceding interview (73% in 2023) (Figure 59), the highest percentage observed since monitoring began.

Frequency of Use: A median frequency of 180 days (IQR=30–180; n=73) of non-prescribed e-cigarette use was reported in the past six months in 2024, stable from 90 days in 2023 (IQR=20–180; n=73; *p*=0.075). Fifty-three per cent of participants who had recently used non-prescribed e-cigarettes reported daily use, also stable from 2023 (37%; *p*=0.069).

Contents and Forms Used: Among participants who had recently used non-prescribed e-cigarettes and responded (n=70), the majority (96%) reported using e-cigarettes containing nicotine. Among participants who had recently used e-cigarettes and responded in 2024 (n=73), participants most commonly reported using disposable devices (96%), followed by re-fillable vapes (11%).

Sixteen per cent of the total sample reported vaping substances other than nicotine/vape juice. Among those who vaped substances other than nicotine/vape juice and commented (n=16), 88% reported vaping cannabis. Few participants (n≤5) reported vaping DMT, cocaine, or other substances.

Reason for Use: Of those who reported any non-prescribed e-cigarette use and responded (n=73), one-third (33%) reported that they used e-cigarettes as a smoking cessation tool in 2024, stable relative to 2023 (26%; *p*=0.473).

Nicotine Pouches

Recent Use (past 6 months): Seventeen per cent of the Melbourne sample reported recent use of nicotine pouches in the 6 months prior to interview (Figure 59).

Frequency of Use: Participants reported using nicotine patches on a median of three days (IQR=1–5; n=17) of use in the six months preceding interview in 2024.

Nitrous Oxide

Recent Use (past 6 months): Half (49%) of the Melbourne sample reported recent use of nitrous oxide in 2024, stable relative to 2023 (42%; *p*=0.392) (Figure 59).

Frequency of Use: Frequency of use remained stable at a median of three days (IQR=1–7; n=49) in the six months preceding interview in 2024 (3 days in 2023; IQR=1–7; n=42; *p*=0.846).

Quantity: Among those who reported recent use and responded (n=42), the median amount used in a 'typical' session was 5 bulbs (IQR=2–11.5; 4.5 bulbs in 2023; IQR=2–10; n=36; *p*=0.635). Of those

who reported recent use and responded (n=42), the median maximum amount used was nine bulbs (IQR=3–23.8; 6.5 bulbs in 2023; IQR=2–20; n=36; *p*=0.468).

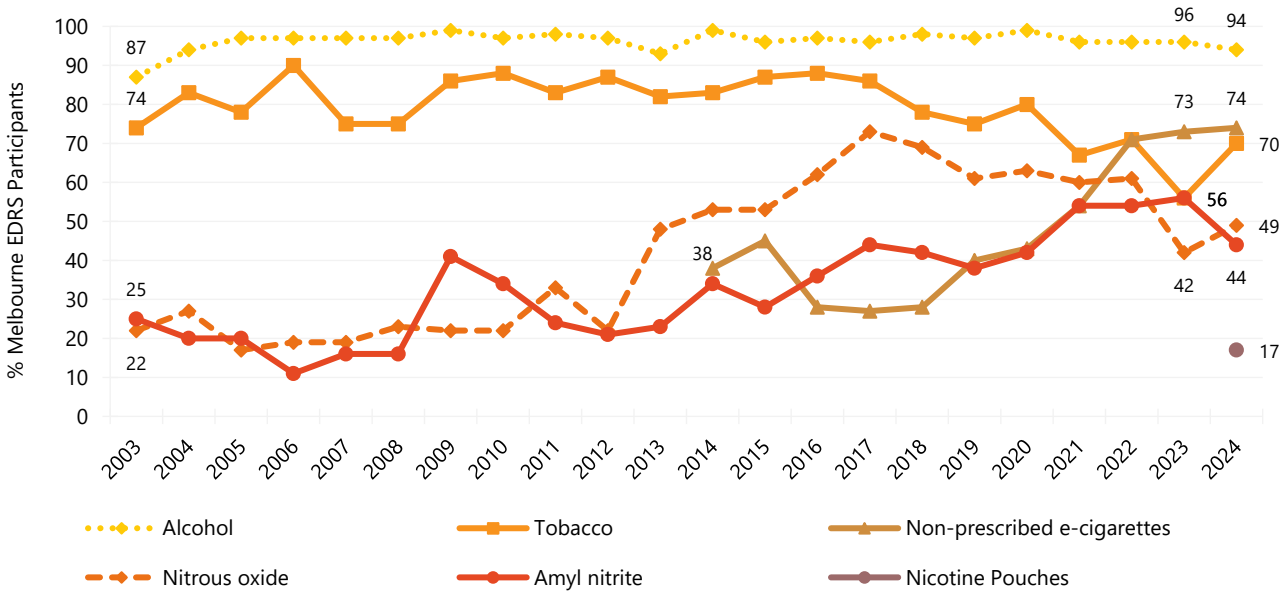
Amyl Nitrite

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

Recent Use (past 6 months): Forty-four per cent of the Melbourne sample reported recent use of amyl nitrite in 2024, stable relative to 2023 (56%; *p*=0.126) (Figure 59).

Frequency of Use: A median of three days of use was reported in the six months preceding interview in 2024 (IQR=2–9; n=44; 3 days in 2023; IQR=2-13; n=56; *p*=0.589).

Figure 59: Licit and other drugs used in the past six months, Melbourne, VIC, 2003-2024



Note. Regarding e-cigarettes, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

10

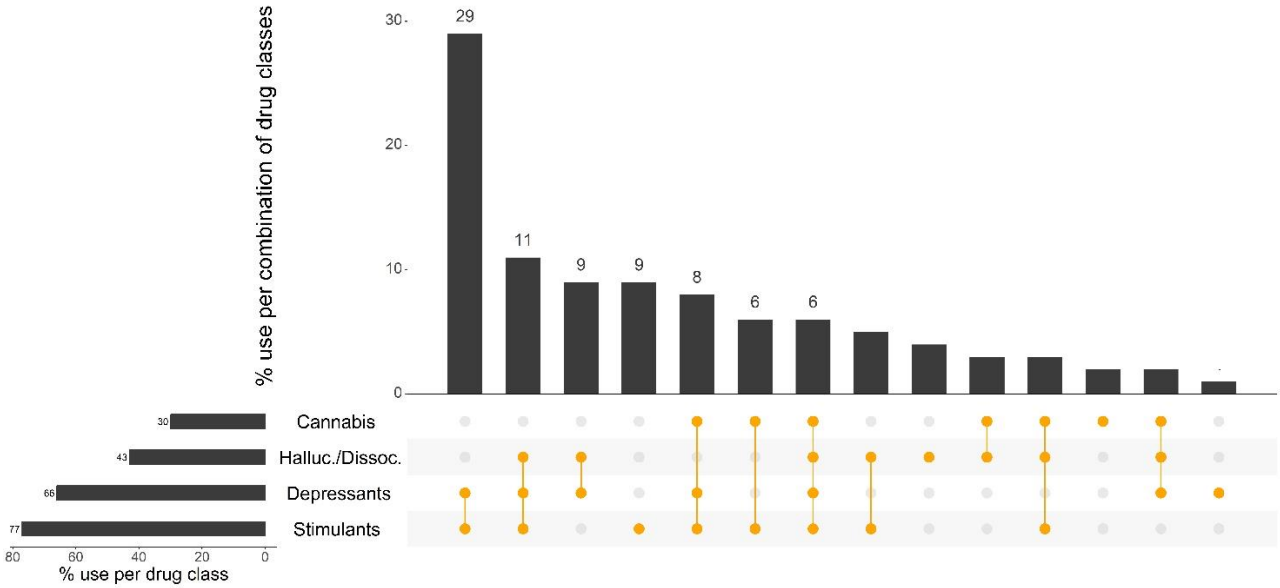
Drug-Related Harms and Other Behaviours

Polysubstance Use and Bingeing

On the last occasion of ecstasy or related drug use and among those who responded (n=98), the most commonly used substances were alcohol (60%) and ecstasy (47%), followed by ketamine (39%), e-cigarettes (35%) and cocaine (35%).

Eighty-five per cent (n=82) of the Melbourne sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of drug classes were stimulants and depressants (29%), followed by stimulants, depressants, and hallucinogens/dissociatives (11%). Nine per cent reported using depressants and hallucinogens/dissociatives and a further 9% reporting using stimulants alone (Figure 60).

Figure 60: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Melbourne, VIC, 2024: Most common drug pattern profiles

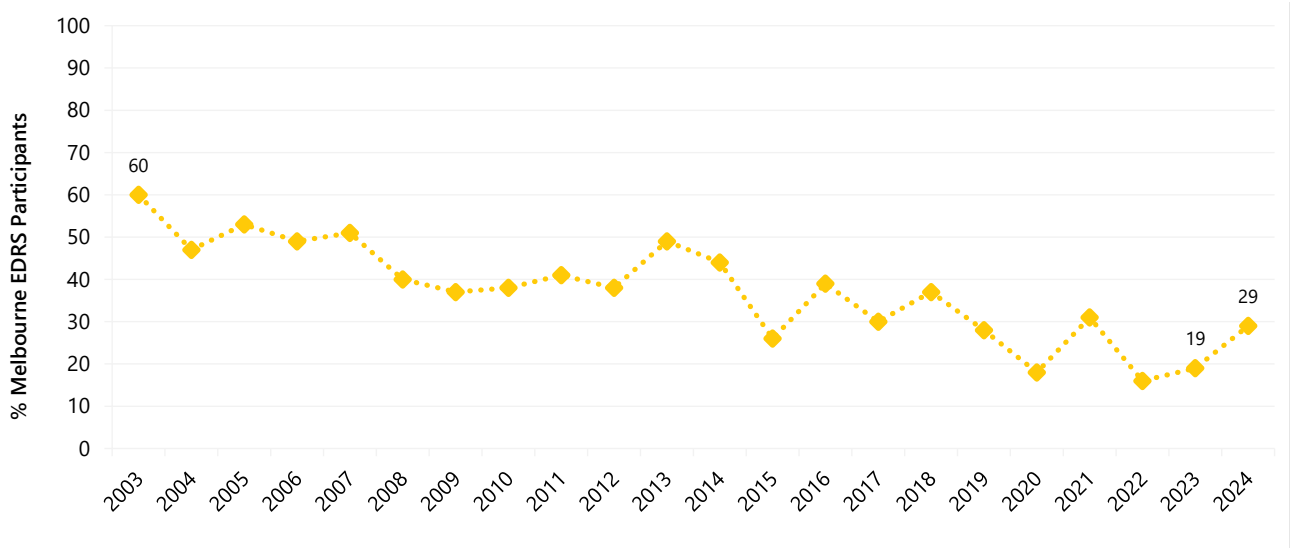


Note. % calculated out of total EDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 30% to improve visibility of trends. Please refer to Table 1 for a guide to table/figure notes.

Binge Drug Use

Participants were asked whether they had binged on any stimulant or related drug in the six months preceding interview. Twenty-nine per cent of the Melbourne sample reported bingeing on one or more drugs in the preceding six months (19% in 2023; p=0.106) (Figure 61).

Figure 61: Past six month bingeing for 48 hours or more, Melbourne, VIC, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p <0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

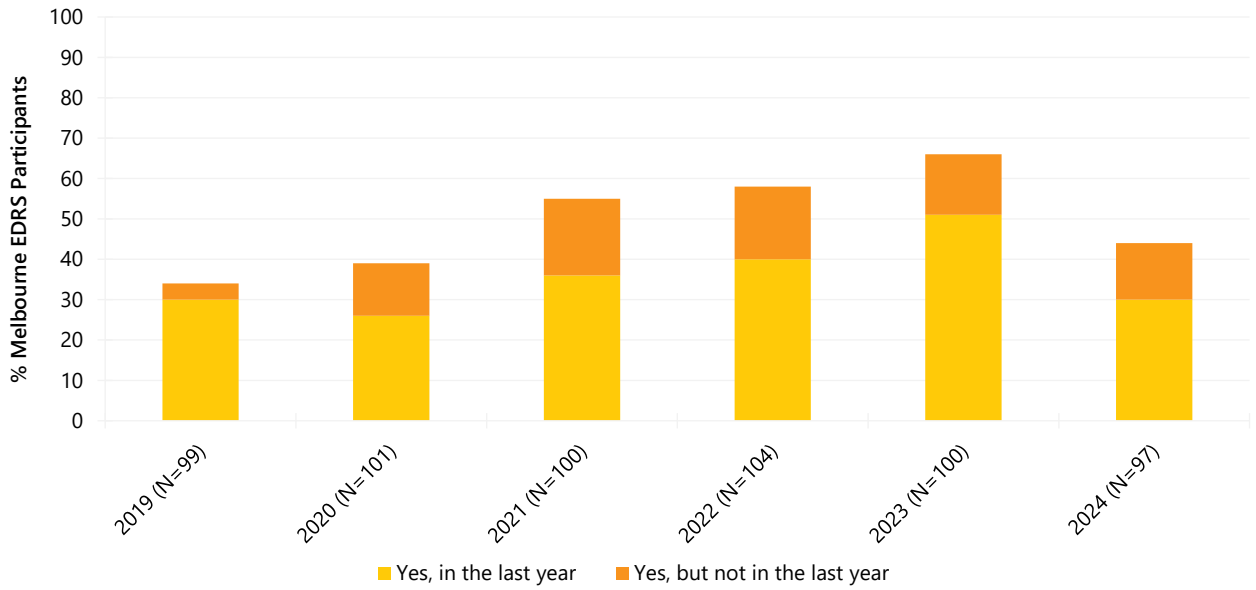
Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time of interviewing in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a fixed-site drug checking service in Canberra which has been operational since 17 July 2022. Additionally, Queensland's first fixed-site drug checking (also known as pill testing) service, CheQpoint, has opened its doors in Brisbane shortly after EDRS recruitment commenced (April 20, 2024), and a second service opened on the Gold Coast shortly after recruitment had finished (July, 2024).

In 2024, 30% of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, a significant decrease from 51% in 2023 (p=0.004) (Figure 62). Of those who reported that they or someone else had tested their illicit drugs in the past year and responded (n=24), 79% reported using colorimetric reagent test kits, and 25% reported having their drugs tested via testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). No participants reported testing via professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy).

Of those who reported that they or someone else had tested their illicit drugs in the past year and responded (n=29), the majority (66%) reported having their drugs tested by a friend, followed by 28% who reported testing the drugs themselves. One fifth (21%) reported having their drugs tested by a dealer.

Figure 62: Lifetime and past year engagement in drug checking, Melbourne, VIC, 2019-2024



Note: Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test

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 Melbourne sample (including people who had not consumed alcohol in the past 12 months) was 12.5 (SD 6.3) in 2024, a significant increase from 12.3 (SD 7.3) in 2023 ($p<0.001$). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence. There was no significant change in the per cent of the sample falling into each of these risk categories between 2023 and 2024 ($p=0.659$) (Table 5). Seventy-seven per cent of the sample obtained a score of eight or more (74% in 2023; $p=0.731$), indicative of hazardous use (Table 5).

Table 5: AUDIT total scores and per cent of participants scoring above recommended levels, Melbourne, VIC, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	N=97	N=98	N=97	N=96	N=100	N=97	N=97	N=97	N=98	N=98	N=98	N=100	N=98	N=100	N=91
Mean AUDIT total score (SD)	14.1 (7.1)	13.3 (7.2)	15 (7.5)	12.1 (6.8)	12 (6.1)	11.5 (6.3)	11.5 (6.6)	10.4 (6.6)	12.6 (6.2)	12 (7.5)	11.8 (5.4)	12.1 (6.4)	12.9 (7.2)	12.3 (7.3)	**12.5*** (6.3)**
Score 8 or above (%)	86	90	88	86	89	81	74	83	85	74	77	72	76	74	**77**
AUDIT zones:															
Score 0-7	22	19	18	30	22	29	34	38	19	26	18	27	24	26	**23**
Score 8-15	31	43	40	41	51	47	43	43	55	50	57	43	44	43	**44**
Score 16-19	24	22	12	10	13	12	12	7	12	7	15	18	14	15	**21**
Score 20 or higher	24	15	30	19	14	11	10	11	14	17	9	12	17	16	**12**

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Imputation used for missing scale scores. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

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

From 2019, changes were made to this module, with participants asked about alcohol, stimulant and other drug overdose, prompted by the following definitions:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness 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 among the sample.

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

Non-Fatal Stimulant Overdose

In 2024, 15% of the Melbourne sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview, stable relative to 2023 (14%; p=0.840) (Figure 63).

The most common stimulant reported during the most recent non-fatal stimulant overdose in the past 12 months was any form of ecstasy (73%; 47% of which reported using ecstasy in capsule form). Among those who experienced a recent non-fatal stimulant overdose (n=15), 67% reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (47%; ≥5 standard drinks: 40%; ≤5 standard drinks; n≤5), and e-cigarettes (40%). Due to low numbers reporting on forms of treatment on the last occasion of experiencing a non-fatal stimulant overdose (n≤5), please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

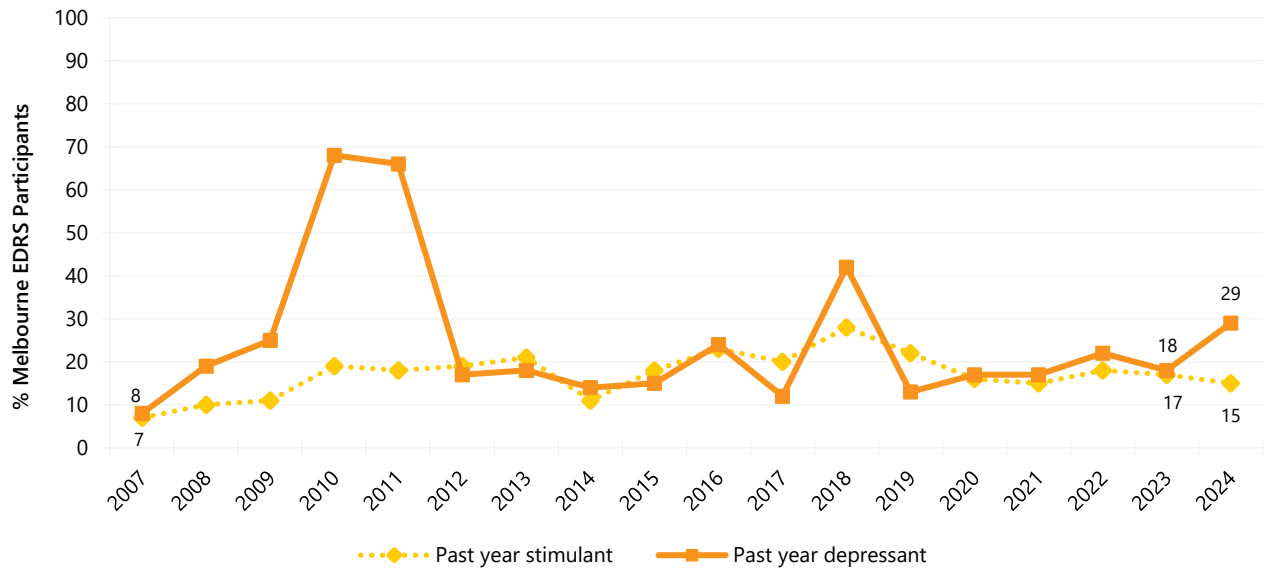
Non-Fatal Depressant Overdose

Alcohol: One fifth (21%) of the Melbourne sample reported a non-fatal alcohol overdose in the 12 months preceding interview (17% in 2023; p=0.475) on a median of two occasions (IQR=1–3). Of those who had experienced an alcohol overdose in the past year (n=21), the majority (86%) reported not receiving treatment on the last occasion. Due to low numbers reporting that they had received treatment or assistance (n≤5), further data are suppressed, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): In 2024, 29% of participants reported that they had experienced a non-fatal depressant overdose (including alcohol) in the past 12 months, stable relative to 2023 (18%; *p*=0.071) (Figure 63).

Of those who had experienced any depressant overdose in the past 12 months (n=29), three quarters (75%) reported alcohol as the most common depressant drug. Few participants (n≤5) reported a non-fatal depressant overdose due to other drugs, therefore, these data are suppressed. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 63: Past 12 month non-fatal stimulant and depressant overdose, Melbourne, VIC, 2007-2024



Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

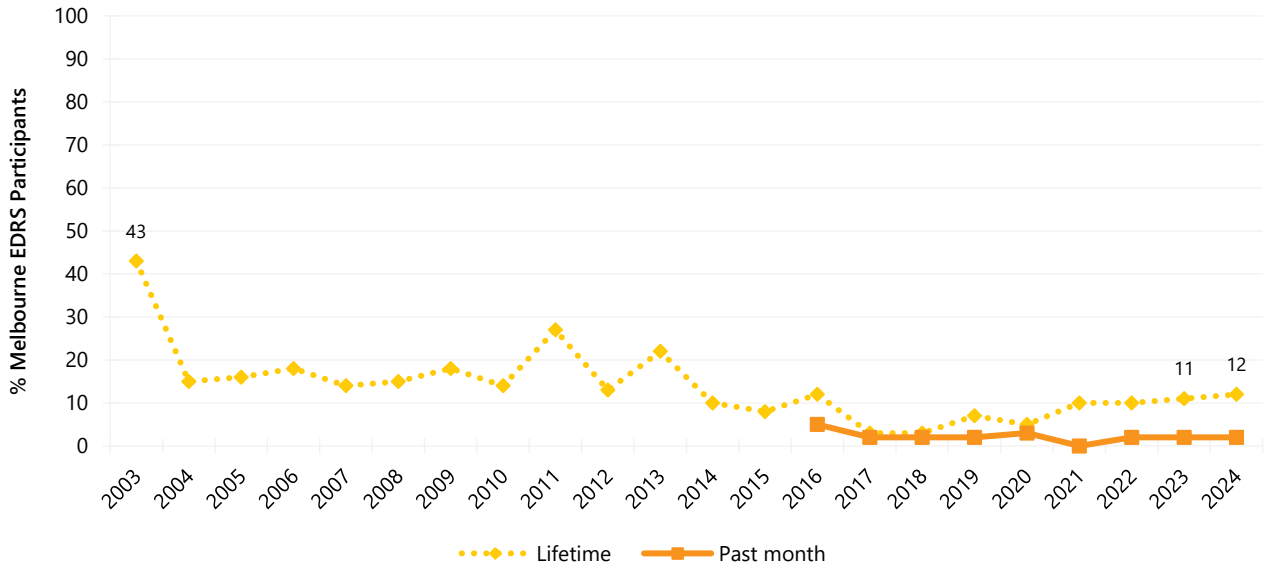
Awareness of Naloxone

In 2024, three quarters (76%) reported that they had ever heard of naloxone, a significant increase relative to 2023 (60%; p=0.025). Among those who had ever heard of naloxone and responded (n=73), 92% were able to correctly identify the purpose of naloxone, stable from 93% in 2023. Among participants who had ever heard of naloxone and responded (n=75), 19% reported (ever) obtaining naloxone, stable from 14% in 2023 (p=0.481) and 15% reported obtaining naloxone in the twelve months prior to interview, a significant increase from 2023 (n≤5; p=0.038).

Injecting Drug Use and Associated Risk Behaviours

One tenth (12%) reported lifetime injection in 2024 (11% in 2023; p=0.821). Few (n≤5) participants reported injecting drugs in the past month (n≤5 in 2023), therefore, these data are suppressed (Figure 64). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 64: Lifetime and past month drug injection, Melbourne, VIC, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

Seven per cent (n=7) of the Melbourne sample reported currently receiving drug treatment in 2024 (n≤5 in 2023).

Ecstasy and Methamphetamine Dependence

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

To assess ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Among those who reported recent ecstasy use and commented (n=93), one quarter (23%) recorded a score of three or above, a significant increase from 9% in 2023 (p=0.018). The median ecstasy SDS score was zero (IQR=0–2). Fifty-seven per cent of participants obtained a score of zero on the ecstasy SDS, indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use (68% in 2023; p=0.145) (Table 6).

To assess methamphetamine dependence in the past six months, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence. Of those who reported recent methamphetamine use and responded (n=28), 25% scored four or above, stable relative to 2023 (24%). The median

methamphetamine SDS score was one (IQR=0–3.3). In 2024, half (50%) of participants obtained a score of zero on the methamphetamine SDS (66% in 2023; p=0.295) (Table 6).

Table 6: Total ecstasy and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Melbourne, VIC, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Ecstasy	**(N=97)**	**(N=98)**	**(N=97)**	**/**	**(N=95)**	**(N=88)**	**(N=99)**	**(N=93)**
Median total score (IQR)	1 (0–2)	1 (0–3)	1 (0–3)		0 (0–1)	0 (0–1)	0 (0–1)	**0 (0–2)**
% score = 0	47	37	38		74	65	68	**57**
% score ≥3	18	31	30		6	6	9	**23***
Methampheta mine	**(N=43)**	**(N=59)**	**(N=43)**	**(N=48)**	**(N=44)**	**(N=47)**	**(N=29)**	**(N=28)**
Median total score (IQR)	0 (0–0)	0 (0–0)	0 (0–1)	0 (0–0)	0 (0–0)	0 (0–0)	0 (0–3)	**1 (0–3.3)**
% score = 0	86	76	72	85	75	79	66	**50**
% score ≥4	7	10	12	8	11	11	24	**25**

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. Imputed values used for missing scale scores. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, 80% of the Melbourne sample reported some form of sexual activity in the past four weeks (80% in 2023) (Table 7). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=77), 75% (n=58) reported using alcohol and/or other drugs prior to or while engaging in sexual activity, stable relative to 2023 (82%; p=0.333). Of those who had engaged in sexual activity in the past four weeks and responded (n=77), 8% (n=6) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (13% in 2023; p=0.430), while 30% (n=23) reported that they had used alcohol and/or other drugs to enhance sexual activity or pleasure with another person (not asked prior to 2024). Furthermore, no participants had engaged in sexual activity in exchange for money, drugs, or other goods or services (Table 7).

Of those who commented (n=99), 36% reported having a sexual health check-up in the six months prior to interview (39% in 2023; p=0.771), whilst three quarters (74%) had done so in their lifetime (82% in 2023; p=0.181). Of the total sample who responded (n=99), few participants (n≤5) reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2024 (10% in 2023; p=0.082), although 27% had received a positive diagnosis in their lifetime, stable from 29% in 2023 (p=0.872) (Table 7). Due to low numbers (n≤5) reporting on the

specific types of STIs diagnosed, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Of those who commented (n=97), one fifth (22%) of the sample reported having a test for human immunodeficiency virus (HIV) in the six months prior to interview (28% in 2023; p=0.330), whilst 55% had done so in their lifetime, a significant decrease from 70% in 2023 (p=0.033). In 2024, no participants had been diagnosed with HIV in the past six months (no participants in 2023) or within their lifetime (no participants in 2023) (Table 7).

Table 7: Sexual health behaviours, Melbourne, VIC, 2021-2024

	2021	2022	2023	2024
Of those who responded[#]:	N=100	N=100	N=100	**N=99**
% Any sexual activity in the past four weeks (n)	78 (n=78)	76 (n=76)	80 (n=80)	**80 (n=79)**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=78	n=76	n=79	**n=77**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	95	84	82	**75**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=78	n=76	n=79	**n=77**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	-	11	13	**8**
% Drugs and/or alcohol used to enhance sexual activity or pleasure with another person	/	/	/	**30**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=78	n=76	n=78	**n=79**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	/	**0**
Of those who responded[#]:	n=100	n=100	n=100	**n=97**
% Had a HIV test in the last six months	32	25	28	**22**
% Had a HIV test in their lifetime		65	70	**55***
Of those who responded[#]:	n=100	n=100	n=100	**n=97**
% Diagnosed with HIV in the last six months	-	-	0	**0**
% Diagnosed with HIV in their lifetime	-	-	0	**0**
Of those who responded[#]:	n=100	n=99	n=100	**n=99**
% Had a sexual health check in the last six months	39	29	39	**36**
% Had a sexual health check in their lifetime	83	76	82	**74**
Of those who responded[#]:	n=100	n=99	n=100	**n=99**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	10	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	20	24	29	**27**

Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

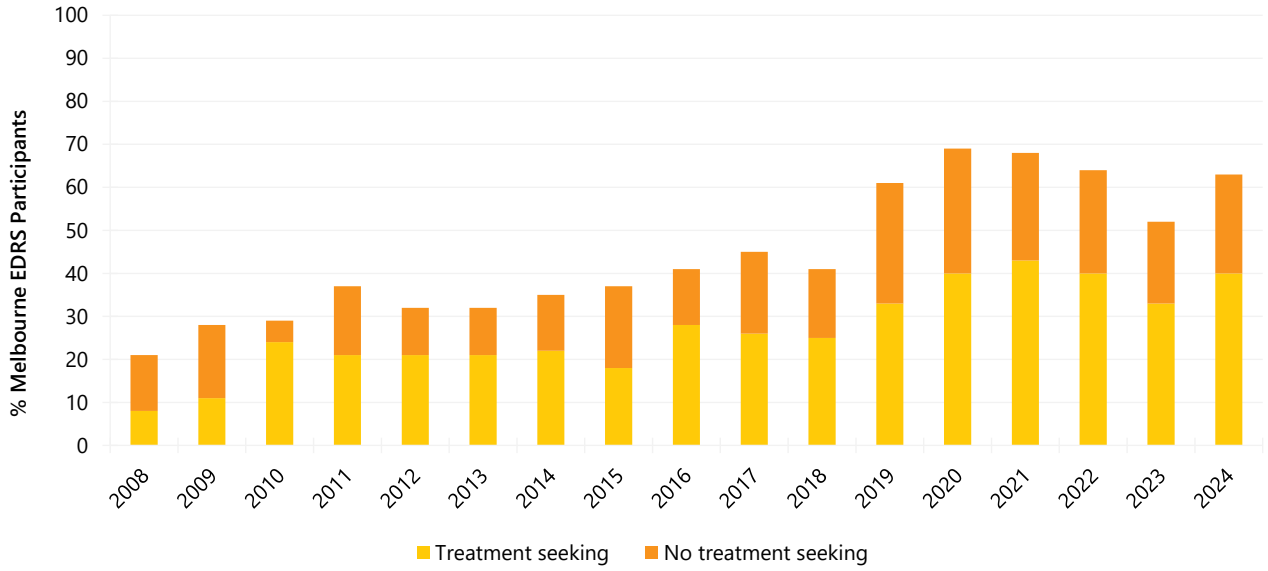
Mental Health and Psychological Distress (K10)

Mental Health

Two thirds (63%) of the Melbourne sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2023 (52%;

p=0.150). Of those who reported a mental health problem in 2024 and commented (n=60), the most common mental health problems reported were depression (70%; 67% in 2023; *p*=0.248) and anxiety (70%; 71% in 2023; *p*=0.382). Of those who reported experiencing a mental health problem (n=62), 64% reported seeing a mental health professional during the past six months (65% in 2023) (40% of the total sample) (Figure 65). Of those who reported seeing a mental health professional in 2024 (n=39), 69% reported being prescribed medication for their mental health problem (55% in 2023; *p*=0.234).

Figure 65: Self-reported mental health problems and treatment seeking in the past six months, Melbourne, VIC, 2008-2024



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. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

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

The minimum score is 10 (indicating no psychological distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; scores between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

Among those who responded in 2024 (n=96), the per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.135). In 2024, 24% of the Melbourne EDRS sample had a score of 30 or more (13% in 2023) (Figure 66).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 66).

Figure 66: K10 psychological distress scores, Melbourne, VIC, 2006-2024 and NHS 2022-2023

Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

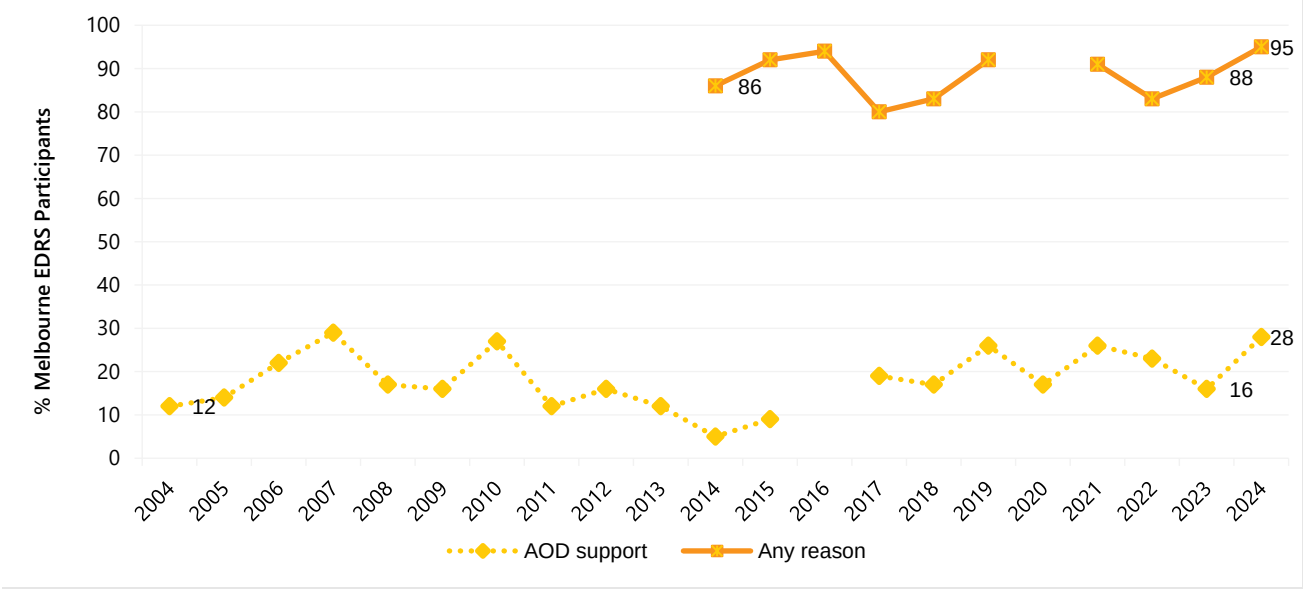
Health Service Access

Twenty-eight per cent of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (16% in 2023; p=0.063) (Figure 67). The most common services reported by participants in 2024 included a drug and alcohol counsellor (7%; n≤5 in 2023; p=0.770) and ambulance attendance (7%; n≤5 in 2023; p=0.177) (Figure 67).

The majority (95%) of participants reported accessing any health service for any reason in the six months preceding interview in 2024 (88% in 2023; p=0.126). Primary services reported by participants in 2024 were general practitioners (GPs) (81%; 74% in 2023; p=0.312), pharmacy (51%; not asked in 2023) and psychologists (30%; 34% in 2023; p=0.651) (Figure 67 and Table 8)

Twenty-eight per cent of participants reported attending the emergency department in the past six months (19% in 2023; p=0.191), with the most common reason being an injury (12%). Furthermore, one tenth (11%) reported being attended to by an ambulance in the past six months (n≤5 in 2023; p=0.105), most commonly because of poisoning (7%).

Figure 67: Health service access for alcohol and other drug reasons and any reason in the past six months, Melbourne, VIC, 2004-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Types of health service access for alcohol and other drug reasons and for any reason in the past six months, Melbourne, VIC, 2022-2024

	AOD support			Any reason		
	2022	2023	2024	2022	2023	2024
% accessing health service	**N=100**	**N=100**	**N= 100**	**N=100**	**N=100**	**N= 100**
GP	8	-	**-**	76	74	**81**
Emergency department	-	-	**6**	13	19	**28**
Hospital admission (inpatient)	-	-	**-**	9	12	**12**
Medical tent (e.g., at a festival)	-	-	**-**	-	11	**8**
Drug and Alcohol counsellor	7	-	**7**	6	-	**8**
Hospital as an outpatient	0	0	**-**	7	9	**13**
Specialist doctor (not including a psychiatrist)	-	-	**-**	15	18	**18**
Dentist	-	-	**-**	28	41	**28**
Ambulance attendance	0	-	**7**	-	-	**11**
Pharmacy	/	/	**-**	/	/	**51**
Other health professional (e.g., physiotherapist)	0	0	**0**	23	23	**16**
Psychiatrist	-	-	**-**	14	10	**17**
Psychologist	-	-	**-**	30	34	**30**
NSP	0	0	**-**	0	0	**-**
Peer based harm reduction service	6	-	**6**	7	9	**10**
Other harm reduction service	0	0	**0**	-	-	**-**

Note. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2024, 31% of the sample reported experiencing stigma in any setting because of their illicit drug use in the six months preceding interview, a significant increase from 14% in 2023 (p=0.005) (Table 9).

Six per cent of participants reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (p=0.165). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (18%) stable relative to 2023 (10%; p=0.155). Seventeen per cent of participants in 2024 reported experiencing stigma in non-health care settings, a significant increase from 2023 (6%; p=0.015), most commonly from police (8%; n≤5 in 2023) (Table 9).

Notably, three fifths (59%) of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services, a

significant increase from 37% in 2023 (p=0.005). This most commonly involved not telling health workers about their drug use (55%), followed by not attending follow-up appointments (19%) and delaying accessing healthcare (17%).

Table 9: Self-reported experiences of stigma due to illicit drug use in the past six months, Melbourne, VIC, 2022-2024

	2022	2023	2024
% Experienced stigma in specialist AOD service	N=84 7	N=100 -	**N=97** **6**
% Experienced stigma in general health care service	N=86 20	N=100 10	**N=97** **18**
% Experienced stigma in non-health care service	/	N=99 6	**N=98** **17***
Welfare and social service	/	-	**-**
Current or potential employer	/	0	**-**
School/uni/TAFE	/	-	**-**
Police	/	-	**8**
Other legal services	/	-	**-**
Housing and homelessness services	/	0	**-**
Other	/	0	**-**
% Experienced stigma in any of the above settings^	/	14	**31****
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	N=99 37	**N=98** **59****
Delayed accessing healthcare	/	10	**17**
Did not tell health worker about drug use	/	31	**55**
Downplayed need for pain medication	/	-	**12**
Looked for different services	/	6	**13**
Did not attend follow-up appointment	/	8	**19**
Other	/	0	**0**

Note. N is the number who responded (denominator). ^Includes specialist AOD service, general health care service and non-health care services. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

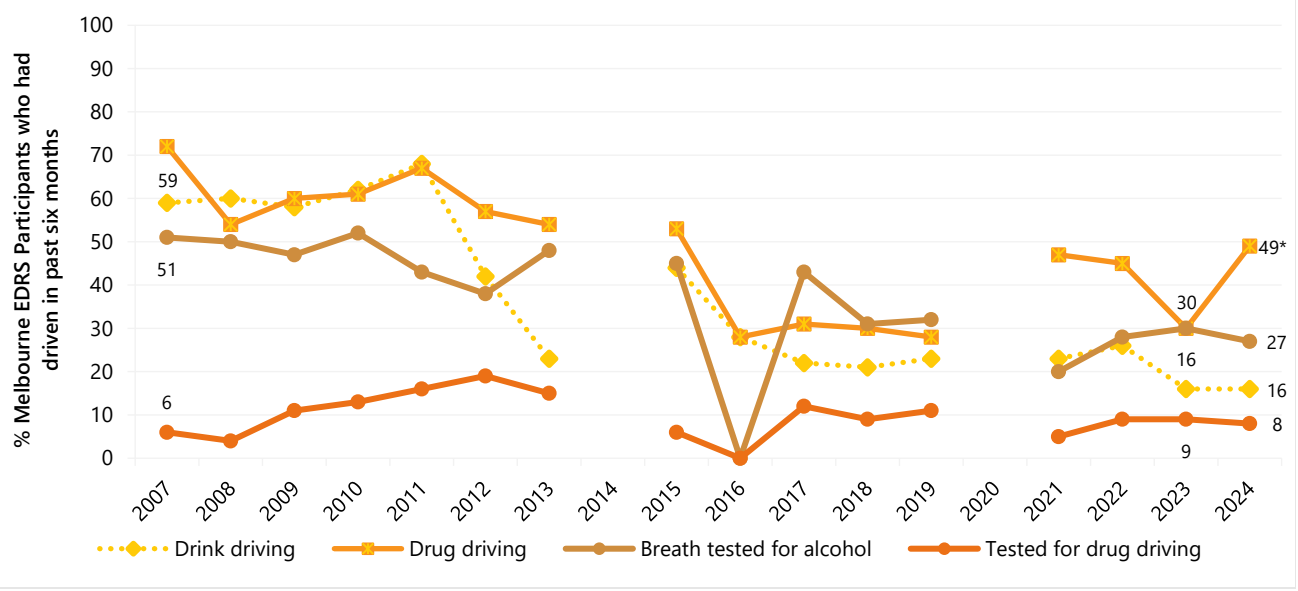
Driving

In 2024, 80% of the Melbourne sample had driven a car, motorcycle, or other vehicle in the last six months. Of those who had driven in the past six months and responded (n=75), 16% reported driving while over the (perceived) legal limit of alcohol (16% in 2023).

Of those who had driven in the past six months and responded (n=79), half (49%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, a significant increase from 2023 (30%; p=0.021) (Figure 68). Participants most commonly reported using cannabis (38%) prior to driving in the last six months, followed by ketamine (21%).

Among those who had driven in the past six months (n=79), 8% reported that they had been tested for drug driving by the police roadside drug testing service (9% in 2023), and 27% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (30% in 2023; p=0.710) (Figure 68).

Figure 68: Self-reported testing, and driving over the (perceived) legal limit for alcohol or three hours following illicit drug use, among those who had driven in the past six months, Melbourne, VIC, 2007-2024



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

In 2024, half (52%) of the sample reported engaging in 'any' crime in the past month, a significant increase from 2023 (29%; p<0.001), with property crime (37%; 23% in 2023; p=0.045) and drug dealing (29%; 15% in 2023; p=0.028) being the two main forms of criminal activity reported in 2024 (Figure 69).

In 2024, 6% of participants reported being the victim of a crime involving violence (n≤5 in 2023; p=0.765) (Figure 70).

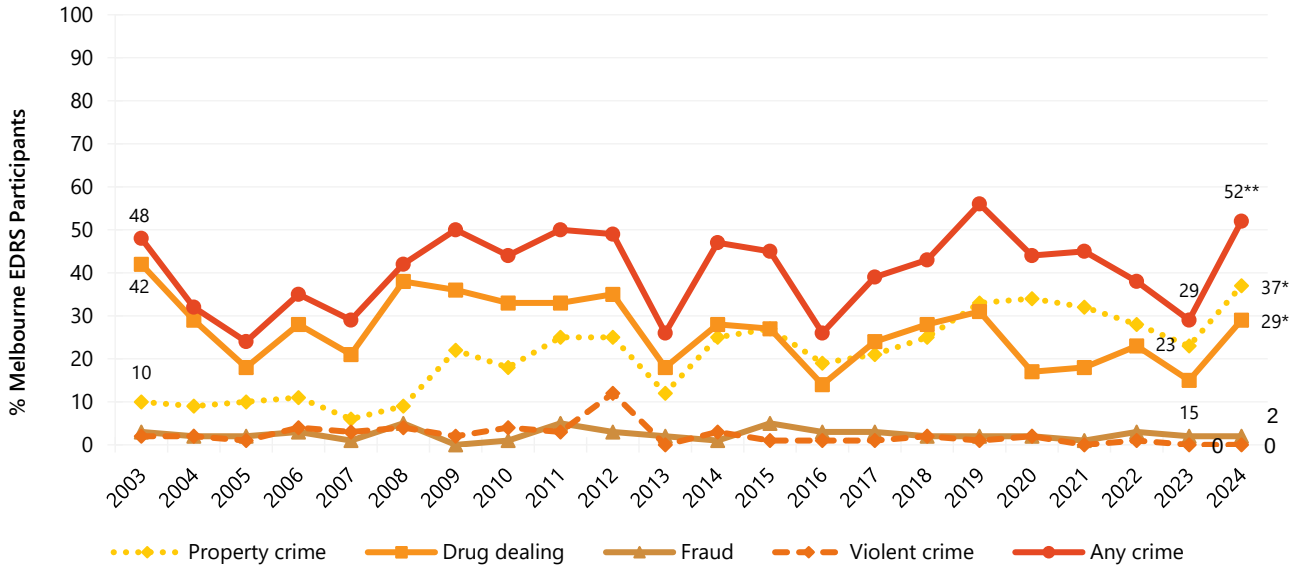
Few participants (n≤5) reported having ever been in prison in 2024 (n≤5 in 2023; p=0.681) (Figure 71). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Few participants (n≤5) reported being arrested in the 12 months preceding interview (n≤5 in 2023; 0.746) (Figure 71). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

In 2024, 7% of the sample reported a drug-related encounter with law enforcement in the last 12 months that did not result in charge or arrest, stable from 2023 (8%) (Figure 71). Few participants

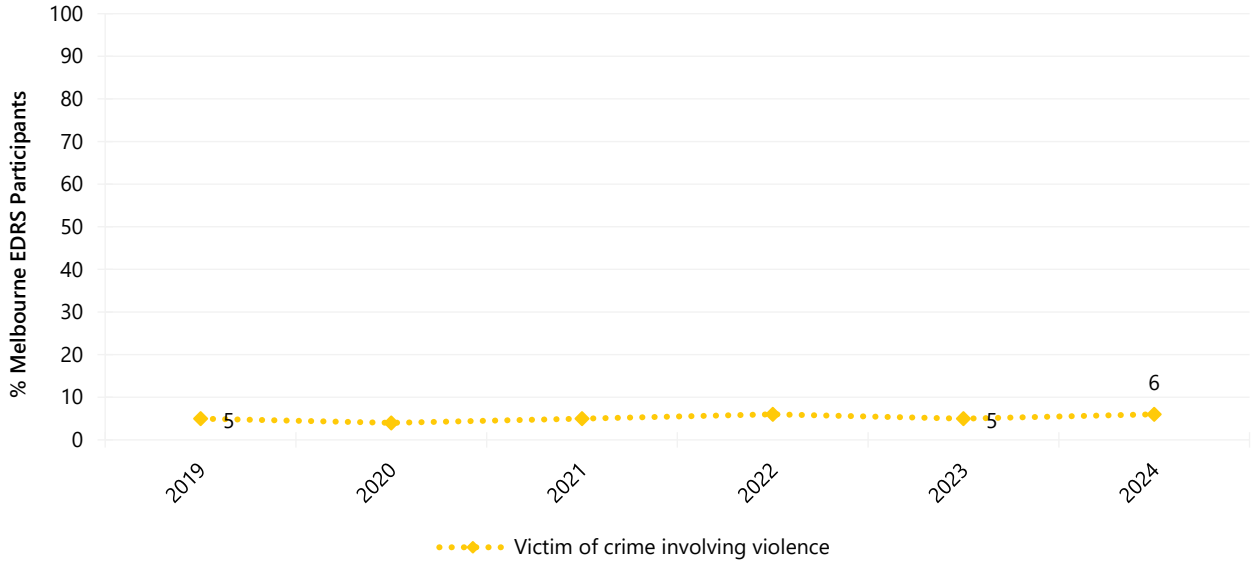
(n≤5) reported what the drug-related encounter comprised of; therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 69: Self-reported criminal activity in the past month, Melbourne, VIC, 2003-2024



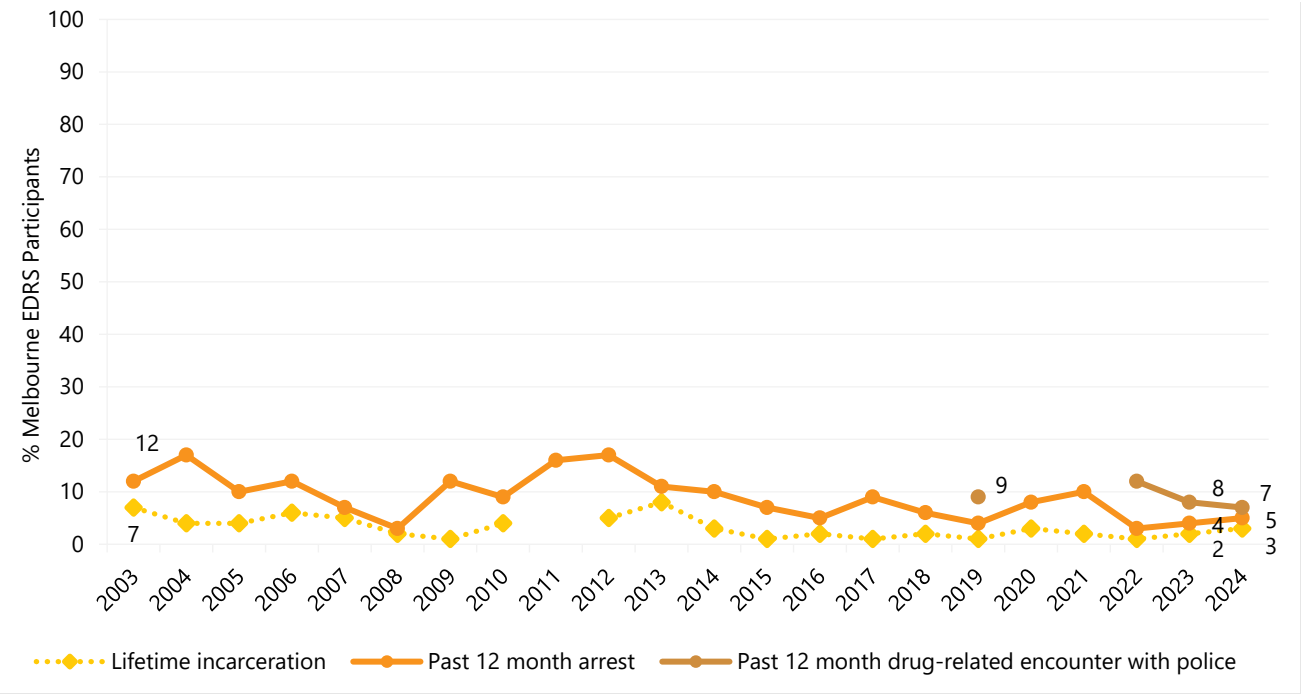
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 70: Victim of crime involving violence in the past month, Melbourne, VIC, 2019-2024



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 71: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Melbourne, Victoria, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was reported to be social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder; 77%), similar to 2023 (82%; p=0.478). This was followed by face-to-face communication (72%; 63% in 2023; p=0.182) (Table 10). It is important to reiterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. In 2024, the most common social networking or messaging apps used to arrange the purchase of illicit drugs was Signal (56%), followed by Snapchat (32%) and Facebook (25%), and these were mostly obtained by a known dealer/vendor (73%), followed by a friend/relative/partner/colleague (49%). Among those who used social networking or messaging apps to arrange the purchase of drugs in 2024 and responded (n=76), 51% reported that the person they had obtained from advertised the sale of illicit drug/s via these platforms.

Buying and Selling Drugs Online

Few (n≤5) participants reported obtaining drugs via the darknet in the past year (6% in 2023; p=0.537); and few (n≤5) reported purchasing drugs on the surface web (n≤5 in 2023). However, 36%

of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface web or darknet, with one fifth (20%) having done so in the last 12 months (28% in 2023; p=0.307).

In 2024, 6% of participants reported selling illicit/non-prescribed drugs via surface or darknet marketplaces in the 12 months preceding interview, a significant increase from no participants in 2023 (p=0.014).

Source and Means of Obtaining Drugs

Most participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2024 (80%; 72% in 2023; p=0.197), followed by 76% reporting obtaining them from a known dealer/vendor (76%; 74% in 2023; p=0.738). Two fifths (42%) reported obtaining illicit drugs from an unknown dealer/vendor, a significant increase from 2023 (23%; p=0.007) (Table 10).

When asked about how they had received illicit drugs on any occasion in the last 12 months, most participants reported face-to-face (96%; 97% in 2023; p=0.721), followed by a collection point (defined as a predetermined location where a drug will be dropped for later collection; 32%, a significant increase from 14% in 2023; p=0.003), with fewer participants reporting receiving illicit drugs via post (8%; 10% in 2023; p=0.801) (Table 10).

Table 10: Means of purchasing and obtaining illicit drugs in the past 12 months, Melbourne, VIC, 2019-2024

	2019 (N=99)	2020 (N=100)	2021 (N=100)	2022 (N=100)	2023 (N=100)	2024 (N=100)
% Purchasing approaches in the last 12 months^#	(n=99)	(n=100)	(n=99)	(n=99)	(n=99)	**(n=100)**
Face-to-face	82	68	52	56	63	**72**
Surface web	-	7	-	-	-	**-**
Darknet market	7	7	6	12	6	**-**
Social networking or messaging applications`	77	81	88	84	82	**77**
Text messaging	51	48	20	30	26	**42***
Phone call	34	36	19	14	11	**24***
Grew/made my own	/	-	0	-	-	**-**
Other	-	-	0	-	-	**0**
% Means of obtaining drugs in the last 12 months^~	(n=99)	(n=100)	(n=99)	(n=99)	(n=100)	**(n=99)**
Face-to-face	99	94	94	96	97	**96**
Collection point	-	18	-	-	14	**32****
Post	11	12	10	15	10	**8**
% Source of drugs in the last 12 months^	(n=99)	(n=100)	(n=99)	(n=100)	(n=99)	**(n=100)**
Friend/relative/partner/colleague	85	82	73	78	72	**80**
Known dealer/vendor	83	75	75	78	74	**76**
Unknown dealer/vendor	33	49	33	45	23	**42****

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. `This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase

of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option from 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.