EDRS

NEW SOUTH WALES DRUG TRENDS 2025

Key Findings from the New South Wales Ecstasy and Related Drugs Reporting System (EDRS) Interviews

NEW SOUTH WALES DRUG TRENDS 2025: 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: Lily.Palmer@unsw.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 2025:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Olivia Price, Udesha Chandrasena, Haniene Tayeb, Lily Palmer, Agata Chrzanowska, Cate King, 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;
- Mila Sumner, Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
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- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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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

4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
ACT	Australian Capital Territory
ADHD	Attention-Deficit/Hyperactivity Disorder
Alpha PHP	α -Pyrrolidinohexanophenone
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and other drugs
AUDIT	Alcohol Use Disorders Identification Test
CBD	Cannabidiol
COVID-19	Coronavirus disease of 2019
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
DSM	The Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GHB/GBL/1, 4-BD	Gamma-hydroxybutyrate/ Gamma-butyrolactone/1,4-Butanediol
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
NBOME	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
PMMA	Polymethyl methacrylate
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
REDCAP	Research Electronic Data Capture
SD	Standard deviations
SDS	Severity of Dependence Scale

STI	Sexually Transmissible Infection
TGA	Therapeutic Goods Administration
TAS	Tasmania
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Sydney New South Wales (NSW) EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants, recruited via social media, advertisements on websites and via word-of-mouth in Sydney, New South Wales (NSW). The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2025 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 2020-2025 samples, relative to previous years.**

Sample Characteristics

In 2025, the Sydney EDRS sample (n=101) was largely similar to the 2024 sample. Gender and median age remained stable, with the the 2025 sample predominantly comprising young (median age 31 years; 27 years in 2024) males (70%; 66% in 2024). Current accommodation significantly changed between 2024 and 2025 (p=0.016), with half (50%) reporting living in a rental house/flat (49% in 2024), 15% reporting living in own house/flat (11% in 2024) and one fifth (21%) reporting living in their parents/family home (34% in 2024). Median weekly income and current employment status remained stable, relative to 2024, with participants reporting a median weekly income of $750 ($900 in 2024) and almost two fifths (38%) reporting being employed full time at the time of the interview (34% in 2024). The reported drug of choice remained stable in 2025, relative to 2024, with the highest percentage of participants nominating ecstasy as their drug of choice (32%; 28% in 2024). However, the drug used most often in the past month significantly changed between 2024 and 2025 (p=0.004), with one third (34%) nominating alcohol as the drug used most often, an increase from 12% in 2024.

Non-Prescribed Ecstasy

Recent use of any non-prescribed ecstasy remained high and stable in 2025 (92%; 96% in 2024), with frequency of use also remaining stable at a median of 7 days (7 days in 2024). Capsules (61%) remained the most common form of ecstasy consumed in the six months preceding interview, followed by pills (43%), crystal (42%), and powder (17%) - with a significant decrease observed in the latter, relative to 2024 (29%; p=0.048).The price, perceived purity and perceived availability of non-prescribed ecstasy pills, capsules, crystal and powder all remained stable in 2025, relative to 2024.

Methamphetamine

Recent use of any methamphetamine has declined since monitoring commenced, although has stabilised in more recent years. In 2025, almost one third (30%) of the sample reported recent use, stable relative to 2024 (26%). The largest percentage of participants reported using methamphetamine crystal (18%), followed by powder (14%). Median days of use in the preceding six months remained stable for both forms. The price, perceived purity and perceived availability of methamphetamine crystal and powder also remained stable between 2024 and 2025.

Non-Prescribed Pharmaceutical Stimulants

In 2025, half (50%) of the Sydney sample reported recent use of non-prescribed pharmaceutical stimulants, stable relative to 2024 (46%). There was a non-significant increase in median days of use in the preceding six months, doubling from five days in 2024 to

twelve days in 2025 (p=0.050). Among those who reported recent use, snorting as a route of administration significantly decreased (14%; 39% in 2024; p=0.007). A significant change in the perceived availability of non-prescribed pharmaceutical stimulants was observed between 2024 and 2025 (p=0.002), with more participants perceiving non-prescribed pharmaceutical stimulants to be 'very easy' (58%; 21% in 2024) to obtain.

Cocaine

In 2025, the majority (81%) of the sample reported recent cocaine use, stable from 2024 (87%). Participants reported using cocaine on a median of six days in the six months preceding interview (4 days in 2024). Consistent with previous years, the price per gram of cocaine remained stable at $300. Perceived purity and perceived availability also remained stable between 2024 and 2025, with 37% perceiving purity to be 'high' (38% in 2024) and 56% perceiving that cocaine was 'very easy' to obtain (39% in 2024).

Cannabis and/or Cannabinoid-Related Products

Almost three fifths (58%) of the sample reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2025, a significant decrease from 2024 (74%; p=0.028). Among those who reported recent non-prescribed use, the per cent reporting recent use of bush cannabis significantly increased in 2025 (48%; 27% in 2024; p=0.024), while recent use of hydroponic cannabis remained stable (68%; 78% in 2024). In 2025, the perceived potency of hydroponic cannabis changed significantly relative to 2024 (p=0.015), with 83% of participants reporting that it was of 'high' potency (52% in 2024). The median price of one gram of bush cannabis significantly decreased to $10 in 2025 (n≤5 in 2024; p=0.017), while the price for one gram of non-prescribed hydroponic cannabis remained stable ($11; $20 in 2024).

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine (63%), LSD (37%) and DMT (7%) remained stable in 2025, relative to 2024. Median days of LSD and DMT use remained low and stable in 2025, however, median days of ketamine use significantly increased, from 3 days in 2024 to 6 days in 2025 (p=0.024). The price, perceived purity and perceived availability of ketamine and LSD remained mostly stable in 2025, relative to 2024. There was, however, a significant change in the perceived availability of ketamine (p=0.003), with more participants reporting that it 'very easy' to obtain in 2025 (55%; 20% in 2024).

New Psychoactive Substances (NPS)

In 2025, 12% of the Sydney sample reported recent use of any NPS (excluding plant-based NPS), stable relative to 2024 (15%). The most common NPS used comprised any 2C substance (9%; 8% in 2024).

Other Drugs

The per cent of the 2025 Sydney sample reporting recent use of non-prescribed benzodiazepines (17%), non-prescribed mushrooms/psilocybin (45%) and nitrous oxide (35%) remained stable relative to 2024. One third (32%) of the sample reported recent use of amyl nitrite in 2025, a significant decrease relative to 2024 (46%; p=0.045) and one tenth (9%) reported recent use of any unknown substance, also a significantly decrease relative to 2024 (22%; p=0.019). Almost three fifths (57%) reported recent non-prescribed e-cigarette use in 2025 and 67% reported tobacco use, both stable from 2024 (67% and 63%, respectively). Frequency of tobacco use, significantly increased, from a median of 30 days in 2024 to 120 days in 2025 (p=0.010). A significant increase was also observed in the

use of illicit tobacco with 57% of respondents reporting recent use (22% in 2024; $p<0.001$). One fifth (20%) of the Sydney sample reported recently using nicotine pouches, stable from 2024 (20%).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

On the last occasion of ecstasy or related drug use, 87% of the sample reported concurrent use of two or more drugs (excluding tobacco and e-cigarettes).

One quarter (27%) of participants reported using stimulants for 48 hours or more continuously without sleep in the six months preceding interview.

Dependence, overdose and injecting

The mean AUDIT score decreased significantly from 11.9 in 2024 to 10.4 in 2025 ($p<0.001$), although the per cent scoring ≥8, indicative of hazardous alcohol use, remained stable (59%; 70% in 2024).

Past year non-fatal stimulant and depressant overdose remained stable in 2025 (13% and 12%, respectively), relative to 2024.

No participants reported past month injecting drug use in 2025 (n≤5 in 2024).

Drug checking and naloxone awareness

Almost one third (32%) 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 (24% in 2024).

In 2025, the majority (74%) of participants reported that they had heard of naloxone, of which two fifths (43%) reported that they had ever obtained naloxone, a significant increase relative to 2024 (23%; $p=0.022$).

Sexual activity, mental health and health service access

Almost two thirds (64%) of the Sydney sample reported engaging in sexual activity in the past four weeks, of which 73% reported using alcohol and/or other drugs prior to or while engaging in sexual activity.

Almost half (48%) of the Sydney sample self-reported that they had experienced a mental health problem in the preceding six months, with depression (60%) and anxiety (49%) the most commonly reported problems. Ten per cent reported a score of ≥30 on the K10, indicating very high psychological distress.

Two fifths (40%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview, most commonly from a GP (17%) and a peer-based harm reduction service (12%).

Driving, contact with police and modes of purchasing drugs

Among recent drivers, 19% reported driving while over the perceived legal limit of alcohol, and 32% reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months, both stable from 2024.

Twenty-nine per cent of participants reported 'any' crime in the month prior to interview. Ten per cent reported past year arrest, while 21% reported a drug-related encounter with police which did not result in charge or arrest (e.g., stopped and searched/questioned).

In 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was social networking or messaging applications (76%; 64% in 2024), followed by face to face (68%; 66% in 2024). Most participants continued to report obtaining illicit drugs from a friend/relative/partner/colleague (78%; 84% in 2024).

2025 SAMPLE CHARACTERISTICS

EDRS Ecstasy and Related Drugs Reporting System

Between April and June, 101 participants, recruited from Sydney, NSW, were interviewed.

31 years

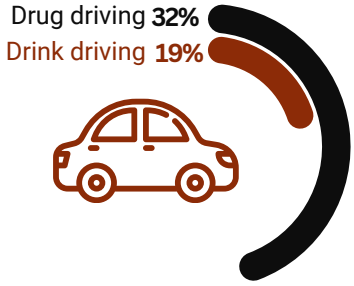
Male

Median age and per cent who identified as male.

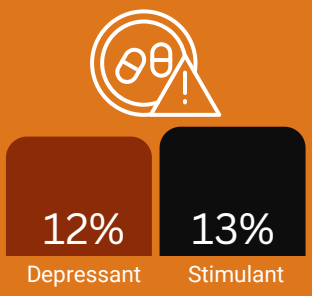
Current student and employment status.

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

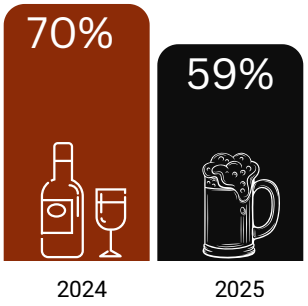
DRUG-RELATED HARMS AND RISKS



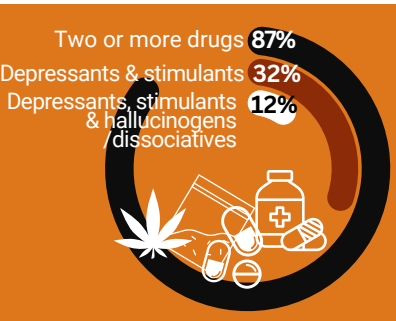
Among recent drivers, 32% reported driving a vehicle within 3 hours of consuming illicit drugs and 19% while over the legal limit of alcohol.



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

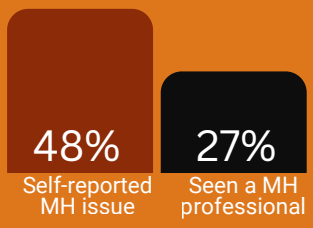


Percentage who obtained an AUDIT score of 8 or more, indicative of past year hazardous alcohol use.

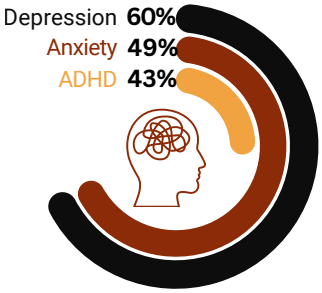


The per cent who reported using ≥2 drugs on their last occasion of ecstasy or related drug use, and the 2 most common polysubstance use profiles.

OTHER BEHAVIOURS

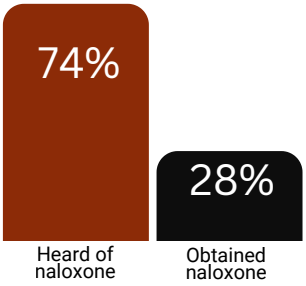


Percentage who self-reported mental health (MH) problems and treatment seeking in the six months preceding interview.



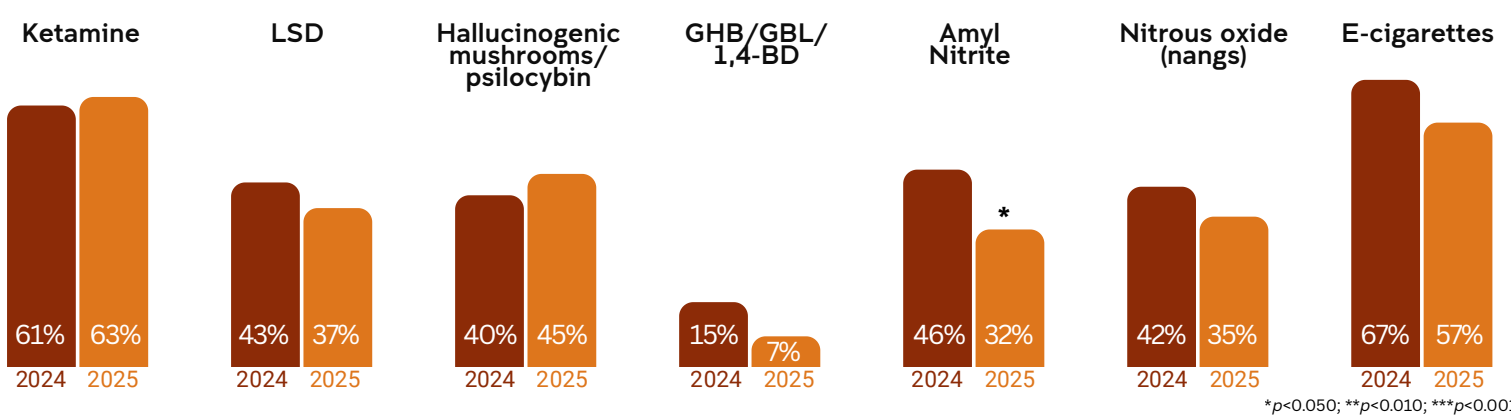
Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and ADHD.

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.



Per cent of participants who had heard of naloxone and who had obtained naloxone in the 12 months preceding interview.

PAST 6 MONTH USE OF SELECT DRUGS

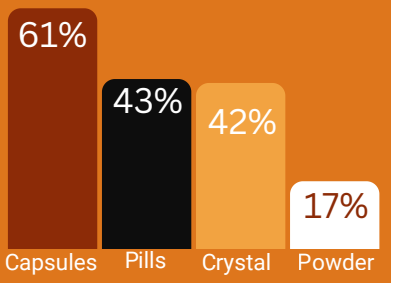


*p<0.050; **p<0.010; ***p<0.001.

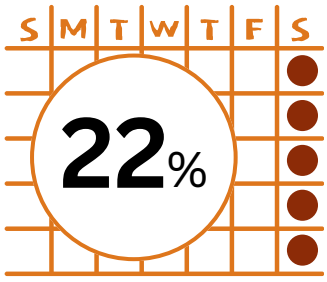
ECSTASY

EDRS Ecstasy and Related Drugs Reporting System

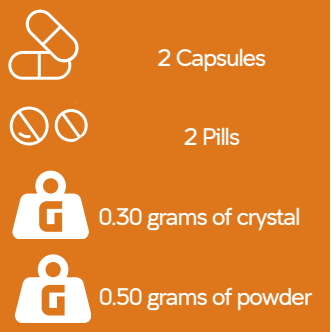
FORM of ecstasy



Past 6 month use of ecstasy capsules, pills, crystal, and powder in 2025.

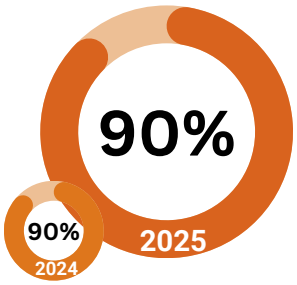


Of those who had recently used any ecstasy, 22% reported weekly or more frequent use, stable from 2024 (15%).



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

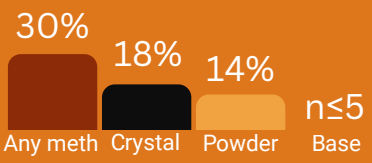
Perceived availability



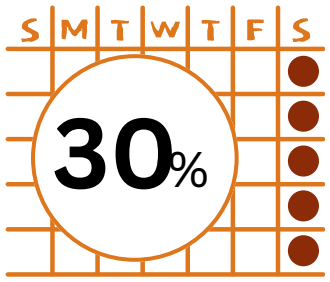
Percentage who perceived ecstasy capsules as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

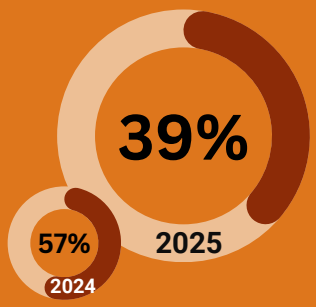
FORM of methamphetamine



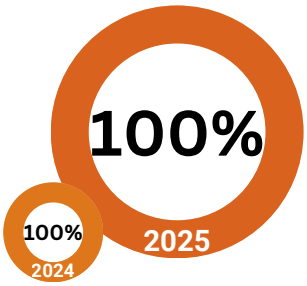
Past 6 month use of any methamphetamine, crystal, powder and base in 2025.



Of those who had recently used any methamphetamine, 30% reported weekly or more frequent use, stable from 2024 (23%).

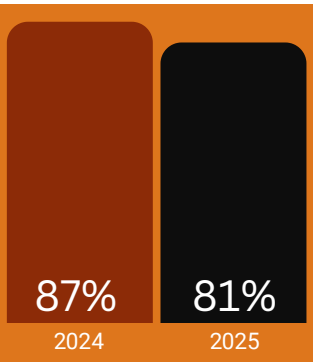


Percentage who perceived methamphetamine crystal to be of 'high' purity.

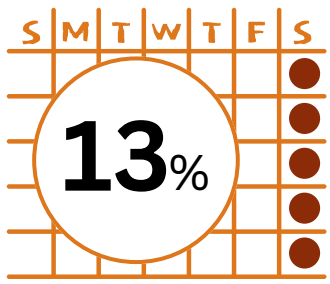


Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

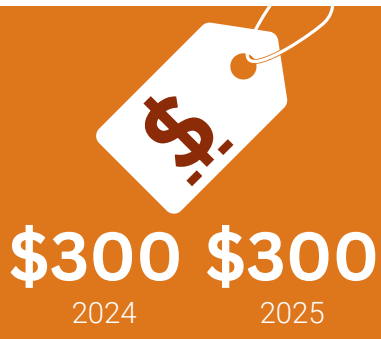
COCAINE



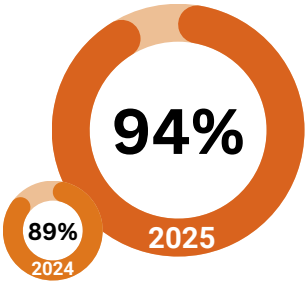
Past 6 month use of any cocaine remained stable between 2024 and 2025.



Of those who had recently consumed cocaine, 13% reported weekly or more frequent use, stable from 2024 (14%).

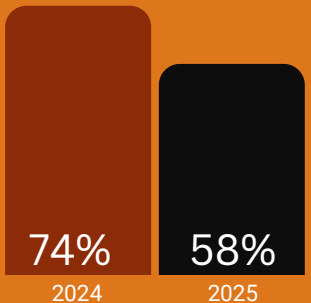


The median reported price for a gram of cocaine.

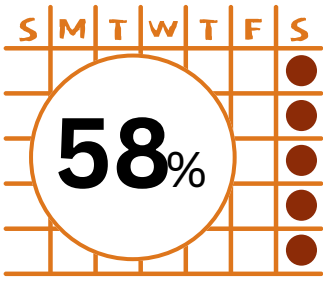


Percentage who perceived cocaine as being 'easy' or 'very easy' to obtain.

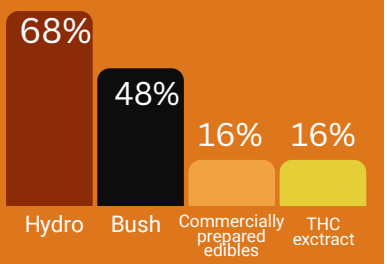
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



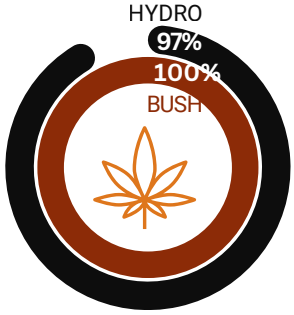
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products significantly decreased in 2025, relative to 2024.



Of those who had recently used non-prescribed cannabis, 58% reported weekly or more frequent use, stable from 2024 (53%).



Most commonly used forms of non-prescribed cannabis, among those who reported recent use.



Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain.

Background

The Ecstasy and Related Drugs Reporting System (EDRS) is an illicit drug monitoring system which has been conducted in all 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 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 2020-2025: 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.

2025 EDRS Sample

Between 1 April-15 July 2025, a total of 690 participants were recruited across capital cities nationally, with 101 participants interviewed in Sydney, NSW between 1 April and 28 June 2025 (n=100 in 2024). A total of 78 interviews were conducted via telephone (38 via telephone/videoconference in 2024) and 23 interviews were conducted face-to-face (n=62 in 2024).

Ten per cent of the 2025 Sydney sample completed the interview in 2024 and few participants (n≤5) of the 2024 Sydney sample completed the interview in 2023 (p=0.082).

The majority of participants were recruited via the internet (e.g., Facebook and Instagram) (74%; 76% in 2024), and one quarter (26%) were recruited via word-of-mouth (23% in 2024). Few participants (n≤5) reported 'other' recruitment methods (n≤5 in 2024).

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 2024 and 2025, 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 past six-month time period. 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

Legend	
/	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≤5 answered the question (for figures)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2024 and 2025

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 Sydney, NSW 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 Sydney, NSW (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

Infographics and the executive summary 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 2025, the Sydney EDRS sample was mostly similar to the sample in 2024 and in previous years (**Error! Reference source not found.**).

In 2025, the median age of the Sydney sample was 31 years (IQR=22-35), stable relative to 2024 (27 years; IQR=20-36; p=0.151. Gender also remained stable (p=0.568), with 70% identifying as male in 2025 (66% in 2024).

Current accommodation significantly changed between 2024 and 2025 (p=0.016), with 50% of participants reporting living in a rental house/flat (49% in 2024) and two fifths (21%) living in their parents/family home, a decrease from 34% in 2024. There was also an increase in participants reporting living in their own house/flat (15%; 11% in 2024).

Current employment status remained stable, relative to 2024 (p=0.499); almost two fifths (38%) reported being employed full-time at the time of interview (34% in 2024). Conversely, 30% reported being unemployed at the time of interview, an increase from 24% in 2024.

Participants reported a mean of 12 years of school in 2025 (range: 9-12), stable relative to 12 years in 2024 (range: 9-12; p=0.861). Almost one third (31%) of participants were current students, stable relative to 2024 (33%; p=0.766), and 70% had obtained a post-school qualification(s) (60% in 2024; p=0.140). The median weekly income remained stable at $750 (IQR=400-1673; $900 in 2024; IQR=450-1377; p=0.613).

Table 2: Demographic characteristics of the sample, nationally, 2025, and Sydney, NSW, 2021-2025

	Sydney					National
	2021	2022	2023	2024	2025	2025
	(N=99)	(N=100)	(N=100)	(N=100)	(N=101)	(N=690)
Median age (years; IQR)	23 (21-26)	29 (23-34)	26 (21-31)	27 (20-36)	**31 (22-35)**	26 (20-34)
% Gender						
Female	29	31	38	31	**29**	41
Male	67	64	59	66	**70**	57
Non-binary	-	-	-	-	**-**	1
% Aboriginal and/or Torres Strait Islander	-	-	-	8	**6**	8
% Born in Australia				73	**78**	85
% English primary language spoken at home	/	/	/	90	**99 ****	97
% Sexual identity						
Heterosexual	75	69	71	63	**73**	72
Homosexual	-	7	10	12	**9**	6
Bisexual	13	17	14	13	**13**	17
Queer	8	-	-	6	**-**	4
Other identity	0	-	-	6	**-**	2
Mean years of school education (range)	12 (10-12)	12 (9-12)	12 (7-12)	12 (9-12)	**12 (9-12)**	12 (7-12)
% Post-school qualification(s)^	52	69	67	60	**70**	63
% Current students#	63	31	38	33	**31**	34
% Current employment status						
Employed full-time	28	49	49	34	**38**	29
Part time/casual	48	24	36	38	**32**	39
Self-employed	8	13	7	-	**-**	5
Unemployed	15	14	8	24	**30**	28
Current median weekly income $ (IQR)	$700 (475-1000)	$1000 (550 –1600)	$1058 (450-1700)	$900 (450-1377)	**$750 (400-1673)**	700 (400-1350)
% Current accommodation					*****	
Own house/flat	-	14	10	11	**15**	13
Rented house/flat	71	66	54	49	**50**	50
Parents'/family home	26	16	30	34	**21**	26
Boarding house/hostel	0	0	-	0	**0**	1
Public housing	-	-	-	-	**14**	5
No fixed address+	0	0	0	-	**0**	2
Other	0	-	0	0	**-**	2

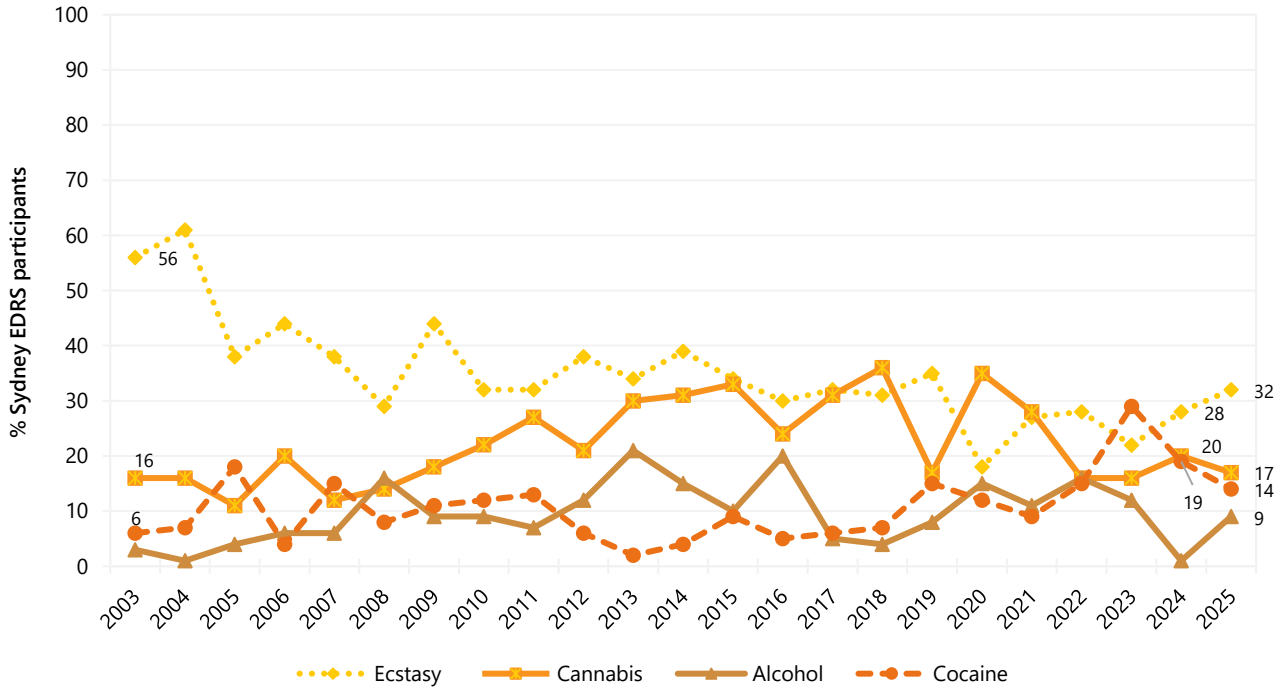
Note. ^Includes trade/technical and university qualifications. #'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included couch surfing and rough sleeping or squatting. Statistical significance for 2024 versus 2025 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 reported drug of choice remained stable in 2025, relative to 2024 (p=0.325), with the highest percentage of participants nominating ecstasy as their drug of choice (32%; 28% in 2024). Fewer participants nominated cannabis as their main drug of choice (17%; 20% in 2024) and cocaine (14%; 19% in 2024). Nine per cent nominated alcohol as their drug of choice in 2025 (n≤5 in 2024) (Figure 1).

The drug used most often in the month prior to interview significantly changed from 2024 to 2025 (p=0.004). Thirty-four per cent of the Sydney sample reported alcohol as the drug used most in the last month, an increase from 2024 (12%), followed by cannabis (17%; 29% in 2024), ecstasy (16%; 23% in 2024) and cocaine (7%; 13% in 2024) (Figure 2).

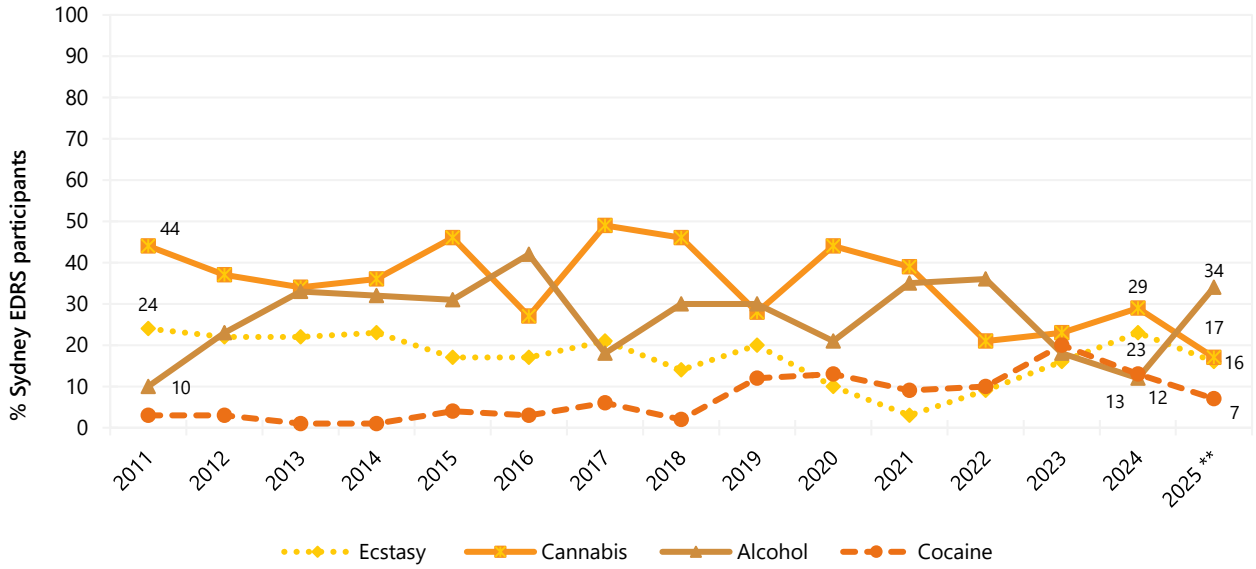
Weekly or more frequent use of cannabis (34%; 39% in 2024; p=0.459), ecstasy (20%; 14% in 2024; p=0.348), cocaine (11%; 12% in 2024; p=0.822) and methamphetamine (9%; 6% in 2024; p=0.591) remained stable in 2025 (Figure 3).

Figure 1: Drug of choice, Sydney, NSW, 2003-2025



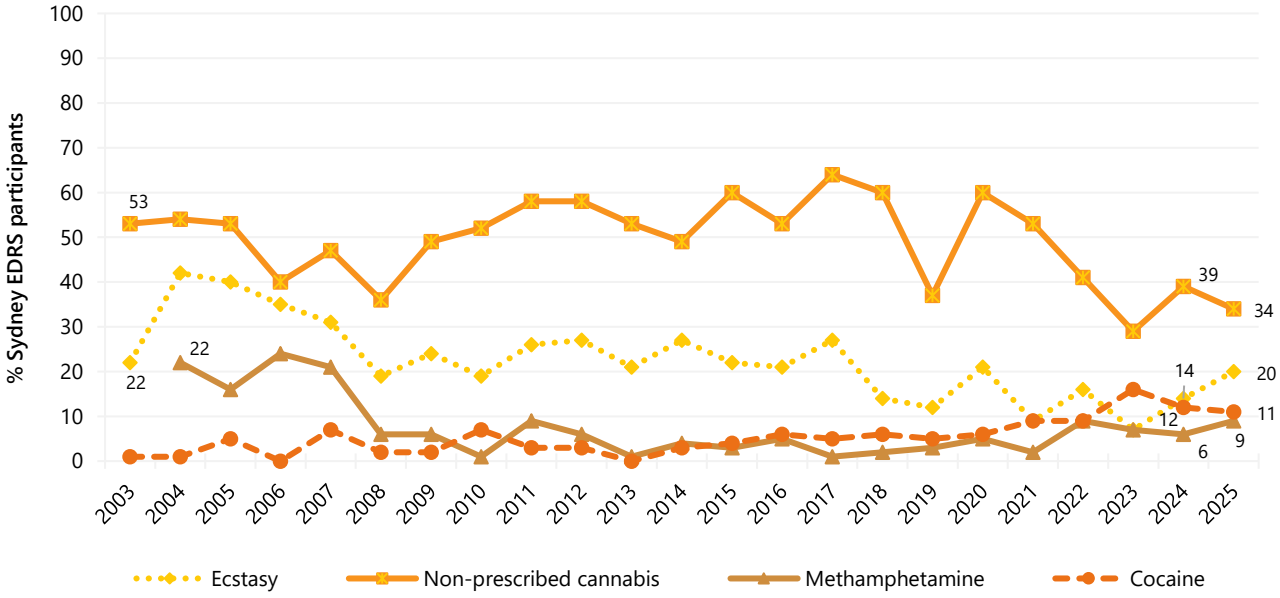
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Statistical significance for 2024 versus 2025 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, Sydney, NSW, 2011-2025



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2025 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). Statistical significance for 2024 versus 2025 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, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 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)

Following a decline in recent use of non-prescribed ecstasy in any form between 2021-2022, the per cent reporting recent use has returned to similar estimates observed in 2020 and earlier. In 2025, almost all (92%) of the Sydney sample had recently consumed non-prescribed ecstasy in any form, stable relative to 2024 (96%; p=0.373).

Capsules remained the most commonly consumed form of non-prescribed ecstasy, with 61% reporting recent use, stable relative to 2024 (66%; p=0.555). This was followed by pills (43%; 57% in 2024; p=0.052), and crystal (42%; 53% in 2024; p=0.128). Powder was the least commonly used form of non-prescribed ecstasy in 2025, with 17% reporting recent use in 2025, a significant decrease relative to 2024 (29%; p=0.048) (Figure 4).

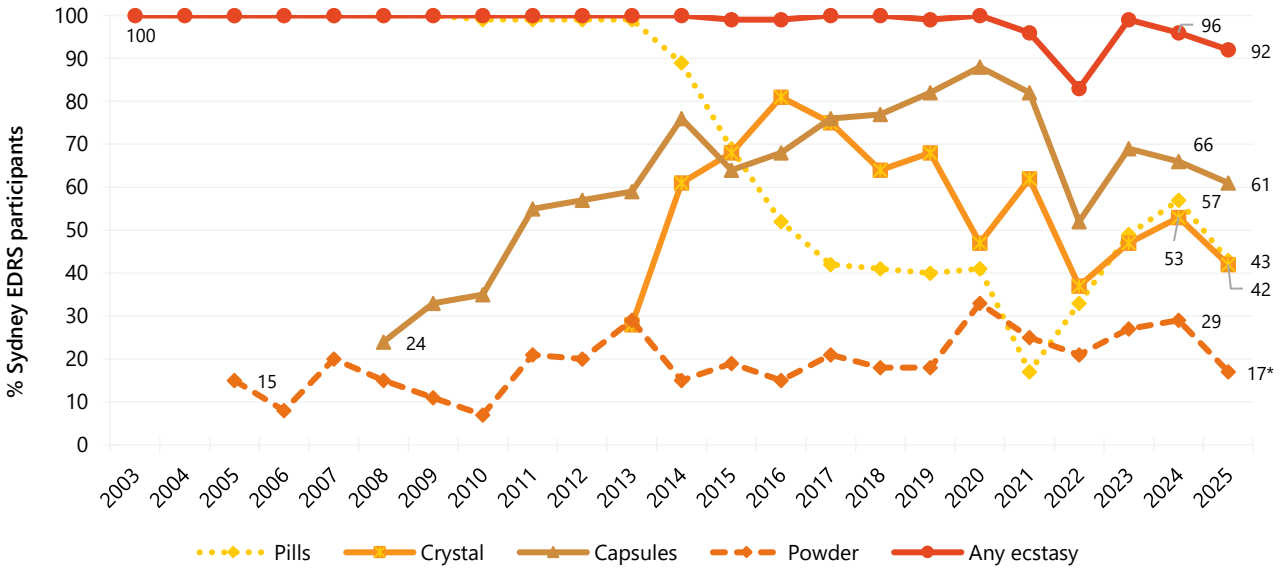
Frequency of Use

Despite some fluctuation, the median days of use of non-prescribed ecstasy in any form has steadily declined over time. In 2025, participants reported using any form of non-prescribed ecstasy on a median of seven days (IQR=4-16; n=93) in the six months preceding interview, stable from a median of seven days in 2024 (IQR=4-13; n=96; p=0.655) (Figure 5). Twenty-two per cent of participants who had recently used any ecstasy reported weekly or more frequent use, stable relative to 2024 (15%; p=0.255).

Number of Forms Used

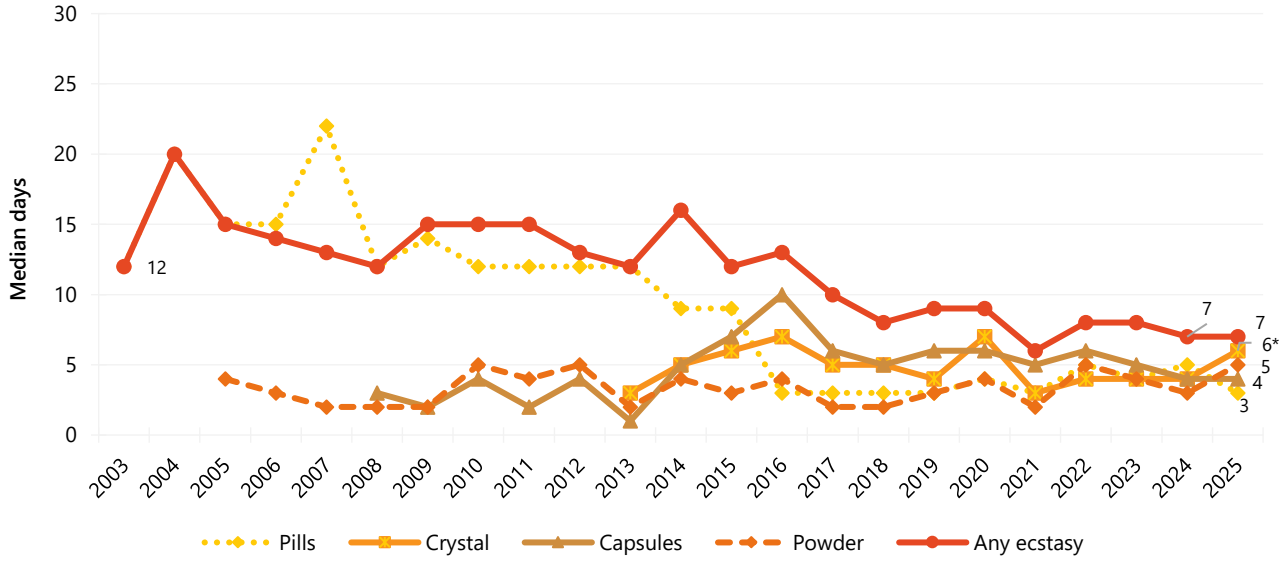
Among participants who had recently consumed non-prescribed ecstasy and commented in 2025 (n=93), the median number of forms of ecstasy used in the six months preceding interview was one (IQR=1-2), stable from 2024 (2 forms; IQR=1-3; n=96; p=0.067).

Figure 4: Past six month use of any non-prescribed ecstasy, and non-prescribed ecstasy pills, powder, capsules, and crystal, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 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-prescribed ecstasy and non-prescribed ecstasy pills, powder, capsules, and crystal use in the past six months, Sydney, NSW, 2003-2025



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 30 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). Statistical significance for 2024 versus 2025 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): Between 2013 and 2021, the per cent reporting recent use of non-prescribed ecstasy pills has declined considerably, before increasing between 2022 and 2024. In 2025, 43% of the Sydney sample reported recent use (57% in 2024; p=0.052) (Figure 4).

Frequency of Use: Non-prescribed ecstasy pills were consumed on a median of three days in the previous six months (IQR=2-11; n=43; 5 days in 2024; IQR=4-9; n=57; p=0.247) (Figure 5).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy pills and commented (n=43), all participants nominated swallowing as a route of administration in 2025 (100%; 100% in 2024). Few participants (n≤5) reported snorting in 2025 (12% in 2024; p=0.753). No other routes of administration were reported in 2025.

Quantity: The median number of non-prescribed ecstasy pills consumed in a 'typical' session was two (IQR=1-3; n=43), stable compared to 2024 (2 pills; IQR=1-2; n=57; p=0.178). The median maximum amount reported in a session was three pills (IQR=1.6-4; n=42), stable from 2024 (2 pills; IQR=2-4; n=57; p=0.283).

Non-Prescribed Ecstasy Capsules

Recent Use (past 6 months): Since 2017, capsules have remained the most commonly used form of ecstasy. In 2025, three fifths (61%) of the Sydney sample reported recent use, stable relative to 2024 (66%; p=0.555) (Figure 4).

Frequency of Use: Frequency of capsule use in the six months preceding interview remained stable at four days (IQR=3-10; n=62; 4 days in 2024; IQR=3-6; n=66; p=0.351) (Figure 5).

Routes of Administration: Of those who reported recent use and responded (n=62), the vast majority (97%) of participants reported swallowing non-prescribed ecstasy capsules in the six months preceding interview, stable relative to 2024 (98%; p=0.610). There was a significant increase in snorting ecstasy capsules in 2025 from 2024 (13%; n≤5 in 2025; p=0.049). No other routes of administration were reported in 2025.

Quantity: The median number of non-prescribed ecstasy capsules consumed in a 'typical' session was two (IQR=1-3; n=63; 2 capsules in 2024; IQR=1-3; n=66; p=0.549). The median maximum amount reported in a session was three capsules (IQR=2-5; n=62; 3 capsules in 2024; IQR=2-4; n=66; p=0.450).

Non-Prescribed Ecstasy Crystal

Recent Use (past 6 months): Since peaking in 2016 with 81% of the Sydney sample reporting recent use, non-prescribed ecstasy crystal use has generally declined between 2017 and 2022, before gradually increasing thereafter. In 2025, two fifths (42%) of the Sydney sample reported recent use of ecstasy crystal, stable relative to 2024 (53%; p=0.128) (Figure 4).

Frequency of Use: Frequency of non-prescribed ecstasy crystal use in the six months preceding interview significantly increased, with a median of six days (IQR=3-12; n=42; 4 days in 2024, IQR=2-6; n=53; p=0.029) (Figure 5).

Routes of Administration: Consistent with previous years, of those who had recently used non-prescribed ecstasy crystal and commented (n=42), the majority reported swallowing as the main route of administration (93%),a significant increase from 77% in 2024 (p=0.049). One fifth (21%) of respondents

reported snorting as a route of administration (25% in 2024; p=0.803).

Quantity: The median amount of non-prescribed ecstasy crystal consumed in a 'typical' session was 0.30 grams (IQR=0.20-0.50; n=38; 0.28 grams in 2024; IQR=0.20-0.50; n=48; p=0.671). The median maximum amount of ecstasy crystal consumed in a session was 0.75 grams (IQR=0.26-1.00; n=38; 0.50 grams in 2024; IQR=0.24-1.00; n=48; p=0.262).

Non-Prescribed Ecstasy Powder

Recent Use (past 6 months): Non-prescribed ecstasy powder has generally been the least commonly used form of ecstasy reported by participants over the course of monitoring. In 2025, 17% of participants reported recent use, a significant decrease from 2024 (29%; p=0.048) (Figure 4).

Frequency of Use: Participants reported using non-prescribed ecstasy powder on a median of five days in the past six months (IQR=2-8; n=16), stable from 2024 (3 days; IQR=1-6; n=29; p=0.301) (Figure 5).

Routes of Administration: Of those who had recently used non-prescribed ecstasy powder and responded (n=17), 65% reported snorting ecstasy powder (52% in 2024; p=0.544), followed by three fifths (59%) swallowing ecstasy powder in the six months preceding interview, stable relative to 2024 (62%).

Quantity: In a 'typical' session, participants reported consuming non-prescribed powder on a median of 0.50 grams (IQR=0.20-0.50; n=14; 0.30 grams in 2024; IQR=0.20-0.50; n=23; p=0.537). The median maximum amount consumed in a session was 0.63 grams (IQR=0.31-1.00; n=14; 0.50 grams in 2024; IQR=0.28-1.00; n=23; p=0.740).

Price, Perceived Purity and Perceived Availability

Non-Prescribed Ecstasy Pills

Price: The median price of a non-prescribed ecstasy pill was $25 in 2025 (IQR=24-33; n=27; $30 in 2024; IQR=25-40; n=34; p=0.421) (Figure 6).

Perceived Purity: The perceived purity of non-prescribed ecstasy pills remained stable between 2024 and 2025 (p=0.449). Among those who were able to comment in 2025 (n=52), 56% reported purity to be 'high' (45% in 2024) and one third (31%) reported purity to be 'medium' (40% in 2024) (Figure 8).

Perceived Availability: The perceived availability of non-prescribed ecstasy pills remained stable between 2024 and 2025 (p=0.300). Among those who responded in 2025 (n=54), almost two fifths (37%) perceived availability to be 'easy' (52% in 2024), and 35% reported that they were 'very easy' to obtain (31% in 2024). Conversely, 17% reported ecstasy pills as being 'difficult' to obtain (13% in 2024) and 'very difficult' to obtain (11%; n≤5 in 2024) (Figure 12).

Non-Prescribed Ecstasy Capsules

Price: The median price per non-prescribed ecstasy capsule was $25 in 2025 (IQR=25-30; n=31), stable relative to 2024 ($30; IQR=25-30; n=37; p=0.440) (Figure 6).

Perceived Purity: The perceived purity of non-prescribed ecstasy capsules remained stable between 2024 and 2025 (p=0.310). Of those who could comment in 2025 (n=64), half (50%) perceived purity

to be 'medium' (42% in 2024), and a further 30% reported purity to be 'high' (41% in 2024). Fourteen per cent reported that purity of capsules 'fluctuates' (n≤5in 2024) (Figure 9).

Perceived Availability: The perceived availability of non-prescribed ecstasy capsules remained stable between 2024 and 2025 (p=0.122). Among those who were able to comment in 2025 (n=66), half (52%) of respondents reported ecstasy capsules to be 'very easy' to obtain (35% in 2024). Two fifths (38%) perceived that they were 'easy' to obtain (55% in 2024). One tenth (11%) perceived ecstasy capsules to be 'difficult' to obtain (10% in 2024) (Figure 13).

Non-Prescribed Ecstasy Crystal

Price: The median price for one gram of non-prescribed ecstasy crystal peaked at $280 in 2013 and declined to $133 in 2020. In 2025, the median price for one gram of ecstasy crystal was $200 (IQR=135-200; n=26), stable relative to 2024 ($180; IQR=150-250; n=23; p=0.839). Few participants (n≤5) commented on the price per point of ecstasy crystal in 2025 (n≤5 in 2024) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed ecstasy crystal remained stable between 2024 and 2025 (p=0.955). Among those who were able to comment in 2025 (n=42), three fifths (60%) perceived purity to be 'high' (55% in 2024) and a further one third (31%) perceived purity to be 'medium' (31% in 2024) (Figure 10).

Perceived Availability: The perceived availability of non-prescribed ecstasy crystal remained stable between 2024 and 2025 (p=0.169). Among those who commented in 2025 (n=42), 57% reported that it was 'very easy' (39% in 2024) to obtain and one third reported that it was 'easy' (33%; 53% in 2024) to obtain (Figure 14).

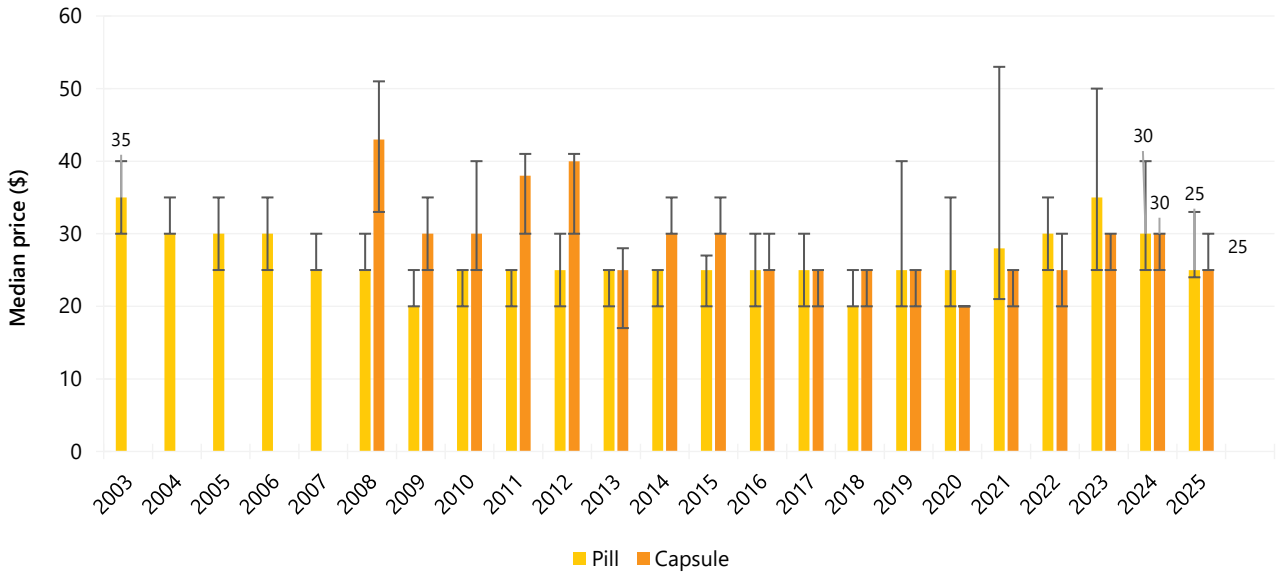
Non-Prescribed Ecstasy Powder

Price: The median price for one gram of non-prescribed ecstasy powder was $200 (IQR=150-248; n=10), remaining stable from 2024 ($250; IQR=185-250; n=10; p=0.182) (Figure 7). No participants commented on the price per point of ecstasy powder in 2025.

Perceived Purity: The perceived purity of non-prescribed ecstasy powder remained stable between 2024 and 2025 (p=0.912) (Figure 11). Among those who commented in 2025 (n=17), two fifths (41%) perceived ecstasy powder to be of 'high' purity (44% in 2024), followed by 35% who perceived it to be of 'medium' purity (40% in 2024).

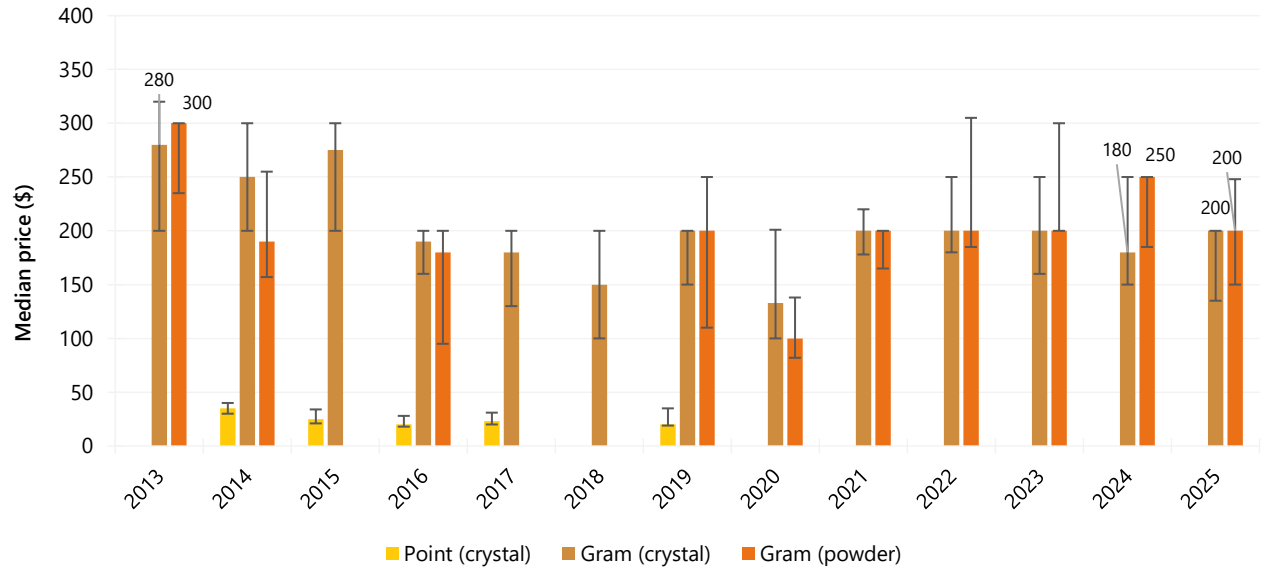
Perceived Availability: The perceived availability of non-prescribed ecstasy powder remained stable between 2024 and 2025 (p=0.513). Among those who commented in 2025 (n=17), half (53%) perceived ecstasy powder to be 'very easy' to obtain (35% in 2024), with a further 35% perceiving it to be 'easy' to obtain (50% in 2024) (Figure 15).

Figure 6: Median price of non-prescribed ecstasy pills and capsules, Sydney, NSW, 2003-2025



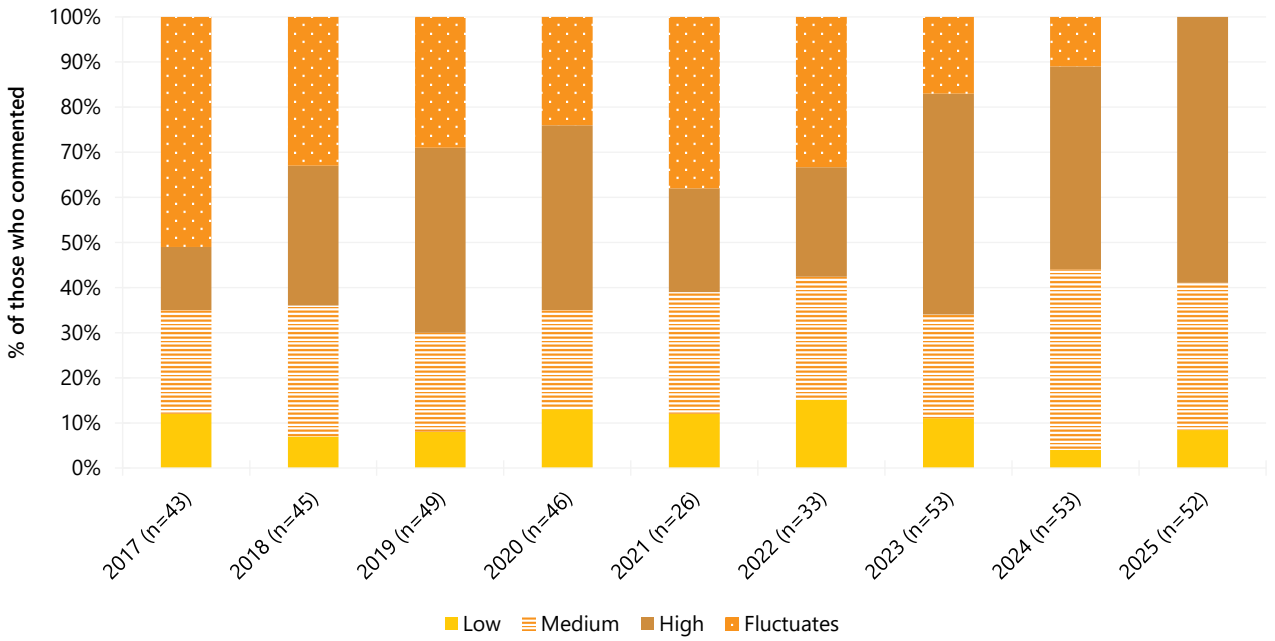
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***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, Sydney, NSW, 2013-2025



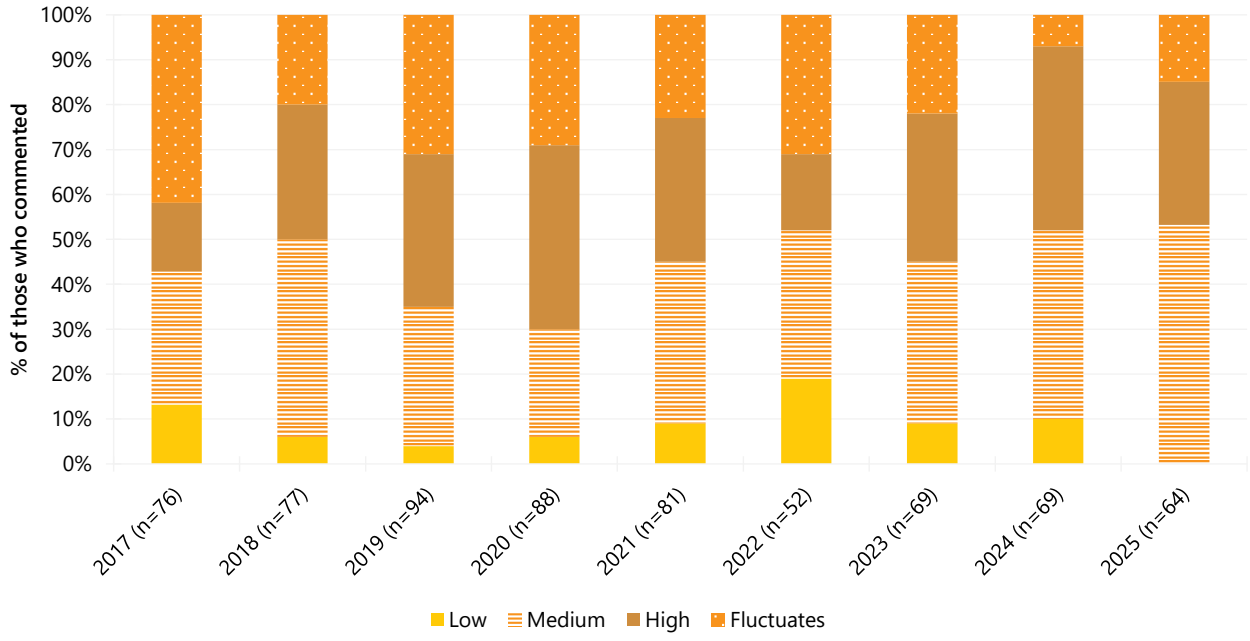
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 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, Sydney, NSW, 2017-2025



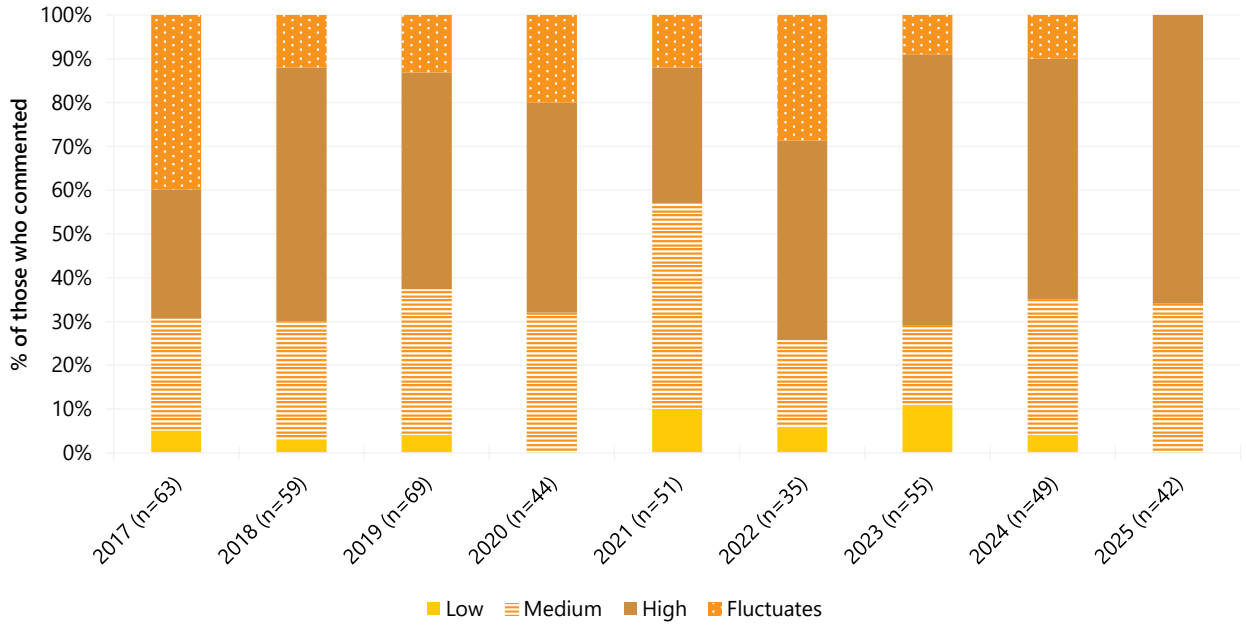
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *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, Sydney, NSW, 2017-2025



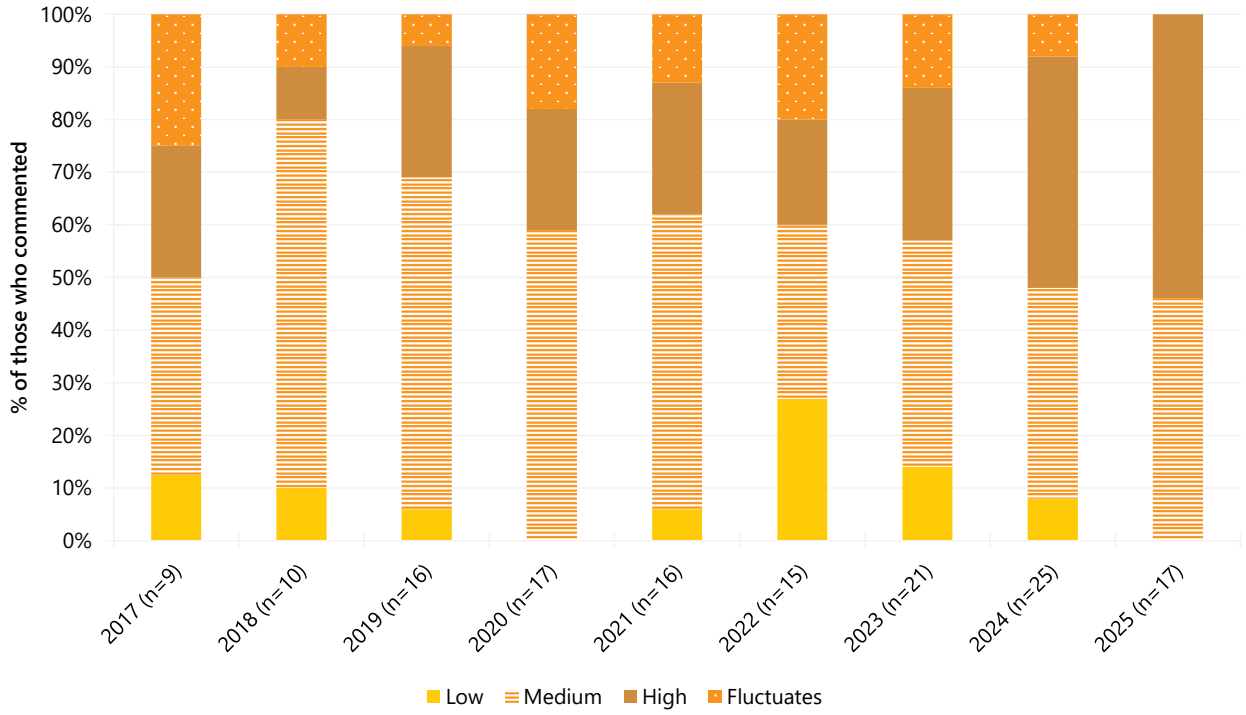
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *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, Sydney, NSW, 2017-2025



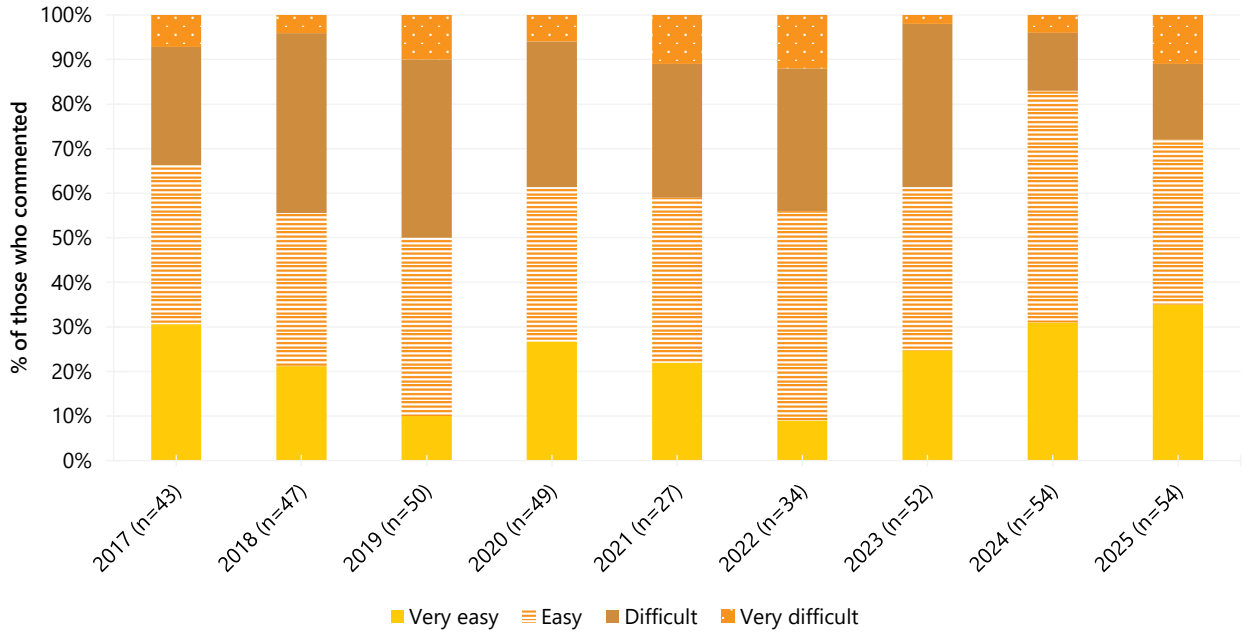
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Current perceived purity of non-prescribed ecstasy powder, Sydney, NSW, 2017-2025



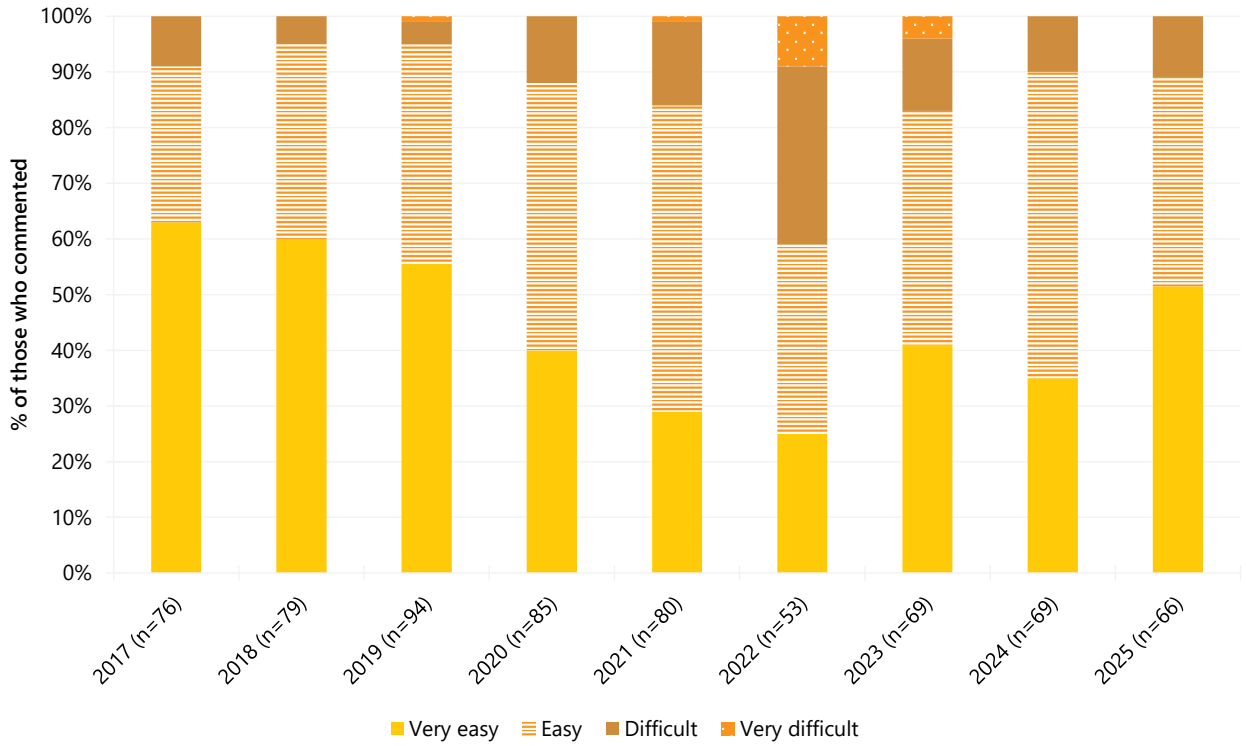
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived availability of non-prescribed ecstasy pills, Sydney, NSW, 2017-2025



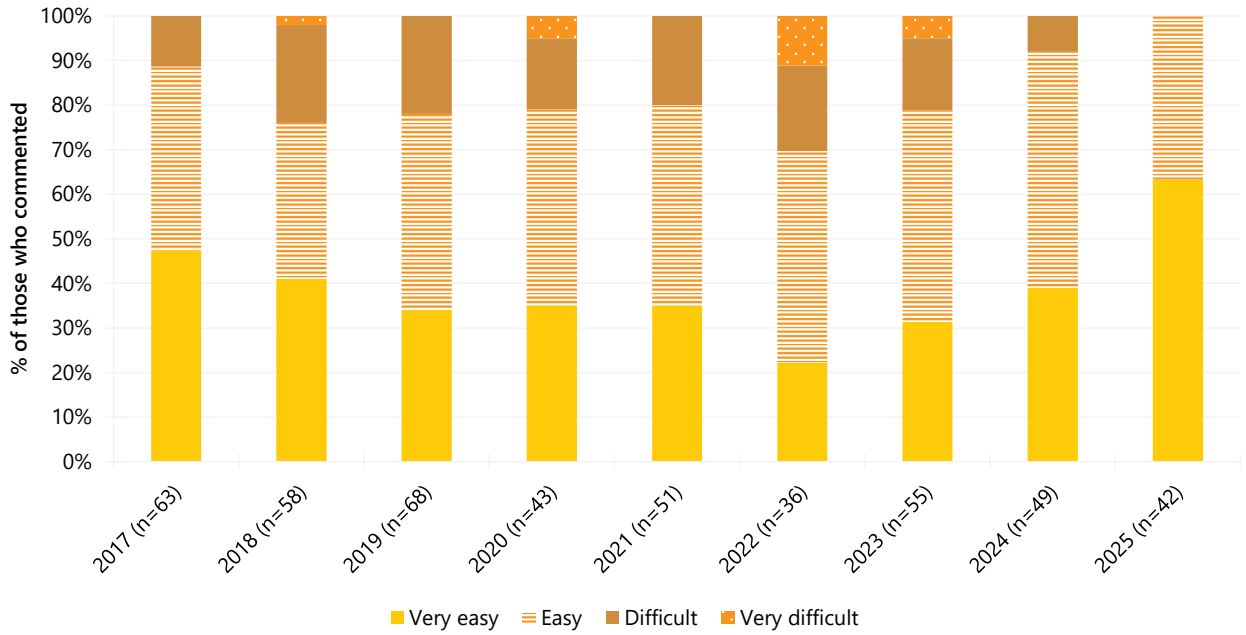
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *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, Sydney, NSW, 2017-2025



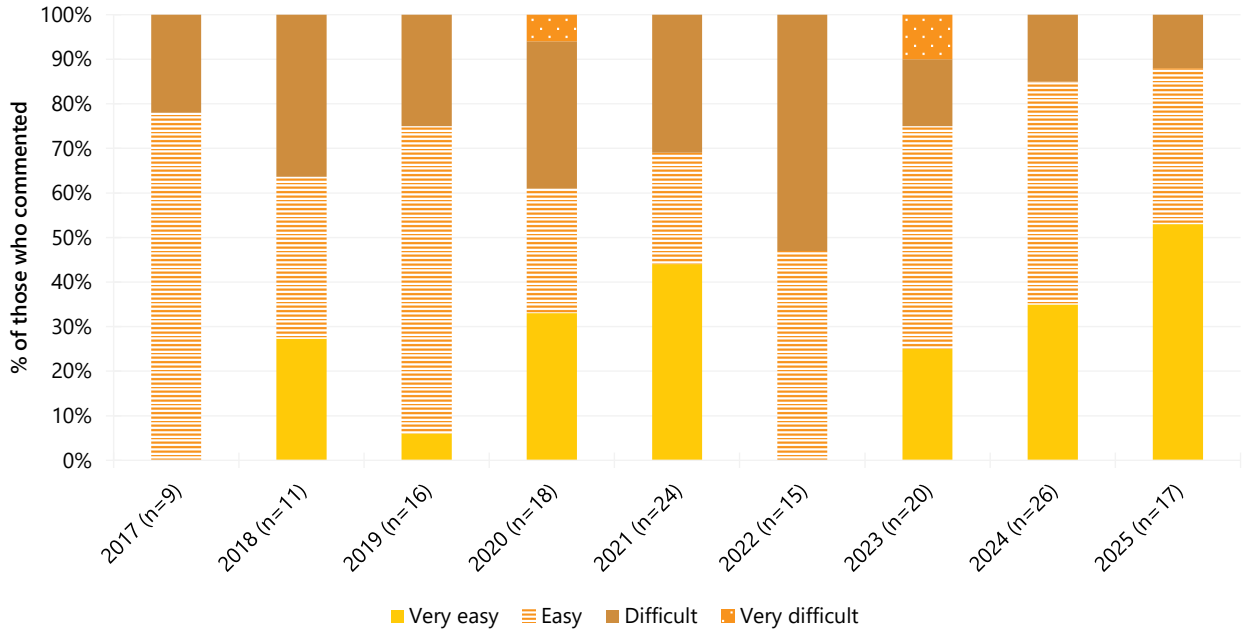
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *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, Sydney, NSW, 2017-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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, Sydney, NSW, 2017-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team.

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

Recent use of any methamphetamine has declined since monitoring commenced, from 87% in 2003 to 15% in 2021, although has stabilised in more recent years. In 2025, 30% of the Sydney sample reported recent use of any methamphetamine, stable relative to 2024 (26%; p=0.633) (Figure 16).

In 2025, among participants who had recently consumed methamphetamine (n=30), crystal was the form most commonly used (60%; 65% in 2024; p=0.780), with almost half (47%) reporting recent use of methamphetamine powder (38% in 2024; p=0.595). Few participants (n≤5) reported recent use of methamphetamine base (8% in 2024; p=0.592); this has remained consistent over the past decade.

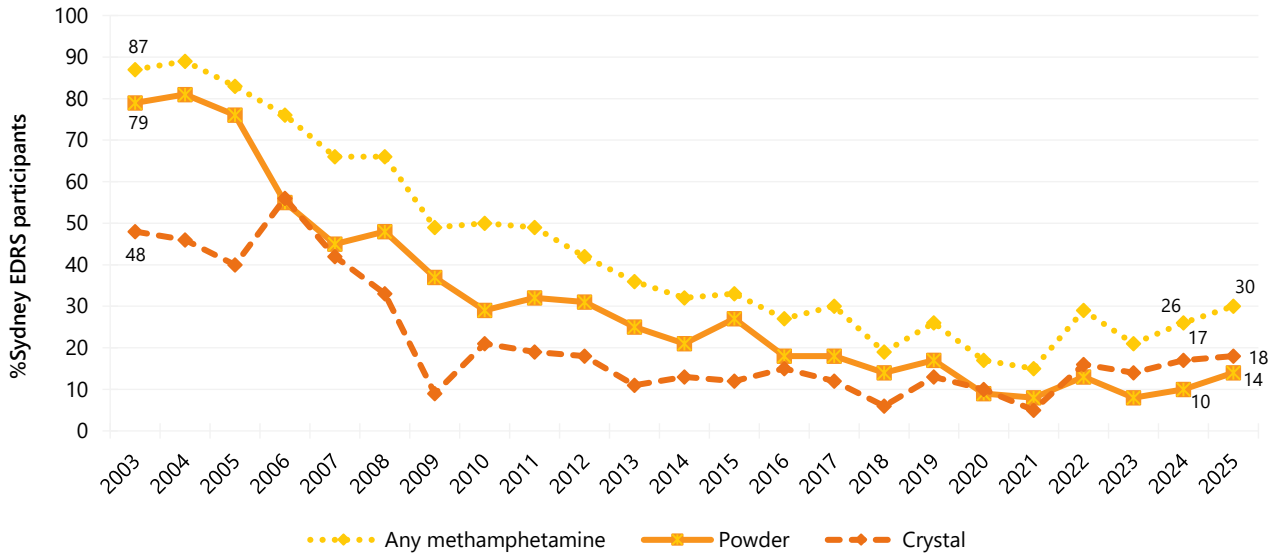
Frequency of Use

Frequency of any methamphetamine use peaked in 2004 and has since largely remained infrequent and stable. In 2025, participants reported use on a median of eight days in the six months preceding interview (IQR=2-31; n=30; 6 days in 2024; IQR=1-12; n=26; p=0.260) (Figure 17). Almost one third (30%) of participants who had recently used any methamphetamine reported weekly or more frequent use (23% in 2024; p=0.766).

Number of Forms Used

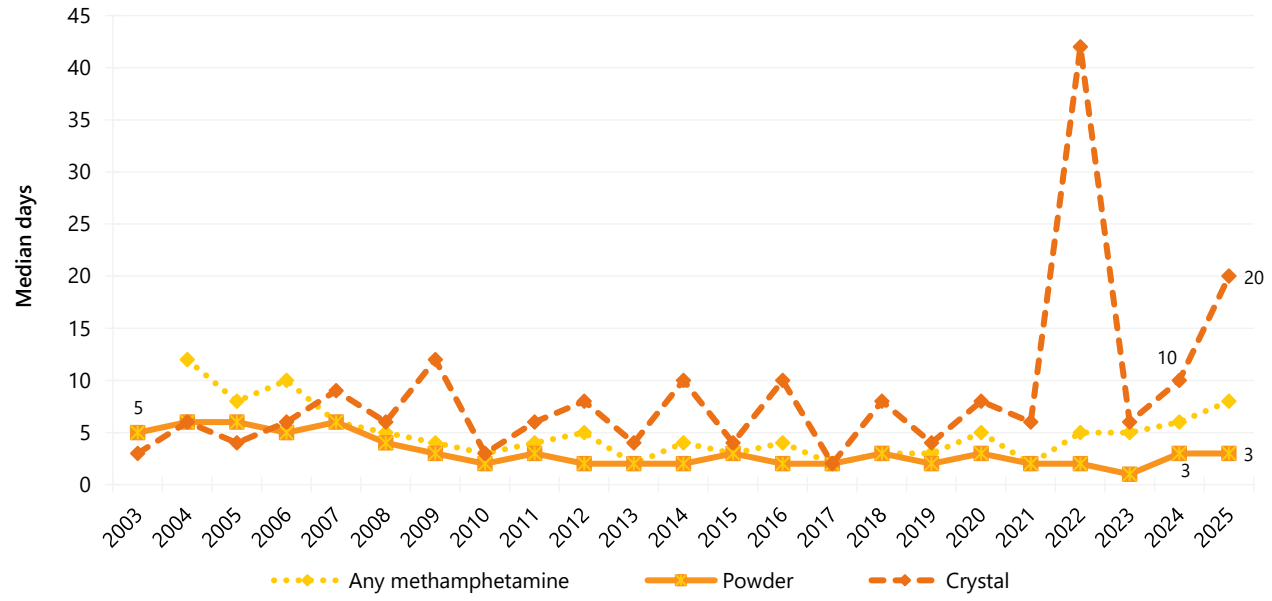
Among participants who had recently consumed any methamphetamine and commented (n=30), the median number of forms used was one (IQR=1-1; 1 form in 2024; IQR=1-1).

Figure 16: Past six month use of any methamphetamine, and methamphetamine powder and crystal, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 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 17: Median days of any methamphetamine, and methamphetamine powder and crystal use in the past six months, Sydney, NSW, 2003-2025



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 45 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). Statistical significance for 2024 versus 2025 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): Methamphetamine powder was the most commonly used form of methamphetamine between 2003 and 2019, however has been largely comparable with methamphetamine crystal from 2020 onwards. In 2025, 14% of the Sydney sample reported recent use of methamphetamine powder, stable relative to 2024 (10%; p=0.508) (Figure 16).

Frequency of Use: The median frequency of methamphetamine powder use has remained infrequent and stable over the course of monitoring. In 2025, participants reported using methamphetamine powder on a median of three days in the six months preceding interview (IQR=1-5; n=14), stable relative to 2024 (3 days; IQR=1-5; n=10; p=0.784) (Figure 17). Few participants (n≤5) reported weekly or more frequent use of methamphetamine powder in 2025.

Routes of Administration: Of those who had recently used methamphetamine powder and responded (n=14), most (86%) reported snorting as a route of administration. Few participants (n≤5) reported swallowing or smoking.

Quantity: Of those who reported recent use and responded (n=13), the median amount used in a 'typical' session was 0.20 grams (IQR=0.10-0.40; 0.30 grams in 2024; IQR=0.23-0.75; n=7; p=0.120). Of those who reported recent use and responded (n=13), the median maximum amount used in a session was 0.25 grams (IQR=0.10-0.50; 0.50 grams in 2024; IQR=0.28-1.80; n=7; p=0.152).

Methamphetamine Crystal

Recent Use (past 6 months): In 2025, methamphetamine crystal was the most commonly used form of methamphetamine, with 18% of the Sydney sample reporting recent use, stable from 17% in 2024 (Figure 16).

Frequency of Use: Despite a spike in 2022, the median frequency of methamphetamine crystal use has remained largely infrequent since monitoring commenced, ranging between 2 and 12 days in the six months preceding interview. Nevertheless, in 2025, the median frequency of use was 20 days (IQR=9-72; n=18), stable relative to 2024 (10 days; IQR=3-24; n=17; p=0.098) (Figure 17). Of participants that reported use in the 6 months preceding interview, 44% reported weekly use (29% in 2024; p=0.489).

Routes of Administration: Of those who had recently used methamphetamine crystal and responded (n=18), the majority (94%) reported smoking (82% in 2024), with few participants (n≤5) reporting injecting or swallowing methamphetamine crystal and no participants reporting snorting in 2025.

Quantity: In 2025, of those who reported recent use and responded (n=18), the median 'typical' amount used per session was 0.30 grams (IQR=0.13-0.50; 0.25 grams in 2024; IQR=0.10-0.50; n=17; p=0.554). Of those who reported recent use and responded (n=16), the median maximum amount used per session was 0.50 grams (IQR=0.30-1.00; 0.40 grams in 2024; IQR=0.20-0.63; n=16; p=0.303).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Due to low numbers reporting (n≤5), further details are not reported on the price of methamphetamine powder (Figure 18). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends

team for further information (drugtrends@unsw.edu.au).

Perceived Purity: In 2025, the perceived purity of methamphetamine powder remained stable between 2024 and 2025 (p=0.878). Among those who responded in 2025 (n=16), 44% of respondents perceived purity to be 'high' (43% in 2024) and a further two fifths (38%) perceived purity to be 'medium' (57% in 2024). Few participants (n≤5) reported 'low' or 'fluctuating' purity (Figure 19).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2024 and 2024 (p=0.366). Of those who commented in 2025 (n=17), two fifths (41%) reported that it was 'very easy' to obtain (14% in 2024) (Figure 21).

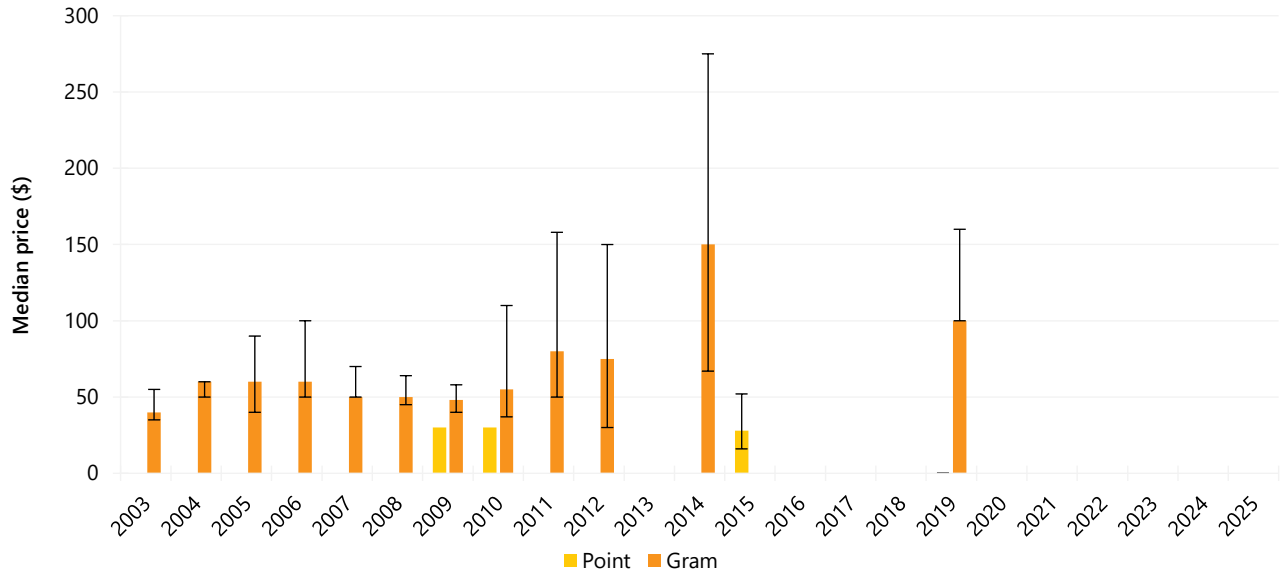
Methamphetamine Crystal

Price: The median price for one gram of methamphetamine crystal was $275 in 2025 (IQR=213-338; n=6; n≤5 in 2024; p=0.598). Few participants were able to report on the price of a point in 2025 (n≤5; n≤5 in 2024 p=0.424).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2024 and 2025 (p=0.631). Among those who responded in 2025 (n=18), two fifths (39%) perceived methamphetamine crystal to be 'high' purity (57% in 2024) (Figure 20).

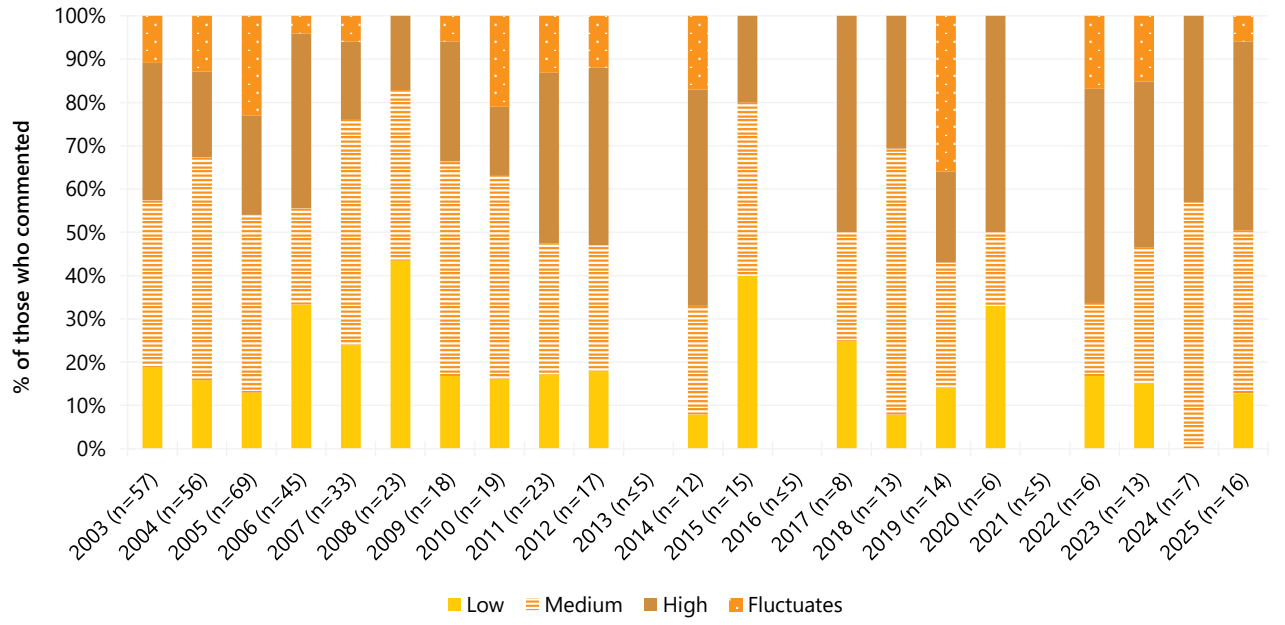
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2024 and 2025 (p=0.707). Among those who commented in 2025 (n=19), three quarters (74%) perceived availability as 'very easy' (64% in 2024). No participants reported that methamphetamine crystal was 'difficult' or 'very difficult' to obtain (Figure 22).

Figure 18: Median price of methamphetamine powder per point and gram, Sydney, NSW, 2003-2025



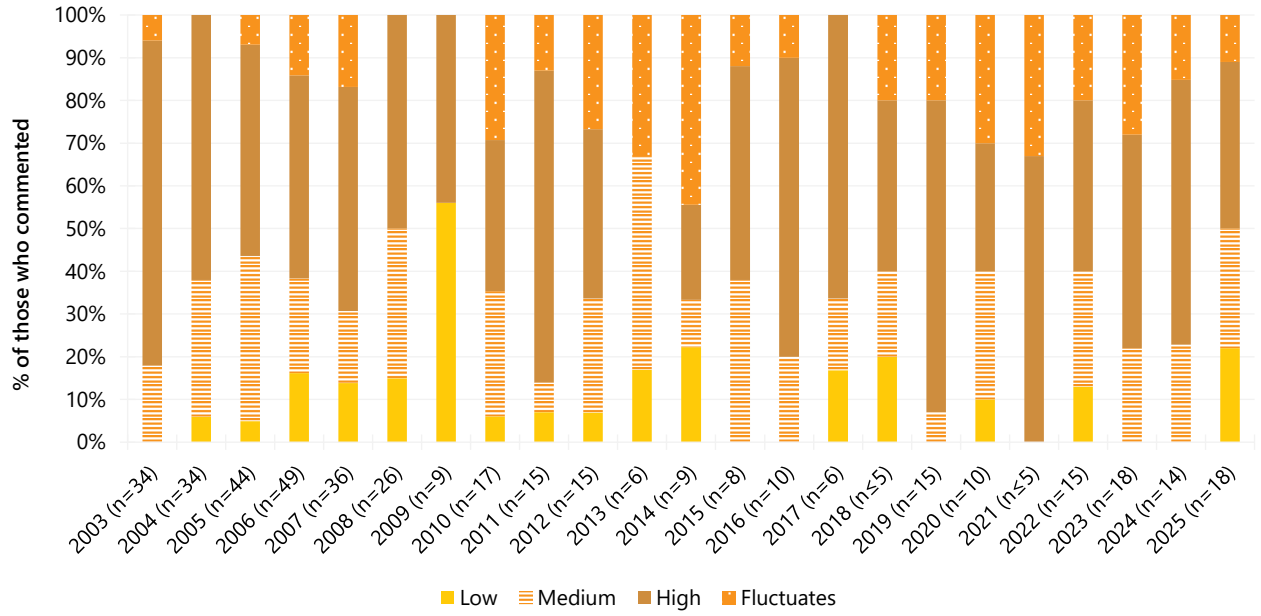
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 19: Current perceived purity of methamphetamine powder, Sydney, NSW, 2003-2025



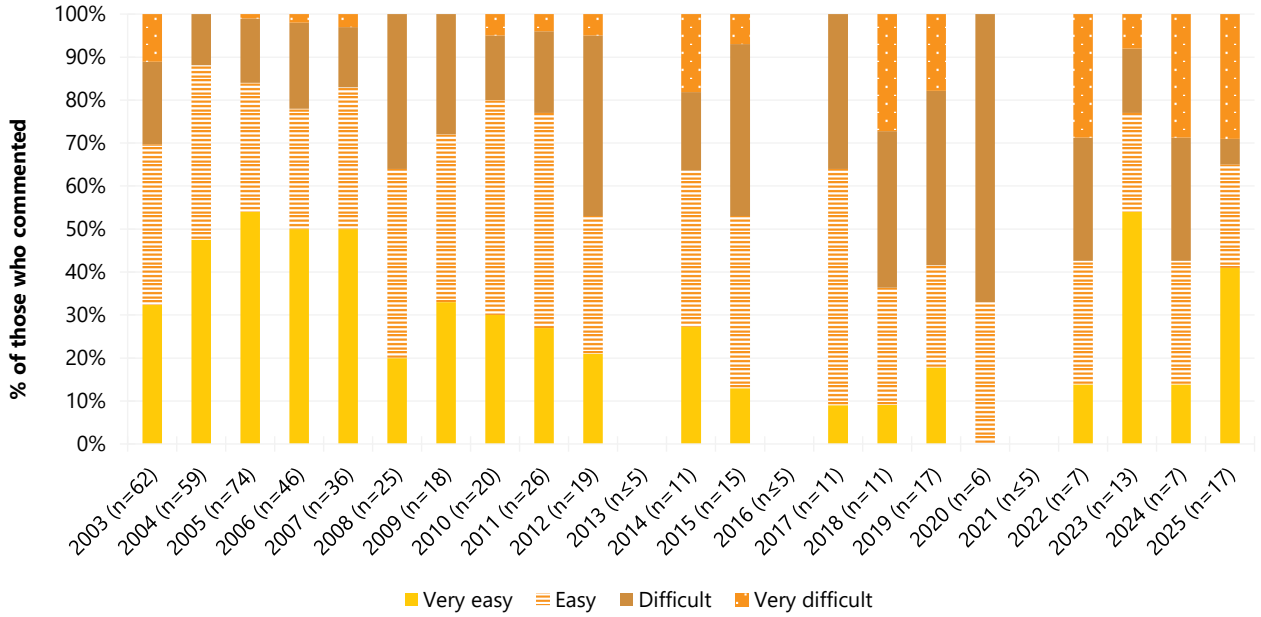
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 20: Current perceived purity of methamphetamine crystal, Sydney, NSW, 2003-2025



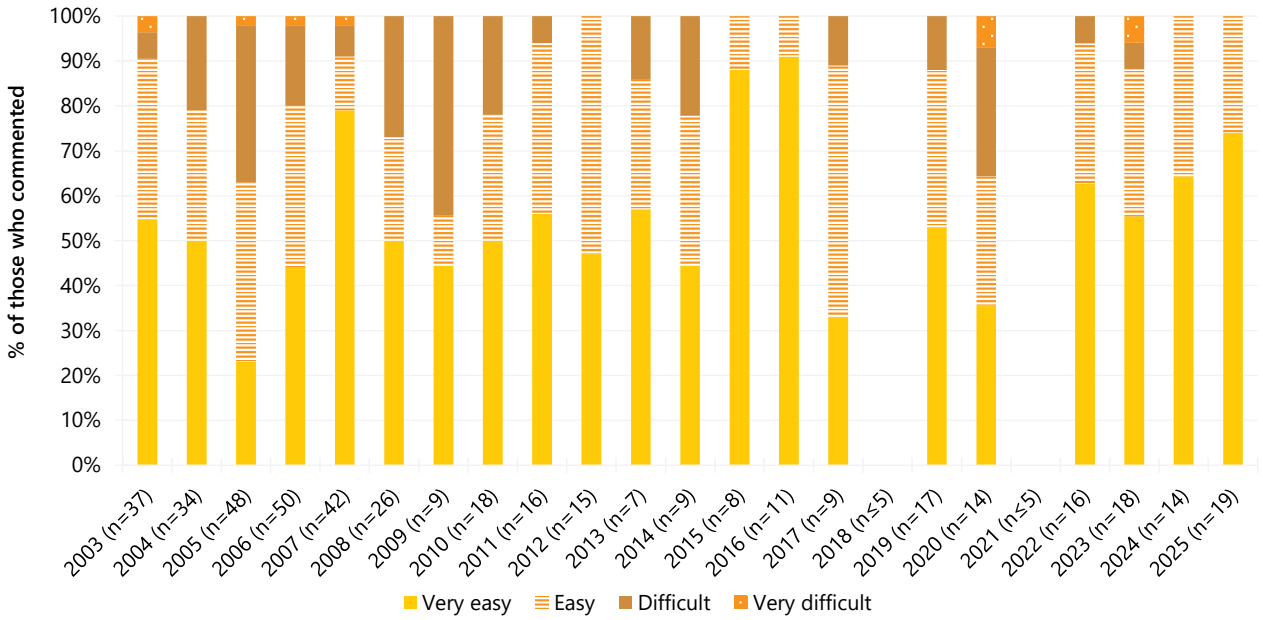
Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 21: Current perceived availability of methamphetamine powder, Sydney, NSW, 2003-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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 22: Current perceived availability of methamphetamine crystal, Sydney, NSW, 2003-2025



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 where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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 per cent of participants reporting any recent non-prescribed pharmaceutical stimulant use (e.g., dexamphetamine, methylphenidate, modafinil) gradually increased to 44% in 2016 and, despite a spike in use in 2021, has remained largely stable ever since. In 2025, 50% of the Sydney sample reported recent use (46% in 2024; p=0.573) (Figure 23).

Frequency of Use

Frequency of use remained stable at a median of 12 days of use in 2025 (IQR=3-24; 5 days in 2024; IQR=2-10; p=0.050) (Figure 23).

Routes of Administration

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=51), the vast majority reported swallowing as a route of administration (96%; 91% in 2024; p=0.418). There was a significant decrease in participants reporting snorting as a route of administration in 2025 (14%; 39% in 2024; p=0.007).

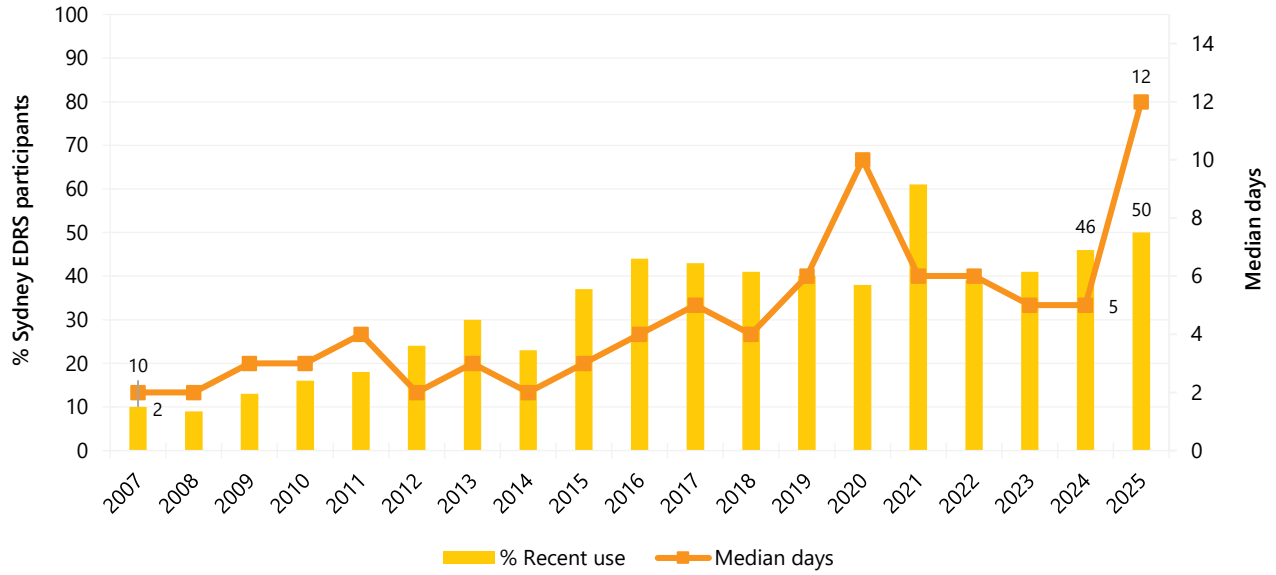
Quantity

Among those who reported recent use and responded (n=39), the median amount used in a 'typical' session was one pill/tablet (IQR=1-2; 2 pills in 2024; IQR=1-3; n=42; p=0.705). Of those who reported recent use and responded (n=40), the median maximum amount used in a session was two pills/tablets (IQR=1-4; 2 pills in 2024; IQR=1.5-4; n=41; p=0.829).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=50), three quarters (76%) reported using dexamfetamine (78% in 2024; p=0.807), followed by Ritalin® (40%; 39% in 2024) and lisdexamfetamine (28%; 24% in 2024; p=0.810). Few participants (n≤5) reported using modafinil in 2025.

Figure 23: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Sydney, NSW, 2007-2025



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 14 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). Significance for 2024 versus 2025 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 have been collected from 2022 onwards.

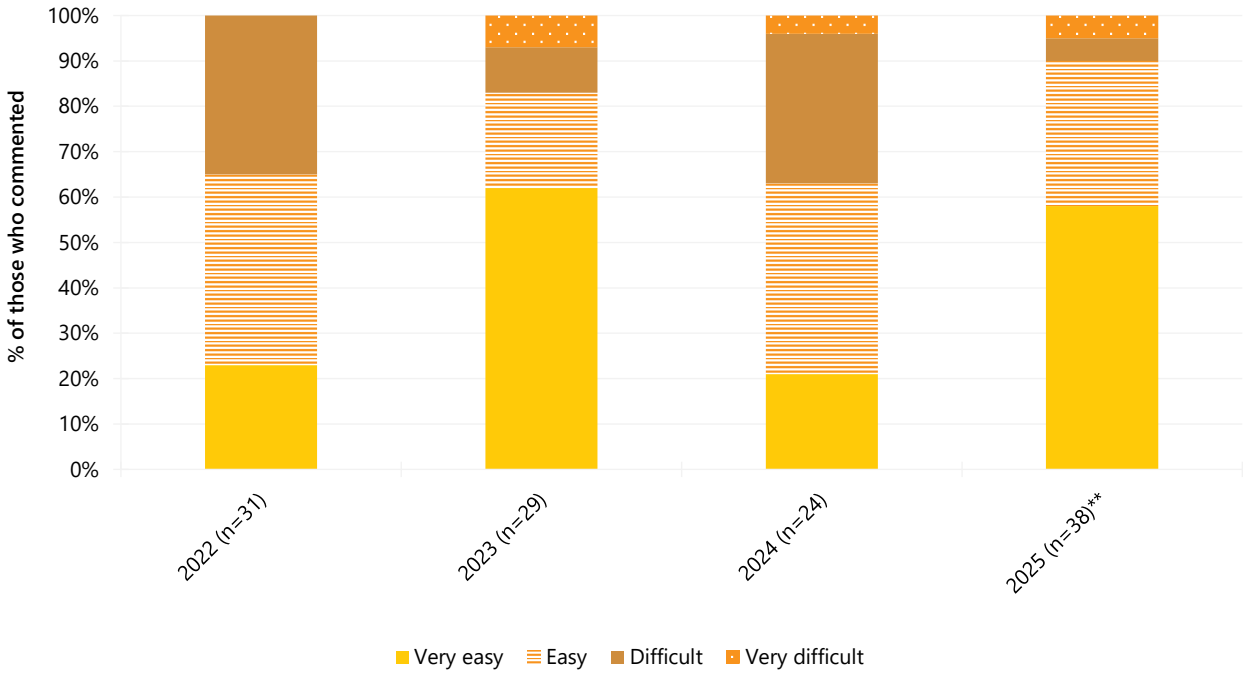
Price

Participants reported a median price of $6 per 5mg tablet (IQR=4-10; n=8), stable relative to 2024 ($5; IQR=4-11; n=8). Few participants (n≤5) were able to report on the price of 10mg tablet/s or 20mg tablet/s.

Perceived Availability

There was a significant change in the perceived availability of non-prescribed pharmaceutical stimulants in 2025 relative to 2024 (p=0.002). Specifically, among those able to comment in 2025 (n=38), almost three fifths (58%) of participants reported that non-prescribed pharmaceutical stimulants were 'very easy' to obtain, an increase from 21% in 2024, and one third (32%) reported that pharmaceutical stimulants were 'easy' to obtain, a decrease from 42% in 2024. Few participants (n≤5) reported that it was 'difficult' to obtain pharmaceutical stimulants , a decrease from 33% in 2024 (Figure 24).

Figure 24: Current perceived availability of non-prescribed pharmaceutical stimulants, Sydney, NSW 2022-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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)

A gradual increase in recent cocaine use has been observed since 2013, peaking at 94% in 2021, and then stabilising. Recent cocaine use remained stable at 81% in 2025 (87% in 2024; p=0.338) (Figure 25).

Frequency of Use

Participants who had recently used cocaine reported use on a median of six days (IQR=3-12; n=82) in the six months preceding interview (4 days in 2024; IQR=2-10; n=87; p=0.437) (Figure 25), with 13% reporting weekly or more frequent use (14% in 2024).

Routes of Administration

Of those who had recently used cocaine and commented (n=82) the majority (98%) reported snorting cocaine, consistent with previous years (98% in 2024), with fewer participants reporting swallowing (n≤5; 14% in 2024; p=0.126). Few participants (n≤5) reported smoking or injecting as routes of administration in 2025.

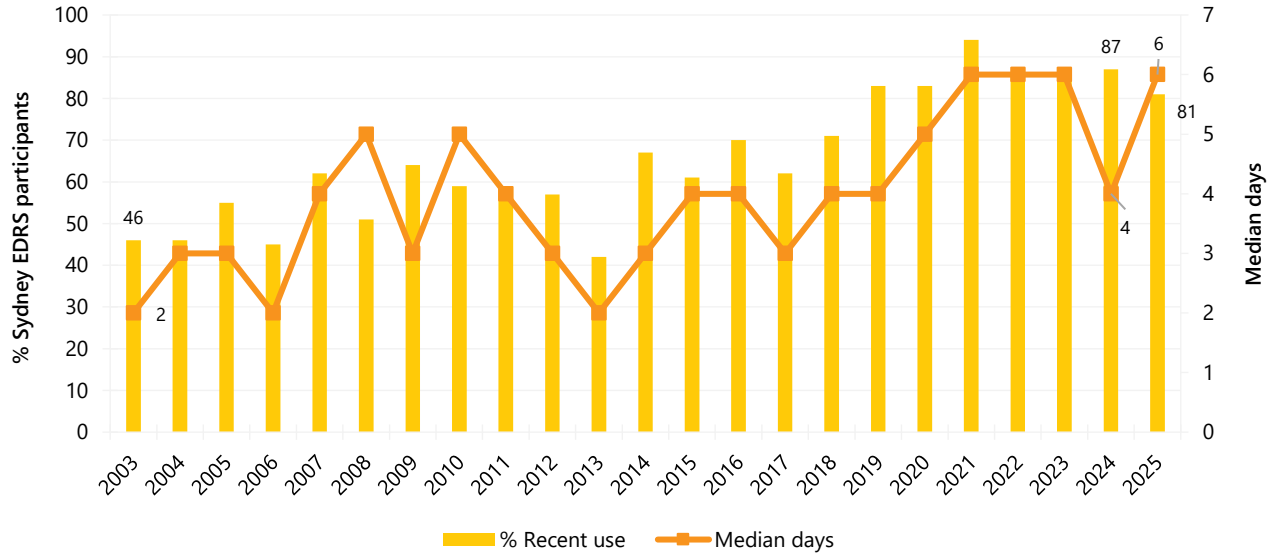
Quantity

In 2025, the median amount of cocaine consumed in a 'typical' session was 0.50 grams (IQR=0.24-1.00; n=61; 0.50 grams in 2024; IQR=0.20-0.70; n=74; p=0.448). In a maximum session, the median intake was one gram (IQR=0.40-1.50; n=64), stable relative to 2024 (0.75 grams; IQR=0.30-1.20; n=73; p=0.245).

Forms Used

Among participants who had recently consumed cocaine and commented (n=82), the vast majority reported using powder cocaine (96%; 98% in 2024; p=0.675), followed by crack/rock cocaine (n≤5; 10% in 2024; p=0.407).

Figure 25: Past six month use and frequency of use of cocaine, Sydney, NSW, 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 7 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). Statistical significance for 2024 versus 2025 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 gram of cocaine has consistently been $300 since 2008 ($300 in 2025; IQR=250-300; n=40; $300 in 2024; IQR=275-300; n=41; p=0.310) (Figure 26).

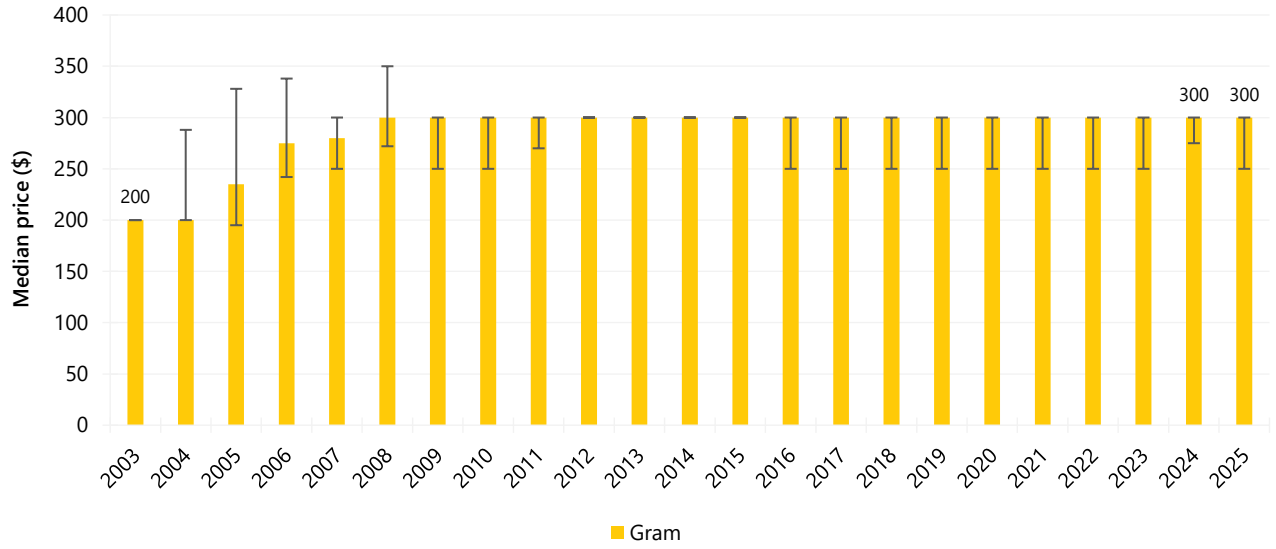
Perceived Purity

The perceived purity of cocaine remained stable between 2024 and 2025 (p=0.438). Among those who commented in 2025 (n=71), almost two fifths (37%) reported purity to be 'high' (38% in 2024). One third (34%) of respondents reported purity to be 'medium' (24% in 2024) and almost one quarter (23%) of respondents reported 'low' purity (32% in 2024) (Figure 27).

Perceived Availability

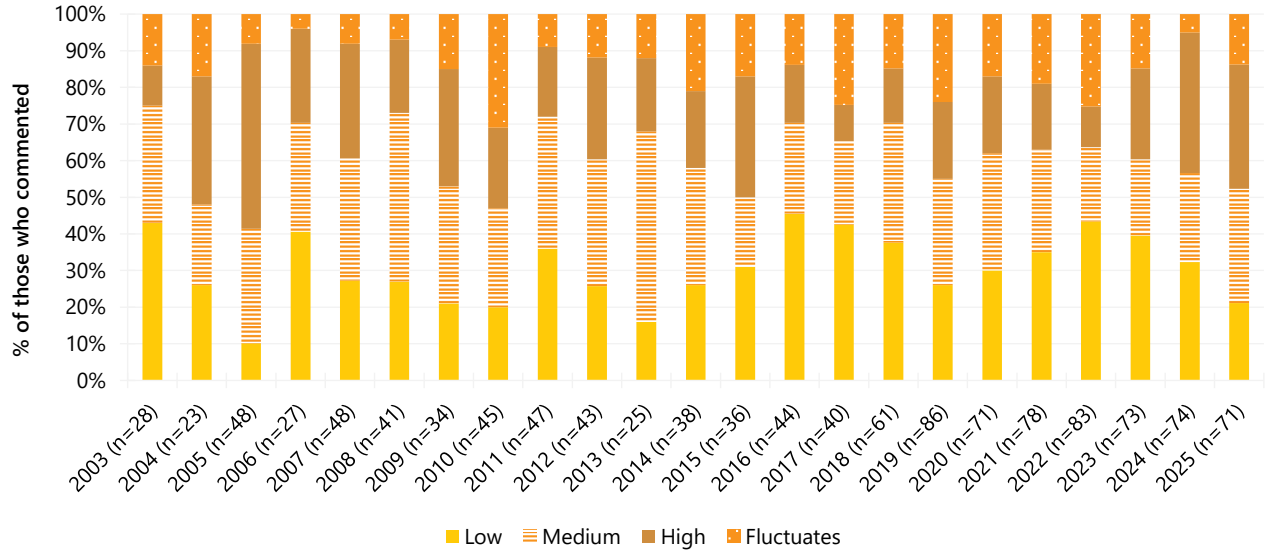
The perceived availability of cocaine remained stable between 2024 and 2025 (p=0.092). Among those who commented in 2025 (n=71), 56% reported that cocaine was 'very easy' to obtain (39% in 2024) and two fifths (38%) reported that it was 'easy' to obtain (50% in 2024). Few participants (n≤5) perceived cocaine to be 'difficult' to obtain (11% in 2024) and no participants perceived it to be 'very difficult' to obtain (0% in 2024) (Figure 28).

Figure 26: Median price of cocaine per gram, Sydney, NSW, 2003-2025



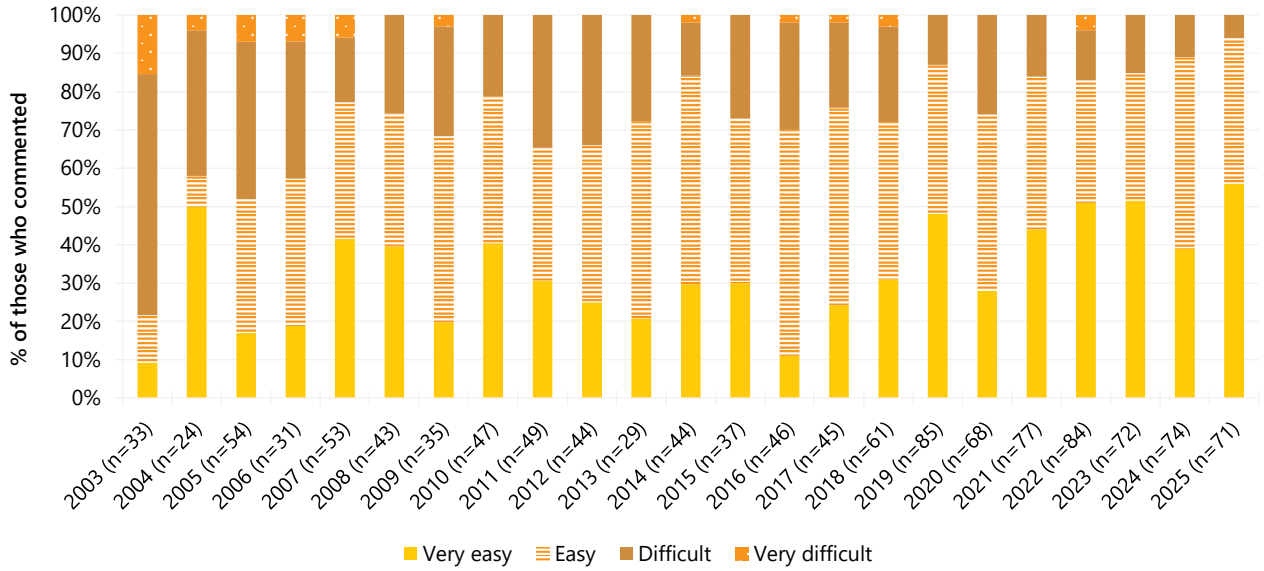
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 27: Current perceived purity of cocaine, Sydney, NSW, 2003-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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 28: Current perceived availability of cocaine, Sydney, NSW, 2003-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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') and outdoor-cultivated cannabis ('bush'), as well as 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. Almost one fifth (18%) of the Sydney sample reported prescribed use in the six months preceding interview (9% in 2024; p=0.098).

In the remainder of this chapter, data from 2021-2025, 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 2021-2025 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 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Recent non-prescribed cannabis use has remained high and relatively stable since monitoring commenced in 2003, albeit with some fluctuation observed in more recent years. In 2025, there was a significant decrease in the use of non-prescribed cannabis and/or cannabinoid-related products with almost three fifths (58%) of respondents reporting use in the 6 months preceding the interview (74% in 2024; p=0.028), the lowest percentage since monitoring commenced (Figure 29).

Frequency of Use

The median frequency of non-prescribed use of cannabis and/or cannabinoid-related products was 35 days (IQR=5-160; n=59) in the six months preceding interview, equivalent to weekly use and stable,

relative to 2024 (24 days; IQR=4-144; n=74; *p*=0.597) (Figure 29). Among those who had recently used non-prescribed cannabis and/or cannabinoid-related products and were able to respond (n=59), 58% reported weekly or more frequent use (53% in 2024; *p*=0.600), with 22% reporting daily use (23% in 2024).

Routes of Administration

Of those who reported recent non-prescribed use and responded (n=59), the majority (90%) reported smoking non-prescribed cannabis and/or cannabinoid-related products (88% in 2024; *p*=0.785). One quarter (25%) reported swallowing non-prescribed cannabis and/or cannabinoid-related products (35% in 2024; *p*=0.263) and one fifth (20%) reported inhaling/vaporising (20% in 2024).

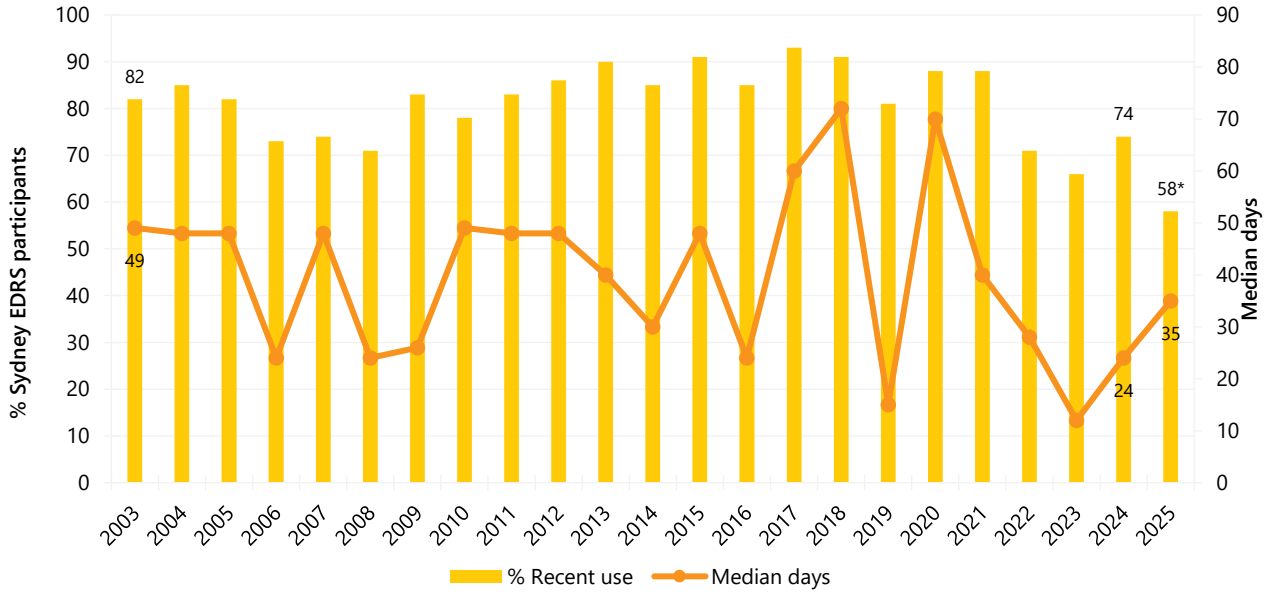
Quantity

On the last occasion of non-prescribed cannabis and/or cannabinoid-related product use, the median amount used by participants remained stable at 0.70 grams (IQR=0.50-1.38; n=31; 1.00 gram in 2024; IQR=0.50-1.00; n=17; *p*=0.686) or one joint (IQR=0.5-1.0; n=11; 1 joint in 2024; IQR=1.00-1.00; n=19; *p*=0.128). The median amount of cones used by participants on the last occasion of use remained stable relative to 2024, at 2 cones (IQR=1.5-2.5; n=7; 3 cones in 2024; IQR=2-6; n=9; *p*=0.202).

Forms Used

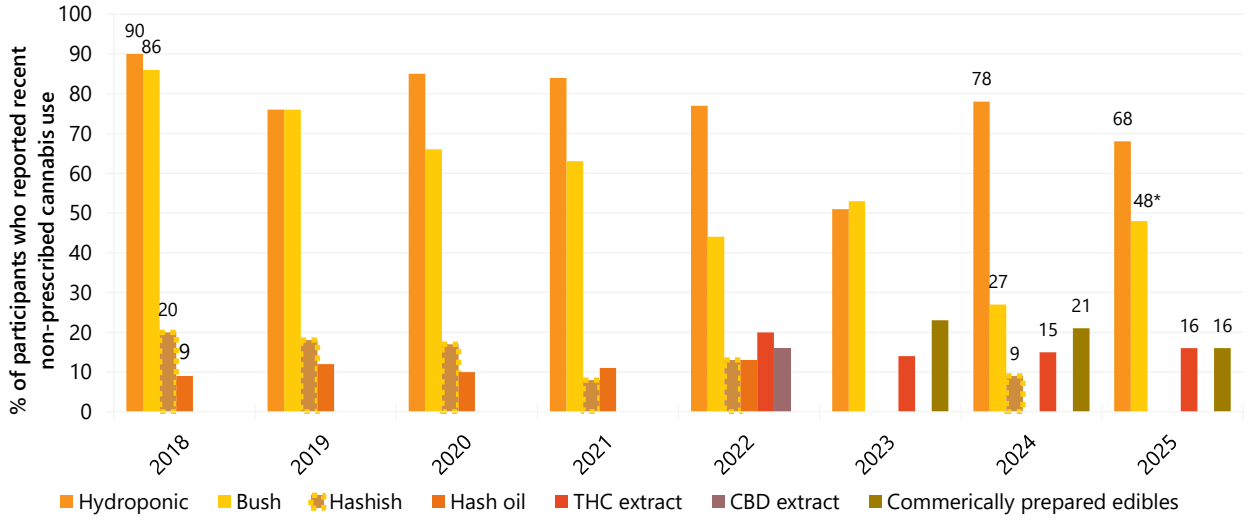
Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and responded (n=50), two thirds (68%) reported consuming hydroponic cannabis, stable relative to 2024 (78%; *p*=0.298). Almost half of the respondents (48%) reported consuming outdoor grown 'bush' cannabis, a significant increase from 27% in 2024 (*p*=0.024). Sixteen per cent of participants reported consuming THC extract (15% in 2024) and commercially prepared edibles in 2025 (21% in 2024; *p*=0.631). In 2025, few participants (n≤5) reported consuming hashish (9%; in 2024), hash oil (n≤5 in 2024) or CBD extract (n≤5 in 2024), respectively.

Figure 29: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Sydney, NSW, 2003-2025



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, 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. Secondary Y axis reduced to 90 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). Statistical significance for 2024 versus 2025 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 30: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Sydney, NSW, 2018-2025



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. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. Statistical significance for 2024 versus 2025 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 Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price for one gram of non-prescribed hydroponic cannabis has remained stable since monitoring commenced in 2006 ($11 in 2025; IQR=10-20; n=7; $20 in 2024; IQR=20-23; n=7; *p*=0.143) (Figure 31). Few participants (n≤5) reported on the price for one ounce of non-prescribed hydroponic cannabis in 2025 (n≤5 in 2024). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: In 2025, perceived potency of non-prescribed hydroponic cannabis significantly changed between 2024 and 2025 (*p*=0.015). Of those who commented in 2025 (n=29), four fifths (83%) perceived potency to be 'high' (52% in 2024). Few participants (n≤5) perceived non-prescribed hydroponic cannabis to be of 'medium' (32% in 2024) or 'low' (n≤5 in 2024) potency, and no participants perceived it to be of 'fluctuating' (14% in 2024) potency (Figure 32).

Perceived Availability: The perceived availability of non-prescribed hydroponic cannabis remained stable between 2024 and 2025 (*p*=0.328). Of those who commented in 2025 (n=28), almost four fifths (79%) reported non-prescribed hydroponic cannabis to be 'very easy' (59% in 2024) to obtain. Few participants (n≤5) perceived it to be 'easy' (34% in 2024), 'difficult' (n≤5 in 2024) and no participants reported that it was 'very difficult' (n≤5 in 2024) to obtain in 2025 (Figure 33).

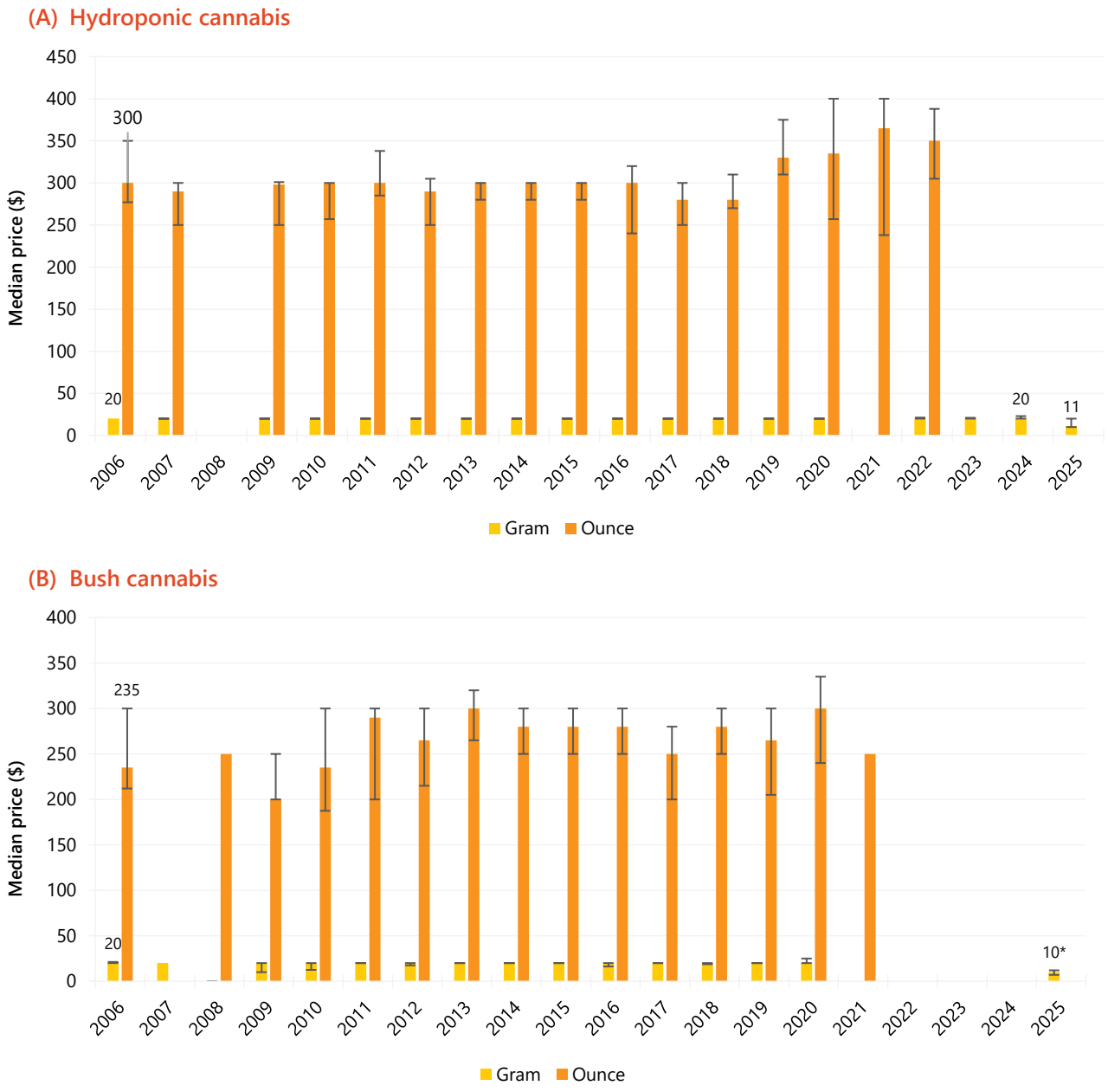
Bush Cannabis

Price: In 2025, no participants reported on the median price for one ounce of non-prescribed bush cannabis (n≤5 in 2024). There was a significant decrease in the median price for one gram of bush cannabis, relative to 2024 ($10 in 2025; IQR=7-12; n=8; n≤5 in 2024; *p*=0.017).

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2024 and 2025 (*p*=0.133). Among those who commented in 2025 (n=23), two fifths (39%) of participants reported the potency of cannabis to be 'medium' (61% in 2024), followed by a further 35% perceiving it to be of 'high' potency (33% in 2024) (Figure 32). Few participants (n≤5) perceived bush cannabis to be of 'low' potency in 2025 (0% in 2024).

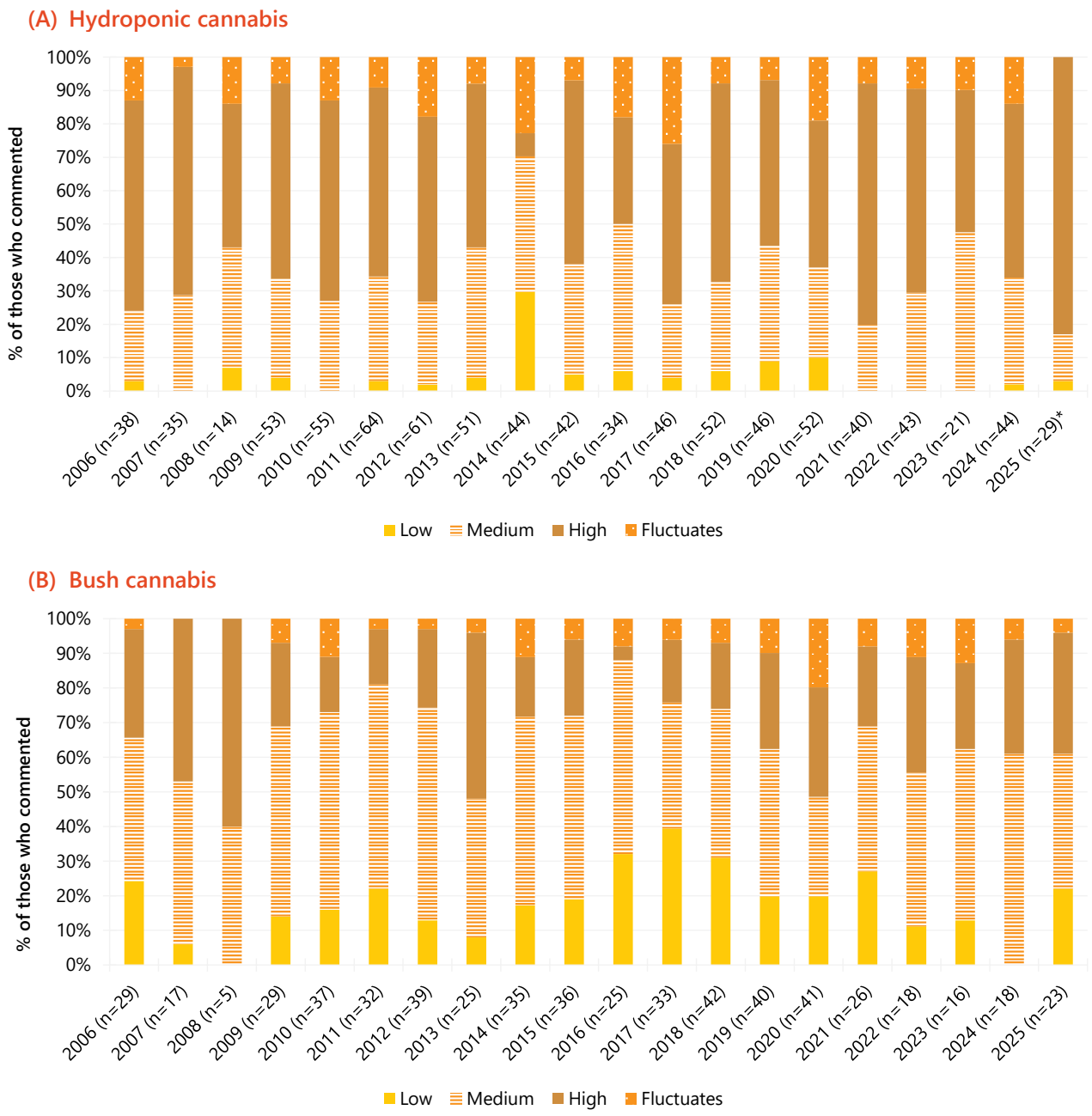
Perceived Availability: The perceived availability of non-prescribed bush cannabis remained stable between 2024 and 2025 (*p*=0.394). Among those who could comment in 2025 (n=23), three quarters (74%) reported that non-prescribed bush cannabis was 'very easy' to obtain (56% in 2024) and one quarter (26%) reported that it was 'easy' to obtain (39% in 2024) (Figure 33).

Figure 31: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Sydney, NSW, 2006-2025



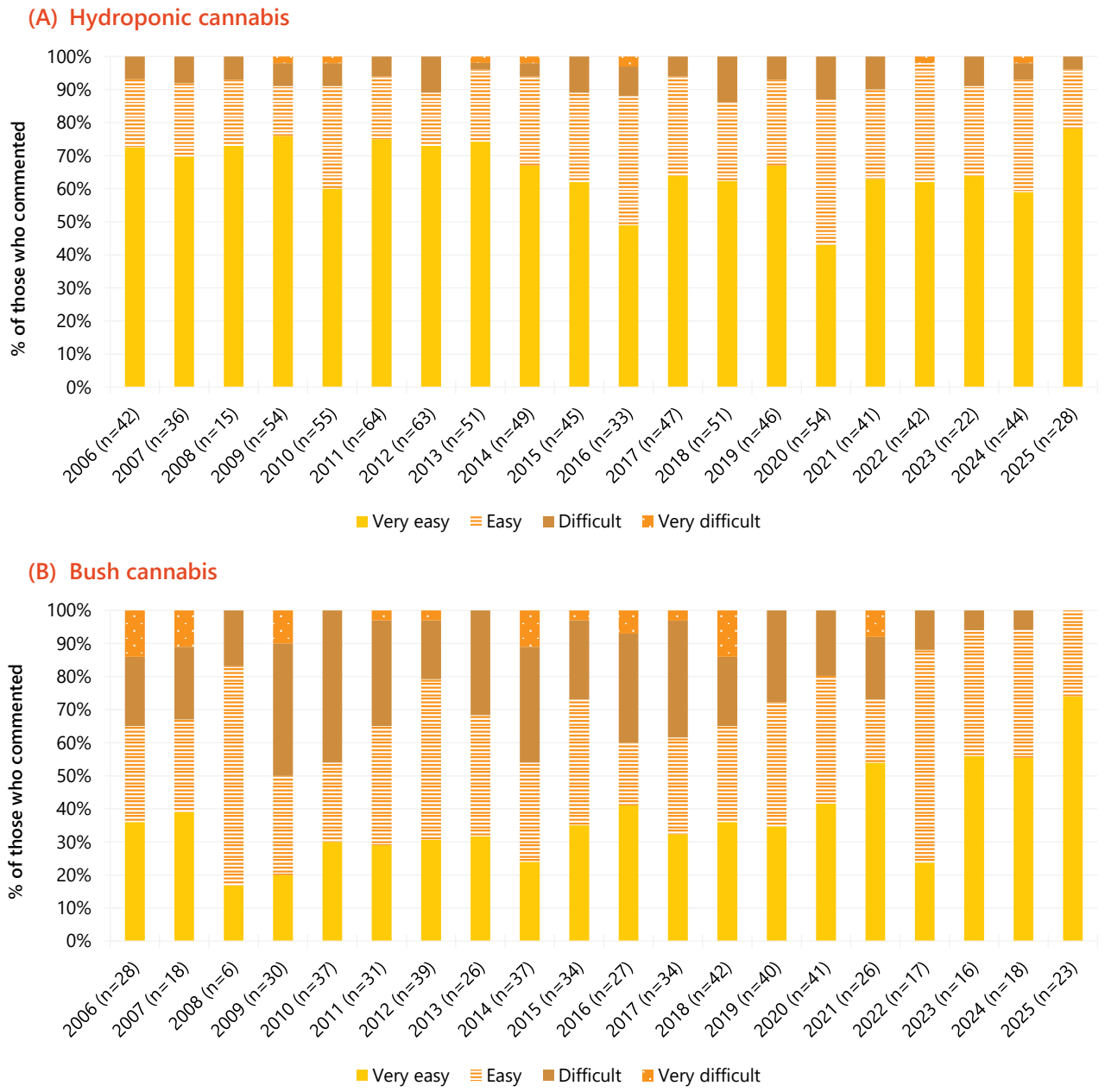
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants 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 data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 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 32: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2025



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 not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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 33: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2025



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 not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

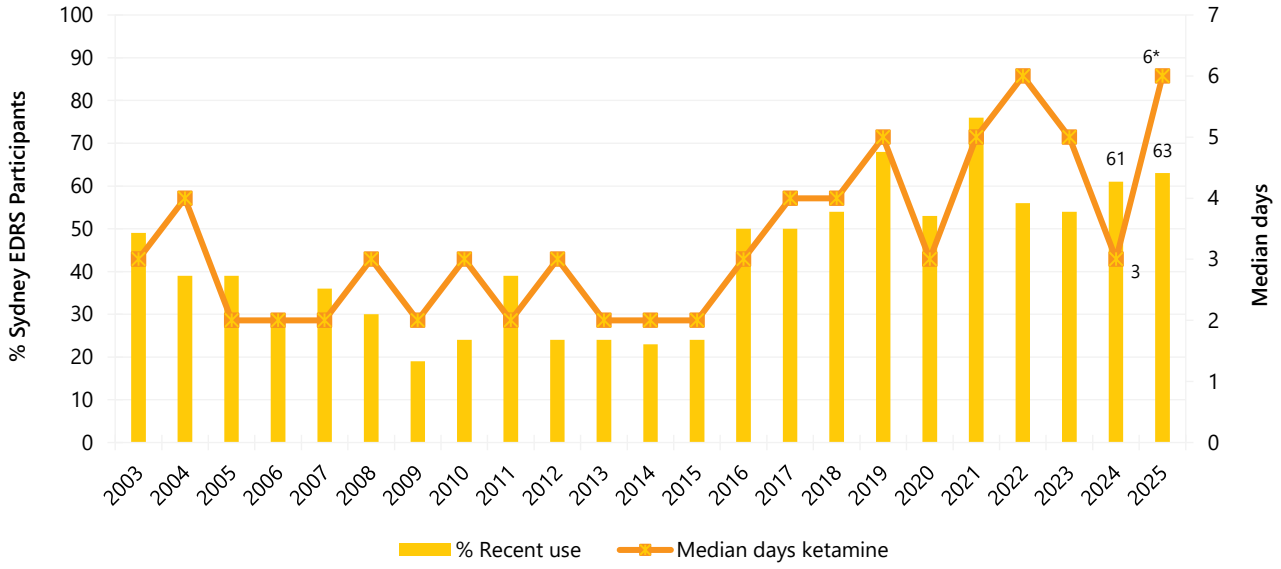
Recent Use (past 6 months): Recent use of non-prescribed ketamine has fluctuated considerably since monitoring commenced, ranging from between 19% of the sample in 2009 to 76% in 2021. In 2025, 63% of the Sydney sample reported recent use, stable relative to 2024 (61%; p=0.769) (Figure 34).

Frequency of Use: Median frequency of non-prescribed ketamine use has remained relatively infrequent and stable since monitoring commenced in 2003, ranging between 2 days and 6 days of use in the six months preceding interview. Of participants who had recently used non-prescribed ketamine and commented (n=64), there was a significant increase in the reported use with a median frequency of six days (IQR=3-15; 3 days in 2024; IQR=2-8; n=61; p=0.024) (Figure 34). Eleven per cent of respondents reported weekly or more frequent use, stable relative to 2024 (11%).

Routes of Administration: Consistent with previous years, the most common route of administration among those who commented (n=64) was snorting (95%; 95% in 2024). Few participants (n≤5) reported other routes of administration.

Quantity: The median 'typical' and maximum quantity of non-prescribed ketamine remained stable between 2024 and 2025 (p=0.729 and p=0.587, respectively). Among those who commented in 2025 (n=48), the median 'typical' amount used per session was reported to be 0.25 grams (IQR=0.20-0.50; 0.25 grams in 2024; IQR=0.16-0.50; n=51). Among those who commented (n=48), the median maximum amount used per session was reported to be 0.50 grams (IQR=0.25-0.65; 0.45 grams in 2024; IQR=0.20-1.00; n=52).

Figure 34: Past six month use and frequency of use of non-prescribed ketamine, Sydney, NSW, 2003-2025



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 7 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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

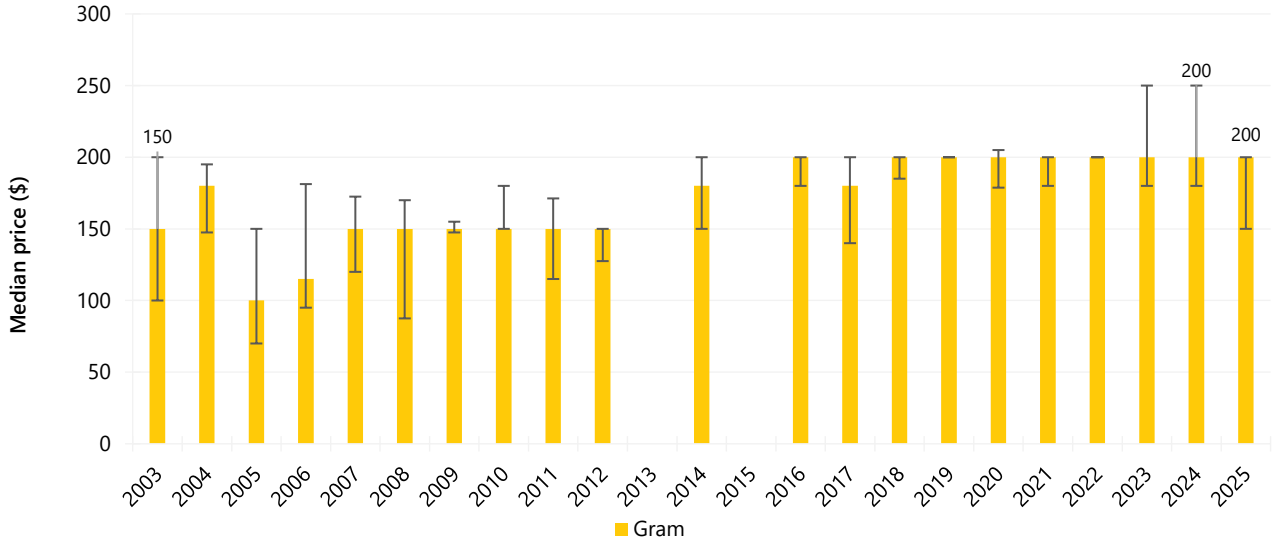
Price, Perceived Purity and Perceived Availability

Price: In 2025, the median price per gram of non-prescribed ketamine was $200 (IQR=150-200; n=36; $200 in 2024; IQR=180-250; n=26; p=0.110), consistent with previous years (Figure 35).

Perceived Purity: In 2025, the perceived purity of non-prescribed ketamine remained stable, relative to 2024 (p=0.434). Among those who commented in 2025 (n=53), 62% perceived the purity of non-prescribed ketamine to be 'high' (64% in 2024) and a further 30% perceived purity to be 'medium' (20% in 2024). Few participants (n≤5) perceived non-prescribed ketamine to be of 'low' purity in 2025 (n≤5 in 2024) (Figure 36).

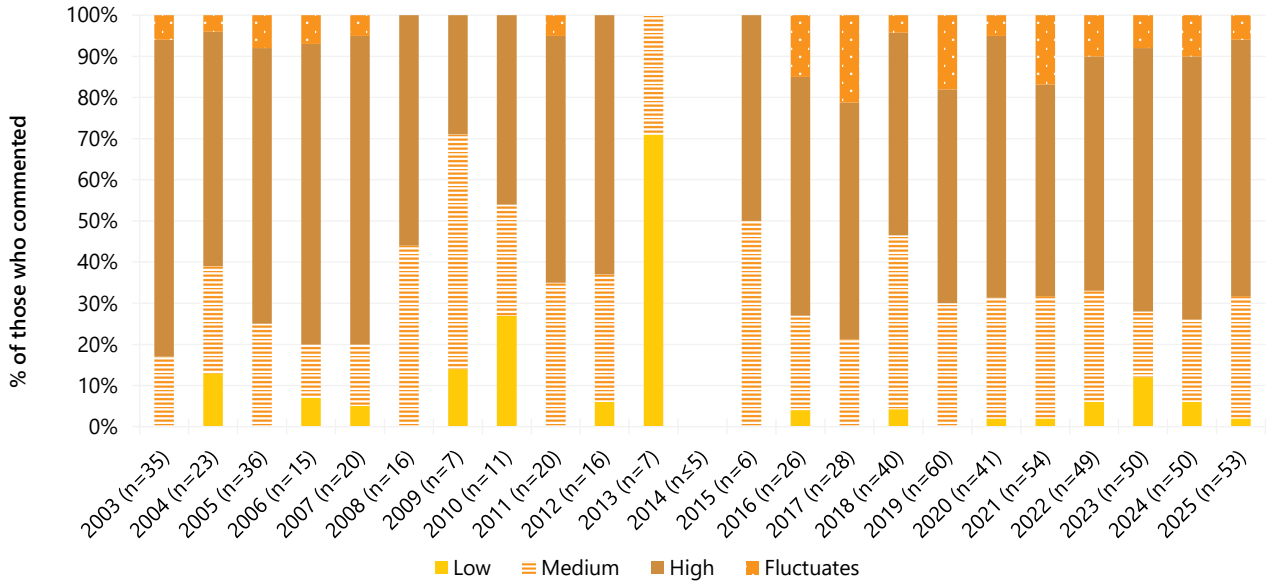
Perceived Availability: The perceived availability of non-prescribed ketamine significantly changed between 2024 and 2025 (p=0.003). Among those who responded in 2025 (n=53), the largest percentage of participants (55%) perceived non-prescribed ketamine to be 'very easy' to obtain, an increase from 20% in 2024. There was a decrease in participants reporting that it was 'easy' to obtain (30%; 50% in 2024) or 'difficult' to obtain (13%; 24% in 2024). Few participants (n≤5) perceived it to be 'very difficult' (n≤5 in 2024) to obtain (Figure 37).

Figure 35: Median price of non-prescribed ketamine per gram, Sydney, NSW, 2003-2025



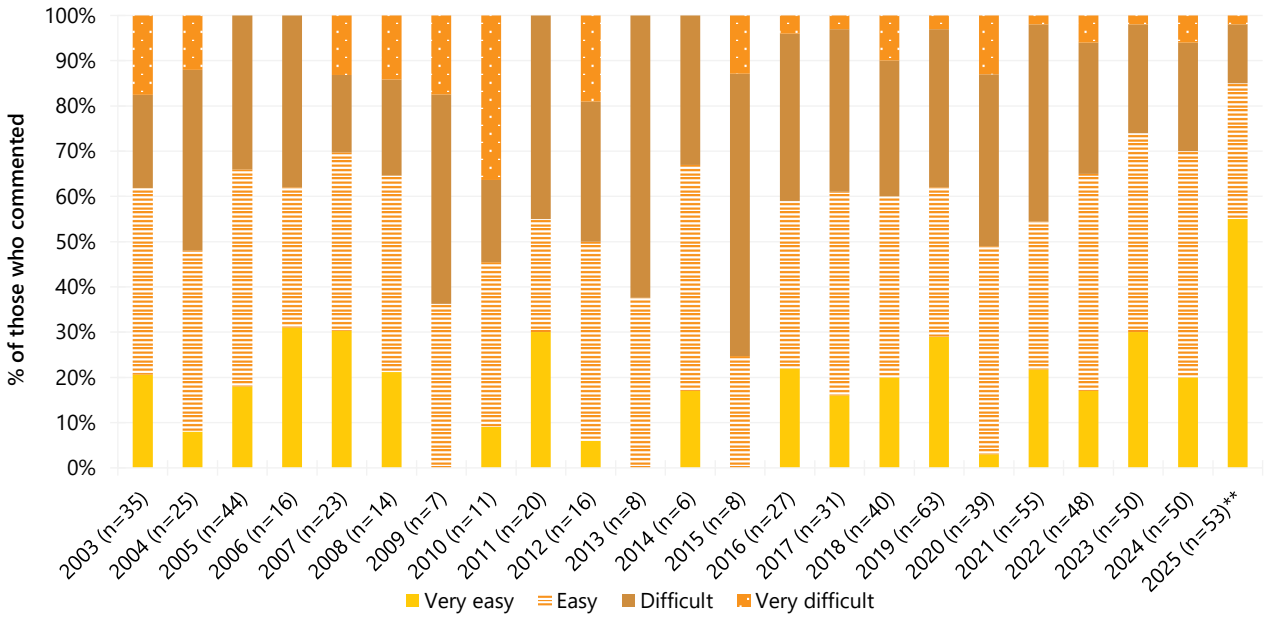
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). The error bars represent the IQR. Statistical significance for 2024 versus 2025 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 purity of non-prescribed ketamine, Sydney, NSW, 2003-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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 37: Current perceived availability of non-prescribed ketamine, Sydney, NSW, 2003-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

LSD

Patterns of Consumption

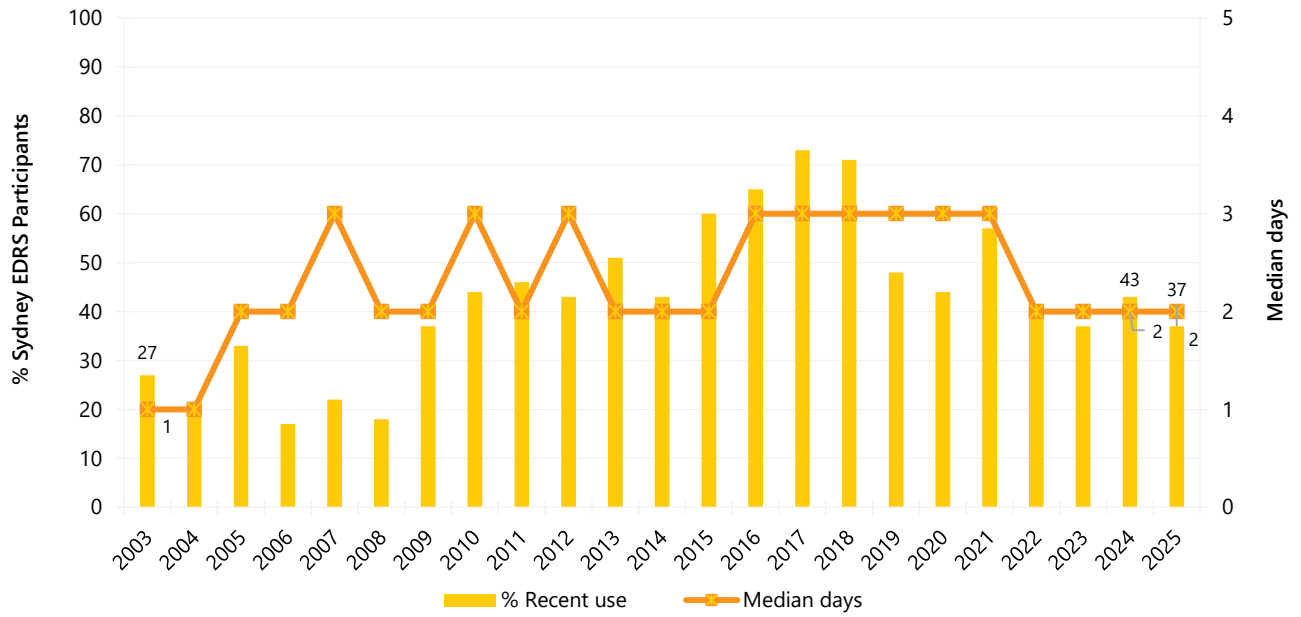
Recent Use (past 6 months): Since peaking in 2017 with 73% of the Sydney sample reporting recent LSD use, a gradual decline has been observed. In 2025, 37% of the sample reported recent use, stable relative to 2024 (43%; p=0.387) (Figure 38).

Frequency of Use: The median frequency of use of LSD has remained relatively stable and infrequent since monitoring commenced in 2003, ranging between one day and three days of use in the six months preceding interview. Among those who had recently used LSD in 2025 (n=37), the median frequency of use was two days (IQR=2-4; 2 days in 2024; IQR=1-5; n=43; p=0.917) (Figure 38).

Routes of Administration: All participants (100%) who reported recent use of LSD (n=37) reported swallowing the substance in 2025, consistent with previous years (100% in 2024).

Quantity: Of those who reported recent use and responded (n=20), the median amount used in a 'typical session' was one tab in 2025 (IQR=1-2; 1 tab in 2024; IQR=0.8-1.8; n=35; p=0.398). In 2025, the median maximum amount used in a session was 1.5 tabs (IQR=1-2; n=20; 1 tab in 2024; IQR=1-2; n=35; p=0.392).

Figure 38: Past six month use and frequency of use of LSD, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

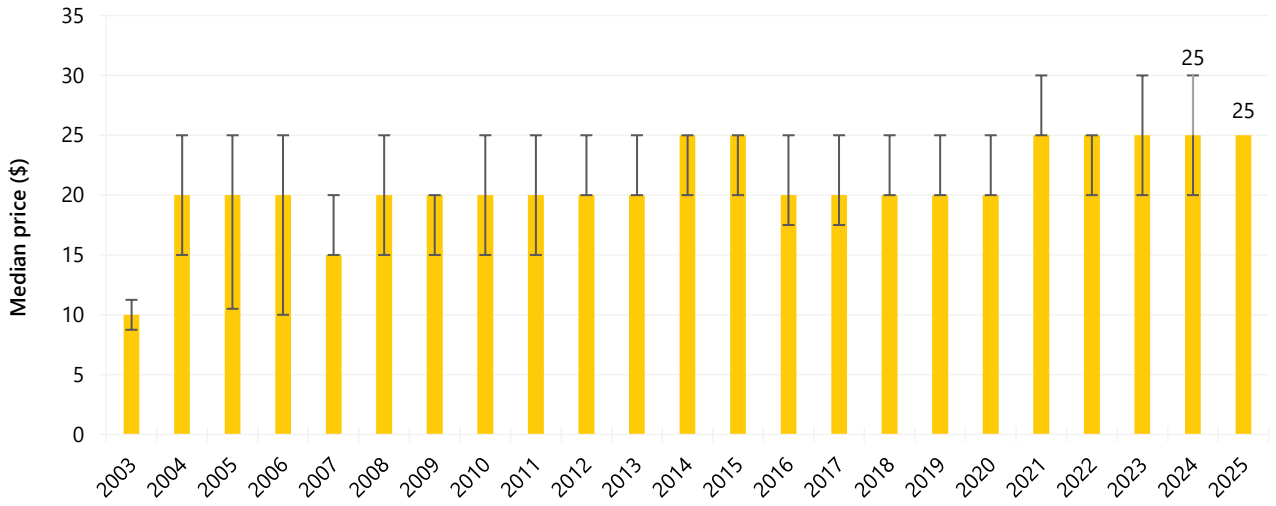
Price, Perceived Purity and Perceived Availability

Price: From 2016 to 2020, the median price for one tab of LSD remained stable at $20. The median price increased to $25 in 2021 and remained stable at $25 per tab in 2025 (IQR=20-26; n=12; $25 in 2024; IQR=20-30; n=18; p=0.663) (Figure 39).

Perceived Purity: The perceived purity of LSD remained stable between 2024 and 2025 (p=0.421). Among those who commented in 2025 (n=41), two fifths (41%) considered purity to be 'high' (60% in 2024) and a further two fifths (41%) considered purity to be 'medium' (29% in 2024). Few participants (n≤5) perceived LSD to be of 'low' (n≤5 in 2024) or 'fluctuating' (n≤5 in 2024) purity in 2025 (Figure 40).

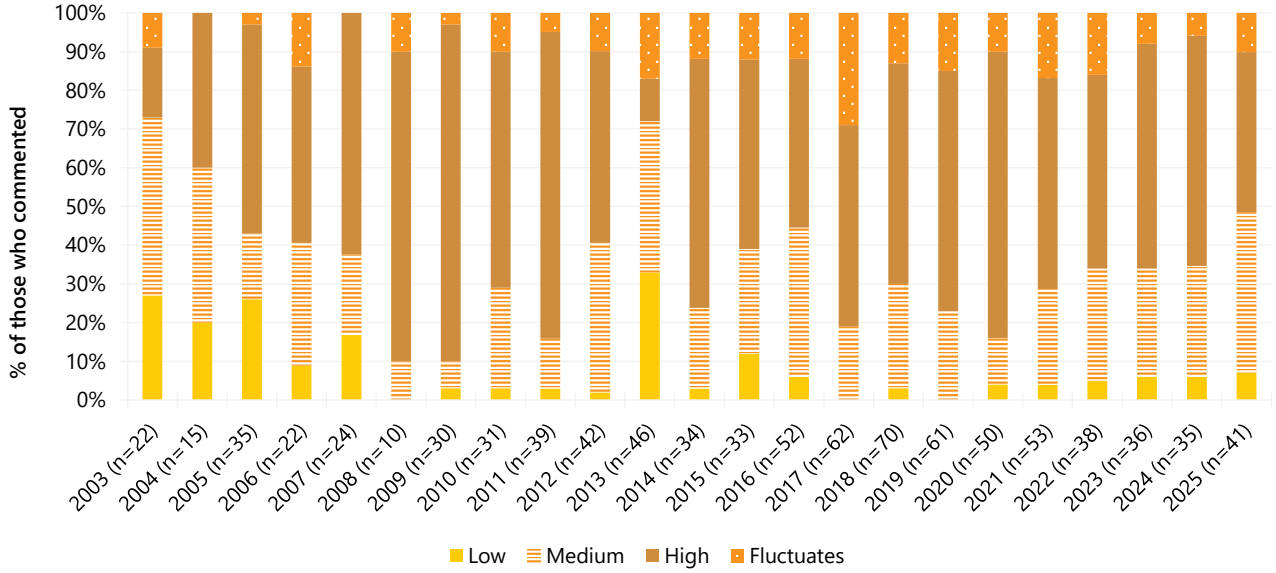
Perceived Availability: The perceived availability of LSD remained stable between 2024 and 2025 (p=0.903). Among those who commented in 2025 (n=41), almost two fifths (39%) perceived availability to be 'easy' (42% in 2024), followed by a further 34% perceiving it to be 'very easy' (39% in 2024). Almost one quarter (24%) perceived LSD to be 'difficult' to obtain (19% in 2024) and few participants (n≤5) perceived it to be 'very difficult' (0% in 2024) to obtain (Figure 41).

Figure 39: Median price of LSD per tab, Sydney, NSW, 2003-2025



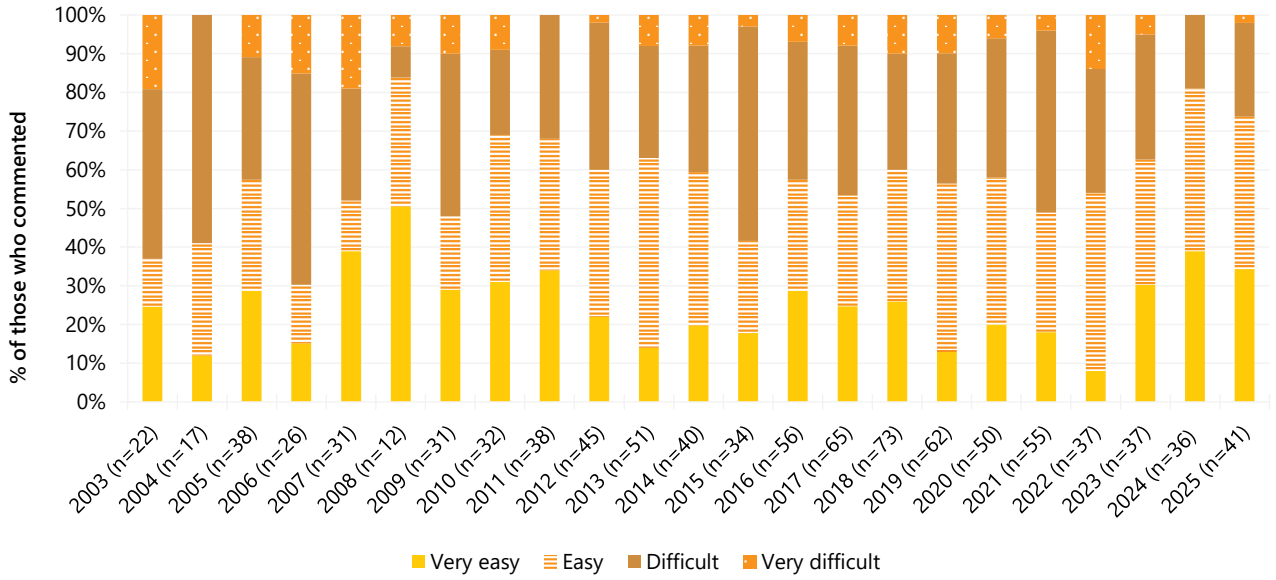
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 40: Current perceived purity of LSD, Sydney, NSW, 2003-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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 41: Current perceived availability of LSD, Sydney, NSW, 2003-2025



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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

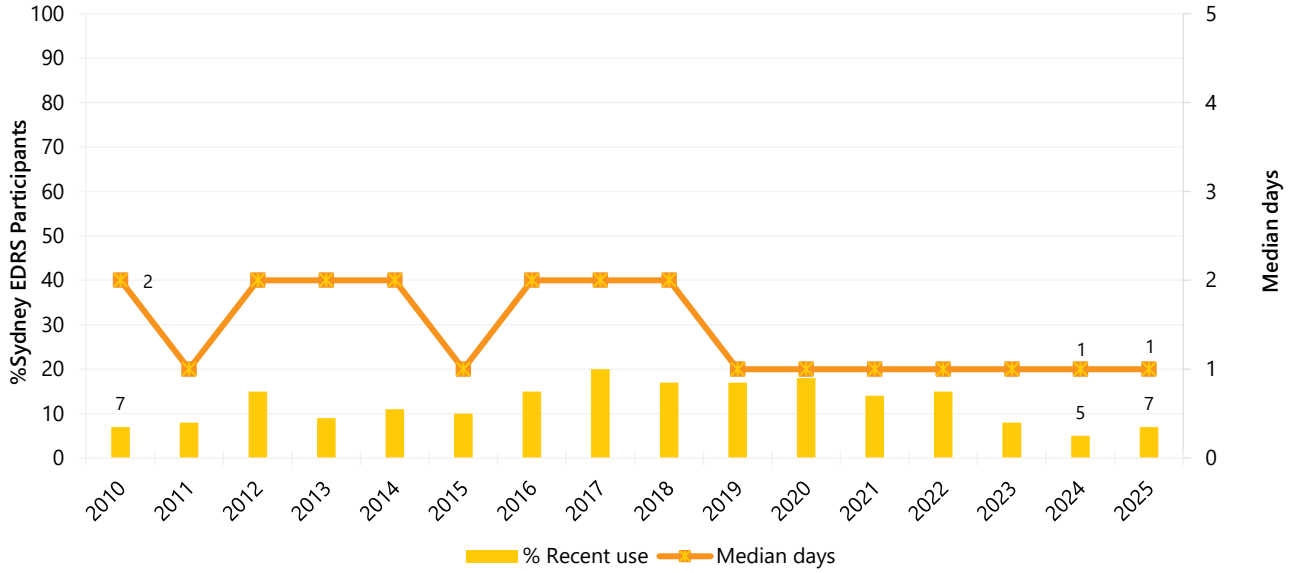
Recent Use (past 6 months): DMT use has remained low and stable since monitoring commenced, with one fifth or less of the sample reporting recent use each year. In 2025, seven per cent of participants reported recent use in the 6 months preceding interview (n≤5 in 2024; p=0.767) (Figure 42).

Frequency of Use: Median days of use across the years has been infrequent and stable since monitoring commenced in 2010, ranging between one and two days of use. In 2025, among participants who reported recent use and commented (n=7), the median frequency of DMT use was one day (IQR=1-2; n≤5 in 2024; p=0.717) (Figure 42).

Routes of Administration: All participants (100%) who reported recent use of DMT (n=7) reported smoking the substance in 2025 (n≤5 in 2024).

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a session in 2025, therefore, these data have been suppressed (n≤5 in 2024, respectively).

Figure 42: Past six month use and frequency of use of DMT, Sydney, NSW, 2010-2025



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). Statistical significance for 2024 versus 2025 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 para*methoxyamphetamine* (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 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, historically, we have presented figures for 'any' NPS use, both including and excluding plant-based NPS. However, in 2025, we did not specifically ask about the use of any specific plant-based NPS (e.g., mescaline, ayahuasca) and thus only present the per cent for 'any' NPS, excluding plant-based NPS.

Patterns of Consumption

Recent Use (past 6 months)

In 2025 12% of the sample reported recent use of any NPS, excluding plant-based NPS (15% in 2024; p=0.538) (Table 3).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the Sydney sample has fluctuated over time, however from 2021 onwards, any 2C substance has been the most commonly used NPS (9%; 8% in 2024), with few participants (n≤5) reporting use of any other NPS (**Error! Reference source not found.**). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 3: Past six month use of NPS (excluding plant-based NPS), Sydney, NSW, 2010-2025

%	Excluding plant-based NPS
2010	22
2011	47
2012	37
2013	36
2014	35
2015	44
2016	25
2017	25
2018	26
2019	24
2020	12
2021	8
2022	9
2023	12
2024	15
2025	**12**

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. Statistical significance for 2024 versus 2025 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: Use of NPS in the past six months by drug type, Sydney, NSW, 2010-2025

%	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Drugs that mimic the effects of ecstasy	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**6**
Mephedrone	-	-	0	-	0	-	0	0	0	-	0	-	0	-	0	**-**
Methylone	/	-	8	-	-	-	-	-	-	0	-	0	0	0	0	**0**
N-ethylpentylone (ephylone)	/	/	/	/	/	/	/	/	/	0	0	0	0	0	0	**0**
N-ethylbutylone (eutylone)	/	/	/	/	/	/	/	/	/	/	/	0	0	0	0	**-**
Other drugs that mimic the effects of ecstasy	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Drugs that mimic the effects of amphetamine or cocaine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-chloromethcathinone (e.g., 3-CMC; clophedrone)	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
3-Methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**-**
4-Chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
4-FA	/	/	/	/	/	/	-	0	0	0	0	0	0	0	-	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	0	0	0	0	-	0	0	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
MDPV	0	0	0	0	-	0	0	0	0	0	0	0	0	0	0	**0**
Methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
N-Ethylhexedrone	/	/	/	/	/	/	/	/	/	0	0	0	-	0	0	**0**
Other drugs that mimic the effects of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	-	0	0	-	**0**
Drugs that mimic the effects of psychedelic drugs	/	/	/	/	/	/	/	0	-	6	-	0	0	-	0	**9**
2C - any (e.g., 2C-I, 2C-B)	-	17	19	19	22	18	18	12	11	7	-	9	9	6	8	**9**
4-AcO-DMT	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**-**
5-MeO-DMT	0	-	0	-	-	-	5	-	-	0	-	-	-	-	-	**0**
Dox (e.g., DOB, DOC, DOI, DOM)	0	-	0	0	0	0	0	-	0	-	-	0	0	0	0	**0**
NBOH (e.g., 25I, 25B)	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
NBOMe (e.g., 25I, 25B, 25C, others)	/	/	/	/	9	6	6	-	-	-	-	0	0	0	0	**0**
Other drugs that mimic the effects of psychedelic drugs	/	/	/	/	/	/	/	0	-	6	-	0	0	-	0	**0**
Drugs that mimic the effects of dissociatives															-	**0**
2F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	-	-	-	**0**
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
3F-2-oxo-PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	0	**0**

3-MeO-PCP/4-MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	0	**0**
Methoxetamine	/	/		0	0	-	6	-	-	8	-	-	0	0	0	**0**
Tiletamine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Other drugs that mimic the effects of dissociatives	/	/	/	/	/	/	/	/	/	/	-	-	0	-	-	**0**
Drugs that mimic the effects of cannabis	/	/	12	13	-	-	-	-	-	-	7	-	0	-	0	**0**
Drugs that mimic the effects of benzodiazepines	/	/	/	/	/	/	/	/	-	-	-	0	0	0	-	**0**
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
Clobromazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	0	-	**0**
Etizolam	/	/	/	/	/	/	-	-	0	-	-	-	0	0	0	**0**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	-	0	**0**
Flubromazepam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Phenazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Other drugs that mimic the effects of benzodiazepines	/	/	/	/	/	/	/	/	-	-	-	0	0	0	-	**0**
Drugs that mimic the effects of opioids	/	/	/	/	/	/	/	0	0	0	0	0	0	0	-	**0**
Drugs that mimic the effect of any other NPS	/	/	/	/	/	/	/	/	-	0	-	-	-	0	0	**0**

Note. NPS first asked about in 2010. Due to lower numbers reporting use in recent years, in 2025 participants were asked about broad categories of NPS (e.g., drugs that mimic the effects of ecstasy) and then if reported use, were asked to specify the substance. ~ 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. Statistical significance for 2024 versus 2025 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 the 1 February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1 February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.

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

Recent Use (past 6 months): Since peaking in 2019 with 19% of the Sydney sample reporting recent non-prescribed codeine (e.g., Nurofen Plus, Panadeine, Panadeine Extra) use, a gradual decline has been observed. In 2025, few participants (n≤5) reported recent use of non-prescribed codeine (8% in 2024; p=0.251) (Figure 43). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Pharmaceutical Opioids

Recent Use (past 6 months): Since the commencement of monitoring in 2013, less than one fifth of the sample reported recent use of non-prescribed pharmaceutical opioids each year. Few participants (n≤5) reported recent use of non-prescribed pharmaceutical opioids in 2025 (7% in 2024; p=0.373) (Figure 43). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Forms used: Due to few participants (n≤5) nominating any specific brands of non-prescribed pharmaceutical opioids in 2025, further details regarding the most commonly used pharmaceutical opioid are not reported. Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Benzodiazepines

From 2019-2023, participants were asked about non-prescribed alprazolam use and non-prescribed use of 'other' benzodiazepines (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): Recent use of non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) peaked in 2019, with 52% of the sample reporting recent use, however, has been

gradually declining since. In 2025, almost one fifth (17%) of the Sydney sample reported recent non-prescribed use, stable relative to 2024 (22%; p=0.375) (Figure 43).

Frequency of Use: Median days of non-prescribed benzodiazepine (e.g., Valium, Diazepam, Xanax, Kalma) use was six days (IQR=2-15; n=17) in the six months preceding interview (6 days in 2024; IQR=3-21; n=22; p=0.609).

Forms Used: Among participants who had recently used non-prescribed benzodiazepines and commented in 2025 (n=17), Valium (diazepam) (65%) was the most commonly used benzodiazepine, followed by Xanax (alprazolam) (35%).

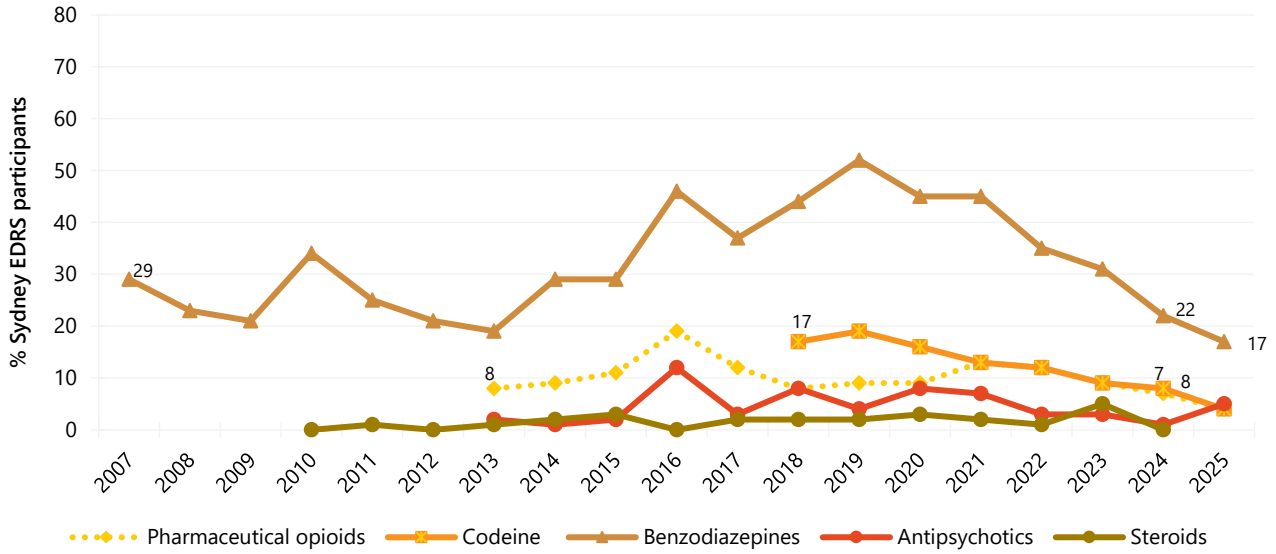
Steroids

Recent Use (past 6 months): The per cent of the Sydney sample reporting recent use of non-prescribed steroids has remained low and stable since monitoring commenced in 2010. In 2025, few participants (n≤5) in the Sydney sample reported recent non-prescribed steroid use (0% in 2024; p=0.246).

Antipsychotics

Recent Use (past 6 months): Few participants (n≤5) reported recent use of non-prescribed antipsychotics in 2025 (n≤5 in 2024; p=0.212) (Figure 43). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 43: Non-prescribed use of pharmaceutical medicines in the past six months, Sydney, NSW, 2007-2025



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 (2018-2023), 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 80% 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). Statistical significance for 2024 versus 2025 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): Recent use of non-prescribed hallucinogenic mushrooms/psilocybin has fluctuated considerably since monitoring commenced in 2010, ranging between 17% and 56%. In 2025, 45% of the Sydney sample reported recent use, stable relative to 2024 (40%; p=0.566) (Figure 44).

Frequency of Use (past 6 months): The median frequency of use among those who commented (n=44) in 2025 was two days (IQR=1-5) in the six months preceding interview, stable relative to 2024 (2 days; IQR=1-3; n=40; p=0.434).

MDA

Recent Use (past 6 months): The per cent reporting recent MDA use gradually decreased from 2003 to 2010, before increasing gradually to 23% in 2013 and subsequently declining again. In 2025, 8% of the Sydney sample reported recent use, stable relative to 2024 (6%; n=6; p=0.779) (Figure 44).

Frequency of Use: The median frequency of use among those who commented (n=8) in 2025 was five days (IQR=3-9) in the six months preceding interview (2 days in 2024; IQR=1-3; n=6; p=0.078).

Substances with Unknown Contents

Recent Use (past 6 months): From 2019, we asked participants about their use of substances with 'unknown contents'. Nine per cent of the Sydney sample reported recent use of any substance with 'unknown contents' in 2025, a significant decrease relative to 2024 (22%; p=0.019) (**Error! Reference source not found.**).

When broken down by form, 6% of participants reported recent use of powder with 'unknown contents' (13% in 2024; p=0.098). Few participants (n≤5) reported recent use of pills (10% in 2024; p=0.004), capsules (n≤5 in 2024) and crystal (n≤5 in 2024) with 'unknown contents' in 2025, therefore, further details are not reported. Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Frequency of Use: Of those who had recently consumed any 'unknown' substance and responded (n=9), participants reported a median of one day (IQR=1-1) of use in the six months preceding interview, stable relative to 2024 (1 day; IQR=1-2; n=21; p=0.299).

Quantity: From 2020 onwards, we asked participants about the average amount of pills and capsules used with 'unknown contents' in the six months preceding interview. In 2025, few participants (n≤5) were able to comment on the median 'typical' amount used per session of pills with 'unknown contents' (1 pill in 2024; IQR=1-1; n=10; p=0.333). Few participants (n≤5) reported on the median 'typical' amount of capsules with 'unknown contents' used per session and therefore, further details are not reported (n≤5 in 2024). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au.

PMA

No participants from the 2025 Sydney sample reported recent use of PMA. Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

PMMA

No participants from the 2025 Sydney sample reported recent use of PMMA. Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Heroin

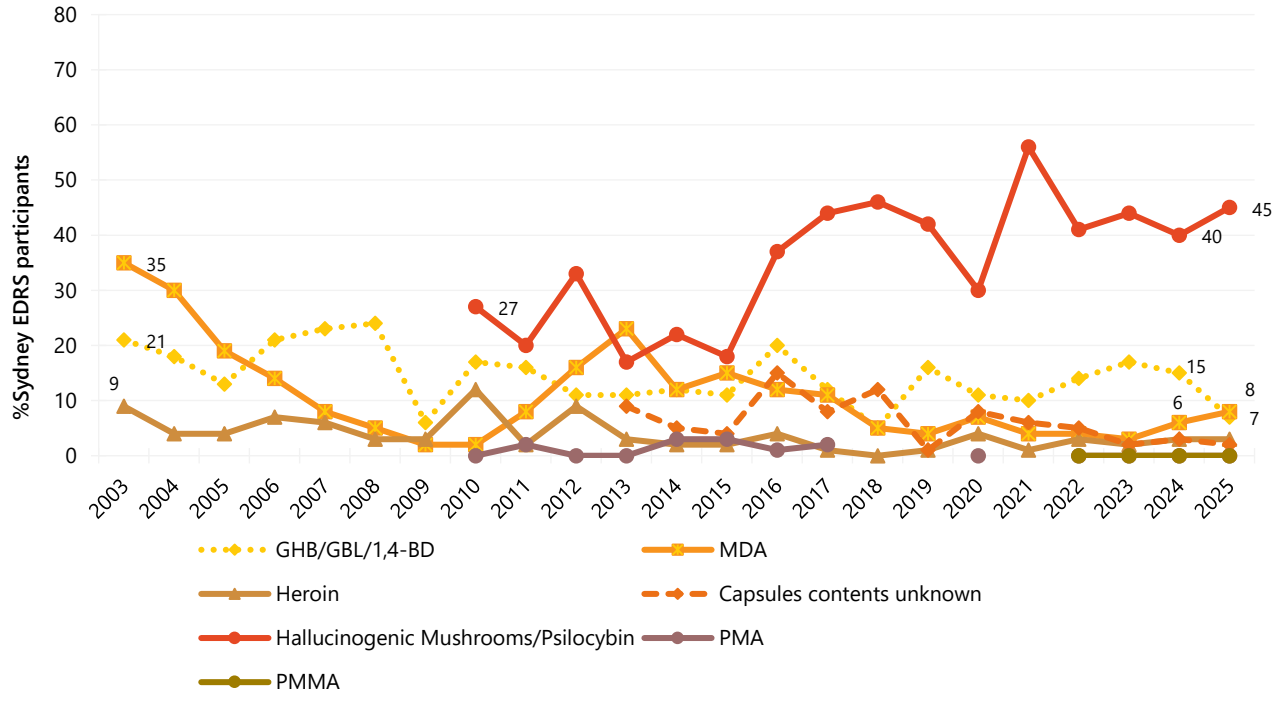
Due to low numbers reporting on recent use of heroin (n≤5), numbers have been suppressed. Please refer to the 2025 National EDRS Report for national trends or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

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

Recent Use (past 6 months): Recent use of GHB/GBL/1,4-BD has fluctuated considerably since monitoring commenced, ranging between few participants (n≤5) reporting recent use in 2018 to 24% in 2008. In 2025, 7% reported recent use, stable relative to 2024 (15%; *p*=0.078) (Figure 44).

Frequency of Use: Of those who had recently used GHB/GBL/1,4-BD and commented (n=7), participants reported use on a median of two days (IQR=1-3) in the previous six months (2 days in 2024; IQR=1-6; n=15; *p*=0.558).

Figure 44: Past six month use of other illicit drugs, Sydney, NSW, 2003-2025



Note. From 2019, participants were asked about 'substances contents unknown' (with further ascertainment by form). Y axis has been reduced to 80% 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). Statistical significance for 2024 versus 2025 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): Recent alcohol use among the Sydney sample has remained high and stable over the course of monitoring. In 2025, the majority (89%) of the Sydney sample reported recent use, stable relative to 2024 (96% in 2024; p=0.105) (Figure 45).

Frequency of Use: Alcohol was consumed on a median of 30 days (IQR=15-70; n=90) in the six months preceding interview (24 days in 2024; IQR=14-63; n=96; p=0.799), equivalent to weekly use. Of those who had consumed alcohol recently and commented (n=90), 68% reported weekly or more frequent use (65% in 2024; p=0.750). Few participants (n≤5) reported daily use (n≤5 in 2024; p=0.432).

Tobacco

In 2024 and 2025, additional questions were included about illicit tobacco. This was defined as products sold illegally without the necessary taxes added to the price.

Recent Use (past 6 months): An increase in the per cent reporting recent tobacco use was observed from 2003 to 2011. From 2011 to 2020, the per cent reporting recent tobacco use remained relatively stable, with a decline observed from 2020 onwards. In 2025, 67% reported recent tobacco use (63% in 2024; p=0.555) (Figure 45). There was a significant increase in the reported recent use of smoked or non-smoked illicit tobacco products in 2025, with almost three fifths (57%) of respondents reporting recent use (22% in 2024; p<0.001).

Frequency of Use: Among those who had recently used tobacco and commented in 2025 (n=67), participants reported use on a median of 120 days (IQR=24-180) in the six months preceding interview, a significant increase relative to 2024 (30 days; IQR=7-180; n=63; p=0.010). Forty-five per cent of participants who had recently used tobacco reported daily use (32% in 2024; p=0.149).

E-cigarettes/'Vapes'

Legislation regulating e-cigarettes (also known as vapes) has changed markedly in recent years. From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose, and from 1 July 2024, all e-cigarette products, regardless of whether they contained nicotine, could only legally be sold in a pharmacy. From 1 October 2024, people 18 years and older could buy e-cigarettes from participating pharmacies with a nicotine concentration of 20 mg/mL or less *without a prescription*, where state and territory laws allowed: products with a nicotine concentration of >20 mg/mL still required a prescription.

To capture these changes, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. In 2025, participants were asked about their use of e-cigarettes obtained from pharmacy (with or without a prescription) and 'non-pharmacy' locations.

In 2025, few participants (n≤5) reported recent use of e-cigarettes that were obtained from a pharmacy. Between 2022 and 2024, few participants reported recent use of prescribed e-cigarettes (n≤5 in 2022, n≤5 in 2023 and n≤5 in 2024). The data presented below for 2025 refers only to use of e-cigarettes that were obtained from non-pharmacy locations. 2022- 2024 data refers to non-prescribed e-cigarette use, while data for 2021 and earlier refers to any e-cigarette use (collectively referred to as 'illicit use' from herein).

Recent Use (past 6 months): Since peaking in 2021 with 85% reporting recent use, the per cent of the Sydney sample reporting recent illicit e-cigarette use has fluctuated considerably. In 2025, 57% of participants reported recent illicit e-cigarette use, stable relative to 2024 (67%; *p*=0.154) (Figure 45).

Frequency of Use: Among those who reported recent use of illicit e-cigarettes (n=56), frequency of use remained stable at a median of 173 days (IQR=20-180) in the six months preceding interview (120 days in 2024; IQR=22-180; n=67; *p*=0.714). Almost half (48%) of participants who had recently used illicit e-cigarettes reported daily use in 2025, stable relative to 2024 (45%; *p*=0.707).

Contents and Forms Used: Among participants who had recently used illicit e-cigarettes and responded in 2025 (n=56), participants most commonly reported using disposable devices (98%).

Reason for Use: Of those who had recently consumed *any* (i.e., prescribed, and non-prescribed) e-cigarettes and commented (n=58), one fifth (21%) reported that they had used e-cigarettes as a smoking cessation tool in 2025 (26% in 2024; *p*=0.527).

Nicotine Pouches

Recent Use (past 6 months): In 2025, one fifth (20%) of the Sydney sample reported recent use of nicotine pouches (20% in 2024) (Figure 45).

Frequency of Use: Participants who had recently used nicotine pouches reported use on a median of six days (IQR=2-15; n=20) in the six months preceding interview, stable relative to 2024 (8 days; IQR=2-30; n=20; *p*=0.514).

Nitrous Oxide

Recent Use (past 6 months): The per cent reporting recent nitrous oxide use gradually increased from 2003 to 2018, before stabilising and subsequently declining. In 2025, 35% of the Sydney sample reported recent use, stable from 42% in 2024 (*p*=0.316) (Figure 45).

Frequency of Use: Participants who had recently used nitrous oxide (n=35) reported use on a median of three days (IQR=2-7) in the previous six months, stable from 2024 (3 days; IQR=2-6; n=42; *p*=0.745).

Quantity: The median number of bulbs consumed in a 'typical' session was reported to be 6 bulbs (IQR=3-9; n=22; 5 bulbs in 2024; IQR=3-14; n=34; *p*=0.899) and the median maximum number of bulbs in a session was reported to be 6.5 bulbs (IQR=4-10; n=22; 10 bulbs in 2024; IQR=3-20; n=33; *p*=0.710).

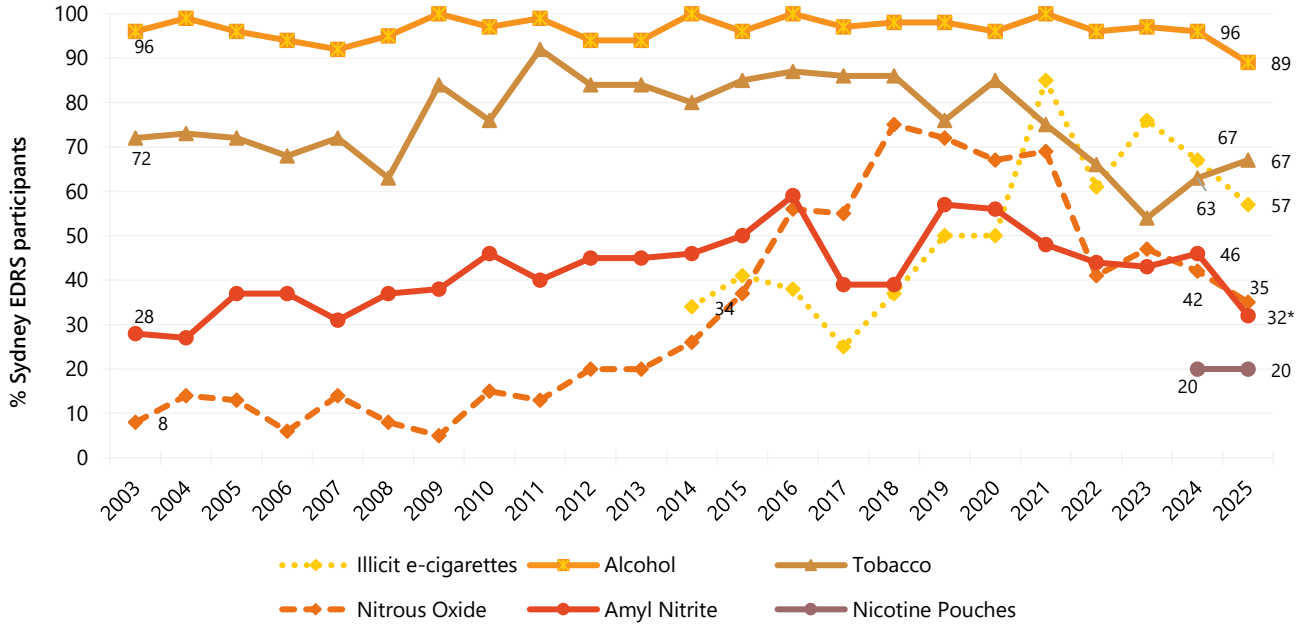
Amyl Nitrite

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 "in preparations for human therapeutic use and packaged in containers with child-resistant closures". However, to our knowledge, the TGA has not yet approved any amyl nitrite products for supply in Australia.

Recent Use (past 6 months): Almost one third (32%) of the Sydney sample reported recent use of amyl nitrite in 2025, a significant decrease relative to 2024 (46%; *p*=0.045) (Figure 45). In 2025, no participants reported that they had obtained amyl nitrite from a pharmacy in the past six months (not asked in 2024).

Frequency of Use: Use of amyl nitrite was infrequent, with respondents reporting a median of three days (IQR=1-10; n=32) of use in the past six months in 2025 (5 days in 2024; IQR=2-12; n=46; *p*=0.117).

Figure 45: Licit and other drugs used in the past six months, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 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

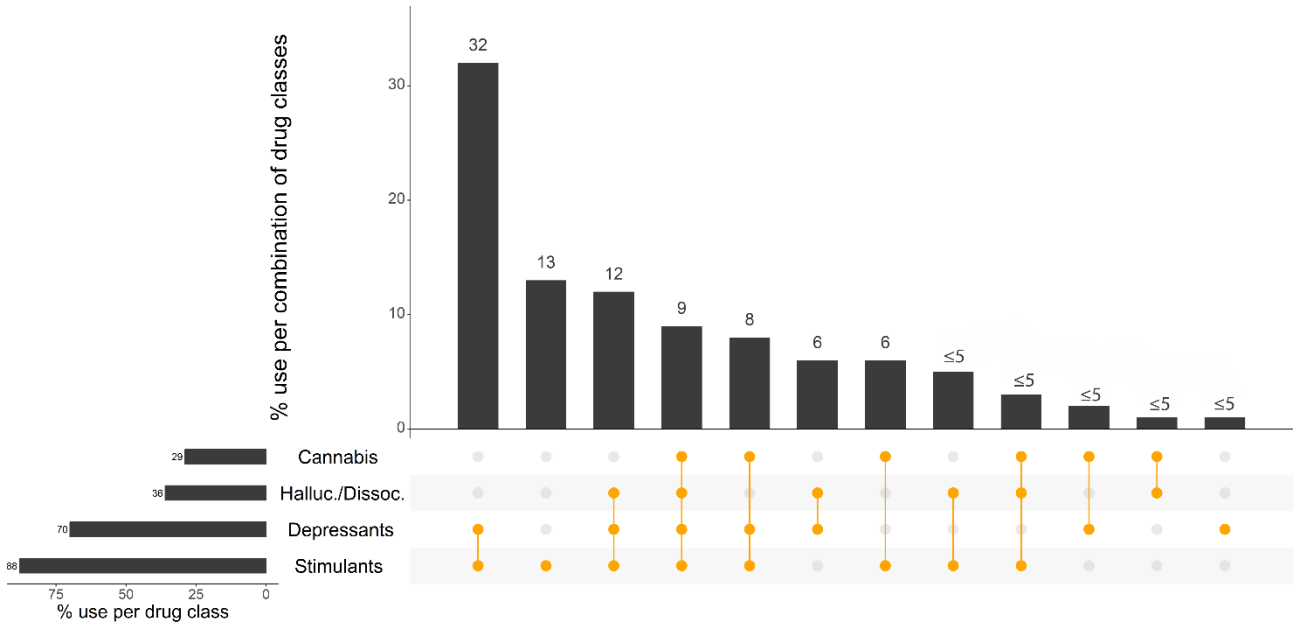
Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who answered (n=99), the most commonly used substances were alcohol (70%) and ecstasy (54%), followed by tobacco (51%), e-cigarettes (43%), cocaine (33%) and cannabis (29%).

Eighty seven per cent (n=86) of the Sydney 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 substances were stimulants and depressants (32%), followed by stimulants, depressants and hallucinogens/dissociatives (12%) stimulants, depressants, cannabis and hallucinogens/dissociatives (9%) and stimulants, depressants and cannabis (8%). Thirteen per cent reported using stimulants alone (Figure 46).

Figure 46: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Sydney, NSW, 2025: Most common drug pattern profiles

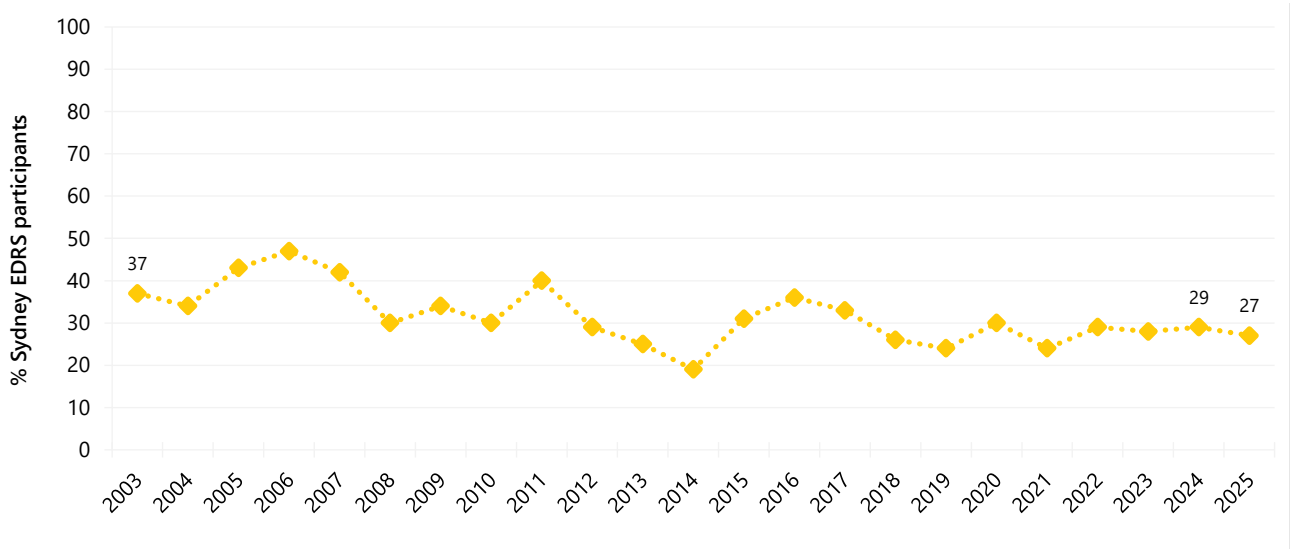


Note. % calculated out of total EDRS 2025 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented 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 35% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had used any stimulant for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. One quarter (27%) of the Sydney sample had binged on one or more drugs in the preceding six months (29% in 2024; p=0.758) (Figure 47).

Figure 47: Past six month use of stimulants for 48 hours or more continuously without sleep ('binge'), Sydney, NSW, 2003-2025



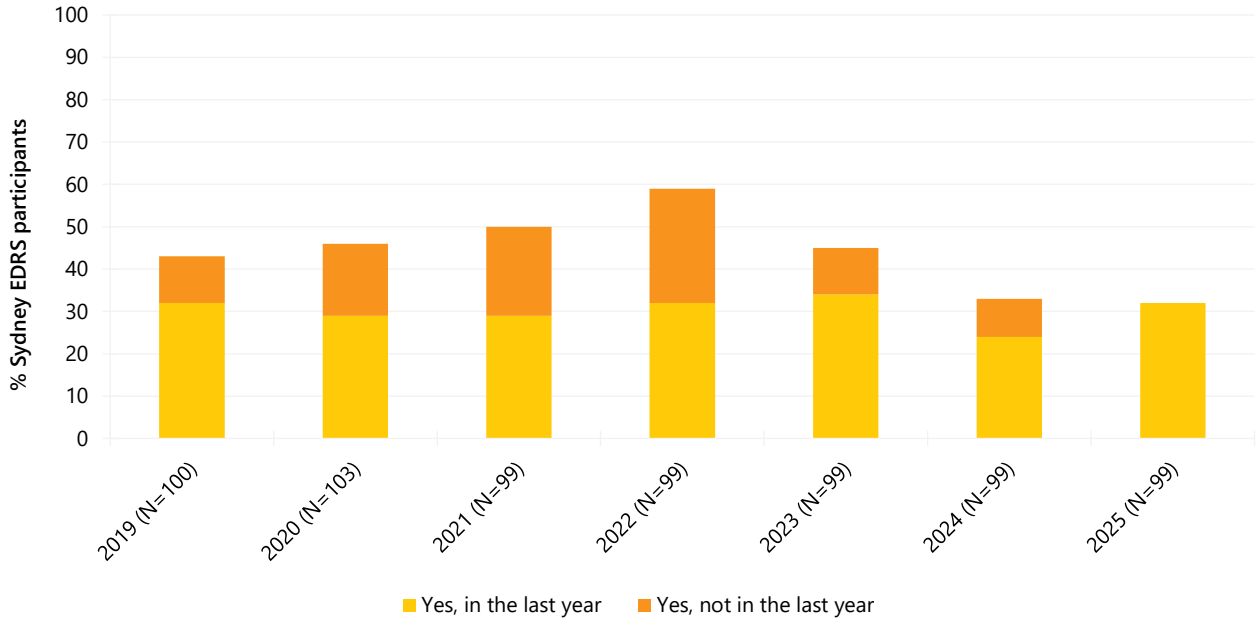
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Statistical significance for 2024 versus 2025 presented in figure; *p <0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for 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 interviewing commenced in 2025, the only government-sanctioned drug checking services that had operated in Australia were in the ACT, QLD, VIC and NSW. In Canberra, ACT, drug checking was provided at the Groovin the Moo festival in 2018 and 2019, and a fixed-site drug checking service (CanTEST) has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened in Brisbane on 20 April 2024, and a second service opened in the Gold Coast in July 2024. Drug checking was also provided at 3 festivals in 2024 - Rabbits Eat Lettuce and Wildlands (by Pill Testing Australia) and Earth Frequency (by CheQpoint) - and as part of the 2024 Qld Gov Schoolies Response (CheQpoint). However, all government funded services ceased in April 2025. In Victoria, drug checking was provided at 'up to' 10 festivals throughout 2024-2025 during an 18-month implementation trial and in March 2025, NSW commenced a 12-month trial of mobile drug checking at 'up to' 12 festivals.

In 2025, 32% 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 (24% in 2024; p=0.270) (Figure 48). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=32), the majority (84%) reported using a personal testing kit. Four fifths (81%) of participants who had used a personal testing kit had used a colorimetric or reagent testing kit and almost one fifth (19%) had used testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). No participants reported using other personal test kits. Of those who reported that they or someone else had tested their illicit drugs in the past year (n=32), one third (34%) of participants reported using a drug checking service. One quarter (25%) of participants reported using an event-based face-to-face drug checking service (e.g., festival pill-testing service). Few participants (n≤5) reported using fixed site face-to-face drug checking service/s (e.g., a drop-in service in a central location) or postal/online service (e.g., Energy Control, Ecstasy Data).

Figure 48: Lifetime and past year engagement in drug checking, Sydney, NSW, 2019-2025



Note: Questions on drug checking commenced in 2019. In 2025, survey questions were separated into 'personal testing kits' and 'drug checking services' and focused on past year use only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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 2025 Sydney sample (including people who had not consumed alcohol in the past 12 months) was 10.4 (SD 6.8), a significant decrease from 11.9 (SD 7.2) in 2024 ($p<0.001$). 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 of 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 from 2024 to 2025 ($p=0.287$) (Table 4).

In 2025, 59% of participants obtained a score of 8 or more, indicative of hazardous use (70% in 2024; $p=0.137$) (Table 4).

Table 4: AUDIT total scores and per cent of participants scoring above recommended levels, Sydney, NSW, 2010-2025

	2010 N=96	2011 N=99	2012 N=94	2013 N=96	2014 N=100	2015 N=98	2016 N=103	2017 N=96	2018 N=100	2019 N=100	2020 N=103	2021 N=99	2022 N=100	2023 N=100	2024 N=100	2025
Mean AUDIT total score (SD)	14.5 (7.8)	16.6 (6.5)	14.0 (6.6)	11.0 (5.8)	11.6 (6.4)	11.6 (5.8)	12.4 (7.3)	12.4 (7.2)	11.9 (6.4)	12.9 (6.4)	12.6 (7.4)	13.4 (7.1)	12.0 (7.0)	13.5 (7.1)	11.9 (7.2)	**10.4 *** (6.8)**
Score 8 or above (%)	82	94	83	69	69	71	70	71	68	77	72	79	72	77	70	**59**
AUDIT zones:																
Score 0-7	18	6	17	31	31	29	30	29	32	23	28	21	28	23	30	**41**
Score 8-15	40	41	45	50	42	43	36	44	39	45	40	41	41	47	38	**38**
Score 16-19	18	19	20	10	14	19	17	10	17	15	12	19	15	9	14	**11**
Score 20 or higher	25	33	18	8	13	9	17	17	12	17	20	18	16	21	18	**11**

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. Imputed values used for missing scale scores. Statistical significance for 2024 versus 2025 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

After a peak in 2016 (39%), the per cent reporting overdose events related to stimulants gradually declined until 2022 and has since stabilised. In 2025, 13% of the Sydney sample reported experiencing a non-fatal stimulant overdose in the past 12 months (9% in 2024; p=0.493) (Figure 49).

The most common stimulant reported during most recent past 12-month non-fatal stimulant overdose in 2025 was 'any form of MDMA' (62%; n=8).

Among those who experienced a recent non-fatal stimulant overdose, the majority (92%; n=12) reported that they had also consumed one or more additional drugs on the last occasion, most notably, alcohol (62%; 54%: ≥5 standard drinks).

Due to few participants (n≤5) reporting on forms of treatment on the last occasion of experiencing a non-fatal stimulant overdose, please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Non-Fatal Depressant Overdose

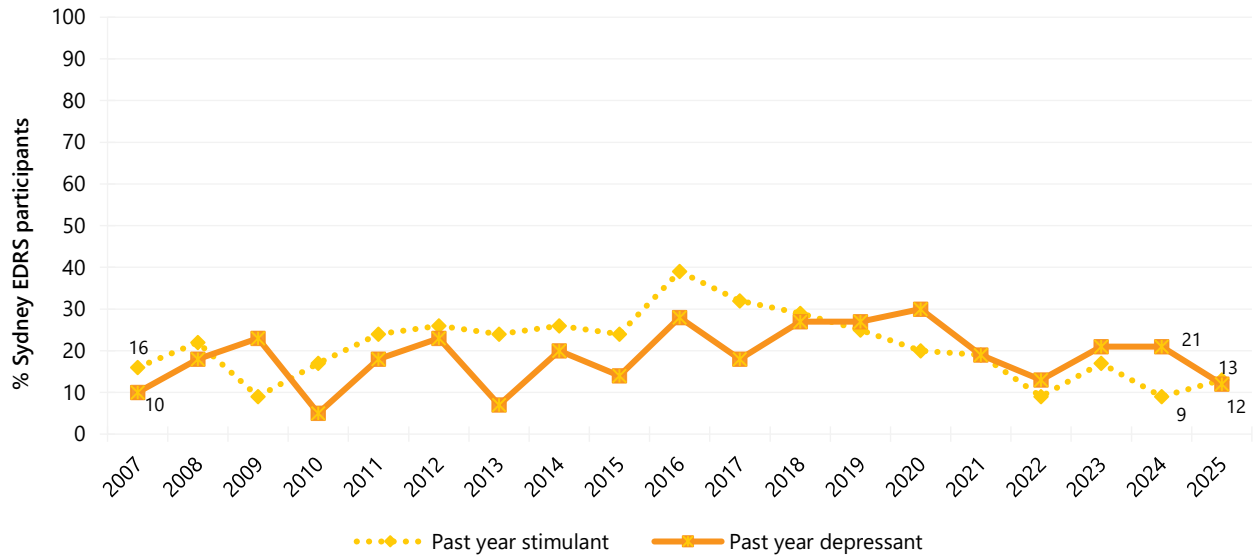
Alcohol: Twelve per cent of the Sydney sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=1-4; n=12; 19% in 2024; p=0.182). Of those who had experienced an alcohol overdose in the past year (n=12), few participants (n≤5)

reported receiving any treatment or assistance on the last occasion. Please refer to the 2025 National EDRS Report for national trends or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Any depressant (including alcohol): Twelve per cent of the Sydney sample reported experiencing a non-fatal depressant overdose in the past 12 months (21% in 2024; *p*=0.094) (Figure 49).

Of those who had experienced any depressant overdose in the last year (n=12), all participants (100%) reported alcohol as the drug used prior to the event. Few participants (n≤5) reported a depressant overdose due to other drugs, therefore, these data are suppressed. Please refer to the 2025 National EDRS Report for national trends or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 49: Past year non-fatal stimulant and depressant overdose, Sydney, NSW, 2007-2025



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). Statistical significance for 2024 versus 2025 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

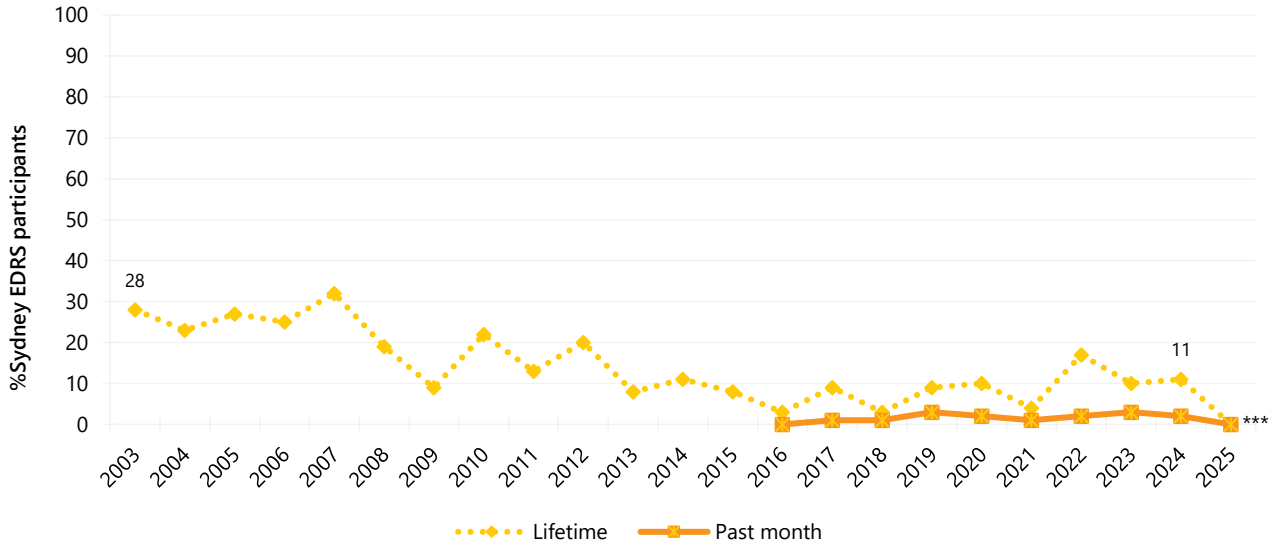
In 2025, three quarters (74%) of the Sydney sample reported that they had heard of naloxone in their lifetime, stable relative to 2024 (66%; p=0.227). Among those who had ever heard of naloxone and responded (n=74), 93% were able to correctly identify the purpose of naloxone (91% in 2024; p=0.755). Among participants who had ever heard of naloxone and responded (n=75), two fifths (43%) had obtained naloxone in their lifetime, a significant increase from 2024 (23%; p=0.022) (32% of the entire sample) and 37% reported obtaining naloxone in the twelve months prior to interview, also a significant increase relative to 2024 (17%; p=0.008) (28% of the entire sample).

Injecting Drug Use and Associated Risk Behaviours

Despite fluctuations over time, lifetime injecting generally declined in the Sydney sample between 2007 (32%) and 2013 (8%), remaining relatively stable thereafter. In 2025, no participants reported lifetime drug injection, a significant decrease relative to 2024 (11%; $p<0.001$) (Figure 50).

No participants reported injecting drugs in the past month in 2025 (n≤5 in 2024; $p=0.246$). Please refer to Figure 50 for historical data and to the 2025 National EDRS Report for national trends or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 50: Lifetime and past month drug injection, Sydney, NSW, 2004-2025



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). Statistical significance for 2024 versus 2025 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

Few participants (n≤5) reported currently receiving drug treatment, which is consistent with reporting in previous years (n≤5 in 2024; $p=0.683$). Please refer to the 2025 National EDRS Report for national trends or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Ecstasy and Methamphetamine Dependence

From 2015, 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 in 2025 and

commented (n=93), 14% recorded a score of three and above, stable from 2024 (8%; *p*=0.258). The median ecstasy SDS score was zero (IQR=0–1). Two thirds (66%) of participants obtained a score of zero on the ecstasy SDS, a significant increase relative to 2024 (49%; *p*=0.031), indicative of no symptoms of dependence in relation to ecstasy use (Table 5).

To assess methamphetamine dependence in the past six months, the cut-off of four and above was used, which is a more conservative estimate and has been used previously in the literature as a validated cut-off for methamphetamine dependence. Amongst participants who had recently used methamphetamine and responded (n=30), one fifth (20%) scored four or above, stable from 35% in 2024 (*p*=0.248). The median methamphetamine SDS score was one (IQR=0-2.8). Forty-seven per cent of the participants obtained a score of zero on the methamphetamine SDS (46% in 2024), indicative of no symptoms of dependence in relation to methamphetamine use (Table 5).

Table 5: 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, Sydney, NSW, 2015-2025

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Ecstasy	**N=99**	**N=102**	**N=100**	**N=100**	**N=99**	**/**	**N=95**	**N=83**	**N=99**	**N=96**	**N=93**
Median total score (IQR)	1 (0-3)	1 (0-3)	1 (0-2)	1 (0-2)	0 (0-2)	/	0 (0-1)	0 (0-1)	0 (0-1)	0 (0-1)	**0 (0-1)**
% score = 0	29	48	41	36	54	/	59	70	58	49	**66***
% score ≥3	27	28	25	15	14	/	9	-	13	8	**14**
Methamphetamine	**N=27**	**N=26**	**N=28**	**N=18**	**N=26**	**N=17**	**N=14**	**N=27**	**N=21**	**N=26**	**N=30**
Median total score (IQR)	1 (0-1)	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-1)	0 (0-5)	2 (0-5)	1 (0-4.8)	**1 (0-2.8)**
% score = 0	48	65	57	67	65	53	71	59	43	46	**47**
% score ≥4	15	19	-	-	-	-	-	26	33	35	**20**

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. Statistical significance for 2024 versus 2025 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 2025, almost two thirds (64%) of the Sydney sample reported some form of sexual activity in the past four weeks, stable relative to 2024 (68%; *p*=0.626). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=51), almost three quarters (73%; n=37) reported using alcohol and/or other drugs prior to or while engaging in sexual activity (76% in 2024; *p*=0.826). Few participants (n≤5) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (11% in 2024; *p*=0.295), whilst 29% (n=15) reported that they had used alcohol and/or other drugs to enhance sexual activity or pleasure with another person (42% in 2024; *p*=0.183). Few participants (n≤5) had engaged in sexual activity in exchange for money, drugs, or other goods or services (n≤5 in 2024) (Table 6).

Of those who commented (n=81), almost two thirds (65%) reported having had a sexual health check-up in their lifetime (68% in 2024; *p*=0.754), including 30% who had done so in the six months prior to interview (32% in 2024; *p*=0.752). Of the total sample who responded (n=81), one fifth (22%) had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (28% in 2024; *p*=0.482), with few participants (n≤5) receiving a positive diagnosis in the past six months (9% in 2024; *p*=0.069) (Table 6). Due to low numbers reporting on the specific types of STIs diagnosed (n≤5), please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Of the total Sydney sample who responded (n=81), 56% reported having ever had a test for human immunodeficiency virus (HIV), stable from 55% in 2024. One fifth (20%) reported having a HIV test in the past six months in 2025 (27% in 2024; *p*=0.370). No participants in 2025 had ever been diagnosed with HIV (n≤5 in 2024; *p*=0.500) (Table 6).

Table 6: Sexual health behaviours, Sydney, NSW, 2021-2025

	2021	2022	2023	2024	2025
Of those who responded#:	**N=96**	**N=98**	**N=96**	**N=95**	**N 81**
% Any sexual activity in the past four weeks	77	86	81	68	**64**
Of those who responded# and reported any sexual activity in the past four weeks:	n=74	n=83	n=78	n=66	**n=51**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	89	84	85	76	**73**
Of those who responded# and reported any sexual activity in the past four weeks:	n=74	n=83	n=76	n=66	**n=51**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	12	11	13	11	**-**
Of those who responded# and reported any sexual activity in the past four weeks:	n=71	n=84	n=78	n=66	**n=51**
% Drugs and/or alcohol used to enhance sexual activity or pleasure with another person	/	/	/	42	**29**
Of those who responded# and reported any sexual activity in the past four weeks:				n=65	**n=49**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	/	-	**-**
Of those who responded#:	n=97	n=98	n=96	n=97	**n=81**
% Had a sexual health check in the last six months	29	38	40	32	**30**
% Had a sexual health check in their lifetime	70	80	74	68	**65**
Of those who responded#:	n=97	n=97	n=96	n=97	**n=81**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	7	9	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	20	29	24	28	**22**
Of those who responded#:	n=95	n=96	n=96	n=94	**n=81**
% Had a HIV test in the last six months	25	31	26	27	**20**
% Had a HIV test in their lifetime	51	71	61	55	**56**
Of those who responded#:	n=97	n=97	n=96	n=94	**n=81**
% Diagnosed with HIV in the last six months	0	0	0	-	**0**
% Diagnosed with HIV in their lifetime	0	0	0	-	**0**

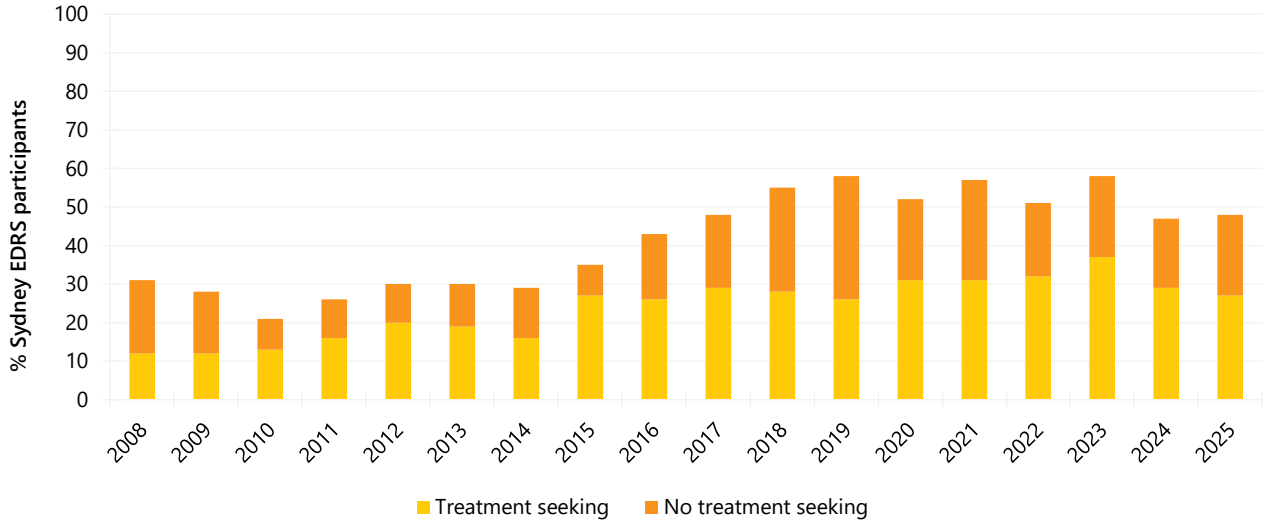
Note. #Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Mental Health and Psychological Distress (K10)

Mental Health

In 2025, almost half (48%) of the Sydney sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2024 (47%; *p*=0.884) (Figure 51). Of those who reported a mental health problem and commented in 2025 (n=47), the most common mental health problems were depression (60%; 69% in 2024; *p*=0.640) and anxiety (49%; 69% in 2024; *p*=0.207), followed by attention-deficit/hyperactivity disorder (ADHD) (43%; 27% in 2024; *p*=0.183). Of those who reported experiencing a mental health problem, 56% (27% of the total sample) reported seeing a mental health professional during the past six months (61% in 2024; *p*=0.682). Of these participants (n=27), 48% reported being prescribed medication for their mental health problem (59% in 2024; *p*=0.590).

Figure 51: Self-reported mental health problems and treatment seeking in the past six months, Sydney, NSW, 2008-2025



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. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 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/the Structured Clinical Interview for DSM disorders.

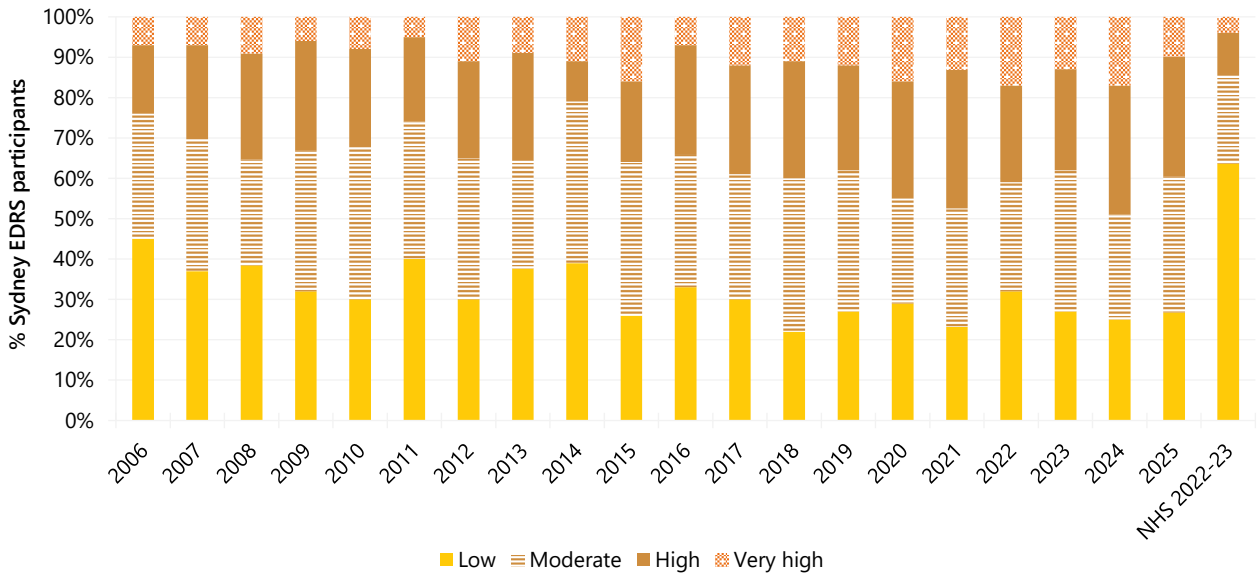
The minimum score is 10 (indicating no psychological distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' 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.

The per cent of participants scoring in each of the four K10 categories remained stable between 2024 and 2025 (p=0.377) (Figure 52), with 10% of the Sydney EDRS sample having a score of 30 or more (17% in 2024).

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) scores on K10. EDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 52).

Figure 52: K10 psychological distress scores, Sydney, NSW, 2006-2025 and among the general population, 2022-2024



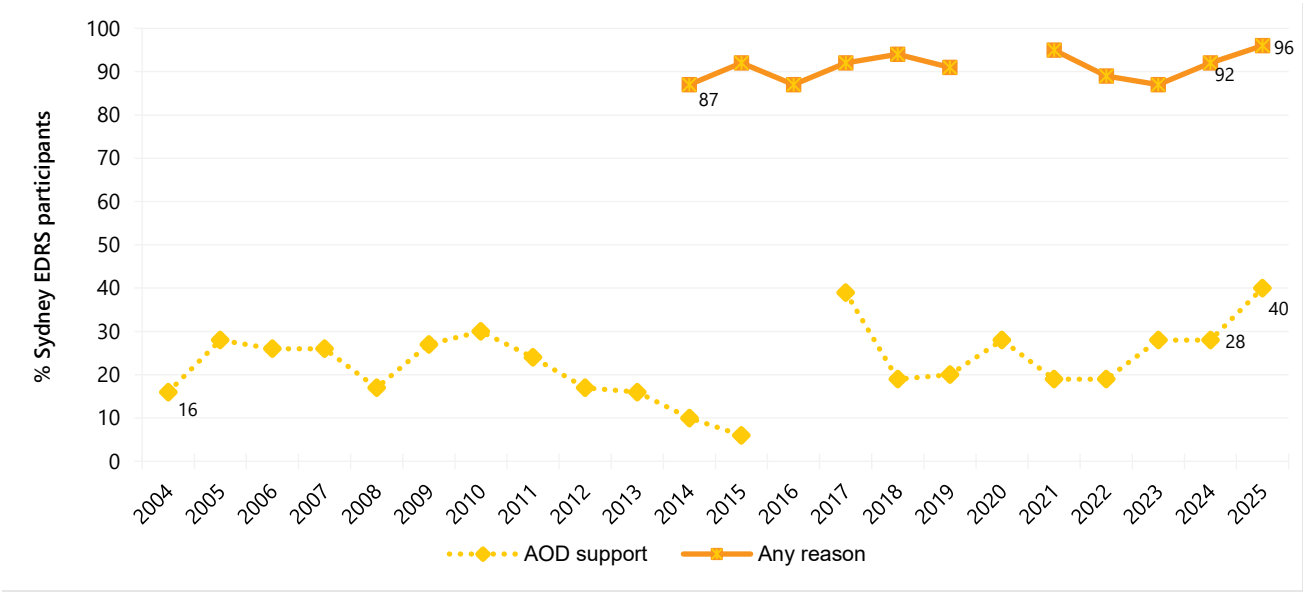
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Two fifths (40%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025, stable relative to 28% in 2024 (p=0.106) (Figure 53). The most common services accessed by participants in 2025 were a general practitioner (GP) (17%; 7% in 2024; p=0.052) follow by a peer-based harm reduction service (12%; 11% in 2024) (Table 7).

The majority (96%) of participants reported accessing any health service for any reason in the six months preceding interview in 2025 (92% in 2024; p=0.251) (Figure 53). The most common services accessed by participants in 2025 were a GP (78%; 78% in 2024), a pharmacy (62%; 61% in 2024 (p=0.881); a dentist (26%; 33% in 2024; p=0.286) and a psychologist (22%; 25% in 2024; p=0.619). There was a significant decrease in participants reporting accessing other health professionals (e.g., physiotherapist), from 20% in 2024 to 8% in 2025 (p=0.015) and few participants (n≤5) reported accessing a specialist doctor in 2025, a significant decrease relative to 2024 (17%; p=0.003) (Table 7).

Figure 53: Health service access for alcohol and other drug reasons, and for any reason, in the past six months, Sydney, NSW, 2004-2025



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). Statistical significance for 2024 versus 2025 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 7: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Sydney, NSW, 2022-2025

	AOD support				Any reason			
	2022	2023	2024	2025	2022	2023	2024	2025
% accessing health services	N=100	N=100	N=100	**N = 101**	N=100	N=100	N=100	**N = 101**
GP^	8	7	7	**17**	75	68	78	**78**
In-person	/	/	/	**15**	/	/	/	**73**
Telehealth	/	/	/	**6**	/	/	/	**25**
Emergency department	-	-	-	**-**	15	20	18	**15**
Hospital admission (inpatient)	-	-	-	**-**	15	14	12	**7**
Medical tent (e.g., at a festival)	-	-	-	**-**	-	12	7	**6**
Drug and Alcohol counsellor	-	-	-	**-**	-	-	-	**-**
Hospital as an outpatient	-	-	-	**-**	8	7	-	**-**
Specialist doctor (not including a psychiatrist)	-	-	0	**0**	23	18	17	**- ****
Dentist	0	-	-	**0**	40	42	33	**26**
Ambulance attendance	-	-	-	**-**	-	-	6	**-**
Pharmacy	/	/	-	**7**	/	/	61	**62**
Other health professional (e.g., physiotherapist)	0	-	0	**0**	22	27	20	**8***
Psychiatrist	-	-	-	**-**	13	14	16	**16**
Psychologist	8	8	-	**-**	25	25	25	**22**
NSP	-	-	-	**-**	-	6	-	**7**
Peer based harm reduction service	6	8	11	**12**	7	10	11	**14**
Other harm reduction service	-	0	-	**-**	-	0	-	**-**

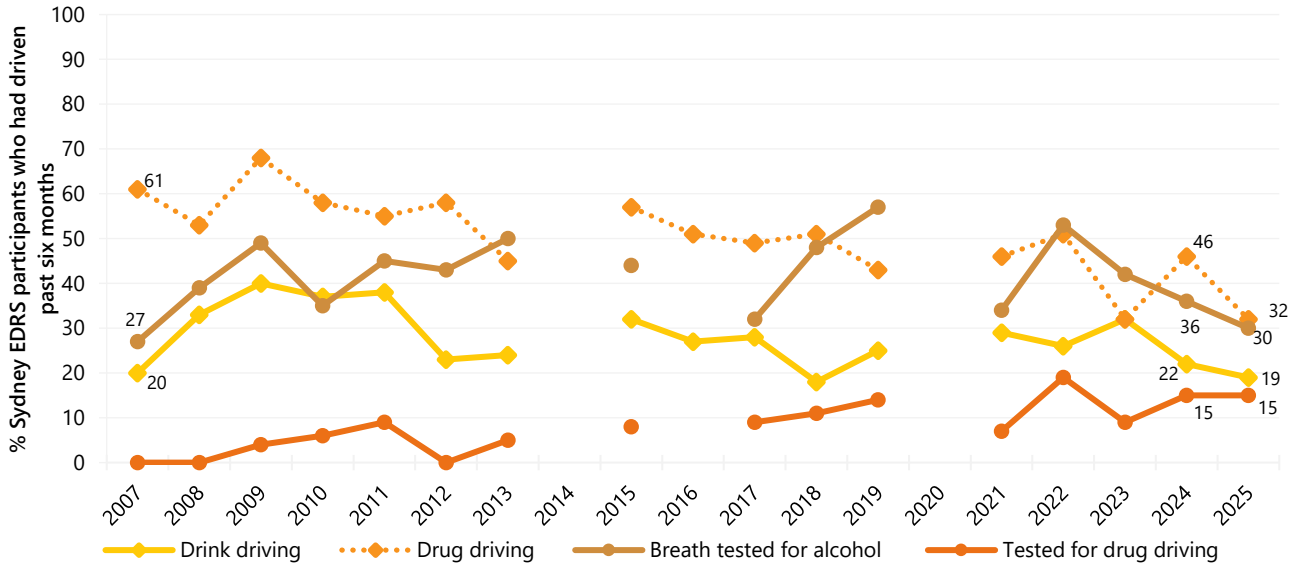
Note. ^ In 2025, we separated 'GP' into 'GP in person' and 'GP via telehealth'. Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Driving

In 2025, seventy per cent of the Sydney 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=70), almost one fifth (19%) reported driving while over the (perceived) legal limit of alcohol (22% in 2024; p=0.825). Of those who had driven in the past six months and responded (n=71), almost one third (32%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (46% in 2024; p=0.122). Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=23), participants most commonly reported using cannabis (35%) prior to driving, followed by pharmaceutical stimulants (30%) and cocaine (26%).

Of those who had driven in the past six months and responded (n=71), almost one third (30%) reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (36% in 2024; p=0.464) and 15% reported that they been tested for drug driving by the police roadside drug testing service (15% in 2024) (Figure 54). Among those who had had been tested for drug driving by the police roadside drug testing service (n=11), few participants (n≤5) were able to report on the specific drug/s that had been detected; therefore, these numbers are suppressed.

Figure 54: 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, Sydney, NSW, 2007-2025



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). Statistical significance for 2024 versus 2025 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

The percentage of participants reporting past month criminal activity has fluctuated considerably since monitoring commenced in 2003, ranging between 18% in 2004 and 46% in 2023. In 2025, 29% of the Sydney sample reported any criminal activity in the previous month, stable from 40% in 2024 (p=0.144). Selling drugs for cash profit (19%; 24% in 2024; p=0.484) and property crime (17%; 23% in 2024; p=0.375) were the two main forms of criminal activity in 2025 (Figure 55).

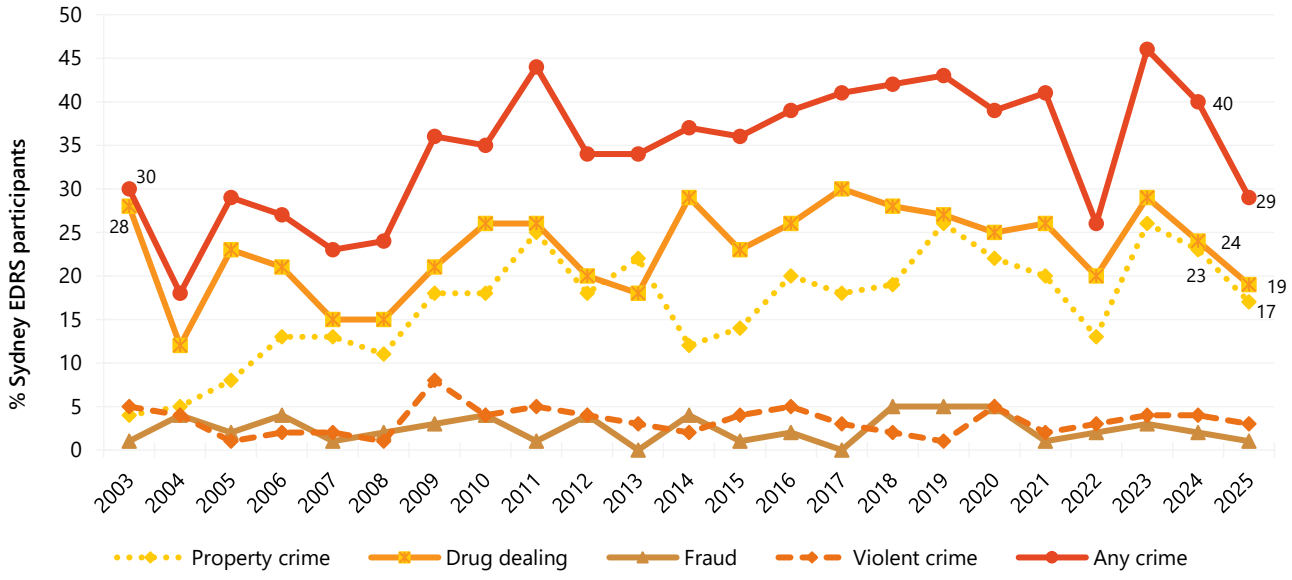
In 2025, seven per cent of participants reported being the victim of a crime involving violence (7% in 2024) (Figure 56).

In 2025, one tenth (10%) of participants reported having been arrested in the 12 months preceding interview (8% in 2024; p=0.801) and 8% reported having ever been in prison (n≤5 in 2024; p=0.568) (Figure 57). Few participants (n≤5) reported reasons for arrest; therefore, further details are not reported. Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

In 2025, few participants (n≤5) had been convicted of a drug-related offence in the past year (n≤5 in 2024) and few participants (n≤5) had been sentenced to a community corrections order (n≤5 in 2024; p=0.621).

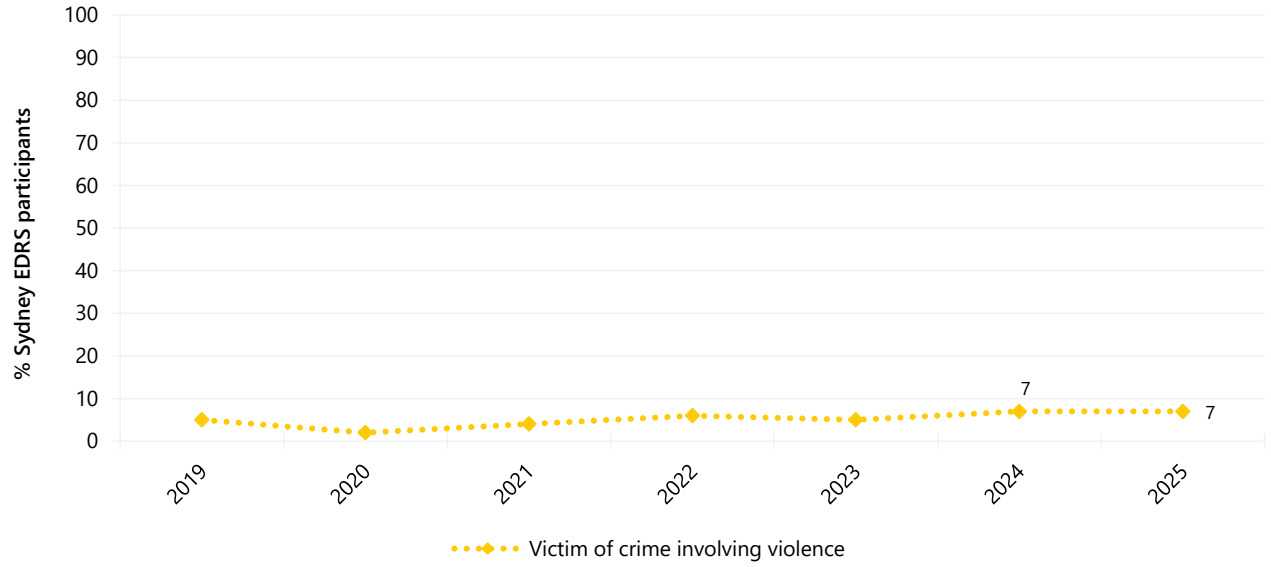
One fifth (21%) of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months ,stable relative to 2024 (19%; p=0.855) (Figure 57). This predominantly comprised being stopped and questioned (71%), a significant increase from 2024 (32%; p=0.028), followed by being stopped and searched (48%; 53% in 2024).

Figure 55: Self-reported criminal activity in the past month, Sydney, NSW, 2003-2025



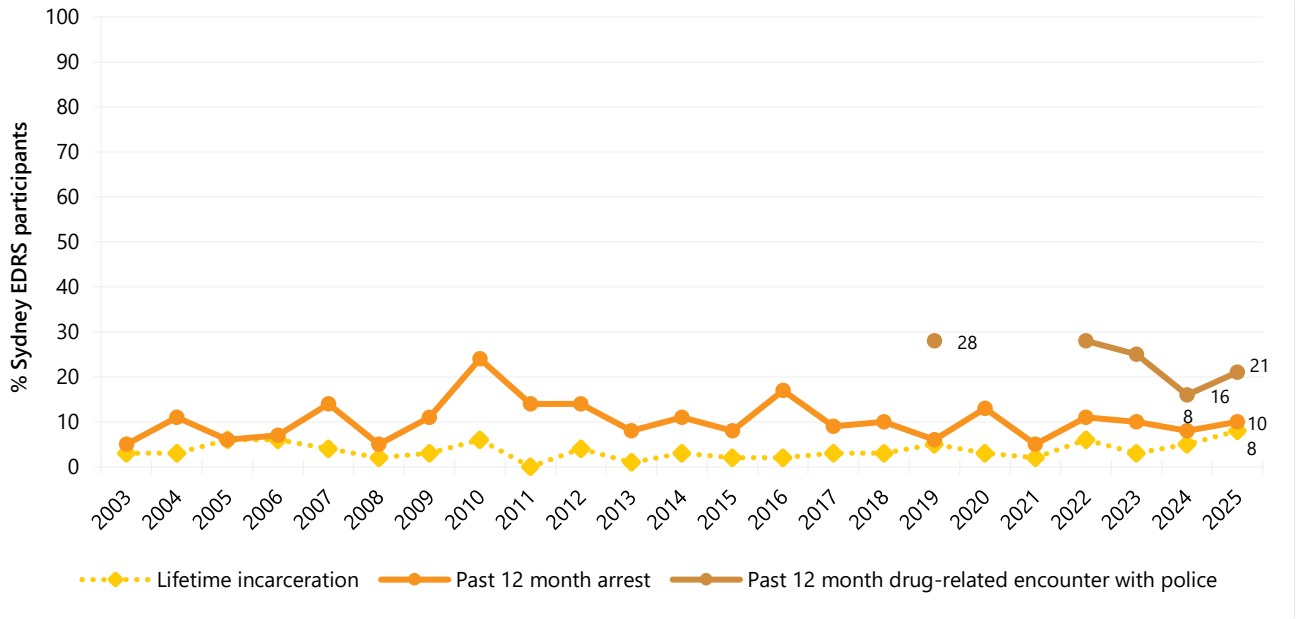
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 56: Victim of crime involving violence in the past month, Sydney, NSW, 2019-2025



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). Statistical significance for 2024 versus 2025 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 57: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Sydney, NSW, 2003-2025



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). Statistical significance for 2024 versus 2025 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 2025, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was social networking or messaging applications (76%; 64% in 2024; p=0.094), followed closely by face-to-face (68%; 66% in 2024; p=0.877). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person (Table 8).

Among those who had used social networking or messaging applications to arrange the purchase of illicit or non-prescribed drugs in the 12 months preceding interview, the most commonly used social networking or messaging apps were Telegram (44%), Signal (41%) and WhatsApp (32%), with substances mostly obtained from a known dealer/vendor (68%), followed by a friend/relative/partner/colleague (60%) and an unknown dealer/vendor (24%).

Buying and Selling Drugs Online

Few participants (n≤5) had arranged the purchase of illicit or non-prescribed drugs via the surface web or darknet in the past year (n≤5 in 2024; p=0.683 and n≤5 in 2024; p=0.369, respectively) (Table 8). However, almost one third (31%) of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with one fifth (20%) having done so in the last 12 months (24% in 2024; p=0.588).

In 2025, no participants reported that they had sold illicit drugs on the surface or darknet in the 12 months preceding interview (n≤5 in 2024; p=0.497).

Source and Means of Obtaining Drugs

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%; 94% in 2024; p=0.747), followed by via a collection point (defined as a predetermined location where a drug will be left for later collection) (13%; 21% in 2024; p=0.188). Receiving illicit drugs via post remained stable (11%; 12% in 2024) (Table 8).

Almost four fifths (78%) of participants in 2025 reported obtaining illicit drugs from a friend/relative/partner/colleague (84% in 2024; p=0.366) in the past year, with almost two thirds (63%) reporting obtaining illicit drugs from a known dealer/vender (66% in 2024; p=0.765). Almost one third (30%) reported obtaining illicit drugs from an unknown dealer/vendor (26% in 2024; p=0.633) (Table 8).

Table 8: Means of purchasing and obtaining illicit drugs in the past 12 months, Sydney, NSW, 2019-2025

	2019	2020	2021	2022	2023	2024	2025
% Purchasing approaches in the last 12 months^#	N=100	N=102	N=98	N=98	N=98	N=100	**N = 99**
Face-to-face	85	61	64	68	64	66	**68**
Surface web	8	11	7	7	-	-	**-**
Darknet market	13	11	7	8	7	-	**-**
Social networking or messaging applications	79	68	80	62	76	64	**76**
Text messaging	70	58	34	60	45	51	**37**
Phone call	43	40	29	30	30	27	**22**
Grew/made my own	-	-	-	-	0	-	**-**
Other	0	0	0	-	0	0	**0**
Means of obtaining drugs in the last 12 months^~	N=100	N=103	N=98	N=98	N=97	N=99	**N = 99**
Face-to-face	99	95	94	95	99	94	**96**
Collection point	8	23	11	38	23	21	**13**
Post	14	16	13	17	11	12	**11**
% Source of drugs in the last 12 months^	N=100	N=101	N=98	N=99	N=97	N=99	**N = 99**
Friend/relative/partner/colleague	8	76	82	75	78	84	**78**
Known dealer/vendor	20	73	74	78	71	66	**63**
Unknown dealer/vendor	55	45	38	30	30	26	**30**

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 in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' Statistical significance for 2024 versus 2025 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.