EDRS

WESTERN AUSTRALIAN DRUG TRENDS 2025

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

WESTERN AUSTRALIAN 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: j.grigg@curtin.edu.au or drugtrends@unsw.edu.au

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Acknowledgements

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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, Udesha Chandrasena, Olivia Price, 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;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

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

Abbreviations

1,4-BD	1,4-Butanediol
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
ACT	Australian Capital Territory
ADHD	Attention-deficit/hyperactivity disorder
Alpha PHP	α -Pyrrolidinohexanophenone
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drug
AUDIT	Alcohol Use Disorders Identification Test
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NBOME	N-methoxybenxyl
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Service
NPS	New psychoactive substances
NSP	Needle Syringe Program
NSW	New South Wales
OTC	Over-the-counter
PMA	Para*methoxyamphetamine*
PMMA	Polymethyl methacrylate
REDCAP	Research Electronic Data Capture
QLD	Queensland
ROA	Route of administration

SD	Standard Deviation
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
STI	Sexually transmitted infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Perth Western Australia (WA) EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants recruited via social media and via word-of mouth in Perth, WA. 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

The Perth EDRS sample (N=100) was similar to the sample in 2024 and in previous years. Gender and age remained stable between 2024 and 2025, with 56% identifying as male (59% in 2024), and participants reporting a median age of 23 years (21 years in 2024). Two fifths (42%) reported being current students in 2025 (51% in 2024), while 57% held tertiary qualifications (40% in 2024; p=0.026). Half (47%) reported part time/casual employment, while one quarter (27%) reported full-time employment. Forty-six per cent of the sample reported residing in their parents/family home at the time of interview, while 43% reported living in a rental house/flat. Drug of choice remained stable between 2024 and 2025, with 32% nominating cannabis (29% in 2024) and 28% nominating ecstasy (28% in 2024). However, the drug used most in the month preceding interview significantly changed between 2024 and 2025 (p=0.001). Specifically, while cannabis remained the drug used most often (39%; 38% in 2024), fewer participants reported ecstasy (7%; 16% in 2024) and cocaine (n≤5; 8% in 2024) most often, while a higher per cent reported using alcohol (35%; 11% in 2024).

Non-Prescribed Ecstasy

Recent use (past 6 month) of any non-prescribed ecstasy remained stable in 2025 relative to 2024 (93%; 89%), as did frequency of use (8 days; 9 days in 2024). In 2025, there was a significant increase in the per cent reporting recent non-prescribed ecstasy crystal use (68%; 51% in 2024; p=0.021), whilst reported non-prescribed use of ecstasy capsules, pills, and powder remained stable (45%, 21%, and 25% respectively). The perceived purity and availability of non-prescribed ecstasy pills, capsules, crystal and powder also remained stable between 2024 and 2025, as did the price of pills, capsules, and powder. However, there was a significant decline in the price per gram of non-prescribed ecstasy crystal in 2025 ($278; $300 in 2024; p=0.049).

Methamphetamine

Recent use of any non-prescribed methamphetamine remained stable in 2025 (15%), relative to 2024 (9%), as did median days of recent use (15 days; 60 days in 2024). Crystal remained the most commonly reported form of methamphetamine used (13%; 8% in 2024), with few participants (n≤5) reporting use of powder and base in 2025 (n≤5 in 2024). The price and perceived purity and availability of methamphetamine crystal also remained stable between 2024 and 2025.

Non-Prescribed Pharmaceutical Stimulants

Recent use of non-prescribed pharmaceutical stimulants has doubled over monitoring years, from 43% in 2007 to 84% in 2025, representing the highest per cent observed since monitoring commenced but stable relative to 2024 (73%). Median days of use remained stable at 10 days (15 days in 2024). Dexamfetamine remained the most common form used (92%; 96% in

2024), followed by lisdexamfetamine (39%; 29% in 2024). Price and perceived availability remained stable between 2024 and 2025.

Cocaine

Recent use of cocaine has tripled since monitoring commenced, from 17% in 2003 to 60% in 2025, although it has stabilised in recent years (71% in 2024). Median days of recent use remained low and stable (2 days in 2025; 3 days in 2024), and few participants (n≤5) reported weekly or more frequent use in 2025 (n≤5 in 2024). All participants who had recently used cocaine reported using powder cocaine (100%; 97% in 2024). While perceived availability of cocaine also remained stable, there was a significant change in perceived purity between 2024 and 2025 (p=0.023) with few reporting 'high' purity (n≤5; 29% in 2024), and a greater percent reporting 'medium' (48%; 21% in 2024). The median price per gram of cocaine also significantly increased to $500 ($400 in 2024; p=0.005).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2025 (80%), relative to 2024 (77%). Among those who had recently used non-prescribed cannabis and/or cannabinoid-related products, one quarter reported daily use (26%; 25% in 2024). Hydroponic remained the most commonly reported form used (71%; 79% in 2024), followed by 'bush' (55%), which significantly increased relative to 2024 (34%; p=0.021). The price, perceived potency and perceived availability of hydroponic and bush cannabis remained stable between 2024 and 2025.

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine (48%; 55% in 2024), LSD (30%; 33% in 2024) and DMT (17%; 11% in 2024) remained stable in 2025, relative to 2024. Median days of use remained low and stable for all three substances, ranging between two and four days in the six months preceding interview. Price, and perceived purity and perceived availability for ketamine and LSD also remained stable between 2024 and 2025.

New Psychoactive Substances (NPS)

Any NPS use, including plant-based NPS, has fluctuated over time. However, in 2025, few participants (n≤5) reported recent use, a significant decline relative to 2024 (17%; p=0.011) and the lowest per cent observed since monitoring commenced. Similar results were observed for any NPS use, excluding plant-based NPS (n≤5; 16% in 2024; p=0.019).

Other Drugs

Reported use of other drugs remained largely stable in 2025, relative to 2024. However, the per cent reporting weekly or more frequent alcohol use in the six months preceding interview significantly declined (62%; 77% in 2024: p=0.031). Additionally, one quarter (28%) of the Perth sample reported recent use of nitrous oxide in 2025, stable relative to 2024 (36%), but a steep decline from 70% in 2022. Tobacco use remained high and stable (74%; 70% in 2024), as did non-prescribed e-cigarettes (74%; 69% in 2024).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

The majority (91%; n=90) of the Perth sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes).

One quarter (26%) of the sample reported using stimulants or related drugs for 48 hours or more continuously without sleep in the six months preceding interview (26% in 2024).

Dependence, injecting and overdose

Almost three quarters (72%) of the Perth sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use (79% in 2024). One fifth (20%) of those who reported recent non-prescribed ecstasy use obtained an SDS score of 3 or more (18% in 2024), whilst few participants (n≤5) reporting recent methamphetamine use obtained a score of 4 or more (n≤5 in 2024), indicating possible dependence on these substances.

Past year non-fatal stimulant overdose remained stable in 2025 (18%; 18% in 2024), as did non-fatal depressant overdose (27%; 21% in 2024).

Past month injecting drug use remained low and stable in 2025 (6%; 7% in 2024).

Drug checking and naloxone

Two fifths (42%) of the Perth sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, a significant increase from 23% in 2024 (p=0.007).

Two thirds (69%) reported that they had ever heard of naloxone (63% in 2024), of which 86% were able to correctly identify the purpose of naloxone (92% in 2024) and 20% reported (ever) obtaining naloxone, a significant increase relative to 2024 (n≤5; p=0.009).

Sexual activity, mental health and health service access

Three quarters (77%) of the sample reported engaging in some form of sexual activity in the past four weeks (81% in 2024), of which 39% reported using drugs/alcohol to enhance it (31% in 2024). One quarter (28%) of the sample reported having a sexual health check-up in the past six months (22% in 2024), while 21% reported a recent HIV test (13% in 2024).

Two thirds (65%) reported experiencing a mental health problem in the six months preceding interview (63% in 2024), of which depression (59%) and anxiety (53%) were most commonly reported. One fifth (19%) of the sample scored in the 'very high' psychological distress category in 2025 (26% in 2024). There has been a doubling in the per cent of the Perth sample scoring in the 'high' or 'very high' categories between 2018 (24%) and 2025 (54%)

One fifth (22%) of the Perth sample reported accessing any health service for alcohol and/or drug support in the six months preceding interview (29% in 2024), and current drug treatment engagement remained low (n≤5; 7% in 2024).

Driving, contact with police and modes of purchasing drugs

Among recent drivers, one quarter (26%) reported driving while over the perceived legal limit of alcohol (39% in 2024), while 60% reported driving within three hours of consuming an illicit or non-prescribed drug in the prior six months (51% in 2024).

Fourty six per cent of the Perth sample reported 'any' crime in the past month (37% in 2024), with property crime (26%; 23% in 2024) and drug dealing (24%; 17% in 2024) being the two main forms of criminal activity reported. Six per cent of the sample reported a past year arrest (8% in 2024), and 8% reported a drug-related encounter with police which did not result in charge or arrest (9% in 2024).

Face-to-face and social networking apps remained the most common means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (each 78%). The majority (85%) of participants reported obtaining illicit drugs from a friend/relative/partner/colleague (86% in 2024), while 64% reported obtaining from a known dealer (44% in 2024; p=0.011).

2025 SAMPLE CHARACTERISTICS

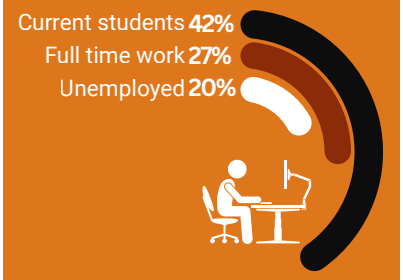
EDRS Ecstasy and Related Drugs Reporting System

Between April and June, 100 participants, recruited from Perth, WA, were interviewed.

23 years

Male

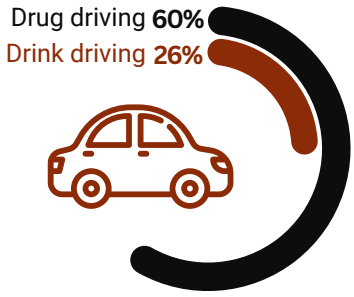
Median age and per cent who identified as male.



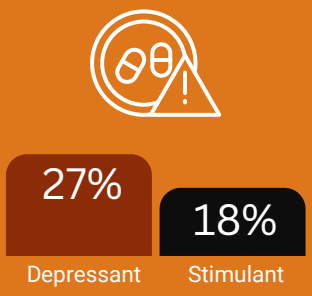
Current student and employment status.

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

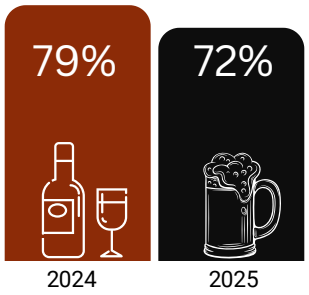
DRUG-RELATED HARMS AND RISKS



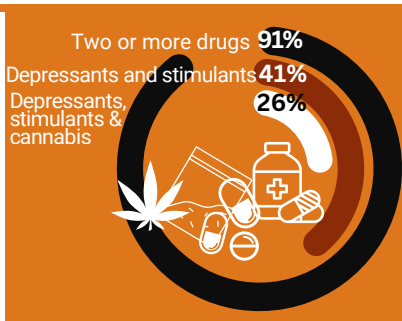
Among recent drivers, 60% reported driving a vehicle within 3 hours of consuming illicit drugs and 26% while over the legal limit of alcohol.



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

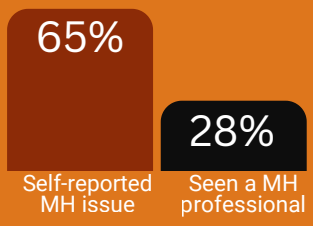


Percentage who obtained an AUDIT score of 8 or more, indicative of past year hazardous alcohol use.

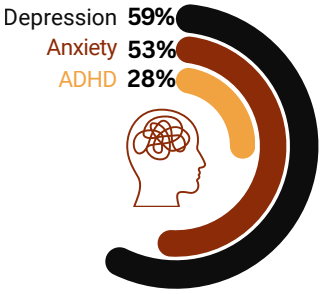


In 2025, 91% reported using two or more drugs on the last occasion of ecstasy or related drug use: the most commonly used combination of drug classes was depressants and stimulants (41%).

OTHER BEHAVIOURS

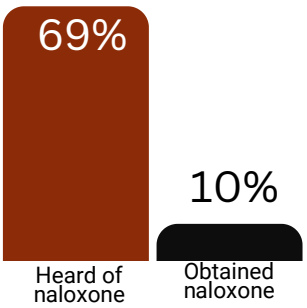


Percentage who self-reported mental health (MH) problems and treatment seeking in the six months preceding interview.



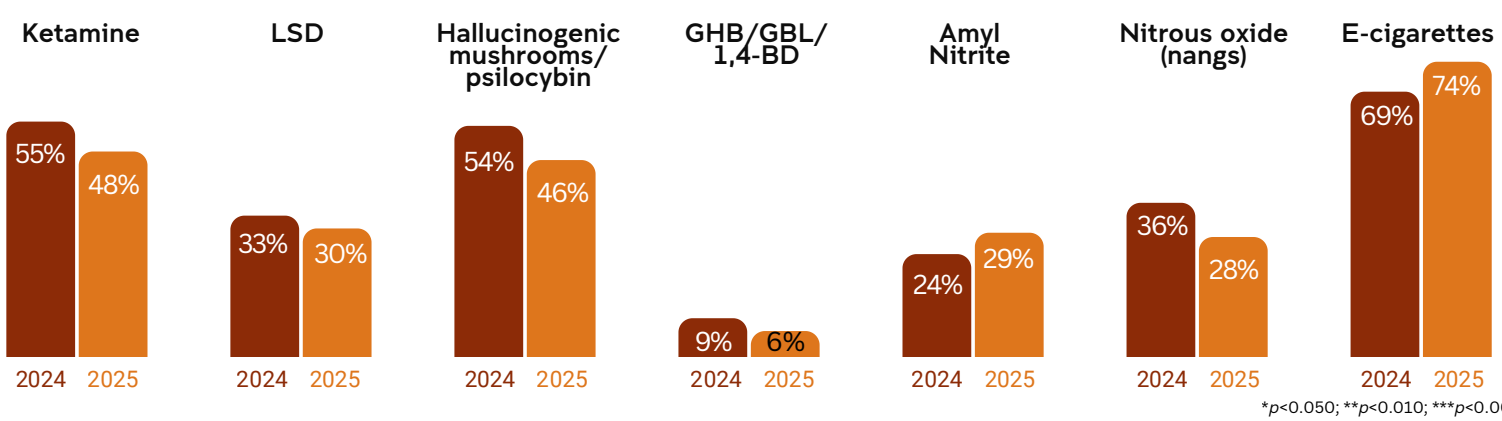
Among those who reported a mental health (MH) problem, the three most common mental health issues were anxiety, depression and ADHD.

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



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

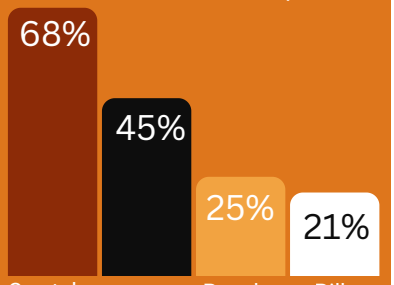


*p<0.050; **p<0.010; ***p<0.001.

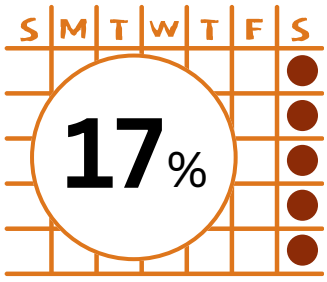
ECSTASY

EDRS Ecstasy and Related Drugs Reporting System

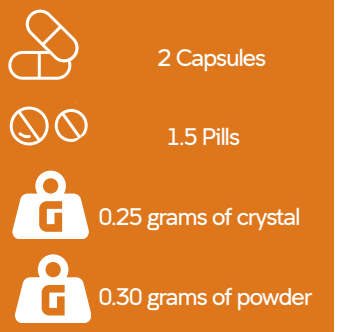
FORM of ecstasy



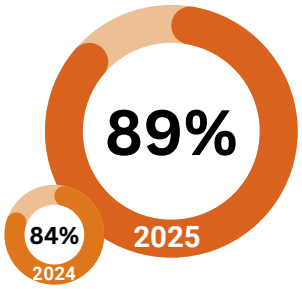
Past 6 month use of ecstasy capsules, crystal, pills and powder in 2025.



Of those who had recently used any ecstasy, 17% reported weekly or more frequent use, stable from 2024 (18%).



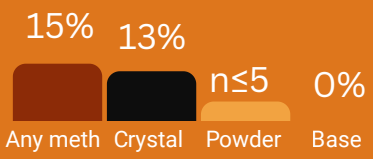
Median amounts of ecstasy consumed in a 'typical' session.



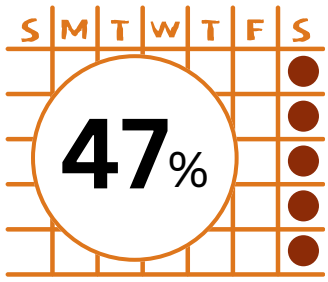
Percentage who perceived ecstasy capsules as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

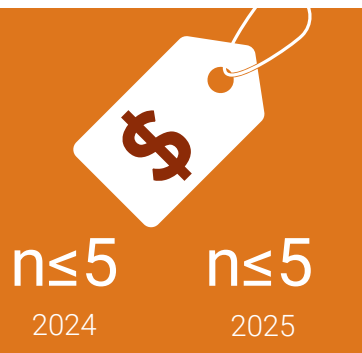
FORM of methamphetamine



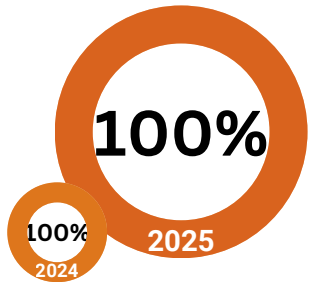
Past 6 month use of any methamphetamine, crystal, powder and base in 2025.



Of those who had recently used any methamphetamine, 47% reported weekly or more frequent use, stable from 2024 (67%).

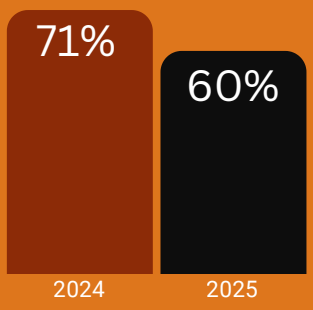


The median reported price for a point of methamphetamine crystal.

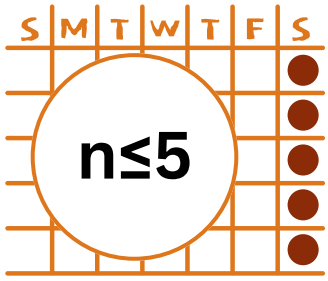


Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

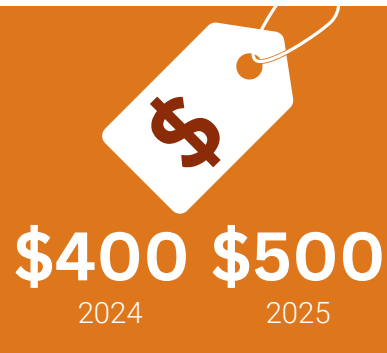
COCAINE



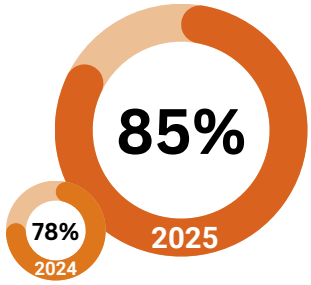
Past 6 month use of any cocaine remained stable between 2024 and 2025.



Of those who had recently consumed cocaine, few (n≤5) reported weekly or more frequent use, stable from 2024 (n≤5).

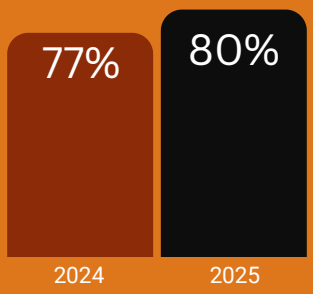


The median reported price for one gram of cocaine in 2025 was $500, a significant increase from 2024.

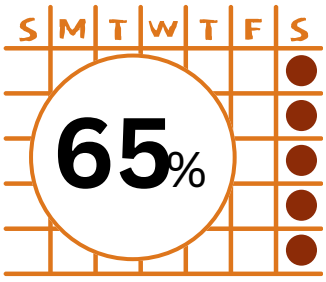


Percentage who perceived cocaine as being 'easy' or 'very easy' to obtain.

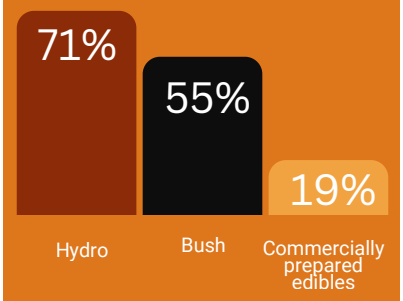
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



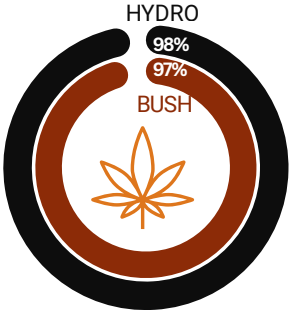
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products was stable between 2024 and 2025.



Of those who had recently used non-prescribed cannabis, 65% reported weekly or more frequent use, stable from 2024 (65%).



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



Percentage who perceived cannabis and/or cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2024).

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

Methods

EDRS 2003-2019

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

EDRS 2020-2025: 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.

In 2021, a hybrid approach was used in Perth, 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. Whilst most other jurisdictions continued with the hybrid approach in 2022, Perth interviews were conducted entirely via telephone due to local COVID-19 outbreaks occurring in the lead up to and during the recruitment period. However, a hybrid approach was again used from 2023.

2025 EDRS Sample

A total of 690 participants were recruited across capital cities nationally (April-July, 2025), with 100 participants interviewed in Perth, WA between 10th April- 30th June 2025. A total of 82 interviews (82%) were conducted via telephone in 2025; the remainder were conducted face-to-face.

Seven per cent of the 2025 Perth sample completed the interview in 2024, while few participants (n≤5) in the 2024 Perth sample completed the interview in 2023 (p=0.372). In 2025, 78% of the sample heard about the survey via the internet (e.g., Facebook and Instagram), while 20% heard via word-of-mouth.

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 six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, was excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

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

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Perth, WA (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 Perth EDRS sample was mostly similar to the sample in 2024 and in previous years (Table 2).

Gender remained stable between 2024 and 2025 (p=0.479), with 56% of the sample identifying as male (59% in 2024). The median age of the sample was 23 years (IQR=19-27), stable relative to 2024 (21 years; IQR=19-28; p=0.697).

Accommodation remained stable (p=0.107), with 46% of the sample reporting that they were living with their parents/in their family house (53% in 2024) and most of the remaining participants residing in a rented house/flat (43%; 33% in 2024).

Participants reported a mean of 11 years of school in 2025 (range: 8-12; 12 years in 2024; range: 9-12; p=0.106). Two fifths (42%) were current students, stable relative to 2024 (51%; p=0.260), while fifty-seven per cent of participants had already obtained a post-school qualification(s), a significant increase from 40% in 2024 (p=0.026).

Current employment status remained stable between 2024 and 2025 (p=0.810). Specifically, almost half (47%) reported being employed on a part time/casual basis at the time of interview (52% in 2024), 27% reported being employed full-time (27% in 2024), and 20% reported being unemployed at the time of interview (15% in 2024).

Table 2: Demographic characteristics of the sample, nationally, 2025, and Perth, WA, 2021-2025

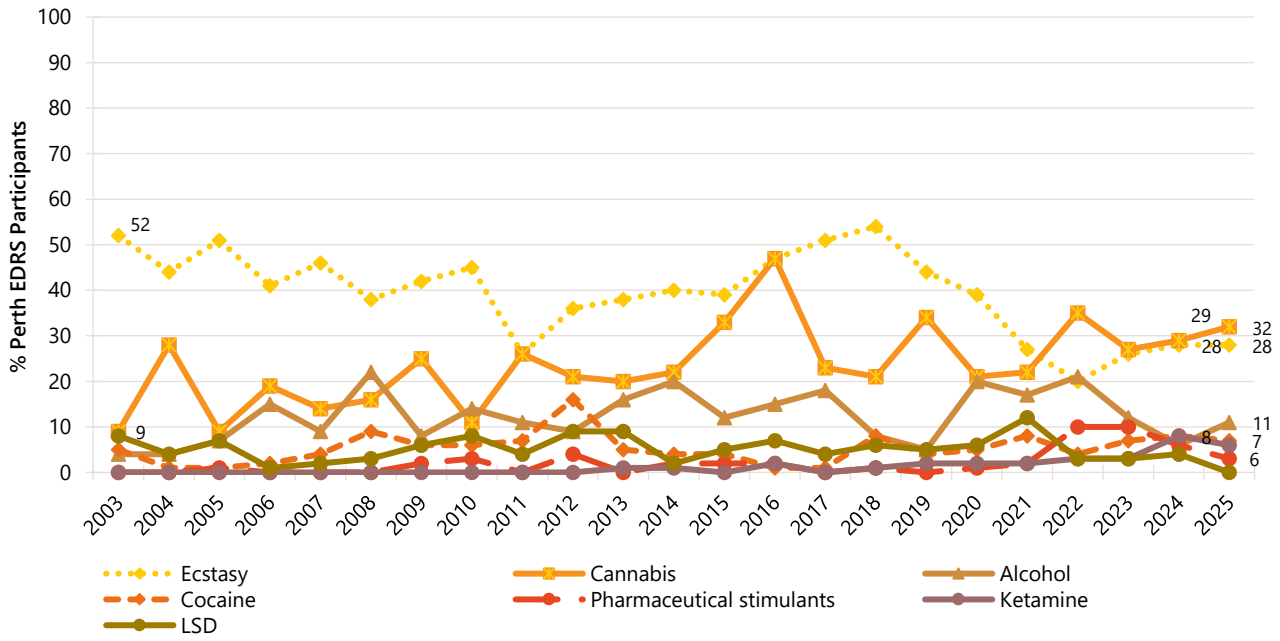
	Perth, WA					National
	2021	2022	2023	2024	2025	2025
	(N=100)	(N=100)	(N=100)	(N=100)	(N=100)	(N=690)
Median age (years; IQR)	22 (19-26)	21 (20-24)	23 (20-30)	21 (19-28)	**23 (19-27)**	**26 (20-34)**
% Gender						
Female	32	27	41	38	**43**	**41**
Male	64	71	59	59	**56**	**57**
Non-binary	-	-	0	-	**-**	**1**
% Aboriginal and/or Torres Strait Islander	-	-	-	6	**-**	**8**
% Born in Australia	/	/	85	85	**83**	**85**
% English primary language spoken at home	/	/	98	100	**97**	**97**
% Sexual identity						
Heterosexual	77	84	78	82	**66**	**72**
Homosexual	-	-	-	6	**7**	**6**
Bisexual	8	7	16	10	**23**	**17**
Queer	6	6	-	-	**-**	**4**
Other identity	-	-	-	-	**-**	**2**
Mean years of school education (range)	12 (9-12)	12 (9-12)	12 (9-12)	12 (9-12)	**11 (8-12)**	**12 (7-12)**
% Post-school qualification(s)^	54	50	53	40	**57***	**63**
% Current students#	59	37	31	51	**42**	**34**
% Current employment status						
Employed full-time	30	38	39	27	**27**	**29**
Part time/casual	54	46	42	52	**47**	**39**
Self-employed	-	-	-	6	**6**	**5**
Unemployed	12	15	17	15	**20**	**28**
Current median weekly income $ (IQR)	$600 (354-950)	$800 (500-1154)	$900 (500-1413)	$625 (313-1075)	**$696 (411-1213)**	**$700 (400-1350)**
% Current accommodation						
Own house/flat	7	12	14	12	**6**	**13**
Rented house/flat	46	52	46	33	**43**	**50**
Parents'/family home	46	32	36	53	**46**	**26**
Boarding house/hostel	0	-	-	0	**-**	**1**
Public housing	0	-	-	-	**-**	**5**
No fixed address+	0	-	-	-	**0**	**2**
Other	-	-	-	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.

Drug of choice remained stable between 2024 and 2025 (p=0.547), with 32% nominating cannabis as the drug of choice in 2025 (29% in 2024), followed closely by ecstasy (28%; 28% in 2024) (Figure 1). However, the drug used most often in the past month significantly changed between 2024 and 2025 (p=0.001). Specifically, while cannabis remained the drug used most often in 2025 (39%; 38% in 2024), a smaller per cent of participants reported using ecstasy (7%; 16% in 2024) or cocaine (n≤5; 8% in 2024) most often, while a higher per cent reported using alcohol (35%; 11% in 2024) (Figure 2).

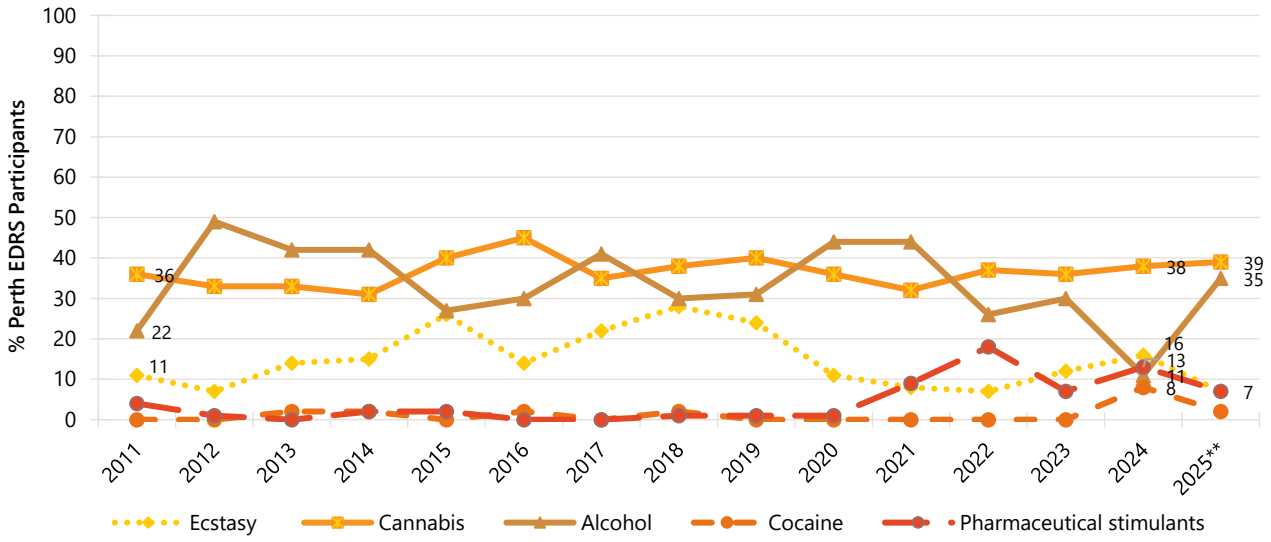
Weekly or more frequent use of various drugs remained stable between 2024 and 2025. Specifically, half (52%) of the Perth sample reported weekly or more frequent cannabis use (50% in 2024; p=0.884), 16% per cent reported weekly or more frequent use of ecstasy (16% in 2024) and 7% reported weekly or more frequent methamphetamine use (6% in 2024) (Figure 3).

Figure 1: Drug of choice, Perth, WA, 2003-2025



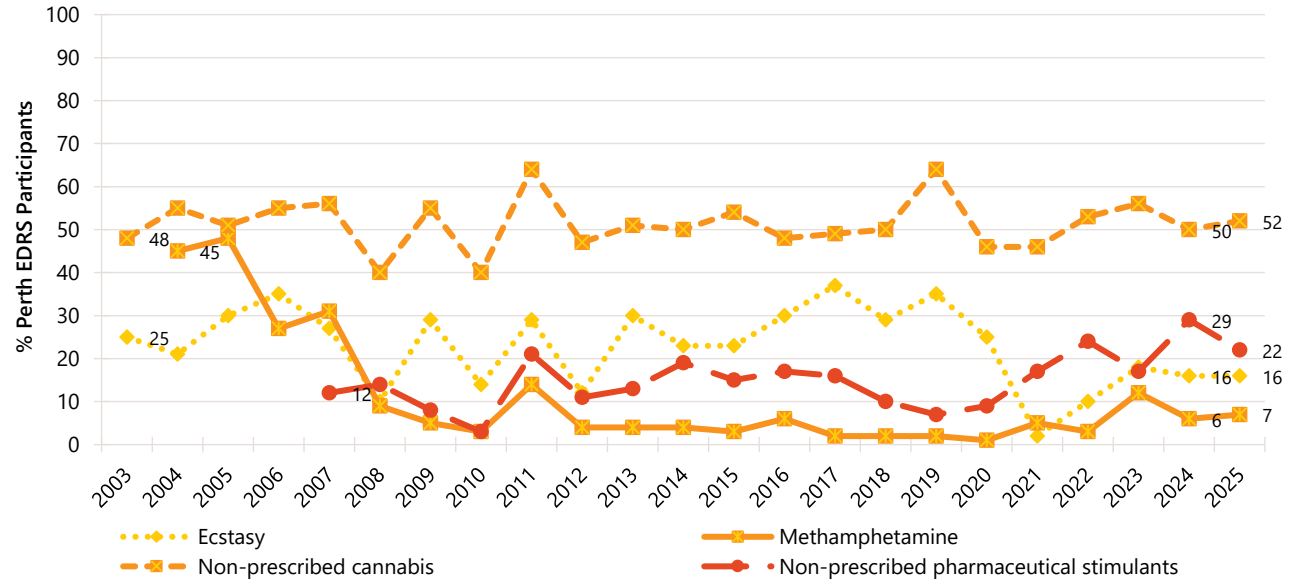
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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, Perth, WA, 2003-2025



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Monitoring of pharmaceutical stimulants commenced in 2007. 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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.

Patterns of Consumption (Any Ecstasy)

Recent Use (past 6 months)

The per cent of the Perth sample reporting recent use of any non-prescribed ecstasy in the six months preceding interview remained stable in 2025, relative to 2024 (93%; 89% in 2024; p=0.453) (Figure 4). In 2025, there was a significant increase in the per cent reporting non-prescribed ecstasy crystal (68%; 51% in 2024; p=0.021). Meanwhile, the per cent reporting non-prescribed ecstasy capsules remained stable (45%; 54% in 2024; p=0.262), as did non-prescribed ecstasy pills (21%; 27% in 2024; p=0.408) and powder (25%; 28% in 2024; p=0.741).

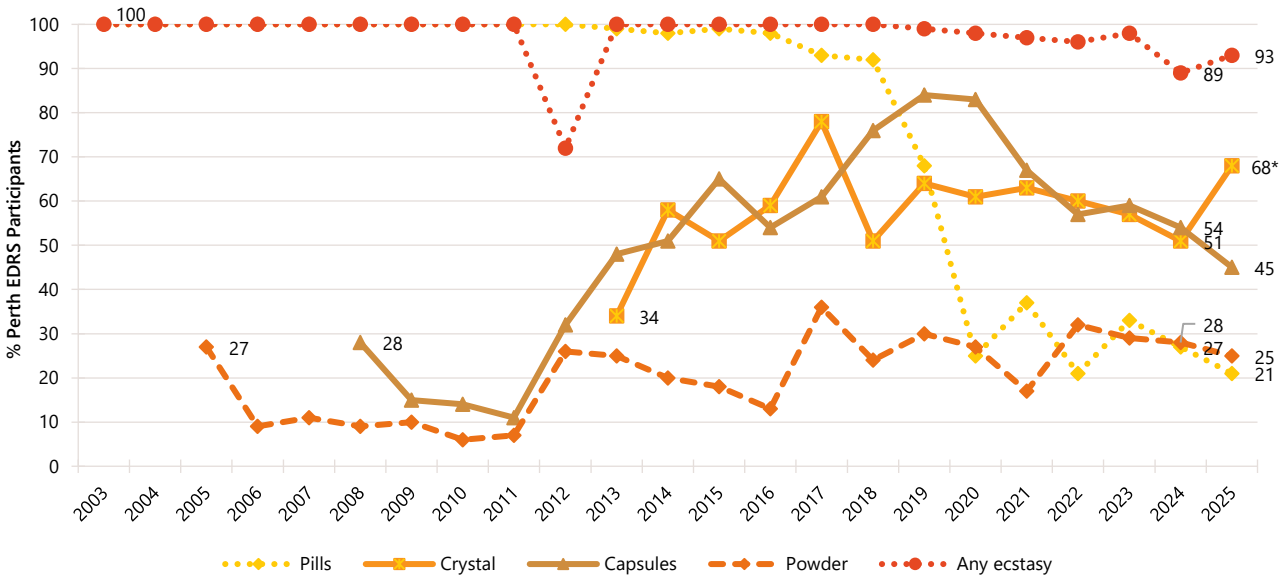
Frequency of Use

Participants reported using non-prescribed ecstasy (in any form) on a median of eight days in the six months preceding interview (IQR=4-14; n=93), stable relative to 2024 (9 days; IQR=4-18; n=89; p=0.429) (Figure 5). Weekly or more frequent use of any form of non-prescribed ecstasy remained stable at 17% in 2025 (18% in 2024) (Figure 4).

Number of Forms Used

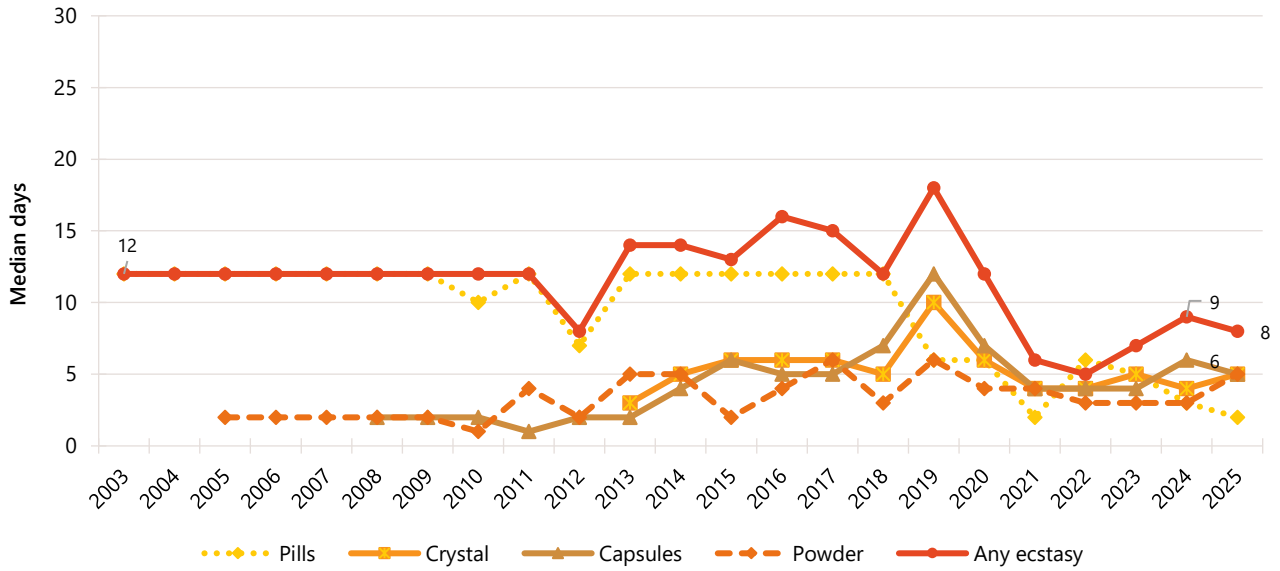
Among participants who had recently used non-prescribed ecstasy and commented (n=93), a median of one form of non-prescribed ecstasy were reportedly used in the past six months (IQR=1-2), stable relative to 2024 (median 1 forms; IQR-1-2; n=89; p=0.712).

Figure 4: Past six month use of any non-prescribed ecstasy, and non-prescribed ecstasy pills, powder, capsules, and crystal, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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-presribed ecstasy use, and non-prescribed ecstasy pills, powder, capsules, and crystal use in the past six months, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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): Approximately one fifth (21%) of the Perth sample reported recent use of non-prescribed ecstasy pills in 2025, stable relative to 2024 (27%; *p*=0.408) (Figure 4).

Frequency of Use: Non-prescribed ecstasy pills were used on a median of two days in the six months preceding interview (IQR=2-9; n=20), stable relative to three days in 2024 (IQR=1-12; n=27; *p*=0.991) (Figure 5). Among those reporting recent non-prescribed ecstasy pill use, few participants (n≤5) reported weekly or more frequent use in 2025 (n≤5 in 2024).

Routes of Administration: Swallowing remained the most common route of administration (ROA) in 2025 (100%; 100% in 2024), followed by snorting (n≤5;22% in 2024; *p*=0.437).

Quantity: Of those who reported recent use and responded (n=20), the median 'typical' amount used per session was 1.5 pills (IQR=1-2), stable from 2 pills in 2024 (IQR=1-2; n=26; *p*=0.638). Meanwhile, the median maximum amount used per session was two pills (IQR=1-4; n=20), stable from two pills in 2024 (IQR=1-3; n=26; *p*=0.768).

Non-Prescribed Ecstasy Capsules

Recent Use (past 6 months): Forty-five per cent of Perth participants reported recent use of non-prescribed ecstasy capsules in 2025, stable relative to 2024 (54%; *p*=0.262) (Figure 4).

Frequency of Use: Non-prescribed ecstasy capsules were used on a median of five days in the six months preceding interview (IQR=3-12; n=45), stable from six days in 2024 (IQR=3-11; n=54; *p*=0.921) (Figure 5). Among those reporting recent non-prescribed ecstasy capsule use, 16% reported weekly or more frequent non-prescribed ecstasy capsule use in 2025 (n≤5 in 2024; *p*=0.371).

Routes of Administration: Among those who had recently consumed non-prescribed ecstasy capsules and commented (n=45), swallowing remained the most commonly reported ROA (100%; 100% in 2024). Few participants (n≤5) reported snorting non-prescribed ecstasy capsules in 2025 (13% in 2024).

Quantity: Among those who reported recent use and responded (n=45), the median 'typical' amount used per session remained stable at two capsules (IQR=1-3; 2 capsules in 2024; IQR=2-3; n=54; *p*=0.459), while the median maximum amount used per session remained stable at three capsules (IQR=2-5; n=45; 4 capsules in 2024; IQR=2-5; n=54; *p*=0.515).

Non-Prescribed Ecstasy Crystal

Recent Use (past 6 months): Sixty-eight per cent of the Perth sample reported recent use of non-prescribed ecstasy crystal in 2025, a significant increase relative to 2024 (51%; *p*=0.021) (Figure 4).

Frequency of Use: Participants reported using non-prescribed ecstasy crystal on a median of five days in the preceding six months (IQR=3-10; n=68), stable relative to 2024 (4 days; IQR=2-11; n=51; *p*=0.756) (Figure 5). Among those reporting recent non-prescribed ecstasy crystal use in 2025, 10% reported weekly or more frequent use (n≤5 in 2024; *p*=0.513).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy crystal and commented (n=68), 79% reported swallowing as a route of administration (71% in 2024; *p*=0.294) and 71% reported snorting (59% in 2024; *p*=0.248).

Quantity: Among those who reported recent use and responded (n=62), the median 'typical' amount of non-prescribed ecstasy crystal used per session was 0.25 grams (IQR=0.20-0.50; 0.28 grams in 2024; IQR=0.20-0.40; n=44; *p*=0.419), while the median maximum amount used per session was 0.50 grams (IQR=0.25-1.00; n=63; 0.50 grams in 2024; IQR=0.24-0.70; n=44; *p*=0.663).

Non-Prescribed Ecstasy Powder

Recent Use (past 6 months): Recent use of non-prescribed ecstasy powder was reported by one quarter (25%) of the Perth sample in 2025, stable relative to 2024 (28%; *p*=0.741) (Figure 4).

Frequency of Use: Non-prescribed ecstasy powder was used on a median of five days in the preceding six months (IQR=3-10; n=25), stable from three days in 2024 (IQR=2-9; n=28; *p*=0.286) (Figure 5). Few participants (n≤5) reported weekly or more frequent use of non-prescribed ecstasy powder in 2025 (n≤5 in 2024).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy powder and commented (n=25), three quarters (76%) reported snorting as a route of administration (93% in 2024; *p*=0.129), while 56% reported swallowing (36% in 2024; *p*=0.180).

Quantity: Among those who reported recent use and responded (n=23), the median 'typical' amount of powder used per session was 0.30 grams (IQR=0.23-0.47; 0.30 grams in 2024; IQR=0.20-0.40; n=23; *p*=0.605), while the median maximum amount used per session was 0.45 grams (IQR=0.30-0.60; n=23; 0.50 grams in 2024; IQR=0.50-0.75; n=23; *p*=0.218).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price per ecstasy pill in 2025 was $25 (IQR=25-35; n=14), stable relative to $30 in 2024 (IQR=30-35; n=13; *p*=0.639) (Figure 6).

Perceived Purity: Perceived purity of non-prescribed ecstasy pills remained stable between 2024 and 2025 (*p*=0.346). Among those who commented in 2025 (n=21), one third perceived the purity as being 'high' (33%; n≤5 in 2024), one third perceived the purity as 'medium' (33%; n≤5 in 2024), and few participants (n≤5) perceived purity as being 'low' (n≤5 in 2024) or 'fluctuating' (48% in 2024) (Figure 8).

Perceived Availability: The perceived availability of non-prescribed ecstasy pills remained stable between 2024 and 2025 (*p*=0.378). Among those who commented (n=22), three fifths (59%) reported that ecstasy pills were 'easy' or 'very easy' to obtain (60% in 2024), whereas 41% reported that ecstasy pills were 'difficult' or 'very difficult' to obtain (40% in 2024) (Figure 12).

Ecstasy Capsules

Price: The median price per non-prescribed ecstasy capsule was $30 in 2025 (IQR=30-35; n=30), stable relative to $35 in 2024 (IQR=30-35; n=26; *p*=0.183) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed ecstasy capsules remained relatively stable between 2024 and 2025 (*p*=0.737). Among those who commented in 2025 (n=43), purity was most commonly perceived as 'medium' (35%; 33% in 2024), followed by 'high' (33%; 27% in 2024) and then 'fluctuates' (28%; 38% in 2024). Few participants (n≤5)

reported 'low' purity of capsules in 2025 (n≤5 in 2024) (Figure 9).

Perceived Availability: The perceived availability of non-prescribed ecstasy capsules remained stable between 2024 and 2025 (p=0.542). Among those able to comment in 2025 (n=43), most (89%) reported ecstasy capsules as being 'very easy' or 'easy' to obtain (84% in 2024), while few (n≤5) reported that they were 'difficult' or 'very difficult' to obtain (17% in 2024) (Figure 13).

Ecstasy Crystal

Price: The median price per gram of non-prescribed ecstasy crystal in 2025 was $278 (IQR=250-300; n=48), representing a significant decline relative to $300 in 2024 (IQR=250-350; n=27; p=0.049) and the second consecutive significant decline since 2023 ($350 per gram in 2023) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed ecstasy crystal remained stable between 2024 and 2025 (p=0.557). Among those able to comment in 2025 (n=60), ecstasy crystal purity was most commonly perceived as 'high' (52%; 42% in 2024), followed by 'medium' (23%; 24% in 2024), and then 'fluctuates' (20%; 31% in 2024). Few participants (n≤5) reported 'low' purity of ecstasy crystal in 2025 (n≤5 in 2024) (Figure 10).

Perceived Availability: Perceived availability of non-prescribed ecstasy crystal remained stable between 2024 and 2025 (p=0.982). Among those able to comment in 2025 (n=63), most perceived ecstasy crystal as being 'very easy' or 'easy' to obtain (83%; 84% in 2024), while 16% reported that it was 'difficult' to obtain (15% in 2024). Few participants (n≤5) reported that crystal was 'very difficult' to obtain in 2025 (0% in 2024) (Figure 14).

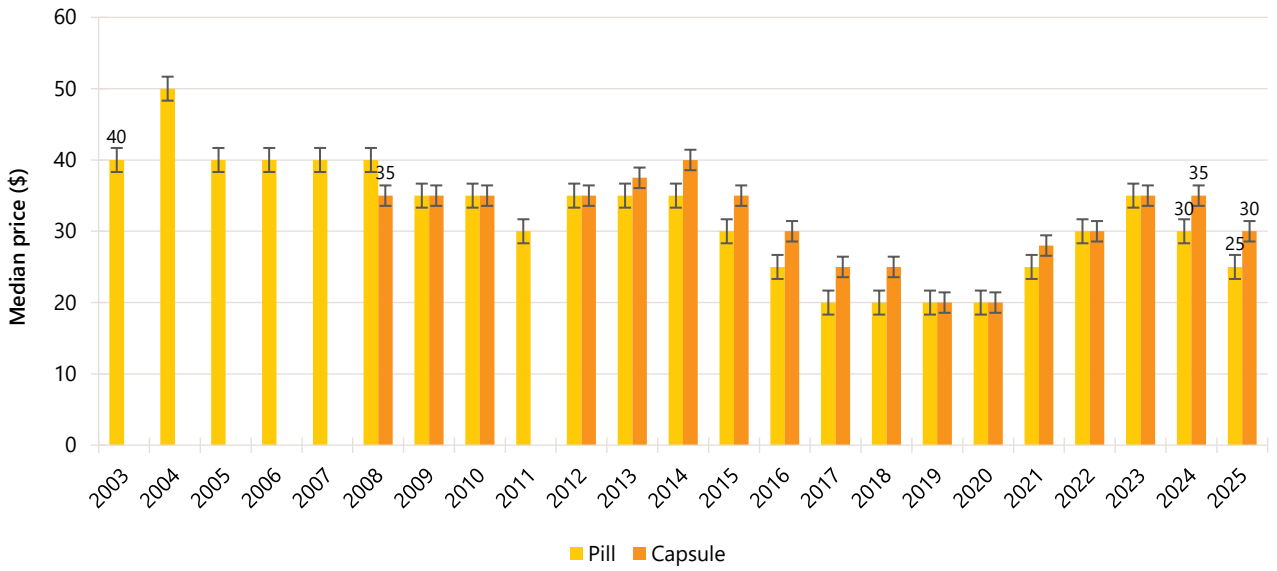
Ecstasy Powder

Price: The median price per gram of non-prescribed ecstasy powder in 2025 was $220 (IQR=150-250; n=9), stable relative to $300 in 2024 (IQR=300-300; n=11; p=0.125) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed ecstasy powder remained stable between 2024 and 2025 (p=0.665). Among those able to comment in 2025 (n=16), most perceived the purity of ecstasy powder as 'medium' (50%; 40% in 2024), while few participants (n≤5) perceived ecstasy powder as being 'high' (n≤5 in 2024), 'low' (n≤5 in 2024), or 'fluctuating' (40% in 2024) (Figure 11).

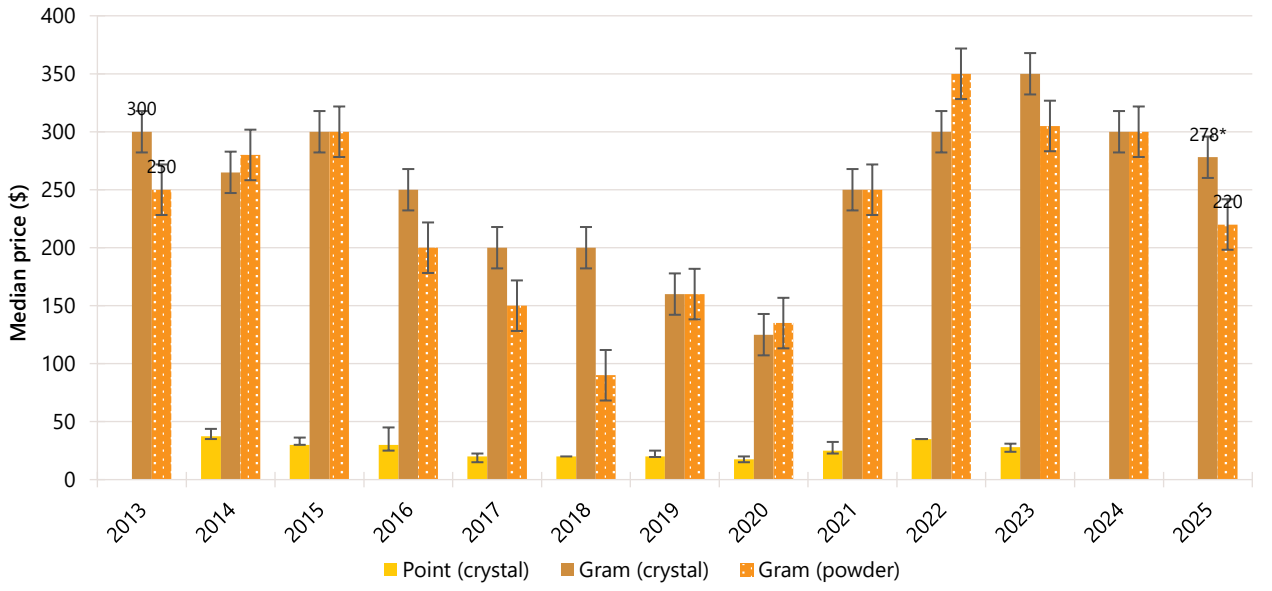
Perceived Availability: The perceived availability of non-prescribed ecstasy powder also remained stable between 2024 and 2025 (p=0.329). Among those able to comment (n=16), most (56%) reported that it would be 'easy' to obtain (n≤5 in 2024), while few participants (each n≤5) perceived ecstasy powder as being 'very easy' and 'difficult' to obtain (each n≤5 in 2024) (Figure 15).

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



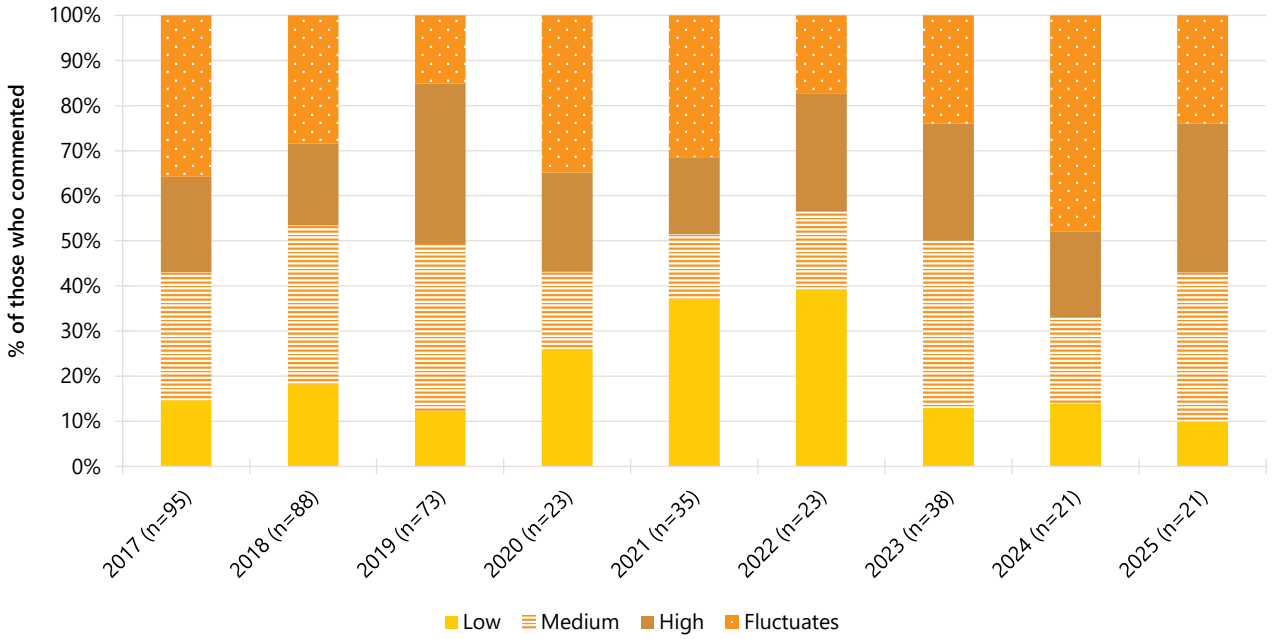
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 gram and point) and powder (gram only), Perth, WA, 2013-2025



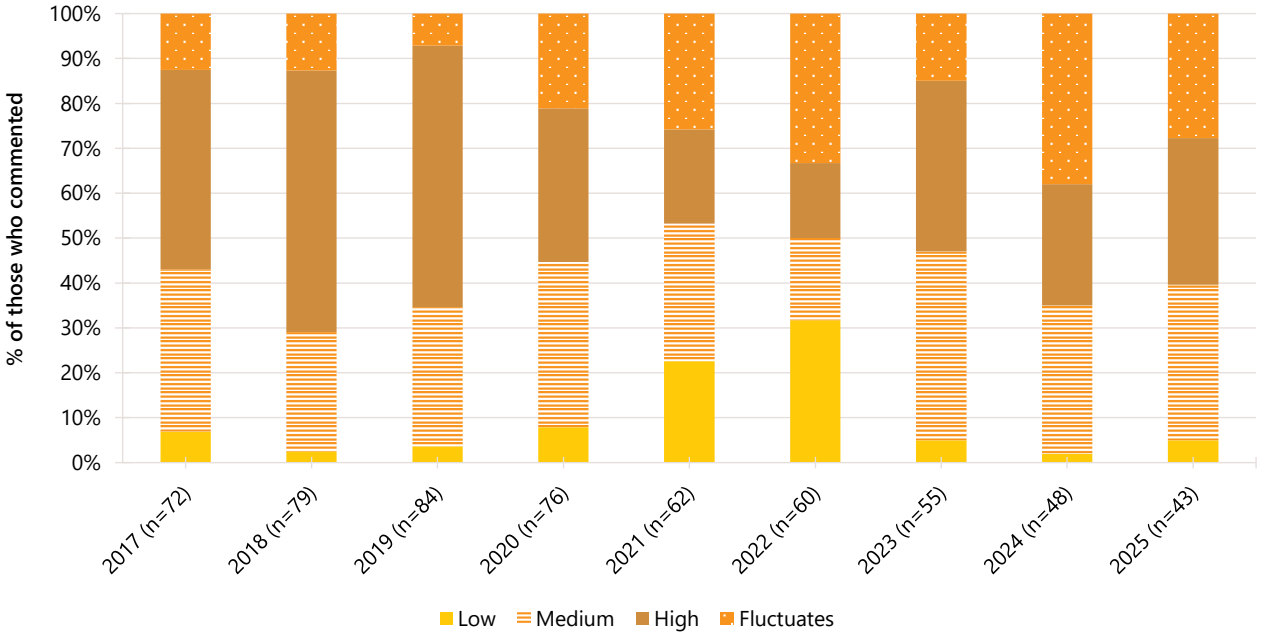
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Statistical significance for 2024 versus 2025 presented in figure; *p<0.050; **p<0.010;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

Figure 8: Current perceived purity of non-prescribed ecstasy pills, Perth, WA, 2017-2025



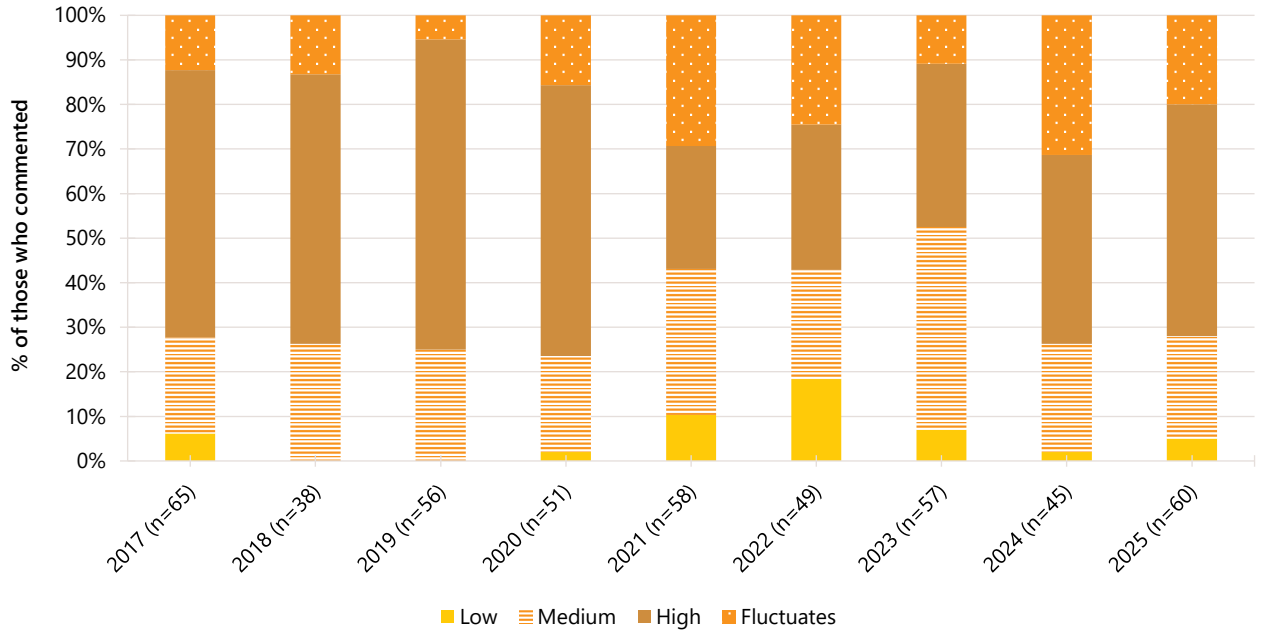
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure;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



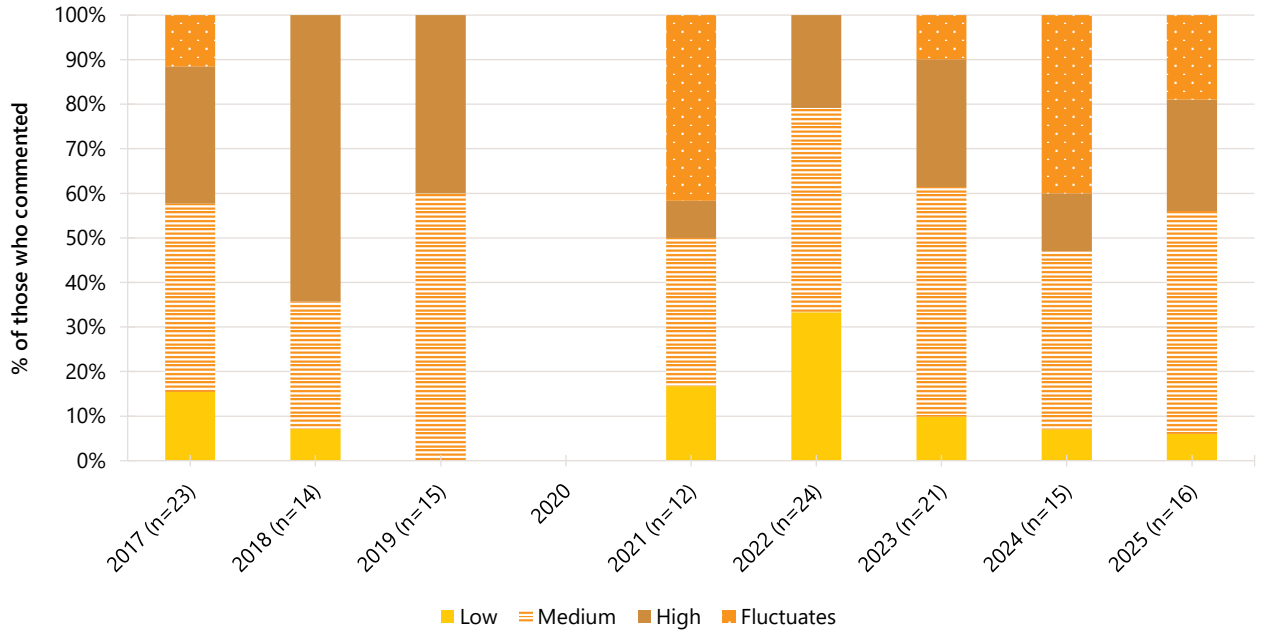
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure;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



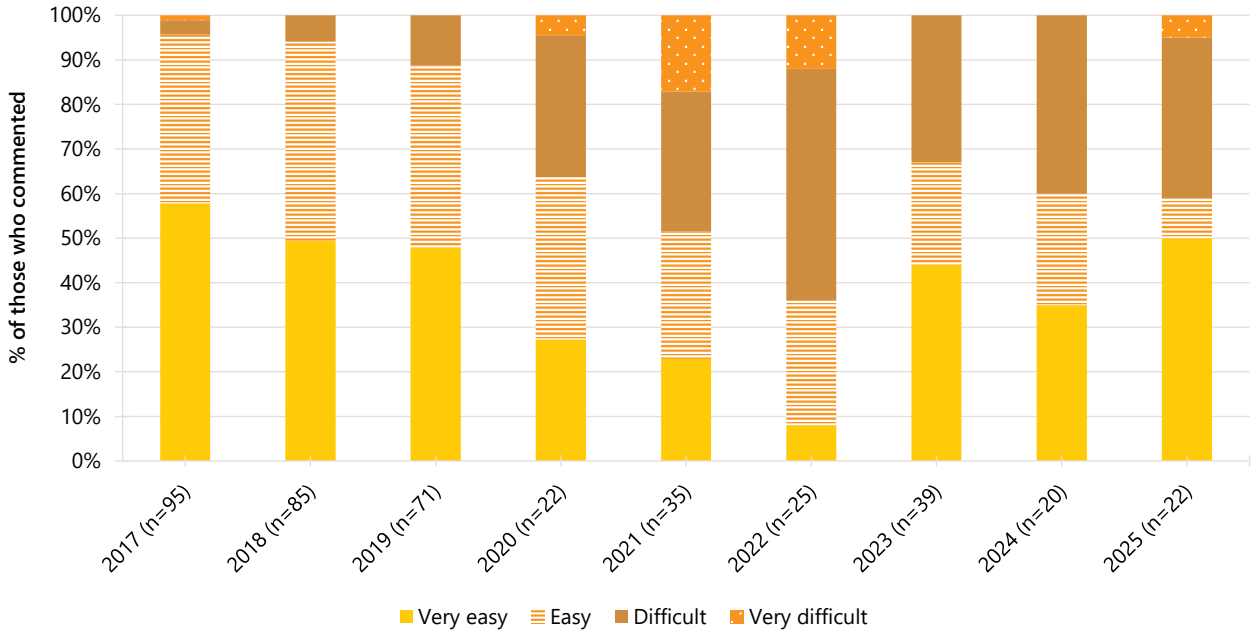
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure;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



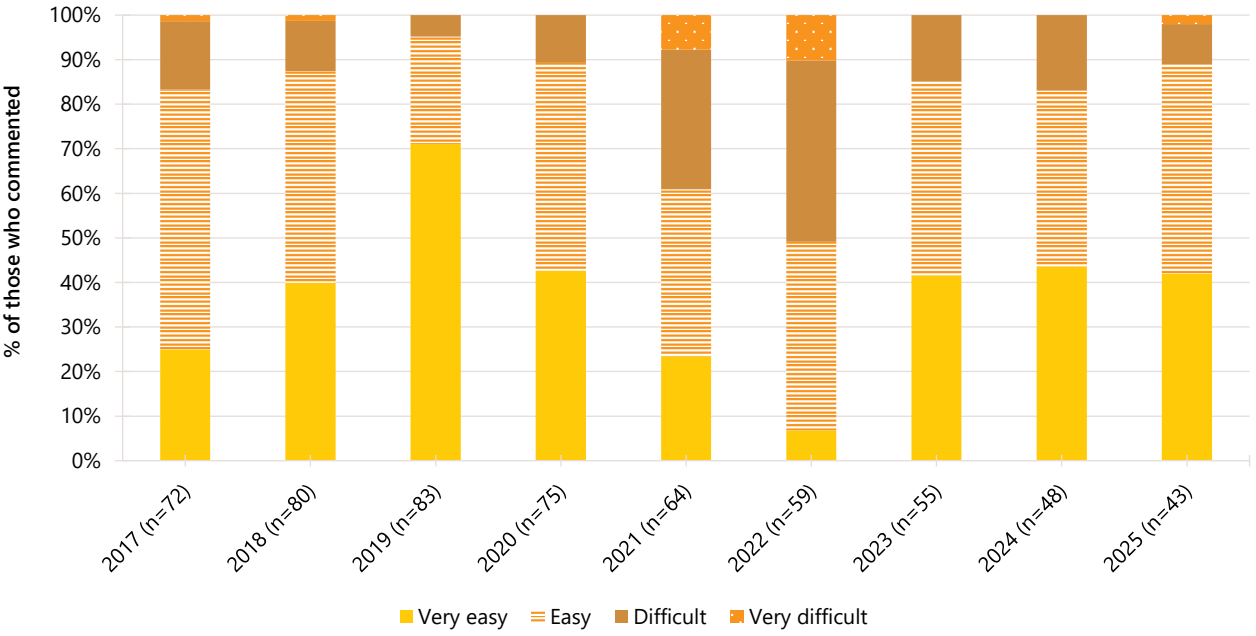
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure;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



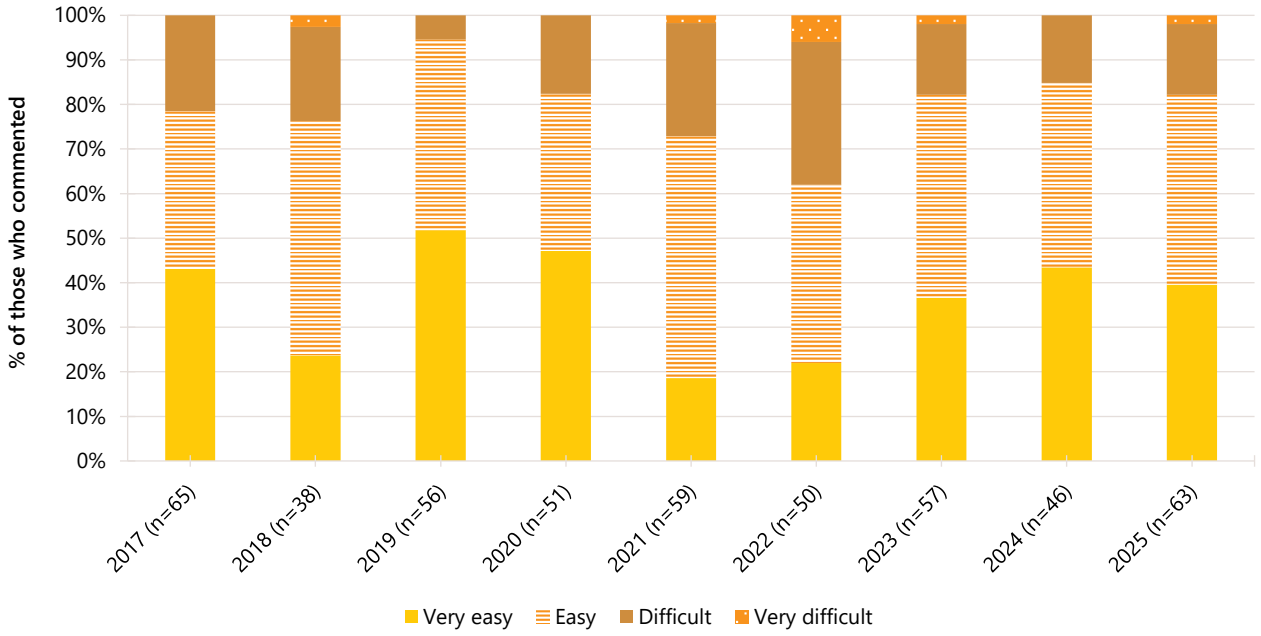
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure;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



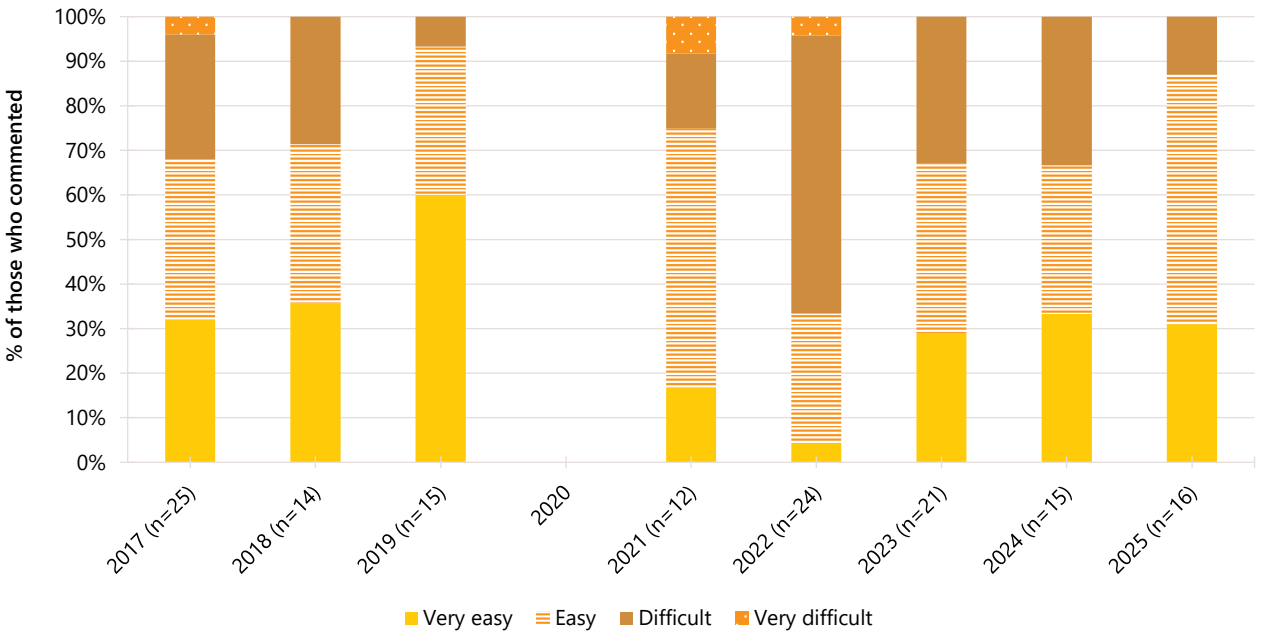
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Data are suppressed in the figure where n≤5 responded to the item. Statistical significance for 2024 versus 2025 presented in figure; *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, Perth, WA, 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, Perth, WA, 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 IDRS Report for national trends, or contact the Drug Trends team (drugtrends@unsw.edu.au).

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

Fifteen per cent of the Perth sample reported recent use of any methamphetamine in 2025, stable relative to 2024 (9%; p=0.281) (Figure 16).

In 2025, among those reporting any methamphetamine (n=15), the most common form was crystal (87%), followed by powder (n≤5), and no participants reporting use of base (0%), which this has remained consistent since 2018.

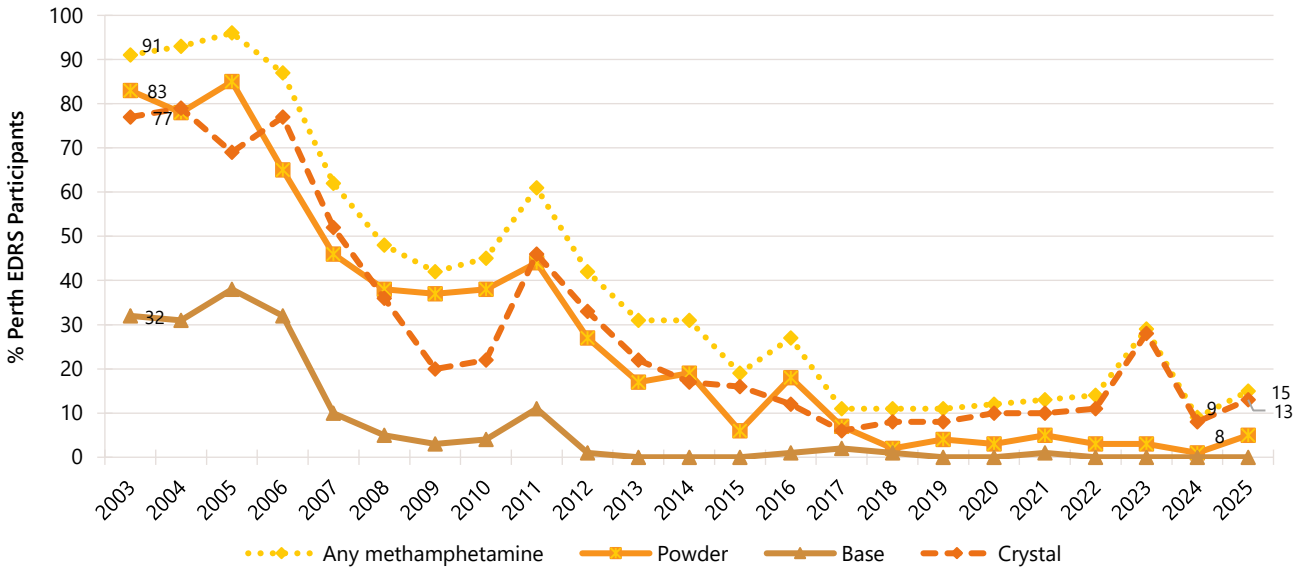
Frequency of Use

Participants reported using methamphetamine (in any form) on a median of 15 days in the six months preceding interview (IQR=2-72; n=15), stable relative to 60 days in 2024 (IQR=6-72; n=9; p=0.295) (Figure 17). Among participants who had recently used methamphetamine (in any form; n=15), almost half (47%) reported weekly or more frequent use (67% in 2025; p=0.423).

Number of Forms Used

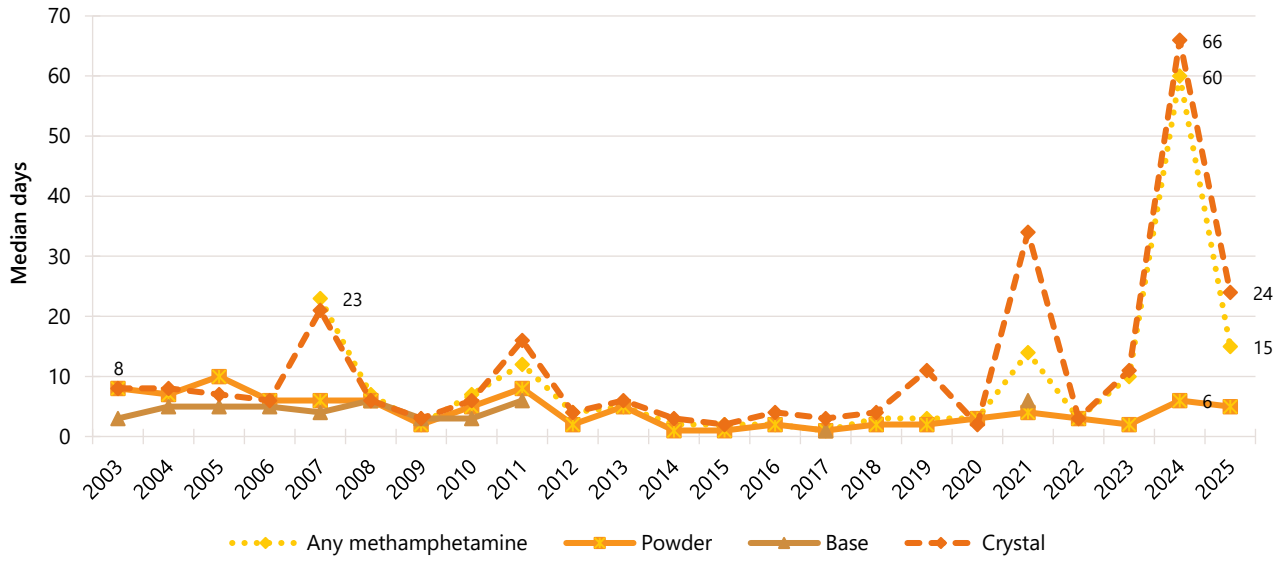
Among participants who had recently used any methamphetamine in 2025 and responded (n=15), the median number of forms used was one (IQR=1-1), remaining stable from 2024 (1 form; IQR=1-1; n=9; p=0.266).

Figure 16: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 use, and methamphetamine powder, base, and crystal use in the past six months, Perth, WA, 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 70 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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

Few participants (n≤5) reported recent use of methamphetamine powder in 2025 and preceding years, and 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).

Methamphetamine Base

No participants reported recent use of methamphetamine base in 2025 and 2024, 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).

Methamphetamine Crystal

Recent Use (past 6 months): Thirteen per cent of the Perth sample reported recent use of methamphetamine crystal in 2025, stable relative to 2024 (8%; *p*=0.353) (Figure 16).

Frequency of Use: Methamphetamine crystal was used on a median of 24 days in the six months preceding interview in 2025 (IQR=3-72, n=13), stable relative to 2024 (66 days; IQR=33-77; n=8; *p*=0.467) (Figure 17). Among those who reported any recent use in 2025 (n=13), 54% reported weekly or more frequent use (75% in 2024; *p*=0.400).

Routes of Administration: Among those reporting methamphetamine crystal use in 2025 (n=13), most participants reported smoking as a route of administration (77%; 88% in 2024). Few participants (n≤5) reported swallowing, snorting, or injecting methamphetamine crystal in 2025 (each n≤5 in 2024).

Quantity: Among those who reported recent methamphetamine crystal use and responded (n=12), the median 'typical' amount used per session was 0.23 grams (IQR=0.10-0.50), stable relative to 0.15 grams in 2024 (IQR=0.10-0.30; n=8; *p*=0.695). Meanwhile, the median maximum amount used per session in 2025 was 0.60 grams (IQR=0.21-1.19; n=12), stable relative to 0.50 grams in 2024 (IQR=0.43-0.63; n=8; *p*=0.906).

Price, Perceived Purity and Perceived Availability

Due to low numbers (n≤5), details will not be reported on the price, perceived purity and perceived availability for methamphetamine powder or base. Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

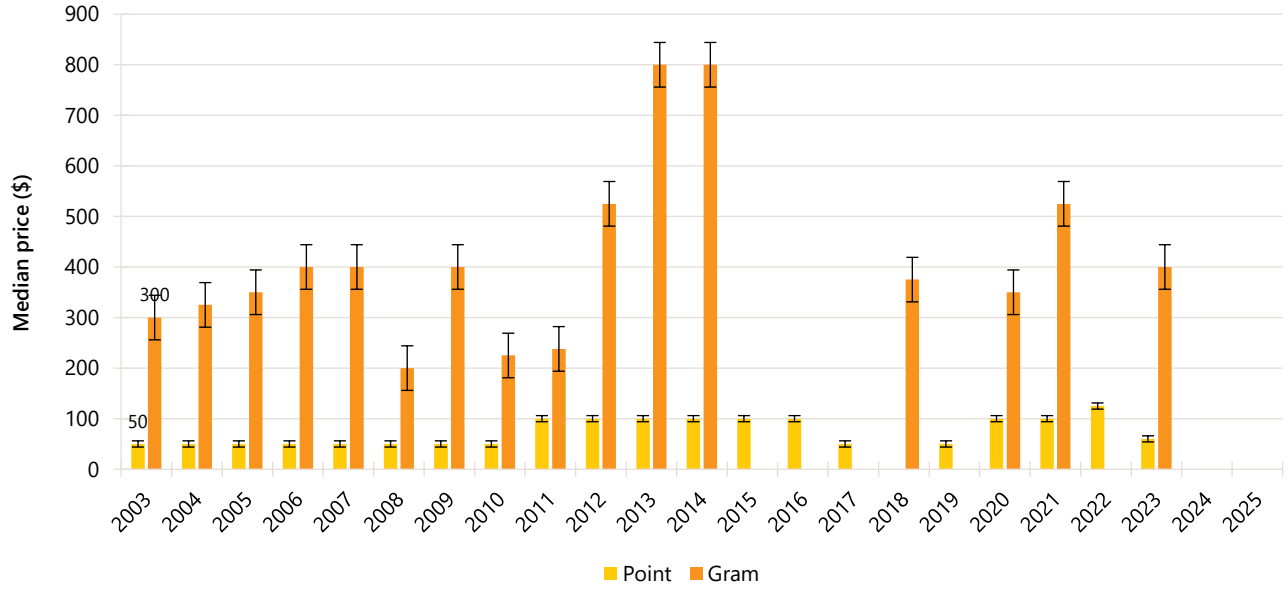
Methamphetamine Crystal

Price: Few participants (n≤5) were able to comment on the price per point or gram of methamphetamine crystal in 2025 (each n≤5 in 2024), and therefore, further details are not reported (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: The perceived purity of methamphetamine crystal remained stable between 2024 and 2025.However, among those who commented (n=10), few participants (n≤5) reported specific purity levels (e.g., 'high' or 'low') and therefore, further details are not reported. (Figure 19). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

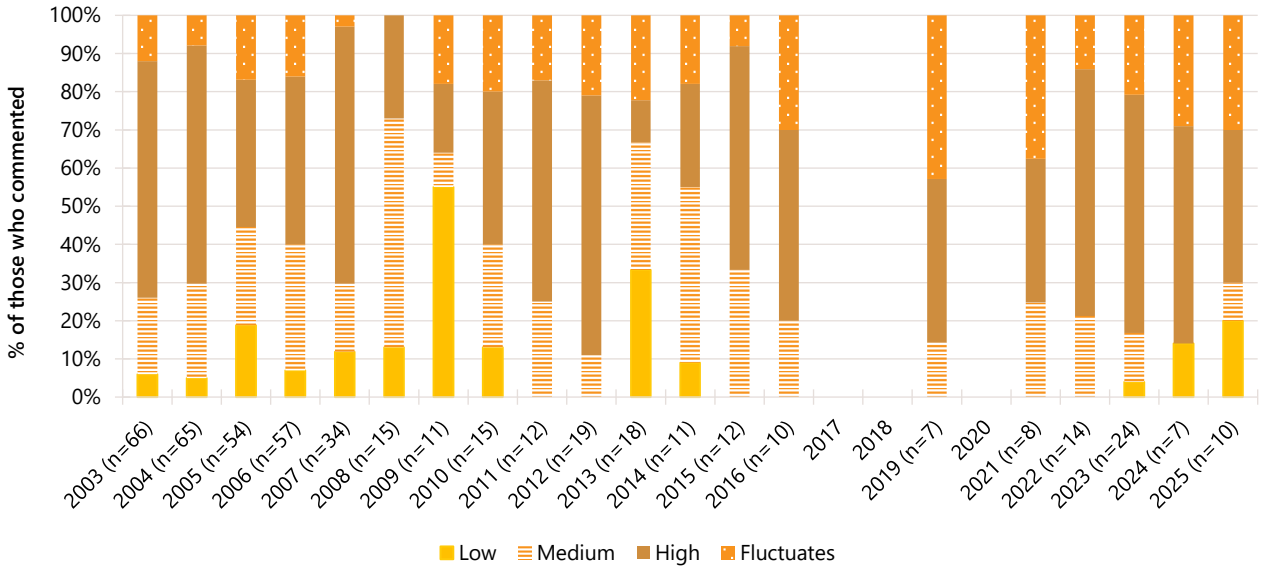
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2024 and 2025 (p=0.617). Among those who commented (n=12), three quarters (75%) pereived methamphetamine crystal as 'very easy' to obtain (n≤5 in 2024) (Figure 20), while few (n≤5) reported 'easy' (n≤5 in 2024). No participants perceived availability as 'difficult', or 'very difficult' in 2025 (0% 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).

Figure 18: Median price of methamphetamine crystal per point and gram, Perth, WA, 2003-2025



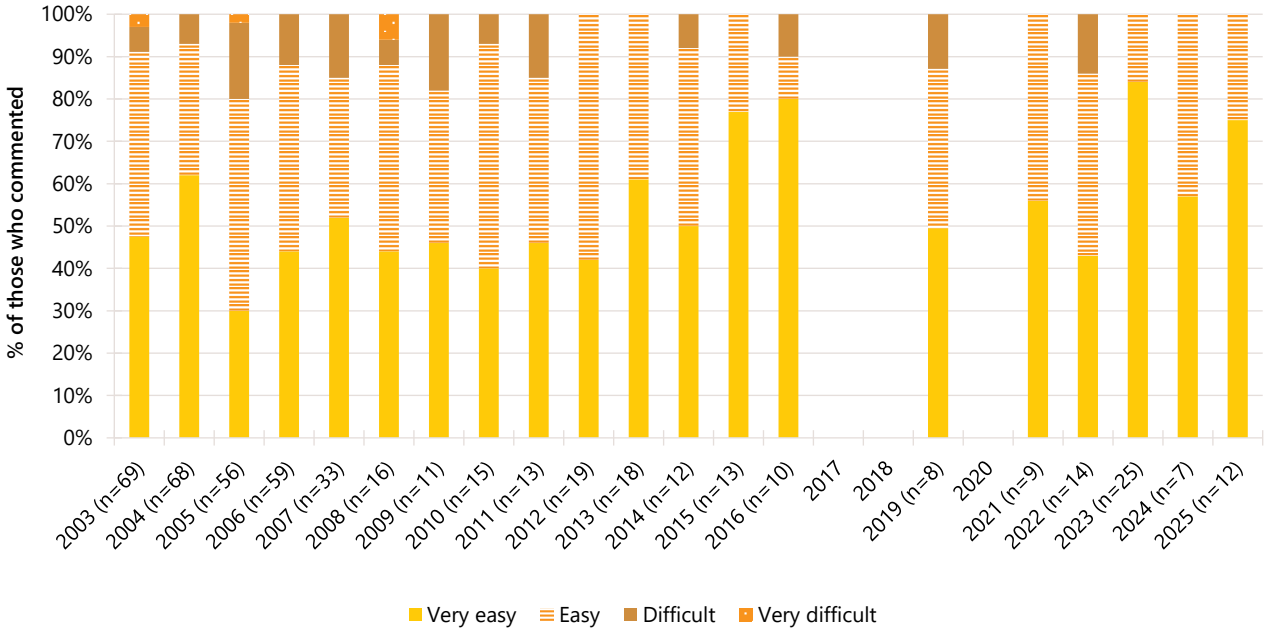
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 crystal, Perth, WA, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 availability of methamphetamine crystal, Perth, WA, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 and narcolepsy.

Patterns of Consumption

Recent Use (past 6 months)

The per cent of participants reporting any recent use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has increased since monitoring commenced, from 43% in 2007 to 84% in 2025; While stable relative to 2024 (73%; p=0.091), this represents the highest percentage reporting recent use since monitoring commenced (Figure 21).

Frequency of Use

Non-prescribed pharmaceutical stimulants were used on a median of 10 days in the six months prior to interview in 2025 (IQR=5-24; n=84), stable relative to 2024 (15 days; IQR=6-30; n=73; p=0.097) (Figure 21).

Routes of Administration

Among participants who had recently used non-prescribed pharmaceutical stimulants and responded (n=84), the vast majority (98%) reported swallowing as a route of administration (97% in 2024), while one fifth (19%) reported snorting (25% in 2024; p=0.437).

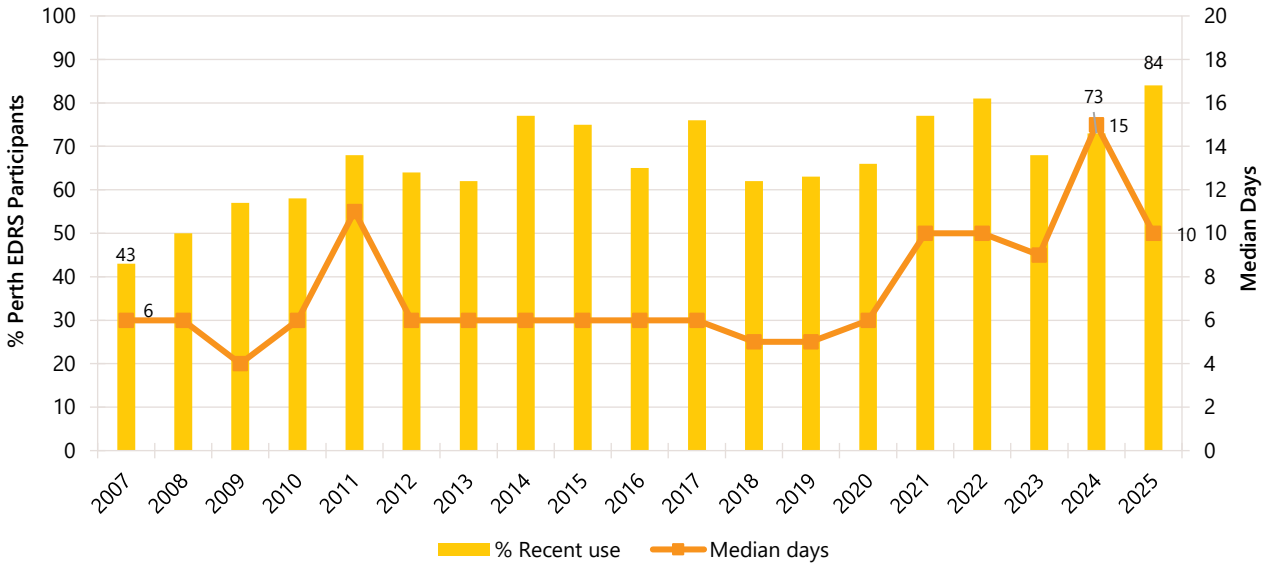
Quantity

Among those who reported recent use and responded (n=76), the median amount used in a 'typical' session was two pills/tablets (IQR=1-4), stable from two pills/tablets in 2024 (IQR=2-4; n=59; p=0.509). Of those who reported recent use and responded (n=75), the median maximum amount used per session was four pills/tablets (IQR=2-8), again stable from four pills/tablets in 2024 (IQR=3-7.8; n=60; p=0.518).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=84), the majority reported using dexamfetamine (92%; 96% in 2024; p=0.343), followed by lisdexamfetamine (39%; 29% in 2024; p=0.243) and then Ritalin® (20%; 29% in 2024; p=0.263). Few participants (n≤5) reported use of modafinil in 2025 (n≤5 in 2024).

Figure 21: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Perth, WA, 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 20 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 and Perceived Availability

Price and availability data for non-prescribed pharmaceutical stimulants have been collected from 2022 onwards.

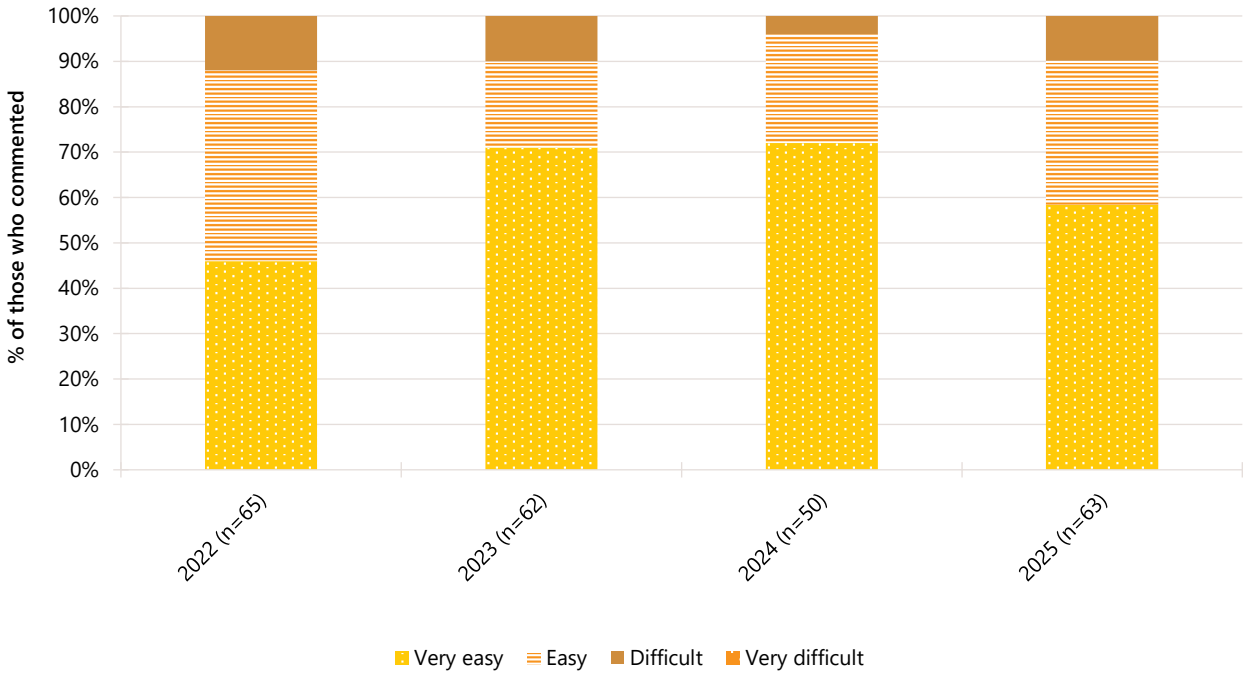
Price

Participants reported a median price of $5 per 5mg tablet in 2025 (IQR=5-5; n=30), stable relative to $5 in 2024 (IQR=5; n=41; p=0.875).

Perceived Availability

The perceived availability of non-prescribed pharmaceutical stimulants remained stable between 2024 and 2025 (p=0.296). Among those who responded in 2025 (n=63), non-prescribed pharmaceutical stimulants were most commonly perceived as being 'very easy' to obtain (59% 72% in 2024), followed by 'easy' (32%; 24% in 2024), and then 'difficult' (10%; n≤5 in 2024) (Figure 22).

Figure 22 : Current perceived availability of non-prescribed pharmaceutical stimulants, Perth, WA, 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)

Since 2016, the per cent reporting any recent cocaine use has steadily increased. In 2025, three fifths (60%) of the Perth sample reported recent cocaine use, stable relative to 2024 (71% p=0.136) (Figure 23).

Frequency of Use

Cocaine was used on a median of two days in the six months preceding interview in 2025 (IQR=1-5; n=60), stable from three days in 2024 (IQR=1-6; n=71; p=0.588) (Figure 23). Few participants (n≤5) reported weekly or more frequent use of cocaine in 2025 (n≤5 in 2024).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=60), the vast majority (97%) reported snorting as a route of administration (97% in 2024), while 12% reported swallowing (10% in 2024; p=0.779). No participants (0%) reported smoking cocaine in 2025 (n≤5 in 2024).

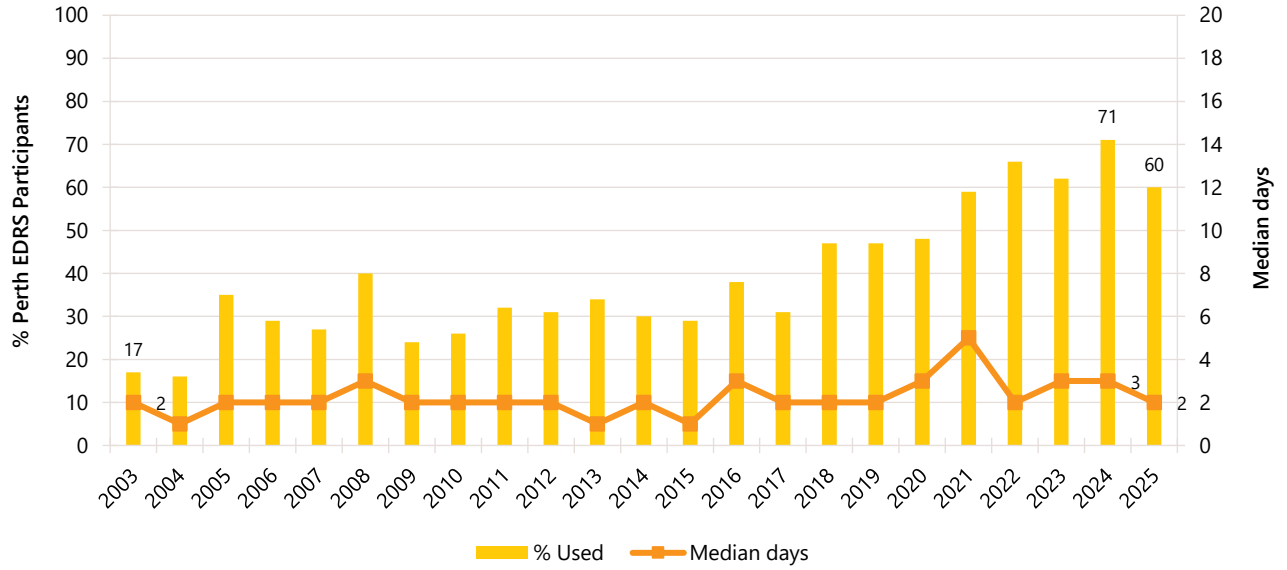
Quantity

Of those who reported recent cocaine use and responded (n=34), the median amount used in a 'typical' session was 0.50 grams (IQR=0.20-0.50), stable from 0.40 grams in 2024; IQR=0.20-0.50; n=41; p=0.717). Of those who reported recent cocaine use and responded (n=35), the median maximum amount used per session was 0.50 grams (IQR=0.20-1.00), stable from 0.50 grams in 2024 (IQR=0.23-1.00; n=42; p=0.652).

Forms Used

Among participants who had recently used cocaine and commented (n=60), all (100%) reported using a powder form (97% in 2024; n=71; p=0.500) and no participants (0%) reported using cocaine which came in crack/rock form (n≤5 in 2024; p=0.125).

Figure 23: Past six month use and frequency of use of cocaine, Perth, WA, 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 20 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 per gram of cocaine in 2025 was $500 (IQR=400-500; n=25), representing a significant increase from $400 in 2024 (IQR=350-400; n=31; p=0.005) (Figure 24).

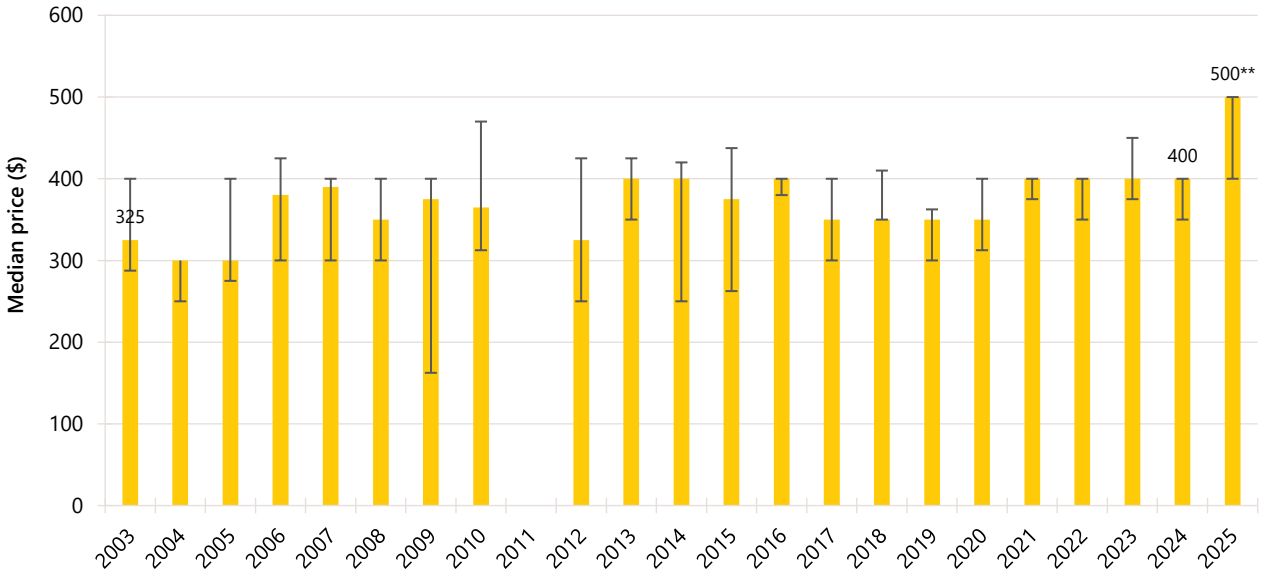
Perceived Purity

There was a significant change in perceived purity of cocaine between 2024 and 2025 (p=0.023). Specifically, among participants able to comment in 2025 (n=33), there was a decline in the per cent perceiving the purity of cocaine as 'high' (n≤5; 29% in 2024), while there was an increase in the percentages reporting 'medium' (48%; 21% in 2024) and 'low' (33%; 29% in 2024) (Figure 25).

Perceived Availability

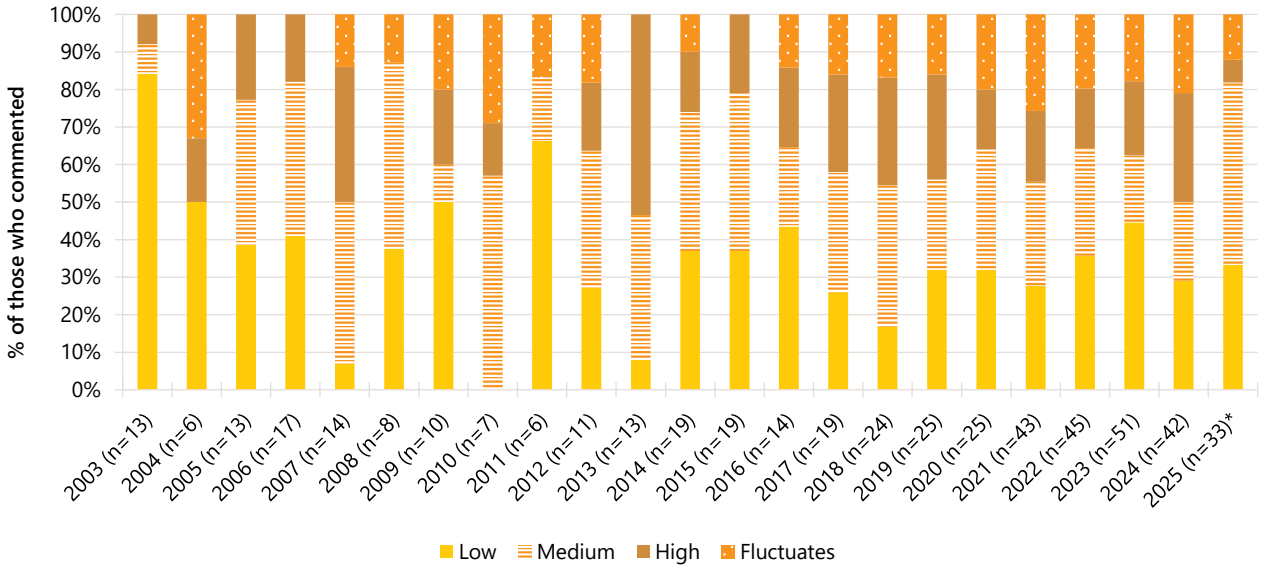
The perceived availability of cocaine remained stable between 2024 and 2025 (p=0.738). Among those able to comment in 2025 (n=34), cocaine was most commonly perceived as 'easy' to obtain (47%; 44% in 2024), followed by 'very easy' (38%; 34% in 2024) and then 'difficult' (n≤5; 22% in 2024) (Figure 26).

Figure 24: Median price of cocaine per gram, Perth, WA, 2003-2025



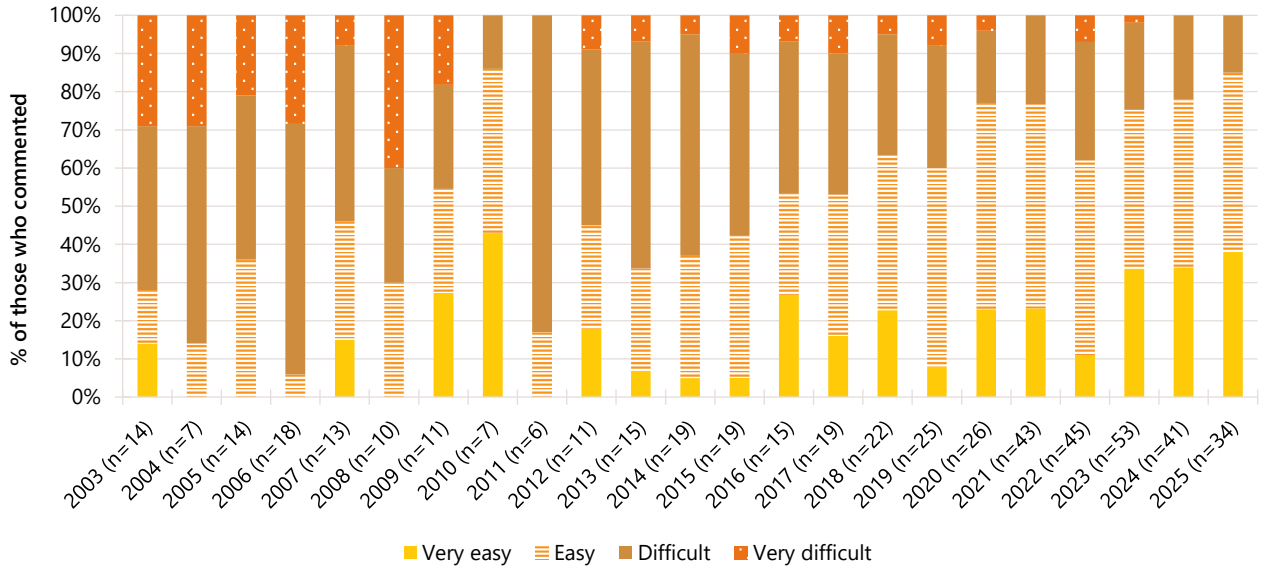
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 25: Current perceived purity of cocaine, Perth, WA, 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 n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 26: Current perceived availability of cocaine, Perth, WA, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

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

Patterns of Consumption

Participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. In 2025, 14% of the Perth sample reported prescribed use in the six months preceding interview, which is stable relative to 2024 (9%; p=0.371), but represents the highest per cent observed since monitoring commenced.

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)

Four fifths (80%) of the Perth sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2025, which is stable relative to 2024 (77%; p=0.721) (Figure 27).

Frequency of Use

Median frequency of cannabis use has varied between once to three times weekly over the course of monitoring. Among those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products and responded in 2025 (n=80), cannabis was used on a median of 55 days in the preceding six months (i.e. approximately twice per week; IQR=10-180), stable relative to 2024 (48 days; IQR=10-170; n=77; p=0.832) (Figure 27). Two thirds (65%) of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported using it on a weekly or more

frequent basis (65% in 2024), including one quarter (26%) who reported using it daily (25% in 2024; p=0.851).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products (n=80), most (93%) reported smoking it in the past six months (95% in 2024; p=0.746), 30% reported swallowing it (35% in 2024; p=0.607), and one fifth (21%) reported inhaling or vaporising it (21% in 2024).

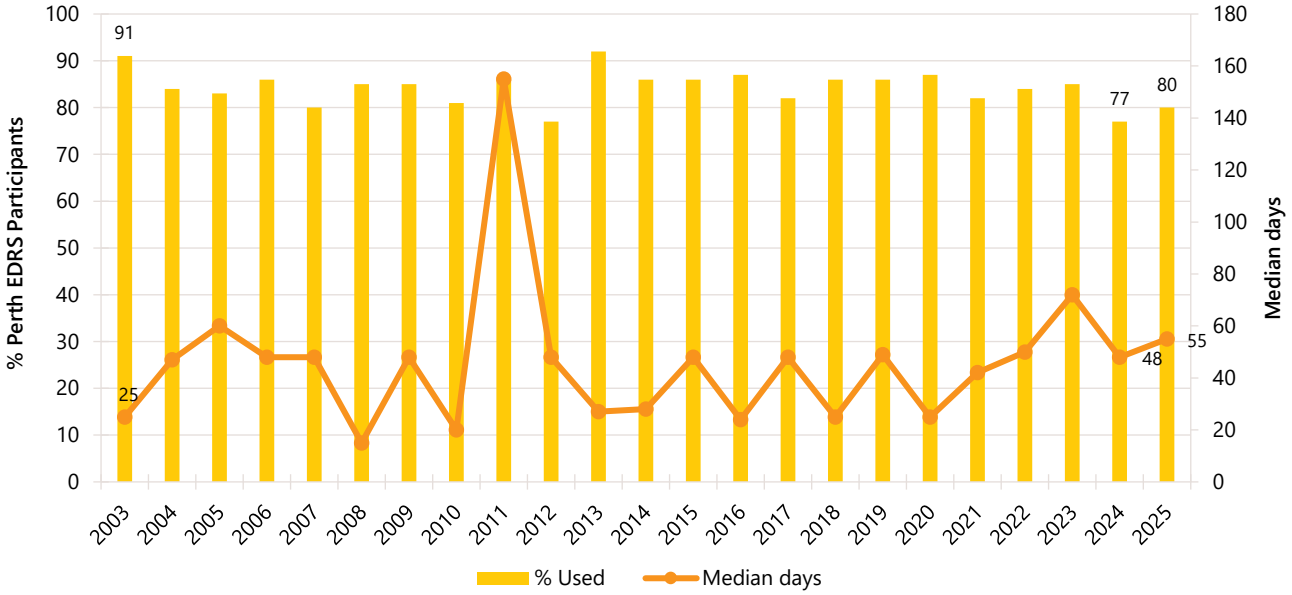
Quantity

Among participants who reported recent non-prescribed cannabis and/or cannabinoid-related product use, the median amount used on the last occasion of use was one gram (IQR=0.50-2.13; n=32; 1.00 gram in 2024; IQR=1.00-1.75; n=19; p=0.843), three cones (IQR=1.50-4; n=27; 2.5 cones in 2024; IQR=2-4; n=38; p=0.914) or one joint (IQR=1-1; n=13; 1 joint in 2024; IQR=1-1.8; n=14; p=0.323).

Forms Used

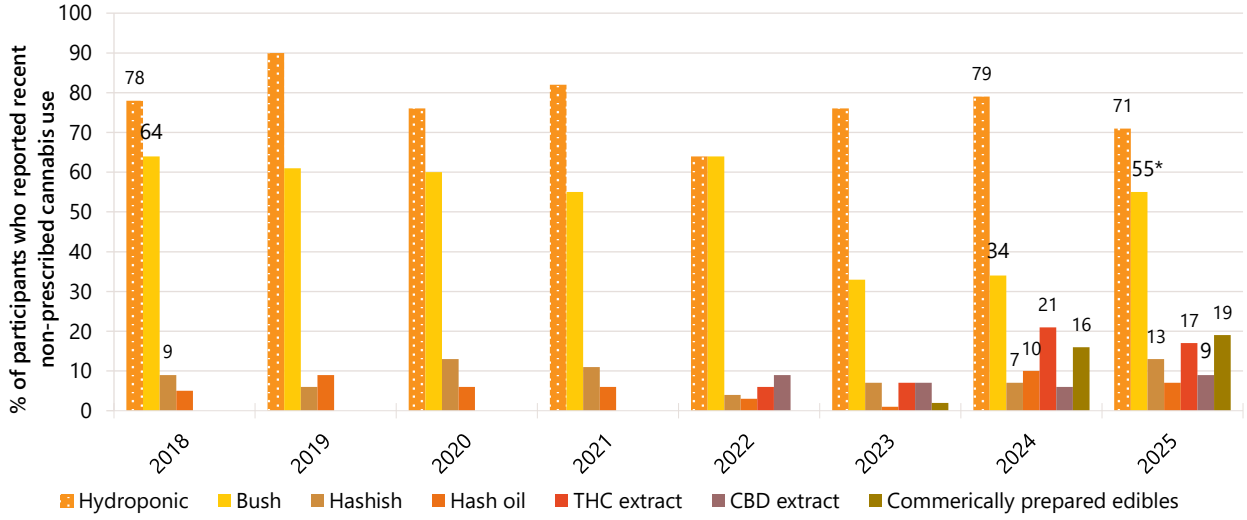
Among participants who had recently used non-prescribed cannabis and/or cannabinoid-related products and were able to comment (n=69), the most commonly reported form of cannabis recently used was hydroponic (71%; 79% in 2024; p=0.337), followed by outdoor-grown 'bush' (55%), which significantly increased relative to 2024 (34%; p=0.021) (Figure 28). Relative to hydroponic and bush forms of cannabis, fewer participants reported using commercially prepared edibles (19%; 16% in 2024; p=0.645), non-prescribed THC extract (17%; 21% in 2024; p=0.669), hashish (13%; 7% in 2024; p=0.274), and non-prescribed CBD extract (9%; n≤5; p=0.532). In 2025, few participants (n≤5) reported use of hash oil (10% in 2024; p=0.764).

Figure 27: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Perth, WA, 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 (in 2022, no participants reported use of prescribed cannabis only). 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. 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent use, Perth, WA, 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 labels are suppressed where there are small numbers (i.e., n≤5). 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 per ounce of non-prescribed hydroponic cannabis was $400 in 2025 (IQR=320-400; n=9), stable relative to 2024 ($350; IQR=350-350; n=9; *p*=0.963) (Figure 29a). Few participants (n≤5) commented on the price per gram of hydroponic cannabis in 2025 and therefore further details are not reported ($25 in 2024; IQR=20-30; *p*=0.941).

Perceived Potency: The perceived potency of non-prescribed hydroponic cannabis remained stable between 2024 and 2025 (*p*=0.302). Among those who were able to respond in 2025 (n=46), most perceived the potency as 'high' (57%; 55% in 2024), followed by 'medium' (20%; 13% in 2024) and 'fluctuating' (20%; 33% in 2024). Few participants (n≤5) perceived it as 'low' (0% in 2024) (Figure 30a).

Perceived Availability: The perceived availability of non-prescribed hydroponic cannabis also remained stable between 2024 and 2025 (*p*=0.901). Among those who were able to respond in 2025 (n=46), most (72%) reported that hydroponic cannabis was 'very easy' to obtain (68% in 2024), followed by 'easy' (26%; 30% in 2024). Few participants (n≤5) reported that hydroponic cannabis was 'difficult' to obtain in 2025 (n≤5 in 2024) (Figure 31a).

Bush Cannabis

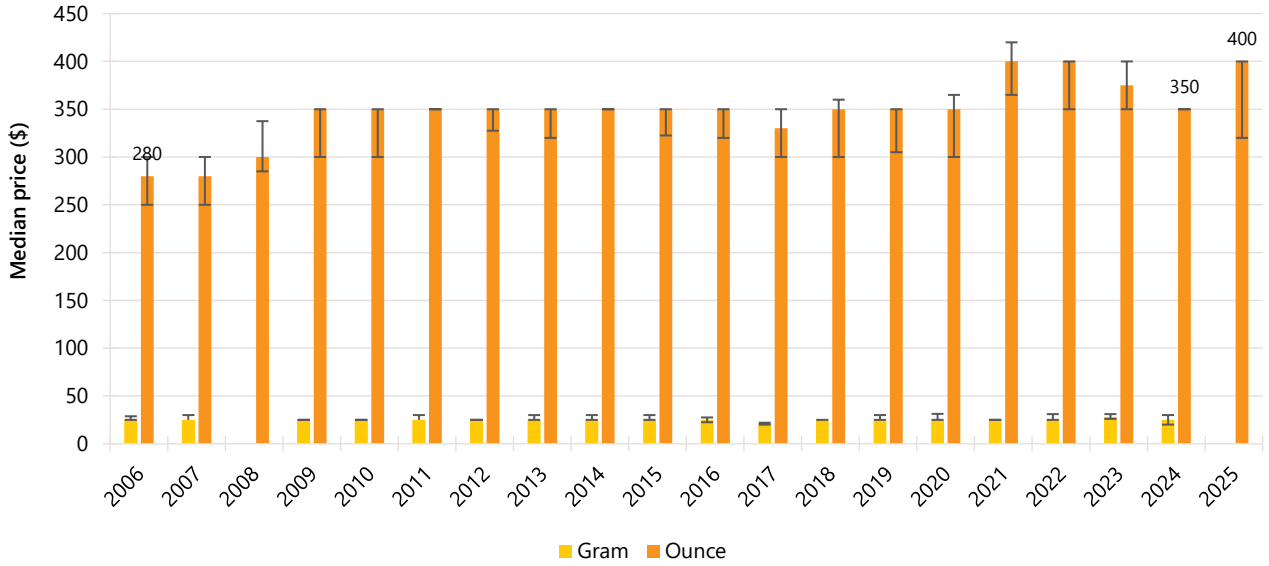
Price: Few participants (n≤5) commented on the price per gram or ounce of non-prescribed bush cannabis in 2024 or 2025, and therefore further details are not reported (Figure 29b) Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2024 and 2025 (*p*=0.219). Among those who were able to comment in 2025 (n=28), the most common perception was that bush cannabis was 'low' potency (36%; n≤5 in 2024), followed by 'medium' potency (32%; n≤5 in 2024) and then 'high' (25%; n≤5 in 2024) (Figure 30b).

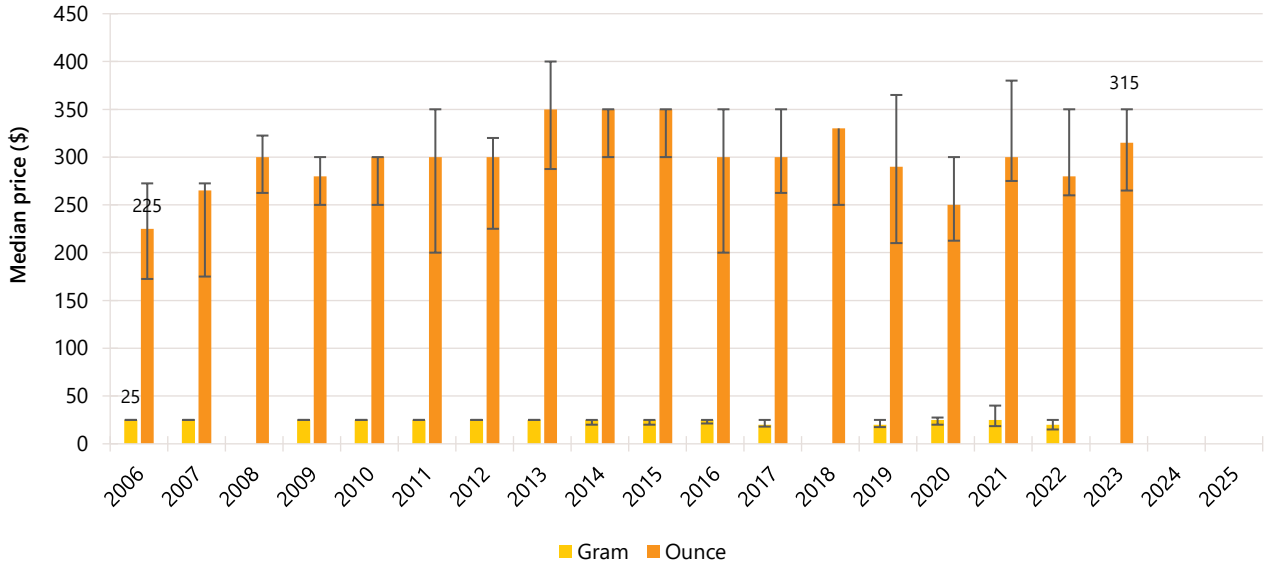
Perceived Availability: The perceived availability of non-prescribed bush cannabis also remained stable between 2024 and 2025.Among those who were able to comment in 2025 (n=28), two thirds (68%) reported that non-prescribed bush cannabis was 'very easy' to obtain (71% in 2024), while 29% perceived it as 'easy' to obtain (29% in 2024). Few participants (n≤5) reported that bush cannabis was 'difficult' to obtain in 2025 (0% in 2024) (Figure 31b).

Figure 29: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Perth, WA, 2006-2025

(A) Hydroponic cannabis



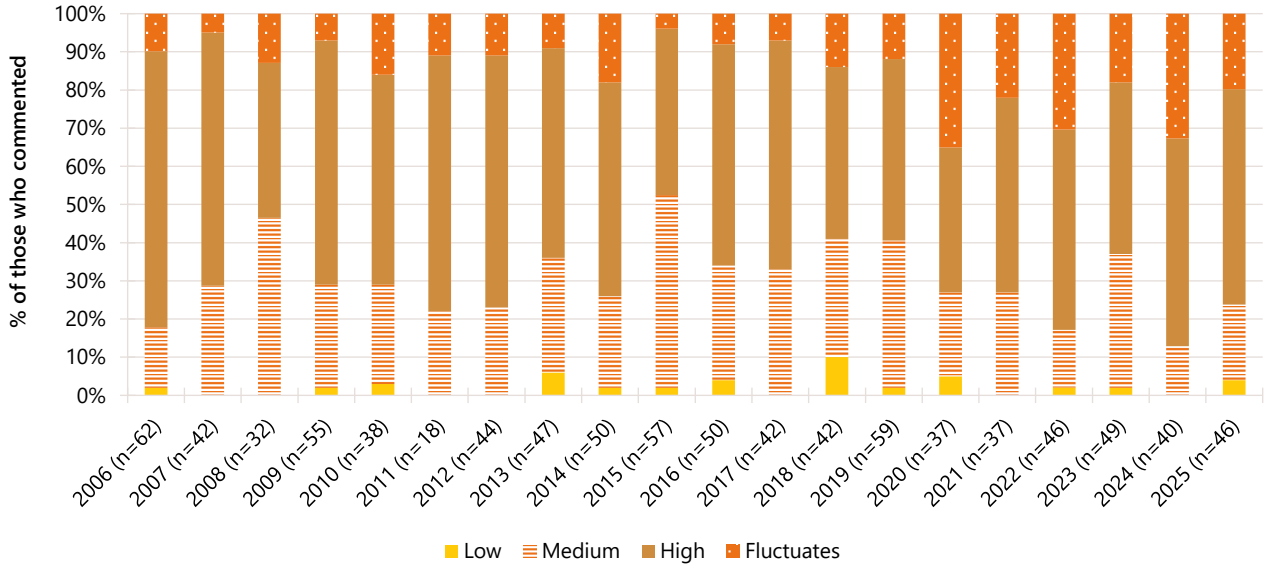
(B) Bush cannabis



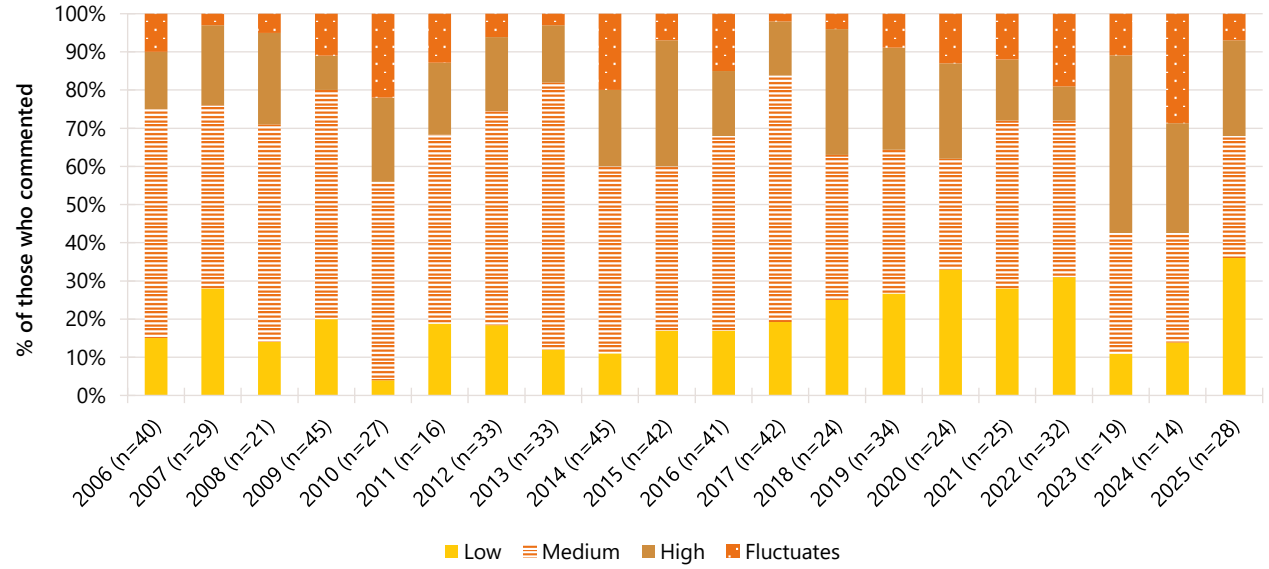
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 2006-2025

(A) Hydroponic cannabis



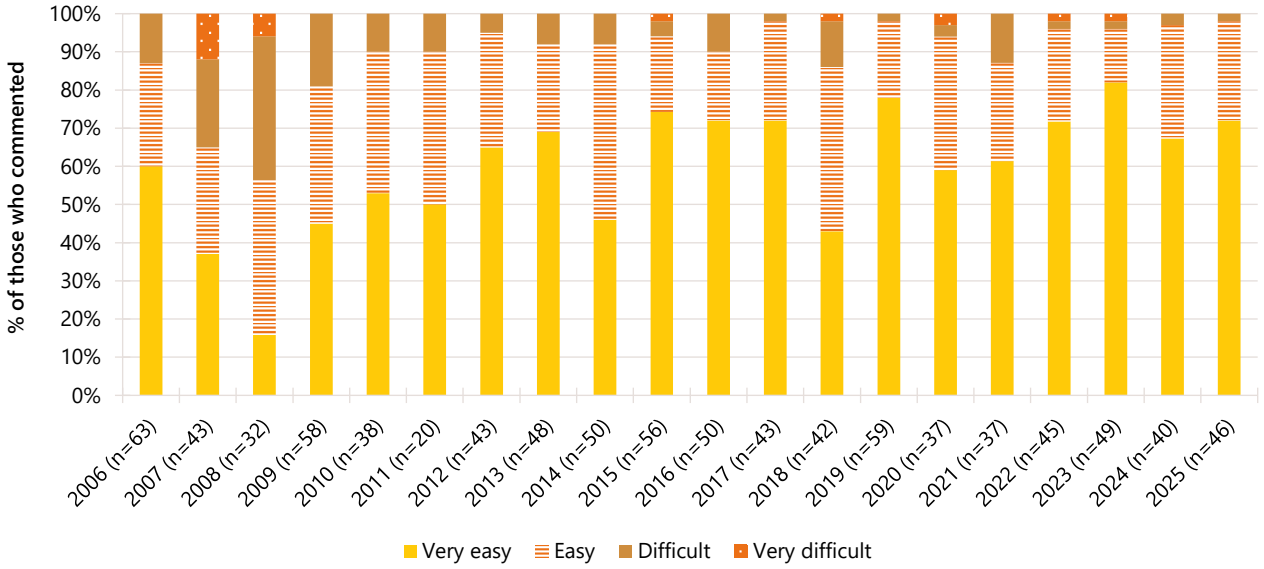
(B) Bush cannabis



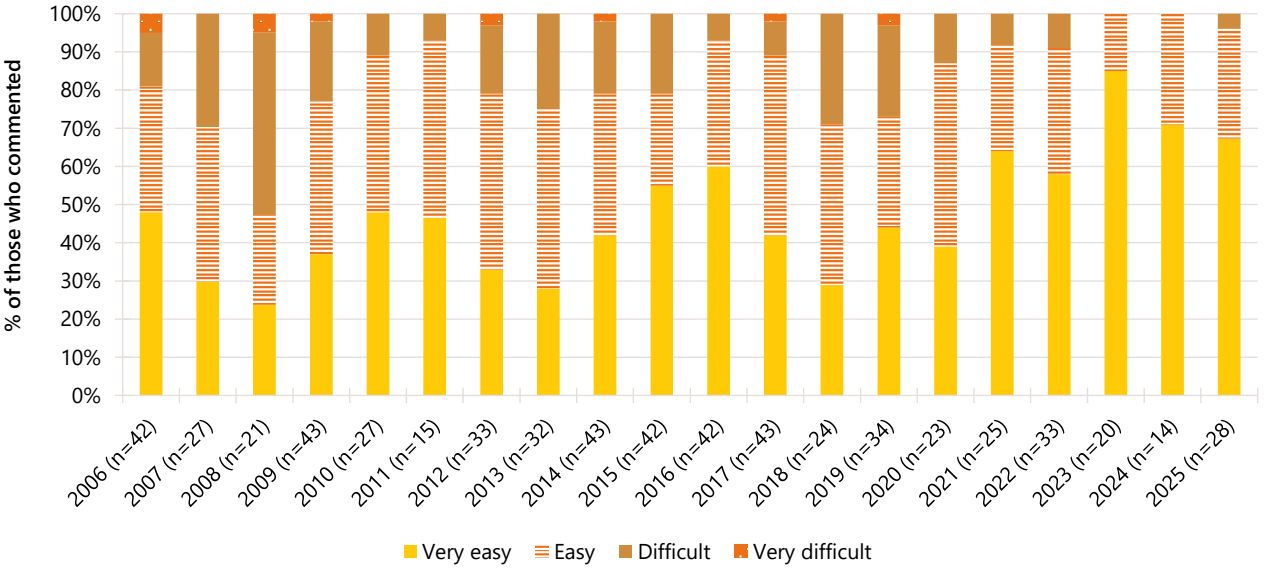
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. 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 31: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 2006-2025

(A) Hydroponic cannabis



(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. 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

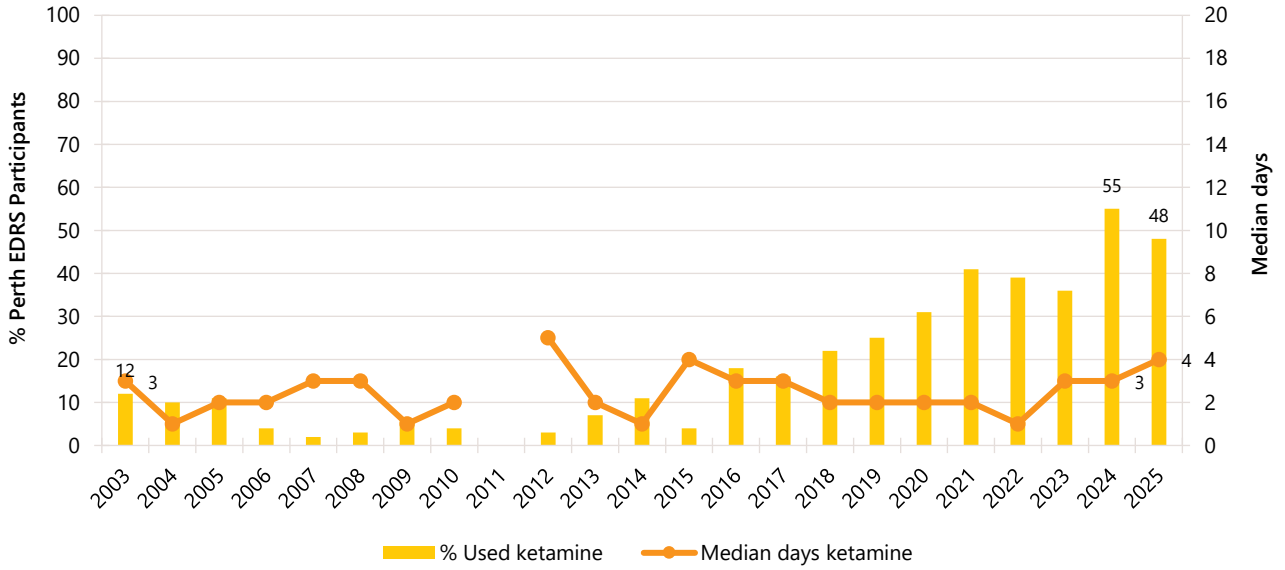
Recent Use (past 6 months): There has been a steady upward trend in non-prescribed use of ketamine since about 2016 (Figure 32). In 2025, almost half (48%) of the Perth sample reported recent non-prescribed ketamine use, stable relative to 2025 (55%; *p*=0.394).

Frequency of Use: Among those reporting recent use (n=48), non-prescribed ketamine was used on a median of four days in the six months preceding interview (IQR=1-8), stable from three days in 2024 (IQR=1-15; n=55; *p*=0.407) (Figure 32). Few (n≤5) participants reported weekly or more frequent use of non-prescribed ketamine in 2025 (16% in 2024; *p*=0.407).

Routes of Administration: Among participants who had recently used non-prescribed ketamine and commented (n=48), the vast majority (96%) reported snorting as a route of administration in the six months preceding interview (96% in 2024), while few participants (n≤5) reported swallowing (n≤5 in 2024) or smoking (0% in 2024).

Quantity: Of those who reported recent use and were able to comment in 2025 (n=34), the median 'typical' amount used per session was 0.25 grams (IQR=0.20-0.50; 0.40 grams in 2024; IQR=0.20-0.50; n=35; *p*=0.271), while the median maximum amount used per session was 0.50 grams (IQR=0.25-0.73; n=34; 0.60 grams in 2024; IQR=0.25-1.00; n=35; *p*=0.213).

Figure 32: Past six month use and frequency of use of non-prescribed ketamine, Perth, WA, 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 20 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only became 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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.

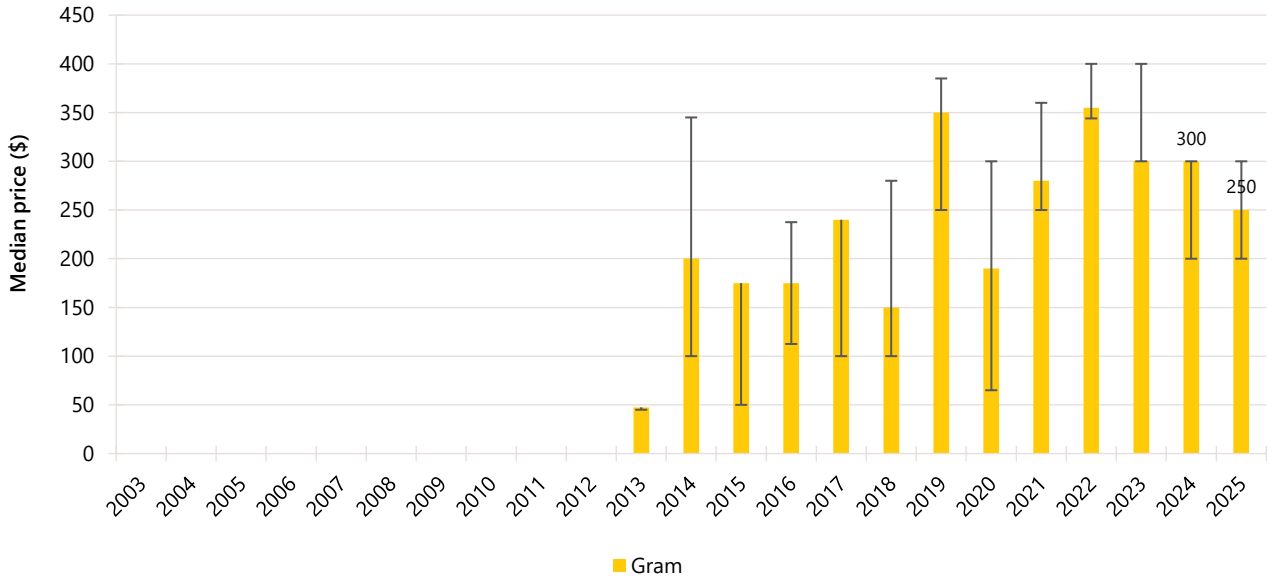
Price, Perceived Purity and Perceived Availability

Price: The median price per gram of non-prescribed ketamine was $250 in 2025 (IQR=200-300; n=19), stable relative to 2024 ($300; IQR=200-300; n=25; p=0.344) (Figure 33).

Perceived Purity: The perceived purity of non-prescribed ketamine remained stable between 2024 and 2025 (p=0.644). Among those able to comment in 2025 (n=26), the highest percentage (58%) perceived the purity as being 'high' (58% in 2024), followed by 'medium' (27%; n≤5 in 2024). No participants perceived the purity of ketamine as 'low' in 2025 (n≤5 in 2024) and few (n≤5) reported 'fluctuating' purity (23% in 2024) (Figure 34).

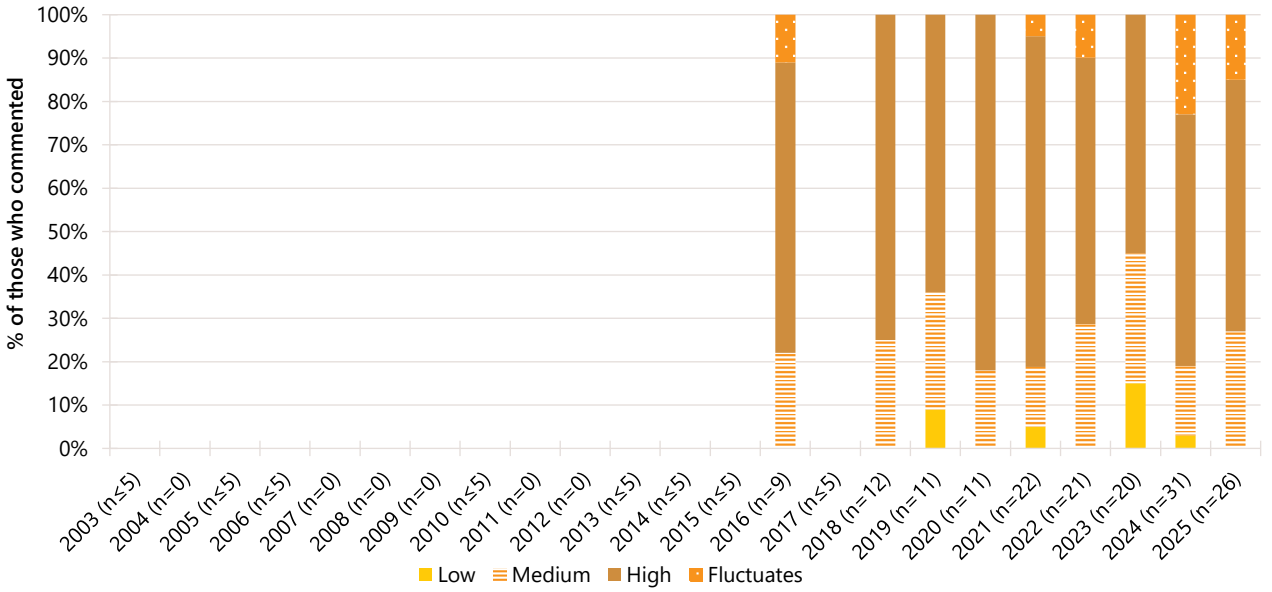
Perceived Availability: The perceived availability of non-prescribed ketamine also remained stable between 2024 and 2025 (p=0.607). Among participants who commented in 2025 (n=28), the highest percentage perceived ketamine as 'easy' to obtain (50%; 37% in 2025), followed by 'very easy' (29%; 27% in 2024). Few (n≤5) participants described ketamine as 'difficult' to obtain in 2025 (33% in 2024) (Figure 35).

Figure 33: Median price of non-prescribed ketamine per gram, Perth, WA, 2003-2025



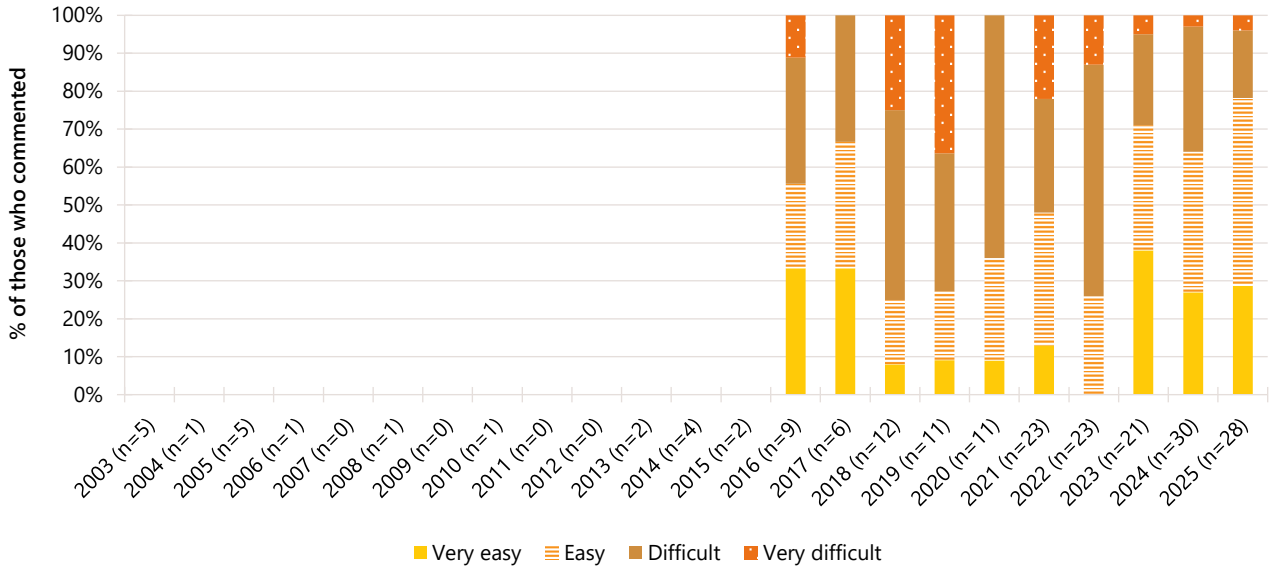
Note. Among those who commented. Between 2003 and 2012, the number of participants able to comment on price were too few to compute a median. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only became available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. For historical numbers. 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 34: Current perceived purity of non-prescribed ketamine, Perth, WA, 2003-2025



Note. Between 2003-2015 and in 2017, few participants (n≤5) were able to comment on perceived purity and data are therefore suppressed in the figure. 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 became 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. 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 35: Current perceived availability of non-prescribed ketamine, Perth, WA, 2003-2025



Note. Between 2003-2015, few participants (n≤5) were able to comment on perceived availability and data are therefore suppressed in the figure. 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 became 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. 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

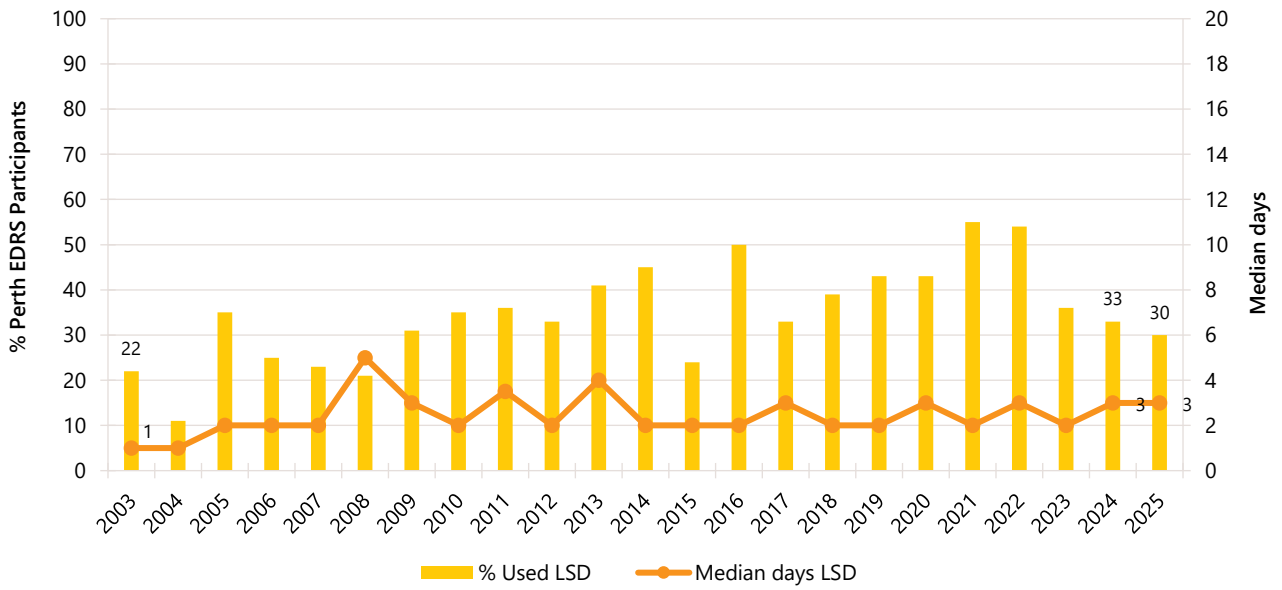
Recent Use (past 6 months): Almost one third (30%) of the Perth sample reported recent LSD use in 2025, stable relative to 2024 (33%; *p*=0.759) (Figure 36).

Frequency of Use: Median days of LSD use has remained low over monitoring years. Among those reporting recent use in 2025 (n=30), frequency of use remained stable at three days (IQR=1-4; 3 days in 2024; IQR=1-6; *p*=0.788) (Figure 36). Few (n≤5) participants who had recently consumed LSD reported weekly or more frequent use in 2025 (0% in 2024; *p*=0.476).

Routes of Administration: Consistent with past monitoring years, the only route of administration for consuming LSD that was reported in 2025 was swallowing (i.e., sublingual; 100%; 100% in 2024).

Quantity: Of those who had recently used LSD and responded (n=23), the median 'typical' amount used per session was one tab (IQR=1.00-2.00; 1 tab in 2024; IQR=1.00-1.50; n=19; *p*=0.502), while the median maximum amount used per session was also one tab (IQR=1.00-3.00; n=22; 1 tab in 2024; IQR=1.00-3.00; n=19; *p*=0.921).

Figure 36: Past six month use and frequency of use of LSD, Perth, WA, 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 20 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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.

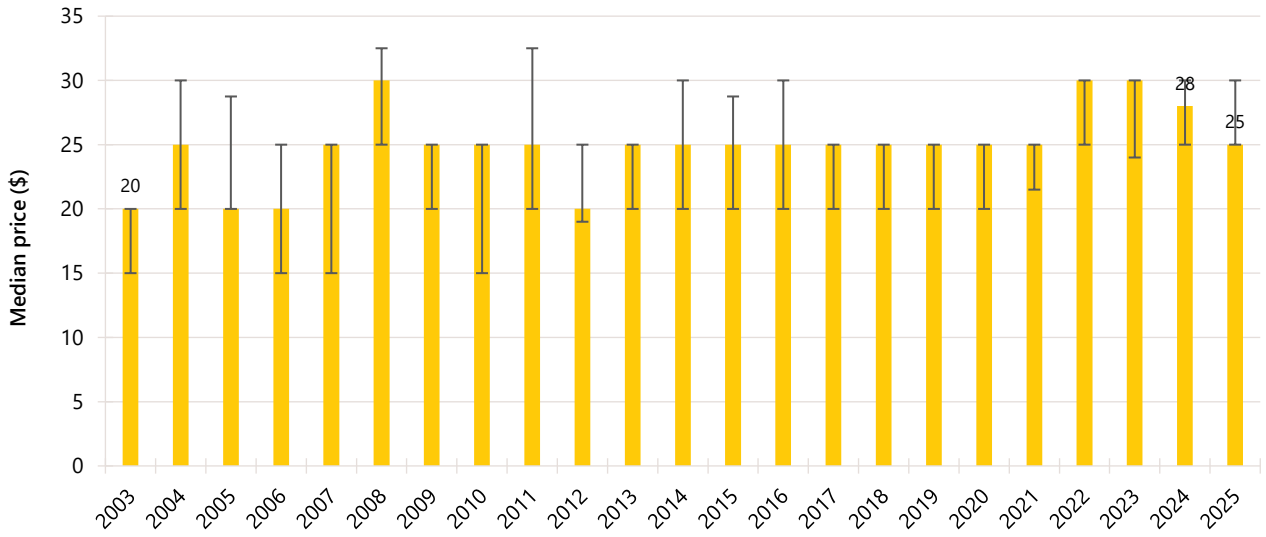
Price, Perceived Purity and Perceived Availability

Price: The median price per tab of LSD in 2025 was $25 (IQR=25-30; n=19), stable relative to $28 in 2024 (IQR=25-30; n=24; *p*=0.355) (Figure 37).

Perceived Purity: The perceived purity of LSD remained stable between 2024 and 2025 (*p*=0.796). Among those who commented in 2025 (n=28), approximately half (54%) described the purity as 'high' (63% in 2024), while one fifth described it as 'medium' (21%; n≤5 in 2024). Few participants (each n≤5) described purity as 'low' or 'fluctuating' in 2025 (each n≤5 in 2024) (Figure 38).

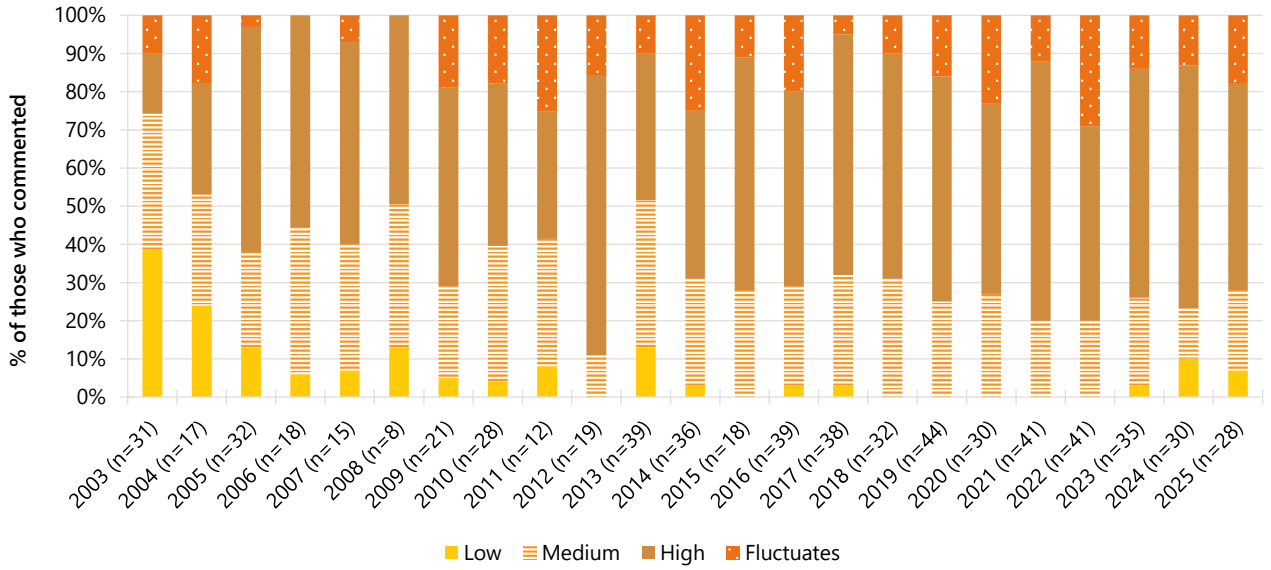
Perceived Availability: The perceived availability of LSD also remained stable between 2024 and 2025.Among those who commented in 2025 (n=31), three quarters (78%) reported that LSD was 'easy' or 'very easy' to obtain (78% in 2024) (Figure 39).

Figure 37: Median price of LSD per tab, Perth, WA, 2003-2025



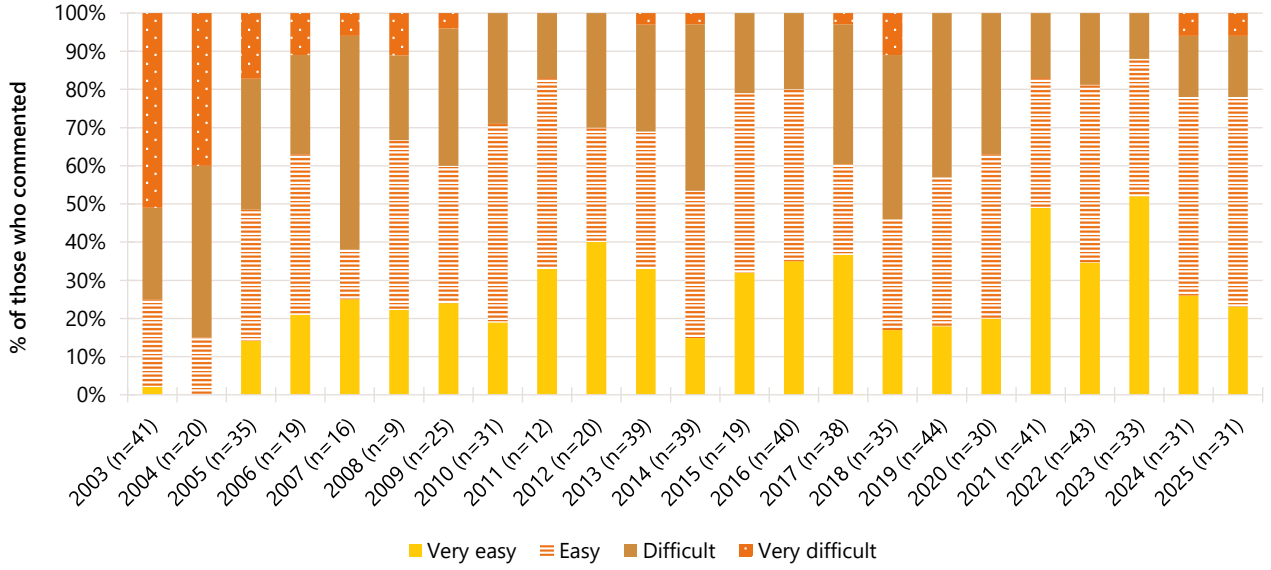
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure where n≤5 responded. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 38: Current perceived purity of LSD, Perth, WA, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 39: Current perceived availability of LSD, Perth, WA, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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

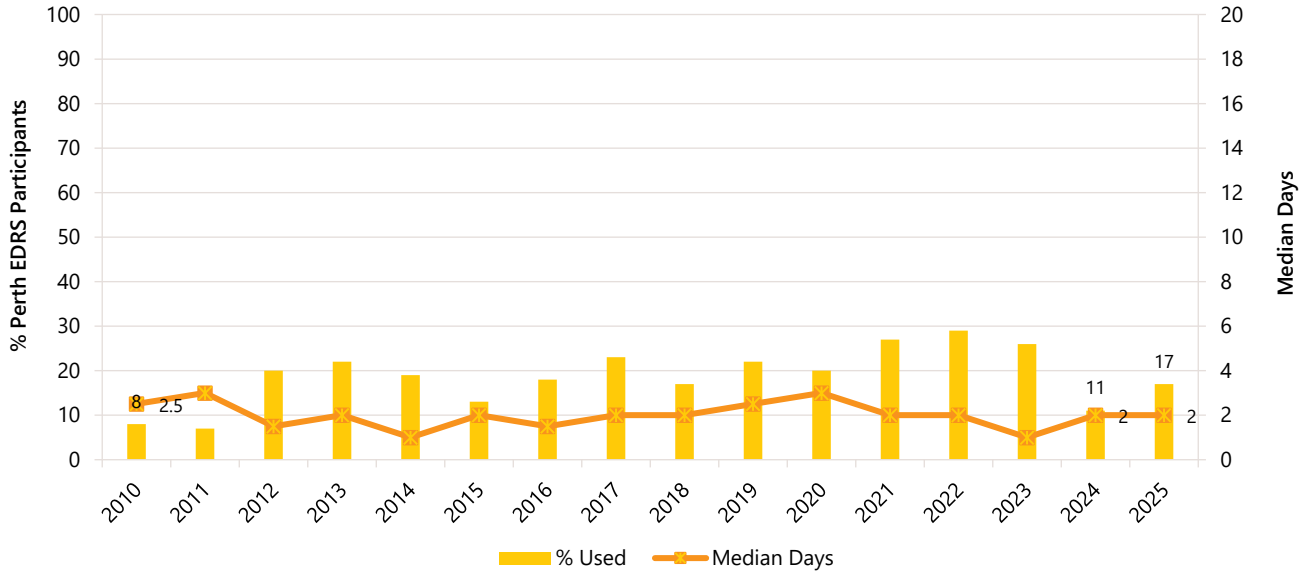
Recent Use (past 6 months): DMT use has fluctuated across monitoring years. In 2025, one sixth (17%) of the Perth sample reported recent use, stable relative to 2024 (11%; *p*=0.315) (Figure 40).

Frequency of Use: Median days of DMT use has remained infrequent and stable across monitoring years. In 2025, DMT was used on a median of two days (IQR=1-2; n=17) in the six months preceding interview, stable relative to two days in 2024 (IQR=1-4; n=11; *p*=0.503) (Figure 40).

Routes of Administration: Among participants who had recently used DMT and commented (n=17), all participants reported smoking as the route of administration (100%; 91% in 2024; *p*=0.393). No participants (0%) reported swallowing DMT in 2025 (n≤5 in 2024).

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used per session in 2025, therefore, further details are not reported (typical amount in 2024=2 mgs; IQR=2-8; maximum amount in 2024=2.5 mgs; IQR=2-8.3; n=6).

Figure 40: Past six month use and frequency of use of DMT, Perth, WA, 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 20 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 in 2021 onwards, the decision was made to exclude them from this category. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our 2010-2020 reports.

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

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 45% in 2013 and declining to few participants (n≤5) reporting use in 2025. This represents a significant decline relative to 2024 (17%; p=0.011) and the lowest percentage observed since monitoring commenced.

Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 43% in 2013 and declining to few participants (n≤5) reporting use in 2025. This represents a significant decline relative to 2024 (16%; p=0.019) and the lowest percentage observed since monitoring commenced (Table 3).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. In 2025, few participants (n≤5) reported recent use of any individual NPS, which is consistent with 2024 apart from any 2C substances which were reported by 6% of the Perth sample in 2024 (p=0.118) (Table 4). 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), Perth, WA, 2010-2025

%	Excluding plant-based NPS
2010	31
2011	14
2012	24
2013	43
2014	39
2015	32
2016	21
2017	21
2018	12
2019	6
2020	7
2021	9
2022	13
2023	7
2024	16
2025	-

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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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: Past six month use of NPS by drug type, Perth, WA, 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	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
Mephedrone	16	14	-	-	-	-	0	-	0	0	0	0	0	0	0	-
Methylone	/	-	-	-	-	-	-	-	-	0	0	0	0	0	0	**0**
N-ethylpentylone (ephylone)	/	/	/	/	/	/	/	/	/	0	-	0	0	0	0	**0**
N-ethylbutylone (eutylone)	/	/	/	/	/	/	/	/	/	/	/	0	0	-	0	**0**
Other drugs that mimic the effects of ecstasy	/	/	/	/	/	/	/	-	0	0	0	0	0	0	-	**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	0	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	0	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**
Methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
N-Ethylhexedrone	/	/	/	/	/	/	/	/	/	0	0	0	0	0	0	**0**
Other drugs that mimic the effects of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	0	0	0	-	0	**0**
Drugs that mimic the effects of psychedelic drugs	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
2C - any (e.g., 2C-I, 2C-B)	-	-	-	23	16	7	9	8	-	-	-	-	-	-	6	-
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	/	/	/	/	/	**0**
5-MeO-DMT	-	0	0	0	-	0	0	-	-	-	-	-	7	-	-	-
Dox (e.g., DOB, DOC, DOI, DOM)	0	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)	/	/	/	/	10	-	-	6	-	0	0	-	-	0	0	**0**
Other drugs that mimic the effects of psychedelic drugs	/	/	/	/	/	/	/	-	-	0	0	-	0	0	-	**0**
Drugs that mimic the effects of dissociatives	/	/	/	-	0	0	0	0	0	0	0	0	0	-	-	-
2F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	0	0	-	**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	**0**
3-MeO-PCP/4-MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
Methoxetamine	/	/	/	-	0	0	0	0	0	0	0	0	0	0	-	**0**
Tiletamine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Other drugs that mimic the effects of dissociatives	/	/	/	/	/	/	/	/	/	/	0	0	0	0	0	**0**
Drugs that mimic the effects of cannabis	/	32	18	19	12	6	-	0	-	-	-	-	-	0	0	**-**
Drugs that mimic the effects of benzodiazepines	/	/	/	/	/	/	0	0	0	0	0	-	-	-	-	**-**
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0	0	**0**
Clobromazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	-	**-**
Etizolam	/	/	/	/	/	/	0	0	0	0	0	-	-	0	-	**0**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	0	**0**
Flubromazepam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Phenazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Other drugs that mimic effect of benzodiazepines	/	/	/	/	/	/	/	/	/	/	0	0	0	0	0	**0**
Drugs that mimic the effects of opioids	/	/	/	/	/	/	/	0	0	0	0	0	0	0	0	**0**
Drugs that mimic the effect of any other NPS	/	/	/	/	/	/	/	/	/	/	/	/	/	/	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 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): One in six (16%) participants in the Perth sample reported using any non-prescribed codeine (e.g., Nurofen Plus, Panadeine, Panadeine Extra) in the past six months in 2025, stable relative to 2024 (14%; p=0.840) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed codeine (n=16) reported use on a median of three days (IQR=2-7) in the past six months (3 days in 2024; IQR=1-18; n=14; p=0.983).

Pharmaceutical Opioids

Recent Use (past 6 months): In 2025, 7% of the Perth sample reported recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) (10% in 2024; p=0.598) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids and commented (n=7) reported use on a median of one day in the six months preceding interview (IQR=1-3), a significant decline relative to six days in 2024 (IQR=2-23; n=10; p=0.046).

Forms used: Few participants (n≤5) reported use of individual forms of non-prescribed pharmaceutical opioids in the six months preceding interview in 2025, while oxycodone was the most common form used in 2024 (80%; n=8). 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). From 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) was reported by one quarter (25%) of the Perth sample in 2025, stable relative to 2024 (31%; p=0.431) (Figure 41).

Frequency of Use: Participants who reported recent non-prescribed use of benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) reported a median of five days (IQR=3-48; n=25), stable relative to 6 days in 2024 (IQR=2-19; n=31; p=0.785).

Forms Used: Among participants who had recently used non-prescribed benzodiazepines and commented (n=25), Valium (diazepam; 76%) was the most commonly reported form used, followed by Clonazepam (generic; 40%), and then Xanax (alprazolam; 28%).

Steroids

No participants in the Perth sample reported recent use of non-prescribed steroids in 2025 or 2024, therefore, further details are not reported (Figure 41). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

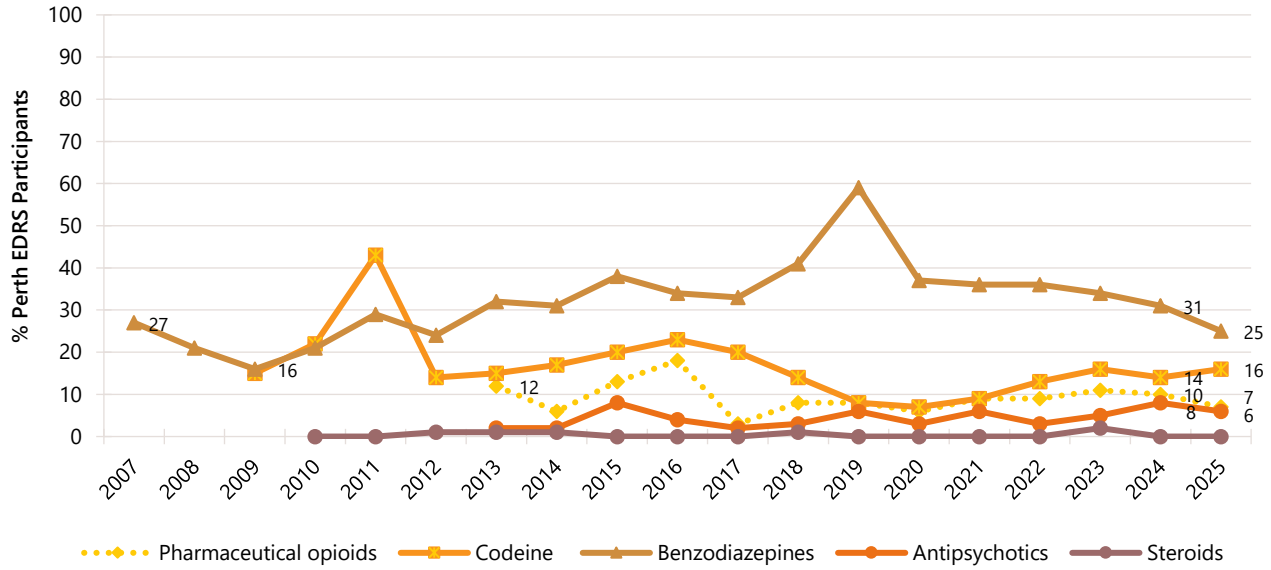
Antipsychotics

Recent Use (past 6 months): Six per cent of the Perth sample reported recent use of non-prescribed antipsychotics in 2025 (8% in 2024; p=0.779) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed antipsychotics and commented (n=6) reported use on a median of 2 days (IQR=1-3) in the six months preceding interview (12 days in 2024; IQR=1-48; n=8; p=0.097).

Forms Used: Few participants (n≤5) reported use of individual forms of antipsychotics in the six months preceding interview in 2025. 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 41: Non-prescribed use of pharmaceutical medicines in the past six months, Perth, WA, 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'. From 2024, 'alprazolam' and 'other benzodiazepines' were combined**.** 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 tables/figure notes.

Other Illicit Drugs

Non-Prescribed Hallucinogenic Mushrooms/Psilocybin

Recent Use (past 6 months): In 2025, 46% of the Perth sample reported recent use of hallucinogenic mushrooms/psilocybin, stable relative to 2024 (54%; p=0.327) (Figure 42).

Frequency of Use: Participants reported using mushrooms on a median of two days in the six months preceding interview (IQR=1-4; n=46), remaining low and stable relative to 2024 (2 days; IQR=1-3; n=54; p=0.513).

MDA

Few participants (n≤5) reported recent use of MDA in 2025 (n≤5 in 2024) (Figure 42). For further information on use of MDA over time, please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Substances with Unknown Contents

Recent Use (past 6 months): From 2019, we asked participants about their use of substances with 'unknown contents'. One tenth (12%) of the Perth sample reported recent use of any substance with 'unknown contents' in 2025 (8% in 2024; p=0.354) (Figure 45). Of those who had recently consumed any 'unknown' substance and responded (n=12), participants reported a median of one day (IQR=1-1) of use in the six months preceding interview, stable relative to 2024 (1 days; IQR=1-1; n=8; p=0.267).

When broken down by form, 7% of participants reported recent use of pills with 'unknown contents' (n≤5 in 2024; *p*=0.213). Few participants (n≤5) reported recent use of capsules, powder, and crystal 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).

PMA

No participants reported recent use of PMA in 2025 (0% in 2024) (Figure 42). 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 reported recent use of PMMA in 2025 (0% in 2024) (Figure 42). 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

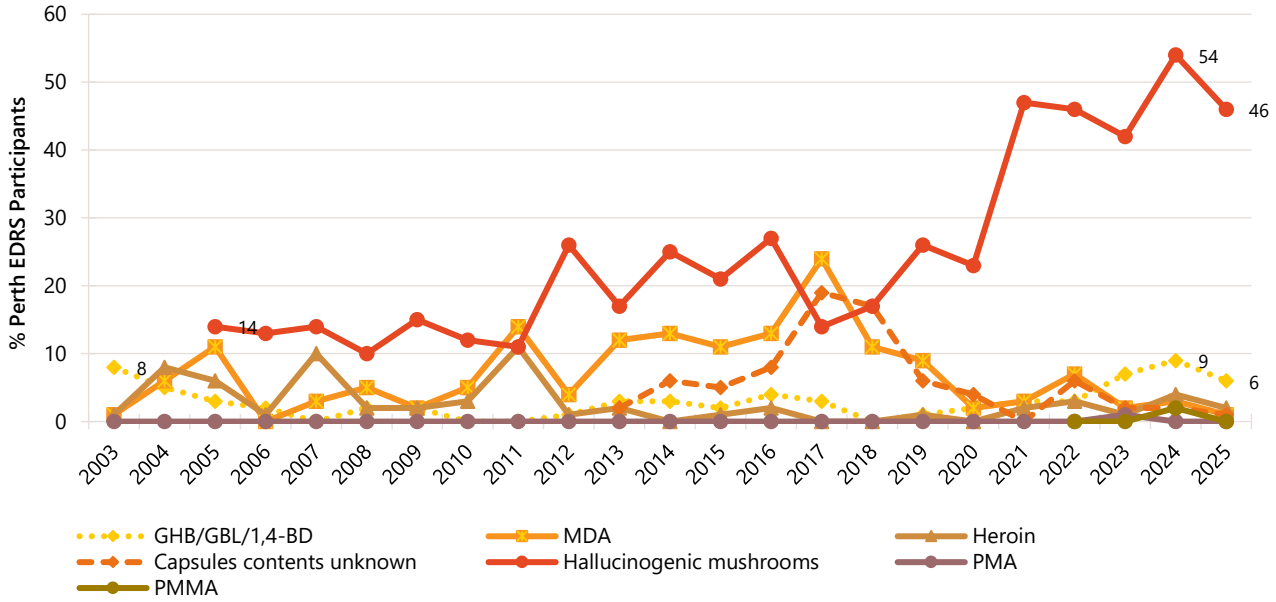
Few participants (n≤5) reported recent use of heroin in 2024 and 2025 (*p*=0.683) (Figure 42). Please refer to the 2025 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

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

Recent Use (past 6 months): Six per cent of the Perth sample reported recent use of GHB/GBL/1,4-BD in 2025, stable relative to 2024 (9%; *p*=0.591) (Figure 42).

Frequency of Use: Participants reported using GHB/GBL/1,4-BD on a median of four days (IQR=3-4; n=6) in the six months prior to interview, stable relative to 2024 (3 days; IQR=1-20; n=9; *p*=0.858).

Figure 42: Past six month use of other illicit drugs, Perth, WA, 2003-2025



Note. From 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form). Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 tables/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The vast majority (96%) of the Perth sample reported recent use of alcohol in 2025, which has remained consistent since monitoring commenced (97% in 2024) (Figure 43).

Frequency of Use: Among those who had consumed alcohol recently (n=96), alcohol was reportedly used on a median of 24 days in the six months preceding interview (i.e., once per week, IQR=12-51), stable from 48 days in 2024 (IQR=24-60; n=97; p=0.078). Three fifths (62%) of those who had recently consumed alcohol had done so on a weekly or more frequent basis, a significant decline from 77% in 2024 (p=0.031). Few participants (n≤5) reported daily use of alcohol in 2025 (n≤5 in 2024).

Tobacco

In 2024, for the first time, 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): Three quarters (74%) of the Perth sample reported recent tobacco use in 2025 (70% in 2024; p=0.633) (Figure 43). Almost two fifths (38%) reported recent use of smoked or non-smoked illicit tobacco products (10% in 2024; p<0.001).

Frequency of Use: Participants reported using tobacco on a median of 120 days in the six months preceding interview (IQR=24-180; n=74), stable relative to 49 days in 2024 (IQR=10-180; n=70;

p=0.129). Among those who had recently used tobacco (n=74), 45% reported daily use (36% in 2024; *p*=0.306).

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, no participants (0%) reported recent use of e-cigarettes that were obtained from a pharmacy. Between 2022 and 2024, few participants (n≤5) reported recent use of prescribed e-cigarettes. 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): Recent use of illicit e-cigarettes was reported by three quarters (74%) of the Perth sample in 2025 (69% in 2024; *p*=0.532) (Figure 43).

Frequency of Use: Participants reported using illicit e-cigarettes on a median of 90 days in six months preceding interview (i.e. every second day; IQR=30-180; n=73), stable from 2024 (160 days; IQR=60-180; n=69; *p*=0.315). Two fifths (40%) of participants who had recently used illicit e-cigarettes reported daily use (42% in 2024; *p*=0.861).

Contents and Forms Used: Among participants who had recently used illicit e-cigarettes and responded in 2025 (n=73), participants most commonly reported using disposable devices (96%), followed by re-fillable devices (11%).

Reason for Use: Of those who reported *any* e-cigarette use in the last six months and responded (n=74), one fifth (19%) reported using it as a smoking cessation tool in 2025 (32% in 2024; *p*=0.088).

Nicotine Pouches

Recent Use (past 6 months): One fifth (22%) of the Perth sample reported recent use of nicotine pouches in 2025 (22% in 2024) (Figure 43).

Frequency of Use: Participants who had recently used nicotine pouches reported use on a median of 4 days (IQR=2-28; n=22) in the six months preceding interview (12 days in 2024; IQR=2-30; *p*=0.508).

Nitrous Oxide

In Australia, from October 2022, nitrous oxide was reclassified by the Therapeutic Goods Administration as a Schedule 6 poison, prohibiting sales to young people aged under 16 years and mandating product warning labels. Moreover, some state governments have implemented additional

regulatory controls, such as restricted trading hours in South Australia and restricting sales to registered food and beverage businesses in Western Australia.

Recent Use (past 6 months): One quarter (28%) of the Perth sample reported recent use of nitrous oxide in 2025, stable relative to 2024 (36%; *p*=0.508), but a steep decline from a peak of 70% in 2022 (Figure 43).

Frequency of Use: Nitrous oxide was used on a median of four days in the six months preceding interview (IQR=2-9; n=28), stable relative to 2024 (2 days; IQR=1-6; n=36; *p*=0.418).

Quantity: Of those who reported recent use and responded in bulbs (n=18), the median 'typical' amount used per session was 5 bulbs (IQR=4-15), stable relative to 7.5 bulbs in 2024 (IQR=3-15; n=28; *p*=0.734). Meanwhile, the median maximum amount used per session was 10 bulbs (IQR=5-20; n=17), also stable from 10 bulbs in 2024 (IQR=5-20; n=28; *p*=0.767).

When interpreting the nitrous oxide quantity data, it is important to consider that in Australia and internationally, there has been a shift from the use of small nitrous oxide bulbs (~8g) to larger cannisters (~0.6-3.5 Litres), and the latter are increasingly linked with harmful use. From 2024, EDRS participants could respond with a measure of bulbs, grams, or Litres. In 2025, one third (33%) reported the 'typical' amount used per session amount in Litres (20% in 2024), while 37% reported the maximum amount used in Litres (20% in 2024). Among those reporting in Litres in 2025 (n=9), the median 'typical' amount used was 1.00 Litre (0.80-1.00 L), while the median maximum amount used was 1.75 Litres (IQR=1.00-2.62 L; n=10). The findings comparing the median number of bulbs used per session between reporting years should therefore be interpreted with caution, because it is possible that those using heavier amounts were responding in Litres and not bulbs, which would misrepresent patterns of use.

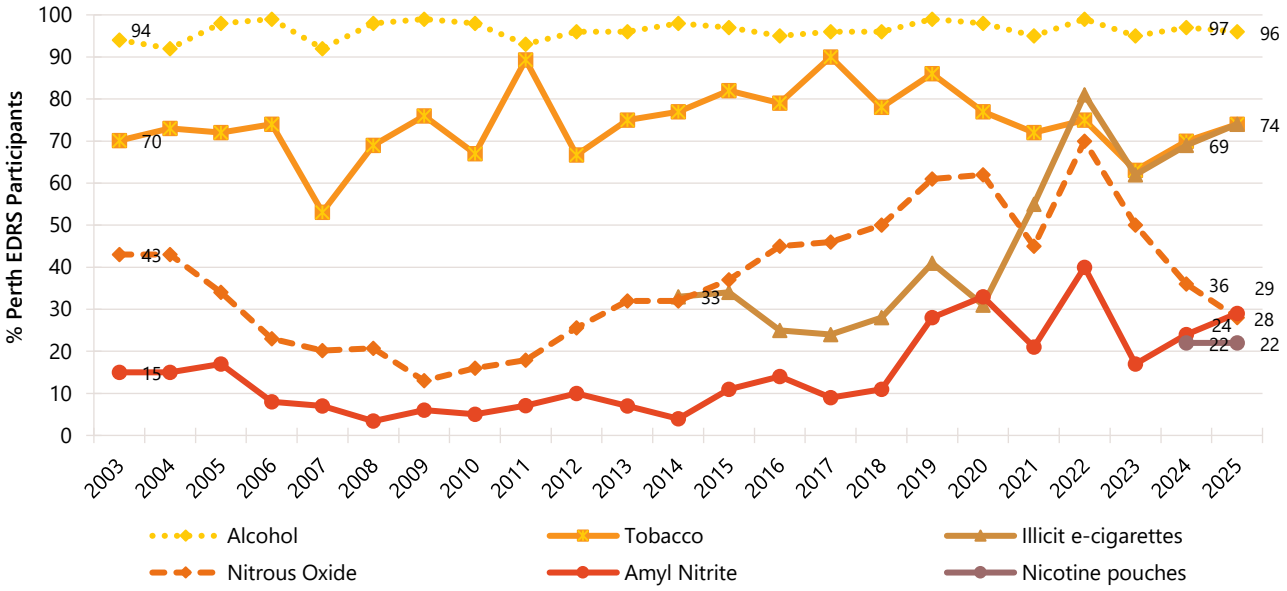
Amyl Nitrite

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): In 2025, 29% of the Perth sample reported recent use of amyl nitrite, stable relative to 2024 (24%; *p*=0.426) (Figure 43).

Frequency of Use: Amyl nitrite was used on a median of four days in the six months preceding interview in 2025 (IQR=1-7; n=29), stable from two days in 2024 (IQR=1-5; n=24; *p*=0.222).

Figure 43: Licit and other drugs used in the past six months, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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

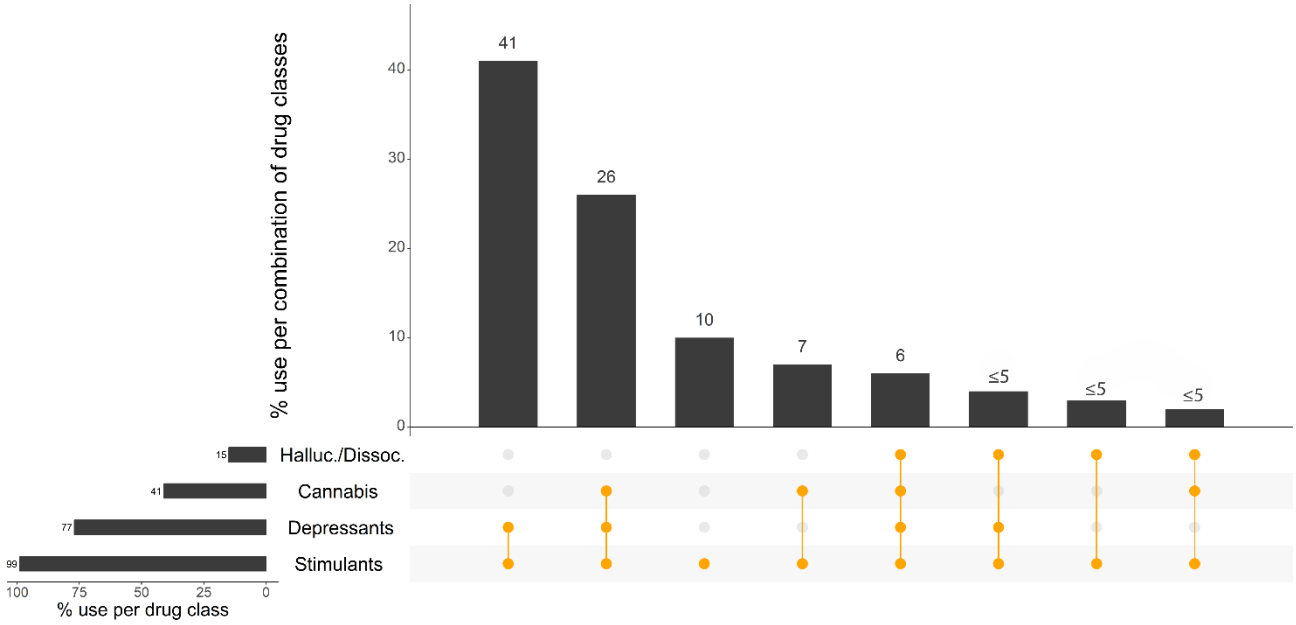
Drug-Related Harms and Other Behaviours

Polysubstance Use

Among those who responded (n=99), the most commonly used substances on the last occasion of ecstasy or related drug use were alcohol (75%) and ecstasy (54%), followed by tobacco and e-cigarettes (each 47%), cannabis (41%), pharmaceutical stimulants (39%), and cocaine (23%).

Nine tenths (91%, n=90) of the Perth 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 combination of drug classes were stimulants and depressants (41%), followed by stimulants, depressants, and cannabis (26%) and then stimulants only (10%) (Figure 44).

Figure 44: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Perth, WA, 2025: Most common drug pattern profiles

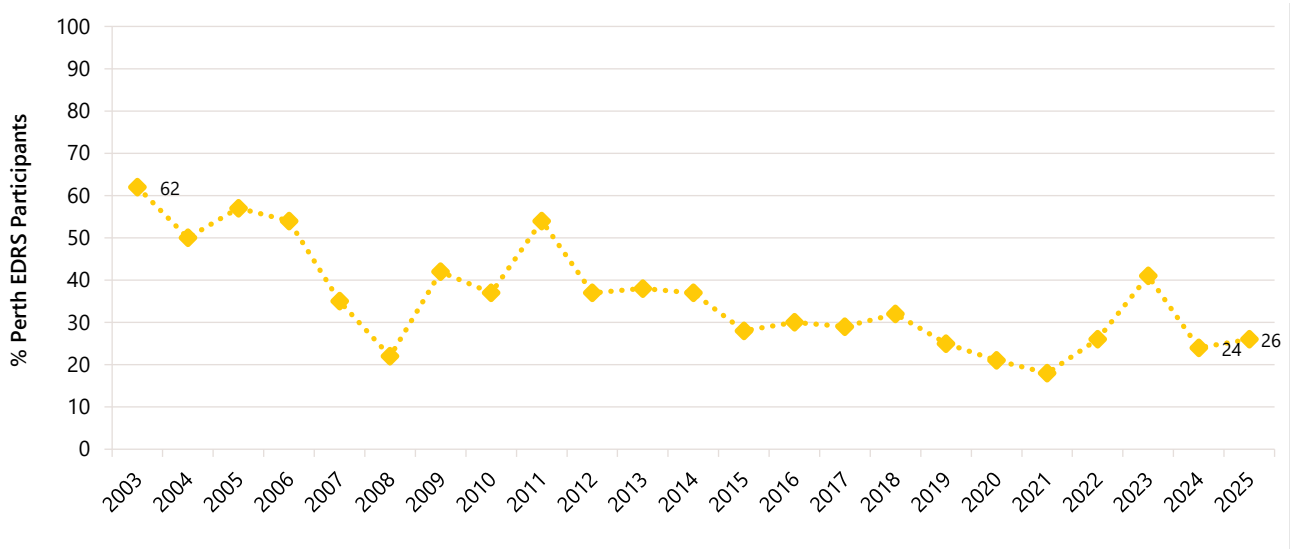


Note. % calculated out of Perth, WA, EDRS 2025 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes 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 30% 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. In 2025, one quarter (26%) of the Perth sample had binged on one or more drugs in the preceding six months, stable relative to 2024 (24%; p=0.868) (Figure 45).

Figure 45: Past six month use of stimulants or related drugs for 48 hours or more continuously without sleep ('binge'), Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 services were 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, two fifths (42%, n=41) of the Perth sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, a significant increase from 23% in 2024 (p=0.007) (Figure 46). Of those who reported that they or someone else had tested their illicit drugs in the past year and could comment on the testing method (n=41), 98% reported using a

personal testing kit – most commonly colorimetric reagent test kits (90%). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=41), few participants (n≤5) reported that they had submitted drugs for testing at an event-based face-to-face testing service (e.g., festival pill-testing service), while no participants submitting samples at a fixed-site face-to-face drug checking service (e.g., a drop-in service in a central location) or via a postal/online testing service (e.g., Energy Control, Ecstasy Data).

Figure 46: Lifetime and past year engagement in drug checking, Perth, WA, 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. 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.

In 2025, the mean score on the AUDIT for the total Perth sample (including people who had not consumed alcohol in the past six months) was 11.3 (SD 5.9), a significant decline relative to 13.8 (SD 6.7) in 2024 (p<0.001), but comparable to other reporting years.

AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence. A significant change was observed in the per cent of participants falling into each of these zones between 2024 and 2025 (p=0.012).

Almost three quarters (72%) of participants obtained a score of eight or more, indicative of hazardous use (79% in 2024; p=0.318) (Table 5).

Table 5: AUDIT total scores and per cent of participants scoring above recommended levels, Perth, WA, 2010-2025

	2010 n=98	2011 N=26	2012 N=87	2013 N=98	2014 N=100	2015 n=98	2016 n=97	2017 n=98	2018 n=96	2019 n=98	2020 N=100	2021 n=96	2022 n=98	2023 N=100	2024 n=97	2025 N=97
Mean AUDIT total score (SD)	12.6 (6.8)	18.6 (7.3)	15.5 (7.2)	14.4 (6.6)	13.3 (5.4)	12.8 (5.6)	13.2 (7.0)	12.3 (5.0)	13.0 (6.6)	13.8 (6.3)	12.3 (6.2)	12.5 (6.3)	14.1 (6.5)	12.8 (7.2)	13.8 (6.7)	**11.3 (5.9)**
Score 8 or above (%)	72	82	82	87	88	81	80	88	73	84	81	77	82	72	79	**72**
AUDIT zones:																*
Score 0-7	28	18	18	13	12	19	20	12	27	16	19	23	18	28	21	**28**
Score 8-15	36	29	29	48	56	48	48	65	30	39	52	48	42	39	35	**49**
Score 16-19	16	23	23	17	19	20	15	13	23	27	19	17	11	13	29	**12**
Score 20 or higher	20	30	30	21	13	12	16	9	20	18	10	13	29	20	15	**10**

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Imputation used for missing scale scores. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.

- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.

- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

It is important to note that events reported on for each drug type may not be unique given high rates of polysubstance use among the sample.

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

Non-Fatal Stimulant Overdose

In 2025, one fifth (18%) of the Perth sample reported that they had experienced a non-fatal stimulant overdose in the preceding 12 months (18% in 2024) (Figure 47).

The most common stimulant reportedly involved in the most recent non-fatal stimulant overdose in the past 12 months was ecstasy (61% any form; n≤5 for crystal, capsule and pill forms), followed by pharmaceutical stimulants (33%).

Among those who experienced a recent non-fatal stimulant overdose and commented (n=18), 89%, reported that they had consumed one or more additional drugs on the last occasion, most notably, alcohol (39%; ≥5 standard drinks: 33%; ≤5 standard drinks: n≤5).

Due to low numbers (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).

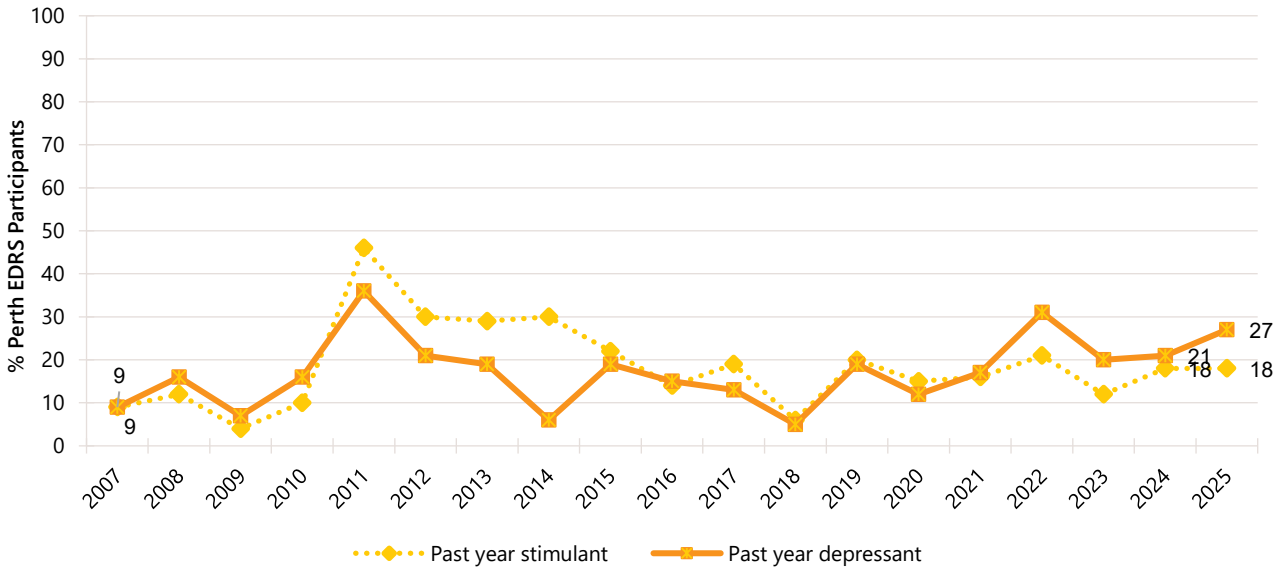
Non-Fatal Depressant Overdose

Alcohol: In 2025, almost one quarter (23%) of the Perth sample reported a non-fatal alcohol overdose in the 12 months preceding interview (18% in 2024; *p*=0.384) on a median of two occasions (IQR=1-5). Of those who had experienced an alcohol overdose in the past year (n=23), all (100%) reported that they did not receive treatment on the last occasion.

Any depressant (including alcohol): In 2025, one quarter (27%) of the Perth sample reported that they had experienced any non-fatal depressant overdose in the preceding 12 months (21% in 2024; *p*=0.326) (Figure 47).

Of those who had experienced any depressant overdose in the past 12 months (n=27), the most common depressant drug reportedly involved was alcohol (85%). Few participants (n≤5) reported an 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 47: Past 12 month non-fatal stimulant and depressant overdose, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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.

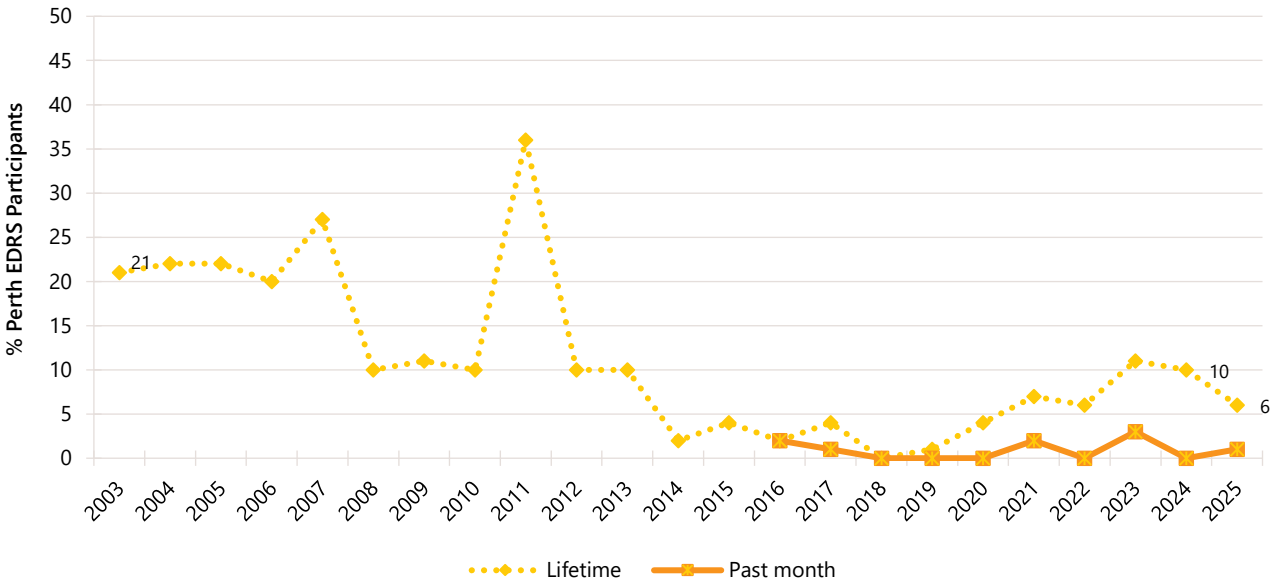
Awareness of Naloxone

In 2025, two thirds (69%) reported that they had ever heard of naloxone, stable relative to 2024 (63%; *p*=0.450). Among those who had ever heard of naloxone and responded (n=69), most (86%) were able to correctly identify the purpose of naloxone (92% in 2024; *p*=0.287). Among participants who had ever heard of naloxone and responded (n=69), 20% reported (ever) obtaining naloxone, a significant increase relative to 2024 (n≤5; *p*=0.009), while 10% had obtained it in the twelve months preceding interview (n≤5 in 2024; *p*=0.170).

Injecting Drug Use and Associated Risk Behaviours

In 2025, 6% of the Perth sample reported that they had ever injected a drug, stable from 10% in 2024 (p=0.435). Few participants (n≤5) reported injecting a drug in the month preceding interview (0% in 2024) (Figure 48). 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 48: Lifetime and past month drug injection, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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

In 2025, few participants (n≤5) in the Perth sample reported currently receiving drug treatment (7% in 2024; p=0.331). Due to few participants reporting on the forms of treatment received (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).

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. In 2025, among those who had recently used ecstasy and responded (n=93), 20% recorded a score of three and above, stable from 18% in 2024 (p=0.699). The median ecstasy SDS score was 0 (IQR: 0–2). Almost half (48%) of the participants obtained a score of zero on the ecstasy SDS, indicating they reported no or few symptoms of dependence in relation to ecstasy use (51% in 2024; p=0.878) (Table 6).

To assess methamphetamine dependence in the past six months, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence. In 2025, among those who had recently used methamphetamine and responded (n=15), few participants (n≤5) scored four or above (n≤5 in 2024; p=0.403). The median methamphetamine SDS score was one (IQR: 0–6). In 2025, almost half (47%) obtained a score of zero on the methamphetamine SDS (n≤5 in 2024; p=0.389) (Table 6). 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 6: Total ecstasy and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Perth, WA, 2015-2025

	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Ecstasy	**(n=100)**	**(n=100)**	**(n=100)**	**(n=98)**	**(n=97)**	**/**	**(n=96)**	**(n=96)**	**(n=97)**	**(n=89)**	**(n=93)**
Median total score (IQR)	1 (0-3)	2 (0-3)	1 (0-3)	1 (0-2)	1 (0-2)	/	0 (0-1)	0 (0-1)	0 (0-2)	0 (0-2)	**0 (0-2)**
% score = 0	26	30	35	41	44	/	63	66	58	51	**48**
% score ≥3	30	36	28	23	25	/	16	10	14	18	**20**
Methamphetamine	**(n=13)**	**(n=20)**	**(n=7)**	**(n=11)**	**(n=9)**	**(n=12)**	**(n=13)**	**(n=13)**	**(n=29)**	**(n=9)**	**(n=15)**
Median total score (IQR)	1 (0-4)	2 (1-4)	4 (0-5)	0 (0-3)	1 (0-2)	0 (0-0)	1 (0-8)	1 (0-2)	1 (0-7)	4 (1-4)	**1 (0-6)**
% score = 0	-	45	-	55	-	92	46	-	41	-	**47**
% score ≥4	-	33	-	-	-	0	-	-	45	-	**-**

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

Three quarters (77%) of the Perth sample reported engaging in some form of sexual activity in the four weeks preceding interview (81% in 2024; p=0.601). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and responded (n=76), 82% reported that they had used alcohol and/or other drugs before or during sexual activity in the preceding month (84% in 2024; p=0.828). Of those who had engaged in sexual activity in the past four weeks and responded (n=77), few (n≤5) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (9% in 2024; p=0.535), while two fifths (39%; n=30) reported that they had used alcohol and/or other drugs to enhance sexual activity or pleasure with another person (31% in 2024; p=0.318). Few participants (n≤5) had engaged in sexual activity in exchange for money, drugs, or other goods or services (n≤5 in 2024) (Table 7).

Of the total sample who responded (n=99), approximately one quarter (28%) reported a sexual health check up in the past six months (22% in 2024; p=0.414), whilst 58% had done so in their lifetime (52% in 2024; p=0.471). Of the total sample who responded (n=99), few participants (n≤5) reported that they had been diagnosed with a sexually transmitted infection (STI) in the past six months (n≤5 in 2024), whilst one fifth (19%) reported a positive diagnosis in their lifetime (19% in 2024). 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 sample who responded (n=97), one fifth (21%) reported having had a test for human immunodeficiency virus (HIV) in the past six months (13% in 2024; p=0.186), whilst 46% reported having a test in their lifetime (43% in 2024; p=0.773). Few participants (n≤5) in the Perth sample reported that they had ever been diagnosed with HIV (n≤5 in 2024), including few participants (n≤5) reporting a positive diagnosis in the six months preceding interview (n≤5 in 2024) (Table 7).

Table 7: Sexual health behaviours, Perth, WA, 2021-2025

	2021	2022	2023	2024	2025
Of those who responded#:	**N=99**	**N=100**	**N=100**	**N=100**	**N=100**
% Any sexual activity in the past four weeks (n)	86 (n=85)	76 (n=76)	77 (n=77)	81 (n=81)	**77 (n=77)**
Of those who responded# and reported any sexual activity in the past four weeks:	n=83	n=75	n=76	n=81	**n=76**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	76	79	83	84	**82**
Of those who responded# and reported any sexual activity in the past four weeks:	n=80	n=76	n=76	n=81	**n=77**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	16	-	9	9	**-**
% Drugs and/or alcohol used to enhance sexual activity or pleasure with another person	/	/	/	31	**39**
Of those who responded# and reported any sexual activity in the past four weeks:	n=83	n=76	n=76	n=81	**n=77**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	/	-	**-**
Of those who responded#:	n=95	n=100	n=98	n=99	**n=97**
% Had a HIV test in the last six months	16	22	22	13	**21**
% Had a HIV test in their lifetime	45	49	57	43	**46**
Of those who responded#:	n=98	n=100	n=98	n=99	**n=97**
% Diagnosed with HIV in the last six months	-	0	0	-	**-**
% Diagnosed with HIV in their lifetime	0	0	-	-	**-**
Of those who responded#:	n=98	n=100	n=99	n=99	**n=99**
% Had a sexual health check in the last six months	30	34	22	22	**28**
% Had a sexual health check in their lifetime	66	71	69	52	**58**
Of those who responded#:	n=98	n=100	n=99	n=99	**n=99**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	-	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	21	15	20	19	**19**

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.

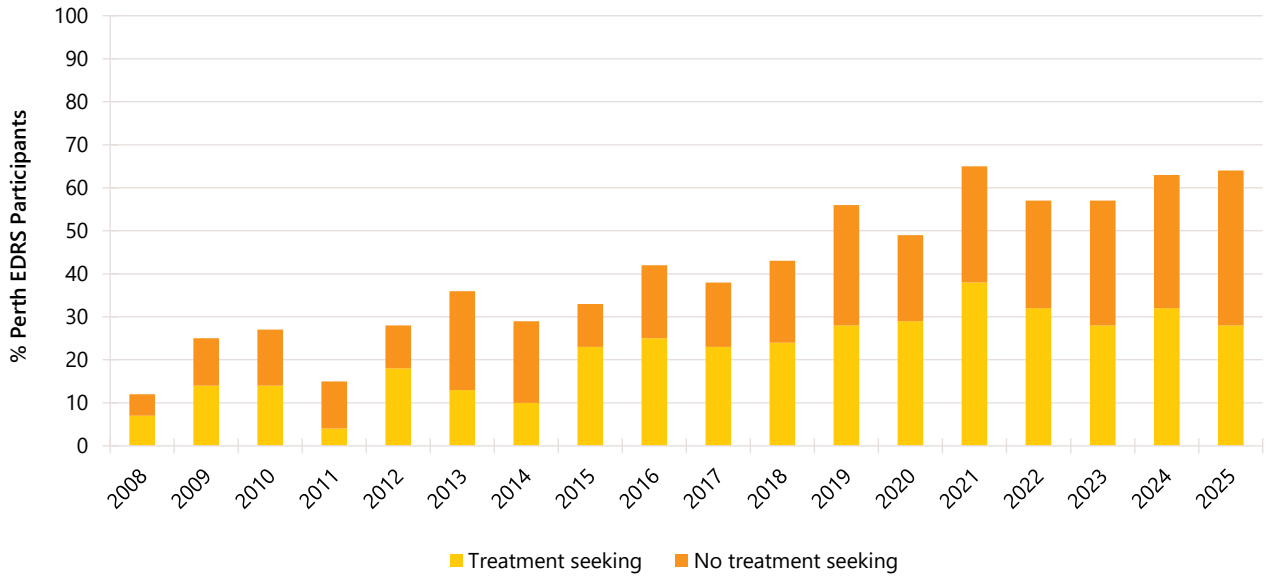
Mental Health and Psychological Distress (K10)

Mental Health

In 2025, two thirds (65%) self-reported that they had experienced a mental health problem in the six months preceding interview, stable relative to 2024 (63%; p=0.878) (Figure 49). Among those self-reporting a recent mental health problem in 2025 and able to respond (n=64), the most commonly reported problem was depression (59%; 46% in 2024; p=0.236), followed by anxiety (53%; 63% in 2024; p=0.457) and attention-deficit/hyperactivity disorder (ADHD) (28%; 24% in 2024; p=0.691).

Of those who self-reported experiencing a recent mental health problem and commented (n=64), 44% reported seeing a mental health professional during the past six months (51% in 2024) (28% of the total sample in 2025) (Figure 49). Of those who reported seeing a mental health professional (n=28), 61% reported being prescribed medication for their mental health problem (59% in 2024).

Figure 49: Self-reported mental health problems and treatment seeking in the past six months, Perth, WA, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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)

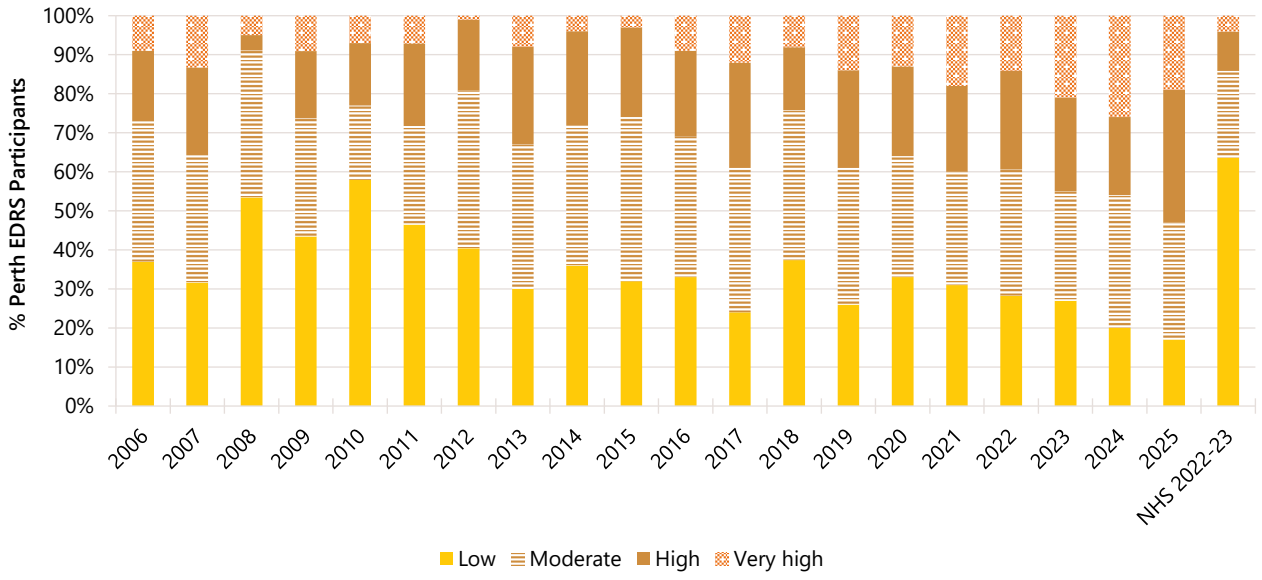
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured 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 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; scores between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2024 and 2025 (p=0.154). Among those who responded in 2025 (n=100), one fifth (19%) of the Perth sample had a score of 30 or more (i.e. indicative of 'very high' distress), stable from 26% in 2024. However, there has been a doubling in the per cent of the Perth sample scoring in the 'high' or 'very high' categories between 2018 (24%) and 2025 (54%) (Figure 50), with 2025 observing the highest per cent of 'high' or 'very high' scores since monitoring commenced.

The National Health Survey 2022-23 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in the 2024 Perth sample reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 50).

Figure 50: K10 psychological distress scores, Perth, WA, 2006-2025 and among the general population, 2022-2023



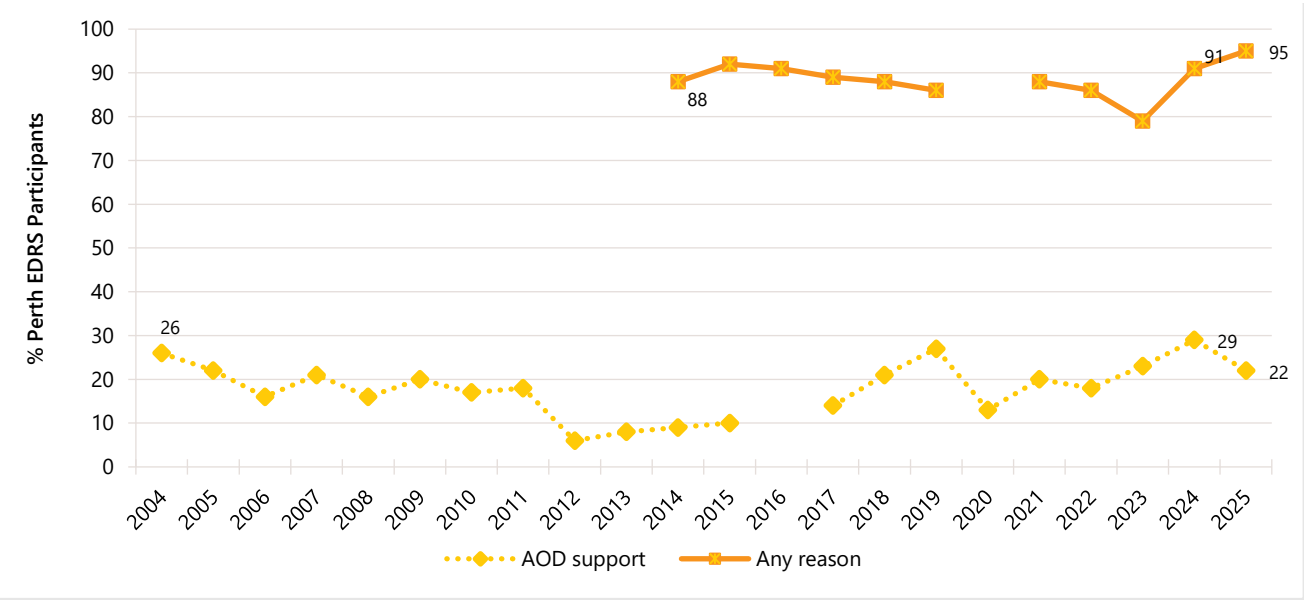
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports. Statistical significance for 2024 versus 2025 presented 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

One fifth (22%) of the Perth sample reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2025 (29% in 2024; p=0.332) (Figure 51). The most common service reported by participants in 2025 was a General Practitioner (GP) (7%; 8% in 2024) (Table 8). Few participants reported accessing other types of services, such as AOD counsellers and psychologists (each 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).

Most (95%) participants reported accessing any health service for any reason in the six months preceding interview in 2025 (91% in 2024; p=0.407) (Figure 51). The most common services accessed by participants in 2025 was a GP (84%; 77% in 2024; p=0.278), followed by a pharmacy (70%; 66% in 2024; p=0.651), a dentist (37%; 37% in 2024), a psychologist (24%; 26% in 2025; p=0.868), and then an emergency department (23%; 21% in 2024; p=0.860) (Table 8).

Figure 51: Health service access for alcohol and other drug reasons, and for any reason, in the past six months, Perth, WA, 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). For historical numbers. 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 8: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Perth, WA, 2022-2025

	AOD Support				Any reason			
	2022	2023	2024	2025	2022	2023	2024	2025
% accessing health services	N=99 18	N=100 23	N=100 29	**N=100 22**	N=100 86	N=100 79	N=100 91	**N=100 95**
GP^	9	9	8	**7**	71	65	77	**84**
In-person	/	/	/	**7**	/	/	/	**83**
Telehealth	/	/	/	**0**	/	/	/	**16**
Emergency department	3	7	-	**-**	18	19	21	**23**
Hospital admission (inpatient)	-	-	-	**0**	10	12	14	**9**
Medical tent (e.g., at a festival)	0	-	-	**-**	-	-	9	**-**
Drug and Alcohol counsellor	-	-	10	**-**	-	-	10	**-**
Hospital as an outpatient	-	-	-	**0**	6	13	9	**-**
Specialist doctor (not including a psychiatrist)	-	-	-	**-**	9	6	17	**14**
Dentist	0	-	0	**-**	36	32	37	**37**
Ambulance attendance	-	-	0	**-**	7	7	-	**-**
Pharmacy	/	/	-	**-**	/	/	66	**70**
Other health professional (e.g., physiotherapist)	0	-	-	**0**	18	15	21	**18**
Psychiatrist	-	6	-	**-**	16	13	16	**12**
Psychologist	-	6	12	**-**	24	21	26	**24**
NSP	0	0	0	**0**	-	0	0	**0**
Peer based harm reduction service	0	0	-	**0**	-	0	-	**-**
Other harm reduction service	0	0	0	**0**	-	0	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.

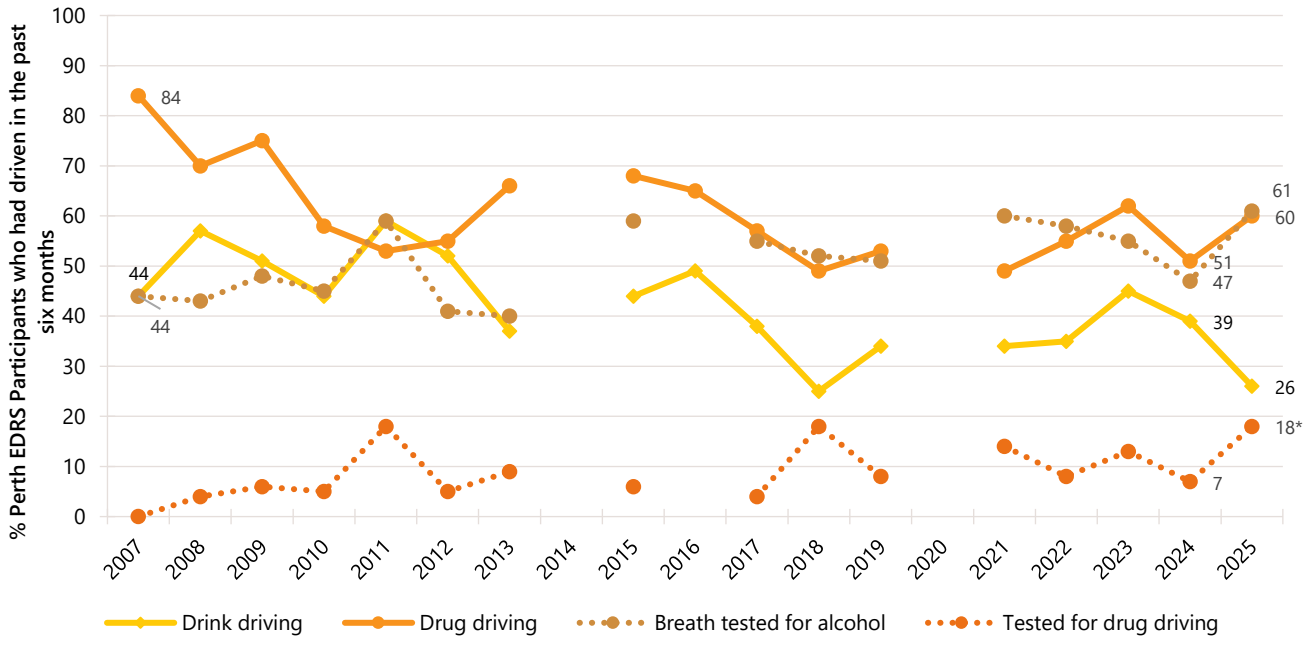
Driving

In 2025, most (83%) of the Perth 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=80), 26% reported driving while over the (perceived) legal limit of alcohol at least once in that period (39% in 2024; *p*=0.101).

Of those who had driven in the past six months and responded (n=83), three fifths (60%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (51% in 2024; *p*=0.286) (Figure 52). Participants most commonly reported using cannabis (52%) within three hours of driving in the last six months, followed pharmaceutical stimulants (32%).

Among those who had driven in the past six months (n=83), 18% reported that they had been tested for drug driving by the police roadside drug testing service (7% in 2024; *p*=0.038), and 61% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (47% in 2024; *p*=0.074) (Figure 52). Among those who had had been tested for drug driving by the police roadside drug testing service (n=15), few participants (n≤) reported detection of individual drugs and therefore further details are not reported (not asked 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).

Figure 52: 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, Perth, WA, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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

In 2025, almost half (46%) of the Perth sample reported 'any' crime in the past month (37% in 2024; p=0.198), with property crime (26%; 23% in 2024; p=0.622) and drug dealing (24%; 17% in 2024; p=0.224) being the two main forms of criminal activity (Figure 53).

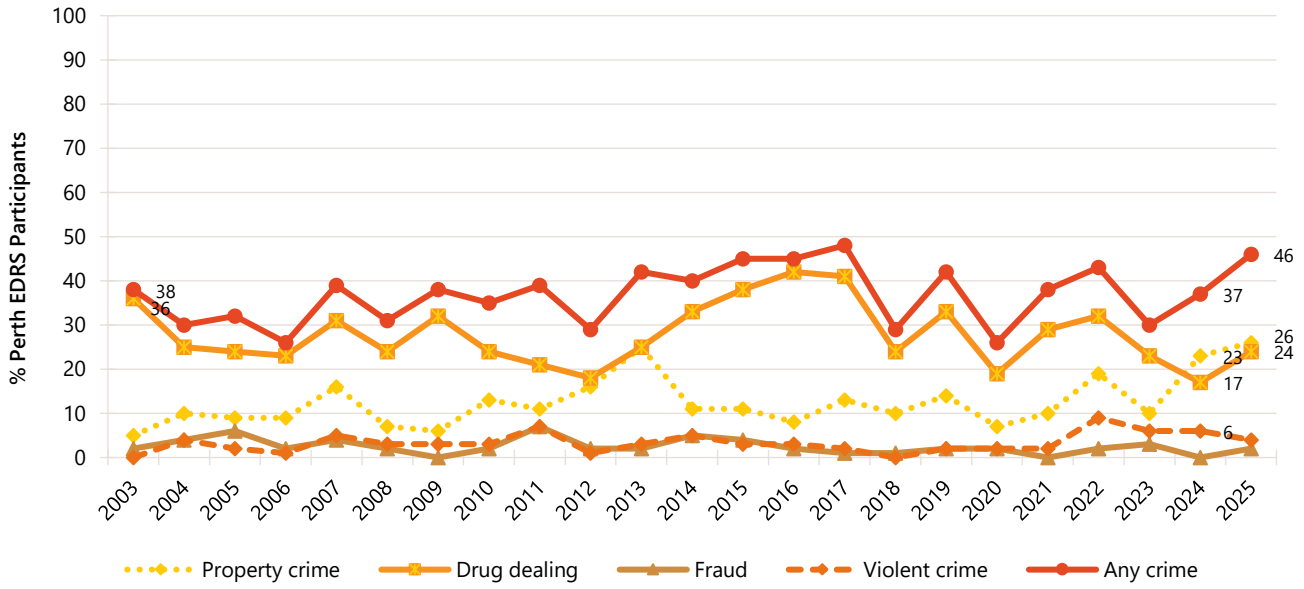
In 2025, one tenth (11%) of the Perth sample reported being the victim of a crime involving violence in the past month, stable relative to 2024 (11%) (Figure 54).

Six per cent of the Perth sample reported having been arrested in the 12 months preceding interview, stable relative to 2024 (8%; p=0.779) (Figure 55). Few participants (n≤5) reported specific reasons for arrest; 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). In 2025, few participants (n≤5) reported that had been convicted of a drug-related offence in the past year (n≤5 in 2024), and no participants (0%) had been sentenced to a community corrections order (n≤5 in 2024).

In 2025, one tenth (8%) of the sample reported a drug-related encounter with law enforcement in the last 12 months which did not result in charge or arrest (9% in 2024) (Figure 55). Few participants (n≤5) reported specific types of police encounters; 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).

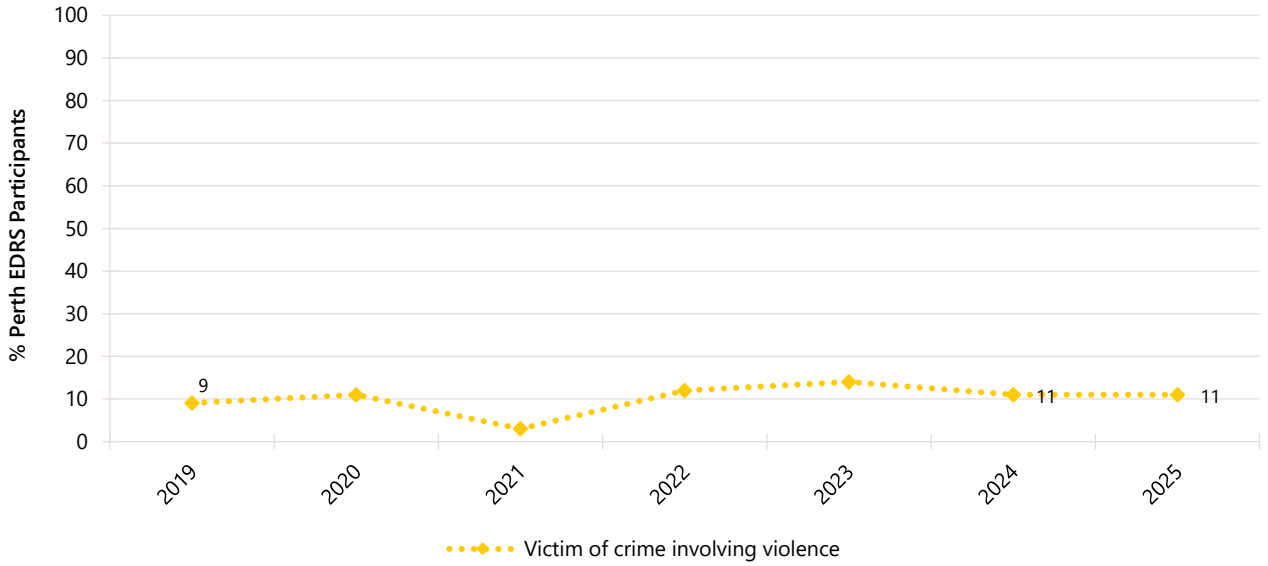
In 2025, few participants (n≤5) reported having ever been in prison (6% in 2024; p=0.279) (Figure 55).

Figure 53: Self-reported criminal activity in the past month, Perth, WA, 2003-2025



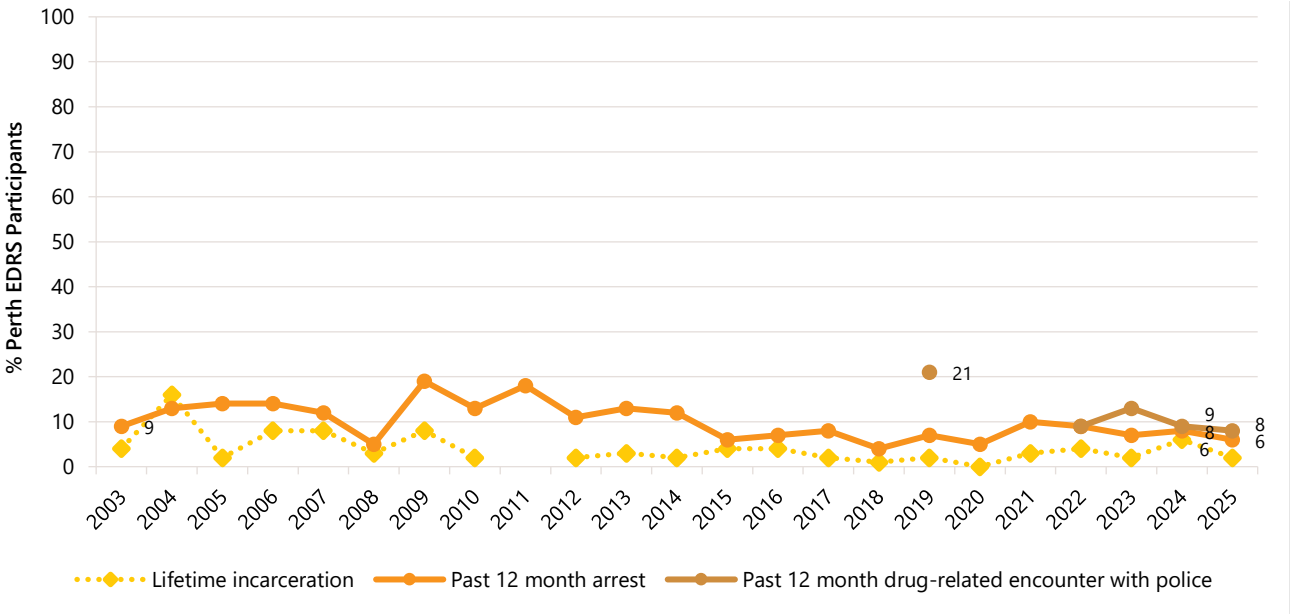
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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 54: Victim of crime involving violence in the past month, Perth, WA, 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). 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 55: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Perth, WA, 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). 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 face-to-face (78%; 73% in 2024; p=0.509) and social networking applications (e.g., Telegram, Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (78%; 72% in 2024; p=0.411) (Table 9). These methods were followed by text messaging (27%; 16% in 2024; p=0.092) and phone calls (14%; 9% in 2024; p=0.373). 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.

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 (65%), Snapchat (45%) and Facebook (28%), with substances mostly obtained from a friend/relative/partner/colleague (73%), followed by a known dealer/vendor (70%).

Buying and Selling Drugs Online

Few participants (n≤5) reported purchase via the darknet market in 2025 (n≤5 in 2024; p=0.721), and few participants (n≤5) reported purchasing from the surface web (0% in 2024; p=0.498) (Table 9). However, 43% (n=36) of participants reported they had ever obtained drugs through someone who purchased them on the surface web/darknet in 2025, with 30% (n=25) doing so within the past 12 months (29% in 2024).

In 2025, few participants (n≤5) reported that they had sold illicit drugs on the surface web or darknet market in the 12 months preceding interview (n≤5 in 2024).

Source and Means of Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2025 (85%; 86% in 2024), followed by a known dealer/vendor (64%; 44% in 2024; p=0.011) and an unknown dealer/vendor (29%; 40% in 2024; p=0.136) (Table 9).

When asked about how participants had received illicit drugs on any occasion in the last 12 months, the most commonly reported means was face-to-face (96%; 98% in 2024; p=0.638), followed by a collection point (17%; 14% in 2024; p=0.688) (collection point defined as a predetermined location where a drug will be left for later collection) and via the post (6%; 8% in 2024; p=0.591) (Table 9).

Table 9: Means of purchasing and obtaining illicit drugs in the past 12 months, Perth, WA, 2020-2025

	2020 (N=100)	2021 (N=100)	2022 (N=100)	2023 (N=100)	2024 (N=100)	2025 (n=100)
% Purchasing approaches in the last 12 months^#	(n=99)	(n=100)	(n=100)	(n=99)	(n=97)	**(n=100)**
Face-to-face	82	90	74	77	73	**78**
Surface web	14	-	-	7	0	**-**
Darknet market	8	12	-	-	-	**-**
Social networking or messaging applications#	79	73	73	75	72	**78**
Text messaging	47	35	31	45	16	**27**
Phone call	33	21	14	26	9	**14**
Grew/made my own	-	-	-	-	-	**-**
Other	0	0	-	0	0	**0**
% Means of obtaining drugs in the last 12 months^~	(n=100)	(n=100)	(n=99)	(n=99)	(n=98)	**(n=99)**
Face-to-face	99	93	98	100	98	**96**
Collection point	18	-	6	17	14	**17**
Post	13	10	-	9	8	**6**
% Source of drugs in the last 12 months^	(n=99)	(n=100)	(n=99)	(n=99)	(n=99)	**(n=99)**
Friend/relative/partner/colleague	91	88	82	83	86	**85**
Known dealer/vendor	63	50	54	55	44	**64***
Unknown dealer/vendor	39	29	43	42	40	**29**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option from 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' Statistical significance for 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.