

Australian Drug Trends 2018

Key findings from the
National Ecstasy and
Related Drug Reporting
System





AUSTRALIAN DRUG TRENDS 2018: KEY FINDINGS FROM THE NATIONAL ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

Amy Peacock^{1,2}, Daisy Gibbs¹, Antonia Karlsson¹, Julia Uporova¹, Rachel Sutherland¹, Raimondo Bruno^{1,2}, Paul Dietze^{3,4}, Simon Lenton⁵, Rosa Alati⁶, Louisa Degenhardt¹, & Michael Farrell¹

¹ National Drug and Alcohol Research Centre, University of New South Wales

² School of Medicine (Psychology), University of Tasmania

³ Burnet Institute

⁴ Department of Epidemiology and Preventive Medicine, Monash University

⁵ National Drug Research Institute, Curtin University

⁶ Institute for Social Science Research, University of Queensland



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ISBN 978-0-7334-3836-3 ©NDARC 2018

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Suggested citation: Peacock, A., Gibbs, D., Karlsson, A., Uporova, J., Sutherland, R., Bruno, R., Dietze, P., Lenton, S., Alati, R., Degenhardt, L., & Farrell, M. (2018). Australian Drug Trends 2018: Key findings from the National Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney, National Drug and Alcohol Research Centre, UNSW Australia.

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

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Table of Contents

<u>LIST OF TABLES</u>	<u>ii</u>
<u>LIST OF FIGURES</u>	<u>iii</u>
<u>ACKNOWLEDGEMENTS</u>	<u>v</u>
<u>ABBREVIATIONS</u>	<u>vi</u>
<u>EXECUTIVE SUMMARY</u>	<u>1</u>
<u>BACKGROUND AND METHODS</u>	<u>4</u>
<u>SAMPLE CHARACTERISTICS</u>	<u>7</u>
<u>ECSTASY</u>	<u>11</u>
<u>METHAMPHETAMINE</u>	<u>19</u>
<u>COCAINE</u>	<u>27</u>
<u>CANNABIS</u>	<u>32</u>
<u>KETAMINE AND LSD</u>	<u>38</u>
<u>NEW PSYCHOACTIVE SUBSTANCES</u>	<u>46</u>
<u>OTHER DRUGS</u>	<u>49</u>
<u>DRUG-RELATED HARMS AND OTHER RISK FACTORS</u>	<u>54</u>

List of Tables

Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2017-2018	8
Table 2: Past six month use of ecstasy pills, by jurisdiction, 2003-2018	13
Table 3: Past six month use of ecstasy powder, by jurisdiction, 2005-2018	14
Table 4: Past six month use of ecstasy capsules, by jurisdiction, 2008-2018	15
Table 5: Past six month use of ecstasy crystal, by jurisdiction, 2013-2018	15
Table 6: Perceived purity of ecstasy pills, powder, capsules and crystal, nationally, 2016-2018	18
Table 7: Past six month use of any methamphetamine, by jurisdiction, 2003-2018	21
Table 8: Past six month use of methamphetamine powder, by jurisdiction, 2003-2018	22
Table 9: Past six month use of methamphetamine crystal, by jurisdiction, 2003-2018	23
Table 10: Past six month use of cocaine, by jurisdiction, 2003-2018	29
Table 11: Past six month use of cannabis (any form), by jurisdiction, 2003-2018	34
Table 12: Past six month use of ketamine, by jurisdiction, 2003-2018	40
Table 13: Past six month use of LSD, by jurisdiction, 2003-2018	41
Table 14: Use of any NPS in the past six months, nationally and by jurisdiction, 2010-2018	47
Table 15: Use of NPS in the past six months, nationally, 2010-2018	48
Table 16: Current drug treatment, nationally and by jurisdiction, 2017-2018	58

List of Figures

Figure 1: Drug of choice, nationally, 2003-2008	9
Figure 2: Drug used most often in the past month, nationally, 2011-2018	9
Figure 3: High frequency substance use in the past six months, nationally, 2003-2018	10
Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, nationally 2003-2018	12
Figure 5: Median days of any ecstasy, pills, powder, capsules, and crystal use in the past six months, nationally, 2003-2018	13
Figure 6: Median price of ecstasy pill and capsule, nationally, 2003-2017	16
Figure 7: Median price of ecstasy crystal and powder per point and gram, nationally, 2013-2018	17
Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, nationally, 2003-2018	20
Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, nationally, 2003-2018	21
Figure 10: Median price of powder methamphetamine per point and gram, nationally, 2003-2018	24
Figure 11: Median price of crystal methamphetamine per point and gram, nationally, 2003-2018	24
Figure 12: Current perceived purity of powder methamphetamine, nationally, 2003-2018	25
Figure 13: Current perceived purity of crystal methamphetamine, nationally, 2003-2018	25
Figure 14: Current perceived availability of powder methamphetamine, nationally, 2003-2018	26
Figure 15: Current perceived availability of crystal methamphetamine, nationally, 2003-2018	26
Figure 16: Past six month use and frequency of use of cocaine, nationally, 2003-2018	28
Figure 17: Median price of cocaine per gram, nationally, 2003-2018	30
Figure 18: Current perceived purity of cocaine, nationally, 2003-2018	30
Figure 19: Current perceived availability of cocaine, nationally, 2003-2018	31
Figure 20: Past six month use and frequency of use of cannabis, nationally, 2003-2018	33
Figure 21: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, nationally, 2006-2018	35
Figure 22: Current potency of hydroponic (a) and bush (b) cannabis, nationally, 2006-2018	36
Figure 23: Current perceived availability of hydroponic (a) and bush (b) cannabis, nationally, 2006-2018	37
Figure 24: Past six month use and frequency of use of ketamine, nationally, 2003-2018	39
Figure 25: Past six month use and frequency of use of LSD, nationally, 2003-2018	41
Figure 26: Median price of ketamine per gram, nationally, 2003-2018	42
Figure 27: Current perceived purity of ketamin, nationally, 2003-2018	42
Figure 28: Current perceived availability of ketamine, nationally, 2003-2018	43
Figure 29: Median price of LSD per tab, nationally, 2003-2018	44
Figure 30: Current perceived purity of LSD, nationally, 2003-2018	44
Figure 31: Current perceived availability of LSD, nationally, 2003-2018	45
Figure 32: Non-prescribed use of pharmaceutical drugs in the past six months, nationally, 2007-2018	51
Figure 33: Other illicit drugs used in the past six months, nationally, 2003-2018	52
Figure 34: Licit drugs used in the past six months, nationally, 2003-2018	53

Figure 35: Poly substance use on occasion of last stimulant use, nationally, 2018_____	55
Figure 36: Lifetime and past year non-fatal stimulant and depressant overdose, nationally, 2006- 2018 _____	57
Figure 37: Lifetime and past month drug injection, nationally, 2004-2018 _____	58
Figure 38: Sex with a casual partner in the last six months and use of any protection/barrier on the last occasion, nationally 2011-2018 _____	59
Figure 39: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2008-2018 _____	60
Figure 40: Self-reported criminal activity in the past month, nationally, 2003-2018 _____	61

Acknowledgements

Funding

In 2018, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2018:

- Ms Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Griggs and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level.

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
ACT	Australian Capital Territory
BZP	1-Benzylpiperazine(s)
DMT	Dimethyltryptamine
DO-x	Chemical class of substituted amphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone (Ivory wave)
MXE	Methoxetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PMA	Para-methoxyamphetamine
QLD	Queensland
SA	South Australia
STI	Sexually transmitted infection
TAS	Tasmania
VIC	Victoria
WA	Western Australia

Executive summary

Sample characteristics

The EDRS sample were predominantly young, well-educated males, consistent with the sample profile since monitoring began in 2003. Ecstasy and cannabis were the drugs of choice, whilst cannabis and alcohol were the drugs used most often in the preceding month in 2018.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e., past six month) use of ecstasy pills declining and use of capsules and crystal increasing (75%, 72%, and 62% of the sample, respectively). These changes may be partially explained by differences in perceived purity, with ecstasy capsules and crystal reported to be of higher purity than pills and powder. One-quarter (27%) of the total sample reported weekly or more frequent use of ecstasy.

Methamphetamine

Use of methamphetamine has been declining amongst the national sample since the commencement of monitoring. While powder (speed) has consistently been the main form used, the difference in the percentage reporting recent use of powder and crystal in 2018 was the smallest observed historically (21% and 17%, respectively). Indeed, half the jurisdictions recorded higher rates of crystal use amongst their samples in 2018. The difference in price between powder and crystal has also declined and perceived availability of the latter was nearly the highest recorded since monitoring began.

Cocaine

Recent use of cocaine has fluctuated somewhat, but overall has been increasing amongst the national sample, with the largest percentage of participants reporting recent use recorded in 2018 (59%). Most consumers reported infrequent use of cocaine (7% weekly or more frequent use). Only 4% of consumers believed cocaine to

be 'very difficult' to obtain, the lowest per cent observed throughout monitoring.

Ketamine & LSD

Recent use of ketamine and LSD has increased since monitoring commenced in 2003, although remained stable in 2018 relative to 2017. Over half (51%) and one-third (35%) of the sample reported recent use in 2018, respectively.

Cannabis

At least three in four participants have reported recent use of cannabis each year since monitoring began, although the rate in 2018 (nine in ten participants reporting recent use; 90%) was the highest recorded. One-quarter of consumers (24%) reported daily use in 2018.

New psychoactive substances (NPS)

One-third of the national sample (31%) reported recent use of at least one form of NPS. DMT, the 2C class, synthetic cannabinoids, and methylone were the most common recently used NPS in 2018 (18%, 11%, 3%, and 3%, respectively). One-fifth (18%) reported recent use of capsules with unknown contents.

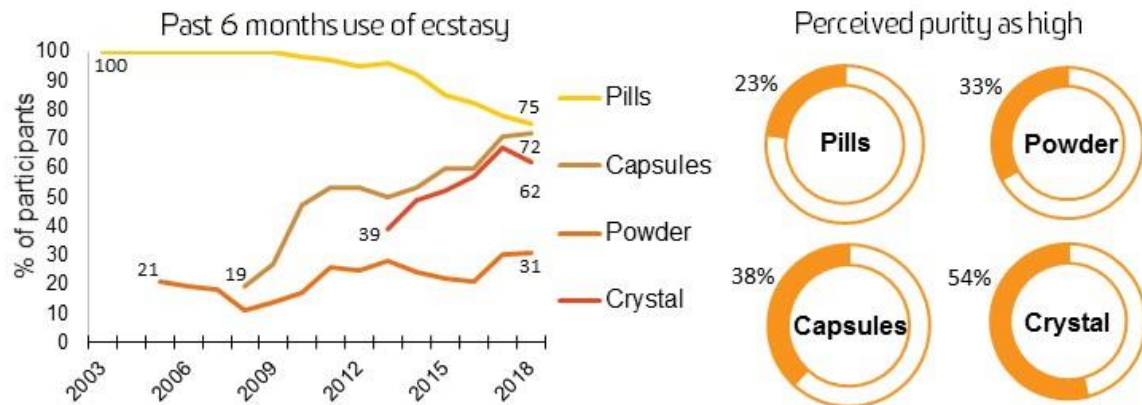
Drug-related harms and other risks

Ninety-three percent of the sample reported also using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use. One quarter (25%) reported a non-fatal stimulant overdose, and one-fifth (20%) reported a non-fatal depressant overdose (mostly attributed to alcohol) in the past year. The percentage reporting injecting drug use remained low. Treatment engagement also remained low (4% in the past year). Nearly half the sample (47%) self-reported that they had experienced a mental health problem in the preceding six months, and two-thirds (63%) of this group had seen a mental health professional in the same period. One-third (32%) reported engaging in drug dealing and one-fifth (20%) reported engaging in property crime in the past month.

Key findings from the Ecstasy and Related Drugs Reporting System interviews, 2018



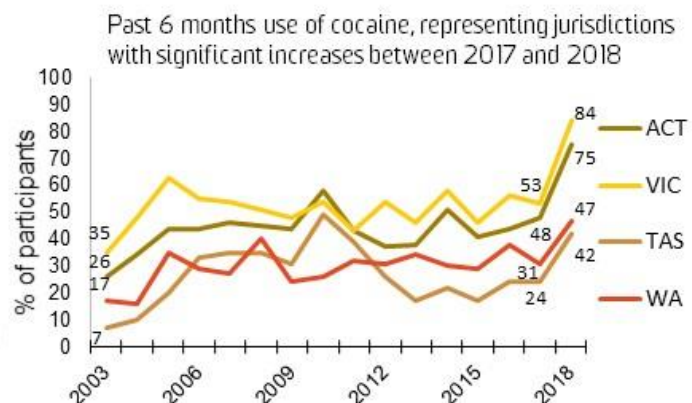
Annual cross-sectional interviews from 2003 to 2018 with people who use ecstasy and other stimulants, recruited from Australian capital cities



Risks and Harms

47% of the national sample self-reported experiencing a **mental health problem** in the past six months

29% of the national sample self-reported seeking treatment for a **mental health problem**



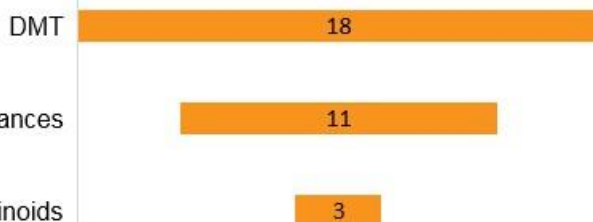
Use of new psychoactive substances (NPS)

31% of the national sample reported using any NPS in the last six months

DMT

2C substances

Synthetic cannabinoids



1

Background and methods

The EDRS interviews are conducted annually with a sentinel group of people who regularly use ecstasy and other stimulants, recruited from all capital cities of Australia (n=799 in 2018). The results from the EDRS interviews are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but this is not the aim of these data, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia.

Background

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

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

Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred.

A total of 799 participants were interviewed during April–July 2018 (786 participants in 2017). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW $n=100$; Melbourne, VIC $n=100$; Adelaide, SA $n=100$; Canberra, ACT $n=100$; Hobart, TAS $n=100$; Brisbane, QLD $n=100$; Darwin, NT $n=99$; and Perth, WA $n=100$. Please note that from 2010–2012, the target sample size ($n=100$) was not achieved in the NT (2010 $n=28$; 2011 $n=11$; 2012 $n=12$ 2013 $n=45$); as such, the NT jurisdictional data from these years should be interpreted with caution.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported).

Interpretation of Findings

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

general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

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

Additional Outputs

[Infographics](#) and [key figures](#) from this report are available for download. There is a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from [Illicit Drug Reporting System \(IDRS\)](#), which focuses more so on the use of illicit drugs, including injecting drug use.

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

2

Sample characteristics

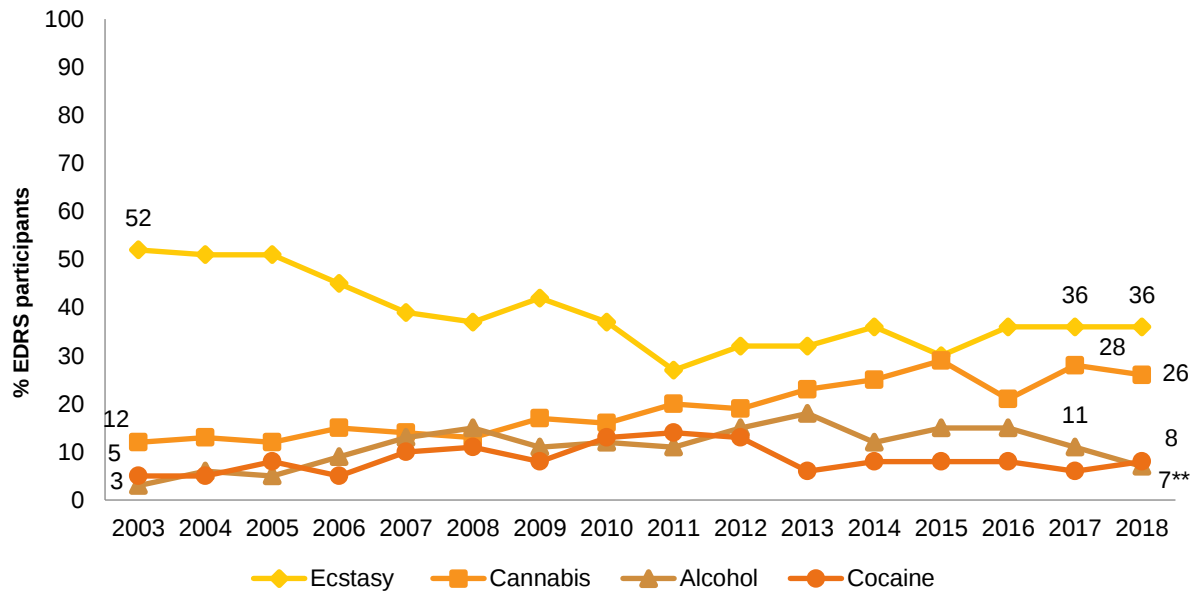
In 2018, the EDRS sample was predominantly male (59%) with a median age of 21 (IQR: 19-24). Two fifths (42%) of the sample reported having received a post-school qualification(s), and one-fifth (18%) were current students. Participants typically reported that ecstasy was their drug of choice, although cannabis remained the drug used most often in the month preceding interview. One-quarter (27%) reported weekly or more frequent ecstasy use and one-fifth (21%) reported daily cannabis use in the past six months.

Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2017-2018

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=786	N=799	N=100	N=100	N=100	N=100	N=100	N=100	N=99	N=100
	2017	2018								
Median age (years; IQR)	20 (18-23)	21 (19-24)	20 (18-22)	21 (19-24)	22 (20-25)	23 (19-28)	21 (18-28)	20 (18-22)	21 (18-27)	19 (18-22)
% Male	64	59*	60	49	57	65	70	52	52	64
% Aboriginal and/or Torres Strait Islander	3	6*	7	-	-	-	7	-	20	-
% Sexual identity										
Heterosexual	84	84	82	79	75	88	84	94	90	84
Gay male	2	2	0	-	-	-	-	-	0	-
Lesbian	1	1	-	-	-	0	-	0	-	-
Bisexual	12	10	13	14	17	10	10	2	8	9
Other	1	2	-	-	-	0	-	0	-	-
Mean years of school education	12	12	12	12	12	12	12	12	11	12
% Post-school qualification(s)[^]	36	42*	30	40	47	57	53	36	42	29
% Employment status										
Employed full time	19	22	19	23	24	13	21	22	36	16
Students [#]	34	18***	15	27	8	12	8	19	9	42
Unemployed	13	20***	24	19	14	23	30	16	17	17
Median weekly income \$ (IQR)	(N=759) \$400 (200-700)	(N=774) \$400 (250-769)	(N=96) \$400 (200-764)	(N=98) \$413 (244-800)	(N=97) \$400 (250-760)	(N=95) \$400 (270-675)	(N=96) \$355 (250-600)	(N=95) \$400 (200-800)	(N=98) \$525 (265-1000)	(N=99) \$375 (200-650)
% Accommodation										
Own house/flat	3	4	6	7	-	6	-	-	-	-
Rented house/flat	46	44	30	44	50	48	41	33	50	48
Parents'/family home	47	48	59	42	48	40	47	61	43	47
Boarding house/hostel	1	1	-	0	-	-	-	-	0	-
No fixed address	n/a	2	0	-	0	-	-	0	-	0
Other	<1	1	0	-	0	-	-	-	-	-

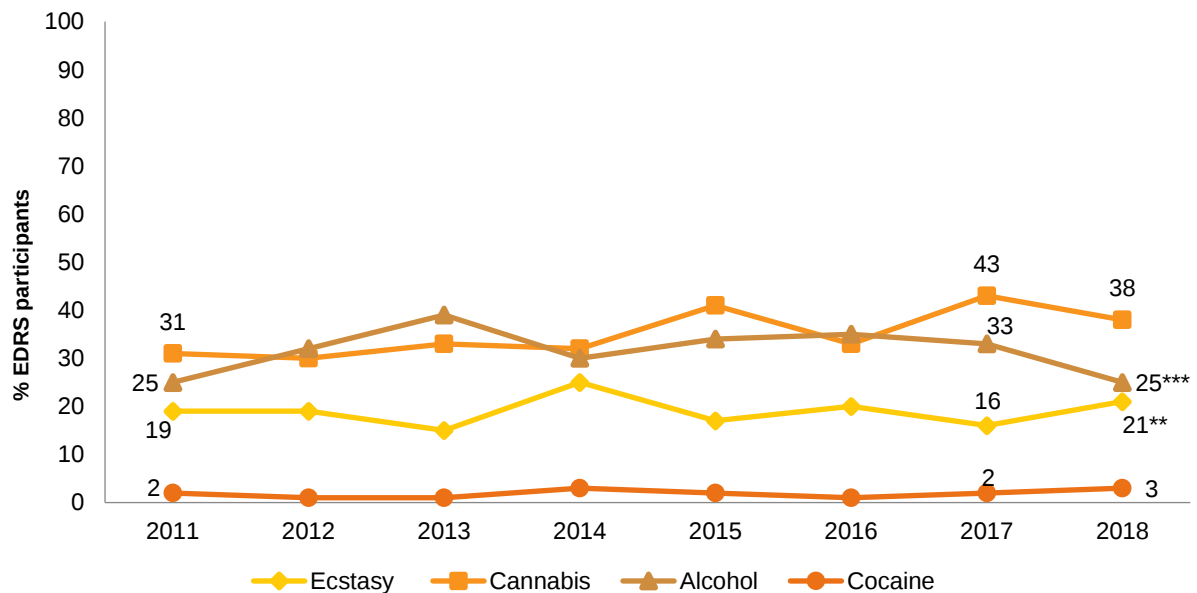
Note. [^]Includes trade/technical and university qualifications. [#] Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 1: Drug of choice, nationally, 2003-2008



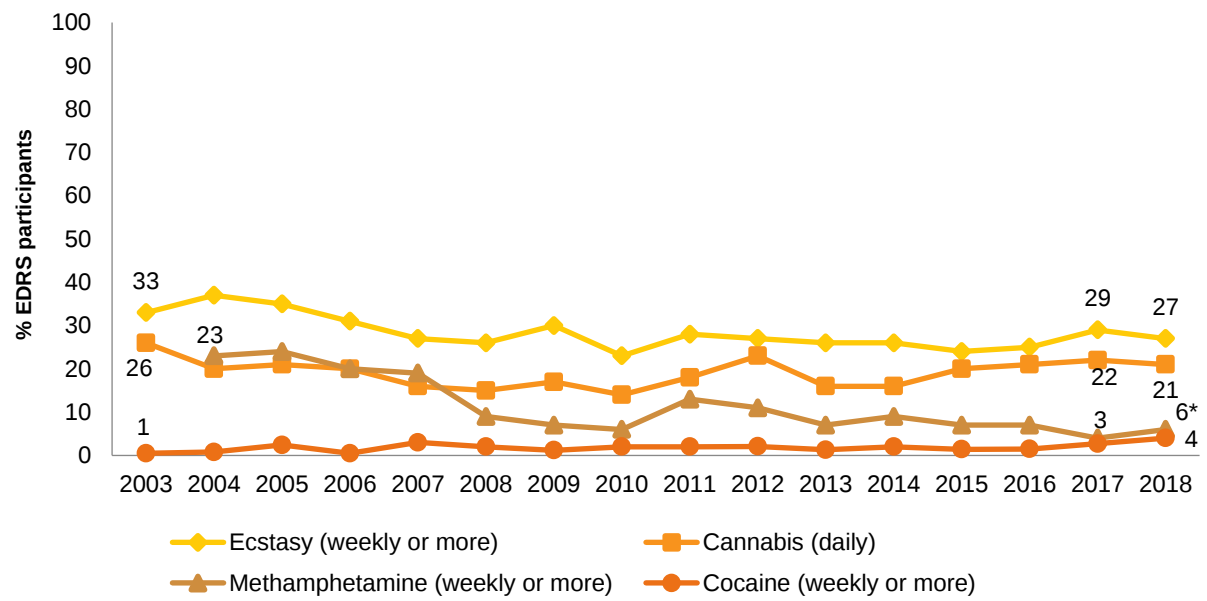
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 2: Drug used most often in the past month, nationally, 2011-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2018 as this question was not asked in 2003-2010. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 3: High frequency substance use in the past six months, nationally, 2003-2018



Note. Among the entire sample. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

3

Ecstasy

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

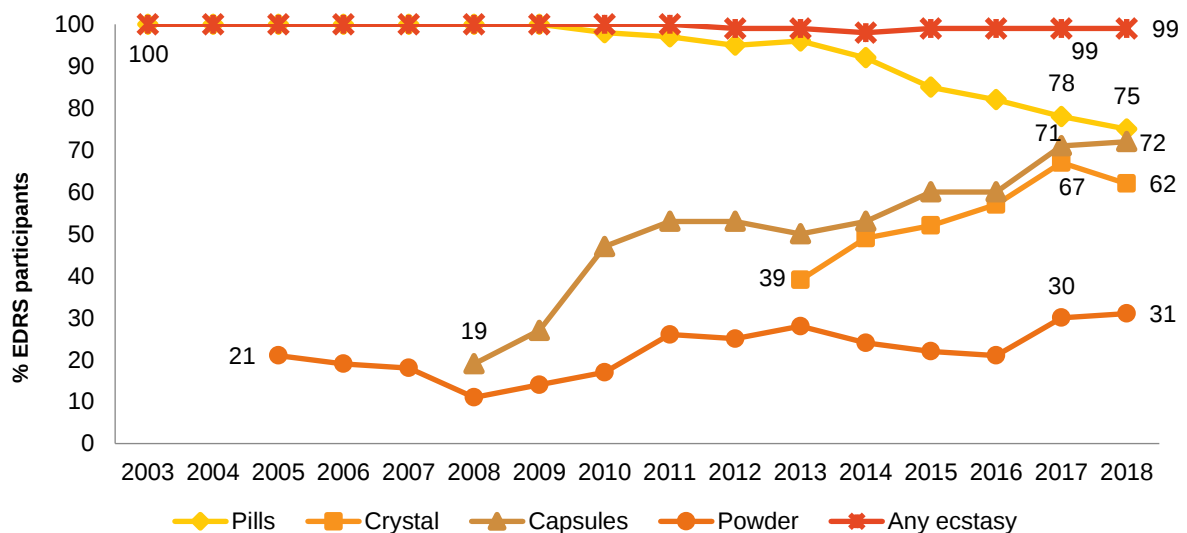
Recent Use

Nearly all participants (99%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 4), and reflecting the interview eligibility criteria (see Methods).

Median frequency of use remained stable at approximately fortnightly (median 12 days, IQR 7-24; median 14 days in 2017; $p=0.139$; Figure 5), with over one-quarter of the sample reporting weekly or more frequent use (27% in 2018 versus 30% in 2017; $p=0.210$).

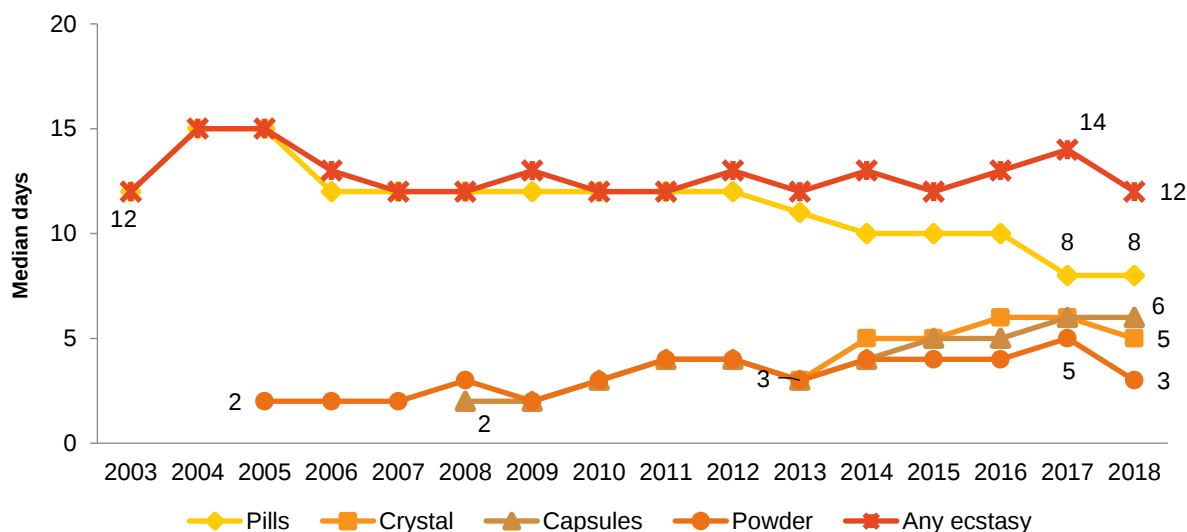
There has been a shift over time to greater use of capsules and crystal, and declining use of pills. These changes may be partially explained by differences in perceived purity, with ecstasy capsules and crystal reported to be of higher purity than pills and powder (see below).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, nationally 2003-2018



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 5: Median days of any ecstasy, pills, powder, capsules, and crystal use in the past six months, nationally, 2003-2018



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Ecstasy pills

Pills remained the main form of ecstasy used nationally (75%), however use declined from 2009 to 2018 (Figure 4). The magnitude of decline varied, with the greatest decrease in NSW and SA (Table 2). Frequency of use nationally remained stable over the last few years at a median of eight days (IQR 4-15 in 2018; Figure 5), as has the typical quantity used per session (2018: median 2 pills, IQR 2-3). Swallowing remained the main route of administration (98% of consumers in 2017 and 2018).

Table 2: Past six month use of ecstasy pills, by jurisdiction, 2003-2018

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Ecstasy powder

Ecstasy powder has consistently been the least commonly endorsed form of ecstasy used (31% in 2018; Figure 4). TAS and NT have historically had low rates of powder use, yet in both jurisdictions the percentage reporting recent use doubled from 2017 to 2018 (Table 3).

Frequency of powder use remained stable (median 3 days, IQR 2-9 versus 5 days in 2017; $p=0.165$; Figure 5). The main route of administration among consumers has consistently been snorting (80% in 2017 and 2018), followed by swallowing (43% versus 49% in 2017; $p=0.253$). In 2018, the median quantity used in a typical session was 0.5 grams (IQR 0.20-0.65; $n=117$) or 3 lines (IQR 2-4; $n=53$).

Table 3: Past six month use of ecstasy powder, by jurisdiction, 2005-2018

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	15	24	27	11	31	27	14	20
2006	8	19	35	13	27	9	8	31
2007	20	8	38	5	28	11	11	18
2008	15	7	27	6	11	9	2	6
2009	11	14	24	12	9	10	20	17
2010	7	14	34	21	19	6	15	20
2011	21	23	30	26	29	7	27	32
2012	20	35	31	30	11	26	17	31
2013	29	20	51	20	16	25	18	36
2014	15	13	43	20	18	20	26	36
2015	19	22	46	15	14	18	15	22
2016	15	12	51	28	21	13	22	34
2017	21	32	34	24	44	36	20	28
2018	18	23	45	41**	27*	24	42**	27

Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Ecstasy capsules

Capsules have consistently been the second most commonly used form of ecstasy among the cross-sectional sample each year (72% in 2018; Figure 4). Yet, capsules were the main form used in NSW, VIC, and SA in 2018, with the latter recording a decline in capsule use (alongside the decline in use of pills) in 2018. In addition to increased use of powder, TAS and NT also recorded an increase in capsule use from 2017 to 2018 (Table 4).

Frequency of capsule use has remained stable nationally at a median of six days (IQR 3-12; versus 6 days in 2017; $p=0.591$; Figure 5). The main route of administration has consistently been swallowing (97% versus 95% in 2017; $p=0.124$), with declining use via snorting (22% versus 32% in 2017; $p<0.001$). The median quantity used in a typical session was 2 capsules (IQR 1-3).

Table 4: Past six month use of ecstasy capsules, by jurisdiction, 2008-2018

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Ecstasy crystal

Use of ecstasy crystal has increased among the cross-sectional samples since monitoring began (Figure 4). This increase has been particularly notable in NSW (28% to 64%) and in SA (25% to 79%), with the latter now recording crystal as the main form used. Declines in use were observed in some jurisdictions in 2018, although all record at least half the sample reporting recent use (Table 5).

Frequency of use amongst the national sample has remained stable at a median of five days (i.e. less than monthly use; IQR 3-12 versus 4 days in 2017; $p = 0.591$). The main route of administration amongst consumers has consistently been swallowing (81% versus 82% in 2017; $p = 0.623$), with a decline in the percentage reporting snorting (49% versus 60% in 2017; $p < 0.001$). The median quantity used in a typical session was 2 capsules (IQR 1-3; $n = 163$) or 0.3 grams (IQR 0.2-0.5; $n = 227$).

Table 5: Past six month use of ecstasy crystal, by jurisdiction, 2013-2018

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

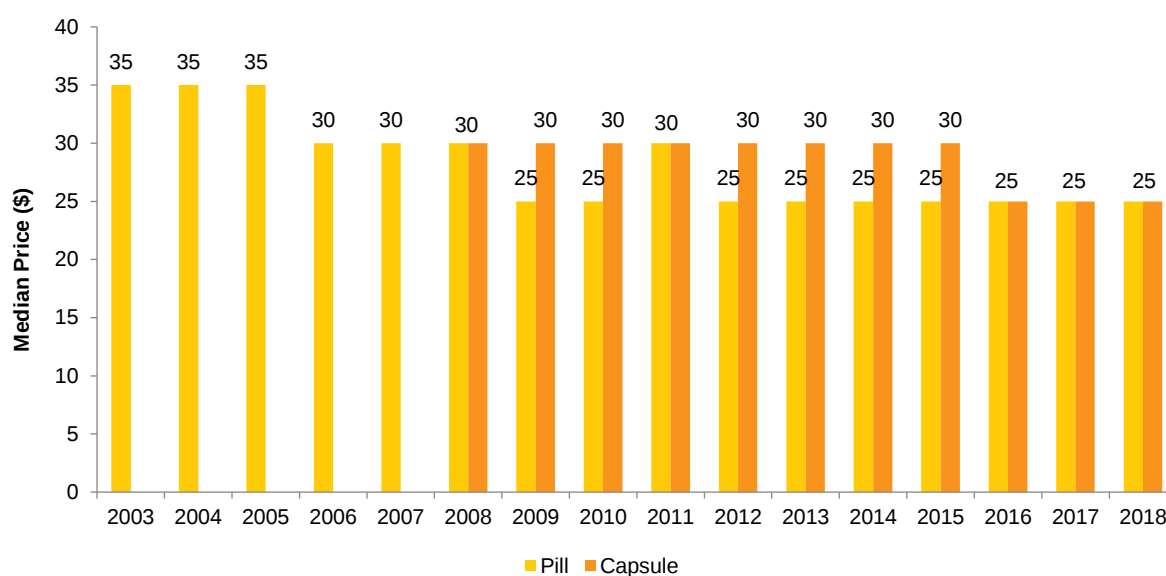
Price, Perceived Purity and Availability

Nationally, median price per ecstasy pill has been routinely reported as \$25 for the last decade (2018 $n = 537$) (Figure 6). Median price per capsule ($n = 219$) and per point ($n = 82$) of crystal was also \$25 nationally in 2018; both of these have dropped from \$30 over the last few years (Figure 6 and Figure 7).

Reports of perceived pill (n=592), powder (n=111), and capsule (n=581) purity have remained relatively stable nationally in 2018 relative to the previous two years (Table 6). Perceived purity has always been highest for crystal ecstasy (n=394 commenting in 2018), with around four in five consumers reporting purity as 'high' or 'medium' (and at least half of consumers consistently reporting 'high' purity) over 2016-2018.

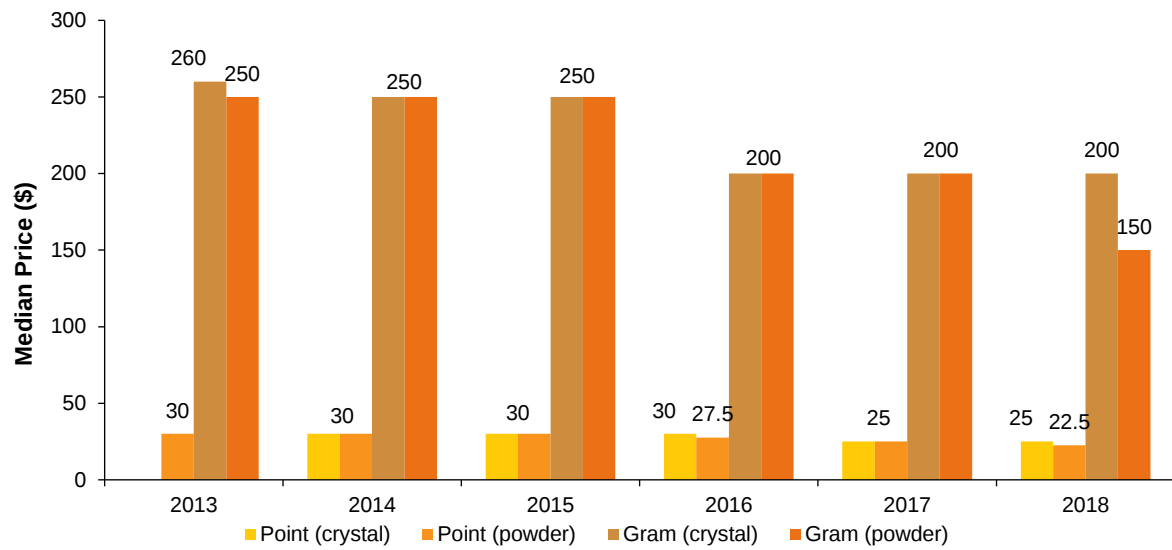
Despite reported consistency in purity, reported ease of accessing all forms of ecstasy declined over the last three years (Table 6). In 2016, typically less than one in ten consumers reported accessing each form as 'difficult' or 'very difficult'. This has increased to around one in three for powder (32%), one in four for crystal (27%), and just under one in five for pills and capsules (18% and 15%, respectively) in 2018.

Figure 6: Median price of ecstasy pill and capsule, nationally, 2003-2017



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 7: Median price of ecstasy crystal and powder per point and gram, nationally, 2013-2018



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Table 6: Perceived purity of ecstasy pills, powder, capsules and crystal, nationally, 2016-2018

	2016	2017	2018
Current Purity			
% Pills (n)	(n=470)	(n=566)	(n=592)
Low	17	17	18
Medium	34	37	33
High	19	18	23
Fluctuates	31	28	26
% Powder (n)	(n=30)	(n=122)	(n=111)
Low	0	14	16
Medium	33	51	42
High	47	27	33
Fluctuates	20	8	8
% Capsules (n)	(n=215)	(n=563)	(n=581)
Low	10	11	11
Medium	31	37	37
High	34	34	38
Fluctuates	25	18	15
% Crystal (n)	(n=349)	(n=430)	(n=394)
Low	3	5	5
Medium	29	30	32
High	54	50	54
Fluctuates	14	15	9*
Current Availability			
% Pills (n)	(n=472)	(n=576)	(n=597)
Very easy	57	50	43*
Easy	36	38	40
Difficult	7	10	16**
Very difficult	-	1	2
% Powder (n)	(n=31)	(n=122)	(n=115)
Very easy	61	30	20
Easy	36	40	48
Difficult	3	27	30
Very difficult	0	3	2
% Capsules (n)	(n=223)	(n=567)	(n=588)
Very easy	49	43	38
Easy	44	43	47
Difficult	7	13	14
Very difficult	0	1	1
% Crystal (n)	(n=353)	(n=433)	(n=392)
Very easy	36	38	30*
Easy	47	40	44
Difficult	16	20	23
Very difficult	1	2	4

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

4

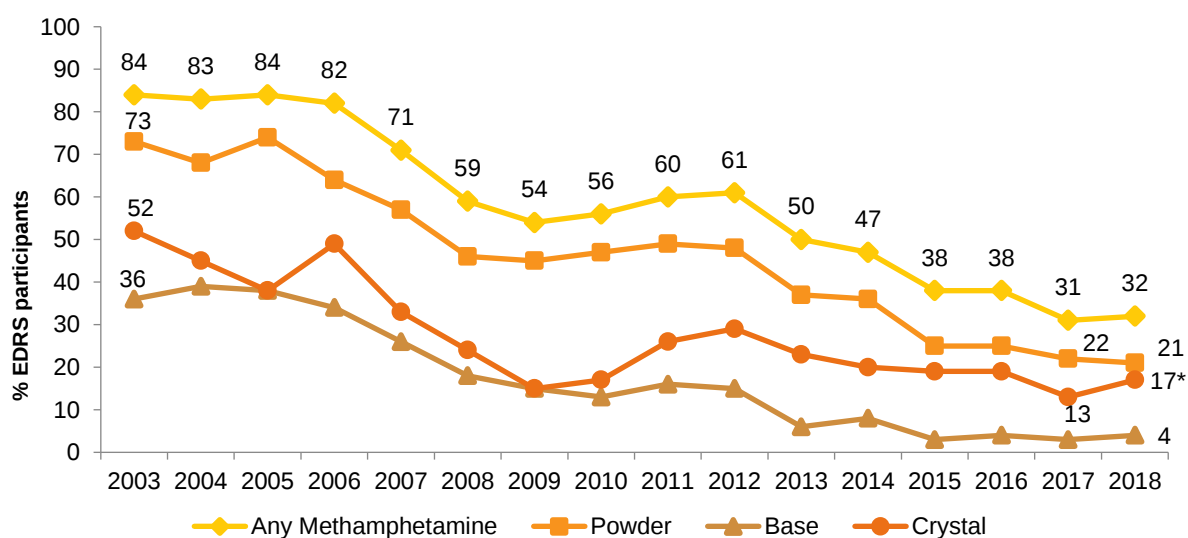
Methamphetamine

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

Recent Use

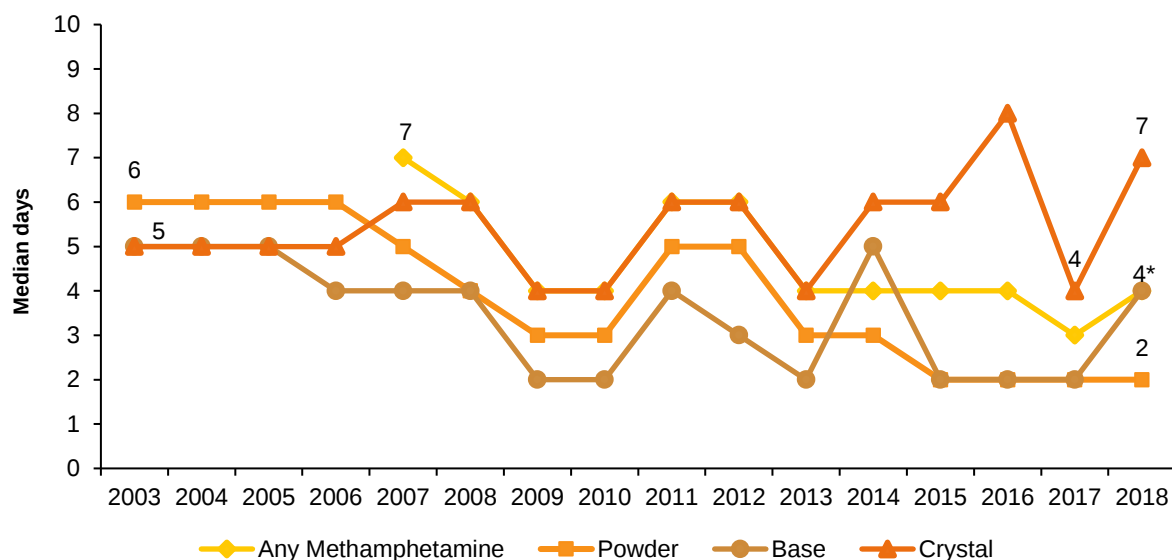
Recent use of methamphetamine has been declining since monitoring began (Figure 8), from one in four participants in 2003 (84%) to one in three participants (32%) in 2018 ($p<0.001$). Use has remained relatively infrequent since 2013 at a median of four days (IQR 2-13 days) (Figure 9). Indeed, 18% of recent consumers reported using methamphetamine weekly or more in 2018 (12% in 2017; $p=0.064$).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, nationally, 2003-2018



Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, nationally, 2003-2018



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 10 to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Table 7: Past six month use of any methamphetamine, by jurisdiction, 2003-2018

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

Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Methamphetamine powder

Powder has consistently been the main form used, although use declined substantially from 2003 to 2015, and then stabilised in the years subsequent (Figure 8). This decline has been greatest in certain jurisdictions (e.g., NSW; Table 8). Indeed, the only jurisdiction to record an increase in recent powder use from 2017 to 2018 was VIC.

Frequency of use nationally also declined over earlier years, then stabilising from 2015 (2018: median of 2 days; IQR 1-6 days) (Figure 9). In 2018, the main route of administration among consumers was snorting (73%), followed by swallowing (31%) and smoking (15%), with 4% reporting injecting. The median intake in a typical session was 0.25 grams (IQR 0.1-0.5 grams).

Table 8: Past six month use of methamphetamine powder, by jurisdiction, 2003-2018

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

Note. - Percentage suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Methamphetamine base

Base has been the least used form nationally, with few participants reporting use in 2018 (4%; Figure 8). Use by jurisdiction is not reported due to small numbers in recent years requiring suppression.

Frequency of recent use has varied between two and five days over monitoring (median 4 days in 2018; IQR 1-13 days) (Figure 9). The most common route of administration among consumers in 2018 was swallowing (37%), followed by injecting (30%), with a decline in the percentage reporting smoking (27% versus 55% in 2017; $p=0.041$). Median amount used in a typical session was 0.25 grams (IQR 0.2-0.5 grams).

Methamphetamine crystal

Like powder, recent use of crystal has decreased over the period of monitoring, although the decline has not been linear (Figure 8). Indeed, there was a small increase in recent use in 2018 relative to 2017 (17% versus 13%, respectively; $p=0.020$).

While recent powder use was still higher than crystal in 2018, the difference in the percentage reporting recent use was the smallest observed since monitoring began. Indeed, NT, QLD, WA, and SA have seen crystal overtake powder as the main form (Table 9). This has been most striking for SA, where 40% reported recent crystal use (relative to 26% in 2017; $p=0.039$), and 15% reported powder.

Frequency of use has remained consistent at equivalent to weekly use (2018: median 7 days, IQR 2-24 days) (Figure 9). While smoking remained the main route, the percentage of consumers reporting this method declined in 2018 (80% versus 92% in 2017; $p=0.008$). Increases in snorting were observed (18% versus 9% in 2017; $p=0.042$), as well as in swallowing (18% versus 8% in 2017; $p=0.023$). Those who reported using recent crystal use had used a median 0.2 grams (IQR 0.1-0.48 grams) in a typical session.

Table 9: Past six month use of methamphetamine crystal, by jurisdiction, 2003-2018

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

Note. - Numbers suppressed due to low numbers ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

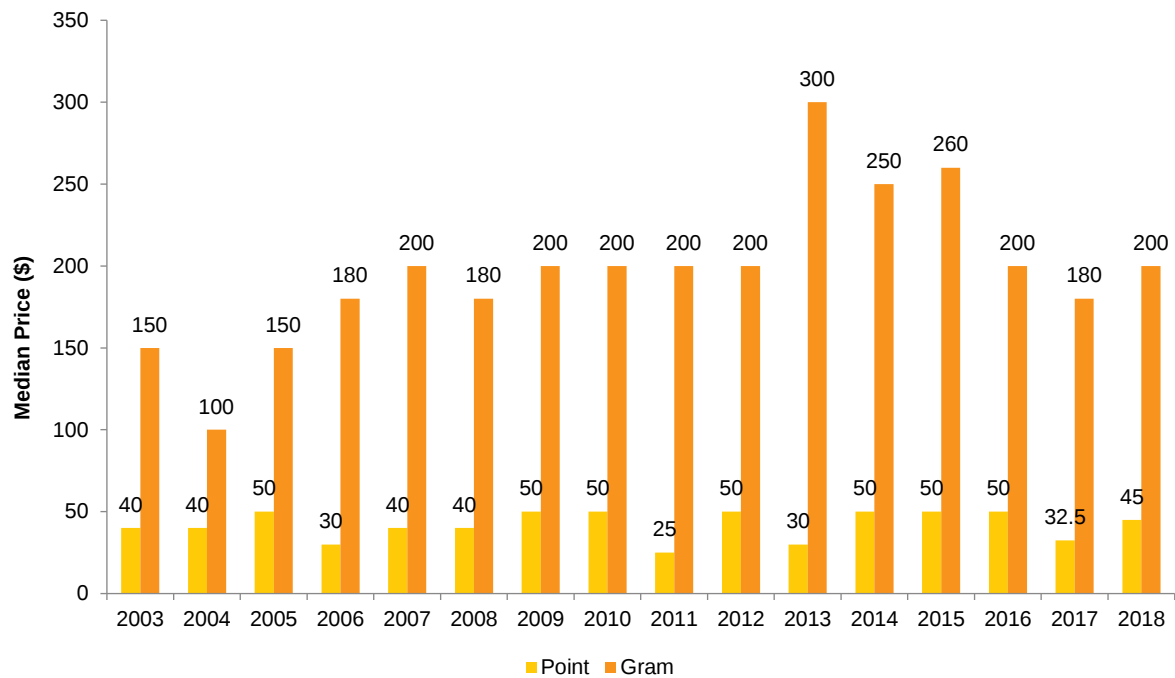
Price, Perceived Purity and Availability

The difference in price between powder and crystal methamphetamine continued to decrease in 2018. The median price for one gram of powder has remained roughly similar over time (Figure 10), while the median price for crystal has declined since peaking in 2012 (Figure 11). Similarly, the difference in price between a point of powder versus crystal was the smallest observed since 2010 (\$45 and \$50, respectively). Few participants ($n=13$) could comment on the price of base (gram: median \$400, IQR \$200-\$800; point: \$50, IQR \$50-\$125).

When reflecting on recent use, most participants perceived powder ($n=96$), base ($n=19$), and crystal ($n=112$) to be of 'medium' or 'high' purity in 2018 and over previous years, although crystal has consistently had a greater percentage reporting 'high' purity (Figure 12 and Figure 13).

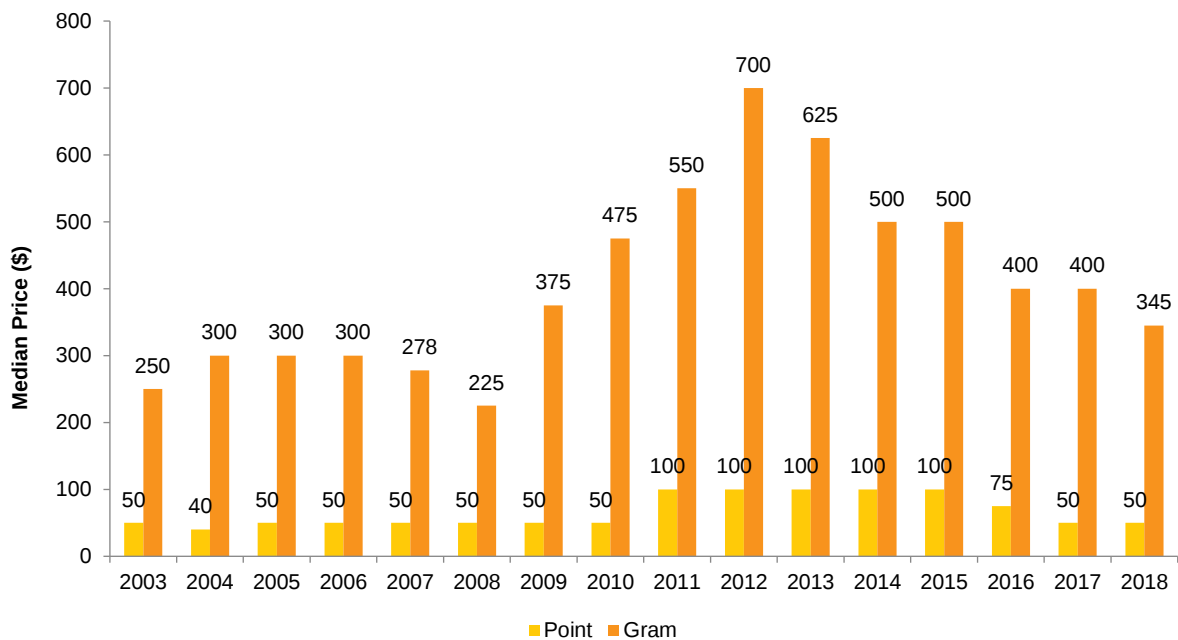
Many participants who had recently consumed powder reported it to be 'easy' to obtain in 2018 (47%), although the percentage reporting it as 'very difficult' or 'difficult' has increased since monitoring began (35% in 2018) (Figure 14). In contrast, the percentage reporting crystal as 'easy' or 'very easy' to obtain has increased and was the second highest percentage observed since monitoring began (Figure 15). Base was considered 'difficult' to obtain by most participants who commented (47%).

Figure 10: Median price of powder methamphetamine per point and gram, nationally, 2003-2018

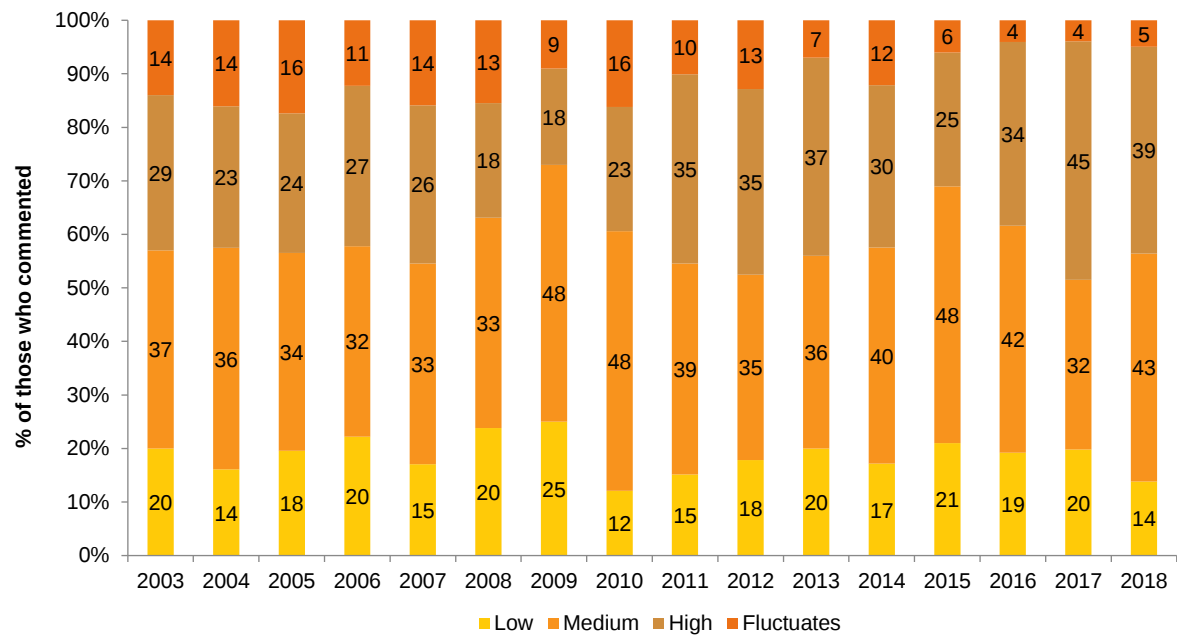


Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

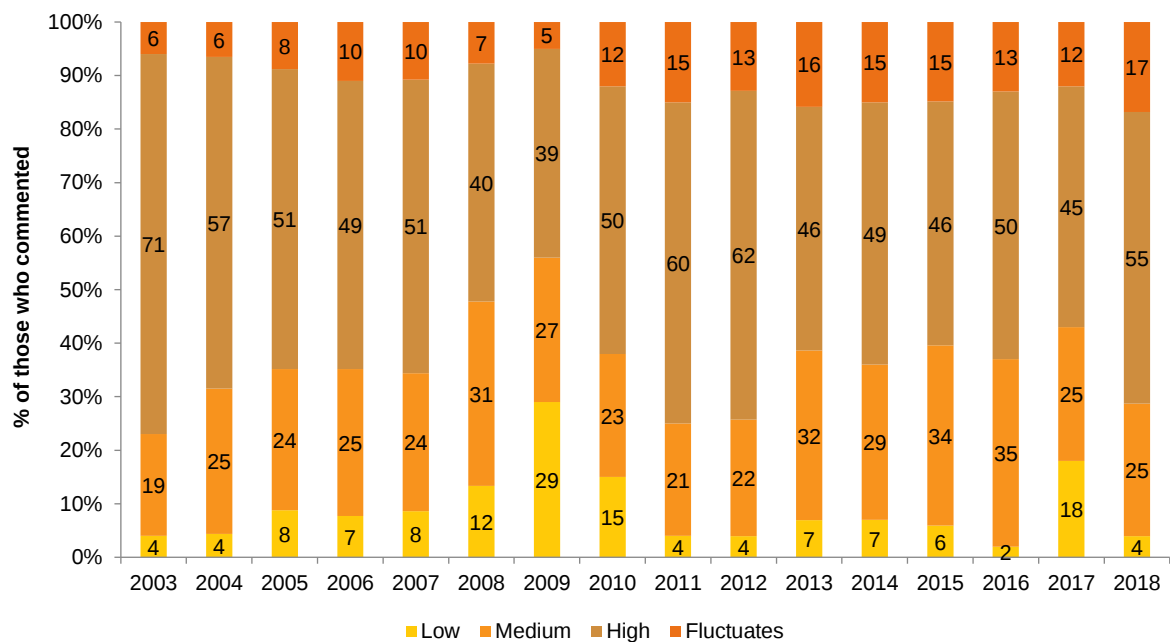
Figure 11: Median price of crystal methamphetamine per point and gram, nationally, 2003-2018



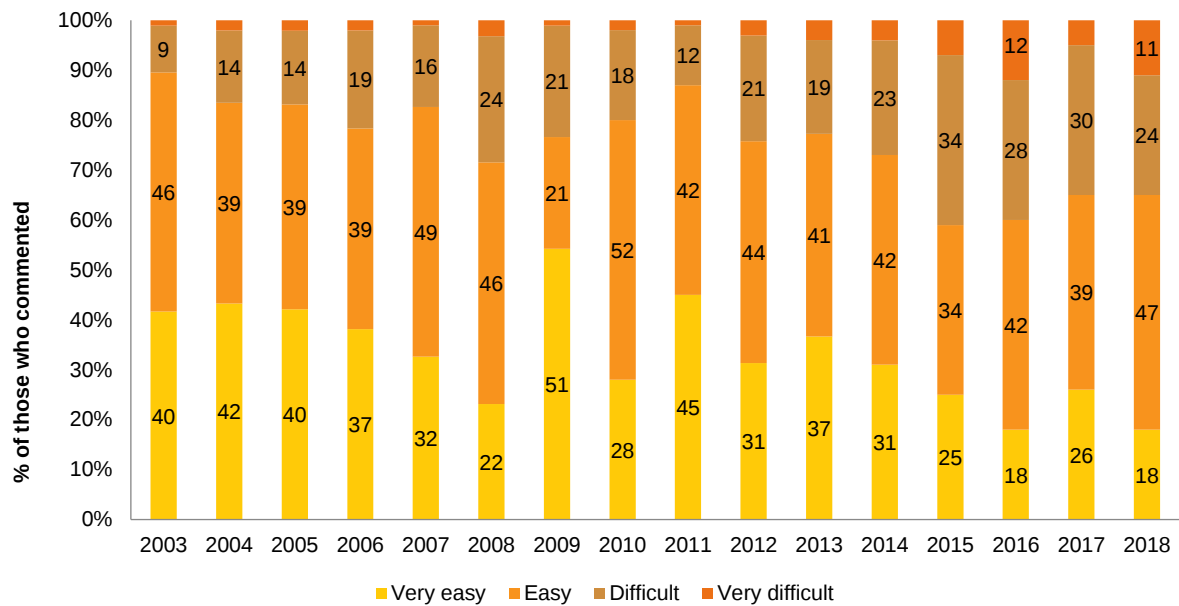
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 12: Current perceived purity of powder methamphetamine, nationally, 2003-2018

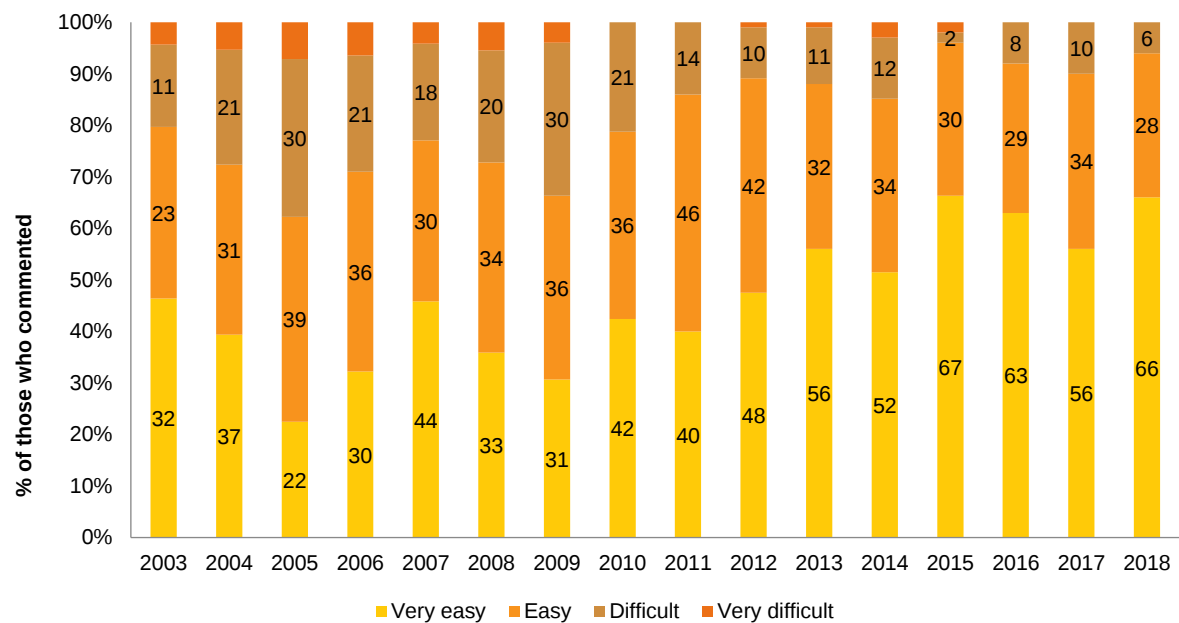
Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 13: Current perceived purity of crystal methamphetamine, nationally, 2003-2018

Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 14: Current perceived availability of powder methamphetamine, nationally, 2003-2018

Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 15: Current perceived availability of crystal methamphetamine, nationally, 2003-2018

Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

5

Cocaine

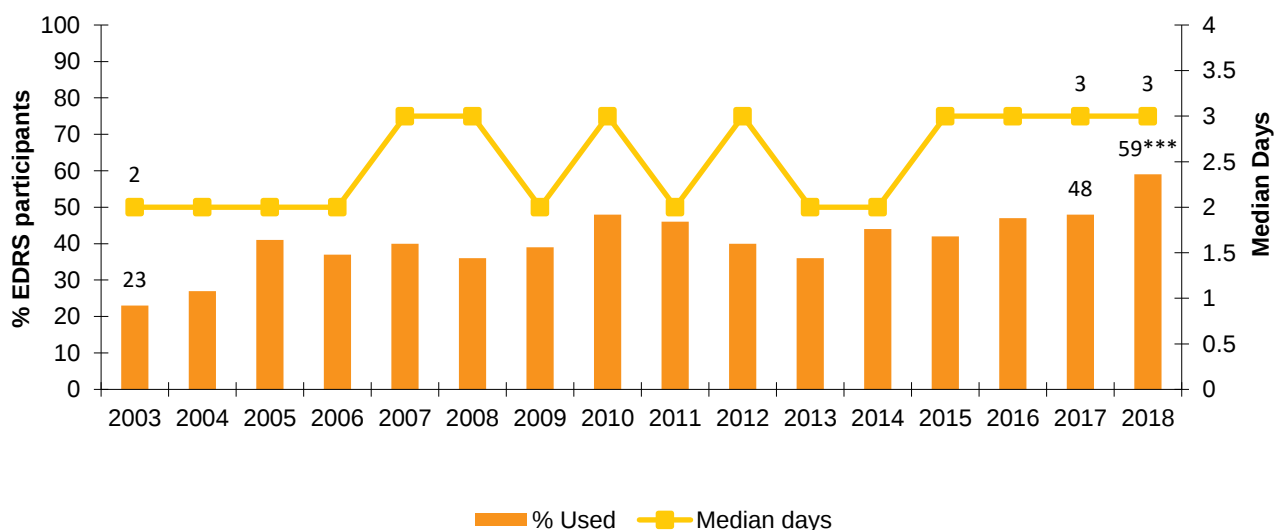
Participants were asked about their recent (past six months) use of various forms of cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly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

Recent Use

Recent cocaine use has gradually increased over the years. Indeed, 2018 represents the highest rate of use (59%) observed in a sample over the period of monitoring, and an increase from 48% in 2017 ($p<0.001$; Figure 16). At the jurisdiction level, significant increases in use were observed relative to 2017 in the ACT, VIC, TAS, and WA (Table 10), with three of these states (ACT, VIC, WA) plus NSW and QLD recording the highest rate of recent cocaine use over the period of monitoring.

Frequency of use has fluctuated over the years but has stabilised since 2015 (2018: median 3 days; IQR 2-6 days) (Figure 16). Seven per cent ($n=31$) of recent consumers reported using cocaine weekly or more (6% in 2017; $p=0.559$). Among recent consumers of cocaine ($n=473$), the main route of administration was snorting (96%). The median intake in a typical session was 0.5 grams (IQR 0.25-1 gram).

Figure 16: Past six month use and frequency of use of cocaine, nationally, 2003-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 4 to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Table 10: Past six month use of cocaine, by jurisdiction, 2003-2018

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

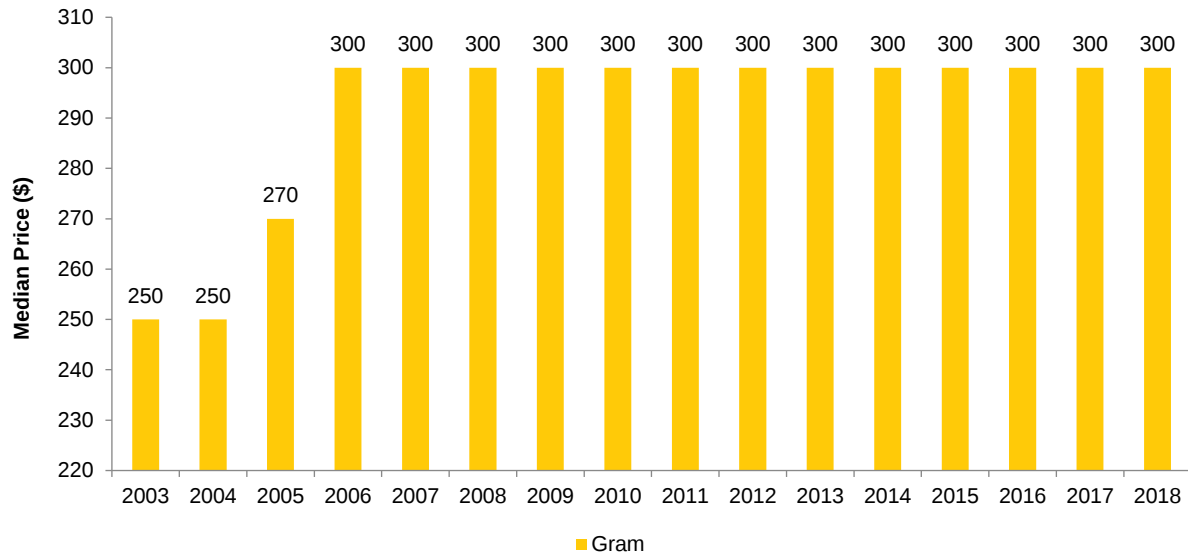
Note. – Data not published due to small numbers commenting (n<10). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

The median price per point of cocaine was reported to be \$50 (IQR \$30-\$100, n=15) in 2018. Consistent since 2006, the median price per gram of cocaine was \$300 (IQR \$300-\$350, n=233); Figure 17).

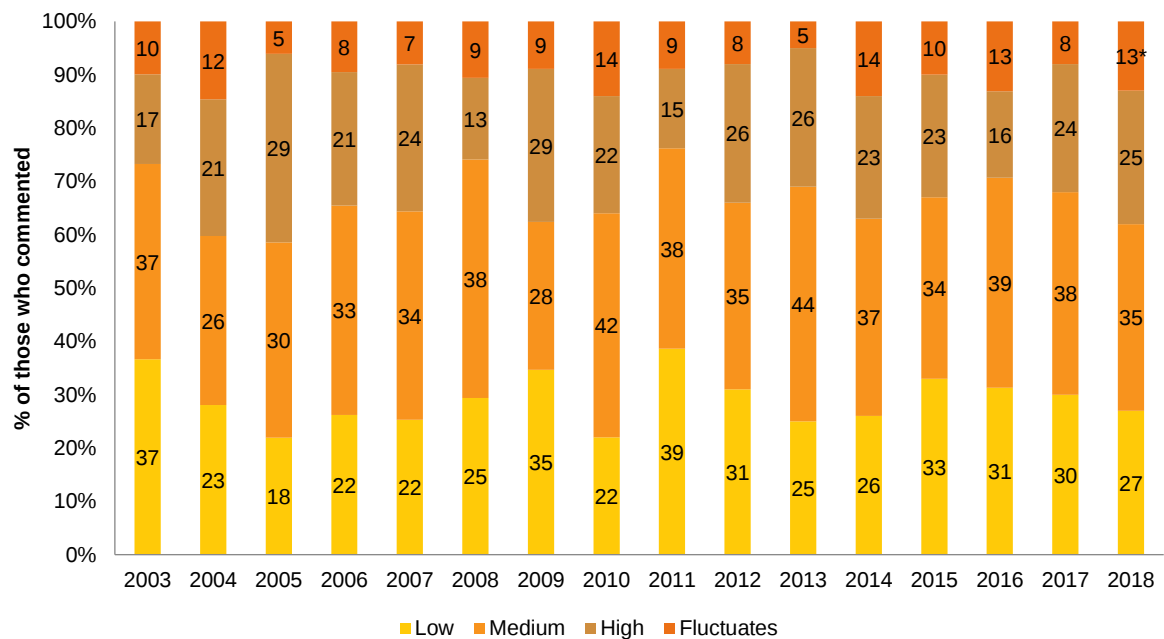
Among those able to comment (n=309), 60% of participants perceived cocaine to be of 'medium' or 'high' purity, consistent with historical estimates of perceived purity (Figure 18). Yet, reports of perceived availability of cocaine as 'difficult' or 'very difficult' (38%) in 2018 were the lowest observed since monitoring began (Figure 19).

Figure 17: Median price of cocaine per gram, nationally, 2003-2018



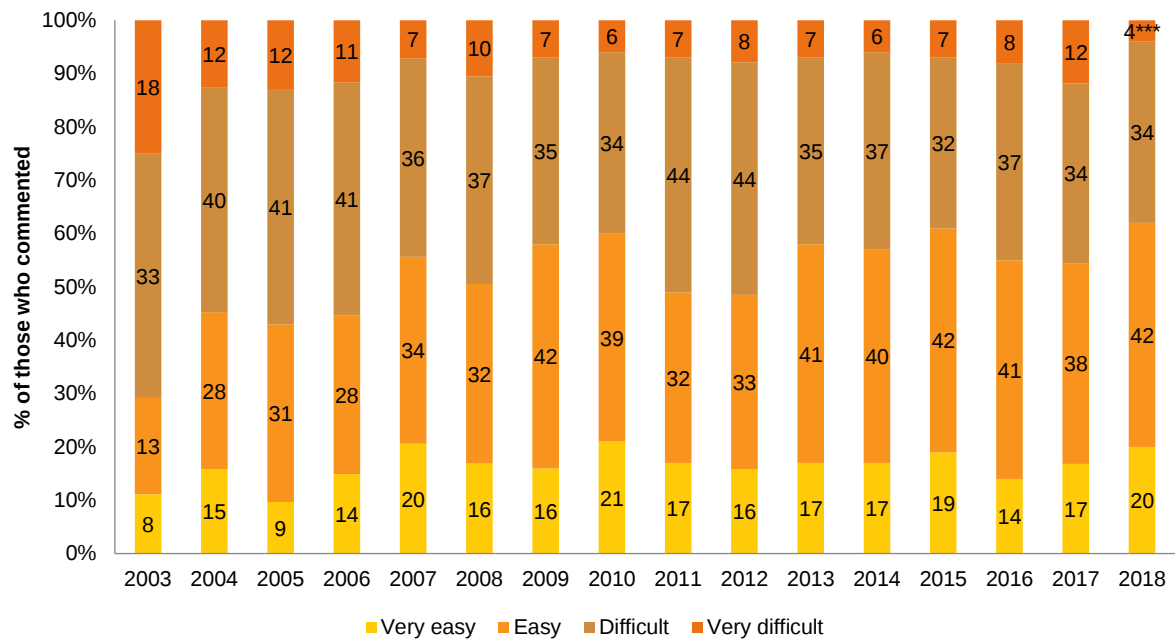
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 18: Current perceived purity of cocaine, nationally, 2003-2018



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 19: Current perceived availability of cocaine, nationally, 2003-2018



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

6

Cannabis

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

Recent Use

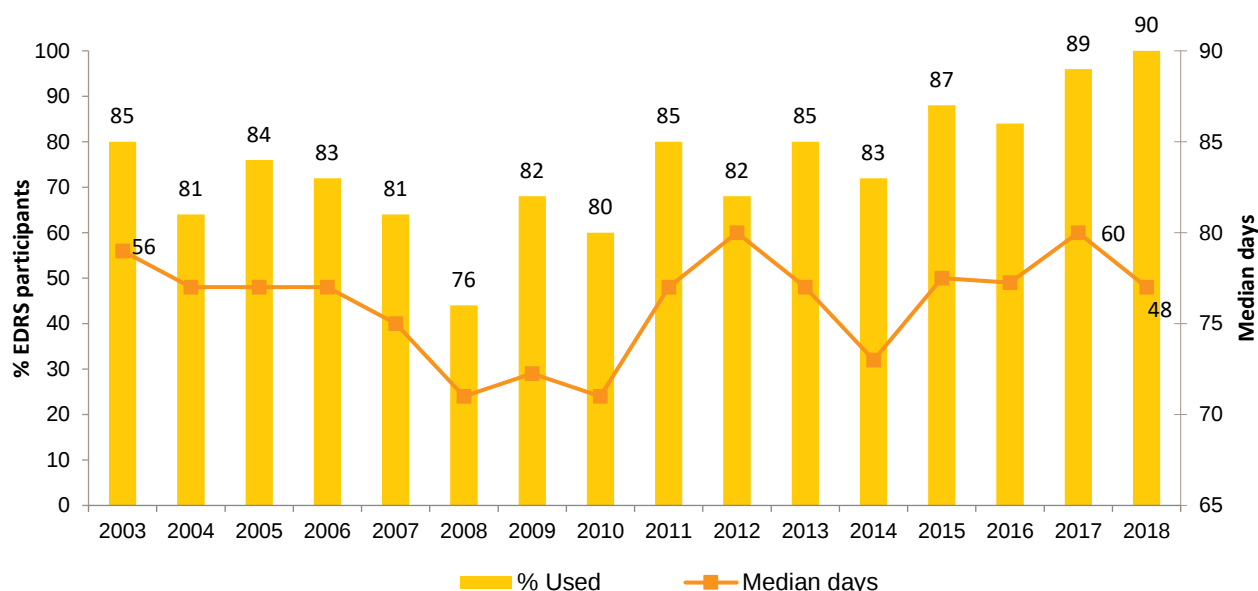
At least three in four participants have reported recent use of cannabis each year since 2003, although the rate observed in 2018 (90%) was the highest over the period of monitoring (Figure 20). The rate of recent use was largely stable in most jurisdictions from 2017 to 2018, except for an increase in TAS (Table 11).

Typical frequency of use has varied between weekly and several times a week over the course of monitoring (2018: median 48 days; IQR 10-174; Figure 20). Indeed, over three-fifths (63%) of recent consumers reported using cannabis weekly or more in 2018 (68% in 2017; $p=0.031$), including one-quarter (24%) who reported using cannabis daily (24% in 2017; $p=0.810$).

Across all years, nearly almost all consumers (99% in 2018) reported smoking cannabis. In 2018, 19% reported swallowing (a decline from 27% in 2017; $p<0.001$) and 16% reported inhaling/vaporising cannabis (a decline from 21% in 2017; $p=0.014$). The median amount used by those who commented ($n=288$) on the last occasion of use was three cones (IQR 2-5 cones) or 1.5 grams (IQR 1-3 grams).

Almost equal proportions of consumers reported recent use of hydroponic cannabis (72%) and outdoor-grown 'bush' cannabis (67%). Smaller percentages reported having used hashish (17%) and hash oil (14%) in the preceding six months. Hydroponic cannabis remained the form most commonly used in the preceding six months (63%), followed by bush cannabis (36%).

Figure 20: Past six month use and frequency of use of cannabis, nationally, 2003-2018



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 65-90 to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Table 11: Past six month use of cannabis (any form), by jurisdiction, 2003-2018

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

Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Price, Perceived Potency and Availability

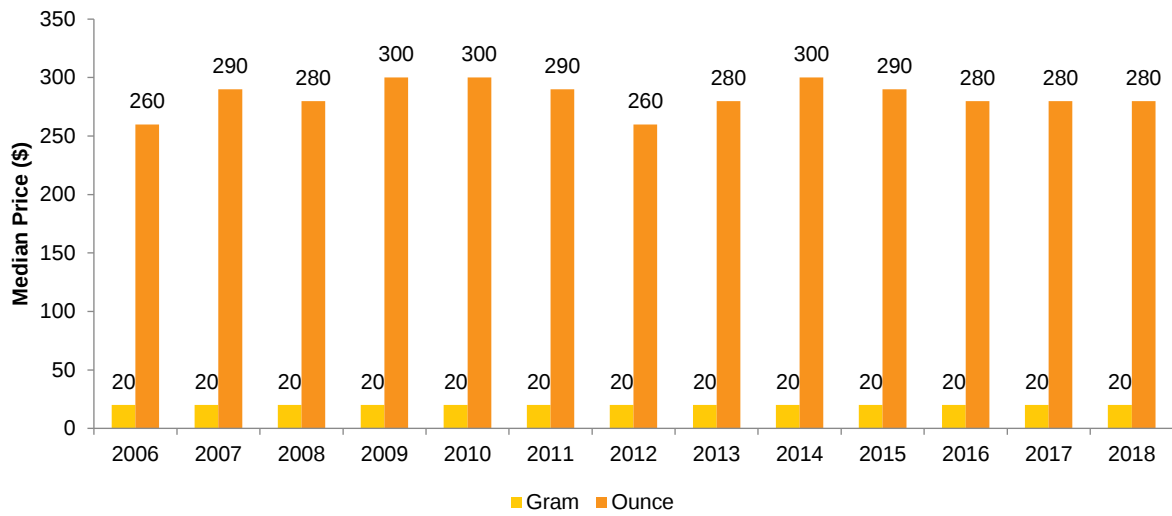
The median price per gram of hydroponic cannabis nationally has consistently been \$20 (2018 $n=104$; IQR \$15-\$25), with a similar price recorded for bush cannabis across most years (2018: $n=69$; \$20, IQR \$10-\$25). In 2018, the median price paid per ounce of hydroponic cannabis nationally was \$280 ($n=143$; IQR \$250-\$350) and \$250 ($n=104$; IQR \$200-\$327.50) for bush (Figure 21).

Consistent with previous years, the majority of those able to comment ($n=380$) perceived hydroponic cannabis to be 'high' potency. In contrast, a small but increased percentage of those able to comment ($n=291$) considered bush cannabis as 'high' potency (25% versus 18% in 2017; $p=0.018$; Figure 22), with a corresponding decline in reports of bush cannabis as 'medium' potency.

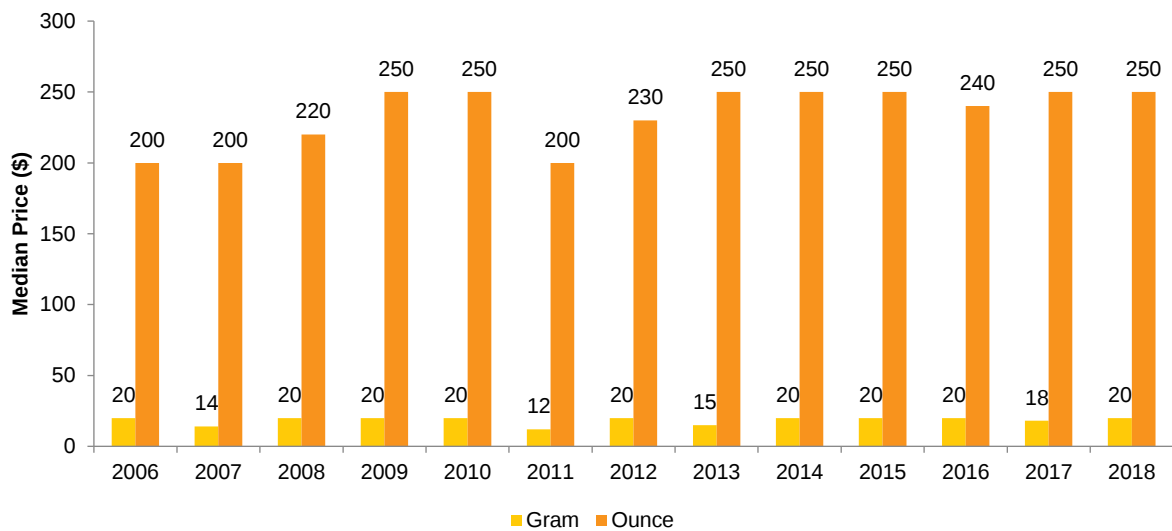
From 2017 to 2018, reports of hydroponic cannabis as 'very easy' to obtain decreased, and as 'easy' to obtain increased ($p<0.001$) – but overall, four in five consumers reported ease in accessing hydroponic cannabis. A similar number of consumers reported bush cannabis 'easy' or 'very easy' to obtain (Figure 23).

Figure 21: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, nationally, 2006-2018

(A) Hydroponic cannabis



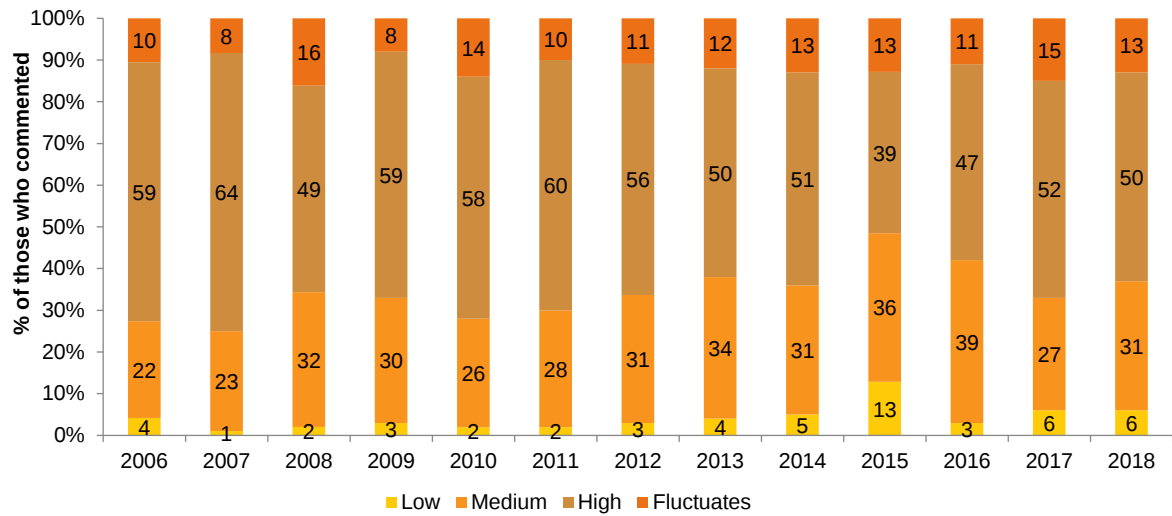
(B) Bush cannabis



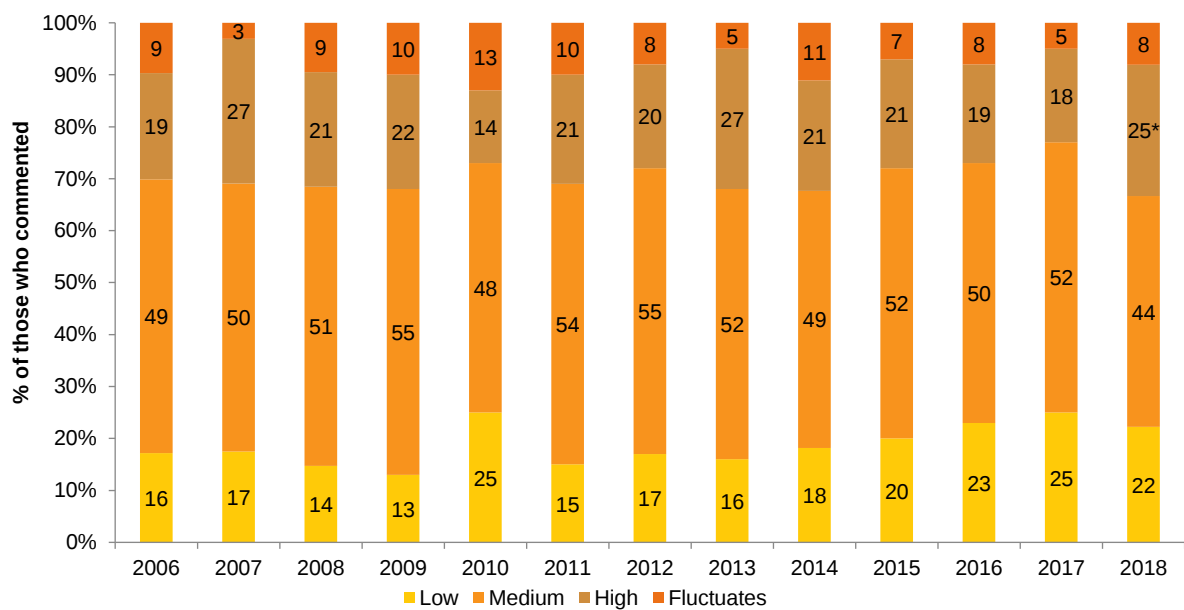
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 22: Current potency of hydroponic (a) and bush (b) cannabis, nationally, 2006-2018

(A) Hydroponic cannabis



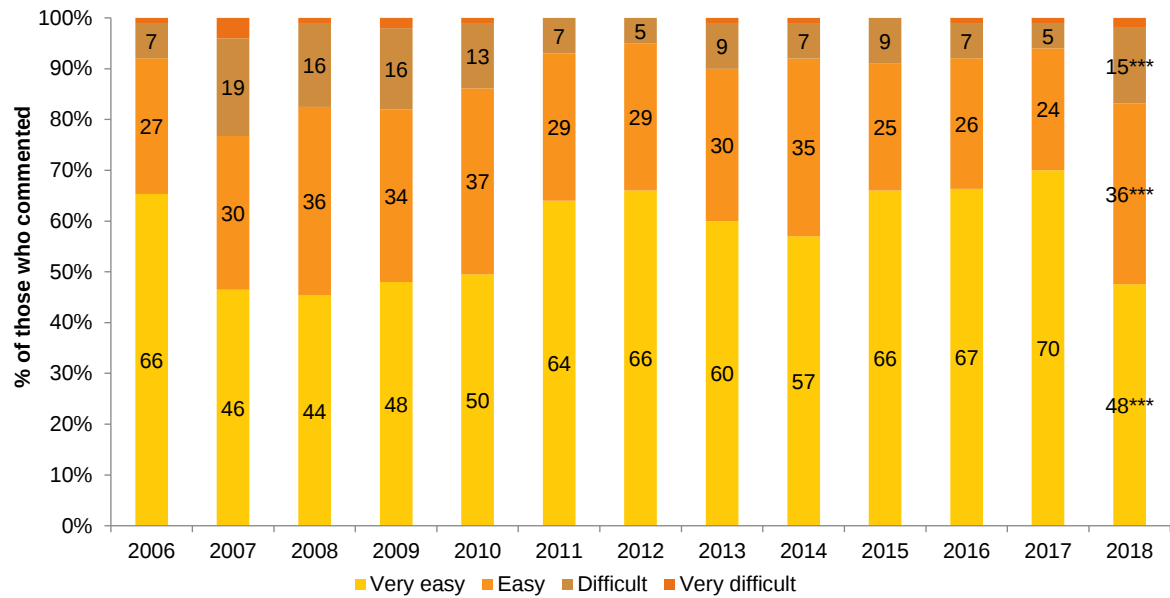
(B) Bush cannabis



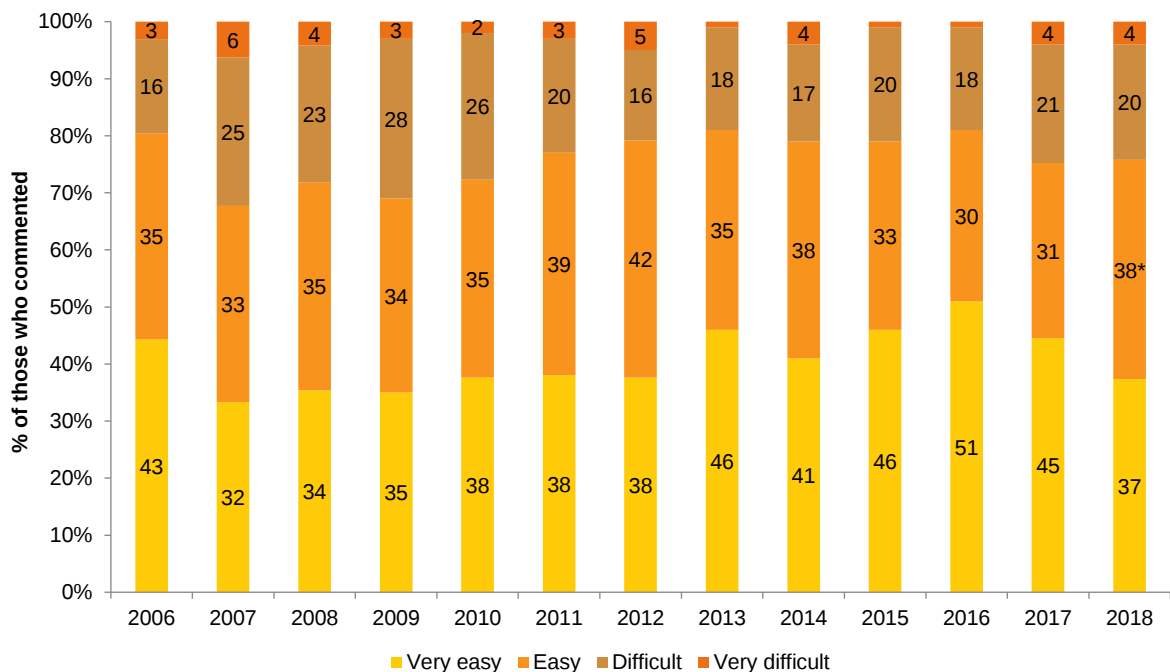
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 23: Current perceived availability of hydroponic (a) and bush (b) cannabis, nationally, 2006-2018

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

7

Ketamine and LSD

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

Recent Use

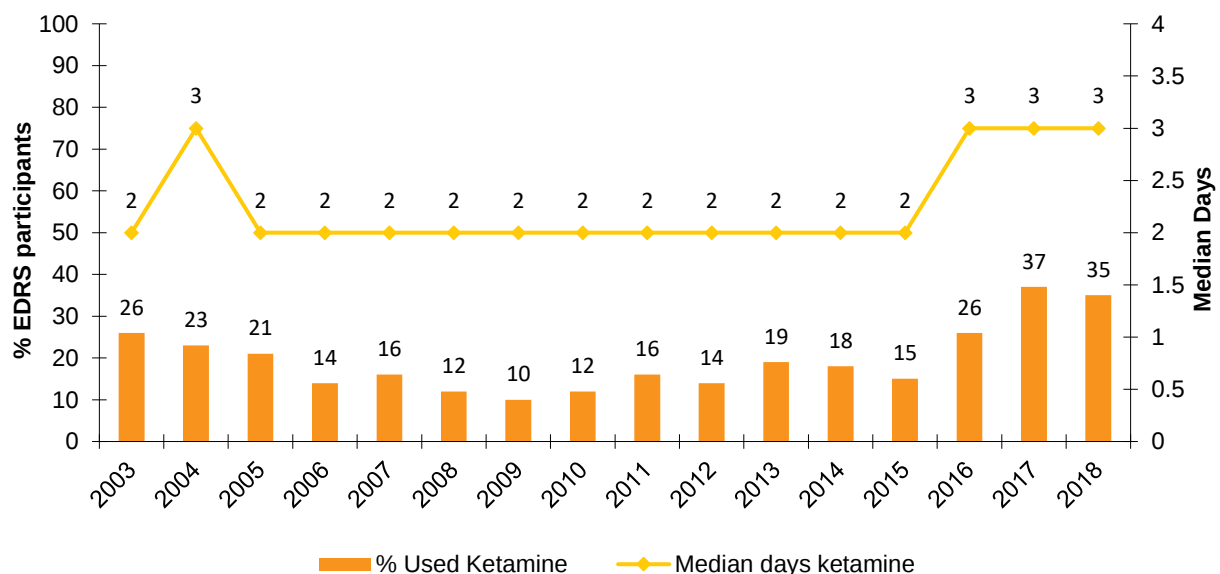
Ketamine

Ketamine use declined from the beginning of monitoring to 2009 (10% of the sample), with an increase observed from this point to 35% in 2018 (similar to 37% in 2017) (Figure 24). This pattern has been mostly followed at the jurisdiction level, although there are substantial differences in the magnitude of this decline and resurgence, with current estimates ranging from one-tenth (11%) reporting recent use in the NT to nearly the whole sample (90%) in VIC. Notably, recent use declined from 2017 to 2018 in SA and ACT (Table 12).

Frequency of use has been stable since 2016 (2018: median 3 days; IQR 1-7) (Figure 24). Indeed, the percentage of recent consumers that reported weekly or more use also remained stable at 7% (versus 5% in 2017; $p=0.171$).

Among consumers, the most common route of administration was snorting (90% versus 93% in 2017; $p=0.308$) followed by swallowing (11% versus 10% in 2017; $p=0.790$). Smaller percentages reported smoking (2%), injecting (1%) and shelving/shafting (1%). The median quantity used in a typical session was 0.3 grams (IQR= 0.2-0.5; $n=115$), two lines (IQR=2-3; $n=50$) or three bumps (range=2-4; $n=50$).

Figure 24: Past six month use and frequency of use of ketamine, nationally, 2003-2018



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 3 to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Table 12: Past six month use of ketamine, by jurisdiction, 2003-2018

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

Note. – Data not published due to small numbers commenting (n<10). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

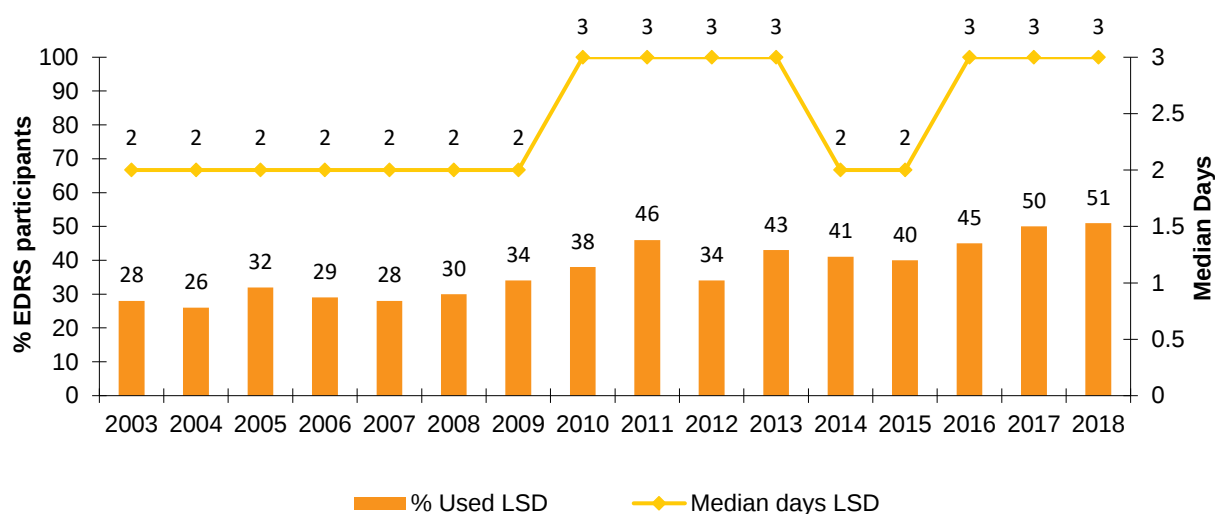
LSD

Recent use of LSD has been gradually increasing over the course of monitoring, from 28% in 2003 to half of the sample (50%, $p<0.001$) in 2017, with a similar rate observed in 2018 (51%; Figure 25). Extensive variation across jurisdictions was observed in recent use of LSD in 2018, ranging from 36% in SA to 71% in NSW (Table 13). ACT was the only jurisdiction that showed a significant decline in recent use of LSD from 2017 to 2018 (64% to 43%).

Use across the years use has shown to be infrequent (2018: median 3 days, IQR 1-6). In addition, 4% of consumers reported weekly or more use of LSD, stable from 2017 (4%; $p=0.502$).

Among consumers, the most common route of administration was swallowing (99% versus 99% in 2017; $p=0.686$). The median quantity used in a typical session was one tab (IQR 1-2; $n=334$) or 150 micrograms (IQR 137-225; $n=37$).

Figure 25: Past six month use and frequency of use of LSD, nationally, 2003-2018



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 3 to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Table 13: Past six month use of LSD, by jurisdiction, 2003-2018

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

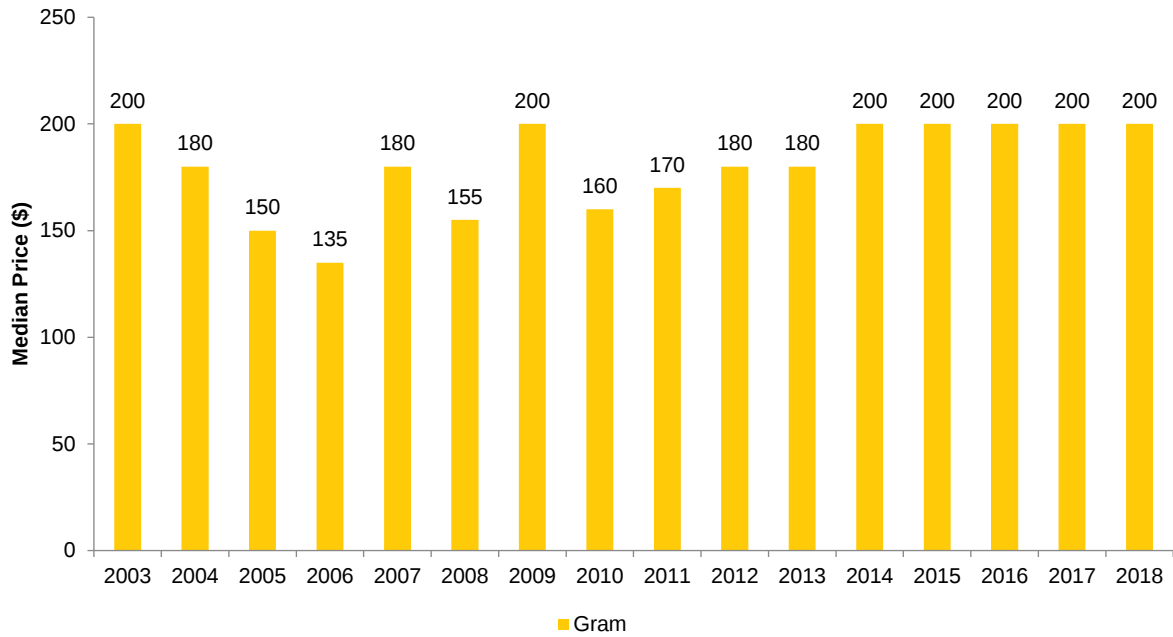
Note. – Data not published due to small numbers commenting ($n < 10$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

Ketamine

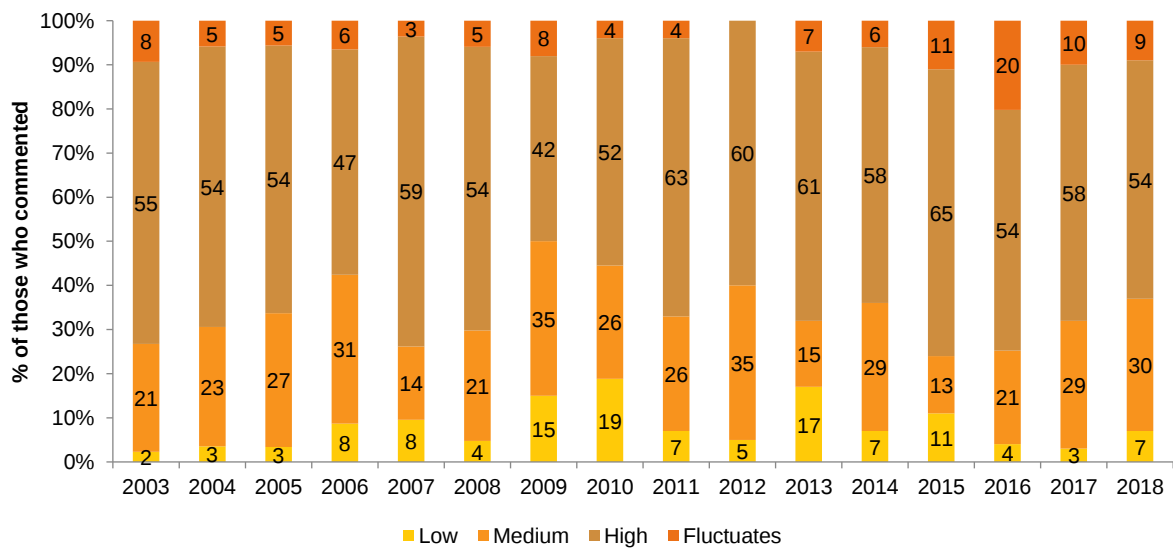
Historically, the price of ketamine per gram decreased from \$200 in 2003, returning to the same cost from 2014 (2018: median \$200, IQR 150-200; $n=100$; Figure 26). Among those able to comment ($n=168$), over half (54%) reported the perceived purity as 'high', followed by 30% reporting 'medium' perceived purity (Figure 27). Forty-four per cent perceived ketamine to be 'easy' to obtain, whilst 26% perceived it to be 'difficult' to obtain (Figure 28).

Figure 26: Median price of ketamine per gram, nationally, 2003-2018



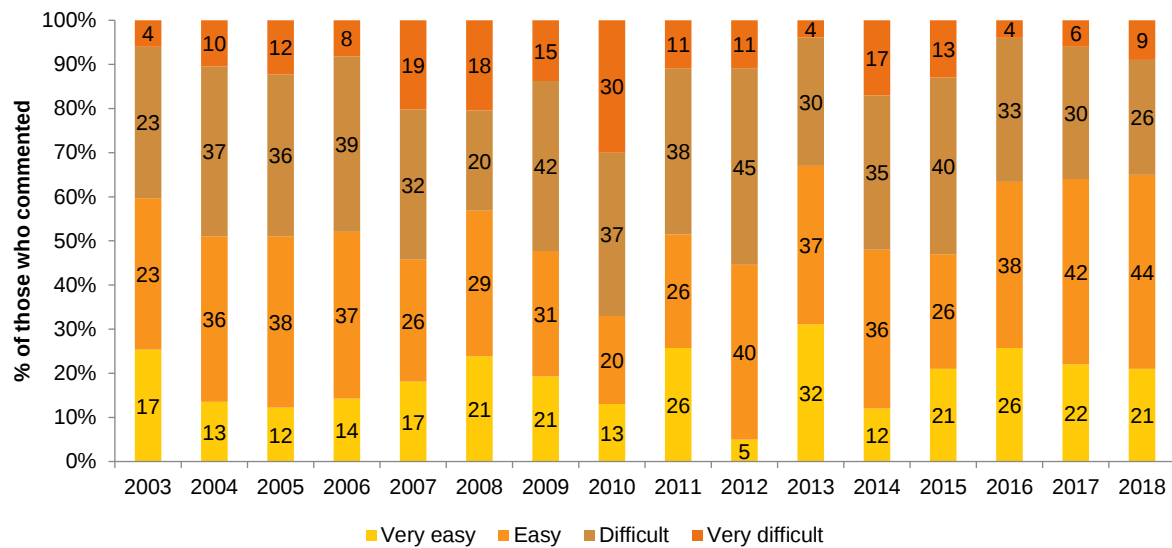
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 27: Current perceived purity of ketamin, nationally, 2003-2018



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 28: Current perceived availability of ketamine, nationally, 2003-2018



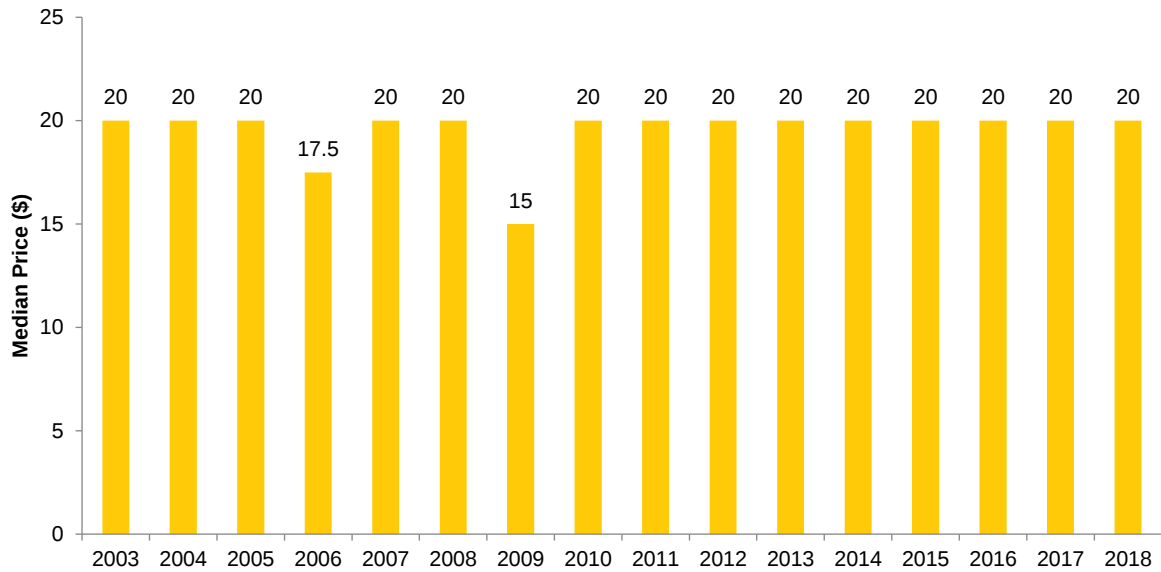
Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

LSD

In 2018 the median price for one tab was reported as \$20 (IQR 20-25; $n=319$), consistent with estimates since 2010 (Figure 29).

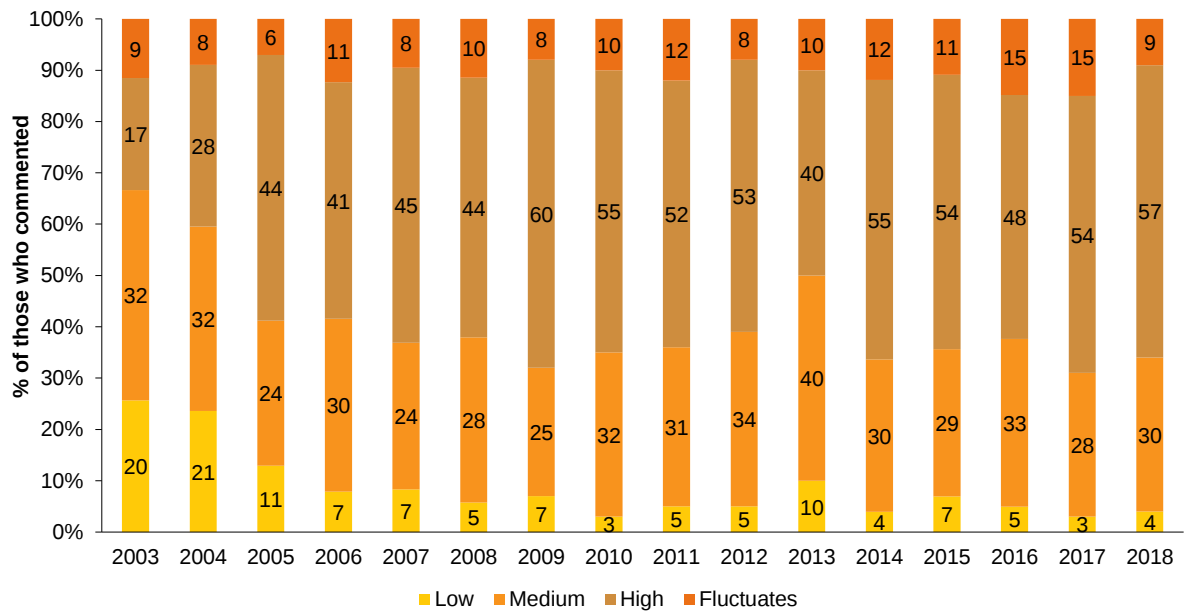
Of those who commented ($n=362$), over half reported the perceived purity as 'high' (57%), followed by 30% reporting 'medium' purity (Figure 30). Consistent with previous years, 42% perceived LSD to be 'easy' to obtain, whilst 33% perceived it to be 'difficult' (Figure 31).

Figure 29: Median price of LSD per tab, nationally, 2003-2018



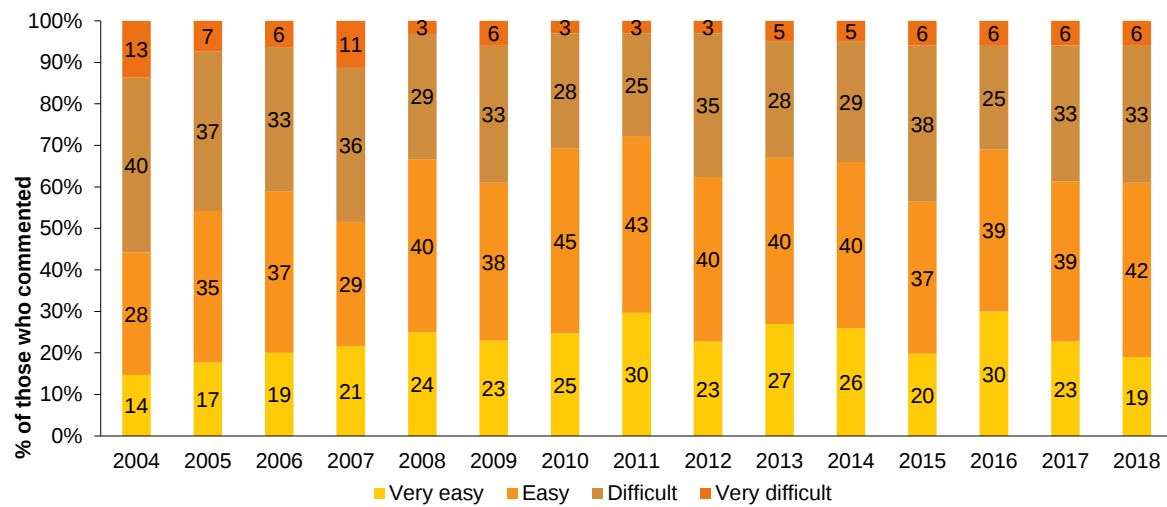
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 30: Current perceived purity of LSD, nationally, 2003-2018



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 31: Current perceived availability of LSD, nationally, 2003-2018



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

8

New psychoactive substances

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

New psychoactive substances

One-third of the national sample reported recent use when monitoring of NPS began in 2010, rising to nearly half the sample in 2012 (Table 14). Since then, use has returned to earlier levels (31% in 2018 versus 33% in 2017; $p=0.284$). NPS use has varied across jurisdictions over time. In 2018, use was lowest in WA (22%) and highest in VIC (41%; Table 14).

DMT has consistently been one of the most commonly endorsed NPS (peaking at 18% in 2017 and 2018; Table 15). The 2c class and synthetic cannabinoids have also been highly endorsed, although use has declined in recent years. Similarly, use of mephedrone (the most commonly reported NPS in 2010) has decreased, being reported by less than 5 participants in 2018.

Less than five participants reported use of new drugs that mimic opioids (e.g., acetylfentanyl), and 1% reported use of new drugs that mimic benzodiazepines (e.g., etizolam) in 2018.

Frequency of use of NPS has consistently been low, between a median of one day (e.g., synthetic cannabinoids; IQR 1-3) and three days (e.g., methylone/bk MDMA; IQR 1-6) in 2018.

Table 14: Use of any NPS in the past six months, nationally and by jurisdiction, 2010-2018

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

Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Table 15: Use of NPS in the past six months, nationally, 2010-2018

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

Note. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 three forms of 2C were asked whereas in the other years four forms were asked. ^ Mescaline can also fall under the phenethylamines category. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

9

Other drugs

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

Non-Prescribed Pharmaceutical Drugs

Over-the-counter (OTC) codeine

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

In 2018, 30% of the national sample reported any use of low-dose codeine (23% OTC: 3% prescribed and 4% non-prescribed¹). This includes 11% who reported having used OTC low-dose codeine (<30mg codeine) for non-pain purposes in the six months preceding interview (noting that participants could only report use occurring prior to rescheduling in February 2018), a decline from 21% in 2017 ($p<0.001$). This decline indicates a reversal of the upward trend observed from 2010-2017 (Figure 32).

Nineteen per cent of the sample reported recent high-dose codeine (≥30mg codeine) use (10% prescribed; 10% non-prescribed) on a median of 4 days (IQR 2-10) in the six months preceding interview.

Pharmaceutical opioids

The rate of past six month use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine) significantly decreased from 2017 to 2018 (17% to 13%; $p=0.034$), noting that high-dose codeine was excluded from this classification for the first time in 2018 (Figure 32).

Pharmaceutical stimulants

The rate of recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has been increasing amongst the national sample over time (17% in 2007 to 42% in 2017; Figure 32). In contrast, the 2018 sample recorded a decline in use relative to 2017 (34%; $p=0.001$). Despite the significant decrease in reported recent use, median days of use were consistent for 2017 and 2018 (4 days, 2018: IQR=2-10).

Benzodiazepines

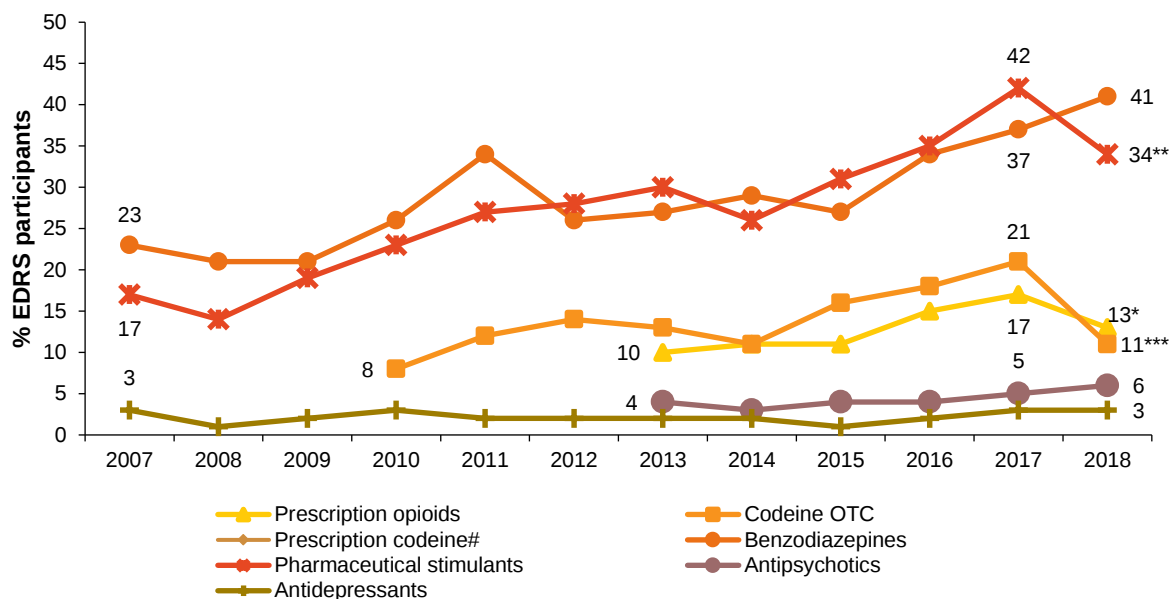
Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began, with two-fifths (41%) of the sample reporting such use in 2018 (Figure 32). Frequency of use was reported to be a median of five days (IQR 2-10 versus 4 days in 2017).

Antidepressants and antipsychotics

Smaller numbers reported recent use of non-prescribed antipsychotics (6% in 2018 versus 5% in 2017; $p=0.189$) and non-prescribed antidepressants (3% in 2017 and 2018; $p=0.913$); these values have been stable since 2007 for antidepressants and 2013 for antipsychotics when monitoring commenced (Figure 32).

¹ OTC=use of codeine that had been purchased over the counter prior to 1 February 2018; prescribed=use of codeine that had been purchased with their own prescription from 1 February onwards; non-prescribed=use of codeine that was purchased with a prescription by a third party from 1 February onwards.

Figure 32: Non-prescribed use of pharmaceutical drugs in the past six months, nationally, 2007-2018



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Y axis has been reduced to 50% to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Other Illicit Drugs

Hallucinogenic mushrooms

Twenty-six per cent of the national sample had used hallucinogenic mushrooms in the six months preceding interview (27% in 2017; $p = 0.591$) (Figure 33). Reported use has varied across the years, ranging between 17% (2005) and 29% (2011). Recent use has been typically infrequent and stable (median 2 days, IQR=1-3 in 2018 versus 2 days in 2017).

MDA

MDA (3,4-methylenedioxyamphetamine) decreased in use from when monitoring began up until 2008, from which point the rate of recent use increased again (Figure 33). In 2018, 14% of the sample reported use of MDA in the six months preceding interview (14% in 2017; $p = 0.869$). MDA was used on a median of two days (IQR=1-5 versus 2 days in 2017), indicating very occasional use.

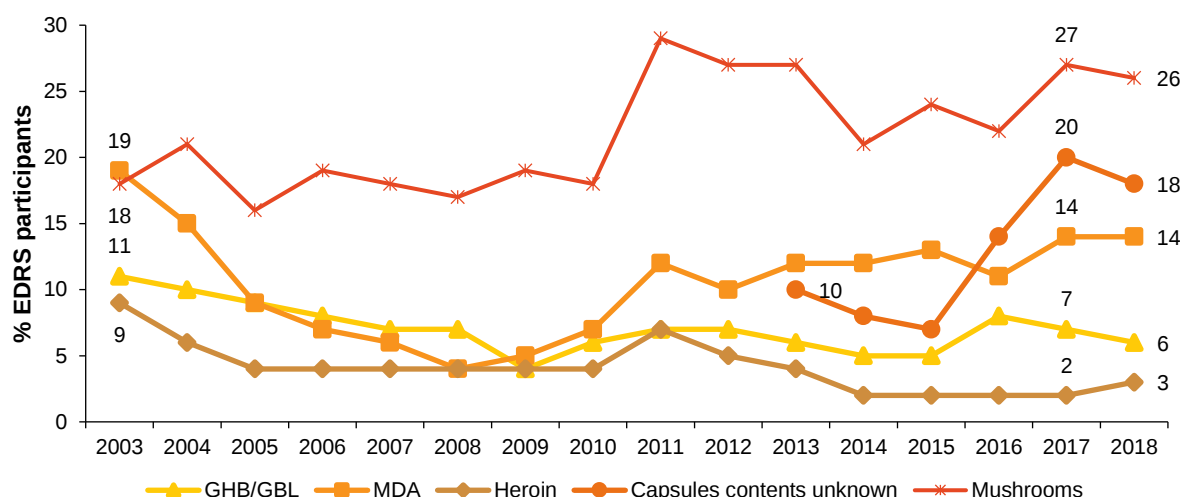
Capsules with unknown contents

Around one in ten participants reported recent use of capsules with unknown contents over the first three years of monitoring (2013-2015); since then, use has increased, with 20% reported recent use in 2017 and 18% in 2018 ($p = 0.330$) (Figure 33). In 2018, recent use was highest in TAS (36%) and lowest in NSW and QLD (12%). Capsules of unknown contents were used on a median of two days (IQR 1-4 versus two days in 2017).

Heroin and GHB/GBL

Consistently small numbers have reported recent use of GHB/GBL (6% in 2018) and heroin (3% in 2018) (Figure 33). Those who report use typically do so infrequently (GHB/GBL: median 2 days, IQR 1-5.75; heroin: 3 days, IQR 2-6).

Figure 33: Other illicit drugs used in the past six months, nationally, 2003-2018



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 30% to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Licit and Other Drugs

Alcohol

Nearly the entire national sample reported recent alcohol use (98%; $n=778$), consistent with rates observed since monitoring began in 2003 (Figure 34) and also consistent across the jurisdictions. Consumers reported a median of 36 days of use in the past six months (IQR 20-72 versus 40 days in 2017; $p=0.185$). Seventy-four per cent of consumers drank alcohol once a week or more (76% in 2017; $p=0.277$); this includes 4% who reported daily use (versus 3% in 2017; $p=0.256$).

Tobacco

Tobacco use has gradually increased amongst the sample, from 75% in 2003 to 85% in 2018 ($p < 0.001$; Figure 34). Median frequency of use was 140 days (IQR 24-180 versus 144 days in 2017; $p=0.812$), with 44% of recent consumers reporting daily use (43% in 2017; $p=0.766$). In 2018, daily use amongst consumers was higher in the NT (50%) and lowest in VIC (28%).

E-cigarettes

A U-shaped trend has been observed since monitoring of e-cigarettes began in 2014 (Figure 34), with use in 2018 returning to levels first observed in 2014. The highest rate of recent use was observed in SA (49%), and lowest rate was observed in the ACT and QLD (both 26%) in

2018. Median days of use was reported at five days in 2018 (i.e. less than monthly; IQR 2-20), a significant increase compared to three days in 2017 ($p<0.001$).

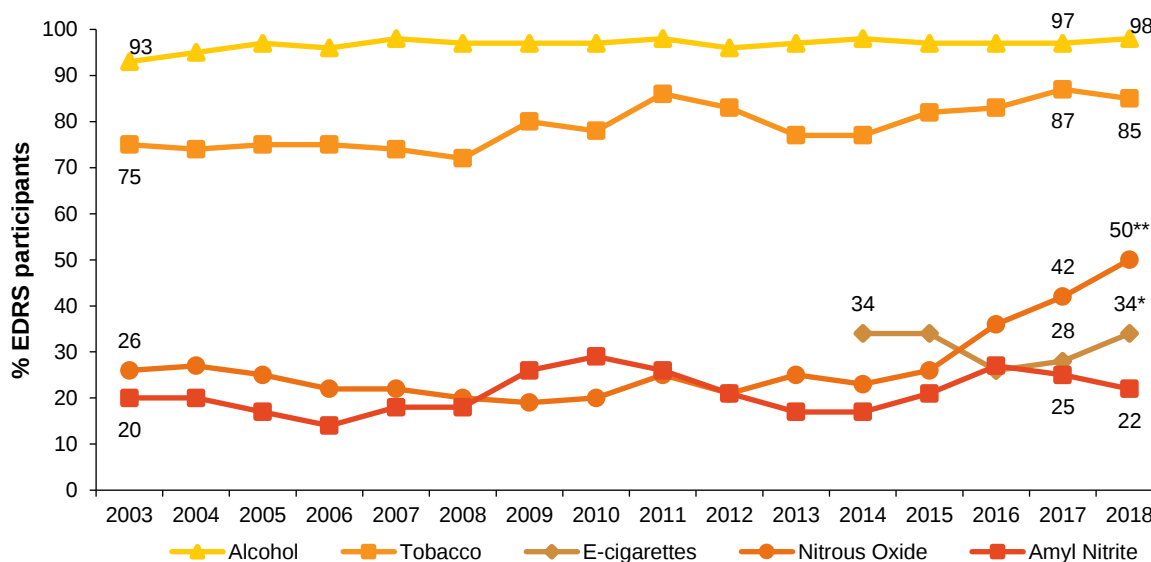
Nitrous oxide

The percentage of the sample reporting recent use of nitrous oxide was stable from 2003 to 2014 (23%), since doubling by 2018 (50%), including a significant increase relative to 2017 (42%; $p=0.002$; Figure 34). It should be noted however that the national estimate reflects high jurisdictional variation, ranging from 75% in NSW to 21% in NT in 2018. Frequency of use remained stable at a median of five days (i.e. less than monthly; IQR 2-12 versus 5 days in 2017).

Amyl nitrite

Amyl nitrite is an inhalant listed as Schedule 4 substance in Australia (i.e. available only with prescription) yet is often sold under-the-counter in sex shops. Use of amyl nitrite has varied over the course of monitoring, ranging from 14% in 2006 to 29% in 2010 (Figure 34). In 2018, one-fifth (22%) reported recent use of amyl nitrite (25% in 2017; $p=0.157$). High variation was observed between jurisdictions, ranging from 1% in NT to 43% in VIC. Frequency of amyl nitrite use was generally low, with participants reporting a median of four days of use in the last six months (IQR 1-10; median three days in 2017).

Figure 34: Licit drugs used in the past six months, nationally, 2003-2018



Note. Monitoring of e-cigarettes commenced in 2014. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

10

Drug-Related Harms and Other Risk Factors

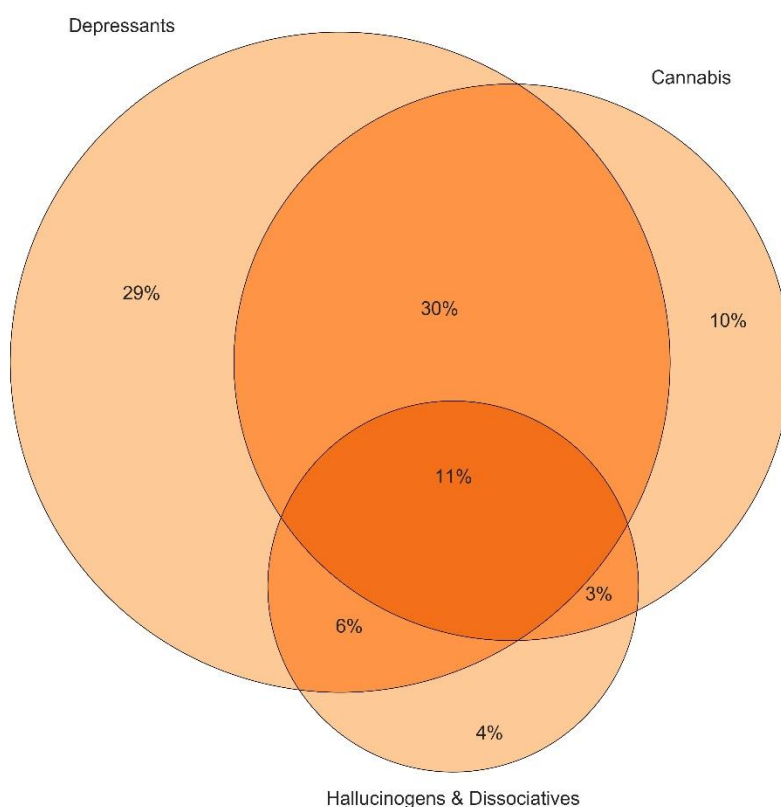
Participants were asked about various drug-related harms, including **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about: polysubstance use, injecting drug use, drug treatment, sexual risk-taking, mental health and crime. It should be noted that the following data refer to participants' understandings of these behaviours (i.e., do not necessarily represent medical diagnoses in the case of reporting on health conditions).

Polysubstance Use

The majority (98%) of the sample reported simultaneous polysubstance use (i.e., use within the same session) on their last occasion of stimulant use. The most commonly used substances (in addition to stimulant use) were alcohol (75%), tobacco (61%), cannabis (54%), energy drinks (11%), LSD (15%), ketamine (10%) and nitrous oxide (9%).

Ninety-three percent of the sample reported using a combination of depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use, with the most common combinations being stimulants, depressants and cannabis (30%), and stimulants and depressants (29%). Eleven percent of the sample reported using depressants, cannabis and hallucinogens/dissociatives on their last occasion of stimulant use (Figure 35).

Figure 35: Poly substance use on occasion of last stimulant use, nationally, 2018



Note. This figure captures those who had also used hallucinogens/dissociatives (GHB, ketamine, LSD, and/or hallucinogenic mushrooms), depressants (alcohol and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use.

Overdose

Non-fatal stimulant overdose

Self-reported lifetime and past 12-month experience of non-fatal stimulant overdose has increased over time among the cross-sectional sentinel samples recruited from capital cities (Figure 36). One third-of the national sample (36%) reported having ever overdosed on a stimulant drug on a median of two occasions (IQR 1-3 occasion) and 25% reported overdosing in the past year in 2018.

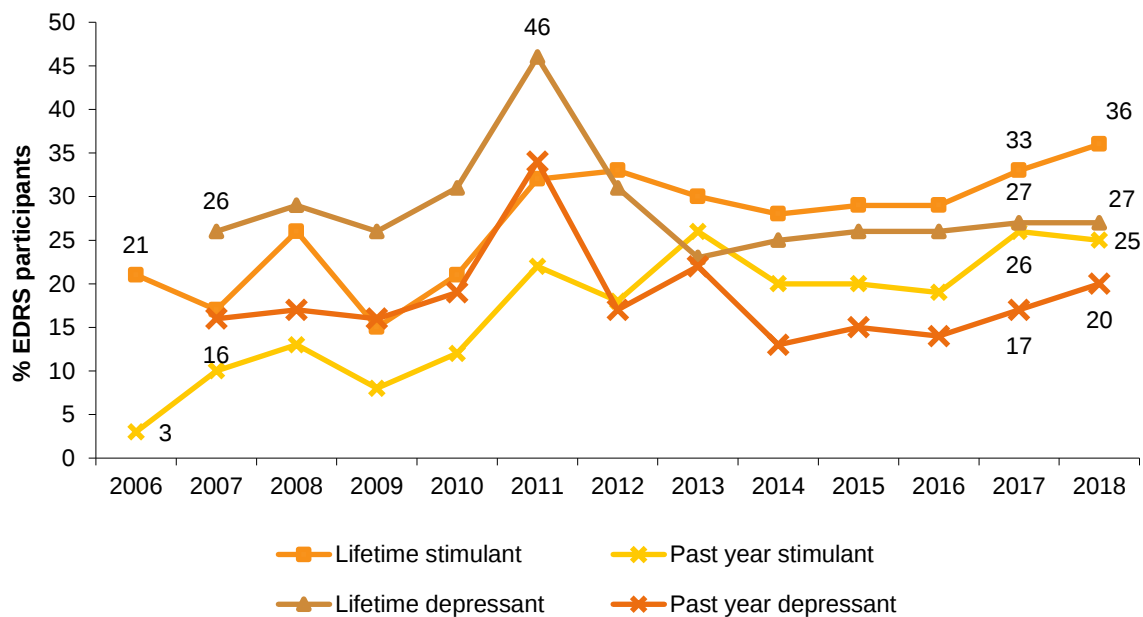
In 2018, participants reporting a non-fatal overdose in the past 12 months (n=199) were asked which stimulant drug they considered to be the main drug causing their last overdose, mainly nominating ecstasy (63%), with small percentages nominating LSD (8%), crystal methamphetamine (7%), and ketamine (6%). Most (75%) reported that they had also been under the influence of one or more additional drugs (stimulants or depressants). On their last stimulant overdose occasion, of those who commented on receiving treatment (n=160), 84% did not receive treatment or assistance. Of those that did report receiving treatment or assistance (n=28), small numbers reported ambulance attendance (5%); and emergency department attendance (6%).

Non-fatal depressant overdose

Rate of self-reported lifetime and past 12-month experience of non-fatal depressant overdose have remained relatively stable over time (Figure 36). In 2018, one-quarter of the national sample (27%) reported having ever overdosed on a depressant drug on a median of two occasions (IQR: 1-5 occasions) and one-fifth (20%) reported such an experience in the past 12 months.

Participants were asked to report the main drug to which they attributed their last depressant overdose (n=154). The majority reported alcohol (76%); smaller percentages reported benzodiazepines (9%). Of those who commented (n=128), polydrug use was common at the time of their last overdose (72%). Half (48%) of those who had overdosed in the past 12 months reported that there was a sober person who was able to assist on the last occasion. The main immediate attention/care reported amongst those who had overdosed on a depressant drug in the past 12 months was emergency department attendance (5%).

Figure 36: Lifetime and past year non-fatal stimulant and depressant overdose, nationally, 2006-2018



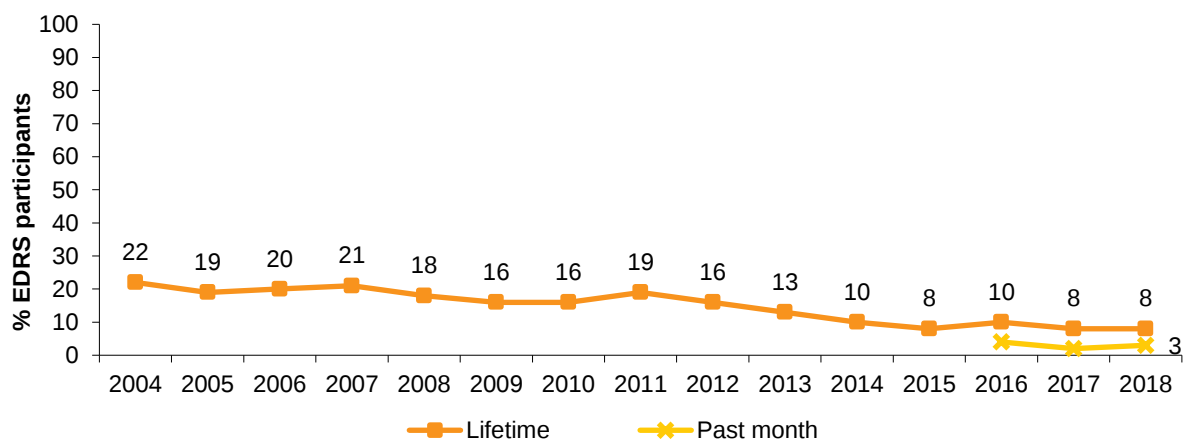
Note. Y axis has been reduced to 50% to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Injecting Drug Use and Associated Risk Behaviours

There has been a significant decrease in the percentage reporting injecting in their lifetime over the years (8% in 2018 versus 30% in 2003; $p < 0.001$), however those who report injecting in the month preceding interview has remained stable since 2016 (3% versus 2% in 2017; $p = 0.493$; Figure 37).

In 2018, the median age of first injection was 18 years (IQR 17-22 years) and the drugs reported to be first injected were powder methamphetamine (37%), crystal methamphetamine (20%), heroin (13%), and other opiates (12%). The majority (88%) of the sample who had injected in the past month reported that they had not used a needle after somebody else. Forty-eight per cent reported that they had injected a partner or friend after injecting themselves in the past month, and 36% reported that somebody had injected them with a new needle in the past month.

Figure 37: Lifetime and past month drug injection, nationally, 2004-2018



Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Drug Treatment

A nominal per cent reported currently receiving drug treatment (Table 16); this is consistent with reporting in previous years (4% in 2018 versus 6% in 2003; $p = 0.236$). Of those who have reported being in treatment, the majority reported drug counselling as their main form of treatment (59% in 2018 versus 63% in 2017; $p = 0.778$).

Table 16: Current drug treatment, nationally and by jurisdiction, 2017-2018

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD	
	N=	N=799	n=100	n=93	n=98	n=89	n=91	n=100	n=94	n=96
	2017	2018								
% Current drug treatment	3	4	-	5	-	11	8	-	-	-
Methadone	-	21	0	-	0	-	-	0	0	0
Buprenorphine	-	-	0	0	0	0	-	0	0	-
Buprenorphine-naloxone	-	-	0	0	0	-	-	0	0	-
Drug counselling	63	59	-	-	-	46	-	0	-	59
Other	21	-	0	0	0	0	-	0	0	-

Note. - not reported, due to small numbers ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

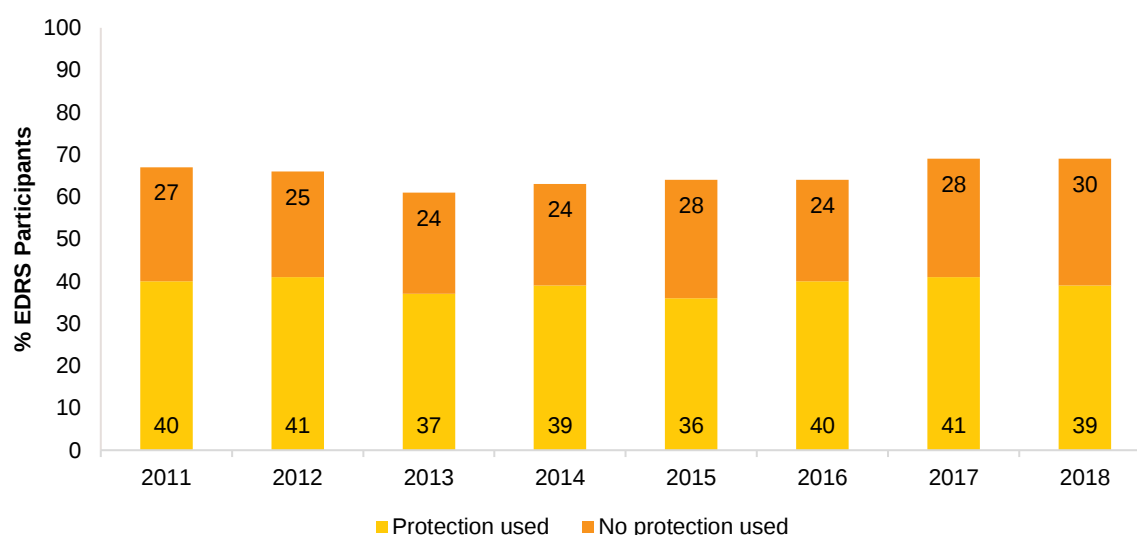
Sexual Risk Behaviours

The percentage of the national sample reporting having sex with at least one causal partner in the six months preceding interview has remained relatively stable over time (70% in 2018 versus 68% in 2011; $p = 0.55$). Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview. Thirty-nine per cent of the total

sample reported using a barrier method on the last occasion of penetrative sex with a casual partner (Figure 38). The majority (87%) of those reporting recent penetrative sex with a casual partner ($n=553$) reported having sex while using drugs in the previous six months (93% in 2011; $p=0.004$). The most commonly used drugs used during sex were alcohol (80%), ecstasy (57%), and cannabis (51%). One-third (29%) had not used a barrier (condom/glove/dental dam) on any occasion when having penetrative sex with a casual partner while using drugs in the six months preceding interview (22% when monitoring began in 2013; $p=0.009$).

Just over half (51%) of the sample reported having a sexual health check-up in the past year; 16% had done so more than one year ago; and 33% had never had a sexual health check-up. Amongst the former group, the majority (82%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); 7% had received a positive diagnosis in the past year; and 12% had received a positive diagnosis over a year ago.

Figure 38: Sex with a casual partner in the last six months and use of any protection/barrier on the last occasion, nationally 2011-2018

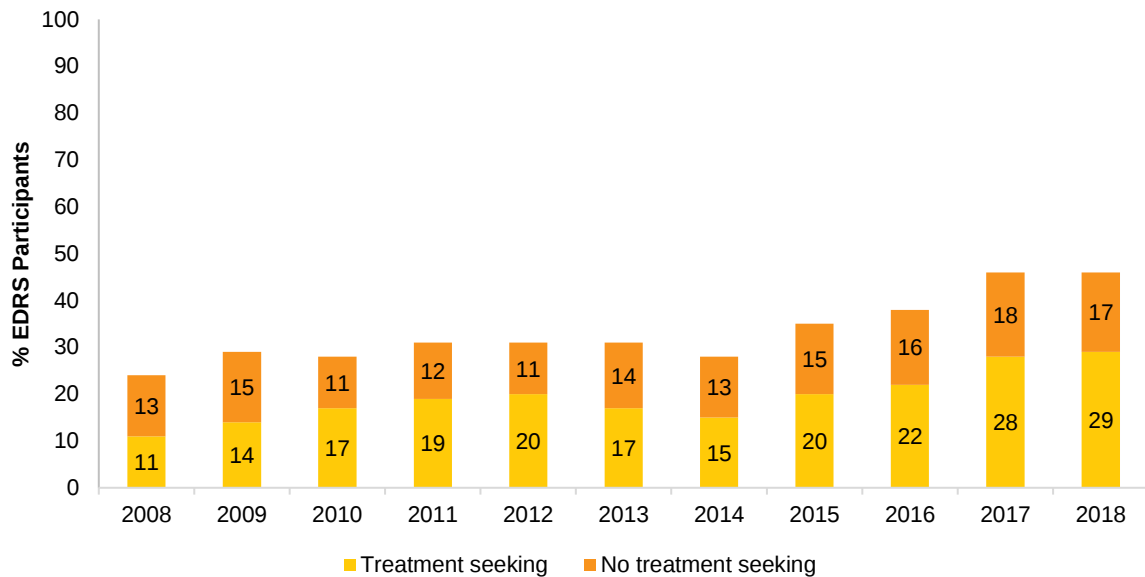


Note. Don't know and did not respond responses excluded. The combination of the percentage who report protection used and no protection used is the percentage who reported penetrative sex with a casual partner in the past six months. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Mental Health

Nearly half (47%) of the national sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a significant increase since 2008 (24%; $p<0.001$; Figure 39). Of those who commented ($n=370$), the most common mental health problem was anxiety (77%), followed by depression (65%), and post-traumatic stress disorder (10%). Nearly two-thirds (63%) reported seeing a mental health professional during the past six months. Of these people ($n=230$), 56% reported being prescribed medication for this problem in this period (31% in 2008; $p<0.001$).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2008-2018



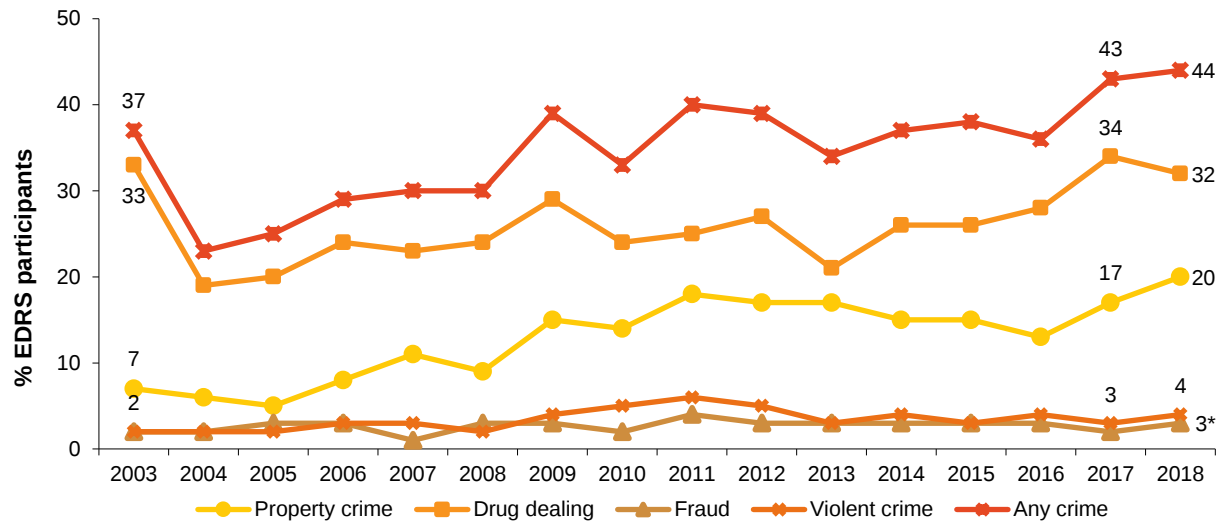
Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Crime

Rates of past month criminal activity have fluctuated over time, with dealing and property crime consistently the two main forms of criminal activity (Figure 40).

Eleven per cent of the 2018 national sample reported having been arrested in the 12 months preceding interview, ranging from 4% in WA to 15% in ACT. This has remained relatively stable since 2003 (11%; $p = 0.903$). In 2018, the main reasons for arrest were drug use or possession (25%), and property crime (20%). Four per cent of the national sample reported lifetime prison history, ranging from 1% in WA and QLD to 7% in SA.

Figure 40: Self-reported criminal activity in the past month, nationally, 2003-2018



Note. Y axis has been reduced to 50% to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.