EDRS

NEW SOUTH WALES DRUG TRENDS 2021

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

NEW SOUTH WALES DRUG TRENDS 2021: 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.

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
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Participants

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Contributors

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

Abbreviations

4-AcO-DMT	*4-Acetoxy*-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
ACT	Australian Capital Territory
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PMA	*Paramethoxyamphetamine*
PTSD	*Post-Traumatic Stress Disorder*
QLD	*Queensland*
SD	Standard deviations
SA	South Australia
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organisation

Executive Summary

The New South Wales (NSW) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of-mouth in Sydney, NSW. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from April-July. Interviews were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The 2021 NSW EDRS sample (N=99) predominantly comprised of young (median age 23) males (67%). There were significant changes in current accommodation between 2021 and 2020 ($p<0.001$), with a greater per cent of participants reporting living in a private rental house or flat in 2021 (71%; 60% in 2020). Additionally, there were significant changes in employment status ($p=0.002$), with fewer participants reporting being currently unemployed in 2021 (15%; 22% in 2020) and more participants currently studying for either a university or trade qualification (63%; 45% in 2020). Cannabis remained the most popular drug of choice among the 2021 EDRS sample (28%), followed by ecstasy (27%) and alcohol (11%). Similarly, cannabis and alcohol were cited as the drugs used most often in the month preceding the interview in 2021 (39% and 35%, respectively).

COVID-19 Impact

Approximately two-thirds (68%) of the sample had been tested for SARS-CoV-2 in the last 12 months, and few participants (n≤5) reported ever being diagnosed with COVID-19. The largest per cent (62%) reported that they were 'not at all' worried about contracting COVID-19. Almost one-tenth (8%) of the sample reported that they had received at least one dose of the COVID-19 vaccine at the time of the interview.

Ecstasy

Despite some fluctuation, weekly or more frequent use of any ecstasy has been gradually declining since 2004. In 2021, weekly or more frequent use of ecstasy significantly declined to 9% of the whole sample (21% in 2020; $p=0.039$). Consistent with previous years, capsules (82%) were the most common form of ecstasy consumed in the six months preceding interview. This was followed by crystal (62%) which significantly increased from 47% in 2020 ($p=0.046$), powder (25%; 33% in 2020; $p=0.290$) and pills (17%), which significantly decreased from 41% in 2020 ($p<0.001$). A significant decline was observed in the median days of 'any' ecstasy use, with participants reporting a median of six days of use in the six months preceding the interview (9 days in 2020; $p=0.016$). The median price per capsule increased to $25 ($20 in 2020; $p<0.001$), returning to the same median price observed from 2016 to 2019. The price per pill remained stable at $28 in 2021. There was a significant change in the perceived purity of ecstasy crystal between 2020 and 2021 ($p=0.040$), with fewer participants perceiving it to be of high purity in 2021 (31%; 48% in 2020). The largest per cent reported capsules to be of 'medium' (36%) purity and 'easy' (55%) to obtain in 2021.

Methamphetamine

Recent use of any methamphetamine has been declining amongst the NSW sample since the commencement of monitoring (15% in 2021). The median days of any methamphetamine use in the six months preceding interview remained low and stable (2 days in 2021).

Cocaine

Recent use of cocaine has been increasing amongst the NSW sample, with 94% reporting recent use in 2021, the highest per cent since monitoring began and a significant increase from 2020 (84%; $p=0.034$). Participants reported using cocaine on a median of six days in the six months preceding the interview, with

one-in-ten reporting weekly or more frequent use. Consistent with previous years, the price per gram of cocaine remained stable at $300.

Cannabis

Eighty-eight per cent of the NSW sample reported recent use of cannabis in 2021, with three-fifths (60%) reporting weekly or more frequent use. The price for hydroponic and bush cannabis remained stable in 2021. However, there was a significant change in the perceived potency of hydroponic cannabis between 2020 and 2021 (p=0.018), with more participants reporting 'high' (73%) potency in 2021 (44% in 2020).

Ketamine, LSD and DMT

Recent use of ketamine significantly increased from 53% in 2020 to 76% in 2021, the largest per cent observed since monitoring began. However, availability significantly changed between 2020 and 2021 (p=0.006), with an increase in participants reporting ketamine to be 'difficult' to obtain in 2021 (44%; 38% in 2020). Recent use of LSD and DMT remained stable in 2021 (57% and 14%, respectively). Frequency of use for all three substances remained low in 2021, at a median of five days or less in the preceding six months.

New Psychoactive Substances (NPS)

In 2021, 17% of the sample reported recent use of at least one form of NPS (including plant-based NPS), the lowest per cent since monitoring began. Any 2C substance was the most commonly used NPS (9%).

Other Drugs

Recent use of non-prescribed pharmaceutical stimulants significantly increased in 2021 (61%; 38% in 2020; p=0.002), as did recent use of hallucinogenic mushrooms (56%; 30% in 2020; p<0.001) and e-cigarettes (85%; 50% in 2020; p<0.001). While the median days of tobacco use significantly decreased from 95 days in 2020 to 24 days in 2021 (p=0.045), the median days of e-cigarette use significantly increased from 15 days in 2020 to 90 days in 2021 (p<0.001).

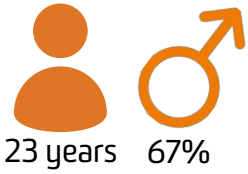
Drug-Related Harms and Other Associated Behaviours

On the last occasion of ecstasy or related drug use, the majority (94%) of the sample reported concurrent use of two or more drugs, with stimulant and depressant use reported as the most common combination (26%). Almost four-fifths (79%) of the sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Nineteen per cent of the sample reported a non-fatal stimulant overdose and non-fatal depressant overdose in the past year, respectively. The per cent reporting lifetime injecting drug use remained low (n≤5), as did the number currently in drug treatment (n≤5). Three-quarters (77%) of the sample reported engaging in some form of sexual activity in the past month, of which 23% reported penetrative sex without a condom, where they did not know the HIV status of their partner. Twenty-nine per cent reported receiving a STI test and 25% reported receiving a HIV test in the six months preceding the interview. Almost three-fifths of the sample (57%) self-reported that they had experienced a mental health problem in the preceding six months, and 55% of these had seen a mental health professional in that period. Three-quarters (75%) of the sample reported driving a motor vehicle in the six months preceding the interview. Twenty-two per cent of the sample reported driving while over the perceived legal limit of alcohol and 34% reported driving within three hours of consuming an illicit or non-prescribed drug, most commonly cannabis. 'Any' criminal activity remained stable in 2021 (41%; 39% in 2020), with drug dealing (26%) and property crime (20%) remaining the two main forms of self-reported criminal activity. The majority of participants (80%) reported arranging the purchase of illicit or non-prescribed drugs via social networking applications in the preceding year, with a significant decrease in participants arranging the purchase of drugs via text messaging (34%) in 2021 (58% in 2020; p=0.001).

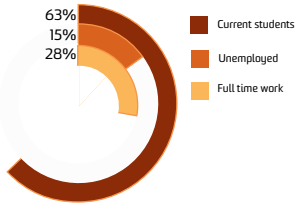
EDRS Ecstasy and Related Drugs Reporting System

2021 SAMPLE CHARACTERISTICS

In 2021, 99 people from Sydney, NSW, participated in EDRS interviews.



The median age in 2021 was 23 (IQR = 21 - 26), and 67% identified as male.

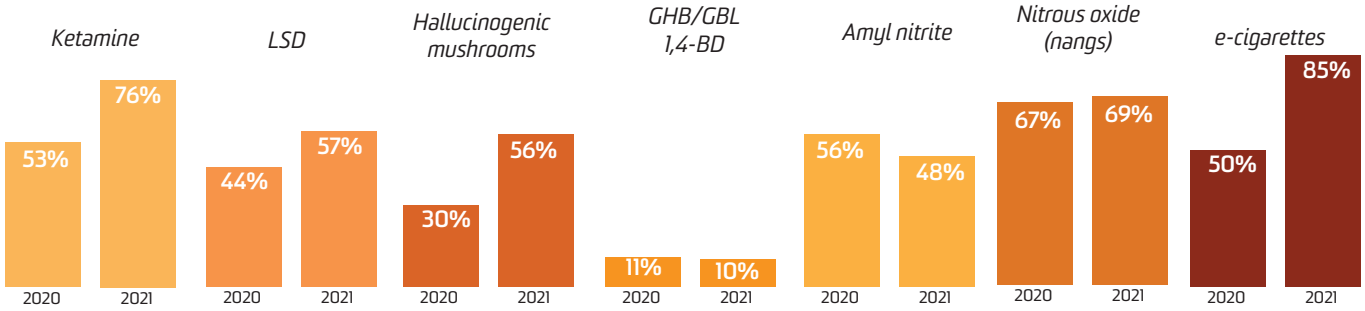


In the 2021 sample, 63% were enrolled students, 15% were unemployed, and 28% were employed full time.

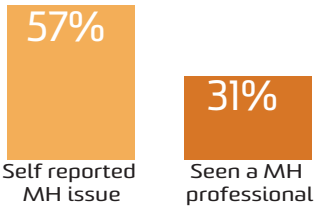
- ✓ Ecstasy
- ✓ Cocaine
- ✓ Other stimulants

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

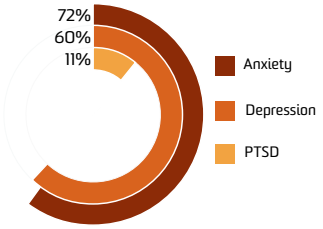
PAST 6 MONTH USE OF OTHER DRUGS



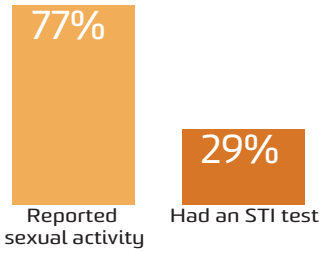
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



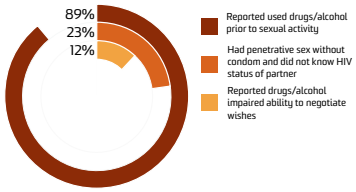
In the total sample, 57% self-reported a mental health issue and 31% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (72%), depression (60%) and PTSD (11%).

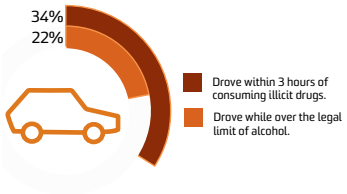


In the total sample, 77% reported sexual activity in the past 4 weeks, and 29% had a sexual health check in the past 6 months.

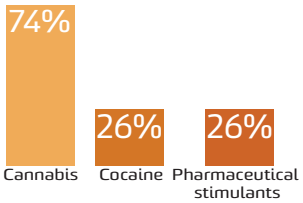


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (77%) and were able to comment.

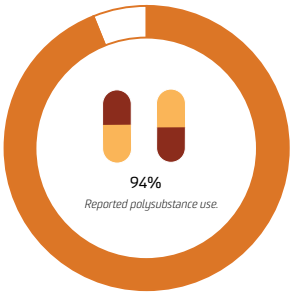
OTHER RISK BEHAVIOURS



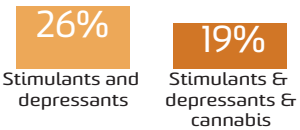
In the total sample, 34% reported driving a vehicle within 3 hours of consuming illicit drugs and 22% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (74%), cocaine (26%) and pharmaceutical stimulants (26%).

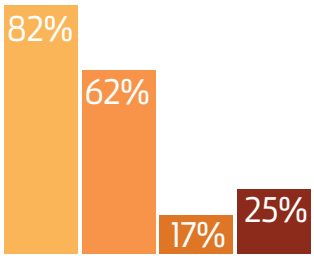


In the total sample, 94% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.

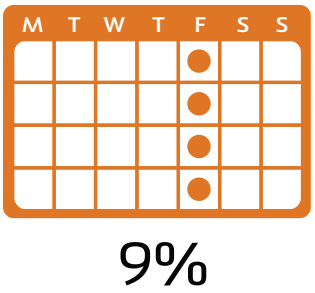


In the total sample, 26% reported to have used stimulants and depressants on one occasion whereas 19% reported using stimulants, depressants and cannabis.

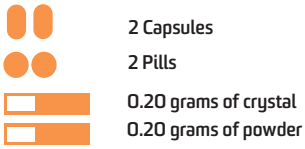
ECSTASY



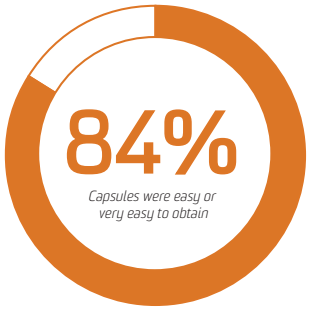
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.



Of those who had recently consumed ecstasy, 9% used it weekly or more frequently.



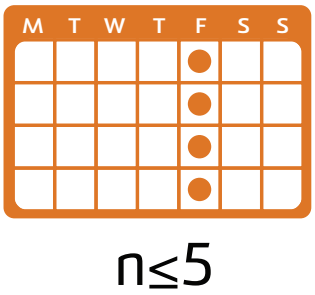
Median amounts of ecstasy consumed in a 'typical' session using each form.



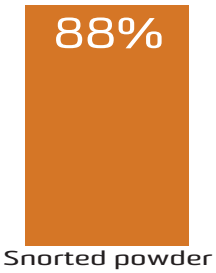
Of those who could comment 84% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

Past 6 month use of any methamphetamine (15%), crystal (<5%), powder (8%) and base (<5%) in 2021.

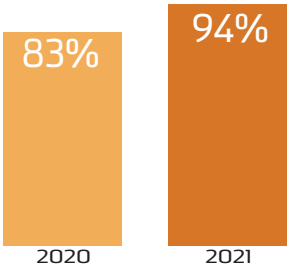


Of those who had recently consumed methamphetamine, n≤5 used it weekly or more frequently.

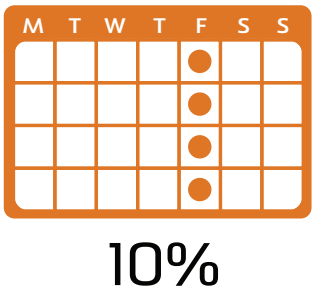


Of those who had recently used powder, 88% snorted it.

COCAINE

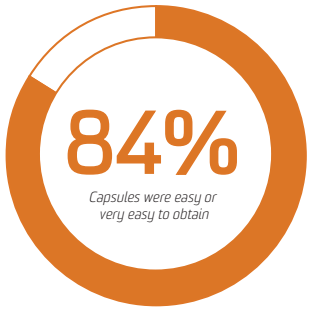


Past 6 month use of any cocaine increased from 2020 (83%) to 2021 (94%).



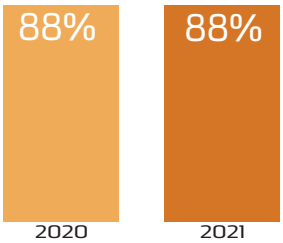
Of those who had consumed cocaine recently, 10% reported weekly or more frequent use.

Of those who had consumed cocaine in the last 6 months, all particiants had snorted it (99%).

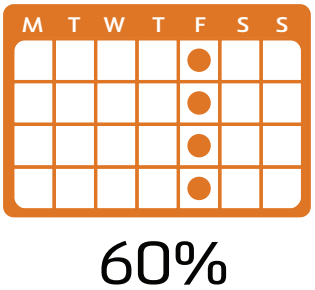


Of those who could comment 84% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

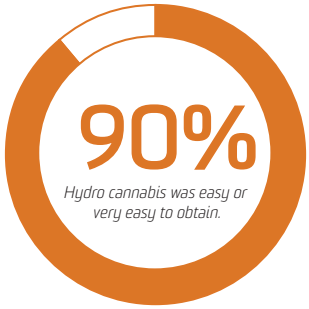


Past 6 month use of any cannabis remained stable from 88% in 2020 to 88% in 2021.



Of those who had consumed cannabis recently, 60% reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 98% had smoked it.



Of those who could comment 90% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in WA), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone 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 2020-2021: 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 jurisdictions 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 WA) to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that 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.

Almost all jurisdictions, including New South Wales, experienced trouble recruiting participants in 2021. While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, and the cancellation of many music festivals and events in 2020-21.

A total of 774 participants were recruited across capital cities nationally (April-August, 2021), with 99 participants interviewed in Sydney, New South Wales during April-July 2021. A total of 39 interviews were conducted via telephone and two interviews were conducted via videoconference. Twelve per cent of the 2021 NSW sample completed the interview in 2020, whereas few (n≤5) of the 2020 NSW sample completed the interview in 2019 (p=0.003).

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 2020 and 2021, 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). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Sydney, NSW, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

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

Differences in the methodology, and the events of 2020-21, must be taken into consideration when comparing 2020-21 data to previous years, and treated with caution.

Additional Outputs

Infographics 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 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 2021, the New South Wales (NSW) EDRS sample differed in various ways to the 2020 sample (Table 1). It is difficult to ascertain whether some of these changes (e.g., current accommodation and current employment) are a consequence of changes in the methodology, resulting in a slightly different sample being recruited, or whether it is the result of current events surrounding COVID-19.

The median age of the sample was 23 years (IQR=21-26; 21 years in 2020; IQR=19-27; p=0.398). Gender remained stable between 2020 and 2021 (p=0.547), with the largest per cent identifying as male (67%; 62% in 2020).

A significant change in current accommodation was observed between 2020 and 2021 (p<0.001). The per cent of participants living in a rented house/flat increased from 41% in 2020 to 71% in 2021, whereas the per cent of participants living in their parent's/family home decreased from 47% in 2020 to 26% in 2021.

There was a significant change in the employment status of participants between 2020 and 2021 (p=0.002). Notably, the per cent of participants who reported being unemployed decreased considerably from 36% in 2020 to 15% in 2021, while the per cent of participants engaging in part-time/casual employment increased from 32% in 2020 to 48% in 2021. Just over three-fifths (63%) of the NSW sample reported currently being a student in 2021 (53% in 2020; p=0.236).

Table 1: Demographic characteristics of the sample, nationally (2021) and NSW, 2017-2021

	National 2021	NSW 2021	NSW 2020	NSW 2019	NSW 2018	NSW 2017
	N=774	N=99	N=103	N=100	N=100	N=100
Median age (years; IQR)	24 (21-29)	**23 (21-26)**	21 (19-27)	25 (21-29)	20 (18-22)	20 (19-24)
% Gender						
Female	34	**29**	36	38	38	29
Male	63	**67**	62	57	60	69
Non-binary	3	**-**	-	-	0	0
% Aboriginal and/or Torres Strait Islander	6	**-**	-	-	7	-
% Sexual identity						
Heterosexual	73	**75**	82	63	82	81
Homosexual	4	**-**	-	11	-	5
Bisexual	14	**13**	16	17	13	11
Queer	6	**8**	-	-	/	/
Different identity	2	**0**	0	7	-	-

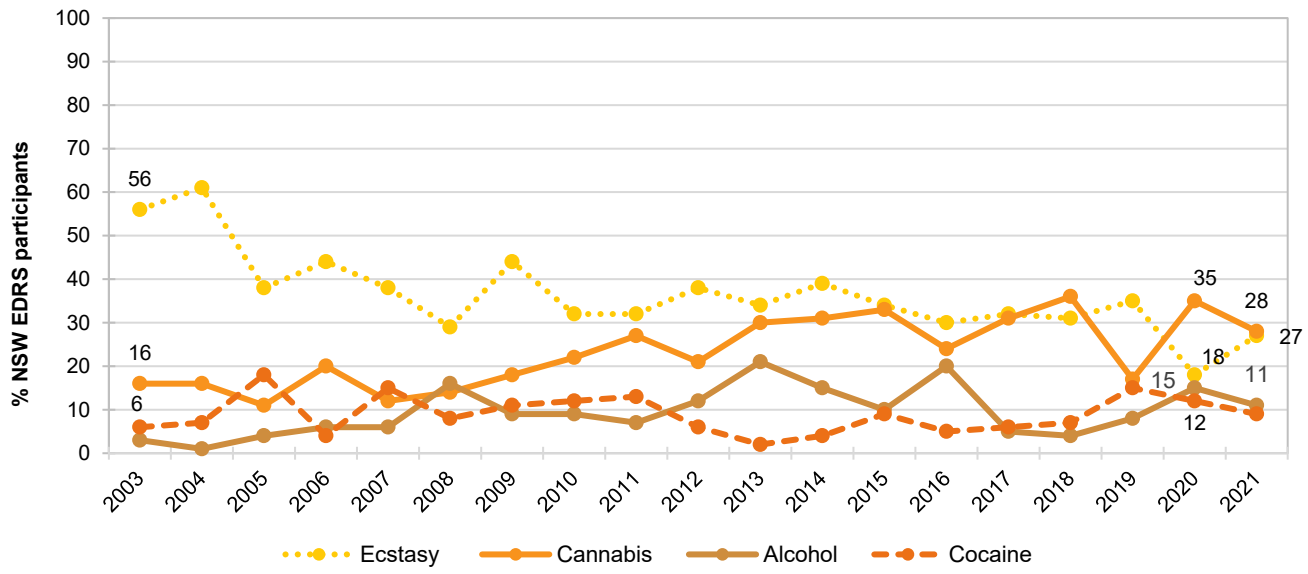
	National 2021	NSW 2021	NSW 2020	NSW 2019	NSW 2018	NSW 2017
Mean years of school education (range)	12 (6-12)	**12 (10-12)**	12 (8-12)	12 (9-12)	12 (9-12)	12 (10-12)
% Post-school qualification(s)^	60	**52**	45	59	30	35
% Current employment status		**				
Employed full-time	27	**28**	29	37	19	19
Part time/casual	45	**48**	32	/	/	/
Self-employed	6	**8**	-	/	/	/
Students#	45	**63**	53	41	15	15
Unemployed	22	**15**	36	19	24	13
Current median weekly income $ (IQR)	(N=758) $600 (375-1000)	**(N=99) $700 (475-1000)**	(N=101) $635 (430-923)	(N=99) $755 (450-1154)	(N=96) $400 (200-764)	(N=96) $450 (25-2100)
% Current accommodation		***				
Own house/flat	6	**-**	6	-	6	-
Rented house/flat	60	**71**	41	61	30	38
Parents'/family home	26	**26**	47	33	59	58
Boarding house/hostel	4	**0**	-	0	-	-
Public housing	2	**-**	-	-	0	/
No fixed address+	2	**0**	0	-	0	-
Other	1	**0**	-	0	0	-

Note. # 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + No fixed address included 'couch surfing and rough sleeping or squatting – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021

The reported drug of choice (p=0.469) and the drug used most often in the month preceding interview (p=0.099) remained stable between 2020 and 2021. Just over one-quarter of the sample reported cannabis (28%; 35% in 2020) to be their drug of choice, followed by ecstasy (27%; 18% in 2020), alcohol (11%; 15% in 2020), and cocaine (9%; 12% in 2020; Figure 1). Conversely, almost two-fifths (39%) of the NSW sample reported cannabis (44% in 2020) to be the drug used most often in the last month, followed by alcohol (35%; 21% in 2020), and cocaine (9%; 13% in 2020). Few participants (n≤5) reported ecstasy to be the drug used most often (10% in 2020) (Figure 2).

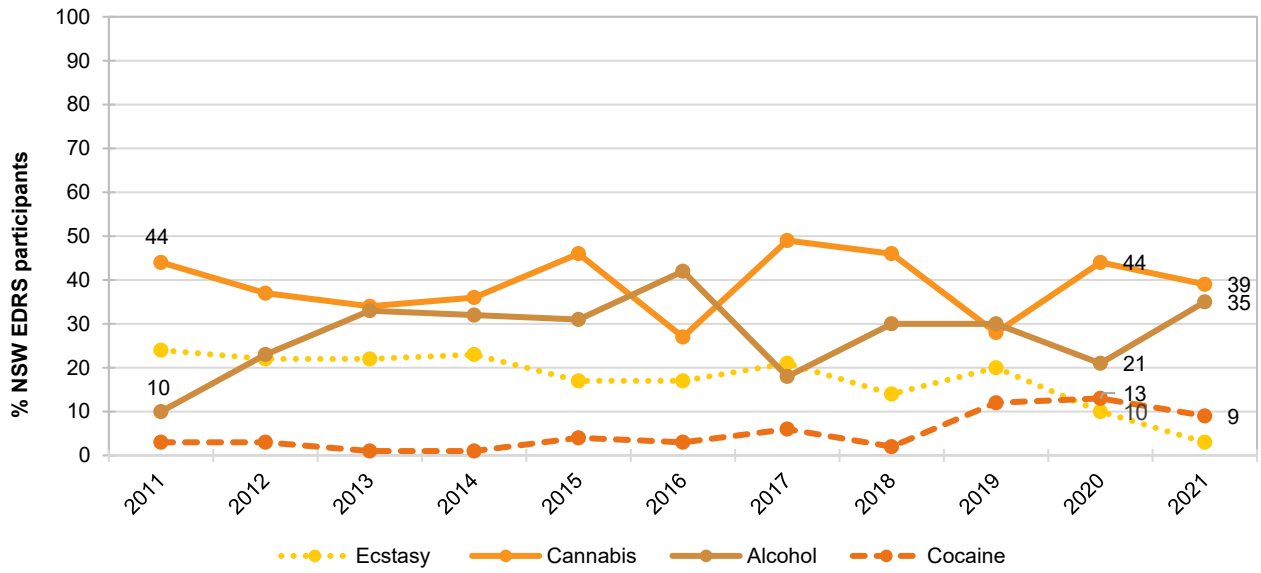
Significantly fewer participants reported consuming ecstasy on a weekly or more basis in 2021 (9%; 21% in 2020; p=0.029; Figure 1). Weekly or more frequent use of cannabis and cocaine largely remained stable between 2020 and 2021 (53%; 60% in 2020; p=0.339 and 9%; 6% in 2020; p=0.538, respectively). Few participants (n≤5) reported consuming methamphetamine on a weekly or more basis (n≤5 in 2020; p=0.474).

Figure 1: Drug of choice, NSW, 2003-2021



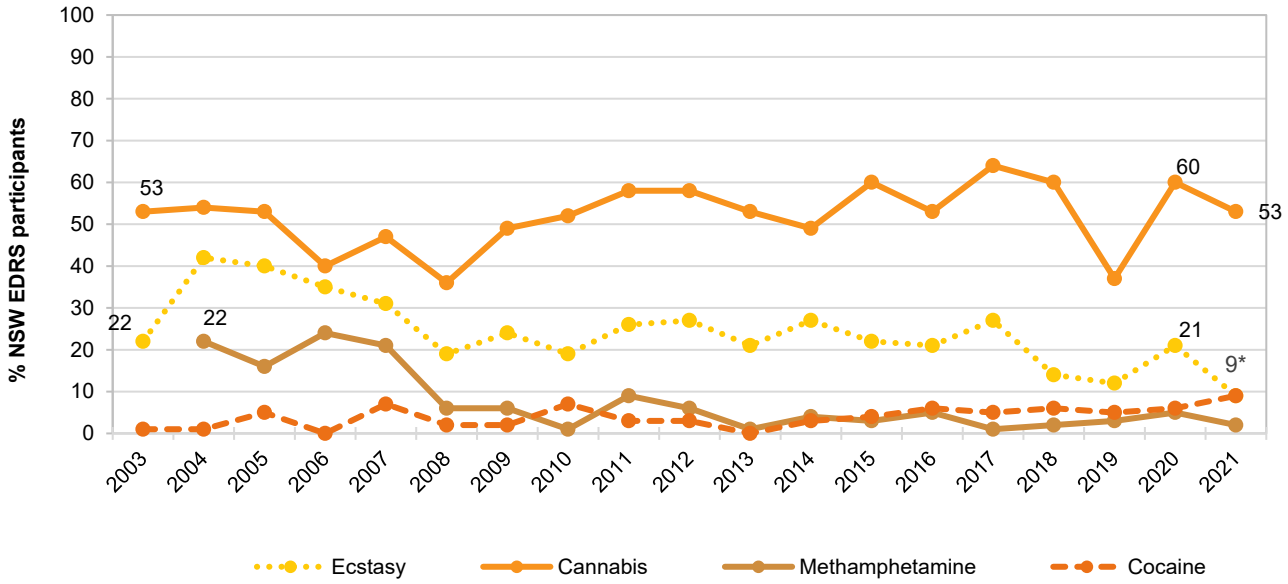
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug used most often in the past month, NSW, 2011-2021



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 2011-2021 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 3: Weekly or more substance use in the past six months, NSW, 2003-2021



Note. Among the entire sample. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

2

COVID-19

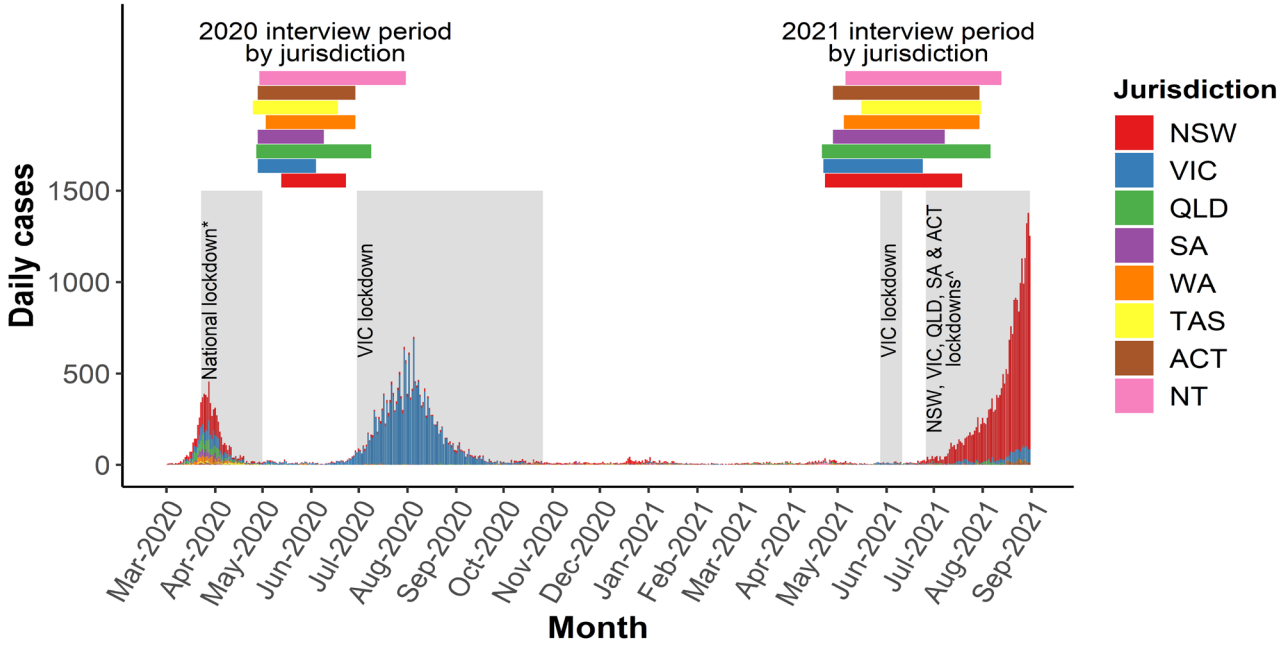
Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28 March 2020) which declined shortly thereafter (<20 cases per day nationally from 20 April 2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5 August 2020), which subsequently declined from September onwards (<20 cases per day from 23 September 2020). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021) (Figure 4).

As a nation of federated states and territories, public health policy including restrictions on movement and gatherings varies by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June, 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, SA, QLD and ACT) introducing restrictions shortly thereafter.

Notably, the NSW COVID-19 second wave restrictions were introduced mid-way through the NSW EDRS interview period (interviews began on the 24 April 2021). As a result, face-to-face interviews were halted, with the last face-to-face interview occurring on 21 June, and replaced with telephone interviews. Specifically, 39% of interviews were conducted on the telephone, with the last telephone interview conducted on 19 July 2021.

Figure 4: Timeline of COVID-19 in Australia and EDRS data collection period, 2020-2021

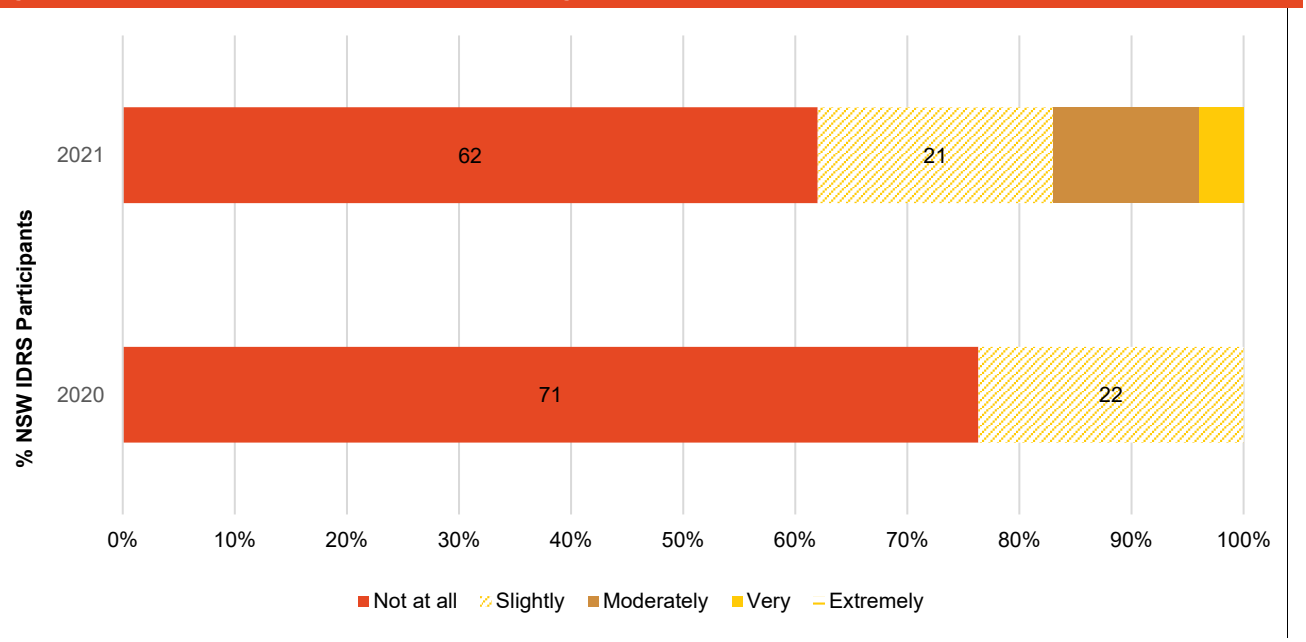


Notes: Data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *National stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

In 2021, two-thirds (68%; 18% in 2020) of the NSW sample had been tested for SARS-CoV-2 in the past 12 months and few participants (n≤5) had been diagnosed with the virus. When asked how worried they currently were about contracting COVID-19, the largest per cent (62%) responded ‘not at all’, and just over one-fifth (21%) were ‘slightly’ worried (Figure 5). Conversely, when asked how concerned they would be about their health if they did contract COVID-19, 31% reported that they would be 'slightly' concerned and 22% reported that they would be ‘moderately’ concerned. Twelve per cent of participants had completed a 14-day quarantine since January 2020. Eight per cent of participants reported they had received at least one dose of the COVID vaccine at the time of the interview.

Figure 5: Current concern related to contracting COVID-19, NSW, 2020-2021

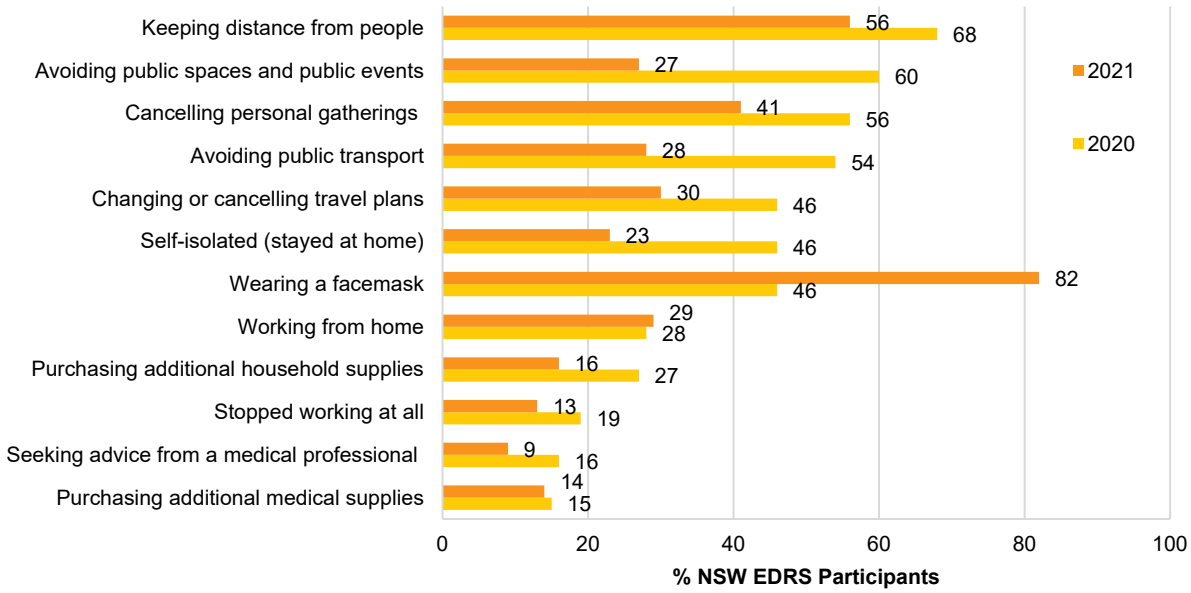


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

COVID-19 Related Health Behaviours

Participants were asked about COVID-19 related health precautions that they had engaged in during the four weeks prior to the interview. In 2021, participants most commonly reported wearing a face mask (82%; 46% in 2020), keeping distance from other people (56%; 68% in 2020) and changing or cancelling personal gatherings (41%; 56% in 2020; Figure 6).

Figure 6: Health precautions related to COVID-19 in the past four weeks, NSW, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0).

3

Ecstasy

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

Recent Use (past 6 months)

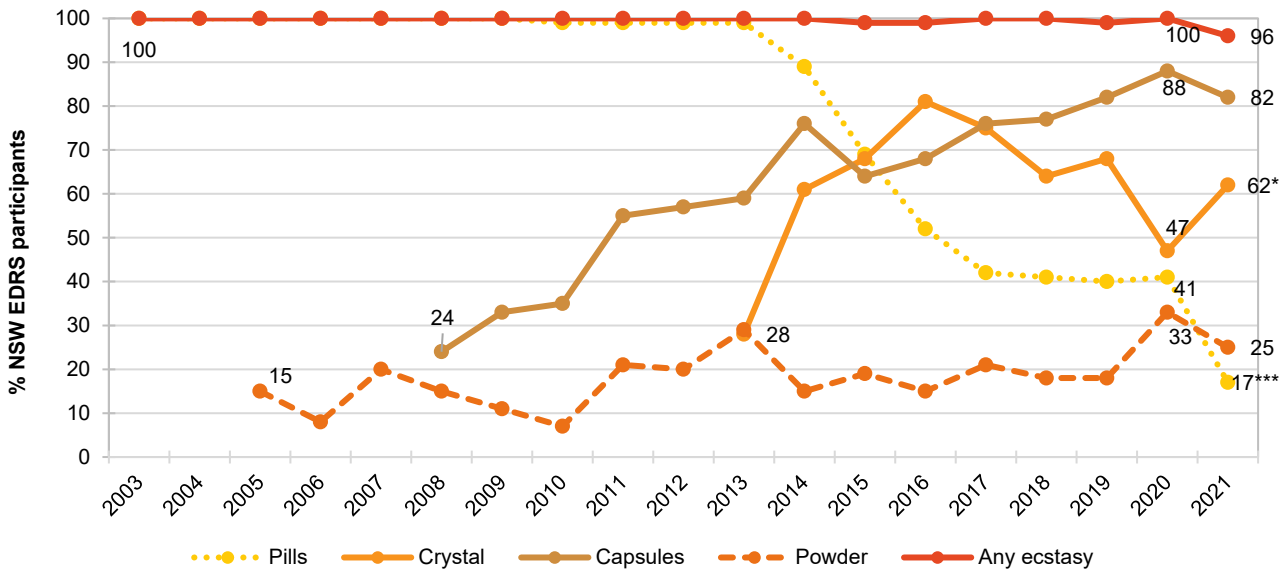
The majority (96%) of the NSW sample had recently consumed ecstasy in any form in 2021 (100% in 2020; p=0.120). This was consistent with previous years and reflects the interview eligibility criteria (see Methods; Figure 7).

Capsules have been the most commonly consumed form of ecstasy since 2017, with 82% of the sample reporting recent use in 2021 (88% in 2020; p=0.281). This was followed by crystal, which increased significantly between 2020 (47%) and 2021 (62%; p=0.046). Conversely, there was a significant decline in the per cent reporting recent use of pills between 2020 (41%) and 2021 (17%; p<0.001; Figure 7).

Frequency of Use

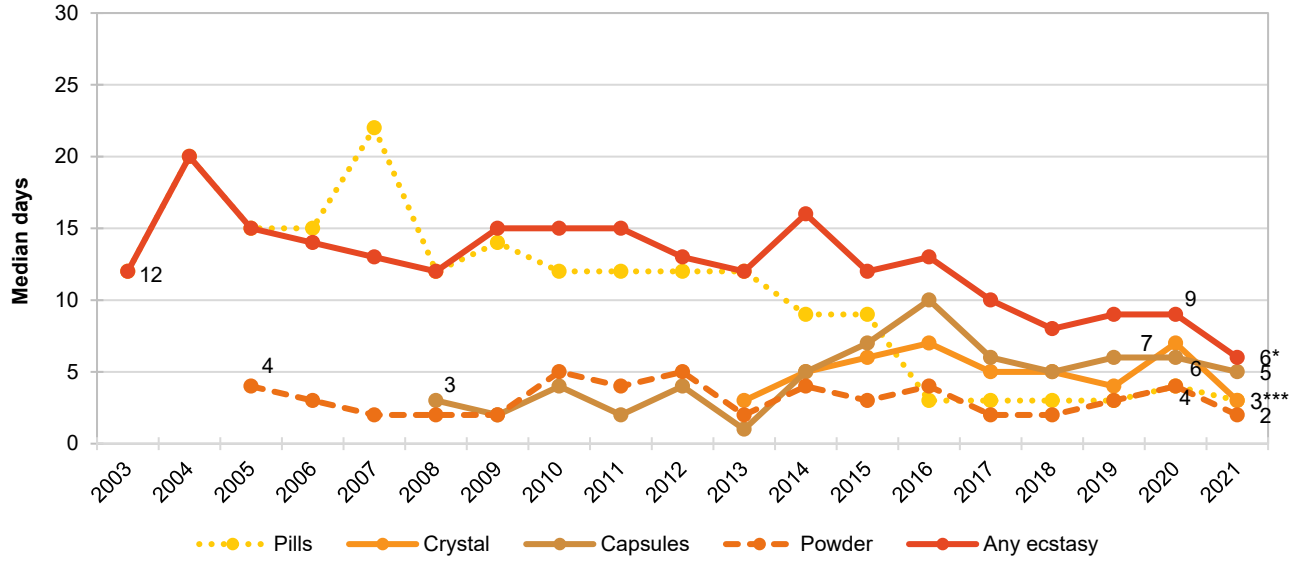
Participants reported using any form of ecstasy on a median of six days (IQR=4-12; n=95; Figure 8) in the six months preceding interview, a significant decline from nine days in 2020 (IQR=6-20; p=0.016). Similarly, the per cent of participants who reported weekly or more frequent use declined from 21% in 2020 to 9% in 2021 (p=0.039).

Figure 7: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, NSW, 2003-2021



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 Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels are only provided for the first (2003, 2005, 2008, 2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 8: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, NSW, 2003-2021



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 30 days to improve visibility of trends. Data labels are only provided for the first (2003, 2005, 2008, 2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Since 2013, the per cent reporting recent use of pills has declined considerably. Indeed, in 2021, the per cent of the NSW sample who reported recent use of pills declined from 41% in 2020 to 17% in 2021 ($p<0.001$; Figure 7). This is the lowest percentage observed since monitoring began.

Frequency of Use: Ecstasy pills were consumed on a median of three days in the previous six months (IQR=2-5; n=17; 4 days in 2020, IQR=2-10; $p=0.234$; Figure 8).

Routes of Administration: Swallowing remained the main route of administration for pills in 2021 (88%; n=17; 98% in 2020; $p=0.406$). This was followed by snorting (29%; 24% in 2020; $p=0.906$).

Quantity: The median number of pills consumed in a 'typical' session was two (IQR=1.5-2; n=17), stable compared to 2020 (2 pills; IQR=1-2.5; $p=0.986$). The median 'maximum' amount reported in one session was also two pills (IQR=2-4; n=17), stable from 2020 (2 pills, IQR=1-4.3; $p=0.909$).

Ecstasy Capsules

Recent Use (past 6 months): Capsules were the most commonly consumed form of ecstasy in 2021, with 82% of the NSW sample reporting recent use (88% in 2020; $p=0.281$; Figure 7).

Frequency of Use: Capsules were the most frequently used form of ecstasy among the NSW sample, with a median of five days (IQR=3-8; n=81) of use in the past six months (6 days in 2020; IQR=3-12; $p=0.098$; Figure 8).

Routes of Administration: Of those who responded (n=81), all (100%) participants reported swallowing capsules in the six months preceding the interview (98% in 2020, $p=0.524$). This was followed by snorting (23%; 23% in 2020).

Quantity: The median number of capsules consumed in a 'typical' session was two (IQR=1-3; n=81; 2 capsules in 2020; IQR=2-4; $p=0.004$). The median 'maximum' amount reported in one session was three capsules (IQR=2-4; n=81; 3 capsules in 2020; IQR=2-5; $p=0.081$).

Contents of Capsules: Of those participants who had recently used capsules and commented (n=80), most (71%) reported that their last capsule contained crystal, whilst 29% reported that it contained powder, and 10% reported that they did not look at the contents.

Ecstasy Crystal

Recent Use (past 6 months): Two-thirds or more of the sample reported recent crystal use between 2014 to 2019, before declining sharply in 2020. In 2021, recent use of crystal among the NSW sample significantly increased from 47% in 2020 to 62% in 2021 ($p=0.046$), returning to similar levels of use observed in 2019 (Figure 7).

Frequency of Use: Frequency of crystal use in the six months preceding the interview significantly decreased from seven days in 2020 (IQR=4-16) to three days in 2021 (IQR=2-6; n=61; $p<0.001$; Figure 8).

Routes of Administration: Consistent with previous years, of those who had recently used crystal (n=61), the majority (90%; 75% in 2020; $p=0.063$) reported swallowing, and almost half (46%) reported snorting (50% in 2020; $p=0.816$).

Quantity: The median amount of crystal consumed in a 'typical' session significantly decreased from 0.40 grams in 2020 (IQR=0.20-0.50) to 0.20 grams in 2021 (IQR=0.20-0.40; n=48; $p=0.007$). Similarly, the median 'maximum' amount of crystal consumed in a session significantly decreased from 0.80 grams in 2020 (IQR=0.30-1.00) to 0.40 grams in 2021 (IQR=0.20-0.50; n=48; $p=0.001$).

Ecstasy Powder

Recent Use (past 6 months): Powder was the least commonly used form of ecstasy reported by participants between 2005 and 2020. In 2021, the per cent of participants reporting recent use of

powder surpassed pills for the first time since monitoring began, with 25% of the sample reporting recent use (33% in 2020; *p*=0.290; Figure 7).

Frequency of Use: Participants reported using powder on a median of two days in the past six months (IQR=1-4; n=25), stable compared to 2020 (4 days; IQR=2-6; *p*=0.208; Figure 8).

Routes of Administration: An equal per cent of participants reported consuming powder by swallowing (72%; 50% in 2020; *p*=0.152) and snorting (72%; 76% in 2020; *p*=0.931).

Quantity: In a 'typical' session, participants reported consuming a median of 0.20 grams (IQR=0.20-0.30; n=15; 0.40 grams in 2020; IQR=0.20-0.80; *p*=0.206). The median 'maximum' amount consumed in a session was 0.40 grams (IQR=0.20-0.50; n=15; 0.60 grams in 2020; IQR=0.30-1.50; *p*=0.271).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of an ecstasy pill was $28 in 2021 (IQR=21-53; n=6), stable from 2020 ($25; IQR=20-33; *p*=0.252; Figure 9).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2020 and 2021 (*p*=0.405). Among those who were able to comment in 2021 (n=26), 23% reported purity to be 'high' (41% in 2020) and 27% (22% in 2020) reported purity to be 'medium' (Table 2).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2020 and 2021 (*p*=0.892). Among those who were able to comment in 2021 (n=27), 37% perceived ecstasy pills to be 'easy' to obtain (35% in 2020), while 30% perceived them to be 'difficult' to obtain (33% in 2020; Table 2).

Ecstasy Capsules

Price: The median price per capsule increased from $20 in 2020 (IQR=20-20) to $25 in 2021 (IQR=20-25; n=24; *p*<0.001), returning to the same median price observed from 2016 to 2019 (Figure 9).

Perceived Purity: The perceived purity of capsules remained stable between 2020 and 2021 (*p*=0.261). Of those who could comment in 2021 (n=81), 32% perceived purity to be 'high' (41% in 2020), and 36% reported purity to be 'medium' (24% in 2020). Conversely, less than one-tenth (9%) perceived purity to be 'low' (n≤5 in 2020; Table 2).

Perceived Availability: The perceived availability of capsules remained stable between 2020 and 2021 (*p*=0.336). Among those who were able to comment in 2021 (n=80), 55% perceived capsules to be 'easy' (48% in 2020) to obtain and 29% perceived them to be 'very easy' (40% in 2020) to obtain. Conversely, 15% reported that capsules were 'difficult' to obtain in 2021 (12% in 2020; Table 2).

Ecstasy Crystal

Price: The median price for a gram of ecstasy crystal significantly increased from $133 in 2020 (IQR=100-200) to $200 in 2021 (IQR=178-220; n=27; *p*<0.001), returning to the same median price observed in 2019. No participants reported on the price per point of crystal in 2021 (Figure 10).

Perceived Purity: A significant change was observed in the perceived purity of ecstasy crystal between 2020 and 2021 (*p*=0.040). Among those who were able to comment in 2021 (n=51), 47% perceived purity to be 'medium', an increase from 32% in 2020. Conversely, less participants perceived crystal to be of 'high' purity in 2021 (31%; 48% in 2020; Table 2).

Perceived Availability: The perceived availability of ecstasy crystal remained stable between 2020 and 2021 (*p*=0.544). Among those who commented in 2021 (n=51), the largest per cent reported crystal to be 'easy' (45%; 44% in 2020) to obtain, followed by 'very easy' (35%; 35% in 2020) to obtain. Conversely, 20% reported crystal to be 'difficult' to obtain in 2021 (16% in 2020; Table 2).

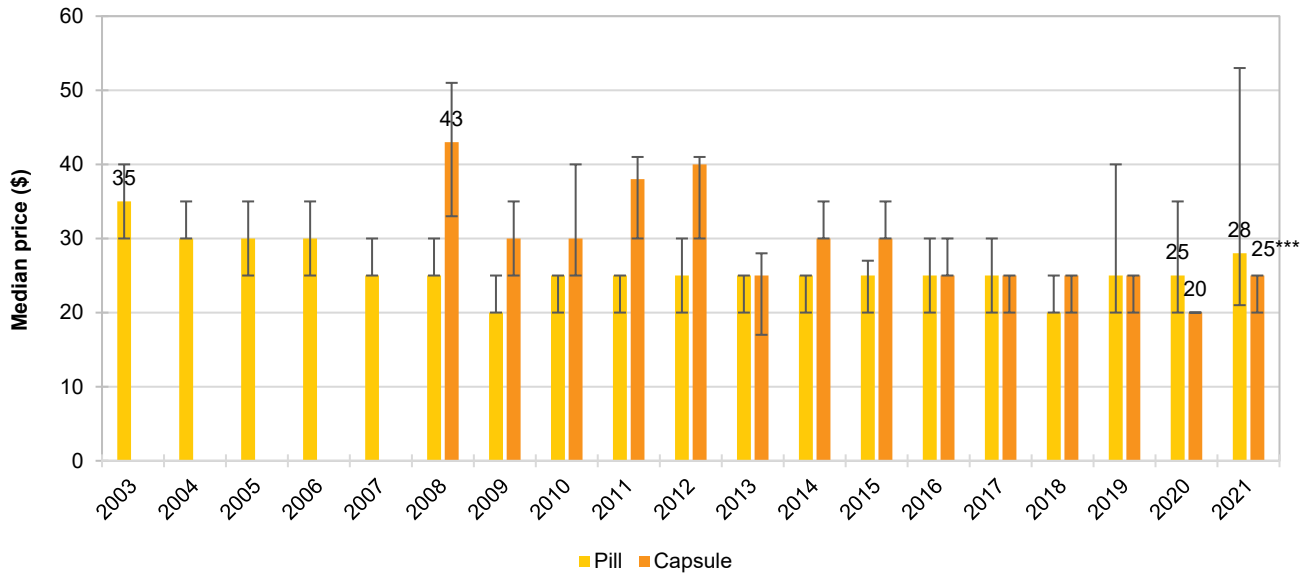
Ecstasy Powder

Price: The median price for a gram of powder significantly increased from $100 in 2020 (IQR=88-133) to $200 in 2021 (IQR=165-200; n=7; *p*=0.001), returning the same median price per gram observed in 2019. No participants commented on the price per point of powder in 2021 (Figure 10).

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2020 and 2021. Among those who commented in 2021 (n=16), 56% perceived powder to be of 'medium' purity (n≤5 in 2020; Table 2).

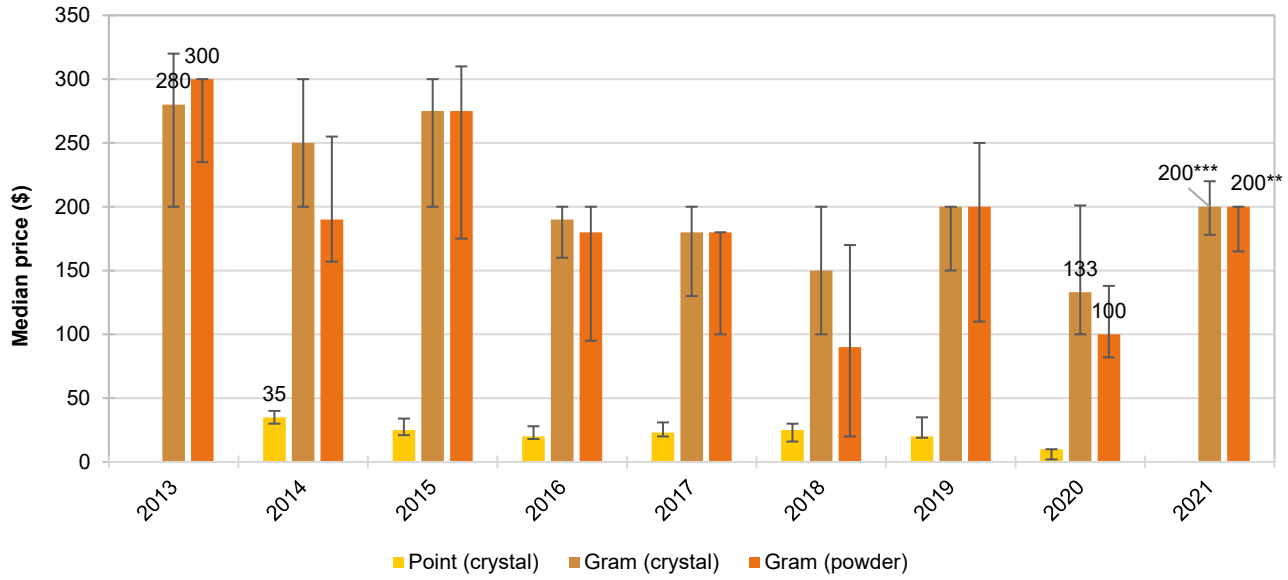
Perceived Availability: The perceived availability of ecstasy powder remained stable between 2020 and 2021. Among those who commented in 2021 (n=16), 44% reported ecstasy powder to be 'very easy' to obtain (33% in 2020; Table 2).

Figure 9: Median price of ecstasy pill and capsule, NSW, 2003-2021



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003, 2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 10: Median price of ecstasy crystal per point and gram and powder per gram, NSW, 2013-2021



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. No participants reported price data for a 'point' of ecstasy crystal in 2021. Data labels are only provided for the first (2013, 2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 2: Current perceived purity and availability of ecstasy pills, capsules, crystal and powder, NSW, 2018-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	(n=43)	(n=45)	(n=49)	(n=46)	**(n=26)**
Low	-	-	-	13	**-**
Medium	23	29	22	22	**27**
High	14	31	41	41	**23**
Fluctuates	51	33	29	24	**38**
% Capsules	(n=74)	(n=77)	(n=94)	(n=88)	**(n=81)**
Low	14	-	-	-	**9**
Medium	30	44	31	24	**36**
High	15	30	34	41	**32**
Fluctuates	42	20	31	30	**23**
% Crystal	(n=61)	(n=59)	(n=69)	(n=44)	**(n=51)***
Low	-	-	-	0	**-**
Medium	26	27	33	32	**47**
High	30	58	49	48	**31**
Fluctuates	39	12	13	20	**12**
% Powder	(n=8)	(n=10)	(n=16)	(n=17)	**(n=16)**
Low	-	-	-	0	**-**
Medium	-	70	63	-	**56**
High	-	-	-	-	**-**
Fluctuates	-	-	-	-	**-**
Current Perceived Availability					
% Pills	(n=42)	(n=47)	(n=50)	(n=49)	**(n=27)**
Very easy	31	21	-	27	**22**
Easy	36	34	40	35	**37**
Difficult	26	40	40	33	**30**
Very difficult	-	-	-	-	**-**
% Capsules	(n=76)	(n=79)	(n=94)	(n=85)	**(n=80)**
Very easy	63	60	55	40	**29**
Easy	28	35	39	48	**55**
Difficult	9	5	-	12	**15**
Very difficult	0	0	-	0	**-**
% Crystal	(n=61)	(n=58)	(n=68)	(n=43)	**(n=51)**
Very easy	48	41	34	35	**35**
Easy	41	35	44	44	**45**
Difficult	12	22	22	16	**20**
Very difficult	0	-	0	-	**0**
% Powder	(n=9)	(n=11)	(n=16)	(n=18)	**(n=16)**
Very easy	-	-	-	33	**44**
Easy	78	-	69	-	**-**
Difficult	-	-	-	33	**-**
Very difficult	-	-	0	-	**0**

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

4

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 National EDRS Report for national trends, or contact the Drug Trends team.

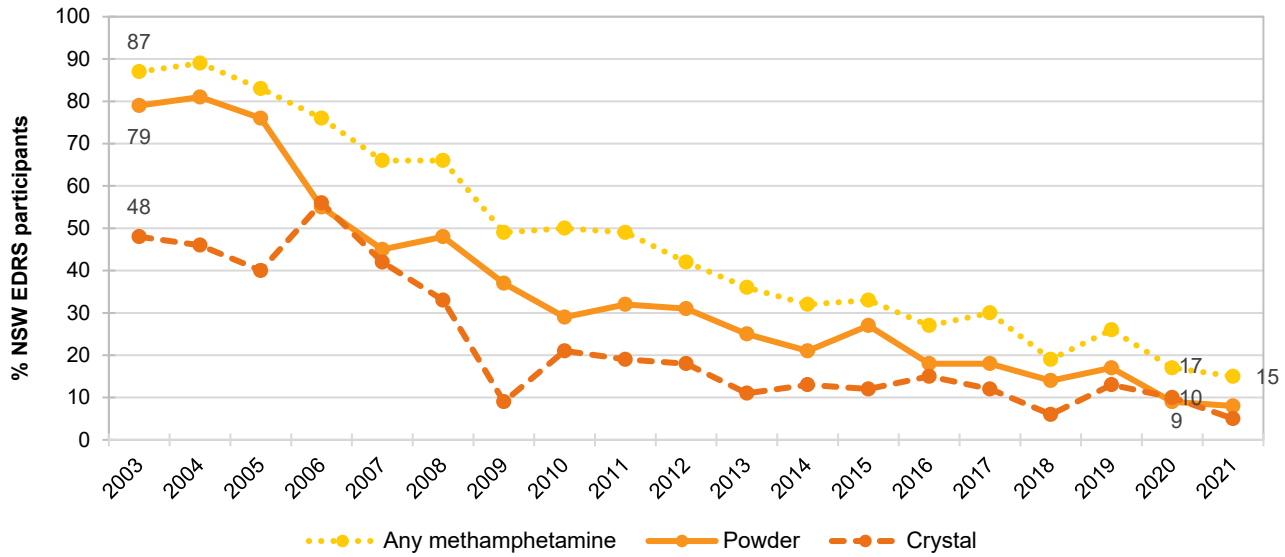
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began, from 87% in 2003 to 17% in 2020. In 2021, 15% of the NSW sample reported recent use (p=0.944; Figure 11).

Frequency of Use

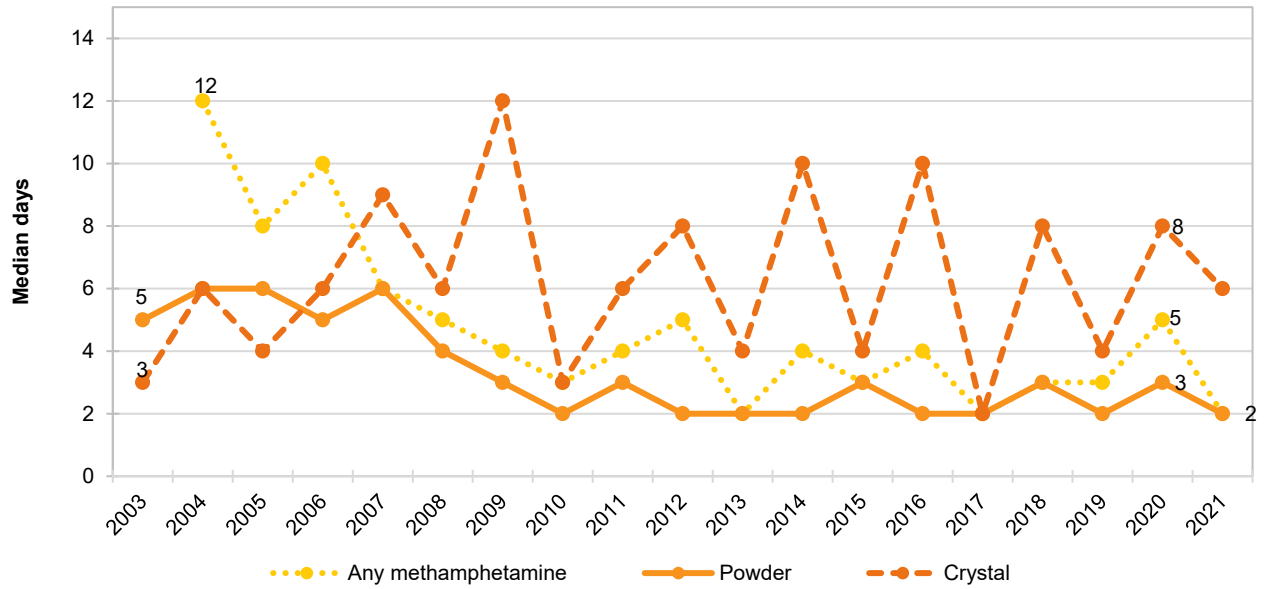
Frequency of any methamphetamine use peaked in 2004 and has since fluctuated considerably over time. In 2021, the median frequency of use was reported to be two days in the six months preceding interview (IQR=2-8; n=15; 5 days in 2020; IQR=3-24; p=0.068; Figure 12). Few participants (n≤5) reported weekly or more frequent use of any methamphetamine in 2021.

Figure 11: Past six month use of any methamphetamine, powder, and crystal, NSW, 2003-2021



Note. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 12: Median days of any methamphetamine, powder, and crystal use in the past six months, NSW, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Methamphetamine powder has been the most commonly used form of methamphetamine since monitoring began. However, the per cent of the NSW sample reporting recent methamphetamine powder use has declined considerably from 79% in 2003 to 8% in 2021 (9% in 2020; Figure 11).

Frequency of Use: Methamphetamine powder was used on a median of two days (IQR=2-7; n=8) in 2021, stable from three days in 2020 (IQR=2-7; p=0.556; Figure 12). No participants reported weekly or more frequent use of methamphetamine powder (13% in 2020).

Routes of Administration: The majority (88%) of those who had recently used methamphetamine powder reported snorting it (63% in 2020; p=0.121). Few participants (n≤5) reported swallowing the substance in 2021, and therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: In 2021, few (n≤5) participants reported on the median 'typical' amount of methamphetamine powder used per session. Of those who reported recent use and responded (n=6), the median maximum amount used was 0.40 grams (IQR=0.20-0.90; 1.00 gram in 2020; IQR=1.00-2.00; p=0.061).

Methamphetamine Crystal

Recent Use (past 6 months): In 2021, few participants (n≤5) reported recent use of methamphetamine crystal, the lowest observed since monitoring began. In 2020, 10% of the NSW sample reported recent use of methamphetamine crystal (p=0.320; Figure 11).

Few participants (n≤5) reported on frequency of methamphetamine crystal use (Figure 12), routes of administration, and quantity used in 2021 and, therefore these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

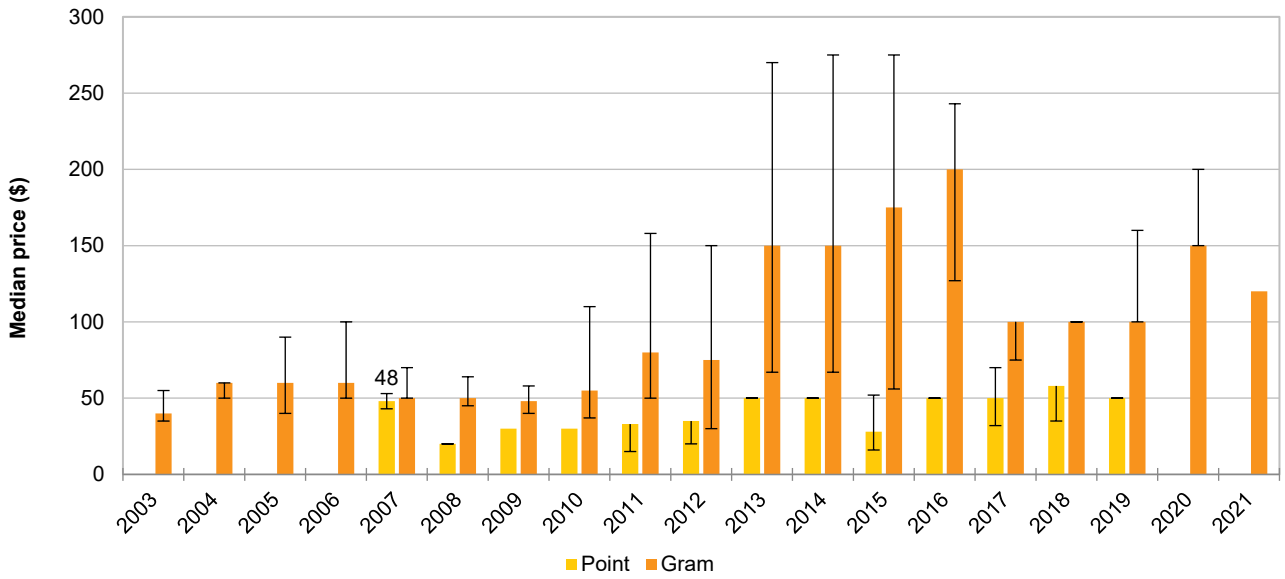
Methamphetamine Powder

Few participants (n≤5) commented on the price (Figure 13), perceived purity (Figure 14), and perceived availability (Figure 15) of methamphetamine powder, and therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

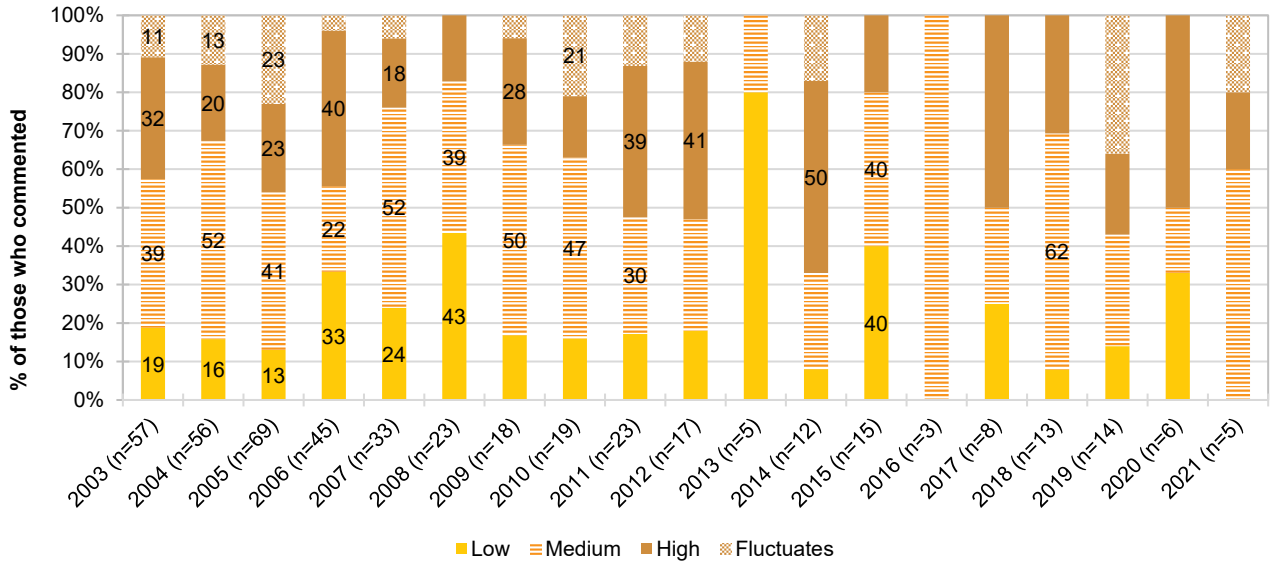
Few participants (n≤5) commented on the price, perceived purity, and perceived availability of methamphetamine crystal, and therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 13: Median price of methamphetamine powder per point and gram, NSW, 2003-2021



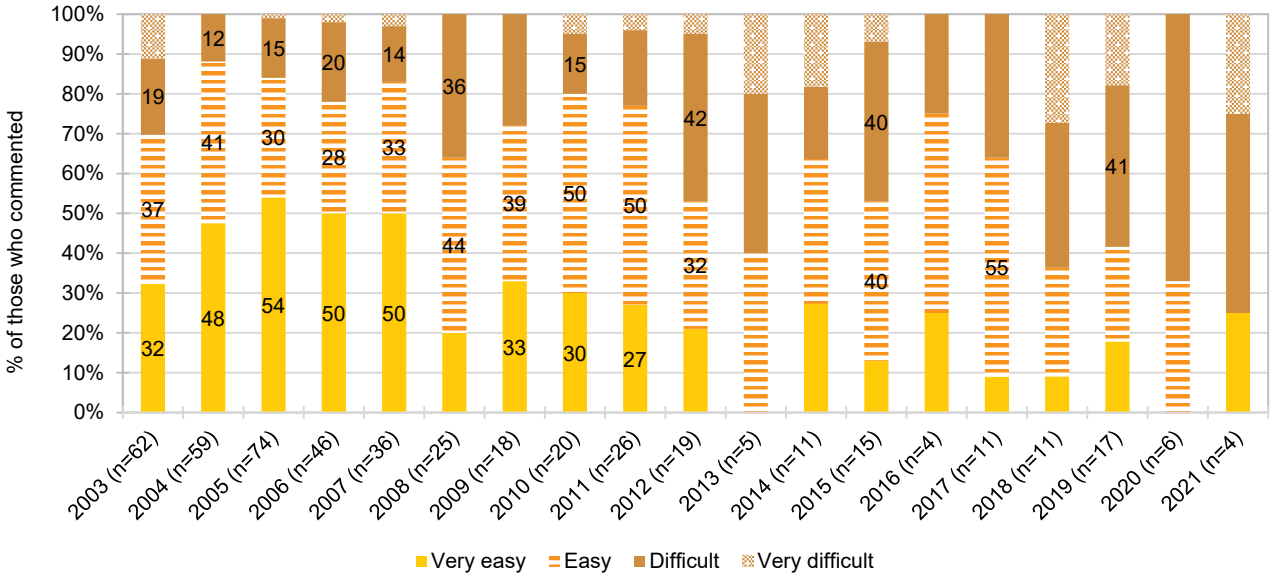
Note. Among those who commented. No participants reported on the price per point in 2020 and 2021. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 14: Current perceived purity of methamphetamine powder, NSW, 2003-2021



Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 15: Current perceived availability of methamphetamine powder, NSW, 2003-2021



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

A gradual increase in recent cocaine use has been observed since 2013. In 2021, recent cocaine use significantly increased from 83% in 2020 to 94% in 2021 (p=0.034), the largest per cent observed since monitoring began (Figure 16).

Frequency of Use

Frequency of use was reported to be a median of six days (IQR=3-12; n=93) in the six months preceding interview (5 days in 2020; IQR=2-10; p=0.134; Figure 16), with 10% reporting weekly or more frequent use (n=9; 7% in 2020; p=0.703).

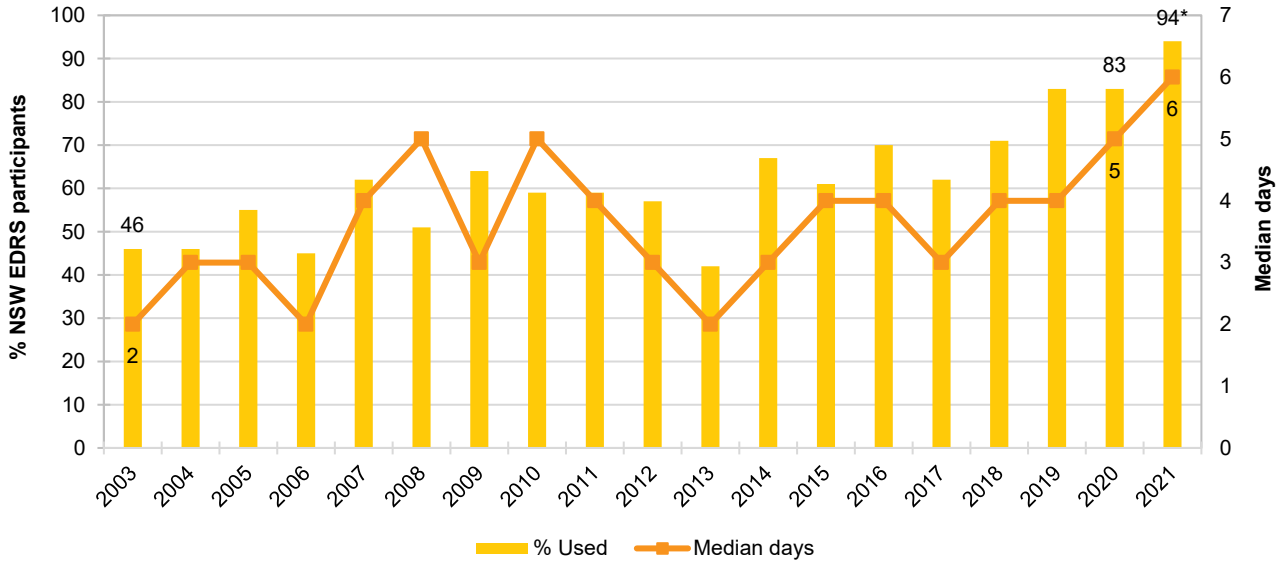
Routes of Administration

Of those who had recently used cocaine and commented (n=93), the majority (99%) reported snorting cocaine, consistent with previous years (100% in 2020).

Quantity

The median amount of cocaine consumed in a 'typical' session was 0.50 grams in 2021 (IQR=0.30-0.90; n=63; 0.50 grams in 2020; IQR=0.30-1.00; p=0.029). In a 'maximum' session, the median intake in 2021 was 0.70 grams (IQR=0.40-1.10; n=67; 1.00 gram in 2020; IQR=0.50-2.00; p=0.054).

Figure 16: Past six month use and frequency of use of cocaine, NSW, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 7 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

The median price for a gram of cocaine has been consistent since 2008. Similarly, the price per gram of cocaine in 2021 was reported to be $300 (IQR=250-300; n=32; $300 in 2020; IQR=250-300; p=0.771; Figure 17).

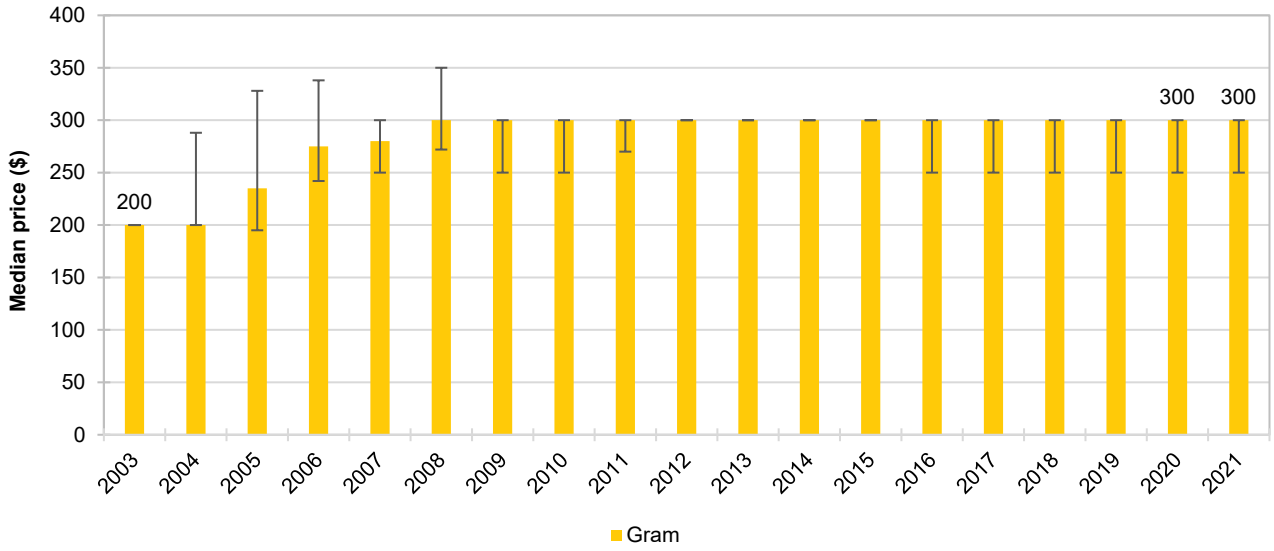
Perceived Purity

The perceived purity of cocaine remained stable between 2020 and 2021 (p=0.859). Among those who commented in 2021 (n=78), the largest per cent reported purity to be 'low' (35%; 30% in 2020), followed by 'medium' (28%; 32% in 2020). Eighteen per cent perceived the purity of cocaine to be 'high' (21% in 2020; Figure 18).

Perceived Availability

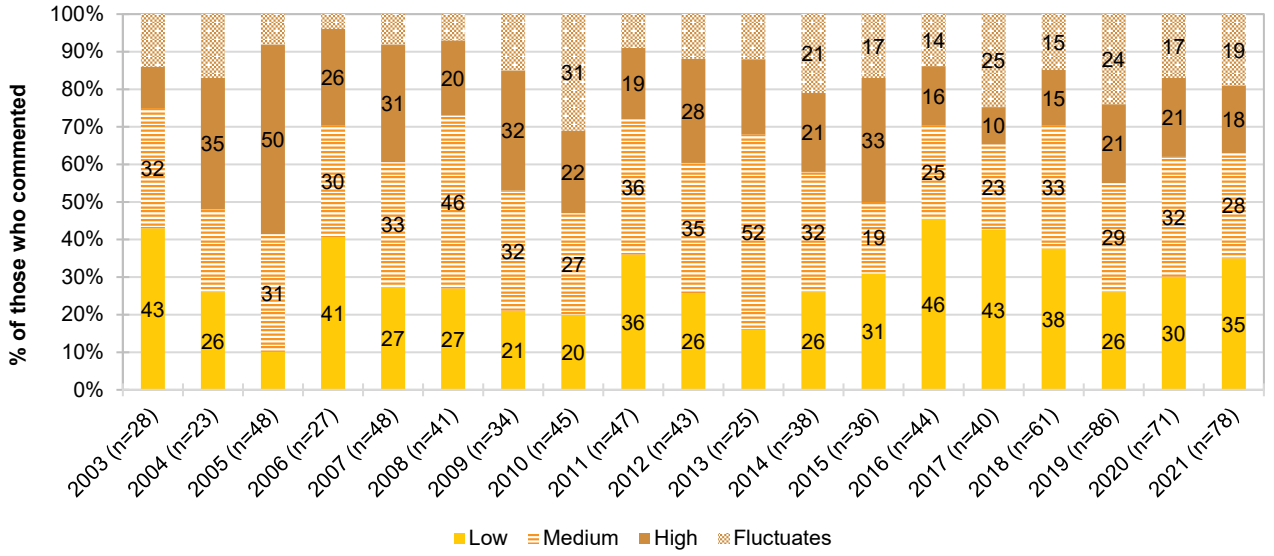
In 2021, the perceived availability of cocaine remained stable from 2020 (p=0.081). Among those who commented in 2021 (n=77), the largest per cent reported cocaine to be 'very easy' to obtain (44%; 28% in 2020), followed by 'easy' (40%; 46% in 2020) to obtain. Sixteen per cent reported cocaine to be 'difficult' to obtain (26% in 2020; Figure 19).

Figure 17: Median price of cocaine per gram, NSW, 2003-2021



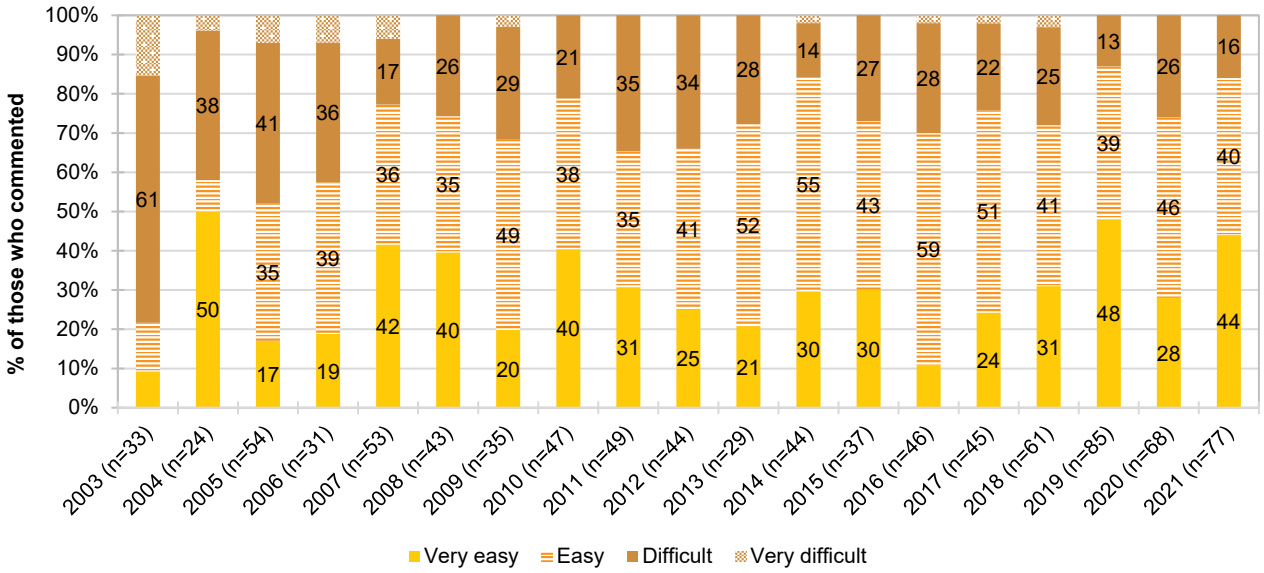
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 18: Current perceived purity of cocaine, NSW, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 19: Current perceived availability of cocaine, NSW, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

6

Cannabis

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

Patterns of Consumption (by form)

Recent Use (past 6 months)

Since monitoring began, at least seven-in-ten participants have reported recent use of cannabis. In 2021, 88% of NSW participants reported recent cannabis use, stable from 88% in 2020 (Figure 20).

Frequency of Use

The median frequency of use for cannabis has fluctuated considerably since monitoring began, ranging between 15 and 72 days in the six months preceding interview (Figure 20). In 2021, participants reported using cannabis on a median of 40 days (IQR=6-140; n=87; 70 days in 2020; IQR=10-147; p=0.304). Among those who were able to respond (n=52), three-fifths (60%) reported weekly or more frequent use (68% in 2020; p=0.314), with 18% reporting daily use (16% in 2020; p=0.890).

Routes of Administration

Consistent with previous years, the most common route of administration reported by participants who had recently used cannabis was smoking (98%, 98% in 2020). The per cent of participants who reported inhaling or vaporising cannabis significantly decreased from 53% in 2020 to 37% in 2021 (p=0.047), and a further 34% reported swallowing cannabis in 2021 (43% in 2020; p=0.321).

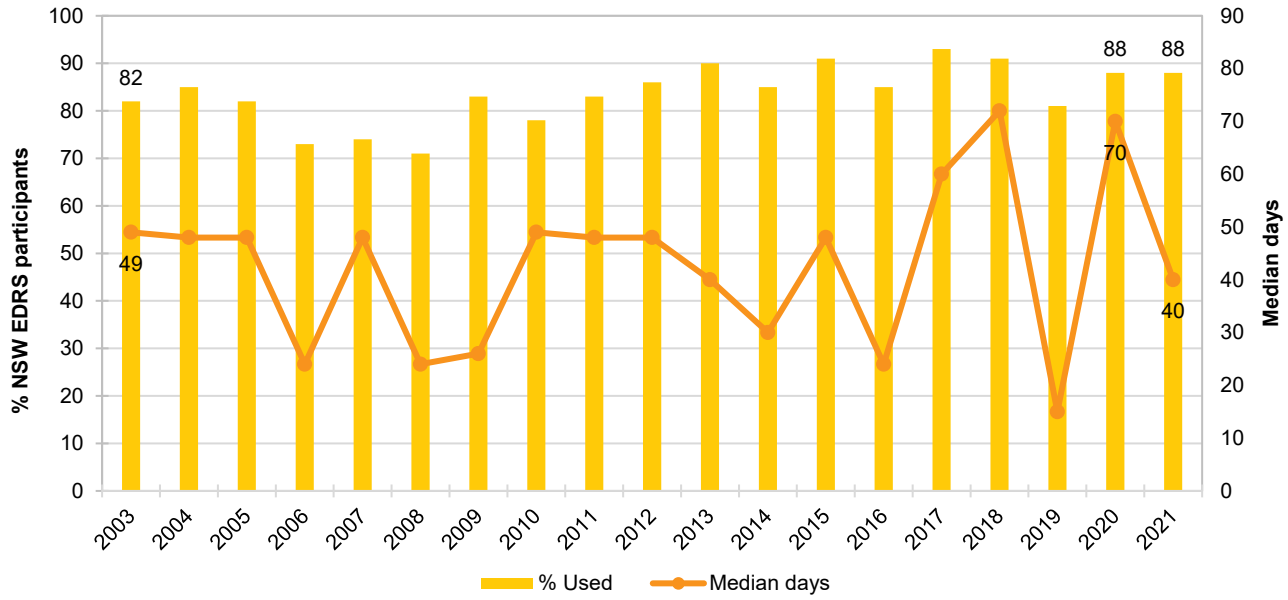
Quantity

On the last occasion of cannabis use, the median 'typical' amount used by participants significantly decreased from 1.30 grams (IQR=1.00-3.00) in 2020 to 0.80 grams in 2021 (IQR=0.50-1.00; n=26; p=0.003). The median 'typical' amount of cones and joints on the last occasion of use remained stable between 2020 and 2021, with one cone (IQR=1-3; n=33; 1.8 cones in 2020; IQR=1-2.3; p=0.654) and one joint (IQR=0.5-1.5; n=23; one joint in 2020; IQR=0.5-1; p=0.658) reported to be consumed on the last occasion of use in 2021.

Forms Used

Of those who reported recent use of cannabis and were able to comment (n=75), the majority (84%) reported consuming hydroponic cannabis (85% in 2020), followed by bush cannabis (63%; 66% in 2020; p=0.785), and pharmaceutical CBD oil (13%; not asked in 2020). Fewer participants reported consuming hash oil (11%; 8% in 2020) and hashish (8%; 17% in 2020; p=0.167).

Figure 20: Past six month use and frequency of use of cannabis, NSW, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends in days of use. Median days rounded to the nearest whole number. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price for an ounce of hydroponic cannabis was reported to be $365 (IQR=238-400) in 2021, the highest price observed since monitoring began ($335 in 2020; IQR=273-400; p=0.938). Few participants (n≤5) reported on the median price for one gram of hydroponic cannabis in 2021 ($20 in 2020; IQR=20-20; p=0.850; Figure 21).

Perceived Potency: There was a significant change in the perceived potency of hydroponic cannabis between 2020 and 2021 (p=0.018). Of those who commented in 2021 (n=40), 73% reported potency to be 'high', an increase from 44% in 2020. Conversely, a decrease was observed in participants reporting perceived potency to be 'medium' (20%; 27% in 2020) and 'low' (0%; 10% in 2020; Figure 22).

Perceived Availability: No statistically significant differences were observed in the perceived availability of hydroponic cannabis between 2020 and 2021 (p=0.146). Of those who commented in 2021 (n=41), the largest per cent reported hydroponic cannabis to be 'very easy' (63%; 43% in 2020) to obtain, followed by 'easy' (27%; 44% in 2020) to obtain (Figure 23).

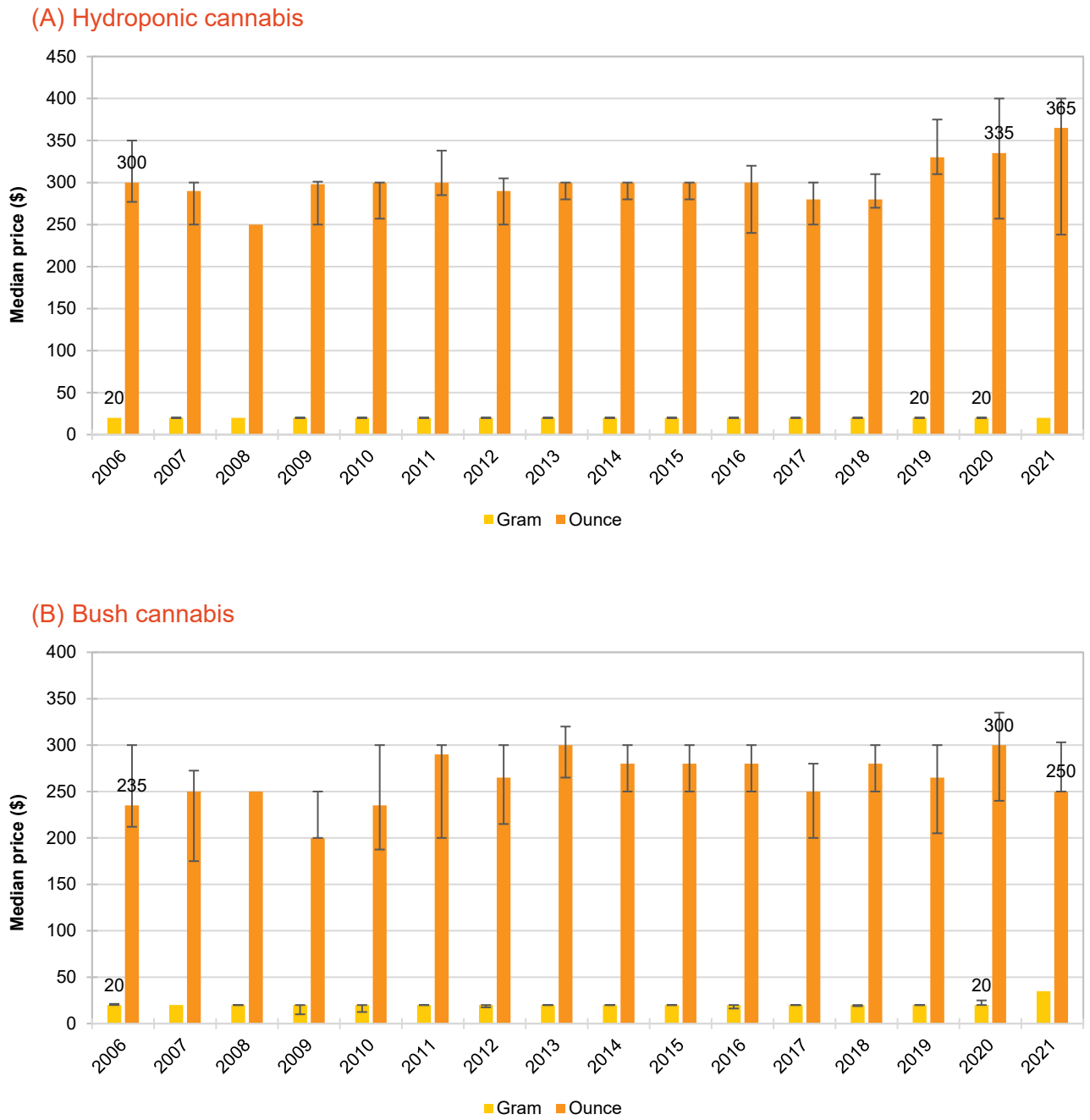
Bush Cannabis

Price: The median price for one ounce of bush cannabis peaked in 2013 and 2020, at $300. Whilst not statistically significant, the median price for one ounce of bush cannabis decreased to $250 in 2021 (IQR=250-303; n=6; $300 in 2020; IQR=250-320; p=0.655), returning to a similar median price observed in 2019. Few participants (n≤5) reported on the median price for one gram of bush cannabis ($20 in 2020; IQR=20-25; p=0.387; Figure 21).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2020 and 2021 (*p*=0.101). Among those who commented in 2021 (n=26), the largest per cent reported the potency of cannabis to be 'medium' (42%; 29% in 2020; Figure 22).

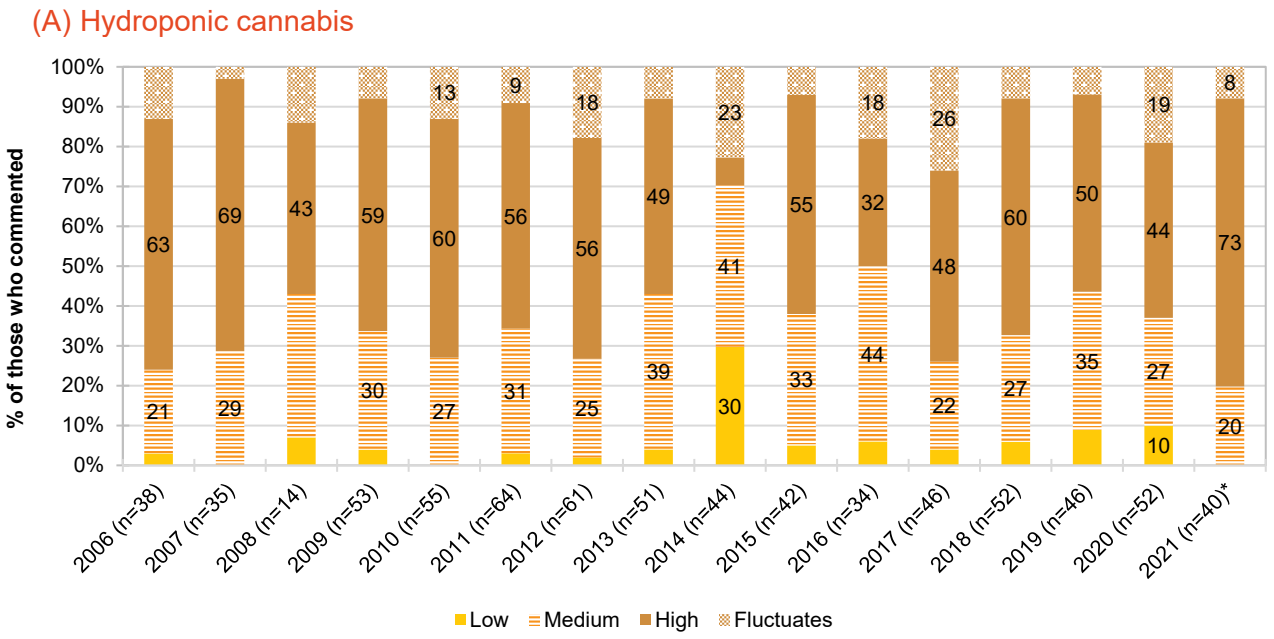
Perceived Availability: The perceived availability of bush cannabis remained stable between 2020 and 2021 (*p*=0.373). Among those who could comment (n=26), 54% reported the substance to be 'very easy' to obtain in 2021 (42% in 2020; Figure 23).

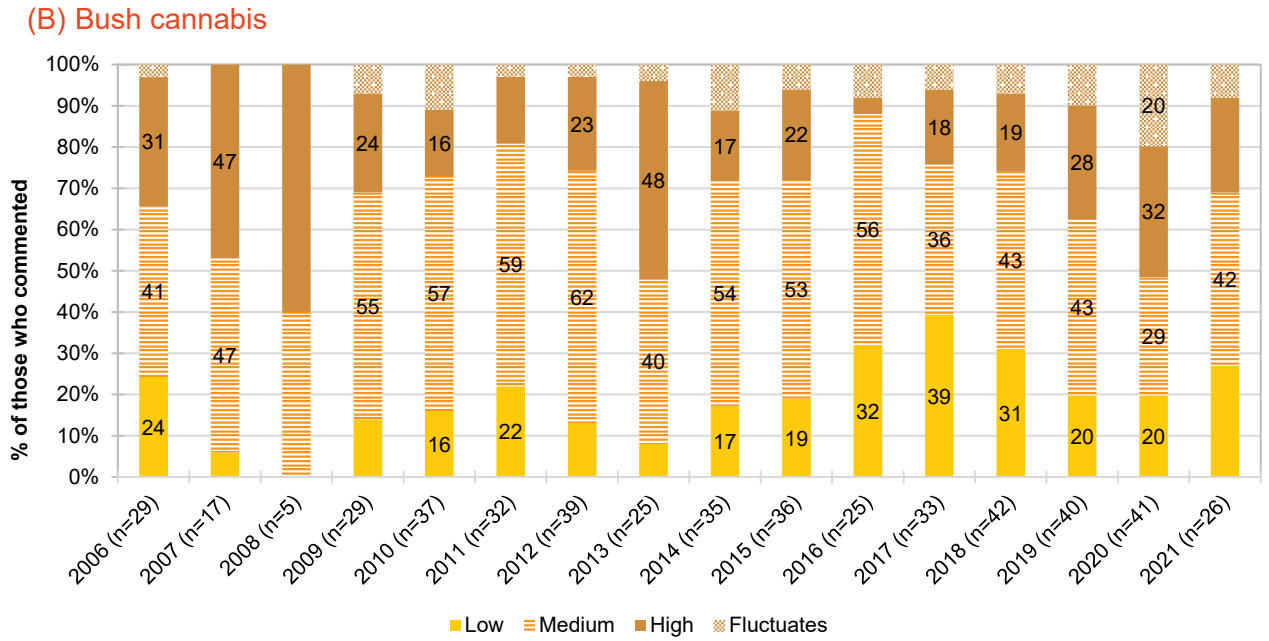
Figure 21: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NSW, 2006-2021



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 22: Current perceived potency of hydroponic (A) and bush (B) cannabis, NSW, 2006-2021





Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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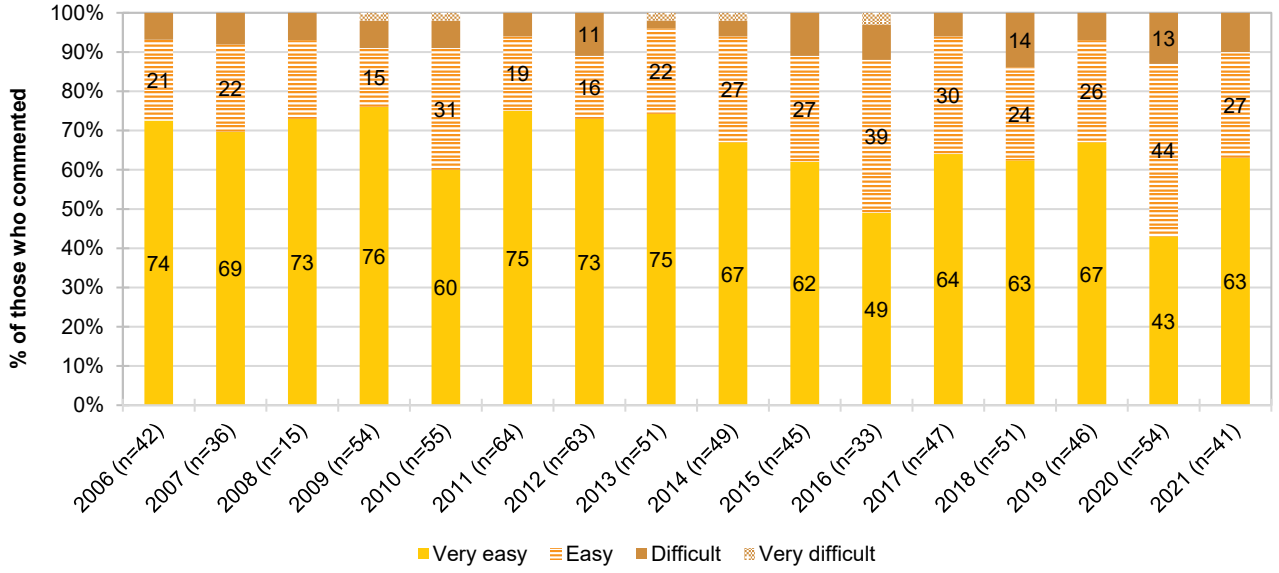
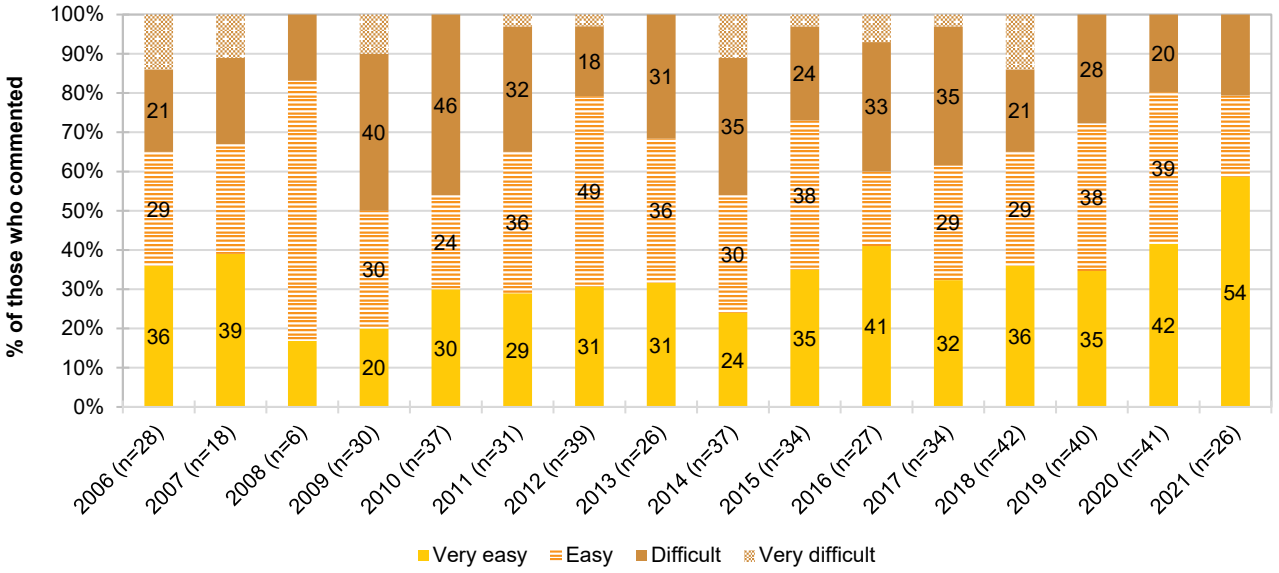
Figure 23: Current perceived availability of hydroponic (A) and bush (B) cannabis, NSW, 2006-2021

(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. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

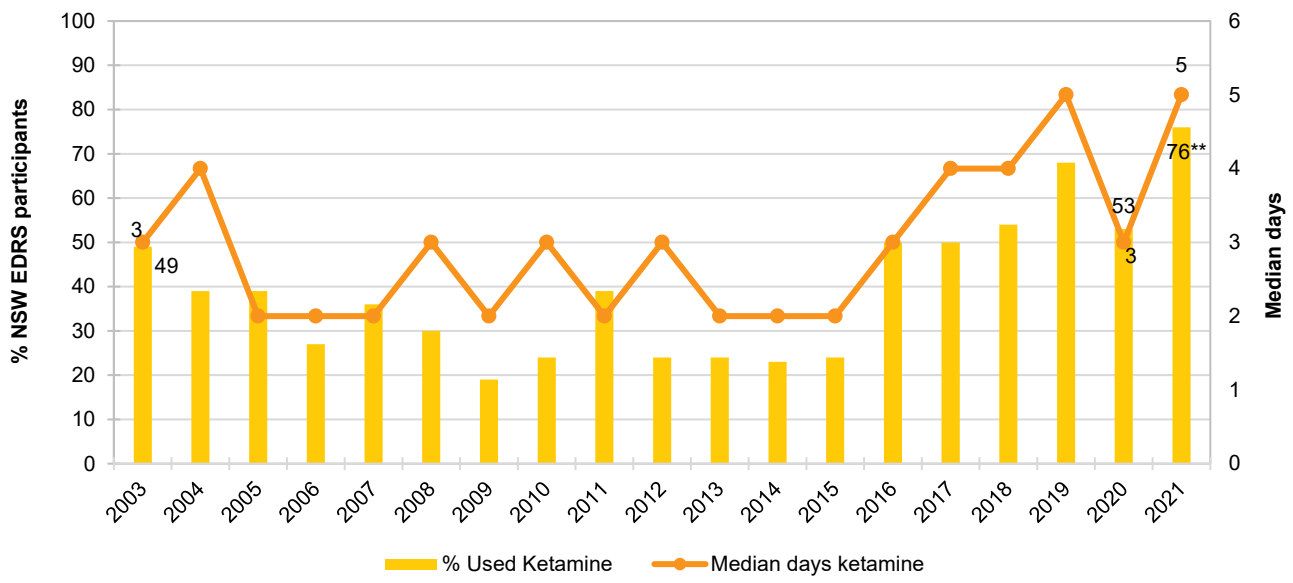
Recent Use (past 6 months): Following a decline between 2019 and 2020, recent use of ketamine significantly increased from 53% in 2020 to 76% in 2021 (*p*=0.002), the largest per cent observed since monitoring began (Figure 24).

Frequency of Use: Participants who had recently used ketamine and commented (n=75) reported using ketamine on a median of five days (IQR=2-10; 3 days in 2020; IQR=1-7; *p*=0.130) in the six months preceding the interview, returning to the same median frequency of use observed in 2019 (Figure 24).

Routes of Administration: Consistent with previous years, the most common route of administration among those who commented (n=75) was snorting (99%; 100% in 2020). No participants reported injecting (0%; 0% in 2020) ketamine in 2021.

Quantity: The median 'typical' and 'maximum' quantity of ketamine recently used remained stable between 2020 and 2021 (*p*=0.433 and *p*=0.527, respectively). Among those who commented in 2021 (n=48), the median 'typical' amount used per session was reported to be 0.30 grams (IQR=0.20-0.50; 0.50 grams in 2020; IQR=0.30-0.50) and the median 'maximum' amount per session was reported to be 0.50 grams (IQR=0.30-1.00; n=50; 0.50 grams in 2020; IQR=0.40-1.00).

Figure 24: Past six month use and frequency of use of ketamine, NSW, 2003-2021



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 6 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years

(2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

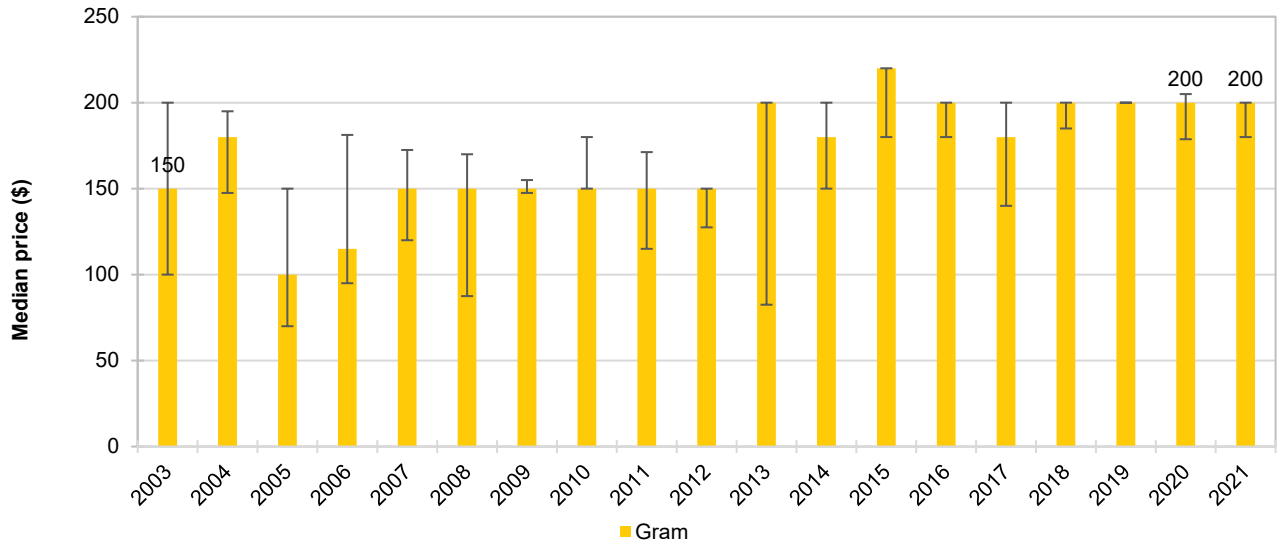
Price, Perceived Purity and Perceived Availability

Price: Since 2018, the median price per gram of ketamine has remained stable at $200. Consistent with previous years, the 2021 median price per gram of ketamine was reported by participants who commented (n=17) to be $200 (IQR=180-200; $200 in 2020; IQR=185-200; p=0.456; Figure 25).

Perceived Purity: The perceived purity of ketamine remained stable between 2020 and 2021 (p=0.361). Among those who commented in 2021 (n=54), 52% perceived the purity of ketamine to be 'high' (63% in 2020) and a further 30% perceived it to be 'medium' (29% in 2020; Figure 26).

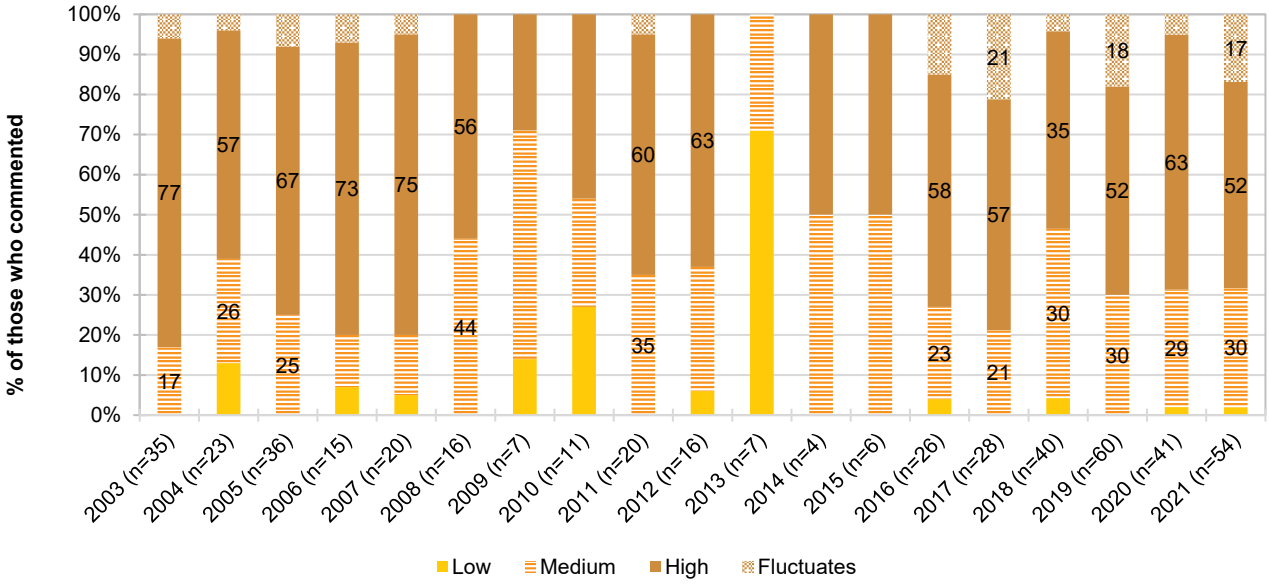
Perceived Availability: There was a significant change in the perceived availability of ketamine between 2020 and 2021 (p=0.006). Among those who responded in 2021 (n=55), 44% perceived ketamine to be 'difficult' to obtain, an increase from 38% in 2020. The second largest per cent perceived the availability of ketamine to be 'easy' (33%; 46% in 2020), followed by 'very easy' (22%; n≤5 in 2020; Figure 27).

Figure 25: Median price of ketamine per gram, NSW, 2003-2021



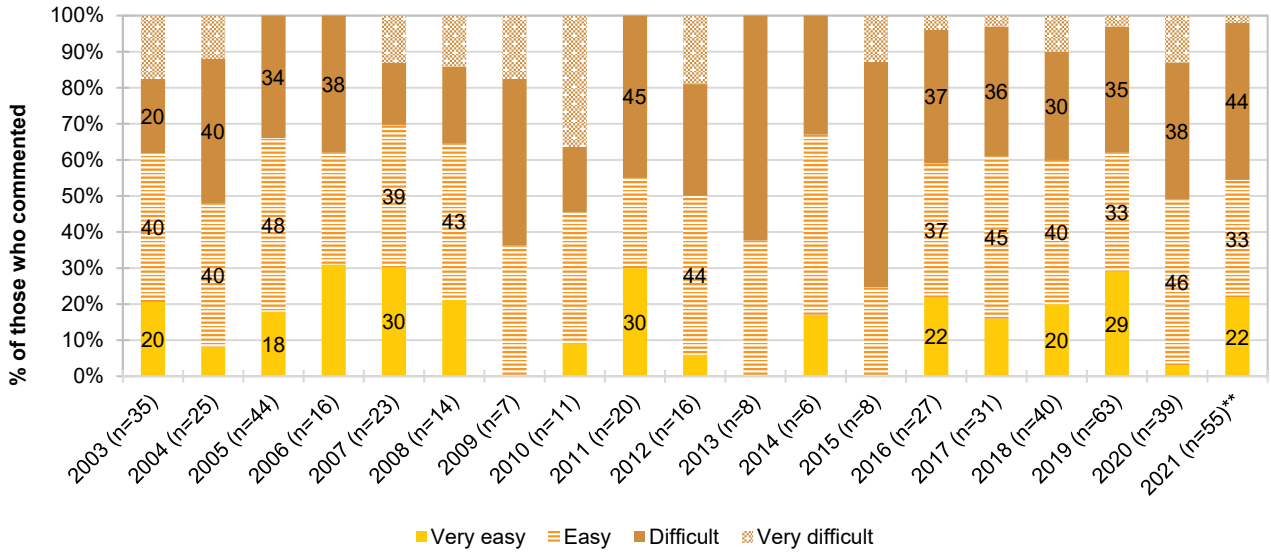
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 26: Current perceived purity of ketamine, NSW, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Figure 27: Current perceived availability of ketamine, NSW, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

LSD

Patterns of Consumption

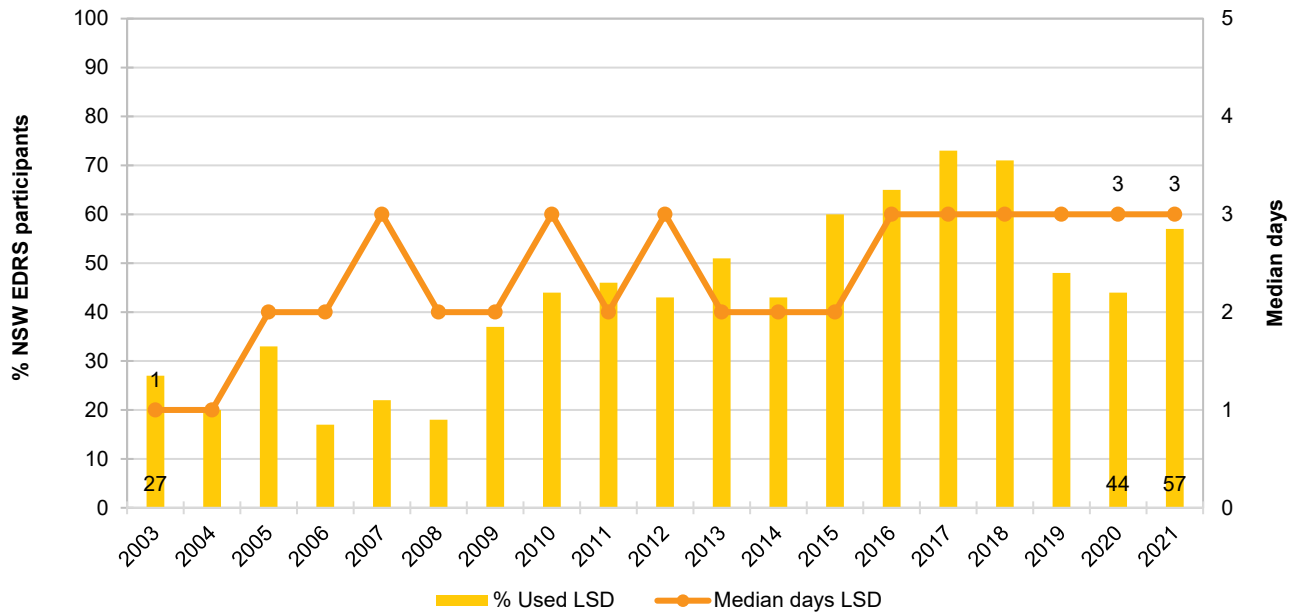
Recent Use (past 6 months): Recent use of LSD has fluctuated considerably since monitoring began, ranging between 17% to 73% of the NSW sample. In 2021, almost three-fifths (57%) of the sample reported recent use of LSD (44% in 2020; *p*=0.091; Figure 28).

Frequency of Use: Consistent with previous years, the median frequency of use in the six months preceding the interview was reported to be three days (IQR=2-5; n=56; 3 days in 2020; IQR=2-4; *p*=0.640; Figure 28).

Routes of Administration: All participants (100%) who reported recent use of LSD (n=56) reported swallowing the substance in 2021, consistent with previous years (100% in 2020).

Quantity: In 2021, the median amount used in a 'typical' session was one tab (IQR=0.50-1.00; n=35; one tab in 2020; IQR=0.50-1.30; *p*=0.101). Similarly, participants reported using a median of one tab (IQR=1-1; n=36; one tab in 2020; IQR=1.00-1.50; *p*=0.529) in a 'maximum' session.

Figure 28: Past six month use and frequency of use of LSD, NSW, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

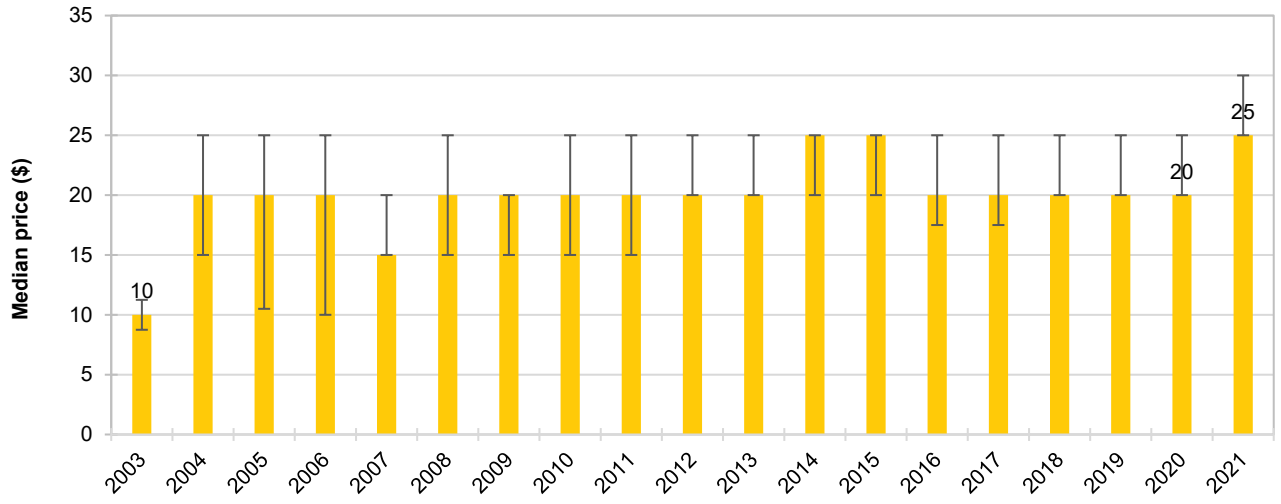
Price, Perceived Purity and Perceived Availability

Price: From 2016 to 2020, the median price for one tab of LSD remained stable at $20. While not statistically significant (*p*=0.368), the median price for one tab of LSD increased to $25 in 2021 (IQR=20-25; n=15; $20 in 2020; IQR=20-25; Figure 29).

Perceived Purity: The perceived purity of LSD remained stable between 2020 and 2021 (*p*=0.226). Among those who commented in 2021 (n=53), 55% considered purity to be 'high' (74% in 2020), followed by 25% perceiving it to be of 'medium' purity (12% in 2020). Seventeen per cent reported the purity of LSD to 'fluctuate' in 2021 (n≤5 in 2020; Figure 30).

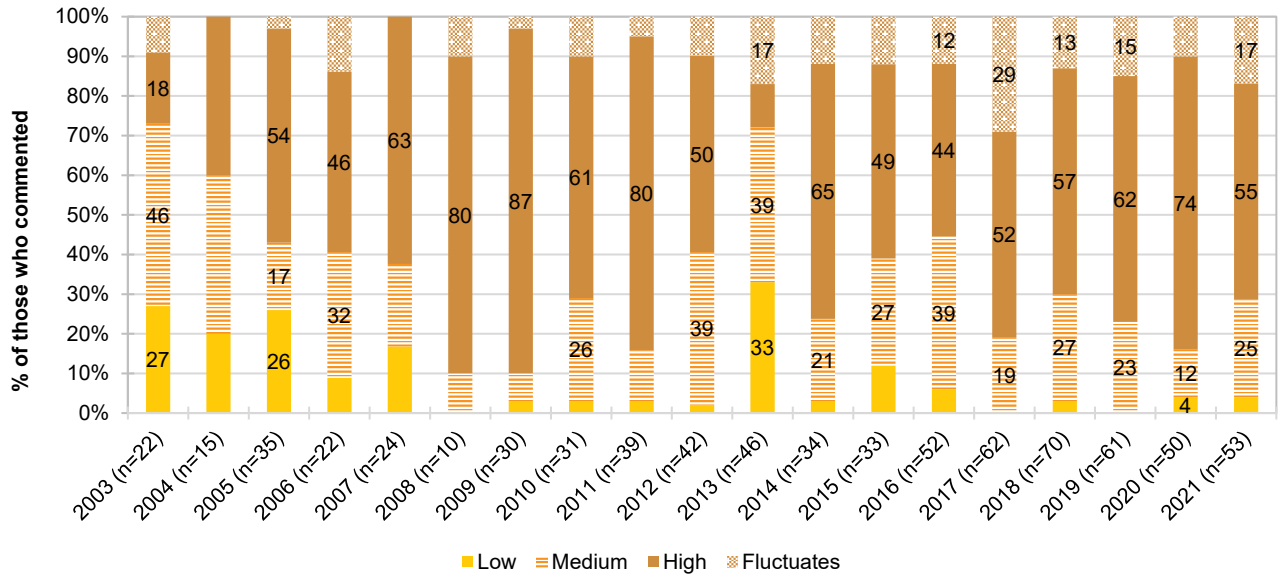
Perceived Availability: The perceived availability of LSD remained stable between 2020 and 2021 (*p*=0.712). Among those who commented in 2021 (n=55), the largest per cent (47%) considered LSD to be 'difficult' to obtain (36% in 2020). Conversely, almost one-third (31%) considered it to be 'easy' to obtain (38% in 2020), followed by 'very easy' (18%; 20% in 2020; Figure 31).

Figure 29: Median price of LSD per tab, NSW, 2003-2021



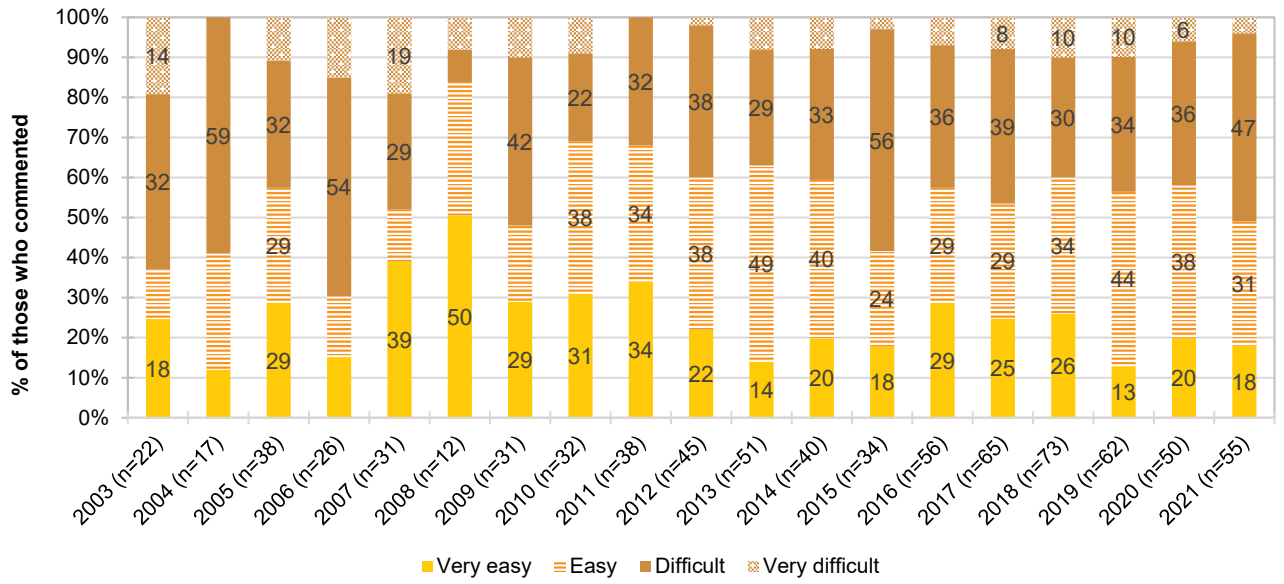
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 30: Current perceived purity of LSD, NSW, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 31: Current perceived availability of LSD, NSW, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DMT

Patterns of Consumption

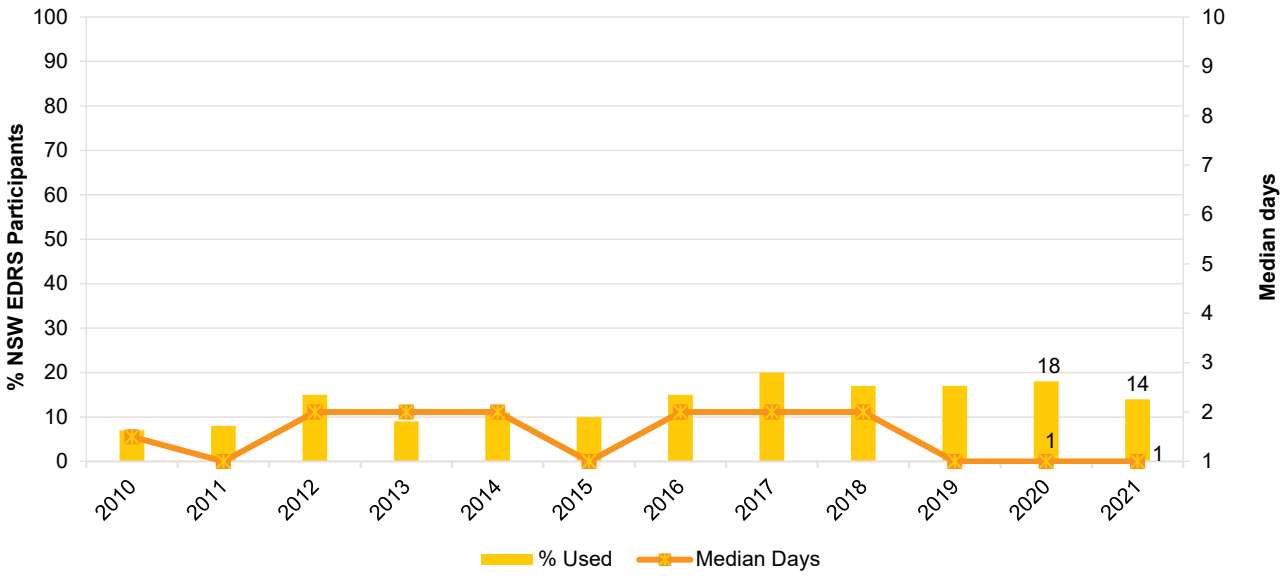
Recent Use (past 6 months): DMT use has fluctuated over the reporting period, with 14% reporting recent use in 2021, remaining stable from 18% in 2020 (p=0.524; Figure 32).

Frequency of Use: Median days of use across the years has been infrequent and stable, with a median of one day (IQR=1-2) of use reported in 2021 (one day in 2020; IQR=1-3; p=0.617; Figure 32).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=14), the only route of administration reported was smoking (100%; 100% in 2020).

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a session in 2021, therefore, these data have been suppressed.

Figure 32: Past six month use and frequency of use of DMT, NSW, 2010-2021



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 days to improve visibility of trends Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability for DMT was not collected in 2021.

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 the decision was made to exclude them from this category from hereon-in. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our previous 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)

The per cent reporting recent NPS use (including plant-based) peaked at 48% of the total NSW sample in 2013. Since then, use has been declining gradually. In 2021, 17% of the sample reported recent use of NPS, including plant-based (23% in 2020; p=0.364; Table 3). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 52% in 2013 and declining to 16% in 2021 (18% in 2020; p=0.808; Table 4). Any form of 2C substance was observed to be the most reported NPS, with 9% reporting recent use in 2021 (n≤5 in 2020; p=0.275; Table 5).

Table 3: Past six month use of NPS (including plant-based), nationally and NSW, 2010-2021

%	National	NSW
2010	24	19
2011	36	35
2012	40	46
2013	44	48
2014	35	39
2015	37	43
2016	28	43
2017	26	36
2018	23	32
2019	20	27
2020	15	23
2021	**16**	**17**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). 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 EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Past six month use of NPS (excluding plant-based NPS), nationally and NSW, 2010-2021

%	National	NSW
2010	24	9
2011	33	31
2012	37	42
2013	42	52
2014	34	34
2015	34	36
2016	27	35
2017	24	29
2018	21	26
2019	19	16
2020	12	18
2021	**14**	**16**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). 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 EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 5: Use of NPS in the past six months by drug type, NSW, 2010-2021

	2010 N=100 %	2011 N=100 %	2012 N=100 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=103 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=102 %	2021 N=99 %
% Phenethylamines	6	21	19	29	29	22	21	18	13	8	9	**9**
Any 2C substance~	-	17	19	19	22	18	18	12	11	7	-	**9**
NBOMe	/	/	/	/	9	6	6	-	-	-	-	**0**
DO-x	0	-	0	0	0	0	0	-	0	-	-	**0**
4-FA	/	/	/	/	/	/	-	0	0	0	0	**0**
% Tryptamines^^	7	8	11	9	12	11	17	20	19	17	18	**-**
5-MeO-DMT	0	-	0	-	-	-	5	-	-	0	-	**-**
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	/	**/**
% Synthetic cathinones	-	-	8	-	-	-	-	-	-	-	-	**-**
Mephedrone	-	-	0	-	0	-	0	0	0	-	0	**-**
Methylone/bk MDMA	/	-	8	-	-	-	-	-	-	0	-	**0**
MDPV/Ivory wave	0	0	0	0	-	0	0	0	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	0	0	0	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	0	/	/	**/**
N-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	**0**
% Piperazines	0	-	0	0	0	0	0	0	/	/	/	**/**
BZP	0	-	0	0	0	0	0	0	/	/	/	**/**
% Dissociatives	/	/	-	0	0	-	6	-	-	8	-	**-**
Methoxetamine (MXE)	/	/	-	0	0	-	6	-	-	8	-	**-**
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	**-**
% Plant-based NPS	/	-	-	-	0	-	5	-	0	0	10	**-**
Ayahuasca	/	/	/	/	/	-	-	-	0	0	-	**-**
Mescaline	-	-	-	-	0	-	0	-	-	0	-	**-**

	2010 N=100 %	2011 N=100 %	2012 N=100 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=103 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=102 %	2021 N=99 %
Salvia divinorum	/	-	-	-	0	-	5	-	0	0	-	**0**
Kratom	/	/	/	/	/	/	/	/	/	/	-	**-**
LSA	/	-	0	-	-	-	-	/	/	/	/	**/**
Dartura	0	-	0	-	0	-	-	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	-	-	0	-	-	**-**
Etizolam	/	/	/	/	/	/	-	-	0	-	-	**-**
Other drugs that mimic the effect of benzodiazepine	/	/	/	/	/	/	/	/	-	-	-	**0**
% Synthetic cannabinoids	/	/	12	13	-	-	-	-	-	-	7	**-**
% Herbal high#	/	/	13	13	-	8	5	-	-	0	/	**/**
Phenibut	/	/	/	/	/	/	/	/	/	-	-	**-**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	0	0	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	-	-	**0**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	**-**
% Other drugs that mimic the effects of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	6	-	**0**

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 7 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. From 2020 onwards, 'any' 2C use is captured. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in EDRS 2018-2020 EDRS. However, in 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): In 2021, almost one-quarter (24%) of the total sample reported having used any codeine in the previous six months (26% in 2020; p=0.748). This was equally driven by prescribed (13%) and non-prescribed (13%) codeine use (12% in 2020; p=0.833 and 16% in 2020; p=0.690, respectively).

Recent Use for Non-Pain Purposes (past 6 months): Ten per cent of the NSW sample reported using non-prescribed codeine for non-pain purposes (77% of participants who had recently used non-prescribed codeine) (Figure 33).

Frequency of Use: Participants who had recently used any non-prescribed codeine (n=13) reported a median of two days (IQR=2-4) of use in the six months preceding the interview in 2021, stable from 2020 (2 days, IQR=1-4, p=0.500).

Pharmaceutical Opioids

Recent Use (past 6 months): In 2021, 13% of the NSW sample reported recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine). This remained stable from 2020 (9%; p=0.370; Figure 33).

Frequency of Use: In the six months prior to interview, participants who had recently used non-prescribed pharmaceutical opioids reported use on a median of two days (IQR=1-3; 3 days in 2020; IQR=2-7; p=0.260).

Pharmaceutical Stimulants

Recent Use (past 6 months): Despite some fluctuation since monitoring began, the use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has been gradually increasing over time. In 2021, recent non-prescribed pharmaceutical stimulant use significantly increased from 38% in 2020 to 61% in 2021 (p=0.002), the highest per cent observed since monitoring began (Figure 33).

Frequency of Use: Conversely, the median days of use in the six months preceding interview significantly decreased from 10 days (IQR=4-30) in 2020 to six days in 2021 (IQR=3-15; *p*=0.041).

Quantity: Among those who reported recent use and commented (n=52), the median 'typical' amount used per session was reported to be two pills/tablets (IQR=1-2; 2 pills/tablets in 2020; IQR=1.3-3; *p*=0.058). Similarly, the median 'maximum' amount was also reported to be two pills/tablets (IQR=1-4; n=52; not asked in 2020).

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use remained stable in 2021, with 45% of the NSW sample reporting recent use (45% in 2020; Figure 33). Recent use of 'other' benzodiazepines was reported by 35% of the sample (31% in 2020; *p*=0.552), while recent alprazolam use was reported by 21% of the sample (32% in 2020; *p*=0.111).

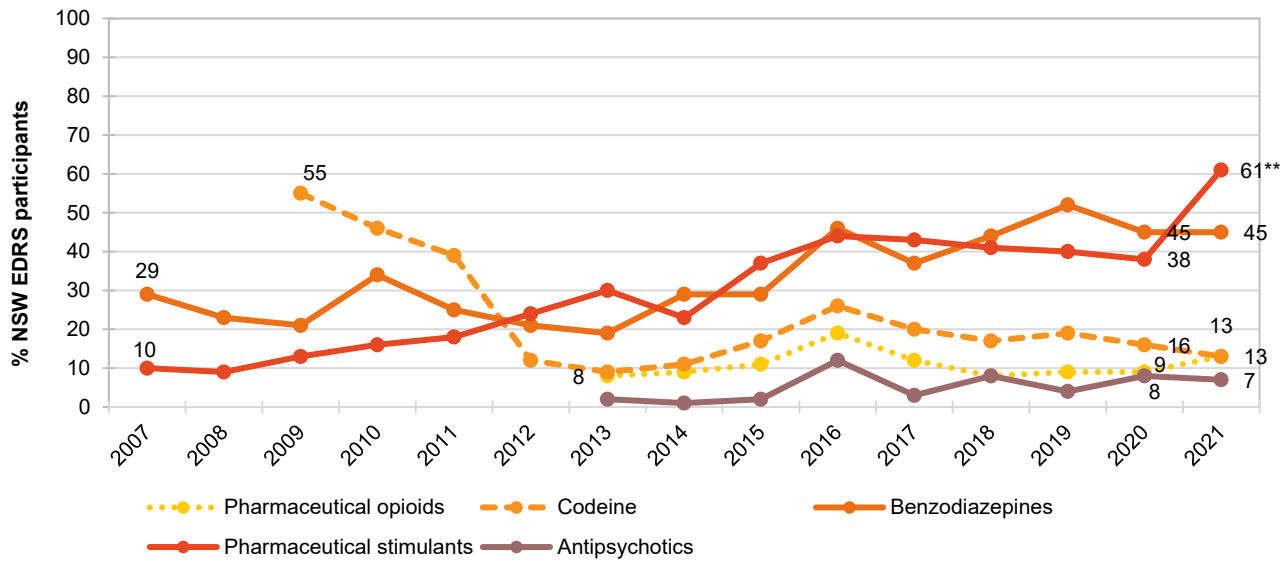
Frequency of Use: The median days of non-prescribed alprazolam use significantly decreased from four days in 2020 (IQR=3-10) to two days (IQR=1-6; n=21) in 2021 (*p*=0.019). Among those who reported 'other' benzodiazepine use and commented (n=35), the median days of use remained stable at four days (IQR=2-7; 3 days in 2020; IQR=2-10; *p*=0.656).

Antipsychotics

Recent Use (past 6 months): Recent use of non-prescribed antipsychotics was reported by seven per cent of the NSW sample in 2021 (8% in 2020; Figure 33).

Frequency of Use: Among those who responded (n=7), the frequency of non-prescribed antipsychotic use significantly increased from a median of four days in 2020 (IQR=1-8) to five days in 2021 (IQR=3-6; *p*=0.041).

Figure 33: Non-prescribed use of pharmaceutical medicines in the past six months, NSW, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines. In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents non-prescribed low-dose codeine used for non-pain purposes (2010-2020) and non-prescribed codeine (low- and high-dose) for non-pain purposes (2021). Data labels are only provided for the first (2007, 2009, 2013) and two most recent years (2020 and 2021) of monitoring, however labels are

suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Recent use of hallucinogenic mushrooms significantly increased from 30% in 2020 to 56% in 2021 (p<0.001), the largest per cent observed since monitoring began (Figure 34).

Frequency of Use (past 6 months): The median frequency of use among those who commented (n=55) in 2021 was reported to be two days (IQR=1-3; one day in 2020; IQR=1-3; p=0.509).

MDA

Recent Use (past 6 months): Due to low numbers reporting recent use of MDA (n≤5), numbers have been suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Substances with Unknown Contents

Capsules (past 6 months): In 2021, 6% of the sample reported consuming capsules with 'unknown contents' in the six months preceding the interview (8% in 2020; p=0.857; Figure 34).

Other Unknown Substances (past 6 months): From 2019 onwards, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, and crystal form. One-tenth (10%) reported recent use of any substance with 'unknown contents' in 2021 (18% in 2020; p=0.144). Few participants (n≤5) reported recently consuming powder (n≤5 in 2020) or a pill (6% in 2020; p=0.312) with unknown contents in 2021. Additionally, no participants reported consuming crystal with unknown contents in 2021 (n≤5 in 2020; p=0.499).

Quantity: From 2020 onwards, we asked participants about the average amount of pills and capsules used with unknown contents in the last six months. In 2021, the median 'typical' number of capsules used per session was 1.5 (IQR=1-2; n=6; one capsule in 2020; IQR=1-2; p=0.248). Few participants (n≤5) reported on the 'typical' number of pills with unknown contents used per session (one pill in 2020; IQR=1-1; p=0.149).

Heroin

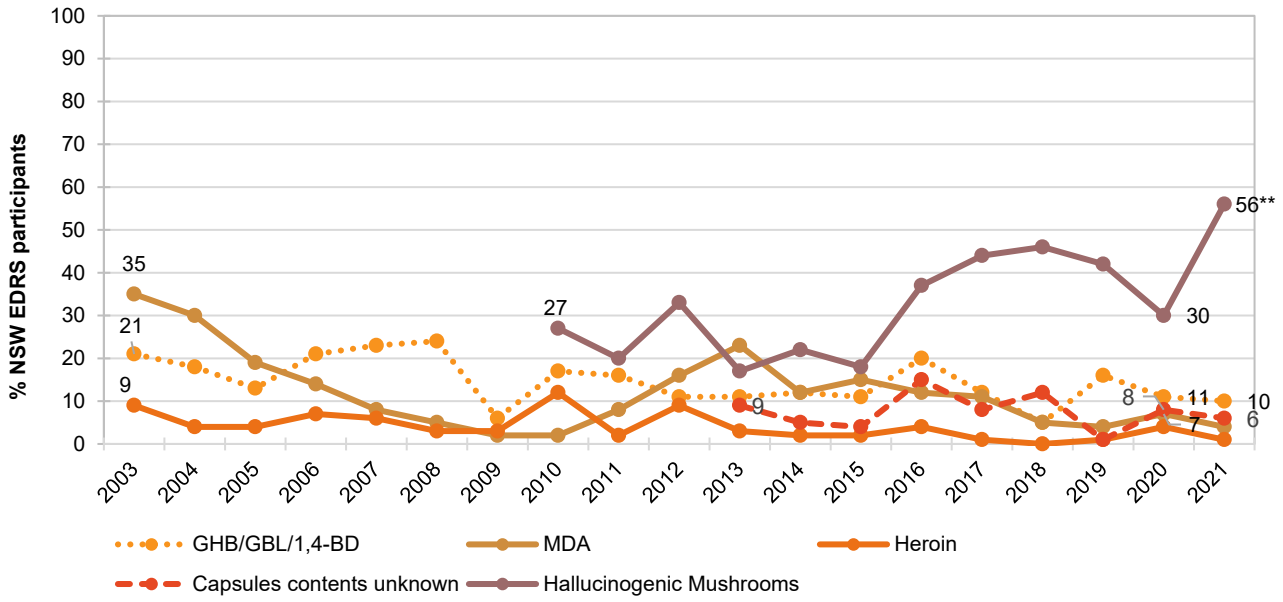
Due to low numbers reporting on recent use of heroin (n≤5), numbers have been suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): Recent use of GHB/GBL/1,4-BD was reported by 10% of participants in 2021, similar to 2020 (11%; Figure 34).

Frequency of Use: Of those who had recently used GHB/GBL/1,4-BD (n=10), participants reported consuming it on a median of two days (IQR=1-3) in the previous six months (3 days in 2020; IQR=2-11; p=0.205).

Figure 34: Other illicit drugs used in the past six months, NSW, 2003-2021



Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Data labels are only provided for the first (2003, 2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Alcohol was recently consumed by 100% of the NSW sample in 2021 (96% in 2020; p=0.140; Figure 35).

Frequency of Use: Alcohol was consumed on a median of 48 days (IQR=24-72; n=99) in the six months preceding interview (36 days in 2020; IQR=18-66; p=0.087). Of those who had consumed alcohol recently and commented (n=99), the majority (82%) reported consuming alcohol on a weekly or more frequent basis (72% in 2020; p=0.130).

Tobacco

Recent Use (past 6 months): Recent tobacco use has remained high since monitoring began, ranging between 63% and 92% of the NSW sample. In 2021, three-quarters (75%) of the sample reported recently using tobacco (85% in 2020; p=0.084; Figure 35).

Frequency of Use: Among those who commented (n=74), participants reported using tobacco on a median of 24 days (IQR=10-180) in 2021, a significant decrease from 95 days in 2020 (IQR=24-180; p=0.045). Thirty per cent reported using tobacco on a weekly or more frequent basis (38% in 2020; p=0.327).

E-cigarettes

Recent Use (past 6 months): Since 2017, recent use of e-cigarettes has been increasing most years among the NSW sample. In 2021, recent e-cigarette use significantly increased from 50% in 2020 to 85% in 2021 ($p<0.001$; Figure 35).

Frequency of Use: Similarly, among those who commented (n=84), frequency of e-cigarette use significantly increased from 15 days (IQR=3-48) in 2020 to 90 days in 2021 (IQR=36-180; $p<0.001$). Thirty per cent reported using e-cigarettes on a daily basis, a significant increase from 11% in 2020 ($p=0.024$).

Forms Used: Among those who had recently used e-cigarettes and commented (n=84), 100% reported using e-cigarettes that contained nicotine and 15% reported using e-cigarettes that contained cannabis. No participants reported using e-cigarettes that contained both cannabis and nicotine, or that contained neither.

Reason for Use: Of those who had recently consumed e-cigarettes and commented (n=84), almost half (45%) reported that they had used e-cigarettes as a smoking cessation tool in 2021.

Nitrous Oxide

Recent Use (past 6 months): Despite some fluctuations, nitrous oxide use has been increasing since monitoring began in 2003. In 2021, 69% of the NSW sample reported recent use of nitrous oxide (67% in 2020; $p=0.914$; Figure 35).

Frequency of Use: Participants who had recently used nitrous oxide (n=68) reported using it on a median of five days (IQR=3-10) in the previous six months, stable from 2020 (5 days, IQR=2-10; $p=0.751$).

Quantity: The median number of bulbs consumed in a 'typical' session was reported to be 5.5 (IQR=3-10; n=64; 8 bulbs in 2020; IQR=4-20; $p=0.112$) and the median 'maximum' number of bulbs in a session was reported to be 10 (IQR=5-22.5; n=64; not asked in 2020).

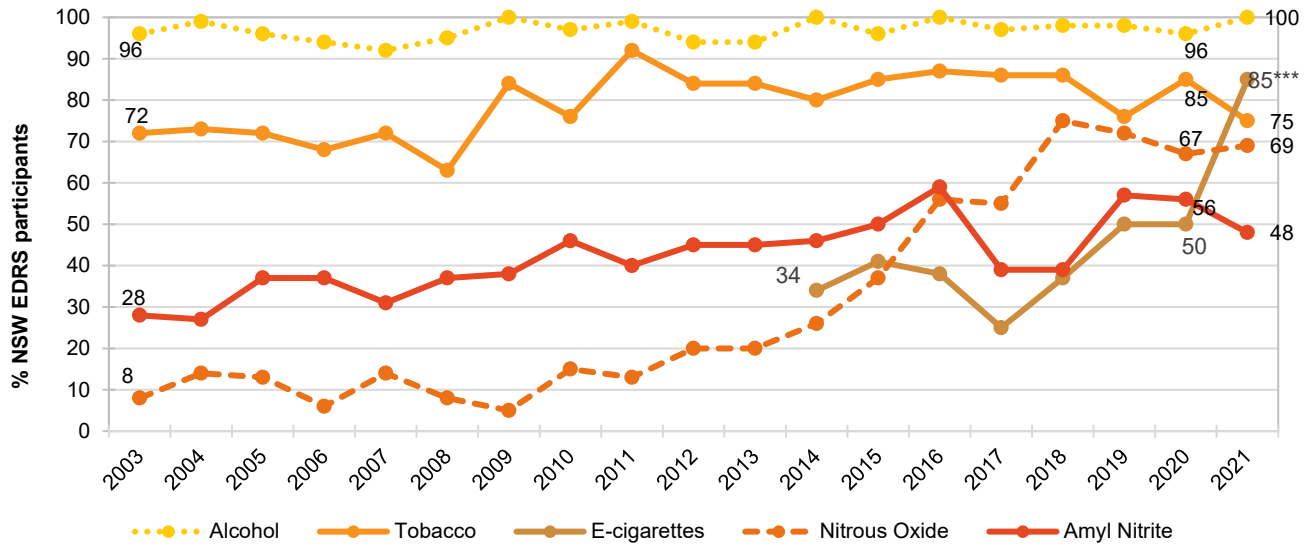
Amyl Nitrite

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

Recent Use (past 6 months): Almost half (48%) of the NSW sample reported recent use of amyl nitrite in 2021, stable relative to 2020 (56%; $p=0.331$; Figure 35).

Frequency of Use: Use of amyl nitrite was infrequent, with respondents reporting a median of three days (IQR=1-6) of use in the past six months in 2021 (3 days in 2020, IQR=1-6; $p=0.954$).

Figure 35: Licit drugs used in the past six months, NSW, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. . Data labels are only provided for the first (2003, 2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

10

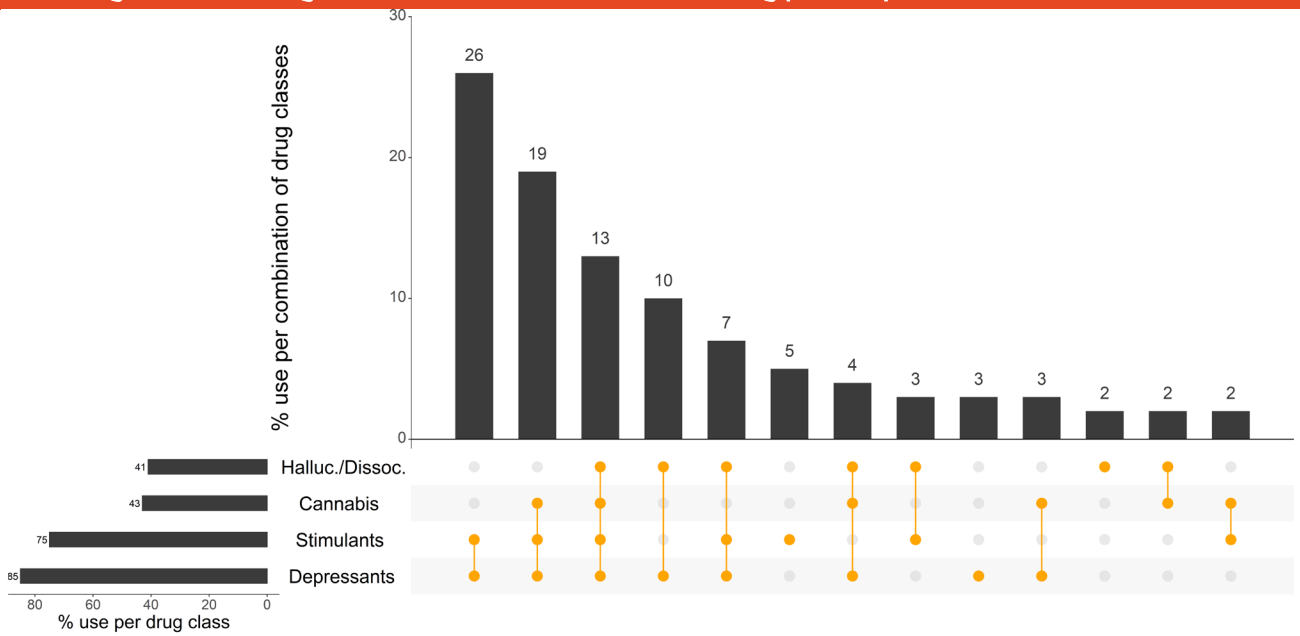
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used drug classes were depressants (85%; predominantly comprising alcohol) and stimulants (75%; predominantly comprising ecstasy and cocaine), followed by cannabis (43%) and hallucinogens/ dissociatives (41%) (Figure 36).

The majority (94%; n=92) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol, tobacco and prescription medicines). The most commonly used combinations of substances were stimulants and depressants (26%), followed by stimulants, depressants, and cannabis (19%). Thirteen per cent of participants reported using a combination of stimulants, depressants, cannabis, and hallucinogens/dissociatives on the last occasion of ecstasy and related drug use (Figure 36).

Figure 36: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, NSW, 2021: Most common drug pattern profiles



Note. Percentage calculated out of total EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class 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. Participants who did not report use of 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, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 30% to improve visibility of trends.

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months.

The mean score on the AUDIT for the total 2021 NSW EDRS sample was 13.4 (SD 7.1), a significant increase from 12.6 (SD 7.4) in 2020 ($p<0.001$). In 2021, 79% of participants obtained a score of 8 or more, indicative of hazardous use (72% in 2020; $p=0.327$; Table 6). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores 0-7 indicates low risk drinking or abstinence; scores 8-15 indicates alcohol use in excess of low-risk guidelines; scores 16-19 indicates harmful or hazardous drinking; and scores 20 or higher indicates possible alcohol dependence. There was no significant change in the per cent of the sample falling into each of these risk categories from 2020 to 2021 ($p=0.390$; Table 6).

Table 6: Mean AUDIT total scores and percent of participants scoring above recommended levels, NSW, 2010-2021

	2010 N=100	2011 N=100	2012 N=100	2013 N=100	2014 N=100	2015 N=100	2016 N=103	2017 N=100	2018 N=100	2019 N=100	2020 N=103	2021 N=99
Mean AUDIT total score (SD)	14.35 (7.9)	14.33 (7.2)	13.3 (7.2)	10.6 (6.1)	11.6 (6.4)	11.3 (6.0)	12.5 (7.3)	11.9 (7.4)	11.9 (6.4)	12.9 (6.4)	12.6 (7.4)	**13.4*** (7.1)**
Score 8 or above (%)	81	80	78	66	69	70	70	68	68	77	72	**79**
Score 0-7	18	20	21	34	31	30	30	32	32	23	28	**21**
Score 8-15	38	39	42	48	42	42	36	42	39	45	40	**41**
Score 16-19	17	17	19	10	14	19	18	10	17	15	12	**19**
Score 20 or higher	24	24	17	8	13	9	17	16	12	17	20	**18**

Note. Monitoring of AUDIT first commenced in 2010. Average total AUDIT score from the entire NSW sample. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2020 versus 2021.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) **stimulant overdose**, and iv) **other drug overdose**.

From 2020, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.
- **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.

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

Non-Fatal Stimulant Overdose

After a peak in 2016 (39%), the per cent reporting overdose events related to stimulants has been declining. In 2021, 19% of the NSW sample reported experiencing a non-fatal stimulant overdose in the past 12 months (20% in 2020; p=0.971; Figure 37).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (47%) and cocaine (32%). Among those that experienced a recent non-fatal stimulant overdose (n=19), all participants (100%) reported that they had also consumed one or more additional drugs on the last occasion. Participants reported using alcohol (five or more standard drinks; 95%), followed by tobacco (47%), and an equal per cent reported using cannabis and ketamine (32%) on the last occasion of non-fatal stimulant overdose.

On the occasion of their last overdose event, 89% did not receive treatment or assistance. Due to low numbers reporting that they had received treatment or assistance (n≤5), please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

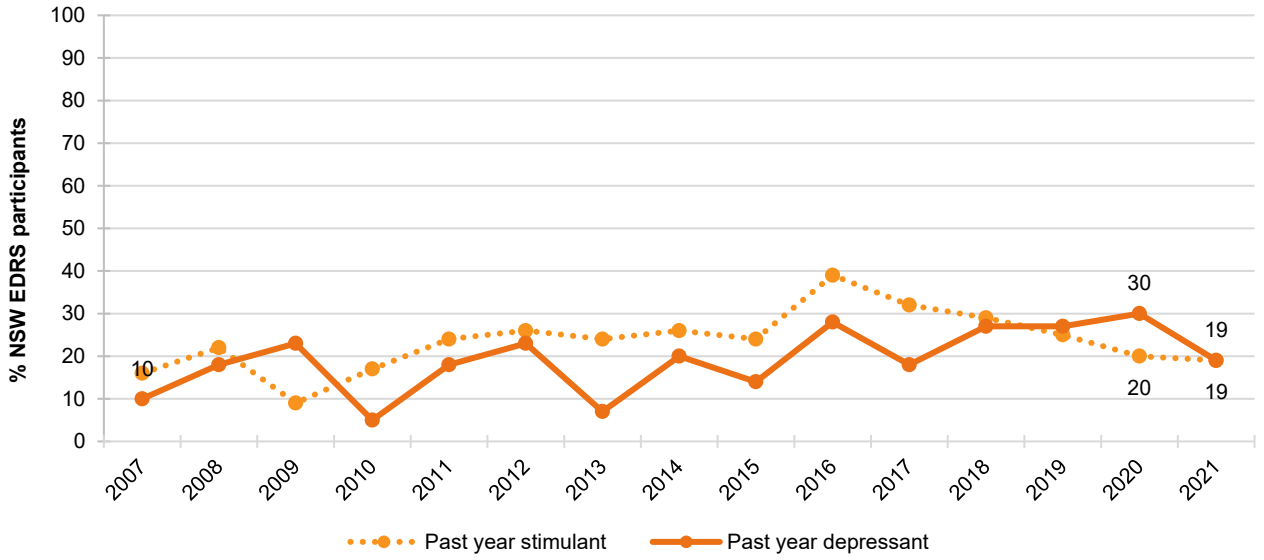
Non-Fatal Depressant Overdose

Alcohol: Seventeen per cent (26% in 2020; p=0.155) of the NSW sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=1-4). Of those who had experienced an alcohol overdose in the past year (n=17), no participants reported receiving treatment on the last occasion.

Any depressant (including alcohol): Nineteen per cent of the sample reported experiencing a non-fatal depressant overdose in the past 12 months (30% in 2020; p=0.094; Figure 37).

Of those who had experienced any depressant overdose in the last year (n=19), the majority reported alcohol (89%) as the drug used prior to the event. Few participants (n≤5) reported a depressant overdose due to other drugs, therefore, these data are suppressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 37: Past year non-fatal stimulant and depressant overdose, NSW, 2007-2021



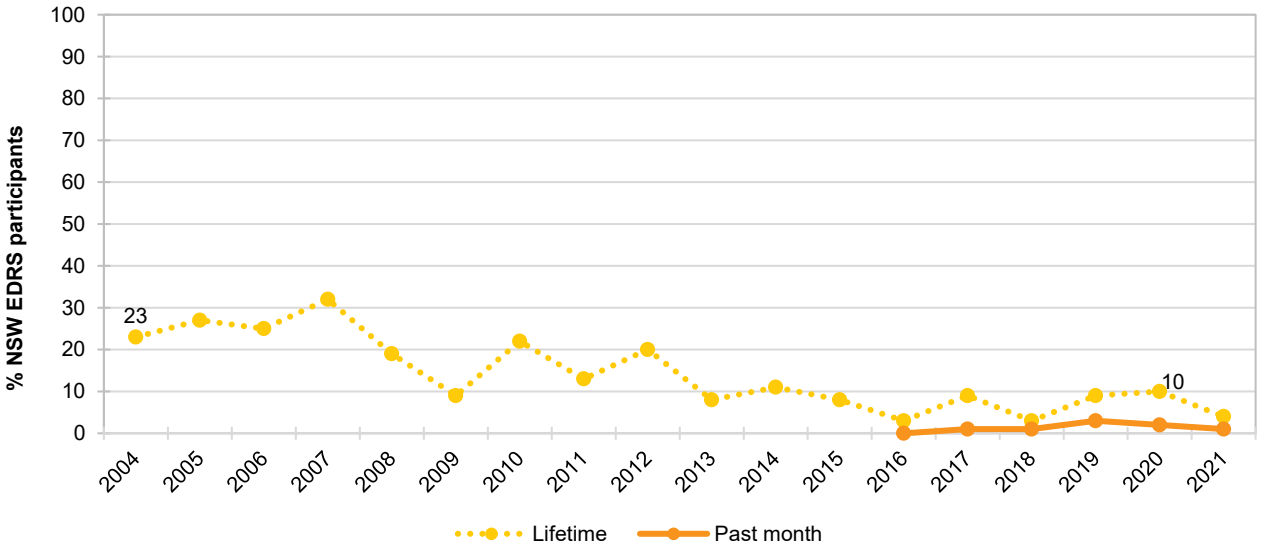
Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

Despite fluctuations over time, lifetime injecting has been declining in the NSW EDRS sample since a peak in 2007 (32%). In 2021, few participants (n≤5) reported ever having injected drugs (10% in 2020, p=0.191; Figure 38).

Due to low numbers reporting injecting drugs in the past month, no further data will be reported. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 38: Lifetime and past month drug injection, NSW, 2004-2021



Note. Past 6-month injection asked of participants prior to 2016. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Treatment

Very low numbers (n≤5) reported currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2020; p=0.952). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2021, 77% of those who commented (n=96) reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=74), 89% reported using alcohol and/or other drugs prior to or while engaging in sexual activity and 12% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=71), 23% reported penetrative sex without a condom where they did not know the HIV status of their partner (Table 7).

Of the total NSW sample who responded (n=97), 29% reported having a sexual health check-up in the six months prior to interview. A further 41% had done so more than six months ago, and 30% had never had a sexual health check-up. Among those who responded (n=97), 80% reported that they had never received a positive diagnosis for a sexually transmitted infection (STI); n≤5 participants had received a positive diagnosis in the past six months, and 14% had received a positive diagnosis over six months ago.

Of the total NSW sample who responded (n=95), half (50%) reported having ever had a test for human immunodeficiency virus (HIV) (25% in the past six months; 25% more than six months ago). No participants had ever been diagnosed with HIV.

Table 7: Sexual health behaviours, NSW, 2021

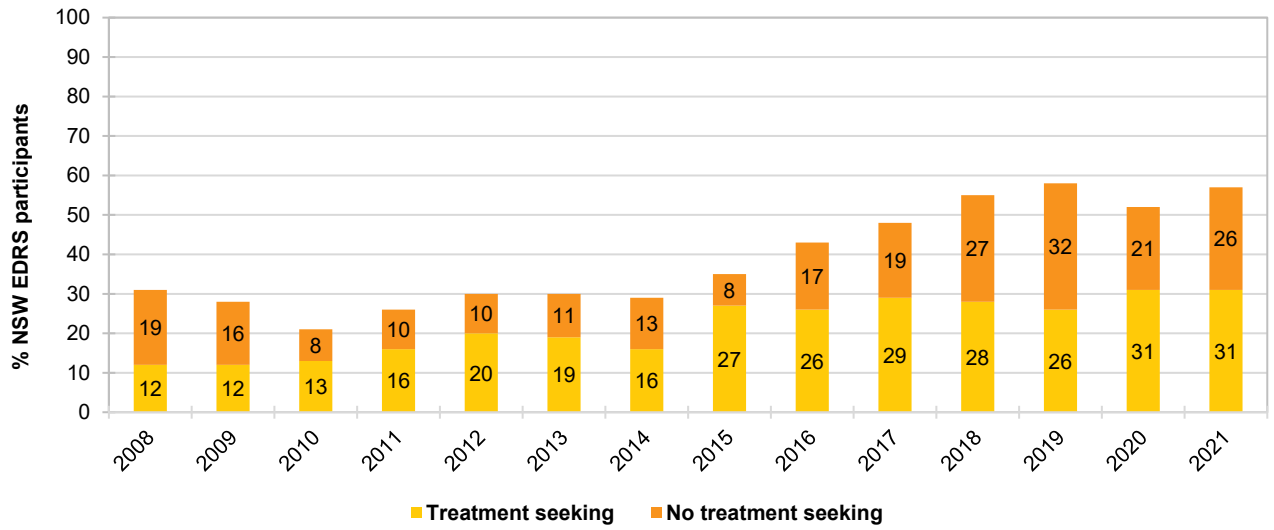
	2021
Of those who responded:	**N=96**
% Any sexual activity in the past four weeks (n)	**77 (n=74)**
Of those who responded#:	**n=74**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	89
Of those who responded#:	**n=74**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	12
Of those who responded#:	**n=71**
% Had penetrative sex without a condom and did not know HIV status of partner	23
Of the total sample (past six months):	**n=97**
% Had a HIV test	25
% Diagnosed with HIV	0
% Had a sexual health check	29
% Diagnosed with a sexually transmitted infection	-

Note. Don't know and did not respond responses excluded. #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

Mental Health

Fifty-seven per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). This was stable relative to 2020 (52%; *p*=0.614), however continues the general upward trend that has been observed since monitoring began (Figure 39). Of those who commented in 2021 (n=56), the most common mental health problem was anxiety (72%), followed by depression (60%). Of those who reported experiencing a mental health problem, 55% (31% of the total sample) reported seeing a mental health professional during the past six months (60% in 2020; *p*=0.801). Of these participants (n=31), 52% reported being prescribed medication (42% in 2020; *p*=0.611).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, NSW, 2008-2021



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. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Driving

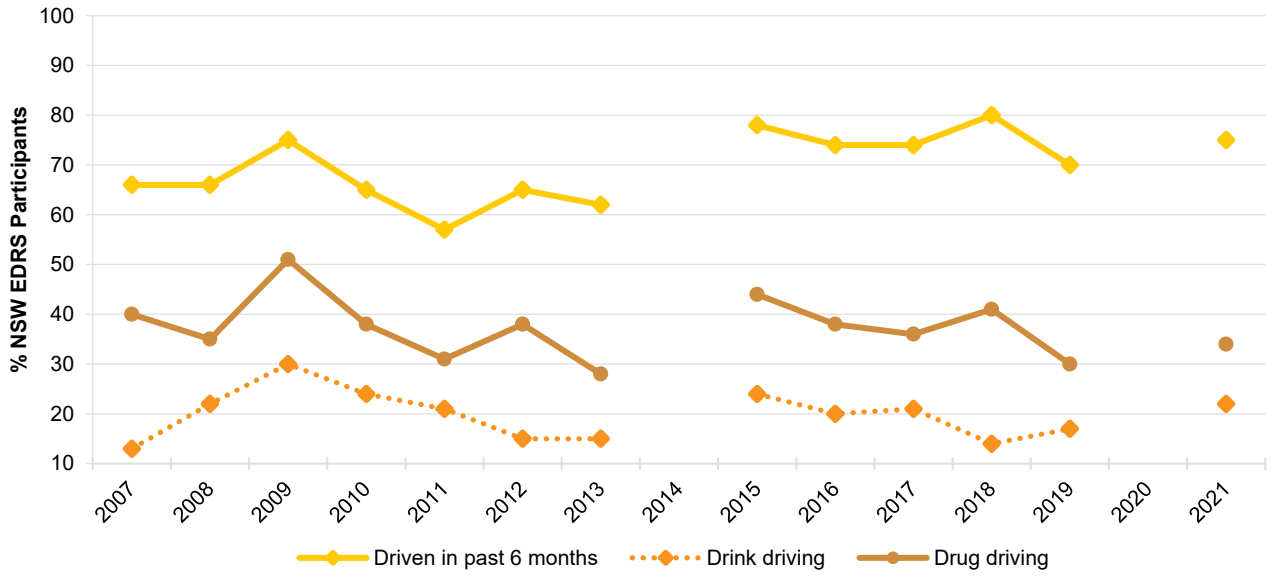
In 2021, 75% of the sample had driven a car, motorcycle or other vehicle in the last six months. Among those who commented (n=97), approximately one-fifth (22%) reported driving while over the perceived legal limit of alcohol (27% of those who had driven in the past six months) and just over one-third (34%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (46% of those who had driven in the past six months). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (n=34), cannabis was the most common drug used prior to driving (74%), followed by cocaine and pharmaceutical stimulants (26%, respectively). One-quarter (25%) of the sample reported that they had been breath tested for alcohol and few participants (n≤5) reported that they been drug tested by roadside police in the six months preceding the interview (Table 8).

Table 8: Participant reports of driving behaviour in the last six months, NSW, 2021

	2021
	N=99
% Driven in the last six months	75
% Driven over the legal alcohol limit in the last six months	22
% Driven within three hours of consuming illicit drug(s) last six months	34
% Tested for drug driving by police roadside drug testing last six months	-
% Breath tested for alcohol by police roadside testing last six months	25

Note: Questions about driving behaviour were not asked in 2020. Computed out of the entire sample. - Percentage suppressed due to small cell size (n≤5 but not 0).

Figure 40: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, NSW, 2007-2021



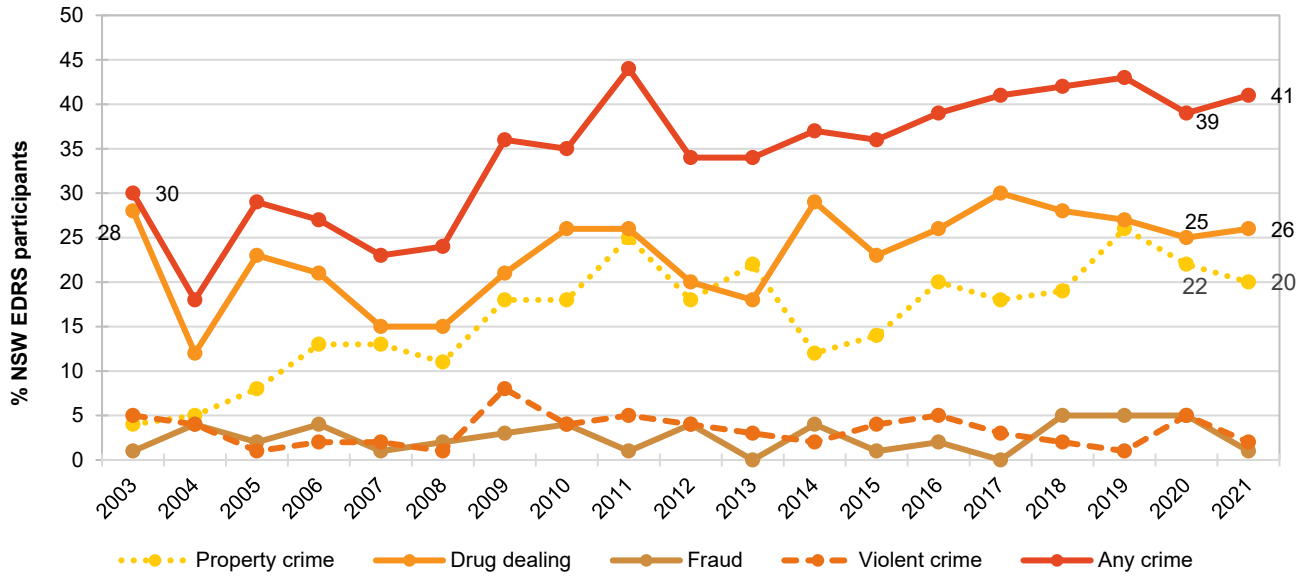
Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020.

Crime

The percentage of past month criminal activity has fluctuated considerably over time, ranging between 18% and 44%. In 2021, 41% of the sample reported any criminal activity in the previous month (39% in 2020; p=0.818). Drug dealing (26%) and property crime (20%) were the two main forms of criminal activity in 2021 (25%; p=0.996 and 22%; p=0.843 in 2020, respectively).

Few participants (n≤5) reported having been arrested in the 12 months preceding interview (13% in 2020; p=0.101) and low numbers (n≤5) reported having ever been in prison in 2021 (n≤5 in 2020), consistent with previous years (Figure 41).

Figure 41: Self-reported criminal activity in the past month, NSW, 2003-2021



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2021, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was via social networking applications (80%) (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (68% in 2020; *p*=0.080). 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. In 2021, significantly fewer participants reported arranging the purchase of illicit or non-prescribed drugs via text messaging in the past 12 months compared to 2020 (34% in 2021 versus 58% in 2020; *p*=0.001). Seven per cent had arranged the purchase of illicit or non-prescribed drugs via the darknet in the past year (11% in 2020; *p*=0.514); similarly, 7% had arranged the purchase via the surface web (11% in 2020; *p*=0.514; Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%; 95% in 2020). This was followed by collection point (defined as a predetermined location where a drug will be left for later collection) (13%; 16%; *p*=0.775) and post (11%; 23% in 2020; *p*=0.052; Table 9).

The majority of participants in 2021 reported obtaining illicit drugs from a friend/relative/partner/colleague (82%; 76% in 2020; *p*=0.448), followed by a known dealer/vendor (74%; 73% in 2020; *p*=0.972) and an unknown dealer/vendor (38%; 45% in 2020; *p*=0.406; Table 9).

In 2021, very small numbers (n≤5) reported that they had sold illicit drugs on the surface or darknet in the 12 months preceding interview (n≤5 in 2020; *p*=0.302). Fifty-eight per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 40% having done so in the last 12 months (48% in 2020; *p*=0.376).

Table 9: Means of purchasing illicit drugs in the past 12 months, NSW, 2020-2021

	2021	2020
	N=98	**N=102**
% Purchasing approaches in the last 12 months^		
Face to face	**64**	61
Surface web	**7**	11
Darknet market	**7**	11
Social networking applications	**80**	68
Text messaging	**34****	58
Phone call	**29**	40
Grew/made my own	**-**	-
Other	**0**	0
Means of obtaining drugs in the last 12 months^~	**N=98**	N=103
Face-to-face	**96**	95
Collection point	**13**	23
Post	**11**	16
% Source of drugs in the last 12 months^	**N=98**	N=101
Friend/relative/partner/colleague	**82**	76
Known dealer/vendor	**74**	73
Unknown dealer/vendor	**38**	45

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.