EDRS

NEW SOUTH WALES DRUG TRENDS 2022

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

NEW SOUTH WALES DRUG TRENDS 2022: 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 the EDRS in 2022:

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- Joanna Wilson, Sarah Eddy, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

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

Abbreviations

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
PMMA	Polymethyl methacrylate
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 Organization

Executive Summary

The Sydney 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 2022 from May-July. Interviews in 2020, 2021 and 2022 were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

The 2022 Sydney EDRS sample (N=100) predominantly comprised of young (median age 29) males (64%), a significant increase in age from 23 years in 2021 (p<0.001). There were significant changes in current accommodation between 2022 and 2021 (p=0.005), with a greater per cent of participants reporting living in an owned house or flat in 2022 (14%; n≤5 in 2021). Additionally, there were significant changes in employment status (p=0.001), with a greater per cent being currently employed full time in 2022 (49%; 28% in 2021) and fewer participants currently studying for a university or trade qualification (31%; 63% in 2021; p<0.001). Ecstasy was most popular drug of choice among the 2022 EDRS sample (28%), followed by alcohol and cannabis (16%, respectively). Similarly, alcohol and cannabis were cited as the drugs used most often in the month preceding the interview in 2022 (36% and 21%, respectively).

Ecstasy

There was a significant decrease in recent use of any form of ecstasy between 2021 and 2022 (96%; 83% respectively; p=0.005). Consistent with previous years, capsules (52%) were the most common form of ecstasy consumed in the six months preceding interview, albeit decreasing relative to 2021 (82%; p<0.001). This was followed by crystal (37%; 62% in 2021; p<0.001). On the contrary, one-third (33%) reported recent use of pills in 2022, a significant increase from 17% in 2021 (p=0.015). There was a significant change in the perceived purity of ecstasy crystal between 2021 and 2022 (p=0.028). The largest per cent reported crystal to be of 'high' (46%) purity in 2022 (31% in 2021). There was also a significant change in the perceived availability of ecstasy capsules between 2021 and 2022 (p=0.007), with more participants perceiving capsules to be 'difficult' to obtain in 2022 (32%; 15% in 2021).

Methamphetamine

Recent use of any methamphetamine has been declining since monitoring began. However, a significant increase was observed in 2022 amongst the Sydney sample (29%, 15% in 2021; p=0.029), driven predominantly by use of the crystal form (16%; n≤5 in 2021; p=0.019). The median days of any methamphetamine use in the six months preceding interview remained stable (5 days; 2 days in 2021; p=0.220). The perceived availability of crystal changed significantly with 63% participants reporting crystal was 'very easy' to obtain (0% in 2021; p=0.006).

Cocaine

A gradual increase in recent cocaine use has been observed since 2013 reaching 94% in 2021, with recent use remaining stable in 2022 at 86%. 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. The perceived purity and availability of cocaine remained stable in 2022 with the largest per cent perceiving cocaine to be of 'low' purity (43%; 35% in 2021) and 'very easy' to obtain (51%; 44% in 2021).

Cannabis and/or Cannabinoid Related Products

Seventy-one per cent of the Sydney sample reported recent use of non-prescribed cannabis in 2022, a significant decrease from

88% in 2021 (p=0.006). Fifty-eight per cent reported weekly use and 23% reported daily use. The price for non-prescribed hydroponic and bush cannabis remained stable in 2022. However, there was a significant change in the perceived availability of non-prescribed bush cannabis between 2021 and 2022 (p=0.023), with fewer participants reporting it was 'very easy' (24%) to obtain (54% in 2021).

Ketamine, LSD and DMT

Recent use of ketamine significantly decreased from 76% in 2021 to 53% in 2022 (p=0.005). Recent use of LSD also significantly decreased between 2021 and 2022 (57% and 41%, respectively; p=0.037). Recent use of DMT remained stable in 2022 at 15% (14% in 2021). Frequency of use for all three substances remained low in 2022, at a median of six days or less in the preceding six months. Market changes remained stable for ketamine and LSD.

New Psychoactive Substances (NPS)

In 2022, 12% of the sample reported recent use of at least one form of NPS (including plant-based NPS), the lowest per cent observed. Any 2C substance was the most commonly used NPS (9%).

Other Drugs

Recent use of non-prescribed pharmaceutical stimulants significantly decreased in 2022 (39%; 61% in 2021; p=0.003), returning to similar levels reported in 2020. Thirty-five per cent of participants reported recent use of non-prescribed benzodiazepines. Recent use of non-prescribed e-cigarettes significantly decreased from 85% in 2021 to 61% in 2022 (p<0.001), with few participants (n≤5) reporting prescribed e-cigarette use in the past six months. Recent use of nitrous oxide significantly decreased from 69% in 2021 to 41% in 2022 (p<0.001).

Drug-Related Harms and Other Behaviours

On the last occasion of ecstasy or related drug use, the majority (78%) of the sample reported concurrent use of two or more drugs; stimulant and depressant use reported was the most common combination (31%). Almost one-third (32%) reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year. The mean AUDIT total score decreased significantly from 13.4 in 2021 to 12.0 in 2022 (p<0.001). Nine per cent of the sample reported a non-fatal stimulant overdose and thirteen per cent reported a non-fatal depressant overdose in the past year. The per cent reporting lifetime injecting significantly increased from n≤5 participants in 2021 to 17% in 2022 (p=0.005). The majority (86%) of the sample reported engaging in some form of sexual activity in the past month, of which 19% reported penetrative sex without a condom, where they did not know the HIV status of their partner. Over half of the sample (51%) self-reported that they had experienced a mental health problem in the past six months, and 63% of these had seen a mental health professional during that period. Four-fifths (81%) of the sample reported driving a motor vehicle in the six months preceding interview. Twenty-six per cent of those who had recently driven reported driving while over the perceived legal limit of alcohol and 51% reported driving within three hours of consuming an illicit or non-prescribed drug. 'Any' past month criminal activity significantly decreased in 2022 (26%; 41% in 2021; p=0.028). There were significant differences in modes of purchasing illicit or non-prescribed drugs in the past 12 months in 2022. Purchasing via social networking applications significantly decreased between 2021 and 2022 (80% and 61%, respectively; p=0.016). Conversely, purchasing via text messaging significantly increased from 34% in 2021 to 60% in 2022 (p<0.001). Obtaining illicit or non-prescribed drugs via a collection point significantly increased from 11% in 2021 to 38% in 2022 (p<0.001). Nearly all (98%) had been tested for SARS-CoV-2 in the last 12 months, and three-quarters (75%) reported ever being diagnosed with COVID-19. Most (92%) had received at least one COVID-19 vaccine dose.

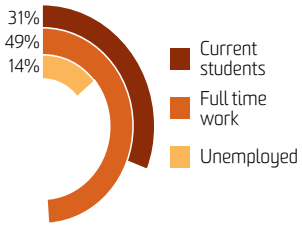
EDRS Ecstasy and Related Drugs Reporting System

2022 SAMPLE CHARACTERISTICS

In 2022, 100 participants, recruited from Sydney, NSW were interviewed.

29 years 64%

The median age in 2022 was 29, and 64% identified as male.

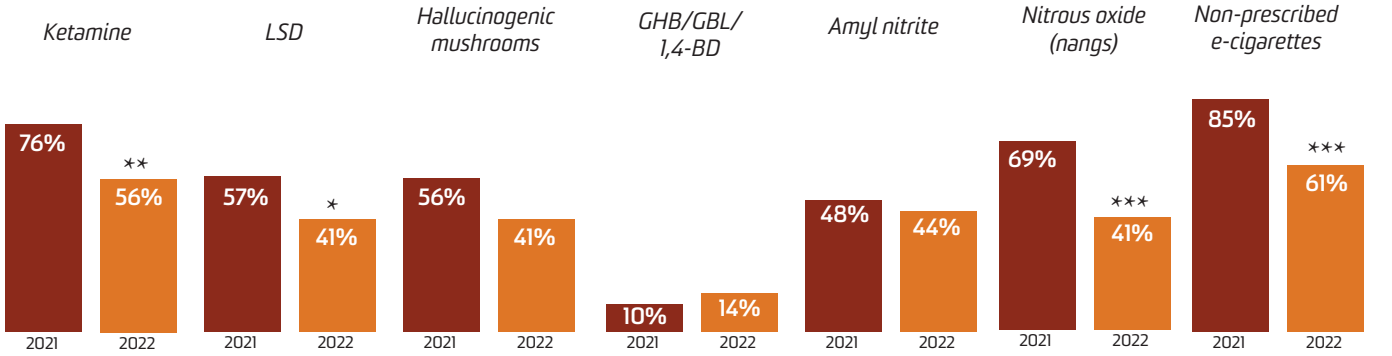


In the 2022 sample, 31% were enrolled students, 49% were employed full time and 14% were unemployed.

- Ecstasy
- Cocaine
- Other stimulants

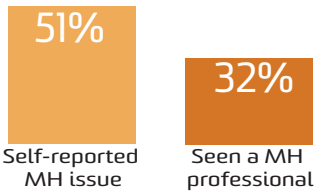
Participants were recruited on the basis that they had consumed ecstasy and/or other illicit stimulants at least monthly in the past 6 months.

PAST 6 MONTH USE OF SELECTED DRUGS

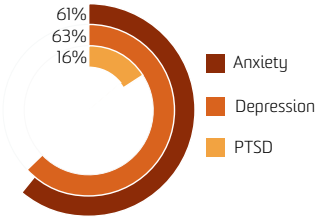


*p<0.050; **p<0.010; ***p<0.001

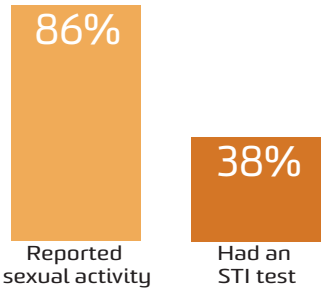
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



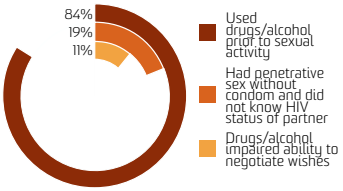
In the total sample, 51% self-reported a mental health issue and 32% had seen a mental health professional in the past 6 months.



Of those who had a mental health condition, the three most common mental health issues reported were anxiety (61%), depression (63%) and PTSD (16%).

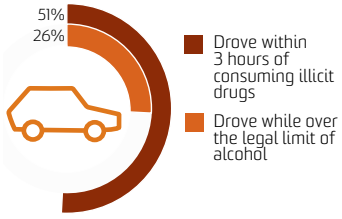


In the total sample, 86% reported sexual activity in the past 4 weeks, and 38% had a sexual health check in the past 6 months.



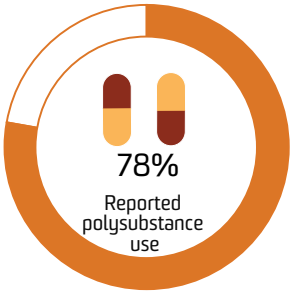
Sexual risk behaviours among those who reported any sexual activity in the past four weeks and were able to comment.

OTHER RISK BEHAVIOURS

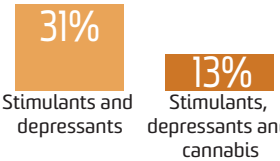


Among recent drivers, 51% reported driving a vehicle within 3 hours of consuming illicit drugs and 26% while over the legal limit of alcohol.

In the 2022 sample, 13% reported a non-fatal depressant overdose in the previous 12 months, stable relative to 2021 (19%).

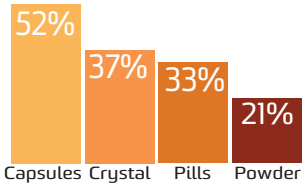


In the total sample, 78% reported concurrent use of two or more substances on the last occasion of ecstasy or related drug use.

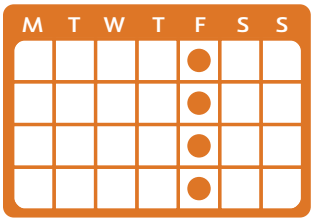


The most commonly used combinations of drug classes on the last occasion of ecstasy or related drug use.

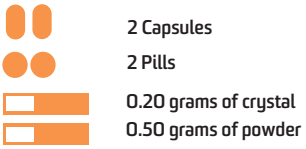
ECSTASY



Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2022.



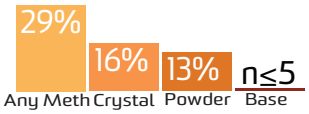
Of those who had recently consumed ecstasy, 19% reported weekly or more frequent use.



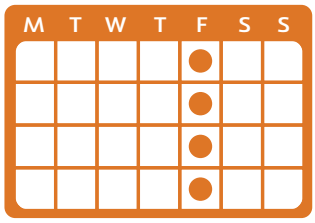
Median amounts of ecstasy consumed in a 'typical' session using each form.

In 2022, more participants perceived the availability of capsules and powder forms as 'difficult' relative to 2021.

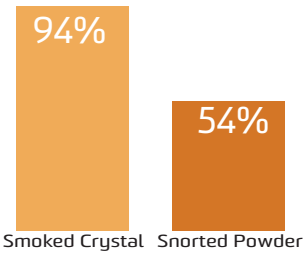
METHAMPHETAMINE



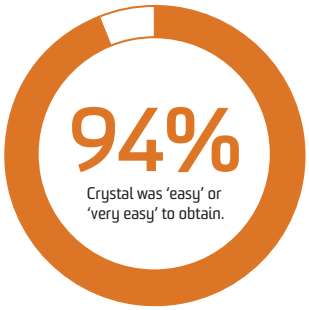
Past 6 month use of any methamphetamine, crystal, powder and base in 2022.



Of those who had recently consumed methamphetamine, 31% reported weekly or more frequent use.

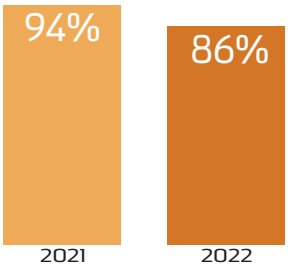


94% of participants who had recently used crystal smoked it. Of those who had recently used powder, 54% snorted it.

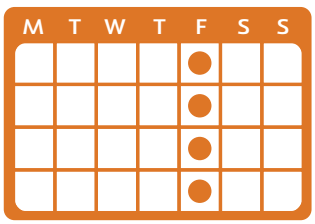


Of those who could comment, 94% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

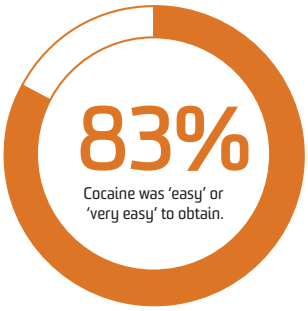


Past 6 month use of any cocaine remained stable between 2021 and 2022.



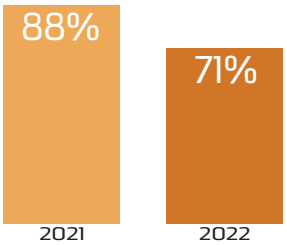
Of those who had recently consumed cocaine, 10% reported weekly or more frequent use.

In 2022, the median price of a gram of cocaine remained stable at $300.

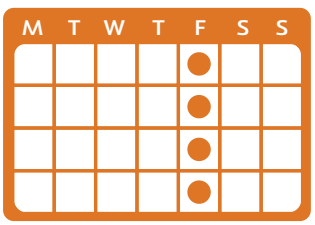


Of those who could comment, 83% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS

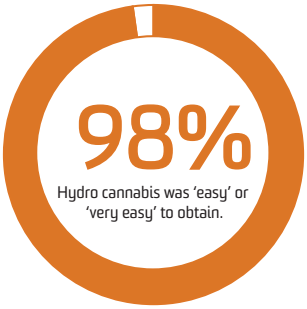


Past 6 month use of non-prescribed cannabis and/or cannabinoid related products decreased between 2021 and 2022.



Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products, 58% reported weekly or more frequent use.

Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 87% had smoked it.



Of those who could comment, 98% 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 Perth, Western Australia (WA)), ii) have used ecstasy or other illicit stimulants (including: MDA, methamphetamine, cocaine, non-prescribed pharmaceutical stimulants, 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 2020-2022: COVID-19 Impacts on Recruitment and Data Collection

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

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

These changes were carried through to 2021 and 2022. A hybrid approach was used, with interviews either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were

conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

Almost all cities, including Sydney, New South Wales (NSW), experienced trouble recruiting participants in 2021 and 2022. 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 2021.

A total of 700 participants were recruited across capital cities nationally (April-July, 2022), with 100 participants interviewed in Sydney, NSW between 25th April - 15th July 2022 (n=99 in 2021). A total of 92 interviews were conducted via telephone (41 via phone/videoconference in 2021) and eight interviews were conducted face-to-face (59 in 2021).

Two per cent of the 2022 Sydney sample completed the interview in 2021, whereas 12% of the 2021 Sydney sample completed the interview in 2020 (p=0.010). There was a significant change in recruitment methods compared to 2021 (p=0.017), with more participants being recruited via the internet (e.g., Facebook and Instagram) (76%; 62% in 2021), and less via word-of-mouth (19%; 36% in 2021).

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 2021 and 2022, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-22, must be taken into consideration when comparing 2020-22 data to previous years, and treated with caution.

Additional Outputs

Infographics, executive summary and data tables from this report are available for download. There are a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including 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 2022, the Sydney EDRS sample differed in various ways to the 2021 sample (Table 1). It is difficult to ascertain whether some of these changes (e.g., median age, current accommodation, current employment, and median weekly income) 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 significantly increased to 29 years (IQR=23-34; 23 years in 2021; IQR=21-26; p<0.001*).* Gender remained stable between 2021 and 2022 (p=0.810), with the largest per cent identifying as male (64%; 67% in 2021).

A significant change in current accommodation was observed between 2021 and 2022 (p<0.005). The per cent of participants living in their own house/flat increased to 14% in 2022 (n≤5 in 2021). Fewer participants reported living in a rental house/flat (66%; 71% in 2021) and similarly, fewer participants reported living in their parents/family home (16%; 26% in 2021).

There was a significant change in the employment status of participants between 2021 and 2022 (p=0.001). Notably, the per cent of participants who reported being employed full time increased from 28% in 2021 to 49% in 2022. Almost one-third (31%) of the Sydney sample reported currently being a student in 2022, a significant decrease from 63% in 2021 (p=<0.001).

The median weekly income increased significantly to $1000 (IQR=$550-$1600; $700 in 2021; IQR=$475-$1000; p=0.001).

Table 1: Demographic characteristics of the sample, nationally, 2022, and Sydney, NSW, 2017-2022

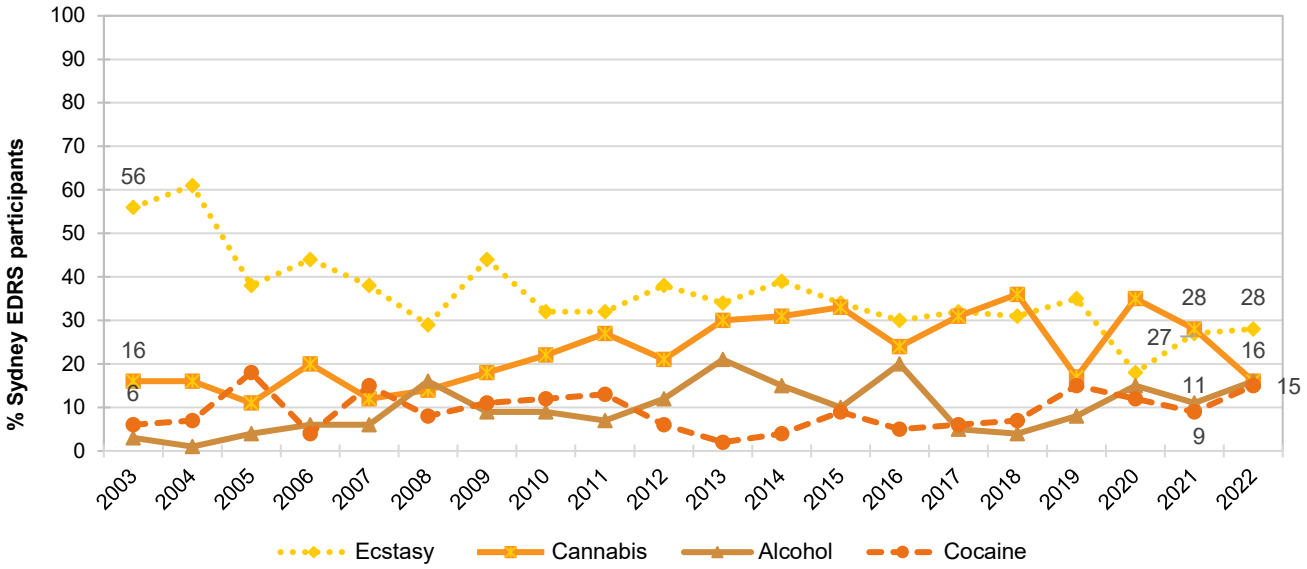
	Sydney, NSW						National
	2017	2018	2019	2020	2021	2022	2022
	N=100	N=100	N=100	N=103	N=99	N=100	N=700
Median age (years; IQR)	20 (19-24)	20 (18-22)	25 (21-29)	21 (19-27)	23 (21-26)	**29 (23-34) *****	25 (21-30)
% Gender							
Female	29	38	38	36	29	**31**	40
Male	69	60	57	62	67	**64**	56
Non-binary	0	0	-	-	-	**-**	4
% Aboriginal and/or Torres Strait Islander	-	7	-	-	-	**-**	5
% Sexual identity							
Heterosexual	81	82	82	82	75	**69**	71
Homosexual	5	-	-	-	-	**7**	5
Bisexual	11	13	16	16	13	**17**	17
Queer	/	/	-	-	8	**-**	6
Different identity	-	-	0	0	0	**-**	2
Mean years of school education (range)	12 (10-12)	12 (9-12)	12 (8-12)	12 (8-12)	12 (10-12)	**12 (9-12)**	12 (6-12)
% Post-school qualification(s)^	35	30	45	45	52	**69***	61
% Current students#	15	15	41	53	63	**31*****	41
% Current employment status						******	
Employed full-time	19	19	37	29	28	**49**	32
Part time/casual	/	/	/	32	48	**24**	41
Self-employed	/	/	/	-	8	**13**	8
Unemployed	13	24	19	36	15	**14**	19
Current median weekly income $ (IQR)	(N=96) $450 (25-2100)	(N=96) $400 (200-764)	(N=99) $755 (450-1154)	(N=101) $635 (430-923)	(N=99) $700 (475-1000)	**(N=100) $1000** (550 – 1600)**	$700 (450-1200)
% Current accommodation						******	
Own house/flat	-	-	-	6	-	**14**	12
Rented house/flat	38	61	61	41	71	**66**	59
Parents'/family home	58	33	33	47	26	**16**	23
Boarding house/hostel	-	0	0	-	0	**0**	2
Public housing	/	-	-	-	-	**-**	2
No fixed address+	-	-	-	0	0	**0**	2
Other	-	0	0	-	0	**-**	1

Note. ^Includes trade/technical and university qualifications.# 'students' comprised participants who were currently studying for either trade/technical or university/college 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). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

The reported drug of choice remained stable between 2021 and 2022 (p=0.215). One-quarter of the sample nominated ecstasy (28%; 27% in 2021) as their drug of choice, followed by cannabis (16%; 28% in 2021), alcohol (16%; 11% in 2021), and cocaine (15%; 9% in 2021; Figure 1). The drug used most often in the past month significantly changed between 2021 and 2022 (p=0.020). Thirty-six per cent of the Sydney sample reported alcohol as the drug used most often in the last month (35% in 2021), followed by cannabis (21%; 39% in 2021), cocaine (10%; 9% in 2021), and ecstasy the least reported drug used most often (9%; n≤5 in 2021).

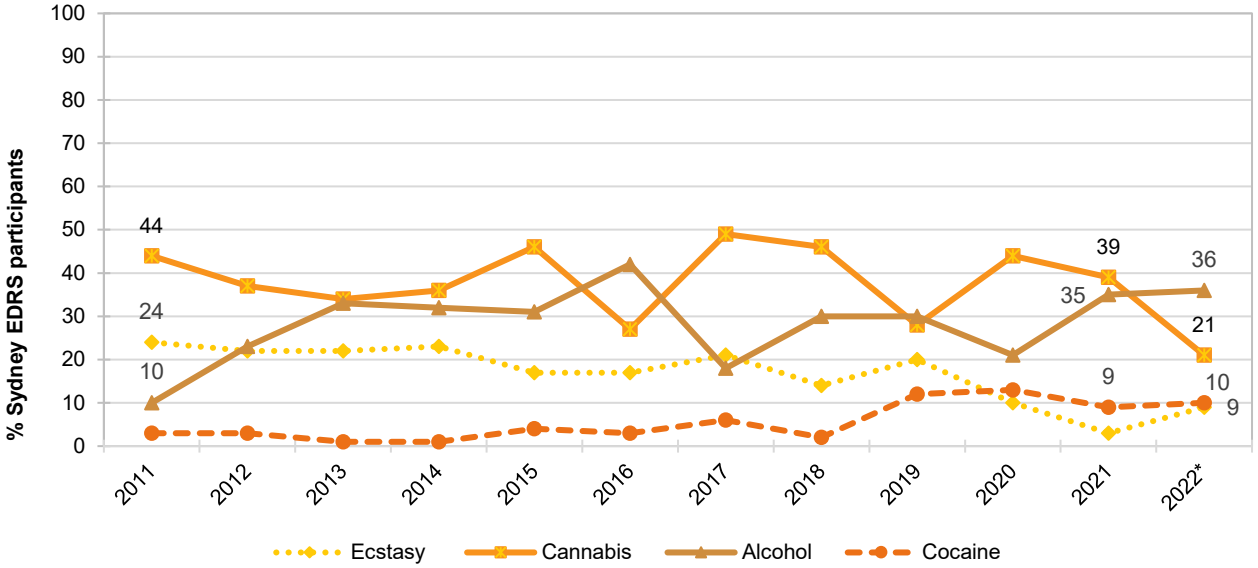
Weekly or more frequent use remained stable across ecstasy, cannabis, methamphetamine, and cocaine in 2022.

Figure 1: Drug of choice, Sydney, NSW, 2003-2022



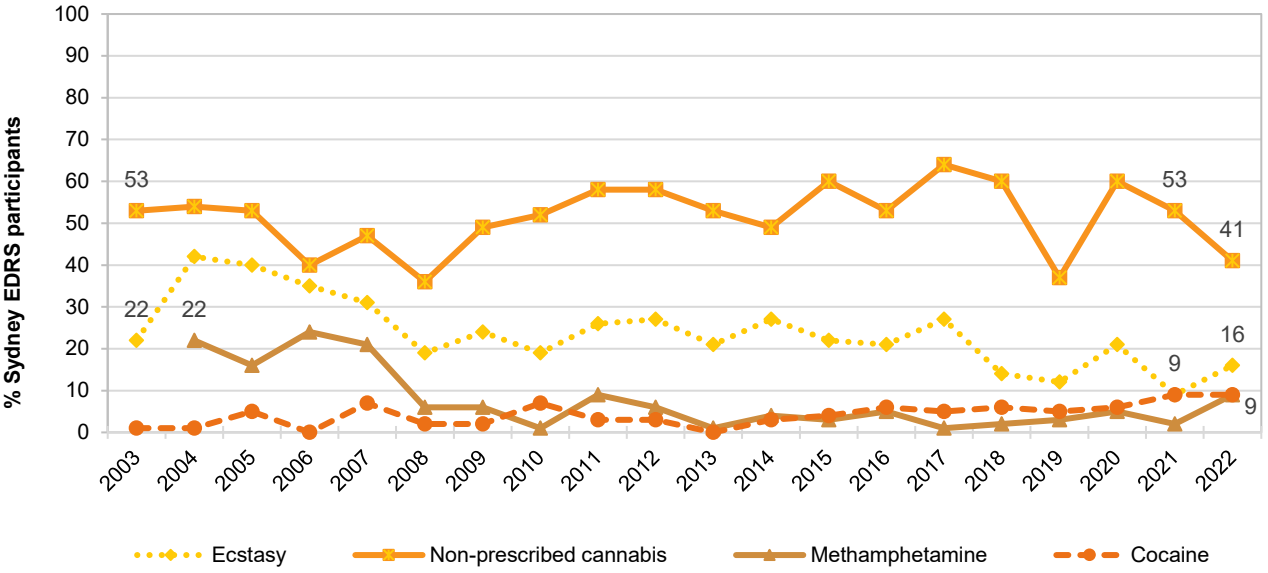
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug used most often in the past month, Sydney, NSW, 2011-2022



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 2011-2022 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Sydney, NSW, 2003-2022



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2003/2004) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

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)

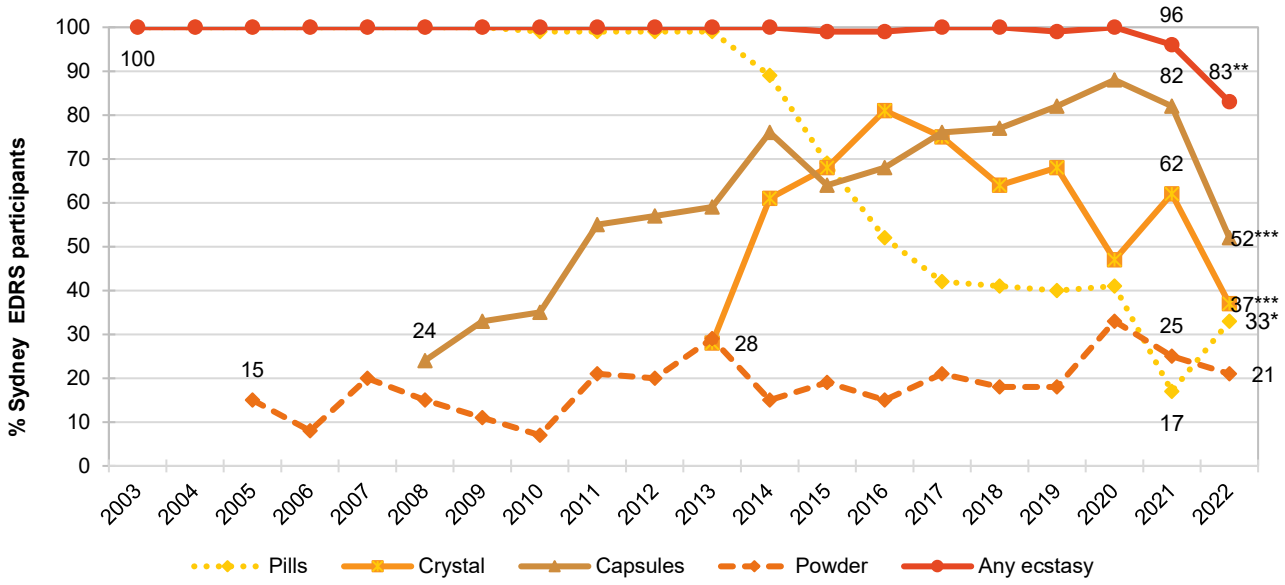
The majority (83%) of the Sydney sample had recently consumed ecstasy in any form in 2022 (96% in 2021; p=0.005). This was a considerable decrease in comparison to previous years.

Capsules remained the most commonly consumed form of ecstasy. However, recent use of capsules significantly declined to 52% (82% in 2021; p<0.001). This was followed by crystal, which also decreased significantly between 2021 (62%) and 2022 (37%; p<0.001). While recent use of ecstasy pills has been declining since 2013, a recent increase in use was observed from 2021 to 2022 (17% to 33%; p=0.015). Recent use of powder remained stable (Figure 4).

Frequency of Use

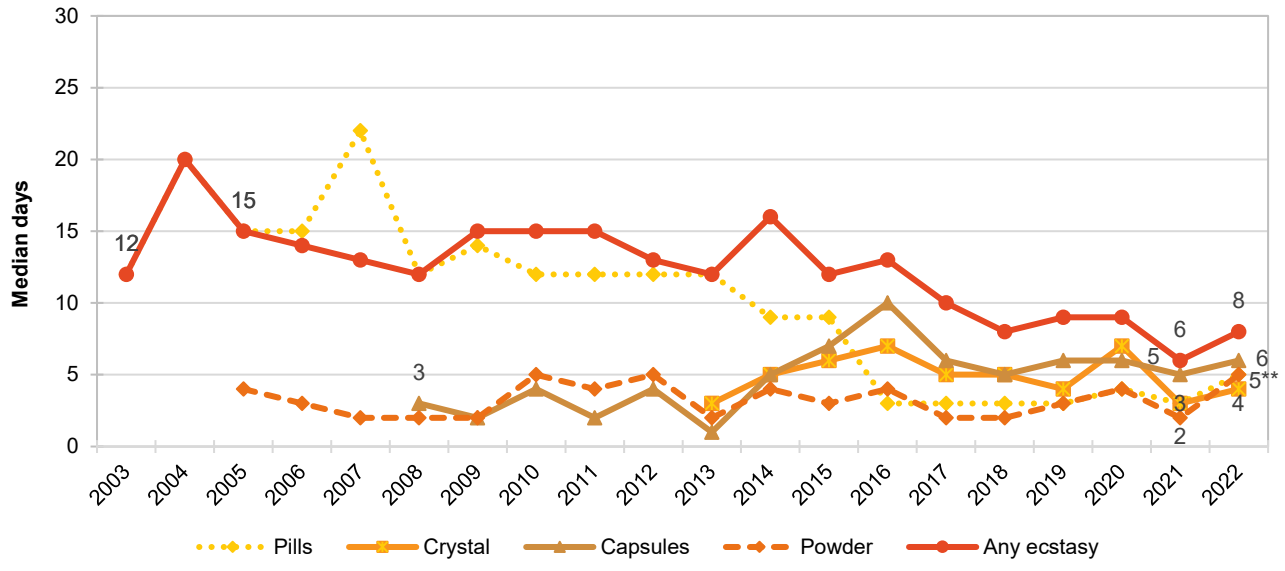
Participants reported using any form of ecstasy on a median of eight days (IQR=4-16; n=83; Figure 5) in the six months preceding interview, stable from six days in 2021 (IQR=4-12; p=0.207). The per cent of participants who reported weekly or more frequent use was 19% (9% in 2021; p=0.091).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Sydney, NSW, 2003-2022



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. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Sydney, NSW, 2003-2022



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 past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. The response option 'Don't know' was excluded from analysis. 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 (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Since 2013, the per cent reporting recent use of pills has declined considerably, decreasing to 17% in 2021. However, an increase in recent use of pills was observed from 2021 to 2022 (33%; p=0.015; Figure 4).

Frequency of Use: Ecstasy pills were consumed on a median of five days in the previous six months (IQR=2-7; n=33; 3 days in 2021; IQR=2-5; p=0.105; Figure 5).

Routes of Administration: Swallowing remained the main route of administration for pills in 2022 (100%; n=33; 88% in 2021; *p*=0.111). This was followed by snorting (18%; 29% in 2021; *p*=0.475).

Quantity: The median number of pills consumed in a 'typical' session was two (IQR=1-2; n=33), stable compared to 2021 (2 pills; IQR=1.5-2; *p*=0.666). The median maximum amount reported in a session was also two pills (IQR=2-4; n=33), stable from 2021 (2 pills, IQR=2-4; *p*=0.801).

Ecstasy Capsules

Recent Use (past 6 months): Capsules were the most commonly used form of ecstasy in 2022, with 52% of the Sydney sample reporting recent use. However, this was a significant decrease from the per cent reporting recent use of capsules in 2021 (82%; *p*<0.001; Figure 4).

Frequency of Use: Capsules were the most frequently used form of ecstasy among the Sydney sample, with a median of six days (IQR=4-12; n=52) of use in the past six months (5 days in 2021; IQR=3-8; *p*=0.132; Figure 5).

Routes of Administration: Of those who responded (n=52), all (100%) participants reported swallowing capsules in the six months preceding the interview (100% in 2021)). This was followed by snorting (33%; 23% in 2021; *p*=0.323).

Quantity: The median number of capsules consumed in a 'typical' session was two (IQR=1.5-3; n=51; 2 capsules in 2021; IQR=1-3; *p*=0.056). The median maximum amount reported in a session was three capsules (IQR=2-5; n=51; 3 capsules in 2021; IQR=2-4; *p*=0.055).

Contents of Capsules: Of those participants who had recently used capsules and commented (n=50), most (68%) reported that their last capsule contained crystal, whilst 34% reported that it contained powder; few participants (n≤5) 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 and then returning to similar levels in 2021. In 2022, recent use of crystal among the Sydney sample significantly decreased from 62% in 2021 to 37% in 2022 (p<0.001; Figure 4).

Frequency of Use: Frequency of crystal use in the six months preceding the interview remained stable at four days (IQR=2-8; n=37; 3 days in 2021, IQR=2-6; p=0.420; Figure 5).

Routes of Administration: Consistent with previous years, of those who had recently used crystal (n=37), the majority (95%; 90% in 2021; p=0.706) reported swallowing, and almost one-quarter (24%) reported snorting (46% in 2021; p=0.055).

Quantity: The median amount of crystal consumed in a 'typical' session was 0.20 grams (IQR=0.10-0.50; n=29; 0.20 grams in 2021; IQR=0.20-0.40; *p*=0.857) The median maximum amount of crystal consumed was 0.40 grams (IQR=0.20-0.80; n=29; 0.40 grams in 2021; IQR=0.20-0.50; *p*=0.557).

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 of ecstasy powder. In 2022, powder was the least commonly used form of ecstasy reported, decreasing to 21% (25% in 2021; *p*=0.498; Figure 4).

Frequency of Use: Participants reported using powder on a median of five days in the past six months (IQR=3-7; n=21), a significant increase from 2021 (2 days; IQR=1-4; *p*=0.009; Figure 5).

Routes of Administration: Of those who responded (n=21), 76% of participants reported snorting powder in the six months preceding the interview (72% in 2021), followed by 67% of participants who reported consuming powder by swallowing (72% in 2021; *p*=0.758)

Quantity: In a 'typical' session, participants reported consuming powder at a median amount of 0.50 grams (IQR=0.20-0.50; n=17; 0.20 grams in 2021; IQR=0.20-0.30; *p*=0.617). The median maximum amount consumed in a session was 0.50 grams (IQR=0.30-1.00; n=17; 0.40 grams in 2021; IQR=0.20-0.05; *p*=0.382).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of an ecstasy pill was $30 in 2022 (IQR=25-35; n=19), stable from 2021 ($28; IQR=21-53; *p*=0.897; Figure 6).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2021 and 2022 (p=0.978). Among those who were able to comment in 2022 (n=33), 24% reported purity to be 'high' (23% in 2021) and 33% (38% in 2021) reported purity to 'fluctuate' (Figure 8).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2021 and 2022 (*p*=0.547). Among those who were able to comment in 2022 (n=34), 47% perceived ecstasy pills to be 'easy' to obtain (37% in 2021), while 32% perceived them to be 'difficult' to obtain (30% in 2021; Figure 12).

Ecstasy Capsules

Price: The median price per capsule was $25 in 2022 (IQR=20-30; n=28), the same median price observed in 2021 ($25; IQR=20-25; p=0.893) and from 2016 to 2019 (Figure 6).

Perceived Purity: The perceived purity of capsules remained stable between 2021 and 2022 (*p*=0.102). Of those who could comment in 2022 (n=52), 17% perceived purity to be 'high' (32% in 2021), and 33% reported purity to be 'medium' (36% in 2021; Figure 9).

Perceived Availability: A significant change was observed in the perceived availability of capsules between 2021 and 2022 (*p*=0.007). Among those who were able to comment in 2022 (n=53), the per cent of participants who perceived capsules to be 'easy' to obtain declined from 55% in 2021 to 34% in 2022. Conversely, 32% reported that capsules were 'difficult' to obtain in 2022 (15% in 2021; Figure 13).

Ecstasy Crystal

Price: The median price for a gram of ecstasy crystal was $200 (IQR=180-250; n=17), remaining stable from 2021 ($200; IQR=178-220; *p*=0.196) (Figure 7).

Perceived Purity: A significant change was observed in the perceived purity of ecstasy crystal between 2021 and 2022 (*p*=0.028). Among those who were able to comment in 2022 (n=35), 46% perceived purity to be 'high', an increase from 31% in 2021. More participants perceived crystal to 'fluctuate' in purity in 2022 (29%; 12% in 2021; Figure 10).

Perceived Availability: The perceived availability of ecstasy crystal remained relatively stable between 2021 and 2022 (*p*=0.076). Among those who commented in 2022 (n=36), the largest per cent reported crystal to be 'easy' (47%; 45% in 2021) to obtain, followed by 'very easy' (22%; 35% in 2021; Figure 14) to obtain.

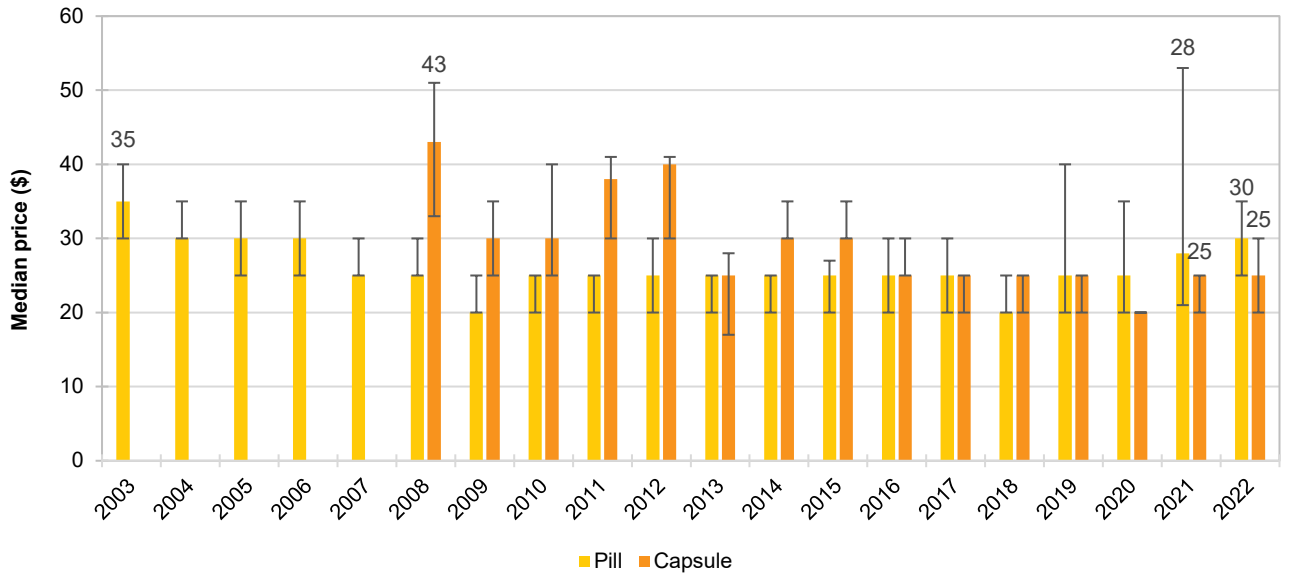
Ecstasy Powder

Price: The median price for a gram of ecstasy powder was $200 (IQR=190-260; n=9), remaining stable from 2021 ($200; IQR=165-200; *p*=0.306) (Figure 10). No participants commented on the price per point of powder in 2021 or 2022 (Figure 7).

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2021 and 2022 (*p*=0.406; Figure 11). However, due to low numbers (n≤5), further details are not reported on purity for ecstasy powder. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

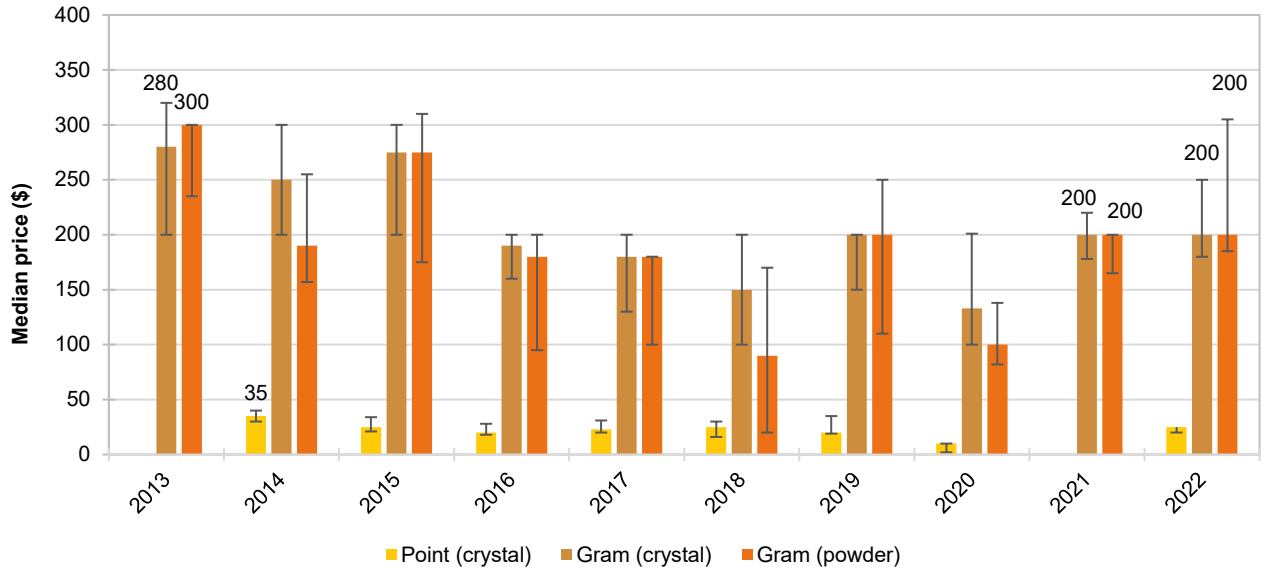
Perceived Availability: A significant difference was observed in the perceived availability of ecstasy powder between 2021 and 2022 (*p*=0.010). Among those who commented in 2022 (n=15), no participants reported ecstasy powder to be 'very easy' to obtain (44% in 2021) and 47% reported ecstasy powder was 'easy' to obtain (25% in 2021). Fifty-three per cent reported ecstasy powder to be 'difficult' to obtain (31% in 2021; Figure 15).

Figure 6: Median price of ecstasy pill and capsule, Sydney, NSW, 2003-2022



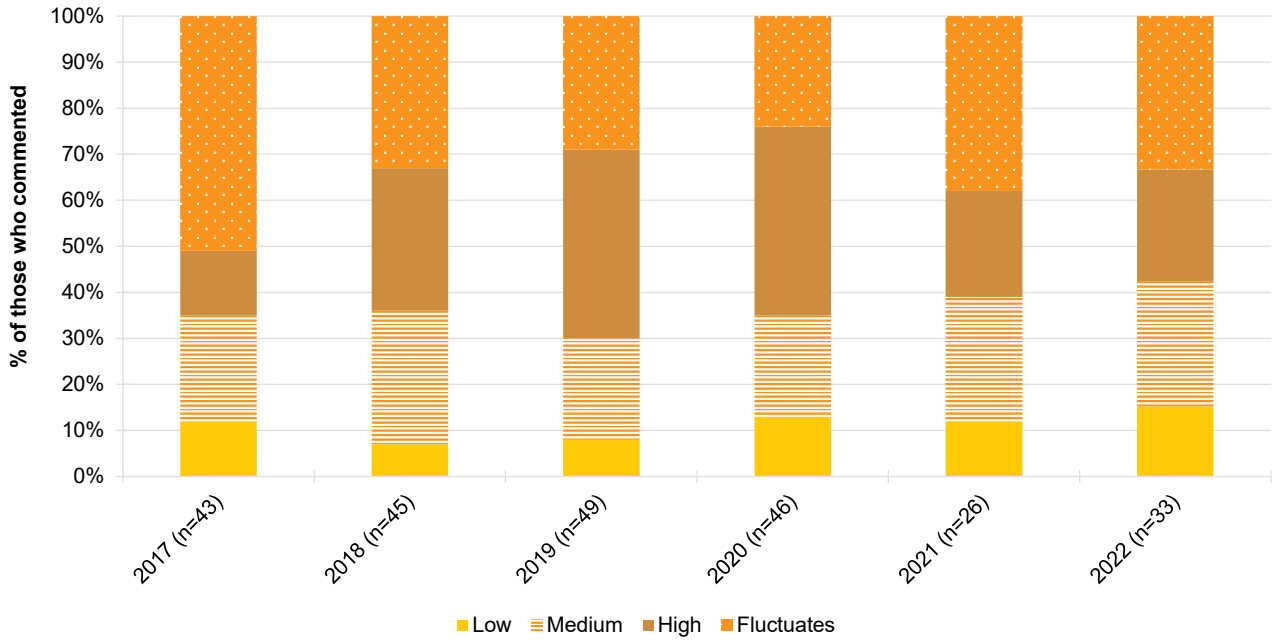
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Median price of ecstasy crystal per point and gram and powder per gram, Sydney, NSW, 2013-2022



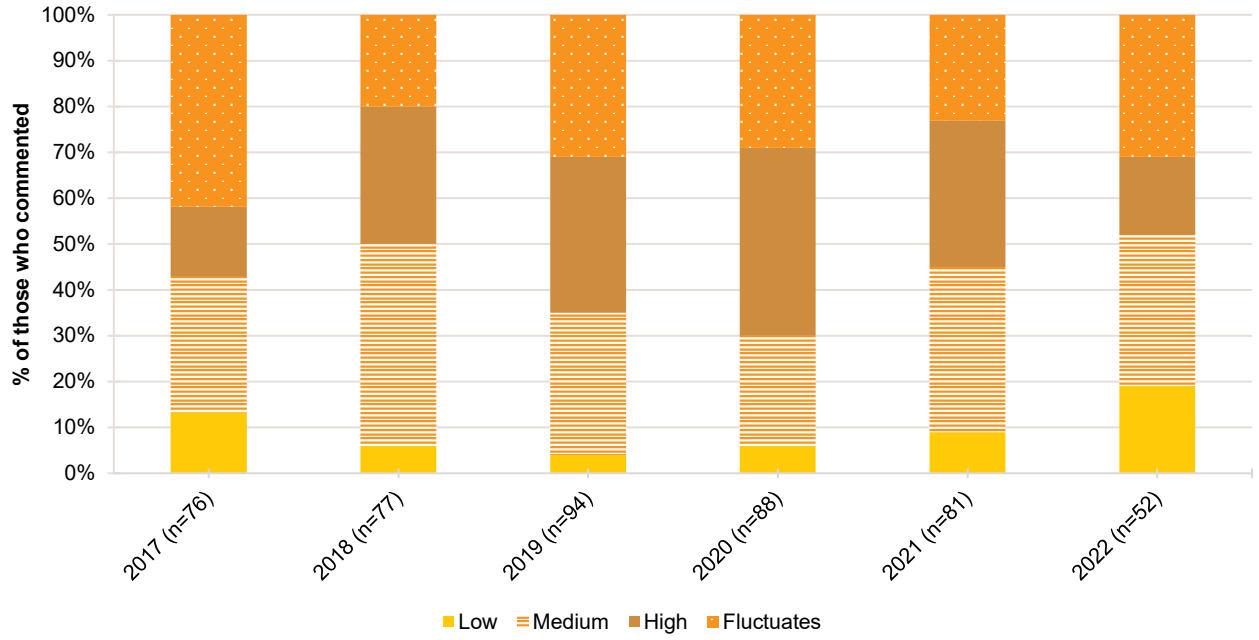
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. No participants reported price data for a 'point' of ecstasy crystal in 2021. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 8: Current perceived purity of ecstasy pills, Sydney, NSW, 2017-2022



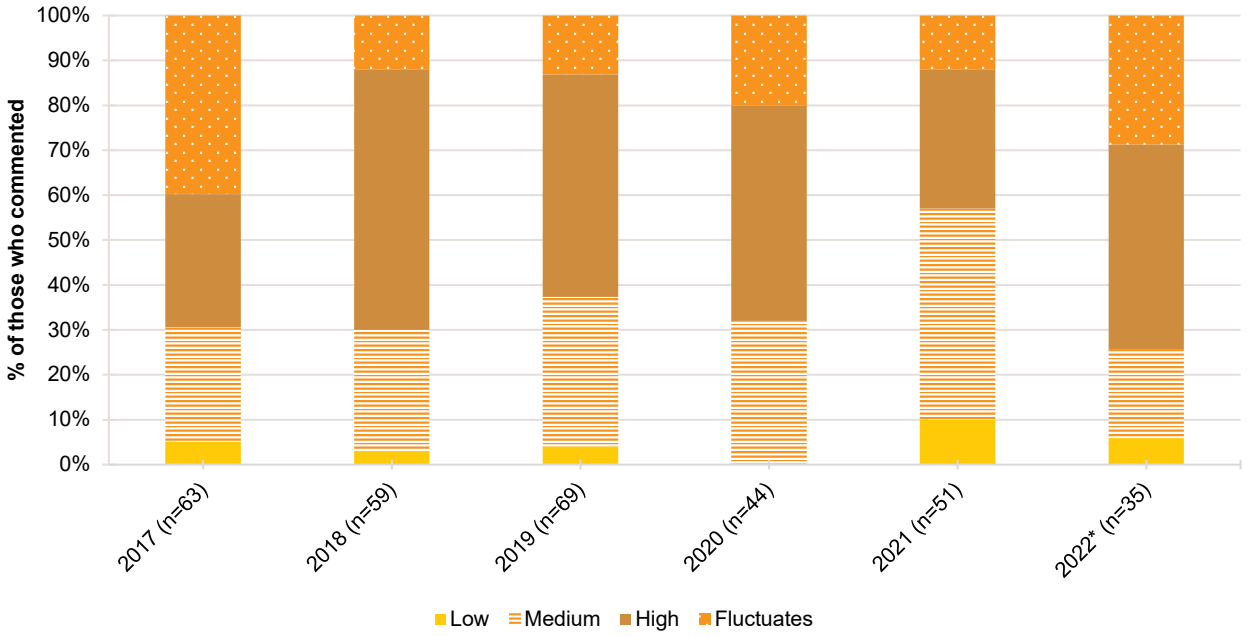
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Current perceived purity of ecstasy capsules, Sydney, NSW, 2017-2022



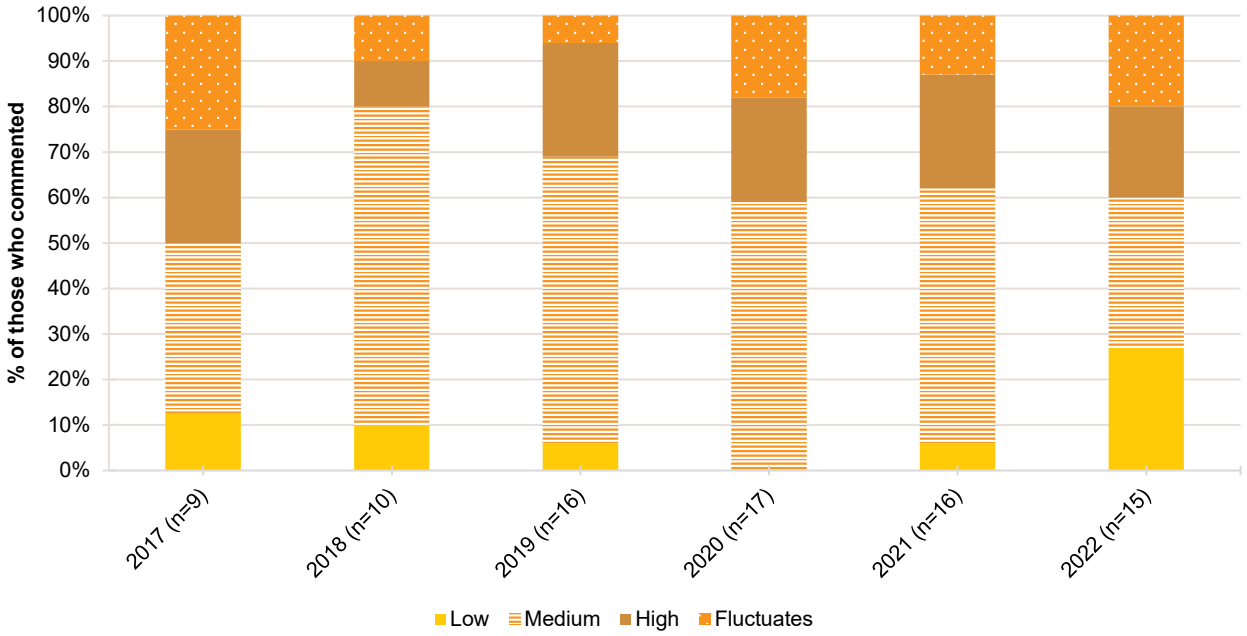
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 10: Current perceived purity of ecstasy crystal, Sydney, NSW, 2017-2022



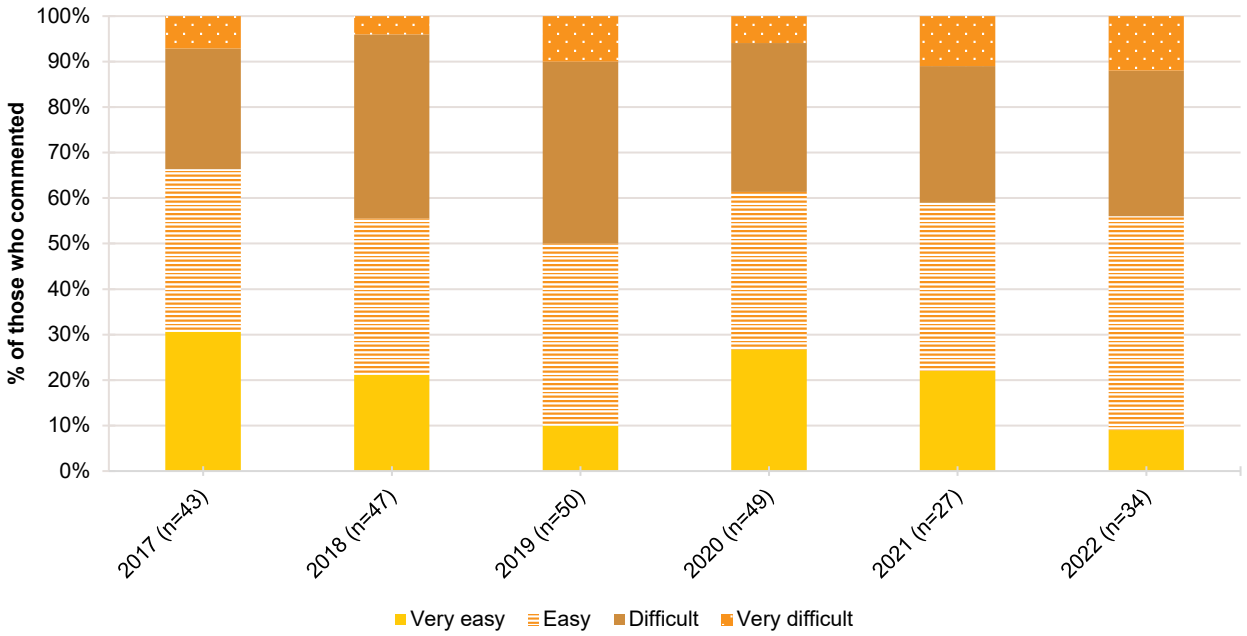
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of ecstasy powder, Sydney, NSW, 2017-2022



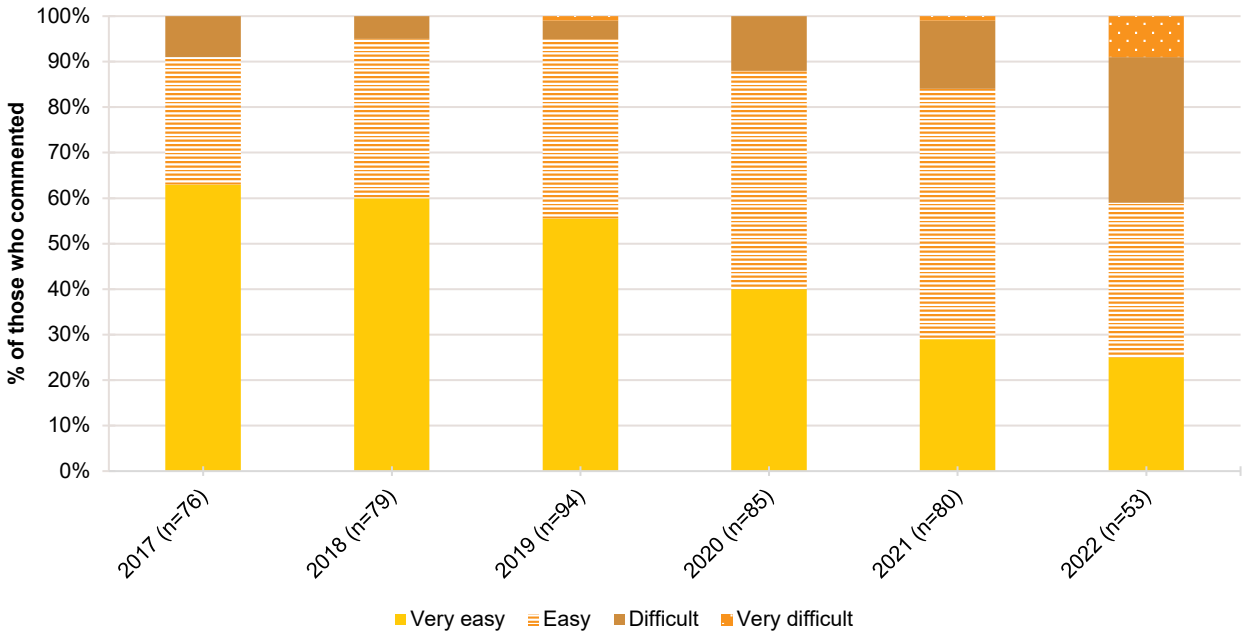
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of ecstasy pills, Sydney, NSW, 2017-2022



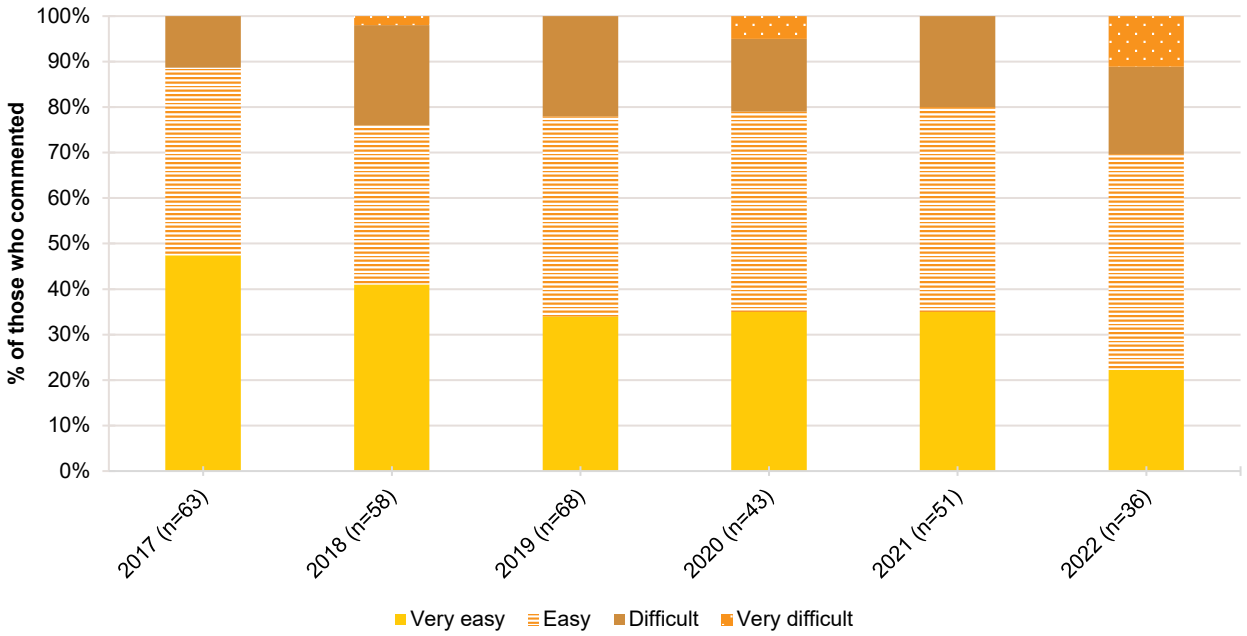
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived availability of ecstasy capsules, Sydney, NSW, 2017-2022



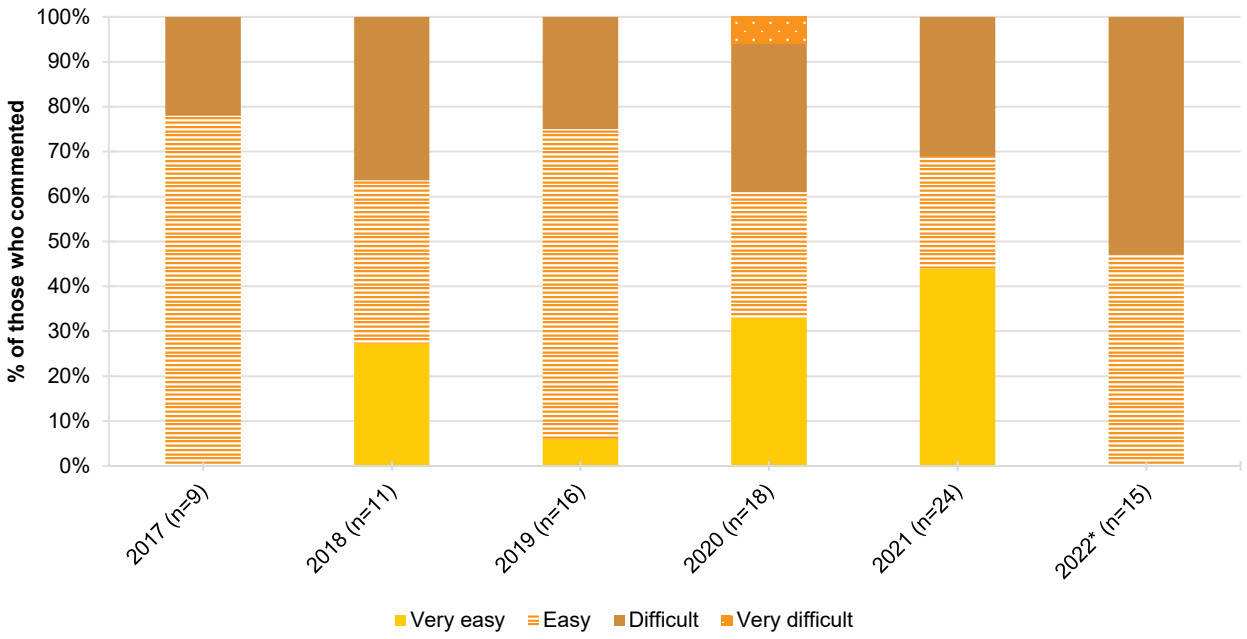
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of ecstasy crystal, Sydney, NSW, 2017-2022



Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of ecstasy powder, Sydney, NSW, 2017-2022



Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for all stacked bar charts; data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder) and crystal (clear, ice-like crystals). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the National EDRS Report for national trends, or contact the Drug Trends team.

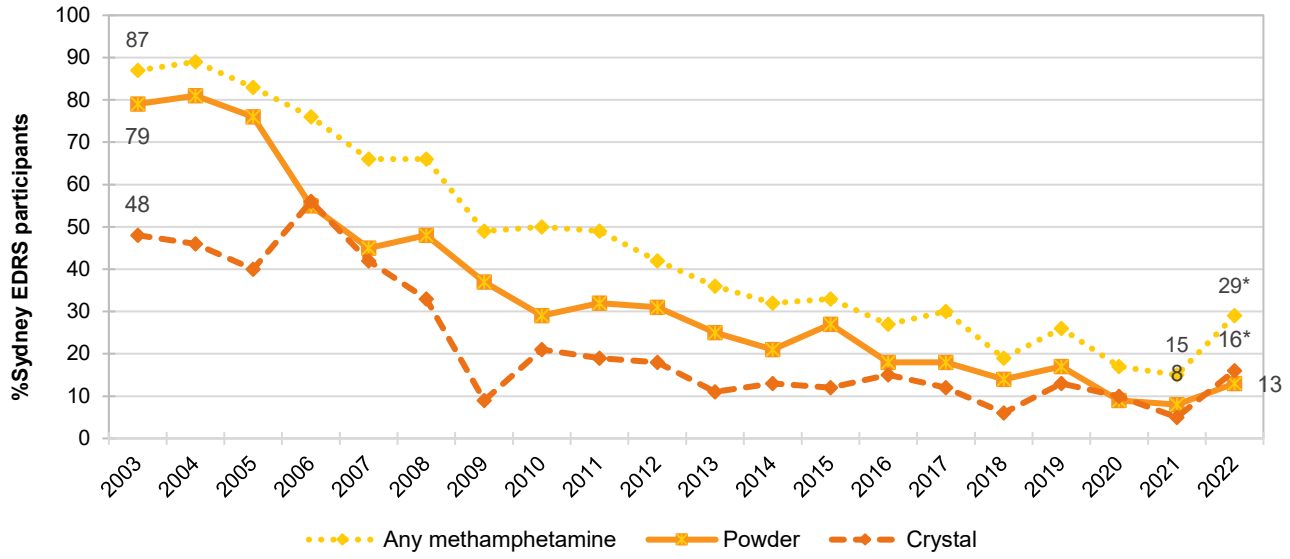
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began, from 87% in 2003 to 15% in 2021. In 2022, a significant increase was observed in any methamphetamine use amongst the Sydney sample (29%; *p*=0.029; Figure 16).

Frequency of Use

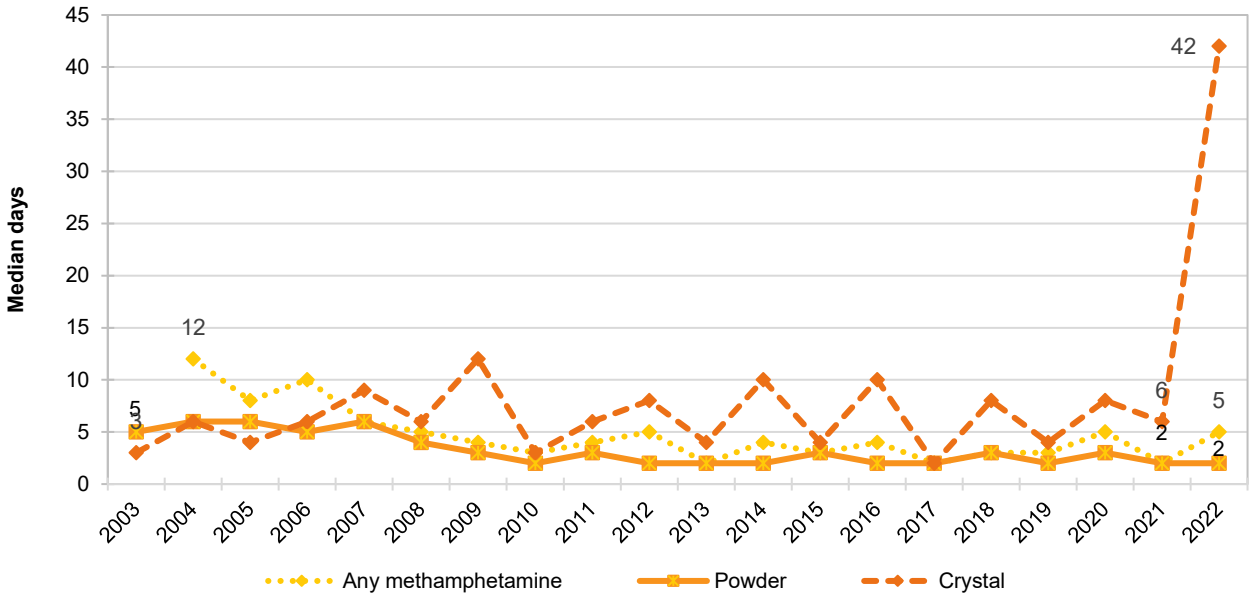
Frequency of any methamphetamine use peaked in 2004 and has since fluctuated considerably over time. In 2022, the median frequency of use was reported to be five days in the six months preceding interview (IQR=2-60; n=29; 2 days in 2021; IQR=2-8; *p*=0.220; Figure 17). One-third (31%) of participants reported weekly or more frequent use of any methamphetamine in 2022 (n≤5 participants in 2021; *p*=0.282).

Figure 16: Past six month use of any methamphetamine, powder, and crystal, Sydney, NSW, 2003-2022



Note. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 17: Median days of any methamphetamine, powder, and crystal use in the past six months, Sydney, NSW, 2003-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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, remaining relatively stable in 2022 (13%; *p*=0.353; Figure 16).

Frequency of Use: Methamphetamine powder was used on a median of two days (IQR=1-3; n=13) in 2022, stable from two days in 2021 (IQR=2-7; n=8; *p*=0.366; Figure 17). Few participants (n≤5) reported weekly or more frequent use of methamphetamine powder in 2022 (0% in 2021).

Routes of Administration: Fifty-four per cent of those who had recently used methamphetamine powder reported snorting it (88% in 2021; *p*=0.174) and 54% reported swallowing the substance in 2022 (n≤5 in 2021; *p*=0.085). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: In 2022, of those who reported recent use and responded (n=8), the median 'typical' amount of methamphetamine powder used per session was 0.40 grams (IQR=0.10-1.0; 0.30 grams in 2021; IQR=0.20-0.50; n≤5; *p*=0.602) Of those who reported recent use and responded (n=8), the median maximum amount used was 0.50 grams (IQR=0.10-1.00; 0.40 grams in 2021; IQR=0.20-0.90).

Methamphetamine Crystal

Recent Use (past 6 months): In 2022, 16% of the Sydney sample reported recent use of methamphetamine crystal, a significant increase from 2021 (n≤5; *p*=0.019; Figure 16).

Frequency of Use: Participants reported using methamphetamine crystal on a median of 42 days (IQR=6-117; n=16) in 2022 (6 days in 2021; IQR=2-24; *p*=0.124). Fifty-six per cent of those who had recently used crystal reported weekly or more frequent use (40% in 2021; *p*=0.635; Figure 17).

Routes of Administration: Ninety-four per cent of those who had recently used methamphetamine crystal reported smoking it (n≤5 in 2021). No participants reported swallowing crystal and few participants (n≤5) reported other routes of administration in 2022.

Quantity: In 2022, of those who reported recent use and responded (n=15), the median 'typical' amount used per session was 0.30 grams (IQR=0.10-0.50; 0.30 grams in 2021; IQR=0.20-0.30; n≤5; *p*=0.543). Of those who reported recent use and responded (n=15), the median maximum amount used per session was 0.50 grams (IQR=0.30-1.00; 0.30 grams in 2021; IQR=0.20-0.30; n≤5; p=0.190).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Few participants (n≤5) commented on the median price of methamphetamine powder in 2022. For historical overview, please refer to Figure 18.

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2021 and 2022 (*p*=0.556). Due to low numbers reporting in 2022 (n≤5), further details are not reported on price for methamphetamine powder (Figure 19). Please refer Figure 19 for historical data and to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2021 and 2022 (*p*=0.842). Due to low numbers reporting in 2022 (n≤5), further details are not reported on perceived availability for methamphetamine powder (Figure 20). Please refer Figure 23 for historical data and to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

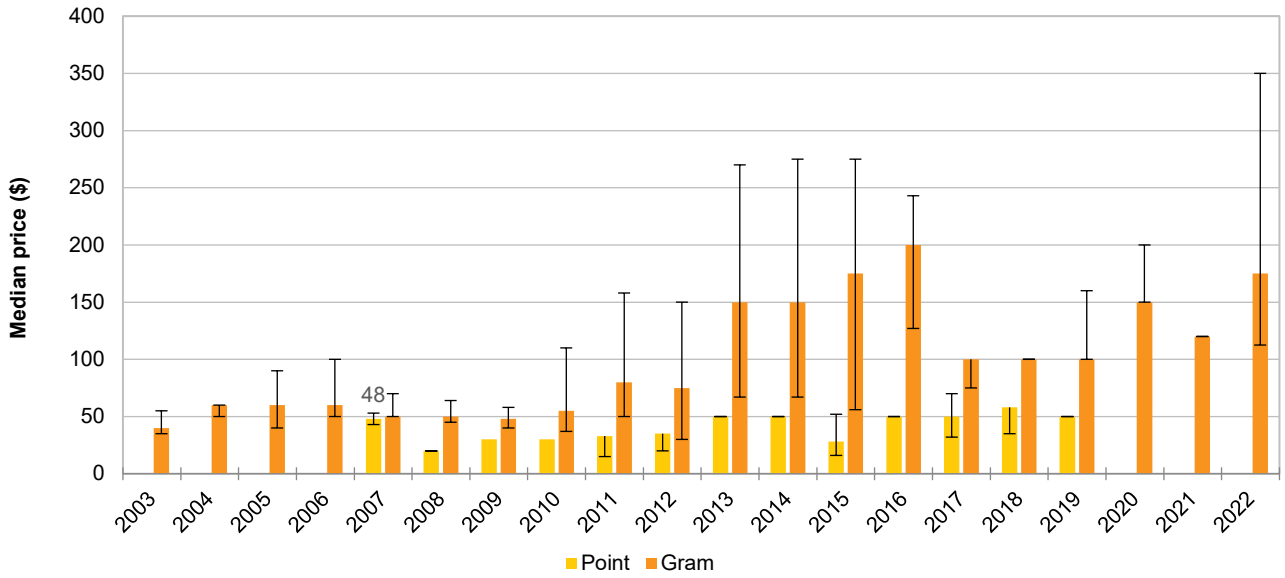
Methamphetamine Crystal

Price: Few participants (n≤5) commented on the median price of methamphetamine crystal in 2022. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of crystal remained stable between 2021 and 2022 (p=0.838). Of those who were able to respond (n=15), 40% perceived the purity of methamphetamine crystal as 'high' (n≤5 in 2021). Few participants (n≤5) reported crystal to be of 'low', 'medium' or 'fluctuating' purity.

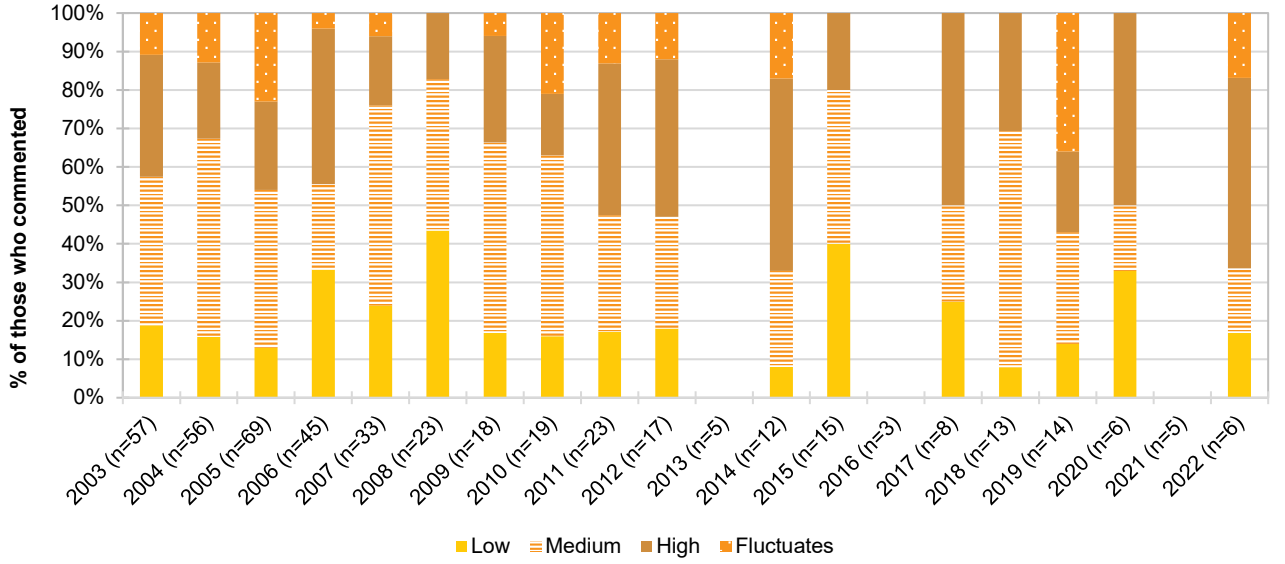
Perceived Availability: A significant difference was observed in perceived availability of methamphetamine crystal in 2022 (p=0.006). Of those who were able to respond (n=16), 63% perceived crystal to be 'very easy' to obtain (0% in 2021).

Figure 18: Median price of methamphetamine powder per point and gram, Sydney, NSW, 2003-2022



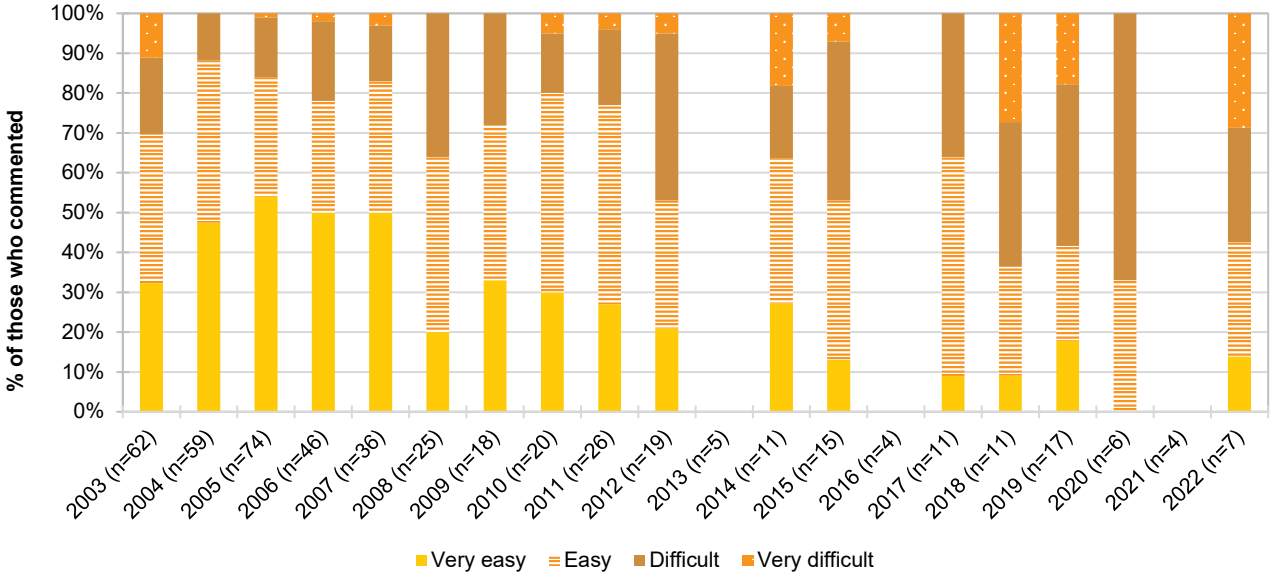
Note. Among those who commented. No participants reported purchasing a gram of powder methamphetamine in 2014, 2020 and 2021. Data labels are only provided for the first (2003 and 2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables.The error bars represent the IQR. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived purity of methamphetamine powder, Sydney, NSW, 2003-2022



Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 20: Current perceived availability of methamphetamine powder, Sydney, NSW, 2003-2022



Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

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, reaching 94% in 2021. Recent cocaine use remained stable at 86% in 2022 (p=0.101; Figure 21).

Frequency of Use

Frequency of use was reported to be a median of six days (IQR=4-12; n=86) in the six months preceding interview (6 days in 2021; IQR=3-12; *p*=0.600; Figure 21), with 10% reporting weekly or more frequent use (10% in 2021).

Routes of Administration

Of those who had recently used cocaine and commented (n=86), the majority (99%) reported snorting cocaine, consistent with previous years (99% in 2021).

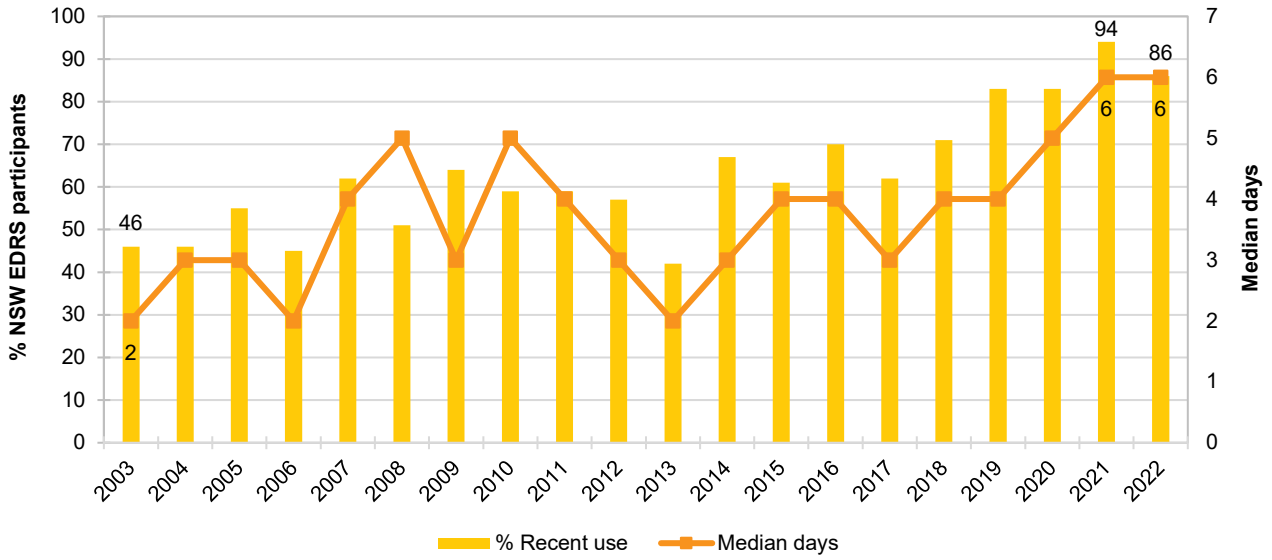
Quantity

In 2022, the median amount of cocaine consumed in a 'typical' session was 0.50 grams (IQR=0.40-1.00; n=53; 0.50 grams in 2021; IQR=0.30-0.90; *p*=0.034). In a maximum session, the median intake in 2022 was 1.00 gram (IQR=0.70-2.00; n=56; 0.70 grams in 2021; IQR=0.40-1.10; *p*=0.009).

Forms Used

Among participants who had recently consumed cocaine and commented (n=85), the vast majority reported using powder cocaine (92%; 97% in 2021; *p*=0.198), with few participants (n≤5) reporting use of crack cocaine.

Figure 21: Past six month use and frequency of use of cocaine, Sydney, NSW, 2003-2022



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 (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

The median price for a gram of cocaine has been consistently $300 since 2008 ($300 in 2022; IQR=250-300; n=44; $300 in 2021; IQR=250-300; p=0.919; Figure 22).

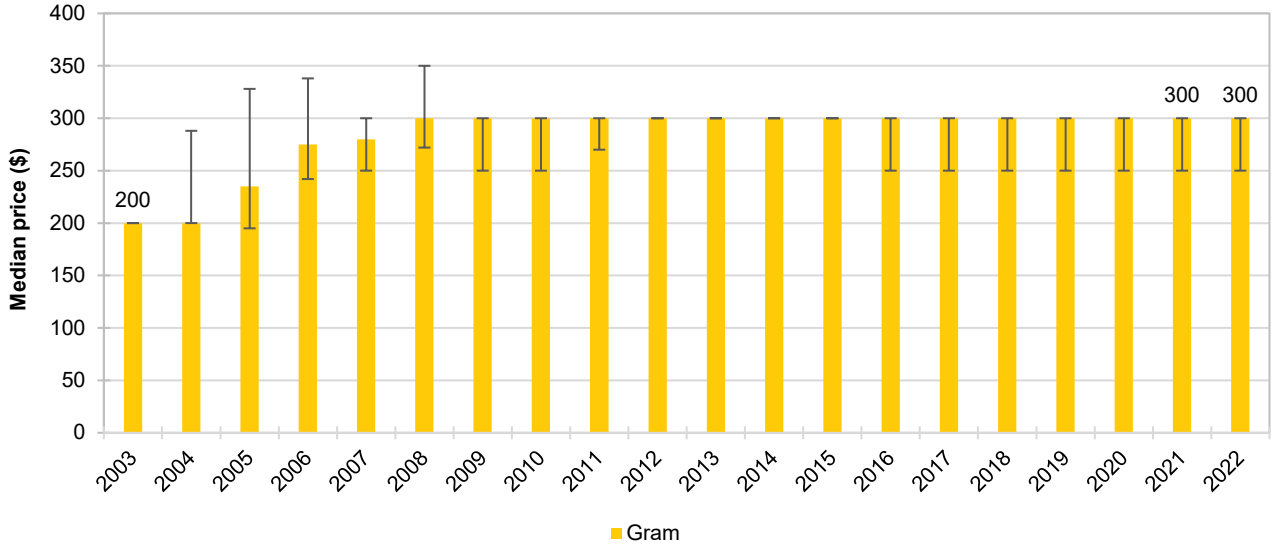
Perceived Purity

The perceived purity of cocaine remained stable between 2021 and 2022 (p=0.274). Among those who commented in 2022 (n=83), the largest per cent reported purity to be 'low' (43%; 35% in 2021), followed by 'fluctuates' (25%; 19% in 2021). Eleven per cent perceived the purity of cocaine to be 'high' (18% in 2021; Figure 23).

Perceived Availability

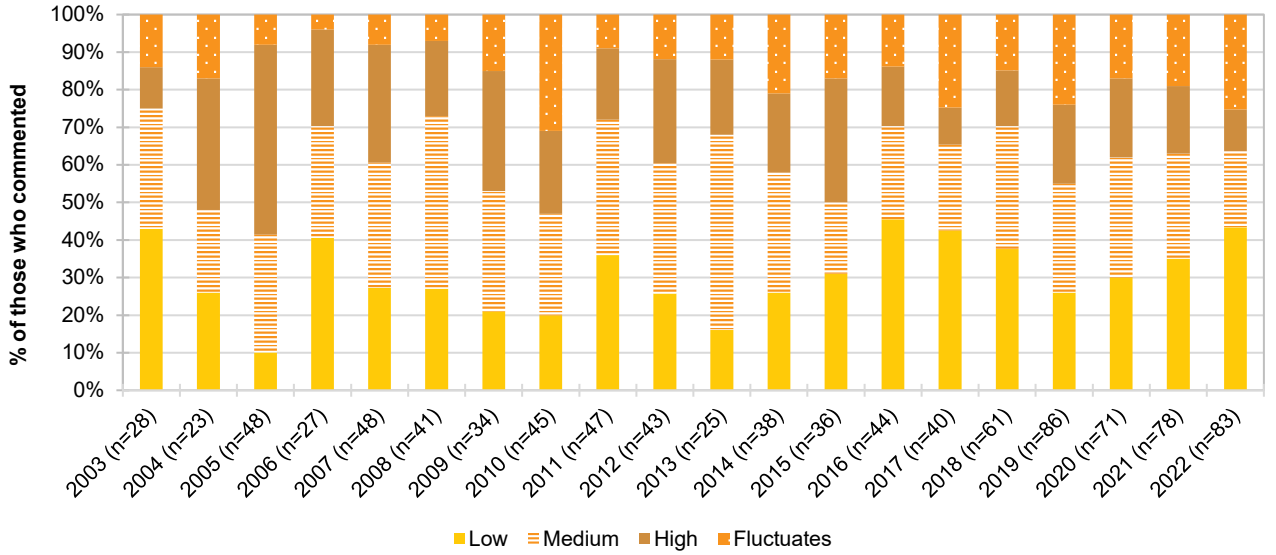
The perceived availability of cocaine remained stable between 2021 and 2022 (p=0.288). Among those who commented in 2022 (n=84), the largest per cent reported cocaine to be 'very easy' to obtain (51%; 44% in 2021), followed by 'easy' (32%; 40% in 2021) to obtain. Thirteen per cent reported cocaine to be 'difficult' to obtain (16% in 2021; Figure 24).

Figure 22: Median price of cocaine per gram, Sydney, NSW, 2003-2022



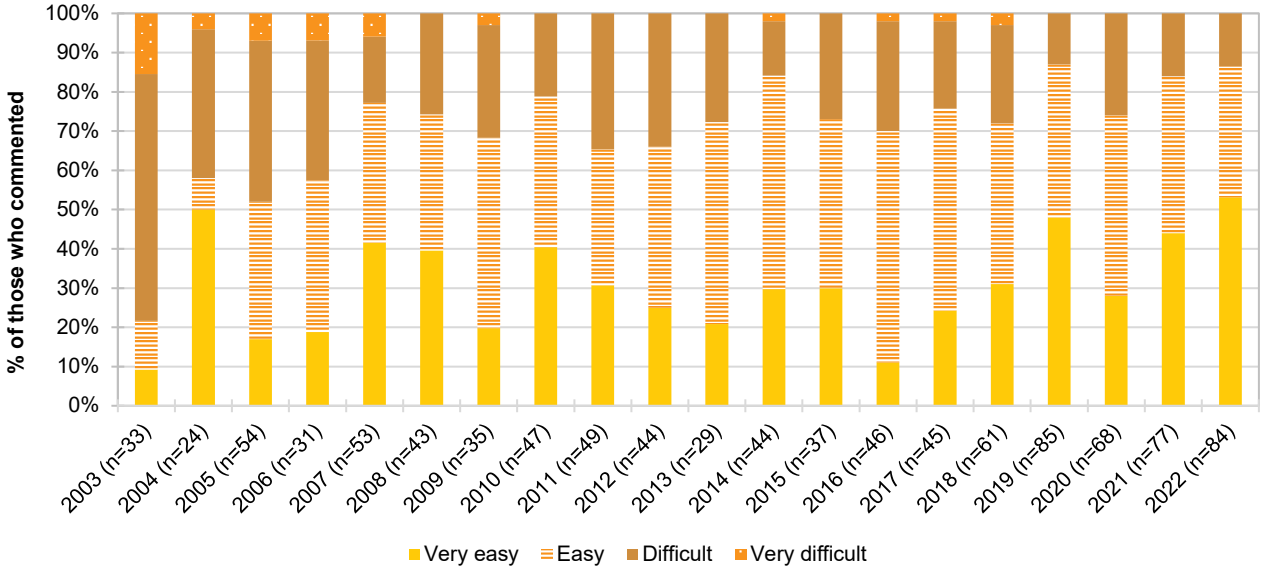
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived purity of cocaine, Sydney, NSW, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 24: Current perceived availability of cocaine, Sydney, NSW, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

5

Cannabis and/or Cannabinoid Related Products

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, hash oil and CBD and THC extract.

Terminology throughout this chapter refers to:

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

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); seven per cent of the Sydney sample reported prescribed use in the six months preceding interview.

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

Recent Use (past 6 months)

In 2022, 71% of Sydney participants reported recent non-prescribed cannabis and/or cannabinoid related product use, a significant decrease from 88% in 2021 (p=0.006; Figure 25).

Frequency of Use

The median frequency of use has fluctuated considerably since monitoring began, ranging between 15 and 72 days in the six months preceding interview (Figure 25). In 2022, participants reported using non-prescribed cannabis and/or cannabinoid related products on a median of 28 days (IQR=11-120; n=71; 40 days in 2021; IQR=6-140; p=0.926). Among those who were able to respond (n=71), 58% reported weekly or more frequent use (60% in 2021; p=0.869), with 23% reporting daily use (18% in 2021; p=0.552).

Routes of Administration

Of those who reported recent non-prescribed use and responded (n=71) the majority (87%) reported smoking non-prescribed cannabis and/or cannabinoid related products, a decrease from 98% in 2021 (p=0.013). This was followed by inhaling or vaporising (41%; 37% in 2021; p=0.624) and swallowing (32%; 34% in 2021; p=0.863).

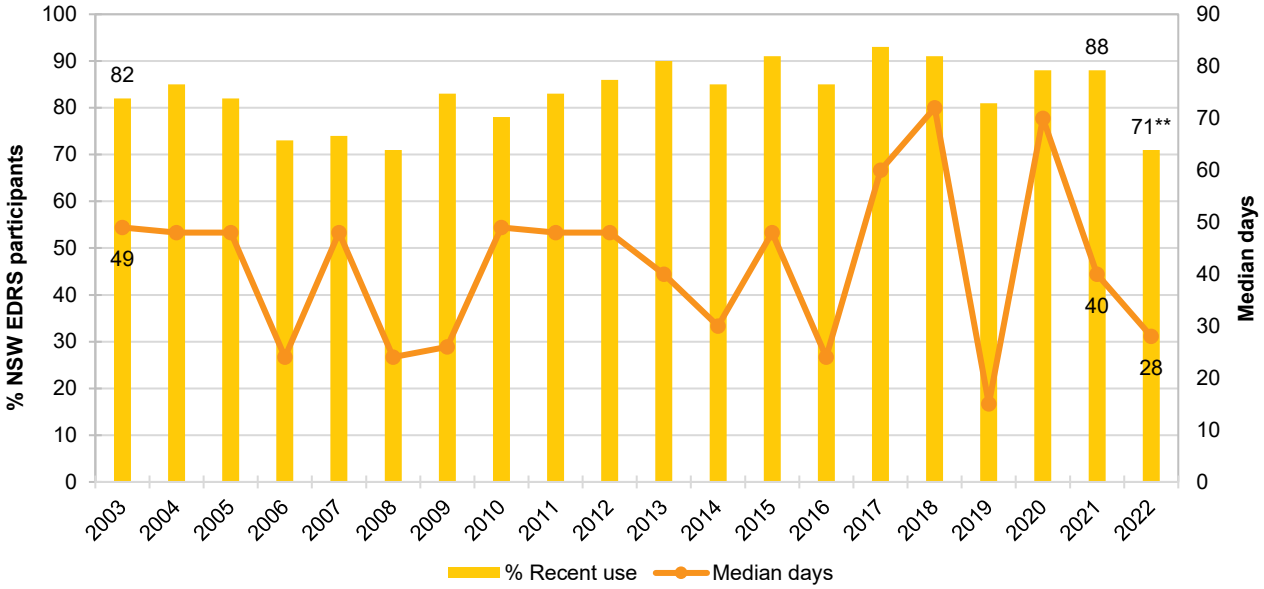
Quantity

On the last occasion of non-prescribed cannabis and/or cannabinoid related product use, the median amount used by participants remained stable at 0.50 grams (IQR=0.50-1.00; n=24; 0.80 grams in 2021; IQR=0.50-1.00; p=0.745). The median amount of cones and joints on the last occasion of use also remained stable between 2021 and 2022, with one cone (IQR=1-3; n=9; 1 cone in 2021; IQR=1-3; p=0.796) and one joint (IQR=0.8-1; n=31; one joint in 2021; IQR=0.5-1.5; p=0.546) reported to be consumed on the last occasion of use in 2022.

Forms Used

Of those who reported recent non-prescribed use and were able to comment (n=64), the majority (77%) reported consuming hydroponic cannabis (84% in 2021; p=0.298), followed by bush cannabis (44%; 63% in 2021; p=0.032), and hashish (13%; 8% in 2021; p=0.410). Fewer participants reported consuming hash oil (13%; 11% in 2021; p=0.792).

Figure 25: Past six month use and frequency of use of non-prescribed cannabis and cannabinoid products, Sydney, NSW, 2003-2022



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price for an ounce of non-prescribed hydroponic cannabis was reported to be $350 (IQR=305-388; n=10) in 2022. This remained stable from $365 per ounce in 2021 (IQR=238-400; p=0.822). The median price for one gram of non-prescribed hydroponic cannabis was reported to be $20 (IQR=20-20; n=6; n≤5 in 2021; Figure 26).

Perceived Potency: Perceived potency of non-prescribed hydroponic cannabis remained stable between 2021 and 2022 (p=0.422). Of those who commented in 2022 (n=43), 58% reported potency to be 'high' (73% in 2021). Twenty-eight per cent reported perceived potency to be 'medium' (20% in 2021); few participants (n≤5) reported potency to be 'low' or 'fluctuates' in 2022 (0% in 2021) (Figure 27).

Perceived Availability: No statistically significant difference was observed in the perceived availability of non-prescribed hydroponic cannabis between 2021 and 2022 (p=0.112). Of those who commented in 2022 (n=42), the largest per cent reported non-prescribed hydroponic cannabis to be 'very easy' (62%; 63% in 2021) to obtain, followed by 'easy' (36%; 27% in 2021) to obtain (Figure 28).

Bush Cannabis

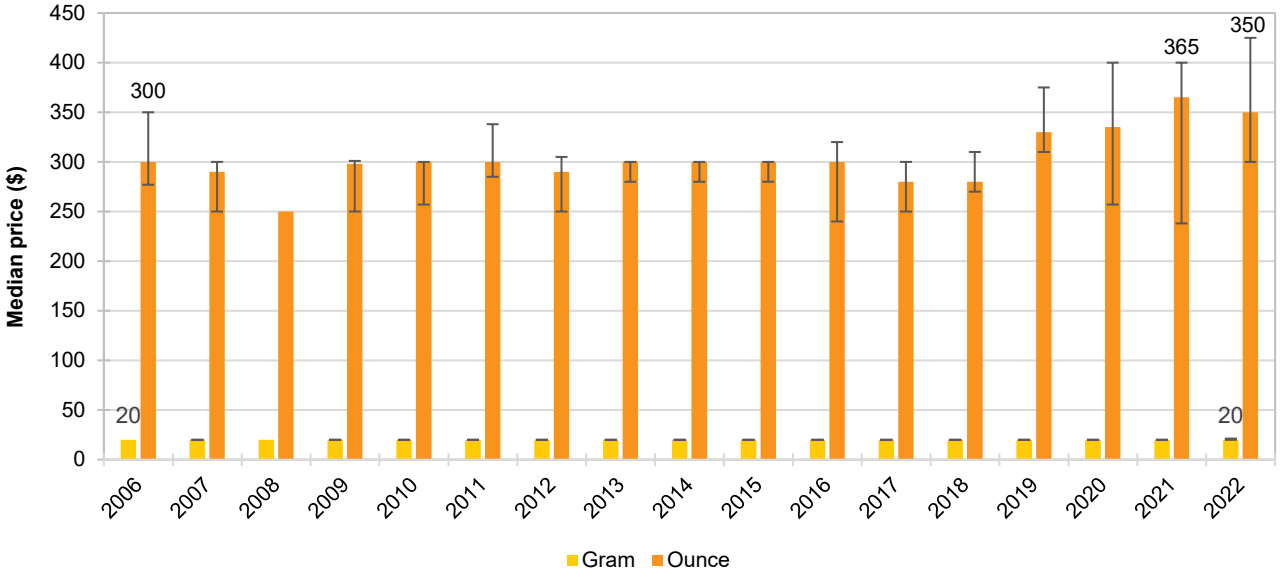
Price: The median price for one ounce of non-prescribed bush cannabis peaked in 2013 and 2020 at $300. In 2022, few participants (n≤5) reported on the median price for an ounce of bush cannabis ($250 in 2021; IQR= 250-303; n=6; p=0.223; Figure 21). Few participants (n≤5) reported on the median price for one gram of bush cannabis (n≤5 in 2021; Figure 26).

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2021 and 2022 (p=0.614). Among those who commented in 2022 (n=18), the largest per cent reported the potency of cannabis to be 'medium' (44%; 42% in 2021; Figure 27).

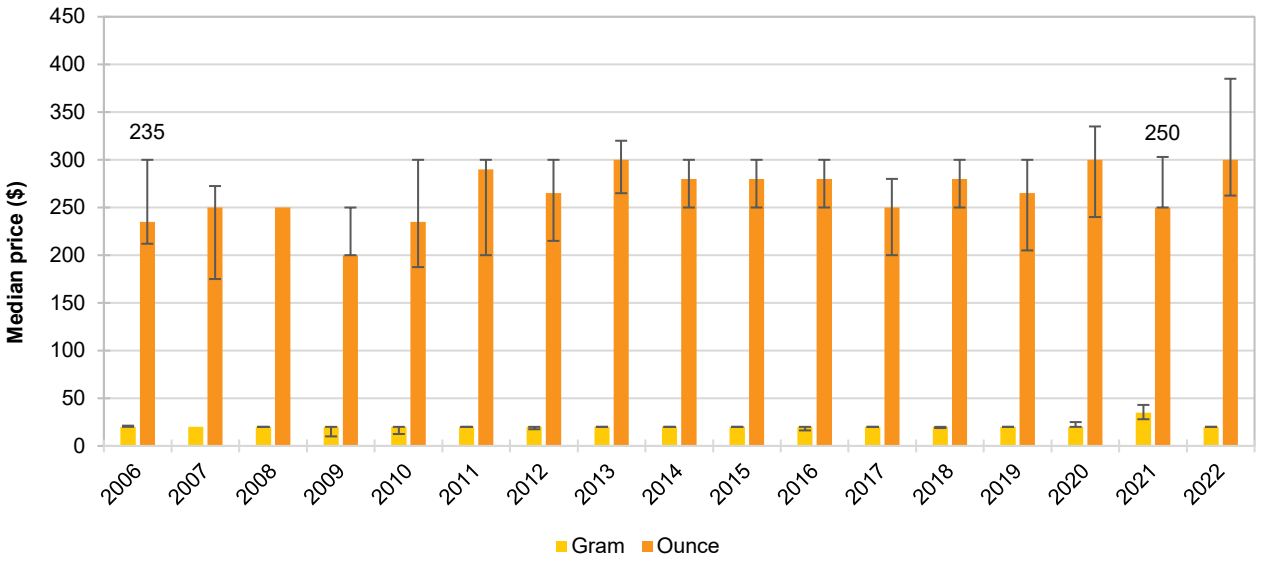
Perceived Availability: The perceived availability of non-prescribed bush cannabis significantly changed between 2021 and 2022 (*p*=0.023). Among those who could comment in 2022 (n=17), fewer participants perceived non-prescribed bush as being 'very easy' to obtain (24%; 54% in 2021), though an increase was observed in participants reporting non-prescribed bush cannabis as being 'easy' (65%; 19% in 2021) to obtain (Figure 28).

Figure 26: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Sydney, NSW, 2006-2022

(A) Hydroponic cannabis

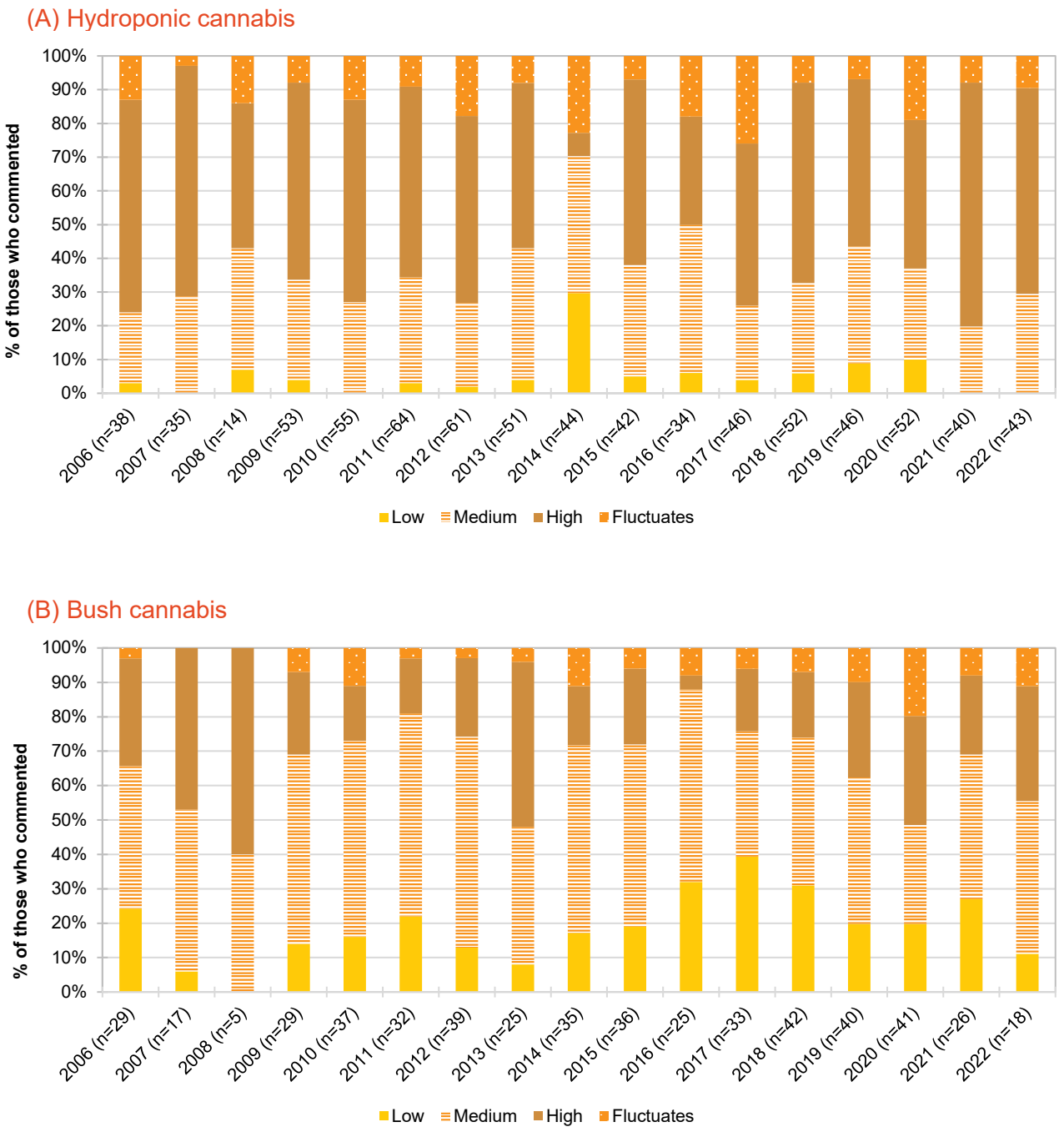


(B) Bush cannabis



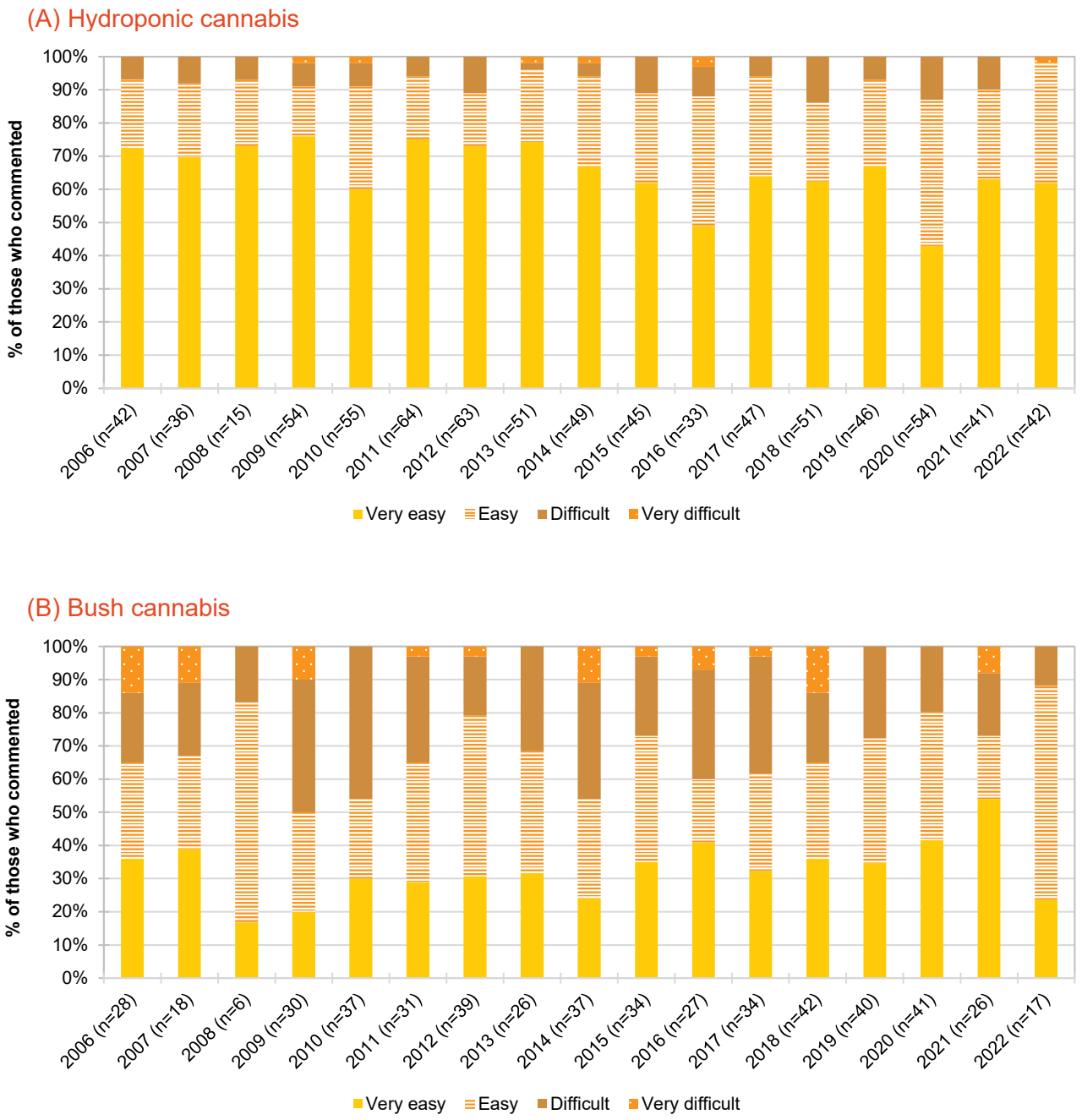
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are only provided for the first (2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001

Figure 27: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2022



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 28: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2022



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

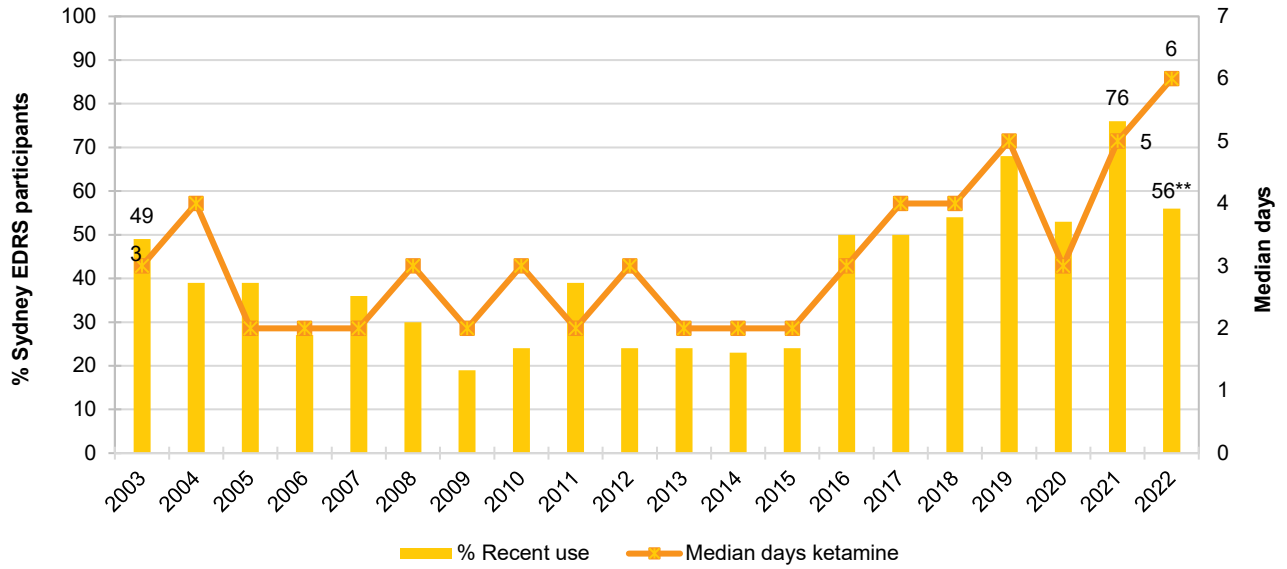
Recent Use (past 6 months): Following an increase between 2020 and 2021, recent use of ketamine significantly decreased from 76% in 2021 to 56% in 2022 (p=0.005; Figure 29).

Frequency of Use: Participants who had recently used ketamine and commented (n=56) reported using ketamine on a median of six days (IQR=4-12; 5 days in 2021; IQR=2-10; p=0.311) in the six months preceding the interview, the highest median frequency of use observed since monitoring began (Figure 29). Few participants (n≤5) reported weekly or more frequent use in 2022.

Routes of Administration: Consistent with previous years, the most common route of administration among those who commented (n=56) was snorting (98%; 99% in 2021). Few participants (n≤5) reported other routes of administration.

Quantity: The median 'typical' and maximum quantity of ketamine recently used remained stable between 2021 and 2022 (*p*=0.873 and *p*=0.404, respectively). Among those who commented in 2022 (n=29), the median 'typical' amount used per session was reported to be 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2021; IQR=0.20-0.50). Among those who commented (n=30), the median maximum amount per session was reported to be 0.50 grams (IQR=0.30-1.00; n=30; 0.50 grams in 2021; IQR=0.30-1.00).

Figure 29: Past six month use and frequency of use of ketamine, Sydney, NSW, 2003-2022



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. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

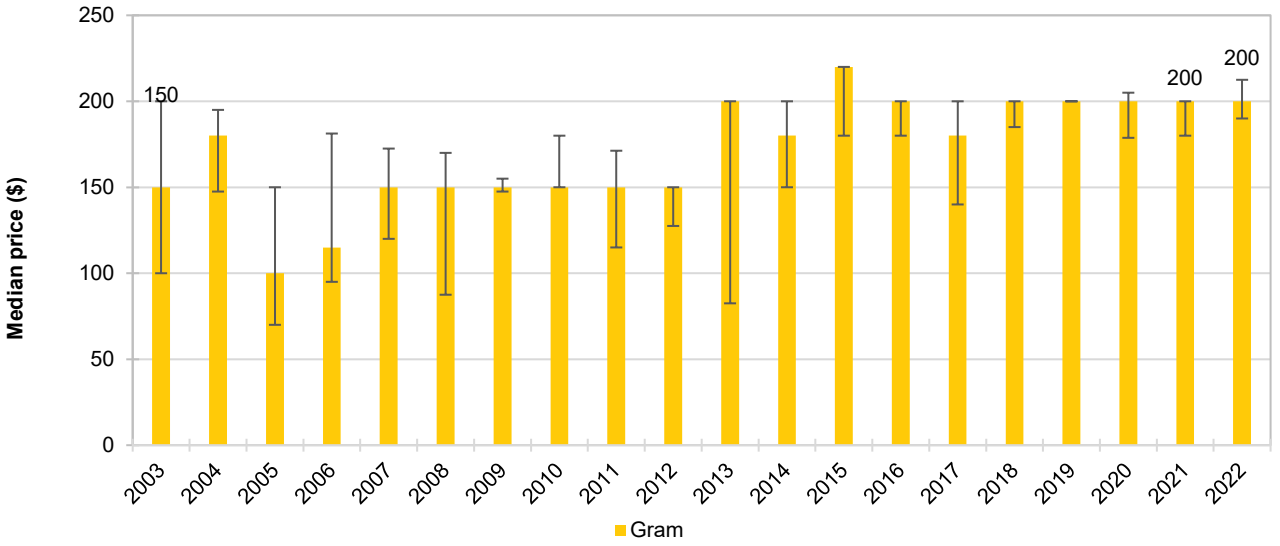
Price, Perceived Purity and Perceived Availability

Price: Since 2018, the median price per gram of ketamine has remained stable at $200. Consistent with previous years, the 2022 median price per gram of ketamine was reported by participants who commented (n=29) to be $200 (IQR=200-200; $200 in 2021; IQR=180-200; n=17; p=0.367; Figure 30).

Perceived Purity: The perceived purity of ketamine remained stable between 2021 and 2022 (p=0.569). Among those who commented in 2022 (n=49), 57% perceived the purity of ketamine to be 'high' (52% in 2021) and a further 27% perceived purity to be 'medium' (30% in 2021; Figure 31).

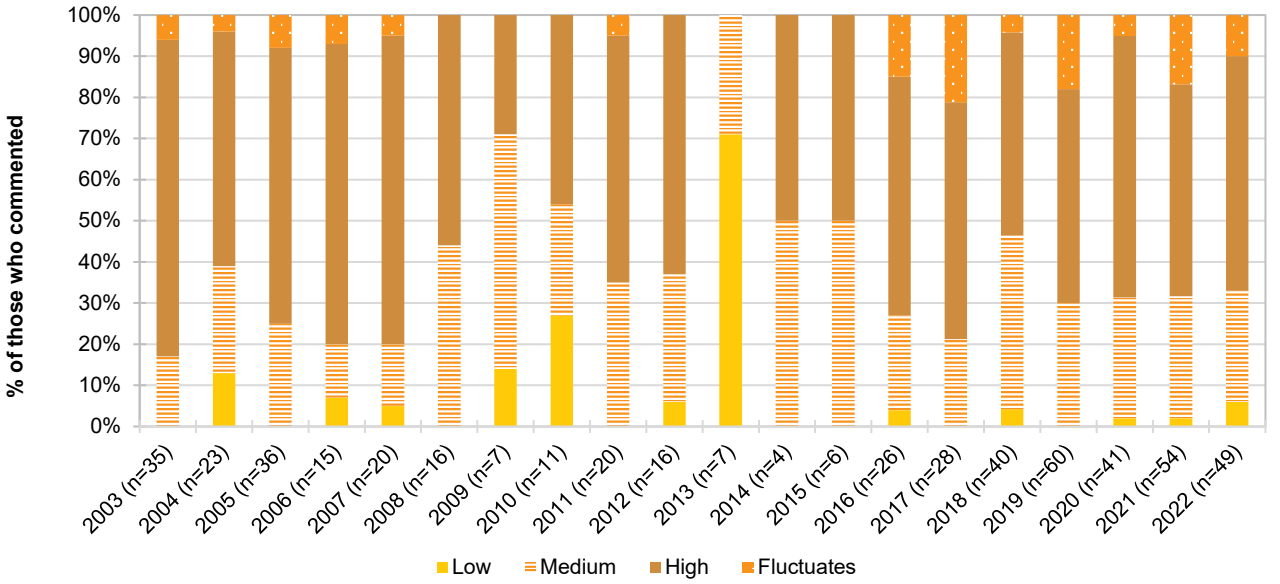
Perceived Availability: The perceived availability of ketamine also remained stable between 2021 and 2022 (p=0.208). Among those who responded in 2022 (n=48), almost half (48%) perceived ketamine to be 'easy' to obtain (33% in 2021). The second largest per cent perceived the availability of ketamine to be 'difficult' (29%; 44% in 2021), followed by 'very easy' (17%; 22% in 2021; Figure 32).

Figure 30: Median price of ketamine per gram, Sydney, NSW, 2003-2022



Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 31: Current perceived purity of ketamine, Sydney, NSW, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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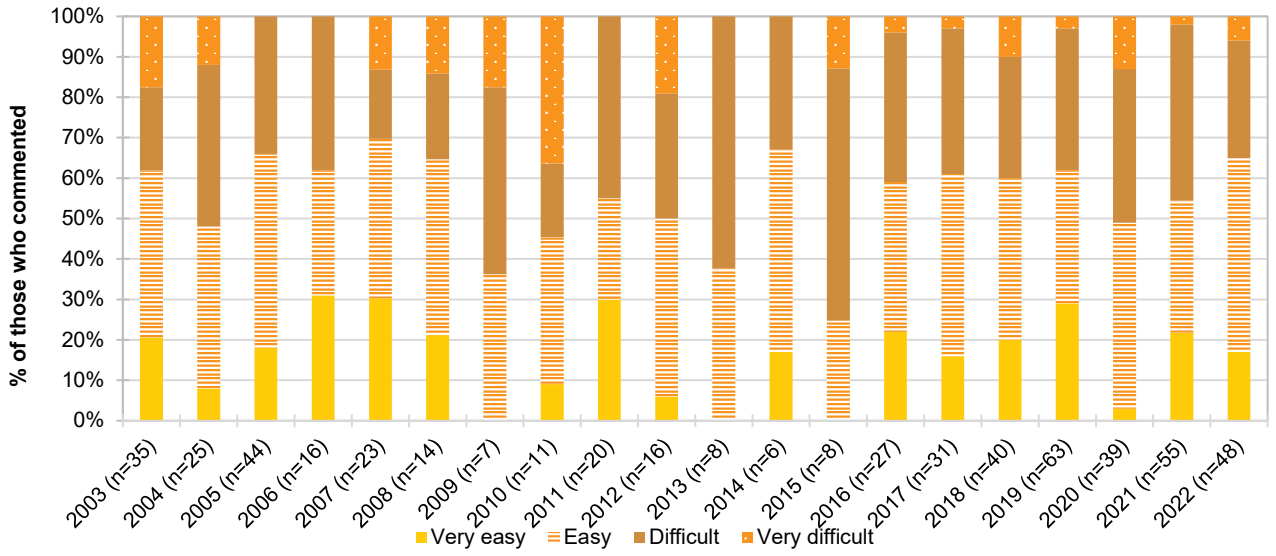
Figure 32: Current perceived availability of ketamine, Sydney, NSW, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

LSD

Patterns of Consumption

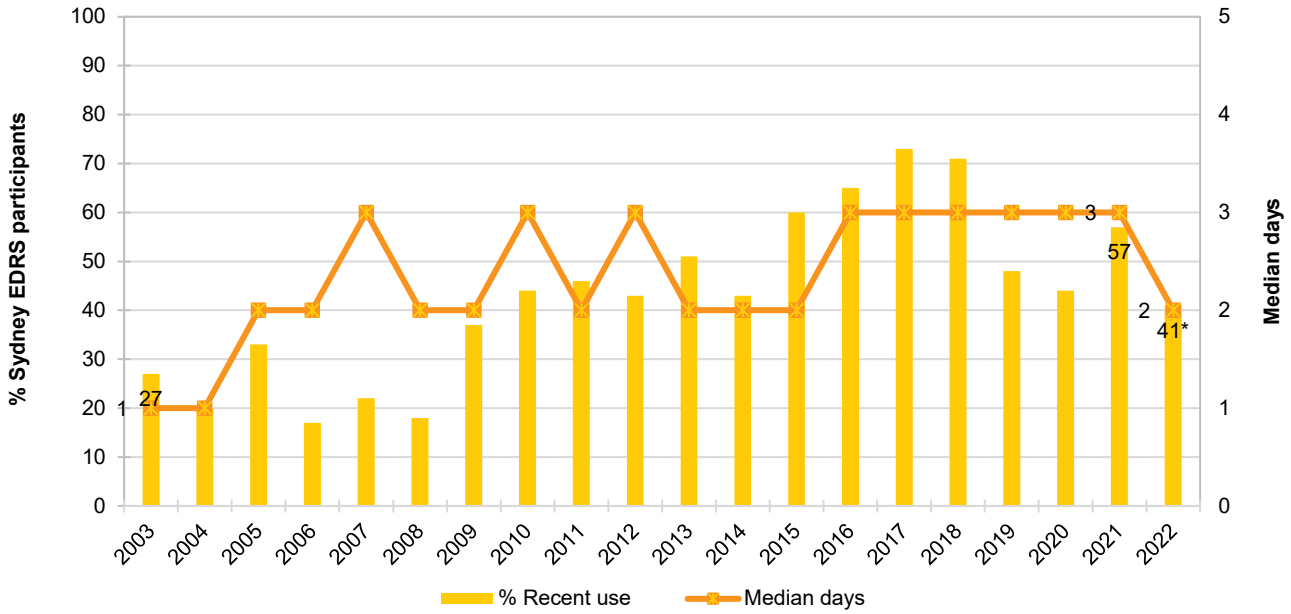
Recent Use (past 6 months): Recent use of LSD has fluctuated considerably since monitoring began, ranging between 17% to 73% of the Sydney sample. In 2022, there was a significant decrease in reported recent use of LSD (41%; 57% in 2021; p=0.037; Figure 33).

Frequency of Use: The median frequency of use in the six months preceding the interview remained stable at two days (IQR=1-5; n=41; 3 days in 2021; IQR=2-5; p=0.531; Figure 33).

Routes of Administration: All participants (100%) who reported recent use of LSD (n=41) reported swallowing the substance in 2022, consistent with previous years (100% in 2021).

Quantity: In 2022, the median amount used in a 'typical' session was one tab (IQR=0.50-1.00; n=31; one tab in 2021; IQR=0.50-1.00; p=0.672). Similarly, participants reported using a median of one tab (IQR=1.00-2.00; n=31; one tab in 2021; IQR=1.00-1.00; p=0.402) in a maximum session.

Figure 33: Past six month use and frequency of use of LSD, Sydney, NSW, 2003-2022



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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

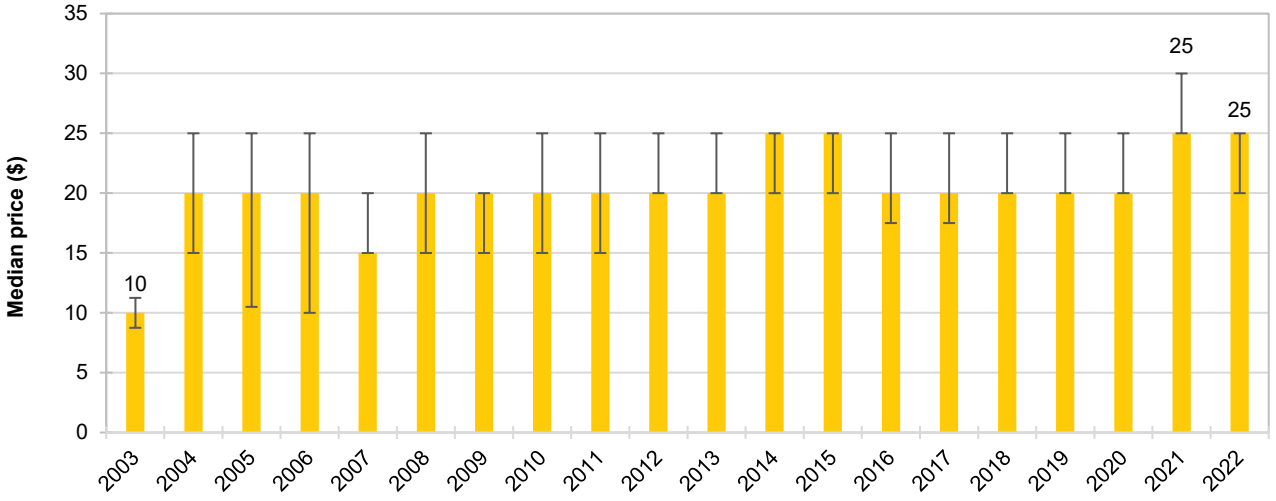
Price, Perceived Purity and Perceived Availability

Price: From 2016 to 2020, the median price for one tab of LSD remained stable at $20. The median price increased to $25 in 2021 and remained stable at $25 per tab in 2022 (IQR=20-25; n=23; $25 in 2021; IQR=20-25; n=15; p=0.749; Figure 34).

Perceived Purity: The perceived purity of LSD remained stable between 2021 and 2022 (p=0.942). Among those who commented in 2022 (n=38), 50% considered purity to be 'high' (55% in 2021), followed by 29% perceiving it to be of 'medium' purity (25% in 2021). Sixteen per cent reported the purity of LSD to 'fluctuate' in 2022 (17% in 2021; Figure 35).

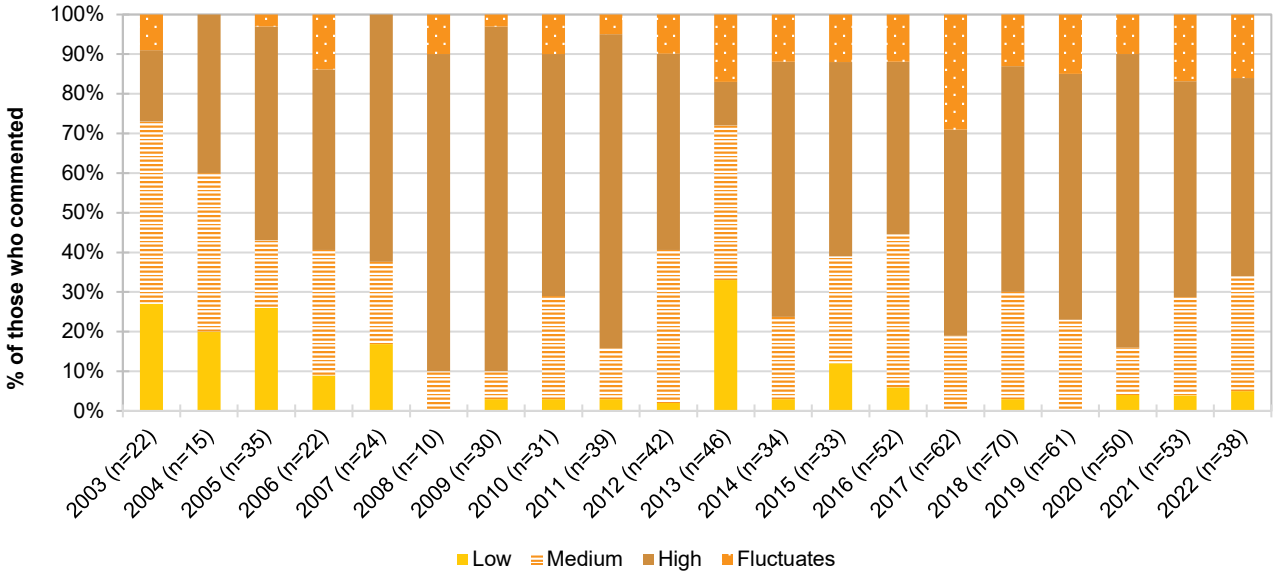
Perceived Availability: The perceived availability of LSD remained stable between 2021 and 2022 (p=0.081). Among those who commented in 2022 (n=37), the largest per cent (46%) considered LSD to be 'easy' to obtain (31% in 2021). Conversely, one-third (32%) considered it to be 'difficult' to obtain (47% in 2021). Few participants (n≤5) reported it to be 'very easy' to obtain (18% in 2021; Figure 36).

Figure 34: Median price of LSD per tab, Sydney, NSW, 2003-2022



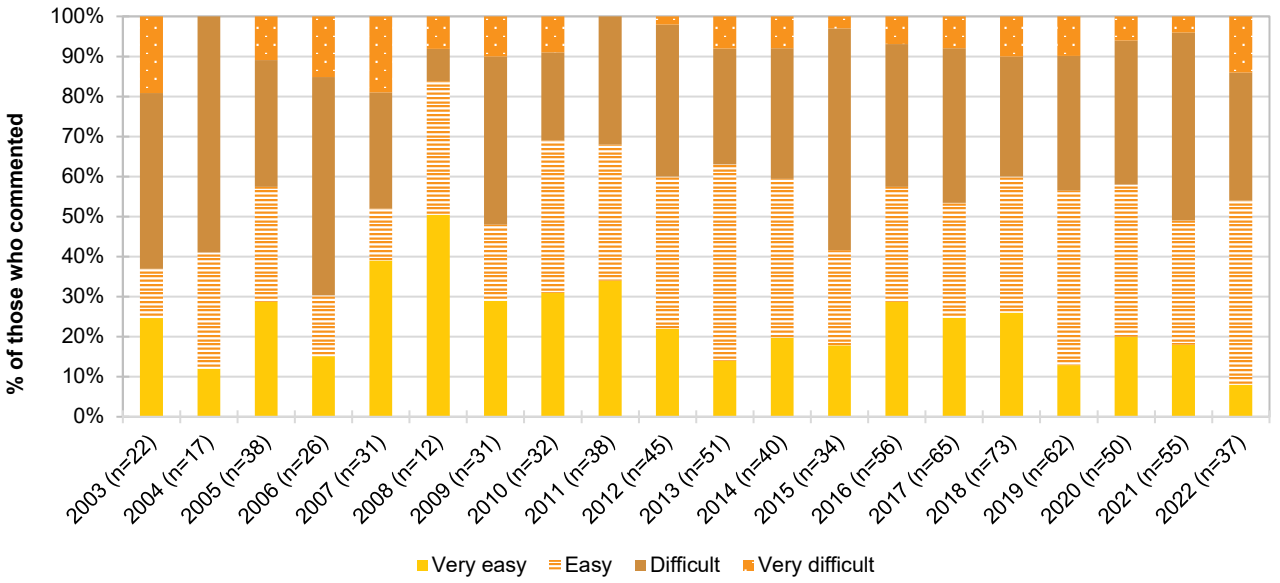
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 35: Current perceived purity of LSD, Sydney, NSW, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 36: Current perceived availability of LSD, Sydney, NSW, 2003-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for all stacked bar charts; see data tables for values. Data are not shown in the figure nor values in the data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

DMT

Patterns of Consumption

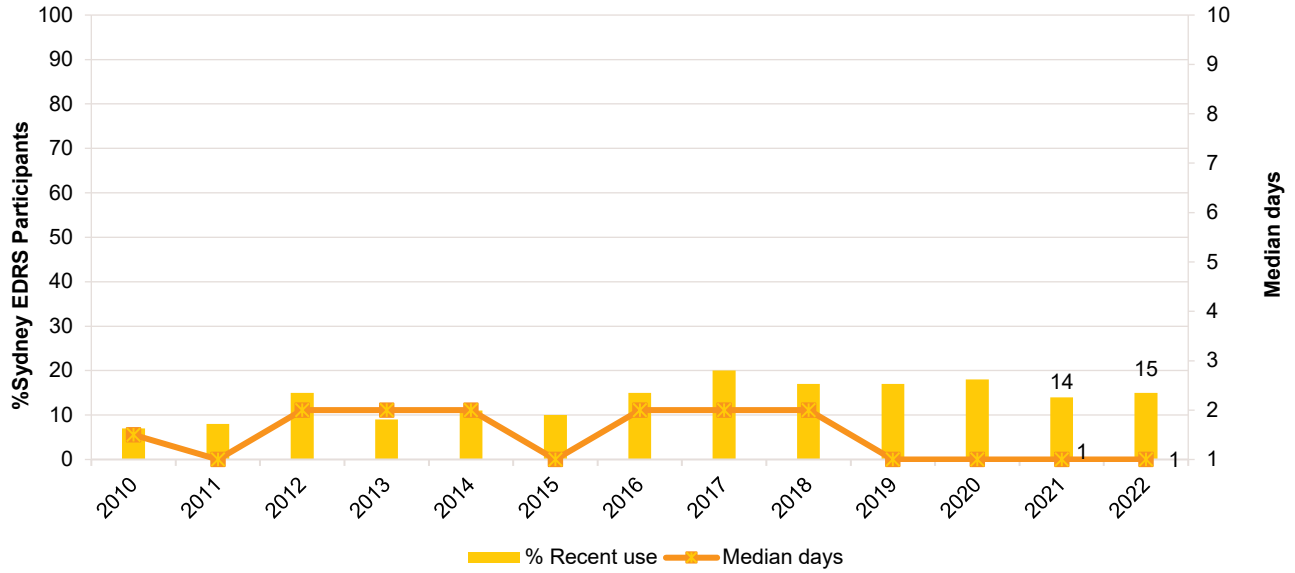
Recent Use (past 6 months): DMT use has fluctuated over the reporting period, with 15% reporting recent use in 2022, remaining stable from 14% in 2021 (Figure 37).

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 2022 (one day in 2021; IQR=1-2; p=0.956; Figure 37).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=15), 93% reported smoking DMT (100% in 2021). Few participants (n≤5) reported swallowing DMT.

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a session in 2022, therefore, these data have been suppressed.

Figure 37: Past six month use and frequency of use of DMT, Sydney, NSW, 2010-2022



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 (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

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

7

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and 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 Sydney sample in 2013. Since then, use has been declining gradually. In 2022, 12% of the sample reported recent use of NPS, including plant-based (17% in 2021; p=0.327; Table 2). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 52% in 2013 and declining to 9% in 2022 (16% in 2021; p=0.150; Table 3).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the Sydney sample has fluctuated over time, although 2022 had the lowest percentages of use since monitoring of NPS first commenced in 2010, with few participants (n≤5) reporting use of any individual NPS (Table 4). Any form of 2C substance was observed to be the most commonly reported NPS, with 9% reporting recent use in 2022 (9% in 2021; Table 5). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of NPS (including plant-based), nationally and Sydney, NSW, 2010-2022

%	National	Sydney, 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
2022	**11**	**12**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 6 and Chapter 8, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from figure. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 3: Past six month use of NPS (excluding plant-based NPS), nationally and Sydney, NSW, 2010-2022

%	National	Sydney, 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
2022	**9**	**9**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 6 and Chapter 8, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from figure. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Use of NPS in the past six months by drug type, Sydney, 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 %	2022 N=100 %
% Phenethylamines	6	21	19	29	29	22	21	18	13	8	9	9	**9**
Any 2C substance~	-	17	19	19	22	18	18	12	11	7	-	9	**9**
NBOMe	/	/	/	/	9	6	6	-	-	-	-	0	**0**
DO-x	0	-	0	0	0	0	0	-	0	-	-	0	**0**
4-FA	/	/	/	/	/	/	-	0	0	0	0	0	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	**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	-	**0**
Methylone/bk MDMA	/	-	8	-	-	-	-	-	-	0	-	0	**0**
MDPV/Ivory wave	0	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	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3 — Methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	**-**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	**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	-	-	**0**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	**-**
3 Cl-PCP/4Cl-PCP	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	**-**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	**-**

	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 %	2022 N=100 %
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	-	**0**
% Plant-based NPS	/	-	-	-	0	-	5	-	0	0	10	-	**-**
Ayahuasca	/	/	/	/	/	-	-	-	0	0	-	-	**-**
Mescaline	-	-	-	-	0	-	0	-	-	0	-	-	**-**
Salvia divinorum	/	-	-	-	0	-	5	-	0	0	-	0	**-**
Kratom	/	/	/	/	/	/	/	/	/	/	-	-	**-**
LSA	/	-	0	-	-	-	-	/	/	/	/	/	**/**
Datura	0	-	0	-	0	-	-	/	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	-	-	0	-	-	-	**-**
Etizolam	/	/	/	/	/	/	-	-	0	-	-	-	**0**
8 -Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	**-**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic the effect of benzodiazepine	/	/	/	/	/	/	/	/	-	-	-	0	**0**
% Synthetic cannabinoids	/	/	12	13	-	-	-	-	-	-	7	-	**0**
% Herbal high#	/	/	13	13	-	8	5	-	-	0	/	/	**/**
Phenibut	/	/	/	/	/	/	/	/	/	-	-	-	**0**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	0	0	0	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	-	-	0	**0**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	-	**0**
% Other drugs that mimic the effects of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	6	-	0	**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'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2022 and 2021 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 6 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2022 and 2021 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019 three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

8

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020 EDRS. However, in 2021-2022, 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 2022, 12% of the Sydney sample reported recent non-prescribed codeine use (13% in 2021; *p*=0.829; Figure 38).

Recent Use for Non-Pain Purposes (past 6 months): Of those who reported recent use of non-prescribed codeine and responded (n=12), 50% reported that they had used codeine for non-pain purposes (77% in 2021: *p*=0.226).

Frequency of Use: Participants who had recently used any non-prescribed codeine (n=12) reported a median of four days (IQR=2-7) of use in the six months preceding the interview in 2022, stable from 2021 (2 days; IQR=2-4, p=0.560).

Pharmaceutical Opioids

Recent Use (past 6 months): In 2022, 12% of the Sydney sample reported recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine). This remained stable from 2021 (13%; p=0.829; Figure 38).

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=1-6; 2 days in 2021; IQR=1-3; *p*=0.910).

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. However, recent non-prescribed pharmaceutical stimulant use significantly decreased in 2022 from 61% in 2021 to 39% (p=0.003; Figure 38).

Frequency of Use: The median days of non-prescribed pharmaceutical stimulant use in the six months preceding interview remained stable at six days in 2022 (IQR=3-15; 6 days in 2021; IQR=3-15; p=0.968).

Quantity: Among those who reported recent use and commented (n=31), the median 'typical' amount used per session was reported to be three pills/tablets (IQR=1-3; 2 pills/tablets in 2021; IQR=1-2; *p*=0.021). Similarly, the median maximum amount was also reported to be three pills/tablets (IQR=2-5; n=30; 2 pills/tablets in 2020; IQR=1-4; *p*=0.204).

Price and Perceived Availability: In 2022, participants were asked questions pertaining to the price and perceived availability of non-prescribed pharmaceutical stimulants, however these data will be released separately in 2023. Please contact the Drug Trends team for further information.

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use remained stable in 2022, with 35% of the Sydney sample reporting recent non-prescribed use (45% in 2021; *p*=0.155; Figure 38). Recent use of 'other' benzodiazepines was reported by 27% of the sample (35% in 2021; *p*=0.226), while recent alprazolam use was reported by 19% of the sample (21% in 2021; *p*=0.732).

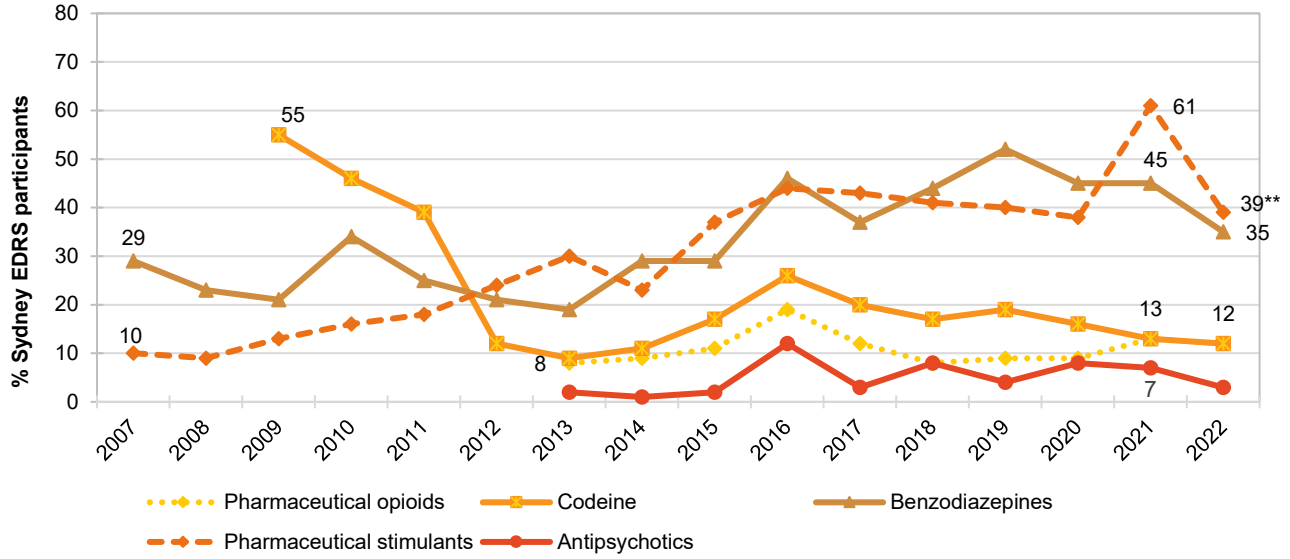
Frequency of Use: The median days of non-prescribed alprazolam use significantly increased from two days in 2021 (IQR=1-6) to five days (IQR=2-11; n=19) in 2022 (*p*=0.034). Among those who reported 'other' non-prescribed benzodiazepine use and commented (n=27), the median days of non-prescribed use remained stable at three days (IQR=2-10; 4 days in 2021; IQR=2-7; *p*=0.926).

Price and Perceived Availability: In 2022, participants were asked questions pertaining to the price and perceived availability of non-prescribed benzodiazepines, however these data will be released separately in 2023. Please contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Few participants (n≤5) reported recent use of non-prescribed antipsychotics in 2022 and therefore numbers for recent non-prescribed use and frequency of use have been suppressed (7% recent use in 2021; *p*=0.213; Figure 38).

Figure 38: Non-prescribed use of pharmaceutical medicines in the past six months, Sydney, NSW, 2007-2022



Note. Non-prescribed use is reported for prescription medicines. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, and pharmaceutical opioids and antipsychotics in 2013. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2022), with high-dose codeine excluded from pharmaceutical opioids from 2018.Y axis has been reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2007/2009/2013) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Recent use of hallucinogenic mushrooms remained relatively stable between 2021 and 2022 (56% and 41%, respectively; p=0.067; Figure 39).

Frequency of Use (past 6 months): The median frequency of use among those who commented (n=41) in 2022 was reported to be three days (IQR=1-4; 2 days in 2021; IQR=1-3; p=0.188).

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 2022, n≤5 participants reported consuming capsules with 'unknown contents' in the six months preceding the interview (6% in 2021; p=0.766; Figure 39).

Other Unknown Substances (past 6 months): From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Twelve per cent of participants reported use of any substance with 'unknown contents' in 2022 (10% in 2021; p=0.817) on a median of one day (IQR=1-4; 1 day in 2021; IQR=1-3; p=0.909). When broken down by substance form, 9% of participants reported recent use of powder with unknown contents in 2022 (n≤5 in 2021; p=0.251). Few (n≤5) participants reported on recent use of pills and crystal with unknown contents, therefore, these data

are supressed. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: From 2020 onwards, we asked participants about the average amount of pills and capsules used with unknown contents in the last six months. However, in 2022, few participants (n≤5) responded and therefore numbers for quantity used have been suppressed.

PMA

No participants from the 2022 Sydney sample reported recent use of PMA. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMMA

No participants from the 2022 Sydney sample reported recent use of PMMA. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Heroin

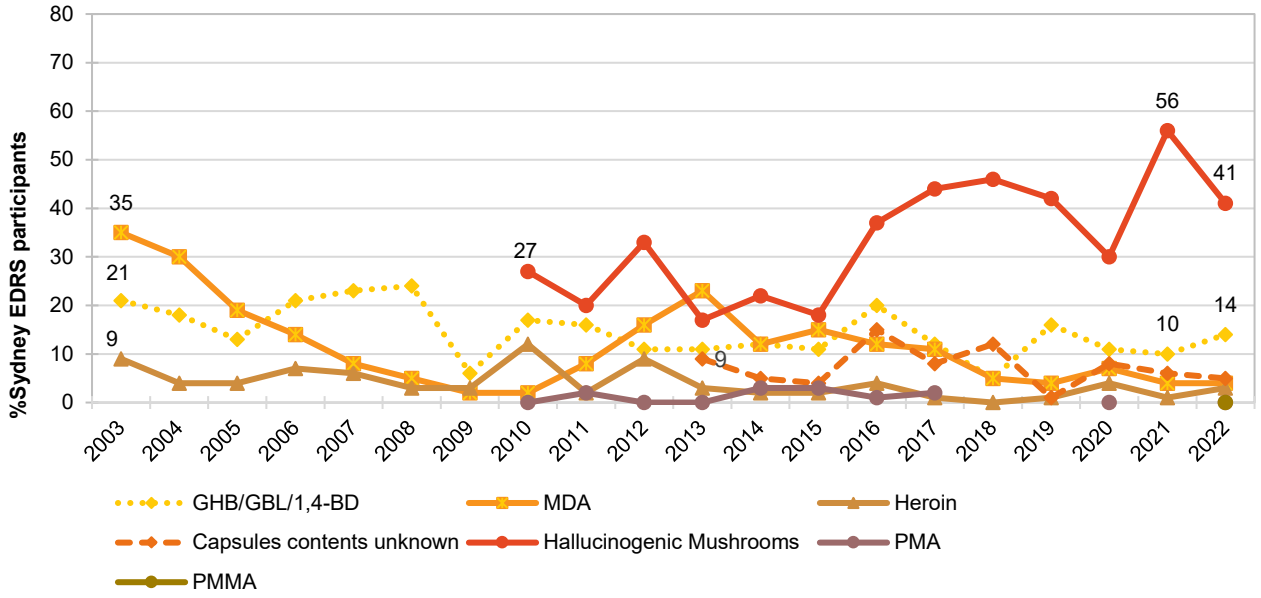
Due to low numbers reporting on recent use of heroin (n≤5), numbers have been suppressed. Please refer to the National EDRS Report for national trends or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): Recent use of GHB/GBL/1,4-BD was reported by 14% of participants in 2022, stable from 2021 (10%; *p*=0.508; Figure 39).

Frequency of Use: Of those who had recently used GHB/GBL/1,4-BD (n=14), participants reported consuming it on a median of two days (IQR=1-5) in the previous six months (2 days in 2021; IQR=1-3; *p*=0.830).

Figure 39: Other illicit drugs used in the past six months, Sydney, NSW, 2003-2022



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'. Monitoring of PMA commenced in 2010 and monitoring of PMMA commenced in 2022. Y axis has been reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2003/2005/2013) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Alcohol was recently consumed by 96% of the Sydney sample in 2022 (100% in 2021; p=0.121; Figure 40).

Frequency of Use: Alcohol was consumed on a median of 48 days (IQR=24-72; n=96) in the six months preceding interview (48 days in 2021; IQR=24-72; p=0.888). Of those who had consumed alcohol recently and commented (n=96), the majority (80%) reported consuming alcohol on a weekly or more frequent basis (82% in 2021; p=0.851). Few participants (n≤5) reported daily use (n≤5 in 2021; p=0.683).

Tobacco

Recent Use (past 6 months): Recent tobacco use has remained high since monitoring began, ranging between 63% and 92% of the Sydney sample. In 2022, two-thirds (66%) of the sample reported recently using tobacco (75% in 2021; p=0.218; Figure 40).

Frequency of Use: Among those who commented (n=66), participants reported using tobacco on a median of 72 days (IQR=6-180) in 2022 (24 days in 2021; IQR=10-180; p=0.700). Thirty-nine per cent reported using tobacco on a weekly or more frequent basis (30% in 2021; p=0.279).

E-cigarettes

In Australia, legislation came into effect on 1 October 2021, requiring people to obtain a prescription to legally import nicotine vaping products. Thus, in 2022, participants were asked about their use of

both prescribed and non-prescribed e-cigarettes. Few participants in Sydney reported recent use of prescribed e-cigarettes in 2022 (n≤5).

Recent Use (past 6 months): Since 2017, recent use has been increasing most years amongst the Sydney sample. However, in 2022, recent non-prescribed e-cigarette use significantly decreased from 85% in 2021 to 61% in 2022 (p<0.001; Figure 40).

Frequency of Use: Among those who commented (n=61), frequency of non-prescribed e-cigarette use remained stable at 100 days (IQR=20-180; 90 days in 2021; IQR=36-180; p=0.670). Forty-one per cent reported using non-prescribed e-cigarettes on a daily basis, stable from 32% in 2021 (p=0.290).

Forms Used: Among those who had recently used e-cigarettes and responded in 2022 (n=59), all reported using e-cigarettes containing nicotine. A smaller percentage reported also using e-cigarettes containing cannabis (15%). No participants reported using e-cigarettes that contained both cannabis and nicotine. Twenty-two per cent reported using e-cigarettes that contained neither nicotine nor cannabis. No participants reported using e-cigarettes that contained another substance.

Reason for Use:

Of those who had recently consumed any (i.e., prescribed, and non-prescribed) e-cigarettes and commented (n=63), 37% reported that they had used e-cigarettes as a smoking cessation tool in 2022 (45% in 2021).

Nitrous Oxide

Recent Use (past 6 months): Despite some fluctuations, nitrous oxide use has been increasing since monitoring began in 2003. In 2022, 41% of the Sydney sample reported recent use of nitrous oxide, a significant decrease from 69% in 2021 (p<0.001; Figure 40).

Frequency of Use: Participants who had recently used nitrous oxide (n=41) reported using it on a median of three days (IQR=2-7) in the previous six months, stable from 2021 (5 days; IQR=3-10; p=0.059).

Quantity: The median number of bulbs consumed in a 'typical' session was reported to be 6 bulbs (IQR=2.5-10; n=39; 5.5 bulbs in 2021; IQR=3-10; p=0.891) and the median maximum number of bulbs in a session was reported to be 10 (IQR=3-20; n=39; 10 bulbs in 2021; IQR=5-22.5; p=0.468).

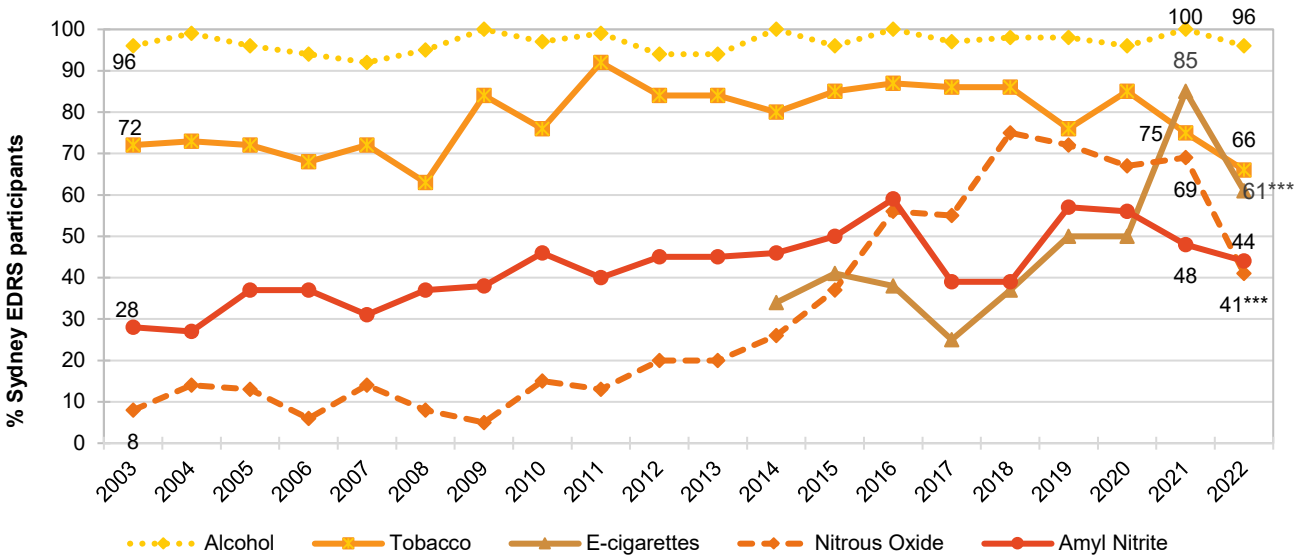
Amyl Nitrite

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

Recent Use (past 6 months): Forty-four per cent of the Sydney sample reported recent use of amyl nitrite in 2022, stable relative to 2021 (48%; p=0.570; Figure 40).

Frequency of Use: Use of amyl nitrite was infrequent, with respondents reporting a median of two days (IQR=1-6; n=44) of use in the past six months in 2022 (3 days in 2021; IQR=1-6; p=0.666).

Figure 40: Licit and other drugs used in the past six months, Sydney, NSW, 2003-2022



Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first (2003/2014) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

9

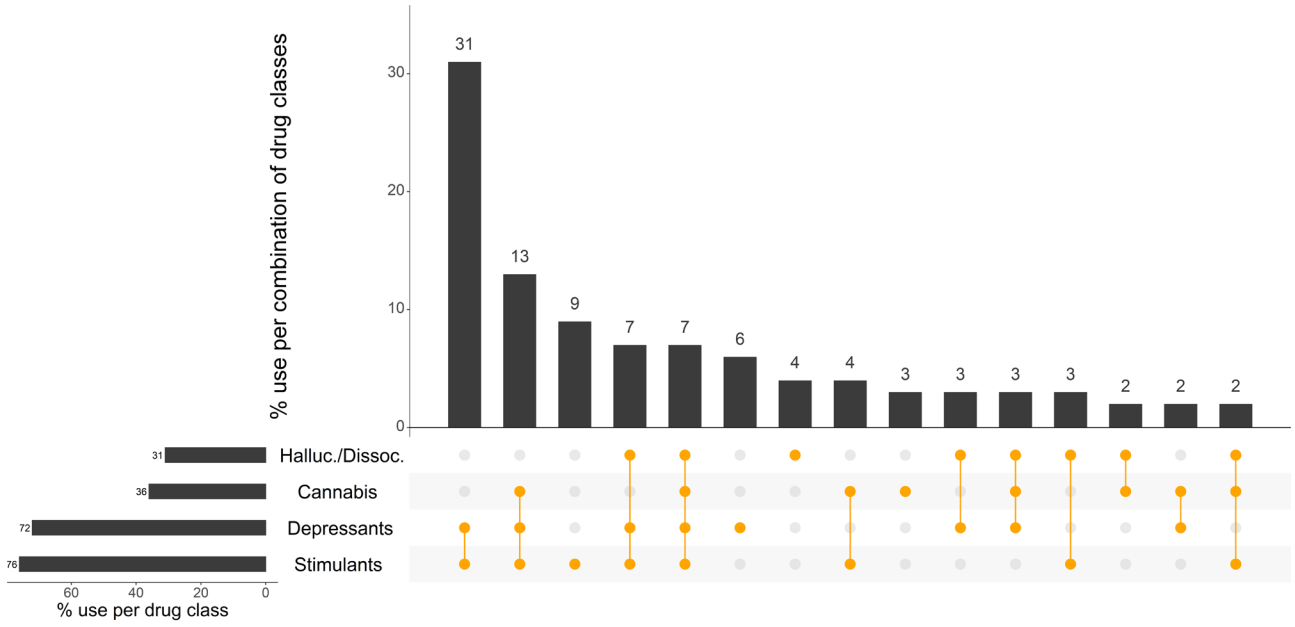
Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who answered (n=77), the most commonly used substances were alcohol (69%) and cocaine (40%), followed by ecstasy (37%) and cannabis (36%) (Figure 41).

The majority (78%; n=77) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of substances were stimulants and depressants (31%), followed by stimulants, depressants, and cannabis (13%). Seven 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, whilst 9% reported using stimulants alone, and 6% reported using depressants alone (Figure 41).

Figure 41: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Sydney, NSW, 2022: Most common drug pattern profiles



Note. % calculated out of total EDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 35% to improve visibility of trends.

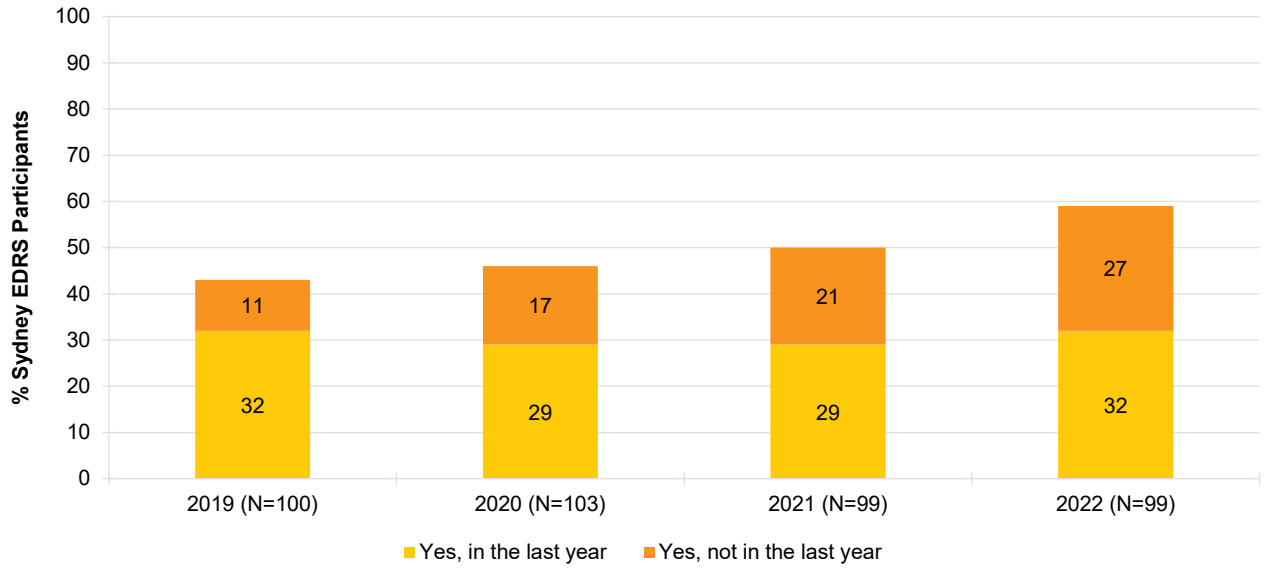
Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

In 2022, 32% of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year (29% in 2021; *p*=0.754; Figure 42). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=32), the majority (79%) reported using colorimetric reagent test kits, followed by 41% who reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). No participants reported having their drugs tested via professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy).

Of those who reported that they or someone else had tested their illicit drugs in the past year (n=32), the majority (65%) reported testing the drugs themselves, followed by 50% who reported having their drugs tested by a friend. Smaller numbers (n≤5) reported having their drugs tested by a dealer, outreach/peer worker or a permanent face-to-face service.

Figure 42: Lifetime and past year engagement in drug checking, Sydney, NSW, 2019-2022



Note: The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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 2022 Sydney EDRS sample was 12.0 (SD 7), a significant decrease from 13.4 (SD 7.1) in 2021 (p<0.001). In 2022, 72% of participants obtained a score of 8 or more, indicative of hazardous use (79% in 2021; p=0.329; Table 5). 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 2021 to 2022 (p=0.650; Table 5).

Table 5: Mean AUDIT total scores and percent of participants scoring above recommended levels, Sydney, NSW, 2010-2022

	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	2022 N=100
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)	**12*** (7)**
Score 8 or above (%)	81	80	78	66	69	70	70	68	68	77	72	79	**72**
AUDIT zones:													
Score 0-7	18	20	21	34	31	30	30	32	32	23	28	21	**28**
Score 8-15	38	39	42	48	42	42	36	42	39	45	40	41	**41**
Score 16-19	17	17	19	10	14	19	18	10	17	15	12	19	**15**
Score 20 or higher	24	24	17	8	13	9	17	16	12	17	20	18	**16**

Note. Monitoring of AUDIT first commenced in 2010. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

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 2019, 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, 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 2022, 9% of the Sydney sample reported experiencing a non-fatal stimulant overdose in the past 12 months (19% in 2021; p=0.045; Figure 43).

Of those who reported and commented (n=9), the most common stimulant reported during the most recent non-fatal stimulant overdose in the past 12 months was cocaine (67%) and all reported that they had also consumed one or more additional drugs on the last occasion, mainly alcohol (78%). Other drugs were reported by few participants (n≤5). On the occasion of their last overdose event, no participants received treatment or assistance.

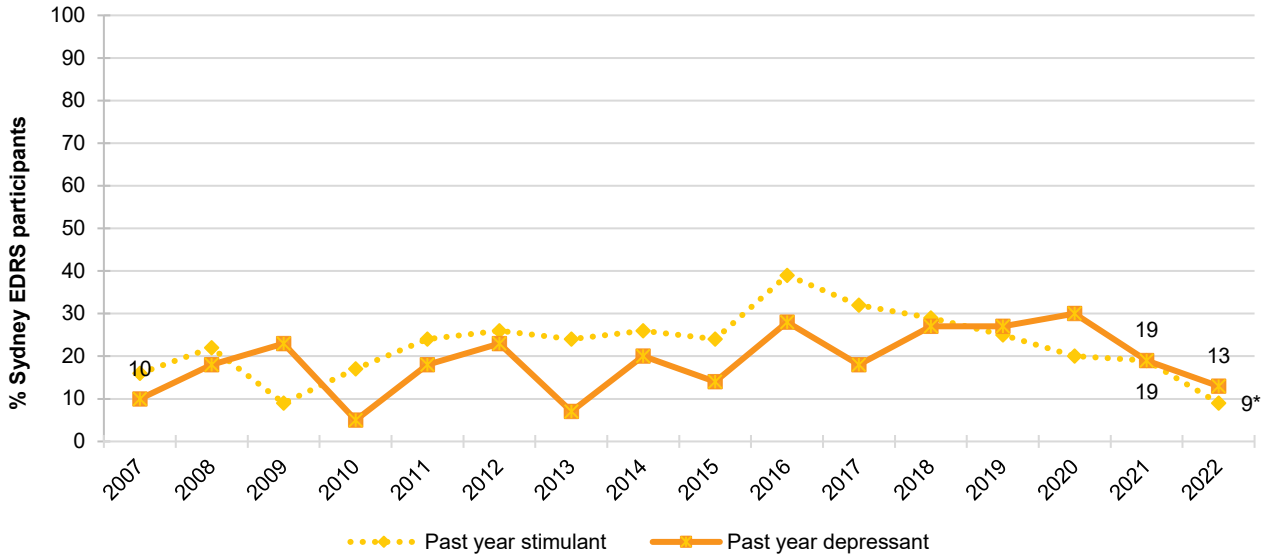
Non-Fatal Depressant Overdose

Alcohol: Ten per cent (17% in 2021; *p*=0.159) of the Sydney sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=2-9). Of those who had experienced an alcohol overdose in the past year (n=10), 90% of participants reported not receiving treatment on the last occasion.

Any depressant (including alcohol): Thirteen per cent of the sample reported experiencing a non-fatal depressant overdose in the past 12 months (19% in 2021; *p*=0.258; Figure 43).

Of those who had experienced any depressant overdose in the last year (n=13), the majority reported alcohol (77%) 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 43: Past year non-fatal stimulant and depressant overdose, Sydney, NSW, 2007-2022



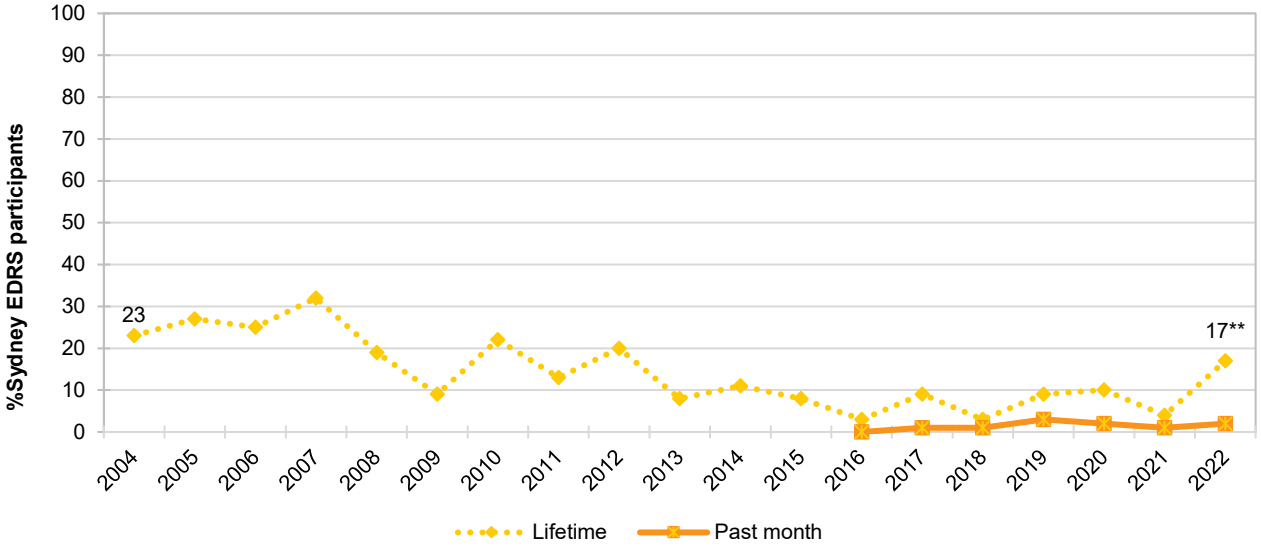
Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) 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 response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Drug Use and Associated Risk Behaviours

Despite fluctuations over time, lifetime injecting has been declining in the Sydney EDRS sample since a peak in 2007 (32%). However, in 2022, there was a significant increase in participants reporting lifetime drug injection (17%; n≤5 in 2021; *p*=0.005; Figure 44).

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 44: Lifetime and past month drug injection, Sydney, NSW, 2004-2022



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels are only provided for the first (2003/2016) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

Very low numbers (n≤5) reported currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2021; p=0.748). Please refer to the National EDRS Report for national trends or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2022, 86% of those who commented (n=98) reported some form of sexual activity in the past four weeks (77% in 2021; p=0.143). 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=83), 84% reported using alcohol and/or other drugs prior to or while engaging in sexual activity (89% in 2021; p=0.476) and 11% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (12% in 2021; p=0.802). Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=84), 19% reported penetrative sex without a condom where they did not know the HIV status of their partner (23% in 2021; p=0.692) (Table 6).

Of those who commented (n=98), 80% reported having a sexual health check-up in their lifetime (70% in 2021; p=0.437), including 38% reporting having a sexual health check-up in the six months prior to interview (29% in 2021; p=0.131). Of the total sample who responded (n=97), 29% had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (20% in 2021), though few (n≤5) participants had received a positive diagnosis in the past six months (n≤5 in 2021) (Table 6).

Of the total Sydney sample who responded (n=96), 71% reported having ever had a test for human immunodeficiency virus (HIV), a significant increase from 51% in 2021 (p=0.006). One-third (31%) reported having a HIV test in the past six months in 2022 (25% in 2021; p=0.052). No participants in 2022 had ever been diagnosed with HIV (0% in 2021) (Table 6).

Table 6: Sexual health behaviours, Sydney, NSW, 2021-2022

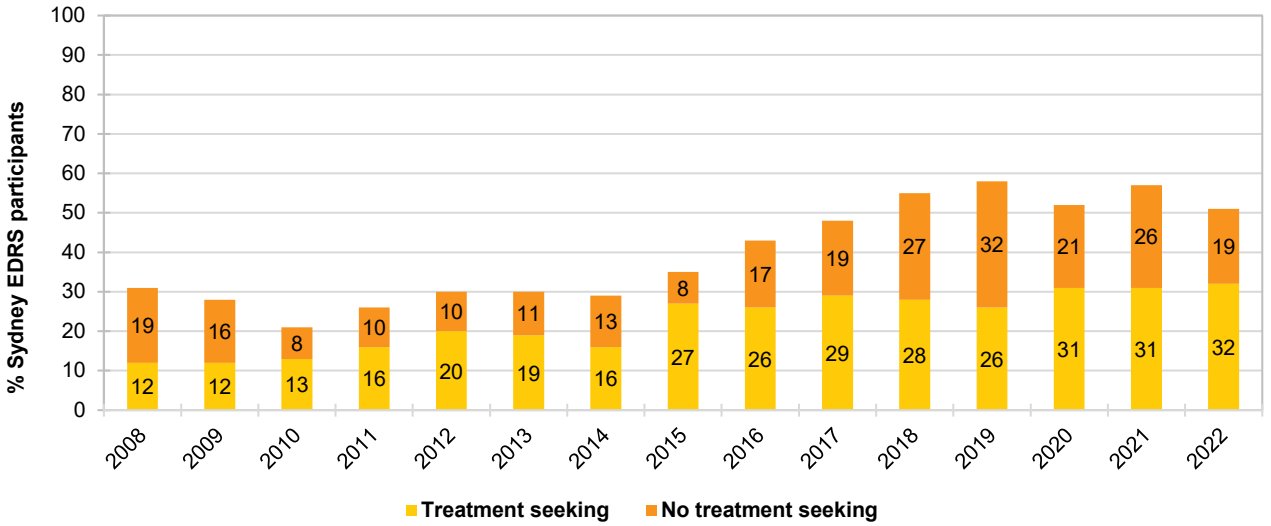
	2021	2022
Of those who responded:	N=96	**N=98**
% Any sexual activity in the past four weeks (n)	77 (n=74)	**86 (n=84)**
Of those who responded# and reported any sexual activity in the past four weeks:	n=74	**n=83**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	89	**84**
Of those who responded# and reported any sexual activity in the past four weeks:	n=74	**n=83**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	12	**11**
Of those who responded# and reported any sexual activity in the past four weeks:	n=71	**n=84**
% Had penetrative sex without a condom and did not know HIV status of partner	23	**19**
Of those who responded#:	n=95	**n=96**
% Had a HIV test in the last six months	25	**31**
% Had a HIV test in their lifetime	51	**71****
Of those who responded#:	n=97	**n=97**
% Diagnosed with HIV in the last six months	0	**0**
% Diagnosed with HIV in their lifetime	0	**0**
Of those who responded#:	n=97	**n=98**
% Had a sexual health check in the last six months	29	**38**
% Had a sexual health check in their lifetime	70	**80**
Of those who responded#:	n=97	**n=97**
% Diagnosed with a sexually transmitted infection in the last six months	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	20	**29**

Note. #Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2021 versus 2022 presented in table; **p*<0.050; ***p*<0.010; ****p*<0.001.

Mental Health

Half (51%) of the Sydney 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 2021 (57%; *p*=0.473), however continues the general upward trend that has been observed since monitoring began (Figure 45). Of those who commented in 2022 (n=51), the most common mental health problems were depression (63%), followed by anxiety (61%) and post-traumatic stress disorder (PTSD) (16%). Of those who reported experiencing a mental health problem, 63% (32% of the total sample) reported seeing a mental health professional during the past six months (55% in 2021; *p*=0.553). Of these participants (n=32), 63% reported being prescribed medication (52% in 2021; *p*=0.444).

Figure 45: Self-reported mental health problems and treatment seeking in the past six months, Sydney, NSW, 2008-2022

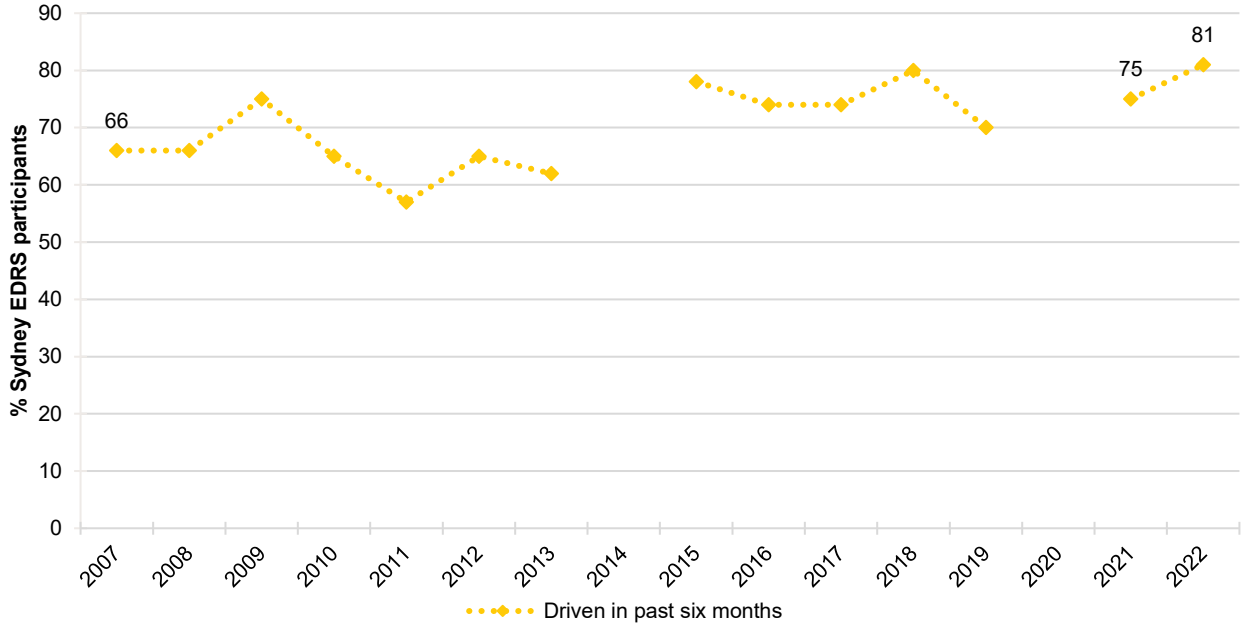


Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Driving

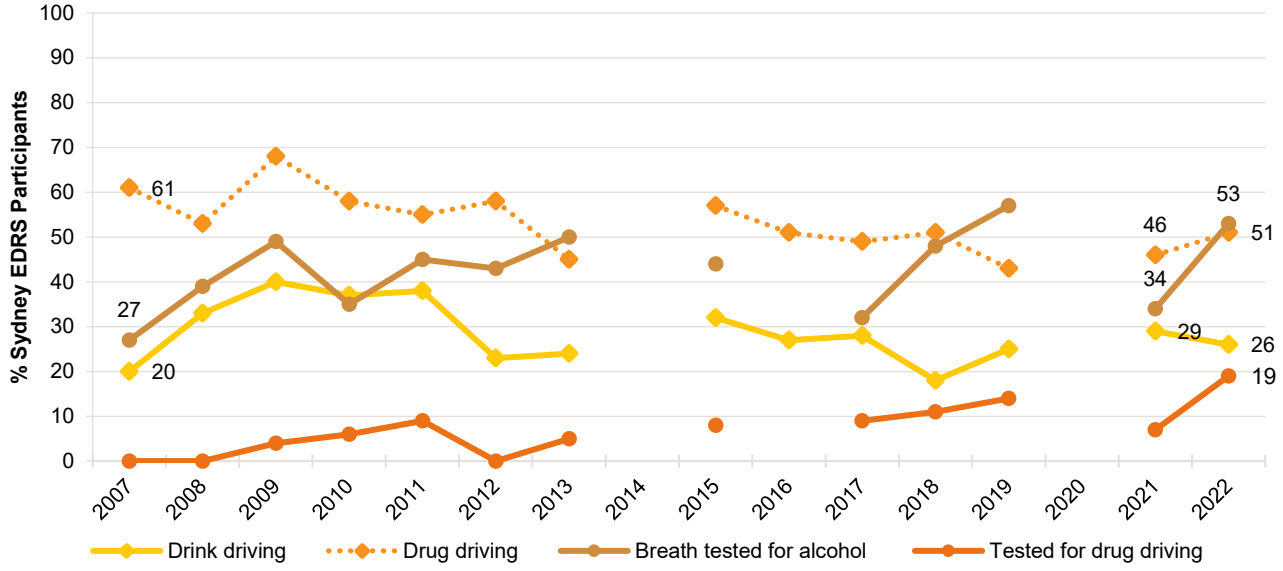
In 2022, 81% of the Sydney sample had driven a car, motorcycle or other vehicle in the last six months (Figure 46). Of those who had driven in the past six months and responded (n=76) (Figure 47), 26% reported driving while over the (perceived) legal limit of alcohol (29% in 2021; p=0.849), and over half (51%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (46% in 2021; p=0.627; Figure 47). Of those who had driven in the past six months and responded (n=81), over half (53%; 34% in 2021; p=0.021) reported that they had been breath tested for alcohol and 19% (7% in 2021; p=0.033) reported that they been drug tested by roadside police in the six months preceding the interview.

Figure 46: Self-reported driving in the past six months, Sydney, NSW, 2007-2022



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour were not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 47: Self-reported testing and driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, among those who had driven in the past six months, Sydney, NSW, 2007-2022



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Questions about alcohol and drug driving testing were not asked in 2014, 2016 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

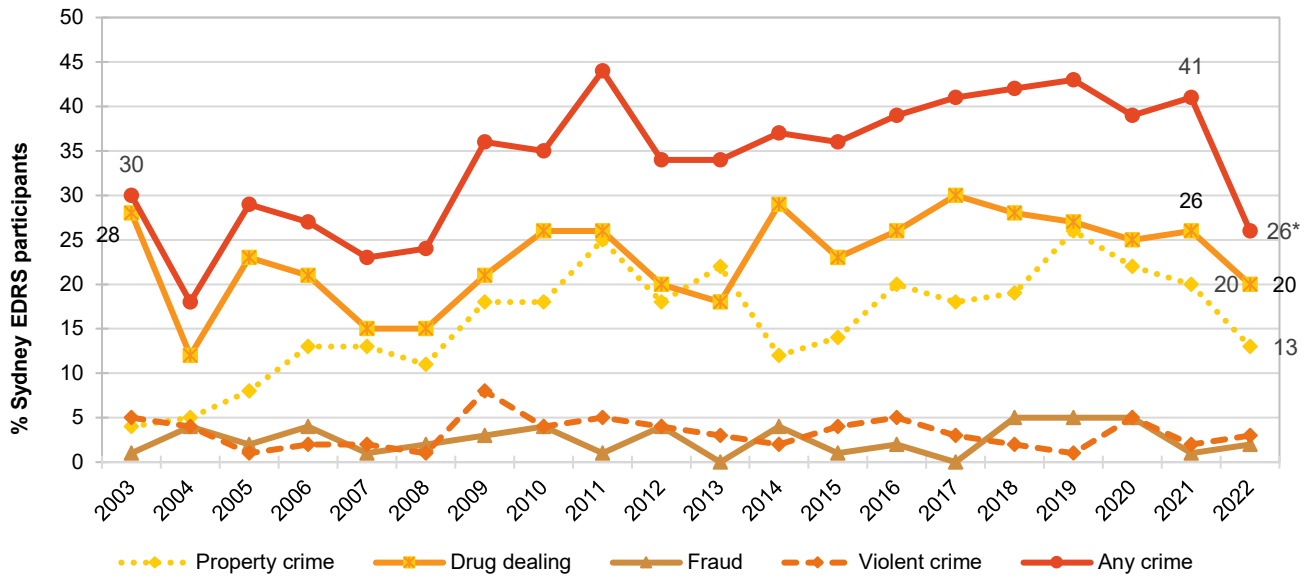
The percentage of past month criminal activity has fluctuated considerably over time, ranging between 18% and 44%. In 2022, 26% of the Sydney sample reported any criminal activity in the previous month, a significant decrease from 41% in 2021 (p=0.028). Drug dealing (20%) and property crime (13%) were the two main forms of criminal activity in 2022 (26%; p=0.323 and 20%; p=0.188 in 2021, respectively) (Figure 48).

In 2022, six per cent of the Sydney sample reported being the victim of a crime involving violence (n≤5 2021; p=0.748).

Eleven per cent reported having been arrested in the 12 months preceding interview (n≤5 in 2021; p=0.191) and 6% reported having ever been in prison in 2022 (n≤5 in 2021; p=0.279). The most common reason for arrest in the 12 months preceding interview was use/possession of drugs (55%).

In 2022, 28% of the Sydney sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021).

Figure 48: Self-reported criminal activity in the past month, Sydney, NSW, 2003-2022



Note. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) 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 response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2022, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (68%; 64% in 2021; p=0.652). Arranging the purchase of illicit or non-prescribed drugs via social networking applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) decreased significantly (62%; 80% in 2021; p=0.016). 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. Conversely, in 2022, significantly more participants reported arranging the purchase of illicit or non-prescribed drugs via text messaging in the past 12 months compared to 2021 (60% in 2022 versus 34% in 2021; p<0.001) (Table 7).

Buying and Selling Drugs Online

Eight per cent had arranged the purchase of illicit or non-prescribed drugs via the darknet in the past year (7% in 2021). Similarly, 7% had arranged the purchase via the surface web (7% in 2021). The most commonly purchased drug on the dark net or surface web was cannabis (23%) (Table 7).

In 2022, 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 2021). Fifty-four per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 23% having done so in the last 12 months (40% in 2021; p=0.025).

Obtaining Drugs

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (95%; 94% in 2021). This was followed by a significant increase in receiving illicit drugs via a collection point (defined as a predetermined location where a drug will be left for later collection) (38%; 11%; p<0.001). Receiving illicit drugs via post remained stable (17%; 13% in 2021; p=0.548; Table 7).

Three-in-four participants in 2022 reported obtaining illicit drugs from a known dealer/vendor (78%; 74% in 2021; p=0.618), with a similar percentage reporting a friend/relative/partner/colleague (75%; 82% in 2021; p=0.309, Table 7).

Table 7: Means of purchasing illicit drugs in the past 12 months, Sydney, NSW, 2019-2022

	2020	2021	2022
	N=102	N=98	**N=98**
% Purchasing approaches in the last 12 months^			
Face to face	61	64	**68**
Surface web	11	7	**7**
Darknet market	11	7	**8**
Social networking applications	68	80	**62***
Text messaging	58	34	**60*****
Phone call	40	29	**30**
Grew/made my own	-	-	**-**
Other	0	0	**-**
Means of obtaining drugs in the last 12 months^~	N=103	N=98	**N=98**
Face-to-face	95	94	**95**
Collection point	23	11	**38*****
Post	16	13	**17**
% Source of drugs in the last 12 months^	N=101	N=98	**N=99**
Friend/relative/partner/colleague	76	82	**75**
Known dealer/vendor	73	74	**78**
Unknown dealer/vendor	45	38	**30**

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

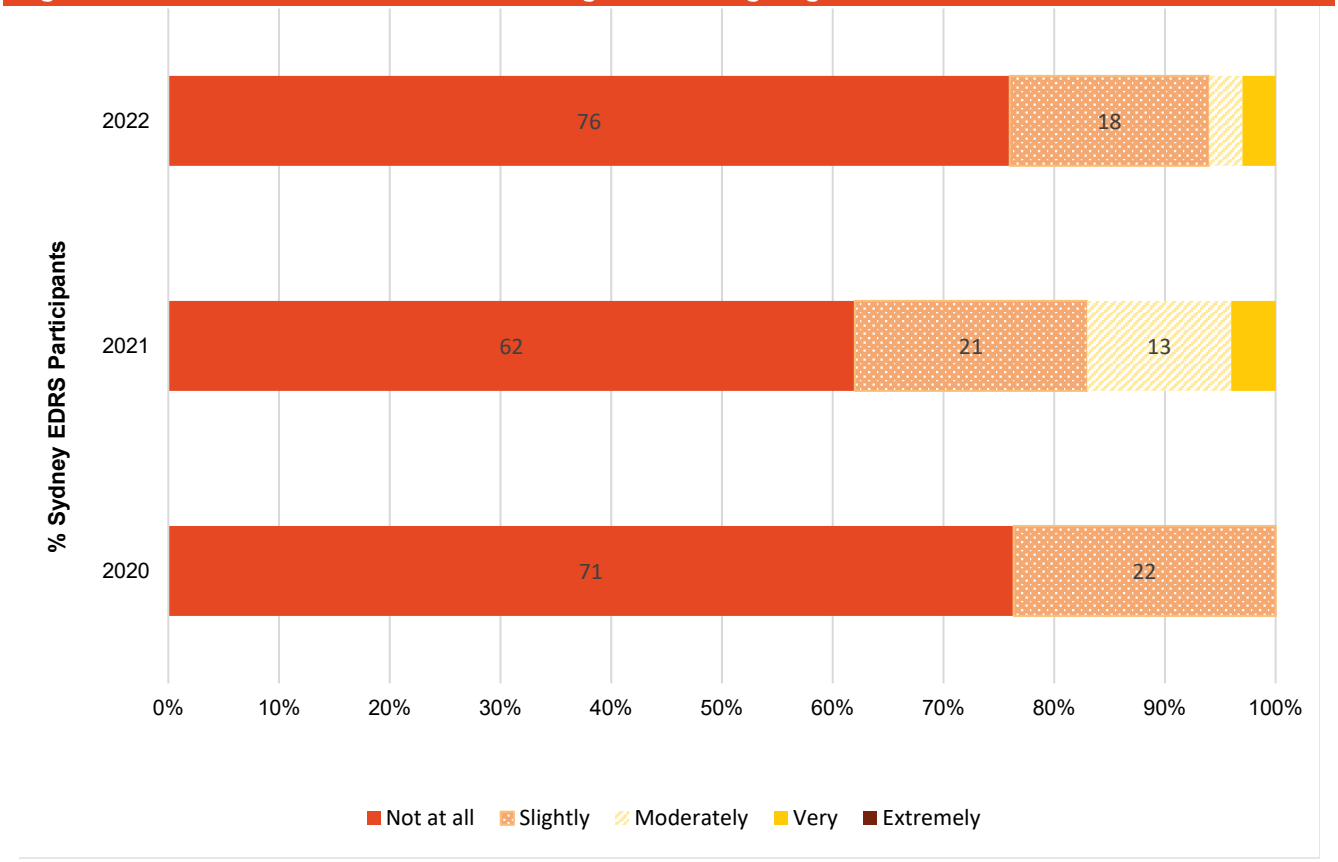
COVID-19 Testing and Diagnosis

In 2022, nearly all (98%) of the sample had been tested for SARS-CoV-2 within the past 12 months (68% in 2021), of whom 92% had received a PCR test and 92% a rapid antigen test. Seventy-five per cent of participants reported having been diagnosed with the virus (n≤5 in 2021).

In 2022, 81% of the sample reported quarantining for at least seven days due to a positive test or possible exposure in the past 12 months, with n≤5 quarantining in the month prior to interview and 60% in the six months prior to interview. At the time of interview, 92% reported that they had received at least one COVID-19 vaccine dose (median 3 doses: n≤5 received one dose, 43% received two doses, 47% received three or more doses).

When asked how worried they were currently about contracting COVID-19, 31% of participants reported some level of concern (38% in 2021; p=0.062), with almost one-fifth (18%) responding that they were 'slightly' concerned (Figure 49). Furthermore, 32% of participants reported that they would be concerned about their health if they did contract COVID-19, with 21% reporting that they would be 'slightly' concerned and 7% reporting that they would be 'moderately' concerned.

Figure 49: Current concern related to contracting COVID-19, Sydney, NSW, 2020-2022



Note. The response option '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). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.