EDRS

WESTERN AUSTRALIAN DRUG TRENDS 2024

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

WESTERN AUSTRALIAN DRUG TRENDS 2024: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: j.grigg@curtin.edu.au or drugtrends@unsw.edu.au

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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 2024:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Udesha Chandrasena, Olivia Price, Haniene Tayeb, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Zachary Lloyd and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg, Dr Sophie Haywood 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

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Helin Cimen, Taylor Mathyi, and Jack Curran for conducting the Perth, Western Australia EDRS interviews in 2024. We would also like to thank the Students for Sensible Drug Policy (SSDP) and the Drug Trends Advisory Committee for their contribution to the EDRS.

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

Abbreviations

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

STI	Sexually transmitted infection
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
WA	Western Australia
WHO	World Health Organization

Executive Summary

The Perth Western Australia (WA) EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants recruited via social media and via word-of mouth in Perth, WA. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2024 from April-July. Interviews from 2020 onwards were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples, relative to previous years.**

Sample Characteristics

The Perth EDRS sample (N=100) was similar to the sample in 2023 and in previous years. Gender and age remained stable between 2023 and 2024, with 59% identifying as male (59% in 2023), and participants reporting a median age of 21 years. Half (51%) reported being current students in 2024 (31% in 2023; p=0.008), while 40% held tertiary qualifications (53% in 2023). Half (52%) reported part time/casual employment, while one quarter (27%) reported full-time employment. Approximately half the sample (53%) reported residing in their parents/family home at the time of interview, while one third (33%) reported living in a rental house/flat. Cannabis and ecstasy were the most commonly reported drugs of choice (29% and 28%, respectively), and were also the drugs reportedly used most often in the month preceding interview (38% and 16%, respectively).

Non-Prescribed Ecstasy

The per cent of the sample reporting recent use of any non-prescribed ecstasy decreased from 98% in 2023 to 89% in 2024 (p=0.018). Capsules and crystal remained the most commonly reported forms of non-prescribed ecstasy recently used (54% and 51%, respectively). The median days of any non-prescribed ecstasy use (in the past six months) remained stable in 2024, although the frequency of recent use of capsules increased to six days (4 days in 2023; p=0.020). Market characteristics for non-prescribed ecstasy remained largely stable between 2023 and 2024, however the perceived purity of ecstasy crystal significantly changed (p=0.020). Specifically, more participants reported the purity as 'fluctuating' (31%; 11% in 2023) and 'high' (42%; 37% in 2023), while fewer reported 'medium' (24%; 46% in 2023) purity. The median price per gram of ecstasy crystal also significantly decreased from $350 in 2023 to $300 in 2024 ($p$=0.047).

Methamphetamine

One tenth (9%) of the Perth sample reported recent use of any methamphetamine, which represents a significant decrease relative to 2023 (29%; p<0.001), but is comparable to the preceding years (from 2017 onwards). This was mostly driven by a significant decrease in methamphetamine crystal, from 28% reporting recent use in 2023 to 8% in 2024 (p<0.001). Market characteristics for methamphetamine crystal, including perceived purity and availability and price, remained stable in 2024, relative to 2023.

Non-Prescribed Pharmaceutical Stimulants

Recent use of non-prescribed pharmaceutical stimulants has increased since monitoring commenced. In 2024, 73% reported recent use, stable relative to 2023 (68%), but an increase from 43% in 2007. Non-prescribed pharmaceutical stimulants were used on a median of 15 days in the six months preceding

interview in 2024, representing the highest frequency of use since monitoring commenced, but stable relative to nine days in 2023. Dexamfetamine remained the most commonly reported form used (96% in 2023 and 2024), followed by lisdexamfetamine (29%; 37% in 2023) and methylphenidate (29%; 13% in 2023; p=0.028).

Cocaine

Recent cocaine use has increased from 17% in 2003 to 71% in 2024, although stable relative to 2023 (62%). Frequency of use remained low and stable (median of 3 days in 2024), and few participants (n≤5) reported weekly or more frequent use. Price and perceived purity and availability of cocaine also remained stable between 2023 and 2024.

Cannabis and/or Cannabinoid-Related Products

In 2024, 77% reported recent use of non-prescribed cannabis and/or cannabinoid-related products in the six months prior to interview, the lowest percentage since monitoring commenced, although stable from 2023 (85%). Hydroponic cannabis was the most used form of non-prescribed cannabis in 2024 (79%; 76% in 2023), while one third (34%) reported use of outdoor grown 'bush' cannabis (33% in 2023). However, there was a significant increase in recent use of THC extract (21%; 7% in 2023; p=0.015), commercially prepared edibles (16%; n≤5 in 2023; p=0.008), and hash oil (10%; n≤5 in 2023; p=0.029) in 2024. Market characteristics remained largely stable between 2023 and 2024, with the exception of perceived potency of hydroponic cannabis (p=0.036), with fewer reporting 'medium' purity and more reported 'fluctuating' purity.

Non-Prescribed Ketamine, LSD and DMT

Non-prescribed ketamine use has increased from few participants (n≤5) reporting recent use in 2015 to 55% in 2024, representing a significant increase relative to 2023 (36%; p=0.014) and the highest use observed since monitoring commenced. However, frequency of use remained low and stable at a median of three days in the past six months. Recent LSD use remained stable between 2023 and 2024 (33%; 36% in 2023), as did frequency of recent LSD use (median of three days). Recent DMT use significantly decreased (11%; 26% in 2023; p=0.013), while frequency of DMT use remained stable (median of two days). Market characteristics for non-prescribed ketamine and LSD remained largely stable between 2023 and 2024. No market characteristic data was collected for DMT.

New Psychoactive Substances (NPS)

Any NPS use, including plant-based NPS, has fluctuated over time, with 17% reporting recent use in 2024, stable relative to 2023 (8%). Similar results were observed for any NPS use, excluding plant-based NPS (16%; 7% in 2023). The most commonly reported NPS was any 2C substance (6%; n≤5 in 2023).

Other Drugs

In 2024, 54% reported recent use of hallucinogenic mushrooms/psilocybin. While stable relative to 2023 (42%), this is the highest percentage observed since monitoring commenced. Almost one tenth (9%) reported recent GHB/GBL/1,4-BD use, the highest percentage since monitoring commenced, although stable relative to 2023 (7%). Daily use of non-prescribed e-cigarettes significantly decreased to 42% (63% in 2023; p=0.025). Reported use of other drugs remained largely stable in 2024, relative to 2023.

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

The majority (86%; n=86) of the Perth sample reported concurrent use of two or more drugs

on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes).

One quarter (24%) of participants reported using stimulants or related drugs for 48 hours or more continuously without sleep in the six months preceding interview (41% in 2023).

Dependence, injecting and overdose

Four fifths (79%) of the Perth sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Eighteen per cent of those who reported recent non-prescribed ecstasy use obtained an SDS score of 3 or more, whilst few participants (n≤5) reporting recent methamphetamine use obtained a score of 4 or more, indicating possible dependence on these substances.

Past month injecting drug use remained low in 2024 (0%; n≤5; in 2023).

Past year non-fatal stimulant overdose (18%; 11% in 2023) and non-fatal depressant overdose (21%; 20% in 2023) remained stable.

Drug checking and naloxone

Almost one quarter (23%) of the Perth sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, a significant decrease from 43% in 2023 (p=0.003).

In 2024, 63% reported that they had ever heard of naloxone (61% in 2023), of which 92% correctly identified the purpose (89% in 2023).

Sexual activity, mental health and health service access

Four fifths (81%) of the Perth sample reported engaging in some form of sexual activity in the past four weeks, of which 31% reported using drugs/alcohol to enhance it. One fifth (22%) of the sample reported having a sexual health check-up in the past six months, while 13% reported a recent HIV test.

In 2024, 63% reported experiencing a mental health problem in the past six months (57% in 2023), most commonly anxiety (63%) and depression (46%). One quarter (26%) of the sample reported very high psychological distress (21% in 2023).

Twenty-nine per cent of the Perth sample reported accessing any health service for alcohol and/or drug support in the six months preceding interview (23% in 2023), and current drug treatment engagement remained low (7%; n≤5 in 2023).

One quarter (25%) of the sample reported experiencing stigma in any setting in the six months preceding interview.

Driving, contact with police and modes of purchasing drugs

Among recent drivers, 39% reported driving while over the perceived legal limit of alcohol, while 51% reported driving within three hours of consuming an illicit or non-prescribed drug in the prior six months (stable relative to 2023).

Thirty-seven per cent of participants reported 'any' crime in the past month (30% in 2023). Property crime was the main form, significantly increasing to 23% (10% in 2023; p=0.020). Eight per cent of the sample reported a past year arrest, and 9% reported a drug-related encounter with police which did not result in charge or arrest.

Face-to-face and social networking apps remained the most common means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (73% and 72%, respectively). The majority (86%) of participants reported obtaining illicit drugs from a friend/relative/partner/colleague, while 44% obtained illicit drugs from a known dealer.

2024 SAMPLE CHARACTERISTICS

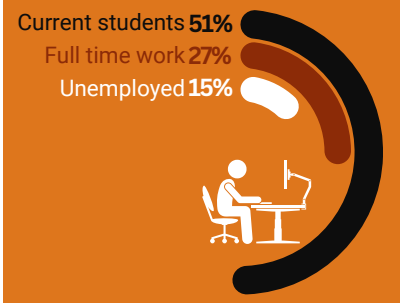
EDRS Ecstasy and Related Drugs Reporting System

In 2024, 100 participants, recruited from Perth, WA, were interviewed.

21 years

Male

The median age in 2024 was 21 years, and 59% identified as male.



In the 2024 sample, 51% were current students, 27% were employed full time and 15% were unemployed.

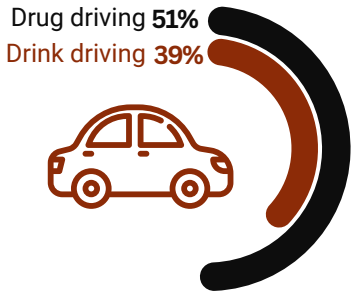
Ecstasy

Cocaine

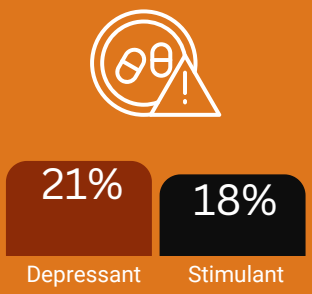
Other stimulants

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

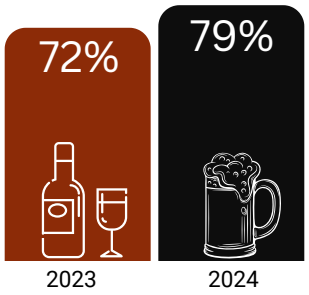
DRUG-RELATED HARMS AND RISKS



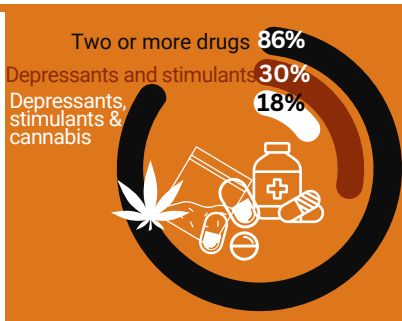
Among recent drivers, 51% reported driving a vehicle within 3 hours of consuming illicit drugs and 39% while over the legal limit of alcohol.



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

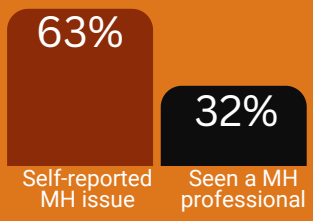


Percentage who obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use.

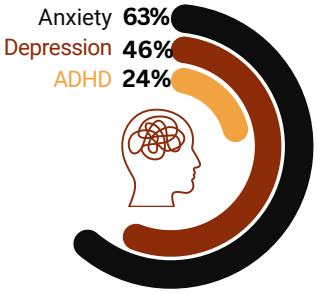


In 2024, 86% reported using two or more drugs on the last occasion of ecstasy or related drug use: the most commonly used combination of drug classes was depressants and stimulants (30%).

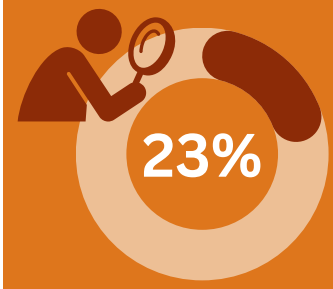
OTHER BEHAVIOURS



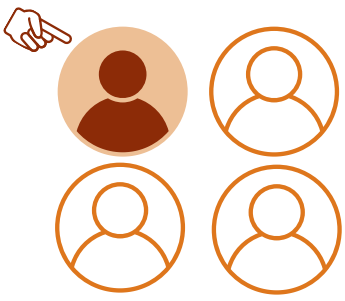
Percentage who self-reported mental health problems and treatment seeking in the six months preceding interview.



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

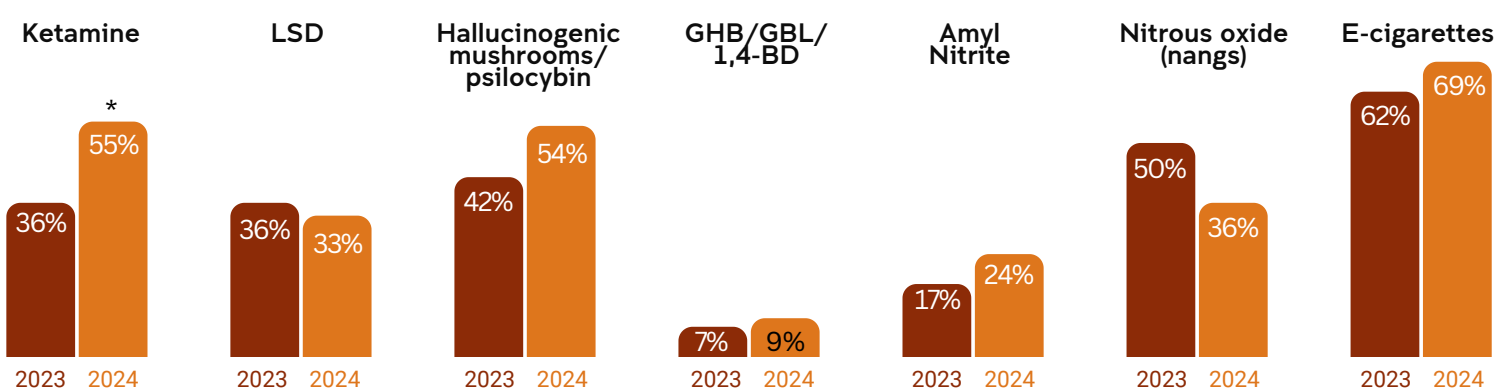


Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



25% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police (8%).

PAST 6 MONTH USE OF SELECT DRUGS

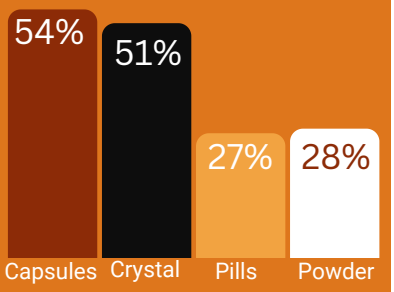


*p<0.050; **p<0.010; ***p<0.001.

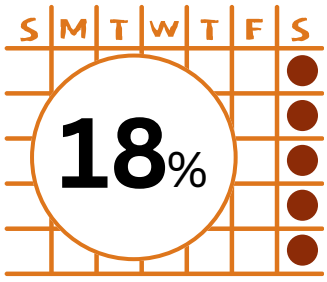
ECSTASY

EDRS Ecstasy and Related Drugs Reporting System

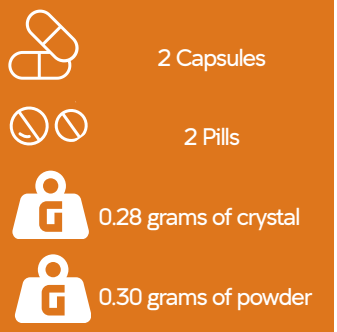
FORM of ecstasy



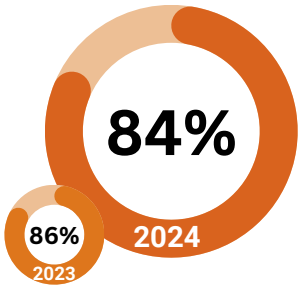
Past 6 month use of ecstasy capsules, crystal, pills and powder in 2024.



Of those who had recently used any ecstasy, 18% reported weekly or more frequent use, stable from 2023 (18%).



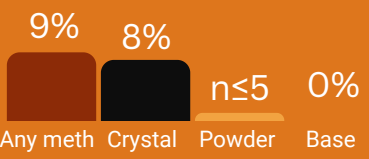
Median amounts of ecstasy consumed in a 'typical' session.



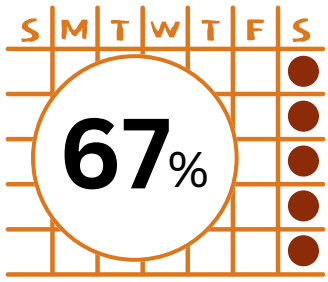
Percentage who perceived ecstasy capsules as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

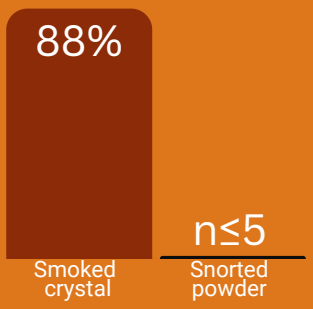
FORM of methamphetamine



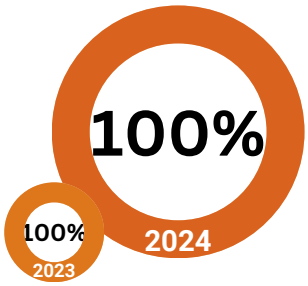
Past 6 month use of any methamphetamine, crystal, powder and base in 2024.



Of those who had recently used any methamphetamine, 67% reported weekly or more frequent use, stable from 2023 (41%).

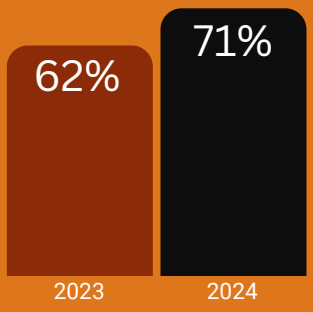


88% of participants who had recently used crystal smoked it. Of those who had recently used powder, few (n≤5) snorted it.

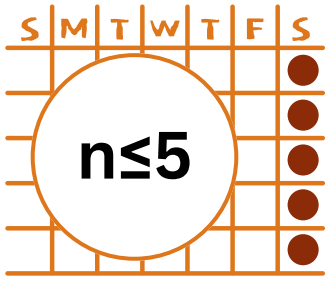


Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

COCAINE

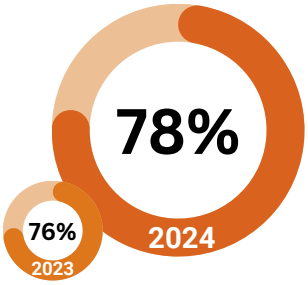


Past 6 month use of any cocaine remained stable between 2023 and 2024.



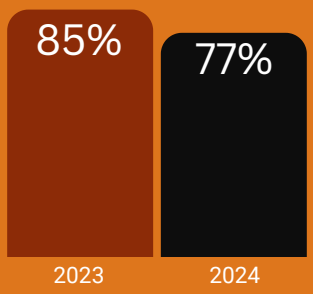
Of those who had recently consumed cocaine, few (n≤5) reported weekly or more frequent use, stable from 2023 (n≤5).

The median reported price for a gram of cocaine.

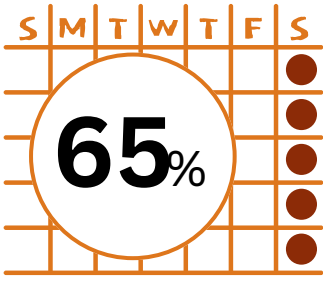


Percentage who perceived cocaine as being 'easy' or 'very easy' to obtain.

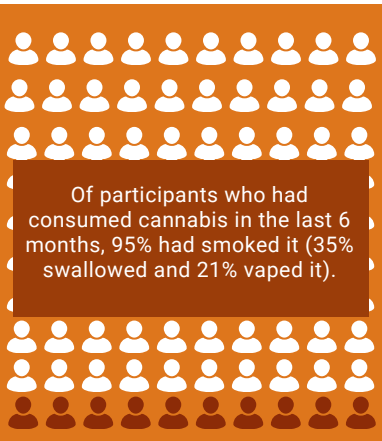
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

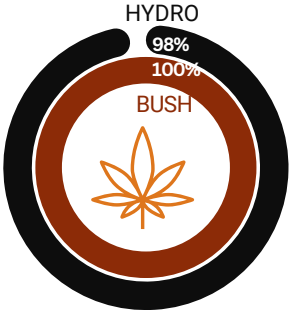


Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products was stable between 2023 and 2024.



Of those who had recently used non-prescribed cannabis, 65% reported weekly or more frequent use, stable from 2023 (66%).





Percentage who perceived cannabis and/or cannabinoid-related products as being 'easy' or 'very easy' to obtain (stable from 2023).

Background

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

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

Methods

EDRS 2003-2019

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

EDRS 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

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

In 2021, a hybrid approach was used in Perth, with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants. Whilst most other jurisdictions continued with the hybrid approach in 2022, Perth interviews were conducted entirely via telephone due to local COVID-19 outbreaks occurring in the lead up to and during the recruitment period. However, a hybrid approach was again used from 2023.

2024 EDRS Sample

A total of 740 participants were recruited across capital cities nationally (April-July, 2024), with 100 participants interviewed in Perth, WA between 11th April- 1st July 2024. A total of 91 interviews (91%) were conducted via telephone in 2024, the remainder were conducted face-to-face.

Few participants (n≤5) of the 2024 Perth sample completed the interview in 2023, and 7% of the 2023 Perth sample completed the interview in 2022 (p=0.537). There was a significant change in recruitment methods compared to 2023 (p=0.004), with more participants being recruited via word-of-mouth (e.g., Facebook and Instagram) (28%; 11% in 2023), and fewer via the internet (68%; 88% in 2023).

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 2023 and 2024, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, was excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2023 and 2024

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

Infographics, the 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 national reports, jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs via injection.

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

1

Sample Characteristics

In 2024, the Perth EDRS sample was mostly similar to the sample in 2023 and in previous years (Table 2).

Gender remained stable between 2023 and 2024 (p=0.322), with three fifths (59%) of the sample identifying as male (59% in 2023). The median age of the sample was 21 years (IQR=19-28), stable relative to 2023 (23 years; IQR=20-30; p=0.508).

Accommodation remained stable (p=0.148), with 53% of the sample reporting that they were living with their parents/in their family house (36% in 2023) and most of the remaining participants residing in a rented house/flat (33%; 46% in 2023).

Participants reported a mean of 12 years of school in 2024 (range: 9-12; 12 years in 2023; range: 9-12; p=0.348) and half (51%) were current students, a significant increase relative to 2023 (31%; p=0.008). Two fifths (40%) had obtained a post-school qualification(s) (53% in 2023; p=0.095).

Current employment status remained stable between 2023 and 2024 (p=0.163). Specifically, half (52%) reported being employed on a part time/casual basis at the time of interview (42% in 2023), 27% reported being employed full-time (39% in 2023), and 15% reported being unemployed at the time of interview (17% in 2023).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Perth, WA, 2020-2024

	Perth, WA					National
	2020	2021	2022	2023	2024	2024
	(N=101)	(N=100)	(N=100)	(N=100)	(N=100)	(N=740)
Median age (years; IQR)	20 (19-23)	22 (19-26)	21 (20-24)	23 (20-30)	**21 (19-28)**	23 (20-32)
% Gender						
Female	34	32	27	41	**38**	43
Male	65	64	71	59	**59**	55
Non-binary	-	-	-	0	**-**	3
% Aboriginal and/or Torres Strait Islander	0	-	-	-	**6**	9
% Born in Australia	/	/	/	85	**85**	84
% English primary language spoken at home	/	/	/	98	**100**	97
% Sexual identity						
Heterosexual	91	77	84	78	**82**	69

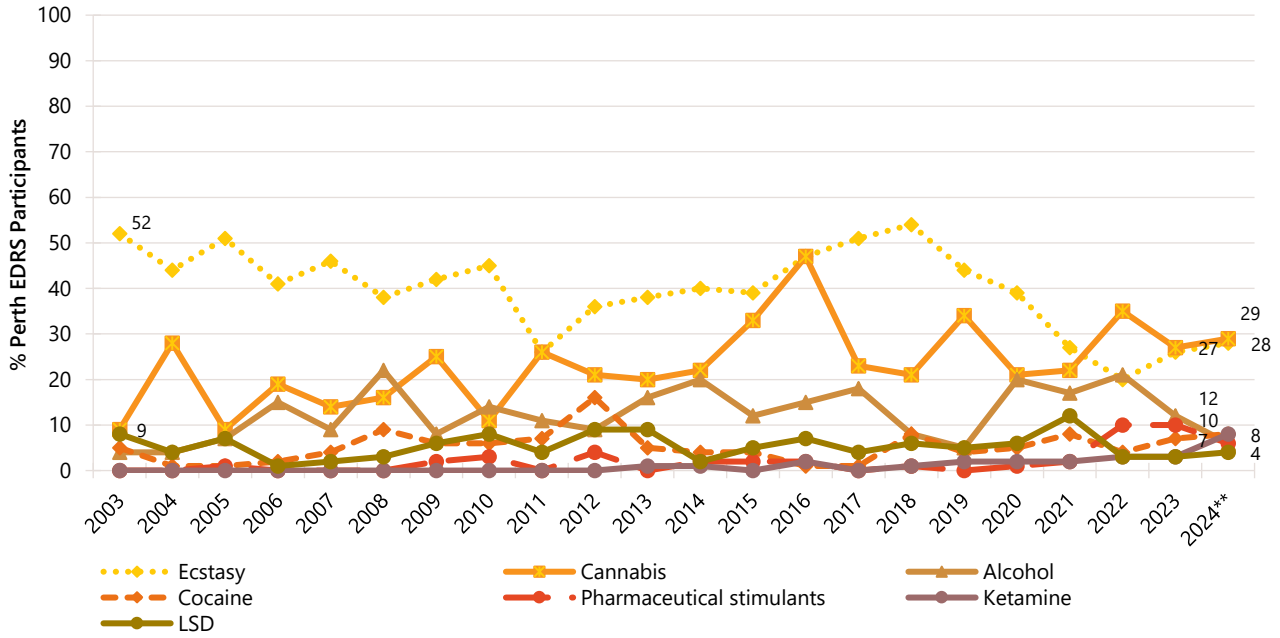
	Perth, WA					National
	2020	2021	2022	2023	2024	2024
Homosexual	-	-	-	-	**6**	7
Bisexual	6	8	7	16	**10**	17
Queer	0	6	6	-	**-**	4
Other identity	0	-	-	-	**-**	3
Mean years of school education (range)	12 (8-12)	12 (9-12)	12 (9-12)	12 (9-12)	**12 (9-12)**	12 (7-12)
% Post-school qualification(s)^	42	54	50	53	**40**	56
% Current students#	60	59	37	31	**51****	39
% Current employment status						
Employed full-time	18	30	38	39	**27**	30
Part time/casual	40	54	46	42	**52**	42
Self-employed	7	-	-	-	**6**	5
Unemployed	34	12	15	17	**15**	23
Current median weekly income $ (IQR)	$550 (300-750)	$600 (354-950)	$800 (500-1154)	$900 (500-1413)	**$625 (313-1075)**	$700 (400-1200)
% Current accommodation						
Own house/flat	-	7	12	14	**12**	10
Rented house/flat	32	46	52	46	**33**	48
Parents'/family home	64	46	32	36	**53**	34
Boarding house/hostel	0	0	-	-	**0**	1
Public housing	0	0	-	-	**-**	3
No fixed address+	0	0	-	-	**-**	2
Other	-	-	-	-	**0**	1

Note. ^Includes trade/technical and university qualifications.# 'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included 'couch surfing and rough sleeping or squatting. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug of choice remained stable between 2023 and 2024 (p=0.687), with 29% nominating cannabis as the drug of choice in 2024 (27% in 2023), followed closely by ecstasy (28%; 26% in 2023) (Figure 1). However, the drug used most often in the past month significantly changed between 2023 and 2024 (p=0.001). Specifically, while cannabis remained the drug used most often in 2024 (38%; 36% in 2023), a smaller per cent of participants reported using alcohol most often (11%; 30% in 2023) while a higher per cent reported using ecstasy (16%: 12% in 2023) and cocaine (8%; 0% in 2023) (Figure 2).

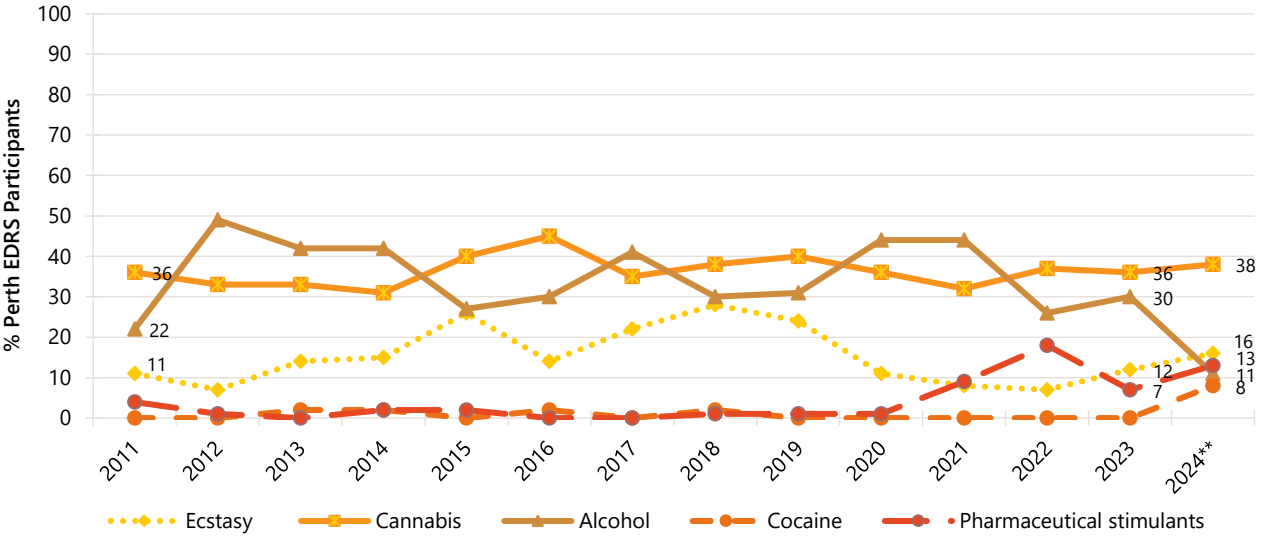
Weekly or more frequent use of various drugs remained stable between 2023 and 2024. Specifically, half (50%) of the Perth sample reported weekly or more frequent cannabis use (56% in 2023; p=0.473), 16% per cent reported weekly or more frequent use of ecstasy (18% in 2023; p=0.847) and 6% reported weekly or more frequent methamphetamine use (12% in 2023; p=0.219) (Figure 3).

Figure 1: Drug of choice, Perth, WA, 2003-2024



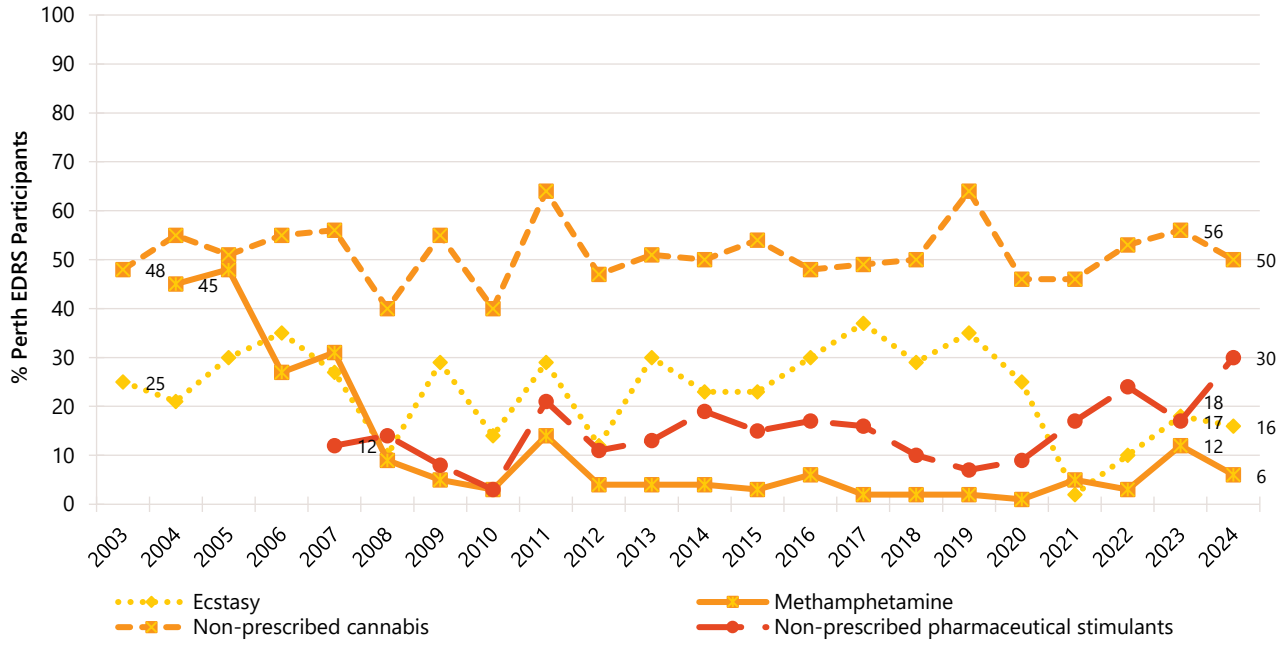
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug used most often in the past month, Perth, WA, 2011-2024



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 2011-2023 as this question was not asked in 2003-2010. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Perth, WA, 2003-2024



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Monitoring of pharmaceutical stimulants commenced in 2007. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

2

Non-Prescribed Ecstasy

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

Patterns of Consumption (Any Ecstasy)

Recent Use (past 6 months)

The per cent of the Perth sample reporting recent use of any non-prescribed ecstasy in the six months preceding interview significantly declined from 98% in 2023 to 89% in 2024 (p=0.018) (Figure 4). Consistent with recent years, the most commonly used forms of non-prescribed ecstasy in the six months preceding interview in 2024 were capsules (54%; 59% in 2023; p=0.567) and crystal (51%; 57% in 2023; p=0.473). Meanwhile, non-prescribed ecstasy pills (27%; 33% in 2023; p=0.437) and powder (28%; 29% in 2023) remained the least commonly reported forms used.

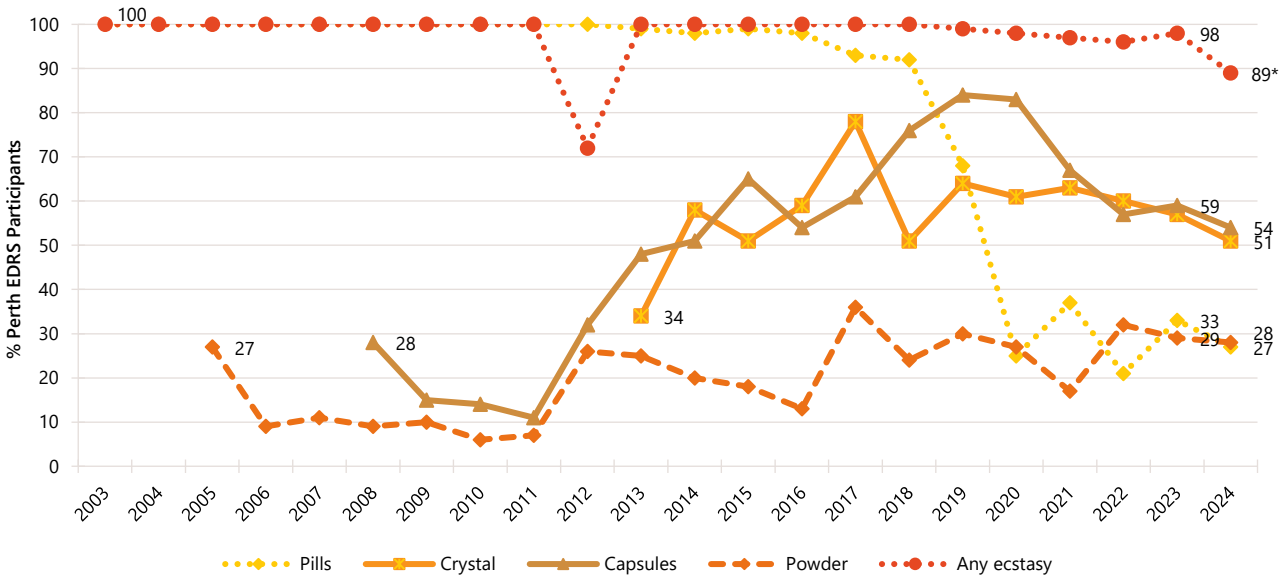
Frequency of Use

Participants reported using non-prescribed ecstasy (in any form) on a median of nine days in the six months preceding interview (IQR=4-18; n=89), stable relative to 2023 (7 days; IQR=5-15; n=98; p=0.453) (Figure 5). Weekly or more frequent use of any form of non-prescribed ecstasy remained stable at 18% in 2024 (18% in 2023) (Figure 4).

Number of Forms Used

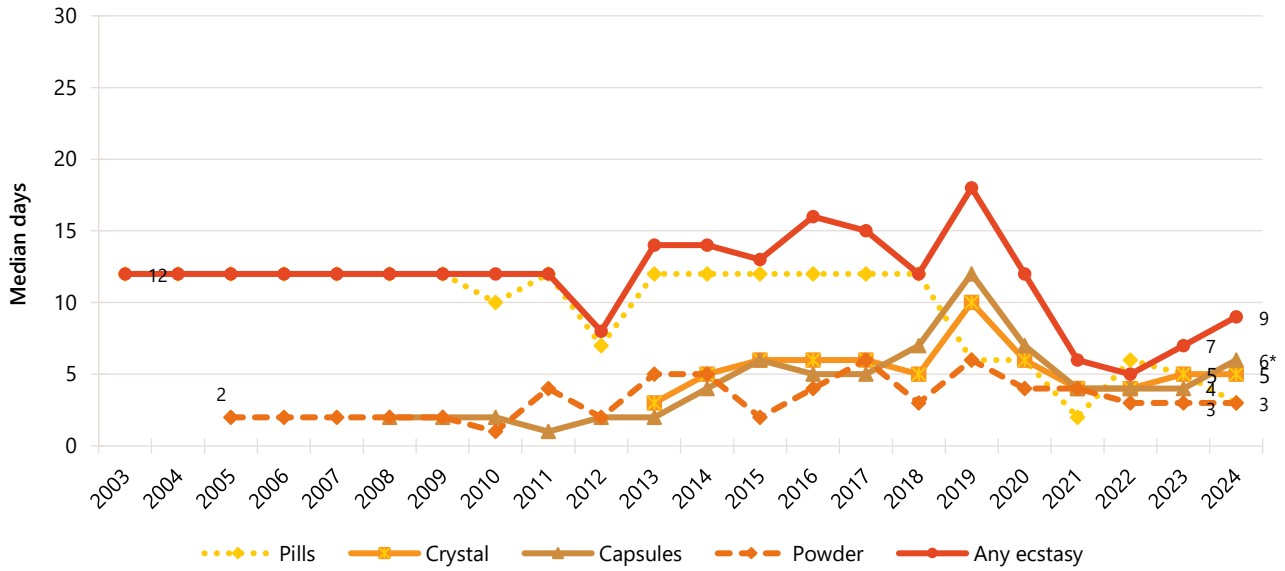
Among participants who had recently used non-prescribed ecstasy and commented (n=89), a median of two forms of non-prescribed ecstasy were reportedly used in the past six months (IQR=1-2), stable relative to 2023 (median 2 forms; IQR-1-2; n=98; p=0.505).

Figure 4: Past six month use of any non-prescribed ecstasy, and non-prescribed ecstasy pills, powder, capsules, and crystal, Perth, WA, 2003-2024



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 5: Median days of any non-presribed ecstasy use, and non-prescribed ecstasy pills, powder, capsules, and crystal use in the past six months, Perth, WA, 2003-2024



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Non-Prescribed Ecstasy Pills

Recent Use (past 6 months): Approximately one quarter (27%) of the Perth sample reported recent use of non-prescribed ecstasy pills in 2024, stable relative to 2023 (33%; *p*=0.437) (Figure 4).

Frequency of Use: Non-prescribed ecstasy pills were used on a median of three days in the six months preceding interview (IQR=1-12; n=27), stable relative to five days in 2023 (IQR=2-12; n=33; *p*=0.289) (Figure 5). Among those reporting recent non-prescribed ecstasy pill use, few participants (n≤5) reported weekly or more frequent use in 2024 (18% in 2023; *p*=0.276).

Routes of Administration: Swallowing remained the most common route of administration (ROA) in 2024 (100%; 100% in 2023), followed by snorting (22%; 27% in 2023; *p*=0.770).

Quantity: Of those who reported recent use and responded (n=26), the median 'typical' amount used per session was two pills (IQR=1-2), a significant change from two pills in 2023 (IQR=2-3; n=33; *p*=0.009). Meanwhile, the median maximum amount used per session was also two pills (IQR=1-3; n=26), a significant decrease from four pills in 2023 (IQR=2-6; n=33; *p*=0.002).

Non-Prescribed Ecstasy Capsules

Recent Use (past 6 months): Fifty-four per cent of Perth participants reported recent use of non-prescribed ecstasy capsules in 2024, stable relative to 2023 (59%; *p*=0.567) (Figure 4).

Frequency of Use: Non-prescribed capsules were used on a median of six days in the six months preceding interview (IQR=3-11; n=54), a significant increase from four days in 2023 (IQR=2-6; n=59; *p*=0.020) (Figure 5). Few participants (n≤5) reported weekly or more frequent non-prescribed capsule use in 2024 (n≤5 in 2023; *p*=0.476).

Routes of Administration: Among those who had recently consumed non-prescribed ecstasy capsules and commented (n=54), swallowing remained the most commonly reported ROA (100%; 98% in 2023), followed by snorting (13%; 24% in 2023; *p*=0.162).

Quantity: Among those who reported recent use and responded (n=54), the median 'typical' amount used per session remained stable at two capsules (IQR=2-3; 2 capsules in 2023; IQR=1.5-3; n=59; *p*=0.958), while the median maximum amount used per session remained stable at four capsules (IQR=2-5; n=54; 3 capsules in 2023; IQR=2-5; n=59; *p*=0.654).

Non-Prescribed Ecstasy Crystal

Recent Use (past 6 months): Half (51%) of the Perth sample reported recent use of non-prescribed ecstasy crystal in 2024, stable relative to 2023 (57%; *p*=0.473) (Figure 4).

Frequency of Use: Participants reported using non-prescribed ecstasy crystal on a median of four days in the preceding six months (IQR=2-11; n=51), stable relative to 2023 (5 days; IQR=3-10; n=57; *p*=0.790) (Figure 5). Few participants (n≤5) reported weekly or more frequent use of ecstasy crystal in 2024 (n≤5 in 2023; *p*=0.720).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy crystal and commented (n=51), 71% reported swallowing (82% in 2023; *p*=0.180), while 59% reported snorting as a ROA (56% in 2023; *p*=0.844).

Quantity: Among those who reported recent use and responded (n=44), the median 'typical' amount of ecstasy crystal used per session was 0.28 grams (IQR=0.20-0.40; 0.40 grams in 2023; IQR=0.20-0.50; n=52; *p*=0.017), while the median maximum amount used per session was 0.50 grams (IQR=0.24-0.70; n=44; 0.50 grams in 2023; IQR=0.34-1.00; n=52; *p*=0.138).

Non-Prescribed Ecstasy Powder

Recent Use (past 6 months): Recent use of non-prescribed ecstasy powder was reported by 28% of the Perth sample in 2024, stable relative to 29% in 2023 (Figure 4).

Frequency of Use: Non-prescribed ecstasy powder was used on a median of three days in the preceding six months (IQR=2-9; n=28), stable from three days in 2023 (IQR=2-6; n=28; *p*=0.916) (Figure 5). Few participants (n≤5) reported weekly or more frequent use of non-prescribed ecstasy powder in 2024 (n≤5 in 2023).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy powder and commented (n=28), the vast majority (93%) reported snorting as a ROA (79% in 2023; *p*=0.253), while 36% reported swallowing it (52% in 2023; *p*=0.295).

Quantity: Among those who reported recent use and responded (n=23), the median 'typical' amount of powder used per session was 0.30 grams (IQR=0.20-0.40; 0.30 grams in 2023; IQR=0.25-0.50; n=26; *p*=0.107), while the median maximum amount used per session was 0.50 grams (IQR=0.50-0.75; n=23; 0.50 grams in 2023; IQR=0.50-1.00; n=26; *p*=0.445).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price per ecstasy pill in 2024 was $30 (IQR=30-35; n=13), stable relative to $35 in 2023 (IQR=30-39; n=30; *p*=0.204) (Figure 6).

Perceived Purity: Perceived purity of non-prescribed ecstasy pills remained stable between 2023 and 2024 (*p*=0.246). Among those who commented in 2024 (n=21), half perceived the purity as 'fluctuating' (48%; 24% in 2023), and few participants (n≤5) perceived purity as being 'medium' (37% in 2023), 'high' (26% in 2023), or 'low' (n≤5 in 2023) (Figure 8).

Perceived Availability: The perceived availability of non-prescribed ecstasy pills remained stable between 2023 and 2024 (*p*=0.767). Among those who commented (n=20), three fifths (60%) reported that pills were 'easy' or 'very easy' to obtain (67% in 2023), whereas 40% reported that pills were 'difficult' to obtain (33% in 2023) (Figure 12).

Ecstasy Capsules

Price: The median price per ecstasy capsule was $35 in 2024 (IQR=30-35; n=26), stable relative to $35 in 2023 (IQR=30-35; n=42; *p*=0.901) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed ecstasy capsules remained relatively stable between 2023 and 2024 (*p*=0.051). Among those who commented in 2024 (n=48), purity was most commonly perceived as 'fluctuating' (38%; 15% in 2023), followed by 'medium' (33%; 42% in 2023) and 'high' (27%; 38% in 2023). Few participants (n≤5) reported 'low' purity of capsules in 2024 (5% in 2023) (Figure 9).

Perceived Availability: The perceived availability of non-prescribed ecstasy capsules remained stable between 2023 and 2024 (p=0.892). Among those able to comment in 2024 (n=48), most (84%) reported capsules as being 'very easy' or 'easy' to obtain (86% in 2023), while the remaining 17% reported that they were 'difficult' to obtain (15% in 2023) (Figure 13).

Ecstasy Crystal

Price: The median price per gram of ecstasy crystal in 2024 was $300 (IQR=250-350; n=27), representing a significant decline relative to $350 in 2023 (IQR=300-350; n=38; p=0.047) (Figure 7).

Perceived Purity: A significant change was identified in relation to the perceived purity of non-prescribed crystal between 2023 and 2024 (p=0.020). Among those able to comment in 2024 (n=45), there was an increase in the per cent of participants reporting the purity of crystal as being 'fluctuating' (31%; 11% in 2023) and 'high' (42%; 37% in 2023), and a decrease in the per cent reporting 'medium' (24%; 46% in 2023). Few participants (n≤5) reported 'low' purity of crystal in 2024 and 2023 (Figure 10).

Perceived Availability: Perceived availability of non-prescribed ecstasy crystal remained stable between 2023 and 2024 (p=0.912). Among those able to comment in 2024 (n=46), most perceived crystal as being 'very easy' (43%; 37% in 2023) or 'easy' to obtain (41%; 46% in 2023), while the remaining 15% reported that it was 'difficult' (16% in 2023) to obtain (Figure 14).

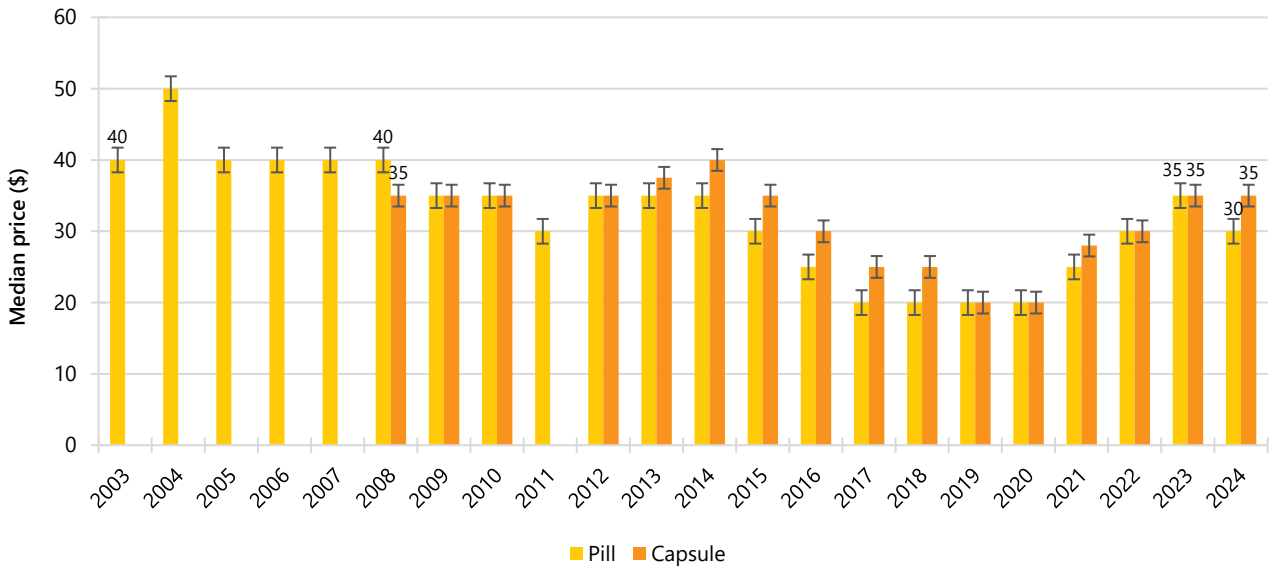
Ecstasy Powder

Price: The median price per gram of ecstasy powder in 2024 was $300 (IQR=300-300; n=11), stable relative to $305 in 2023 (IQR=285-350; n=10; p=0.412) (Figure 7).

Perceived Purity: The perceived purity of non-prescribed powder remained stable between 2023 and 2024 (p=0.193). Among those able to comment in 2024 (n=15), most reported 'medium' (40%; 52% in 2023), or 'fluctuating' purity (40%; 10% in 2023). Few participants (n≤5) perceived powder as being 'low' purity in 2024 and 2023 (Figure 11).

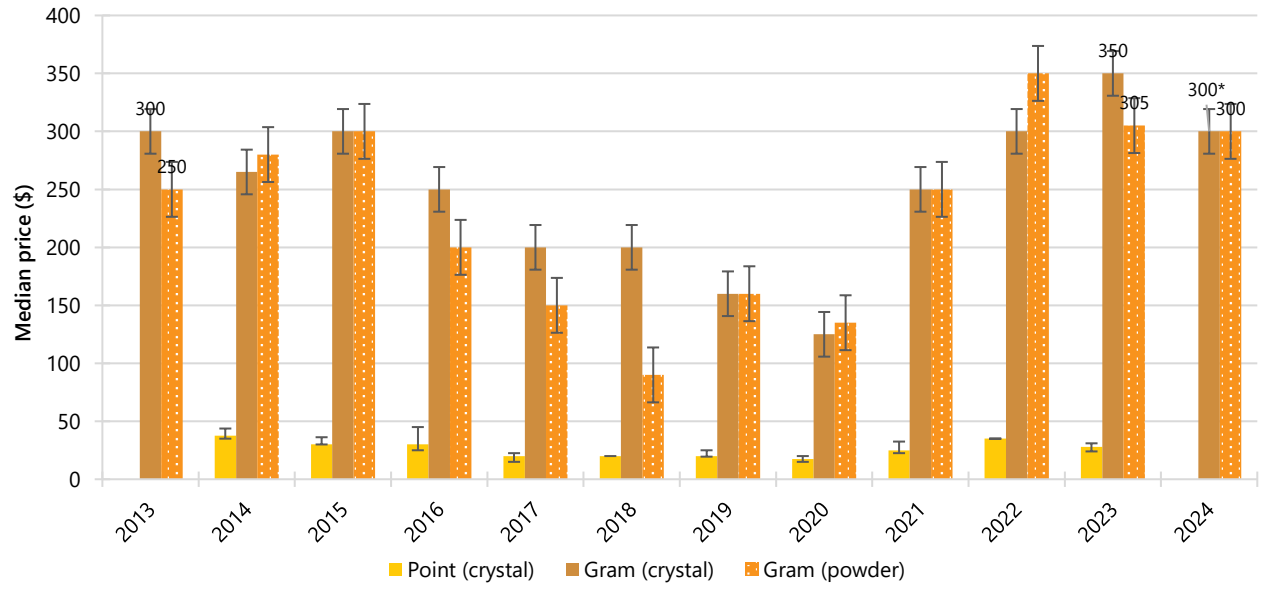
Perceived Availability: The perceived availability of non-prescribed ecstasy powder also remained stable between 2023 and 2024. Among those able to comment (n=15), two thirds (66%) reported that it would be 'easy' or 'very easy' to obtain (67% in 2023), while few participants (n≤5) perceived powder as being 'difficult' to obtain (n≤5 in 2023) (Figure 15).

Figure 6: Median price of non-prescribed ecstasy pills and capsules, Perth, WA, 2003-2024



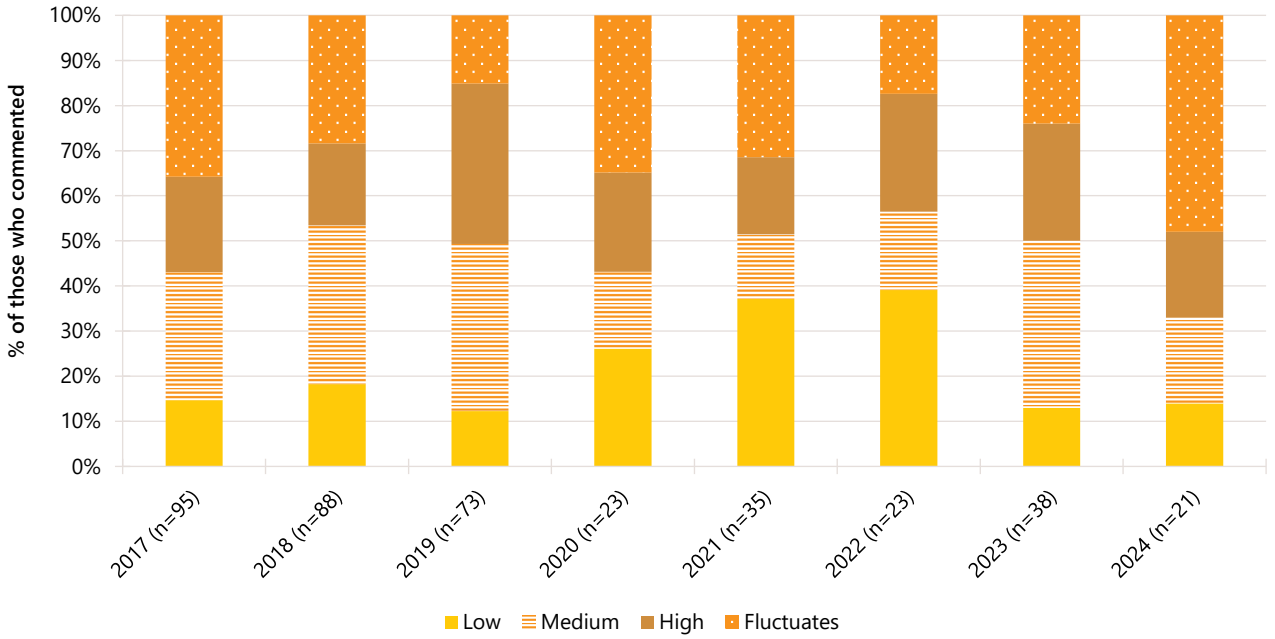
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 7: Median price of non-prescribed ecstasy crystal (per gram and point) and powder (gram only), Perth, WA, 2013-2024



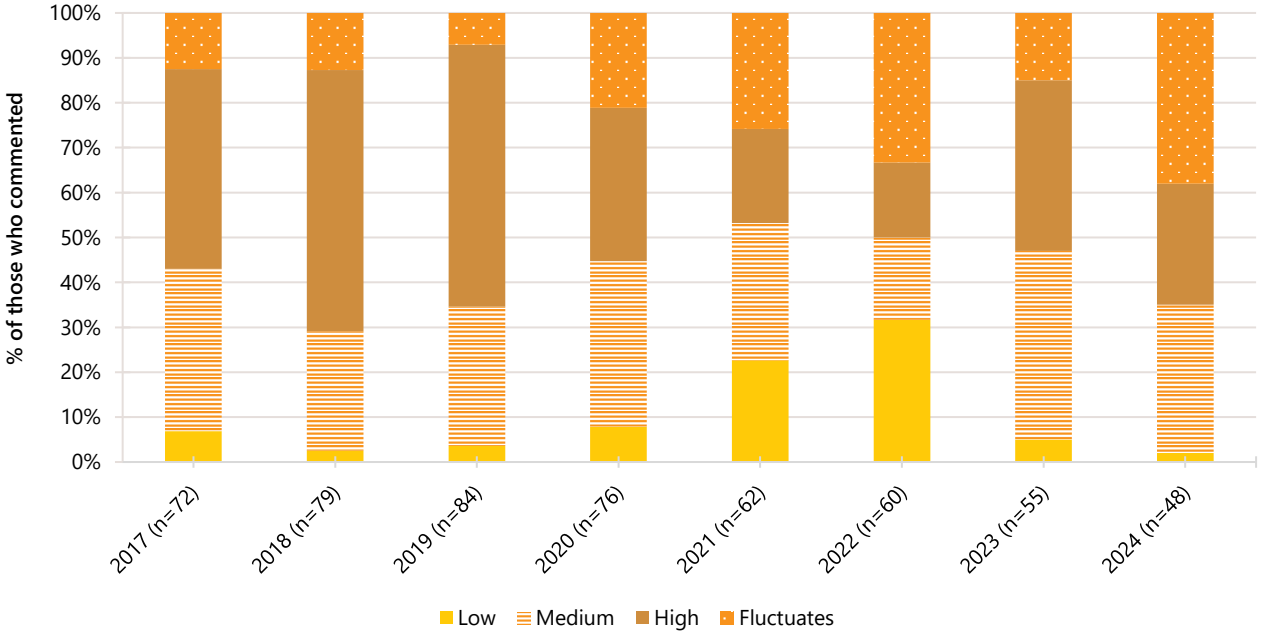
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 8: Current perceived purity of non-prescribed ecstasy pills, Perth, WA, 2017-2024



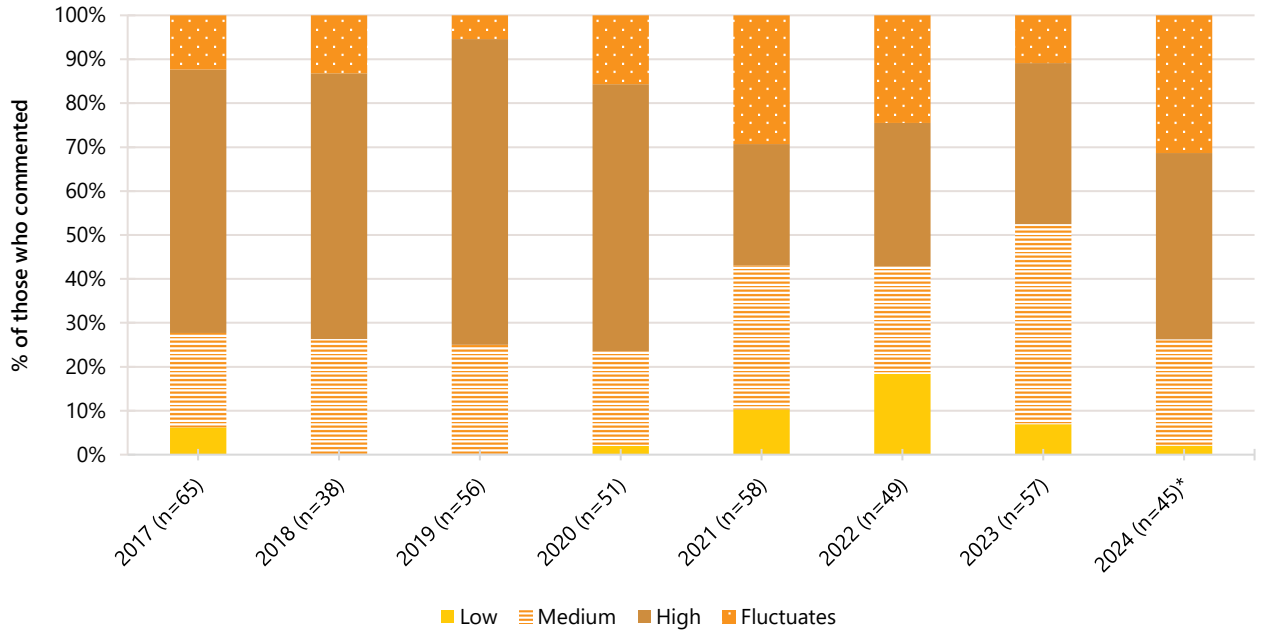
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Current perceived purity of non-prescribed ecstasy capsules, Perth, WA, 2017-2024



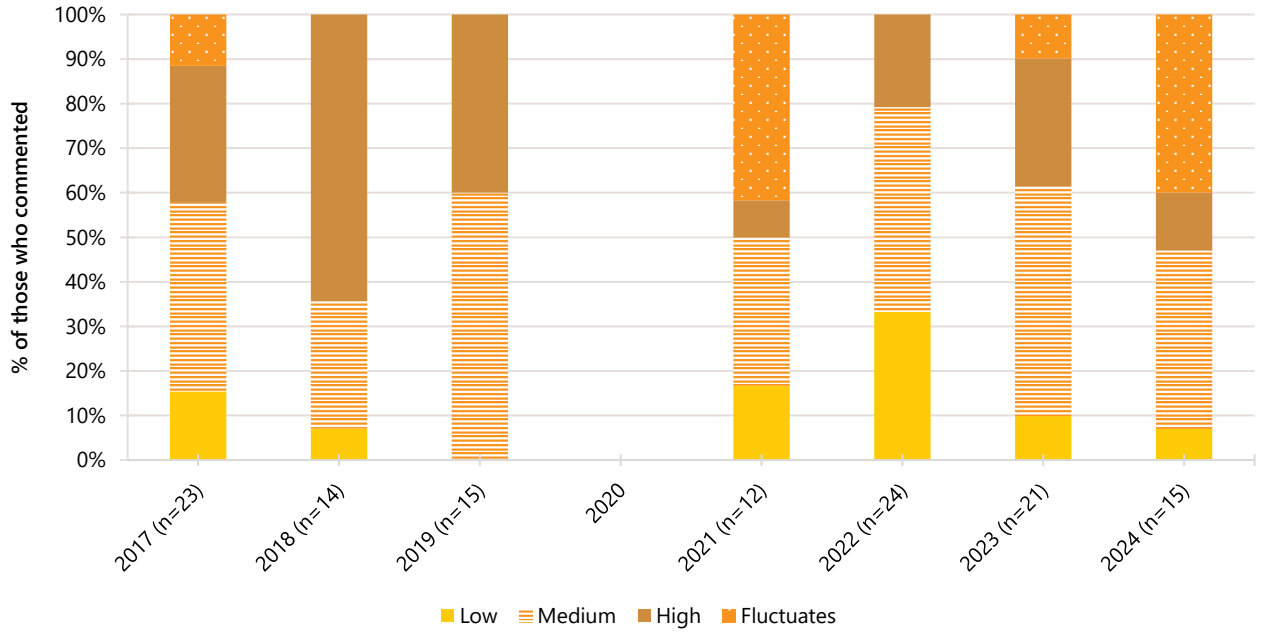
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 10: Current perceived purity of non-prescribed ecstasy crystal, Perth, WA, 2017-2024



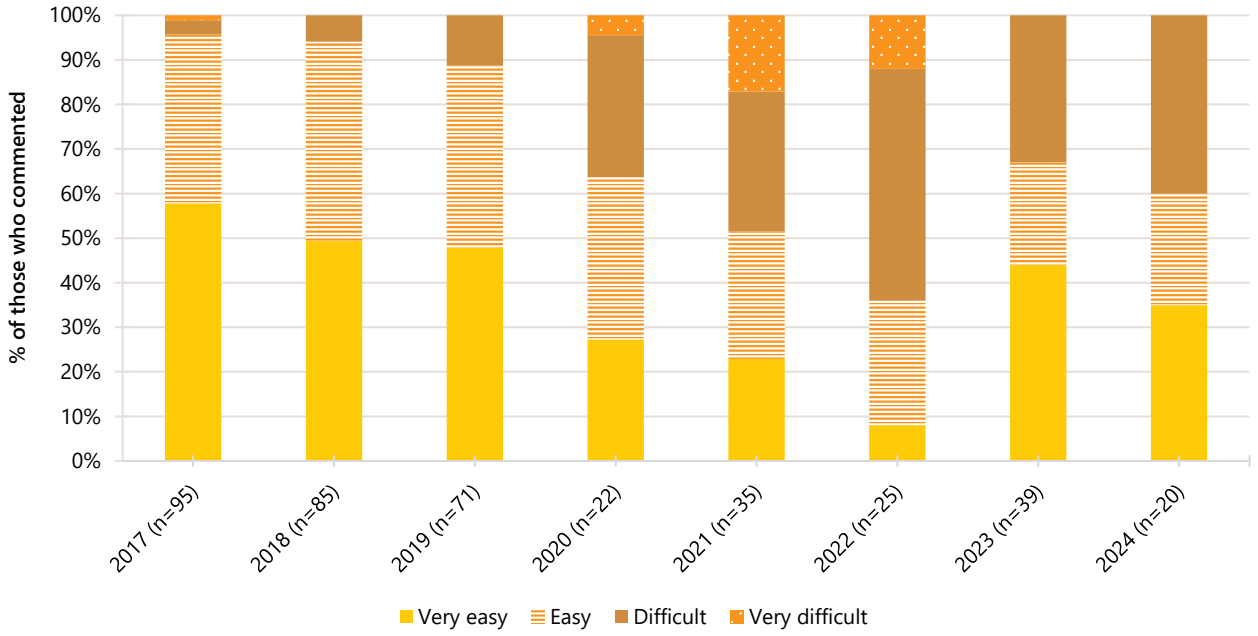
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Current perceived purity of non-prescribed ecstasy powder, Perth, WA, 2017-2024



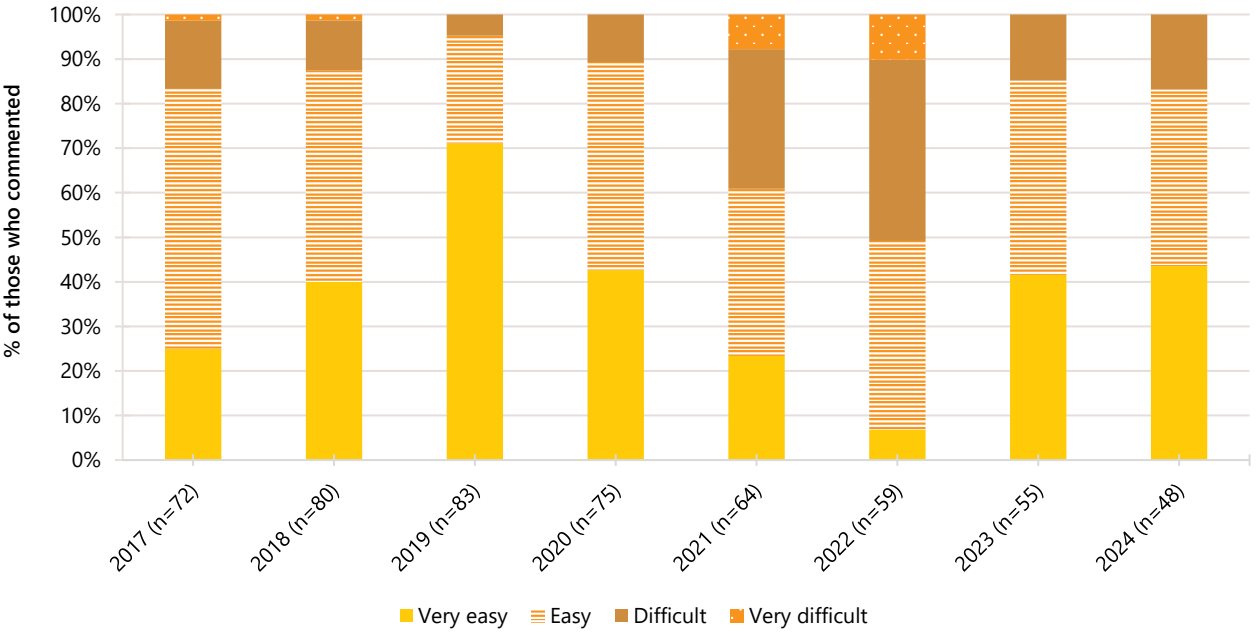
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived availability of non-prescribed ecstasy pills, Perth, WA, 2017-2024



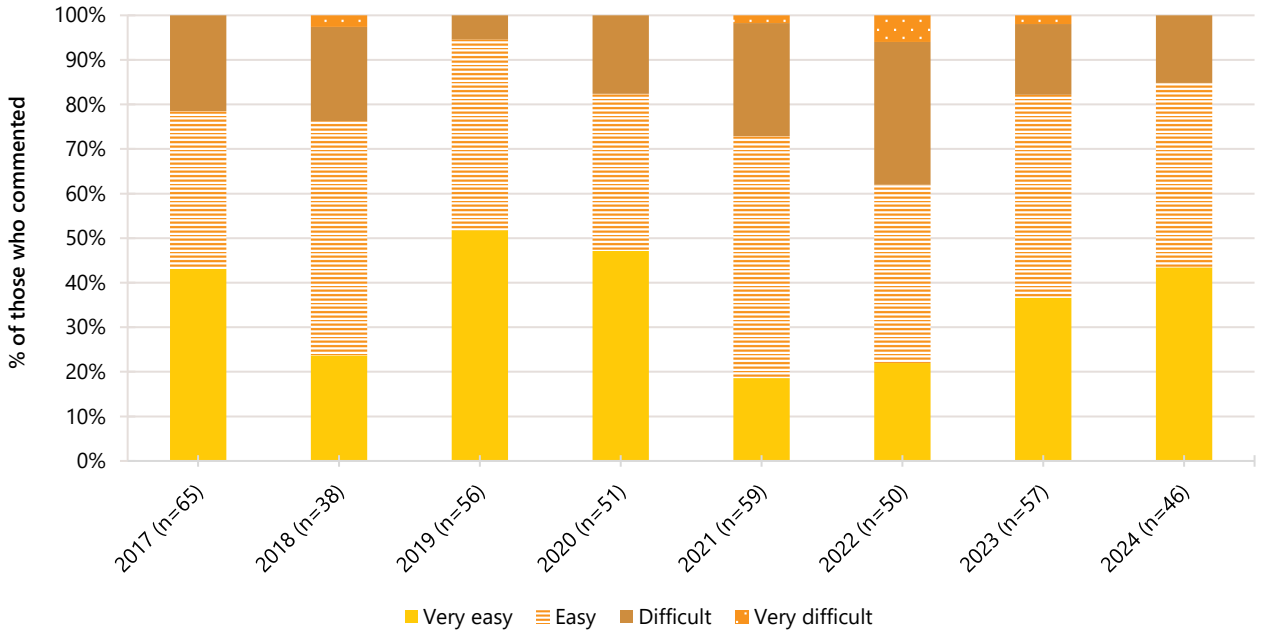
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived availability of non-prescribed ecstasy capsules, Perth, WA, 2017-2024



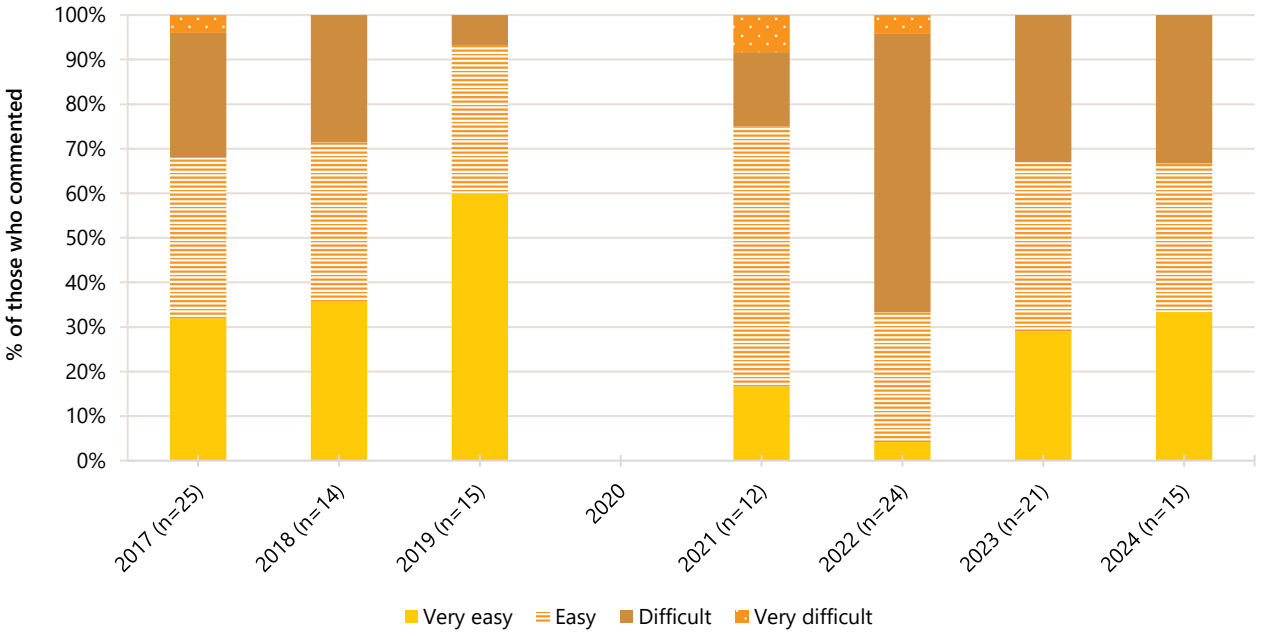
Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of non-prescribed ecstasy crystal, Perth, WA, 2017-2024



Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of non-prescribed ecstasy powder, Perth, WA, 2017-2024



Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

3

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), base (wet, oily powder), and crystal (clear, ice-like crystals). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team (drugtrends@unsw.edu.au).

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

One tenth (9%) of the Perth sample reported recent use of any methamphetamine in 2024. This represents a significant decline relative to 2023 (29%; $p<0.001$) but is consistent with relatively low and stable reports of use in the Perth sample between 2017-2022 (Figure 16).

Frequency of Use

Participants reported using methamphetamine (in any form) on a median of 60 days in the six months preceding interview (IQR=6-72; n=9), stable relative to 10 days in 2023 (IQR=2-60; n=29; $p=0.208$) (Figure 17). Among participants who had recently used methamphetamine (in any form; n=9), two thirds (67%) reported weekly or more frequent use (41% in 2023; $p=0.260$).

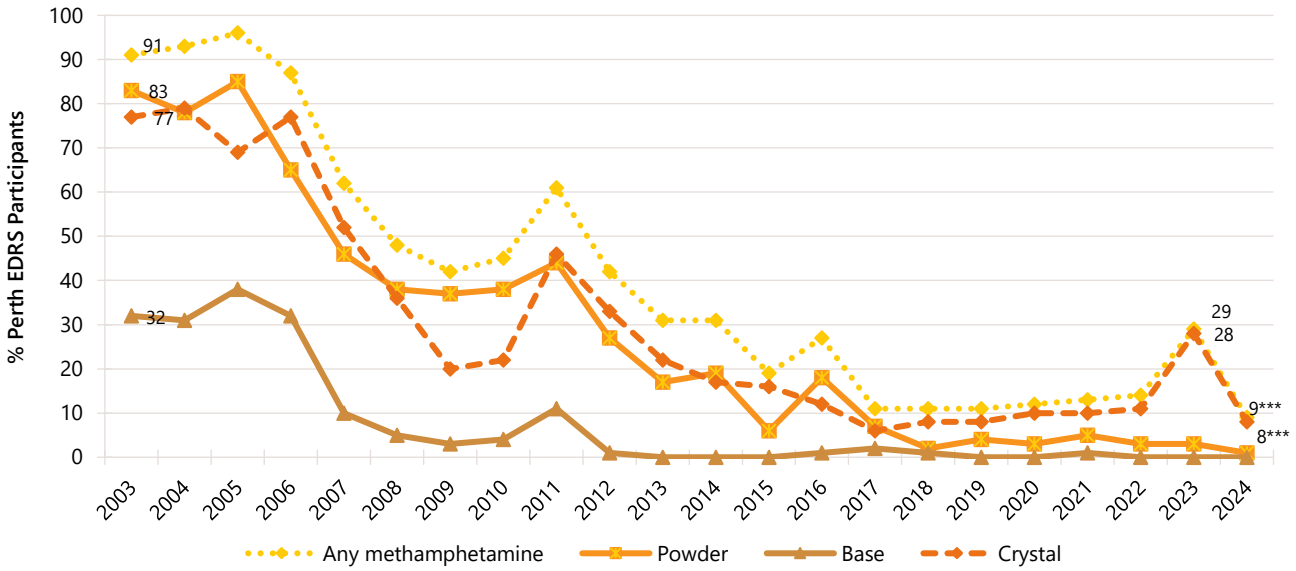
Forms Used

All forms of methamphetamine have decreased since the start of monitoring, with 91% of participants reporting any use in 2003, decreasing to 9% in 2024 (Figure 16). Of participants who had used methamphetamine in the six months preceding interview in 2024 (n=9), most had used crystal methamphetamine (89%; 97% in 2023; $p=0.422$), followed by powder methamphetamine ($n\leq5$; $n\leq5$ in 2023).

Number of Forms Used

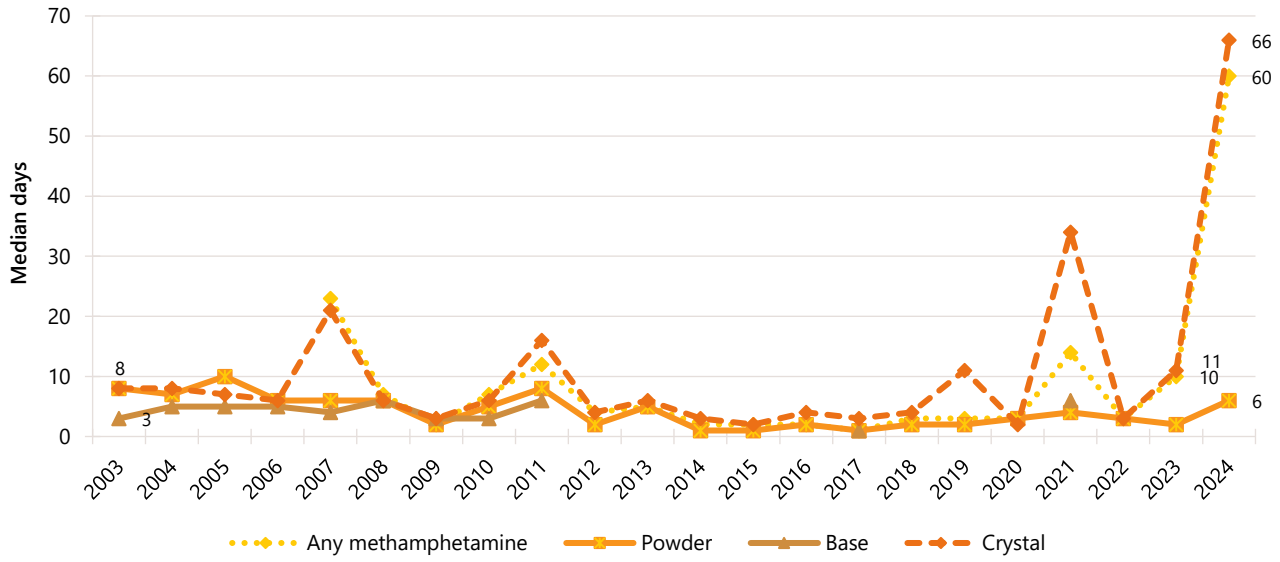
Among participants who had recently used any methamphetamine in 2024 and commented (n=9), all reported using a median of one form only (IQR=1-1; n=9), stable relative to a median of one form in 2023 (IQR=1-1; n=29).

Figure 16: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Perth, WA, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 17: Median days of any methamphetamine use, and methamphetamine powder, base, and crystal use in the past six months, Perth, WA, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 70 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Few participants (n≤5) reported recent use of methamphetamine powder in 2024 and preceding years, and therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Base

No participants reported recent use of methamphetamine base in 2024 and few (n≤5) in preceding years, therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Methamphetamine Crystal

Recent Use (past 6 months): Eight per cent of the Perth sample reported recent use of methamphetamine crystal in 2024, representing a significant decline from 28% in 2023 ($p<0.001$) (Figure 16).

Frequency of Use: Methamphetamine crystal was used on a median of 66 days in the six months preceding interview in 2024 (IQR=33-77, n=8), stable relative to 2023 (11 days; IQR=4-63; n=28; $p=0.176$) (Figure 17). Among those who reported any recent use in 2024 (n=8), three quarters (75%) reported weekly or more frequent use (39% in 2023; $p=0.114$).

Routes of Administration: Among those reporting methamphetamine crystal use in 2024 (n=8), most participants reported smoking as a ROA (88%; 82% in 2023). Few participants (n≤5) reported swallowing, snorting, or injecting methamphetamine crystal in 2024 (each n≤5 in 2023).

Quantity: Among those who reported recent use and responded (n=8), the median 'typical' amount used per session was 0.15 grams (IQR=0.10-0.30), stable relative to 0.20 grams in 2023 (IQR=0.19-0.35; n=28; $p=0.466$). Meanwhile, the median maximum amount used per session in 2024 was 0.50 grams (IQR=0.43-0.63; n=8), stable relative to 0.50 grams in 2023 (IQR=0.20-0.85; n=27; $p=0.564$).

Price, Perceived Purity and Perceived Availability

Due to low numbers (n≤5), details will not be reported on the price, perceived purity and perceived availability for methamphetamine powder or base. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

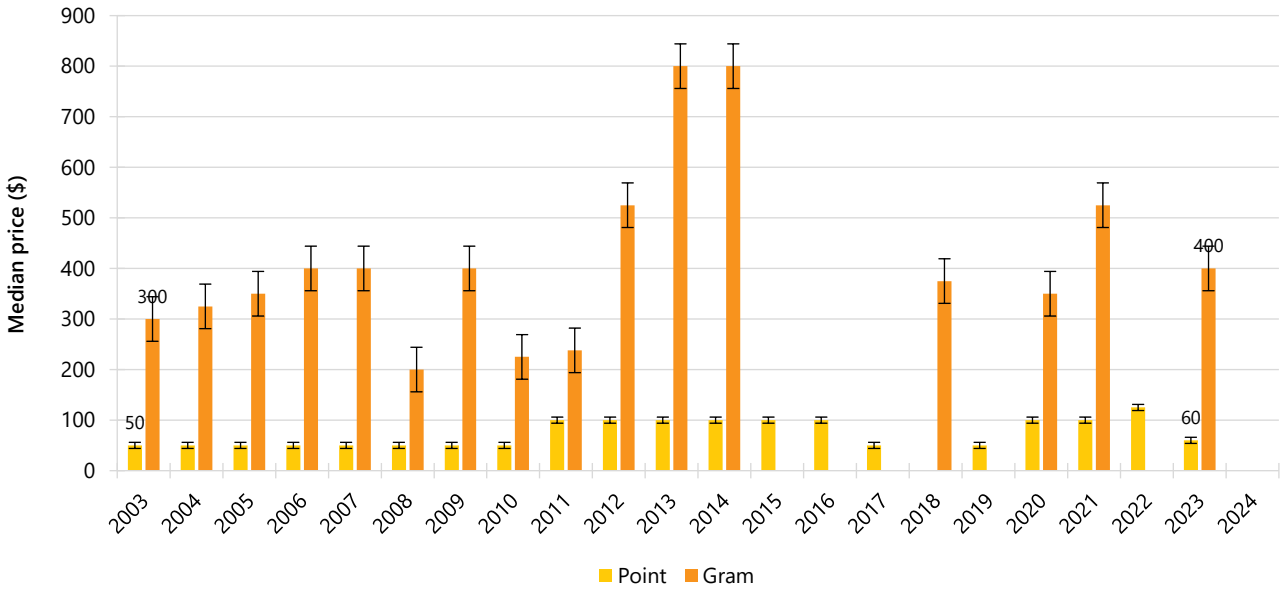
Methamphetamine Crystal

Price: Few participants (n≤5) were able to comment on the price per point ($60 in 2023; IQR=50-100; n=10; *p*=0.764) or gram ($400 in 2023; IQR=300-550; n=7; *p*=0.764) of methamphetamine crystal in 2024, and therefore, further details are not reported (Figure 18). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2023 and 2024 (*p*=0.638). However, few participants (n≤5) reported specific purity levels (e.g., 'high' or 'low') and therefore, further details are not reported. (Figure 19). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

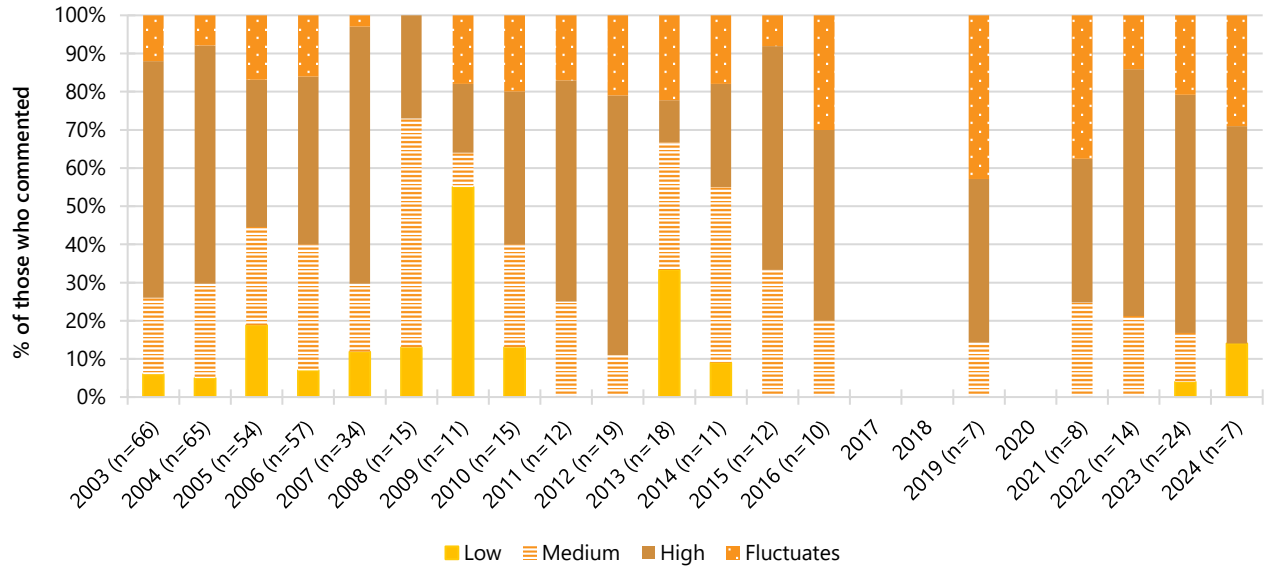
Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2023 and 2024 (*p*=0.157). However, few participants (n≤5) reported specific availability levels (e.g., 'easy' or 'very easy') and therefore, further details are not reported (Figure 20). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 18: Median price of methamphetamine crystal per point and gram, Perth, WA, 2003-2024



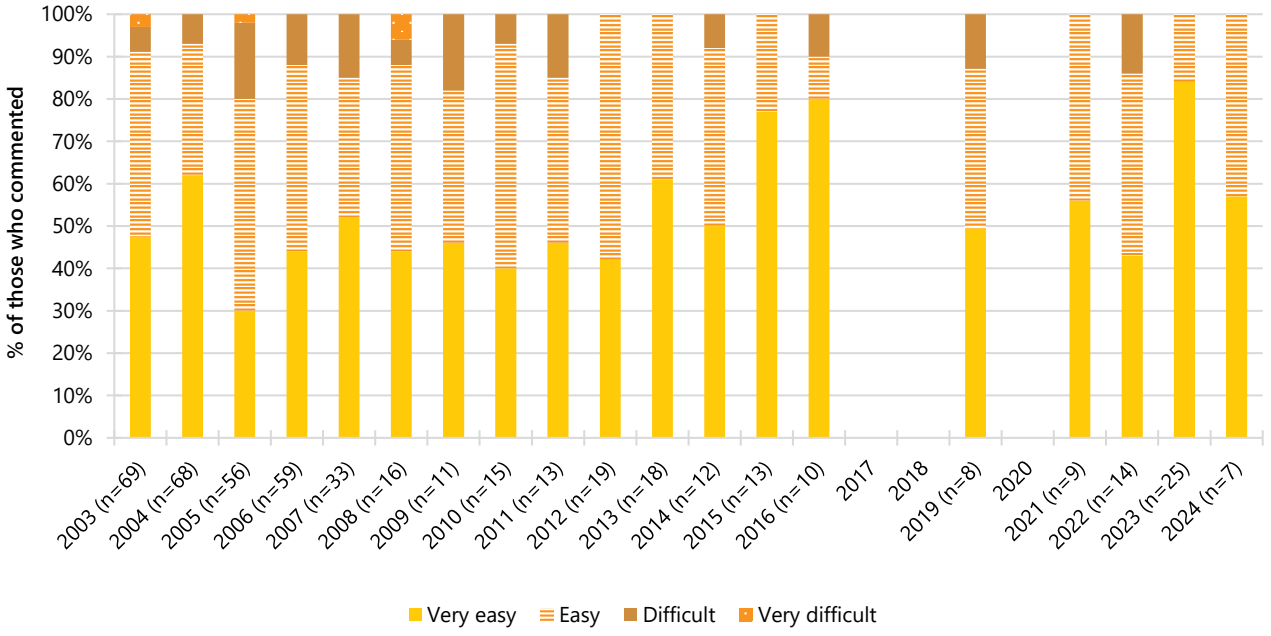
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 19: Current perceived purity of methamphetamine crystal, Perth, WA, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 20: Current perceived availability of methamphetamine crystal, Perth, WA, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

4

Non-Prescribed Pharmaceutical Stimulants

Participants were asked about their recent (past six month) use of non-prescribed pharmaceutical stimulants, such as dexamfetamine, lisdexamfetamine (Vyvanse®), or methylphenidate (Concerta®, Ritalin®, Ritalin LA®). These substances are commonly prescribed to treat attention deficit hyperactivity disorder and narcolepsy.

Patterns of Consumption

Recent Use (past 6 months)

The per cent of participants reporting any recent use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has increased, albeit with some fluctuation, since the commencement of monitoring, from 43% in 2007 to 73% in 2024, though remained stable, relative to 2023 (68%; p=0.533) (Figure 21).

Frequency of Use

Non-prescribed pharmaceutical stimulants were used on a median of 15 days in the six months prior to interview in 2024 (IQR=6-30; n=72), stable relative to 2023 (9 days; IQR=4-21; n=68; p=0.059), but the highest frequency of use since monitoring commenced (Figure 21).

Routes of Administration

Among participants who had recently used non-prescribed pharmaceutical stimulants and responded (n=73), the vast majority reported swallowing as a route of administration (97%; 99% in 2023), while one quarter reported snorting (25%; 19% in 2023; p=0.538).

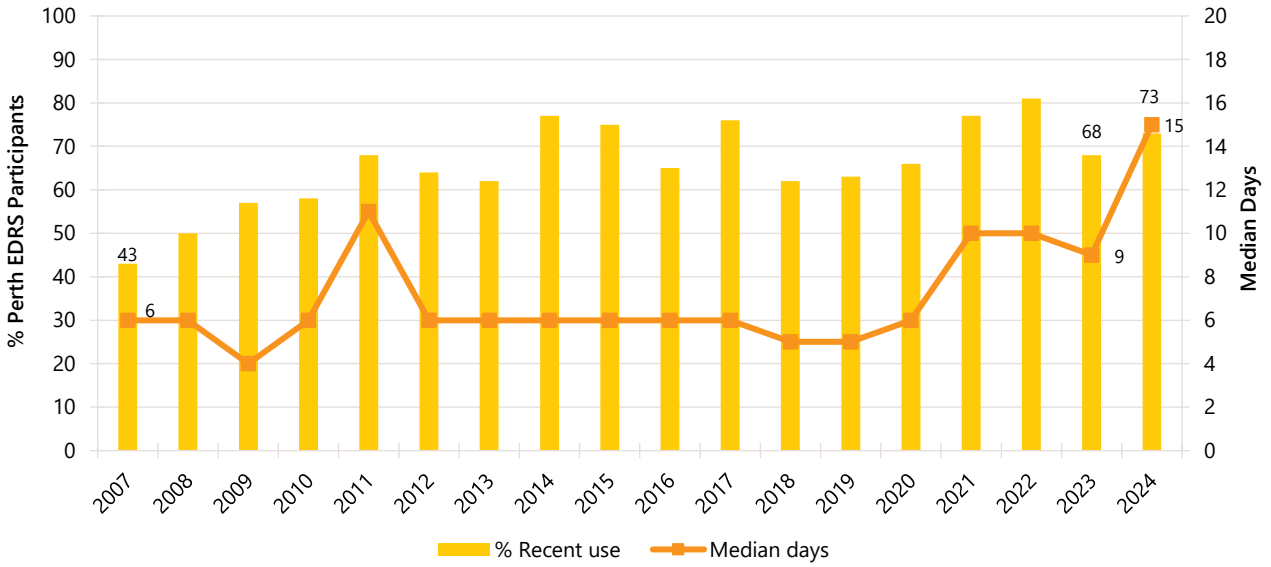
Quantity

Among those who reported recent use and responded (n=59), the median amount used in a 'typical' session was two pills/tablets (IQR=2-4), stable from three pills/tablets in 2023 (IQR=2-4; n=61; p=0.419). Of those who reported recent use and responded (n=60), the median maximum amount used per session was four pills/tablets (IQR=3-7.8), again stable from five pills/tablets in 2023 (IQR=3-10; n=63; p=0.430).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=72), the majority reported using dexamfetamine (96%; 96% in 2023), followed by lisdexamfetamine (29%; 37% in 2023; p=0.370) and Ritalin® (29%; 13% in 2023; p=0.028). Few participants (n≤5) reported use of modafinil in 2024 (n≤5 in 2023).

Figure 21: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Perth, WA, 2007-2024



Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price and Perceived Availability

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

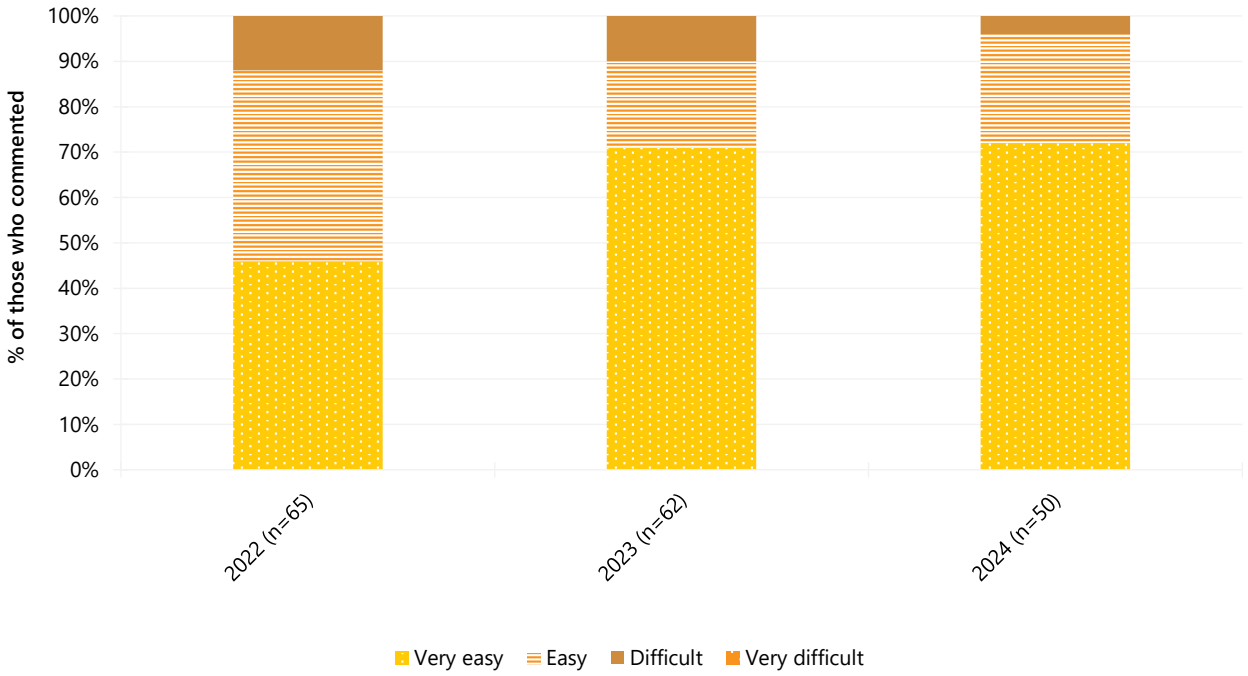
Price

Participants reported a median price of $5 per 5mg tablet in 2024 (IQR=5-5; n=41), which represents a significant change from $5 (IQR=5-8; n=49) in 2023 (p=0.033).

Perceived Availability

Among those who responded in 2024 (n=50), the perceived availability of non-prescribed pharmaceutical stimulants remained stable, relative to 2023 (p=0.493). In 2024, most (72%) perceived non-prescribed pharmaceutical stimulants as being 'very easy' to obtain (71% in 2023), with a further 24% perceiving availability as 'easy' (19% in 2023). Few participants (n≤5) perceived the availability as being 'difficult' in 2024 (10% in 2023) (Figure 22).

Figure 22 : Current perceived availability of non-prescribed pharmaceutical stimulants, Perth, WA, 2022-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Since 2016, the per cent reporting any recent cocaine use has steadily increased. In 2024, 71% of the Perth sample reported recent use, stable relative 62% in 2023 (p=0.236) (Figure 23).

Frequency of Use

Cocaine was used on a median of three days in the six months preceding interview in 2024 (IQR=1-6; n=71), stable from three days in 2023 (IQR=1-6; n=62; p=0.925) (Figure 23). Few participants (n≤5) reported weekly or more frequent use of cocaine in 2024 (n≤5 in 2023).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=71), the vast majority (97%) reported snorting it (97% in 2023), 10% reported 'swallowing' it (n≤5 in 2023; p=0.174), and few participants (n≤5) reported smoking it (n≤5 in 2023).

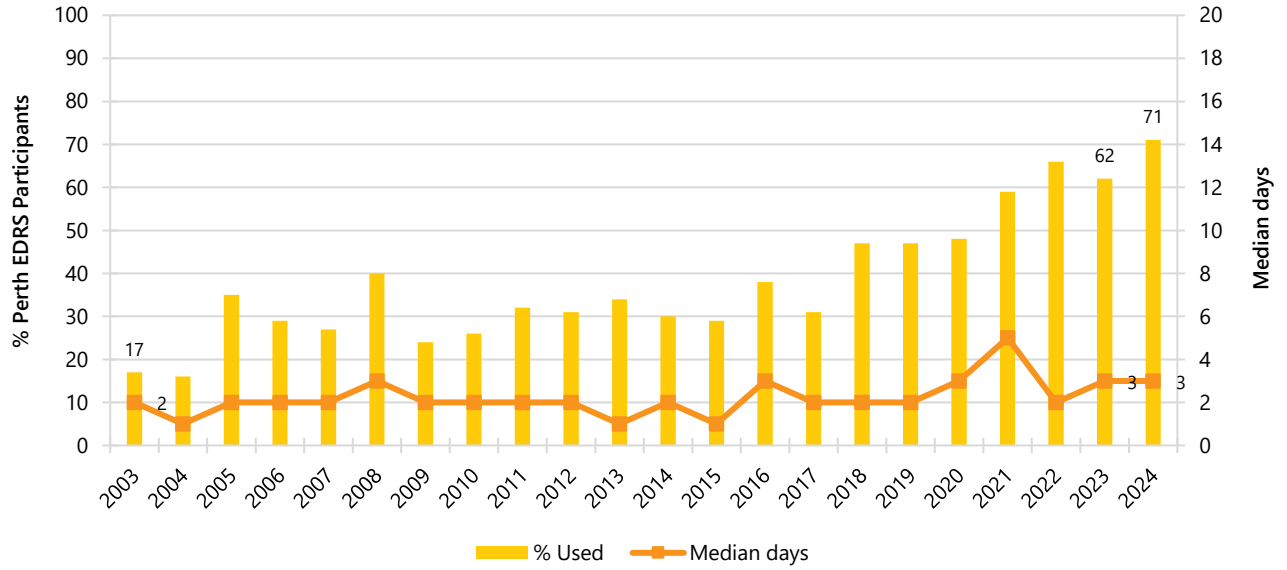
Quantity

Of those who reported recent cocaine use and responded (n=41), the median amount used in a 'typical' session was 0.40 grams (IQR=0.20-0.50), stable from 0.50 grams in 2023; IQR=0.25-1.00; n=41; p=0.252). Of those who reported recent cocaine use and responded (n=42), the median maximum amount used per session was 0.50 grams (IQR=0.23-1.00), stable from 0.50 grams in 2023 (IQR=0.30-1.00; n=44; p=0.403).

Forms Used

Among participants who had recently used cocaine and commented (n=71), most (97%) reported using a powder form (92% in 2023; n=62; p=0.250), while few participants (n≤5) reported using cocaine which came in crack/rock form (10% in 2023; p=0.514).

Figure 23: Past six month use and frequency of use of cocaine, Perth, WA, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends for days of use. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

The median price per gram of cocaine in 2024 was $400 (IQR=350-400; n=31), stable relative to $400 in 2023 (IQR=375-450; n=35; p=0.243) (Figure 24).

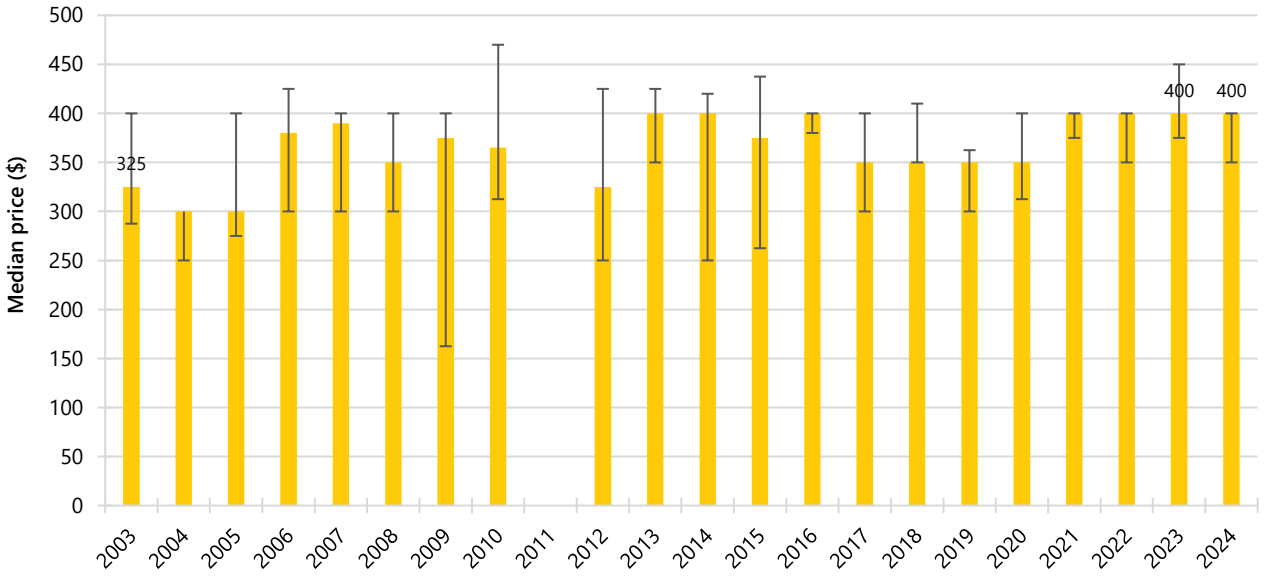
Perceived Purity

The perceived purity of cocaine remained stable between 2023 and 2024 (p=0.435). Among those able to comment in 2024 (n=42), perceptions were mixed, with equal percentages reporting purity as 'high' (29%; 20% in 2023) and 'low' (29%; 45% in 2023), and equal percentages reporting 'medium' (21%; 18% in 2023) and 'fluctuating' (21%; 18% in 2023) (Figure 25).

Perceived Availability

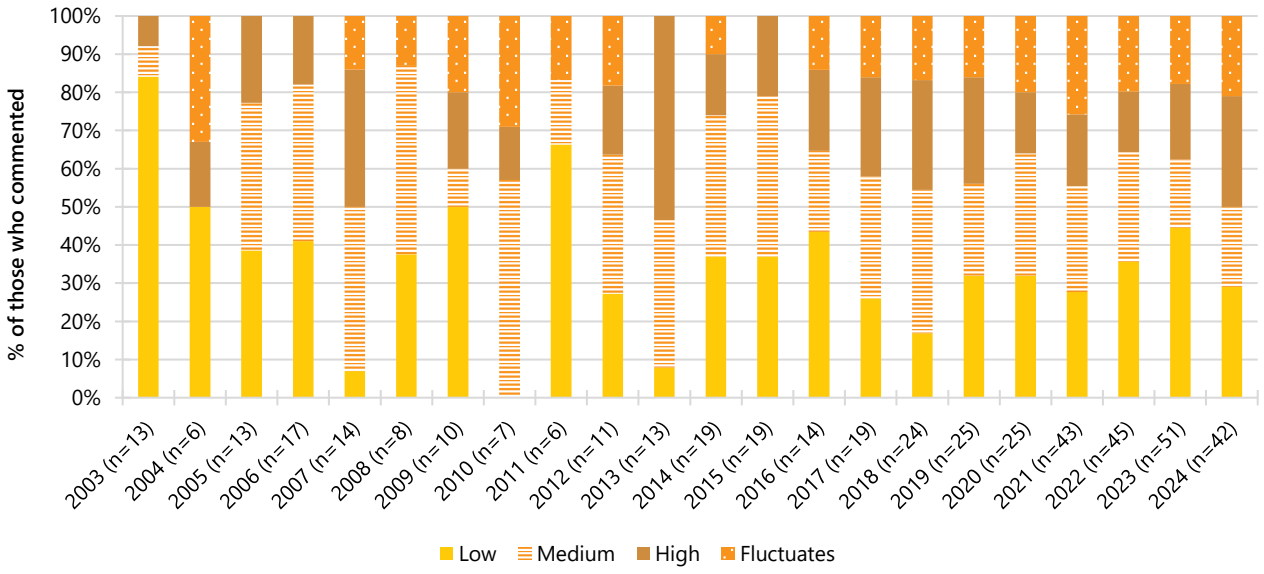
The perceived availability of cocaine remained stable between 2023 and 2024. Among those able to comment in 2024 (n=41), one third (34%) perceived cocaine as being 'very easy' to obtain (34% in 2023), 44% perceived it as 'easy' to obtain (42% in 2023), and the remaining 22% perceived cocaine as 'difficult' to obtain (23% in 2023) (Figure 26).

Figure 24: Median price of cocaine per gram, Perth, WA, 2003-2024



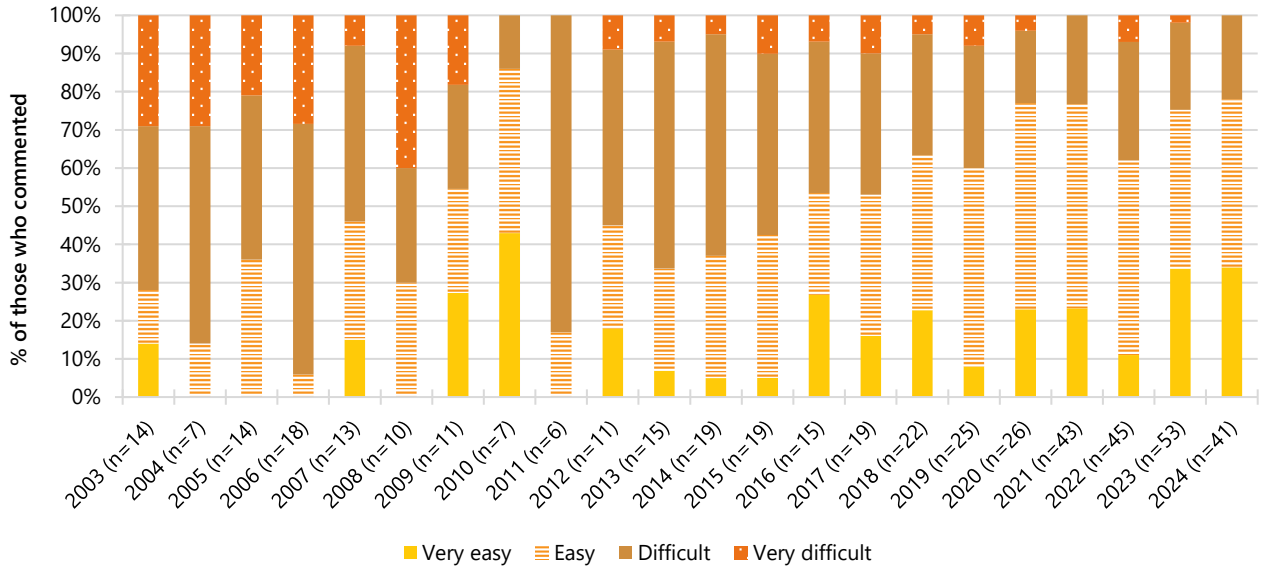
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/ figure notes.

Figure 25: Current perceived purity of cocaine, Perth, WA, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 26: Current perceived availability of cocaine, Perth, WA, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

6

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

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

Patterns of Consumption

Participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. One tenth (9%) of the Perth sample reported prescribed use in the six months preceding interview in 2024, stable relative to 2023 (6%; p=0.591), but represents the highest per cent observed since monitoring commenced.

In the remainder of this chapter, data from 2021-2024, and from 2003-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). While comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use between 2022 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Almost four fifths (77%) of the Perth sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2024 (Figure 27). Whilst this remained stable relative to 2023 (85%; p=0.210), this represents the equal lowest percentage reporting recent use since the commencement of monitoring (also 77% in 2012).

Frequency of Use

Median frequency of cannabis use has varied between once to three times weekly over the course of monitoring. Among those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products and responded in 2024 (n=77), cannabis was used on a median of 48 days in the preceding six months (i.e. approximately twice per week; IQR=10-170), stable relative to 2023 (72 days; IQR=10-180; n=85; p=0.629) (Figure 27). Two thirds (65%) of those who had recently used non-

prescribed cannabis and/or cannabinoid-related products reported using it on a weekly or more frequent basis (66% in 2023), including one quarter (25%) who reported using it daily (31% in 2023; p=0.476).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products (n=77), most (95%) reported smoking it in the past six months (95% in 2023), one third (35%) reported swallowing it (11% in 2023; p<0.001), and one fifth (21%) reported inhaling or vaporising it (13% in 2023; p=0.222).

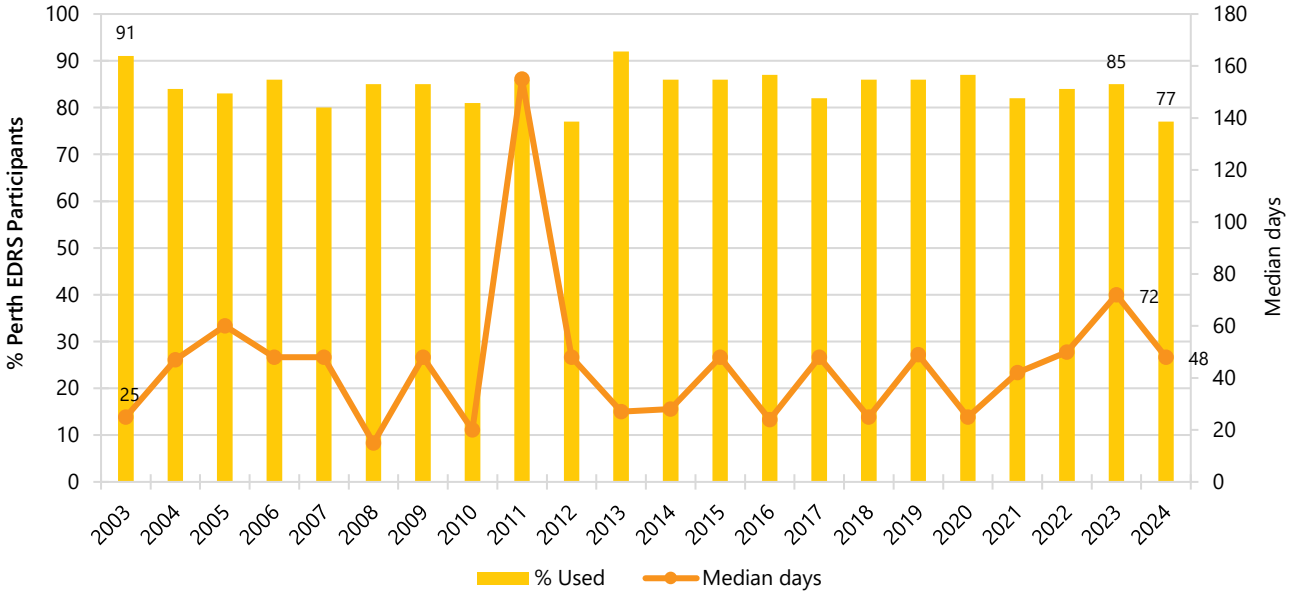
Quantity

Among participants who reported recent non-prescribed cannabis and/or cannabinoid-related product use, the median amount used on the last occasion of use was 1.00 gram (IQR=1.00-1.75; n=19; 1.50 grams in 2023; IQR=1.00-3.00; n=23; p=0.248), two and a half cones (IQR=2-4; n=38; three cones in 2023; IQR=2-5; n=41; p=0.687) or one joint (IQR=1-1.8; n=14; 1 joint in 2023; IQR=0.5-1; n=15; p=0.081).

Forms Used

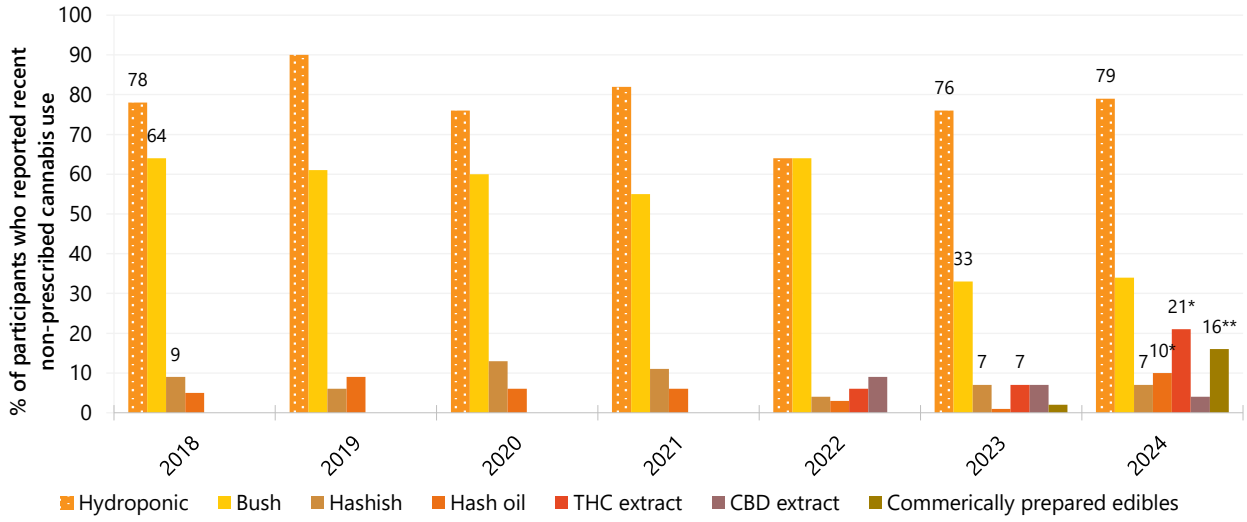
Among participants who had recently used non-prescribed cannabis and/or cannabinoid-related products and were able to comment (n=70), the majority (79%) reported recent use of hydroponic cannabis (76% in 2023; p=0.840), and one third (34%) reported recent use of outdoor-grown 'bush' (33% in 2023) (Figure 28). While few participants (n≤5) reported recent use of hashish in 2024 (n≤5 in 2023), the per cent reporting recent use of hash oil in 2024 significantly increased to 10% (n≤5 in 2023; p=0.029). Additionally, the per cent reporting recent use of commercially prepared edibles significantly increased (16%; n≤5 in 2023; p=0.008), as did the per cent reporting use of non-prescribed THC extract (21%; 7% in 2023; p=0.015). Few participants (n≤5) reported use of (non-prescribed) CBD extract in 2024 (9% in 2023; p=0.535).

Figure 27: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Perth, WA, 2003-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (in 2022, no participants reported use of prescribed cannabis only). Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 28: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent use, Perth, WA, 2018-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. For historical numbers, please refer to the data tables. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis in 2024 was $25 (IQR=20-30; n=12), stable relative to 2023 ($28; IQR=25-30; n=8; *p*=0.447). The median price per ounce was $350 (IQR=350-350; n=9), also stable relative to 2023 ($375; IQR=350-400; n=12; *p*=0.363) (Figure 29a).

Perceived Potency: The perceived potency of non-prescribed hydroponic cannabis significantly changed between 2023 and 2024 (*p*=0.036). Of those who commented in 2024 (n=40), the most common response remained 'high' potency (55%; 45% in 2023), but a greater per cent reported 'fluctuating' purity in 2024 (33%) relative to 2023 (18%), while few participants (n≤5) reported 'medium' purity, a decrease from35% in 2023 (Figure 30a).

Perceived Availability: The perceived availability of non-prescribed hydroponic cannabis remained stable between 2023 and 2024 (*p*=0.189). Of those who commented in 2024 (n=40), two thirds (68%) reported that hydroponic cannabis was 'very easy' to obtain (82% in 2023), while most of the remaining participants reported that it was 'easy' to obtain (30%; 14% in 2023). Few participants (n≤5) reported that hydroponic cannabis was 'difficult' to obtain in 2024 (n≤5 in 2023) (Figure 31a).

Bush Cannabis

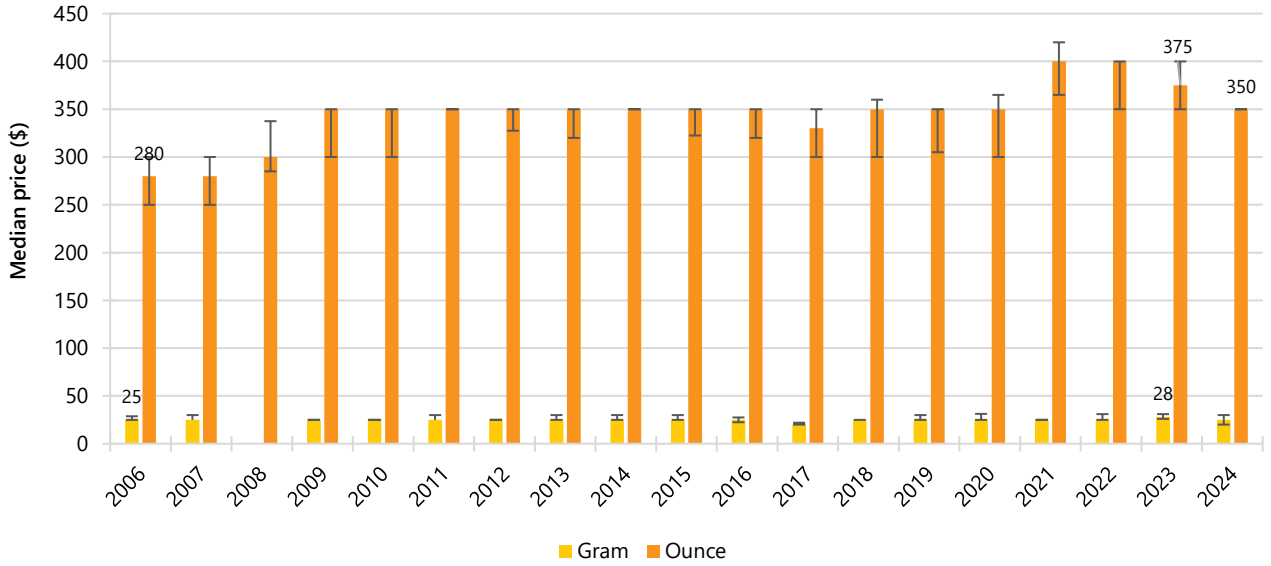
Price: Few participants (n≤5) commented on the price per gram or ounce of non-prescribed bush cannabis in 2024, and therefore further details are not reported (Figure 29b) Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2023 and 2024 (*p*=0.557). Among those who commented in 2024 (n=14), responses were mixed with few participants (each n≤5) reporting 'high', 'medium', 'low', and 'fluctuating' (Figure 30b).

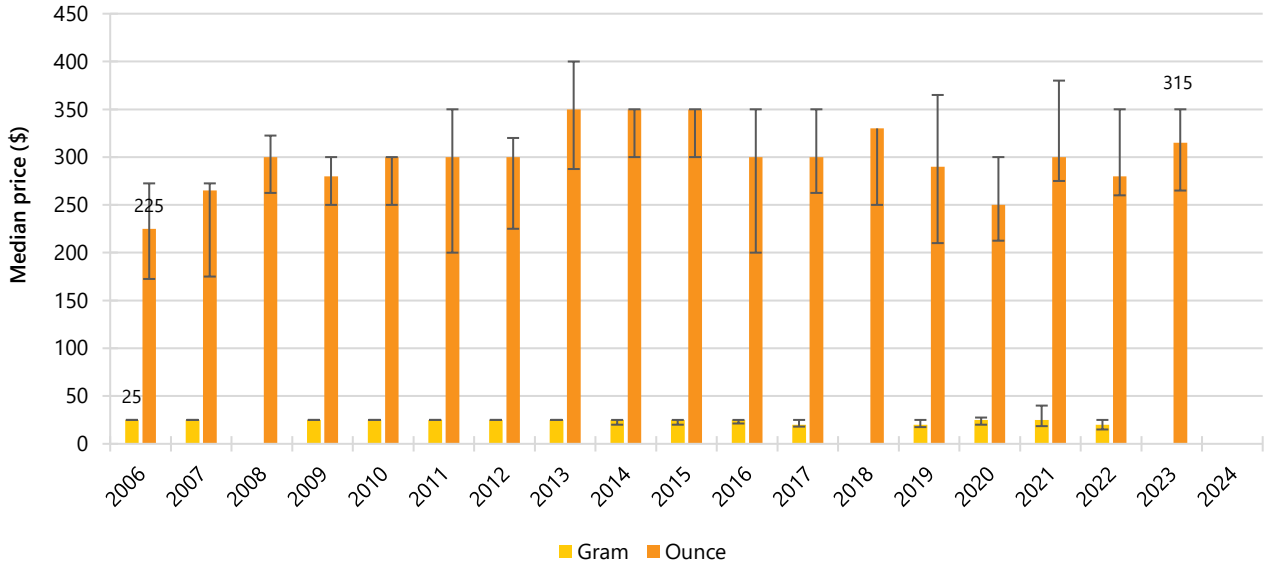
Perceived Availability: The perceived availability of non-prescribed bush cannabis also remained stable between 2023 and 2024 (*p*=0.410). Of those who commented in 2024 (n=14), all participants (100%) reported that non-prescribed bush cannabis was 'easy' or 'very easy' to obtain (100% in 2023) (Figure 31b).

Figure 29: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Perth, WA, 2006-2024

(A) Hydroponic cannabis



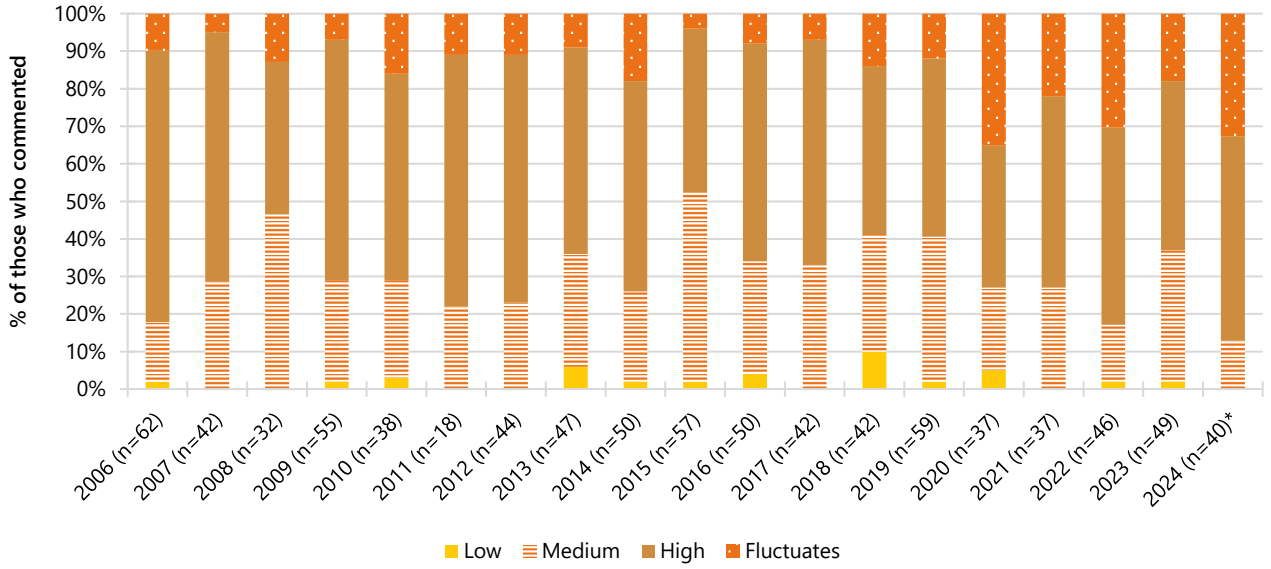
(B) Bush cannabis



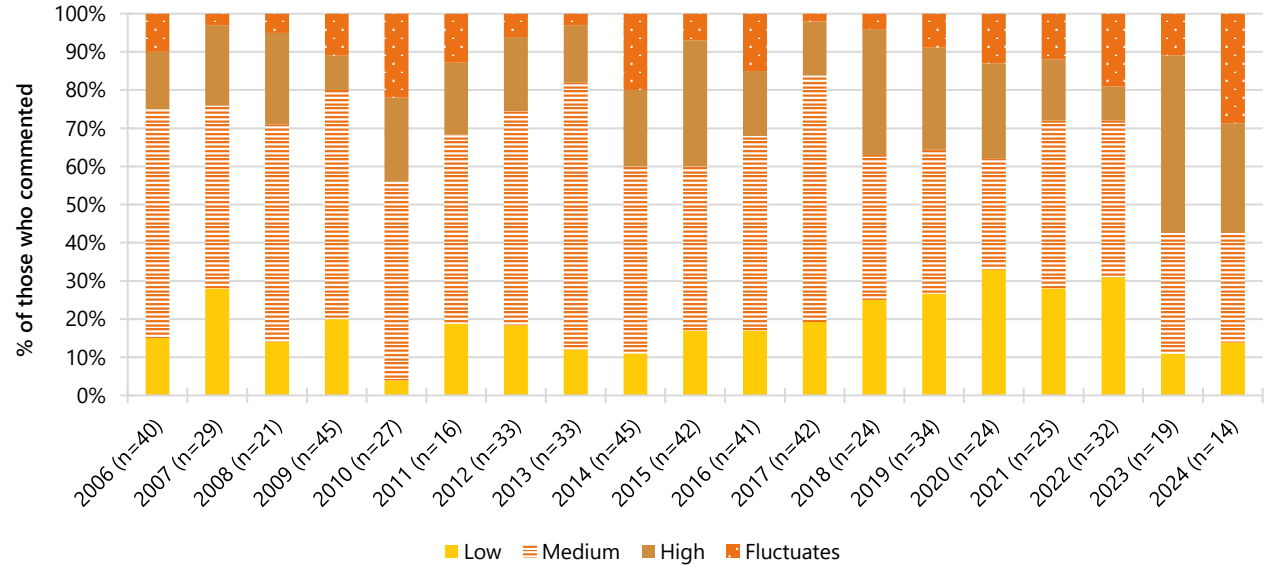
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 30: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 2006-2024

(A) Hydroponic cannabis



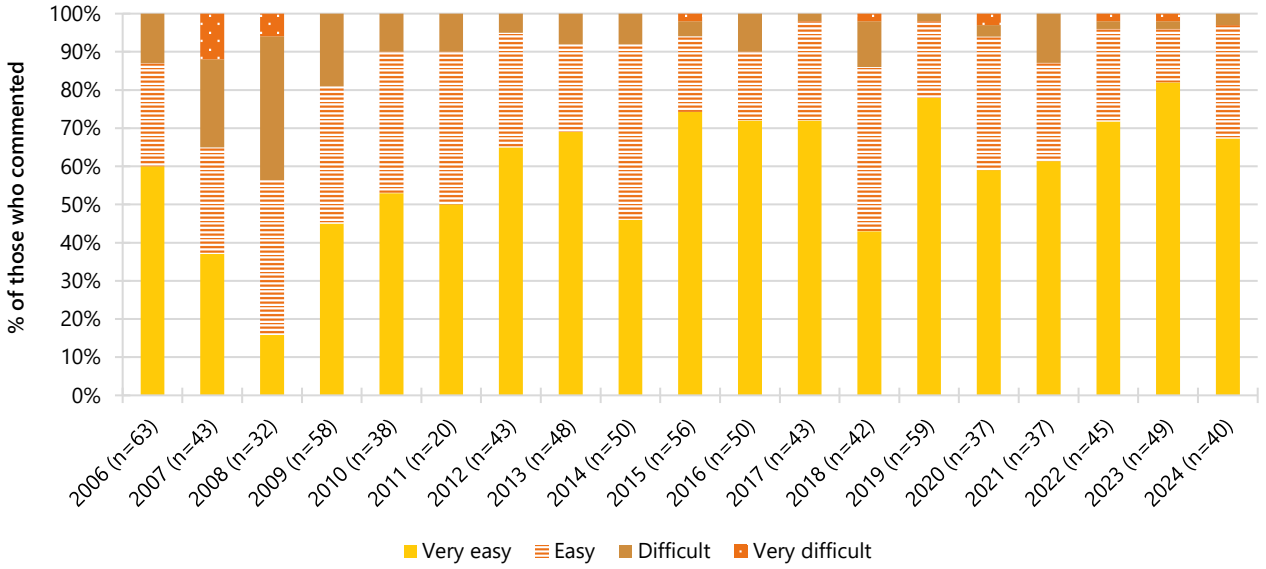
(B) Bush cannabis



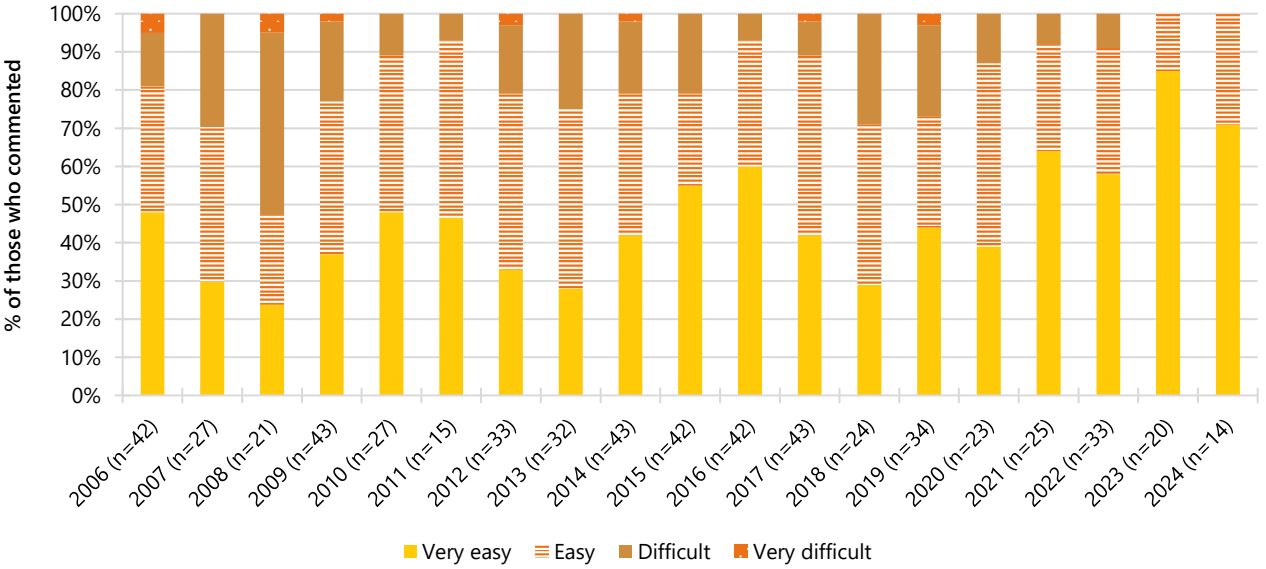
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 31: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Perth, WA, 2006-2024

(A) Hydroponic cannabis



(B) Bush cannabis



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only; prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

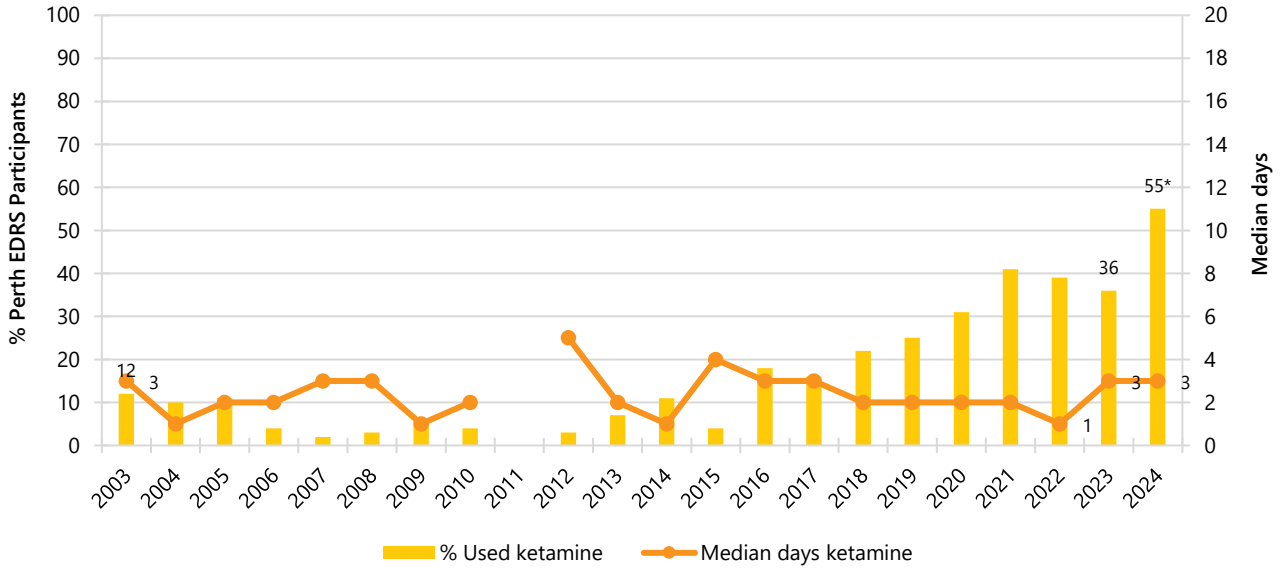
Recent Use (past 6 months): There has been a steady upward trend in non-prescribed use of ketamine since about 2016 (Figure 32). In 2024, 55% of the Perth sample reported recent non-prescribed ketamine use, representing a significant increase from 36% in 2023 (p=0.014) and the highest percentage observed since monitoring commenced.

Frequency of Use: Among those reporting recent use (n=55), non-prescribed ketamine was used on a median of three days in the six months preceding interview (IQR=1-15), stable from three days in 2023 (IQR=2-5; n=36; p=0.300) (Figure 32). Sixteen per cent (n=9) reported weekly or more frequent use of non-prescribed ketamine in 2024 (n≤5 in 2023; p=0.082).

Routes of Administration: Among participants who had recently used non-prescribed ketamine and commented (n=55), the vast majority (96%) reported snorting it in the six months preceding interview (97% in 2023), while few participants (n≤5) reported swallowing it (n≤5 in 2023; p=0.699).

Quantity: Of those who reported recent use and were able to comment in 2024 (n=35), the median 'typical' amount used per session was 0.40 grams (IQR=0.20-0.50; 0.28 grams in 2023; IQR=0.20-0.50; n=20; p=0.810), while the median maximum amount used per session was 0.60 grams (IQR=0.25-1.00; n=35; 0.50 grams in 2023; IQR=0.28-0.72; n=20; p=0.331).

Figure 32: Past six month use and frequency of use of non-prescribed ketamine, Perth, WA, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

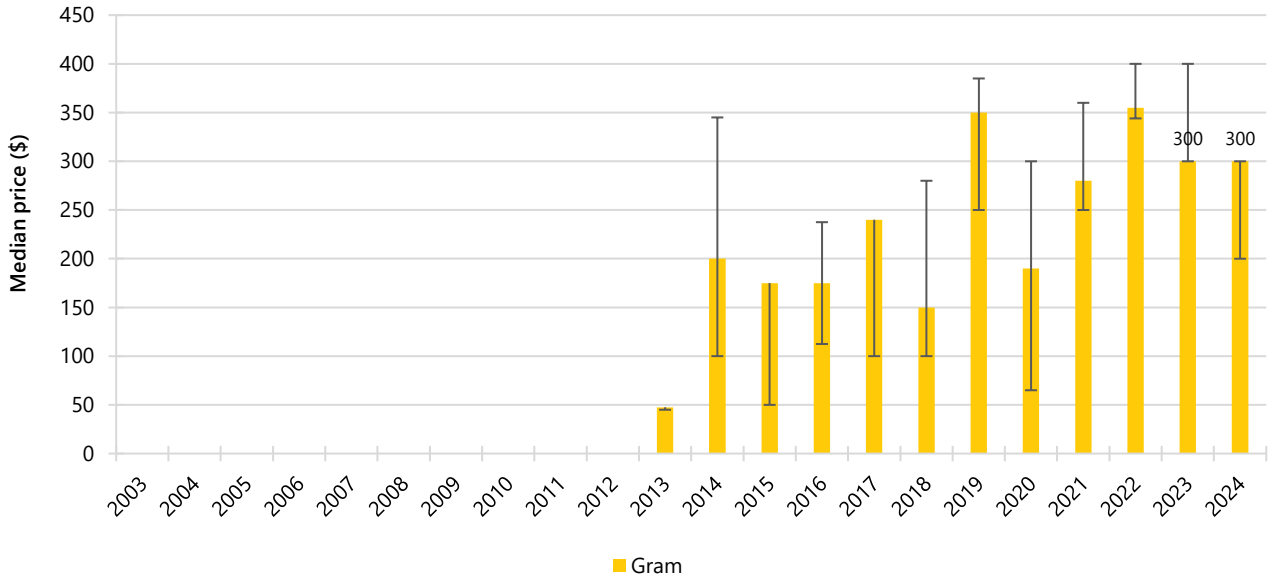
Price, Perceived Purity and Perceived Availability

Price: The median price per gram of non-prescribed ketamine was $300 in 2024 (IQR=200-300; n=25), relatively stable from $300 in 2023 (IQR=300-400; n=13; p=0.059) (Figure 33).

Perceived Purity: The perceived purity of non-prescribed ketamine significantly changed between 2023 and 2024 (p=0.036). Among those able to comment in 2024 (n=31), the highest percentage (58%) still perceived the purity as being 'high' (55% in 2023), however more participants described the purity as 'fluctuating' (23%; 0% in 2023), and less described it as 'medium' (n≤5; 30% in 2023) (Figure 34).

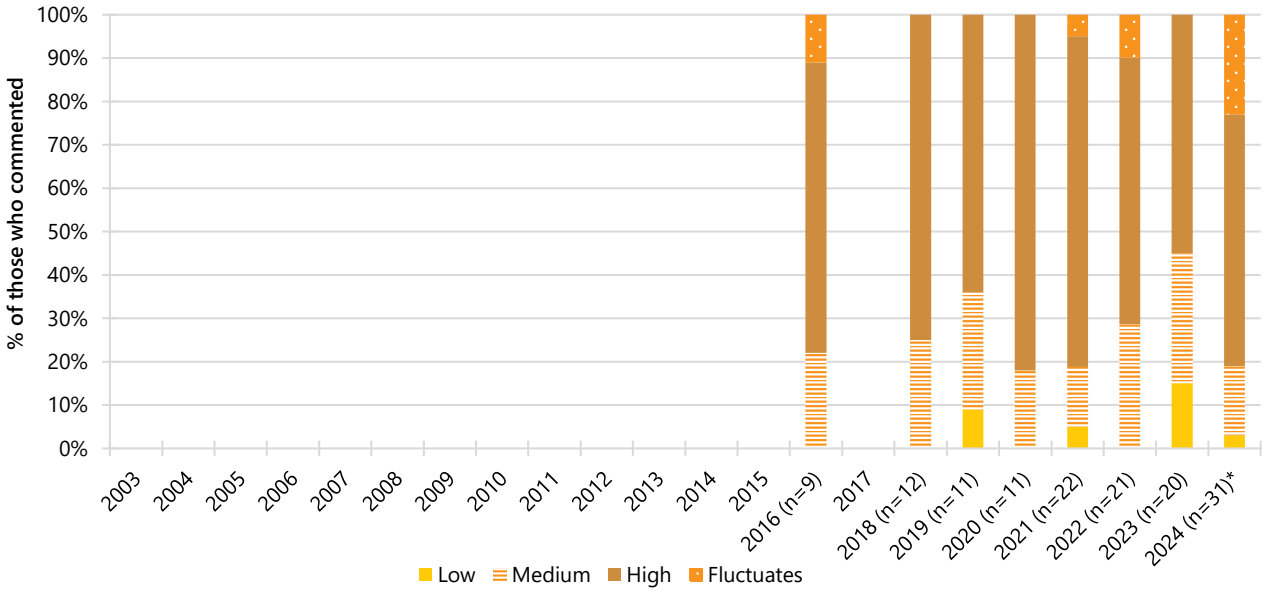
Perceived Availability: The perceived availability of non-prescribed ketamine remained stable between 2023 and 2024 (p=0.830). Among participants who commented in 2024 (n=30), most perceived ketamine as either 'easy' (37%; 33% in 2023) or 'very easy' (27%; 38% in 2023) to obtain, while one third (33%) described it as 'difficult' to obtain (24% in 2023) (Figure 35).

Figure 33: Median price of non-prescribed ketamine per gram, Perth, WA, 2003-2024



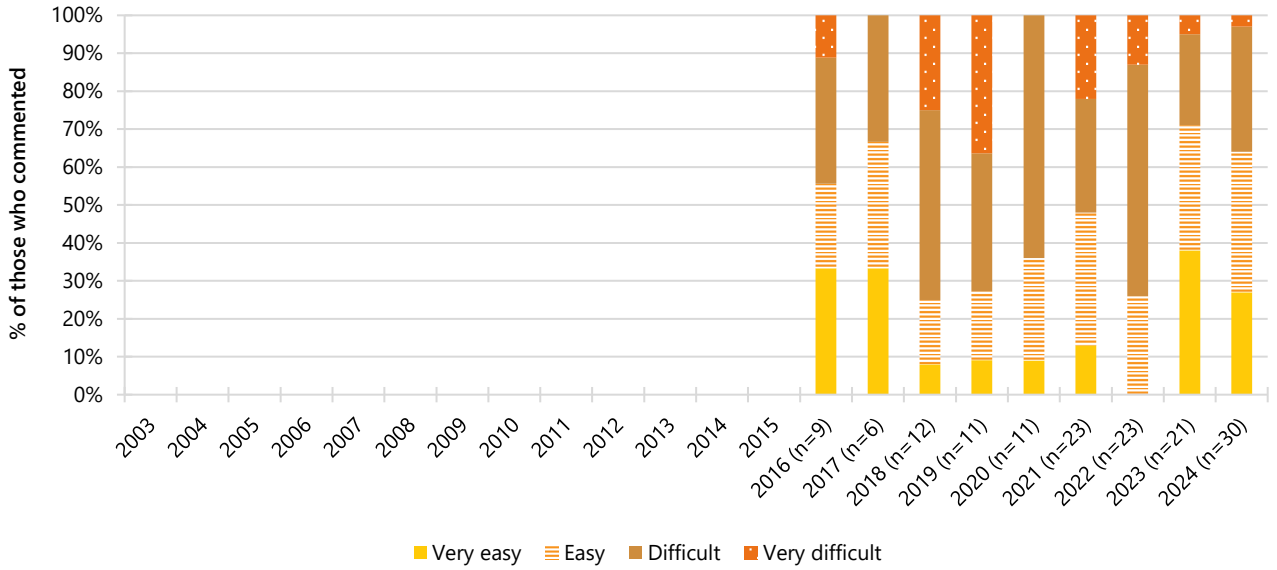
Note. Among those who commented. Between 2003 and 2012, the number of participants able to comment on price were too few to compute a median. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 34: Current perceived purity of non-prescribed ketamine, Perth, WA, 2003-2024



Note. Between 2003-2015 and in 2017, few participants (n≤5) were able to comment on perceived purity and data are therefore suppressed in the figure and data tables. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 35: Current perceived availability of non-prescribed ketamine, Perth, WA, 2003-2024



Note. Between 2003-2015, few participants (n≤5) were able to comment on perceived availability and data are therefore suppressed in the figure and data tables. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

LSD

Patterns of Consumption

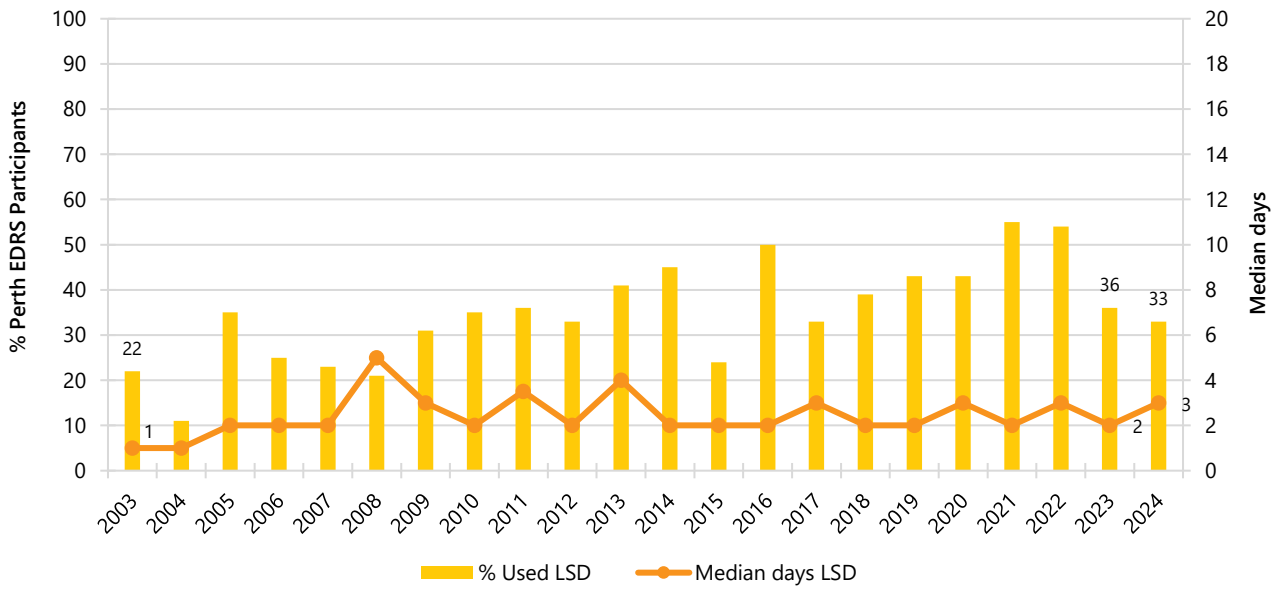
Recent Use (past 6 months): One third (33%) of the Perth sample reported recent LSD use in 2024, stable relative to 2023 (36%; *p*=0.763) (Figure 36).

Frequency of Use: Median days of LSD use has remained low over monitoring years. Among those reporting recent use in 2024 (n=33), frequency of use remained stable at three days (IQR=1-6; 2 days in 2023; IQR=1-4; *p*=0.609) (Figure 36). No participants who had recently consumed LSD reported weekly or more frequent use in 2024 (n≤5 in 2023).

Routes of Administration: Consistent with past monitoring years, the only route of administration for consuming LSD that was reported in 2024 was swallowing (i.e., sublingual; 100%; 100% in 2023).

Quantity: Of those who had recently used LSD and responded (n=19), the median 'typical' amount used per session was one tab (IQR=1.00-1.50; 1 tab in 2023; IQR=0.90-2.00; n=27; *p*=0.709), while the median maximum amount used per session was also one tab (IQR=1.00-3.00; n=19; 1 tab in 2023; IQR=1.00-2.00; n=26; *p*=0.683).

Figure 36: Past six month use and frequency of use of LSD, Perth, WA, 2003-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

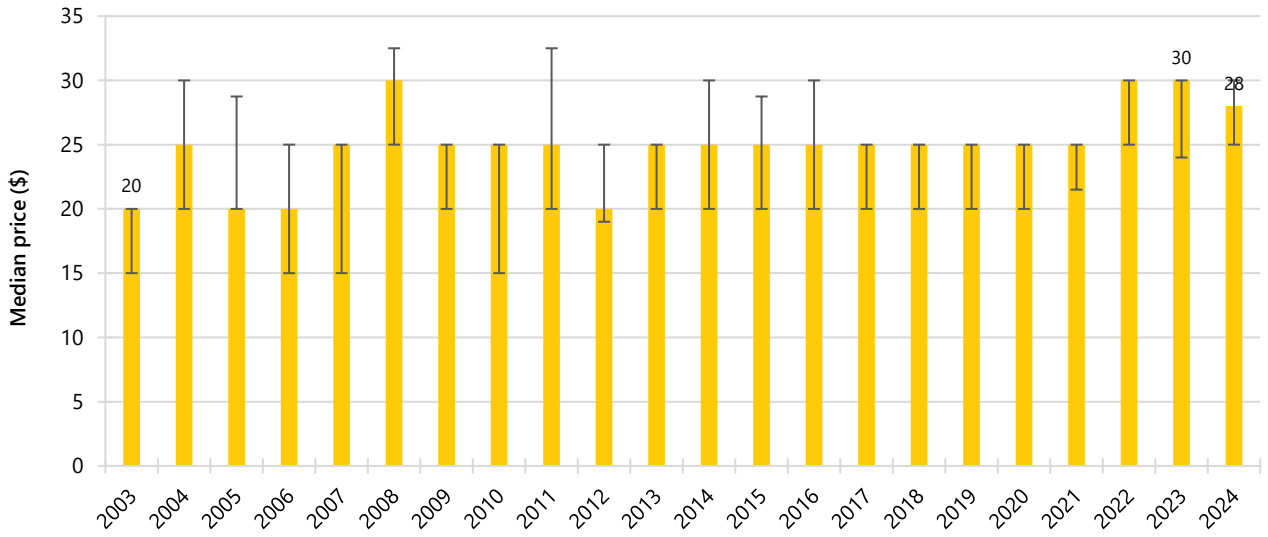
Price, Perceived Purity and Perceived Availability

Price: The median price per tab of LSD in 2024 was $28 (IQR=25-30; n=24), stable relative to $30 in 2023 (IQR=24-30; n=28; *p*=0.635) (Figure 37).

Perceived Purity: The perceived purity of LSD remained stable between 2023 and 2024 (*p*=0.554). Among those who commented in 2024 (n=30), most (63%) described LSD purity as 'high' (60% in 2023). Few participants (each n≤5) described purity as 'medium' (23% in 2023), 'low' (n≤5 in 2023), or 'fluctuating' (n≤5 in 2023) (Figure 38).

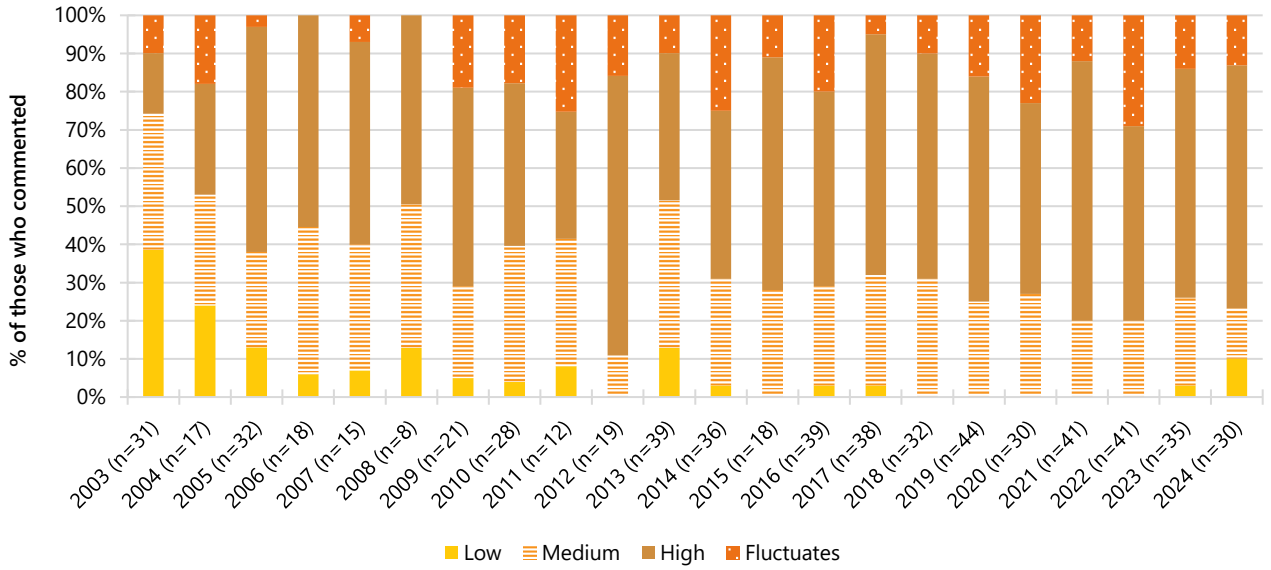
Perceived Availability: The perceived availability of LSD also remained stable between 2023 and 2024 (*p*=0.109). Among those who commented in 2024 (n=31), most reported that LSD was either 'easy' or 'very easy' to obtain (78%; 88% in 2023) (Figure 39).

Figure 37: Median price of LSD per tab, Perth, WA, 2003-2024



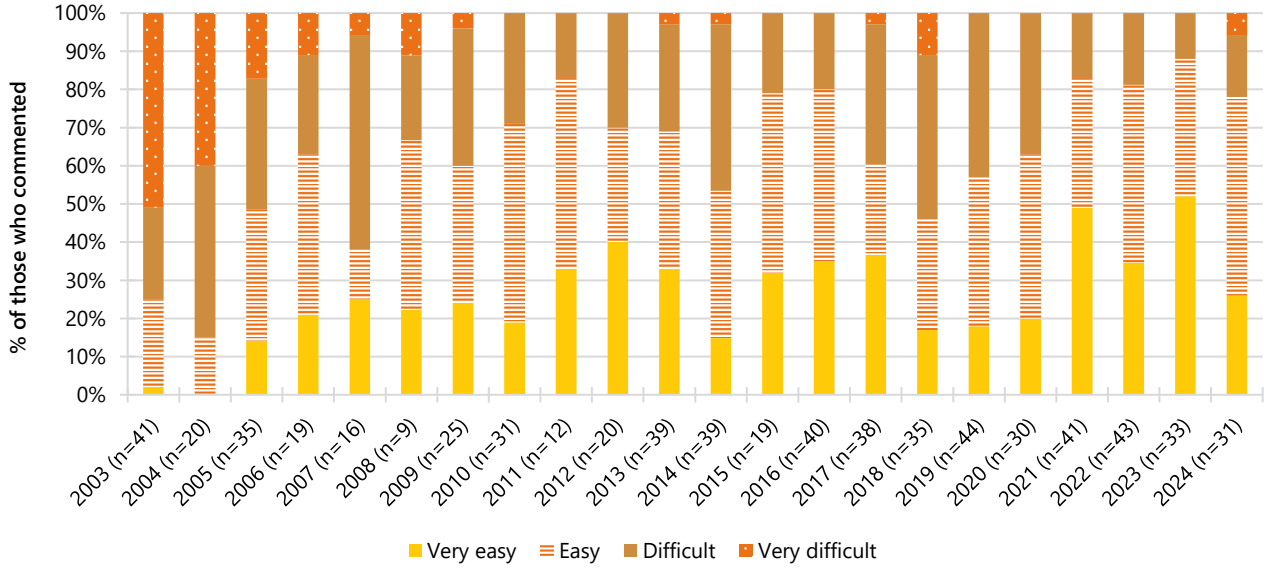
Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. For historical numbers, please refer to the data tables. The error bars represent the IQR. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 38: Current perceived purity of LSD, Perth, WA, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 39: Current perceived availability of LSD, Perth, WA, 2003-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

DMT

Patterns of Consumption

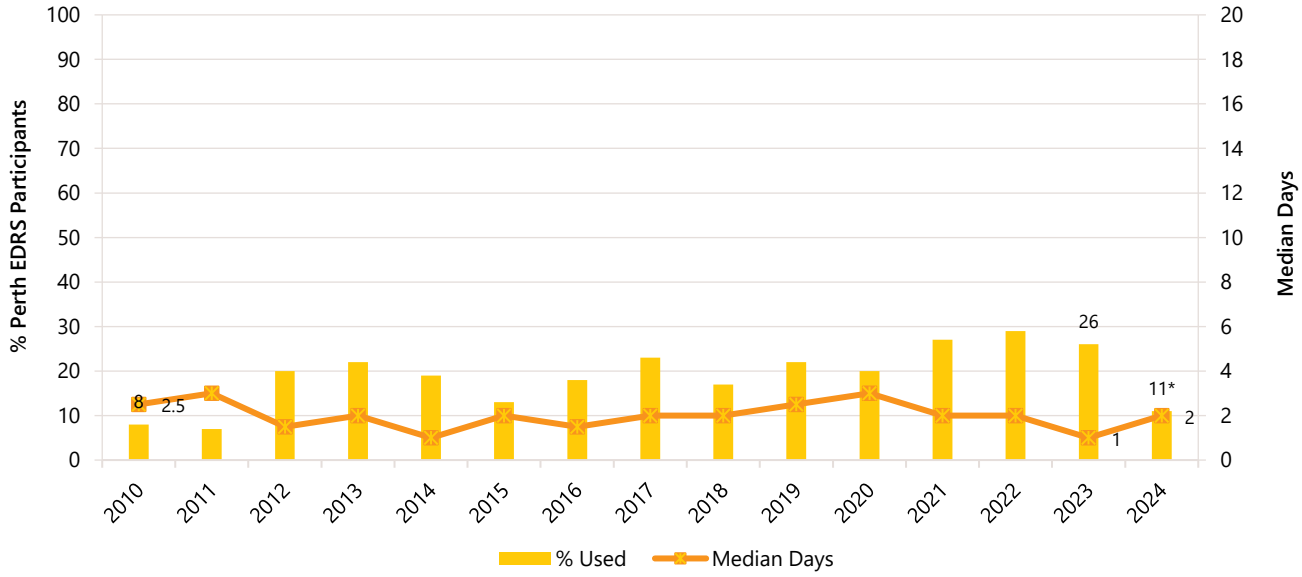
Recent Use (past 6 months): DMT use has fluctuated across monitoring years. In 2024, one tenth (11%) of the Perth sample reported recent use, representing a significant decrease relative to 2023 (26%; p=0.013) (Figure 40).

Frequency of Use: Median days of DMT use has remained infrequent and stable across monitoring years. In 2024, DMT was used on a median of two days (IQR=1-4; n=11) in the six months preceding interview, stable relative to one day in 2023 (IQR=1-2; n=26; p=0.161) (Figure 40).

Routes of Administration: Among participants who had recently used DMT and commented (n=11), most participants reported smoking it (91%; 100% in 2023; p=0.297), and few participants (n≤5) reported swallowing it (0% in 2023).

Quantity: Of those who reported recent DMT use and commented in 2024 (n=6), the median 'typical' amount used per session was 2 mgs (IQR=2-8; 5 mgs in 2023; IQR=1-55; n=11), while the median maximum amount used per session was 2.5 mgs (IQR=2-8.3; 5 mgs in 2023; IQR=1.5-55; n=11). However, due to the low number of participants able to comment on amounts of DMT used, these findings should be interpreted with caution.

Figure 40: Past six month use and frequency of use of DMT, Perth, WA, 2010-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

8

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and para*methoxyamphetamine* (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and in 2021 onwards, the decision was made to exclude them from this category. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our 2010-2020 reports.

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

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 45% in 2013. In 2024, 17% reported recent use, stable relative to 2023 (8%; p=0.092) (Table 3).

Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 43% in 2013. In 2024, 16% reported use, stable relative to 2023 (7%; p=0.080) (Table 3).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. In 2024, few participants (n≤5) reported recent use of any individual NPS (n≤5 in 2023), with the exception of any 2C substances reported by 6% of the Perth sample (n≤5 in 2023; p=0.748) (Table 4). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 3: Past six month use of NPS (including and excluding plant-based NPS), Perth, WA, 2010-2024

%	Including plant-based NPS	Excluding plant-based NPS
2010	32	31
2011	15	14
2012	26	24
2013	45	43
2014	39	39
2015	32	32
2016	21	21
2017	22	21
2018	13	12
2019	8	6
2020	9	7
2021	10	9
2022	13	13
2023	8	7
2024	**17**	**16**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 7 and Chapter 9, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 4: Past six month use of NPS by drug type, Perth, WA, 2010-2024

	2010 (N=100)	2011 (N=28)	2012 (N=90)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2020 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=100)	2023 (N=100)	2024 (N=100)
% Phenethylamine^	-	-	-	23	23	12	12	11	-	-	-	-	-	-	**6**
Any 2C substance~	-	-	-	23	16	7	9	8	-	-	-	-	-	-	**6**
NBOMe	/	/	/	/	10	-	-	6	-	0	0	-	-	0	**0**
DO-x	0	0	0	0	-	0	0	0	-	0	0	-	0	0	**0**
Tuci	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
4-FA	/	/	/	/	/	/	0	0	0	0	0	0	0	0	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Tryptamines^^	-	0	0	0	-	0	-	-	-	-	-	-	7	-	**-**
5-MeO-DMT	-	0	0	0	-	0	0	-	-	-	-	-	7	-	**-**
% Synthetic cathinones	16	18	7	8	6	8	-	-	-	0	0	0	0	-	**0**
Mephedrone	16	14	-	-	-	-	0	-	0	0	0	0	0	0	**0**
Methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Methylone/bk MDMA	/	-	-	-	-	-	-	-	-	0	0	0	0	0	**0**
MDPV/Ivory wave	0	0	-	-	0	0	0	0	0	0	0	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	-	0	0	0	0	0	0	0	**0**
n-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	0	0	0	0	**0**
n-ethylpentylone	/	/	/	/	/	/	/	/	/	0	-	0	0	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0	0	-	**0**
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
4-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3–methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Piperazines	25	-	-	0	0	0	0	-	/	/	/	/	/	0	**/**
% Dissociatives	/	/	/	-	0	0	0	0	0	0	0	0	0	-	**-**
Methoxetamine (MXE)	/	/	/	-	0	0	0	0	0	0	0	0	0	0	**-**
2F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**-**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**-**

	2010 (N=100)	2011 (N=28)	2012 (N=90)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2020 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=100)	2023 (N=100)	2024 (N=100)
3 Cl-PCP/4Cl-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
3F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Tiletamine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	0	0	0	0	**0**
% Plant-based NPS	-	-	-	-	-	0	-	-	-	-	-	-	-	-	**-**
Ayahuasca	/	/	/	/	/	0	-	-	-	-	-	0	0	-	**-**
Mescaline	-	-	-	0	-	0	-	-	-	0	-	-	-	-	**0**
Salvia divinorum	/	-	-	-	-	0	0	-	-	-	-	0	0	0	**-**
Kratom/mitragynine	/	/	/	/	/	/	/	/	/	/	0	0	0	0	**-**
% Benzodiazepines	/	/	/	/	/	/	0	0	0	0	0	-	-	-	**-**
Etizolam	/	/	/	/	/	/	0	0	0	0	0	-	-	0	**-**
8 – Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**-**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**0**
Flubromazepam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**-**
Phenazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic effect of benzodiazepines	/	/	/	/	/	/	/	/	/	/	0	0	0	0	**0**
% Xylazine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Synthetic cannabinoids (e.g., ADB-BUTINACA, 4F-MDMB-BUTICA, FUB-AM)	/	32	18	19	12	6	-	0	-	-	-	-	-	0	**0**
% Herbal high#%	/	/	11	-	-	-	-	0	-	0	/	/	/	0	**/**
Phenibut	/	/	/	/	/	/	/	/	/	/	0	-	0	0	**0**
4F-phenibut	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Glaucine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Other drugs that mimic the effect of opioids (e.g., acetylfentanyl, nitazenes)	/	/	/	/	/	/	/	0	0	0	0	0	0	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	0	0	0	0	0	0	**-**

	2010 (N=100)	2011 (N=28)	2012 (N=90)	2013 (N=100)	2014 (N=100)	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2020 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=100)	2023 (N=100)	2024 (N=100)
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	0	0	0	-	**0**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	0	0	-	0	0	**-**
Other new and emerging psychoactive substances	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**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 2021-2023 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 7 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2023 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): Fourteen per cent of the Perth sample reported using any non-prescribed codeine in the past six months in 2024, stable relative to 2023 (16%; p=0.840) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed codeine (n=14) reported use on a median of three days (IQR=1-18) in the past six months (4 days in 2023; IQR=2-11; n=16; p=0.596).

Pharmaceutical Opioids

Recent Use (past 6 months): One tenth (10%) of the Perth sample reported recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) (11% in 2023) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids and commented (n=10) reported use on a median of six days in the six months preceding interview (IQR=2-23), stable relative to two days in 2023 (IQR=2-6; n=11; p=0.302).

Forms used: Among participants who had recently consumed non-prescribed pharmaceutical opioids and commented in 2024 (n=10), the main form used in the six months preceding interview was oxycodone (80%; n=8) Few participants (n≤5) reported using other individual forms.

Benzodiazepines

From 2019-2023, participants were asked about non-prescribed alprazolam use and non-prescribed use of 'other' benzodiazepines (e.g., diazepam). In 2024, the two forms were combined, such that participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) was reported by one third (31%) of the Perth sample in 2024, stable relative to 2023 (34%; p=0.761) (Figure 41).

Frequency of Use: Participants who reported recent non-prescribed use of benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) reported a median of ten days (IQR=4-30; n=31), stable relative to 12 days in 2023 (IQR=3-30; n=34; p=0.781).

Forms Used: Among participants who had recently consumed non-prescribed benzodiazepines and commented (n=28), the most commonly reported brands were Valium (diazepam; 61%), Xanax (alprazolam; 43%), and Clonazepam (generic; 29%). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Steroids

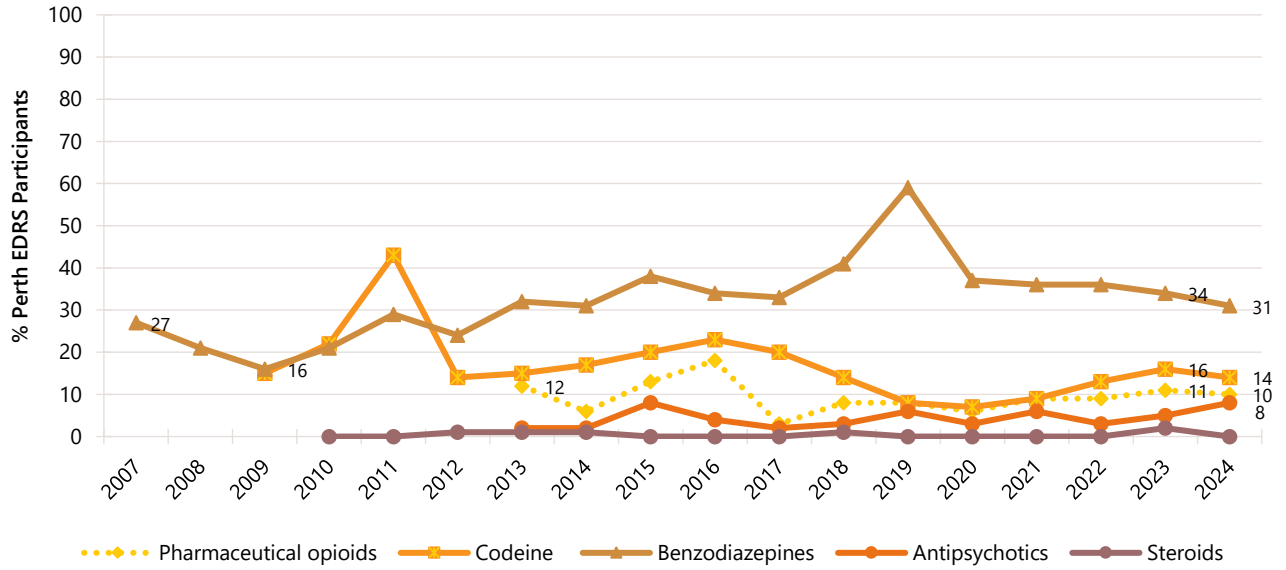
No participants reported recent non-prescribed use of steroids in 2024 (n≤5 in 2023; p=0.497), therefore, further details are not reported (Figure 41). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Antipsychotics

Recent Use (past 6 months): Almost one tenth (8%) of the Perth sample reported recent non-prescribed use of antipsychotics in 2024 (n≤5 in 2023; p=0.568) (Figure 41).

Frequency of Use: Participants who had recently used non-prescribed antipsychotics and commented (n=8) reported use on a median of 12 days (IQR=1-48) in the six months preceding interview (n≤5 in 2023; p=0.059).

Figure 41: Non-prescribed use of pharmaceutical medicines in the past six months, Perth, WA, 2007-2024



Note. Non-prescribed use is reported for prescription medicines. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2023), with high-dose codeine excluded from pharmaceutical opioids from 2018. Between 2019 and 2023, participants were asked about 'alprazolam' and 'other benzodiazepines'. In 2024, 'alprazolam' and 'other benzodiazepines' were combined**.** Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Other Illicit Drugs

Non-Prescribed Hallucinogenic Mushrooms/Psilocybin

Recent Use (past 6 months): Fifty-four per cent the Perth sample reported recent use of hallucinogenic mushrooms/psilocybin in 2024. While stable relative to 2023 (42%; p=0.125), this is the highest percentage observed since monitoring commenced and reports of recent mushroom use have roughly doubled since 2020 (Figure 42).

Frequency of Use: Participants reported using mushrooms on a median of two days in the six months preceding interview (IQR=1-3; n=54), remaining low and stable relative to 2023 (2 days; IQR=1-4; n=42; p=0.236).

Kava

Recent Use (past 6 months): Six per cent of the Perth sample reported using kava in 2024 (n≤5 in 2023; p=0.748) (Figure 42).

Frequency of Use: Kava was used on a median of five days in the six months preceding interview (IQR=2-6; n=6; n≤5 in 2023; p=0.226).

MDA

Few participants (n≤5) reported recent use of MDA in 2024 (n≤5 in 2023) (Figure 42). For further information on use of MDA over time, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Substances with Unknown Contents

Capsules: Few participants (n≤5) reported recent use of capsules with 'unknown contents' in 2023 and 2024 (Figure 42), therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Eight per cent of participants reported use of any substance with 'unknown contents' in 2024 (9% in 2023) on a median of one day (IQR=1-1; n=8; 1 day in 2023; IQR=1-1; n=9).

When broken down by substance form, few participants (n≤5) reported on recent use of pills, powder and crystal with 'unknown contents' in 2023 or 2024, therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Quantity: From 2020, we asked participants about the average amount of pills and capsules used with 'unknown contents' in the six months preceding interview. Few participants (n≤5) were able to answer questions regarding the median quantity of pills and capsules used in a 'typical' session in 2023 and 2024, therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

PMA

No participants reported recent use of PMA in 2024 (n≤5 in 2023) (Figure 42). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

PMMA

Few participants (n≤5) reported recent use of PMMA in 2024 (0% in 2023; p=0.497) (Figure 42). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Heroin

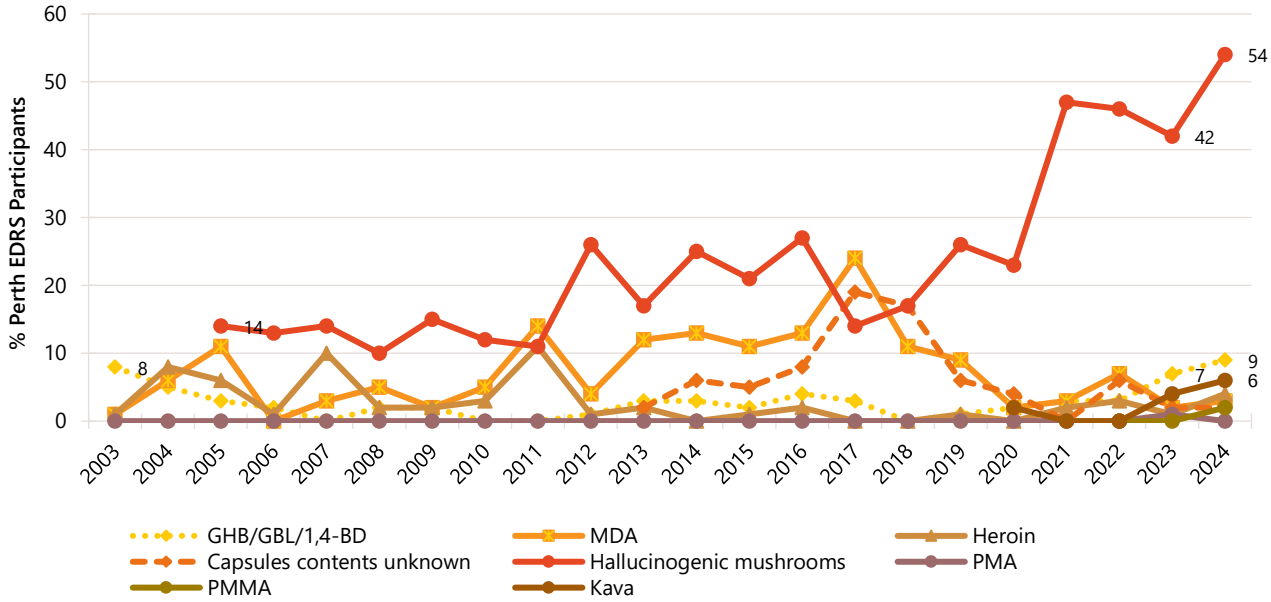
Few participants (n≤5) reported recent use of heroin in 2023 and 2024 (p=0.369), therefore, further details are not reported (Figure 42). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

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

Recent Use (past 6 months): Almost one tenth (9%) of the Perth sample reported recent use of GHB/GBL/1,4-BD in 2024. While stable relative to 2023 (7%; p=0.792), this represents the highest per cent reporting GHB/GBL/1,4-BD use since monitoring commenced in 2003 (Figure 42).

Frequency of Use: Participants reported using GHB/GBL/1,4-BD on a median of three days (IQR=1-20; n=9) in the six months prior to interview, stable relative to 2023 (20 days; IQR=3-39; *p*=0.393).

Figure 42: Past six month use of other illicit drugs, Perth, WA, 2003-2024



Note. 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'. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to tables/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Most participants (97%) reported recent use of alcohol in 2024, which has remained consistent since monitoring commenced (95% in 2023; *p*=0.721) (Figure 43).

Frequency of Use: Among those who had consumed alcohol recently (n=97), alcohol was reportedly used on a median of 48 days in the six months preceding interview (i.e., twice per week, IQR=24-60), stable from 48 days in 2023 (IQR=20-50; n=95; *p*=0.522). Three quarters (77%) of those who had recently consumed alcohol had done so on a weekly or more frequent basis, stable relative to 74% in 2023 (*p*=0.616). Few participants (n≤5) reported daily use of alcohol in 2024 (n≤5 in 2023).

Tobacco

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

Recent Use (past 6 months): Seventy per cent of the Perth sample reported recent tobacco use in 2024 (63% in 2023; *p*=0.372) (Figure 43). Ten per cent reported recent use of smoked or non-smoked illicit tobacco products (data not collected in 2023).

Frequency of Use: Participants reported using tobacco on a median of 49 days in the six months preceding interview (IQR=10-180; n=70), stable relative to 90 days in 2023 (IQR=13-180; n=63;

p=0.396). Among those who had recently used tobacco (n=70), one third (36%) reported daily use (48% in 2023; *p*=0.221).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants reported recent use of prescribed e-cigarettes in 2022 (n≤5), 2023 (n≤5) and 2024 (n≤5). Data below for 2022 to 2024 refer only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Recent use of non-prescribed e-cigarettes was reported by 69% of the Perth sample in 2024 (62% in 2023; *p*=0.374) (Figure 43). Few participants (n≤5) in the Perth sample reported recent use of prescribed e-cigarettes in 2024 (n≤5 in 2023).

Frequency of Use: Participants reported using non-prescribed e-cigarettes on a median of 160 days in six months preceding interview (IQR=60-180; n=69), stable from 2023 (180 days; IQR=49-180; n=62; *p*=0.179). Two fifths (42%) of participants who had recently used non-prescribed e-cigarettes reported daily use, representing a significant decrease from 2023 (63%; *p*=0.025).

Contents and Forms Used: Among participants who had recently used non-prescribed e-cigarettes and responded in 2024 (n=68), the majority (99%) reported using e-cigarettes containing nicotine. Among participants who had recently used e-cigarettes and responded in 2024 (n=69), participants most commonly reported using disposable devices (96%), followed by re-fillable devices (16%).

One quarter (24%) of the total sample reported vaping substances other than nicotine/vape juice. Among those who vaped substances other than nicotine/vape juice and commented (n=24), the most commonly vaped substance was cannabis (83%).

Reason for Use: Of those who reported any (i.e., prescribed and non-prescribed) e-cigarette use in the last six months and responded (n=71), one third (32%) reported using it as a smoking cessation tool (44% in 2023; *p*=0.168).

Nicotine Pouches

Recent Use (past 6 months): One fifth (22%) of the Perth sample reported recent use of nicotine pouches in 2024 (not asked in 2023 or earlier years) (Figure 43).

Frequency of Use: Participants reported using nicotine pouches on a median of 12 days in the six months preceding interview (IQR=2-30; n=22).

Nitrous Oxide

Recent Use (past 6 months): Thirty-six per cent of the sample reported recent use of nitrous oxide in 2024, relatively stable from 50% in 2023 (*p*=0.066), but roughly halving since 70% in 2022 (Figure 43).

Frequency of Use: Nitrous oxide was used on a median of two days in the six months preceding interview (IQR=1-6; n=36), stable relative to 2023 (4 days; IQR=1-10; n=50; *p*=0.437).

Quantity: Of those who reported recent use and responded in bulbs (n=28), the median 'typical' amount used per session was 7.5 bulbs (IQR=3-15), representing a significant decrease from 20 bulbs

in 2023 (IQR=5-50; n=50; *p*=0.009). Meanwhile, the median maximum amount used per session was 10 bulbs (IQR=5-20; n=28), representing another significant decrease from 30 bulbs in 2023 (IQR=10-80; n=50; *p*=0.005). However, when interpreting this data, it is important to consider that in Australia and internationally, there has been a shift from the use of small nitrous oxide bulbs (~8g) to larger cannisters (~0.6-3.5 Litres), and the latter are increasingly linked with harmful use. EDRS participants therefore had the option of responding with a measure of bulbs, grams, or Litres in 2024, and one fifth (20%; n=7) responded in either Litres or grams. Among those reporting in Litres or grams and responding (n=6), the median 'typical' amount used was 1.00 Litre (0.45-1.75 L), while the median maximum amount used was 1.5 Litres (IQR=0.58-3.00 L). The findings on amounts of bulbs used should therefore be interpreted carefully, because it is possible that those using heavier amounts were responding in litres and not bulbs, which would make it appear that there had been a decline in amounts used when considering use of bulbs alone.

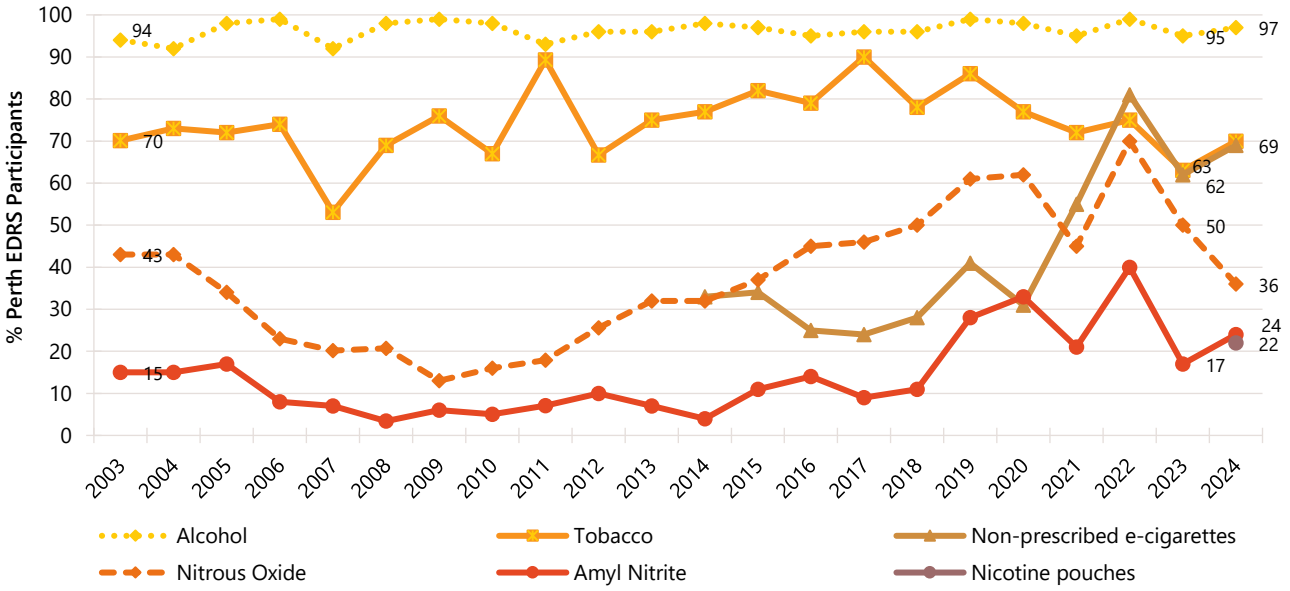
Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as 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): One quarter (24%) of the Perth sample reported recent use of amyl nitrite in 2024, stable relative to 2023 (17%; *p*=0.290) (Figure 43).

Frequency of Use: Amyl nitrite was used on a median of two days in the six months preceding interview (IQR=1-5; n=24), stable from two days in 2023 (IQR=1-3; n=17; *p*=0.989).

Figure 43: Licit and other drugs used in the past six months, Perth, WA, 2003-2024



Note. Regarding e-cigarettes, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

10

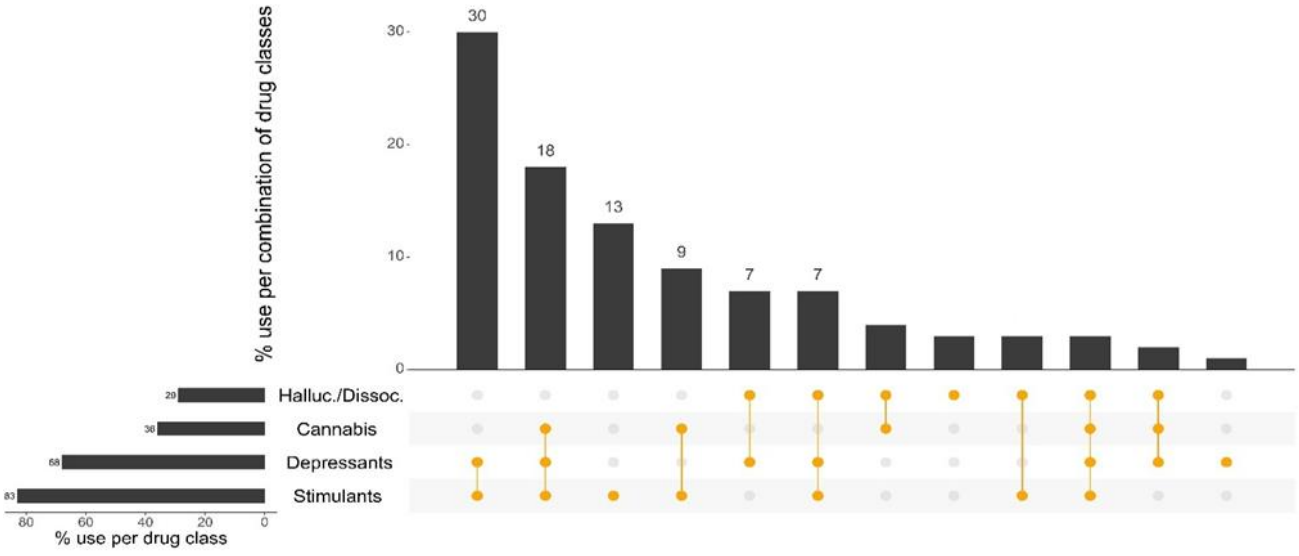
Drug-Related Harms and Other Behaviours

Polysubstance Use

Among those who responded (n=100), the most commonly used substances on the last occasion of ecstasy or related drug use were ecstasy (66%) and alcohol (63%), followed by cannabis (36%), e-cigarettes (29%), tobacco (25%), ketamine (21%), pharmaceutical stimulants (20%), and cocaine (17%).

Eighty-six per cent of the Perth sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combination of drug classes were stimulants and depressants (30%), followed by stimulants, depressants, and cannabis (18%) and stimulants and cannabis (9%). Thirteen per cent reported using stimulants alone (Figure 44).

Figure 44: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Perth, WA, 2024: Most common drug pattern profiles

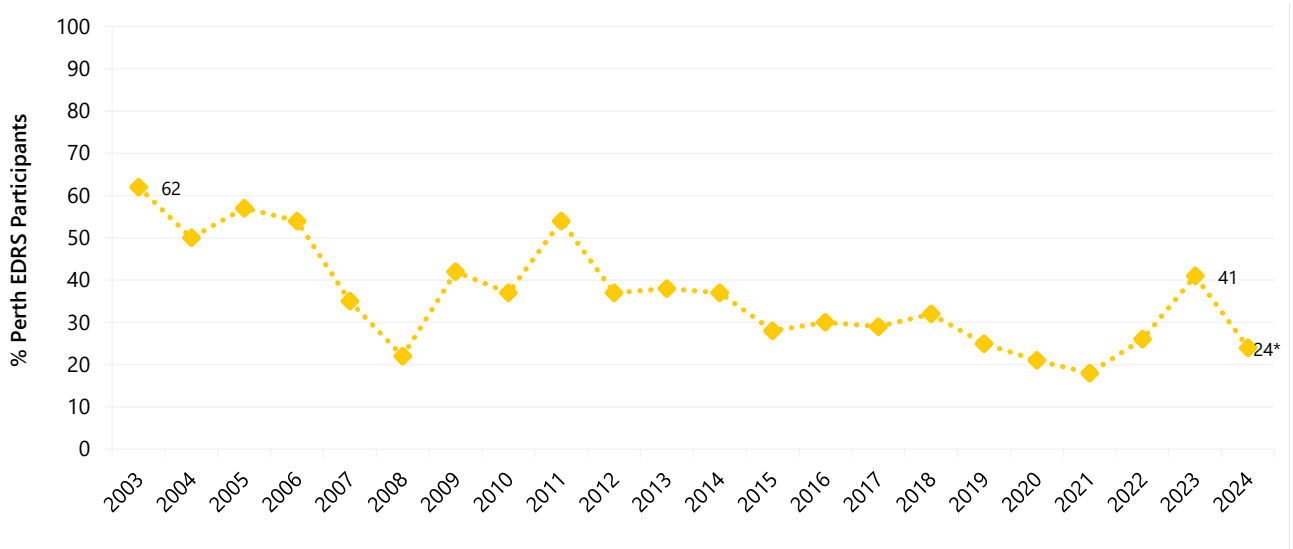


Note. % calculated out of Perth, WA, EDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 30% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had used any stimulant or related drug for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. One quarter (24%) of the Perth sample had binged on one or more drugs in the preceding six months, a significant decrease from 41% in 2023 (p=0.018) (Figure 45).

Figure 45: Past six month use of stimulants or related drugs for 48 hours or more continuously without sleep ('binge'), Perth, WA, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

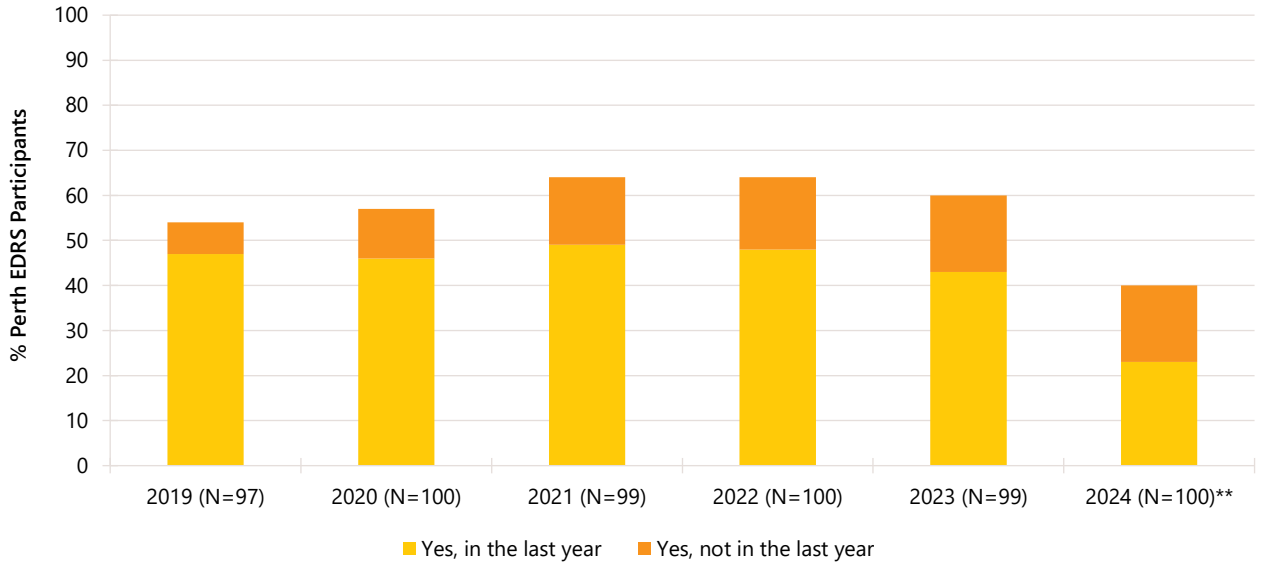
Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019), and CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened its doors in in Brisbane shortly after EDRS recruitment commenced (April 20, 2024), and a second service opened on the Gold Coast shortly after recruitment had finished (July 2024).

In 2024, one quarter (23%) 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 (43% in 2023; p=0.003) (Figure 46). Of those who reported that they or someone else had tested their illicit drugs in the past year and could comment on the testing method (n=21), most participants (86%) reported using colorimetric or reagent test kits, while 29% 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).

Among those who reported that they or someone else had tested their illicit drugs in the past year (n=23), half (48%) reported testing the drugs themselves and half (52%) reported that their drugs had been tested by a friend. Few participants (n≤5) reported having their drugs tested via their dealer or partner.

Figure 46: Lifetime and past year engagement in drug checking, Perth, WA, 2019-2024



Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total Perth sample (including people who had not consumed alcohol in the past six months) was 13.8 (SD 6.7), a significant increase relative to 12.8 (SD 7.2) in 2023 (p<0.001) (Table 5), but comparable to other reporting years. AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence. There was no significant change in the per cent of participants falling into each of these zones between 2023 and 2024 (p=0.056). Almost four fifths (79%) of participants obtained a score of eight or more, indicative of hazardous use (72% in 2023; p=0.254).

Table 5: AUDIT total scores and per cent of participants scoring above recommended levels, Perth, WA, 2010-2024

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

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Imputation used for missing scale scores. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12 months of (i) stimulant overdose, and ii) depressant overdose.

From 2019, changes were made to this module, with participants asked about alcohol, stimulant and other drug overdose, prompted by the following definitions

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

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

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

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

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

Non-Fatal Stimulant Overdose

In 2024, one fifth (18%) of the Perth sample reported that they had experienced a non-fatal stimulant overdose in the preceding 12 months (11% in 2023; p=0.242) (Figure 47).

The most common stimulant reportedly involved in the most recent non-fatal stimulant overdose in the past 12 months was ecstasy (78% any form; 39% capsule form; n≤5 for crystal and pill forms), followed by pharmaceutical stimulants (33%).

Among those who experienced a recent non-fatal stimulant overdose and commented (n=18), 89%, reported that they had consumed one or more additional drugs on the last occasion, most notably, alcohol (67%; ≥5 standard drinks: 39%; ≤5 standard drinks: n≤5) and cannabis (39%).

Due to low numbers (n≤5) reporting on forms of treatment on the last occasion of experiencing a non-fatal stimulant overdose, please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

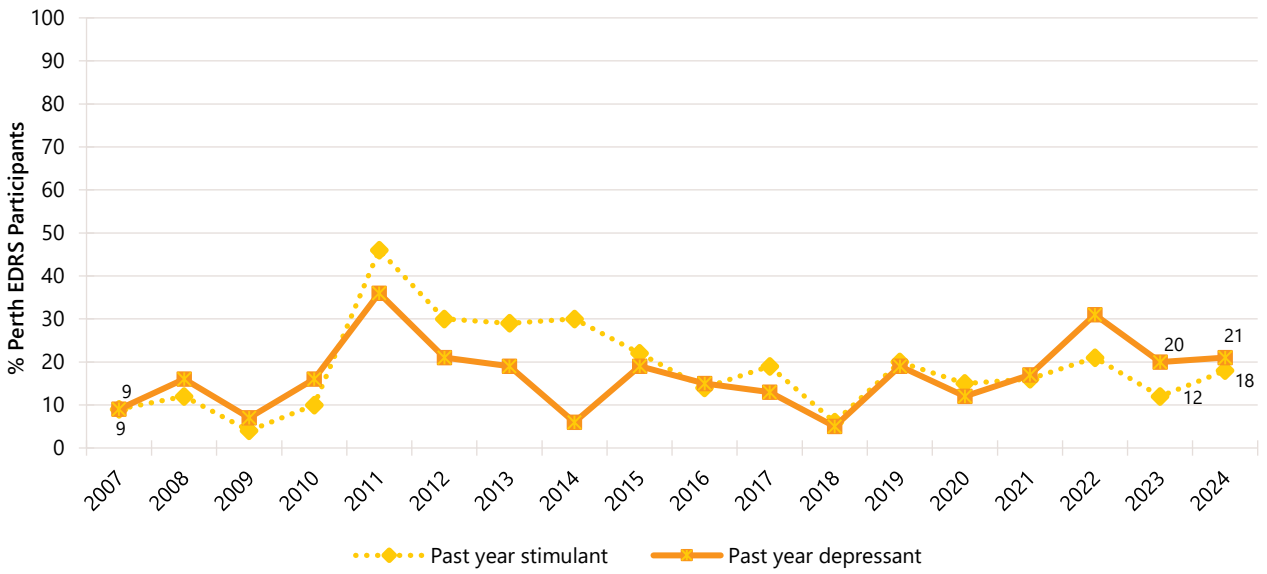
Non-Fatal Depressant Overdose

Alcohol: In 2024, one fifth (18%) of the Perth sample reported a non-fatal alcohol overdose in the 12 months preceding interview (12% in 2023; p=0.327) on a median of two occasions (IQR=1-4). Of those who had experienced an alcohol overdose in the past year (n=18), the majority (88%) reported that they did not receive treatment on the last occasion. The main reason for not receiving treatment on the last occasion was because it 'wasn't serious enough' (33%).

Any depressant (including alcohol): One fifth (21%) of the sample reported that they had experienced any non-fatal depressant overdose in the preceding 12 months in 2024 (20% in 2023) (Figure 47).

Of those who had experienced any depressant overdose in the past 12 months (n=21), the most common depressant drug reportedly involved was alcohol (86%). Few participants (n≤5) reported an overdose due to other drugs, therefore, these data are suppressed. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 47: Past 12 month non-fatal stimulant and depressant overdose, Perth, WA, 2007-2024



Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Awareness of Naloxone

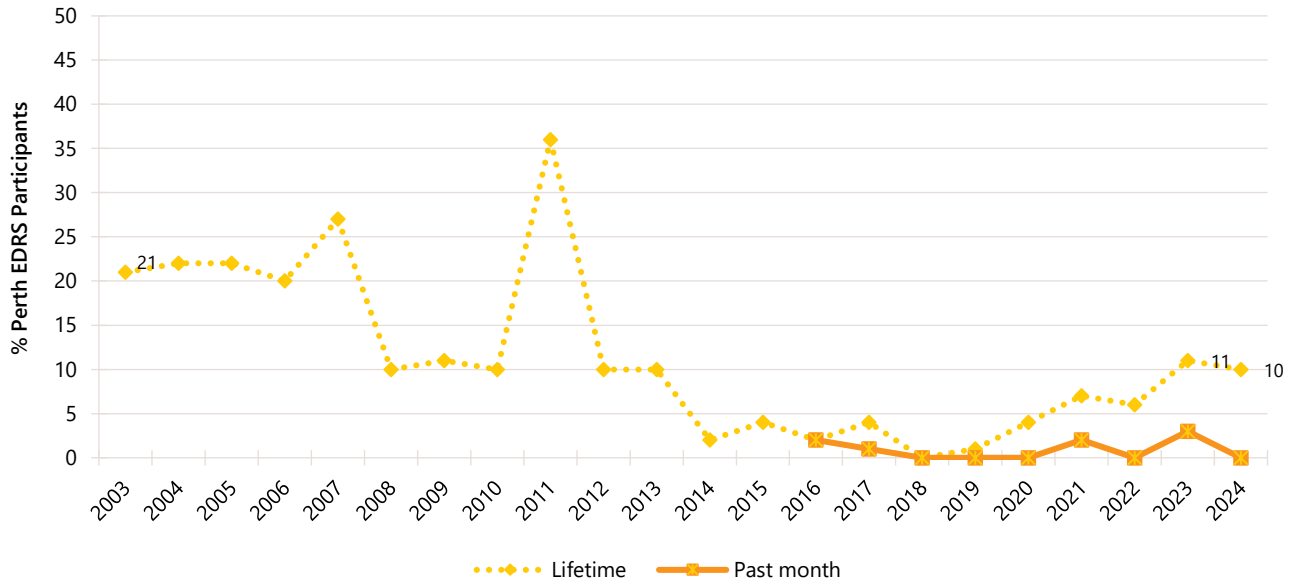
Almost two thirds (63%) reported that they had ever heard of naloxone in 2024, stable relative to 2023 (61%; p=0.768). Among those who had ever heard of naloxone and responded (n=61), most (92%) were able to correctly identify the purpose of naloxone (89% in 2023; p=0.757). Among participants who had ever heard of naloxone and responded (n=62), few participants (n≤5) reported (ever) obtaining naloxone (8% in 2023; p=0.488) and few (n≤5) had obtained it in the twelve months

preceding interview (n≤5 in 2023; p=0.677). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Injecting Drug Use and Associated Risk Behaviours

In 2024, one tenth (10%) of the Perth sample reported that they had ever injected a drug, stable from 11% in 2023. No participants reported injecting a drug in the month preceding interview (n≤5 in 2023; p=0.246) (Figure 48). Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 48: Lifetime and past month drug injection, Perth, WA, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

In 2024, 7% of the Perth sample reported currently receiving drug treatment (n≤5 in 2023; p=0.537). Due to few participants reporting on the forms of treatment received (n≤5), please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Ecstasy and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Of those who had recently used ecstasy and responded (n=89), 18% recorded a score of three and above, stable from 14% in 2023 (p=0.550). The median ecstasy SDS score was 0 (IQR: 0–2). Half (51%) of the participants obtained a score of zero on the ecstasy SDS, indicating they reported no or few symptoms of dependence in relation to ecstasy use (58% in 2023; p=0.375) (Table 6).

To assess methamphetamine dependence in the past six months, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence. Of those who had recently used methamphetamine and responded (n=9), few participants (n≤5) scored four or above (45% in 2023; p=0.709). The median methamphetamine SDS score was four (IQR: 1–4). In 2024, few participants (n≤5) obtained a score of zero on the methamphetamine SDS (41% in 2023; p=0.438) (Table 6), therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 6: Total ecstasy and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Perth, WA, 2017-2024

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

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. Imputed values used for missing scale scores. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

Four fifths (81%) of the Perth sample reported engaging in some form of sexual activity in the four weeks preceding interview (77% in 2023; p=0.601). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and responded (n=81), 84% reported that they had used alcohol and/or other drugs before or during sexual activity in the preceding month (83% in 2023). Of those who had engaged in sexual activity in the past four weeks and responded (n=81), one tenth (9%) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (9% in 2023), while 31% (n=25) reported that they had used alcohol and/or other drugs to enhance sexual activity or pleasure with another person (not asked prior to 2024). Few participants (n≤5) had engaged in sexual activity in exchange for money, drugs, or other goods or services (not asked prior to 2024) (Table 7).

Of the total sample who responded (n=99), one fifth (22%) reported a sexual health check up in the past six months (22% in 2023), whilst half (52%) had done so in their lifetime (69% in 2023; p=0.020). Of the total sample who responded (n=99), few participants (n≤5) reported that they had been diagnosed with a sexually transmitted infection (STI) in the past six months (n≤5 in 2023), whilst one fifth (19%) reported a positive diagnosis in their lifetime (20% in 2023). Due to low numbers reporting on the specific types of STIs diagnosed (n≤5), please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Of the total sample who responded (n=99), 13% reported having had a test for human immunodeficiency virus (HIV) in the past six months (22% in 2023; p=0.101), whilst 43% reported having a test in their lifetime (57% in 2023; p=0.067). Few participants (n≤5) in the Perth sample reported that they had ever been diagnosed with HIV (n≤5 in 2023), including few participants (n≤5) reporting a positive diagnosis in the six months preceding interview (0% in 2023) (Table 7).

Table 7: Sexual health behaviours, Perth, WA, 2021-2024

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

Note. # Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

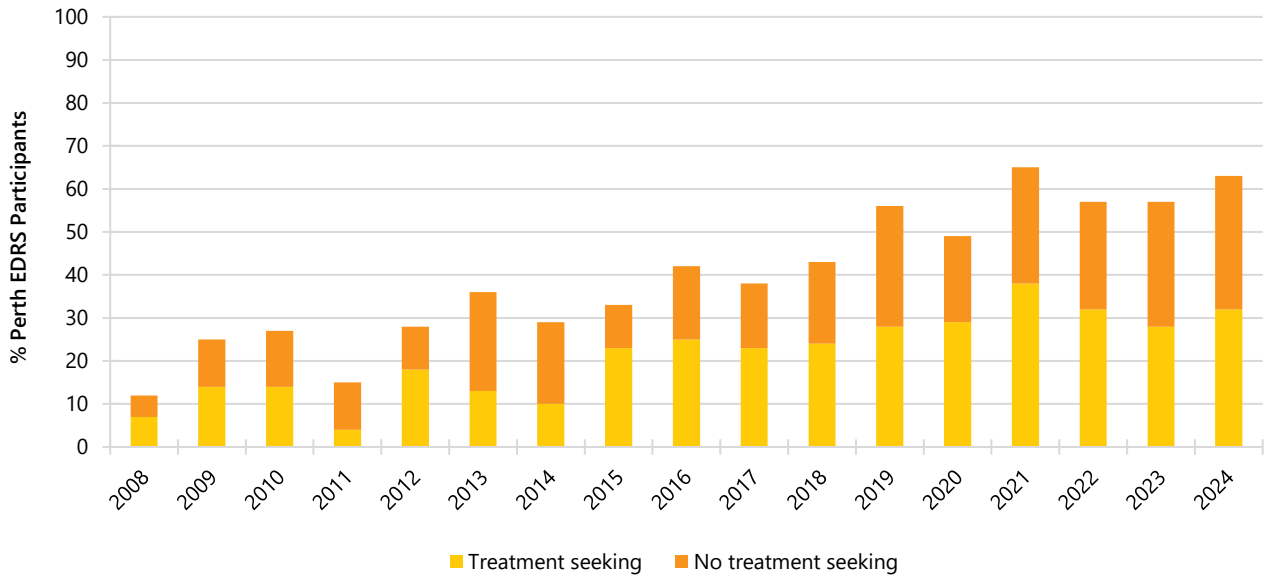
Mental Health and Psychological Distress (K10)

Mental Health

In 2024, 63% self-reported that they had experienced a mental health problem in the six months preceding interview, stable relative to 2023 (57%; p=0.463) (Figure 49). Among those self-reporting a recent mental health problem and able to respond (n=63), the most commonly reported problem was anxiety (63%; 62% in 2023), followed by depression (46%; 60% in 2023; p=0.541) and attention-deficit/hyperactivity disorder (ADHD) (24%; 42% in 2023; p=0.157).

Of those who self-reported experiencing a recent mental health problem and commented (n=63), half (51%) reported seeing a mental health professional during the past six months (49% in 2023) (32% of the total sample in 2024) (Figure 49). Of those who reported seeing a mental health professional (n=32), 59% reported being prescribed medication for their mental health problem (69% in 2023; p=0.591).

Figure 49: Self-reported mental health problems and treatment seeking in the past six months, Perth, WA, 2008-2024



Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

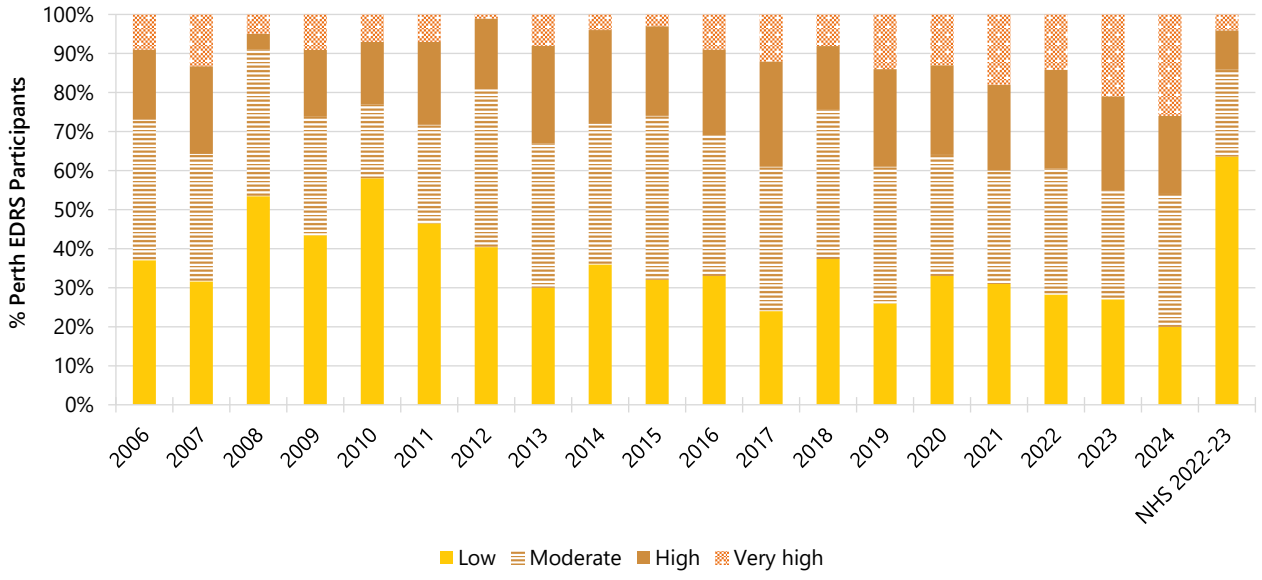
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders/the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no psychological distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; scores between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

Among those who responded in 2024 (n=100), The per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.457). Among those who responded in 2024 (n=100), one quarter (26%) of the Perth sample had a score of 30 or more (21% in 2023) (Figure 50).

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

Figure 50: K10 psychological distress scores, Perth, WA, 2006-2024 and among the general population, 2022-2023



Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

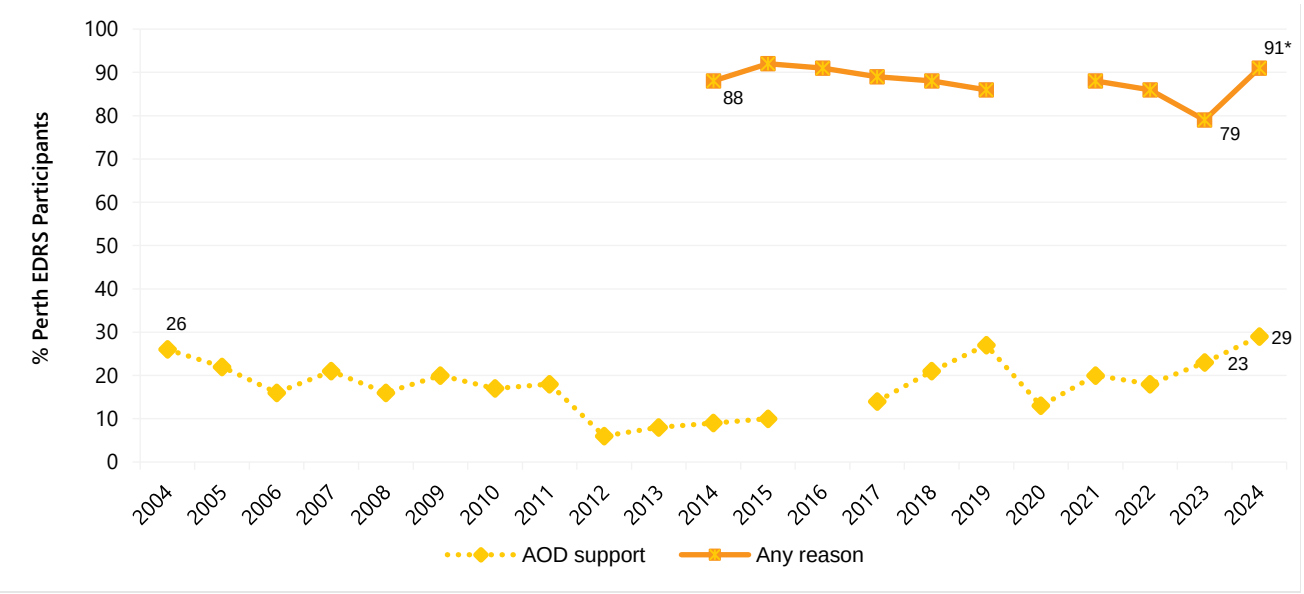
Health Service Access

Twenty-nine per cent of the Perth sample reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024 (23% in 2023; p=0.422) (**Error! R eference source not found.**). The most common service reported by participants in 2024 was a psychologist (12%; 6% in 2023; p=0.219), followed by a drug and alcohol counsellor (10%; n≤5 in 2023; p=0.284) and a General Practitioner (GP) (8%; 9% in 2023) (Table 8).

Most (91%) participants reported accessing any health service for any reason in the six months preceding interview in 2024 (79% in 2023; p=0.032) (**Error! Reference source not found.**). The most c ommon services accessed by participants in 2024 was a GP (77%; 65% in 2023; p=0.089), followed by a pharmacy (66%; not asked prior to 2024), a dentist (37%; 32% in 2023; p=0.547), and a psychologist (26%; 21% in 2023; p=0.506) (Table 8).

One fifth (21%) of the Perth sample reported attending the emergency department in the past six months (for any reason) (19% in 2023; p=0.855), with the most common reason being an injury (11%). Few participants (n≤5) reported being attended to by an ambulance in the past six months (7% in 2023; p=0.537).

Figure 51: Health service access for alcohol and other drug reasons, and for any reason, in the past six months, Perth, WA, 2004-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, Perth, WA, 2022-2024

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

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2024, one quarter (25%) of the Perth sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (24% in 2023) (Table 9).

Six per cent reported experiencing stigma within specialist AOD services in the six months preceding interview, a significant increase relative to 2023 (0%; p=0.029). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (13%; 15% of those who had attended general health care services), stable relative to 2023 (15%; p=0.688). Seventeen per cent of participants reported experiencing stigma in non-health care settings (15% in 2023; p=0.845), most commonly from police (8%) (Table 9).

Notably, half (49%) of the sample reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by an AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (44%), followed by not attending follow-up appointments (18%), and delaying accessing health care (16%).

Table 9: Self-reported experiences of stigma due to illicit drug use in the past six months, Perth, WA, 2022-2023

	2022	2023	2024
% Experienced stigma in specialist AOD service:	n=100 -	n=98 0	**N=100** **6***
% Experienced stigma in general health care service:	N=100 -	N=98 15	**N=100** **13**
% Experienced stigma in non-health care service:	/	n=98 15	**N=100** **17**
Welfare and social service	/	-	**-**
Current or potential employer	/	-	**-**
School/uni/TAFE	/	-	**6**
Police	/	9	**8**
Other legal services	/	0	**0**
Housing and homelessness services	/	0	**-**
Other	/	0	**0**
% Experienced stigma in any of the above settings^	/	24	**25**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	n=96 42	**N=100** **49**
Delayed accessing healthcare	/	10	**16**
Did not tell health worker about drug use	/	34	**44**
Downplayed need for pain medication	/	-	**8**
Looked for different services	/	-	**9**
Did not attend follow-up appointment	/	8	**18**
Other	/	0	**0**

Note. N is the number who responded (denominator). ^Includes specialist AOD service, general health care service and non-health care services. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

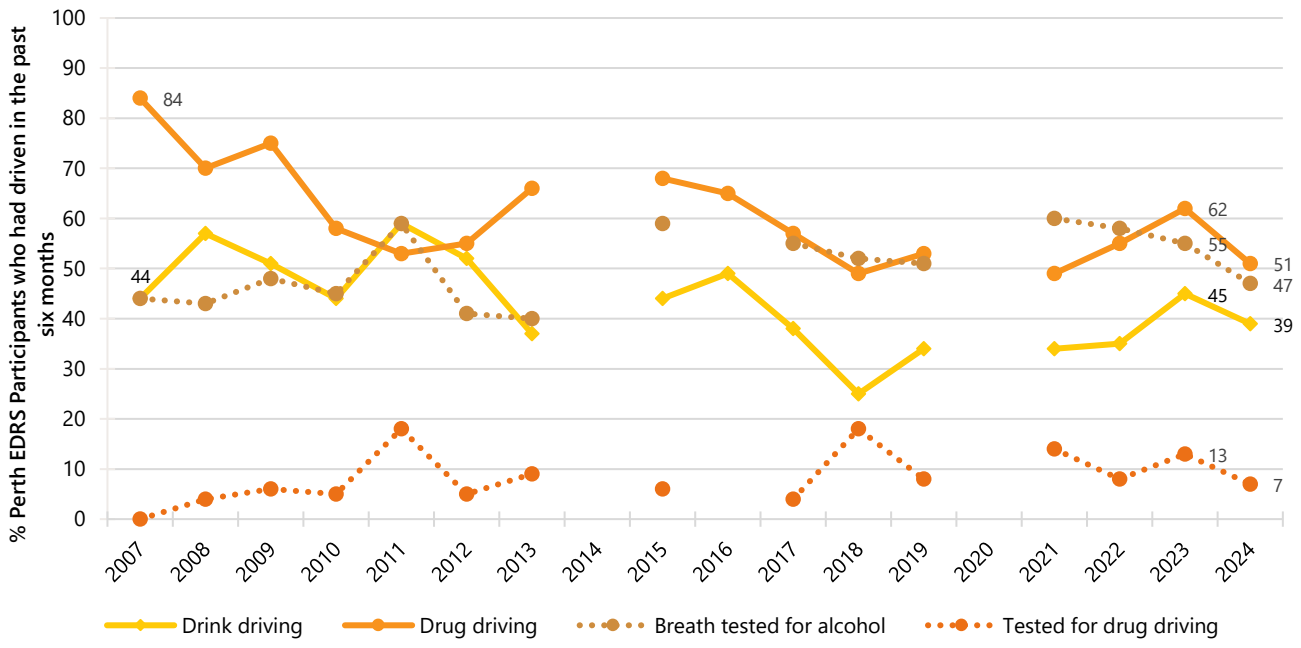
Driving

In 2024, most (89%) of the Perth sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven in the past six months and responded (n=84), 39% reported driving while over the (perceived) legal limit of alcohol at least once in that period (45% in 2023; p=0.528).

Of those who had driven in the past six months and responded (n=88), half (51%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (62% in 2023; p=0.177) (Figure 52). Participants most commonly reported using cannabis (69%) within three hours of driving in the last six months, followed by pharmaceutical stimulants (33%).

Among those who had driven in the past six months (n=89), 7% reported that they had been tested for drug driving by the police roadside drug testing service (13% in 2023; p=0.212), and 47% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (55% in 2023; p=0.366) (Figure 52).

Figure 52: Self-reported testing, and driving over the (perceived) legal limit for alcohol or three hours following illicit drug use, among those who had driven in the past six months, Perth, WA, 2007-2024



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

In 2024, 37% of the Perth sample reported 'any' crime in the past month (30% in 2023; p=0.372), with property crime (23%; 10% in 2023; p=0.020) and drug dealing (17%; 23% in 2023; p=0.375) being the two main forms of criminal activity (Figure 53).

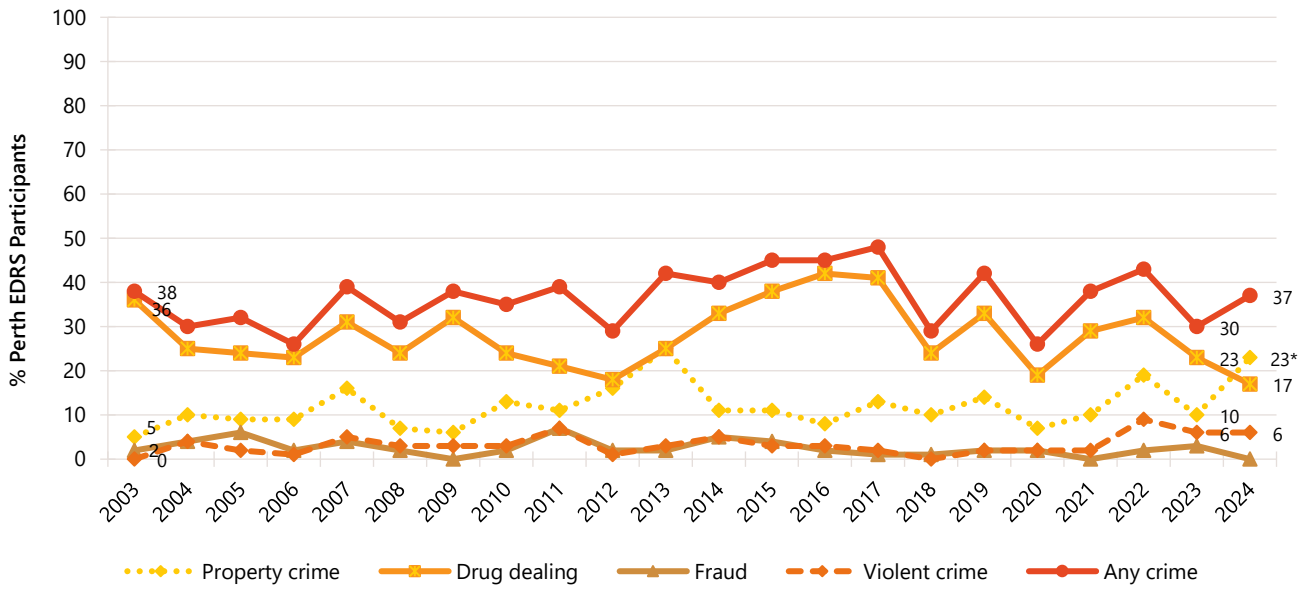
In 2024, one tenth (11%) of the Perth sample reported being the victim of a crime involving violence in the past month, stable relative to 2023 (14%; p=0.659) (Figure 54).

Eight per cent of the Perth sample reported having been arrested in the 12 months preceding interview, stable relative to 2023 (7%) (Figure 55). Few participants (n≤5) reported specific reasons for arrest; therefore, these data are suppressed. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

In 2024, one tenth (9%) of the sample reported a drug-related encounter with law enforcement in the last 12 months which did not result in charge or arrest (13% in 2023; p=0.492) (Figure 55). Few participants (n≤5) reported specific types of police encounters; therefore, these data are suppressed. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

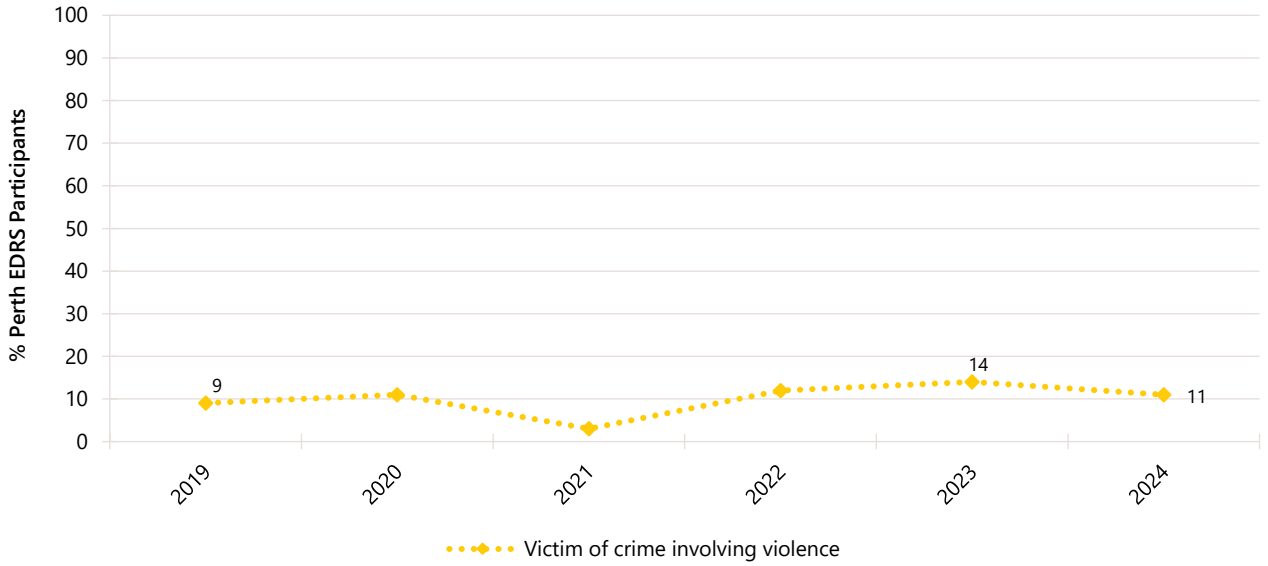
Six per cent of the sample reported having ever been in prison (n≤5 in 2023; p=0.279) (Figure 53).

Figure 53: Self-reported criminal activity in the past month, Perth, WA, 2003-2024



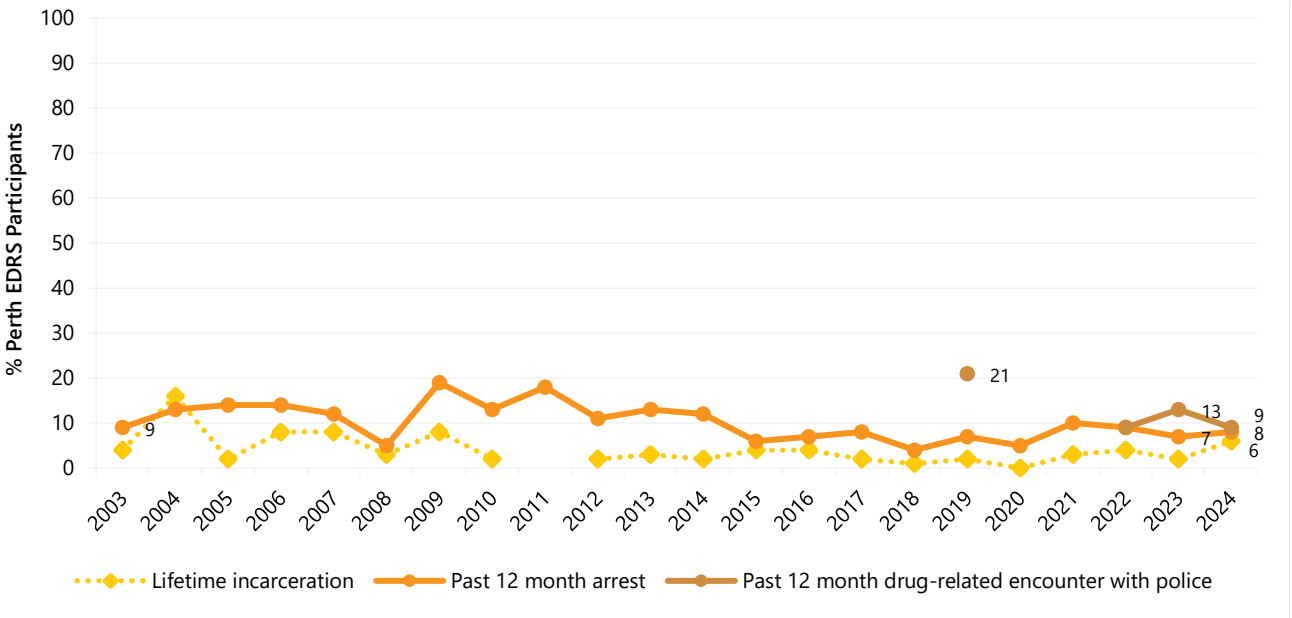
Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 54: Victim of crime involving violence in the past month, Perth, WA, 2019-2024



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 55: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Perth, WA, 2003-2024



Note. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (73%; 77% in 2023; p=0.620) and social networking applications (e.g., Telegram, Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (72%; 75% in 2023; p=0.751) (Table 10). These methods were followed by text messaging (16%; 45% in 2023; p<0.001) and phone calls (9%; 26% in 2023; p=0.003), which both significantly decreased relative to 2023. It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Among those who had used social networking or messaging applications to arrange the purchase of illicit or non-prescribed drugs in the 12 months preceding interview, the most commonly used social networking or messaging apps were Telegram (71%), Snapchat (51%) and Facebook (22%), with substances mostly obtained from a friend/relative/partner/colleague (66%), followed by a known dealer/vendor (46%). Among those who had used social networking or messaging apps to arrange the purchase of drugs in 2024 and responded (n=69), 57% reported that the person they had obtained drugs from advertised the sale of illicit drug/s via these platforms.

Buying and Selling Drugs Online

Few participants (n≤5) reported purchase via the darknet market in 2024 (n≤5 in 2023), while no participants reported purchasing from the surface web (7% in 2023; p=0.014) (Table 10). In 2024, 38% (n=33) of participants reported they had ever obtained drugs through someone who purchased them on the surface web/darknet, with 29% doing so within the past 12 months (31% in 2023, p=0.866).

In 2024, few participants (n≤5) reported that they had sold illicit drugs on the surface web or darknet market in the 12 months preceding interview (n≤5 in 2023).

Source and Means of Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2024 (86%; 83% in 2023; p=0.689), followed by a known dealer/vendor (44%; 55% in 2023; p=0.204) and an unknown dealer/vendor (40%; 42% in 2023; p=0.881) (Table 10).

When asked about how participants had received illicit drugs on any occasion in the last 12 months, the most commonly reported means was face-to-face (98%; 100% in 2023; p=0.246), followed by a collection point (14%; 17% in 2023; p=0.698) (collection point defined as a predetermined location where a drug will be left for later collection) and via the post (8%; 9% in 2023) (Table 10).

Table 10: Means of purchasing and obtaining illicit drugs in the past 12 months, Perth, WA, 2020-2024

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

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option from 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.