EDRS

VICTORIAN DRUG TRENDS 2021

Key Findings from the Victorian Ecstasy and related Drugs Reporting System (EDRS) Interviews

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VICTORIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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

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Research Team

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

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Sarah Eddy, Joanna Wilson, Debbie Scott and Professor Paul Dietze, Burnet Institute Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas, Dr Joemer Maravilla and Dr 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 assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Doriano Raffaele and Sarah Eddy for conducting the Victoria EDRS interviews in 2021. We would also like to thank the Students for Sensible Drug Policy (SSDP) for their assistance in piloting the interview. Finally, we would like to thank the members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL), 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.

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Abbreviations

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

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Executive Summary

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

Additional data from third-party sources have been included for available drugs. These data cover a range of information regarding the state of illicit drugs in VIC, including seizure purity, ambulance attendances and more.

Sample Characteristics

The VIC EDRS sample (N=100) recruited from Melbourne were predominantly young, educated males, residing in a rental house/flat; consistent with the sample collected in 2020 and in previous years. Ecstasy and cocaine were the main drugs of choice (22% and 17%, respectively), while alcohol and cannabis were the drugs used most often in the preceding month (45% and 36%, respectively).

COVID-19

Three-quarters (76%) of the VIC sample had been tested for SARS-CoV-2 in the previous 12 months, though no participants had been diagnosed with COVID-19. Only 6% of the sample had received at least one-dose of the COVID-19 vaccine at the time of interview, and the majority (78%) reported that they were 'not at all' worried about contracting COVID-19.

Ecstasy

The ecstasy market has diversified over the past few years, with the number reporting any recent (i.e., past six month) use of ecstasy pills declining and most other forms fluctuating over time. In 2021, there was a significant decrease in the use of pills (47%; 69% in 2020; p=0.003) and powder (21%, 44% in 2020; p=0.001), while the use of capsules and crystal remained stable (70% and 47%, respectively). Median days of use of any ecstasy decreased significantly from 15 days in 2020 to 7 days in 2021 (p<0.001). A significant increase in the price of ecstasy pills ($35; $25 in 2020; p=0.004) and crystal ($200/gram; $150/gram in 2020; p=0.005) was observed, while capsules ($20) and powder ($200/gram) remained stable. There was a significant difference in the reported perceived availability of capsules (p=0.001) and crystal (p=0.017) relative to 2020, with a greater number perceiving these drugs as 'difficult' to obtain in 2021.

Methamphetamine

Recent use of methamphetamine has been declining amongst the VIC sample since 2012, (44% in 2021), with frequency of use remaining stable since 2018. Powder continued to be the main form used in 2021, although crystal was reported with more median days of use (7 in 2021 versus 2 median days for powder). The price of a gram of powder methamphetamine remained stable in 2021 ($200), alongside reports of stable purity and perceived availability.

Cocaine

Recent use of cocaine has increased over the years of monitoring, with the largest percentage reporting any recent use recorded in 2021 (90%; 76% in 2020; p=0.014). Frequency of use remained stable compared to 2020 (5 days in 2021 and 2020), with 7% of participants that reported recent use reporting weekly or more frequent use. The median price of a gram of cocaine was reported as $300 in 2021, similar to previous years.

Cannabis

At least four in five participants have reported any recent use of cannabis each year since monitoring commenced. Eighty-four per cent of participants reported recent use in 2021, stable from 2020. Among those who had recently used cannabis, almost three-fifths (57%)

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reported weekly use, while 13% reported daily use. The price, purity, and availability of both hydro and bush cannabis was stable relative to 2020.

Ketamine, LSD and DMT

Recent use of ketamine, LSD, and DMT remained stable in 2021, relative to 2020. Most of the sample (81%) reported recent use of ketamine, with 53% and 16% reporting recent use of LSD and DMT, respectively. A significant increase in the price of a gram of ketamine was observed in 2021 ($200; $180 in 2020; p=0.001). The median frequency of use of both LSD and DMT remained low (2 days in 2021), while the median frequency of use of ketamine was reported at 6 days.

New Psychoactive Substances (NPS)

Almost one-quarter (23%) reported recent use of any NPS (including plant-based NPS) in 2021. Any substance of the 2C class was the most common recently used NPS in 2021 (16%).

Other Drugs

Two-thirds (66%) of the sample reported recent use of non-prescribed pharmaceutical stimulants, and half (54%) reported recent use of non-prescribed benzodiazepines; stable compared with 2020. There was a significant increase in the use of hallucinogenic mushrooms in 2021 (54%; 37% in 2020; p=0.023), while the median frequency of use of nitrous oxide decreased (3 days in 2021; 5 days in 2020; p=0.020).

Drug-Related Harms and Other Associated Behaviours

Almost all participants (98%) reported concurrent use of two or more drugs on the last occasion of ecstasy or other drug use, most commonly stimulants and depressants. Hazardous alcohol use remained high, with 73% of the sample scoring above the hazardous range in the Alcohol Use Disorders Identification Test (AUDIT). Fifteen per cent reported a non-fatal stimulant overdose, and 17% a non-fatal depressant overdose (including alcohol), in the past year. Few participants reported lifetime injection drug use in 2021, and small numbers reported receiving drug treatment. The majority (78%) reported engaging in sexual activity in the past four weeks, of whom 14% reported penetrative sex without a condom where they did not know the HIV/STI status of their partner. Just over two-thirds (68%) of the sample self-reported that they had experienced a mental health problem in the preceding six months. Of those participants, the most common problems were anxiety (68%) and depression (55%). Of the total sample, 18% reported having driven over the perceived legal alcohol limit in the previous six months, while 36% reported driving within three hours of consuming an illicit or non-prescribed substance (most commonly cannabis). Property crime was the main form of self-reported criminal activity in 2021 (32%), followed by drug dealing (18%). The most popular means of arranging the purchase of illicit drugs remained social media applications (88%), while reports of face-to-face (52%; 68% in 2020; p=0.026), text messaging (20%; 48% in 2020; p<0.001) and phone call (19%; 36% in 2020; p=0.013) all declined substantially from 2020. Significantly fewer participants reported obtaining illicit drugs from an unknown dealer in 2021 (33%; 49% in 2020; p=0.036). Almost all participants reported obtaining illicit drugs face-to-face (99%).

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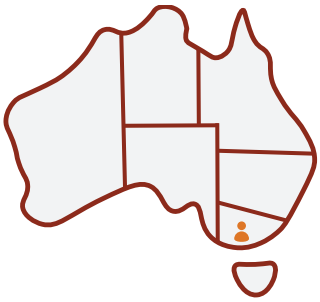
EDRS Ecstasy and Related Drugs Reporting System

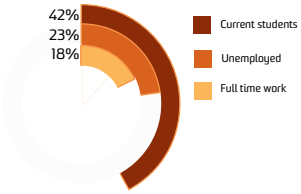
2021 SAMPLE CHARACTERISTICS



In 2021, 100 people from Melbourne, VIC, participated in EDRS interviews.

25 years 67%

The median age in 2021 was 25 (IQR = 23 - 28), and 67% identified as male.

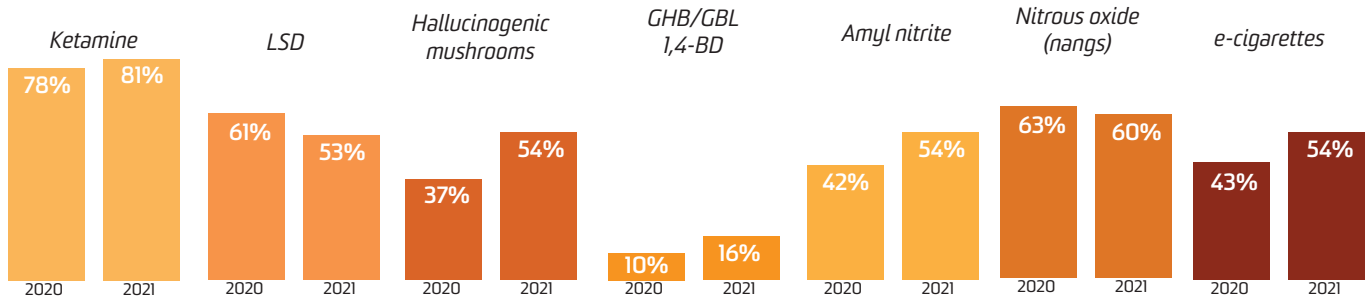


In the 2021 sample, 42% were enrolled students, 23% were unemployed, and 18% were employed full time.

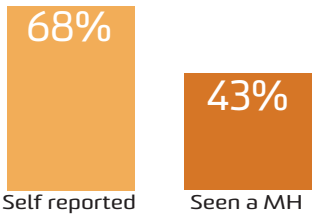
- Ecstasy
- Cocaine
- Other stimulants

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

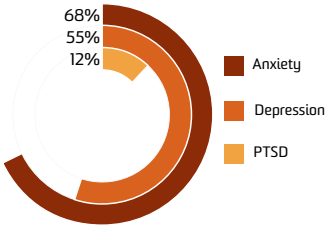
PAST 6 MONTH USE OF OTHER DRUGS



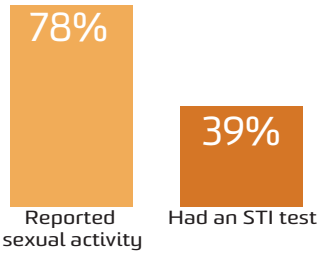
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



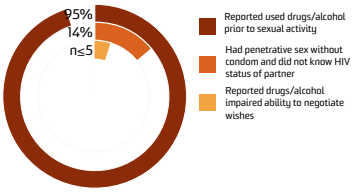
In the total sample, 68% self-reported a mental health issue and 43% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (68%), depression (55%) and PTSD (12%).

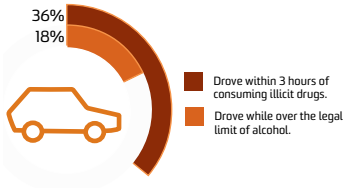


In the total sample, 78% reported sexual activity in the past 4 weeks, and 39% had a sexual health check in the past 6 months.

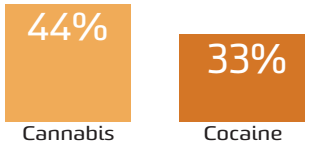


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (78%) and were able to comment.

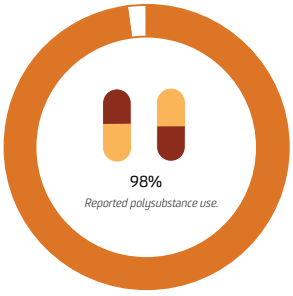
OTHER RISK BEHAVIOURS



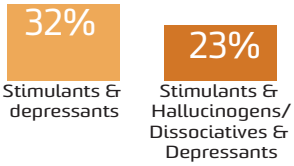
In the total sample, 36% reported driving a vehicle within 3 hours of consuming illicit drugs and 18% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (44%) and cocaine (33%).



In the total sample, 98% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.



In the total sample, 32% reported to have used stimulants and depressants on one occasion whereas 23% reported using stimulants and hallucinogens/ dissociatives and depressants.

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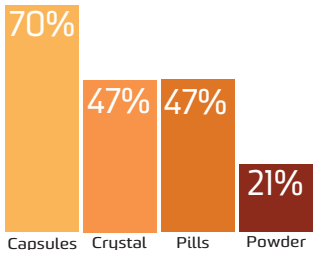
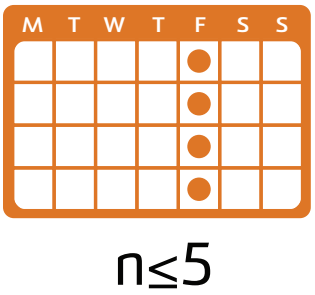
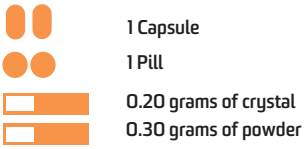
ECSTASY



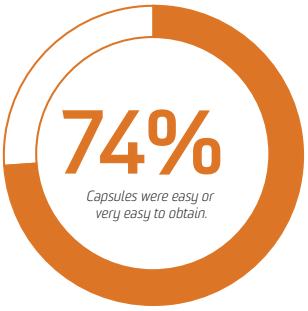
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.



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

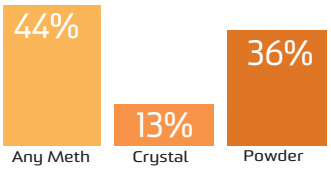


Median amounts of ecstasy consumed in a 'typical' session using each form.

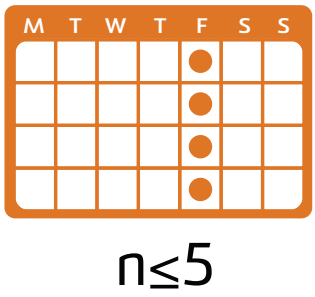


Of those who could comment 74% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

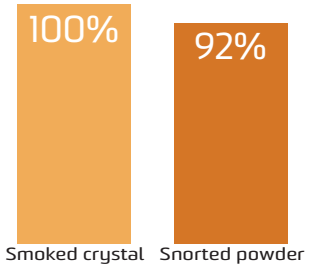
METHAMPHETAMINE



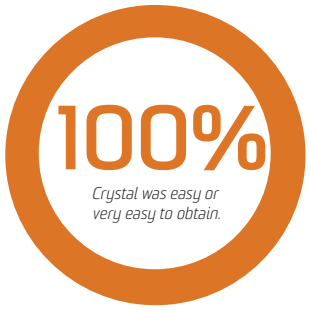
Past 6 month use of any methamphetamine (44%), crystal (13%), powder (36%) and base (n≤5) in 2021.



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

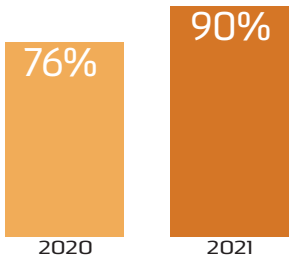


100% of people who had recently used crystal smoked it. Of those who had recently used powder, 92% snorted it.

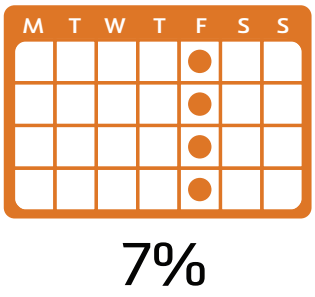


Of those who could comment 100% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

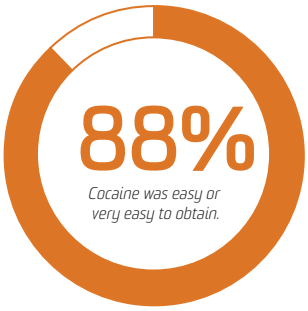


Past 6 month use of any cocaine increased from 2020 (76%) to 2021 (90%).



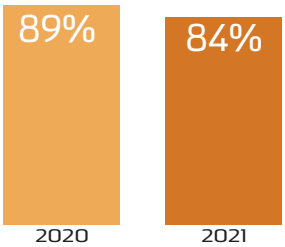
Of those who had consumed cocaine recently, 7% reported weekly or more frequent use.

Of those who had consumed cocaine in the last 6 months, the vast majorty had snorted it (98%).

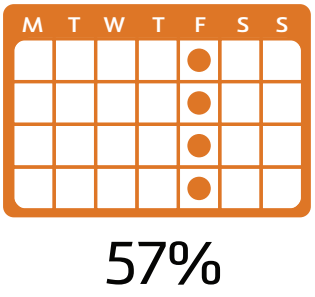


Of those who could comment 88% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

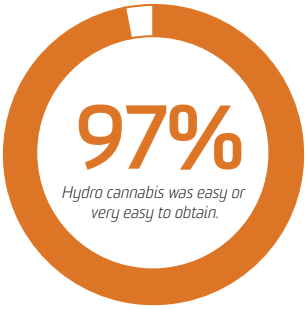


Past 6 month use of any cannabis remained stable from 89% in 2020 to 84% in 2021.



Of those who had consumed cannabis recently, 57% reported weekly or more frequent use.

Of those who had consumed cannabis in the last 6 months, 94% had smoked it.



Of those who could comment 97% perceived hydro to be 'easy' or 'very easy' to obtain.

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Background

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

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

Methods

EDRS 2003-2019

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

EDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

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

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

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

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

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

A total of 774 participants were recruited across capital cities nationally (April-August 2021), with 100 participants interviewed in Melbourne, VIC during April-June 2021. A total of 62 interviews were conducted via telephone. Two per cent of the 2021 VIC sample completed the interview in 2020.

Routinely Collected Data

Four different types of routinely collected data are presented in this report.

Drug seizure purity levels

The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for seizures of drugs in VIC for inclusion in this report for the 2019/20 financial year.

Ambulance attendances at non-fatal drug-related events

Turning Point manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records. Data for the period between January 2005 and December 2020 are presented in this report.

Specialist drug treatment presentations

The Victorian Department of Health funds community-based agencies to provide specialist alcohol and other drug treatment services across the state. Data on people seeking treatment from specialist alcohol and other drug agencies in VIC are collected via the Alcohol and Drug Information System (ADIS) that has now become the Victorian Alcohol and Drug Collection (hereafter ADIS/VADC). During the 2019/20 financial year, 56,511 courses of treatment were delivered to 26,549 clients, compared to 56,362 courses of treatment delivered to 29,411 clients in the 2018/19 financial year.

Alcohol and other drug helpline calls

DirectLine is a 24-hour specialist telephone service in VIC (operated by Turning Point) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from or about people who use drugs. This report presents data for the period between 1999 and 2020.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

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

This report covers a subset of items asked of participants and does not 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 VIC (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

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

Additional Outputs

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

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

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1

Sample Characteristics

In 2021, the VIC EDRS sample was mostly similar to the sample in 2020 and in previous years (Table 1). There was no difference in gender identity compared to the 2020 sample (p=0.067), with just over two-thirds identifying as male (67%; similar to 60% in 2020). The median age was 25 years (IQR=23–28; 26 years in 2020; IQR=22–30; p=0.940). There was a change in sexual identity relative to 2020 (p=0.020), with fewer participants identifying as heterosexual in 2021 (64%; 70% in 2020), and a greater number identifying as queer (17%; 10% in 2020).

Participants' current accommodation status was comparable to 2020 (p=0.316), with three-quarters living in a rented house/flat (75%; 63% in 2020), and most of the remaining participants living with their parents/in their family house (19%; 26% in 2020).

Just over two-fifths (42%) of the 2021 sample were current students (40% in 2020; p=0.886), with 69% holding a post-school qualification (64% in 2020; p=0.549).

Participants' employment status was comparable to 2020 (p=0.117). Eighteen percent reported being employed full-time (24% in 2020), and 23% reported being unemployed at the time of interview (34% in 2020).

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

	National 2021 N=774	VIC 2021 N=100	VIC 2020 N=100	VIC 2019 N=99	VIC 2018 N=100	VIC 2017 N=100
Median age (years; IQR)	24 (21–29)	**25 (23–28)**	26 (22–30)	21 (17–26)	23 (20–25)	21 (19-23)
% Gender						
Female	34	**26**	38	48	41	43
Male	63	**67**	60	51	57	57
Non-binary	3	**7**	-	-	0	0
% Aboriginal and/or Torres Strait Islander	6	**-**	-	0	--	0
% Sexual identity		*				
Heterosexual	73	**64**	70	82	74	79
Homosexual	4	**-**	8	6	6	-
Bisexual	14	**11**	12	10	17	17
Queer	6	**17**	10	10	17	17
Different identity	2	**6**	0	-	-	0
Mean years of school education (range)	12 (6–12)	**12 (8–12)**	12 (8–12)	12 (8–12)	12 (9–12)	12 (9–12)
% Post-school qualification(s)^	60	**69**	64	57	32	42

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	National 2021	VIC 2021	VIC 2020	VIC 2019	VIC 2018	VIC 2017
% Current employment status						
Employed full-time	27	**18**	24	18	24	16
Part time/casual	45	**51**	37	50	52	18
Self-employed	6	**8**	-	7	/	/
Students[#]	45	**42**	40	51	8	-
Unemployed	22	**23**	34	25	14	17
Current median weekly income $ (IQR)	$600 (375–1000)	**$540 (350–906)**	$750 (441–963)	$450 (230–900)	$400 (250–760)	$300 (175–500)
% Current accommodation						
Own house/flat	6	**-**	-	7	-	0
Rented house/flat	60	**75**	63	50	50	36
Parents'/family home	26	**19**	26	41	48	62
Boarding house/hostel	2	**-**	-	0	-	0
Public housing	1	**0**	-	-	-	/
No fixed address+	1	**-**	-	0	0	-
Other	0	**0**	0	-	0	-

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

The nominated drug of choice of participants in 2021 was comparable to 2020 (p=0.060), with participants most commonly reporting that ecstasy (22%) was their drug of choice (26% in 2020) (Figure 1). Similarly, drug used most often in the past month was comparable to 2020 (p=0.356), with 45% reporting alcohol as the drug used most in the last month (51% in 2020), followed by cannabis (36% in 2021; 25% in 2020) (Figure 2).

Few participants (n≤5) reported weekly or more frequent ecstasy use in 2021: a significant decrease from 28% in 2020 (p<0.001). Almost half (48%) reported weekly or more frequent use of cannabis (similar to 42% in 2020; p=0.477), with 6% reporting weekly or more frequent cocaine use (n≤5 in 2020; p=0.124) (Figure 3).

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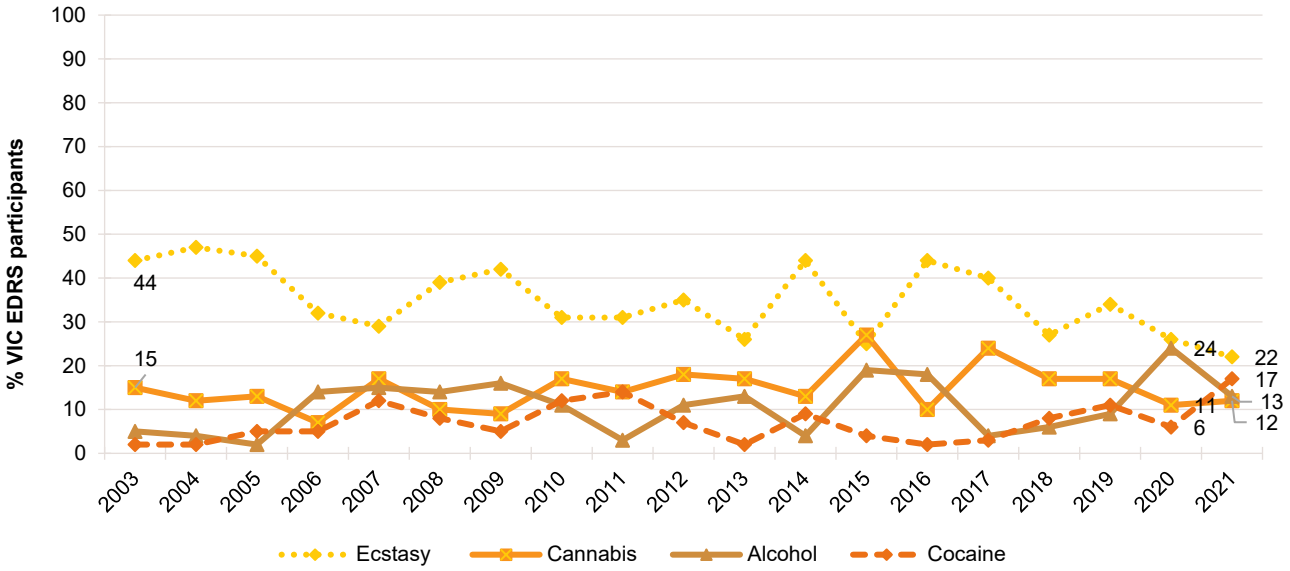
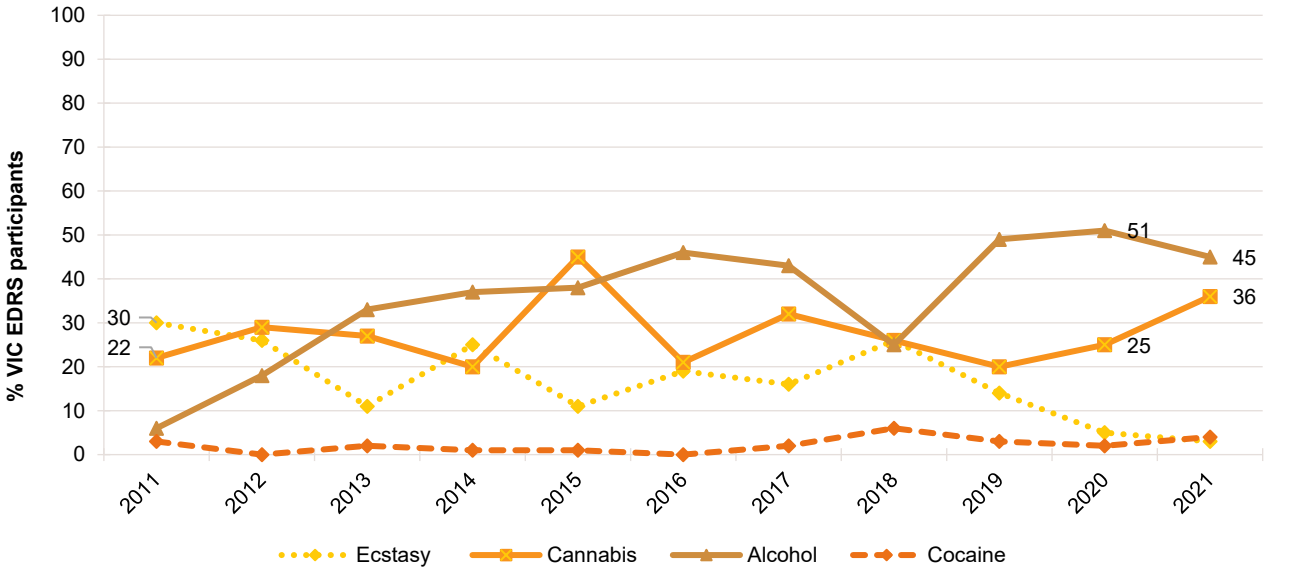
Figure 1: Drug of choice, Victoria, 2003-2021



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

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



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2021 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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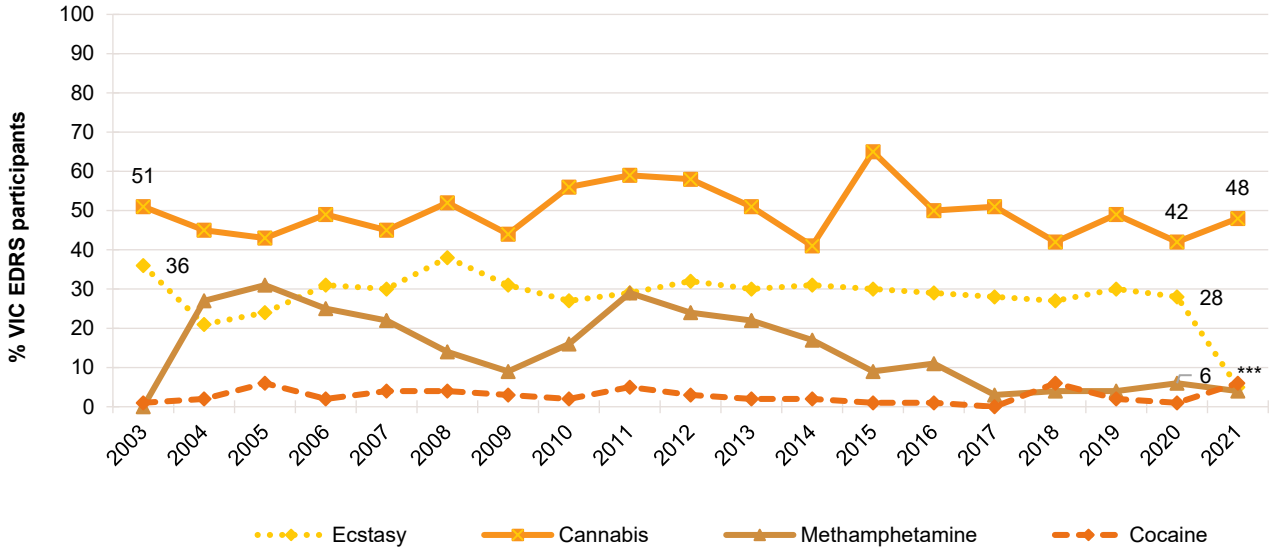
Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2003-2021



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March. There was a resurgence in cases from late June 2020, largely based in VIC, which subsequently declined from September onwards (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in New South Wales (NSW; peak 1293 cases 30/8/2021, not including cases from 1/09/2021 onwards), and a couple of months later in VIC (peak 86 cases 29/8/2021, not including cases from 1/09/2021 onwards). As a nation of federated states and territories, public health policy including restrictions on movement and gatherings varies by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in VIC from July-October 2020). Restrictions were re-introduced in VIC from May-June 2021, and in NSW from June 2021 onwards, with other jurisdictions (VIC, QLD and ACT) introducing restrictions shortly thereafter.

VIC observed its first case of COVID-19 on 25 January 2020. During the second wave of cases (July–October 2020), case numbers peaked at 725 on August 5, and Victorians could only leave their homes for four essential reasons: Shopping for necessary goods, exercise, caregiving, and going to work or school (if permitted). Stay-at-home restrictions eased after this period, but were reinstated from May 27 to June 10, 2021, in response to a new outbreak. Notably, this lockdown overlapped with the VIC EDRS interview period.

Figure 4 serves to illustrate how COVID-19 restrictions throughout 2020-2021 may have impacted substance use, particularly those used in the context of entertainment venues and other recreational locations (which were often closed throughout periods of restrictions and beyond).

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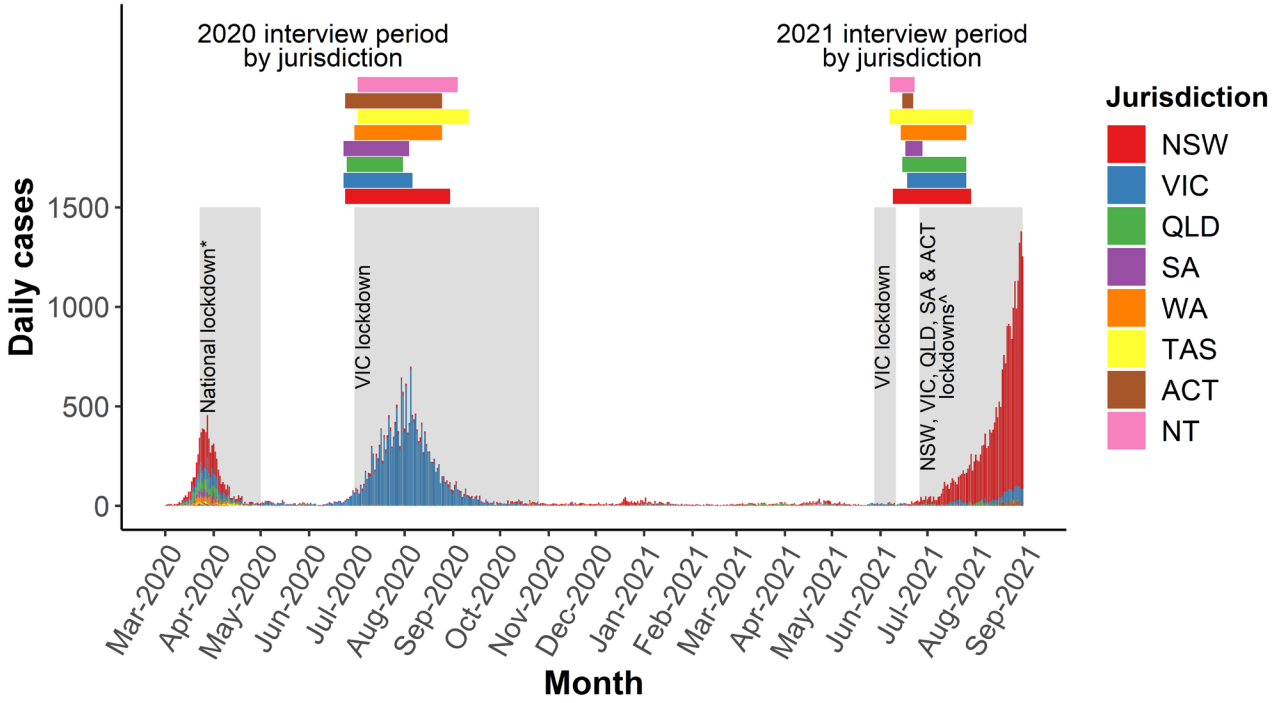
Figure 4: Timeline of COVID-19 in Australia and EDRS data collection period, 2020-2021



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

COVID-19 Testing and Diagnosis

In 2021, 76% of the sample reported being tested for SARS-CoV-2 in the previous 12 months (7% in 2020), though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (78%) responded ‘not at all’, with only 14% indicating that they were ‘slightly’ worried (Figure 5). Furthermore, 76% of participants reported that they would be concerned about their health if they did contract COVID-19, with 39% reporting that they would be ‘slightly’ worried, 27% reporting ‘moderately’, 9% reporting ‘very’, and small numbers (n≤5) reporting that they would be ‘extremely’ concerned. Six percent of the sample reported receiving at least one-dose of the COVID-19 vaccine at the time of interview. It should be noted that there was restricted availability of the vaccine at this time. One-tenth of the sample reported quarantining for at least fourteen days or more due to a positive test or possible exposure, with few (n≤5) participants reported quarantining in the twelve months prior to interview and 6% reporting quarantining more than a year prior to interview.

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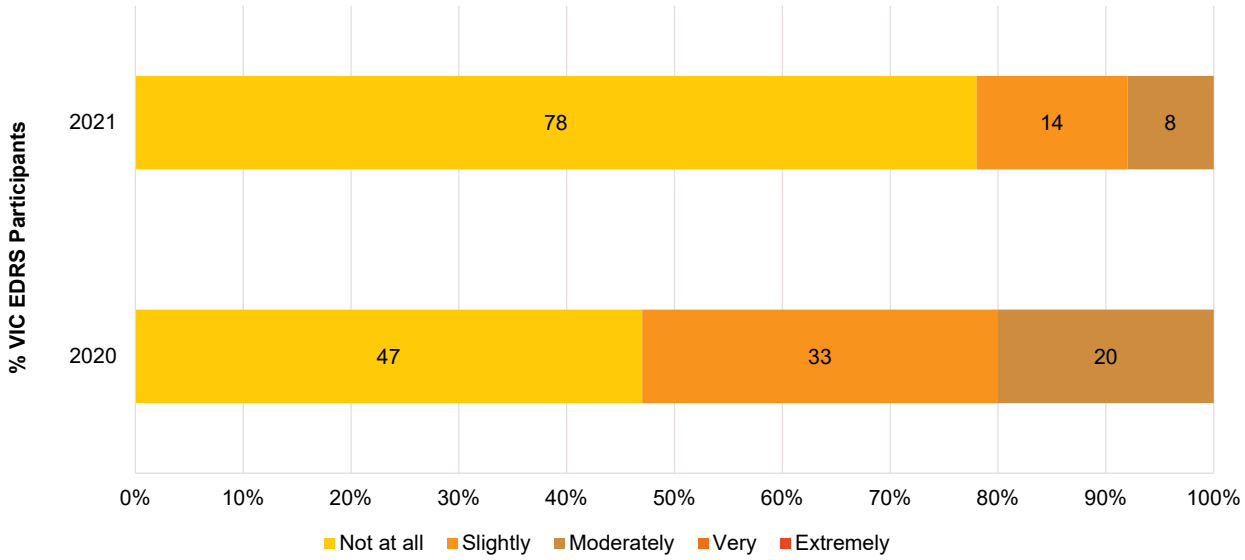
Figure 5: Current concern related to contracting COVID-19, Victoria, 2020-2021

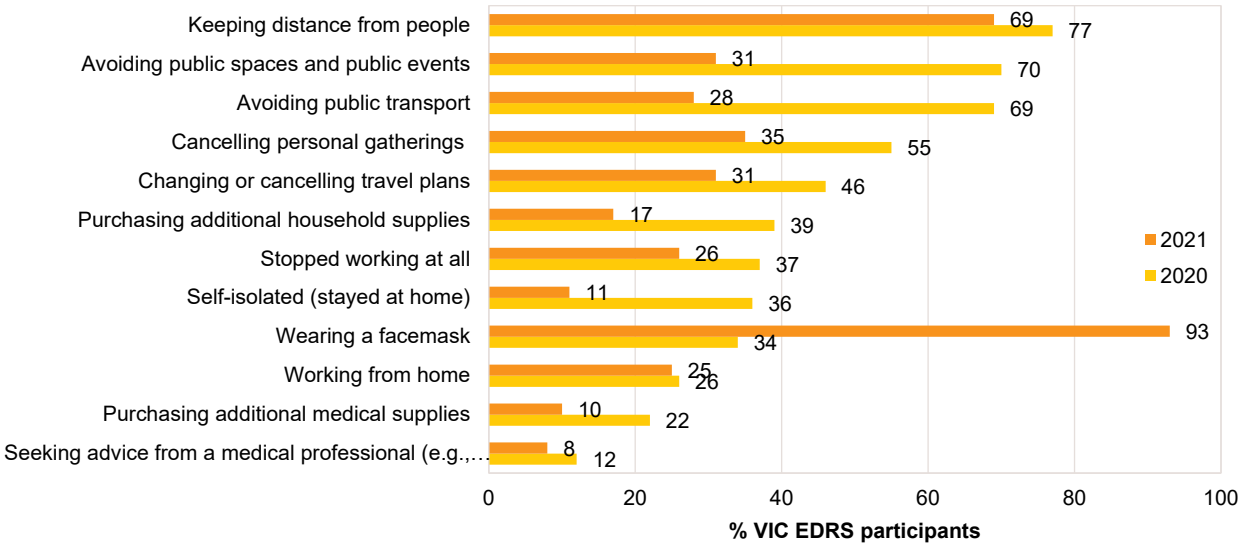


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

COVID-19 Related Health Behaviours

Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 6). Most commonly, participants reported wearing a facemask (93%), followed by keeping distance from people (69%), and cancelling personal gatherings (35%).

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



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

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3

Ecstasy

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

Recent Use (past 6 months)

Nearly all participants (95%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 7) and reflecting the eligibility criteria (see methods for the annual interviews). There has been a shift over time to greater use of ecstasy capsules that peaked in 2017 and 2019 with a decline evident from that point, while use of ecstasy pills has declined since 2016. Reports of use of ecstasy in crystal and powder forms have fluctuated in recent years (discussed further below).

Frequency of Use

Participants reported using ecstasy (in any form) on a median of seven days (IQR=4–12; n=95), equivalent to just slightly more than monthly use in the preceding six months; this was a significant decrease from 15 days reported in 2020 (IQR=8–24; n=96; $p<0.001$) (Figure 8). Few participants (n≤5) reported weekly or more frequent use of any form of ecstasy in 2021 (29% of those who had recently used ecstasy in 2020; $p<0.001$) therefore, numbers are suppressed.

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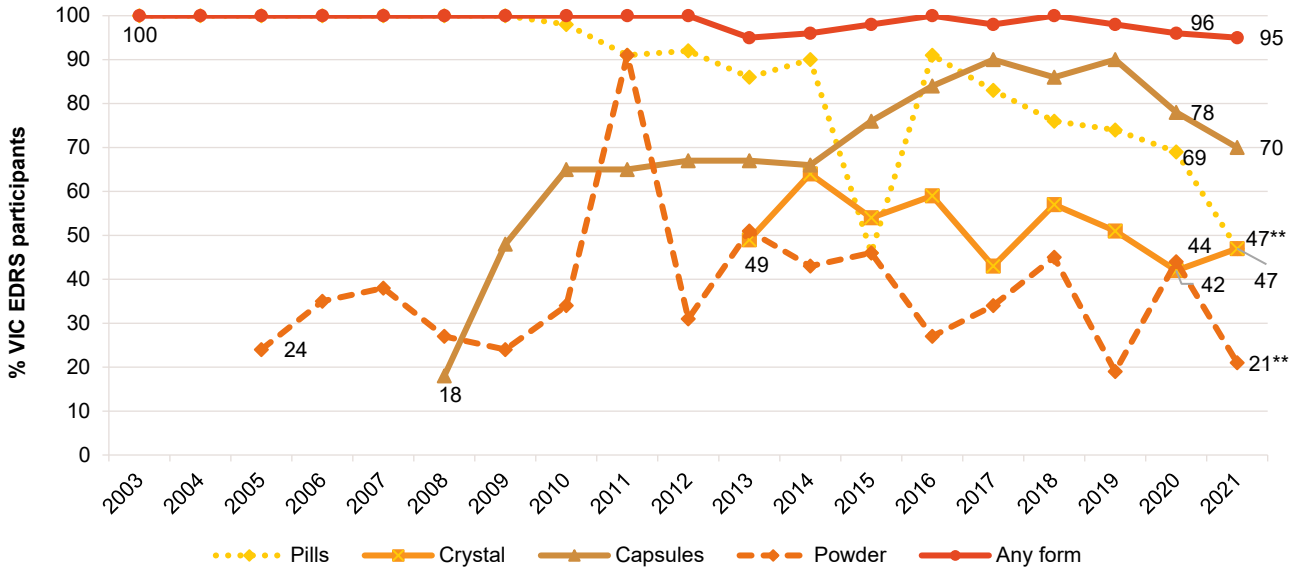
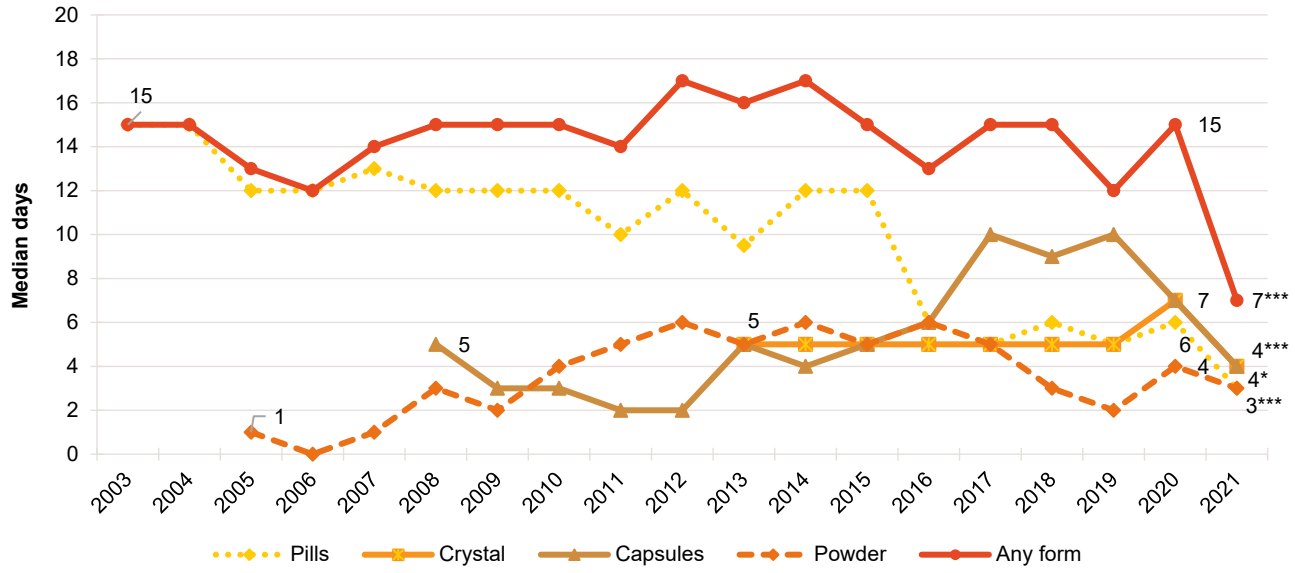
Figure 7: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Victoria, 2003-2021



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Forty-seven per cent of participants reported recent use of ecstasy pills in 2021, a significant decrease from 69% in 2020 (p=0.003) (Figure 7).

Frequency of Use: In 2021, participants reported using pills on a median of three days (IQR=2–5) in the past six months, a significant decline from 2020 (6 days, IQR=3–12; p<0.001) (Figure 8). Few participants (n≤5) who had recently consumed ecstasy pills reported weekly or more frequent use in 2021; therefore, these data are suppressed (10% in 2020; p=0.194).

Routes of Administration: The most commonly reported route of administration continued to be swallowing (100% versus 97% in 2020; p=0.652), followed by snorting (26%; 28% in 2020; p=0.979).

Quantity: In a 'typical' session, the median number of pills used was one (IQR=1–2; n=47) in 2021, significantly less than in 2020 (2 pills; IQR=1–2; n=69; p=0.005). The median maximum number of pills used in a session was two (IQR=1–3; n=47), a significant decrease from three pills in 2020 (IQR=2–4; n=69; p=0.012).

Ecstasy Capsules

Recent Use (past 6 months): Recent use of ecstasy capsules was reported at 70% in 2021, comparable to 2020 (78%; p=0.259) (Figure 7).

Frequency of Use: Participants reported consuming capsules on a median of four days (IQR=3–6) in the previous six months, a significant decline from 2020 (7 days; IQR=4–15; p<0.001) (Figure 8). Few participants (n≤5) who had recently consumed ecstasy capsules reported weekly or more frequent use in 2021; therefore, these data are suppressed (15% in 2020; p=0.007).

Routes of Administration: Of those reporting recent use, all participants reported swallowing capsules (100%; similar to 94% in 2020; p=0.089), and almost one-fifth reported snorting the drug (19%; significantly less than 36% in 2020; p=0.030).

Quantity: The median quantity of capsules used in a 'typical' session was 1.3 (IQR=1.0–2.0; n=70) in 2021 (significantly less than 2 in 2020; IQR=1.0–3.0; n=77; p=0.015), and the median for the maximum amount used was two capsules (IQR=2–3; n=70) a significant reduction from three in 2020 (IQR=2–5; n=77; p=0.001).

Contents of Capsules: Of participants who had recently used capsules (n=69), most (84%) reported crystal being among the contents the last time they had used the substance, whilst 12% reported powder being among the contents. Few participants (n≤5) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Just under half of the sample (47%) reported recent use of crystal in 2021, comparable to 42% in 2020 (p=0.569) (Figure 7).

Frequency of Use: Participants reported using crystal on a median of four days (IQR=2–9) in 2021, a significant decline from seven days in 2020 (IQR=3–12; p=0.022) (Figure 8). Few participants (n≤5) who had recently consumed crystal reported weekly or more frequent use in 2021; therefore, these data are suppressed (14% in 2020; p=0.378).

Routes of Administration: Swallowing and snorting crystal were equally common in 2021, reported by just over two-thirds (68%) of participants that reported recent use (74% reported swallowing in 2020; p=0.719; 69% reported snorting in 2020).

Quantity: The median amount of crystal used in a 'typical' session was 0.20 grams (IQR=0.20–0.40; n=36; similar to 0.30 grams in 2020; IQR=0.10–0.50; n=18; p=0.385). The median maximum amount of crystal used in 2021 was 0.30 grams (IQR=0.20–0.50; n=37; comparable to 0.50 grams in 2020; IQR=0.30–1.00; n=20; p=0.228).

Ecstasy Powder

Recent Use (past 6 months): Recent use of ecstasy powder declined significantly in 2021, to 21% of the sample (44% in 2020; p=0.001) (Figure 7).

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Frequency of Use: Participants reported consuming powder on a median of three days (IQR=2–4) in 2021, similar to four days in 2020 (IQR=2–6; *p*=0.407) (Figure 8). No participants reported consuming powder weekly or more frequently in 2021 (n≤5 in 2020).

Routes of Administration: Snorting continued to be the most common route of administration in 2021, reported by 71% of the sample, a significant decrease from 91% in 2020 (*p*=0.047). Just over half (52%) reported swallowing, similar to 2020 (41%; *p*=0.546).

Quantity: The median amount of powder used in a 'typical' session in 2021 was 0.30 grams (IQR=0.20–0.30, n=13), comparable to 0.50 grams in 2020 (IQR=0.20–1.00; n=16; *p*=0.150). The median maximum amount of powder used was 0.50 grams (IQR=0.30–0.70, n=14) similar to 0.60 grams in 2020 (IQR=0.50–1.00; n=19; *p*=0.159)

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of a pill was reported as $35 (IQR=23–40; n=27) in 2021; the highest value since monitoring began in 2003, and a significant increase from 2020 ($25; IQR=21–30; n=34; *p*=0.004) (Figure 9).

Perceived Purity: The perceived purity of ecstasy remained stable between 2020 and 2021 (*p*=0.439). Of those who responded in 2021 (n=39), participants most commonly perceived purity to be 'medium' (36%; 28% in 2020), followed by 'high' (31%; 36% in 2020). Fewer participants perceived purity to be 'fluctuating' in 2021 (23%) relative to 2020 (32%) (Table 2).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2020 and 2021 (*p*=0.446). Of those who were able to comment in 2021 (n=38), most participants (71%) reported that pills were 'easy' or 'very easy' to obtain (77% in 2020) (Table 2).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $20 in 2021 (IQR=20-24; n=48), consistent with 2020 ($20; IQR=15-25; n=36; *p*=0.943) (Figure 9).

Perceived Purity: There was no change to the overall perceived purity of ecstasy capsules between 2020 and 2021 (*p*=0.204). Among those who were able to comment in 2021 (n=62), almost two-fifths (37%) perceived purity to be 'medium' (34% in 2020), followed by 26% who perceived purity to be 'high' (31% in 2020), and 24% who perceived it to be 'low' (11% in 2020). (Table 2).

Perceived Availability: There was a significant change in the perceived availability of ecstasy capsules between 2020 and 2021 (*p*=0.001). Of those who responded in 2021 (n=61), fewer participants (51%) reported that capsules were easy to obtain than in 2020 (64%), while a greater number (23%) reported capsules to be more difficult to obtain (n≤5 in 2020) (Table 2).

Ecstasy Crystal

Price: The median price of a gram of crystal was reported at $200 (IQR=150–200; n=24) in 2021, a significant increase from $150 in 2020 (IQR=100–180; n=27; *p*=0.005) (Figure 10).

Perceived Purity: The perceived purity of ecstasy crystal remained stable between 2020 and 2021 (*p*=0.712). Of those who responded in 2021 (n=36) 39% perceived the purity of crystal to be 'high' (52% in 2020) with a further 39% perceiving it as 'medium' (24% in 2020) (Table 2).

Perceived Availability: There was a significant change in the perceived availability of ecstasy crystal between 2020 and 2021 (*p*=0.017). Among those who were able to comment in 2021 (n=36), more participants perceived crystal to be 'difficult' or 'very difficult' to obtain in 2021 (33%) relative to 2020 (6%) (Table 2).

Ecstasy Powder

Price: A gram of ecstasy powder had a median price of $200 in 2021 (IQR=185–200; n=6), comparable to 2020 ($165; IQR=95–200; n=8; *p*=0.321) (Figure 10).

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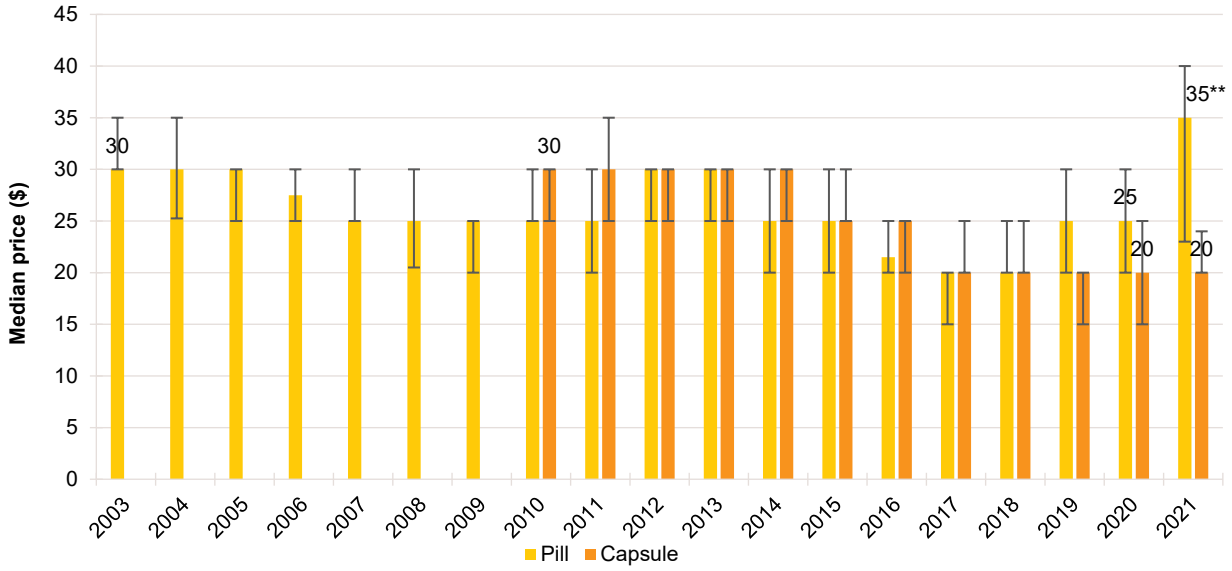
Perceived Purity: The perceived purity of ecstasy powder remained stable between 2020 and 2021 (p=0.118). Among those who were able to comment in 2021 (n=7), few participants (n≤5) nominated each response; therefore, these data are supressed (Table 2).

Perceived Availability: The perceived availability of ecstasy powder also remained stable in 2021 compared to 2020 (p=0.836). Among those who were able to comment in 2021 (n=7), few participants (n≤5) nominated each response; therefore, these data are supressed (Table 2).

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



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2010. Data labels are only provided for the first (2003/2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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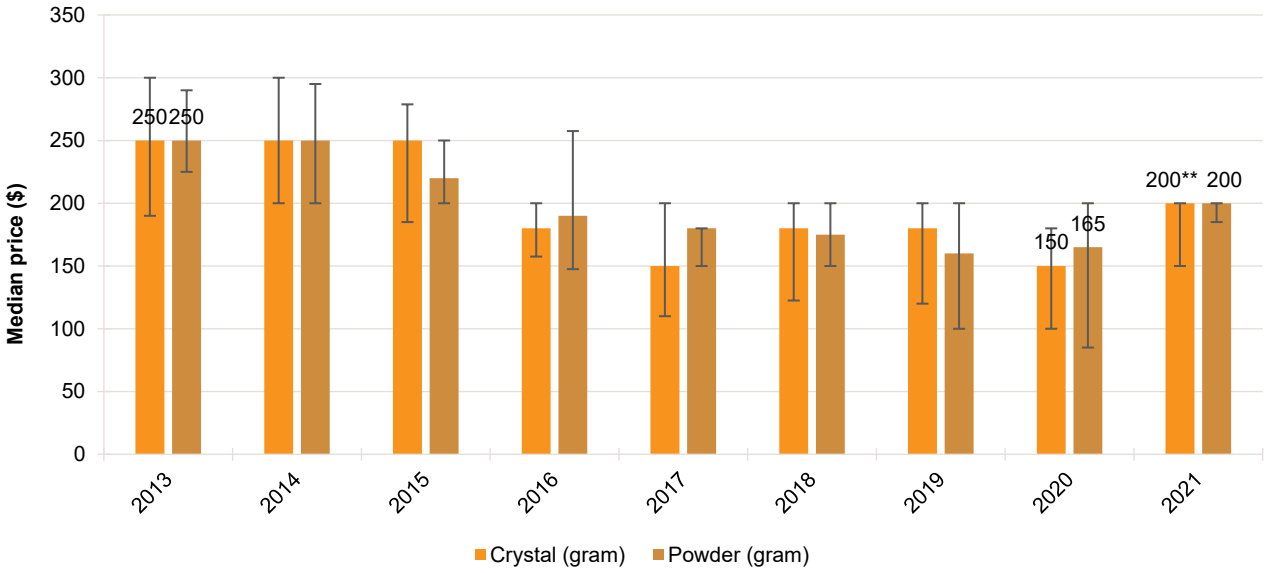
Figure 10: Median price of ecstasy crystal and powder per gram, Victoria, 2013-2021



Note. Among those who commented. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Table 2: Current perceived purity and availability of ecstasy pills, capsules, crystal and powder, Victoria, 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	n=54	n=81	n=65	n=53	**n=39**
Low	13	26	-	-	**-**
Medium	36	28	12	28	**36**
High	22	18	40	36	**31**
Fluctuates	27	28	43	32	**23**
% Capsules	n=73	n=87	n=87	n=61	**n=62**
Low	18	14	6	11	**24**
Medium	27	34	31	34	**37**
High	27	34	32	31	**26**
Fluctuates	27	19	31	23	**13**
% Crystal	n=21	n=86	n=36	n=33	**n=36**
Low	18	0	-	-	**-**
Medium	27	29	19	24	**39**
High	41	54	67	52	**39**
Fluctuates	-	11	-	21	**19**
% Powder	n=7	n=18	n=16	n=14	**n=7**
Low	-	-	-	0	**-**
Medium	-	33	31	50	**-**
High	-	50	31	43	**-**
Fluctuates	0	-	-	-	**-**
Current Perceived Availability					
% Pills	n=55	n=81	n=64	n=52	**n=38**
Very easy	58	37	47	23	**24**
Easy	33	46	39	54	**47**
Difficult	9	13	17	23	**24**
Very difficult	0	0	0	0	**-**
% Capsules	n=73	n=87	n=87	n=61	**n=61****
Very easy	44	45	76	34	**23**
Easy	47	23	23	64	**51**
Difficult	10	6	-	-	**23**
Very difficult	0	-	0	0	**-**
% Crystal	n=21	n=36	n=35	n=35	**n=36***
Very easy	32	20	51	37	**33**
Easy	32	66	31	57	**33**
Difficult	27	14	14	-	**22**
Very difficult	-	0	-	0	**-**
% Powder	n=7	n=19	n=16	n=12	**n=7**
Very easy	-	-	38	-	**-**
Easy	-	68	44	50	**-**
Difficult	-	26	-	-	**-**
Very difficult	0	0	0	0	**0**

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

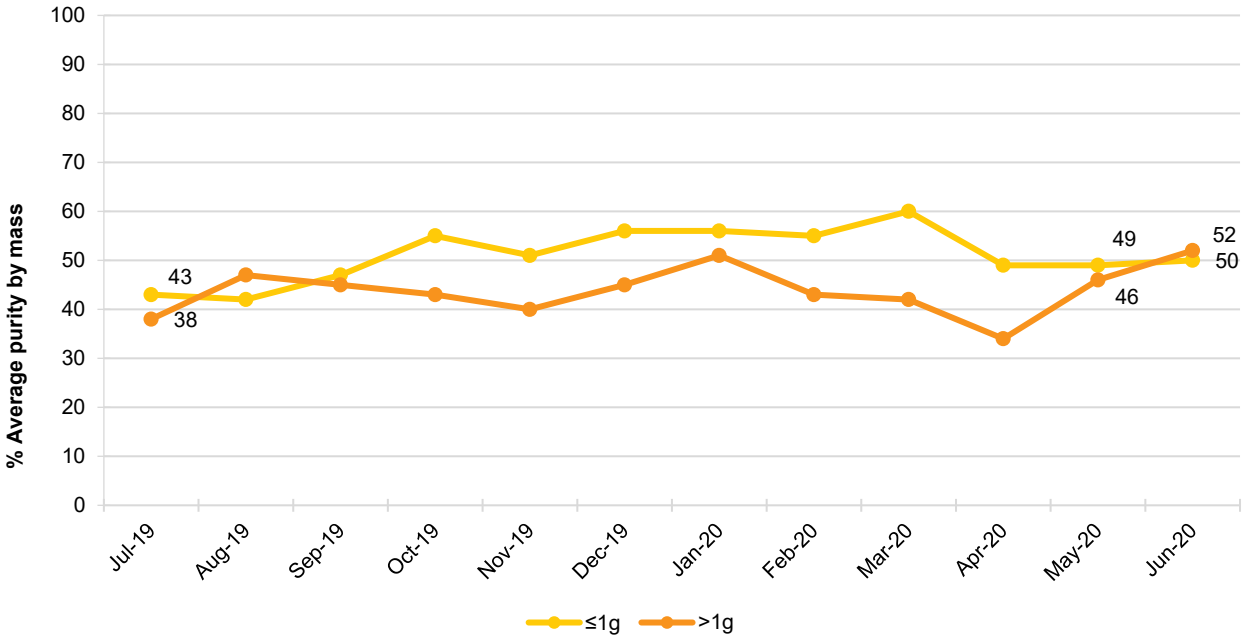
DOI: 10.26190/n0m2-gz30

Routinely Collected Data

Victoria Police Seizure Purity

Ecstasy seizures analysed by the Victoria Police Forensic Services Department during the 2019/20 financial year under or equal to one gram and over one gram were on average 51% (IQR=49–55, range=42–60) and 44% (IQR=42–46, range=34–52) pure, respectively (Figure 13).

Figure 11: Purity of ecstasy seizures (includes MDMA, MDEA and MDA) by Victorian law enforcement, July 2019–June 2020



Note. Includes all forms (e.g. pill, capsule, powder and crystal) of MDMA, MDEA and MDA seized by Victoria Police. May not include every drug seized, because not all seized drugs undergo purity analysis. Data labels provided are only provided for the first (July 2019) and two most recent months (May and June 2020) of monitoring.

Ambulance Attendances at Non-Fatal Drug Events

The number of ecstasy-related ambulance attendances in metropolitan Melbourne ranged between 34 and 107 per month during 2017–2020 (Figure 12). The total annual number of ecstasy-related attendances has risen steadily since 2014, when 260 attendances were recorded. In 2020 there were 585 attendances, a slight reduction from 2019 (Figure 13). The median age of patients in Melbourne in 2020 was 22 years (range 13–60), consistent with previous years.

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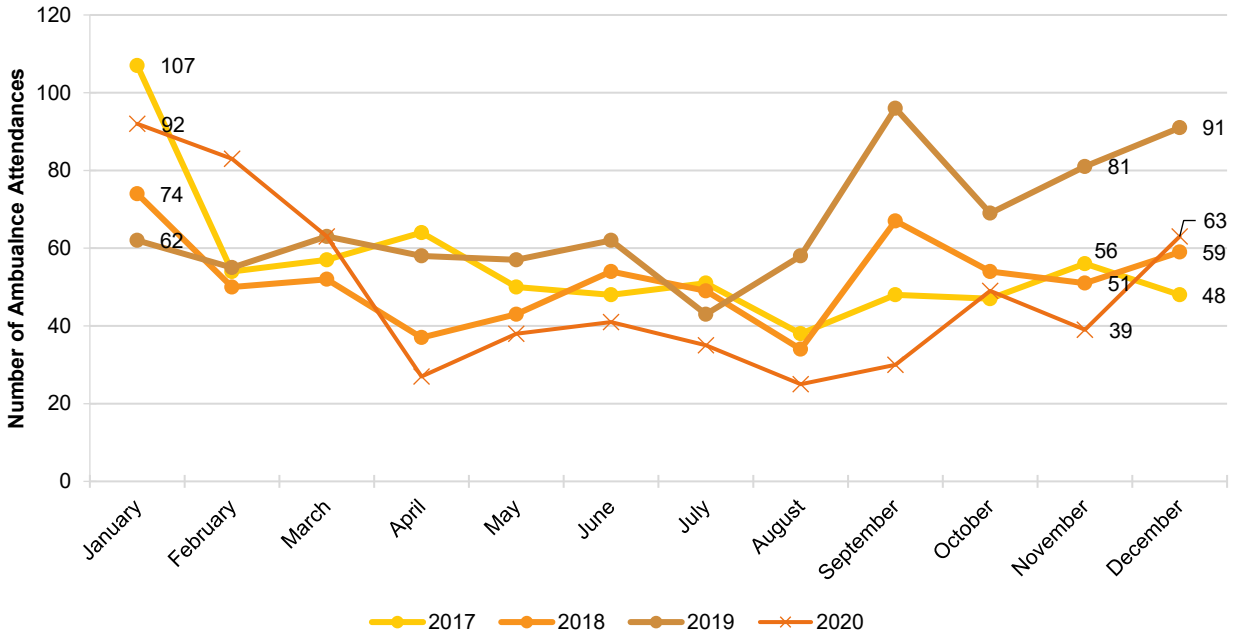
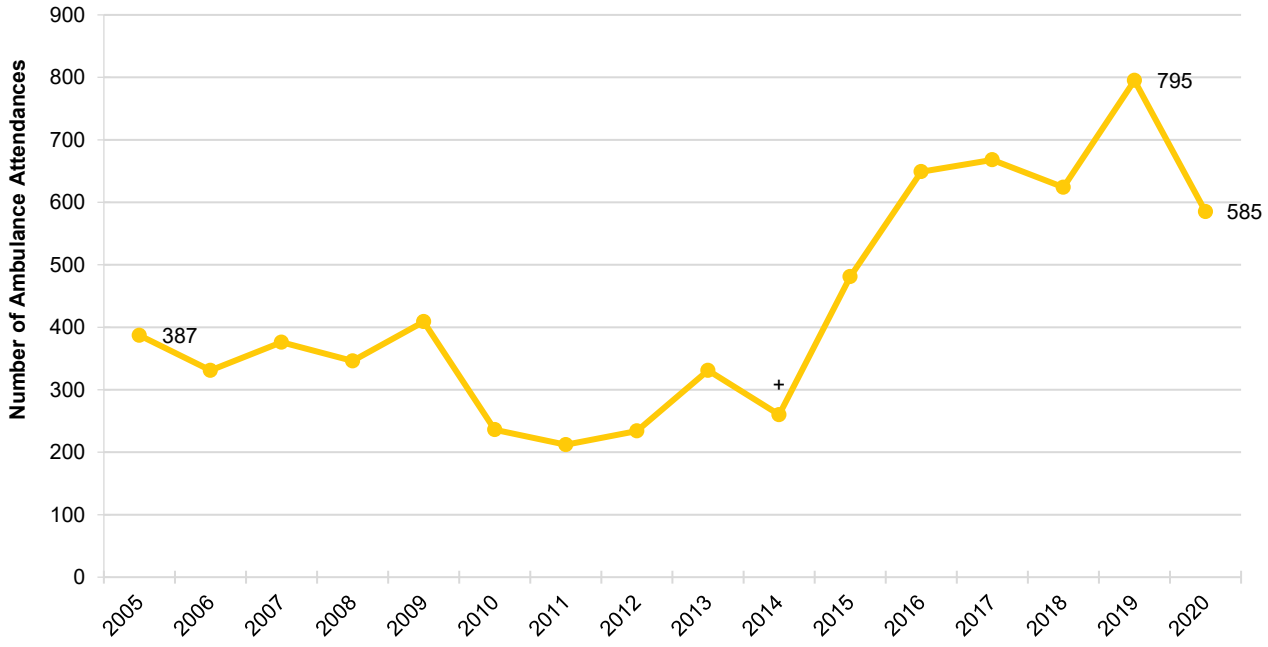
Figure 12: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2017–2020



Source: Turning Point. Data labels are only provided for the first (January) and the last two months (November and December) of monitoring in each year.

Figure 13: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2005–2020



Note. + = Data missing from October-December due to industrial action. Source: Turning Point. Data labels provided are only provided for the first (2005) and the two most recent years (2019 and 2020) of monitoring.

ADIS\VADC

In 2019/20, 266 courses of treatment were delivered to 232 clients for ecstasy, equivalent to 0.5% and 0.7% of the total courses delivered and clients treated. This represents an increase of 19.8% and 10.5% in courses delivered and clients treated from 2018/19 (222 and 210, respectively).

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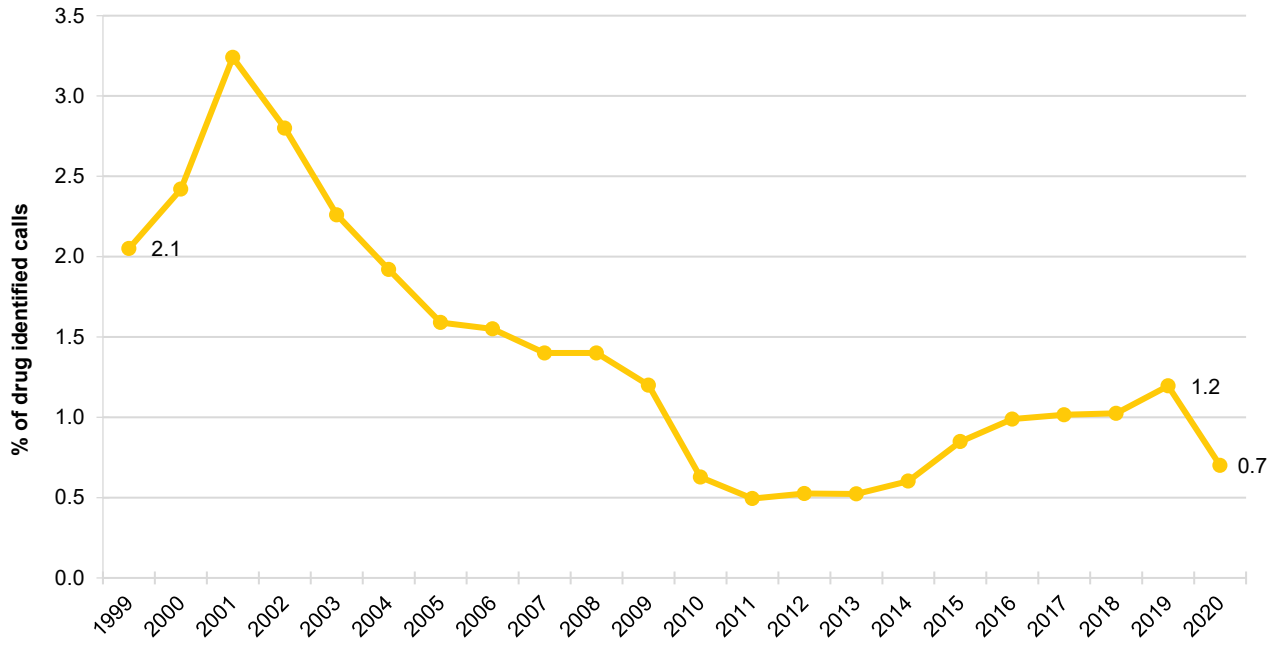
DirectLine

During 2020, DirectLine received 109 calls where ecstasy was identified as the drug of concern, representing 0.7% of all drug-identified calls to DirectLine in that year. This is a decrease from 1.2% of drug-identified calls reported in 2019 (Figure 14).

Figure 14: Percentage of calls to DirectLine in which ecstasy was identified as drug of concern, Victoria 1999–2020



Source: DirectLine, Turning Point. Data labels provided are only provided for the first year (1999) and the two most recent years (2019 and 2020) of monitoring.

DOI: 10.26190/n0m2-gz30

4

Methamphetamine

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

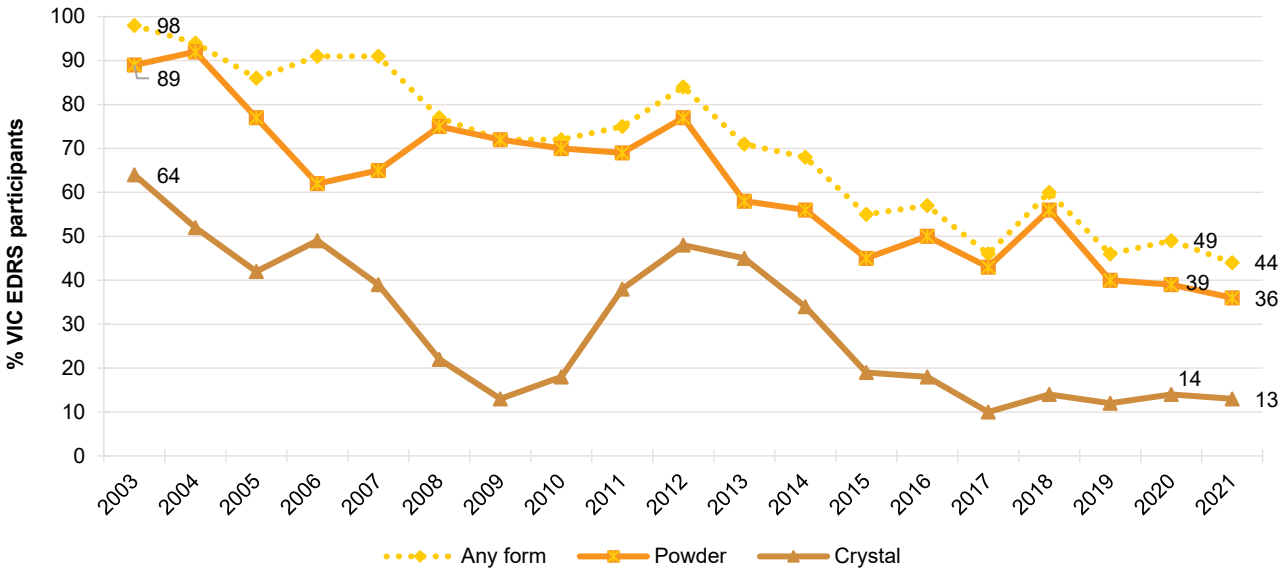
Recent Use (past 6 months)

Recent use of any methamphetamine has been fluctuating since 2003 but shows a gradual decline (Figure 15). In 2021, 44% of participants reported recent use of any form of methamphetamine, comparable to 2020 (49%; *p*=0.576).

Frequency of Use

Frequency of use remained stable in 2021, at a median of three days (IQR=1–10; 3 days in 2020; IQR=2–7; *p*=0.949) (Figure 16). Among participants that reported recent use, few (n≤5) reported weekly or greater use of methamphetamine (13% in 2020; *p*=0.850); these numbers are suppressed.

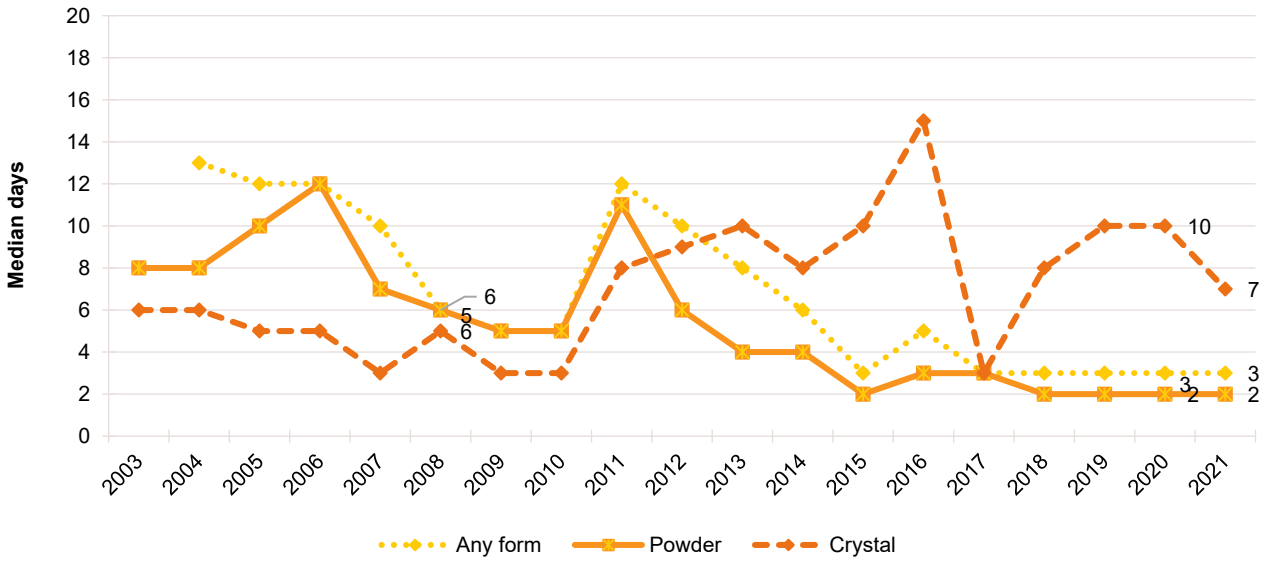
Figure 15: Past six month use of any methamphetamine, powder, and crystal, Victoria, 2003-2021



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

DOI: 10.26190/n0m2-gz30

Figure 16: Median days of any methamphetamine, powder, and crystal use in the past six months, Victoria, 2008-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels are only provided for the first (2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Since 2003, powder has been the main form used. Use has gradually declined over the period of monitoring, but remained stable in recent years, with 36% of the 2021 sample reporting recent use (39% in 2020; p=0.797) (Figure 15).

Frequency of Use: In 2021, median days of use remained stable at two days in the past six months (IQR=1–4; n=36; 2 days in 2020; IQR=1–4; n=38; p=0.807) (Figure 16). Among participants that reported recent use, few reported weekly or greater use of powder (n≤5), similar to 2020.

Routes of Administration: In 2021, the most common route of administration among participants that reported recent use continued to be snorting (92%; 89% in 2020), with few participants (n≤5) reporting other routes.

Quantity: The median amount used in a 'typical' session was 0.30 grams (IQR=0.20–0.50; n=19), similar to 2020 (0.20 grams; IQR=0.10–0.30; n=7; p=0.256). The median 'maximum' amount used was 0.50 grams (IQR=0.20–1.00; n=21), comparable to 2020 (0.30 grams; IQR=-0.20–0.50; n=10; p=0.448).

Methamphetamine Crystal

Recent Use (past 6 months): Use of crystal has remained stable in recent years. In 2021, 13% of participants reported recent use of crystal, similar to 2020 (14%; p=0.955) (Figure 15).

Frequency of Use: Frequency of use was reported at a median of seven days (IQR=3–14) in the previous six months, comparable to 10 days in 2020 (IQR=2–126; p=0.807) (Figure 16). Among participants that reported recent use, few reported weekly or greater use of crystal (n≤5), consistent with 2020.

Routes of Administration: Smoking remained stable as the most common route of administration among those who had recently used crystal, with 100% reporting this method in 2021 (similar to 93% in 2020).

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Quantity: The median amount used in a 'typical' session was 0.20 grams (IQR=0.10–0.30; n=11; n≤5 in 2020), whereas the median 'maximum' amount used was 0.30 grams (IQR=0.20–0.50; n=11; n≤5 in 2020).

Methamphetamine Base

Due to low numbers, details on base will not be reported. For further information, please refer to the national EDRS report, or contact the Drug Trends team

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median reported price for a gram of methamphetamine powder was $200 (IQR=180–200; n=9; n≤5 in 2020; *p*=0.255) (Figure 17).

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2020 and 2021 (*p*=0.831). Among those who commented in 2021 (n=18), half (50%) reported purity to be 'high' (n≤5 in 2020) (Figure 18).

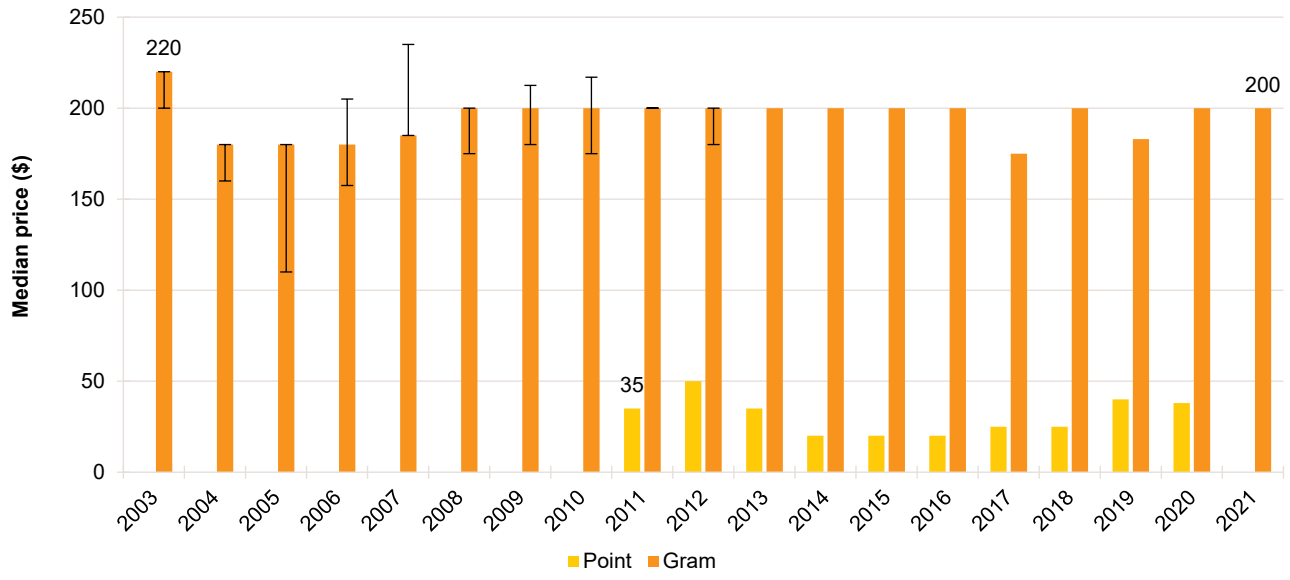
Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2020 and 2021 (*p*=0.781). Among those who responded in 2021 (n=18), over three-quarters (78%) reported that methamphetamine powder was 'easy' or 'very easy' to obtain (n≤5 in 2020) (Figure 19).

Small numbers (n≤5) reported on the perceived price, purity or availability of powder in 2020; therefore, these numbers are suppressed.

Methamphetamine Crystal and Base

Few participants commented on the perceived price, purity or availability of crystal, and base methamphetamine. For further details, please refer to the national EDRS report, or contact the Drug Trends team.

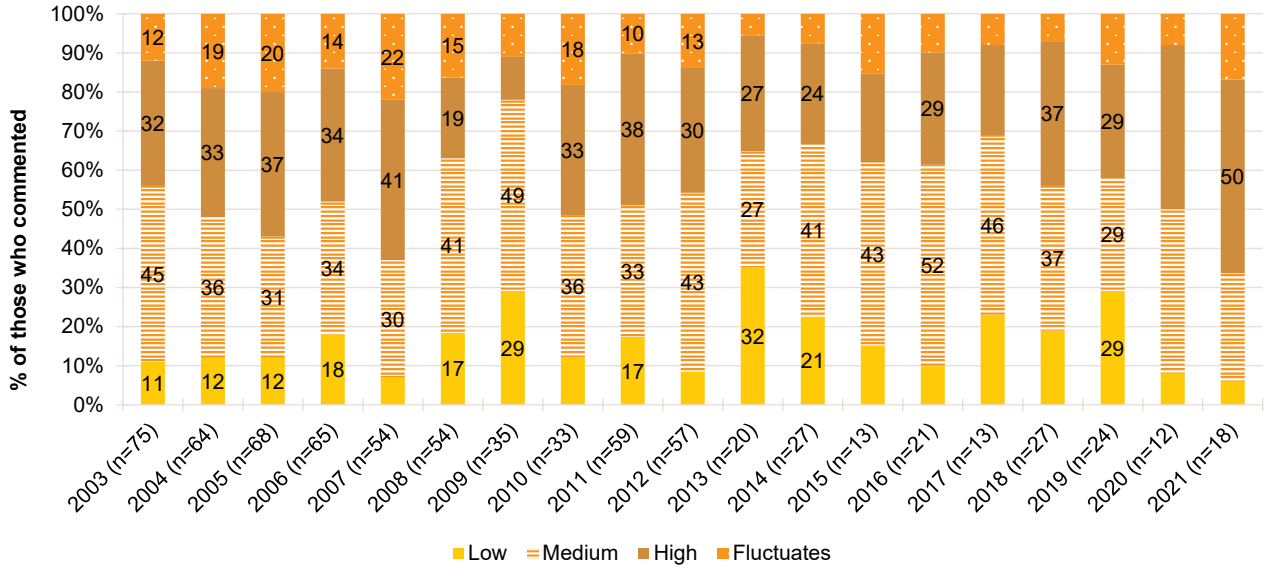
Figure 17: Median price of powder methamphetamine per point and gram, Victoria, 2003-2021



Note. Among those who commented. Participants asked to report on the price of a point of powder methamphetamine from 2011. No participants reported purchasing a point of powder methamphetamine in 2021. Data labels are only provided for the first (2003/2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

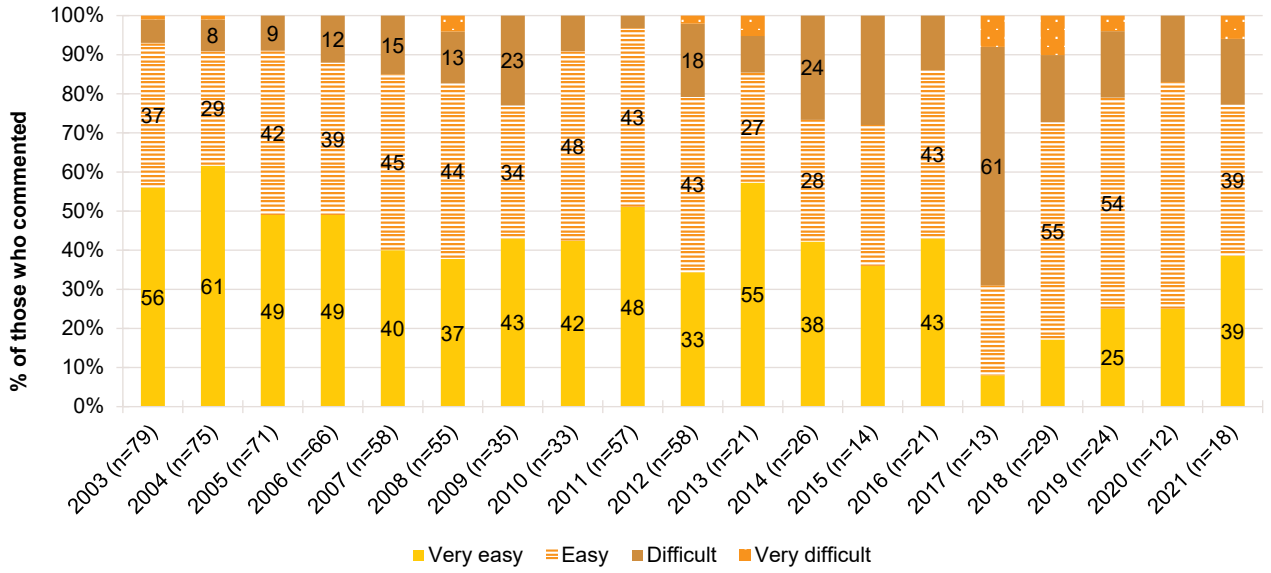
DOI: 10.26190/n0m2-gz30

Figure 18: Current perceived purity of powder methamphetamine, Victoria, 2003-2021



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

Figure 19: Current perceived availability of powder methamphetamine, Victoria, 2003-2021



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

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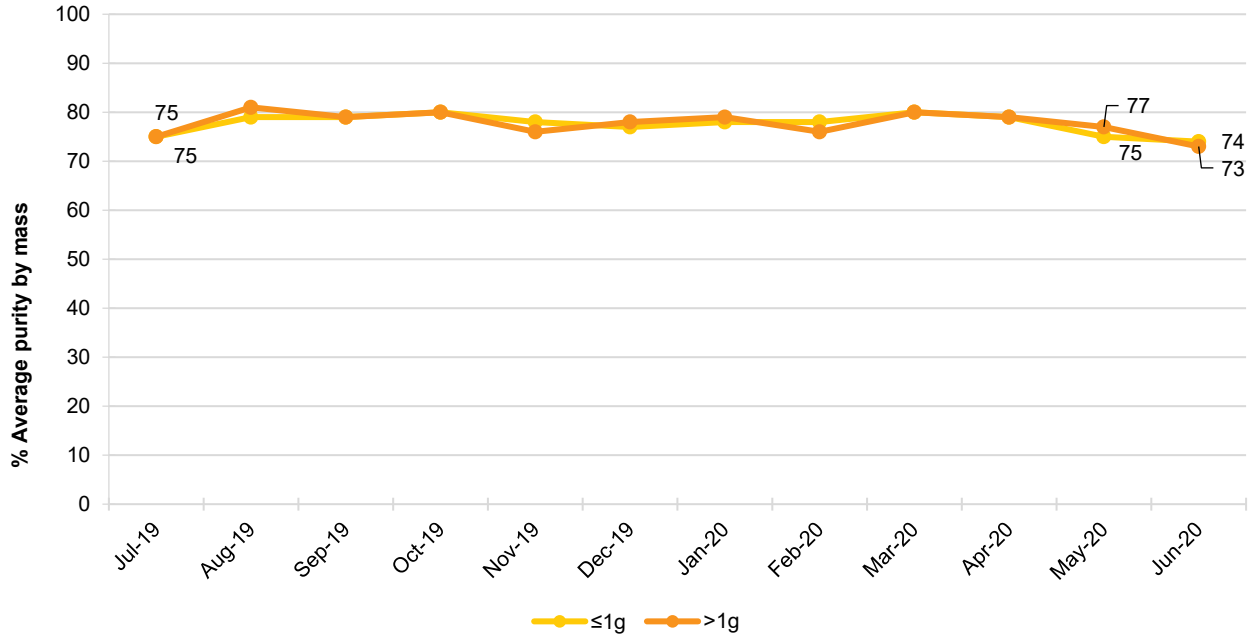
Routinely Collected Data

Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2019/20 financial year averaged 78% purity under or equal to one gram (IQR=77–79, range=74–80) and 78% over 1 gram (IQR=76–79, range=73–81) (Figure 20).

Figure 20: Purity of methamphetamine seizures by Victorian law enforcement, July 2019–June 2020



Note. Includes all forms (e.g. powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for first (July 2019) and two most recent months (May and June 2020) of monitoring.

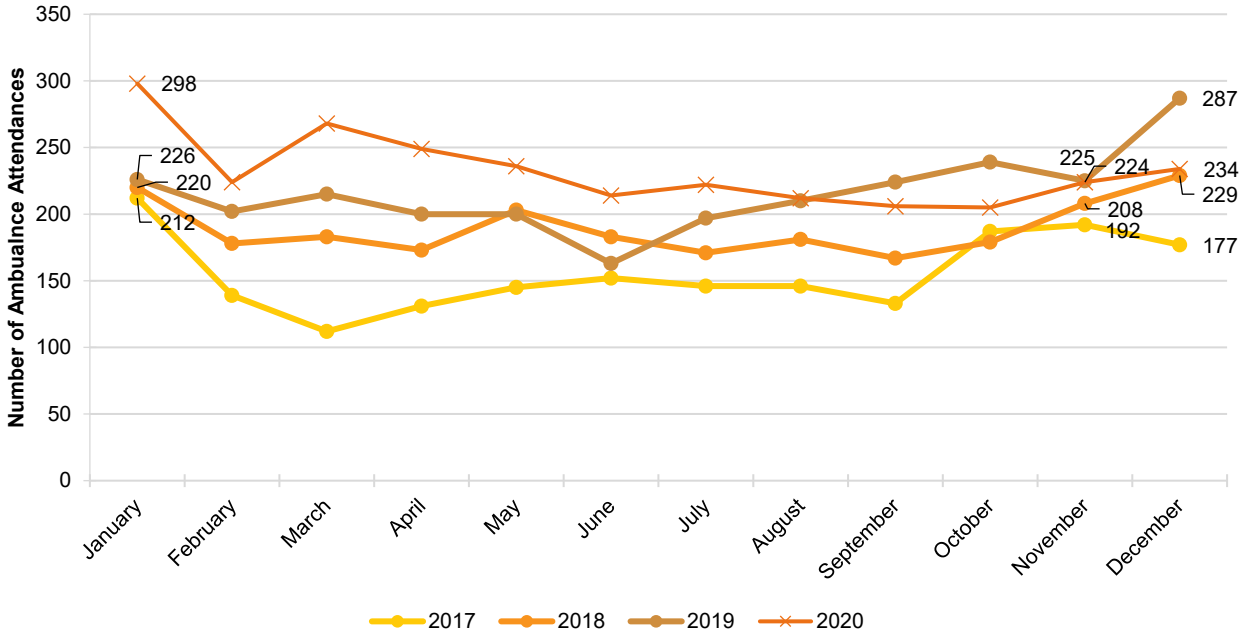
Ambulance Attendances at Non-Fatal Drug Events

Use of crystal methamphetamine was categorised separately from amphetamines in metropolitan Melbourne ambulance attendances for the first time in 2012.

The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 112 and 298 per month during 2017–2020 (Figure 21). The annual total number of methamphetamine-related attendances has steadily risen since 2012, when 870 attendances were recorded. In 2020 there were 2792 attendances, the highest figure ever recorded (Figure 22). The median age of patients in 2020 was 32 years (range 2–67), consistent with recent years.

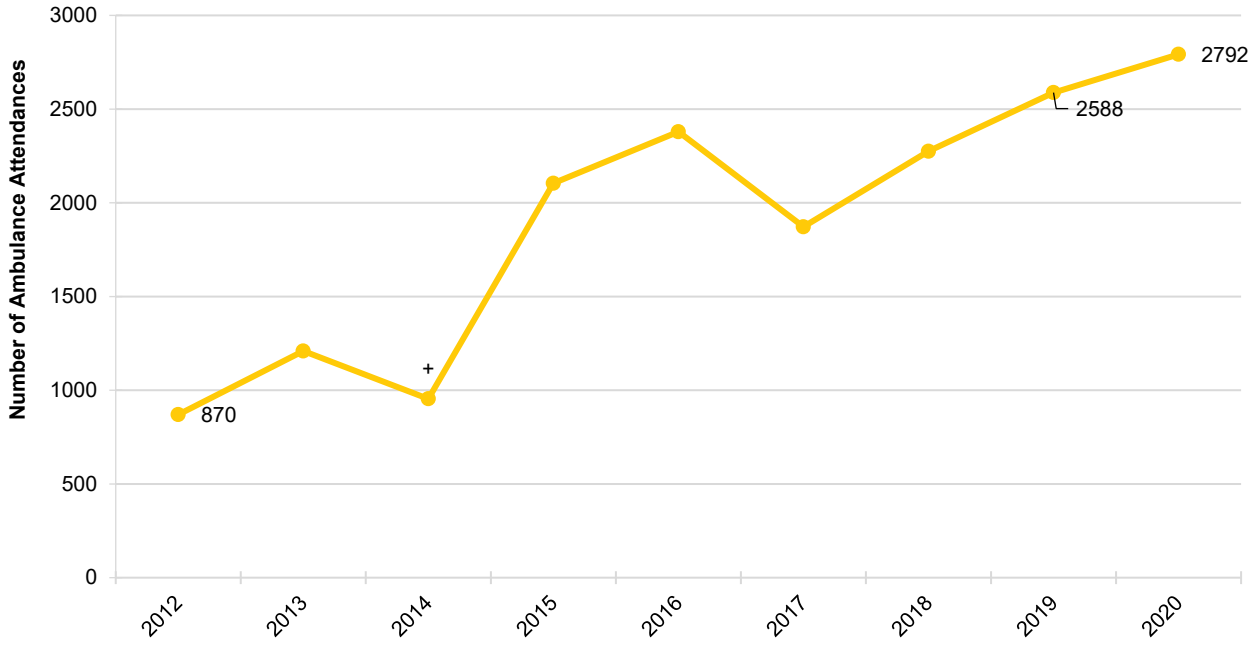
DOI: 10.26190/n0m2-gz30

Figure 21: Number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2020



Source: Turning Point. Data labels are only provided for the first (January) and last two months (November and December) of monitoring in each year.

Figure 22: Number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2020



Note. + = Data missing from October-December due to industrial action. Source: Turning Point. Data labels are only provided for the first (2012) and two most recent years (2019 and 2020) of monitoring.

DOI: 10.26190/n0m2-gz30

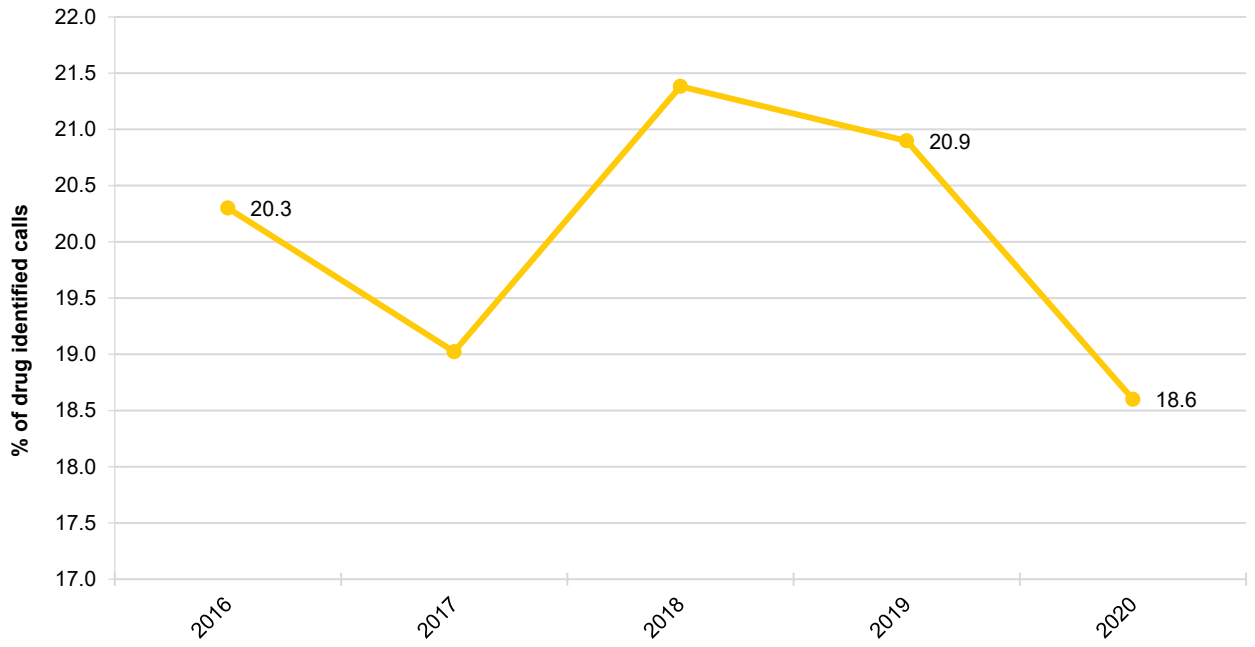
ADIS\VADC

In 2019/2020, 9,317 courses of treatment were delivered to 5,713 clients for methamphetamine, equivalent to 16.5% and 16.9% of the total courses delivered and clients treated, respectively. These were 175.2% and 120.4% increases in courses delivered and clients treated over 2018/19 (3,385 and 2,592, respectively).

DirectLine

During 2020, DirectLine received 2,888 calls where methamphetamine was identified as the drug of concern: representing 18.6% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls where methamphetamine was identified as the drug of concern has remained fairly stable since monitoring began in 2016 (Figure 22).

Figure 23: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2019



Source: DirectLine, Turning Point. Data labels are provided only for the first (2016) and two most recent years of monitoring (2019 and 2020).

DOI: 10.26190/n0m2-gz30

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has gradually increased since monitoring began. In 2021, 90% of the sample reported recent use, the highest figure since monitoring began in 2003. This was a significant increase from 76% in 2020 (p=0.014) (Figure 24).

Frequency of Use

Frequency of use has also increased gradually in recent years, with a median of five days (IQR=3–10) of use reported in 2021, stable compared to 2020 (5 days; IQR=3–10; p=0.909) (Figure 24). This frequency is equivalent to less than monthly use. Of those who had recently consumed cocaine (n=90), only 7% reported weekly or more frequent use of cocaine (n≤5 in 2020; p=0.186).

Routes of Administration

Among participants who had recently consumed cocaine (n=90), 98% reported snorting cocaine, similar to 2020 (100%; p=0.553). Less than one-tenth (8%) reported swallowing cocaine (n≤5 in 2020; p=0.480).

Quantity

The median quantity used in a 'typical' session in 2021 was 0.50 grams (IQR=0.30–0.50; n=53), stable from 2020 (0.50 grams; IQR=0.30–0.50; n=31; p=0.419). The median maximum quantity used was 1.00 gram (IQR=0.50–1.00; n=61) in 2021, comparable to 0.50 grams in 2020 (IQR=0.50-1.00; n=35; p=0.774).

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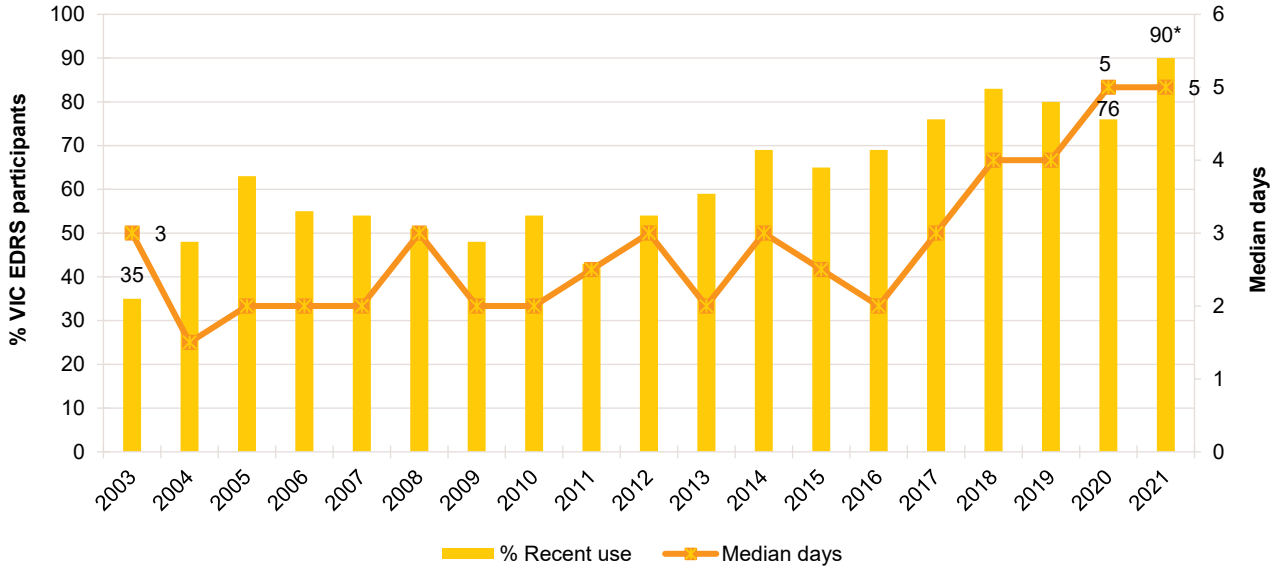
Figure 24: Past six month use and frequency of use of cocaine, Victoria, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

The median price per gram of cocaine was $300 (IQR=300–350; n=53) in 2021, equivalent to the median price of $300 (IQR=300–350; n=29; p=0.715) reported in 2020 (Figure 25).

Perceived Purity

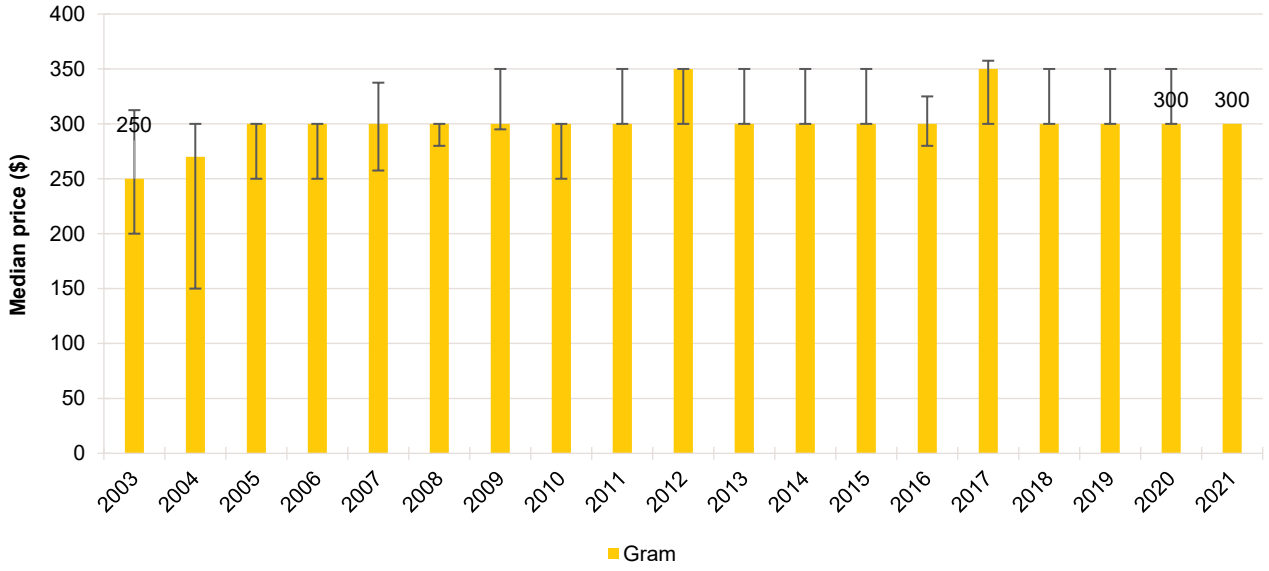
There was no change in the perceived purity of cocaine in 2021 compared to 2020 (p=0.550). Among those who were able to comment in 2021 (n=66), 38% of participants reported the purity of cocaine to be ‘medium’ (33% in 2020), with one-fifth (20%) perceiving it as ‘high’ (31% in 2020) (Figure 26).

Perceived Availability

The perceived availability of cocaine remained stable in 2021 compared to 2020 (p=0.058). Of those who responded in 2021 (n=64), participants most commonly reported that cocaine was ‘very easy’ to obtain (50%; 29% in 2020), followed by ‘easy’ (38%; 61% in 2020) (Figure 27).

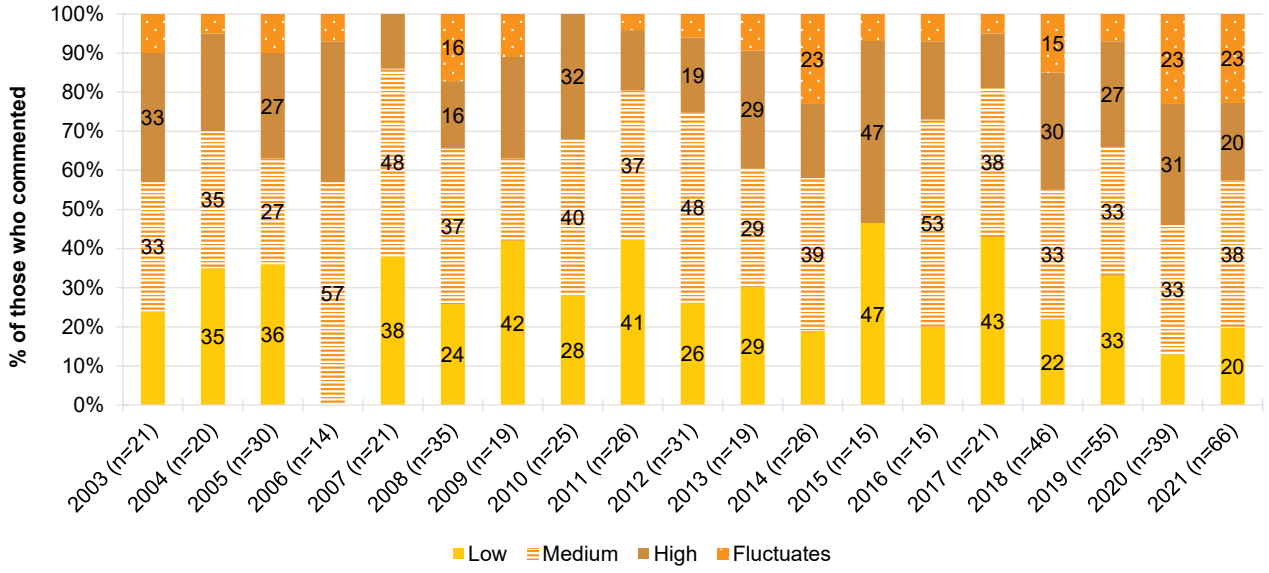
DOI: 10.26190/n0m2-gz30

Figure 25: Median price of cocaine per gram, Victoria, 2003-2021



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

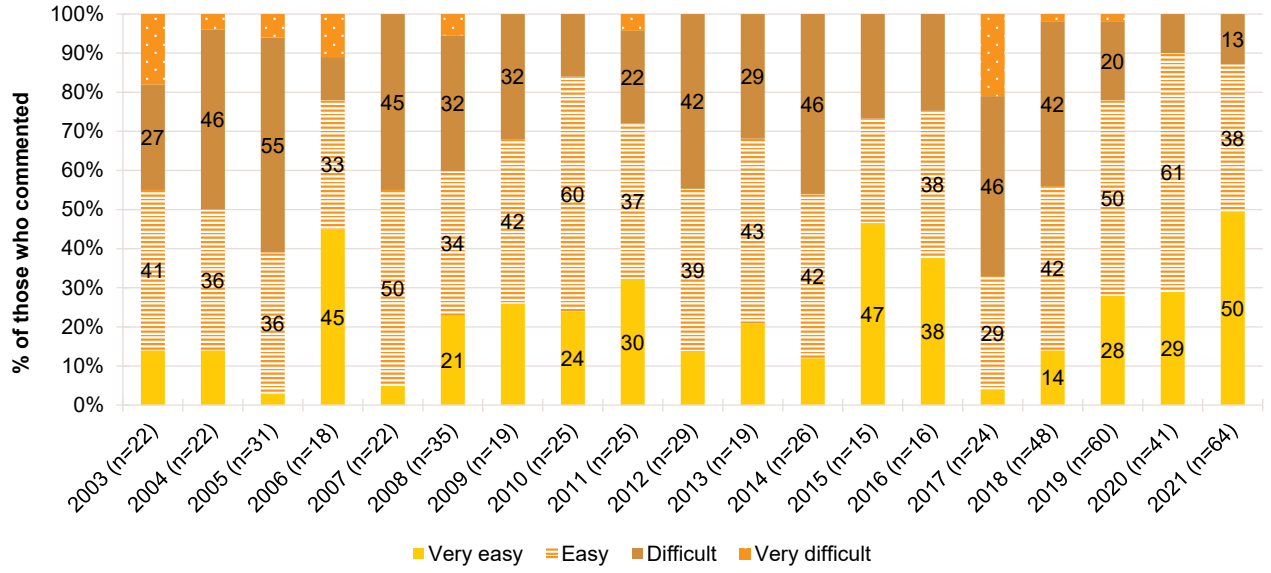
Figure 26: Current perceived purity of cocaine, Victoria, 2003-2021



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

DOI: 10.26190/n0m2-gz30

Figure 27: Current perceived availability of cocaine, Victoria, 2003-2021



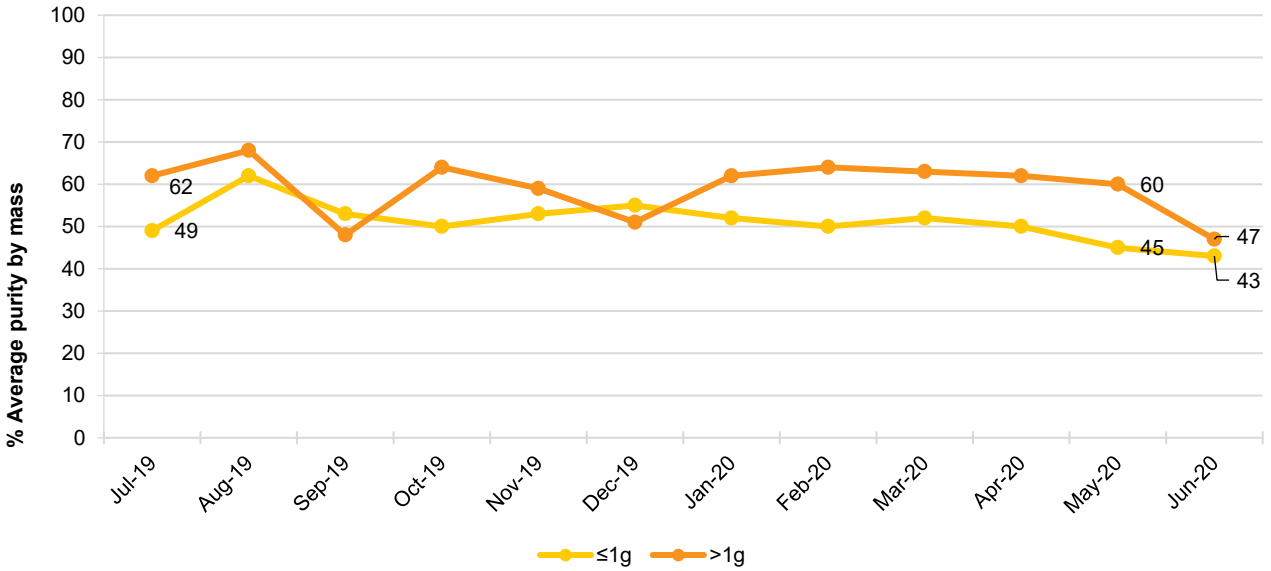
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Routinely Collected Data

Victoria Police Seizure Purity

Cocaine seizures analysed by the Victoria Police Forensic Services Department during the 2019/20 financial year averaged 51% purity under or equal to one gram (IQR=50–53, range=43–62) and 59% over one gram (IQR=57–63, range=47–68) (Figure 28).

Figure 28: Purity of cocaine seizures by Victorian law enforcement, July 2019–June 2020



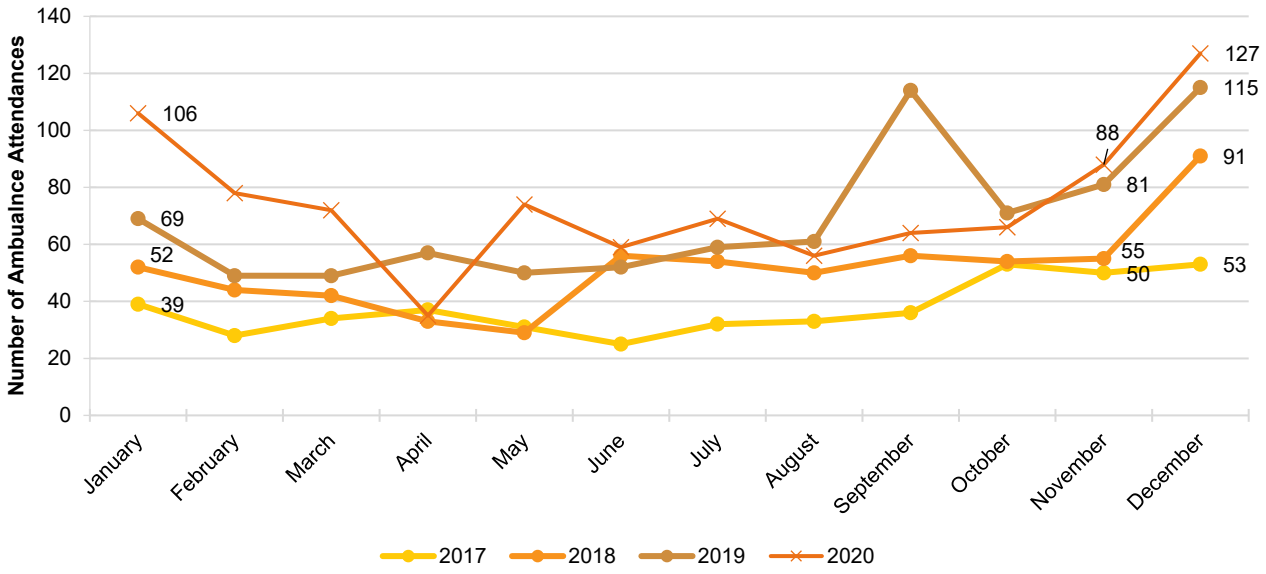
Note. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (July 2019) and two most recent months (May and June 2020) of monitoring.

DOI: 10.26190/n0m2-gz30

Ambulance Attendances at Non-Fatal Drug Events

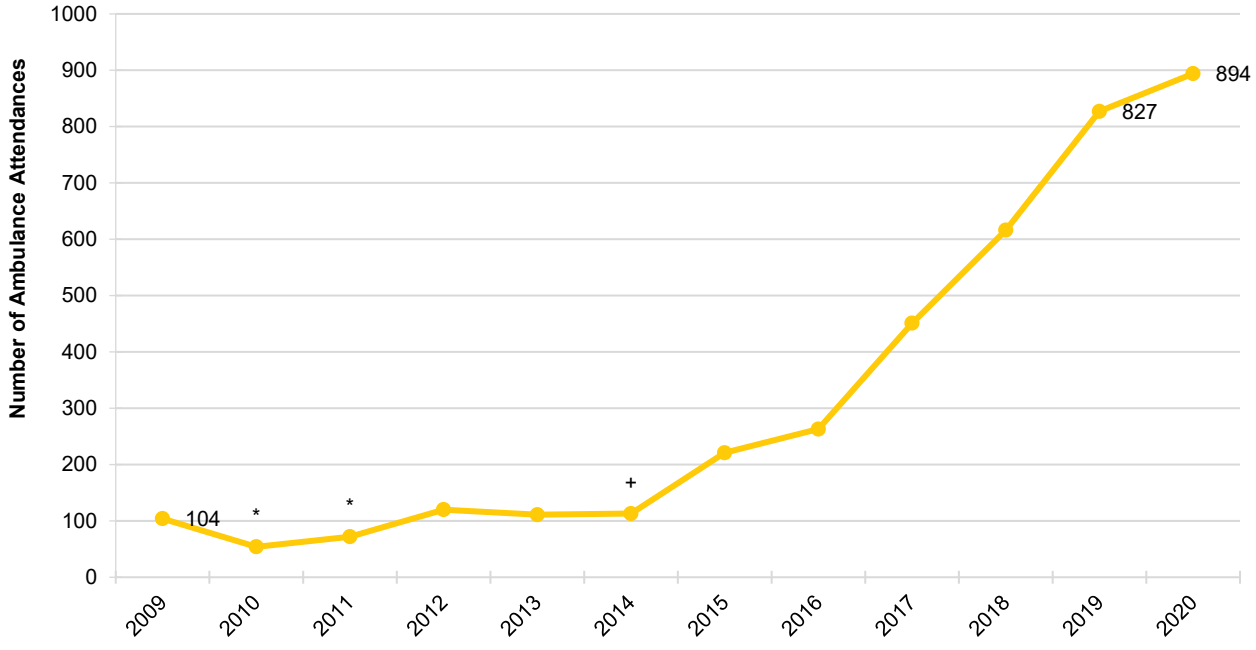
The number of cocaine-related ambulance attendances in metropolitan Melbourne ranged between 25 and 127 per month during 2017–2020 (Figure 29). The total number of cocaine-related attendances has steadily risen since 2015, when 221 attendances were recorded. In 2020 there were 894 attendances, the highest figure recorded (Figure 30). The median age of patients in 2020 was 26 years (range=14–77), consistent with prior years.

Figure 29: Number of cocaine-related events attended by Ambulance Victoria, Melbourne, 2017–2020



Source: Turning Point. Data labels are only provided for the first (January) and last two months (November and December) of monitoring in each year.

Figure 30: Number of cocaine-related events attended by Ambulance Victoria, Melbourne, 2009-2020



Note. * = Some months excluded due to small numbers (≤5). + = Data missing from October-December due to industrial action. Source: Turning Point. Data labels are only provided for the first (2009) and two most recent years (2019 and 2020) of monitoring.

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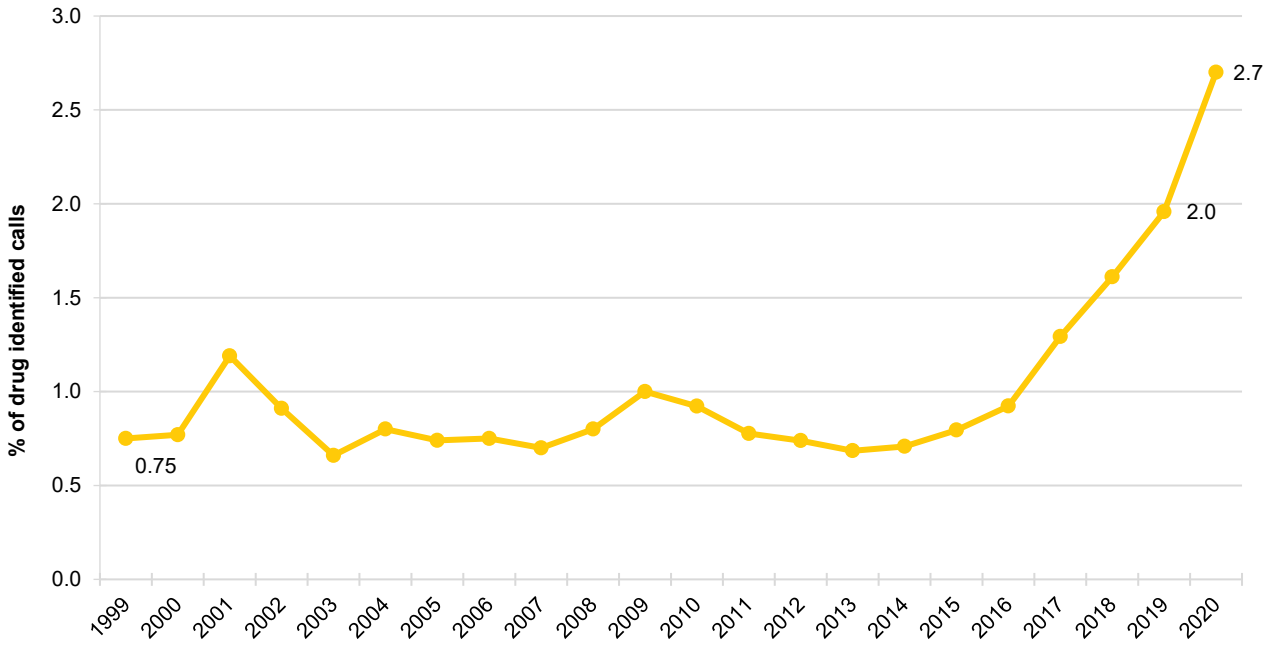
ADIS\VADC

In 2019/2020, 392 courses of treatment were delivered to 324 clients for cocaine, equivalent to 0.7% and 1.0% of the total courses delivered and clients treated. While these figures are small, they represent 70.4% and 74.2% increases to courses delivered and clients treated from 2018/19 (230 and 186, respectively).

DirectLine

During 2020, DirectLine received 425 calls where cocaine was identified as the drug of concern; representing 2.7% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls in which cocaine was identified as the drug of concern, while remaining low, has almost quadrupled since 2014 (Figure 31).

Figure 31: Percentage of calls to DirectLine in which cocaine was identified as drug of concern, Victoria 1999–2020



Source: DirectLine, Turning Point. Data labels are only provided for the first (1999) and two most recent years (2019 and 2020) of monitoring.

DOI: 10.26190/n0m2-gz30

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least one in four participants have reported any recent use of cannabis each year since 2003. The majority (84%) of the sample reported recent use of cannabis in 2021, comparable to 2020 (89%; *p*=0.408) (Figure 32).

Frequency of Use

Typical frequency of use has varied between fortnightly and several times per week over the course of monitoring. In 2021, participants reported a median of 28 days (IQR=6–92) of use in the past six months, comparable to 2020 (15 days; IQR=5–80; *p*=0.169) (Figure 32). Of those who had recently consumed cannabis (n=84), almost three-fifths (57%) reported using cannabis on a weekly or more frequent basis (similar to 47% in 2020; *p*=0.247), including 13% who reported using cannabis daily (9% in 2020; *p*=0.535).

Routes of Administration

Among participants who had recently consumed cannabis in 2021 (n=84), most participants (94%) reported smoking, similar to 2020 (91%; *p*=0.639). Almost one-third (32%) reported swallowing (38% in 2020; *p*=0.500) and 15% reported inhaling/vaporising (20% in 2020; *p*=0.538).

Quantity

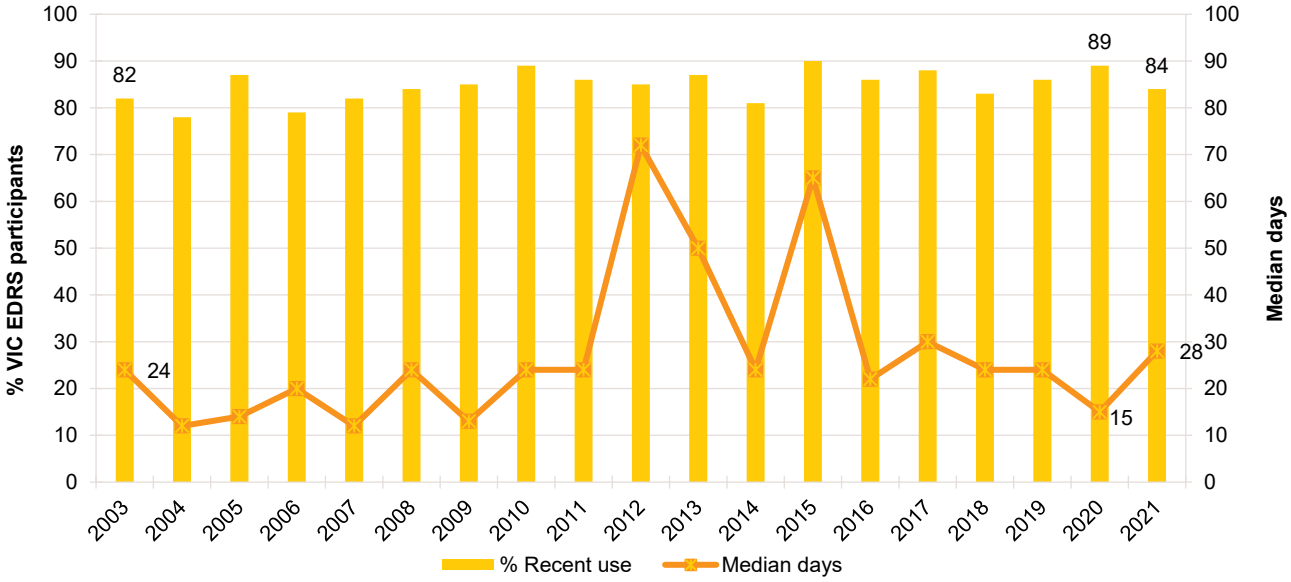
The median amount used by those who commented (n=78) on the last occasion of use was one joint (IQR=0.5–1.0; n=43; 1 joint in 2020; IQR=0.5–1.0; n=29; *p*=0.879), or 0.70 grams (IQR=0.50–1.00; n=21; similar to 1 gram in 2020; IQR=0.50–1.50; n=33; *p*=0.462).

Forms Used

Among those who had recently used cannabis and were able to comment (n=68), three-quarters (75%) reported recent use of hydroponic cannabis (similar to 67% in 2020; *p*=0.457), while 63% reported recent use of outdoor-grown 'bush' cannabis (comparable to 56% in 2020; *p*=0.556). No participants reported having used hash oil in the six months preceding interview, a significant decrease from 13% in 2020 (*p*=0.008). Small numbers (n≤5) reported using hash in 2021, so these numbers are suppressed (11% in 2020). Six per cent of participants reported using pharmaceutical CBD oil in 2021 (not asked in 2020).

DOI: 10.26190/n0m2-gz30

Figure 32: Past six month use and frequency of use of cannabis, Victoria, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per ounce of hydroponic cannabis was $280 in 2021 (IQR=250–290; n=7; n≤5 in 2020). Few participants (n≤5) commented on the price of a gram of hydro in 2021, such that these data are suppressed (Figure 33).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable in 2021 compared to 2020 (p=0.296). Among those who were able to comment in 2021 (n=34), most participants perceived hydro to be of 'high' potency (62%; 38% in 2020), followed by 'medium' potency (24%, 42% in 2020) (Figure 34a).

Perceived Availability: There was no significant change in the perceived availability of hydroponic cannabis in 2021 compared with 2020 (p=0.156). Among those who were able to comment in 2021 (n=34), almost all (97%) participants believed hydro to be 'very easy' or 'easy' to obtain (similar to 92% in 2020) (Figure 35a).

Bush Cannabis

Price: Few participants reported on the price of bush in 2021 (n≤5 for responses per gram and ounce; these data are supressed).

Perceived Potency: There was no overall change to the perceived potency of bush cannabis in 2021 compared with 2020. Among those who were able to comment in 2021 (n=22), most commonly, participants perceived bush to be of 'medium' potency (45%; 46% in 2020), followed by 'high' potency (41%; 23% in 2020) (Figure 34a).

Perceived Availability: The perceived availability of bush cannabis remained stable in 2021 compared to 2020 (p=0.409). Among those who were able to comment in 2021 (n=20), just over half (55%) perceived bush to be 'very easy' to obtain (46% in 2020), with a further 35% perceiving bush to be 'easy' to obtain (38% in 2020) (Figure 35b).

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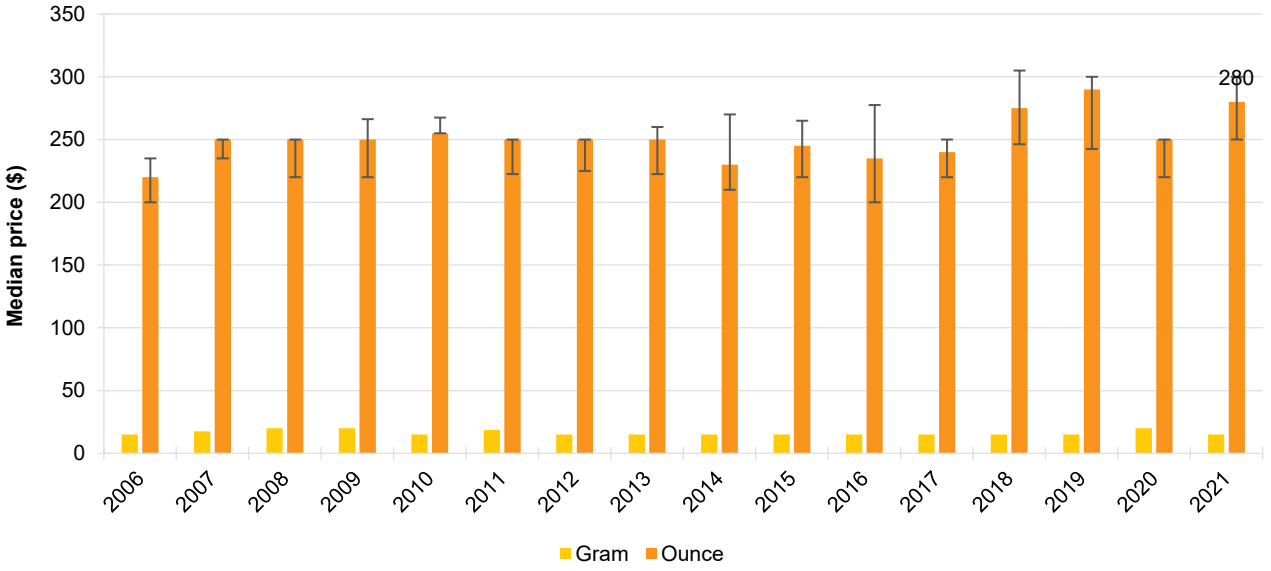
Figure 33: Median price of hydroponic cannabis per ounce and gram, Victoria, 2006-2021

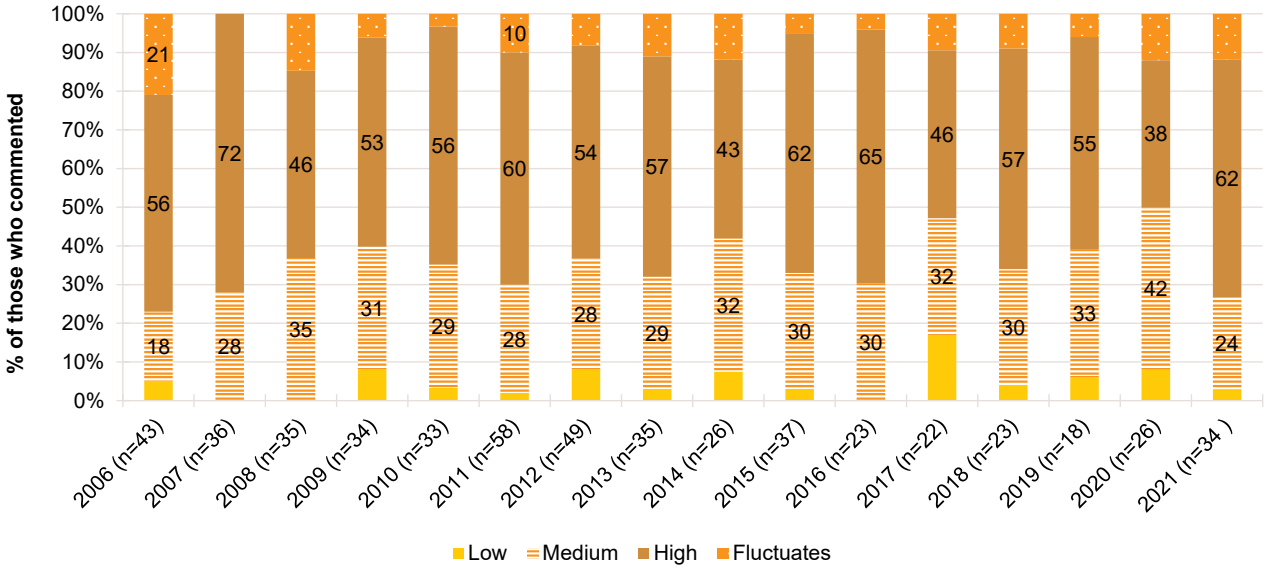


Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels are only provided for the first (2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please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

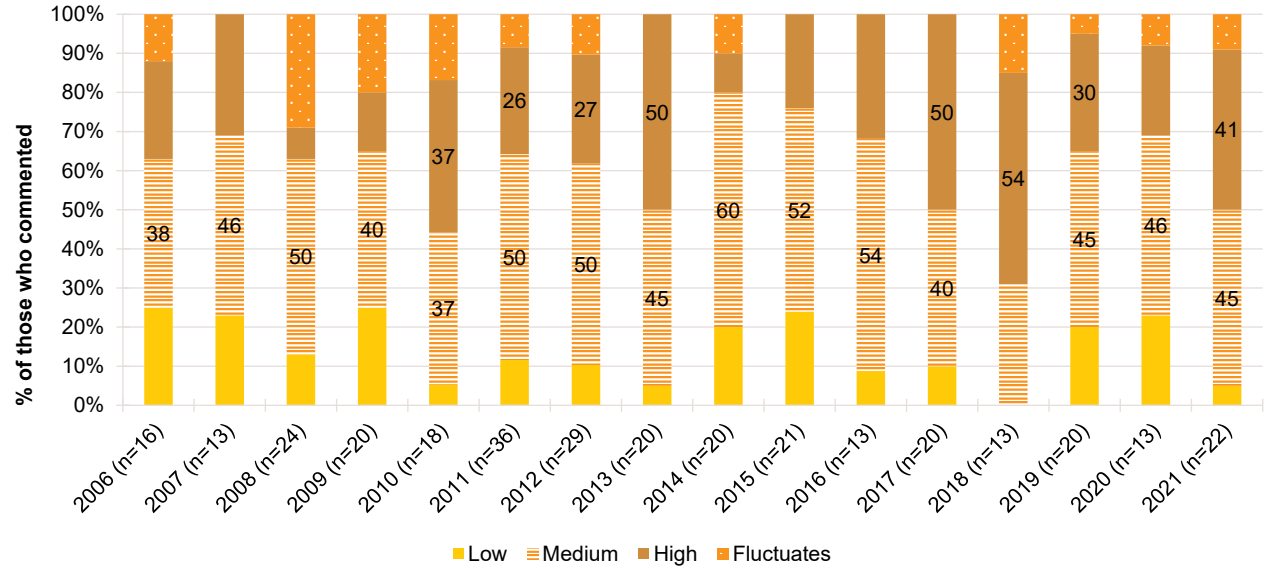
DOI: 10.26190/n0m2-gz30

Figure 34: Current perceived potency of hydroponic (A) and bush (B) cannabis, Victoria, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis

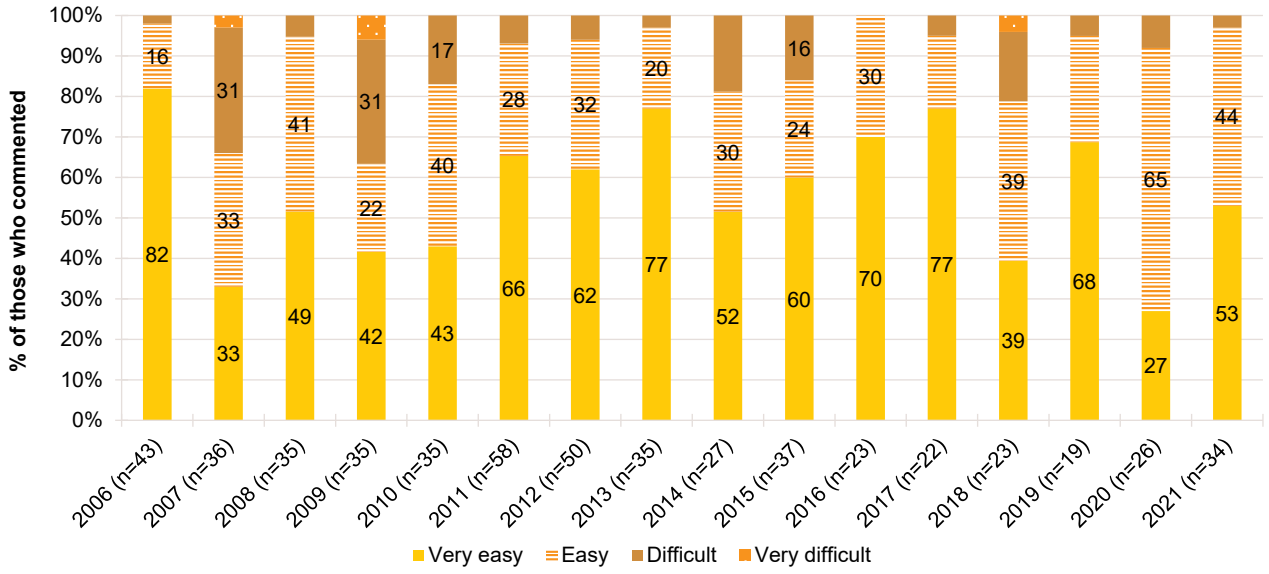


Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

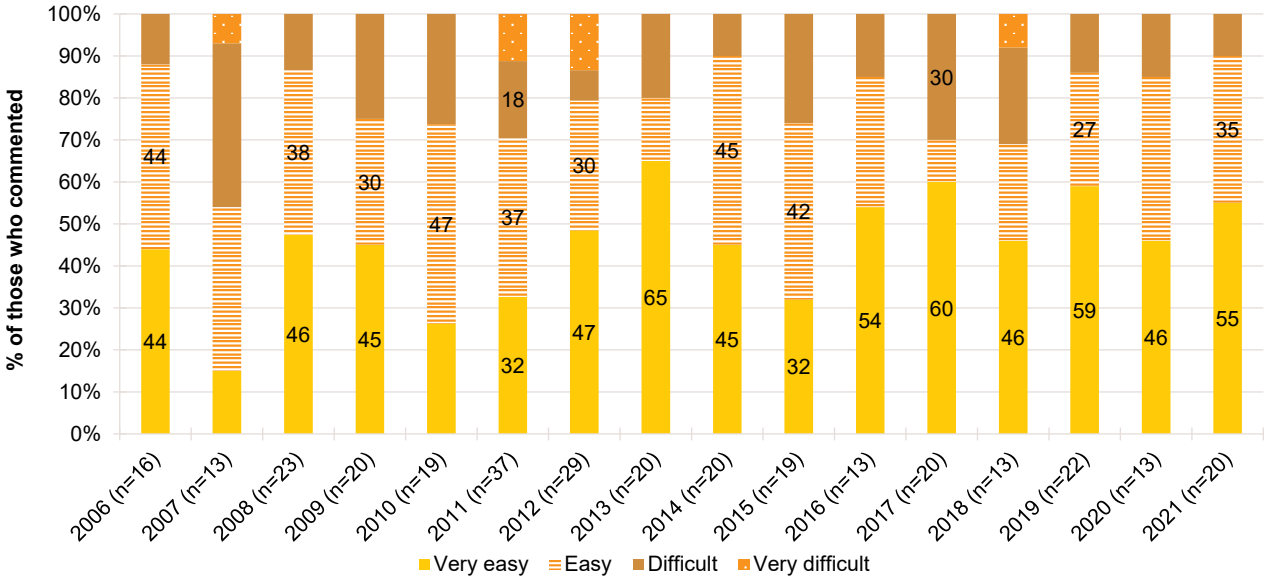
DOI: 10.26190/n0m2-gz30

Figure 35: Current perceived availability of hydroponic (A) and bush (B) cannabis, Victoria, 2006-2021

(A) Hydroponic cannabis



(B) Bush cannabis



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

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Routinely Collected Data

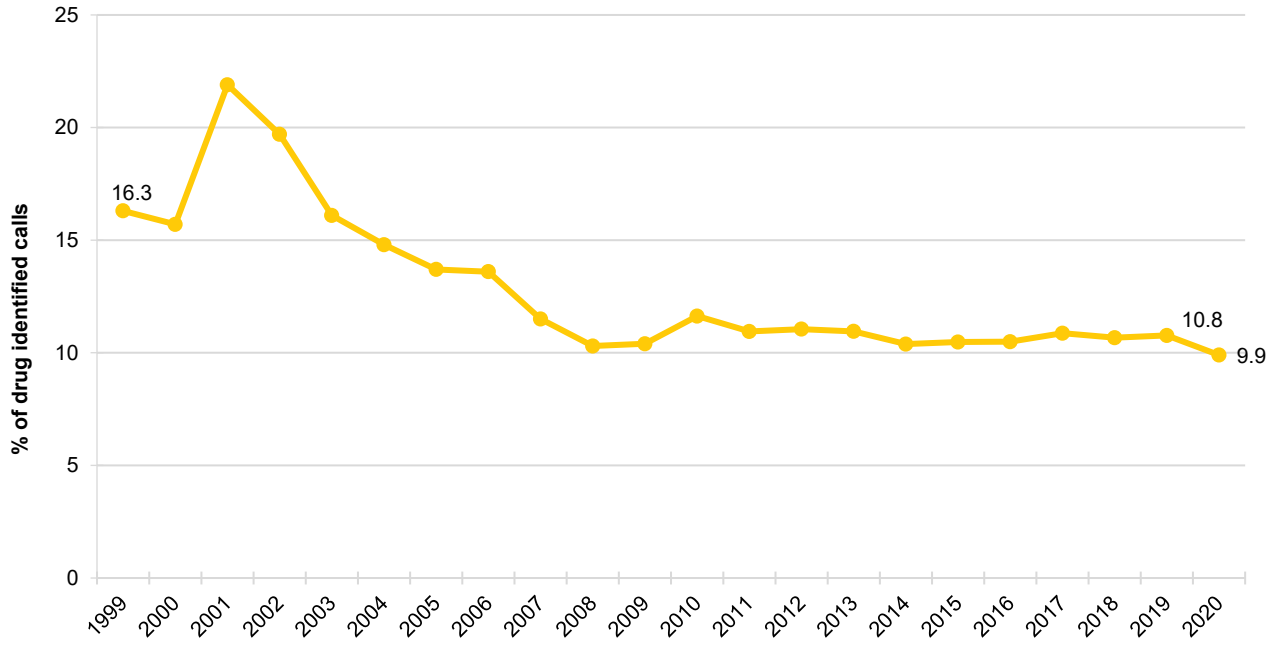
ADIS\VADC

In 2019/20, 7,113 courses of treatment were delivered to 4,323 clients for cannabis, equivalent to 12.6% and 12.8% of the total courses delivered and clients treated. These were 10.9% and 2.4% increases from courses delivered and clients treated in 2018/19 (6,417 and 4,220, respectively).

DirectLine

During 2020, DirectLine received 1,533 calls where cannabis was identified as the drug of concern: 9.9% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls where cannabis was identified as the drug of concern has been consistent since 2008 (Figure 36).

Figure 36: Percentage of calls to DirectLine in which cannabis was identified as drug of concern, Victoria 1999–2020



Source: DirectLine, Turning Point. Data labels provided are only provided for the first (1999) and the two most recent years (2019 and 2020) of monitoring.

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7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

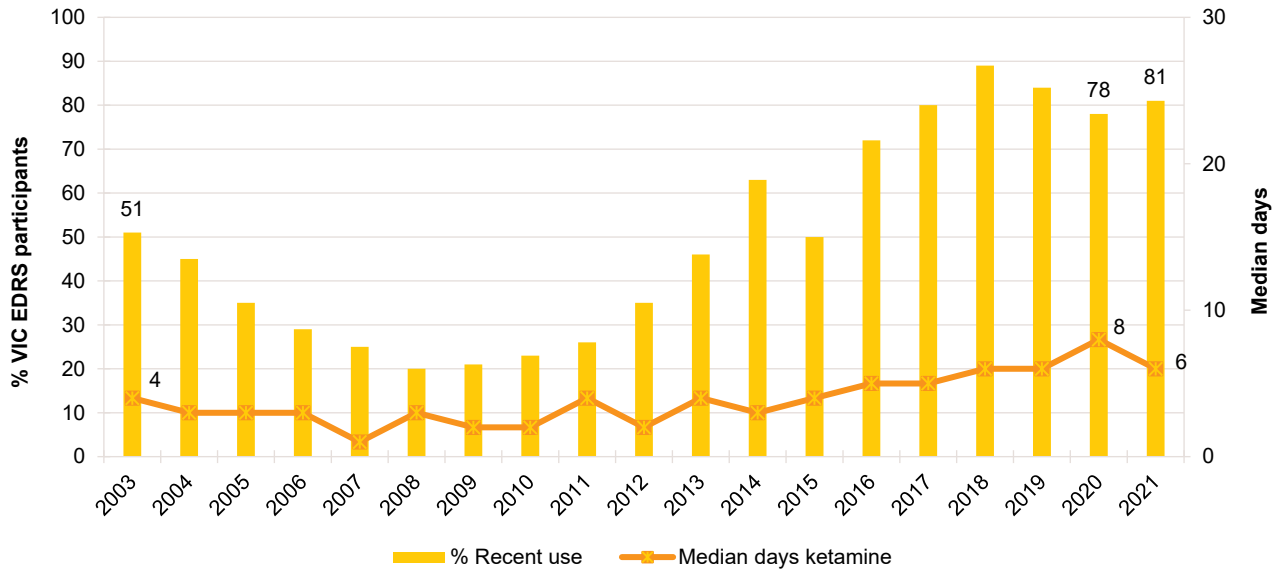
Recent Use (past 6 months): Recent use of ketamine has steadily increased over the period of monitoring but stabilised from 2017. Just over four-fifths (81%) of the sample reported using ketamine in the six months prior to interview in 2021, comparable to 78% in 2020 (p=0.726) (Figure 37).

Frequency of Use: Frequency of use was reported at a median of six days (IQR=3–12) in 2021, similar to 2020 (8 days in 2020; IQR=3–15; *p*=0.687) (Figure 37).

Routes of Administration: Almost all (99%) of participants that reported recent use reported snorting the substance (99% in 2020).

Quantity: The median quantity used in a 'typical' session by those who reported recent ketamine use was 0.30 grams (IQR=0.20–0.50; n=43), unchanged from 0.30 grams (IQR=0.20–0.50; n=23; *p*=0.932) in 2020. The medium maximum amount used in a 'typical' session was 0.50 grams (IQR=0.30–1.00; n=48), stable from 2020 (0.50 grams; IQR=0.30–1.00; n=28; *p*=0.765).

Figure 37: Past six month use and frequency of use of ketamine, Victoria, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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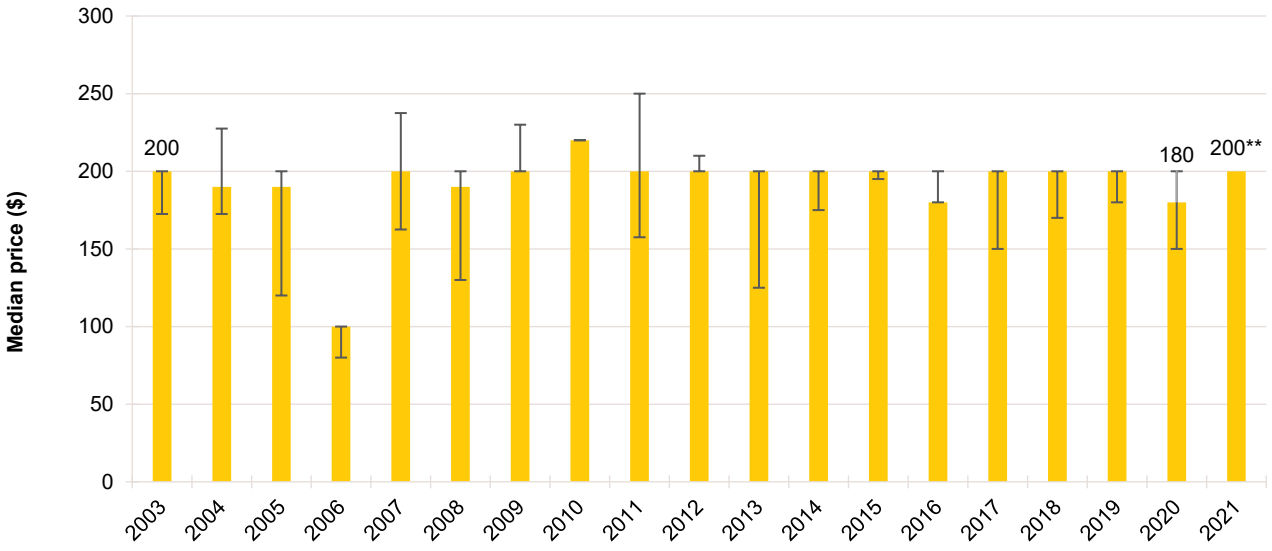
Price, Perceived Purity and Perceived Availability

Price: In 2021, the median reported price per gram of ketamine was $200 (IQR=198–200; n=36); a significant increase from $180 reported in 2020 (IQR=150–200; n=29; *p*=0.001) (Figure 38).

Perceived Purity: The perceived purity of ketamine remained stable compared in 2021 to 2020 (*p*=0.964). Of those who responded in 2021 (n=54), almost half (48%) of participants perceived the purity of ketamine to be 'high' (53% in 2020), while just over one-quarter (26%) perceived purity as 'medium' (25% in 2020) (Figure 39).

Perceived Availability: There was a significant change to the perceived availability of ketamine in 2021 compared to 2020 (*p*=0.048). Among those who were able to comment in 2021 (n=56), more participants perceived ketamine to be 'very easy' to obtain (52%; 28% in 2020), with fewer participants reporting it to be 'easy' (34%; 54% in 2020) (Figure 40).

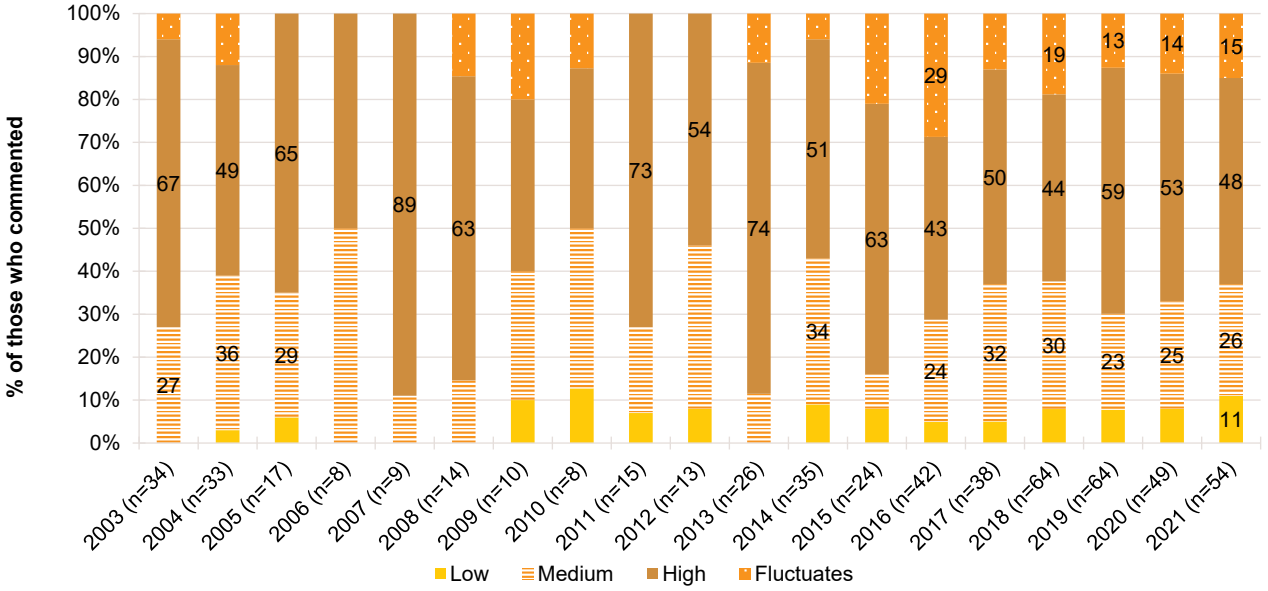
Figure 38: Median price of ketamine per gram, Victoria, 2003-2021



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

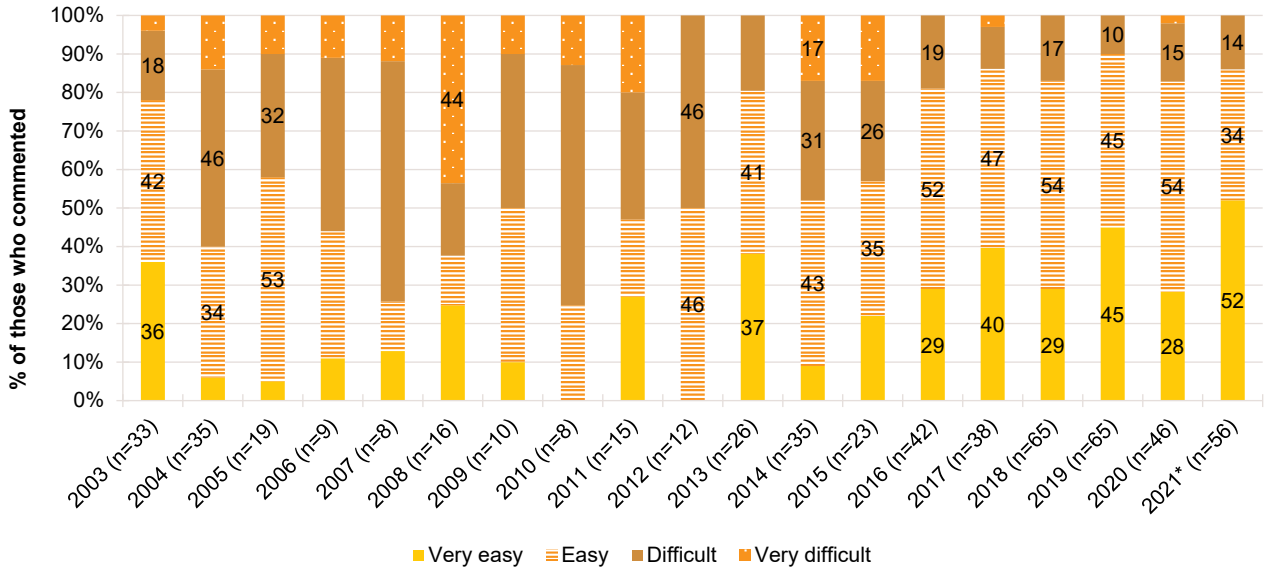
DOI: 10.26190/n0m2-gz30

Figure 39: Current perceived purity of ketamine, Victoria, 2003-2021



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

Figure 40: Current perceived availability of ketamine, Victoria, 2003-2021



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

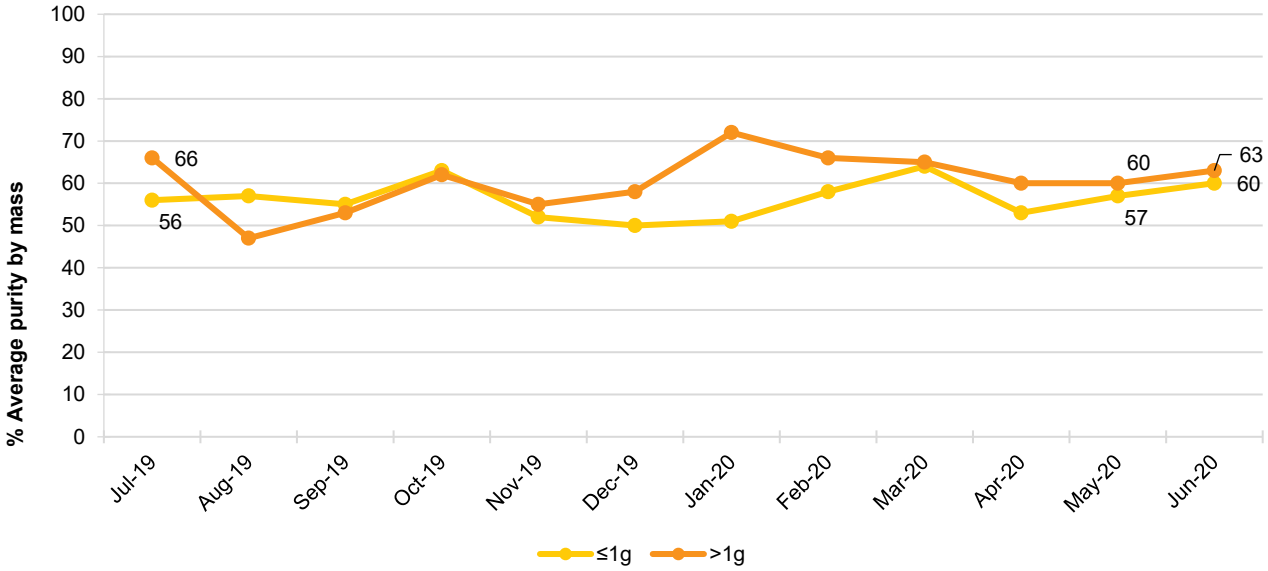
DOI: 10.26190/n0m2-gz30

Routinely Collected Data

Victoria Police Seizure Purity

Ketamine seizures analysed by the Victoria Police Forensic Services Department during the 2019/20 financial year averaged 56% purity under one gram (IQR=53–59, range=51–64) and 61% over one gram (IQR=57–65, range=47–72) (Figure 41).

Figure 41: Purity of ketamine seizures by Victorian law enforcement, July 2019–June 2020



Note. May not include every drug seized, as not all seized drugs undergo purity analysis. Data labels are only provided for the first (July 2019) and the two most recent months (May and June 2020) of monitoring.

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LSD

Patterns of Consumption

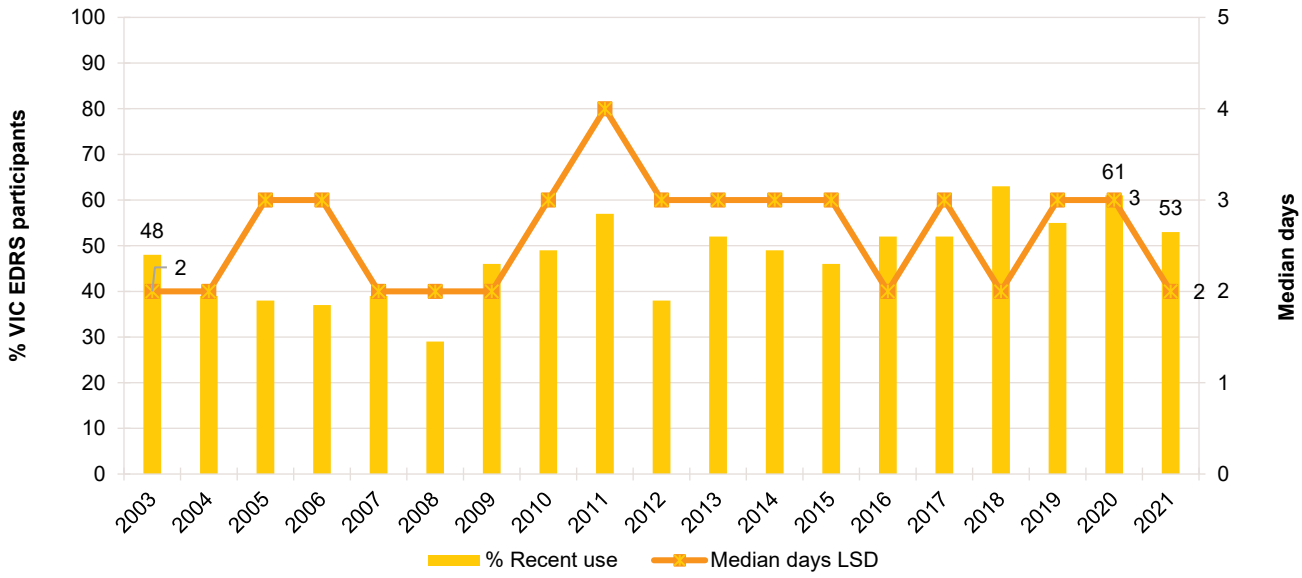
Recent Use (past 6 months): Just over half (53%) of the sample had used LSD in the six months preceding interview, comparable to 61% in 2020 (*p*=0.317) (Figure 42).

Frequency of Use: Median days of use has fluctuated across monitoring, although remaining stable in 2021 at two days (IQR=1–5) in the past six months (similar to 3 days in 2020; IQR=2–6; *p*=0.175) (Figure 31).

Routes of Administration: Among those reporting recent use in 2021, participants reported swallowing as their route of administration (100%; 100% in 2020).

Quantity: The median quantity used in an 'average' session was one tab (IQR=0.50–1.00; n=43), comparable to 0.50 tabs in 2020 (IQR=0.50–1.00; n=50; *p*=0.554). The median 'maximum' amount used in a session was one tab (IQR=0.80–1.00; 1 tab in 2020; IQR=0.50–1.00; *p*=0.720).

Figure 42: Past six month use and frequency of use of LSD, Victoria, 2003-2021



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

Price, Perceived Purity and Perceived Availability

Price: The median price for one tab of LSD has remained relatively stable since 2011, ranging from $15 to $20, and was $20 per tab (IQR=15–20; n=29) in 2021 ($20 in 2020; IQR=15–21; n=24; *p*=0.465) (Figure 43).

Perceived Purity: There was no change in the perceived purity of LSD in 2021 compared 2020. Of those who were able to comment in 2021 (n=39), just over half (54%) perceived the purity of LSD to be 'high' (59% in 2020), followed by 26% who reported the purity to be 'medium' (24% in 2020) (Figure 44).

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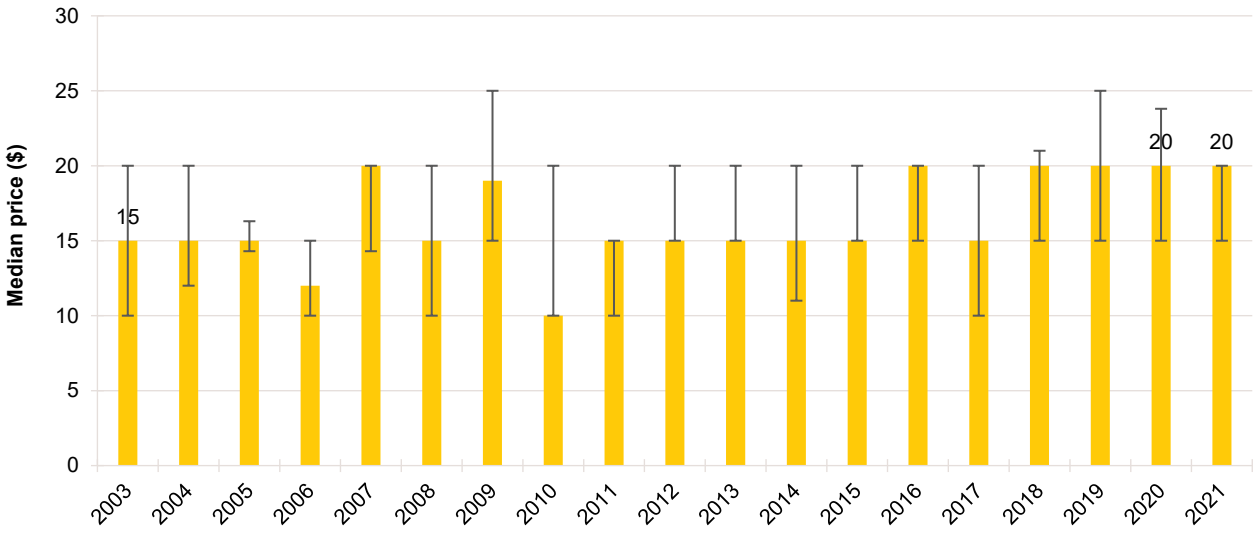
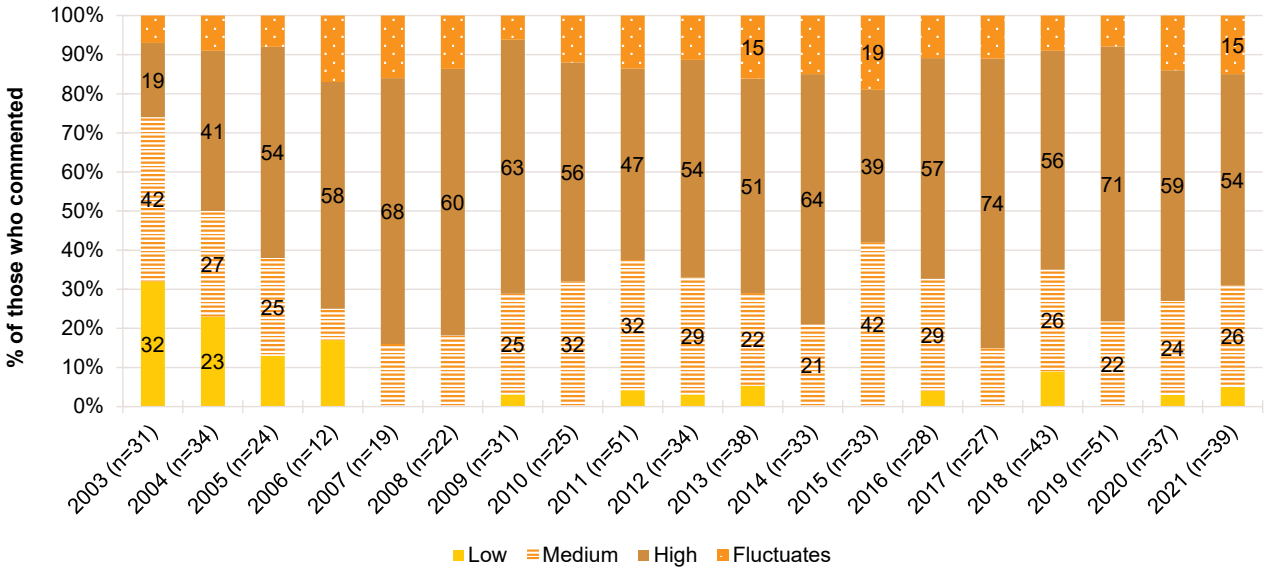
Perceived Availability: The perceived availability of LSD remained stable in 2021 compared to 2020 (p=0.360). Among those who responded in 2021 (n=39), participants most commonly reported LSD to be 'easy' to obtain (62%; 54% in 2020) (Figure 45).

Figure 43: Median price of LSD per tab, Victoria, 2003-2021



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

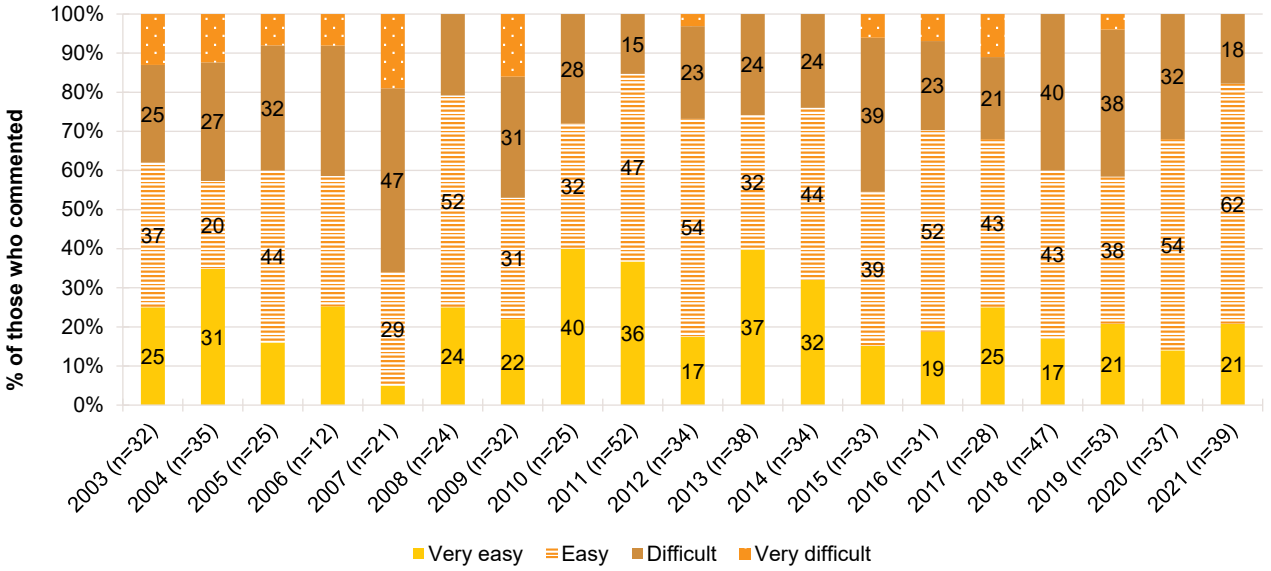
Figure 44: Current perceived purity of LSD, Victoria, 2003-2021



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

DOI: 10.26190/n0m2-gz30

Figure 45: Current perceived availability of LSD, Victoria, 2003-2021



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

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DMT

Patterns of Consumption

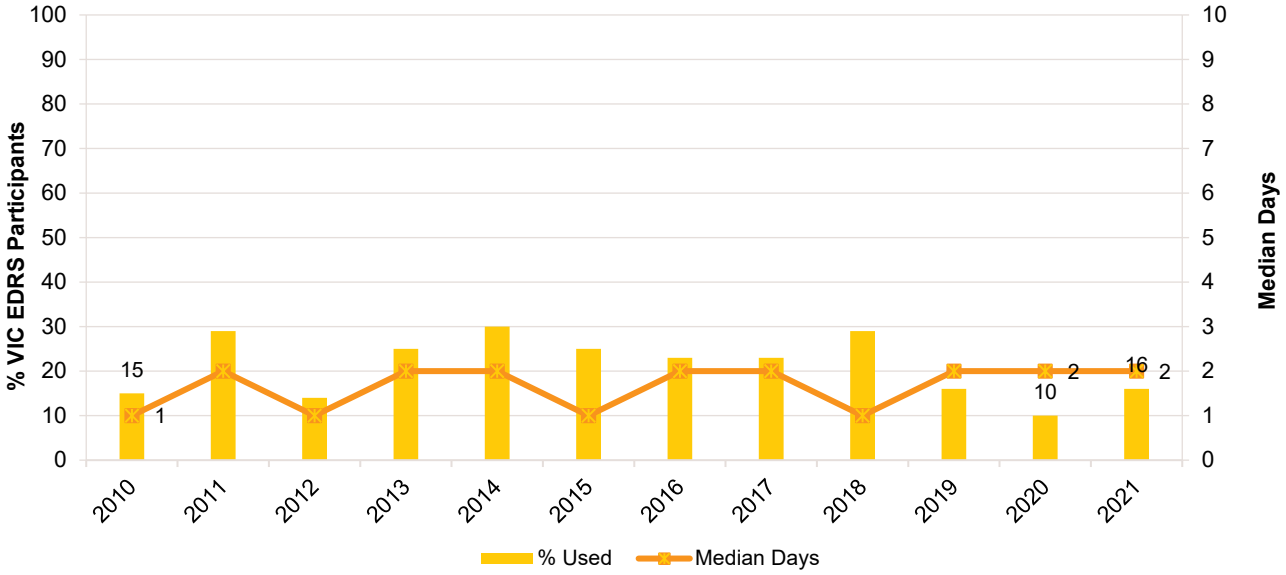
Recent Use (past 6 months): In 2021, 16% of the sample had used DMT in the previous six months, comparable to 2020 (10%; *p*=0.306) (Figure 46).

Frequency of Use: Use of DMT was infrequent, reported at a median of two days (IQR: 1–2; unchanged from 2 days in 2020, IQR=1–2; *p*=0.931) (Figure 46)..

Routes of Administration: In 2021, smoking was the only route of administration reported by those who had recently used DMT (100%; similar to 90% in 2020; *p*=0.385).

Quantity: Small numbers (n≤5) reported on quantity of use; therefore, these numbers are suppressed.

Figure 46: Past six month use and frequency of use of DMT, Victoria, 2010-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

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

DOI: 10.26190/n0m2-gz30

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 paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and the decision has been made to exclude them from this category from hereon-in. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our previous reports.

Recent Use (past 6 months)

NPS use among the VIC sample has fluctuated over time. In 2021, almost one-quarter (23%) of participants reported recent use of any NPS, including plant-based NPS, comparable to 2020 (12%; p=0.063) (Table 3). Twenty-one per cent reported recent use of any NPS, excluding plant-based NPS, similar to 2020 (12%; p=0.128) (Table 4).

Forms Used

The most used NPS was 'any 2C substance', with 16% reporting recent use in 2021; similar to 2020 (8%; p=0.126) (Table 5). Less than one-tenth (7%) reported recent use of any plant-based NPS (n≤5 in 2020; p=0.170).

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

%	National	Victoria
2010	24	29
2011	36	40
2012	40	45
2013	44	45
2014	35	34
2015	37	36
2016	28	31
2017	26	29
2018	23	28
2019	20	17
2020	15	12
2021	**16**	**23**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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

%	National	Victoria
2010	24	28
2011	33	37
2012	37	40
2013	42	45
2014	34	34
2015	34	33
2016	27	29
2017	24	27
2018	21	27
2019	19	16
2020	12	12
2021	**14**	**21**

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 8 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 5: Past six month use of NPS by drug type, Victoria, 2010-2021

	2010 N=100	2011 N=101	2012 N=100	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=99	2020 N=100	2021 N=100
% Phenethylamines ^	-	-	14	23	22	12	13	12	11	-	8	**17**
Any 2C substance~	-	-	10	20	16	7	12	9	8	-	8	**16**
NBOMe	/	/	/	/	8	7	0	-	-	-	0	**0**
DO-x	0	0	0	0	0	0	0	-	-	0	0	**0**
4-FA	/	/	/	/	/	/	0	-	0	0	0	**-**
% Tryptamines^^	0	-	-	-	0	0	0	-	-	0	0	**0**
5-MeO-DMT	0	-	-	-	0	0	0	-	-	0	0	**0**
4-AcO-DMT	/	/	/	/	/	/	0	0	/	/	/	**/**
% Synthetic cathinones	29	42	14	18	11	11	-	-	-	-	0	**-**
Mephedrone	28	25	8	10	6	7	-	-	-	0	0	**0**
Methylone/bk MDMA	/	12	-	6	-	-	-	-	-	-	0	**-**
MDPV/Ivory wave	-	-	-	-	-	0	0	-	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	-	0	0	0	0	**0**
Other substituted cathinone	/	/	0	0	0	-	0	-	0	/	/	**/**
Nethyl hexedrone	/	/	/	/	/	/	/	/	/	0	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	**-**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	**0**
% Piperazines	-	-	-	-	0	0	0	0	/	/	/	**/**
BZP	-	-	-	-	0	0	0	0	/	/	/	**/**
% Dissociatives	/	/	-	6	/	10	9	-	6	-	-	**6**
Methoxetamine (MXE)	/	/	-	6	/	10	9	-	6	-	-	**-**
% Other drugs that mimic the	/	/	/	/	/	/	/	/	/	/	-	**-**

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	2010 N=100	2011 N=101	2012 N=100	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=99	2020 N=100	2021 N=100
effects of dissociatives like ketamine												
% Plant-based NPS	-	6	9	-	-	6	-	7	-	-	-	**7**
Ayahuasca	/	/	/	/	/	0	0	-	-	-	-	**-**
Mescaline	-	-	-	-	-	-	-	6	-	-	-	**-**
Salvia divinorum	/	-	-	0	-	-	-	0	0	0	0	**-**
Kratom	/	/	/	/	/	/	/	/	/	/	0	**-**
LSA	/	0	0	0	1	1	1	/	/	/	/	**/**
Dartura	0	0	0	0	0	0	0	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	-	-	0	-	0	**-**
Etizolam	/	/	/	/	/	/	-	-	0	-	0	**-**
% Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	0	**0**
% Synthetic cannabinoids		-	16	18	9	8	-	-	-	0	0	**-**
% Herbal high[#]	/	/	7	7	-	-	-	-	0	-	/	**/**
% Phenibut	/	/	/	/	/	/	/	/	/	/	-	**-**
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	0	0	0	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	0	-	0	**0**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	0	-	-	**0**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	-	-	**0**

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 8 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. From 2020 onwards, 'any' 2C use is captured. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020 EDRS, however in 2021, participants were only asked about prescribed and non-prescribed codeine use, regardless of whether it was low- or high-dose.

Recent Use (past 6 months): In 2021, just over one-fifth (21%) of the VIC sample reported any recent use of codeine (stable from 21% in 2020). Eleven per cent of participants had used any prescribed codeine (9% in 2020; *p*=0.814), whereas 12% had reported using any non-prescribed codeine (12% in 2020) (Figure 47).

Recent Use for Non-Pain Purposes (past 6 months): Eight per cent of the sample reported using codeine for non-pain purposes in 2021 (67% of those who reported recent use of non-prescribed codeine) (Figure 47).

Frequency of Use: Participants who had recently used non-prescribed codeine (n=12) reported use on a median of two days in the past six months (IQR=1–2), stable from 2020 (2 days; IQR=2–4; n=12; *p*=0.293).

Pharmaceutical Opioids

Recent Use (past 6 months): Thirteen per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2021, similar to 12% in 2020 (Figure 47).

Frequency of Use: Among those that reported recent use, participants reported a median of two days of non-prescribed opioid use (IQR=2–4; n=13; 2 days in 2020; IQR=1-3; n=12; *p*=0.216) in the six months leading up to interview.

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) were recently consumed by 66% of the sample in 2021 (comparable to 55% in 2020; *p*=0.148) (Figure 47); this is the highest per cent reported since monitoring began.

Frequency of Use: Among those that reported recent use, participants reported a median of six days of non-prescribed stimulant use (IQR=3–12; n=65) in the six months prior to interview in 2021 (similar to 4 days in 2020; IQR=2–11; n=55; *p*=0.234)

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Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2021 was one pill/tablet (IQR=1–2; n=62), a significant decrease from two pills/tablets in 2020 (IQR=1.00–2.30; n=52; *p*=0.034). The median 'maximum' amount used per session was two pills/tablets (IQR=1.00–3.80; not asked in 2020).

Benzodiazepines

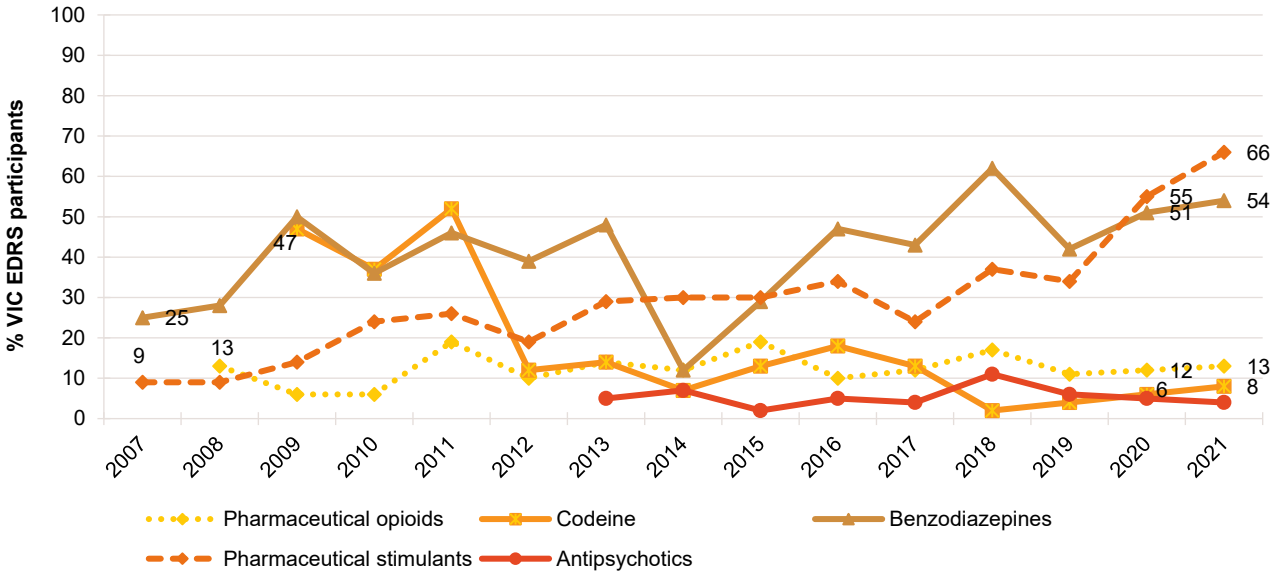
Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has remained relatively stable in recent years, with 54% reporting recent use in 2021, similar to 2020 (51%; *p*=0.777) (Figure 47). From 2019, participants were asked about non-prescribed alprazolam versus other non-prescribed benzodiazepine use. Just over one-quarter (28%) of the total sample reported recent non-prescribed use of alprazolam (comparable to 40% in 2020; *p*=0.100), whereas 41% reported recent non-prescribed use of other benzodiazepines (similar to 34% in 2020; *p*=0.381).

Frequency of Use: Amongst those that reported recent use, participants reported a median of three days (IQR=2–5; n=28; similar to 4 days in 2020; IQR=2–11; n=40; *p*=0.317) and four days (IQR=2–12; n=41; stable from 4 days in 2020; IQR=2–5; n=34; *p*=0.245) of non-prescribed alprazolam and other benzodiazepine use in the past six months, respectively.

Antipsychotics

Due to low numbers reporting on recent use of non-prescribed antipsychotics, numbers have been suppressed (Figure 47). For further information, please refer to the National EDRS report, or contact the Drug Trends team for further information.

Figure 47: Non-prescribed use of pharmaceutical drugs in the past six months, Victoria, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, pharmaceutical opioids in 2008, over-the-counter (OTC) codeine (low-dose codeine) in 2009, and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents non-prescribed low-dose codeine used for non-pain purposes (2010-2020) and non-prescribed codeine (low- and high-dose) for non-pain purposes (2021). Data labels are only provided for the first (2007/2008/2009/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2021, more than half (54%) of the sample reported recent use of hallucinogenic mushrooms in the six months prior to the interview, a significant increase from 37% in 2020 (p=0.023) (Figure 48).

Frequency of Use: Among those that reported recent use, participants reported a median of two days of hallucinogenic mushroom use (IQR=1–5; n=54; 2 days in 2020; IQR=1–5; n=28; p=0.712) in the six months prior to interview in 2021.

MDA

Due to low numbers reporting on recent use of MDA, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the Drug Trends team for further information.

Substance with Unknown Contents

Capsules: Recent use of capsules with unknown contents fluctuated over the first few years of monitoring but has been declining since 2017 (Figure 48). In 2021 no participants reported recent use of a capsule with unknown contents, and only small numbers did so in 2020 (n≤5; therefore, these data are supressed).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder and crystal form. Over one-fifth (21%) reported use of powder with 'unknown contents' in 2021 (similar to 18% in 2020; p=0.721). A small number (n≤5) reported using pills containing unknown contents in 2021 (these numbers are suppressed), and no participants reported using capsules or crystal with unknown contents.

Quantity: In 2021, we asked participants about the average amount of capsules and pills used with unknown contents in the six months preceding interview. Low numbers (n≤5) reported on the quantity of unknown substances in 2021, therefore these numbers are suppressed.

Heroin

Due to low numbers reporting on recent use of heroin, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): In 2021, 16% of the sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, comparable to 10% in 2020 (p=0.293) (Figure 48).

Frequency of Use: Among those that reported recent use, participants reported a median of two days of GHB/GBL/1,4-BD use (IQR=1–3; n=16) in the six months prior to interview in 2021, a significant decrease from six days in 2020 (IQR=3–13; n=10; p=0.028).

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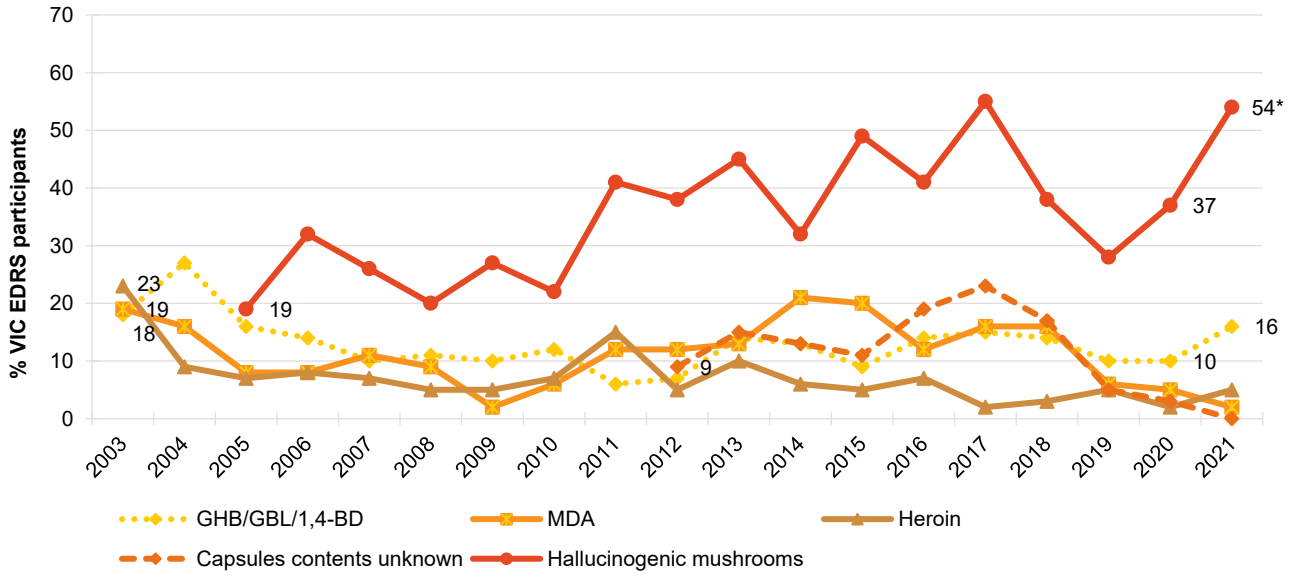
Figure 48: Past six month use of other illicit drugs, Victoria, 2003-2021



Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules contents unknown commenced in 2012; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis has been reduced to 70% to improve visibility of trends Data labels are only provided for the first (2003/2005/2012) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Use of alcohol has remained stable since monitoring began. The majority of the sample reported recent use of alcohol in 2021 (96%), similar to 2020 (99%; p=0.365) (Figure 49).

Frequency of Use: Among those that reported recent use, participants reported a median of 48 days of alcohol use in the past six months (IQR=24–72; n=96; 48 days in 2020; IQR=24–93; n=99; p=0.175). Eighty-two per cent of those who had recently consumed alcohol reported weekly or more frequent use, similar to 2020 (79%; p=0.662).

Tobacco

Recent Use (past 6 months): In 2021, recent use of tobacco was reported by 67% of participants, which is the lowest per cent observed since monitoring began although comparable to 2020 (80%; p=0.055) (Figure 49).

Frequency of Use: Median frequency of use in the past six months was 72 days (IQR=18–180; n=67; 72 days in 2020; IQR=19–180; n=80; p=0.608), with 30% of those that reported recent use reporting daily use (similar to 39% in 2020; p=0.340).

E-cigarettes

Recent Use (past 6 months): Just over half (54%) of the 2021 sample had used e-cigarettes in the six months preceding interview, comparable to 2020 (43%; p=0.177) (Figure 49).

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Frequency of Use: Among those reporting recent use, participants reported a median of 20 days of use in the past six months (IQR=4–137; n=54) similar to 10 days in 2020; IQR=5–35; n=43; *p*=0.155). Of these participants, 18% reported daily use of e-cigarettes, comparable to 2020 (14%; *p*=0.838).

Forms Used: Among those participants reporting recent use (n=54), the majority (91%; n=49) reported using e-cigarettes containing nicotine, and 11% (n=6) reported using e-cigarettes containing cannabis in 2021. Small numbers (n≤5) reported using e-cigarettes that contained both cannabis and nicotine, or neither cannabis nor nicotine.

Reason for Use: Among participants that reported recent use (n=54), 22% reported using e-cigarettes as a smoking cessation tool in 2021 (33% in 2020; *p*=0.254).

Nitrous Oxide

Recent Use (past 6 months): Sixty per cent of participants reported recent use of nitrous oxide in 2021, stable from 63% in 2020 (*p*=0.771) (Figure 49).

Frequency of Use: Frequency of use decreased significantly from a median of five days in 2020 (IQR=2–10; n=63); to three days in 2021 (IQR=2–6; n=60; *p*=0.020).

Quantity: We asked participants about the average amount of nitrous oxide that participants had used in the six months preceding interview. In a 'typical' session, participants reported using a median of five bulbs (IQR=2.5–17.5; n=59; similar to 7 bulbs in 2020; IQR=4–13.5, n=63; *p*=0.320).

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): Just over half (54%) of the sample reported recent use of amyl nitrite in 2021, comparable to 43% in 2020 (*p*=0.119) (Figure 49).

Frequency of Use: Frequency of use was reported at a median of three days in 2021 (IQR=1–6; n=54) similar to five days in 2020 (IQR=2–10; n=42; *p*=0.056).

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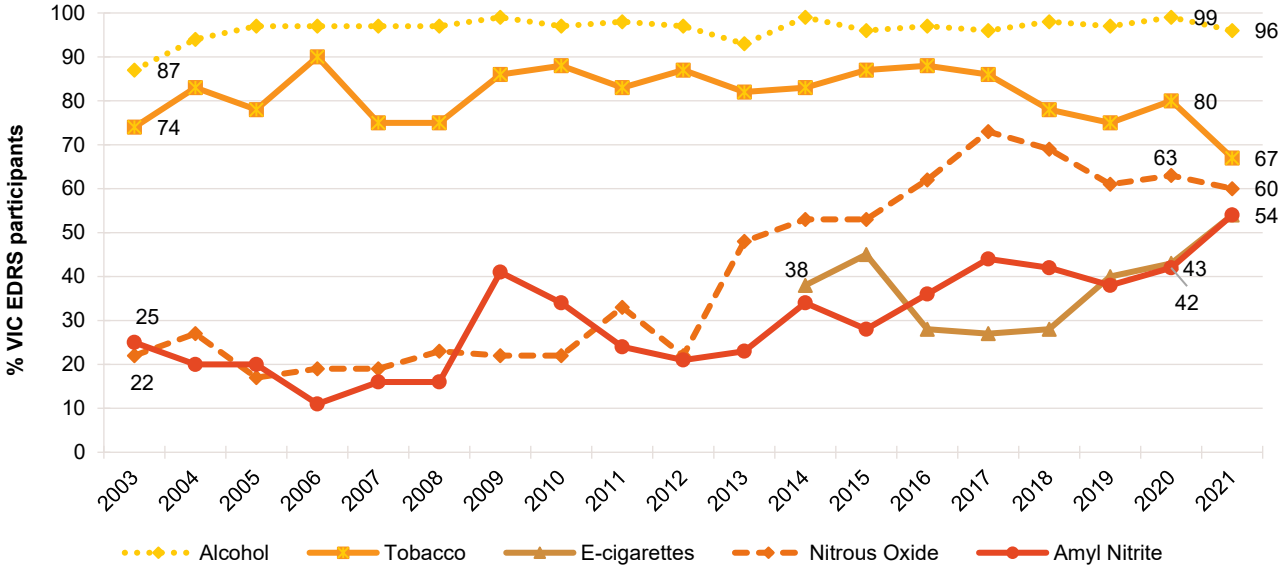
Figure 49: Licit and other drugs used in the past six months, Victoria, 2003-2021



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

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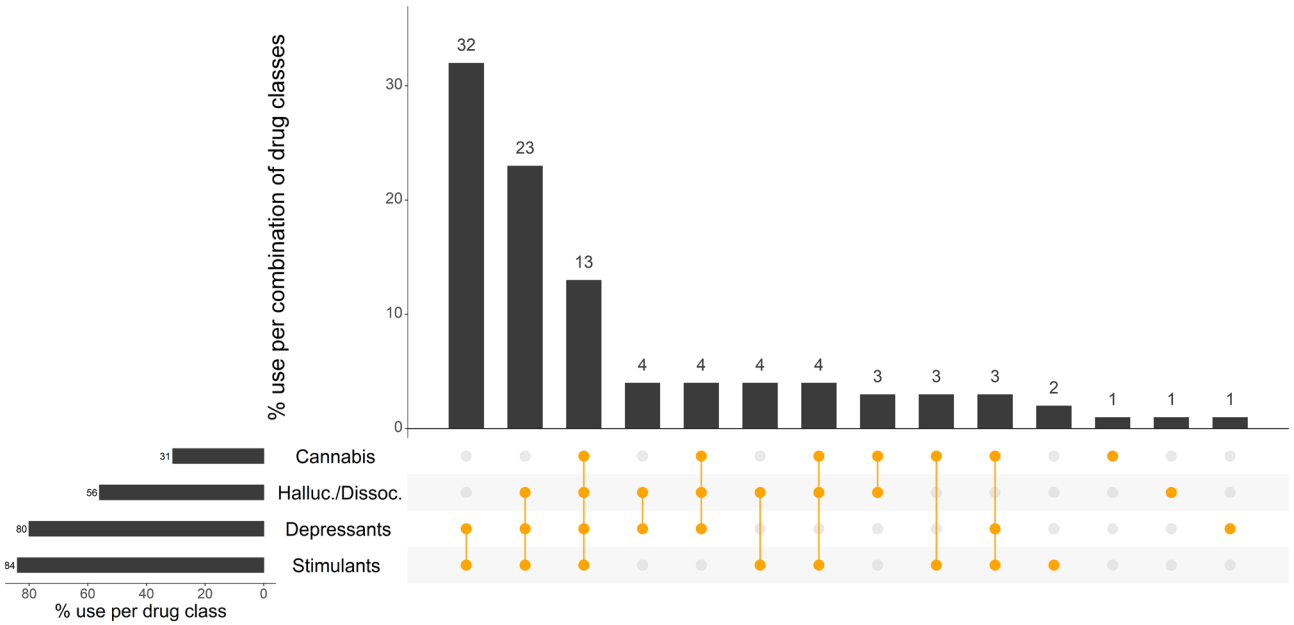
10

Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, 98% of participants reported concurrent use of two or more drugs. The most used drug classes were stimulants (84%; predominantly comprising ecstasy and cocaine), depressants (80%; predominantly comprising alcohol), hallucinogens/dissociatives (56%), and tobacco (52%). The most common combinations of drug classes were stimulants and depressants (32%), followed by stimulants, depressants and hallucinogens/dissociatives (23%). Thirteen per cent reported use of stimulants, depressants, hallucinogens/dissociatives, and cannabis on the last occasion of use (Figure 50).

Figure 50: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Victoria, 2021: Most common drug pattern profiles



Note. % calculated out of total EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, MDMA, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 35% to improve visibility of trends.

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Alcohol Use Disorders Identification Test

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

In 2021, the mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 12.1 (SD=6.4), a significant increase from 11.8 (SD=5.4) in 2020 (p<0.001). AUDIT scores are divided into four 'zones' which indicate risk level. Almost three-quarters (73%) of the sample obtained a score of eight or more, indicative of hazardous use (comparable to 82% in 2020; p=0.201) (Table 6).

Table 6: AUDIT total scores and per cent of participants scoring above recommended levels, Victoria, 2010-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=97	**N=98**	**N=97**	**N=96**	**N=100**	**N=97**	**N=97**	**N=97**	**N=98**	**N=98**	**N=98**	**N=100**
Mean AUDIT total score (SD)	14.1 (7.1)	13.3 (7.2)	15 (7.5)	12.1 (6.8)	12 (6.1)	11.5 (6.3)	11.5 (6.6)	10.4 (6.6)	12.6 (6.2)	12 (7.5)	11.8 (5.4)	**12.1*** (6.4)**
Score 8 or above (%)	78	81	83	70	78	71	66	62	81	74	82	**73**
Score 0-7: low risk drinking or abstinence	22	19	18	30	22	29	34	38	19	26	18	**27**
Score 8-15: alcohol use in excess of low-risk guidelines	31	43	40	41	51	47	43	43	55	50	57	**43**
Score 16-19: harmful or hazardous drinking	24	22	12	10	13	12	12	7	12	7	15	**18**
Score 20 or higher: possible alcohol dependence	24	15	30	19	14	11	10	11	14	17	9	**12**

Note. Monitoring of AUDIT first commenced in 2010. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Overdose Events

Non-Fatal Overdose

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

From 2019, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.
- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

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

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

Non-Fatal Stimulant Overdose

In 2021, 15% of the VIC sample reported a stimulant overdose in the last 12 months (16% in 2020; p=0.951) (Figure 51). Of those who had experienced a stimulant overdose event in the last year (n=15), most nominated some form of MDMA/ecstasy (pills: 47% and crystal: 20%) and/or cocaine (60%) on the last occasion that they had experienced a stimulant overdose event in the past 12 months. Seven per cent reported that they had also consumed one or more additional drugs on the last occasion (most commonly alcohol). On the last occasion, all participants (100%) reported not receiving treatment or assistance.

Non-Fatal Depressant Overdose

Alcohol: In 2021, 14% (16% in 2020; p=0.820) of the sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of one occasion (IQR=1–3; 1 in 2020; IQR=1–1; p=0.439). Of those who had experienced an alcohol overdose in the past year (n=14), the majority (93%) reported not receiving treatment on the last occasion. Few participants reported receiving treatment (n≤5), therefore, participant reports on immediate treatment received are suppressed. Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): Seventeen per cent of participants reported any depressant overdose in the last 12 months, stable relative to 2020 (17%) (Figure 51). Of those who had experienced any depressant overdose in the last year (n=17), the majority reported alcohol as the

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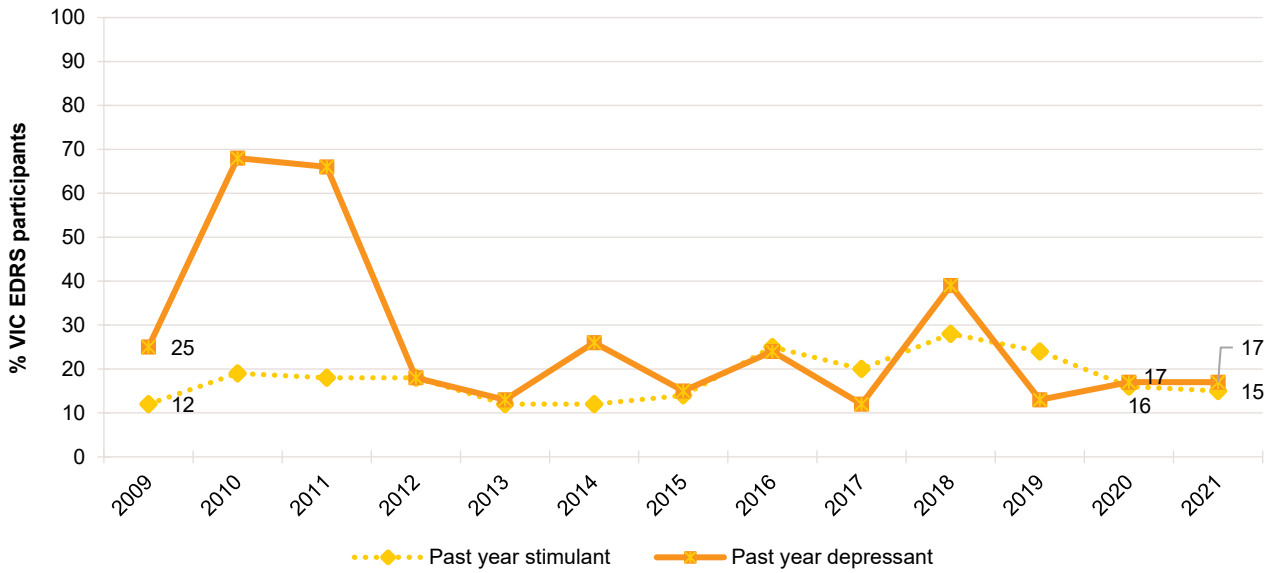
primary cause (82%). Fewer participants (n≤5) reported an overdose due to other drugs, therefore, these numbers are suppressed. Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Figure 51: Past 12 month non-fatal stimulant and depressant overdose, Victoria, 2009-2021

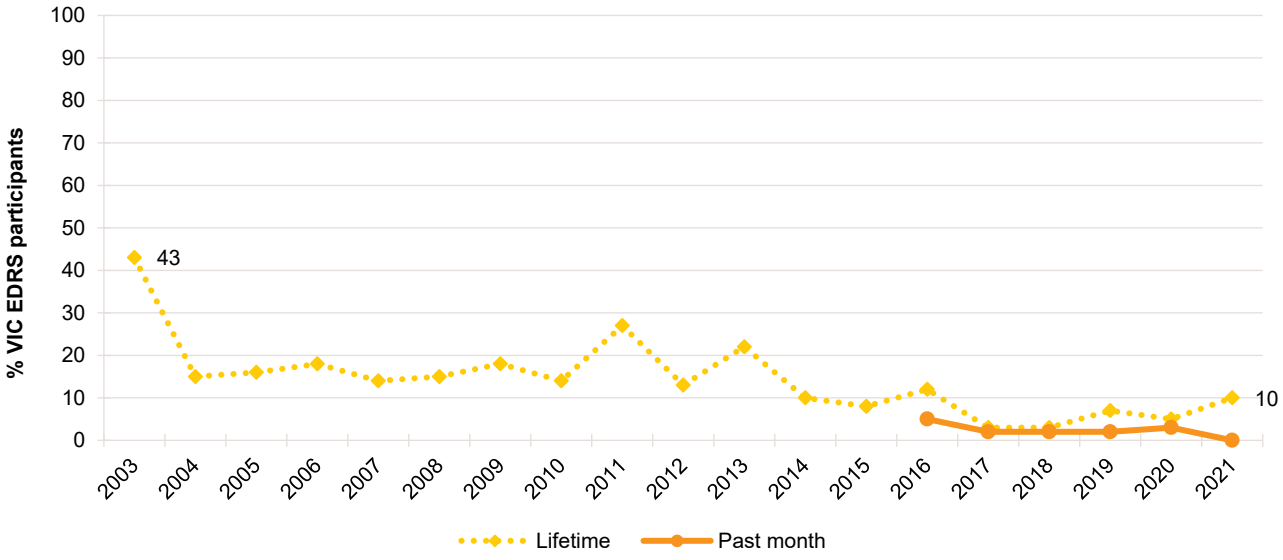


Note. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2020 and 2021 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

One-tenth (10%) of participants reported lifetime injection in 2021 (n≤5 in 2020) (Figure 52). No participants reported injecting drugs in the past month (n≤5 in 2020).

Figure 52: Lifetime and past month drug injection, Victoria, 2003-2021



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels are only provided for the first (2003/2016) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Drug Treatment

Small numbers (n≤5) reported receiving drug treatment in 2021; consistent with reporting in previous years (0% in 2020). Please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

In 2021, 78% of the sample reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if conducted face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=78), 95% reported using alcohol and/or other drugs prior to, or while engaging in, sexual activity. Small numbers (n≤5) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Further, of those who had engaged in sexual activity in the past four weeks and who responded (n=78), 14% reported penetrative sex without a condom where they did not know the HIV/STI status of their partner in the past four weeks (Table 7).

Just under two-fifths (39%) of the total sample reported having a sexual health check-up in the past six months. A further 44% had done so more than six months ago, and 17% had never had a sexual health check-up. Of the total sample, 80% reported that they had not received a positive diagnosis for a sexually transmitted infection (STI), and 15% had received a positive diagnosis over six months ago (low numbers (n≤5) reported receiving a positive diagnosis in the past six months).

Seventy-two per cent reported having ever had a test for human immunodeficiency virus (HIV; 32% in the past six months; 40% more than six months ago). The majority of the sample (98%) had never been diagnosed with HIV.

Table 7: Sexual health behaviours, Victoria, 2021

	2021
	N=100
% Any sexual activity in the past four weeks (n)	78 n=78
Of those who responded[#]:	n=78
% Drugs and/or alcohol used prior to or while engaging in sexual activity	95
Of those who responded[#]:	n=78
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	-
Of those who responded[#]:	n=78
% Had penetrative sex without a condom and did not know HIV status of partner	14
Of the total sample (past six months):	n=100
% Had a HIV test	32
% Diagnosed with HIV	-
% Had a sexual health check	39
% Diagnosed with a sexually transmitted infection	-

Note. Don't know and did not respond responses excluded. [#]Due to the sensitive nature of these items there is missing data for some participants who chose not to respond. - not reported, due to small numbers (n≤5 but not 0).

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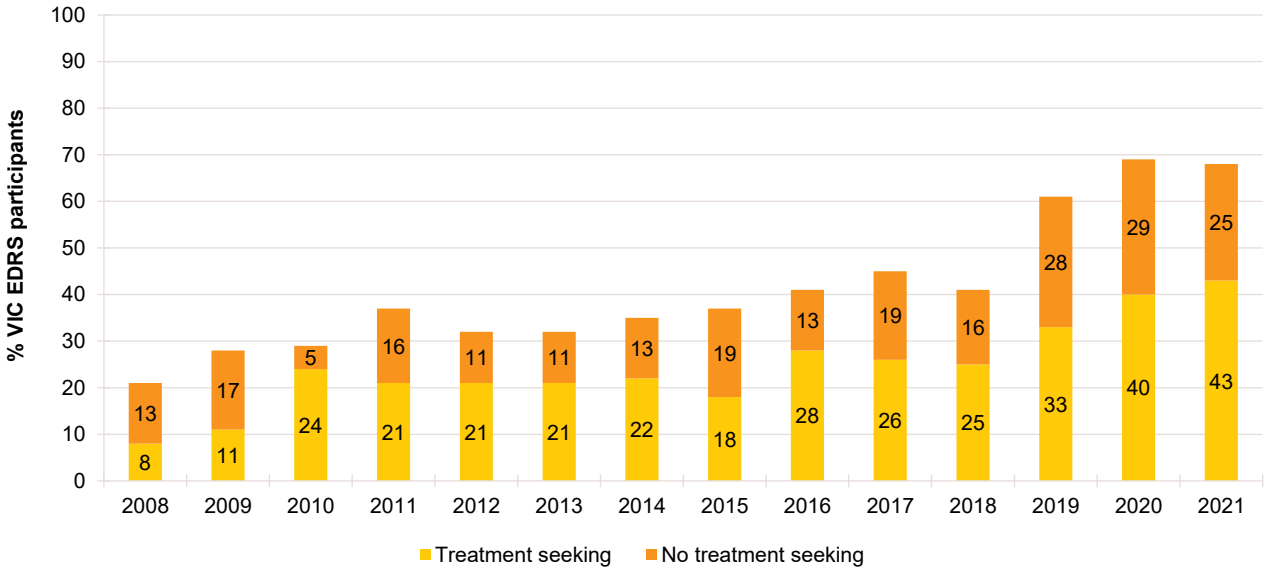
Mental Health

The number self-reporting mental health problems has increased steadily over time. In 2021, just over two-thirds (68%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable from 2020 (70%; *p*=0.916). Of those who reported a mental health problem in 2021 (n=68), the most common mental health problem was anxiety (68%), followed by depression (55%). Of those that reported experiencing a mental health problem (n=68), 63% reported seeing a mental health professional during the past six months (similar to 58% in 2020; *p*=0.649), equivalent to 43% of the total sample (Figure 53). Of these participants (n=43), 51% reported being prescribed medication for this problem in this period (50% in 2020).

Figure 53: Self-reported mental health problems and treatment seeking in the past six months, Victoria, 2008-2021



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Driving

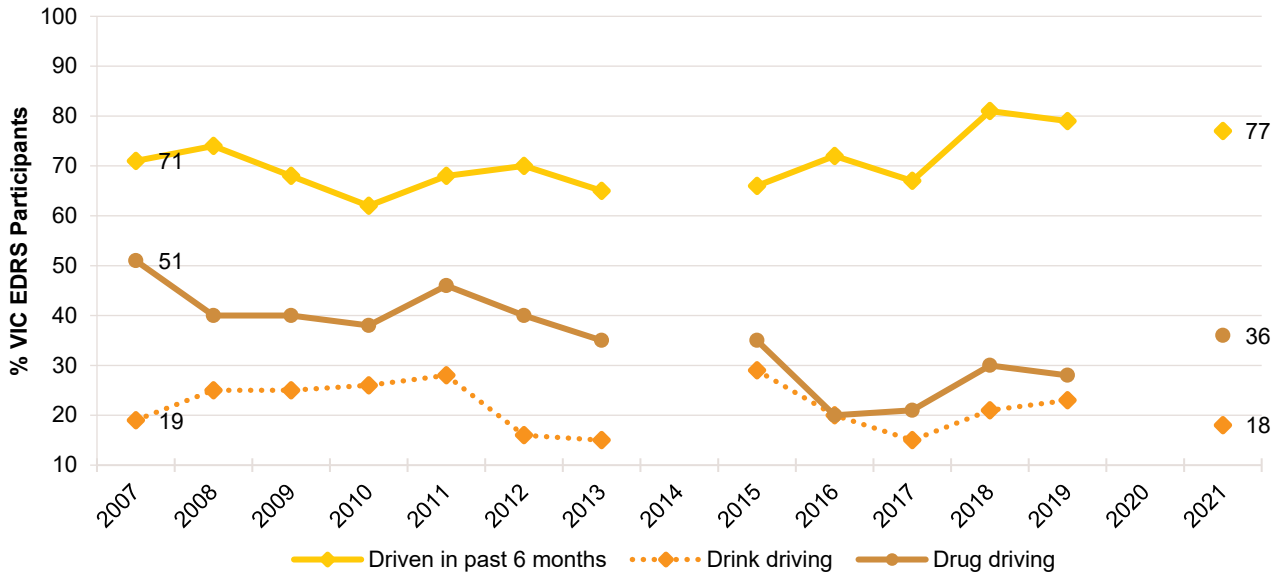
The majority (77%) of the VIC sample had driven a car, motorcycle or other vehicle in the last six months (Figure 54). Of those who responded (n=96), 18% reported driving while over the perceived legal limit of alcohol. Out of the total sample (n=100), 36% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (Table 8). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using cannabis prior to driving (44%), and one-third (33%) reported using cocaine prior to driving. Fifteen per cent of participants reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview, while small numbers (n≤5) reported that they had been tested for drug driving.

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

	2021
	N=100
% Driven in the last six months	77
% Driven over the legal alcohol limit in the last six months	18 (n=96)
% Driven within three hours of consuming illicit drug(s) last six months	36
% Tested for drug driving by police roadside drug testing last six months	-
% Breath tested for alcohol by police roadside testing last six months	15

Note: Questions about driving behaviour were not asked in 2020. Computed out of the total sample. - not reported, due to small numbers (n≤5 but not 0).

Figure 54: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, Victoria, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and the most recent year (2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables

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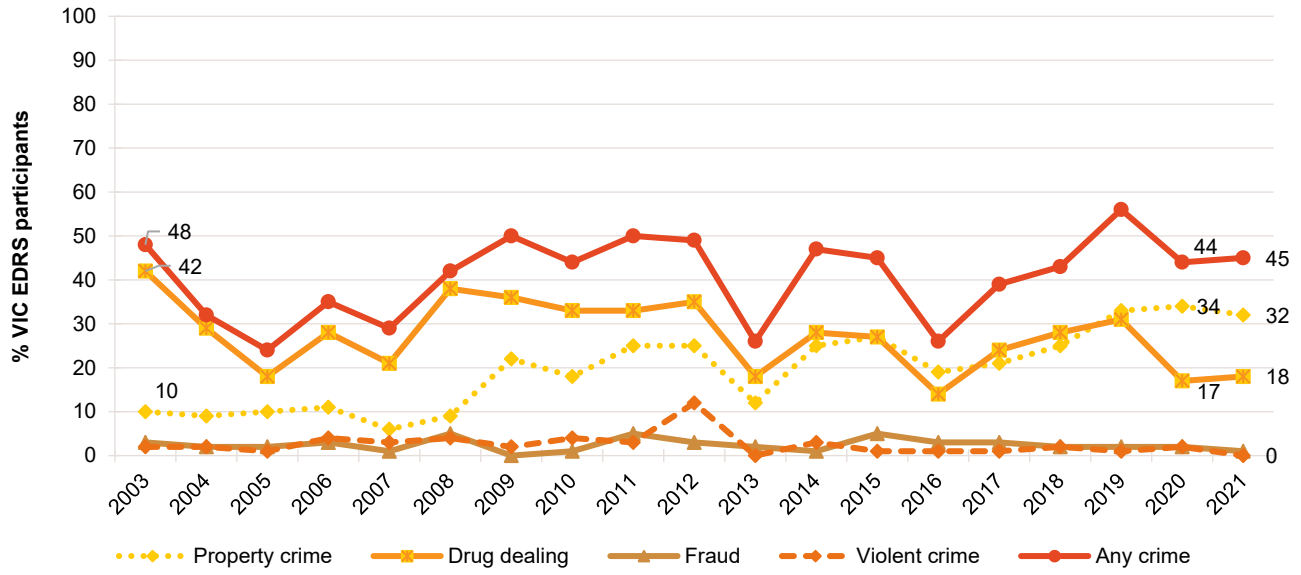
Crime

Some crime data for 2021 was captured during the COVID-19 restriction period (i.e., data were captured from April-June 2021, and participants reported on past month behaviour).

Forty-five per cent of the sample reported committing a crime in the past month (44% in 2020), with property crime remaining the main form of criminal activity (32%; 34% in 2020; *p*=0.880) (Figure 55). Drug dealing was reported by 18% of participants (17% in 2020; *p*=0.947). No participants reported a violent crime in 2021, and low numbers (n≤5) reported fraud or being the victim of a crime involving violence (e.g., assault); therefore, these numbers are suppressed.

One-tenth (10%) of participants reported having been arrested in the past 12 months preceding interview (8% in 2020; *p*=0.805). Few participants (n≤5) provided reasons for arrest, or reported ever having been in prison, therefore, these data are suppressed. Please refer to the National EDRS report or contact the Drug Trends team for further information.

Figure 55: Self-reported criminal activity in the past month, Victoria, 2003-2021



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

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Modes of Purchasing Illicit or Non-Prescribed Drugs

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

The most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2021 was via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder; 88%; comparable to 81% in 2020; p=0.253). 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. Half of the sample (52%) arranged the purchase of drugs face-to-face, although this significantly decreased from 2020 (68%; p=0.026). Significantly fewer participants reported arranging to purchase illicit drugs via text messaging (20%; 48% in 2020; p<0.001) and via phone calls in 2021 (19%; 36% in 2020; p=0.013) (Table 9).

The majority of participants in 2021 reported obtaining illicit drugs from a known dealer/vendor (75%; 75% in 2020), followed by a friend/relative/partner/colleague (73%; similar to 82% in 2020; p=0.163). Significantly fewer participants reported obtaining illicit drugs from an unknown dealer/vendor in 2021 (33%; 49% in 2020; p=0.036) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (99%), similar to 2020 (94%; p=0.127). There was no change between reports of participants receiving illicit drugs via post between 2021 and 2020 (10% and 12%, respectively; p=0.841). Few participants (n≤5) reported receiving illicit drugs via a collection point in 2021 (18% in 2020; p=0.004; defined as a predetermined location where a drug will be left for later collection).

In 2021, a minority of participants (n≤5) reported ever having sold illicit drugs on the surface or darknet, therefore, these data are suppressed. Although, 67% of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 48% doing so in the last 12 months, stable relative to 45% in 2020 (p=0.740).

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Table 9: Means of purchasing illicit drugs in the past 12 months, Victoria, 2019-2021

	2019	2020	2021
% Purchasing approaches in the last 12 months^	N=99	N=100	**N=99**
Face-to-face	81	68	**52***
Surface web	-	7	**-**
Darknet market	7	7	**6**
Social networking applications	76	81	**88**
Text messaging	50	48	**20*****
Phone call	34	36	**19***
Grew/made my own	/	-	**0**
Other	-	-	**0**
% Means of obtaining drugs in the last 12 months^~	N=99	N=100	**N=99**
Face-to-face	99	94	**99**
Collection point	-	18	**-**
Post	11	12	**10**
% Source of drugs in the last 12 months^	N=99	N=100	**N=99**
Friend/relative/partner/colleague	84	82	**73**
Known dealer/vendor	82	75	**75**
Unknown dealer/vendor	33	49	**33***

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