EDRS

WESTERN AUSTRALIAN DRUG TRENDS 2021

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

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

Jodie Grigg & Simon Lenton

National Drug Research Institute and enAble Institute, Faculty of Health Sciences, Curtin University

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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.

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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;
- Cristal Hall, Sarah Eddy, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Yalei Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas, 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 contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Chelsea Bramich and Emily Stewart for helping to conduct the Western Australia EDRS interviews in 2021. We would also like to thank the Students for Sensible Drug Policy (SSDP) for their assistance in piloting the interview. We would also like to thank the members of the Drug Trends Advisory Committee as well as the Australian Injecting & Illicit Drug Users League (AVIL) 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
2C-B	4-bromo-2,5-dimethoxyphenethylamine
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
OTC	Over-the-counter
PMA	Para*methoxyamphetamine*
PTSD	Post-Traumatic Stress Disorder
ROA	Route of administration
SD	Standard Deviation
STI	Sexually transmitted infection
UNSW	University of New South Wales
WA	Western Australia
WHO	World Health Organisation

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Executive Summary

The Western Australia (WA) EDRS sample is a sentinel group of people aged 18 years and over who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of mouth in Perth, WA. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from May-July. Interviews were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The WA EDRS sample (N=100) recruited from Perth were predominantly young (median=22, IQR=19-26), male (64%), well-educated (54% holding post-school qualification(s)) and living with their parents/at their family home (46%) or in a rented house (46%). The sample was slightly older in 2021 compared to 2020 (p=0.008), reflective of the age criterion change from ≥16 years old to ≥18 years old in 2021. Ecstasy and cannabis continued to be the drugs of choice (27% and 22%, respectively).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Almost two-fifths (37%) of the WA sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Six per cent of the sample had received at least one-dose of the COVID-19 vaccine at the time of interview, and the majority (79%) reported that they were 'not at all' worried about contracting COVID-19.

Ecstasy

While recent (past 6 month) use of ecstasy capsules significantly decreased in 2021 (67%; 83% in 2020; p=0.014), they remained the most popular form, followed closely by crystal (63%; 61% in 2020). Meanwhile, there was a non-significant increase in reported use of traditional pressed pills in 2021 (37%; 25% in 2020), breaking a steady declining trend since 2015. The median days of any ecstasy use significantly declined from 12 days in 2020 to 6 days in 2021 (p<0.001). A significant difference was also observed in the perceived availability and purity of crystal and capsule forms of ecstasy, with more participants reporting access as 'difficult' and purity as 'low' in 2021. Finally, while price has been steadily declining in recent years, the median price of various forms of ecstasy significantly increased in 2021, specifically, pills ($25; $20 in 2020; p=0.011), capsules ($28; $20 in 2020; p<0.001) and crystal (per gram) ($250; $125 in 2020; p<0.001)

Methamphetamine

While recent (past six month) use of methamphetamine has declined among the WA sample since the commencement of monitoring in 2003, it has remained stable in recent years (12% in 2020; 13% in 2021). In recent years, crystal has been the main form of methamphetamine reportedly used. While a significant increase was observed in the frequency of recent crystal methamphetamine use (p=0.013) in 2021, very few participants (≤5) reported weekly or more frequent use. Very few (n<10) were able to comment on market trends for crystal methamphetamine.

Cocaine

Recent use of cocaine has increased since monitoring began, and this trend continued in 2021 (59% in 2021; 48% in 2020). While the increase in the proportion reporting recent use was not significant, there was a significant increase in the frequency of cocaine use in the preceding six months (median of 5 days in 2021; 3 days in 2020; p=0.008). However, very few (≤5) reported weekly or more frequent use. Consistent with previous years, most participants perceived cocaine as 'easy' or 'very easy' to obtain and perceptions of purity remained mixed. However, the price

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significantly increased to $400 in 2021 ($350 in 2020; *p*=0.001).

Cannabis

Each year since monitoring began, at least three-in-four participants have reported recent use of cannabis. In 2021, 82% reported recent use (87% in 2020), and among these, 21% reported daily use. In 2021, a significant increase was observed in the percentage reporting swallowing and inhaling/vaporising (48% and 20%, respectively). Consistent with past years, most (88%) reported that hydroponic cannabis was 'easy' or 'very easy' to access. While the price per gram of hydroponic cannabis remained stable at $25, the price per ounce significantly increased to $400 ($350 in 2020; *p*=0.012).

Ketamine, LSD and DMT

Although no significant differences were observed between 2020 and 2021, WA observed the highest percentage of participants reporting recent ketamine, LSD and DMT use since data collection began. In 2021, 41% reported ketamine use in the preceding six months (31% in 2020), 55% reported LSD use (43% in 2020) and 27% reported DMT use (20% in 2020). However, frequency of recent use remained low for all three drugs (median of 2 days). The price per tab of LSD remained stable at $25, and while not significant, less reported access of LSD as 'difficult'. A small (but increasing) proportion have been able to comment on market trends of ketamine. Thus, results for ketamine should be interpreted with caution. Data on market trends for DMT was not collected.

New Psychoactive Substances (NPS)

NPS use among the WA sample has fluctuated over time. One-tenth (10%) of participants reported recent use of any NPS (including plant-based NPS) in 2021, stable from 2020 (9%).

Other Drugs

In 2021, recent use of hallucinogenic mushrooms significantly increased (47%; 23% in 2020; *p*=0.001), although frequency of recent use remained low (2 days median use). Recent pharmaceutical stimulant use remained stable (77%; 66% in 2020); as did frequency of recent use (median of 10 days; 6 days in 2020). Meanwhile, the proportion reporting recent use of nitrous oxide significantly declined (45%; 62% in 2020; *p*=0.021), while amyl nitrite remained stable (21%; 33% in 2020). Recent tobacco use remained stable (72%; 77% in 2020), but e-cigarette use significantly increased (55%; 31% in 2020; *p*=0.001). Benzodiazepine, codeine and other pharmaceutical opioid use remained stable between 2020 and 2021 (37%; 36% in 2020; 18%; 19% in 2020; and 9%; 6% in 2020, respectively).

Drug-Related Harms and Other Associated Behaviours

On the last occasion of ecstasy or related drug use, 82% of the WA sample in 2021 reported concurrent use of two or more drugs (including alcohol, tobacco and prescription medicines). Three-quarters (77%) of the sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Sixteen per cent reported a non-fatal stimulant overdose, and 17% reported a non-fatal depressant overdose in the past year. The per cent reporting injecting drug use remained low, as did the number currently in drug treatment. The majority of the sample (86%) reported engaging in sexual activity in the past four weeks, of which 10% reported penetrative sex without a condom where they did not know the HIV status of their partner. Two-thirds of the sample (66%) self-reported experiencing a mental health problem in the preceding six months, a significant increase from 49% in 2020 (*p*=0.026), most commonly depression and anxiety. Almost one-third (31%) reported driving while over the perceived legal limit of alcohol (in the preceding six months) and two-fifths (44%) reported driving within three hours of consuming an illicit or non-prescribed drug. About two-fifths (38%) reported some form of recent crime, with drug dealing and property crime most common. The majority of participants (97%) reported receiving their illicit drugs face-to-face on any occasion in the preceding 12 months, whilst 10% reported receiving them in the post.

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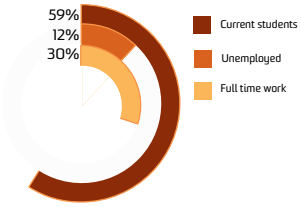
EDRS Ecstasy and Related Drugs Reporting System

2021 SAMPLE CHARACTERISTICS

In 2021, 100 people from Perth, WA, participated in EDRS interviews.

22 years 64%

The median age in 2021 was 22 (IQR = 19 - 26), and 64% identified as male.

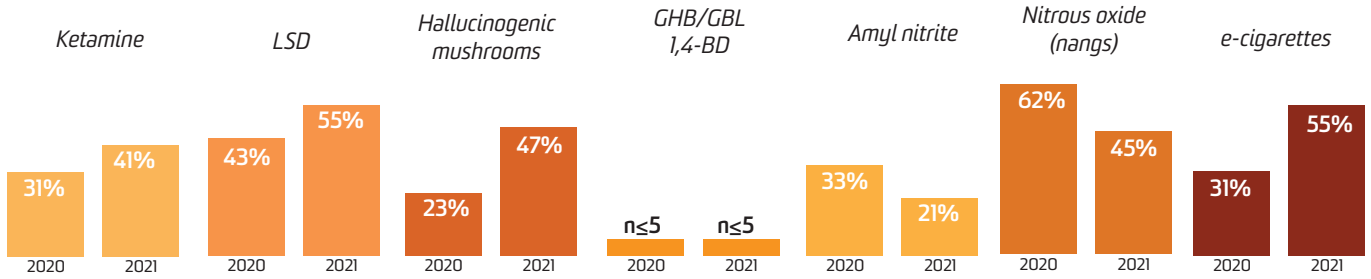


In the 2021 sample, 59% were enrolled students, 12% were unemployed, and 30% were employed full time.

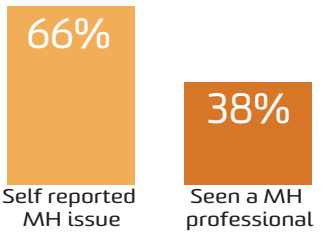
- ✓ Ecstasy
- ✓ Cocaine
- ✓ Other stimulants

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

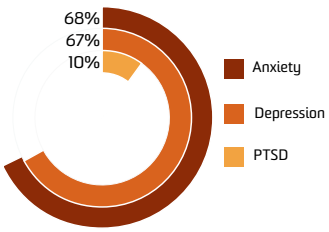
PAST 6 MONTH USE OF OTHER DRUGS



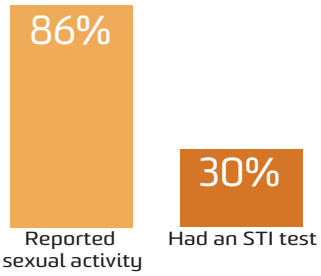
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



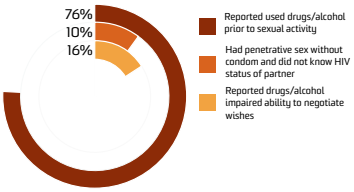
In the total sample, 66% self-reported a mental health issue and 38% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (68%), depression (67%) and PTSD (10%).

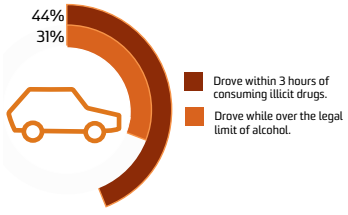


In the total sample, 86% reported sexual activity in the past 4 weeks, and 30% had a sexual health check in the past 6 months.

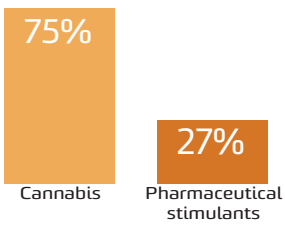


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (86%) and were able to comment.

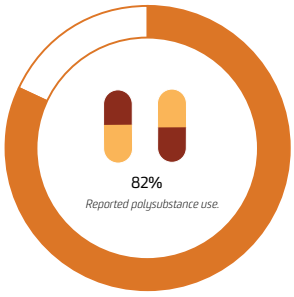
OTHER RISK BEHAVIOURS



In the total sample, 44% reported driving a vehicle within 3 hours of consuming illicit drugs and 31% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (75%) and non-prescribed pharmaceutical stimulants (27%).



In the total sample, 82% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.

In the total sample, 27% reported to have used stimulants and depressants on one occasion whereas 17% reported using stimulants, depressants and cannabis.

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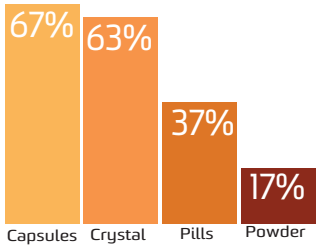
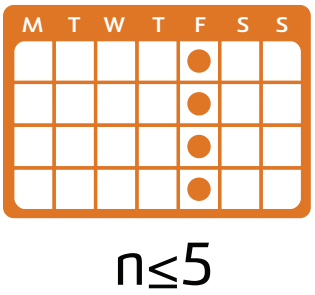
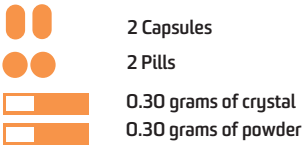
ECSTASY



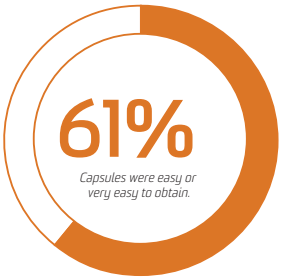
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.



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



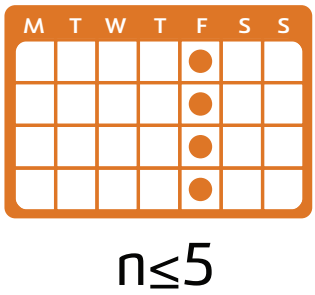
Median amounts of ecstasy consumed in a 'typical' session using each form.



Of those who could comment 61% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

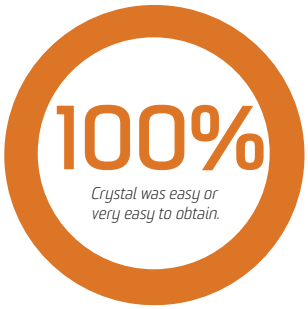
METHAMPHETAMINE

Past 6 month use of any methamphetamine (13%), crystal (10%), powder (n≤5) and base (n≤5) in 2021.



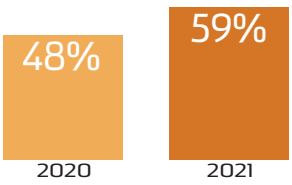
Of those who had recently consumed methamphetamine, n≤5 used it weekly or more frequently.

100% of people who had recently used crystal smoked it.

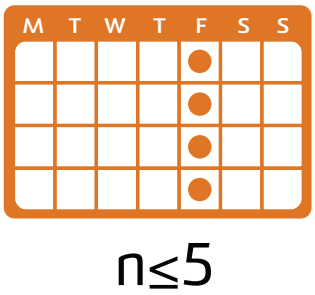


Of those who could comment 100% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

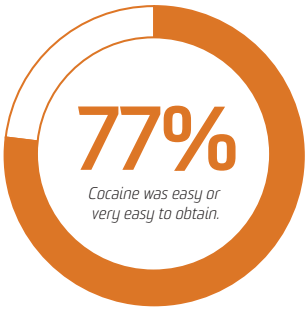


Past 6 month use of any cocaine remained stable from 2020 (48%) to 2021 (59%).



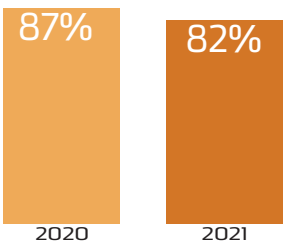
Of those who had consumed cocaine recently, n≤5 reported weekly or more frequent use.

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

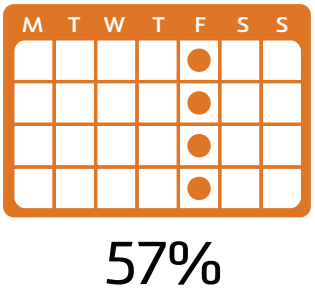


Of those who could comment 77% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS

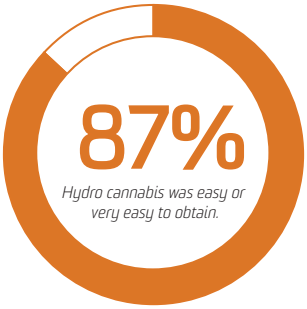


Past 6 month use of any cannabis remained stable from 87% in 2020 to 82% in 2021.



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

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



Of those who could comment 87% 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 16 years of age (17 in other jurisdictions due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

EDRS 2020-2021: COVID-19 Impacts on Recruitment and 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 16 years old to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

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Almost all jurisdictions, including Western Australia, had trouble recruiting participants in 2021. While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government border and movement 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 Perth, WA during May-July 2021. A total of 20 interviews were conducted via telephone.

Ten per cent of the 2021 WA sample had taken part in the 2020 interview (8% of the 2020 sample had taken part in the 2019 interview; p=0.188).

Data Analysis

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

Interpretation of Findings

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

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

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

Additional Outputs

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

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

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Sample Characteristics

In 2021, the WA EDRS sample was mostly similar to the sample in 2020 and in previous years (Table 1).

Almost two-thirds of the sample was male (64%; 65% in 2020), and the sample was significantly older in 2021 with a median age of 22 years (IQR=19-26; 20 years in 2020; IQR=19-23; *p*=0.008).

There was also a significant change in accommodation between 2020 and 2021 *(p*=0.022), with fewer participants reporting living in their parents/family house (46%; 64% in 2020), and a greater proportion living in a rented house/flat (46%; 32% in 2020).

Three-fifths (59%) were current students (60% in 2020), whereby 47% were studying at university/college and 13% were undergoing a trade/technical qualification.

There was also a significant change in employment between 2020 and 2021 *(p*=0.001), with almost one-third (30%) reporting full time employment in 2021 (18% in 2020) and only 12% reporting unemployment at the time of interview (34% in 2020).

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

	WA 2017	WA 2018	WA 2020	WA 2020	WA 2021	National 2021
	N=100	N=100	N=100	N=100	N=100	N=774
Median age (years; IQR)	19 (18-21)	20 (18-22)	19 (18-21)	20 (19-23)	**22** (19-26)**	24 (21-29)
% Gender						
Female	30	48	38	34	**32**	34
Male	69	52	62	65	**64**	63
Non-binary	/	/	0	-	**-**	-
% Aboriginal and/or Torres Strait Islander	-	-	-	0	**-**	6
% Sexual identity					*	
Heterosexual	87	94	88	91	**77**	73
Homosexual	-	-	-	-	**-**	4
Bisexual	10	-	8	6	**8**	14
Queer	**0**	0	-	0	**6**	6
Different identity	0	0	-	0	**-**	2
Mean years of school education (range)	12 (9-12)	12 (10-12)	12 (9-12)	12 (8-12)	**12 (9-12)**	12 (6-12)
% Post-school qualification(s)^	30	36	30	42	**54**	60

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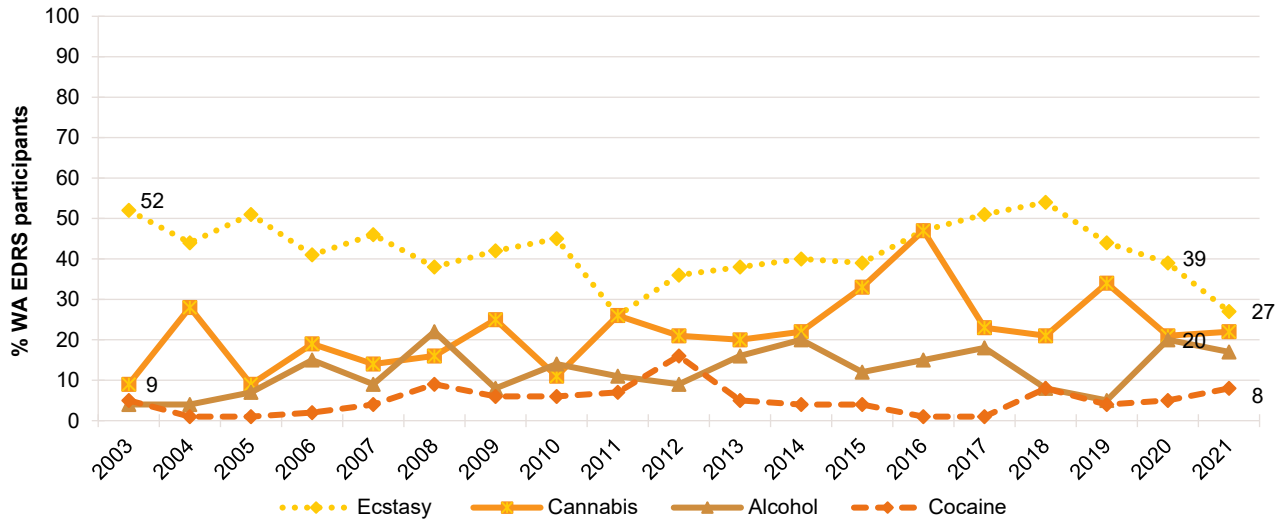
	WA 2017	WA 2018	WA 2020	WA 2020	WA 2021	National 2021
% Current employment status					**	
Employed full-time	24	22	12	18	**30**	27
Part time/casual	26	41	63	40	**54**	45
Self-employed	0	0	-	7	**-**	6
Students#	40	19	58	60	**59**	45
Unemployed	8	16	20	34	**12**	22
Current median weekly income $ (IQR)	$350 (144-700)	$400 (200-800)	$300 (150-500)	$550 (300-750)	**$600 (354-950)**	$600 (375-1000)
% Current accommodation					*	
Own house/flat	-	-	-	-	**7**	6
Rented house/flat	26	33	27	32	**46**	60
Parents'/family home	71	61	71	64	**46**	26
Boarding house/hostel	-	-	0	0	**0**	4
Public housing	0	0	0	0	**0**	2
No fixed address+	-	-	0	0	**0**	2
Other	-	-	-	-	**-**	1

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.

Drug of choice remained stable in 2021 compared to 2020 (p=0.192), despite the proportion of participants reporting ecstasy as their preferred drug declining from 39% in 2020 to 27% in 2021 (Figure 1). The drug used most often in the past month also remained stable between 2021 and 2020 (p=0.446), with alcohol most commonly reported (44% in 2020 and 2021), followed by cannabis (32% in 2021 and 36% in 2020) (Figure 2).

For the first time since reporting began, only a nominal per cent reported weekly or more frequent use of ecstasy in 2021 (n≤5; 25% in 2020; p<0.001), while 46% reported weekly or more frequent use of cannabis (46% in 2020).

Figure 1: Drug of choice, Western Australia, 2003-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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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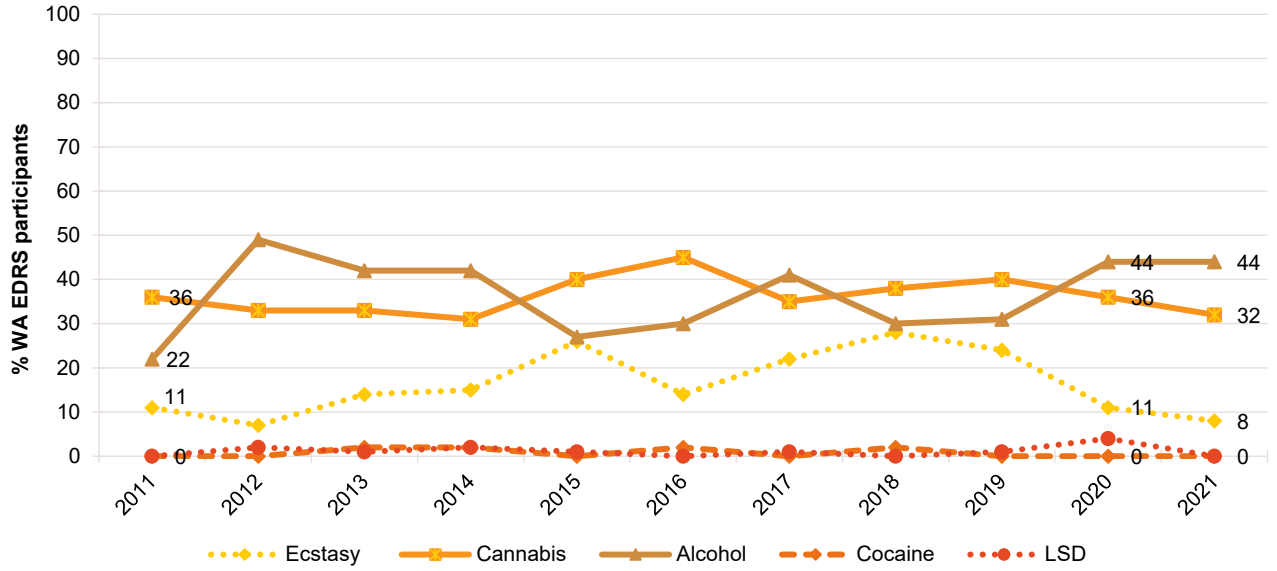
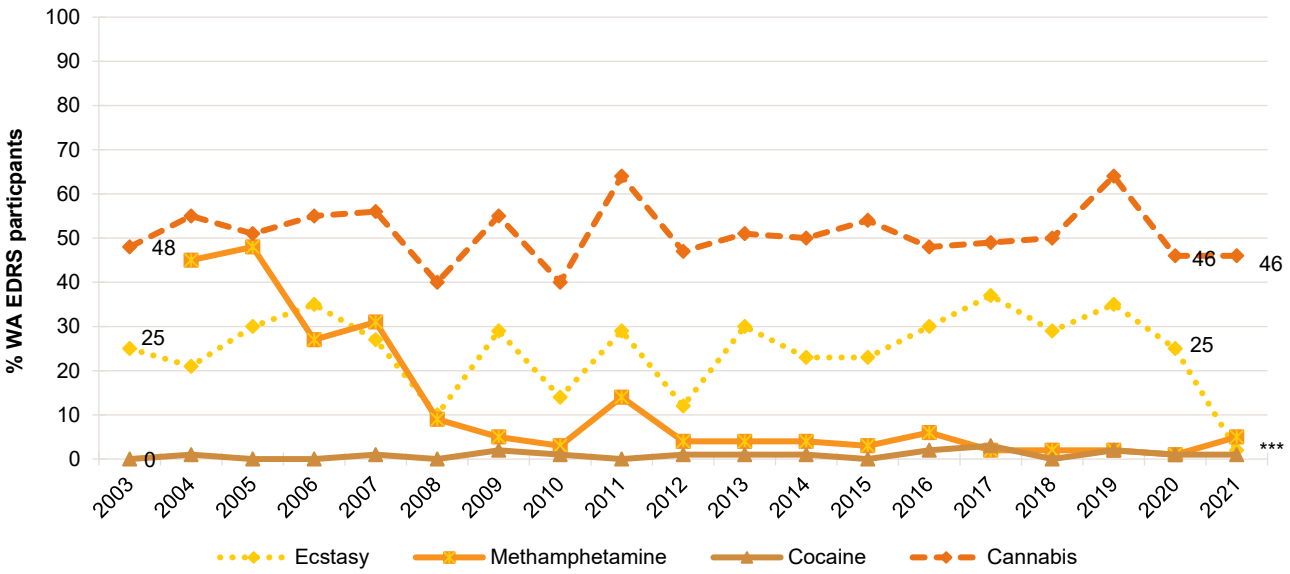
Figure 2: Drug used most often in the past month, Western Australia, 2011-2021



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 2011-2020 as this question was not asked in 2003-2010. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. 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.

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



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. 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

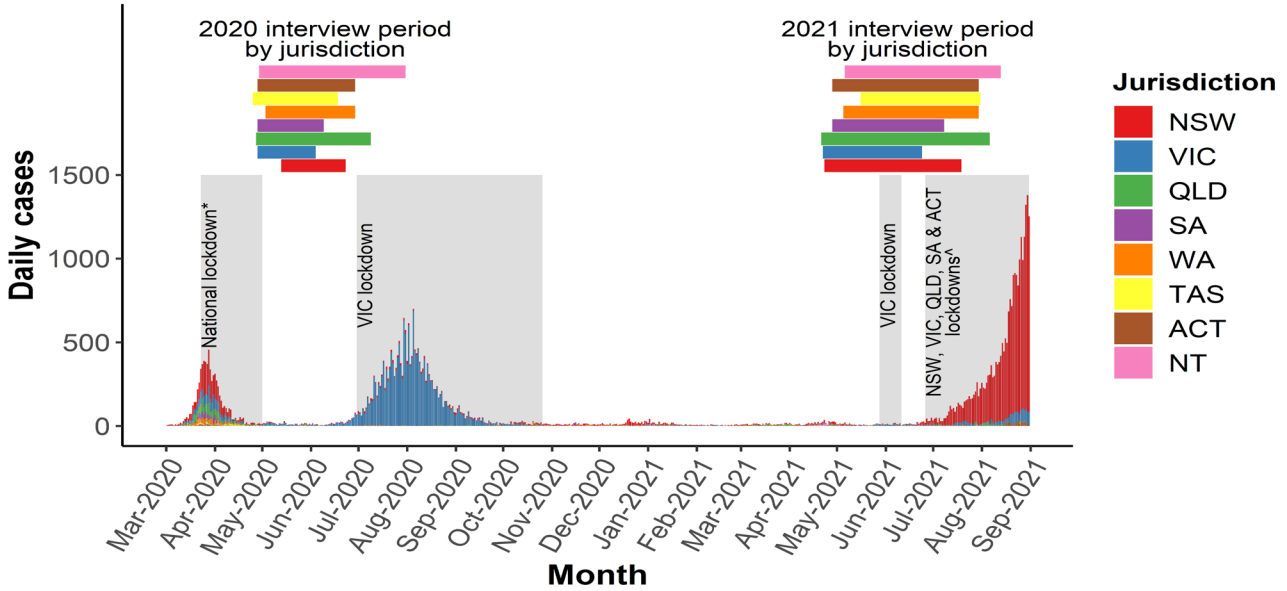
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28/3/2020) which declined shortly thereafter (<20 cases per day nationally from 20/4/2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5/8/2020), which subsequently declined from September onwards (<20 cases per day from 23/9/2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30/8/2021, not including cases from 1/09/2021 onwards) and a couple of months later in Victoria (peak 86 cases 29/8/2021, not including cases from 1/09/2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31/8/2021).

On the day WA EDRS advertising was due to commence, 23 April 2021, a snap 3-day lockdown of the Perth and Peel area was announced. This was followed by an extended period of mask wearing and other restrictions on social movement, café limits, etc. Thus, face-to-face interviews were postponed to 5 May when it was safe to proceed in cafes with masks and a variety of extra precautions (e.g., hand sanitiser on the table and sanitising of flash cards between interviews). However, as noted previously, a hybrid approach (telephone or face-to-face) was adopted later by all jurisdictions due to ongoing COVID-19 restrictions and difficulty generating interest in face-to-face interviews during an evolving pandemic.

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. Thus, this figure does not document the WA lockdown which occurred from midnight April 23 until midnight April 26. *National stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

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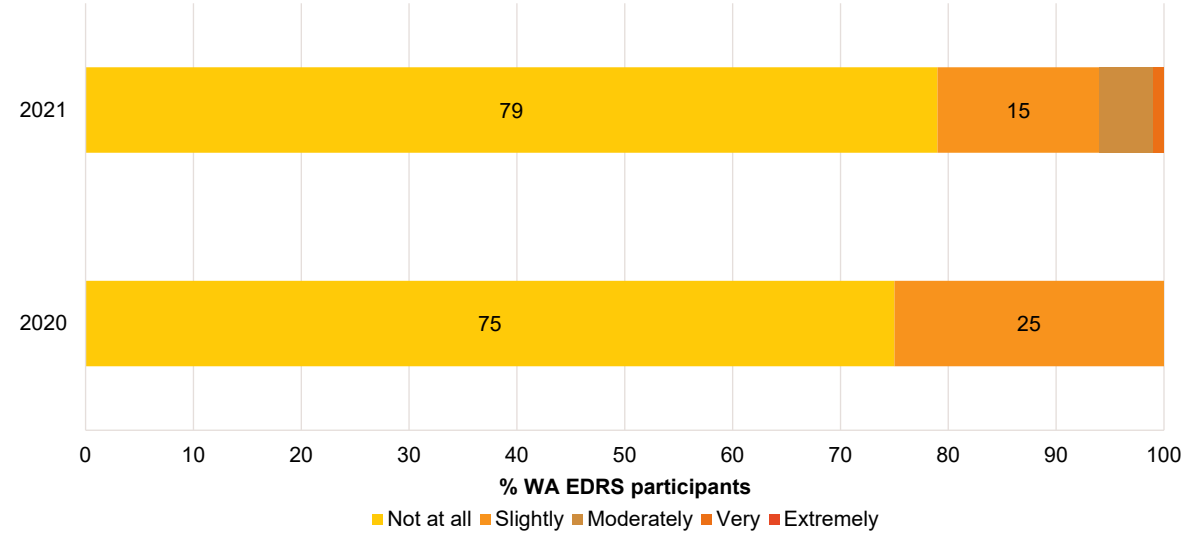
COVID-19 Testing and Diagnosis

In 2021, almost two-fifths (37%) of the sample had been tested for SARS-CoV-2 in the past 12 months (7% in 2020), though no participants had been diagnosed with the virus. When asked how worried participants were currently about contracting COVID-19, the majority (79%) reported 'not at all', while 15% were 'slightly' worried (Figure 5). Six per cent of the sample reported having received at least one dose of the COVID-19 vaccine at the time of interview. However, it should be noted that there were restrictions at the time regarding who was eligible for vaccination.

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

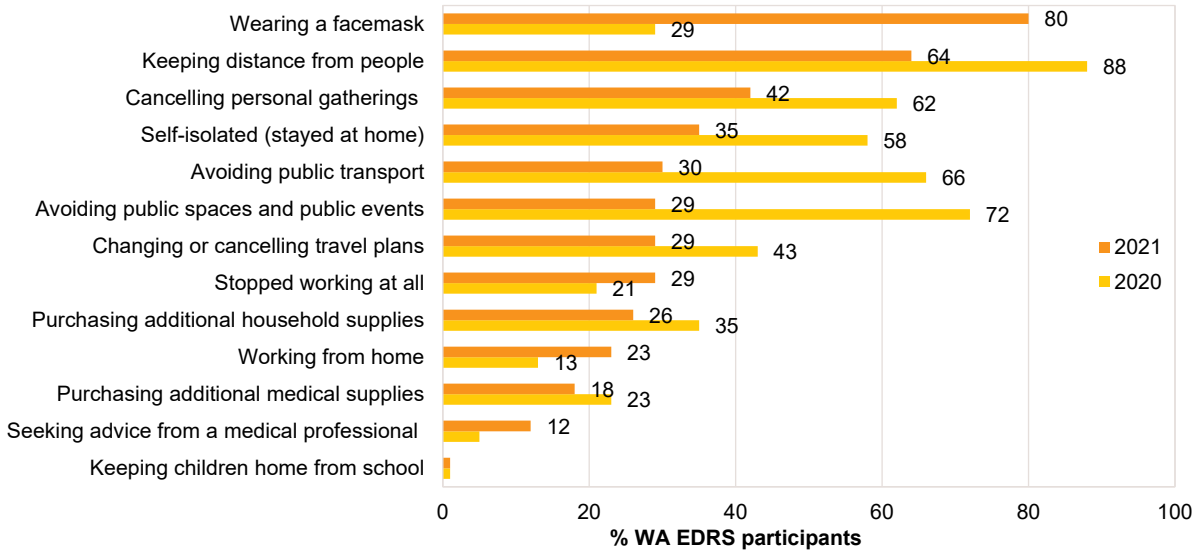


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

COVID-19 Related Health Behaviours

Participants were asked about COVID-19 health precautions they had engaged in in the four weeks preceding their interview (Figure 6). Most commonly, participants reported wearing a facemask (80%), keeping distance from people (64%) and cancelling personal gatherings (42%).

Figure 6: Health precautions related to COVID-19 in the past four weeks, Western Australia, 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.

Patterns of Consumption (any ecstasy)

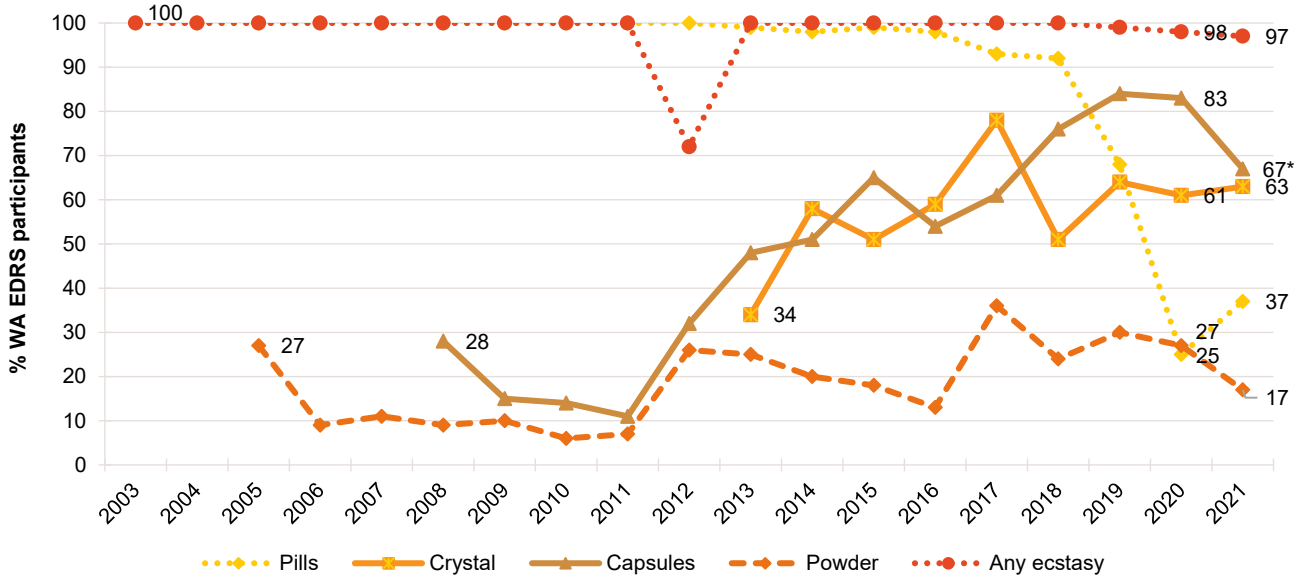
Recent Use (past 6 months)

Nearly all participants (97%) 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). Reported use of capsules significantly declined from 83% in 2020 to 67% in 2021 (p=0.014), while reported use of pressed tablets increased, albeit non-significantly.

Frequency of Use

Participants reported using ecstasy (in any form) on a median of 6 days (IQR=4-12; n=97), equivalent to monthly use in the preceding six months; this represents a significant decline from a median of 12 days in 2020 (IQR=7-23; p<0.001) (Figure 8). Among those that reported recent use (n=97), weekly or more frequent use of any form of ecstasy was reported by a nominal per cent (≤5 participants; 26% in 2020; p<0.001).

Figure 7: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Western Australia, 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *p<0.050;7 **p<0.010; ***p<0.001 for 2020 versus 2021.

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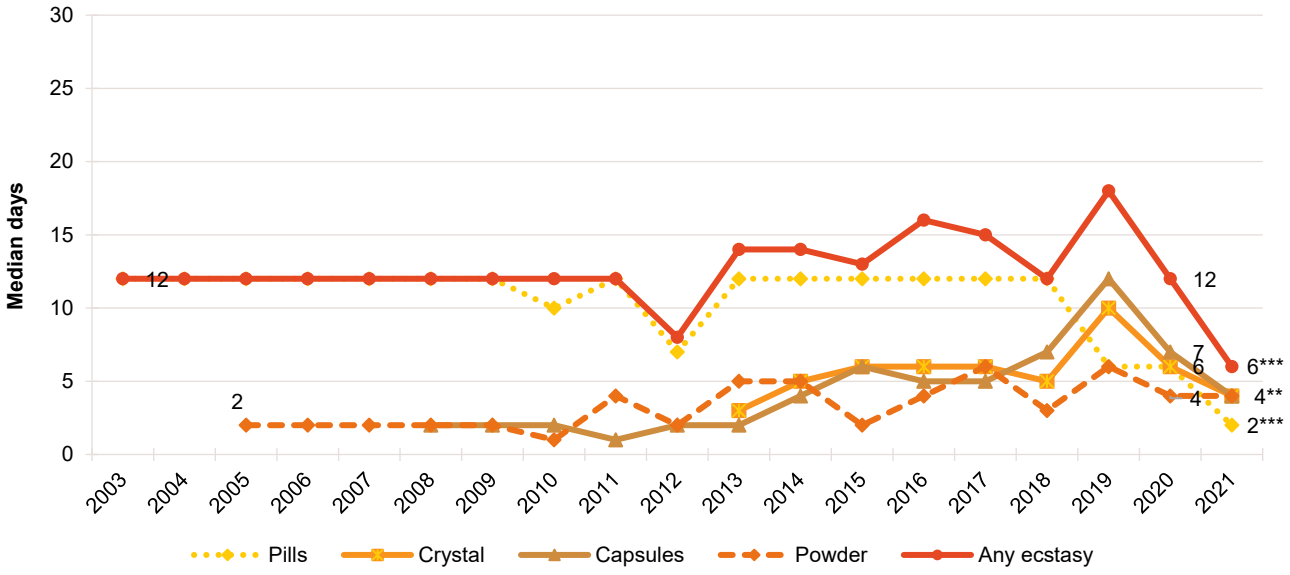
Figure 8: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Western Australia, 2003-2021



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 30 days to improve visibility of trends. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *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): In 2021, almost two-fifths (37%) reported recent use of ecstasy pills; a non-significant increase from 25% in 2020 (p=0.093) (Figure 7).

Frequency of Use: Participants reported using pills on a median of 2 days in the preceding six months (IQR=1-5); a significant decline from 6 days in 2020 (IQR=3-10; p<0.001) (Figure 8). No participants reported weekly or more frequent use (16% in 2020; p=0.047).

Routes of Administration: Swallowing remained the most common route of administration (ROA) (92%; 96% in 2020; p=0.905), while the proportion reporting snorting remained stable at 35% in 2021 (16% in 2020; p=0.172).

Quantity: Of those who reported recent use and responded (n=37), the median 'typical' amount used per session was 2 pills (IQR=1-2); stable from 2 pills in 2020 (IQR=1-3; p=0.268). Meanwhile, the median maximum amount used per session was also 2 pills (IQR=1-3; n=37); a non-significant decline from 4 pills in 2020 (IQR=1.5-5; p=0.115).

Ecstasy Capsules

Recent Use (past 6 months): The percentage reporting recent capsule use significantly declined from 83% in 2020 to 67% in 2021 (p=0.014) (Figure 7).

Frequency of Use: Participants reported consuming capsules on a median of 4 days in the preceding six months (IQR=3-7); a significant decline from 7 days in 2020 (IQR=4-12; p<0.001) (Figure 8). In 2021, no consumers reported weekly or more frequent capsule use (17% in 2020; p=0.001).

Routes of Administration: The most common ROA remained swallowing (97%; 96% in 2020), but one-third (34%) reported snorting; (27% in 2020; p=0.390).

Quantity: Of those who reported recent use and responded (n=67), the median 'typical' amount used per session was 2 capsules (IQR=1-2.5; 2 in 2020; IQR=2-3; p=0.025). Of those who reported recent use and responded (n=67), the median maximum amount used per session was 2 (IQR=2-4) capsules (4 in 2020; IQR=2-7; p=0.001).

Contents of Capsules: Of those who reported recent use and responded (n=67), 90% (n=60) said their last capsule contained crystal, 18% (n=12) said powder, and ≤5 participants said they did not look.

Ecstasy Crystal

Recent Use (past 6 months): Recent use of crystal remained stable at 63% (61% in 2020; p=0.884) (Figure 7).

Frequency of Use: Participants reported using crystal on a median of 4 days in the preceding six months (IQR=2-8); a significant decline from 6 days in 2020 (IQR=4-12; p=0.002; Figure 8). In 2021, a nominal per cent of participants who had recently used crystal reported weekly or more frequent use (n≤5; 16% in 2020; p=0.010).

Routes of Administration: The most common ROA remained swallowing (83%; 74% in 2020 p=0.334), followed closely by snorting (62%; 70% in 2020; p=0.412).

Quantity: Of those responding (n=53), the median 'typical' amount used per session was 0.30 grams (IQR=0.20-0.40; 0.50 grams in 2020; IQR=0.20-0.50; p<0.001). Of those who reported recent use and responded (n=53), the median maximum amount used per session was 0.40 grams (IQR=0.20-0.50; 0.80 grams in 2020; IQR=0.40-1.00; p<0.001).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder declined non-significantly from 27% in 2020 to 17% in 2021 (p=0.124) (Figure 7).

Frequency of Use: Participants reported consuming powder on a median of 4 days in the preceding six months (IQR=1-6); stable from 4 days in 2020 (IQR=2-8; p=0.473) (Figure 8). No consumers reported weekly or

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more frequent use (a nominal per cent reported weekly or more frequent use in 2020; n≤5).

Routes of Administration: The most common ROA for powder remained snorting (94%; 85% in 2020; *p*=0.674), while one-third reported swallowing (35%; 33% in 2021).

Quantity: Of those who reported recent use and responded (n=13), the median 'typical' amount used per session was 0.30 grams (IQR=0.10-0.50; 0.50 grams in 2020; IQR=0.30-0.50; *p*=0.147). Of those who reported recent use and responded (n=13), the median maximum amount used per session was 0.50 grams (IQR=0.30-0.60; 1.00 gram in 2020; IQR=0.30-1.10; *p*=0.072).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: In 2021, the median price per ecstasy pill significantly increased from $20 in 2020 (IQR=20-25) to $25 (IQR=25-30; n=25; *p*=0.011) in 2021 (Figure 9).

Perceived Purity: No significant difference was identified in perceived purity between 2020 and 2021 (*p*=0.867). Of those able to comment in 2021 (n=35), the greatest proportion (37%) perceived the purity of pills as 'low' (26% in 2020), followed by 'fluctuating' (31%; 35% in 2020) (Table 2).

Perceived Availability: No significant difference was identified between 2020 and 2021 in terms of perceived availability (*p*=0.546). Among those able to comment in 2021 (n=35), perceptions of availability were mixed, but the greatest per cent reported pills as being 'difficult' to obtain (31%; 32% in 2020) (Table 2).

Ecstasy Capsules

Price: In 2021, the median price per ecstasy capsule was $28 (IQR=25-30; n=46), a significant increase from $20 in 2020 (IQR=15-25; *p*<0.001) (Figure 9).

Perceived Purity: There was a significant difference in the perceived purity of capsules between 2020 and 2021 (*p*=0.049). Specifically, among those able to comment in 2021 (n=62), there was an increase in the percentage of participants nominating purity as 'low' (23%; 8% in 2020) and a decrease in the percentage nominating 'high' (21%; 34% in 2020) (Table 2).

Perceived Availability: There was a significant change in the perceived availability of capsules between 2020 and 2021 (*p*<0.001). Specifically, among those able to comment in 2021 (n=64), there was an increase in the percentage of participants perceiving access as 'difficult' (31%; 11% in 2020). An inverse decrease was observed in those reporting access as 'very easy' in 2021 (23%; 43% in 2020) (Table 2).

Ecstasy Crystal

Price: The median price per gram of ecstasy crystal significantly increased from $125 in 2020 (IQR=100-150) to $250 in 2021 (IQR=200-300; n=35; *p*<0.001) (Figure 10).

Perceived Purity: There was a significant difference in the perceived purity of crystal between 2020 and 2021 (*p*=0.003). Specifically, among those able to comment in 2021 (n=58), there was a decline in the percentage of participants perceiving purity as 'high' (28%; 61% in 2020) and an increase in those perceiving it as 'fluctuating' (29%; 16% in 2020) (Table 2).

Perceived Availability: There was a significant difference in the perceived purity of crystal between 2020 and 2021 (*p*=0.008). Specifically, among those able to comment in 2021 (n=59), there was a decline in the percentage of participants perceiving access as 'very easy' (19%; 47% in 2020) (Table 2).

Ecstasy Powder

Price: Due to low numbers reporting on the price of ecstasy powder in 2020 and 2021 (n≤5), data have been suppressed.

Perceived Purity: Due to low numbers reporting on the perceived purity of ecstasy powder in 2020 and 2021 (n≤5), data have

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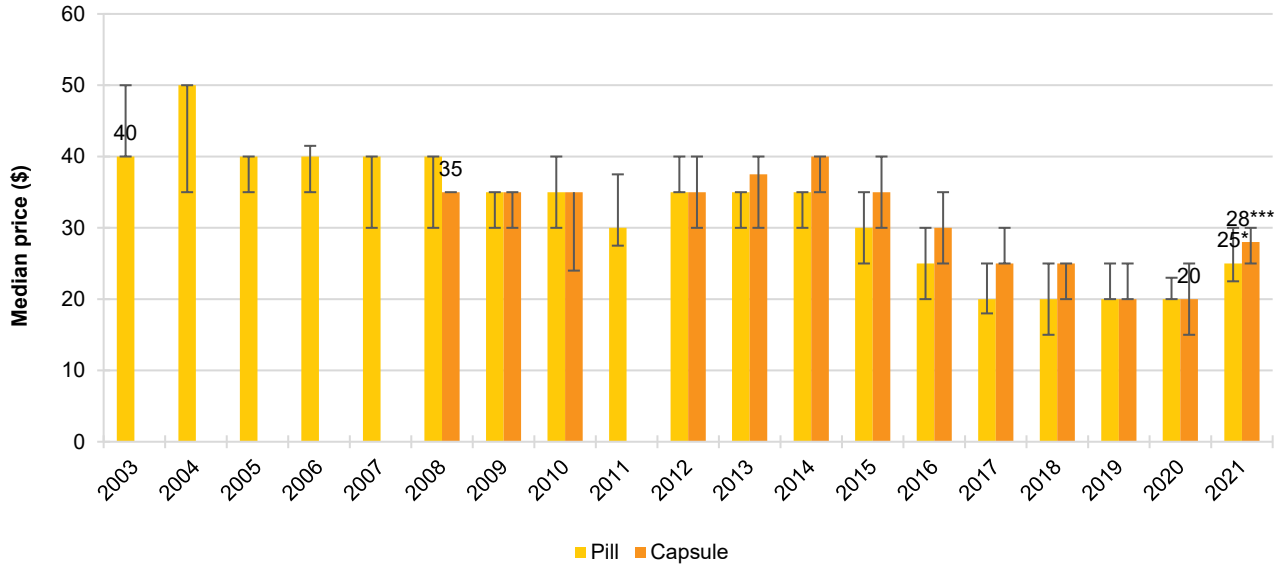
been suppressed and no comparisons have been performed.

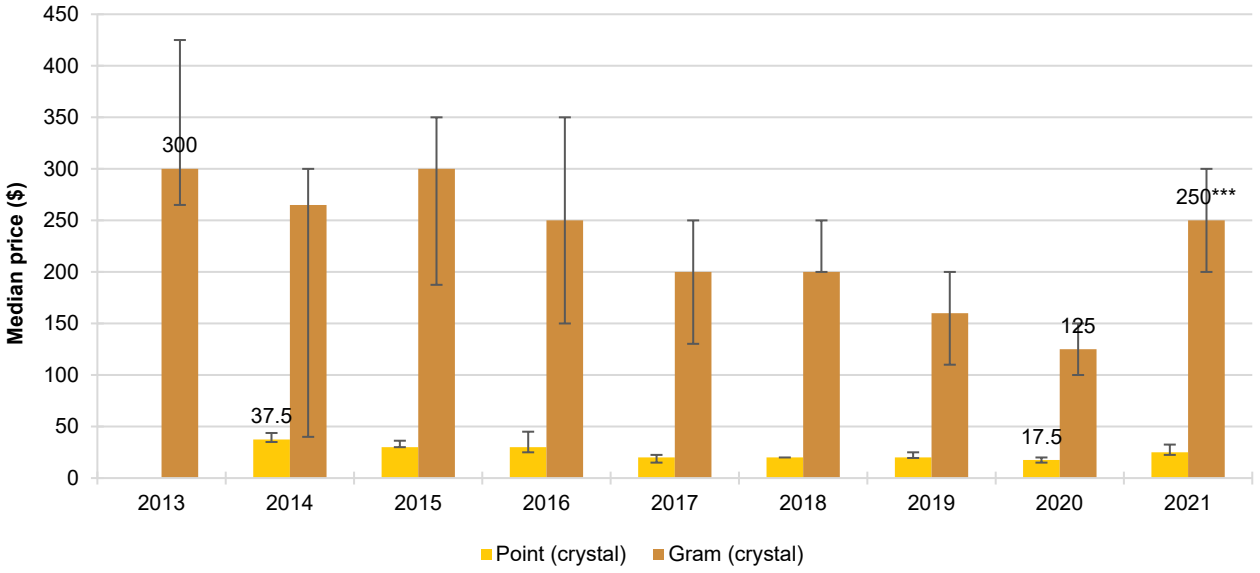
Perceived Availability: Among those able to comment in 2021 (n=12), over half perceived powder as 'easy' to obtain (58%). Due to low numbers able to comment in 2020 (n≤5), data have been suppressed (Table 2).

Figure 9: Median price of ecstasy pills and capsules, Western Australia, 2003-2021



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 10: Median price of ecstasy crystal (per gram and point), Western Australia, 2013-2021



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels are only provided for the first (2013/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e. n≤5 but not 0). For historical numbers, please refer to the data tables. *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 different forms of ecstasy, Western Australia, 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills	(n=72)	(n=88)	(n=73)	(n=23)	**(n=35)**
Low	15	18	12	26	**37**
Medium	28	35	37	-	**-**
High	21	18	36	-	**17**
Fluctuates	36	28	15	35	**31**
% Capsules	(n=72)	(n=79)	(n=84)	(n=76)	**(n=62)***
Low	-	-	-	8	**23**
Medium	36	27	31	37	**31**
High	44	58	58	34	**21**
Fluctuates	13	13	7	21	**26**
% Crystal	(n=65)	(n=38)	(n=56)	(n=51)	**(n=58)****
Low	-	0	0	-	**10**
Medium	22	26	25	22	**33**
High	60	61	70	61	**28**
Fluctuates	12	-	-	16	**29**
% Powder (n)	(n=26)	(n=14)	(n=15)	(n=4)	**(n=12)**
Low	-	-	0	-	**-**
Medium	42	-	60	-	**-**
High	31	64	40	-	**-**
Fluctuates	-	0	0	-	**-**
Current Perceived Availability					
% Pills	(n=95)	(n=85)	(n=71)	(n=22)	**(n=35)**
Very easy	58	49	48	27	**23**
Easy	38	44	41	36	**29**
Difficult	-	-	11	32	**31**
Very difficult	-	0	0	-	**17**
% Capsules	(n=72)	(n=80)	(n=83)	(n=75)	**(n=64)*****
Very easy	25	40	71	43	**23**
Easy	58	48	24	47	**38**
Difficult	15	11	-	11	**31**
Very difficult	-	-	0	0	**-**
% Crystal	(n=65)	(n=38)	(n=56)	(n=51)	**(n=59)****
Very easy	43	24	52	47	**19**
Easy	35	53	43	35	**54**
Difficult	22	21	-	18	**25**
Very difficult	-	-	0	0	**-**
% Powder	(n=26)	(n=14)	(n=15)	(n=4)	**(n=12)**
Very easy	32	-	60	-	**-**
Easy	36	-	-	-	**58**
Difficult	28	-	-	-	**-**
Very difficult	-	0	0	-	**-**

Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. – 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.

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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).

Patterns of Consumption (any methamphetamine)

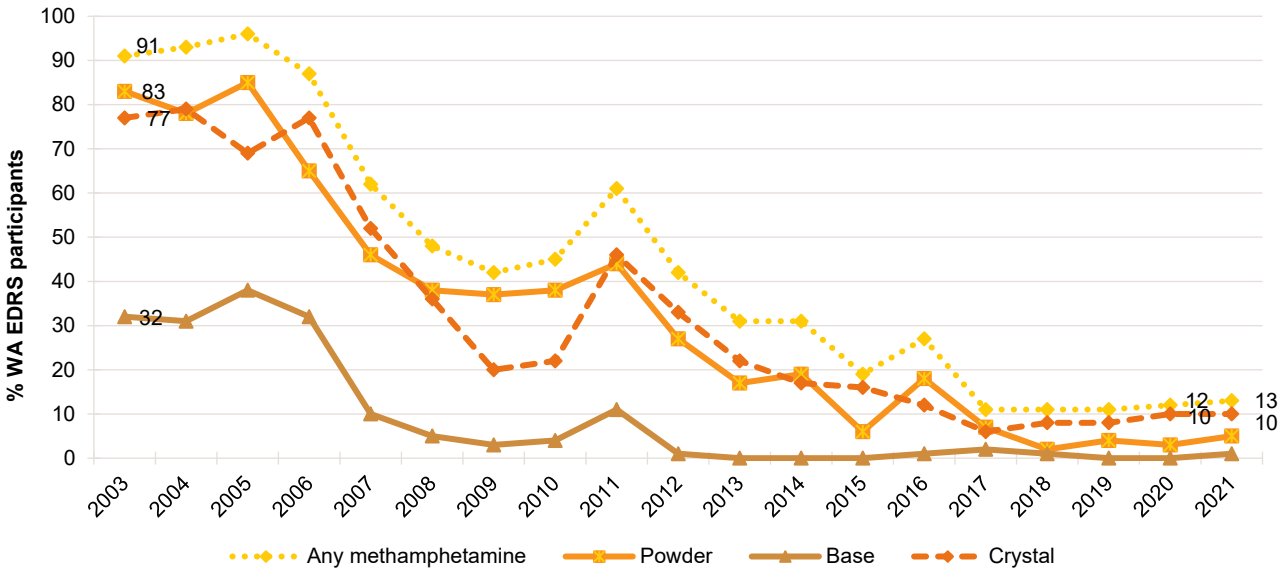
Recent Use (past 6 months)

In 2021, 13% of the sample reported recent use of any methamphetamine. Whilst this figure was stable from 2020 (12%), recent use of methamphetamine among the WA EDRS sample has declined since monitoring began in 2003 (Figure 11).

Frequency of Use

Participants reported using methamphetamine (any form) on a median of 14 days in the six months preceding the interview (IQR=4-60), a significant increase from 3 days in 2020 (IQR=1-6; p=0.037) (Figure 12). Among those who had recently used methamphetamine, very few (≤5) participants reported weekly or more frequent use of any methamphetamine.

Figure 11: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Western Australia, 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution.*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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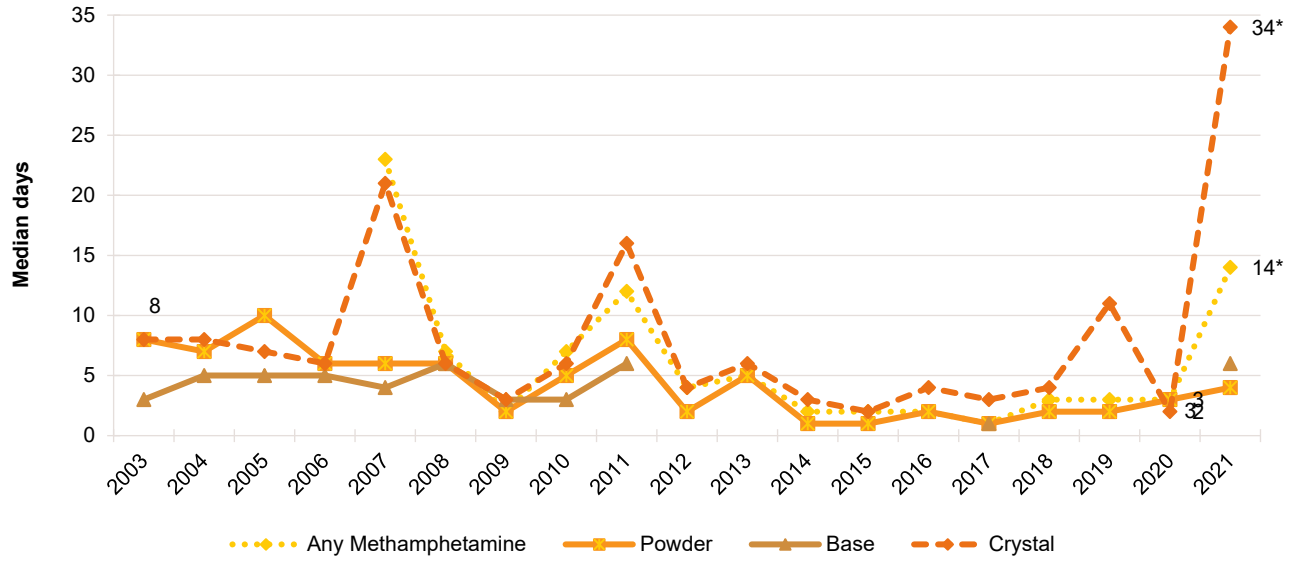
Figure 12: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Western Australia, 2003-2021



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 35 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 . Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Low numbers (n≤5) reported on consumption patterns regarding methamphetamine powder and base, and therefore, further details are not reported. Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): One-tenth of the sample (10%) reported recent use of methamphetamine crystal in 2021; this remained stable with 10% reporting recent use in 2020 (Figure 11).

Frequency of Use: Participants reported using methamphetamine crystal on a median of 34 days in the six months preceding interview (IQR=11-57, n=10); a significant increase from 2 days in 2020 (IQR=1-4, n=10; p=0.013). Very few participants (≤5) reported weekly or more frequent use.

Routes of Administration: Among those reporting recent methamphetamine crystal use, all (100%) reported smoking it (90% in 2020). Very few (n≤5) participants reported injecting crystal methamphetamine in 2021 (0% in 2020; p=0.087).

Quantity: Among those reporting recent use in 2021 (n=10), the median 'typical' amount used per session was 0.20 grams (IQR=0.10-0.50; 0.20 in 2020; IQR=0.10-0.40), while the median maximum amount used was 0.30 grams (IQR=0.20-0.90; n=10; 0.40 in 2020; IQR=0.10-2.40).

Price, Perceived Purity and Perceived Availability

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

Methamphetamine Crystal

Price: A nominal per cent were able to comment on the price of methamphetamine crystal in 2021 and 2020 (n≤5).

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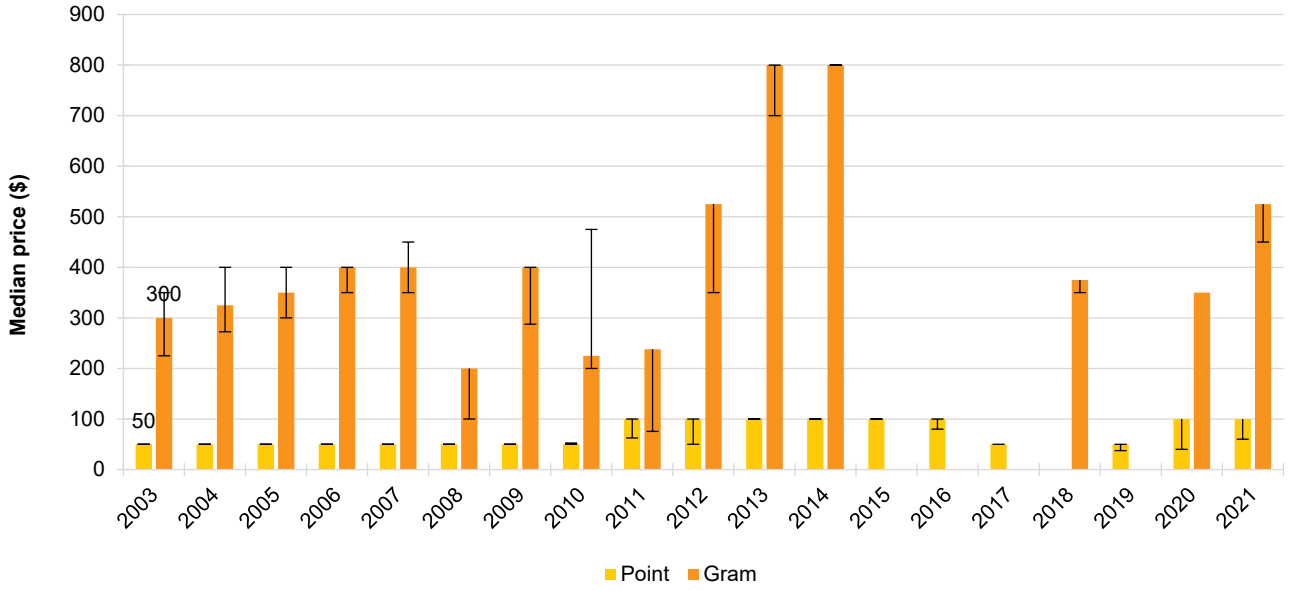
Perceived Purity: Among those able to comment on purity in 2021 (n=8), perceptions were mixed (Figure 14).

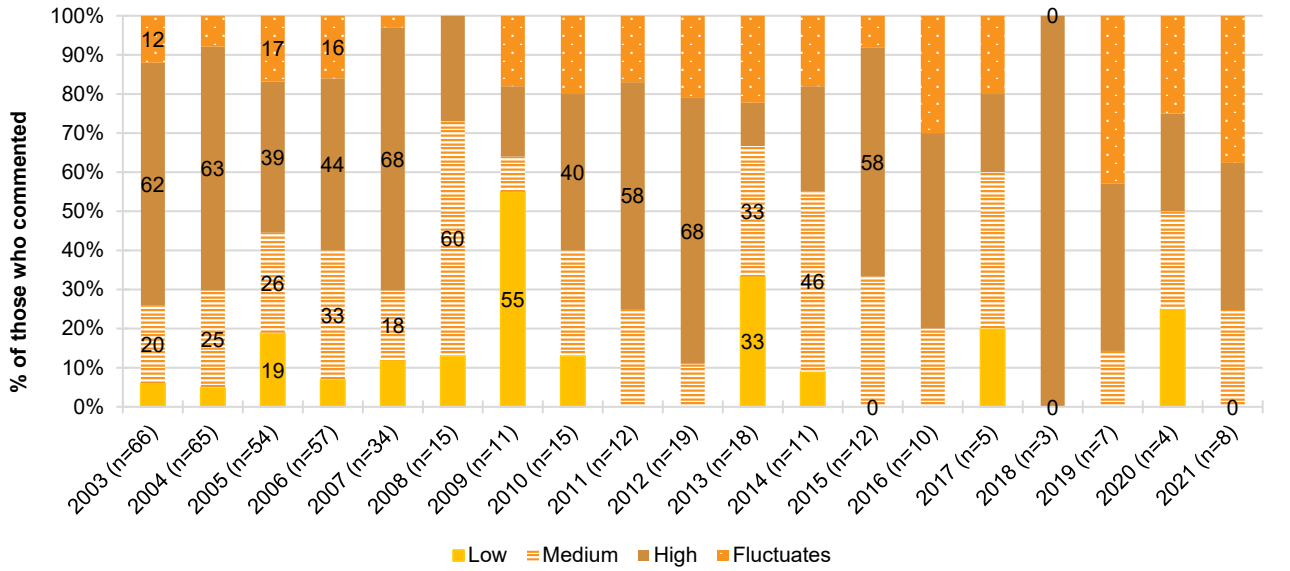
Perceived Availability: Among those able to comment on availability (n=9), all reported methamphetamine crystal as being either 'very easy' or 'easy' to obtain (Figure 15).

Figure 13: Median price of methamphetamine crystal per point and gram, Western Australia, 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 Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 14: Current perceived purity of methamphetamine crystal, Western Australia, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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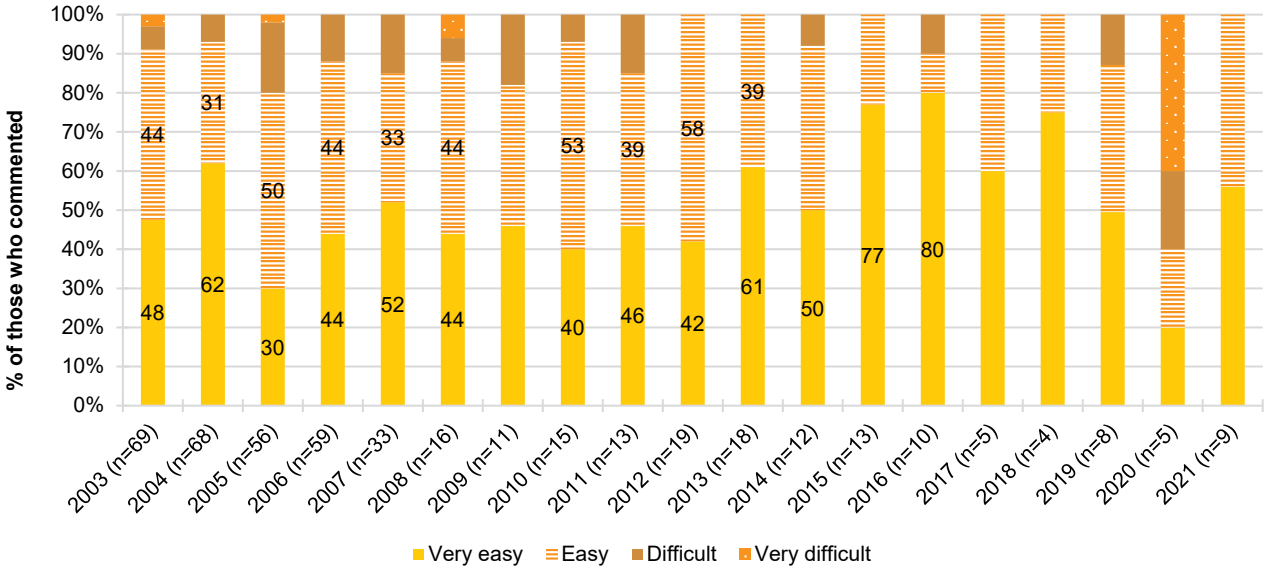
Figure 15: Current perceived availability of methamphetamine crystal, Western Australia, 2003-2021



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). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

In 2021, over half (59%) of the sample reported recent (last six month) cocaine use; a non-significant increase from 48% in 2020 (p=0.156). This follows a general upward trend since reporting began in 2003 (Figure 16).

Frequency of Use

Consumers reported using cocaine on a median of 5 days in the six months preceding interview (IQR=2-7); a significant increase from 3 days in 2020 (IQR=1-5; p=0.008) (Figure 16). However, weekly or more frequent use of cocaine remained very low (n≤5).

Routes of Administration

The main route of administration reported for use of cocaine was snorting (98%; 98% in 2020), followed by swallowing (20%; 15% in 2020; p=0.603).

Quantity

Of those who reported recent cocaine use and responded (n=41), the median 'typical' amount used per session was 0.50 grams (IQR=0.20-0.50; 0.40 grams in 2020; IQR=0.20-0.50; p=0.843). Of those who reported recent use and responded (n=40), the median maximum amount used per session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2020; IQR=0.20-1.00; p=0.388).

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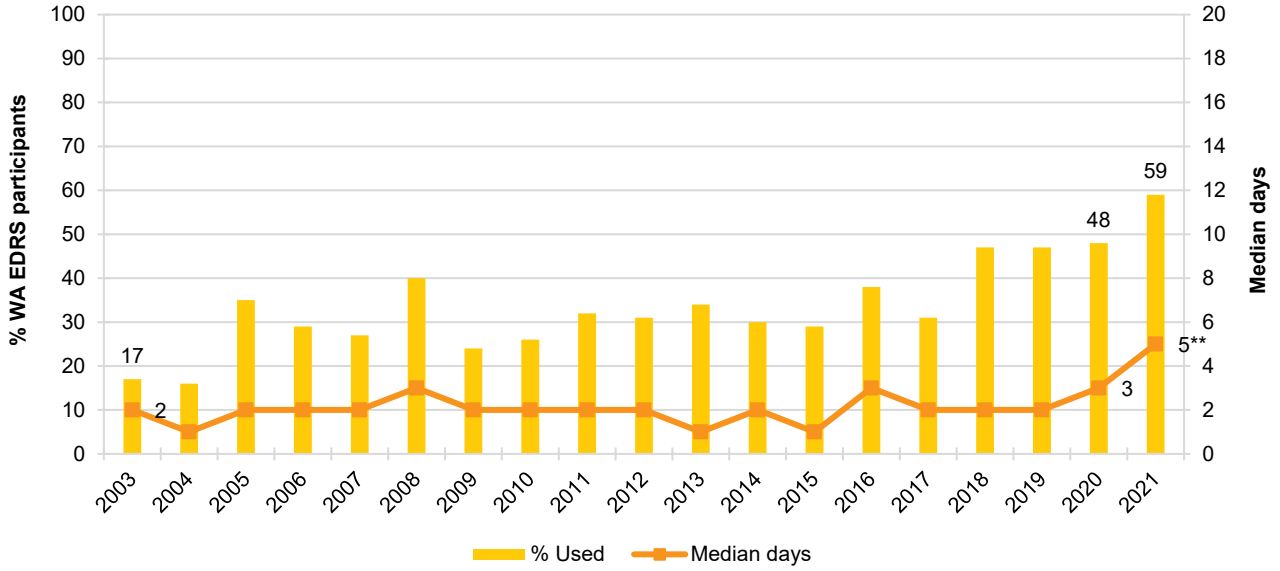
Figure 16: Past six month use and frequency of use of cocaine, Western Australia, 2003-2021



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 20 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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *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 in 2021 was $400 (IQR=388-400, n=31), a significant increase from $350 in 2020 (IQR=338-400; p=0.001) (Figure 17).

Perceived Purity

There was no significant difference in perceived purity of cocaine between 2020 and 2021 (p=0.961). Among those able to comment in 2021 (n=43), 28% perceived the current purity of cocaine as ‘low’ (32% in 2020), 28% as ‘medium’ (32% in 2020) and 19% as ‘high’ (Figure 18).

Perceived Availability

There was also no significant difference in perceived availability of cocaine between 2020 and 2021 (p=0.764). Among those able to comment in 2021 (n=43), most (76%) considered cocaine ‘easy’ or ‘very easy’ to obtain (77% in 2020) (Figure 19).

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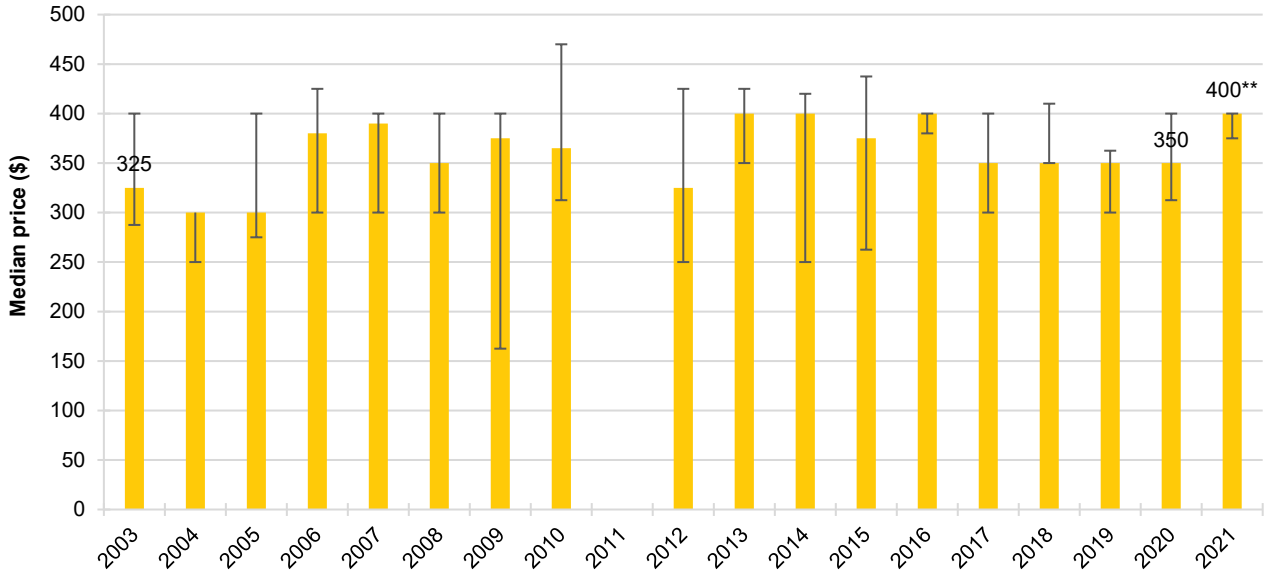
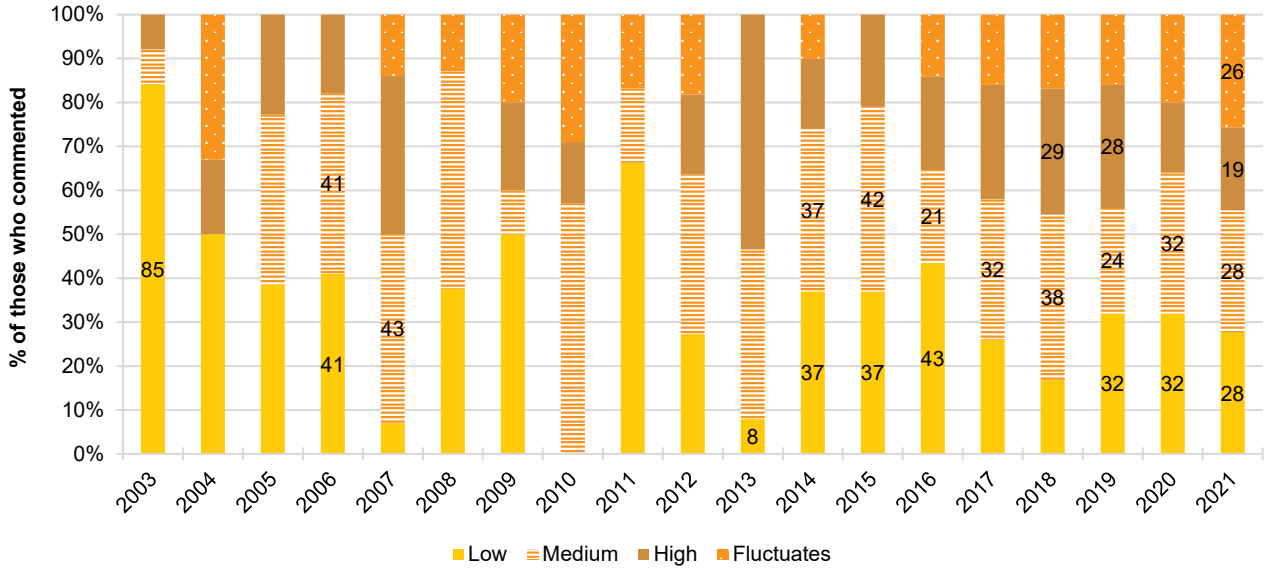
Figure 17: Median price of cocaine per gram, Western Australia, 2003-2021



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. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 18: Current perceived purity of cocaine, Western Australia, 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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore; all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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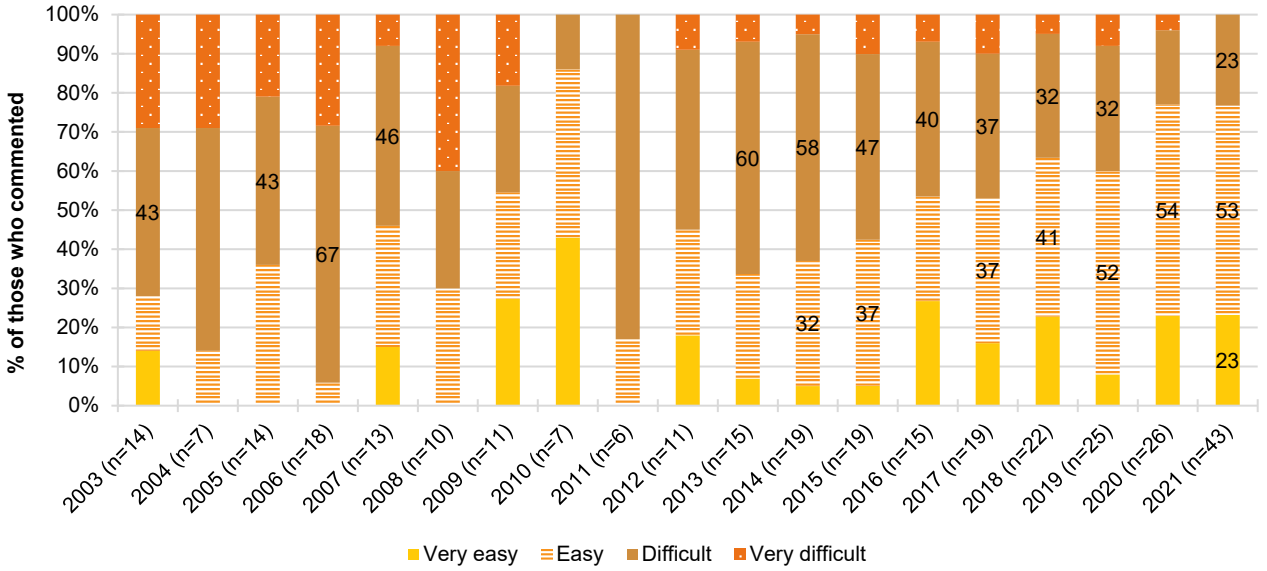
Figure 19: Current perceived availability of cocaine, Western Australia, 2003-2021



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). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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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)

Consistent with previous years, most WA participants (82%) reported recent cannabis consumption (87% in 2020; *p*=0.434) (Figure 20).

Frequency of Use

Participants reported using cannabis on a median of 42 days (IQR=6-144) in the six months preceding interview (i.e., about twice per week). This represents a non-significant increase from 25 days (i.e., once per week) in 2020 (IQR=6-100; *p*=0.541) (Figure 20). About half (57%) of participants who had recently used cannabis reported at least weekly use (53% in 2020; *p*=0.723) and 21% reported daily use (18% in 2020; *p*=0.819).

Routes of Administration

Consistent with previous years, the most commonly reported route of administration for cannabis consumption was smoking (98% in 2021 and 2020). However, half (48%) reported swallowing, a significant increase from 23% in 2020 (*p*=0.001). One-fifth (20%) also reported inhaling/vaping, a significant increase from 6% in 2020 (*p*=0.013).

Quantity

Among those who reported recent use, the median 'typical' amount used on the last occasion of use was 3 cones (IQR=1.9-5, n=36; 2 cones in 2020; IQR=2-5; *p*=0.587), 1 joint (IQR=1-1.5, n=28; 1.5 joints in 2020; IQR=1-2.8; *p*=0.058) or 1.10 grams (IQR=0.50-2.99, n=16; 1.00 gram in 2020; IQR=0.50-2.00; *p*=0.666).

Forms Used

Among those reporting recent cannabis use and able to answer (n=71), the forms of cannabis reportedly used in the six months preceding interview were hydroponic (82%; 76% in 2020; *p*=0.570), bush (56%; 60% in 2020; *p*=0.649) and hashish (11%; 13% in 2020). A nominal per cent reported use of hash oil and pharmaceutical CBD oil (n≤5, respectively).

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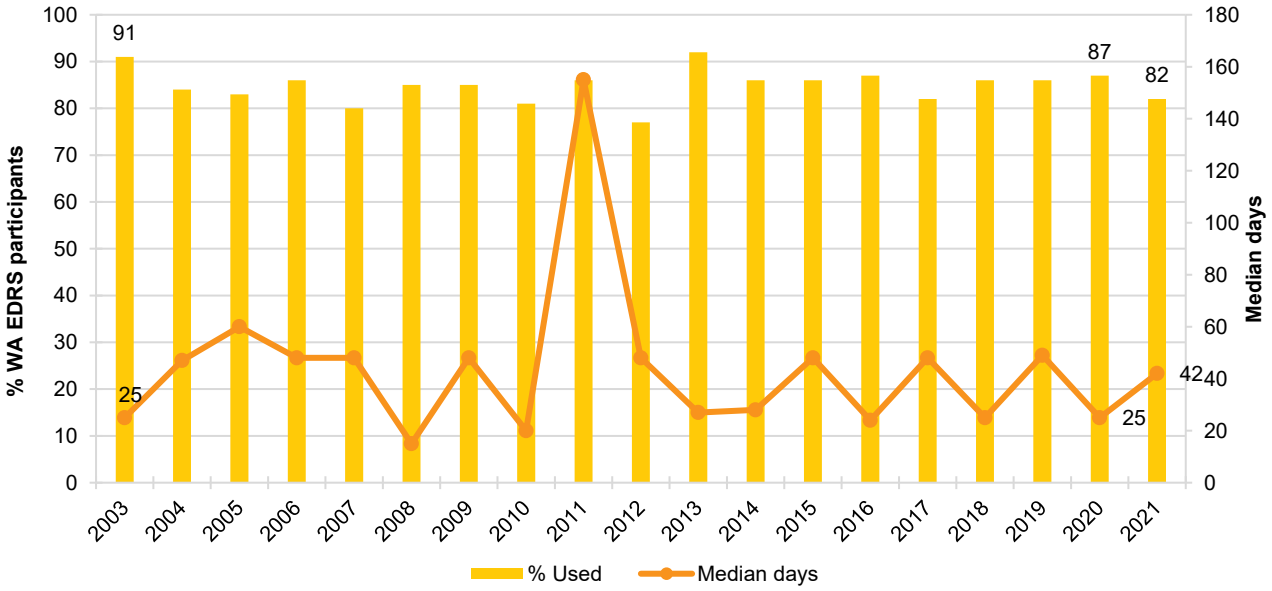
Figure 20: Past six month use and frequency of use of cannabis, Western Australia, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2021, the median price per gram of hydroponic cannabis was $25 (IQR=25-25; n=8); this price has been consistent since data collection commenced in 2006 ($25 in 2020; p=0.332). However, the median price per ounce significantly increased from $350 in 2020 (IQR=300-350) to $400 in 2021 (IQR=380-400; n=13; p=0.012) (Figure 21a).

Perceived Potency: There was no significant difference in perceptions of hydroponic cannabis purity between 2020 and 2021 (p=0.254). Of those who commented in 2021 (n=37), half reported potency as 'high' (51%; 38% in 2020), a quarter as 'medium' (27%; 22% in 2020) and about a fifth as 'fluctuating' (22%; 35% in 2020) (Figure 22a).

Perceived Availability: There was no significant difference in perceptions of hydroponic cannabis availability between 2020 and 2021 (p=0.225). Of those who commented in 2021 (n=37), most (88%) perceived the availability of hydroponic cannabis as 'easy' or 'very easy' to obtain (95% in 2020) (Figure 23a).

Bush Cannabis

Price: In 2021, very few participants (n≤5) were able to comment on the price of bush cannabis per gram, but in 2020 a median of $25 (IQR=20-25) was reported (p=0.891). Among those able to comment on the price per ounce in 2021 (n=9), the median cost was $300 (IQR=300-350), a non-significant increase from $250 in 2020 (IQR=238-300; p=0.116) (Figure 21a).

Perceived Potency: There was no significant difference in perceptions of bush cannabis potency between 2020 and 2021 (p=0.244). Of those who commented in 2021 (n=25), perceptions were mixed, but the highest percentage perceived the potency as 'medium' (44%; 29% in 2020) (Figure 22b).

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Perceived Availability: There was no significant difference in perceptions of bush cannabis availability between 2020 and 2021 (p=0.741). Of those who commented in 2021 (n=25), most (92%) reported that bush cannabis was 'easy' or 'very easy' to obtain (87% in 2020) (Figure 23b).

Figure 21: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Western Australia, 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. No participants reported the price per gram of hydroponic cannabis in 2008 and no participants reported the price per gram of bush cannabis in 2008 and 2018. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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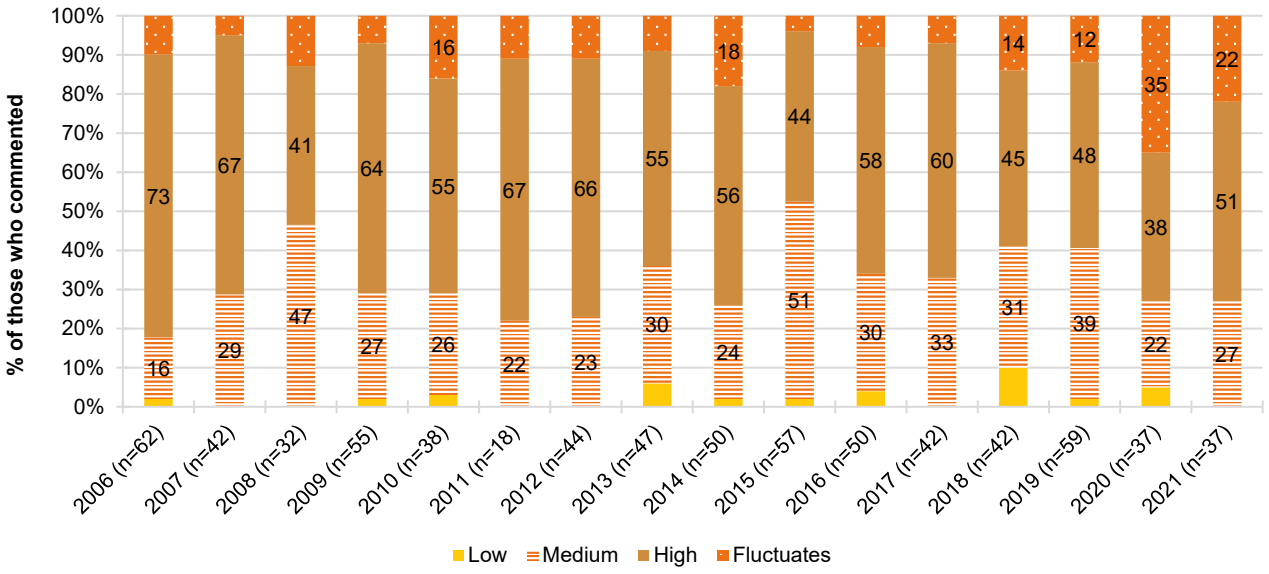
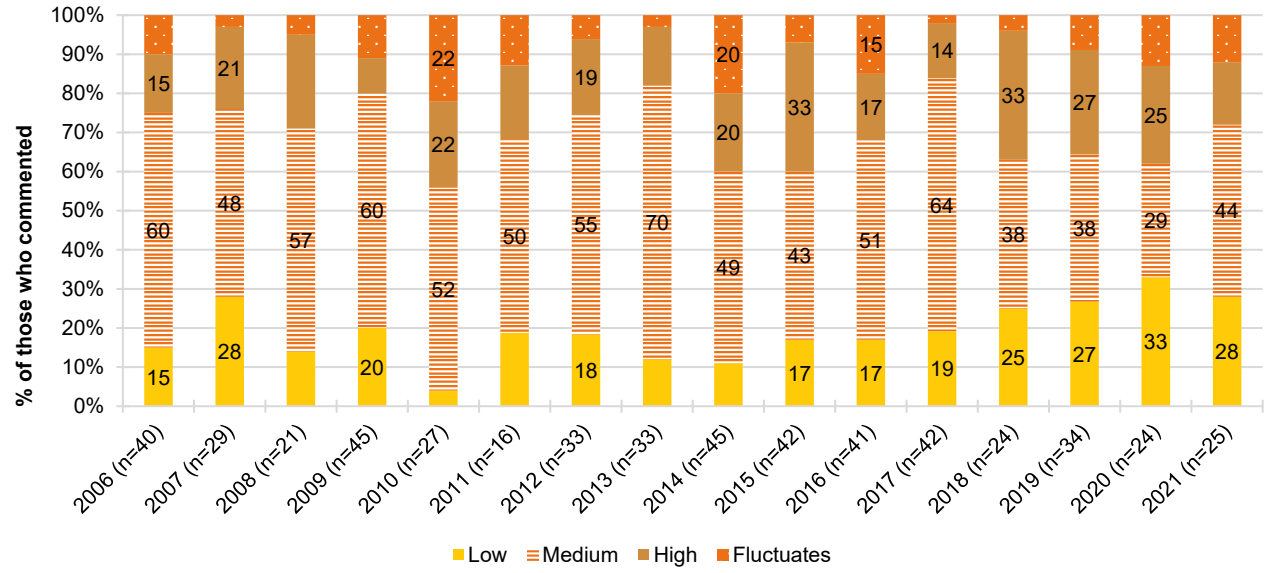
Figure 22: Current perceived potency of hydroponic (A) and bush (B) cannabis, Western Australia, 2006-2021

(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). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

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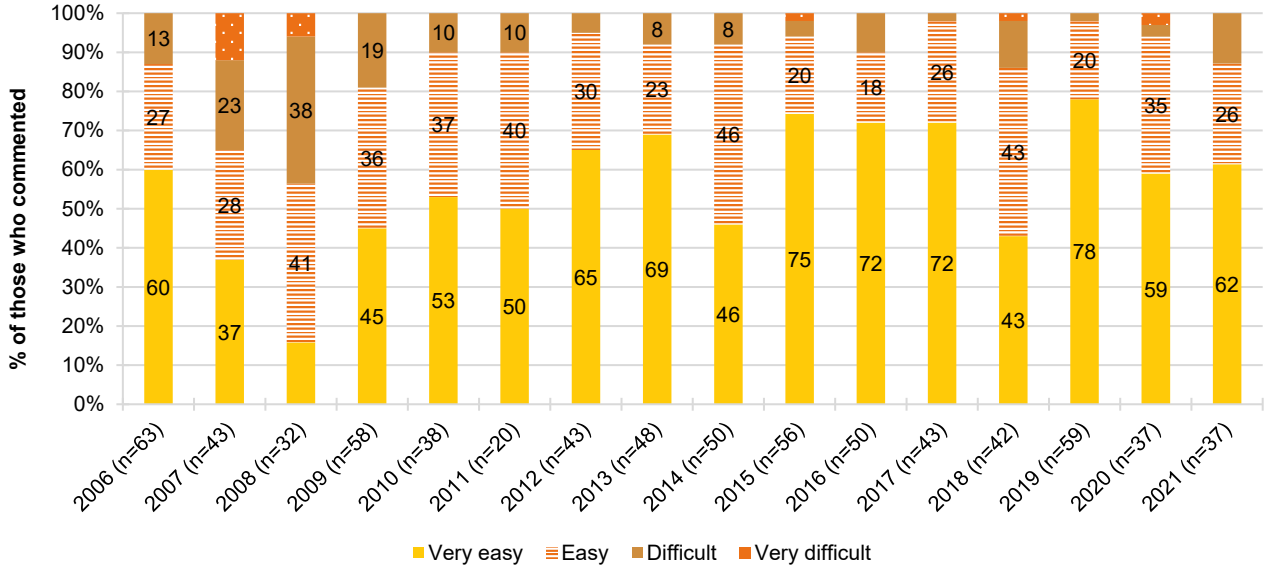
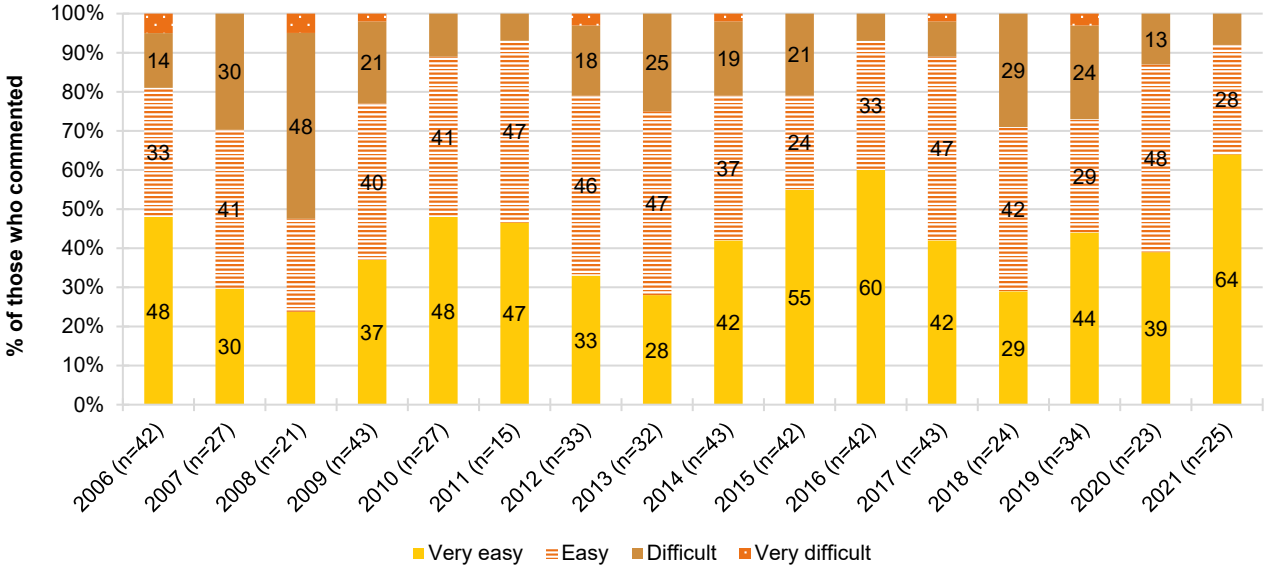
Figure 23: Current perceived availability of hydroponic (A) and bush (B) cannabis, Western Australia, 2006-2021

(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). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

DOI: 10.26190/jb6p-y775

7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

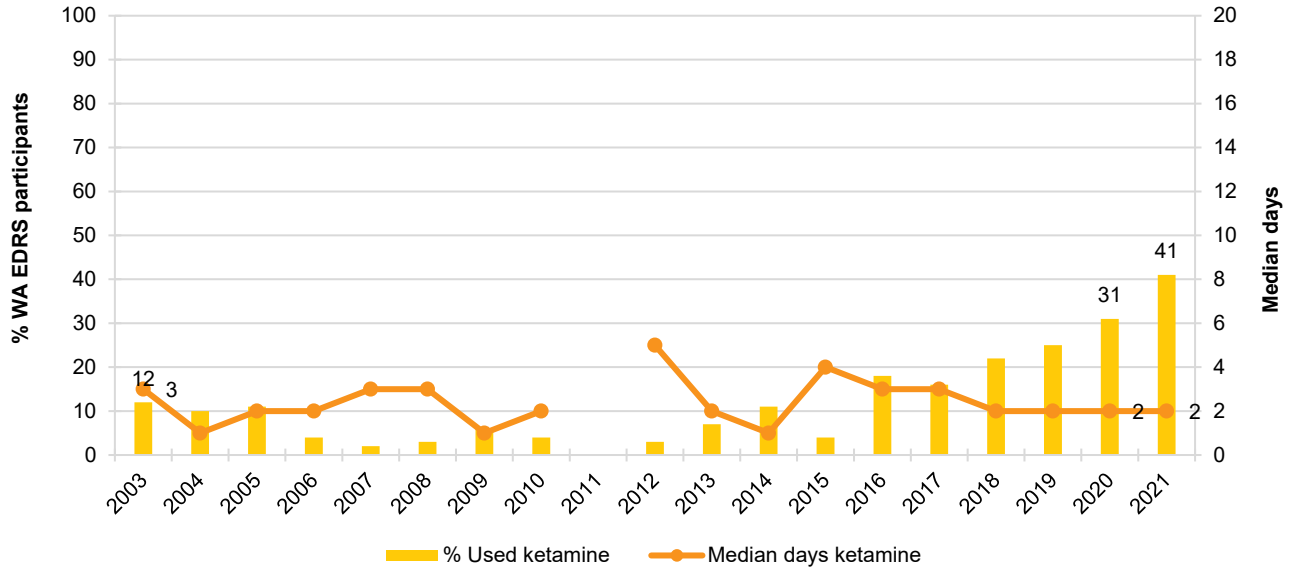
Recent Use (past 6 months): In 2021, two-fifths (41%) of the sample reported recent ketamine use. While not significantly different to 31% in 2020 (p=0.185), there has been a steady upward trend in reported use of this drug among WA EDRS samples in recent years (Figure 24).

Frequency of Use: Frequency of use has remained low and stable in recent years at a median of 2 days (IQR=1-3; n=41; 2 days in 2020; IQR=1-4; p=0.862) (Figure 24). A nominal per cent (n≤5) of consumers reported weekly or more frequent use of ketamine (0% in 2020; p=0.601).

Routes of Administration: The most commonly reported route of administration for ketamine was snorting (90%; 87% in 2020; p=0.966), followed by swallowing (17%).

Quantity: Of those who reported recent use and were able to respond (n=20), the median 'typical' amount used per session was 0.30 grams (IQR=0.10-0.50; 0.20 grams in 2020; IQR=0.10-0.50; p=0.858). Of those who reported recent use and responded (n=21), the median maximum amount used per session was 0.30 grams (IQR=0.20-0.50; 0.50 grams in 2020; IQR=0.10-0.50; p=0.822).

Figure 24: Past six month use and frequency of use of ketamine, Western Australia, 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 20 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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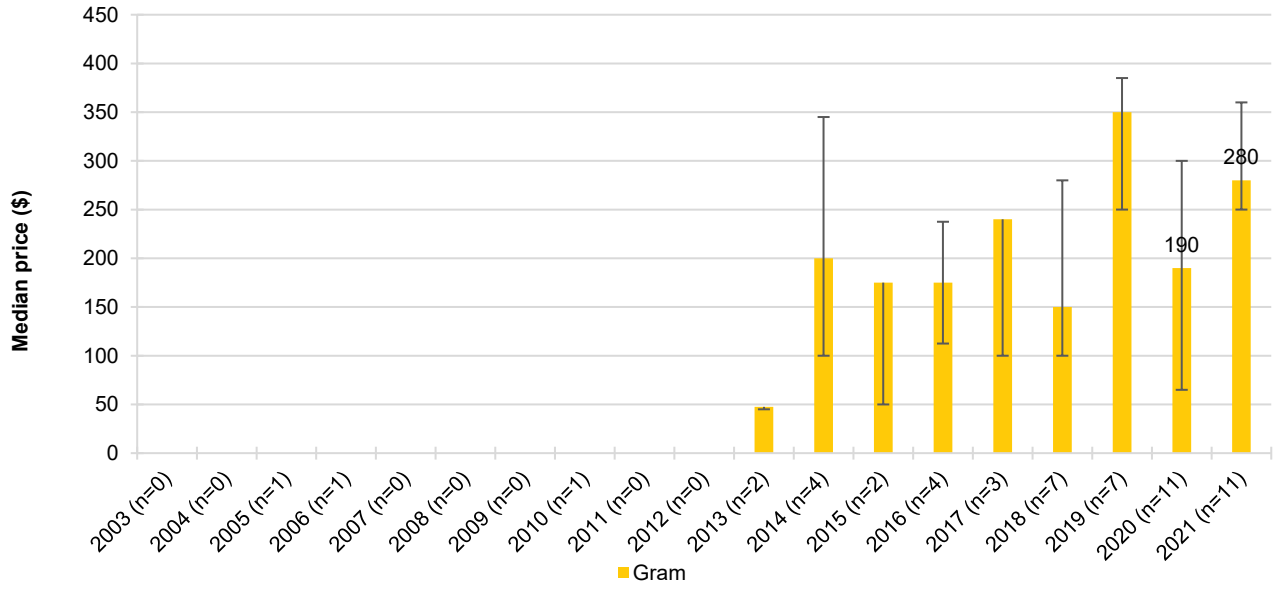
Price, Perceived Purity and Perceived Availability

Price: The median price per gram of ketamine was $280 in 2021 (IQR=250-355; n=11), a non-significant increase from $190 in 2020 (IQR=108-300; *p*=0.068). However, these findings should be interpreted with caution as the perceived cost of ketamine has fluctuated over time and the WA sample has consistently had a very low, albeit increasing, number of participants able to comment on price (Figure 25).

Perceived Purity: There was no significant difference in perceptions of purity between 2020 and 2021. Among those who were able to comment in 2021 (n=22), most (77%) perceived the purity of ketamine as 'high' (82% in 2020) (Figure 26).

Perceived Availability: There was no significant difference in perceptions of availability between 2020 and 2021 (*p*=0.227), although over twice as many participants were able to comment on availability in 2021. Among those able to comment in 2021 (n=23), perceptions of availability were very mixed (Figure 27), with 35% reporting that ketamine was 'easy' to obtain, with an almost equal percentage (30%) reporting that it was 'difficult' to obtain (64% in 2020).

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



Note. Among those who commented. Between 2003 and 2012, not enough participants were able to comment on price to compute a median. 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. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

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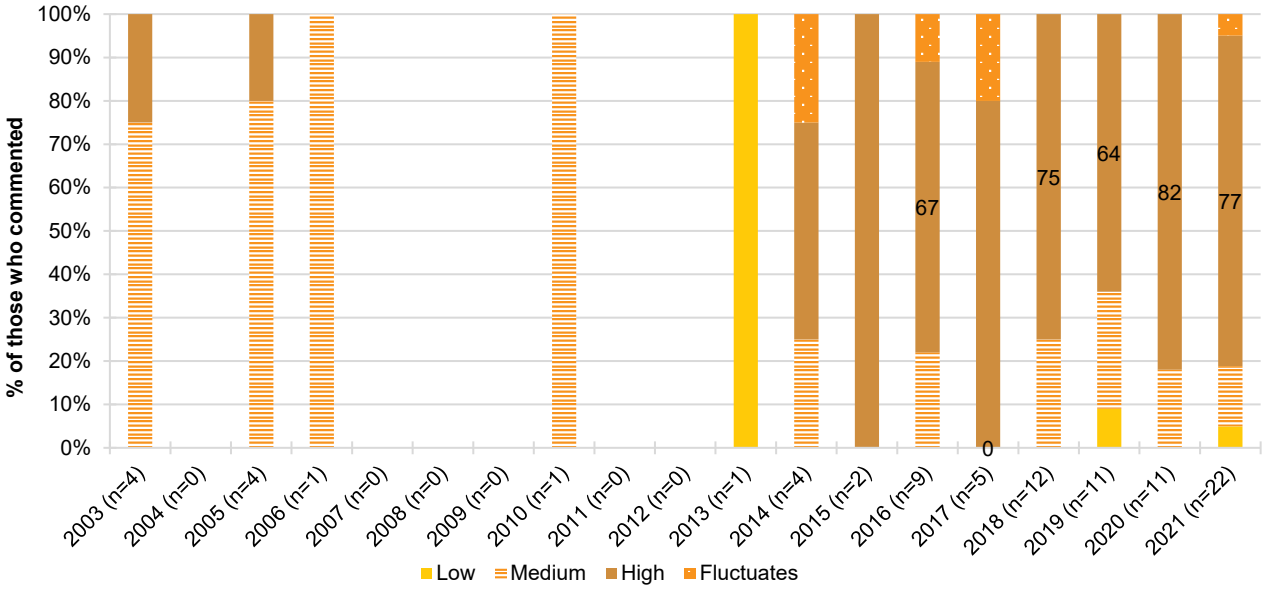
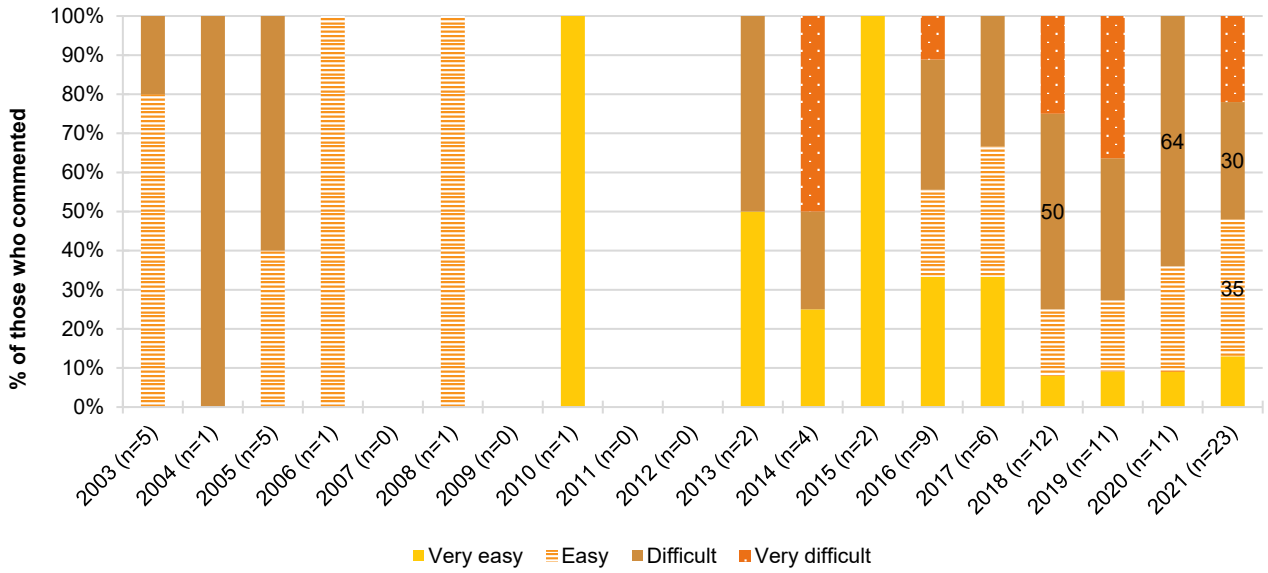
Figure 26: Current perceived purity of ketamine, Western Australia, 2003-2021



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 27: Current perceived availability of ketamine, Western Australia, 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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LSD

Patterns of Consumption

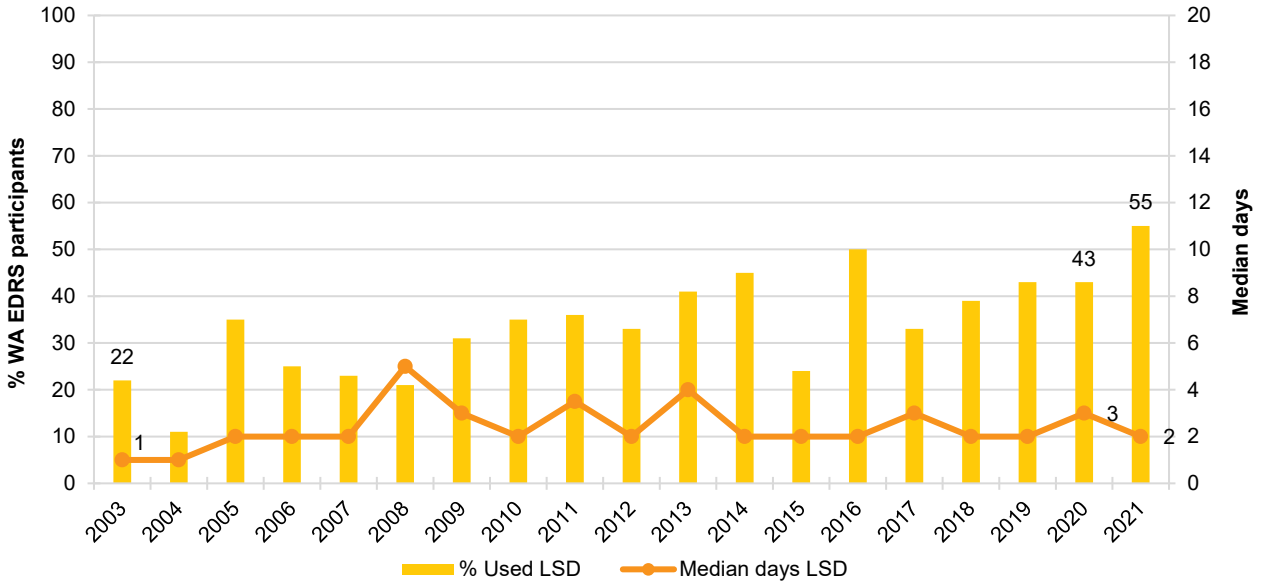
Recent Use (past 6 months): In 2021, over half (55%) of the sample reported recent LSD use; a non-significant increase from 43% in 2020 (p=0.120) (Figure 28).

Frequency of Use: The reported frequency of LSD use has been consistently low. In 2021, those who had recently used LSD (n=55) reported a median of 2 days of use in the six months preceding interview (IQR=1-6), stable from 3 days in 2020 (IQR=1-7; p=0.416) (Figure 28). Consistent with previous data collection years, very few participants (n≤5) reported weekly or more frequent LSD use.

Routes of Administration: The only route of administration for consuming LSD in 2021 was swallowing/sublingual (100%); this was stable from previous years (98% in 2020; p=0.901).

Quantity: Of those who reported recent use and responded (n=36), the median 'typical' amount used per session was 1 tab (IQR=1-2; 1 tab in 2020; IQR=1-2; p=0.268). Of those who reported recent use and responded (n=35), the median maximum amount used per session was also 1 tab (IQR=1-3; 2 tabs in 2020; IQR=1-2; p=0.487).

Figure 28: Past six month use and frequency of use of LSD, Western Australia, 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 20 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price: The median price per tab of LSD remained stable at $25 (IQR=23-25, n=22); consistent since 2013 ($25 in 2020; IQR=20-25; p=0.530) (Figure 29).

Perceived Purity: The perceived purity of LSD did not significantly change between 2020 and 2021 (p=0.277). Among those able to comment in 2021 (n=41), two-thirds (68%) perceived the purity of LSD to be 'high' (50% in 2020). A further 20% perceived the purity of LSD to be 'medium' (27% in 2020) (Figure 30).

Perceived Availability: The perceived availability of LSD significantly changed between 2020 and 2021 (p=0.034). Specifically, among those able to comment in 2021 (n=41), a greater proportion perceived the availability of LSD as being either 'easy' or 'very easy' to access (83%; 63% in 2020), while only 17% nominated 'difficult' (37% in 2020) (Figure 31).

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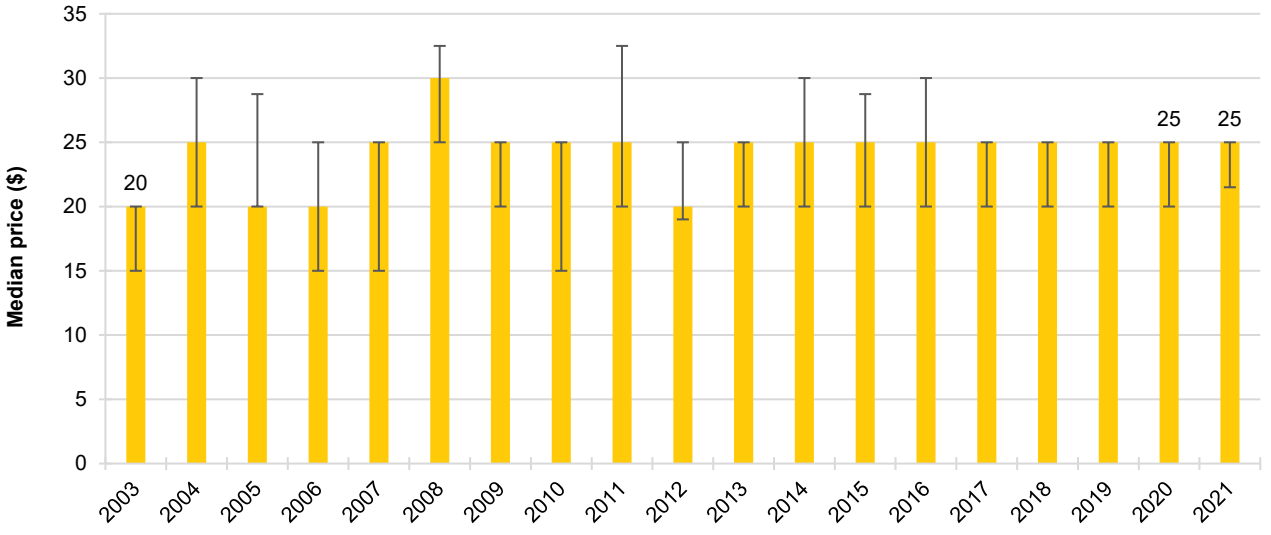
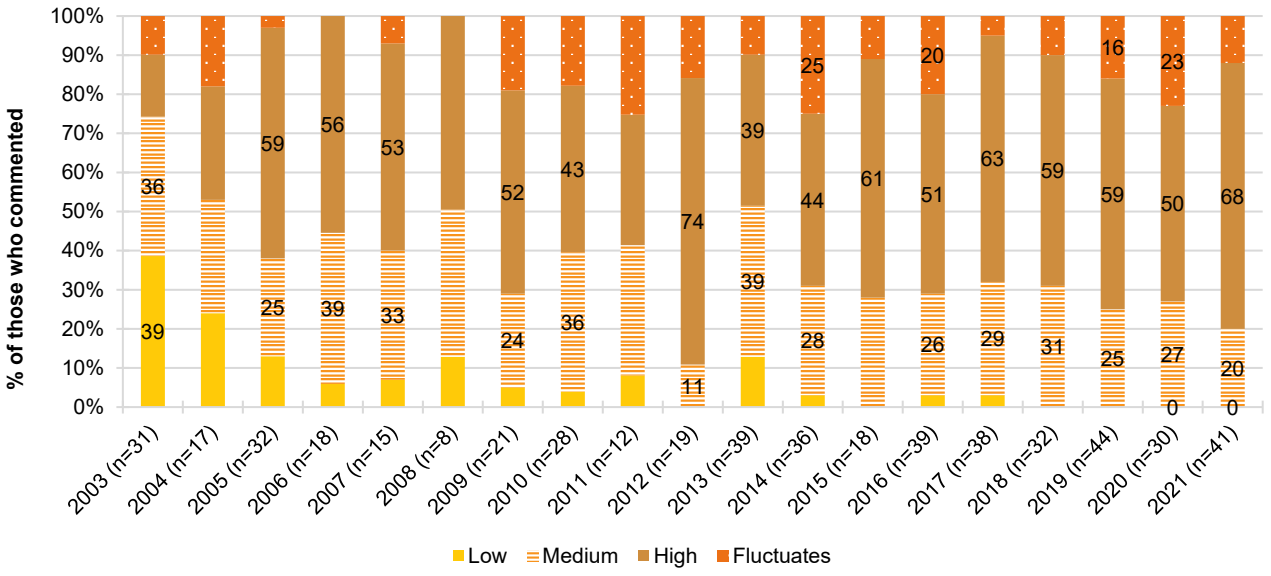
Figure 29: Median price of LSD per tab, Western Australia, 2003-2021



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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 30: Current perceived purity of LSD, Western Australia, 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). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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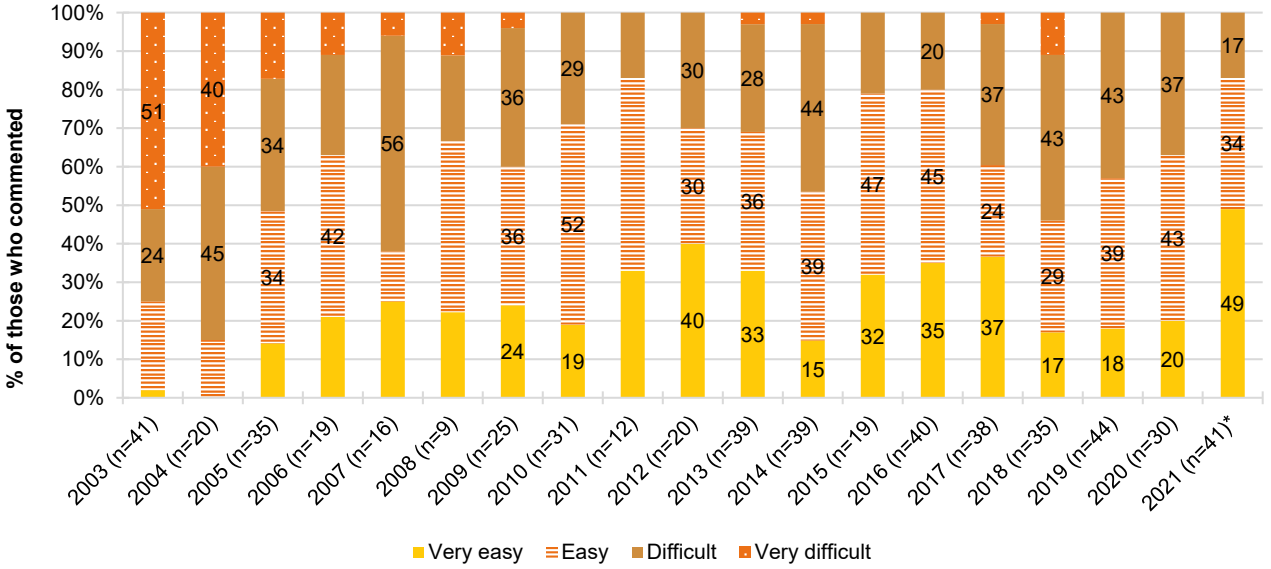
Figure 31: Current perceived availability of LSD, Western Australia, 2003-2021



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). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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DMT

Patterns of Consumption

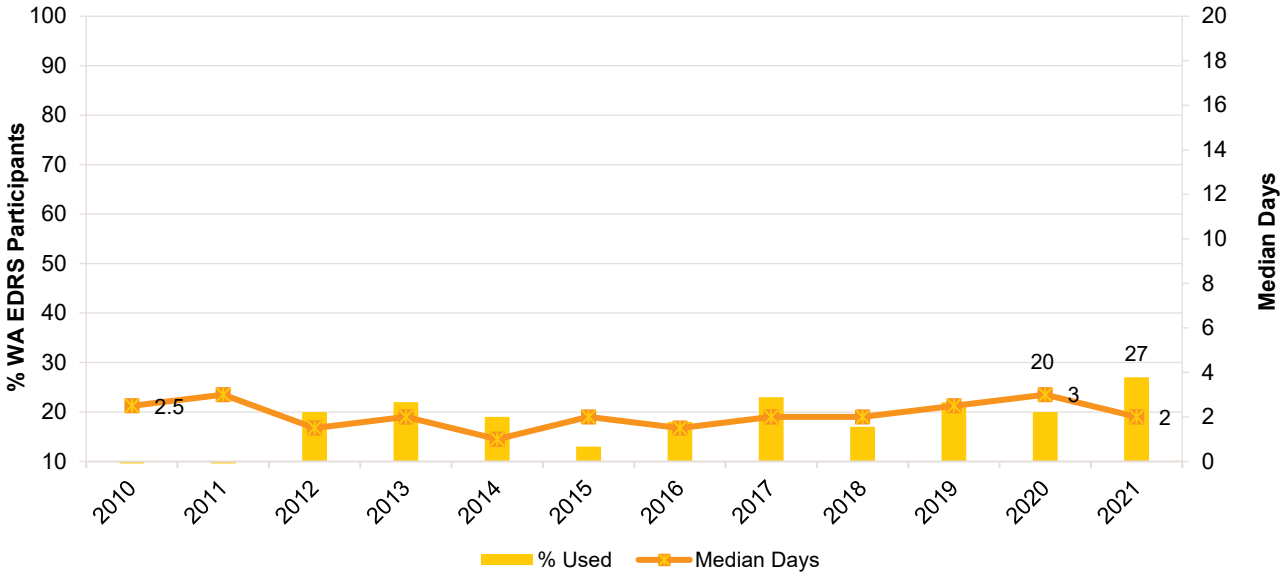
Recent Use (past 6 months): In 2021, one-quarter (27%) of the sample reported recent DMT use, a non-significant increase from 20% in 2020 (p=0.317) (Figure 33).

Frequency of Use: Use in the six months preceding the interview remained infrequent at 2 days (IQR=1-4; 3 days in 2020, IQR=1-3; p=0.860).

Routes of Administration: Among those who had recently used DMT (n=27), almost everyone reported smoking as the main route of administration (96%; 100% in 2020). Smaller percentages (n≤5) reported swallowing; therefore, numbers are suppressed.

Quantity: Given the low number able to comment on the amount they had consumed (n≤5), numbers are supressed. However, for further information about consumption trends related to DMT, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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



Note. Median days computed among those who reported recent use (maximum 180 days). 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. Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. *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 were not collected.

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8

New Psychoactive Substances

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

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

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

Recent Use (past 6 months)

Any NPS use among the WA sample, including plant-based NPS, has fluctuated over time, peaking at 45% in 2013 and declining to 10% in 2021 (9% in 2020) (Table 3). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 43% in 2013 and declining to 9% in 2021 (7% in 2020; p=0.794) (Table 4).

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

%	National	Western Australia
2010	24	32
2011	36	15
2012	40	26
2013	44	45
2014	35	39
2015	37	32
2016	28	21
2017	26	22
2018	23	13
2020	20	8
2020	15	9
2021	**16**	**10**

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 Western Australia, 2010-2021

%	National	Western Australia
2010	24	31
2011	33	50
2012	37	27
2013	42	43
2014	34	39
2015	34	32
2016	27	21
2017	24	21
2018	21	12
2019	19	6
2020	12	7
2021	**14**	**9**

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, Western Australia, 2010-2021

	2010 N=100	2011 N=28	2012 N=90	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2020 N=100	2020 N=100	2021 N=100
% Phenethylamine^	-	-	-	23	23	12	12	11	-	-	-	-
Any 2C substance~	-	-	-	23	16	7	9	8	-	-	-	-
NBOMe	/	/	/	/	10	-	-	6	-	0	0	-
DO-x	0	0	0	0	-	0	0	0	-	0	0	-
4-FA	/	/	/	/	/	/	0	0	0	0	0	**0**
% Tryptamines^^	-	0	0	0	-	0	-	-	-	-	-	-
5-MeO-DMT	-	0	0	0	-	0	0	-	-	-	-	-
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	/	**0**
% Synthetic cathinones	16	18	7	8	6	8	-	-	-	0	0	**0**
Mephedrone	16	14	-	-	-	-	0	-	0	0	0	**0**
Methylone/bk MDMA	/	-	-	-	-	-	-	-	-	0	0	**0**
MDPV/Ivory wave	0	0	-	-	0	0	0	0	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	-	0	0	0	0	**0**
n-ethylhexedrone	/	/	/	/	/	/	/	/	/	0	0	**0**
n-ethylpentylone	/	/	/	/	/	/	/	/	/	0	-	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	**0**
Other substituted cathinone	/	/	-	0	0	0	0	0	0	/	/	**/**
% Piperazines	25	-	-	0	0	0	0	-	/	/	/	**/**
BZP	25	-	-	0	0	0	0	-	/	/	/	**/**
% Dissociatives	/	/	/	-	0	0	0	0	0	0	0	**0**
Methoxetamine (MXE)	/	/	/	-	0	0	0	0	0	0	0	**0**
Other drugs that mimic effects of dissociatives	/	/	/	/	/	/	/	/	/	/	0	**0**
% Plant-based NPS	-	-	-	-	-	0	-	-	-	-	-	-
Ayahuasca	/	/	/	/	/	0	-	-	-	-	-	**0**
Salvia divinorum	/	-	-	-	-	0	0	-	-	-	-	**0**
Kratom	/	/	/	/	/	/	/	/	/	/	0	**0**
Mescaline	-	-	-	0	-	0	-	-	-	0	-	-

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LSA	/	0	-	-	-	0	-	/	/	/	/	/
Datura	-	0	-	0	0	0	0	/	/	/	/	/
% Benzodiazepines	/	/	/	/	/	/	0	0	0	0	0	-
Etizolam	/	/	/	/	/	/	0	0	0	0	0	-
Other drugs that mimic effect of benzodiazepines	/	/	/	/	/	/	/	/	/	/	0	**0**
% Synthetic cannabinoids	/	32	18	19	12	6	-	0	-	-	-	-
% Herbal high#%	/	/	11	-	-	-	-	0	-	0	/	/
Phenibut	/	/	/	/	/	/	/	/	/	/	0	-
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	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	0	0	**0**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	-	0	0	-

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. 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. *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.

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020, 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, 18% of WA participants reported recent use of any codeine (19% in 2020; *p*=0.857). One-tenth of participants (10%; 9% in 2020) reported any prescribed codeine, while a similar proportion (9%; 11% in 2020; *p*=0.645) reported using any non-prescribed codeine.

Recent Use for Non-Pain Purposes (past 6 months): Seven per cent of the sample reported using codeine for non-pain purposes in 2021 (78% of those who reported recent use of non-prescribed codeine) (Figure 33).

Frequency of Use: Of those who had recently used non-prescribed codeine (n=9), participants reported use on a median of 2 days (IQR=1-3) in the six months preceding interview (2 days in 2020; IQR=1-3; *p*=0.451).

Pharmaceutical Opioids

Recent Use (past 6 months): One-tenth (9%) of participants reported recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine); this was not significantly different to 6% in 2020 (*p*=0.593) (Figure 33).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids (n=9) reported use on a median of 2 days in the six months preceding interview (IQR=1-3). This low frequency of use is consistent with previous years (1 day in 2020; IQR=1-2; *p*=0.124).

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Pharmaceutical Stimulants

Recent Use (past 6 months): Three-quarters of participants (77%) reported recent use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) in 2021, a non-significant increase from 66% in 2020 (p=0.117) (Figure 33).

Frequency of Use: Non-prescribed pharmaceutical stimulants were used on a median of 10 days (IQR=4-20) in the six months preceding interview, a non-significant increase from 6 days in 2020 (IQR=3-15; p=0.256). Of those reporting recent use (n=77), 22% reported weekly or more frequent use (14% in 2020; p=0.192).

Quantity: Of those who reported recent non-prescribed use of pharmaceutical stimulants and responded (n=71), the median 'typical' amount used per session was 2 pills/tablets (IQR=1-3; 2 pills/tablets in 2020; IQR=2-3; p=0.168), while the median maximum amount used per session was 3 pills/tablets (IQR=2-5.5) (not asked in 2020).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines remained stable between 2020 and 2021 (37% and 36%, respectively) (Figure 33). From 2019, participants were asked about non-prescribed alprazolam (Xanax) use versus 'other benzodiazepines' (e.g., diazepam/Valium). One-fifth (22%) of the sample reported recent use of non-prescribed alprazolam (21% in 2020), while a slightly higher percentage (28%) reported use of 'other' non-prescribed benzodiazepines (23% in 2020; p=0.517).

Frequency of Use: Participants reported using alprazolam on a median of 5 days in the preceding six months (IQR=2-10), a non-significant increase from 3 days in 2020 (IQR=2-5; p=0.219). Meanwhile, 'other' non-prescribed benzodiazepines were used on a median of 4 days (IQR=2-12), a significant increase from 2 days in 2020 (IQR=1-4; p=0.018).

Antipsychotics

Recent Use (past 6 months): In 2021, 6% of the sample reported recent use of non-prescribed antipsychotics (Figure 33). This was stable from 2020 (p=0.331), however due to low numbers reporting recent use in 2020 (n≤5), numbers have been suppressed.

Frequency of Use: Participants who had recently used non-prescribed antipsychotics (n=6) reported use on a median of 4 days in the preceding six months (IQR=1-9). Due to low numbers reporting recent use of antipsychotics in 2020 (n≤5), numbers have been suppressed (p=0.256).

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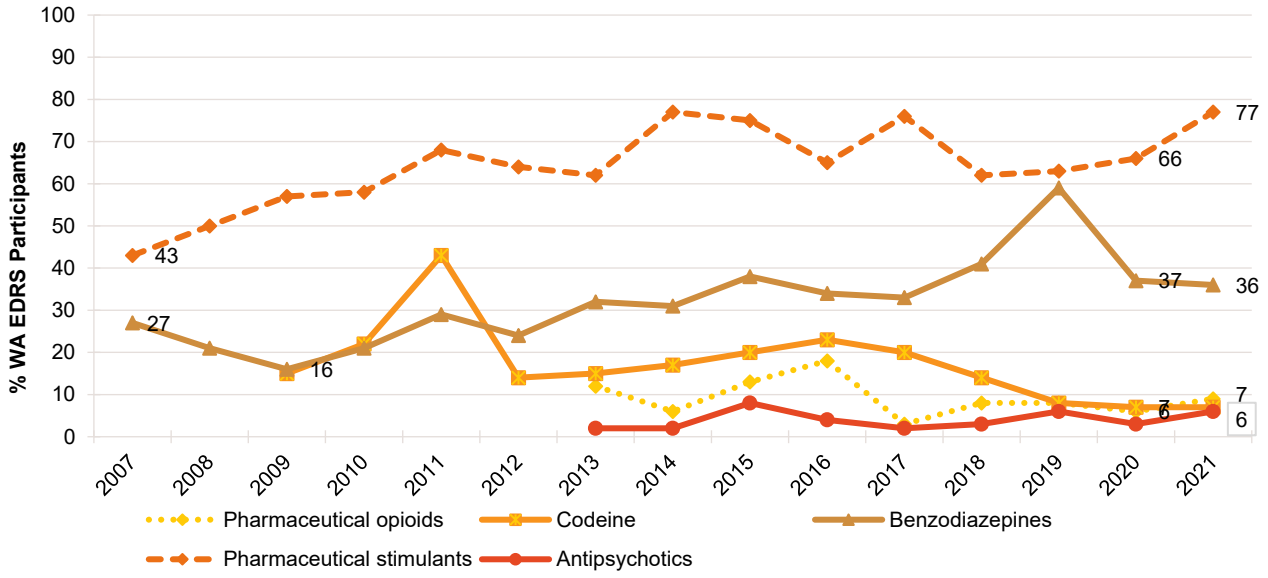
Figure 33: Non-prescribed use of pharmaceutical drugs in the past six months, Western Australia, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines. In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes. Data labels are only provided for the first 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Almost half (47%) of the sample reported recent use of hallucinogenic mushrooms in 2021, a significant increase from 23% in 2020 (i.e., recent use doubled) (p=0.001) (Figure 34).

Frequency of Use: Participants reported using mushrooms on a median of 2 days (IQR=2-3) in the six months preceding interview; this was not significantly different to 2 days in 2020 (IQR=1-4; p=0.614) (Figure 31). Consistent with previous reporting years, no participants reported weekly or more frequent use of mushrooms.

MDA

Recent Use (past 6 months): Consistent with past years, very few participants (n≤5) reported recent use of MDA (Figure 34). For further information on use of MDA, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Substances with Unknown Contents

Very few participants (n≤5) reported recent use of substances with unknown contents in 2021, a significant decline from 10% in 2020 (p=0.037). For further information on use of substances with unknown contents, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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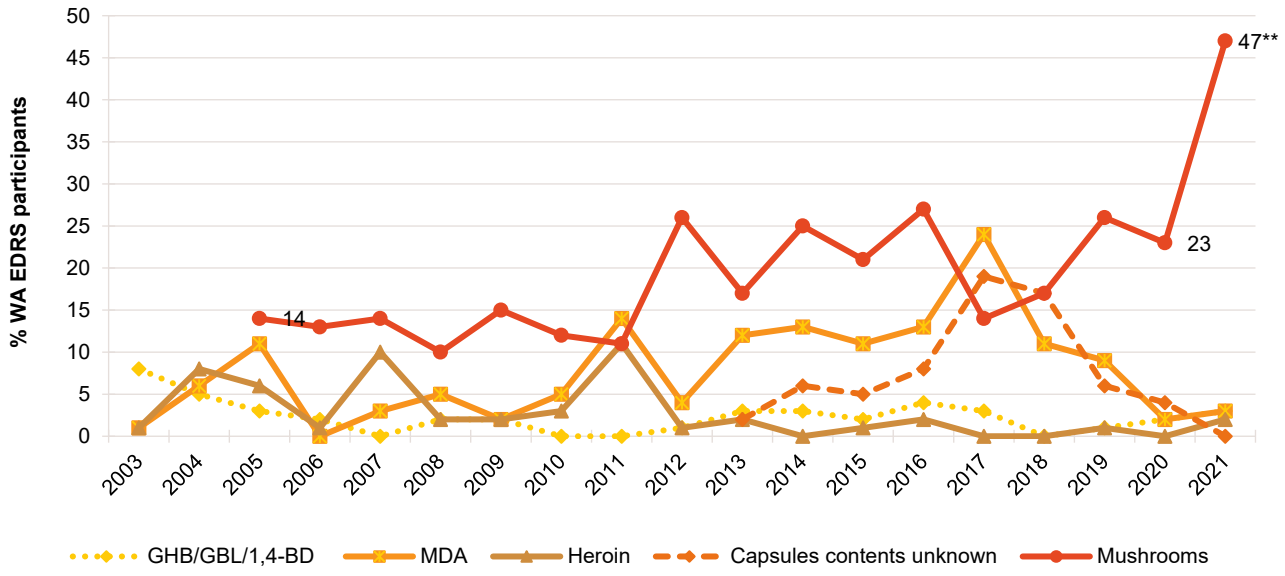
Heroin

Due to low numbers reporting on recent use of heroin, the data are not described here (Figure 34). For further information on heroin, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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

Due to low numbers reporting recent use of GHB/GBL/1,4-BD, the data are not described here (Figure 34). For further information on GHB/GBL/1,4-BD, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information

Figure 34: Past six month use of other illicit drugs, Western Australia, 2003-2021



Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis has been reduced to 50% to improve visibility of trends. Data labels are only provided for the first 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): Almost all participants (95%) reported recent use of alcohol in 2021, which has remained consistent since monitoring began (98% in 2020; *p*=0.442) (Figure 35).

Frequency of Use: Alcohol was reportedly used on a median of 48 days in the six months preceding interview (i.e., twice per week, IQR=24-71), a non-significant increase from 40 days in 2020 (IQR=20-69; *p*=0.830). Of those who had used alcohol recently, 76% reported drinking weekly or more (72% in 2020; *p*=0.715).

Tobacco

Recent Use (past 6 months): Recent tobacco use was reported by 72% of participants, not significantly different to 77% in 2020 (*p*=0.516) (Figure 35).

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Frequency of Use: Participants reported using tobacco on a median of 71 days in the six months preceding the interview (IQR=12-180), comparable to 72 days in 2020 (IQR=30-180; *p*=0.158). Among those who had recently used tobacco (n=72), 26% reported daily use (38% in 2020; *p*=0.195).

E-cigarettes

Recent Use (past 6 months): Recent use of e-cigarettes was reported by over half the sample in 2021 (55%); a significant increase from 31% in 2020 (*p*=0.001) (Figure 35).

Frequency of Use: Participants reported using e-cigarettes on a median of 24 days in the preceding six months (i.e., weekly, IQR=6-93), a significant increase from 7 days in 2020 (IQR=3-20; *p*=0.005). Among those who had recently used e-cigarettes (n=55), 16% reported daily use (n≤5 in 2020; *p*=0.325).

Forms Used: Of those who reported recent e-cigarette use (n=55), 93% reported that using e-cigarettes that contained nicotine, while 18% reported using e-cigarettes that contained cannabis. Few (n≤5) participants reported using e-cigarettes which did not contain nicotine nor cannabis.

Reason for Use: Of those who reported e-cigarette use in the last six months (n=55), 38% reported using it as a smoking cessation tool, while 62% did not.

Nitrous Oxide

Recent Use (past 6 months): Less than half the sample reported recent use of nitrous oxide in 2021 (45%), a significant decline from 62% in 2020 (*p*=0.023) (Figure 35).

Frequency of Use: Participants reported using nitrous oxide on a median of 4 days in the preceding six months (IQR=1-8), not significantly different to 4 days in 2020 (IQR=2-7; *p*=0.635).

Quantity: Of those who reported recent use and responded (n=45), the median 'typical' amount used per session was 10 bulbs (IQR=5-25; 10 bulbs in 2020; IQR=4-30; *p*=0.952). Of those who reported recent use and responded (n=45), the median maximum amount used per session was 15 bulbs (IQR=6-50) (not asked 2020).

Amyl Nitrite

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

Recent Use (past 6 months): One-fifth of the sample (21%) reported recent use of amyl nitrite in 2021, a non-significant decline from 33% in 2020 (*p*=0.080) (Figure 35).

Frequency of Use: Amyl nitrite was used on a median of 4 days in the six months preceding the interview (IQR=1-10), not significantly different to 3 days in 2020 (IQR=1-5; *p*=0.698).

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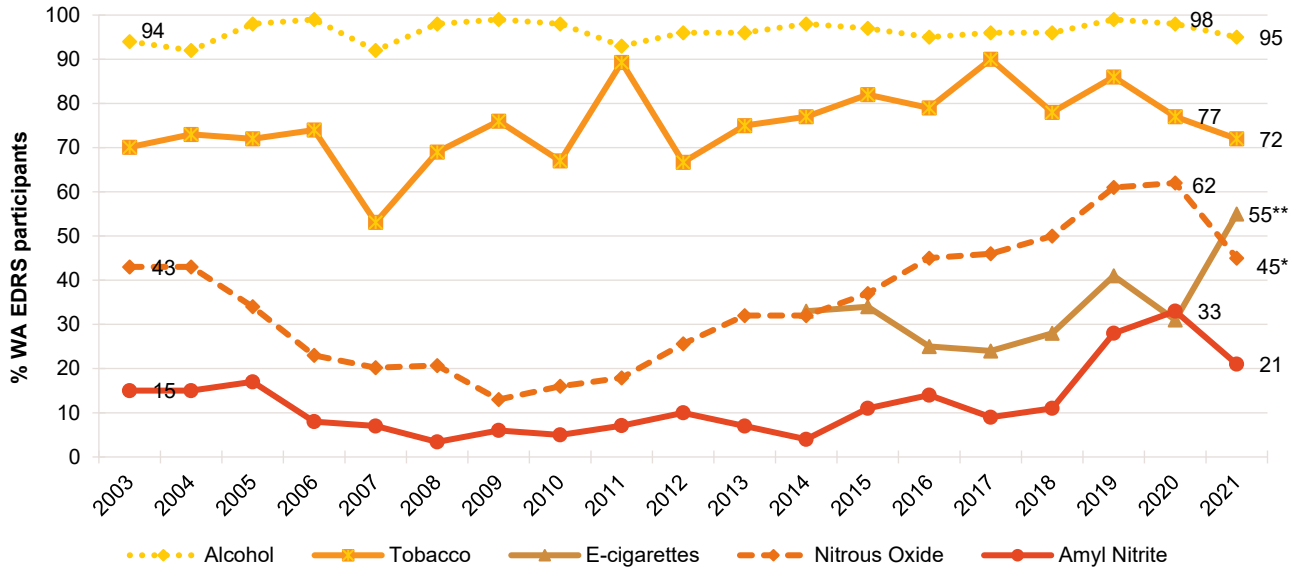
Figure 35: Licit and other drugs used in the past six months, Western Australia, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. Data labels are only provided for the first 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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10

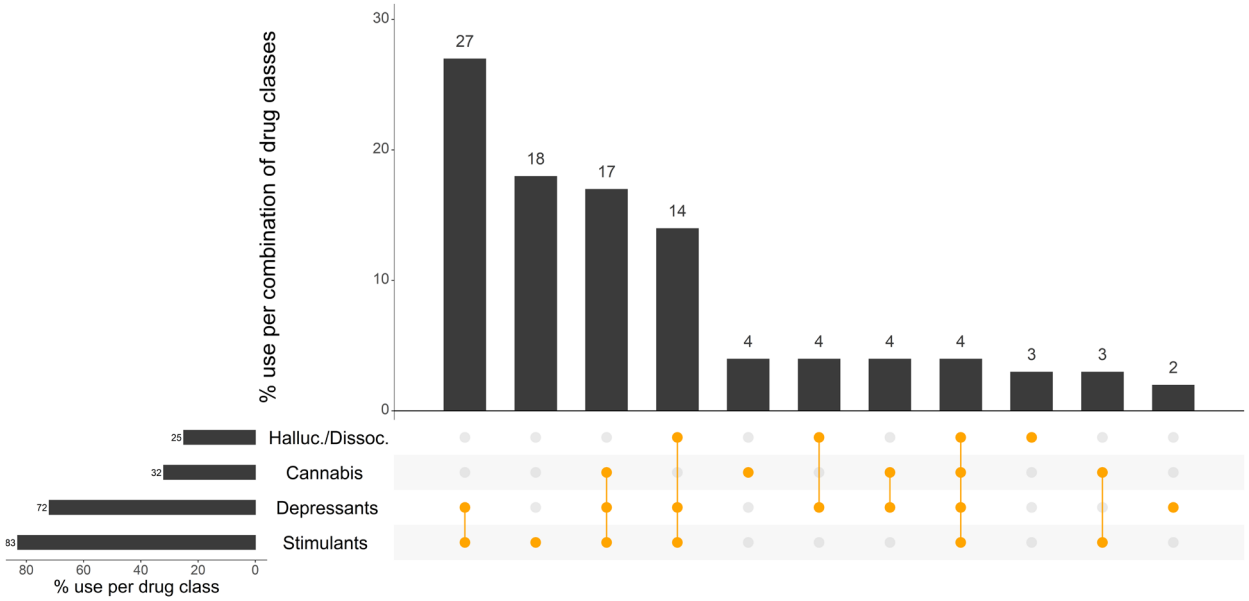
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used drug class was stimulants (83%; predominantly comprising ecstasy and cocaine), followed by depressants (72%; predominantly comprising alcohol), cannabis (32%) and then hallucinogens/dissociatives (25%) (Figure 36).

The majority (82%) of the WA sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol, tobacco and prescription medicines). The most commonly used combination of drug classes were depressants and stimulants (27%), followed by depressants, stimulants and cannabis (17%) and depressants, stimulants and hallucinogens/dissociatives (14%). Almost one-fifth (18%) reported using stimulants only (18%).

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



Note. Percentage calculated out of total WA EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 30% to improve visibility of trends.

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Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 12.5 (SD 6.3); a significant increase from 12.3 in 2020 (SD 6.2; $p<0.001$). Over three-quarters (77%) of participants obtained a score of eight or more, indicative of hazardous use (81% in 2020; $p=0.618$) (Table 6). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence.

There was no significant change in the per cent of participants falling into each of these zones between 2020 to 2021 ($p=0.815$).

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

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	n=99	N=28	N=90	N=100	N=100	n=98	n=97	n=99	n=96	n=98	N=100	n=96
Mean AUDIT total score (SD)	12.5 (6.9)	15.8 (8.6)	15.0 (7.6)	14.1 (6.9)	13.2 (5.5)	12.8 (5.6)	12.6 (7.1)	12.0 (5.2)	13.0 (6.6)	13.8 (6.3)	12.3 (6.2)	**12.5*** (6.3)**
Score 8 or above (%)	72	82	79	85	87	81	77	86	73	84	81	**77**
AUDIT zones: Score 0-7	28	18	21	15	13	19	23	14	27	16	19	**23**
Score 8-15	35	25	28	47	55	48	47	65	30	38	52	**48**
Score 16-19	16	21	22	17	19	20	16	12	23	26	19	**17**
Score 20 or above	20	36	29	21	13	12	14	9	20	18	10	**13**

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) stimulant overdose, and ii) depressant overdose.

From 2019, changes were made to this module. Participants were asked about the following in 2021, 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. opioid, GHB/GBL/1,4-BD, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

In 2021, 16% of the sample reported that they had experienced a non-fatal stimulant overdose in the preceding 12 months (15% in 2020). Stimulant overdoses occurred on a median of one occasion in the preceding year (IQR=1-2; 1 in 2020; IQR=1-3; p=0.317).

Of those who had experienced a non-fatal stimulant overdose in the last year (n=16), most (75%) nominated some form of ecstasy (capsules: 44%) on the last occasion. Of those who reported a past year non-fatal stimulant overdose and responded, one-quarter (25%) reported use of at least one other drug on that occasion, mainly citing alcohol (69%) and tobacco (38%).

On the last occasion of experiencing a non-fatal stimulant overdose, 81% did not receive treatment or assistance. Due to low numbers reporting that they had received treatment or assistance (n≤5), please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Non-Fatal Depressant Overdose

Alcohol: In 2021, 13% (n=13) reported that they had experienced a non-fatal alcohol overdose in the preceding 12 months (11% in 2020; p=0.828), on a median of one (IQR=1-2) occasion. No participants reported receiving treatment on the last occasion of alcohol overdose.

Any depressant (including alcohol): In 2021, 17% (n=17) reported that they had experienced a non-fatal depressant overdose in the past 12 months (12% in 2020; p=0.422). Most depressant overdoses in the past 12 months were attributed to alcohol (76%). Very few were attributed to other types of depressant drugs (n≤5). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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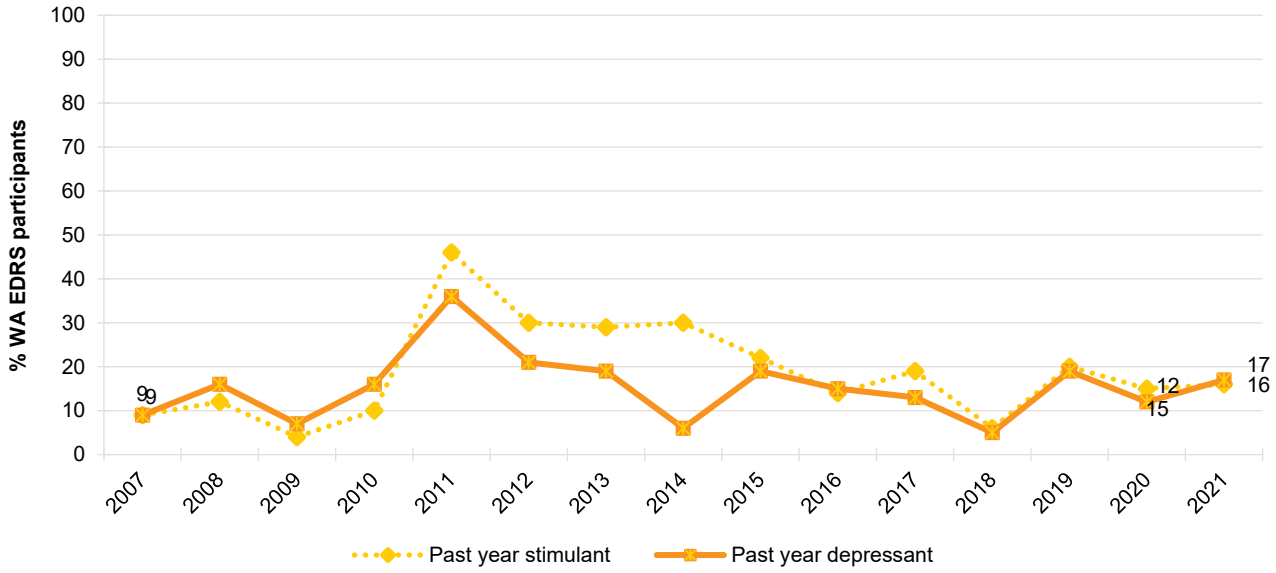
Figure 37: Past 12 month non-fatal stimulant and depressant overdose, Western Australia, 2007-2021

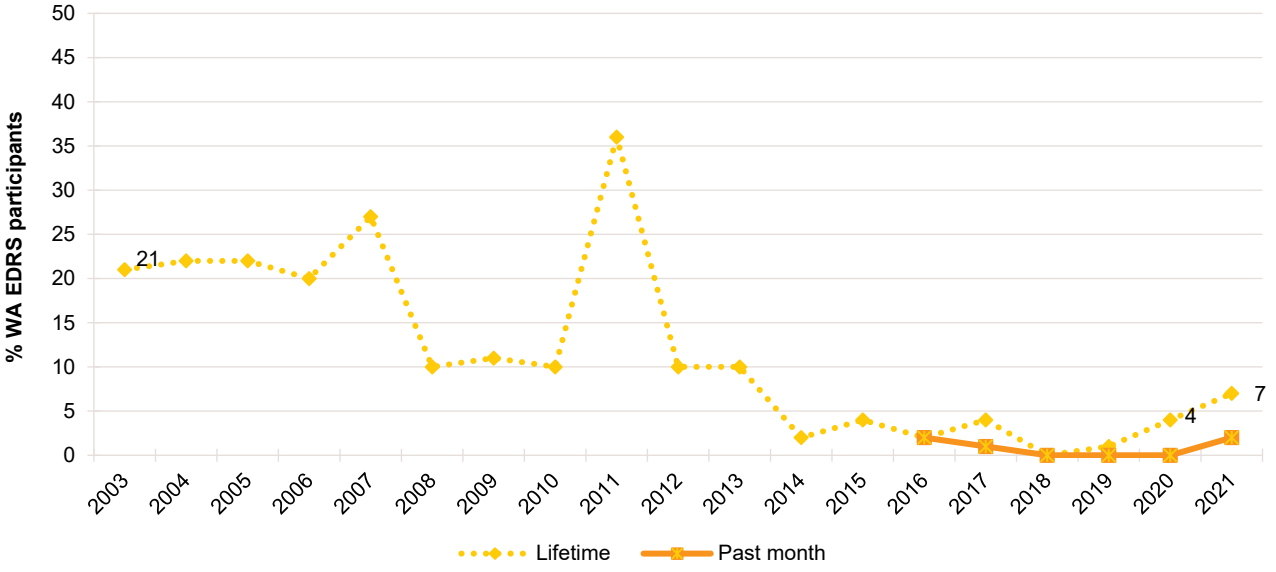


Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2007) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

In 2021, 7% (n=7) reported that they had ever injected a drug, stable from 2020 (n≤5; p=0.535). Very few (n≤5) reported injecting a drug in the preceding month, with no participants reporting past month injection in 2020 (p=0.477) (Figure 38). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 38: Lifetime and past month drug injection, Western Australia, 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Drug Treatment

Very few participants (n≤5) reported that they were currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2020; *p*=0.678). Please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Sexual Health Behaviours

Of the total sample who responded (n=99), 86% (n=85) reported engaging in some form of sexual activity in the four weeks preceding their interview. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and responded (n=83), 76% (n=63) reported that they had used alcohol and/or other drugs before or during sexual activity in the preceding month. Of those who had engaged in sexual activity in the past four weeks and responded (n=80), 16% (n=13) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex.

Of those who had engaged in sexual activity in the preceding four weeks and responded (n=83), 10% (n=8) reported penetrative sex without a condom where they did not know the HIV status of their partner.

Of the total sample who responded (n=98), 30% (n=29) reported a sexual health check up in the past six months, while 37% (n=36) reported one over six months ago, and 34% (n=33) had never had one. Of the total sample who responded (n=98), a nominal per cent (n≤5) reported that they had been diagnosed with a sexually transmitted infection (STI) in the past six months, while 19% (n=19) reported a diagnosis over six months ago, and 79% (n=77) had never been diagnosed with an STI.

Of the total sample who responded (n=95), 16% (n=15) reported having had a test for human immunodeficiency virus (HIV) in the past six months, while 29% (n=28) reported having a test over six months ago, and 55% (n=52) had never had one. Of the total sample who responded (n=99), the vast majority (99%) had never been diagnosed with HIV (Table 7).

Table 7: Sexual health behaviours, Western Australia, 2021

	2021
Of those who responded:	**N=99**
% Any sexual activity in the past four weeks (n)	86 (n=85)
Of those who responded#:	n=83
% Drugs and/or alcohol used prior to or while engaging in sexual activity	76
Of those who responded#:	n=80
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	16
Of those who responded#:	n=83
% Had penetrative sex without a condom and did not know HIV status of partner	10
Of the total sample (past six months):	n=95
% Had a HIV test	16
% Diagnosed with HIV	-
% Had a sexual health check	30
% 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.

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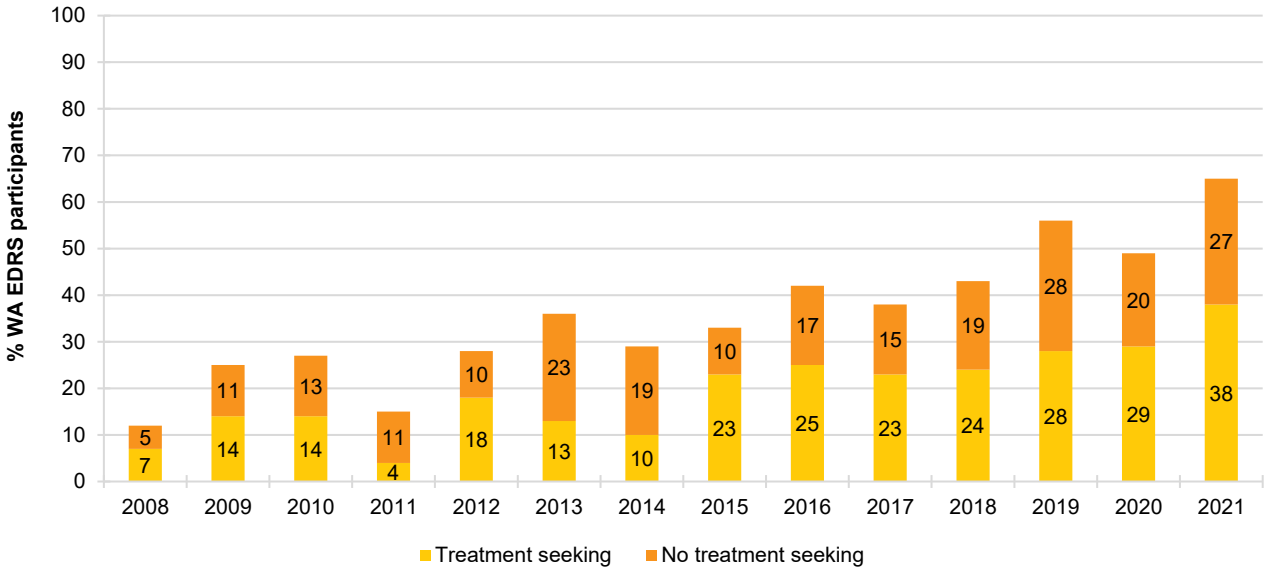
Mental Health

In 2021, two-thirds of the sample (66%; n=65) reported they had experienced a mental health problem in the six months preceding the interview, a significant increase from 49% in 2020 (p=0.026) (Figure 39). The three most commonly reported problems were anxiety (68%), followed closely by depression (67%) and then PTSD (10%).

Two-fifths (38%) of the total sample reported seeing a mental health professional during the past six months. This is equivalent to 58% of those who self-reported a mental health problem during the past six months (59% in 2020). Of those who reported attending a mental health professional in 2021 (n=38), 45% (n=17) reported having been prescribed medication for their mental health problem (62% in 2020; p=0.246).

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



Note. Treatment seeking first asked about in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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Driving

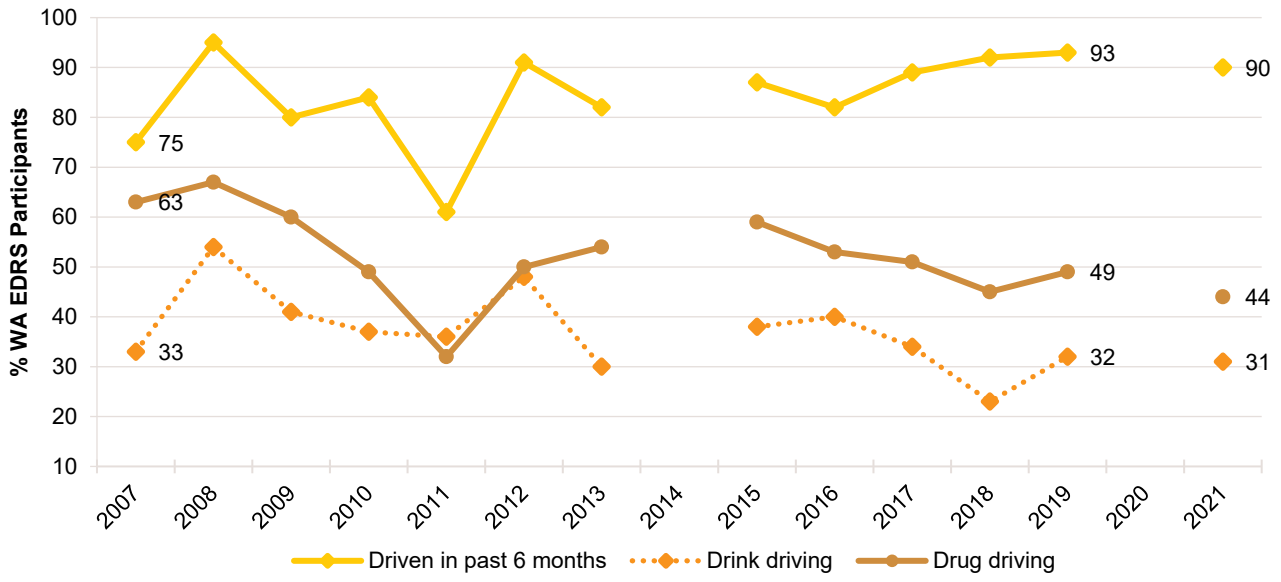
Almost one-third (31%) reported driving while over the perceived legal limit of alcohol (33% of those who had driven in the past six months) and just over two-fifths (44%) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (49% of those who had driven in the past 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, cannabis was the most common drug used prior to driving (75%), followed by pharmaceutical stimulants (27%). Over one-tenth (13%) of the WA sample reported that they had been tested for drug driving by the police roadside drug testing service, and 54% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview.

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

	2021
	N=100
% Driven in the last six months	90
% Driven over the legal alcohol limit in the last six months	31
% Driven within three hours of consuming illicit drug(s) in the last six months	44
% Tested for drug driving by police roadside drug testing in the last six months	13
% Breath tested for alcohol by police roadside testing in the last six months	54

Note: Questions about driving behaviour were not asked in 2020. Computed out of the entire sample. Don't know and did not respond responses excluded.

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

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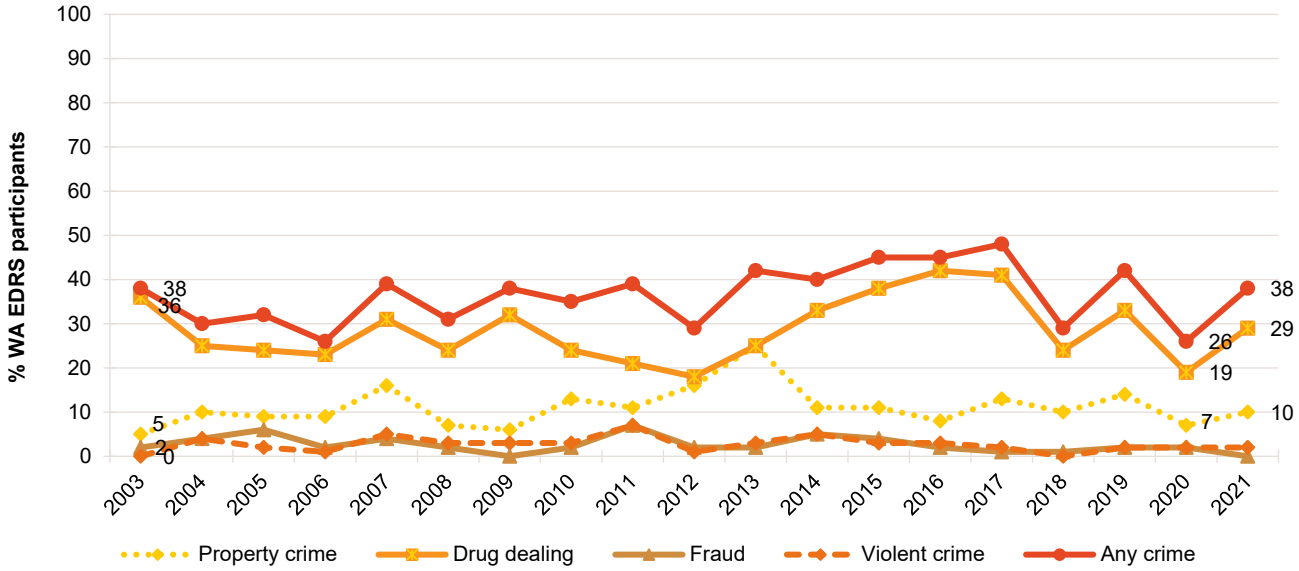
Crime

In 2021, about two-fifths (38%) reported some form of recent crime (26% in 2020; *p*=0.115), with drug dealing and property crime the most common forms (29% and 10%, respectively). Very few participants (n≤5) reported committing a violent crime (n≤5 in 2020) or being the victim of a violent crime (n≤5 in 2020; *p*=0.057).

Among those who responded (n=99), 10% (n=10) reported having been arrested in the 12 months preceding the interview (n≤5 in 2020; *p*=0.274). However, consistent with previous reporting years, very few reported having ever been in prison (n≤5; 0% in 2020; *p*=0.245).

For further information about crime, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 41: Self-reported criminal activity in the past month, Western Australia, 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. Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *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.

In 2021, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding the interview were face-to-face (90%) and via social networking applications (73%) (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder). 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. Approximately one-tenth (12%) of participants reported arranging the purchase of illicit or non-prescribed drugs through a Darknet market (8% in 2020; p=0.494).

When asked about how they had received illicit drugs on any occasion in the last 12 months, almost all participants reported face-to-face (97%; 95% in 2020; p=0.718), while one-tenth (10%) reported receiving illicit drugs in the post (13% in 2020; p=0.658).

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague (88%; 91% in 2020; p=0.645), followed by a known dealer/vendor (50%; 63% in 2020; p=0.087) and an unknown dealer/vendor (29%; 39% in 2020; p=0.179).

Of those able to answer (n=81), two-thirds (65%; n=53) reported they had ever obtained drugs through someone who purchased them on the surface web/darknet, with 44% (n=36) doing so within the past 12 months (57% in 2020; p=0.171).

Consistent with 2020, few participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces. For further information regarding online selling, please refer to the National EDRS Report for national trends, or contact the Drug Trends team for further information.

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

	2020	2021
	n=99	**N=100**
% Purchasing approaches in the last 12 months^		
Face-to-face	82	**90**
Surface web	14	**-**
Darknet market	8	**12**
Social networking applications	79	**73**
Text messaging	47	**35**
Phone call	33	**21**
Grew/made my own	-	**-**
Other	0	**0**
% Means of obtaining drugs in the last 12 months^~	N=100	**N=100**
Face-to-face	99	**97**
Collection point	18	**-****
Post	13	**10**
% Source of drugs in the last 12 months^	N=100	**N=100**
Friend/relative/partner/colleague	91	**88**
Known dealer/vendor	63	**50**
Unknown dealer/vendor	39	**29**

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