



**EDRS**



# **WESTERN AUSTRALIA DRUG TRENDS 2020**

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



# WESTERN AUSTRALIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

Please contact the Drug Trends team with any queries regarding this publication: [drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au)

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### Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales UNSW Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2020:

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- Amy Kirwan, Cristal Hall, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute, Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Dr Natalie Thomas 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

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



## Abbreviations

<b>2C-B</b>	4-bromo-2,5-dimethoxyphenethylamine
<b>4-AcO-DMT</b>	4-Acetoxy-N,N-dimethyltryptamine
<b>4-FA</b>	4-Fluoroamphetamine
<b>5-MeO-DMT</b>	5-methoxy-N,N-dimethyltryptamine
<b>AIVL</b>	Australian Injecting & Illicit Drug Users League
<b>Alpha PVP</b>	$\alpha$ -Pyrrolidinopentiophenone
<b>AUDIT</b>	Alcohol Use Disorders Identification Test
<b>BZP</b>	Benzylpiperazine
<b>DMT</b>	Dimethyltryptamine
<b>DO-x</b>	4-Substituted-2,5-dimethoxyamphetamines
<b>EDRS</b>	Ecstasy and Related Drugs Reporting System
<b>GBL</b>	Gamma-butyrolactone
<b>GHB</b>	Gamma-hydroxybutyrate
<b>IDRS</b>	Illicit Drug Reporting System
<b>IQR</b>	Interquartile range
<b>LSD</b>	<i>d</i> -lysergic acid
<b>MDA</b>	3,4-methylenedioxyamphetamine
<b>MDMA</b>	3,4-methylenedioxymethamphetamine
<b>MDPV</b>	Methylenedioxypropylone
<b>MXE</b>	Methoxetamine
<b>N (or n)</b>	Number of participants
<b>NBOMe</b>	N-methoxybenzyl
<b>NDARC</b>	National Drug and Alcohol Research Centre
<b>NPS</b>	New psychoactive substances
<b>OTC</b>	Over-the-counter
<b>PMA</b>	Paramethoxyamphetamine
<b>ROA</b>	Route of administration
<b>SD</b>	Standard Deviation
<b>STI</b>	Sexually Transmitted Infection
<b>WA</b>	Western Australia
<b>WHO</b>	World Health Organisation

## Executive Summary

The 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 2020 from May-June: subsequent to COVID-19 restrictions on travel and gatherings in Australia. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

### Sample Characteristics

The WA EDRS sample (N=100) recruited from Perth were predominantly young (median=20, IQR=19-23), male (65%), well-educated and living with their parents/at their family home (64%) or in a rented house (32%). These sample characteristics have been largely consistent since monitoring commenced. Ecstasy/MDMA and cannabis continued to be the drugs of choice (39% and 21%, 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.* Seven per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, most participants (95%) had practiced social distancing and 82% had undergone home isolation. Ecstasy/MDMA was reported by 25% of participants as the drug most used in February 2020 (before COVID-19 restrictions), but by only 11% in the month prior to interview. By contrast, cannabis and alcohol were reported by 31% and 36%, respectively, as the drug most used in February, and 36% and 44%, respectively, in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March, including ecstasy/MDMA (87%), nitrous

oxide and amyl nitrate (each 52%). The primary reason given for a decrease in use of these drugs was 'fewer opportunities to be with people or to go out'. An increase in cannabis use was observed (33%), mainly cited as due to 'boredom/less things to occupy time', 'more time to use the drug' and 'greater anxiety/depression with COVID-19'. Most participants reported drug availability as stable, although ecstasy pills were most commonly cited as drugs which had decreased in availability (69%). Over one-third (35%) of participants rated their mental health in the past four weeks as being 'worse' compared to February, 39% reported 'similar' and 25% reported their mental health as 'better'. More than one-tenth (13%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Two-thirds (66%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

### Ecstasy/MDMA

Reports of any recent (past six month) use of ecstasy pills continued to decline, significantly so (68% in 2019 to 25% in 2020), whilst capsules and crystal remained the most common forms (83% and 61% respectively). One in four participants (25%) reported weekly or more frequent ecstasy/MDMA use. The proportion perceiving capsules as 'high' purity significantly decreased, while the proportion reporting 'fluctuating' purity significantly increased. A significantly greater proportion also perceived capsules as 'easy' rather than 'very easy' to obtain. The median price of pills and capsules remained stable at \$20, while the median price per gram of crystal decreased non-significantly from \$160 to \$125.

### 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; 11% in 2019). In recent years, crystal has been the main form of

methamphetamine reportedly used. Very few participants ( $\leq 5$ ) reported weekly or more frequent use of methamphetamine, and very few were able to comment on market trends.

### Cocaine

Recent use of cocaine has increased since monitoring began, but remained stable over the past few years (48% in 2020; 47% in 2019). However, frequency of use has remained low ( $n \leq 5$  weekly or more frequent use). Consistent with previous years, most participants perceived cocaine as 'easy' or 'very easy' to obtain, but perceptions of purity were mixed. The price remained stable at \$350 per gram.

### Cannabis

Each year since monitoring began, at least three in four participants have reported recent use of cannabis. In 2020, 87% reported recent use, and among these, 18% reported daily use. Consistent with past years, most (95%) reported that hydro was 'easy' or 'very easy' to access and the price of hydro remained stable at \$350 per ounce and \$25 per gram.

### Ketamine & LSD

Reported use of ketamine and LSD has been increasing since monitoring began in 2003, although remained stable in 2020 relative to 2019. Almost a third (31%) reported ketamine use, while 43% reported LSD use. The price per tab of LSD remained stable at \$25 and most (63%) reported that it was 'easy' or 'very easy' to access. In recent years, small numbers have been able to comment on market trends for ketamine.

### New Psychoactive Substances (NPS)

Reported use of NPS has been declining since 2011 when a majority of participants (57%) reported recent use. In 2020, one in four participants (23%) reported recent use of any

NPS (28% in 2019), with DMT remaining most common (20% in 2020; 22% in 2019).

### Other Drugs

Reported use of pharmaceutical stimulants remained high and stable (66% in 2020; 63% in 2019), while benzodiazepine use significantly declined from 59% in 2019 to 37% in 2020 ( $p=0.003$ ). The proportion reporting recent use of nitrous oxide and amyl nitrate continued to rise (62% and 33% respectively), although remained stable relative to 2019. Recent use of mushrooms remained stable with one in four participants (23%) reporting use in 2020. Recent use of tobacco declined non-significantly from 86% in 2019 to 77% in 2020.

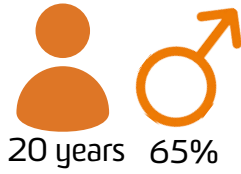
### Drug-Related Harms and Other Associated Behaviours

Four in five participants (81%) obtained a score of eight or more on the AUDIT scale, indicative of hazardous alcohol use. About one in ten participants (12%) reported a depressant overdose in the 12 months preceding the interview, while 15% reported a stimulant overdose. A nominal per cent reported currently receiving drug treatment, consistent with previous years. Half of the sample (49%) self-reported experiencing a mental health problem in the preceding six months (other than drug dependence), and of these, 59% reported seeing a mental health professional in the same period. Drug-dealing (26%) and property crime (19%) remained the two main forms of criminal activity in 2020, though both significantly declined, relative to 2019. The most popular method for arranging the purchase of drugs in the 12 months preceding the interview was face to face (82%), followed by social networking applications (79%).

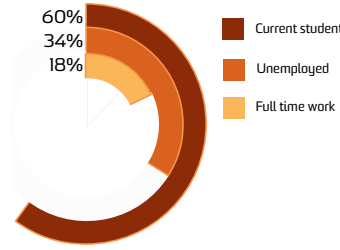
## 2020 WESTERN AUSTRALIA SAMPLE CHARACTERISTICS



In 2020, 100 people from Perth, Western Australia, participated in EDRS interviews.



The median age in 2020 was 20, and 65% identified as male.

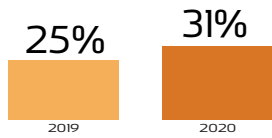


In the 2020 sample, 60% were enrolled students, 34% were unemployed, and 18% were employed full time.

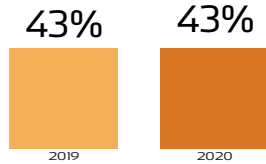
- ✓ Ecstasy
- ✓ Cocaine
- ✓ Other stimulants

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

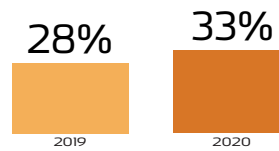
## OTHER DRUGS



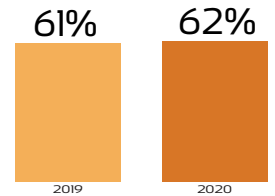
Past 6 month use of any ketamine increased from 25% in 2019 to 31% in the 2020 EDRS sample.



Past 6 month use of LSD was stable at 43% in the 2020 EDRS sample (43% in 2019).



Past 6 month use of any amyl nitrite increased from 28% in 2019 to 33% in the 2020 EDRS sample.

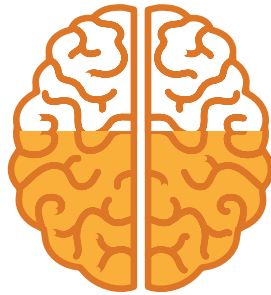


Past 6 month use of any nitrous oxide (nangs) was stable at 62% in the 2020 EDRS sample (61% in 2019).

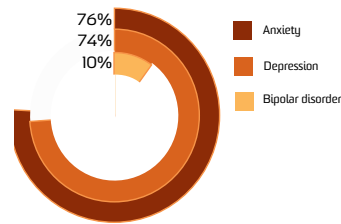
## DRUG TREATMENT AND MENTAL HEALTH



Of the 2020 EDRS sample <5% reported that they were currently receiving drug treatment.



Just under half of the sample (49%) self-reported that they had experienced a mental health problem in the previous 6 months.

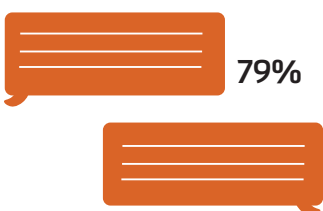


Of those who commented, the most common self-reported mental health concern was anxiety (76%), followed by depression (74%), and bipolar disorder (10%).

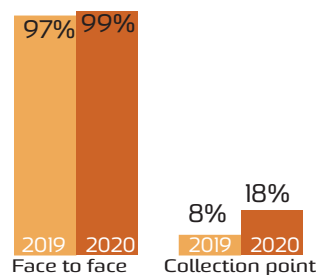


Of those self-reporting a mental health problem, 59% reported seeing a mental health professional in the previous 6 months (29% of the entire sample).

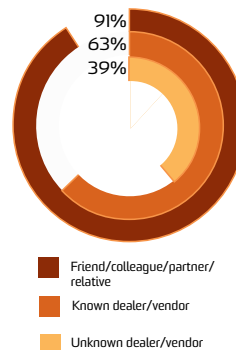
## MODES OF PURCHASING



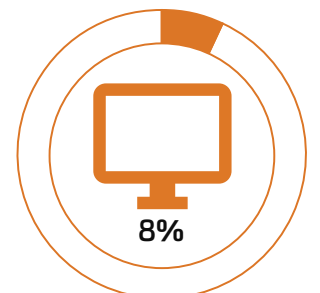
In 2020, 79% of participants organised the purchase of illicit or non-prescribed drugs via social networking.



When asked about how they received drugs, 99% said face to face, and 18% said via a pre-arranged collection point.

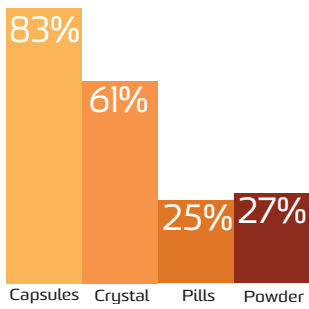


The majority of participants reported obtaining drugs from someone they knew personally (91%).

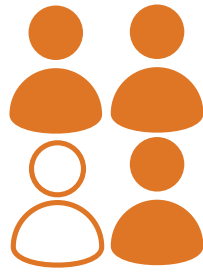


In 2020, 8% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

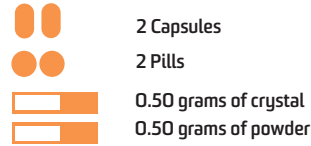
## ECSTASY



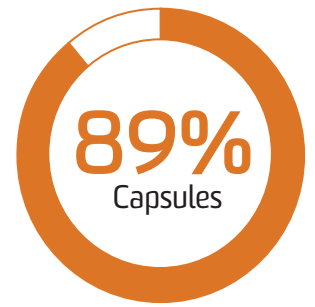
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.



Of those who had recently consumed ecstasy, 1 in 4 used it weekly.

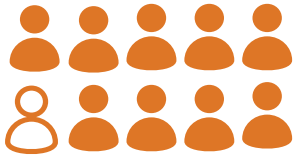


Median amounts of ecstasy consumed in a 'typical' session using each form.

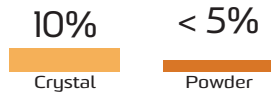


Of those who could comment 89% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

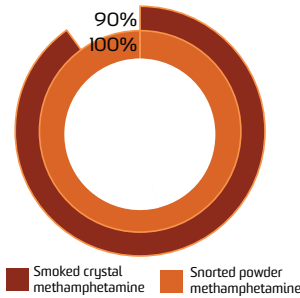
## METHAMPHETAMINE



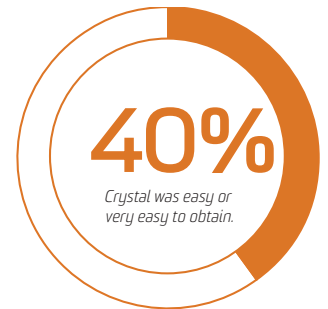
Past 6 month use of any methamphetamine was stable in the 2020 sample (12%) compared to 2019 (11%).



Of the entire sample, less than 5% had recently consumed powder, and 10% crystal methamphetamine.

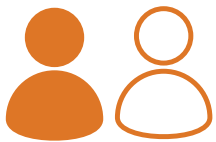


90% of people who had recently used crystal smoked it. Of those who had recently used powder, 100% snorted it.

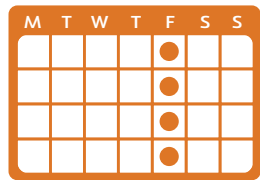


Of those who could comment 40% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

## COCAINE



Past 6 month use of any cocaine was stable from 2019 (47%) to 2020 (48%).

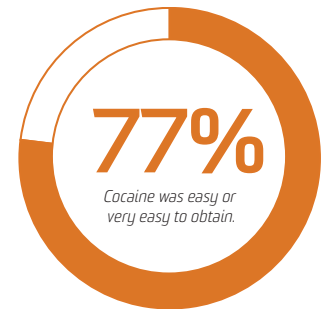


<5%

Of people who had consumed cocaine recently, < 5% reported weekly or more frequent use.

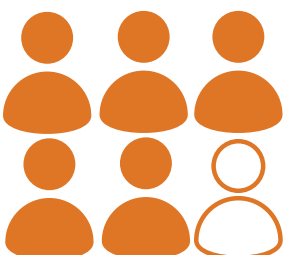


Of people who had consumed cocaine in the last 6 months, 98% had snorted it.

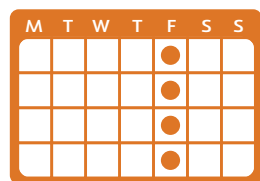


Of those who could comment 77% perceived cocaine to be 'easy' or 'very easy' to obtain.

## CANNABIS



Past 6 month use of any cannabis was stable at 87% in 2020 and 86% in 2019. <http://doi.org/10.26190/xpvn-ht75>

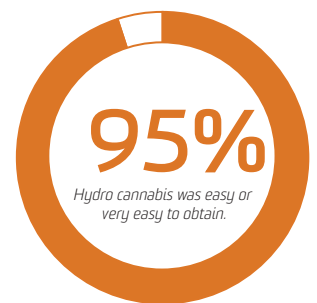


53%

Of those who had consumed cannabis recently, half 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 95% perceived hydro to be 'easy' or 'very easy' to obtain.

## Background

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

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS. It should also be noted that data collected in 2020 occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

## 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/MDMA or other stimulants (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other 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 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. In 2019, a total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Perth, WA during April-June 2019.

### EDRS 2020: 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 came into effect in March 2020), face-to-face interviews were no longer 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;
4. Age eligibility criterion: Changed from 16 years old in WA to 18 years old; and
5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal

circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further details.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 100 participants interviewed in Perth, WA between May-June 2020.

## Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness >  $\pm 1$  or kurtosis >  $\pm 3$ ), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2018 and 2019, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are  $\leq 5$  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, 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 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 jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it 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 South Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

## COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on gathering and travel on drug use and relative behaviours, markets and harms as reported by participants in Chapter 2.

**Outcomes relating to the previous 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released based on EDRS 2020 findings.**

## Additional Outputs

[Infographics](#) from this report are available for download. There are a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This

includes results from the [Illicit Drug Reporting System \(IDRS\)](#), which focuses more so on the use of illicit drugs, including injecting drug use.

Please contact the research team at [drugtrends@unsw.edu.au](mailto:drugtrends@unsw.edu.au), or the report authors directly at [j.grigg@curtin.edu.au](mailto:j.grigg@curtin.edu.au) and [s.lenton@curtin.edu.au](mailto:s.lenton@curtin.edu.au), with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.



# 1

## Sample Characteristics

In 2020, the WA EDRS sample was very similar to the sample in 2019 and in previous years; almost two-thirds of the sample was male (65%; 62% in 2019;  $p=0.659$ ), with a median age of 20 years (IQR=19-23; 19 years in 2019; IQR=18-21,  $p<0.001$ ). Almost two-thirds reported living with their parents/in their family house (64%; 71% in 2019;  $p=0.291$ ), with most of the remaining participants living in a rented house/flat (32%; 27% in 2019;  $p=0.438$ ). Three-fifths (60%) were current students (58% in 2019;  $p=0.774$ ), whereby 49% were studying at university/college and 11% were undergoing a trade/technical qualification. One-fifth (18%) reported being employed full time (12% in 2019;  $p=0.774$ ) and 34% reported being unemployed at the time of interview (20% in 2019,  $p=0.023$ ) (Table 1). One-fifth of the sample (19%) had participated in the study before (11% in 2019;  $p=0.113$ ).

**Table 1: Demographic characteristics of the sample, nationally (2020) and Western Australia, 2016-2020**

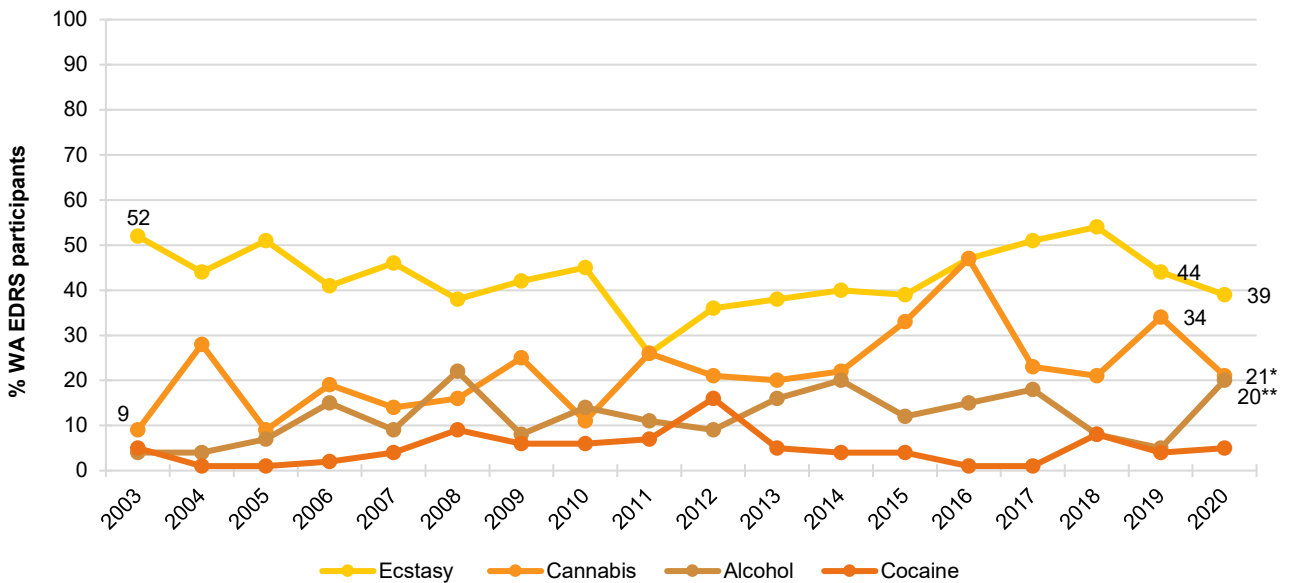
	WA 2016 N=100	WA 2017 N=100	WA 2018 N=100	WA 2019 N=100	WA 2020 N=100	National 2020 N=805
<b>Median age (years; IQR)</b>	20 (19-23)	19 (18-21)	20 (18-22)	19 (18-21)	<b>20***</b> <b>(19-23)</b>	22 (19-27)
<b>% Male</b>	73	69	52	62	<b>65</b>	61
<b>% Aboriginal and/or Torres Strait Islander</b>	-	-	-	-	<b>0</b>	4
<b>% Sexual identity</b>						
Heterosexual	95	87	94	88	<b>91</b>	83
Homosexual	-	-	-	-	-	3
Bisexual	-	10	-	8	<b>6</b>	10
Queer	0	<b>0</b>	0	-	<b>0</b>	3
Different identity	0	0	0	-	<b>0</b>	2
<b>Mean years of school education (range)</b>	12 (8-12)	12 (9-12)	12 (10-12)	12 (9-12)	<b>12 (8-12)</b>	12 (7-12)
<b>% Post-school qualification(s)^</b>	40	30	36	30	<b>42</b>	51
<b>% Current employment status</b>						
Employed full-time	29	24	22	12	<b>18</b>	26
Part time/casual	14	26	41	63	<b>40**</b>	35
Self-employed	0	0	0	-	<b>7</b>	5
Students	47	40	19	58	<b>60</b>	47
Unemployed	10	8	16	20	<b>34*</b>	35
<b>Current median weekly income \$ (IQR)</b>	(N=90) \$500 (250-800)	(N=95) \$350 (144-700)	(N=95) \$400 (200-800)	(N=97) \$300 (150-500)	<b>(N=97)</b> <b>\$550***</b> <b>(300-750)</b>	(N=771) \$600 (400-923)
<b>% Current accommodation</b>						
Own house/flat	-	-	-	-	-	5

	WA 2016	WA 2017	WA 2018	WA 2019	WA 2020	National 2020
Rented house/flat <sup>#</sup>	27	26	33	27	32	50
Parents'/family home	69	71	61	71	64	40
Boarding house/hostel	-	-	-	0	0	2
Public housing	0	0	0	0	0	2
No fixed address <sup>+</sup>	-	-	-	0	0	0
Other	-	-	-	-	-	-

Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018, 2019 and 2020. In 2020, employment status was expanded to include 'part time/casual' and 'self-employed' due to participant responses in 2019. Furthermore, in 2020, 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. <sup>#</sup>Includes trade/technical and university qualifications. / not asked. + In 2020, no fixed address included 'couch surfing and rough sleeping or squatting. # in 2016 and 2017, public housing was included in rented house/flat. – Per cent suppressed due to small cell size (n≤5 but not 0). \**p*<0.050; \*\**p*<0.010; \*\*\**p*<0.001 for 2019 versus 2020

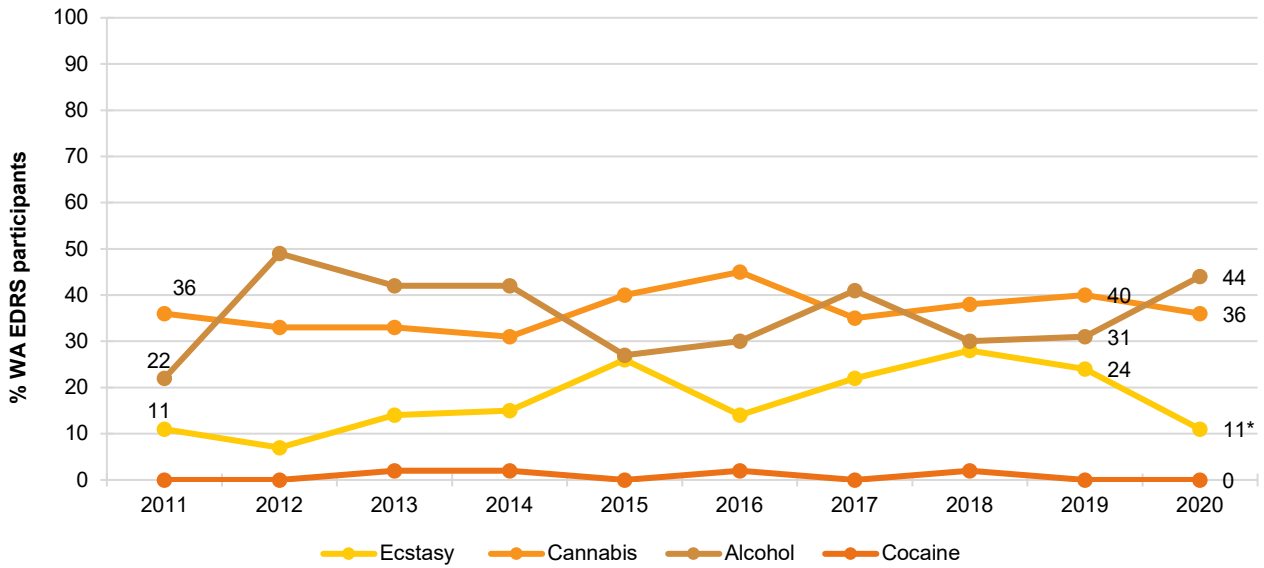
While ecstasy/MDMA continued to be the drug choice (39%; 44% in 2019; *p*=0.473; Figure 1), the proportion nominating alcohol as their drug choice significantly increased from 5% in 2019 to 20% in 2020 (*p*=0.001) and the proportion nominating cannabis decreased from 34% in 2019 to 21% in 2020 (*p*=0.040). Alcohol was also the drug used most often in the month preceding the interview in 2020 (44%; 31% in 2019; *p*=0.058), followed by cannabis and then ecstasy/MDMA (Figure 2).

Figure 1: Drug of choice, Western Australia, 2003-2020



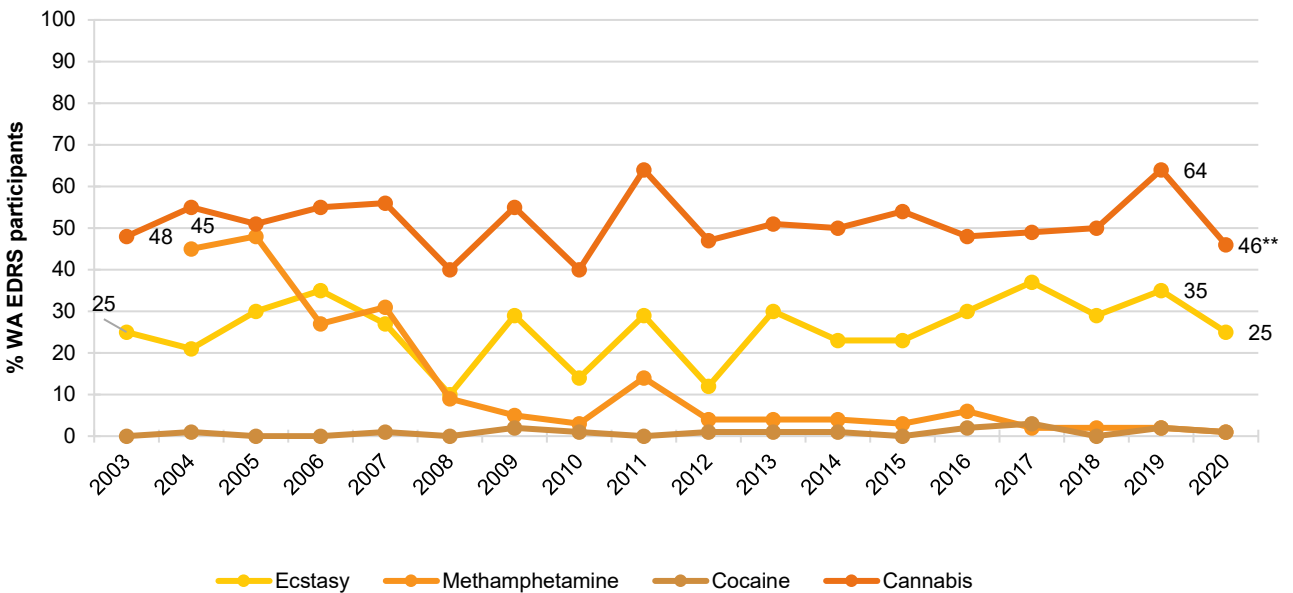
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). \**p*<0.050; \*\**p*<0.010; \*\*\**p*<0.001 for 2019 versus 2020.

**Figure 2: Drug used most often in the past month, Western Australia, 2011-2020**



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2019 versus 2020.

**Figure 3: Weekly or more frequent substance use in the past six months, Western Australia, 2003-2020**



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2019 versus 2020.

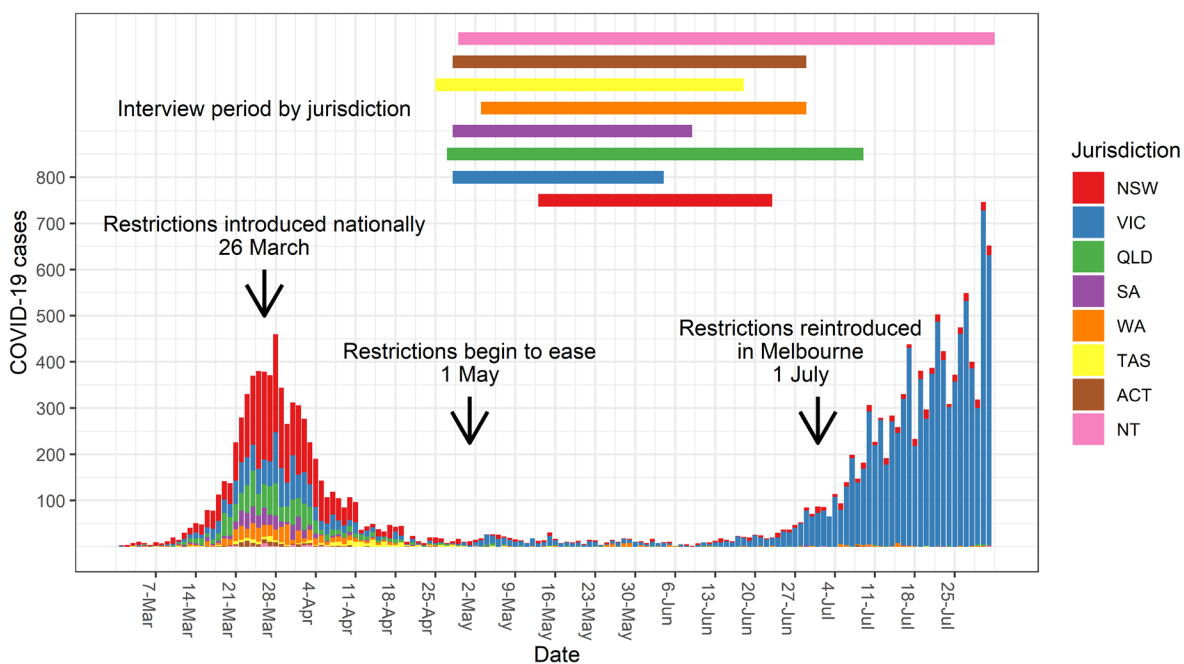
# 2

## COVID-19

### Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (10) (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July).

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



Note. Data obtained from <https://www.covid19data.com.au/>.

Western Australia observed its first case of COVID-19 on the 21<sup>st</sup> February, 2020. A few weeks later, on the 15<sup>th</sup> March 2020, a State of Emergency was declared in Western Australia, followed by a Public Health Emergency on March 16<sup>th</sup>. On March 23, Stage 1 restrictions came into effect, including the closure of pubs, bars and clubs. Between March 31<sup>st</sup> and April 27<sup>th</sup> the toughest restrictions were in place, including a two person gathering limit and encouragement to stay home unless leaving for essential activities. For the first time in history, the Western Australian borders were closed on April 6<sup>th</sup>.

All WA EDRS interviews took place once restrictions had eased. According to WA's roadmap for removal of restrictions, 39% took place in Phase 1 (gathering limit raised to 10 people), 24% in Phase 2 (non-work gatherings limit raised to 20 people), 36% in Phase 3 (non-work indoor and outdoor gatherings increased to 100 people) and 1% in Phase 4 (all existing limits on gatherings removed, except for multi-stages large-scale music festivals) (Table 2).

**Table 2: COVID-19 Western Australia roadmap for easing restrictions**

Phase – Easing of restrictions	Dates	Key restrictions (relevant to the EDRS)	% of WA EDRS interviews
Toughest restrictions ('lockdown')	March 31 – April 27	2 person gathering limit Encouraged to stay home (except for essential activities)	0
Phase 1	April 27 – May 18	Gatherings limit raised from 2 to 10 people Some additional non-contact public activities permitted	39
Phase 2	May 18 – June 6	Non-work gatherings limit raised to 20 people Cafes and restaurants permitted to reopen with meal service, including within pubs, bars, clubs, hotels and casino, up to 20 patrons, with the 4sqm rule applied People are encouraged to return to work, unless they are unwell or vulnerable	24
Phase 3	June 6 – June 27	Non-work gatherings permitted up to 100 people, 300 for venues with multiple spaces 4sqm rule removed, replaced with reduced 2sqm rule Seated service for food businesses and licensed premises	36
Phase 4	June 27 - present	All existing limits removed Limits now only determined by WA's reduced 2sqm rule The 2sqm rule includes staff only at venues that hold more than 500 patrons The only events still banned are multi-staged large-scale music festivals	1

## Methods

EDRS interviews commenced in Western Australia on May 3<sup>rd</sup> and concluded on June 29<sup>th</sup>, 2020.

In 2020, the EDRS interview was condensed to alleviate the burden on participants completing the survey via telephone/videoconference, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions are posed throughout the interview to explore demographic characteristics, drug consumption and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Methods** section of this document.

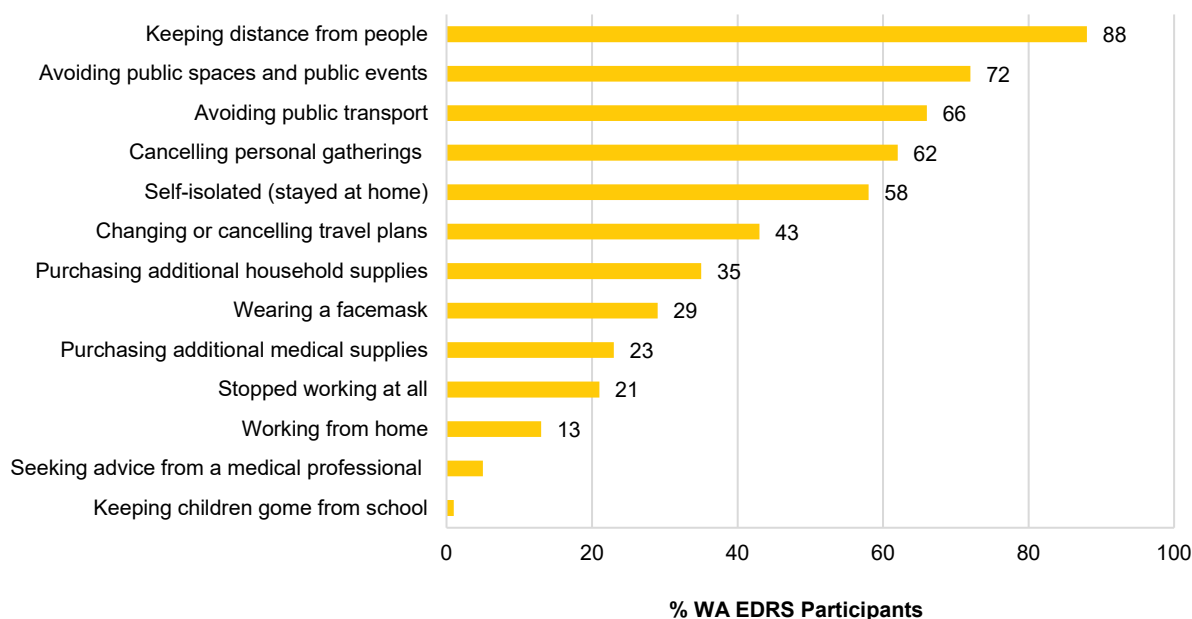
## COVID-19 Testing and Diagnosis

Less than a tenth (7%) of the WA sample had been tested for COVID-19, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, three-quarters (75%) responded 'not at all', while one-quarter (25%) reported being 'slightly' worried.

## Social and Financial Impacts of COVID-19 Restrictions

**COVID-19 related health behaviours.** Since the beginning of March, 2020, the vast majority of WA participants (95%) reported having practiced social distancing (i.e., avoiding public transport and social gatherings) and 82% reported having undergone a period of home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. Small numbers ( $n \leq 5$ ) reported that they were required to quarantine for 14 days due to risk of contracting COVID-19 (e.g. due to potential virus exposure). Participants were asked about health precautions they had engaged in during the four weeks preceding the interview (Figure 5). Most commonly, participants reported keeping distance from other people (88%), avoiding public spaces and events (72%), and public transport (66%).

Figure 5: Health precautions related to COVID-19 in the past four weeks, Western Australia, 2020



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

**Housing.** Almost two-thirds (64%) of the sample reported residing with parents/at their family house at the time of interview, while one-third reported living in a rental house/flat. Less than a tenth (7%) of participants reported that their living situation had changed since the beginning of March. As to why participants' living situation had changed, reasons included 'moved to be with family/partner', 'moved to self-isolate' and 'movement unrelated to COVID-19'.

**Employment and Income.** Over one-third (36%) of the sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants, in the month of February, 89% ( $n=32$ ) were receiving a wage/salary and 19% ( $n=7$ ) were receiving a government pension (e.g. New Start/Jobseeker). Of those not receiving a wage or salary ( $n=39$ ) during the month prior to interview, 33% had been seeking employment since before COVID-19, 23% had been stood down

temporarily because of COVID-19 (though were expecting employment in the future) and 21% were stood down permanently due to COVID-19.

When asked about their income in the four weeks preceding the interview as compared to how much participants received in the month of February 2020, 30% of participants reported that they were receiving more income, 31% reported less income, and 39% reported a similar amount of income (Table 3).

One-in-ten participants (10%) reported experiencing financial difficulty during the past month. Furthermore, 7% of the sample reported asking for financial help from friends or family and small numbers ( $n \leq 5$ ) reported from welfare or community organisations (Table 3). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

**Table 3: Social and financial impacts of COVID-19 restrictions, National and Western Australia, 2020**

	National 2020	WA 2020
	N=805	N=100
<b>% Change in source of income since March 2020 (since COVID-19 restrictions)</b>	42	36
<b>% change in total income in the past month compared to February</b>	<b>(N=794)</b>	<b>(N=100)</b>
More money	27	30
Less money	36	31
About the same	37	39
<b>% Financial difficulties in the past month#</b>	<b>(n=804)</b>	<b>(N=100)</b>
Could not pay household or phone bills on time	13	-
Could not pay the mortgage or rent on time	7	0
Requested deferred payment of mortgage/rent/loan	5	-
Unable to buy food or went without meals	7	-
Unable to heat/air-condition house	2	0
Asked for financial help from friends or family	19	7
Asked for help from welfare or community organisations	6	-
Difficulty paying for medicines	4	0
Difficulty paying for medical treatment	3	0

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size ( $n \leq 5$  but not 0).

## Drug Use

**Main drug used.** Over one-third (34%) of participants in the WA sample reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020. Of these participants ( $n=34$ ), the main transitions cited were from MDMA/ecstasy to cannabis or alcohol (each 21%) and alcohol to cannabis (12%; Table 4).

**Frequency of drug use.** Half of the sample (50%) reported using ecstasy and related drugs less in the month prior to interview as compared to February, 2020; 8% reported greater frequency of use, and 42% reported stable frequency (Table 4).

**Table 4: Drug used most often in February (pre-COVID-19 restrictions) versus in the past month (during COVID-19 restrictions), Western Australia, 2020**

WA 2020		
	February	Past month
<b>% Drug used most often in that month</b>	N=100	N=100
Ecstasy	25	11*
Cannabis	31	36
Alcohol	36	44
Cocaine	0	0
Other	-	6
<i>% reporting change in drug used most often from February to past month<sup>^</sup></i>	Overall: 34	
<b>% Frequency of ecstasy and related drug use in that month</b>	N=100	N=100
Not in the month	-	25***
Monthly	17	29*
Fortnightly	45	28*
Weekly	23	7**
More than once per week	9	10
Once a day	-	-
More than once per day	0	0
<i>% reporting decrease in frequency</i>	Overall: 50	
<i>% reporting increase in frequency</i>	Overall: 8	
<i>% reporting stable frequency</i>	Overall: 42	

Note. The response 'Don't know' was excluded from analysis. <sup>^</sup> this value might be greater than the difference between February and past month for individual drugs listed as participants may have changed main drug used within the 'other drug' category (e.g., from LSD to ketamine). - Per cent suppressed due to small cell size (n≤5 but not 0). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for past month versus February.

**Perceived changes in drug use.** Participants who reported past six month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 6).

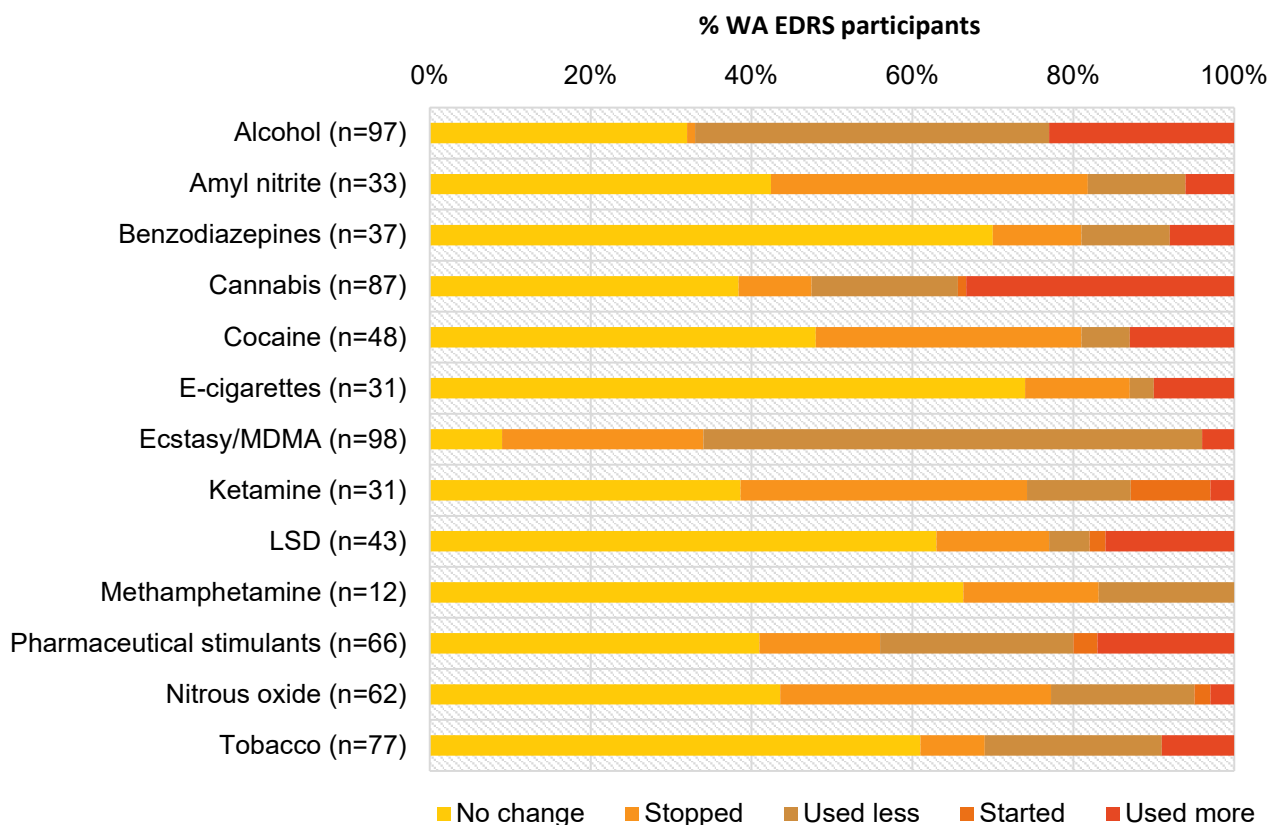
Most commonly, participants reported a decrease in use of ecstasy/MDMA (87%), nitrous oxide and amyl nitrate (each 52%), ketamine (48%), and alcohol (45%); an increase in use was reported for cannabis (33%); and no change was reported for e-cigarettes (74%), benzodiazepines (70%), methamphetamine (67%), LSD (63%) and tobacco (61%).

The primary reason cited for decreasing use of ecstasy/MDMA and ketamine was 'fewer opportunities to be with people/go out' (91% and 77%, respectively). Other commonly endorsed reasons were 'didn't feel like using the drug' and 'worried about effects on my physical health'.

The primary reason why participants reported increasing their cannabis use was 'boredom/less things to occupy time' (77%), followed by 'more time to use the drug' (43%), and 'greater anxiety/depression with COVID-19' (10%).



**Figure 6: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020**



Note. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

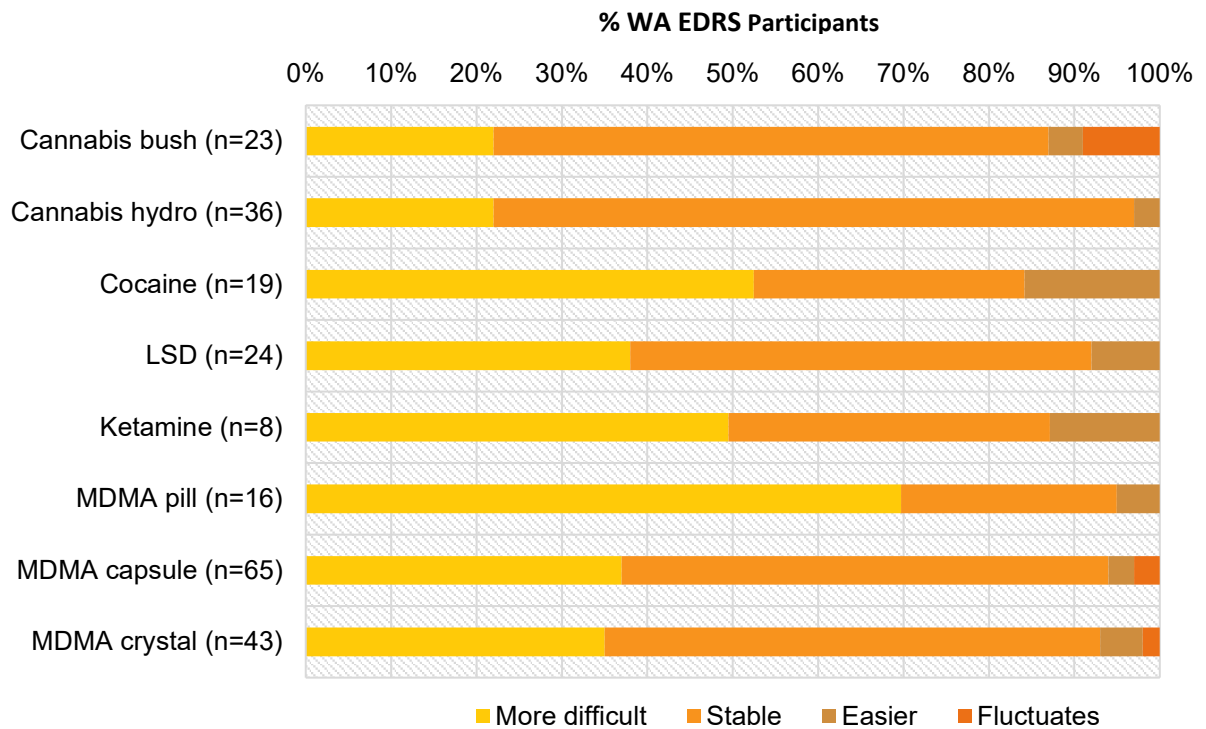
### Price, Perceived Purity and Perceived Availability

Price, perceived purity and perceived availability data for 2020 were captured during COVID-19 restriction periods, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. For most drugs, participants reported that availability was stable (Figure 7). Ecstasy pills were most commonly cited as drugs which had decreased in availability (69%).

Participants were also asked about their level of concern about being able to access illicit drugs. Almost one-quarter (23%) of participants reported concern about not being able to access illicit drugs due to COVID-19 and associated restrictions; 21% were 'somewhat concerned'; small numbers (n≤5) reported 'moderately concerned' and 'extremely concerned'.

**Figure 7: Change in perceived availability of illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, Western Australia, 2020**

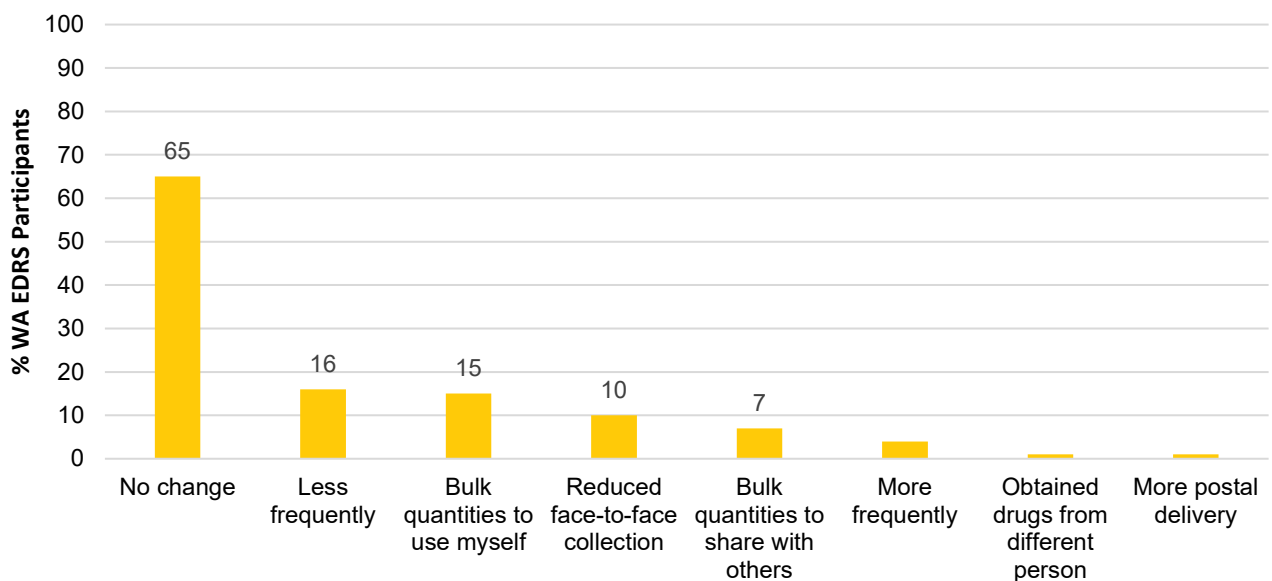


Note. Don't know responses are excluded.

### Drug Purchasing Behaviours

Almost two-thirds (65%) of participants reported no change in means of obtaining drugs (Figure 8). However, 15% of the sample purchased in 'bulk quantities to use myself', 16% obtained drugs 'less frequently', 10% 'reduced face-to-face collection' and 7% purchased drugs in 'bulk quantities to share with others'.

**Figure 8: Change in means of obtaining drugs since March 2020 (since COVID-19 restrictions), Western Australia, 2020**



Note: Data labels have been removed with small cell size (i.e. n≤5 but not 0).

## Risk and Protective Behaviours

**Overdose.** Some 15% of participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 73% (n=11) experienced this prior to March and small numbers (n≤5) reported since March, 2020.

One-tenth (11%) of participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months; 55% (n=6) experienced this prior to March; small numbers (n≤5) reported since March, and both before and since March, 2020 (n≤5).

**Drug and alcohol support.** Some 13% of the sample reported having accessed any services for alcohol and/or drug support in the six months preceding the interview, and only a small number (n≤5) of participants reported difficulties accessing these services since March, 2020 (since COVID-19 restrictions).

**Mental health.** When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, 35% of participants rated their mental health as being 'worse', 39% reported 'similar' and 25% reported their mental health as 'better'.

**Crime.** One-fifth of the sample (19%) reported drug dealing during the past month, while one-quarter (25%) reported this offence in February. The proportion reporting property offences remained stable, with 7% reporting this offence in the past month and in February.

**Behaviours to protect against COVID-19 transmission or impacts of restrictions.** One-in-ten (13%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were social media (10%) and online forums (8%).

Two-thirds (66%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 5).

**Table 5 : Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, Western Australia, 2020**

	WA, 2020 (N=100)
Washed hands with soap/sanitiser before handling drugs or money	51
Prepared your drugs yourself	39
Avoiding sharing other drug use equipment with other people	31
Wiped down drug packages/wraps with soap/sanitiser	21
Stocked up on illicit/non prescribed drugs	20
Avoided smoking/vaping drugs	7
Stocked up on prescription medicines prescribed to you	6
Stocked up on other sterile drug use equipment	-
Home delivery of sterile drug use equipment from a HR service	-
Obtained take-home naloxone/narcan	0

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

# 3

## Ecstasy/MDMA

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

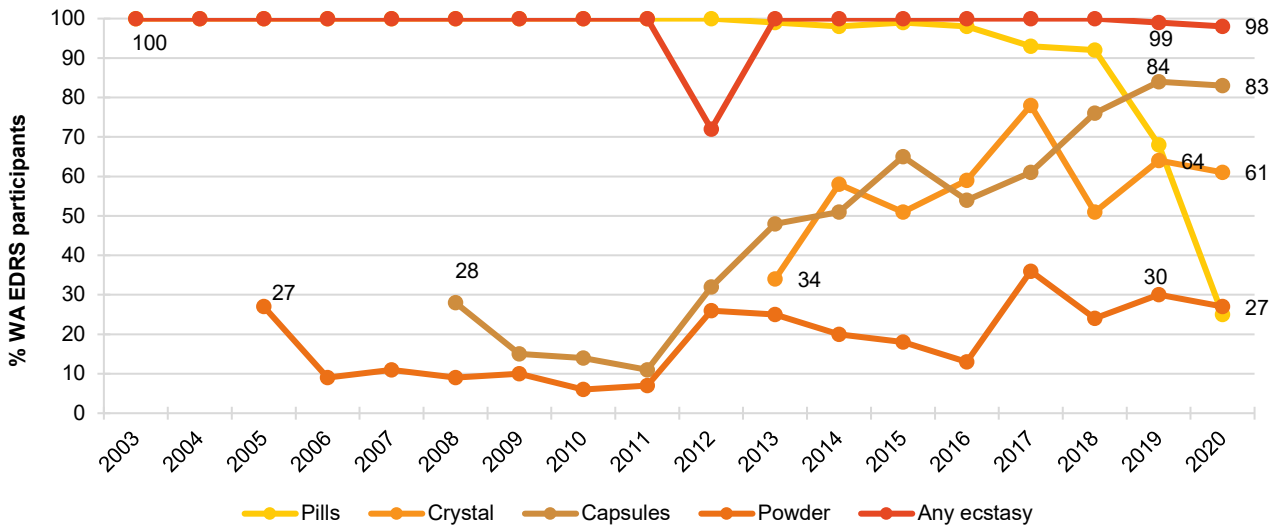
### Recent Use (past 6 months)

Nearly all participants (98%) reported use of any ecstasy/MDMA in the past six months, consistent with previous years (Figure 9) and reflecting the eligibility criteria (see [methods for the annual interviews](#)). Reported use of pills significantly declined from 68% in 2019 to 25% in 2020 ( $p<0.001$ ), which is consistent with a shifting trend in recent years towards greater use of ecstasy/MDMA in crystal and capsule forms.

### Frequency of Use

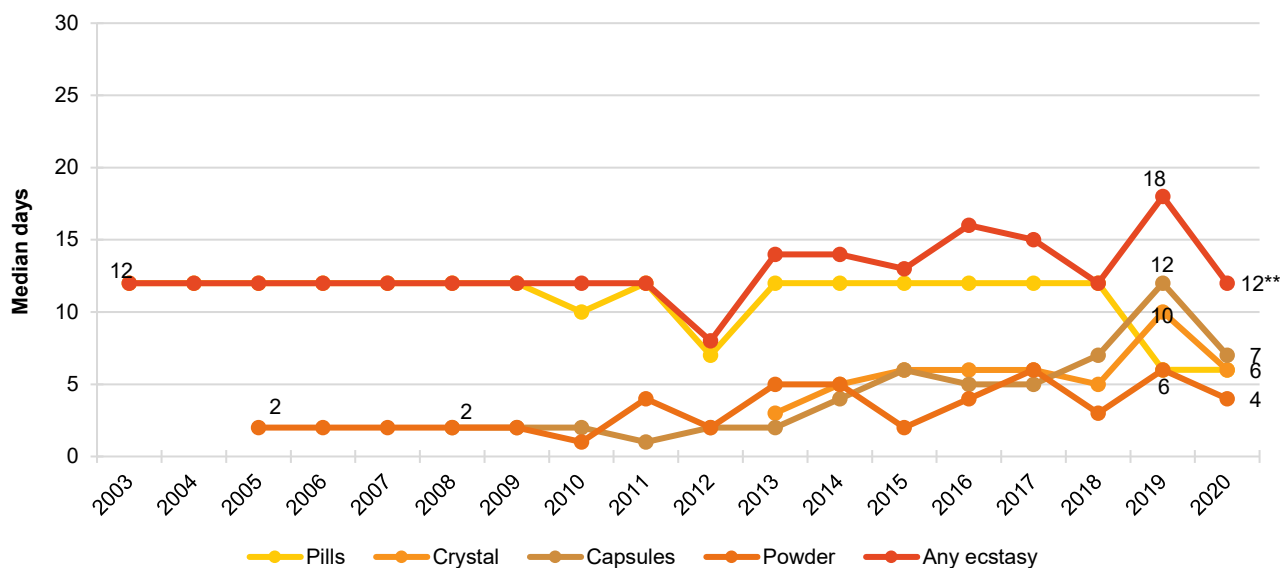
Participants reported using ecstasy/MDMA (in any form) on a median of 12 days (IQR=7-24;  $n=98$ ), equivalent to fortnightly use in the preceding six months; this represents a significant decline from 18 days in 2019 (IQR=11-30;  $p=0.005$ ) (Figure 10). Among those that reported recent use ( $n=98$ ), weekly or more frequent use of any form of ecstasy/MDMA was reported by 25% (35% in 2019;  $p=0.133$ ).

**Figure 9: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Western Australia, 2003-2020**



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n\leq 5$  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 2019 versus 2020.

**Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Western Australia, 2003-2020**



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

## Patterns of Consumption (by form)

### Ecstasy Pills

**Recent Use (past 6 months):** In 2020, a quarter of the sample (25%) reported recent use of ecstasy pills; a significant decline from 68% in 2019 ( $p < 0.001$ ) (Figure 9).

**Frequency of Use:** Participants reported using pills on a median of 6 days in the preceding six months (IQR=3-12); stable from 6 days in 2019 (IQR=3-10;  $p = 0.071$ ) (Figure 10). Due to low numbers reporting weekly or more frequent use ( $n \leq 5$ ), numbers have been suppressed (17% in 2019;  $p = 0.852$ ).

**Routes of Administration:** Swallowing remained the most common ROA (96%; 97% in 2019;  $p = 0.798$ ), and the proportion reporting snorting significantly declined from 46% in 2019 to 16% in 2020 ( $p = 0.009$ ).

**Quantity:** The median number of pills used in a 'typical' session was 2 (IQR=1-3;  $n = 25$ ; 2 pills in 2019; IQR=1-3;  $n = 68$ ;  $p = 0.597$ ), while the median 'maximum' used in a session was 4 (IQR=1.5-5;  $n = 25$ ; 3 pills in 2019; IQR=2-6;  $n = 68$ ,  $p = 0.631$ ).

### Ecstasy Capsules

**Recent Use (past 6 months):** Capsules remained the most popular form of ecstasy/MDMA, with 83% reporting recent use (84% in 2019;  $p = 0.849$ ) (Figure 9).

**Frequency of Use:** Participants reported consuming capsules on a median of 7 days in the preceding six months (IQR=4-12); a non-significant decline from 12 days in 2019 (IQR=6-20;  $p = 0.099$ ) (Figure 10). In 2020, 17% of consumers reported weekly or more frequent use (24% in 2019;  $p = 0.265$ ).

**Routes of Administration:** The most common ROA remained swallowing (96%; 100% in 2019;  $p = 0.079$ ), but over a quarter reported snorting (27%; 35% in 2019;  $p = 0.261$ ).

**Quantity:** The median number of capsules used in a 'typical' session was 2 (IQR=2-3,  $n = 83$ ; 2 in 2019; IQR=2-3;  $n = 84$ ;  $p = 0.576$ ), while the median 'maximum' used was 4 (IQR=2-7;  $n = 83$ ; 4 in 2019; IQR=3-7;  $n = 84$ ;  $p = 0.767$ ).

**Contents of Capsules:** Of those reporting recent capsule use, most (93%) reported crystal being among the contents the last time they had used the substance, whilst one-quarter (24%) reported powder being among the contents.

### Ecstasy Crystal

**Recent Use (past 6 months):** Recent use of crystal remained stable at 61% (64% in 2019;  $p = 0.661$ ) (Figure 9).

**Frequency of Use:** Participants reported using crystal on a median of 6 days in the preceding 6 months (IQR=4-14); a non-significant decline from 10 days in 2019 (IQR=4-12;  $p = 0.462$ ; Figure 10). In 2020, 16% of crystal consumers reported weekly or more frequent use (17% in 2019;  $p = 0.906$ ).

**Routes of Administration:** The most common ROA remained swallowing (74%; 86% in 2019  $p = 0.089$ ), followed closely by snorting which non-significantly increased from 55% in 2019 to 70% in 2020 ( $p = 0.068$ ).

**Quantity:** The median amount of crystal used in a 'typical' session was 0.5 grams (IQR=0.2-0.6;  $n = 50$ ); a significant increase from 0.2 grams in 2019 (IQR=0.1-0.3;  $n = 57$ ;  $p < 0.001$ ). The median 'maximum' used in a session was 0.8 grams (IQR=0.4-1.0;  $n = 49$ ); a significant increase from 0.4 grams in 2019 (IQR=0.2-0.6;  $n = 55$ ;  $p < 0.001$ ).

### Ecstasy Powder

**Recent Use (past 6 months):** Recent use of powder remained stable at 27% (30% in 2019;  $p = 0.638$ ) (Figure 9).

**Frequency of Use:** Participants reported consuming powder on a median of 4 days in the preceding 6 months (IQR=2-8); a non-significant decline from 6 days in 2019 (IQR=2-16;  $p = 0.079$ ) (Figure 10). A nominal per cent reported weekly or more frequent use ( $n \leq 5$ ).

**Routes of Administration:** The most common ROA for powder was snorting (85%; 90% in 2019;  $p = 0.580$ ), while a third reported swallowing (33%; 47% in 2019;  $p = 0.306$ ).

**Quantity:** The median amount of powder used in a 'typical' session was 0.5 grams (IQR=0.3-0.7;  $n = 17$ ) compared to 0.3 grams in 2019

(IQR=0.2-0.5; n=24;  $p=0.300$ ). The median 'maximum' used was 1 gram (IQR=0.3-1.2;

## Price, Perceived Purity and Availability

### Ecstasy Pills

**Price:** In 2020, the median price per ecstasy pill was \$20 (IQR=20-25; n=23), stable from \$20 in 2019 (IQR=20-25; n=72;  $p=0.277$ ) (Figure 11).

**Perceived Purity:** Of those able to comment (n=23), the greatest proportion (35%) perceived the purity of pills as 'fluctuating' (15% in 2019,  $p=0.039$ ), followed by 'low' (26%; 12% in 2019,  $p=0.113$ ). This contrasts with 2019 where most reported 'medium' or 'high' purity (Table 6).

**Perceived Availability:** Among those able to comment (n=22), 64% perceived pills as 'easy' or 'very easy' to obtain; a significant decline from 89% in 2019 ( $p=0.006$ ) (Table 6).

### Ecstasy Capsules

**Price:** In 2020, the median price per ecstasy capsule was \$20 (IQR=15-25; n=77), stable from \$20 in 2019 (IQR=20-25; n=83;  $p=0.098$ ) (Figure 11).

**Perceived Purity:** Among those able to comment (n=76), the proportion perceiving the purity of capsules as 'high' declined from 58% in 2019 to 34% in 2020 ( $p=0.002$ ), while the proportion reporting 'fluctuating' purity increased from 7% in 2019 to 21% ( $p=0.011$ ) (Table 6).

**Perceived Availability:** Among those able to comment (n=75), 43% perceived capsules as

n=16), compared to 0.5 grams in 2019 (IQR=0.3-0.8; n=23;  $p=0.343$ ).

'very easy' to obtain; a significant decline from 71% in 2019 ( $p<0.001$ ), while the proportion reporting 'easy' increased from 24% in 2019 to 47% in 2020 ( $p=0.003$ ) (Table 6).

### Ecstasy Crystal

**Price:** The median price per gram of ecstasy crystal was \$125 (IQR=100-150; n=40); a non-significant decline from \$160 in 2019 (IQR=110-200; n=33;  $p=0.053$ ) (Figure 12).

**Perceived Purity:** Among those able to comment (n=51), 61% perceived the purity of MDMA crystal as 'high' (70% in 2019;  $p=0.336$ ) and 22% as 'medium' (25% in 2019;  $p=0.675$ ). Similar to MDMA capsules, the proportion reporting 'fluctuating' purity increased (albeit non-significantly) from n≤5 in 2019 to 16% in 2020 ( $p=0.079$ ) (Table 6).

**Perceived Availability:** Among those able to comment (n=51), most (82%) perceived crystal as 'very easy' or 'easy' to obtain; a non-significant decline from 95% in 2019 ( $p=0.044$ ). Additionally, the proportion reporting 'difficult' increased non-significantly from n≤5 in 2019 to 18% ( $p=0.044$ ) (Table 6).

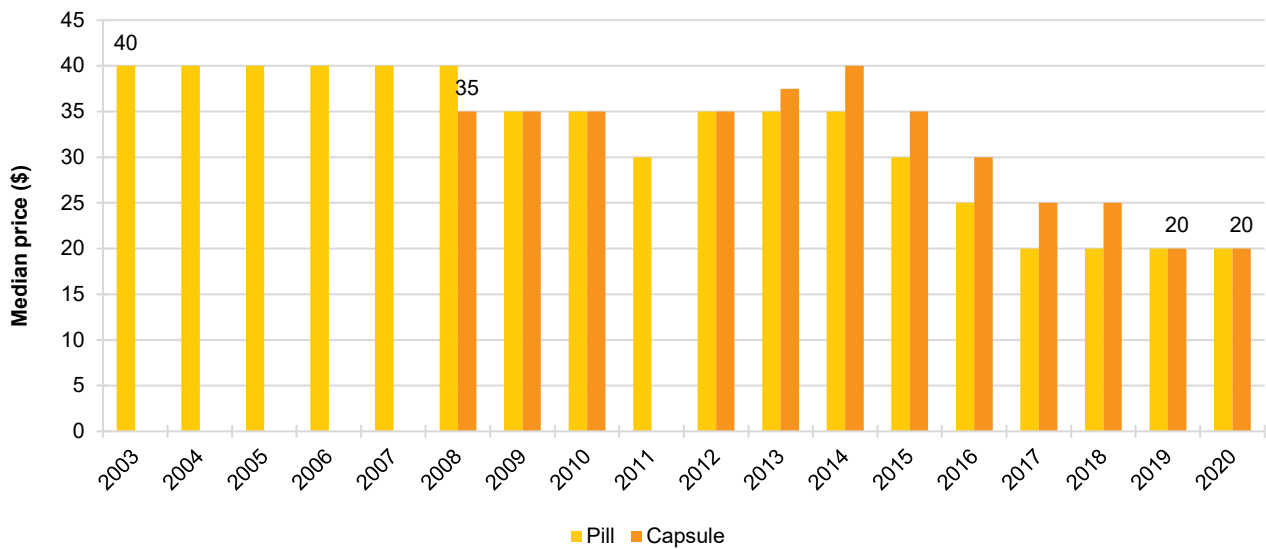
### Ecstasy Powder

**Price:** Due to low numbers able to comment on the price of powder (n≤5), data has been suppressed.

**Perceived Purity:** Due to low numbers able to comment on the perceived purity of powder (n≤5), data has been suppressed.

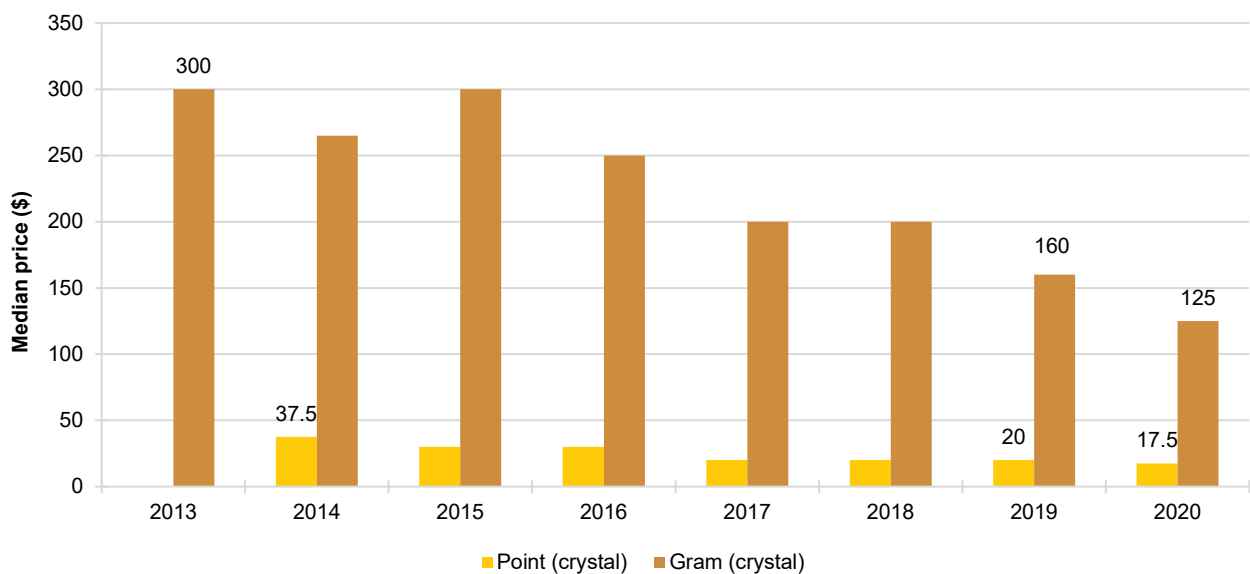
**Perceived Availability:** Due to low numbers able to comment on the perceived availability of powder (n≤5), data has been suppressed.

**Figure 11: Median price of ecstasy pills and capsules, Western Australia, 2003-2020**



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

**Figure 12: Median price of ecstasy crystal (per gram and point), Western Australia, 2013-2020**



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  but not 0). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2019 versus 2020.



**Table 6: Current perceived purity and availability of different forms of ecstasy/MDMA, Western Australia, 2017-2020**

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

# 4

## Methamphetamine

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

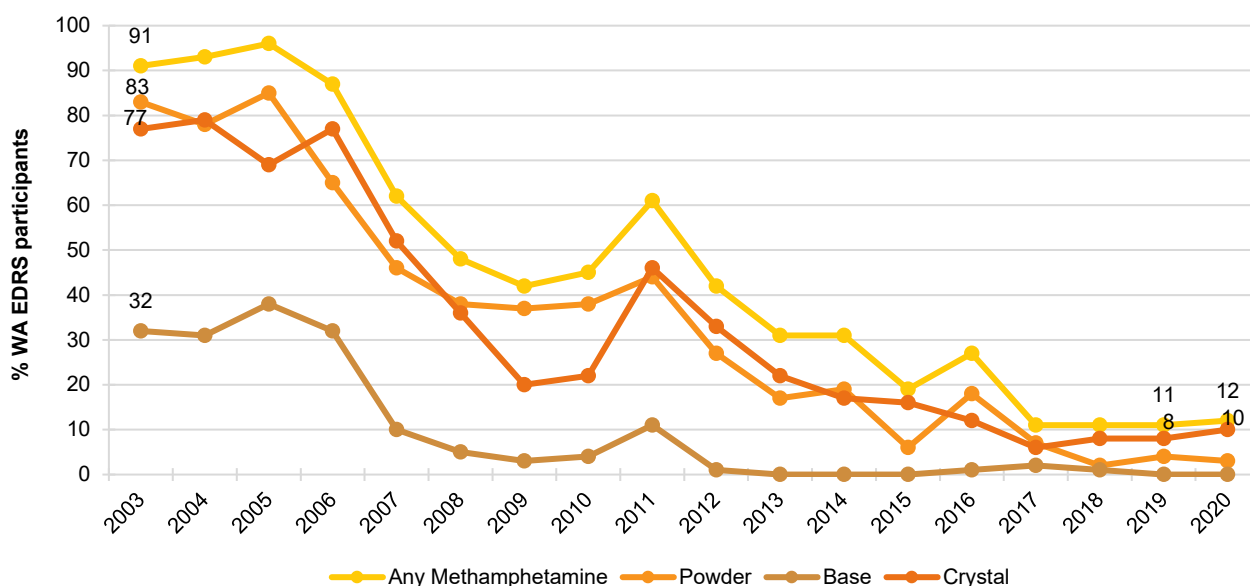
### Recent Use (past 6 months)

In 2020, 12% of the sample reported recent use of any methamphetamine. While this per cent was stable from 2019 (11%,  $p=0.825$ ), recent use of methamphetamine among WA EDRS samples has steadily declined since monitoring began in 2003 (Figure 13).

### Frequency of Use

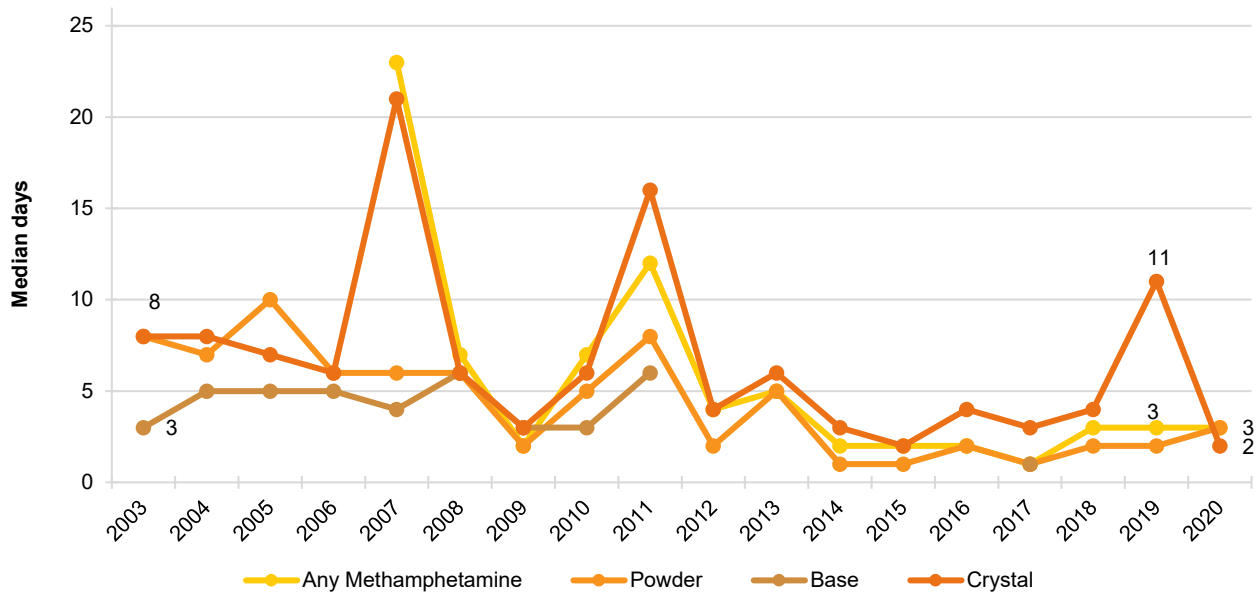
Consumers reported using methamphetamine (any form) on a median of 3 days in the 6 months preceding interview (IQR=1-9); not significantly different to 3 days in 2019 (IQR=1-23;  $p=0.566$ ) (Figure 14). Among recent consumers, very few ( $n\leq 5$ ) reported weekly or more frequent use of any methamphetamine.

**Figure 13: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, Western Australia, 2003-2020**



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n\leq 5$  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 2019 versus 2020.

**Figure 14: Median days of any methamphetamine, powder, base, and crystal use in the past six months, Western Australia, 2003-2020**



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 25 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

### Patterns of Consumption (by form)

Due to low numbers ( $n \leq 5$ ), data on consumption patterns for powder and base forms of methamphetamine are not reported here. For further information on consumption of these forms, please contact the Drug Trends team or refer to the [National Report](#).

#### Methamphetamine Crystal

**Recent Use (past 6 months):** One-tenth of the sample (10%) reported recent use of crystal methamphetamine in 2020; not significantly different to 8% in 2019 ( $p=0.621$ ; Figure 13).

**Frequency of Use:** Consumers reported using crystal methamphetamine on a median of 2 days in the 6 months preceding interview

(IQR=1-8,  $n=10$ ); a non-significant decline from 11 days in 2019 (IQR=2-24,  $n=8$ ,  $p=0.173$ ).

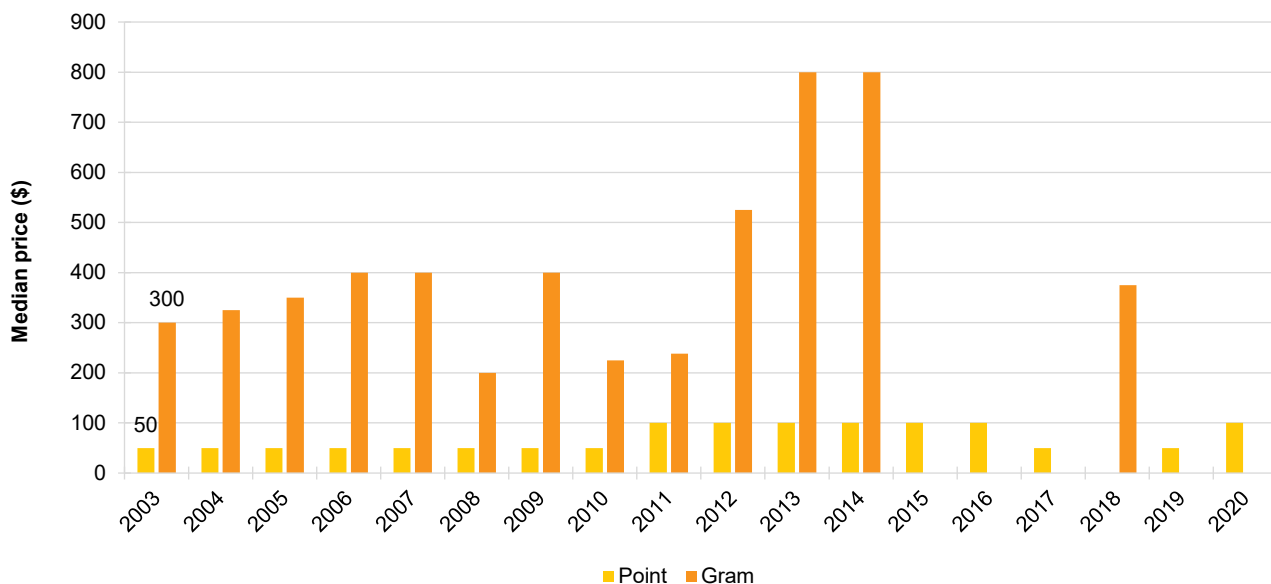
**Routes of Administration:** Of those who had recently consumed crystal methamphetamine, most (90%) reported smoking it (63% in 2019,  $p=0.268$ ).

**Quantity:** The median amount of crystal methamphetamine consumed in a 'typical' session was 0.2 grams (IQR=0.1-0.5 grams;  $n=6$ ); not significantly different to 0.2 grams in 2019 (IQR=0.1-0.4;  $n=6$ ;  $p=0.818$ ). The median 'maximum' amount consumed in a session was 0.4 grams (IQR=0.1-3.1;  $n=6$ ); not significantly different to 0.6 grams in 2019 (IQR=0.1-2.0;  $n=6$ ,  $p=0.818$ ).

## Price, Perceived Purity and Availability

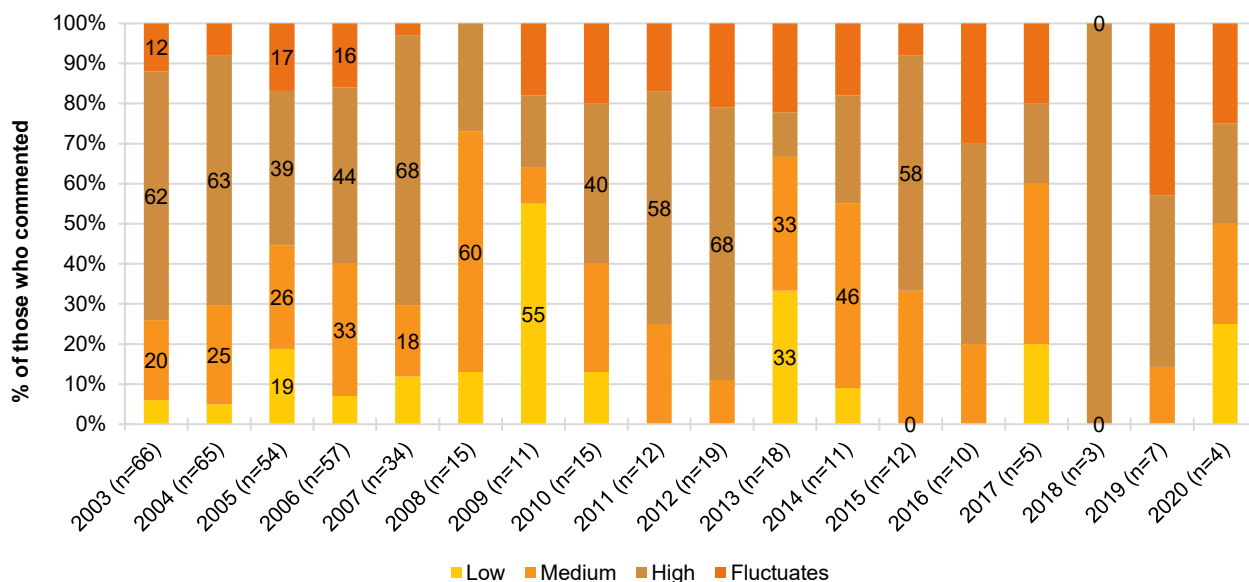
Due to low numbers able to comment on market trends for crystal, powder and base forms of methamphetamine (n≤5), the data are not reported here. For further information on market trends for these drugs, please contact the Drug Trends team or refer to the [National Report](#).

**Figure 15: Median price of crystal methamphetamine per point and gram, Western Australia, 2003-2020**



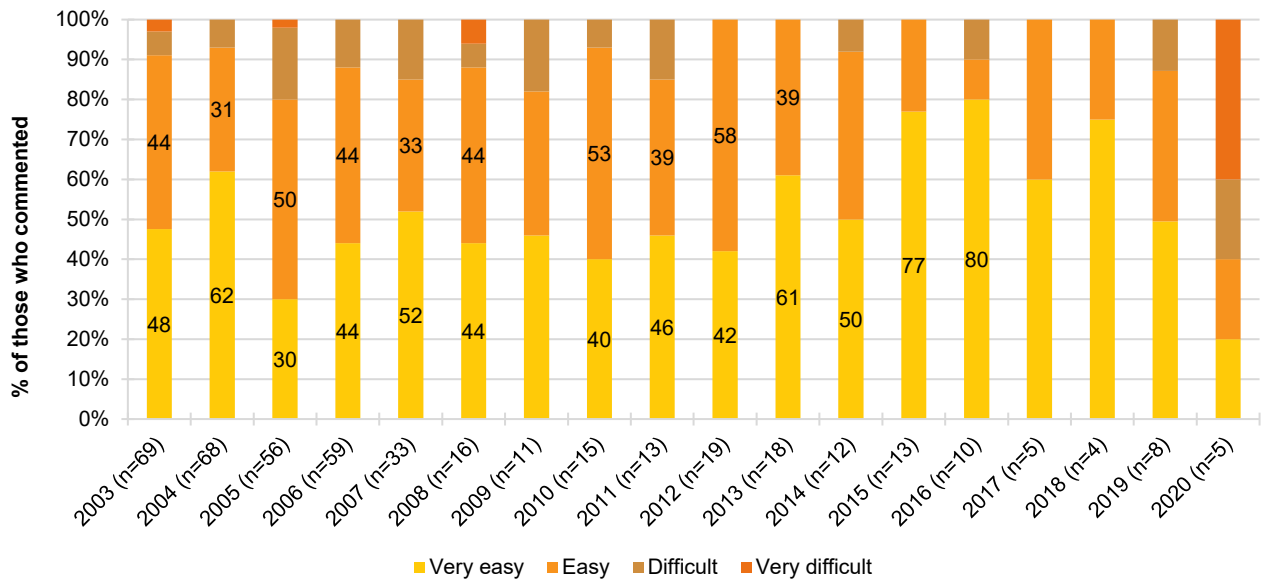
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28); therefore, all data from this year should be interpreted with caution. \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2019 versus 2020.

**Figure 16: Current perceived purity of crystal methamphetamine, Western Australia, 2003-2020**



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 2019 versus 2020.

Figure 17: Current perceived availability of crystal methamphetamine, Western Australia, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

# 5

## Cocaine

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

## Patterns of Consumption

### Recent Use (past 6 months)

In 2020, almost half (48%) of the WA sample reported recent cocaine use; not significantly different to 47% in from 2019 ( $p=0.887$ ). This follows a general upward trend in reported cocaine use since reporting began in 2003, when 17% of the sample reported recent use (Figure 18).

### Frequency of Use

Consumers reported using cocaine on a median of 3 days in the 6 months preceding interview (IQR=1-5); not significantly different to 2 days in 2019 (IQR=1-5;  $p=0.630$ ) (Figure 18). Weekly or more frequent use of cocaine remained very low ( $n\leq 5$ ).

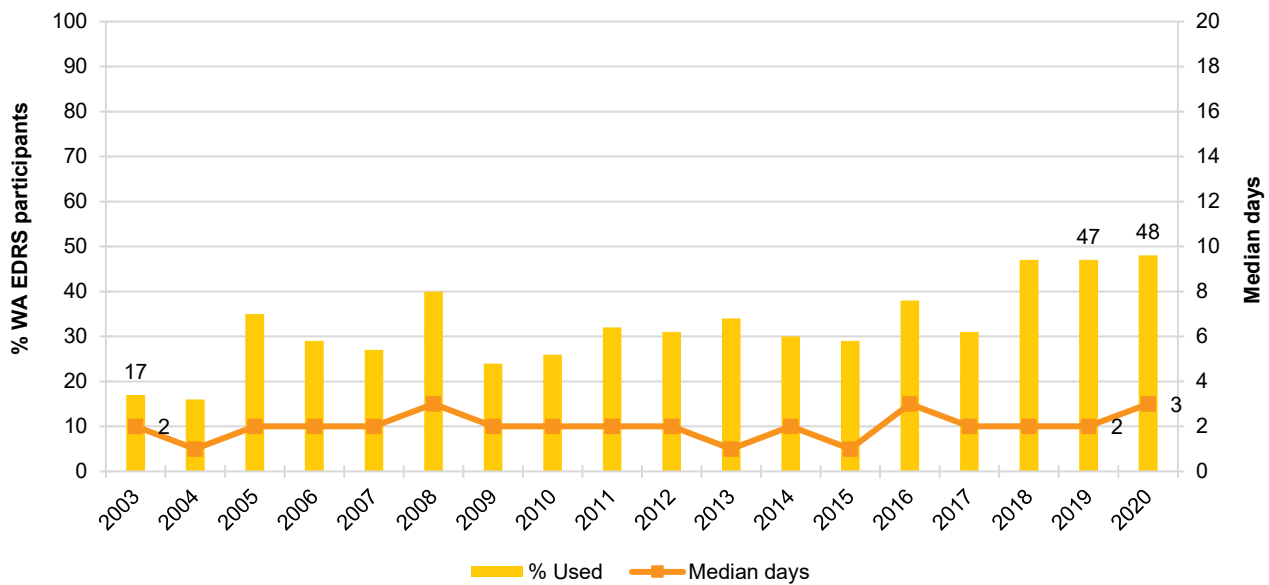
### Routes of Administration

The main route of administration reported for use of cocaine was snorting (98%; 98% in 2019,  $p=0.988$ ) followed by swallowing (15%; 23% in 2019,  $p=0.273$ ).

### Quantity

The median amount of cocaine used in a 'typical' session was 0.4 grams (IQR=0.2-0.5;  $n=27$ ); not significantly different to 0.3 grams in 2019 (IQR=0.1-0.7;  $n=26$ ;  $p=0.821$ ). The median 'maximum' quantity used was 0.5 grams (IQR=0.2-1.3;  $n=26$ ); again, not significantly different to 0.4 grams in 2019 (IQR=0.2-1.0;  $n=26$ ,  $p=0.671$ ).

Figure 18: Past six month use and frequency of use of cocaine, Western Australia, 2003-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

## Price, Perceived Purity and Availability

### Price

The median price per gram of cocaine was \$350 (IQR=313-400,  $n=24$ ), stable from \$350 in 2019 (IQR=350-362;  $n=18$ ;  $p=0.068$ ) (Figure 19).

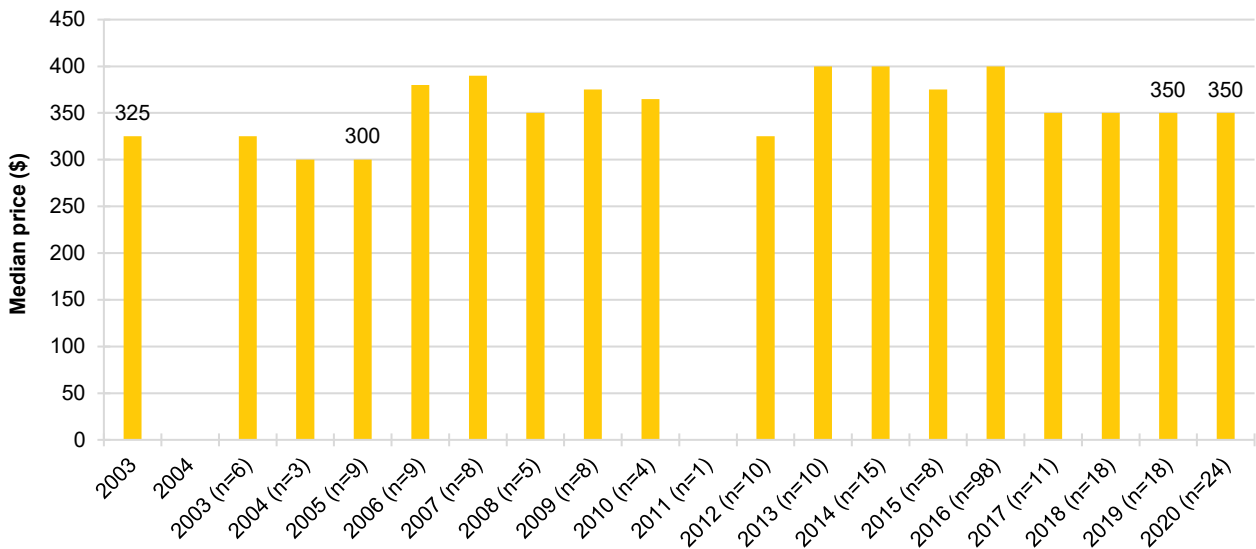
### Perceived Purity

Among those able to comment ( $n=25$ ), 32% perceived the current purity of cocaine as 'low', 32% as 'medium' and 16% as 'high'. Perceptions were also mixed in 2019 (Figure 20).

### Perceived Availability

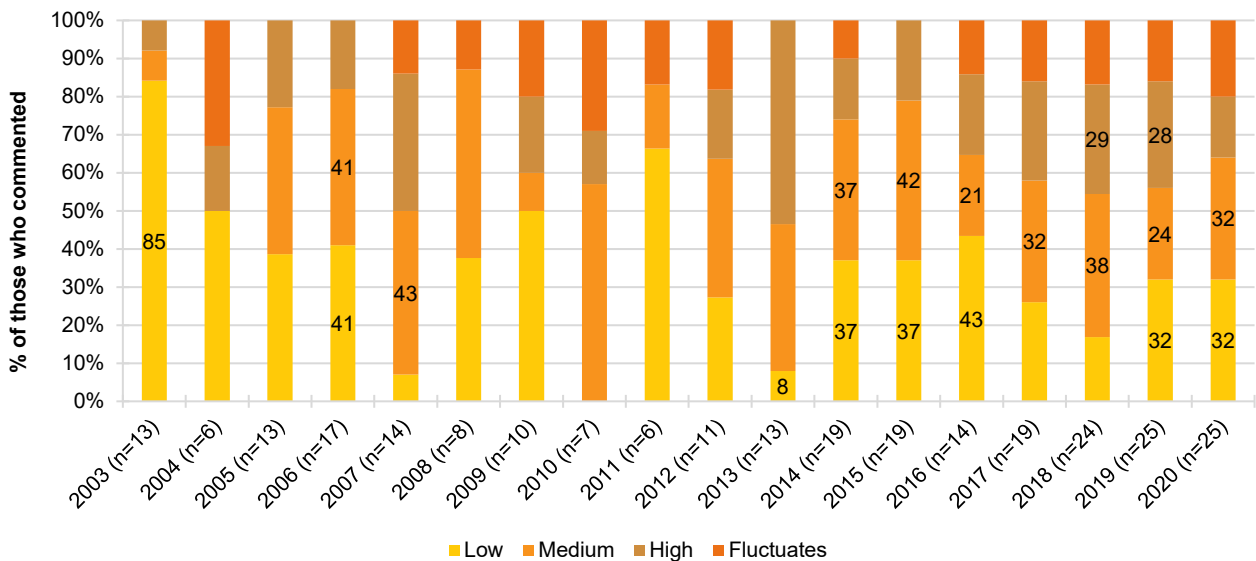
Of those able to comment ( $n=26$ ), most (77%) considered cocaine 'easy' or 'very easy' to access (60% in 2019,  $n=25$ ;  $p=0.317$ ), while 23% nominated 'difficult' or 'very difficult' (40% in 2018,  $p=0.317$ ) (Figure 21).

**Figure 19: Median price of cocaine per gram, Western Australia, 2003-2020**



Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

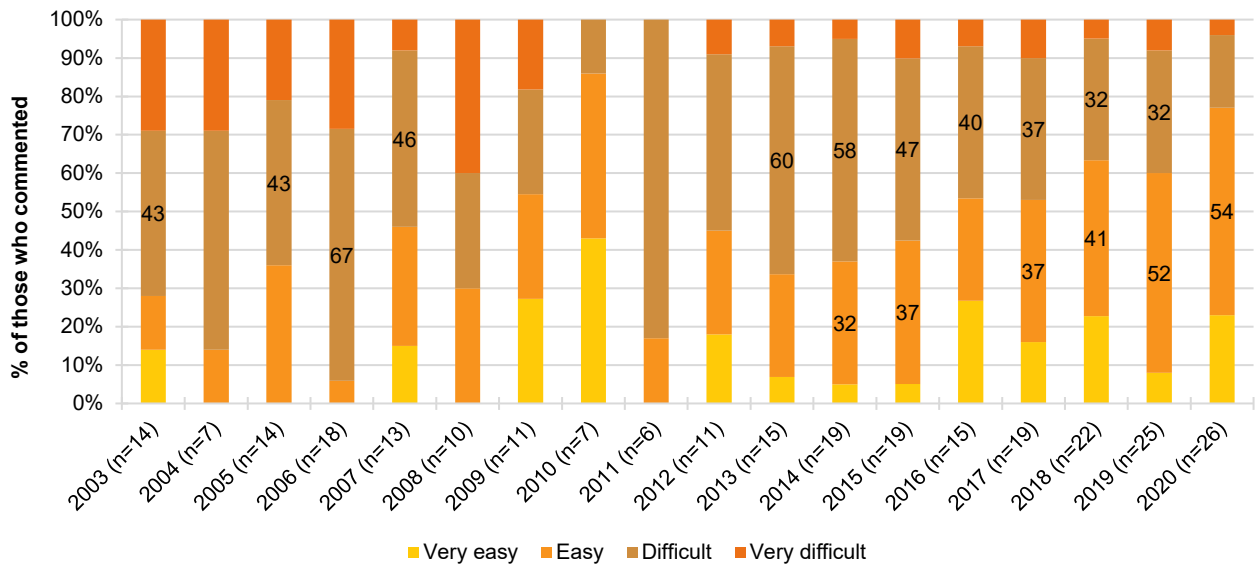
**Figure 20: Current perceived purity of cocaine, Western Australia, 2003-2020**



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.



Figure 21: Current perceived availability of cocaine, Western Australia, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

# 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 (87%) reported recent cannabis consumption (86% in 2019;  $p=0.836$ ). Among those reporting recent cannabis use and able to answer ( $n=76$ ), the forms of cannabis reportedly used in the 6 months preceding interview were hydroponic (63%; 90% in 2019;  $p<0.001$ ), bush (50%; 61% in 2019;  $p=0.216$ ), hash (11%; 7% in 2019;  $p=0.579$ ) and hash oil (5%; 9% in 2019;  $p=0.546$ ) (Figure 22).

### Frequency of Use

Consumers reported using cannabis on a median of 25 days in the 6 months preceding interview (i.e. once per week, IQR=6-100) (Figure 22). This represents a non-significant decrease from 49 days (i.e. twice per week) in 2019 (IQR=12-144;  $p=0.091$ ). About half (53%) of recent cannabis consumers reported at least weekly use (74% in 2019;  $p=0.003$ ) and 18% daily use (22% in 2019;  $p=0.544$ ).

### Routes of Administration

Consistent with previous years, the most commonly reported route of administration for cannabis consumption was smoking (98% in 2020;  $p=0.497$ ). However, a quarter (23%) reported swallowing (20% in 2019;  $p=0.605$ ) and 6% reported vaping (7% in 2019;  $p=0.740$ ).

### Quantity

On the last occasion of cannabis use, those who could comment ( $n=86$ ) reported consuming a median of one gram ( $n=23$ ; IQR=0.5-2), two cones ( $n=44$ ; IQR=2-5) or 1.5 joints ( $n=18$ ; IQR=1-3). This compares to 2019 where consumers reported using a median of 1.5 grams ( $n=23$ ; IQR=1-3;  $p=0.041$ ), four cones ( $n=49$ , IQR=2-6,  $p=0.028$ ) or one joint ( $n=13$ , IQR=1.0-1.5,  $p=0.226$ ).

### Forms Used

Among those reporting recent cannabis use and able to answer ( $n=76$ ), the forms of cannabis reportedly used in the 6 months preceding interview were hydroponic (63%; 90% in 2019;  $p<0.001$ ), bush (50%; 61% in 2019;  $p=0.216$ ), hash (11%; 7% in 2019;  $p=0.579$ ) and hash oil (5%; 9% in 2019;  $p=0.546$ ).

Figure 22: Past six month use and frequency of use of cannabis, Western Australia, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

## Price, Perceived Potency and Availability

### Hydroponic Cannabis

**Price:** In 2020, the median price per gram of hydroponic cannabis was \$25 (IQR=20-25;  $n=9$ ); this price has been consistent since data collection commenced in 2006 (\$25 in 2019;  $n=20$ ;  $p=0.729$ ). The median price per ounce was \$350 (IQR=30-365;  $n=13$ ), also stable from previous years (\$350 in 2019;  $n=16$ ; IQR=305-350;  $p=1.000$ ) (Figure 23).

**Perceived Potency:** Of those who commented ( $n=37$ ), 38% perceived the potency of hydroponic cannabis as 'high' (48% in 2019;  $p=0.355$ ) and 22% as 'medium' (39% in 2019;  $p=0.078$ ). However, more than a third (35%) reported 'fluctuating' purity in 2020; a significant increase from 12% in 2019 ( $p=0.006$ ; Figure 24).

**Perceived Availability:** Of those who commented ( $n=37$ ), almost everyone (95%) reported that hydro was 'easy' or 'very easy' to obtain (98% in 2019,  $p=0.309$ ) (Figure 25).

### Bush Cannabis

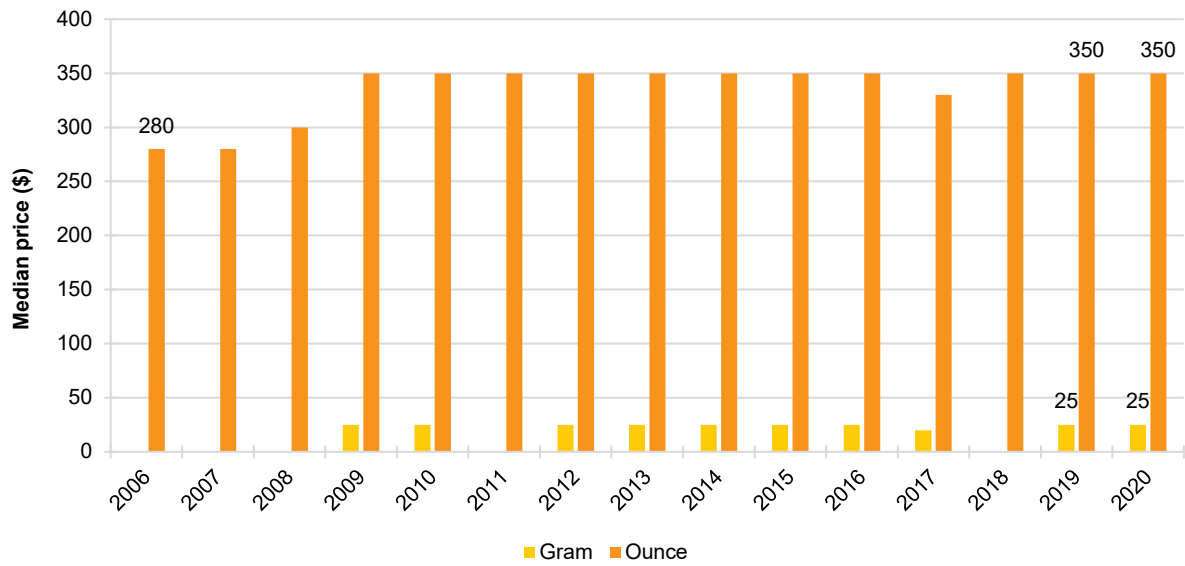
**Price:** The median price per gram of bush cannabis was the same as hydro cannabis at \$25 (IQR=20-27.5;  $n=9$ ); a non-significant increase from \$20 in 2019 (IQR=18-25;  $n=13$ ;  $p=0.144$ ). The median price per ounce was \$250 (IQR=212.5-300;  $n=8$ ); a non-significant decrease from \$290 in 2019 (IQR=210-356;  $n=12$ ;  $p=0.343$ ) (Figure 23).

**Perceived Potency:** Of those who commented ( $n=24$ ), 33% perceived the potency of bush cannabis as 'low', 29% as 'medium' and 25% as 'high'. These mixed perceptions regarding the potency of bush cannabis are consistent with 2019 and previous data collection years (Figure 24b).

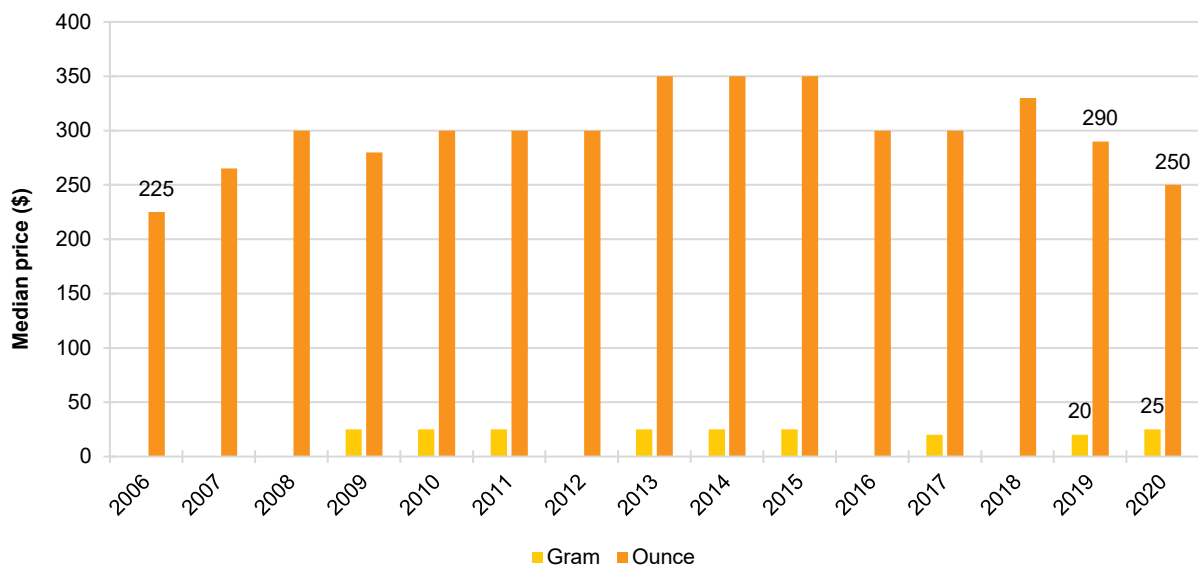
**Perceived Availability:** Of those who commented ( $n=23$ ), most (87%) reported that bush cannabis was 'easy' or 'very easy' to obtain (74% in 2019;  $p=0.222$ ) (Figure 25).

Figure 23: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Western Australia, 2006-2020

(A) Hydroponic cannabis



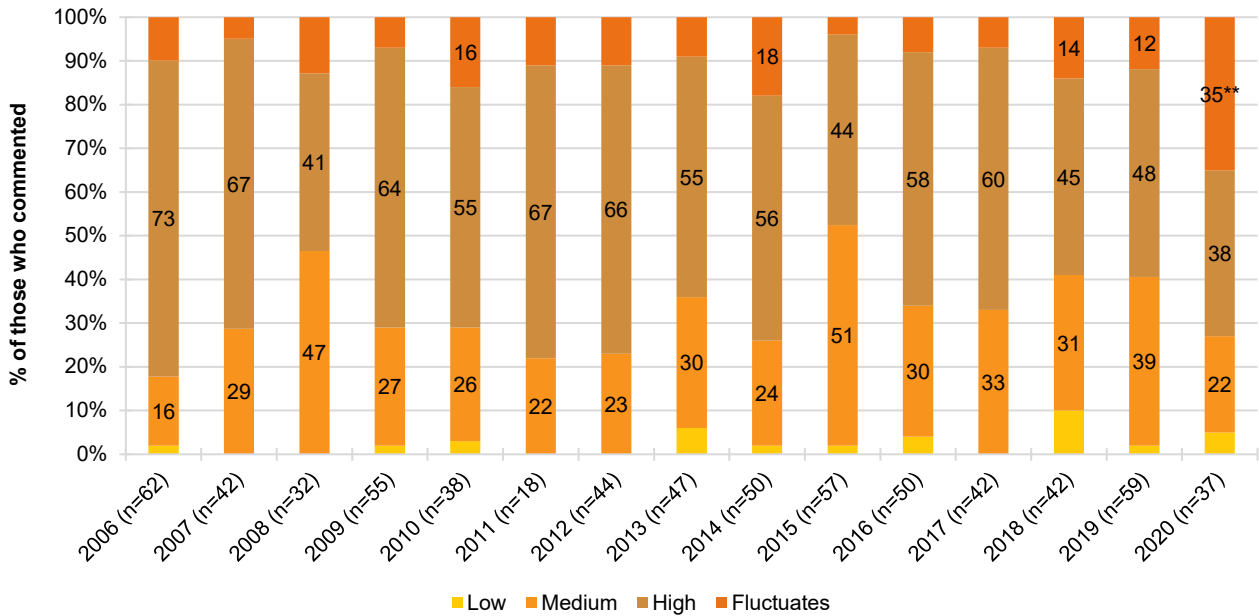
(B) Bush cannabis



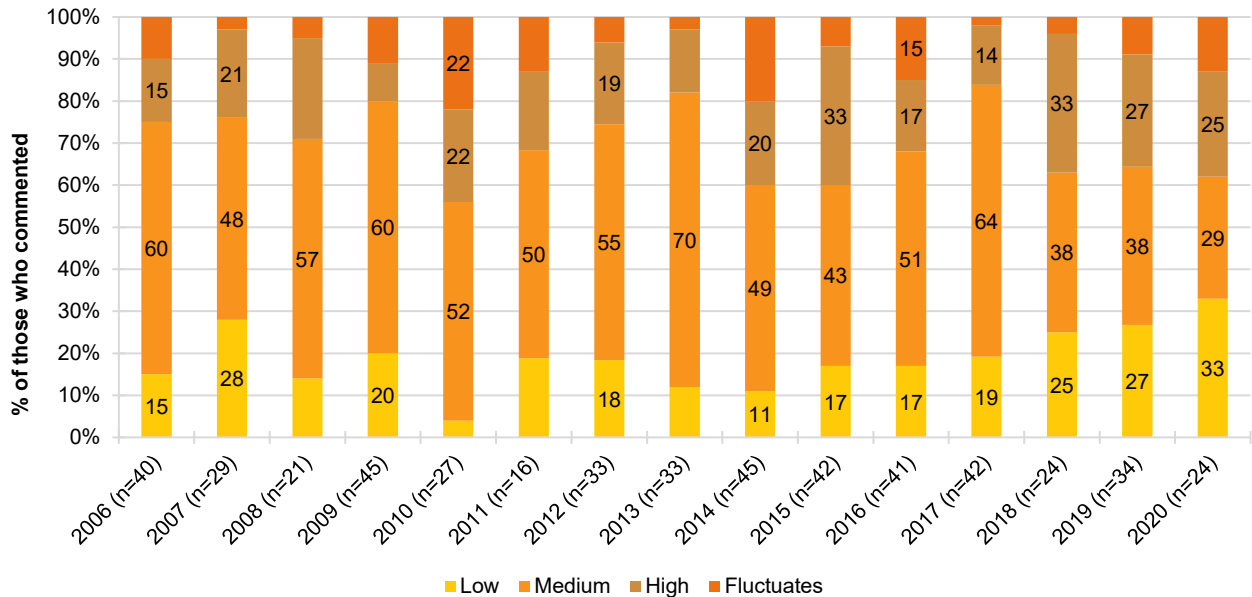
Note. From 2006 onwards, hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  but not 0). Recruitment difficulties were experienced in 2011 (total sample  $N=28$ ); therefore, all data from this year should be interpreted with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2019 versus 2020.

**Figure 24: Current perceived potency of hydroponic (A) and bush (B) cannabis, Western Australia, 2006-2020**

**(A) Hydroponic cannabis**



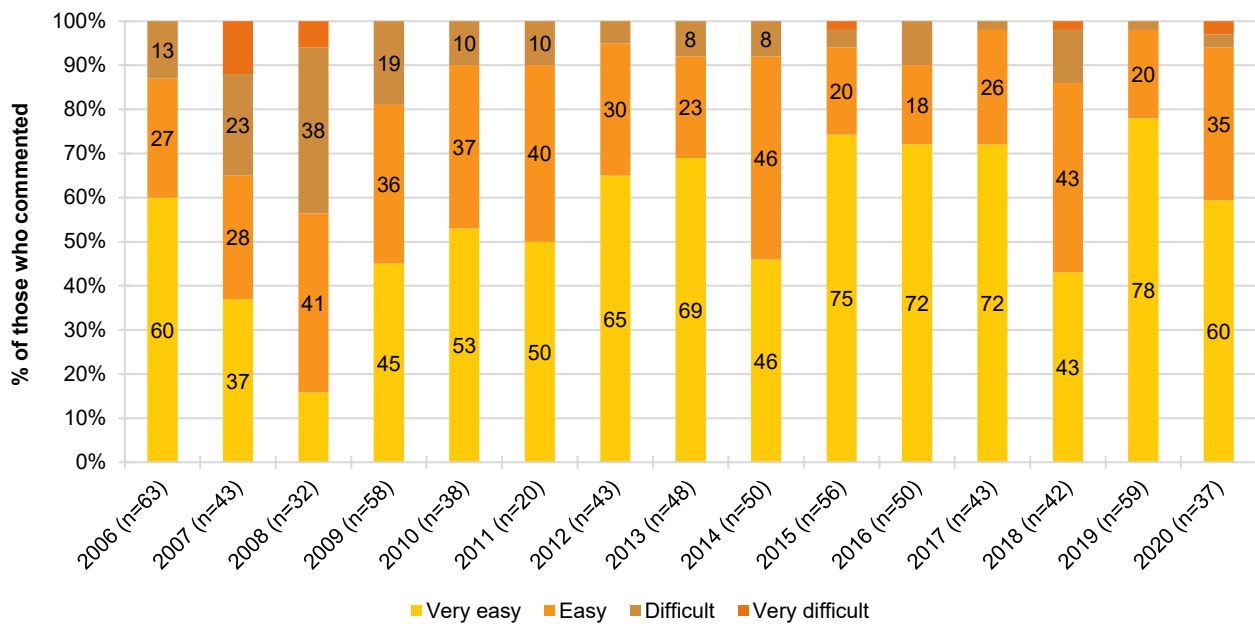
**(B) Bush cannabis**



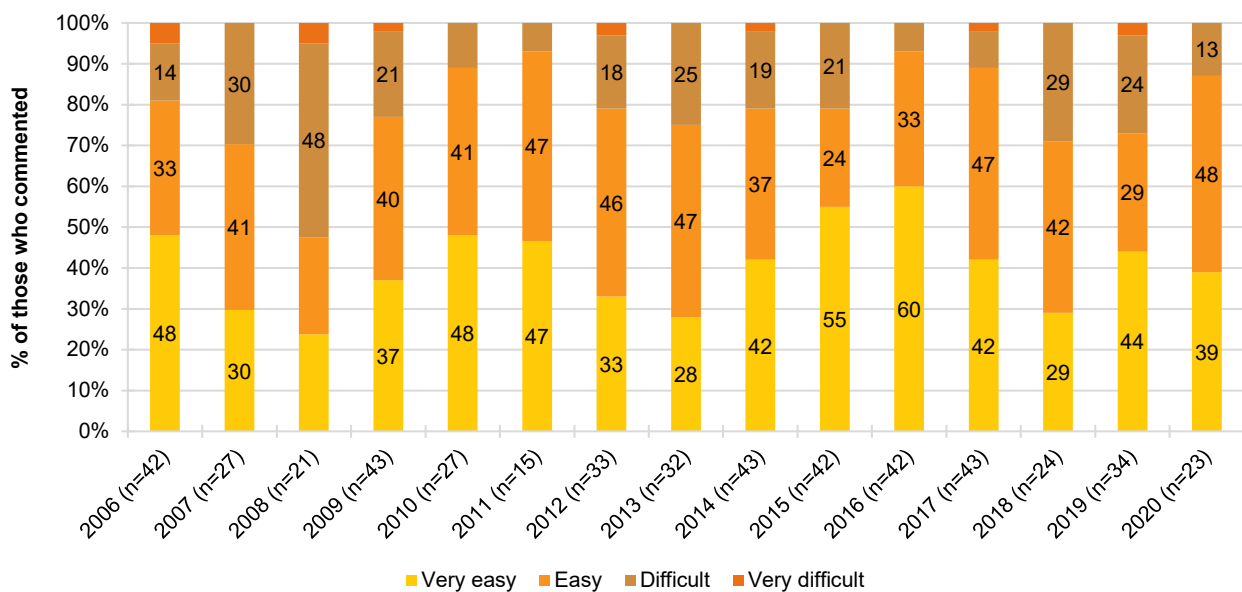
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards, hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$  but not 0). Recruitment difficulties were experienced in 2011 (total sample  $N=28$ ); therefore, all data from this year should be interpreted with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2019 versus 2020.

Figure 25: Current perceived availability of hydroponic (A) and bush (B) cannabis, Western Australia, 2006-2020

(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.  $n \leq 5$  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 2019 versus 2020.

# 7

## Ketamine and LSD

Participants were asked about their recent (past six month) use of various forms of ketamine and lysergic acid diethylamide (LSD).

## Ketamine

### Patterns of Consumption

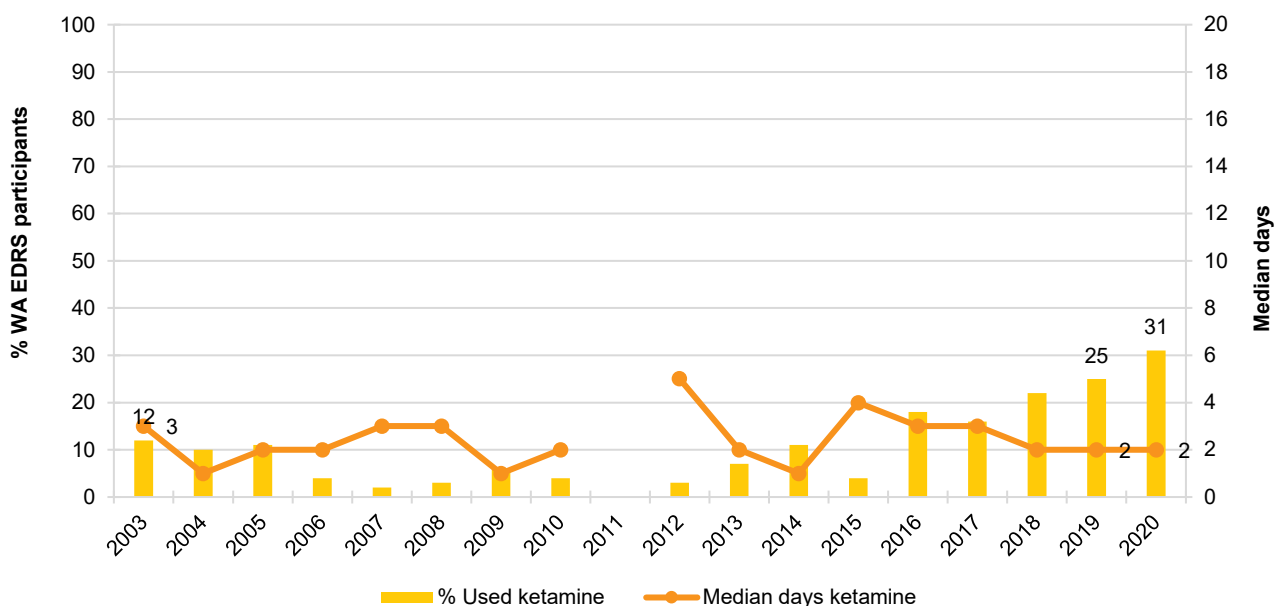
**Recent Use (past 6 months):** In 2020, almost a third (31%) of the WA sample reported recent ketamine use. While not significantly different to 25% in 2019 ( $p=0.345$ ), there has been a steady upward trend in reported use of this drug among WA EDRS samples in recent years (Figure 26).

**Frequency of Use:** Frequency of use has remained low and stable in recent years at a median of two days (IQR=1-14;  $n=31$ ; 2 days in 2019; IQR=1-4;  $n=25$   $p=0.897$ ) (Figure 26). Consistent with previous data collection years, there were no participants who reported weekly or more frequent use of ketamine.

**Routes of Administration:** The most commonly reported route of administration for ketamine was snorting (87%; 92% in 2019,  $p=0.555$ ), followed by swallowing (13%; 16% in 2019;  $p=0.742$ ).

**Quantity:** Consumers reported using a median of 0.2 grams in a 'typical' session (IQR=0.1-0.5,  $n=14$ ); stable from 0.2 grams in 2019 (IQR=0.1-0.5;  $n=16$ ;  $p=0.886$ ). The medium 'maximum' amount used in a 'typical' session was 0.5 grams (IQR=0.1-0.5;  $n=14$ ); again stable from 2019 ( $p=0.886$ ).

Figure 26: Past six month use and frequency of use of ketamine, Western Australia, 2003-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

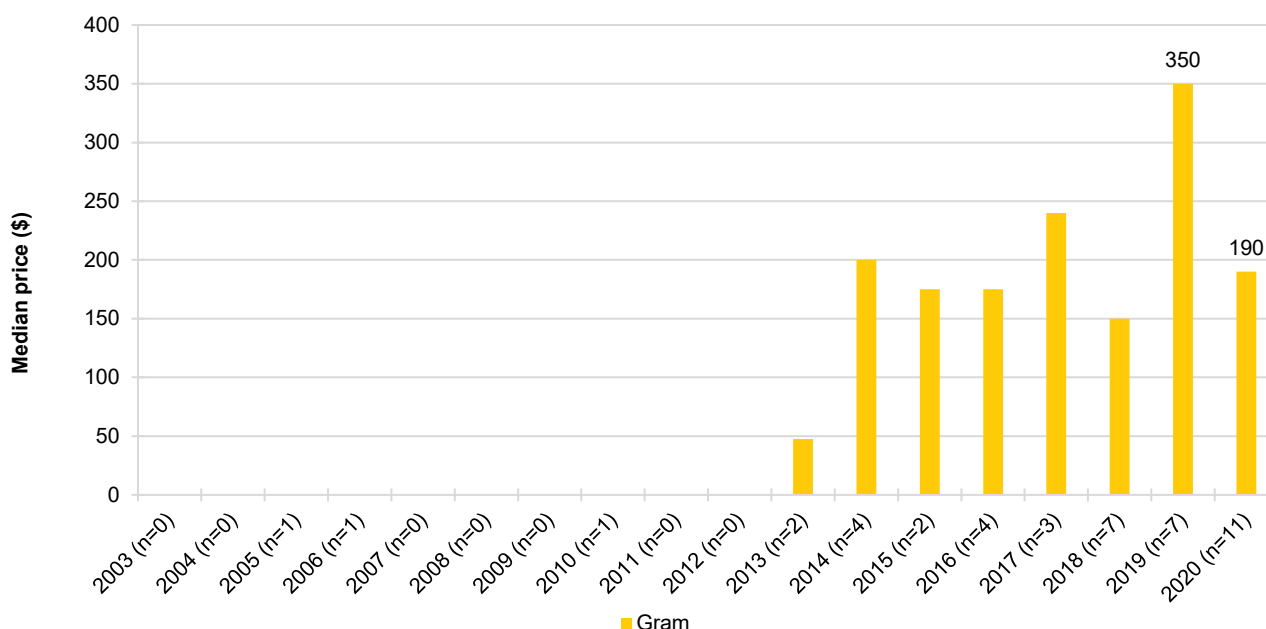
## Price, Perceived Purity and Availability

**Price:** The median price per gram of ketamine was \$190 in 2020 (IQR=65-300; n=11); a non-significant decline from \$350 in 2019 (IQR=250-385; n=7;  $p=0.056$ ). 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 27).

**Perceived Purity:** Among those who were able to comment (n=11), most (81%) perceived the purity of ketamine as 'high'; not significantly different to 64% in 2019 ( $p=0.338$ ; Figure 28).

**Perceived Availability:** Of those able to comment (n=11), about two-thirds (64%) perceived the availability of ketamine as 'difficult' or 'very difficult' to obtain (73% in 2019; n=11;  $p=0.647$ ) (Figure 29).

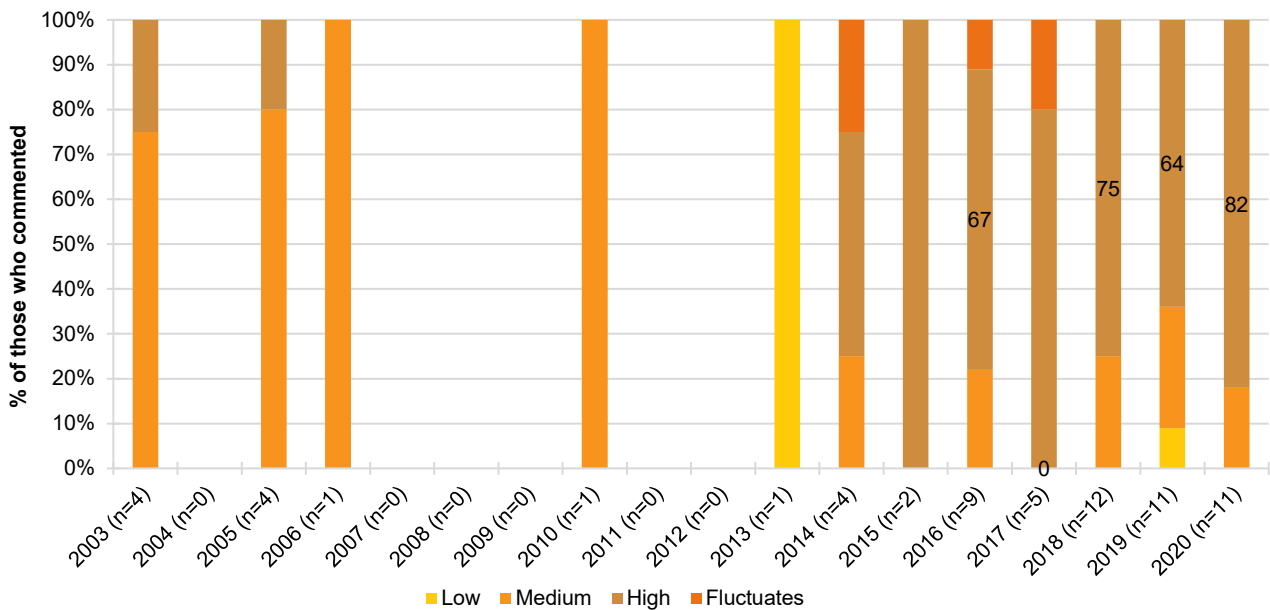
Figure 27: Median price of ketamine per gram, Western Australia, 2003-2020



Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). Between 2003 and 2012 the number of participants able to comment on price was too low to compute a median. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  but not 0). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2019 versus 2020.

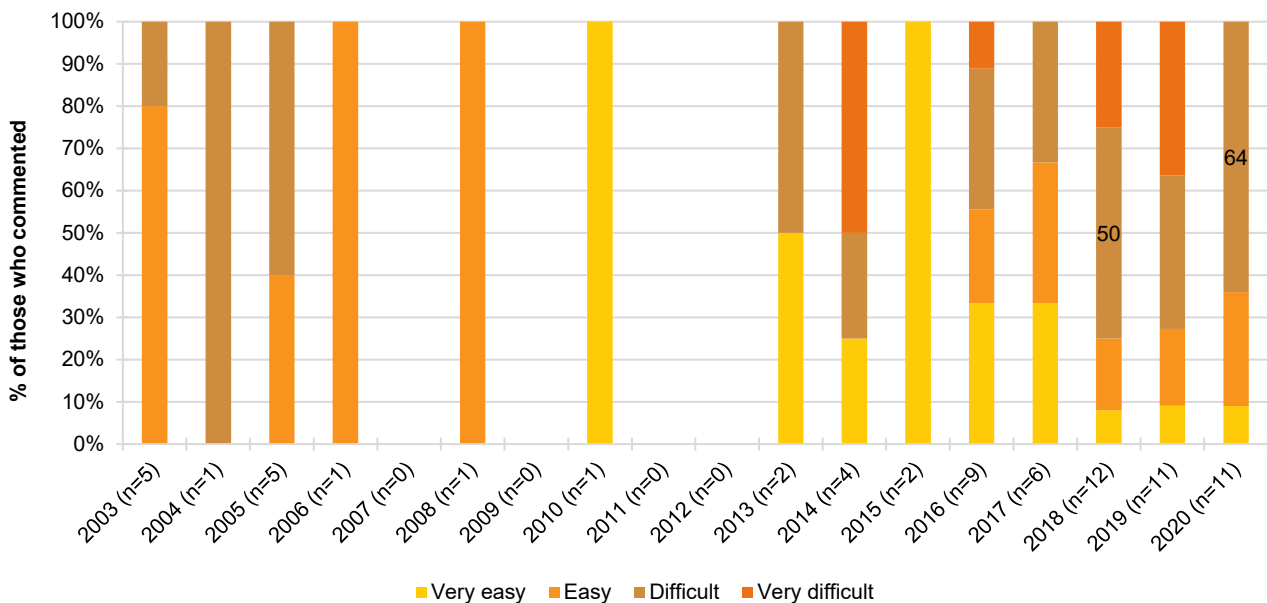


**Figure 28: Current perceived purity of ketamine, Western Australia, 2003-2020**



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 2019 versus 2020.

**Figure 29: Current perceived availability of ketamine, Western Australia, 2003-2020**



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 2019 versus 2020.

## LSD

### Patterns of Consumption

**Recent Use (past 6 months):** In 2020, 43% of the sample reported recent LSD use, stable from 43% in 2019 ( $p=1.000$ ; Figure 30).

**Frequency of Use:** The reported frequency of LSD use has consistently has been low. In 2020, consumers reported using LSD on a median of 3 days in the 6 months preceding interview (IQR=1-7); a non-significant increase from 2 days in 2019 (IQR=1-4,  $p=0.512$ ; Figure 30). Consistent with previous data collection years, very few ( $n\leq 5$ ) reported weekly or more frequent LSD use.

**Routes of Administration:** The main route of administration for consuming LSD was swallowing/sublingual (98%); consistent with previous data collection years (100% in 2019,  $p=0.315$ ).

**Quantity:** Of those reporting use in tabs ( $n=22$ ), the median amount consumed in a 'typical' session was 1 tab (IQR=1-2; 1 tab in 2019; IQR=1-1;  $n=29$ ;  $p=0.001$ ). Of those reporting use in micrograms ( $n=21$ ), the median amount used was 160 (IQR=130-210; 175 micrograms in 2019; IQR=148-15;  $n=14$ ;  $p=0.434$ ).

Meanwhile, of those reporting use in tabs ( $n=22$ ), the median 'maximum' consumed in a session was 2 tabs (IQR=1-2.3; 1 tab in 2019; IQR=1-3;  $n=28$ ;  $p=0.003$ ). Of those reporting use in micrograms ( $n=21$ ), the median 'maximum' used was 220 (IQR=130-275; 250 micrograms in 2019; IQR=175-425;  $n=15$ ;  $p=0.391$ ).

**Figure 30: Past six month use and frequency of use of LSD, Western Australia, 2003-2020**



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

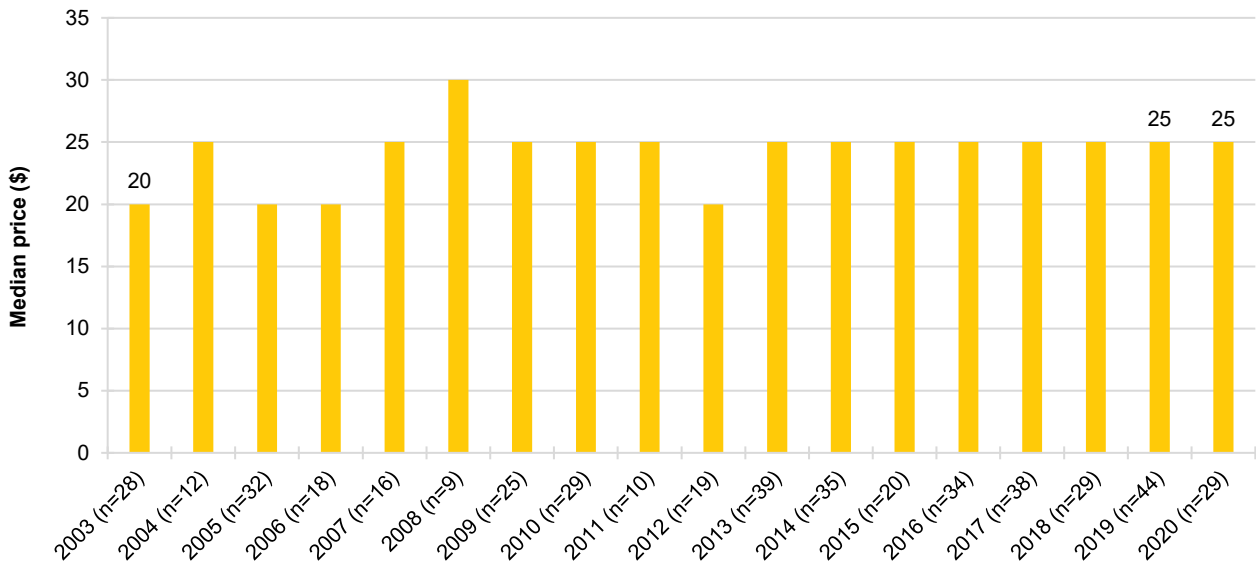
### Price, Perceived Purity and Availability

**Price:** The median price per tab of LSD was \$25 (IQR=20-25,  $n=29$ ), which has been consistent since 2013 (\$25 in 2019; IQR=20-25;  $n=44$ ;  $p=0.962$ ) (Figure 31).

**Perceived Purity:** Among those who were able to comment ( $n=30$ ), half (50%) perceived the purity of LSD to be 'high'; not significantly different to 59% in 2019 ( $p=0.439$ ). Remaining perceptions of purity in 2020 were either 'medium' or 'fluctuating' (27% and 23% respectively) (Figure 32).

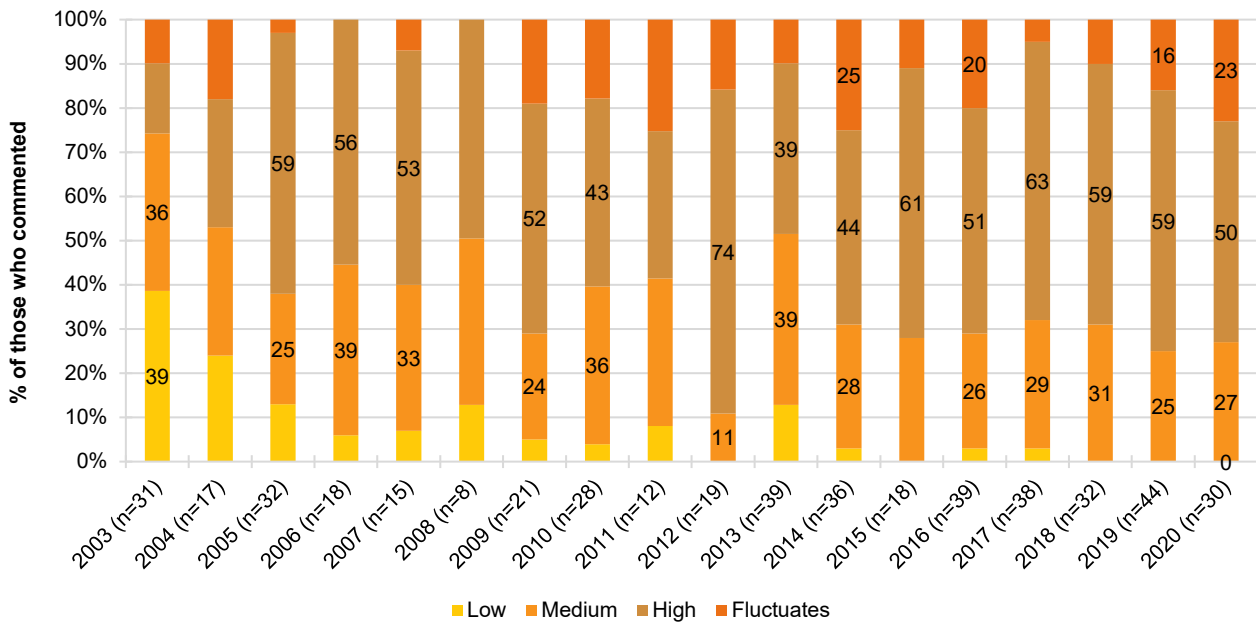
**Perceived Availability:** Almost two-thirds (63%) perceived the availability of LSD as being either 'easy' or 'very easy' to access (57% in 2019,  $p=0.575$ ), while roughly a third (37%) perceived it as 'difficult' (43% in 2019,  $p=0.575$ ). These perceptions of LSD availability are largely consistent with previous data collection years (Figure 33).

**Figure 31: Median price of LSD per tab, Western Australia, 2003-2020**



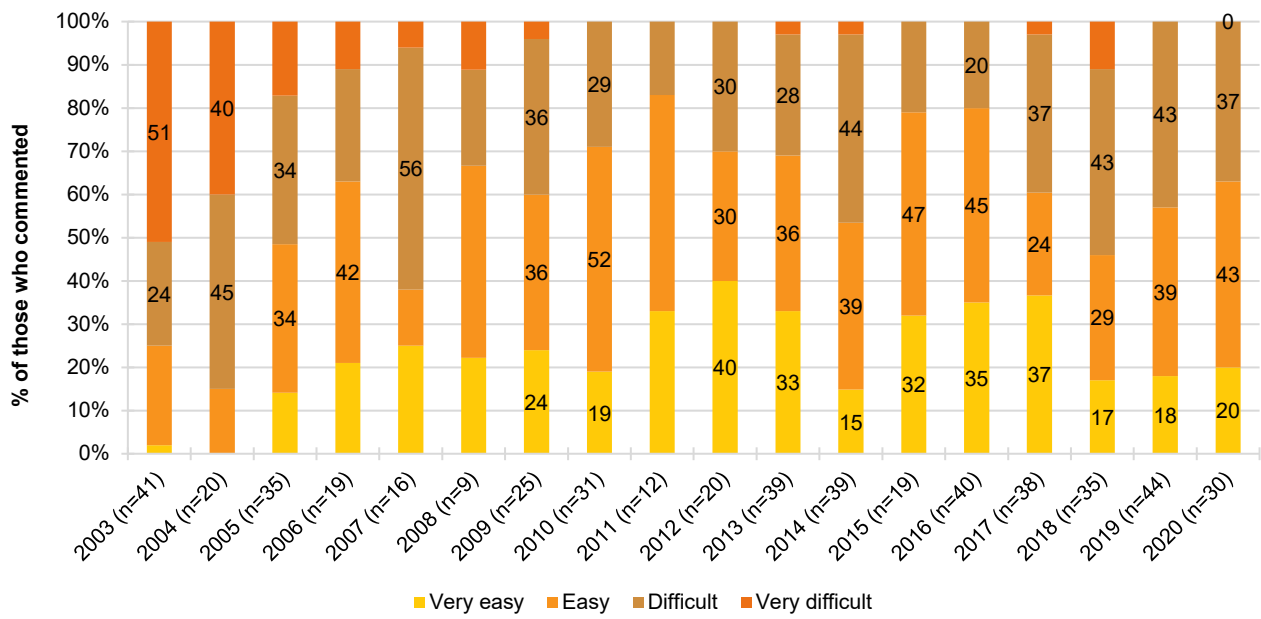
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  but not 0). Recruitment difficulties were experienced in 2011 (total sample  $N=28$ ); therefore, all data from this year should be interpreted with caution. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2019 versus 2020.

**Figure 32: Current perceived purity of LSD, Western Australia, 2003-2020**



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

Figure 33: Current perceived availability of LSD, Western Australia, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

# 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.

**Recent Use (past 6 months):** Since 2011, reported use of NPS among WA EDRS samples has been declining, likely reflective of the global resurgence in the availability of ecstasy/MDMA (Mounteney et al., 2018). In 2020, almost a quarter (23%) of the sample reported recent use; a non-significant decline from 28% in 2019 ( $p=0.417$  Table 8). Consistent with previous years, DMT was the most popular NPS (20%; 22% in 2019;  $p=0.728$ ).

**Frequency of Use:** Frequency of NPS use has been consistently low. However, DMT was used on a median of 3 days in the 6 months preceding interview (IQR=1-4;  $n=20$ ), stable from 3 days in 2019 (IQR=1-6;  $n=22$ ;  $p=0.662$ ).

The EDRS collects data on a large number of NPS specifically by name, however those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the Western Australia EDRS are needed, please contact the Drug Trends team or refer to the [National EDRS Report](#) for national trends in use.

**Table 7: Past six month use of NPS, nationally and Western Australia, 2010-2020**

%	National	Western Australia
2010	32	37
2011	40	57
2012	45	41
2013	44	47
2014	40	43
2015	39	36
2016	36	32
2017	33	32
2018	31	22
2019	30	28
<b>2020</b>	<b>23**</b>	<b>23</b>

Note. Monitoring of NPS first commenced in 2010. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2019 versus 2020.

**Table 8: Use of NPS in the past six months, Western Australia, 2010-2020**

	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 %	2019 N=100 %	2020 N=100 %
<b>Phenethylamines</b>	-	-	-	23	24	11	13	13	-	-	-
<b>Any 2C substance~</b>	-	-	-	23	16	7	9	8	-	-	-
<b>NBOMe</b>	/	/	/	/	10	-	-	6	-	0	0
<b>Mescaline</b>	-	-	-	0	3	0	-	-	-	0	-
<b>DO-x</b>	0	0	0	0	-	0	0	0	-	0	0
<b>4-FA</b>	/	/	/	/	/	/	0	0	0	0	0
<b>PMA</b>	0	0	0	0	-	-	-	-	0	0	0
<b>Tryptamines</b>	8	25	22	22	19	13	18	23	17	23	20
<b>DMT</b>	8	25	22	22	19	13	18	23	17	22	20
<b>5-MeO-DMT</b>	-	0	0	0	-	0	0	-	-	-	-
<b>4-AcO-DMT</b>	/	/	/	/	/	/	-	-	/	/	/
<b>Synthetic cathinones</b>	16	18	7	8	6	8	-	-	-	0	0
<b>Mephedrone</b>	16	14	-	-	-	-	0	-	0	0	0
<b>Methylone/bk MDMA</b>	/	-	-	-	-	-	-	-	-	0	0
<b>MDPV/Ivory wave</b>	0	0	-	-	0	0	0	0	0	0	0
<b>Alpha PVP</b>	/	/	/	/	/	/	-	0	0	0	0
<b>n-ethyl hexedrone</b>	/	/	/	/	/	/	/	/	/	0	-
<b>n-ethylpentylone</b>	/	/	/	/	/	/	/	/	/	0	-
<b>Other substituted cathinone</b>	/	/	-	0	0	0	0	0	0	/	/
<b>Piperazines</b>	25	-	-	0	0	0	0	-	/	/	/
<b>BZP</b>	25	-	-	0	0	0	0	-	/	/	/
<b>Dissociatives</b>	/	/	/	-	0	0	0	0	0	0	0
<b>Methoxetamine (MXE)</b>	/	/	/	-	0	0	0	0	0	0	0
<b>Plant-based NPS</b>	-	-	-	-	-	0	-	-	-	-	-
<b>Ayahuasca</b>	/	/	/	/	/	0	-	-	-	-	-
<b>Salvia divinorum</b>	/	-	-	-	-	0	0	-	-	-	-
<b>Kratom</b>	/	/	/	/	/	/	/	/	/	/	0
<b>Mescaline</b>	-	-	-	0	-	0	1	1	2	0	1
<b>Benzodiazepines</b>	/	/	/	/	/	/	0	0	0	0	0
<b>Etizolam</b>	/	/	/	/	/	/	0	0	0	0	0
<b>Synthetic cannabinoids</b>	/	32	18	19	12	6	-	0	-	-	-
<b>Herbal high#</b>	/	/	11	-	-	-	-	0	-	0	/
<b>Phenibut</b>	/	/	/	/	/	/	/	/	/	/	0
<b>Other drugs that mimic the effect of opioids</b>	/	/	/	/	/	/	/	0	0	0	0
<b>Other drugs that mimic the effect of ecstasy</b>	/	/	/	/	/	/	/	-	0	0	0
<b>Other drugs that mimic the effect of amphetamine or cocaine</b>	/	/	/	/	/	/	/	0	0	0	0
<b>Other drugs that mimic the effect of psychedelic drugs like LSD</b>	/	/	/	/	/	/	/	-	-	0	0

Note. NPS first asked about in 2010 and onwards. / not asked. # 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 2019 versus 2020.

# 9

## Other Drugs

### Non-Prescribed Pharmaceutical Drugs

#### Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in EDRS 2018 and 2019.

**Recent Use (past 6 months):** In 2019, 20% of WA participants reported recent use of any codeine (19% in 2019). Of these, 55% reported use of non-prescribed codeine (low or high dose; 83% in 2019;  $p=0.113$ ), and 45% reported use of prescribed codeine (low or high dose; 26% in 2019;  $p=0.224$ ).

**Recent Use for Non-Pain Purposes (past 6 months):** Of those reporting use of low dose codeine ( $n=14$ ), half (50%) reported using for non-pain purposes (89% in 2019;  $p=0.056$ ).

**Frequency of Use:** Recent consumers of non-prescribed codeine ( $n=11$ ) reported use on a median of 2 days (IQR=1-3) in the six months preceding interview (5 days in 2019; IQR=3-12).

**Forms Used:** Among those reporting recent use of non-prescribed codeine ( $n=11$ ), 82% had used low dose codeine (<30mg codeine), while 18% had used high dose codeine (≥30mg codeine).

#### Pharmaceutical Opioids

**Recent Use (past 6 months):** Seven per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2020; comparable to 8% in 2019 ( $p=0.579$ ) (Figure 34).

**Frequency of Use:** Recent consumers reported using non-prescribed pharmaceutical opioids on a median of one day in the 6 months preceding interview (IQR=1-2). This low frequency of use is consistent with previous years (2 days in 2019; IQR=2-6;  $p=0.053$ ).

#### Pharmaceutical Stimulants

**Recent Use (past 6 months):** Two-thirds (66%) reported recent use of non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) in 2020; a non-significant increase from 63% in 2019 ( $p=0.658$ ) (Figure 37).

**Frequency of Use:** Non-prescribed pharmaceutical stimulants were used on a median of 6 days in the 6 months preceding interview (i.e. monthly use; IQR=3-15), comparable to 5 days in 2019 (IQR=2-10;  $p=0.153$ ). Of those reporting recent use ( $n=66$ ), 14% reported weekly or more frequent use (11% in 2019;  $p=0.664$ ).

**Quantity:** In 2020, the median amount of non-prescribed pharmaceutical stimulants used in a 'typical' session was 2 pills/tablets (IQR=2-3; n=57); not significantly different to 2 pills/tablets in 2019 (IQR=2-3; n=58;  $p=0.331$ )

### Benzodiazepines

**Recent Use (past 6 months):** The use of non-prescribed benzodiazepines significantly declined from 59% in 2019 to 37% in 2020 ( $p=0.003$ ). This breaks a steady upward trend in reported use of benzodiazepines since 2011 (Figure 34).

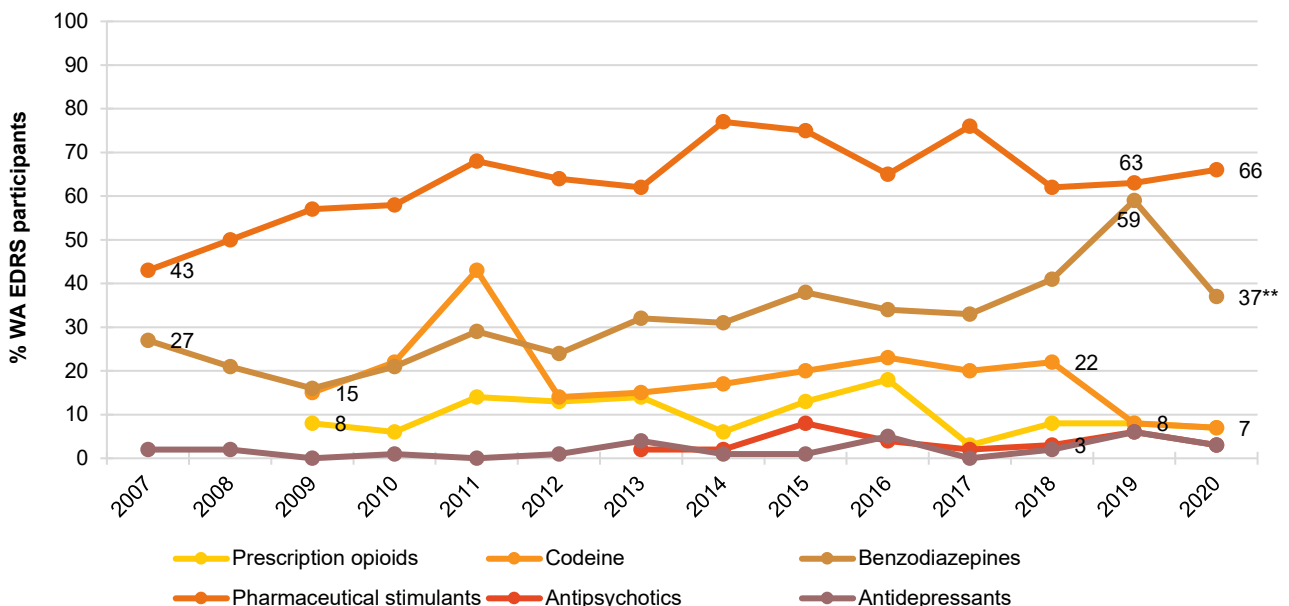
For the first time in 2019, participants were asked specifically about use of alprazolam (Xanax) versus 'other benzodiazepines' (e.g. diazepam/Valium). A fifth (21%) of the sample reported recent use of non-prescribed alprazolam (34% in 2019;  $p=0.040$ ) and a similar proportion (23%) reported use of 'other' non-prescribed benzodiazepines (48% in 2019;  $p<0.001$ ).

**Frequency of Use:** Consumers reported using alprazolam on a median of 3 days in the preceding 6 month period (IQR=2-5), stable from 3 days in 2019 (IQR=1-5;  $p=0.930$ ), while 'other' non-prescribed benzodiazepines were used on a median of 2 days (IQR=1-4); a significant decline from 5 days in 2019 (IQR=2-10;  $p=0.004$ ).

### Antipsychotics

Due to low numbers reporting recent use of antipsychotics, numbers have been suppressed. For further information about use of these drugs, please contact the Drug Trends team, or see the [National Report](#).

**Figure 34: Non-prescribed use of pharmaceutical drugs in the past six months, Western Australia, 2007-2020**



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.



## Other Illicit Drugs

### Hallucinogenic Mushrooms

**Recent Use (past 6 months):** A quarter (23%) of the WA sample reported recent use of hallucinogenic mushrooms in 2020; not significantly different to 26% in 2019 ( $p=0.622$ ) (Figure 35).

**Frequency of Use:** Consumers reported using mushrooms on a median of 2 days (IQR=1-4) in the 6 months preceding interview (2 days in 2019; IQR=2-4;  $p=0.637$ ) (Figure 33). Consistent with previous reporting years, a nominal per cent ( $n\leq 5$ ) reported weekly or more frequent use of mushrooms.

### MDA

**Recent Use (past 6 months):** In 2020, only 2% reported recent use of MDA; a non-significant decline from 9% in 2019 ( $p=0.031$ ) (Figure 35). Due to low numbers, no further analyses have been performed for MDA.

### Substances with Unknown Contents

One-tenth of the sample (10%) reported using a substance (in any form) with unknown contents; a significant decline from 26% in 2019 ( $p=0.006$ ). Due to low numbers reporting on recent use of individual forms ( $n\leq 5$ ), numbers have been suppressed (Figure 35). For further information, please refer to the [National EDRS report](#), or contact the researchers.

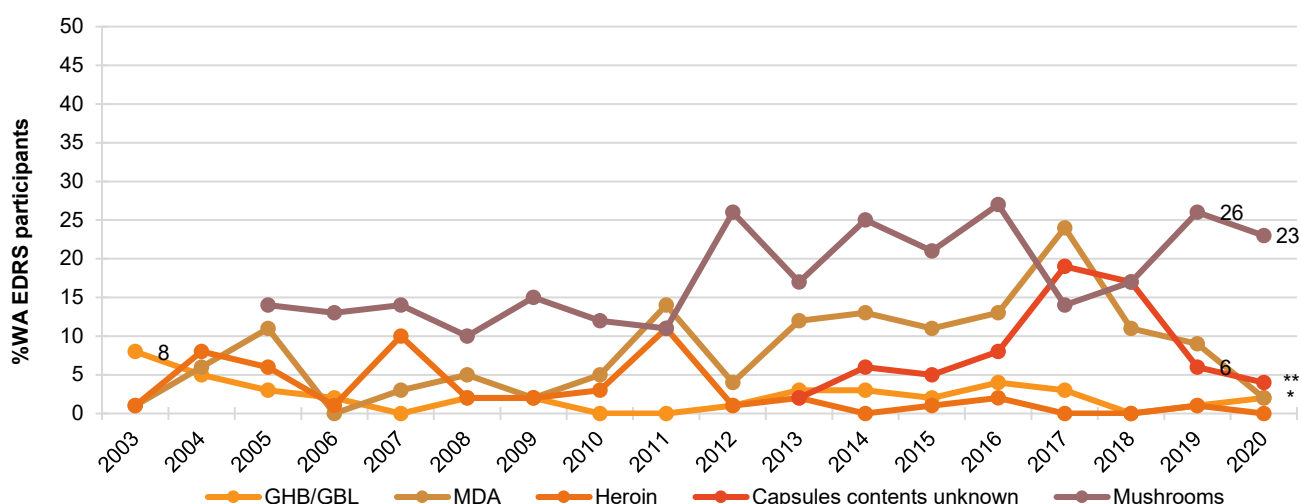
### Heroin

Due to low numbers reporting on recent use of heroin, the data are not described here (Figure 35). For further information on heroin, please refer to the [National EDRS report](#), or contact the researchers.

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

Due to low numbers reporting recent use of GHB/GBL, the data are not described here. For further information on these drugs, please refer to the [National EDRS report](#), or contact the researchers.

**Figure 35: Past six month use of other illicit drugs, Western Australia, 2003-2020**



Note. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n\leq 5$  but not 0). Recruitment difficulties were experienced in 2011 (total sample  $N=28$ ); therefore, all data from this year should be interpreted with caution. Y axis reduced to 50% to improve visibility of trends. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2019 versus 2020.

## Licit and Other Drugs

### Alcohol

**Recent Use (past 6 months):** Almost everyone (98%) reported recent use of alcohol in 2020, which has been consistent since monitoring began (99% in 2019;  $p=0.561$ ) (Figure 36).

**Frequency of Use:** Alcohol was reportedly used on a median of 40 days in the 6 months preceding interview (IQR=20-72); a non-significant decline from 48 days in 2019 (IQR=24-72;  $p=0.700$ ). Of those who had used alcohol recently, 72% reported drinking weekly or more (77% in 2019;  $p=0.486$ ).

### Tobacco

**Recent Use (past 6 months):** Recent tobacco use was reported by 77% of participants; a non-significant decline from 86% in 2019 ( $p=0.101$ ) (Figure 36).

**Frequency of Use:** Consumers reported using tobacco on a median of 72 days in the 6 months preceding the interview (IQR=27-180); a non-significant decline from 120 days in 2019 (IQR=24-180,  $p=0.480$ ). Among recent smokers ( $n=77$ ), 38% reported daily use (45% in 2019;  $p=0.320$ ).

### E-cigarettes

**Recent Use (past 6 months):** Recent use of e-cigarettes was reported by 31% in 2020; a non-significant decline from 41% in 2019 ( $p=0.141$ ) (Figure 36).

**Frequency of Use:** Consumers reported using e-cigarettes on a median of 7 days in the preceding 6 months (IQR=2-24); not significantly different to 6 days in 2019 (IQR=3-22;  $p=0.950$ ). A nominal per cent ( $n\leq 5$ ) reported daily use.

**Forms Used:** Among those who reported recent use of e-cigarettes ( $n=31$ ), most (65%) reported they had contained nicotine (83% in 2019;  $p=0.074$ ), 19% reported they contained cannabis and nicotine (10% in 2019;  $p=0.243$ ), and 16% reported they contained neither (7% in 2019;  $p=0.238$ ).

**Reason for Use:** Less than one-quarter (23%,  $n=7$ ) reported using their e-cigarettes a smoking cessation tool (37% in 2019;  $n=15$ ;  $p=0.308$ ).

### Nitrous Oxide

**Recent Use (past 6 months):** Three-fifths (62%) reported recent use of nitrous oxide. While stable from 61% in 2019 ( $p=0.884$ ), this follows an upward trend in reported use since 2010 (Figure 36).

**Frequency of Use:** Consumers reported using nitrous oxide on a median of four days in the preceding 6 months (IQR=2-7); a significant decline from 10 days in 2019 (IQR=3-24;  $p<0.001$ ).

**Quantity:** In a 'typical' session, participants reported using a median of 10 bulbs (IQR=4-31; range=1-900;  $n=62$ ); not significantly different to 10 bulbs in 2019 (IQR=5-25; range=1-300;  $p=0.601$ ).

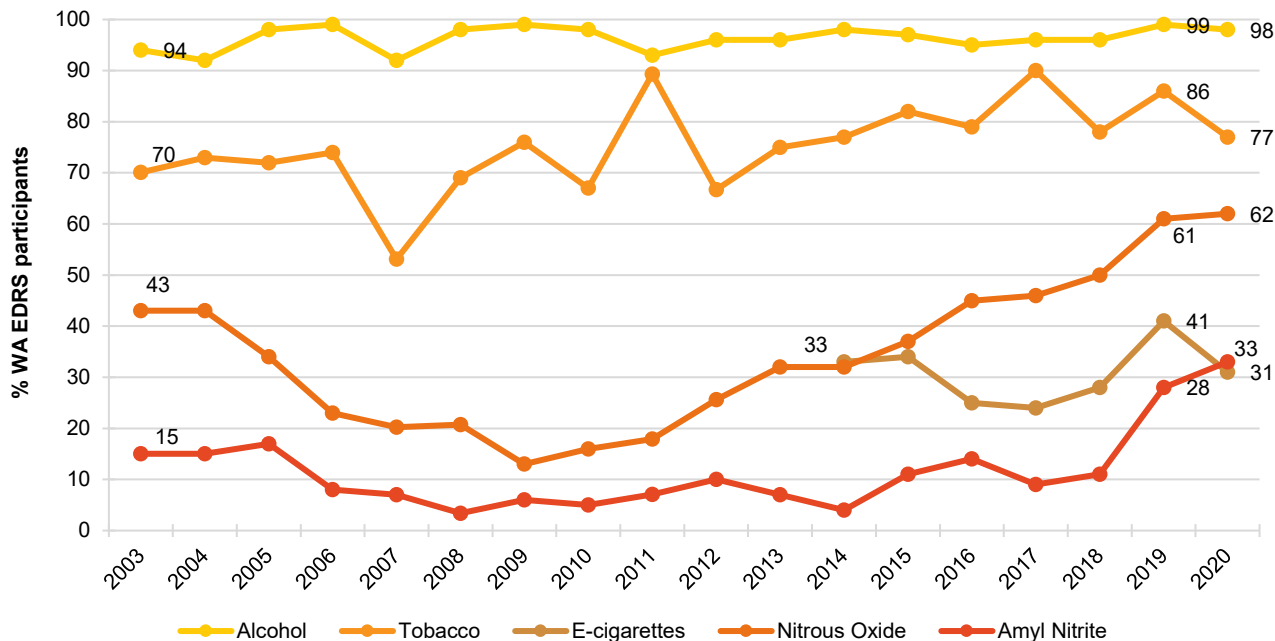
### Amyl Nitrite

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 will be 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):** A third of the sample (33%) reported recent use of amyl nitrite in 2020. While not a significant increase from 28% in 2019 ( $p=0.443$ ), it follows an upward trend in reported use of this inhalant since about 2010 (Figure 36).

**Frequency of Use:** Amyl nitrite was used on a median of 3 days in the six months preceding interview (IQR=1-6); stable from 3 days in 2019 (IQR=1-6;  $p=0.695$ ). No participants reported weekly or more frequent use of this drug.

**Figure 36: Past six month use of licit drugs, Western Australia, 2003-2020**



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

# 10

## Drug-Related Harms and Other Associated Behaviours

Participants were asked about various drug-related harms and associated behaviours, including hazardous alcohol use, non-fatal overdose following drug use, injecting drug use, drug treatment, mental health, crime and modes of purchasing drugs. It should be noted that the following data refer to participants' understanding of these behaviours (e.g. may not necessarily represent medical diagnoses in the case of reporting on health conditions).

### 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 WA EDRS sample was 12.3 (SD 6.2) (including people who had not consumed alcohol in the past six months). Over three-quarters (81%) of participants obtained a score of eight or more, indicative of hazardous use (84% in 2019;  $p=0.622$ ) (Table 9). AUDIT scores are divided into four 'zones' which indicate risk level. There was no significant change in the per cent of participants falling into each of these zones between 2019 to 2020.

**Table 9: AUDIT total scores and per cent of participants scoring above recommended levels, Western Australia, 2010-2020**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	N=99	N=28	N=90	N=100	n=100	n=98	n=97	n=99	n=96	n=98	N=100
<b>Mean AUDIT total score (SD)</b>	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)	<b>12.3 (6.2)</b>
<b>Score 8 or above (%)</b>	72	82	79	85	87	81	77	86	73	84	<b>81</b>
Score 0-7: low risk drinking or abstinence	28	18	21	15	13	19	23	14	27	16	<b>19</b>
Score 8-15: alcohol in excess of low-risk guidelines	35	25	28	47	55	48	47	65	30	38	<b>52</b>
Score 16-19: harmful or hazardous drinking	16	21	22	17	19	20	16	12	23	26	<b>19</b>
Score 20 or above: possible alcohol dependence	20	36	29	21	13	12	14	9	20	18	<b>10</b>

Note. Monitoring of AUDIT first commenced in 2010. \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2019 versus 2020.

## Overdose Events

### Non-Fatal Overdose

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

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

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

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

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

### Non-Fatal Stimulant Overdose

Fifteen per cent of the WA sample reported a stimulant overdose in the 12 months preceding the interview; not significantly different to 20% in 2019 ( $p=0.369$ ; Figure 37). Stimulant overdoses occurred on a median of one occasion in the preceding year (IQR=1-2; 1 in 2019; IQR=1-3;  $p=0.317$ ).

Of those who had experienced a stimulant event in the last year ( $n=15$ ), most nominated some form of MDMA/ecstasy (capsules: 40%; crystal: 33%; pills: 7%), pharmaceutical stimulants (27%) and/or crystal methamphetamine (7%) in any of these events in the last 12 months. Two-thirds (67%) reported that they had also consumed one or more additional drugs on the last occasion. On the last occasion, 87% ( $n=13$ ) did not receive treatment or assistance; consistent with a majority not receiving treatment in previous reporting years (75% in 2019;  $p=0.393$ ).

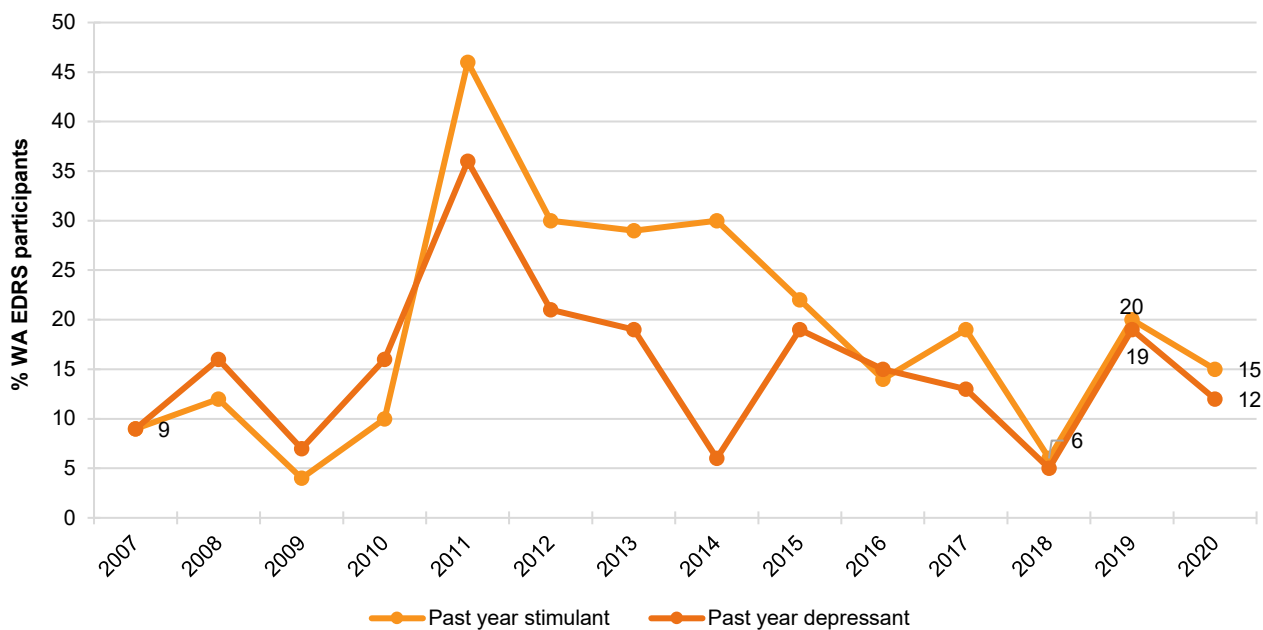
### Non-Fatal Depressant Overdose

**Alcohol:** About one in ten participants (11%) reported an experience consistent with an alcohol overdose in the 12 months preceding the interview (18% in 2019;  $p=0.160$ ). These occurred on a median of 2 occasions in the past year (IQR=1-5; 2 in 2019; IQR=1-4;  $p=0.186$ ). Most (91%,  $n=10$ ) reported receiving no treatment (78% in 2019;  $p=0.364$ ).

#### **Any Depressant (Including Alcohol):**

In total, 12% reported an overdose relating to any depressant drug (19% in 2019;  $p=0.171$ ). Most depressant overdoses were attributed to alcohol (92%) (Figure 37).

**Figure 37: Past 12 month non-fatal stimulant and depressant overdose, Western Australia, 2007-2020**

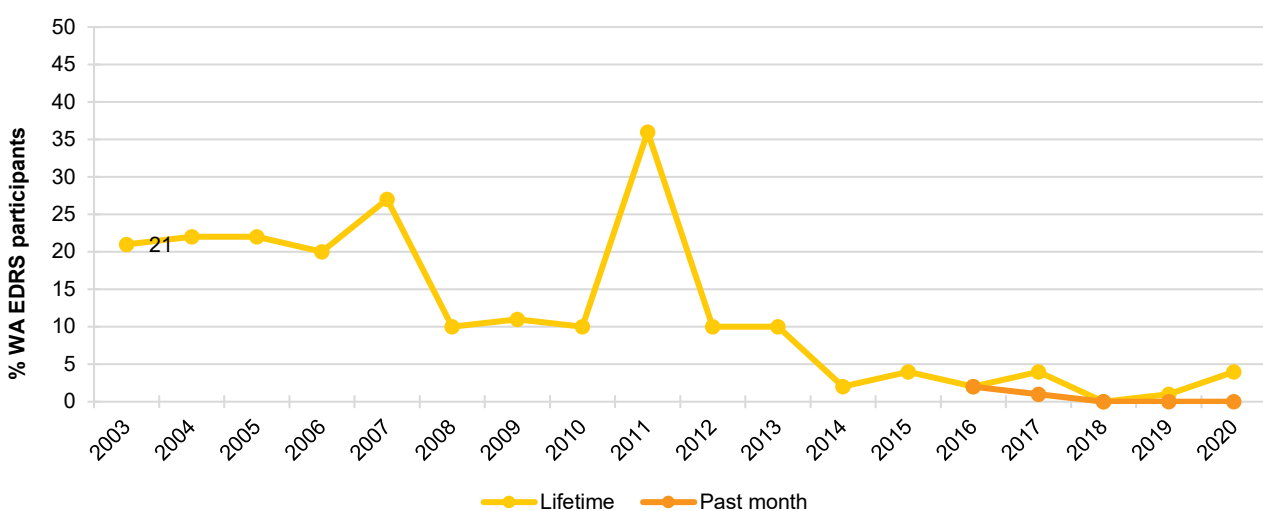


Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

## Injecting Drug Use and Associated Risk Behaviours

Reports of drug injecting has been declining in the WA EDRS samples since monitoring began (Figure 38). Given no participants reported recent drug injecting in 2020, no further data on this practice will be reported. For further information about injecting drug use, contact the Drug Trends team or refer to the [National Report](#).

**Figure 38: Lifetime and past month drug injection, Western Australia, 2003-2020**



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  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 2019 versus 2020.

## Drug Treatment

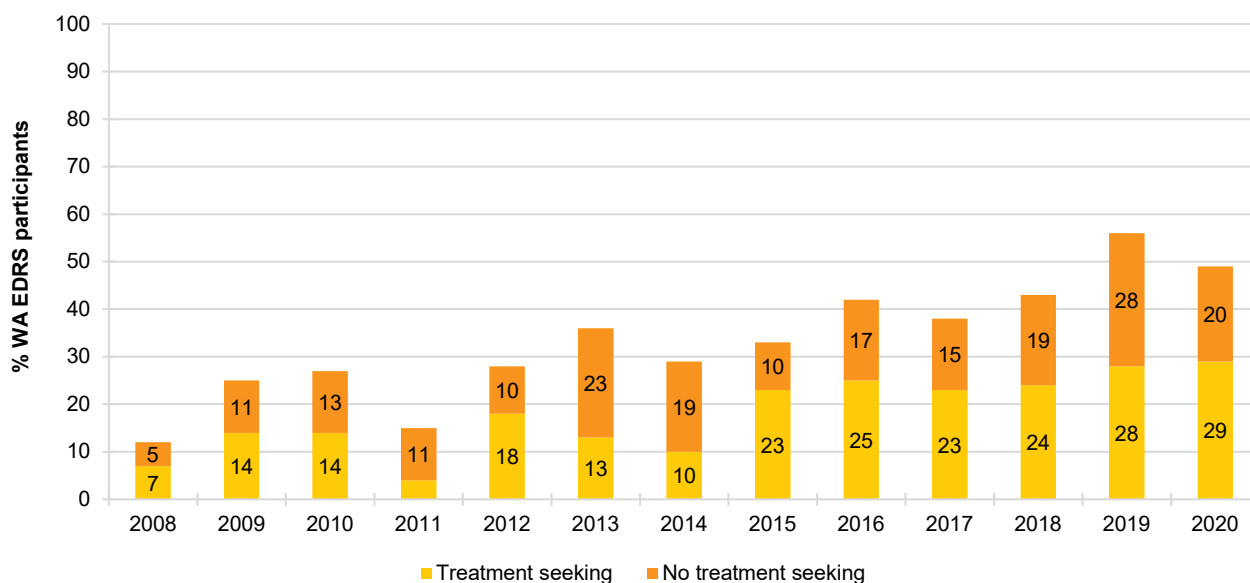
A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years ( $n \leq 5$  in 2020;  $n \leq 5$  in 2019;  $p=0.407$ ). Considering low numbers reporting, please refer to the [National EDRS report](#) for national trends, or contact the research team for further information.

## Mental Health

In 2020, half of the sample (49%) self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence); a non-significant decline from 56% in 2019 ( $p=0.349$ ).

Of those who reported a mental health problem ( $n=49$ ), the most commonly reported problem was anxiety (76%; 78% in 2019;  $p=0.786$ ), followed by depression (74%; 61% in 2019;  $p=0.183$ ). Of those reporting a mental health problem, 59% ( $n=29$ ) reported seeing a mental health professional; not significantly different to 50% in 2019 ( $p=0.350$ ). Of these, most (62%) reported being prescribed medication for the problem in the preceding six month period; a non-significant increase from 44% in 2019 ( $p=0.186$ ) (Figure 39).

**Figure 39: Self-reported mental health problems and treatment seeking in the past six months, Western Australia, 2008-2020**



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.  $n \leq 5$  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 2019 versus 2020.

## Crime

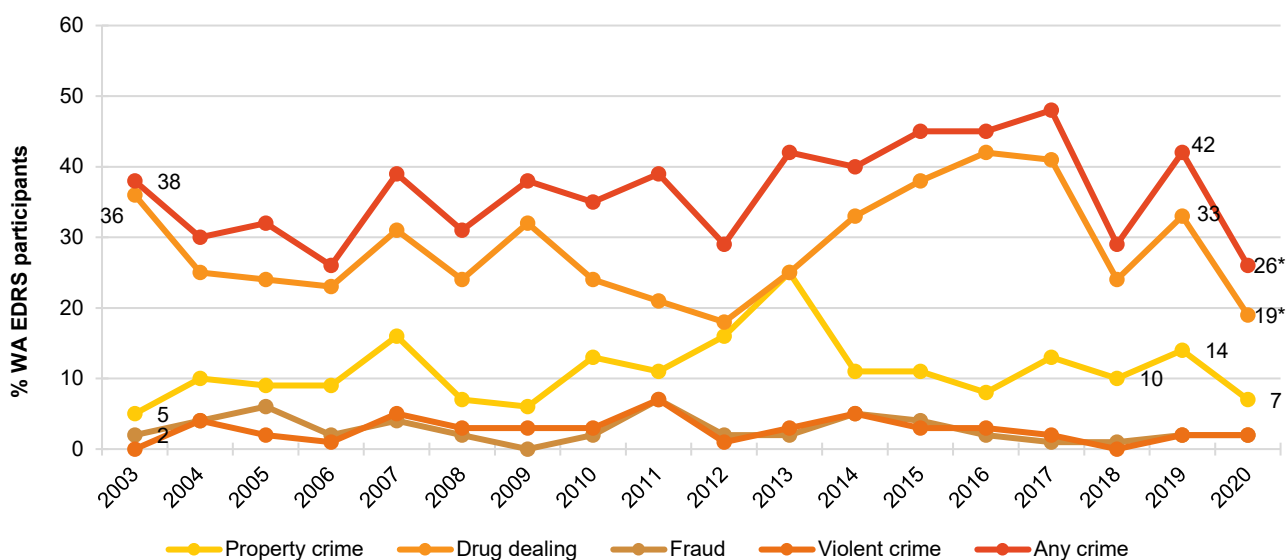
All crime data for 2020 was captured during the COVID-19 pandemic (i.e., data were captured between May-June 2020, and participants reported on past month behaviour), but at varying levels/phases of restrictions in WA (see Table 2).

The per cent reporting past month criminal activity has fluctuated over time. In 2020, among those responding (n=99), one-quarter (26%) reported some form of recent crime (42% in 2019; n=96,  $p=0.023$ ), with drug dealing and property crime the most common forms (19% and 7% respectively). Additionally, one-tenth (11%) reported being the victim of a crime involving violence (e.g., assault; 9% in 2019;  $p=0.814$ ).

A nominal per cent of the sample reported having been arrested in the 12 months preceding interview (n=5; 7% in 2019;  $p=0.552$ ).

No participants reported having ever been in prison in 2020, consistent with very low numbers (n=5) reporting having ever been in prison in 2019 and previous years. For further information about criminal arrests, please refer to the [National EDRS report](#) or contact the researchers.

**Figure 40: Self-reported criminal activity in the past month, Western Australia, 2003-2020**



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e.  $n \leq 5$  but not 0). Y axis reduced to 60% to improve visibility of trends. 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 2019 versus 2020.



## Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, among those commenting (n=99), the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were face-to-face (82%; 72% in 2019;  $p=0.092$ ) and via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (79%; 75% in 2019;  $p=0.501$ ). However, the proportion reporting purchase from the surface web significantly increased from small numbers ( $n\leq 5$ ) in 2019 to 14% in 2020 ( $p=0.005$ ). The proportion reporting purchase from the Darknet also increased but not significantly ( $n\leq 5$  in 2019 versus 8% in 2020;  $p=0.121$ ) (Table 10).

### Obtaining Drugs

When asked about how they had received illicit drugs on any occasion in the last 12 months, almost all participants reported face to face (99%; 97% in 2019;  $p=0.312$ ), while one-fifth (18%; 8% in 2019;  $p=0.036$ ) reported receiving illicit drugs at a collection point (defined as a predetermined location where a drug will be dropped for later collection) and 13% via post (8% in 2019;  $p=0.249$ ).

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague (91%; 86% in 2019;  $p=0.257$ ), followed by a known dealer/vendor (63%; 55% in 2019;  $p=0.226$ ) and then an unknown dealer/vendor (39%; 31% in 2019;  $p=0.256$ ).

### Buying and Selling Drugs

Consistent with 2019, a nominal per cent of participants ( $n\leq 5$ ) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces. For further information regarding online selling, please refer to the [National Report](#).

Of those able to answer (n=74), over two-thirds (69%; n=51) reported obtaining drugs in the preceding 12 months through someone who purchased them from a surface or darknet marketplace (59% in 2019; n=51;  $p=0.177$ ).

**Table 10: Means of purchasing illicit drugs in the past 12 months, Western Australia, 2019-2020**

	2019 N=99	2020 N=99
<b>% Purchasing approaches in the last 12 months<sup>^</sup></b>		
Face to face	72	82
Surface web	-	14**
Darknet market	-	8
Social networking applications	75	79
Text messaging	48	47
Phone call	18	33*
Grew/made my own	/	-
Other	-	0
<b>% Means of obtaining drugs in the last 12 months<sup>^~</sup></b>		
Face-to-face	97	99
Collection points	8	18*
Post	8	13
<b>% Source of drugs in the last 12 months<sup>^</sup></b>		
Friend/relative/partner/colleague	86	91
Known dealer/vendor	55	63
Unknown dealer/vendor	31	39

Note. \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2019 versus 2020. - not reported, due to small numbers ( $n \leq 5$  but not 0). <sup>^</sup> participants could endorse multiple responses. / not asked. <sup>~</sup> The face-to-face response option in 2020 was combined by those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'.