EDRS

AUSTRALIAN DRUG TRENDS 2023

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

AUSTRALIAN DRUG TRENDS 2023: KEY FINDINGS FROM THE NATIONAL ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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

Table of Contents

List of Tables

List of Figures

Acknowledgements

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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 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Olivia Price, Cate King, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Joanna Wilson and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke, Lauren Stafford and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute and enAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Dr Natalie Thomas and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. We would also like to thank the Students for Sensible Drug Policy (SSDP) and the Drug Trends Advisory Committee for their contribution to the EDRS.

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

Abbreviations

1,4-BD	1,4-Butanediol
4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
ACT	Australian Capital Territory
ADE	Adelaide
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drug
AUDIT	Alcohol Use Disorders Identification Test
BRI/GC	Brisbane and the Gold Coast
BZP	Benzylpiperazine
CAN	Canberra
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DAR	Darwin
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HOB	Hobart
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSA	Lysergic Acid Amide
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MELB	Melbourne
MXE	Methoxetamine
N (or n)	Number of participants
NBOME	N- methoxybenzyl
NDARC	National Drug and Alcohol Research Centre

NHS	National Health Service
NPS	New Psychoactive Substances
NSP	Needle Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PER	Perth
PMA	Paramethoxyamphetamine
PMMA	Polymethyl Methacrylate
PTSD	Post-Traumatic Stress Disorder
QLD	Queensland
REDCAP	Research Electronic Data Capture
SA	South Australia
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviations
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
SYD	Sydney
STI	Sexually Transmitted Infection
TAS	Tasmania
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Executive Summary

The EDRS comprises a sentinel sample of people who regularly use ecstasy and/or other illicit stimulants, recruited via social media and word-of-mouth across each capital city of Australia. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2023 from April-July. Interviews from 2020 onwards were delivered face-to-face as well as via telephone and videoconference, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.**

Sample Characteristics

In 2023, the national EDRS sample (n=708) differed in some ways to the sample in 2022. Whilst median age (25 years) and gender identity (58% male) remained stable, a significant change was observed in sexual identity (p=0.032), with more participants identifying as homosexual in 2023 (8%; 5% in 2022). Employment status also significantly changed (p=0.007), with an increase in participants reporting full-time work (38%; 32% in 2022), as did current median weekly income ($808; $700 in 2022; p=0.014). Three fifths of the sample held tertiary qualifications (62%).

Drug of choice significantly changed (p=0.032), with fewer participants nominating cannabis and alcohol as their drugs of choice in 2023. The drugs used most often in the month preceding interview also significantly changed (p=0.001), with an increase in participants reporting ecstasy as the drug used most often in 2023 (8% to 16%). Weekly or more frequent use of cannabis significantly decreased from 51% in 2022 to 43% in 2022 (p=0.008).

Ecstasy

Recent use of any ecstasy significantly increased in 2023 (95%; 88% in 2022; p<0.001), although frequency of use remained stable at a median of 7 days in the past six months. Capsules remained the most commonly used form of ecstasy, although significant increases were observed in the recent use of ecstasy pills (43%; 37% in 2022; p=0.030) and ecstasy crystal (50%; 43% in 2022; p=0.028). The median price for one capsule significantly increased, from $25 in 2022 to $30 in 2023 ($p$<0.001). Significant changes were observed in the perceived purity and availability of ecstasy pills, capsules and crystal. Specifically, more participants nominated purity as 'high' and availability as 'easy' or 'very easy' in 2023, with estimates similar to those observed previously in 2020 and earlier.

Methamphetamine

Recent methamphetamine use among this sample has been declining over time, though remained stable in 2023 (30%), relative to 2022 (31%; p=0.562). Crystal remained the most commonly used form of methamphetamine, with a significant decrease observed in those reporting recent use of powder (11%; 16% in 2022; p=0.010).

The price ($50 per point) and perceived purity of powder methamphetamine remained stable in 2023, however, a significant change was observed in the perceived availability (p=0.012), with more participants reporting that it was 'very easy' to obtain in 2023 (45%; 21% in 2022).

Whilst the perceived availability of crystal methamphetamine remained stable, a significant change was observed in the perceived purity (p=0.004), with more participants reporting 'medium' purity in 2023 (32%; 17% in 2022), and a significant decrease was observed in the median price for one gram

($300; $475 in 2022; p=0.002) and one point of crystal ($50; $70 in 2022; p<0.001), respectively.

Non-Prescribed Pharmaceutical Stimulants

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use steadily increased between 2007 (17%) and 2022 (52%), before declining in 2023 (47%; p=0.045). The perceived availability of non-prescribed pharmaceutical stimulants significantly changed in 2023, relative to 2022 (p=0.008), with an increase in participants reporting it to be 'very easy' (52%; 37% in 2022) to obtain.

Cocaine

Whilst past six month use remained stable in 2023 (81%) relative to 2022 (79%; p=0.457), this represented the highest percentage of recent use observed since the commencement of monitoring. The vast majority of participants who had recently consumed cocaine reported using powder cocaine (94%). Perceived purity significantly changed between 2022 and 2023 (p=0.008), with more participants reporting cocaine to be of 'low' purity (36%; 30% in 2022), although availability remained stable.

Cannabis and/or Cannabinoid-Related Products

Approximately four in five participants have reported recent use of non-prescribed cannabis each year since monitoring began. There was, however, a significant decline in 2023 (74%) relative to 2022 (79%; p=0.046), with decreases observed in the recent use of both hydroponic and outdoor grown 'bush' cannabis. Frequency of use also declined, from a median of 48 days in 2022 to 30 days in 2023 (p=0.037). The perceived purity and perceived availability of hydroponic cannabis remained mostly stable in 2023, though there were significant changes in the perceived availability (p=0.001) of 'bush' cannabis. Specifically, in 2023, more participants perceived non-prescribed bush cannabis as being 'very easy' to obtain (70%; 53% in 2022).

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine (49%), LSD (41%) and DMT (13%) remained stable in 2023, as did frequency of use for all three substances (i.e., less than monthly). The median price for an LSD tab remained stable at $25, while the median price for a gram of ketamine significantly increased from $200 in 2022 to $250 in 2023 ($p$=0.031). Perceived purity remained stable for both ketamine and LSD in 2023, though there was a significant change in the perceived availability for both ketamine (p=0.002), and LSD (p<0.001), with more participants reporting ketamine to be 'very easy' to obtain in 2023 relative to 2022 (27% versus 14%), and more participants reporting LSD to be 'difficult' to obtain in 2023, compared to 2022 (34% versus 22%).

New Psychoactive Substances (NPS)

Any NPS use, including (11%) and excluding (9%) plant-based NPS, remained stable in 2023, relative to 2022. Phenethylamines remained the most commonly used NPS class in 2023 (6%); this mostly comprised use of any 2C substance (5%).

Other Drugs

Recent use of any non-prescribed benzodiazepines significantly decreased, from 36% in 2022 to 29% in 2023 (p=0.010). Recent use of GHB/GBL/1,4 BD significantly increased (12%; 6% in 2022; p<0.001). Whilst recent use of non-prescribed e-cigarettes remained stable in 2023 (68%), frequency of use significantly increased, from a median of 72 days in 2022 to 120 days in 2023 (p<0.001). On the other hand, recent use of tobacco decreased, from 72% in

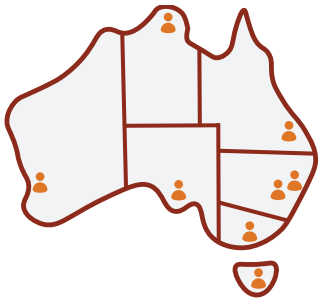
2022 to 64% in 2023 (p<0.001), as did median frequency of use (50 days; 90 days in 2022; p=0.022).

Drug-Related Harms and Other Behaviours

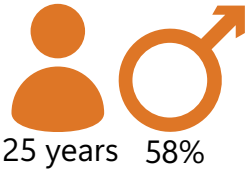
- On the last occasion of ecstasy or related drug use, 83% of participants reported concurrent use of two or more drugs (excluding tobacco and e-cigarettes).
- Almost two fifths (38%) of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, a significant increase from 32% in 2022 (p=0.028).
- Almost three quarters (72%) of participants obtained an AUDIT score of eight or more, indicative of hazardous alcohol use.
- Reported past year non-fatal stimulant overdose remained stable in 2023 (15%), as did past year non-fatal depressant overdose (mostly comprising alcohol) (22%).
- In 2023, almost three fifths (57%) of the sample reported that they had ever heard of naloxone, a significant increase from 46% in 2022 (p<0.001).
- Reported past month injecting drug use remained low (2%), as did current drug treatment engagement (6%).
- In 2023, 14% of those who reported recent ecstasy use obtained an SDS score of ≥3, while 40% of participants reporting recent methamphetamine use obtained a score of ≥4, indicating possible dependence on these substances.
- Almost four fifths (79%) of the sample reported engaging in sexual activity in the past four weeks, of which 26% reported penetrative sex without a condom where they did not know the HIV status of their partner.
- Almost three fifths (58%) of the sample self-reported that they had experienced a mental health problem in the preceding six months. Eighteen per cent reported a score of 30 or more on the K10, indicating very high psychological distress.
- One quarter (26%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview.
- One quarter (25%) of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview.
- In 2023, 46% of the sample reported a positive COVID-19 test in the 12 months preceding interview. The majority (93%) had received at least one COVID-19 vaccine dose.
- Among recent drivers, one third (33%) reported driving while over the perceived legal limit of alcohol (27% in 2022; p=0.047), and 44% reported driving within three hours of consuming an illicit or non-prescribed drug (51% in 2022; p=0.036) in the past six months.
- Any crime in the past month was reported by 35% of the sample, with drug dealing the main form of criminal activity in 2023 (24%). Seven per cent of participants reported past year arrest, while 16% reported a drug-related encounter with police which did not result in charge or arrest (e.g., stopped and searched/questioned).
- In 2023, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (72%). Most participants continued to report obtaining illicit drugs from a friend/relative/partner/colleague (79%), with significantly fewer participants reporting obtaining illicit drugs from an unknown dealer/vendor in 2023 (30%; 37% in 2022; p=0.004).

EDRS Ecstasy and Related Drugs Reporting System

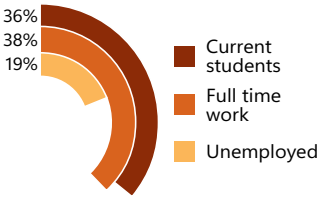
2023 SAMPLE CHARACTERISTICS



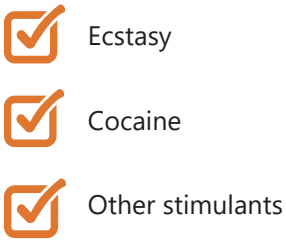
In 2023, 708 participants, recruited from all capital cities across Australia, were interviewed.



The median age in 2023 was 25, and 58% identified as male.

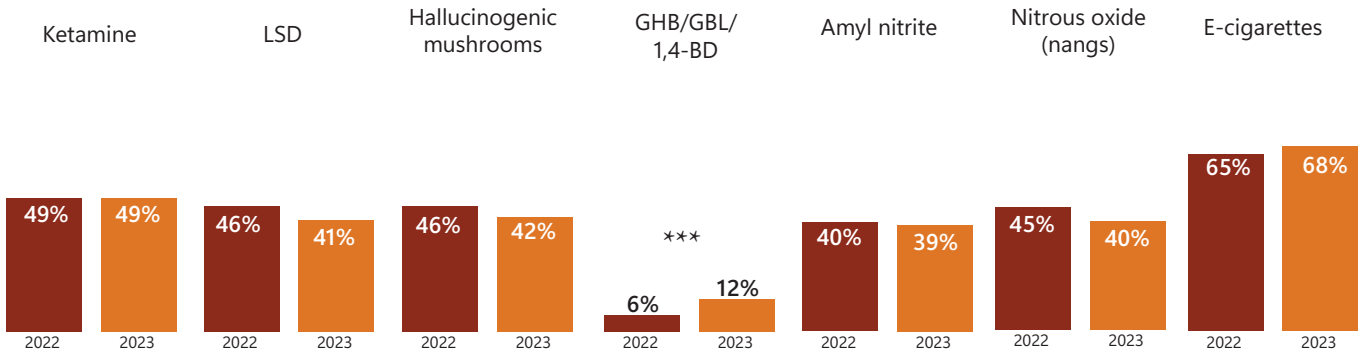


In the 2023 sample, 36% were current students, 38% were employed full time and 19% were unemployed.



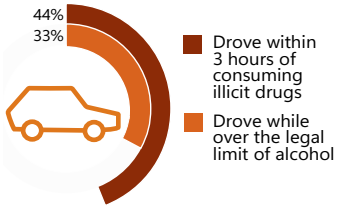
Participants were recruited on the basis that they had consumed ecstasy and/or other illicit stimulants at least monthly in the past 6 months.

PAST 6 MONTH USE OF OTHER DRUGS

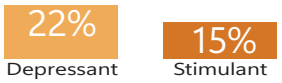


*p<0.050; **p<0.010; ***p<0.001

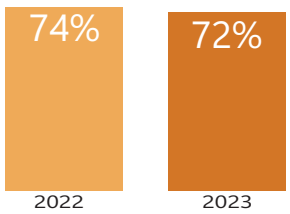
DRUG-RELATED HARMS AND RISKS



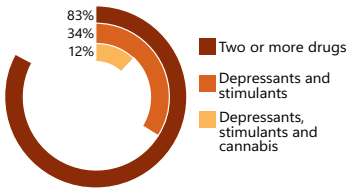
Among recent drivers, 44% reported driving a vehicle within 3 hours of consuming illicit drugs and 33% while over the legal limit of alcohol.



In the 2023 sample, 22% reported a non-fatal depressant overdose in the previous 12 months, and 15% reported a non-fatal stiumlant overdose.

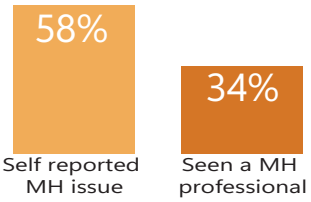


72% of the sample obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use (74% in 2022).

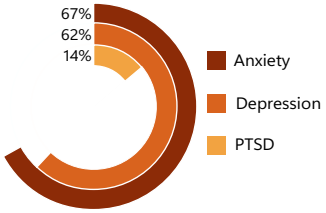


On the last occasion of ecstasy or related drug use, 83% used two or more drugs, 34% used both stimulants and depressants, and 12% used stimulants, depressants and cannabis.

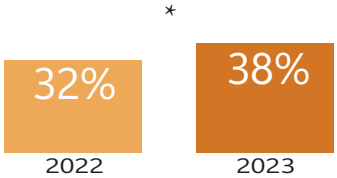
OTHER BEHAVIOURS



In the total sample, 58% self-reported a mental health issue and 34% had seen a mental health professional in the past 6 months.



Of those who commented, the three most common mental health issues reported were anxiety (67%), depression (62%) and PTSD (14%).

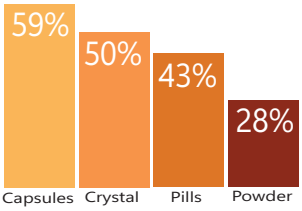


38% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

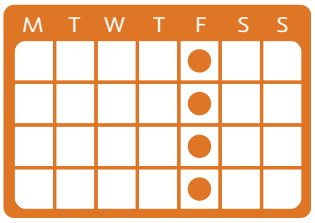
25% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police or a GP.

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

ECSTASY



Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2023.



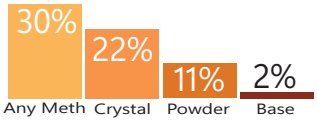
Of those who had recently consumed ecstasy, 14% used it weekly or more frequently.

2 Capsules
2 Pills
0.30 grams of crystal
0.30 grams of powder

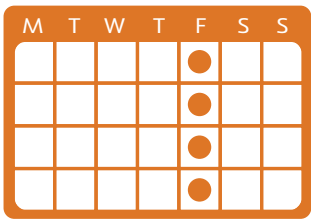
Median amounts of ecstasy consumed in a 'typical' session using each form.

In 2023, more participants perceived the availability of all forms of ecstasy as 'easy' or 'very easy' relative to 2022.

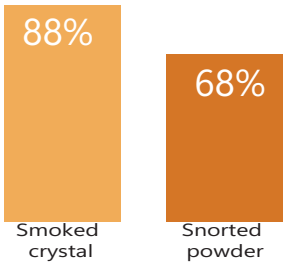
METHAMPHETAMINE



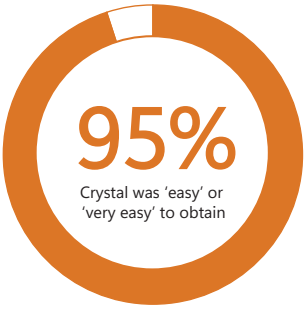
Past 6 month use of any methamphetamine, crystal, powder and base in 2023.



Of those who had recently consumed methamphetamine, 38% used it weekly or more frequently.

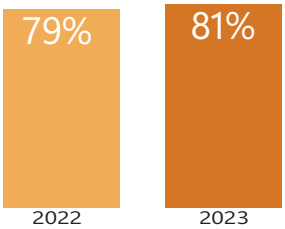


88% of participants who had recently used crystal smoked it. Of those who had recently used powder, 68% snorted it.

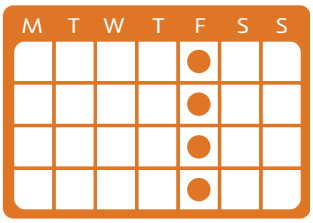


Of those who could comment 95% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

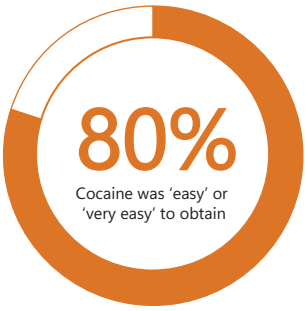


Past 6 month use of any cocaine remained stable between 2022 and 2023.



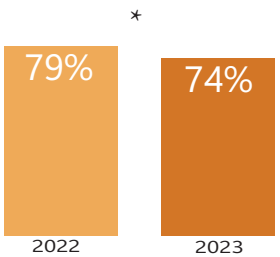
Of participants who had consumed cocaine recently, 9% reported weekly or more frequent use.

In 2023, the median price of a gram of cocaine was $350.

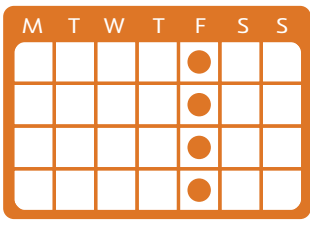


Of those who could comment 80% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

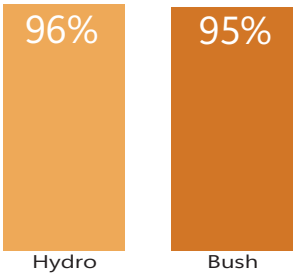


Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products significantly decreased between 2022 and 2023, reaching the lowest percentage since monitoring commenced.



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

Of participants who had consumed cannabis in the last 6 months, 94% had smoked it (30% swallowed and 17% vaped it).



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

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

1

Background and Methods

The Ecstasy and Related Drugs Reporting System (EDRS) interviews are conducted annually with a sentinel cross-sectional group of people who regularly use ecstasy and other stimulants, recruited from all capital cities of Australia (n=708 in 2023). The results from the EDRS interviews are not representative of all people who consume drugs, nor of illicit drug use in the general population, but this is not the aim of these data. Rather, these data are intended to provide evidence indicative of trends that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Australia.

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 illicit stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of the EDRS.

Methods

EDRS 2003-2019

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

EDRS 2020-2023: COVID-19 Impacts on Recruitment and Data Collection

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

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

From 2021 onwards, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2023 EDRS Sample

Between 13 April-13 July 2023, a total of 708 participants were recruited across capital cities nationally. The sample sizes recruited from each capital city were: Sydney, NSW n=100; Melbourne, VIC, n=100; Adelaide, SA, n=101; Canberra, ACT, n=100; Hobart, TAS, n=65; Brisbane and Gold Coast, QLD, n=102; Darwin, NT, n=40; and Perth, WA, n=100. Of this number, 419 interviews were conducted via telephone/videoconference: Sydney, NSW, n=50; Melbourne, VIC, n=60; Adelaide, SA, n=34; Canberra, ACT, n=38; Hobart, TAS, n=54; Brisbane and Gold Coast, QLD, n=58; Darwin, NT, n=33; and Perth, WA, n=92.

In 2022 and 2023, there was considerable difficulty in recruiting participants from Darwin, Northern Territory (NT), despite extensive recruitment efforts and screening of interested people. Whilst it is difficult to provide a definitive reason for this, it seems that this was reflective of a disruption to drug markets in that jurisdiction, and a subsequent reduction in the frequency of ecstasy and other illicit stimulant use. Data from the NT EDRS are included in the national estimates but are not presented individually in jurisdictional tables for 2022 and 2023 (and 2010-2012) due to small numbers ($n \leq 50$) reporting.

Seven per cent of the 2023 national sample had taken part in the 2022 interview (11% of the 2022 sample had taken part in the 2021 interview; $p=0.022$). There was a significant change in how participants found out about the study in 2023 compared to 2022 ($p<0.001$), with more participants recruited via the internet (e.g., Facebook and Instagram) (78%; 67% in 2022), and fewer via word-of-mouth (19%; 27% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview.

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (comprehensive jurisdictional findings are provided separately; 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 Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2023, must be taken into consideration when comparing 2020-2023 data to previous years, and treated with caution.

Additional Outputs

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

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

2

Sample Characteristics

Participants were asked questions about select sociodemographic characteristics, as well as key drug use characteristics of interest.

Sample Characteristics

The national EDRS sample in 2023 varied in a number of ways to the 2022 sample (Table 1). Whilst gender identity remained stable (p=0.278), with 58% of the sample identifying as male (56% in 2022), 40% as female (40% in 2022) and 3% as non-binary (4% in 2022), there was a significant change in sexual identity (p=0.032), with a slightly higher per cent identifying as homosexual (8%; 5% in 2022). The median age of the 2023 sample was 25 years (IQR=21-32), stable relative to 2022 (25 years; IQR=21-30; p=0.078).

Participants' living situation remained stable in 2023, relative to 2022 (p=0.291), whereby almost three fifths (58%) of participants reported living in a rented house/flat (59% in 2022), one quarter (26%) reported living with their parents/in their family home (23% in 2022), and 9% reported living in their own house/flat (12% in 2022).

The mean years of school completed remained stable in 2023, relative to 2022 (12 years; range=5-12; 12 years in 2022; range=6-12; p=0.940), as did the percentage of participants who reported having a post-school qualification(s) (62%; 61% in 2022; p=0.826).

Current employment status significantly changed between 2022 and 2023 (p=0.007); almost two fifths (38%) reported being employed full-time at the time of interview, an increase from 32% in 2022, and one fifth (19%) reported being unemployed (19% in 2022). Furthermore, 39% reported being employed on a part time/casual basis at the time of interview (41% in 2022), and fewer participants reported being self-employed at the time of interview (4%; 8% in 2022). The median weekly income in 2023 was $808 (IQR=450-1385), significantly higher than what was reported in 2022 ($700; IQR=450-1200; p=0.014).

Table 1: Demographic characteristics of the sample, nationally, 2022-2023, and by capital city, 2023

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
	N=700	N=708	N=100	N=100	N=100	N=65	N=101	N=100	N=102
	2022	2023	2023	2023	2023	2023	2023	2023	2023
Median age (years; IQR)	25 (21-30)	**25 (21-32)**	26 (21-31)	22 (20-26)	29 (23-33)	26 (21-33)	26 (22-35)	23 (20-30)	26 (21-34)
% Gender									
Female	40	**40**	38	34	42	43	44	41	38
Male	56	**58**	59	63	54	55	52	59	59
Non-binary	4	**3**	3	-	-	-	-	0	-
% Aboriginal and/or Torres Strait Islander	5	**4**	4	6	-	-	-	-	-
% Sexual identity		*							
Heterosexual	71	**71**	71	71	61	80	70	78	71
Homosexual	5	**8**	10	8	13	-	7	-	7
Bisexual	17	**16**	14	19	15	12	16	16	17

	National		Syd	Can	Mel	Hob	Ade	Per	Bri/GC
Queer	6	**4**	-	-	9	-	-	-	-
Other identity	2	**1**	-	-	-	0	-	-	-
Mean years of school education (range)	12 (6-12)	**12 (5-12)**	12 (7-12)	12 (9-12)	12 (9-12)	12 (10-12)	11 (7-12)	12 (9-12)	12 (5-12)
% Post-school qualification(s)^	61	**62**	67	48	71	65	62	53	67
% Current students#	41	**36**	38	51	31	37	29	31	36
% Current employment status		**							
Employed full-time	32	**38**	49	29	51	26	27	39	35
Part time/casual	41	**39**	36	52	32	43	37	42	35
Self-employed	8	**4**	7	-	-	-	6	-	8
Unemployed	19	**19**	8	18	12	28	31	17	22
Current median weekly income $ (IQR)	700 (450-1200)	**808 (450-1385)***	1058 (450-1700)	600 (379-1072)	1200 (700-1737)	696 (426-1345)	600 (400-1000)	900 (500-1413)	840 (485-1061)
% Current accommodation									
Own house/flat	12	**9**	10	7	11	13	-	14	12
Rented house/flat	59	**58**	54	64	69	49	52	46	59
Parents'/family home	23	**26**	30	16	19	25	32	36	25
Boarding house/hostel	2	**2**	-	-	-	0	-	-	-
Public Housing	2	**3**	-	6	0	-	-	-	-
No fixed address+	2	**1**	0	-	0	-	-	-	-
Other	1	**1**	0	-	0	-	-	-	0

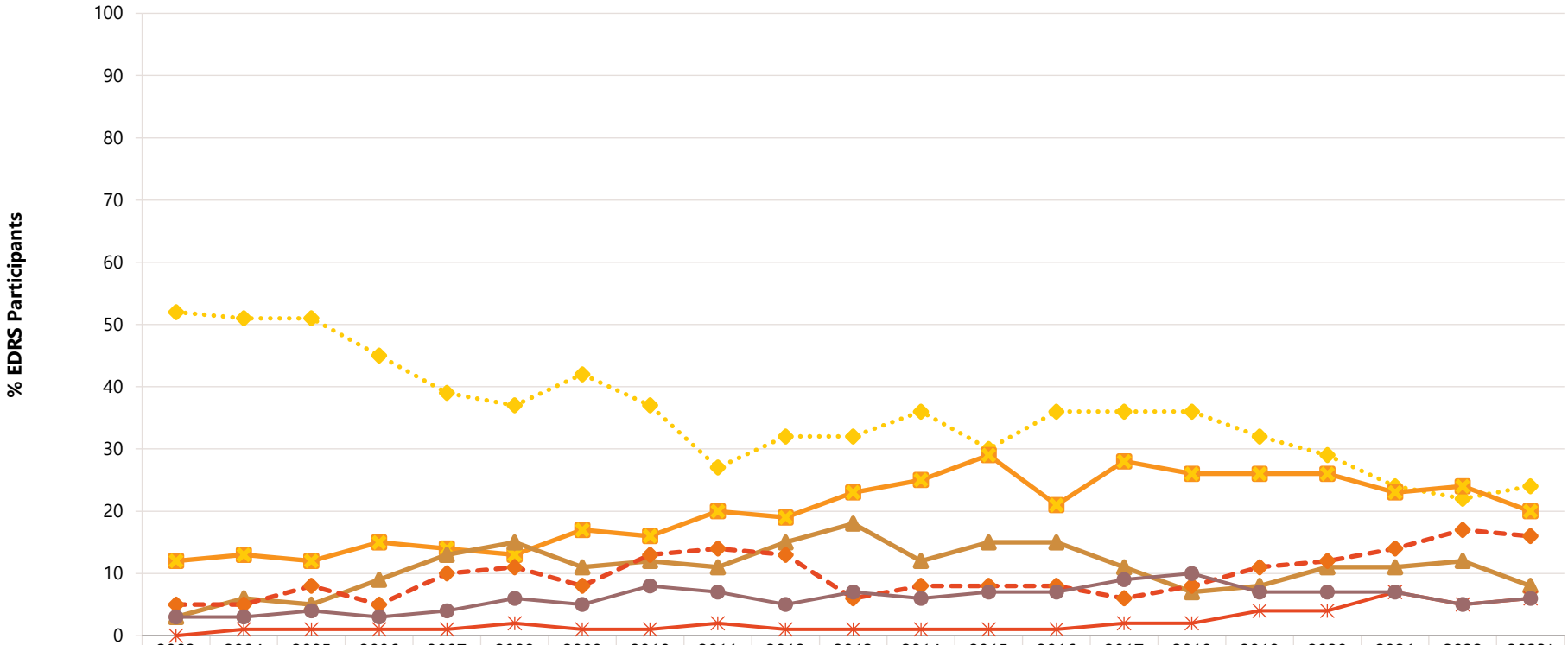
Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ^ Includes trade/technical and university qualifications. # 'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included couch surfing and rough sleeping or squatting. – Per cent suppressed due to small cell size (n≤5 but not 0). Due to the particularly small sample recruited in Darwin in 2023 (n=40), data from Darwin are not presented in this table. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the national sample presented in table; *p<0.050; **p<0.010; ***p<0.001. For sample characteristics over the whole duration of the project, see methods for the annual interviews.

Drug of choice significantly changed between 2022 and 2023 (p=0.032). Almost one quarter (24%) of participants reported ecstasy as their drug of choice in 2023 (22% in 2022), with fewer participants nominating cannabis (20%; 24% in 2022), the lowest percentage observed since 2012. Whilst the per cent of participants nominating cocaine as their drug of choice remained largely unchanged (16%; 17% in 2022), fewer participants nominated alcohol as their drug of choice (8%; 12% in 2022) (Figure 1).

A significant change was also observed for the drug used most often in the past month *(p*=0.001). Specifically, there was an increase in the percentage of participants who reported that ecstasy was the drug used most often in the month preceding interview (16%; 8% in 2022), while those who reported that cannabis (29%; 31% in 2022), alcohol (22%; 25% in 2022) and cocaine (11%; 12% in 2022) remained relatively stable (Figure 2).

Thirteen per cent of the national sample reported weekly or more frequent use of ecstasy in 2023, unchanged from 2022 (13%). Weekly or more frequent use of methamphetamine remained stable in 2023 (11%; 10% in 2022; *p*=0.295), as did weekly or more frequent use of cocaine (8%; 9% in 2022; *p*=0.487). In contrast, weekly or more frequent non-prescribed cannabis use significantly decreased, from 51% in 2022 to 43% in 2023 (*p*=0.008) (Figure 3).

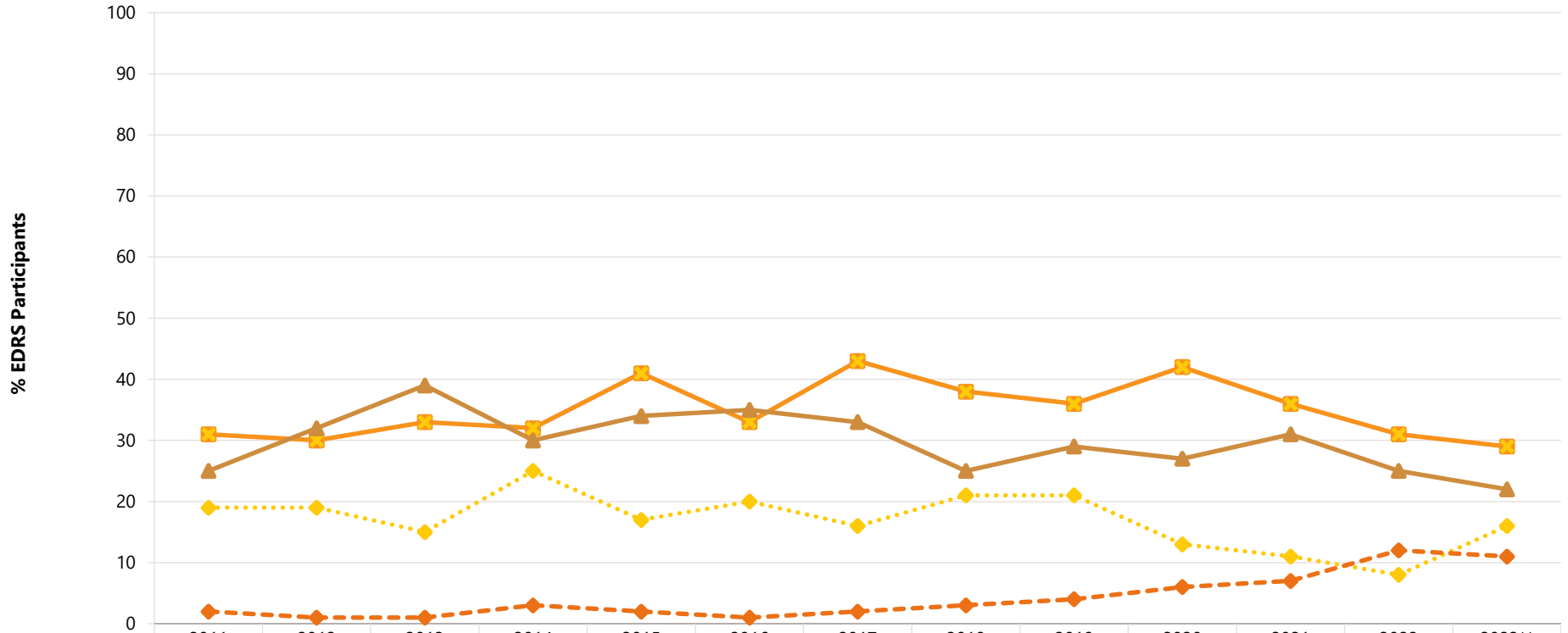
Figure 1: Drug of choice, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023*
Ecstasy	52	51	51	45	39	37	42	37	27	32	32	36	30	36	36	36	32	29	24	22	24
Cannabis	12	13	12	15	14	13	17	16	20	19	23	25	29	21	28	26	26	26	23	24	20
Alcohol	3	6	5	9	13	15	11	12	11	15	18	12	15	15	11	7	8	11	11	12	8
Cocaine	5	5	8	5	10	11	8	13	14	13	6	8	8	8	6	8	11	12	14	17	16
Ketamine	0	1	1	1	1	2	1	1	2	1	1	1	1	1	2	2	4	4	7	5	6
LSD	3	3	4	3	4	6	5	8	7	5	7	6	7	7	9	10	7	7	7	5	6

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances (in 2023, 3% endorsed hallucinogenic mushrooms and 4% endorsed pharmaceutical stimulants). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

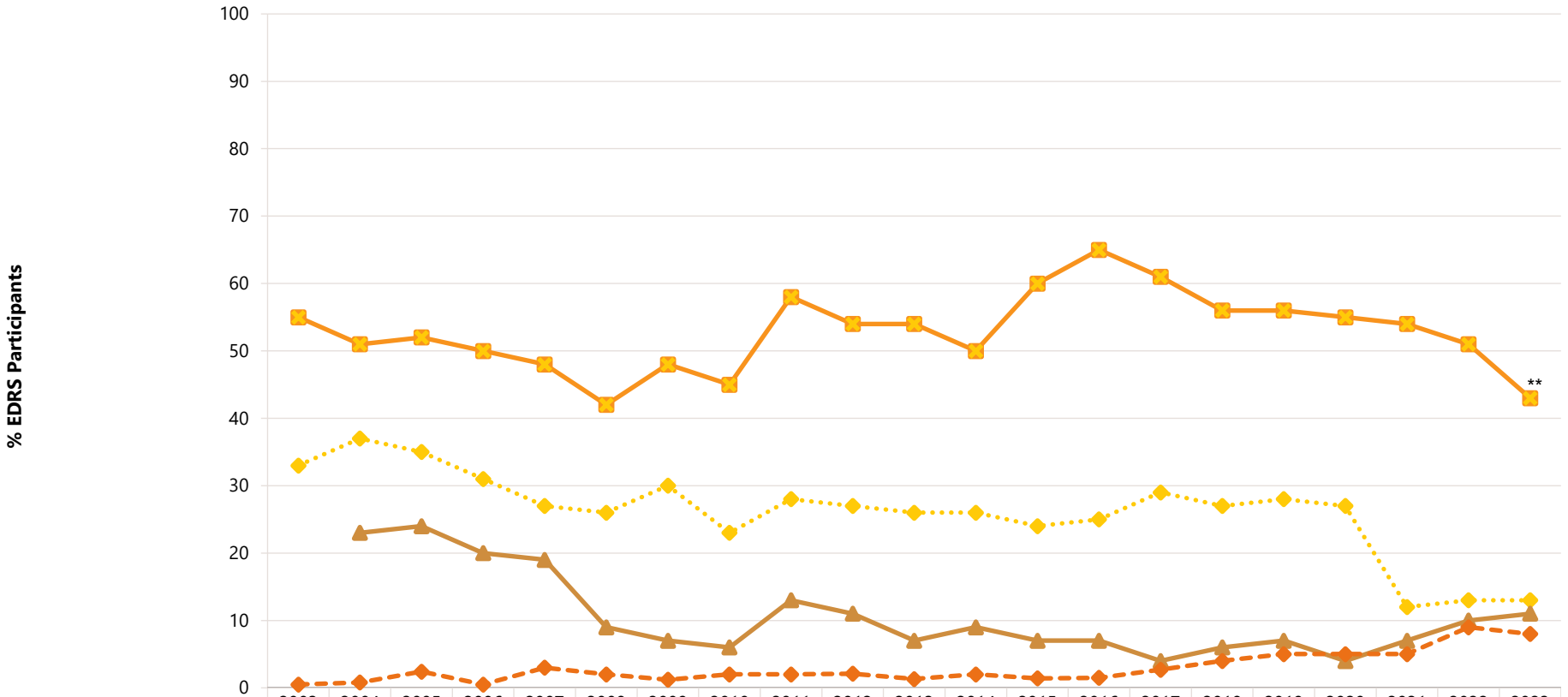
Figure 2: Drug used most often in the past month, nationally, 2011-2023



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023**
Ecstasy	19	19	15	25	17	20	16	21	21	13	11	8	16
Cannabis	31	30	33	32	41	33	43	38	36	42	36	31	29
Alcohol	25	32	39	30	34	35	33	25	29	27	31	25	22
Cocaine	2	1	1	3	2	1	2	3	4	6	7	12	11

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances (in 2023, 4% endorsed ketamine, 5% endorsed pharmaceutical stimulants, 2% endorsed LSD and 1% endorsed hallucinogenic mushrooms). Data are only presented for 2011-2023 as this question was not asked in 2003-2010. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Ecstasy	33	37	35	31	27	26	30	23	28	27	26	26	24	25	29	27	28	27	12	13	13
Non-prescribed cannabis	55	51	52	50	48	42	48	45	58	54	54	50	60	65	61	56	56	55	54	51	43
Methamphetamine		23	24	20	19	9	7	6	13	11	7	9	7	7	4	6	7	4	7	10	11
Cocaine	1	1	2	1	3	2	1	2	2	2	1	2	1	2	3	4	5	5	5	9	8

Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. – Per cent suppressed due to small cell size (n≤5 but not 0). Empty cell(s) indicates question not asked in respective year. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

Ecstasy

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

Patterns of Consumption (Any Ecstasy)

Recent Use (past 6 months)

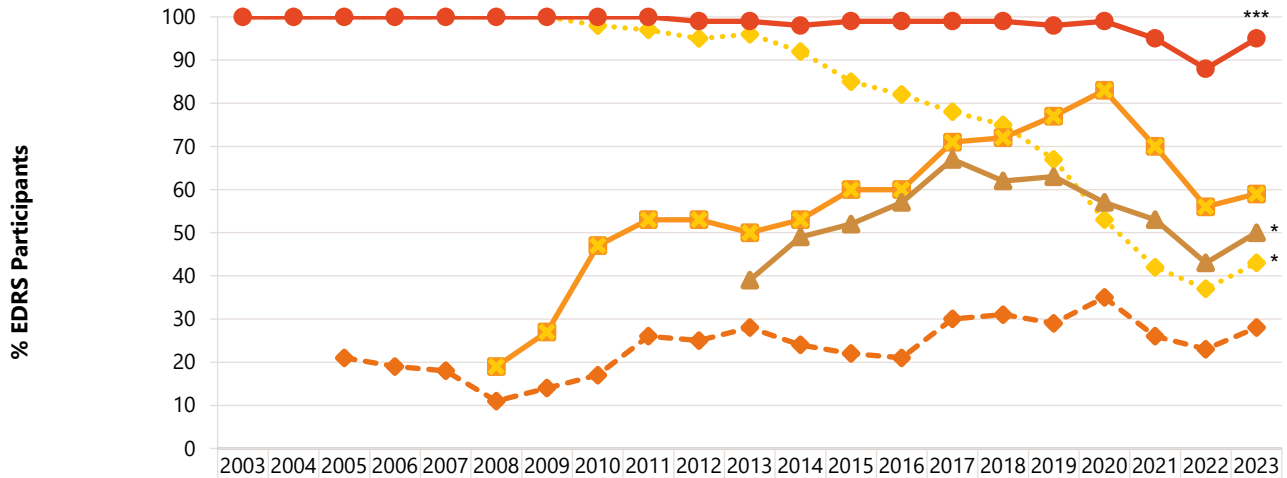
The majority (95%) of participants reported any recent use of ecstasy in 2023, a significant increase relative to 2022 (88%; $p<0.001$). This increase was driven by significant increases in past six month use of crystal (50%; 43% in 2022; $p=0.028$) and pills (43%; 37% in 2022; $p=0.030$). Increases in recent use of 'any' ecstasy were most noticeable in the Sydney (99%; 83% in 2022; $p<0.001$), Canberra (96%; 87% in 2022; $p=0.040$), and Melbourne (99%; 90% in 2022; $p=0.010$) samples (Table 2).

Consistent with the previous few years, capsules (59%) and crystal (50%) were the most commonly used forms of ecstasy in the six months preceding interview, followed by pills (43%). Powder remained the least commonly used form of ecstasy (28%), consistent with the entirety of the reporting period (Figure 4).

Frequency of Use

In 2023, participants reported using ecstasy (in any form) on a median of seven days (IQR=4-14; n=669), stable from 2022 (7 days; IQR=4-13; n=612; $p=0.054$), but lower than what has historically been observed (12-15 days between 2003 and 2020) (Figure 5). Among those who had recently used any ecstasy and commented (n=669), weekly or more frequent use of any form of ecstasy remained stable in 2023 (14%), relative to 2022 (15%; $p=0.571$).

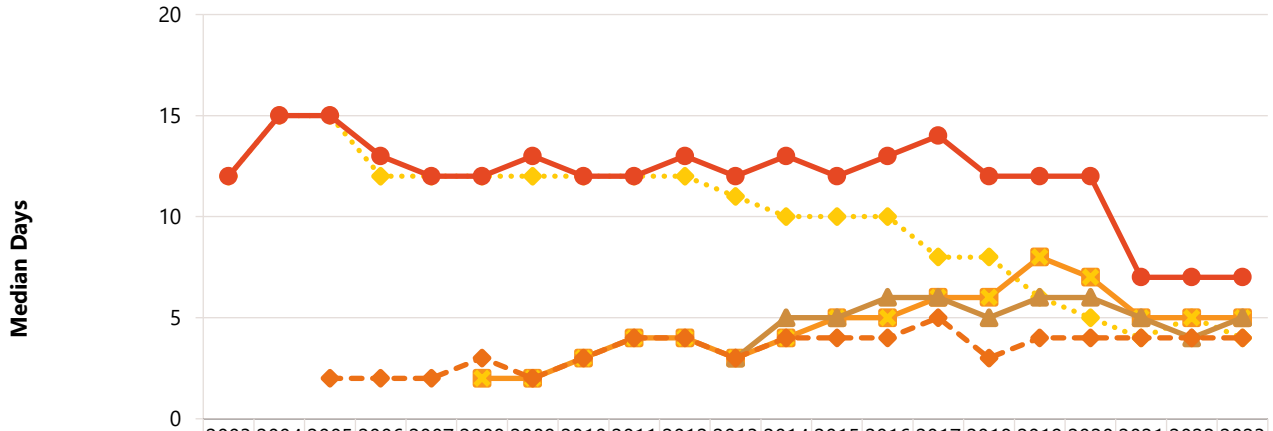
Figure 4: Past six month use of any ecstasy, and ecstasy pills, capsules, crystal, and powder, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Pills	100	100	100	100	100	100	100	98	97	95	96	92	85	82	78	75	67	53	42	37	43
Capsules						19	27	47	53	53	50	53	60	60	71	72	77	83	70	56	59
Crystal											39	49	52	57	67	62	63	57	53	43	50
Powder			21	19	18	11	14	17	26	25	28	24	22	21	30	31	29	35	26	23	28
Any ecstasy	100	100	100	100	100	100	100	100	100	99	99	98	99	99	99	99	98	99	95	88	95

Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Empty cell(s) indicates question not asked in respective year (data collection for powder started in 2005, capsules in 2008 and crystal in 2013). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules and crystal use in the past six months, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Pills	12	15	15	12	12	12	12	12	12	12	11	10	10	10	8	8	6	5	4	5	4
Capsules						2	2	3	4	4	3	4	5	5	6	6	8	7	5	5	5
Crystal											3	5	5	6	6	5	6	6	5	4	5
Powder			2	2	2	3	2	3	4	4	3	4	4	4	5	3	4	4	4	4	4
Any Ecstasy	12	15	15	13	12	12	13	12	12	13	12	13	12	13	14	12	12	12	7	7	7

Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 20 days to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). Empty cell(s) indicates question not asked in respective year (data collection for powder started in 2005, capsules in 2008 and crystal in 2013). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 2: Past six month use of any ecstasy, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	100	100	100	100	100	100	100	100
2004	100	100	100	100	100	100	100	100
2005	100	100	100	100	100	100	100	100
2006	100	100	100	100	100	100	100	100
2007	100	100	100	100	100	100	100	100
2008	100	100	100	100	100	100	100	100
2009	100	100	100	100	100	100	100	100
2010	100	100	100	100	100	100	~	100
2011	100	100	100	100	100	100	~	100
2012	100	100	100	100	100	72	~	100
2013	100	97	95	100	100	100	~	100
2014	100	100	96	100	98	100	99	94
2015	99	98	98	100	98	100	98	98
2016	99	99	100	100	99	100	97	97
2017	100	100	98	100	99	100	99	98
2018	100	99	100	100	100	100	98	97
2019	99	99	98	95	97	99	99	99
2020	100	100	96	100	98	98	100	98
2021	96	98	95	99	87	97	99	92
2022	83	87	90	96	74	96	~	93
2023	**99*** **	**96***	**99***	**91**	**84**	**98**	**~**	**95**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 3: Past six month use of ecstasy pills, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	100	100	100	100	100	100	100	100
2004	100	100	100	100	100	100	100	100
2005	100	100	100	100	100	100	100	100
2006	100	100	100	100	100	100	100	100
2007	100	100	100	100	100	99	100	100
2008	100	100	100	100	100	100	100	100
2009	100	100	100	100	99	100	100	100
2010	99	99	98	96	99	100	~	98
2011	99	100	90	95	100	100	~	99
2012	99	94	92	92	98	100	~	95
2013	99	96	86	93	98	99	~	99
2014	89	91	90	92	96	98	99	81
2015	69	56	84	99	94	99	98	86
2016	52	70	93	95	96	98	90	67
2017	42	79	83	93	71	93	86	78
2018	41	80	77	88	56	92	90	76
2019	40	70	74	74	62	68	92	56
2020	41	55	69	74	52	25	63	43
2021	17	36	47	55	54	37	56	27
2022	33	28	60	47	38	21	~	36
2023	**49***	**38**	**51**	**48**	**52**	**33**	**~**	**32**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past six month use of ecstasy capsules, by capital city, 2008-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2008	24	23	18	18	16	28	9	17
2009	33	6	48	48	10	15	31	27
2010	35	37	65	81	38	14	~	42
2011	55	39	64	80	34	11	~	57
2012	57	61	67	75	29	32	~	52
2013	59	43	69	53	26	48	~	67
2014	76	56	66	49	37	51	32	53
2015	64	69	76	50	49	65	44	62
2016	68	72	84	40	55	54	44	64
2017	76	67	90	60	81	61	57	72
2018	77	74	87	62	58	76	74	72
2019	82	81	90	62	64	84	76	78
2020	88	91	78	73	83	83	90	78
2021	82	76	70	67	53	67	82	64
2022	52	52	59	53	44	57	~	74
2023	**69***	**63**	**67**	**46**	**53**	**59**	**~**	**55***

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). Data collection for capsules started in 2008. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 5: Past six month use of ecstasy crystal, by capital city, 2013-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2013	28	71	51	48	25	34	~	23
2014	61	54	64	29	36	58	43	45
2015	68	57	54	36	41	51	65	42
2016	81	52	59	33	63	59	43	68
2017	75	75	43	47	69	78	71	78
2018	64	60	57	53	79	51	69	67
2019	68	72	52	48	78	64	54	65
2020	47	71	42	57	59	61	51	71
2021	62	36	47	66	49	63	38	63
2022	37	43	44	47	22	60	~	55
2023	**47**	**48**	**49**	**55**	**39***	**57**	**~**	**56**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). Data collection for crystal started in 2013. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 6: Past six month use of ecstasy powder, by capital city, 2005-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2005	15	24	27	11	31	27	14	20
2006	8	19	35	13	27	9	8	31
2007	20	8	38	5	28	11	11	18
2008	15	7	27	6	11	9	-	6
2009	11	14	24	12	9	10	20	17
2010	7	14	34	21	19	6	~	20
2011	21	23	30	26	29	7	~	32
2012	20	35	31	30	11	26	~	31
2013	29	20	51	20	16	25	~	36
2014	15	13	43	20	18	20	26	36
2015	19	22	46	15	14	18	15	22
2016	15	12	51	28	21	13	22	34
2017	21	32	34	24	44	36	20	28
2018	18	23	45	41	27	24	42	27
2019	18	30	20	28	41	30	42	22
2020	33	35	44	37	37	27	35	31
2021	25	26	21	40	22	17	38	19
2022	21	19	17	31	26	32	~	20
2023	**27**	**32***	**26**	**26**	**28**	**29**	**~**	**25**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). Data collection for powder started in 2005. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Reported recent use of ecstasy pills significantly increased, from 37% in 2022 to 43% in 2023 (p=0.030) (Figure 4). Recent use significantly increased among the Sydney sample (49%; 33% in 2022; p=0.034), although no significant changes were observed for samples from other capital cities (Table 3).

Frequency of Use: Of those who had recently consumed ecstasy pills and commented (n=304), participants reported a median of four days (IQR=2-10) of use in the six months preceding interview, stable relative to 2022 (5 days; IQR=2-12; n=261; p=0.562) (Figure 5). Among those had recently used ecstasy pills, the percentage reporting weekly or more frequent use remained stable at 11% in 2023 (12% in 2022; p=0.890).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=305), the most common route of administration was swallowing (96%; 97% in 2022; p=0.631), followed by snorting (20%; 23% in 2022; p=0.409). Few participants reported recent shelving/shafting (n≤5; 0% in 2022; p=0.380).

Quantity: Of those who reported recent use and responded (n=304), the median number of pills used in a 'typical' session was two (IQR=1-3; 2 pills in 2022; IQR=1-2; p=0.139). Of those who reported recent use and responded (n=304), the median maximum number of pills used in a session in 2023 was three (IQR=2-5; 2 pills in 2022; IQR=2-4; p=0.164).

Ecstasy Capsules

Recent Use (past 6 months): Capsules remained the most common form of ecstasy used in 2023, with 59% reporting recent use, stable relative to 2022 (56%; p=0.202) (Figure 4). There was, however, a significant increase among the Sydney sample (69%; 52% in 2022; p=0.021), while a significant decrease was observed in the Brisbane/Gold Coast sample (55%; 74% in 2022; p=0.010) (Table 4).

Frequency of Use: Of those who had recently consumed ecstasy capsules and commented (n=418), capsules were used on a median of five days (IQR=3-10), stable relative to 2022 (5 days; IQR=2-10; n=386; p=0.552) (Figure 5). Among those who had recently used ecstasy capsules, 6% reported weekly or more frequent use, stable from 2022 (7%; p=0.474).

Routes of Administration: Among participants who had recently consumed ecstasy capsules and commented (n=418), swallowing remained the most common route of administration in 2023 (97%; 96% in 2022; p=0.360). Eighteen per cent reported snorting capsules, stable relative to 2022 (17%; p=0.779). Few (n≤5) participants reported shelving/shafting in 2023 (n≤5 in 2022; p=0.112).

Quantity: Of those who reported recent use and responded (n=418), the median number of capsules used in a 'typical' session in 2023 was two (IQR=1-3; 2 capsules in 2022; IQR=1-3; p=0.487). Of those who reported recent use and responded (n=417), the median maximum number of capsules used in a session was three (IQR=2-5; 3 capsules in 2022; IQR=2-5; p=0.453).

Ecstasy Crystal

Recent Use (past 6 months): Recent use of crystal was reported by half (50%) of the national sample, a significant increase from 43% in 2022 (p=0.028) (Figure 4). Recent use significantly increased among the Adelaide sample (39%; 22% in 2022; p=0.017), although

no significant changes were observed in samples from other capital cities (Table 5).

Frequency of Use: Of those who had recently consumed ecstasy crystal and commented (n=350), participants reported use on a median of five days (IQR=3-10) in the six months preceding interview, stable from four days in 2022 (IQR=2-8; n=303; *p*=0.535) (Figure 5). Among those who had recently used ecstasy crystal, 7% reported weekly or greater use, stable relative to 2022 (6%; *p*=0.640).

Routes of Administration: Among participants who had recently consumed ecstasy crystal and commented (n=350), the main route of administration reported was swallowing (81%; 78% in 2022; *p*=0.381), followed by snorting (46%; 48% in 2022; *p*=0.527). Few participants who had recently used crystal reported shelving/shafting (n≤5; n≤5 in 2022; *p*=0.482) in 2023.

Quantity: Of those who reported recent use and responded (n=300), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50; *p*=0.210). Of those who reported recent use and responded (n=296), the median maximum amount used in a session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2022; IQR=0.30-1.00; *p*=0.608).

Ecstasy Powder

Recent Use (past 6 months): Consistent with previous years, powder was the least used form of ecstasy in 2023, with 28% of participants reporting recent use (23% in 2022; *p*=0.079) (Figure 4). Recent use significantly increased among the Canberra sample (32%; 19% in 2022; *p*=0.038), although no significant changes were observed in samples from other capital cities (Table 6).

Frequency of Use: Of those who had recently used ecstasy powder and commented (n=193), powder was used on a median of four days (IQR=2-7) in the previous six months, stable relative to 2022 (4 days; IQR=2-10; n=164; *p*=0.404) (Figure 5). Among those who had recently used ecstasy powder, 5% reported weekly or more frequent use, stable from 2022 (8%; *p*=0.385).

Routes of Administration: Among participants who had recently used ecstasy powder and commented (n=195), snorting was the most common route of administration, consistent with previous years, and stable from 2022 (73%; 80% in 2022; *p*=0.144). Fifty-two per cent reported swallowing ecstasy powder, stable relative to 2022 (45%; *p*=0.248). Few participants who had recently used powder reported shelving/shafting (n≤5; n≤5 in 2022).

Quantity: Of those who reported recent use and responded (n=149), the median quantity of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50; *p*=0.974). Of those who reported recent use and responded (n=149), the median maximum amount used in a session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2022; IQR=0.30-1.00; *p*=0.978).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The reported price of a pill in 2023 was $30 (IQR=25-40; n=179; $30 in 2022; IQR=25-35; n=149; *p*=0.005) (Figure 6).

Perceived Purity: Among those who responded in 2023 (n=319), the perceived purity of ecstasy pills significantly changed, relative to 2022 (*p*=0.004). The largest percentage of participants reported perceived

purity to be 'high' (34%), an increase from 23% in 2022. Almost one third (30%) reported 'medium' purity, unchanged from 2022, though a decrease was observed in participants reporting purity to be 'low' (14%; 22% in 2022) (Figure 8).

Perceived Availability: Among those who responded in 2023 (n=328), there was a significant change in the perceived availability of ecstasy pills, relative to 2022 (p<0.001). Twenty-eight per cent of participants reported ecstasy pills to be 'very easy' to obtain, an increase from 18% in 2022, and 35% reported that they were 'easy' to obtain (30% in 2022). In contrast, a decrease was observed in the percentage reporting that ecstasy pills were 'difficult' (30%; 39% in 2022) or 'very difficult' (7%; 14% in 2022) to obtain (Figure 12).

Ecstasy Capsules

Price: The median price of a capsule significantly increased in 2023, from $25 (IQR=20-30) in 2022 to $30 (IQR=25-30) in 2023 ($p$<0.001) (Figure 6).

Perceived Purity: Among those who responded in 2023 (n=423), a significant change was observed in the perceived purity of capsules, relative to 2022 (p<0.001). There was an increase in the percentage of participants reporting 'high' (29%; 19% in 2022) purity, and a decline in those reporting 'low' (13%; 22% in 2022) purity (Figure 9). However, the largest percentage of participants continued to perceive capsules as being of 'medium' purity (39%; 34% in 2022).

Perceived Availability: Among those who responded in 2023 (n=427), there was a significant change in the perceived availability of capsules, relative to 2022 (p<0.001). Specifically, there was an increase in the percentage of participants who reported availability to be 'easy' (41%; 33% in 2022) or 'very easy' (36%; 16% in 2022). In contrast, fewer participants reported ecstasy capsules as being 'difficult' (18%; 40% in 2022) or 'very difficult' (5%; 11% in 2022) to obtain (Figure 13).

Ecstasy Crystal

Price: The median price per gram of crystal remained stable at $250 (IQR=200-300; n=195; $250 in 2022; IQR=180-300; n=160; p=0.226). The median price per point of crystal also remained stable at $25 (IQR=23-35; n=23; $28 in 2022; IQR=25-30; n=16; p=0.942) (Figure 7).

Perceived Purity: Among those who responded in 2023 (n=345), the perceived purity of crystal significantly changed, relative to 2022 (p=0.039). The largest percentage of participants reported perceived purity to be 'high' (45%), an increase from 35% in 2022. Fewer participants perceived purity to be 'medium' (29%; 31% in 2022), or 'low' (9%; 14% in 2022) (Figure 10).

Perceived Availability: Among those who responded in 2023 (n=347), the perceived availability of crystal changed significantly, relative to 2022 (p<0.001). There was an increase in the percentage of participants who perceived crystal to be 'easy' (39%; 30% in 2022) or 'very easy' (33%; 19% in 2022) to obtain in 2023, and a decrease in the percentage who reported that it was 'difficult' (24%; 34% in 2022) or 'very difficult' (4%; 17% in 2022) to obtain (Figure 14).

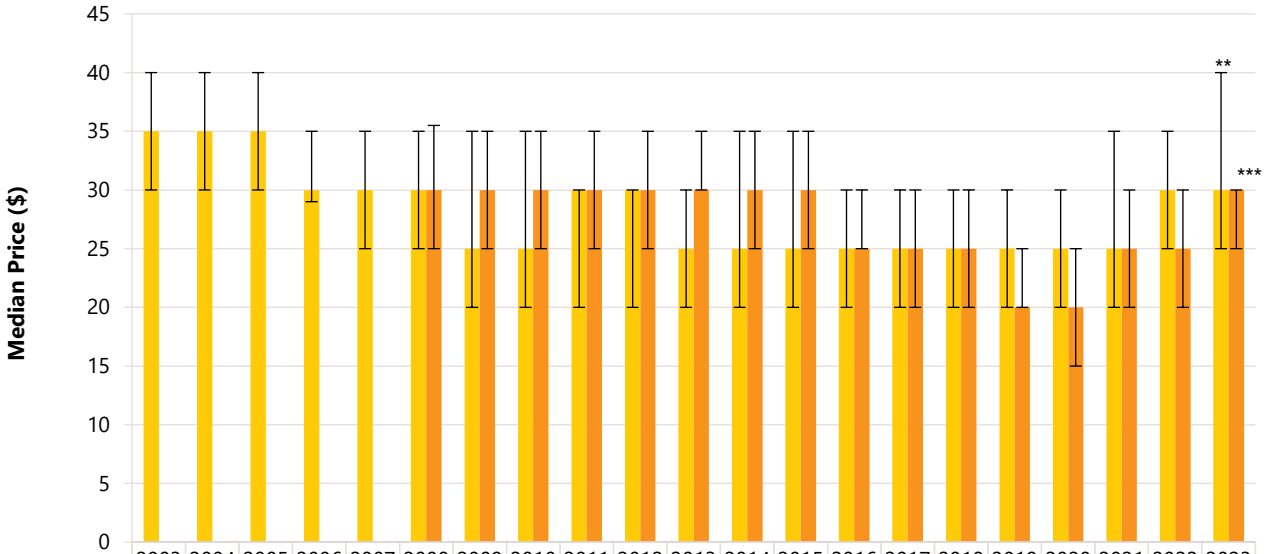
Ecstasy Powder

Price: The reported median price per gram of powder remained stable at $250 (IQR=200-300; n=72; $245 in 2022; IQR=200-293; n=62; p=0.995) (Figure 7), as did the reported median price per point of powder ($25; IQR=20-30; n=13; n≤5 in 2022; p=0.340).

Perceived Purity: Among those who responded in 2023 (n=158), the perceived purity of powder remained stable, relative to 2022 (p=0.393). Two fifths (42%) perceived ecstasy powder to be of 'medium' purity (38% in 2022), 29% perceived it as 'high' (25% in 2022) and 14% perceived powder to be 'low' in purity (21% in 2022) (Figure 11).

Perceived Availability: Among those who responded in 2023 (n=158), the perceived availability of powder significantly changed, relative to 2022 (p=0.005). An increase was observed in those reporting availability to be 'easy' (41%; 32% in 2022) or 'very easy' (22%; 10% in 2022). In contrast, a decrease was observed in those who reported availability as being 'difficult' (28%; 44% in 2022) or 'very difficult' (10%; 14% in 2022) (Figure 15).

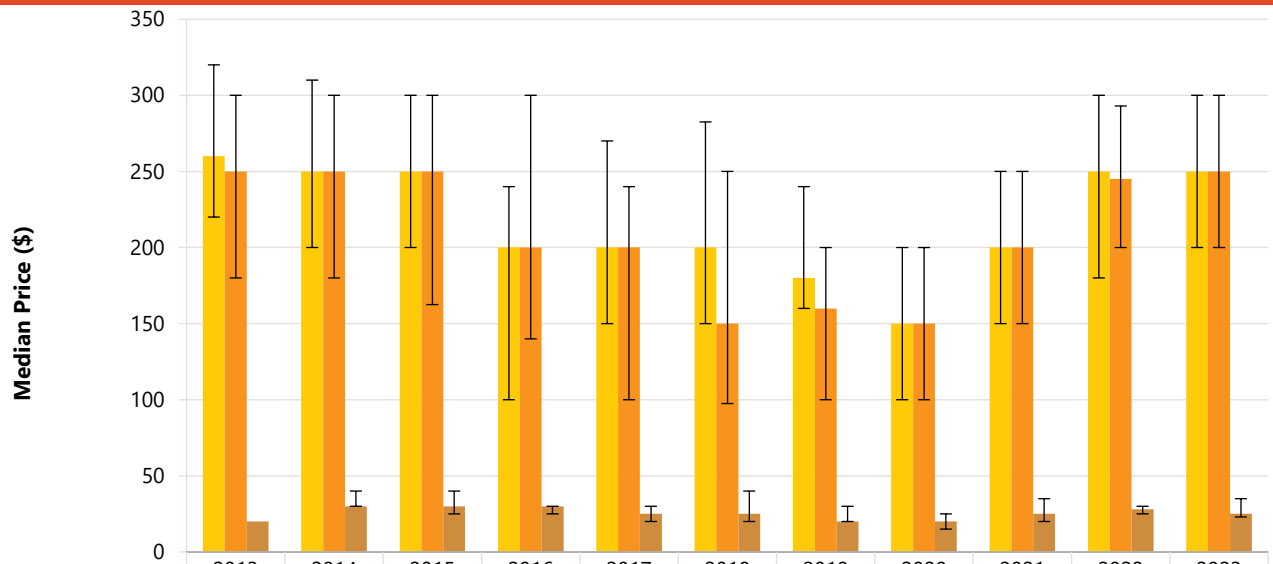
Figure 6: Median price of ecstasy pills and capsules, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Pill	35	35	35	30	30	30	25	25	30	30	25	25	25	25	25	25	25	25	25	30	30
Capsule						30	30	30	30	30	30	30	30	25	25	25	20	20	25	25	30

Note. Among those who commented. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Empty cell(s) indicates question not asked in respective year (data collection for price of ecstasy capsules started in 2008). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

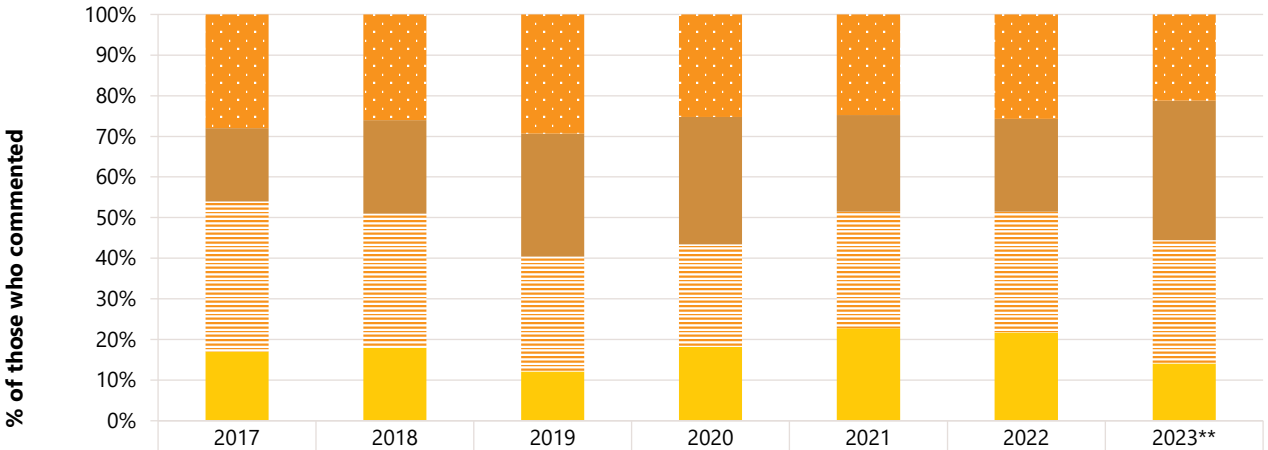
Figure 7: Median price of ecstasy crystal (per gram and point) and powder (per gram only), nationally, 2013-2023



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Crystal (gram)	260	250	250	200	200	200	180	150	200	250	250
Powder (gram)	250	250	250	200	200	150	160	150	200	245	250
Crystal (point)	20	30	30	30	25	25	20	20	25	28	25

Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

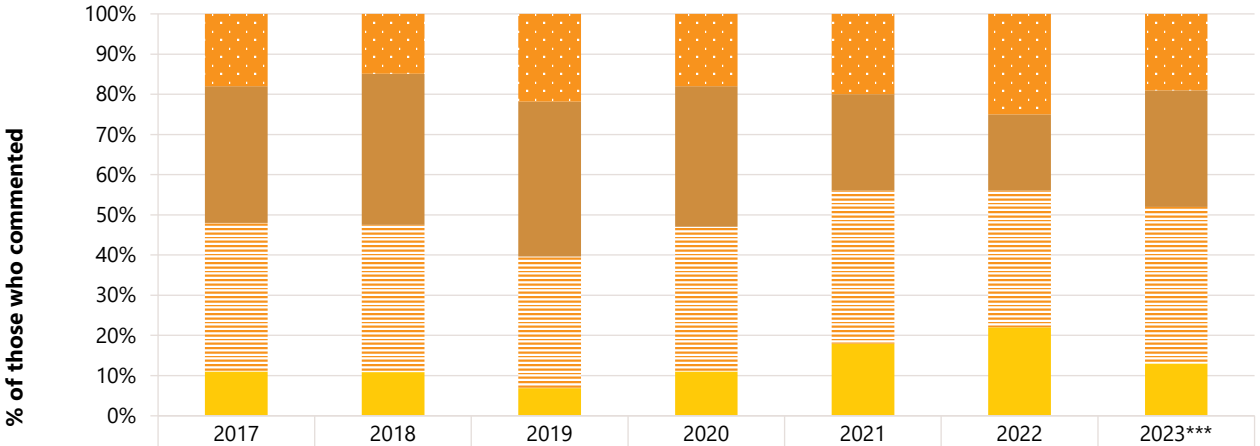
Figure 8: Current perceived purity of ecstasy pills, nationally, 2017-2023



	2017 n=566	2018 n=592	2019 n=555	2020 n=417	2021 n=338	2022 n=277	2023** n=319
Fluctuates	28	26	29	25	25	26	21
High	18	23	30	31	24	23	34
Medium	37	33	28	25	29	30	30
Low	17	18	12	18	23	22	14

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). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

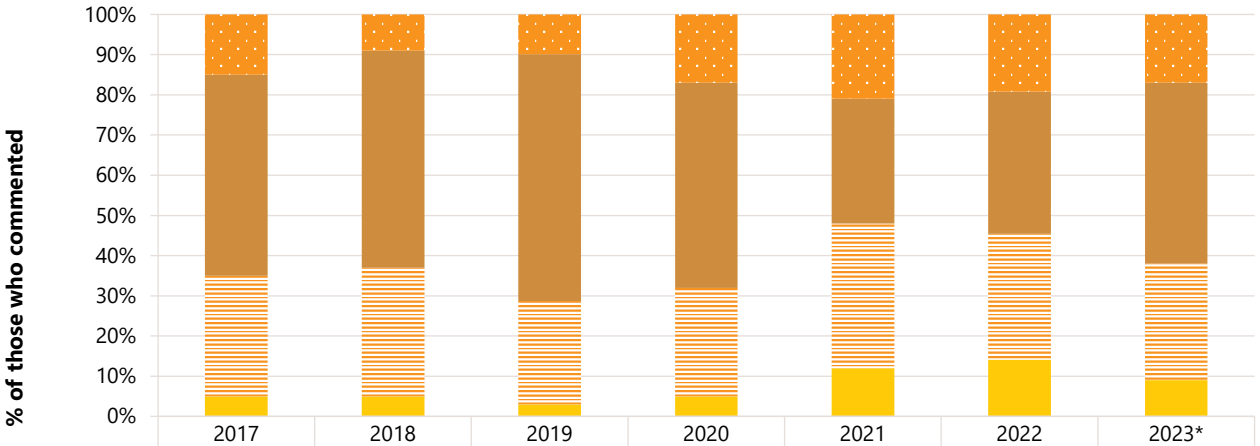
Figure 9: Current perceived purity of ecstasy capsules, nationally, 2017-2023



	2017 n=563	2018 n=581	2019 n=651	2020 n=612	2021 n=531	2022 n=385	2023*** n=423
Fluctuates	18	15	22	18	20	25	19
High	34	38	39	35	24	19	29
Medium	37	37	33	36	38	34	39
Low	11	11	7	11	18	22	13

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). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

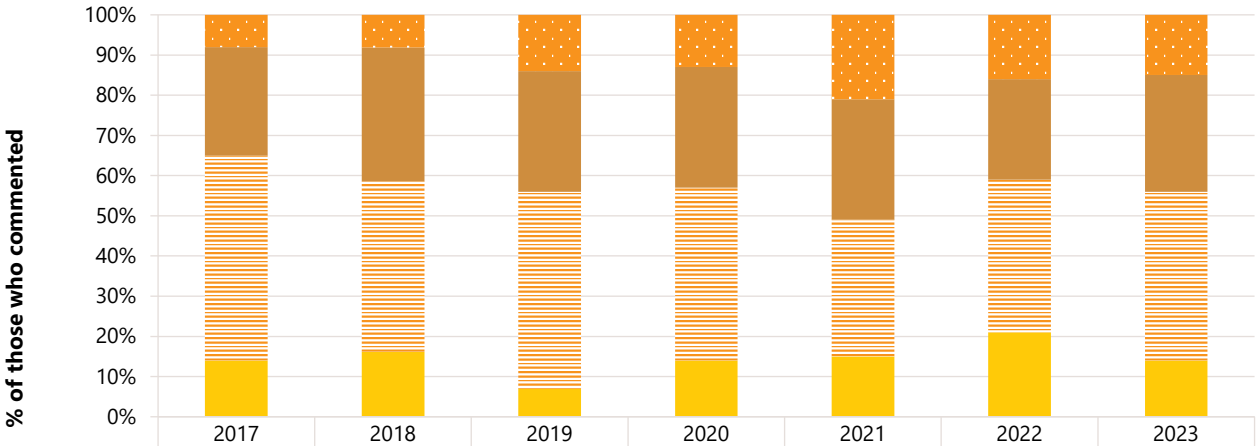
Figure 10: Current perceived purity of ecstasy crystal, nationally, 2017-2023



	2017 n=430	2018 n=394	2019 n=444	2020 n=401	2021 n=387	2022 n=297	2023* n=345
Fluctuates	15	9	10	17	21	19	17
High	50	54	62	51	31	35	45
Medium	30	32	26	27	36	31	29
Low	5	5	3	5	12	14	9

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). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

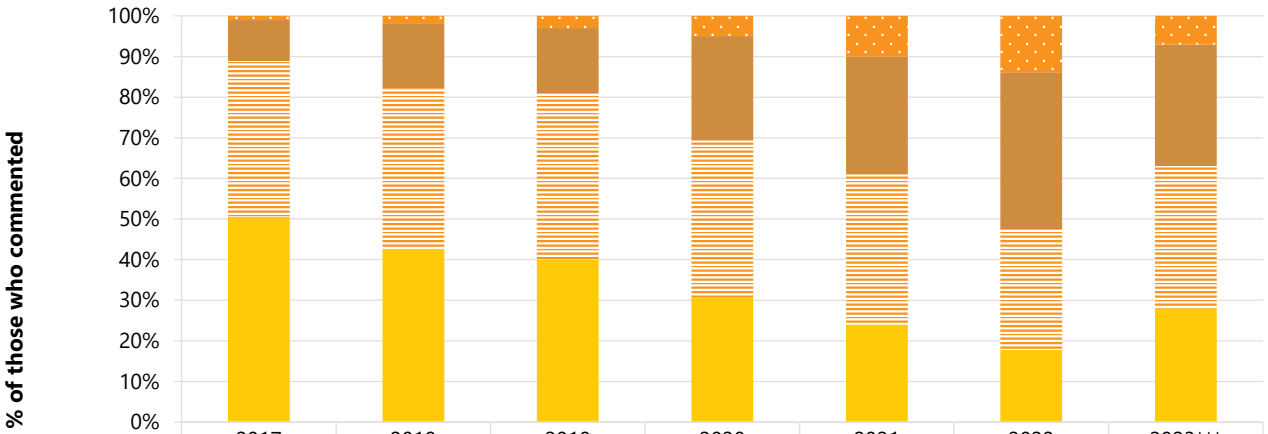
Figure 11: Current perceived purity of ecstasy powder, nationally, 2017-2023



	2017 n=122	2018 n=111	2019 n=147	2020 n=128	2021 n=144	2022 n=122	2023 n=158
Fluctuates	8	8	14	13	21	16	15
High	27	33	30	30	30	25	29
Medium	51	42	49	43	34	38	42
Low	14	16	7	14	15	21	14

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). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

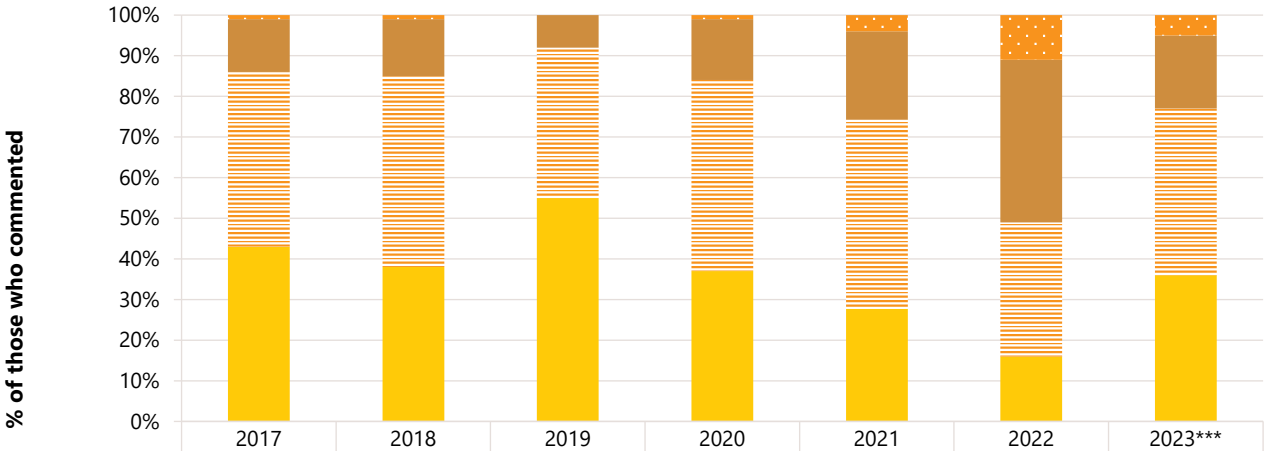
Figure 12: Current perceived availability of ecstasy pills, nationally, 2017-2023



	2017 n=576	2018 n=597	2019 n=561	2020 n=419	2021 n=332	2022 n=288	2023*** n=328
Very difficult	1	2	3	5	10	14	7
Difficult	10	16	16	26	29	39	30
Easy	38	40	41	39	37	30	35
Very easy	50	43	40	31	24	18	28

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). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

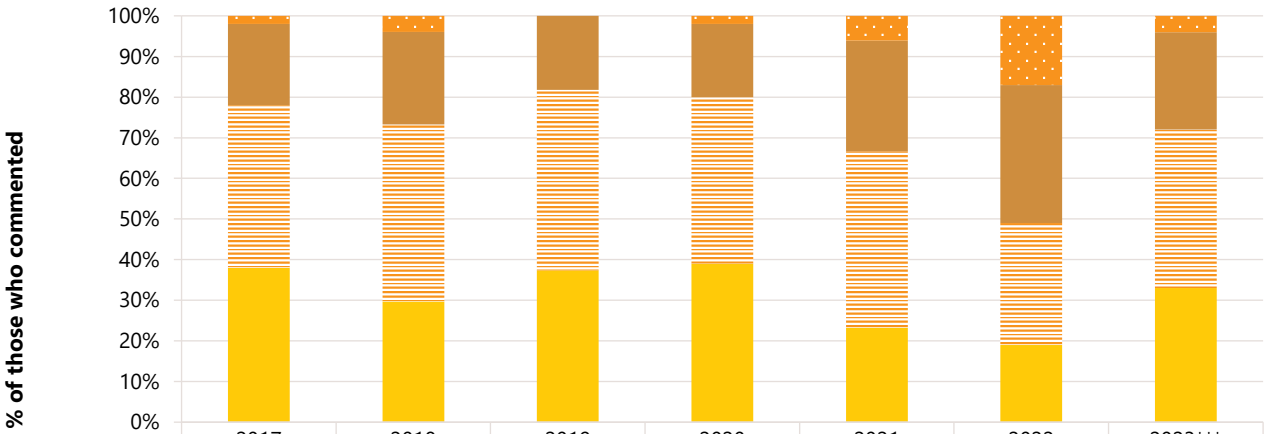
Figure 13: Current perceived availability of ecstasy capsules, nationally, 2017-2023



	2017 n=567	2018 n=588	2019 n=653	2020 n=610	2021 n=532	2022 n=397	2023*** n=427
Very difficult	1	1	–	1	4	11	5
Difficult	13	14	8	15	22	40	18
Easy	43	47	37	47	47	33	41
Very easy	43	38	55	37	28	16	36

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

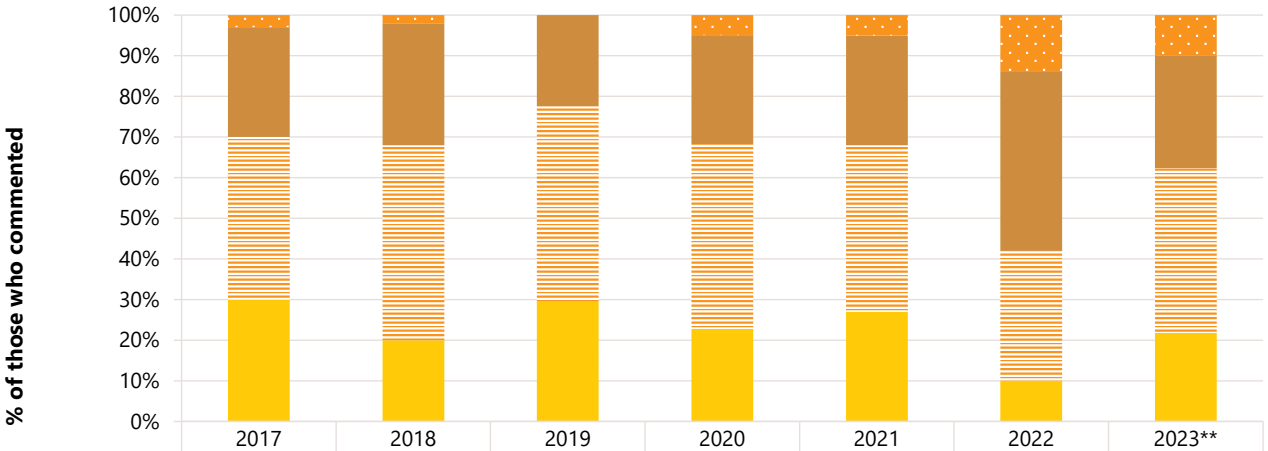
Figure 14: Current perceived availability of ecstasy crystal, nationally, 2017-2023



	2017 n=433	2018 n=392	2019 n=442	2020 n=406	2021 n=391	2022 n=305	2023*** n=347
Very difficult	2	4	–	2	6	17	4
Difficult	20	23	18	18	27	34	24
Easy	40	44	44	41	43	30	39
Very easy	38	30	37	39	23	19	33

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of ecstasy powder, nationally, 2017-2023



	2017 n=122	2018 n=115	2019 n=148	2020 n=132	2021 n=146	2022 n=128	2023** n=158
Very difficult	3	2	–	5	5	14	10
Difficult	27	30	22	27	27	44	28
Easy	40	48	47	46	41	32	41
Very easy	30	20	29	23	27	10	22

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

The per cent reporting any recent use of methamphetamine has been declining since monitoring commenced (Figure 16). Thirty per cent reported recent use of any methamphetamine in 2023, which remained stable relative to 2022 (31%; p=0.562) (Figure 16). Nevertheless, a significant increase was observed in the Perth sample (29%; 14% in 2022; p=0.018) and conversely, a significant decrease was observed in the Canberra (23%; 39% in 2022; p=0.024) and Melbourne (29%; 49% in 2022; p=0.008) samples (Table 7).

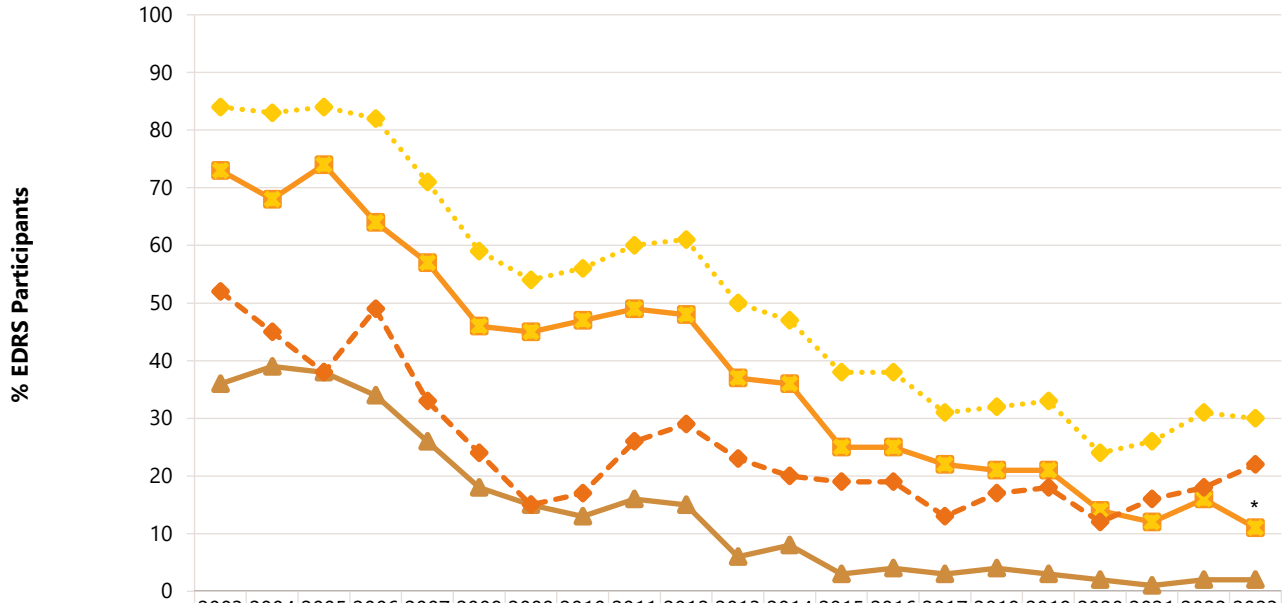
Frequency of Use

Participants reported use on a median of eight days (IQR=2-50; n=212) in 2023 (5 days in 2022; IQR=2-31; n=219; p=0.278) (Figure 17). Among those who reported recent use of any methamphetamine and commented, almost two fifths (38%) reported weekly or more frequent use, stable from 31% in 2022 (p=0.109).

Forms Used

Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=212), most had used crystal methamphetamine (73%; 58% in 2022; p=0.001), followed by powder (37%; 51% in 2022; p=0.006) and base (7%; 5% in 2022; p=0.536).

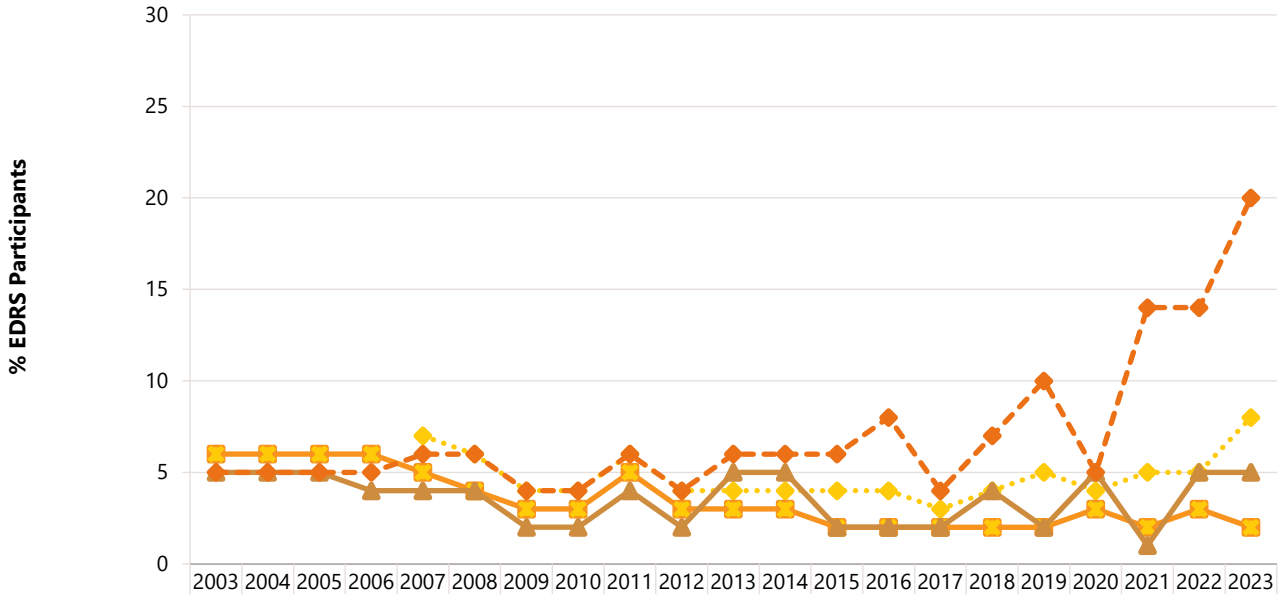
Figure 16: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Any form	84	83	84	82	71	59	54	56	60	61	50	47	38	38	31	32	33	24	26	31	30
Powder	73	68	74	64	57	46	45	47	49	48	37	36	25	25	22	21	21	14	12	16	11
Base	36	39	38	34	26	18	15	13	16	15	6	8	3	4	3	4	3	2	1	2	2
Crystal	52	45	38	49	33	24	15	17	26	29	23	20	19	19	13	17	18	12	16	18	22

Note. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 17: Median days of any methamphetamine use, and methamphetamine powder, base, and crystal in the past six months, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Any form					7	6	4	4	6	4	4	4	4	4	3	4	5	4	5	5	8
Powder	6	6	6	6	5	4	3	3	5	3	3	3	2	2	2	2	2	3	2	3	2
Base	5	5	5	4	4	4	2	2	4	2	5	5	2	2	2	4	2	5	1	5	5
Crystal	5	5	5	5	6	6	4	4	6	4	6	6	6	8	4	7	10	5	14	14	20

Note. Empty cell(s) indicates question not asked in respective year (data collection for median days of any form of methamphetamine started in 2007). Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 30 days to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 7: Past six month use of any methamphetamine, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	87	79	98	82	92	91	82	66
2004	89	77	94	76	90	95	82	70
2005	83	75	86	78	94	92	76	84
2006	76	79	91	78	92	88	67	78
2007	66	60	91	70	90	62	67	58
2008	66	55	77	63	58	50	24	57
2009	49	54	72	52	53	44	64	47
2010	50	70	72	48	57	45	~	51
2011	49	51	75	52	67	64	~	60
2012	42	73	84	64	48	47	~	76
2013	36	65	71	57	46	31	~	48
2014	32	51	68	64	32	31	47	47
2015	33	35	55	45	33	20	49	31
2016	27	26	57	42	36	27	52	39
2017	30	33	46	40	37	12	35	14
2018	19	33	60	46	45	11	27	18
2019	26	33	46	45	34	11	44	24
2020	17	15	49	31	26	12	24	18
2021	15	29	44	31	33	13	14	30
2022	29	39	49	39	36	14	~	15
2023	**21**	**23***	**29****	**40**	**46**	**29***	**~**	**27**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 8: Past six month use of methamphetamine powder, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	79	64	89	67	65	83	81	57
2004	81	64	92	68	62	78	72	42
2005	76	70	85	77	66	85	73	57
2006	55	66	91	62	51	65	59	58
2007	45	53	90	65	53	46	55	46
2008	48	42	75	59	30	38	24	34
2009	37	44	72	46	30	37	61	41
2010	29	66	70	40	38	38	~	47
2011	32	50	69	47	45	44	~	49
2012	31	63	77	61	24	27	~	58
2013	25	57	58	53	21	17	~	41
2014	21	48	56	58	13	19	39	34
2015	27	31	45	39	11	6	31	11
2016	18	21	50	32	12	18	27	25
2017	18	32	43	29	19	7	20	9
2018	14	25	56	30	15	-	14	10
2019	17	23	41	33	16	-	28	9
2020	8	12	39	25	6	-	14	8
2021	8	9	36	20	-	-	-	15
2022	13	10	45	20	14	-	~	10
2023	**8**	**11**	**23****	**23**	**12**	**-**	**~**	**-**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 9: Past six month use of methamphetamine crystal, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	48	56	64	52	48	77	40	38
2004	46	39	52	16	47	80	35	42
2005	40	26	42	10	41	69	32	50
2006	56	37	49	27	62	77	26	50
2007	42	20	39	7	49	52	24	23
2008	33	24	22	15	34	36	0	26
2009	9	8	13	7	32	20	15	17
2010	21	16	18	-	26	22	~	8
2011	19	9	38	-	43	46	~	32
2012	18	26	48	10	32	33	~	40
2013	11	14	45	17	28	22	~	21
2014	13	8	34	14	20	17	27	26
2015	12	7	19	13	26	16	36	20
2016	15	5	18	21	33	12	32	18
2017	12	8	10	14	26	6	24	7
2018	6	15	14	24	40	8	21	12
2019	13	15	12	20	26	8	31	16
2020	10	4	14	12	21	10	12	14
2021	-	21	13	15	32	10	12	16
2022	16	31	10	21	30	11	~	6
2023	**14**	**14****	**13**	**22**	**39**	**28****	**~**	**23*****

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder was historically the most commonly used form of methamphetamine, however, has declined substantially since 2015 and was overtaken by crystal from 2021 onwards (Figure 16). A significant decrease was observed in 2023, with one tenth (11%) of participants reporting recent use (16% in 2022; p=0.010). This appears to have largely been driven by a significant decrease among the Melbourne sample (23%; 45% in 2022; p=0.002) (Table 8).

Frequency of Use: Of those who had recently consumed powder and commented (n=79), median days of use remained low and stable at two days in 2023 (IQR=1-6; 3 days in 2022; IQR=2-7; n=111; p=0.101) (Figure 17), with 11% reporting weekly or more frequent use (13% in 2022; p=0.819).

Routes of Administration: Among participants who had recently consumed powder and commented (n=79), the main route of administration in 2023 was snorting (68%; 71% in 2022; p=0.755), followed by swallowing (33%; 30% in 2022; p=0.743). Fewer participants reported smoking (16%; 14% in 2022; p=0.679).

Quantity: Of those who reported recent use and responded (n=54), the median amount used in a 'typical' session was 0.30 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.50; p=0.228). Of those who reported recent use and responded (n=54), the median maximum amount used in a session was 0.50 grams (IQR=0.20-1.00; 0.30 grams in 2022; IQR=0.20-1.00; p=0.240).

Methamphetamine Crystal

Recent Use (past 6 months): As with all forms of methamphetamine, crystal use has generally decreased over time (Figure 16). In 2023, one fifth (22%) of the national sample had recently consumed crystal, stable relative to 2022 (18%; p=0.100). Despite this, use significantly decreased in the Canberra sample (14%; 31% in 2022; p=0.006), but increased in the Perth (28%; 11% in 2022; p=0.005) and Brisbane/Gold Coast (23%; 6% in 2022; p<0.001) samples (Table 9).

Frequency of Use: Of those who had recently consumed crystal and commented (n=155), participants reported use on a median of 20 days (IQR=4-72) (Figure 17). Although stable from 2022 (14 days; IQR=3-72; n=127; p=0.676), this represents the highest median days of use observed since the commencement of monitoring. Forty-eight per cent reported weekly or more frequent use (46% in 2022; p=0.817).

Routes of Administration: Among those who had recently used crystal and commented (n=155), smoking remained the most common route of administration in 2023 (88%; 91% in 2022; p=0.569), with fewer participants reporting injecting (13%; 17% in 2022; p=0.400), swallowing (12%; 9% in 2022; p=0.569) or snorting (10%; 9% in 2022; p=0.679).

Quantity: Of those who reported recent use and responded (n=147), the median amount used in a 'typical' session was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2022; IQR=0.10-0.40; p=0.681). Of those who reported recent use and responded (n=144), the median maximum amount used in a session was 0.50 grams (IQR=0.20-1.00; 0.50 grams in 2022; IQR=0.20-0.80; p=0.235).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Participants reported a median price of $210 per gram of methamphetamine powder in 2023 (IQR=185-250; n=26; $200 in 2022; IQR=173-235, n=36; *p*=0.333) and $50 for one point (IQR=40-150; n=9; $50 in 2022; IQR=50-74; n=8; *p*=0.961) (Figure 18).

Perceived Purity: Among those who responded in 2023 (n=66), the perceived purity of powder remained stable, relative to 2022 (*p*=0.667). The largest percentage of participants perceived powder to be of 'high' purity (47%; 42% in 2022), with a further 26% perceiving powder to be of 'medium' purity (23% in 2022) (Figure 20). Fewer participants perceived purity to be 'low' (15%; 23% in 2022).

Perceived Availability: Among those who responded in 2023 (n=73), the perceived availability of powder significantly changed, relative to 2022 (*p*=0.012). An increase was observed in those reporting powder as being 'very easy' to obtain (45%; 21% in 2022), with an inverse decrease observed in those perceiving availability as 'easy' (23%; 38% in 2022). A decrease was also observed in those reporting powder as being 'difficult' (19%; 21% in 2022) or 'very difficult' (12%; 19% in 2022) to obtain (Figure 22).

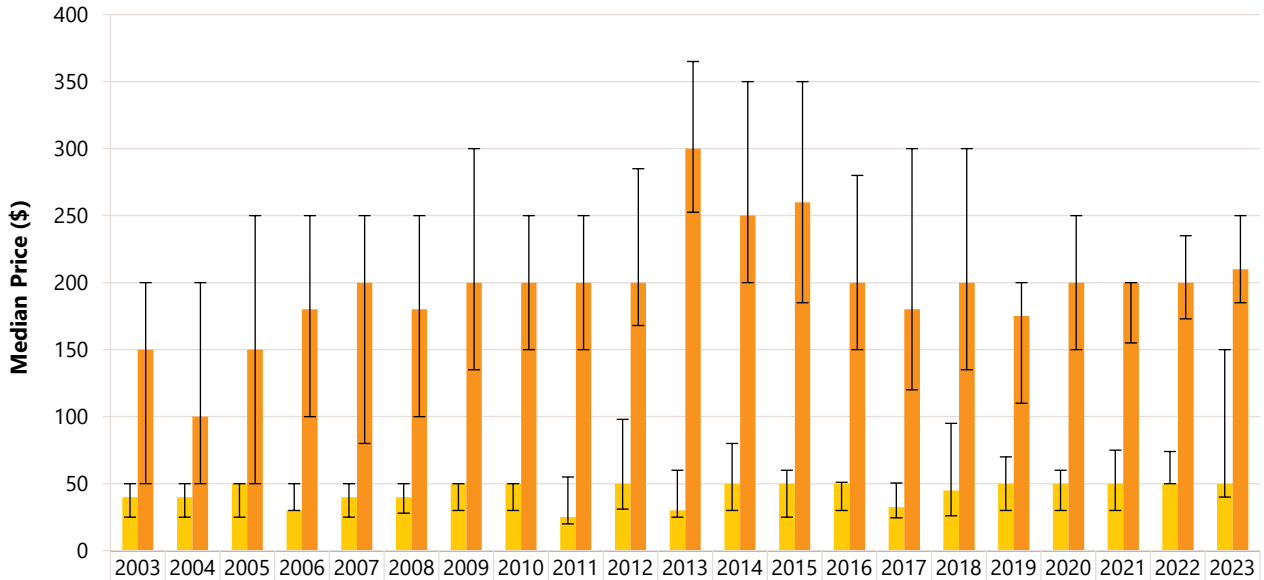
Methamphetamine Crystal

Price: Participants reported a median price of $300 per gram of methamphetamine crystal (IQR=238-400; n=32), a significant decrease relative to 2022 ($475; IQR=388-563; n=16; *p*=0.002). A significant decrease was also observed for the price of a point, with participants reporting a median of $50 in 2023 (IQR=45-68; n=54; $70 in 2022; IQR=50-100; n=44; *p*<0.001) (Figure 19).

Perceived Purity: Among those who responded in 2023 (n=150), the perceived purity of crystal significantly changed, relative to 2022 (*p*=0.004). An increase was observed in those reporting 'medium' purity (32%; 17% in 2022), and a decrease was noted in those reporting 'low' (7%; 14% in 2022) and 'fluctuating' (15%; 25% in 2022) purity (Figure 21). However, the largest per cent (47%) continued to report that purity was 'high' in 2023 (44% in 2022).

Perceived Availability: Among those who responded in 2023 (n=156), the perceived availability of crystal remained stable, relative to 2022 (*p*=0.117). The largest per cent (68%) reported availability to be 'very easy' (62% in 2022) to obtain. Furthermore, one quarter (27%) perceived crystal to be 'easy' (30% in 2022) to obtain (Figure 23).

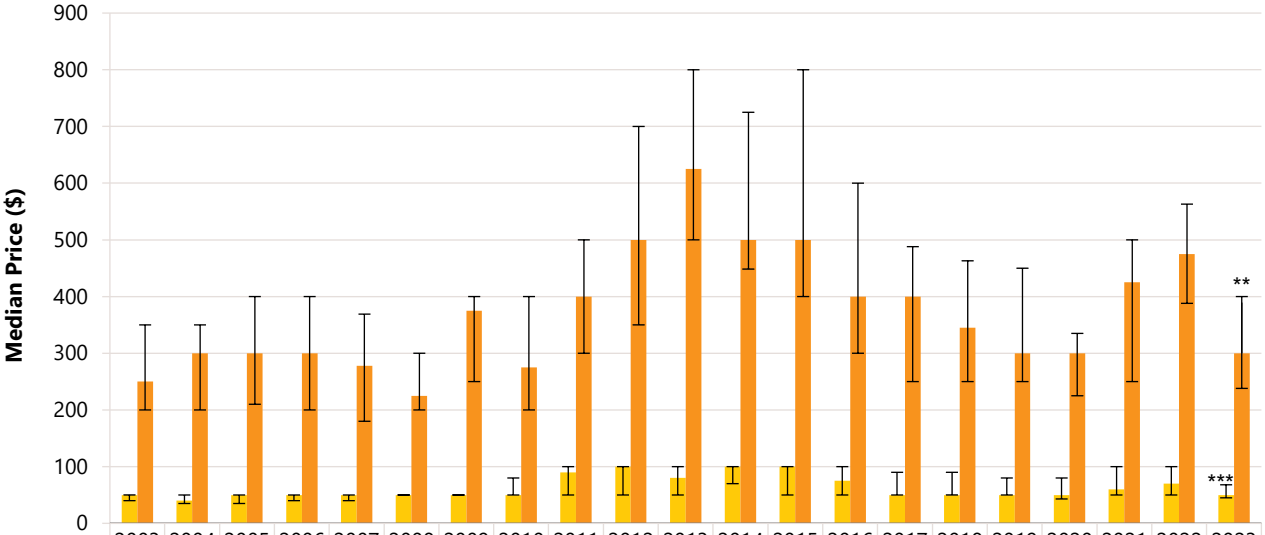
Figure 18: Median price of powder methamphetamine per point and gram, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Point	40	40	50	30	40	40	50	50	25	50	30	50	50	50	33	45	50	50	50	50	50
Gram	150	100	150	180	200	180	200	200	200	200	300	250	260	200	180	200	175	200	200	200	210

Note. Among those who commented. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

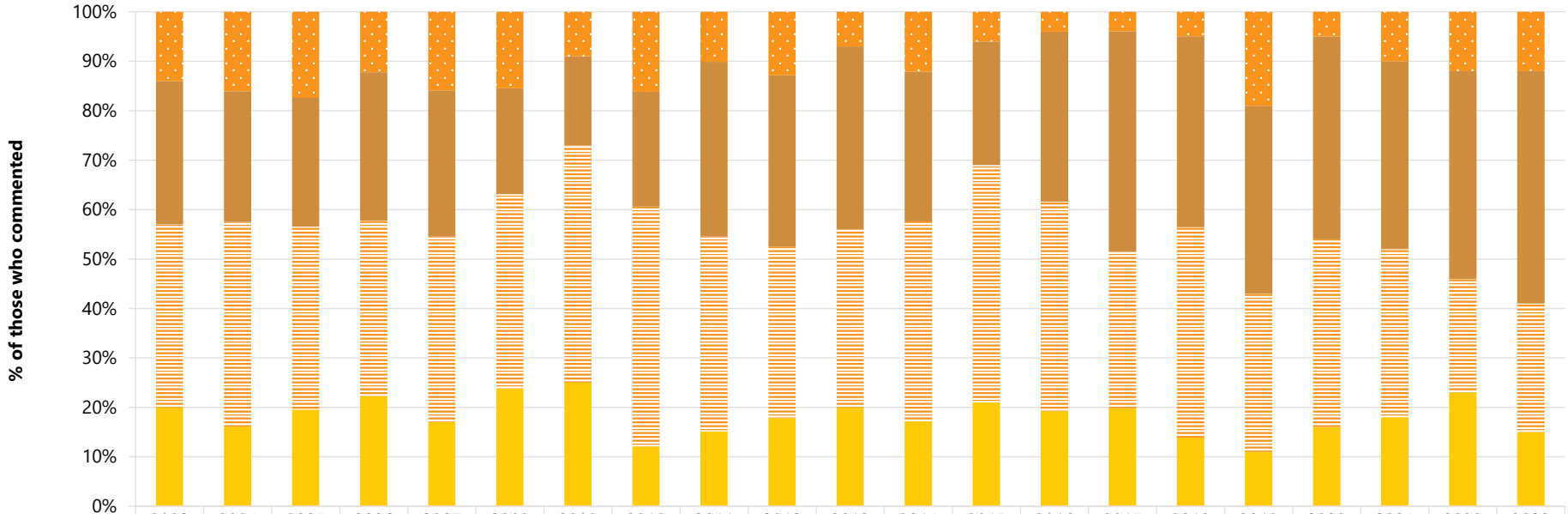
Figure 19: Median price of crystal methamphetamine per point and gram, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Point	50	40	50	50	50	50	50	50	90	100	80	100	100	75	50	50	50	50	60	70	50
Gram	250	300	300	300	278	225	375	275	400	500	625	500	500	400	400	345	300	300	425	475	300

Note. Among those who commented. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

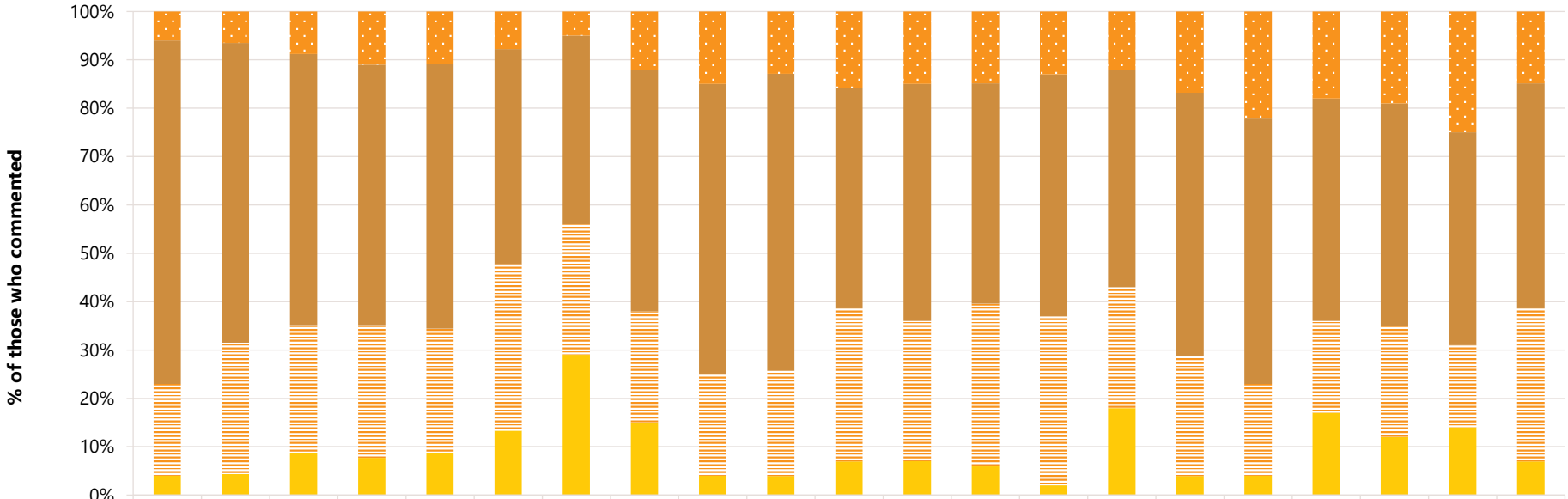
Figure 20: Current perceived purity of powder methamphetamine, nationally, 2003-2023



	2003 n=494	2004 n=412	2005 n=450	2006 n=367	2007 n=275	2008 n=199	2009 n=199	2010 n=177	2011 n=209	2012 n=205	2013 n=128	2014 n=146	2015 n=98	2016 n=99	2017 n=82	2018 n=96	2019 n=118	2020 n=58	2021 n=61	2022 n=77	2023 n=66
Fluctuates	14	14	16	11	14	13	9	16	10	13	7	12	6	4	4	5	19	5	10	12	12
High	29	23	24	27	26	18	18	23	35	35	37	30	25	34	45	39	38	41	38	42	47
Medium	37	36	34	32	33	33	48	48	39	35	36	40	48	42	32	43	32	38	34	23	26
Low	20	14	18	20	15	20	25	12	15	18	20	17	21	19	20	14	11	16	18	23	15

Note. The response 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

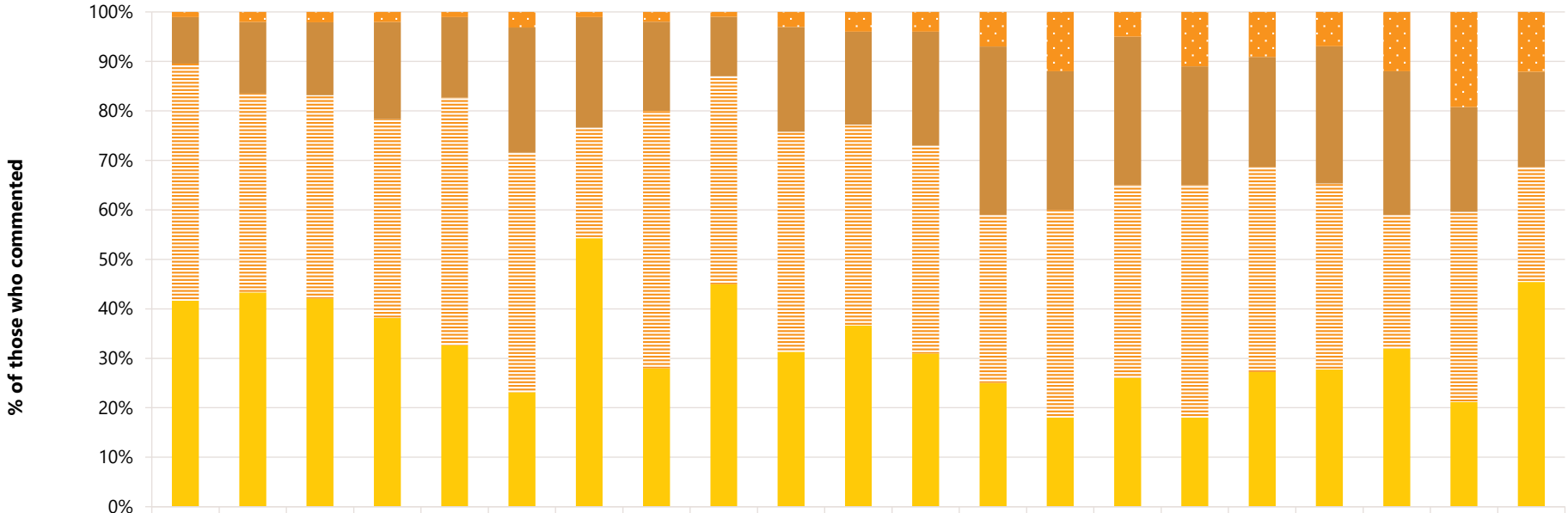
Figure 21: Current perceived purity of crystal methamphetamine, nationally, 2003-2023



	2003 n=329	2004 n=277	2005 n=239	2006 n=261	2007 n=173	2008 n=117	2009 n=81	2010 n=66	2011 n=105	2012 n=135	2013 n=103	2014 n=110	2015 n=103	2016 n=113	2017 n=91	2018 n=112	2019 n=145	2020 n=78	2021 n=107	2022 n=123	2023** n=150
Fluctuates	6	6	8	10	10	7	5	12	15	13	16	15	15	13	12	17	22	18	19	25	15
High	71	57	51	49	51	40	39	50	60	62	46	49	46	50	45	55	55	46	46	44	47
Medium	19	25	24	25	24	31	27	23	21	22	32	29	34	35	25	25	19	19	23	17	32
Low	4	4	8	7	8	12	29	15	4	4	7	7	6	2	18	4	4	17	12	14	7

Note. The response 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

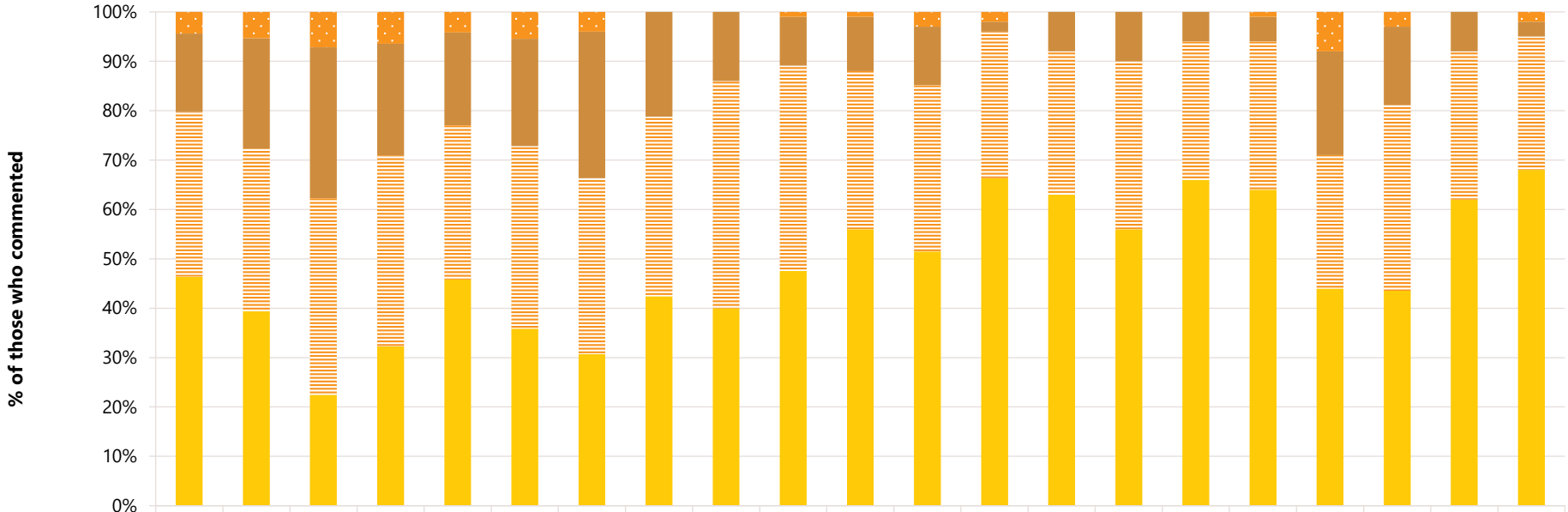
Figure 22: Current perceived availability of powder methamphetamine, nationally, 2003-2023



	2003 n=539	2004 n=453	2005 n=473	2006 n=395	2007 n=304	2008 n=223	2009 n=212	2010 n=187	2011 n=213	2012 n=212	2013 n=134	2014 n=149	2015 n=103	2016 n=102	2017 n=93	2018 n=95	2019 n=121	2020 n=61	2021 n=66	2022 n=84	2023* n=73
Very difficult	1	2	2	2	1	3	1	2	1	3	4	4	7	12	5	11	9	7	12	19	12
Difficult	9	14	14	19	16	24	21	18	12	21	19	23	34	28	30	24	22	28	29	21	19
Easy	46	39	39	39	49	46	21	52	42	44	41	42	34	42	39	47	41	38	27	38	23
Very easy	40	42	40	37	32	22	51	28	45	31	37	31	25	18	26	18	27	28	32	21	45

Note. The response 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived availability of crystal methamphetamine, nationally, 2003-2023



	2003 n=353	2004 n=287	2005 n=255	2006 n=269	2007 n=180	2008 n=119	2009 n=83	2010 n=66	2011 n=108	2012 n=136	2013 n=105	2014 n=112	2015 n=111	2016 n=120	2017 n=100	2018 n=113	2019 n=153	2020 n=89	2021 n=114	2022 n=128	2023 n=156
Very difficult	3	5	7	6	4	5	4	0	0	1	1	3	2	0	0	0	1	8	3	0	-
Difficult	11	21	30	21	18	20	30	21	14	10	11	12	2	8	10	6	5	21	16	8	-
Easy	23	31	39	36	30	34	36	36	46	42	32	34	30	29	34	28	30	27	38	30	27
Very easy	32	37	22	30	44	33	31	42	40	48	56	52	67	63	56	66	64	44	44	62	68

Note. The response 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

5

Non-Prescribed Pharmaceutical Stimulants

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine, methylphenidate, modafinil) use has steadily increased since the commencement of monitoring, from 17% in 2007 to 52% in 2022. In 2023, however, recent use declined slightly (47%; 52% in 2022; p=0.045) (Figure 24), largely driven by a significant decrease in the percentage reporting recent use in the Melbourne sample (47%; 64% in 2022; p=0.022) (Table 10).

Frequency of Use

Frequency of use remained stable in 2023 at a median of six days in the six months prior to interview (IQR=2-15; n=331; 6 days in 2022; IQR=2-15; n=366; p=0.787) (Figure 24).

Routes of Administration

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=332), the vast majority reported swallowing as a route of administration (94%; 91% in 2022; p=0.148), with fewer participants reporting snorting (20%), a significant decrease from 28% in 2022 (p=0.017).

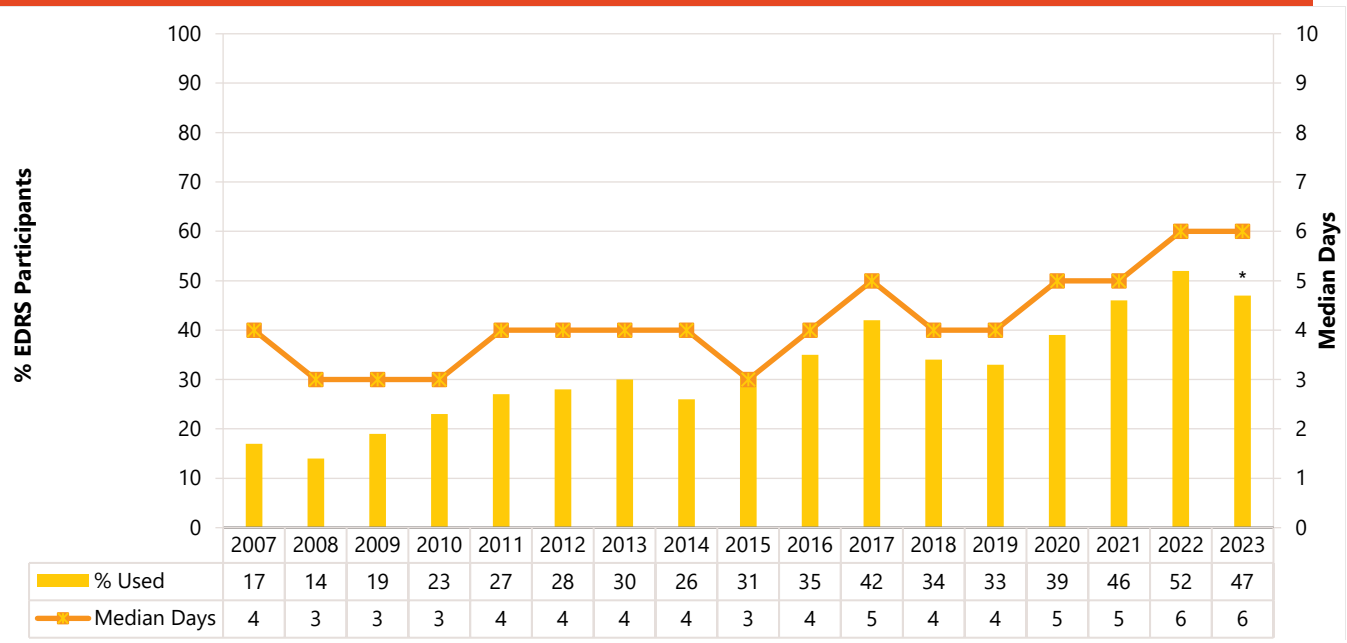
Quantity

Among those who reported recent use and responded (n=275), the median amount used in a 'typical' session was two pills/tablets (IQR=1-3; 2 pills/tablets in 2022; IQR=1-3; p=0.383). Of those who reported recent use and responded (n=272), the median maximum amount used in a session was three pills/tablets (IQR=2–6; 3 pills/tablets in 2022; IQR=2-5; p=0.356).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=327), the majority reported using dexamfetamine (80%; 79% in 2022; p=0.566), with fewer participants reporting use of Ritalin® (35%; 39% in 2022; p=0.344) and lisdexamfetamine (20%; 16% in 2022; p=0.281). Thirteen per cent reported recent use of modafinil (14% in 2022; p=0.745).

Figure 24: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, nationally, 2007-2023



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Used	17	14	19	23	27	28	30	26	31	35	42	34	33	39	46	52	47
Median Days	4	3	3	3	4	4	4	4	3	4	5	4	4	5	5	6	6

Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 10: Past six month use of non-prescribed pharmaceutical stimulants, by capital city, 2007-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2007	10	16	9	19	15	43	-	12
2008	9	22	9	16	-	50	-	8
2009	13	34	14	10	-	57	-	9
2010	16	36	24	9	10	58	22	12
2011	18	43	26	15	24	68	-	26
2012	24	33	19	20	19	64	-	19
2013	30	16	29	18	23	62	~	41
2014	23	6	30	18	15	77	13	22
2015	37	18	30	13	-	75	13	31
2016	44	26	34	20	27	65	14	50
2017	43	38	24	36	45	76	14	58
2018	41	34	37	30	12	62	15	42
2019	40	31	34	19	15	63	17	39
2020	38	45	55	22	27	66	29	30
2021	61	41	66	30	31	77	20	42
2022	39	50	64	40	41	81	~	53
2023	**41**	**51**	**47***	**34**	**42**	**68**	**~**	**41**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). Monitoring of pharmaceutical stimulants commenced in 2007. ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Price and Perceived Availability

Price and availability data for non-prescribed pharmaceutical stimulants were collected from 2022.

Price

Participants reported a median price of $6 per 5mg tablet in 2023 (IQR=5-10; n=93; $5 in 2022; IQR=4-7; n=106; *p*=0.001) and $9 per 10mg tablet (IQR=5-10; n=26; $5 in 2022; IQR=5-10; n=16; *p*=0.440).

Perceived Availability

Among those who responded in 2023 (n=250), the perceived availability of non-prescribed pharmaceutical stimulants significantly changed, relative to 2022 (*p*=0.008). An increase was observed in those reporting non-prescribed pharmaceutical stimulants as being 'very easy' to obtain (52%; 37% in 2022), with an inverse decrease observed in those perceiving availability as 'easy' (30%; 37% in 2022). A decrease was also observed in those reporting non-prescribed pharmaceutical stimulants as being 'difficult' (14%; 21% in 2022) to obtain, with 4% noting them as 'very difficult' to obtain (5% in 2022).

6

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent cocaine use has gradually increased over the years. Whilst past six month use remained stable in 2023 (81%) relative to 2022 (79%; *p*=0.457) (Figure 25), this represented the highest percentage observed since the commencement of monitoring. A significant increase in the per cent reporting recent use was observed in the Brisbane/Gold Coast sample (95%; 80% in 2022; *p*=0.002) (Table 11).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2023 (n=572), participants reported a median of five days of use in the six months preceding interview (IQR=2-10; 5 days in 2022; IQR=3-12; n=554; *p*=0.208) (Figure 25), equivalent to less than monthly use. Almost one tenth (9%) of those who had recently used cocaine reported weekly or more frequent use, stable relative to 2022 (11%; *p*=0.431).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=572), the vast majority reported snorting as a route of administration (98%; 99% in 2022; *p*=0.173), with fewer participants reporting swallowing (7%; 10% in 2022; *p*=0.201).

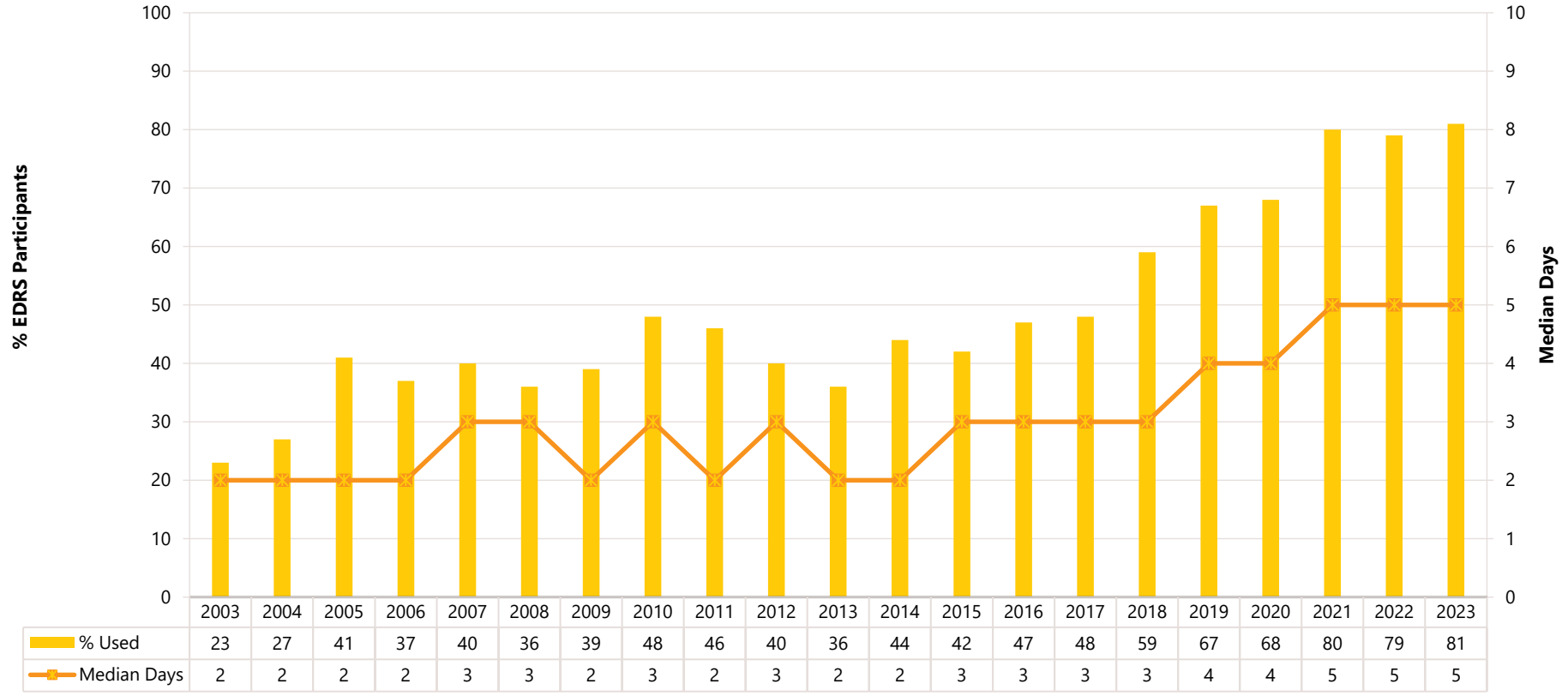
Quantity

Among those who reported recent use and responded (n=369), the median amount used in a 'typical' session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2022; IQR=0.30-1.00; *p*=0.561). Of those who reported recent use and responded (n=391), the median maximum amount used in a session was 1.00 gram (IQR=0.50–1.50; 1.00 gram in 2022; IQR=0.50-1.80; *p*=0.138).

Forms Used

Among participants who had recently consumed cocaine and commented (n=571), the vast majority of participants reported using powder cocaine (94%; 95% in 2022; *p*=0.426), followed by rock cocaine (11%; 9% in 2022; *p*=0.421). Few participants (n≤5) reported using 'crack' cocaine in 2023 (1% in 2022; *p*=0.414).

Figure 25: Past six month use and frequency of use of cocaine, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Used	23	27	41	37	40	36	39	48	46	40	36	44	42	47	48	59	67	68	80	79	81
Median Days	2	2	2	2	3	3	2	3	2	3	2	2	3	3	3	3	4	4	5	5	5

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 11: Past six month use of cocaine, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	46	26	35	7	37	17	-	18
2004	46	34	48	10	26	16	16	21
2005	55	44	63	20	49	35	11	41
2006	45	44	55	33	31	29	-	36
2007	62	46	54	35	36	27	-	41
2008	51	45	51	35	20	40	-	30
2009	64	44	48	31	20	24	23	55
2010	59	58	54	49	42	26	~	51
2011	59	43	43	39	45	32	~	52
2012	57	37	54	26	37	31	~	34
2013	42	38	46	17	35	34	~	40
2014	67	51	58	22	45	30	39	42
2015	61	41	46	17	45	29	52	39
2016	70	44	56	24	57	38	42	41
2017	62	48	53	24	60	31	57	50
2018	71	75	84	42	55	47	40	60
2019	83	75	80	38	71	47	74	67
2020	84	89	76	61	69	48	59	61
2021	94	91	90	84	78	59	71	73
2022	86	76	91	78	78	66	~	80
2023	**86**	**78**	**90**	**75**	**77**	**62**	**~**	**95****

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). - Per cent suppressed due to low numbers (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

Participants reported a median price of $350 per gram of cocaine (IQR=300-400; n=310; $350 in 2022; IQR=300-350; n=301; p=0.015), remaining higher than the median price reported in 2003-2020 (Figure 26).

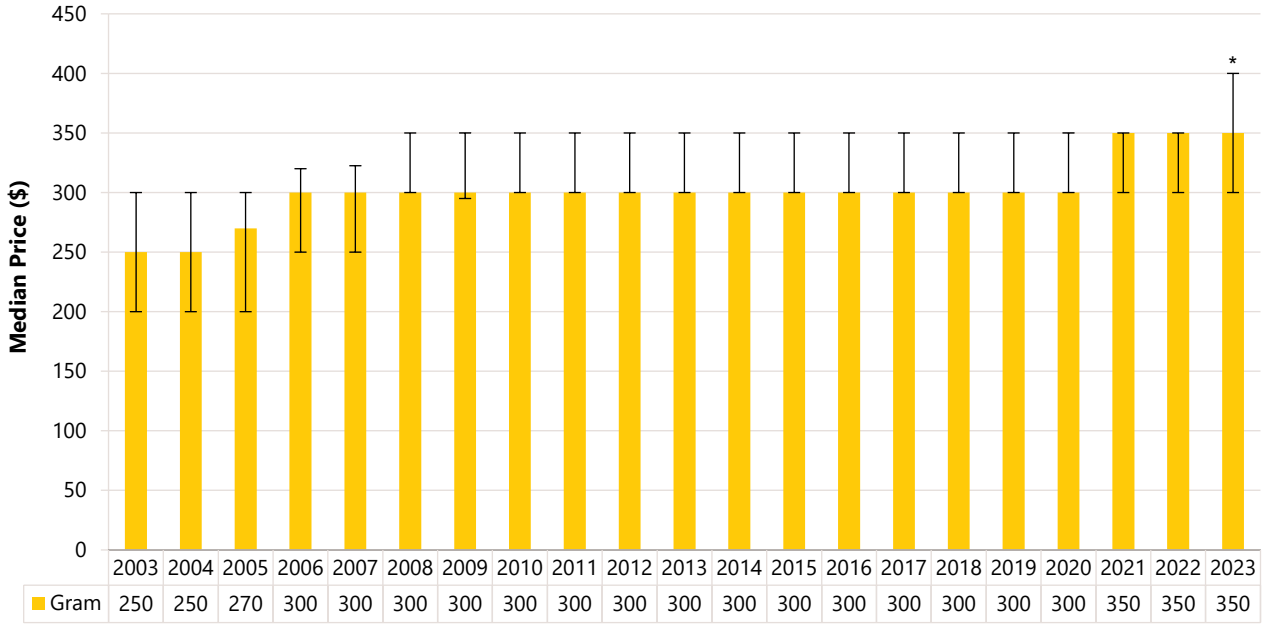
Perceived Purity

Among those able to comment in 2023 (n=488), the perceived purity of cocaine significantly changed, relative to 2022 (p=0.008). Thirty-six per cent perceived purity to be 'low', an increase from 30% in 2022. One quarter (27%) reported 'medium' purity (30% in 2022), one fifth (21%) reported 'high' purity (17% in 2022) and a further 16% reported purity to be 'fluctuating' (23% in 2022) (Figure 27).

Perceived Availability

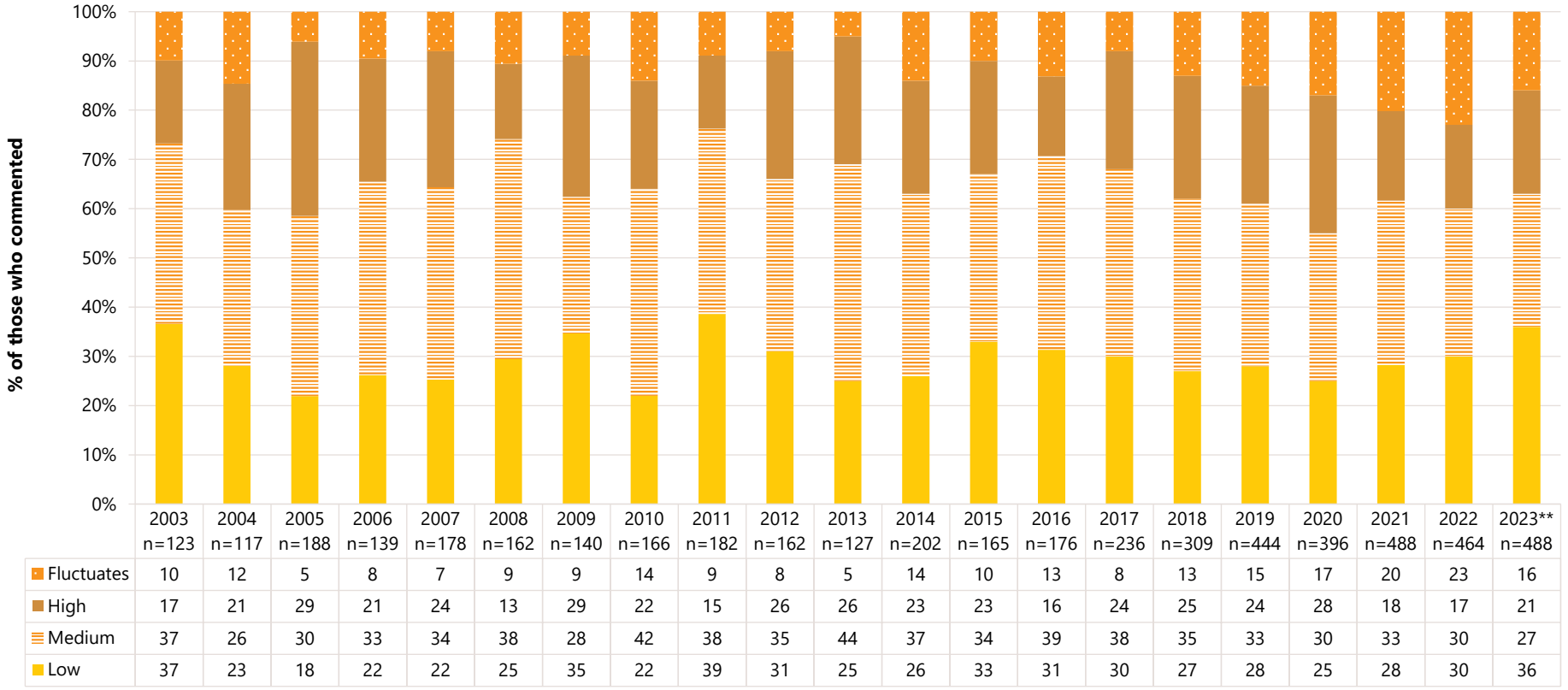
Among those able to comment in 2023 (n=490), the perceived availability of cocaine remained stable relative to 2022 (p=0.726). Two fifths (43%) of participants reported cocaine to be 'easy' to obtain in 2023 (45% in 2022), with a further 37% reporting availability to be 'very easy' (34% in 2022). Almost one fifth (18%) reported cocaine as being 'difficult' to obtain in 2023 (18% in 2022) (Figure 28).

Figure 26: Median price of cocaine per gram, nationally, 2003-2023



Note. Among those who commented. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

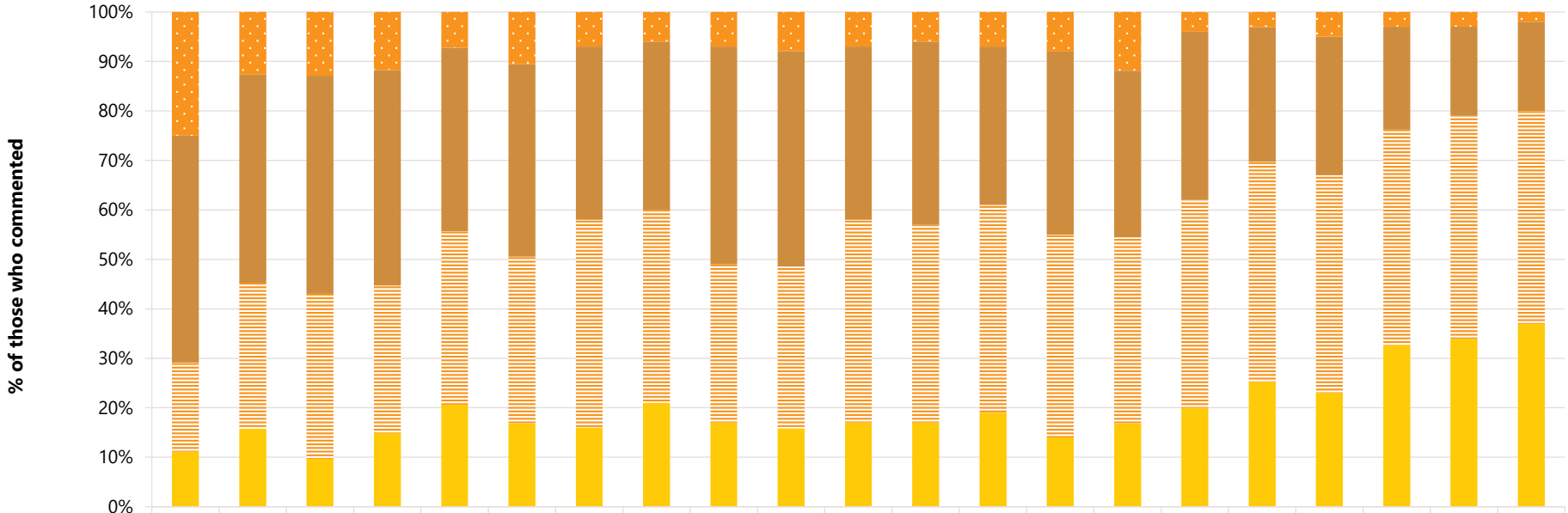
Figure 27: Current perceived purity of cocaine, nationally, 2003-2023



	2003 n=123	2004 n=117	2005 n=188	2006 n=139	2007 n=178	2008 n=162	2009 n=140	2010 n=166	2011 n=182	2012 n=162	2013 n=127	2014 n=202	2015 n=165	2016 n=176	2017 n=236	2018 n=309	2019 n=444	2020 n=396	2021 n=488	2022 n=464	2023** n=488
Fluctuates	10	12	5	8	7	9	9	14	9	8	5	14	10	13	8	13	15	17	20	23	16
High	17	21	29	21	24	13	29	22	15	26	26	23	23	16	24	25	24	28	18	17	21
Medium	37	26	30	33	34	38	28	42	38	35	44	37	34	39	38	35	33	30	33	30	27
Low	37	23	18	22	22	25	35	22	39	31	25	26	33	31	30	27	28	25	28	30	36

Note. The response 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 28: Current perceived availability of cocaine, nationally, 2003-2023



	2003 n=161	2004 n=137	2005 n=213	2006 n=158	2007 n=197	2008 n=182	2009 n=146	2010 n=182	2011 n=186	2012 n=165	2013 n=138	2014 n=208	2015 n=170	2016 n=188	2017 n=255	2018 n=317	2019 n=460	2020 n=409	2021 n=482	2022 n=471	2023 n=490
Very difficult	18	12	12	11	7	10	7	6	7	8	7	6	7	8	12	4	3	5	3	3	2
Difficult	33	40	41	41	36	37	35	34	44	44	35	37	32	37	34	34	27	28	21	18	18
Easy	13	28	31	28	34	32	42	39	32	33	41	40	42	41	38	42	44	44	44	45	43
Very easy	8	15	9	14	20	16	16	21	17	16	17	17	19	14	17	20	25	23	33	34	37

Note. The response 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

7

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to **prescribed use:** use of cannabis and/or cannabinoid-related products obtained by a prescription in the person's name; **non-prescribed use:** use of cannabis and/or cannabinoid-related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and **any use**: use of cannabis and/or cannabinoid-related products obtained through either of the above means.

Patterns of Consumption

In 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. One in twenty participants (6%; n=44) reported prescribed use in the six months preceding interview (4% in 2022; p=0.096).

In the remainder of this chapter, data from 2021-2023, and between 2000-2016, refers to non-prescribed cannabis use only, while data between 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash and hash oil). While comparison between 2021-2023 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2023 and 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

In 2023, 74% of the national sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products, a significant decrease from 2022 (79%; p=0.046), and the lowest percentage observed since monitoring commenced (Figure 29). This appears to have been largely driven by a decrease in the Melbourne sample (67%; 82% in 2022; p=0.021), with use in all other capital city samples remaining stable (Table 12).

Frequency of Use

Frequency of use has varied between weekly and several times a week over the course of monitoring. Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=526), participants reported a median of 30 days of use (IQR=6-144) in 2023, a significant decrease relative to 2022 (48 days; IQR=10-160; n=553; p=0.037) (Figure 29). Almost three fifths (58%) of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported weekly or more frequent use (64% in 2022; p=0.056), including one fifth (22%) who reported daily use (22% in 2022; p=0.879).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=526), the majority (94%) reported smoking as a route of administration (92% in 2022; p=0.255). Almost one third (30%) reported swallowing (35% in 2022; p=0.097) and 17% reported inhaling/vaporising non-prescribed cannabis, a significant decrease from 24% in 2022 (p=0.009).

Quantity

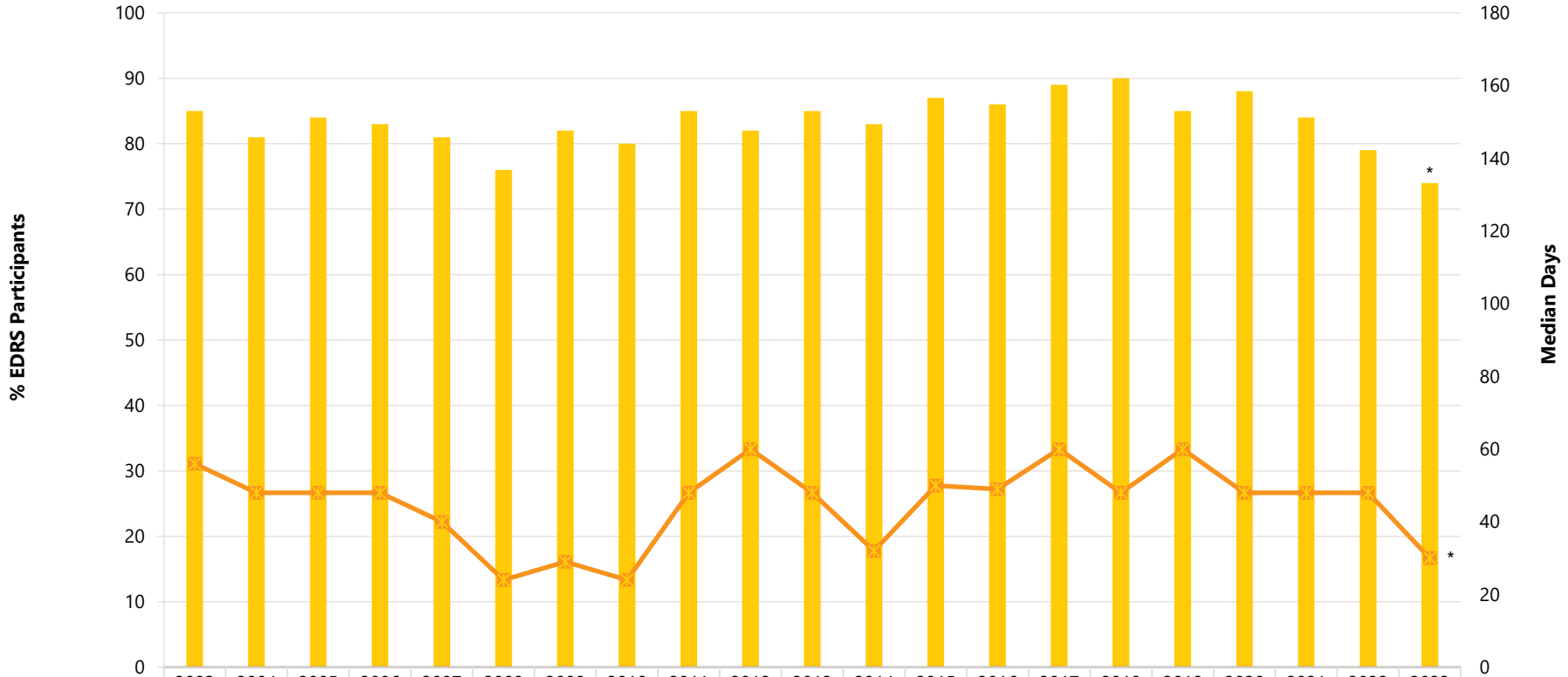
Of those who reported recent non-prescribed cannabis use, the median 'typical' amount used on the last occasion of use was one gram (IQR=0.50-2.00; n=170; 1 gram in 2022; IQR=0.50-2.00; p=0.479), two cones (IQR=1-4; n=150; 2 cones in 2022; IQR=1-4; p=0.928) or one joint (IQR=0.5-1; n=132; 1 joint in 2022; IQR=0.5-1; p=0.952).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=464), 63% reported recent use of hydroponic cannabis and 51% reported recent use of outdoor-grown 'bush', both of which significantly decreased relative to 2022

(70%; p=0.023 and 58%; p=0.036, respectively). In 2023, 9% of participants reported they had used hash, unchanged from 2022 (9%) and 7% had used hash oil (8% in 2022; p=0.618) in the preceding six months. Seven per cent of participants reported recent use of non-prescribed CBD extract in 2023, a significant decrease relative to 2022 (11%; p=0.021), and 13% reported use of non-prescribed THC extract, unchanged from 2022 (13%).

Figure 29: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Used	85	81	84	83	81	76	82	80	85	82	85	83	87	86	89	90	85	88	84	79	74
Median Days	56	48	48	48	40	24	29	24	48	60	48	32	50	49	60	48	60	48	48	48	30

Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (in 2022 only 10 people reported use of prescribed cannabis only). Further, in 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 12: Past six month non-prescribed use of cannabis and/or cannabinoid-related products, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	82	82	82	90	88	91	95	73
2004	85	83	78	91	81	84	87	70
2005	82	81	88	89	87	83	79	83
2006	73	83	79	82	83	85	84	92
2007	74	85	82	68	80	80	96	87
2008	71	86	84	74	74	85	40	81
2009	83	89	85	76	86	85	60	84
2010	78	89	89	72	84	81	~	72
2011	83	89	86	67	92	86	~	93
2012	86	92	85	69	88	77	~	81
2013	90	87	87	78	85	92	~	84
2014	85	74	81	76	87	86	84	87
2015	91	82	90	80	92	86	82	93
2016	85	85	86	77	97	87	82	86
2017	93	95	88	84	89	82	88	93
2018	91	88	84	94	85	86	93	95
2019	81	81	86	88	82	86	83	92
2020	91	85	89	84	90	87	91	90
2021	88	86	84	75	84	82	83	89
2022	71	81	82	81	75	84	~	76
2023	**66**	**80**	**67***	**78**	**70**	**85**	**~**	**75**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of non-prescribed hydroponic cannabis nationally in 2023 was $20 (IQR=20-25; n=50; $20 in 2022 (IQR=15-20; n=54; *p*=0.047). The median price per ounce of non-prescribed hydroponic cannabis nationally was $300 (IQR=250-400; n=57), unchanged relative to 2022 ($300; IQR=250-400; n=77; *p*=0.570) (Figure 30A).

Perceived Potency: Among those that were able to comment in 2023 (n=232), the perceived potency of non-prescribed hydroponic cannabis remained stable, relative to 2022 (*p*=0.281). The majority (51%) of participants reported potency to be 'high' (56% in 2022), and 29% reported potency to be 'medium' (23% in 2022) (Figure 31A).

Perceived Availability: Among those that were able to comment in 2023 (n=233), the perceived availability of non-prescribed hydroponic cannabis remained stable, relative to 2022 (*p*=0.204). The majority (73%) of participants reported non-prescribed hydroponic cannabis to be 'very easy' to obtain (64% in 2022), and 23% reported that it was 'easy' to obtain (29% in 2022) (Figure 32A).

Bush Cannabis

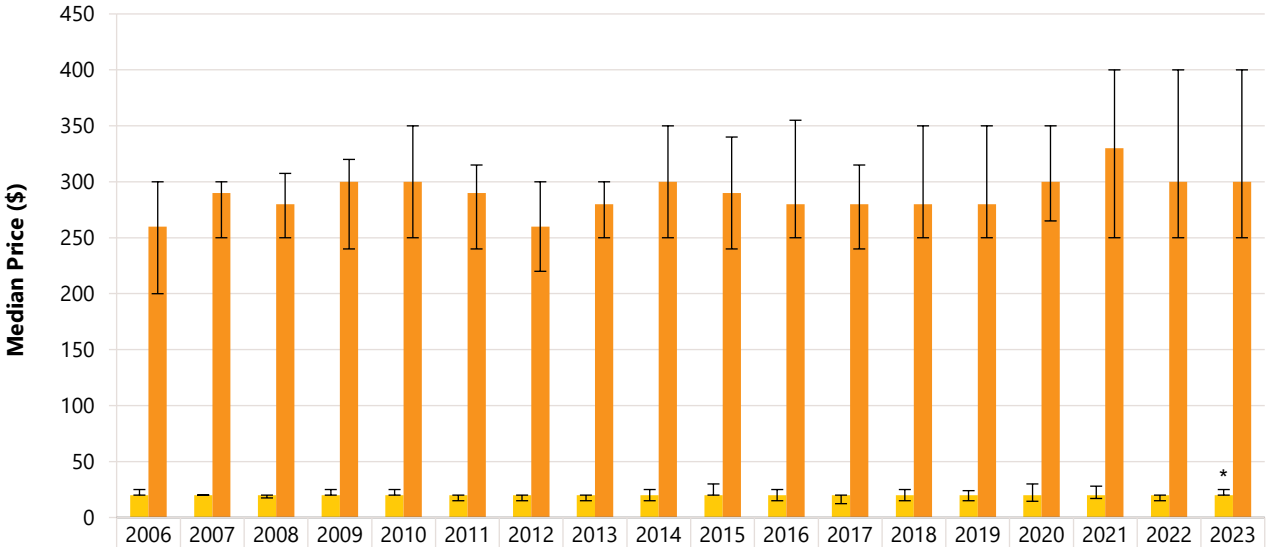
Price: The median price per gram of non-prescribed bush cannabis significantly increased from $17 (IQR=12-20; n=46) in 2022 to $20 (IQR=18-25; n=30; *p*=0.017) in 2023. The median price for an ounce of non-prescribed bush cannabis remained stable in 2023, at a median of $250 (IQR=210-290; n=35; $250 in 2022; IQR=230-300; n=55; *p*=0.729) (Figure 30B).

Perceived Potency: Among those that were able to comment in 2023 (n=175), the perceived potency of non-prescribed bush cannabis remained stable, relative to 2022 (*p*=0.437). Most participants reported potency as 'medium' (38%; 37% in 2022) and a further 37% reported 'high' potency (32% in 2022). Thirteen per cent reported potency to be 'fluctuating', unchanged from 2022 (13%) (Figure 31B).

Perceived Availability: Among those that were able to comment in 2023 (n=176), the perceived availability of non-prescribed bush cannabis significantly changed, relative to 2022 (*p*=0.001). Specifically, in 2023, more participants perceived non-prescribed bush cannabis as being 'very easy' to obtain (70%; 53% in 2022), while fewer perceived it as being 'easy' (25%; 32% in 2022) to obtain. Fewer participants also perceived it as being 'difficult' (5%; 13% in 2022) to obtain in 2023 (Figure 32B).

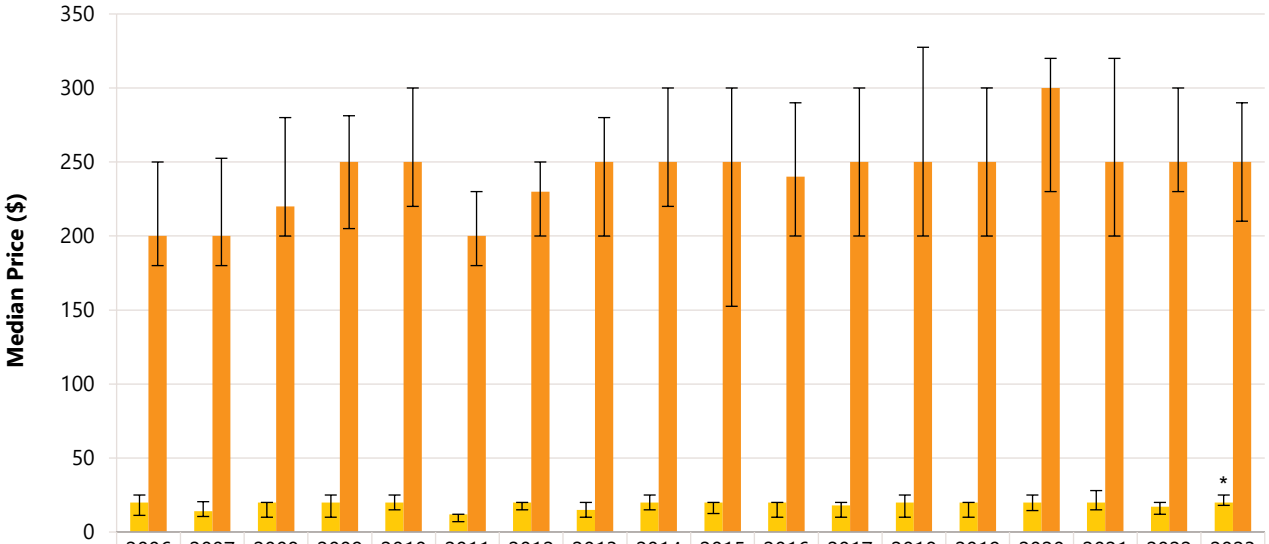
Figure 30: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2006-2023

(A) Hydroponic cannabis



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gram	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
Ounce	260	290	280	300	300	290	260	280	300	290	280	280	280	280	300	330	300	300

(B) Bush cannabis

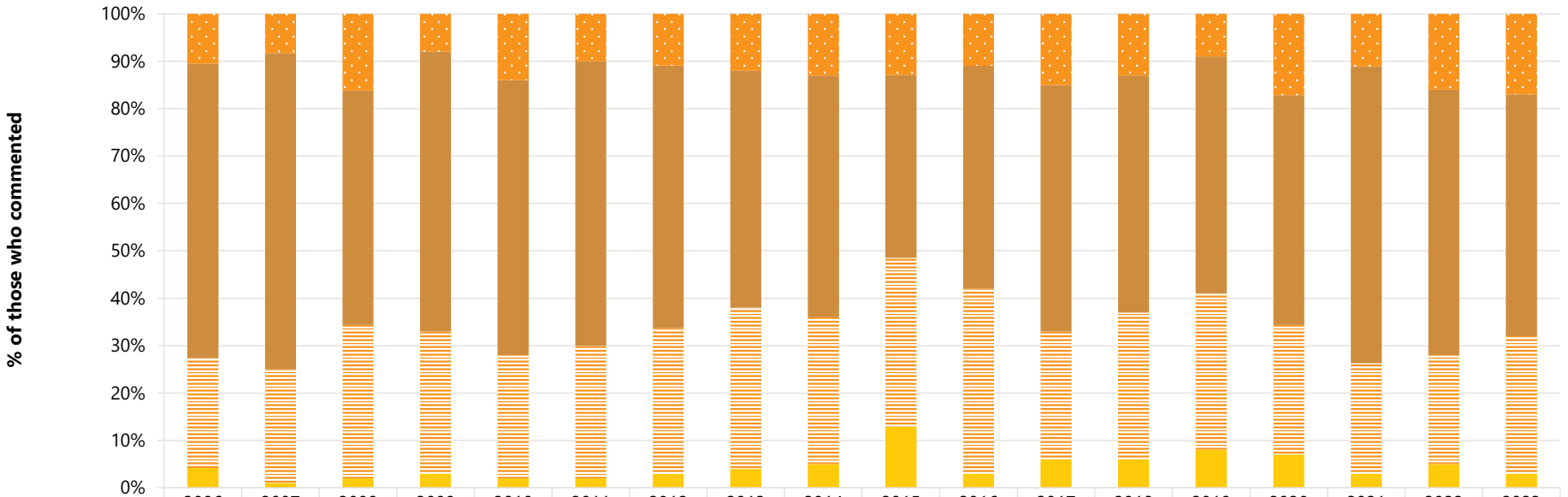


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gram	20	14	20	20	20	12	20	15	20	20	20	18	20	20	20	20	17	20
Ounce	200	200	220	250	250	200	230	250	250	250	240	250	250	250	300	250	250	250

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. The error bars represent the IQR. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

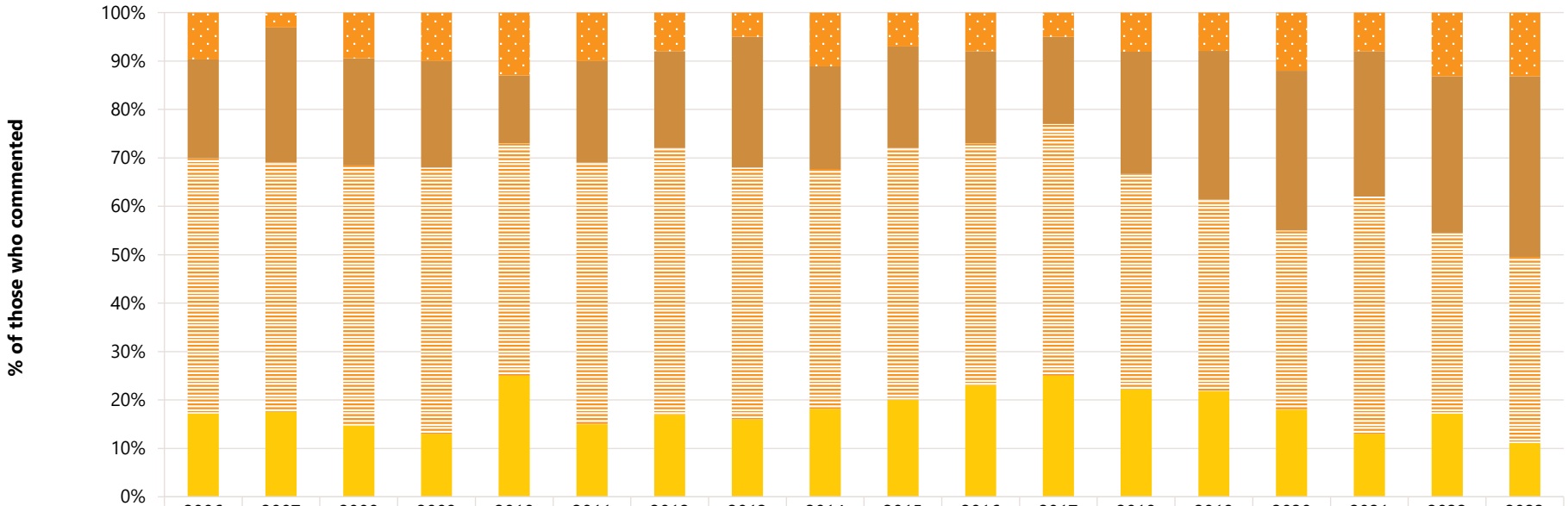
Figure 31: Current potency of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2006-2023

(A) Hydroponic cannabis



	2006 n=418	2007 n=310	2008 n=255	2009 n=371	2010 n=307	2011 n=308	2012 n=351	2013 n=346	2014 n=352	2015 n=381	2016 n=359	2017 n=379	2018 n=380	2019 n=404	2020 n=332	2021 n=322	2022 n=302	2023 n=232
Fluctuates	10	8	16	8	14	10	11	12	13	13	11	15	13	9	17	11	16	17
High	59	64	49	59	58	60	56	50	51	39	47	52	50	50	48	62	56	51
Medium	22	23	32	30	26	28	31	34	31	36	39	27	31	33	27	23	23	29
Low	4	1	2	3	2	2	3	4	5	13	3	6	6	8	7	3	5	3

(B) Bush cannabis

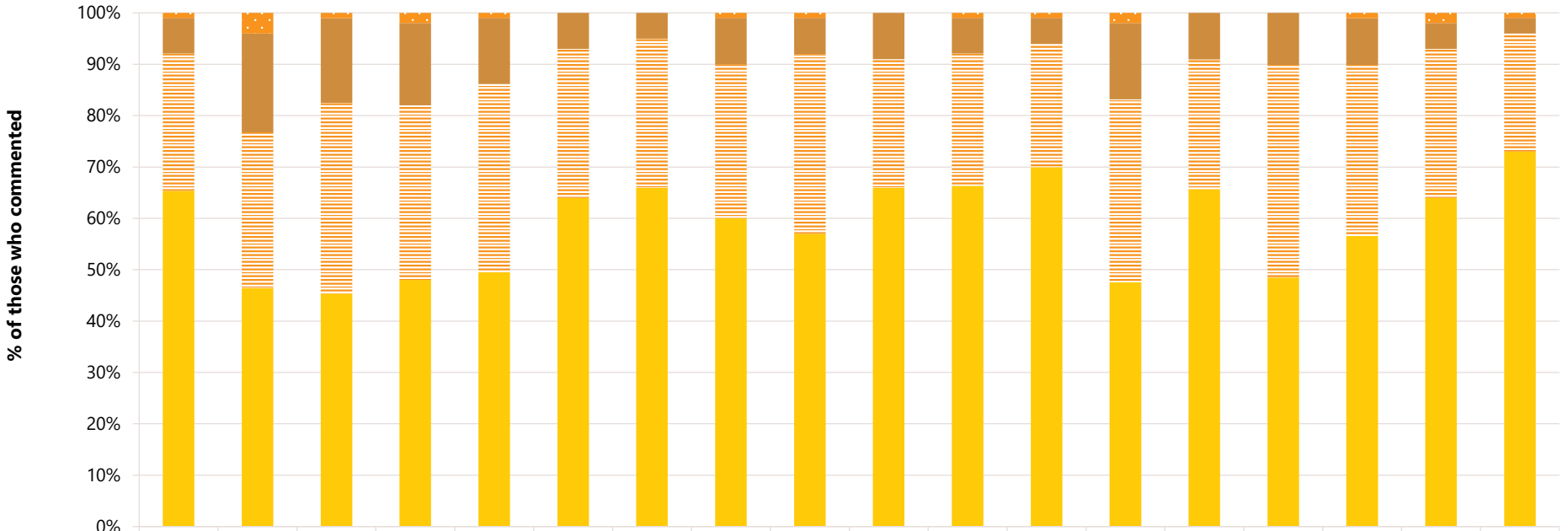


	2006 n=277	2007 n=201	2008 n=176	2009 n=284	2010 n=211	2011 n=229	2012 n=266	2013 n=279	2014 n=310	2015 n=291	2016 n=280	2017 n=334	2018 n=291	2019 n=326	2020 n=278	2021 n=278	2022 n=231	2023 n=175
Fluctuates	9	3	9	10	13	10	8	5	11	7	8	5	8	8	12	8	13	13
High	19	27	21	22	14	21	20	27	21	21	19	18	25	31	33	30	32	37
Medium	49	50	51	55	48	54	55	52	49	52	50	52	44	40	37	49	37	38
Low	16	17	14	13	25	15	17	16	18	20	23	25	22	22	18	13	17	11

Note. The response option 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

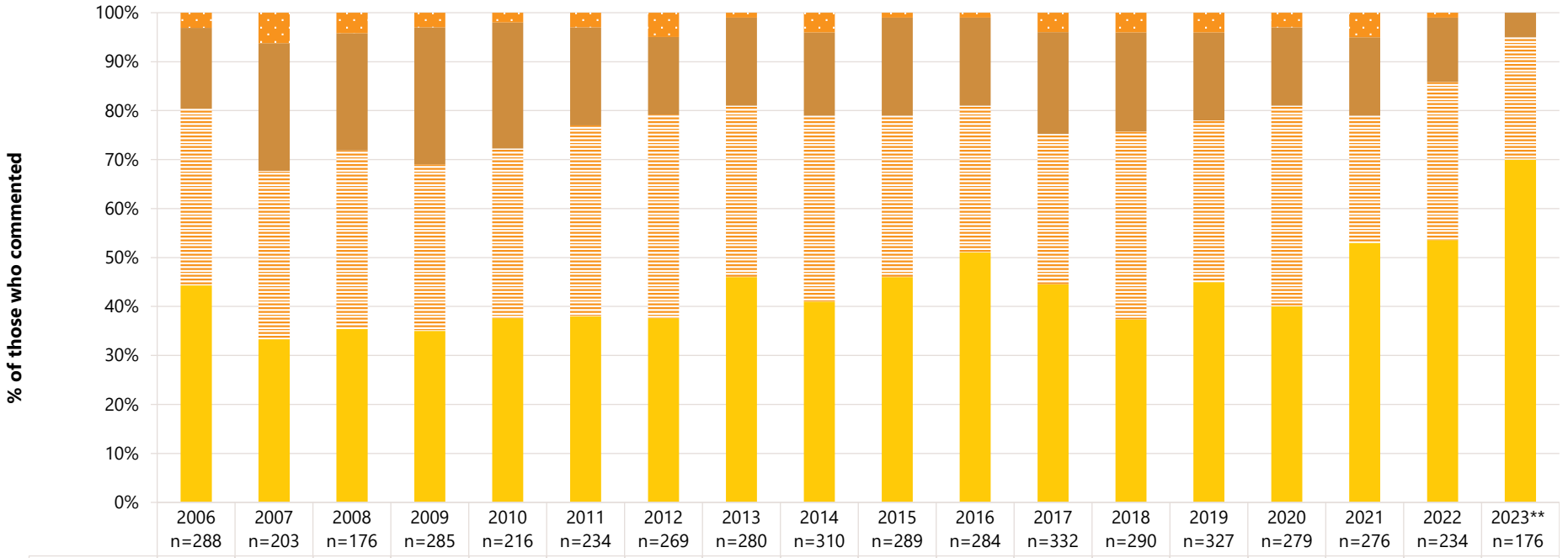
Figure 32: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2006-2023

(A) Hydroponic cannabis



	2006 n=433	2007 n=322	2008 n=258	2009 n=379	2010 n=312	2011 n=311	2012 n=355	2013 n=347	2014 n=359	2015 n=390	2016 n=360	2017 n=382	2018 n=383	2019 n=409	2020 n=341	2021 n=327	2022 n=304	2023 n=233
Very difficult	1	4	1	2	1	0	0	1	1	0	1	1	2	0	0	1	2	-
Difficult	7	19	16	16	13	7	5	9	7	9	7	5	15	9	10	9	5	3
Easy	27	30	36	34	37	29	29	30	35	25	26	24	36	25	41	33	29	23
Very easy	66	46	44	48	50	64	66	60	57	66	67	70	48	65	48	56	64	73

(B) Bush cannabis



	2006 n=288	2007 n=203	2008 n=176	2009 n=285	2010 n=216	2011 n=234	2012 n=269	2013 n=280	2014 n=310	2015 n=289	2016 n=284	2017 n=332	2018 n=290	2019 n=327	2020 n=279	2021 n=276	2022 n=234	2023** n=176
Very difficult	3	6	4	3	2	3	5	1	4	1	1	4	4	4	3	5	1	0
Difficult	16	25	23	28	26	20	16	18	17	20	18	21	20	18	16	16	13	5
Easy	35	33	35	34	35	39	42	35	38	33	30	31	38	33	41	26	32	25
Very easy	43	32	34	35	38	38	38	46	41	46	51	45	37	45	40	53	53	70

Note. The response option 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

Ketamine, LSD and DMT

Participants were asked about their recent (last six month) use of various forms of non-prescribed ketamine, lysergic acid diethylamide (LSD) and N,N-Dimethyltryptamine (DMT).

Non-Prescribed Ketamine

Patterns of Consumption

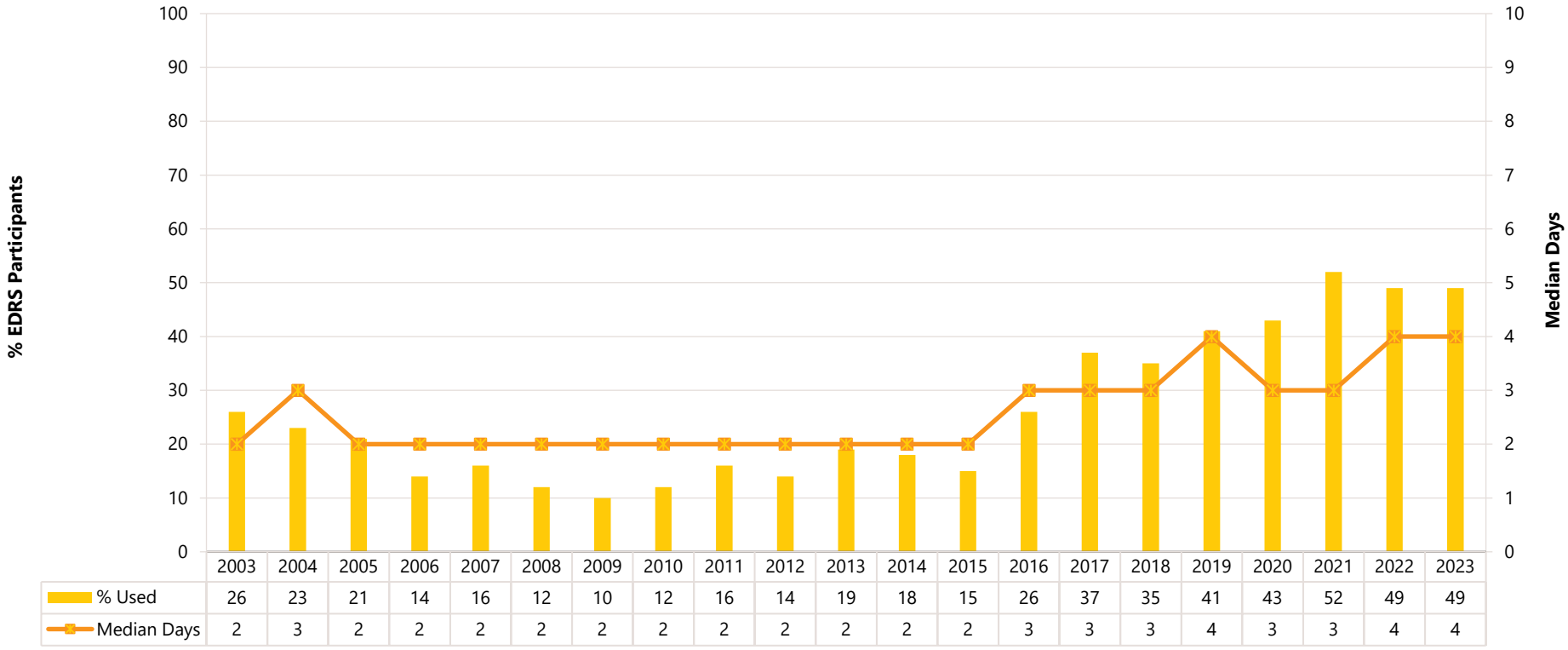
Recent Use (past 6 months): The per cent of the sample reporting recent use of non-prescribed ketamine declined from the beginning of monitoring to 2009, followed by an overall increase from 2009-2021, after which the per cent reporting recent use stabilised. In 2023, almost half (49%) of the national sample reported recent use, unchanged from 2022 (49%) (Figure 33). A significant increase was observed in the Canberra sample (56%; 39% in 2022; p=0.026) though a significant decrease was observed in the Brisbane/Gold Coast sample (35%; 51% in 2022; p=0.037) (Table 13).

Frequency of Use: Of those who had recently consumed non-prescribed ketamine and commented in 2023 (n=345), frequency of use remained stable at a median of four days in the six months preceding interview (IQR=2-8; 4 days in 2022; IQR=2-10; n=341; p=0.765) (Figure 33). Less than one in ten (8%) of those who had recently used non-prescribed ketamine reported weekly or more frequent use (7% in 2022; p=0.879).

Routes of Administration: Among participants who had recently consumed non-prescribed ketamine and commented (n=345), the most common route of administration was snorting (95%; 95% in 2022), followed by swallowing (6%; 7% in 2022; p=0.647). Smaller numbers (n≤5) reported smoking and shelving/shafting; therefore, numbers are suppressed.

Quantity: Among those who reported recent use and responded (n=196), the median amount used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50; p=0.280). Of those who reported recent use and responded (n=200), the median maximum quantity used in a session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2022; IQR=0.30-1.00; p=0.155).

Figure 33: Past six month use and frequency of use of non-prescribed ketamine, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Used	26	23	21	14	16	12	10	12	16	14	19	18	15	26	37	35	41	43	52	49	49
Median Days	2	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	4	3	3	4	4

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 13: Past six month use of non-prescribed ketamine, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	49	21	51	24	36	12	7	14
2004	39	15	45	-	39	10	18	16
2005	39	17	35	11	24	11	7	20
2006	27	15	29	6	11	-	-	12
2007	36	10	25	14	26	-	-	-
2008	30	6	20	6	20	-	0	-
2009	19	-	21	-	19	6	0	6
2010	24	6	23	6	13	-	~	8
2011	39	14	26	8	8	0	~	-
2012	24	14	35	-	10	-	~	7
2013	24	33	46	9	6	7	~	13
2014	23	6	63	14	-	11	15	-
2015	24	9	50	-	-	-	18	-
2016	50	20	72	-	15	18	11	22
2017	50	49	80	17	48	16	11	21
2018	54	29	90	23	24	22	11	28
2019	68	33	84	17	33	25	39	27
2020	53	47	78	52	32	31	24	28
2021	76	51	81	46	28	41	55	37
2022	56	39	88	38	29	39	~	51
2023	**54**	**56***	**82**	**51**	**37**	**36**	**~**	**35***

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

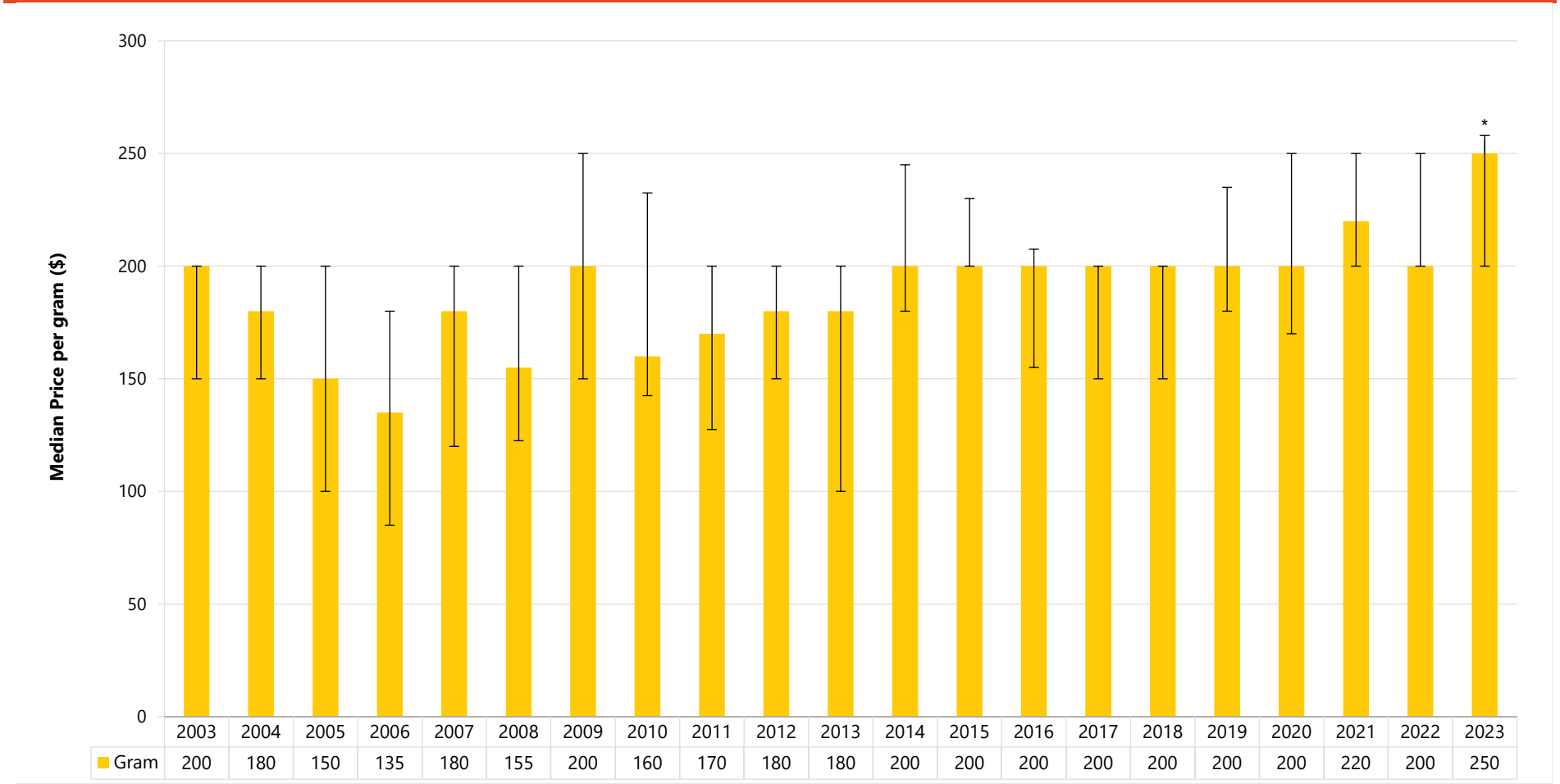
Price, Perceived Purity and Perceived Availability

Price: In 2023, participants reported a median price of $250 (IQR=200-258; n=150) per gram of non-prescribed ketamine, a significant increase relative to 2022 ($200; IQR=200-250; n=163; p=0.031) (Figure 34).

Perceived Purity: Among those able to comment in 2023 (n=260), the perceived purity of non-prescribed ketamine remained stable, relative to 2022 (p=0.081). Almost two thirds (65%) perceived purity as being 'high' (55% in 2022), and almost one fifth (19%) reported 'medium' perceived purity, (25% in 2022) (Figure 35).

Perceived Availability: Of those able to comment in 2023 (n=261), the perceived availability of non-prescribed ketamine significantly changed, relative to 2022 (p=0.002). One quarter (27%) perceived ketamine to be 'very easy' to obtain, an increase from 14% in 2022, and two fifths (41%) perceived ketamine to be 'easy' to obtain (43% in 2022). Conversely, 25% perceived ketamine to be 'difficult' to obtain, a decrease from 33% in 2022 (Figure 36).

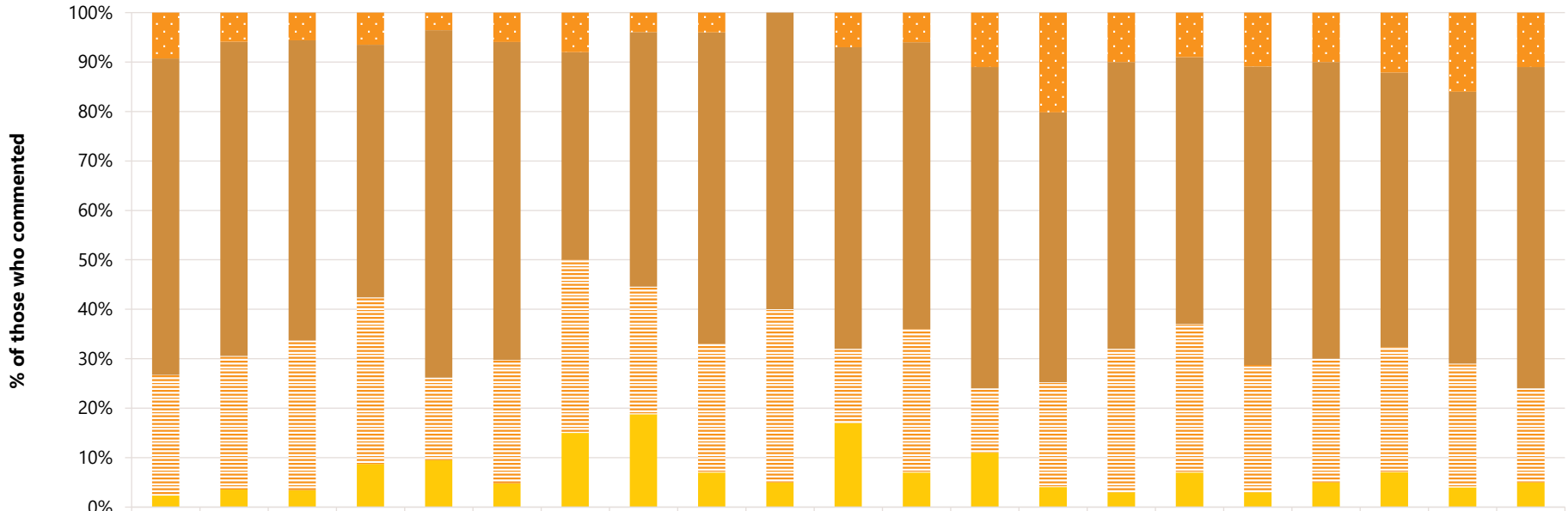
Figure 34: Median price of non-prescribed ketamine per gram, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Gram	200	180	150	135	180	155	200	160	170	180	180	200	200	200	200	200	200	200	220	200	250

Note. Among those who commented. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

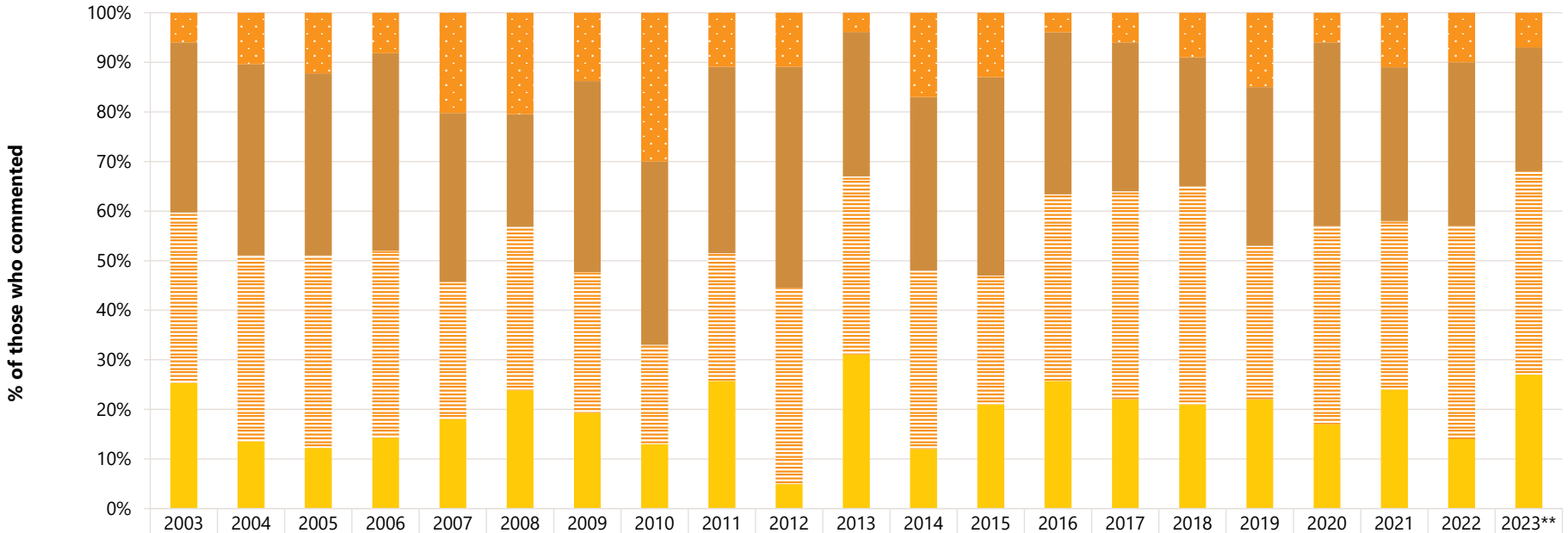
Figure 35: Current perceived purity of non-prescribed ketamine, nationally, 2003-2023



	2003 n=141	2004 n=105	2005 n=115	2006 n=47	2007 n=54	2008 n=47	2009 n=26	2010 n=27	2011 n=46	2012 n=37	2013 n=54	2014 n=55	2015 n=46	2016 n=98	2017 n=136	2018 n=168	2019 n=254	2020 n=207	2021 n=267	2022 n=251	2023 n=260
Fluctuates	8	5	5	6	3	5	8	4	4	0	7	6	11	20	10	9	11	10	12	16	11
High	55	54	54	47	59	54	42	52	63	60	61	58	65	54	58	54	61	60	55	55	65
Medium	21	23	27	31	14	21	35	26	26	35	15	29	13	21	29	30	26	25	25	25	19
Low	2	3	3	8	8	4	15	19	7	5	17	7	11	4	3	7	3	5	7	4	5

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 36: Current perceived availability of non-prescribed ketamine, nationally, 2003-2023



	2003 n=102	2004 n=118	2005 n=126	2006 n=50	2007 n=61	2008 n=49	2009 n=26	2010 n=30	2011 n=47	2012 n=38	2013 n=57	2014 n=58	2015 n=47	2016 n=101	2017 n=145	2018 n=170	2019 n=265	2020 n=211	2021 n=276	2022 n=256	2023** n=261
Very difficult	4	10	12	8	19	18	15	30	11	11	4	17	13	4	6	9	15	6	11	10	7
Difficult	23	37	36	39	32	20	42	37	38	45	30	35	40	33	30	26	32	37	31	33	25
Easy	23	36	38	37	26	29	31	20	26	40	37	36	26	38	42	44	31	40	34	43	41
Very easy	17	13	12	14	17	21	21	13	26	5	32	12	21	26	22	21	22	17	24	14	27

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

LSD

Patterns of Consumption

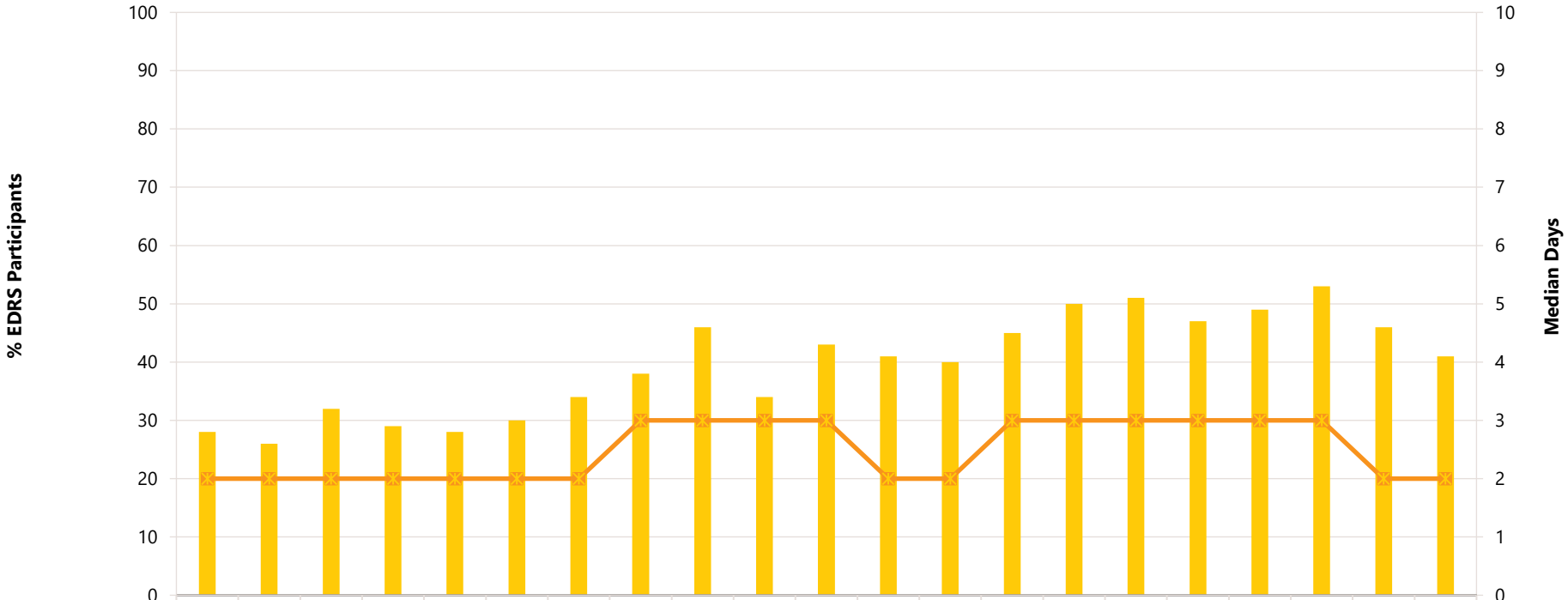
Recent Use (past 6 months): The per cent reporting any recent use of LSD gradually increased between 2003 and 2017, however has since remained relatively stable. In 2023, two fifths (41%) reported recent use of LSD, stable relative to 2022 (46%; p=0.079) (Figure 37). A significant decrease was observed, however, among the Hobart (38%; 57% in 2022; p=0.042) and Perth (36%; 54% in 2022; p=0.016) samples (Table 14).

Frequency of Use: Of those who had recently consumed LSD and commented (n=289), use was infrequent and stable, with participants reporting use on a median of two days (IQR=1-4) in 2023 (2 days in 2022; IQR=1-5; n=319; p=0.069) (Figure 37). Two per cent of those who had recently used LSD reported weekly or more frequent use (3% in 2022; p=0.800).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=289), 100% of participants reported swallowing (99% in 2022; p=0.251). No participants reported any other route of administration.

Quantity: Among those who reported recent use and responded (n=203), the median amount used in a 'typical' session was one tab (IQR=0.80-1.00; 1 tab in 2022; IQR=0.50-1.00; p=0.462). Of those who reported recent use and responded (n=202), the median maximum amount used in a session was one tab (IQR=1.00–2.00; 1 tab in 2022; IQR=1.00-2.00; p=0.436).

Figure 37: Past six month use and frequency of use of LSD, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Used	28	26	32	29	28	30	34	38	46	34	43	41	40	45	50	51	47	49	53	46	41
Median Days	2	2	2	2	2	2	2	3	3	3	3	2	2	3	3	3	3	3	3	2	2

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 14: Past six month use of LSD, by capital city, 2003-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2003	27	44	48	24	30	22	25	18
2004	20	23	40	32	36	11	31	18
2005	33	30	38	31	48	35	15	23
2006	17	18	37	29	34	25	41	38
2007	22	24	39	20	33	23	33	28
2008	18	37	29	41	35	21	16	32
2009	37	35	46	34	37	31	11	30
2010	44	41	49	27	35	35	~	38
2011	46	39	57	43	30	36	~	52
2012	43	38	38	30	19	33	~	34
2013	51	53	52	38	25	41	~	41
2014	43	19	49	35	35	45	43	57
2015	60	37	46	41	37	24	32	41
2016	65	40	52	39	30	50	32	55
2017	73	64	52	39	36	33	47	52
2018	71	43	64	41	36	39	52	61
2019	48	42	55	44	43	43	52	53
2020	44	41	61	60	52	43	42	49
2021	57	45	53	63	35	55	59	60
2022	41	31	57	57	30	54	~	53
2023	**37**	**42**	**55**	**38***	**33**	**36***	**~**	**42**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

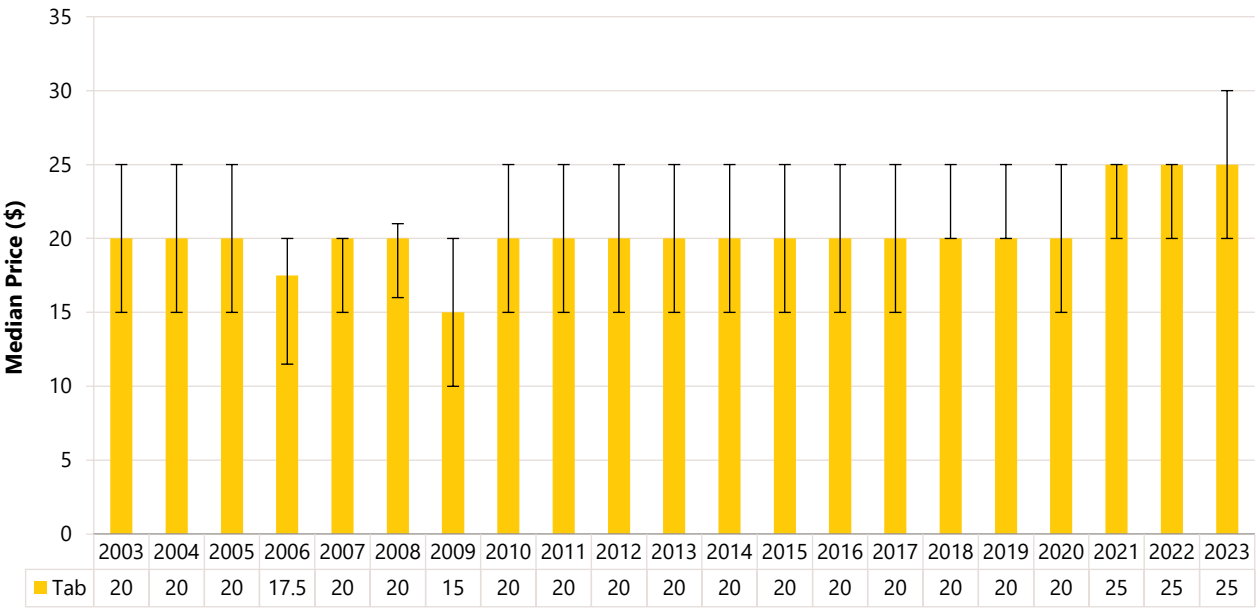
Price, Perceived Purity and Perceived Availability

Price: In 2023, participants reported a median price of $25 per tab (IQR=20-30; n=157), unchanged from $25 in 2022 (IQR=20-25; n=148; p=0.075), but higher than the median price reported between 2003 and 2020 (Figure 38).

Perceived Purity: Among those who commented in 2023 (n=264), the perceived purity of LSD remained stable, relative to 2022 (p=0.699). Specifically, almost three fifths (58%) reported purity as 'high' (60% in 2022), and one quarter (27%) reported it as 'medium' (23% in 2022) (Figure 39).

Perceived Availability: Among those able to comment in 2023 (n=270), the perceived availability of LSD significantly changed, relative to 2022 (p<0.001). One third (35%) perceived LSD to be 'easy' to obtain, a decrease from 46% in 2022. In contrast, 34% reported LSD to be 'difficult' to obtain, an increase from 22% in 2022 (Figure 40).

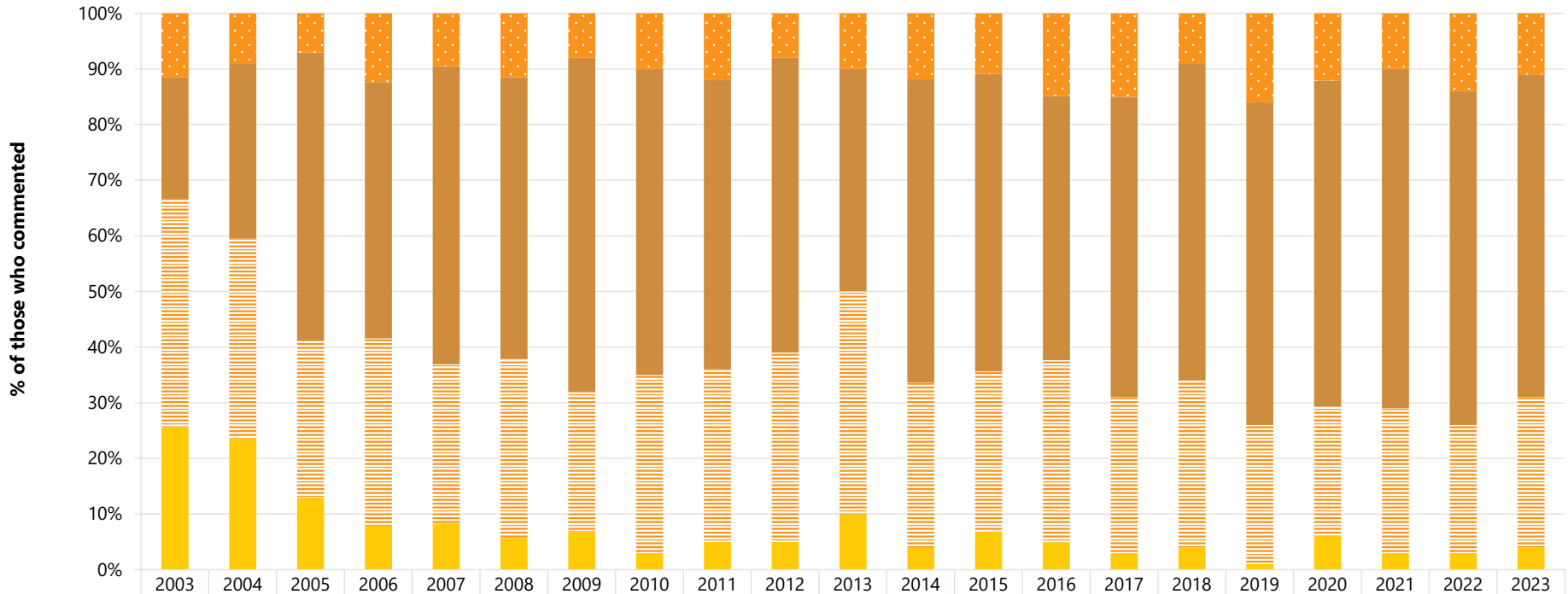
Figure 38: Median price of LSD per tab, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Tab	20	20	20	17.5	20	20	15	20	20	20	20	20	20	20	20	20	20	20	25	25	25

Note. Among those who commented. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

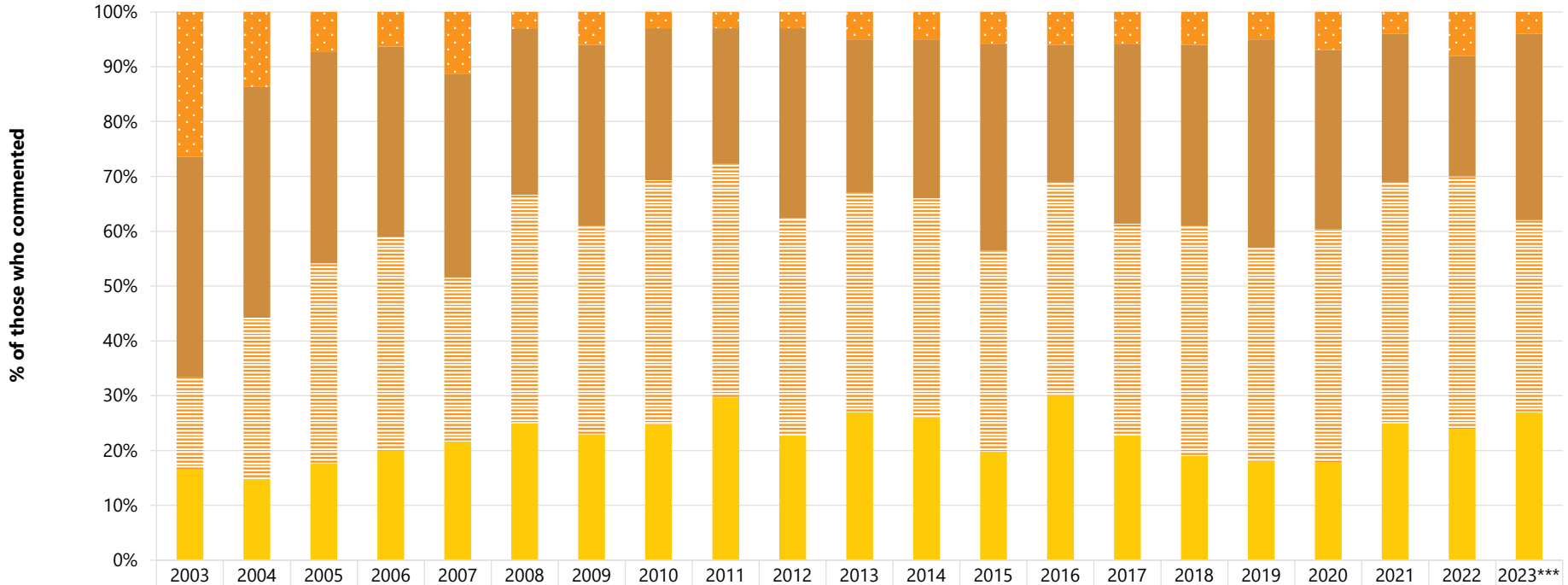
Figure 39: Current perceived purity of LSD, nationally, 2003-2023



	2003 n=225	2004 n=199	2005 n=228	2006 n=176	2007 n=163	2008 n=165	2009 n=192	2010 n=184	2011 n=229	2012 n=185	2013 n=238	2014 n=244	2015 n=226	2016 n=286	2017 n=338	2018 n=362	2019 n=412	2020 n=326	2021 n=355	2022 n=273	2023 n=264
Fluctuates	9	8	6	11	8	10	8	10	12	8	10	12	11	15	15	9	16	12	10	14	11
High	17	28	44	41	45	44	60	55	52	53	40	55	54	48	54	57	58	58	61	60	58
Medium	32	32	24	30	24	28	25	32	31	34	40	30	29	33	28	30	25	23	26	23	27
Low	20	21	11	7	7	5	7	3	5	5	10	4	7	5	3	4	1	6	3	3	4

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 40: Current perceived availability of LSD, nationally, 2003-2023



	2003 n=192	2004 n=214	2005 n=255	2006 n=186	2007 n=190	2008 n=182	2009 n=207	2010 n=195	2011 n=236	2012 n=200	2013 n=247	2014 n=254	2015 n=231	2016 n=297	2017 n=344	2018 n=371	2019 n=424	2020 n=338	2021 n=364	2022 n=272	2023*** n=270
Very difficult	19	13	7	6	11	3	6	3	3	3	5	5	6	6	6	6	5	7	4	8	4
Difficult	29	40	37	33	36	29	33	28	25	35	28	29	38	25	33	33	38	33	27	22	34
Easy	12	28	35	37	29	40	38	45	43	40	40	40	37	39	39	42	39	43	44	46	35
Very easy	12	14	17	19	21	24	23	25	30	23	27	26	20	30	23	19	18	18	25	24	27

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

DMT

Patterns of Consumption

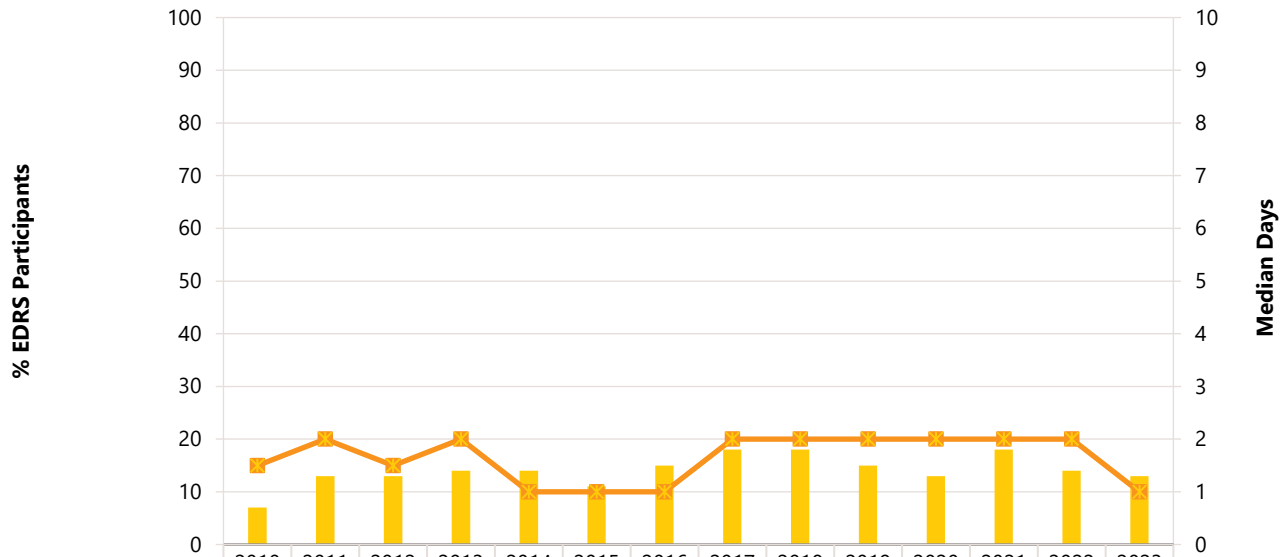
Recent Use (past 6 months): The per cent reporting recent DMT use has fluctuated over the reporting period, however, has consistently remained below 20%. In 2023, 13% of participants reported recent use, stable relative to 2022 (14%; p=0.527) (Figure 41). Use remained stable in all capital city samples except in the Melbourne sample, where a significant decrease was observed (n≤5; 18% in 2022; p=0.007) (Table 15).

Frequency of Use: Use has remained infrequent and stable over the monitoring period, with a median of one day of use (IQR=1-3; n=89) reported by participants in 2023 (2 days of use in 2022; IQR=1-3; n=98; p=0.154) (Figure 41).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=90), the most common route of administration was smoking (98%; 97% in 2022). Few participants (n≤5) reported swallowing and snorting; therefore, numbers are suppressed.

Quantity: Among those who reported recent use and responded (n=30), the median amount used in a 'typical' session was 10 mgs (IQR=1-48; 30 mgs in 2022; IQR=1-50; p=0.474). Of those who reported recent use and responded (n=29), the median maximum amount used in a session was 10 mgs (IQR=1-50; 40 mgs in 2022; IQR=1-70; p=0.346).

Figure 41: Past six month use and frequency of use of DMT, nationally, 2010-2023



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Used	7	13	13	14	14	11	15	18	18	15	13	18	14	13
Median Days	2	2	2	2	1	1	1	2	2	2	2	2	2	1

Note. Data collection for DMT started in 2010. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 15: Past six month use of DMT, by capital city, 2010-2023

%	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2010	7	-	15	7	-	8	~	-
2011	8	18	29	-	8	25	~	6
2012	15	14	14	6	-	22	~	15
2013	9	8	25	11	14	22	~	14
2014	11	7	30	9	10	19	8	18
2015	10	6	25	-	11	13	6	9
2016	15	12	23	-	10	18	16	23
2017	20	21	23	-	22	23	13	18
2018	17	16	29	9	23	17	12	16
2019	17	13	16	6	16	22	17	16
2020	18	7	10	13	13	20	7	16
2021	14	18	16	16	13	27	13	26
2022	15	9	18	10	6	29	~	12
2023	**8**	**13**	**-****	**10**	**12**	**26**	**~**	**16**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). ~Due to the particularly small samples (n<50) recruited in Darwin in 2010-2013 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006 and 2008 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

9

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. Participants were asked about their recent (past six month) use of various NPS.

New Psychoactive Substances (NPS)

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

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

Patterns of Consumption

Recent Use (past 6 months)

Any NPS use, including plant-based NPS, has fluctuated over time, peaking at 44% in 2013 and declining to 11% in 2023, unchanged from 2022 (11%; p=0.671), and remaining as the lowest percentage reported since monitoring commenced (Table 16).

Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 42% in 2013 and declining to 9% in 2023, also unchanged from 2022 (9%; p=0.851), and additionally remaining as the lowest percentage observed since monitoring commenced (Table 17).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest.

Historically, the 2C class and synthetic cannabinoids were the most highly endorsed NPS classes, both peaking in 2013 (20% and 16%, respectively), however use of these substances has since declined considerably. In 2023, 5% reported recent use of any 2C substance, stable relative to 2022 (3%; p=0.116). Few participants (n≤5) reported recent use of synthetic cannabinoids in 2023 (1% in 2022; p=0.418). Similarly, recent use of mephedrone (the most commonly reported NPS in 2010) has decreased considerably over the past decade, with few participants (n≤5) reporting use in 2022 and 2023.

In 2023, plant-based NPS were the second most commonly used NPS class (after the 2C class), although there was a significant decline in the per cent of the national sample who reported recent use of mescaline (1%; 3% in 2022; p=0.002). This was followed by benzodiazepine NPS (2%; 1% in 2022; p=0.048) and dissociative NPS (2%; 1% in 2022; p=0.026), both of which increased significantly from 2022 (Table 17).

Table 16: Past six month use of any NPS (including plant-based NPS), nationally, and by capital city, 2010-2023

%	National	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2010	**24**	10	15	29	49	23	32	~	16
2011	**36**	35	36	40	33	49	54	~	22
2012	**40**	42	53	45	26	43	29	~	48
2013	**44**	52	48	45	34	38	45	~	47
2014	**35**	34	17	34	38	38	39	25	56
2015	**37**	40	33	36	22	49	32	39	39
2016	**28**	38	27	31	14	28	21	25	41
2017	**26**	32	25	29	17	31	22	26	26
2018	**23**	26	20	28	23	29	13	17	27
2019	**20**	16	28	17	18	27	8	19	27
2020	**15**	23	13	12	10	17	9	13	21
2021	**16**	17	18	23	11	10	10	20	15
2022	**11**	12	9	16	-	12	13	~	13
2023	**11**	**13**	**18**	**12**	**-**	**10**	**7**	**~**	**12**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 8 and Chapter 10, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. ~Due to the particularly small samples recruited in Darwin in 2010-2012 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006, 2008 and 2013 should be interpreted with caution. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from figure. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 17: Past six month use of any NPS (excluding plant-based NPS), nationally, and by capital city, 2010-2023

%	National	Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/GC
2010	**24**	9	15	28	48	22	31	~	15
2011	**33**	31	26	37	33	47	50	~	21
2012	**37**	42	49	40	24	37	27	~	48
2013	**42**	52	44	45	33	36	43	~	44
2014	**34**	34	17	34	36	35	39	22	52
2015	**34**	36	32	33	18	44	32	38	39
2016	**27**	35	24	29	14	25	21	25	40
2017	**24**	29	24	27	17	25	21	24	25
2018	**21**	26	18	27	21	26	12	16	25
2019	**19**	16	28	16	18	24	6	19	22
2020	**12**	18	11	12	8	12	7	10	19
2021	**14**	16	17	21	10	8	9	14	14
2022	**9**	9	7	15	-	7	13	~	8
2023	**9**	**11**	**16**	**12**	**-**	**9**	**6**	**~**	**9**

Note. Syd=Sydney; Can=Canberra; Mel=Melbourne; Hob=Hobart; Ade=Adelaide; Per=Perth; Dar=Darwin and Bri/GC=Brisbane (including Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016)). Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 8 and Chapter 10, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. ~Due to the particularly small samples recruited in Darwin in 2010-2012 and 2022-2023, data from these years are not presented in this table; furthermore, data from Darwin in 2006, 2008 and 2013 should be interpreted with caution. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from figure. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Table 18: Past six month use of NPS by drug type, nationally, 2010-2023

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=693	N=574	N=607	N=686	N=800	N=763	N=795	N=785	N=799	N=797	N=805	N=774	N=700	N=708
% Phenethylamines^	7	14	12	20	20	18	13	12	9	7	6	7	4	**6**
Any 2C substance~	6	14	12	20	15	14	11	9	8	6	5	6	3	**5**
NBOMe	/	/	/	/	9	7	4	5	2	2	1	1	1	-
DO-x	1	1	0	-	-	0	0	1	-	-	0	0	-	-
4-FA	/	/	/	/	/	/	-	-	0	0	0	0	-	-
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
% Tryptamines^^	0	2	-	1	1	0	1	1	1	2	1	2	1	**1**
5-MeO-DMT	-	5	-	1	1	-	1	1	1	2	1	2	1	**1**
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	/	/	/	**/**
% Synthetic cathinones	19	18	11	9	8	8	3	5	4	5	1	1	1	**1**
Mephedrone	16	13	5	6	5	3	1	1	-	1	0	-	-	-
Methylone/bk MDMA	/	5	5	3	3	4	2	4	3	3	0	0	-	**0**
MDPV/Ivory wave	-	2	3	1	1	1	0	-	0	-	0	0	-	**0**
Alpha PVP	/	/	/	/	/	/	-	-	-	-	0	0	-	**0**
Other substituted cathinone	/	/	-	0	-	-	0	-	-	/	/	/	/	**/**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0	-	-
N-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	0	0	-	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0	-	-
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
4-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3 - methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	-	-
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	-	-
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
% Piperazines	5	2	1	**-**	**-**	0	0	-	/	/	/	/	/	**/**
BZP	5	2	1	-	-	0	0	-	/	/	/	/	/	**/**
% Dissociatives	/	/	1	2	2	2	3	2	0	2	1	2	1	**2***
Methoxetamine (MXE)	/	/	1	2	2	2	3	2	0	2	0	1	-	-
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	-	-
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	-
% Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	1	-	**2***

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=693	N=574	N=607	N=686	N=800	N=763	N=795	N=785	N=799	N=797	N=805	N=774	N=700	N=708
% Plant-based NPS	2	7	8	6	4	5	5	5	3	3	5	5	4	**3**
Ayahuasca	/	/	/	/	/	0	-	1	-	1	1	1	1	-
Mescaline	2	4	2	3	2	2	2	3	2	2	2	3	3	**1****
Salvia divinorum	/	2	3	2	2	1	2	2	1	1	2	-	-	-
Kratom											-	1	-	**1**
LSA	/	1	3	2	1	1	1	/	/	/	/	/	/	**/**
Datura	0	-	-	0	0	0	0	/	/	/	/	/	/	**/**
% Benzodiazepines	/	/	/	/	/	/	1	1	1	2	1	2	1	**2***
Etizolam	/	/	/	/	/	/	1	1	1	1	0	1	-	-
8 - Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	1	**1**
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-
% Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	1	0	0	-	-
% Synthetic cannabinoids	**/**	6	15	16	7	6	4	2	3	3	4	2	1	-
% Herbal high#	/	/	12	8	4	5	4	2	2	2	**/**	/	/	**/**
% Phenibut	/	/	/	/	/	/	/	/	**/**	2	0	1	-	-
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	-	-	-	0	0	-	**0**
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	1	1	0	-	-	**0**
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	1	-	1	1	-	-	-
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	1	2	1	2	2	-

Note. NPS first asked about in 2010. / Not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 8 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019 three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

10

Other Drugs

Participants were asked about their recent (past 6 month) use of various other drugs, including non-prescribed use of pharmaceutical drugs (i.e., use of a prescribed drug obtained from a prescription in someone else's name) and use of licit substances (e.g., alcohol, tobacco).

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2023, 12% of the sample reported using non-prescribed codeine in the past six months, stable relative to 2022 (12%; p=0.933) (Figure 42).

Recent Use for Non-Pain Purposes: Eight per cent of the sample reported recently using non-prescribed codeine for non-pain purposes (7% in 2022; p=0.765) (65% of those who had recently used non-prescribed codeine; 60% in 2022).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented (n=84) reported use on a median of four days (IQR=2-8) in the six months preceding interview, stable from 2022 (3 days; IQR=2-6; n=85; p=0.480).

Pharmaceutical Opioids

Recent Use (past 6 months): The per cent of participants reporting any past six month use of non-prescribed pharmaceutical opioids, excluding codeine (e.g., methadone, buprenorphine, oxycodone, morphine, fentanyl), remained stable at 9% (8% in 2022; p=0.921) (Figure 42).

Frequency of Use: Frequency of use remained low and stable in 2023 at a median of four days (IQR=2-7; n=61) in the six months prior to interview (3 days in 2022; IQR=1-7; n=57; p=0.735).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has fluctuated over time, peaking at 41% in 2018 and 2019, and declining shortly thereafter. In 2023, 29% of the sample reported recent use of non-prescribed benzodiazepines, a significant decline from 2022 (36%; p=0.010) (Figure 42). From 2019, participants were asked about non-prescribed alprazolam use versus 'other' non-prescribed benzodiazepine use. In 2023, 16% of the sample reported recent use of non-prescribed alprazolam, stable relative to 2022 (20%; p=0.056). Recent use of non-prescribed 'other' benzodiazepines also remained stable, with one fifth (22%) reporting recent use in 2023 (26% in 2022; p=0.143).

Frequency of Use: Participants who had recently used non-prescribed alprazolam and commented (n=115) reported use on a median of four days in the six months preceding interview (IQR=2-13; 4 days in 2022; IQR=2-10; n=142; p=0.776). Those who had recently used 'other' non-prescribed

benzodiazepines and could comment (n=157), reported use on a median of five days (IQR=2-12; 4 days in 2022; IQR=2-10; n=181; *p*=0.097).

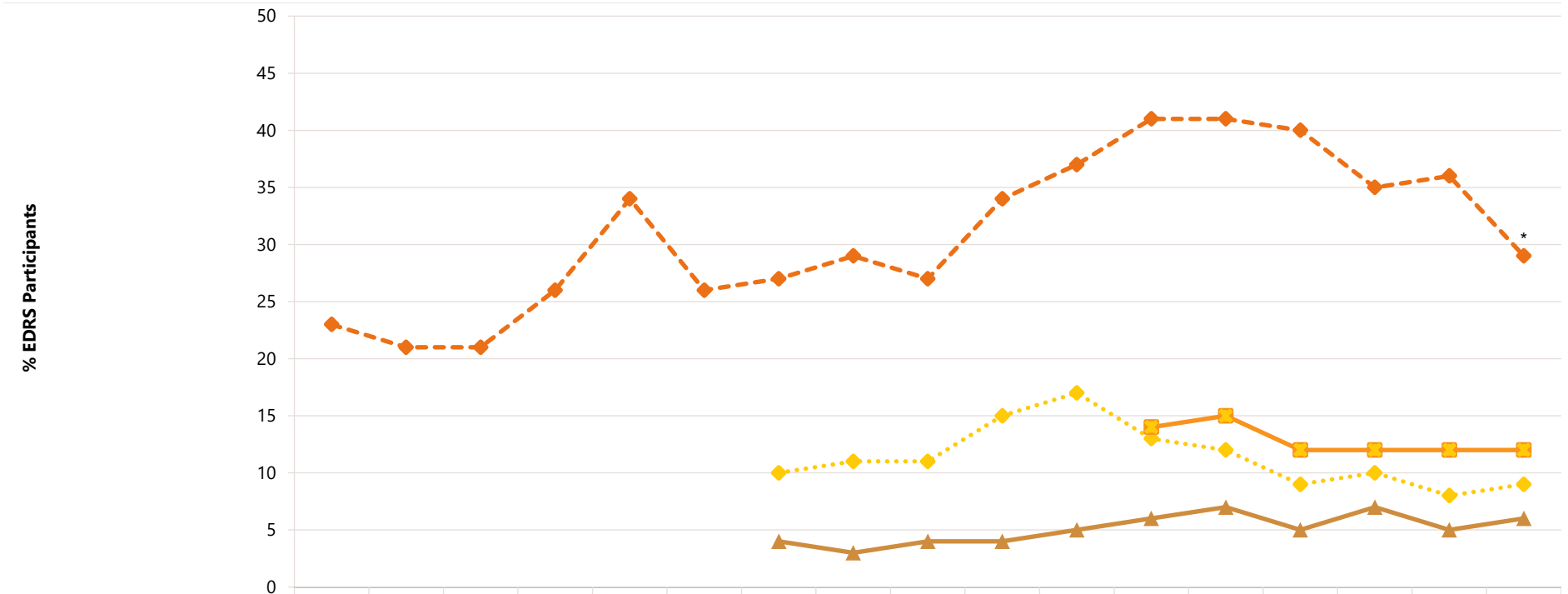
Forms Used: Among participants who had recently consumed non-prescribed benzodiazepines and commented in 2023 (n=33), the main brand used in the six months preceding interview significantly changed, relative to 2022 (*p*<0.001). Specifically, one third of participants reported that Valium (diazepam) was the main brand used (33%) in 2023, a decrease from 73% in 2022. In contrast, more participants reported that the generic form of diazepam was the main brand used in 2023 (27%), compared with 9% in 2022.

Antipsychotics

Recent Use (past 6 months): Six per cent of the sample reported recent use of non-prescribed antipsychotics in 2023 (5% in 2022; *p*=0.904) (Figure 42).

Frequency of Use: Participants reported using non-prescribed antipsychotics on median of five days in the six months preceding interview (IQR=2-42; n=40; 4 days in 2022; IQR=2-15; n=37; *p*=0.787).

Figure 42: Non-prescribed use of pharmaceutical medicines in the past six months, nationally, 2007-2023



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Pharmaceutical Opioids							10	11	11	15	17	13	12	9	10	8	9
Codeine												14	15	12	12	12	12
Benzodiazepines	23	21	21	26	34	26	27	29	27	34	37	41	41	40	35	36	29
Antipsychotics							4	3	4	4	5	6	7	5	7	5	6

Note. Non-prescribed use is reported for prescription medicines. Empty cell(s) indicates question not asked in respective year (data collection for benzodiazepines commenced in 2007, and pharmaceutical opioids and antipsychotics in 2013. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2023), with high-dose codeine excluded from pharmaceutical opioids from 2018. Secondary Y axis reduced to 50% to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Two fifths (42%) of the national sample had used hallucinogenic mushrooms in the six months preceding interview, stable relative to 2022 (46%; p=0.220) (Figure 43).

Frequency of Use: Use of hallucinogenic mushrooms remained infrequent in 2023, with participants reporting a median of two days of use (IQR=1-4; n=300), stable relative to 2022 (3 days; IQR=1-5; n=320; p=0.085).

MDA

Recent Use (past 6 months): Four per cent of the national sample reported using MDA in the six months preceding interview, stable from 2022 (5%; p=0.263) (Figure 43).

Frequency of Use: Use remained infrequent, at a median of two days in the six months preceding interview (IQR=1-3; n=29), stable from 2022 (2 days; IQR=1-4; n=38; p=0.389).

Substance with Unknown Contents

Capsules: Use of capsules with 'unknown contents' peaked in 2017 (20%), however has since declined. In 2023, 3% of the sample reported recent use, stable from 2022 (4%; p=0.333) (Figure 43).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. In 2023, 13% of participants reported use of any substance with 'unknown contents' (16% in 2022; p=0.118) on a median of one day in the preceding six months (IQR=1-3; n=90), stable from 2022 (1 day; IQR=1-3; n=112; p=0.688).

When broken down by substance form, 3% of the 2023 sample reported using pills of 'unknown content', a significant decrease from 6% in 2022 (p=0.042). Seven per cent had recently used powder of 'unknown content' (9% in 2022; p=0.281) and 2% had recently consumed crystal of 'unknown content' (2% in 2022).

Quantity: From 2020, we asked participants about the average amount of pills and capsules with 'unknown contents' used in the six months preceding interview. In 2023, among those who reported recent use of pills with 'unknown contents' and responded (n=23), the median 'typical' amount used in a session was one pill (IQR=1-2; 1 pill in 2022; IQR=1-2; p=0.493). Of those who reported recent use of capsules with 'unknown contents' and responded (n=23), the median 'typical' amount used in a session was 1.5 capsules (IQR=1-3; 1 capsule in 2022; IQR=1-2; p=0.351).

PMA

Due to low numbers (n≤5) reporting recent use of PMA, numbers have been suppressed (Figure 43).

PMMA

Due to low numbers (n≤5) reporting recent use of PMMA, numbers have been suppressed (Figure 43).

Heroin

Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin (2% in 2023; 2% in 2022; p=0.575) over the reporting period (Figure 43).

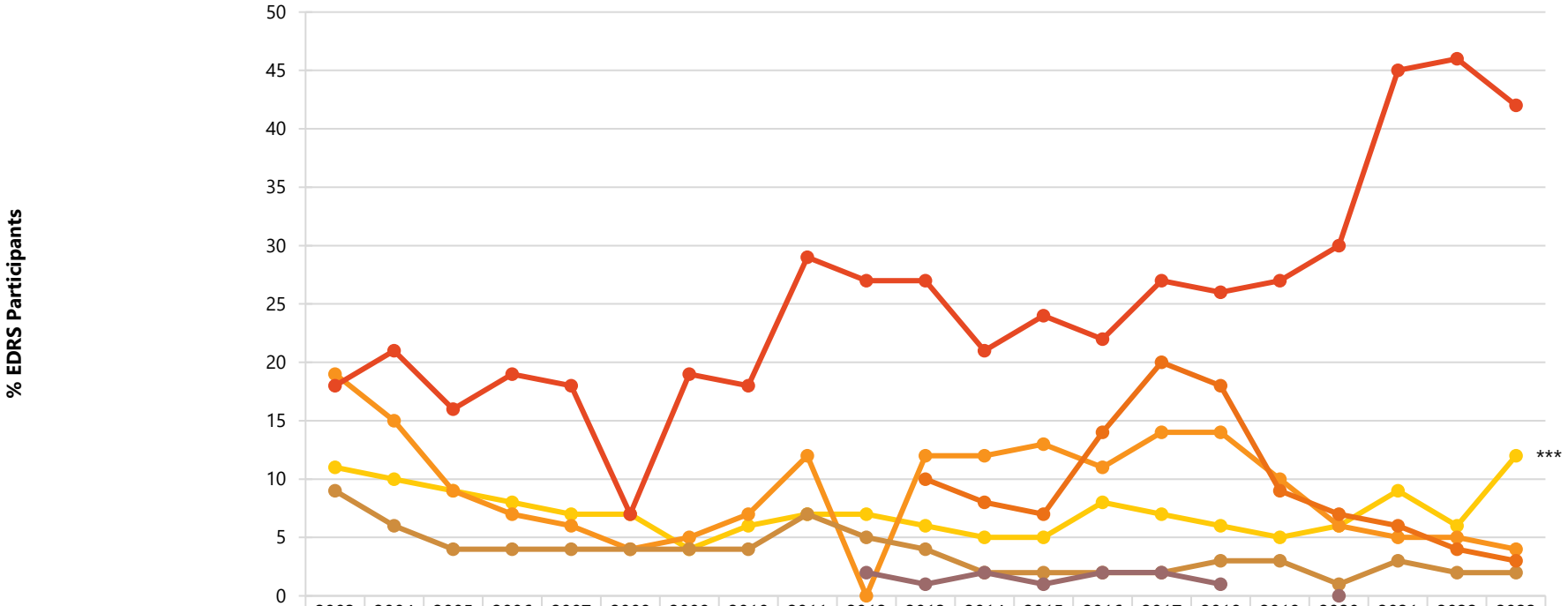
Frequency of Use: Participants reported a median of five days of use (IQR=1-10; n=13) in 2023, stable from 2022 (3 days; IQR=2-6; n=16; p=0.722).

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

Recent Use (past 6 months): Twelve per cent of the national sample reported recent use of GHB/GBL/1,4-BD in 2023, a significant increase from 6% in 2022 (p<0.001) (Figure 43).

Frequency of Use: GHB/GBL/1,4-BD was used on a median of three days (IQR=1-15, n=82) in 2023, stable relative to 2022 (2 days; IQR=1-6; n=45; p=0.192).

Figure 43: Past six month use of other illicit drugs, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
GHB/GBL/1,4 BD	11	10	9	8	7	7	4	6	7	7	6	5	5	8	7	6	5	6	9	6	12
MDA	19	15	9	7	6	4	5	7	12	0	12	12	13	11	14	14	10	6	5	5	4
Heroin	9	6	4	4	4	4	4	4	7	5	4	2	2	2	2	3	3	1	3	2	2
Capsules contents unknown											10	8	7	14	20	18	9	7	6	4	3
Hallucinogenic Mushrooms	18	21	16	19	18	7	19	18	29	27	27	21	24	22	27	26	27	30	45	46	42
PMA								-	-	2	1	2	1	2	2	1	-	0	-	-	-
PMMA																				-	-

Note. Empty cell(s) indicates question not asked in respective year (data collection for PMA commenced in 2010, PMMA in 2022 and capsules with 'contents unknown' in 2013; note that from 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')). Secondary Y axis reduced to 50% to improve visibility of trends. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the sample have reported recent alcohol use each year since monitoring began (94% in 2023; 95% in 2022; p=0.642) (Figure 44).

Frequency of Use: Participants who had recently used alcohol reported use on a median of 48 days (IQR=20-72; n=665; 48 days in 2022; IQR=24-72; n=663; p=0.004). Almost three quarters (73%) of those who had recently used alcohol reported weekly or more frequent use, a significant decrease from 78% in 2022 (p=0.021). This figure includes 5% who reported daily use (4% in 2022; p=0.495).

Tobacco

Recent Use (past 6 months): Almost two thirds (64%) of participants reported recent use of tobacco in 2023, a significant decrease relative to 2022 (72%; p<0.001) and the lowest per cent since monitoring began (Figure 44).

Frequency of Use: Participants who had recently used tobacco reported use on a median of 50 days (IQR=10-180; n=449), a significant decrease from 90 days in 2022 (IQR=12-180; n=503; p=0.022), with one third (35%) reporting daily use (41% in 2022; p=0.074).

E-cigarettes

In Australia, legislation came into effect on 1 October 2021, requiring people to obtain a prescription to legally import nicotine vaping products. Thus, from 2022, participants were asked about their use of both prescribed and non-prescribed e-cigarettes.

Recent Use (past 6 months): Two thirds (68%) of the national sample reported non-prescribed e-cigarette use in the six months preceding interview, stable relative to 2022 (65%; p=0.181) (Figure 44). Three per cent (n=18) of participants reported recent use of prescribed e-cigarettes in 2023 (3% in 2022; p=0.627).

Frequency of Use: Median days of non-prescribed use in the past six months significantly increased, from 72 days (IQR=14-180; n=452) in 2022 to 120 days (IQR=30-180; n=481; p<0.001) in 2023. Almost half (47%) of those who had recently used non-prescribed e-cigarettes reported daily use, a significant increase relative to 2022 (23%; p<0.001). On the other hand, median days of prescribed use in the past six months remained stable, with participants reporting a median of 180 days (IQR=145-180; n=18) in 2023 (180 days in 2022; IQR=90-180; n=21; p=0.717).

Forms Used: Among participants who had recently used e-cigarettes and responded in 2023 (n=481), the majority (96%) reported using e-cigarettes containing nicotine. Smaller percentages reported using e-cigarettes containing cannabis (9%), or e-cigarettes containing both nicotine and cannabis (8%). Seventeen per cent reported using e-cigarettes which contained neither cannabis nor nicotine.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use and responded (n=492), nearly two thirds (64%) reported that they did not use e-cigarettes as a smoking cessation tool in 2023, stable relative to 2022 (66%; p=0.538).

Nitrous Oxide

Recent Use (past 6 months): The per cent of the sample reporting any recent use of nitrous oxide remained stable in 2023 (40%), relative to 2022 (45%; p=0.078) (Figure 44).

Frequency of Use: Frequency of use also remained stable, with a median of three days (IQR=2-10; n=282) of use reported in 2023 (4 days in 2022; IQR=2-10; n=314; *p*=0.145), equivalent to less than monthly use.

Quantity: In 2023, participants reported using a median of seven bulbs in a 'typical' session (IQR=3-20; n=260; 10 bulbs in 2022; IQR=3-20; *p*=0.281). Of those who reported recent use and responded (n=258), the median maximum amount used in a session was 10 bulbs (IQR=4-30; 15 bulbs in 2022; IQR=5-40; *p*=0.193).

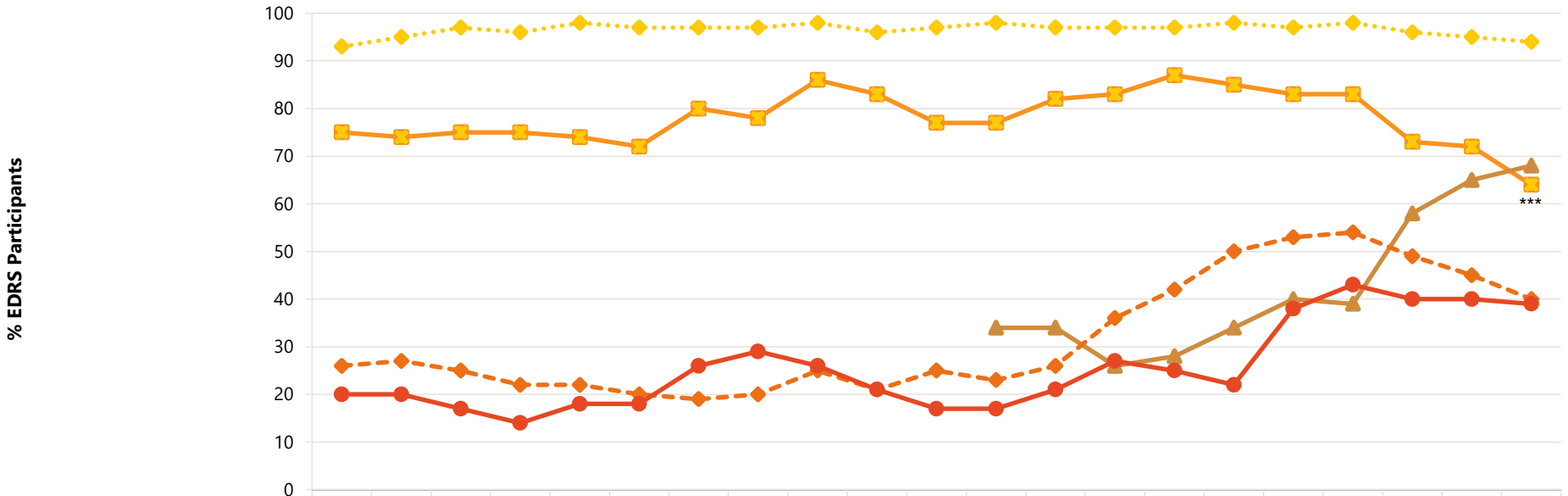
Amyl Nitrite

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

Recent Use (past 6 months): Use of amyl nitrite has fluctuated over the course of monitoring (Figure 44). In 2023, almost two fifths (39%) of participants reported any recent use of amyl nitrite, remaining stable from 2022 (40%; *p*=0.821).

Frequency of Use: Frequency of amyl nitrite use significantly increased from a median of three days (IQR=1-6; n=280) in 2022 to a median of four days (IQR=2-12; n=277; *p*<0.001) in 2023.

Figure 44: Licit and other drugs used in the past six months, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Alcohol	93	95	97	96	98	97	97	97	98	96	97	98	97	97	97	98	97	98	96	95	94
Tobacco	75	74	75	75	74	72	80	78	86	83	77	77	82	83	87	85	83	83	73	72	64
Non-prescribed e-cigarettes												34	34	26	28	34	40	39	58	65	68
Nitrous Oxide	26	27	25	22	22	20	19	20	25	21	25	23	26	36	42	50	53	54	49	45	40
Amyl Nitrite	20	20	17	14	18	18	26	29	26	21	17	17	21	27	25	22	38	43	40	40	39

Note. Empty cell(s) indicates question not asked in respective year (data collection for e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products). Data from 2022 onwards refers to non-prescribed e-cigarettes only. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

11

Drug-Related Harms and Other Behaviours

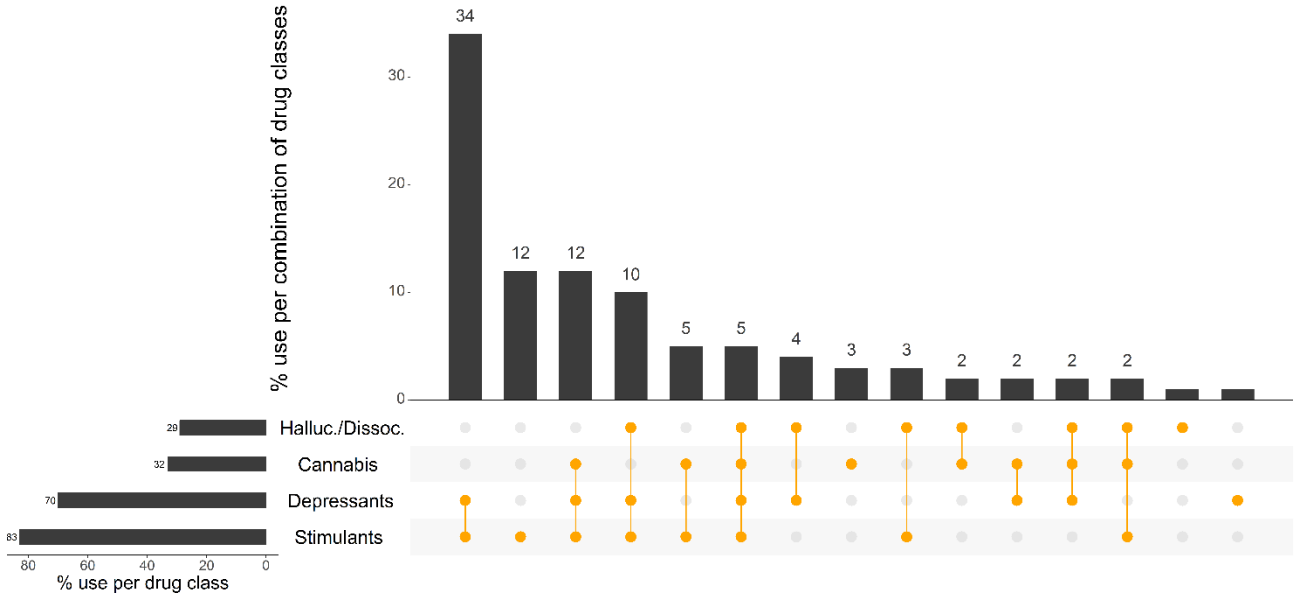
Participants were asked about various drug-related harms and other behaviours, including polysubstance use, drug checking, hazardous alcohol use, non-fatal overdose following drug use, awareness of naloxone, injecting drug use, drug treatment, ecstasy and methamphetamine dependence, sexual health, mental health and psychological distress, health service access, experiences of stigma, driving under the influence of drugs, 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). Participants were also asked about COVID-19 testing, diagnosis and vaccination.

Polysubstance Use

On the last occasion of ecstasy or related drug use, among those who answered (n=705), the most commonly used substances were alcohol (67%) and ecstasy (48%), followed by e-cigarettes (39%), cannabis (32%) and cocaine (28%).

The majority (83%; n=576) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of drug classes were depressants and stimulants (34%), followed by cannabis, depressants and stimulants (12%). One tenth (10%) reported using hallucinogens/dissociatives, depressants and stimulants, and 12% of the sample reported using stimulants alone (Figure 45).

Figure 45: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, nationally, 2023: Most common drug pattern profiles



Note. % calculated out of total EDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Secondary Y axis reduced to 40% to improve visibility of trends.

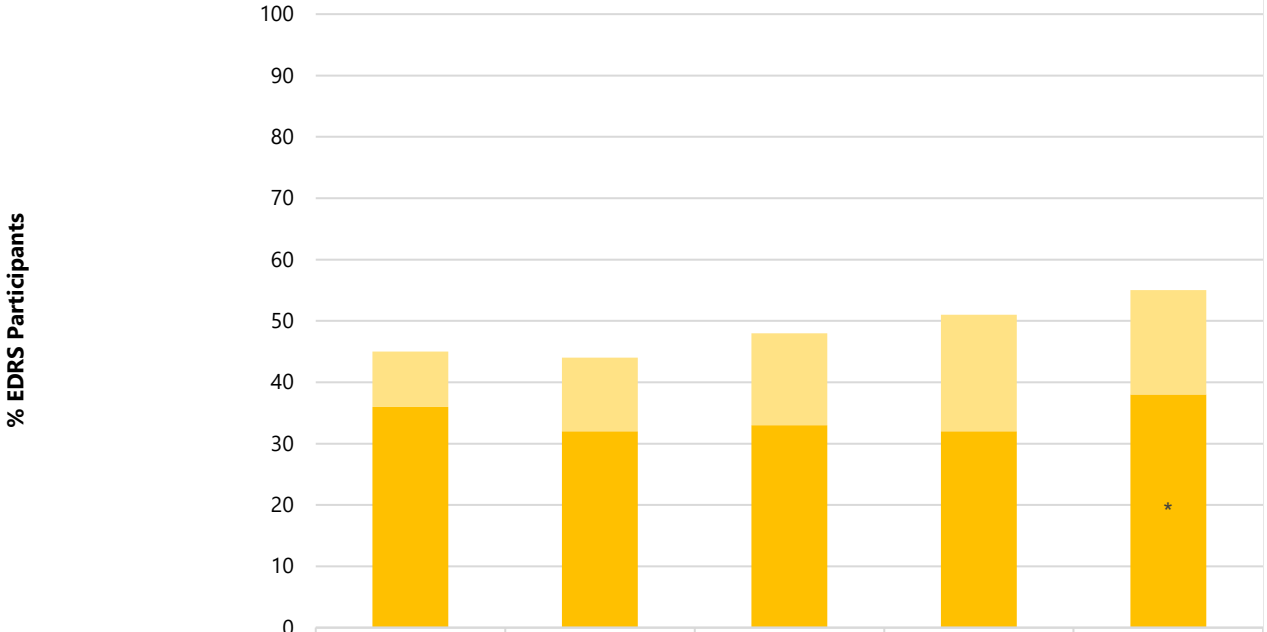
Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and CanTEST, a fixed-site drug checking service in Canberra which has been operational since 17 July 2022.

In 2023, almost two fifths (38%) of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year, a significant increase from 32% in 2022 (p=0.028) (Figure 46). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=263), 80% reported using colorimetric or reagent test kits, with fewer participants (13%) using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Seventeen per cent reported having their drugs tested via Fourier Transform Infrared Spectroscopy or other method of spectroscopy/chromatography.

Of those who reported that they or someone else had tested their illicit drugs in the past year (n=263), the majority (47%) reported having their drugs tested by a friend on the last occasion, followed by 46% who reported testing the drugs themselves. Smaller numbers (11%) reported having their drugs tested by a dealer on their last occasion of drug checking.

Figure 46: Lifetime and past year engagement in drug checking, nationally, 2019-2023



	2019 N=792	2020 N=802	2021 N=771	2022 N=689	2023 N=699
Yes, but not in the last year	9	12	15	19	17
Yes, in the last year	36	32	33	32	38

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total sample (including participants who had not consumed alcohol in the past 12 months) was 12.7 (SD 7.4) in 2023 (12.9 (SD 7.4) in 2022; p<0.001). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically, scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines;

scores between 16-19 indicate harmful or hazardous drinking; and scores 20 or higher indicate possible alcohol dependence.

Almost three quarters (72%) of participants obtained a score of eight or more (74% in 2022; p=0.463), indicative of hazardous use (Table 19).

Table 19: AUDIT total scores and per cent of participants scoring above recommended levels, nationally, 2010-2023

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
	N=667	N=558	N=573	N=667	N=790	N=753	N=778	N=769	N=790	N=791	N=800	N=766	N=694	N=704
Mean AUDIT total score (SD)	14.9 (6.9)	17.4 (6.6)	15.3 (7)	13.9 (6.8)	14.7 (6.2)	13.3 (6.2)	12.5 (6.7)	12.6 (6.3)	12.8 (6.8)	13.5 (7.1)	13.1 (6.4)	12.9 (7)	12.9 (7.4)	**12.7 (7.4)*** **
Score 8 or above (%)	85	95	85	81	89	80	75	79	75	79	81	77	74	**72**
AUDIT zones														
Score 0-7:	15	5	15	19	11	20	25	21	25	21	19	23	26	**28**
Score 8-15:	39	38	38	46	44	46	44	49	43	45	51	43	39	**39**
Score 16-19:	20	20	20	15	25	18	15	14	15	17	15	17	14	**15**
Score 20 or higher:	26	37	37	20	20	17	16	15	17	18	16	16	20	**19**

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Imputation used for missing scale scores. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Overdose Events

Non-Fatal Overdose

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

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

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

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

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

Non-Fatal Stimulant Overdose

Fifteen per cent of the national sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview in 2023, unchanged from 2022 (15%) (Figure 47).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (61%; capsules: 28%; crystal: 13%; pills: 16% and powder: 7%), cocaine (25%), any form of methamphetamine (24%; crystal: 18%; powder: 6%) and pharmaceutical stimulants (15%). Of those who reported a non-fatal stimulant overdose in the past year and responded (n=108), 88% reported that they had also consumed one or more additional drugs on the last occasion, most notably, any quantity of alcohol (64%; ≥5 standard drinks: 46%; ≤5 standard drinks: 18%), e-cigarettes (34%), cannabis (26%) and ketamine (11%). On the last occasion of experiencing a non-fatal stimulant overdose, 78% reported that they did not receive treatment: the most common reasons for not seeking treatment were 'deciding it wasn't serious enough' (6%)', 'couldn't be bothered' (1%), 'fear of negative treatment/judgement' (1%) and 'fear of family being contacted' (1%). Of those who reported receiving treatment (n=24), most reported emergency department attendance (67%; n=16) and ambulance attendance (38%; n=9).

Non-Fatal Depressant Overdose

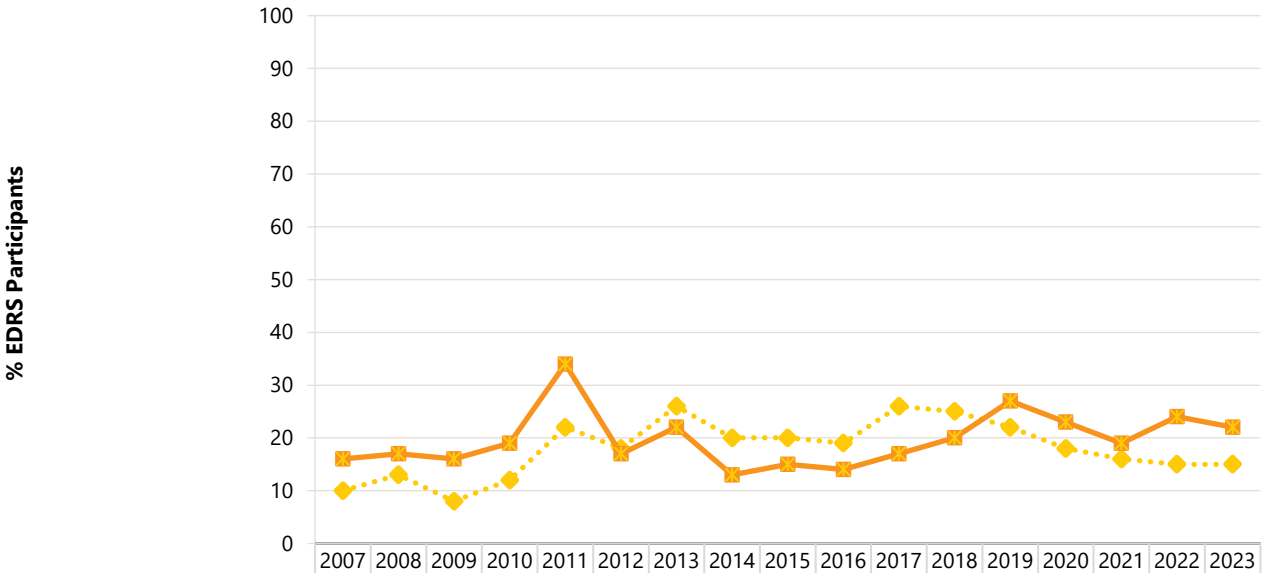
Alcohol: Almost one fifth (19%) of the national sample reported a non-fatal alcohol overdose in the 12 months preceding interview (21% in 2022; p=0.320) on a median of two occasions (IQR=1-4). Of those who had experienced an alcohol overdose in the past year in 2023 (n=133), the majority (82%)

reported not receiving treatment on the last occasion: the most common reasons for not seeking treatment were 'deciding it wasn't serious enough' (9%), 'couldn't be bothered' (2%), 'wasn't physically able to' (2%) and 'my friends encouraged me not to' (1%). Of those who reported receiving treatment and commented (n=20), equal percentages reported hospital emergency department admission (55%; n=11) and ambulance attendance (55%; n=11).

Any depressant (including alcohol): One fifth (22%) of participants reported that they had experienced a non-fatal depressant overdose in the past 12 months, stable relative to 2022 (24%; p=0.441) (Figure 47).

Of those who had experienced any depressant overdose in the past 12 months (n=157), the majority reported alcohol as the most common depressant drug (85%), with a smaller per cent reporting GHB/GBL/1,4 BD (9%), followed by benzodiazepines (including alprazolam) (8%) and opioids (including heroin and pharmaceutical opioids) (6%).

Figure 47: Past 12 month non-fatal stimulant and depressant overdose, nationally, 2007-2023



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Past year stimulant	10	13	8	12	22	18	26	20	20	19	26	25	22	18	16	15	15
Past year depressant	16	17	16	19	34	17	22	13	15	14	17	20	27	23	19	24	22

Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 and earlier may be a function of greater nuance in capturing depressant events. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

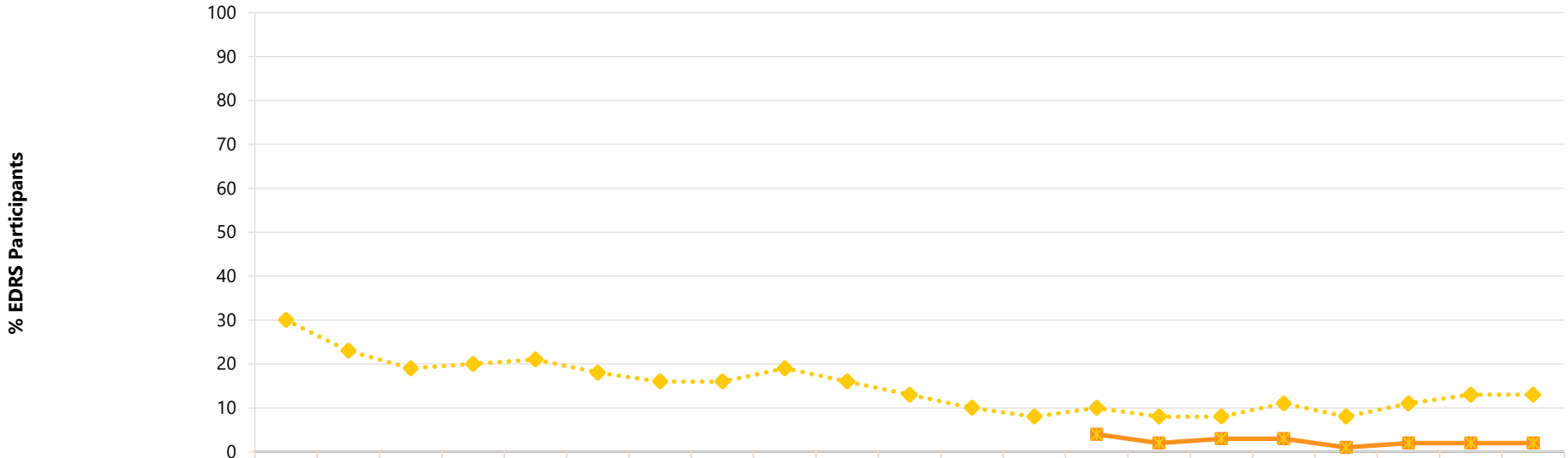
Awareness of Naloxone

In 2023, almost three fifths (57%) of the sample reported that they had ever heard of naloxone, a significant increase from 46% in 2022 (p<0.001). Among those who had ever heard of naloxone and responded (n=370), 89% were able to correctly identify the purpose of naloxone, stable from 90% in 2022 (p=0.894).

Injecting Drug Use and Associated Risk Behaviours

For the past several years, approximately one in ten participants have reported ever injecting drugs (13% in 2023; 13% in 2022; p=0.937). The per cent who reported injecting drugs in the past month has remained low and stable, with 2% reporting past month injection in 2023 (2% in 2022; p=0.853) (Figure 48).

Figure 48: Lifetime and past month drug injection, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Lifetime	30	23	19	20	21	18	16	16	19	16	13	10	8	10	8	8	11	8	11	13	13
Past month														4	2	3	3	1	2	2	2

Note. Empty cell(s) indicates question not asked in respective year (data collection for whether participants had injected drugs in the past month commenced in 2016). The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

A nominal per cent reported currently receiving drug treatment in 2023 (6%), stable compared with 2022 (5%; p=0.472). Of those who had reported being in treatment in 2023 (n=40), the majority (58%) reported drug counselling as their main form of treatment (61% in 2022).

Ecstasy and Methamphetamine Dependence

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

To assess ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Among those who reported recent ecstasy use and commented (n=664), 14% recorded a score of three and above, stable relative to 2022 (11%; p=0.109). The median ecstasy SDS score was zero (IQR=0-1). In 2023, three fifths (63%) of participants obtained a score of zero on the ecstasy SDS and a further 13% obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use (Table 20).

To assess methamphetamine dependence in the past six months, the cut-off of four and above, which is a more conservative estimate, has been used previously in the literature as a validated cut-off for methamphetamine dependence. Of the 210 participants who reported recent methamphetamine use and completed this section, 40% scored four or above, stable relative to 32% in 2022 (p=0.134). The median methamphetamine SDS score was one (IQR=0-6). In 2023, two fifths (41%) of participants obtained a score of zero on the methamphetamine SDS and a further 9% obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to methamphetamine use (Table 20).

Table 20: Total ecstasy and methamphetamine SDS scores, and per cent of particpants scoring above cut-off scores indicative of dependence, among those who reported past six month use, nationally, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Ecstasy	n=775	n=787	n=778		n=717	n=611	**n=664**
Median total score (IQR)	1 (0-2)	1 (0-2)	1 (0-2)	/	0 (0-1)	0 (0-1)	**0 (0-1)**
% score 0	46	42	48	/	60	65	**63**
% score =1	20	23	19	/	16	17	**13**
% score ≥3	20	21	21	/	15	11	**14**
Methamphetamine	n=212	n=244	n=255	n=189	n=182	n=209	**n=210**

Median total score (IQR)	0 (0-3)	0 (0-2)	0 (0-4)	0 (0-1)	1 (0-5)	1 (0-4)	**1 (0-6)**
% score 0	58	59	54	67	47	48	**41**
% score =1	9	9	9	10	9	10	**9**
% score ≥4	22	21	28	18	33	32	**40**

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. / Ecstasy Severity of Dependence was not asked of participants in 2020. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Imputed values used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Sexual Health Behaviours

In 2023, 79% of the sample reported some form of sexual activity in the past four weeks (78% in 2022; p=0.504). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and responded (n=538), 81% reported using alcohol and/or other drugs prior to or while engaging in sexual activity, stable relative to 2022 (82%; p=0.754). Of those who had engaged in sexual activity in the past four weeks and responded (n=535), 10% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (9% in 2022; p=0.759). Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=534), one quarter (26%) reported penetrative sex without a condom where they did not know the HIV status of their partner, stable relative to 2022 (22%; p=0.101) (Table 21).

Of those who commented (n=680), one third (33%) reported having a sexual health check-up in the six months prior to interview (35% in 2022; p=0.567), whilst 75% had done so in their lifetime (78% in 2022; p=0.255). Of the total sample who responded (n=680), 6% reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2023, a significant increase from 3% in 2022 (p=0.010) and 26% had received a positive diagnosis in their lifetime (29% in 2022; p=0.166). The most common STI reported amongst participants who commented (n=38) was chlamydia (68%), with few participants (n≤5) reporting other STIs.

Of those who commented (n=678), one quarter (26%) of the sample reported having a test for human immunodeficiency virus (HIV) in the six months prior to interview (25% in 2022; p=0.570), whilst 65% had done so in their lifetime (60% in 2022; p=0.067). In 2023, few (n≤5) participants had been diagnosed with HIV in the past six months (0% in 2022) or within their lifetime (0% in 2022).

Table 21: Sexual health behaviours, nationally, 2021-2023

	National		
	2021	**2022**	**2023**
Of those who responded#:	**N=749**	**N=677**	**N=682**
% Any sexual activity in the past four weeks (n)	82 (n=615)	78 (n=528)	**79 (n=542)**
Of those who responded# and reported any sexual activity in the past four weeks:	n=612	n=526	**n=538**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	86	82	**81**
Of those who responded# and reported any sexual activity in the past four weeks:	n=608	n=525	**n=535**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	11	9	**10**
Of those who responded# and reported any sexual activity in the past four weeks:	n=608	n=524	**n=534**
% Had penetrative sex without a condom and did not know HIV status of partner	22	22	**26**
Of those who responded#:	n=749	N=669	**n=678**
% Had a HIV test in the last six months	24	25	**26**
% Had a HIV test in their lifetime	57	60	**65**
Of those who responded#:	n=749	n=676	**n=678**
% Diagnosed with HIV in the last six months	-	0	**-**
% Diagnosed with HIV in their lifetime	-	0	**-**
Of those who responded#:	n=759	n=678	**n=680**
% Had a sexual health check in the last six months	36	35	**33**
% Had a sexual health check in their lifetime	76	78	**75**
Of those who responded#:	n=757	n=676	**n=680**
% Diagnosed with a sexually transmitted infection in the last six months	3	3	**6***
% Diagnosed with a sexually transmitted infection in their lifetime	22	29	**26**

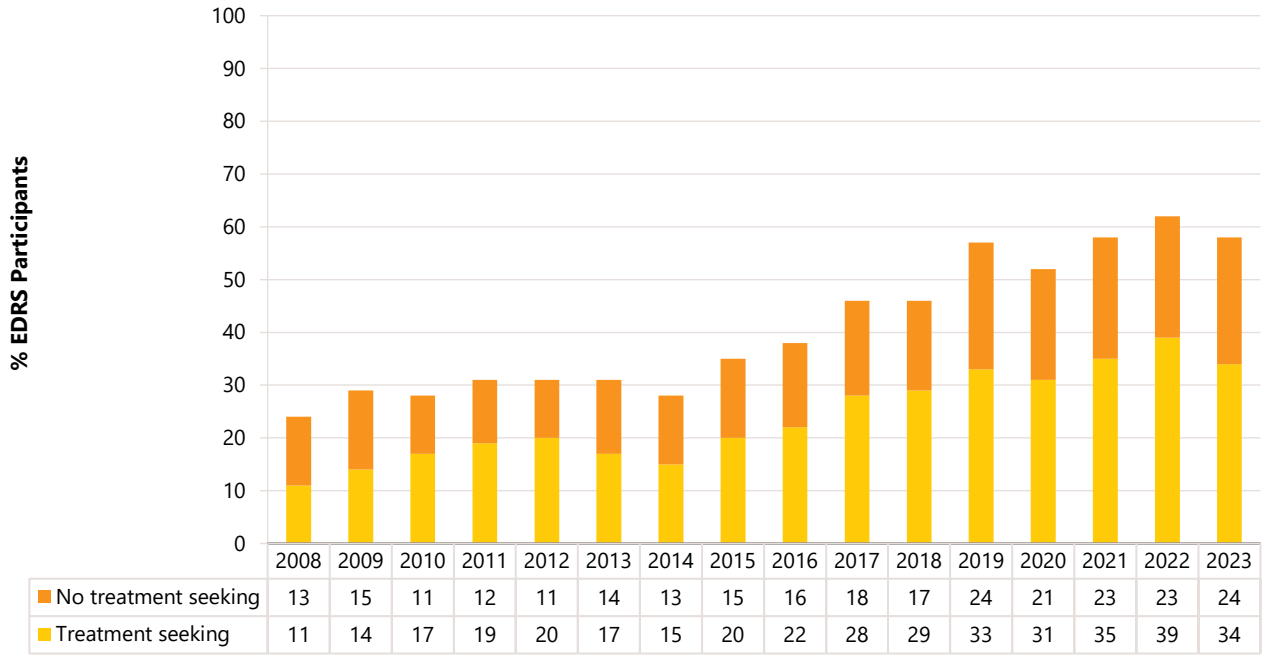
Note. # Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Mental Health and Psychological Distress (K10)

Mental Health

Almost three fifths (58%) of the national sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2022 (62%; p=0.150) (Figure 49). Of those who reported a mental health problem and commented (n=398), the most common mental health problem reported was anxiety (67%; 65% in 2022; p=0.579), followed by depression (62%; 63% in 2022; p=0.206) and post-traumatic stress disorder (PTSD) (14%; 16% in 2022; p=0.349). Of those who reported experiencing a mental health problem (n=410), 57% (34% of the total sample) reported seeing a mental health professional during the past six months (63% in 2022; p=0.081). Of those who attended a mental health professional in 2023 (n=239), 60% reported being prescribed medication for their mental health problem (62% in 2022; p=0.652).

Figure 49: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2008-2023



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
No treatment seeking	13	15	11	12	11	14	13	15	16	18	17	24	21	23	23	24
Treatment seeking	11	14	17	19	20	17	15	20	22	28	29	33	31	35	39	34

Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

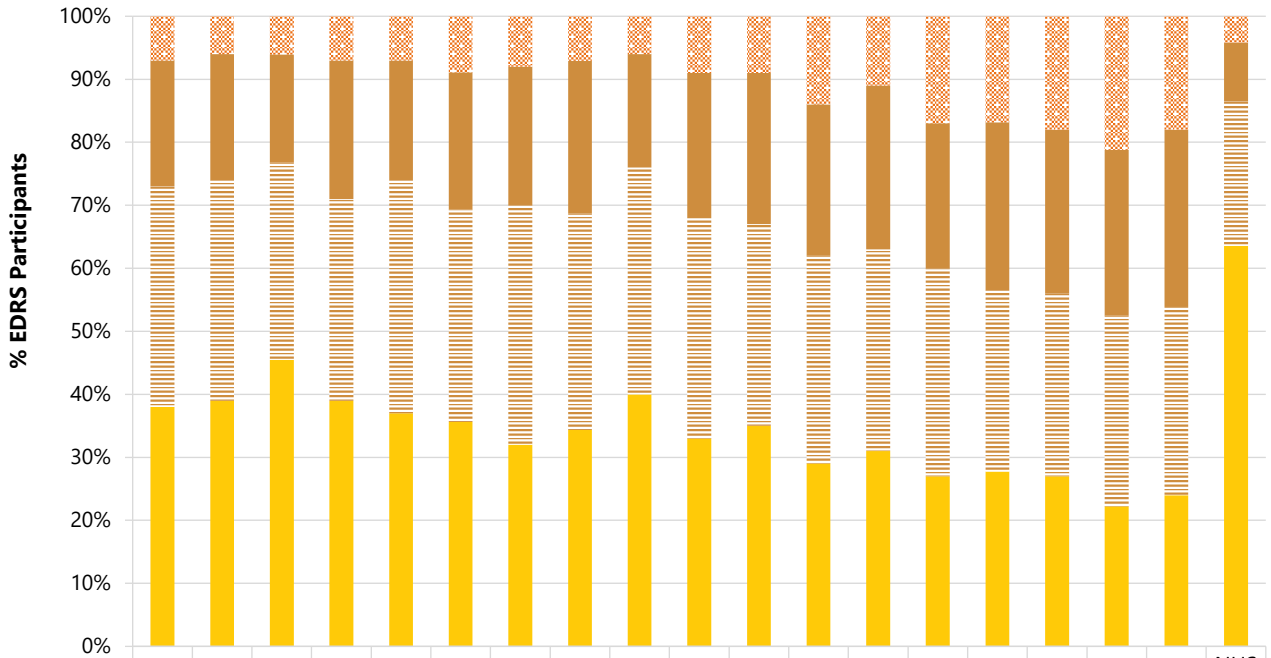
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured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

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

Among those who responded in 2023 (n=706), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.468). In 2023, 18% of the national EDRS sample had a score of 30 or more (21% in 2022) (Figure 50).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 50).

Figure 50: K10 psychological distress scores, nationally, 2006-2023 and NHS 2017-18



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	NHS 2017-18
Very high	7	6	6	7	7	9	8	7	6	9	9	14	11	17	17	18	21	18	4
High	20	20	17	22	19	22	22	24	18	23	24	24	26	23	27	26	26	28	9
Moderate	35	35	31	32	37	34	38	34	36	35	32	33	32	33	29	29	30	30	22
Low	38	39	45	39	37	36	32	34	40	33	35	29	31	27	28	27	22	24	61

Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (EDRS only). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

One quarter (26%) of participants reported accessing any health service for alcohol and/or drug support (AOD) in the six months preceding interview, stable relative to 2022 (27%; p=0.673). The most common services reported by participants in 2023 included a general practitioner (GP) (9%; 11% in 2022), followed by a drug and alcohol counsellor (8%; 7% in 2022) and a psychologist (7%; 11% in 2022) (Table 22).

Eighty-seven per cent of participants reported accessing any health service for any reason in the six months preceding interview in 2023, unchanged from 87% in 2022 (p=0.872). The most common service accessed by participants in 2023 was a GP (70%; 75% in 2022), followed by a dentist (37%; 34% in 2022) and a psychologist (29%; 31% in 2022) (Table 22).

Table 22: Health service access for alcohol and other drug reasons and for any reason in the past six months, nationally, 2022-2023

	AOD support		Any reason	
	2022 N=698	2023 N=707	2022 N=699	2023 N=708
% accessed a health service in the past 6 months	27	**26**	87	**87**
Type of service accessed ***(participants could select multiple services)***	N=698	**N=707**	N=698	**N=708**
GP	11	**9**	75	**70**
Emergency department	4	**6**	17	**21**
Hospital admission (inpatient)	4	**4**	12	**13**
Medical tent (e.g., at a festival)	3	**4**	5	**7**
Drug and Alcohol counsellor	7	**8**	7	**8**
Hospital as an outpatient	1	**1**	6	**9**
Specialist doctor (not including a psychiatrist)	1	**1**	13	**15**
Dentist	-	**1**	34	**37**
Ambulance attendance	2	**3**	6	**7**
Other health professional (e.g., physiotherapist)	-	**2**	18	**18**
Psychiatrist	4	**3**	14	**13**
Psychologist	11	**7**	31	**29**
NSP	2	**3**	2	**3**
Peer based harm reduction service	3	**3**	4	**5**
Other harm reduction service	-	**-**	2	**2**

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Stigma

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

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

Specifically, 3% of the national sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (11% of those who had attended a specialist AOD service), a significant decrease from 8% in 2022 (p<0.001; noting that this could be driven by fewer participants attending AOD services). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (14%; 17% of those who had attended general health care services), stable relative to 2022 (16% in 2022; p=0.409). Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (7%) or the emergency department (4%). Fifteen per cent of

participants reported experiencing stigma in non-health care settings, most commonly from police (10%; not asked in 2022) (Table 23).

Notably, two fifths (39%) of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (30%), followed by delaying accessing health care (11%) and not attending follow-up appointments (9%).

Table 23: Self-reported experiences of stigma due to illcit drug use in the past six months, nationally, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	N=666 8	**N=666 3*** **
Needle and syringe program	/	-
Supervised injecting facility	/	**0**
Opioid treatment program	/	-
AOD counselling	/	-
Residential rehabilitation	/	-
Detoxification	/	**0**
Group therapy	/	-
Peer based HR service	/	-
Other	/	**2**
% Experienced stigma in general health care service	N=673 16	**N=703 14**
GP	/	**7**
Emergency department	/	**4**
Hospital admission (inpatient)	/	**2**
Medical tent	/	-
Dentist	/	-
Hospital outpatient	/	**1**
Specialist doctor	/	-
Ambulance	/	-
Psychiatrist	/	**1**
Psychologist	/	**1**
Other	/	**0**
% Experienced stigma in non-health care service	/	**N=697 15**
Welfare and social service	/	**2**
Current or potential employer	/	**4**
School/uni/TAFE	/	**3**
Police	/	**10**
Other legal services	/	**1**
Housing and homelessness services	/	**1**
Other	/	**1**

% Experienced stigma in any of the above settings^	/	**25**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**N=687** **39**
Delayed accessing healthcare	/	**11**
Did not tell health worker about drug use	/	**30**
Downplayed need for pain medication	/	**6**
Looked for different services	/	**6**
Did not attend follow-up appointment	/	**9**
Other	/	**2**

Note. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. / Not asked. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

COVID-19 Testing and Diagnosis

In 2023, the majority (98%) of the national sample had ever been tested for SARS-CoV-2. Four in five (80%) reported testing in the 12 months preceding interview (96% in 2022; 55% in 2021; 7% in 2020). Four fifths (80%) of participants reported having ever been diagnosed with the virus (64% in 2022; n≤5 in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). Forty-six per cent of the sample reported a positive COVID-19 test in the 12 months preceding interview.

At the time of interview, 93% reported that they had received at least one COVID-19 vaccine dose (91% in 2022), with participants receiving a median of three doses (IQR=2-3; 3% received one dose, 38% received two doses and 53% received three or more doses).

Driving

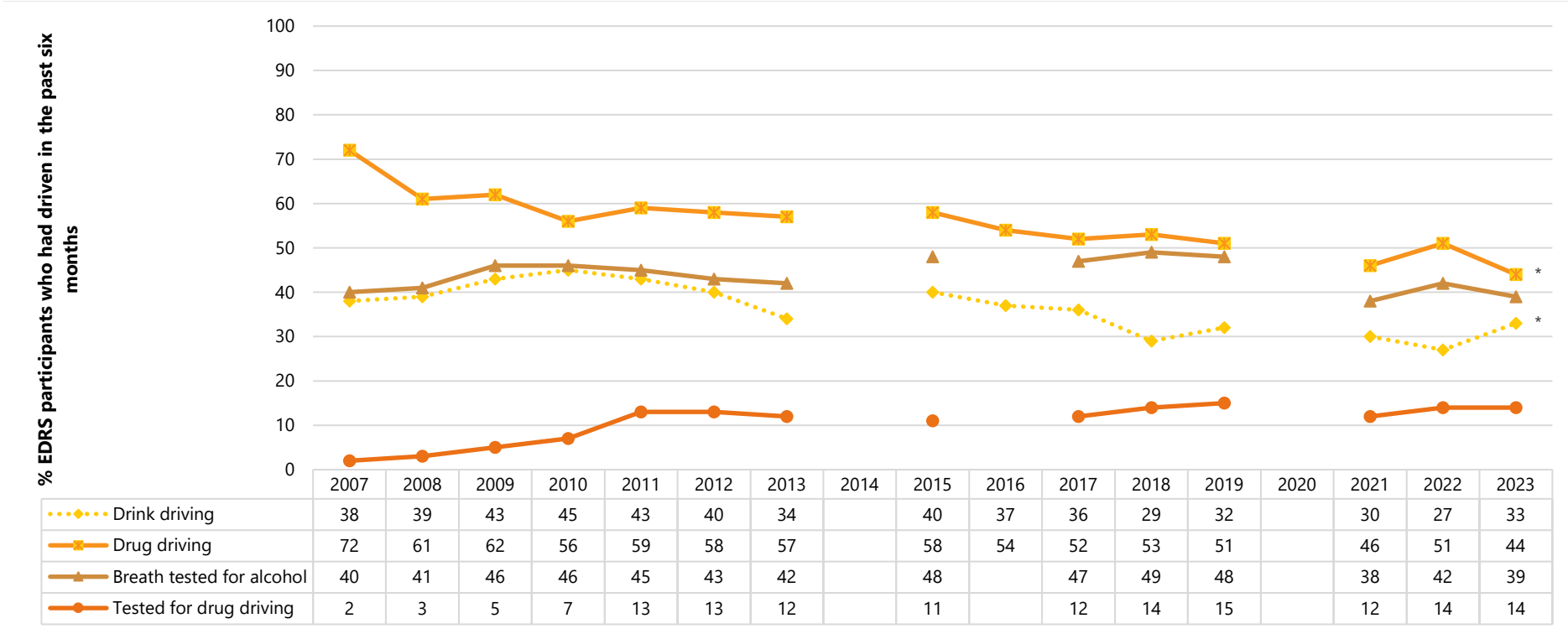
In 2023, 81% of the national sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven in the past six months and commented (n=541), 33% reported driving while over the perceived legal limit of alcohol (27% in 2022; p=0.047), and 44% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (51% in 2022; p=0.036) (Figure 51).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=251), participants most commonly reported using cannabis (62%) prior to driving, followed by methamphetamine crystal and cocaine (21%, respectively). Additionally, 10% reported using pharmaceutical stimulants, and 9% reported using ecstasy capsules three hours prior to driving in the last six months.

Of those who had recently driven and commented (n=573), 14% reported that they had been tested for drug driving by the police roadside drug testing service (14% in 2022; p=0.861), and 39% reported

that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (42% in 2022; p=0.366) (Figure 51).

Figure 51: Self-reported testing, and driving over the (perceived) legal limit for alcohol or three hours following illicit drug use, among those who had driven in the past six months, nationally, 2007-2023



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Drink driving	38	39	43	45	43	40	34		40	37	36	29	32		30	27	33
Drug driving	72	61	62	56	59	58	57		58	54	52	53	51		46	51	44
Breath tested for alcohol	40	41	46	46	45	43	42		48		47	49	48		38	42	39
Tested for drug driving	2	3	5	7	13	13	12		11		12	14	15		12	14	14

Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Empty cell(s) indicates question not asked in respective year (questions on driving behaviour were not asked in 2014 or 2020; questions about alcohol and drug driving testing were not asked in 2016). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Experience of Crime and Engagement with the Criminal Justice System

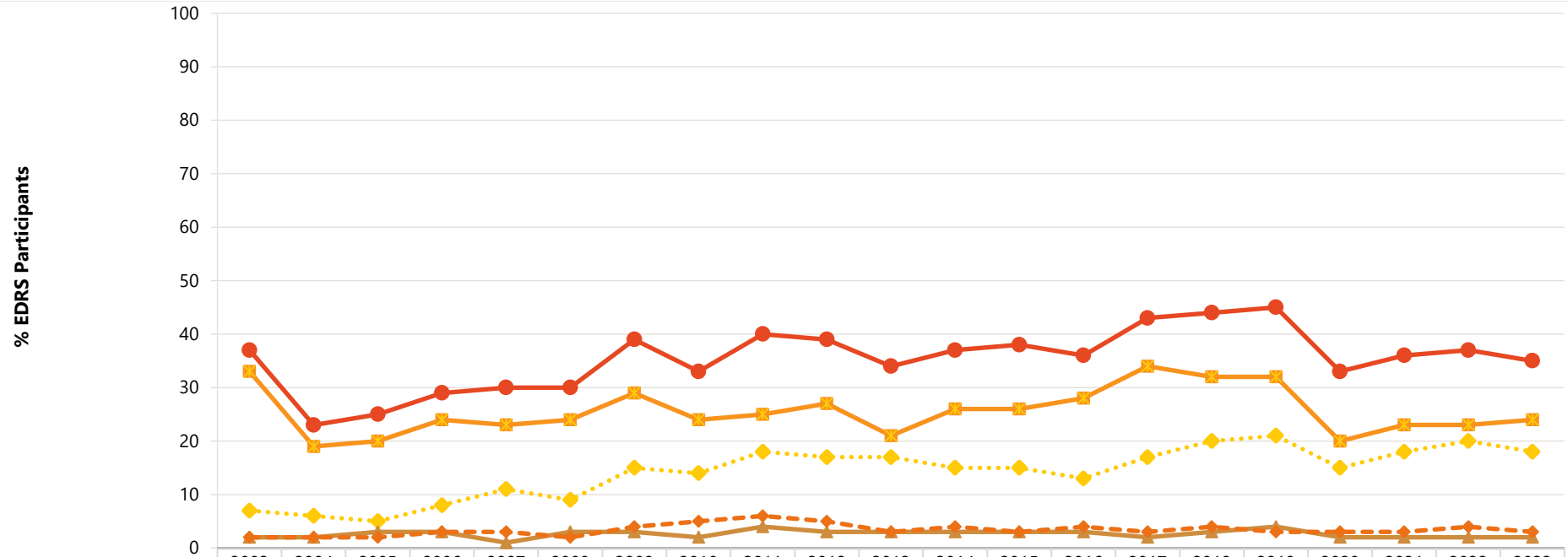
Past month self-reported criminal activity has fluctuated over time, with 35% reporting 'any' crime in the past month in 2023, stable relative to 2022 (37%; p=0.534). Drug dealing (24%) and property crime (18%) remained the two main forms of criminal activity in 2023, both of which remained stable from 2022 (23%; p=0.660 and 20%; p=0.198, respectively) (Figure 52). Eight per cent reported being the victim of a crime involving violence (e.g., assault) in 2023, which remained relatively stable compared to 2022 (10%; p=0.095) (Figure 53).

Seven per cent of respondents in the 2023 national sample reported having been arrested in the 12 months preceding interview, stable from 2022 (7%; p=0.912). Of those who had been arrested and commented (n=47), the main reasons for arrest in 2023 were use/possession of drugs (34%), violent crime (23%) and property crime (15%).

Sixteen per cent of participants (15% in 2022; p=0.765) reported a drug-related encounter with police in the year preceding interview which did not result in charge or arrest. This predominantly comprised being stopped and searched (60%; 53% in 2022; p=0.279), followed by being stopped and questioned (54%; 51% in 2022; p=0.688). An additional 20% reported being stopped and issued a caution (20% in 2022) and 12% reported being stopped and issued with a fine/infringement notice (11% in 2022).

Five per cent of the national sample reported a lifetime history of imprisonment in 2023, stable relative to 2022 (6%; p=0.193).

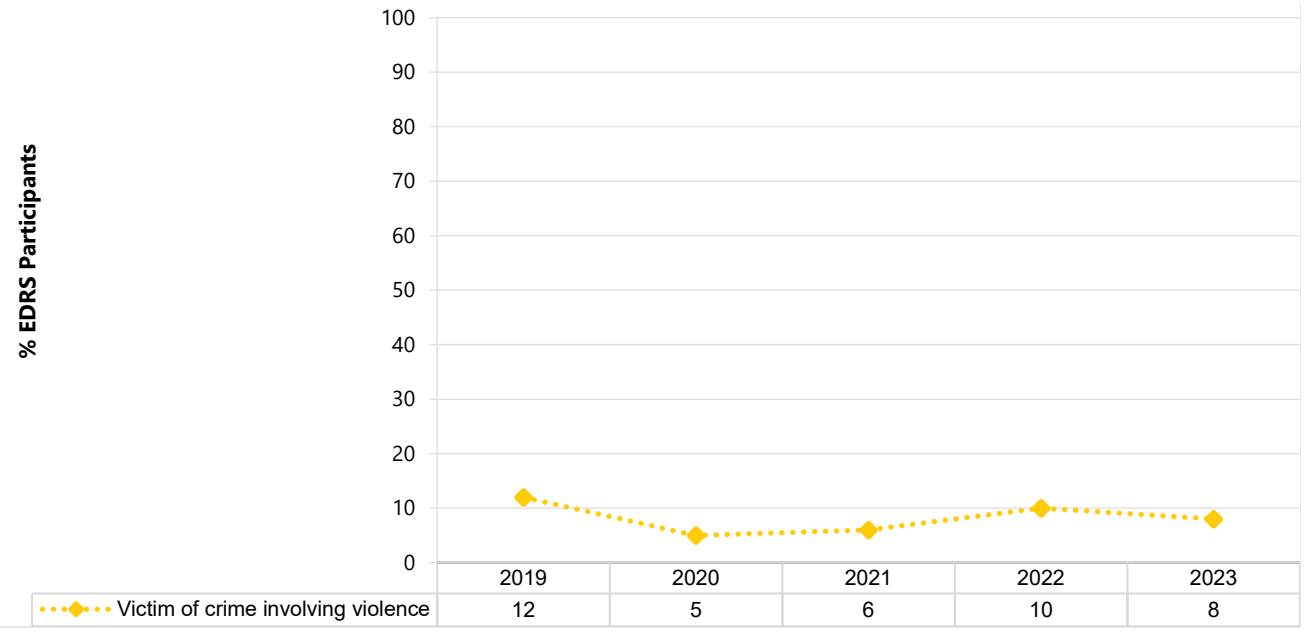
Figure 52: Self-reported criminal activity in the past month, nationally, 2003-2023



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
Property crime	7	6	5	8	11	9	15	14	18	17	17	15	15	13	17	20	21	15	18	20	18
Drug dealing	33	19	20	24	23	24	29	24	25	27	21	26	26	28	34	32	32	20	23	23	24
Fraud	2	2	3	3	1	3	3	2	4	3	3	3	3	3	2	3	4	2	2	2	2
Violent crime	2	2	2	3	3	2	4	5	6	5	3	4	3	4	3	4	3	3	3	4	3
Any crime	37	23	25	29	30	30	39	33	40	39	34	37	38	36	43	44	45	33	36	37	35

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 53: Victim of crime involving violence in the past month, nationally, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2023, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (72%; 69% in 2022; p=0.200) (Table 24), followed closely by social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (71%; 73% in 2022; p=0.546). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Two fifths (42%) reported arranging the purchase of illicit or non-prescribed drugs via text messaging, stable from 42% in 2022 (p=0.781), followed by phone call (27%; 26% in 2022; p=0.955).

Buying and Selling Drugs Online

Four per cent reported obtaining drugs via the darknet market in the past year (7% in 2022; p=0.062), most commonly ecstasy crystal (21%) and cannabis (21%). Almost half (49%) reported that they had ever obtained illicit drugs through someone who had purchased them on the surface web or darknet market, with 31% doing so in the last 12 months (37% in 2022; p=0.016).

In 2023, 3% of participants reporting selling illicit drugs on the surface web or darknet market in the 12 months preceding interview (3% in 2022; p=0.717).

Source and Means of Obtaining Drugs

The majority of participants in 2023 reported obtaining illicit drugs from a friend/relative/partner/colleague (79%; 82% in 2022; p=0.161), followed by a known dealer/vendor (65%; 68% in 2022; p=0.391). Significantly fewer participants reported obtaining illicit drugs from an unknown dealer/vendor in 2023 (30%; 37% in 2022; p=0.004) (Table 24).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%), stable relative to 2022 (96%; p=0.687). Almost one fifth (17%) of participants reported a collection point as a means of receiving illicit drugs in the 12 months preceding interview (16% in 2022; p=0.611) (collection point defined as a predetermined location where a drug will be left for later collection), followed by post (10%; 12% in 2022; p=0.275) (Table 24).

Table 24: Means of purchasing and obtaining illicit drugs in the past 12 months, nationally, 2019-2023

	National				
	N=792	**N=799**	**N=774**	**N=700**	**N=708**
	2019	**2020**	**2021**	**2022**	**2023**
% Purchasing approaches in the last 12 months^#	n=792	n=799	n=764	n=683	**n=701**
Face-to-face	82	67	72	69	**72**
Surface web	4	7	4	4	**4**
Darknet market	10	7	7	7	**4**
Social networking or messaging applications[#]	73	75	71	73	**71**
Text messaging	53	48	39	42	**42**
Phone call	39	35	28	26	**27**
Grew/made my own	-	4	4	3	**4**
Other	0	1	0	1	**-**
% Means of obtaining drugs in the last 12 months^~	N=797	N=800	n=761	n=685	**n=699**
Face-to-face	97	96	92	96	**96**
Collection point	10	20	10	16	**17**
Post	12	12	8	12	**10**
% Source of drugs in the last 12 months^	N=797	N=805	n=763	n=687	**n=697**
Friend/relative/ partner/colleague	88	83	83	82	**79**
Known dealer/vendor	70	67	66	68	**65**
Unknown dealer/vendor	38	37	30	37	**30****

Note. – Per cent suppressed due to small cell size (n≤5 but not 0). ^ participants could endorse multiple responses. [#]This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club).' The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.