Australian Drug Trends 2024: Key Findings From the National Ecstasy and Related Drugs Reporting System (EDRS) Interview

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EDRS

AUSTRALIAN DRUG TRENDS 2024

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

AUSTRALIAN DRUG TRENDS 2024: 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

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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 2024:

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

We would like to thank past and present members of the research team.

Participants

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

Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. We would 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

4-FA	4-Fluoroamphetamine
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine
ACT	Australian Capital Territory
ADE	Adelaide
ADHD	Attention-Deficit Hyperactivity Disorder
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drug
AUDIT-C	Alcohol Use Disorders Identification Test-Concise
BRI/GC	Brisbane and the Gold Coast
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/GHB/1,4-BD	Gamma-butyrolactone/Gamma-hydroxybutyrate/1,4-Butanediol
GP	General Practitioner
HIV	Human Immunodeficiency Virus
HOB	Hobart
HR	Harm Reduction
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
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
QLD	Queensland
REDCAP	Research Electronic Data Capture
SA	South Australia
SD	Standard deviations
SDS	Severity of Dependence Scale
SSDP	Students for Sensible Drug Policy
SYD	Sydney
STI	Sexually Transmitted Infection
TAFE	Technical and Further Education
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 2024 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 2020-2024 samples relative to previous years.**

Sample Characteristics

In 2024, the national EDRS sample (n=740) differed in some ways to the sample in 2023. Whilst median age (23 years) and gender identity (55% male) remained stable, a significant change was observed in participants' employment status (p=0.011), current median weekly income ($700; $808 in 2023; p=0.002), and current accommodation (p=0.007). Drug of choice significantly changed (p<0.001), with more participants nominating cannabis (25%; 20% in 2023) and ecstasy (27%; 24% in 2023) as their drugs of choice in 2024. The drugs used most often in the month preceding interview also significantly changed in 2024 (p<0.001), with more participants reporting cannabis (33%; 29% in 2023) and fewer reporting alcohol (13%; 22% in 2023) as the drugs used most often.

Non-Prescribed Ecstasy

Recent use of any non-prescribed ecstasy remained stable in 2024 (92%; 95% in 2023), as did frequency of use (8 days; 7 days in 2023). Capsules remained the most commonly used form of non-prescribed ecstasy in 2024 (59%), followed by crystal (48%), pills (43%) and powder (30%). The median price for one gram of non-prescribed ecstasy crystal significantly decreased ($220; $250 in 2023; p=0.007), while the median price for one pill and capsule remained stable ($30 and $25, respectively). Perceived purity significantly changed for non-prescribed ecstasy capsules (p=0.010), whereby more participants perceived purity to be 'high' (36%; 29% in 2023). Significant changes were also observed in the perceived availability of all four forms of non-prescribed ecstasy. Specifically, more participants nominated availability as 'easy' or 'very easy' in 2024, with estimates similar to those observed previously in 2020 and earlier.

Methamphetamine

Recent methamphetamine use among this sample has been declining over time, with one quarter (25%) reporting recent use in 2024, a significant decrease from 30% in 2023 (p=0.037). Whilst crystal remained the most commonly used form of methamphetamine, a significant decrease in recent use was observed (16%; 22% in 2023; p=0.010). Conversely, frequency of crystal significantly increased in 2024 to a median of 42 days (20 days in 2023; p=0.008). Recent use and frequency of use remained stable for methamphetamine powder and base. The price, perceived purity and perceived availability remained stable for both methamphetamine powder and crystal between 2023 and 2024, with the largest per cent of participants nominating 'high' purity, and most reporting 'easy' or 'very easy' obtainment.

Non-Prescribed Pharmaceutical Stimulants

Past six month use of non-prescribed pharmaceutical stimulants steadily increased between 2007 (17%) and 2022 (52%), before declining in 2023 (47%) and then increasing again in 2024 (54%; p=0.010). Whilst most participants reported swallowing as a route of administration in 2024 (94%), significantly more participants reported snorting (26%; 20% in 2023; p=0.045). The price of a 5mg tablet significantly decreased in 2024, from $6 in 2023 to $5 ($p$=0.029), although perceived availability remained stable.

Cocaine

Past six month cocaine use remained stable but high in 2024 (80%; 81% in 2023). The vast majority of participants who had recently consumed cocaine reported using powder cocaine (95%). Price and perceived availability of cocaine remained stable between 2023 and 2024, however perceived purity significantly changed (p=0.012), with more participants reporting cocaine to be of 'high' purity (26%; 21% in 2023), and fewer reporting it to be of 'low' purity (26%; 36% in 2023).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2024 (75%) relative to 2023 (74%), as did frequency of use (median of 48 days in 2024). Hydroponic cannabis was the most used form of non-prescribed cannabis in 2024 (69%; 63% in 2023; p=0.037), followed by bush cannabis (53%; 51% in 2023). The price, perceived purity and perceived availability of hydroponic and bush cannabis remained stable in 2024 relative to 2023. As in previous years, most perceived availability of hydroponic and bush cannabis to be 'easy' or 'very easy' to obtain.

Non-Prescribed Ketamine, LSD and DMT

Recent use of non-prescribed ketamine (53%; 49% in 2023), LSD (36%; 41% in 2023) and DMT (10%; 13% in 2023) remained stable in 2024. Median frequency of use remained low for all three substances, ranging between two and four days in the six months preceding interview. The median price for an LSD tab remained stable at $25, while the median price for a gram of non-prescribed ketamine significantly decreased ($200; $250 in 2023; p=0.040). Perceived purity and availability for both non-prescribed ketamine and LSD remained stable between 2023 and 2024.

New Psychoactive Substances (NPS)

Recent use of any NPS (including plant-based NPS) significantly increased in 2024, from 12% in 2023 to 16% (p=0.022). Phenethylamines remained the most commonly used NPS class in 2024 (6%); this mostly comprised use of any 2C substance (5%). In 2024, there were significant increases in participants reporting use of 2-Fluorodeschloroketamine (2-FDCK) (1%; 0% in 2023; p=0.038) and 'other drugs that mimic the effects of ecstasy' (2%; 0% in 2023; p<0.001).

Other Drugs

Recent use of kava (7%; 4% in 2023; p=0.011), and any substance with 'unknown contents' (20%; 13% in 2023; p<0.001) significantly increased in 2024. Recent use of tobacco also significantly increased in 2024 (72%; 64% in 2023; p<0.001), as did median frequency of use (90 days; 50 days in 2023; p=0.028).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

On the last occasion of ecstasy or related drug use, 82% of participants reported concurrent use of two or more drugs (excluding tobacco and e-cigarettes).

Nearly one third (30%) of participants reported using stimulants or related drugs for 48 hours or more continuously without sleep in the six months preceding interview.

Dependence, overdose and injecting

Three quarters (76%) of participants obtained an AUDIT score of ≥8, indicative of hazardous alcohol use. Sixteen per cent of those who reported recent ecstasy use obtained an SDS score of ≥3, while 41% of participants reporting recent methamphetamine use obtained a score of ≥4, indicating possible dependence on these substances.

Past year non-fatal stimulant overdose remained stable in 2024 (19%), however, past year non-fatal depressant overdose increased (28%; 22% in 2023; p=0.014).

Past month injecting drug use was low (1%).

Drug checking and naloxone awareness

One quarter (27%) 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 decrease from 38% in 2023 (p<0.001).

In 2024, 63% of the sample reported that they had ever heard of naloxone, a significant increase from 57% in 2023 (p=0.015).

Sexual activity, mental health and health service access

Almost four fifths (78%) of the sample reported engaging in sexual activity in the past four weeks, of which 81% reported using alcohol and/or other drugs prior to or while engaging in sexual activity.

Almost three fifths (58%) of the sample self-reported that they had experienced a mental health problem in the preceding six months. Twenty-two per cent reported a score of ≥30 on the K10, indicating very high psychological distress.

Almost one third (30%) of participants reported accessing any health service for alcohol and/or drug support in the past six months preceding interview. Current drug treatment engagement remained low (6%).

One quarter (28%) 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.

Driving, contact with police and modes of purchasing drugs

Among recent drivers, 29% reported driving while over the perceived legal limit of alcohol, and 50% reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months, a significant increase relative to 2023 (44%; p=0.037).

Seven per cent of participants reported past year arrest, while 14% reported a drug-related encounter with police which did not result in charge or arrest (e.g., stopped and searched/questioned).

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (74%), followed by social networking or messaging applications (70%). Most participants continued to report obtaining illicit drugs from a friend/relative/partner/colleague (84%), although this increased relative to 2023 (79%; p=0.032).

2024 SAMPLE CHARACTERISTICS

EDRS Ecstasy and Related Drugs Reporting System

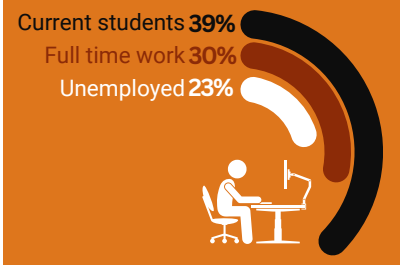
In 2024, 740 participants, recruited from all capital cities across Australia, were interviewed.

23 years

55%

Male

The median age in 2024 was 23, and 55% identified as male.



In the 2024 sample, 39% were current students, 30% were employed full time and 23% were unemployed.

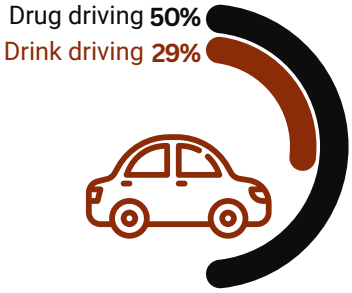
Ecstasy

Cocaine

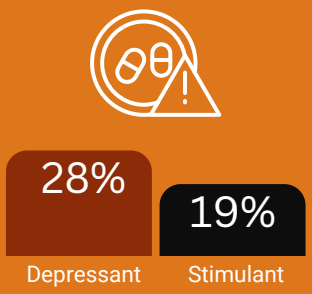
Other stimulants

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

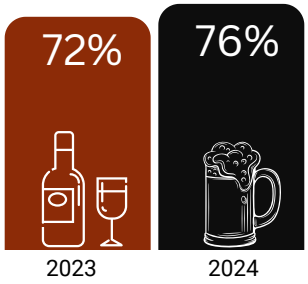
DRUG-RELATED HARMS AND RISKS



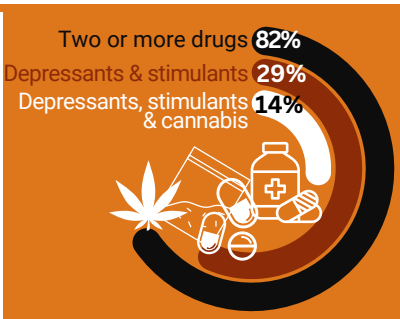
Among recent drivers, 50% reported driving a vehicle within 3 hours of consuming illicit drugs and 29% while over the legal limit of alcohol.



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

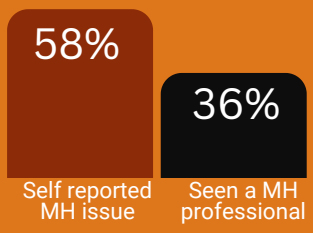


Percentage who obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use.

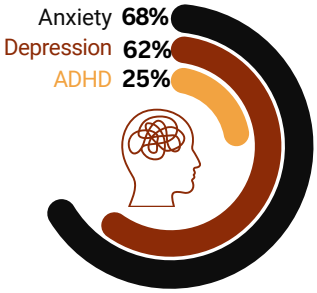


In 2024, 82% reported using two or more drugs on the last occasion of ecstasy or related drug use: the most commonly used combination of drug classes was depressants and stimulants (29%).

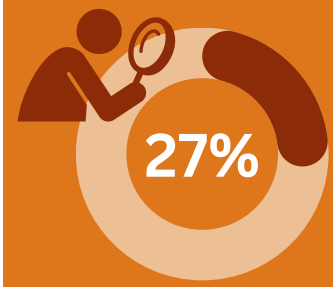
OTHER BEHAVIOURS



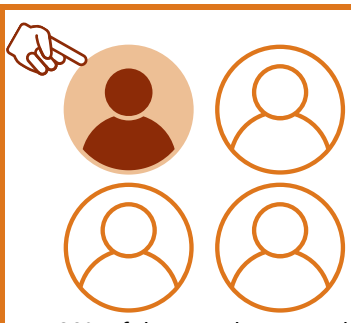
Percentage who self-reported mental health problems and treatment seeking in the six months preceding interview.



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

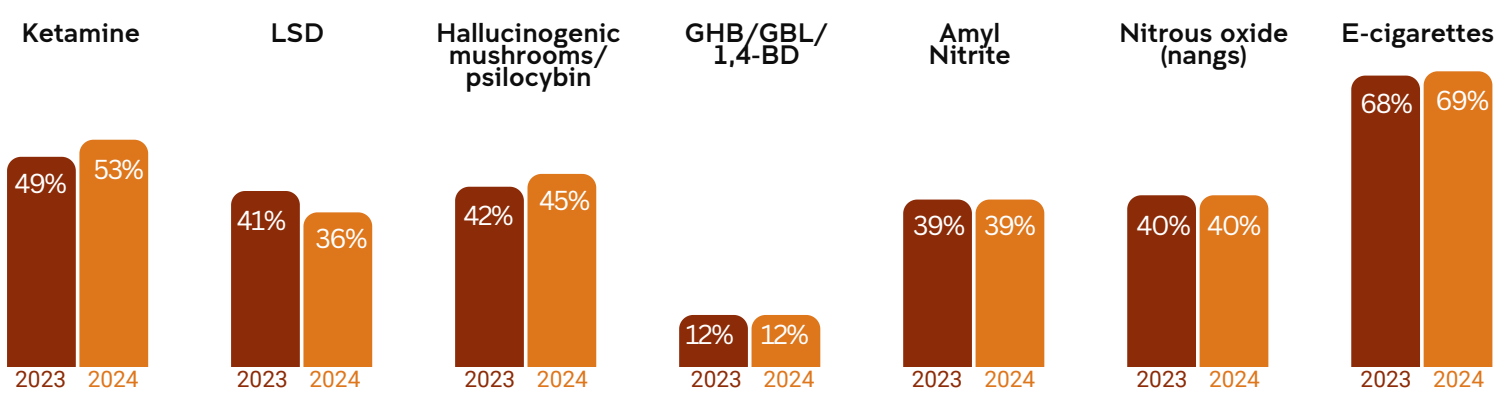


Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



28% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police.

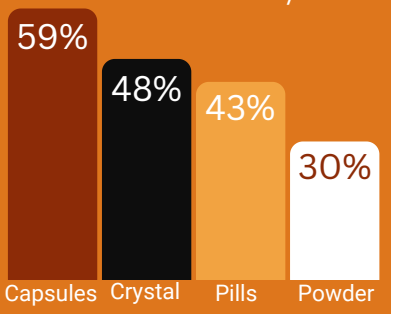
PAST 6 MONTH USE OF SELECT DRUGS



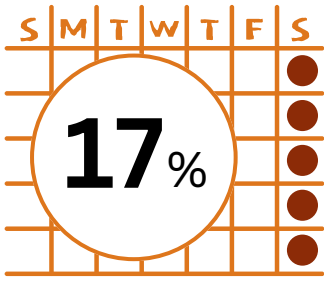
ECSTASY

EDRS Ecstasy and Related Drugs Reporting System

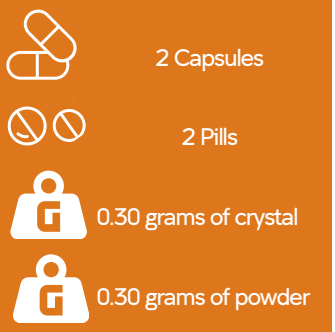
FORM of ecstasy



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



Of those who had recently used any ecstasy, 17% reported weekly or more frequent use, stable from 2023 (14%).

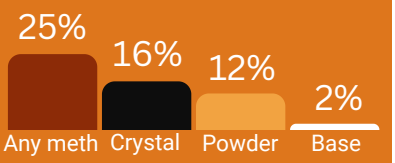


Median amounts of ecstasy consumed in a 'typical' session.

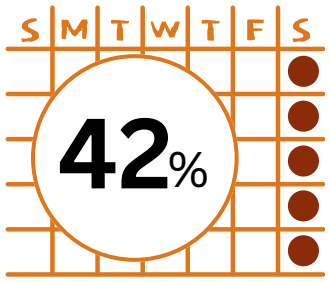
In 2024, more participants perceived the availability of all forms of ecstasy as 'easy' or 'very easy' relative to 2023.

METHAMPHETAMINE

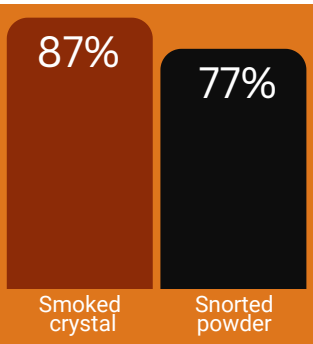
FORM of methamphetamine



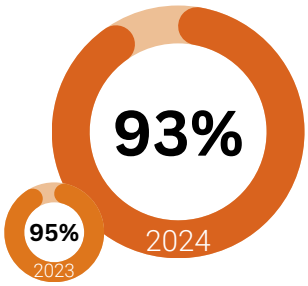
Past 6 month use of any methamphetamine, crystal, powder and base in 2024.



Of those who had recently used any methamphetamine, 42% reported weekly or more frequent use, stable from 2023 (38%).

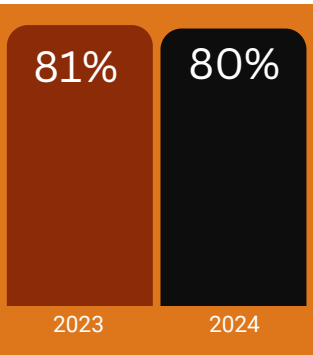


87% of participants who had recently used crystal smoked it. Of those who had recently used powder, 77% snorted it.

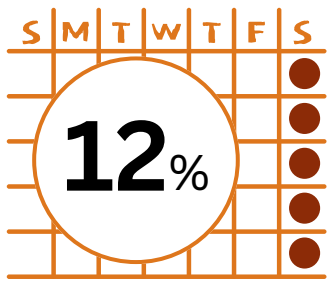


Percentage who perceived crystal methamphetamine as being 'easy' or 'very easy' to obtain.

COCAINE

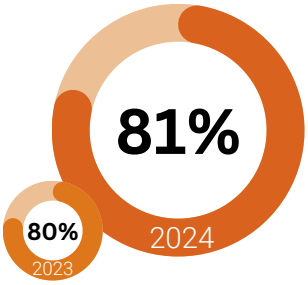


Past 6 month use of any cocaine remained stable between 2023 and 2024.



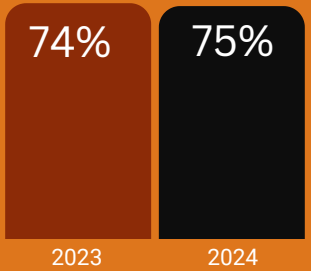
Of those who had recently consumed cocaine, 12% reported weekly or more frequent use, stable from 2023 (9%).

The median reported price for a gram of cocaine.

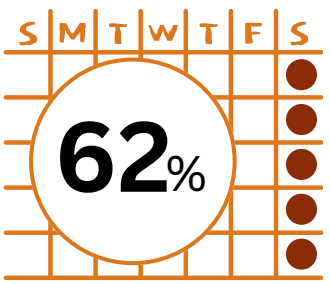


Percentage who perceived cocaine as being 'easy' or 'very easy' to obtain.

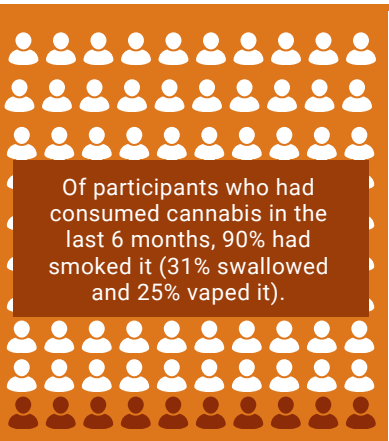
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

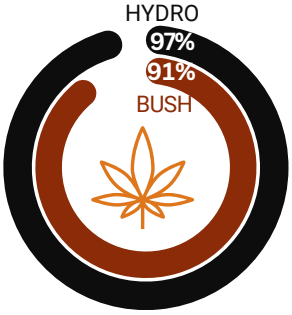


Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products was stable between 2023 and 2024.



Of those who had recently used non-prescribed cannabis, 62% reported weekly or more frequent use, stable from 2023 (58%).





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

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/or other stimulants, recruited from all capital cities of Australia (n=740 in 2024). 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/or 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 and/or other illicit stimulants (including: MDA, methamphetamine, cocaine, non-prescribed pharmaceutical stimulants, mephedrone or other stimulant NPS) on at least six days 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 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

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

4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth) 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.

2024 EDRS Sample

Between 9 April-13 July 2024, a total of 740 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=87; Brisbane and Gold Coast, QLD, n=101; Darwin, NT, n=51; and Perth, WA, n=100. Almost two-thirds of these interviews (65%; n= 482) were conducted via telephone/videoconference: Sydney, NSW, n=38; Melbourne, VIC, n=98; Adelaide, SA, n=42; Canberra, ACT, n=43; Hobart, TAS, n=76; Brisbane and Gold Coast, QLD, n=44; Darwin, NT, n=50; and Perth, WA, n=91.

Seven per cent of the 2024 national sample had taken part in the 2023 interview (7% of the 2023 sample had taken part in the 2022 interview; p=0.913). There was a significant change in how participants found out about the study in 2024 compared to 2023 (p=0.003), with fewer participants recruited via the internet (e.g., Facebook and Instagram) (72%; 78% in 2023), and more via word-of-mouth (23%; 19% in 2023).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2023 and 2024, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, was excluded from analysis.

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≤50) reporting.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
	Empty cell(s) indicates question not asked in respective year (for figures)
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for figures and tables)
***p*<0.050; ***p*<0.010; ****p*<0.001**	Statistical significance between 2023 and 2024
Syd	Sydney
Can	Canberra
Mel	Melbourne
Hob	Hobart
Ade	Adelaide
Per	Perth
Dar	Darwin
Bri/GC	Brisbane and the Gold Coast (and the Sunshine Coast 2014-16)

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).

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 national reports, 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

Similar to previous years, the median age of the 2024 sample was 23 years (IQR=20-32; 25 years in 2023; IQR=21-32; p=0.526). Gender remained stable (p=0.478), with 55% of the sample identifying as male (58% in 2023) (Table 2). There was a significant change in participants' living situation between 2023 and 2024 (p=0.007); almost half (48%) of participants reported living in a rented house/flat at the time of the interview, a decrease from 58% in 2023, and one third (34%) reported living with their parents/in their family home, an increase from 26% in 2023.

Whilst the mean years of school completed remained stable in 2024, relative to 2023 (12 years; range=7-12; 12 years in 2023; range=5-12; p=0.947), the percentage of participants who reported having a post-school qualification(s) significantly decreased from 62% in 2023 to 56% in 2024 (p=0.024).

Current employment status significantly changed between 2023 and 2024 (p=0.011); almost one third (30%) reported being employed full-time at the time of interview, a decrease from 38% in 2023, and almost one quarter (23%) reported being unemployed (19% in 2023). Furthermore, 42% reported being employed on a part time/casual basis at the time of interview (39% in 2023), and fewer participants reported being self-employed at the time of interview (5%; 4% in 2023). The median weekly income in 2024 was $700 (IQR=400-1200), significantly lower than what was reported in 2023 ($808; IQR=450-1385; p=0.002).

Table 2: Demographic characteristics of the sample, nationally, 2023-2024, and by capital city, 2024

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/ GC
	N=708	**N=740**	**N=100**	**N=100**	**N=100**	**N=87**	**N=101**	**N=100**	**N=51**	**N=101**
	2023	**2024**	**2024**	**2024**	**2024**	**2024**	**2024**	**2024**	**2024**	**2024**
Median age (years; IQR)	25 (21-32)	**23 (20-32)**	27 (20-36)	22 (19-29)	25 (20-32)	25 (21-35)	23 (19-35)	21 (19-28)	27 (23-38)	23 (20-29)
% Gender										
Female	40	**43**	31	44	48	46	55	38	51	33
Male	58	**55**	66	55	46	52	44	59	49	62
Non-binary	3	**3**	-	-	-	-	-	-	0	-
% Aboriginal and/or Torres Strait Islander	5	**9****	8	7	-	21	-	6	25	-
% Born in Australia	84	**84**	73	86	75	93	89	85	84	86
% English primary language spoken at home	95	**97**	90	99	96	100	96	100	100	96
% Sexual identity										
Heterosexual	71	**69**	63	67	56	71	72	82	84	66
Homosexual	8	**7**	12	-	10	-	-	6	0	-
Bisexual	16	**17**	13	19	20	21	16	10	12	20
Queer	4	**4**	6	8	10	0	-	-	-	-
Other identity	1	**3**	6	-	-	-	-	-	-	-
Mean years of school education (range)	12 (5-12)	**12 (7-12)**	12 (9-12)	12 (9-12)	12 (8-12)	11 (7-12)	12 (8-12)	12 (9-12)	11 (7-12)	12 (8-12)
% Post-school qualification(s)^	62	**56***	60	48	60	57	65	40	59	59
% Current students#	36	**39**	33	45	39	31	36	51	20	44
% Current employment status		*****								
Employed full-time	38	**30**	34	33	23	19	34	27	51	24
Part time/casual	39	**42**	38	39	56	40	39	52	20	44
Self-employed	4	**5**	-	-	-	-	-	6	-	6
Unemployed	19	**23**	24	24	18	35	23	15	20	26
Current median weekly income $ (IQR)	808 (450-1385)	**700 (400-1200)****	900 (450-1377)	650 (408-1200)	600 (392-1029)	563 (385-838)	750 (445-1269)	625 (313-1075)	1115 (700-154	800 (500-1175)
% Current accommodation		******								
Own house/flat	9	**10**	11	6	10	8	16	12	-	7
Rented house/flat	58	**48**	49	55	50	49	37	33	61	59
Parents'/family home	26	**34**	34	30	36	24	39	53	20	25
Boarding house/hostel	2	**1**	0	-	-	0	-	0	-	-

	National		Syd	Can	Mel	Hob	Ade	Per	Dar	Bri/ GC
Public Housing	3	**3**	-	-	-	8	-	-	-	-
No fixed address+	1	**2**	-	-	-	-	-	-	-	-
Other	1	**1**	0	-	0	-	0	0	-	-

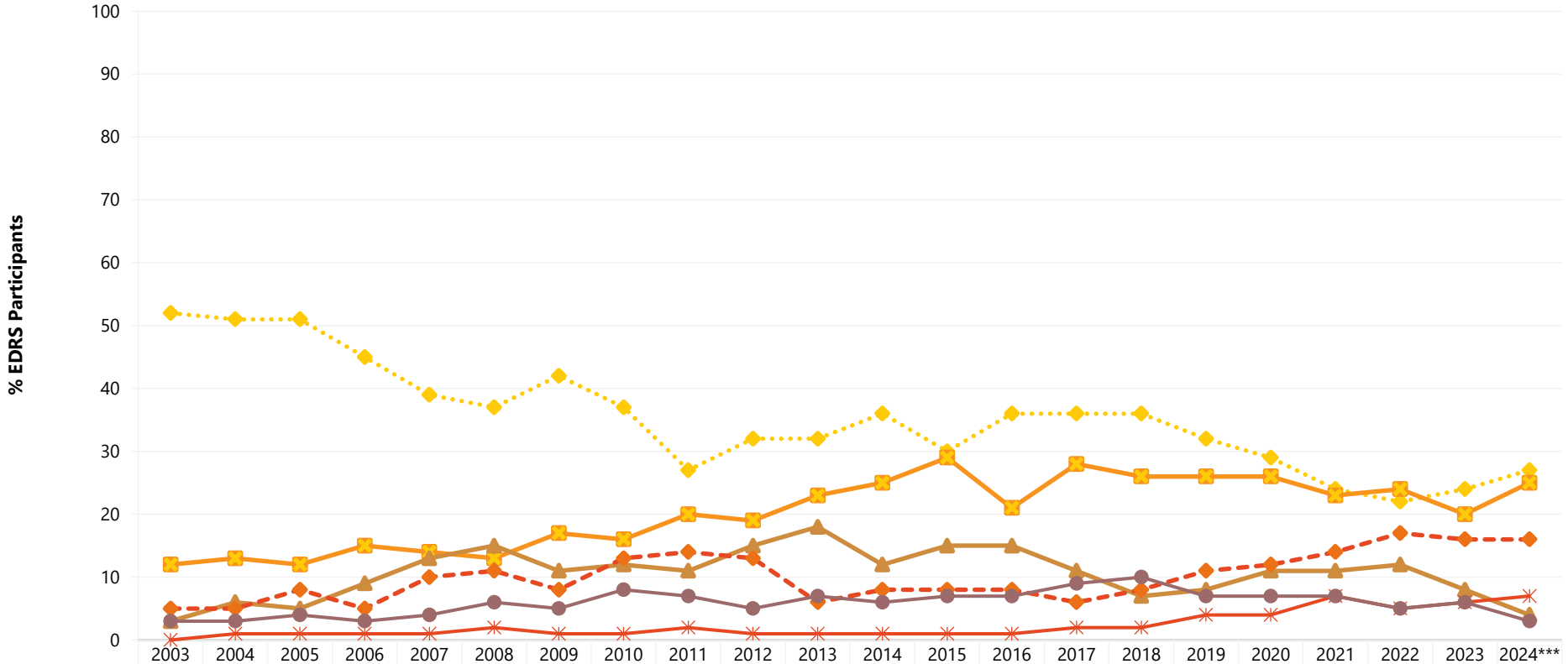
Note. ^ Includes trade/technical and university qualifications. # 'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications. + No fixed address included couch surfing and rough sleeping or squatting. Statistical significance for 2023 versus 2024 among the national sample presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes. For sample characteristics over the whole duration of the project, see methods for the annual interviews.

Drug of choice significantly changed between 2023 and 2024 (p<0.001). Twenty-seven per cent of participants reported ecstasy as their drug of choice in 2024 (24% in 2023), with more participants nominating cannabis (25%; 20% in 2023) as their drug of choice. Whilst the per cent of participants nominating cocaine as their drug of choice remained unchanged (16%; 16% in 2023), fewer participants nominated alcohol as their drug of choice (4%; 8% in 2023), the lowest per cent observed since 2003 (Figure 1).

A significant change was also observed for the drug used most often in the past month (p<0.001). Specifically, there was a decrease in the percentage of participants who reported that alcohol was the drug used most often in the month preceding interview (13%; 22% in 2023), the lowest per cent observed since monitoring commenced in 2011, and an increase in the percentage of participants who reported that cannabis was the drug used most often in the month prior to interview (33%; 29% in 2023) (Figure 2).

Sixteen per cent of the sample reported weekly or more frequent use of ecstasy in 2024, stable relative to 2023 (13%; p=0.121). Weekly or more frequent use of methamphetamine remained stable in 2024 (10%; 11% in 2023; p=0.553), as did weekly or more frequent use of cocaine (10%; 8% in 2023; p=0.144) and non-prescribed cannabis (46%; 43% in 2023; p=0.243) (Figure 3).

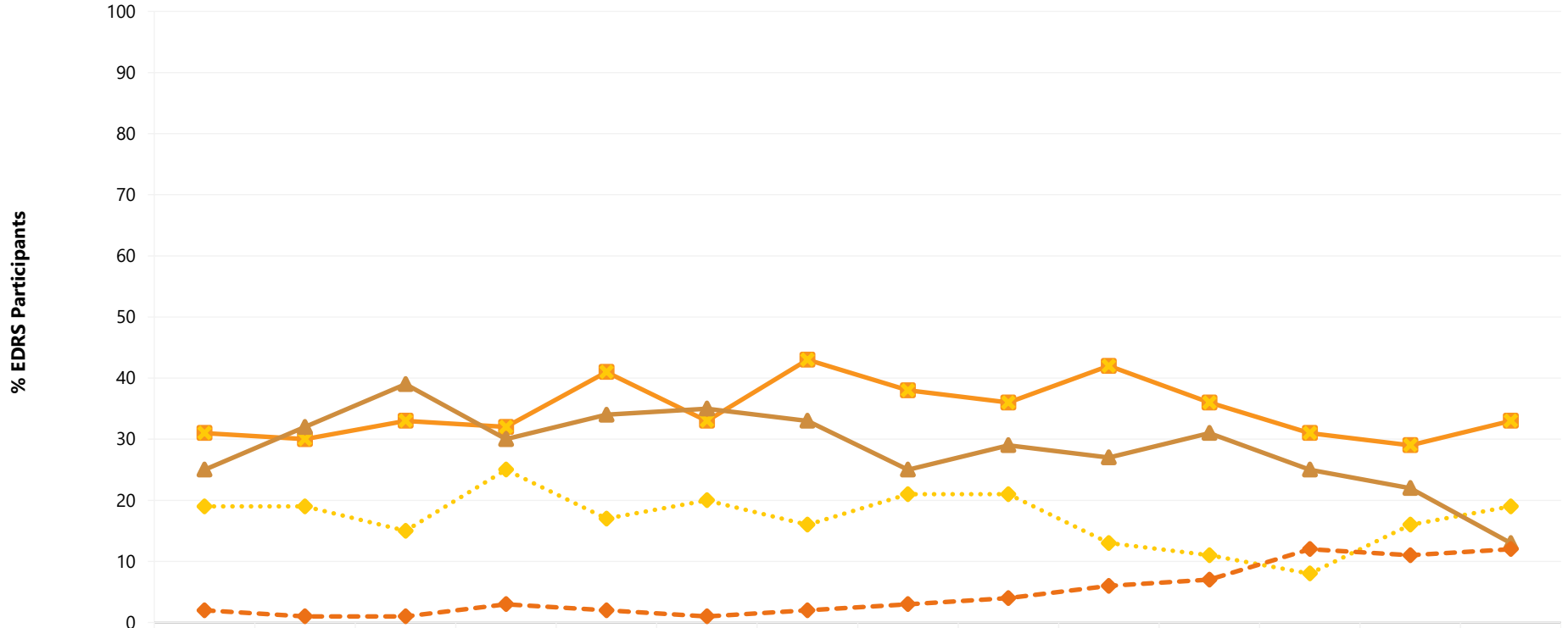
Figure 1: Drug of choice, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024***
Ecstasy	52	51	51	45	39	37	42	37	27	32	32	36	30	36	36	36	32	29	24	22	24	27
Cannabis	12	13	12	15	14	13	17	16	20	19	23	25	29	21	28	26	26	26	23	24	20	25
Alcohol	3	6	5	9	13	15	11	12	11	15	18	12	15	15	11	7	8	11	11	12	8	4
Cocaine	5	5	8	5	10	11	8	13	14	13	6	8	8	8	6	8	11	12	14	17	16	16
Ketamine	0	1	1	1	1	2	1	1	2	1	1	1	1	1	2	2	4	4	7	5	6	7
LSD	3	3	4	3	4	6	5	8	7	5	7	6	7	7	9	10	7	7	7	5	6	3

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances (in 2024, 2% endorsed hallucinogenic mushrooms and 3% endorsed pharmaceutical stimulants). Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

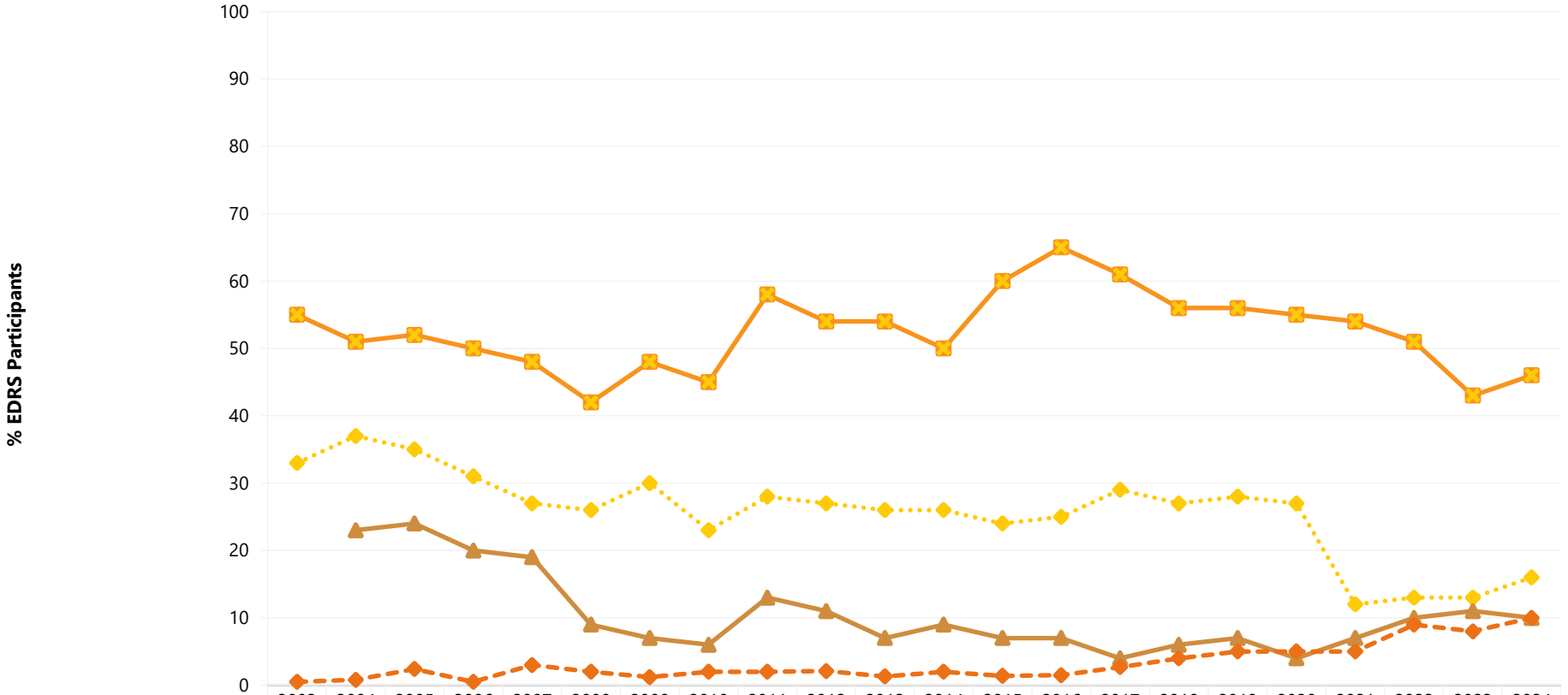
Figure 2: Drug used most often in the past month, nationally, 2011-2024



	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024***
Ecstasy	19	19	15	25	17	20	16	21	21	13	11	8	16	19
Cannabis	31	30	33	32	41	33	43	38	36	42	36	31	29	33
Alcohol	25	32	39	30	34	35	33	25	29	27	31	25	22	13
Cocaine	2	1	1	3	2	1	2	3	4	6	7	12	11	12

Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; smaller percentages have endorsed other substances (in 2024, 5% endorsed ketamine, 5% endorsed pharmaceutical stimulants, 1% endorsed LSD and 1% endorsed hallucinogenic mushrooms/psilocybin). Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Ecstasy	33	37	35	31	27	26	30	23	28	27	26	26	24	25	29	27	28	27	12	13	13	16
Non-prescribed cannabis	55	51	52	50	48	42	48	45	58	54	54	50	60	65	61	56	56	55	54	51	43	46
Methamphetamine		23	24	20	19	9	7	6	13	11	7	9	7	7	4	6	7	4	7	10	11	10
Cocaine	1	1	2	1	3	2	1	2	2	2	1	2	1	2	3	4	5	5	5	9	8	10

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

3

Non-Prescribed Ecstasy

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

Patterns of Consumption (Any Ecstasy)

Recent Use (past 6 months)

The majority (92%) of participants reported any recent use of non-prescribed ecstasy in 2024, stable relative to 2023 (95%; *p*=0.056) (Figure 4). Similarly, non-prescribed ecstasy use remained stable in most capital cities, apart from a significant decrease in the Perth sample (89%; 98% in 2023; *p*=0.018) (Table 3)

Consistent with the previous few years, capsules (59%) and crystal (48%) were the most commonly used forms of non-prescribed ecstasy in the six months preceding interview, followed by pills (43%). Powder remained the least commonly used form of non-prescribed ecstasy (30%), consistent with the entirety of the reporting period (Figure 4).

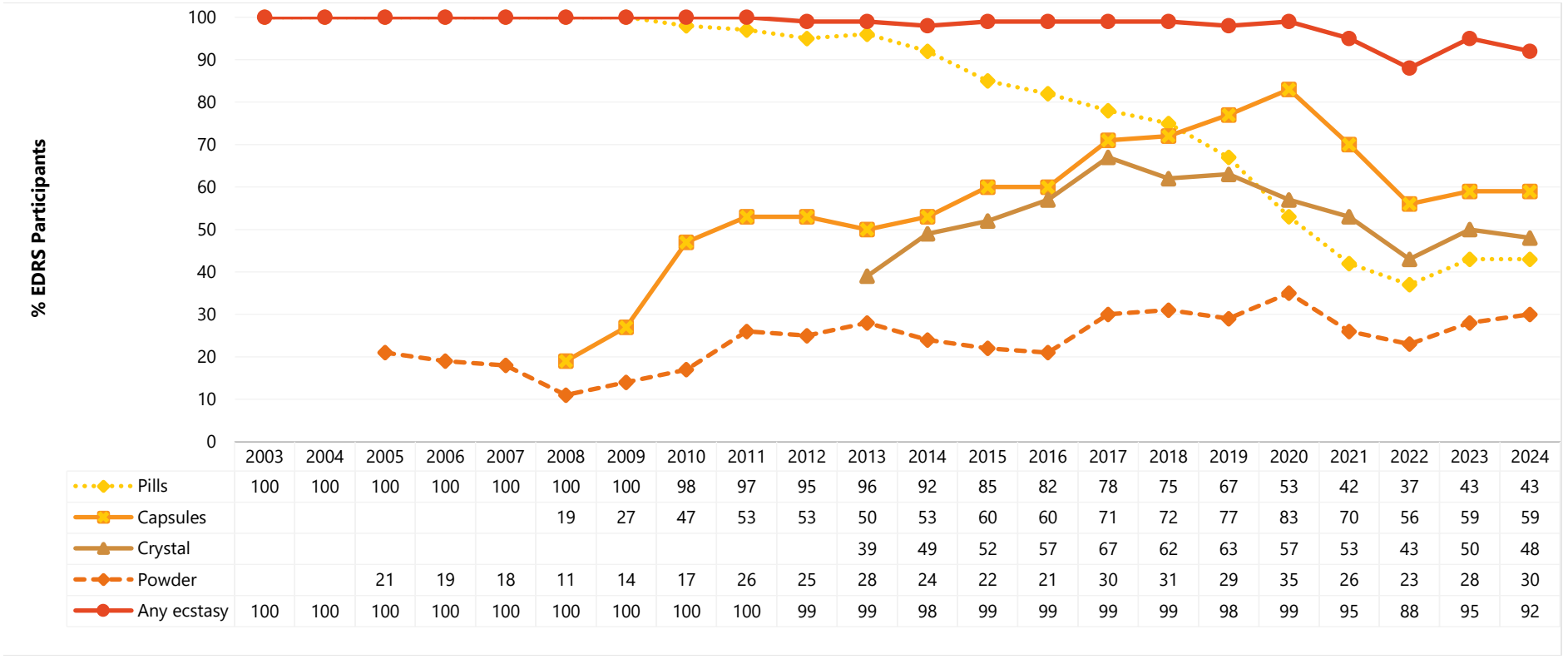
Frequency of Use

In 2024, participants reported using non-prescribed ecstasy (in any form) on a median of eight days (IQR=4-16; n=682), stable from 2023 (7 days; IQR=4-14; n=669; *p*=0.600), but lower than what has historically been observed (12-15 days between 2003 and 2020) (Figure 5). Among those who had recently used any non-prescribed ecstasy and commented (n=682), weekly or more frequent use of any form of ecstasy remained stable in 2024 (17%), relative to 2023 (14%; *p*=0.086).

Number of Forms Used

Among participants who had recently consumed non-prescribed ecstasy and commented (n=683), use of a median of two different forms of ecstasy were reported (IQR=1-3), significantly different from 2023 (2 forms; IQR=1-2; n=670; *p*=0.033). This was consistent across all capital cities, except in Canberra, where participants reported using a median of one form of ecstasy (IQR=1-2).

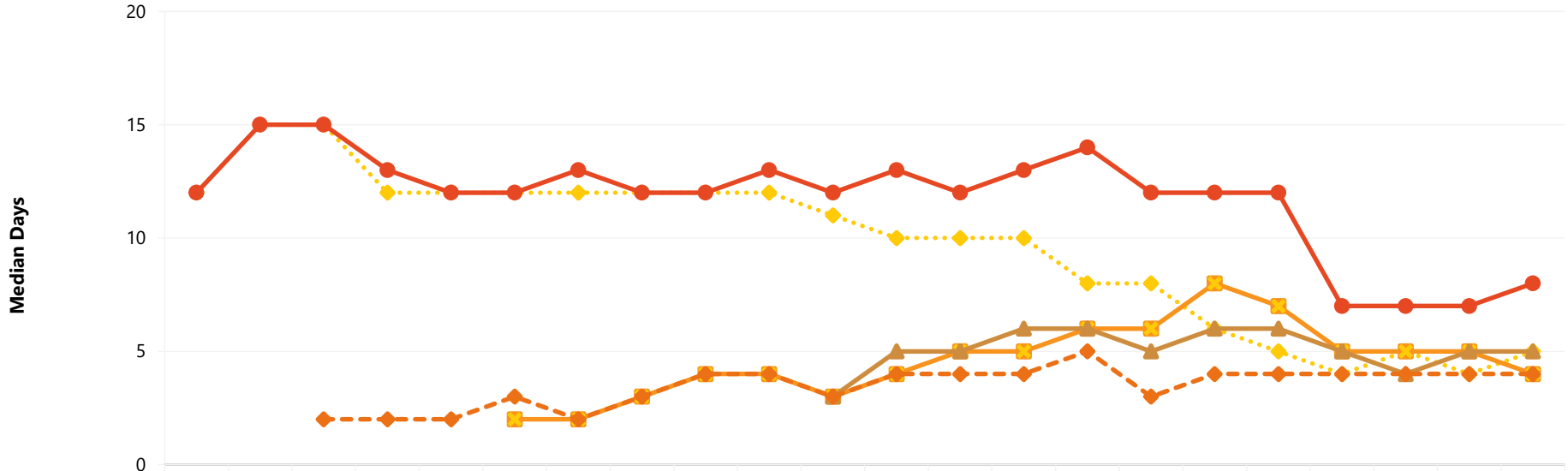
Figure 4: Past six month use of any non-prescribed ecstasy, and non-prescribed ecstasy pills, capsules, crystal, and powder, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Pills	100	100	100	100	100	100	100	98	97	95	96	92	85	82	78	75	67	53	42	37	43	43
Capsules						19	27	47	53	53	50	53	60	60	71	72	77	83	70	56	59	59
Crystal											39	49	52	57	67	62	63	57	53	43	50	48
Powder			21	19	18	11	14	17	26	25	28	24	22	21	30	31	29	35	26	23	28	30
Any ecstasy	100	100	100	100	100	100	100	100	100	99	99	98	99	99	99	99	98	99	95	88	95	92

Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Pills	12	15	15	12	12	12	12	12	12	12	11	10	10	10	8	8	6	5	4	5	4	5
Capsules						2	2	3	4	4	3	4	5	5	6	6	8	7	5	5	5	4
Crystal											3	5	5	6	6	5	6	6	5	4	5	5
Powder			2	2	2	3	2	3	4	4	3	4	4	4	5	3	4	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	8

Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 3: Past six month use of any non-prescribed ecstasy, by capital city, 2003-2024

%	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
2024	**96**	**90**	**95**	**91**	**93**	**89***	**92**	**92**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 4: Past six month use of non-prescribed ecstasy pills, by capital city, 2003-2024

%	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
2024	**57**	**25**	**65**	**49**	**47**	**27**	**39**	**34**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 5: Past six month use of non-prescribed ecstasy capsules, by capital city, 2008-2024

%	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
2024	**66**	**52**	**64**	**59**	**59**	**54**	**55**	**63**

Note. Data collection for capsules commenced in 2008. ~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 2008 and 2024 should be interpreted with caution due to small samples (2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 6: Past six month use of non-prescribed ecstasy crystal, by capital city, 2013-2024

%	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
2024	**53**	**37**	**43**	**47**	**50**	**51**	**49**	**54**

Note. Data collection for crystal commenced in 2013. ~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 2024 should be interpreted with caution due to small samples (2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 7: Past six month use of non-prescribed ecstasy powder, by capital city, 2005-2024

%	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
2024	**29**	**28**	**34**	**30**	**36**	**28**	**27**	**29**

Note. Data collection for powder commenced in 2005. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Non-Prescribed Ecstasy Pills

Recent Use (past 6 months): Recent use of non-prescribed ecstasy pills was reported by 43% of participants, unchanged from 2023 (43%; *p*=0.958) (Figure 4). This was also stable across all capital city samples (Table 4).

Frequency of Use: Of those who had recently consumed non-prescribed ecstasy pills and commented (n=318), participants reported a median of five days (IQR=2-12) of use in the six months preceding interview, stable relative to 2023 (4 days; IQR=2-10; n=304; *p*=0.104) (Figure 5). Among those had recently used non-prescribed ecstasy pills, the percentage reporting weekly or more frequent use remained stable at 12% in 2024 (11% in 2023; *p*=0.895).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy pills and commented (n=318), the most common route of administration was swallowing (98%; 96% in 2023; *p*=0.342), followed by snorting (24%; 20% in 2023; *p*=0.248).

Quantity: Of those who reported recent non-prescribed use and responded (n=317), the median number of pills used in a 'typical' session was two (IQR=1-3; 2 pills in 2023; IQR=1-2; *p*=0.487). Of those who reported recent use and responded (n=316), the median maximum number of pills used in a session in 2024 was three (IQR=2-4; 3 pills in 2023; IQR=2-5; *p*=0.574).

Non-Prescribed Ecstasy Capsules

Recent Use (past 6 months): Capsules remained the most common form of non-prescribed ecstasy used in 2024, with 59% reporting recent use, stable relative to 2023 (59%; *p*=0.958) (Figure 4). Recent use of ecstasy capsules remained stable in all capital city samples (Table 5).

Frequency of Use: Of those who had recently consumed non-prescribed ecstasy capsules and commented (n=438), capsules were used on a median of four days (IQR=2-10), stable relative to 2023 (5 days; IQR=3-10; n=418; *p*=0.679) (Figure 5). Among those who had recently used non-prescribed ecstasy capsules, 6% reported weekly or more frequent use, stable from 2023 (6%).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy capsules and commented (n=439), swallowing remained the most common route of administration in 2024 (96%; 97% in 2023; *p*=0.463). Sixteen per cent reported snorting capsules, stable relative to 2023 (18%; *p*=0.416).

Quantity: Of those who reported recent non-prescribed use and responded (n=439), the median number of capsules used in a 'typical' session in 2024 was two (IQR=1-3; 2 capsules in 2023; IQR=1-3; *p*=0.870). Of those who reported recent use and responded (n=435), the median maximum number of capsules used in a session was three (IQR=2-5; 3 capsules in 2023; IQR=2-5; *p*=0.806).

Non-Prescribed Ecstasy Crystal

Recent Use (past 6 months): Recent use of non-prescribed crystal was reported by nearly half (48%) of the national sample, stable from 50% in 2023 (*p*=0.597) (Figure 4). Recent use of ecstasy crystal remained stable in all capital city samples (Table 6).

Frequency of Use: Of those who had recently consumed non-prescribed ecstasy crystal and commented (n=356), participants reported use on a median of five days (IQR=2-10) in the six months preceding interview, stable from five

days in 2023 (IQR=3-10; n=350; p=0.539) (Figure 5). Among those who had recently used non-prescribed ecstasy crystal, 9% reported weekly or greater use, stable relative to 2023 (7%; p=0.486).

Routes of Administration: Among participants who had recently consumed non-prescribed ecstasy crystal and commented (n=356), the main route of administration reported was swallowing (78%; 81% in 2023; p=0.355), followed by snorting (47%; 46% in 2023; p=0.757).

Quantity: Of those who reported recent non-prescribed use and responded (n=301), the median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2023; IQR=0.20-0.50; p=0.907). Of those who reported recent use and responded (n=299), the median maximum amount used in a session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2023; IQR=0.30-1.00; p=0.975).

Non-Prescribed Ecstasy Powder

Recent Use (past 6 months): Consistent with previous years, non-prescribed powder was the least used form of ecstasy in 2024, with 30% of participants reporting recent use (28% in 2023; p=0.273) (Figure 4). This was also stable across all capital city samples (Table 7).

Frequency of Use: Of those who had recently used non-prescribed ecstasy powder and commented (n=224), powder was used on a median of four days (IQR=2-8) in the previous six months, stable relative to 2023 (4 days; IQR=2-7; n=193; p=0.766) (Figure 5). Among those who had recently used non-prescribed ecstasy powder, 8% reported weekly or more frequent use, stable from 2023 (5%; p=0.331).

Routes of Administration: Among participants who had recently used non-prescribed ecstasy powder and commented (n=224), snorting was the most common route of administration, consistent with previous years, and stable from 2023 (76%; 73% in 2023; p=0.431). Half (50%) of the participants reported swallowing ecstasy powder, stable relative to 2023 (52%; p=0.771).

Quantity: Of those who reported recent non-prescribed use and responded (n=171), the median quantity of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2023; IQR=0.20-0.50; p=0.642). Of those who reported recent use and responded (n=173), the median maximum amount used in a session was 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2023; IQR=0.30-1.00; p=0.721).

Price, Perceived Purity and Perceived Availability

Non-Prescribed Ecstasy Pills

Price: The reported price of a non-prescribed pill in 2024 was $30 (IQR=25-36; n=185; $30 in 2023; IQR=25-40; n=179; p=0.149) (Figure 6).

Perceived Purity: Among those who responded in 2024 (n=324), the perceived purity of non-prescribed ecstasy pills remained stable relative to 2023 (p=0.975). One third of participants reported the perceived purity to be 'high' (35%; 34% in 2023). Twenty-nine per cent reported 'medium' purity (30% in 2023), followed by 22% reporting 'fluctuating' purity (21% in 2023) and 14% reporting 'low' purity (14% in 2023) (Figure 8).

Perceived Availability: Among those who responded in 2024 (n=327), there was a significant change in the perceived availability of non-prescribed ecstasy pills, relative to 2023 (p=0.003). Thirty-five per cent of participants reported ecstasy pills to be 'very easy' to obtain, an increase from 28% in 2023, and 40% reported that they were 'easy' to obtain (35%

in 2023). In contrast, a decrease was observed in the percentage reporting that ecstasy pills were 'difficult' (21%; 30% in 2023) or 'very difficult' (4%; 7% in 2023) to obtain (Figure 12).

Non-Prescribed Ecstasy Capsules

Price: The median price of a non-prescribed capsule was $25 (IQR=25-30; n=239) in 2024, stable from $30 (IQR=25-30; n=222) in 2023 (p=0.365) (Figure 6).

Perceived Purity: Among those who responded in 2024 (n=436), a significant change was observed in the perceived purity of non-prescribed capsules, relative to 2023 (p=0.010). There was an increase in the percentage of participants reporting 'high' (36%; 29% in 2023) purity, and a decline in those reporting 'medium' (31%; 39% in 2023) purity (Figure 9). Nearly one quarter (24%) reported perceived purity to be 'fluctuating' (19% in 2023), followed by 10% reporting 'low' purity (13% in 2023).

Perceived Availability: Among those who responded in 2024 (n=439), a significant change was observed in the perceived availability of non-prescribed capsules, relative to 2023 (p=0.001). Specifically, there was an increase in the percentage of participants who reported availability to be 'very easy' (42%; 36% in 2023) or 'easy' (44%; 41% in 2023). In contrast, fewer participants reported ecstasy capsules as being 'difficult' (13%; 18% in 2023) or 'very difficult' (n≤5; 5% in 2023) to obtain (Figure 13).

Non-Prescribed Ecstasy Crystal

Price: The median price per gram of non-prescribed crystal significantly decreased to $220 (IQR=163-270; n=195) from $250 in 2023 (IQR=200-300; n=195; p=0.007). The median price per point of crystal remained stable at $30 (IQR=30-80; n=9; $25 in 2023; IQR=23-35; n=23; p=0.090) (Figure 7).

Perceived Purity: Among those who responded in 2024 (n=338), the perceived purity of non-prescribed crystal remained stable relative to 2023 (p=0.198). The largest percentage of participants reported perceived purity to be 'high' (49%; 45% in 2023). Fewer participants perceived purity to be 'medium' (27%; 29% in 2023), 'fluctuating' (18%; 17% in 2023) or 'low' (5%; 9% in 2023) (Figure 10).

Perceived Availability: Among those who responded in 2024 (n=339), the perceived availability of non-prescribed crystal changed significantly, relative to 2023 (p=0.005). There was an increase in the percentage of participants who perceived crystal to be 'very easy' (42%; 33% in 2023) to obtain and a decrease in the percentage who reported that it was 'difficult' (17%; 24% in 2023) to obtain (Figure 14).

Non-Prescribed Ecstasy Powder

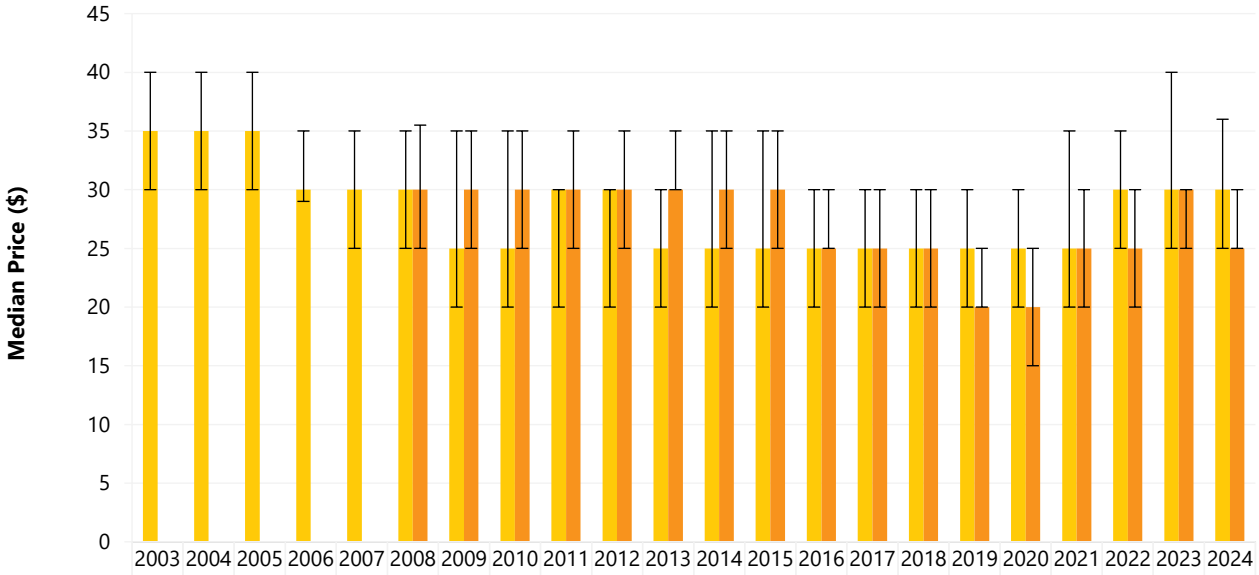
Price: The reported median price per gram of non-prescribed powder remained stable at $250 (IQR=175-300; n=80; $250 in 2023; IQR=200-300; n=72; p=0.466) (Figure 7), as did the reported median price per point of non-prescribed powder ($30; IQR=25-55; n=7; $25 in 2023; IQR=20-30; n=13; p=0.227).

Perceived Purity: Among those who responded in 2024 (n=170), the perceived purity of non-prescribed powder remained stable, relative to 2023 (p=0.609). Thirty-six per cent perceived ecstasy powder to be of 'medium' purity (42% in 2023), 35% perceived it as 'high' (29% in 2023) and 13% perceived powder to be 'low' in purity (14% in 2023) (Figure 11).

Perceived Availability: Among those who responded in 2024 (n=169), the perceived

availability of non-prescribed powder significantly changed, relative to 2023 (p<0.001). An increase was observed in those reporting availability to be 'very easy' (34%; 22% in 2023). In contrast, a decrease was observed in those who reported availability as being 'very difficult' (n≤5; 10% in 2023) (Figure 15).

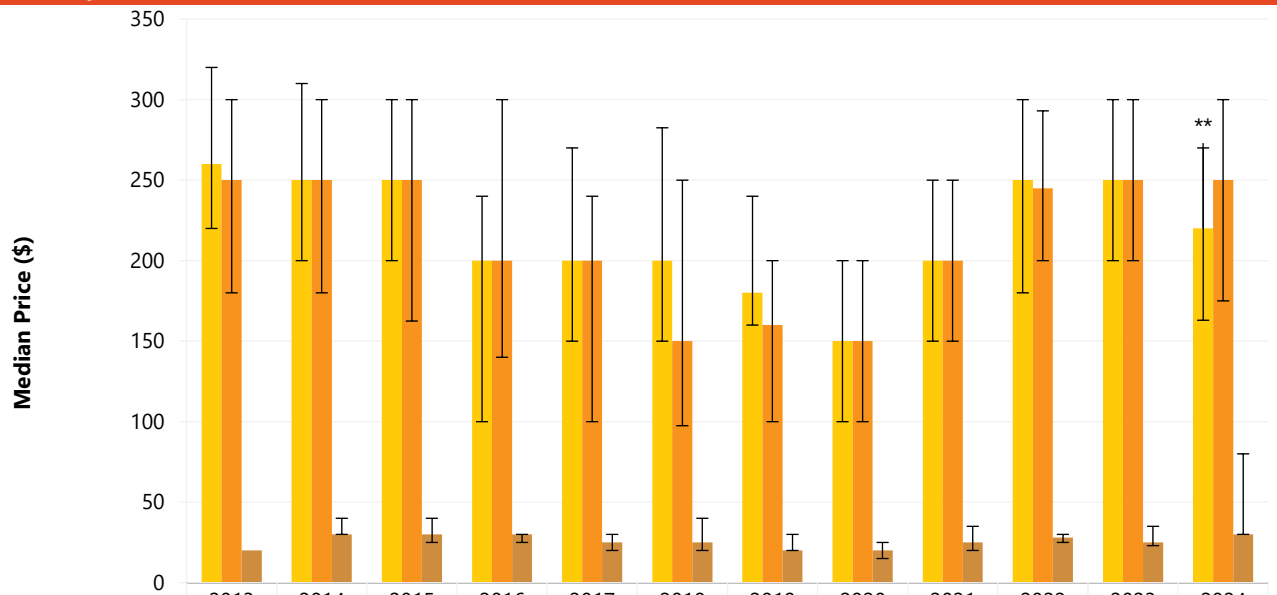
Figure 6: Median price of non-prescribed ecstasy pills and capsules, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Pill	35	35	35	30	30	30	25	25	30	30	25	25	25	25	25	25	25	25	25	30	30	30
Capsule						30	30	30	30	30	30	30	30	25	25	25	20	20	25	25	30	25

Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

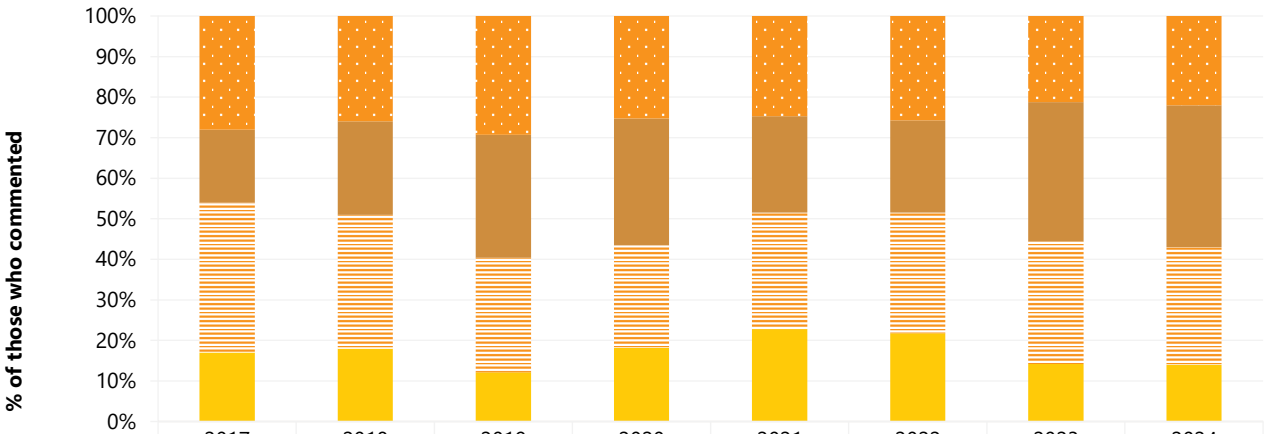
Figure 7: Median price of non-prescribed ecstasy crystal (per gram and point) and powder (per gram only), nationally, 2013-2024



	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Crystal (gram)	260	250	250	200	200	200	180	150	200	250	250	220
Powder (gram)	250	250	250	200	200	150	160	150	200	245	250	250
Crystal (point)	20	30	30	30	25	25	20	20	25	28	25	30

Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) commenced in 2013. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

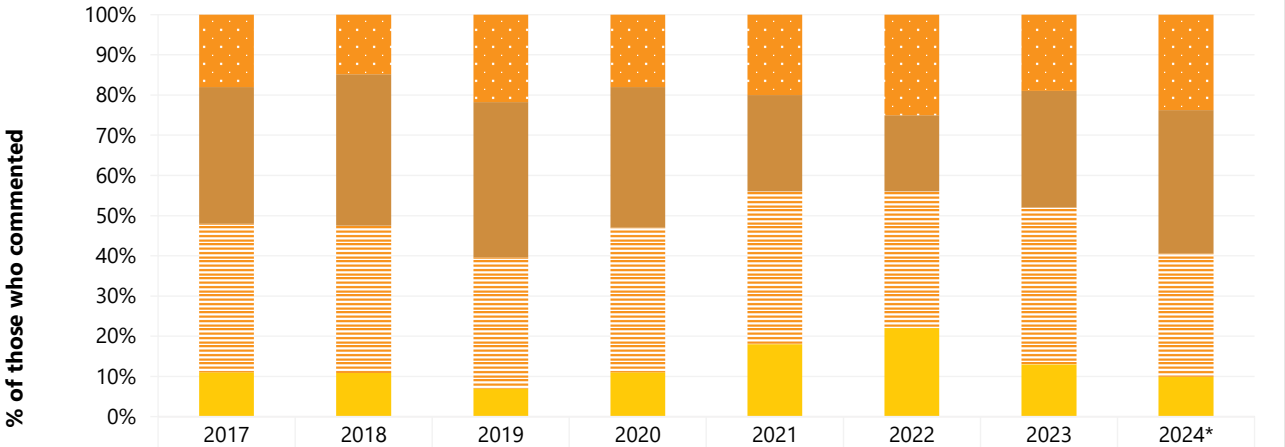
Figure 8: Current perceived purity of non-prescribed ecstasy pills, nationally, 2017-2024



	2017 n=566	2018 n=592	2019 n=555	2020 n=417	2021 n=338	2022 n=277	2023 n=319	2024 n=324
Fluctuates	28	26	29	25	25	26	21	22
High	18	23	30	31	24	23	34	35
Medium	37	33	28	25	29	30	30	29
Low	17	18	12	18	23	22	14	14

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

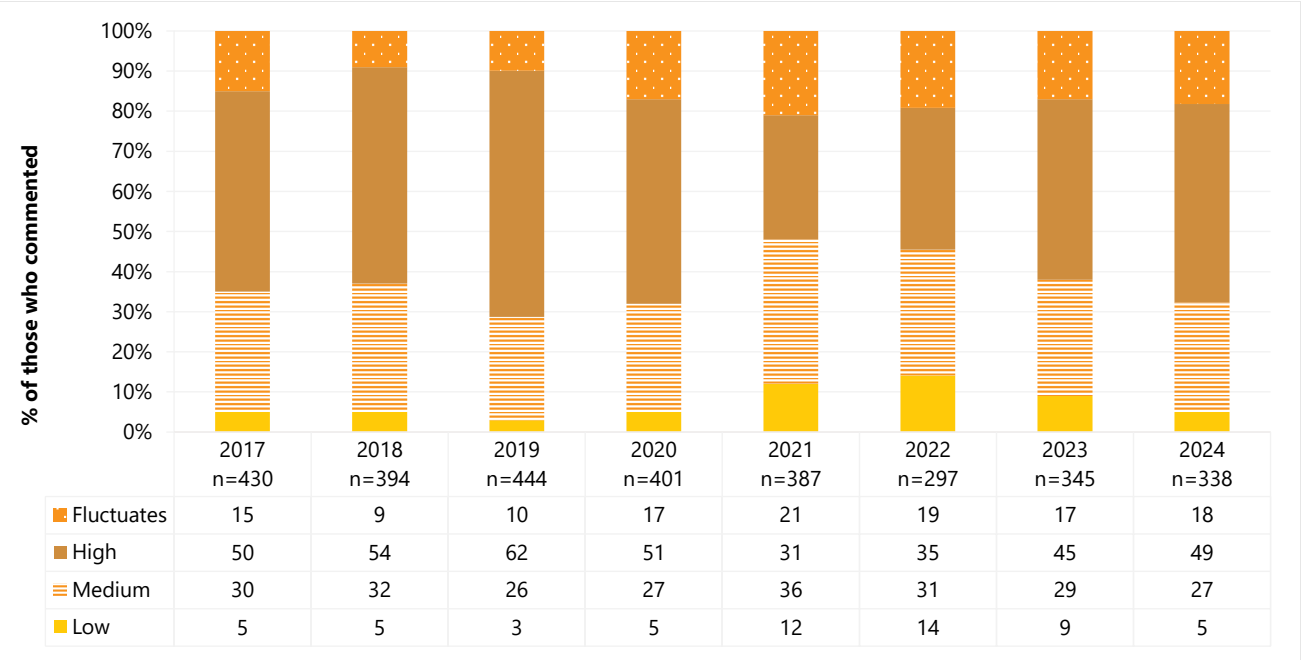
Figure 9: Current perceived purity of non-prescribed ecstasy capsules, nationally, 2017-2024



	2017 n=563	2018 n=581	2019 n=651	2020 n=612	2021 n=531	2022 n=385	2023 n=423	2024* n=436
Fluctuates	18	15	22	18	20	25	19	24
High	34	38	39	35	24	19	29	36
Medium	37	37	33	36	38	34	39	31
Low	11	11	7	11	18	22	13	10

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

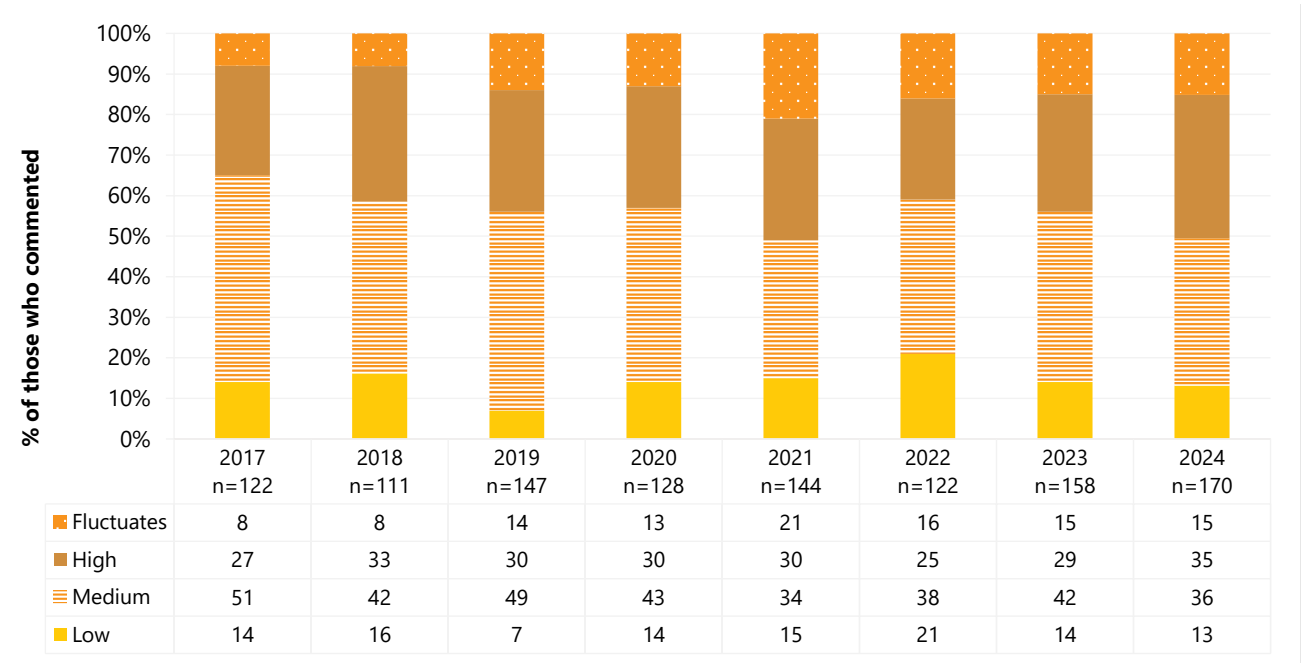
Figure 10: Current perceived purity of non-prescribed ecstasy crystal, nationally, 2017-2024



	2017 n=430	2018 n=394	2019 n=444	2020 n=401	2021 n=387	2022 n=297	2023 n=345	2024 n=338
Fluctuates	15	9	10	17	21	19	17	18
High	50	54	62	51	31	35	45	49
Medium	30	32	26	27	36	31	29	27
Low	5	5	3	5	12	14	9	5

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

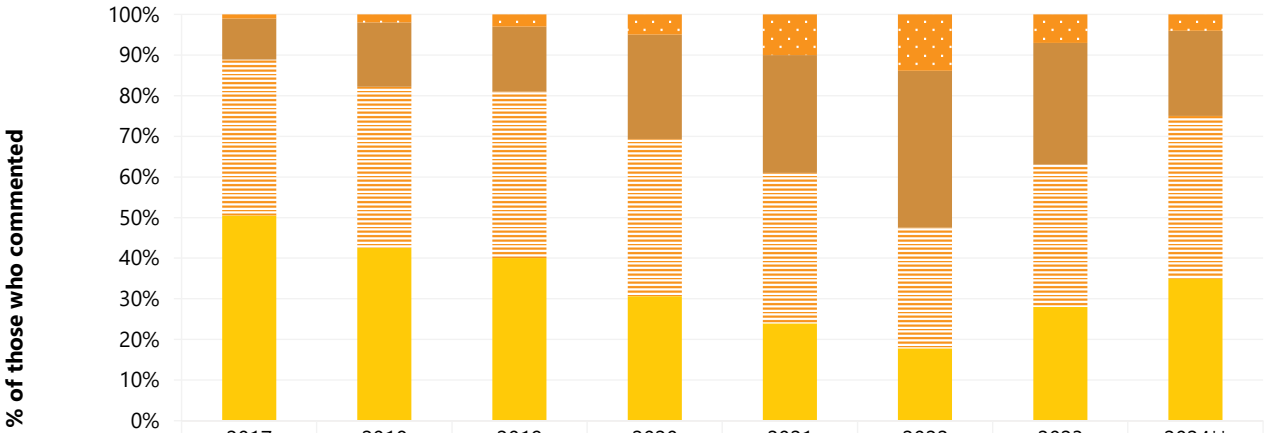
Figure 11: Current perceived purity of non-prescribed ecstasy powder, nationally, 2017-2024



	2017 n=122	2018 n=111	2019 n=147	2020 n=128	2021 n=144	2022 n=122	2023 n=158	2024 n=170
Fluctuates	8	8	14	13	21	16	15	15
High	27	33	30	30	30	25	29	35
Medium	51	42	49	43	34	38	42	36
Low	14	16	7	14	15	21	14	13

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

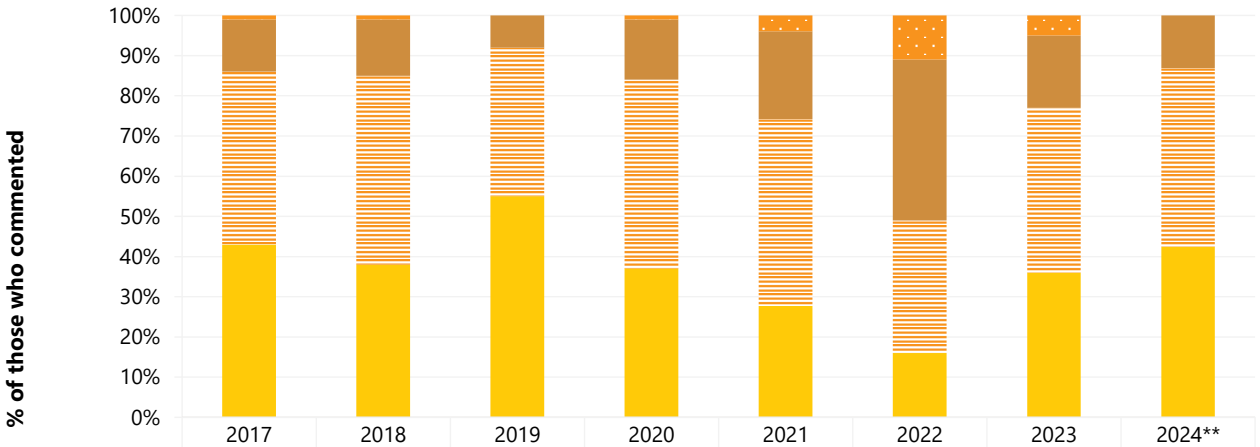
Figure 12: Current perceived availability of non-prescribed ecstasy pills, nationally, 2017-2024



	2017 n=576	2018 n=597	2019 n=561	2020 n=419	2021 n=332	2022 n=288	2023 n=328	2024** n=327
Very difficult	1	2	3	5	10	14	7	4
Difficult	10	16	16	26	29	39	30	21
Easy	38	40	41	39	37	30	35	40
Very easy	50	43	40	31	24	18	28	35

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

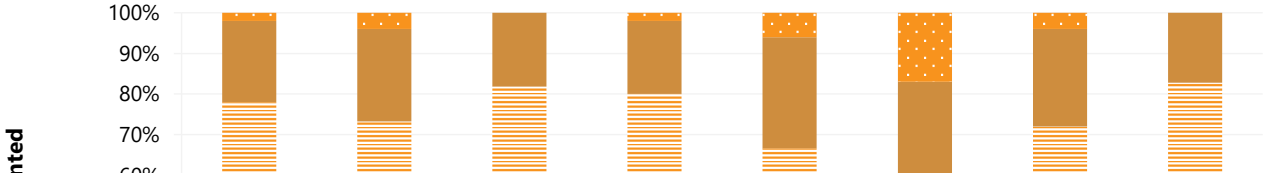
Figure 13: Current perceived availability of non-prescribed ecstasy capsules, nationally, 2017-2024



	2017 n=567	2018 n=588	2019 n=653	2020 n=610	2021 n=532	2022 n=397	2023 n=427	2024** n=439
Very difficult	1	1	-	1	4	11	5	-
Difficult	13	14	8	15	22	40	18	13
Easy	43	47	37	47	47	33	41	44
Very easy	43	38	55	37	28	16	36	42

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

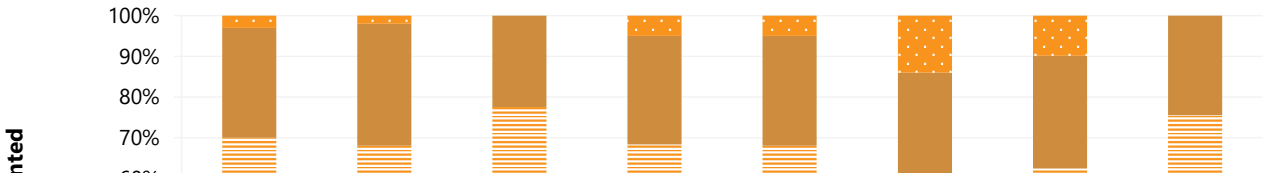
Figure 14: Current perceived availability of non-prescribed ecstasy crystal, nationally, 2017-2024



	2017 n=433	2018 n=392	2019 n=442	2020 n=406	2021 n=391	2022 n=305	2023 n=347	2024** n=339
Very difficult	2	4	-	2	6	17	4	-
Difficult	20	23	18	18	27	34	24	17
Easy	40	44	44	41	43	30	39	40
Very easy	38	30	37	39	23	19	33	42

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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



	2017 n=122	2018 n=115	2019 n=148	2020 n=132	2021 n=146	2022 n=128	2023 n=158	2024*** n=169
Very difficult	3	2	-	5	5	14	10	-
Difficult	27	30	22	27	27	44	28	24
Easy	40	48	47	46	41	32	41	40
Very easy	30	20	29	23	27	10	22	34

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

4

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). One quarter (25%) reported recent use of any methamphetamine in 2024, a significant decrease from 30% in 2023 (p=0.037) (Figure 16). This was largely driven by significant decreases in the Perth (9%; 29% in 2023; p<0.001) and Adelaide (26%; 46% in 2023; p=0.006) samples (Table 8).

Frequency of Use

Participants reported use on a median of ten days (IQR=2-74; n=183) in 2024 (8 days in 2023; IQR=2-50; n=212; p=0.180) (Figure 17). Among those who had recently used methamphetamine (n=183), two fifths (42%) reported weekly or more frequent use, stable from 38% in 2023 (p=0.465).

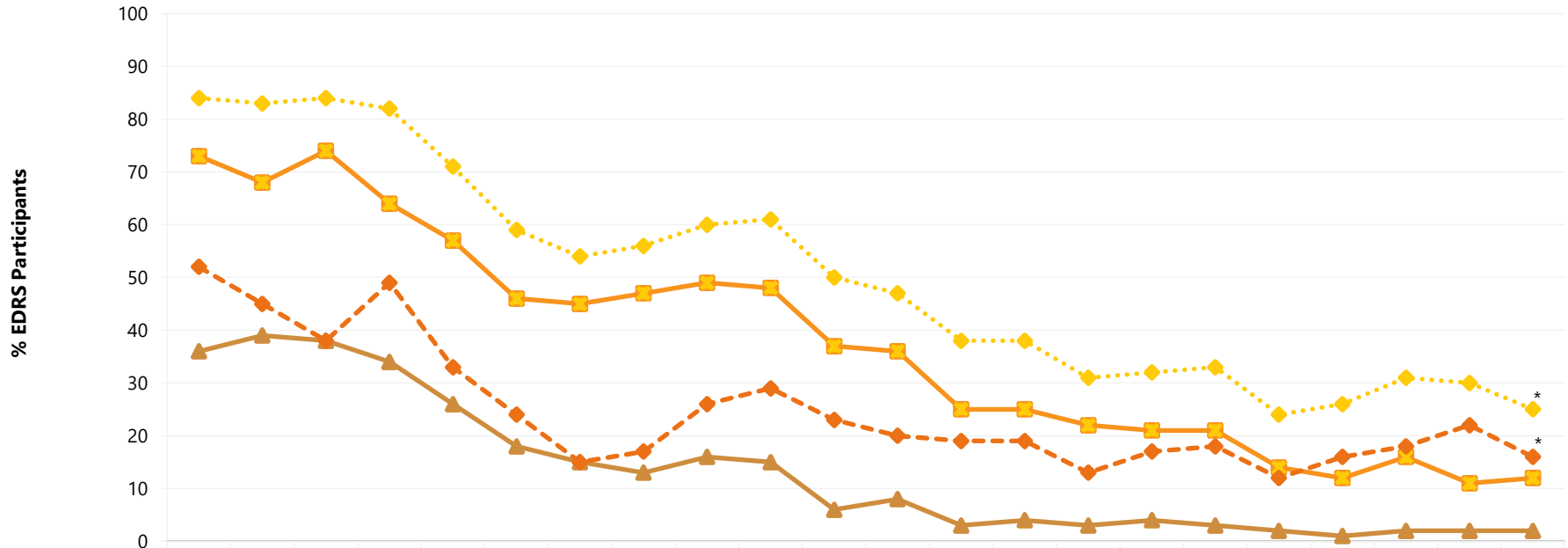
Forms Used

Of participants who had used methamphetamine in the six months preceding interview in 2024 (n=184), two thirds had used methamphetamine crystal (66%; 73% in 2023; p=0.132), half had used methamphetamine powder (47%; 37% in 2023; p=0.069) and one tenth had used methamphetamine base (9%; 7% in 2023; p=0.461).

Number of Forms Used

Among participants who had recently consumed any methamphetamine and commented (n=184), the median number of forms used was one (IQR=1-1), stable from 2023 (1 form; IQR=1-1; n=212; p=0.431), This was consistent across jurisdictions.

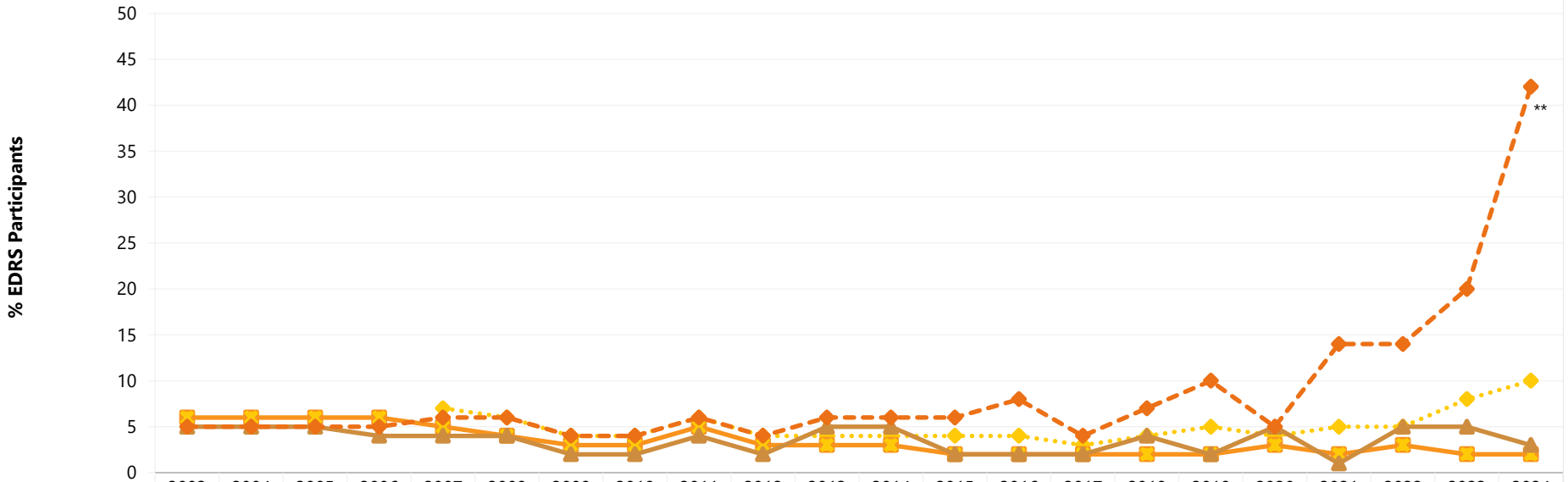
Figure 16: Past six month use of any methamphetamine, and methamphetamine powder, base, and crystal, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Any form	84	83	84	82	71	59	54	56	60	61	50	47	38	38	31	32	33	24	26	31	30	25
Powder	73	68	74	64	57	46	45	47	49	48	37	36	25	25	22	21	21	14	12	16	11	12
Base	36	39	38	34	26	18	15	13	16	15	6	8	3	4	3	4	3	2	1	2	2	2
Crystal	52	45	38	49	33	24	15	17	26	29	23	20	19	19	13	17	18	12	16	18	22	16

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

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



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Any form					7	6	4	4	6	4	4	4	4	4	3	4	5	4	5	5	8	10
Powder	6	6	6	6	5	4	3	3	5	3	3	3	2	2	2	2	2	3	2	3	2	2
Base	5	5	5	4	4	4	2	2	4	2	5	5	2	2	2	4	2	5	1	5	5	3
Crystal	5	5	5	5	6	6	4	4	6	4	6	6	6	8	4	7	10	5	14	14	20	42

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Past six month use of any methamphetamine, by capital city, 2003-2024

%	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
2024	**26**	**21**	**29**	**40**	**26****	**9*****	**39**	**18**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 9: Past six month use of methamphetamine powder, by capital city, 2003-2024

%	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	-	~	-
2024	**10**	**16**	**20**	**18**	**8**	**-**	**14**	**8**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 10: Past six month use of methamphetamine crystal, by capital city, 2003-2024

%	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
2024	**17**	**9**	**12**	**26**	**23***	**8*****	**31**	**13**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder was historically the most commonly used form of methamphetamine, however, has declined substantially since 2003 and was overtaken by crystal from 2021 onwards (Figure 16). In 2024, 12% of the national sample reported recent use, stable relative to 2023 (11%; p=0.800). This was also stable across all capital cities (Table 9).

Frequency of Use: Of those who had recently consumed powder and commented (n=86), median days of use remained low and stable at two days in 2024 (IQR=1-6; 2 days in 2023; IQR=1-6; n=79; p=0.476) (Figure 17), with 13% reporting weekly or more frequent use (11% in 2023; p=0.809).

Routes of Administration: Among participants who had recently consumed powder and commented (n=86), the main route of administration in 2024 was snorting (77%; 68% in 2023; p=0.290), followed by swallowing (23%; 33% in 2023; p=0.227). Fewer participants reported smoking (10%; 16% in 2023; p=0.361).

Quantity: Of those who reported recent use and responded (n=66), the median amount used in a 'typical' session was 0.40 grams (IQR=0.20-0.50; 0.28 grams in 2023; IQR=0.11-0.50; p=0.295). Of those who reported recent use and responded (n=64), the median maximum amount used in a session was 0.50 grams (IQR=0.20-1.00; 0.50 grams in 2023; IQR=0.16-1.00; p=0.692).

Methamphetamine Crystal

Recent Use (past 6 months): As with all forms of methamphetamine, crystal use has generally decreased over time (Figure 16). In 2024, 16% of the national sample had recently consumed crystal, a significant decrease relative to 2023 (22%; p=0.010). This was largely driven by significant decreases in the Perth (8%; 28% in 2023; p<0.001) and Adelaide (23%; 39% in 2023; p=0.025) samples (Table 10).

Frequency of Use: Of those who had recently consumed crystal and commented (n=120), participants reported use on a median of 42 days (IQR=10-96) (Figure 17), a significant increase from 20 days in 2023 (IQR=4-72; n=155; p=0.008) and the highest median days of use observed since the commencement of monitoring. Among those who had recently consumed crystal and commented (n=120), three fifths (60%) reported weekly or more frequent use in 2024 (48% in 2023; p=0.053).

Routes of Administration: Among those who had recently used crystal and commented (n=121), smoking remained the most common route of administration in 2024 (87%; 88% in 2023; p=0.718), with fewer participants reporting snorting (15%; 10% in 2023; p=0.273), injecting (14%; 13% in 2023; p=0.854) or swallowing (12%; 12% in 2023)

Quantity: Of those who reported recent use and responded (n=113), the median amount used in a 'typical' session was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2023; IQR=0.10-0.50; p=0.821). Of those who reported recent use and responded (n=109), the median maximum amount used in a session was 0.50 grams (IQR=0.20-1.00; 0.50 grams in 2023; IQR=0.20-1.00; p=0.711).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Participants reported a median price of $200 per gram of methamphetamine powder in 2024 (IQR=200-210; n=25; $210 in 2023; IQR=185-250; n=26; *p*=0.311) and $50 for one point (IQR=48-100; n=12; $50 in 2023; IQR=40-150; n=9; *p*=0.857) (Figure 18).

Perceived Purity: Among those who responded in 2024 (n=72), the perceived purity of powder remained stable, relative to 2023 (*p*=0.817). The largest percentage of participants perceived powder to be of 'high' purity (40%; 47% in 2023), with a further 32% perceiving powder to be of 'medium' purity (26% in 2023) (Figure 20). Fewer participants perceived purity to be 'low' (17%; 15% in 2023).

Perceived Availability: Among those who responded in 2024 (n=72), the perceived availability of powder remained stable, relative to 2023 (*p*=0.124). One third perceived powder to be 'difficult' to obtain (19% in 2023), while 29% perceived it to be 'easy' to obtain (23% in 2023), and 28% perceived it to be 'very easy' to obtain (45% in 2023) (Figure 22).

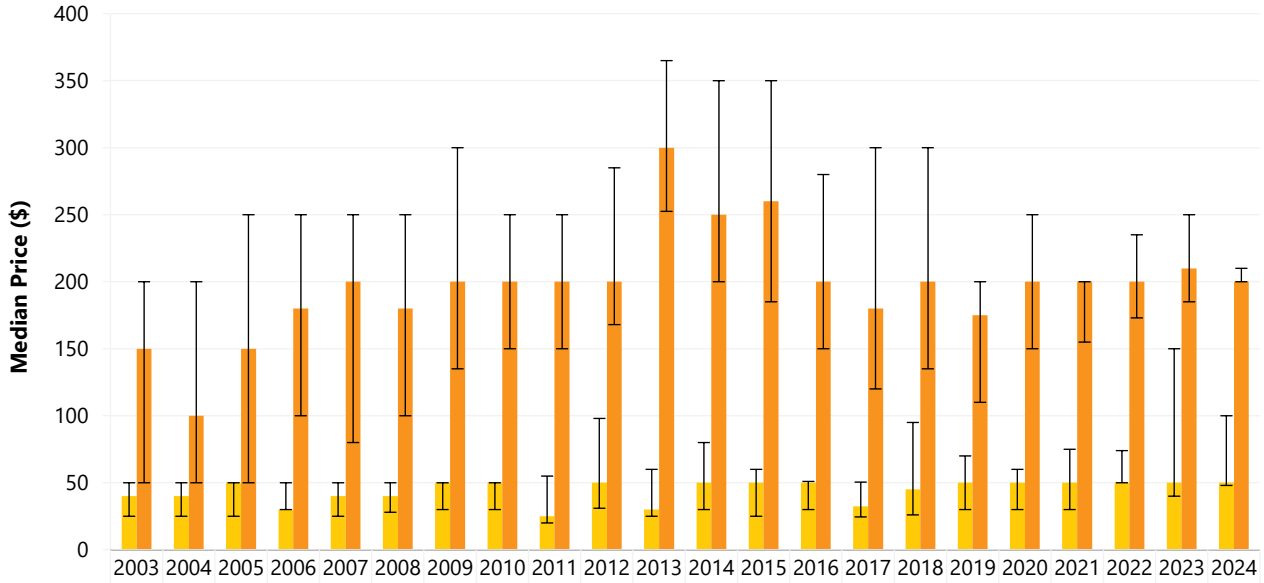
Methamphetamine Crystal

Price: Participants reported a median price of $300 per gram of methamphetamine crystal (IQR=250-450; n=27), remaining stable relative to 2023 ($300; IQR=238-400; n=32; *p*=0.403). The price per point of crystal was reported to be $50 (IQR=50-80; n=43), also stable relative to 2023 ($50; IQR=45-68; n=54; *p*=0.200) (Figure 19).

Perceived Purity: Among those who responded in 2024 (n=125), the perceived purity of crystal remained stable, relative to 2023 (*p*=0.195). Two fifths (43%) perceived crystal to be of 'high' purity (47% in 2023), followed by one quarter (25%) perceiving it to be of 'medium' purity (32% in 2023) and one fifth (20%) perceiving crystal to be of 'fluctuating' purity (15% in 2023) (Figure 21).

Perceived Availability: Among those who responded in 2024 (n=127), the perceived availability of crystal remained stable, relative to 2023 (*p*=0.962). The largest per cent (65%) reported availability to be 'very easy' (68% in 2023), and 28% reported it to be 'easy' (27% in 2023) (Figure 23).

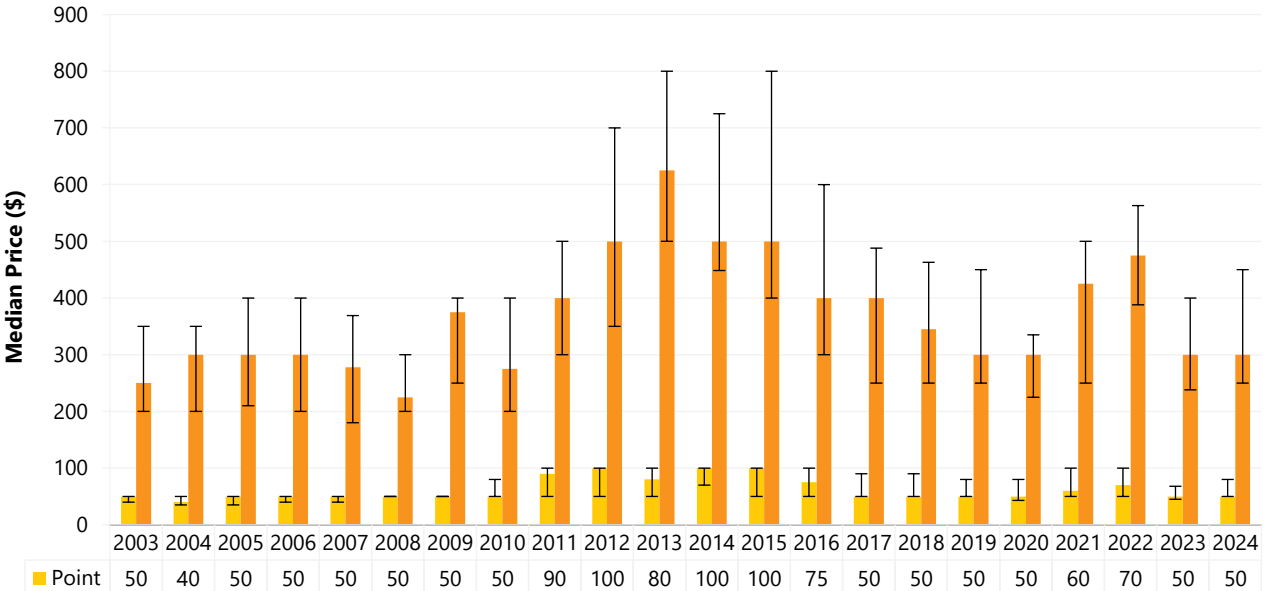
Figure 18: Median price of powder methamphetamine per point and gram, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Point	40	40	50	30	40	40	50	50	25	50	30	50	50	50	33	45	50	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	200

Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

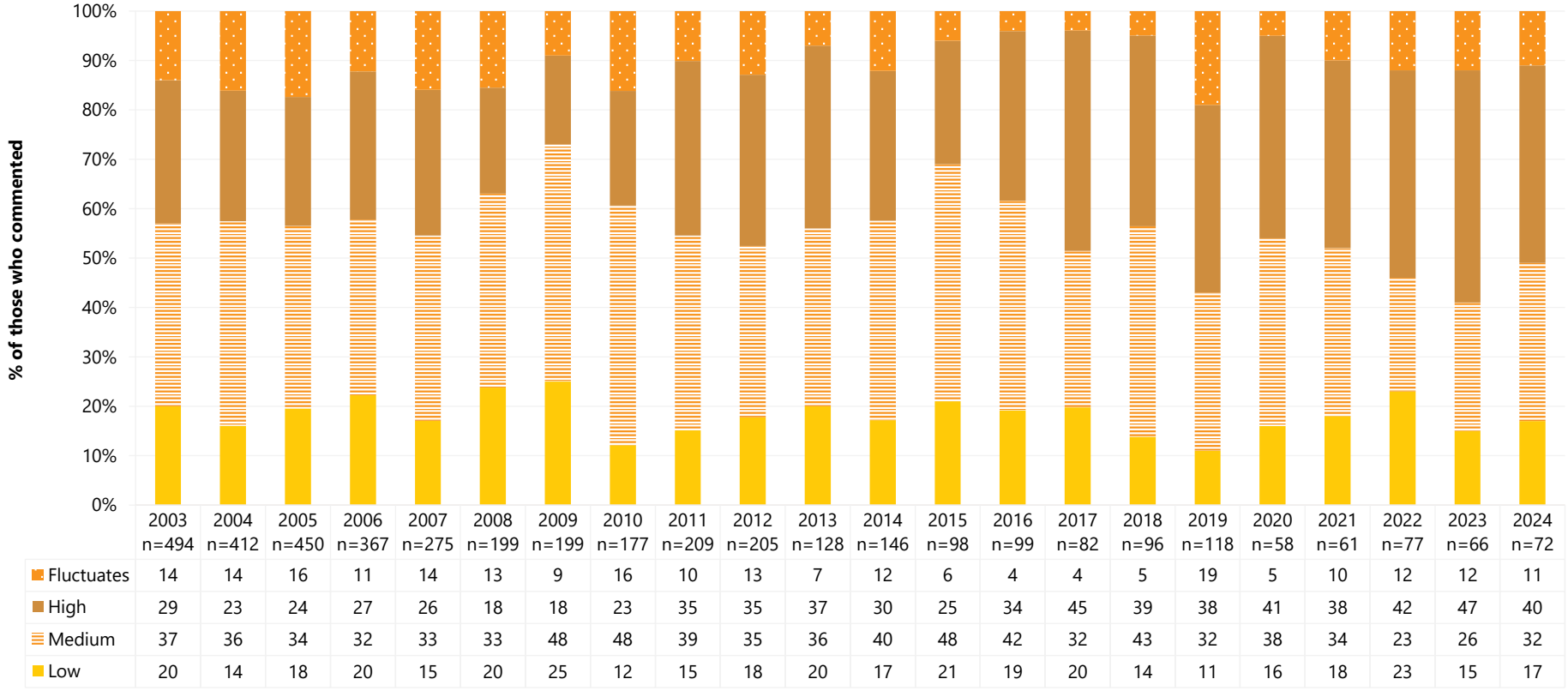
Figure 19: Median price of crystal methamphetamine per point and gram, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Point	50	40	50	50	50	50	50	50	90	100	80	100	100	75	50	50	50	50	60	70	50	50
Gram	250	300	300	300	278	225	375	275	400	500	625	500	500	400	400	345	300	300	425	475	300	300

Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

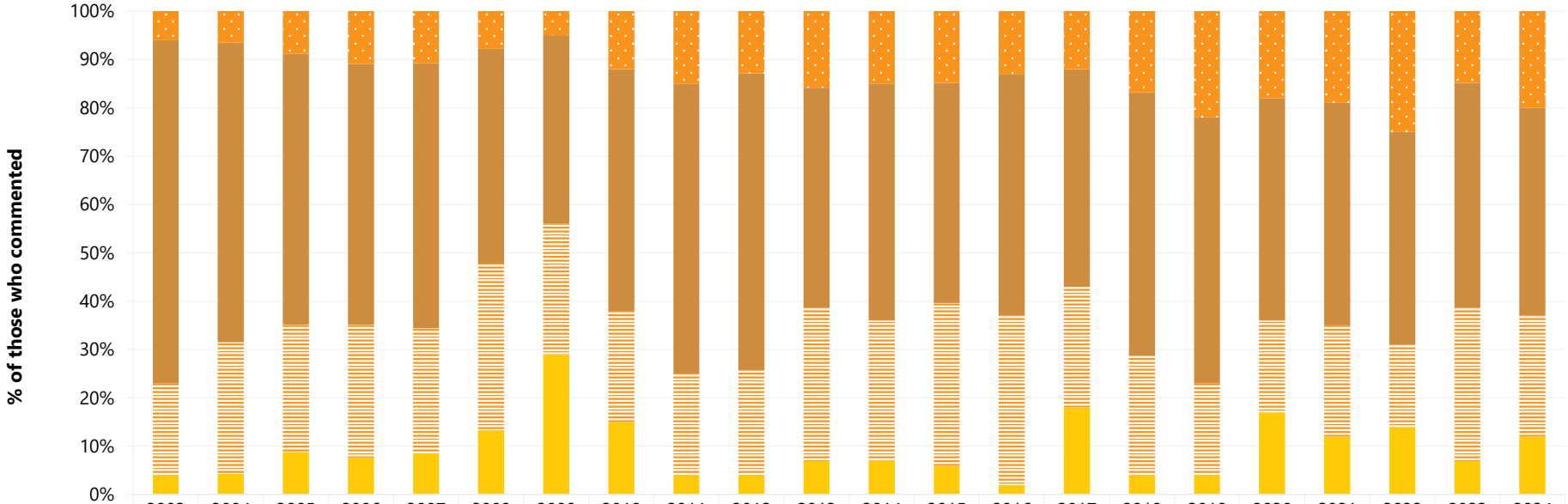
Figure 20: Current perceived purity of powder methamphetamine, nationally, 2003-2024



	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	2024 n=72
Fluctuates	14	14	16	11	14	13	9	16	10	13	7	12	6	4	4	5	19	5	10	12	12	11
High	29	23	24	27	26	18	18	23	35	35	37	30	25	34	45	39	38	41	38	42	47	40
Medium	37	36	34	32	33	33	48	48	39	35	36	40	48	42	32	43	32	38	34	23	26	32
Low	20	14	18	20	15	20	25	12	15	18	20	17	21	19	20	14	11	16	18	23	15	17

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

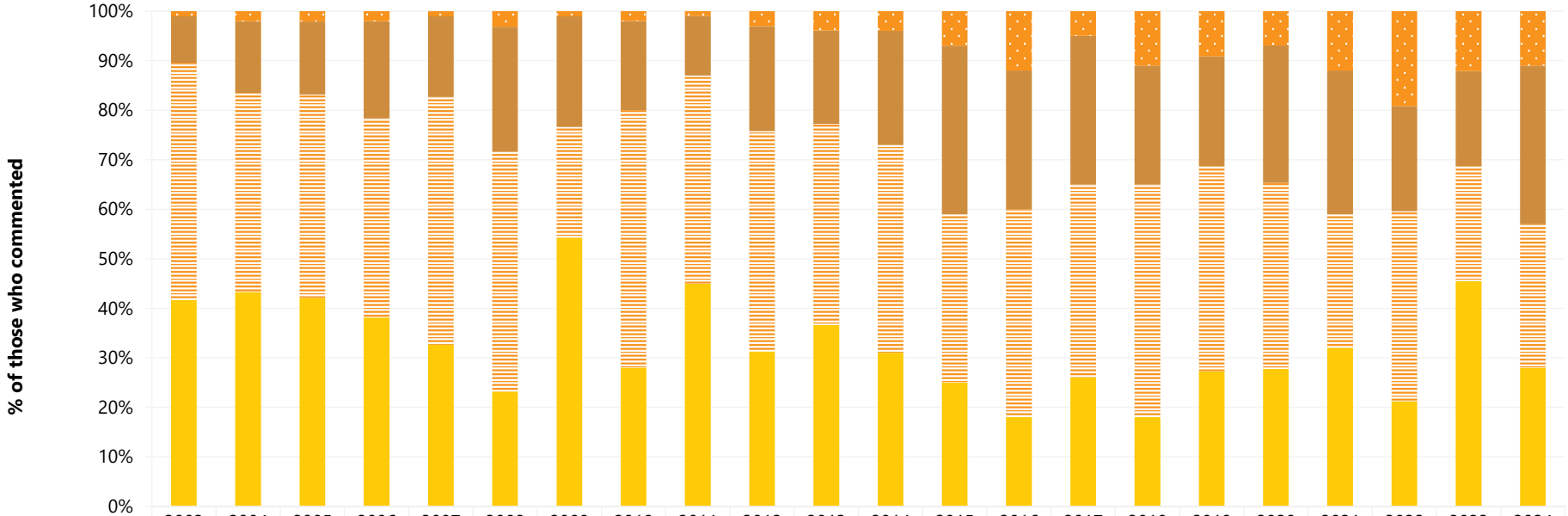
Figure 21: Current perceived purity of crystal methamphetamine, nationally, 2003-2024



	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	2024 n=125
Fluctuates	6	6	8	10	10	7	5	12	15	13	16	15	15	13	12	17	22	18	19	25	15	20
High	71	57	51	49	51	40	39	50	60	62	46	49	46	50	45	55	55	46	46	44	47	43
Medium	19	25	24	25	24	31	27	23	21	22	32	29	34	35	25	25	19	19	23	17	32	25
Low	4	4	8	7	8	12	29	15	4	4	7	7	6	2	18	4	4	17	12	14	7	12

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

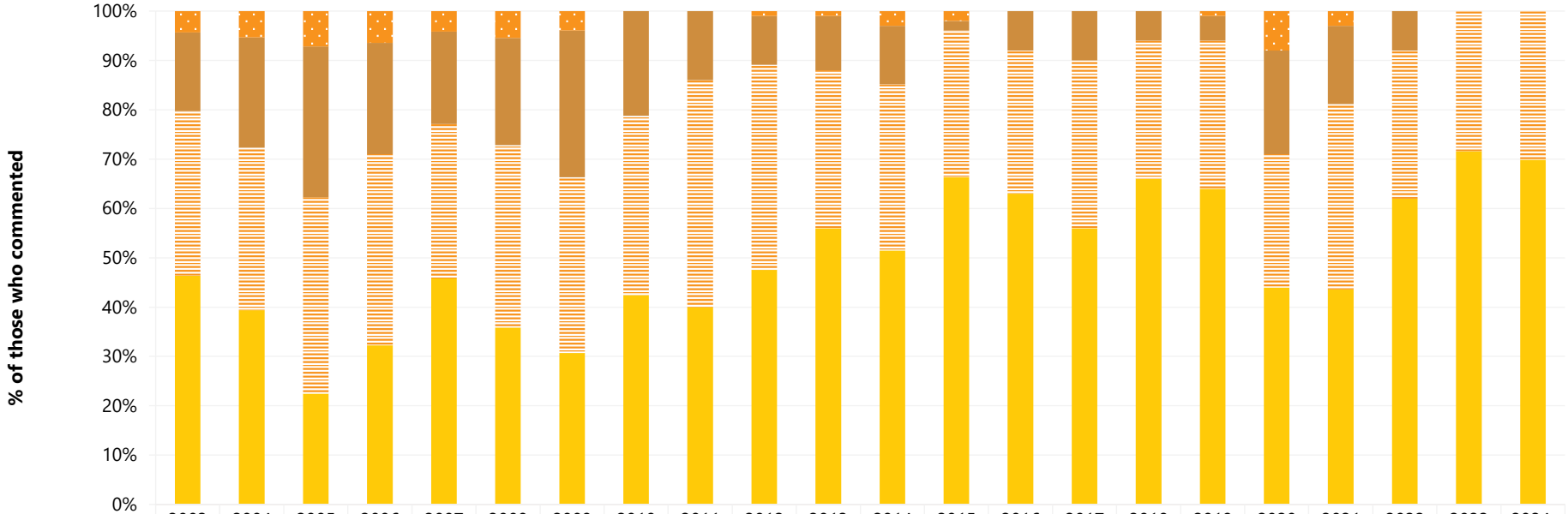
Figure 22: Current perceived availability of powder methamphetamine, nationally, 2003-2024



	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	2024 n=72
Very difficult	1	2	2	2	1	3	1	2	1	3	4	4	7	12	5	11	9	7	12	19	12	11
Difficult	9	14	14	19	16	24	21	18	12	21	19	23	34	28	30	24	22	28	29	21	19	32
Easy	46	39	39	39	49	46	21	52	42	44	41	42	34	42	39	47	41	38	27	38	23	29
Very easy	40	42	40	37	32	22	51	28	45	31	37	31	25	18	26	18	27	28	32	21	45	28

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

Figure 23: Current perceived availability of crystal methamphetamine, nationally, 2003-2024



	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	2024 n=127
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	28
Very easy	32	37	22	30	44	33	31	42	40	48	56	52	67	63	56	66	64	44	44	62	68	65

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

5

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. Recent use of non-prescribed pharmaceutical stimulants then declined in 2023 (47%), before increasing in 2024 (54%; p=0.010) and returning to similar levels of use observed in 2022 (Figure 24). The significant increase in 2024, relative to 2023, was largely driven by a significant increase in the percentage reporting recent use in the Brisbane/Gold Coast sample (61%; 41% in 2023; p=0.005) (Table 11).

Frequency of Use

Frequency of use remained stable in 2024 at a median of six days in the six months prior to interview (IQR=3-20; n=398; 6 days in 2023; IQR=2-15; n=331; p=0.087) (Figure 24).

Routes of Administration

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=399), the vast majority reported swallowing as a route of administration (94%; 94% in 2023; p=0.873), although there was a significant increase in the per cent who reported snorting as a route of administration (26%; 20% in 2023; p=0.045).

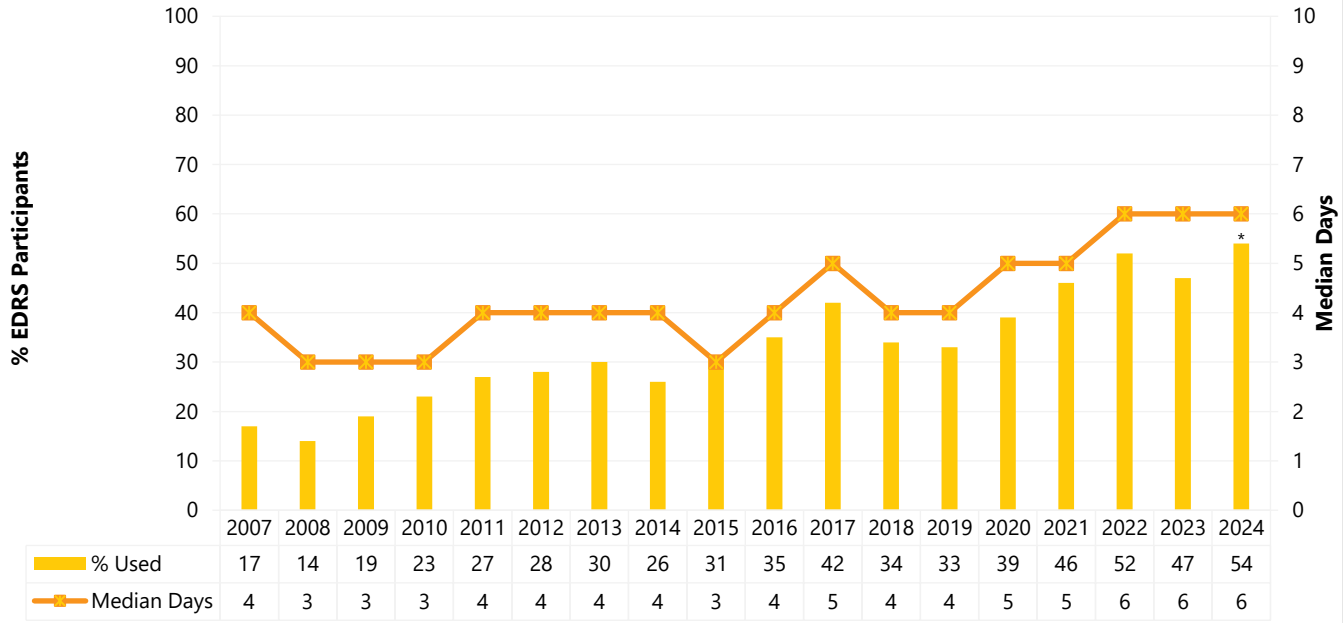
Quantity

Among those who reported recent use and responded (n=316), the median amount used in a 'typical' session was two pills/tablets (IQR=1-3; 2 pills/tablets in 2023; IQR=1-3; p=0.606). Of those who reported recent use and responded (n=319), the median maximum amount used in a session was three pills/tablets (IQR=2-5.5; 3 pills/tablets in 2023; IQR=2–6; p=0.759).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=397), the majority reported using dexamfetamine (82%; 80% in 2023; p=0.558), with fewer participants reporting use of Ritalin® (39%; 35% in 2023; p=0.354) and lisdexamfetamine (22%; 20% in 2023; p=0.414). Nine per cent reported recent use of modafinil (13% in 2023; p=0.123).

Figure 24: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, nationally, 2007-2024



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Used	17	14	19	23	27	28	30	26	31	35	42	34	33	39	46	52	47	54
Median Days	4	3	3	3	4	4	4	4	3	4	5	4	4	5	5	6	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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 11: Past six month use of non-prescribed pharmaceutical stimulants, by capital city, 2007-2024

%	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	~	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
2024	**46**	**56**	**60**	**36**	**50**	**73**	**39**	**61****

Note. 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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price and Perceived Availability

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

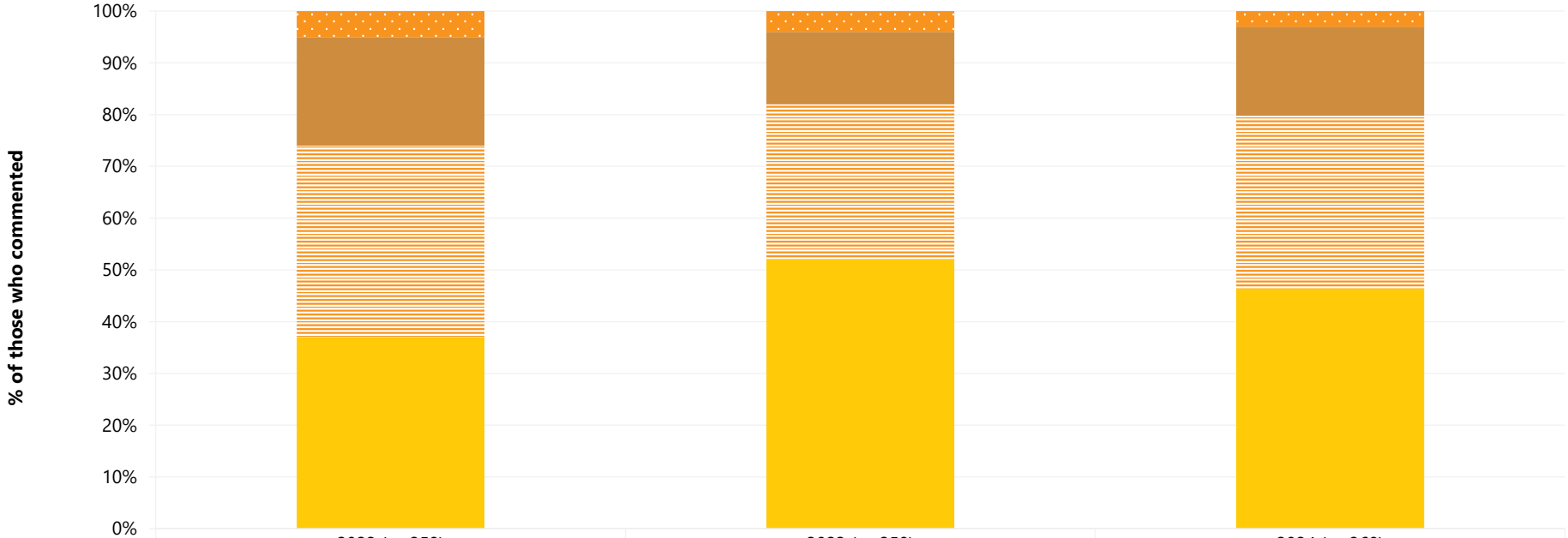
Price

Participants reported a median price of $5 per 5mg tablet in 2024 (IQR=5-9; n=95; $6 in 2023; IQR=5-10; n=93; *p*=0.029) and $5 per 10mg tablet (IQR=3-10; n=26; $9 in 2023; IQR=5-10; n=26; *p*=0.224). Participants reported a median price of $8 per 20mg tablet in 2024 (IQR=5-21; n=8; $10 in 2023; IQR=8-13; n≤5).

Perceived Availability

Among those who responded in 2024 (n=260), the perceived availability of non-prescribed pharmaceutical stimulants remained stable, relative to 2023 (*p*=0.530). The largest percentage of participants perceived non-prescribed pharmaceutical stimulants as being 'very easy' to obtain (46%; 52% in 2023), followed by a further one third (33%) perceiving it to be 'easy' to obtain (30% in 2023). Seventeen per cent reported availability to be 'difficult' to obtain in 2023 (14% in 2023) (Figure 25)

Figure 25: Current perceived availability of non-prescribed pharmaceutical stimulants, nationally, 2022-2024



	2022 (n=258)	2023 (n=250)	2024 (n=260)
Very difficult	5	4	3
Difficult	21	14	17
Easy	37	30	33
Very easy	37	52	46

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

6

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent cocaine use increased threefold between 2003 and 2021, however has remained stable from 2021 onwards. In 2024, four fifths (80%) of the national sample reported recent use, stable from 2023 (81%; *p*=0.747) (Figure 25). In line with the national data, recent cocaine use remained high and stable among all capital city samples (Table 12).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2024 (n=592), participants reported a median of five days of use in the six months preceding interview (IQR=2-11; 5 days in 2023; IQR=2-10; n=572; *p*=0.715) (Figure 25), equivalent to less than monthly use. One tenth (12%) of those who had recently used cocaine reported weekly or more frequent use, stable relative to 2023 (9%; *p*=0.138).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=592), the vast majority reported snorting as a route of administration (98%; 98% in 2023; *p*=0.673), with fewer participants reporting swallowing (10%; 7% in 2023; *p*=0.069).

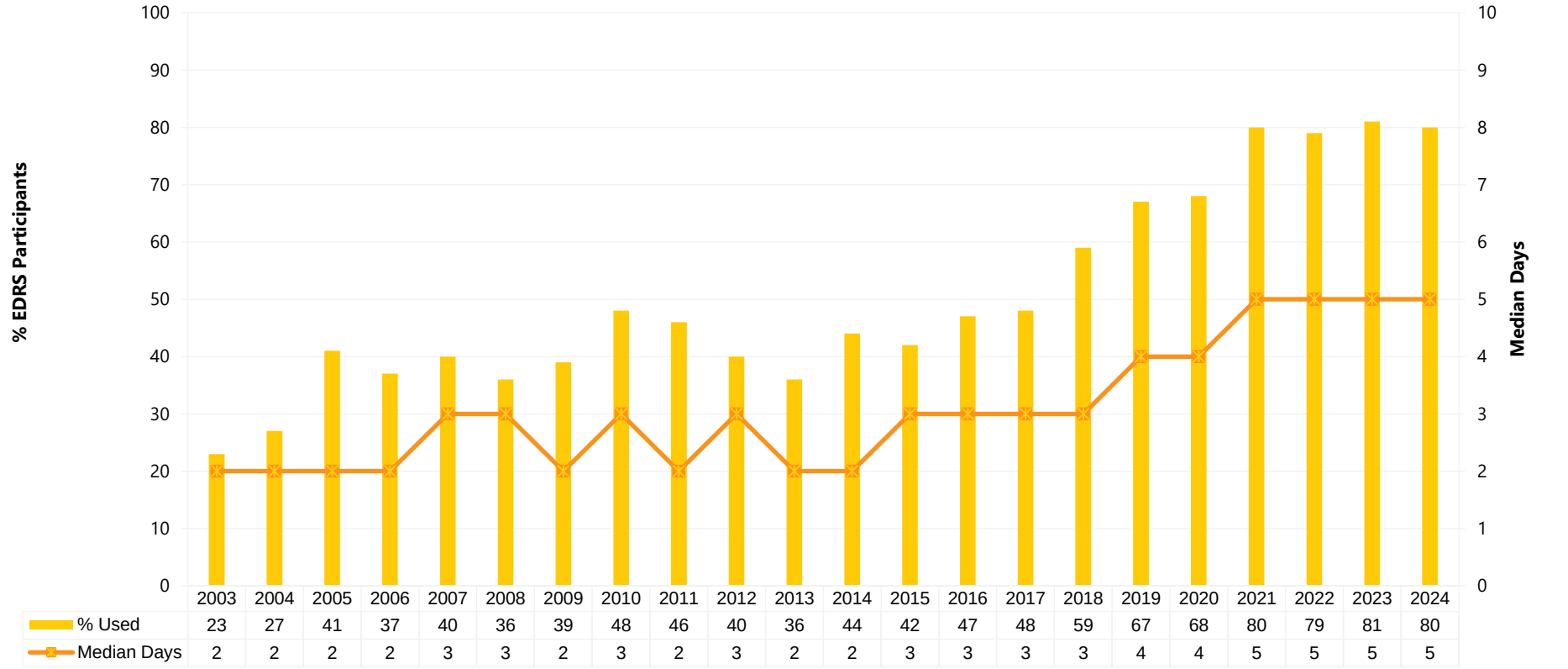
Quantity

Among those who reported recent use and responded (n=401), the median amount used in a 'typical' session was 0.50 grams (IQR=0.25-1.00; 0.50 grams in 2023; IQR=0.35-1.00; *p*=0.007). Of those who reported recent use and responded (n=402), the median maximum amount used in a session was 0.80 grams (IQR=0.40–1.50; 1.00 gram in 2023; IQR=0.50-1.50; *p*=0.063).

Forms Used

Among participants who had recently consumed cocaine and commented (n=591), the vast majority of participants reported using powder cocaine (95%; 94% in 2023; *p*=0.438), followed by crack/rock cocaine (9%; 11% in 2023; *p*=0.299).

Figure 26: Past six month use and frequency of use of cocaine, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Used	23	27	41	37	40	36	39	48	46	40	36	44	42	47	48	59	67	68	80	79	81	80
Median Days	2	2	2	2	3	3	2	3	2	3	2	2	3	3	3	3	4	4	5	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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 12: Past six month use of cocaine, by capital city, 2003-2024

%	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
2024	**87**	**81**	**80**	**77**	**77**	**71**	**78**	**87**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

Participants reported a median price of $350 per gram of cocaine (IQR=300-400; n=302), stable from 2023 ($350 in 2023; IQR=300-400; n=310; p=0.513), but remaining higher than the median price reported between 2003-2020 (Figure 26).

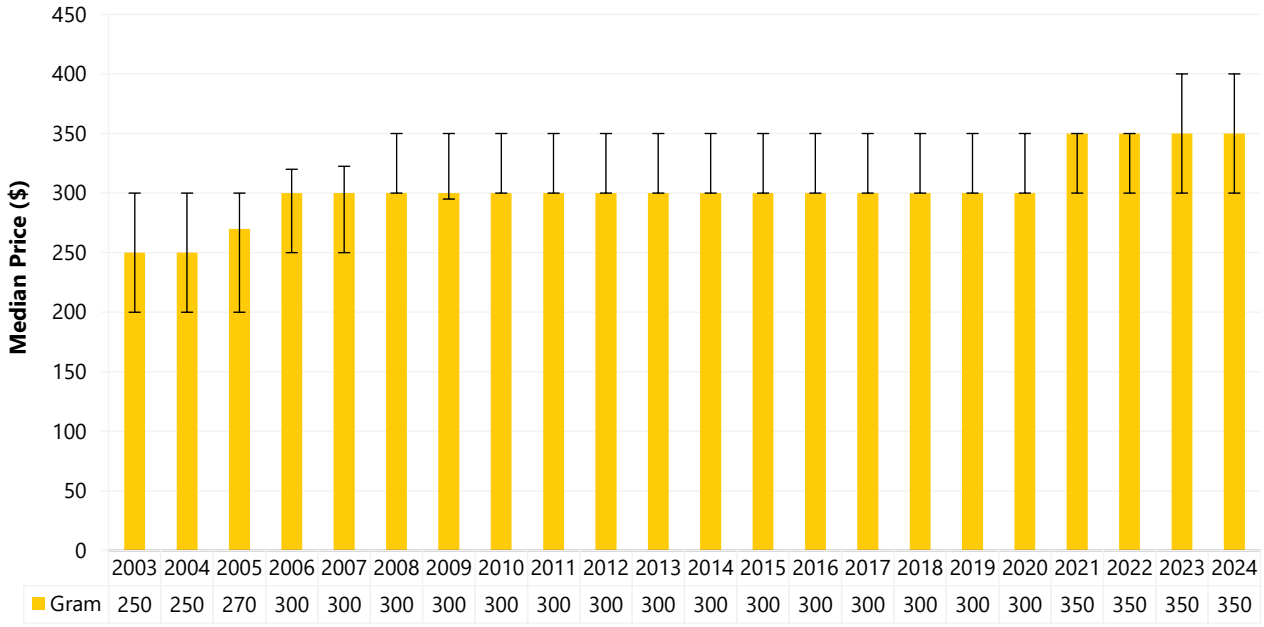
Perceived Purity

Among those able to comment in 2024 (n=489), the perceived purity of cocaine significantly changed, relative to 2023 (p=0.012). Fewer participants perceived purity to be 'low' (26%; 36% in 2023) and more participants perceived purity to be 'medium' (31%; 27% in 2023) and 'high' (26%; 21% in 2023). Seventeen per cent perceived purity to be 'fluctuating' (16% in 2023) (Figure 27).

Perceived Availability

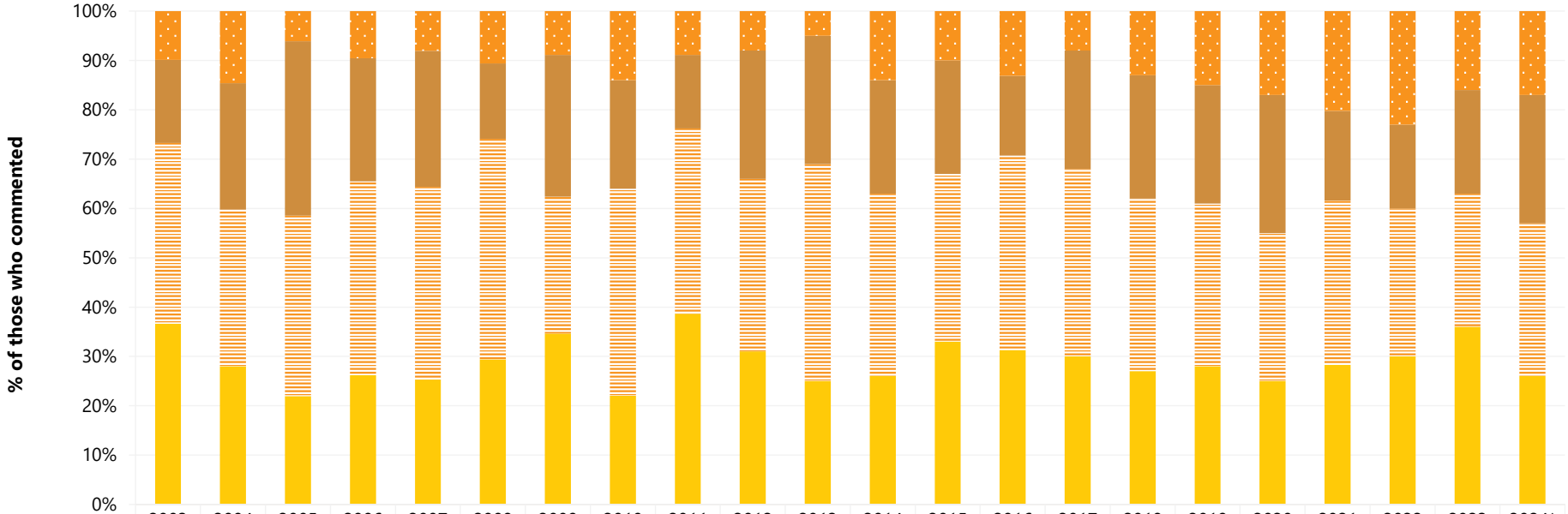
Among those able to comment in 2024 (n=487), the perceived availability of cocaine remained stable relative to 2023 (p=0.695). The largest percentage of participants perceived availability to be 'easy' to obtain (42%; 43% in 2023), followed by 'very easy' (39%; 37% in 2023). Seventeen per cent of participants reported cocaine as being 'difficult' to obtain in 2024 (18% in 2023) (Figure 28).

Figure 27: Median price of cocaine per gram, nationally, 2003-2024



Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

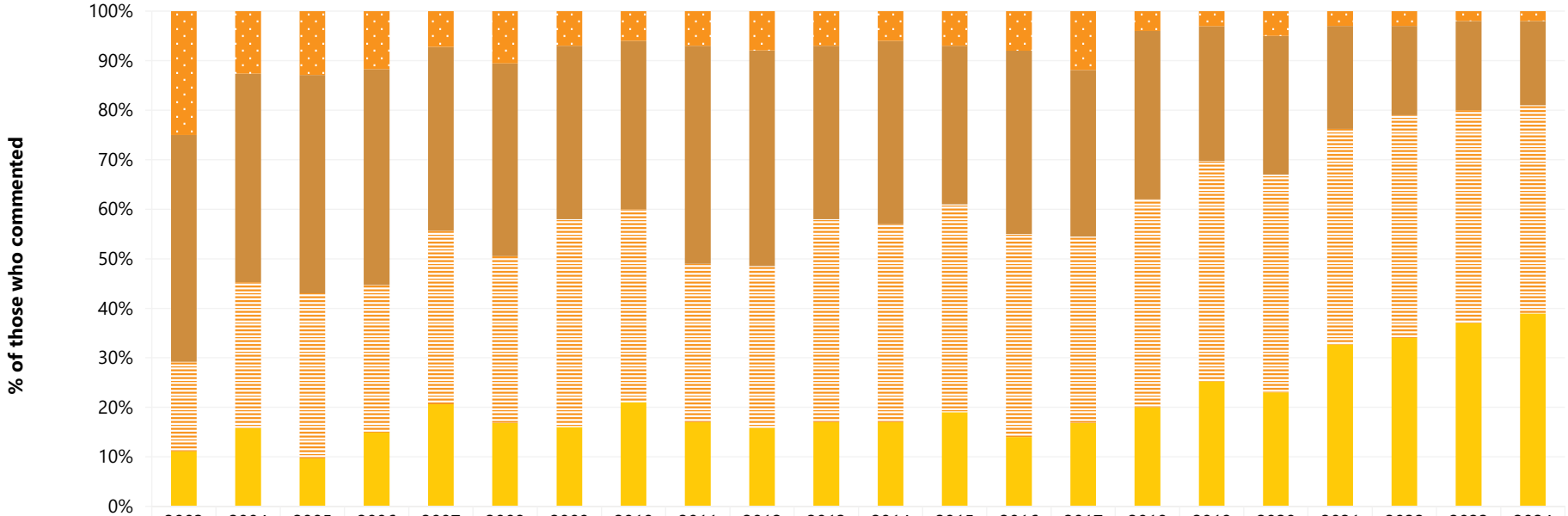
Figure 28: Current perceived purity of cocaine, nationally, 2003-2024



	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	2024* n=489
Fluctuates	10	12	5	8	7	9	9	14	9	8	5	14	10	13	8	13	15	17	20	23	16	17
High	17	21	29	21	24	13	29	22	15	26	26	23	23	16	24	25	24	28	18	17	21	26
Medium	37	26	30	33	34	38	28	42	38	35	44	37	34	39	38	35	33	30	33	30	27	31
Low	37	23	18	22	22	25	35	22	39	31	25	26	33	31	30	27	28	25	28	30	36	26

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

Figure 29: Current perceived availability of cocaine, nationally, 2003-2024



	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	2024 n=487
Very difficult	18	12	12	11	7	10	7	6	7	8	7	6	7	8	12	4	3	5	3	3	2	2
Difficult	33	40	41	41	36	37	35	34	44	44	35	37	32	37	34	34	27	28	21	18	18	17
Easy	13	28	31	28	34	32	42	39	32	33	41	40	42	41	38	42	44	44	44	45	43	42
Very easy	8	15	9	14	20	16	16	21	17	16	17	17	19	14	17	20	25	23	33	34	37	39

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

7

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

Participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. One in ten participants (11%; n=84) reported prescribed use in the six months preceding interview, a significant increase relative to 2023 (6%; $p<0.001$).

In the remainder of this chapter, data from 2021-2024, and between 2003-2016, 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 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use between 2022 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

In 2024, 75% of the national sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products (74% in 2023; $p=0.851$) (Figure 29). In line with the national data, there were no significant changes by capital city (Table 13).

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=554), participants reported a median of 48 days of use (IQR=8-180) in 2024 (30 days in 2023; IQR=6-144; n=526; $p=0.083$) (Figure 29). Three fifths (62%) of those who had recently used non-prescribed cannabis and/or cannabinoid-related products reported weekly or more frequent use (58% in 2023; $p=0.218$), including one quarter (26%) who reported daily use (22% in 2023; $p=0.142$).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=554), the majority (90%) reported smoking as a route of administration (94% in 2023; $p=0.062$). Almost one third (31%) reported swallowing (30% in 2023; $p=0.797$) and one quarter (25%) reported inhaling/vaporising non-prescribed cannabis, a significant increase from 17% in 2023 ($p=0.003$).

Quantity

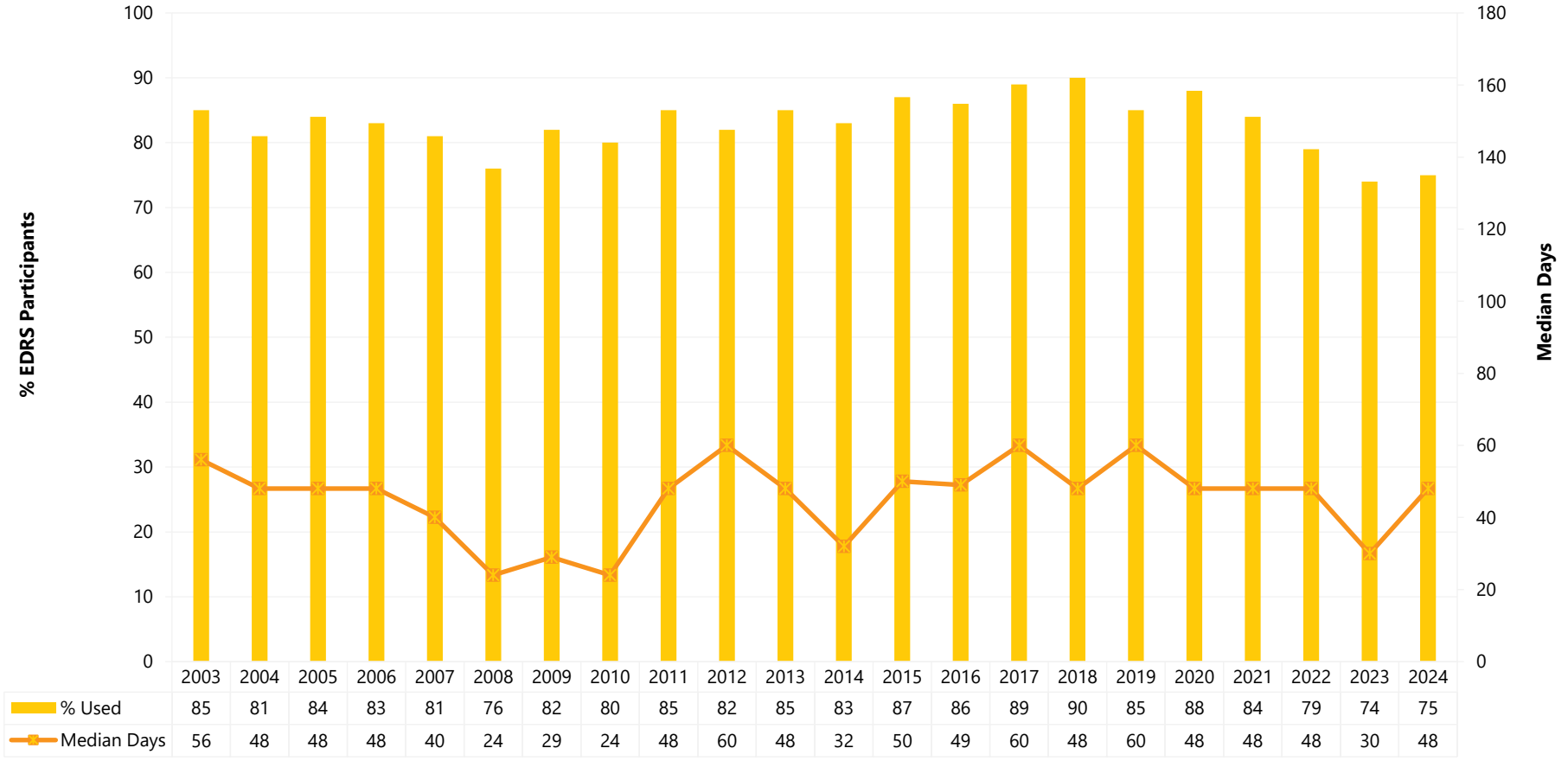
Of those who reported recent non-prescribed cannabis use, the median 'typical' amount used on the last occasion of use was one gram (IQR=0.50-2.00; n=166; 1 gram in 2023; IQR=0.50-2.00; n=170; $p=0.913$), two cones (IQR=1-4; n=188; 2 cones in 2023; IQR=1-4; n=150; $p=0.673$) or one joint (IQR=0.5-1; n=118; 1 joint in 2023; IQR=0.5-1; n=132; $p=0.948$).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=480), 69% reported recent use of hydroponic cannabis, a significant increase relative to 2023 (63%; $p=0.037$) and 53% reported recent use of outdoor-grown 'bush' (51% in 2023; $p=0.603$). In 2024, 10% of participants reported they had used hashish (9% in 2023; $p=0.657$), and 9% had used hash oil (7% in 2023; $p=0.228$) in the preceding six months. Sixteen

per cent of participants reported recent use of commercially prepared edibles in 2024 (14% in 2023; p=0.406), 10% reported recent use of non-prescribed CBD extract (7% in 2023; p=0.065), and 18% reported use of non-prescribed THC extract (13% in 2023; p=0.063) (Figure 31).

Figure 30: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Used	85	81	84	83	81	76	82	80	85	82	85	83	87	86	89	90	85	88	84	79	74	75
Median Days	56	48	48	48	40	24	29	24	48	60	48	32	50	49	60	48	60	48	48	48	30	48

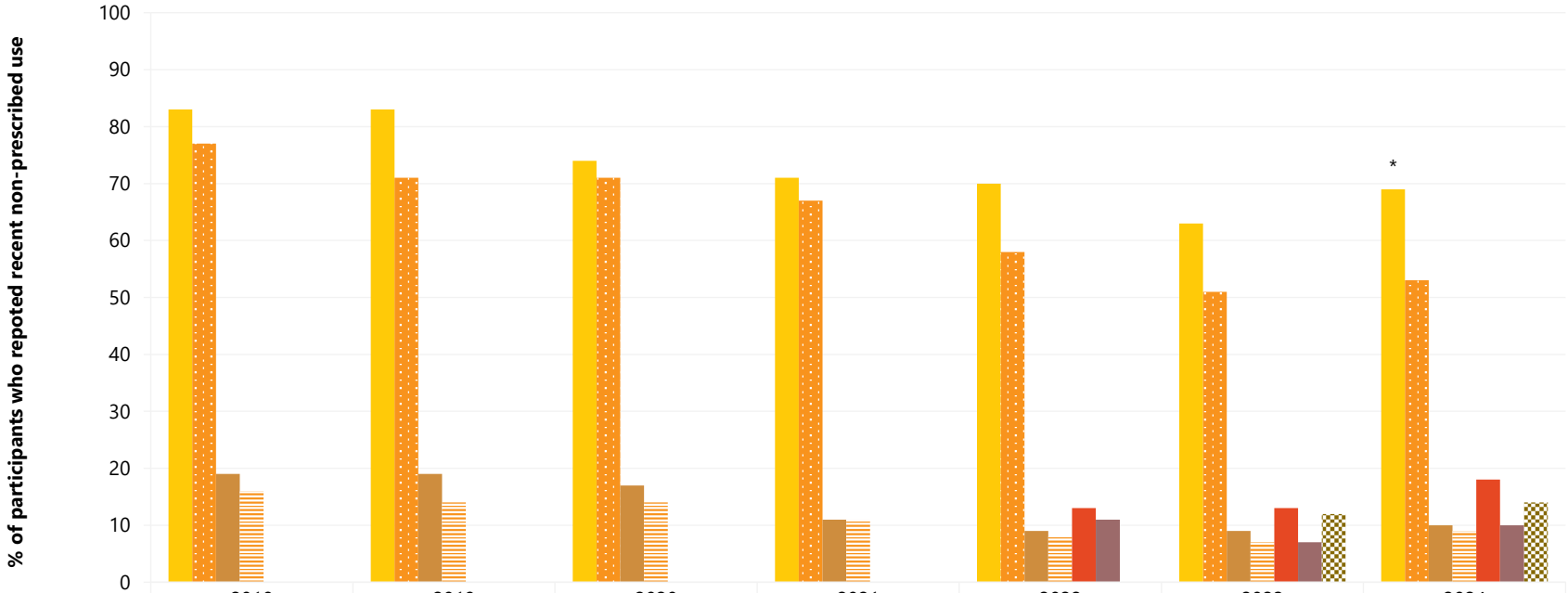
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (e.g., in 2022, 10 participants reported use of prescribed cannabis only). Further, from 2022 onwards, 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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 13: Past six month non-prescribed use of cannabis and/or cannabinoid-related products, by capital city, 2003-2024

%	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
2024	**74**	**80**	**72**	**69**	**73**	**77**	**69**	**81**

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. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 31: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent use, nationally, 2018-2024



	2018	2019	2020	2021	2022	2023	2024
Hydroponic	83	83	74	71	70	63	69
Bush	77	71	71	67	58	51	53
Hashish	19	19	17	11	9	9	10
Hash oil	16	14	14	11	8	7	9
THC extract					13	13	18
CBD extract					11	7	10
Commercial edibles						12	14

Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per gram of non-prescribed hydroponic cannabis in 2024 was $20 (IQR=15-25; n=64; $20 in 2023; IQR=20-25; n=50; *p*=0.514). The median price per ounce of non-prescribed hydroponic cannabis was $300 (IQR=250-350; n=67), unchanged relative to 2023 ($300; IQR=250-400; n=57; *p*=0.268) (Figure 32A).

Perceived Potency: Among those that were able to comment in 2024 (n=310), the perceived potency of non-prescribed hydroponic cannabis remained stable, relative to 2023 (*p*=0.275). The majority (59%) of participants reported potency to be 'high' (51% in 2023), and 24% reported potency to be 'medium' (29% in 2023) (Figure 33A).

Perceived Availability: Among those that were able to comment in 2024 (n=312), the perceived availability of non-prescribed hydroponic cannabis remained stable, relative to 2023 (*p*=0.111). The majority (66%) of participants reported non-prescribed hydroponic cannabis to be 'very easy' to obtain (73% in 2023), and 31% reported that it was 'easy' to obtain (23% in 2023) (Figure 34A).

Bush Cannabis

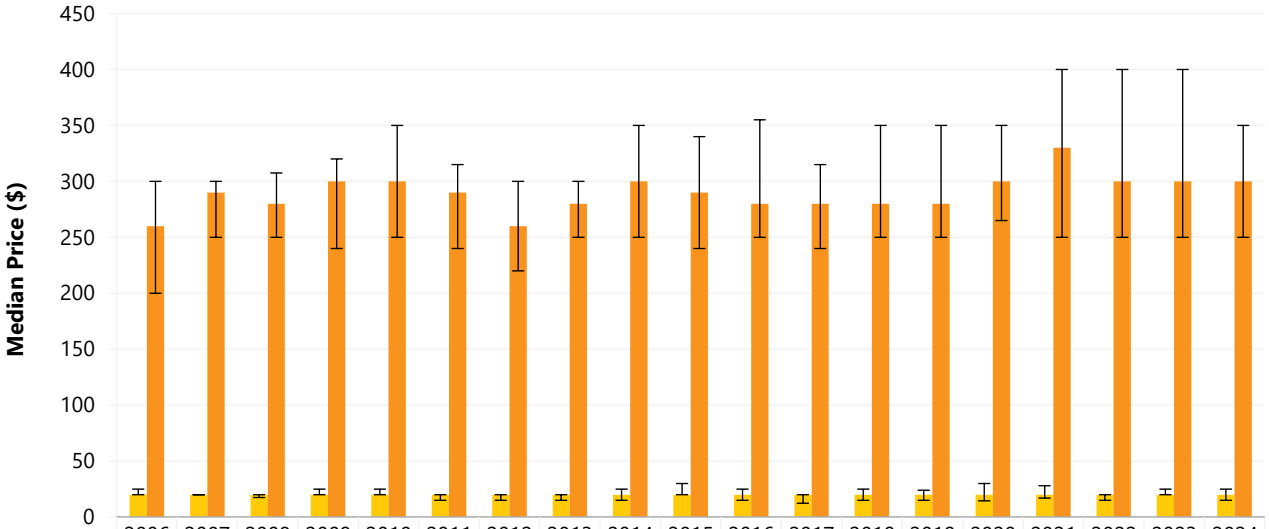
Price: The median price per gram of non-prescribed bush cannabis in 2024 was $20 (IQR=12-21; n=36; $20 in 2023; IQR=18-25; n=46; *p*=0.198). The median price for an ounce of non-prescribed bush cannabis was $250 (IQR=200-300; n=58; $250 in 2023; IQR=210-290; n=35; *p*=0.670) (Figure 32B).

Perceived Potency: Among those that were able to comment in 2024 (n=202), the perceived potency of non-prescribed bush cannabis remained stable, relative to 2023 (*p*=0.426). Most participants reported potency as 'medium' (42%; 38% in 2023) and a further 29% reported 'high' potency (37% in 2023). Fifteen per cent reported potency to be 'fluctuating' (13% in 2023), and 14% reported it to be 'low' (11% in 2023) (Figure 33B).

Perceived Availability: Among those that were able to comment in 2024 (n=204), the perceived availability of non-prescribed bush cannabis remained stable, relative to 2023 (*p*=0.276). Most participants perceived non-prescribed bush cannabis as being 'very easy' to obtain (63%; 70% in 2023), and 28% perceived it as being 'easy' (25% in 2023) to obtain. Fewer participants perceived it as being 'difficult' (7%; 5% in 2023) to obtain in 2024 (Figure 34B).

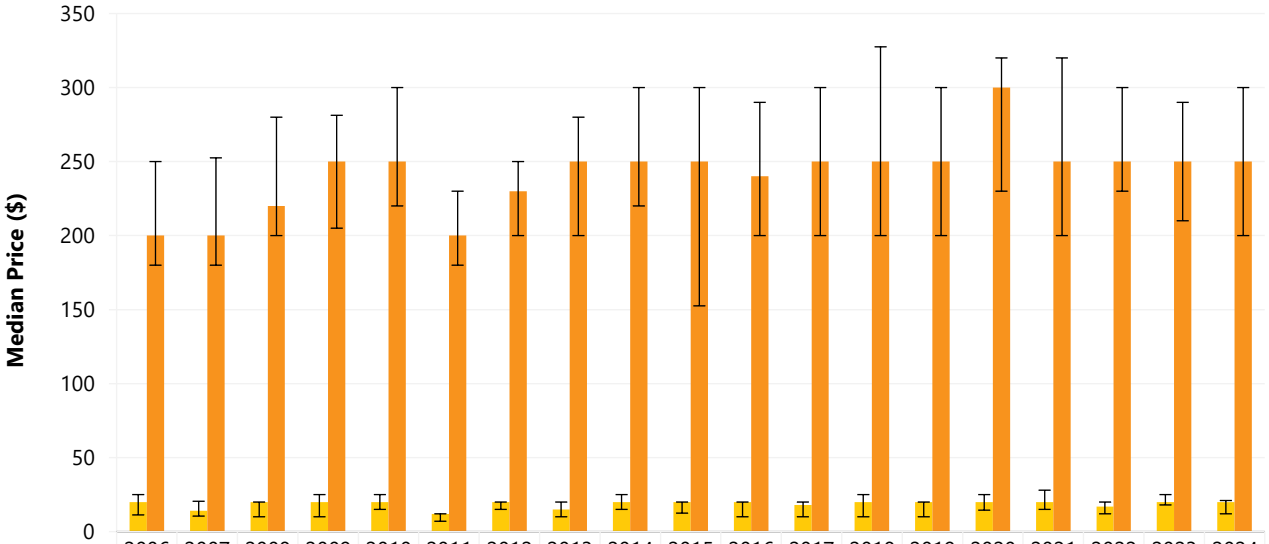
Figure 32: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, nationally, 2006-2024

(A) Hydroponic cannabis



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Gram	20	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	300

(B) Bush cannabis

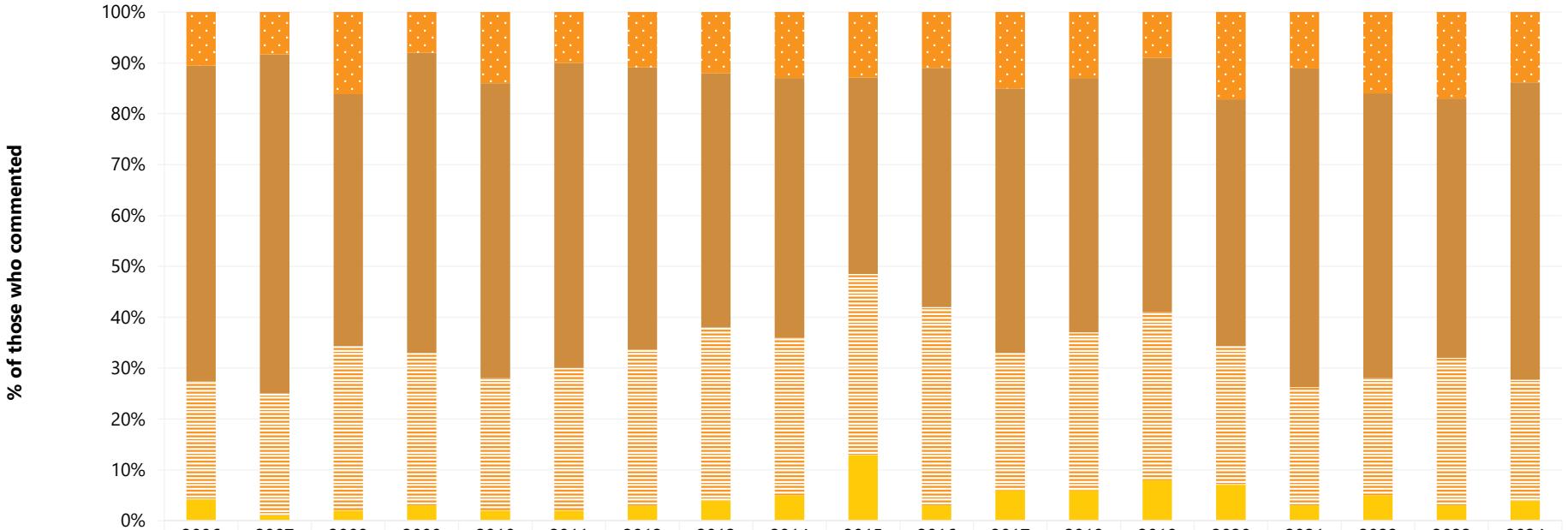


	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Gram	20	14	20	20	20	12	20	15	20	20	20	18	20	20	20	20	17	20	20
Ounce	200	200	220	250	250	200	230	250	250	250	240	250	250	250	300	250	250	250	250

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

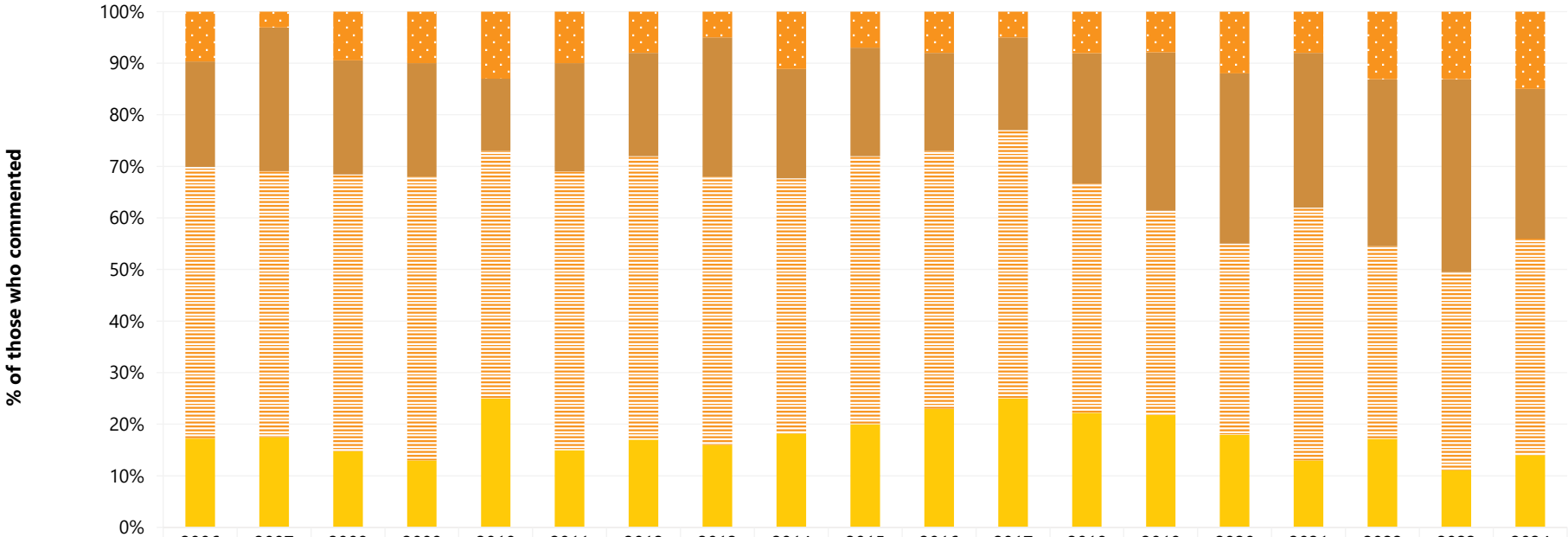
Figure 33: Current potency of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2006-2024

(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	2024 n=310
Fluctuates	10	8	16	8	14	10	11	12	13	13	11	15	13	9	17	11	16	17	14
High	59	64	49	59	58	60	56	50	51	39	47	52	50	50	48	62	56	51	59
Medium	22	23	32	30	26	28	31	34	31	36	39	27	31	33	27	23	23	29	24
Low	4	1	2	3	2	2	3	4	5	13	3	6	6	8	7	3	5	3	4

(B) Bush cannabis

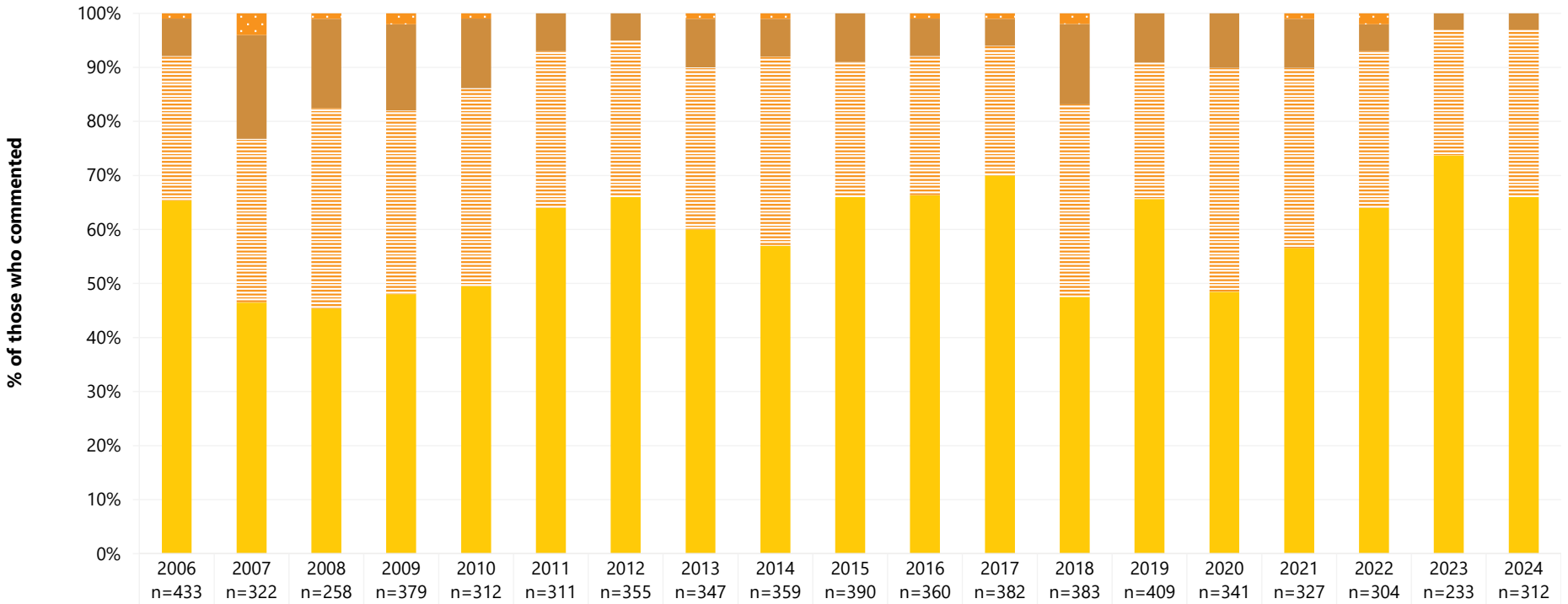


	2006 n=277	2007 n=201	2008 n=176	2009 n=284	2010 n=211	2011 n=229	2012 n=266	2013 n=279	2014 n=310	2015 n=291	2016 n=280	2017 n=334	2018 n=291	2019 n=326	2020 n=278	2021 n=278	2022 n=231	2023 n=175	2024 n=202
Fluctuates	9	3	9	10	13	10	8	5	11	7	8	5	8	8	12	8	13	13	15
High	19	27	21	22	14	21	20	27	21	21	19	18	25	31	33	30	32	37	29
Medium	49	50	51	55	48	54	55	52	49	52	50	52	44	40	37	49	37	38	42
Low	16	17	14	13	25	15	17	16	18	20	23	25	22	22	18	13	17	11	14

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who 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. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

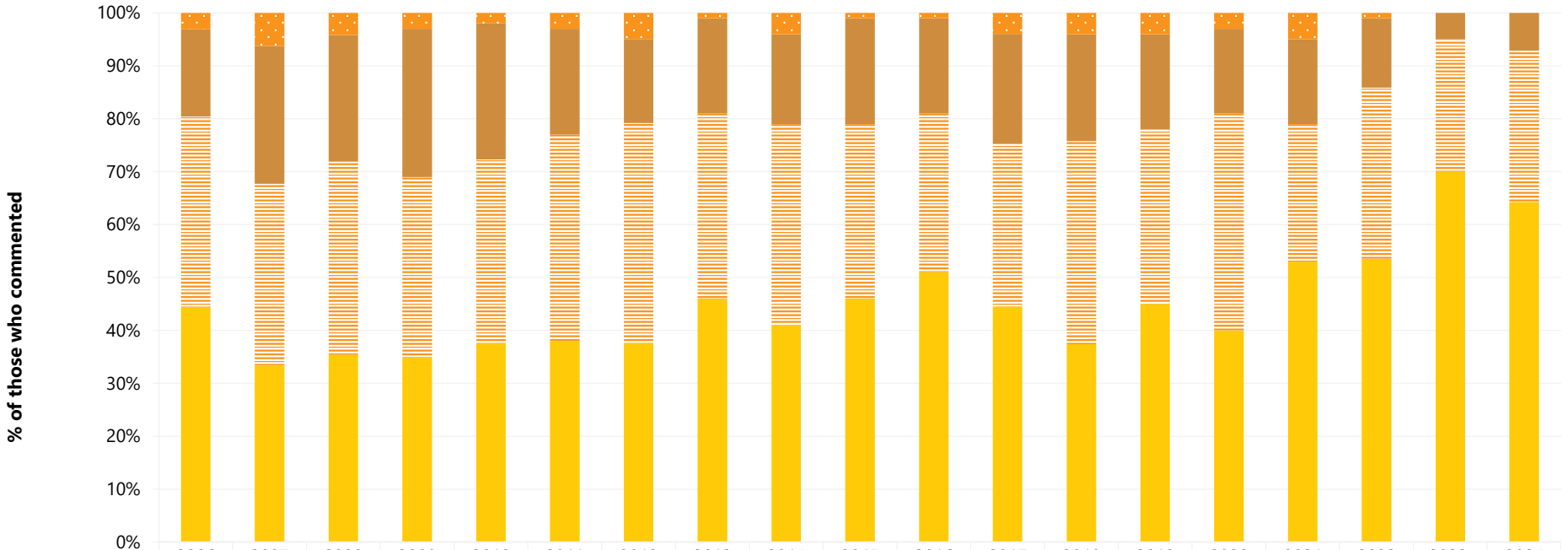
Figure 34: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, nationally, 2006-2024

(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	2024 n=312
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	3
Easy	27	30	36	34	37	29	29	30	35	25	26	24	36	25	41	33	29	23	31
Very easy	66	46	44	48	50	64	66	60	57	66	67	70	48	65	48	56	64	73	66

(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	2024 n=204
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	7
Easy	35	33	35	34	35	39	42	35	38	33	30	31	38	33	41	26	32	25	28
Very easy	43	32	34	35	38	38	38	46	41	46	51	45	37	45	40	53	53	70	63

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who 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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

8

Ketamine, LSD and DMT

Participants were asked about their recent (past 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

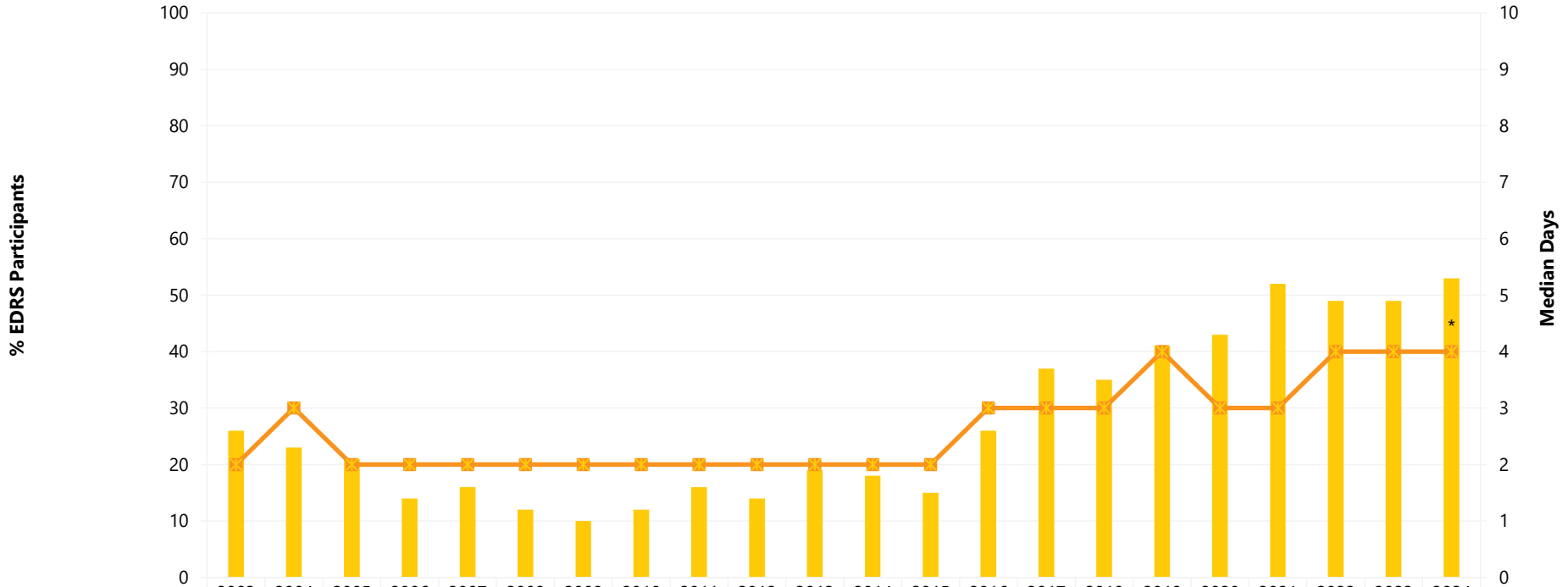
Recent Use (past 6 months): The per cent of the sample reporting recent use of non-prescribed ketamine declined from 2003-2009, followed by an overall increase from 2009-2021, after which the per cent reporting recent use largely stabilised. In 2024, 53% of the national sample reported recent use, stable relative to 2023 (49%; p=0.135) (Figure 35). A significant increase was observed in the Perth (55%; 36% in 2023; p=0.014) and Brisbane/Gold Coast (52%; 35% in 2023; p=0.017) samples, though a significant decrease was observed in the Hobart sample (30%; 51% in 2023; p=0.013) (Table 14).

Frequency of Use: Of those who had recently consumed non-prescribed ketamine and commented in 2024 (n=391), participants reported a median of four days of use in the six months preceding interview (IQR=2-12; 4 days in 2023; IQR=2-8; n=345; p=0.044) (Figure 35). One tenth (12%) of those who had recently used non-prescribed ketamine reported weekly or more frequent use (8% in 2023; p=0.066).

Routes of Administration: Among participants who had recently consumed non-prescribed ketamine and commented (n=391), the most common route of administration was snorting (94%; 95% in 2023; p=0.749), followed by swallowing (9%; 6% in 2023; p=0.137). Few participants (n≤5) reported smoking and injecting; therefore, these numbers are suppressed.

Quantity: Among those who reported recent use and responded (n=275), the median amount used in a 'typical' session was 0.25 grams (IQR=0.15-0.50; 0.25 grams in 2023; IQR=0.20-0.50; p=0.582). Among those who reported recent use and responded (n=280), the median maximum quantity used in a session was 0.50 grams (IQR=0.20-1.00; 0.50 grams in 2023; IQR=0.25-1.00; p=0.954).

Figure 35: Past six month use and frequency of use of non-prescribed ketamine, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Used	26	23	21	14	16	12	10	12	16	14	19	18	15	26	37	35	41	43	52	49	49	53
Median Days	2	3	2	2	2	2	2	2	2	2	2	2	2	3	3	3	4	3	3	4	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. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Past six month use of non-prescribed ketamine, by capital city, 2003-2024

%	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
2024	**61**	**46**	**80**	**30***	**49**	**55***	**41**	**52***

Note. 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). ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001 (except for Darwin). Please refer to Table 1 for a guide to table/figure notes.

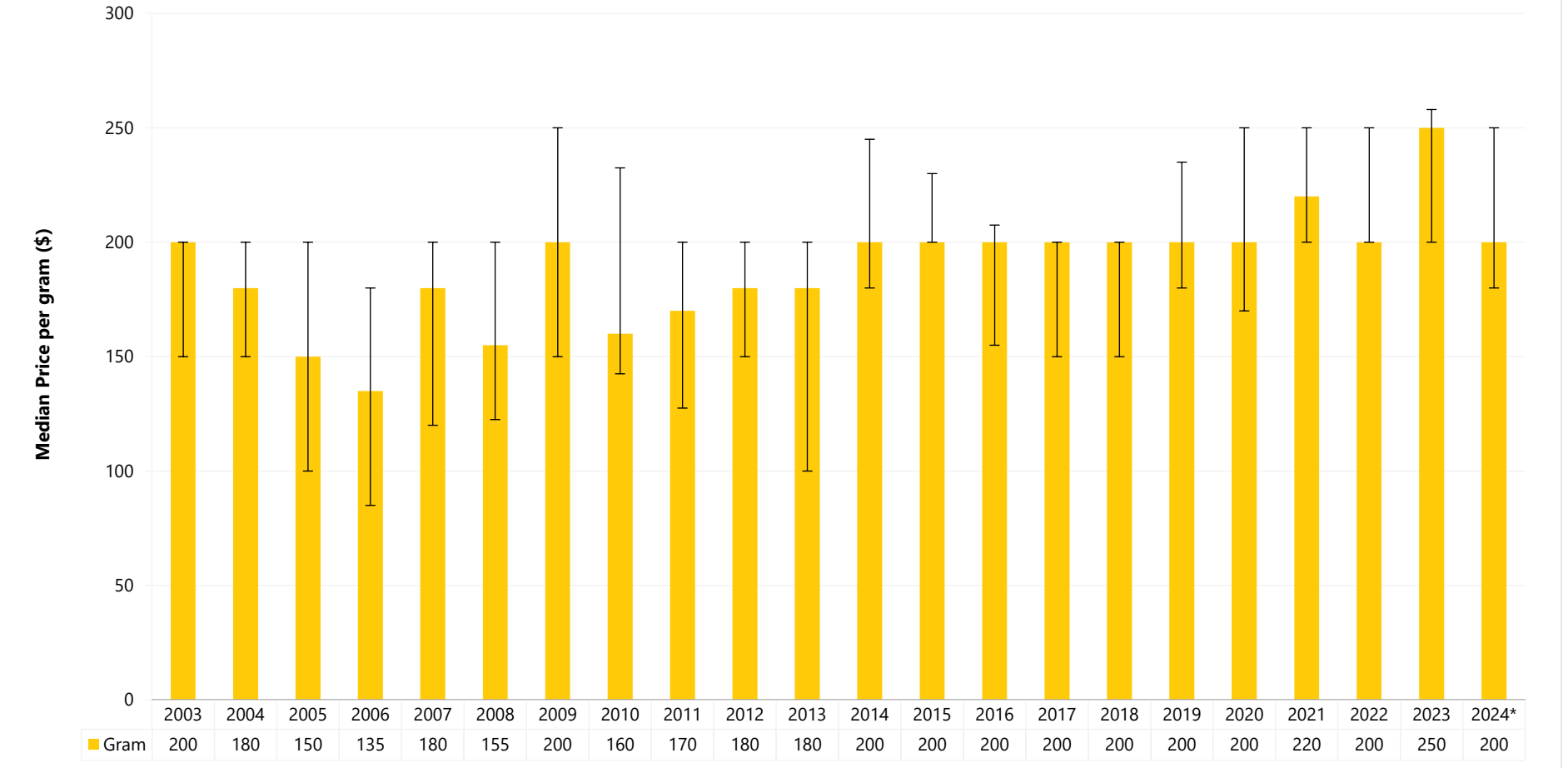
Price, Perceived Purity and Perceived Availability

Price: In 2024, participants reported a median price of $200 (IQR=180-250; n=169) per gram of non-prescribed ketamine, a significant decrease relative to 2023 ($250; IQR=200-258; n=150; p=0.040) representing a return to a similar median price per gram of ketamine observed between 2014-2020 (Figure 36).

Perceived Purity: Among those able to comment in 2024 (n=294), the perceived purity of non-prescribed ketamine remained stable, relative to 2023 (p=0.823). Three fifths (62%) perceived purity as being 'high' (65% in 2023), and one fifth (20%) perceived purity as being of 'medium' purity (19% in 2023) (Figure 37).

Perceived Availability: Of those able to comment in 2024 (n=293), the perceived availability of non-prescribed ketamine remained stable, relative to 2023 (p=0.268). Two fifths (40%) perceived non-prescribed ketamine to be 'easy' to obtain (41% in 2023), followed by one third (33%) perceiving it to be 'very easy' to obtain (27% in 2023). Almost one quarter (23%) perceived ketamine to be 'difficult' to obtain in 2024 (25% in 2023) (Figure 38).

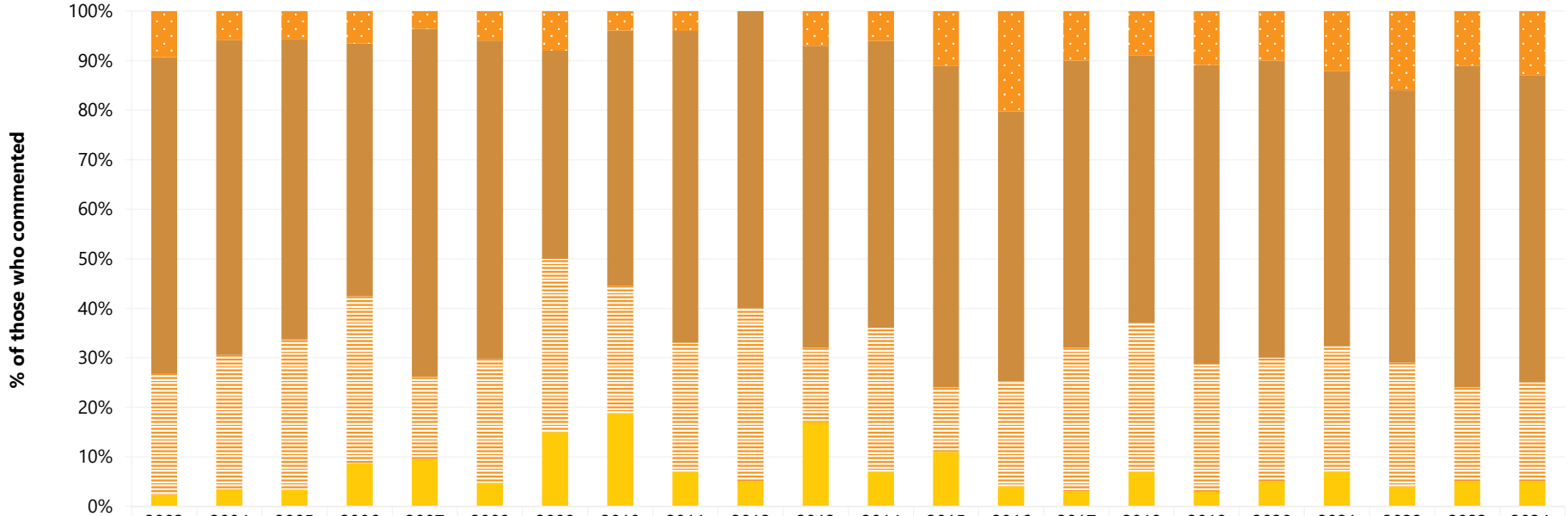
Figure 36: Median price of non-prescribed ketamine per gram, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024*
Gram	200	180	150	135	180	155	200	160	170	180	180	200	200	200	200	200	200	200	220	200	250	200

Note. Among those who commented. The error bars represent the IQR. 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 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

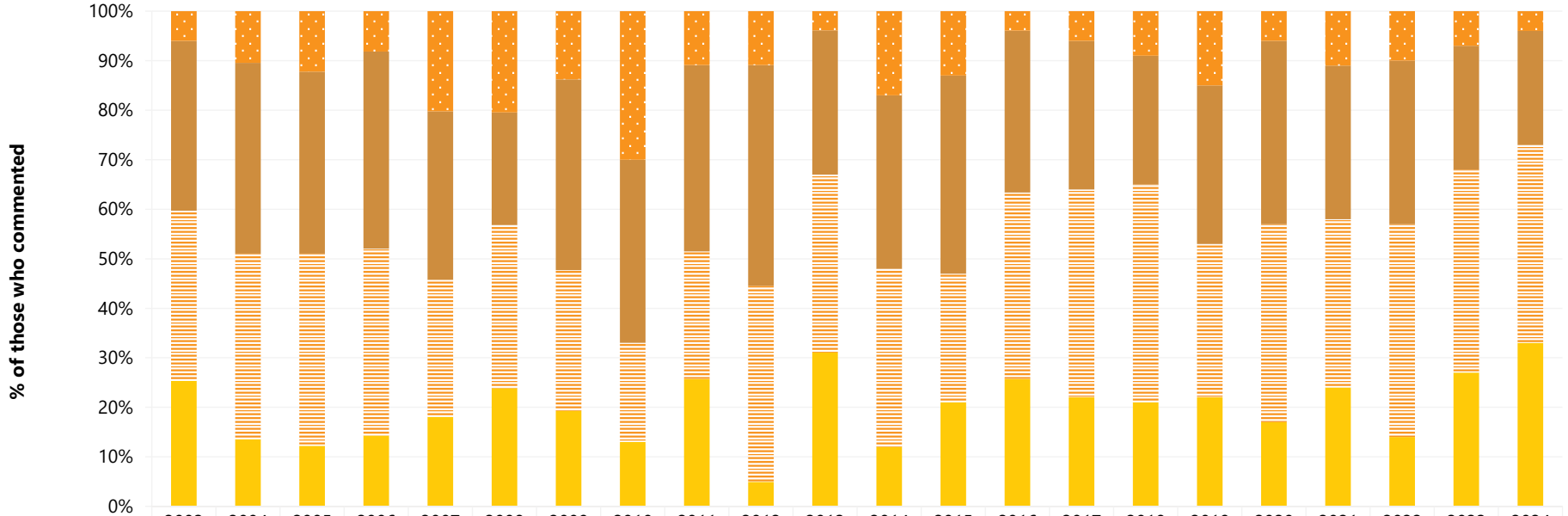
Figure 37: Current perceived purity of non-prescribed ketamine, nationally, 2003-2024



	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	2024 n=294
Fluctuates	8	5	5	6	3	5	8	4	4	0	7	6	11	20	10	9	11	10	12	16	11	13
High	55	54	54	47	59	54	42	52	63	60	61	58	65	54	58	54	61	60	55	55	65	62
Medium	21	23	27	31	14	21	35	26	26	35	15	29	13	21	29	30	26	25	25	25	19	20
Low	2	3	3	8	8	4	15	19	7	5	17	7	11	4	3	7	3	5	7	4	5	5

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

Figure 38: Current perceived availability of non-prescribed ketamine, nationally, 2003-2024



	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	2024 n=293
Very difficult	4	10	12	8	19	18	15	30	11	11	4	17	13	4	6	9	15	6	11	10	7	4
Difficult	23	37	36	39	32	20	42	37	38	45	30	35	40	33	30	26	32	37	31	33	25	23
Easy	23	36	38	37	26	29	31	20	26	40	37	36	26	38	42	44	31	40	34	43	41	40
Very easy	17	13	12	14	17	21	21	13	26	5	32	12	21	26	22	21	22	17	24	14	27	33

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

LSD

Patterns of Consumption

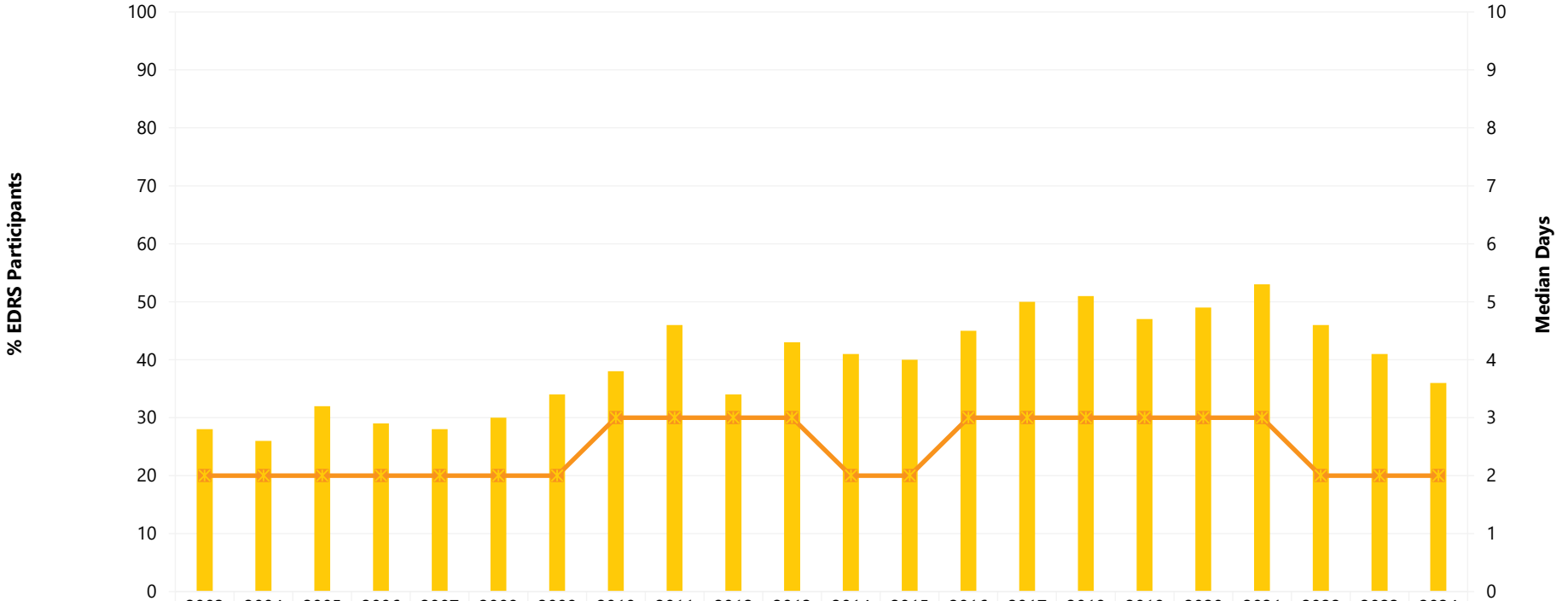
Recent Use (past 6 months): The per cent reporting any recent use of LSD gradually increased between 2003 and 2017, stabilised between 2017 and 2021, and has been gradually declining from 2021 onwards. In 2024, 36% of the national sample reported recent use of LSD, stable relative to 2023 (41%; *p*=0.099) (Figure 39). A significant decrease was observed among the Melbourne sample (38%; 55% in 2023; *p*=0.026), however remained stable in all other capital cities (Table 15).

Frequency of Use: Of those who had recently consumed LSD and commented (n=269), use was infrequent and stable, with participants reporting use on a median of two days (IQR=1-5) in 2024 (2 days in 2023; IQR=1-4; n=289; *p*=0.498) (Figure 39). Three per cent of those who had recently used LSD reported weekly or more frequent use (2% in 2023).

Routes of Administration: Among participants who had recently consumed LSD and commented (n=269), 99% of participants reported swallowing (100% in 2023; *p*=0.232). Few participants reported any other routes of administration.

Quantity: Among those who reported recent use and responded (n=187), the median amount used in a 'typical' session was one tab (IQR=1.00-2.00; 1 tab in 2023; IQR=0.80-1.00; *p*=0.034). Among those who reported recent use and responded (n=185), the median maximum amount used in a session was one tab (IQR=1.00–2.00; 1 tab in 2023; IQR=1.00-2.00; *p*=0.068).

Figure 39: Past six month use and frequency of use of LSD, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Used	28	26	32	29	28	30	34	38	46	34	43	41	40	45	50	51	47	49	53	46	41	36
Median Days	2	2	2	2	2	2	2	3	3	3	3	2	2	3	3	3	3	3	3	2	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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 15: Past six month use of LSD, by capital city, 2003-2024

%	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
2024	**43**	**37**	**38***	**32**	**28**	**33**	**39**	**42**

Note. ~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, 2008 and 2024 should be interpreted with caution due to small samples (2006: n=51; 2008: n=55; 2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

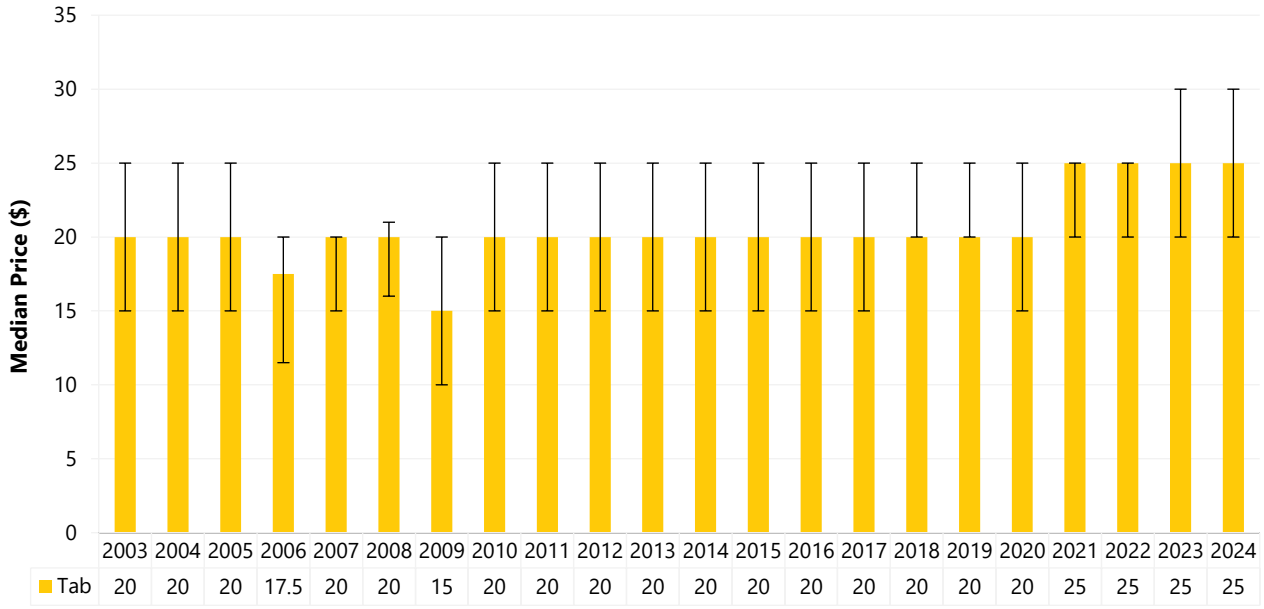
Price, Perceived Purity and Perceived Availability

Price: In 2024, participants reported a median price of $25 per tab (IQR=20-30; n=148), unchanged from $25 in 2023 (IQR=20-30; n=157; p=0.066), but higher than the median price reported between 2003 and 2020 (Figure 40).

Perceived Purity: Among those who commented in 2024 (n=249), the perceived purity of LSD remained stable, relative to 2023 (p=0.239). Specifically, 55% reported purity as 'high' (58% in 2023), and one quarter (27%) reported it as 'medium', unchanged from 27% in 2023 (Figure 41).

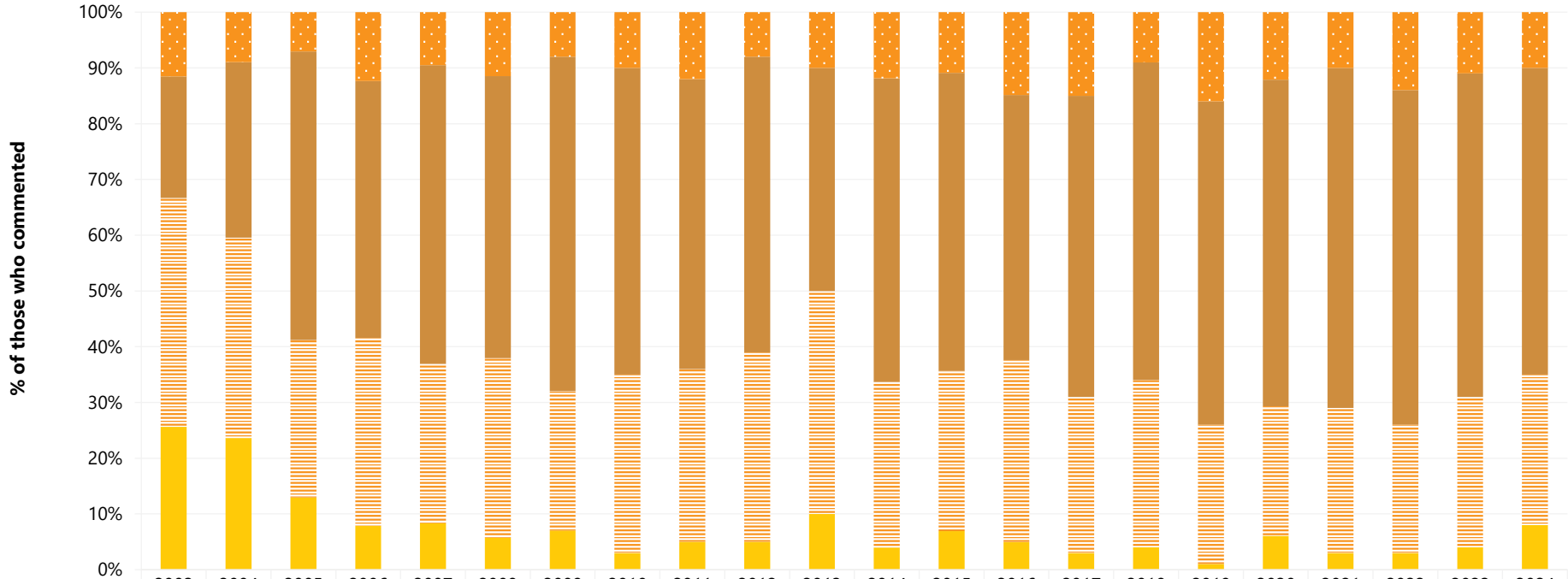
Perceived Availability: Among those able to comment in 2024 (n=256), the perceived availability of LSD remained stable, relative to 2023 (p=0.742). Almost two fifths (38%) perceived LSD to be 'easy' to obtain (35% in 2023). In contrast, 30% reported LSD to be 'difficult' to obtain (34% in 2023) (Figure 42).

Figure 40: Median price of LSD per tab, nationally, 2003-2024



Note. Among those who commented. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

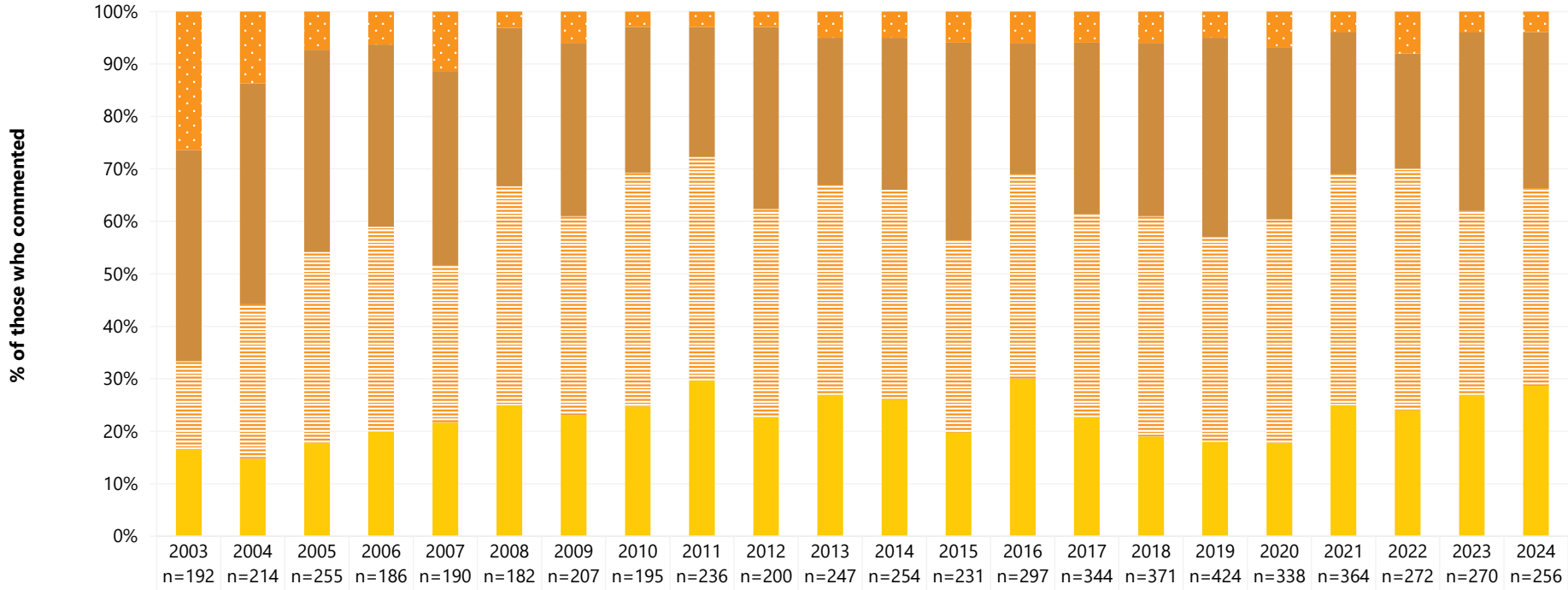
Figure 41: Current perceived purity of LSD, nationally, 2003-2024



	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	2024 n=249
Fluctuates	9	8	6	11	8	10	8	10	12	8	10	12	11	15	15	9	16	12	10	14	11	10
High	17	28	44	41	45	44	60	55	52	53	40	55	54	48	54	57	58	58	61	60	58	55
Medium	32	32	24	30	24	28	25	32	31	34	40	30	29	33	28	30	25	23	26	23	27	27
Low	20	21	11	7	7	5	7	3	5	5	10	4	7	5	3	4	1	6	3	3	4	8

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

Figure 42: Current perceived availability of LSD, nationally, 2003-2024



	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	2024 n=256
Very difficult	19	13	7	6	11	3	6	3	3	3	5	5	6	6	6	6	5	7	4	8	4	4
Difficult	29	40	37	33	36	29	33	28	25	35	28	29	38	25	33	33	38	33	27	22	34	30
Easy	12	28	35	37	29	40	38	45	43	40	40	40	37	39	39	42	39	43	44	46	35	38
Very easy	12	14	17	19	21	24	23	25	30	23	27	26	20	30	23	19	18	18	25	24	27	29

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

DMT

Patterns of Consumption

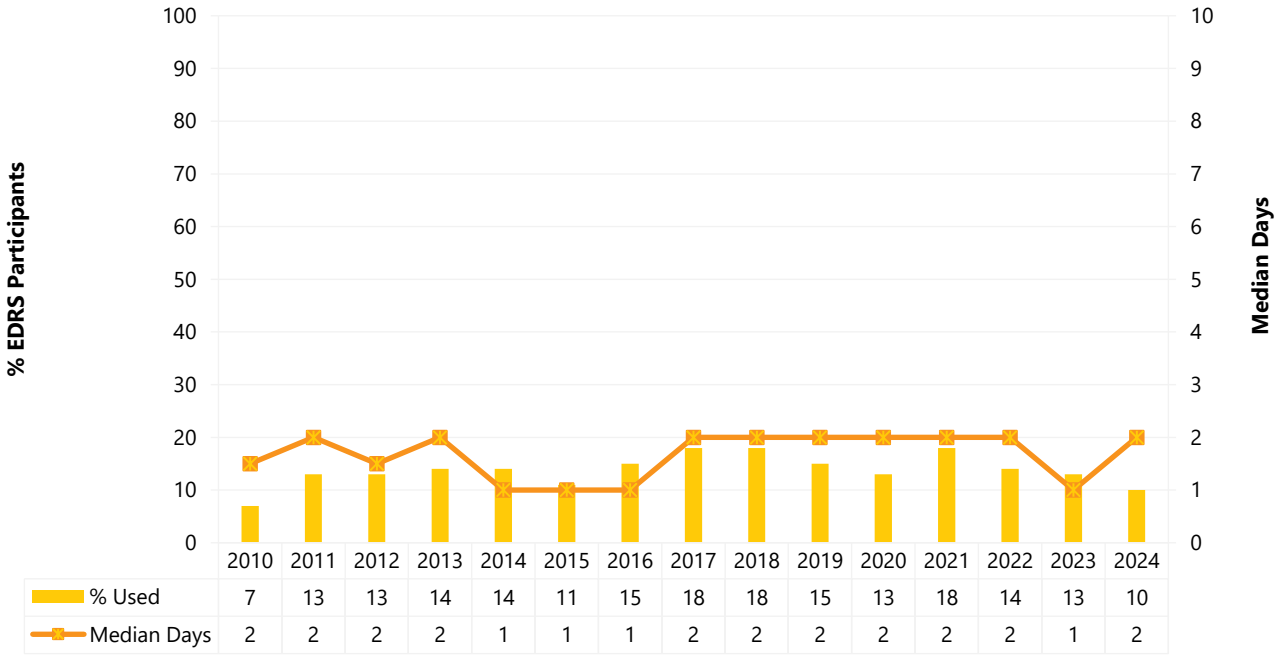
Recent Use (past 6 months): The per cent reporting recent DMT use has fluctuated over the reporting period, however, has consistently remained below 20%. In 2024, 10% of participants reported recent use, stable relative to 2023 (13%; p=0.143) (Figure 43). Use remained stable in all capital city samples except in the Perth sample, where a significant decrease was observed (11; 26% in 2023; p=0.013) (Table 16).

Frequency of Use: Use has remained infrequent and stable over the monitoring period, with a median of two days of use (IQR=1-3; n=75) reported by participants in 2024 (1 day in 2023; IQR=1-3; n=89; p=0.065) (Figure 43).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=75), the most common route of administration in 2024 was smoking (92%; 98% in 2023; p=0.143), followed by swallowing (8%; n≤5 in 2023). Few participants (n≤5) reported snorting; therefore, these numbers are suppressed.

Quantity: Among those who reported recent use and responded (n=23), the median amount used in a 'typical' session was 10 mgs (IQR=2-23; 10 mgs in 2023; IQR=1-48; p=0.950). Of those who reported recent use and responded (n=23), the median maximum amount used in a session was 10 mgs (IQR=3-43; 10 mgs in 2023; IQR=1-50; p=0.740).

Figure 43: Past six month use and frequency of use of DMT, nationally, 2010-2024



	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Used	7	13	13	14	14	11	15	18	18	15	13	18	14	13	10
Median Days	2	2	2	2	1	1	1	2	2	2	2	2	2	1	2

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

Table 16: Past six month use of DMT, by capital city, 2010-2024

%	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
2024	**-**	**10**	**10**	**13**	**10**	**11***	**-**	**15**

Note. Data collection for DMT commenced in 2010. ~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 2024 should be interpreted with caution due to small samples (2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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 2022. In 2024, 16% reported recent use, a significant increase from 12% in 2023 (p=0.022) (Table 17).

Fourteen per cent of the sample reported recent use of any NPS, excluding plant-based NPS, stable relative to 2023 (11%; p=0.051) (Table 18).

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 2024, 5% reported recent use of any 2C substance, stable relative to 2023 (5%; p=0.821). Few participants (n≤5) reported recent use of synthetic cannabinoids in 2024 (n≤5 in 2023; p=0.117). Recent use of mephedrone (the most commonly reported NPS in 2010) has decreased considerably over the past decade, with 1% reporting use in 2024 (n≤5 in 2023; p=0.774). In 2024, there was a significant increase in participants reporting use of 2-Fluorodeschloroketamine (2-FDCK) (1%; 0% in 2023; p=0.038) and 'other drugs that mimic the effects of ecstasy' (2%; 0% in 2023; p<0.001).

In 2024, dissociatives (4%; 2% in 2023; p=0.021) and plant-based NPS (4%; 4% in 2023; p=0.149) were the second most commonly used NPS classes, after phenethylamines (6% in 2024 and 2023, respectively) (Table 19).

Table 17: Past six month use of any NPS (including plant-based NPS), nationally, and by capital city, 2010-2024

%	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	**12**	14	20	15	-	13	8	~	13
2024	**16***	**16**	**20**	**25**	**-**	**18**	**17**	**-**	**18**

Note. Monitoring of NPS 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 (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 2024 should be interpreted with caution due to small samples (2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 18: Past six month use of any NPS (excluding plant-based NPS), nationally, and by capital city, 2010-2024

%	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	**11**	2	18	15	-	12	7	~	10
2024	**14**	**15**	**16**	**21**	**-**	**15**	**16**	**-**	**16**

Note. Monitoring of NPS 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 (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 2024 should be interpreted with caution due to small samples (2024: n=51). Statistical significance for 2023 versus 2024 presented in table (except for Darwin); *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 19: Past six month use of NPS by drug type, nationally, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	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	N=740
% Phenethylamines^	7	14	12	20	20	18	13	12	9	7	6	7	4	6	**6**
Any 2C substance~	6	14	12	20	15	14	11	9	8	6	5	6	3	5	**5**
NBOMe	/	/	/	/	9	7	4	5	2	2	1	1	1	-	**-**
DO-x	1	1	0	-	-	0	0	1	-	-	0	0	-	-	**0**
Tuci	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**1**
4-FA	/	/	/	/	/	/	-	-	0	0	0	0	-	-	**0**
4F-phenibut	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**-**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Tryptamines^^	0	2	-	1	1	0	1	1	1	2	1	2	1	1	**1**
5-MeO-DMT	-	5	-	1	1	-	1	1	1	2	1	2	1	1	**1**
% Synthetic cathinones	19	18	11	9	8	8	3	5	4	5	1	1	1	1	**1**
Mephedrone	16	13	5	6	5	3	1	1	-	1	0	-	-	-	**1**
Methcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**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	**0**
Alpha PVP	/	/	/	/	/	/	-	-	-	-	0	0	-	0	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0	-	-	**0**
N-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	0	0	-	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0	-	-	**0**
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
4-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3-methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**-**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**-**
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
% Piperazines	5	2	1	-	-	0	0	-	/	/	/	/	/	/	**/**
% Dissociatives	/	/	1	2	2	2	3	2	0	2	1	2	1	2	**4***
Methoxetamine (MXE)	/	/	1	2	2	2	3	2	0	2	0	1	-	-	**1**
2F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**1**
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	-	-	**1***
3 CI-PCP/4CI-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**-**
3F-2-oxo PCE	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	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	N=740
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	-	-
Tiletamine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	1	-	2	**1**
% Plant-based NPS	2	7	8	6	4	5	5	5	3	3	5	5	4	3	**4**
Ayahuasca	/	/	/	/	/	0	-	1	-	1	1	1	1	-	**1**
Mescaline	2	4	2	3	2	2	2	3	2	2	2	3	3	1	**1**
Salvia divinorum	/	2	3	2	2	1	2	2	1	1	2	-	-	-	**1**
Kratom/mitragynine	/	/	/	/	/	/	/	/	/	/	-	1	-	1	**1**
% Benzodiazepines	/	/	/	/	/	/	1	1	1	2	1	2	1	0	**1**
Etizolam	/	/	/	/	/	/	1	1	1	1	0	1	-	-	-
8-Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	0	**0**
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	-
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	1	1	-
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	-	-
Flubromazepam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	-
Xylazine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	1	0	0	-	-	-
% Synthetic cannabinoids (e.g., ADB-BUTINACA, 4F-MDMB-BUTICA, FUB-AM)	/	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	-	-	-
Phenazolam	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
Glaucine	/	/	/	/	/	/	/	/	/	/	/	/	/	/	**0**
% Other drugs that mimic the effect of opioids (e.g., acetylfentanyl, nitazenes)	/	/	/	/	/	/	/	-	-	-	0	0	-	0	-
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	1	1	0	-	-	0	**2*** **
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	1	-	1	1	-	-	-	**1**
% Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	-	1	2	1	2	2	-	-
Other new and emerging psychoactive substances	/	/	/	/	/	/	/	/	1	-	-	-	1	-	-

Note. Monitoring of NPS commenced in 2010. ^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. Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

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 2024, one tenth (11%) of the sample reported using non-prescribed codeine in the past six months, stable relative to 2023 (12%; p=0.749) (Figure 45).

Frequency of Use: Participants who had recently used non-prescribed codeine and commented (n=83) reported use on a median of three days (IQR=1-7) in the six months preceding interview, stable from 2023 (4 days; IQR=2-8; n=84; p=0.248).

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 10% (9% in 2023; p=0.520) (Figure 44).

Frequency of Use: Frequency of use remained low and stable in 2024 at a median of three days (IQR=2-11; n=72) in the six months prior to interview (4 days in 2023; IQR=2-7; n=61; p=0.633).

Forms used: Among participants who had recently consumed non-prescribed pharmaceutical opioids and commented in 2024 (n=70), the main form used in the six months preceding interview was oxycodone (77%). Fewer participants reported using tapentadol (20%), other opioids (16%), morphine (11%) and buprenorphine (9%).

Benzodiazepines

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

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) has fluctuated over time, peaking at 41% in 2018 and 2019, and declining shortly thereafter. In 2024, 28% of the sample reported recent use of non-prescribed benzodiazepines, stable relative to 2023 (29%; p=0.684) (Figure 44).

Frequency of Use: Participants who had recently used non-prescribed benzodiazepines (e.g., Valium, Diazepam, Xanax, Kalma) and commented (n=207) reported use on a median of six days in the six months preceding interview (IQR=2-24; 7 days in 2023; IQR=3-30; n=204; p=0.293).

Forms Used: Among those who reported non-prescribed benzodiazepine use and responded in 2024 (n=182), the most commonly used brands were Valium (diazepam) (64%), followed by Xanax (alprazolam) (38%), the generic form of diazepam (17%), the generic form of clonazepam (13%) and the generic form of alprazolam (5%).

Steroids

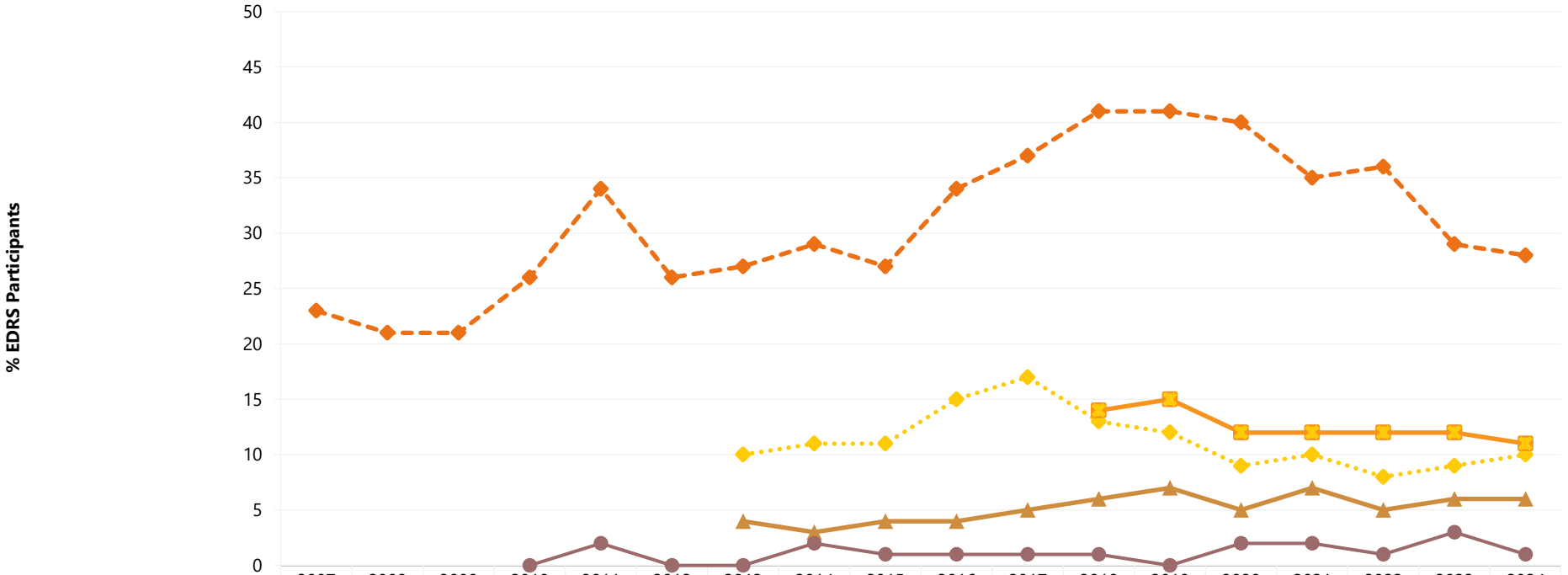
Recent Use (past 6 months): The per cent of the sample reporting recent steroid use has remained low and stable since monitoring commenced. In 2024, one per cent of the sample reported recent use, stable relative to 2023 (3% in 2023; p=0.149) (Figure 45).

Antipsychotics

Recent Use (past 6 months): Six per cent of the sample reported recent use of non-prescribed antipsychotics in 2024 (6% in 2023) (Figure 44).

Frequency of Use: Participants reported using non-prescribed antipsychotics on a median of four days (IQR=2-10; n=42) in the six months preceding interview (5 days in 2023; IQR=2-42; n=40; p=0.087).

Figure 44: Non-prescribed use of pharmaceutical medicines in the past six months, nationally, 2007-2024



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Pharmaceutical Opioids							10	11	11	15	17	13	12	9	10	8	9	10
Codeine												14	15	12	12	12	12	11
Benzodiazepines	23	21	21	26	34	26	27	29	27	34	37	41	41	40	35	36	29	28
Antipsychotics							4	3	4	4	5	6	7	5	7	5	6	6
Steroids				-	2	-	-	2	1	1	1	1	-	2	2	1	3	1

Note. Non-prescribed use is reported for prescription medicines. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2024), with high-dose codeine excluded from pharmaceutical opioids from 2018. Between 2007 and 2023, participants were asked about 'alprazolam' and 'other benzodiazepines'. In 2024, 'alprazolam' and 'other benzodiazepines' were combined. Y axis reduced to 50% to improve visibility of trends. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Other Illicit Drugs

Non-Prescribed Hallucinogenic Mushrooms/Psilocybin

Recent Use (past 6 months): The per cent reporting recent non-prescribed hallucinogenic mushrooms/psilocybin use has fluctuated over the reporting period, however, an overall increase in use was observed between 2009 and 2020, and has remained relatively stable from 2020 onwards. In 2024, 45% of the sample had used non-prescribed hallucinogenic mushrooms/psilocybin in the six months preceding interview, stable relative to 2023 (42%; p=0.343) (Figure 45).

Frequency of Use: Use of non-prescribed hallucinogenic mushrooms/psilocybin remained infrequent in 2024, with participants reporting a median of two days of use (IQR=1-4; n=333), stable relative to 2023 (2 days; IQR=1-4; n=300; p=0.164).

Kava

Recent Use (past 6 months): Seven per cent of the sample reported recent use of Kava, a significant increase from 4% in 2023 (p=0.011) (Figure 45).

Frequency of Use: Among those who had recently consumed Kava and responded (n=50), participants reported a median of two days of use (IQR=1-5), stable relative to 2023 (2 days; IQR=1-6; n=27; p=0.941).

MDA

Recent Use (past 6 months): Five per cent of the sample reported using MDA in the six months preceding interview, stable from 2023 (4%; p=0.380) (Figure 45).

Frequency of Use: Use remained infrequent and stable, with participants reporting a median of two days of use in the six months preceding interview (IQR=1-4; n=38; 2 days in 2023; IQR=1-3; n=29; p=0.198).

Substance with Unknown Contents

Capsules: Since peaking in 2017 (20%), a decline in recent use of capsules with 'unknown contents' has been observed. However, in 2024, recent use of capsules with 'unknown contents' significantly increased to 6% from 3% in 2023 (p=0.045) (Figure 45).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. In 2024, 20% of participants reported use of any substance with 'unknown contents', a significant increase from 13% in 2023 (p<0.001). Of those who had recently consumed any 'unknown substance' and responded (n=146), participants reported a median of one day of use in the six months preceding interview, stable relative to 2023 (1 day; IQR=1-3; n=90; p=0.227).

When broken down by substance form, 6% of the 2024 sample reported using pills with 'unknown contents', a significant increase from 3% in 2023 (p=0.021). The per cent of participants who reported recently consuming powder with 'unknown contents' significantly increased from 7% in 2023 to 11% in 2024 (p=0.008). Three per cent of the sample reported consuming crystal with 'unknown contents' (2% in 2023; p=0.115).

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 2024, among those who reported recent use of pills with 'unknown contents' and responded (n=45), the median 'typical' amount used

in a session was one pill (IQR=1-2; 1 pill in 2023; IQR=1-2; *p*=0.075). Of those who reported recent use of capsules with 'unknown contents' and responded (n=41), the median 'typical' amount used in a session was 2 capsules (IQR=1-3; 2 capsules in 2023; IQR=1-3; *p*=0.953).

PMA

No participants reported recent use of PMA in 2024 or 2023 (Figure 45).

PMMA

Recent Use (past 6 months): One per cent of the sample reported using PMMA in the six months preceding interview (n≤5 in 2023; *p*=0.289) (Figure 45).

Frequency of Use: Few participants (n≤5) were able to report on the median frequency of use of PMMA, therefore, numbers have been suppressed.

Heroin

Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin (2% in 2024; 2% in 2023) over the reporting period (Figure 45).

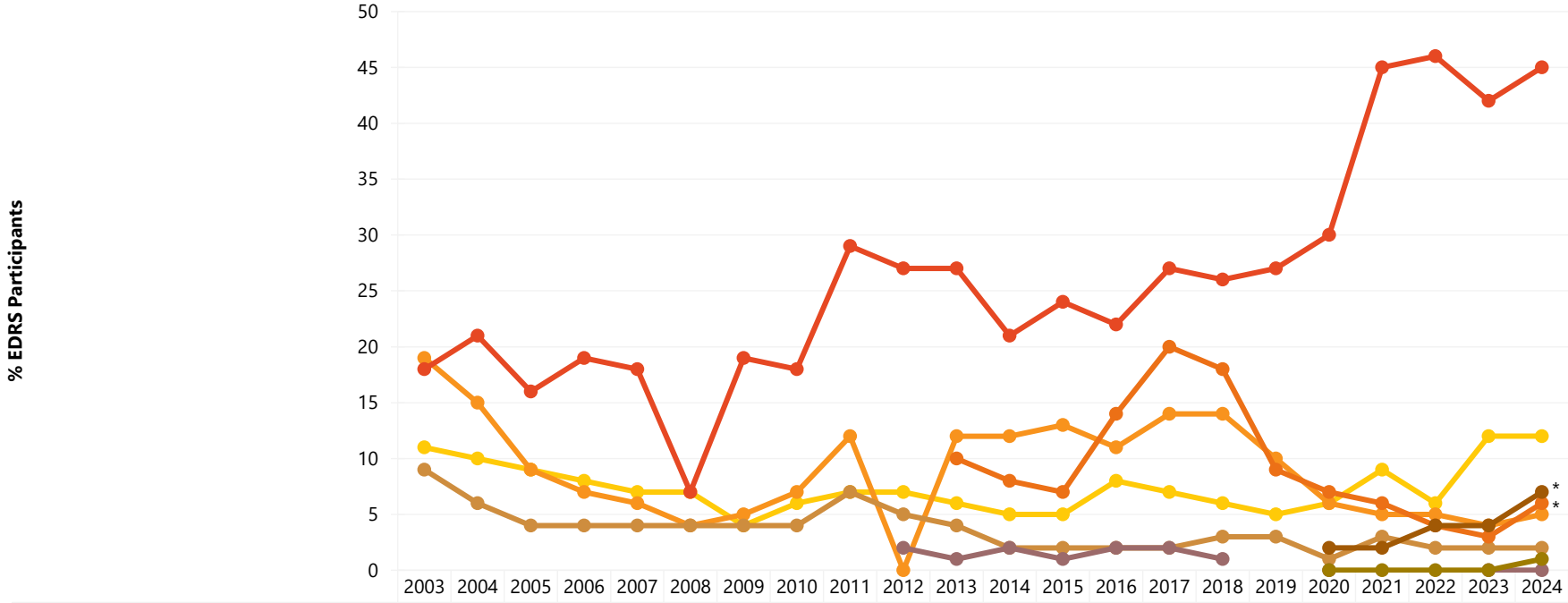
Frequency of Use: Participants reported a median of four days of use (IQR=2-18; n=14) in 2024, stable from 2023 (5 days; IQR=1-10; n=13; *p*=0.941).

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

Recent Use (past 6 months): Twelve per cent of the sample reported recent use of GHB/GBL/1,4-BD in 2024, stable relative to 2023 (12%; *p*=0.933) (Figure 45).

Frequency of Use: GHB/GBL/1,4-BD was used on a median of three days (IQR=1-12, n=85) in 2024, stable relative to 2023 (3 days; IQR=1-15; n=82; *p*=0.767).

Figure 45: Past six month use of other illicit drugs, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
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	12
MDA	19	15	9	7	6	4	5	7	12	0	12	12	13	11	14	14	10	6	5	5	4	5
Heroin	9	6	4	4	4	4	4	4	7	5	4	2	2	2	2	3	3	1	3	2	2	2
Capsules Contents Unknown											10	8	7	14	20	18	9	7	6	4	3	6
Hallucinogenic Mushrooms/Psilocybin	18	21	16	19	18	7	19	18	29	27	27	21	24	22	27	26	27	30	45	46	42	45
PMA										2	1	2	1	2	2	1		0			0	0
PMMA																		-	-	-	-	1
Kava																		2	2	4	4	7

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Note. 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'. Y axis reduced to 50% to improve visibility of trends. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The majority of the sample have reported recent alcohol use in each year since monitoring commenced (95% in 2024; 94% in 2023; p=0.741) (Figure 46).

Frequency of Use: Participants who had recently used alcohol reported use on a median of 40 days (IQR=18-72; n=700; 48 days in 2023; IQR=20-72; n=665; p=0.671). Almost three quarters (72%) of those who had recently used alcohol reported weekly or more frequent use, stable relative to 2023 (73%; p=0.627). This percentage includes 3% who reported daily use (5% in 2023; p=0.223).

Tobacco

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

Recent Use (past 6 months): Almost three quarters (72%) of participants reported recent use of any tobacco in 2024, a significant increase relative to 2023 (64%; p<0.001) (Figure 46). Thirty-seven per cent of participants reported recent use of illicit tobacco, with the most common products being branded tobacco packs (67%), followed by unbranded loose tobacco (38%) and branded loose tobacco (19%). Sixteen per cent reported using unbranded tobacco packs and other illicit tobacco products (8%).

Frequency of Use: Participants who had recently used any tobacco reported use on a median of 90 days (IQR=15-180; n=533), a significant increase from 50 days in 2023 (IQR=10-180; n=449; p=0.028), with almost two fifths (39%) reporting daily use (35% in 2023; p=0.173). Participants who had recently used illicit tobacco reported use on a median of 180 days (IQR=48-180; n=515).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants reported recent use of prescribed e-cigarettes in 2022 (3%; n=21), 2023 (3%; n=18) and 2024 (1%; n=11): this was stable between 2023 and 2024 (p=0.192). Data below for 2022-2024 refers only to non-prescribed e-cigarette use; data for 2021 and earlier refers to any e-cigarette use.

Recent Use (past 6 months): Sixty-nine per cent of the sample reported non-prescribed e-cigarette use in the six months preceding interview, stable relative to 2023 (68%; p=0.777) (Figure 46).

Frequency of Use: Median days of non-prescribed use in the past six months remained stable, relative to 2023 (120 days; IQR=24-180; n=509; 120 days in 2023; IQR=30-180; n=481; p=0.404). Forty-four per cent of those who had recently used non-prescribed e-cigarettes reported daily use, stable relative to 2023 (46%; p=0.475).

Contents and Forms Used: Among participants who had recently used non-prescribed e-cigarettes and responded in 2024 (n=488), the majority (97%) reported using e-cigarettes containing nicotine. Among participants who had recently used e-cigarettes and responded in 2024 (n=508), participants most commonly reported using disposable devices (95%), followed by re-fillable devices (17%).

One quarter (23%) of the sample reported vaping substances other than nicotine/vape juice. Among those who vaped substances other than nicotine/vape juice and commented (n=166), the most commonly vaped substances were cannabis (82%), followed by DMT (14%).

Reason for Use: Of those who reported non-prescribed e-cigarette use and responded (n=513), 30% reported that they did not use e-cigarettes as a smoking cessation tool in 2024, a significant increase relative to 2023 (36%; *p*=0.046).

Nicotine Pouches

Recent Use (past 6 months): Almost one fifth (19%) of the sample reported recent use of nicotine pouches (not asked in 2023) (Figure 46).

Frequency of Use: Participants who had recently used nicotine pouches reported use on a median of three days (IQR=1-20; n=144).

Nitrous Oxide

Recent Use (past 6 months): The per cent of the sample reporting any recent use of nitrous oxide remained stable in 2024 (40%), relative to 2023 (40%; *p*=0.869) (Figure 46).

Frequency of Use: Frequency of use also remained stable, with a median of three days (IQR=2-7; n=293) of use reported in 2024 (3 days in 2023; IQR=2-10; n=282; *p*=0.332), equivalent to less than monthly use.

Quantity: Amongst those who reported recent use and responded, the median 'typical' amount used per session in 2024 was five bulbs (IQR=3-12; n=255; 7 bulbs in 2023; IQR=3-20; n=260; *p*=0.066). Of those who reported recent use and responded (n=250), the median maximum amount used in a session was 10 bulbs (IQR=3-20; 10 bulbs in 2023; IQR=4-30; n=258; *p*=0.036).

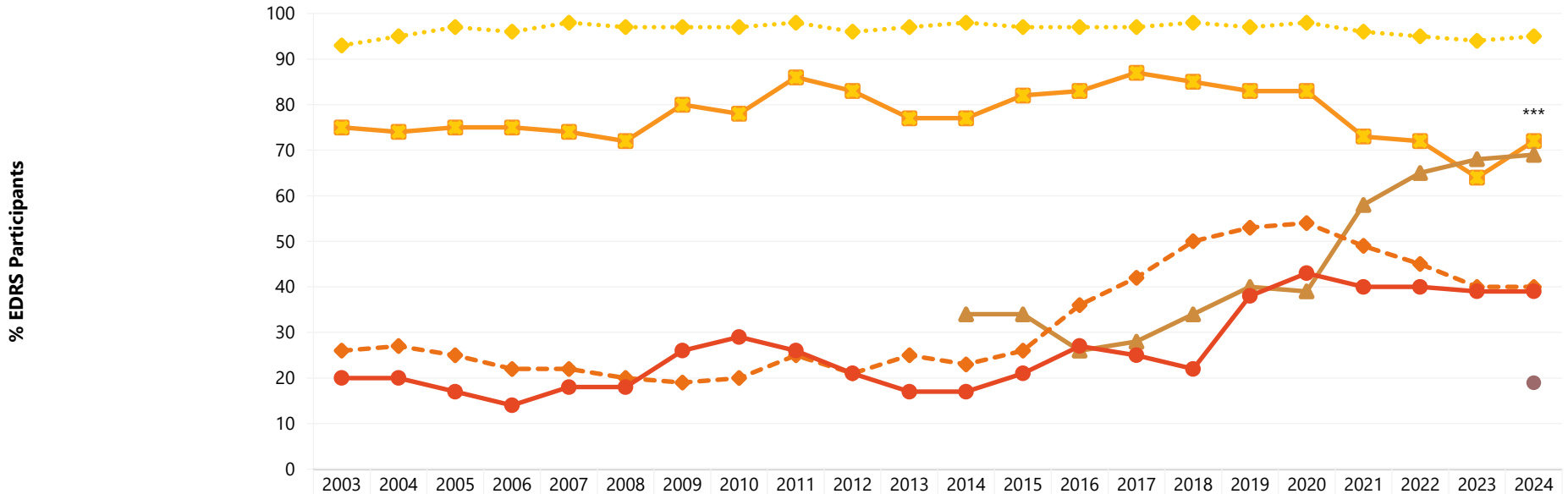
Amyl Nitrite

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 fluctuated between 2003 and 2019, although has remained relatively stable from 2019 onwards (Figure 46). In 2024, almost two fifths (39%) of the sample reported any recent use of amyl nitrite, remaining unchanged from 2023 (39%).

Frequency of Use: Frequency of amyl nitrite use remained stable (4 days; IQR=2-10; n=391) in 2024, relative to 2023 (4 days; IQR=2-12; n=277; *p*=0.535).

Figure 46: Licit and other drugs used in the past six monthfs, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Alcohol	93	95	97	96	98	97	97	97	98	96	97	98	97	97	97	98	97	98	96	95	94	95
Tobacco	75	74	75	75	74	72	80	78	86	83	77	77	82	83	87	85	83	83	73	72	64	72
Non-prescribed e-cigarettes												34	34	26	28	34	40	39	58	65	68	69
Nitrous Oxide	26	27	25	22	22	20	19	20	25	21	25	23	26	36	42	50	53	54	49	45	40	40
Amyl Nitrite	20	20	17	14	18	18	26	29	26	21	17	17	21	27	25	22	38	43	40	40	39	39
Nicotine Pouches																						19

Note. Regarding e-cigarettes, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

11

Drug-Related Harms and Other Behaviours

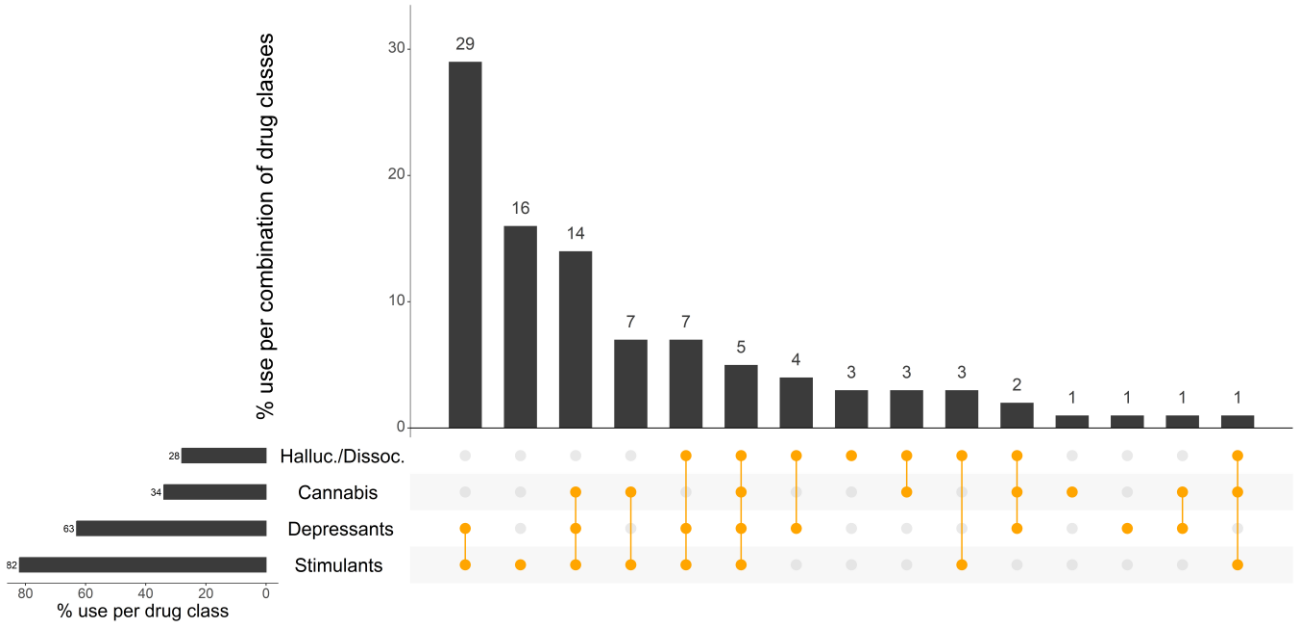
Participants were asked about various drug-related harms and other behaviours, including polysubstance use and bingeing, drug checking, hazardous alcohol use, non-fatal overdose following drug use, awareness of naloxone, injecting drug use, drug treatment, ecstasy and methamphetamine dependence, sexual 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).

Polysubstance Use

On the last occasion of ecstasy or related drug use, among those who answered (n=737), the most commonly used substances were alcohol (61%) and ecstasy (52%), followed by cannabis (35%), cocaine (30%), e-cigarettes (30%) and tobacco (30%).

The majority (82%; n=595) 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 (29%), followed by the use of cannabis, depressants and stimulants (14%). Seven per cent reported using cannabis and stimulants, and hallucinogens/dissociatives, depressants and stimulants, respectively (Figure 47). Sixteen per cent reported using stimulants alone.

Figure 47: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, nationally, 2024: Most common drug pattern profiles



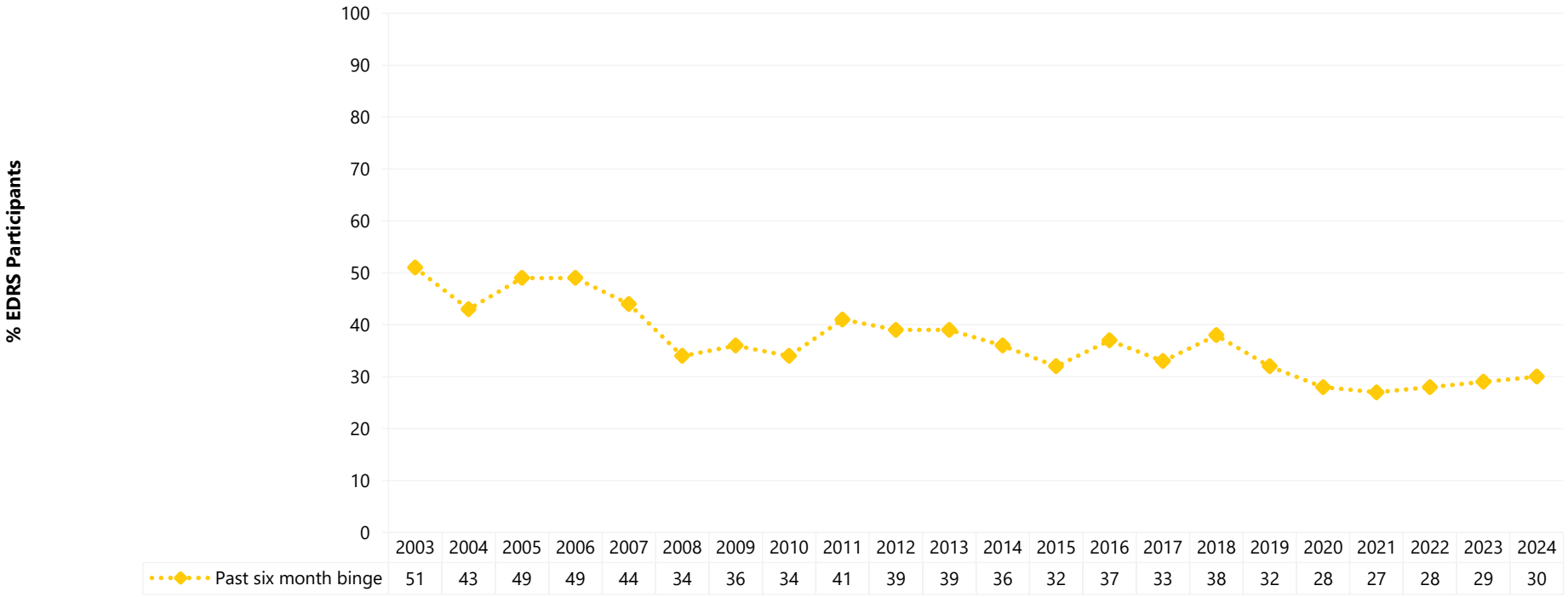
Note. % calculated out of total EDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Secondary Y axis reduced to 34% to improve visibility of trends. Please refer to Table 1 for a guide to table/figure notes.

Binge Drug Use

Participants were asked whether they had used any stimulant or related drug for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. The per cent of the sample who have reported bingeing has generally declined between 2003 and 2020, before stabilising

from 2020 onwards. In 2024, almost one third (30%) of the sample had binged on one or more drugs in the preceding six months, stable from 2023 (29%; p=0.688) (Figure 48).

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



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Past six month binge	51	43	49	49	44	34	36	34	41	39	39	36	32	37	33	38	32	28	27	28	29	30

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

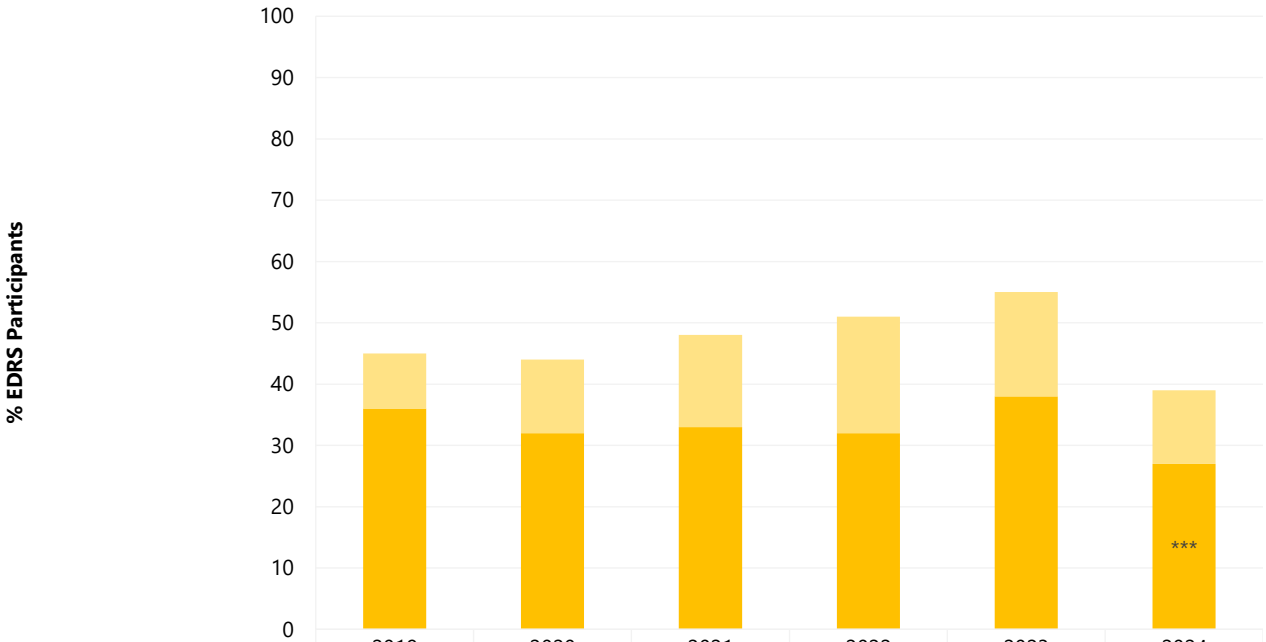
Drug Checking

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

In 2024, one quarter (27%) 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 decrease from 38% in 2023 ($p<0.001$) (Figure 49). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=197), 68% reported using colorimetric or reagent test kits, with fewer participants (20%) using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Twenty-two 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=197), two fifths (43%) reported testing the drugs themselves, while another 43% reported having their drugs tested by a friend on the last occasion. Fewer participants (15%) reported having their drugs tested by a dealer on their last occasion of drug checking.

Figure 49: Lifetime and past year engagement in drug checking, nationally, 2019-2024



	2019 N=792	2020 N=802	2021 N=771	2022 N=689	2023 N=699	2024 N=730
Yes, but not in the last year	9	12	15	19	17	12
Yes, in the last year	36	32	33	32	38	27

Note. Questions on drug checking commenced in 2019. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test

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

The mean score on the AUDIT for the total sample (including participants who had not consumed alcohol in the past 12 months) was 13.4 (SD 7.4) in 2024, a significant increase from 12.7 (SD 7.4) in 2023 ($p<0.001$). 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.

Three quarters (76%) of participants obtained a score of eight or more (72% in 2023; $p=0.062$), indicative of hazardous use (Table 20).

Table 20: AUDIT total scores and per cent of participants scoring above recommended levels, nationally, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	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	N=702
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)	**13.4*** (7.4)**
Score 8 or above (%)	85	95	85	81	89	80	75	79	75	79	81	77	74	72	**76**
AUDIT zones															
Score 0-7:	15	5	15	19	11	20	25	21	25	21	19	23	26	28	**24**
Score 8-15:	39	38	38	46	44	46	44	49	43	45	51	43	39	39	**40**
Score 16-19:	20	20	20	15	25	18	15	14	15	17	15	17	14	15	**17**
Score 20 or higher:	26	37	37	20	20	17	16	15	17	18	16	16	20	19	**20**

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

Overdose Events

Non-Fatal Overdose

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

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

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

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

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

Non-Fatal Stimulant Overdose

Nineteen per cent of the sample reported experiencing a non-fatal stimulant overdose in the 12 months preceding interview in 2024, stable relative to 2023 (15%; p=0.113) (Figure 50).

The most common stimulants reported during the most recent non-fatal stimulant overdose in the past 12 months comprised any form of ecstasy (58%; capsules: 29%; crystal: 21%; pills: 9% and powder: 7%), cocaine (29%), any form of methamphetamine (21%; crystal: 16%; powder: n≤5) and pharmaceutical stimulants (15%). Of those who reported a non-fatal stimulant overdose in the past year and responded (n=135), 79% reported that they had also consumed one or more additional drugs on the last occasion, most notably, any quantity of alcohol (56%; ≥5 standard drinks: 38%; ≤5 standard drinks: 19%), cannabis (29%), e-cigarettes (26%), tobacco (17%) and ketamine (9%). On the last occasion of experiencing a non-fatal stimulant overdose, 85% reported that they did not receive treatment. Among those who did not receive treatment, the most common reasons for not seeking treatment were 'deciding it wasn't serious enough' (49%)', 'couldn't be bothered' (14%), 'fear of legal issues' (14%), 'fear of negative treatment/judgement' (13%) and 'embarrassed' (10%). Of those who reported receiving treatment (n=21), most reported ambulance attendance (52%; n=11) and hospital emergency department attendance (38%; n=8).

Non-Fatal Depressant Overdose

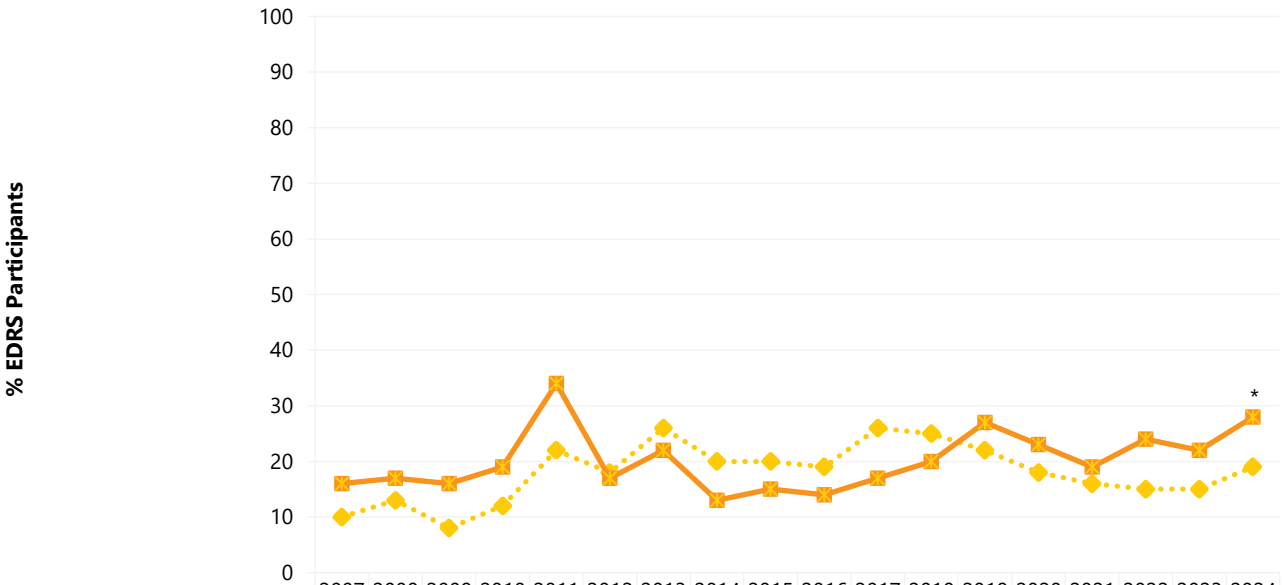
Alcohol: Almost one quarter (24%) of the sample reported a non-fatal alcohol overdose in the 12 months preceding interview, a significant increase from 19% in 2023 (p=0.025). This was reported on

a median of two occasions (IQR=1-4) in 2024. Of those who had experienced an alcohol overdose in the past year in 2024 (n=175), the majority (82%) reported not receiving treatment on the last occasion. Among those who did not receive treatment, the most common reasons for not seeking treatment were 'deciding it wasn't serious enough' (42%), 'wasn't physically able to' (13%), 'couldn't be bothered' (11%), 'embarrassed' (6%) and 'fear of family being contacted' (5%). Of those who reported receiving treatment and commented (n=29), 55% reported hospital emergency department admission (n=16), followed by ambulance attendance (45%; n=13).

Any depressant (including alcohol): Twenty-eight per cent of the sample reported that they had experienced a non-fatal depressant overdose (including alcohol) in the past 12 months, also a significant increase from 22% in 2023 (p=0.014) (Figure 50).

Of those who had experienced any depressant overdose in the past 12 months (n=206), the majority reported alcohol as the most common depressant drug (85%), with fewer participants reporting GHB/GBL/1,4-BD (9%), benzodiazepines (including alprazolam) (8%) and opioids (including heroin and pharmaceutical opioids) (4%).

Figure 50: Past 12 month non-fatal stimulant and depressant overdose, nationally, 2007-2024



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Past year stimulant	10	13	8	12	22	18	26	20	20	19	26	25	22	18	16	15	15	19
Past year depressant	16	17	16	19	34	17	22	13	15	14	17	20	27	23	19	24	22	28

Note. Questions on past year stimulant and depressant overdose commenced 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. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Awareness of Naloxone

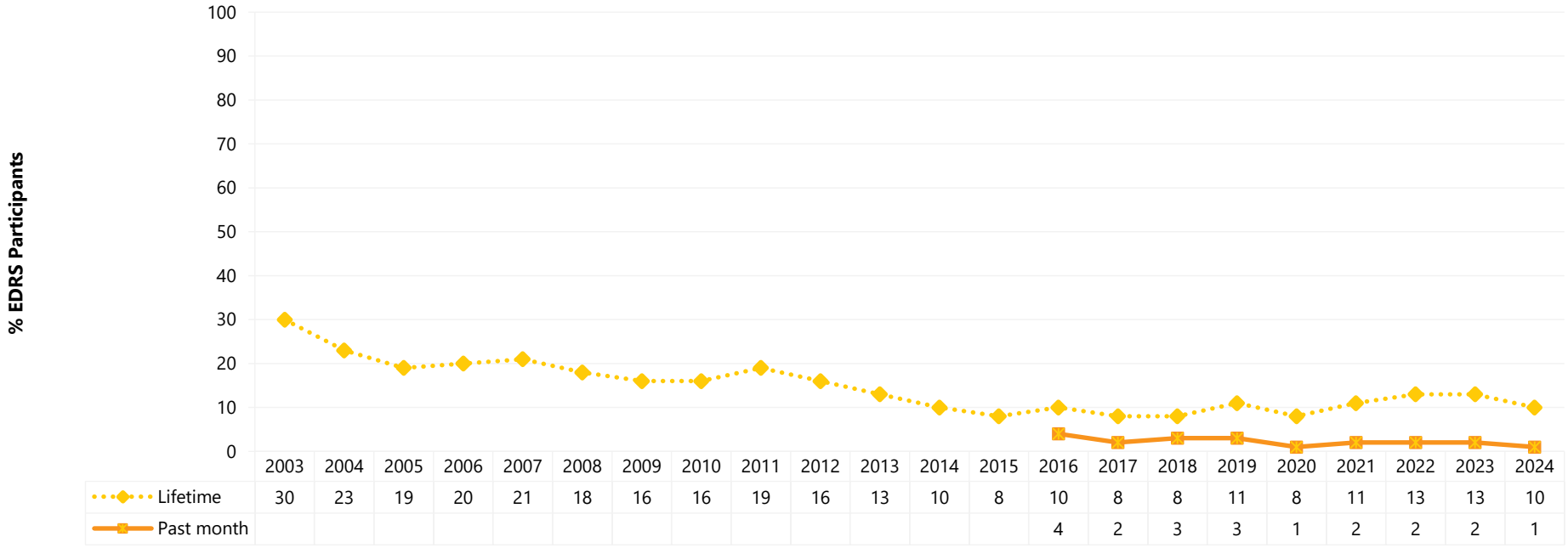
In 2024, nearly two thirds (63%) of the sample reported that they had ever heard of naloxone, a significant increase from 57% in 2023 (p=0.015). Among those who had ever heard of naloxone and responded (n=451), 91% were able to correctly identify the purpose of naloxone, stable from 89% in 2023 (p=0.477). Among participants who had ever heard of naloxone and responded (n=461), 14% reported obtaining naloxone in their lifetime (9% of entire sample) (13% in 2023; p=0.843) and 10%

reported obtaining naloxone in the twelve months prior to interview (6% of entire sample) (9% in 2023; p=0.640).

Injecting Drug Use

For the past several years, approximately one in ten participants have reported ever injecting drugs (10% in 2024; 13% in 2023; p=0.128). The per cent who reported injecting drugs in the past month has remained low and stable, with 1% reporting past month injection in 2024 (2% in 2023; p=0.119) (Figure 51).

Figure 51: Lifetime and past month drug injection, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Lifetime	30	23	19	20	21	18	16	16	19	16	13	10	8	10	8	8	11	8	11	13	13	10
Past month														4	2	3	3	1	2	2	2	1

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

Drug Treatment

A nominal per cent reported currently receiving drug treatment in 2024 (6%), stable compared with 2023 (6%; p=0.577). Of those who had reported being in treatment in 2024 (n=48), the majority (69%) reported drug counselling as their main form of treatment (58% in 2023).

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=674), 16% recorded a score of three and above, stable relative to 2023 (14%; p=0.175). The median ecstasy SDS score was zero (IQR=0-2). In 2024, 53% of participants obtained a score of zero on the ecstasy SDS, indicating that the majority of respondents reported no symptoms of dependence in relation to ecstasy use, although this was a significant decrease relative to 2023 (63%; p<0.001) (Table 21).

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 179 participants who reported recent methamphetamine use and completed this section, two fifths (41%) scored four or above, stable relative to 40% in 2023 (p=0.837). The median methamphetamine SDS score was two (IQR=0-5). In 2024, two fifths (40%) of participants obtained a score of zero on the methamphetamine SDS (41% in 2023; p=0.761), indicative of no symptoms of dependence in relation to methamphetamine use (Table 21).

Table 21: 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, 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Ecstasy	**n=775**	**n=787**	**n=778**	**/**	**n=717**	**n=611**	**n=664**	**n=674**
Median total score (IQR)	1 (0-2)	1 (0-2)	1 (0-2)	/	0 (0-1)	0 (0-1)	0 (0-1)	**0 (0-2)**
% score = 0	46	42	48	/	60	65	63	**53*** **
% score ≥3	20	21	21	/	15	11	14	**16**
Methamphetamine	**n=212**	**n=244**	**n=255**	**n=189**	**n=182**	**n=209**	**n=210**	**n=179**
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)	**2 (0-5)**
% score = 0	58	59	54	67	47	48	41	**40**
% score ≥4	22	21	28	18	33	32	40	**41**

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

Sexual Health Behaviours

In 2024, almost four fifths (78%) of the sample reported some form of sexual activity in the past four weeks (79% in 2023; p=0.435). 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=558), 81% (n=451) reported using alcohol and/or other drugs prior to or while engaging in sexual activity, stable relative to 2023 (81%; p=0.812). Of those who had engaged in sexual activity in the past four weeks and responded (n=556), 11% (n=59) reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (10% in 2023; p=0.767), while 36% (n=198) reported that they had used alcohol and/or other drugs to enhance sexual activity or pleasure with another person (not asked prior to 2024). Two per cent (n=13) had engaged in sexual activity in exchange for money, drugs, or other goods or services (not asked prior to 2024) (Table 22).

Of those who commented (n=727), one third (35%) reported having a sexual health check-up in the six months prior to interview (33% in 2023; p=0.425), whilst 72% had done so in their lifetime (75% in 2023; p=0.186). Of the total sample who responded (n=727), 5% reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the past six months in 2024, stable relative to 2023 (6%; p=0.194) and 22% had received a positive diagnosis in their lifetime (26% in 2023; p=0.065). The most common STI reported amongst participants who commented (n=33) was chlamydia (61%), followed by gonorrhoea (18%).

Of those who commented (n=717), one quarter (26%) of the sample reported having a test for human immunodeficiency virus (HIV) in the six months prior to interview (26% in 2023; p=0.900), whilst 56%

had done so in their lifetime, a significant decrease from 65% in 2023 (p<0.001). In 2024, few (n≤5) participants had been diagnosed with HIV in the past six months (n≤5 in 2023) or within their lifetime (n≤5 in 2023).

Table 22: Sexual health behaviours, nationally, 2021-2024

	2021	2022	2023	2024
Of those who responded[#]:	**N=749**	**N=677**	**N=682**	**N=722**
% Any sexual activity in the past four weeks	82	78	79	**78**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=612	n=526	n=538	**n=558**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	86	82	81	**81**
Of those who responded[#] and reported any sexual activity in the past four weeks:	n=608	n=525	n=535	**n=556**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	11	9	10	**11**
% Drugs and/or alcohol used to enhance sexual activity or pleasure with another person	/	/	/	**36**
Of those who responded[#] and reported any sexual activity in the past four weeks:				**n=560**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	/	**2**
Of those who responded[#]:	n=749	N=669	n=678	**n=717**
% Had a HIV test in the last six months	24	25	26	**26**
% Had a HIV test in their lifetime	57	60	65	**56*** **
Of those who responded[#]:	n=749	n=676	n=678	**n=717**
% 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	**n=727**
% Had a sexual health check in the last six months	36	35	33	**35**
% Had a sexual health check in their lifetime	76	78	75	**72**
Of those who responded[#]:	n=757	n=676	n=680	**n=727**
% Diagnosed with a sexually transmitted infection in the last six months	3	3	6	**5**
% Diagnosed with a sexually transmitted infection in their lifetime	22	29	26	**22**

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

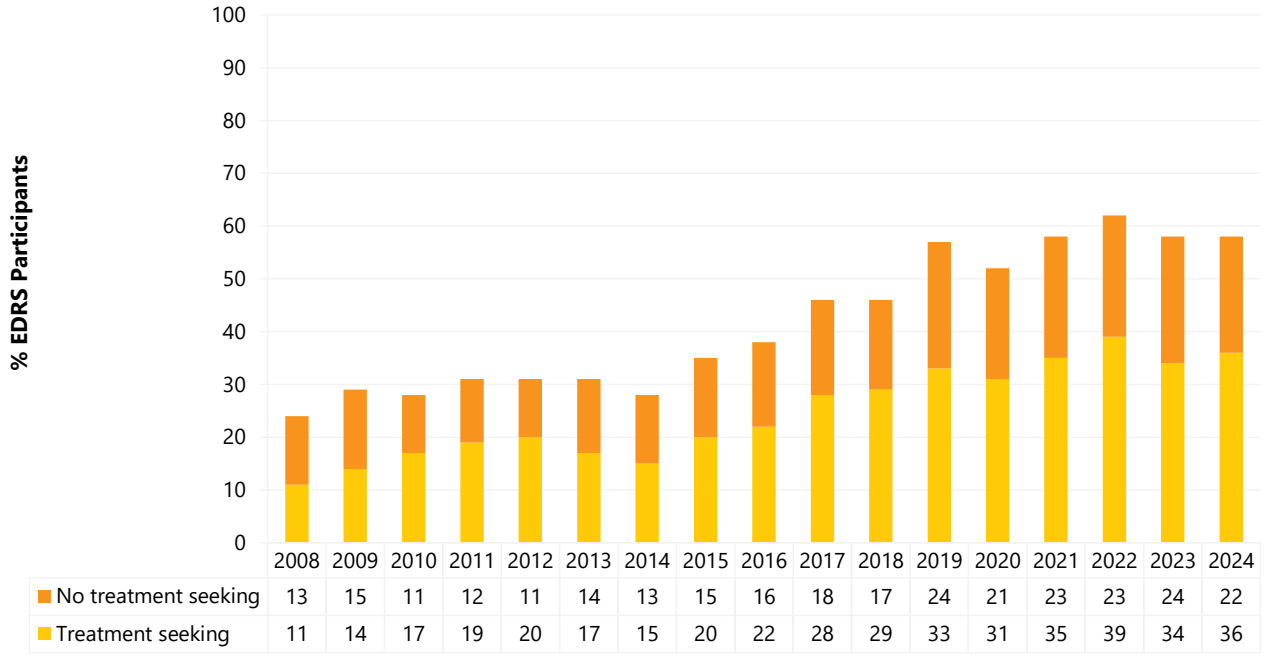
Mental Health and Psychological Distress (K10)

Mental Health

Almost three fifths (58%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable relative to 2023 (58%; p=0.958) (Figure 52). Of those who reported a mental health problem and commented (n=418), the most common mental health problem reported was anxiety (68%; 67% in 2023; p=0.826), followed by depression (62%; 62% in 2023) and attention-deficit hyperactivity disorder (ADHD) (25%; 27% in 2023; p=0.414). Of those who reported experiencing a mental health problem (n=428), 62% (36% of the

total sample) reported seeing a mental health professional during the past six months (57% in 2023; p=0.184). Of those who attended a mental health professional in 2024 (n=266), 67% reported being prescribed medication for their mental health problem (60% in 2023; p=0.099).

Figure 52: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2008-2024



	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
No treatment seeking	13	15	11	12	11	14	13	15	16	18	17	24	21	23	23	24	22
Treatment seeking	11	14	17	19	20	17	15	20	22	28	29	33	31	35	39	34	36

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

Psychological Distress (K10)

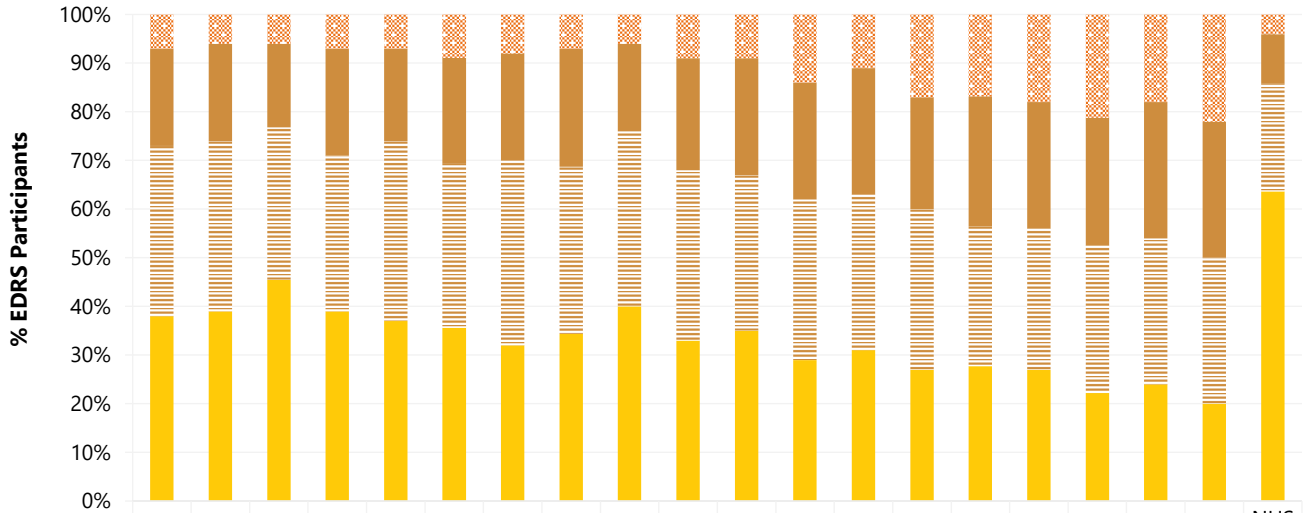
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders, 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 2024 (n=731), the per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.171). In 2024, one fifth (22%) of the EDRS sample had a score of 30 or more (18% in 2023) (Figure 53).

The National Health Survey 2022-2023 provides Australian population data for adult (≥18 years) K10 scores. EDRS participants in 2024 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 53).

Figure 53: K10 psychological distress scores, nationally, 2006-2024, and among the general population, 2022-2023



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	NHS 2022-23
Very high	7	6	6	7	7	9	8	7	6	9	9	14	11	17	17	18	21	18	22	4
High	20	20	17	22	19	22	22	24	18	23	24	24	26	23	27	26	26	28	28	10
Moderate	35	35	31	32	37	34	38	34	36	35	32	33	32	33	29	29	30	30	30	22
Low	38	39	45	39	37	36	32	34	40	33	35	29	31	27	28	27	22	24	20	63

Note. Questions on psychological distress commenced in 2006. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Almost one third (30%) of participants reported accessing any health service for alcohol and/or drug support (AOD) in the six months preceding interview, stable relative to 2023 (26%; p=0.095). The most common services reported by participants in 2024 included a general practitioner (GP) (10%; 9% in 2023; p=0.377), followed by a drug and alcohol counsellor (8%; 8% in 2023; p=0.918) and a psychologist (8%; 7% in 2023; p=0.622) (Table 23).

Ninety-two per cent of participants reported accessing any health service for any reason in the six months preceding interview in 2024, a significant increase from 87% in 2023 (p=0.006). The most common service accessed by participants in 2024 was a GP (77%; 70% in 2023; p=0.003), followed by a pharmacy (52%; not asked in 2023), a dentist (33%; 37% in 2023; p=0.208) and a psychologist (28%; 29% in 2023; p=0.599) (Table 23).

One fifth (22%) of participants reported attending the emergency department in the six months preceding interview (for any reason) (21% in 2023; p=0.845), with the most common reasons being injury (9%), poisoning (4%) and other mental or behavioural conditions (2%). Furthermore, 8%

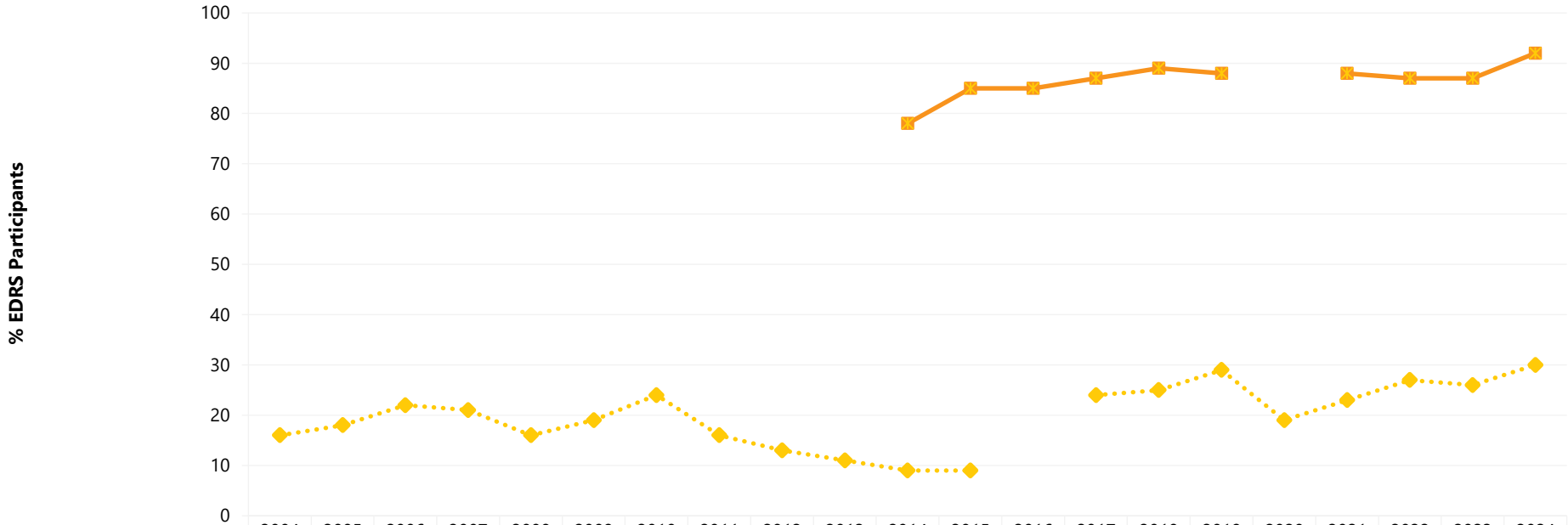
reported being attended to by an ambulance in the six months prior to interview (for any reason) (7% in 2023; p=0.915), most commonly because of poisoning (4%), injury (1%) and AOD mental or behavioural conditions (1%).

Table 23: Types of health services accessed for alcohol and other drug reasons and for any reason in the past six months, nationally, 2022-2024

	AOD support			Any reason		
	2022	2023	2024	2022	2023	2024
% accessing health services	**N=698 27**	**N=708 26**	**N=740 30**	**N=698 87**	**N=708 87**	**N=740 92****
GP	11	9	**10**	75	70	**77****
Emergency department	4	6	**6**	17	21	**22**
Hospital admission (inpatient)	4	4	**3**	12	13	**13**
Medical tent (e.g., at a festival)	3	4	**4**	5	7	**8**
Drug and Alcohol counsellor	7	8	**8**	7	8	**8**
Hospital as an outpatient	1	1	**2**	6	9	**8**
Specialist doctor (not including a psychiatrist)	1	1	**1**	13	15	**13**
Dentist	-	1	**1**	34	37	**33**
Ambulance attendance	2	3	**4**	6	7	**8**
Pharmacy	/	/	**4**	/	/	**52**
Other health professional (e.g., physiotherapist)	-	2	**1**	18	18	**17**
Psychiatrist	4	3	**4**	14	13	**14**
Psychologist	11	7	**8**	31	29	**28**
NSP	2	3	**2**	2	3	**2**
Peer based harm reduction service	3	3	**4**	4	5	**5**
Other harm reduction service	-	2	**2**	1	2	**3**

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

Figure 54: Health service access for alcohol and other drug reasons, and for any reason, in the past six months, nationally, 2004-2024



	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
AOD support	16	18	22	21	16	19	24	16	13	11	9	9		24	25	29	19	23	27	26	30
Any reason											78	85	85	87	89	88		88	87	87	92

Note. Questions on health service access commenced in 2004. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

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 2024, one quarter (28%) 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 (25% in 2023; p=0.199).

Specifically, 6% of the sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (18% of those who had attended a specialist AOD service), a significant increase from 3% in 2023 (p<0.007; noting that this could be driven by more participants attending AOD services). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (15%; 17% of those who had attended general health care services), stable relative to 2023 (14% in 2023; p=0.817). Nineteen per cent of participants reported experiencing stigma in non-health care settings (15% in 2023; p=0.131), most commonly from police (10%; 10% in 2023) (Table 24).

Notably, 44% of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services, a significant increase from 39% in 2023 (p=0.033). This most commonly involved not telling health workers about their drug use (37%), followed by delaying accessing health care (15%) and not attending follow-up appointments (13%).

Table 24: Self-reported experiences of stigma due to illcit drug use in the past six months, nationally, 2022-2024

	2022	2023	2024
% Experienced stigma in specialist AOD service	N=666 8	N=666 3	**N=730 6****
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	**N=730 15**
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	**N=731** **19**
Welfare and social service	/	2	**4**
Current or potential employer	/	4	**5**
School/uni/TAFE	/	3	**3**
Police	/	10	**10**
Other legal services	/	1	**2**
Housing and homelessness services	/	1	**2**
Other	/	1	**1**
% Experienced stigma in any of the above settings^	/	25	**28**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	N=687 39	**N=724** **44***
Delayed accessing healthcare	/	11	**15**
Did not tell health worker about drug use	/	30	**37**
Downplayed need for pain medication	/	6	**10**
Looked for different services	/	6	**9**
Did not attend follow-up appointment	/	9	**13**
Other	/	2	**1**

Note. N is the number who responded (denominator). ^Includes specialist AOD service, general health care service and non-health care services. Statistical significance for 2023 versus 2024 presented in table (significance testing not undertaken for individual services); *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Driving

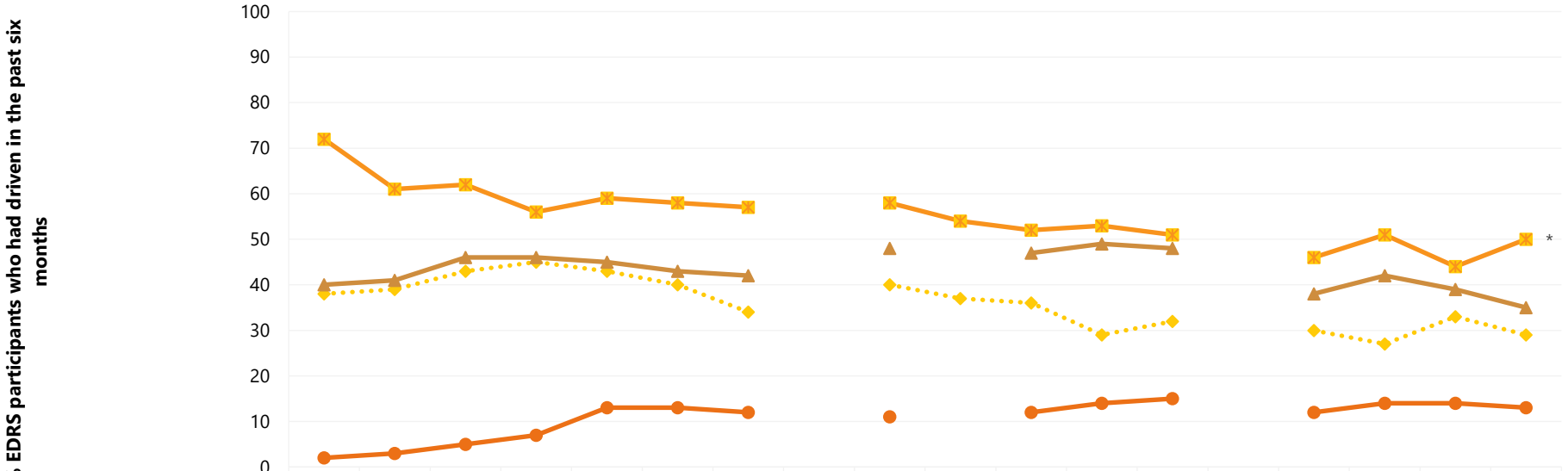
In 2024, 82% of the sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven in the past six months and commented (n=574), 29% reported driving while over the perceived legal limit of alcohol in the past six months (33% in 2023; $p=0.160$). Among those who had driven and commented (n=598), 50% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, a significant increase relative to 2023 (44%; $p=0.037$), but similar to the per cent reported in 2022 (51%) and lower than reported when monitoring first commenced (Figure 55).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=301), participants most commonly reported using cannabis (60%) prior to driving, followed by cocaine (20%), pharmaceutical stimulants (15%) and methamphetamine crystal

(14%). Additionally, 9% reported using ecstasy capsules three hours prior to driving in the six months preceding interview.

Of those who had recently driven and commented (n=601), 13% reported that they had been tested for drug driving by the police roadside drug testing service (14% in 2023; p=0.669), and 35% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (39% in 2023; p=0.155) (Figure 55).

Figure 55: 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, 2007-2024



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Drink driving	38	39	43	45	43	40	34		40	37	36	29	32		30	27	33	29
Drug driving	72	61	62	56	59	58	57		58	54	52	53	51		46	51	44	50
Breath tested for alcohol	40	41	46	46	45	43	42		48		47	49	48		38	42	39	35
Tested for drug driving	2	3	5	7	13	13	12		11		12	14	15		12	14	14	13

Note. Questions about driving behaviour commenced in 2007. Computed of those who had driven a vehicle in the past six months. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Experience of Crime and Engagement with the Criminal Justice System

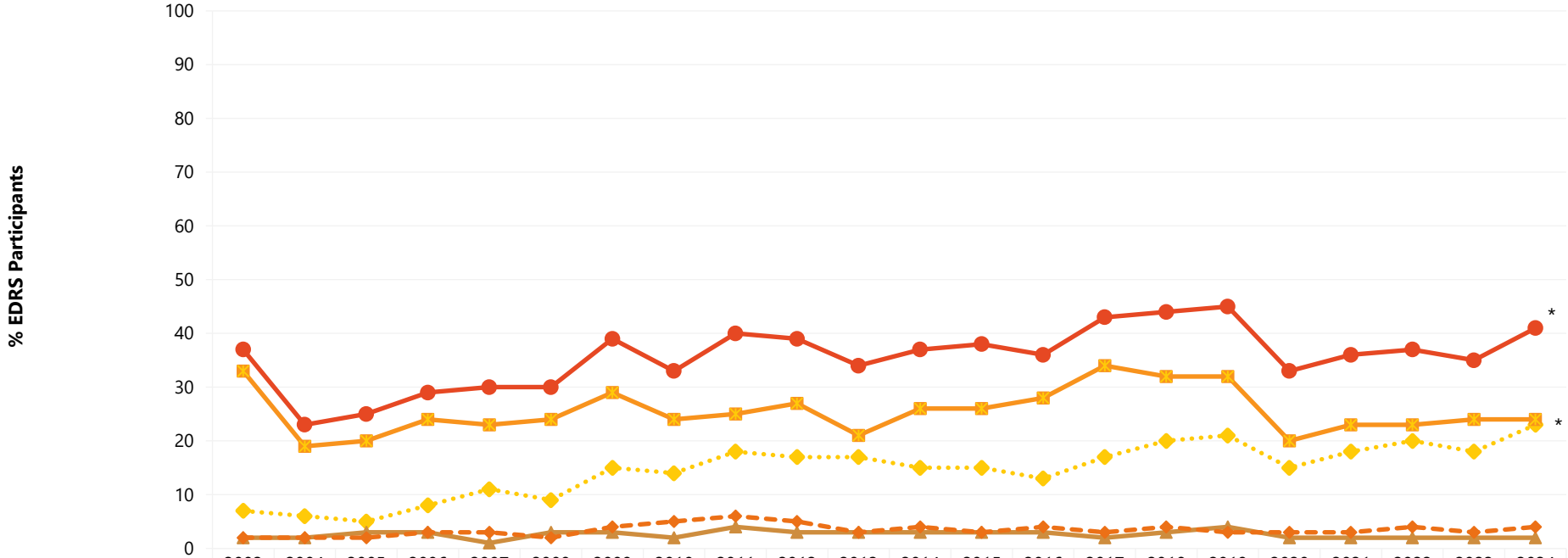
Past month self-reported criminal activity has fluctuated over time, with 41% reporting 'any' crime in the past month in 2024, a significant increase relative to 2023 (35%; p=0.042). Drug dealing (24%) and property crime (23%) remained the two main forms of criminal activity in 2024, with a significant increase observed for those reporting property crime (18% in 2023; p=0.014) (Figure 56). Ten per cent reported being the victim of a crime involving violence (e.g., assault) in 2024, which remained stable compared to 2023 (8%; p=0.193) (Figure 57).

Six per cent of the sample reported a lifetime history of imprisonment in 2024, stable relative to 2023 (5%; p=0.243) (Figure 58).

Seven per cent of respondents in the 2024 sample reported having been arrested in the 12 months preceding interview, stable from 2023 (7%) (Figure 58). Of those who had been arrested in the prior 12 months and commented (n=51), the main reasons for arrest in 2024 were use/possession of drugs (25%) followed by violent crime (20%) and public order (drunk and disorderly) (18%).

Fourteen per cent of participants (16% in 2023; p=0.341) reported a drug-related encounter with police in the year preceding interview which did not result in charge or arrest (Figure 58). This predominantly comprised being stopped and searched (48%; 60% in 2023; p=0.081), followed by being stopped and questioned (36%; 54% in 2023; p=0.012). An additional 18% reported being stopped and issued a caution (20% in 2023; p=0.742), 15% reported being stopped and issued with a fine/infringement notice (12% in 2023; p=0.434) and 11% reported being stopped and issued with a drug diversion (9% in 2023; p=0.814).

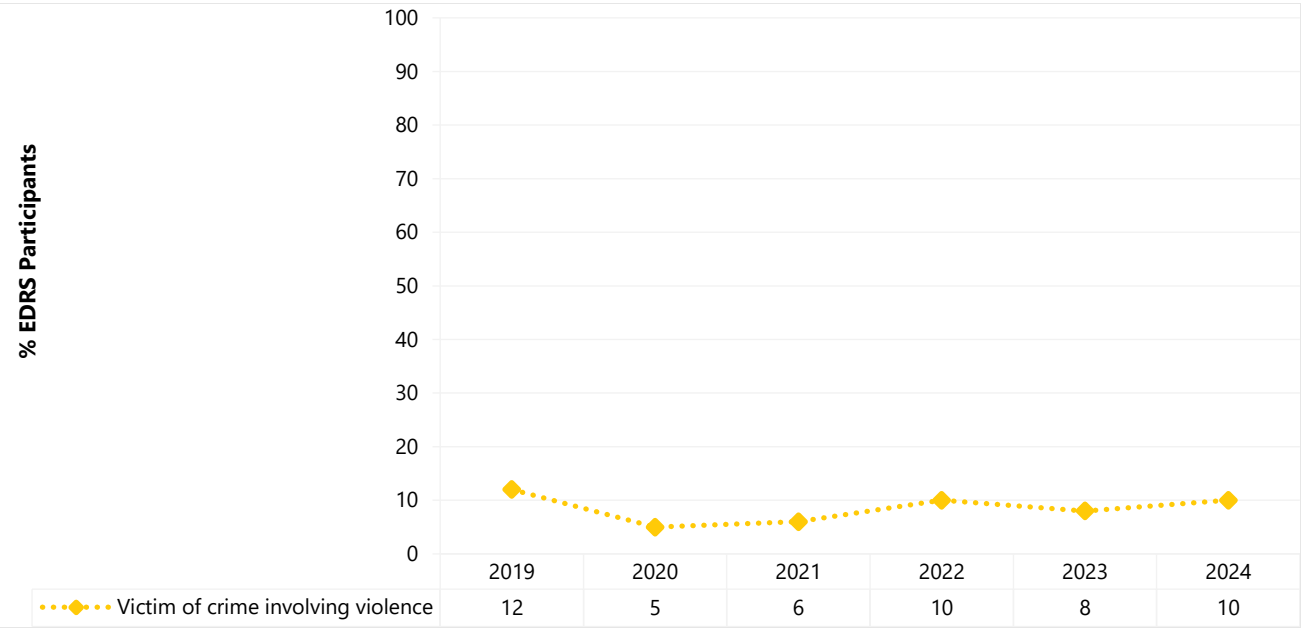
Figure 56: Self-reported criminal activity in the past month, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Property crime	7	6	5	8	11	9	15	14	18	17	17	15	15	13	17	20	21	15	18	20	18	23
Drug dealing	33	19	20	24	23	24	29	24	25	27	21	26	26	28	34	32	32	20	23	23	24	24
Fraud	2	2	3	3	1	3	3	2	4	3	3	3	3	3	2	3	4	2	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	4
Any crime	37	23	25	29	30	30	39	33	40	39	34	37	38	36	43	44	45	33	36	37	35	41

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

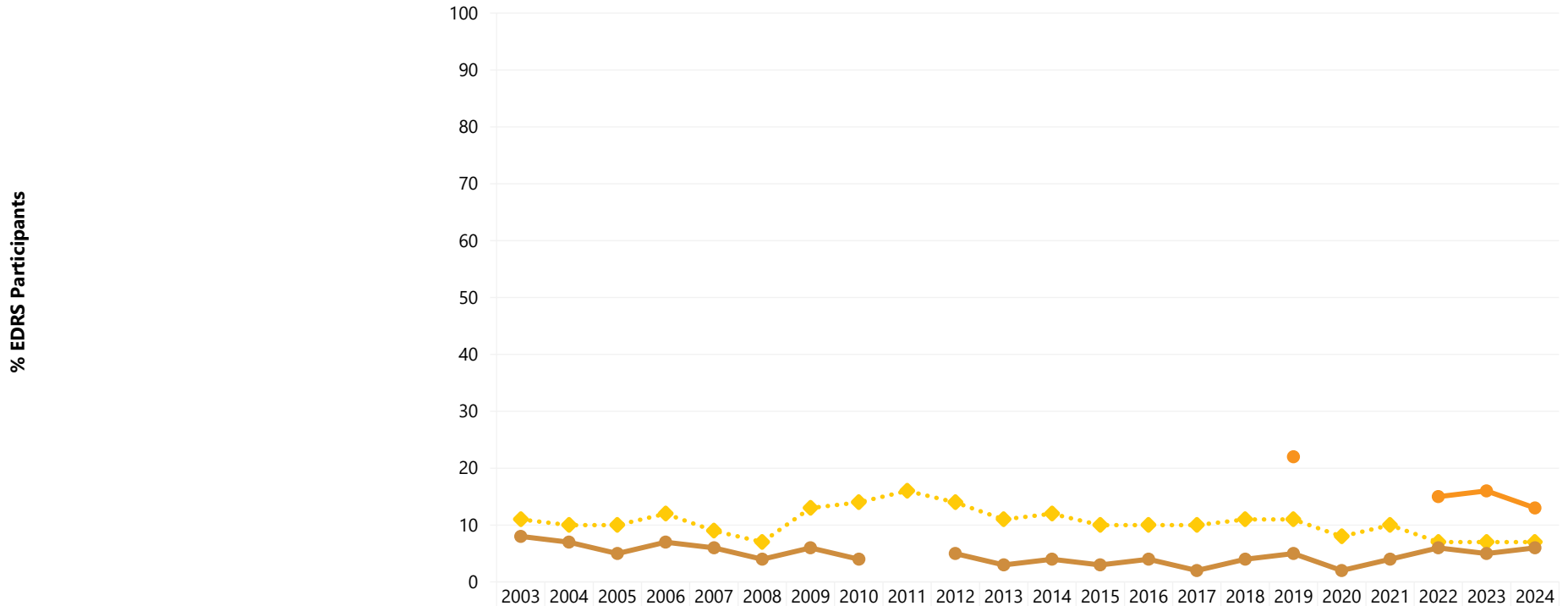
Figure 57: Victim of crime involving violence in the past month, nationally, 2019-2024



	2019	2020	2021	2022	2023	2024
Victim of crime involving violence	12	5	6	10	8	10

Note. Questions regarding being the victim of a crime involving violence commenced in 2019. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 58: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, nationally, 2003-2024



	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Past 12 month arrest	11	10	10	12	9	7	13	14	16	14	11	12	10	10	10	11	11	8	10	7	7	7
Past 12 month drug-related encounter with police																	22			15	16	13
Lifetime incarceration	8	7	5	7	6	4	6	4		5	3	4	3	4	2	4	5	2	4	6	5	6

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

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (74%; 72% in 2023; p=0.437) (Table 25), followed closely by social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (70%; 71% in 2023; p=0.641). 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. In 2024, the most common social networking or messaging apps used to arrange the purchase of illicit drugs was Snapchat (55%), followed by Telegram (32%) and Signal (30%), and these were mostly obtained from a friend/relative/partner/colleague (65%), followed by a known dealer/vendor (64%). Among those who used social networking or messaging apps to arrange the purchase of drugs in 2024 and responded (n=506), 47% reported that the person that they had obtained drugs from advertised the sale of illicit drug/s via these platforms.

Two fifths (42%) reported arranging the purchase of illicit or non-prescribed drugs via text messaging, stable from 42% in 2023 (p=0.958), followed by phone call (27%; 27% in 2023).

Buying and Selling Drugs Online

Seven per cent reported obtaining drugs via the surface web or darknet market in the past year, most commonly LSD (3%), followed by equal percentages of ketamine, cocaine and ecstasy crystal (2%, respectively). Almost two fifths (39%) reported that they had ever obtained illicit drugs through someone who had purchased them on the surface web or darknet market, with 26% doing so in the 12 months prior to interview (31% in 2023; p=0.086).

In 2024, 3% of participants reporting selling illicit drugs on the surface web or darknet market in the 12 months preceding interview (3% in 2023; p=0.880).

Source and Means of Obtaining Drugs

The majority of participants in 2024 reported obtaining illicit drugs from a friend/relative/partner/colleague (84%), a significant increase from 79% in 2023 (p=0.032). This was followed by a known dealer/vendor (64%; 65% in 2023; p=0.538) and an unknown dealer/vendor (33%; 30% in 2023; p=0.192) (Table 25).

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 2023 (96%; p=0.887). Almost one quarter (23%) of participants reported a collection point as a means of receiving illicit drugs in the 12 months preceding interview, a significant increase relative to 2023 (17%; p=0.005) (collection point defined as a predetermined location where a drug will be left for later collection), followed by post (10%; 10% in 2023; p=0.929) (Table 25).

Table 25: Means of purchasing and obtaining illicit drugs in the past 12 months, nationally, 2019-2024

	2019	2020	2021	2022	2023	2024
	N=792	**N=799**	**N=774**	**N=700**	**N=708**	**N=740**
% Purchasing approaches in the last 12 months^#	n=792	n=799	n=764	n=683	n=701	**N=735**
Face-to-face	82	67	72	69	72	**74**
Surface web	4	7	4	4	4	**3**
Darknet market	10	7	7	7	4	**6**
Social networking or messaging applications[#]	73	75	71	73	71	**70**
Text messaging	53	48	39	42	42	**42**
Phone call	39	35	28	26	27	**27**
Grew/made my own	-	4	4	3	4	**5**
Other	0	1	0	1	-	**1**
% Means of obtaining drugs in the last 12 months^~	N=797	N=800	n=761	n=685	n=699	**N=731**
Face-to-face	97	96	92	96	96	**96**
Collection point	10	20	10	16	17	**23****
Post	12	12	8	12	10	**10**
% Source of drugs in the last 12 months^	N=797	N=805	n=763	n=687	n=697	**N=732**
Friend/relative/ partner/colleague	88	83	83	82	79	**84***
Known dealer/vendor	70	67	66	68	65	**64**
Unknown dealer/vendor	38	37	30	37	30	**33**

Note. ^ participants could endorse multiple responses. [#]This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option 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).' Statistical significance for 2023 versus 2024 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.