New South Wales Drug Trends 2018

Key findings from the Ecstasy and Related Drug Reporting System (EDRS) Interviews



NEW SOUTH WALES DRUG TRENDS 2018: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Griggs and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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Participants

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

Contributors

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Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
SD	Standard deviations

Executive summary

Sample characteristics

The NSW EDRS sample were predominantly young, educated males, consistent with the sample profile since monitoring began in 2003. Cannabis and ecstasy were the drugs of choice (36% and 31%, respectively), whilst cannabis and alcohol were the drugs used most often in the preceding month (46% and 30%, respectively) in 2018.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e. past six month) use of ecstasy pills declining and use of capsules and crystal increasing (41%, 77% and 64% of the NSW sample, respectively). These changes may be partially explained by the differences in perceived purity, with ecstasy capsules and crystal reported to be of higher purity than pills and powder. Fourteen per cent of the NSW sample reported weekly or more frequent use of ecstasy, a significant decline from previous years.

Methamphetamine

Recent use of methamphetamine has been declining amongst the NSW sample since the commencement of monitoring (19% in 2018). Powder (speed) has consistently been the main form used, although the difference in the percentage reporting recent use of powder and crystal has generally decreased over time (14% and 6%, respectively in 2018). Very few participants reported weekly or more frequent use in 2018.

Cocaine

Recent use of cocaine has fluctuated somewhat, but overall has been increasing amongst the NSW sample, with the largest percentages of participants reporting recent use recorded in 2018 (71%). Most consumers reported infrequent use of cocaine (9 weekly or more frequent use). Only 28% of consumers believed cocaine to be 'very difficult' or 'difficult' to obtain, consistent with previous years.

Ketamine & LSD

Recent use of ketamine and LSD has increased since monitoring began in 2003, although remained stable in 2018 relative to 2017. Over half (54%) and three quarters (71%) of the NSW sample reported recent use in 2018, respectively.

Cannabis

At least three in four participants have reported recent use of cannabis each year since monitoring began, although the rate in 2018 (nine in ten participants reporting recent use; 91%) was the second highest recorded. Eighteen per cent of the NSW sample reported daily use in 2018.

New psychoactive substances (NPS)

One-third of the NSW sample (32% reported recent use of at least one form of NPS. DMT and the 2C class were the most common recently used NPS in 2018 (17% and 11% respectively). Around one in ten (12%) reported recent use of capsules with unknown contents.

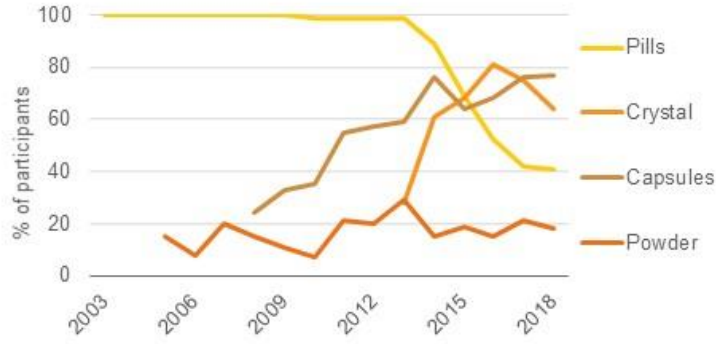
Drug-related harms and other risks

Ninety per cent of the sample reported using depressants, cannabis and/or hallucinogens/dissociative on their last occasion of stimulant use. Twenty-nine per cent reported a non-fatal stimulant overdose, and one-quarter (27%) reported a non-fatal depressant overdose (mostly attributed to alcohol) in the past year. The percentage reporting injecting drug use remained low, as did the number currently in drug treatment. Over half the sample (56%) self-reported that they had experienced a mental health problem in the preceding six months, and half (51%) of this group had seen a mental health professional in the same period. Over one-quarter (28%) reported engaging in drug dealing, and one-fifth (19%) reported engaging in property crime in the past month.

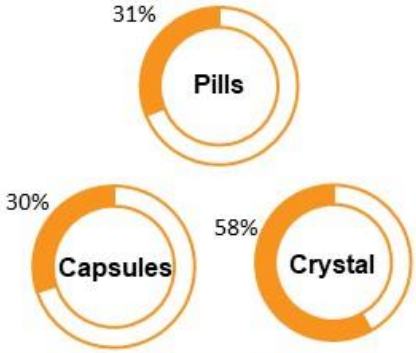
Key findings from the NSW Ecstasy and Related Drugs Reporting System interviews, 2018

EDRS

Past 6 months use of ecstasy



Perceived purity as high

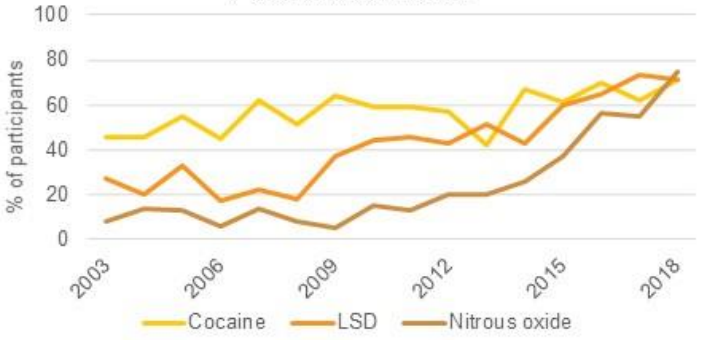


Risks and Harms

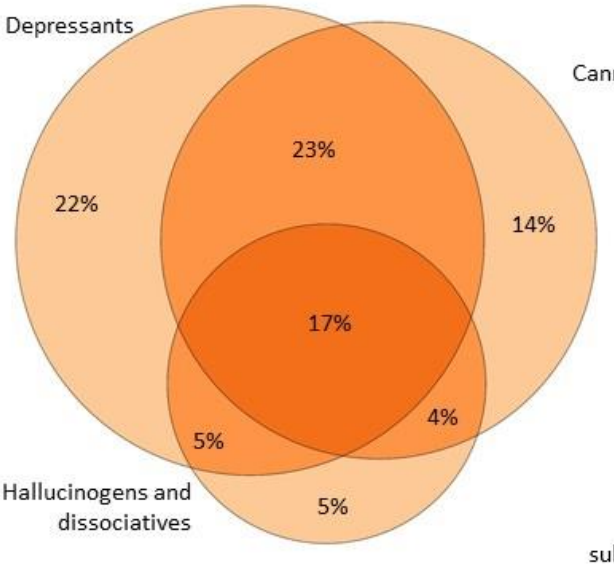
55% of the NSW sample self-reported experiencing a **mental health problem** in the past six months

28% of the NSW sample self-reported seeking treatment for a **mental health problem**

Past six months use



Poly-substance use on occasion of last stimulant use



This figure represents those who had also used one of the below listed substances on their last occasion of stimulant use (90%)

32% of the NSW sample reported using any NPS in the last six months



Most commonly used NPS



1

Background and methods

The EDRS interviews are conducted annually with a sentinel group of people who regularly use ecstasy and other stimulants, recruited from all capital cities of Australia (N=799 in 2018). A total of 100 participants were interviewed in Sydney in 2018, as part of the New South Wales EDRS. The results from the EDRS interviews are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but this is not the aim of these data, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. 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 NSW.

Background

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

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

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred.

A total of 799 participants were recruited across capital cities nationally (April-July, 2018), with 100 participants interviewed in Sydney during April-June 2018.

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 2017 and 2018, 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).

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be

interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in NSW (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

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

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

2

Sample characteristics

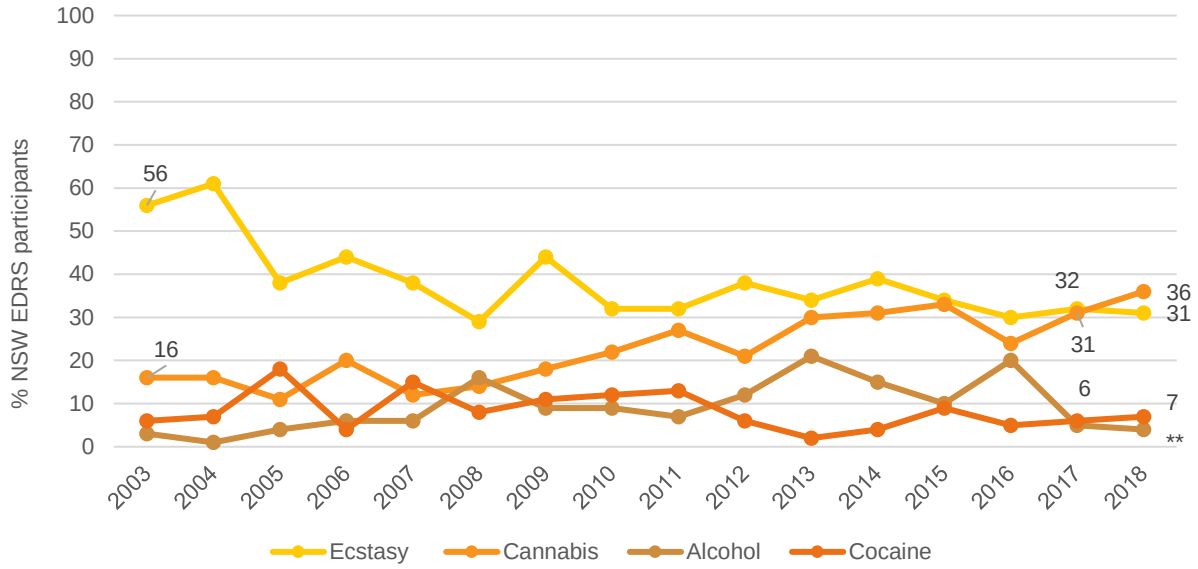
In 2018, the NSW EDRS sample was predominantly male (60%) with a median age of 20 (IQR: 18-22). One third (30%) of the sample reported having received a post-school qualification(s), and 15% were current students. Cannabis surpassed ecstasy in 2018 as the reported drug of choice (36% and 31%, respectively), and it remained the drug used most often in the month preceding interview (46%).

Table 1: Demographic characteristics of the sample, nationally and NSW, 2014-2018

	National	NSW				
	2018	2018	2017	2016	2015	2014
	N=799	N=100	N=100	N=103	N=100	N=100
Median age (years; IQR)	**21 (19-24)**	20 (18-22)	20	20	21	21
% Male	**59***	60	69	68	71	71
% Aboriginal and/or Torres Strait Islander	**6***	7*	-	-	-	-
% Sexual identity						
Heterosexual	**84**	82	81	79	78	85
Gay male	**2**	0*	5	7	11	6
Lesbian	**1**	-	-	-	-	-
Bisexual	**10**	13	11	12	6	7
Other	**2**	-	-	-	-	-
Mean years of school education	**12**	12	12	12	12	12
% Post-school qualification(s)^	**42***	30	35	34	50	39
% Employment status						
Employed full-time	**22**	19	19	24	24	19
Students[#]	**18*****	15	15	43	22	39
Unemployed	**20*****	24*	13	7	8	13
Median weekly income $ (IQR)	(N=774) $400 (250-769)	(N=96) $400 (200-764)	(N=96) 450 (25-2,100)	(N=100) 400 (15-1731)	(N=93) 500 (10-4500)	(N=95) 450 (25-2100)
% Accommodation						
Own house/flat	**4**	6	-	-	-	-
Rented house/flat	**44**	30	38	34	41	38
Parents'/family home	**48**	59	58	62	52	58
Boarding house/hostel	**1**	-	-	-	-	-
No fixed address	**2**	0	-	0	-	-
Other	**1**	0	-	-	-	-

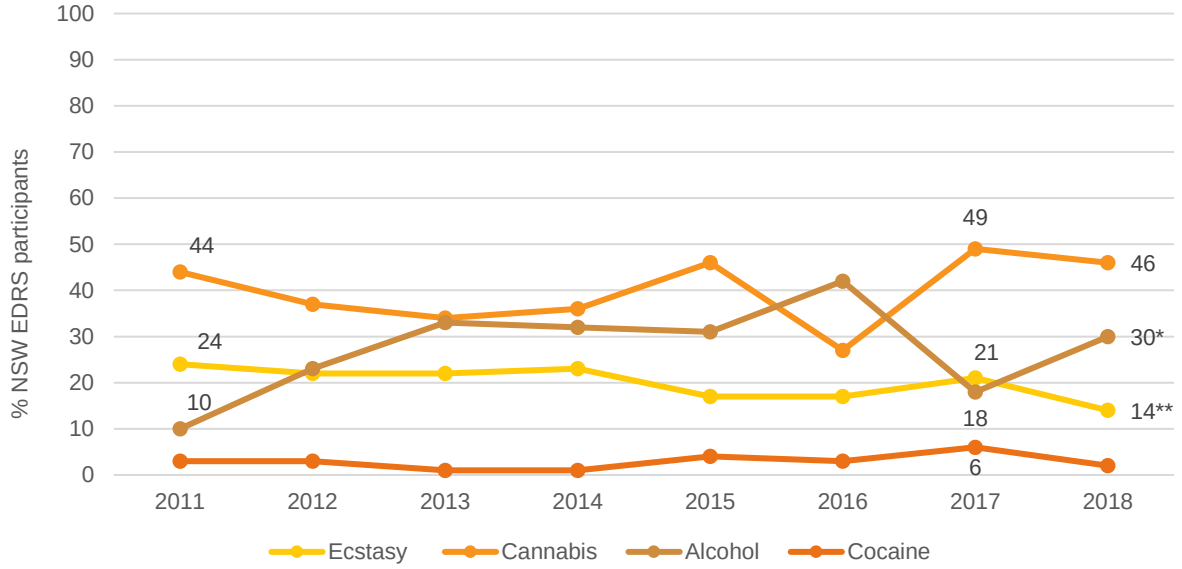
Note. ^Includes trade/technical and university qualifications. [#] Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 1: Drug of choice, NSW, 2003-2018



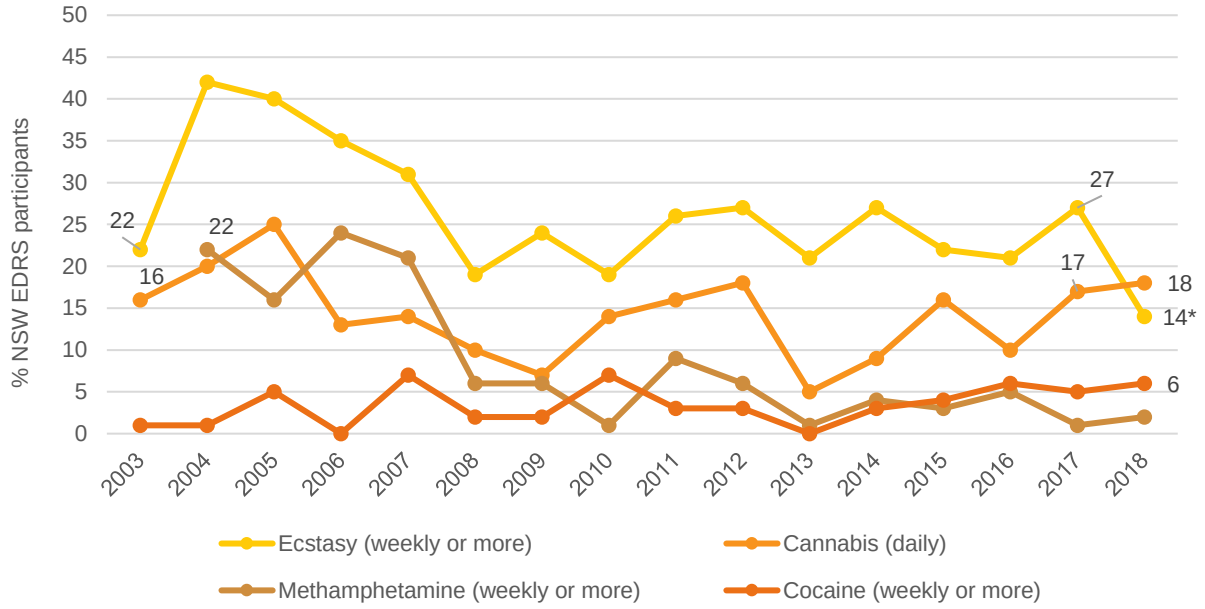
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). $p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Figure 2: Drug used most often in the past month, NSW, 2011-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years 2011, 2017 and 2018 with small cell size (i.e. n≤5). Data are only presented for 2011-2018 as this question was not asked in 2003-2010. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Figure 3: High frequency substance use in the past six months, NSW, 2003-2018



Note. Among the entire sample. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

3

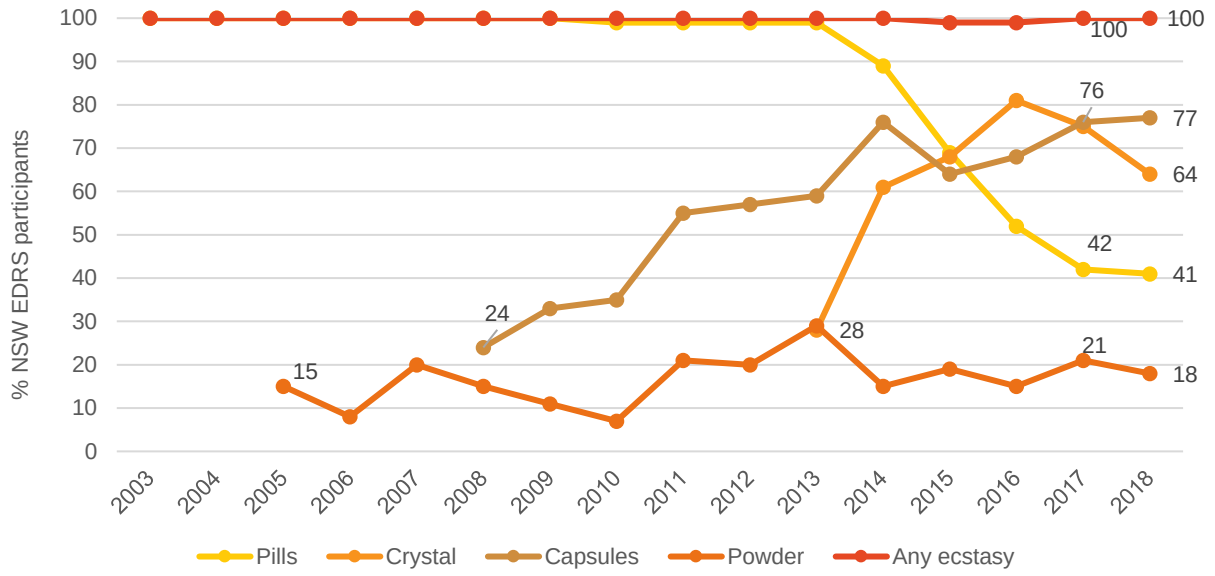
Ecstasy

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

Recent Use

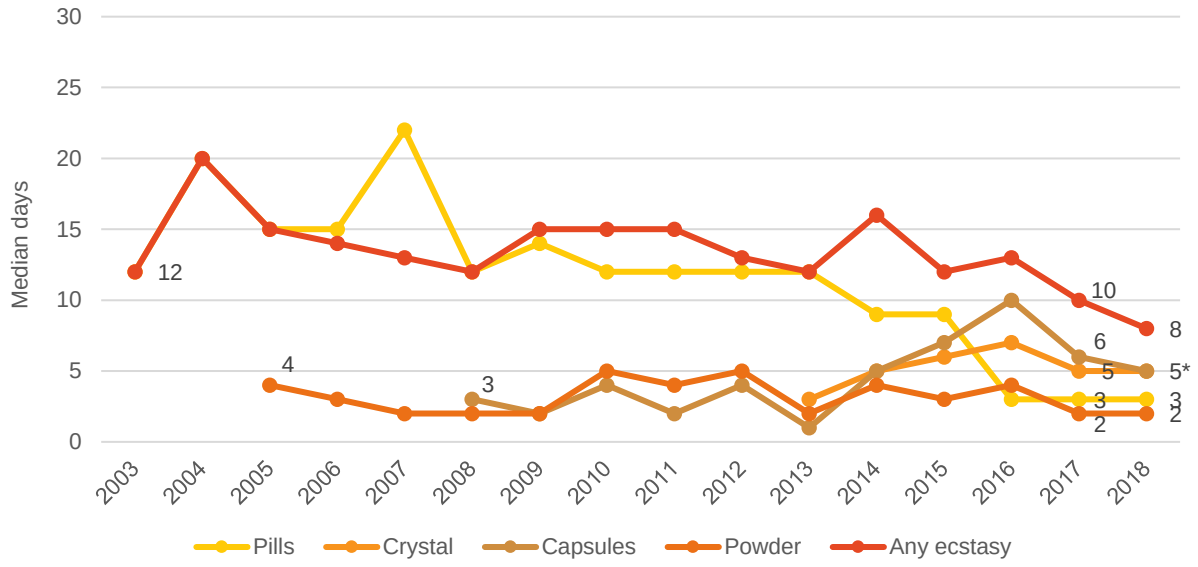
- All participants (100%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 4), and reflecting the interview eligibility criteria (see Methods).
- Median frequency of use has decreased since 2017 (8 days; IQR 4-17; median 10 days in 2017; *p*=0.056; Figure 5), with 14% of recent consumers weekly or more frequent use (versus 27% in 2017; *p*=0.028; Figure 3).
- There has been a shift over time to greater use of capsules and crystal, with declining use of pills.

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, NSW, 2003-2018



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013 Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, NSW, 2003-2018



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Ecstasy pills

- Pills were the main form of ecstasy used until 2015, however use has declined significantly from 2013 to 2018 (99% to 41%; p<0.001) (Figure 4).
- Frequency of use has been stable since 2016 at a median of 3 days (2018: IQR 2-7) (Figure 5).
- Swallowing remained the main route of administration (100% of consumers in 2018 versus 98% in 2017; p=0.303) with the only other notable route of administration being snorting, reported by 39% of consumers in 2018 (43% in 2017; p=0.750).
- The typical quantity used per session has also remained stable in more recent years (2018: median 2 pills, IQR 1-2).

Ecstasy powder

- Ecstasy powder has consistently been the least commonly endorsed form of ecstasy used (18% in 2018) (Figure 4).
- Frequency of use has been low and stable over the years (2018: median 2 days, IQR 2-4; 2 days in 2017; p=0.813) (Figure 5).
- The main route of administration among consumers has consistently been snorting (78% in 2018 and 71% in 2017; p=0.651), followed by swallowing (67% versus 48% in 2017; p= 0.232).
- The average quantity used per session decreased in 2018, with 0.3 grams reported (IQR 0.1-0.5 versus 0.5 grams in 2017; IQR 0.2-1).

Ecstasy capsules

- Capsules have been the most commonly used form of ecstasy among the NSW sample since 2017 (77% in 2018 versus 76% in 2017; *p*=0.868) (Figure 4).
- Frequency of capsule use has slightly decreased to a median of 5 days (IQR 3-10; versus 6 days in 2017; *p*=0.032) (Figure 5).
- Swallowing has been consistently reported as a route of administration by the majority of consumers (99% in both 2017 and 2018), with indications of declining use via snorting (25% versus 39% in 2017; *p*=0.425).
- In 2018, the median quantity used in a typical session was 2 capsules (IQR 2-3).

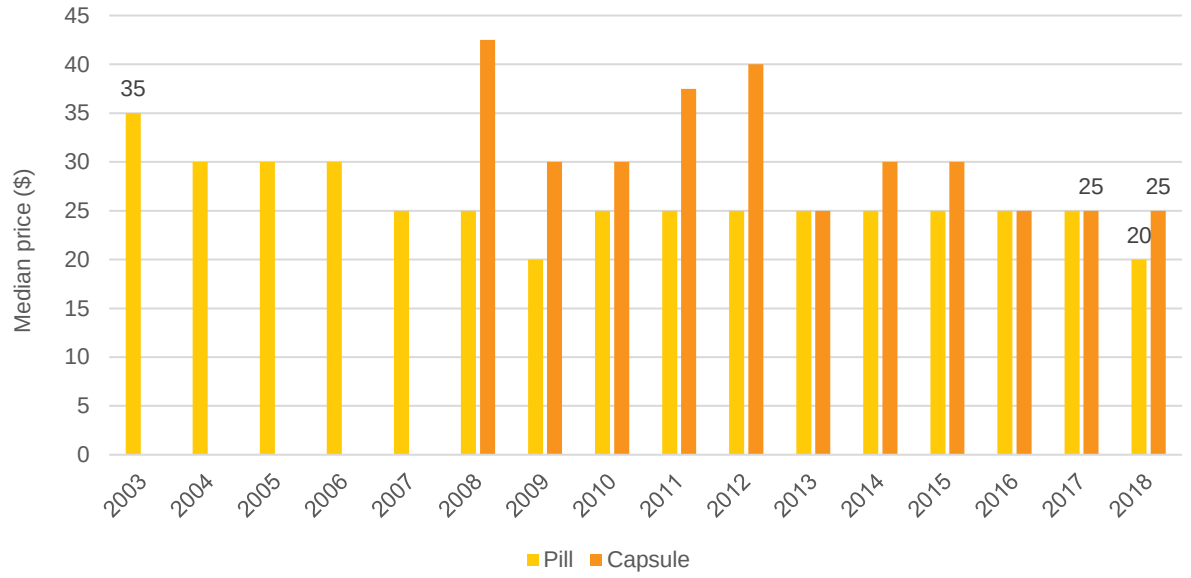
Ecstasy crystal

- The use of ecstasy crystal has increased among the sample since monitoring began, from 28% in 2005 to 64% in 2018 (*p*<0.001), and after a peak in 2016 (81%) is now the second most common form of ecstasy used (Figure 4).
- Frequency of use of crystal has been stable, at a median of 5 days in 2017 and 2018 (IQR 2-10) (Figure 5).
- The main route of administration amongst consumers has consistently been swallowing (89% in 2018 versus 88% in 2017; *p*=0.845), with over half also reporting snorting (59% in 2018 versus 60% in 2017; *p*=0.940).
- In 2018, the median quantity used in a typical session was 3 caps (IQR 2-4.5; n=13) or 0.2 grams (IQR 0.2-0.5; n=39).

Price, Perceived Purity and Availability

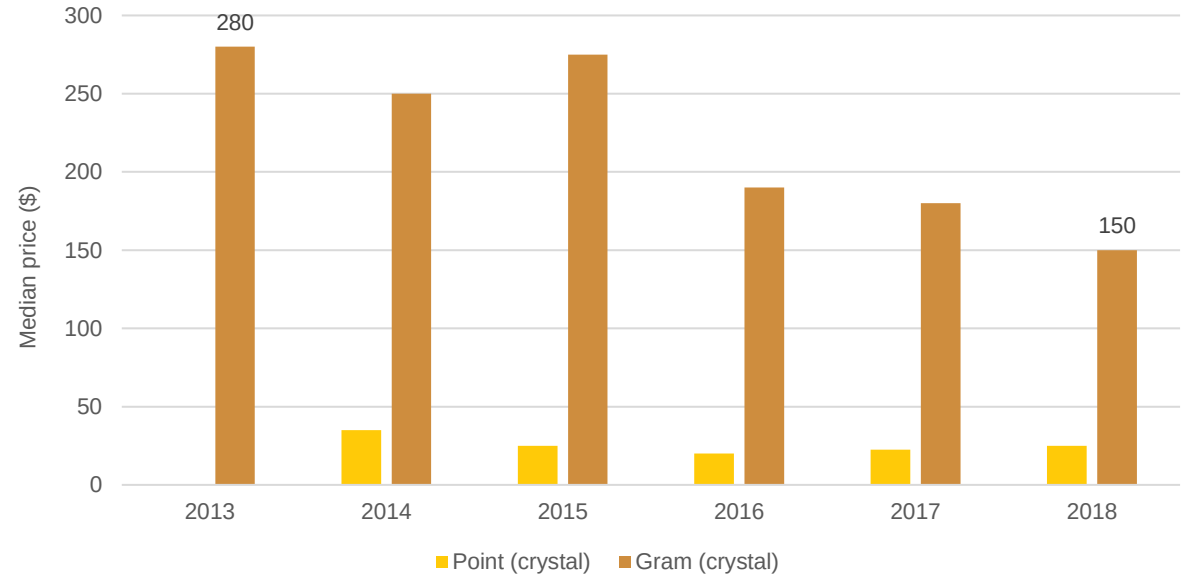
- The numbers of participants commenting on the price, perceived purity, and perceived availability of ecstasy powder in NSW are low, and therefore further reporting will not be presented here. For information on national trends, please refer to the national report, or contact the Drug Trends team.
- In NSW, the median price per ecstasy pill was reported as $20 for the first time since 2009 (2018: n=34, IQR 20-25, versus $25 in 2017; *p*=0.061) (Figure 6).
- Median price per capsule (n=57) was $25 in 2018, consistent from previous years (Figure 6).
- Median price per gram of crystal (n=26) was $150 in 2018 (IQR 100-200), a slight decrease from 2017 (*p*=0.637) (Figure 7).
- Reports of perceived pill (n=45) purity have remained relatively stable in 2018 relative to the previous year (Table 2).
- Participants reporting capsules to be ‘high’ purity has increased significantly in the last year (30% in 2018 versus 15% in 2017; *p*=0.027) (Table 2).
- Crystal MDMA has had the highest perceived purity amongst the ecstasy forms, with around two-thirds of consumers reporting purity as ‘high’ or ‘medium’ over 2016-2018.
- Despite reported consistency in purity, reported ease of accessing pills and crystal ecstasy has declined over the last three years, however this has not been significant (Table 2).
- In 2016, typically less than one in ten consumers reported accessing each form as ‘difficult’ or ‘very difficult’. This has increased to 44% for pills and one quarter (24%) for crystal in 2018.

Figure 6: Median price of ecstasy pill and capsule, NSW, 2003-2018



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 7: Median price of ecstasy crystal per point and gram, NSW, 2013-2018



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 2: Perceived purity and availability of ecstasy pills, capsules and crystal, NSW, 2016-2018

	2016	2017	2018
Current Purity			
% Pills (n)	(n=20)	(n=43)	**(n=45)**
Low	40	-	**-**
Medium	10	23	**29**
High	-	14	**31**
Fluctuates	35	51	**33**
% Capsules (n)	(n=46)	(n=74)	**(n=77)**
Low	-	14	**-**
Medium	33	30	**44**
High	20	15	**30***
Fluctuates	17	42	**20****
% Crystal (n)	(n=61)	(n=61)	**(n=59)**
Low	-	-	**-**
Medium	30	26	**27**
High	44	30	**58****
Fluctuates	23	39	**12*****
Current Availability			
% Pills (n)	(n=72)	(n=42)	**(n=47)**
Very easy	47	31	**21**
Easy	43	36	**34**
Difficult	10	26	**40**
Very difficult	0	-	**-**
% Capsules (n)	(n=49)	(n=76)	**(n=79)**
Very easy	45	63	**60**
Easy	47	28	**35**
Difficult	8	9	**5**
Very difficult	0	0	**0**
% Crystal (n)	(n=66)	(n=61)	**(n=58)**
Very easy	49	48	**41**
Easy	50	41	**35**
Difficult	-	12	**22**
Very difficult	0	0	**-**

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

4

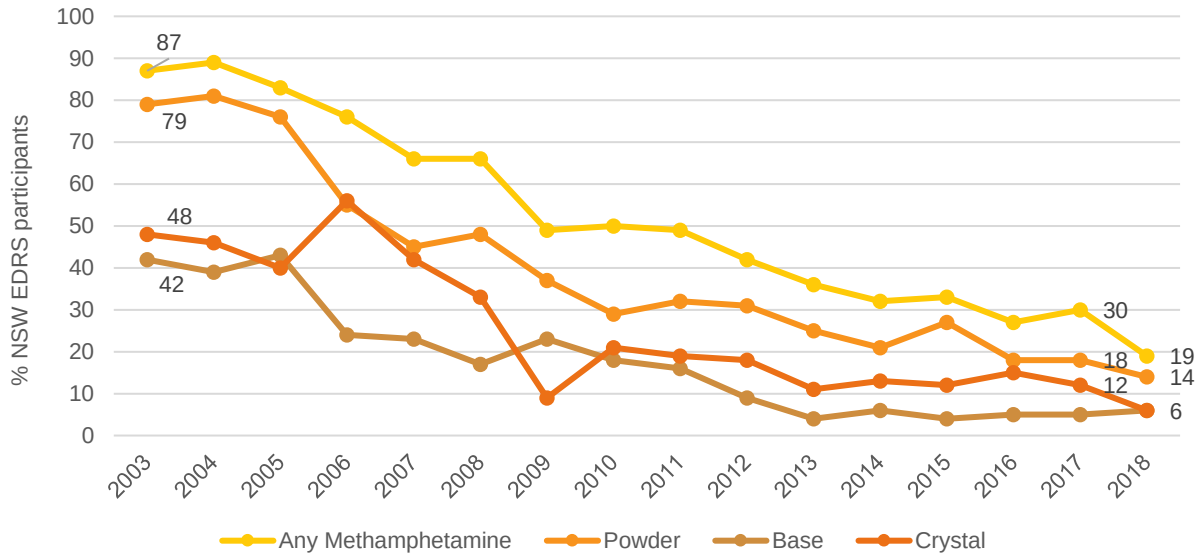
Methamphetamine

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

Recent Use

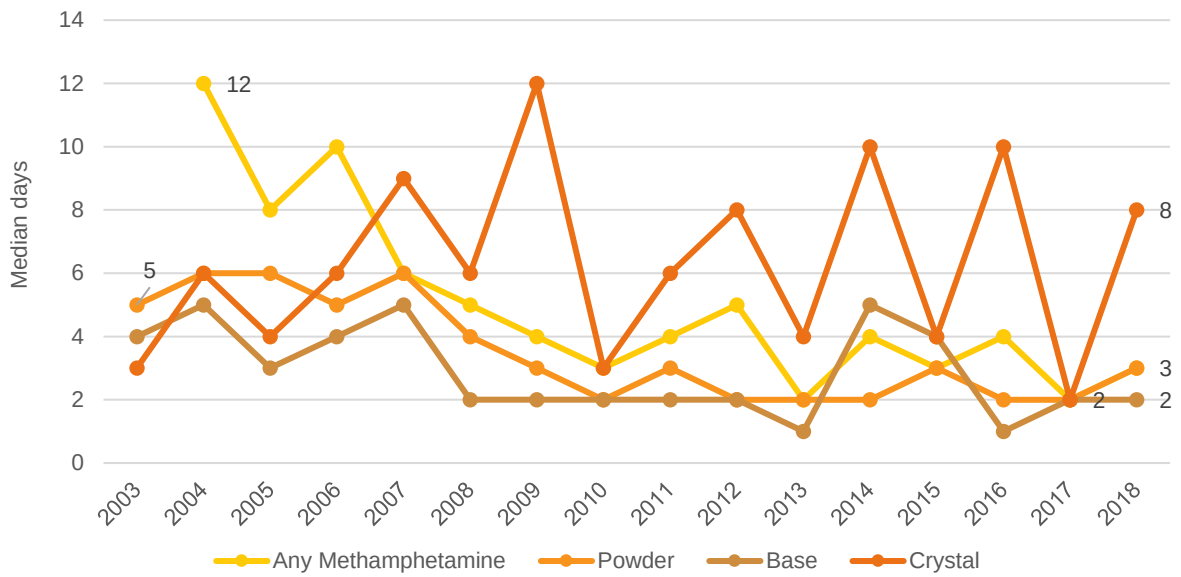
- Recent use of methamphetamine has been declining since monitoring began (Figure 8), with the majority (87%) reporting recent use in 2003, decreasing to one in five participants (19%) in 2018 (p<0.001).
- Frequency of use has also declined over time, remaining relatively low since 2013 at a median of three days (IQR 1-12), a slight increase from 2017 (median 2 days; IQR 1-4; p=0.280; Figure 9).
- Very low numbers (≤5 participants) reported weekly or more frequently use of any form of methamphetamine in both 2017 and 2018.

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, NSW, 2003-2018



Note. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5).
*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, NSW, 2003-2018



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 14 to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Methamphetamine powder

- Powder has consistently been the main form of methamphetamine used, although use has declined substantially since monitoring first began (14% in 2018 versus 79% in 2003; p<0.001) (Figure 8).
- Frequency of use declined initially until 2009, since which time it has been relatively stable (2018: median of 3 days; IQR 1-70; 2 days in 2017; p=0.512). (Figure 9).
- In 2018, the main route of administration endorsed by consumers was snorting (71% versus 61% in 2017; p=0.542) followed by swallowing (29% versus 50% in 2017; p=0.221).
- The median intake in a typical session was 0.35 grams (IQR 0.175 – 0.625).

Methamphetamine base

- Base has been consistently the least used form, with few participants reporting use in 2018 (6%; Figure 8).
- Due to low numbers, further details will not be reported on base. For further information please refer to the national report, or contact the Drug Trends teams.

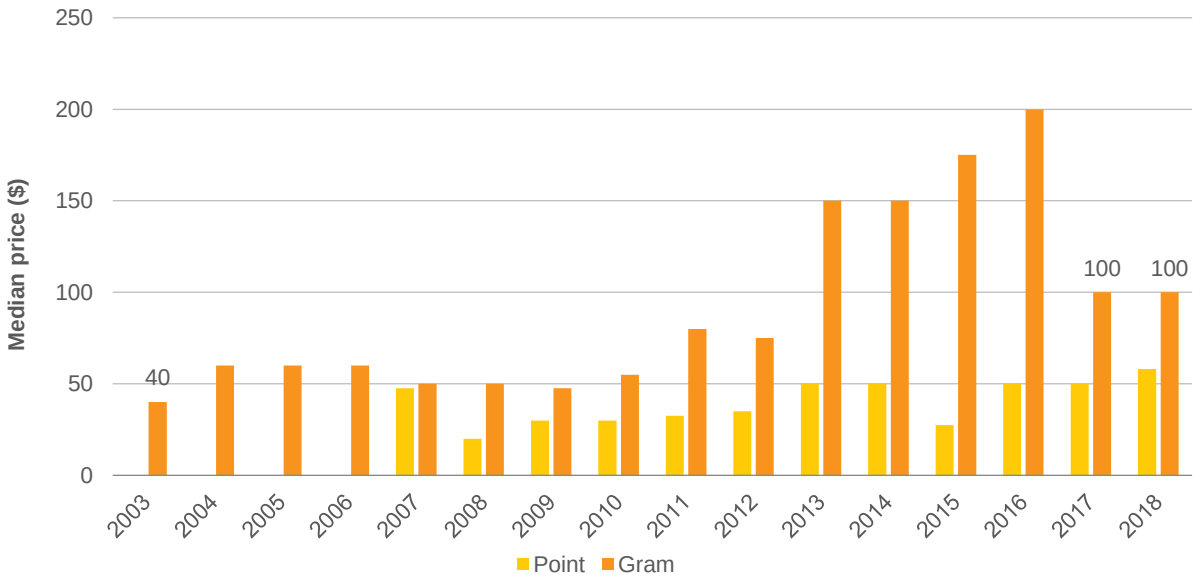
Methamphetamine crystal

- Like powder, recent use of crystal has decreased over the period of monitoring, with 6% reporting use in 2018 (versus 12% in 2017; p=0.138; Figure 8).
- Due to low numbers reporting recent use of methamphetamine crystal amongst the NSW EDRS sample further details will not be reported. For further information please refer to the national report, or contact the Drug Trends Team.

Price, Perceived Purity and Availability

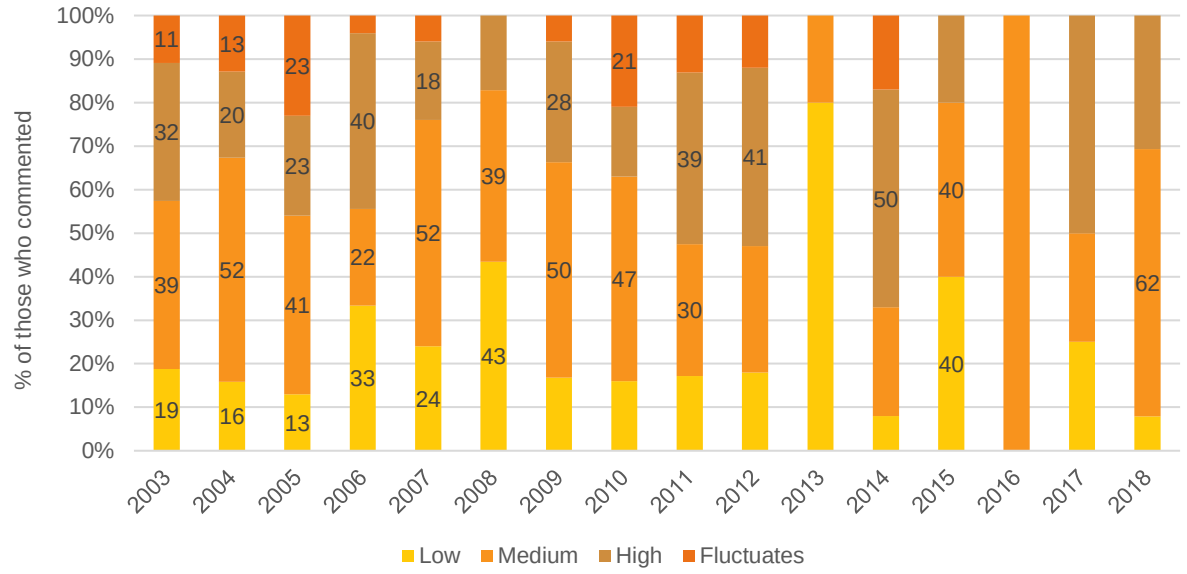
- Few participants could comment on the price of a gram or a point of powder methamphetamine and trends should be interpreted with caution.
- The price for a point of powder methamphetamine have been somewhat stable since monitoring began (2018: n≤5 therefore exact figures not provided) (Figure 10).
- When reflecting upon recent use, most participants perceived powder (n=13) to be of 'high' or 'medium' purity in 2018 and over previous years (Figure 11).
- Nearly two thirds of those who could comment (n=11) reported powder to be 'difficult' or 'very difficult' to obtain in 2018 (Figure 12).

Figure 10: Median price of powder methamphetamine per point and gram, NSW, 2003-2018



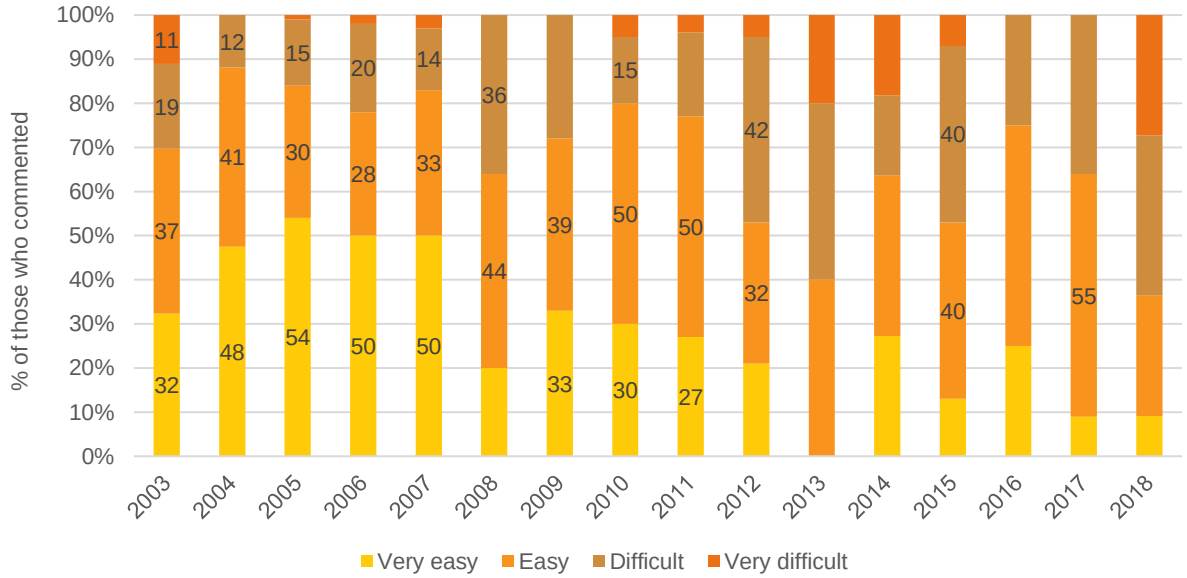
Note. Among those who commented. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 11: Current perceived purity of powder methamphetamine, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 12: Current perceived availability of powder methamphetamine, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

5

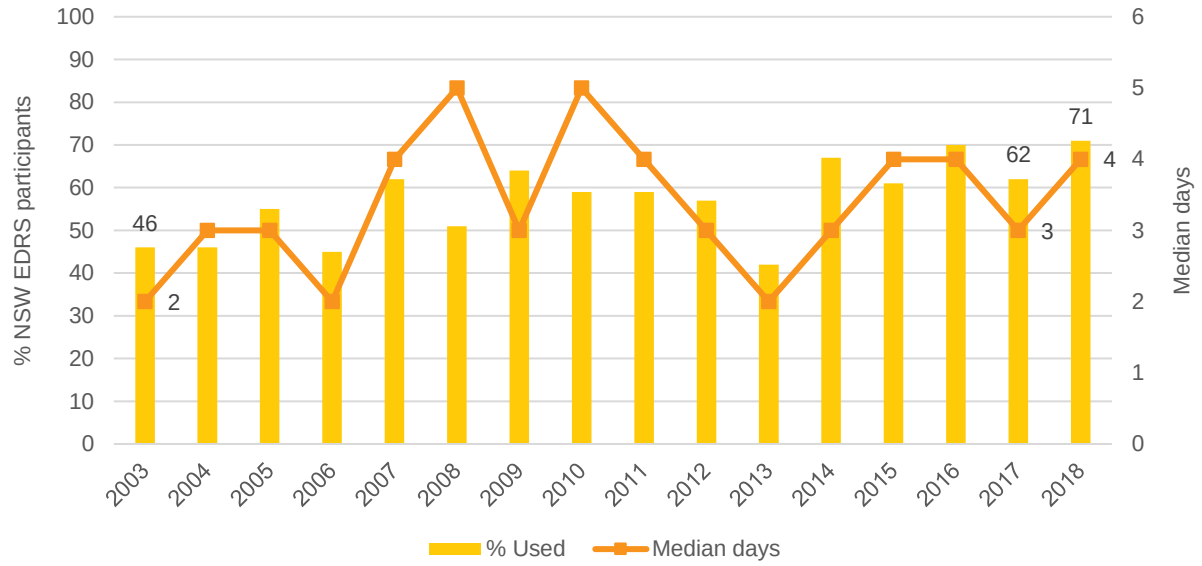
Cocaine

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

Recent Use

- Recent cocaine use has increased over the years, with the highest rate of use (71%) reported in 2018 (62% in 2017; *p*=0.178; Figure 13).
- Frequency of use has fluctuated over the years but has been somewhat stable since 2015 (2018: median 4 days; IQR 2-8) (Figure 13).
- Nine per cent (n=6) of recent consumers reported using cocaine weekly or more, consistent with 2017 (8%; n=5; *p*=0.936).
- Among recent consumers of cocaine (n=71), the main route of administration was snorting (99%), an increase from 2017 (92%; *p*=0.065)
- In 2018, the median intake in a typical session was 0.5 grams (IQR 0.275 – 1).

Figure 13: Past six month use and frequency of use of cocaine, NSW, 2003-2018

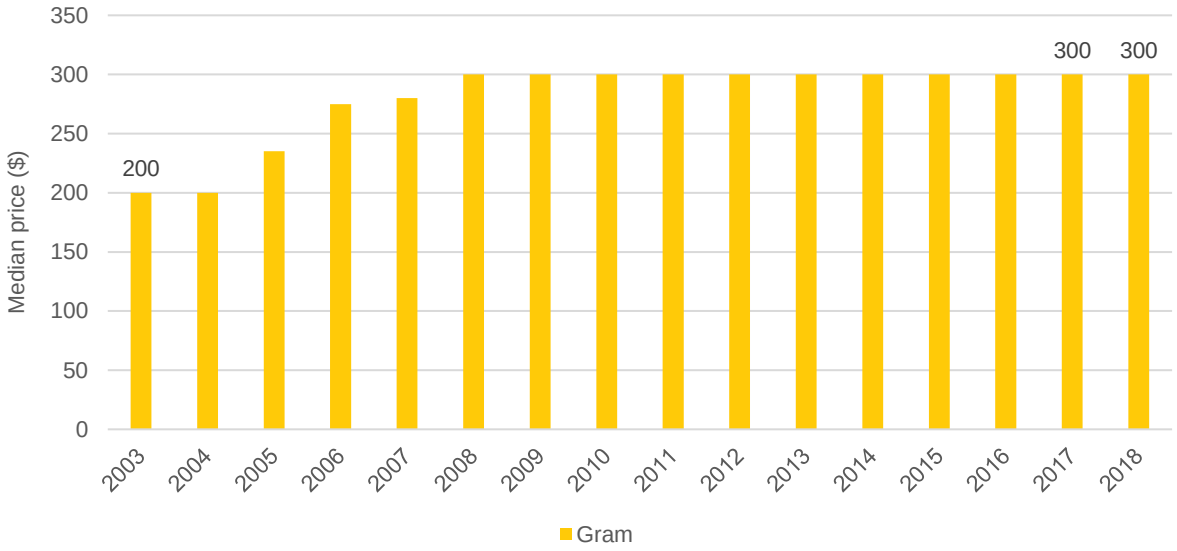


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 to improve visibility of trends for days of use. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Price, Perceived Purity and Availability

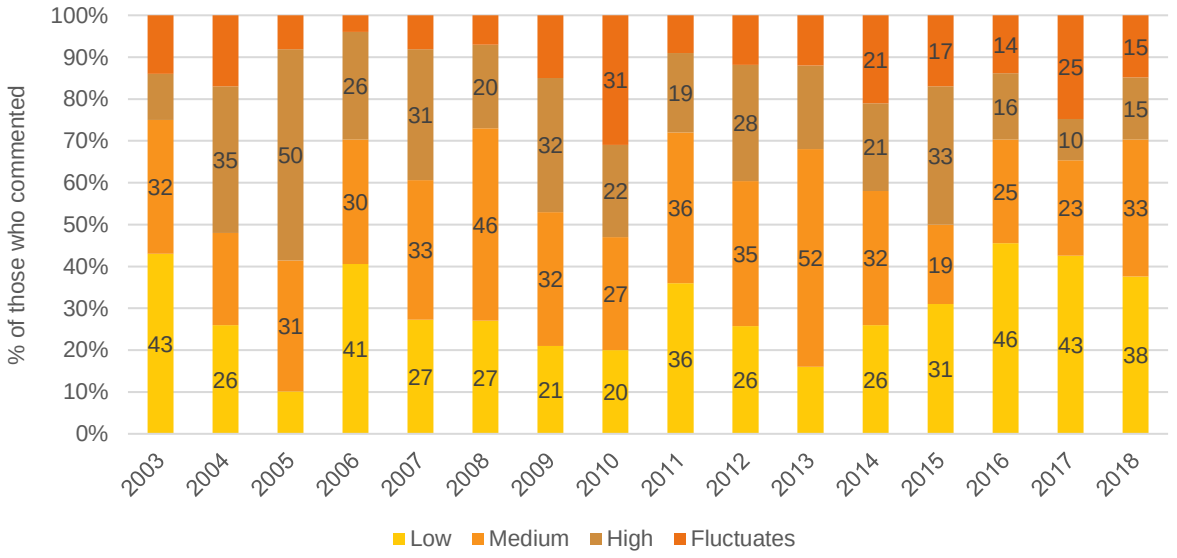
- The median price per gram of cocaine was reported to be $300 (IQR 250-300, n=35) in 2018, consistent since 2007 (Figure 14).
- Among those able to comment (n=61), half perceived cocaine to be of 'medium' (33%) or 'high' (15%) purity, an increase from one-third in 2017 (23% and 10%, respectively) (Figure 15).
- Reports of perceived availability of cocaine as 'very difficult' have been consistently low since monitoring began (3% in 2018, respectively) (Figure 16).

Figure 14: Median price of cocaine per gram, NSW, 2003-2018



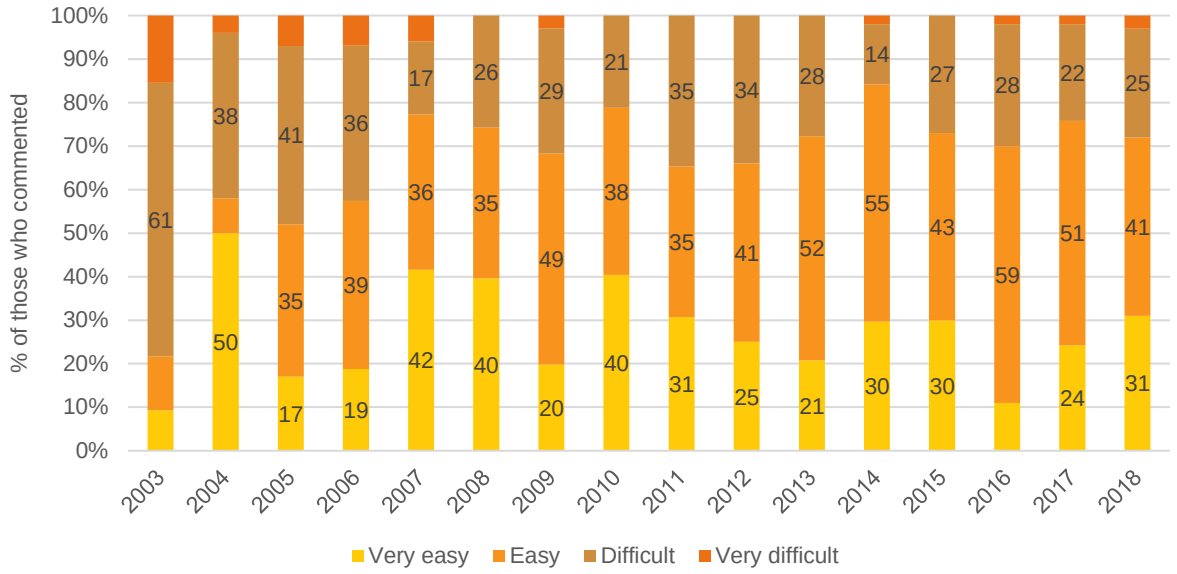
Note. Among those who commented. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 15: Current perceived purity of cocaine, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 16: Current perceived availability of cocaine, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

6

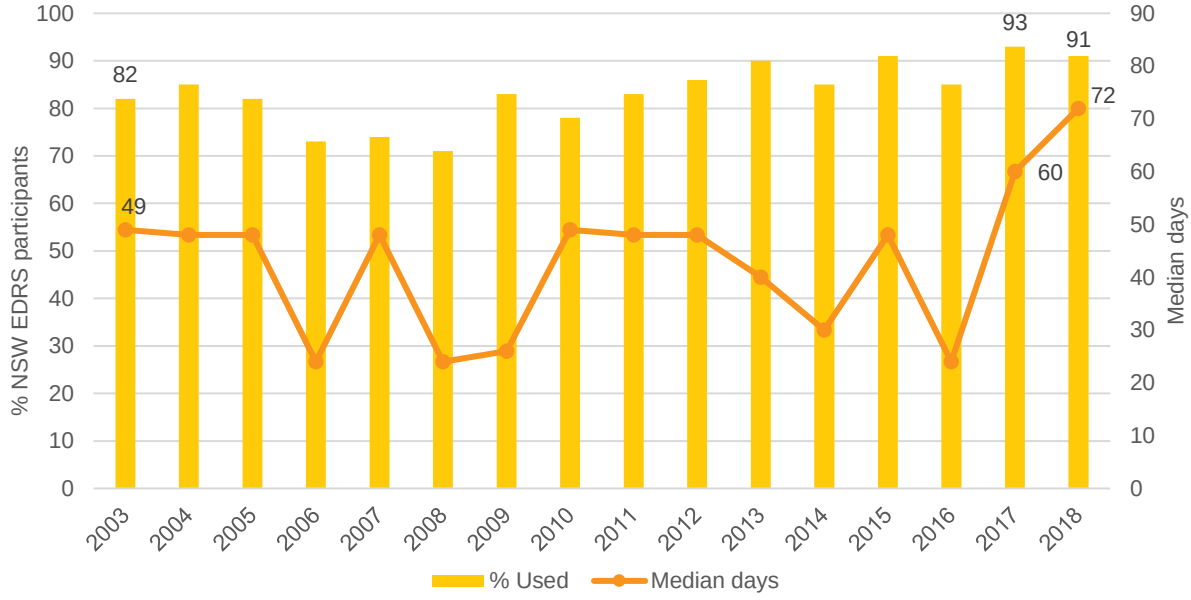
Cannabis

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

Recent Use

- A least 71% of participants have reported recent use of cannabis each year since monitoring began, with the highest rates reported in in 2017 (93%) and the majority (91%) reporting recent use in 2018 (Figure 17).
- Typical frequency of use has varied between weekly and several times a week over the course of monitoring (2018: median 72 days; IQR 12-170; versus 60 days in 2017; IQR 14-155; *p*=0.709).
- Two thirds (66%) of recent consumers reported using cannabis weekly or more frequently in 2018 (69% in 2017; *p*=0.677), and 18% of consumers reported daily use (17 in 2017; p=0.852).
- Across all years, consistently high numbers of recent consumers reported smoking cannabis (100% in 2018, 95% in 2017; *p*=0.025), with 31% reporting swallowing (38% in 2017; *p*=0.327) and 29% vaping (31% in 2017; *p*=0.699) in 2018.
- The median amount used by those who commented on the last occasion of use was 1 gram (n=28; IQR 0.5 – 1.38) or 3 cones (n=39; IQR 2-5).
- Almost equal proportions of consumers reported recent use of hydroponic cannabis (80%) and outdoor-grown 'bush' cannabis (76%).
- Smaller percentages reported having used hashish (18%) and hash oil (8%) in the preceding six months.
- Hydroponic cannabis remained the form most commonly used in the preceding six months (73%), followed by bush cannabis (27%).

Figure 17: Past six month use and frequency of use of cannabis, NSW, 2003-2018



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 90 to improve visibility of trends in days of use. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Price, Perceived Potency and Availability

- The median price per gram of hydroponic cannabis has consistently been $20 (2018 n=18; IQR 20-20), with a similar price recorded for bush cannabis across most years (2018: median $20; n=14; IQR 18.75-20; Figure 18).
- In 2018, the median price per ounce of hydroponic cannabis was $280 (n=17; IQR 270-310) and $280 (n=14; IQR 250-300) for bush (Figure 18).
- Consistent with previous years, three-fifths (60%) of those able to comment (n=52) perceived hydroponic cannabis to be 'high' potency, with a decline in those reporting perceived purity as 'fluctuating' (n≤5; *p*=0.014) (Figure 19).
- In contrast, one-fifth (19%) of those able to comment (n=33) considered bush cannabis as 'high' potency, consistent with 18% in 2017 (*p*=0.924).
- Ease of access for hydroponic cannabis remained relatively consistent from 2017 to 2018, with 63% of consumers in 2018 reporting it 'very easy' to obtain (versus 64% in 2017; *p*=0.911), this is a larger proportion than those who considered bush cannabis as 'very easy' to obtain (36%; 32% in 2017; *p*=0.349; Figure 20).

Figure 18: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NSW, 2006-2018



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years 2006, 2017 and 2018 with small cell size (i.e. n≤5 but not =0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 19: Current perceived potency of hydroponic (A) and bush (B) cannabis, NSW, 2006-2018



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 20: Current perceived availability of hydroponic (A) and bush (B) cannabis, NSW, 2006-2018



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

7

Ketamine and LSD

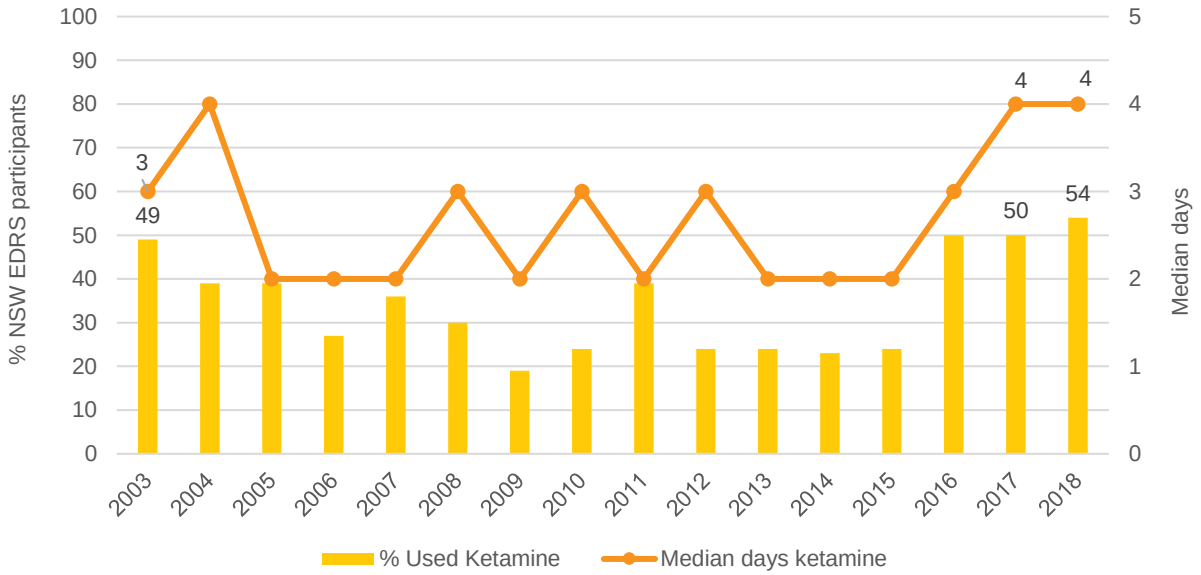
Participants were asked about their recent (last six months) use of various forms of ketamine and lysergic acid diethylamide (LSD).

Recent Use

Ketamine

- Ketamine use declined from the beginning of monitoring to 2009 (19% of the sample), with an increase observed from this point to 54% in 2018 (similar to 50% in 2017; *p*=0.571) (Figure 21).
- Frequency of use in the past six months has ranged between 2 and 4 days over the course of monitoring, with consumers reporting use on a median on 4 days in 2018 (IQR 2-6; median 4 days in 2017) (Figure 21).
- Among consumers, the most common route of administration was snorting (98% versus 92% in 2017; *p*=0.143).
- The median quantity used in a typical session was 0.3 grams (n=24; IQR 0.2-0.475), two lines (n=7; IQR 2-3), or four bumps (n=7; IQR 2-5).

Figure 21: Past six month use and frequency of use of ketamine, NSW, 2003-2018

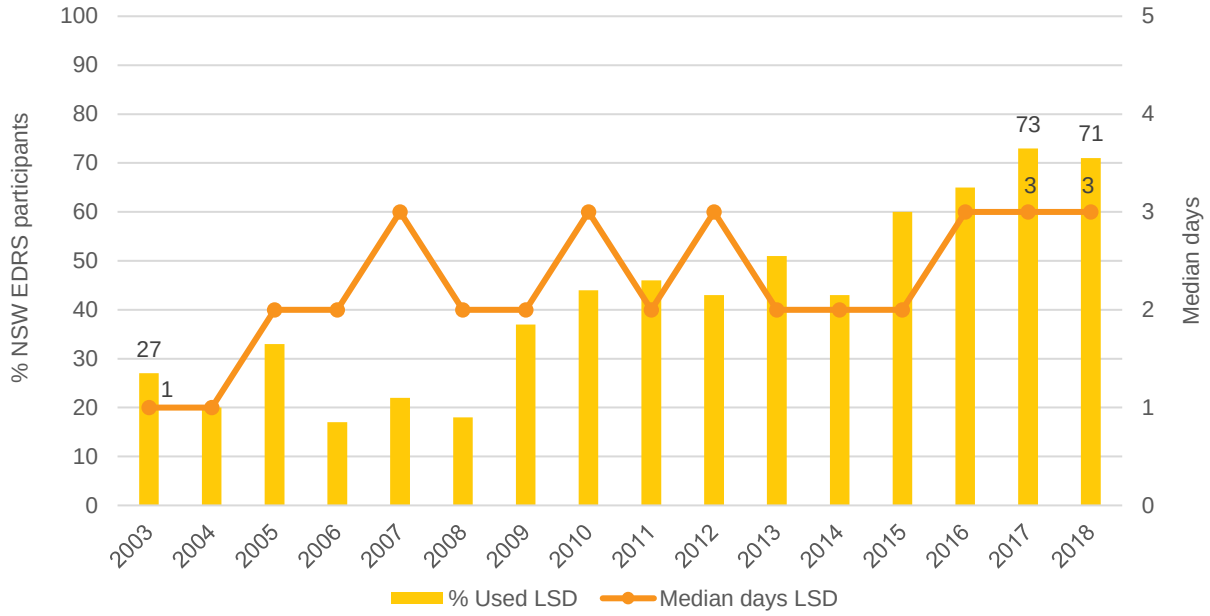


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

LSD

- Recent use of LSD has gradually increased over the course of monitoring, from 27% in 2003 to three-quarters of the sample (73%; *p*<0.001) in 2017, with a similar rate observed in 2018 (71%; Figure 22).
- Use across the years has been infrequent (2018: median 3 days; IQR 2-7).
- In 2018, all consumers reported swallowing LSD in the last six months, similar to 2017 (96%; *p*=0.084).
- The median quantity used in a typical session was two tabs (n=56; IQR 1-3) or 240 micrograms (n=11; IQR 150-400) in 2018.

Figure 22: Past six month use and frequency of use of LSD, NSW, 2003-2018



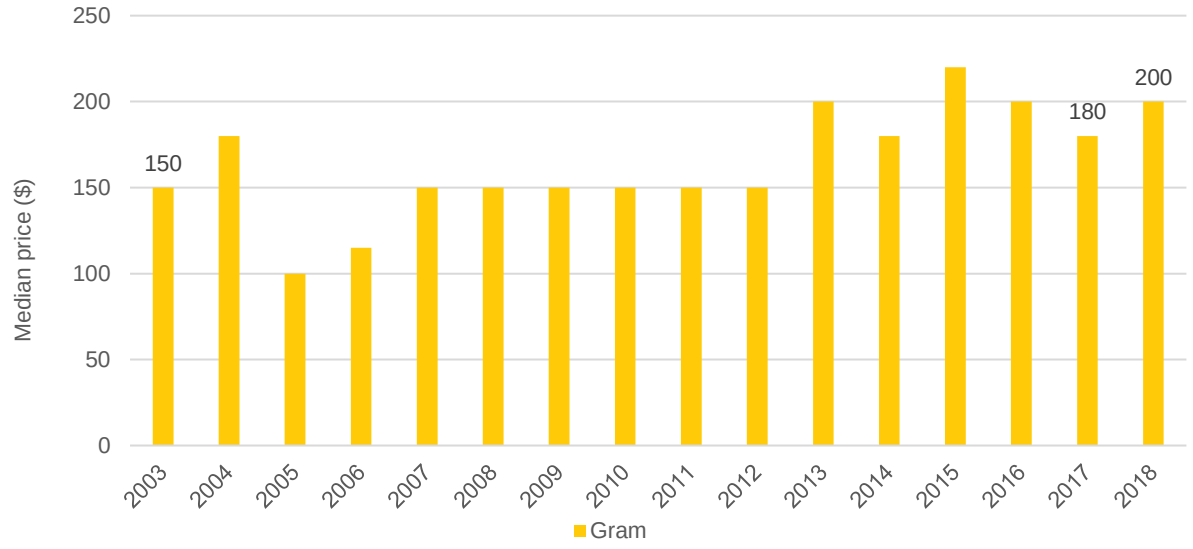
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Price, Perceived Purity and Availability

Ketamine

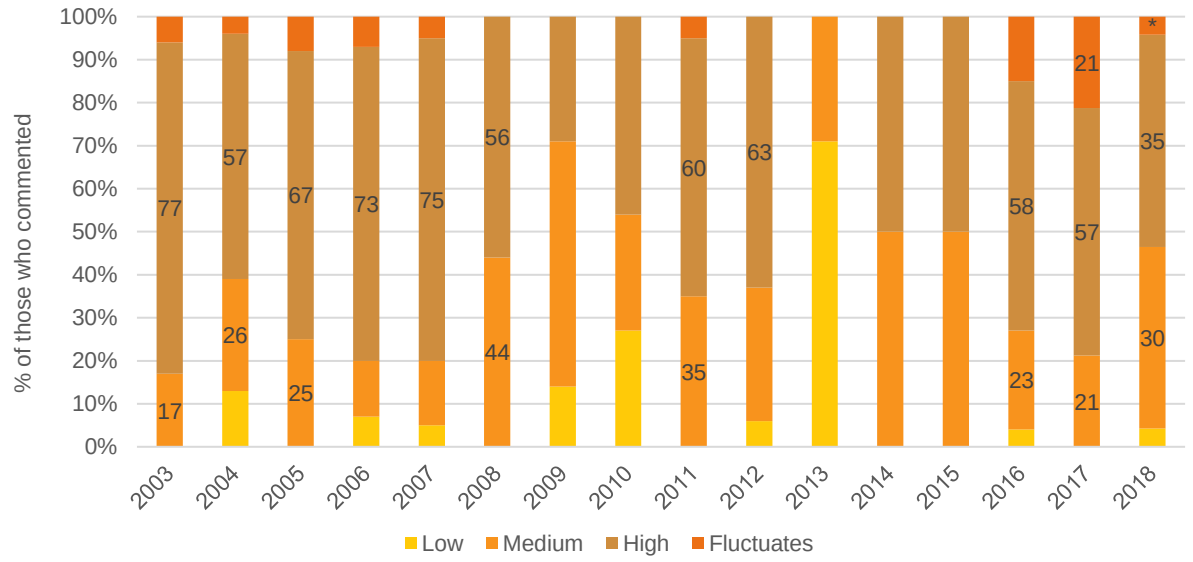
- The price of ketamine per gram has fluctuated over recent years (2018: median $200; IQR 185-200; n=28; Figure 23).
- Among those able to comment (n=40), one-third (35%) reported the perceived purity as 'high', followed by 30% reporting 'medium' perceived purity (Figure 24).
- Forty per cent perceived ketamine to be 'easy' to obtain, whilst 40% perceived it to be 'difficult' or 'very difficult' to obtain (Figure 25).

Figure 23: Median price of ketamine per gram, NSW, 2003-2018



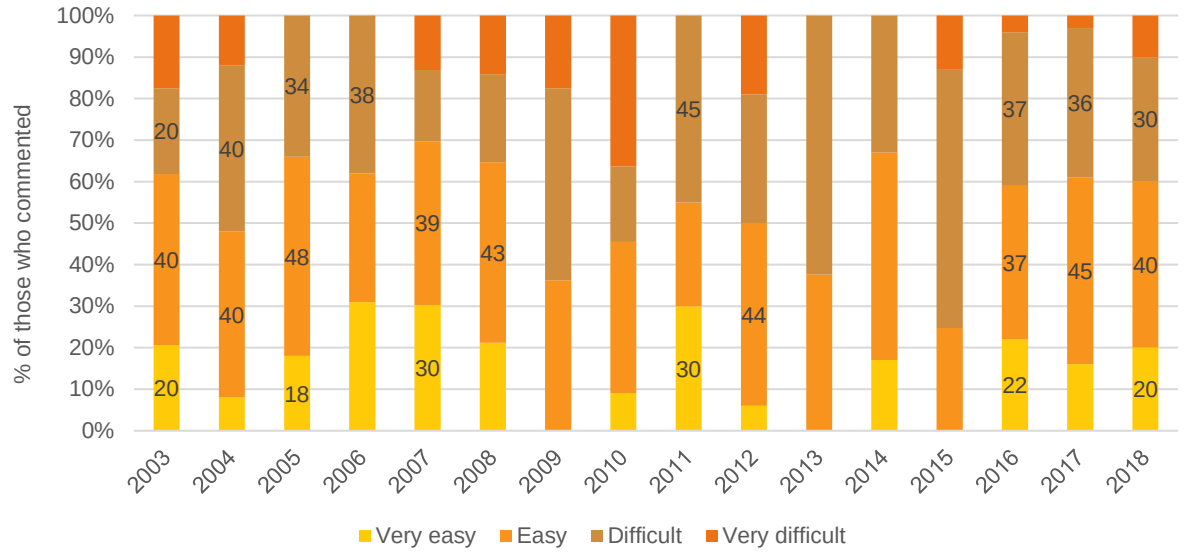
Note. Among those who commented. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 24: Current perceived purity of ketamine, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 25: Current perceived availability of ketamine, NSW, 2003-2018

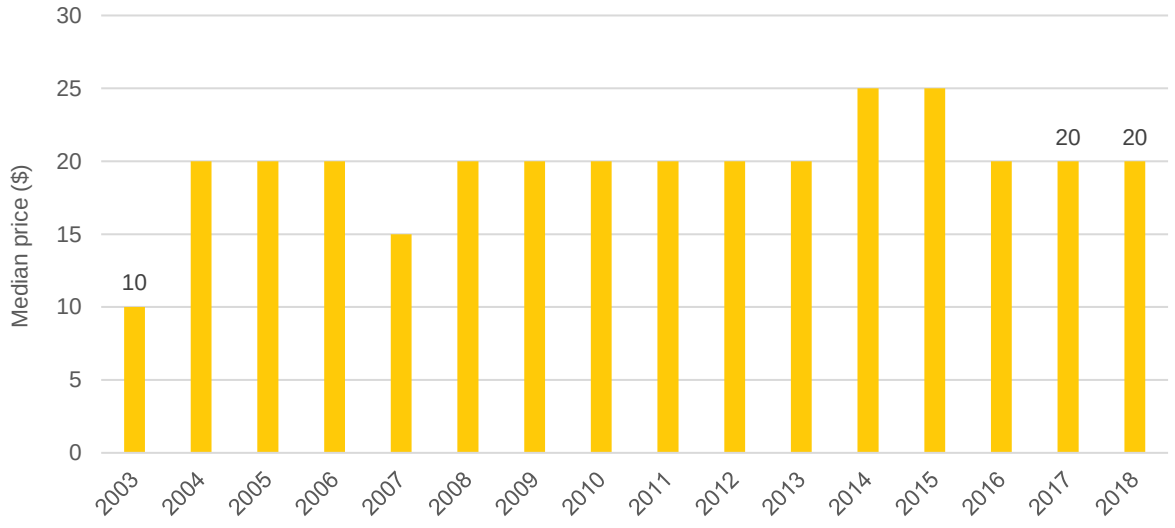


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

LSD

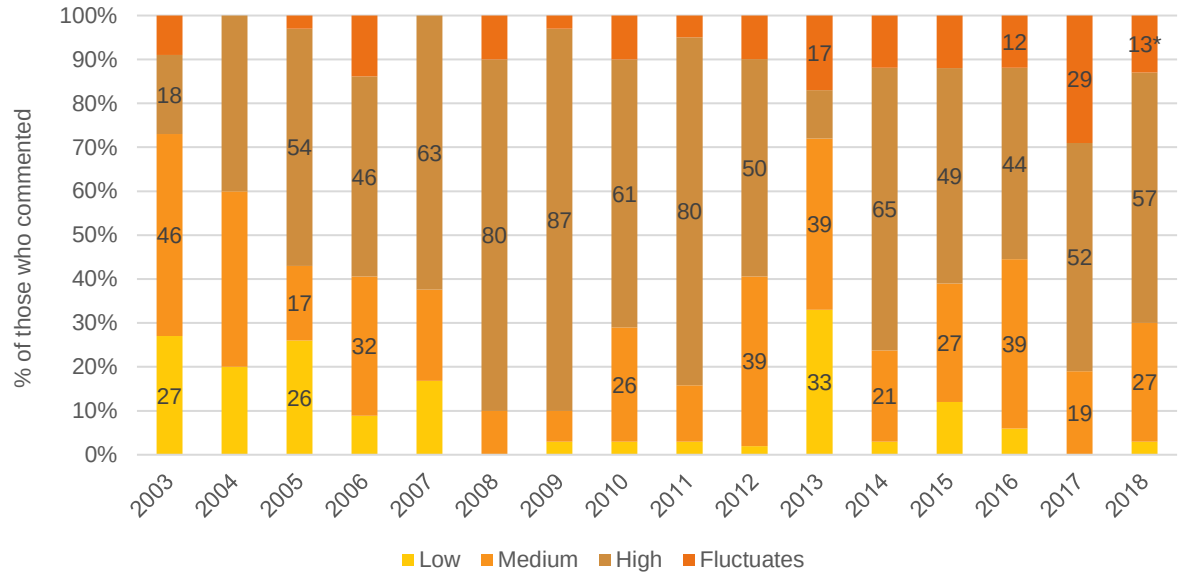
- In 2018, the median price for one tab was reported as $20 (IQR 20-25; n=54), consistent with estimates since 2008 (excluding a peak at $25 in 2014 and 2015) (Figure 26).
- Of those who commented (n=70), over half reported the perceived purity as 'high' (57%), followed by 27% reporting 'medium' purity (Figure 27).
- Those reporting LSD to be 'easy' or 'very easy' to obtain has remained relatively stable (60% in 2018 versus 54% in 2017; p=0.446; Figure 28).

Figure 26: Median price of LSD per tab, NSW, 2003-2018



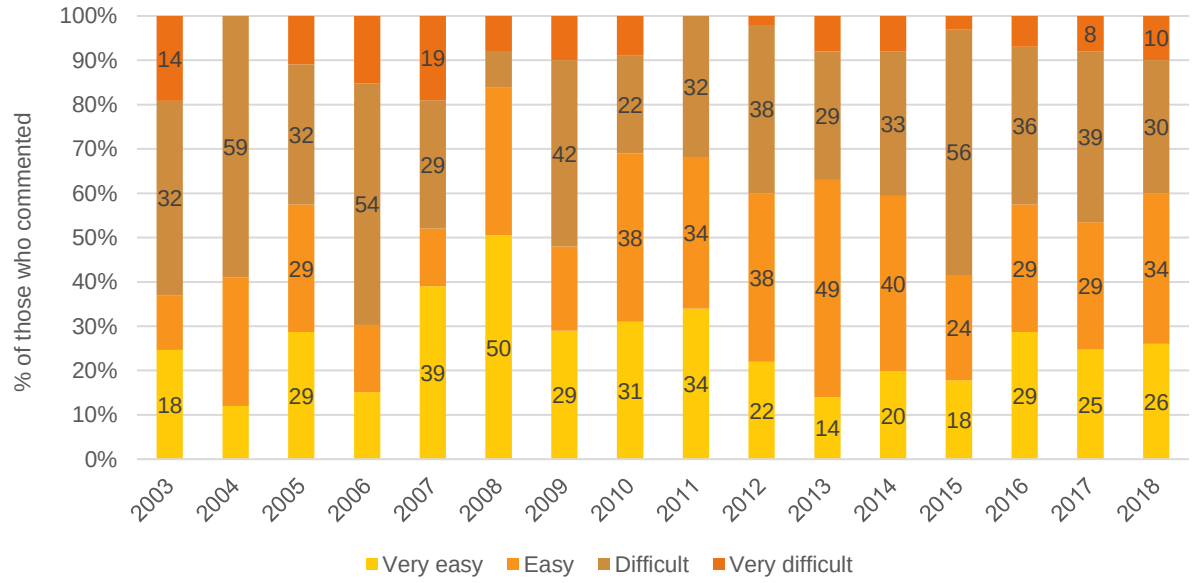
Note. Among those who commented. Data labels have been removed from figures in years 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 27: Current perceived purity of LSD, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 28: Current perceived availability of LSD, NSW, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

8

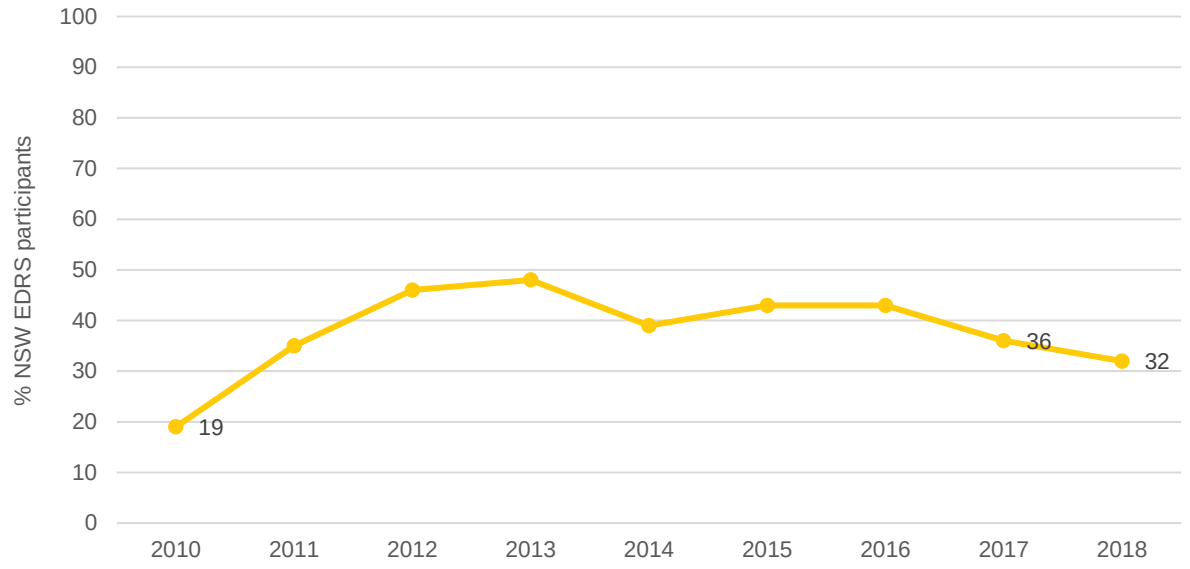
New psychoactive substances

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 months) use of various NPS.

New Psychoactive Substances

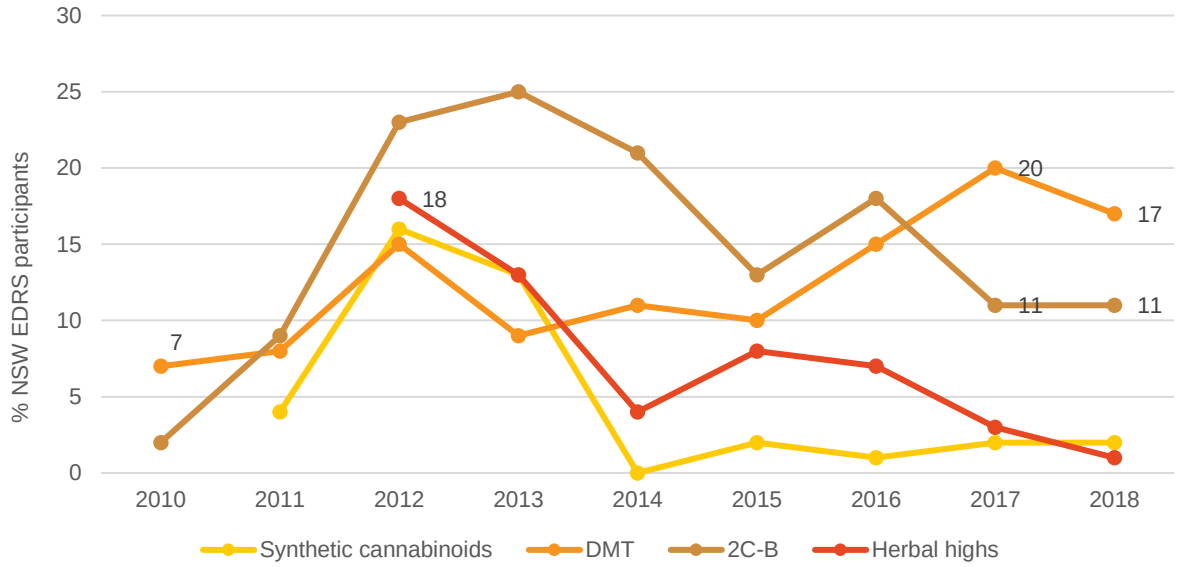
- One in five participants (19%) in the NSW sample reported recent use of NPS when monitoring began in 2010. This rose to nearly half the sample (48%) in 2013, since declining to one-third reporting recent use (32% in 2018 versus 36% in 2017; *p*=0.551) (Figure 29).
- Use of DMT has increased over time, becoming the most commonly endorsed NPS in 2017 (20% in 2017 and 17% in 2018; *p*=0.585) (Figure 30).
- In 2018, 2C-B was the next most commonly endorsed NPS (11%), although reported use has declined since 2013 when it peaked at 25% of the sample.
- Frequency of NPS use has consistently been low, at a median of 2 days (IQR 1-3) for both 2C-B (n=11) and DMT (n=17).
- The EDRS collects data on a large number of NPS specifically by name, however those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the NSW EDRS are needed, please contact the Drug Trends team, or see the national report for national trends in use.

Figure 29: Recent use of any NPS, NSW, 2010-2018



Note. Data labels have been removed from figures in years 2010, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 30: Recent use of NPS, NSW, 2010-2018



Note. Y axis reduced to 30% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

9

Other drugs

Participants were asked about their recent (past six months) use of various forms of 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, e-cigarettes).

Non-Prescribed Pharmaceutical Drugs

Over-the-counter (OTC) codeine

- Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.
- In 2018, 32% of the sample reported any use of low-dose codeine, the majority of whom (84%) obtained OTC.
- Seventeen per cent of participants reported having used OTC low-dose codeine (<30mg codeine) for non-pain purposes in the six months preceding interview (noting that participants could only report use occurring prior to rescheduling in February 2018), a decline from 20% in 2017 (p=0.585). This decline indicates a reversal of the upward trend observed from 2012-2016 (Figure 31).
- Twelve per cent of the sample reported recent high-dose codeine (≥30mg codeine) use (50% of whom reported prescribed use and 50% non-prescribed use[1]) on a median of 3 days (IQR 1-10) in the six months preceding interview.

Pharmaceutical opioids

- The rate of past six month use of non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine) decreased from 2017 to 2018 (12% to 8%; p=0.383), noting that high-dose codeine was excluded from this classification for the first time in 2018 (Figure 31).

Pharmaceutical stimulants

- The rate of non-prescribed pharmaceutical stimulant (e.g. dexamphetamine, methylphenidate, modafinil) use had increased amongst the sample, from 10% in 2007 to 44% in 2016 (41% in 2018 and 43% in 2017; Figure 31).
- Frequency of use has remained stable, with consumers in 2018 reporting a median of 4 days of use in the past six months (IQR 3-10 versus 5 median days in 2017; IQR 3-8; p=0.318).

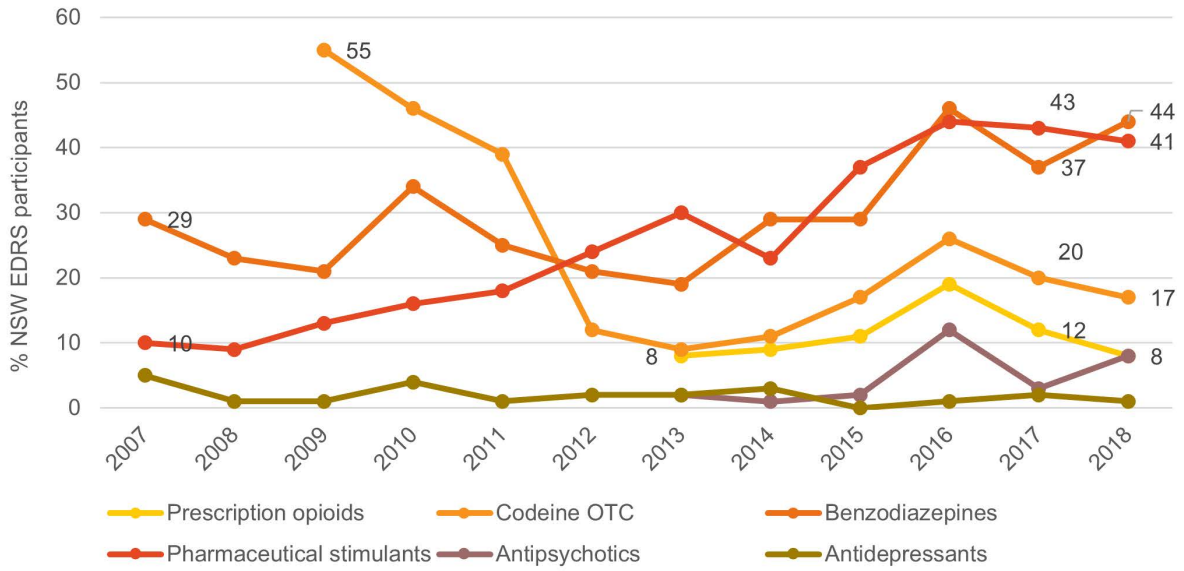
Benzodiazepines

- Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began, with 44% of the sample reporting such use in 2018 (Figure 31).
- In 2018, frequency of use in the past six months among consumers was reported to be a median of four days (IQR 1-10 versus 3 days in 2017, p=0.551).

Antidepressants and antipsychotics

- Very small numbers reported recent use of non-prescribed antipsychotics and antidepressants. Please refer to the national report or contact the researcher for further details.

Figure 31: Non-prescribed use of pharmaceutical drugs in the past six months, NSW, 2007-2018



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Y axis reduced to 60% to improve visibility of trends. Data labels have been removed from figures in 2007, 2017 and 2018 with small cell size (i.e. n≤5 but not =0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Other Illicit Drugs

Hallucinogenic mushrooms

- Twenty-eight per cent of the sample had used hallucinogenic mushrooms in the six months preceding interview (36% in 2017; p=0.225) (Figure 32: Other illicit drugs used in the past six months, NSW, 2003-2018
- Reported recent use has been consistently infrequent and stable (2018: median of 2 days; IQR 1-4 versus 2 days in 2017; p>0.05).

MDA

- MDA (3,4-methylenedioxyamphetamine) use has decreased in recent years, (n≤5 in 2018 versus 11% in 2017 p=0.118) (Figure 32).
- MDA was used on a median of 1 day (IQR 1-6, versus 2 days in 2017, p=0.871), indicating occasional use.

Capsules with unknown contents

- Around one in ten (12%) participants reported recent use of capsules with unknown contents in 2018 (versus 8% in 2017; p=0.346) (Figure 32).
- Capsules with unknown contents were used on a median of 2 days (IQR 1-4), consistent with the occasional use reported in 2017 (median 1 day; p=0.427).

GHB/GBL

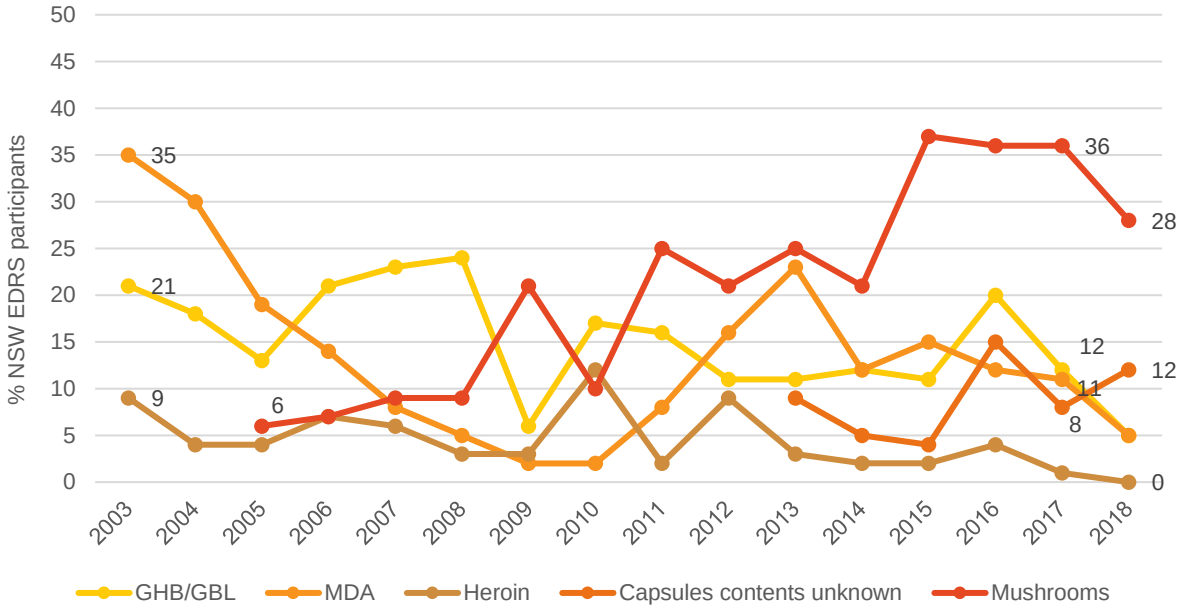
- Recent use of GHB/GBL has decreased (n≤5 in 2018 versus 12% in 2017; p=0.076) (Figure 32).

- Use of GHB was infrequent, at a median of 2 days (IQR 1-32) consistent with 2017 (median of 2 days; IQR 1-6; *p*>0.05).

Heroin

- Very low numbers have reported using heroin since 2013 and further reporting will not be conducted on these numbers. For national trends consult the national report or contact the researchers for further information.

Figure 32: Other illicit drugs used in the past six months, NSW, 2003-2018



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Licit and Other Drugs

Alcohol

- Nearly the entire sample (98%) reported recent alcohol use, consistent with rates observed since monitoring began in 2003 (Figure 33).
- In 2018, consumers reported using alcohol on a median of 48 days (IQR 20-72 versus 30 days in 2017; p=0.991) in the past six months.
- Seventy-four per cent of recent consumers drank alcohol once a week or more frequently (69% in 2017; p=0.497).
- Forty-three per cent of recent consumers reported drinking 5 or more standard drinks on the last occasion of use of a psychostimulant drug. This is a decrease from previous years, with 60% reporting such use in 2017 (p=0.018).

Tobacco

- Tobacco use has gradually increased amongst the sample, from 72% in 2003 to 86% in 2018 (p=0.015) (Figure 33).
- In 2018, median frequency of use was 150 days (IQR 48-180 versus 95 days in 2017; p=0.099) n the past six months.

- Forty-three per cent of consumers reported daily use (35% in 2017; *p*=0.274).

E-cigarettes

- Use of e-cigarettes has fluctuated since monitoring began in 2014, with 37% of participants reporting use in the six months preceding interview in 2018 (versus 25% in 2017; *p*=0.067) (Figure 33).
- Median days of use was reported at 5 days in 2018 (IQR 3-16), an increase compared to 2 days in 2017 (*p*=0.023).

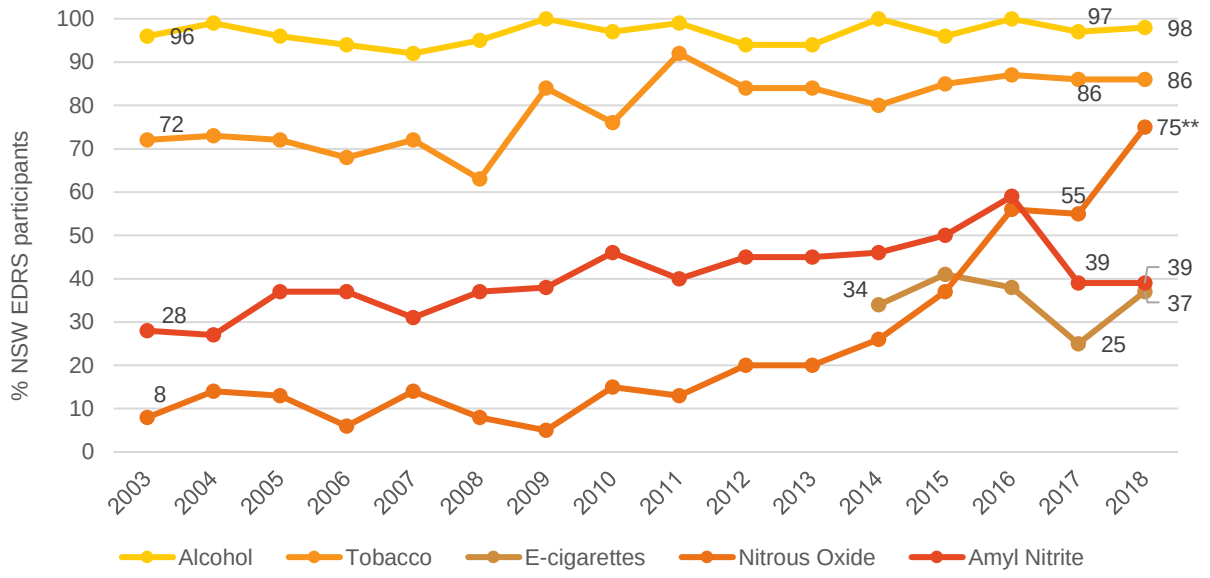
Nitrous oxide

- The percentage of the sample reporting recent use of nitrous oxide has increased since monitoring began, from 8% in 2003 to 75% in 2018 (*p*<0.001). Indeed, there has been a significant increase even in the past year, up from 55% in 2017 (*p*=0.003) (Figure 33).
- Frequency of use remained relatively stable at a median of 7 days (IQR 2-14 versus 5 days in 2017; p=0.983).
- The median quantity used in a typical session was 7 bulbs (IQR 4-10), with 17% of recent consumers reporting use of 15 of more bulbs on the last occasion of use.

Amyl nitrite

- Use of amyl nitrite has varied over the course of monitoring, ranging from 28% in 2003 to 59% in 2016 (Figure 33).
- In 2018, two-fifths (39%) reported recent use of amyl nitrite, consistent with 39% in 2017.
- Frequency of amyl nitrite use was generally low, with participants reporting a median of three days of use in the last six months (IQR 2-8; median five days in 2017; p=0.304).

Figure 33: Licit drugs used in the past six months, NSW, 2003-2018



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

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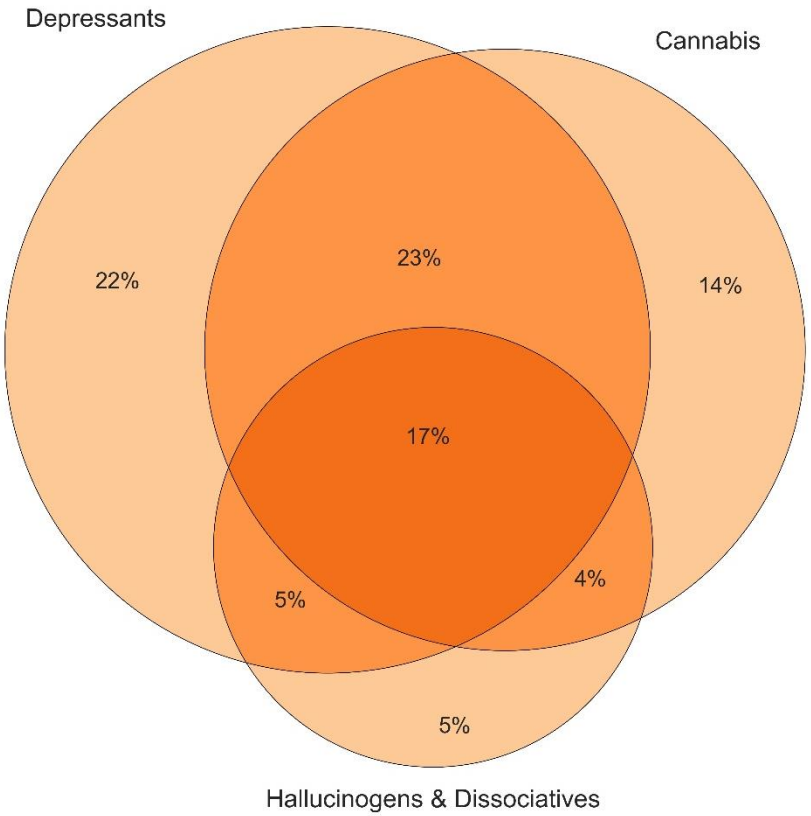
Drug-Related Harms and Other Risk Factors

Participants were asked about various drug-related harms, including **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about: polysubstance use, injecting drug use, drug treatment, sexual risk-taking, mental health and crime. It should be noted that the following data refer to participants' understandings of these behaviours (i.e., do not necessarily represent medical diagnoses in the case of reporting on health conditions).

Polysubstance Use

- Polysubstance use is common amongst the EDRS sample in NSW, with the vast majority (96%) of participants reporting use of other substances on their last occasion of stimulant use.
- The most commonly used substances (in addition to stimulant use) were tobacco (66%), alcohol (63%), cannabis (58%), LSD (19%), nitrous oxide (17%), and ketamine (17%).
- Ninety per cent of the sample reporting using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use, with the most common combination being stimulants, depressants and cannabis (23%).
- Seventeen per cent of the sample reported using depressants, cannabis, and hallucinogens/dissociateives on their last occasion of stimulant use (Figure 34).

Figure 34: Poly subtance use on occasion of last stimulant use, NSW, 2018



Note. This figure captures those who had also used hallucinogens/dissociatives (GHB, ketamine, LSD, and/or hallucinogenic mushrooms), depressants (alcohol and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use (90% of the sample).

AUDIT

- The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages.
- The mean score on the AUDIT for the NSW EDRS sample was 11.9 (SD 6.4). Two-thirds (68%) of participants obtained a score of eight or more, indicative of hazardous use (Table 3).
- There was no significant different between male and female mean scores.
- AUDIT scores are divided into four 'zones' which indicate risk level, and there has been no significant change in these scores from 2014 to 2018 (Table 3).

Table 3: AUDIT total scores and percent of participants scoring above recommended levels, NSW, 2014-2018

	2014 (N=100)	2015 (N=100)	2016 (n=103)	2017 (n=100)	**2018 (n=100)**
Mean AUDIT total score (SD)	11.6 (6.4)	11.3 (6.0)	12.5 (7.3)	11.9 (7.4)	**11.9 (6.4)**
Score 8 or above (%)	69	70	70	68	**68**
Zone 1 (low risk drinking or abstinence)	31	30	30	32	**32**
Zone 2 (alcohol in excess of low-risk guidelines)	42	42	36	42	**39**
Zone 3 (harmful or hazardous drinking)	14	19	18	10	**17**
Zone 4 (possible alcohol dependence)	13	9	17	16	**12**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Overdose

Non-fatal stimulant overdose

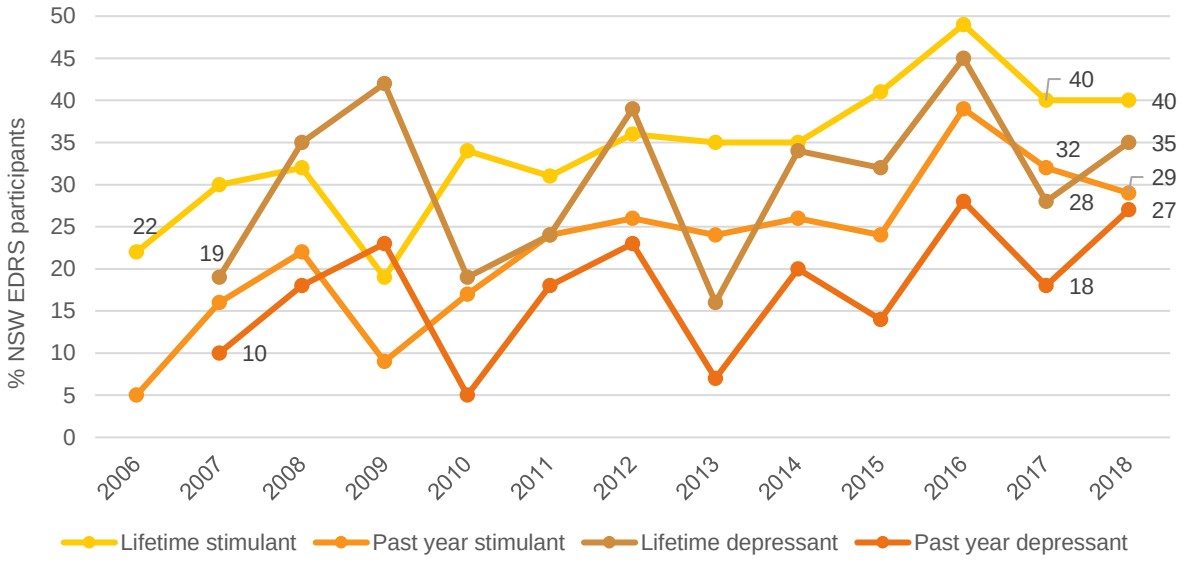
- Self-reported lifetime and past 12-month experience of non-fatal stimulant overdose has increased over time among the sample (Figure 35).
- Two fifths (40%) of the sample reported having ever overdosed on a stimulant drug on a median of two occasions (IQR 1-3) and 29% reported overdosing in the past year in 2018.
- In 2018, participants reporting a non-fatal overdose in the last year (n=29) were asked which stimulant drug they considered to be the main drug causing their last overdose, mainly nominating ecstasy (58%), with a small percentage nominating pharmaceutical stimulants (12%).
- Over four-fifths (81%) reported that they had also been under the influence of one or more additional drugs (stimulants or depressants)
- The majority of participants (92%) did not receive treatment or assistance on their last stimulant overdose occasion.

Non-fatal depressant overdose

- Rates of self-reported lifetime and past 12-month experience of non-fatal depressant overdose have increased over time (Figure 35).
- In 2018, one-third (35%) of the sample reported having ever overdosed on a depressant drug on a median of two occasions (IQR 1-5) and one quarter (27%) reported such an experience in the past 12 months.

- When asked to report the main drug to which they attributed their last depressant overdose (n=20), the majority reported alcohol (80%).
- Of those who commented (n=21), polydrug use was common at the time of their last overdose (67%).
- Of those who had overdosed in the past 12 months, 74% reported that there was a sober person who was able to assist on the last occasion.
- Three-quarters (76%) of those who reported experiencing a non-fatal depressant overdose in the last 12 months did not receive any treatment or care.

Figure 35: Lifetime and past year non-fatal stimulant and depressant overdose, NSW, 2006-2018

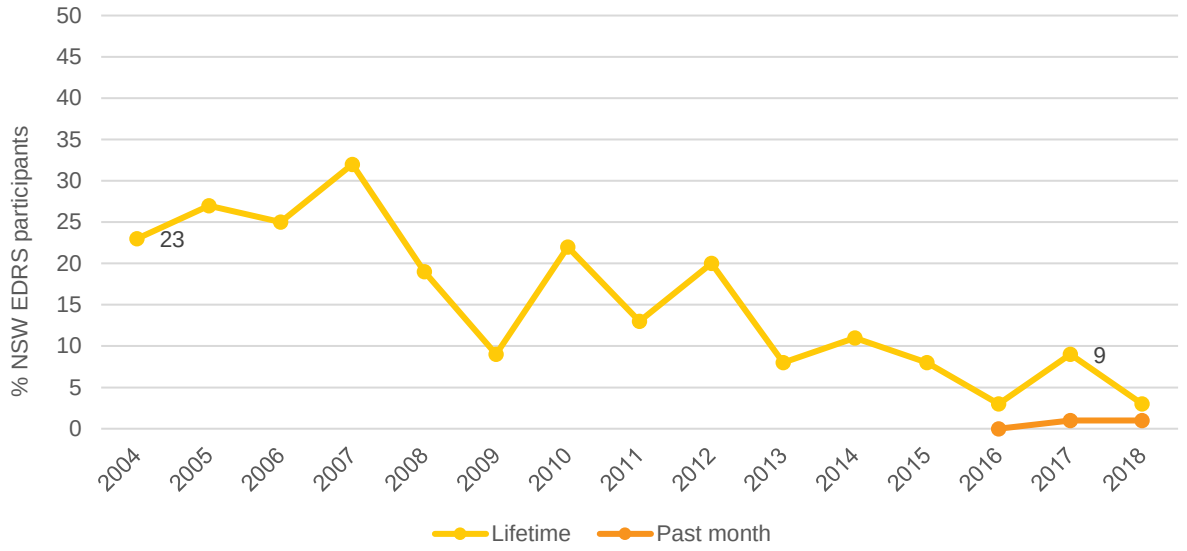


Note. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Injecting Drug Use and Associated Risk Behaviours

- There has been a significant decrease in the percentage reporting injecting in their lifetime since monitoring began (n≤5in 2018 versus 23% in 2004; p<0.001) (Figure 36).
- Due to low numbers reporting injecting drugs no further data will be reported on injecting. For national trends refer to the national EDRS report or contact the researchers for more information.

Figure 36: Lifetime and past month drug injection, NSW, 2004-2018



Note. Y axis reduced to 50% to improve visibility of trends. Past 6-month injection asked of participants prior to 2016. Data labels have been removed from figures in years of initial monitoring, and 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Drug Treatment

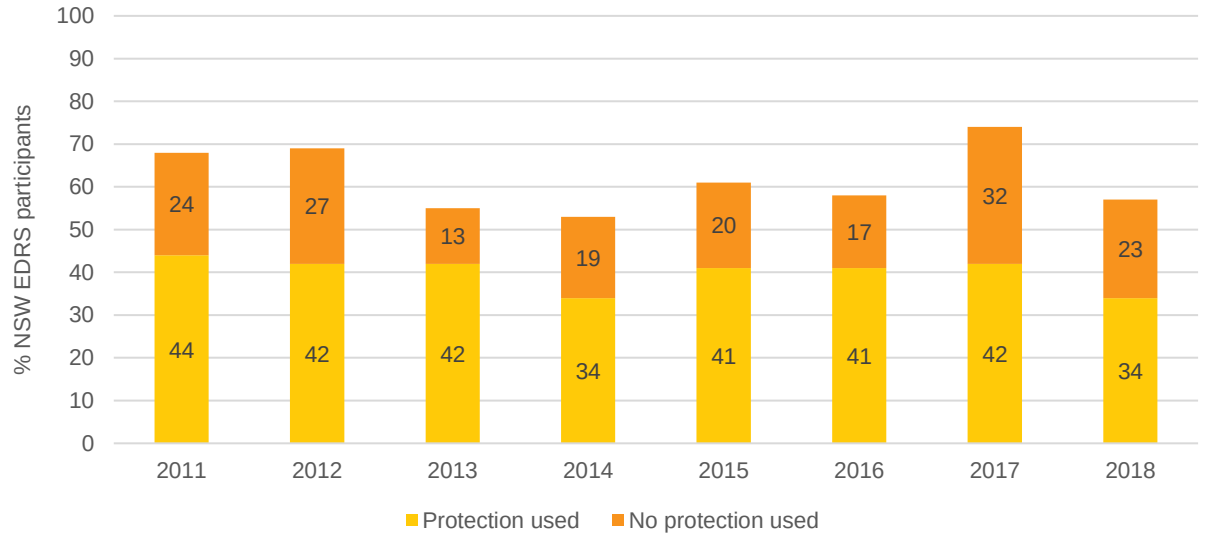
- A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years. For national trends refer to the national EDRS report, or for further information contact the researchers.

Sexual Risk Behaviours

- The percentage of the sample reporting having sex with at least one casual partner in the six months preceding interview has fluctuated slightly since monitoring began (57% in 2018 compared to 75% in 2017; p=0.007).
- Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.
- One-third (34%; 60% of those reporting recent sex with a casual partner) of the total sample reported using a barrier method on the last occasion of penetrative sex with a casual partner (Figure 37).
- The majority (86%) of those reporting recent penetrative sex with a casual partner (n=57) reported having sex while using drugs in the previous six months (89% in 2017; p=0.557).
- The most commonly used drugs used during sex amongst this group were alcohol (76%), cannabis (61%), and ecstasy (53%).
- One-fifth (20%) of this group (n=49) had not used a barrier (condom/glove/dental dam) on any occasion when having penetrative sex with a casual partner while using drugs in the six months preceding interview.
- Forty-five per cent of the total sample reported having had a sexual health check-up in the past year; 13% had done so more than one year ago; and 42% had never had a sexual health check-up.
- Of those tested in the past year who commented (n=44), two-thirds (68%) reported that they had not received a positive diagnosis for a sexually transmitted infection

(STI); 18% had received a positive diagnosis in the past year; and 14% had received a positive diagnosis over a year ago.

Figure 37: Sex with a casual partner in the last six months and use of any protection/barrier on the last occasion, NSW 2011-2018

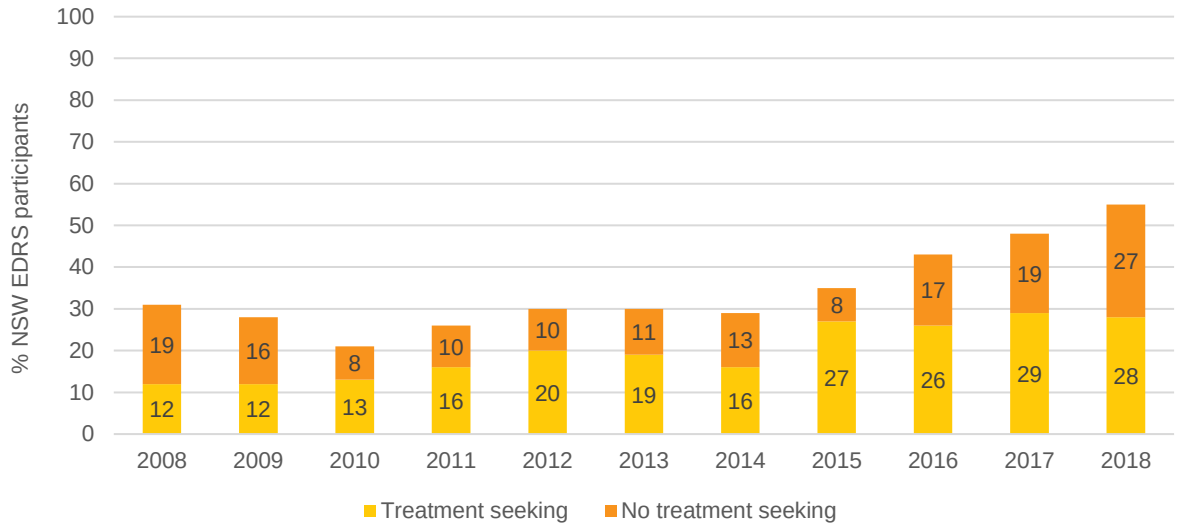


Note. Don't know and did not respond responses excluded. The combination of the percentage who report protection used and no protection used is the percentage who reported penetrative sex with a casual partner in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Mental Health

- Over half (56%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a significant increase since 2008 (31%; p<0.001) (Figure 38).
- Of those who commented (n=55), the most common mental health problem was anxiety (78%), followed by depression (64%).
- Half (51%) of those who reported experiencing a mental health problem (28% of the total sample) reported seeing a mental health professional during the past six months.
- Of these people (n=28), 54% reported being prescribed medication for this problem in this period (59% in 2017; p=0.701).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, NSW, 2008-2018

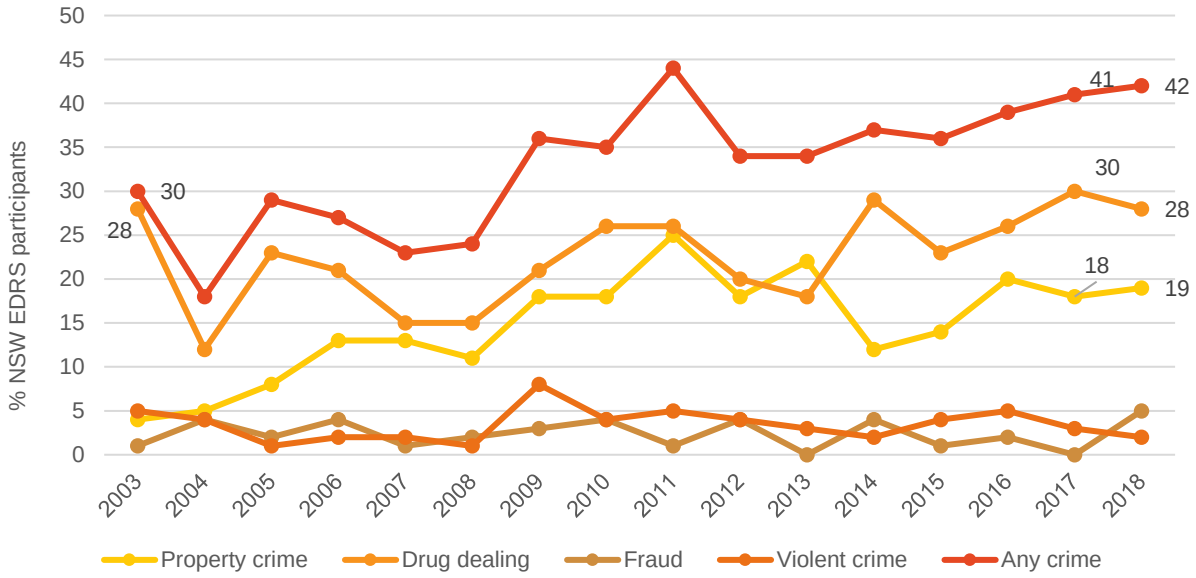


Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Crime

- Rates of past month criminal activity have fluctuated over time, with drug dealing and property crime consistently the two main forms of criminal activity (28% and 19%, respectively, in 2018; Figure 39).
- Ten per cent of the sample reported having been arrested in the 12 months preceding interview, consistent with 2017 (9%; p=0.792).
- In 2018, the main reasons for arrest were drug use or possession (50%), and property crime (40%).
- Very low numbers (n≤5) reported having ever been in prison in 2018, consistent with previous years.

Figure 39: Self-reported criminal activity in the past month, NSW, 2003-2018



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in 2003, 2017 and 2018 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.