EDRS



NEW SOUTH WALES DRUG TRENDS 2020

Key Findings from the New South Wales Ecstasy and related Drugs Reporting System (EDRS) Interviews

NEW SOUTH WALES DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

Roanna Chan[1], Julia Uporova[1], Antonia Karlsson[1], Daisy Gibbs[1], Olivia Price[1] & Amy Peacock[1,2]

[1] National Drug and Alcohol Research Centre, University of New South Wales

[2] School of Psychology, University of Tasmania

ISBN 978-0-7334-3955-1 ©NDARC 2021

This work is copyright. You may download, display, print and reproduce this material in unaltered form only (retaining this notice) for your personal, non-commercial use or use within your organisation. All other rights are reserved. Requests and enquiries concerning reproduction and rights should be addressed to the information manager, National Drug and Alcohol Research Centre, University of New South Wales, Sydney, NSW 2052, Australia.

Suggested citation: Chan, R., Uporova, J., Karlsson, A., Gibbs D., Price, O., & Peacock, A. (2021). New South Wales Drug Trends 2020: Key findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews, National Drug and Alcohol Research Centre, UNSW Sydney: Sydney.

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

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

Table of Contents

SAMPLE CHARACTERISTICS 5

COVID-19 8

ECSTASY/MDMA 17

METHAMPHETAMINE 23

COCAINE 28

CANNABIS 31

KETAMINE AND LSD 36

NEW PSYCHOACTIVE SUBSTANCES 42

OTHER DRUGS 44

DRUG-RELATED HARMS AND OTHER ASSOCIATED BEHAVIOURS 49

List of Tables

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE, NATIONALLY (2020) AND NEW SOUTH WALES, 2016-20205
TABLE 2: SOCIAL AND FINANCIAL IMPACTS OF COVID-19 RESTRICTIONS, NSW, 2020 11
TABLE 3: DRUG USED MOST OFTEN IN FEBRUARY (PRE-COVID-19 RESTRICTIONS) VERSUS IN THE PAST MONTH (DURING COVID-19 RESTRICTIONS), NSW, 2020 12
TABLE 4: HARM REDUCTION BEHAVIOURS TO REDUCE RISK OF COVID-19 TRANSMISSION AND/OR IMPACTS OF RESTRICTIONS, NSW, 2020 16
TABLE 5: CURRENT PERCEIVED PURITY AND AVAILABILITY OF ECSTASY PILLS, CAPSULES AND CRYSTAL, NSW, 2018-2020 22
TABLE 6: PAST SIX MONTH USE OF NPS, NATIONALLY AND NSW, 2010-2020 42
TABLE 7: USE OF NPS IN THE PAST SIX MONTHS, NSW, 2010-2020 43
TABLE 8: MEAN AUDIT TOTAL SCORES AND PERCENT OF PARTICIPANTS SCORING ABOVE RECOMMENDED LEVELS, NSW, 2015-2020 49
TABLE 9: MEANS OF PURCHASING ILLICIT DRUGS IN THE PAST 12 MONTHS, NSW, 2019-2020 54

List of Figures

FIGURE 1: DRUG OF CHOICE, NEW SOUTH WALES, 2003-2020 6
FIGURE 2: DRUG USED MOST OFTEN IN THE PAST MONTH, NSW, 2011-2020 7
FIGURE 3: WEEKLY OR MORE SUBSTANCE USE IN THE PAST SIX MONTHS, NSW, 2003-2020 7
FIGURE 4: TIMELINE OF COVID-19 IN AUSTRALIA AND EDRS DATA COLLECTION PERIOD, 2020 9
FIGURE 5: HEALTH PRECAUTIONS RELATED TO COVID-19 IN THE PAST FOUR WEEKS, NSW, 2020 10
FIGURE 6: PERCEIVED CHANGE IN DRUG USE SINCE MARCH 2020 (SINCE COVID-19 RESTRICTIONS) AS COMPARED TO BEFORE, NSW, 2020 13
FIGURE 7: CHANGE IN PERCEIVED AVAILABILITY OF ILLICIT DRUGS SINCE MARCH 2020 (SINCE COVID-19 RESTRICTIONS) AS COMPARED TO BEFORE, NSW, 2020 14
FIGURE 8: CHANGE IN MEANS OF OBTAINING DRUGS SINCE MARCH 2020 (SINCE COVID-19 RESTRICTIONS), NSW, 2020 15
FIGURE 9: PAST SIX MONTH USE OF ANY ECSTASY, AND ECSTASY PILLS, POWDER, CAPSULES, AND CRYSTAL, NSW, 2003-2020 17
FIGURE 10: MEDIAN DAYS OF ANY ECSTASY AND ECSTASY PILLS, POWDER, CAPSULES, AND CRYSTAL USE IN THE PAST SIX MONTHS, NSW, 2003-2020 18
FIGURE 11: MEDIAN PRICE OF ECSTASY PILL AND CAPSULE, NSW, 2003-2020 21
FIGURE 12: MEDIAN PRICE OF ECSTASY CRYSTAL PER POINT AND GRAM AND POWDER PER GRAM, NSW, 2013-2020 21
FIGURE 13: PAST SIX MONTH USE OF ANY METHAMPHETAMINE, POWDER, AND CRYSTAL, NSW, 2003-2020 24
FIGURE 14: MEDIAN DAYS OF ANY METHAMPHETAMINE, POWDER, AND CRYSTAL USE IN THE PAST SIX MONTHS, NSW, 2003-2020 24
FIGURE 15: MEDIAN PRICE OF METHAMPHETAMINE POWDER PER POINT AND GRAM, NSW, 2003-2020 26
FIGURE 16: CURRENT PERCEIVED PURITY OF METHAMPHETAMINE POWDER, NSW, 2003-2020 26
FIGURE 17: CURRENT PERCEIVED AVAILABILITY OF METHAMPHETAMINE POWDER, NSW, 2003-2020 27
FIGURE 18: PAST SIX MONTH USE AND FREQUENCY OF USE OF COCAINE, NSW, 2003-2020 28
FIGURE 19: MEDIAN PRICE OF COCAINE PER GRAM, NSW, 2003-2020 29
FIGURE 20: CURRENT PERCEIVED PURITY OF COCAINE, NSW, 2003-2020 30
FIGURE 21: CURRENT PERCEIVED AVAILABILITY OF COCAINE, NSW, 2003-2020 30
FIGURE 22: PAST SIX MONTH USE AND FREQUENCY OF USE OF CANNABIS, NSW, 2003-2020 31
FIGURE 23: MEDIAN PRICE OF HYDROPONIC (A) AND BUSH (B) CANNABIS PER OUNCE AND GRAM, NSW, 2006-2020 33
FIGURE 24: CURRENT PERCEIVED POTENCY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, NSW, 2006-2020 34
FIGURE 25: CURRENT PERCEIVED AVAILABILITY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, NSW, 2006-2020 35
FIGURE 26: PAST SIX MONTH USE AND FREQUENCY OF USE OF KETAMINE, NSW, 2003-2020 37
FIGURE 27: MEDIAN PRICE OF KETAMINE PER GRAM, NSW, 2003-2020 37
FIGURE 28: CURRENT PERCEIVED PURITY OF KETAMINE, NSW, 2003-2020 38
FIGURE 29: CURRENT PERCEIVED AVAILABILITY OF KETAMINE, NSW, 2003-2020 38
FIGURE 30: PAST SIX MONTH USE AND FREQUENCY OF USE OF LSD, NSW, 2003-2020 39
FIGURE 31: MEDIAN PRICE OF LSD PER TAB, NSW, 2003-2020 40
FIGURE 32: CURRENT PERCEIVED PURITY OF LSD, NSW, 2003-2020 40
FIGURE 33: CURRENT PERCEIVED AVAILABILITY OF LSD, NSW, 2003-2020 41
FIGURE 34: NON-PRESCRIBED USE OF PHARMACEUTICAL MEDICINES IN THE PAST SIX MONTHS, NSW, 2007-2020 45
FIGURE 35: OTHER ILLICIT DRUGS USED IN THE PAST SIX MONTHS, NSW, 2003-2020 47
FIGURE 36: LICIT DRUGS USED IN THE PAST SIX MONTHS, NSW, 2003-2020 48
FIGURE 37: PAST YEAR NON-FATAL STIMULANT AND DEPRESSANT OVERDOSE, NSW, 2006-2020 51
FIGURE 38: LIFETIME AND PAST MONTH DRUG INJECTION, NSW, 2004-2020 51
FIGURE 39: SELF-REPORTED MENTAL HEALTH PROBLEMS AND TREATMENT SEEKING IN THE PAST SIX MONTHS, NSW, 2008-2020 52
FIGURE 40: SELF-REPORTED CRIMINAL ACTIVITY IN THE PAST MONTH, NSW, 2003-2020 53

Acknowledgements

Funding

In 2020, the Ecstasy and Related Drugs Reporting System (EDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

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

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Roanna Chan, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
- Amy Kirwan, Cristal Hall, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Samantha Colledge, Thomas Santo, Jodi Van Dyk, Evelyn Pappas, Devashi Paliwal, Jasmine Parker, Hugh Scobie and Thomas-Melios Traver for conducting the New South Wales EDRS interviews in 2020. We would also like to thank members of the Drug Trends Advisory Committee, as well as the Australian Injecting & Illicit Drug Users League (AIVL) for their contribution to the EDRS project.

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-AcO-DMT	*4-Acetoxy*-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
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
PMA	*Paramethoxyamphetamine*
SD	Standard deviations
UNSW	University of New South Wales
WHO	World Health Organization

Executive Summary

The NSW EDRS sample comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisement on websites and via word-of-mouth in Sydney, NSW. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from May-June, subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were also delivered via phone/videoconference rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

The NSW EDRS sample (N=103) were predominantly young (median age 21) males, currently studying for either a university or trade qualification. This sample was younger and more likely to be students than the 2019 sample. In 2020, cannabis was the drug of choice (35%) among the sample, followed by ecstasy (18%) and alcohol (15%). Cannabis and alcohol were the drugs used most often in the preceding month (44% and 21%, respectively).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Eighteen per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, nearly all participants (94%) had practiced social distancing and 76% had practiced home isolation. Cannabis was reported by 34% of participants as the drug most used in February 2020 (before COVID-19 restrictions) and had risen to 44% in the month prior to interview. By contrast, ecstasy was reported by 23% as the drug most used in February, and 10% in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March, including ecstasy/MDMA (63%), amyl nitrite (74%), methamphetamine (47%) and cocaine (43%). The primary reasons for a decrease in use of these drugs comprised 'fewer opportunities to be with people or to go out'. An increase in cannabis use was reported by two-fifths of consumers (42%), mainly cited as due to 'boredom/less things to occupy time', 'more time to use the drug' and 'greater anxiety/depression with COVID-19'. Most participants reported drug availability as stable, although methamphetamine powder and MDMA pills were most commonly cited as drugs which had decreased in availability (55% and 44%, respectively). Nearly half (45%) of the participants rated their mental health in the past four weeks as 'being worse' compared to February, 28% reported 'similar' and 27% reported their mental health as 'better'. One-in-ten (12%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Almost three-quarters (72%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Ecstasy

Weekly or more frequent use of any ecstasy had been declining in recent years, though increased in 2020 (21%; 12% in 2019). Capsules have been the main form used in the past three years, followed by crystal and the pill form (88%, 47%, and 41%, respectively, in 2020), with a recent decline in the use of the crystal form (68% in 2019). Recent consumers reported a median of two capsules in a 'typical' session and three in a 'maximum' session. Reported price of capsules and pills was $25 and $20, respectively (the latter representing a decrease relative to previous years), and 88% of those who commented reported capsules to be easy or very easy to obtain.

Methamphetamine

Recent use of any methamphetamine has been declining amongst the NSW sample since

the commencement of monitoring (17% in 2020). The per cent reporting use of powder and crystal methamphetamine has converged in recent years, with 9% and 10% reporting any recent use in the 2020 sample.

Cocaine

Recent use of cocaine has been increasing amongst the NSW sample, with the largest per cent reporting any recent use recorded in recent years (84% in 2020; 83% in 2019). Most consumers reported infrequent use of cocaine (7% weekly or more). The median price has remained stable ($300 per gram).

Cannabis

At least three in four participants have reported any recent use of cannabis each year since monitoring began (88% in 2020). A majority (68%) reported weekly or more frequent use, a significant increase from 2019 (46%). Smoking remained the main route of administration. Reports of price, perceived potency and perceived availability were relatively stable.

Ketamine and LSD

Recent use of ketamine has increased since monitoring began, with use of ketamine peaking in 2019 at 68%, then declining to 53% in 2020. The per cent reporting any recent use of LSD peaked in 2017 and 2018 and since declined somewhat (48% and 44% in 2019 and 2020, respectively). Frequency of use remained low in 2020 at three days for both ketamine and LSD.

New Psychoactive Substances (NPS)

In the NSW sample, 33% reported recent use of at least one form of NPS (27% in 2019). DMT was the most common recently used NPS (18%).

Other Drugs

Reported recent use of non-prescribed pharmaceutical stimulants remained stable at 40% between 2019 and 2020, as did the per cent reporting any recent non-prescribed benzodiazepine use (45%; 52% in 2019) and any recent amyl nitrite use (56%; 57% in 2019). The per cent reporting any recent use of nitrous oxide peaked in 2018 (75%) and decreased to 67% in 2020; frequency of use has remained infrequent. Alcohol and tobacco use were common in the sample, and 38% of recent tobacco consumers reported daily use. Half (50%) reported recent use of e-cigarettes, stable from 2019 (50%), with 37% reporting doing so for smoking cessation purposes.

Drug-Related Harms and Associated Behaviours

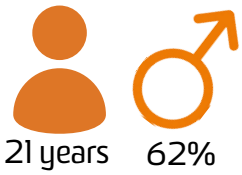
Nearly three-quarters (72%) of the sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Twenty per cent reported a non-fatal stimulant overdose, and 30% reported a non-fatal depressant overdose in the past year, predominantly occurring following alcohol use. The per cent reporting lifetime injecting drug use remained low (10%), as did the number currently in drug treatment. Over half the sample (52%) self-reported that they had experienced a mental health problem in the preceding six months, and 60% of these had seen a mental health professional in that period. Self-report of any criminal activity remained stable at 39% (43% in 2019). Drug dealing remained the main form of self-reported criminal activity in 2020. The majority of participants (68%) reported purchase of illicit or non-prescribed drugs over social networking applications, whereas fewer participants reported face-to-face obtainment of illicit drugs on any occasion in the 12 months preceding interview (61% in 2020; 82% in 2019). In 2020, there was an increase in those receiving illicit drugs via a collection point in the past 12 months compared with 2019 (22%; 8% in 2019).

EDRS Ecstasy and Related Drugs Reporting System

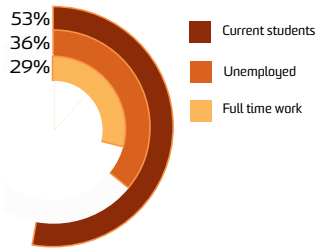
2020 NEW SOUTH WALES SAMPLE CHARACTERISTICS



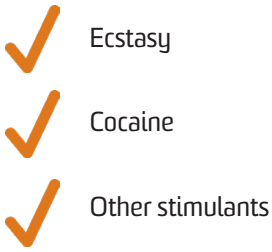
In 2020, 103 people from Sydney, NSW, participated in EDRS interviews.



The median age in 2020 was 21, and 62% identified as male.

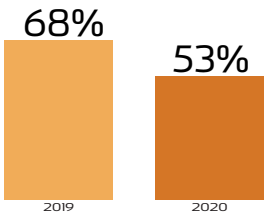


In the 2020 sample, 53% were enrolled students, 36% were unemployed, and 29% were employed full time.

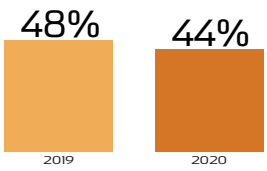


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

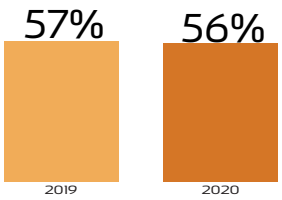
OTHER DRUGS



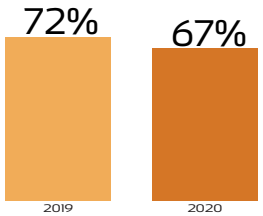
Past 6 month use of ketamine decreased from 68% in 2019 to 53% in the 2020 EDRS sample.



Past 6 month use of LSD was stable from 2019 (48%) to 2020 (44%).



Past 6 month use of any amyl nitrite was stable from 2019 (57%) to 2020 (56%).

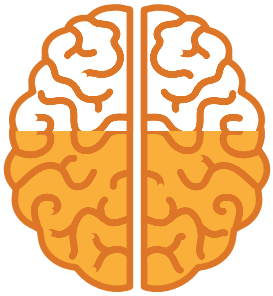


Past 6 month use of any nitrous oxide (nangs) decreased from 72% in the 2019 EDRS sample to 67% in 2020.

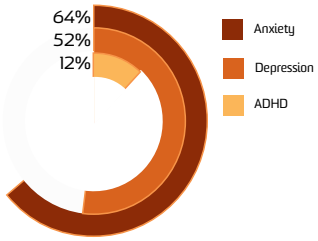
DRUG TREATMENT AND MENTAL HEALTH



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



Just over half of the sample (52%) self-reported that they had experienced a mental health problem in the previous 6 months.

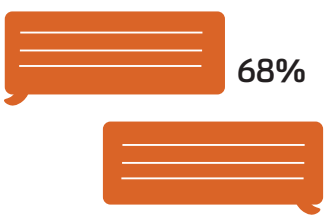


Of those who commented, the most common self-reported mental health concern was anxiety (64%), followed by depression (52%), and ADHD (12%).

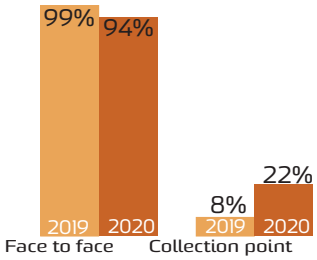


Of those self-reporting a mental health problem, 60% reported seeing a mental health professional in the previous 6 months (30% of the entire sample).

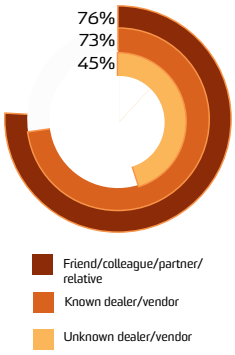
MODES OF PURCHASING



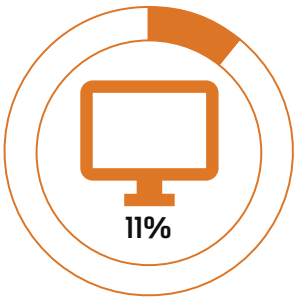
In 2020, 68% of participants organised the purchase of illicit or non-prescribed drugs via social networking.



When asked about how they received drugs, 94% said face to face, and 22% said via a pre-arranged collection point.

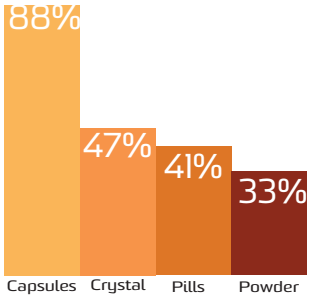


The majority of participants reported obtaining drugs from someone they knew personally (76%).

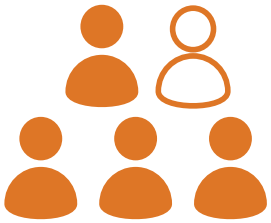


In 2020, 11% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

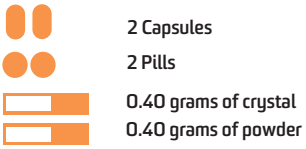
ECSTASY



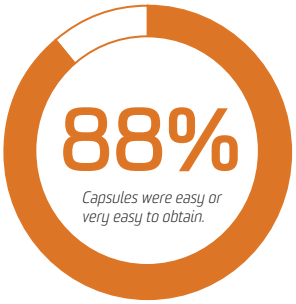
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.



Of those who had recently consumed ecstasy, 1 in 5 (21%) used it weekly.

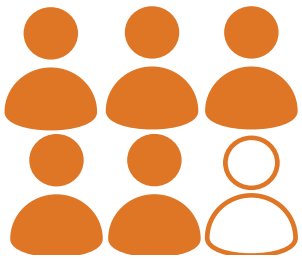


Median amounts of ecstasy consumed in a 'typical' session using each form.

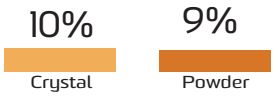


Of those who could comment 88% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

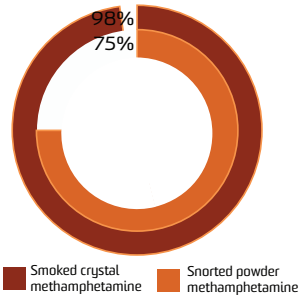
METHAMPHETAMINE



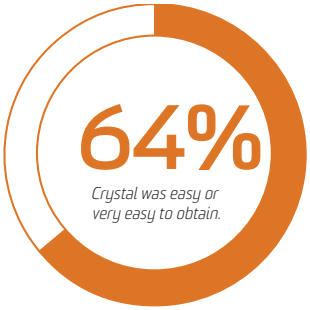
Past 6 month use of any methamphetamine decreased from 26% in 2019 to 17% in 2020.



Of the entire sample, 9% had recently consumed powder, and 10% crystal methamphetamine.

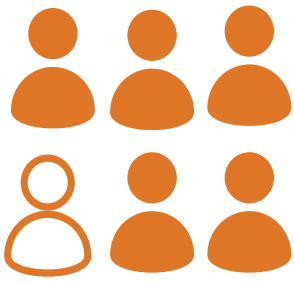


98% of people who had recently used crystal smoked it. Of those who had recently used powder, 75% snorted it.

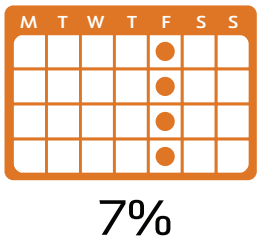


Of those who could comment 64% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



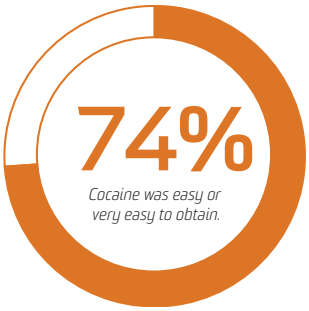
Past 6 month use of any cocaine was stable from 2019 (83%) to 2020 (84%).



Of people who had consumed cocaine recently, 7% reported weekly or more frequent use.

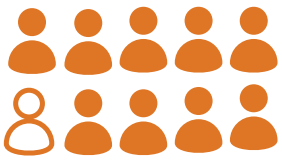


Of people who had consumed cocaine in the last 6 months, 100% had snorted it.

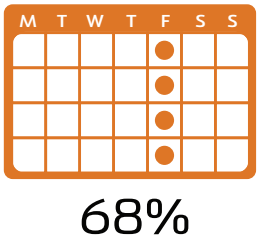


Of those who could comment 77% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



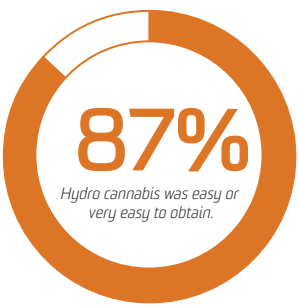
Past 6 month use of any cannabis was stable at 88% in 2020 and 81% in 2019.



Of those who had consumed cannabis recently, over half (68%) reported weekly or more frequent use.



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



Of those who could comment 87% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

EDRS 2003-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred. A total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Sydney during April-June 2019 (100 in 2018). Two participants in the 2019 NSW sample completed the interview in 2018.

EDRS 2020: 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 came into effect in March 2020), face-to-face interviews were no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

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

5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 103 participants interviewed in Sydney, NSW during May-June 2020. One participant in the 2020 NSW sample completed the interview in 2019.

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 2019 and 2020, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in 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 New South Wales (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

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

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

Additional Outputs

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

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

1

Sample Characteristics

In 2020, the NSW EDRS sample was mostly similar demographically to the sample in previous years, noting that the sample was younger than that recruited in 2019 but similar in age demographics to that recruited in earlier years (Table 1).

Over three-fifths of the 2020 sample was male (62%; 57% in 2019; *p*=0.456).

Two-fifths of the 2020 sample reported living in a rented house/flat (41%; 61% in 2019; *p*=0.004), with most of the remaining participants living with their parents/in their family house (47%; 33% in 2019; *p*=0.048).

More than half (53%) were current students (41% in 2019; *p*=0.175), whereby 43% were studying at university/college and 11% were undergoing a trade/technical qualification (32% in 2019; *p*=0.115 and 9% in 2019; *p*=0.688, respectively).

Over one-quarter (29%) reported being currently employed full-time (37% in 2019; *p*=0.233) and 36% reported being unemployed at the time of interview (19% in 2019; *p*=0.007).

Table 1: Demographic characteristics of the sample, nationally (2020) and New South Wales, 2016-2020

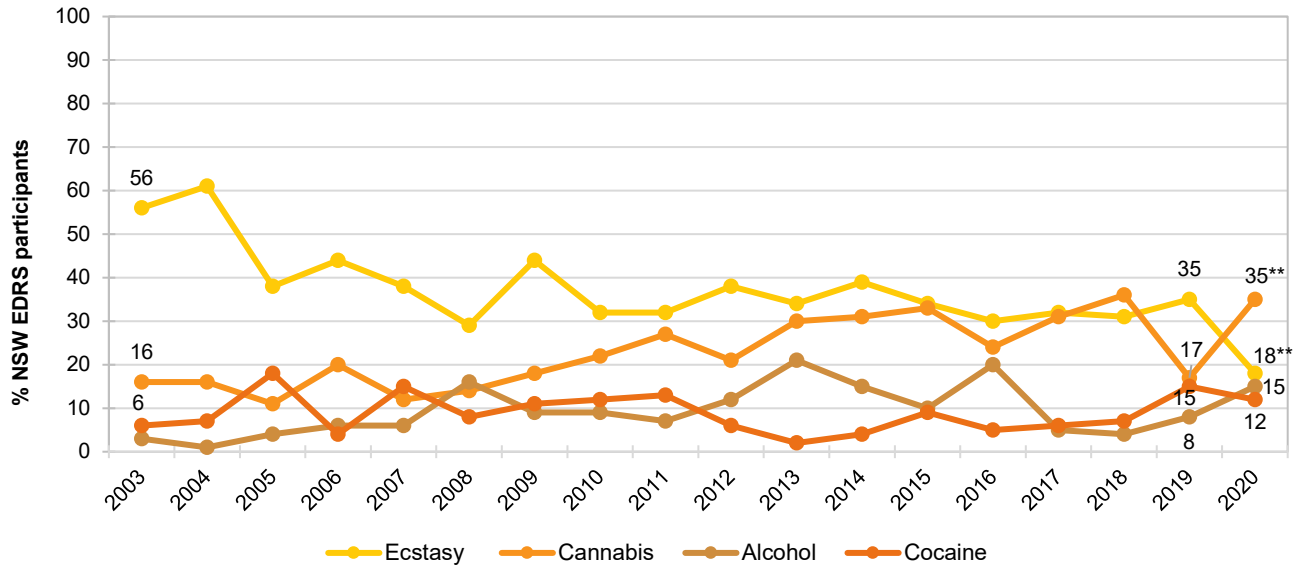
	National 2020	NSW 2020	NSW 2019	NSW 2018	NSW 2017	NSW 2016
	N=805	N=103	N=100	N=100	N=100	N=103
Median age (years; IQR)	22 (19-27)	**21** (19-27)**	25 (21-29)	20 (18-22)	20 (19-24)	21 (19-24)
% Male	61	**62**	57	60	69	68
% Aboriginal and/or Torres Strait Islander	4	**-**	-	7	-	-
% Sexual identity						
Heterosexual	83	**82****	63	82	81	79
Homosexual	3	**1*****	11	-	5	7
Bisexual	10	**16**	17	13	11	12
Queer	3	**-**	-	/	/	/
Different identity	2	**-**	7	-	-	-
Mean years of school education (range)	12 (7-12)	**12* (12-12)**	12 (9-12)	12 (9-12)	12 (10-12)	12(9-12)
% Post-school qualification(s)^	51	**45**	59	30	35	34
% Current employment status						
Employed full-time	26	**29**	37	19	19	24
Part time/casual	35	**32**	/	/	/	/
Self-employed	5	**-**	/	/	/	/
Students	47	**53**	41	15	15	43

	National 2020	NSW 2020	NSW 2019	NSW 2018	NSW 2017	NSW 2016
Unemployed	35	**36****	19	24	13	7
Current median weekly income $ (IQR)	(N=771) $600 (400-923)	**(N=101) $635 (420-962)**	(N=99) $755 (450-1154)	(N=96) $400 (200-764)	(N=96) 450 (25-2,100)	(N=100) 400 (15-1731)
% Current accommodation						
Own house/flat	5	**6**	-	6	-	-
Rented house/flat	50	**41****	61	30	38	34
Parents'/family home	40	**47***	33	59	58	62
Boarding house/hostel	2	**-**	0	-	-	-
Public housing	2	**3**	-	0	/	/
No fixed address	1	**-**	-	0	-	0
Other	-	**1**	0	0	-	-

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

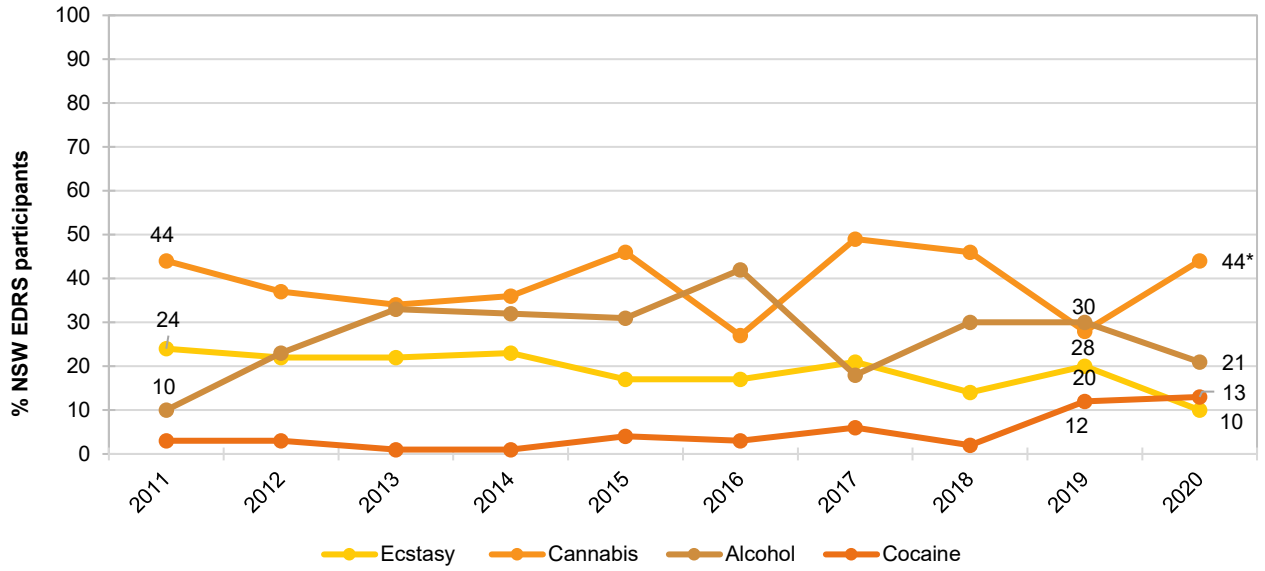
Participants typically reported that cannabis or ecstasy were their drugs of choice (35%; 17% in 2019; p=0.004 and 18%; 35% in 2019; p=0.008, respectively; Figure 1). Cannabis and alcohol were the drugs used most often in the month preceding interview (44%; 28% in 2019; p=0.020 and 21%; 30% in 2019; p=0.159, respectively; Figure 2). Sixty percent of the sample reported weekly or more frequent cannabis use (37% in 2019, p<0.001; Figure 3), whereas 21% of the sample reported weekly or more frequent ecstasy use (42% in 2019; p=0.086).

Figure 1: Drug of choice, New South Wales, 2003-2020



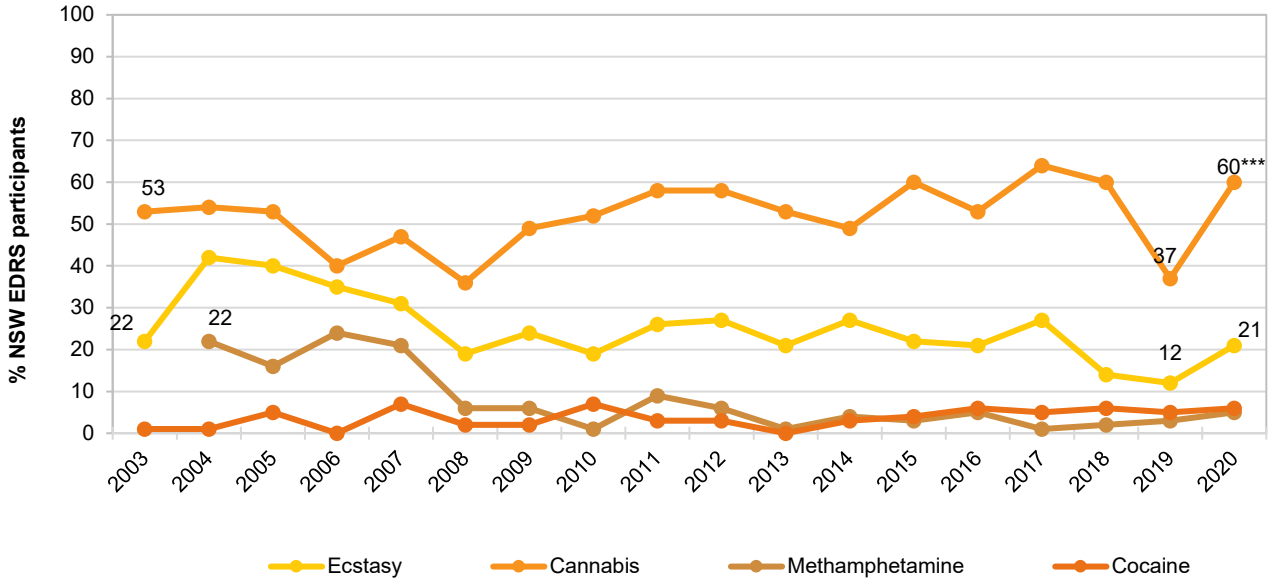
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 2: Drug used most often in the past month, NSW, 2011-2020



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. n≤5). Data are only presented for 2011-2019 as this question was not asked in 2003-2010. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 3: Weekly or more substance use in the past six months, NSW, 2003-2020



Note. Among the entire sample. 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 2019 versus 2020.

2

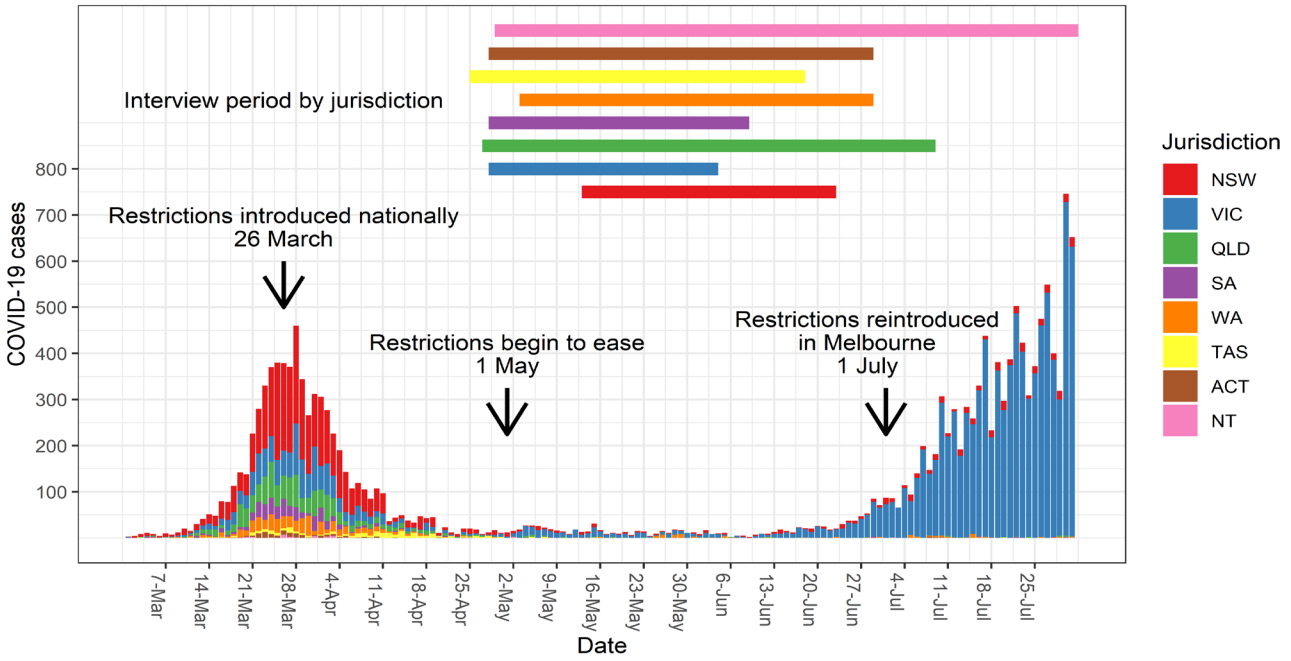
COVID-19

Background

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

New South Wales observed its first three cases of COVID-19 on 25th January 2020. On 27th February, the prime minister officially declared COVID-19 a pandemic, with the NSW Minister for Health forcing the immediate cancelation of major events with more than 500 people on 15th March. Following this, on 18th March, a ban on non-essential indoor gatherings of 100 people or more was implemented, along with social distancing rules of 1.5 metres and strict visitor rules for aged care facilities. On 23rd March, the NSW premier announced new restrictions in which non-essential activities and businesses would be temporarily shut down. On 28th April, the NSW Premier announced the easing of some restrictions, including allowing up to two adults and dependent children to visit another household from 1st May, and increased retail activity with some businesses choosing to reopen. On 15th May, further restrictions in NSW would be eased including the allowance of outdoor gatherings of up to ten people, cafes and restaurants to seat up to ten people at any one time and up to five visitors to a household at any one time. Further easing of restrictions was implemented from 1st June onwards, though strict social distancing guidelines remained in place.

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



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

Methods

EDRS interviews for NSW commenced on 13th May and concluded on 23rd June, 2020.

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

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

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

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

COVID-19 Testing and Diagnosis

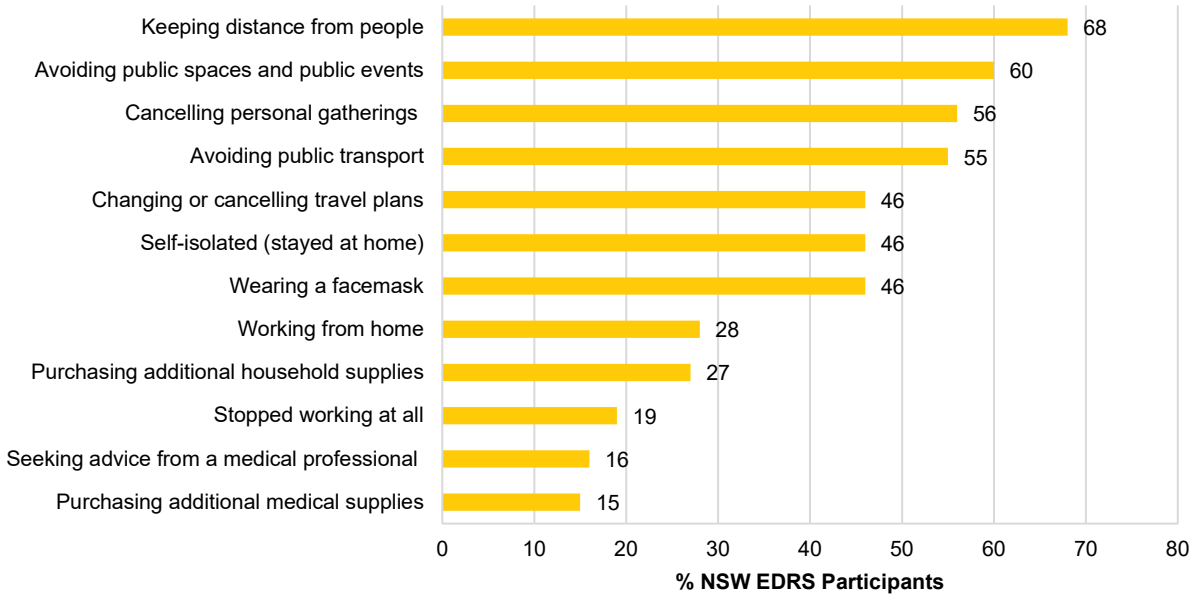
Nearly one in five (18%) participants in the NSW sample had been tested for SARS-CoV-2 by the time of interview, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (71%) responded 'not at all', and under one-quarter (22%) were 'slightly' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, the vast majority of participants (94%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 76% had practiced home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A smaller percentage (8%) reported that they were required to quarantine for 14 days due to being at risk of contracting

COVID-19. Participants were asked about health precautions they had engaged in during the four weeks prior to interview (Figure 5). Most commonly, participants reported keeping distance from other people (68%), avoiding public spaces and events (60%), and cancelling personal gatherings (56%).

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



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

Housing. Just under half of the NSW sample (47%) reported residing with parents/at their family house, with a further 41% of the sample living in a rental house/flat at the time of interview and 6% living in their own flat/house. Over one-tenth (14%) of participants reported that their living situation had changed since the beginning of March, and of these participants (n=14), the majority (71%) reported that they were living in a rented house/flat in the month of February, before COVID restrictions. As to why participants' living situation had changed, reasons included 'movement unrelated to COVID' and 'moved to be with family'.

Employment and Income. Two-fifths (44%) of the sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants (n=45), in the month of February, 89% were receiving a wage/salary and 20% were receiving a government pension (e.g., New Start/Jobseeker). Of those not receiving a wage or salary (n=44) during the month prior to interview, one-quarter (25%) had been stood down temporarily because of COVID-19 (though were expecting employment in the future) and 18% were stood down permanently due to COVID-19, while 23% were seeking employment since before COVID-19.

When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 28% of participants reported that they were receiving more income, 35% reported less income, and 37% reported a similar amount of income (Table 2).

Three-in-ten participants (30%) reported experiencing financial difficulty during the past month; most commonly reported difficulties were being unable to pay household or phone bills on time (18%) or requesting deferred payment of rent or mortgage (12%). Furthermore, one-fifth (19%) of the sample reported asking for financial help from friends or family (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, NSW, 2020

	NSW 2020
	N=103
% Change in source of income since March 2020 (since COVID-19 restrictions)	44
% Change in total income in the past month compared to February	**n=103**
More money	28
Less money	35
About the same	37
% Financial difficulties in the past month#	**n=102**
Could not pay household or phone bills on time	18
Could not pay the mortgage or rent on time	12
Requested deferred payment of mortgage/rent/loan	5
Unable to buy food or went without meals	5
Unable to heat/air-condition house	3
Asked for financial help from friends or family	19
Asked for help from welfare or community organisations	4
Difficulty paying for medicines	5
Difficulty paying for medical treatment	3

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses.

Drug Use

Main drug used. Over one-third (35%) of participants reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020. Of these participants (n=39), the main transitions cited were from MDMA/ecstasy to cannabis (22%) or alcohol (8%) and from alcohol to cannabis (8%).

Frequency of drug use. Two in five (40%) reported using ecstasy and related drugs less in the month prior to interview as compared to February, 2020; 11% reported greater frequency of use, and 19% reported stable frequency (Table 3).

Table 3: Drug used most often in February (pre-COVID-19 restrictions) versus in the past month (during COVID-19 restrictions), NSW, 2020

	NSW 2020	
	February	Past month
% Drug used most often in that month	**N=102**	**N=103**
Ecstasy	23	10**
Cannabis	34	44***
Alcohol	21	21***
Cocaine	10	13
Other	20	12
*% reporting change in drug used most often from February to past month^*	Overall: 35	
% Frequency of ecstasy and related drug use in that month	**N=103**	**N=103**
Not in the month	6	16*
Monthly	19	17
Fortnightly	29	27
Weekly	26	19
More than once per week	16	18
Once a day	-	-
More than once per day	0	0
% reporting decrease in frequency	Overall: 41	
% reporting increase in frequency	Overall: 23	
% reporting stable frequency	Overall: 39	

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

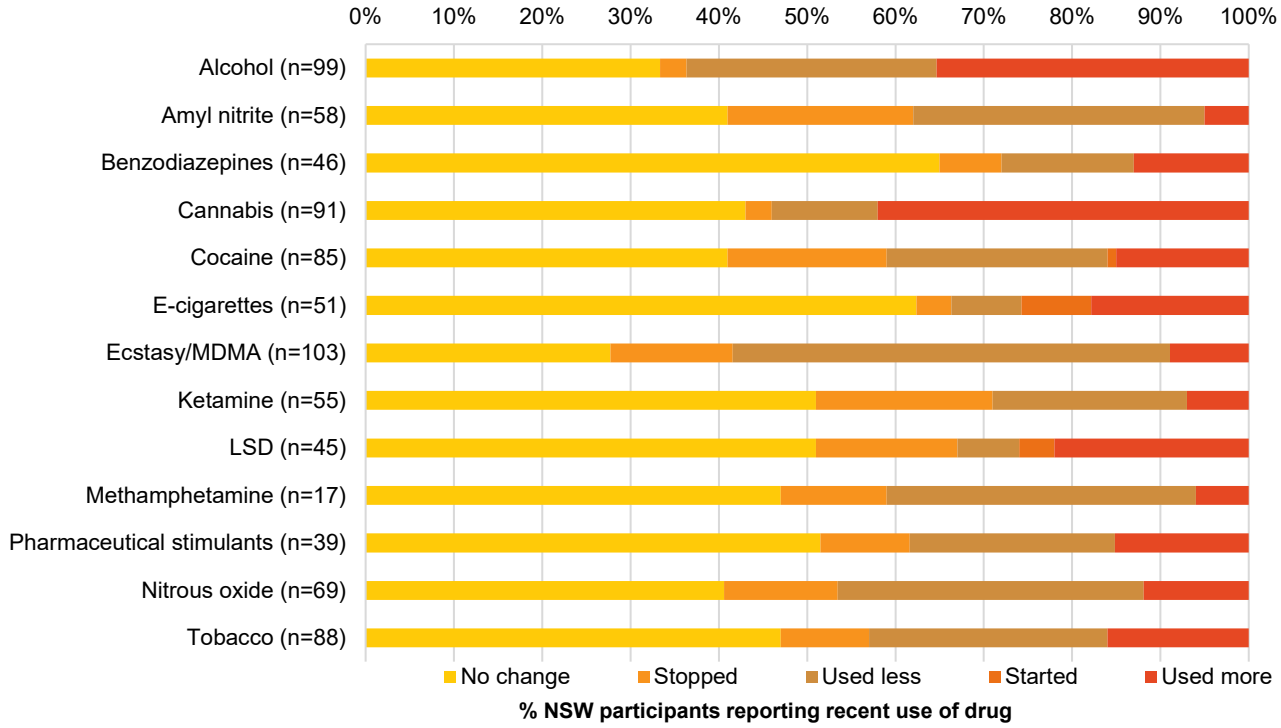
Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 6).

Most commonly, participants reported a decrease (i.e., reduction or cessation) in use of ecstasy/MDMA (63%), cocaine (43%), amyl nitrite (74%), and methamphetamine (47%), an increase (i.e., increase or commencement) for cannabis (42%); and no change for benzodiazepines (65%), e-cigarettes (63%), ketamine (51%) and pharmaceutical stimulants (51%).

The primary reason cited for decreasing use of ecstasy/MDMA and cocaine were 'fewer opportunities to be with people/go out' (89% for both drugs). Other commonly endorsed reasons were 'didn't feel like using the drug' and 'decreased availability of the drug'.

The primary reasons why participants increased their cannabis use comprised 'boredom/less things to occupy time' (82%), followed by 'more time to use the drug' (32%), and 'greater anxiety/depression with COVID-19' (18%).

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



Note. Questions about change in use were asked of participants who reported past six month use of the respective substance; don't know responses were excluded. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

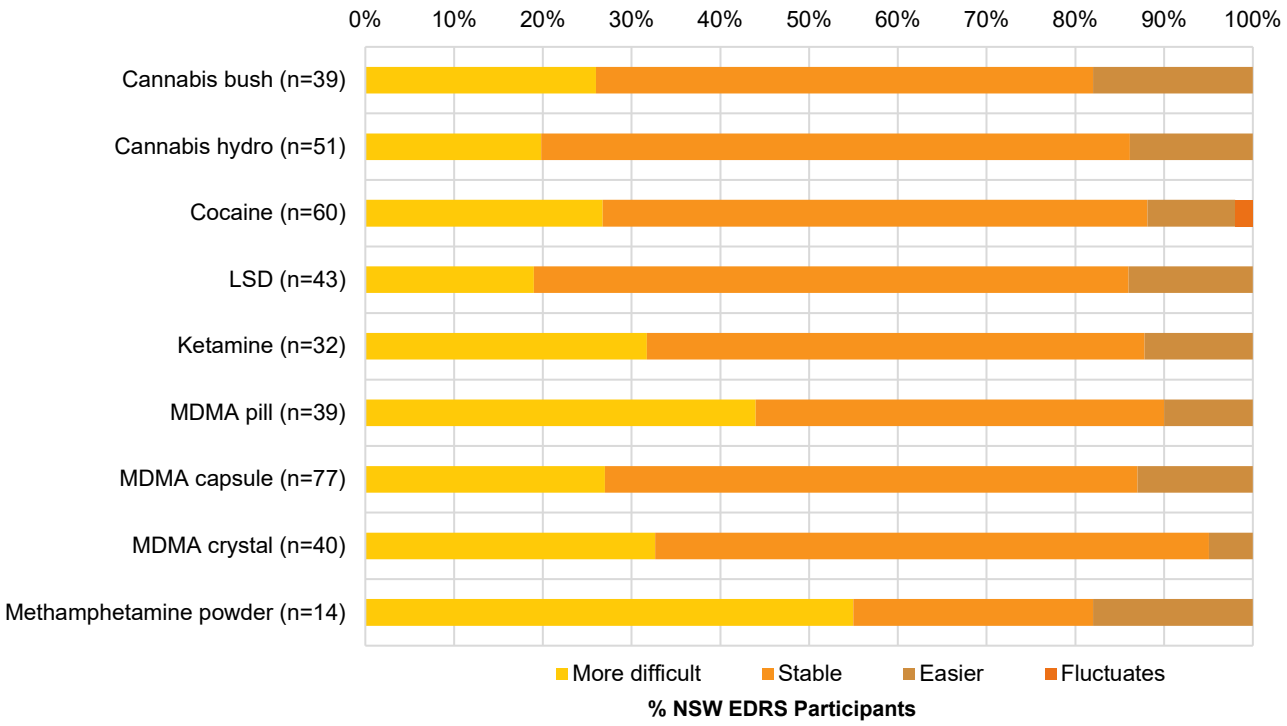
Price, Perceived Purity and Availability

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

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. For most drugs, participants reported that availability was stable (Figure 7). Methamphetamine powder and MDMA pills were most commonly cited as drugs which had decreased in availability (55% and 44%, respectively).

Participants were also asked about level of concern about being able to access illicit drugs. One-fifth (21%) of participants reported concerns about not being able to access illicit drugs due to COVID-19 and associated restrictions; 16% were 'somewhat concerned' and 6% were 'moderately concerned'.

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

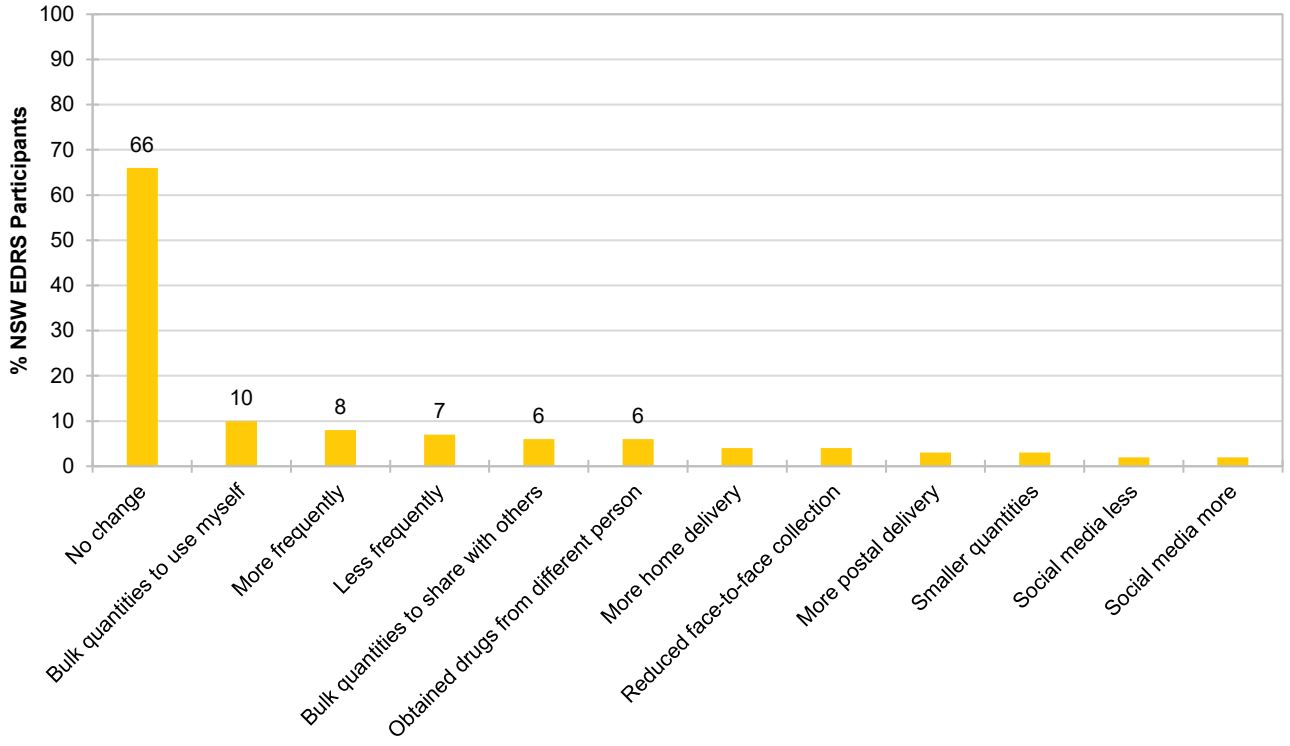


Note. The response 'Don't know' was excluded from analysis. Low numbers (n≤5) reporting on methamphetamine crystal, thus data is not presented.

Drug Purchasing Behaviours

Two-thirds (66%) of participants reported no change in means of obtaining drugs (Figure 8). However, 10% obtained drugs in 'bulk quantities to use myself', 8% obtained drugs 'more frequently', 7% of the sample obtained drugs 'less frequently', 6% obtained drugs in 'bulk quantities to share with others', and 6% 'obtained drugs from a different person'.

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



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

Risk and Protective Behaviours

Overdose. One-fifth (20%) of participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 75% experienced this prior to March; small numbers since March and small numbers both before and since March 2020.

Similarly, 27% of participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months; 78% experienced this prior to March; and small numbers since March or both before and since March 2020.

Drug and alcohol support. One-tenth (9%) of the sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and only a small percentage (9%) of the NSW sample reported difficulties accessing these services since March 2020 (since COVID-19 restrictions).

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, 45% of participants rated their mental health as being 'worse', 28% reported 'similar' and 27% reported their mental health as 'better'.

Crime. Twenty-two per cent of the sample reported committing a property crime during the past month, and 23% reported committing the same offence in February. Drug dealing also remained stable, with 25% and 29% of participants reporting drug dealing during the past month and in February, respectively.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. One-in-ten (12%) participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or

avoiding impacts of restrictions on drug acquisition and use. The most common source cited was online forums, with 7% of the NSW sample reporting this source.

Almost three-quarters (72%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, NSW, 2020

	NSW 2020 (n=103)
Washed hands with soap/sanitiser before handling drugs or money	55
Avoiding sharing other drug use equipment with other people	39
Stocked up on illicit/non prescribed drugs	30
Prepared drugs yourself	22
Wiped down drug packages/wraps with soap/sanitiser	18
Stocked up on prescription medicines prescribed to you	7
Home delivery of sterile drug use equipment from a HR service	0
Obtained take-home naloxone/Narcan	0
Avoided smoking/vaping drugs	-
Avoided sharing needles/syringes with other people	-
Stocked up on sterile needles/syringes	-
Stocked up on other sterile drug use equipment	-

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

3

Ecstasy/MDMA

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

Recent Use (past 6 months)

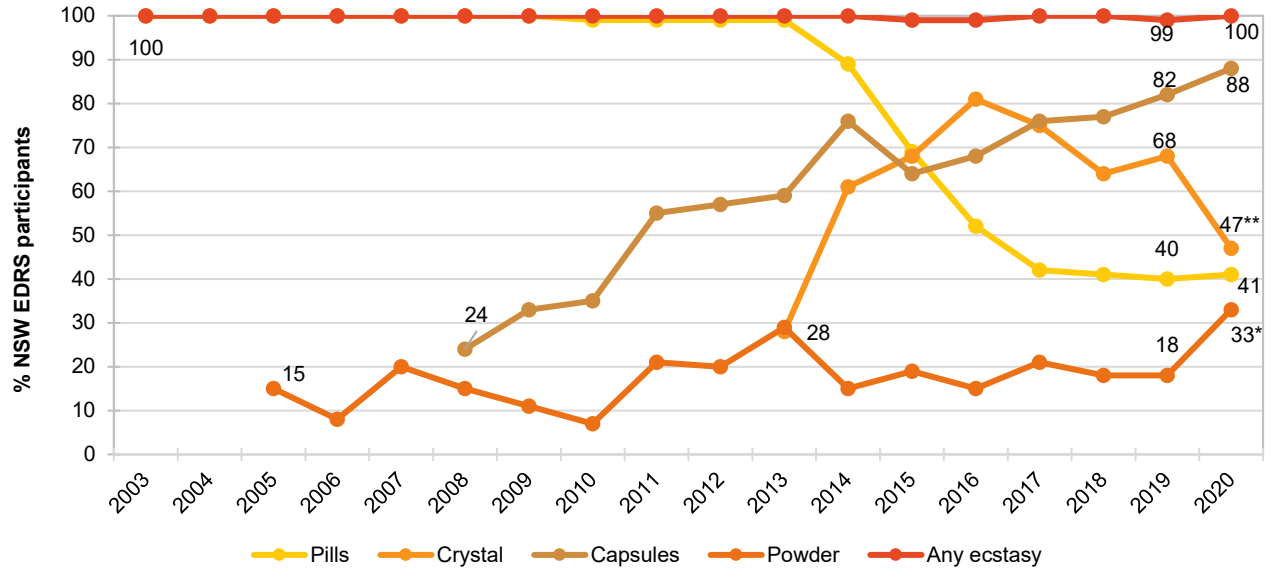
In 2020, 100% of the sample had recently consumed ecstasy in any form. This was consistent with previous years (Figure 9) and reflects the interview eligibility criteria (see Methods).

Capsules continued to be the most commonly consumed form of ecstasy, with 88% of the sample reporting any recent use (82% in 2019; p=0.213), followed by crystal, which evidenced a significant reduction in the per cent reporting any recent use (47% in 2020 versus 68% in 2018; p=0.002; Figure 9).

Frequency of Use

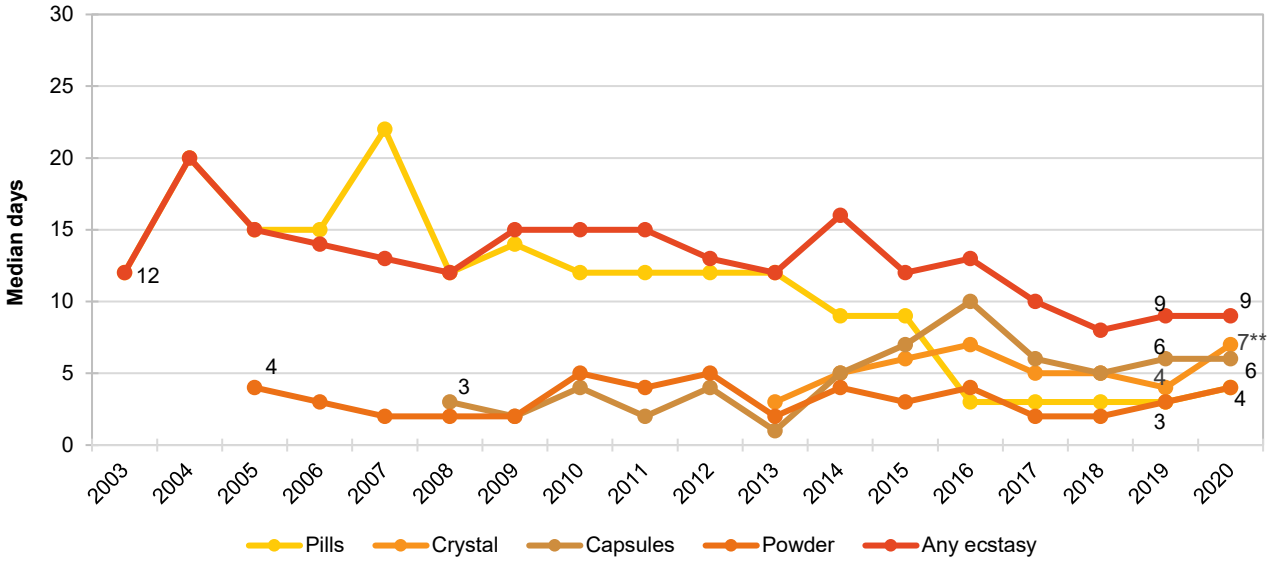
In NSW, participants reported using ecstasy (in any form) on a median of nine days (IQR=6-20; n=99; Figure 10) in the previous six months (9 days in 2019, IQR=5-13; p=0.444). Of those who recently consumed ecstasy in any form, 21% had used it weekly or more frequently (12% in 2019; p=0.086; Figure 3).

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



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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



Note. 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 days to improve visibility of trends. 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 2019 versus 2020.

Patterns of Consumption

Ecstasy Pills

Recent Use: In 2020, 41% of the NSW sample reported recent use of ecstasy pills. This is stable from 2019 (40%, *p*=0.910) but follows from an overall downward trend in use of ecstasy pills since 2013, when 99% of the sample reported recent use (*p*<0.001; Figure 9).

Frequency of Use: Ecstasy pills were consumed on a median of four days in the previous six months (IQR=2-10; 3 days in 2019, IQR=1-5; *p*=0.075; Figure 10).

Route of Administration: Swallowing remained the main route of administration for ecstasy pills in the NSW sample (98% of consumers in 2020; 98% in 2019; *p*=0.972). Snorting was reported by 24% in 2020 (15% in 2019; *p*=0.314).

Quantity: In a 'typical' session, people who had recently used ecstasy pills reported consuming a median of two pills (IQR=1-3; n=41). This was stable from 2019 (median 2 pills; IQR=1-3; n=40; *p*=0.802). The 'maximum' amount participants reported in one session was also a median of two pills (IQR=1-5; n=44), stable from 2019 (2 pills, IQR=2-4; n=39; *p*=0.845).

Ecstasy Capsules

Recent Use (past 6 months): Capsules were the most commonly consumed form of ecstasy in 2020, with 88% of the NSW sample reporting any recent use (85% in 2019; *p*=0.213). Capsules have now been the main form used since 2017 (Figure 9).

Frequency of Use: Capsule use was the most frequent of any of the ecstasy forms, with a median of 6 days (IQR=2-7) of use in the past six months (6 days in 2019; IQR=4-10; *p*=0.879; Figure 10).

Route of Administration: Nearly all who had recently consumed capsules reported swallowing them (98% in 2020, 100% in 2019, *p*=0.175). Snorting capsules was reported by 23% of participants (33% in 2019; *p*=0.161).

Quantity: In a 'typical' session, the median number of capsules consumed was two capsules (IQR=2-5; 2019: 2 capsules, IQR=1.5-3; *p*=0.061), and in a 'maximum' session was three capsules (IQR=2-5; 2019: 3 capsules, IQR=2-4; *p*=0.292).

Contents of Capsules: Of those participants who had recently used capsules, most (72%) reported crystal being among the contents the last time they had used the substance, whilst 36% reported powder being among the contents. Small numbers (n≤5) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Ecstasy crystal was recently used by 47% of NSW participants in 2020 (68% in 2019; *p*=0.002). This is a significant reduction, as the per cent reporting recent crystal use has remained at two-thirds or more of the sample since 2016, after a peak of 81% in 2016 (Figure 9).

Frequency of Use: Crystal use occurred on a median of seven days in 2020 (IQR=4-17), an increase from the median frequency of four days reported in 2019 (IQR=2-8; *p*=0.002) (Figure 10).

Route of Administration: Of those who had recently used crystal, the majority (75%) reported swallowing, and 50% reported snorting the form. This reflects trends from 2019 for swallowing (87%; *p*=0.105) and snorting (52%; *p*=0.876), respectively).

Quantity: The median amount of ecstasy crystal consumed in 2020 was 0.40 grams (IQR=0.20-0.55; n=41) in a 'typical' session (2019: 0.25 grams, IQR=0.15-0.40; n=55; *p*=0.013) and 0.75 grams (IQR=0.30-1.00; n=42) in a 'maximum' session (0.40 grams in 2019, IQR=0.20-1.00; n=55; *p*=0.025).

Ecstasy Powder

Recent Use (past 6 months): In 2020, 33% of the NSW sample reported past six month use of ecstasy powder. As in previous years, powder was the least commonly consumed form of ecstasy, however the per cent reporting

recent use significantly increased in 2020 (18% in 2019, *p*=0.014; Figure 9).

Frequency of Use: For powder, the median days of use was four (IQR=2-7), similar to the estimate in 2019 (3 days; IQR=1-4; *p*=0.203; Figure 10).

Route of Administration: Routes of administration for ecstasy powder were similar to previous years, comprising 77% of participants snorting (78% in 2019; *p*=0.915) or swallowing (50% in 2019 versus 61% in 2019; *p*=0.444).

Quantity: In a 'typical' session, participants reported consuming a median of 0.40 grams (IQR=0.20-1.00; n=23; 2019: median 0.25 grams; IQR=0.10-0.45; n=13; *p*=0.398). The 'maximum' amount consumed in one session had a reported median of 0.60 grams (IQR=0.23-1.50; n=24; 2019: median 0.28 grams; IQR=0.13-0.88; n=12; *p*=0.143; Table 5).

Price, Perceived Purity and Availability

Ecstasy Pills

Price: Among those who could respond (n=43), the median price of an ecstasy pill in 2020 was $25 (IQR=20-35), stable from the median price recorded in 2019 ($25, IQR=20-40, *p*=0.143; Figure 11).

Perceived Purity: Among those who were able to comment in 2020 (n=46), over two-fifths (41%) perceived purity to be 'high' (41% in 2019, *p*=0.962) and 22% perceived purity to be 'medium' (22% in 2019, *p*=0.934; Table 5).

Perceived Availability: Of the 49 participants who could comment, 35% perceived ecstasy pills to be 'easy' to obtain (40% in 2019, *p*=0.585), while 33% perceived them to be 'difficult' to obtain (40% in 2019, *p*=0.447; Table 5).

Ecstasy Capsules

Price: In 2020, the median price per capsule amongst those who could respond (n=72) was $20 (IQR=20-20), lower than previous years ($25 in 2019, IQR=20-25; *p*<0.001; Figure 11).

Perceived Purity: Of those who could comment (n=88), ecstasy capsules were perceived to be 'high' purity by 41% of participants (34% in 2019; *p*=0.339), 'medium' by 24% (31% in 2019; *p*=0.291) and 'fluctuating' by 30% (31% in 2019; *p*=0.848; Table 5).

Perceived Availability: Among the group who responded (n=85), 40% perceived it to be 'very easy' to obtain ecstasy capsules, a significant decrease relative to 2019 (55%; *p*=0.041). A further 48% perceived it to be 'easy' (39% in 2019; *p*=0.232).

Ecstasy Crystal

Price: The median price for a gram of ecstasy crystal was $133 (IQR=100-200; n=30). This was a significant decrease from 2019 prices (median $200, IQR=150-200; *p*=0.009; Figure 12). Few participants (n≤5) purchased crystal in a point.

Perceived Purity: Among those who were able to comment in 2020 (n=44), almost half (48%) perceived purity of ecstasy crystal to be 'high' (49% in 2019; *p*=0.873), and 32% perceived it to be 'medium' (33% in 2019; *p*=0.867; Table 5).

Perceived Availability: Of those who could comment in 2020 (n=43), ecstasy crystal was perceived to be 'very easy' to obtain by 35% (34% in 2019; *p*=0.909). A further 44% perceived it to be 'easy' (44% in 2019; *p*=0.994; Table 5).

Ecstasy Powder

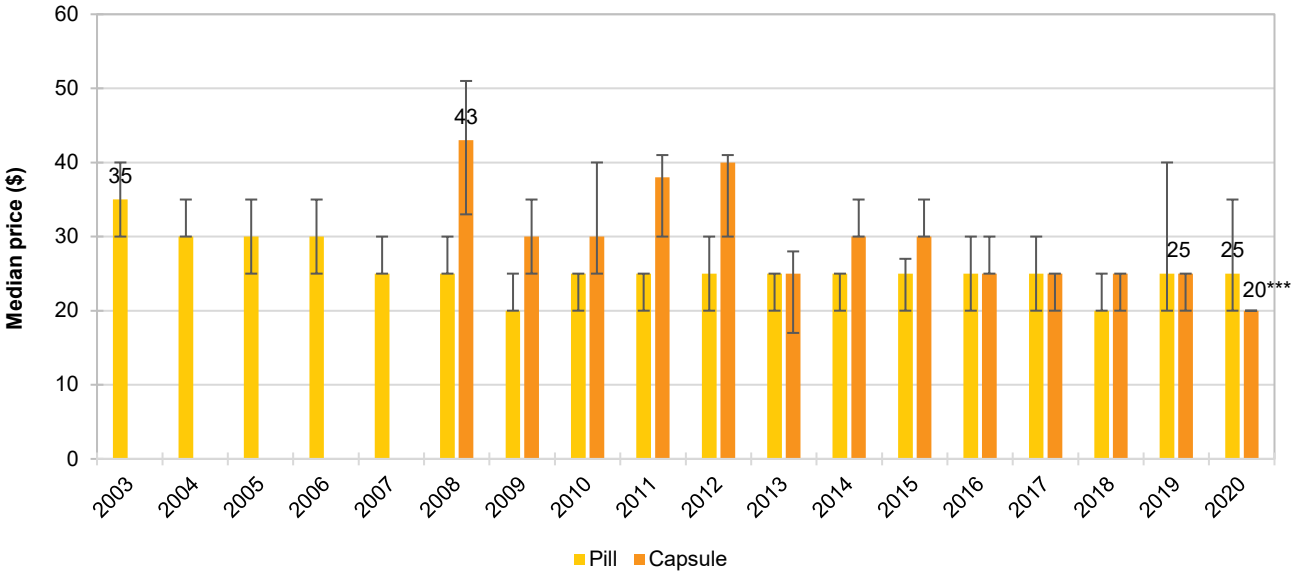
Price: In 2020, 12 participants were able to comment on the price of ecstasy powder. The median price for a gram was $100 (IQR=$83-$138), significantly lower than in 2019 ($200, IQR=110-250, *p*=0.012).

Perceived Purity: Of those that commented (n=17), perceived purity of ecstasy powder was reported as 'medium' by 59% of participants (63% in 2019; *p*=0829; Table 5).

Perceived Availability: Of the 18 participants who could comment, 33% perceived ecstasy

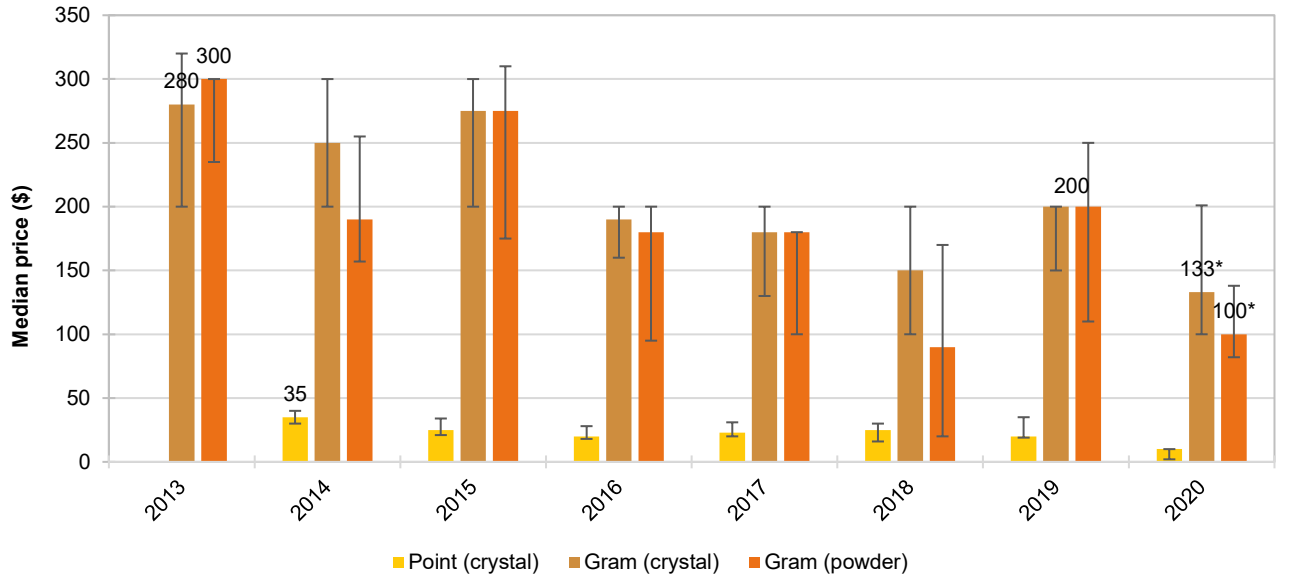
powder to be 'very easy' to obtain (n≤5 in 2019; *p*=0.051; Table 5).

Figure 11: Median price of ecstasy pill and capsule, NSW, 2003-2020



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 12: Median price of ecstasy crystal per point and gram and powder per gram, NSW, 2013-2020



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Table 5: Current perceived purity and availability of ecstasy pills, capsules and crystal, NSW, 2018-2020

	2018	2019	2020
Current Purity			
% Pills	(n=45)	(n=49)	**(n=46)**
Low	-	-	**13**
Medium	29	22	**22**
High	31	41	**41**
Fluctuates	33	29	**24**
% Capsules	(n=77)	(n=94)	**(n=88)**
Low	-	-	**-**
Medium	44	31	**24**
High	30	34	**41**
Fluctuates	20	31	**30**
% Crystal	(n=59)	(n=69)	**(n=44)**
Low	-	-	**0**
Medium	27	33	**48**
High	58	49	**21**
Fluctuates	12	13	**21**
% Powder	(n=10)	(n=16)	**(n=17)**
Low	-	-	**0**
Medium	70	63	**-**
High	-	-	**-**
Fluctuates	-	-	**-**
Current Availability			
% Pills	(n=47)	(n=50)	**(n=49)**
Very easy	21	-	**27***
Easy	34	40	**35**
Difficult	40	40	**33**
Very difficult	-	-	**-**
% Capsules	(n=79)	(n=94)	**(n=85)**
Very easy	60	55	**40***
Easy	35	39	**48**
Difficult	5	-	**12**
Very difficult	0	-	**0**
% Crystal	(n=58)	(n=68)	**(n=43)**
Very easy	41	34	**35**
Easy	35	44	**44**
Difficult	22	22	**16**
Very difficult	-	0	**-**
% Powder	(n=11)	(n=16)	**(n=18)**
Very easy	-	-	**33**
Easy	-	69	**-***
Difficult	-	-	**33**
Very difficult	-	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 2019 versus 2020.

4

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as speed), base (wet, oily powder) and crystal (clear, ice-like crystals). Findings for base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the National EDRS report, or contact the Drug Trends team

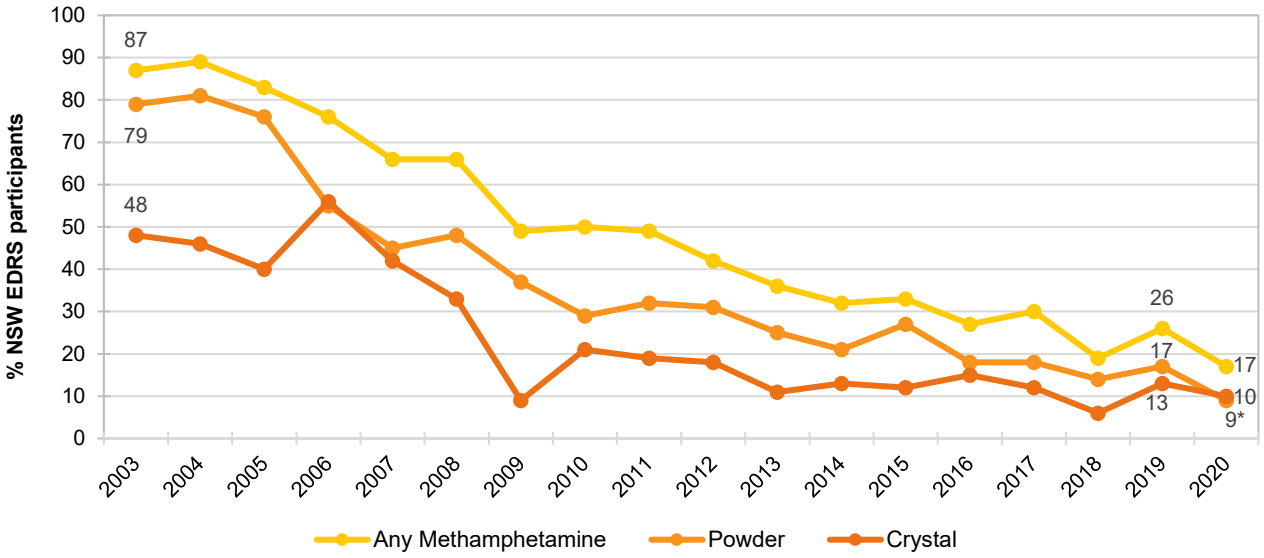
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began, from 87% of the NSW sample reporting recent use of any methamphetamine in 2003 to 26% in 2019. In 2020, 17% of the NSW sample reported recent use (p=0.098; Figure 13).

Frequency of Use

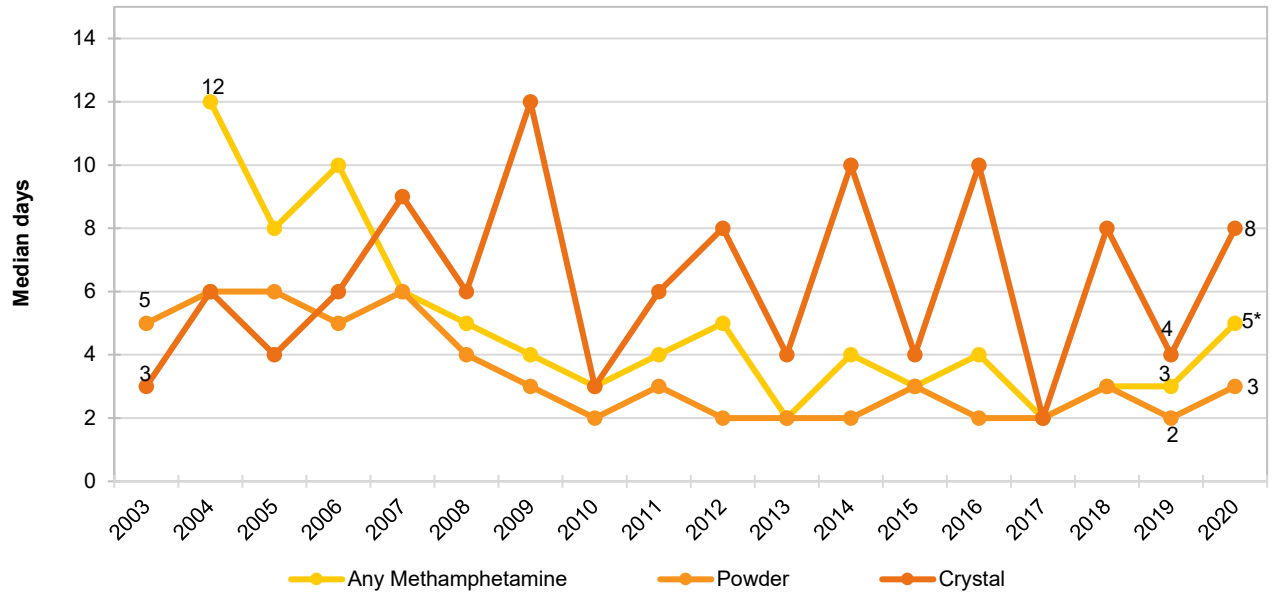
Frequency of any methamphetamine use in the past six months has been fortnightly or less over the course of monitoring. Median frequency of use in 2020 was five days (IQR=3-27), a small increase from a median of three days in 2019 (IQR=2-5; p=0.047) (Figure 14). Among recent consumers, few participants (n≤5) reported weekly or more frequent use of any methamphetamine.

Figure 13: Past six month use of any methamphetamine, powder, and crystal, NSW, 2003-2020



Note. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5). Values for methamphetamine base have been suppressed due to small number reporting recent use. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Use of methamphetamine powder has been declining since reporting began. Four-fifths (79%) reported recent use in 2003, declining to 17% in 2019 and 9% in 2020 (p=0.045; Figure 13).

Frequency of Use: Methamphetamine powder was used on a median of three days in 2020 (IQR=2-9), similar to two days (IQR=1-4) in 2019 (p=0.097; Figure 14). Small numbers

(n≤5) reported weekly or more frequent use of methamphetamine powder in 2020 (0% in 2019; *p*=0.137).

Routes of Administration: There was no clear majority**,** with n≤5 people utilising each route of administration for methamphetamine powder; thus, values have been suppressed. Please refer to the National EDRS report for national trends, or contact the research team for further information.

Quantity: In 2020, small numbers (n≤5) reported on the average amount of methamphetamine powder used in the last six months. In 2019, the median amount used in a 'typical' session was 0.25 grams (IQR=0.10-0.45). For a 'maximum' session, numbers were suppressed in 2020, however the median amount consumed in 2019 was 0.28 grams (n=12, IQR=0.13-0.88).

Methamphetamine Crystal

Recent Use (past 6 months): In 2020, 10% of the NSW sample reported recent use of methamphetamine crystal, similar to the estimate in 2019 (13%; *p*=0.460; Figure 13).

Frequency of Use: The median number of days the NSW sample consumed methamphetamine crystal was eight in 2020 (IQR=4-38), relatively similar to four days in 2019 (IQR=2-20; *p*=0.343; Figure 14). Small numbers (n≤5) reported weekly or more frequent use of crystal methamphetamine in 2020 (n≤5 in 2019; *p*=0.382).

Routes of Administration: There was no clear majority**,** with n≤5 people utilising each route of administration for crystal methamphetamine; thus, values have been suppressed. In 2019, the main route (92%) was smoking.

Quantity: In 2020, small numbers (n≤5) reported on the average amount of crystal methamphetamine used in a 'typical' session in the last six months. In 2019, it was 0.25 grams (n=55, IQR=0.15-0.40). Similarly, values were suppressed when reporting the median amount consumed in a 'maximum' session, in 2019 it was 0.40 grams, (n=38, IQR=0.20-1.00).

Price, Perceived Purity and Availability

Methamphetamine Powder

Price: Small numbers (n≤5) could report on the price of methamphetamine powder in the last six months. In 2019, the median price of a gram was $100 (IQR=100-160), which was stable from the preceding three years (Figure 15).

Perceived Purity: Considering low numbers reporting on perceived purity of methamphetamine power (n=6), please refer to the National EDRS report for national trends, or contact the research team for further information (Figure 16).

Perceived Availability: In 2020, low numbers reported on perceived availability of powder (n=6; Figure 17), hence numbers have been suppressed. Please refer to the National EDRS report for national trends, or contact the research team for further information.

Methamphetamine Crystal

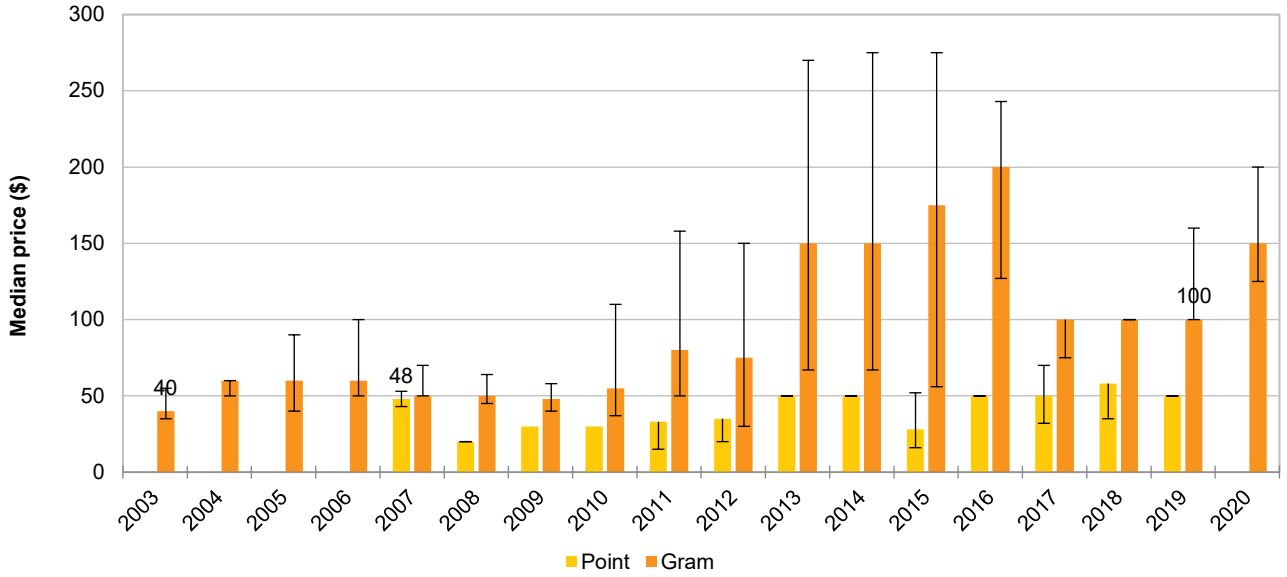
Price: Among those who could respond (n=8), the median price for a point of crystal methamphetamine was $50 (IQR=50-50), stable from the median of $50 in 2019 (IQR=50-50, n=13, *p*=0.972).

Perceived Purity: Considering low numbers reporting on perceived purity of crystal methamphetamine (n=10), numbers have been suppressed. Please refer to the National EDRS

report for national trends, or contact the research team for further information.

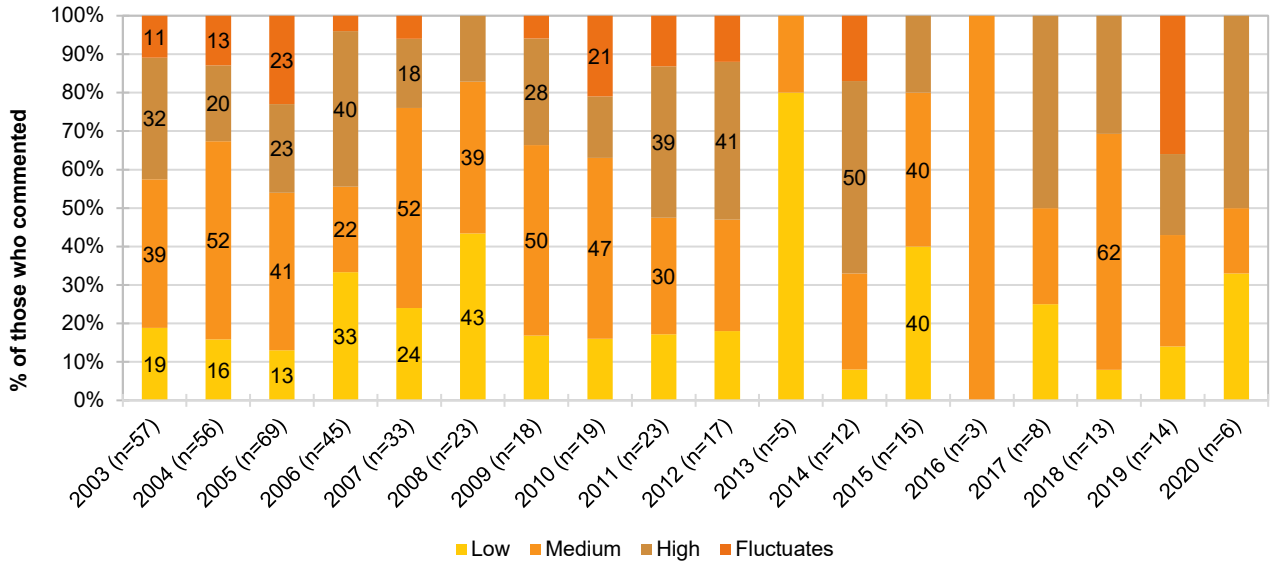
Perceived Availability: In 2020, low numbers reported on perceived availability of crystal methamphetamine (n=14), hence numbers have been suppressed. Please refer to the National EDRS report for national trends, or contact the research team for further information.

Figure 15: Median price of methamphetamine powder per point and gram, NSW, 2003-2020



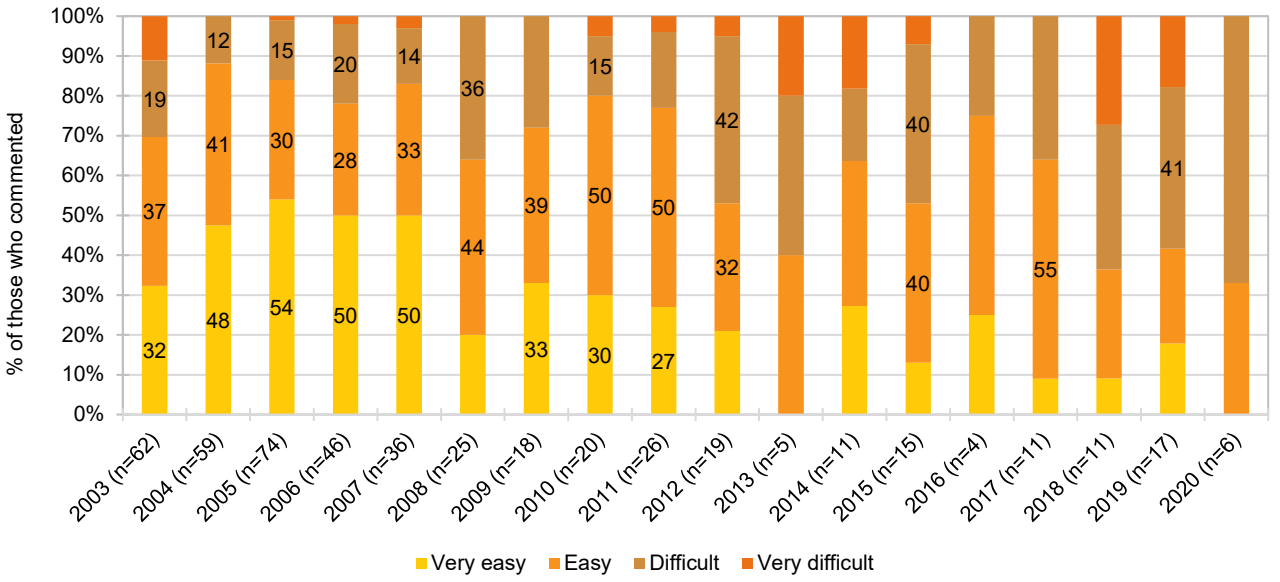
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 16: Current perceived purity of methamphetamine powder, NSW, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 17: Current perceived availability of methamphetamine powder, NSW, 2003-2020



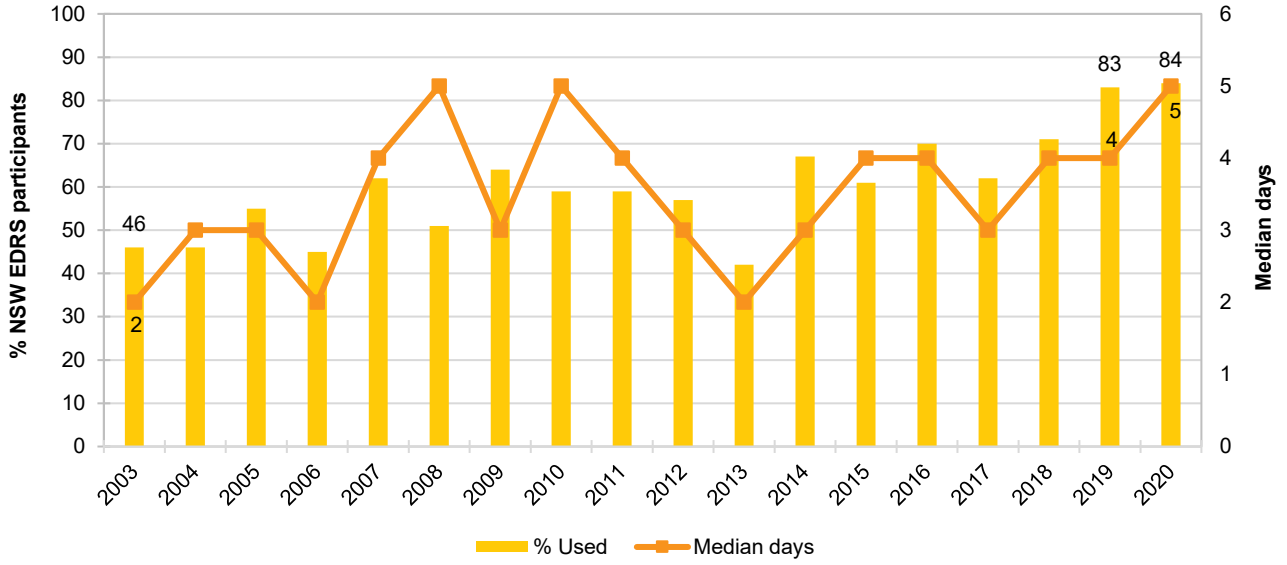
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5).
*p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

5

Cocaine

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

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends for days of use. Data labels have been removed from figures in years 2003, 2019 and 2020 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of Consumption

Recent Use (past 6 months)

The proportion of NSW participants reporting recent use of cocaine remained stable in 2020 (84%) from 2019 (83%; p=0.925). This continues the general upward trend that has been observed since reporting began in 2003, when 46% of the sample reported recent use (Figure 18).

Frequency of Use

Similarly, the median number of days that NSW participants reported using cocaine remained stable in 2020 (5 days, IQR=2-10; 2019: median 4 days, IQR-2-10; p=0.873; Figure 18). Weekly or more frequent use remained low at 7% of people who had recently used cocaine (n≤5 in 2019; p=0.802).

Route of Administration

Of those who had recently used cocaine, 100% reported snorting the drug. This was stable from 2019 (100% reported snorting; *p*=0.925).

Quantity

The median amount of cocaine consumed in a 'typical' session was 0.50 grams (IQR=0.50-1.00), stable from 2019 (0.50, IQR=0.24-1.00; *p*=0.050). In a 'maximum' session, the median intake in 2020 was one gram (IQR=0.62-2.00), an increase from the 2019 'maximum' median of 0.50 grams (IQR=0.30-1.38; *p*=0.023).

Price, Perceived Purity and Availability

Price

The median price for a gram of cocaine has been consistent since 2008. In 2020, 36 participants responded and reported that a gram cost $300 (IQR=250-300; 2019: n=80, $300, IQR=250-300; *p*=0.318; Figure 19).

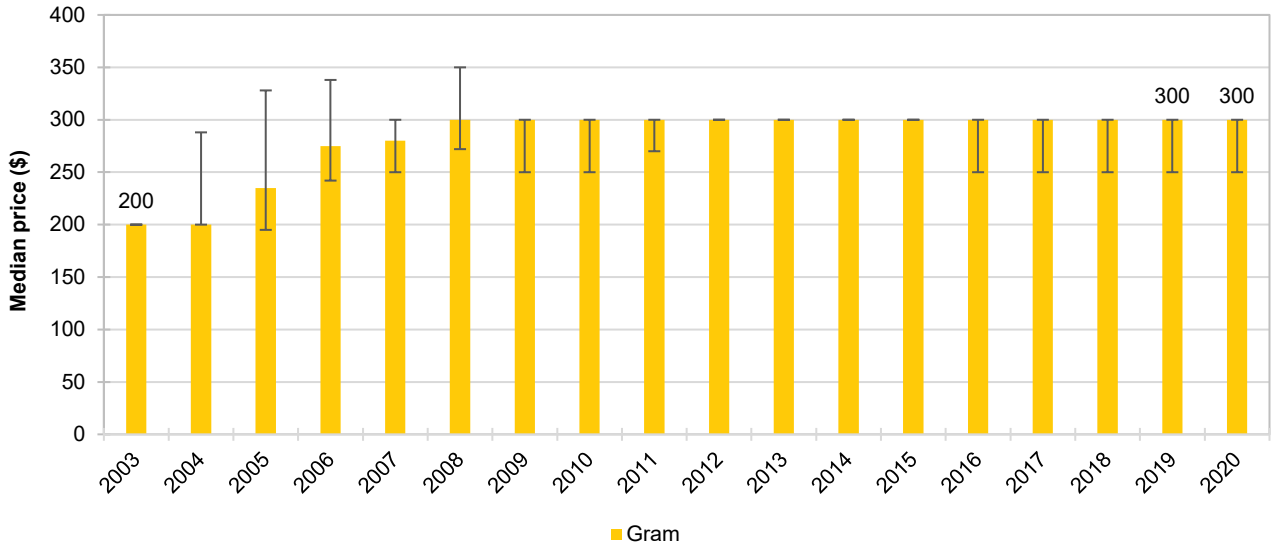
Perceived Purity

Among those who could comment in 2020 (n=71), 32% perceived cocaine purity to be 'medium' (29% in 2019; *p*=0.653), and a further 21% reported that purity was 'high', stable relative to 2019 (21%; *p*=0.976; Figure 20).

Perceived Availability

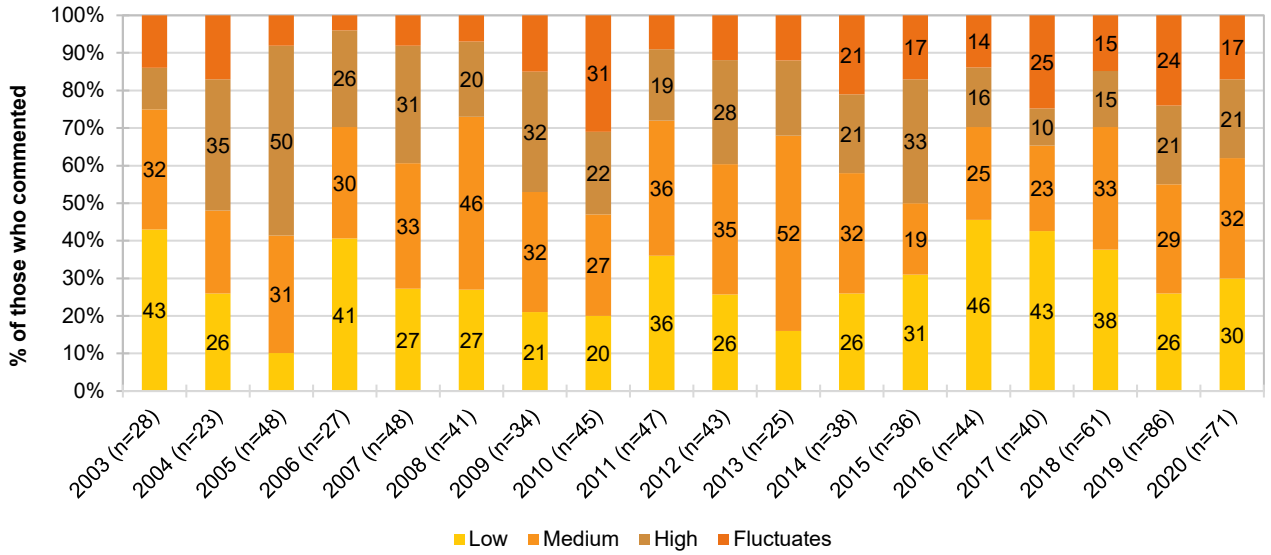
In 2020, 68 participants commented on the availability of cocaine. Of these participants, over one-quarter (28%) reported that cocaine was 'very easy' to obtain, a significant decrease relative to 2019 (48%; *p*=0.011). On the contrary, over one-quarter (27%) perceived cocaine 'difficult' to obtain in 2020, a significant increase from 13% in 2019 (*p*=0.034; Figure 21).

Figure 19: Median price of cocaine per gram, NSW, 2003-2020



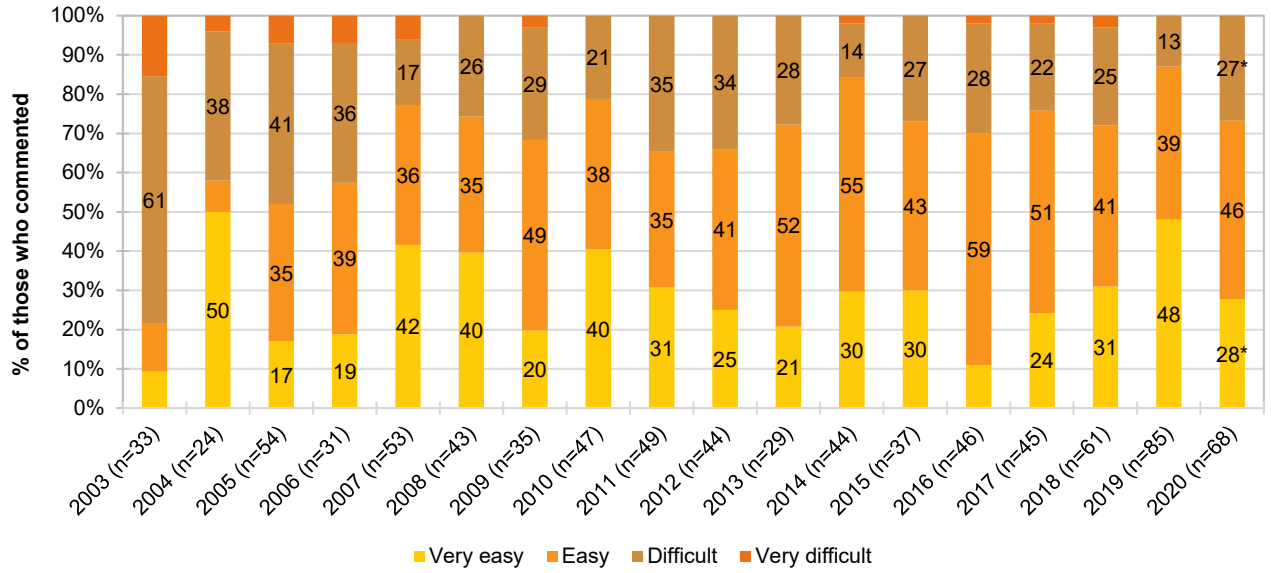
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 20: Current perceived purity of cocaine, NSW, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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



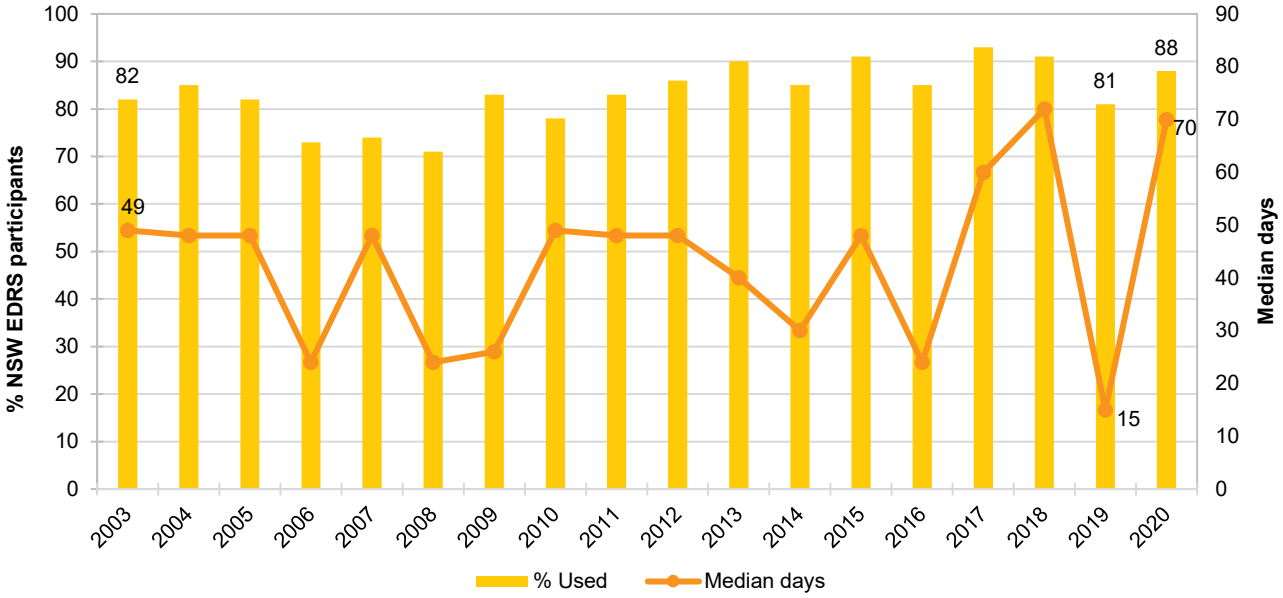
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

6

Cannabis

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

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends in days of use. Data labels have been removed from figures in years 2003, 2018 and 2019 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of Consumption (by form)

Recent Use (past 6 months)

In the six months prior to interview, the majority (88%) of NSW participants reported having consumed cannabis in any form. This was stable from 2019 (81%; p=0.146) and previous years' data (Figure 22).

Frequency of Use

The frequency of use for cannabis has fluctuated over the years, reaching a peak in 2018 with a median of 72 days (IQR=12-170). In 2019, the median days used in the last six months decreased significantly to 15 days (IQR=5-147; p=0.017). However, in 2020, frequency of use rose back up to a median of 70 days (IQR=10-150, p=0.051; Figure 22). The majority (68%) reported weekly or more frequent use, a significant increase from 2019 (46%; p=0.003). Less than one-fifth (17%) reported daily or more frequent use (19% in 2019; p=0.726).

Routes of Administration

In 2020, the most common route of administration for people who had recently used cannabis was smoking (98%, 98% in 2019; *p*=0.162). A further 43% reported swallowing cannabis (43% in 2019; *p*=0.672) and 53% reported vaping (31% in 2019; *p*=0.001).

Quantity

On the last occasion they had used cannabis, those who could comment (n=85) reported consuming a median of 1.25 grams (n=36, IQR=1.00-3.00), 1.75 cones (n=20, IQR=1.00-2.75) or one joint (n=27, IQR=0.50-1.00). This was similar to 2019, where a median of one gram (IQR=0.50-1.25) or three cones (IQR=1-5) and one joint (IQR=0.50-1.00) was reported.

Forms Used

Of those who had reported recent use of cannabis in 2020, 72% reported consuming hydroponic (59% in 2019; *p*=0.076), and 57% reported consuming bush (59% in 2019; *p*=0.725) cannabis. There was a small group who reported consuming hash (15%; 14% in 2019; *p*=0.925) or hash oil (8%; 9% in 2019; *p*=0.843).

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: In 2020, the median price for a gram of hydroponic cannabis was $20 (IQR=20-20; n=15), consistent with previous years (2019 median $20, IQR=20-20; *p*=0.347). The median price of an ounce remained stable at $335 (IQR=258-400, n=12) from $330 in 2019 (IQR=310-375; *p*=0.651), although small numbers commenting should be noted (Figure 23A).

Perceived Potency: Of those who commented in 2020 (n=52), 44% of participants reported hydroponic cannabis as 'high' in potency, compared to 50% in 2019 (*p*=0.568; Figure 24A).

Perceived Availability: Among those who could comment in 2020 (n=54), 43% considered hydroponic to be 'very easy' to obtain, a significant decrease from 67% in 2019 (*p*=0.013; Figure 25A).

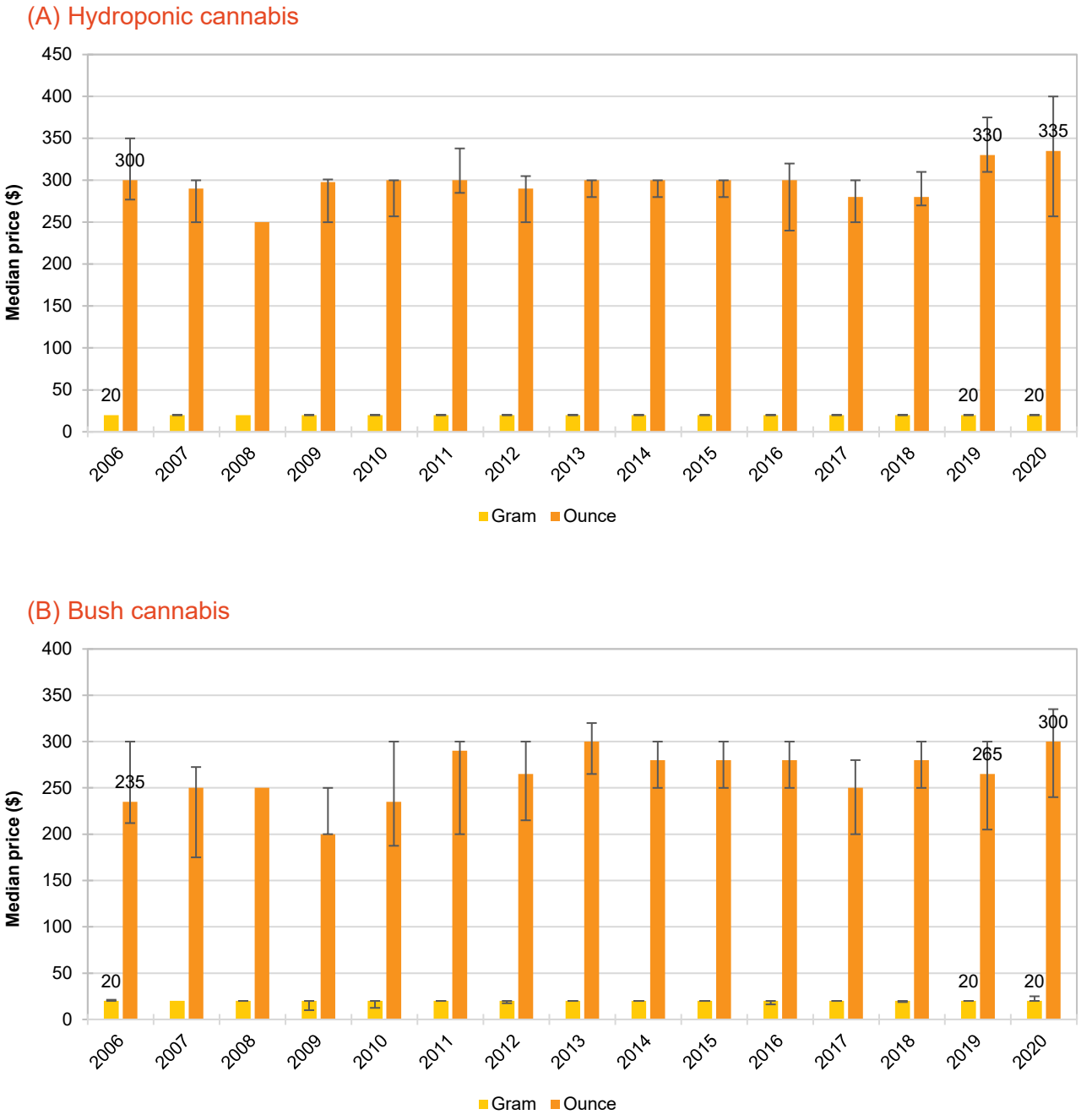
Bush Cannabis

Price: Among those who could comment (n=13), the median price for a gram of bush cannabis was stable from 2019 at $20 (IQR=20-25; 2019 $20, IQR=20-20; *p*=0.081). For an ounce, the median price was $300 (IQR=240-335, 2019 $330, IQR=310-375, *p*=0.295; Figure 23B).

Perceived Potency: The perceived potency of bush cannabis has been consistently lower than hydroponic cannabis. In 2020, 41 participants commented on the potency and 29% perceived it as being 'medium' (43% in 2019; *p*=0.214). Furthermore, almost one-third (32%) perceived bush cannabis to be of 'high' potency, stable relative to 2019 (28%; *p*=0.678; Figure 24B).

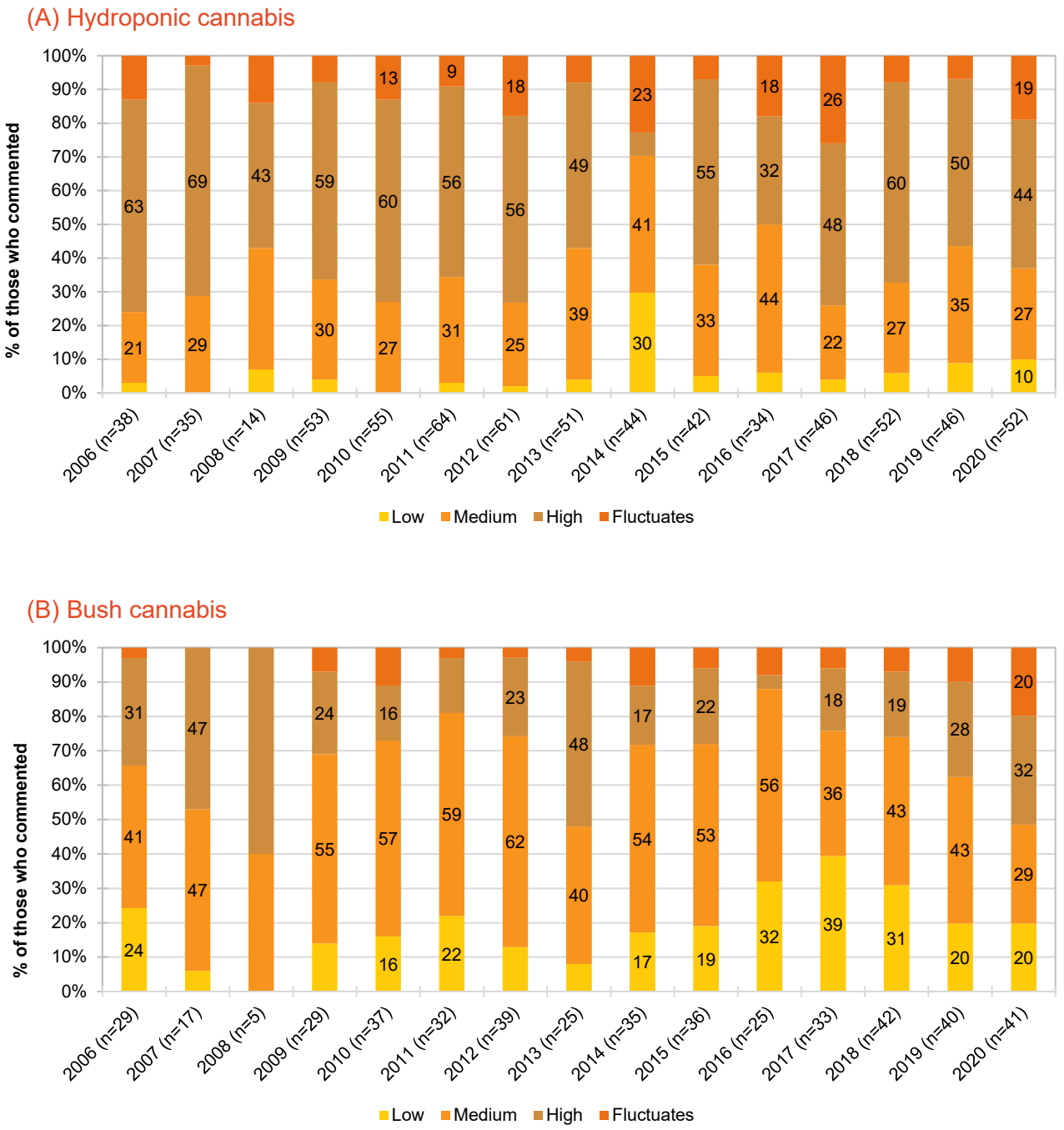
Perceived Availability: Among those who could comment (n=41), 42% considered bush to be 'very easy' to obtain (35% in 2019; *p*=0.550) and 39% considered it to be 'easy' (38% in 2019; *p*=0.888; Figure 25B).

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



Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not =0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

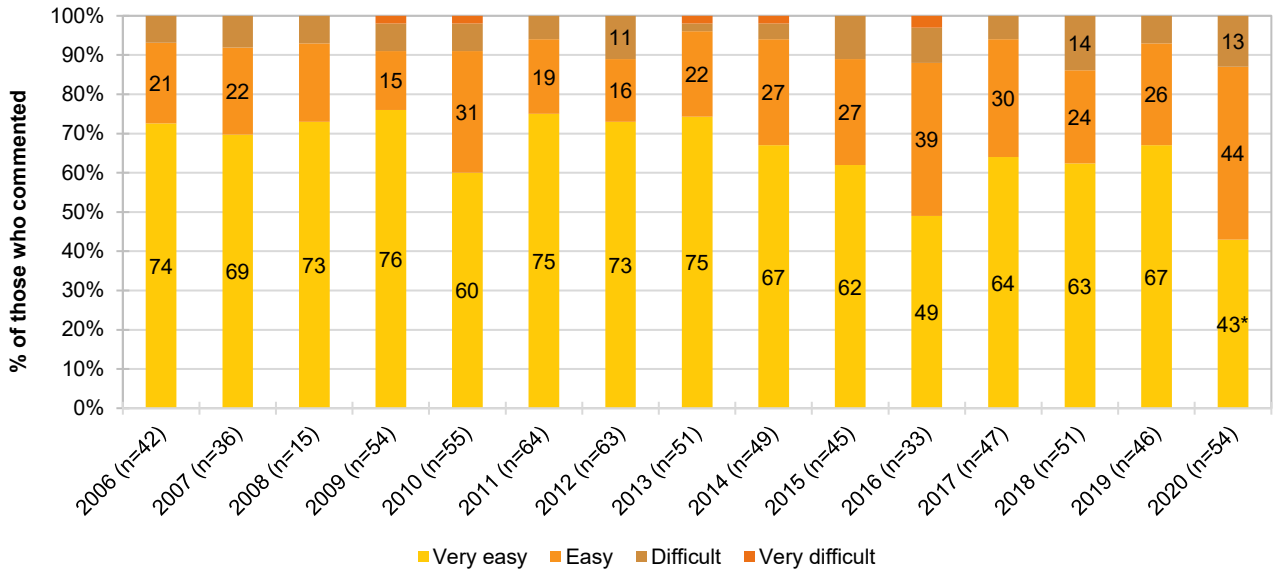
Figure 24: Current perceived potency of hydroponic (A) and bush (B) cannabis, NSW, 2006-2020



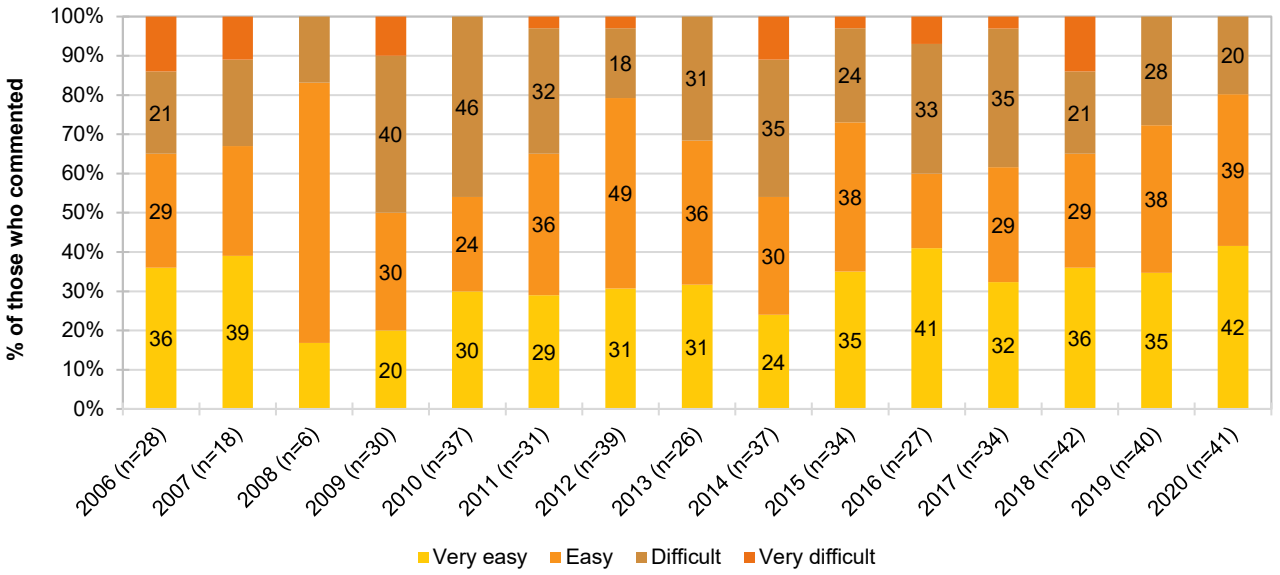
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 vs 2020.

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

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 vs 2020.

7

Ketamine and LSD

Ketamine

Patterns of Consumption

Recent Use (past 6 months): Ketamine use in the NSW sample declined from 49% reporting recent use in 2003 to 19% in 2009, increasing from 2015 to peak in 2019 at 68%. In 2020, use declined to levels recorded before 2019, with 53% reporting any recent use of ketamine (p=0.030; Figure 26).

Frequency of Use: In 2020, people who had recently consumed ketamine reported a median of three days (IQR=1-7) of use in the previous six months, equivalent to approximately every two months, and a small decline from five days in 2019 (IQR=2-11 p=0.035; Figure 26).

Routes of Administration: Among consumers, the most common route of administration was snorting (100% versus 99% in 2019; p=0.363), with n≤5 participants swallowing ketamine (9% in 2019; p=0.462).

Quantity: For those who had recently consumed ketamine, the median amount they used in a 'typical' session was 0.50 grams (IQR=0.30-0.50; n=33; 2019: 0.25 grams, IQR=0.10-0.50; n=43; p=0.047). In a 'maximum' session, recent consumers reported using a median of 0.50 grams (IQR=0.50-1.00; n=33), matching the median amount recorded in 2019 (0.50 grams, IQR=0.25-1.00; n=44; p=0.328).

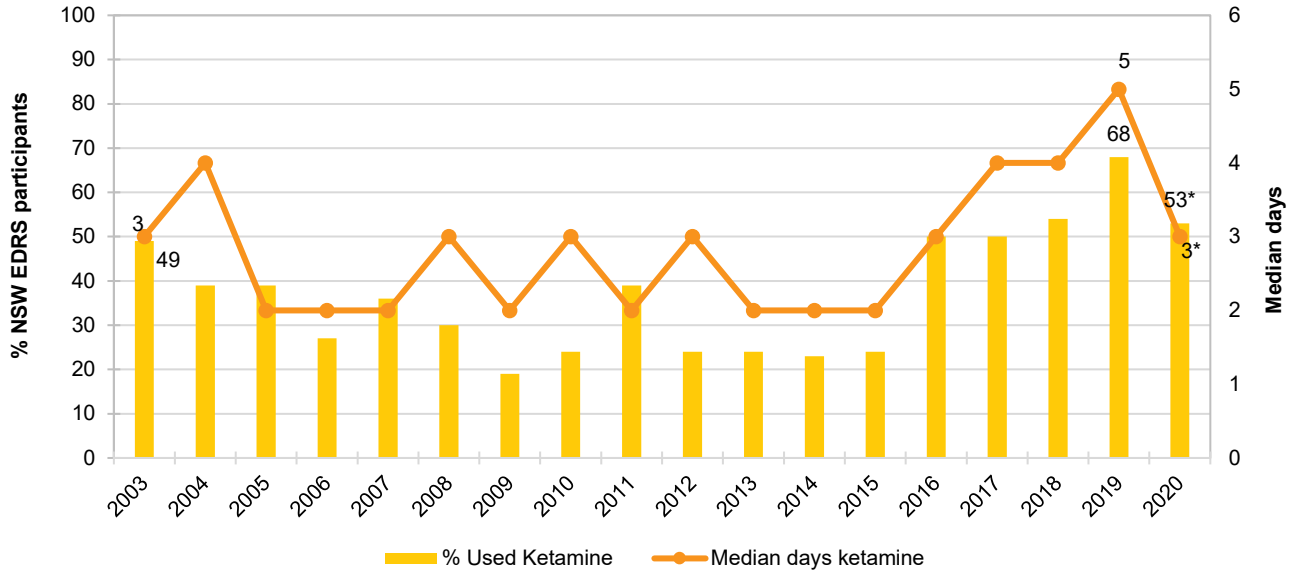
Price, Perceived Purity and Availability

Price: A gram of ketamine in 2020 was reported by 34 participants to have a median cost of $200 (IQR=179-205), similar to reports in 2019 ($200, IQR=200-200; p=0.842; Figure 27).

Perceived Purity: Among those who could comment (n=41), over half (63%) reported the perceived purity of ketamine as 'high' (52% in 2019; p=0.242) and a further 29% reported it as 'medium' (30% in 2019; p=0.937; Figure 28).

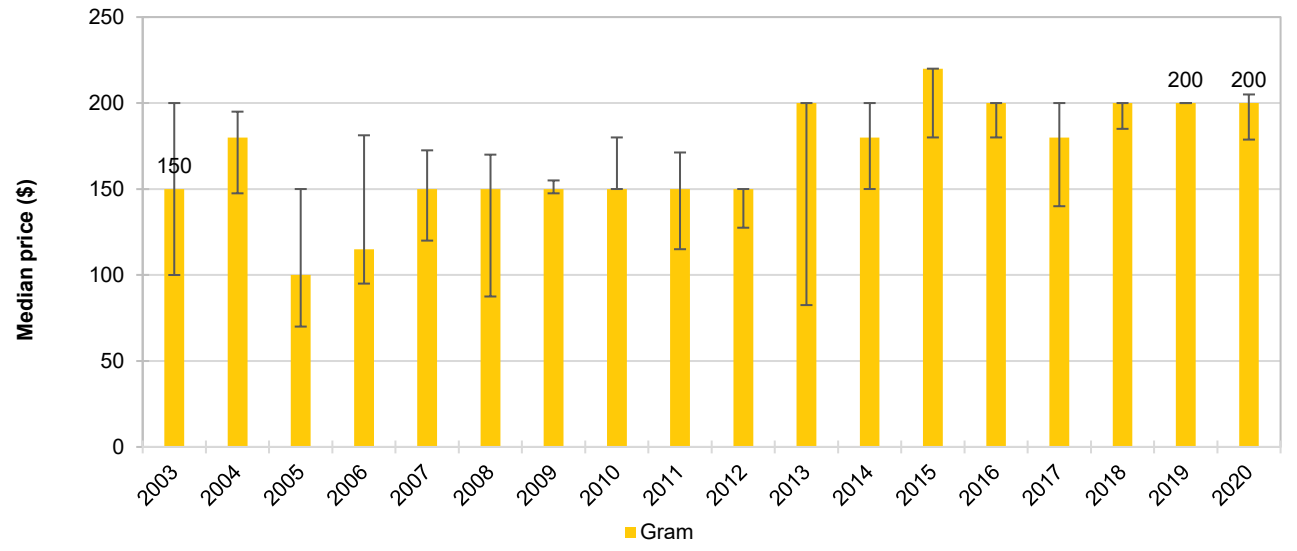
Perceived Availability: Of those that responded (n=39), 46% perceived ketamine as being 'easy' to obtain, stable relative to 2019 (33%; p=0.195). On the other hand, 39% reported that it was 'difficult' to obtain, stable from 35% in 2019 (p=0.718; Figure 29).

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



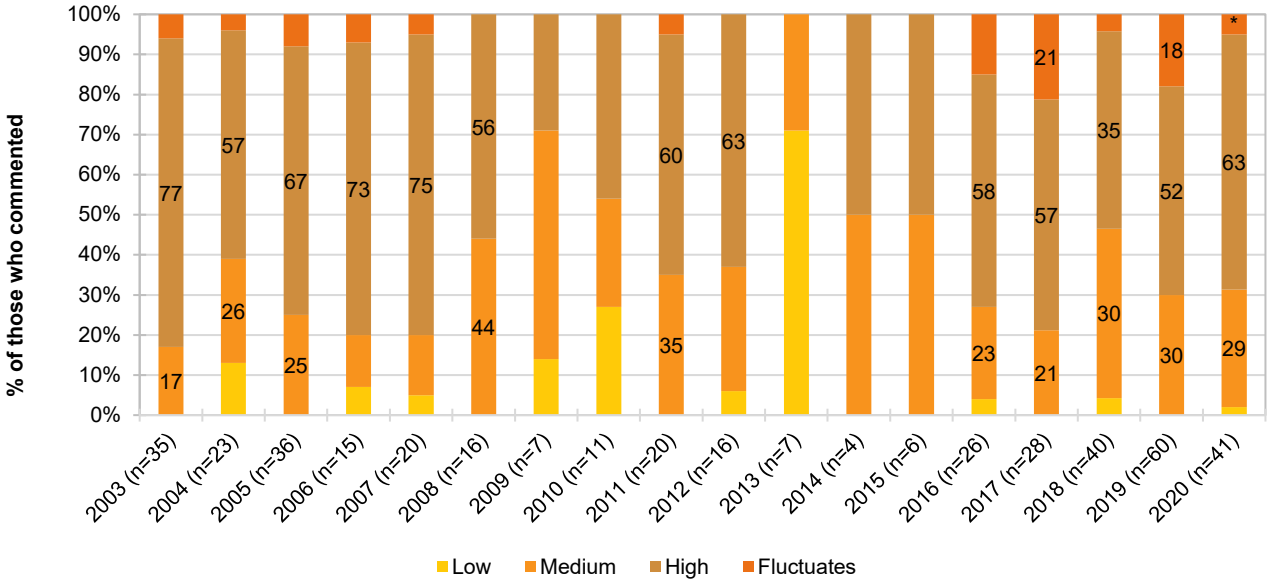
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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



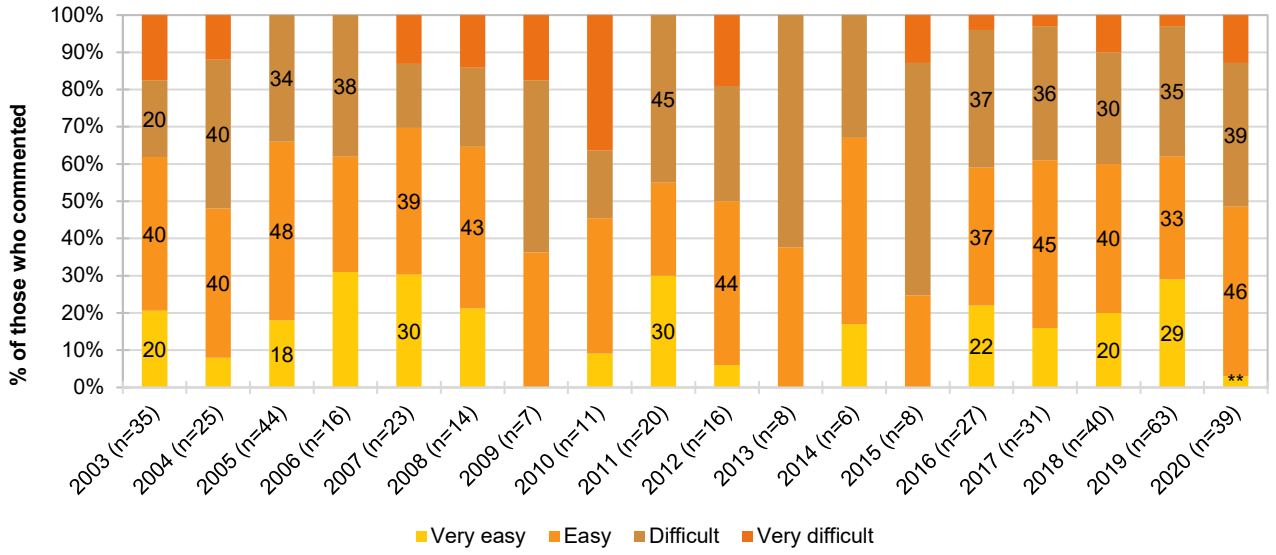
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 28: Current perceived purity of ketamine, NSW, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 29: Current perceived availability of ketamine, NSW, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

LSD

Patterns of Consumption

Recent Use (past 6 months): The per cent reporting recent use of LSD in the NSW sample has been steadily increasing since reporting began, from 27% in 2003, peaking at 71% in 2018 and falling to 48% in 2019. In 2020, less than half (44%) of participants reported use in the previous six months, stable from 2019 (p=0.538; Figure 30).

Frequency of Use: Consumers reported using LSD on a median of 3 days (IQR=2-4) in 2020 in the past six months, consistent with previous years (3 days in 2019, IQR=1-5; p=0.972; Figure 30).

Routes of Administration: As in 2019, all respondents reported swallowing LSD in 2020 (100% in 2019 and 2020; p=1.000).

Quantity: In 2020, the median amount used in a 'typical' session was one tab (IQR=0.50-1.38; n=25), unchanged from 2019 (median 1, IQR=0.80-1.00; n=36, p=0.612). In a 'maximum' session, recent consumers reported using a median of one tab (IQR=1.00-1.75; n=25), matching the median amount recorded in 2019 (1 tab, IQR=0.25-1.00; n=36; p=0.334).

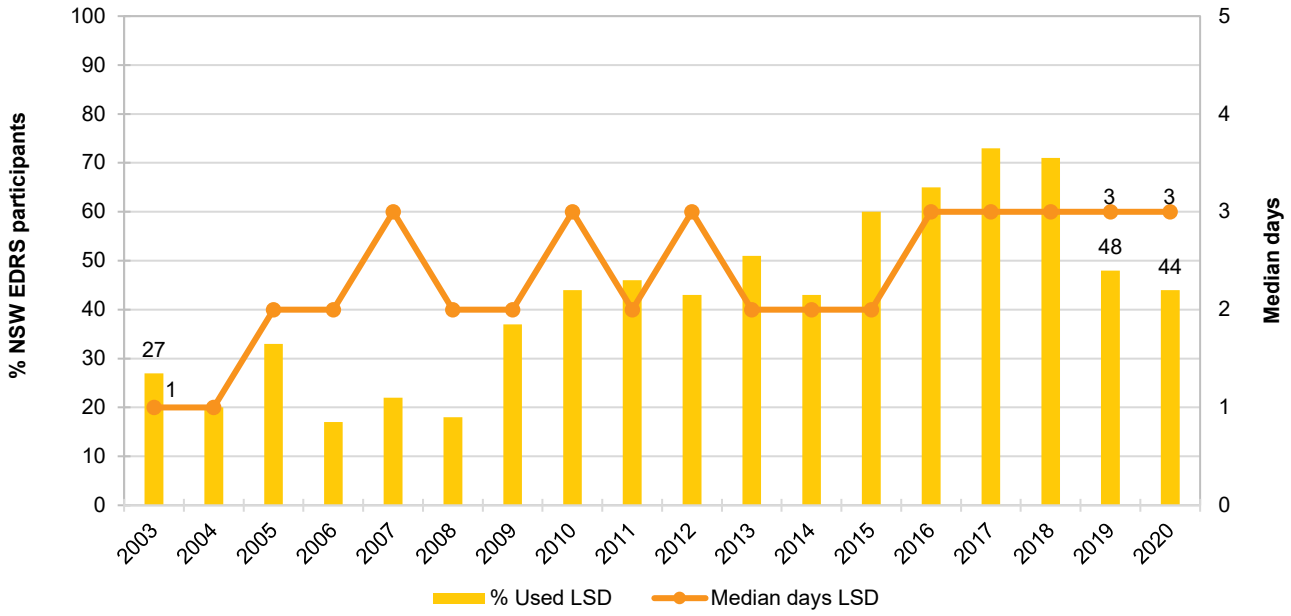
Price, Perceived Purity and Availability

Price: The median price for a tab in 2020 was $20 (IQR=20-25, n=35), similar to 2019 (median price $20, IQR=20-25; p=0.862; Figure 31).

Perceived Purity: In 2020, 50 participants commented on the perceived purity of LSD and of these, 74% considered purity to be 'high'. This was stable relative to 2019 (62%; p=0.190; Figure 32).

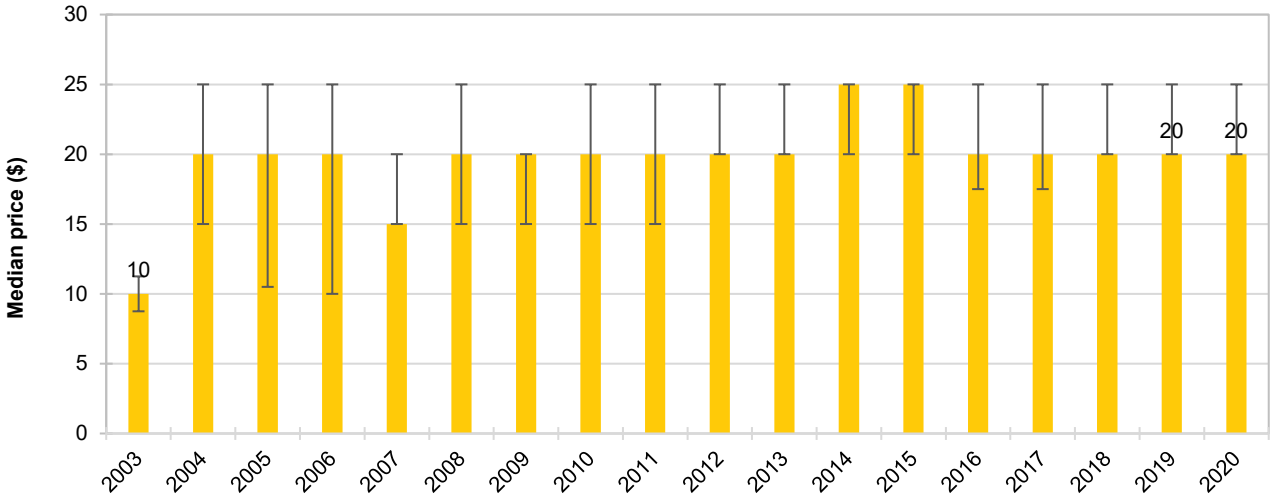
Perceived Availability: Of those who commented in 2020 (n=50), 38% reported that LSD was 'easy' to obtain (44% in 2019; p=0.553), and 36% stated it was 'difficult' (34% in 2019; p=0.814; Figure 33).

Figure 30: Past six month use and frequency of use of LSD, NSW, 2003-2020



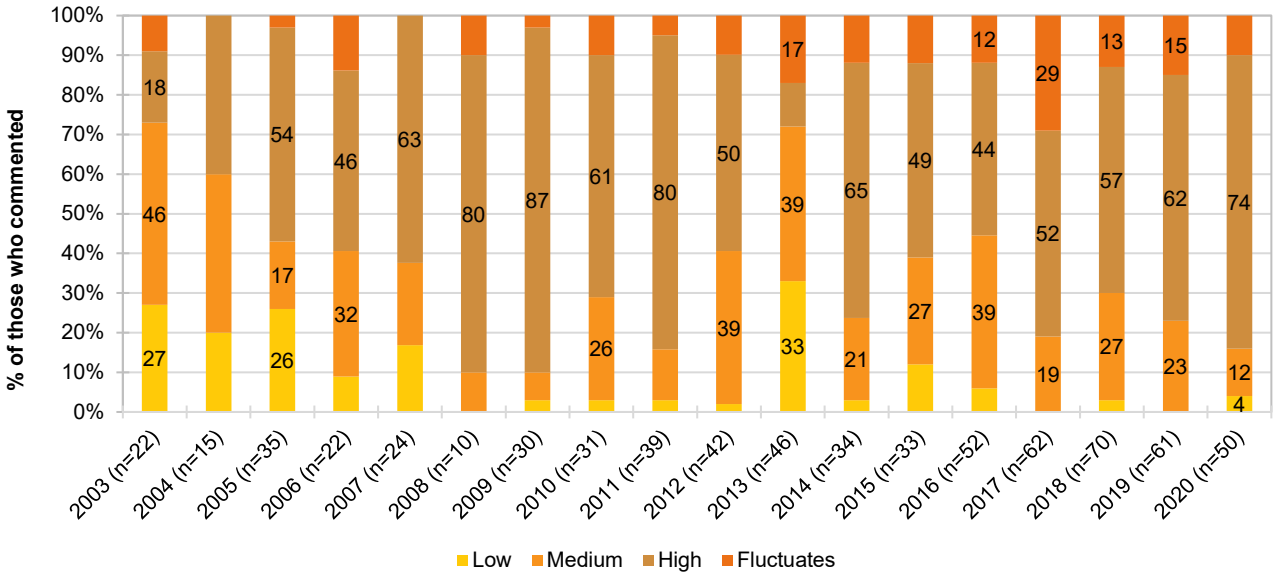
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 vs 2020.

Figure 31: Median price of LSD per tab, NSW, 2003-2020



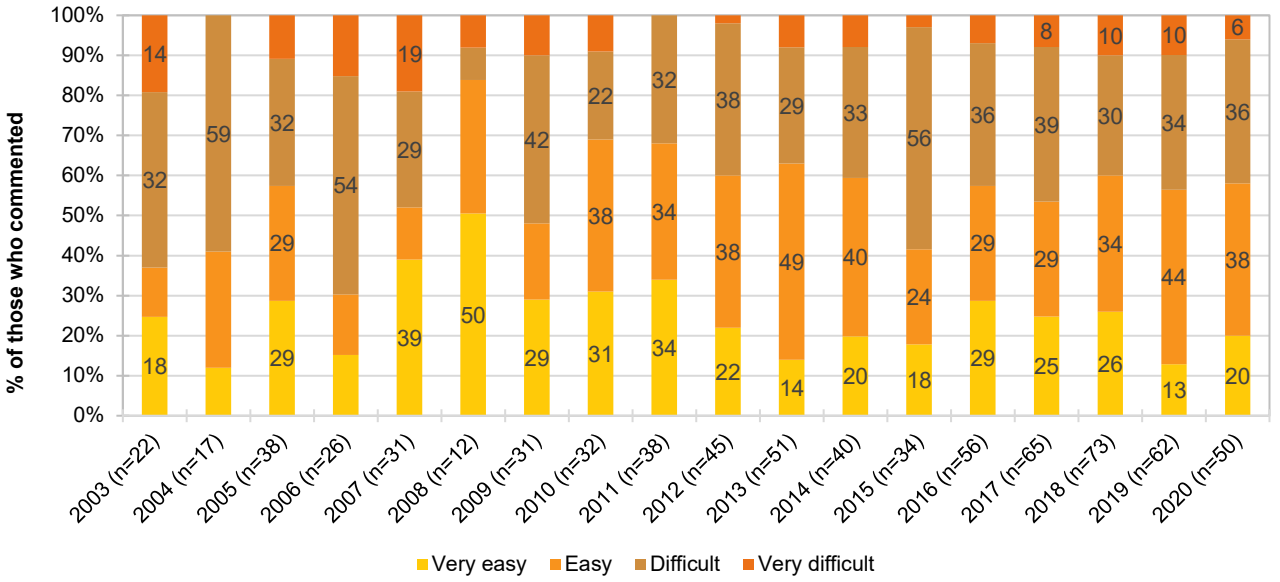
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 32: Current perceived purity of LSD, NSW, 2003-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

8

New Psychoactive Substances

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

The per cent reporting recent NPS use peaked at 48% of the total NSW sample in 2013. Since then, use has been declining. In 2020, 33% of the sample reported recent use of NPS (27% in 2019; p=0.273; Table 6). Keeping with the trend of previous years, DMT was the most frequently used NPS (18%; 17% in 2019; p=0.787).

Frequency of use of NPS has been consistently low, with those who had recently used DMT reporting a median of one day in the previous six months (IQR=1-3), stable from 2019 (median 1 day; IQR=1-3; p=0.985).

Table 6: Past six month use of NPS, nationally and NSW, 2010-2020

%	National	NSW
2010	32	19
2011	40	35
2012	45	46
2013	44	48
2014	40	39
2015	39	43
2016	36	43
2017	33	36
2018	31	32
2019	30	27
2020	**23****	**33**

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

Table 7: Use of NPS in the past six months, NSW, 2010-2020

	2010 N=100 %	2011 N=100 %	2012 N=100 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=103 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=102 %
Phenethylamines	6	21	19	29	29	22	21	18	13	8	**9**
Any 2C substance~	-	17	19	19	22	18	18	12	11	7	**-**
NBOMe	/	/	/	/	9	6	6	-	-	-	**-**
Mescaline	-	-	-	-	0	-	0	-	-	0	**-**
DO-x	0	-	0	0	0	0	0	-	0	-	**-**
4-FA	/	/	/	/	/	/	-	0	0	0	**0**
PMA	0	-	0	0	-	-	-	-	0	-	**0**
Tryptamines	7	8	11	9	12	11	17	20	19	17	**18**
DMT	7	8	11	9	11	10	15	20	17	17	**18**
5-MeO-DMT	0	-	0	-	-	-	5	-	-	0	**-**
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	**/**
Synthetic cathinones	-	-	8	-	-	-	-	-	-	-	**-**
Mephedrone	-	-	0	-	0	-	0	0	0	-	**0**
Methylone/bk MDMA	/	-	8	-	-	-	-	-	-	0	**-**
MDPV/Ivory wave	0	0	0	0	-	0	0	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	0	0	**0**
n-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	**0**
n-ethylpentylone	/	/	/	/	/	/	/	/	/	0	**0**
Piperazines	0	-	0	0	0	0	0	0	/	/	**/**
BZP	0	-	0	0	0	0	0	0	/	/	**/**
Dissociatives	/	/	-	0	0	-	6	-	-	8	**-**
Methoxetamine (MXE)	/	/	-	0	0	-	6	-	-	8	**-**
Plant-based NPS	/	-	-	-	0	-	5	-	0	0	**8**
Ayahuasca	/	/	/	/	/	-	-	-	0	0	**-**
Salvia divinorum	/	-	-	-	0	-	5	-	0	0	**-**
Kratom	/	/	/	/	/	/	/	/	/	/	**-**
Benzodiazepines	/	/	/	/	/	/	-	-	0	-	**-**
Etizolam	/	/	/	/	/	/	-	-	0	-	**-**
Synthetic cannabinoids	/	/	12	13	-	-	-	-	-	-	**7**
Herbal high#	/	/	13	13	-	8	5	-	-	0	**/**
Phenibut	/	/	/	/	/	/	/	/	/	-	**-**
Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	0	0	**0**
Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	-	**-**
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	**-**
Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	6	**-**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	-	-	**-**
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	**-**

Note. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

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

Recent Use (past 6 months): In 2020, 27% of the total sample reported having used any codeine in the previous six months (19% in 2019; *p*=0.179). Twelve per cent of the sample had used any prescribed codeine (7% in 2019; *p*=0.255), whereas 16% had reported using any non-prescribed codeine (9% in 2019; *p*=0.157).

Recent Use for Non-Pain Purposes (past 6 months): Thirty-eight per cent of consumers who had used any low dose codeine (<30mg codeine) reported using it for non-pain purposes (6% of the total NSW sample versus n≤5 in 2019; *p*=0.134; Figure 34).

Frequency of Use: Participants who had recently used any non-prescribed codeine (n=16) reported use on a median of two days (IQR=1-5) in the past six months, stable from 2019 (median 2 days, n=13, IQR=2-3, *p*=0.385).

Form: Of consumers who had recently used non-prescribed codeine, 63% had used low dose codeine (<30mg codeine) and 38% had used high dose codeine (≥30mg codeine).

Pharmaceutical Opioids

Recent Use (past 6 months): In 2020, 9% of the NSW sample reported recent use of non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine). This was stable from 2019 (9%; *p*=0.943; Figure 34).

Frequency of Use: In the six months prior to interview, recent consumers of non-prescribed pharmaceutical opioids reported use on a median of three days (IQR=2-14; 1 day in 2019, IQR=1-5; *p*=0.144).

Pharmaceutical Stimulants

Recent Use (past 6 months): The use of non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has been increasing since reporting began (10% in 2007; 40% in 2019). Use was stable in 2020 (40%; *p*=0.755; Figure 34).

Frequency of Use: Use of non-prescribed pharmaceutical stimulants occurred on a median of 10 days in the previous six months in 2020 (IQR=3-30), an increase from 2019 (median 6 days, IQR=2-17; *p*=0.020).

Benzodiazepines

Recent Use (past 6 months): Non-prescribed benzodiazepines were used by 45% of the NSW sample (52% in 2019; *p*=0.295; Figure 34). In the NSW sample, alprazolam was consumed by 32% of the sample (30% in 2019; *p*=0.754), and other non-prescribed benzodiazepines by 31% of the sample in the past six months (43% in 2019; *p*=0.078).

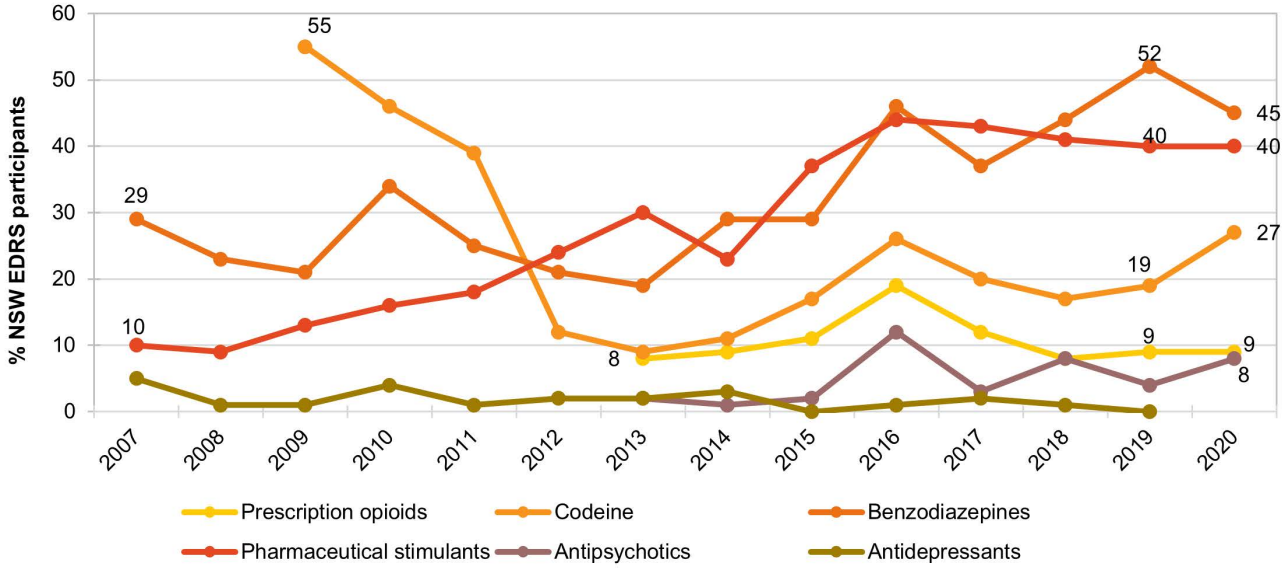
Frequency of Use: For any non-prescribed benzodiazepines, consumers reported use on a median of three days in the previous six months (IQR=1-10; 3 days in 2019, IQR=1-9; *p*=0.866). When studied by form, consumers reported use on a median of three days (IQR=1-10) for other non-prescribed benzodiazepines (3 days in 2019; IQR=1-9; *p*=0.871), and four days (IQR=3-10) for non-prescribed alprazolam (2 days in 2019; IQR=1-5; *p*=0.012).

Antipsychotics

Recent Use (past 6 months): Non-prescribed antipsychotics were used by 8% of the NSW sample in 2020 (n≤5 in 2019; *p*=0.255; Figure 34).

Frequency of Use: For non-prescribed antipsychotics, consumers reported use on a median of four days (IQR-1-11, n=8). Data are supressed from 2019 due to small numbers reporting. If further details about use of non-prescribed anti-psychotics by the NSW EDRS sample are needed, please contact the Drug Trends team, or see the National EDRS report for national trends in use.

Figure 34: Non-prescribed use of pharmaceutical medicines in the past six months, NSW, 2007-2020



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 with small cell size (i.e. n≤5 but not =0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2020, 30% of the NSW sample reported recent use of hallucinogenic mushrooms (42% in 2019; p=0.077; Figure 35).

Frequency of Use (past 6 months): In 2020, use was reported as occurring on a median of one day (IQR=1-3; 2 days in 2019; IQR=1-4; p=0.215).

MDA

Seven per cent reported recent use of MDA (n≤5 in 2019; p=0.370; Figure 35). No data were collected in 2020 on frequency of use. If further details about use of MDA by the NSW EDRS sample are needed, please contact the Drug Trends team, or see the National EDRS report for national trends in use.

Substances with Unknown Contents

Capsules (past 6 months): Recent use of 'capsules with unknown contents' have fluctuated over the course of monitoring. In 2020, 8% of participants reported past six month use (n≤5 in 2019; p=0.019; Figure 35). Participants reported using capsules with unknown contents on a median of two days (IQR=1-4).

Other Unknown Substances (past 6 months): From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Nearly one-fifth (18%) reported use of any substance with 'unknown contents' in 2020 (15% in 2019; p=0.511). Six per cent reported using a pill with unknown contents in the previous six months (n≤5 in 2019; p=0.328) on a median of one day (IQR=1-1) and small numbers (n≤5) reported recently using powder with unknown contents (8% in 2019; p=0.360). Few numbers reported using crystal with unknown contents in 2019 and 2020 (n≤5).

Quantity: In 2020, we asked participants about the average amount of pills used with unknown contents and the average amount of capsules used with unknown contents, in the last six months. In a 'typical' session, participants reported using a median of one capsule (IQR=1-2; n=8; n≤5 respondents in 2019, hence no comparison) with unknown contents. Similarly, participants reported using a median of one pill (IQR=1-1; n=6; n≤5 respondents in 2019, hence no comparison) with unknown contents in a 'typical' session.

Heroin

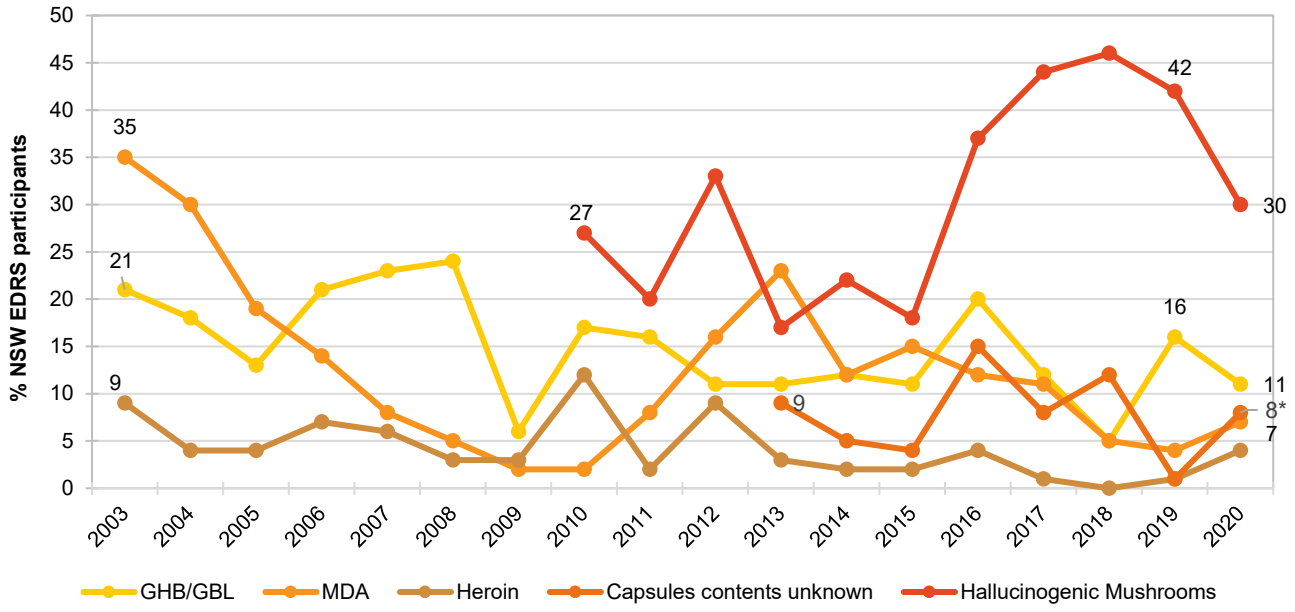
Due to low numbers reporting on recent use of heroin, numbers have been suppressed. For further information, please refer to the National EDRS report, or contact the researchers.

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

Recent Use (past 6 months): Recent use of GHB/GBL/1,4-BD was reported by 11% of participants in 2020, similar to 2019 (16%, p=0.264; Figure 35).

Frequency of Use: Of those who had recently used the drug, they reported consuming it on a median of three days (IQR=1-12) in the previous six months (3 days in 2019, IQR-1-7; *p*=0.880).

Figure 35: Other illicit drugs used in the past six months, NSW, 2003-2020



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 with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Alcohol was recently consumed by 96% of the NSW sample in 2020, consistent with previous years (98% in 2019; *p*=0.428; Figure 36).

Frequency of Use: Alcohol was reported to be consumed on a median of 36 days (IQR=17-72) in the six months preceding interview (2019: 48 days, IQR=24-72; *p*=0.078). Of those who had used alcohol recently, 72% reported using it weekly or more frequently (82% in 2019; *p*=0.100).

Tobacco

Recent Use (past 6 months): Tobacco has historically been used by at least three-quarters of the sample in NSW, and this trend continued in 2020 with 85% reporting recent use (76% in 2019; *p*=0.088; Figure 36).

Frequency of Use: Within recent consumers, participants reported a median of 95 days (IQR=24-180) in the last six months (2019: 76 days, IQR=24-180; *p*=0.822). Of those who recently used tobacco, 77% reported weekly or more frequent use (79% in 2019; *p*=0.736) and 38% reported daily use (34% in 2019; *p*=0.583).

E-cigarettes

Recent Use (past 6 months): The use of e-cigarettes has been recorded since 2014, when 34% of the sample reported recent use. In 2020, 50% of the sample had recently used e-cigarettes, similar to the 50% reporting recent use in 2019 (*p*=0.888; Figure 36).

Frequency of Use: Recent consumers reported use of e-cigarettes on a median of 15 days (IQR=3-48) in the past six months (2019: 10 days; IQR=3-63; *p*=0.475).

Forms Used: Among those who had recently used e-cigarettes (n=51), 75% reported that they contained nicotine (81% in 2019; *p*=0.452). Over one-fifth (22%) reported using both nicotine and cannabis and no participants reported using e-cigarettes containing only cannabis (nil in 2019).

Reason for Use: Over one-third (37%) of recent consumers reported they used e-cigarettes as a smoking cessation tool in 2020 (38% in 2019; *p*=0.938).

Nitrous Oxide

Recent Use (past 6 months): Nitrous oxide use has been increasing since reporting began in 2003, with 8% of the total sample reporting recent use. In 2020, 67% of the NSW sample reported recent use of nitrous oxide (72% in 2019; *p*=0.438; Figure 36).

Frequency of Use: Recent consumers reported using nitrous oxide on a median of five days (IQR=2-10) in the previous six months, stable from 2019 (5 days, IQR=2-10; *p*=0.798).

Quantity: The median number of bulbs consumed in a 'typical' session was eight (IQR=4-20), an increase from 2019 (5 bulbs, IQR=3-10; *p*=0.006).

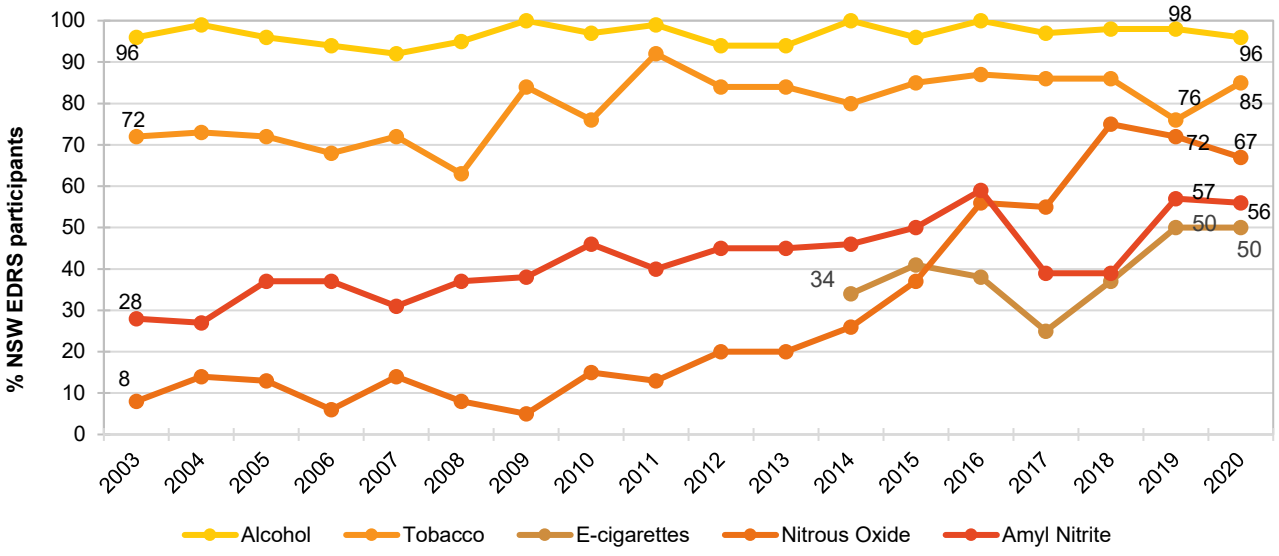
Amyl Nitrite

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

Recent Use (past 6 months): Fifty-six per cent of the NSW sample reported recent use of amyl nitrite in 2020, stable from 2019 (57%; *p*=0.921; Figure 36).

Frequency of Use: Use of amyl nitrite was infrequent, with respondents reporting a median of three days (IQR=1-6) of use in the past six months in 2020 (4 days in 2019, IQR=2-12; *p*=0.079).

Figure 36: Licit drugs used in the past six months, NSW, 2003-2020



Note. Monitoring of e-cigarettes commenced in 2014. 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 2019 versus 2020.

10

Drug-Related Harms and Other Associated Behaviours

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 2020 NSW EDRS sample was 12.6 (SD 7.4; M=12.9, SD=6.4 in 2019). In 2020, 72% of participants obtained a score of 8 or more, indicative of hazardous use (77% in 2019; *p*=0.400; Table 3). AUDIT scores are divided into four 'zones' which indicate risk level. There was no significant change in the per cent of the sample falling into each of these risk categories from 2019 to 2020 (Table 8).

Table 8: Mean AUDIT total scores and percent of participants scoring above recommended levels, NSW, 2015-2020

	2015 (N=100)	2016 (N=103)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=103)
Mean AUDIT total score (SD)	11.3 (6.0)	12.5 (7.3)	11.9 (7.4)	11.9 (6.4)	12.9 (6.4)	**12.6 (7.4)**
Score 8 or above (%)	70	70	68	68	77	**72**
Zone 1 (low risk drinking or abstinence)	30	30	32	32	23	**28**
Zone 2 (alcohol in excess of low-risk guidelines)	42	36	42	39	45	**40**
Zone 3 (harmful or hazardous drinking)	19	18	10	17	15	**12**
Zone 4 (possible alcohol dependence)	9	17	16	12	17	**20**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020. Average total AUDIT score from the entire NSW sample.

Overdose Events

Non-Fatal Overdose

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

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

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.

- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.

- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

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

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

Non-Fatal Stimulant Overdose

After a peak in 2016 (39%), the per cent reporting overdose events related to stimulants has been declining. In 2020, 20% of the NSW sample reported stimulant overdose on a median of two occasions (IQR=1-3), similar to estimates in 2019 (25%; median 2 occasions, IQR=1-5; p=0.433; Figure 37).

In 2020, participants reporting a non-fatal stimulant overdose in the past 12 months (n=20) were asked which stimulant drug they had used at the time of the last event, mainly nominating MDMA/ecstasy capsules (60%) and cocaine (30%). A majority (85%) reported that they had also used one or more additional drugs (83% in 2019; p=0.880). On the occasion of their last event, 88% did not receive treatment or assistance (88% in 2019; p=0.498).

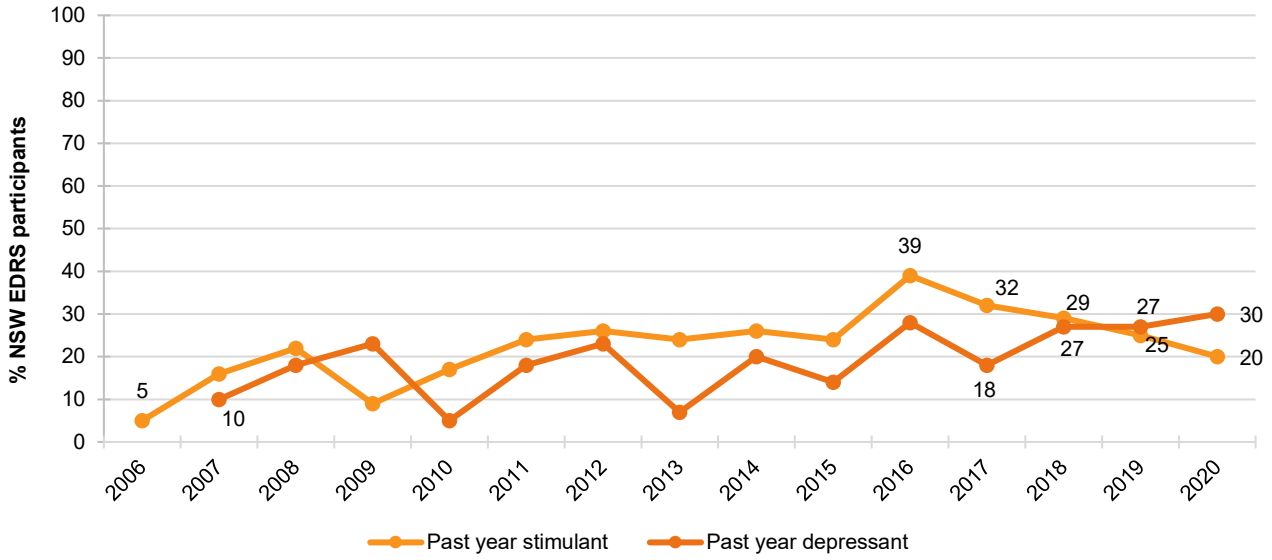
Non-Fatal Depressant Overdose

Alcohol: One-quarter (27%; 24% in 2019; p=0.686) of the NSW sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=1-3; 2 occasions in 2019; IQR=1-5; p=0.739). Of those who had experienced an alcohol overdose in the past year (n=27), the majority (89%; 88% in 2019; p=0.878) reported not receiving treatment on the last occasion. Considering low numbers reporting on those who did receive treatment or assistance (n≤5), please refer to the National EDRS report for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): Past 12-month experience of any non-fatal depressant overdose has remained relatively stable in recent years, including in 2020 (30% versus 27% in 2019; p=0.594; Figure 37).

Of those who had experienced any depressant overdose in the last year (n=31), the majority reported alcohol (87%; 89% in 2019; p=0.835) as the drug being used prior to the event.

Figure 37: Past year non-fatal stimulant and depressant overdose, NSW, 2006-2020



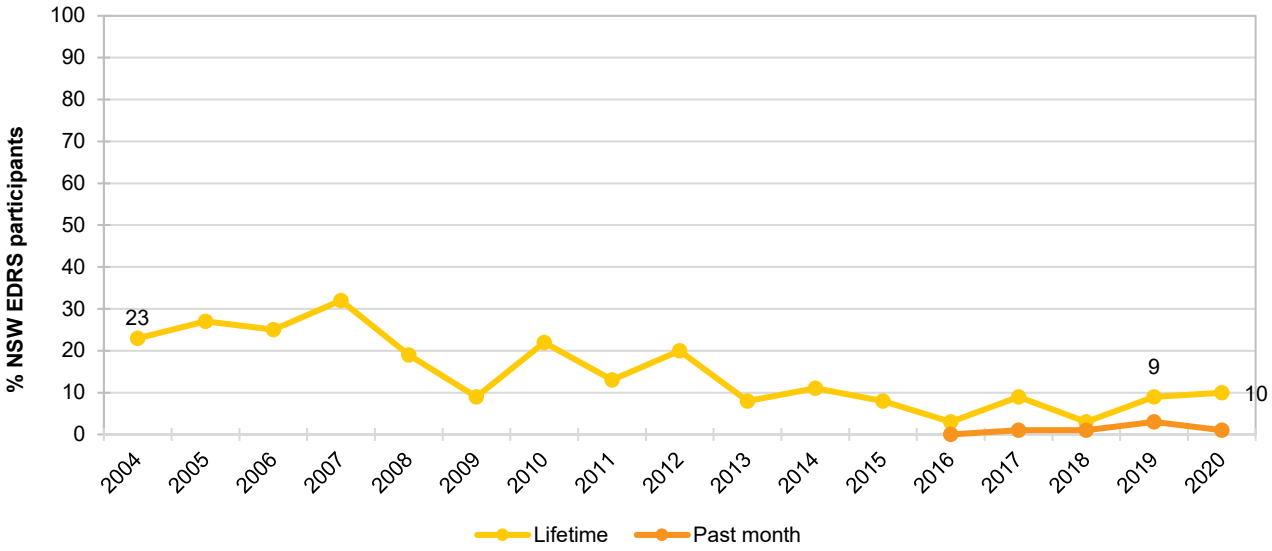
Note. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

Lifetime injecting has been declining in the NSW EDRS sample since a peak in 2007 (32%). In 2020, 10% of the total sample reported ever having injected drugs (9% in 2019, p=0.862; Figure 38).

Due to low numbers reporting recently injecting drugs, no further data will be reported. For national trends, please refer to the National EDRS report or contact the researchers for more information.

Figure 38: Lifetime and past month drug injection, NSW, 2004-2020



Note. Past 6-month injection asked of participants prior to 2016. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

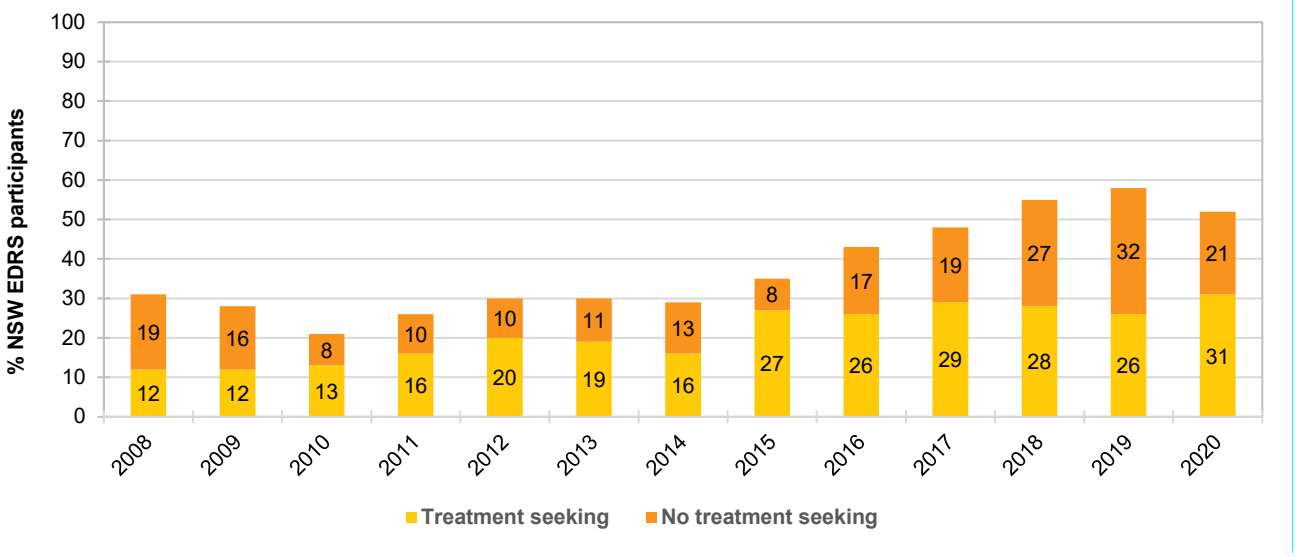
Drug Treatment

Very low numbers (n≤5) reported currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2019; *p*=0.185). Considering low numbers reporting, please refer to the National EDRS report for national trends, or contact the research team for further information.

Mental Health

Fifty-two per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), following the general upward trend since reporting began and similar to the estimate in 2019 (59%; *p*=0.350; Figure 39). Of those who commented in 2020 (n=50), the most common mental health problem was anxiety (64%; 67% in 2019; *p*=0.876) and depression (52%; 67% in 2019; *p*=0.161). Of those who reported experiencing a mental health problem, 60% (30% of the total sample) reported seeing a mental health professional during the past six months. Of these people (n=31), 42% reported being prescribed medication (58% in 2019; *p*=0.236).

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



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. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

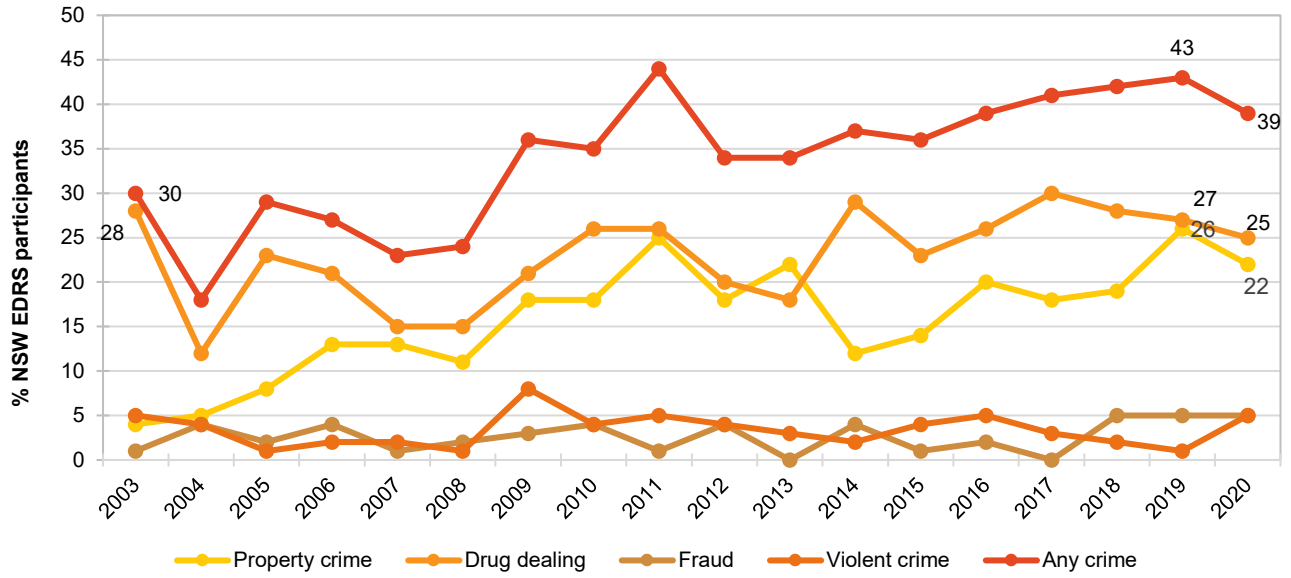
Crime

All crime data for 2020 was captured during the COVID-19 restriction period (i.e., data were captured from April-July 2020, and participants reported on past month behaviour).

Rates of past month criminal activity have fluctuated over time. In 2020, 39% of the sample reported any criminal activity in the previous month (43% in 2019; *p*=0.562; Figure 40). Drug dealing (25%) and property crime (22%) were the two main forms of criminal activity in 2020 (27%; *p*=0.743 and 26%; *p*=0.597 in 2019, respectively).

A small per cent (13%) reported having been arrested in the 12 months preceding interview (6% in 2019; *p*=0.105). Very low numbers (n≤5) reported having ever been in prison in 2020, consistent with previous years (n≤5 in 2019; *p*=0.436).

Figure 40: Self-reported criminal activity in the past month, NSW, 2003-2020



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 with small cell sizes. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2020 was via social networking applications (68%) (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (79% in 2019; p=0.068). In 2020, significantly fewer participants reported to have arranged the purchase of illicit or non-prescribed drugs via face-to-face in the past 12 months compared to 2019 (61% in 2020 versus 85% in 2019; p<0.001). Eleven per cent had obtained drugs via the darknet in the past year (13% in 2019; p=0.627); similarly, 11% had purchased drugs on the surface web (8% in 2019; p=0.498; Table 9).

Obtaining Drugs

The majority of participants in 2020 reported obtaining illicit drugs from a friend/relative/partner/colleague (77%; 98% in 2019; p=0.002), followed by obtaining illicit drugs from a known dealer/vendor (73%; 80% in 2019; p=0.260) and an unknown dealer/vendor (45%; 45% in 2019; p=0.949; Table 9).

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 (94%; 99% in 2019; p=0.061). In 2020, there was an increase in those receiving illicit drugs via a collection point compared with 2019 (22%; 8% in 2019; p=0.005; defined as a predetermined location where a drug will be left for later collection). There was no change between reports of participants receiving illicit drugs via post between 2020 and 2019 (16% and 14%, respectively; p=0.781; Table 9).

Buying and Selling Drugs

In 2020, very small numbers (n≤5) reported to have sold illicit drugs on the surface or darknet in the 12 months preceding interview (nil in 2019). Fifty-nine per cent of participants reported ever obtaining

illicit drugs through someone who had purchased them on the surface or darknet, with 48% doing so in the last 12 months, significantly less than in the last 12 months in 2019 (63%; *p*=0.047).

Table 9: Means of purchasing illicit drugs in the past 12 months, NSW, 2019-2020

	2019	2020
	N=100	N=102
% Purchasing approaches in the last 12 months^		
Face to face	85	61***
Surface web	8	11
Darknet market	13	11
Social networking applications	79	68
Text messaging	70	58
Phone call	43	40
Grew/made my own	/	-
Other	0	0
Means of obtaining drugs in the last 12 months^	N=99	N=103
Face-to-face	99	94
Collection point	8	22**
Post	14	16
% Source of drugs in the last 12 months^	N=100	N=101
Friend/relative/partner/colleague	92	76**
Known dealer/vendor	80	73
Unknown dealer/vendor	45	45

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