EDRS



SOUTH AUSTRALIA DRUG TRENDS 2019

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

SOUTH AUSTRALIA DRUG TRENDS 2019: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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

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Research Team

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- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Georgia Kelly, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Brittany Ciupka, Amy Kirwan, Cristal Hall, Dr Campbell Aiken and Professor Paul Dietze, Burnet Institute Victoria;
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Participants

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Contributors

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

Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
OTC	Over-the-counter
SA	South Australia
SD	Standard Deviation
STI	Sexually Transmitted Infection
WHO	World Health Organisation

Executive Summary

Sample Characteristics

The SA EDRS sample (N=100) recruited from Adelaide were predominantly young, educated males, consistent with the sample profile since monitoring commenced in 2003. Cannabis and ecstasy were the drugs of choice (36% and 26%, respectively), and were also the drugs used most often in the preceding month (44% and 29%, respectively) in 2019.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e. past six month) use of ecstasy pills declining and use of capsules and crystal increasing (62%, 64% and 78% of the SA sample, respectively). There was also an increase in use of powder from 2018 to 2019 (27% to 41%). Median price of an ecstasy pill increased from $20 to $25 from 2018 to 2019, and there was an increase in the per cent reporting pills as 'high' purity.

Methamphetamine

Recent use of methamphetamine has been declining amongst the SA sample since the commencement of monitoring (34% in 2019). Over one-quarter (26%) of recent consumers reported weekly or more frequent use in 2019. Crystal has been the main form used since 2012, although a significant decrease in recent use of crystal transpired in 2019 (26% versus 40% in 2018). The majority (84%) of those who commented reported crystal methamphetamine to be 'very easy' to obtain.

Cocaine

Recent use of cocaine has increased, with the largest per cent reporting recent use recorded in 2019 (71%; 55% in 2018). Fourteen per cent of recent consumers reported weekly or more frequent use. The median price of a gram of cocaine was reported as $335.

Ketamine, LSD & Hallucinogenic Mushrooms

Recent use of ketamine and LSD remained stable in 2019 relative to 2018. One-third (33%) and over two-fifths (43%) of the SA sample reported recent use in 2019, respectively. Significantly fewer participants in 2019 perceived LSD to be 'easy' to obtain compared to 2018. Almost one-third of the sample (32%) reported recent use of hallucinogenic mushrooms, with less than monthly use.

Cannabis

At least three in four participants have reported recent use of cannabis each year since monitoring commenced. Eighty-two per cent of participants reported recent use in 2019, stable from 2018, although this proved to be the lowest per cent reported since 2008. Almost half (49%) of recent consumers reported using cannabis on a daily basis.

New Psychoactive Substances (NPS) and Other Drugs

Over one-third (34%) reported recent use of at least one NPS. DMT and 2C-B were the most common recently used NPS in 2019 (16% and 14%, respectively). Six per cent of the SA sample reported recent use of GHB/GBL in the six months prior to interview, a significant decrease from 16% in 2018. Almost one-third of the sample reported recent use of amyl nitrite, an increase from 20% in 2018 (though not statistically significant).

Drug-Related Harms and Other Risks

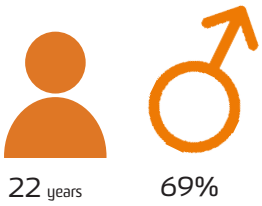
Ninety per cent reported using depressants, cannabis and/or hallucinogens/dissociatives on their last occasion of stimulant use. Thirty-four per cent reported a non-fatal stimulant overdose, and 30% reported a non-fatal depressant overdose in the past year. The per cent reporting injecting drug use remained low, as did the number currently in drug treatment. Forty-one per cent of participants who had recently engaged in penetrative sex reported penetrative sex without a barrier where the HIV/STI status of their partner was unknown. Over half the sample (51%) self-reported that they had experienced a mental health problem in the preceding six months. Drug dealing (38%) and property crime (16%) were the main forms of self-reported criminal activity in 2019.

EDRS Ecstasy and Related Drugs Reporting System

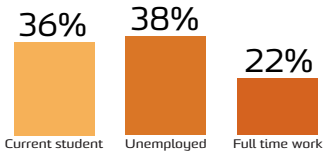
2019 SAMPLE CHARACTERISTICS



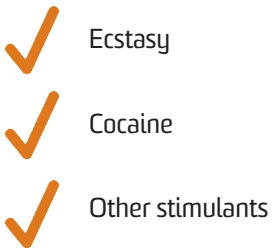
In 2019, 100 people from South Australia participated in EDRS interviews.



The median age in 2019 was 22 (IQR = 19 - 25), and 69% identified as male.

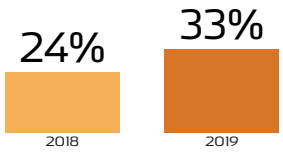


In the 2019 sample, 36% were enrolled students, 38% were unemployed, and 22% were employed full time.

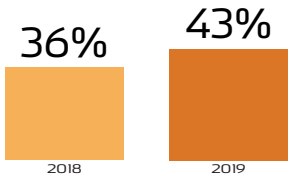


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

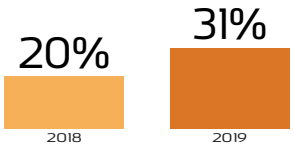
OTHER DRUGS



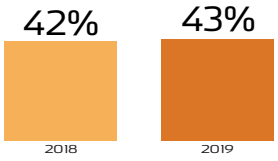
Past 6 month use of ketamine was reported by one-third (33%) of the 2019 EDRS sample, stable to 24% in 2018.



Past 6 month use of LSD was stable, from 36% in 2018 to 43% in the 2019 EDRS sample.



Past 6 month use of amyl nitrite was stable at 31% in the 2019 EDRS sample (20% in 2018).

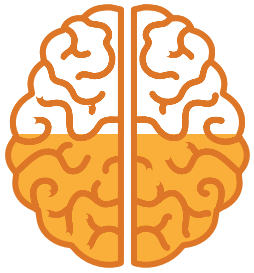


Past 6 month use of nitrous oxide (nangs) was stable at 43% in the 2019 EDRS sample (42% in 2018).

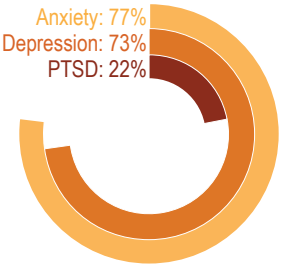
DRUG TREATMENT AND MENTAL HEALTH



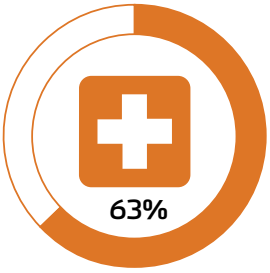
Of the 2019 EDRS sample 9% reported that they were currently receiving drug treatment.



Over half of the South Australian sample (51%) self-reported that they had experienced a mental health problem in the previous 6 months.

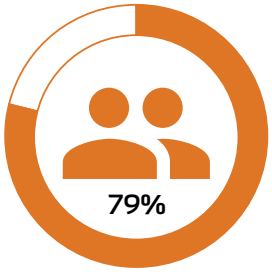


Of those who commented, the most common self-reported mental health concern was anxiety (77%), followed by depression (73%), and PTSD (22%).

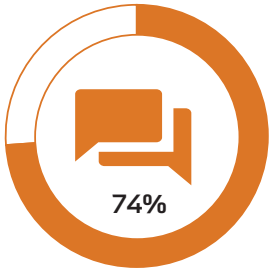


Of those self-reporting a mental health problem, 63% reported seeing a mental health professional in the previous 6 months (32% of the entire sample).

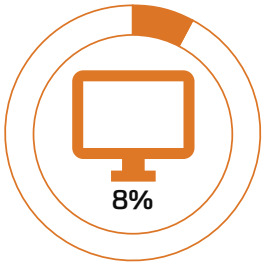
MODES OF PURCHASING



In 2019, 79% of the EDRS sample reported buying drugs face to face in the previous 12 months.

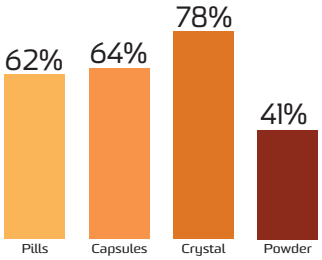


In 2019, 74% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.

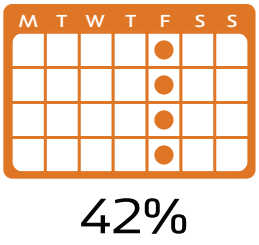


In 2019, 8% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

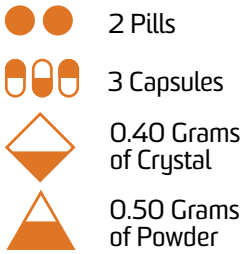
ECSTASY



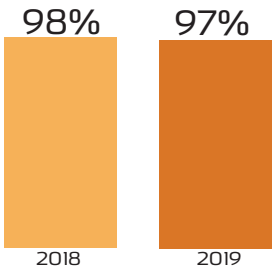
Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.



Of those who had recently consumed ecstasy, two in five used it weekly or more often.



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

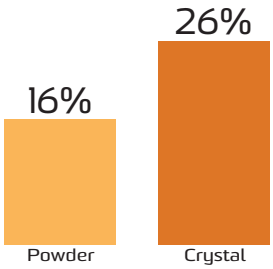


Of those who could comment 97% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

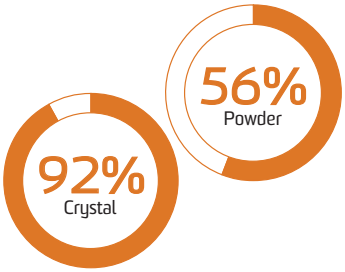
METHAMPHETAMINE



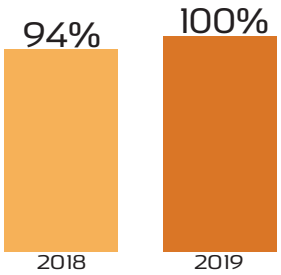
Past 6 month use of any methamphetimine was stable at 34% in the 2019 EDRS sample.



Of the entire sample, 16% had recently consumed powder, and 26% crystal methamphetamine.



92% of people who had recently used crystal smoked it. Of those who had recently used powder, 56% snorted it.

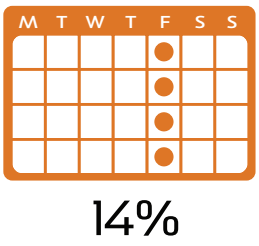


Of those who could comment 100% perceived crystal methmphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



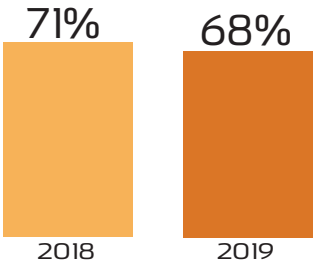
71% of the entire sample used cocaine in the past 6 months.



Of people who had consumed cocaine recently, 14% reported weekly or more frequent use.



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

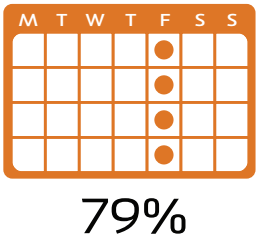


Of those who could comment 68% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



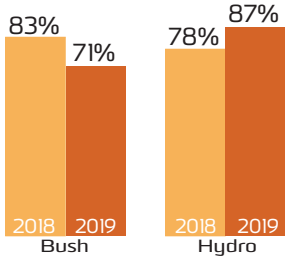
82% of the sample had used cannabis in the previous 6 months.



Of those who had consumed cannabis recently, 79% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 96% 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.

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. A total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Adelaide during April-June 2019.

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 2018 and 2019, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported).

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Adelaide, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in South Australia (see section on ‘Additional Outputs’ below for details of other outputs providing such profiles).

Additional Outputs

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

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

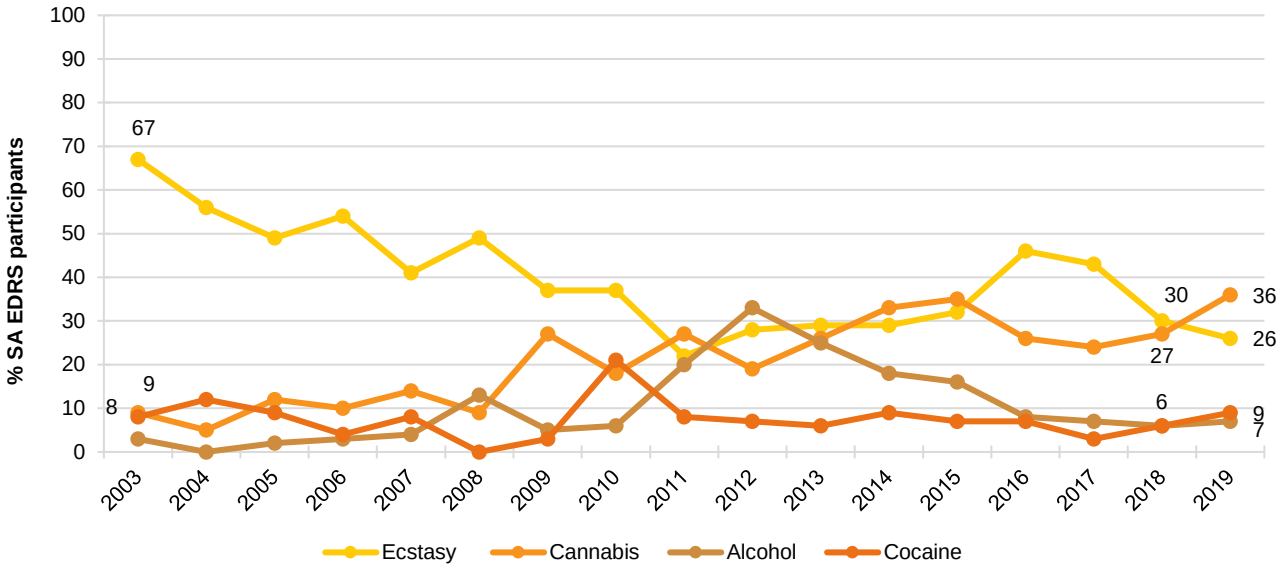
1

Sample Characteristics

In 2019, the SA EDRS sample was predominantly male (69%) with a median age of 22 (IQR=19-25, Table 1). Almost two-thirds (62%) of the sample reported having received a post-school qualification(s), and over one-third (36%) were current students, a significant increase relative to 2018 (8%; $p<0.001$). Over-one fifth (22%) reported being employed full-time and 38% reported being unemployed at the time of interview.

Participants typically reported that cannabis or ecstasy were their drugs of choice (36% and 26%, respectively; Figure 1). Cannabis and ecstasy were also the drugs used most often in the month preceding interview (44% and 29%, respectively; Figure 2). Forty-two per cent of the sample reported weekly or more frequent ecstasy use (33% in 2018; $p=0.157$), whereas 10% of participants reported weekly or more frequent cocaine use (2018 numbers less than five and supressed) (Figure 3).

Figure 1: Drug of choice, South Australia, 2003-2019



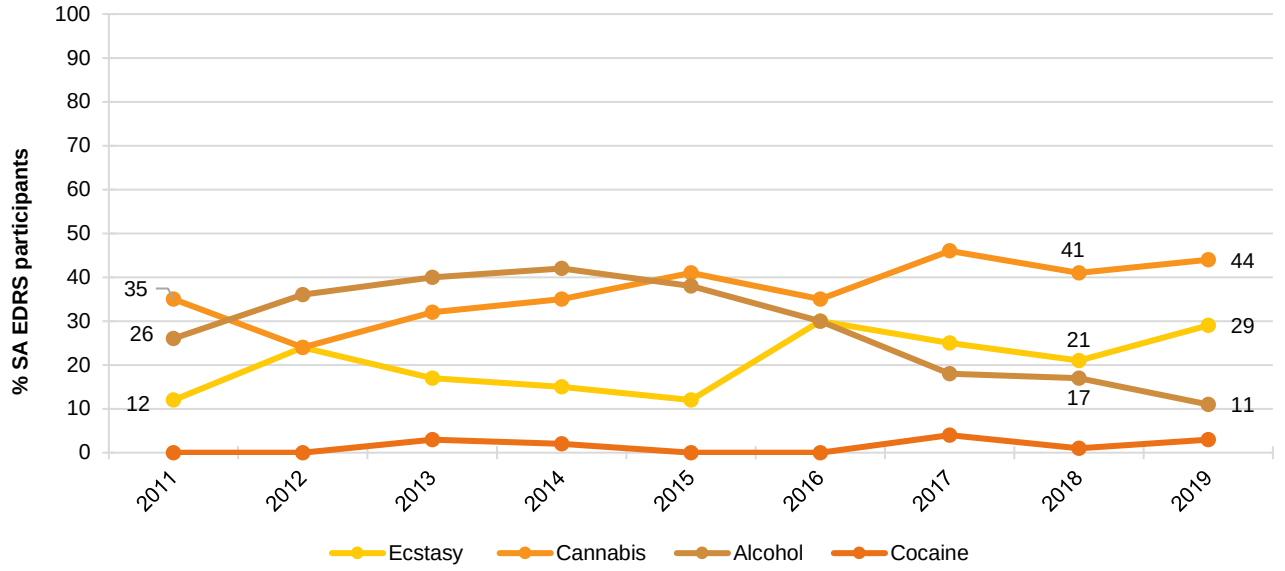
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.

Table 1: Demographic characteristics of the sample, nationally (2019) and South Australia, 2015-2019

	National 2019 N=797	SA 2019 N=100	SA 2018 N=100	SA 2017 N=100	SA 2016 N=100	SA 2015 N=100
Median age (years; IQR)	22 (19-26)	**22 (19-25)**	21 (18-28)	20 (19-22)	19 (18-21)	20 (18-24)
% Male	60	**69**	70	60	61	58
% Aboriginal and/or Torres Strait Islander	5	**-**	7	-	-	-
% Sexual identity						
Heterosexual	81	**81**	84	87	80	89
Homosexual	5	**6**	0	-	-	0
Bisexual	12	**10**	10	11	-	-
Different identity	1	**-**	-	0	-	-
Mean years of school education (range)	12 (8-12)	**11 (8-12)**	11 (8-12)	12 (7-12)	12 (9-12)	12 (10-12)
% Post-school qualification(s)^	54	**62**	53	40	44	44
% Employment status						
Employed full-time	**22**	**22**	21	18	23	17
Students[#]	**45**	**36*** **	8	34	39	35
Unemployed	**27**	**38**	30	7	10	17
Median weekly income $ (IQR)	(N=763) $500 (257-850)	**(N=93) $460 (250-750)**	(N=98) $552 (358-800)	(N=100) $625 (370-1075)	(N=93) $450 (200-875)	(N=97) $600 (400-960)
% Accommodation						
Own house/flat	4	**-**	-	-	6	0
Rented house/flat	48	**46**	41	39	28	46
Parents'/family home	40	**48**	47	53	63	52
Boarding house/hostel	5	**0**	-	0	0	-
No fixed address	1	**-**	-	0	-	-
Other	-	**0**	0	-	-	0

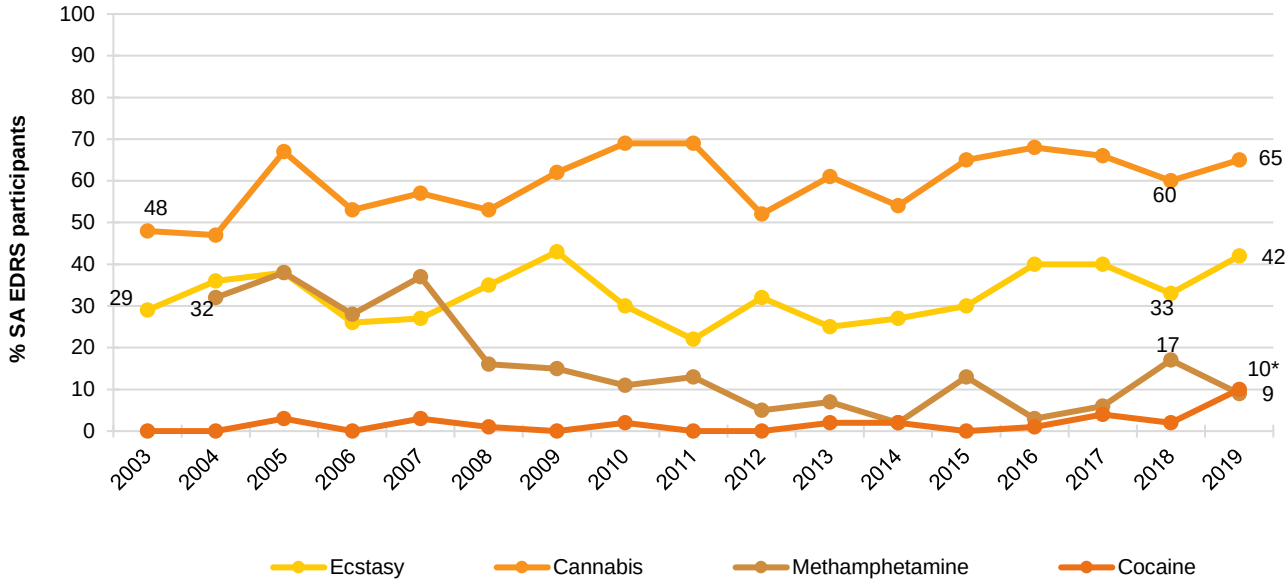
Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018 and 2019. ^Includes trade/technical and university qualifications. [#] Includes full-time students, part-time students and participants who both work and study. / not asked. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019 for the national sample only.

Figure 2: Drug used most often in the past month, South Australia, 2011-2019



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2019 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, South Australia, 2003-2019



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

Ecstasy/MDMA

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

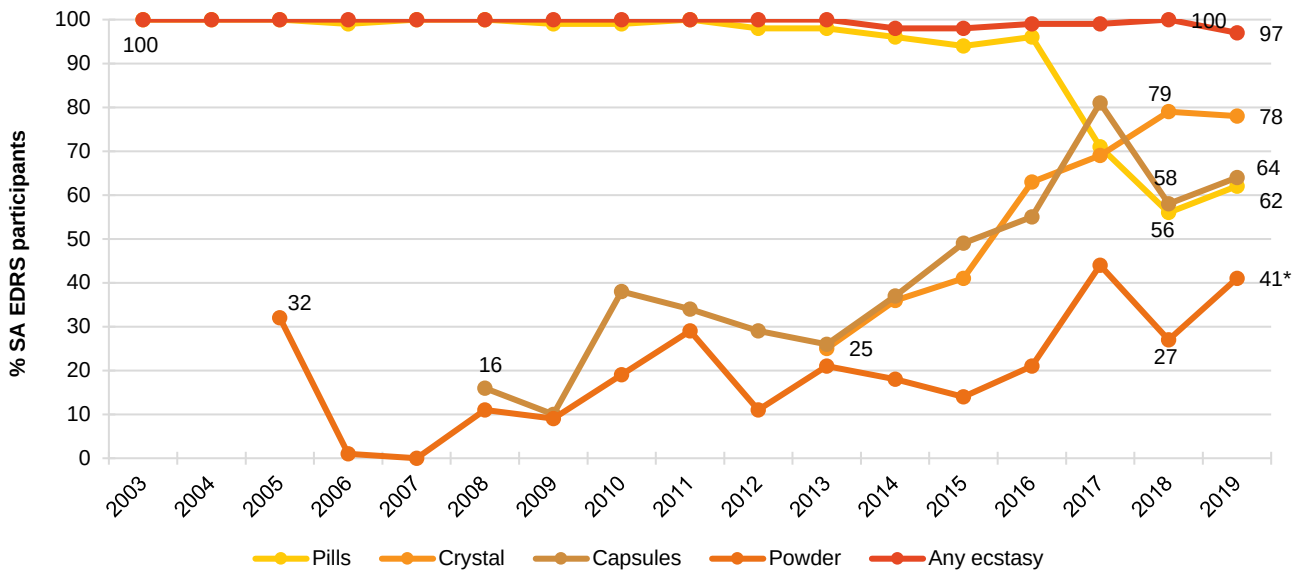
Recent Use (past 6 months)

Nearly all participants (97%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 4) and reflecting the eligibility criteria (see methods for the annual interviews). There has been a shift over time to greater use of MDMA crystal, and declining use of ecstasy pills and powder (discussed further below).

Frequency of Use (past 6 months)

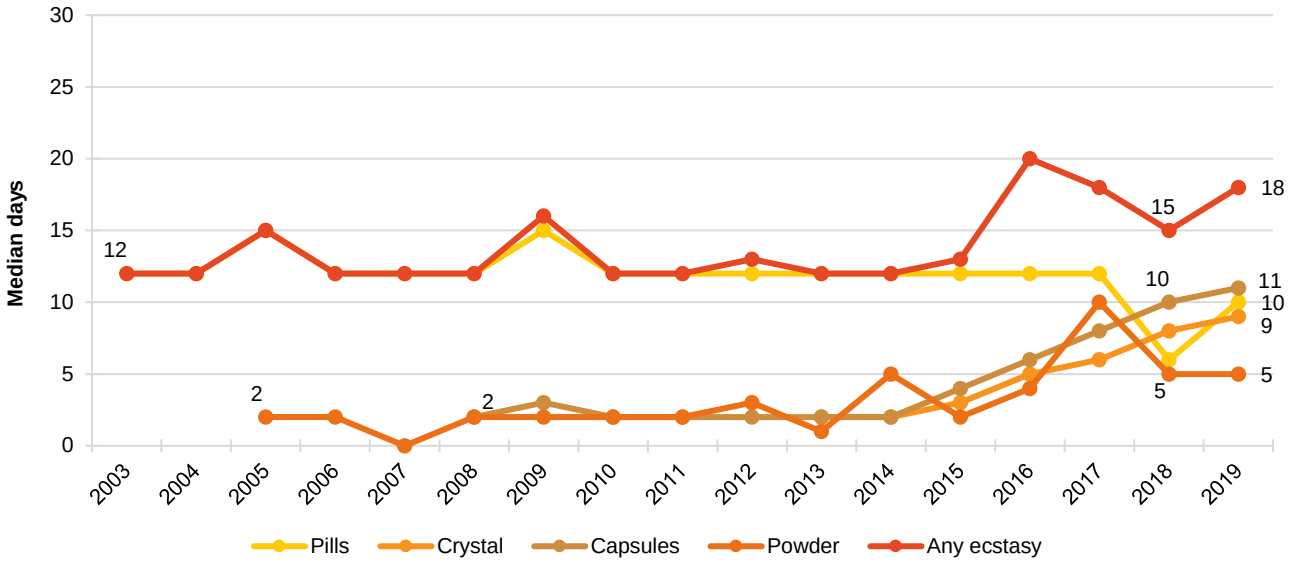
Participants reported using ecstasy (in any form) on a median of 18 days (IQR=10-30; n=96), equivalent to more than fortnightly use in the preceding six months (15 days in 2018, IQR=7-25; *p*=0.086). Among those that reported recent use (n=97), weekly or more frequent use of any form of ecstasy remained stable at 42% (31% in 2018; *p*=0.095) (Figure 5).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, South Australia, 2003-2019



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, South Australia, 2003-2019



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): The per cent reporting recent use remained stable in 2019 at 62%, relative to 2018 (56%; *p*=0.388) (Figure 4).

Frequency of Use (past 6 months): Participants reported using pills on a median of 10 days in 2019 (IQR=3-24). This remained stable from 2018 (6 days, IQR=3-14; *p*=0.092) (Figure 5). The proportion reporting weekly or more frequent use among those who reported recent use of ecstasy pills was 27% in 2019, a significant increase from 13% in 2018 (*p*=0.044).

Routes of Administration: The most common route of administration continued to be swallowing (98% versus 95% in 2018; *p*=0.262), followed by snorting (32%; 41% in 2018; *p*=0.321).

Quantity: In a 'typical' session, the median number of pills used was two (IQR=2-3; n=61) in 2019 (3 pills in 2018; IQR=2-6; n=55). The median maximum number of pills used in a session was five (IQR=3-15; n=59; 6.5 pills in 2018; IQR=3.0-16.5; n=54).

Ecstasy Capsules

Recent Use (past 6 months): Sixty-four per cent of the total sample had recently used capsules in 2019, stable from 58% in 2018 (*p*=0.384) (Figure 4).

Frequency of Use (past 6 months): Participants reported consuming capsules on a median of 11 days in 2019 (IQR=4-24). This remained stable from 2018 (10 days; IQR=5-15; *p*=0.462) (Figure 5). Among those who recently consumed capsules, 31% reported weekly or greater use in 2019 compared to 17% in 2018 (*p*=0.073).

Routes of Administration: The majority of recent consumers reported swallowing (95%; 95% in 2018; *p*=0.902), followed by snorting (31%; 28% in 2018; *p*=0.658).

Quantity: The median quantity of capsules used in a 'typical' session was three (IQR=2-4; n=63) in 2019 (4 in 2018; IQR=2.0-8.5; n=58) and the median for the maximum capsules used was five (IQR=3-8; n=61; 7 in 2018; IQR=3.75-10.50; n=54).

Ecstasy Crystal

Recent Use (past 6 months): Crystal was the most common form of ecstasy used in SA in 2019, with over three-quarters (78%) of participants reporting recent use, stable from 79% in 2018 (*p*=0.863) (Figure 4).

Frequency of Use (past 6 months): Participants reported using crystal on a median of nine days (IQR=3-20) in 2019, stable from eight days in 2018 (IQR=4-14; *p*=0.776) (Figure 5). Among participants who recently used crystal, 23% reported using crystal weekly or more, a significant increase from 13% in 2018 (*p*=0.001).

Routes of Administration: Four-fifths (80%) of recent consumers reported swallowing crystal (81% in 2018; *p*=0.317), followed by 53% of participants who reported snorting (56% in 2018; *p*=0.283).

Quantity: The median amount of crystal used in a 'typical' session was 0.4 grams (IQR=0.2-0.5; n=57) (0.8 grams in 2018; IQR=0.25-1.50; n=39). The median maximum amount of crystal used in 2019 was 0.8 grams (IQR=0.3-2.0 n=56; 1 gram in 2018; IQR=0.4-3.0; n=37).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder significantly increased in 2019, from 27% in 2018 to 41% (*p*=0.037) (Figure 4).

Frequency of Use (past 6 months): Participants reported consuming powder on a median of five days (IQR=2-22) in 2019. This remained stable from five days in 2018 (IQR=2-14; *p*=0.811) (Figure 5). Among participants who recently consumed powder, 24% reported weekly or greater use (≤5 participants reported in 2018; these data are suppressed).

Routes of Administration: The main route of administration has consistently been snorting (90%; 85% in 2018; *p*=0.526), with 37% reporting swallowing (41% in 2018; *p*=0.730).

Quantity: The median amount of powder used in a 'typical' session was 0.5 grams (IQR=0.2-

0.5, n=28; 0.5 grams in 2018, IQR=0.35-1.00; n=16). The median maximum amount of powder used in 2019 was 0.9 grams (IQR=0.4-2, n=28; 0.8 grams in 2018, IQR=0.45-1.70; n=13).

Market Trends

Ecstasy Pills

Price: The median price of a pill in 2019 increased significantly from $20 in 2018 (IQR=15-25; n=44) to $25 in 2019 (IQR=15-30; n=63; *p*=0.013) (Figure 6). This is the highest median price reported since 2008.

Perceived Purity: Of those who responded in 2019 (n=62), 15% perceived purity of ecstasy to be 'low', a significant decrease from 35% in 2018 (*p*=0.013). On the contrary, 44% perceived purity to be 'high', a significant increase from 2018 (22%; *p*=0.020) (Table 2).

Perceived Availability: Among those who were able to comment in 2019 (n=64), 80% reported pills as 'easy' or 'very easy' to obtain, similar to 2018 results (82%) (Table 2).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was $20 in 2019 (IQR=15-20; n=66) consistent with a median price of $20 in 2018 (IQR=15-20; n=50; *p*=0.266) (Figure 6).

Perceived Purity: Among those who were able to comment in 2019 (n=69), over one-third (36%) perceived purity to be 'medium' (38% in 2018; *p*=0.823), followed by 35% who perceived purity to be 'high', stable from 2018 (44%; *p*=0.315) (Table 2).

Perceived Availability: Of those who responded in 2019 (n=69), over three-quarters (77%) reported capsules to be 'very easy' to obtain, a significant increase from 58% in 2018 (*p*=0.026). On the contrary, a significant decrease was observed in the per cent reporting capsules as 'easy' to obtain in 2019 (20%; 40% in 2018; *p*=0.016) (Table 2).

Ecstasy Crystal

Price: The median price of a gram of crystal decreased (although not significantly), from $150 in 2018 (IQR=100-200; n=31) to $132.50 in 2019 (IQR=100-150; n=40; *p*=0.204) (Figure 7). This is the lowest median price reported since reporting began in 2013.

Perceived Purity: Of those who responded in 2019 (n=67), over half (55%) perceived purity of crystal to be 'high' (48% in 2018; *p*=0.387). 'Medium' purity was reported by 28% of participants, stable from 2018 (36%; *p*=0.355) (Table 2).

Perceived Availability: Among those who were able to comment in 2019 (n=67), three-fifths (60%) reported crystal as being 'very easy' to obtain, stable from 2018 (51%; *p*=0.293) (Table 2).

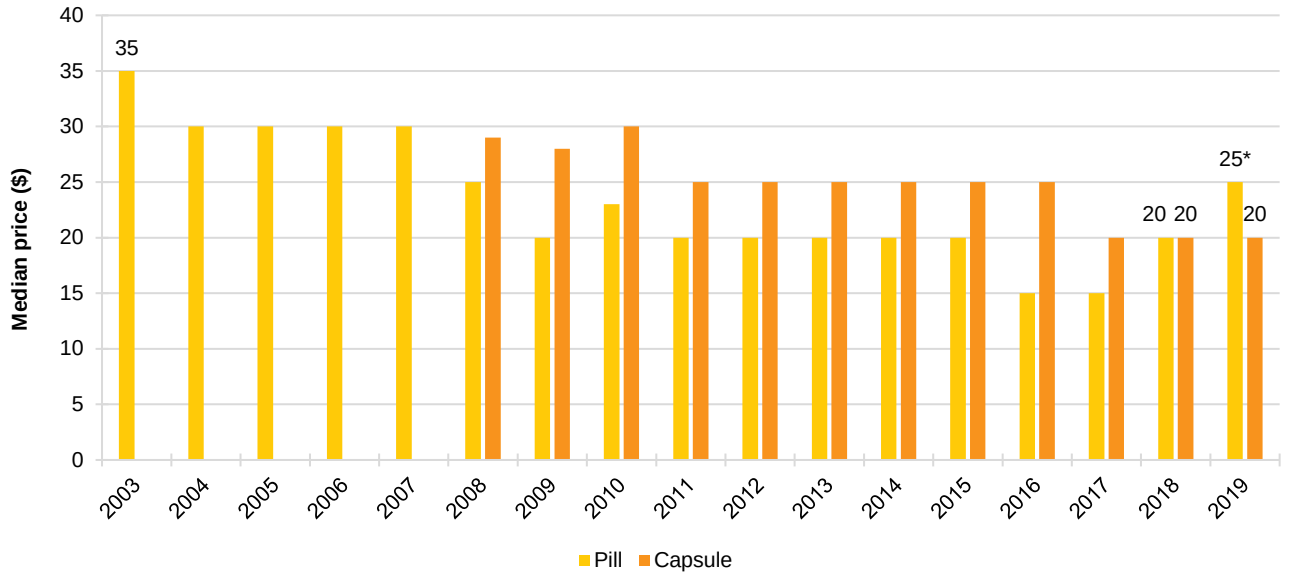
Ecstasy Powder

Price: A gram of ecstasy powder had a median price of $150 in 2019 (IQR=15-150; n=13) similar to the median price of $125 in 2018 (IQR=81.25-262.50; n=10; *p*=0.376) (Figure 7).

Perceived Purity: Among those who were able to comment in 2019 (n=23), the majority (61%) perceived purity to be 'medium' (50% in 2018; *p*=0.518) (Table 2).

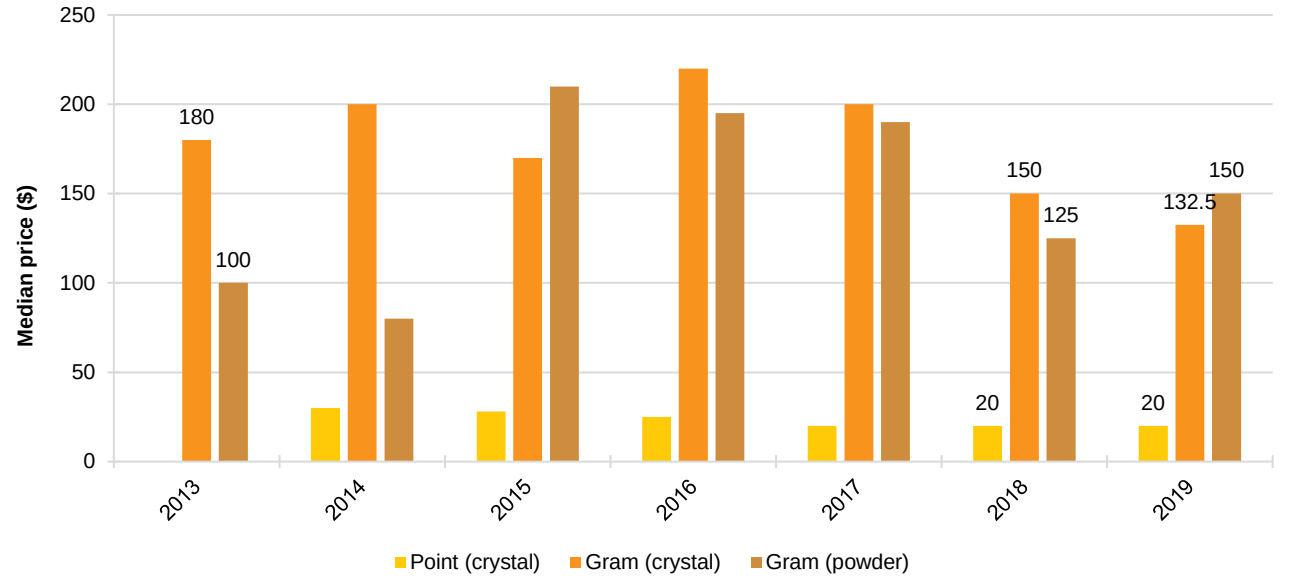
Perceived Availability: Of those who responded in 2019 (n=25), 84% reported powder to be 'easy' to 'very easy' to obtain, stable from 2018 (68%; *p*=0.887) (Table 2).

Figure 6: Median price of ecstasy pill and capsule, South Australia, 2003-2019



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 7: Median price of ecstasy crystal (per point and gram) and powder (per gram only), South Australia, 2013-2019



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 2: Perceived purity and availability of ecstasy pills, capsules, crystal and powder, South Australia, 2017-2019

	2017	2018	2019
Current Perceived Purity			
% Pills (n)	(n=65)	(n=49)	**(n=62)**
Low	35	35	**15***
Medium	34	33	**21**
High	14	22	**44***
Fluctuates	17	-	**21**
% Capsules (n)	(n=77)	(n=55)	**(n=69)**
Low	-	-	**9**
Medium	31	38	**36**
High	56	44	**35**
Fluctuates	12	-	**20**
% Crystal (n)	(n=63)	(n=67)	**(n=67)**
Low	-	-	**-**
Medium	24	36	**28**
High	60	48	**55**
Fluctuates	13	10	**13**
% Powder (n)	(n=26)	(n=14)	**(n=23)**
Low	-	-	**-**
Medium	58	50	**61**
High	31	-	**-**
Fluctuates	-	-	**-**
Current Perceived Availability			
% Pills (n)	(n=66)	(n=49)	**(n=64)**
Very easy	58	33	**52**
Easy	38	31	**28**
Difficult	-	27	**16**
Very difficult	0	-	**-**
% Capsules (n)	(n=76)	(n=55)	**(n=69)**
Very easy	50	58	**77***
Easy	32	40	**20***
Difficult	17	-	**-**
Very difficult	-	0	**0**
% Crystal (n)	(n=64)	(n=69)	**(n=67)**
Very easy	48	51	**60**
Easy	31	41	**34**
Difficult	19	-	**-**
Very difficult	-	-	**0**
% Powder (n)	(n=27)	(n=14)	**(n=25)**
Very easy	41	43	**48**
Easy	26	43	**36**
Difficult	30	-	**-**
Very difficult	-	-	**-**

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

3

Methamphetamine

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

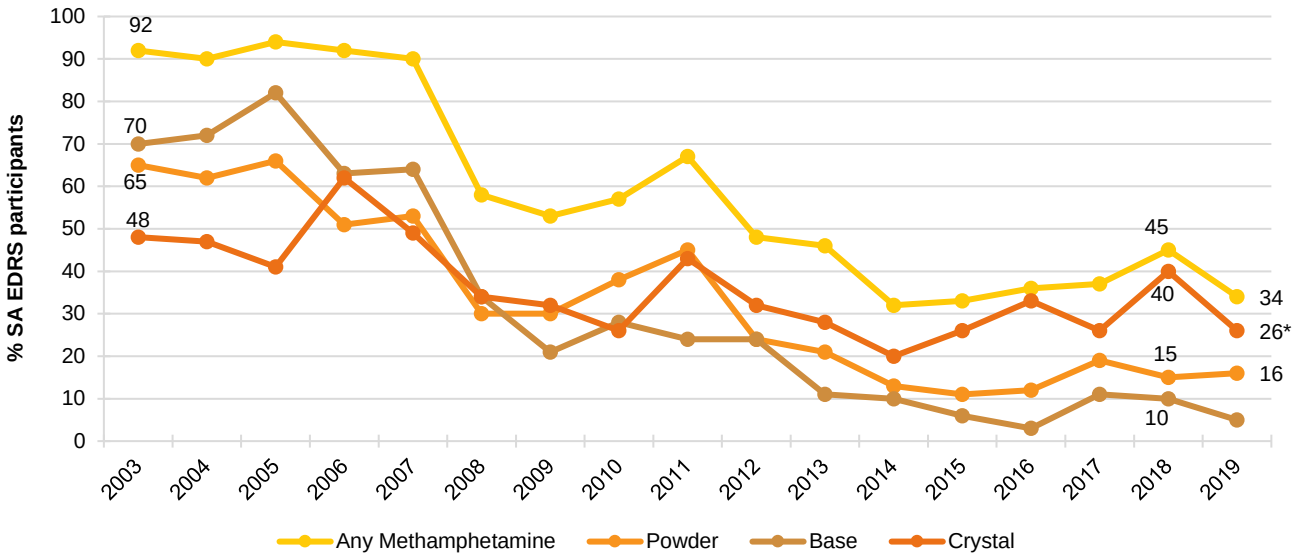
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began (Figure 8), from more than nine in ten participants in 2003 (92%) to one in three participants (34%) in 2019 (p<0.001). The per cent reporting recent use of any methamphetamine declined from 45% in 2018 to 34% in 2019, though this was not a significant difference (p=0.117).

Frequency of Use (past 6 months)

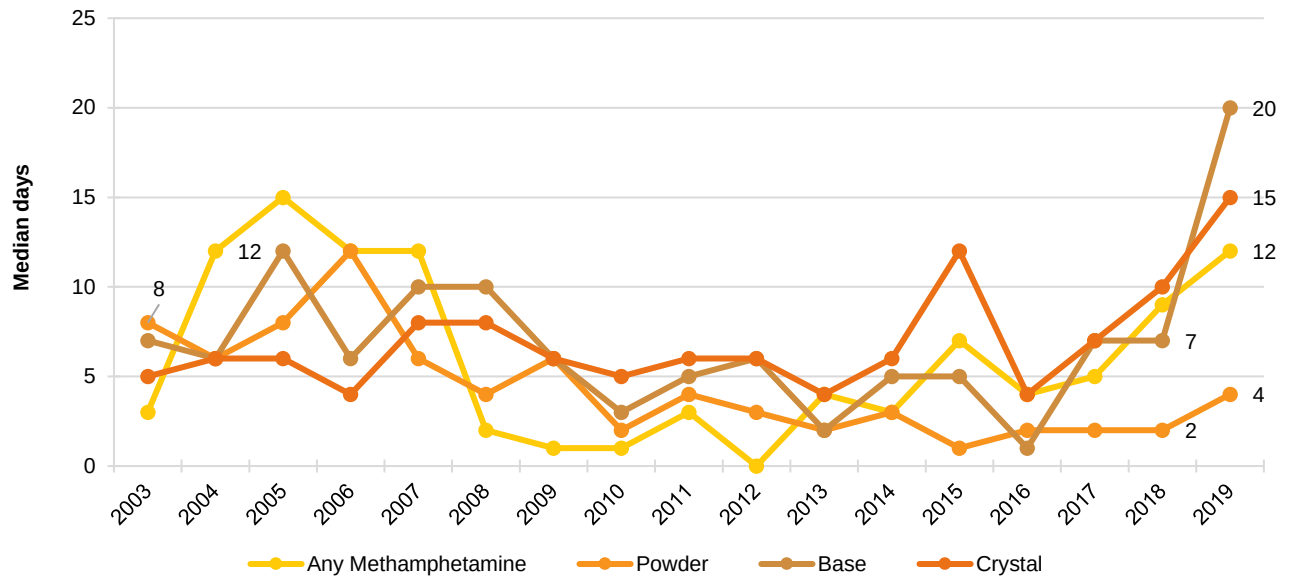
Frequency of use has slowly increased in recent years, from a median of nine days in 2018 (IQR=2-50) to 12 days in 2019 (IQR=3-26; p=0.880 compared to 2018) (Figure 9). Twenty-six per cent of recent consumers reported using methamphetamine weekly or more frequently in 2019 (39% in 2018; p=0.258).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, South Australia, 2003-2019



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 but not 0).
*p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, South Australia, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25 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 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Methamphetamine Powder

Recent Use (past 6 months): Powder use has decreased over the period of monitoring, with 16% of participants reporting recent use in 2019 (15% in 2018; p=0.893) (Figure 8).

Frequency of Use (past 6 months): Median days of use remained stable at four days (IQR=1-24; 2 days in 2018; IQR=1-30; p=0.770) (Figure 9).

Routes of Administration: In 2019, the main route of administration among consumers was both snorting and smoking (56%, respectively) (60% and 40% in 2018, respectively).

Quantity: The median amount used in a 'typical' session was two points (IQR=0.5-2.5; n=9; 2 points in 2018; IQR=1-3; n=7). The median maximum amount used was three points (IQR=0.63-5.75; n=8; 1.5 points in 2018; IQR=1.0-3.5; n=6) (≤5 participants reported quantity in grams in 2019; these data are suppressed).

Crystal Methamphetamine

Recent Use (past 6 months): Since 2012, crystal has consistently been the main form used. The per cent reporting recent use of crystal increased from 2017 to 2018 (26% to 40%, p=0.039), and then declined again in 2019 (26%; p=0.039) (Figure 8).

Frequency of Use (past 6 months): Frequency of use was reported as a median of 15 days (IQR=6-54) in 2019, compared to 10 days in 2018 (IQR=2-48; p=0.217) (Figure 9). Among recent consumers, 35% reported weekly or greater use of crystal, stable from 38% in 2018 (p=0.753).

Routes of Administration: Smoking remained the most common route of administration among those who had recently used crystal, with 92% reporting this method in 2019, a significant increase from 72% in 2018 (p=0.043).

Quantity: The median amount used in a 'typical' session was 0.5 grams (IQR=0.5-1; n=7) (0.2 grams in 2018; IQR=0.2-0.5; n=27), whereas the median maximum amount used

was one gram (IQR=0.9-26.3 n=6) (one gram in 2018; IQR=1.00-15.75; n=6).

Methamphetamine Base

Due to low numbers, details will not be reported on base. For further information please refer to the National EDRS report, or contact the Drug Trends team.

Market Trends

Methamphetamine Powder

Price: Participants reported a median price of $50 per point (IQR=30-55; n=13) (≤5 participants reported in 2018; these data are suppressed).

Perceived Purity: Among those who were able to comment in 2019 (n=15), over half (53%) perceived purity to be 'high' (≤5 participants reported in 2018; these data are suppressed) (Figure 12).

Perceived Availability: Among those who responded in 2019 (n=16), over two-thirds (69%) of participants perceived powder to be 'very easy' to obtain (≤5 participants reported in 2018; these data are suppressed) (Figure 14).

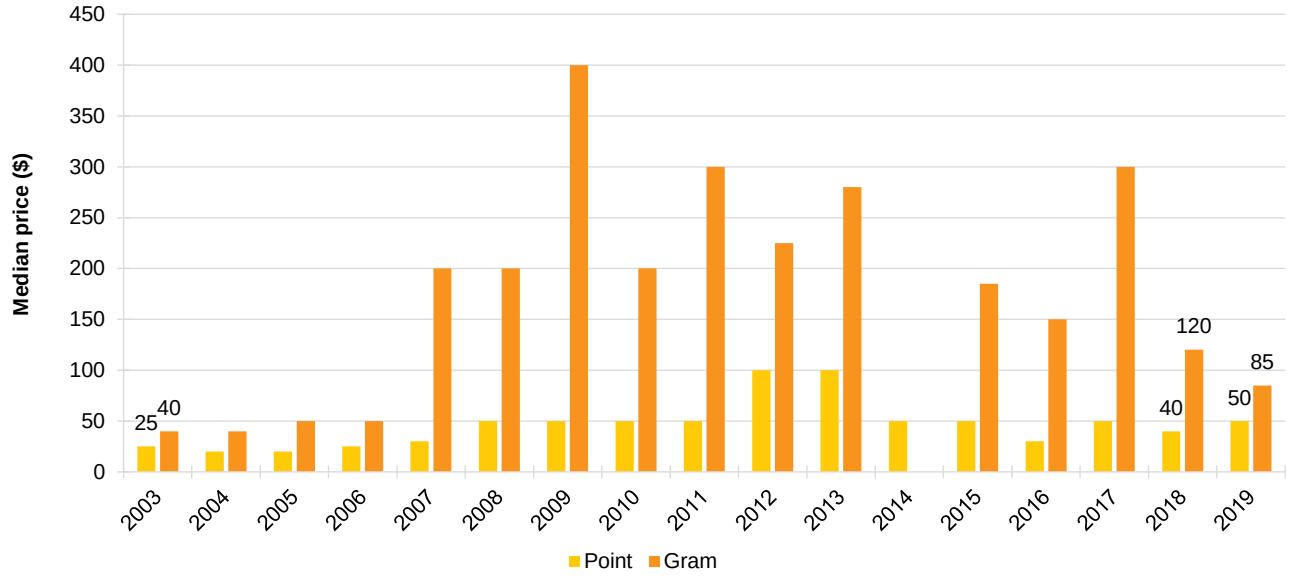
Crystal Methamphetamine

Price: Participants reported a median price of $50 per point (IQR=40-50; n=22), matching the median price of $50 in 2018 (IQR=40-50; n=23; *p*=0.720). The median price per gram was $200 (IQR=200-400; n=7), lower than the median price of $300 in 2018 (IQR=225-375; n=9; *p*=0.408) although small numbers reporting must be noted (Figure 11).

Perceived Purity: Among those who were able to comment in 2019 (n=29), the greatest per cent reported purity to be 'high' (52%; 48% in 2018; *p*=0.796), followed by 31% who perceived purity to be 'medium', stable from 2018 (39%; *p*=0.533) (Figure 13).

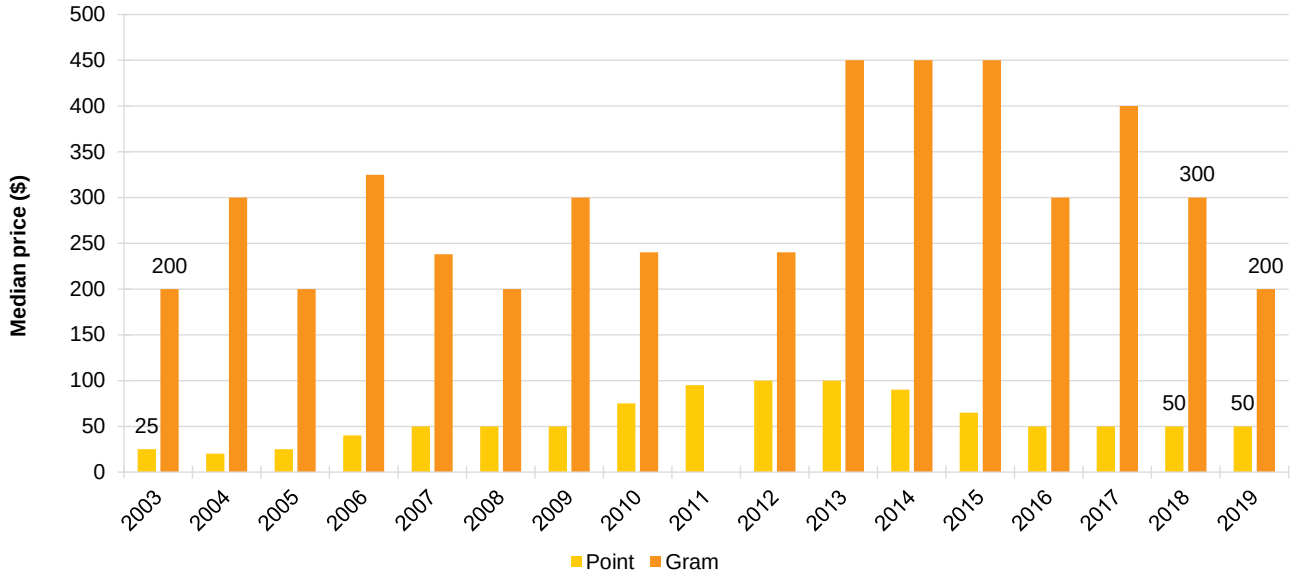
Perceived Availability: Among those who responded in 2019 (n=31), the majority (84%) perceived crystal to be 'very easy' to obtain, the highest per cent reported since monitoring commenced. This remained stable from 2018 (72%; *p*=0.252) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, South Australia, 2003-2019



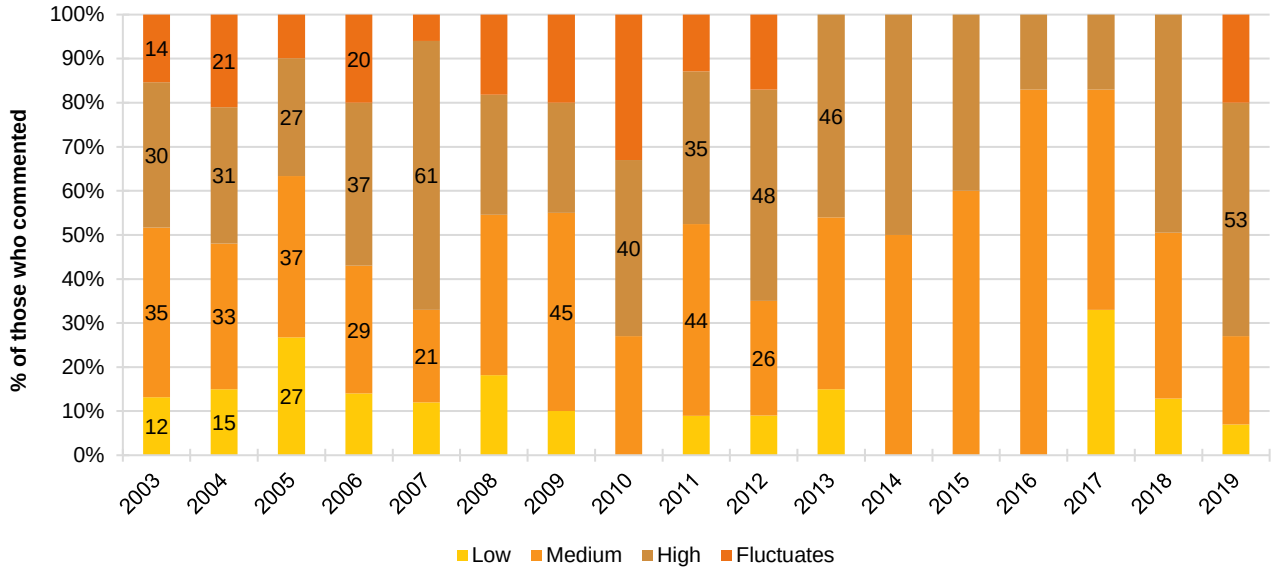
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 11: Median price of crystal methamphetamine per point and gram, South Australia, 2003-2019



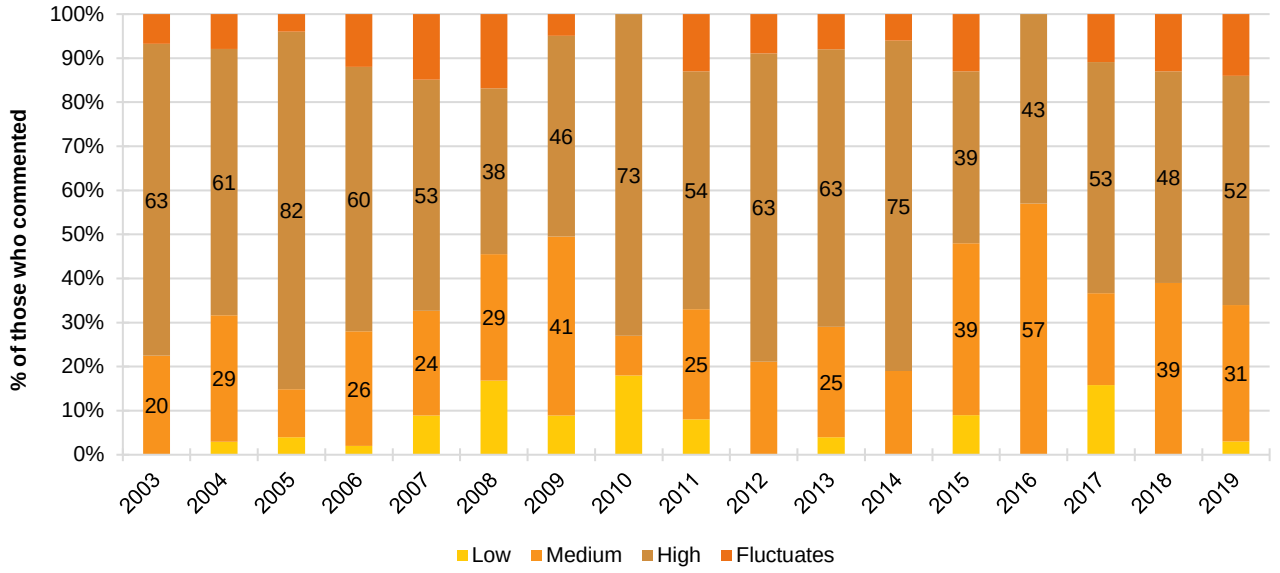
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 12: Current perceived purity of powder methamphetamine, South Australia, 2003-2019



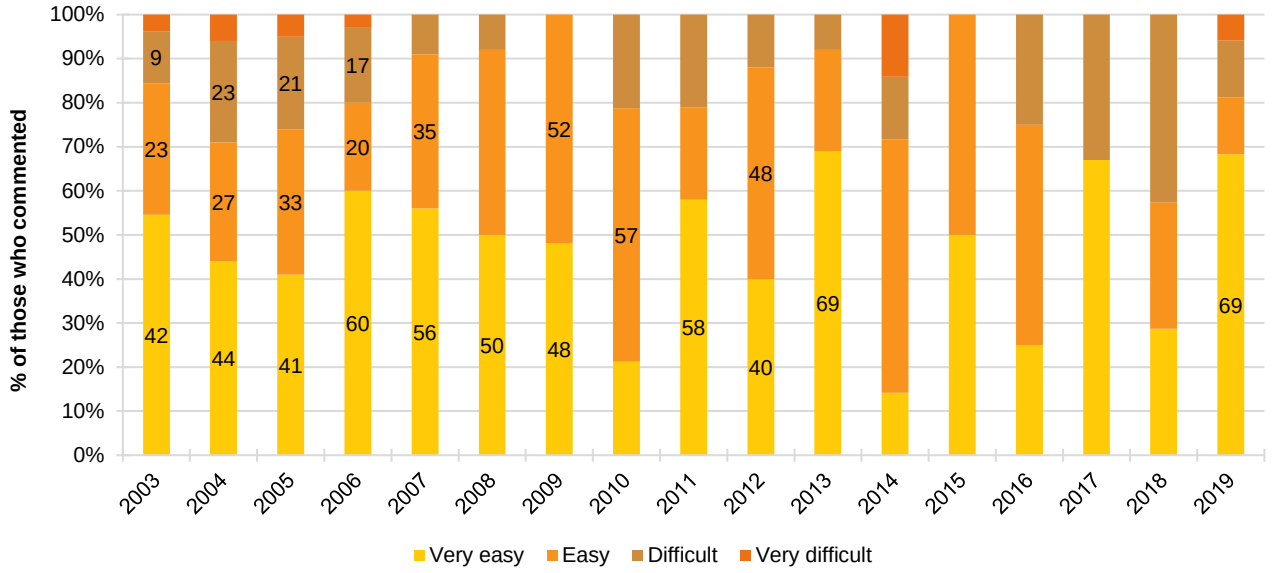
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 13: Current perceived purity of crystal methamphetamine, South Australia, 2003-2019



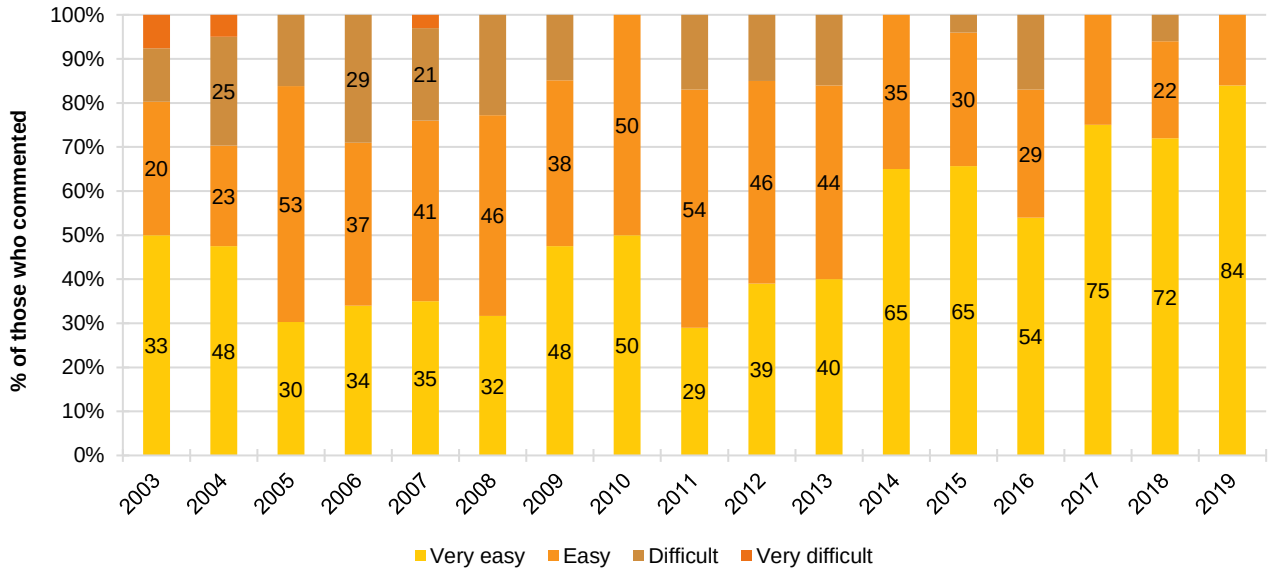
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 14: Current perceived availability of powder methamphetamine, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 15: Current perceived availability of crystal methamphetamine, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Since 2010, recent cocaine use has gradually increased over the years, with the per cent reporting recent use significantly increasing from 55% in 2018 to 71% in 2019 (p=0.019; Figure 16).

Frequency of Use (past 6 months)

Frequency of use has fluctuated in recent years, with participants reporting a median of four days (IQR=2-10) of use in 2019, a significant increase from three days in 2018 (IQR=2-5; p=0.029; Figure 16). This is equivalent to less than monthly use. Of those who had recently consumed cocaine (n=71), 14% reported consuming cocaine on a weekly or more frequent basis (≤5 participants reported in 2018; these data are suppressed).

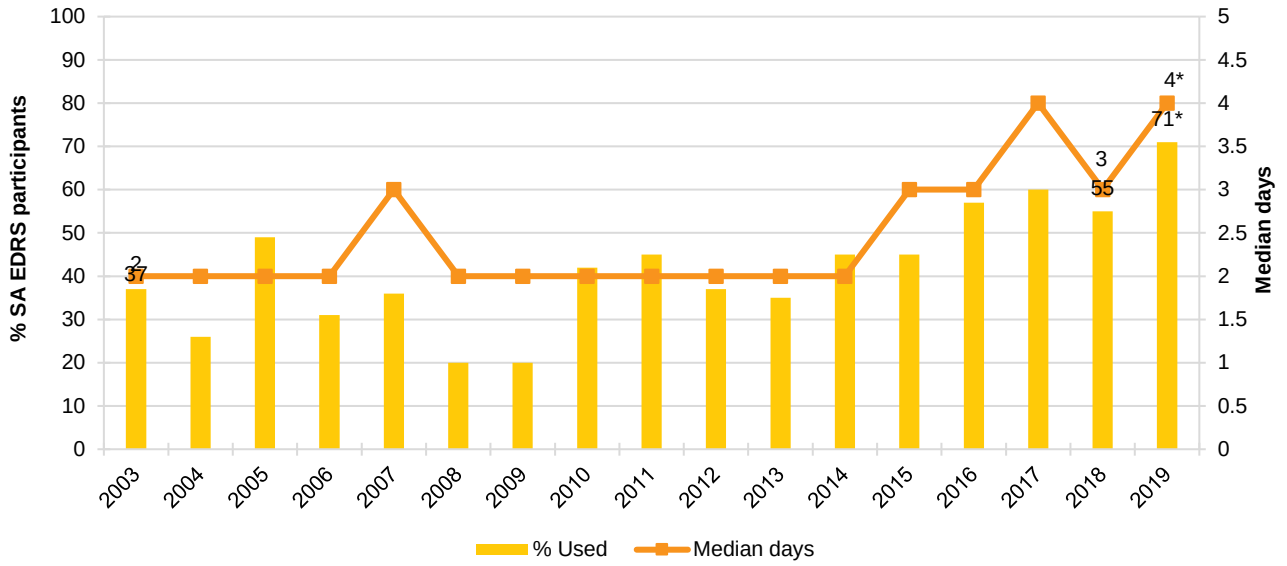
Routes of Administration

Among people who had recently consumed cocaine (n=71), 100% of participants reported snorting cocaine, a significant increase relative to 2018 (93%; p=0.021). Thirteen per cent reported swallowing cocaine, stable from 2018 (13%; p=0.993).

Quantity

The median quantity used in a 'typical' session in 2019 was 0.5 grams (IQR=0.3-0.5; n=43), matching the median quantity reported in 2018 (0.5 grams; IQR=0.25-1.25; n=21). The median maximum quantity used was one gram (IQR=0.5-3.0; n=45) in 2019, also matching the median amount reported in 2018 (1 gram; IQR=0.4-2.0; n=23).

Figure 16: Past six month use and frequency of use of cocaine, South Australia, 2003-2019



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 for days of use. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Price

The median price per point of cocaine was reported to be $55 (IQR=32.5-187.5; n=6) in 2019 (≤5 participants reported in 2018; these data are suppressed). The median price per gram of cocaine was $335 (IQR=300-350; n=42) in 2019, similar to the median price of $300 (IQR=300-350; n=24; p=0.762) reported in 2018 (Figure 17).

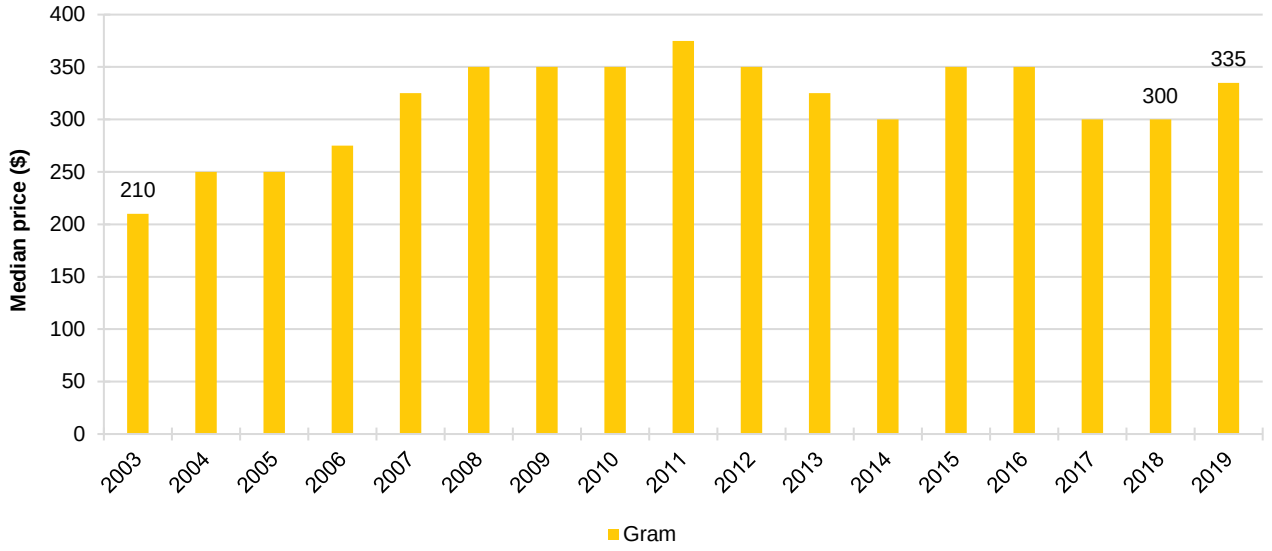
Perceived Purity

Among those who were able to comment in 2019 (n=64), equal numbers of participants perceived purity of cocaine to be ‘medium’ or ‘high’ (33%, respectively), which remained stable from 2018 (30%; and 33%, respectively). Twenty per cent perceived purity to be ‘low’ (23% in 2018) (Figure 18).

Perceived Availability

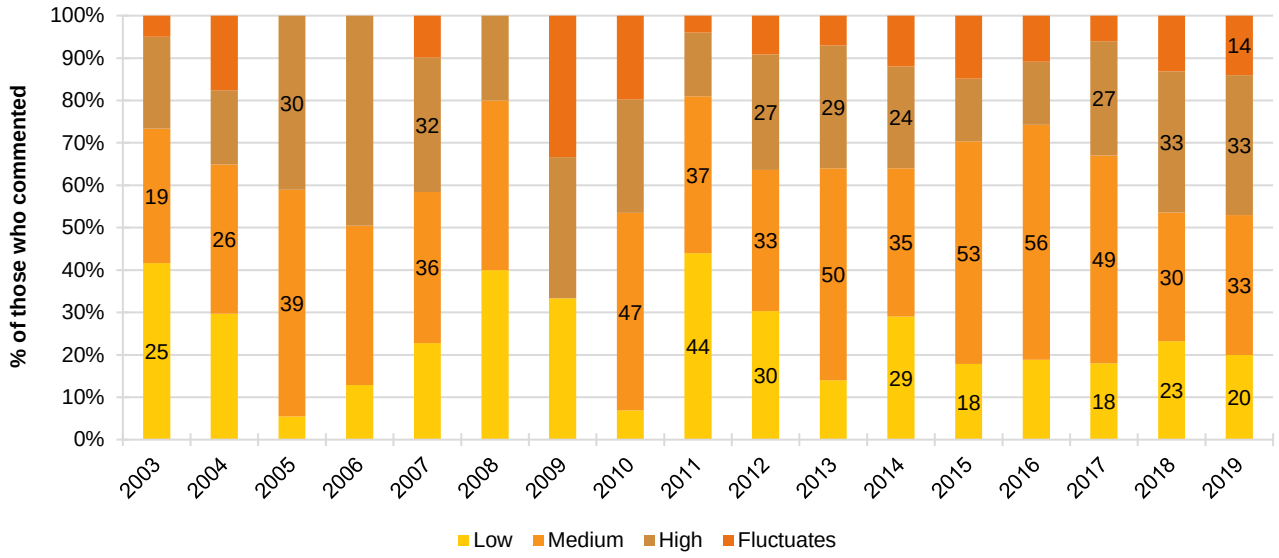
Among those who were able to comment in 2019 (n=65), the highest number of participants (37%) reported cocaine to be ‘easy’ to obtain (47% in 2018; p=0.329). Equal numbers perceived cocaine to be ‘very easy’ and ‘difficult’ to obtain (31%, respectively), stable from 2018 (24%; p=0.448 and 29%; p=0.889, respectively) (Figure 19).

Figure 17: Median price of cocaine per gram, South Australia, 2003-2019



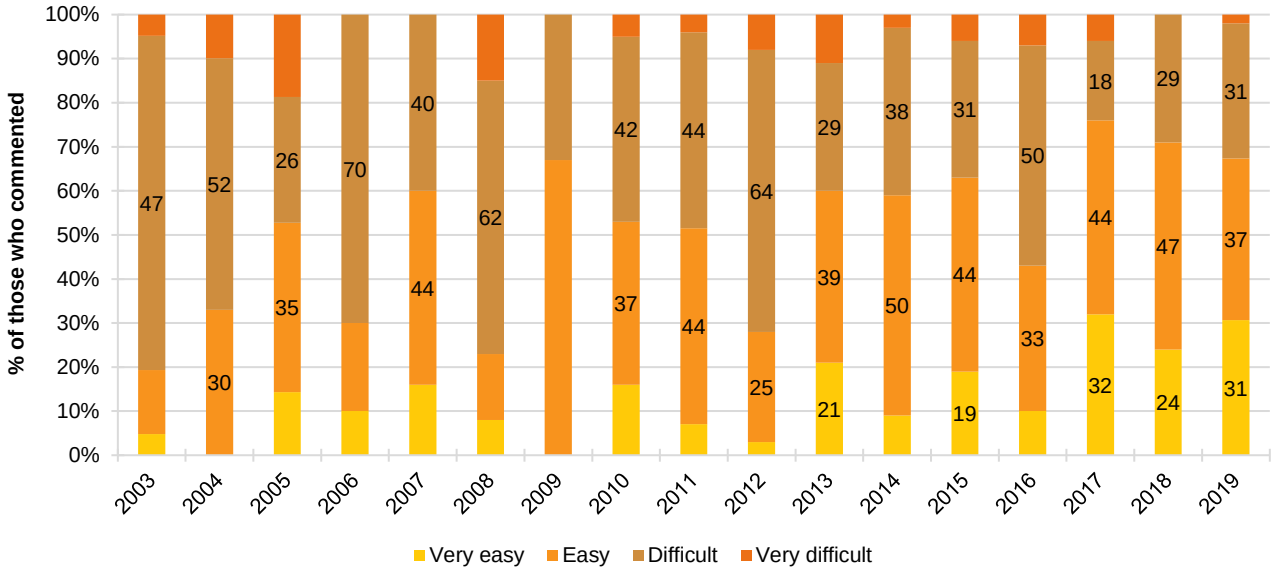
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 18: Current perceived purity of cocaine, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 19: Current perceived availability of cocaine, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

5

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least three in four participants have reported recent use of cannabis each year since 2003, with the only exception being 2008 (74%). Over four-fifths (82%) reported recent use of cannabis in 2019, stable from 2018 (85%; *p*=0.568; Figure 20).

Frequency of Use (past 6 months)

Typical frequency of use has varied between at least once per week to up to four days per week over the course of monitoring. In 2019, participants reported a median of 145 days (IQR=48-180) of use, the highest frequency of use since monitoring commenced. This represented an increase relative to 2018 (100 days; IQR=2-48; *p*=0.201), albeit not statistically significant (Figure 20). Of those who had recently consumed cannabis (n=82), 79% reporting using cannabis on a weekly or more frequent basis (71% in 2018; *p*=0.196), including almost half (49%) who reported using cannabis on a daily basis (36% in 2018; *p*=0.108).

Routes of Administration

Among people who had recently consumed cannabis in 2019 (n=82), the vast majority of participants (96%) reported smoking, stable relative to 2018 (99%; *p*=0.294). Over one-third (34%) reported swallowing (25% in 2018; *p*=0.180) and 17% reported inhaling/vaporising (11% in 2018; *p*=0.224).

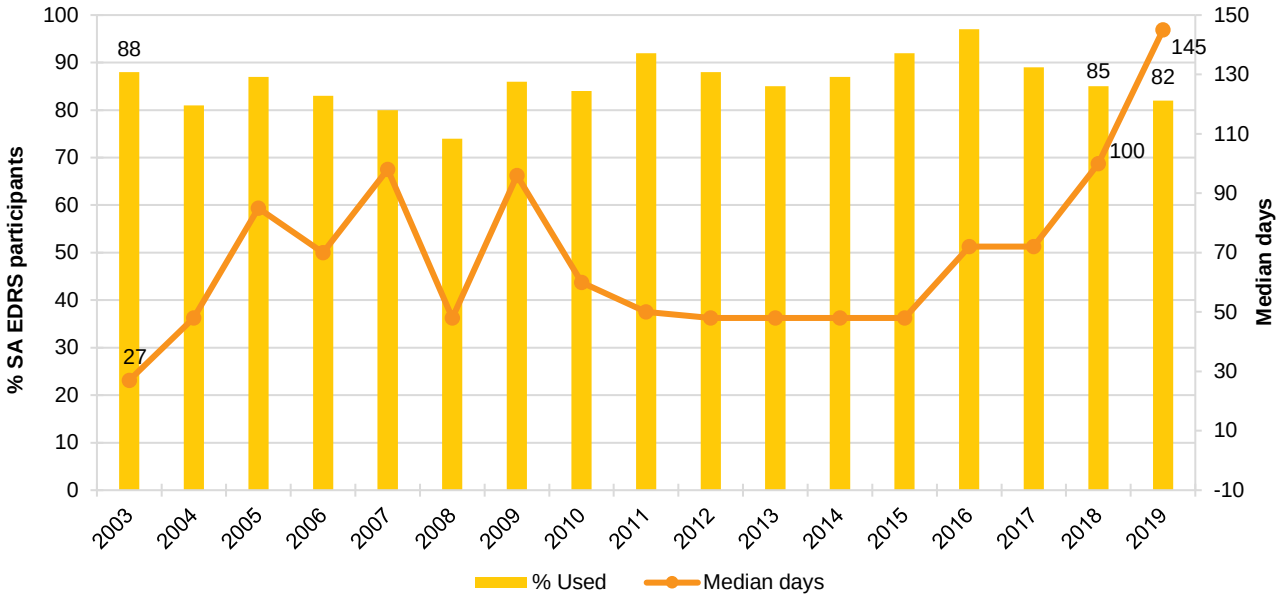
Quantity

The median amount used by those who commented (n=80) on the last occasion of use was three cones (IQR=1-4; n=29) (4 cones in 2018; IQR=1.5-8.0; n=33) or 1.5 grams (IQR=1.0-2.5; n=30) (2 grams in 2018; IQR=1-4; n=25).

Forms Used

Among EDRS participants, the majority reported recent use of hydroponic cannabis (69%; 67% in 2018; *p*=0.833) and just over half reported recent use of outdoor-grown 'bush' cannabis (51%; 60% in 2018; *p*=0.256). Fewer participants reported having used hashish (23%; 19% in 2018; *p*=0.671) and hash oil (10%; 20% in 2018; *p*=0.056) in the six months preceding interview. Hydroponic cannabis remained the form most commonly used among recent consumers (68%; 68% in 2018), followed by bush cannabis (32%; 30% in 2018).

Figure 20: Past six month use and frequency of use of cannabis, South Australia, 2003-2019



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 150 days to improve visibility of trends in days of use. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis has been $25 since the commencement of monitoring. This median price declined in 2018 and 2019 to $10 (IQR=10-10; n=20; $10 in 2018; IQR=10-10; n=10). The median price per ounce of hydroponic cannabis has fluctuated over the years. In 2019, participants paid a median of $220 per ounce (IQR=200-250; n=21), similar to the median price of $200 in 2018 (IQR=200-235; n=12) (Figure 21a)**.**

Perceived Potency: Among those who were able to comment in 2019 (n=55), the majority (58%) perceived hydroponic cannabis to be 'high' potency, consistent with previous years (Figure 22a). Almost one-third (31%) perceived hydro to be of 'medium' potency, stable from 2018 (22%; p=0.329).

Perceived Availability: Among those who were able to comment in 2019 (n=55), 60% of participants reported hydroponic cannabis as being 'very easy' to obtain (46% in 2018; p=0.184). Whilst over one quarter (27%) believed hydroponic cannabis to be 'easy' to obtain (32% in 2018; p=0.636), 13% perceived it 'difficult' to obtain (20% in 2018; p=0.365) (Figure 23a).

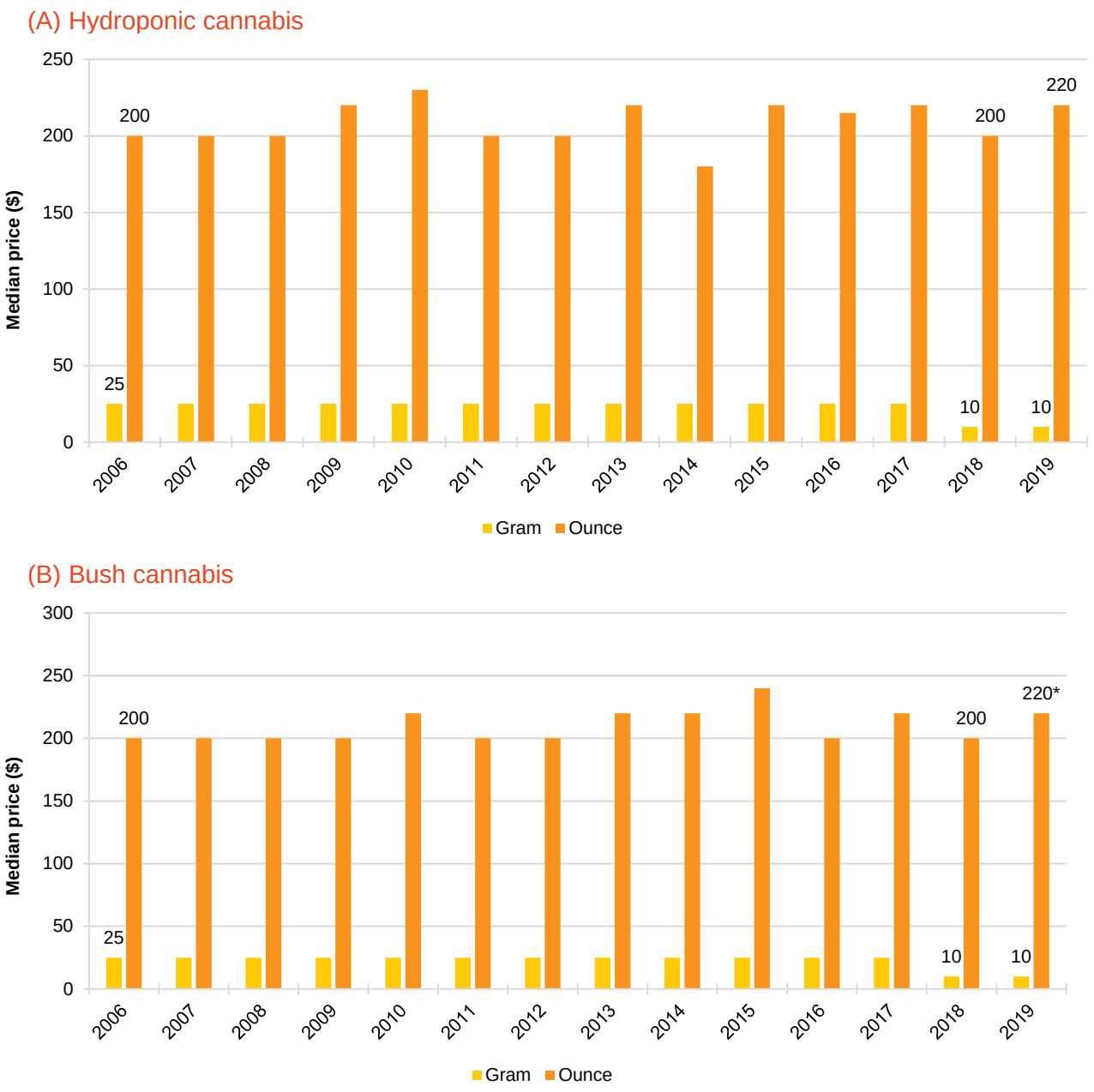
Bush Cannabis

Price: The median price per gram of bush cannabis was $10 (IQR=10-10; n=13), the lowest price for the second time since monitoring commenced ($10 in 2018; IQR=10-10; n=6). The median price per ounce of bush cannabis increased from $200 in 2018 (IQR=200-200; n=11) to $220 in 2019 (IQR=200-250; n=13; p=0.035) (Figure 21b).

Perceived Potency: Among those who were able to comment in 2019 (n=37), just under half (46%) of participants perceived the potency of bush to be 'high' (52% in 2018; p=0.641). Over two-thirds (35%) perceived bush to be of 'medium' potency, stable from 2018 (28%; p=0.513) (Figure 22b).

Perceived Availability: Among those who were able to comment in 2019 (n=37), over two-fifths (41%) believed bush to be 'very easy' to obtain (31% in 2018; p=0.426), followed by 30% of participants who believed bush to be 'easy' to obtain (52% in 2018; p=0.070) (Figure 23b).

Figure 21: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, South Australia, 2006-2019



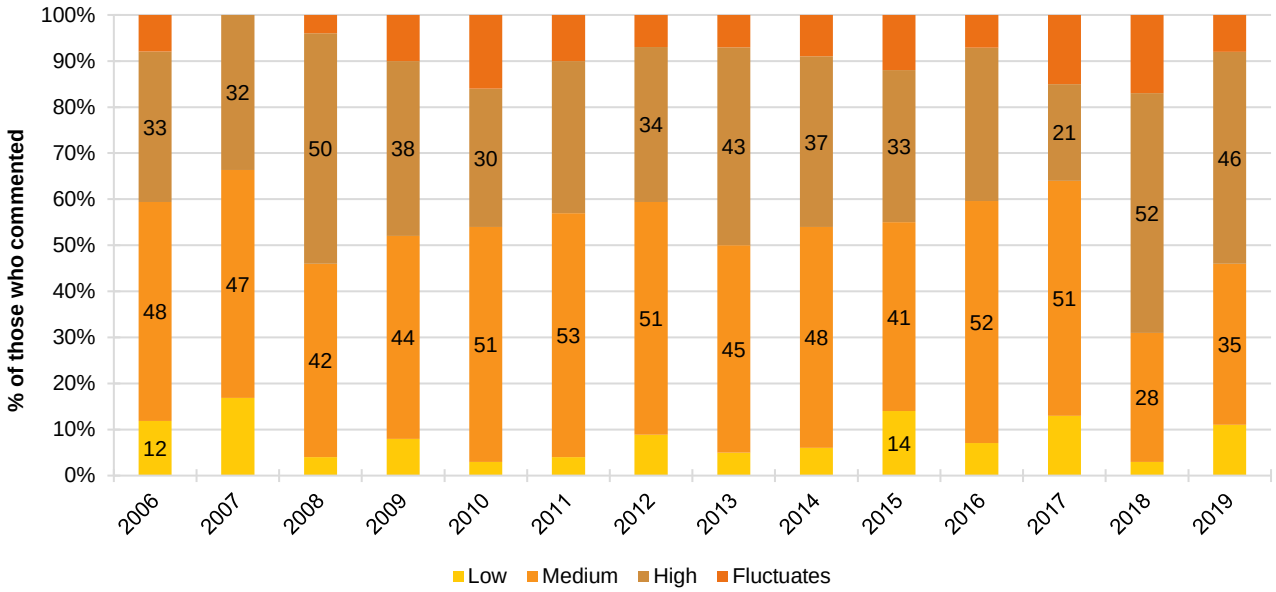
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 22: Current perceived potency of hydroponic (A) and bush (B) cannabis, South Australia, 2006-2019

(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 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 23: Current perceived availability of hydroponic (A) and bush (B) cannabis, South Australia, 2006-2019



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 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

6

Ketamine, LSD, and Hallucinogenic Mushrooms

Ketamine

Patterns of Consumption

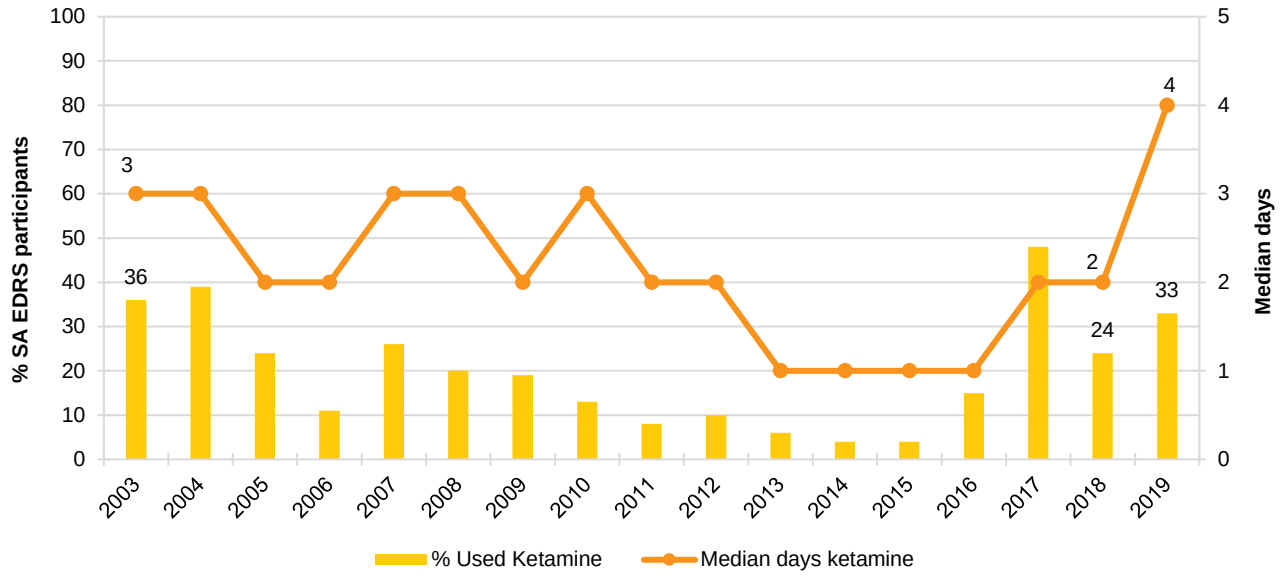
Recent Use (past 6 months): One-third (33%) of the sample reported using ketamine in the six months prior to interview. This is the second highest per cent observed since 2004 (39%). This remained stable from 24% in 2018 (p=0.159) (Figure 24).

Frequency of Use (past 6 months): Frequency of use remained relatively stable in 2019 compared to 2018 (median 4 days; IQR=1-10; 2 days in 2018; IQR=1-4; p=0.214) (Figure 24).

Routes of Administration: The majority of recent ketamine consumers reported snorting (82% versus 71% in 2018; p=0.329), followed by swallowing (27% versus 25% in 2018; p=0.847).

Quantity: Those who reported recent ketamine use had used a median quantity of 0.25 grams (IQR=0.15-0.50; n=21), similar to the 0.2 grams (IQR=0.1-0.5; n=14) reported in 2018. The medium maximum amount used in a 'typical' session was 0.5 grams (IQR=0.5-1.0; n=7) (≤5 participants reported in 2018; these data are suppressed).

Figure 24: Past six month use and frequency of use of ketamine, South Australia, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

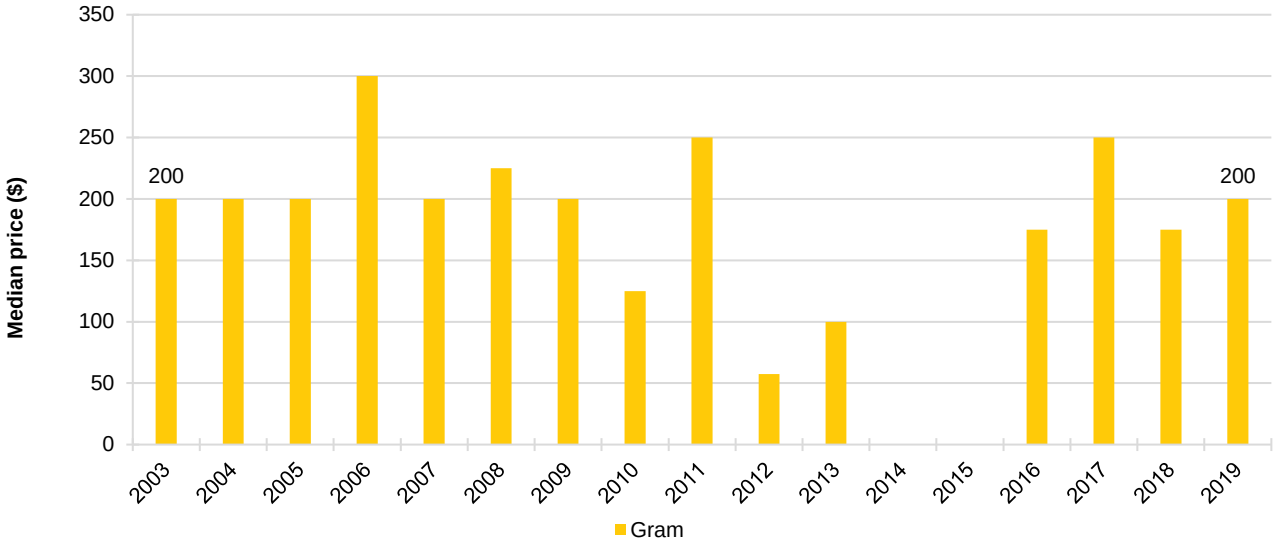
Market Trends

Price: The median reported price of ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2019 was $200 (IQR=200-250; n=20) (2018 numbers less than five and suppressed) (Figure 25).

Perceived Purity: Among those who were able to comment in 2019 (n=28), almost three-quarters (71%) perceived purity to be 'high' (≤5 participants reported in 2018) (Figure 26).

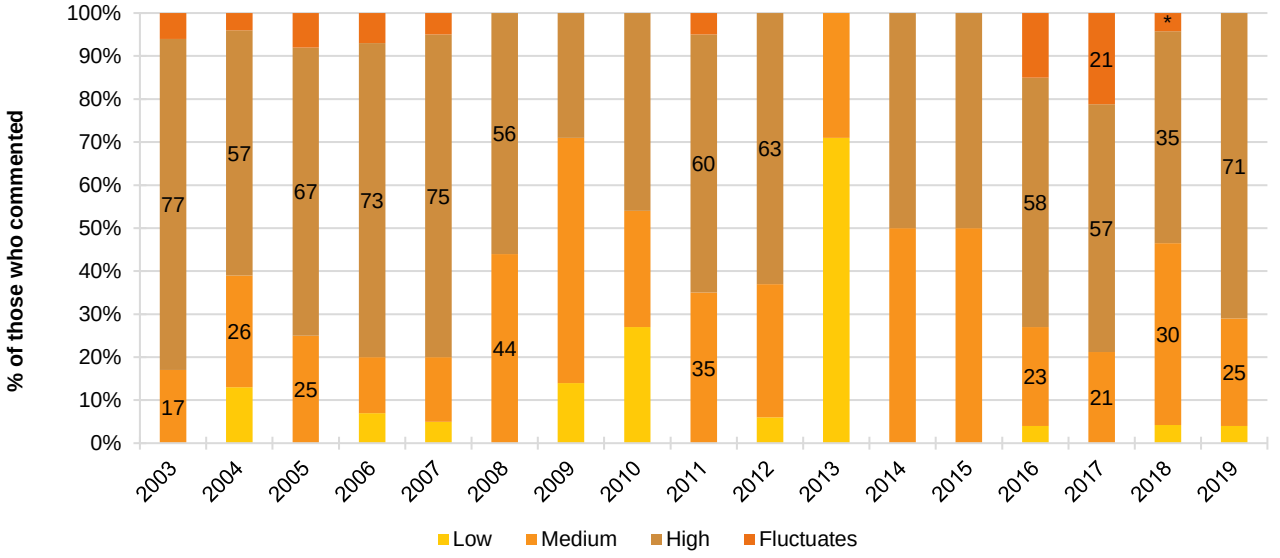
Perceived Availability: Of those who were able to comment in 2019 (n=31), over two-fifths (42%) perceived ketamine to be 'difficult' to obtain and furthermore, 32% of participants who were able to comment perceived ketamine to be 'very difficult' to obtain (≤5 participants reported in 2018) (Figure 27).

Figure 25: Median price of ketamine per gram, South Australia, 2003-2019



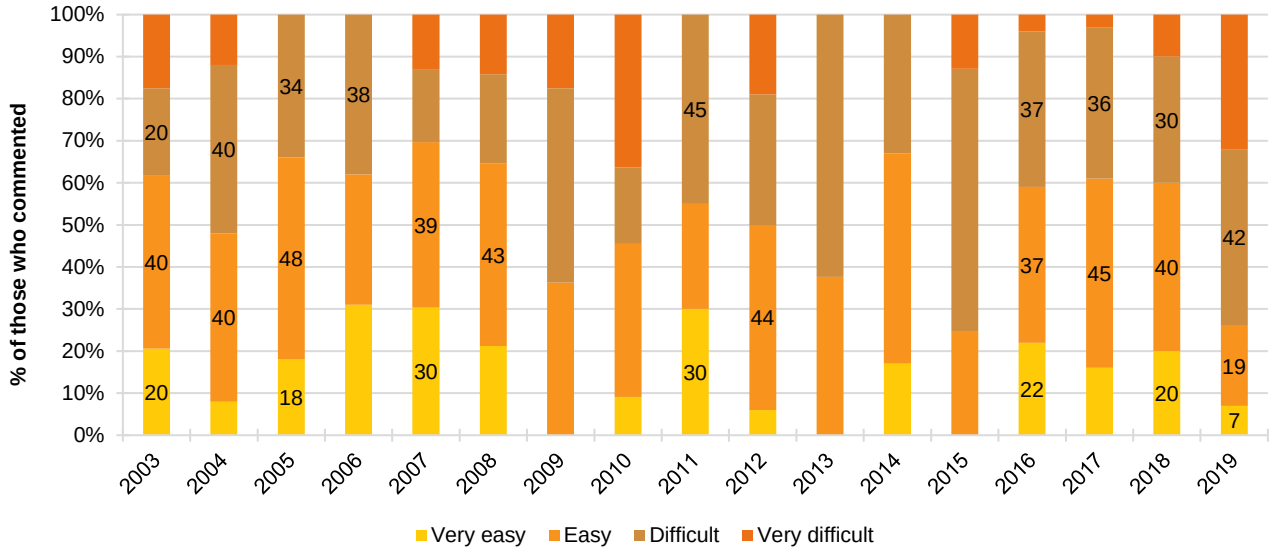
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). No participants reported purchasing ketamine in 2014 and 2015. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 26: Current perceived purity of ketamine, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 27: Current perceived availability of ketamine, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

LSD

Patterns of Consumption

Recent Use (past 6 months): Forty-three per cent of the sample had used LSD in the six months preceding interview, stable from 2018 (36%; p=0.311). This proved to be the highest per cent reporting recent use since 2005 (48%) (Figure 28).

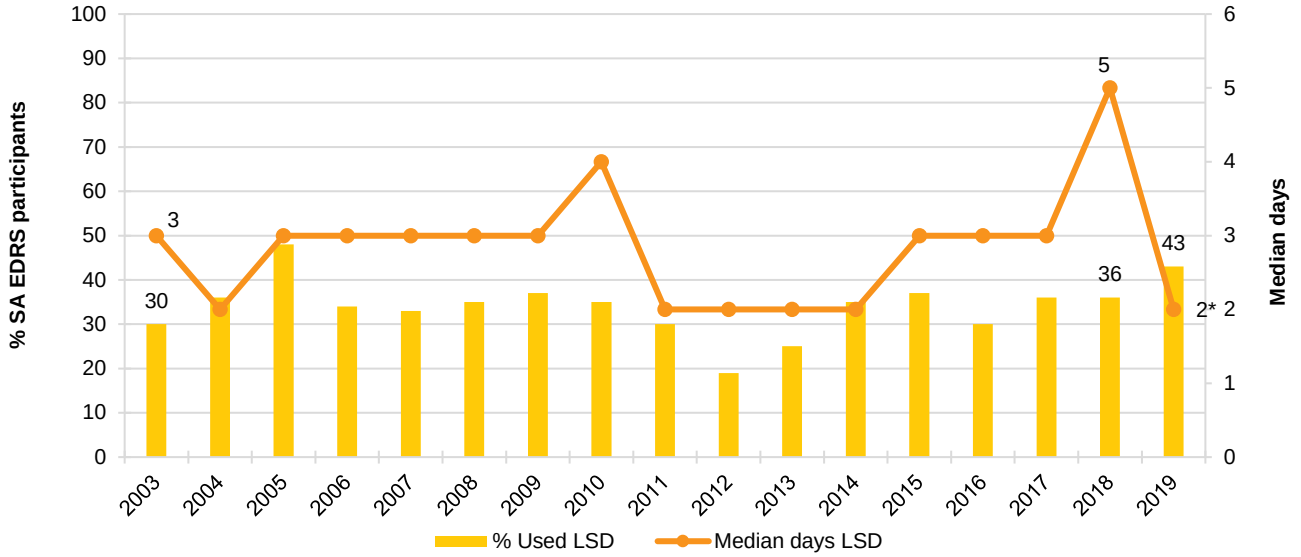
Frequency of Use (past 6 months): Median days of use over the years has shown to be infrequent although fluctuating, with a significant decrease in use observed in 2019 (2 days; IQR=1-6) relative to 2018 (5 days; IQR=2-10; p=0.030) (Figure 28).

Routes of Administration: Among consumers, the most common route of administration was swallowing (100% versus 97% in 2018; p=0.271).

Quantity: The median quantity used in an average session was two tabs (IQR=1-2; n=26), similar to the median of two tabs (IQR=1.0-4.5; n=26) recorded in 2018. Some participants reported median quantity consumed in a 'typical' session in micrograms, with a median quantity of 175 micrograms (IQR=112.5-287.5; n=16) in 2018 compared to 225 micrograms (IQR=150-400; n=6) in 2018.

The maximum median amount used in a session was also two tabs (IQR=1.0-4.5; n=27; 3 tabs in 2018; IQR=2-7; n=25) and 200 micrograms (IQR=150-499; n=15) (≤5 participants reported in 2018; these data are suppressed).

Figure 28: Past six month use and frequency of use of LSD, South Australia, 2003-2019



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 in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

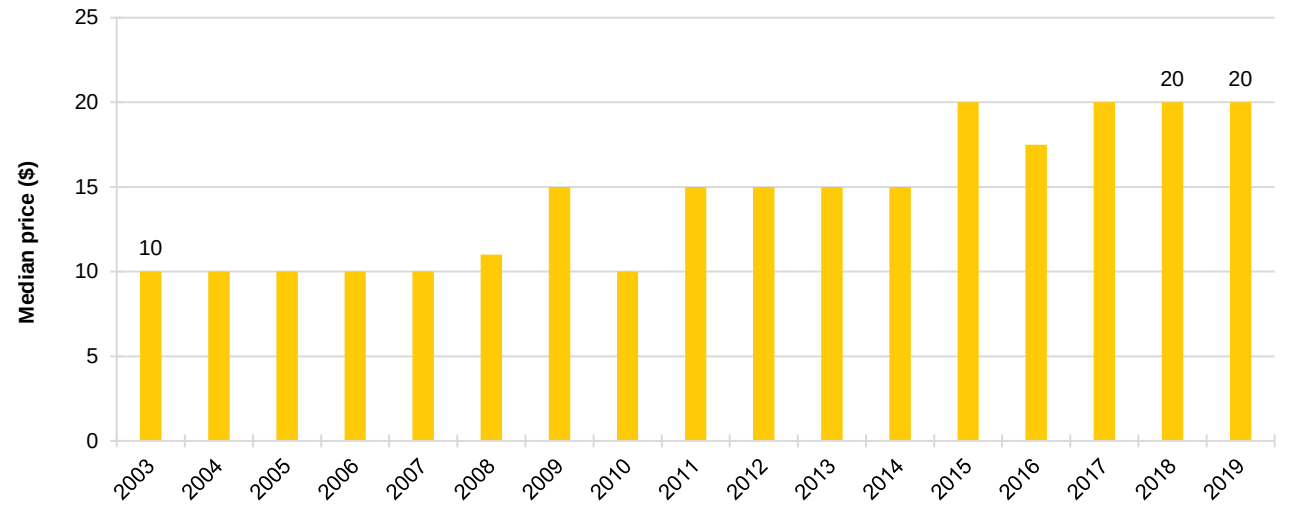
Market Trends

Price: The median price for one tab of LSD has doubled since the start of monitoring, although remained stable in 2019 at a median of $20 (IQR=16.25-25.00; n=36) relative to 2018 ($20; IQR=14.25-21.25; p=0.087; n=30) (Figure 29).

Perceived Purity: Among those who were able to comment in 2019 (n=43), 56% perceived the purity of LSD to be 'high', stable from 2018 (48%; p=0.528), followed by 26% who reported the purity to be 'medium' (36% in 2018; p=0.358) (Figure 30).

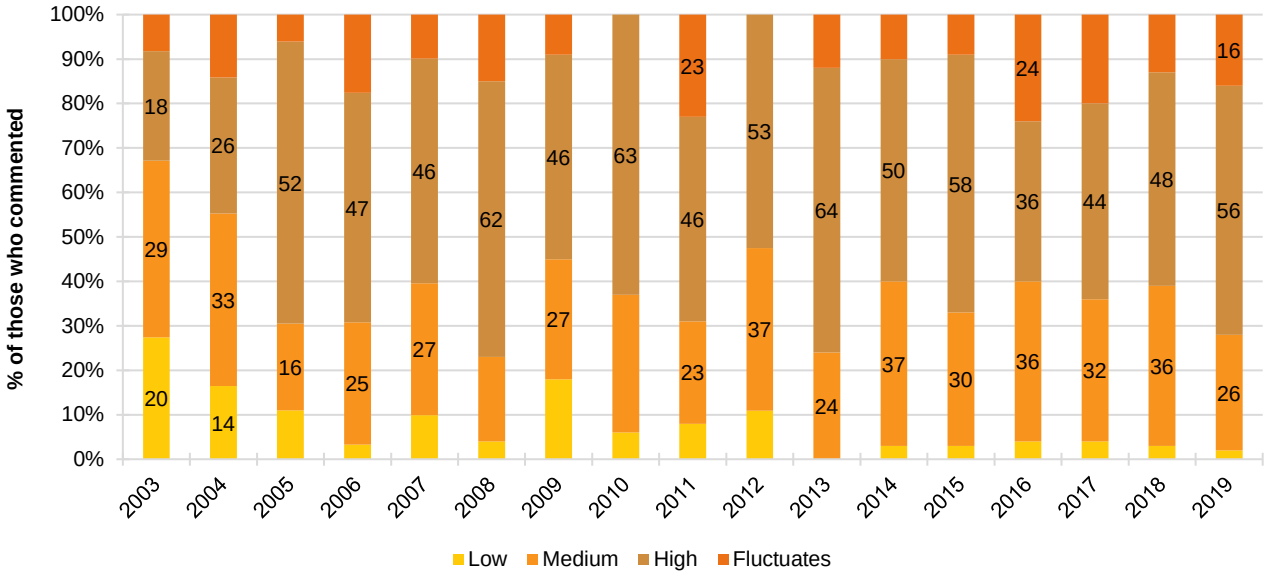
Perceived Availability: Of those able to comment in 2019 (n=45), 33% perceived LSD to be 'easy' to obtain, a significant decrease from 58% in 2018 (p=0.033). One-third (31%) perceived LSD to be 'difficult' to obtain (23% in 2018; p=0.414) (Figure 31).

Figure 29: Median price of LSD per tab, South Australia, 2003-2019



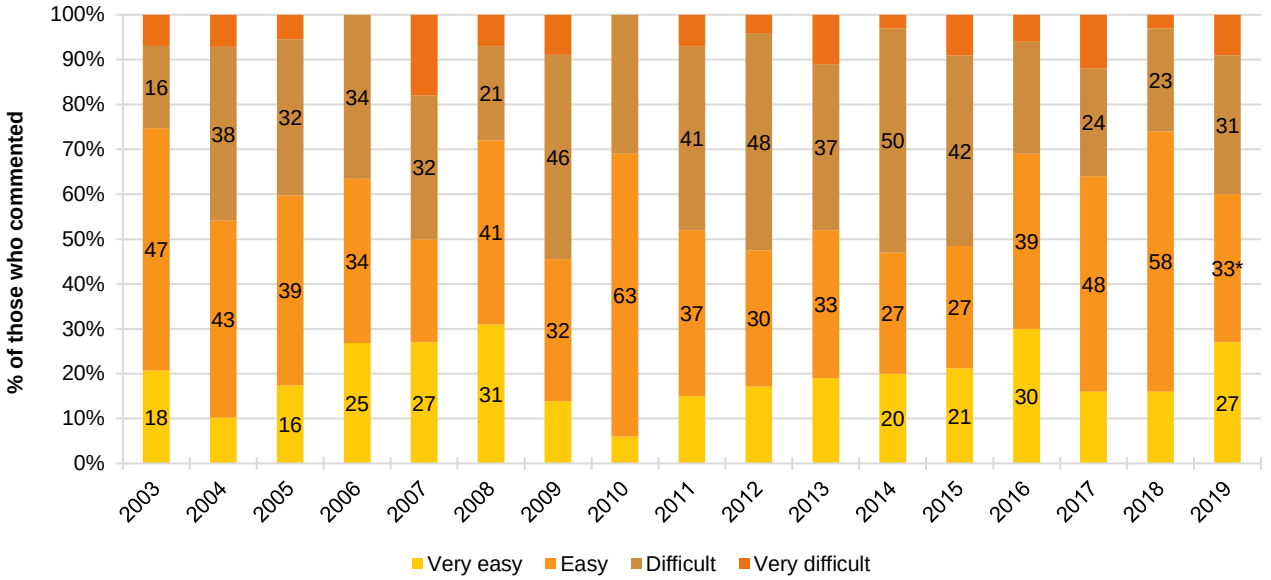
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 30: Current perceived purity of LSD, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 31: Current perceived availability of LSD, South Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

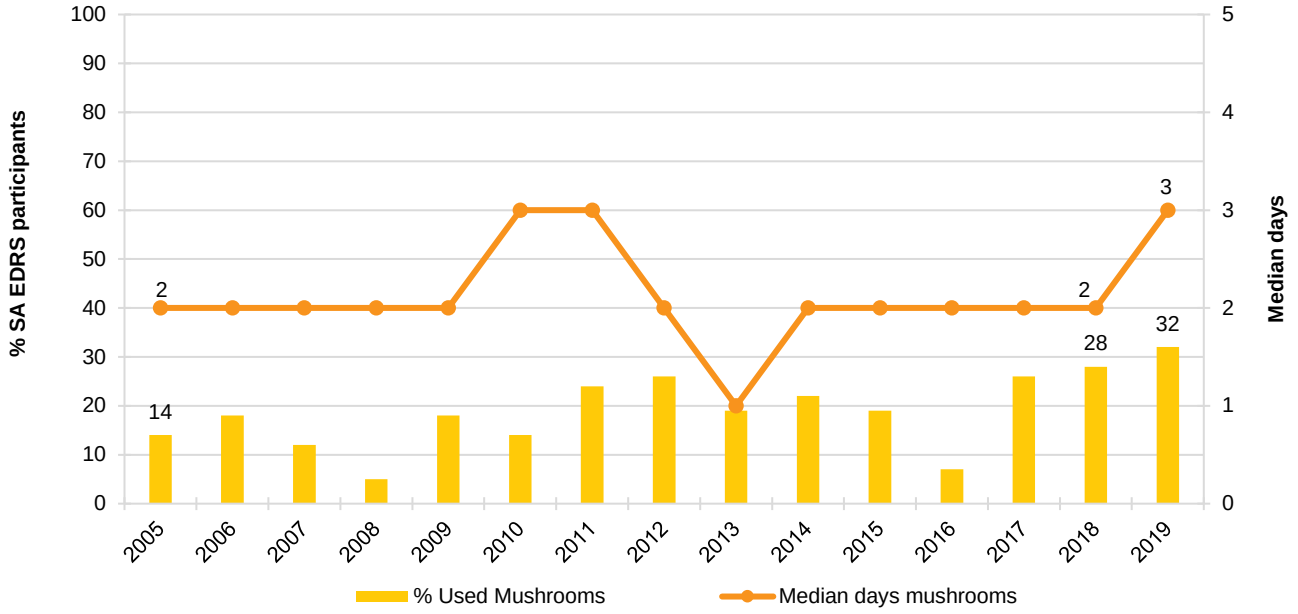
Hallucinogenic Mushrooms

Patterns of Consumption

Recent Use (past 6 months): Thirty-two per cent of the sample had used hallucinogenic mushrooms in the six months prior to interview, the highest per cent observed since monitoring commenced. This remained stable from 28% in 2018 (*p*=0.537) (Figure 32).

Frequency of Use (past 6 months): Recent consumers reported consuming mushrooms on a median of three days (IQR=1.25-5.75), similar to the median of two days (IQR=1-6; *p*=0.952) recorded in 2018 (Figure 32).

Figure 32: Past six month use and frequency of use of hallucinogenic mushrooms, South Australia, 2003-2019



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 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

7

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.

NPS use among the SA sample has fluctuated over time. One-third (34%) of participants reported recent use of any NPS in 2019, stable from 2018 (40%; *p*=0.496) but lower than rates of use observed in 2015 (52%) (Table 3).

DMT was the most commonly used NPS among the sample, with 16% reporting recent use in 2019 (23% in 2018; *p*=0.212). However, use was infrequent (median: 3 days, IQR: 1-5; 2 days in 2018, IQR=1-3) (Table 4).

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

Table 3: Past six month use of NPS, nationally and South Australia, 2010-2019

%	National	South Australia
2010	32	30
2011	40	54
2012	45	48
2013	44	40
2014	40	40
2015	39	52
2016	36	33
2017	33	38
2018	31	40
2019	**21**	**34**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 4: Use of NPS in the past six months, South Australia, 2010-2019

	2010 N=92 %	2011 N=76 %	2012 N=92 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=100 %	2017 N=100 %	2018 N=100 %	2019 N=100 %
Phenethylamines	13	33	15	39	31	39	19	21	15	**18**
Any 2C substance~	11	18	10	19	15	29	9	9	12	**14**
NBOMe	/	/	/	/	16	18	9	8	-	**-**
Mescaline	-	-	-	-	-	-	6	6	-	**-**
DO-x	-	7	0	-	0	0	0	-	0	**-**
4-FA	/	/	/	/	/	/	0	0	0	**0**
PMA	0	-	7	-	-	-	-	-	-	**0**
Tryptamines	-	6	6	15	10	11	10	22	23	**16**
DMT	-	-	-	14	10	11	10	22	23	**16**
5-MeO-DMT	-	-	-	-	0	0	0	0	-	**-**
4-AcO-DMT	/	/	/	/	/	/	0	-	/	**/**
Synthetic cathinones	9	10	10	-	-	-	-	-	7	**8**
Mephedrone	9	8	-	-	-	0	0	0	-	**-**
Methylone/bk MDMA	/	-	-	-	-	-	-	-	7	**-**
MDPV/Ivory wave	-	-	-	-	0	-	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	-	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	0	**/**
Piperazines	0	-	-	0	0	0	0	0	/	**/**
BZP	0	-	-	0	0	0	0	0	/	**/**
Dissociatives	/	/	0	/	/	0	0	-	-	**0**
Methoxetamine (MXE)	/	/	0	/	/	0	0	-	-	**0**
Plant-based NPS	/	-	-	-	0	-	8	10	5	**8**
Ayahuasca	/	/	/	/	/	0	-	-	0	**-**
Salvia	/	-	-	-	0	-	-	-	-	**-**
Benzodiazepines	/	/	/	/	/	/	0	-	-	**-**
Etizolam	/	/	/	/	/	/	0	-	-	**-**
Synthetic cannabinoids	0	0	10	/	/	0	/	/	/	**-**
Herbal high#	/	/	17	10	6	7	-	-	-	**-**
Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	-	**0**
Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	-	**-**
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	**-**
Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	0	**-**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	**0**

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 2018 versus 2019.

8

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 2019, 27% of the SA sample reported any recent use of codeine. Fourteen per cent of participants had used any prescribed codeine, whereas 18% had reported using any non-prescribed codeine.

Recent Use for Non-Pain Purposes (past 6 months): Thirty-five per cent of consumers who had used any low dose codeine (<30mg codeine) reported using it for non-pain purposes (6% of the total SA sample versus 18% in 2018; *p*=0.008) (Figure 33).

Frequency of Use (past 6 months): Participants who had recently used non-prescribed codeine (n=18) reported use on a median of six days (IQR=4-17) in the past six months.

Form: Of consumers who had recently used non-prescribed codeine, 56% had used low dose codeine (<30mg codeine) and similarly, 56% had used high dose codeine (≥30mg codeine). Few participants (n≤5) reported using lean ('purple drank'/'sizzurp'/'lean') in the past six months.

Pharmaceutical Opioids

Recent Use (past 6 months): Fifteen per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine excluding codeine) in 2019, stable from 13% in 2018 (*p*=0.612) (Figure 33).

Frequency of Use (past 6 months): Consumers reported a median of four days of non-prescribed opioid use (IQR=1-8; n=15) (4 days in 2018; IQR=2-10) in the six months leading up to interview.

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) were recently consumed by 15% of the sample in 2019 (12% in 2018; *p*=0.572) (Figure 33).

Frequency of Use (past 6 months): Consumers reported a median of four days of non-prescribed stimulant use (IQR=2-8; n=15; 3 days in 2018; IQR=1-9) in the six months prior to interview in 2019.

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has fluctuated considerably over the course of monitoring, stabilising from 2018 (30%) to 2019 (30%) (Figure 33). In 2019, we asked participants for the first time about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 16% and 24% of the total sample reporting recent non-prescribed use, respectively.

Frequency of Use (past 6 months): Consumers reported a median of four days (IQR=1-9; n=16) and six days (IQR=3-9; n=24) of alprazolam and 'other benzodiazepine' non-prescribed use in the past six months, respectively.

Antipsychotics

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

Other Illicit Drugs

MDA

Recent Use (past 6 months): In 2019, 12% of the sample reported recent use of MDA in the six months preceding interview, stable from 16% in 2018 (p=0.462) (Figure 34).

Frequency of Use (past 6 months): Consumers reported only very occasional use at a median of two days (IQR=1.25-6.00; n=12) in the six months prior to interview, a significant increase from one day in 2018 (IQR=1-2; p=0.047).

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.

Substances with Unknown Contents

Capsules: Less than one in ten participants reported recent use of capsules with unknown contents over the first three years of monitoring (2013-2015). In 2018, the per cent reporting recent use increased to 15%, which remained stable at 12% in 2019 (p=0.516) (Figure 34).

Other Unknown Substances: In 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. Nineteen per cent reported use of any substance with 'unknown contents' in 2019. Nearly one in ten participants (8%) reported using pills with unknown contents in the previous six months on a median of two days (IQR=1-24) and six per cent of the sample had recently used powder with unknown contents on a median of two days (IQR=1.00-6.25). Fewer numbers reported using crystal with unknown contents in 2019.

GHB/GBL

Recent Use (past 6 months): In 2019, six per cent of the sample reported recent use of GHB/GBL in the six months prior to the interview, a significant decrease from 16% in 2018 (p=0.022) (Figure 34).

Frequency of Use (past 6 months): Consumers reported a median of five days of GHB/GBL use (IQR=1.0-7.5; n=6; 4 days in 2018; IQR=1-10) in the six months prior to interview in 2019.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The vast majority of the sample reported recent use of alcohol in 2019 (94%), consistent with the per cent observed since monitoring began in 2003 (Figure 35).

Frequency of Use (past 6 months): Consumers reported a median of 27 days of alcohol use in the past six months (IQR=12-48; n=94; 48 days in 2018; IQR=24-72). Seventy per cent of consumers drank alcohol on a weekly or more frequent basis, significantly fewer than in 2018 (83%; *p*=0.035).

Tobacco

Recent Use (past 6 months): In 2019, recent use of tobacco remained high and stable at 86% (88% in 2018) (Figure 35).

Frequency of Use (past 6 months): Median frequency of use was 180 days (IQR=24-180; n=86; 175 days in 2018; IQR=48-180), with 59% of consumers reporting daily use (49% in 2018; *p*=0.167).

E-cigarettes

Recent Use (past 6 months): Thirty-nine per cent of the 2019 sample had used e-cigarettes in the six months preceding interview (49% in 2018; *p*=0.154) (Figure 35).

Frequency of Use (past 6 months): Consumers reported a median of 24 days in the past six months (IQR=4-90; n=39; 12 days in 2018; IQR=3-54; *p*=0.129).

Forms Used: Among recent consumers (n=38), the majority (66%; n=25) reported using e-cigarettes containing nicotine and 21% (n=8) reported using neither cannabis nor nicotine in 2019. The remaining participants reported use of e-cigarettes containing cannabis only or cannabis and nicotine. Among recent consumers, over half (55%) reported using e-cigarettes as a smoking cessation tool in 2019.

Nitrous Oxide

Recent Use (past 6 months): Over two-fifths (43%) of participants reported recent use of nitrous oxide in 2019, stable from 42% in 2018 (*p*=0.838) (Figure 35).

Frequency of Use (past 6 months): Frequency of use remained stable at a median of eight days in 2019 (IQR=3-24; n=43; 7 days in 2018; IQR=3-15; *p*=0.443).

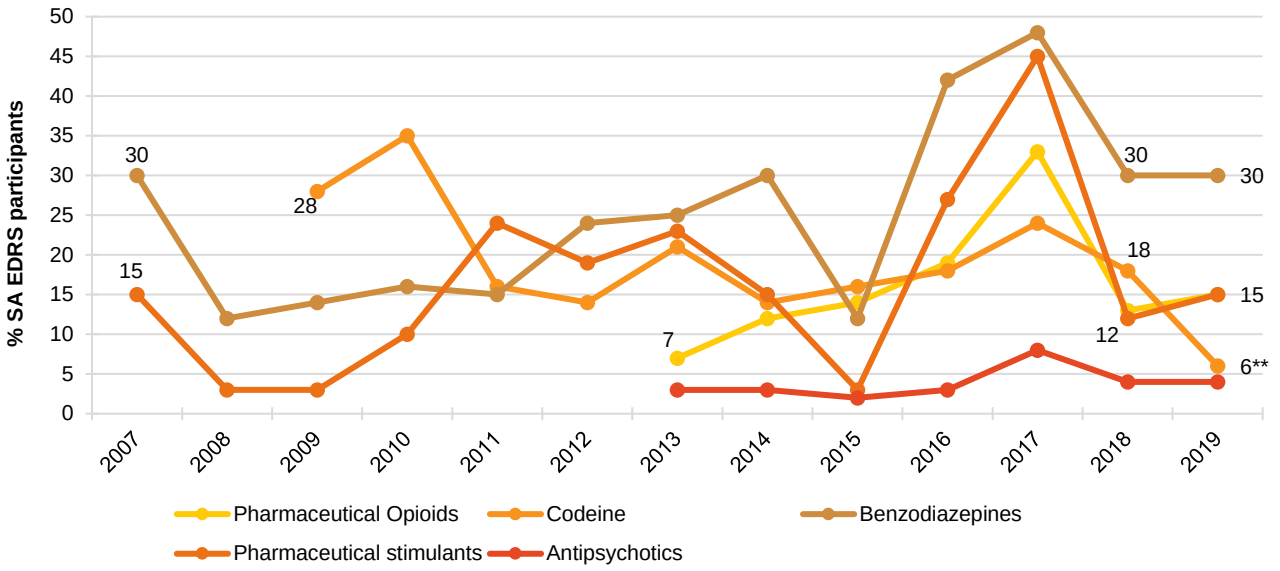
Amyl Nitrite

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): After considerable fluctuation over the course of monitoring, almost one-third (31%) of the sample reported recent use of amyl nitrite, an increase (though not statistically significant) from 20% in 2018 (*p*=0.074) (Figure 35).

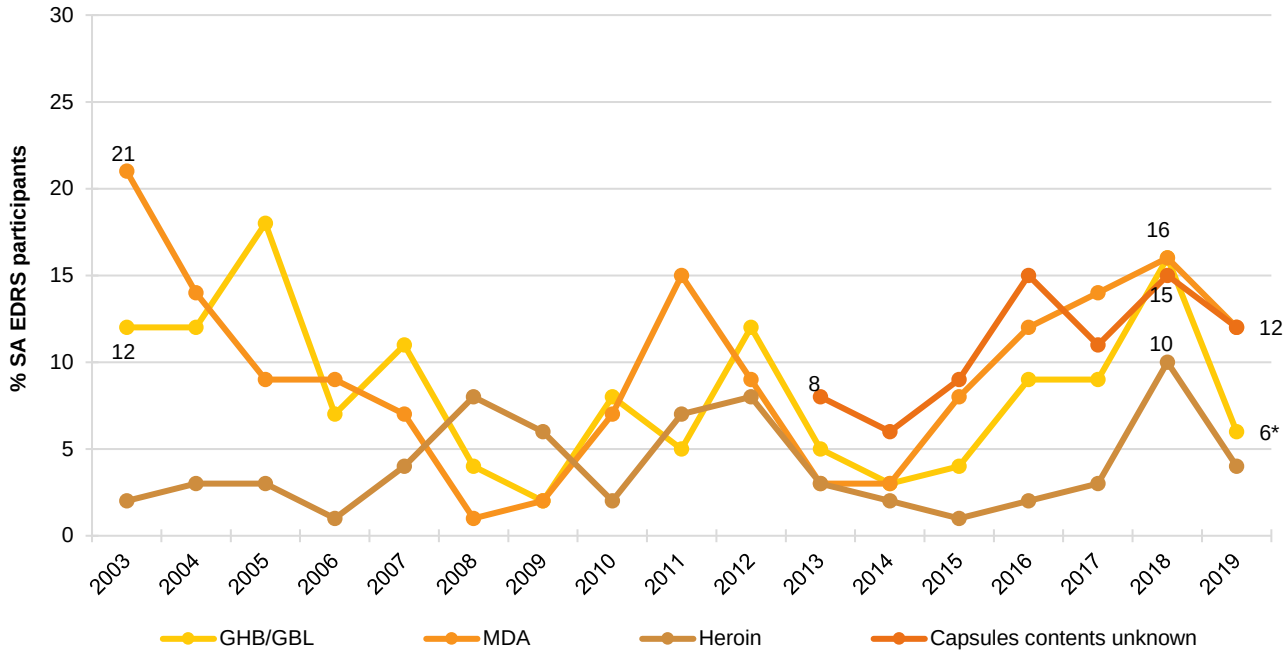
Frequency of Use (past 6 months): Median days of use was reported at 10 days in 2019 (IQR=3-24; n=31; 6 days in 2018; IQR=2-15; *p*=0.394)

Figure 33: Non-prescribed use of pharmaceutical drugs in the past six months, South Australia, 2007-2019



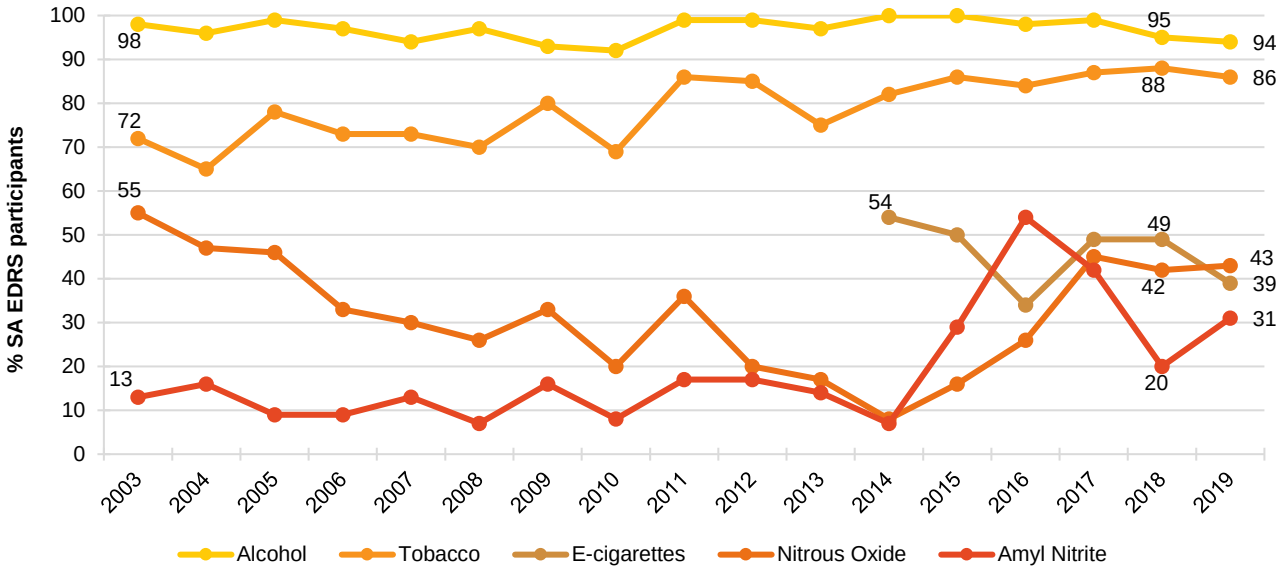
Note. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 34: Other illicit drugs used in the past six months, South Australia, 2003-2019



Note. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis has been reduced to 30% 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 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019

Figure 35: Licit and other drugs used in the past six months, South Australia, 2003-2019



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

9

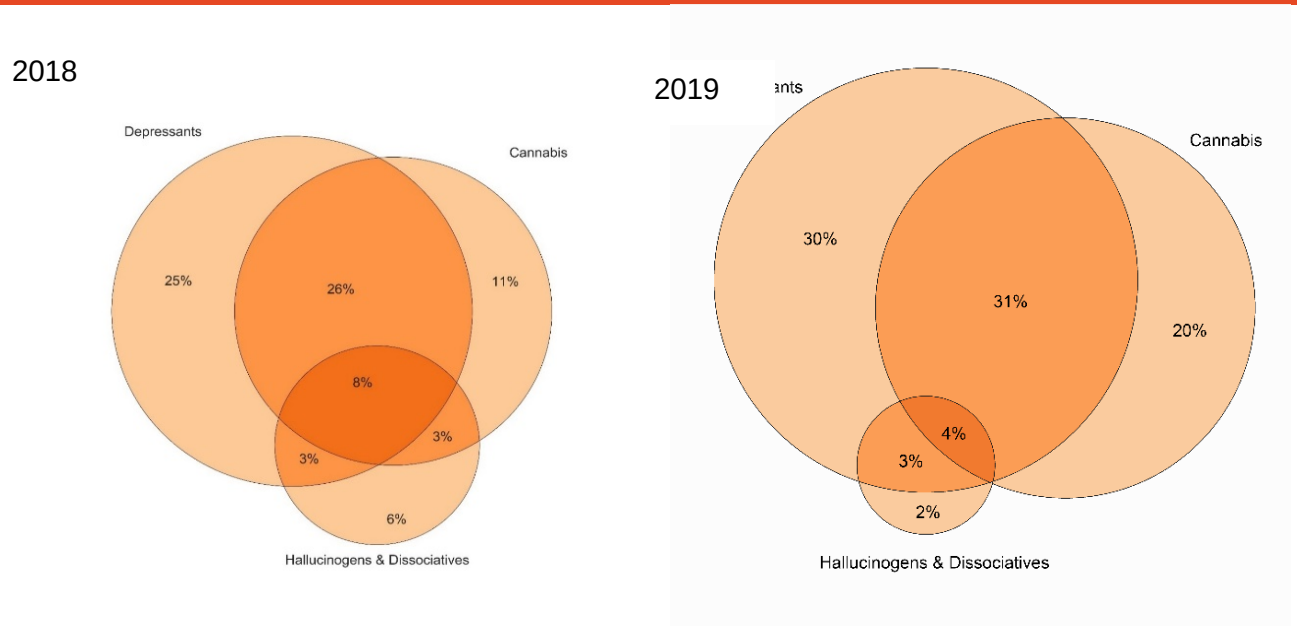
Drug-Related Harms and Treatment

Polysubstance Use

The majority (96%) of the sample reported use of one or more other drugs (including alcohol) on their last occasion of stimulant use, a significant increase from 86% in 2018 (p=0.014). The most commonly used substances (in addition to stimulant use) were alcohol (69%), tobacco (67%) and cannabis (56%).

Ninety per cent of the sample reported using depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use (83% in 2018; p=0.098), with the most common combination being depressants and cannabis (31%). Thirty-eight per cent of the sample reported using depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use (40% in 2018) (Figure 36).

Figure 36: Other substance use on occasion of last stimulant use, South Australia, 2018 and 2019



Note. This figure captures those who had also used hallucinogens/dissociatives (LSD and/or hallucinogenic mushrooms), depressants (alcohol, GHB and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use. Figure not to scale.

Harmful Consumption of Alcohol

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the SA EDRS sample was 13.7 (SD 7.6) (including people who had not consumed alcohol in the past six months). Almost three-quarters (74%) of participants obtained a score of eight or more, indicative of hazardous use (85% in 2018; p=0.047)

(Table 5). AUDIT scores are divided into four 'zones' which indicate risk level. There has been no significant change in the per cent of participants falling into each of these zones from 2018 to 2019, though participants comprising 'low risk drinking' increased from 15% in 2018 to 26% in 2019 (p=0.047).

Table 5: AUDIT total scores and percent of participants scoring above recommended levels, South Australia, 2014-2019

	2014 (n=100)	2015 (n=100)	2016 (n=100)	2017 (n=100)	2018 (n=100)	2019 (n=100)
Mean AUDIT total score (SD)	14.7 (6.2)	13.1 (5.3)	11.2 (5.7)	12.8 (6.2)	14.9 (7.4)	**13.7 (7.6)**
Score 8 or above (%)	89	81	74	83	85	**74***
Zone 1 (low risk drinking or abstinence)	11	19	26	17	15	**26***
Zone 2 (alcohol in excess of low-risk guidelines)	44	48	51	51	40	**38**
Zone 3 (harmful or hazardous drinking)	25	23	13	18	21	**16**
Zone 4 (possible alcohol dependence)	20	10	10	14	24	**19**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Non-Fatal Overdose

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

In 2019, 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.
- **Opioid overdose** same definition as above.
- **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:** similar definition to above.

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

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

Non-Fatal Stimulant Overdose

Over one-third (34%) of the SA sample reported a stimulant overdose in the last 12 months on a median of two occasions (IQR=1-6). This per cent was similar to that observed in 2018 (43%; *p*=0.200).

Of those who had experienced a stimulant event in the last year (n=33), most nominated some form of MDMA/ecstasy (capsules: 33%; pills: 12%; crystal: 24%; powder: 6%), cocaine (30%) and/or crystal methamphetamine (21%) in any of these events in the last 12 months. The vast majority (97%) reported that they had also consumed one or more additional drugs on the last occasion. On the last occasion, 85% did not receive treatment or assistance. Considering low numbers reporting on those who did receive treatment or assistance (≤5), please refer to the National EDRS report for national trends, or contact the research team for further information.

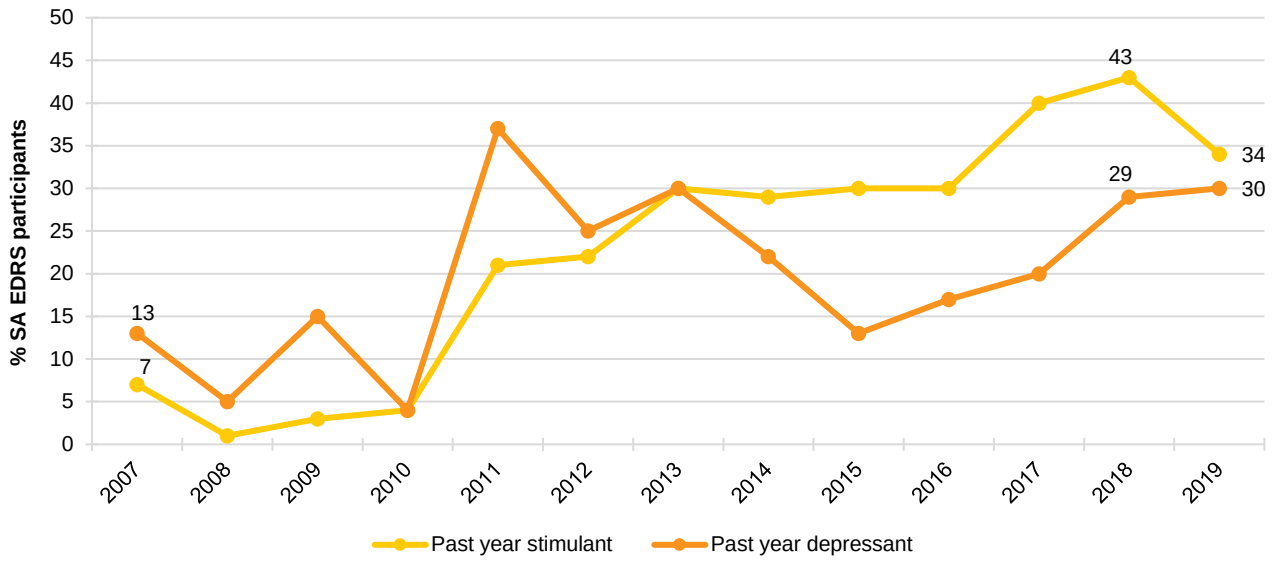
Non-Fatal Depressant Overdose

Alcohol: One-quarter (25%) of the SA sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=1-3). Of those who had experienced an alcohol overdose in the past year (n=25), the majority (76%) reported not receiving treatment on the last occasion. Of those who reported receiving treatment (n=6), 100% reported hospital emergency department admission, with smaller numbers reporting ambulance attendance.

Any Depressant (including alcohol): Past 12-month experience of any non-fatal depressant overdose has remained stable in 2019 at 30% (29% in 2018; *p*=0.877) (Figure 37).

Of those who had experienced any depressant overdose in the last year (n=30), the majority reported alcohol (83%; 83% in 2018) as the cause, with a smaller per cent reporting opioids (20%).

Figure 37: Past 12 month non-fatal stimulant and depressant overdose, South Australia, 2007-2019



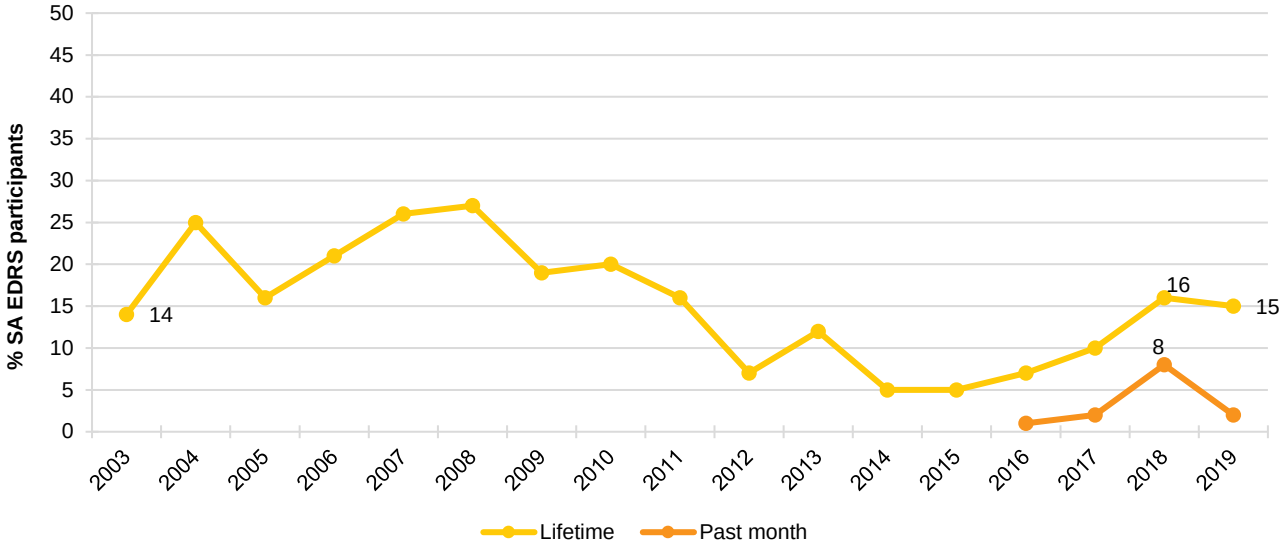
Note. Y axis has been reduced to 50% to improve visibility of trends. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Injecting Drug Use and Associated Risk Behaviours

Since 2017, at least one in ten participants have reported ever injecting drugs, with 15% reporting lifetime injection in 2019 (16% in 2018; *p*=0.845). The per cent who reported injecting drugs in the past month remained low in 2019 (n≤5) (Figure 38).

In 2019, the median age of first injection was 17 years (IQR=16-22). Due to low numbers reporting on the drug first injected and sharing of needles, details have been suppressed. For further information, please refer to the National EDRS report or contact the researchers.

Figure 38: Lifetime and past month drug injection, South Australia, 2003-2019



Note. Y axis reduced to 50% to improve visibility of trends. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years (9% in 2019 versus 8% in 2018; p=0.817). Of those who have reported being in treatment (n=9), the majority reported drug counselling as their main form of treatment (89% of those who reported receiving treatment in 2019) (2018 numbers less than five and suppressed). Considering low numbers reporting, please refer to the National EDRS report for national trends, or contact the research team for further information.

Sexual Risk Behaviours

In 2019, 91% of the SA sample reported having had penetrative sex in the last six months. In 2019, participants were asked about any penetrative sex, defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who had penetrative sex with one or more people and responded to subsequent items (n=85), 41% reported penetrative sex without a barrier where they did not know the HIV/STI status of their partner in the past six months (Table 6). Over one-quarter (26%) reported that alcohol and/or other drugs had impaired their ability to negotiate their wishes during sexual intercourse.

Over half (56%) of the total SA sample reported having a sexual health check-up in the past year (57% in 2018; p=0.855). A further 18% had done so more than one year ago (14% in 2018; p=0.393), and over one-quarter (26%) had never had a sexual health check-up (29% in 2018; p=0.620). One-in-ten participants in the total sample reported being diagnosed with a sexually transmitted infection (STI) in the past 12 months, and 11% were diagnosed with an STI more than one year ago. When computed of the group who had a sexual health check-up, 79% reported that they had not received a positive diagnosis for a STI (78% in 2018; p=0.910), 10% had received a positive diagnosis in the

past year (8% in 2018; *p*=0.670), and 11% had received a positive diagnosis over one year ago (14% in 2018; *p*=0.606).

Table 6: Sexual health behaviours, South Australia, 2019

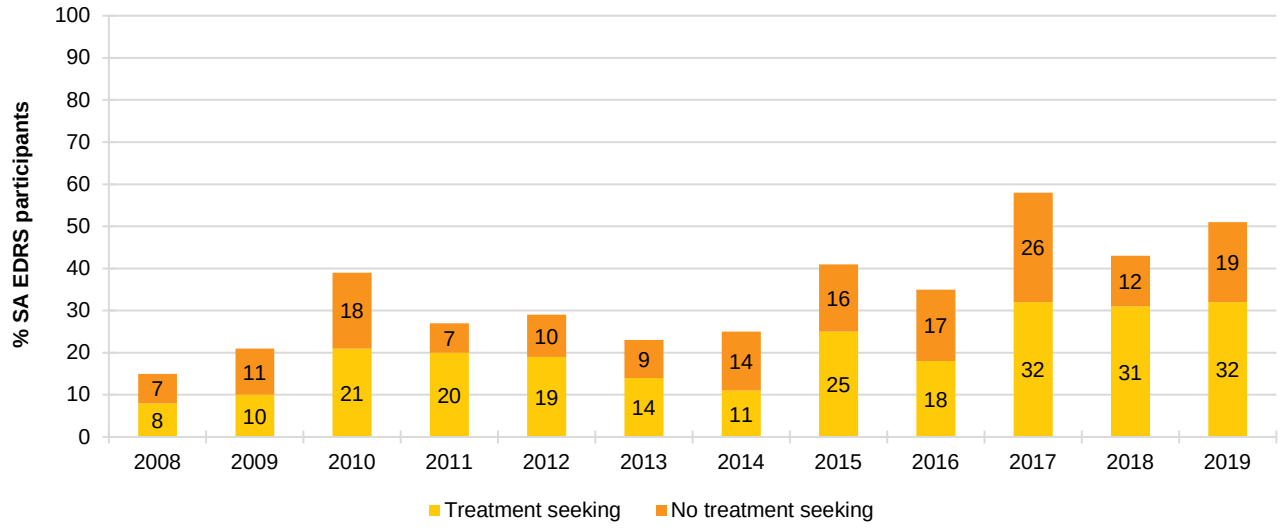
	2019
	N=97
Any penetrative sex in the past six months % (n)	91 (88)
Of those who responded#:	N=85
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	41
Of those who responded#:	N=86
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	26
Of the total sample (past 12 months):	N=97
% Had a sexual health check	56
% Diagnosed with a sexually transmitted infection	10

Note. Don't know and did not respond responses excluded. #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

Mental Health

Fifty-one per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable from 2018 (44%; *p*=0.355) but a significant increase from the 15% who reported experiencing a mental health problem in 2008 (*p*<0.001). Of those who reported a mental health problem in 2019 (n=51), the most common mental health problem was anxiety (77%; 70% in 2018; *p*=0.464), followed by depression (73%; 77% in 2018; *p*=0.642). Of those that reported experiencing a mental health problem (n=51), 63% reported seeing a mental health professional during the past six months (32% of the total sample) (Figure 39). Of these participants (n=32), 53% reported being prescribed medication for this problem in this period (68% in 2018; *p*=0.236).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, South Australia, 2008-2019



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

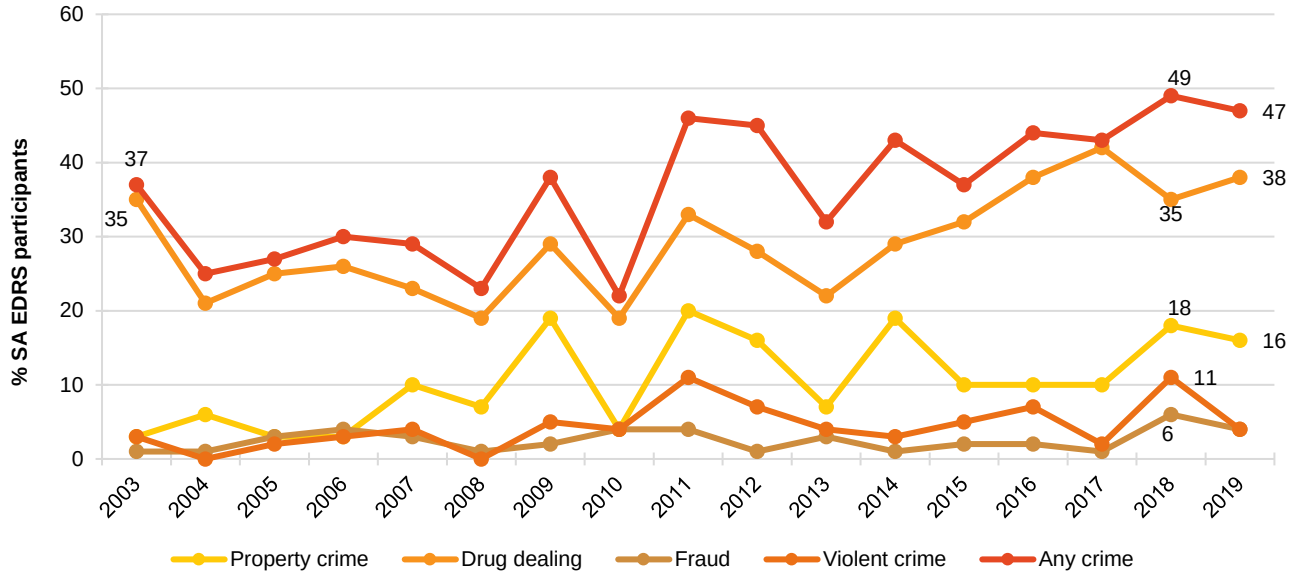
Crime

The per cent reporting past month criminal activity has fluctuated over time, with drug dealing and property crime the two main forms of criminal activity in 2019 (38% and 16%, respectively) (Figure 40). In 2019, almost one-quarter (23%) reported being the victim of a crime involving violence (e.g., assault).

Fourteen per cent of the 2019 SA sample reported having been arrested in the 12 months preceding interview. This has remained relatively stable since 2003 (10%; *p*=0.370). Of those who commented (n=13), the main reasons for arrest in 2019 were public order (drunk and disorderly; 46%) and property crime (23%).

Very low numbers (n≤5) reported having ever been in prison in 2019, consistent with previous years. For further information, please refer to the National EDRS report or contact the researchers.

Figure 40: Self-reported criminal activity in the past month, South Australia, 2003-2019



Note. Y axis has been reduced to 60% 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 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2019, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were face-to-face (79%) and via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (74%). Very few participants reported having obtained drugs via the darknet in the past year (8%; n=8) and a small number had purchased drugs on the surface web. When asked to choose their main purchasing approach in the previous 12 months, the largest per cent chose via social networking (46%), followed by face-to-face (38%; Table 7).

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 (95%), with smaller numbers who reported receiving illicit drugs at a collection point (12%; defined as a predetermined location where a drug will be dropped for later collection) and via post (10%).

Buying Drugs Online

Eight per cent of participants reported purchasing drugs on the darknet in the previous 12 months. We asked the remaining participants about their knowledge of the darknet and among those that commented (n=88), over half (58%) had heard of it but had never accessed or researched it, 22% had researched it but never accessed it, and 19% had accessed it, but had never purchased from it.

Of those that had purchased drugs via surface or darknet markets in the past 12 months (n=11), 64% had done so more than five times during this period. Considering low numbers reporting, please refer to the National EDRS report for national trends, or contact the research team for further information.

Selling Drugs Online

A minority of participants (n<5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces. Considering low numbers reporting, please refer to the National EDRS report for national trends, or for further information, contact the research team.

Perhaps the most noteworthy finding from this particular module was that almost two-fifths (36%; n=24) reported obtaining drugs in the preceding 12 months through someone who purchased the drugs from a surface or darknet marketplace.

Table 7: Modes of purchasing illicit/non-prescribed drugs in the past 12 months, South Australia, 2019

	2019
	n=100
% Purchasing approaches in the last 12 months^	
Face to face	79
Surface web	-
Darknet market	8
Social networking applications	74
Text messaging	44
Phone call	37
Other	-
% Main purchasing approach in the last 12 months	
Face to face	38
Surface web	0
Darknet market	-
Social networking applications	46
Text messaging	7
Phone call	7
Other	0

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses.