EDRS



# VICTORIAN DRUG TRENDS 2020

Key Findings from the Victorian Ecstasy and related Drugs Reporting System (EDRS) Interviews

# VICTORIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

**Doriano Raffaele[1], Cristal Hall[2], Debbie Scott[3] & Paul Dietze[2,4]**

[1] College of Science, Health, and Engineering, La Trobe University

[2] Behaviours and Health Risks, Burnet Institute

[3] Turning Point, Eastern Health

[4] National Drug Research Institute, Curtin University

http://doi.org/10.26190/hr1n-0j52

ISBN 978-0-7334-3960-5 ©NDARC 2021

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

**Suggested citation:** Raffaele, D., Hall, C., Scott, D. & Dietze, P. (2021). Victorian Drug Trends 2020: Key Findings from the Ecstasy and Related Drugs Reporting System (EDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney. http://doi.org/10.26190/hr1n-0j52

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

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

# Table of Contents

VICTORIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS II

TABLE OF CONTENTS I

LIST OF TABLES III

LIST OF FIGURES IV

ACKNOWLEDGEMENTS VI

ABBREVIATIONS VII

EXECUTIVE SUMMARY 1

BACKGROUND 3

METHODS 3

ADDITIONAL OUTPUTS 5

SAMPLE CHARACTERISTICS 6

COVID-19 9

ECSTASY/MDMA 18

METHAMPHETAMINE 27

COCAINE 32

CANNABIS 38

KETAMINE AND LSD 43

NEW PSYCHOACTIVE SUBSTANCES 50

http://doi.org/10.26190/hr1n-0j52

OTHER DRUGS 52

DRUG-RELATED HARMS AND TREATMENT 57

http://doi.org/10.26190/hr1n-0j52

# List of Tables

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE, NATIONALLY (2020) AND VICTORIA, 2016-2020 ..... 7
TABLE 2: SOCIAL AND FINANCIAL IMPACTS OF COVID-19 RESTRICTIONS, VICTORIA, 2020 ..... 12
TABLE 3: DRUG USED MOST OFTEN IN FEBRUARY (PRE-COVID-19 RESTRICTIONS) VERSUS IN THE PAST MONTH (DURING COVID-19 RESTRICTIONS), VICTORIA, 2020 ..... 13
TABLE 4 : HARM REDUCTION BEHAVIOURS TO REDUCE RISK OF COVID-19 TRANSMISSION AND/OR IMPACTS OF RESTRICTIONS, VICTORIA, 2020 ..... 17
TABLE 5: CURRENT PERCEIVED PURITY AND AVAILABILITY OF DIFFERENT FORMS OF ECSTASY VICTORIA, 2017-2020 ..... 23
TABLE 6: PAST SIX MONTH USE OF NPS, NATIONALLY AND VICTORIA, 2010-2020 ..... 50
TABLE 7: USE OF NPS IN THE PAST SIX MONTHS, VICTORIA, 2010-2020 ..... 51
TABLE 8: AUDIT TOTAL SCORES AND PERCENTAGE OF PARTICIPANTS SCORING ABOVE RECOMMENDED LEVELS, VICTORIA, 2010-2020 ..... 57
TABLE 9: MEANS OF PURCHASING ILLICIT DRUGS IN THE PAST 12 MONTHS, VICTORIA, 2019-2020 ..... 62

http://doi.org/10.26190/hr1n-0j52

# List of Figures

FIGURE 1: DRUG OF CHOICE, VICTORIA, 2008-2020 6
FIGURE 2: DRUG USED MOST OFTEN IN THE PAST MONTH, VICTORIA, 2011-2020 8
FIGURE 3: WEEKLY OR MORE FREQUENT SUBSTANCE USE IN THE PAST SIX MONTHS, VICTORIA, 2008-2020 8
FIGURE 4. TIMELINE OF COVID-19 IN AUSTRALIA AND EDRS DATA COLLECTION PERIOD 9
FIGURE 5: HEALTH PRECAUTIONS RELATED TO COVID-19 IN THE PAST FOUR WEEKS, VICTORIA, 2020 11
FIGURE 6: PERCEIVED CHANGE IN DRUG USE SINCE MARCH 2020 (SINCE COVID-19 RESTRICTIONS) AS COMPARED TO BEFORE, VICTORIA, 2020 14
FIGURE 7: CHANGE IN PERCEIVED AVAILABILITY OF ILLICIT DRUGS SINCE MARCH 2020 (SINCE COVID-19 RESTRICTIONS) AS COMPARED TO BEFORE, VICTORIA, 2020 15
FIGURE 8: CHANGE IN MEANS OF OBTAINING DRUGS SINCE MARCH 2020 (SINCE COVID-19 RESTRICTIONS), VICTORIA, 2020 16
FIGURE 9: PAST SIX MONTH USE OF ANY ECSTASY, AND ECSTASY PILLS, POWDER, CAPSULES, AND CRYSTAL, VICTORIA, 2008-2020 18
FIGURE 10: MEDIAN DAYS OF ANY ECSTASY AND ECSTASY PILLS, POWDER, CAPSULES, AND CRYSTAL USE IN THE PAST SIX MONTHS, VICTORIA, 2008-2020 19
FIGURE 11: MEDIAN PRICE OF ECSTASY PILLS AND CAPSULES, VICTORIA, 2003-2020 22
FIGURE 12: MEDIAN PRICE OF ECSTASY CRYSTAL (PER GRAM AND POINT) AND POWDER (PER GRAM), VICTORIA, 2013-2020 22
FIGURE 13: PURITY OF ECSTASY SEIZURES (INCLUDES MDMA, MDEA AND MDA) BY VICTORIAN LAW ENFORCEMENT, JULY 2018–JUNE 2019 24
FIGURE 14: NUMBER OF ECSTASY-RELATED EVENTS ATTENDED BY AMBULANCE VICTORIA, MELBOURNE, 2017–2019 25
FIGURE 15: NUMBER OF ECSTASY-RELATED EVENTS ATTENDED BY AMBULANCE VICTORIA, MELBOURNE, 2005–2019 25
FIGURE 16: PERCENTAGE OF CALLS TO DIRECTLINE IN WHICH ECSTASY WAS IDENTIFIED AS DRUG OF CONCERN, VICTORIA 1999–2019 26
FIGURE 17: PAST SIX MONTH USE OF ANY METHAMPHETAMINE, AND METHAMPHETAMINE POWDER AND CRYSTAL, VICTORIA, 2008-2020 27
FIGURE 18: MEDIAN DAYS OF ANY METHAMPHETAMINE, POWDER, AND CRYSTAL USE IN THE PAST SIX MONTHS, VICTORIA, 2008-2020 28
FIGURE 19: PURITY OF METHAMPHETAMINE SEIZURES BY VICTORIAN LAW ENFORCEMENT, JULY 2018–JUNE 2019 29
FIGURE 20: NUMBER OF METHAMPHETAMINE-RELATED EVENTS ATTENDED BY AMBULANCE VICTORIA, MELBOURNE, 2017–2019 30
FIGURE 21: NUMBER OF METHAMPHETAMINE-RELATED EVENTS ATTENDED BY AMBULANCE VICTORIA, MELBOURNE, 2012–2019 30
FIGURE 22: PERCENTAGE OF CALLS TO DIRECTLINE IN WHICH METHAMPHETAMINE WAS IDENTIFIED AS DRUG OF CONCERN, VICTORIA 2016–2019 31
FIGURE 23: PAST SIX MONTH USE AND FREQUENCY OF USE OF COCAINE, VICTORIA, 2008-2020 33
FIGURE 24: MEDIAN PRICE OF COCAINE PER GRAM, VICTORIA, 2003-2020 34
FIGURE 25: CURRENT PERCEIVED PURITY OF COCAINE, VICTORIA, 2008-2020 34
FIGURE 26: CURRENT PERCEIVED AVAILABILITY OF COCAINE, VICTORIA, 2008-2020 35
FIGURE 27: PURITY OF COCAINE SEIZURES BY VICTORIAN LAW ENFORCEMENT, JULY 2018–JUNE 2019 35
FIGURE 28: NUMBER OF COCAINE-RELATED EVENTS ATTENDED BY AMBULANCE VICTORIA, MELBOURNE, 2017–2019 36

http://doi.org/10.26190/hr1n-0j52

FIGURE 29: NUMBER OF COCAINE-RELATED EVENTS ATTENDED BY AMBULANCE VICTORIA, MELBOURNE, 2009-2019 36
FIGURE 30: PERCENTAGE OF CALLS TO DIRECTLINE IN WHICH COCAINE WAS IDENTIFIED AS DRUG OF CONCERN, VICTORIA 1999–2019 37
FIGURE 31: PAST SIX MONTH USE AND FREQUENCY OF USE OF CANNABIS, VICTORIA, 2008-2020 39
FIGURE 32: CURRENT PERCEIVED POTENCY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, VICTORIA, 2008-2020 40
FIGURE 33: CURRENT PERCEIVED AVAILABILITY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, VICTORIA, 2008-2020 41
FIGURE 34: PERCENTAGE OF CALLS TO DIRECTLINE IN WHICH CANNABIS WAS IDENTIFIED AS DRUG OF CONCERN, VICTORIA 1999–2019 42
FIGURE 35: PAST SIX MONTH USE AND FREQUENCY OF USE OF KETAMINE, VICTORIA, 2008-2020 44
FIGURE 36: MEDIAN PRICE OF KETAMINE PER GRAM, VICTORIA, 2003-2020 44
FIGURE 37: CURRENT PERCEIVED PURITY OF KETAMINE, VICTORIA, 2008-2020 45
FIGURE 38: CURRENT PERCEIVED AVAILABILITY OF KETAMINE, VICTORIA, 2008-2020 45
FIGURE 39: PURITY OF KETAMINE SEIZURES BY VICTORIAN LAW ENFORCEMENT, JULY 2018–JUNE 2019 46
FIGURE 40: PAST SIX MONTH USE AND FREQUENCY OF USE OF LSD, VICTORIA, 2008-2020 47
FIGURE 41: MEDIAN PRICE OF LSD PER TAB, VICTORIA, 2003-2020 48
FIGURE 42: CURRENT PERCEIVED PURITY OF LSD, VICTORIA, 2008-2020 48
FIGURE 43: CURRENT PERCEIVED AVAILABILITY OF LSD, VICTORIA, 2008-2020 49
FIGURE 44: NON-PRESCRIBED USE OF PHARMACEUTICAL DRUGS IN THE PAST SIX MONTHS, VICTORIA, 2008-2020 53
FIGURE 45: PAST SIX MONTH USE OF OTHER ILLICIT DRUGS, VICTORIA, 2008-2020 55
FIGURE 46: PAST SIX MONTH USE OF LICIT DRUGS, VICTORIA, 2008-2020 56
FIGURE 47: PAST 12 MONTH NON-FATAL STIMULANT AND DEPRESSANT OVERDOSE, VICTORIA, 2009-2020 59
FIGURE 48: SELF-REPORTED MENTAL HEALTH PROBLEMS AND TREATMENT SEEKING IN THE PAST SIX MONTHS, VICTORIA, 2008-2020 60
FIGURE 49: SELF-REPORTED CRIMINAL ACTIVITY IN THE PAST MONTH, VICTORIA, 2012-2020 61

http://doi.org/10.26190/hr1n-0j52

# Acknowledgements


## Funding

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


## Research Team

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

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


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

## Participants

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

## Contributors

We thank all the individuals who contributed to questionnaire development and assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Cristal Hall, Doriano Raffaele, Ellie Walker and Sophie Cameron-Krepp for conducting the Victorian EDRS interviews in 2020. We would also like to thank the members of the Drug Trends Advisory Committee as well as the Australian Injecting & Illicit Drug Users League (AIVL) for their contribution to the EDRS. We also gratefully acknowledge the input from Melissa Bremner from Victoria Police Forensic Service Department.

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.


http://doi.org/10.26190/hr1n-0j52

# Abbreviations

| | |
|---|---|
| **1,4-BD** | 1,4-Butanediol |
| **4-AcO-DMT** | *4-Acetoxy*-N,N-dimethyltryptamine |
| **4-FA** | 4-Fluoroamphetamine |
| **5-MeO-DMT** | *5-methoxy*-N,N-dimethyltryptamine |
| **ADIS** | Alcohol and Drug Information System |
| **Alpha PVP** | Alpha pyrrolidinovalerophenone |
| **BZP** | Benzylpiperazine |
| **DO-x** | 4-Substituted-2,5-dimethoxyamphetamines |
| **DMT** | Dimethyltryptamine |
| **EDRS** | Ecstasy and Related Drugs Reporting System |
| **GBL** | Gamma-butyrolactone |
| **GHB** | Gamma-hydroxybutyrate |
| **HR** | Harm reduction |
| **IDRS** | Illicit Drug Reporting System |
| **IQR** | Interquartile range |
| **LSD** | *d*-lysergic acid |
| **MDA** | 3,4-methylenedioxyamphetamine |
| **MDEA** | 3,4-Methylenedioxy-N-ethylamphetamine |
| **MDMA** | 3,4-methylendioxymethamphetamine |
| **MDPV** | Methylenedioxypyrovalerone |
| **N (or n)** | Number of participants |
| **NBOMe** | N-methoxybenzyl |
| **NDARC** | National Drug and Alcohol Research Centre |
| **NSW** | New South Wales |
| **NPS** | New psychoactive substances |
| **OTC** | Over-the-counter |
| **PMA** | para-Methoxyamphetamine |
| **SD** | Standard Deviation |
| **UNSW** | University of New South Wales |
| **VIC** | Victoria |

http://doi.org/10.26190/hr1n-0j52

# Executive Summary

The VIC EDRS sample is a sentinel group of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of mouth in Melbourne, VIC. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from April-June: subsequent to COVID-19 restrictions on travel and gatherings in Australia. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Additional data from third-party sources have been included for available drugs. These data covers a range of information regarding the state of illicit drugs in Victoria, including seizure purity, ambulance attendances and more.

## Sample Characteristics

The VIC EDRS sample (N=100) recruited from Melbourne were predominantly young, educated males, consistent with the sample profile in 2019 and since monitoring commenced. However, the EDRS 2020 sample was significantly older and earning more than the 2019 sample. Ecstasy and alcohol were the drugs of choice (26% and 24%, respectively), with the latter showing a significant increase in reports. Alcohol and cannabis were the drugs used most often in the preceding month (51% and 25%, respectively) in 2020.

## COVID-19 Impact

At the time of interviews only a small proportion of the sample had been tested for COVID-19 (7%); none had tested positive. The majority of the sample reported practising social distancing (94%) and undertaking health precautions such as avoiding public spaces (70%) and transport (69%), sanitising hands before handling drugs or money (56%) and avoiding sharing drug use equipment (38%). Over half (54%) of the sample reported a change in income source since March, 2020 and 41% reported lower income; 38% reported stable income. Ecstasy (41%) and alcohol (30%) were the drugs most frequently reported to decrease in use since before March 2020, primarily due to 'fewer opportunities to go out' (89% and 85%, respectively). Alcohol (38%) and cannabis (31%) use increased, primarily due to 'boredom' (63% and 77%, respectively). Most drugs' availability remained stable, although ecstasy pills and cocaine were reportedly more difficult to obtain (51% and 38% of respondents, respectively).

## Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e. past six month) use of ecstasy pills declining and most other forms fluctuating over time. However, this year, pills and crystal declined in use (69% and 42%, respectively), while capsules showed a significant decline in use (90% in 2019 to 78%). There was also an increase in use of powder from 2019 to 2020 (19% to 44%). Median days of use increased slightly from 2019, with little change in the proportion of the sample consuming weekly or greater. Median price of each ecstasy pill ($25), capsule ($20), crystal ($150/g) and powder ($165/g) remained relatively stable from 2019. There were no significant changes in perceptions of purity or availability across ecstasy forms from 2019 to 2020.

The purity of ecstasy seized by Victoria Police remained stable across 2018-19, ranging from 32%-55% pure. The number of ecstasy-related ambulance attendances in Victoria reached an all-time high in 2019, continuing an upward trend starting in 2015. In 2018-19, 47.5% more courses of drug treatment were delivered for complications with ecstasy than the previous year.

## Methamphetamine

Recent use of methamphetamine has been declining amongst the VIC sample since 2012 (49% in 2020), while frequency of use remained stable from 2019. Powder has been the main form used since 2008, although crystal has consistently been reported with more median days of recent use (10 in 2020). Few participants reported on the price, purity and availability of methamphetamine in 2020.

http://doi.org/10.26190/hr1n-0j52

The purity of methamphetamine seized by Victoria Police remained high across 2018-2019, ranging from 71%-80% pure. 2019 saw the highest recorded number of methamphetamine-related ambulance attendances in Victoria. In 2018-19, 428.8% more courses of drug treatment were delivered for complications with methamphetamine than the previous year.

## Cocaine

Recent use of cocaine decreased, although remained high at 76% of the sample. Frequency of recent use reached a median of five days in 2020, the highest recorded since monitoring began. The median price of a gram of cocaine was reported as $300, consistent with previous years.

The purity of cocaine seized by Victoria Police remained stable across 2018-19, ranging from 44%-66% pure. The number of cocaine-related ambulance attendances in 2019 was the highest recorded.

## Cannabis

At least four in five EDRS participants have reported recent use of cannabis each year since 2008. Eighty-nine per cent of participants reported recent use in 2020, stable from 2019. Almost half (47%) of recent consumers reported using cannabis weekly, while 9% reported daily use (down from 14% in 2019).

## Ketamine & LSD

Recent use of ketamine and LSD has increased since monitoring began, though remained stable in 2020 relative to 2019. Most of the VIC sample reported recent use in 2020 (78% and 61%, respectively). Ketamine reached a new high in frequency of recent use, thought was still quite infrequent at a median of eight days of use in the last six months. LSD's frequency of use remained stable from 2019.

The purity of ketamine seized by Victoria Police fluctuated, but remained relatively stable across 2018-19, ranging from 46%-79% pure.

## New Psychoactive Substances (NPS)

Over one fifth (21%) reported recent use of at least one NPS. DMT and any 2C- substance were the most common recently used NPS in 2020 (10% and 8%, respectively).

## Other Drugs

Over half of the sample reported recent use of non-prescribed pharmaceutical stimulants (55%; significant increase from 34% in 2019) and benzodiazepines (51%) in 2020. Alcohol's frequency of recent use increased significantly, from 33 days in 2019 to 48 days in 2020. Other drugs remained relatively stable in their use.

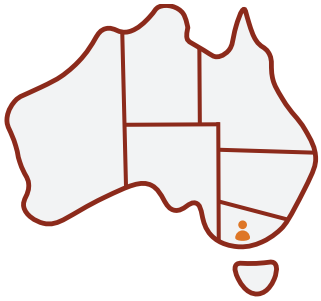
## Drug-Related Harms and Other Associated Behaviours

Hazardous alcohol use remained high, with 82% of the sample scoring above the hazardous range in the Alcohol Use Disorders Identification Test. Sixteen per cent of the sample reported a non-fatal stimulant overdose, and 17% a non-fatal depressant overdose (including alcohol) in the past year. The percentage reporting injecting drug use remained low, while no participants reported receiving drug treatment. Seventy per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months and 40% had seen a mental health professional in that time. The most common mental health problems were anxiety (79%) and depression (65%). Property crime (34%) was the main form of self-reported criminal activity in 2020, whilst a significantly smaller proportion of participants reported drug dealing (17% versus 31% in 2019). The most popular means of arranging the purchase of illicit drugs remained social media applications (81%) and face-to-face (68%); though this was significantly lower than 2019 (82%). Purchasing drugs via the darknet or surface web was rare (7%), as was selling drugs online (0%). Most participants reported obtaining illicit drugs from a friend/relative/partner (82%) or known dealer (75%). Significantly more of the sample obtained drugs from an unknown dealer in 2020 (49%; 33% in 2019).

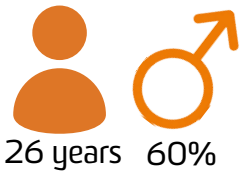
http://doi.org/10.26190/hr1n-0j52

EDRS Ecstasy and Related Drugs Reporting System

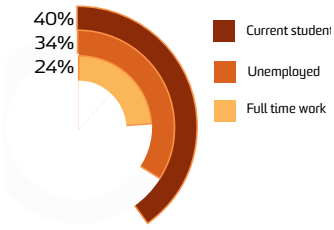
# 2020 VICTORIAN SAMPLE CHARACTERISTICS



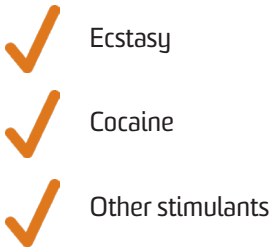
In 2020, 100 people from Melbourne, VIC, participated in EDRS interviews.




The median age in 2020 was 26, and 60% identified as male.

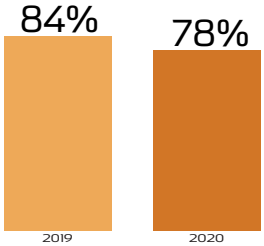



In the 2020 sample, 40% were enrolled students, 34% were unemployed, and 24% were employed full time.

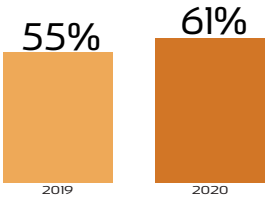



Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

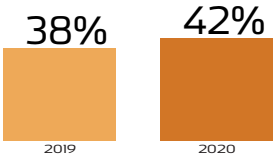
# OTHER DRUGS



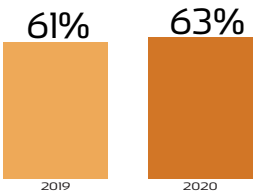

Past 6 month use of ketamine decreased from 84% in 2019 to 78% in the 2020 EDRS sample.




Past 6 month use of LSD increased from 55% in 2019 to 61% in 2020.




Past 6 month use of any amyl nitrite increased from 38% in 2019 to 42% in 2020.

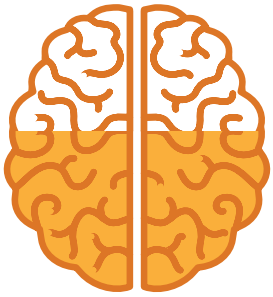



Past 6 month use of any nitrous oxide (nangs) was stable from 2019 (61%) to in 2020 (63%).

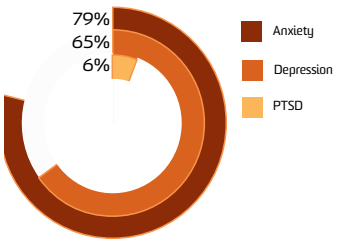
# DRUG TREATMENT AND MENTAL HEALTH



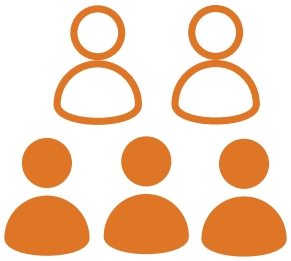
Of the 2020 EDRS sample <5% reported that they were currently receiving drug treatment.



Over two thirds of the sample (70%) self-reported that they had experienced a mental health problem in the previous 6 months.

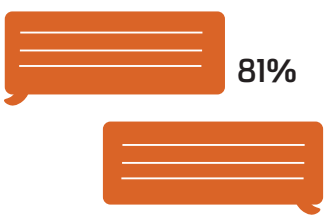



Of those who commented, the most common self-reported mental health concern was anxiety (79%), followed by depression (65%), and PTSD (6%).

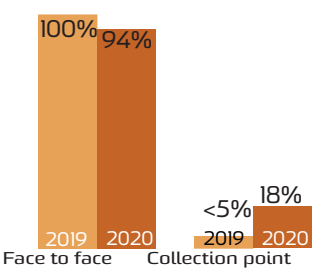


Of those self-reporting a mental health problem, 58% reported seeing a mental health professional in the previous 6 months (40% of the entire sample).

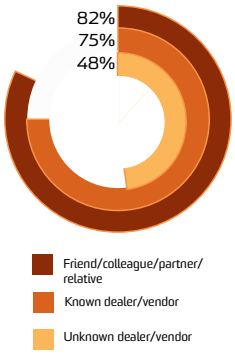
# MODES OF PURCHASING



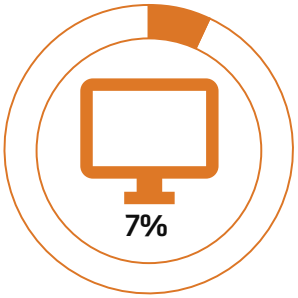

In 2020, 81% of participants organised the purchase of illicit or non-prescribed drugs via social networking.




When asked about how they received drugs, 94% said face to face, and 18% said via a pre-arranged collection point.



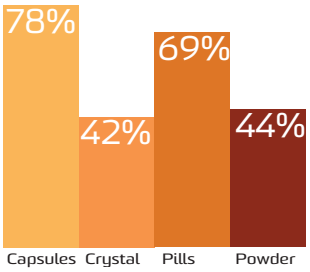

The majority of participants reported obtaining drugs from someone they knew personally (82%).




In 2020, 7% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

http://doi.org/10.26190/hr1n-0j52

# ECSTASY




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

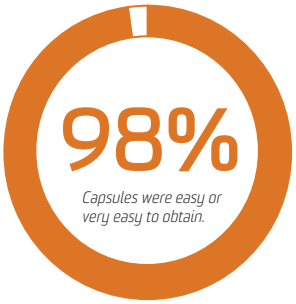


Of those who had recently consumed ecstasy, 1 in 3 (29%) used it weekly.



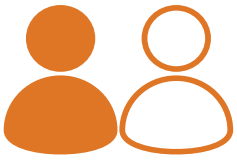
2 Capsules
2 Pills
0.50 grams of crystal
0.50 grams of powder

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

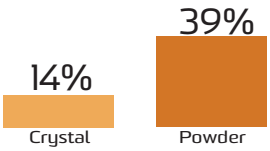



Of those who could comment 98% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain,

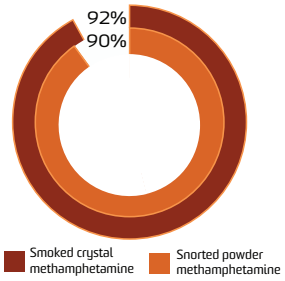
# METHAMPHETAMINE



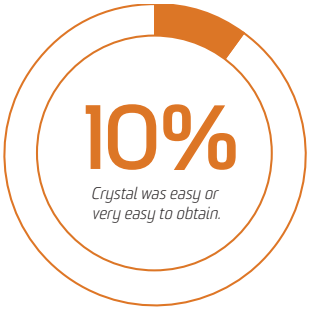
Past 6 month use of any methamphetamine was stable at 46% in 2019 and 49% in 2020.




Of the entire sample, 39% had recently consumed powder, and 14% crystal methamphetamine.




92% of people who had recently used crystal smoked it, and 90% of those who had used powder snorted it.

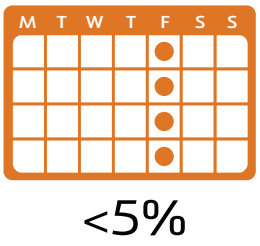



Of those who could comment 10% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

# COCAINE



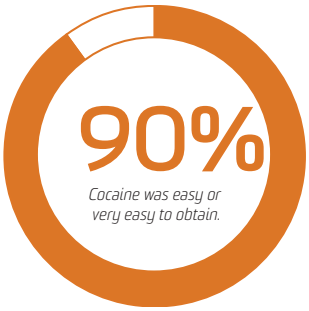
Past 6 month use of any cocaine was stable at 80% in 2019 and 76% in 2020.




Of people who had consumed cocaine recently, <5% reported weekly or more frequent use.

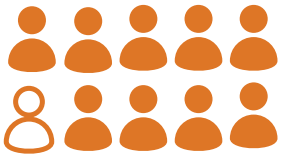


Of people who had consumed cocaine in the last 6 months, 100% had snorted it.

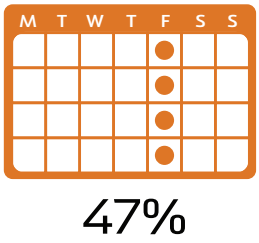



Of those who could comment 90% perceived cocaine to be 'easy' or 'very easy' to obtain.

# CANNABIS



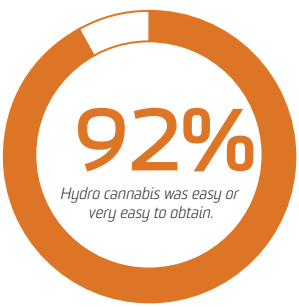
Past 6 month use of any cannabis was stable at 86% in 2019 and 89% in 2020.




Of those who had consumed cannabis recently, under half (47%) reported weekly or more frequent



Of people who had consumed cannabis in the last 6 months, 91% had smoked it.




Of those who could comment 92% perceived hydro to be 'easy' or 'very easy' to obtain.

http://doi.org/10.26190/hrnh-0152

# 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, as well as presentation of findings from some routinely collected administrative data (see below). It should also be noted that data collected in 2020 for the EDRS annual interview component occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

# Methods

## EDRS 2003-2019: Annual interviews with consumers

Full details of the methods for the annual interviews are available for download. To summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e. peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g. research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred. In 2019, 797 participants were recruited across capital cities nationally (April-July, 2019), with 99 participants interviewed in Melbourne, VIC during April-June 2019.

## EDRS 2020: COVID-19 impacts on recruitment and data collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID, or gift voucher;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal

http://doi.org/10.26190/hr1n-0j52

circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 100 participants interviewed in Melbourne, VIC during April-June 2020.

### Routinely Collected Data

Four different types of routinely collected data are presented in this report.

*Drug seizure purity levels*

The Drug Analysis Branch of the Victoria Police Forensic Services Department conducts purity analyses for all Victoria Police's drug seizures. The Victoria Police Forensic Services Department provided drug purity data for seizures of drugs in Victoria for inclusion in this report for the 2018/19 financial year.

*Ambulance attendances at non-fatal drug-related events*

Turning Point manages an electronic drug-related ambulance attendance database containing information from Ambulance Victoria records. Data for the period between January 2005 and December 2019 are presented in this report.

*Specialist drug treatment presentations*

The Victorian Department of Health funds community-based agencies to provide specialist alcohol and drug treatment services across the state. Data on people seeking treatment from specialist alcohol and other drug agencies in Victoria are collected via the Alcohol and Drug Information System (ADIS) that has now become the Victorian Alcohol and Drug Collection (hereafter ADIS/VADC). During the 2018/19 financial year, 44,733 courses of treatment were delivered to 31,231 clients, compared to 60,182 courses of treatment delivered to 37,618 clients in the 2017/18 financial year.

*Alcohol and other drug helpline calls*

DirectLine is a 24-hour specialist telephone service in Victoria (operated by Turning Point) that provides counselling, referral and advice about drug use and related issues. All calls to DirectLine are logged to an electronic database that can provide information about caller drugs of concern, calls from or about people who use drugs. This report presents data for the period between 1999 and 2019.

**Data Analysis**

For participant interview data 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 were conducted between estimates obtained from 2019 and 2020 interviews, noting that no corrections for multiple comparisons were made and thus comparisons should be treated with caution. Comparisons involving cell sizes are ≤5 are suppressed, with corresponding notation (zero values are reported). References to 'recent' use and behaviours refer to the past six-month time period. Routinely collected data are analysed descriptively in this report.

## 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 Melbourne, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of

http://doi.org/10.26190/hr1n-0j52

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 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 Victoria (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

## COVID-19

For consistency, we retained the report format from previous years to facilitate comparisons. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we provide a comparison of EDRS interview sample demographics in 2019 and 2020 in Chapter 2, as well as detailed findings related to impacts of COVID-19 restrictions on gathering and travel on drug use and relative behaviours, markets and harms as reported by participants in Chapter 3.

**Outcomes relating to the previous 6-12 months in the EDRS interviews reflect behaviours before and during the COVID-19 period, whereas those relating to shorter timeframes, such as within the previous month, will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be considered when comparing 2020 EDRS interview data to previous years, and results treated with caution.**

For further information on findings related to COVID-19 and associated restrictions from the EDRS interview component, please see earlier bulletins released based on EDRS 2020 findings.

## Additional Outputs

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

http://doi.org/10.26190/hr1n-0j52

# 1

## Sample Characteristics

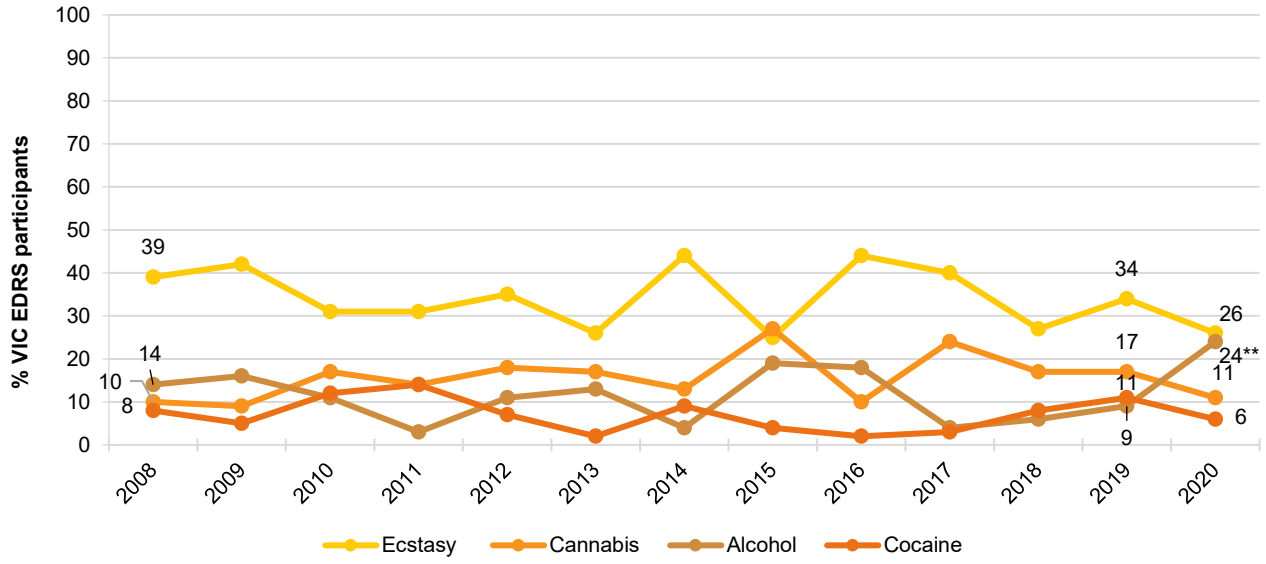
In 2020, the VIC EDRS sample was similar to 2019 and previous years, with some key differences. Almost two thirds of the sample was male (60%; an increase from 51% in 2019; *p*=0.178), with a median age of 26 years (IQR=21-30). The 2020 sample was significantly older than 2019 (21 years; IQR=17-26; *p*=0.001).

Over three fifths of the sample was living in a rented house/flat (63%; 50% in 2019; *p*=0.038), with most of the remaining participants living with their parents/in their family house (26%; 41% in 2019; *p*=0.016).

Two fifths (40%) were current students (51% in 2019; *p*=0.157); 39% were studying at university/college (44% in 2019) and small numbers (n≤5) were pursuing a trade/technical qualification (same in 2019). Almost one quarter (24%) reported being employed full time (18% in 2019; *p*=0.315), while just under two fifths reported working part-time or casually (37%; 50% in 2019; *p*=0.075). Thirty-four per cent reported being unemployed at the time of interview (25% in 2019; *p*=0.177). This year's sample reported a significantly higher median weekly income ($750; IQR=425-987 versus $450; IQR=230-900; *p*=0.012) (Table 1).

Very few of the sample (6%) had participated in the study before (7% in 2019; *p*=0.789).

**Figure 1: Drug of choice, Victoria, 2008-2020**




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

http://doi.org/10.26190/hr1n-0j52

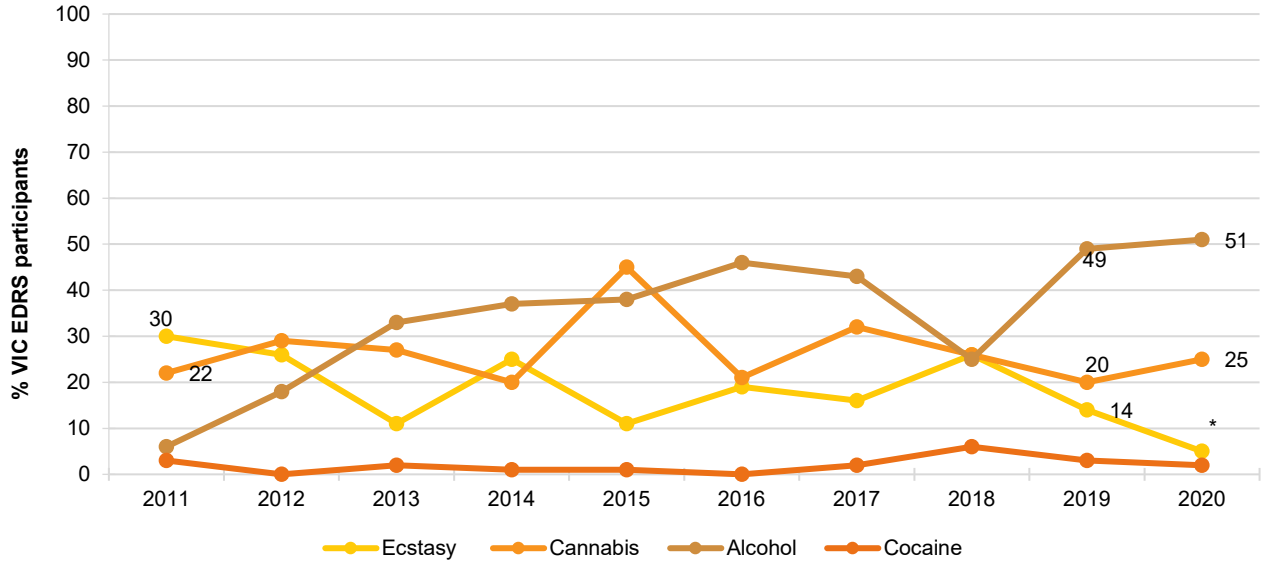
## Table 1: Demographic characteristics of the sample, nationally (2020) and Victoria, 2016-2020

| | VIC 2016 N=100 | VIC 2017 N=100 | VIC 2018 N=100 | VIC 2019 N=99 | VIC 2020 N=100 | National 2020 N=805 |
|---|---|---|---|---|---|---|
| **Median age (years; IQR)** | 24 (20-27) | 21 (19-23) | 23 (20-25) | 21 (17-26) | **26 (21-30)**** | 22 (19-27) |
| **% Male** | 47 | 57 | 57 | 51 | **60** | 61 |
| **% Aboriginal and/or Torres Strait Islander** | - | 0 | - | 0 | **-** | 4 |
| **% Sexual identity** | | | | | | |
| Heterosexual | 85 | 79 | 74 | 82 | **69*** | 83 |
| Homosexual | - | - | 6 | 6 | **8** | 3 |
| Bisexual | 10 | 17 | 17 | 10 | **12** | 10 |
| Queer | - | 17 | 17 | 10 | **12** | 3 |
| Different identity | - | 0 | - | - | **-** | 2 |
| **Mean years of school education (range)** | 12 (9-12) | 12 (9-12) | 12 (9-12) | 12 (8-12) | **12 (8-12)** | 12 (7-12) |
| **% Post-school qualification(s)^** | 50 | 42 | 32 | 57 | **67** | 51 |
| **% Current employment status** | | | | | | |
| Employed full-time | 16 | 16 | 24 | 18 | **24** | 26 |
| Part time/casual | 22 | 18 | 52 | 50 | **37** | 35 |
| Self-employed | / | / | / | 7 | **-** | 5 |
| Students | - | - | 8 | 51 | **40** | 47 |
| Unemployed | 14 | 17 | 14 | 25 | **34** | 35 |
| **Current median weekly income $ (IQR)** | (N=97) $400 (250-637) | (N=95) $300 (175-500) | (N=97) $400 (250-760) | (N=95) $450 (230-900) | **(N=96) $750* (425-987)** | (N=771) $600 (400-923) |
| **% Current accommodation** | | | | | | |
| Own house/flat | 0 | 0 | - | 7 | **5** | 5 |
| Rented house/flat# | 51 | 36 | 50 | 50 | **63*** | 50 |
| Parents'/family home | 44 | 62 | 48 | 41 | **26*** | 40 |
| Boarding house/hostel | - | 0 | - | 0 | **-** | 2 |
| Public housing | - | - | | - | **-** | 2 |
| No fixed address+ | 0 | - | 0 | 0 | **-** | 0 |
| Other | - | - | 0 | - | **0** | - |

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

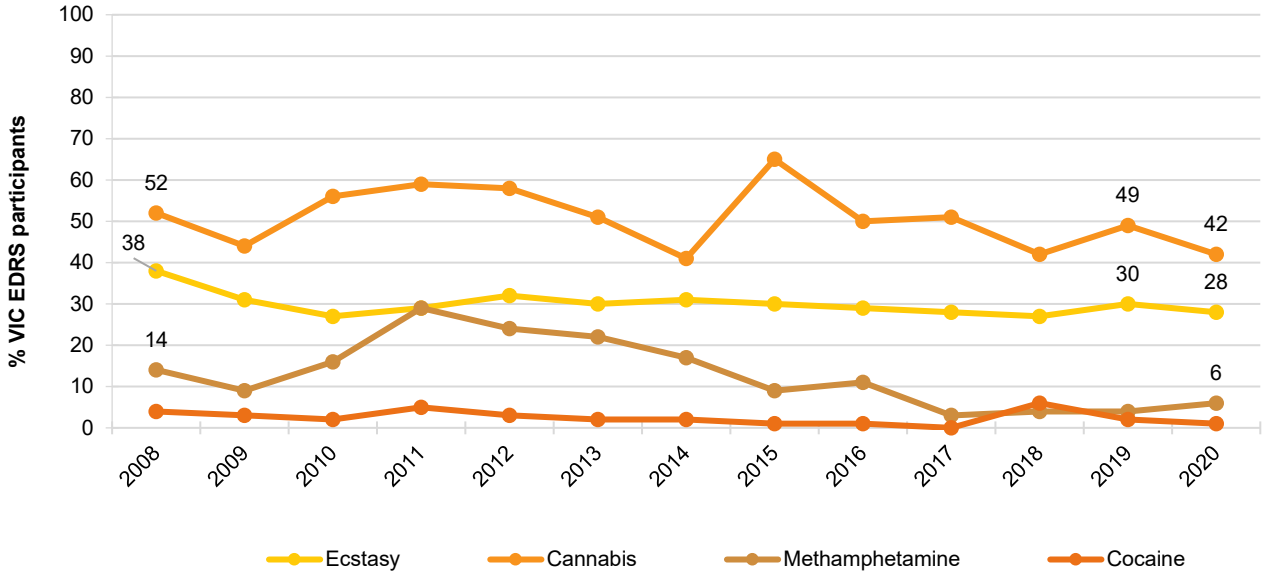
http://doi.org/10.26190/hr1n-0j52

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




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 2011-2020 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Figure 3: Weekly or more frequent substance use in the past six months, Victoria, 2008-2020




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

http://doi.org/10.26190/hr1n-0j52

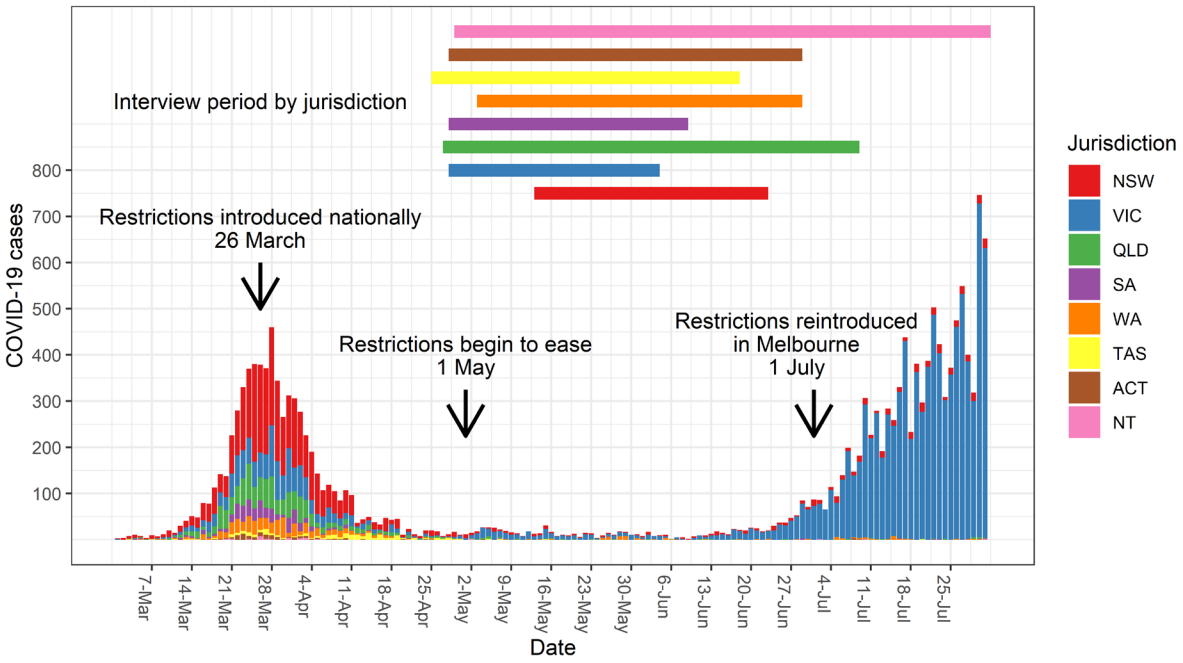
# 2

# COVID-19

## Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 4). Australia is a federation of states and territories, and public health policy – including restrictions on movement and gathering – varied by jurisdiction, but restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions (notably, with significant restrictions being enforced again in Victoria from July).

**Figure 4. Timeline of COVID-19 in Australia and EDRS data collection period**




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

Victoria's first confirmed COVID-19 case was reported on January 25, 2020.

Cases grew swiftly, with a total of 71 cases in Victoria on March 16, when a state of emergency was declared in Victoria. This declaration gave the Chief Health Officer a wide range of powers to confer onto health officials, including the ability to detain people, impose restrictions on areas of the state, and enforce self-quarantine on return from overseas travel. Non-essential gatherings were prohibited, forcing pubs and clubs to close.

http://doi.org/10.26190/hr1n-0j52

As cases grew globally, the Australian border was closed to all non-residents on 20th March, and returning Victorians were required to self-isolate at home for 14 days on return.

As cases increased, Melbourne was placed in stage 3 restrictions on March 30, when 56 new cases were recorded, bringing Victoria's total to 821. Stage 3 restrictions limited gatherings to a maximum of two, and directed people to only leave the house for four essential reasons: food and supplies, exercise, medical care, work and education.

In response to growing unemployment, JobKeeper payments to support businesses to retain employees were introduced on March 30 (payments commenced 8 May). Newstart payments were temporarily renamed JobSeeker and the maximum payments were doubled from April 27.

As the infection rate slowed, Stage 3 restrictions were progressively relaxed from the 12th of May, allowing people to gather outdoors in groups of 10 and indoors in groups of five. Pubs, clubs, and other hospitality venues remained open for takeaway only, limiting people's ability to socialise.

## Methods

EDRS interviews commenced in Victoria on 28th April and concluded on 4th June 2020.

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

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

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

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

## COVID-19 Testing and Diagnosis

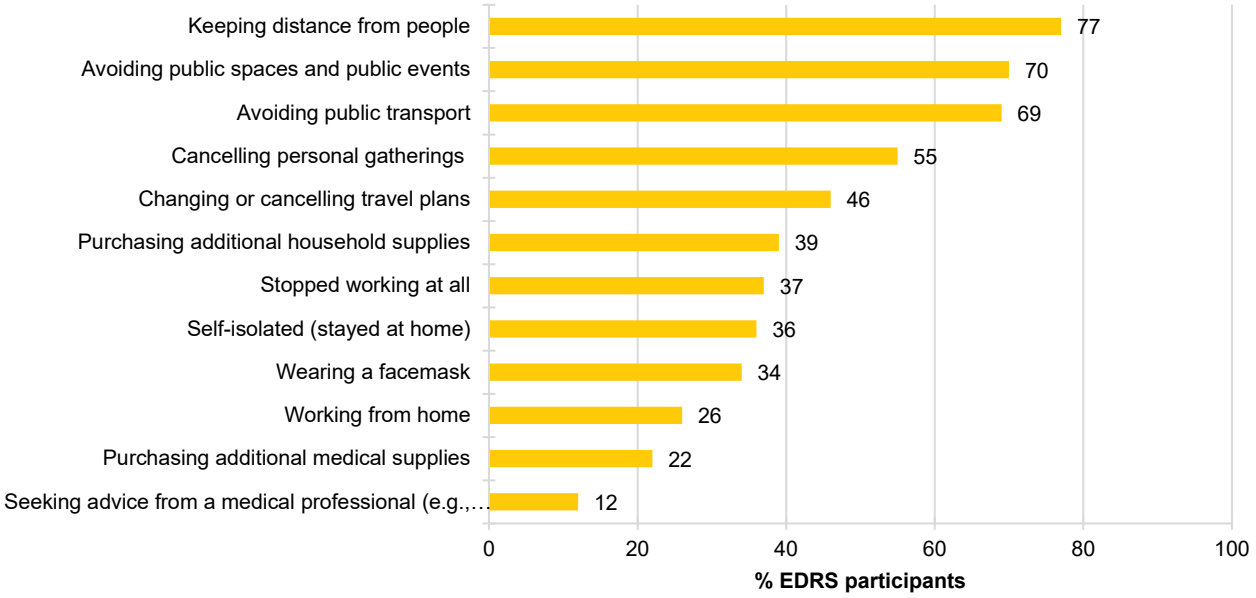
A small per cent (7%) of the VIC sample had been tested for COVID-19, though no participants had been diagnosed with the virus. When asked how worried participants were about contracting COVID-19, most (47%) responded 'not at all', and one third (33%) were 'slightly' worried.

## Social and Financial Impacts of COVID-19 Restrictions

***COVID-19 related health behaviours.*** Since the beginning of March, 2020, the vast majority of VIC participants (94%) had practised social distancing (i.e. avoiding public transport and social gatherings) and 83% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A very small number (n≤5) reported that they felt at risk of contracting COVID-19 and had quarantined for 14 days. Participants were asked about COVID-19 health precautions they had taken in the past four weeks, with most reporting keeping their distance from people (77%) and avoiding public spaces and transport (70% and 69%, respectively) (Figure 5).

http://doi.org/10.26190/hr1n-0j52

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




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

***Housing.*** Over three fifths (63%) of the VIC sample reported living in a rental house/flat at the time of interview, with a further 26% residing with parents/at their family house. Almost one fifth (17%) of participants reported that their living situation had changed since the beginning of March, and of these participants, the majority (70%; n=12) reported that they were living in a rented house/flat in the month of February, before COVID restrictions. As to why participants' living situation had changed, reasons included 'moved to be with family' and 'moved to be away from vulnerable family member', though many (47%; n=8) indicated their moves were unrelated to COVID-19.

***Employment and Income.*** Over half (54%) of the VIC sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants, in the month of February, 89% (n=48) were receiving a wage/salary and 17% (n=9) were receiving a government pension (e.g. New Start/Jobseeker). During the month prior to interview, nearly two fifths (39%) of participants were not receiving a wage or salary due to being stood down temporarily because of COVID-19 (though were expecting employment in the future), while 15% had been stood down permanently. Twelve per cent of participants were seeking employment since before COVID-19.

When asked about their income in the four weeks prior to interview, compared to that they received in the month of February 2020, 20% of participants reported that they were receiving more income, 41% reported less income, and 38% reported a similar amount (Table 2).

One third (32%) of the sample reported experiencing financial difficulty during the past month; the most reported difficulties were being unable to pay household or phone bills on time (12%) and being unable to buy food (11%). Furthermore, one quarter (24%) of the sample reported asking for financial help from friends or family (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

http://doi.org/10.26190/hr1n-0j52

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

| | National 2020 | VIC 2020 |
|---|---|---|
| | N=805 | N=100 |
| **% Change in source of income since March 2020 (since COVID-19 restrictions)** | 42 | 54 |
| **% change in total income in the past month compared to February** | **n=794** | **n=100** |
| More money | 27 | 20 |
| Less money | 36 | 41 |
| About the same | 37 | 38 |
| **% Financial difficulties in the past month#** | **n=804** | **n=100** |
| Could not pay household or phone bills on time | 13 | 12 |
| Could not pay the mortgage or rent on time | 7 | 10 |
| Requested deferred payment of mortgage/rent/loan | 5 | 6 |
| Unable to buy food or went without meals | 7 | 11 |
| Unable to heat/air-condition house | 2 | - |
| Asked for financial help from friends or family | 19 | 24 |
| Asked for help from welfare or community organisations | 6 | 10 |
| Difficulty paying for medicines | 4 | 7 |
| Difficulty paying for medical treatment | 3 | - |

Note. The response 'Don't know' was excluded from analysis. # participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

## Drug Use

***Main drug used.*** One third (32%) of participants in the VIC sample reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020. The main transition was from ecstasy/MDMA to alcohol (Table 3).

***Frequency of drug use.*** Fifty-nine per cent of the VIC sample reported using ecstasy and related drugs less often in the month prior to interview than in February, 2020; 12% reported greater frequency of use, and 28% reported stable frequency (Table 3).

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

Most commonly, participants reported a decrease in use of ecstasy/MDMA (41%), alcohol (30%) and ketamine (28%). No change was reported for cocaine (46%) or methamphetamine (56%). Use of cannabis (31%) increased, and a notable minority also reported increased use of alcohol (38%).

The primary reasons cited for decreasing use for ecstasy/MDMA, ketamine and alcohol comprised 'fewer opportunities to be with people/go out' (89%, 85% and 78%, respectively), followed by 'didn't feel like using' (13%, 13% and 16%, respectively) and 'worried about effects on my mental health' (14%, 0% and 10%, respectively).

http://doi.org/10.26190/hr1n-0j52

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

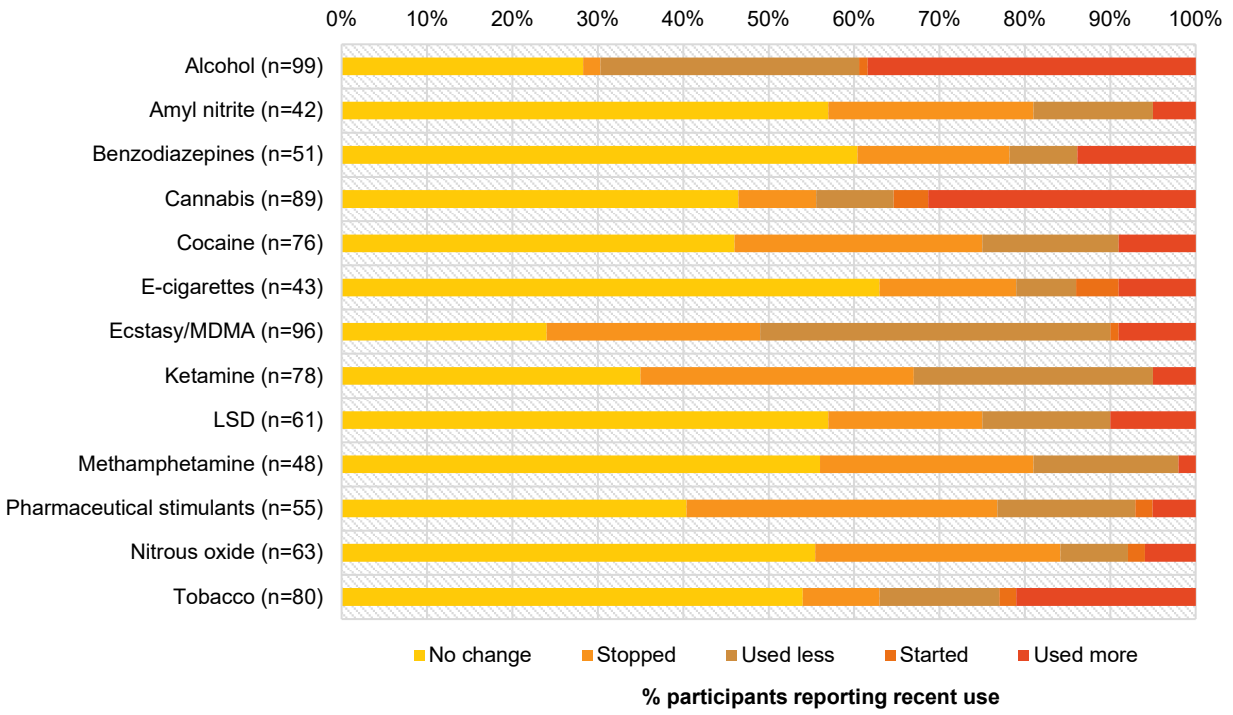
| | VIC 2020 | |
|---|---|---|
| | February | Past month |
| **% Drug used most often in that month** | N=100 | N=100 |
| Ecstasy | 17 | -** |
| Cannabis | 18 | 25 |
| Alcohol | 42 | 51 |
| Cocaine | 6 | - |
| Other | 17 | 17 |
| *% reporting change in drug used most often from February to past month^* | Overall: 32 | |
| **% Frequency of ecstasy and related drug use in that month** | N=100 | N=99 |
| Not in the month | - | 23*** |
| Monthly | 8 | 18* |
| Fortnightly | 39 | 29 |
| Weekly | 31 | 19 |
| More than once per week | 14 | -* |
| Once a day | - | - |
| More than once per day | 0 | 0 |
| *% reporting decrease in frequency* | Overall: 59 | |
| *% reporting increase in frequency* | Overall: 12 | |
| *% reporting stable frequency* | Overall: 28 | |

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

The primary reasons why participants increased their cannabis and alcohol use comprised 'boredom/less things to occupy time' (63% and 77%, respectively), followed by 'more time to use the drug' (28% and 44%, respectively), and 'greater anxiety/depression with COVID-19' (13% and 13%, respectively).

http://doi.org/10.26190/hr1n-0j52

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




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

## Price, Perceived Purity and Perceived Availability

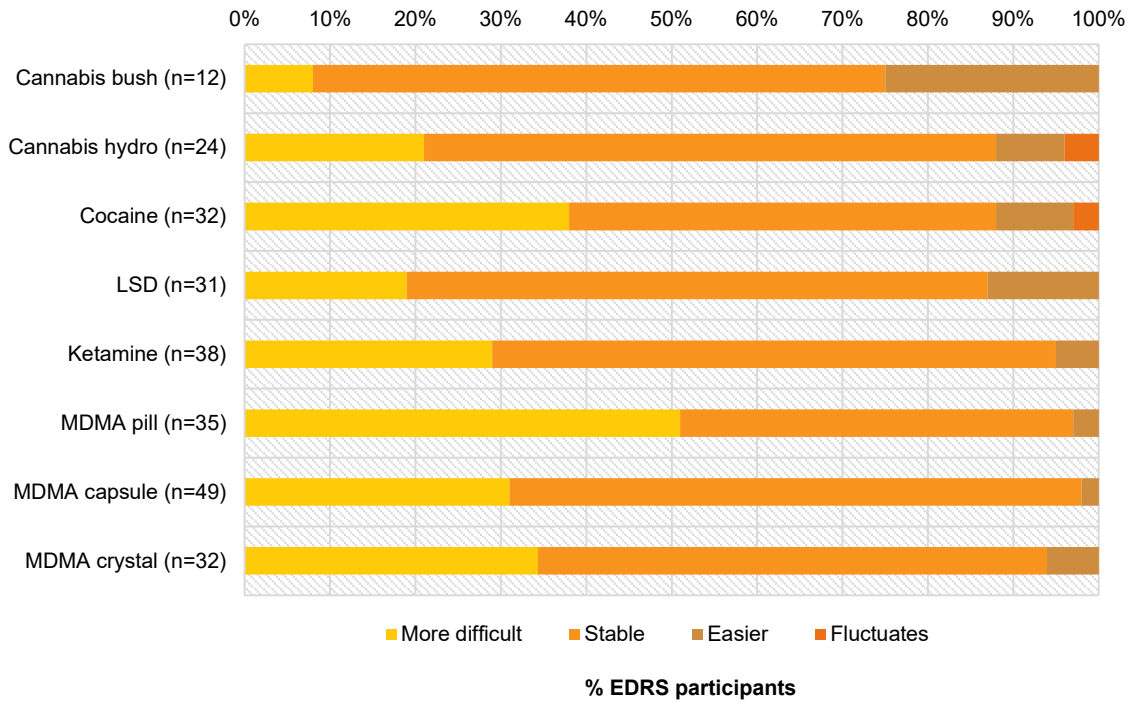
All price, perceived purity and perceived availability data for 2020 were captured during the COVID-19 restriction period, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (when COVID-19 restrictions were introduced). Most drugs were perceived to remain stable, although MDMA pills and cocaine were reportedly 'more difficult' to obtain (51% and 38% of respondents, respectively). Of those who could comment on cannabis bush (n=12), one quarter (25%) reported it as being 'easier' to source since March 2020, the highest of any drug asked (Figure 7).

Participants were also asked about level of concern about being able to access illicit drugs. One quarter (25%) of participants in the VIC sample reported concerns about not being able to access illicit drugs due to COVID-19; 22% were 'somewhat concerned', while small numbers reported being 'moderately' or 'extremely' concerned (n≤5).

http://doi.org/10.26190/hr1n-0j52

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




Note. Don't know responses are excluded.

## Drug Purchasing Behaviours

Over half (54%) of participants reported no change in means of obtaining drugs (Figure 8). However, 20% of participants obtained drugs 'less frequently', 11% reduced 'face-to-face collection of drugs', 9% purchased drugs in 'bulk quantities to share with others' and 8% obtained drugs 'from a different person'.

## Risk and Protective Behaviours

***Overdose.*** Sixteen per cent of VIC participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 13% experienced this prior to March 2020, and smaller numbers (n≤5) since March and both before and since March.

Similarly, 16% of VIC participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months; 12% experienced this prior to March, 2020 and smaller numbers (n≤5) since March and both before and since March.

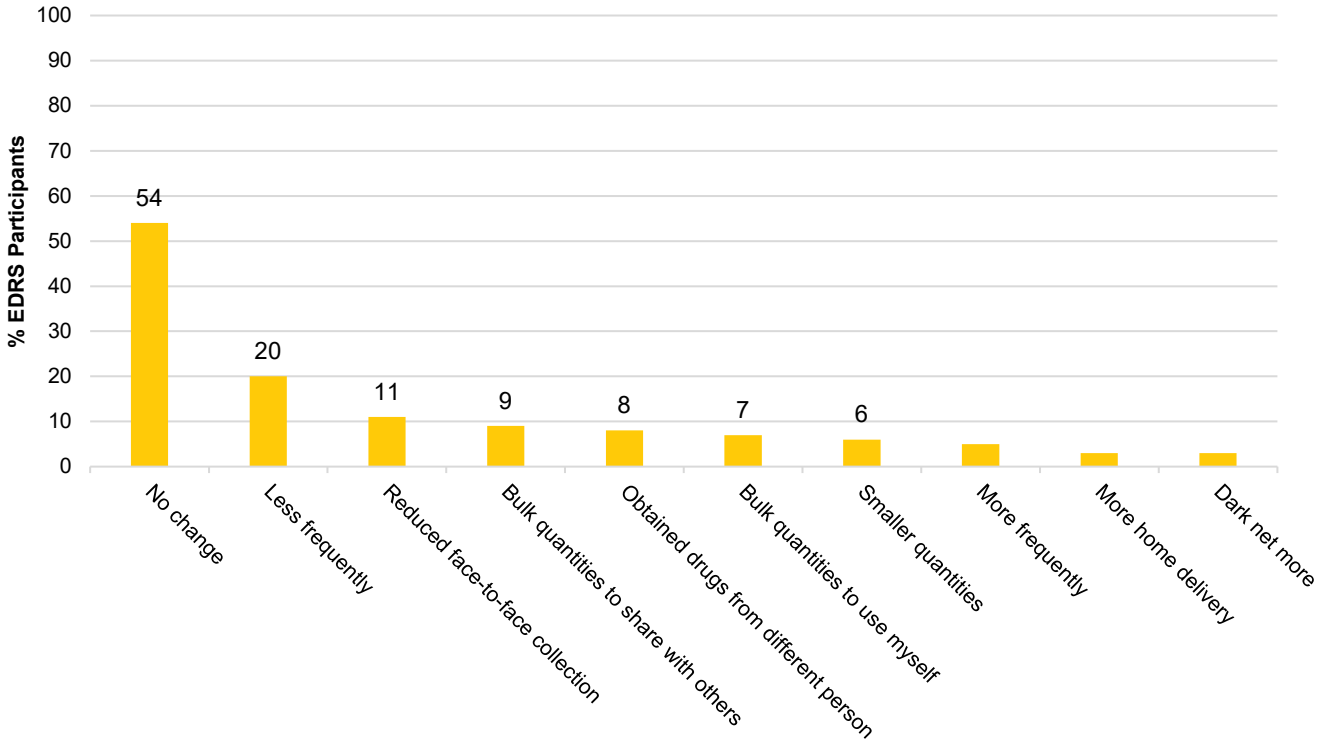
***Alcohol and other drug support.*** Almost one fifth (17%) of the VIC sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and few (n≤5) participants reported difficulties accessing these services since March 2020 (since COVID-19 restrictions).

***Mental health.*** Over three fifths (64%) of the sample reported experiencing any mental health problem before March 2020, while just under half (43%) reported a mental health problem since March 2020. When asked to rate their mental health in the past four weeks versus how they were feeling in the month of February, 40% of participants rated their mental health as being 'worse', 37% reported 'similar' and 22% reported their mental health as 'better'.

http://doi.org/10.26190/hr1n-0j52

Of those who reported experiencing any mental health problem since March 2020 (n=43), 28% had received mental health treatment. Only small numbers (n≤5) were unable to access mental health treatment since March 2020.

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




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

Please note mental health data in 2020 reflects experiences during the COVID-19 restriction period; that is, participants reported on experiences in the past four weeks, with data collected from April-June 2020.

***Crime.*** Thirty-four per cent of the VIC sample reported committing a property crime during the past month, and 33% reported committing the same offence in February. Drug dealing remained stable, with 17% of VIC participants reporting drug dealing during the past month and 20% reporting drug dealing during the month of February, 2020.

**Behaviours to protect against COVID-19 transmission or impacts of restrictions.** Less than one fifth (14%) of VIC participants reportedly sought information on how to reduce the risk of acquiring COVID-19 with 9% of participants nominating that they sought information from social media.

Almost three quarters (74%) of participants in VIC reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

http://doi.org/10.26190/hr1n-0j52

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

| | VIC, 2020 (N=100) |
|---|---|
| Washed hands with soap/sanitiser before handling drugs or money | 56 |
| Avoiding sharing other drug use equipment with other people | 38 |
| Stocked up on illicit/non prescribed drugs | 31 |
| Wiped down drug packages/wraps with soap/sanitiser | 12 |
| Avoided smoking/vaping drugs | 10 |
| Prepared your drugs yourself | 23 |
| Stocked up on prescription medicines prescribed to you | 6 |
| Stocked up on other sterile drug use equipment | 0 |
| Home delivery of sterile drug use equipment from an HR service | 0 |
| Obtained take-home naloxone/Narcan | 0 |

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

http://doi.org/10.26190/hr1n-0j52

# 3

## Ecstasy/MDMA

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

## EDRS Interview Data

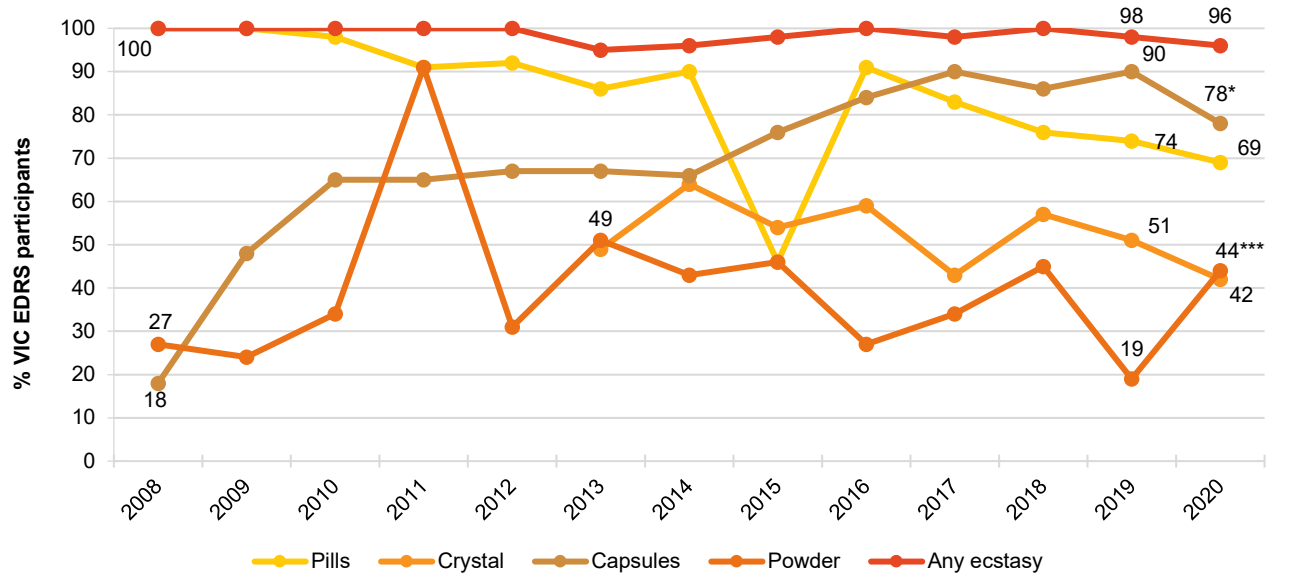
### Recent Use (past 6 months)

Nearly all participants (96%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 9) and reflecting the eligibility criteria (see methods for the annual interviews). There has been a shift over time to greater use of MDMA capsules (although declining in 2020), while use of ecstasy pills has declined since 2015. Use of crystal and powder have fluctuated, remaining relatively stable over the past 5 years (discussed further below).

### Frequency of Use

Participants reported using ecstasy (in any form) on a median of 15 days (IQR=8-25; n=96), equivalent to fortnightly use in the preceding six months (12 days in 2019, IQR=7-25; n=97; *p*=0.745) (Figure 10). Among those who reported recent use (n=96), weekly or more frequent use of any form of ecstasy remained stable at 29% (31% in 2019; *p*=0.790).

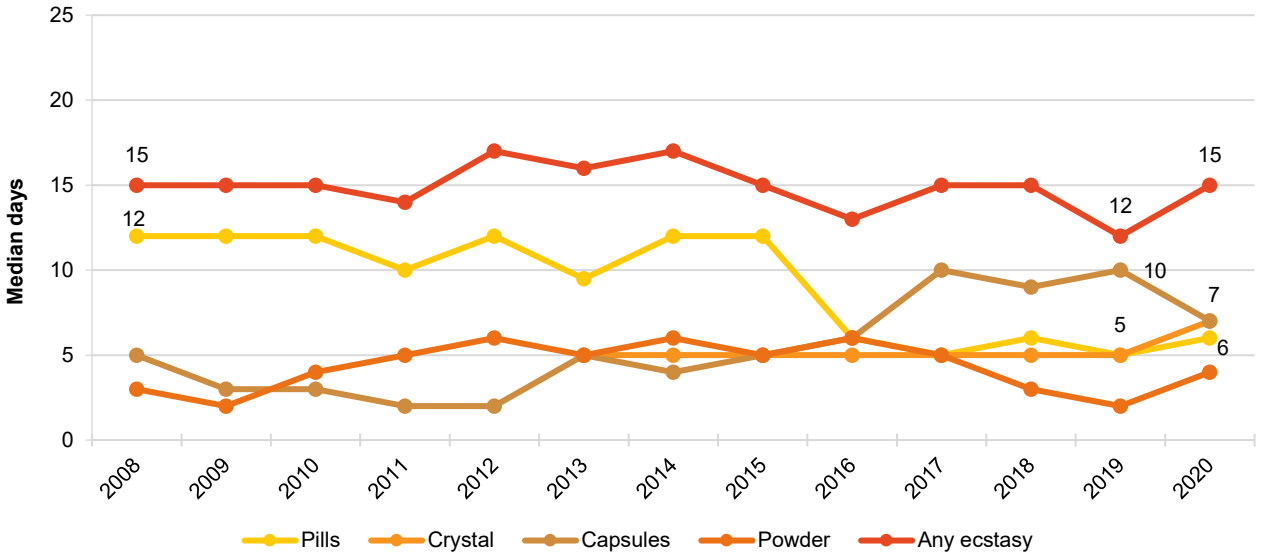
**Figure 9: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Victoria, 2008-2020**




Note. Until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it was 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 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

## Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Victoria, 2008-2020




Note. Until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it was 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 25 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0).

http://doi.org/10.26190/hr1n-0j52

# Patterns of Consumption (by form)

## Ecstasy Pills

**Recent Use (past 6 months):** The percentage reporting recent use remained stable in 2020 at 69%, relative to 2019 (74%; *p*=0.460) (Figure 9).

**Frequency of Use:** Participants reported using pills on a median of six days in 2020 (IQR=3-14), similar to 2019 (5 days, IQR=3-12; *p*=0.227) (Figure 10). The proportion reporting weekly or more frequent use among those who reported recent use of ecstasy pills was 10% in 2020 (7% in 2019; *p*=0.480).

**Routes of Administration:** The most common route of administration continued to be swallowing (97% versus 100% in 2019; *p*=0.143), followed by snorting (28%; 34% in 2019; *p*=0.387).

**Quantity:** In a 'typical' session, the median number of pills used was two (IQR=1.0-2.5; n=69) in 2020 (2 pills in 2019; IQR=1.0-3.0; n=73; *p*=0.808). The median 'maximum' number of pills used in a session was three (IQR=2.0-4.0; n=69; 3 pills in 2019; IQR=2.0-5.0; n=73; *p*=0.699).

## Ecstasy Capsules

**Recent Use (past 6 months):** Seventy-eight per cent of the total sample had recently used capsules in 2020, a significant decrease from 90% in 2019 (*p*=0.022) (Figure 9).

**Frequency of Use:** Participants reported consuming capsules on a median of seven days in 2020 (IQR=4-15). This was a non-significant reduction from 2019 (10 days; IQR=5-14; *p*=0.322) (Figure 10). Among those who recently consumed capsules, 15% reported weekly or greater use in 2020, compared to 11% in 2019 (*p*=0.571).

**Routes of Administration:** Most recent consumers reported swallowing (94%; 99% in 2019; *p*=0.067), followed by snorting (36%; 26% in 2019; *p*=0.159).

**Quantity:** In 2020, the median quantity of capsules used in a 'typical' session was two (IQR=1.0-3.0; n=77). This was significantly lower than in 2019 (2 capsules, IQR=2.0-3.8; n=88; *p*=0.011). The median 'maximum' quantity of capsules used in a session was three (IQR=2.0-5.0; n=77), again significantly lower than reported in 2019 (4 capsules, IQR=3.0-6.0; n=88, *p*=0.024).

**Contents of Capsules:** Of those participants who had recently used capsules, most (71%) reported crystal being among the contents the last time they had used the substance, whilst 29% reported powder being among the contents. Nine per cent of participants did not look at the contents the last time they had used capsules.

## Ecstasy Crystal

**Recent Use (past 6 months):** Under half of the sample reported recent use of ecstasy crystal (42%), a decrease from 51% in 2019 (*p*=0.157) (Figure 9).

**Frequency of Use:** Participants reported using crystal on a median of seven days (IQR=3-13) in 2020, a non-significant increase from five days in 2019 (IQR=2-10; *p*=0.051) (Figure 10). Among participants who recently used crystal, 14% reported using crystal weekly or more (n≤5 in 2019; these data are supressed).

**Routes of Administration:** Three quarters (74%) of recent consumers reported swallowing crystal (71% in 2019; *p*=0.730), followed by 69% of participants who reported snorting (59% in 2019; *p*=0.308).

**Quantity:** The median amount of crystal used in a 'typical' session was 0.5 grams (IQR=0.2-0.6; n=18), equivalent to 2019 (0.4 grams; IQR=0.3-0.5; n=13; *p*=0.567). The median 'maximum' amount of crystal used in 2020 (0.6 grams; IQR=0.3-1.5 n=20) was very similar to 2019 (0.5 gram; IQR=0.3-1.0; n=14; *p*=0.396).

## Ecstasy Powder

**Recent Use (past 6 months):** Powder use has fluctuated since monitoring began, often with large changes year to year. Recent use of powder increased significantly in 2020, from 19% in 2019 to 44% (*p*<0.001) (Figure 9). It is worth noting that 2019's result was the lowest recorded, while 2020 was a more typical result for this form.

http://doi.org/10.26190/hr1n-0j52

**Frequency of Use:** Participants reported consuming powder on a median of four days (IQR=2-6) in 2020, up from two days of use in 2019 (IQR=2-4; *p*=0.253) (Figure 10). Among participants who recently consumed powder, n≤5 participants reported consuming weekly or more in 2020 and 2019; these data are suppressed.

**Routes of Administration:** The main route of administration has consistently been snorting (93%; 84% in 2019; *p*=0.266), with 41% reporting swallowing (37% in 2019; *p*=0.762).

**Quantity:** The median amount of powder used in a 'typical' session was 0.5 grams (IQR=0.2-1.0, n=16). The median 'maximum' amount of powder used in 2020 was 0.5 grams (IQR=0.5-1.0, n=19). Five or less participants reported their 'typical' and 'maximum' powder use in grams in 2019 (these data are supressed).

## Price, Perceived Purity and Availability

### Ecstasy Pills

**Price:** The median price of a pill in 2020 remained stable at $25 (IQR=20-30; n=34; $25 in 2019 IQR=20-30; n=66; *p*=0.328) (Figure 11).

**Perceived Purity:** Of those who responded in 2020 (n=53), most perceived ecstasy pill purity to be 'high' (35%), 'fluctuating' (32%) or 'medium' (32%). Few participants perceived purity of ecstasy pills to be 'low' (n≤5) (distribution *p*=0.176; Table 5).

**Perceived Availability:** Among those who were able to comment in 2020 (n=52), 54% reported pills as 'easy' to obtain (39% in 2019; *p*=0.109). Twenty-three per cent reported availability as 'very easy', a significant decrease from 2019 (47%; *p*=0.007). Twenty-three per cent reported ecstasy pills being 'difficult' to obtain, a non-significant increase from 2019 (17%; *p*=0.133) (Table 5).

### Ecstasy Capsules

**Price:** The reported median price of an ecstasy capsule was $20 in 2020 (IQR=15-25; n=36) consistent with the median price reported in 2019 ($20; IQR=15-20, n=86; *p*=0.104) (Figure 11).

**Perceived Purity:** Among those who were able to comment in 2020 (n=61), a third (34%) perceived purity to be 'medium' (31% in 2019), followed by 31% who perceived purity to be 'high', stable from 2019 (32%). The remaining participants perceived purity as 'low' (12%) or 'fluctuates' (23%) (Table 5). These differences were not statistically significant (*p*=0.487).

**Perceived Availability:** Of those who responded in 2020 (n=61), almost two thirds (64%) reported capsules to be 'easy' to obtain, a significant increase from 2019 (*p*<0.001). In contrast, a significant decrease was observed in the percentage reporting capsules as 'very easy' to obtain in 2020 (34%; 76% in 2019; *p*<0.001) (Table 5).

### Ecstasy Crystal

**Price:** The median price of a gram of crystal decreased (but not significantly), from $180 in 2019 (IQR=120-200, n=27) to $150 in 2020 (IQR=100-180; n=25; *p*=0.114) (Figure 12). This ties with 2017 for the lowest median price reported since reporting of crystal began in 2013 (Figure 12).

**Perceived Purity:** Of those who responded in 2020 (n=33), over half (52%) perceived purity of crystal to be 'high' (67% in 2019). 'Medium' purity was reported by 24% of participants, stable from 2019 (19%), while 21% of participants reported purity 'fluctuated' (Table 5). These differences were not statistically significant (*p*=0.582)

**Perceived Availability:** Among those able to comment in 2020 (n=35), over half (57%) reported crystal as being 'easy' to obtain, an increase from 2019 (31%). Those reporting crystal as being 'very easy' to obtain decreased in 2020 (37%; 51% in 2019) (Table 5). These differences were not statistically significant (*p*=0.127).

### Ecstasy Powder

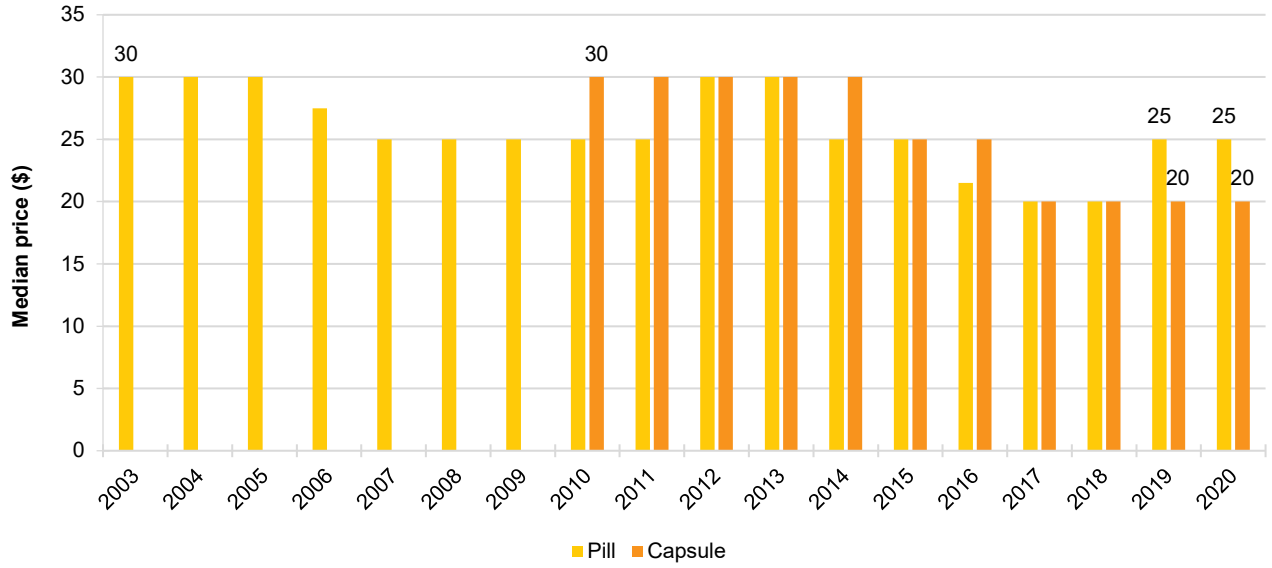
**Price:** A gram of ecstasy powder had a median price of $165 in 2020 (IQR=85-200; n=8) similar to the median price of $160 in 2019 (IQR=100-200, n=14; *p*=0.868) (Figure 12).

http://doi.org/10.26190/hr1n-0j52

**Perceived Purity:** Among those who were able to comment in 2020 (n=14), most perceived purity to be 'medium' (50%) or 'high' (43%) (Table 5). These differences were not statistically significant ($p$=0.230).

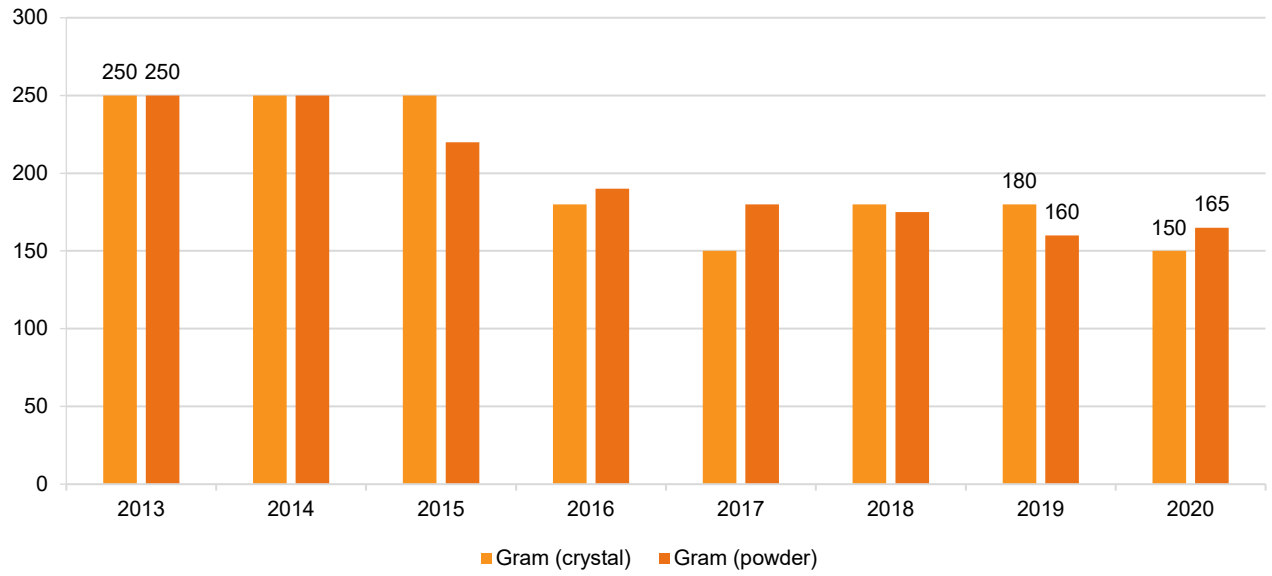
**Perceived Availability:** Of those who responded in 2020 (n=12), 75% reported powder to be 'easy' to 'very easy' to obtain, while few reported it being 'difficult' (n≤5; these data are supressed) (Table 5). These differences were not statistically significant ($p$=0.773).

## Figure 11: Median price of ecstasy pills and capsules, Victoria, 2003-2020




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 2019 and 2020 with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Figure 12: Median price of ecstasy crystal (per gram and point) and powder (per gram), Victoria, 2013-2020




Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

## Table 5: Current perceived purity and availability of different forms of ecstasy Victoria, 2017-2020

| | 2017 | 2018 | 2019 | 2020 |
|---|---|---|---|---|
| **Current Perceived Purity** | | | | |
| **% Pills** | n=54 | n=81 | n=65 | **n=53** |
| Low | 13 | 26 | - | **-** |
| Medium | 36 | 28 | 12 | **32** |
| High | 22 | 18 | 40 | **35** |
| Fluctuates | 27 | 28 | 43 | **32** |
| **% Capsules** | n=73 | n=87 | n=87 | **n=61** |
| Low | 18 | 14 | 6 | **12** |
| Medium | 27 | 34 | 31 | **34** |
| High | 27 | 34 | 32 | **31** |
| Fluctuates | 27 | 19 | 31 | **23** |
| **% MDMA crystal** | n=21 | n=86 | n=36 | **n=33** |
| Low | 18 | 0 | - | **-** |
| Medium | 27 | 29 | 19 | **24** |
| High | 41 | 54 | 67 | **52** |
| Fluctuates | - | 11 | - | **21** |
| **% Powder (n)** | n=7 | n=18 | n=16 | **n=14** |
| Low | - | - | - | **0** |
| Medium | - | 33 | 31 | **50** |
| High | - | 50 | 31 | **43** |
| Fluctuates | 0 | - | - | **-** |
| **Current Perceived Availability** | | | | |
| **% Pills** | n=55 | n=81 | n=64 | **n=52** |
| Very easy | 58 | 37 | 47 | **23**** |
| Easy | 33 | 46 | 39 | **54** |
| Difficult | 9 | 13 | 17 | **23** |
| Very difficult | 0 | 0 | 0 | **0** |
| **% Capsules** | n=73 | n=87 | n=87 | **n=61** |
| Very easy | 44 | 45 | 76 | **34***** |
| Easy | 47 | 23 | 23 | **64***** |
| Difficult | 10 | 6 | - | **-** |
| Very difficult | 0 | - | 0 | **0** |
| **% MDMA crystal** | n=21 | n=36 | n=35 | **n=35** |
| Very easy | 32 | 20 | 51 | **37** |
| Easy | 32 | 66 | 31 | **57** |
| Difficult | 27 | 14 | 14 | **-** |
| Very difficult | - | 0 | - | **0** |
| **% Powder (n)** | n=7 | n=19 | n=16 | **n=12** |
| Very easy | - | - | 38 | **-** |
| Easy | - | 68 | 44 | **50** |
| Difficult | - | 26 | - | **-** |
| Very difficult | 0 | 0 | 0 | **0** |

Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. – data suppressed due to small cell size (n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

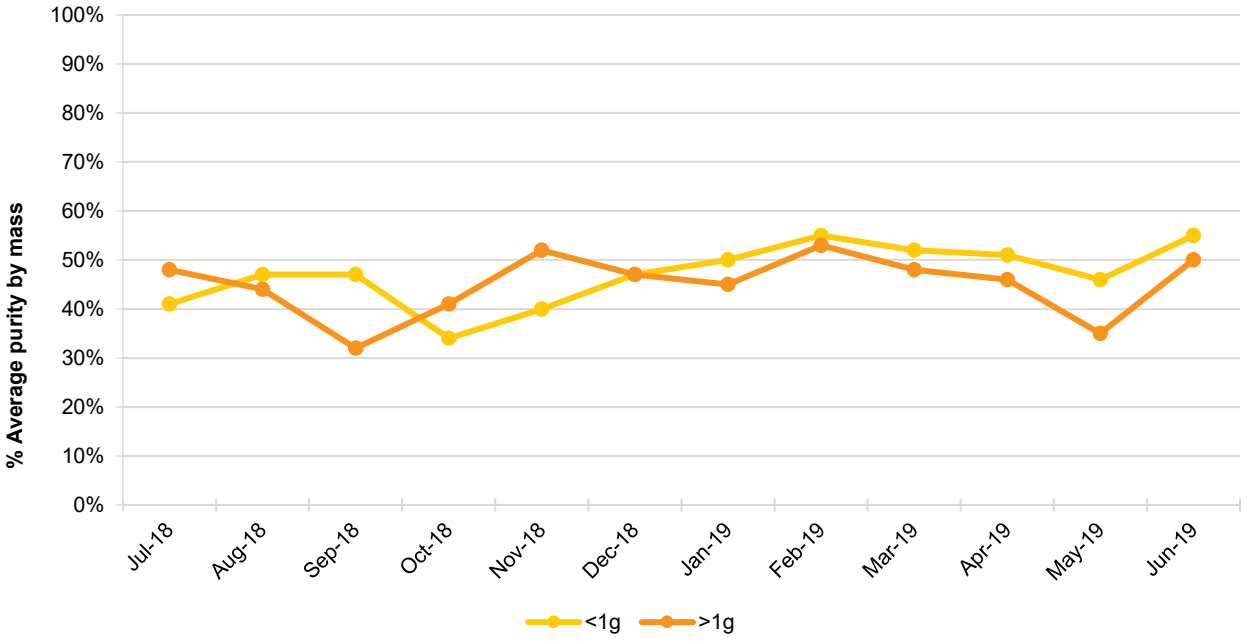
http://doi.org/10.26190/hr1n-0j52

# Routinely Collected Data

## Victoria Police Seizure Purity

Ecstasy seizures analysed by the Victoria Police Forensic Services Department during the 2018/19 financial year under 1 gram and over 1 gram were on average 47% (IQR=42%-52%, range=34%–55%) and 45% (IQR=42%-50%, range=32%-52%) pure, respectively (Figure 13).

**Figure 13: Purity of ecstasy seizures (includes MDMA, MDEA and MDA) by Victorian law enforcement, July 2018–June 2019**



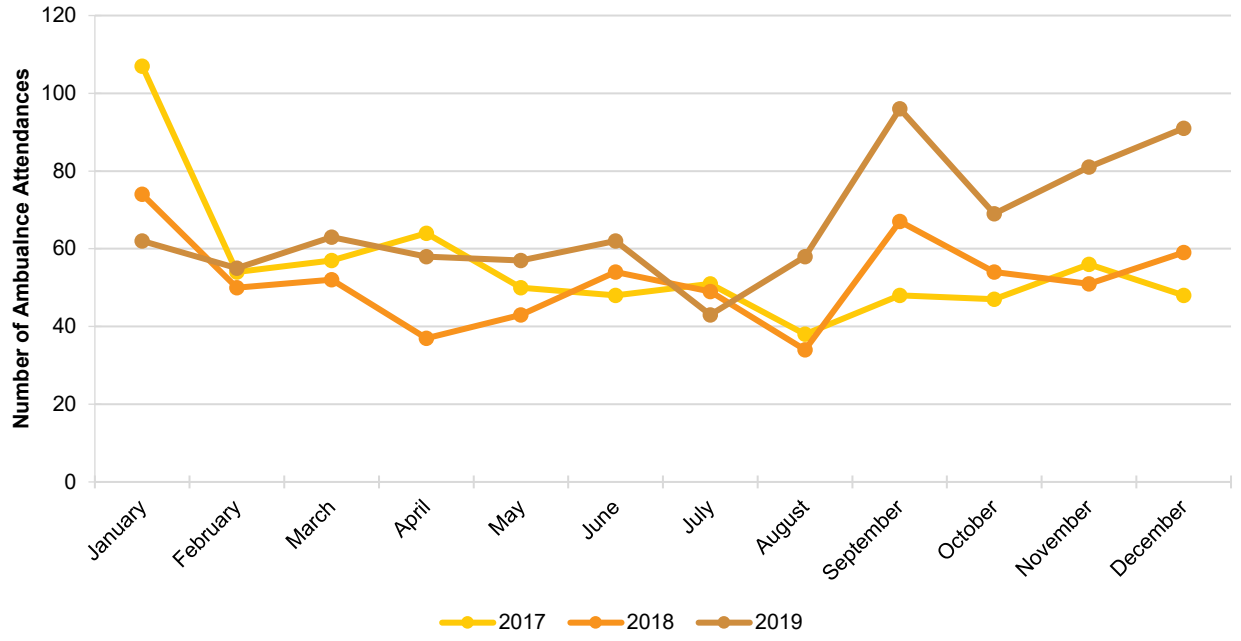

Note. Includes all forms (e.g. pill, capsule, powder and crystal) of MDMA, MDEA and MDA seized by Victoria Police. May not include every drug seized, because not all seized drugs undergo purity analysis.

## Ambulance Attendances at Non-Fatal Drug Events

The number of ecstasy-related ambulance attendances in metropolitan Melbourne ranged between 34 and 107 per month during 2017–2019 (Figure 14). The total annual number of ecstasy-related attendances has risen steadily since 2014, when 260 attendances were recorded. In 2019 there were 795 attendances, the highest figure recorded (Figure 15). The median age of patients in Melbourne in 2019 was 22 years (range 11–65), consistent with previous years.

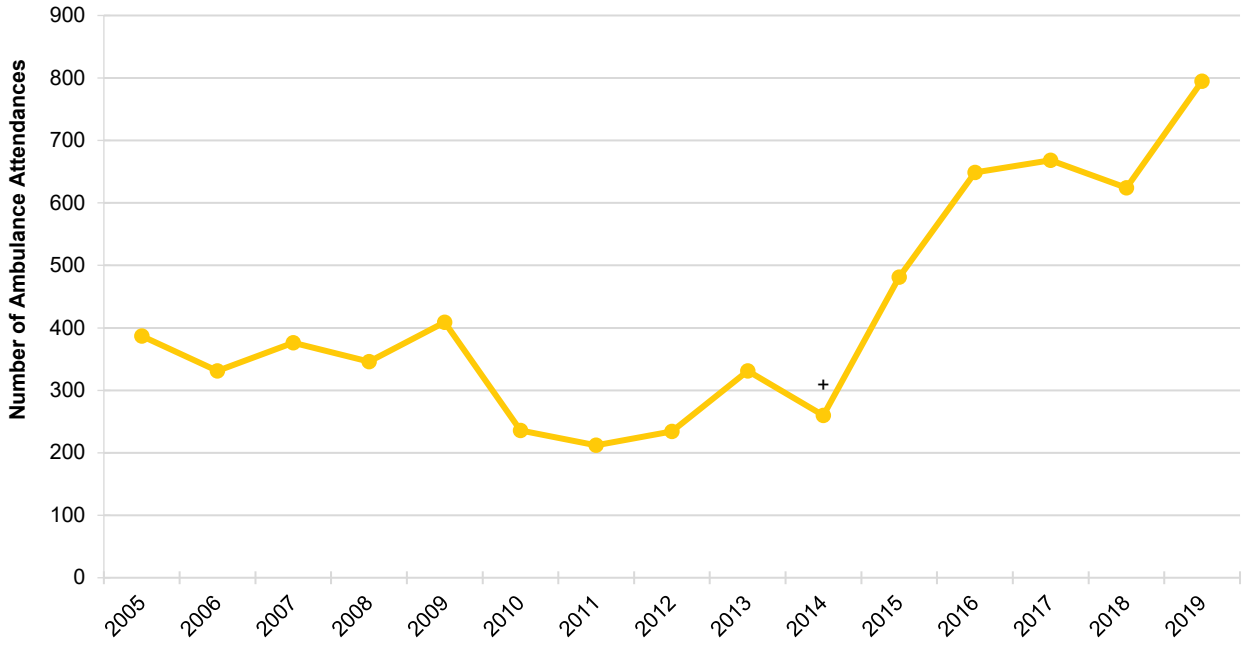
http://doi.org/10.26190/hr1n-0j52

## Figure 14: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2017–2019




Source: Turning Point

## Figure 15: Number of ecstasy-related events attended by Ambulance Victoria, Melbourne, 2005–2019




Note. + = Data missing from October-December due to industrial action. Source: Turning Point

### ADIS\VADC

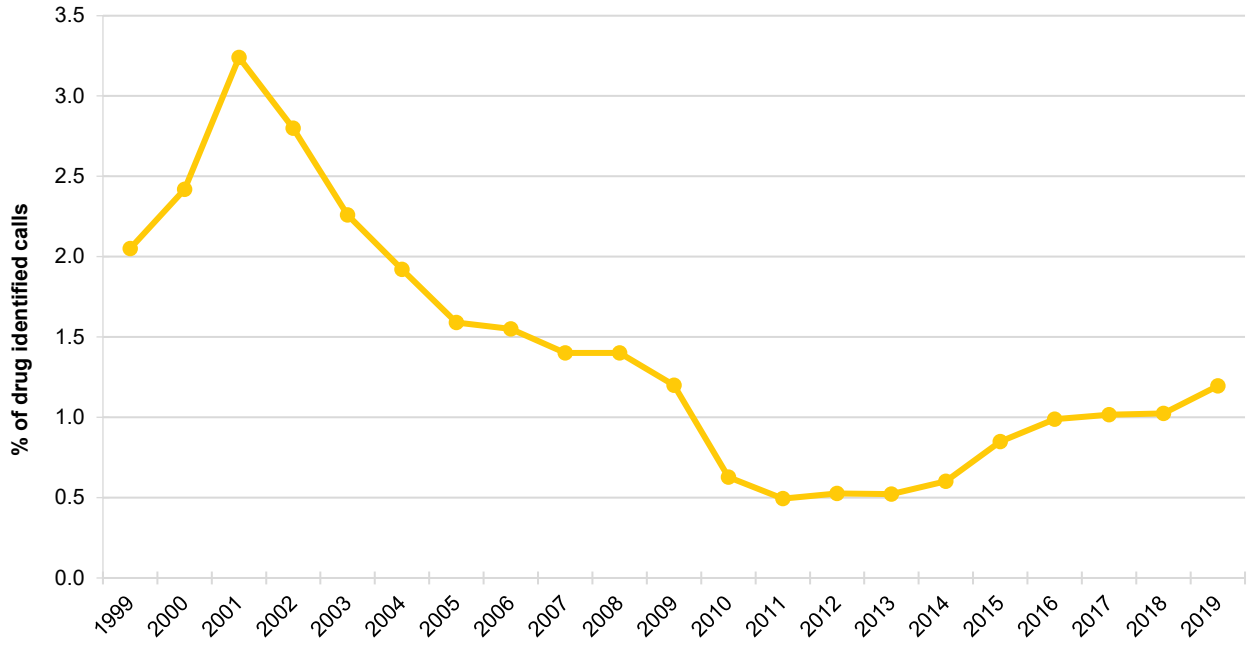
In 2018/19, 208 courses of treatment were delivered to 198 clients for ecstasy, equivalent to 0.5% and 0.6% of the total courses delivered and clients treated. However, even though these are relatively small numbers, they represent 47.5% and 75.2% increases in courses delivered and clients treated from 2017/18 (141 and 113, respectively).

http://doi.org/10.26190/hr1n-0j52

## DirectLine

During 2019, DirectLine received 290 calls where ecstasy was identified as the drug of concern, representing 1.2% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls where ecstasy was identified as the drug of concern, while remaining low, has more than doubled since 2013 (Figure 16).

**Figure 16: Percentage of calls to DirectLine in which ecstasy was identified as drug of concern, Victoria 1999–2019**




Source: DirectLine, Turning Point.

http://doi.org/10.26190/hr1n-0j52

# 4

## Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), base (wet, oily powder), and crystal (clear, ice-like crystals). Since 2015, use of base has been reported in small numbers (n≤5). It has been supressed in the reports and figures below.

## EDRS Interview Data

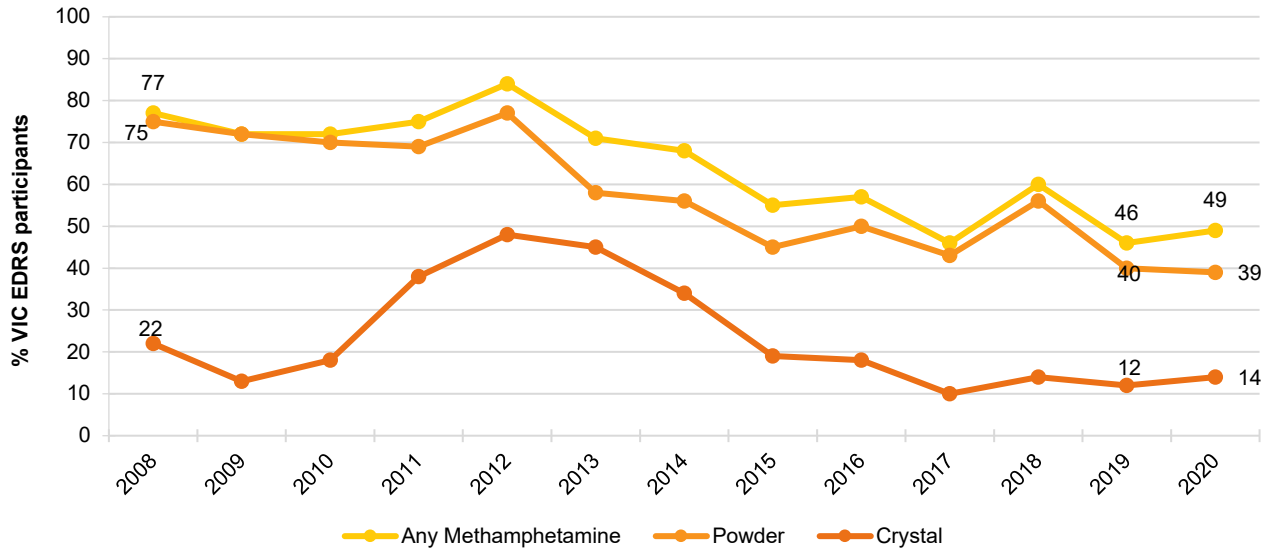
### Recent Use (past 6 months)

Recent use of any methamphetamine has been fluctuating since 2008 but shows a gradual decline (Figure 17). Use of individual forms remained consistent, while the percentage reporting recent use of any methamphetamine increased from 46% in 2019 to 49% in 2020, though this was not a significant difference ($p$=0.668).

### Frequency of Use

Frequency of use has remained stable in recent years, at a median of three days in 2020 (IQR=1-8; 3 days in 2019, IQR=2-6; $p$=0.978) (Figure 18). Thirteen per cent of recent consumers reported using methamphetamine weekly or more frequently in 2020 (13% in 2019; $p$=0.905).

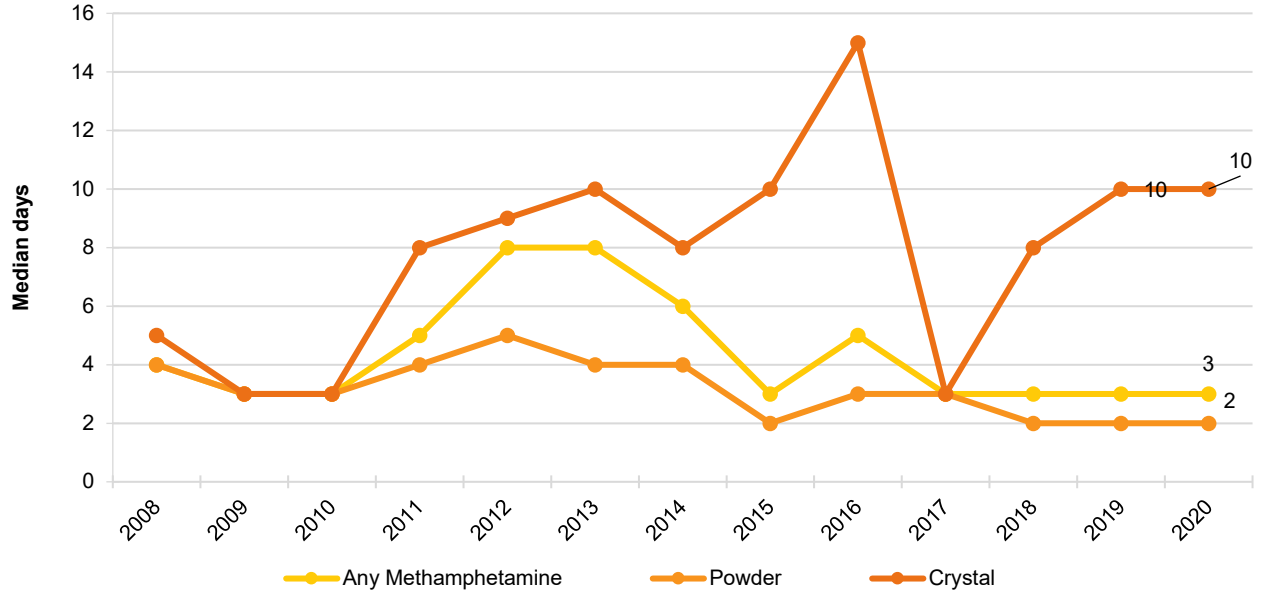
**Figure 17: Past six month use of any methamphetamine, and methamphetamine powder and crystal, Victoria, 2008-2020**




Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0).
*$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

**Figure 18: Median days of any methamphetamine, powder, and crystal use in the past six months, Victoria, 2008-2020**




Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 16 to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Patterns of Consumption (by form)

### Methamphetamine Powder

**Recent Use (past 6 months):** Since 2008, powder has consistently been the main form used. Use has gradually declined over the period of monitoring, but remained stable in recent years, with 39% of participants reporting recent use in 2020 (40% in 2019; $p$=0.770) (Figure 17).

**Frequency of Use:** Median days of use remained stable at two days (IQR=1-4, n=38; 2 days in 2019; IQR=1-4, n=40; $p$=0.774) (Figure 18). Among recent consumers, a small number reported weekly or greater use of powder (n≤5), consistent with 2019.

**Routes of Administration:** In 2020, the main route of administration among consumers was snorting (90%; 95% in 2019; $p$=0.520), with only small numbers (n≤5) reporting other routes.

**Quantity:** The median amount used in a 'typical' session was 0.3 grams (IQR=0.1-0.5; n=7), a significant decrease from 2019 (1 gram; IQR=0.3-1.0; n=12; $p$=0.010). The median 'maximum' amount used was 0.5 grams (IQR=0.3-0.6; n=10). This is a significant decrease from 2019, when 1 gram was reported (IQR=0.5-2.0; n=13; $p$=0.026).

### Methamphetamine Crystal

**Recent Use (past 6 months):** Crystal use has remained stable in recent years. The percentage reporting recent use of crystal increased from 2019 to 2020 (12% to 14%), although not significantly ($p$=0.654) (Figure 17).

**Frequency of Use:** Median reported frequency of use was 10 days (IQR=2-163) in 2020, compared to 10 days in 2019 (IQR=1-29; $p$=0.820) (Figure 18). Among recent consumers, a small number reported weekly or greater use of crystal (n≤5), consistent with 2019.

**Routes of Administration:** Smoking remained stable as the most common route of administration among those who had recently used crystal, with 92% reporting this method in 2020 (92% in 2019; $p$=0.682). Other routes of administration had only small numbers (n≤5).

**Quantity:** Only a small number of participants reported on their quantity of methamphetamine crystal use in 2019 and 2020 (n≤5).

http://doi.org/10.26190/hr1n-0j52

### Methamphetamine Base

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

## Price, Perceived Purity and Availability

### Methamphetamine Powder, Crystal and Base

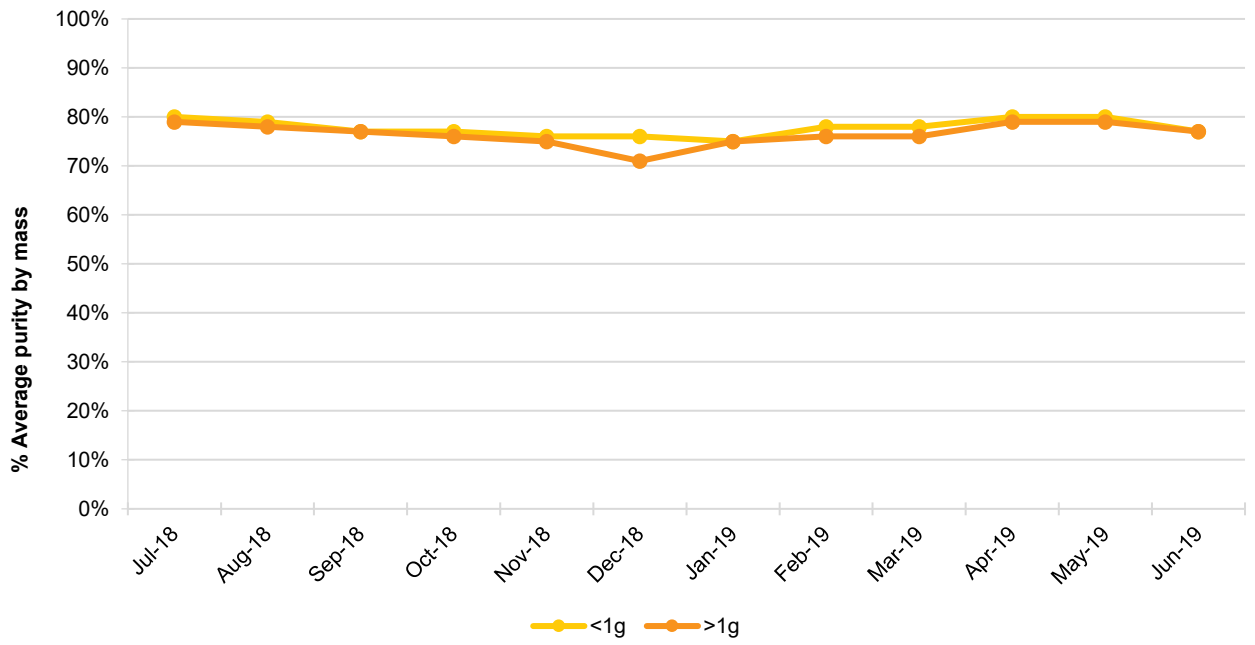
Few participants commented on the perceived price, purity or availability of powder, crystal, and base methamphetamine. For further details, please refer to the national EDRS report, or contact the Drug Trends team.

## Routinely Collected Data

### Victoria Police Seizure Purity

Methamphetamine seizures analysed by the Victoria Police Forensic Services Department during the 2018/19 financial year averaged 78% purity under 1 gram (IQR=76%-80%, range=75%–80%) and 77% over 1 gram (IQR=75%-79%, range=71%-79%) (Figure 19).

**Figure 19: Purity of methamphetamine seizures by Victorian law enforcement, July 2018–June 2019**




Note. Includes all forms (e.g. powder, base and crystal) of methamphetamine seized by Victoria Police. May not include every drug seized, as not all seized drugs undergo purity analysis.

### Ambulance Attendances at Non-Fatal Drug Events

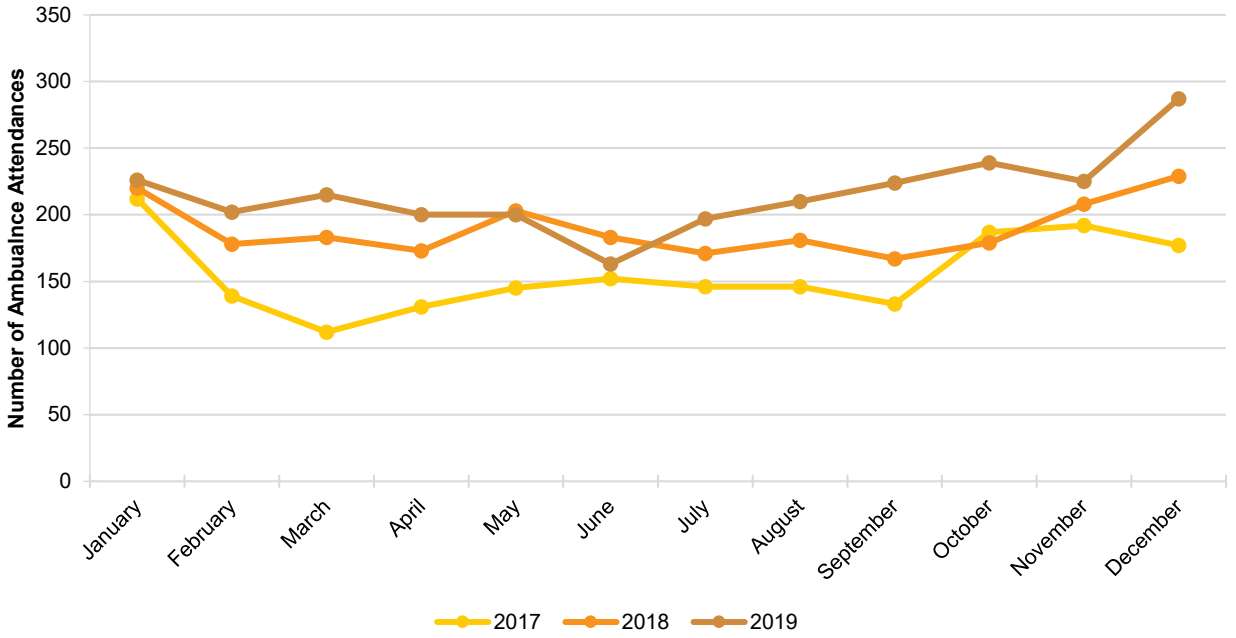
Use of crystal methamphetamine was categorised separately from amphetamines in metropolitan Melbourne ambulance attendances for the first time in 2012.

The number of methamphetamine-related ambulance attendances in metropolitan Melbourne ranged between 112 and 287 per month during 2017–2019 (Figure 20). The annual total number of methamphetamine-related attendances has steadily risen since 2012, when 870 attendances were recorded. In 2019 there were 2588 attendances, the highest figure ever recorded (Figure 21). The

http://doi.org/10.26190/hr1n-0j52

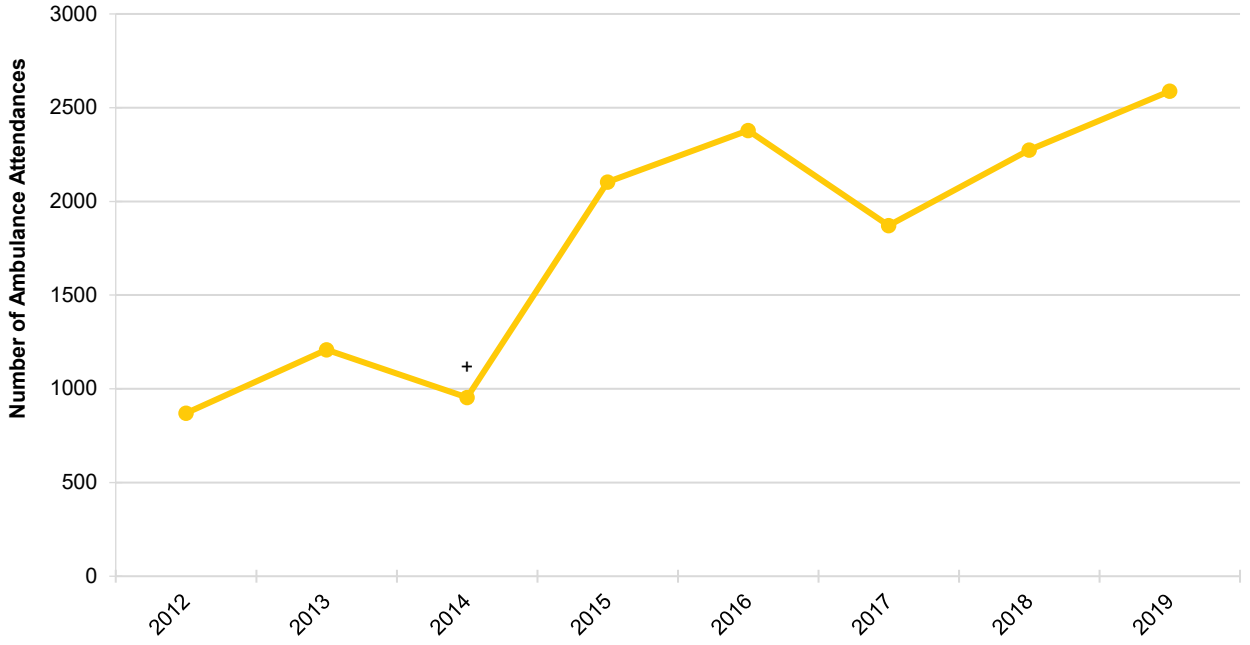
median age of patients in 2019 was 32 years (range 12–81), consistent with recent years, though on an upward trend since 2012.

## Figure 20: Number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2017–2019




Source: Turning Point

## Figure 21: Number of methamphetamine-related events attended by Ambulance Victoria, Melbourne, 2012–2019




Note. + = Data missing from October-December due to industrial action. Source: Turning Point

### ADIS\VADC

In 2018/19, 3,374 courses of treatment were delivered to 2,589 clients for methamphetamine, equivalent to 7.5% and 8.3% of the total courses delivered and clients treated. This was a 428.8%

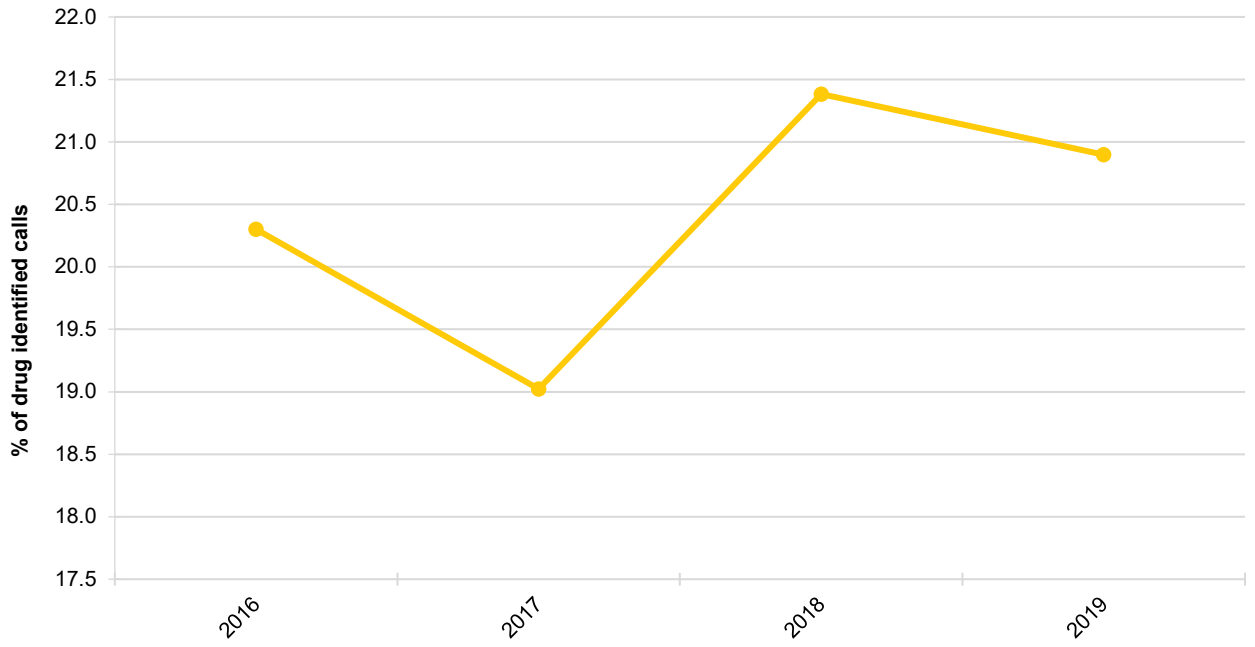
http://doi.org/10.26190/hr1n-0j52

and 412.7% increase to courses delivered and clients treated from 2017/18 (638 and 505, respectively).

## DirectLine

During 2019, DirectLine received 5,070 calls ewhere methamphetamine was identified as the drug of concern; representing 20.9% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls where methamphetamine was identified as the drug of concern has remained stable since monitoring began in 2016 (Figure 22).

**Figure 22: Percentage of calls to DirectLine in which methamphetamine was identified as drug of concern, Victoria 2016–2019**




Source: DirectLine, Turning Point.

http://doi.org/10.26190/hr1n-0j52

# 5

# Cocaine

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

## EDRS Interview Data

## Patterns of Consumption

### Recent Use (past 6 months)

Recent cocaine use has gradually increased since monitoring began, with the percentage reporting recent use decreasing slightly from 80% in 2019 to 76% in 2020 ($p$=0.519) (Figure 23).

### Frequency of Use

Frequency of use has also increased gradually in recent years, with a median of five days (IQR=2-10) of reported use in 2020, a non-significant increase from four days in 2019 (IQR=2-7; $p$=0.065) (Figure 23). This is equivalent to less than monthly use. Of those who had recently consumed cocaine (n=76), very few (n≤5) reported using cocaine weekly or more frequently (this was also the case in 2019; these data are suppressed).

### Routes of Administration

Among people who had recently consumed cocaine (n=76), 100% of participants reported snorting it, similar to 2019 (99%; $p$=0.638). Other routes of administration had very few responses (n≤5; these data are supressed).

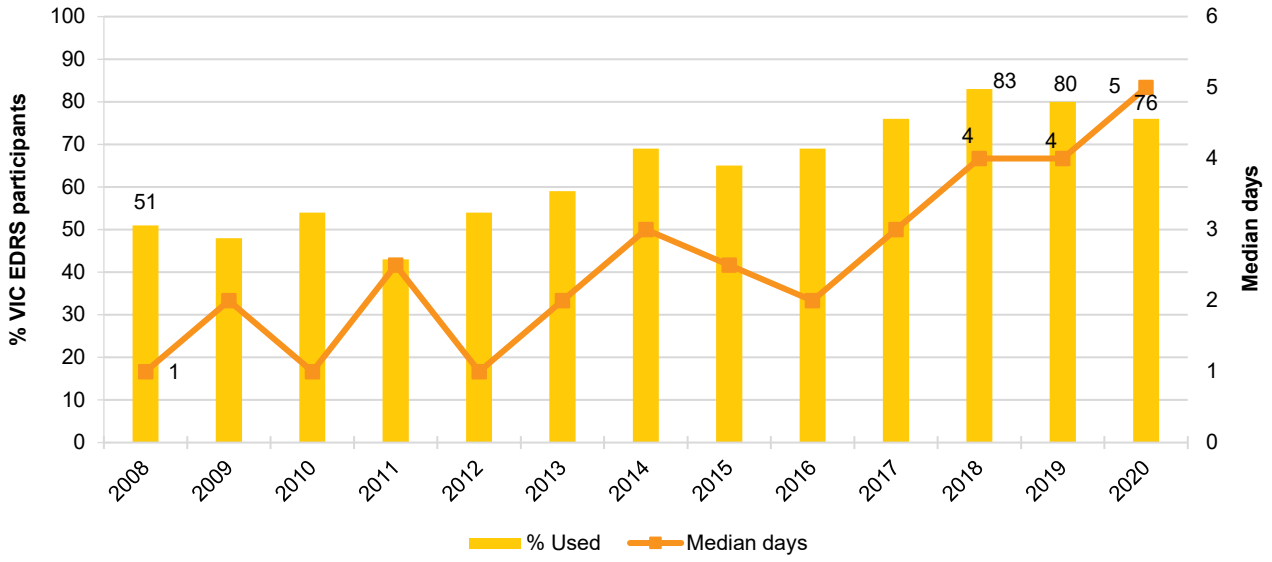
### Quantity

The median quantity used in a 'typical' session in 2020 was 0.5 grams (IQR=0.4-0.5; n=31), matching the median quantity in 2019 (0.5 grams; IQR=0.5-1.0; n=28; $p$=0.252). The median 'maximum' quantity used was 0.7 grams (IQR=0.5-1.0; n=35) in 2020, a non-significant decrease from 2019 (1 gram; IQR=0.5-1.0; n=33; $p$=0.529).

Thirty-one participants reported the quantity used in a 'typical' session in the form of 'lines', the median being three 'lines' (IQR=2.0-4.0; n=31). This was also the case for the 'maximum' quantity used in a session, for which a median of four 'lines' (IQR=2.3-6.0; n=28) was reported.

http://doi.org/10.26190/hr1n-0j52

**Figure 23: Past six month use and frequency of use of cocaine, Victoria, 2008-2020**




Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 6 days to improve visibility of trends for days of use. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

# Price, Perceived Purity and Availability

## Price

A very small number of participants reported on the price of cocaine per point in 2020 (n≤5; these data are supressed). The median price per gram of cocaine was $300 (IQR=300-350; n=29) in 2020, equal to the median reported price of $300 (IQR=300-350; n=53; $p$=0.162) in 2019 (Figure 24).

## Perceived Purity

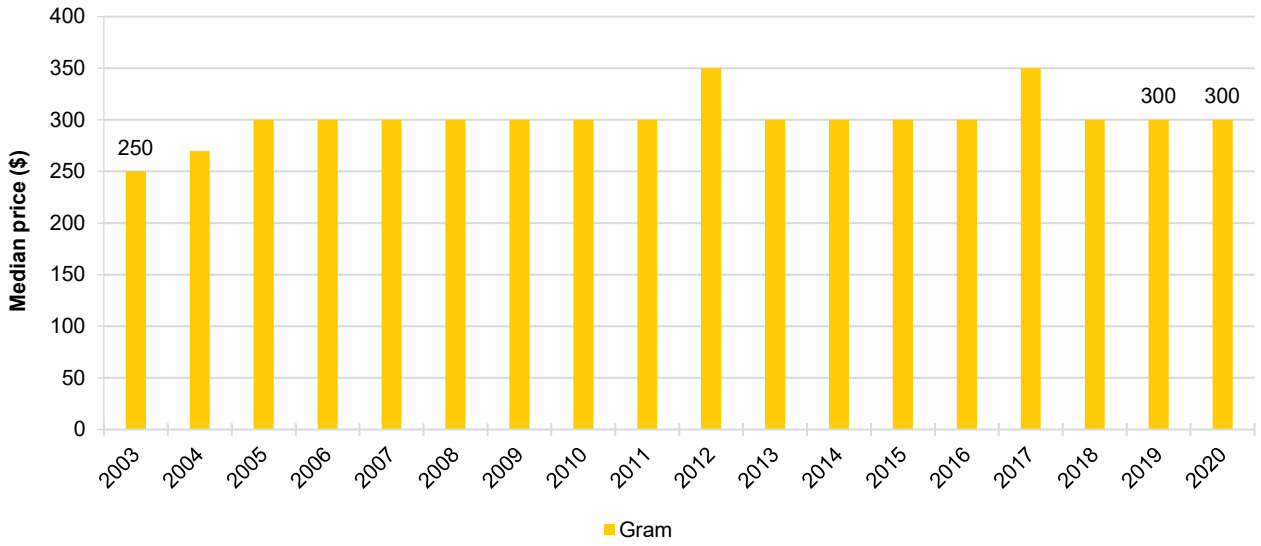
Among those who were able to comment in 2020 (n=39), two thirds of participants perceived purity of cocaine to be 'medium' or 'high' (33% and 31%, respectively), which remained stable from 2019 (33%; $p$=0.920; and 27%; $p$=0.689, respectively). Twenty-three per cent perceived purity to be 'fluctuating' (n≤5 in 2019), while only small numbers perceived purity as 'low' (n≤5; these data are supressed) (Figure 25).

## Perceived Availability

Among those who were able to comment in 2020 (n=41), the highest proportion of participants (61%) reported cocaine to be 'easy' to obtain (50% in 2019), followed by 'very easy' (29%; 28% in 2019). Small numbers reported cocaine as 'difficult' to obtain (n≤5; these data are supressed) (Figure 26). These differences were not statistically significant ($p$=0.416).

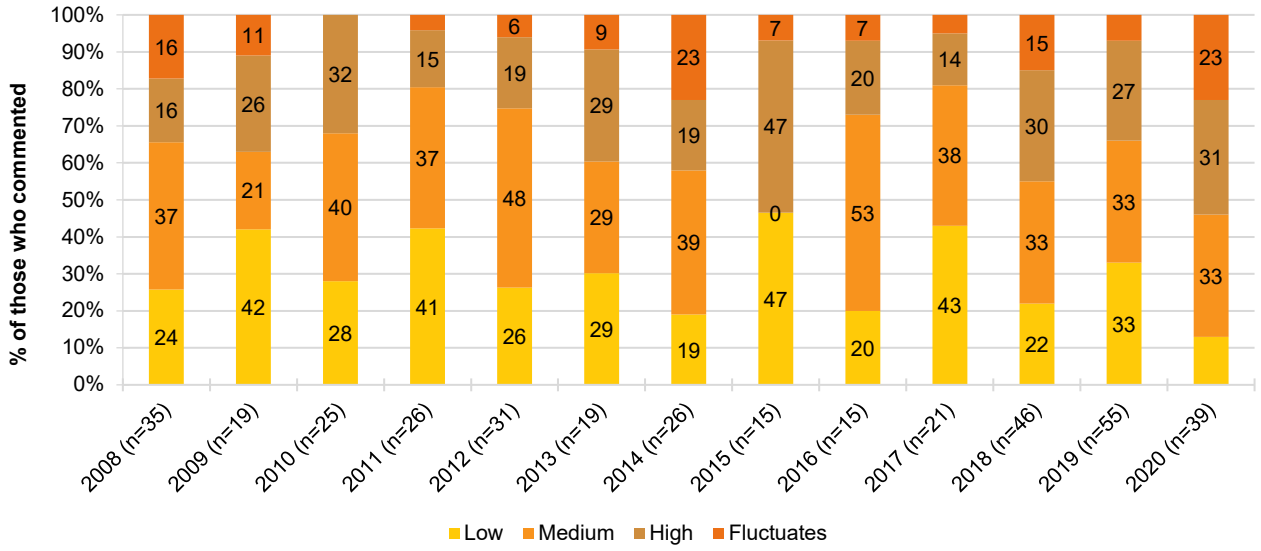
http://doi.org/10.26190/hr1n-0j52

## Figure 24: Median price of cocaine per gram, Victoria, 2003-2020




Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

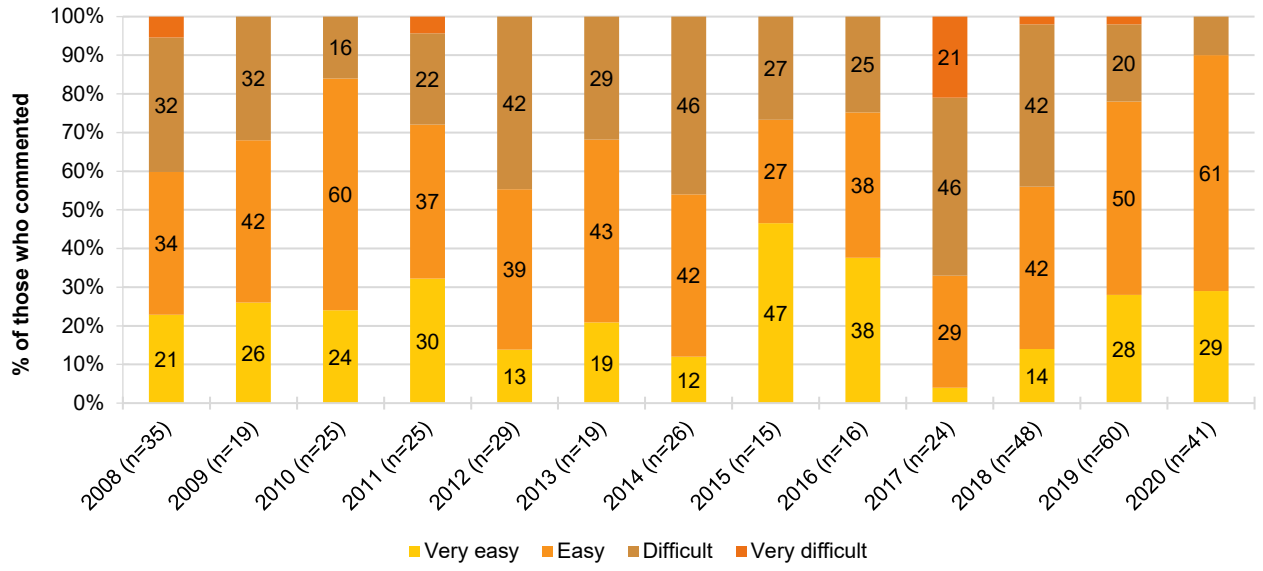
## Figure 25: Current perceived purity of cocaine, Victoria, 2008-2020




Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

## Figure 26: Current perceived availability of cocaine, Victoria, 2008-2020



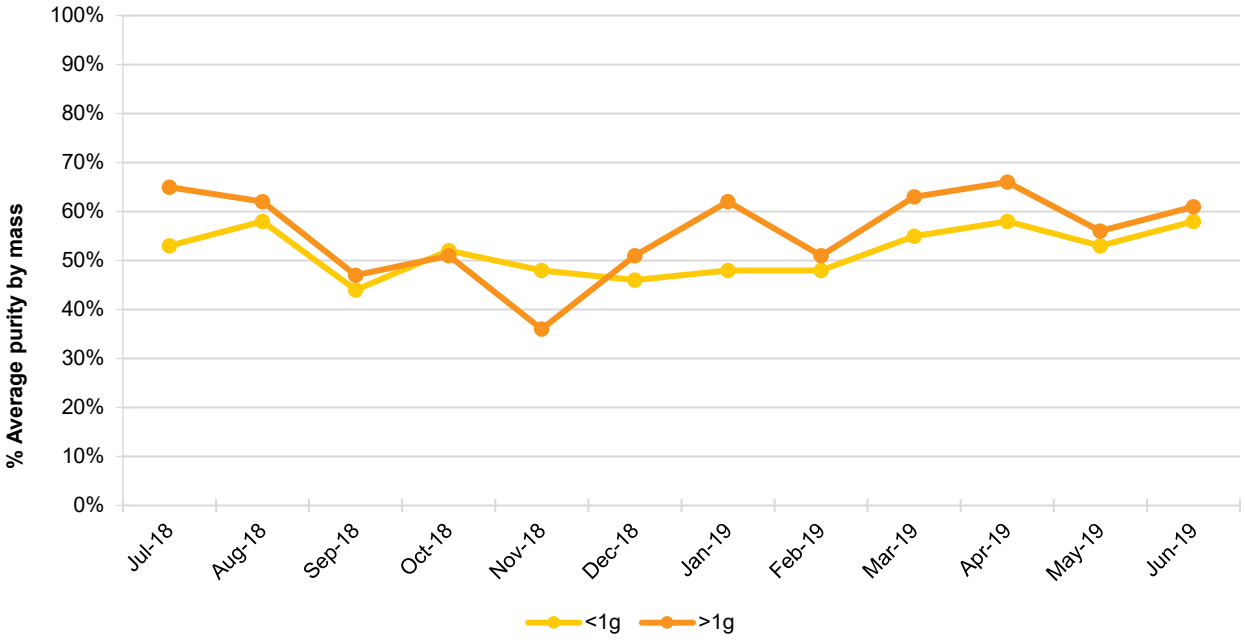

Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

# Routinely Collected Data

## Victoria Police Seizure Purity

Cocaine seizures analysed by the Victoria Police Forensic Services Department during the 2018/19 financial year averaged 52% purity under 1 gram (IQR=48%-56%, range=44%–58%) and 56% over 1 gram (IQR=51%-62%, range=47%-66%) (Figure 27).

## Figure 27: Purity of cocaine seizures by Victorian law enforcement, July 2018–June 2019



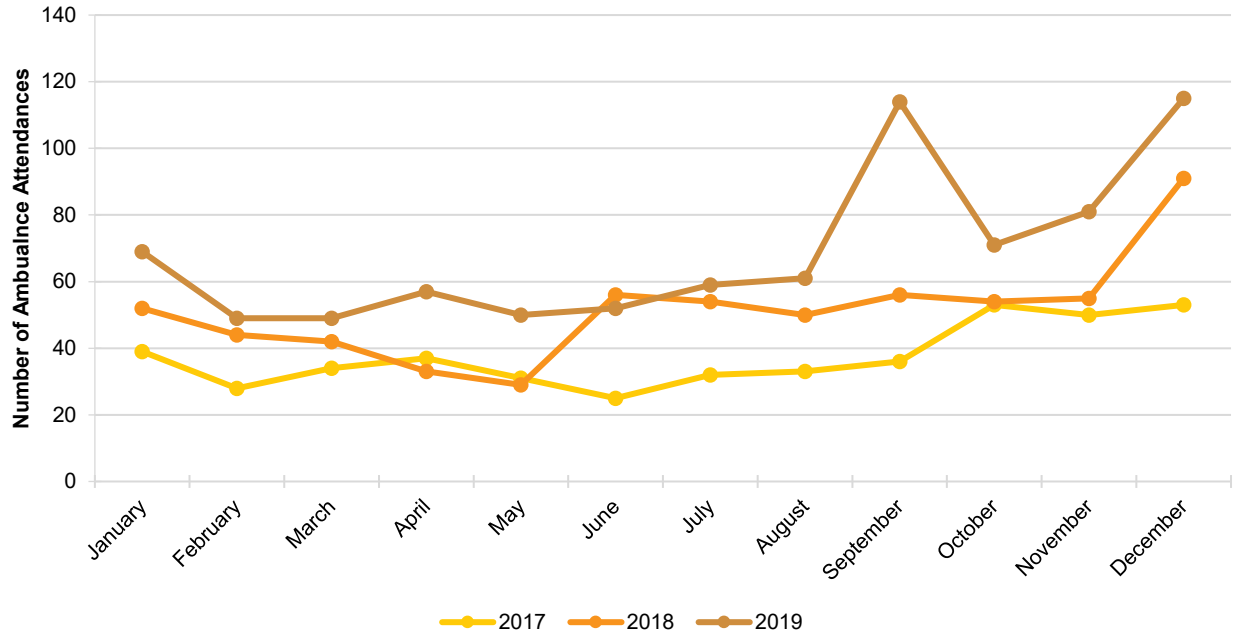

Note. May not include every drug seized, as not all seized drugs undergo purity analysis.

http://doi.org/10.26190/hr1n-0j52

## Ambulance Attendances at Non-Fatal Drug Events

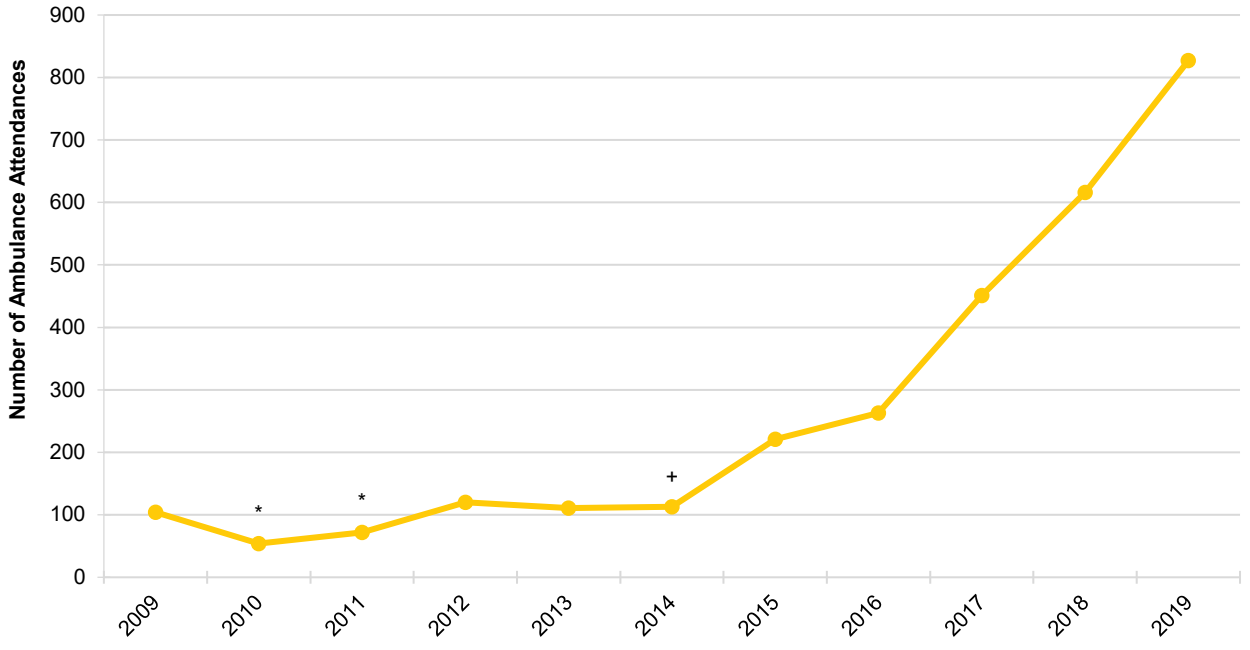
The number of cocaine-related ambulance attendances in metropolitan Melbourne ranged between 25 and 115 per month during 2017–2019 (Figure 28). The total number of cocaine-related attendances has steadily risen since 2015, when 221 attendances were recorded. In 2019 there were 827 attendances, the highest figure recorded (Figure 29). The median age of patients in 2019 was 26 years (range 0–62), consistent with prior years.

**Figure 28: Number of cocaine-related events attended by Ambulance Victoria, Melbourne, 2017–2019**




Source: Turning Point

**Figure 29: Number of cocaine-related events attended by Ambulance Victoria, Melbourne, 2009-2019**




Note. * = Some months excluded due to small numbers (≤5). + = Data missing from October-December due to industrial action. Source: Turning Point

http://doi.org/10.26190/hr1n-0j52

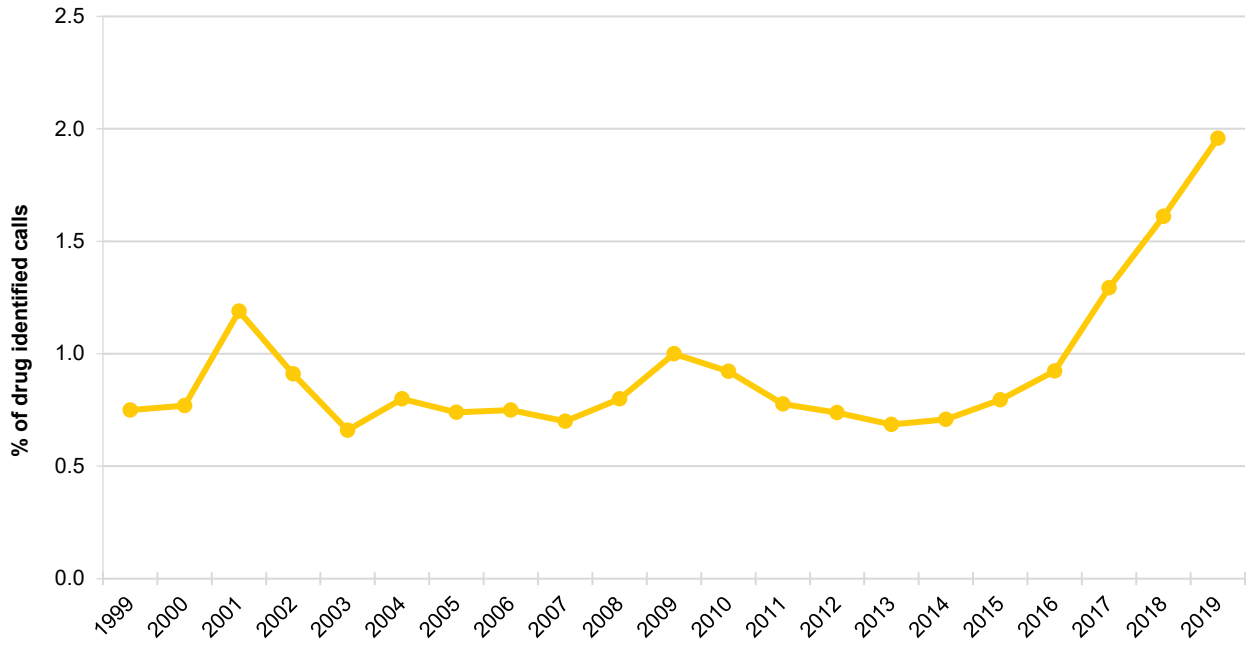
## ADIS\VADC

In 2018/19, 200 courses of treatment were delivered to 164 clients for cocaine, equivalent to 0. 5% of the total courses delivered and clients treated. These figures represent 16.3% and 14.6% decreases to courses delivered and clients treated from 2017/18 (239 and 192, respectively).

## DirectLine

During 2019, DirectLine received 475 calls where cocaine was identified as the drug of concern; representing 2.0% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls in which cocaine was identified as the drug of concern, while remaining low, has almost tripled since 2014 (Figure 30).

**Figure 30: Percentage of calls to DirectLine in which cocaine was identified as drug of concern, Victoria 1999–2019**




Source: DirectLine, Turning Point.

http://doi.org/10.26190/hr1n-0j52

# 6

# Cannabis

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

## EDRS Interview Data

## Patterns of Consumption

### Recent Use (past 6 months)

At least four in five participants have reported recent use of cannabis each year since 2008. Eighty-nine per cent of the sample reported recent use of cannabis in 2020, stable from 2019 (86%; *p*=0.504) (Figure 31).

### Frequency of Use

Typical frequency of use has varied between fortnightly and several times a week over the course of monitoring. In 2020, the median was 15 days (IQR=5-83) of use. This represented a decrease relative to 2019 (24 days; IQR=8-24), albeit not statistically significant (*p*=0.276) (Figure 31). Of those who had recently consumed cannabis (n=89), 47% reporting using cannabis on a weekly or more frequent basis (58% in 2019; *p*=0.167), including 9% who reported using cannabis daily (14% in 2019; *p*=0.289).

### Routes of Administration

Among people who had recently consumed cannabis in 2020 (n=89), most (91%) reported smoking, stable relative to 2019 (97%; *p*=0.738). Over one third (38%) reported swallowing (35% in 2019; *p*=0.577) and 20% reported inhaling/vaporising (26% in 2019; *p*=0.457).

### Quantity

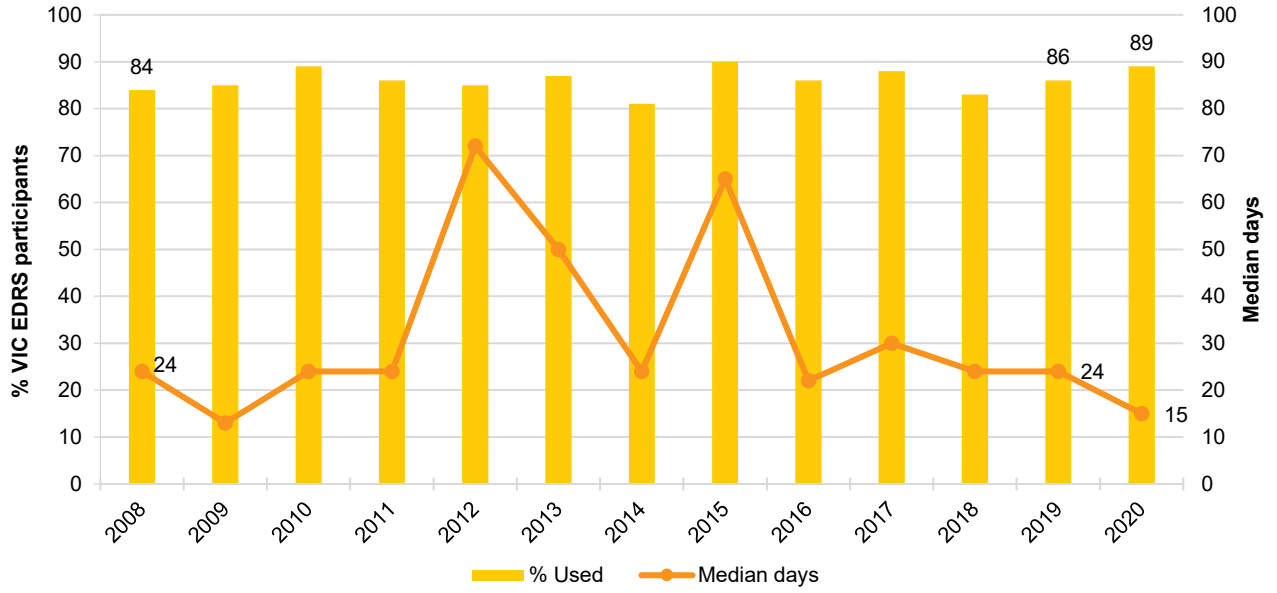
The median amount used by those who commented (n=83) on the last occasion of use was one gram (IQR=0.5-1.8; n=33;1 gram in 2019, IQR=0.6-2.0; n=24; *p*=0.317) or one joint (IQR=0.5-1.0; n=29; 1 joint in 2019, IQR=1.0-1.0; n=42; *p*=0.045).

### Forms Used

Among EDRS participants, hydroponic cannabis was the form most used in the six months before interview (37%; 30% in 2019; *p*=0.223), while slightly fewer used outdoor-grown 'bush' cannabis (31%; 37% in 2019; *p*=0.223). Fewer participants reported having used hashish (6%; 12% in 2019; *p*=0.128) and hash oil (7%; n≤5 in 2019) in the six months preceding interview.

http://doi.org/10.26190/hr1n-0j52

Figure 31: Past six month use and frequency of use of cannabis, Victoria, 2008-2020




Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

# Price, Perceived Potency and Availability

## Hydroponic Cannabis

**Price:** Few participants reported on the price of hydro in 2020 (n≤5 for responses per gram and ounce; these data are supressed).

**Perceived Potency:** Among those who were able to comment in 2020 (n=26), most perceived hydroponic cannabis to be of 'medium' (42%) or 'high' (39%) potency, consistent with previous years (33% and 55%, respectively, n=18). Small numbers perceived hydro's potency as 'low' or 'fluctuating' (n≤5; these data are supressed) (Figure 32a). These differences were not statistically significant (p=0.707).

**Perceived Availability:** Among those who were able to comment in 2020 (n=26), 65% of participants reported hydroponic cannabis as being 'easy' to obtain (26% in 2019; $p$=0.009). Over one quarter (27%) believed hydroponic cannabis to be 'very easy' to obtain (68% in 2019; $p$=0.005). Only a few perceived it to be 'difficult' to obtain (n≤5 in both 2020 and 2019; data are supressed) (Figure 33b).

## Bush Cannabis

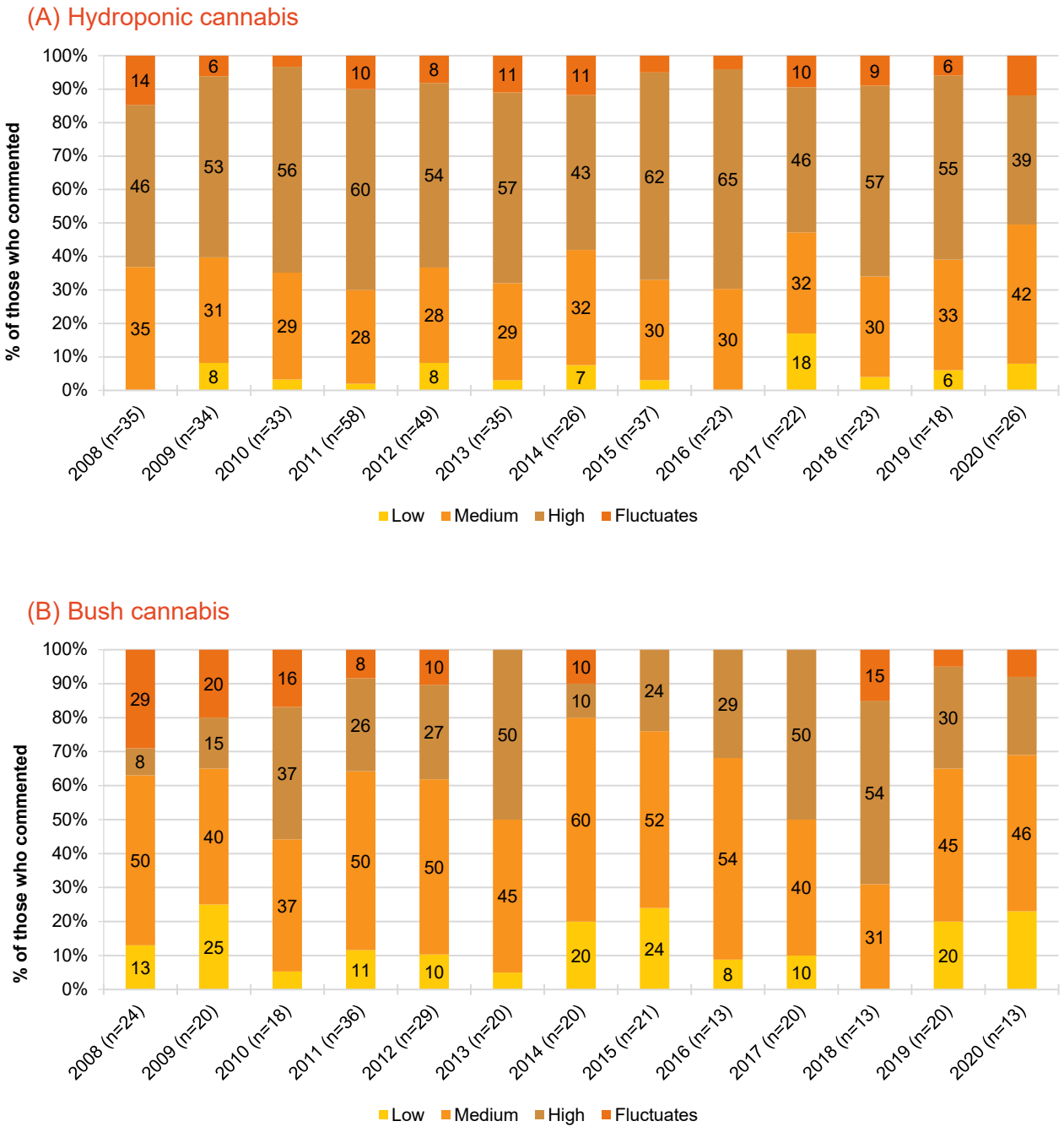
**Price:** Few participants reported on the price of bush in 2020 (n≤5 for responses per gram and ounce; these data are supressed).

**Perceived Potency:** Among those who were able to comment in 2020 (n=13), just under half (46%) of participants perceived the potency of bush to be 'medium' (45% in 2019). Small numbers perceived bush potency as 'high', 'low' and 'fluctuating' (n≤5; these data are supressed) (distribution $p$=0.966; Figure 32b).

**Perceived Availability:** Among those who were able to comment in 2020 (n=13), just under half (46%) believed bush to be 'very easy' to obtain (59% in 2019). A small number of participants perceived bush to be 'easy' or 'difficult' to obtain (n≤5; these data are supressed) (Figure 33b). These differences were not statistically significant ($p$=0.743).

http://doi.org/10.26190/hr1n-0j52

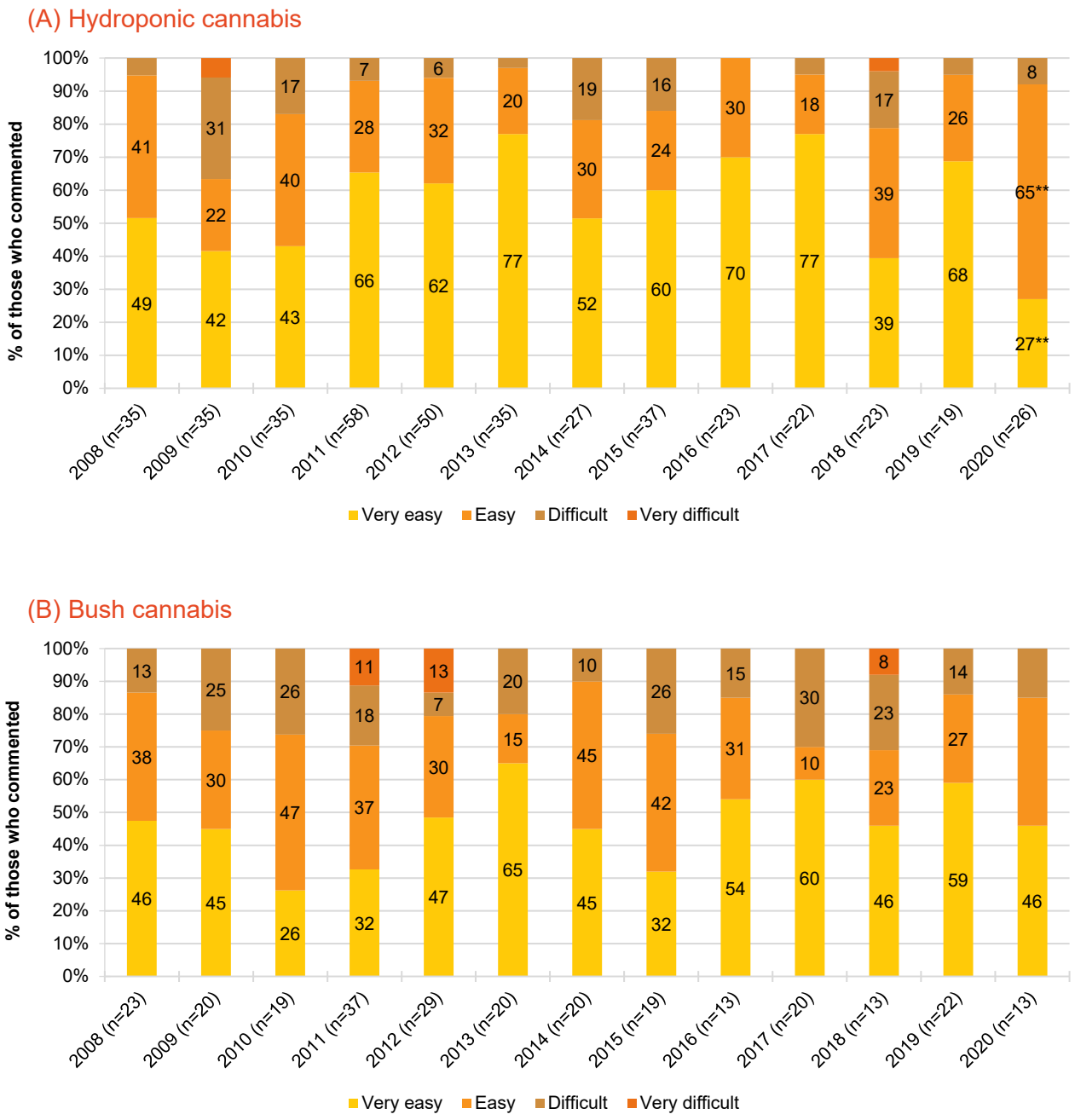
## Figure 32: Current perceived potency of hydroponic (A) and bush (B) cannabis, Victoria, 2008-2020




Note. The response 'Don't know' was excluded from analysis. From 2006 onwards, hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

**Figure 33: Current perceived availability of hydroponic (A) and bush (B) cannabis, Victoria, 2008-2020**




Note. The response 'Don't know' was excluded from analysis. From 2006 onwards, hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

# Routinely Collected Data

## ADIS\VADC

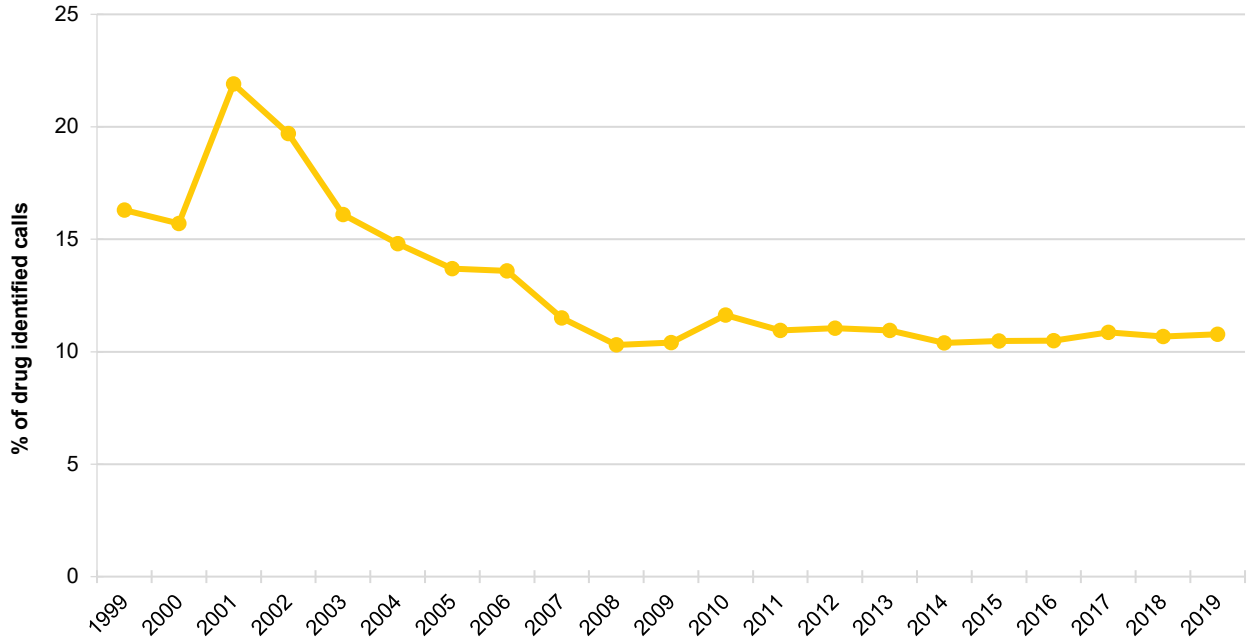
In 2018/19, 6,091 courses of treatment were delivered to 4,044 clients for cannabis, equivalent to 13.62% and 12.95% of the total courses delivered and clients treated. These were 46.31% and 39.89% decreases from courses delivered and clients treated in 2017/18 (11,345 and 6,728, respectively).

http://doi.org/10.26190/hr1n-0j52

## DirectLine

During 2019, DirectLine received 2,613 calls where cannabis was identified as the drug of concern, – 10.8% of all drug-identified calls to DirectLine in that year. The percentage of drug-related calls where cannabis was identified as the drug of concern has been consistent since 2008 (Figure 34).

**Figure 34: Percentage of calls to DirectLine in which cannabis was identified as drug of concern, Victoria 1999–2019**




Source: DirectLine, Turning Point.

http://doi.org/10.26190/hr1n-0j52

# 7

# Ketamine and LSD

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

## EDRS Interview Data

## Ketamine

## Patterns of Consumption

**Recent Use (past 6 months):** Almost four fifths (78%) of the sample reported using ketamine in the six months prior to interview. This represents a small decrease from 84% of the sample in 2019 ($p$=0.295) (Figure 35).

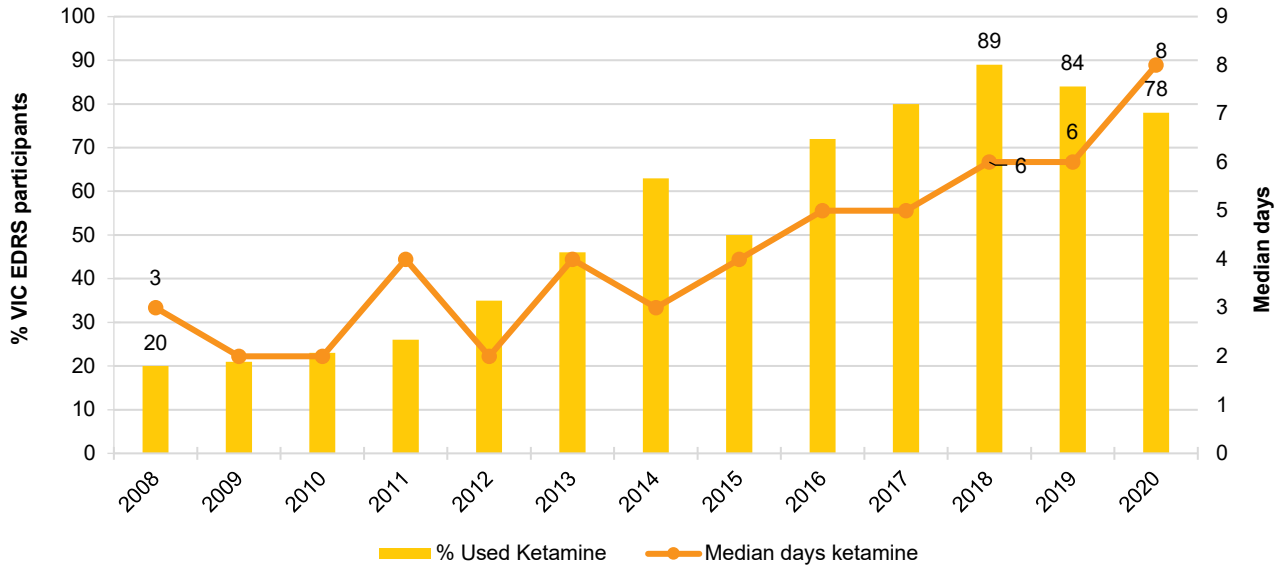
**Frequency of Use:** Frequency of use has been steadily increasing since 2014, reaching a new high of a median of eight days in 2020 (IQR=3-15). This was a non-significant increase from 2019 (median 6 days; IQR=3-12; $p$=0.489). A small proportion of participants who recently used ketamine reported weekly or greater use (9%; 7% in 2019; $p$=0.685) (Figure 35).

**Routes of Administration:** The majority of recent ketamine consumers reported snorting (99% in 2020 and 2019; $p$=0.965). Other routes were reported in small numbers (n≤5; these data are supressed).

**Quantity:** The median quantity used in a 'typical' session by those who reported recent ketamine use was 0.5 grams (IQR=0.3-0.5; n=23), stable from 2019 (0.3 grams, IQR=0.3-0.5; n=37; $p$=0.382). The medium maximum amount used in a 'typical' session was 0.5 grams (IQR=0.5-1.0; n=28), equalling 2019 (0.5 grams, IQR=0.5-1.0; n=43; $p$=0.808). A significant proportion of participants who recently used ketamine reported their use in the form of 'bumps', with a 'typical' session median amount of three bumps (IQR=2.0-4.0; n=27) and maximum median amount of five (IQR=2.0-7.0; n=25).

http://doi.org/10.26190/hr1n-0j52

## Figure 35: Past six month use and frequency of use of ketamine, Victoria, 2008-2020



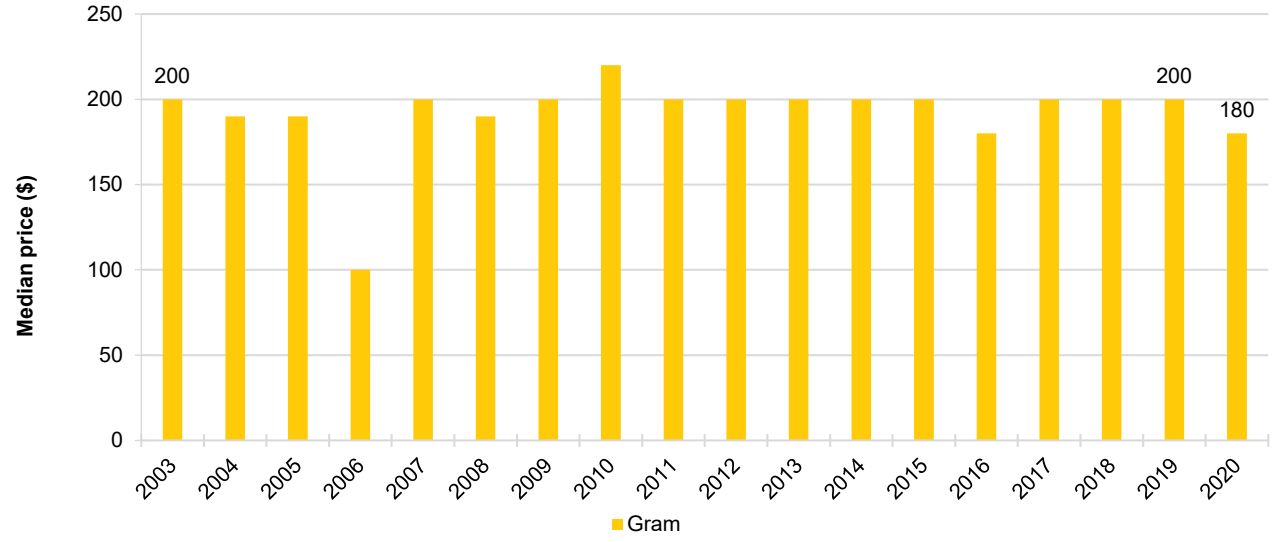

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 9 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Price, Perceived Purity and Availability

**Price:** The median reported price of ketamine has remained stable at $200 per gram, except in 2016 ($180). The median price per gram of ketamine in 2020 was $180 (IQR=150-200; n=29), a non-significant decrease from 2019 ($200, IQR=180-200; n=51; $p$=0.172) (Figure 36).

**Perceived Purity:** Among those who were able to comment in 2020 (n=49), over half (53%) perceived purity to be 'high' (59% in 2019), while a quarter (25%) perceived purity as 'medium' (23% in 2019). A further 14% perceived purity as 'fluctuating' (13% in 2019), whereas only small numbers reported the purity as 'low' (n≤5; these data are supressed) (Figure 37). These differences were not statistically significant ($p$=0.846).

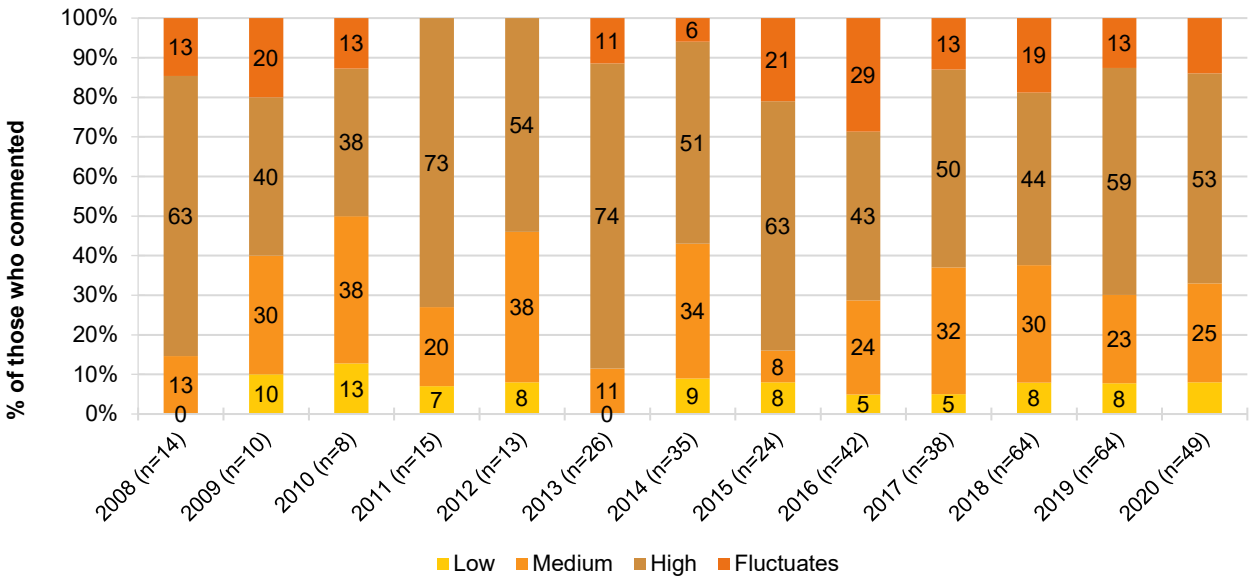
## Figure 36: Median price of ketamine per gram, Victoria, 2003-2020




Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

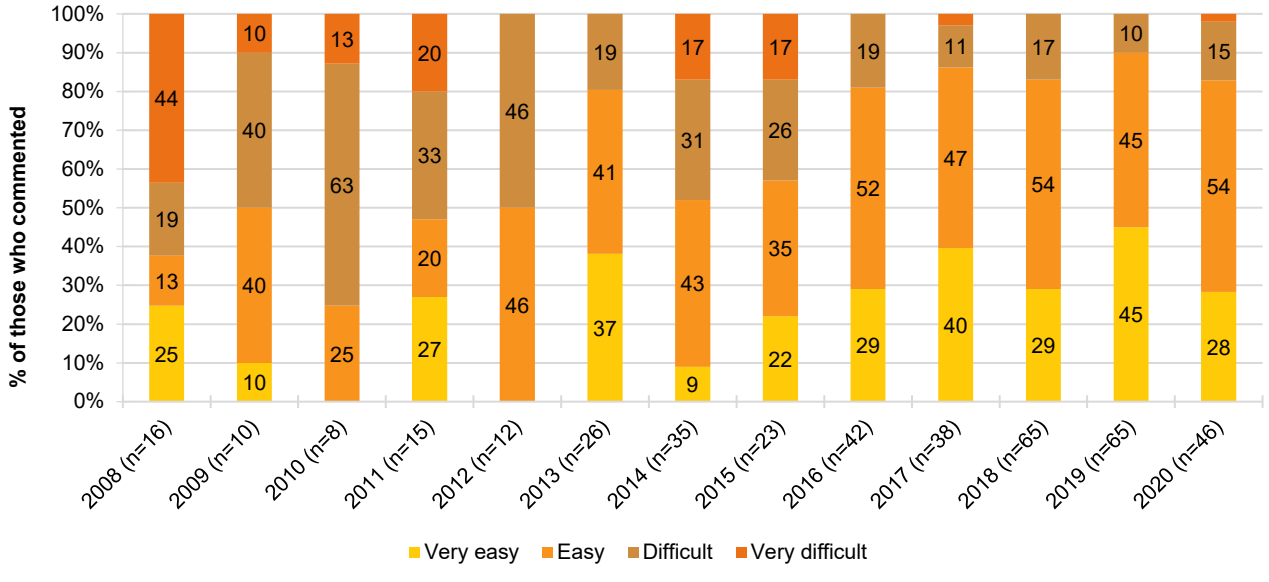
## Figure 37: Current perceived purity of ketamine, Victoria, 2008-2020




Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

**Perceived Availability:** Of those who were able to comment in 2020 (n=46), over half (54%) perceived ketamine to be 'easy' to obtain (45% in 2019) while 28% perceived ketamine to be 'very easy' to obtain (45% in 2019). Fifteen per cent reported ketamine as 'difficult' to obtain (10% in 2019) and a small number reported it as 'very difficult' (n≤5; these data are supressed) (Figure 38). These differences were not statistically significant ($p$=0.234).

## Figure 38: Current perceived availability of ketamine, Victoria, 2008-2020




Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

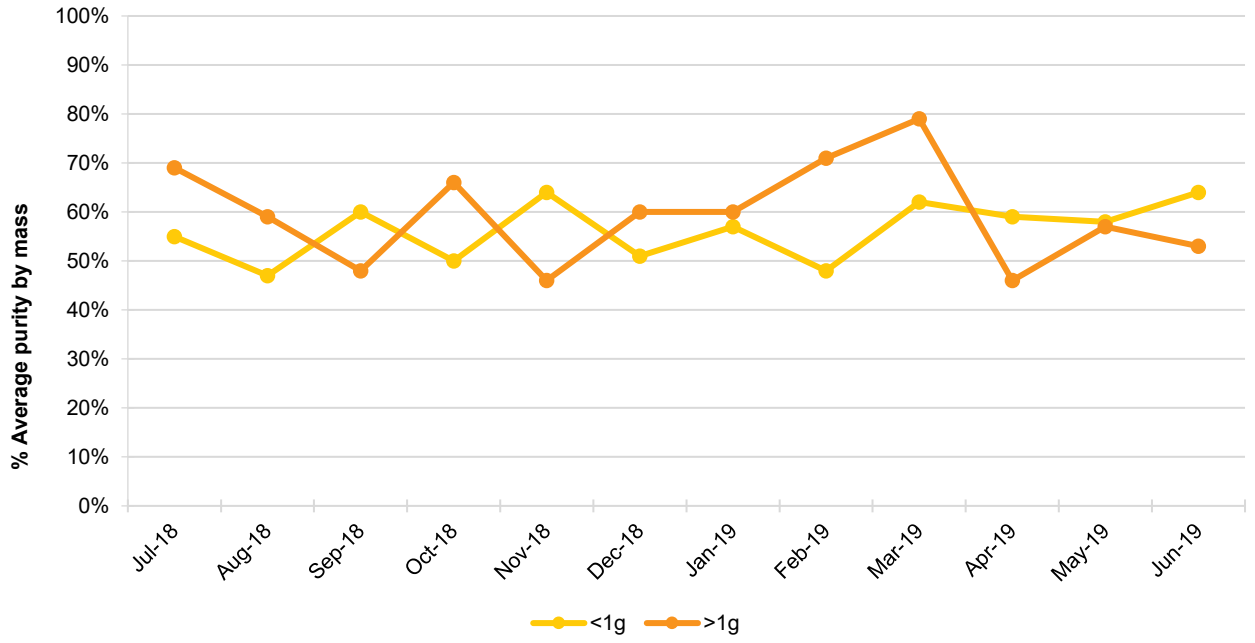
http://doi.org/10.26190/hr1n-0j52

# Routinely Collected Data

## Victoria Police Seizure Purity

Ketamine seizures analysed by the Victoria Police Forensic Services Department during the 2018/19 financial year averaged 56% purity under 1 gram (IQR=51%-61%, range=47%–64%) and 60% over 1 gram (IQR=52%-67%, range=46%-79%) (Figure 39).

**Figure 39: Purity of ketamine seizures by Victorian law enforcement, July 2018–June 2019**




Note. May not include every drug seized, as not all seized drugs undergo purity analysis.

# LSD

# EDRS Interview Data

## Patterns of Consumption

**Recent Use (past 6 months):** Sixty-one per cent of the sample had used LSD in the six months preceding interview, a non-significant increase from 2019 (55%; *p*=0.357). This result was one of the highest per cent reporting recent use since monitoring began (Figure 40).

**Frequency of Use:** Median days of use has fluctuated across monitoring, with a stable median days of use observed in 2020 (3 days; IQR=2-6) relative to 2019 (3 days; IQR=2-5; *p*=0.674) (Figure 40).

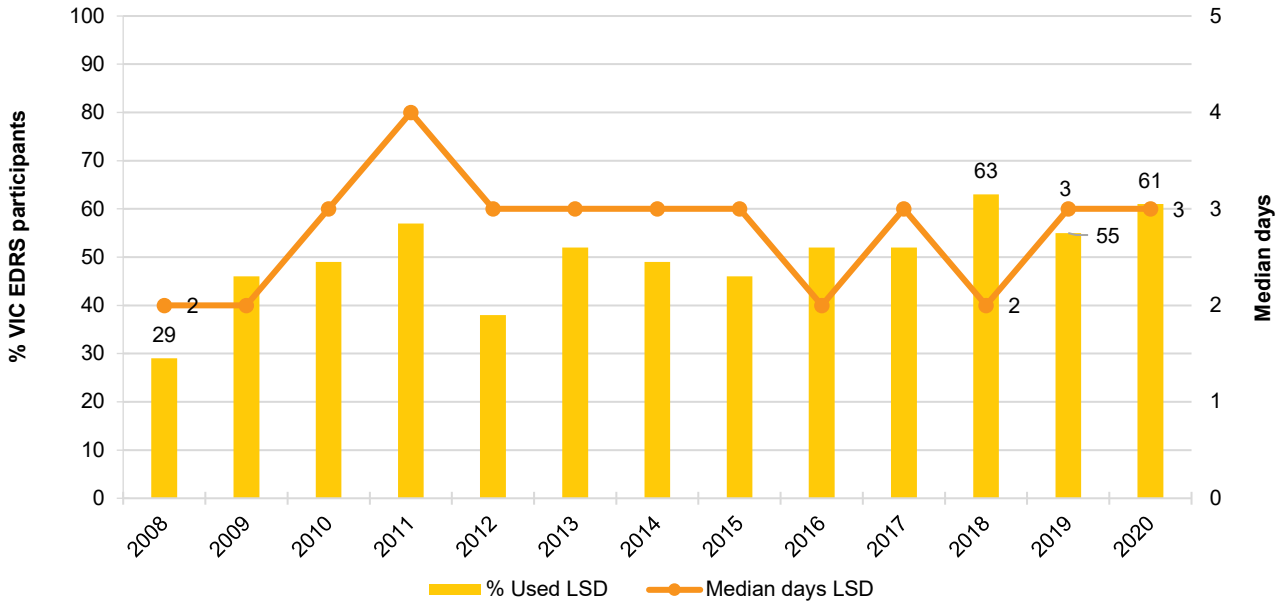
**Routes of Administration:** Among consumers, the only reported route of administration in 2020 was swallowing (100% in 2020 and 2019).

**Quantity:** The median quantity used in an 'average' session was half a tab (IQR=0.5-1.0; n=50), similar to the median of one tab (IQR=0.5-1.0; n=41) recorded in 2019 (*p*=0.102). A few participants reported the quantity consumed in a 'typical' session in micrograms, with a median quantity of 175 micrograms (IQR=95-325; n=10) in 2020 compared to 200 micrograms (IQR=150-220; n=11) in 2019 (*p*=0.943).

The median 'maximum' reported amount used in a session was one tab (IQR=0.5-1.3; n=49; 1 tab in 2019; IQR=1.0-2.0; n=41; *p*=0.132) or 300 micrograms (IQR=143-790; n=10; 315 micrograms in 2019; IQR=191-525; n=10; *p*=0.971).

http://doi.org/10.26190/hr1n-0j52

## Figure 40: Past six month use and frequency of use of LSD, Victoria, 2008-2020




Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Price, Perceived Purity and Availability

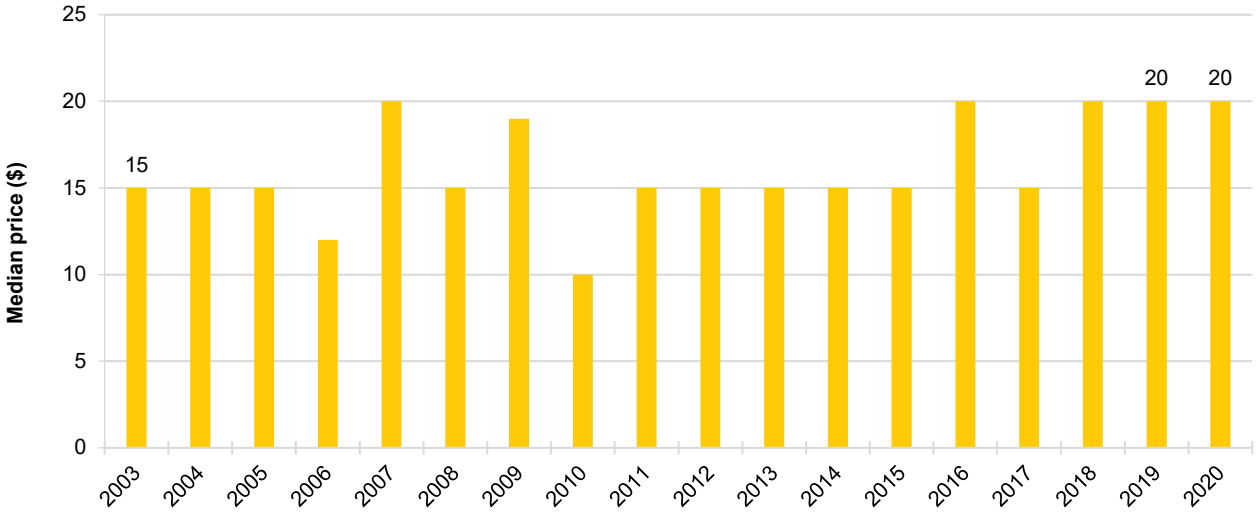
**Price:** The median price for one tab of LSD has remained relatively stable since 2008, ranging from $15 to $20, and was $20 per tab (IQR=15-24; n=24) in 2020, the same as in 2019 ($20; IQR=25-75; n=50; $p$=0.938) (Figure 41).

**Perceived Purity:** Among those who were able to comment in 2020 (n=37), 60% perceived the purity of LSD to be 'high', compared to 71% in 2019, followed by 24% who reported the purity to be 'medium' (22% in 2019). Small numbers perceived the purity of LSD as 'low' or 'fluctuating' (n≤5; these data are supressed) (Figure 42). These differences were not statistically significant ($p$=0.470).

**Perceived Availability:** Of those able to comment in 2020 (n=37), over half (54%) perceived LSD to be 'easy' to obtain, a non-significant increase from 38% in 2019. One third (32%) perceived LSD to be 'difficult' to obtain (38% in 2019). Small numbers perceived the availability of LSD as 'very easy' (n≤5; these data are supressed) (Figure 43). These differences were not statistically significant ($p$=0.319).

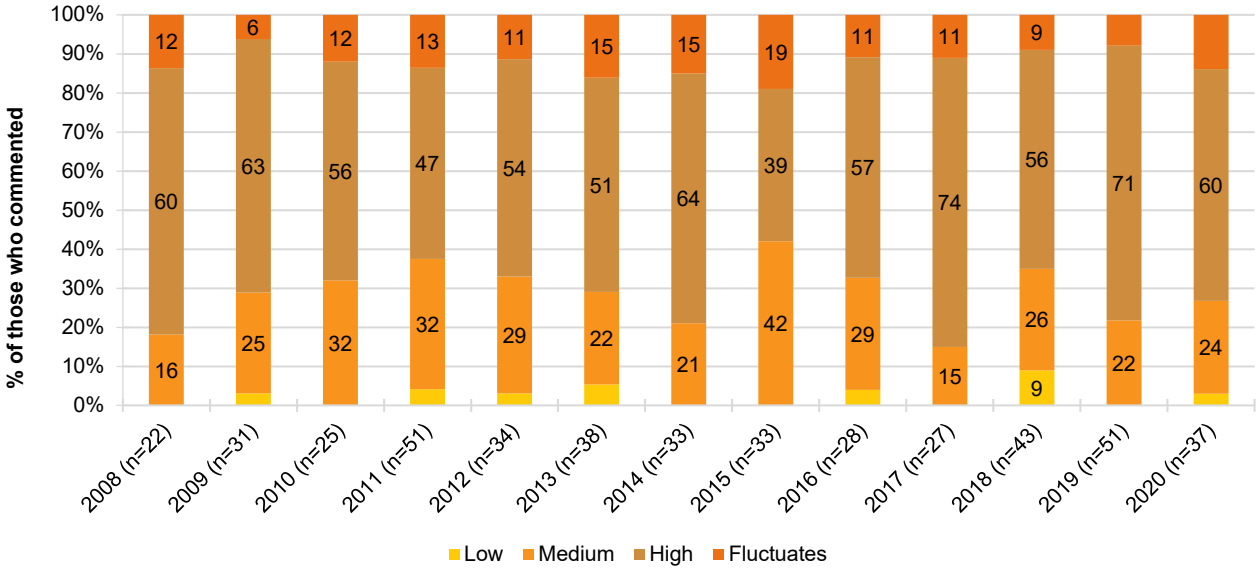
http://doi.org/10.26190/hr1n-0j52

## Figure 41: Median price of LSD per tab, Victoria, 2003-2020




Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). The error bars represent the IQR. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

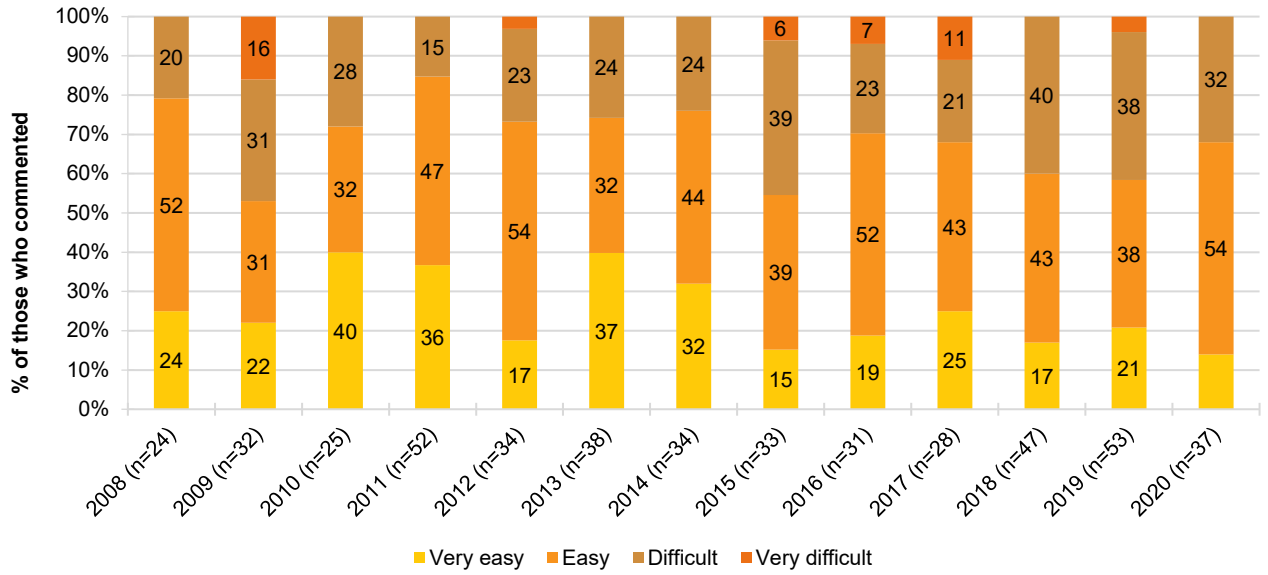
## Figure 42: Current perceived purity of LSD, Victoria, 2008-2020




Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

## Figure 43: Current perceived availability of LSD, Victoria, 2008-2020




Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5 but not 0).
*$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

# 8

# New Psychoactive Substances

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

## EDRS Interview Data

### Recent Use (past 6 months) and Frequency of Use

NPS use among the Victorian sample has fluctuated over time. One fifth (21%) of participants reported recent use of any NPS in 2020, a decrease from 2019 (29%; *p*=0.163) (Table 6).

DMT was the most commonly used NPS among the sample, with 10% reporting recent use in 2020 (16% in 2019; *p*=0.207). However, use was infrequent (median: 2 days, IQR: 1-2; 2 days in 2019, IQR=1-2; *p*=0.710) (Table 7).

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

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

| % | National | Victoria |
|---|---|---|
| 2010 | 32 | 36 |
| 2011 | 40 | 42 |
| 2012 | 45 | 33 |
| 2013 | 44 | 47 |
| 2014 | 40 | 47 |
| 2015 | 39 | 44 |
| 2016 | 36 | 45 |
| 2017 | 33 | 38 |
| 2018 | 31 | 40 |
| **2019** | 30 | 29 |
| **2020** | **23**** | **21** |

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

http://doi.org/10.26190/hr1n-0j52

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

| | 2010 N=100 % | 2011 N=101 % | 2012 N=100 % | 2013 N=100 % | 2014 N=100 % | 2015 N=100 % | 2016 N=100 % | 2017 N=100 % | 2018 N=100 % | 2019 N=99 % | 2020 N=100 % |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Phenethylamines** | - | 5 | 17 | 25 | 26 | 20 | 18 | 30 | 14 | 10 | **9** |
| **Any 2C substance~** | - | - | 10 | 20 | 16 | 7 | 12 | 9 | 8 | - | 8 |
| **NBOMe** | / | / | / | / | 8 | 7 | 0 | 5 | - | - | 0 |
| **Mescaline** | - | - | - | - | - | - | - | 6 | - | - | - |
| **DO-x** | 0 | 0 | 0 | 0 | 0 | 0 | 0 | - | - | 0 | 0 |
| **4-FA** | / | / | / | / | / | / | 0 | - | 0 | 0 | 0 |
| **PMA** | 0 | 0 | - | - | 0 | - | - | 7 | - | - | 0 |
| **Tryptamines** | 15 | 32 | 15 | 27 | 30 | 25 | 23 | 25 | 30 | 16 | **10** |
| **DMT** | 15 | 29 | 14 | 25 | 30 | 25 | 23 | 23 | 29 | 16 | **10** |
| **5-MeO-DMT** | 0 | - | - | - | 0 | 0 | 0 | - | - | 0 | **0** |
| **4-AcO-DMT** | / | / | / | / | / | / | 0 | 0 | / | / | **/** |
| **Synthetic cathinones** | 29 | 42 | 14 | 18 | 11 | 11 | - | - | - | - | **0** |
| **Mephedrone** | 28 | 25 | 8 | 10 | 6 | 7 | - | - | - | 0 | **0** |
| **Methylone/bk MDMA** | / | 12 | - | 6 | - | - | - | - | - | - | **0** |
| **MDPV/Ivory wave** | - | - | - | - | - | 0 | 0 | - | 0 | 0 | **0** |
| **Alpha PVP** | / | / | / | / | / | / | - | 0 | 0 | 0 | **0** |
| **n-ethyl hexedrone** | / | / | / | / | / | / | / | / | / | 0 | **0** |
| **n-ethylpentylone** | / | / | / | / | / | / | / | / | / | 0 | **0** |
| **Other substituted cathinone** | / | / | 0 | 0 | 0 | - | 0 | - | 0 | / | **/** |
| **Piperazines** | - | - | - | - | 0 | 0 | 0 | 0 | / | / | **/** |
| **BZP** | - | - | - | - | 0 | 0 | 0 | 0 | / | / | **/** |
| **Dissociatives** | / | / | - | 6 | / | 10 | 9 | - | 6 | - | **-** |
| **Methoxetamine (MXE)** | / | / | - | 6 | / | 10 | 9 | - | 6 | - | **-** |
| **Plant-based NPS** | / | - | - | 0 | - | - | - | - | - | - | **-** |
| **Ayahuasca** | / | / | / | / | / | 0 | 0 | - | - | - | **-** |
| **Salvia divinorum** | / | - | - | 0 | - | - | - | 0 | 0 | 0 | **0** |
| **Kratom** | / | / | / | / | / | / | / | / | / | / | **0** |
| **Benzodiazepines** | / | / | / | / | / | / | - | - | 0 | - | **0** |
| **Etizolam** | / | / | / | / | / | / | - | - | 0 | - | **0** |
| **Synthetic cannabinoids** | | - | 16 | 18 | 9 | 8 | - | - | - | 0 | **0** |
| **Herbal high#** | / | / | 7 | 7 | - | - | - | - | 0 | - | **/** |
| **Phenibut** | / | / | / | / | / | / | / | / | / | / | **2** |
| **Other drugs that mimic the effect of opioids** | / | / | / | / | / | / | / | / | 0 | 0 | **0** |
| **Other drugs that mimic the effect of ecstasy** | / | / | / | / | / | / | / | 0 | 0 | - | **0** |
| **Other drugs that mimic the effect of amphetamine or cocaine** | / | / | / | / | / | / | / | - | 0 | - | **-** |
| **Other drugs that mimic the effect of psychedelic drugs like LSD** | / | / | / | / | / | / | / | - | - | - | **-** |
| **Other drugs that mimic the effect of benzodiazepines** | / | / | / | / | / | / | / | / | - | - | **0** |
| **Other drugs that mimic the effects of dissociatives like ketamine** | / | / | / | / | / | / | / | / | / | / | **-** |

Note. NPS first asked about in 2010 and onwards. / 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 about, whereas between 2011-2016 four forms were asked about. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

# 9

# Other Drugs

## EDRS Interview Data

## Non-Prescribed Pharmaceutical Drugs

### Codeine

Before the 1st of 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 of February 2018, legislation changed so that all codeine products, low and high-dose, require a prescription from a doctor to access.

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

**Recent Use (past 6 months):** In 2020, 22% of the VIC sample reported any recent use of codeine. Nine per cent of participants had used any prescribed codeine, whereas 12% reported using any non-prescribed codeine (n≤5 for 2019; these data are supressed).

**Recent Use for Non-Pain Purposes:** Forty-three per cent of consumers who had used any low-dose codeine (<30mg codeine) reported using it for non-pain purposes (6% of the total VIC sample; n=6; n≤5 for 2019) (Figure 44).

**Frequency of Use:** Participants who had recently used non-prescribed codeine (n=12) reported use on a median of two days (IQR=1-5) in the past six months (n≤5 for 2019; these data are supressed).

**Forms Used:** Of consumers who had recently used non-prescribed codeine, 50% had used low-dose codeine (<30mg codeine) and similarly, 50% had used high-dose codeine (≥30mg codeine). A small number of participants reported using non-prescribed codeine in 2019 (n≤5; these data are supressed).

### Pharmaceutical Opioids

**Recent Use (past 6 months):** Twelve per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2020, little different from the 11% in 2019 ($p$=0.688) (Figure 44).

**Frequency of Use:** Consumers reported a median of two days of non-prescribed opioid use (IQR=1-3; n=12; 1 day in 2019; IQR=1-3; n=11; $p$=0.733) in the six months leading up to interview.

**Forms used:** Most participants who had recently used non-prescribed pharmaceutical opioids reported use of oxycodone (83%; n=10), with other opioids reported in small numbers (n≤5; these data are supressed).

http://doi.org/10.26190/hr1n-0j52

## Pharmaceutical Stimulants

**Recent Use (past 6 months):** Non-prescribed pharmaceutical stimulants (e.g. dexamphetamine, methylphenidate, modafinil) were recently consumed by 55% of the sample in 2020. This represents a significant increase from 2019 (34%; *p*=0.003) (Figure 44).

**Frequency of Use:** Consumers reported a median of four days of non-prescribed stimulant use (IQR=2-11; n=55; 3 days in 2019; IQR=1-6; *p*=0.088) in the six months prior to interview in 2020.

**Quantity:** In 2020, the median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session was two pills/tablets (IQR=1.0-3.0; n=52). This is a non-significant increase from one pill/tablet in 2019 (IQR=1.0-2.0; n=52; *p*=0.241).

## Benzodiazepines

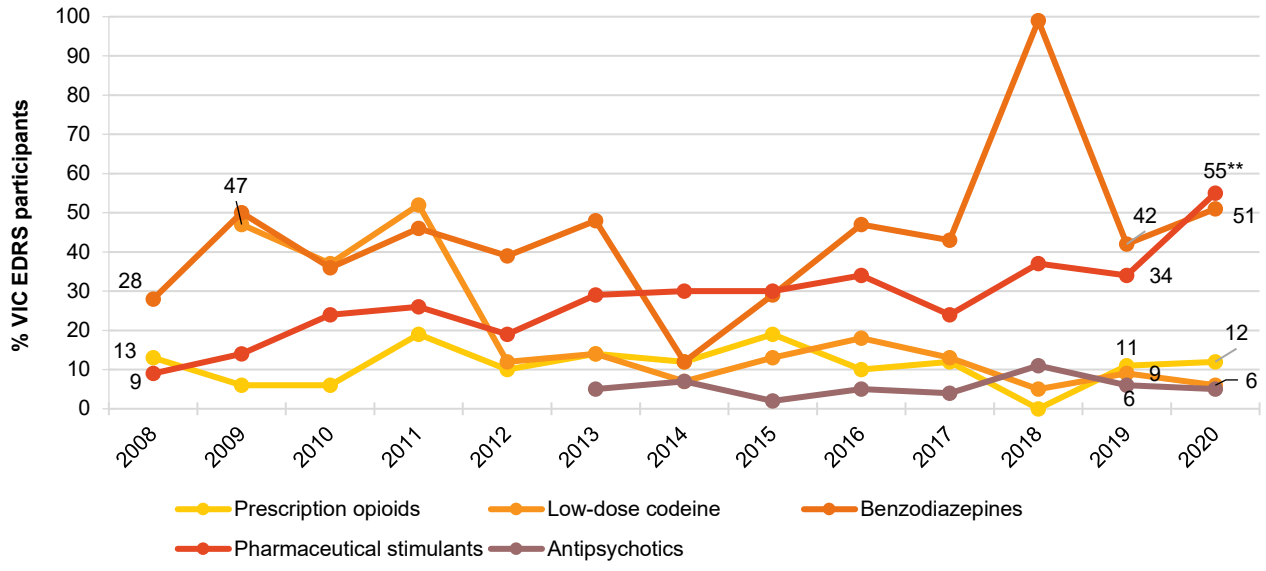
**Recent Use (past 6 months):** Recent use of non-prescribed benzodiazepines has remained relatively stable in recent years, but increased non-significantly from 2019 (42%) to 2020 (51%; *p*=0.225) (Figure 44). When comparing use of non-prescribed alprazolam versus other non-prescribed benzodiazepines, 40% and 34% of the total sample reporting recent non-prescribed use, respectively (30%; *p*=0.152 and 29%; *p*=0.475 in 2019, respectively).

**Frequency of Use:** Consumers reported using non-prescribed alprazolam (IQR=2-12; n=40) and 'other benzodiazepines' (IQR=2-5; n=34) on a median of four days in the past six months. This represents a non-significant increase from 2019 for alprazolam (three days, IQR=1-10; n=30; *p*=0.338) and 'other benzodiazepine' (three days, IQR=2-10; n=29; *p*=0.650).

## Antipsychotics

**Recent Use (past 6 months):** 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.

**Figure 44: Non-prescribed use of pharmaceutical drugs in the past six months, Victoria, 2008-2020**




Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, OTC codeine (low-dose codeine) in 2009, and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines. In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available 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. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

# Other Illicit Drugs

## Hallucinogenic Mushrooms

**Recent Use (past 6 months):** Thirty-seven per cent of the sample reported hallucinogenic mushroom use in the six months preceding interview (28% in 2019; *p*=0.190). The percentage of participants reporting recent use of mushrooms has fluctuated since 2010, ranging from 22% in 2010 to 55% in 2017 (Figure 45).

**Frequency of Use:** Respondents' median reported days of use was two (IQR=1-5; n=37), consistent with 2019 (2 days; IQR=1-4; n=28; *p*=0.335). Median reported frequency of use has between one and three days since 2010.

## MDA

**Recent Use (past 6 months):** Due to low numbers reporting on recent use of MDA, numbers have been suppressed (Figure 45). For further information, please refer to the national EDRS report, or contact the researchers.

## Substances with Unknown Contents

**Capsules (past 6 months):** Over the first three years of monitoring (2013-2015) reported use of capsules with unknown contents fluctuated. In 2020 and 2019, only small numbers reported recent use of a capsule with unknown contents (n≤5; these data are supressed) (Figure 45).

**Other Unknown Substances (past 6 months):** From 2019, we asked participants about their use of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Twenty-three per cent reported use of any substance with 'unknown contents' in 2020. Nearly one fifth of the sample had recently used powder with unknown contents (16% in 2019; *p*=0.730), on a median of one days (IQR=1-2; 2 days in 2019; IQR=1-1, *p*=0.281). Fewer numbers reported using pills and crystal with unknown contents in 2020 (n≤5; these data are supressed).

## Heroin

**Recent Use (past 6 months):** Due to low numbers reporting on recent use of heroin, numbers have been suppressed (Figure 45). For further information, please refer to the national EDRS report, or contact the researchers.

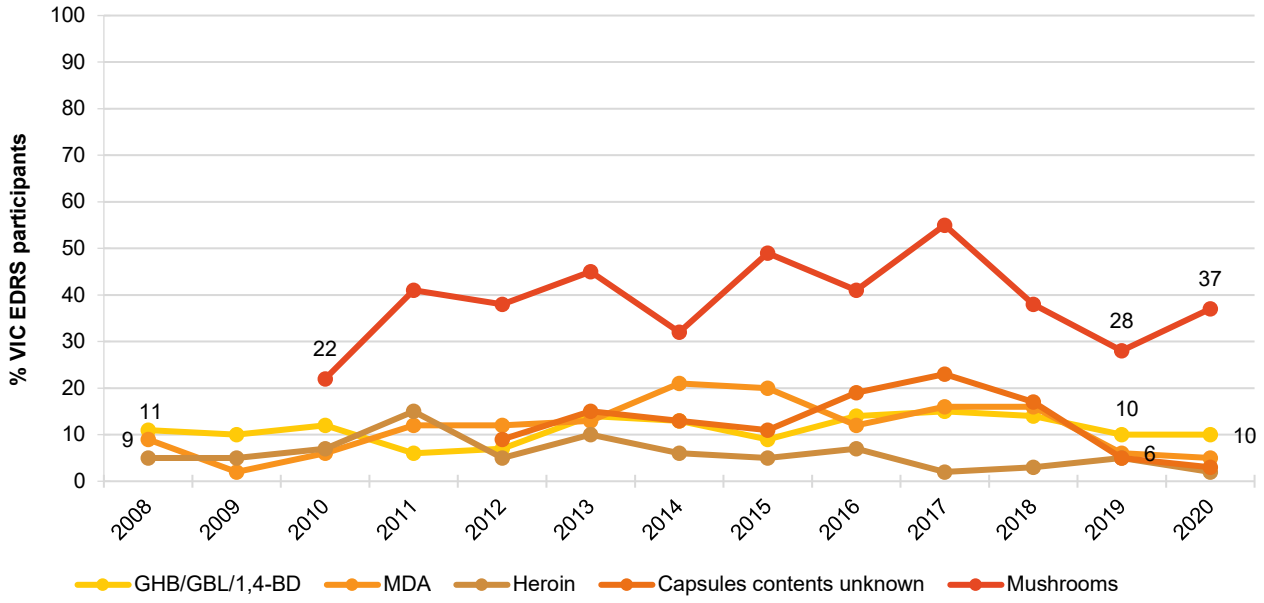
## GHB/GBL/1,4-BD (liquid E)

**Recent Use (past 6 months):** Recent use of GHB/GBL/1,4-BD has remained relatively consistent in recent years. In 2020, 10% of the sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, equalling 2019 (*p*=0.981) (Figure 45).

**Frequency of Use:** Consumers reported a median of six days of GHB/GBL/1,4-BD use (IQR=3-26; n=10) in the six months prior to interview in 2020. This is a non-significant increase from 2019, with the median number of days of use reported at three (IQR=1-6; n=10; *p*=0.117).

http://doi.org/10.26190/hr1n-0j52

Figure 45: Past six month use of other illicit drugs, Victoria, 2008-2020




Note. Monitoring of DMT first commenced in 2010. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked about 'substances contents unknown' (with further ascertainment by form) which may have affected the estimate for 'capsules contents unknown'. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

# Licit and Other Drugs

## Alcohol

**Recent Use (past 6 months):** The vast majority of the sample reported recent use of alcohol in 2020 (99%), consistent with the percentage observed since monitoring began (97% in 2019; $p$=0.308) (Figure 46).

**Frequency of Use:** Consumers reported a median of 48 days of alcohol use in the past six months (IQR=24-96; n=99), a significant increase from 33 days in 2019 (IQR=21-72; n=96; $p$=0.014). Seventy-nine per cent of consumers drank alcohol weekly or more often, consistent with 2019 (75%; $p$=0.530).

## Tobacco

**Recent Use (past 6 months):** In 2020, recent use of tobacco remained high and stable at 80% of the sample (75% in 2019; $p$=0.295) (Figure 46).

**Frequency of Use:** Median frequency of use was 72 days (IQR=17-180; n=80), a non-significant decrease from 90 days in 2019 (IQR=24-180; n=73; $p$=0.661). Thirty-nine per cent of consumers reported daily use (40% in 2019; $p$=0.902).

## E-cigarettes

**Recent Use (past 6 months):** Use of e-cigarettes has fluctuated since monitoring began in 2014, though remained stable in 2020, with 43% per cent of the sample reporting use in the six months preceding interview (40% in 2019; $p$=0.666) (Figure 46).

**Frequency of Use:** Consumers reported a median of 10 days in the past six months (IQR=4-40; n=43) stable from 2019 (10 days; IQR=4-57; n=40; $p$=0.898).

http://doi.org/10.26190/hr1n-0j52

**Forms Used:** Among recent consumers (n=43), the majority (79%; n=34) reported using e-cigarettes containing nicotine (63% in 2019) and 14% (n=6) reported using both cannabis and nicotine (15% in 2019) in 2020. The remaining participants reported use of e-cigarettes containing neither cannabis nor nicotine (n≤5; these data are supressed). These differences were not statistically significant (p=0.312).

**Reason for Use:** Among recent consumers, a third (33%) reported using e-cigarettes as a smoking cessation tool in 2020 (32% in 2019; *p*=0.933).

### Nitrous Oxide

**Recent Use (past 6 months):** Just under two thirds (63%) of participants reported recent use of nitrous oxide in 2020, little different from 61% in 2019 (*p*=0.728) (Figure 46).

**Frequency of Use:** Frequency of use remained stable at a median of five days in 2020 (IQR=2-10; n=63; 6 days in 2019; IQR=3-12; *p*=0.438).

**Quantity:** We asked participants about the average amount of nitrous oxide that participants had used in the six months preceding interview. Participants reported using a median of seven bulbs in a 'typical' session (IQR=4-15; n=63), a significant decrease from the median of 10 reported in 2019 (IQR=5-20; n=60; *p*=0.040).

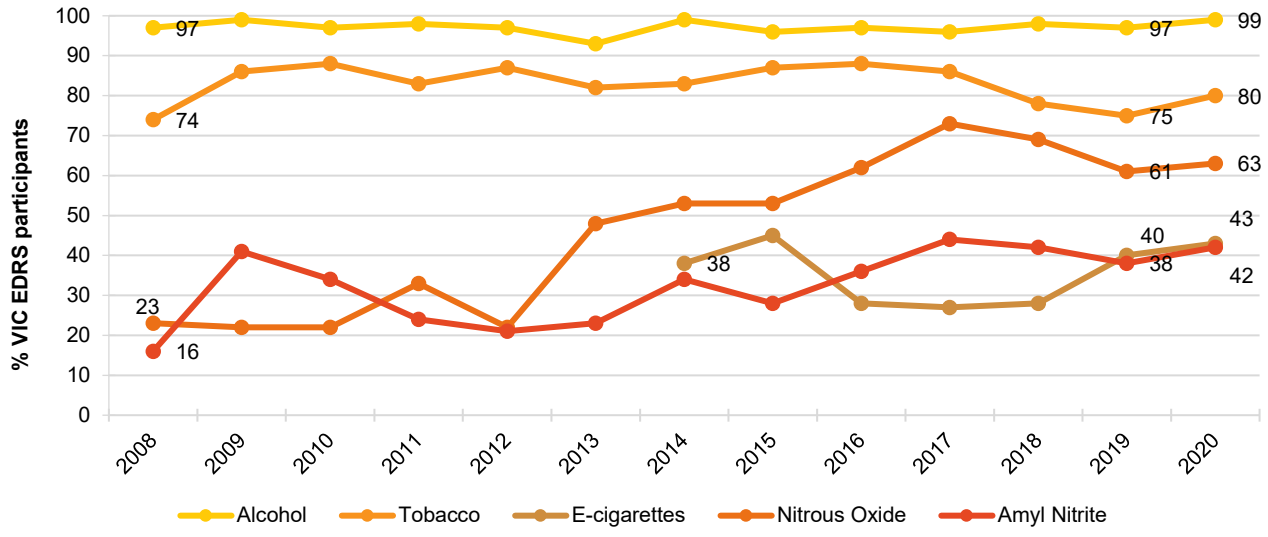
### Amyl Nitrite

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 OTC purchase) from 1 February 2020 when sold for human therapeutic purposes.

**Recent Use (past 6 months):** Recent use of amyl nitrite has fluctuated since 2008, ranging between 16% in 2008 and 44% in 2017. Forty-two per cent of the sample reported recent use of amyl nitrite, a non-significant increase from 38% in 2019 (*p*=0.603) (Figure 46).

**Frequency of Use:** Median days of use was reported at five days in 2020 (IQR=2-11; n=42), a non-significant increase from three days in 2019 (IQR=1-5; n=38; *p*=0.098).

**Figure 46: Past six month use of licit drugs, Victoria, 2008-2020**




Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

http://doi.org/10.26190/hr1n-0j52

# 10

## Drug-Related Harms and Other Associated Behaviours

Participants were asked about various drug-related harms and associated behaviours, including hazardous alcohol use, non-fatal overdose following drug use, injecting drug use, drug treatment, mental health, crime and modes of purchasing drugs. It should be noted that the following data refer to participants' understanding of these behaviours (e.g. may not necessarily represent medical diagnoses in the case of reporting on health conditions). Routinely-collected data relating to some of these harms have been presented above in relation to each drug type.

## EDRS Interview Data

## Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test is a brief screening scale designed to identify individuals with problematic alcohol use in the past 12 months.

The mean score on the AUDIT for the VIC EDRS sample was 11 (SD 5.4) (including people who had not consumed alcohol in the past six months). Four fifth (82%) of participants obtained a score of eight or more, indicative of hazardous use (74% in 2019; $p$=0.227) (Table 87). AUDIT scores are divided into four 'zones' which indicate risk level. There has been no significant change in the percentage of participants falling into each of these zones from 2019 to 2020.

**Table 8: AUDIT total scores and percentage of participants scoring above recommended levels, Victoria, 2010-2020**

| | 2010 (n=97) | 2011 (n=98) | 2012 (n=97) | 2013 (n=96) | 2014 (n=100) | 2015 (n=97) | 2016 (n=97) | 2017 (n=97) | 2018 (n=98) | 2019 (n=98) | 2020 (n=98) |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Mean AUDIT total score (SD)** | 14.1 (7.1) | 13.3 (7.2) | 15 (7.5) | 12.1 (6.8) | 12 (6.1) | 11.5 (6.3) | 11.5 (6.6) | 10.4 (6.6) | 12.6 (6.2) | 12 (7.5) | **11 (5.4)** |
| **Score 8 or above (%)** | 78 | 81 | 83 | 70 | 78 | 71 | 66 | 62 | 81 | 74 | **82** |
| Zone 1 (low risk drinking or abstinence) | 22 | 19 | 18 | 30 | 22 | 29 | 34 | 38 | 19 | 26 | **18** |
| Zone 2 (alcohol in excess of low-risk guidelines) | 31 | 43 | 40 | 41 | 51 | 47 | 43 | 43 | 55 | 50 | **57** |
| Zone 3 (harmful or hazardous drinking) | 24 | 22 | 12 | 10 | 13 | 12 | 12 | 7 | 12 | 7 | **15** |
| Zone 4 (possible alcohol dependence) | 24 | 15 | 30 | 19 | 14 | 11 | 10 | 11 | 14 | 17 | **9** |

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

http://doi.org/10.26190/hr1n-0j52

# Overdose Events

## Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12 months of alcohol overdose, opioid overdose, **stimulant overdose** and **other drug overdose**. In 2020, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

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

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 percentage reporting any depressant overdose, comprising any endorsement of alcohol or opioid overdose, or other drug overdose where a depressant (e.g. GHB/GBL/1,4-BD, benzodiazepines) was listed.

## Non-Fatal Stimulant Overdose

Close to one fifth of participants (16%) reported a stimulant overdose in the last 12 months (24% in 2019; $p$=0.146) on a median of one occasion (IQR=1-1; 2 occasions in 2019; IQR=1-3) (Figure 47).

Of those who had experienced a stimulant event in the last year (n=16), most nominated some form of MDMA/ecstasy (capsules: 38%; crystal: 31%) in any of these events in the last 12 months. Other stimulant drugs were reported in small numbers (n≤5). Most (94%) reported that they had consumed one or more additional drugs on the last occasion. On the last occasion, 81% did not receive treatment or assistance. Small numbers reported receiving treatment at the time of their latest stimulant overdose (n≤5; these data are supressed).

## Non-Fatal Depressant Overdose

**Alcohol:**

Almost one fifth (16%) of the sample reported having experienced a non-fatal alcohol overdose in the past 12 months (11% in 2019; $p$=0.327) on a median of one occasion (IQR=1-1; 0 in 2019; IQR=0-0). Of those who had experienced an alcohol overdose in the past year (n=16), most (75%) reported not receiving treatment on the last occasion. Small numbers reported receiving treatment at the time of their latest alcohol overdose (n≤5; these data are supressed).

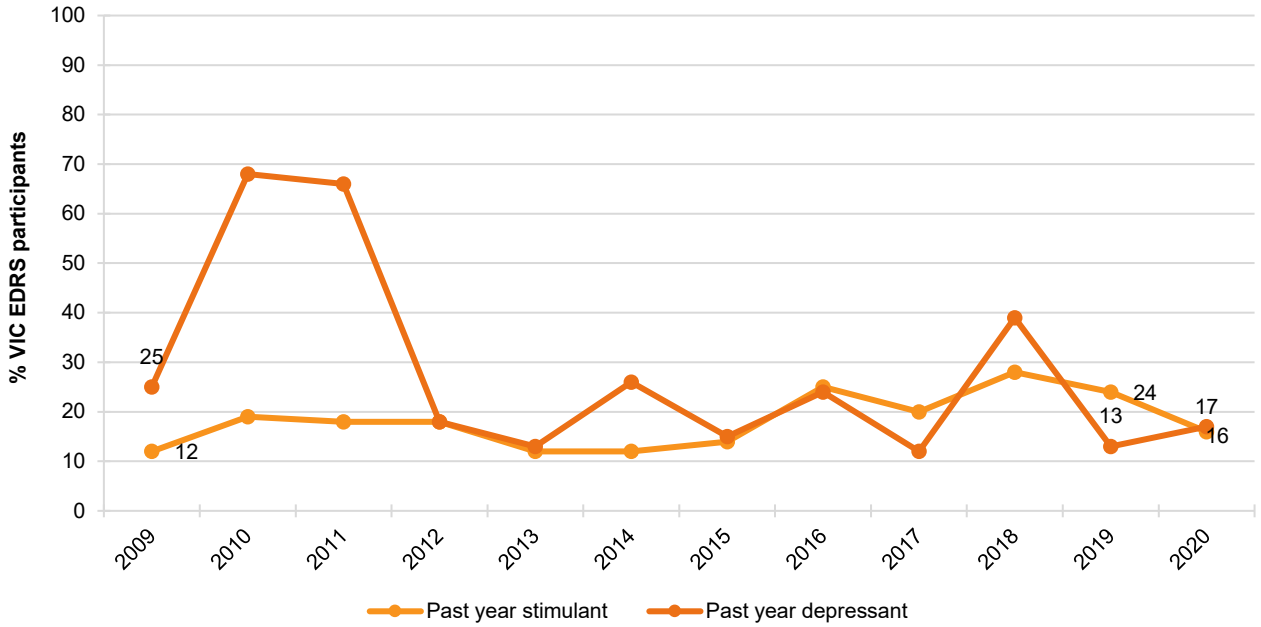
**Any Depressant (Including Alcohol):**

Past 12-month experience of any non-fatal depressant overdose remained stable in 2020 at 17% (13% in 2019; $p$=0.464) (Figure 47).

Of those who had experienced any depressant overdose in the last year (n=17), most reported alcohol (94%; n=16; 85% in 2019; $p$=0.314) as the cause, with GHB/GBL/1,4-BD and benzodiazepines making up the remaining reports (n≤5 for both).

http://doi.org/10.26190/hr1n-0j52

**Figure 47: Past 12 month non-fatal stimulant and depressant overdose, Victoria, 2009-2020**




Note. Past year stimulant and depressant was first asked about in 2007. 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 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Injecting Drug Use and Associated Risk Behaviours

Due to low numbers of participants in 2020 reporting injecting drugs (n≤5; use in last 6 months and lifetime) these data are not presented. Please refer to the national EDRS report for national trends, or contact the research team for further information

## Drug Treatment

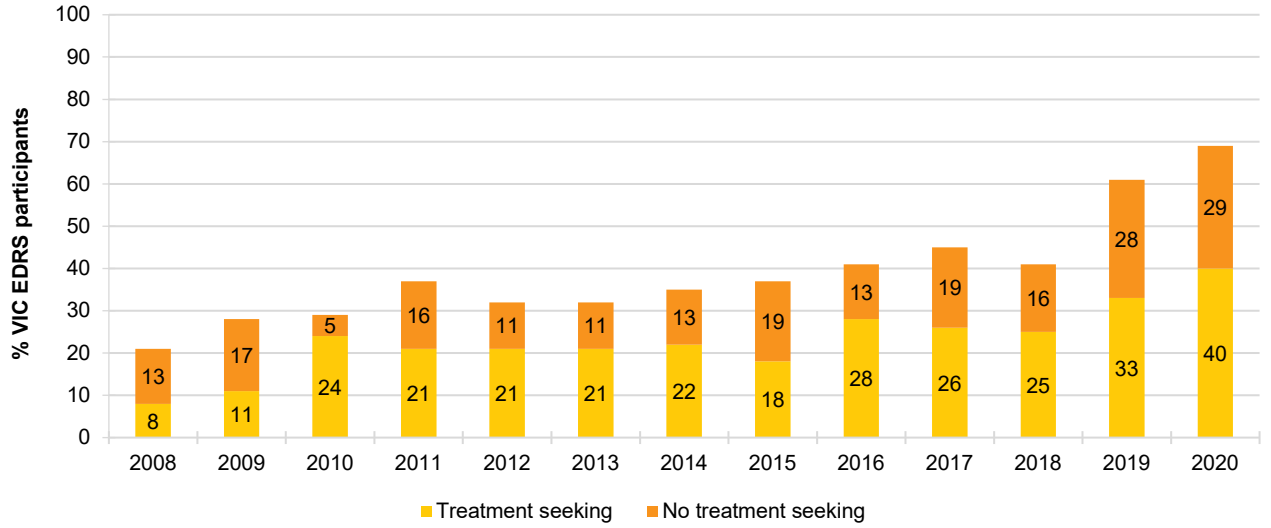
No participants reported receiving drug treatment in 2020, consistent with small numbers reported in previous years (n≤5 in 2019). Please refer to the national EDRS report for national trends, or contact the research team for further information.

## Mental Health

Seventy per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), a non-significant increase from 2019 (62%; $p$=0.362). Of those who reported a mental health problem in 2020 (n=69), the most common mental health problem was anxiety (79%; 71% in 2019; $p$=0.134), followed by depression (65%; 61% in 2019; $p$=0.340) and post-traumatic stress disorder (6%; 9% in 2019; $p$=0.409). Other mental health problems were reported in small numbers (n≤5). Of those who reported experiencing a mental health problem, 58% reported seeing a mental health professional during the past six months (40% of the total sample; 54% and 33% in 2019; $p$=0.384, respectively) (Figure 48). Of these participants (n=40), 50% reported being prescribed medication for this problem in this period (54% in 2019; $p$=0.744). Twenty-five per cent of those reporting mental health problems stated that they tried to access mental health treatment but could not.

http://doi.org/10.26190/hr1n-0j52

## Figure 48: Self-reported mental health problems and treatment seeking in the past six months, Victoria, 2008-2020




Note. Treatment seeking first asked about in 2008. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

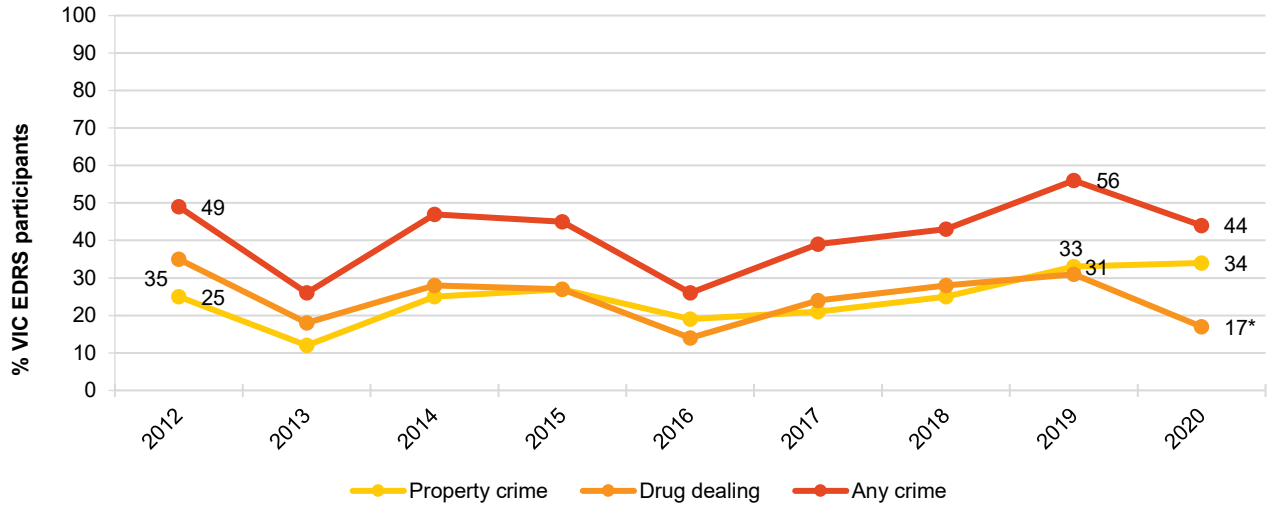
## Crime

All crime data for 2020 was captured during the COVID-19 restriction period (i.e. data were captured from April-June 2020, and participants reported on past month behaviour). Forty-four per cent of the sample reported committing a crime in the past month (56% in 2019; approached significance, $p$=0.059), with property crime the main form of criminal activity (34%; 33% in 2019; $p$=0.998). Drug dealing was reported by significantly fewer participants in 2020 (17% versus 31%; $p$=0.014) (Figure 49).

Eight per cent of the 2020 VIC sample reported having been arrested in the 12 months preceding interview (n≤5 in 2019). Very low numbers (n≤5) reported having ever been in prison, committing or being the victim of violent crime or committing fraud in 2020, consistent with previous years. For further information, please refer to the national EDRS report or contact the researchers.

http://doi.org/10.26190/hr1n-0j52

**Figure 49: Self-reported criminal activity in the past month, Victoria, 2012-2020**




Note. 'Any crime' comprises the percentage who reported any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2019 versus 2020.

## Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (81%; 76% in 2019; $p$=0.574) and face-to-face (68%; 82% in 2019; $p$=0.015). Arrangements via text message and phone call were also common (48% and 36%, respectively). Few participants reported having obtained drugs via the darknet or surface web in the past year (7% each; n=7 each) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, most participants reported going to pick up drugs (87%) or having them dropped off (72%). Smaller numbers reported receiving illicit drugs at a collection point (18%; n≤5 in 2019) and via post (12%; 11% in 2019; $p$=0.845).

### Obtaining Drugs

Most participants reported obtaining illicit drugs from a friend/relative/partner/colleague (82%; 85% in 2019; $p$=0.459) or a known dealer (75%; 83% in 2019; $p$=0.123). Half of the sample reported obtaining illicit drugs from an unknown dealer in 2020 (48%) a significant increase from 2019 (33%; $p$=0.025). Fifty-one per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet (44% in 2019; $p$=0.355), while 40% reported doing so in the last 12 months (40% in 2019; $p$=0.954).

### Selling Drugs Online

In 2020, no participants reported selling illicit drugs on the surface or darknet in the 12 months preceding interview. Please refer to the national EDRS report for national trends, or contact the research team for further information.

http://doi.org/10.26190/hr1n-0j52

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

| | 2019 | 2020 |
|---|---|---|
| **% Purchasing approaches in the last 12 months^** | n=99 | **n=100** |
| **Face to face** | 82 | **68*** |
| **Surface web** | - | **7** |
| **Darknet market** | 14 | **7** |
| **Social networking applications** | 76 | **81** |
| **Text messaging** | 51 | **48** |
| **Phone call** | 35 | **36** |
| **Grew/made my own** | / | **-** |
| **Other** | - | **-** |
| **% Means of obtaining drugs in the last 12 months^~** | n=99 | **n=100** |
| Face-to-face | 100 | **94*** |
| Collection point | - | **18** |
| Post | 11 | **12** |
| **% Sources of drugs in the last 12 months^** | n=99 | **n=100** |
| Friend/relative/partner/colleague | 85 | **82** |
| Known dealer/vendor | 83 | **75** |
| Unknown dealer/vendor | 33 | **48*** |

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

http://doi.org/10.26190/hr1n-0j52