EDRS



WESTERN AUSTRALIA DRUG TRENDS 2019

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

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

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2019:

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

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Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular we would like to thank Zoe Vladich, Emily Stewart and Clare Nicholls for their help conducting the WA EDRS interviews in 2019.

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

Abbreviations

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

Executive Summary

Sample Characteristics

The WA EDRS sample (N=100) recruited from Perth were predominantly young, educated males, consistent with the sample profile since monitoring began in 2003. However, 2019 observed one of the youngest Perth samples since monitoring began, with one of the highest percentages of students. Ecstasy and cannabis were the drugs of choice (44% and 34%, respectively), whilst cannabis and alcohol were the drugs used most often in the preceding month (40% and 31%, respectively).

Ecstasy

The ecstasy market has strongly diversified in recent years, with use of the pill forms declining and use of capsule and crystal forms of ecstasy increasing (68%, 84% and 64% of the WA sample, respectively). Additionally, between 2018 and 2019, the perceived availability of capsules and crystals significantly increased, the price of ecstasy capsules and crystals significantly decreased (capsules from $25 to $20; crystals from $200/gram to $160/gram), and the median number of days capsules and crystals were recently used significantly increased.

Methamphetamine

Recent (past 6 months) use of methamphetamine has been declining amongst the WA sample since the commencement of monitoring (11% in 2019). In recent years, crystal has been the main form of methamphetamine reportedly used. Very few participants (≤5) reported weekly or more frequent use of methamphetamine in 2019, and very few were able to comment on market trends.

Cocaine

Cocaine use has increased in recent years, with 2018 and 2019 observing record highs for the WA EDRS sample (48% each). However, frequency of use has remained low (≤5 weekly or more frequent use). Consistent with previous years, most participants perceived cocaine as 'easy' or 'very easy' to obtain, but perceptions of purity were mixed.

Cannabis

Each year since monitoring began, at least three in four participants have reported recent use of cannabis. In 2019, 86% reported recent use, and among those reporting recent use, 22% reported daily use (19% of the total sample).

Ketamine, LSD and Hallucinogenic Mushrooms

Reported use of ketamine and LSD have been increasing since monitoring began in 2003, although remained stable in 2019 relative to 2018. One-quarter of the WA sample reported recent use of hallucinogen mushrooms on a median of two days.

New Psychoactive Substances (NPS) & Other Drugs

Reported use of NPS has been declining since a peak of 57% reported recent use in 2011. In 2019, 28% reported recent use of at least one type of NPS, with DMT remaining most common. Other noteworthy trends in 2019 include record highs (for the WA EDRS) in recent use of benzodiazepines (59%), nitrous oxide (61%), amyl nitrite (28%) and e-cigarettes (51%).

Drug-Related Harms and Other Risks

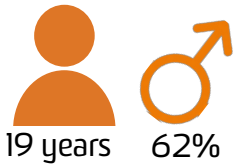
Most (88%) reported co-using depressants, cannabis and/or hallucinogens/dissociatives on their last occasion of stimulant use. One in five reported a non-fatal stimulant overdose, and one in five a non-fatal depressant overdose (predominantly alcohol), in the past year. Of those who had engaged in penetrative sex, a third reported that alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Over half the sample (56%) self-reported that they had experienced a mental health problem in the six months preceding the interview, and half of this group had seen a mental health professional in the same period. A third reported engaging in drug dealing, and 15% in property crime in the past month.

EDRS Ecstasy and Related Drugs Reporting System

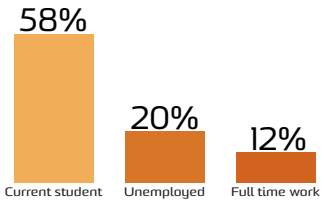
WESTERN AUSTRALIA 2019 SAMPLE CHARACTERISTICS



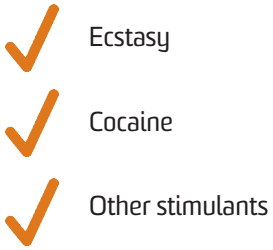
In 2019, 100 people from Western Australia participated in EDRS interviews.



The median age in 2019 was 19 (IQR = 18-21), and 62% identified as male.

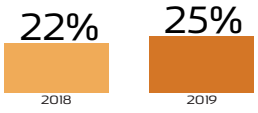


In the 2019 sample, 58% were students, 20% were unemployed, and 12% were employed full time.

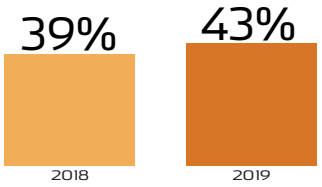


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

OTHER DRUGS



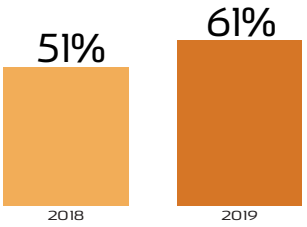
Past 6 month use of ketamine was reported by 25% of the 2019 EDRS sample, stable from 22% in 2018.



Past 6 month use of LSD was reported by 43% in 2019, stable from 39% in the 2018 EDRS sample.



Past 6 month use of amyl nitrite was 11% in 2018 and 28% in the 2019 EDRS sample.



Past 6 month use of nitrous oxide (nangs) was 61% in 2019 (61% in the 2018).

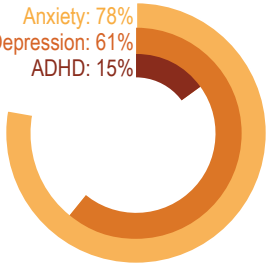
DRUG TREATMENT AND MENTAL HEALTH



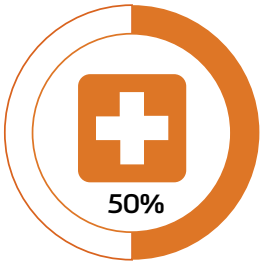
Of the 2019 EDRS sample ≤5 reported that they were currently receiving drug treatment.



Over half (56%) of those who responded self-reported that they had experienced a mental health problem in the previous 6 months.

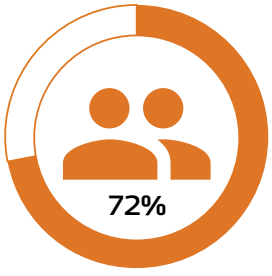


Of those who commented, the most common self-reported mental health concern was anxiety (78%), followed by depression (61%), and ADHD (15%).

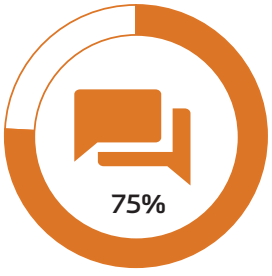


Of those self-reporting a mental health problem, 50% reported seeing a mental health professional in the previous 6 months.

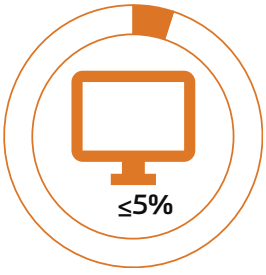
MODES OF PURCHASING



In 2019, 72% of the EDRS sample reported buying drugs face to face in the previous 12 months.

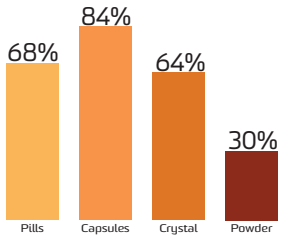


In 2019, 75% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.

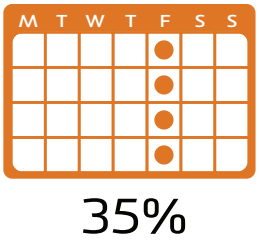


In 2019, ≤5 of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

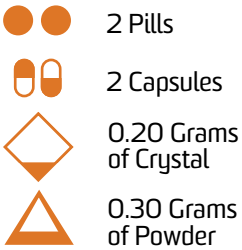
ECSTASY



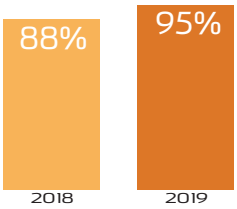
Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.



Of those who had recently consumed ecstasy, 35% used it weekly or more often.

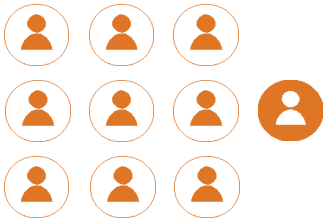


Median amounts of ecstasy consumed in a 'typical' session using each form.



Of those who could comment 95% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

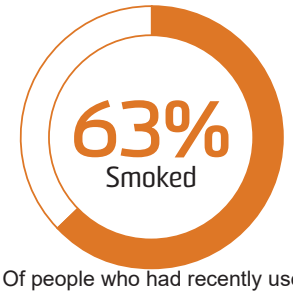
METHAMPHETAMINE



One in ten (11%) of people in the Western Australian EDRS sample had used methamphetaime in the previous 6 months.



Of the entire sample, 8% had recently consumed crystal, while a small number (≤5) had consumed powder.



Of people who had recently used crystal 63% smoked it.



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

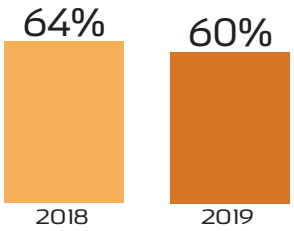
COCAINE



Half (47%) of the entire sample used cocaine in the past 6 months.



Of people who had consumed cocaine in the last 6 months, 98% had snorted it.

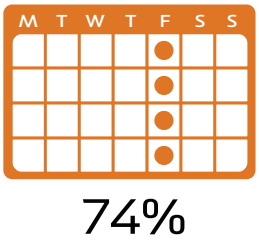


Of those who could comment 60% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



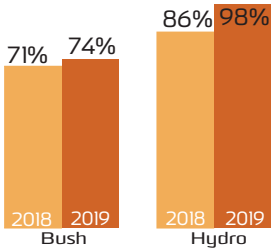
Four in five (86%) of the sample had used cannabis in the previous 6 months.



Of those who had consumed cannabis recently, 74% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 100% had smoked it.



Of those who could comment 94% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

The Ecstasy and Related Drugs Reporting System (EDRS) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of Drug Trends. The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine. The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS.

Methods

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

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2018 and 2019, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported).

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances (included in jurisdiction outputs; see below), nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Western Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles). The data from 2011 should be interpreted with caution given only 28 Perth participants were recruited that year. This recruitment difficulty was likely reflective of a global decline in ecstasy availability around that reporting year (Mounteney et al., 2018).

Additional Outputs

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

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

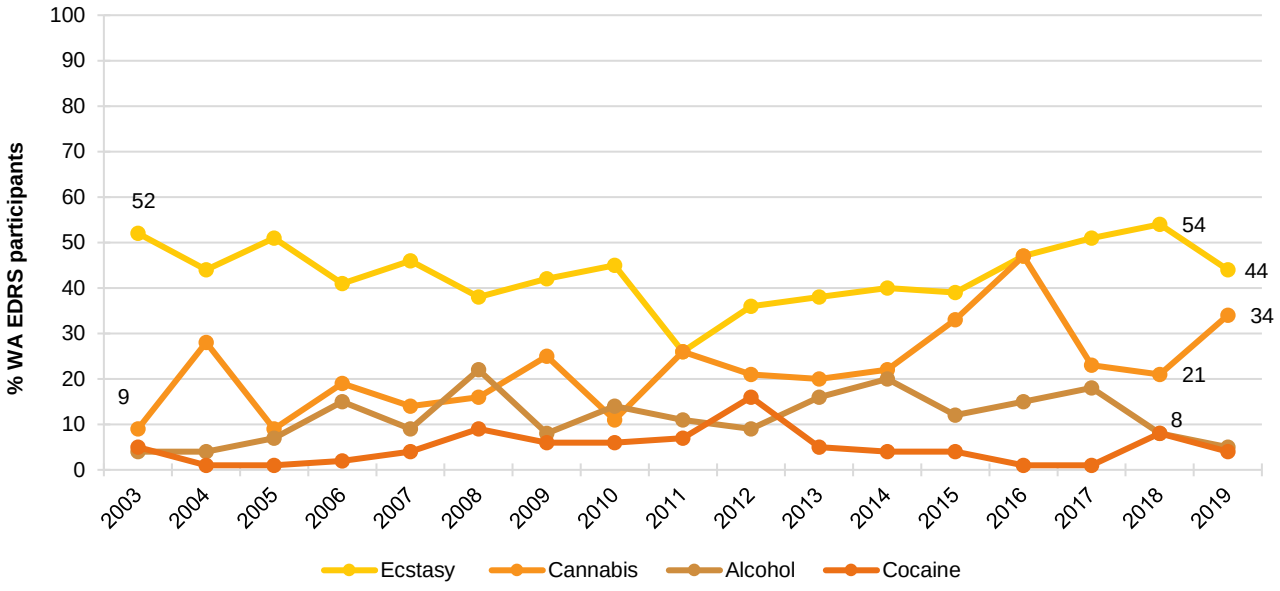
1

Sample Characteristics

In 2019, the WA EDRS sample was predominantly male (62%; 52% in 2018, *p*=0.153) with a median age of 19 (IQR=18-21; Table 1). Almost a third (30%) of the sample reported having received a post-school qualification(s), and over half (58%) were current students; a significant and substantial increase relative to 2018 (19%; *p*<0.001)[1]. Only 12% reported being employed full-time and 20% reported being unemployed at the time of interview. Weekly income declined from $400 in 2018 to $300 in 2019 (*p*=0.003), likely reflective of the higher percentage of students in 2019.

Participants typically reported that ecstasy or cannabis was their drug of choice (44% and 34%, respectively; Figure 1), although cannabis and alcohol were the drugs used most often in the month preceding interview (40% and 31%, respectively; Figure 2). More than a third of the sample reported weekly or more frequent ecstasy use (35%; 29% in 2018, *p*=0.363; Figure 3).

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



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0).Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

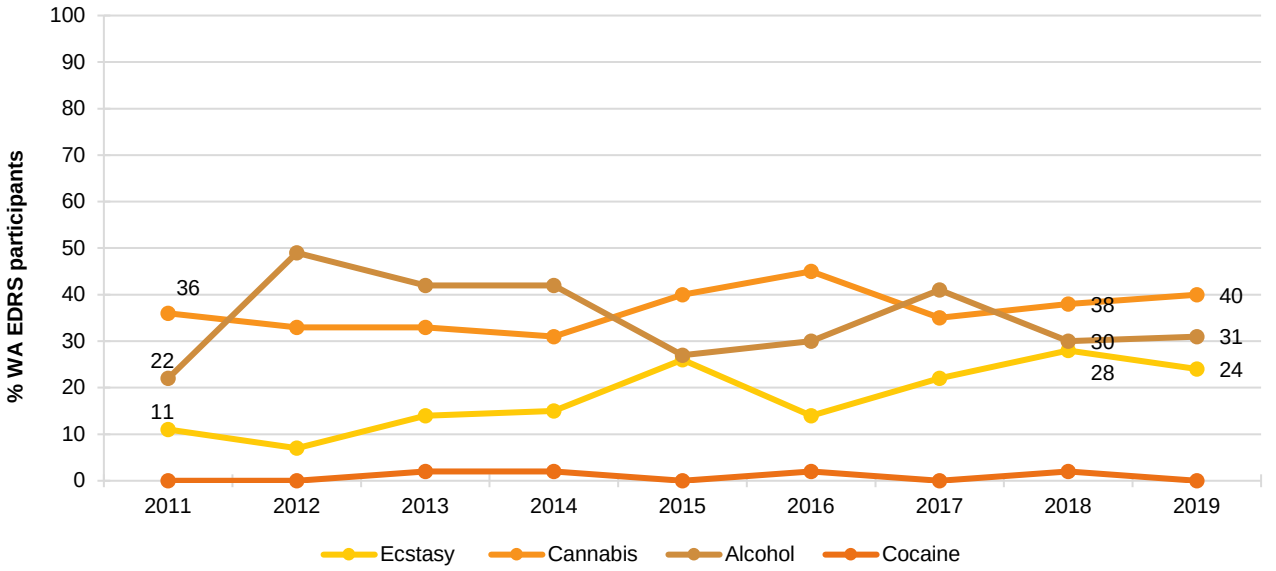
[1]Prior to 2019, information on student status was gained through the question about employment (response options aggregated to gain student status included: full-time student; part-time student; working and studying). However, in 2019, participants were asked about employment and study separately. It is possible this questionnaire change contributed to the higher percentage reporting studying in 2019. However, the median age was also significantly lower in 2019 which could have also contributed. There were no changes in recruitment methods between 2018 and 2019.

Table 1: Demographic characteristics of the sample, nationally and Western Australia, 2015-2019

	WA 2015 N=100	WA 2016 N=100	WA 2017 N=100	WA 2018 N=100	WA 2019 N=100	National 2019 N=797
Median age (years; IQR)	20 (19-23)	20 (19-23)	19 (18-21)	20 (18-22)	**19 (18-21)****	22 (19-26)
% Male	64	73	69	52	**62**	60
% Aboriginal and/or Torres Strait Islander	-	-	-	-	**-**	5
% Sexual identity						
Heterosexual	95	95	87	94	**88**	81
Homosexual	-	-	-	-	**-**	5
Bisexual	-	-	10	-	**8**	12
Different identity	0	0	0	0	**-**	1
Mean years of school education (range)	12 (9-12)	12 (8-12)	12 (9-12)	12 (10-12)	**12 (9-12)**	12 (8-12)
% Post-school qualification(s)^	38	40	30	36	**30**	54
% Employment status						
Employed full-time	22	29	24	22	**12**	22
Students#	12	47	40	19	**58*****	45
Unemployed	12	10	8	16	**20**	27
Median weekly income $ (IQR)	(N=94) $367 (243-650)	(N=90) $500 (250-800)	(N=95) $350 (144-700)	(N=95) $400 (200-800)	**(N=97) $300** (150-500)**	(N=763) $500 (257-850)
% Accommodation						
Own house/flat	-	-	-	-	**-**	4
Rented house/flat	41	27	26	33	**27**	48
Parents'/family home	53	69	71	61	**71**	40
Boarding house/hostel	-	-	-	-	**0**	5
No fixed address	-	-	-	-	**0**	1
Other	-	-	-	-	**-**	-

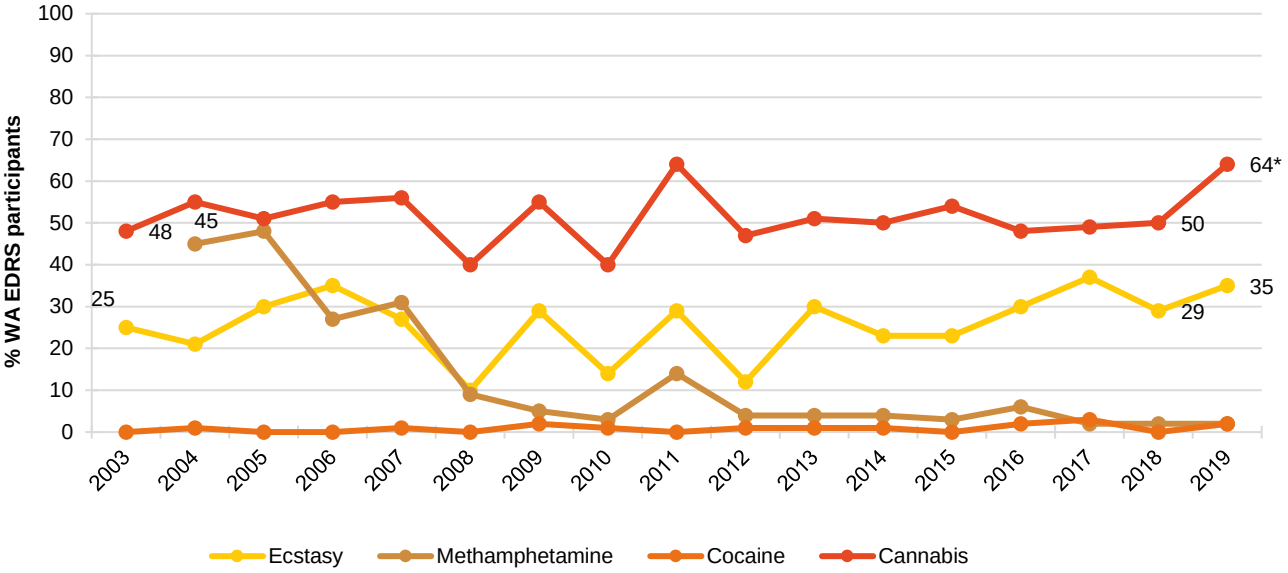
Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018 and 2019. ^Includes trade/technical and university qualifications. # For the first time in 2019 participants were specifically asked whether they were currently studying whereas in previous data collection years this information was collected as part of the employment question (response options for 'full-time student', 'part-time student' and 'working and studying' were aggregated into one category to gain student status). / not asked. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: High frequency (weekly or more) substance use in the past six months, Western Australia, 2003-2019



Note. Among the entire sample. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

Ecstasy/MDMA

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

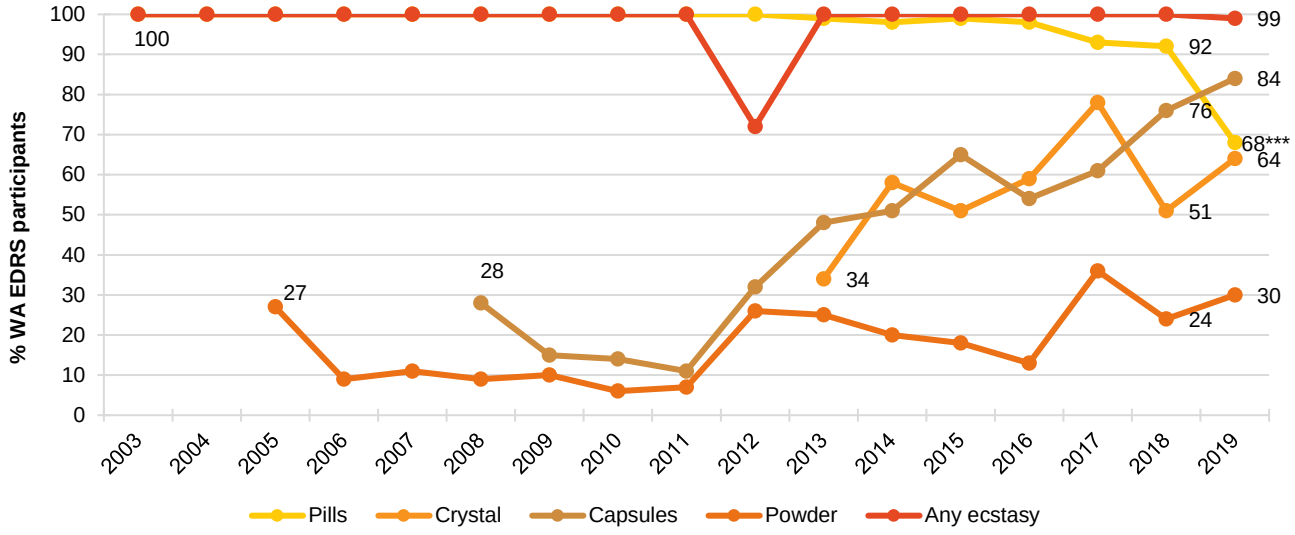
Recent Use (past 6 months)

For the first time since WA EDRS reporting began, capsules were the most commonly reported form of ecstasy used in the six months preceding interview (84%). While not significantly different to 76% in 2018 (p=0.157), capsule use had been on a strong upward trend since 2011 (Figure 4). In contrast, reported use of ecstasy in pill forms has been on a downward trend in recent years, significantly declining to a record low in 2019 (68%; 92% in 2018, p<0.001). The use of crystal and powder forms of ecstasy did not significantly change between 2018 and 2019, but these forms also appear to be on an upward trend.

Frequency of Use (past 6 months)

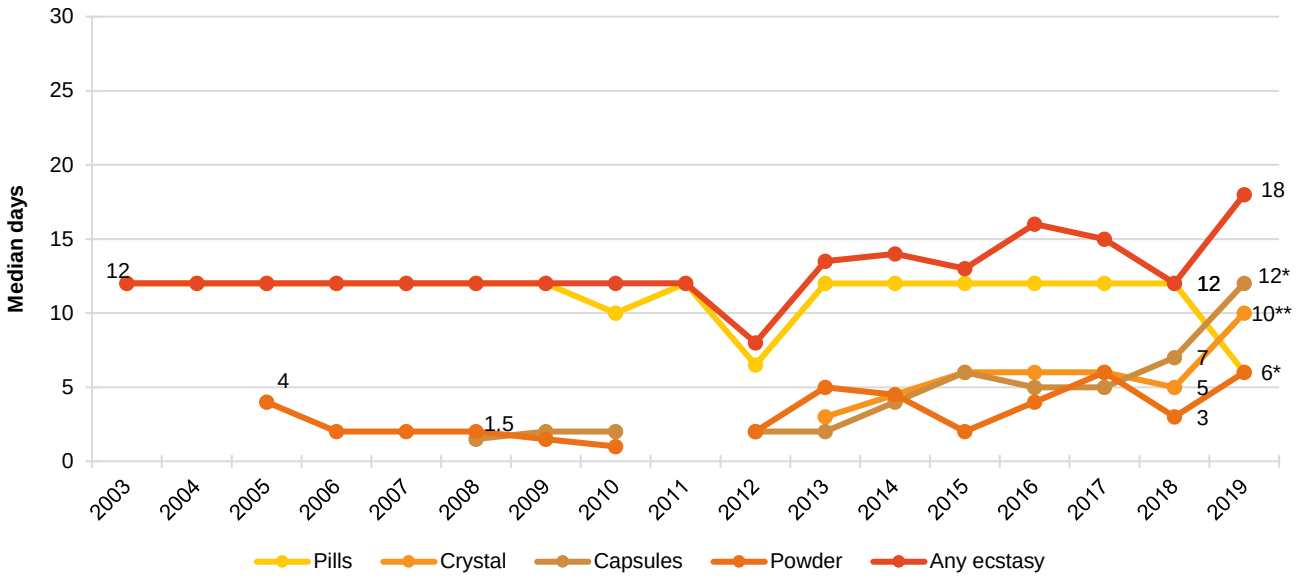
Consumers reported using ecstasy (in any form) on a median of 18 days (IQR=11-30; n=99; p<0.001) in the six months preceding interview (12 days in 2018, IQR=10-23; p=0.090). This represents the highest frequency of recent ecstasy use since WA EDRS reporting began. Over one-third of recent consumers (35%) reported weekly or more use (29% in 2018; p=0.337) (Figure 5).

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



Note. Up 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 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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



Note. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): In 2019, 68% reported recent use of ecstasy pills; a significant decrease from 92% in 2018 (p<0.001) (Figure 4).

Frequency of Use (past 6 months): Ecstasy pills were consumed on a median of six days in the preceding six months (IQR=3-12; 12 days in 2018, IQR=5-20; p=0.071) (Figure 5).

Routes of Administration: Swallowing remained the most common ROA (97%; 100% in 2018; p=0.098). However, almost half reported snorting (46%); a significant increase from 29% in 2018 (p=0.035).

Quantity: The median number of pills used in a 'typical' session significantly decreased from three pills in 2018 (IQR=2-4) to two pills in 2019 (IQR=1-3; p=0.001), while the maximum amount used in a session declined non-significantly from four pills in 2018 (IQR=3-8) to three pills in 2019 (IQR=2-6, p=0.056).

Ecstasy Capsules

Recent Use (past 6 months): In 2019, for the first time, capsules became the most common form of ecstasy used (84%) (Figure 4). While stable from 2018 (p=0.157), it reflects an overall upward trend in use of ecstasy capsules since 2011.

Frequency of Use (past 6 months): Capsules were the most frequently used ecstasy form, used on a median of 12 days in the preceding six months (IQR=6-20); a significant increase from seven days in 2018 (IQR=3-12, p=0.014) (Figure 5).

Routes of Administration: The most common ROA remained swallowing (100% in 2018 and 2019), but over a third reported snorting (35%); a significant increase from 18% in 2018 (p=0.022).

Quantity: The median number of capsules used in a 'typical' session remained stable at two (IQR=2-3; p=0.430), while the maximum amount used in a session increased non-significantly from three caps in 2018 (IQR=2-6) to four caps in 2019 (IQR=3-7, p=0.078).

Ecstasy Crystal

Recent Use (past 6 months): In 2019, 64% reported recent use of ecstasy crystals; a non-significant increase from 51% in 2018 (p=0.063) (Figure 4).

Frequency of Use (past 6 months): Ecstasy crystals were consumed on a median of 10 days in the preceding six months (IQR=4-12); a significant increase from five days in 2018 (IQR=2-9; p=0.006) (Figure 5).

Routes of Administration: The most common ROA remained swallowing (86%, p=0.488), but more than half reported snorting (55%); a non-significant increase from 44% in 2018 (p=0.063).

Quantity: The median amount of crystals used in a 'typical' session was 0.2 grams (IQR=0.1-0.3; 2018 median=0.4, IQR=0.2-1.0, p=0.009), while the maximum median amount used in a session was 0.4 grams (IQR=0.2-0.6; 2018 median=0.5, IQR=0.4-1.0).

Ecstasy Powder

Recent Use (past 6 months): In 2019, 30% reported recent use of ecstasy powder; a non-significant increase from 24% in 2018 (p=0.339) (Figure 4).

Frequency of Use (past 6 months): Ecstasy powder was used on a median of six days in the preceding six months (IQR=2-16); a significant increase from three days in 2018 (IQR=2-8, p=0.040) (Figure 5).

Routes of Administration: The most common ROA for powder was snorting (90%); a non-significant increase from 71% in 2018 (p=0.072). About half reported swallowing (47%; 58% in 2018, p=0.394).

Quantity: In a 'typical' session, participants reported consuming a median of 0.3 grams (IQR=0.2-0.5), while the median maximum amount used in a session was 0.5 grams (IQR=0.30-0.80). Due to low numbers reporting in 2018 (≤5), no comparisons have been made across years.

Market Trends

Ecstasy Pills

Price: In 2019, the median price per ecstasy pill was $20 (IQR=20-25, n=72), stable from 2018 (Median=20, IQR=15-25, n=82) (Figure 6).

Perceived Purity: Among those able to comment (n=73), 36% perceived the purity of pills as 'high' (a significant increase from 18% in 2018, *p*=0.019) and 37% as 'medium' (35% in 2018, *p*=0.947; Table 2).

Perceived Availability: Among those able to comment (n=71), 48% perceived ecstasy pills as 'very easy' to obtain (49% in 2018, *p*=0.977), while 11% perceived them as 'difficult' to obtain (6% in 2018, *p*=0.357; Table 2).

Ecstasy Capsules

Price: In 2019, the median price per ecstasy capsule was $20 (IQR=20-25, n=83); a significant decline from $25 in 2018 (IQR=20-25, *p*=0.002, n=73) (Figure 6).

Perceived Purity: Among those able to comment (n=84), 58% perceived the purity of capsules as 'high' (58% in 2018, *p*=0.884) and 31% as 'medium' (27% in 2018, *p*=0.658) (Table 2).

Perceived Availability: Among those able to comment (n=83), 71% perceived ecstasy capsules as 'very easy' to obtain; a significant increase from 40% in 2018 (*p*<0.001). Small numbers (n≤5) perceived them as 'difficult' to obtain (11% in 2018, *p*=0.220) (Table 2).

Ecstasy Crystal

Price: The median price per gram of ecstasy crystal was $160 (IQR=110-200; n=33); a significant decline from $200 in 2018 (IQR=200-250; *p*=0.001, n=27) (Figure 7).

Perceived Purity: Among those able to comment (n=56), 70% perceived the purity of crystal as 'high' (61% in 2018, *p*=0.488) and 25% as 'medium' (26% in 2018, *p*=0.922) (Table 2).

Perceived Availability: Among those able to comment (n=56), 52% perceived ecstasy crystal as 'very easy' to obtain; a significant increase from 24% in 2018 (*p*=0.012) (Table 2). Small numbers (n≤5) perceived them as 'difficult' to obtain (21% in 2018, *p*=0.046).

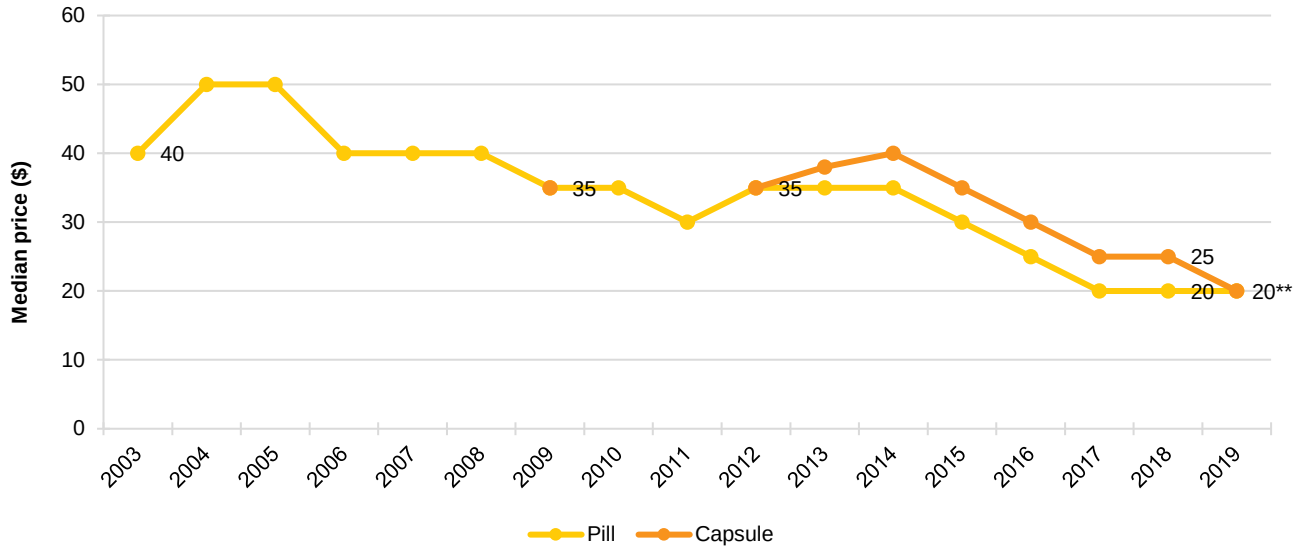
Ecstasy Powder

Price: The median price per gram of ecstasy powder was $160 (IQR=100-200; n=11). Due to low reporting numbers in 2018, no statistical comparisons have been made.

Perceived Purity: Among those able to comment (n=15), 60% perceived the purity of powder as 'medium' and 40% as 'high' (64% perceived powder as 'high' in 2018, *p*=0.349) (Table 2).

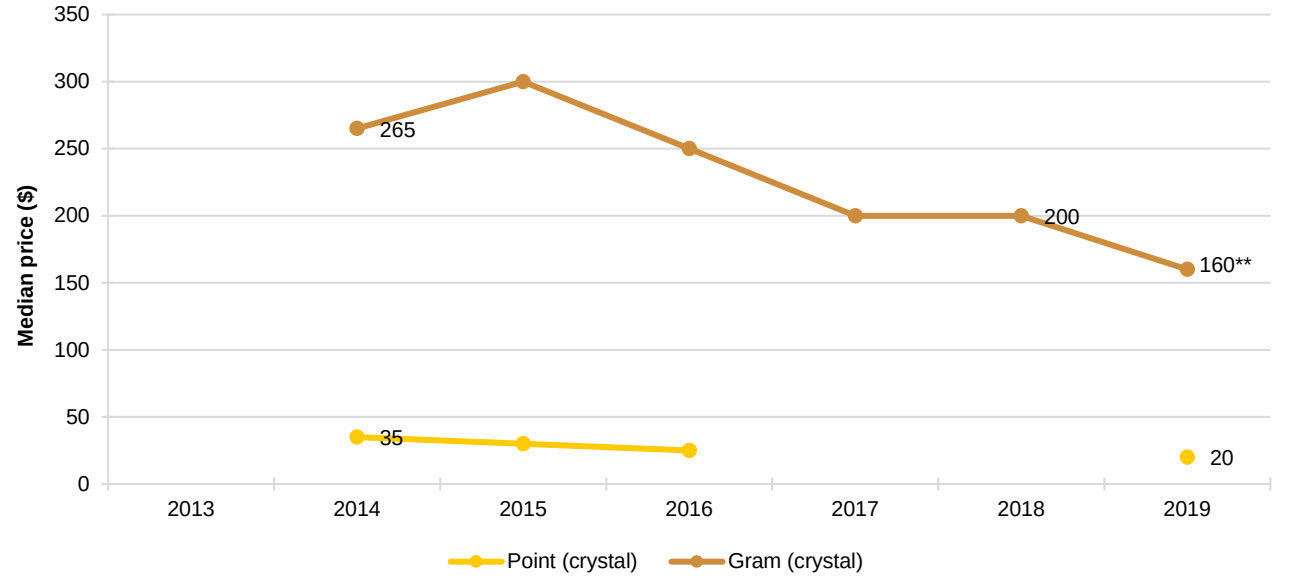
Perceived Availability: Among those able to comment (n=15), 60% perceived ecstasy powder as 'very easy' to obtain, while 7% perceived powder as 'difficult' to obtain (Table 2). Due to small cell sizes (n≤5), no statistical comparisons have been made between 2018 and 2019.

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



Note. Among those who commented. Collection of ecstasy capsule price data started in 2008. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 7: Median price of ecstasy crystal per point and gram, Western Australia, 2013-2019



Note. Among those who commented. Price data collection for ecstasy crystal grams and points started in 2013 and 2014 respectively. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Years with low cell sizes (≤5) have been suppressed (2013 for grams; 2017 and 2018 for points). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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

	2017	2018	2019
Perceived Purity			
% Pills (n)	(n=72)	(n=88)	**(n=73)**
Low	15	18	**12**
Medium	28	35	**37**
High	21	18	**36***
Fluctuates	36	28	**15**
% Capsules (n)	(n=72)	(n=79)	**(n=84)**
Low	-	-	**-**
Medium	36	27	**31**
High	44	58	**58**
Fluctuates	13	13	**7**
% Crystal (n)	(n=65)	(n=38)	**(n=56)**
Low	-	0	**0**
Medium	22	26	**25**
High	60	61	**70**
Fluctuates	12	-	**-**
% Powder (n)	(n=26)	(n=14)	**(n=15)**
Low	-	-	**0**
Medium	42	-	**60**
High	31	64	**40**
Fluctuates	-	0	**0**
Perceived Availability			
% Pills (n)	(n=95)	(n=85)	**(n=71)**
Very easy	58	49	**48**
Easy	38	44	**41**
Difficult	-	-	**11**
Very difficult	-	0	**0**
% Capsules (n)	(n=72)	(n=80)	**(n=83)**
Very easy	25	40	**71*** **
Easy	58	48	**24****
Difficult	15	11	**-**
Very difficult	-	-	**0**
% Crystal (n)	(n=65)	(n=38)	**(n=56)**
Very easy	43	24	**52***
Easy	35	53	**43**
Difficult	22	21	**-***
Very difficult	-	-	**0**
% Powder (n)	(n=26)	(n=14)	**(n=15)**
Very easy	32	-	**60**
Easy	36	-	**-**
Difficult	28	-	**-**
Very difficult	-	0	**0**

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

3

Methamphetamine

Participants were asked about their recent (past six month) use of various forms of methamphetamine, including powder (white particles, described as 'speed'), base (wet, oily powder) and crystal (clear, ice-like crystals). Findings for powder and base forms of methamphetamine are not reported here due to low numbers reporting recent use (≤5). For further information on these forms, please refer to the National Report or contact the Drug Trends team.

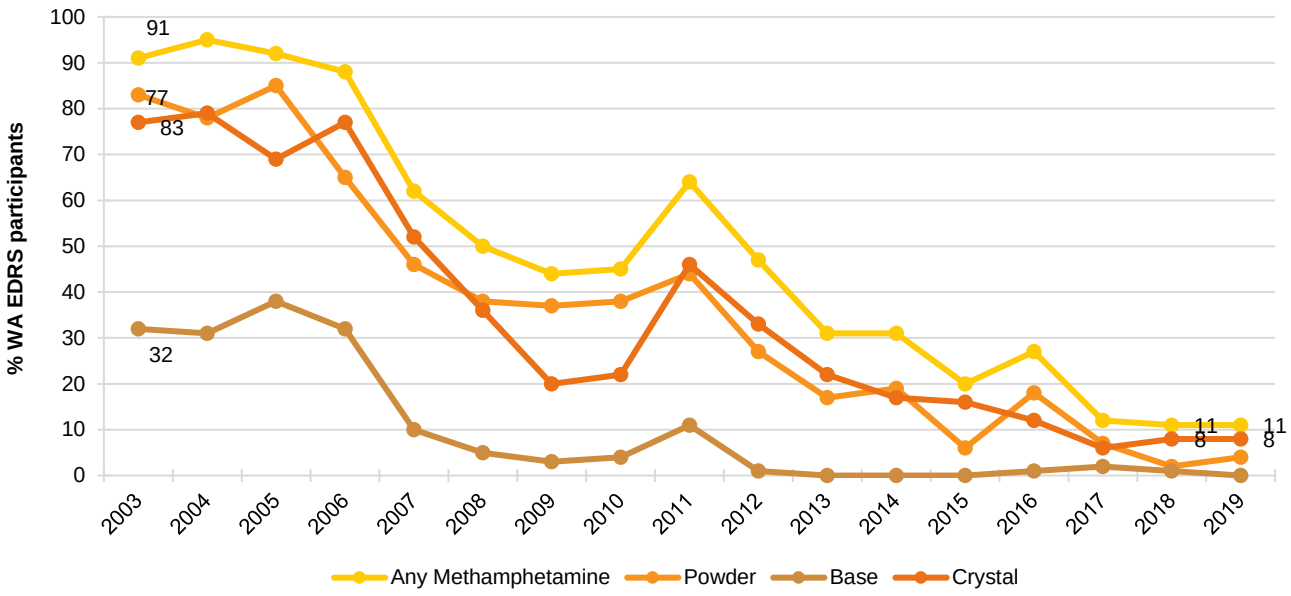
Recent Use (past 6 months)

In 2019, 11% of the sample reported recent use of any methamphetamine. While this per cent was stable from 2018 (11%, *p*=1.000), recent use of methamphetamine among WA EDRS samples has steadily declined since monitoring began in 2003 (Figure 8).

Frequency of Use (past 6 months)

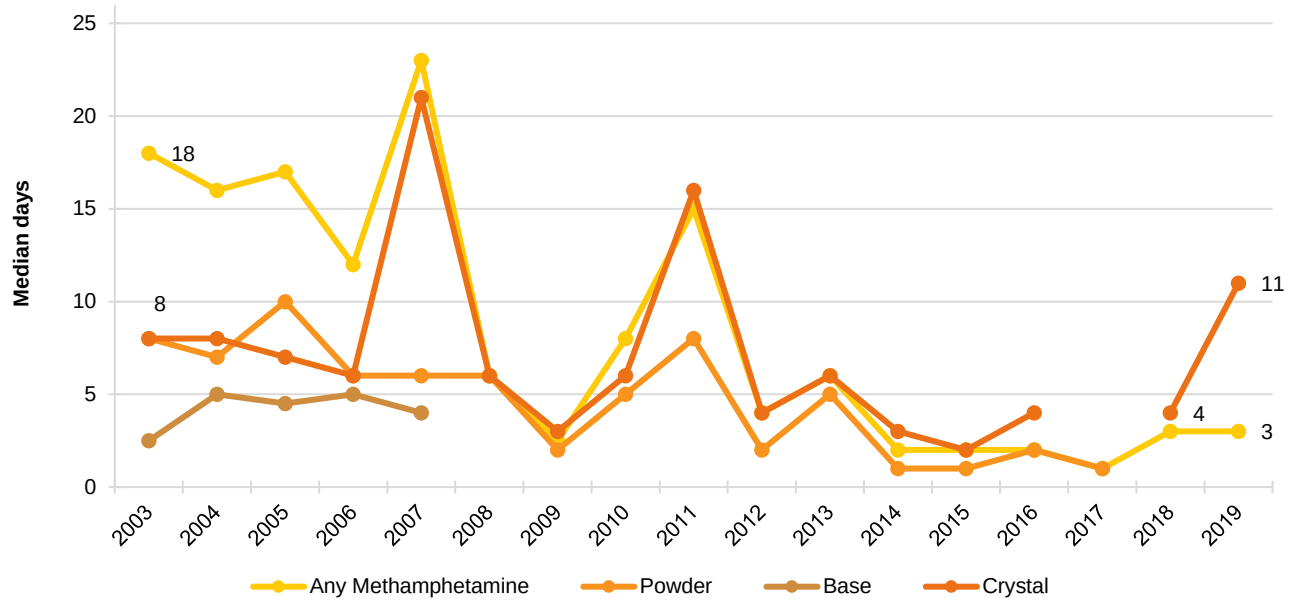
Consumers reported using methamphetamine (any form) on a median of three days in the six months preceding interview (IQR=1-23). While stable from 2018 (median=3, IQR=1-15; *p*=0.748), frequency of use has also steadily declined since monitoring began (Figure 9). Among recent consumers, very few (≤5) reported weekly or more frequent use of any methamphetamine.

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



Note. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25 days to improve visibility of trends. Years with small cell sizes (≤5) have been suppressed. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Due to low numbers (n≤5), data on consumption patterns for powder and base forms of methamphetamine are not reported here. For further information on consumption of these forms, please contact the Drug Trends team or refer to the National Report.

Crystal Methamphetamine

Recent Use (past 6 months): Eight per cent of the sample reported recent use of crystal methamphetamine in 2019, unchanged from 2018 (p=1.000; Figure 8).

Frequency of Use (past 6 months): Consumers reported using crystal methamphetamine on a median of 11 days in the six months preceding interview (IQR=2-24, n=8), compared to a median of four days in 2018 (IQR=1-25, n=8, p=0.645).

Routes of Administration: Of those who had recently consumed crystal methamphetamine, most (63%) reported smoking it (75% in 2018, p=0.590).

Quantity: The median amount of crystal methamphetamine consumed in a 'typical' session was 0.2 grams (IQR=0.09-0.44; n=6) while the median maximum amount consumed in a session was 0.6 grams (IQR=0.1-2.0; n=6). Due to low reporting numbers in 2018 (≤5), no comparisons have been made.

Market Trends

Due to low numbers able to comment on market trends for powder and base forms of methamphetamine (n≤5), the data are not reported here. For further information on market trends for these drugs, please contact the Drug Trends team or refer to the National Report.

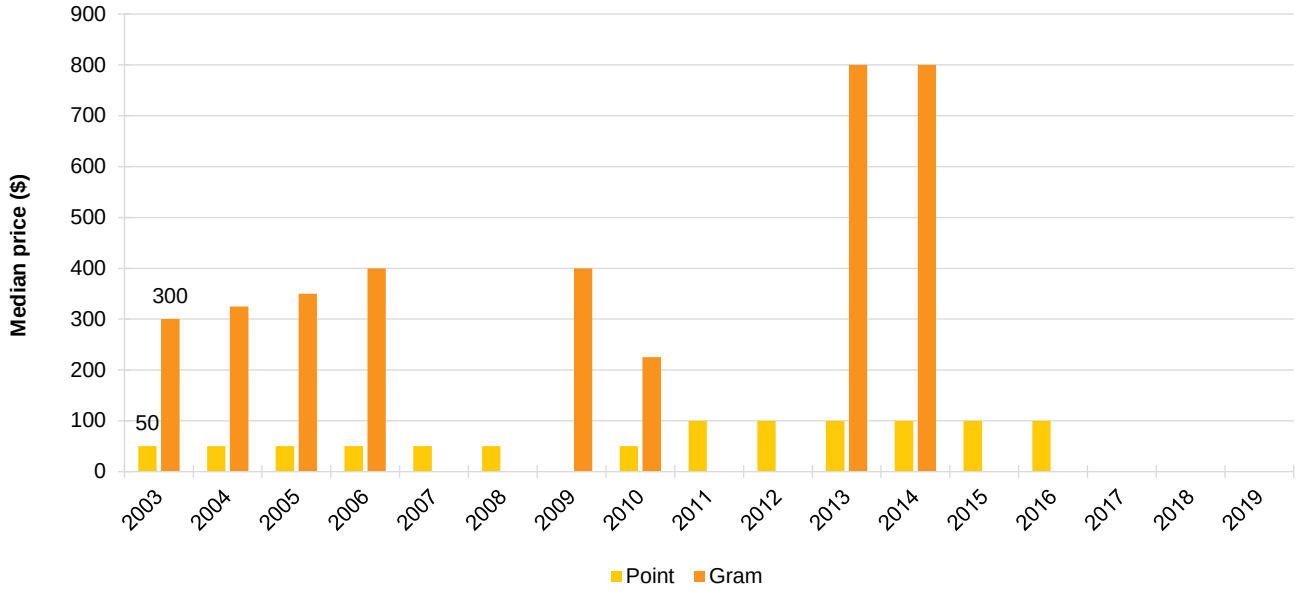
Crystal Methamphetamine

Price: Due to low numbers able to comment on the price of crystal methamphetamine in 2019 (n≤5), data are not discussed. As shown in Figure 10, a nominal per cent of WA EDRS participants (n≤5) have been able to comment on price in recent years (data has therefore been supressed).

Perceived Purity: Among those able to comment on purity in 2019 (n=7), 42% perceived it as 'high', 14% as 'medium' and 42% as 'fluctuating' (Figure 11). Due to low numbers in 2018, no statistical comparisons have been made.

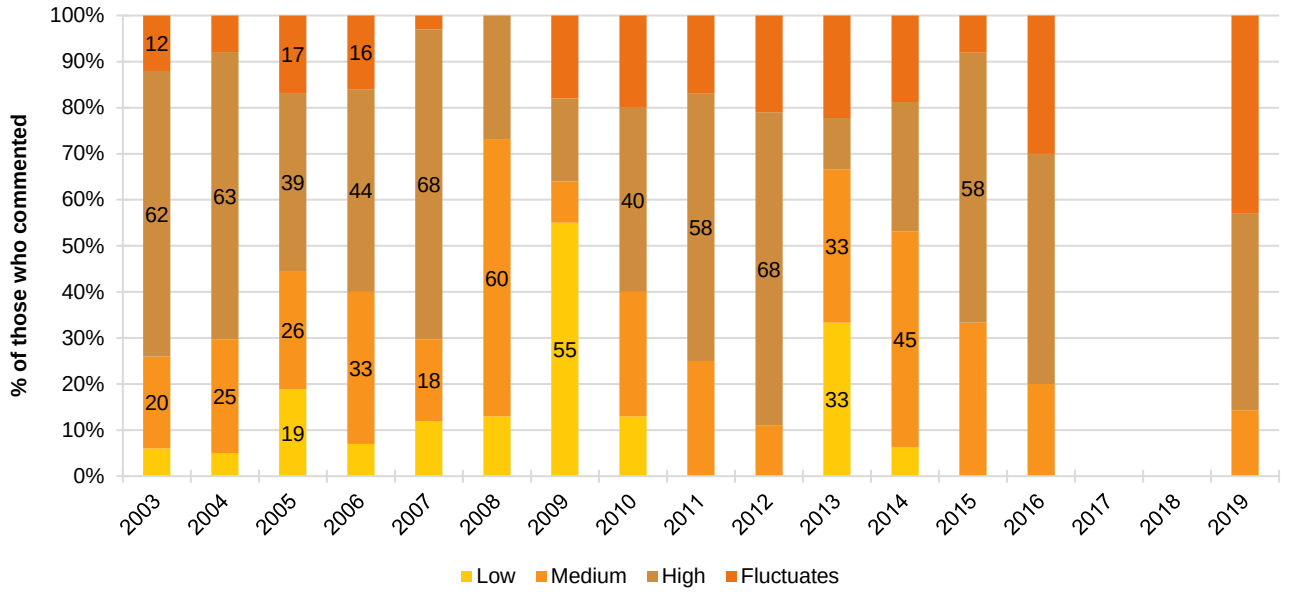
Perceived Availability: Of those able to comment on the availability of crystal methamphetamine (n=8), most (88%) perceived it as 'easy' or 'very easy' to obtain (Figure 12). Due to low numbers in 2018, no statistical comparisons have been made.

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



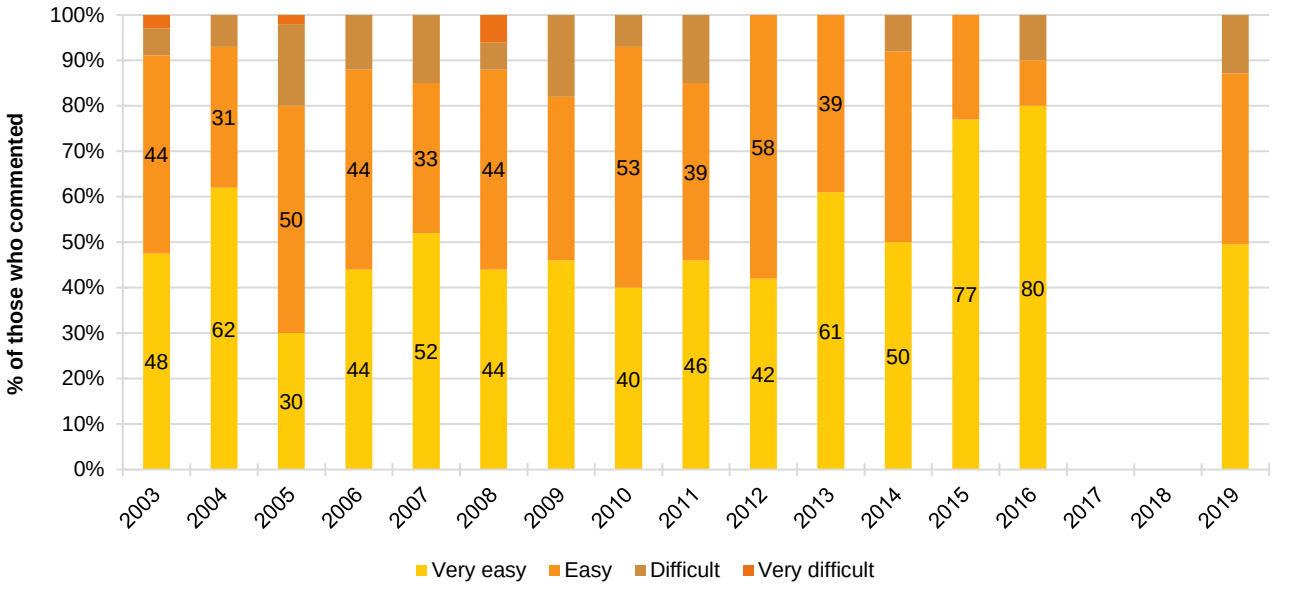
Note. Among those who commented. Years with low cell sizes (≤5) have been suppressed (e.g. 2017-2019). Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 11: Current perceived purity of crystal methamphetamine, Western Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Years with low reporting numbers (≤5) have been suppressed (e.g. 2017-2018). Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 12: Current perceived availability of crystal methamphetamine, Western Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Years with low reporting numbers (≤5 but not 0) have been suppressed (e.g. 2017-2018). Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

In 2019, almost half (47%) of the WA sample reported recent cocaine use, unchanged from 2018 (p=1.000). This follows a general upward trend in reported cocaine use since reporting began in 2003, when 17% of the sample reported recent use (Figure 13).

Frequency of Use (past 6 months)

Consumers reported using cocaine on a median of two days in the six months preceding interview (IQR=1-5; 2018 median=2 days, IQR=1-5; p=0.809) (Figure 13). Weekly or more frequent use of cocaine remained low (n≤5; 0% in 2018).

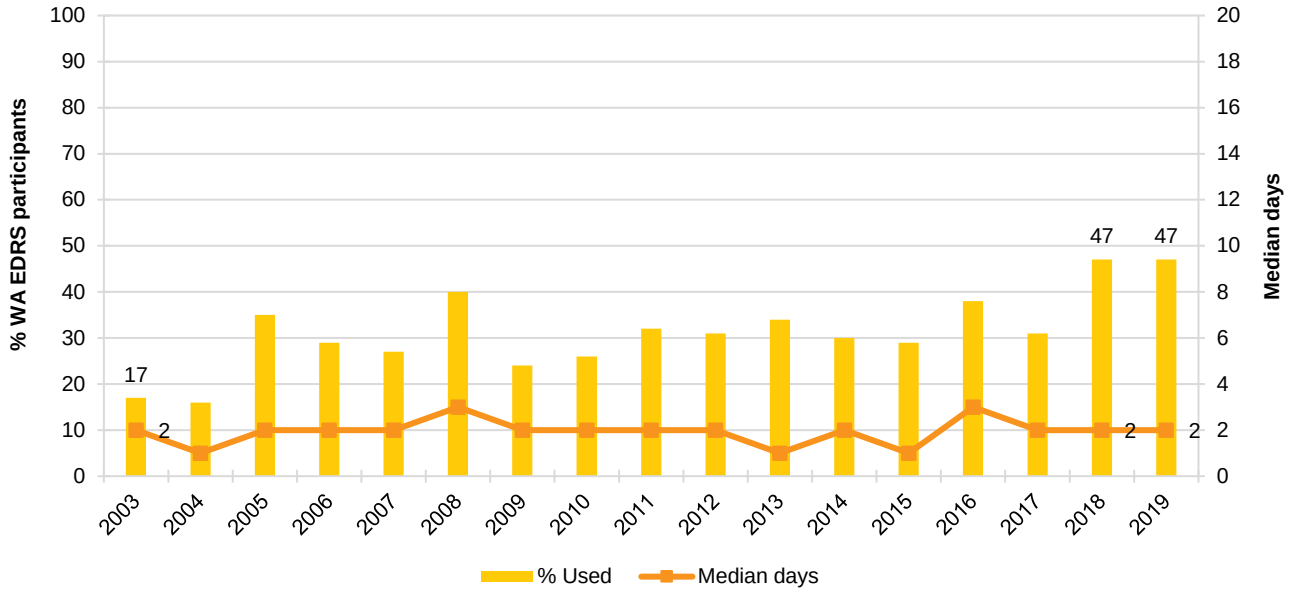
Routes of Administration

The main route of administration reported for use of cocaine was snorting (98%; 98% in 2018, p=1.000) followed by swallowing (23%; 18% in 2018, p=0.614).

Quantity

The median quantity of cocaine consumed in a 'typical' session was 0.27 grams (IQR=0.10-0.70, n=26; 2018 median=0.40, IQR=0.30-0.88, n=12, p<0.001), while the median maximum amount used in a session was 0.40 grams (IQR=0.18-1.0; 2018 median=0.5, IQR=0.35-0.90, n=12, p<0.001).

Figure 13: Past six month use and frequency of use of cocaine, Western Australia, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends for days of use. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Price

The median price per gram of cocaine was $350 (IQR=350-410, n=18), stable from 2018 (median=$350, IQR=300-362, n=18; p=0.068) (Figure 14).

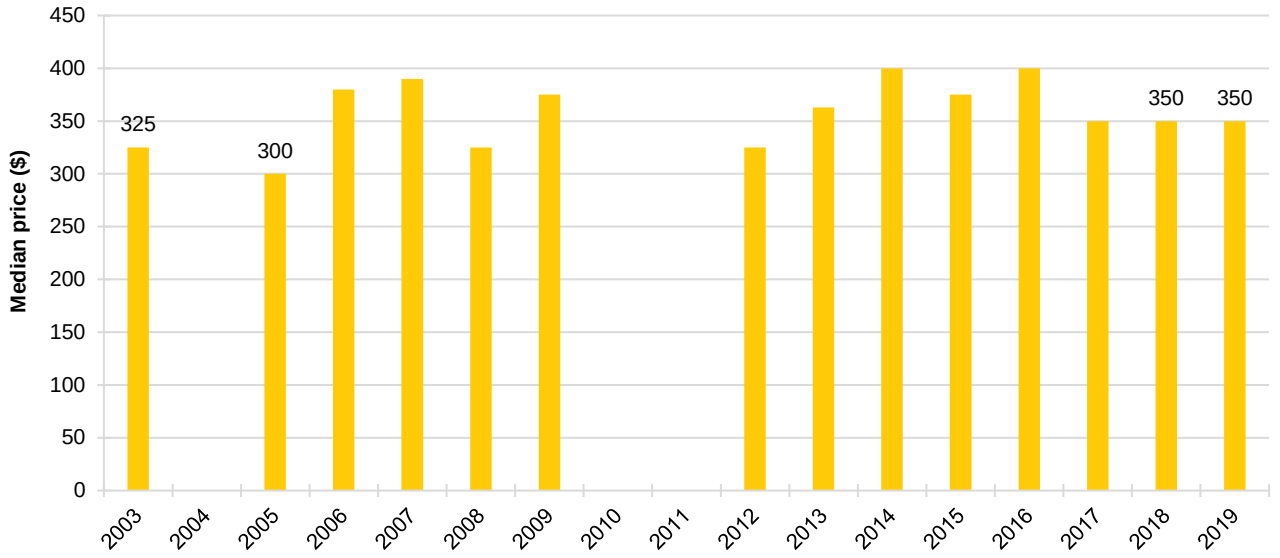
Perceived Purity

Among those able to comment (n=25), 32% perceived the current purity of cocaine as ‘low’, 28% as ‘high’ and 24% as ‘medium’ (Figure 15). Perceptions were also mixed in 2018.

Perceived Availability

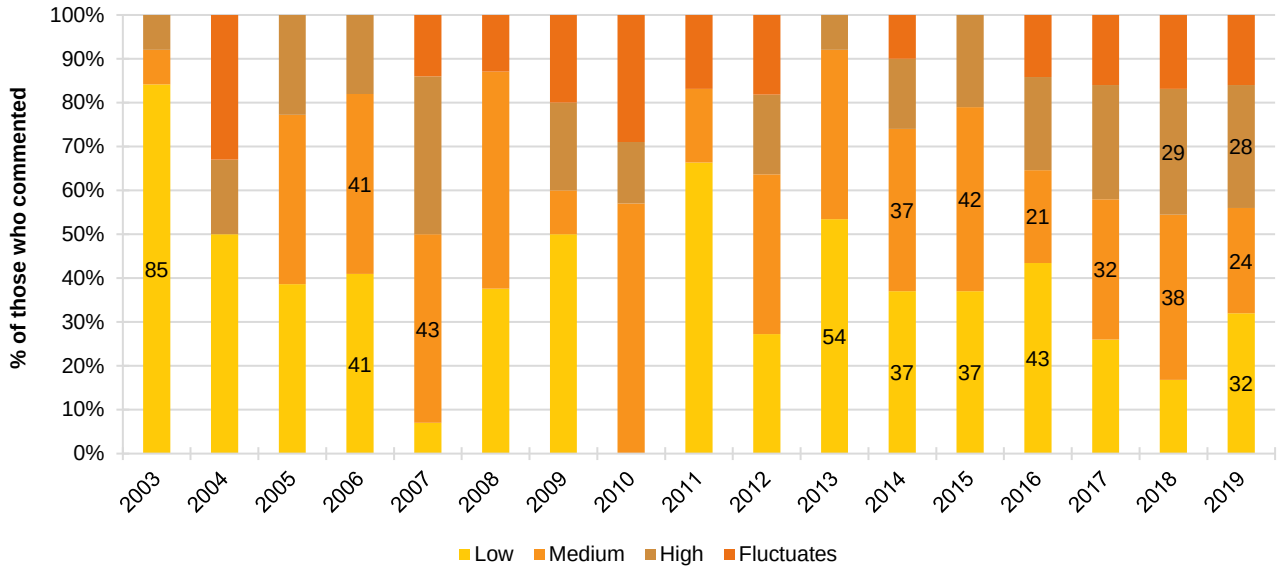
Of those able to comment (n=25), most (60%) considered cocaine ‘easy’ or ‘very easy’ to access (64% in 2018, n=22; p=0.964), while 40% nominated ‘difficult’ or ‘very difficult’ (36% in 2018, p=0.964) (Figure 16).

Figure 14: Median price of cocaine per gram, Western Australia, 2003-2019



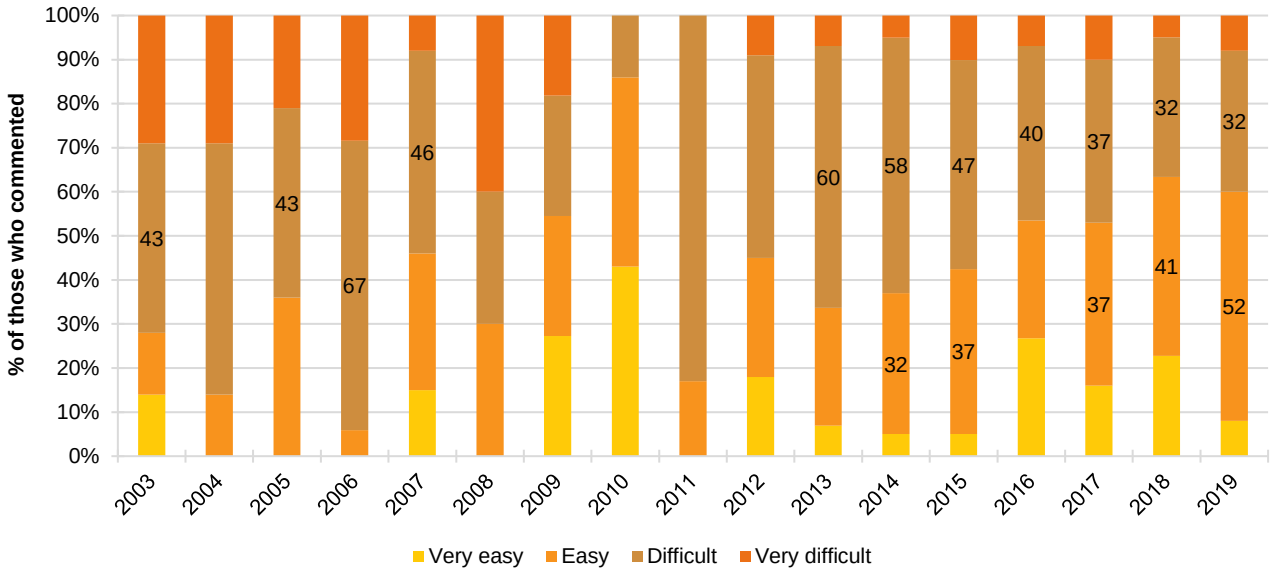
Note. Among those who commented. Years with low cell sizes (≤5) have been suppressed. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 15: Current perceived purity of cocaine, Western Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 16: Current perceived availability of cocaine, Western Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

5

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

Consistent with previous years, most WA participants (86%) reported recent cannabis consumption (86% in 2018, *p*=1.000) (Figure 17).

Frequency of Use (past 6 months)

Consumers reported using cannabis on a median of 49 days in the six months preceding interview (i.e. twice per week, IQR=12-144). This represents a non-significant increase from 25 days in 2018 (IQR=5-114, *p*=0.115; Figure 17). About three-quarters (74%) of recent cannabis consumers reported at least weekly use (59% in 2018, *p*=0.031) and 22% daily use (19% in 2018, *p*=0.596).

Routes of Administration

Consistent with previous years, the most commonly reported route of administration for cannabis consumption was smoking (100% in 2019 and 2018). In 2019, 20% also reported swallowing cannabis (17% in 2018; *p*=0.695) and 7% reported vaping (11% in 2018; *p*=0.418).

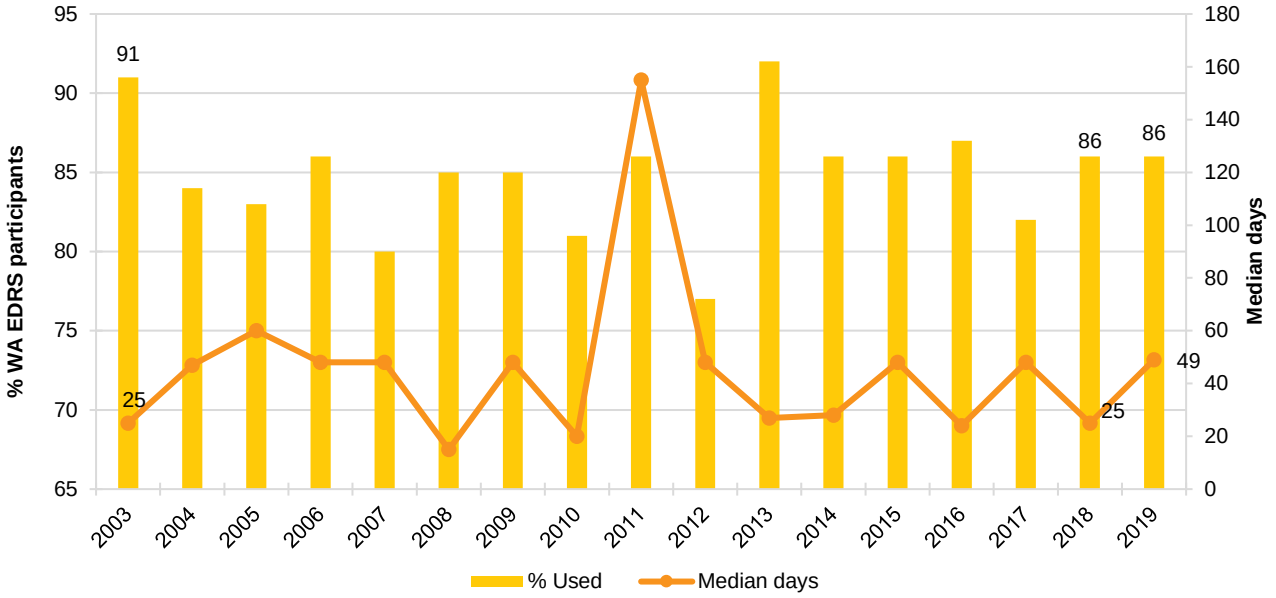
Quantity

On the last occasion of cannabis use, those who could comment (n=85) reported consuming a median of 1.5 grams (n=23, IQR=1-3), four cones (n=49, IQR=2-6) or one joint (n=13, IQR=1.0-1.5). This compares to 2018 where consumers reported using a median of two grams (IQR=1.0-2.5, *p*=0.626), three cones (IQR=2-5, *p*=0.020) or one joint (IQR=1-2, *p*=0.596).

Forms Used

Among those reporting recent cannabis use and were able to answer (n=77), the forms of cannabis reportedly used in the six months preceding interview were hydroponic (90%; 78% in 2018, *p*=0.058), bush (61%; 64% in 2018, *p*=0.744), hash (7%, 9% in 2018, *p*=0.892) and hash oil (9%, numbers in 2018 n≤5 and suppressed). Among those responding (n=75), the main form of cannabis reportedly used was hydroponic (83%), followed by bush (16%). Numbers for hash oil were n≤5 and are therefore suppressed.

Figure 17: Past six month use and frequency of use of cannabis, Western Australia, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 95% to improve visibility of trends in days of use. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Only participants who indicated they were able to distinguish between hydroponic and bush forms of cannabis were asked to comment on market trends (n=65).

Hydroponic Cannabis

Price: In 2019, the median price per gram of hydroponic cannabis was $25 (IQR=20-25; n=20), consistent with previous years. The median price per ounce was $350 (IQR=305-350, n=16), also stable from previous years ($350 in 2018, IQR=300-360; p=0.904) (Figure 18).

Perceived Potency: Of those who commented (n=59), 48% perceived the potency of hydroponic cannabis as 'high' (45% in 2018, p=0.986, Figure 19) and 39% as 'medium'.

Perceived Availability: Of those who commented (n=59), almost everyone (98%) reported that hydro was 'easy' or 'very easy' to obtain (86% in 2018, p=0.039). The per cent reporting 'very easy' was the highest since monitoring began (Figure 20).

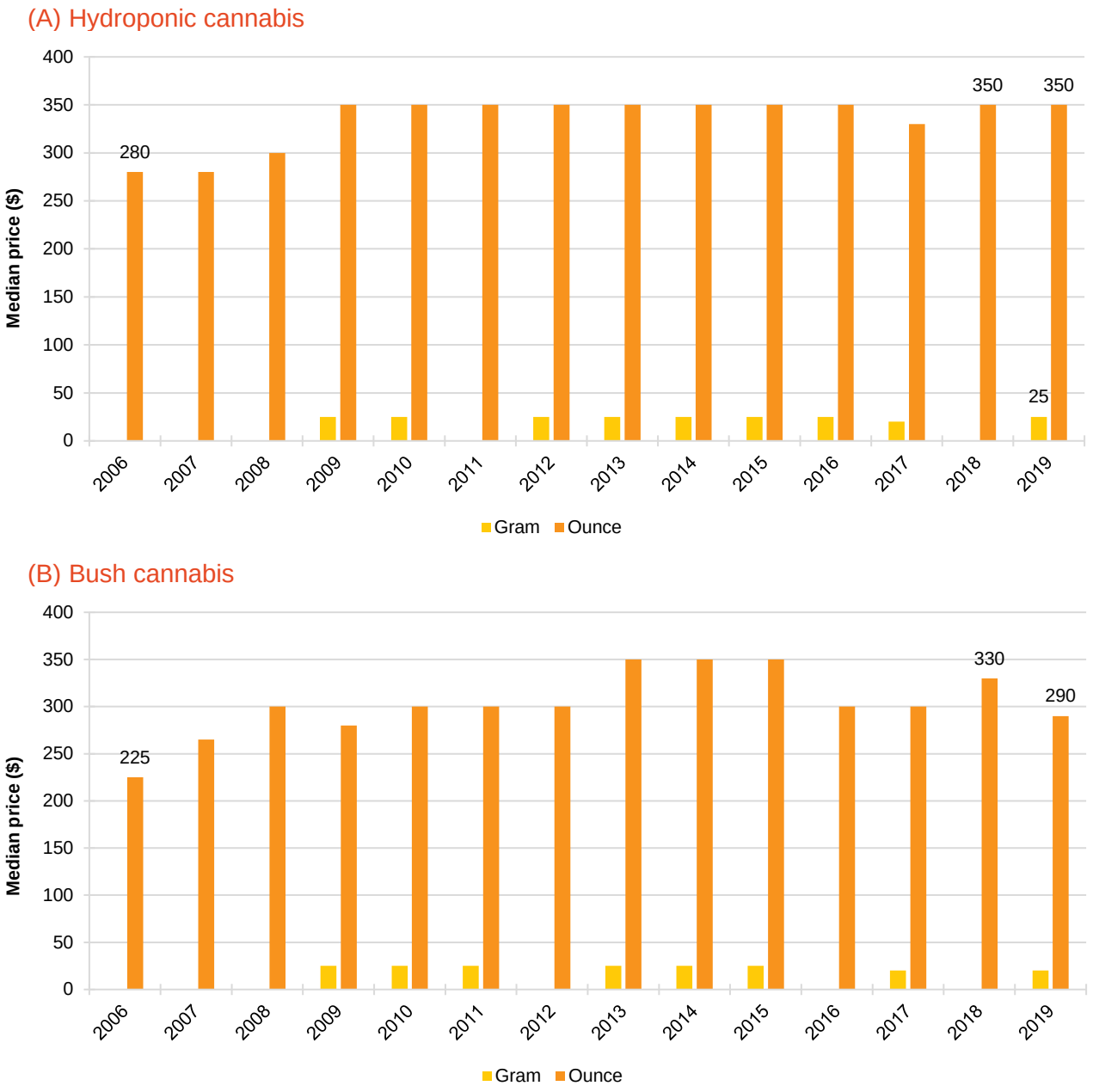
Bush Cannabis

Price: The median price per gram of bush cannabis was slightly lower than hydro cannabis at $20 (IQR=18-25; n=13); comparable with 2018 (median=$20, IQR=18-25). The median price per ounce was $290 (IQR=210-365, n=12; low numbers reporting in 2018 (n≤5)) (Figure 18).

Perceived Potency: Of those who commented (n=34), 38% perceived the potency of bush cannabis as 'medium', 27% as 'low' and 27% as 'high'. These mixed perceptions regarding the potency of bush cannabis are consistent with 2018 and previous data collection years (Figure 19).

Perceived Availability: Of those who commented (n=34), three-quarters (74%) reported that bush cannabis was 'easy' or 'very easy' to obtain (71% in 2018, p=0.943) (Figure 20).

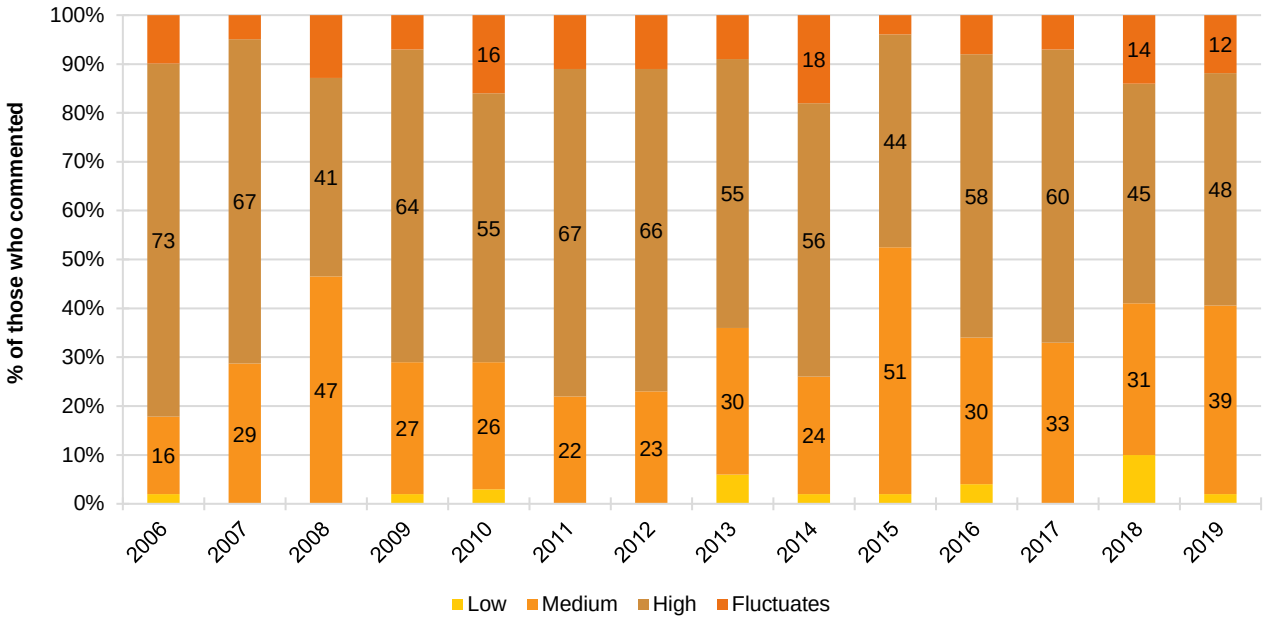
Figure 18: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, Western Australia, 2006-2019



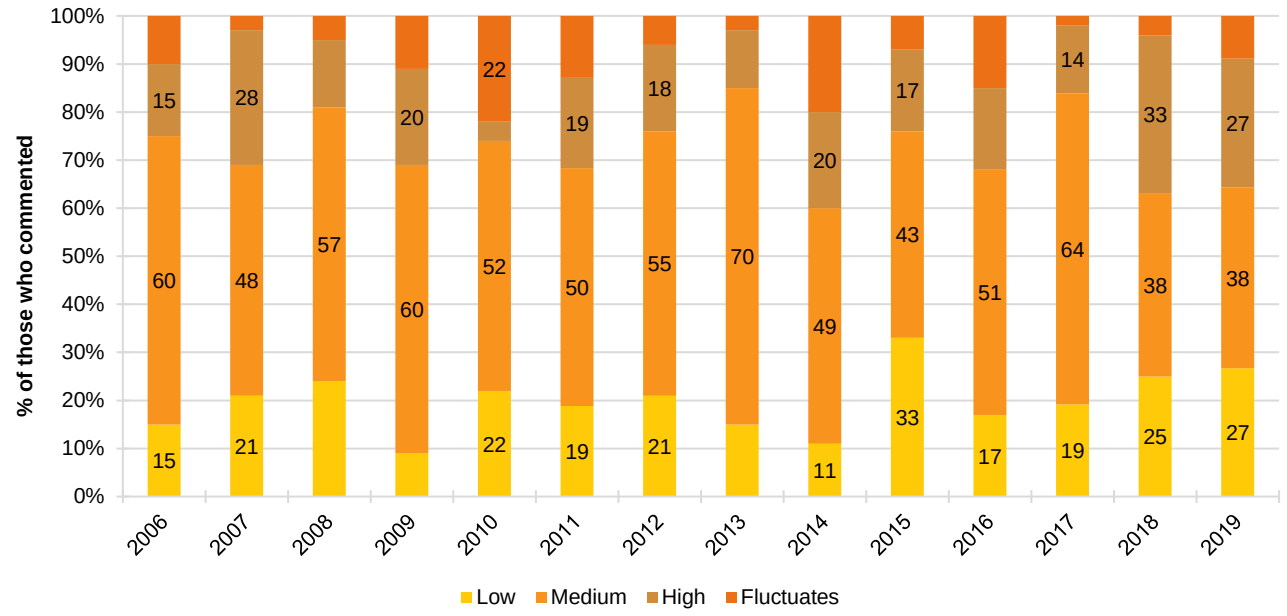
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 19: Current perceived potency of hydroponic (A) and bush (B) cannabis, Western Australia, 2006-2019

(A) Hydroponic cannabis

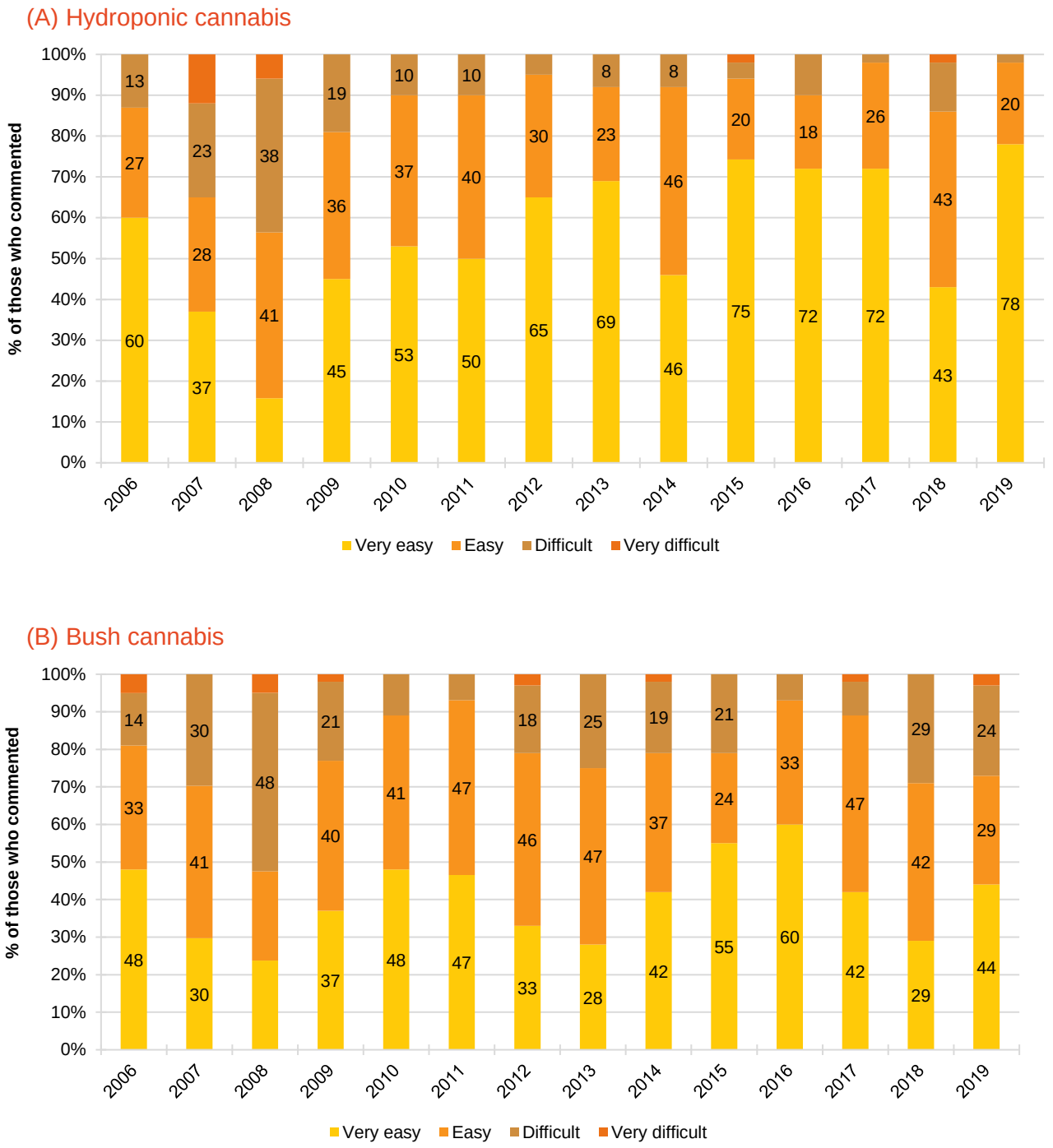


(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 20: Current perceived availability of hydroponic (A) and bush (B) cannabis, Western Australia, 2006-2019



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

6

Ketamine, LSD, and Hallucinogenic Mushrooms

Ketamine

Patterns of Consumption

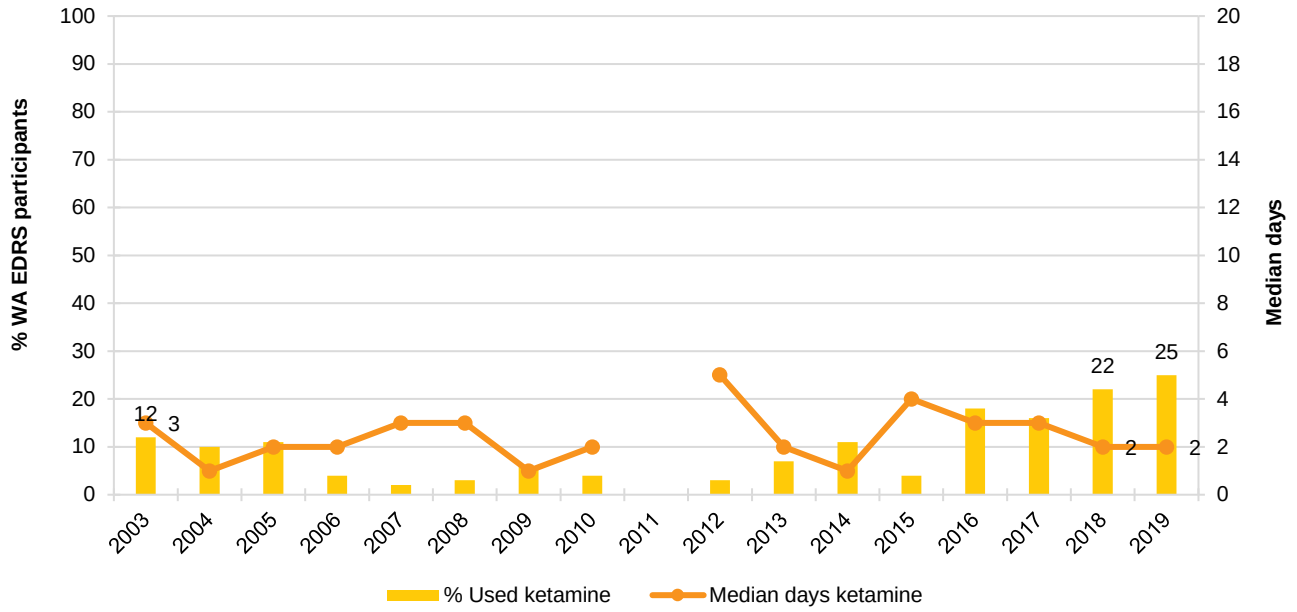
Recent Use (past 6 months): In 2019, a quarter (25%) of the WA sample reported recent ketamine use. While not significantly different to 22% in 2018 (*p*=0.617), there has been an upward trend in reported use of this drug among WA EDRS samples in recent years (Figure 21).

Frequency of Use (past 6 months): Consumers reported using ketamine on a median of two days in the preceding six month period (IQR=1-4, n=25) (Figure 21). While frequency of use of this drug has fluctuated over time, it has always been low (2018 median=2 days, *p*=0.965). Consistent with previous data collection years, there were no participants who reported weekly or more use of ketamine.

Routes of Administration: The most commonly reported route of administration for ketamine was snorting (92%; 90% in 2018, *p*=0.894), followed by swallowing (16%; 23% in 2018, *p*=0.559).

Quantity: Consumers reported using a median of 0.23 grams in a 'typical' session (IQR=0.10-0.50, n=16), comparable to 0.33 grams in 2018 (IQR=0.10-0.63, n=6; *p*=0.693).

Figure 21: Past six month use and frequency of use of ketamine, Western Australia, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. No participants reported ketamine use in 2011. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Market Trends

Price: In 2019, the median price per gram of ketamine was $325 (IQR=200-386). However, only six participants were able to comment, therefore, this finding should be interpreted with caution.

Perceived Purity: Of those able to comment (n=11), 64% perceived the purity of ketamine as 'high' and 27% as 'medium' (75% and 25% in 2018 respectively, n=12).

Perceived Availability: Of those able to comment (n=11), most (73%) perceived the availability of ketamine as 'difficult' or 'very difficult' (75% in 2018, n=12) to obtain.

No further data are provided for market trends in ketamine due to low numbers able to comment prior to 2018. Please refer to the National Report for further information about this drug, or contact the Drug Trends team.

LSD

Patterns of Consumption

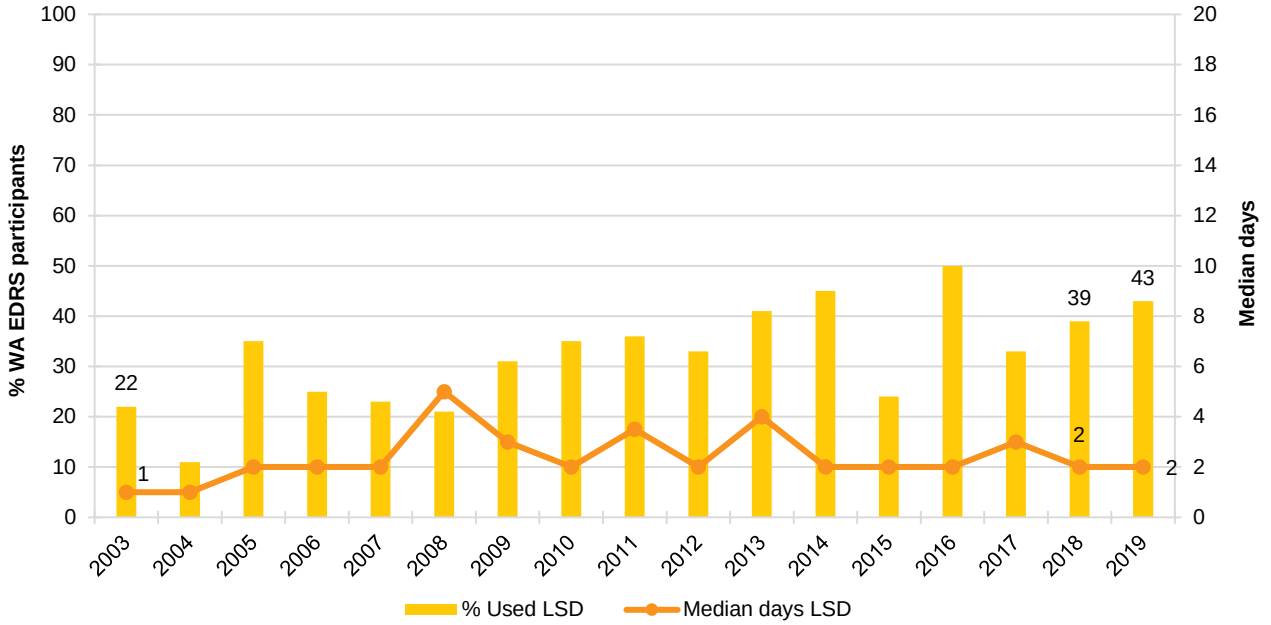
Recent Use (past 6 months): In 2019, 43% of the sample reported recent LSD use, comparable to 39% in 2018 (p=0.565) (Figure 22).

Frequency of Use (past 6 months): Consumers reported using LSD on a median of two days in the six months preceding interview (IQR=1-4; 2018 median=2, IQR=1-4, p=0.391) (Figure 22). Consistent with previous data collection years, very few consumers of LSD (n≤5) reported weekly or more frequent use.

Routes of Administration: Consistent with previous data collection years, consumers reported swallowing as the only route of administration for LSD.

Quantity: Consumers reported using a median of one tab in a 'typical' session (IQR=1-1, n=29; 2018 median=1, IQR=1-2, n=35; p=0.003), which was also the maximum median amount used in a session (IQR=1-1; 2018 median=1, IQR=1-3, p=0.007).

Figure 22: Past six month use and frequency of use of LSD, Western Australia, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

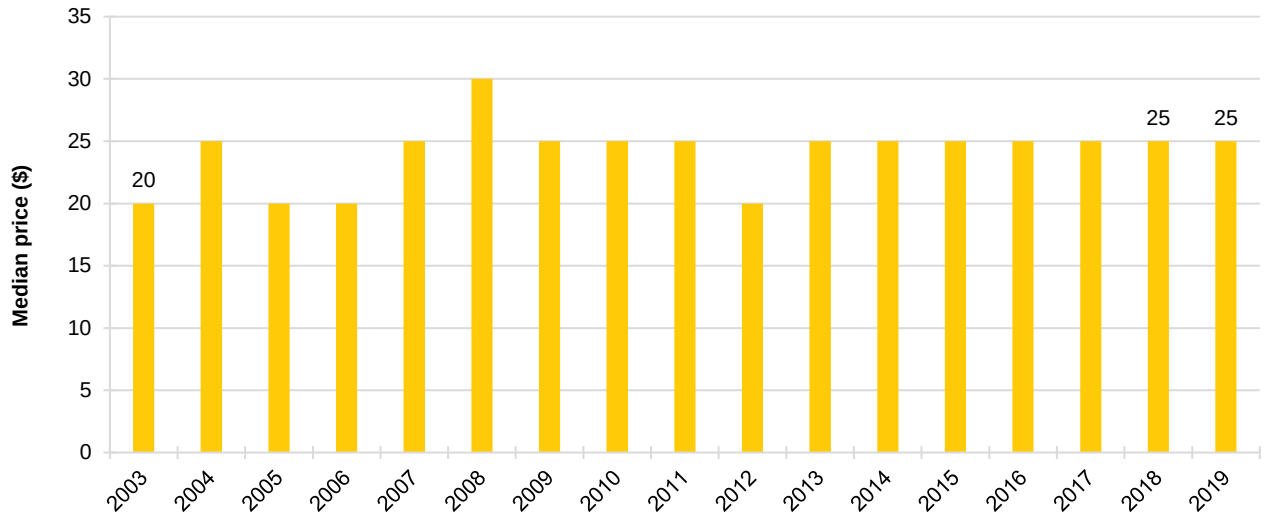
Market Trends

Price: The median price per tab of LSD was $25 (IQR=20-25, n=44), which has been consistent since 2013 (2018 median=$25, IQR=20-25, *p*=0.953) (Figure 23).

Perceived Purity: Most able to comment (n=44) rated the recent purity of LSD as 'high' (59%); the same proportion as in 2018 (*p*=0.823) (Figure 24).

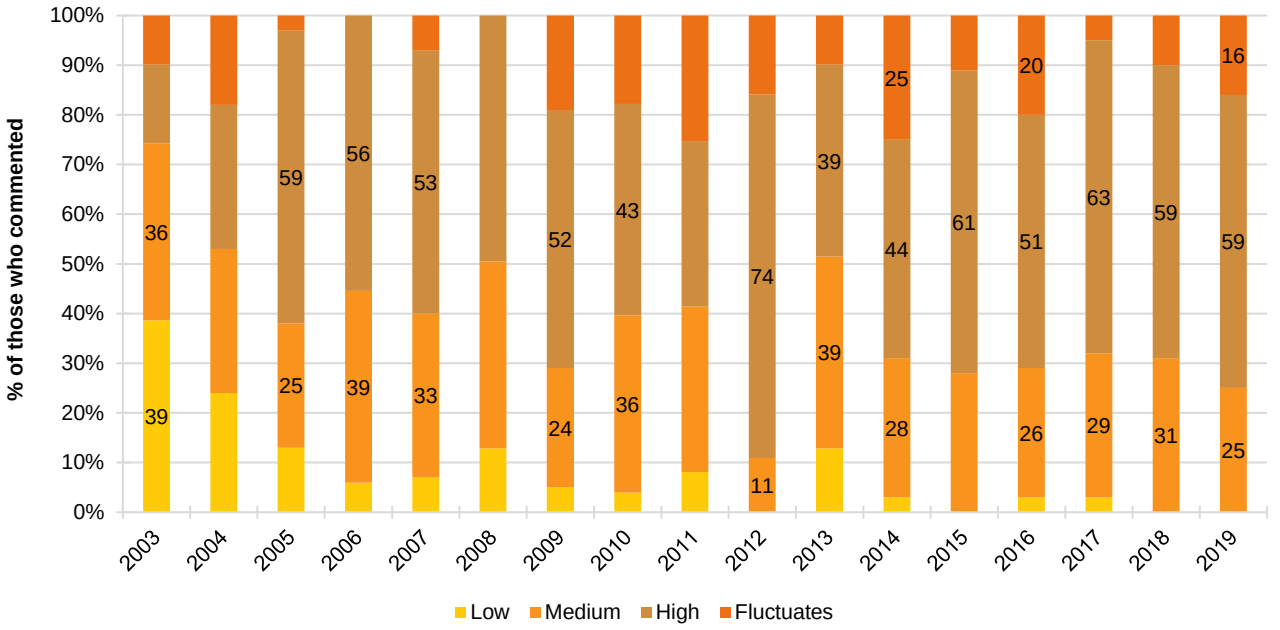
Perceived Availability: Over half (57%) reported LSD as being either 'easy' or 'very easy' to access (2018=46%, *p*=0.451), while 43% reported it 'difficult' (Figure 25).

Figure 23: Median price of LSD per tab, Western Australia, 2003-2019



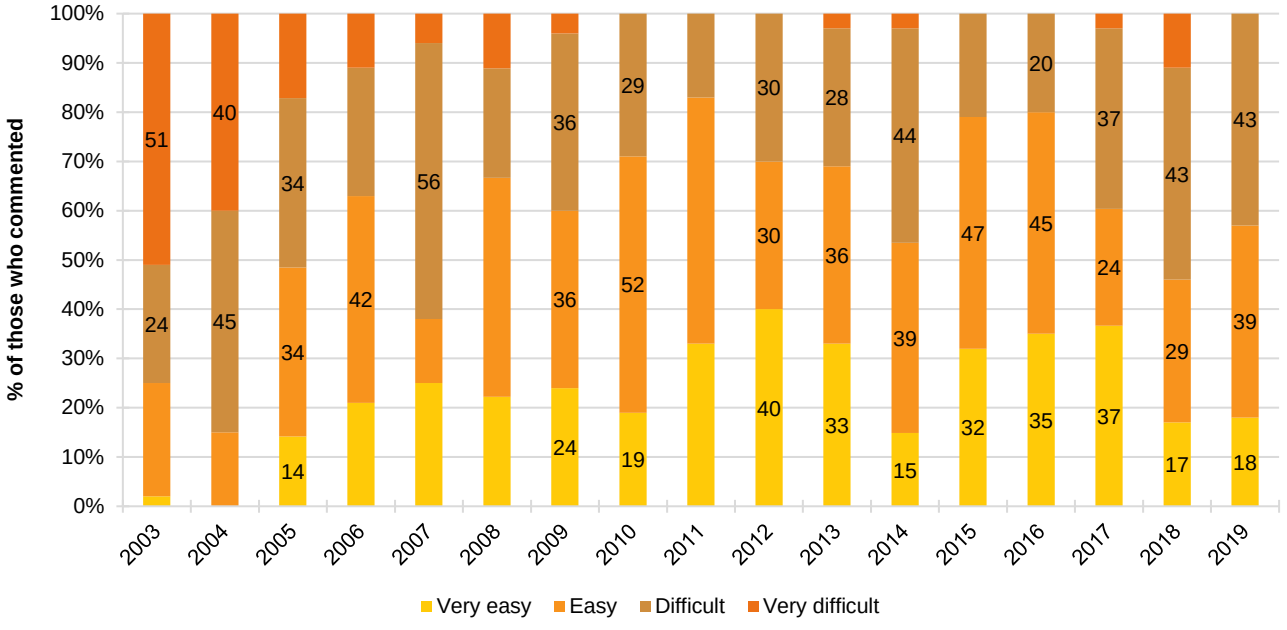
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 24: Current perceived purity of LSD, Western Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 25: Current perceived availability of LSD, Western Australia, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

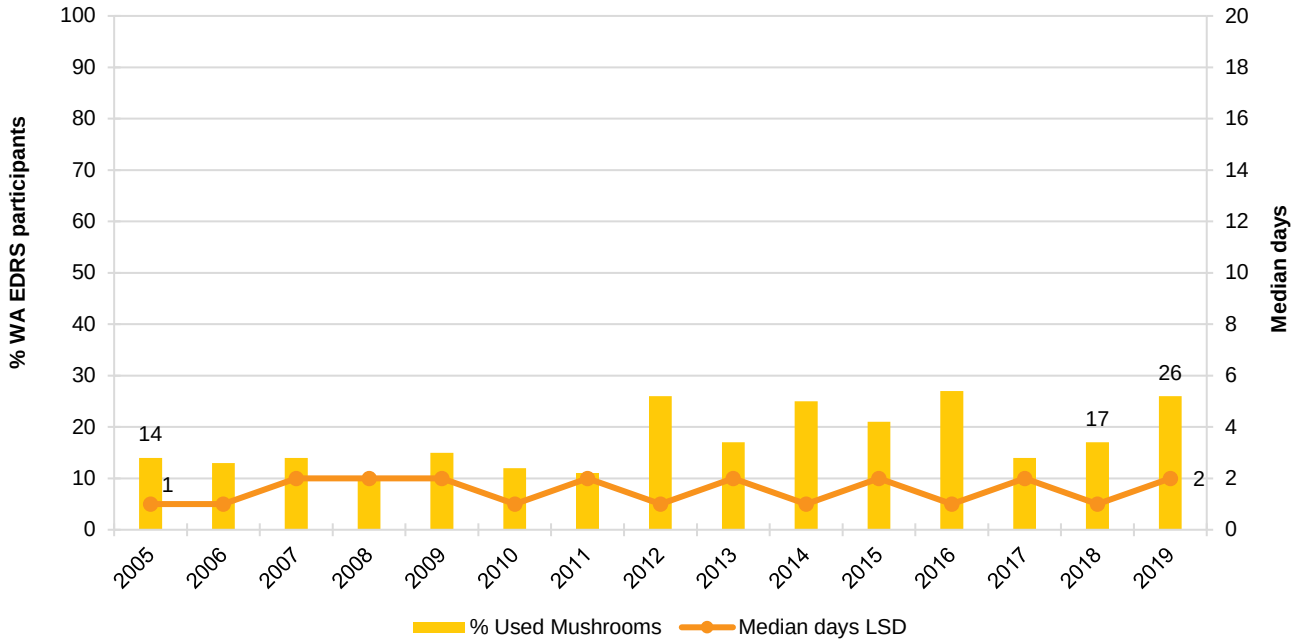
Hallucinogenic Mushrooms

Patterns of Consumption

Recent Use (past 6 months): In 2019, a quarter (26%) of the WA sample reported recent use of hallucinogenic mushrooms; a non-significant increase from 17% in 2018 (*p*=0.121; Figure 26).

Frequency of Use (past 6 months): Consumers reported using mushrooms on a median of two days (IQR=2-4) in the six months preceding interview (2018 median=1, IQR=1-2, *p*=0.002) (Figure 26). Consistent with previous reporting years, a nominal per cent (n≤5) reported weekly or more use of mushrooms.

Figure 26: Past six month use and frequency of use of Mushrooms, Western Australia, 2005-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

7

New Psychoactive Substances

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

Recent Use (past 6 months)

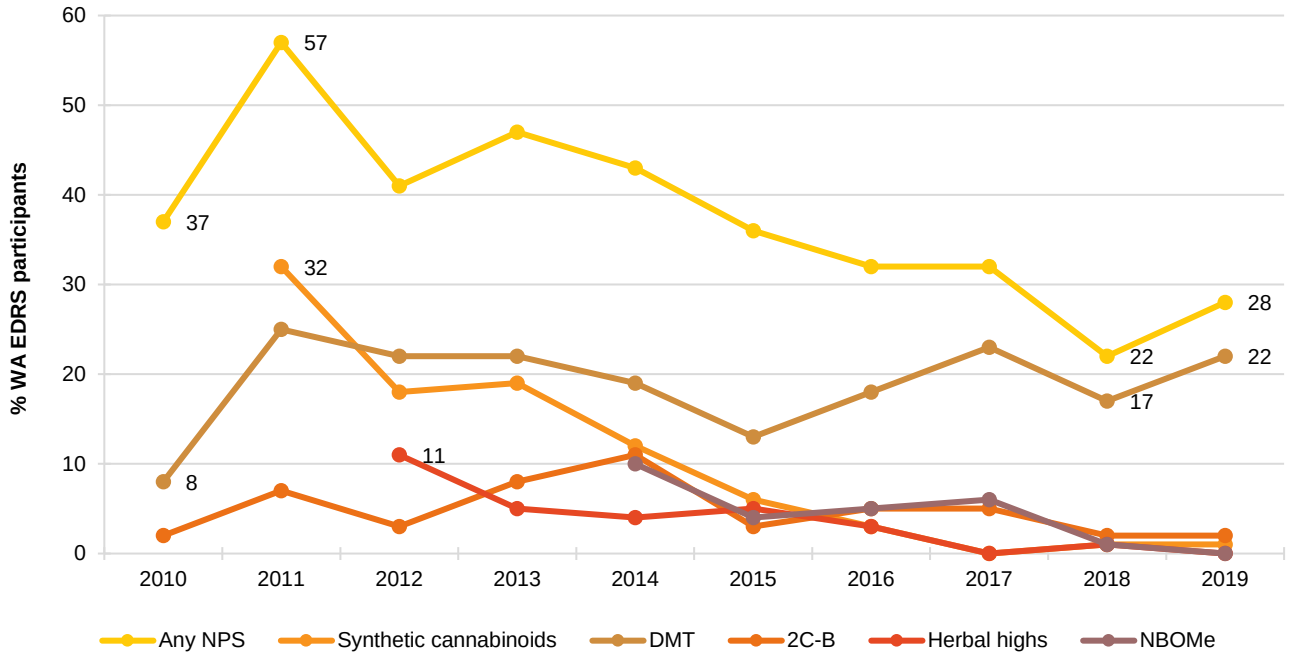
Since 2011, reported use of NPS among WA EDRS samples has been declining, likely reflective of the global resurgence in the availability of ecstasy/MDMA (Mounteney et al., 2018). In 2019, 28% of the sample reported recent use, not significantly different to 22% in 2018 (p=0.414; Figure 27). Consistent with previous years, DMT was the most popular NPS (22%; 17% in 2018, p=0.372).

Frequency of Use (past 6 months)

Frequency of NPS use has been consistently low. However, DMT was used on a median of three days (IQR=1-6, n=22) in the six months preceding interview (2018 median=2, IQR=1-3, n=17, p=0.255).

The EDRS collects data on a large number of NPS specifically by name, however those with negligible numbers of participants reporting recent use are not included in this report. Please contact the Drug Trends team for further information on NPS, or see the National Report for national trends in use.

Figure 27: Recent use of NPS, Western Australia, 2010-2019



Note. Note. Y axis reduced to 60% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

8

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Recent Use (past 6 months): In 2019, 19% of WA participants reported recent use of any codeine. Of these, 83% reported use of non-prescribed codeine (low or high dose), and 28% reported use of prescribed codeine (low or high dose).

Recent Use for Non-Pain Purposes (past 6 months): Of those reporting use of low dose codeine (n=9), most (89%) reported using for non-pain purposes.

Frequency of Use: Recent consumers of non-prescribed codeine (n=15) reported use on a median of five days (IQR=3-12) in the six months preceding interview.

Form: Among those reporting recent use of non-prescribed codeine (n=15), 60% had used low dose codeine (<30mg codeine) and 48% had used high dose codeine (≥30mg codeine). Additionally, about one-tenth of the WA sample (11%) reported recent use of lean ('purple drank'/'sizzurp'/'lean').

Pharmaceutical Opioids

Recent Use (past 6 months): In 2019, 8% of the sample reported recent use of non-prescribed pharmaceutical opioids (8% in 2018; *p*=1.000; Figure 28).

Frequency of Use (past 6 months): Recent consumers reported using non-prescribed pharmaceutical opioids on a median of two days in the six months preceding interview (IQR=2-6). This low frequency of use is consistent with previous years (2018 median=2, IQR=1-6).

Pharmaceutical Simulants

Recent Use (past 6 months): Almost two-thirds (63%) reported recent use of non-prescribed pharmaceutical stimulants in 2019; similar to 62% in 2018 (*p*=0.884) (Figure 28).

Frequency of Use (past 6 months): Non-prescribed pharmaceutical stimulants were used on a median of five days in the six months preceding interview (IQR=2-10; 2018 median=5, IQR=2-11, *p*=0.655). Of those reporting recent use (n=63), 11% reported weekly or more frequent use (16% in 2018, *p*=0.393).

Benzodiazepines

Recent Use (past 6 months): The use of non-prescribed benzodiazepines significantly increased from 41% in 2018 to 59% in 2019 (*p*=0.011) (Figure 28). This marks a record high for the WA EDRS and follows a gradual upward trend in reported use of benzodiazepines since 2011 (Figure 28).

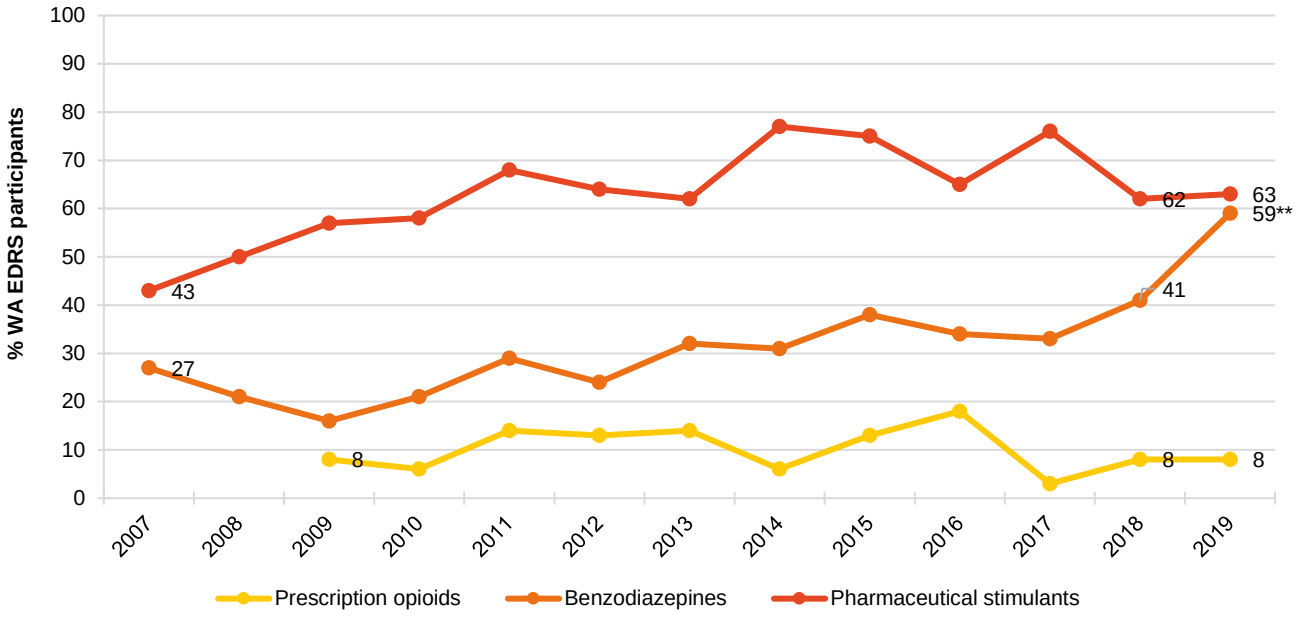
For the first time in 2019, participants were asked specifically about use of alprazolam (Xanax) versus 'other benzodiazepines' (e.g. diazepam/Valium). A third (34%) of the total WA sample reported recent use of non-prescribed alprazolam, while half (48%) reported use of 'other' non-prescribed benzodiazepines.

Frequency of Use (past 6 months): Consumers reported using alprazolam on a median of three days (IQR=1-5), while 'other' non-prescribed benzodiazepines were used on a median of five days (IQR=2-10).

Antipsychotics

Due to low numbers reporting recent use of antipsychotics, numbers have been suppressed. For further information about use of these drugs, please contact the Drug Trends team, or see the National Report.

Figure 28: Non-prescribed use of pharmaceutical drugs in the past six months, Western Australia, 2007-2019



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Other Illicit Drugs

MDA

Recent Use (past 6 months): In 2019, 9% reported recent use of MDA; not significantly different from 11% in 2018 (*p*=0.604; Figure 29).

Frequency of Use (past 6 months): MDA was used on a median of two days in the six months preceding interview (IQR=1-8); not significantly different to 2018 (median=3, IQR=1.0-5.5, *p*=0.604).

Capsules with Unknown Contents

Capsules: Six per cent reported recent use of capsules with unknown contents in 2019; a significant decline from 17% in 2018 (*p*=0.014) (Figure 29).

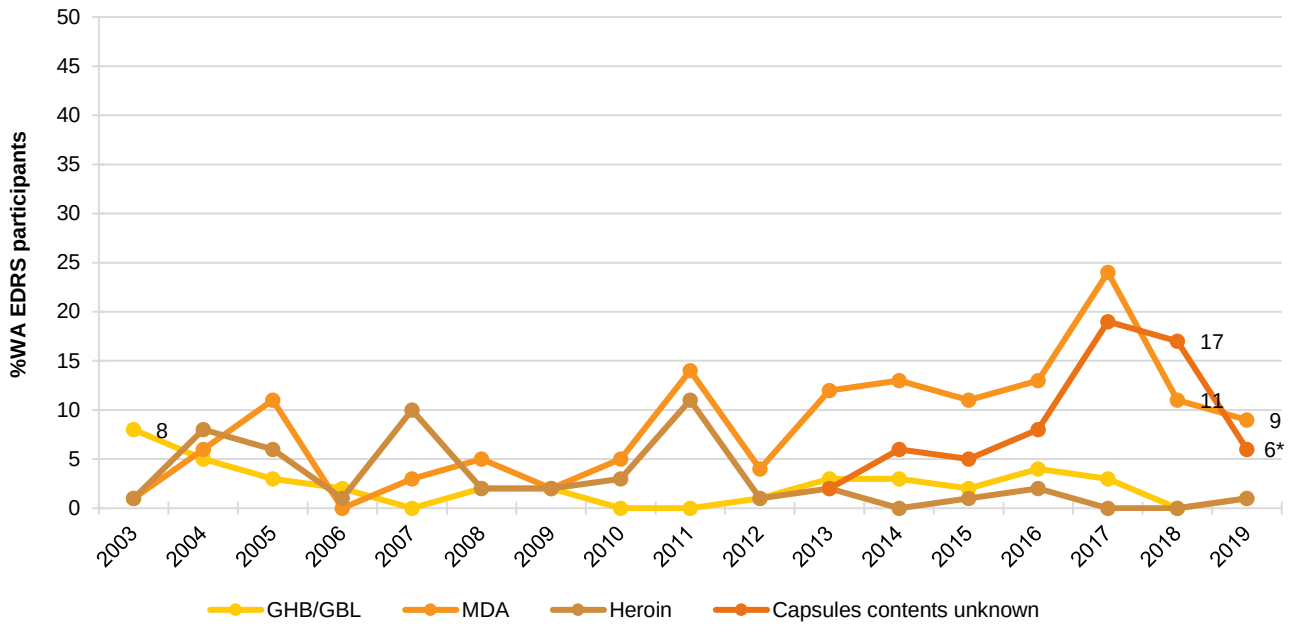
Frequency of Use (past 6 months): Capsules with unknown contents were used on a median of one occasion in the six months preceding interview (IQR=1-8).

Other Unknown Substances: In 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills (6%), powder (n≤5), crystal (n≤5) and 'other' form (n≤5).

GHB/GBL and Heroin

Due to low numbers reporting recent use of GHB/GBL and heroin, the data are not described here. For further information on these drugs, please contact the Drug Trends team, or see the National Report.

Figure 29: Other illicit drugs used in the past six months, Western Australia, 2003-2019



Note. Monitoring of capsules contents unknown commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Almost everyone (99%) reported recent use of alcohol in 2019 (96% in 2018; *p*=0.174, Figure 30).

Frequency of Use (past 6 months): Alcohol was reportedly used on a median of 48 days in the six months preceding interview (i.e. approximately twice per week; IQR=24-72; 2018 median=30,

IQR=20-53; *p*=0.232). Of those who had used alcohol recently, 77% reported drinking weekly or more (72% in 2018; *p*=0.434).

Tobacco

Recent Use (past 6 months): Recent tobacco use was reported by 86% of participants; a non-significant increase from 78% in 2018 (*p*=0.141) (Figure 30).

Frequency of Use (past 6 months): Consumers reported using tobacco on a median of 120 days in the six months preceding interview (IQR=24-180); a non-significant increase from 48 days in 2018 (IQR=12-180, *p*=0.075). Among recent smokers (n=164), 45% reported daily use (37% in 2018, *p*=0.289).

E-cigarettes

Recent Use (past 6 months): Recent use of e-cigarettes was reported by 41% of the 2019 sample; a non-significant increase from 28% in 2018 (*p*=0.059), but a record high for WA EDRS monitoring (Figure 30).

Frequency of Use (past 6 months): E-cigarettes were used on a median of six days in the six months preceding interview (IQR=3-22; 2018 median=5, IQR=3-12, *p*=0.320). A nominal per cent (n≤5) reported daily use.

Forms Used: Among those who reported recent use of e-cigarettes (n=41), most (83%) reported they had contained nicotine, 10% reported they contained cannabis and nicotine, and 7% reported they contained neither. More than a third of people who recently consumed e-cigarettes (37%) reported using them a smoking cessation tool (29% in 2018, *p*=0.488).

Nitrous Oxide

Recent Use (past 6 months): Reported use of nitrous oxide has been steadily increasing in WA EDRS samples since 2009. In 2019, 61% reported recent use; a non-significant increase from 51% in 2018 (*p*=0.136), but a record high for WA EDRS monitoring (Figure 30).

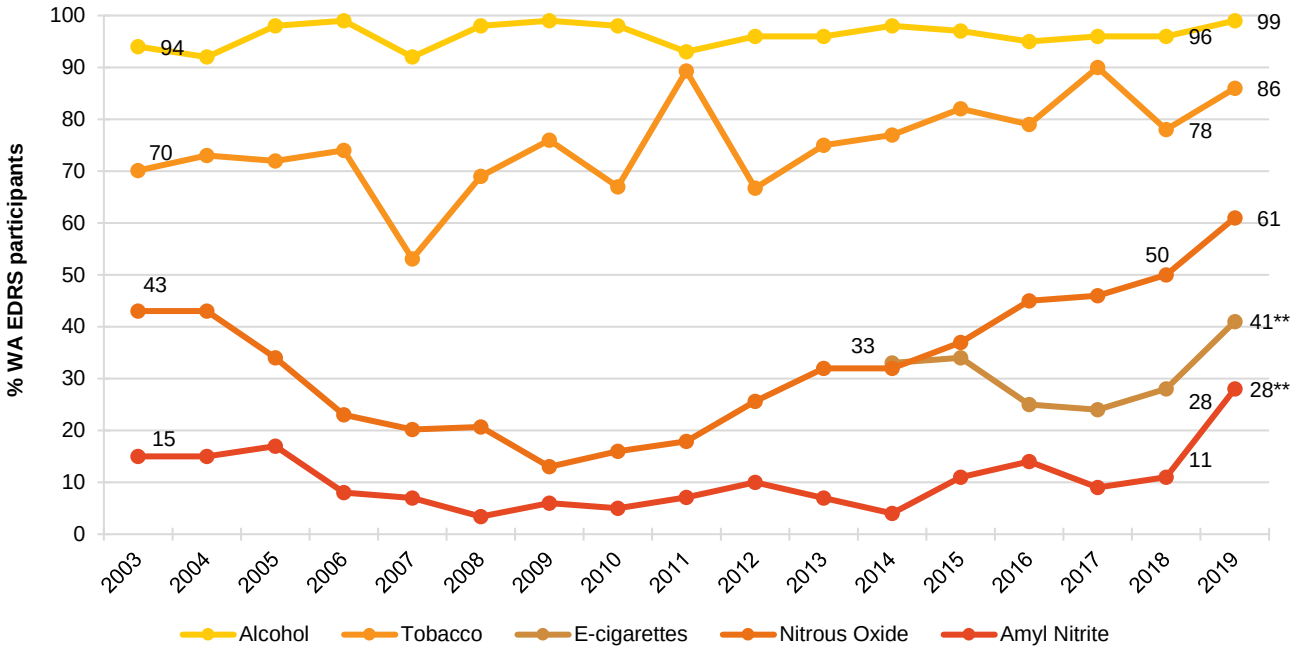
Frequency of Use (past 6 months): Among those reporting recent use (n=61), nitrous was used on a median of 10 days in the preceding six month period (IQR=3-24); a significant increase from three days in 2018 (IQR=1-10, *p*=0.001). About a quarter of recent nitrous users (26%) reported weekly or more use; another significant increase from 2018 (10% in 2018, *p*=0.030).

Amyl Nitrite

Recent Use (past 6 months): Recent use of amyl nitrite significantly increased from 11% in 2018 to 28% in 2019 (*p*=0.002); a record high for the WA EDRS (Figure 30).

Frequency of Use (past 6 months): Amyl nitrite was used on a median of three days in the six months preceding interview (2018 median=3, IQR=1-6, *p*=0.975). No participants reported weekly or more use.

Figure 30: Licit drugs used in the past six months, Western Australia, 2003-2019



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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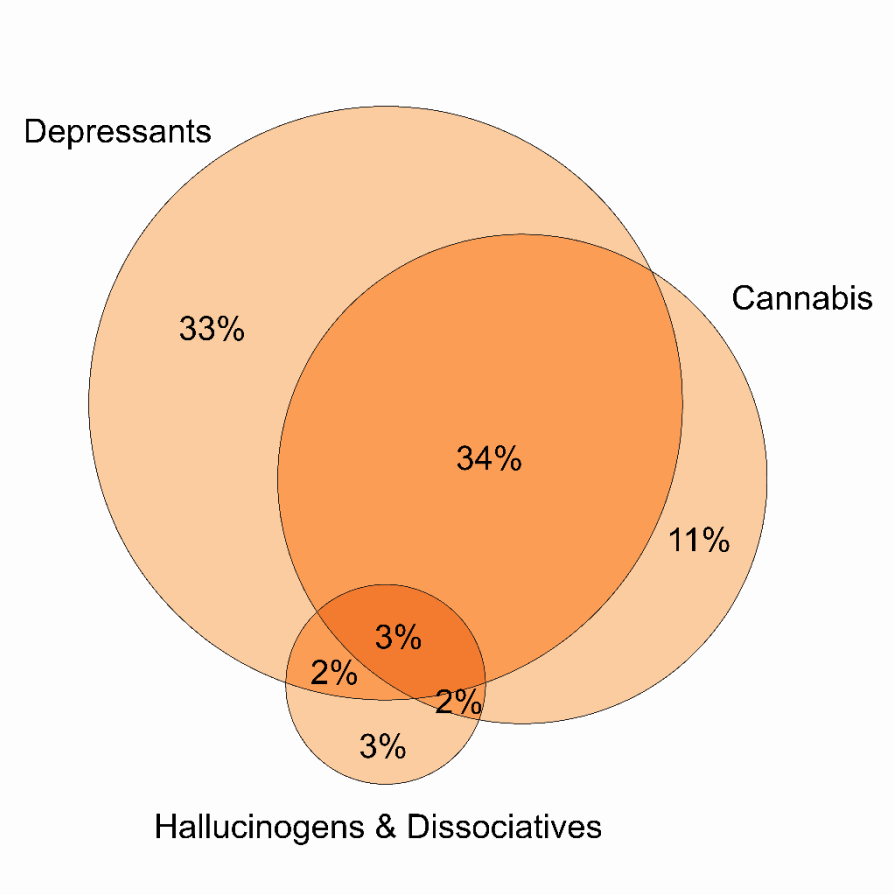
Drug-Related Harms and Other Risk Factors

Polysubstance Use

Consistent with previous years, the vast majority of participants (94%) reported using at least one other drug (including alcohol) on their last occasion of stimulant use. The most commonly reported individual drugs co-used were alcohol (70%; 82% in 2018, *p*=0.069), tobacco (47%; 63% in 2018, *p*=0.023) and cannabis (50%; 53% in 2018, *p*=0.671).

Eighty-eight per cent reported using depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use (depressant=70%, cannabis=50%, hallucinogen/dissociative=10%). The most common drug combination (co-used with a stimulant) was depressants and cannabis (37%).

Figure 31: Polysubtance use on occasion of last stimulant use, Western Australia, 2019



Note. This figure captures those who had also used hallucinogens/dissociatives (GHB, ketamine, LSD, and/or hallucinogenic mushrooms), depressants (alcohol and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use (88% of the sample).

Harmful Consumption of Alcohol

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with alcohol problems, including those in early stages. The mean score on the AUDIT for the 2019 WA EDRS sample was 13.8 (SD 6.3). In 2019, 84% of participants obtained a score of eight or more, indicative of hazardous use (73% in 2018; *p*=0.059; Table 3).

AUDIT scores are divided into four 'zones' which indicate risk level, and there was no significant change in the per cent of the sample falling into each of these risk categories between 2018 and 2019 (*p*=0.250, Table 3).

Table 3: AUDIT total scores and percent of participants scoring above recommended levels, Western Australia, 2014-2019

	2014 (n=100)	2015 (n=98)	2016 (n=97)	2017 (n=99)	2018 (n=96)	2019 (n=98)
Mean AUDIT total score (SD)	13.2 (5.5)	12.8 (5.6)	12.6 (7.1)	12.0 (5.2)	13.0 (6.6)	**13.8 (6.3)**
Score 8 or above (%)	87	81	77	86	73	**84**
Zone 1 (low risk drinking or abstinence)	13	19	23	14	27	**16**
Zone 2 (alcohol in excess of low-risk guidelines)	55	48	47	65	30	**39**
Zone 3 (harmful or hazardous drinking)	19	20	16	12	23	**27**
Zone 4 (possible alcohol dependence)	13	12	14	9	20	**18**

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

Non-Fatal Overdose

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

In 2019, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.
- **Opioid overdose** same definition as above.
- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose:** similar definition to above.

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

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

Non-Fatal Stimulant Overdose

One in five WA participants (20%) reported a stimulant overdose in the 12 months preceding the interview; a significant increase from 6% in 2018 (*p*=0.004; Figure 32). The median number of times these occurred in the preceding year was once (IQR=1-3).

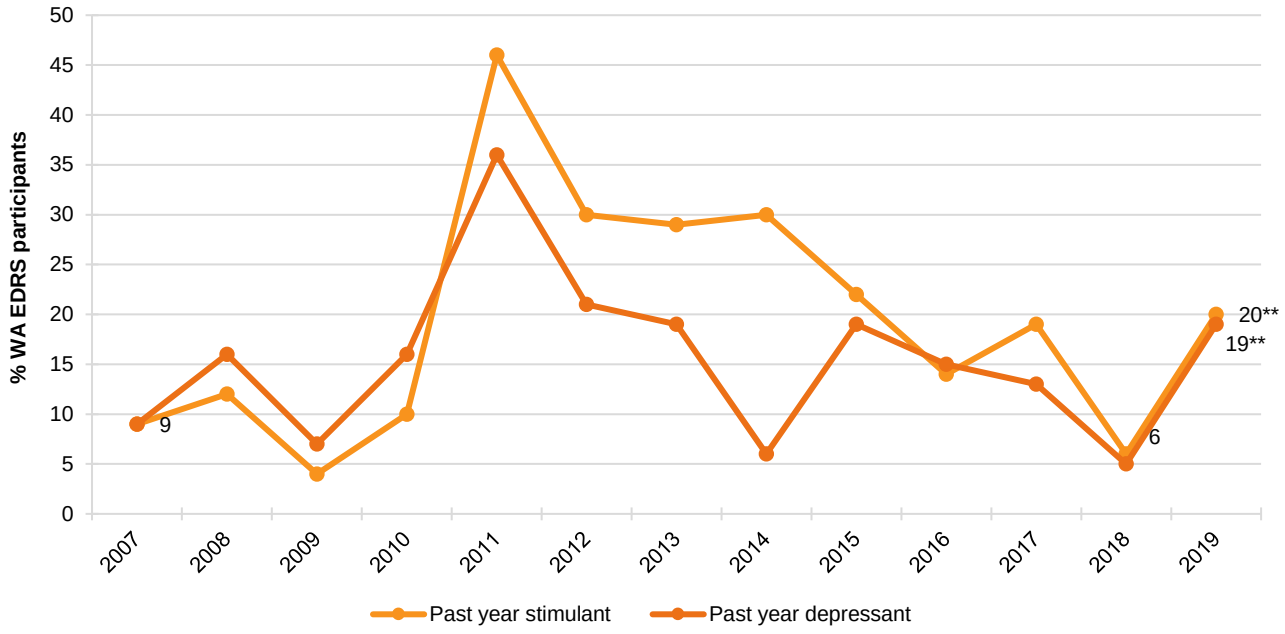
When asked which stimulant drugs were involved in the last stimulant overdose, most nominated some form of MDMA/ecstasy (capsules=75%; pills=25%; crystals=10%), while other participants reported cocaine and/or pharmaceutical stimulants. Most (85%) also reported using at least one non-stimulant drug. On the last occasion, most (75%) reported they did not receive treatment or assistance.

Non-Fatal Depressant Overdose

Alcohol: About one in five participants (18%) reported an experience consistent with an alcohol overdose in the 12 months preceding the interview. These occurred a median of twice in the past year (IQR=1-4). Most (78%) reported receiving no treatment.

Any Depressant (including alcohol): Overdoses relating to any depressant drug significantly increased to 19% in 2019 (n≤5 in 2018 and suppressed; *p*=0.003; Figure 32). Most depressant overdoses were due to alcohol (95%).

Figure 32: Past year non-fatal stimulant and depressant overdose, Western Australia, 2007-2019



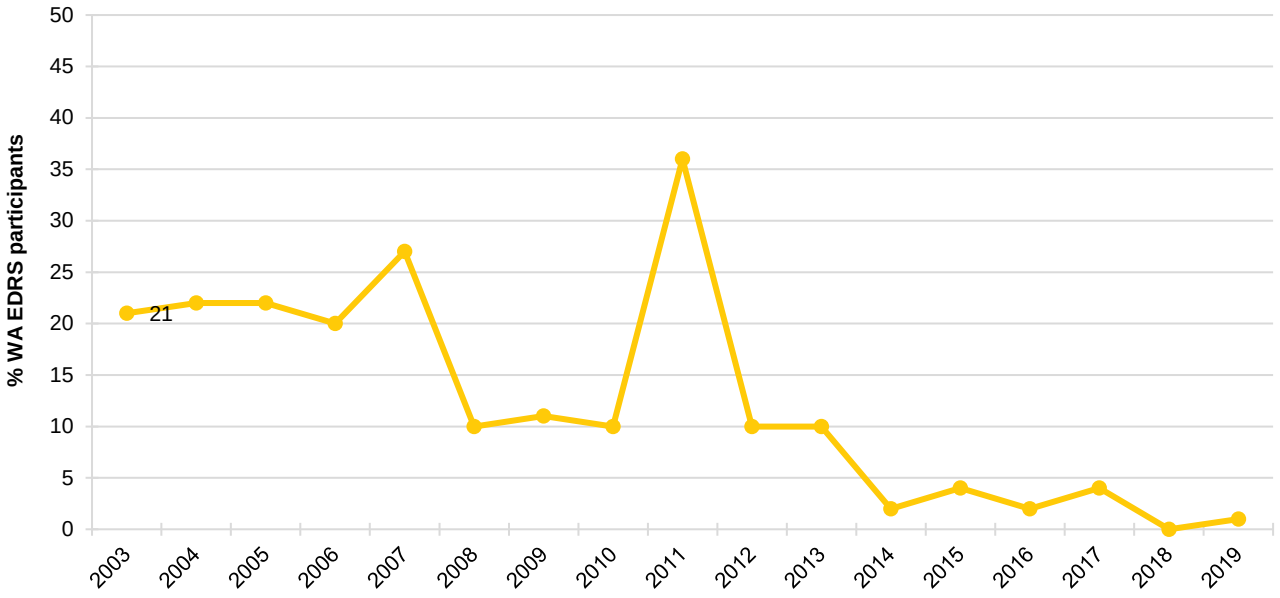
Note. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Injecting Drug Use and Associated Risk Behaviours

Lifetime injecting has been declining in the WA EDRS sample since monitoring began. The peak in 2011 should be interpreted with caution given only 28 WA participants were recruited that year, likely reflective of a global decline in ecstasy availability around that time (Mounteney et al., 2018).

Due to low numbers reporting recent drug injecting, no further data will be reported. For further information, contact the Drug Trends team or refer to the National Report.

Figure 33: Lifetime drug injection, Western Australia, 2003-2019



Note. Y axis reduced to 50% to improve visibility of trends. Past 6-month injection asked of participants prior to 2016. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Drug Treatment

A nominal per cent (n≤5) reported currently receiving drug treatment; this is consistent with reporting in previous years. For further information, refer to the National Report or contact the Drug Trends team.

Sexual Risk Behaviours

In 2019, 86% of the WA sample reported having had penetrative sex in the last six months. In 2019, participants were asked about any penetrative sex, defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who reported penetrative sex with one or more people and responded to subsequent items (n=85), 28% reported penetrative sex without a barrier where they did not know the HIV/STI status of their partner in the past six months (Table 4).

Of those who responded (n=84), one-third (33%) reported that alcohol and/or other drugs had impaired their ability to negotiate their wishes during sexual intercourse (females=36%, males=32%).

Of the total sample who responded (n=99), almost half (46%) reported having a sexual health check-up in the past year (males=34%, females=65%; 46% in 2018; *p*=0.845). A further 10% had done so more than one year ago (16% in 2018; *p*=0.249), while 44% reported they had never had a sexual health check-up (38% in 2018; *p*=0.404).

Among those who reported having a sexual health check-up (n=45), a nominal per cent (≤5) reported being diagnosed with a sexually transmitted infection (STI) in the year preceding the interview. These findings are consistent with the 2018 data.

Table 4: Sexual health practices, Western Australia, 2019

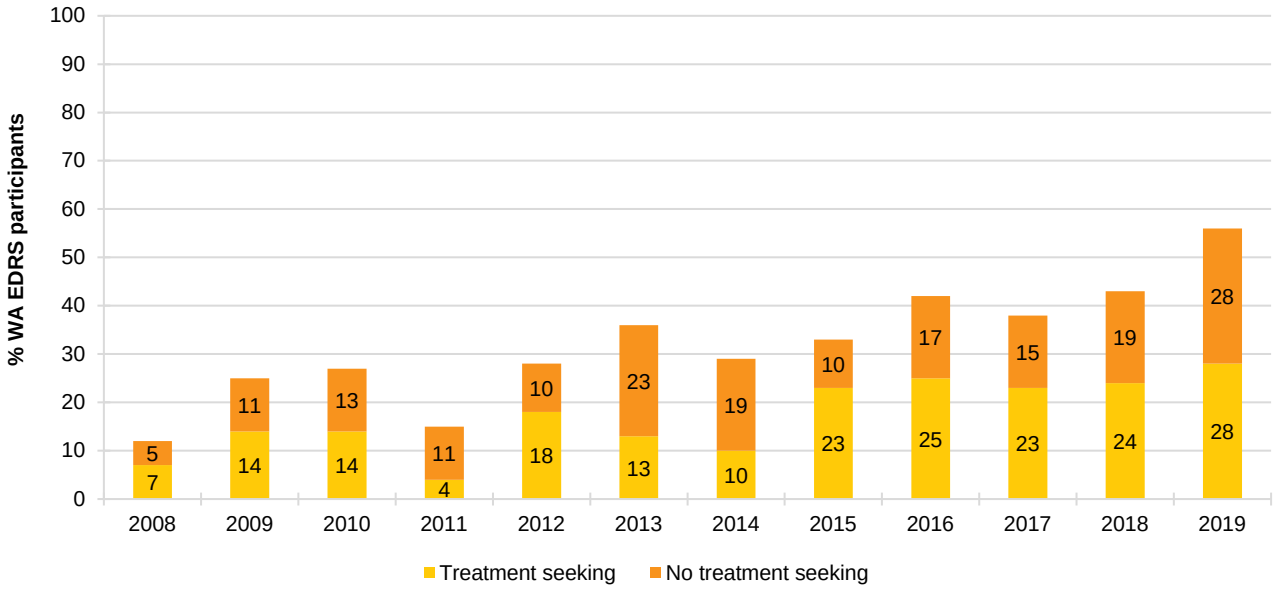
	2019 N=100
Any penetrative sex in the past six months (n)	86 (86)
Of those who responded[#]:	(N=85)
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	28
Of those who responded[#]:	N=85
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	33
Of the total sample (past 12 months):	N=99
% Had a sexual health check	46
% Diagnosed with a sexually transmitted infection	8

Mental Health

Of those who responded (n=97), over half (56%) self-reported experiencing a mental health problem in the six months preceding interview (other than drug dependence). Whilst this was not a statistically significant increase from 42% in 2018 (p=0.062), there has been a steady upward trend in self-reported mental health problems since reporting began and 2019 marks a record high (Figure 34).

Of those who reported a mental health problem (n=54), the most commonly reported problem was anxiety (78%; 85% in 2018; p=0.350), followed by depression (61%; 44% in 2018; p=0.096). Half of all participants who reported experiencing a mental health problem (50%, n=27) also reported seeing a mental health professional (56% in 2018, p=0.555) and 44% reported being prescribed medication for the problem in the preceding six month period (39% in 2018; p=0.704).

Figure 34: Self-reported mental health problems and treatment seeking in the past six months, Western Australia, 2008-2019



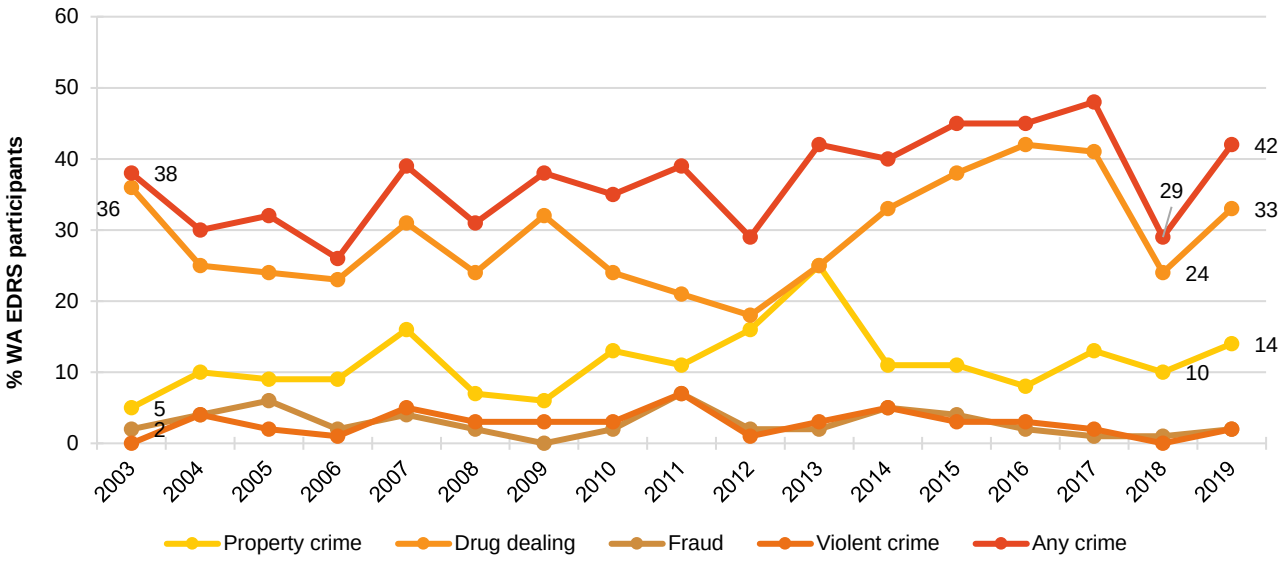
Note. The sum of the percentages who reported treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Crime

Rates of recent (past month) self-reported criminal activity have fluctuated over time. In 2019, 42% of the WA sample reported some form of recent crime (29% in 2018, *p*=0.070), with drug dealing and property crime the most common forms (42% and 32% respectively; Figure 35). Additionally, almost a tenth (9%) reported being the victim of a crime involving violence (e.g., assault).

In 2019, 7% of the sample reported having been arrested in the 12 months preceding interview (2018 suppressed due to small numbers (n≤5), *p*=0.379). Very low numbers (n≤5) reported having ever been in prison in 2019, consistent with previous reporting years. For further information on criminal activity amongst the EDRS samples, please refer to the National Report or contact the Drug Trends team.

Figure 35: Self-reported criminal activity in the past month, Western Australia, 2003-2019



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring and 2018 and 2019 with small cell size (i.e. n≤5 but not 0). Recruitment difficulties were experienced in 2011 (total sample N=28) therefore all data from this year should be interpreted with caution. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2019, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview were via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (75%) and face-to-face (72%). Very few participants reported having obtained drugs via the darknet or surface web in the past year (≤5). When asked to choose their main purchasing approach in the previous 12 months, the largest per cent chose via social networking (58%), followed by face-to-face (23%; Table 5).

When asked how they received illicit drugs in the last 12 months, the majority reported collecting them face-to-face (97%), and smaller numbers reported collecting them at a collection point (8%; defined as a predetermined location where a drug will be dropped for later collection) and via post (8%).

Buying Drugs Online

Participants who had not purchased drugs on the darknet recently were asked about their knowledge of it. Among those who commented (n=83), 45% had 'heard of it but had never accessed or researched it', 22% had 'researched it but never accessed it', and 34% had 'accessed it, but had never purchased from it'.

Selling Drugs Online

In 2019, a minority of participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces. For further information regarding online selling, please refer to the National Report.

Perhaps the most noteworthy finding from this module was that over half the sample (59%; n=51) reported obtaining drugs in the preceding 12 months through someone who purchased them from a surface or darknet marketplace.

Table 5: Purchasing approaches of illicit drugs, Western Australia, 2019

	2019
	N=99
% Purchasing approaches in the last 12 months^	
Face to face	72
Surface web	-
Darknet market	-
Social networking applications	75
Text messaging	48
Phone call	18
Other	-
% Main purchasing approach in the last 12 months	
Face to face	23
Surface web	-
Darknet market	-
Social networking applications	58
Text messaging	14
Phone call	-
Other	-

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

References

Mounteney, J., Griffiths, P., Bo, A., Cunningham, A., Matias, J., & Pirona, A. (2018). Nine reasons why ecstasy is not quite what it used to be. *International Journal of Drug Policy, 51*, 36-41. doi:10.1016/j.drugpo.2017.09.016