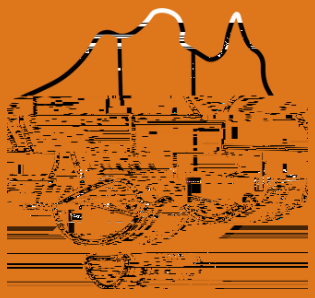
Key Findings from the New South Wales Ecstasy and Related Drugs Reporting System (EDRS) Interviews

with more participants perceiving non-prescribed pharmaceutical stimulants to be 'difficult' (33%; n≤5 in 2023) to obtain in 2024.

Cocaine

A gradual increase in recent cocaine use was observed between 2013 and 2021, stabilising thereafter. In 2024, the majority (87%) of the sample reported recent cocaine use (86% in 2023). Participants reported using cocaine on a median of four days in the six months preceding interview. Consistent with previous years, the price per gram of cocaine remained stable at $300. Perceived purity and availability remained stable between 2023 and 2024, with 38% perceiving purity to be 'high' (25% in 2023) and 89% perceiving that cocaine was 'easy' or 'very easy' to obtain (84% in 2023).

Cannabis



Background

The

4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth (WA)) to 18 years old.

From 2021 onwards, a hybrid approach was used with interviews conducted

Interpretation of Findings

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

The reported drug of choice significantly changed between 2023 and 2024 (0.014). Specifically, more participants nominated ecstasy (28%; 22% in 2023) and cannabis (20%; 16% in 2023) as their drug of choice in 2024, while fewer participants nominated cocaine (19%; 29% in 2023) and alcohol (n≤5; 12% in 2023) as their drug of choice (Figure 1).

Figure 2: Drug used most often in the past month, Sydney, NSW, 2011-2024

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 2011-2023 as this question was not asked in 2003-2010. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; * <0.050; ** <0.010; *** <0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3

2

Non

Patterns of Consumption (by form)

Non-Prescribed Ecstasy Pills

Between 2013 and 2021, the per cent reporting recent use of pills has declined considerably, before increasing between 2022 and 2024. In 2024, 57% of the Sydney sample reported recent use (49% in 2023; =0.327) (Figure 4).

Ecstasy pills were consumed on a median of five days in the previous six months (IQR=4-9; n=57; 4 days in 2023; IQR=2-12; n=49; =0.399) (Figure 5).

Among participants who had recently consumed ecstasy pills and commented (n=57), all participants nominated swallowing as a route of administration in 2024 (100%; 98% in 2023; =0.462) and 12% nominated snorting (n≤5 in 2023; =0.769). No other routes of administration were reported in 2024.

The median number of pills consumed in a 'typical' session was two (IQR=1-2; n=57), stable compared to 2023 (2 pills; IQR=1.5-3; n=49; =0.058). The median maximum amount reported in a session was also two pills (IQR=2-4; n=57), stable from 2023 (2 pills, IQR=2-4; n=49; =0.378).

Non-Prescribed Ecstasy Capsules

Since 2017, capsules have remained the most commonly used form of ecstasy. In 2024, two thirds (66%) of the Sydney sample reported recent use, stable relative to 2023 (69%; =0.761) (Figure 4).

Frequency of capsule use in the six months preceding interview remained stable at four days (IQR=3-6; n=66; 5 days in 2023; IQR=3-9; n=69; =0.457) (Figure 5).

Of those who reported recent use and responded (n=66), the vast majority (98%) of participants reported swallowing capsules in the six months preceding interview, stable relative to 2023 (96%; p=0.620). Few participants (n≤5) nominated other routes of administration in 2024.

The median number of capsules consumed in a 'typical' session was two (IQR=1-3; n=66; 2 capsules in 2023; IQR=2-3; n=69; =0.153). The median maximum amount reported in a session was three capsules (IQR=2-4; n=66; 3 capsules in 2023; IQR=2.5-5; n=69; =0.021).

Non-Prescribed Ecstasy Crystal

Since peaking in 2016 with 81% of the Sydney sample reporting recent use, crystal use has generally declined between 2017 and 2022, before gradually increasing thereafter. In 2024, half (53%) of the Sydney sample reported recent use of crystal, [illegible] relative to 2023 (47%; =0.473) (Figure 4)

Frequency of crystal [illegible] in the six months preceding interview rem[illegible]ed stable at a median of four days (IQR=2-6; [illegible]3; 4 days in 2023, IQR=2-6; n=47; =[illegible]43) (Figure 5).

Consistent with prev94 309.44 Tm0 g0 Gβqq0.000008871 088 251 498. 0 1

(IQR=150-250; n=23), stable relative to 2023 ($200; IQR=160-250; n=27; =0.384). Few participants (n≤5) commented on the price per point of crystal in 2024 (n≤5 in 2023) (Figure 7).

The perceived purity of ecstasy crystal remained stable between 2023 and 2024 (0.334). Among those who were able to comment in 2024 (n=49), 55% perceived purity to be 'high' (62% in 2023) and a further one third (31%) perceived purity to be

Figure 6: Median price of non-prescribed ecstasy pill and capsule, Sydney, NSW, 2003-2024

Note. Among those who commented.

Figure 10: Current perceived purity of non-prescribed ecstasy crystal, Sydney, NSW, 2017-2024

Note. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables

availability (Figure 21) of methamphetamine powder. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Few participants (n≤5) commented on the median price of methamphetamine crystal in 2024. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trends team for further information.

The perceived purity of methamphetamine crystal remained stable between 2023 and 2024 (=0.782). Among those who responded in 2024 (n=14), the

Figure 18: Median price of methamphetamine powder per point and gram, Sydney, NSW, 2003-2024

Note. Among those who commented.

4

Non-Prescribed Pharmaceutical Stimulants

Participants were asked about their recent (past six month) use of non-prescribed pharmaceutical stimulants, such as dexamfetamine, lisdexamfetamine (Vyvanse®), or methylphenidate (Concerta®, Ritalin®, Ritalin LA®

Figure 28: Current perceived availability of cocaine,

Routes of Administration

Of those who reported recent non-prescribed use and responded (n=74), the majority (88%) reported smoking non-prescribed cannabis and/or cannabinoid-related products (92% in 2023; =0.411). This was followed by swallowing (35%; 21% in 2023; =0.096) and inhaling/vaporising (20%; 18% in 2023; =0.826).

Quantity

On the last occasion of non-prescribed cannabis and/or cannabinoid-related product use, the median amount used by participants remained stable at one gram (IQR=0.50-1.00; n=17; 1.00 gram in 2023; IQR=0.50-1.81; n=26; 0.859) or one joint (IQR=1-1; n=19; 1 joint in 2023; IQR=0.50-1.00; n=20; 0.355). The median amount of cones used by participants on the last occasion of use significantly increased from one cone (IQR=1-1; n=9) in 2023 to three cones (IQR=2-6; n=23; =0.023) in 2024.

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and responded (n=67), three quarters (78%) of participants reported consuming hydroponic cannabis, a significant increase from 51% in 2023 (0.004). Conversely, one quarter (27%) reported consuming bush cannabis, a significant decrease from 53% in 2023 (=0.007). Twenty-one per cent reported consuming commercially prepared edibles in 2024 (23% in 2023; 0.825), 15% reported consuming THC extract (14% in 2023) and 9% reported consuming hashish (n≤5 in 2023; =0.752). Few participants (n≤5)

Figure 33: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2024

(A) Hydroponic cannabis

(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who reported on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

Recent use of non-prescribed ketamine has fluctuated considerably since monitoring commenced, ranging from between 19% of the sample in 2009 to 76% in 2021. In 2024, 61% of the Sydney sample reported recent use, stable relative to 2023 (54%; =0.390) (Figure 34).

Median frequency of non-prescribed ketamine use has remained relatively infrequent and stable since monitoring commenced in 2003

Figure 34: Past six month use and frequency of use of non-prescribed ketamine, Sydney, NSW, 2003-2024

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 7

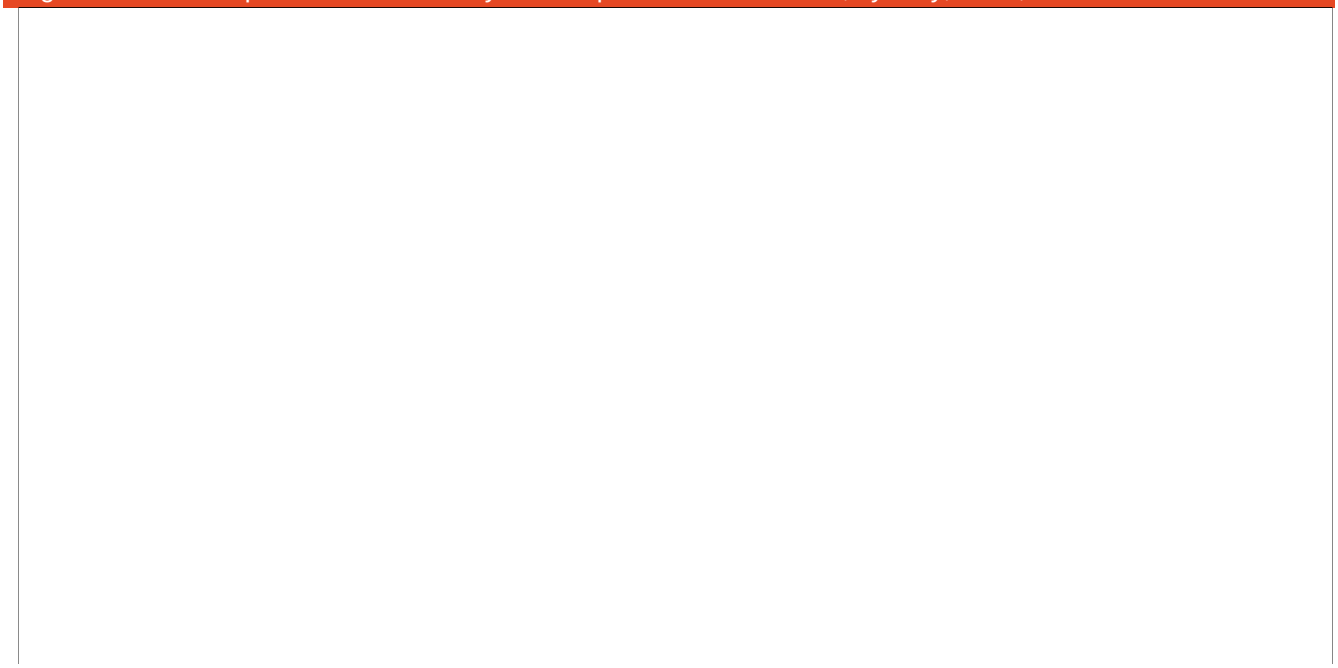
Figure 35: Median price of non-prescribed ketamine per gram, Sydney, NSW, 2003-2024

Note. Among those who commented. Data labels are only provided for the first and two most recent years of monitoring, however data are suppressed in the figure and data tables where n≤5 responded. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; * <0.050; ** <0.010; *** <0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 36: Current perceived purity of non-prescribed ketamine, Sydney, NSW, 2003-2024

Note. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; * <0.050; ** <0.010; ***

Figure 37: Current perceived availability of non-prescribed ketamine, Sydney, NSW, 2003-2024



Note. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; * <0.050; ** <0.010; *** <0.001. Please refer to Table 1 for a guide to table/figure notes.

LSD

Patterns of Consumption

Since peaking in 2017 with 73% of the Sydney sample reporting recent LSD use, a gradual decline has been observed. In 2024, 43% of the sample reported recent use, stable relative to 2023 (37% in 2023; =0.463) (Figure 38).

The median frequency of use of LSD has remained relatively stable and infrequent since monitoring commenced in 2003, ranging between one day and three days of use in the six months preceding interview. Among those who had recently used LSD in 2024 (n=43), the median frequency of use was two days (IQR=1-5; 2 days in 2023; IQR=1-5; n=37; =0.960) (Figure 38).

All participants (100%) who reported recent use of LSD (n=43) reported swallowing the substance in 2024, consistent with previous years (100% in 2023).

In 2024, the median amount used in a 'typical' session was one tab (IQR=1-2; n=35; 1 tab in 2023; IQR=1-1.50; n=27; =0.923). Similarly, participants reported using a median of one tab (IQR=1-2; n=35; 1 tab in 2023; IQR=1-2; n=26; =0.958) in a maximum session in 2024.

Figure 41: Current perceived availability of LSD, Sydney, NSW, 2003-2024

Note. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; * <0.050; ** <0.010; *** <0.001. Please refer to Table 1 for a guide to table/figure notes.

DMT

Patterns of Consumption

: DMT use has remained low and stable since monitoring commenced, with one fifth or less of the sample reporting recent use

Figure 42: Past six month use and frequency of use of DMT, Sydney, NSW, 2010-2024

Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020 EDRS. However, from 2021, participants were only asked about prescribed and non-prescribed codeine use, regardless of whether it was low- or high-dose.

Figure 43: Non-prescribed use of pharmaceutical medicines in the past six months, Sydney, NSW, 2007

Few participants (n≤5) reported on the median 'typical' amount of capsules with 'unknown contents' used per session and therefore, further details are not reported. Please refer to the 2024 National

Licit and Other Drugs

Alcohol

Recent alcohol use among the Sydney sample has remained high and stable, with at least 92% of the sample reporting recent use since monitoring commenced in 2003. In 2024, the majority (96%) of the Sydney sample reported recent use, stable relative to 2023 (97% in 2023) (Figure 45).

Alcohol was consumed on a median of 24 days (IQR=14-63; n=96) in the six months preceding interview (48 days in 2023; IQR=20-72; n=97; =0.277), equivalent to weekly use. Of those who had consumed alcohol recently and commented (n=96), 65% reported weekly or more frequent use (74% in 2023; =0.171). Few participants (n≤5) reported daily use (n≤5 in 2023).

Tobacco

In 2024, for the first time, questions were included about illicit tobacco. Illicit tobacco was defined as products sold illegally without the necessary taxes added to the price.

An increase in the per cent reporting recent tobacco use wa

Among those who had recently used non-prescribed e-cigarettes in 2024 (n=63), the majority (97%) reported using e-cigarettes containing nicotine. Among participants who had recently used e-cigarettes and responded in 2024 (n=67), participants most commonly reported using disposable devices (97%), followed by re-fillable devices (21%).

One third (34%) of the total sample reported vaping substances other than nicotine/vape juice. Among those who vaped substances other than nicotine/vape juice and commented (n=34), the most commonly vaped substance was cannabis (82%).

Of those who had recently consumed any (i.e., prescribed, and non-prescribed) e-cigarettes and commented (n=68), one quarter (26%) reported that they had used e-cigarettes as a smoking cessation tool in 2024 (29% in 2023; =0.719).

Nicotine Pouches

In 2024, one fifth (20%) of the Sydney sample reported recent use of nicotine pouches (not asked in 2023) (Figure 45).

Participants who had recently used nicotine pouches reported use on a median of eight days (IQR=2-30; n=20) in the six months preceding interview.

Nitrous Oxide

10

Drug-Related Harms and Other Behaviours

Polysubstance Use

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time interviewing commenced in 2024, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019), at CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022. Queensland's first fixed-site drug checking service, CheQpoint, opened its doors in Brisbane shortly after EDRS commenced (April 20 2024), and a second service opened in the Gold Coast shortly after recruitment had finished (July 2024).

In 2024, 24% of participants reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year (34% in 2023; =0.168) (Figure 48). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=33), the majority (83%) reported using colorimetric reagent test kits. Few participants (n ”5) reported having their drugs tested via testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) or professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy).

Of those who reported that they or someone else had tested their illicit drugs in the past year and commented (n=23), 70% reported testing the drugs themselves, followed by 30% who reported having their drugs tested by a friend. Fewer participants (n≤5) reported having their drugs tested by a dealer, a partner, and/or a drug checking service.

Figure 48: Lifetime and past year engagement in drug checking, Sydney, NSW, 2019-202

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months.

The mean score on the AUDIT for the total 2024 Sydney sample (including people who had not consumed alcohol in the past 12 months) was 11.9 (SD 7.2), a significant de

Overdose Events

Non-Fatal Overdose

Injecting Drug Use and Associated Risk Behaviours

Despite fluctuations over time, lifetime injecting generally[if)3(et)-6(i)-3(me)-3( )-102(injec)-2(ting)]TJETQq0.00

zero on the ecstasy SDS (58% in 2023; =0.258), indicative of no symptoms of dependence in relation to ecstasy use (Table 6).

To assess methamphetamine dependence in the past six months, the cut-off of four and above was

Mental Health and Psychological Distress (K10)

Mental Health

In 2024, almost half (47%)

Figure

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as people being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2024, one fifth (21%) of the Sydney sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (24% in 2023; =0.729) (Table 9).

Six per cent of participants reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (n ”5 in 2023), and 13% reported experiencing stigma within general health care services (15

Table 9: Self-reported experiences of stigma due to illicit drug use in the past six months, Sydney, NSW, 2022-2024

	N=99	N=100 -	

Driving

In 2024, two thirds (67%) of the Sydney sample had driven a car, motorcycle or other vehicle in the last six months. Of those who had driven in the past six months and responded (n=65), one fifth (22%)

Experience of Crime and Engagement with the Criminal Justice System

The percentage of participants reporting past month criminal activity has fluctuated considerably since monitoring commenced in 2003, ranging between 18% in 2004 and 46% in 2023. In 2024, 40% of the Sydney sample reported any criminal activity in the previous month, stable from 46% in 2023 (=0.466). Drug dealing for cash profit (24%; 29% in 2023; =0.514) and property crime (23%; 26% in 2023; =0.735) were the two main forms of criminal activity in 2024 (Figure 55).

In 2024, seven per cent of participants reported being the victim of a crime involving violence (n≤5 in 2023; =0.767) (Figure 56).

In 2024, almost one tenth (8%) of participants reported having been arrested in the 12 months preceding interview (10% in 2023; =0.801) and few participants (n≤5) reported having ever been in prison (n≤5 in 2023; =0.721) (Figure 57). Few participants (n≤5) reported reasons for arrest; therefore, further details are not reported. Please refer to the 2024 National EDRS Report for national trends, or contact the Drug Trend2 841.92 reW* nBT/F1 10.98 Tf1 0 0 1 111.98 572.44 Tm0 g0 G[i)-3(n)59(20)-3(2)]TJETQq0

Modes of Purchasing Illicit or Non-Prescribed Drugs