EDRS

NEW SOUTH WALES DRUG TRENDS 2023

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

NEW SOUTH WALES DRUG TRENDS 2023: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

Udesha Chandrasena[1], Fiona Jones[1], Amy Peacock[1,2] and Rachel Sutherland[1]

[1] National Drug and Alcohol Research Centre, UNSW

[2] School of Psychology, University of Tasmania

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](#).

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: u.chandrasena@unsw.edu.au or [drugtrends@unsw.edu.au.](mailto:drugtrends@unsw.edu.au)

Table of Contents

List of Tables

List of Figures

Acknowledgements

Abbreviations

1, 4-BD	1,4-Butanediol	**NDARC**	National Drug and Alcohol Research Centre
4-AcO-DMT	4-Acetoxy-N,N-dimethyltryptamine	**NPS**	New psychoactive substances
4-FA	4-Fluoroamphetamine	**NSP**	Needle and Syringe Program
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	**NSW**	New South Wales
ACT	Australian Capital Territory	**NT**	Northern Territory
AIVL	Australian Injecting and Illicit Drug Users League	**OTC**	Over-the-counter
Alpha PVP	α-Pyrrolidinopentiophenone	**PMMA**	Polymethyl methacrylate
AOD	Alcohol and other drugs	**PTSD**	Post-Traumatic Stress Disorder
AUDIT	Alcohol Use Disorders Identification Test	**QLD**	Queensland
TAFE	Technical and Further Education	**SARS-CoV-2**	Severe acute respiratory syndrome coronavirus 2
BZP	Benzylpiperazine	**SD**	Standard deviations
CBD	Cannabidiol	**SDS**	Severity of Dependence Scale
COVID	Coronavirus disease of 2019	**SA**	South Australia
DMT	Dimethyltryptamine	**STI**	Sexually Transmissible Infection
DO-x	4-Substituted-2,5-dimethoxyamphetamines	**TAS**	Tasmania
DSM	The Diagnostic and Statistical Manual of Mental Disorders	**THC**	Tetrahydrocannabinol
EDRS	Ecstasy and Related Drugs Reporting System	**UNSW**	University of New South Wales
GBL	Gamma-butyrolactone	**VIC**	Victoria
GHB	Gamma-hydroxybutyrate	**WA**	Western Australia
GP	General Practitioner	**WHO**	World Health Organization
HIV	Human immunodeficiency virus		
HR	Harm Reduction		
IDRS	Illicit Drug Reporting System		
IQR	Interquartile range		
LSD	*d*-lysergic acid		
MDA	3,4-methylenedioxyamphetamine		
MDMA	3,4-methylenedioxymethamphetamine		
MDPV	Methylenedioxypyrovalerone		
MXE	Methoxetamine		
N (or n)	Number of participants		

Executive Summary

The Sydney New South Wales (NSW) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of-mouth in Sydney, NSW. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2023 from April-June. Interviews from 2020 onwards were delivered face-to-face as well as via telephone, to reduce the risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2023 samples, relative to previous years.**

Sample Characteristics

The 2023 Sydney EDRS sample (N=100) predominantly comprised of young (median age 26 years) males (59%), with a significant decrease in age observed compared to 2022 (median age 29 years; p=0.021). Employment and accommodation status remained stable between 2022 and 2023, with the majority (84%) of the 2023 Sydney sample living in a rental house/flat (54%) or in their parents/family home (30%). Additionally, the majority (85%) of the sample reported being employed on a full time (49%) or part-time/casual basis (36%). Cocaine was the most popular drug of choice among the 2023 EDRS sample (29%), followed by ecstasy and cannabis (22% and 16%, respectively). The drug used most often in the past month significantly changed between 2022 and 2023 (p=0.021), with fewer participants reporting alcohol as the drug used most often in the last month in 2023 (18%; 36% in 2022) and more participants endorsing cocaine as the drug used most often (20%; 10% in 2022).

Ecstasy

There was a significant increase in recent use of any form of ecstasy between 2022 (83%) and 2023 (99%; p<0.001). While median frequency of use of any ecstasy remained stable at 8 days, weekly use (among those who had recently used ecstasy) significantly decreased to 7% in 2023 (19% in 2022; p=0.015). Capsules remained the most common form of ecstasy consumed in the six months preceding interview, with a significant increase observed in 2023 (69%; 52% in 2022; p=0.021). This was followed by pills (49%), which also increased in 2023 (33% in 2022; p=0.034), and crystal (47%). There was a significant change in the perceived availability of ecstasy capsules between 2022 and 2023 (p=0.030), with more participants reporting capsules to be 'very easy' or 'easy' to obtain in 2023 (41%; 25% in 2022 and 42%; 34% in 2022, respectively). There was also a significant change in the perceived availability of ecstasy powder between 2022 and 2023 (p=0.021), with more participants perceiving powder to be 'very easy' (25%; 0% in 2022) to obtain and fewer participants perceiving it to be difficult (n≤5; 53% in 2022) to obtain.

Methamphetamine

Recent use of any methamphetamine has been declining since monitoring commenced. In 2023, one fifth (21%) of the sample reported recent use, stable relative to 2022 (29%). The largest percentage of participants reported using crystal methamphetamine (14%), followed by powder (8%). Frequency of crystal and powder use (≤monthly), as well as their perceived purity and availability, remained stable between 2022 and 2023.

Non-Prescribed Pharmaceutical Stimulants

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant (e.g., dexamphetamine,

methylphenidate, modafinil) use has fluctuated considerably since monitoring commenced in 2007, ranging between 45% and few participants (n≤5) reporting recent use. In 2023, two fifths (41%) of the Sydney sample reported recent use (39% in 2022). The price per 5mg tablet significantly increased from $5 in 2022 to $10 in 2023 (*p*=0.020). There was also a significant change to the perceived availability of non-prescribed pharmaceutical stimulants in 2023 (*p*=0.002), with more participants perceiving non-prescribed pharmaceutical stimulants to be 'very easy' (62%; 23% in 2022) to obtain.

Cocaine

A gradual increase in recent cocaine use has been observed since 2013. In 2023, the majority (86%) of the sample reported recent cocaine use (86% in 2022). Participants reported using cocaine on a median of six days in the six months preceding interview. Consistent with previous years, the price per gram of cocaine remained stable at $300. The perceived purity and availability of cocaine remained stable in 2023 with the largest per cent perceiving cocaine to be of 'low' purity (40%; 43% in 2022) and 'very easy' to obtain (51%; 51% in 2022).

Cannabis and/or Cannabinoid-Related Products

Two thirds (66%) of the sample reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023 (71% in 2022). The median frequency of use significantly decreased from 28 days in 2022 to 12 days in 2023 (*p*=0.018), the lowest median frequency of use observed since monitoring commenced. The majority (92%) of participants who had recently used non-prescribed cannabis and/or cannabinoid-related products in 2023 reported smoking as a route of administration (87% in 2022), with significantly fewer participants reporting

inhaling/vaporising (18%; 41% in 2022; *p*=0.006). The per cent reporting recent hydroponic cannabis use significantly decreased in 2023 (51%; 77% in 2022; *p*=0.005), while recent use of bush cannabis remained stable (53%; 44% in 2022). The price, perceived availability and perceived purity of hydroponic and bush cannabis remained stable in 2023 relative to 2022.

Non-Prescribed Ketamine, LSD and DMT

Fifty-four per cent of the Sydney sample reported using non-prescribed ketamine in 2023, stable relative to 2022 (56%). Recent use of LSD and DMT also remained stable between 2022 and 2023 (37%; 41% in 2022 and 8%; 15% in 2022, respectively). Frequency of use for all three substances remained low in 2023, at a median of five days or less in the preceding six months. The price, perceived availability and perceived purity of ketamine and LSD remained stable in 2023 relative to 2022.

New Psychoactive Substances (NPS)

In 2023, 13% of the sample reported recent use of any NPS (including plant-based NPS) (12% in 2022) and 11% reported recent use of any NPS (excluding plant-based NPS) (9% in 2022) in 2023. Any 2C substance was the most commonly used NPS (6%).

Other Drugs

Recent use of non-prescribed codeine (9%), other pharmaceutical opioids (9%), antipsychotics (n≤5), and any benzodiazepines (31%) remained stable in 2023. However, there was a change in the main brand of other non-prescribed benzodiazepines reported in 2023 (*p*=0.023), with fewer participants reporting using Valium (diazepam) (n≤5; 72% in 2022). Recent use of non-prescribed e-cigarettes significantly increased from 61% in 2022 to 76% in 2023 (*p*=0.035), with more participants reporting daily use in 2023 (49%; 27% in 2022; *p*=0.003).

Drug-Related Harms and Other Behaviours

o On the last occasion of ecstasy or related drug use, the majority (86%) of the sample reported concurrent use of two or more drugs; stimulants and depressants were the most common combination (39%).

o One third (34%) reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

o The mean AUDIT total score increased significantly from 12.0 in 2022 to 13.5 in 2023 ($p<0.001$).

o Seventeen per cent of the sample reported a non-fatal stimulant overdose (9% in 2022) and 21% reported a non-fatal depressant overdose in the past year (13% in 2022).

o In 2023, half (51%) of the sample reported that they had ever heard of naloxone (59% in 2022), of which 89% were able to correctly identify the purpose of naloxone (93% in 2022).

o Reported past month injecting drug use remained low (n≤5), as did current drug treatment engagement (n≤5).

o Thirteen per cent of those who reported recent ecstasy use obtained an SDS score of 3 or more, whilst 33% of participants reporting recent methamphetamine use obtained a score of 4 or more, indicating possible dependence on these substances.

o Four fifths (81%) of the sample reported engaging in some form of sexual activity in the past month (86% in 2022), of which 26% reported penetrative sex without a condom, where they did not know the HIV status of their partner (19% in 2022).

o Almost three fifths (58%) of the sample self-reported that they had experienced a mental health problem in the past six months (51% in 2022), and 62% of these had seen a mental health professional during that period (63% in 2022).

o Thirteen per cent reported high/very high psychological distress (17% in 2022).

o Twenty-eight per cent of the sample reported accessing any health service for alcohol and/or drug support in the six months preceding interview (19% in 2022), and almost one quarter (24%) of the sample reported experiencing stigma in any health/non-health care setting in the six months preceding interview.

o In 2023, the vast majority of the sample (99%) had ever been tested for SARS-CoV-2, with almost half (48%) of participants testing positive to COVID-19 in the 12 months preceding interview.

o Thirty-two per cent of those who had recently driven reported driving while over the perceived legal limit of alcohol in the six months preceding interview. In 2023, significantly fewer participants reported driving within three hours of consuming an illicit or non-prescribed drug (32%; 51% in 2022; $p=0.026$).

o Forty-six per cent of the sample reported 'any' past month criminal activity, a significant increase from 26% in 2023 ($p=0.006$). This was driven by more participants reporting property crime in 2023 (26%; 13% in 2022; $p=0.035$). One in ten (10%) participants reported having been arrested in the 12 months preceding interview, while 25% reported a drug-related encounter with police which did not result in charge or arrest.

o There were significant differences in modes of purchasing illicit or non-prescribed drugs in the past 12 months in 2023. Arranging the purchase of illicit or non-prescribed drugs via text messaging decreased significantly in 2023 (45%; 60% in 2022; $p=0.049$). There was also a significant decrease in participants reporting that they had received illicit drugs via a collection point (defined as a predetermined location where a drug will be left for later collection) (23%; 38% in 2023; $p=0.033$).

EDRS
Ecstasy and Related Drugs Reporting System

2023 SAMPLE CHARACTERISTICS

In 2023, 100 participants, recruited from Sydney, NSW were interviewed.

26 years **59%**
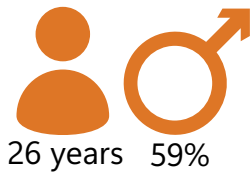
The median age in 2023 was 26, and 59% identified as male.

38%
49%
8%

- Current students
- Full time work
- Unemployed
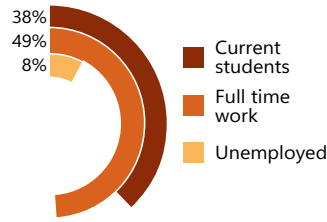
In the 2023 sample, 38% were current students, 49% were employed full time and 8% were unemployed.

- ☑ Ecstasy
- ☑ Cocaine
- ☑ Other stimulants

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

PAST 6 MONTH USE OF OTHER DRUGS

	Ketamine	LSD	Hallucinogenic mushrooms	GHB/GBL/1,4-BD	Amyl nitrite	Nitrous oxide (nangs)	E-cigarettes
2022	56%	41%	41%	14%	44%	41%	61%
2023	54%	37%	44%	17%	43%	47%	76% *

*$p<0.050$; **$p<0.010$; ***$p<0.001$

DRUG-RELATED HARMS AND RISKS

32%
32%

- Drove within 3 hours of consuming illicit drugs
- Drove while over the legal limit of alcohol
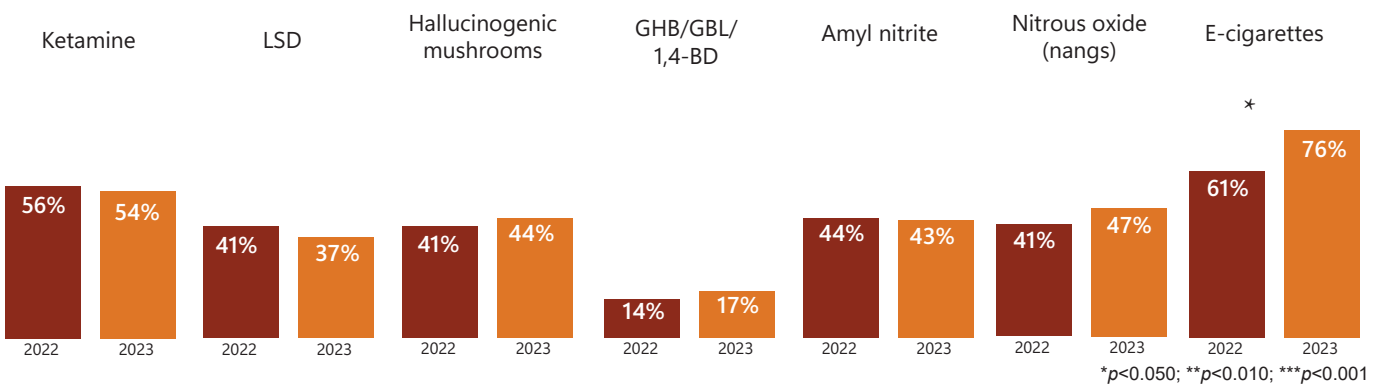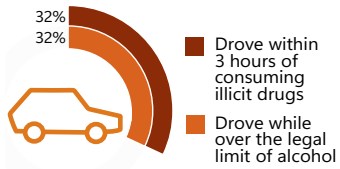
Among recent drivers, 32% reported driving a vehicle within 3 hours of consuming illicit drugs and 32% while over the legal limit of alcohol.

21% Depressant **17%** Stimulant

In the 2023 sample, 21% reported a non-fatal depressant overdose in the previous 12 months, and 17% reported a non-fatal stimulant overdose.

72% 2022 **77%** 2023
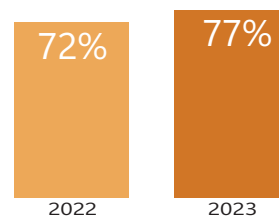
77% of the sample obtained an AUDIT score of eight or more, indicative of past year hazardous alcohol use (72% in 2022).

86%
39%
12%

- Two or more drugs
- Depressants and stimulants
- Depressants, stimulants and hallucinogens/dissociatives
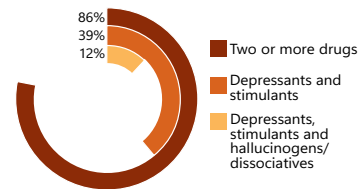
On the last occasion of ecstasy or related drug use, 86% used two or more drugs, 39% used both stimulants and depressants, and 12% used stimulants, depressants and hallucinogens/dissociatives.

OTHER BEHAVIOURS

58% Self reported MH issue **37%** Seen a MH professional
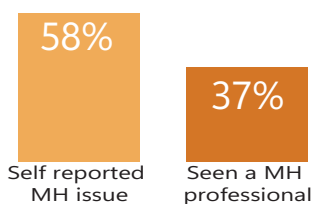
In the total sample, 58% self reported a mental health issue and 37% had seen a mental health professional in the past 6 months.

79%
60%
13%

- Anxiety
- Depression
- PTSD
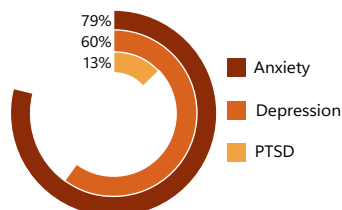
Of those who commented, the three most common mental health issues reported were anxiety (79%), depression (60%) and PTSD (13%).

32% 2022 **34%** 2023
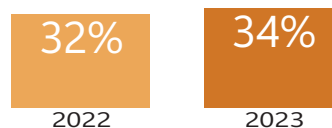
34% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

24% of the sample reported experiencing stigma because of their illicit drug use in the six months preceding interview, most commonly from police.

ECSTASY

69% Capsules
47% Crystal
49% Pills
27% Powder
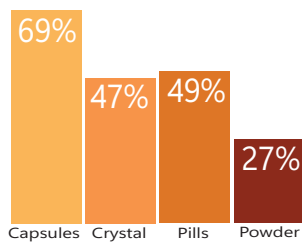
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2023.

M T W T F S S
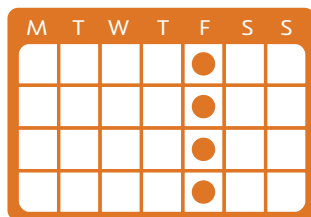
Of those who had recently consumed ecstasy, 7% used it weekly or more frequently.

2 Capsules
2 Pills
0.30 grams of crystal
0.30 grams of powder
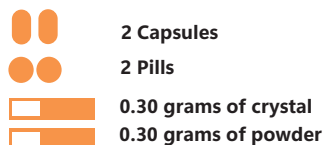
Median amounts of ecstasy consumed in a 'typical' session using each form.
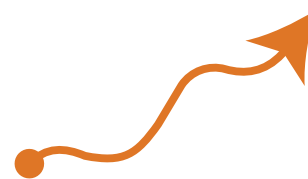
In 2023, more participants perceived the availability of ecstasy powder and capsules as 'easy' or 'very easy' relative to 2022.

METHAMPHETAMINE

21% Any Meth
14% Crystal
8% Powder
n≤5 Base
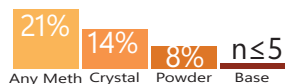
Past 6 month use of any methamphetamine, crystal, powder and base in 2023.

M T W T F S S
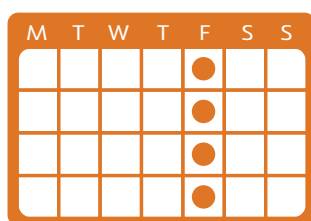
Of those who had recently consumed methamphetamine, 33% used it weekly or more frequently.

86% Smoked crystal

86% of participants who had recently used crystal smoked it.

89% Crystal was 'easy' or 'very easy' to obtain
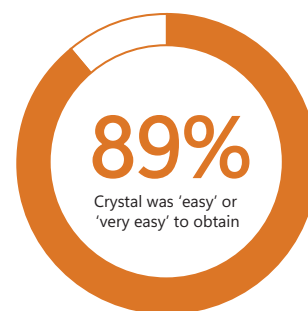
Of those who could comment 89% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

86% 2022
86% 2023
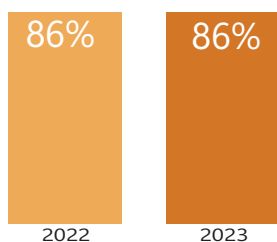
Past 6 month use of any cocaine remained stable between 2022 and 2023.

M T W T F S S
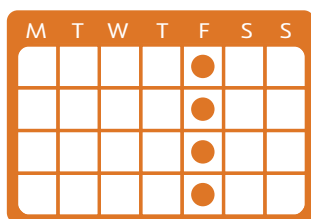
Of participants who had consumed cocaine recently, 19% reported weekly or more frequent use.

$

In 2023, the median price of a gram of cocaine was $300.

84% Cocaine was 'easy' or 'very easy' to obtain
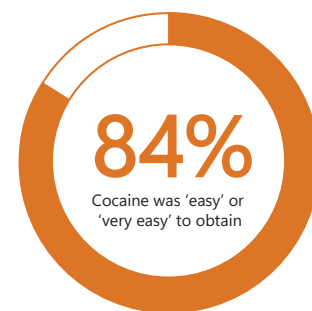
Of those who could comment 84% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

71% 2022
66% 2023
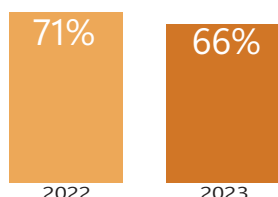
Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable between 2022 and 2023.

M T W T F S S
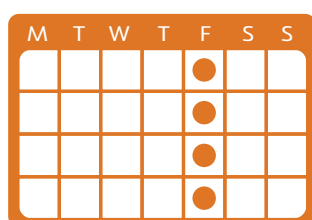
Of those who had consumed non-prescribed cannabis recently, 44% reported weekly or more frequent use.

Of participants who had consumed cannabis in the last 6 months, 92% had smoked it (21% swallowed and 18% vaped it).

91% Hydro
94% Bush
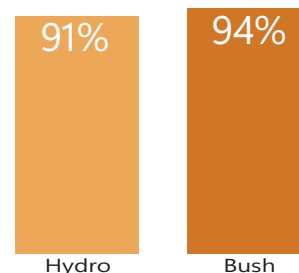
Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

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 the EDRS.

Methods

EDRS 2003-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints) (16 years of age in Perth, Western Australia (WA)), ii) have used ecstasy or other illicit stimulants (including: MDA, methamphetamine, cocaine, non-prescribed pharmaceutical stimulants, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

EDRS 2020-2023: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

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

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

These changes were carried through between 2021 and 2023. A hybrid approach was used, with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

2023 EDRS Sample

A total of 708 participants were recruited across capital cities nationally (April-July, 2023), with 100 participants interviewed in Sydney, NSW between 17 April – 23 June 2023 (n=100 in 2022). A total of 50 interviews were conducted via telephone (92 via phone/videoconference in 2022) and 50 interviews were conducted face-to-face (n=8 in 2022).

Few participants (n≤5) in the 2023 Sydney sample completed the interview in 2022 and, similarly, n≤5 in the 2022 Sydney sample completed the interview in 2021. Recruitment methods remained stable between 2022 and 2023 (*p*=0.179), with the majority (86%) of participants being recruited via the internet (e.g., Facebook and Instagram) (76% in 2022), followed by 11% recruited via snowball (19% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. References to significant differences throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Sydney, 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).

Differences in the methodology, and the events of 2020-23, must be taken into consideration when comparing 2020-23 data to previous years, and treated with caution.

Additional Outputs

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

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 2023, the Sydney EDRS sample was similar to the 2022 sample, however, there were some notable differences (Table 1). The median age of the sample significantly decreased from 29 years (IQR=23-34) in 2022 to 26 years (IQR=21-31) in 2023 (*p*=0.021*)*. Gender remained stable between 2022 and 2023 (*p*=0.489), with the largest per cent identifying as male (59%; 64% in 2022).

Current accommodation remained stable between 2022 and 2023 (*p*=0.077), with 54% of participants reporting living in a rental house/flat (66% in 2022) and almost one third (30%) living in their parents/family home (16% in 2022). Additionally, employment status remained stable between 2022 and 2023 (*p*=0.121). Specifically, almost half (49%) of the sample reported being employed full time at the time of the interview (49% in 2022) and a further 36% reported being employed on a part-time/casual basis (24% in 2022). Almost two fifths (38%) of the sample reported currently being a student in 2023, stable relative to 2022 (31%; *p*=0.374).

The median weekly income remained stable at $1058 (IQR=450-1700; $1000 in 2022; IQR=550-1600; *p*=0.810).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Sydney, NSW, 2017-2023								
	Sydney, NSW							National
	2017	2018	2019	2020	2021	2022	2023	2023
	N=100	N=100	N=100	N=103	N=99	N=100	N=100	N=708
Median age (years; IQR)	20 (19-24)	20 (18-22)	25 (21-29)	21 (19-27)	23 (21-26)	29 (23-34)	**26 (21-31)***	25 (21-32)
% Gender								
Female	29	38	38	36	29	31	**38**	40
Male	69	60	57	62	67	64	**59**	58
Non-binary	0	0	-	-	-	-	**-**	3
% Aboriginal and/or Torres Strait Islander	-	7	-	-	-	-	**-**	4
% Sexual identity								
Heterosexual	81	82	82	82	75	69	**71**	71
Homosexual	5	-	-	-	-	7	**10**	8
Bisexual	11	13	16	16	13	17	**14**	16
Queer	/	/	-	-	8	-	**-**	4
Different identity	-	-	0	0	0	-	**-**	1
Mean years of school education (range)	12 (10-12)	12 (9-12)	12 (8-12)	12 (8-12)	12 (10-12)	12 (9-12)	**12 (7-12)**	12 (5-12)
% Post-school qualification(s)^	35	30	45	45	52	69	**67**	62
% Current students#	15	15	41	53	63	31	**38**	36

	Sydney, NSW							National
	2017	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**	**2023**
% Current employment status								
Employed full-time	19	19	37	29	28	49	**49**	38
Part time/casual	/	/	/	32	48	24	**36**	39
Self-employed	/	/	/	-	8	13	**7**	4
Unemployed	13	24	19	36	15	14	**8**	19
Current median weekly income $ (IQR)	$450 (25-2100)	$400 (200-764)	$755 (450-1154)	$635 (430-923)	$700 (475-1000)	$1000 (550 – 1600)	**$1058 (450-1700)**	$808 (450-1385)
% Current accommodation								
Own house/flat	-	-	-	6	-	14	**10**	9
Rented house/flat	38	61	61	41	71	66	**54**	58
Parents'/family home	58	33	33	47	26	16	**30**	26
Boarding house/hostel	-	0	0	-	0	0	**-**	2
Public housing	/	-	-	-	-	-	**-**	3
No fixed address+	-	-	-	0	0	0	**0**	1
Other	-	0	0	-	0	-	**0**	1

Note. ^Includes trade/technical and university qualifications. #'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. / Not asked. + No fixed address included 'couch surfing and rough sleeping or squatting. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

The reported drug of choice remained stable between 2022 and 2023 (p=0.192). Twenty-nine per cent of the sample nominated cocaine as their drug of choice (15% in 2022), followed by ecstasy (22%; 28% in 2022), cannabis (16%; 16% in 2022), and alcohol (12%; 16% in 2022) (Figure 1).

The drug used most often in the past month significantly changed between 2022 and 2023 (p=0.021). Specifically, more participants reported cocaine (20%; 10% in 2022) and ecstasy (16%; 9% in 2022) as the drug used most often, while fewer participants reported alcohol as the drug used most often (18%; 36% in 2023) (Figure 2). Almost one quarter of the sample reported cannabis as the drug used most often in the last month in 2023 (23%; 21% in 2022).

Weekly or more frequent use of ecstasy (7%; 16% in 2022; p=0.080), cannabis (29%; 41% in 2022; p=0.106), methamphetamine (7%; 9% in 2022; p=0.613) and cocaine (16%; 9% in 2022; p=0.210) remained stable in 2023 (Figure 3).

Figure 1: Drug of choice, Sydney, NSW, 2003-2023
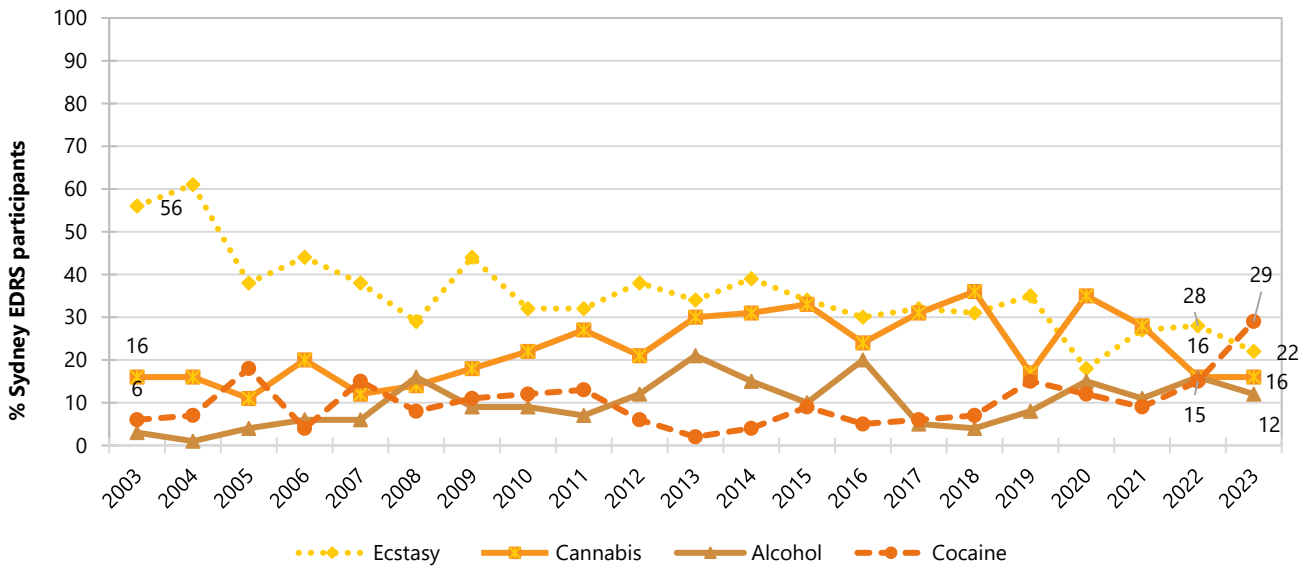
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug used most often in the past month, Sydney, NSW, 2011-2023
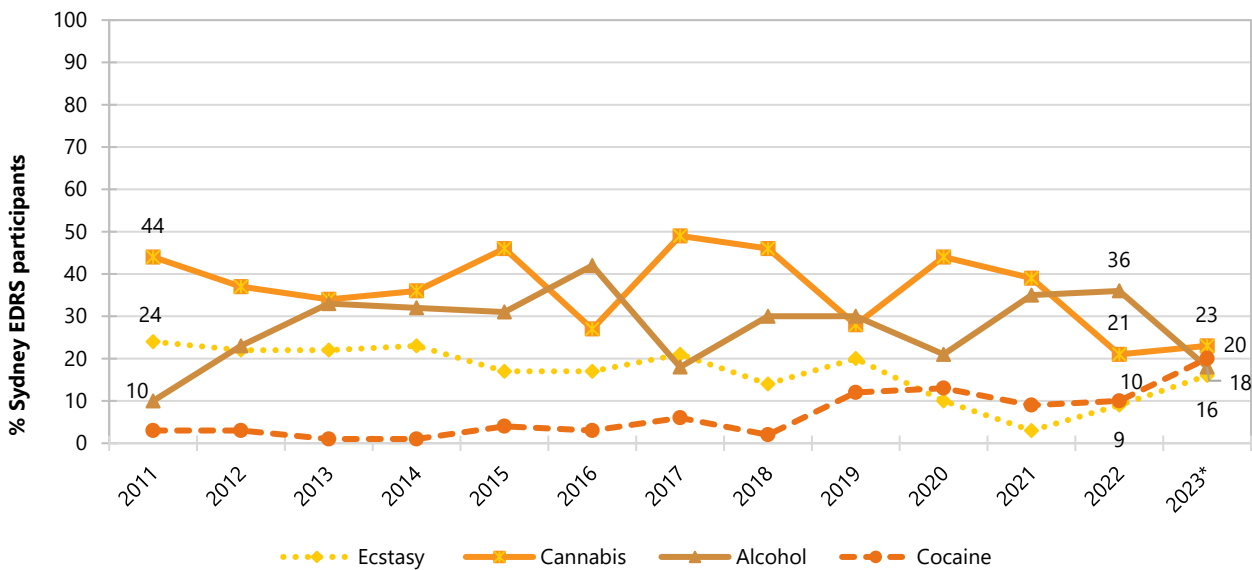
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2023 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Sydney, NSW, 2003-2023
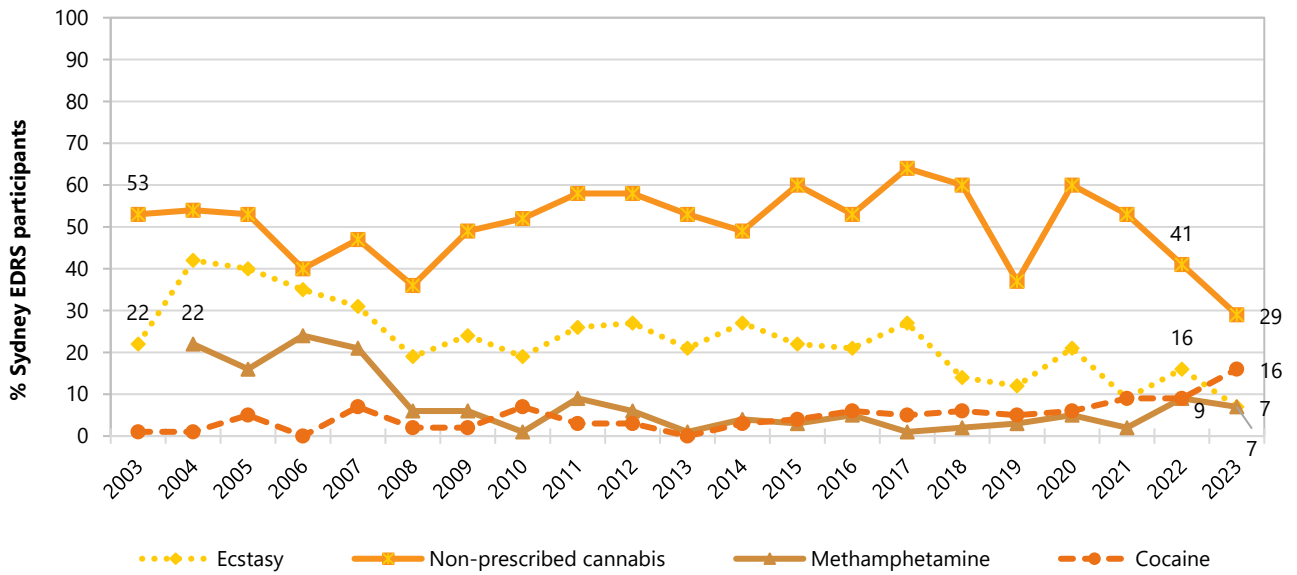
Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels are only provided for the first (2003/2004) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

2

Ecstasy

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)

Almost all (99%) of the Sydney sample had recently consumed ecstasy in any form in 2023, a significant increase from 83% in 2022 ($p<0.001$).

Capsules remained the most commonly consumed form of ecstasy, with recent use of capsules significantly increasing to 69% in 2023 (52% in 2022; $p=0.021$). This was followed by pills (49%), which also significantly increased in 2023 (33% in 2022; $p=0.034$), and crystal (47%), which remained stable (37% in 2022; $p=0.198$). Powder was the least commonly used form of ecstasy in 2023 (27%; 21% in 2022; $p=0.408$) (Figure 4).

Frequency of Use

Participants reported using any form of ecstasy on a median of eight days (IQR=4-14; n=99) in the six months preceding interview, stable from a median of eight days in 2022 (IQR=4-16; n=83; $p=0.620$) (Figure 5). The per cent of participants who had recently used ecstasy who reported weekly or more frequent use significantly decreased from 19% in 2022 to 7% in 2023 ($p=0.015$).

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, Sydney, NSW, 2003-2023
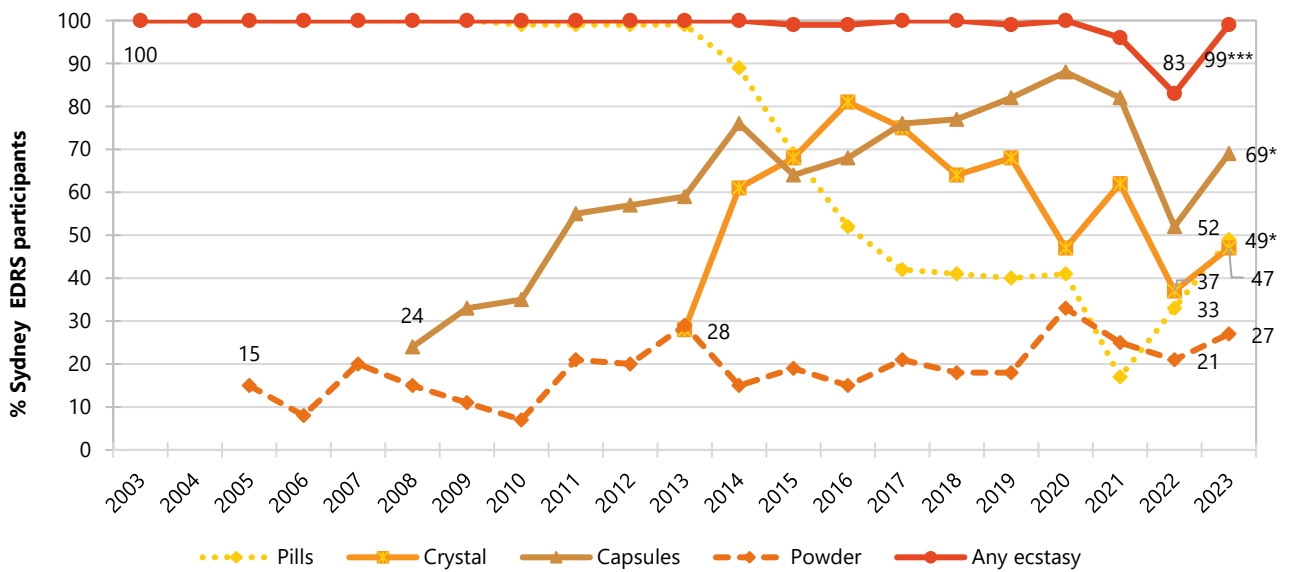
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, Sydney, NSW, 2003-2023
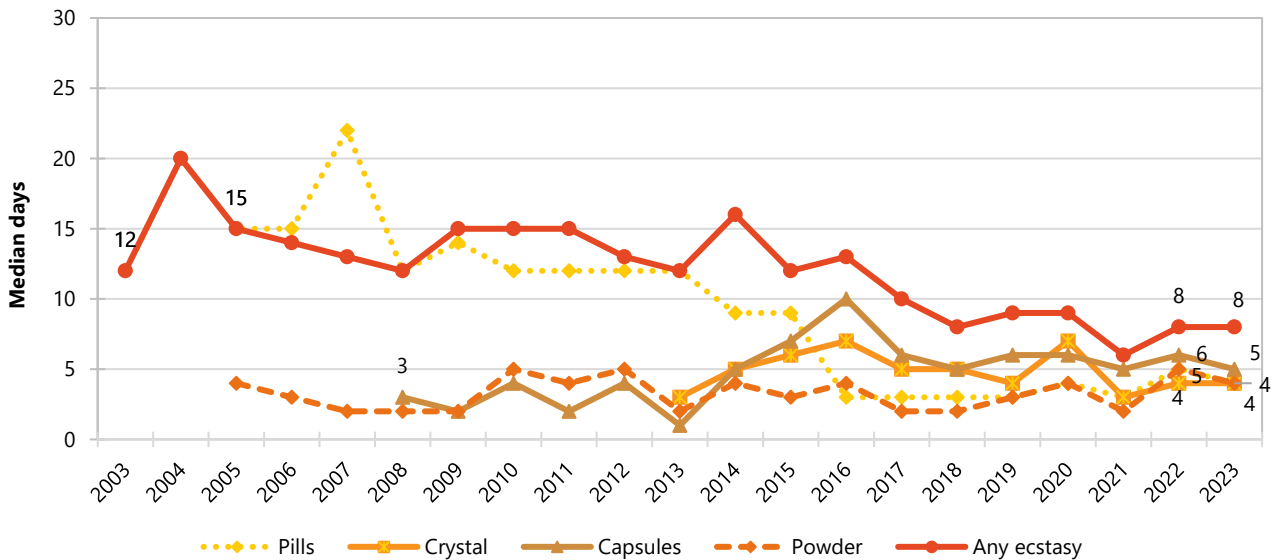
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6 month use (maximum 180 days). Median days rounded to the nearest whole number. The response option 'Don't know' was excluded from analysis. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2003/2005/2008/2013) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Ecstasy Pills

Recent Use (past 6 months): Between 2013 and 2021, the per cent reporting recent use of pills has declined considerably, before increasing in 2022 and 2023. In 2023, 49% of the sample reported recent use (33% in 2022; *p*=0.034) (Figure 4).

Frequency of Use: Ecstasy pills were consumed on a median of four days in the previous six months (IQR=2-12; n=49; 5 days in 2022; IQR=2-7; n=33; *p*=0.689) (Figure 5).

Routes of Administration: Among participants who had recently consumed ecstasy pills and commented (n=49), swallowing remained the main route of administration in 2023 (98%; 100% in 2022). Few participants (n≤5) reported other routes of administration.

Quantity: The median number of pills consumed in a 'typical' session was two (IQR=1.5-3; n=49), stable compared to 2022 (2 pills; IQR=1-2; n=33; *p*=0.184). The median maximum amount reported in a session was also two pills (IQR=2-4; n=49), stable from 2022 (2 pills, IQR=2-4; n=33; *p*=0.813).

Ecstasy Capsules

Recent Use (past 6 months): Since 2017, capsules have remained the most commonly used form of ecstasy. In 2023, 69% of the Sydney sample reported recent use, a significant increase from 52% in 2022 (*p*=0.021) (Figure 4).

Frequency of Use: Capsules were also the most frequently used form of ecstasy among the Sydney sample, with a median of five days (IQR=3-9; n=69) of use in the past six months (6 days in 2022; IQR=4-12; n=52; *p*=0.140) (Figure 5).

Routes of Administration: Of those who reported recent use and responded (n=69), the vast majority (96%) of participants reported swallowing capsules in the six months preceding interview, stable relative to 2022 (100%; *p*=0.259). This was followed by snorting (12%), which significantly decreased relative to 2022 (33%; *p*=0.008).

Quantity: The median number of capsules consumed in a 'typical' session was two (IQR=2-3; n=69; 2 capsules in 2022; IQR=1.5-3; n=51; *p*=0.878). The median maximum amount reported in a session was three capsules (IQR=2.5-5; n=69; 3 capsules in 2022; IQR=2-5; n=51; *p*=0.786).

Ecstasy Crystal

Recent Use (past 6 months): At least three fifths of the sample reported recent crystal use between 2014 to 2019 before declining sharply in 2020. Since then, the per cent reporting recent crystal use has fluctuated considerably. In 2023, 47% of the sample reported recent use of crystal, stable relative to 2022 (37%; *p*=0.198) (Figure 4).

Frequency of Use: Frequency of crystal use in the six months preceding interview remained stable at four days (IQR=2-6; n=47; 4 days in 2022, IQR=2-8; n=37; *p*=0.852) (Figure 5).

Routes of Administration: Consistent with previous years, of those who had recently used crystal (n=47), the majority (87%) reported swallowing (95% in 2022; *p*=0.456), and one third (34%) reported snorting (24% in 2022; *p*=0.349).

Quantity: The median amount of crystal consumed in a 'typical' session was 0.30 grams (IQR=0.20-0.50; n=37; 0.20 grams in 2022; IQR=0.10-0.50; n=29; *p*=0.614). The median maximum amount of crystal consumed in a session was 0.50 grams (IQR=0.30-0.80; n=37;

0.40 grams in 2022; IQR=0.20-0.80; n=29; *p*=0.244).

Ecstasy Powder

Recent Use (past 6 months): Powder was the least commonly used form of ecstasy reported by participants between 2005 and 2020. In 2021, the percentage of participants reporting recent use of powder surpassed pills for the first time since monitoring began, with 25% of the sample reporting recent use of ecstasy powder. Since then, powder has returned to being the least commonly used form of ecstasy reported, with one quarter (27%) of the sample reporting recent use (21% in 2022; *p*=0.408) (Figure 4).

Frequency of Use: Participants reported using powder on a median of four days in the past six months (IQR=1-7; n=26), stable from 2022 (5 days; IQR=3-7; n=21 *p*=0.079) (Figure 5).

Routes of Administration: Of those who had recently used powder and responded (n=27), the majority (81%) reported snorting powder in the six months preceding interview (76% in 2022; *p*=0.729), followed by 44% who reported swallowing powder (67% in 2022; *p*=0.159).

Quantity: In a 'typical' session, participants reported consuming a median of 0.30 grams (IQR=0.30-0.50; n=17; 0.50 grams in 2022; IQR=0.20-0.50; n=17; *p*=0.504). The median maximum amount consumed in a session was 0.50 grams (IQR=0.30-1.00; n=19; 0.50 grams in 2022; IQR=0.30-1.00; n=17; *p*=0.975).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The median price of an ecstasy pill was $35 in 2023 (IQR=25-50; n=18; $30 in 2022; IQR=25-35; n=19; *p*=0.132) (Figure 6).

Perceived Purity: The perceived purity of ecstasy pills remained stable between 2022 and

2023 (*p*=0.108). Among those who were able to comment in 2023 (n=53), half (49%) reported purity to be 'high' (24% in 2022) and one quarter (23%) reported purity to be 'medium' (27% in 2022) (Figure 8).

Perceived Availability: The perceived availability of ecstasy pills remained stable between 2022 and 2023 (*p*=0.074). Among those who were able to comment in 2023 (n=52), equal percentages (37%) perceived availability to be 'easy' (47% in 2022) and 'difficult' (32% in 2022), while one quarter (25%) perceived it to 'fluctuate' (n≤5 in 2022) (Figure 12).

Ecstasy Capsules

Price: The median price per capsule was $30 in 2023 (IQR=25-30; n=21), stable relative to 2022 ($25; IQR=20-30; n=28; *p*=0.103) (Figure 6).

Perceived Purity: The perceived purity of capsules remained stable between 2022 and 2023 (*p*=0.096). Of those who could comment in 2023 (n=69), 36% perceived purity to be 'medium' (33% in 2022), and 33% reported purity to be 'high' (17% in 2022) (Figure 9).

Perceived Availability: A significant change was observed in the perceived availability of capsules between 2022 and 2023 (*p*=0.030). Among those who were able to comment in 2023 (n=69), significantly more participants reported capsules to be 'very easy' or 'easy' to obtain in 2023 (41%; 25% in 2022 and 42%; 34% in 2022, respectively) (Figure 13).

Ecstasy Crystal

Price: The median price for one gram of ecstasy crystal was $200 (IQR=160-250; n=27), remaining stable from 2022 ($200; IQR=180-250; n=17; *p*=0.657). Few participants (n≤5) commented on the price per point of crystal in 2023 (n≤5 in 2022) (Figure 7).

Perceived Purity: The perceived purity of ecstasy crystal remained stable between 2022

and 2023 (*p*=0.099). Among those who were able to comment in 2023 (n=55), three fifths (62%) perceived purity to be 'high' (46% in 2022) and a further 18% perceived it to be of 'medium' purity (20% in 2022) (Figure 10).

Perceived Availability: The perceived availability of ecstasy crystal remained stable between 2022 and 2023 (*p*=0.642). Among those who commented in 2023 (n=55), the largest per cent reported crystal to be 'easy' (47%; 47% in 2022) or 'very easy' (31%; 22% in 2022) to obtain (Figure 14).

Ecstasy Powder

Price: The median price for one gram of ecstasy powder was $200 (IQR=200-300; n=9), remaining stable from 2022 ($200; IQR=190-260; n=9; *p*=0.893) (Figure 7). Few participants (n≤5) commented on the price per point of powder in 2023.

Perceived Purity: The perceived purity of ecstasy powder remained stable between 2022 and 2023 (*p*=0.711) (Figure 11). Among those who commented in 2023 (n=21), two fifths (43%) perceived ecstasy powder to be of 'medium' purity (n≤5 in 2022), followed by 29% who perceived it to be of 'high' purity (n≤5 in 2022).

Perceived Availability: A significant difference was observed in the perceived availability of ecstasy powder between 2022 and 2023 (*p*=0.021). Among those who commented in 2023 (n=20), the largest percentage of participants perceived ecstasy powder to be 'easy' to obtain (50%; 47% in 2022), with fewer participants perceiving it to be 'difficult' to obtain (n≤5; 53% in 2022) (Figure 15).

Figure 6: Median price of ecstasy pill and capsule, Sydney, NSW, 2003-2023
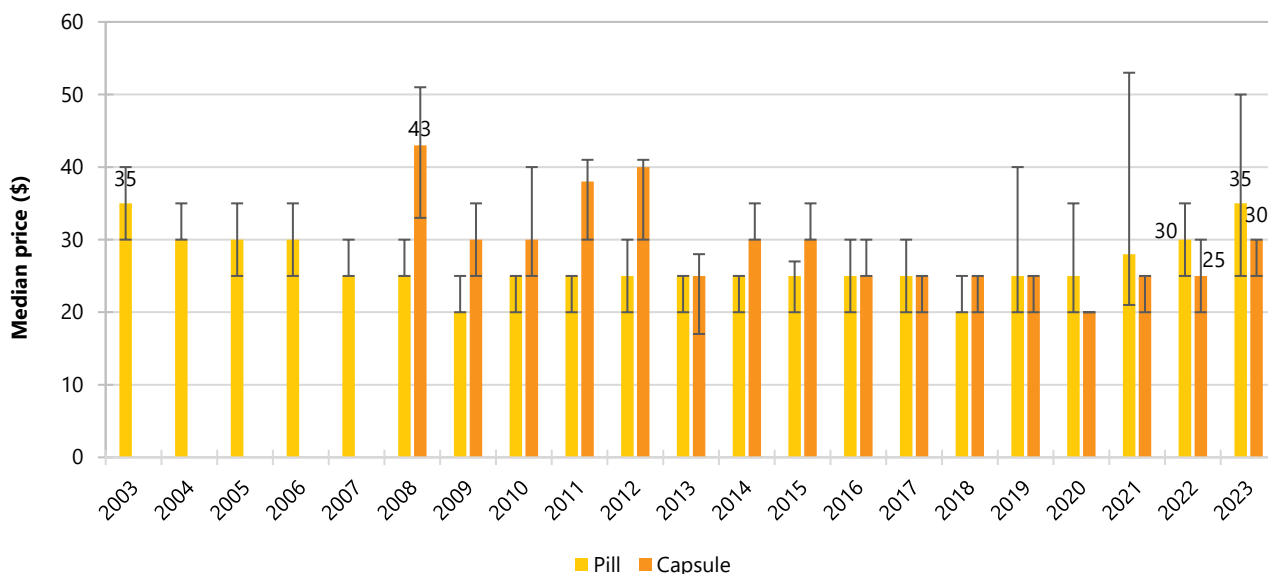
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels are only provided for the first (2003/2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Median price of ecstasy crystal per point and gram and powder per gram, Sydney, NSW, 2013-2023
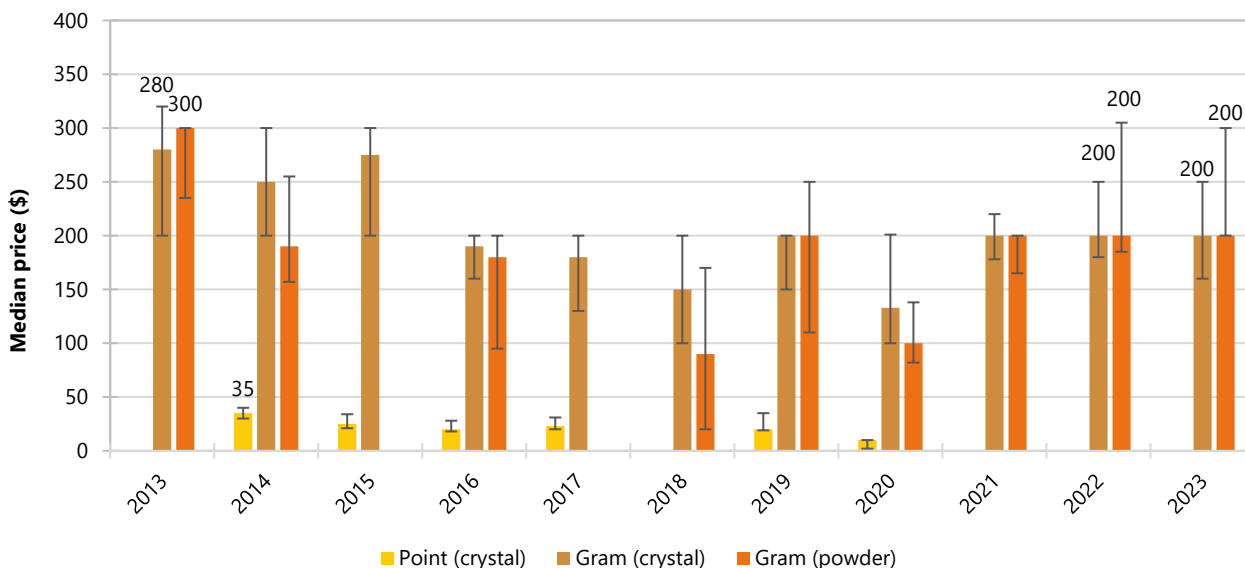
Note. Among those who commented. Data collection for price of ecstasy crystal (gram and point) and ecstasy powder (gram) started in 2013. No participants reported price data for a 'point' of ecstasy crystal in 2021. Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 8: Current perceived purity of ecstasy pills, Sydney, NSW, 2017-2023
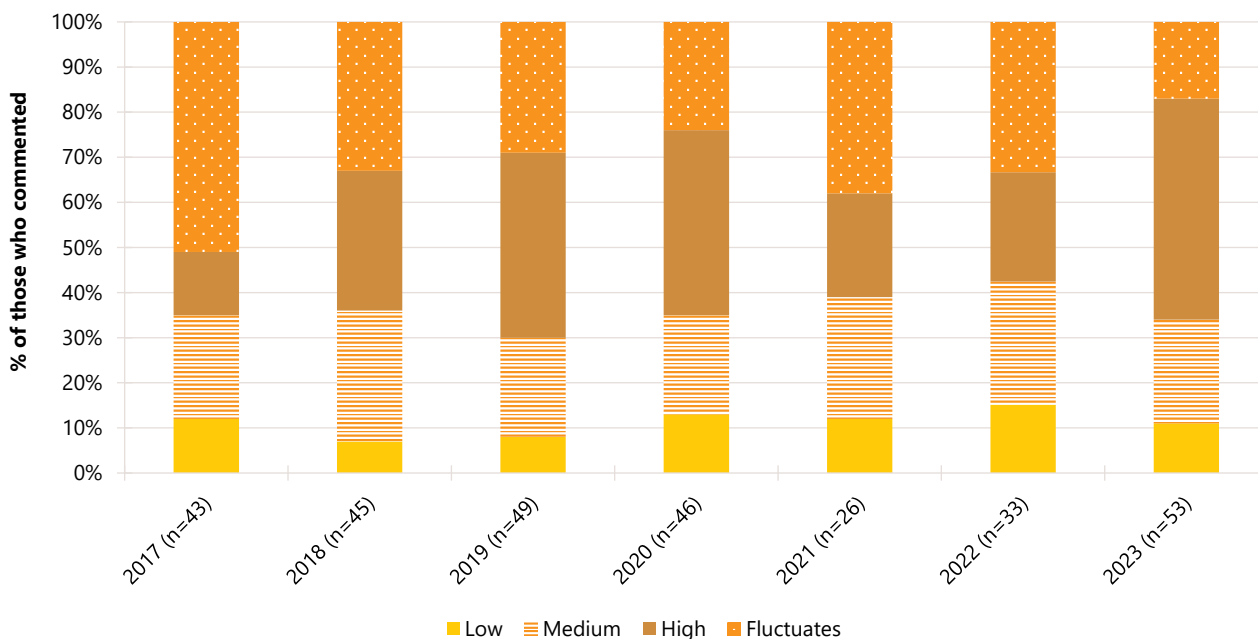
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Current perceived purity of ecstasy capsules, Sydney, NSW, 2017-2023
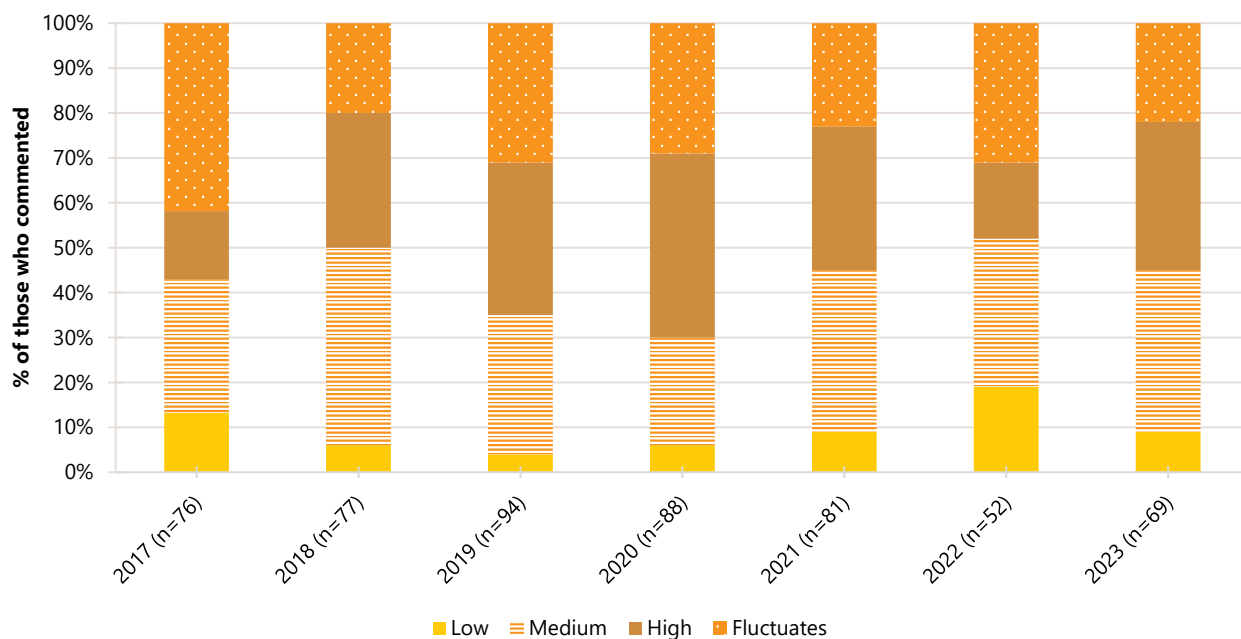
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 10: Current perceived purity of ecstasy crystal, Sydney, NSW, 2017-2023
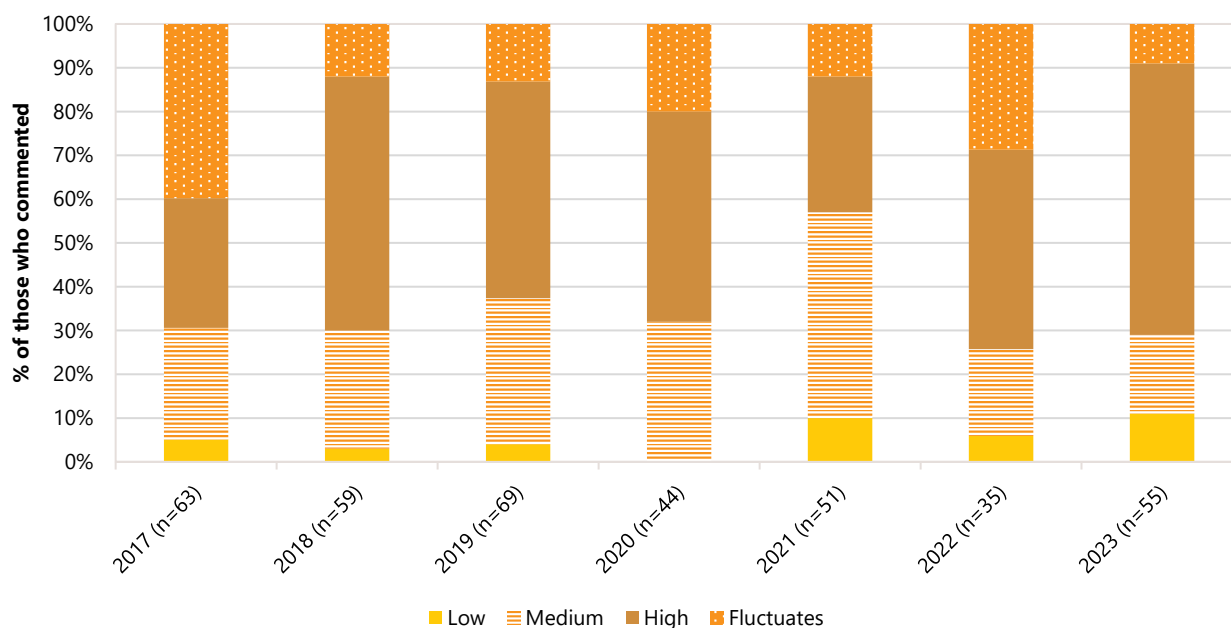
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of ecstasy powder, Sydney, NSW, 2017-2023
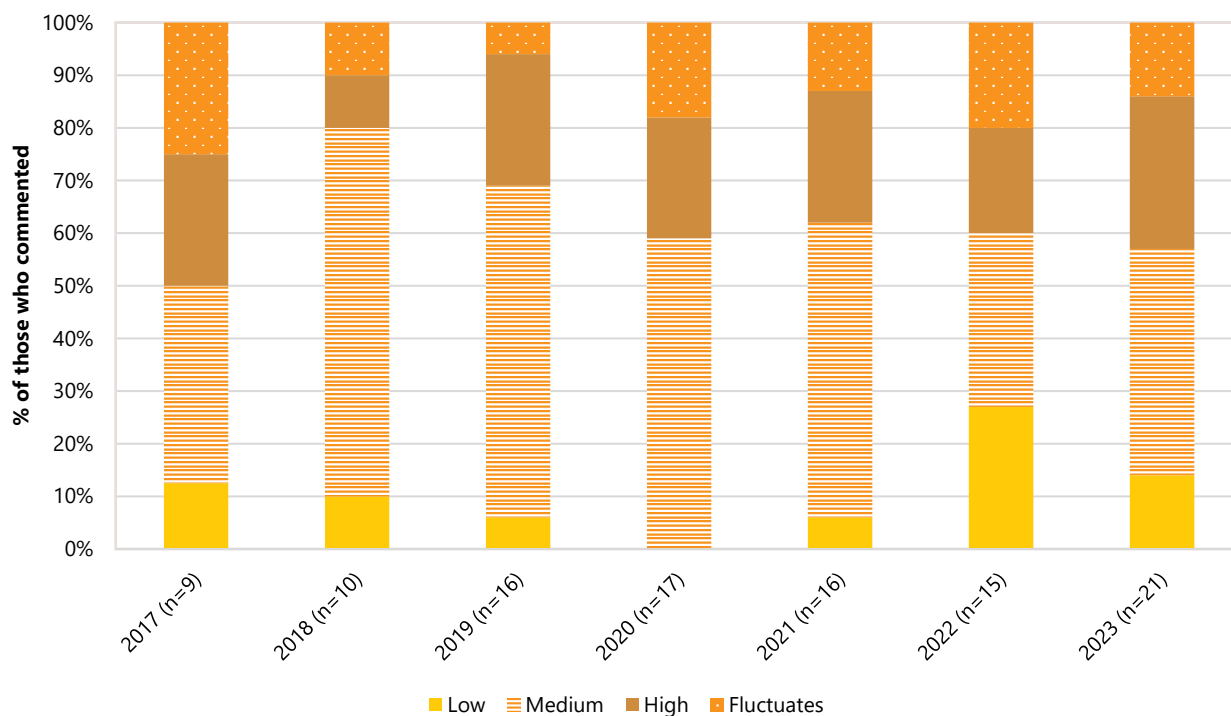
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of ecstasy pills, Sydney, NSW, 2017-2023
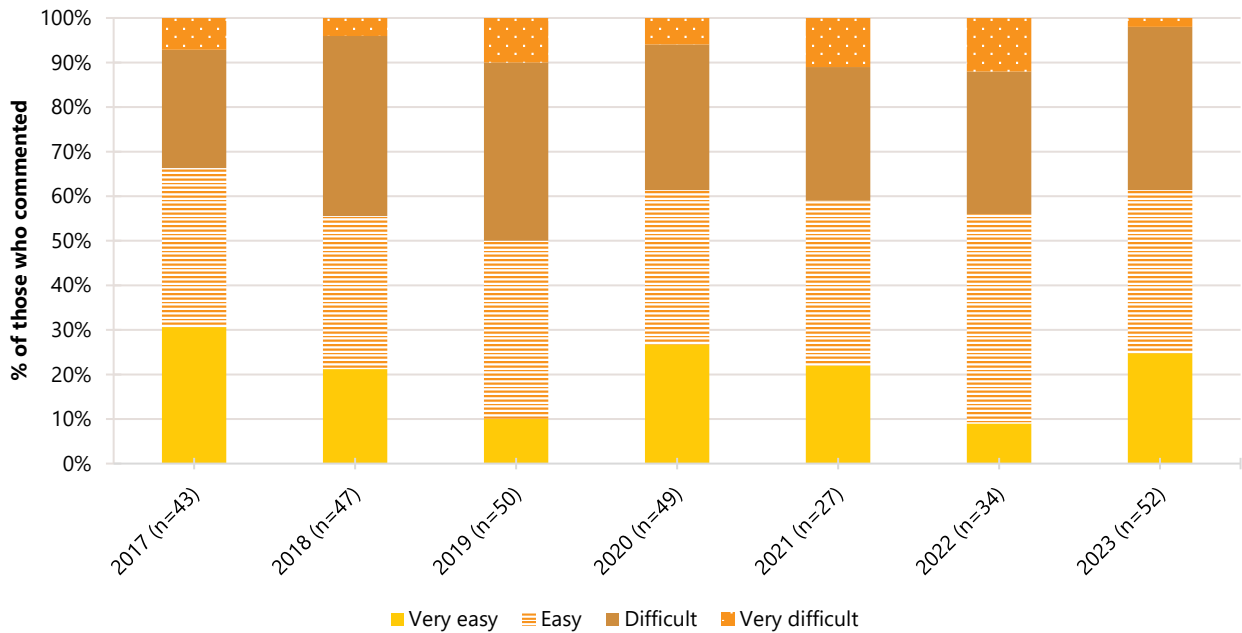
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 13: Current perceived availability of ecstasy capsules, Sydney, NSW, 2017-2023
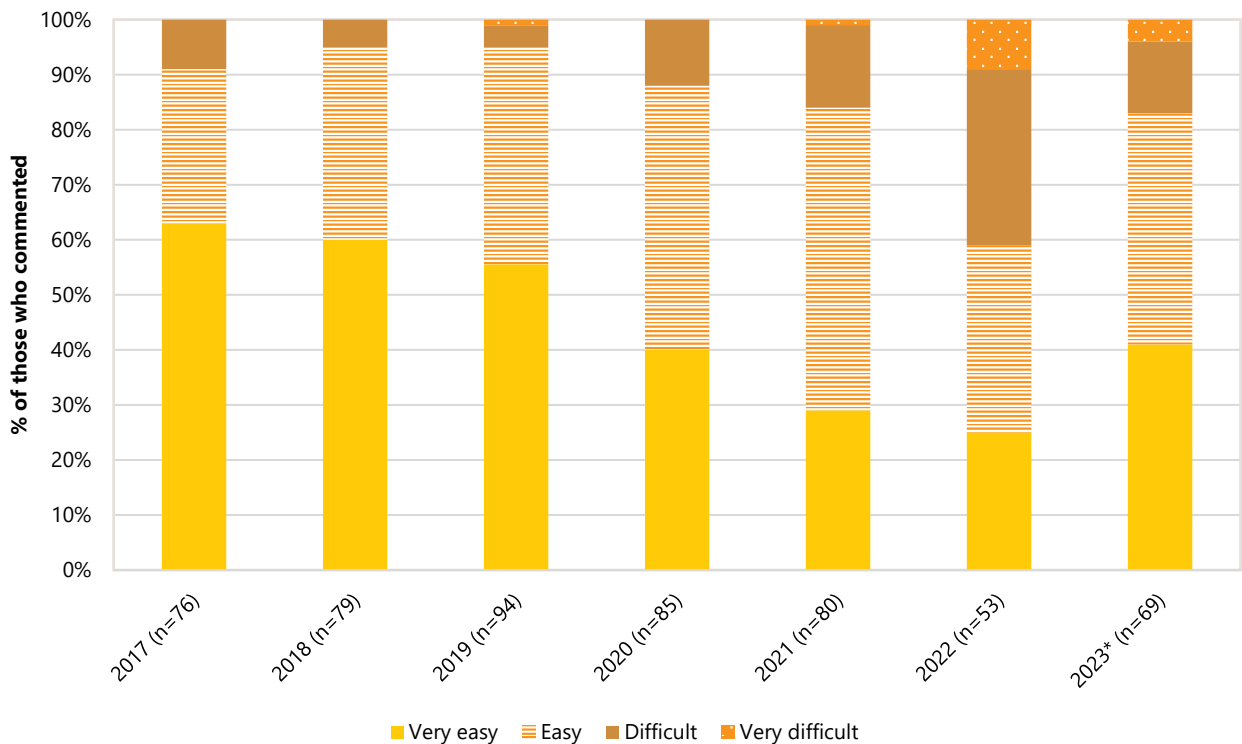
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 14: Current perceived availability of ecstasy crystal, Sydney, NSW, 2017-2023
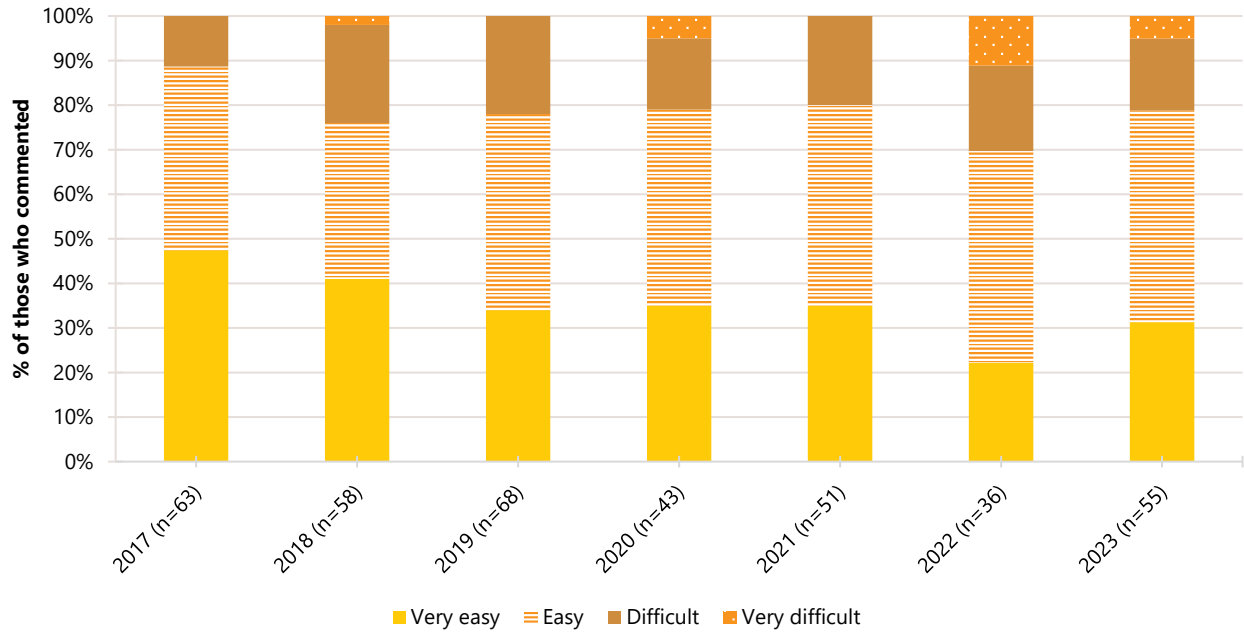
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of ecstasy powder, Sydney, NSW, 2017-2023
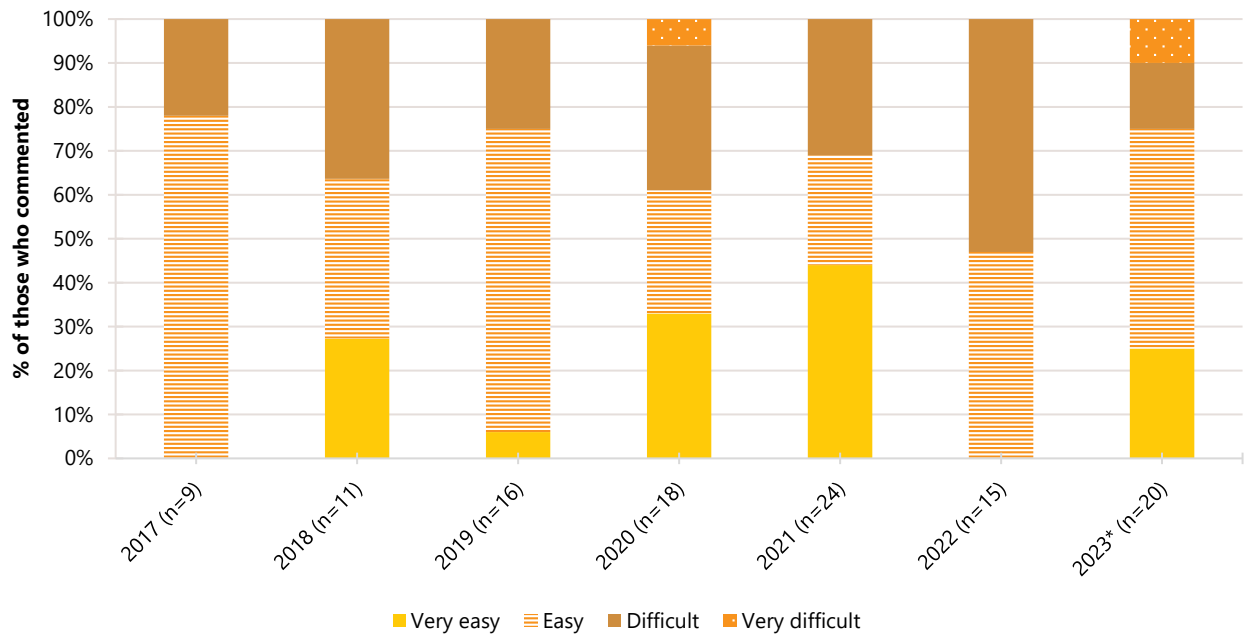
Note. The response option 'Don't know' was excluded from analysis. Market questions were only asked for all forms of ecstasy from 2017 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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 base methamphetamine are not reported here due to small numbers reporting recent use. For further information on base methamphetamine, please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team.

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring commenced, from 87% in 2003 to 15% in 2021. In 2023, one fifth (21%) of the Sydney sample reported recent use of any methamphetamine, stable relative to 2022 (29%; p=0.198) (Figure 16).

Frequency of Use

Frequency of any methamphetamine use peaked in 2004 and has since largely remained infrequent and stable. In 2023, participants reported use on a median of five days in the six months preceding interview (IQR=1-50; n=21; 5 days in 2022; IQR=2-60; n=29; p=0.706) (Figure 17). One third (33%) of participants who had recently used any methamphetamine reported weekly or more frequent use (31% in 2022).

Forms Used

Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=21), the largest percentage of participants reported using crystal methamphetamine (67%; 55% in 2022; p=0.561), followed by powder (38%; 45% in 2022; p=0.774). Few participants (n≤5) reported recently using base (n≤5 in 2022; p=0.565).

Figure 16: Past six month use of any methamphetamine, powder, and crystal, Sydney, NSW, 2003-2023
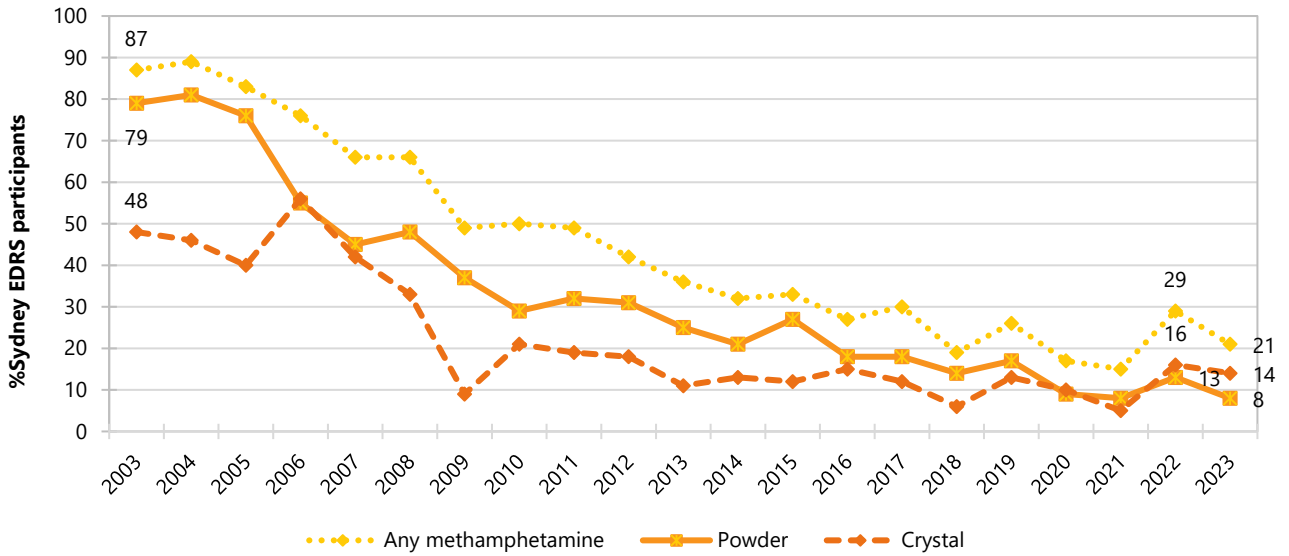
Note. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 17: Median days of any methamphetamine, powder, and crystal use in the past six months, Sydney, NSW, 2003-2023
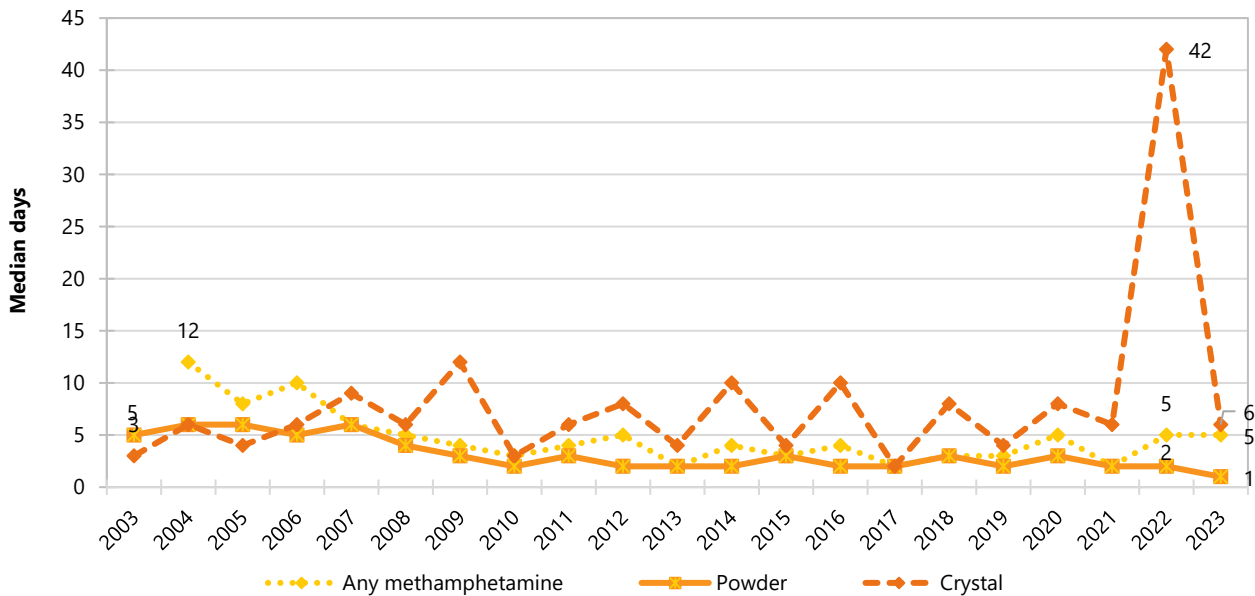
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Methamphetamine powder was the most commonly used form of methamphetamine between 2003 and 2019, however has been largely comparable with methamphetamine crystal from 2020 onwards. The per cent of the Sydney sample reporting recent methamphetamine powder use has declined considerably from 79% in 2003 to 8% in 2023 (13% in 2022; *p*=0.261) (Figure 16).

Frequency of Use: The median frequency of methamphetamine powder use remained infrequent and stable compared to 2022 at one day (IQR=1-7; n=8; 2 days in 2022; IQR=1-3; n=13; *p*=0.969) (Figure 17). No participants reported weekly or more frequent use of methamphetamine powder in 2023 (n≤5 in 2022).

Routes of Administration: Few participants (n≤5) reported on routes of administration of methamphetamine powder in 2023. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: Few participants (n≤5) reported on quantity of use of methamphetamine powder in 2023. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): In 2023, methamphetamine crystal was the most commonly reported form of methamphetamine, with 14% of the Sydney sample reporting recent use, stable from 16% in 2022 (*p*=0.699) (Figure 16).

Frequency of Use: The median frequency of methamphetamine crystal use peaked in 2022 at 42 days (IQR=6-117; n=16). In 2023, the median frequency of use was reported to be six days (IQR=2-72; n=14; *p*=0.143) (Figure 17). Two fifths (43%) of those who had recently used crystal reported weekly or more frequent use (56% in 2022; *p*=0.719).

Routes of Administration: Of those who had recently used methamphetamine crystal and responded (n=14), the vast majority (86%) reported smoking it (94% in 2022; *p*=0.586). No participants reported snorting or shelving/shafting crystal and few participants (n≤5) reported other routes of administration in 2023.

Quantity: In 2023, of those who reported recent use and responded (n=13), the median 'typical' amount used per session was 0.30 grams (IQR=0.10-0.50; 0.30 grams in 2022; IQR=0.10-0.50; n=15; *p*=0.815). Of those who reported recent use and responded (n=13), the median maximum amount used per session was one gram (IQR=0.20-1.00; 0.50 grams in 2022; IQR=0.30-1.00; n=15; *p*=0.554).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Few participants (n≤5) commented on the median price of methamphetamine powder in 2023. For historical overview, please refer to Figure 18.

Perceived Purity: Due to low numbers endorsing each of the response categories in 2023 (n≤5), further details regarding the perceived purity of methamphetamine powder are not reported (n≤5 in 2022; *p*=0.711). Please refer to Figure 19 for historical data and to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Availability: The perceived availability of methamphetamine powder

remained stable between 2022 and 2023 (*p*=0.308). Among those who responded in 2023 (n=13), the largest percentage reported methamphetamine powder to be 'very easy' to obtain (54%; n≤5 in 2022) (Figure 20).

Methamphetamine Crystal

Price: Few participants (n≤5) commented on the median price of methamphetamine crystal in 2023. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2022 and 2023 (*p*=0.461). Among

those who responded in 2023 (n=18), the largest percentage perceived methamphetamine crystal to be of 'high' purity (50%; 40% in 2022).

Perceived Availability: The perceived availability of methamphetamine crystal remained stable between 2022 and 2023. Among those who commented in 2023 (n=18), 56% perceived it to be 'very easy' (56%; 63% in 2022) to obtain, and one third (33%) perceived it to be 'easy' (n≤5 in 2022) to obtain.

Figure 18: Median price of methamphetamine powder per point and gram, Sydney, NSW, 2003-2023
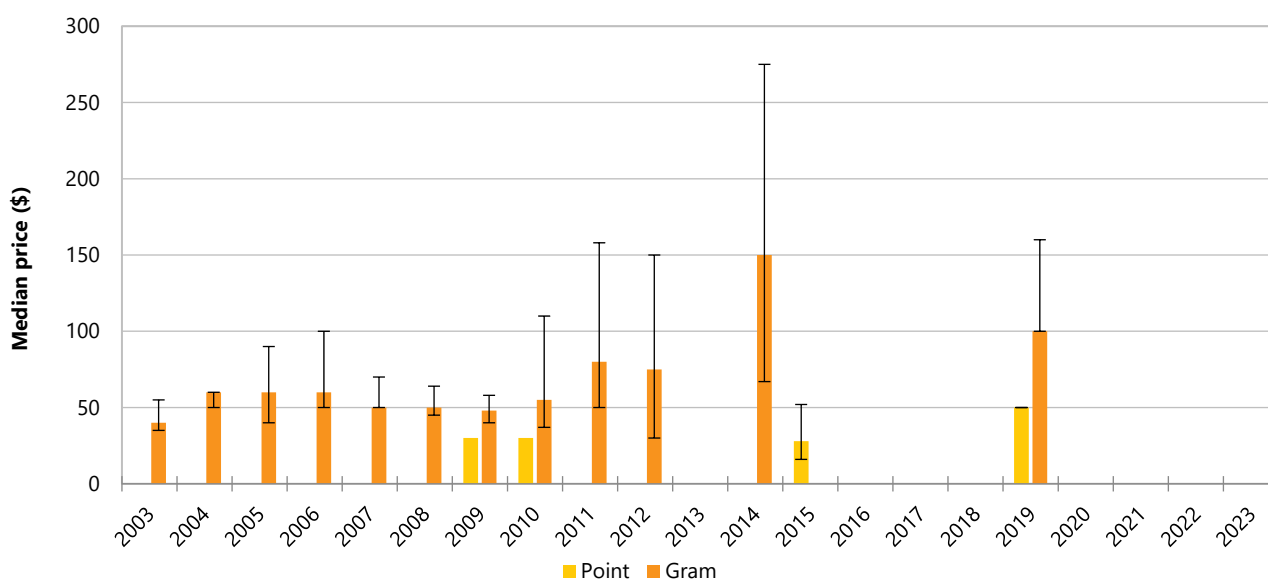
Note. Among those who commented. No participants reported purchasing a point of powder methamphetamine in 2020-2023. Data labels are only provided for the first (2003 and 2007) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived purity of methamphetamine powder, Sydney, NSW, 2003-2023
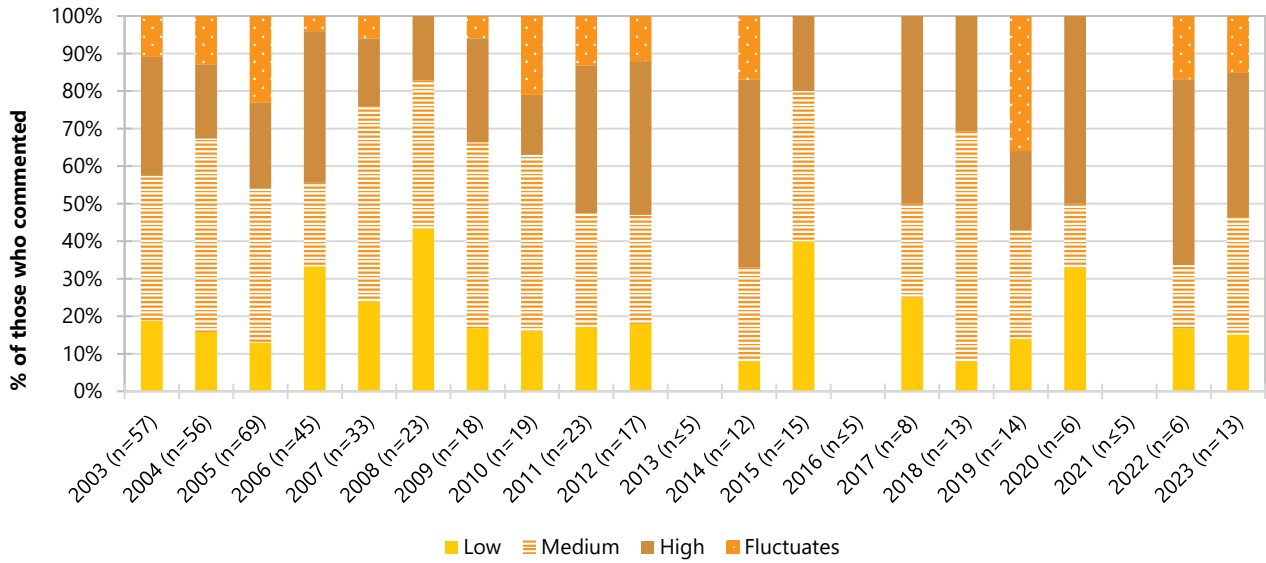
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 20: Current perceived availability of methamphetamine powder, Sydney, NSW, 2003-2023
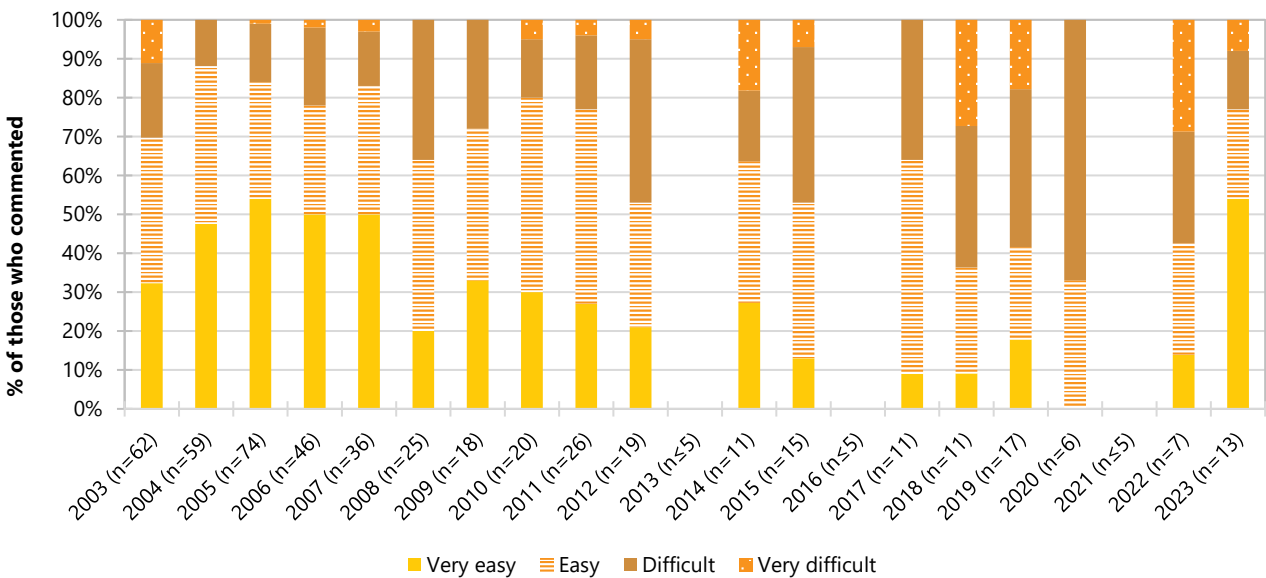
Note. The response 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

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®). These substances are commonly prescribed to treat attention deficit hyperactivity disorder and narcolepsy.

Patterns of Consumption

Recent Use (past 6 months)

The per cent of participants reporting any recent non-prescribed pharmaceutical stimulant use (e.g., dexamphetamine, methylphenidate, modafinil) has fluctuated considerably since monitoring commenced in 2007, ranging between 45% and few participants (n≤5) reporting use, however has generally been trending upwards since 2018. In 2023, two fifths (41%) of the Sydney sample reported recent use (39% in 2022; p=0.881) (Figure 26).

Frequency of Use

Frequency of use remained stable in 2023 at a median of five days in the six months prior to interview (IQR=2-20; n=41; 6 days in 2022; IQR=3-15; n=39; p=0.961) (Figure 26).

Routes of Administration

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=41), the vast majority reported swallowing as a route of administration (93%; 90% in 2022; p=0.709), with fewer participants reporting snorting (24%; 28% in 2022; p=0.797).

Quantity

Among those who reported recent use and responded (n=32), the median amount used in a 'typical' session was two pills/tablets (IQR=1-3; 3 pills in 2022; IQR=1.5-3; n=31; p=0.102). Of those who reported recent use and responded (n=32), the median maximum amount used in a session was two pills/tablets (IQR=1-3; 3 pills in 2022; IQR=2-5; n=30; p=0.100).

Forms Used

Among participants who had recently consumed non-prescribed pharmaceutical stimulants and commented (n=40), three quarters (75%) reported using dexamfetamine (72% in 2022; p=0.799), followed by Ritalin® (50%; 36% in 2022; p=0.261), Modafinil (28%; 15% in 2022; p=0.275) and lisdexamfetamine (15%; 10% in 2022; p=0.745).

Figure 21: Past six month use and frequency of use of non-prescribed pharmaceutical stimulants, Sydney, NSW, 2007-2023
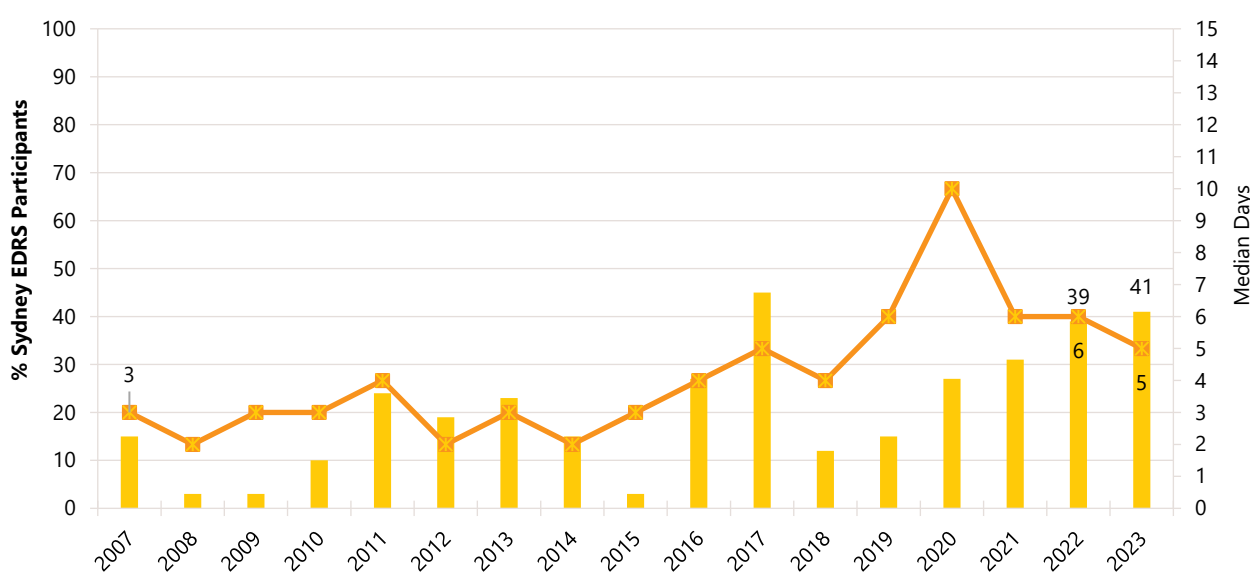
Note. Monitoring of pharmaceutical stimulants commenced in 2007. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 15 days to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Price and Perceived Availability

Monitoring of the price and perceived availability of non-prescribed pharmaceutical stimulants commenced in 2022.

Price

Participants reported a median price of $10 per 5mg tablet (IQR=5-10; n=9), a significant increase from $5 per tablet in 2022 (IQR=4-5; n=8; $p=0.020$).

Perceived Availability

There was a significant change in the perceived availability of non-prescribed pharmaceutical stimulants in 2023 relative to 2022 ($p=0.002$). Specifically, among those able to comment in 2023 (n=29), more participants perceived non-prescribed pharmaceutical stimulants to be 'very easy' (62%; 23% in 2022) to obtain, while fewer participants perceived it to be 'easy' to obtain (21%; 42% in 2022).

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and 'crack' 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)

A gradual increase in recent cocaine use has been observed since 2013, peaking at 94% in 2021, and then stabilising. Recent cocaine use remained stable at 86% in 2023 (86% in 2022) (Figure 22).

Frequency of Use

Participants who had recently used cocaine reported use on a median of six days (IQR=2-15; n=86) in the six months preceding interview (6 days in 2022; IQR=4-12; n=86; p=0.686) (Figure 22), with 19% reporting weekly or more frequent use (10% in 2022; p=0.206).

Routes of Administration

Of those who had recently used cocaine and commented (n=86), the majority (99%) reported snorting cocaine, consistent with previous years (99% in 2022).

Quantity

In 2023, the median amount of cocaine consumed in a 'typical' session was 0.50 grams (IQR=0.50-1.00; n=49; 0.50 grams in 2022; IQR=0.40-1.00; n=53; p=0.770). In a maximum session, the median intake was one gram (IQR=0.50-2.00; n=51; 1.00 gram in 2022; IQR=0.70-2.00; n=56; p=0.623).

Forms Used

Among participants who had recently consumed cocaine and commented (n=86), the vast majority reported using powder cocaine (93%; 92% in 2022; p=0.779), followed by rock cocaine (14%; n≤5 in 2022; p=0.530). No participants reported using crack cocaine.

Figure 22: Past six month use and frequency of use of cocaine, Sydney, NSW, 2003-2023
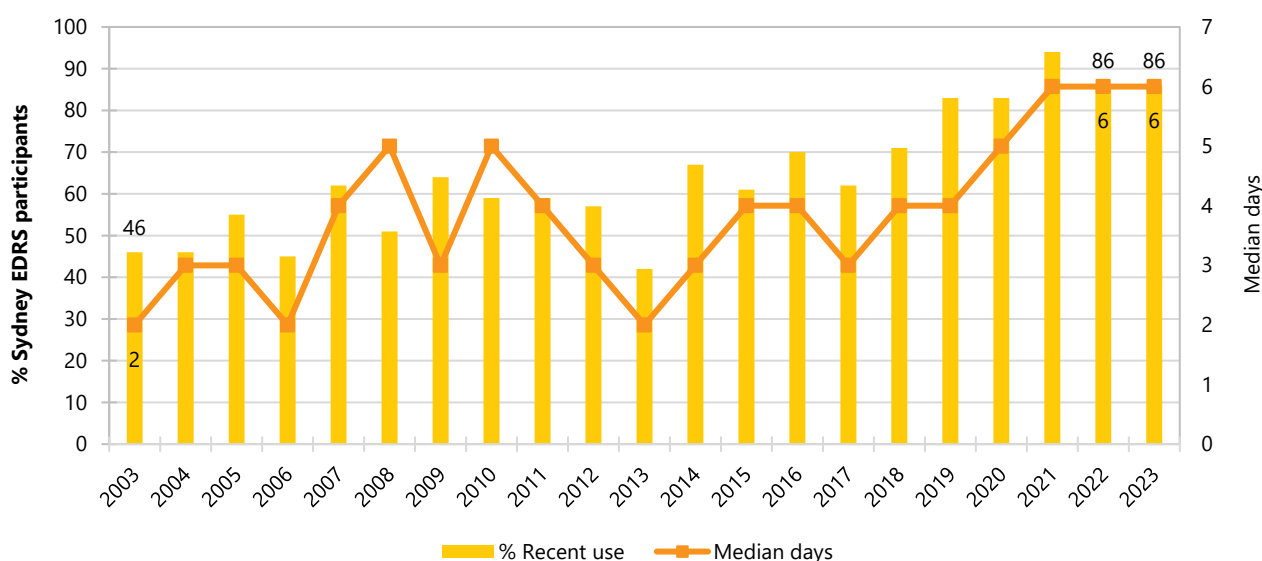
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 7 days to improve visibility of trends for days of use. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

The median price for one gram of cocaine has consistently been $300 since 2008 ($300 in 2023; IQR=250-300; n=35; $300 in 2022; IQR=250-300; n=44; $p=0.499$) (Figure 23).

Perceived Purity

The perceived purity of cocaine remained stable between 2022 and 2023 ($p=0.098$). Among those who commented in 2023 (n=73), two fifths (40%) reported purity to be 'low' (43% in 2022). Conversely, one quarter (25%) reported purity to be 'high' (11% in 2022) and a further 21% reported it to be of 'medium' purity (20% in 2022) (Figure 24).

Perceived Availability

The perceived availability of cocaine remained stable between 2022 and 2023 ($p=0.517$). Among those who commented in 2023 (n=72), half (51%) reported cocaine to be 'very easy' to obtain (51% in 2022), and one third (33%) perceived that it was 'easy' to obtain (32% in 2022) (Figure 25).

Figure 23: Median price of cocaine per gram, Sydney, NSW, 2003-2023
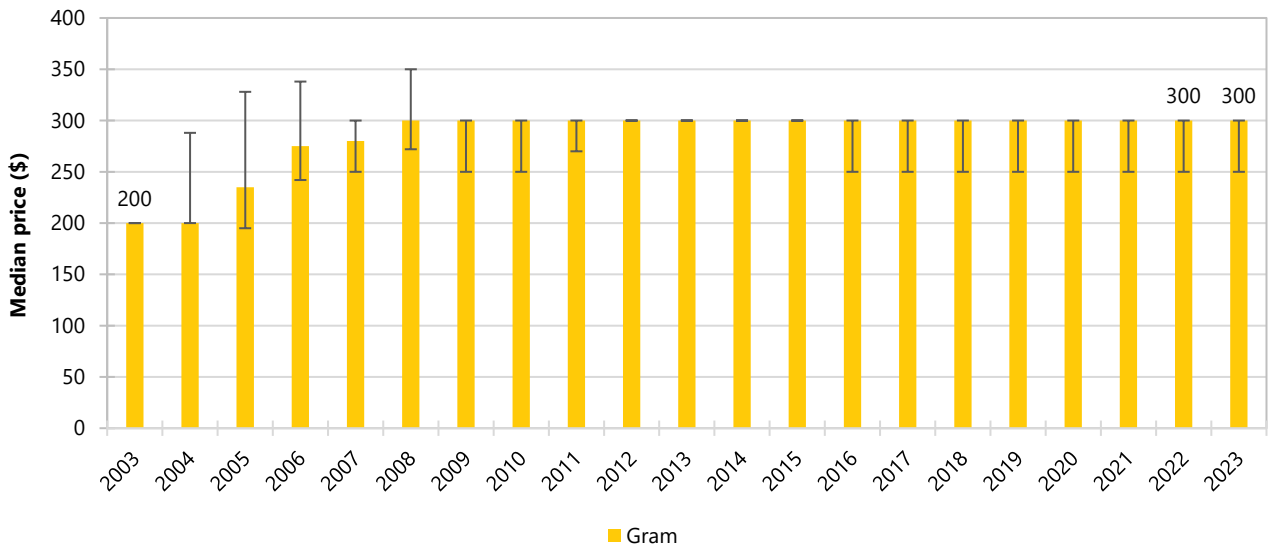
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 24: Current perceived purity of cocaine, Sydney, NSW, 2003-2023
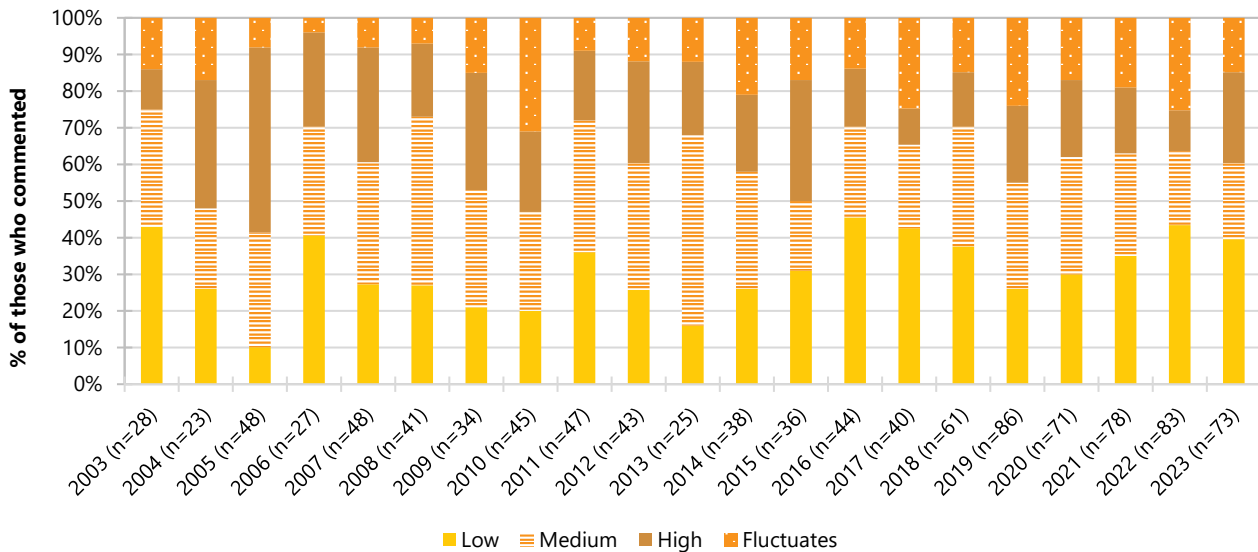
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 25: Current perceived availability of cocaine, Sydney, NSW, 2003-2023
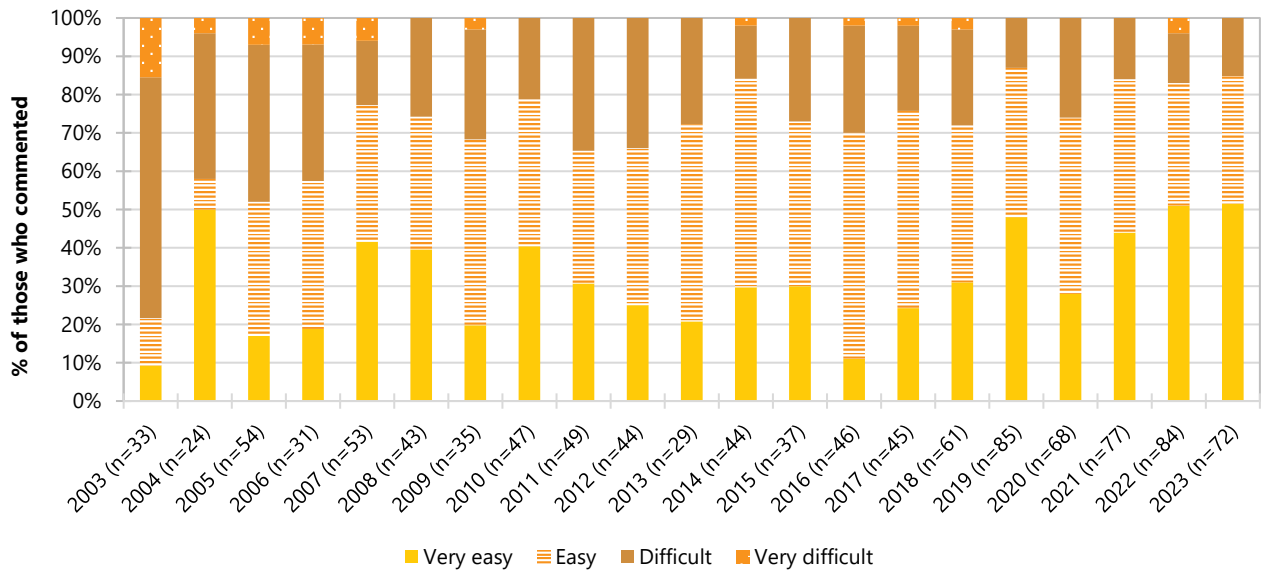
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Cannabis and/or Cannabinoid-Related Products

Participants were asked about their recent (past six month) use of various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), as well as hashish, hash oil, commercially prepared edibles and CBD and THC extract.

Terminology throughout this chapter refers to:

- **Prescribed use:** use of cannabis and/or cannabinoid related products obtained by a prescription in the person's name;
- **Non-prescribed use:** use of cannabis and/or cannabinoid related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
- **Any use:** use of cannabis and/or cannabinoid related products obtained through either of the above means.

Patterns of Consumption

In 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products.

In the remainder of this chapter, data from 2021-2023, and from 2003-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). While comparison between 2021-2023 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 and 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

In 2023, two thirds (66%) of the Sydney sample reported recent non-prescribed cannabis and/or cannabinoid-related product use, stable relative to 2022 (71%; p=0.541) (Figure 26). This represents the lowest per cent observed since monitoring commenced in 2003. Six per cent of the Sydney sample reported prescribed use in the six months preceding interview (7% in 2022).

Frequency of Use

The median frequency of non-prescribed use of cannabis and/or cannabinoid-related products was 12 days (IQR=3-86; n=66), a significant decrease from 28 days in 2022 (IQR=11-120; n=71; p=0.018) and the lowest median frequency of use observed since monitoring commenced (Figure 26). Among those who had recently used non-prescribed cannabis and/or cannabinoid-related product and were

able to respond (n=66), 44% reported weekly or more frequent use (58% in 2022; *p*=0.132), with 11% reporting daily use (23% in 2022; *p*=0.073).

Routes of Administration

Of those who reported recent non-prescribed use and responded (n=66), the majority (92%) reported smoking non-prescribed cannabis and/or cannabinoid-related products (87% in 2022; *p*=0.403). This was followed by swallowing (21%; 32% in 2022; *p*=0.184) and inhaling/vaporising (18%), which significantly decreased from 41% in 2022 (*p*=0.006).

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=0.50-1.80; n=26; 0.50 grams in 2022; IQR=0.50-1.00; n=24; *p*=0.329). The median amount of cones and joints on the last occasion of use also remained stable between 2022 and 2023, with one cone (IQR=1-1; n=9; 1 cone in 2022; IQR=1-3; n=9; *p*=0.314) and one joint (IQR=0.50-1.00; n=20; 1 joint in 2022; IQR=1.00-1.00; n=31; *p*=0.437).

Forms Used

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and responded (n=57), 53% reported consuming bush cannabis (44% in 2022; *p*=0.366) and 51% reported consuming hydroponic cannabis, a significant decrease from 77% in 2022 (*p*=0.005). Fourteen per cent reported consuming THC extract (20% in 2022; *p*=0.465) and few participants (n≤5) reported consuming hash (13% in 2022; *p*=0.373), hash oil (13% in 2022; *p*=0.568) or CBD extract in 2023 (16% in 2022; *p*=0.082).

Figure 26: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Sydney, NSW, 2003-2023
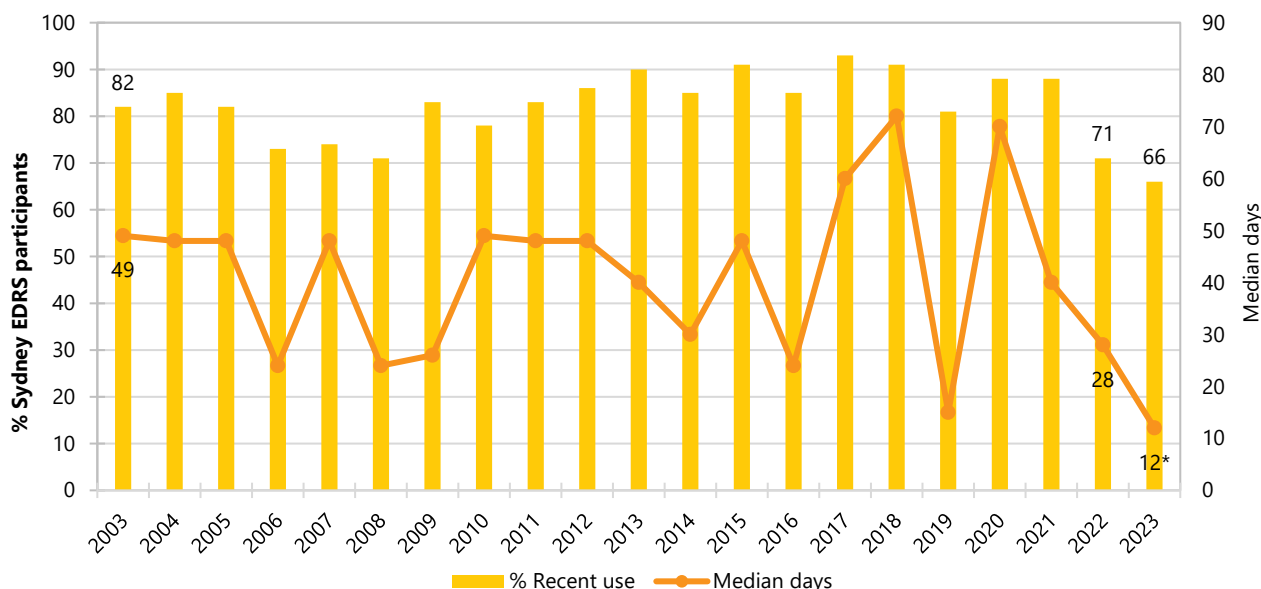
Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. 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 90 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price for one gram of non-prescribed cannabis has remained stable at $20 (IQR=20-21; n=8) since monitoring commenced ($20 in 2022; IQR=20-20; n=6) (Figure 27). Few participants (n≤5) reported on the price for one ounce of non-prescribed hydroponic cannabis in 2023 ($350 in 2022; IQR=305-388; n=10; p=0.440). Please refer Figure 27 for historical data and to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Potency: Perceived potency of non-prescribed hydroponic cannabis remained stable between 2022 and 2023 (p=0.405). Of those who commented in 2023 (n=21), almost half (48%) reported potency to be 'medium' (28% in 2022) and a further 43% perceived potency to be 'high' (58% in 2022) (Figure 28).

Perceived Availability: No statistically significant difference was observed in the perceived availability of non-prescribed hydroponic cannabis between 2022 and 2023 (p=0.201). Of those who commented in 2023 (n=22), the largest per cent reported non-prescribed hydroponic cannabis to be 'very easy' (64%; 62% in 2022) to obtain, and one-quarter (27%) reported that it was 'easy' to obtain (36% in 2022) (Figure 29).

Bush Cannabis

Price: Few participants (n≤5) reported on the median price for one gram of non-prescribed bush cannabis, and no participants reported on the price of one ounce of bush cannabis in 2023. Please refer Figure 27 for historical data and to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Potency: The perceived potency of non-prescribed bush cannabis remained stable between 2022 and 2023 (p=0.949). Among those who commented in 2023 (n=16), the largest per cent reported the potency of cannabis to be 'medium' (50%; 44% in 2022) (Figure 28).

Perceived Availability: The perceived availability of non-prescribed bush cannabis remained stable between 2022 and 2023 (p=0.158). Among those who could comment in 2023 (n=16), 56% perceived non-prescribed bush cannabis as being 'very easy' to obtain (24% in 2022), followed by two-fifths (38%) who perceived that it was 'easy' to obtain (65% in 2022) (Figure 29).

Figure 27: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Sydney, NSW, 2006-2023

(A) Hydroponic cannabis
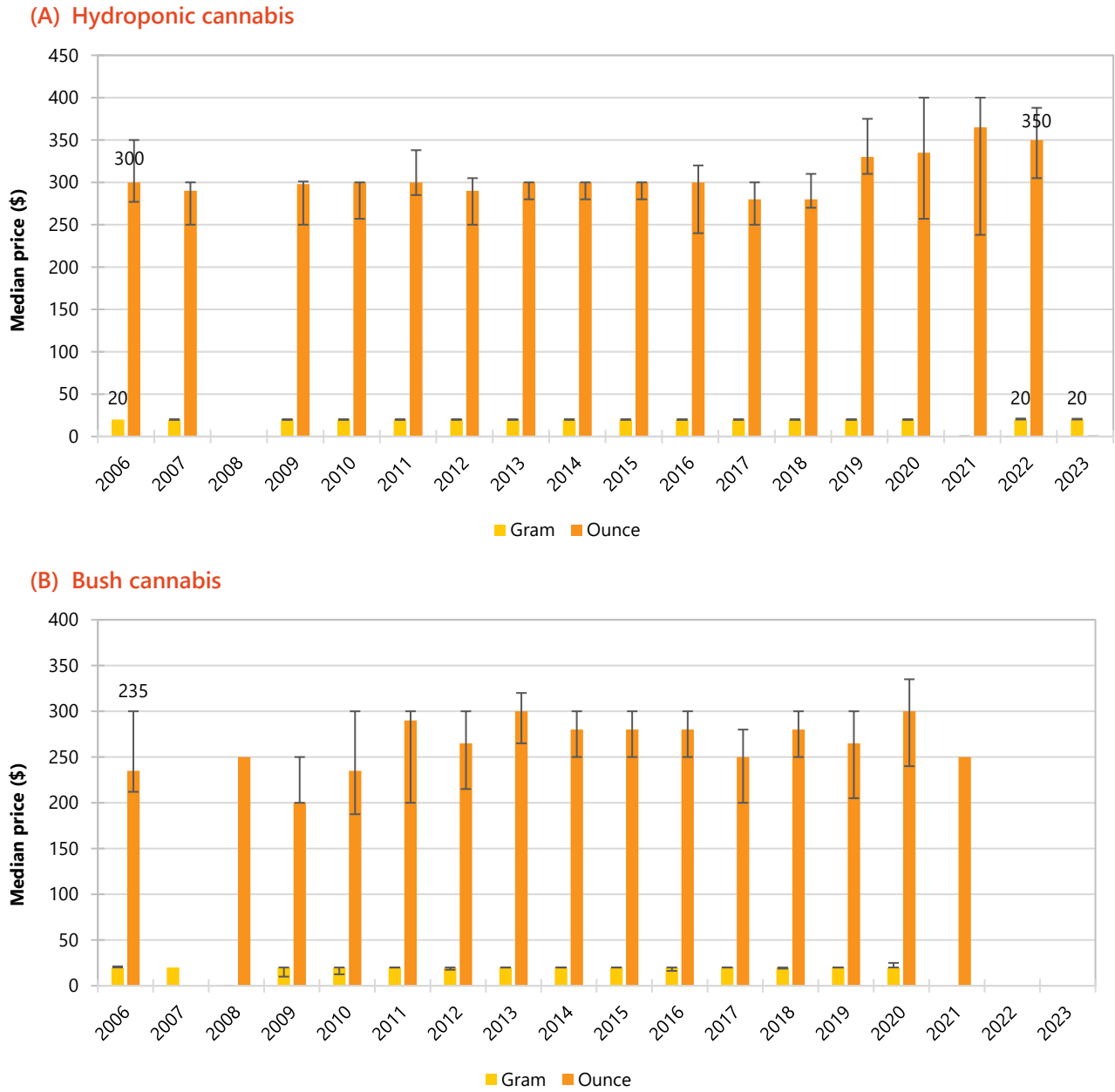
(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. No participants reported purchasing an ounce of bush cannabis in 2023. 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 only provided for the first (2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 28: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2023

(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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Figure 29: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Sydney, NSW, 2006-2023

(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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

7

Ketamine, LSD and DMT

Non-Prescribed Ketamine

Patterns of Consumption

Recent Use (past 6 months): Recent use of non-prescribed ketamine has fluctuated considerably since monitoring began, ranging from between 19% of the sample in 2009 to 76% in 2021. In 2023, 54% of the sample reported recent use, stable relative to 2022 (56%; p=0.883) (Figure 30).

Frequency of Use: Participants who had recently used non-prescribed ketamine and commented (n=54) reported using ketamine on a median of five days (IQR=2-7; n=54; 6 days in 2022; IQR=4-12; n=56; p=0.106) in the six months preceding interview (Figure 30). Few participants (n≤5) reported weekly or more frequent use in 2023 (9% in 2022; p=0.716).

Routes of Administration: Consistent with previous years, the most common route of administration among those who commented (n=54) was snorting (94%; 98% in 2022; p=0.359). Few participants (n≤5) reported other routes of administration.

Quantity: The median 'typical' and maximum quantity of non-prescribed ketamine recently used remained stable between 2022 and 2023 (p=0.718 and p=0.945, respectively). Among those who commented in 2023 (n=23), the median 'typical' amount used per session was reported to be 0.30 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50; n=29). Among those who commented (n=25), the median maximum amount per session was reported to be 0.50 grams (IQR=0.30-1.00; 0.50 grams in 2022; IQR=0.30-1.00; n=30).

Figure 30: Past six month use and frequency of use of non-prescribed ketamine, Sydney, NSW, 2003-2023
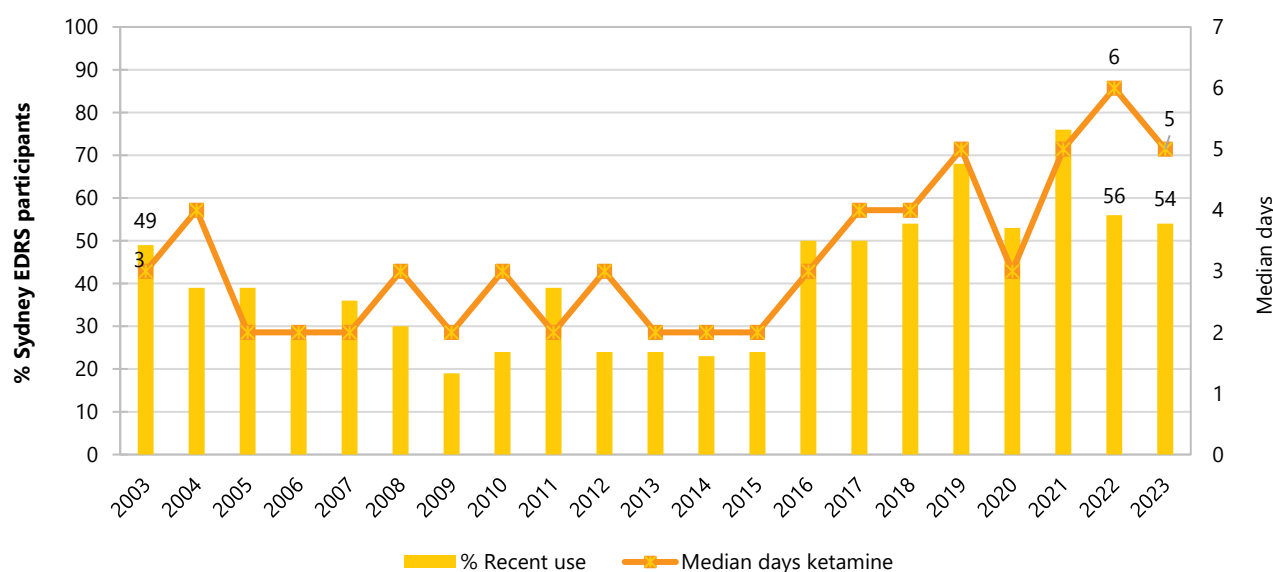
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 7 days to improve visibility of trends. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price: Since 2018, the median price per gram of non-prescribed ketamine has remained stable at $200. Consistent with previous years, the 2023 median price per gram of non-prescribed ketamine was reported by participants who commented (n=21) to be $200 (IQR=180-250; $200 in 2022; IQR=200-200; n=29; *p*=0.726) (Figure 31).

Perceived Purity: The perceived purity of non-prescribed ketamine remained stable between 2022 and 2023 (*p*=0.456). Among those who commented in 2023 (n=50), 64% perceived the purity of non-prescribed ketamine to be 'high' (57% in 2022) and a further 16% perceived purity to be 'medium' (27% in 2022). Conversely, 12% perceived it to be of 'low' purity (n≤5 in 2022) (Figure 32).

Perceived Availability: The perceived availability of non-prescribed ketamine also remained stable between 2022 and 2023 (*p*=0.364). Among those who responded in 2023 (n=50), the largest percentage of participants perceived non-prescribed ketamine to be 'easy' to obtain (44%; 48% in 2022), followed by 'very easy' (30%; 17% in 2022). Conversely, one quarter (24%) of participants who commented reported it to be 'difficult' to obtain (29% in 2022) (Figure 33).

Figure 31: Median price of non-prescribed ketamine per gram, Sydney, NSW, 2003-2023
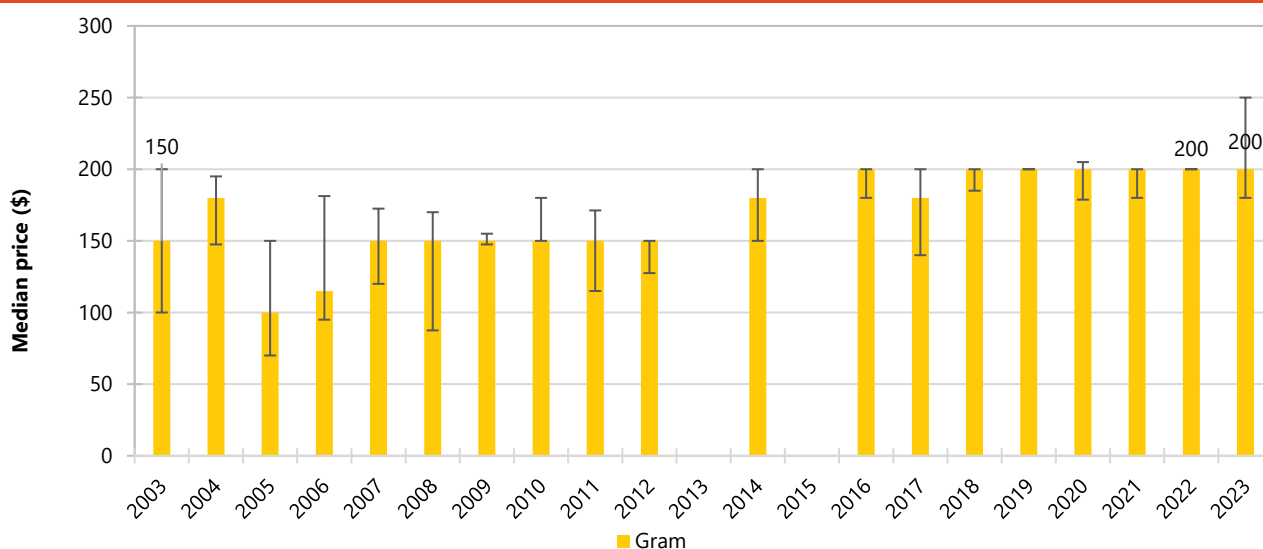
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 32: Current perceived purity of non-prescribed ketamine, Sydney, NSW, 2003-2023

Note. The response option 'Don't know' was excluded from analysis. 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 33: Current perceived availability of ketamine, Sydney, NSW, 2003-2023
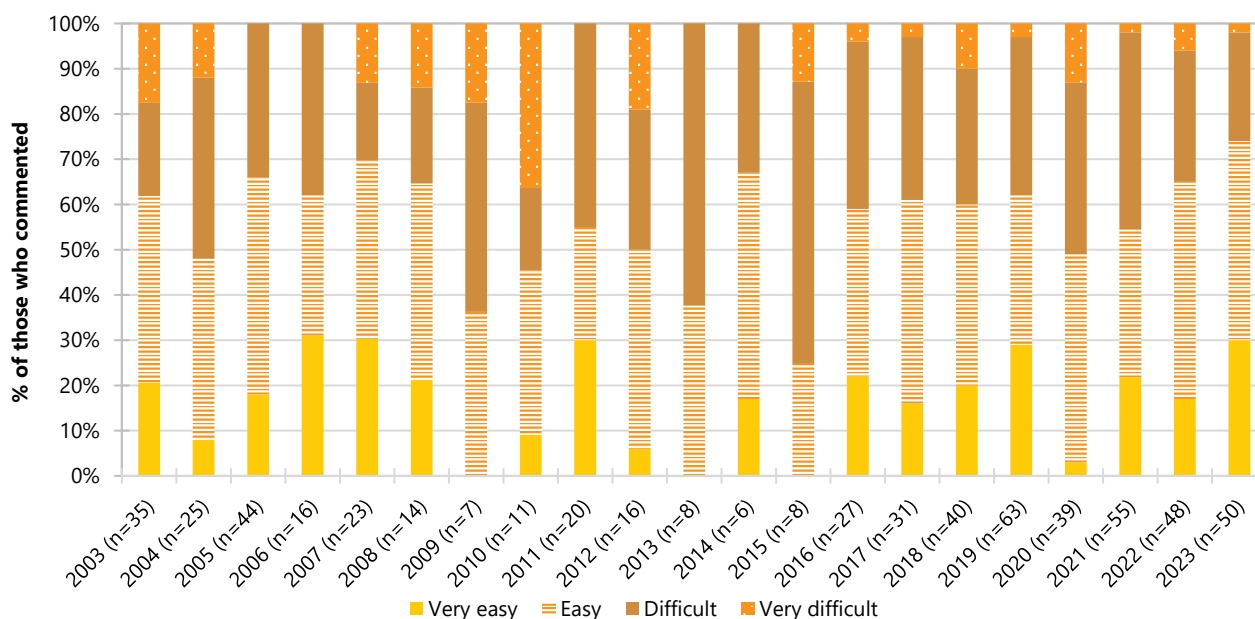
Note. The response option 'Don't know' was excluded from analysis. Data from 2023 onwards refers to non-prescribed ketamine only (noting that although ketamine has been used as an anaesthetic for many years, it only become available via prescription, for treatment resistant depression, in 2021). Data 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 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

LSD

Patterns of Consumption

Recent Use (past 6 months): Since peaking in 2017 with 73% of the Sydney sample reporting recent LSD use, a gradual decline has been observed. In 2023, 37% of the sample reported recent use, stable relative to 2022 (41% in 2022; $p=0.666$) (Figure 34).

Frequency of Use: 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 2023 (n=37), the median frequency of use was two days (IQR=1-5; 2 days in 2022; IQR=1-5; n=41; $p=0.538$) (Figure 34).

Routes of Administration: All participants (100%) who reported recent use of LSD (n=37) reported swallowing the substance in 2023, consistent with previous years (100% in 2022).

Quantity: In 2023, the median amount used in a 'typical' session was one tab (IQR=1-1.50; n=27; 1 tab in 2022; IQR=0.50-1.00; n=31; $p=0.160$). Similarly, participants reported using a median of one tab (IQR=1-2; n=26; 1 tab in 2022; IQR=1-2; n=31; $p=0.900$) in a maximum session.

Figure 34: Past six month use and frequency of use of LSD, Sydney, NSW, 2003-2023
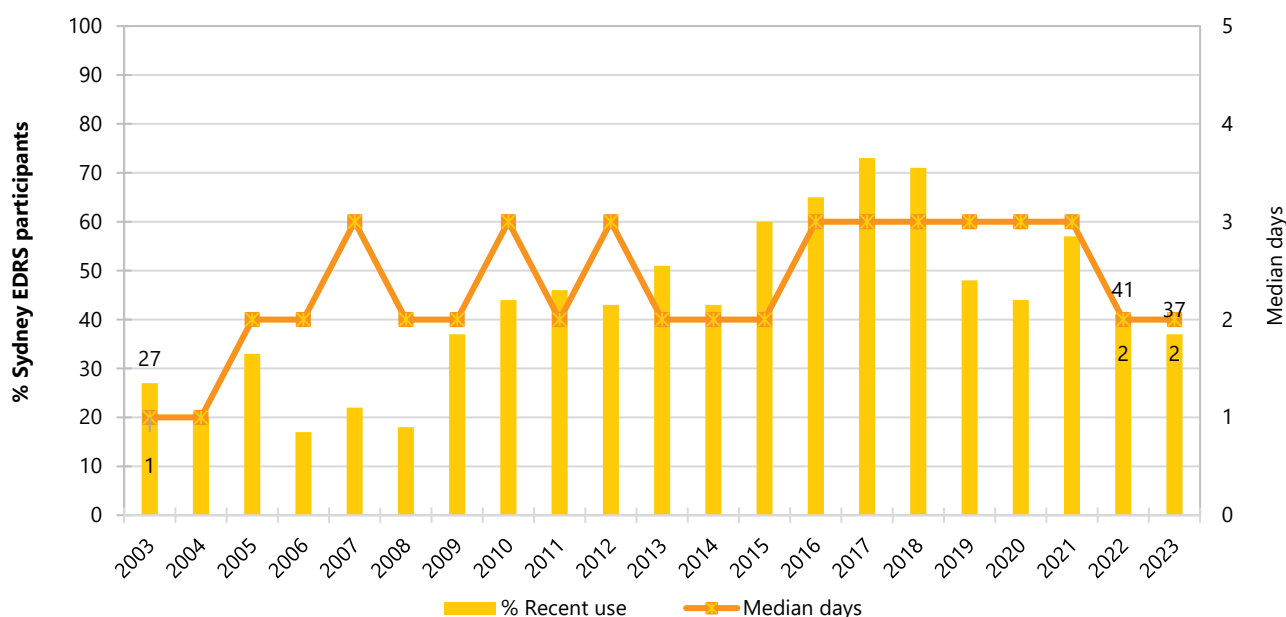
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 5 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

## Price, Perceived Purity and Perceived Availability

Price: From 2016 to 2020, the median price for one tab of LSD remained stable at $20. The median price increased to $25 in 2021 and remained stable at $25 per tab in 2023 (IQR=20-30; n=15; $25 in 2022; IQR=20-25; p=0.237) (Figure 35).

Perceived Purity: The perceived purity of LSD remained stable between 2022 and 2023 (p=0.831). Among those who commented in 2023 (n=36), 58% considered purity to be 'high' (50% in 2022), followed by 28% perceiving it to be of 'medium' purity (29% in 2022) (Figure 36).

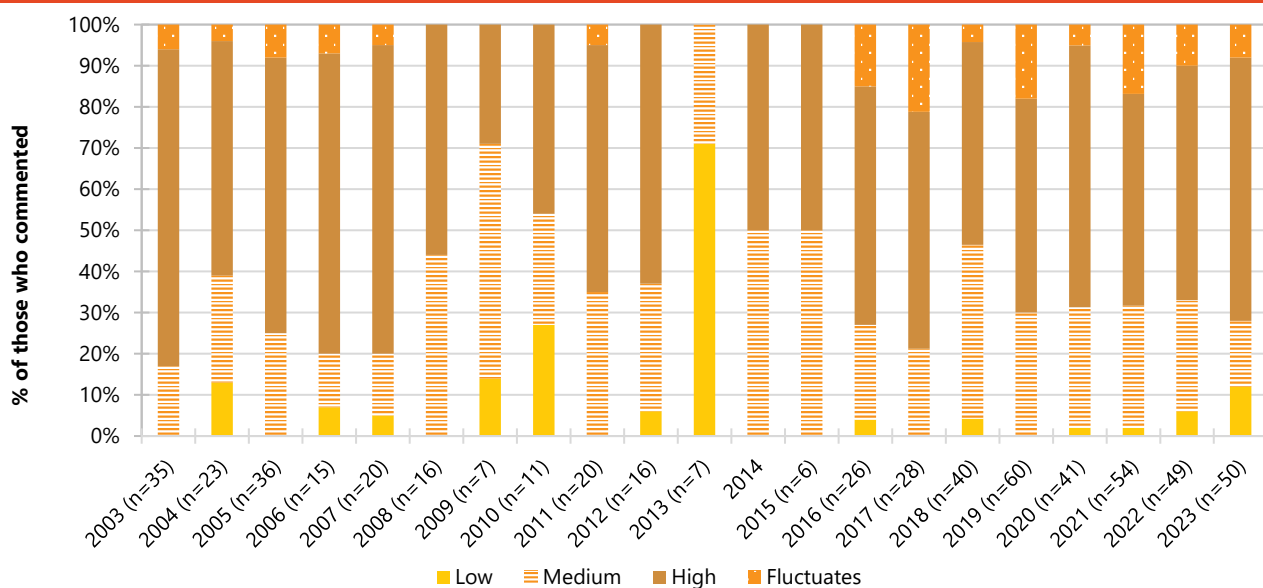**Perceived Availability:** The perceived availability of LSD remained stable between 2022 and 2023 (p=0.082). Among those who commented in 2023 (n=37), equal percentages perceived purity to be 'easy' (32%; 46% in 2022) and 'difficult' (32%; 32% in 2022) to obtain. This was followed by a further 30% who perceived it to be 'very easy' to obtain (Figure 37).

**Figure 35: Median price of LSD per tab, Sydney, NSW, 2003-2023**
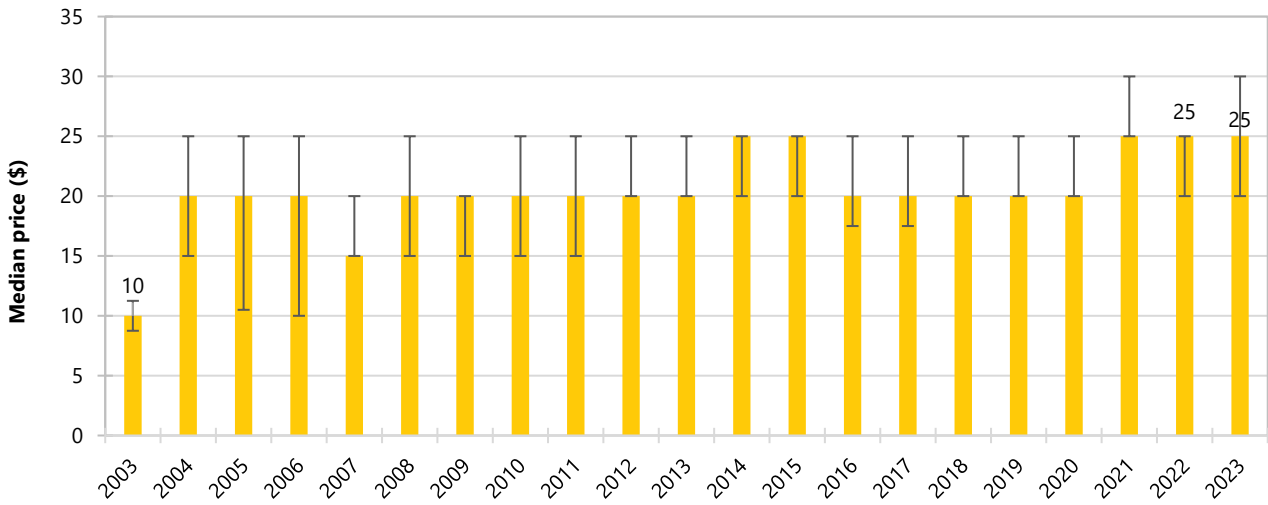
Note. Among those who commented. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ****p*<0.001.

Figure 36: Current perceived purity of LSD, Sydney, NSW, 2003-2023
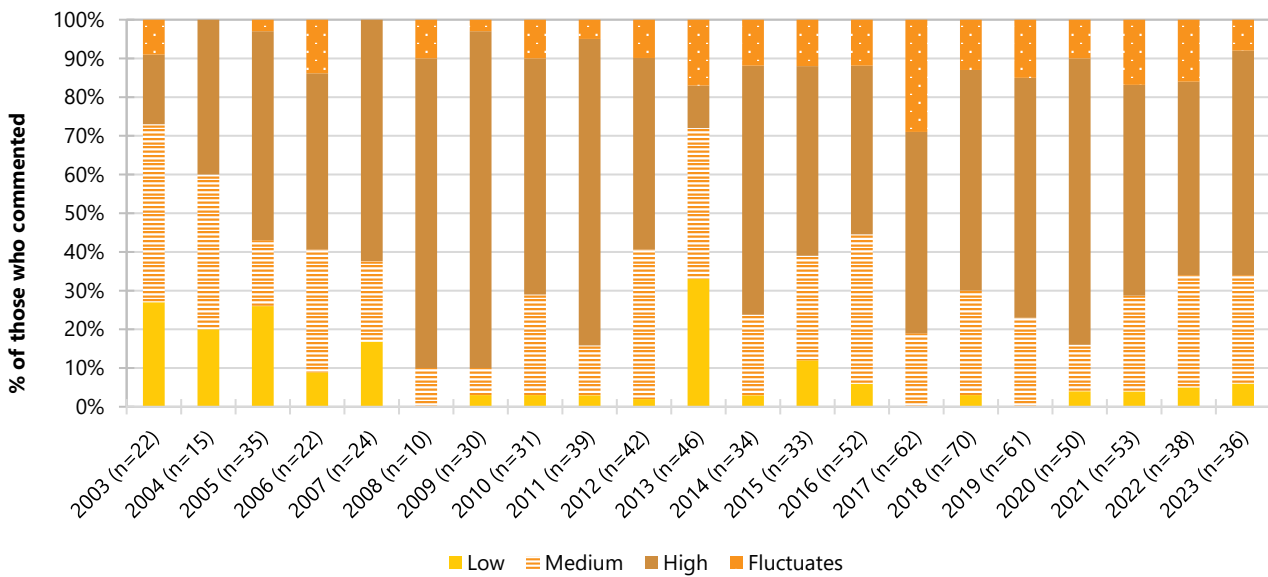
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ****p*<0.001.

Figure 37: Current perceived availability of LSD, Sydney, NSW, 2003-2023
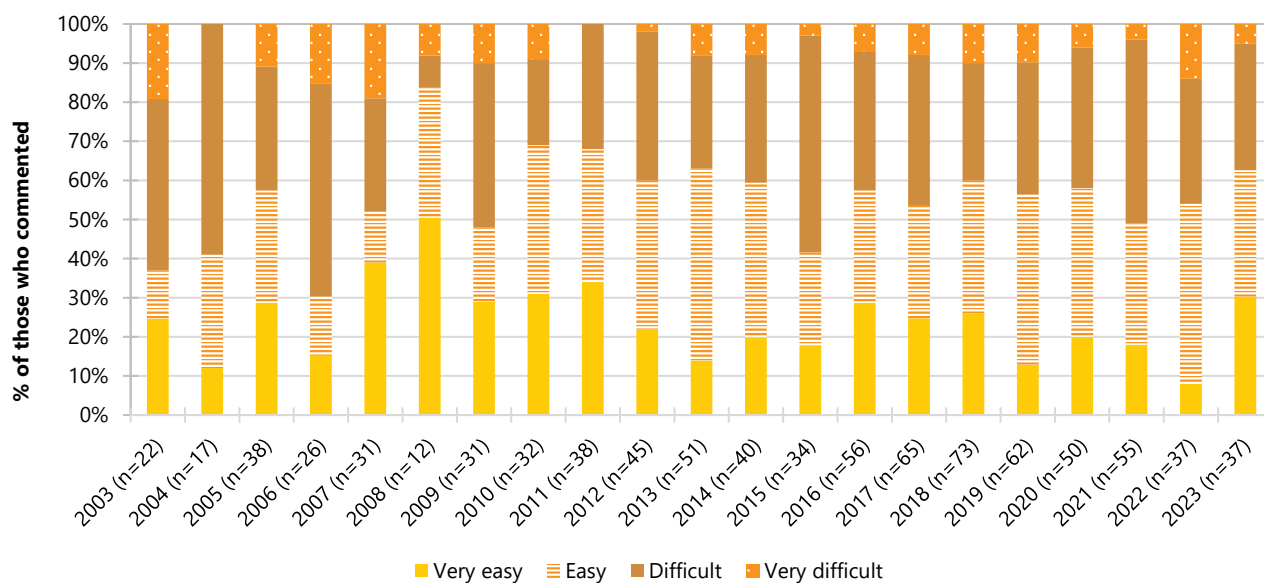
Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

DMT

Patterns of Consumption

Recent Use (past 6 months): DMT use has remained low and stable since monitoring commenced, with one fifth or less of the sample reporting recent use, historically. In 2023, 8% of the Sydney sample reported recent use, stable from 15% in 2022 ($p=0.190$) (Figure 38).

Frequency of Use: Median days of use across the years has been infrequent and stable, with a median of one day (IQR=1-1; n=8) of use reported in 2023 (1 day in 2022; IQR=1-2; n=15; $p=0.770$) (Figure 38).

Routes of Administration: Among participants who had recently consumed DMT and commented (n=8), 88% reported smoking DMT (93% in 2022). Few participants (n≤5) reported snorting DMT.

Quantity: Few participants (n≤5) reported on the 'typical' and maximum quantity of DMT used in a 'typical' session in 2023, therefore, these data have been suppressed.

Figure 38: Past six month use and frequency of use of DMT, Sydney, NSW, 2010-2023
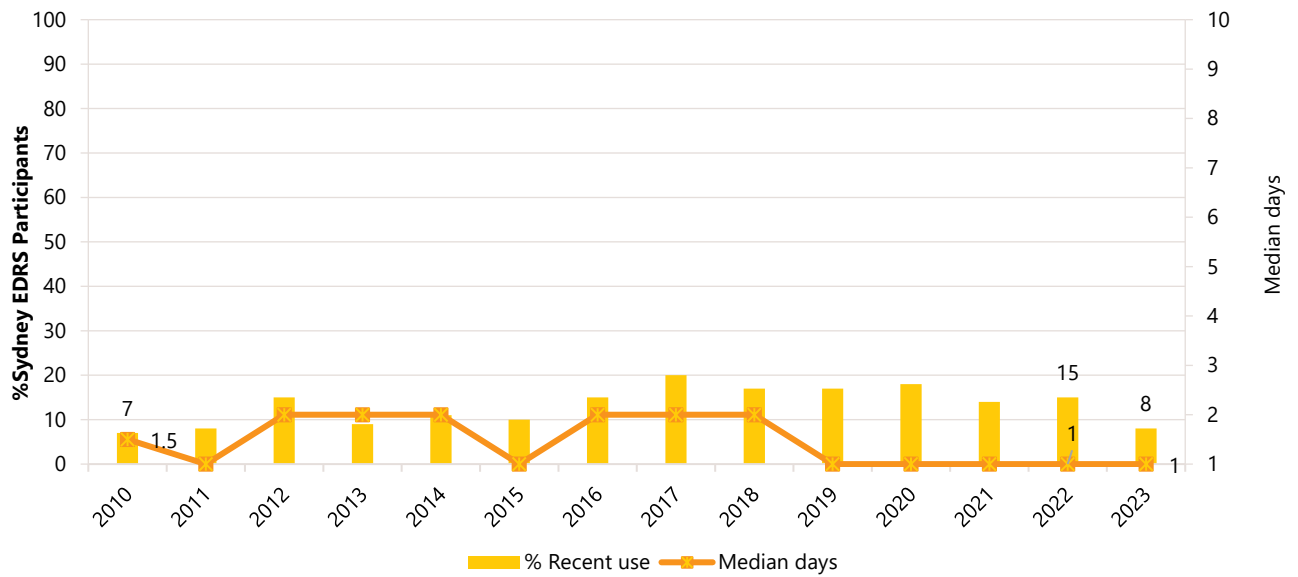
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2010) and two most recent years (2022 and 2023) of monitoring, 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and paramethoxyamphetamine (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and the decision was made to exclude them from this category from hereon-in. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our previous reports.

Further, some organisations (e.g., the United Nations Office on Drugs and Crime) include plant-based substances in their definition of NPS, whilst other organisations exclude them. To allow comparability with both methods, we present figures for 'any' NPS use, both including and excluding plant-based NPS.

Recent Use (past 6 months)

The per cent reporting recent NPS use (including plant-based) peaked at 49% of the total Sydney sample in 2011 and 2015. Since 2015, use declined gradually, before stabilising from 2021 onwards. In 2023, 13% of the sample reported recent use of NPS, including plant-based (12% in 2022) (Table 2). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 47% in 2011 and declining to 8% in 2021. In 2023, 11% of the sample reported recent any NPS use, excluding plant-based NPS (9% in 2022; p=0.808) (Table 2).

Forms Used

Participants are asked about a range of NPS each year, updated to reflect key emerging substances of interest. NPS use among the Sydney sample has fluctuated over time, however from 2021 onwards any 2C substance has been the most commonly used NPS (6% in 2023; 9% in 2022; p=0.591), with few participants (n≤5) reporting use of any other NPS (Table 3). Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of NPS (excluding and including plant-based NPS), Sydney, NSW, 2010-2023

Sydney, NSW		
%	**Excluding plant-based NPS**	**Including plant-based NPS**
2010	22	23
2011	47	49
2012	37	43
2013	36	38
2014	35	38
2015	44	49
2016	25	28
2017	25	31
2018	26	29
2019	24	27
2020	12	17
2021	8	10
2022	9	12
2023	**11**	**13**

Note. Monitoring of NPS first commenced in 2010. In 2021, the decision was made to remove DMT and PMA from the NPS category, with these substances now presented in Chapter 7 and Chapter 9, respectively. This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous (2010-2020) EDRS reports. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from figure. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Table 3: Use of NPS in the past six months by drug type, Sydney, NSW, 2010-2023

	2010 N=100 %	2011 N=100 %	2012 N=100 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=103 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=102 %	2021 N=99 %	2022 N=100 %	2023 N=100 %
% Phenethylamines	6	21	19	29	29	22	21	18	13	8	9	9	9	**6**
Any 2C substance~	-	17	19	19	22	18	18	12	11	7	-	9	9	**6**
NBOMe	/	/	/	/	9	6	6	-	-	-	-	0	0	**0**
DO-x	0	-	0	0	0	0	0	-	0	-	-	0	0	**0**
4-FA	/	/	/	/	/	/	-	0	0	0	0	0	0	**0**
NBOH	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
% Tryptamines^^	7	8	11	9	12	11	17	20	19	17	18	-	-	**-**
5-MeO-DMT	0	-	0	-	-	-	5	-	-	0	-	-	-	**-**
4-AcO-DMT	/	/	/	/	/	/	-	-	/	/	/	/	/	**/**
% Synthetic cathinones	-	-	8	-	-	-	-	-	-	-	-	-	-	**-**
Mephedrone	-	-	0	-	0	-	0	0	0	-	0	-	0	**-**
Methylone/bk MDMA	/	-	8	-	-	-	-	-	-	0	-	0	0	**0**
MDPV/Ivory wave	0	0	0	0	-	0	0	0	0	0	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	0	0	0	0	-	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	0	/	/	/	/	**/**
N-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	0	0	-	**0**
N-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0	0	**0**
N-ethylbutylone	/	/	/	/	/	/	/	/	/	/	/	0	0	**0**
3-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
4-chloromethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
3 -Methylmethcathinone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Alpha PHP	/	/	/	/	/	/	/	/	/	/	/	/	-	**0**
Dimethylpentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
N, N-Dimethyl Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
Pentylone	/	/	/	/	/	/	/	/	/	/	/	/	0	**0**
% Piperazines	0	-	0	0	0	0	0	0	/	/	/	/	/	**/**
BZP	0	-	0	0	0	0	0	0	/	/	/	/	/	**/**
% Dissociatives	/	/	-	0	0	-	6	-	-	8	-	-	-	**-**
Methoxetamine (MXE)	/	/	-	0	0	-	6	-	-	8	-	-	0	**0**

	2010 N=100 %	2011 N=100 %	2012 N=100 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=103 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=102 %	2021 N=99 %	2022 N=100 %	2023 N=100 %
2-Fluorodeschloroketamine (2-FDCK)	/	/	/	/	/	/	/	/	/	/	/	/	-	-
3 Cl-PCP/4Cl-PCP	/	/	/	/	/	/	/	/	/	/	/	/	0	0
3-HO-PCP/4-HO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0
3-MeO-PCP/4- MeO-PCP	/	/	/	/	/	/	/	/	/	/	/	/	-	0
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	-	-	0	-
% Plant-based NPS	/	-	-	-	0	-	5	-	0	0	10	-	-	-
Ayahuasca	/	/	/	/	/	-	-	-	0	0	-	-	-	0
Mescaline	-	-	-	-	0	-	0	-	-	0	-	-	-	-
Salvia divinorum	/	-	-	-	0	-	5	-	0	0	-	0	-	-
Kratom	/	/	/	/	/	/	/	/	/	/	-	-	-	-
LSA	/	-	0	-	-	-	-	/	/	/	/	/	/	/
Datura	0	-	0	-	0	-	-	/	/	/	/	/	/	/
% Benzodiazepines	/	/	/	/	/	/	-	-	0	-	-	-	-	-
Etizolam	/	/	/	/	/	/	-	-	0	-	-	-	0	0
8 -Aminoclonazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0
Bromazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	0
Clonazolam	/	/	/	/	/	/	/	/	/	/	/	/	-	0
Flualprazolam	/	/	/	/	/	/	/	/	/	/	/	/	0	-
Other drugs that mimic the effect of benzodiazepine	/	/	/	/	/	/	/	/	-	-	-	0	0	0
% Synthetic cannabinoids	/	/	12	13	-	-	-	-	-	-	7	-	0	-
% Herbal high#	/	/	13	13	-	8	5	-	-	0	/	/	/	/
Phenibut	/	/	/	/	/	/	/	/	/	-	-	-	0	-
% Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	0	0	0	0	0	0	0
% Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	-	-	-	-	0	0	0

	2010 N=100 %	2011 N=100 %	2012 N=100 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=103 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=102 %	2021 N=99 %	2022 N=100 %	2023 N=100 %
% Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	0	0	0	-	-	0	**0**
% Other drugs that mimic the effects of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	6	-	0	0	-

Note. NPS first asked about in 2010. / Not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. In 2021, the decision was made to remove PMA from the NPS category altogether, while mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS'. This means that the percentages reported for any phenethylamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. ^^In previous (2010-2020) EDRS reports, DMT was included as a NPS under 'tryptamines', however, was removed from the NPS category in 2021 (refer to Chapter 7 for further information on DMT use among the sample). This means that the percentages reported for any tryptamine NPS use in the 2021-2023 EDRS reports will not align with those presented in earlier (2010-2020) reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. ~ In 2010 and between 2017-2019 three forms of 2C were asked about whereas between 2011-2016 four forms were asked about. From 2020 onwards, 'any' 2C use is captured. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

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.

Recent Use (past 6 months): In 2023, 9% of the Sydney sample reported recent non-prescribed codeine use (12% in 2022; p=0.631) (Figure 39).

Recent Use for Non-Pain Purposes (past 6 months): Of those who reported recent use of non-prescribed codeine and responded (n=9), few participants (n≤5) reported that they had used codeine for non-pain purposes (6% in 2022; p=0.748).

Frequency of Use: Participants who had recently used any non-prescribed codeine (n=9) reported a median of four days (IQR=3-6) of use in the six months preceding interview in 2023, stable from 2022 (4 days; IQR=2-7; p=0.591).

Pharmaceutical Opioids

Recent Use (past 6 months): Since the commencement of monitoring in 2013, less than one fifth of the sample reported recent use of non-prescribed pharmaceutical opioids. In 2023, 9% of the Sydney sample reported recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine). This remained stable from 2022 (12%; p=0.631) (Figure 39).

Frequency of Use: In the six months prior to interview, participants who had recently used non-prescribed pharmaceutical opioids reported use on a median of four days (IQR=2-5; n=9; 2 days in 2022; IQR=1-6; n=; p=0.539).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines peaked in 2019, with 52% of the sample reporting recent use, however has been gradually declining since. In 2023, almost one

third (31%) of the Sydney sample reported recent non-prescribed use, stable relative to 2022 (35%; *p*=0.654) (Figure 39). Recent use of 'other' non-prescribed benzodiazepines was reported by 22% of the sample (27% in 2022; *p*=0.513), while recent non-prescribed alprazolam use was reported by 16% of the sample (19% in 2022; *p*=0.696).

Frequency of Use: The median days of non-prescribed alprazolam use was four days (IQR=2-11; n=16; 5 days in 2022; IQR=2-11; n=19; *p*=0.594). Similarly, the median days of 'other' benzodiazepine use was also four days (IQR=2-10; n=22; 3 days in 2022; IQR=2-10; n=27; *p*=0.935).

Forms Used: The main brand of 'other' non-prescribed benzodiazepines significantly changed between 2022 and 2023 (*p*=0.023). Among participants who commented in 2023 (n=6), there were significantly fewer participants who reported using Valium (diazepam) (n≤5; 72% in 2022; n=25). Few participants (n≤5) indicated using other brands of non-prescribed benzodiazepines in 2023.

Antipsychotics

Recent Use (past 6 months): Few participants (n≤5) reported recent use of non-prescribed antipsychotics in 2023 and therefore numbers for recent non-prescribed use and frequency of use have been suppressed (n≤5 in 2022) (Figure 39). Please refer Figure 39 for historical data and to the [2023 National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 39: Non-prescribed use of pharmaceutical medicines in the past six months, Sydney, NSW, 2007-2023
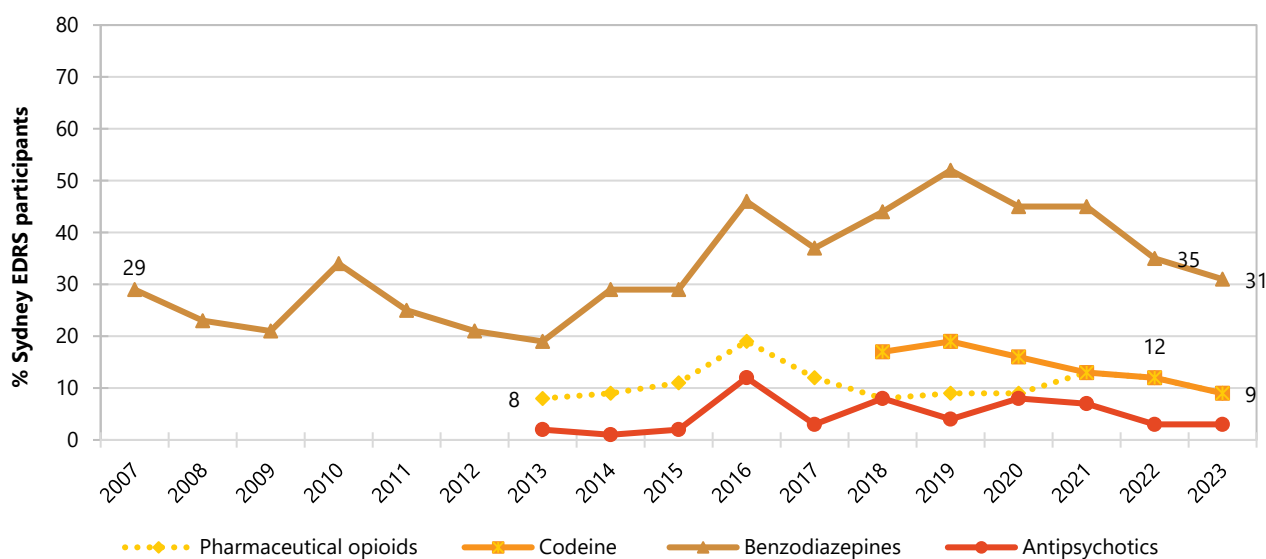
Note. Non-prescribed use is reported for prescription medicines. Monitoring of benzodiazepines commenced in 2007, and pharmaceutical opioids and antipsychotics in 2013. Monitoring of over-the-counter (OTC) codeine (low-dose codeine) commenced in 2010, however, in February 2018, the scheduling for codeine changed such that low-dose codeine formerly available OTC was required to be obtained via a prescription. To allow for comparability of data, the time series here represents non-prescribed low- and high dose codeine (2018-2023), with high-dose codeine excluded from pharmaceutical opioids from 2018. Y axis has been reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2007/2013/2018) and two most recent years (2022 and 2023) 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](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): Recent use of hallucinogenic mushrooms remained relatively stable between 2022 and 2023 (41% and 44%, respectively; p=0.774) (Figure 40).

Frequency of Use (past 6 months): The median frequency of use among those who commented (n=44) in 2023 was two days (IQR=1-4; 3 days in 2022; IQR=1-4; n=41; p=0.389).

MDA

Recent Use (past 6 months): Due to low numbers reporting recent use of MDA (n≤5), numbers have been suppressed. Please refer to Figure 40 for historical data and to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Substances with Unknown Contents

Capsules (past 6 months): In 2023, few (n≤5) participants reported consuming capsules with 'unknown contents' in the six months preceding interview. Please refer to Figure 40 for historical data and to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Other Unknown Substances (past 6 months): From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. Fourteen per cent of participants reported use of any substance with 'unknown contents' in 2023 (12% in 2022; p=0.672) on a median of one day (IQR=1-3; n=14; 1 day in 2022; IQR=1-4; n=12; p=0.746). When broken down by substance form, 8% of participants reported recent use of powder with 'unknown contents' in 2023 (9% in 2022). Few (n≤5) participants reported on recent use of pills and crystal with 'unknown contents', therefore, these data are supressed. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Quantity: From 2020 onwards, we asked participants about the average amount of pills and capsules used with 'unknown contents' in the last six months. However, in 2023, few participants (n≤5) responded and therefore numbers for quantity used have been suppressed (n≤5 in 2022; p=0.617).

PMA

No participants from the 2023 Sydney sample reported recent use of PMA. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

PMMA

No participants from the 2023 Sydney sample reported recent use of PMMA. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Heroin

Due to low numbers reporting on recent use of heroin (n≤5), numbers have been suppressed. Please refer to Figure 40 for historical data and to the 2023 National EDRS Report for national trends or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): Recent use of GHB/GBL/1,4-BD has fluctuated considerably since monitoring commenced, ranging between few participants (n≤5) reporting use in 2018 to 24% in 2008. In 2023, 17% reported recent use, stable relative to 2022 (14%; p=0.689) (Figure 40).

Frequency of Use: Of those who had recently used GHB/GBL/1,4-BD (n=17), participants reported use on a median of three days (IQR=2-20) in the previous six months (2 days in 2022; IQR=1-5; n=14; p=0.100).

Figure 40: Other illicit drugs used in the past six months, Sydney, NSW, 2003-2023
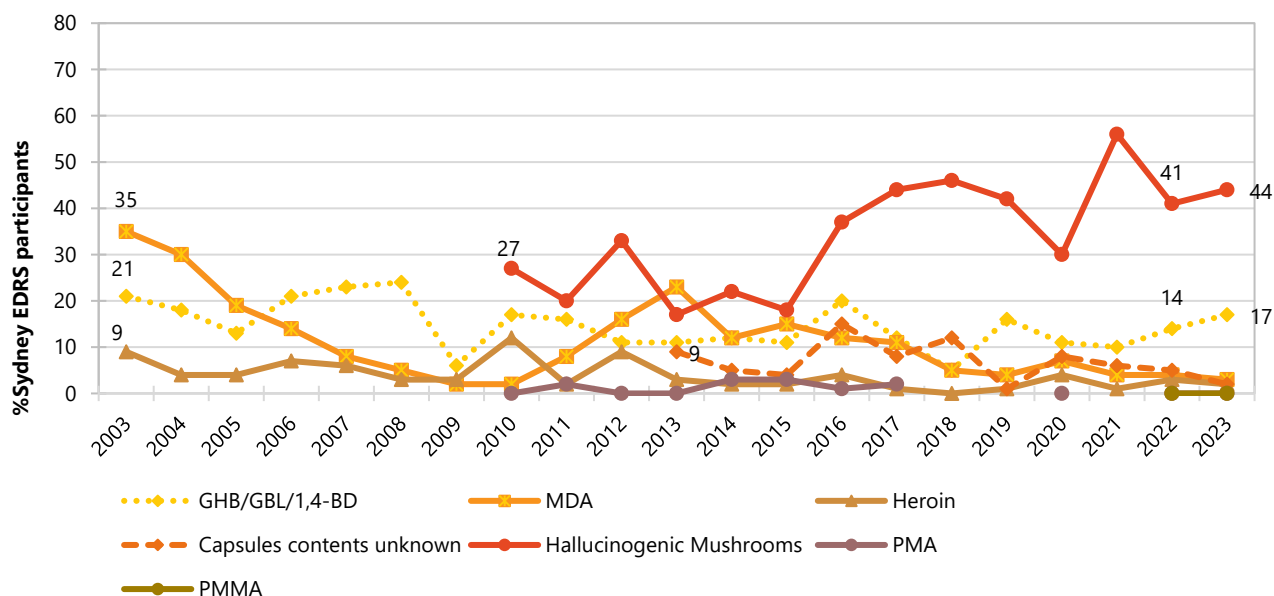
Note. Monitoring of hallucinogenic mushrooms commenced in 2005. Monitoring of capsules 'contents unknown' commenced in 2013; note that in 2019, participants were asked more broadly about 'substances contents unknown' (with further ascertainment by form) which may have impacted the estimate for 'capsules contents unknown'. Monitoring of PMA commenced in 2010 and monitoring of PMMA commenced in 2022. Y axis has been reduced to 80% to improve visibility of trends. Data labels are only provided for the first (2003/2005/2013) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Alcohol was recently consumed by 97% of the Sydney sample in 2023 (96% in 2022) (Figure 41).

Frequency of Use: Alcohol was consumed on a median of 48 days (IQR=20-72; n=97) in the six months preceding interview (48 days in 2022; IQR=24-72; n=96; p=0.303). Of those who had consumed alcohol recently and commented (n=97), three quarters (74%) reported weekly or more frequent use (80% in 2022; p=0.389). Few participants (n≤5) reported daily use and therefore, these numbers are suppressed (n≤5 in 2022).

Tobacco

Recent Use (past 6 months): An increase in the per cent reporting recent tobacco use was observed from 2003 to 2011. From 2011 to 2020, the per cent reporting recent tobacco use remained relatively stable, with a decline observed from 2020 onwards. In 2023, 54% reported recent tobacco use, the lowest per cent observed since monitoring commenced (66% in 2022; p=0.086) (Figure 41).

Frequency of Use: Among those who had recently used tobacco and commented in 2023 (n=52), participants reported use on a median of 22 days (IQR=5-165; 72 days in 2022; IQR=6-180; n=66; p=0.209). One quarter (25%) of participants who had recently used tobacco reported weekly or more frequent use (39% in 2022; p=0.122).

E-cigarettes

In Australia, legislation came into effect on 1 October 2021, requiring people to obtain a prescription to legally import nicotine vaping products. Thus, from 2022, participants were asked about their use of both prescribed and non-prescribed e-cigarettes.

Recent Use (past 6 months): Despite considerable fluctuation, the per cent reporting recent use of non-prescribed e-cigarettes has gradually increased since 2017. In 2023, recent non-prescribed e-cigarette use significantly increased from 61% in 2022 to 76% (p=0.035) (Figure 41). Few participants (n≤5) in Sydney reported recent use of prescribed e-cigarettes in 2023.

Frequency of Use: Among those who reported recent use of non-prescribed e-cigarettes (n=76), frequency of use remained stable at a median of 125 days (IQR=29-180; 100 days in 2022; IQR=20-180; n=61; p=0.543). However, 49% of participants who had recently used non-prescribed e-cigarettes reported daily use in 2023, a significant increase from 27% in 2022 (p=0.003).

Forms Used: Among those who had recently used non-prescribed e-cigarettes in 2023 (n=76), the majority (92%) reported using e-cigarettes containing nicotine. Smaller percentages reported using e-cigarettes containing cannabis (8%), and both cannabis and nicotine (8%). Seventeen per cent reported using e-cigarettes that contained neither nicotine nor cannabis.

Reason for Use: Of those who had recently consumed any (i.e., prescribed, and non-prescribed) e-cigarettes and commented (n=78), 29% reported that they had used e-cigarettes as a smoking cessation tool in 2023 (37% in 2022; p=0.463).

Nitrous Oxide

Recent Use (past 6 months): The per cent reporting recent nitrous oxide use gradually increased from 2003 to 2018, before stabilising and subsequently declining. In 2023, 47% of the Sydney sample reported recent use, stable from 41% in 2022 (p=0.394) (Figure 41).

Frequency of Use: Participants who had recently used nitrous oxide (n=46) reported use on a median of two days (IQR=1-7) in the previous six months, stable from 2022 (3 days; IQR=2-7; n=41; p=0.331).

Quantity: The median number of bulbs consumed in a 'typical' session was reported to be 10 bulbs (IQR=2-20; n=41; 6 bulbs in 2022; IQR=3-10; n=39; p=0.164) and the median maximum number of bulbs in a session was reported to be 15 (IQR=4-30; n=41; 10 bulbs in 2022; IQR=3-20; n=39; p=0.299).

Amyl Nitrite

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

Recent Use (past 6 months): Forty-three per cent of the Sydney sample reported recent use of amyl nitrite in 2023, stable relative to 2022 (44%) (Figure 41).

Frequency of Use: Use of amyl nitrite was infrequent, with respondents reporting a median of six days (IQR=1-15; n=43) of use in the past six months in 2023 (2 days in 2022; IQR=1-6; n=44; p=0.108).

Figure 41: Licit and other drugs used in the past six months, Sydney, NSW, 2003-2023
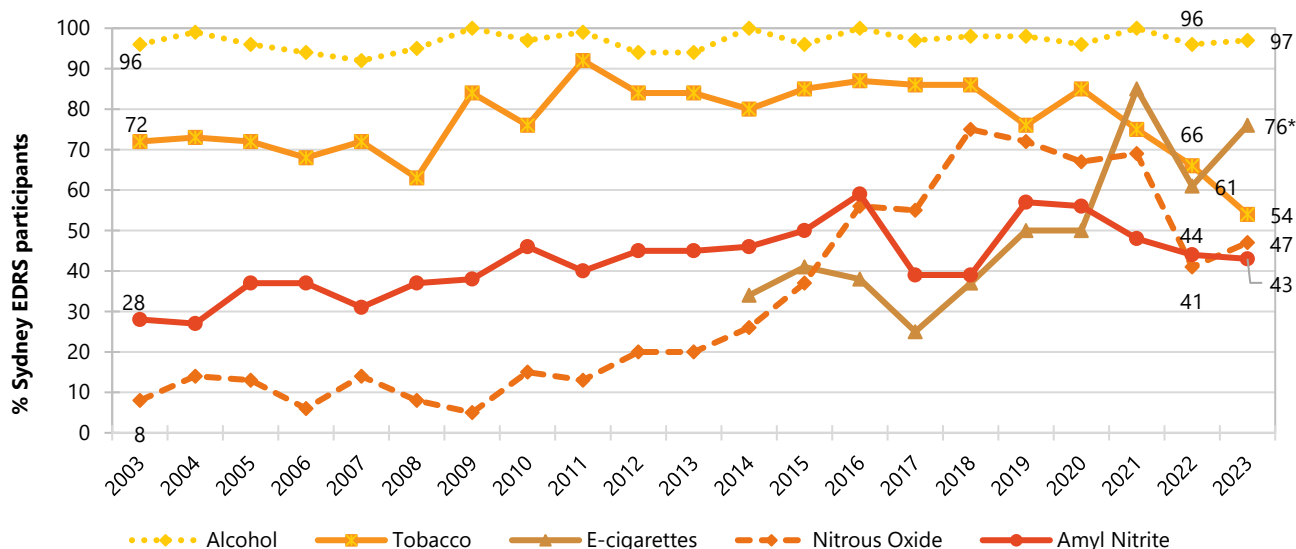
Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first (2003/2014) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

10

Drug-Related Harms and Other Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use and among those who answered (n=86), the most commonly used substances were alcohol (69%) and ecstasy (52%), followed by cocaine (41%) and cannabis (28%).

The majority (86%; n=86) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (excluding tobacco and e-cigarettes). The most commonly used combinations of substances were stimulants and depressants (39%), followed by stimulants, depressants, and hallucinogens/dissociatives (12%). Nine per cent of participants reported using a combination of stimulants, depressants and cannabis, whilst 6% reported using stimulants and hallucinogens/dissociatives or stimulants and cannabis. Eleven per cent reported using stimulants alone (Figure 42).

Figure 42: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, Sydney, NSW, 2023: Most common drug pattern profiles
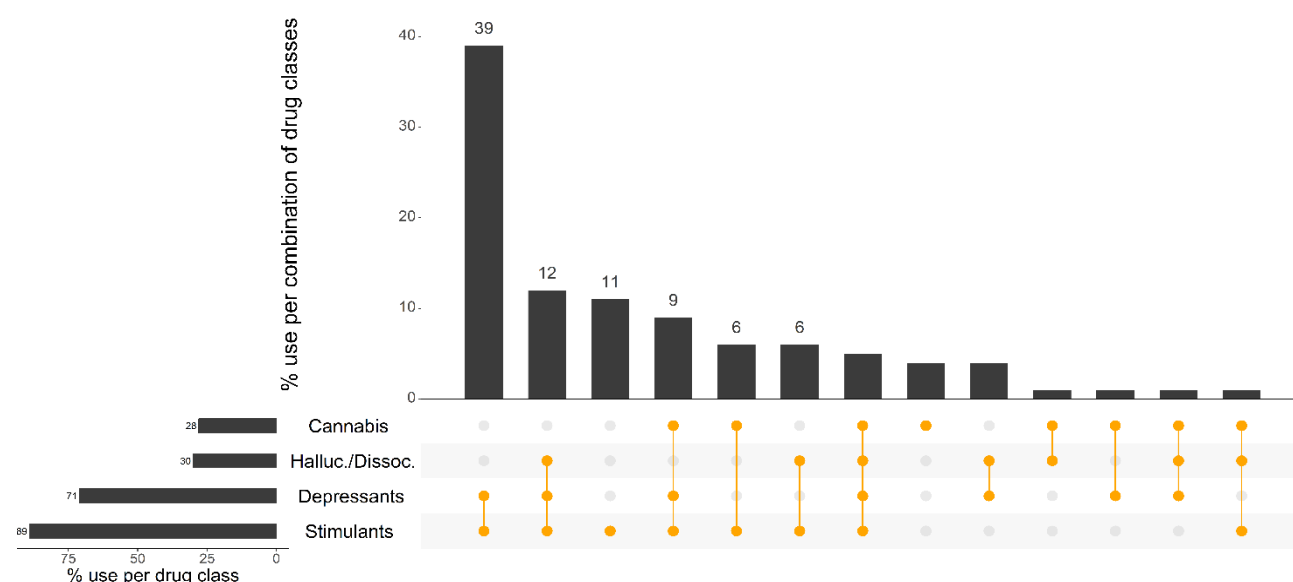
Note. % calculated out of total EDRS 2023 sample. The horizontal bars represent the per cent of participants who reported use of each substance on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange circles. Drug use pattern profiles reported by ≤5 participants or which did not include any of the four drug classes depicted are not shown in the figure but are counted in the denominator. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL,1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, ecstasy, methamphetamine, and/or pharmaceutical stimulants). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Note that participants may report use of multiple substances within a class. Y axis reduced to 40% to improve visibility of trends.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a fixed-site drug checking service in Canberra which became operational on 17 July 2022.

In 2023, 34% 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 (32% in 2022; *p*=0.877) (Figure 43). Of those who reported that they or someone else had tested their illicit drugs in the past year (n=34), the majority (77%) reported using colorimetric reagent test kits, followed by 23% who reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Few participants (n≤5) reported having their drugs tested via 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 (n=34), almost three fifths (59%) reported testing the drugs themselves, followed by 41% who reported having their drugs tested by a friend. Fewer participants (n≤5) reported having their drugs tested by a dealer, a partner, and an event-based face-to-face service.

Figure 43: Lifetime and past year engagement in drug checking, Sydney, NSW, 2019-2023
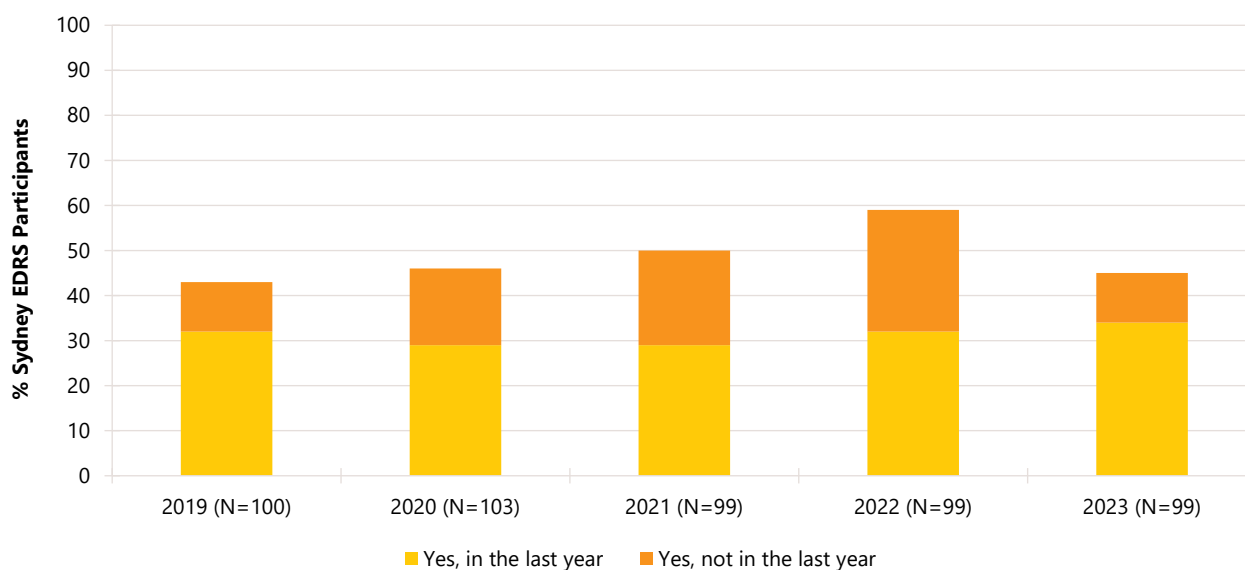
Note: The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

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 2023 Sydney EDRS sample (including people who had not consumed alcohol in the past 12 months) was 13.5 (SD 7.1), a significant increase from 12.0 (SD 7.0) in 2022 (*p*<0.001). AUDIT scores are divided into four 'zones' which indicate risk level. Specifically,

scores between 0-7 indicate low risk drinking or abstinence; scores between 8-15 indicate alcohol use in excess of low-risk guidelines; scores between 16-19 indicate harmful or hazardous drinking; and scores of 20 or higher indicate possible alcohol dependence. There was no significant change in the per cent of the sample falling into each of these risk categories from 2022 to 2023 (p=0.384) (Table 4).

In 2023, 77% of participants obtained a score of 8 or more, indicative of hazardous use (72% in 2022; p=0.521) (Table 4).

Table 4: Mean AUDIT total scores and percent of participants scoring above recommended levels, Sydney, NSW, 2010-2023

	2010 N=96	2011 N=99	2012 N=94	2013 N=96	2014 N=100	2015 N=98	2016 N=103	2017 N=96	2018 N=100	2019 N=100	2020 N=103	2021 N=99	2022 N=100	2023 N=100
Mean AUDIT total score (SD)	14.5 (7.8)	16.6 (6.5)	14.0 (6.6)	11.0 (5.8)	11.6 (6.4)	11.6 (5.8)	12.4 (7.3)	12.4 (7.2)	11.9 (6.4)	12.9 (6.4)	12.6 (7.4)	13.4 (7.1)	12.0 (7.0)	**13.5 (7.1) *****
Score 8 or above (%)	82	94	83	69	69	71	70	71	68	77	72	79	72	**77**
AUDIT zones:														
Score 0-7	18	6	17	31	31	29	30	29	32	23	28	21	28	**23**
Score 8-15	40	41	45	50	42	43	36	44	39	45	40	41	41	**47**
Score 16-19	18	19	20	10	14	19	17	10	17	15	12	19	15	**9**
Score 20 or higher	25	33	18	8	13	9	17	17	12	17	20	18	16	**21**

Note. Monitoring of AUDIT first commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Total AUDIT score range is 0-40, with higher scores indicating greater likelihood of hazardous and harmful drinking. Imputed values used for missing scale scores. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Overdose Events

Non-Fatal Overdose

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

From 2019, changes were made to this module, with participants asked about alcohol, stimulant and other drug overdose, prompted by the following definitions:

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

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

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

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

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

Non-Fatal Stimulant Overdose

After a peak in 2016 (39%), the per cent reporting overdose events related to stimulants gradually declined until 2022 and has since stabilised. In 2023, 17% of the Sydney sample reported experiencing a non-fatal stimulant overdose in the past 12 months (9% in 2022; p=0.150) (Figure 44).

Of those who reported a past year stimulant overdose (n=17), the most common stimulant reported during the most recent non-fatal stimulant overdose in the past 12 months was any form of ecstasy (82%), followed by cocaine (35%). The majority (94%) reported that they had also consumed one or more additional drugs on the last occasion, mainly alcohol (53%). Other drugs used included e-cigarettes (47%) and tobacco (35%). On the occasion of their last overdose event, few participants (n≤5) received treatment or assistance.

Non-Fatal Depressant Overdose

Alcohol: Fifteen per cent of the Sydney sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=1-5) (10% in 2022; p=0.397). Of those who had experienced an alcohol overdose in the past year (n=15), 93% of participants reported not receiving treatment on the last occasion.

Any depressant (including alcohol): One fifth (21%) of the sample reported experiencing a non-fatal depressant overdose in the past 12 months (13% in 2022; p=0.188) (Figure 44).

Of those who had experienced any depressant overdose in the last year (n=21), the majority reported alcohol (71%) as the drug used prior to the event. Few participants (n≤5) reported a depressant overdose due to other drugs, therefore, these data are suppressed. Please refer to the 2023 National EDRS Report for national trends or contact the Drug Trends team for further information.

Figure 44: Past year non-fatal stimulant and depressant overdose, Sydney, NSW, 2007-2023
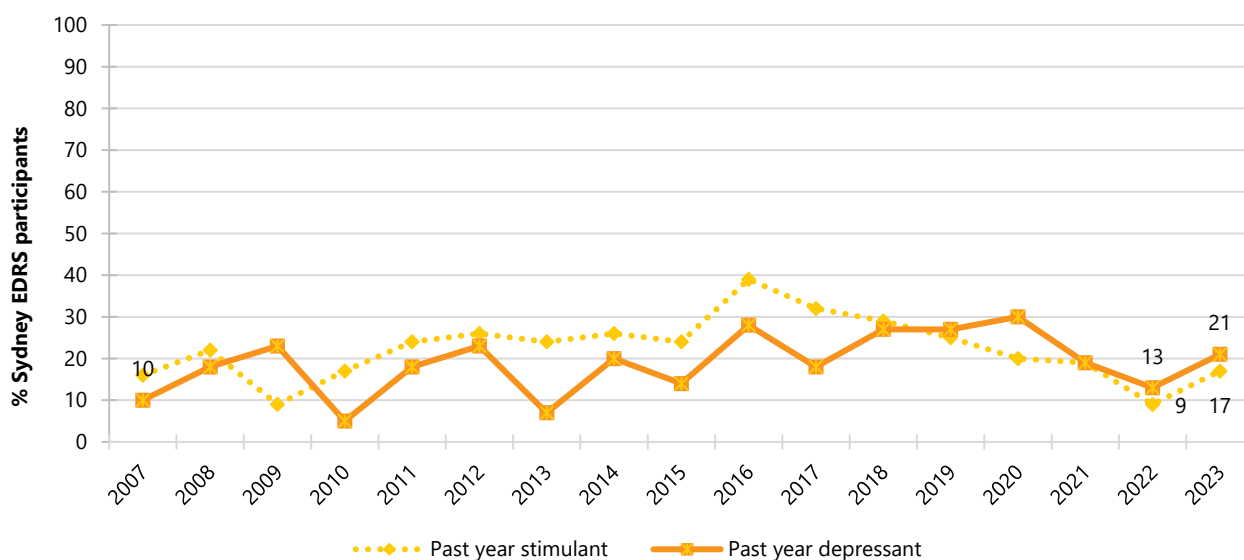
Note. Past year stimulant and depressant overdose was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) 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. The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Awareness of Naloxone

In 2023, half of the sample (51%) reported that they had ever heard of naloxone (59% in 2022; $p=0.259$), of which 89% were able to correctly identify the purpose of naloxone (93% in 2022; $p=0.729$).

Injecting Drug Use and Associated Risk Behaviours

Despite fluctuations over time, lifetime injecting has been declining in the Sydney EDRS sample since a peak in 2007 (32%). In 2023, one tenth (10%) of the sample reported lifetime drug injection (17% in 2022; $p=0.221$) (Figure 45).

Few (n≤5) participants reported injecting drugs in the past month in 2023 (n≤5 in 2022). Please refer to Figure 45 for historical data and to the 2023 National EDRS Report for national trends or contact the Drug Trends team for further information.

Figure 45: Lifetime and past month drug injection, Sydney, NSW, 2004-2023

Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels are only provided for the first (2003/2016) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.
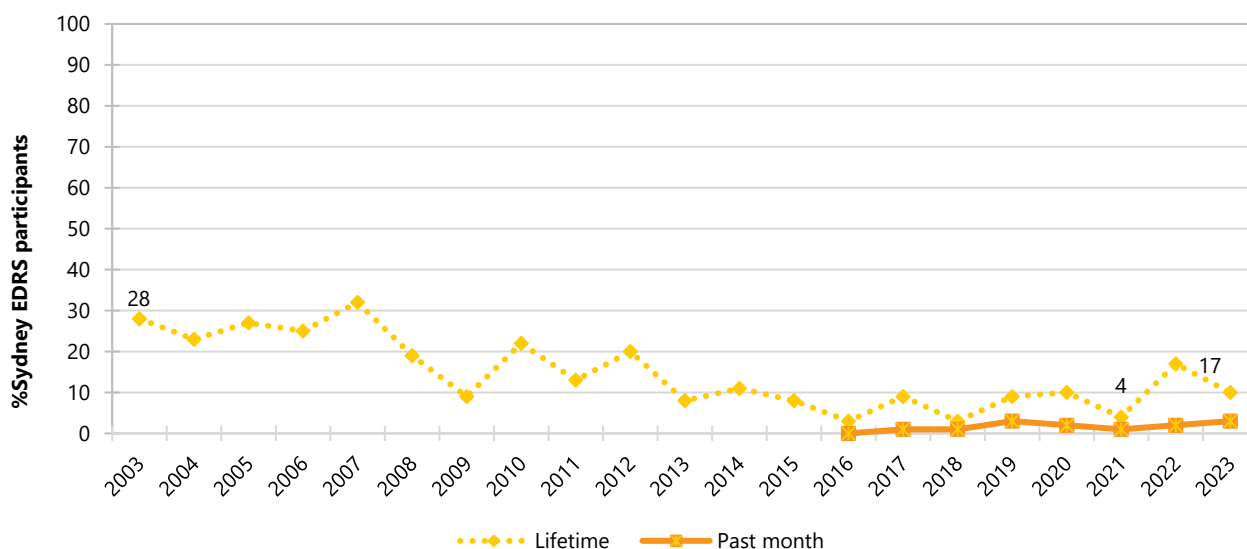
Drug Treatment

Few participants (n≤5) reported currently receiving drug treatment; this is consistent with reporting in previous years (n≤5 in 2022). Please refer to the 2023 National EDRS Report for national trends or contact the Drug Trends team for further information.

Ecstasy and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate ecstasy and methamphetamine dependence. The SDS is a five-item questionnaire designed to measure the degree of dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, and preoccupation with, and anxiety about, use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess ecstasy dependence in the past six months, a cut-off score of three or more was used, as this has been found to be a good balance between sensitivity and specificity for identifying problematic dependent ecstasy use. Among those who reported recent ecstasy use in 2023 (n=99), 13% recorded a score of three and above, stable from 2022 (n≤5; *p*=0.137). The median ecstasy SDS score was zero (IQR: 0–1). Fifty-eight per cent of the participants obtained a score of zero on the ecstasy SDS and a further 18% obtained a score of one on the scale, indicating that the majority of respondents reported no or few symptoms of dependence in relation to ecstasy use (Table 5).

To assess methamphetamine dependence in the past six months, the cut-off of four and above was used, which is a more conservative estimate and has been used previously in the literature as a validated cut-off for methamphetamine dependence. Of the 21 participants who had recently used methamphetamine and responded, one third (33%) scored four or above, stable from 26% in 2022 (*p*<0.754). The median methamphetamine SDS score was two (IQR: 0-5). Two fifths (43%) of the

participants obtained a score of zero on the methamphetamine SDS and few participants (n≤5) obtained a score of one on the scale, indicating that many respondents reported no or few symptoms of dependence in relation to methamphetamine use (Table 5).

Table 5: Total ecstasy and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Sydney, NSW, 2017-2023							
	2017	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
Ecstasy	N=100	N=100	N=99	/	N=95	N=83	**N=99**
Median total score (IQR)	1 (0-2)	1 (0-2)	0 (0-2)	/	0 (0-1)	0 (0-1)	**0 (0-1)**
% score 0	41	36	54	/	59	70	**58**
% score =1	59	64	46	/	41	30	**18**
% score ≥3	25	15	14	/	9	-	**13**
Methamphetamine	N=28	N=18	N=26	N=17	N=14	N=27	**N=21**
Median total score (IQR)	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-2)	0 (0-1)	0 (0-5)	**2 (0-5)**
% score 0	57	67	65	53	71	59	**43**
% score =1	43	33	35	47	-	41	**-**
% score ≥4	-	-	-	-	-	26	**33**

Note. Severity of Dependence scores calculated out of those who used ecstasy/methamphetamine recently (past 6 months). A cut-off score of ≥3 and ≥4 is used to indicate screening positive for potential ecstasy and methamphetamine dependence, respectively. / Ecstasy Severity of Dependence Scale was not asked of participants in 2020. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputed values used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Sexual Health Behaviours

In 2023, 81% of those who commented reported some form of sexual activity in the past four weeks (86% in 2022; $p=0.438$). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if interview undertaken face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded (n=78), 85% reported using alcohol and/or other drugs prior to or while engaging in sexual activity (84% in 2022) and 13% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex (11% in 2022; $p=0.802$). Furthermore, of those who had engaged in sexual activity in the past four weeks and who responded (n=78), 26% reported penetrative sex without a condom where they did not know the HIV status of their partner (19% in 2022; $p=0.348$) (Table 6).

Of those who commented (n=96), 74% reported having had a sexual health check-up in their lifetime (80% in 2022; $p=0.395$), including 40% who had done so in the six months prior to interview (38% in 2022; $p=0.878$). Of the total sample who responded (n=96), 24% had received a positive diagnosis for a sexually transmitted infection (STI) in their lifetime (29% in 2022; $p=0.509$), with 7% of participants receiving a positive diagnosis in the past six months (n≤5 in 2022; $p=0.370$) (Table 6). Due to low numbers reporting on the specific types of STIs diagnosed (n≤5), please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

Of the total Sydney sample who responded (n=96), 61% reported having ever had a test for human immunodeficiency virus (HIV), stable from 71% in 2022 (*p*=0.231). One quarter (26%) reported having a HIV test in the past six months in 2023 (31% in 2022; *p*=0.525). No participants in 2023 had ever been diagnosed with HIV (0% in 2021) (Table 6).

Table 6: Sexual health behaviours, Sydney, NSW, 2021-2023			
	2021	**2022**	**2023**
Of those who responded#:	N=96	N=98	**N=96**
% Any sexual activity in the past four weeks	77	86	**81**
Of those who responded# and reported any sexual activity in the past four weeks:	n=74	n=83	**n=78**
% Drugs and/or alcohol used prior to or while engaging in sexual activity	89	84	**85**
Of those who responded# and reported any sexual activity in the past four weeks:	n=74	n=83	**n=76**
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	12	11	**13**
Of those who responded# and reported any sexual activity in the past four weeks:	n=71	n=84	**n=78**
% Had penetrative sex without a condom and did not know HIV status of partner	23	19	**26**
Of those who responded#:	n=95	n=96	**n=96**
% Had a HIV test in the last six months	25	31	**26**
% Had a HIV test in their lifetime	51	71	**61**
Of those who responded#:	n=97	n=97	**n=96**
% Diagnosed with HIV in the last six months	0	0	**0**
% Diagnosed with HIV in their lifetime	0	0	**0**
Of those who responded#:	n=97	n=98	**n=96**
% Had a sexual health check in the last six months	29	38	**40**
% Had a sexual health check in their lifetime	70	80	**74**
Of those who responded#:	n=97	n=97	**n=96**
% Diagnosed with a sexually transmitted infection in the last six months	-	-	**7**
% Diagnosed with a sexually transmitted infection in their lifetime	20	29	**24**

Note. #Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

Mental Health and Psychological Distress (K10)

Mental Health

Three fifths (58%) of the Sydney sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence). This was stable relative to 2022 (51%; *p*=0.392) (Figure 46). Of those who reported a mental health problem and commented in 2023 (n=53), the most common mental health problems were anxiety (79%; 61% in 2022; *p*=0.876), followed by depression (60%; 63% in 2022; *p*=0.876) and post-traumatic stress disorder (PTSD) (13%; 16% in 2022). Of those who reported experiencing a mental health problem, 62% (37% of the total sample) reported seeing a mental health professional during the past six months (63% in 2022). Of these participants (n=37), 49% reported being prescribed medication (63% in 2022; *p*=0.337).

Figure 46: Self-reported mental health problems and treatment seeking in the past six months, Sydney, NSW, 2008-2023
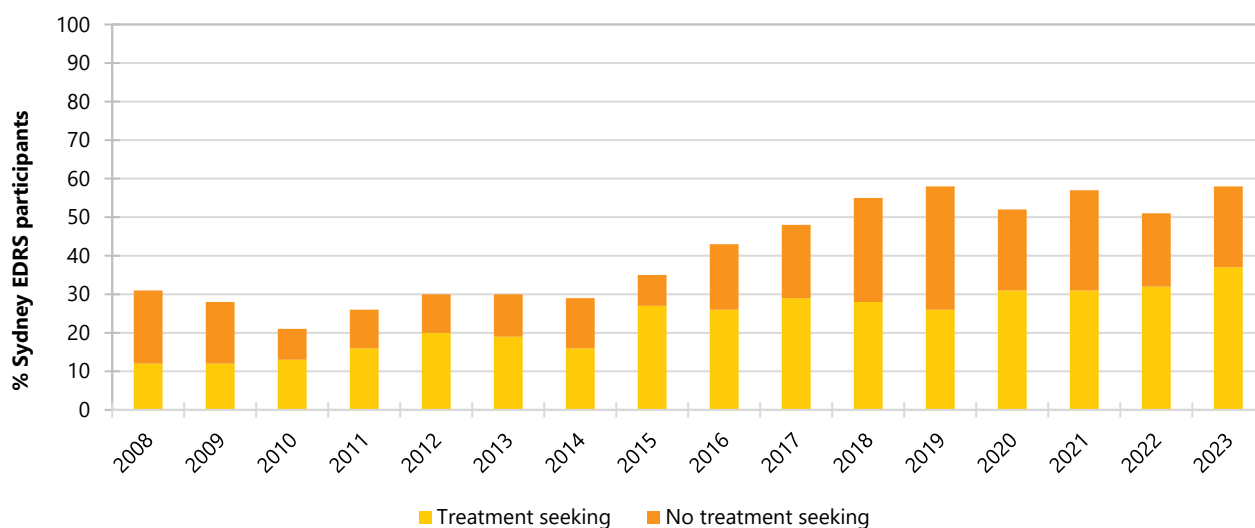
Note. Questions about treatment seeking were first asked in 2008. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels are only provided for the first (2008) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders/the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no psychological distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; scores between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.573) (Figure 47), with 13% of the Sydney EDRS sample had a score of 30 or more (17% in 2022).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) scores on K10. EDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 47).

Figure 47: K10 psychological distress scores, Sydney, NSW, 2006-2023 and NHS 2017-18
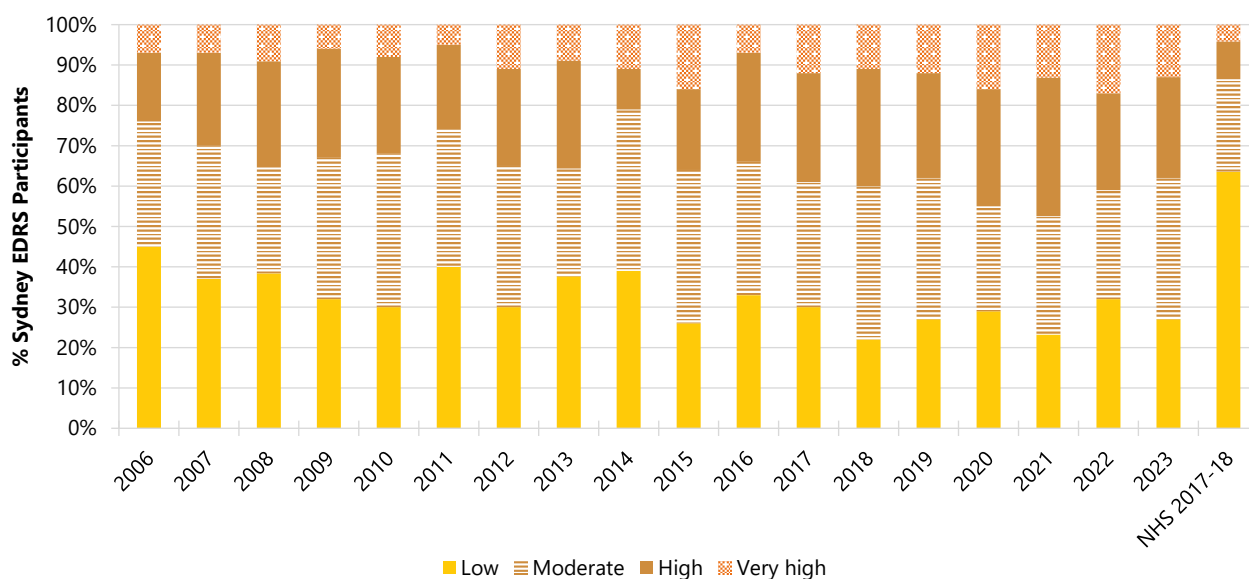
Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (EDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Approximately one quarter (28%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview in 2023 (19% in 2022; p=0.191). Primary services reported by participants in 2023 were a psychologist (8%), a peer based harm reduction service (8%) and a general practitioner (GP) (7%) (Table 7).

The vast majority (87%) of participants reported accessing any health service in the six months preceding interview in 2023 (89% in 2022; p=0.822). Primary services reported by participants in 2023 were a GP (68%), a dentist (42%) and other health professional (e.g., physiotherapist) (27%) (Table 7).

Table 7: Health service access for alcohol and other drug reasons and for any reason in the past six months, Sydney, NSW, 2022-2023

	AOD support		Any reason	
	2022 (N=100)	2023 (N=100)	2022 (N=100)	2023 (N=100)
% accessed a health service in the past 6 months	19	**28**	89	**87**
Type of service accessed *(participants could select multiple services)*	N=100	**N=100**	N=100	**N=100**
GP	8	**7**	75	**68**
Emergency department	-	**-**	15	**20**
Hospital admission (inpatient)	-	**-**	15	**14**
Medical tent (e.g., at a festival)	-	**-**	-	**12**
Drug and Alcohol counsellor	-	**-**	-	**-**
Hospital as an outpatient	-	**-**	8	**7**
Specialist doctor (not including a psychiatrist)	-	**-**	23	**18**
Dentist	0	**-**	40	**42**
Ambulance attendance	-	**-**	-	**-**
Other health professional (e.g., physiotherapist)	0	**-**	22	**27**
Psychiatrist	-	**-**	13	**14**
Psychologist	8	**8**	25	**25**
NSP	-	**-**	-	**6**
Peer based harm reduction service	6	**8**	7	**10**
Other harm reduction service	-	**0**	-	**0**

Note. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

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 2023, one quarter (24%) of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 8).

Few participants (n≤5) reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview, stable relative to n≤5 in 2022. One in ten (9%) participants reported experiencing stigma within general health care services in the six months preceding interview (11% of those who had attended general health care services), stable relative to 2022 (17% in 2022; p=0.101). Almost one fifth (17%) of participants reported experiencing stigma in non-health care settings, most commonly from police (13%) (Table 8).

Notably, two fifths (44%) of participants reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (40%), followed by delaying accessing health care (10%), downplaying need for pain medication (9%) and not attending follow-up appointments (8%).

Table 8: Self-reported experiences of stigma due to illicit drug use in the past six months, Sydney, NSW, 2022-2023		
	2022	**2023**
% Experienced stigma in specialist AOD service	n=99 -	**n=100** **-**
Needle and syringe program	/	**-**
Supervised injecting facility	/	**0**
Opioid treatment program	/	**0**
AOD counselling	/	**0**
Residential rehabilitation	/	**-**
Detoxification	/	**0**
Group therapy	/	**0**
Peer based harm reduction service	/	**-**
Other	/	**-**
% Experienced stigma in general health care service:	n=99 17	**n=100** **9**
GP	/	**-**
Emergency department	/	**-**
Hospital admission (inpatient)	/	**-**
Medical tent	/	**-**
Dentist	/	**-**
Hospital outpatient	/	**-**
Specialist doctor	/	**0**
Ambulance	/	**0**
Psychiatrist	/	**-**
Psychologist	/	**-**
Other	/	**0**

		N=100
% Experienced stigma in non-health care service:	/	**17**
Welfare and social service	/	-
Current or potential employer	/	-
School/uni/TAFE	/	-
Police	/	**13**
Other legal services	/	-
Housing and homelessness services	/	-
Other	/	-
% Experienced stigma in any of the above settings^	/	**24**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**n=99** **44**
Delayed accessing healthcare	/	**10**
Did not tell health worker about drug use	/	**40**
Downplayed need for pain medication	/	**9**
Looked for different services	/	-
Did not attend follow-up appointment	/	**8**
Other	/	**0**

Note. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. / Not asked. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

COVID-19 Testing and Diagnosis

In 2023, the vast majority (99%) of the Sydney sample had ever been tested for SARS-CoV-2, with 86% having been tested in the 12 months preceding interview (98% in 2022; 68% in 2021; 18% in 2020). Four fifths (80%) of participants reported having ever been diagnosed with the virus (75% in 2022; n≤5 in 2021 and 2020, respectively), with participants reporting a median of two infections (IQR=1-2). Forty-eight per cent of the sample reported a positive COVID-19 test in the 12 months preceding interview.

At the time of interview, 94% reported that they had received at least one COVID-19 vaccine dose (92% in 2022), with participants receiving a median of three doses (IQR=2-3); no participants reported only receiving one dose, 42% received two doses and 52% received three or more doses.

Driving

In 2023, 81% 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=74), one third (32%) reported driving while over the (perceived) legal limit of alcohol (26% in 2022; *p*=0.476), and within three hours of consuming an illicit or non-prescribed drug in the last six months (51% in 2022; *p*=0.026), respectively. Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=26), participants most commonly reported using cannabis (58%) prior to driving, followed by cocaine (50%).

Of those who had driven in the past six months and responded (n=81), two fifths (42%) reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview (53% in 2022; *p*=0.217) and 9% reported that they been tested for drug driving by the police roadside drug testing service (19% in 2022; *p*=0.113) in the six months preceding interview (Figure 48).

Figure 48: Self-reported testing, and driving over the (perceived) legal limit for alcohol or three hours following illicit drug use, among those who had driven in the past six months, Sydney, NSW, 2007-2023
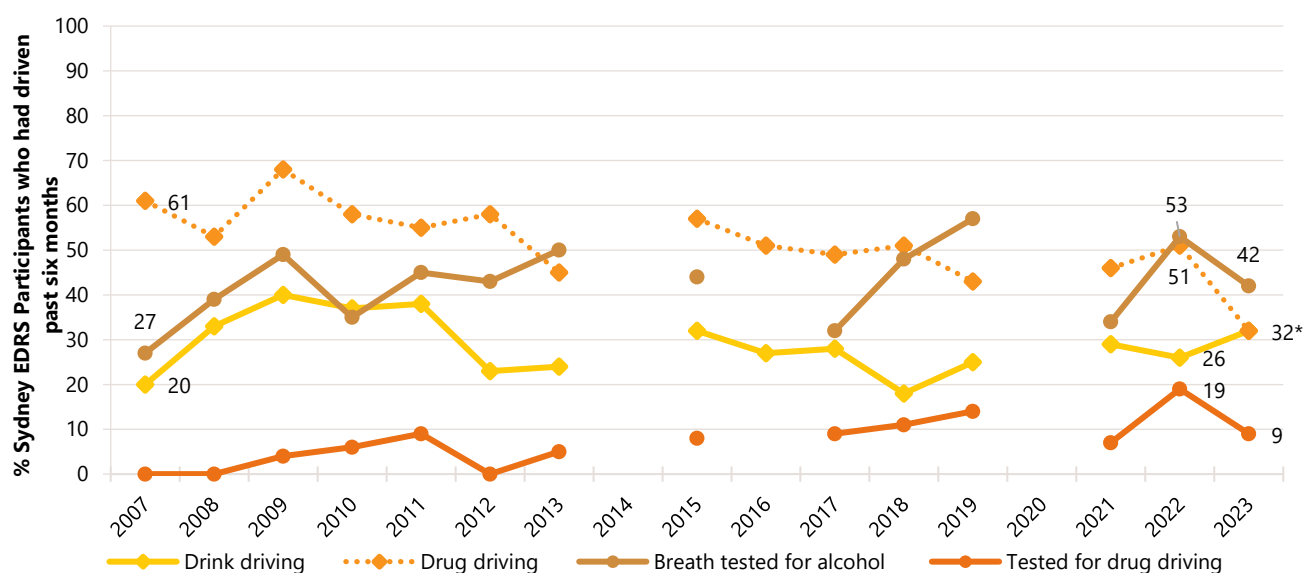
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020; questions about alcohol and drug driving testing were not asked in 2016. Data labels are only provided for the first (2007) and two most recent years (2022 and 2023) 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. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Experience of Crime and Engagement with the Criminal Justice System

The percentage of past month criminal activity has fluctuated considerably since monitoring commenced in 2003. In 2023, 46% of the Sydney sample reported any criminal activity in the previous month, a significant increase from 26% in 2022 (*p*=0.006). Drug dealing (29%; 20% in 2022; *p*=0.196) and property crime (26%; 13% in 2023; *p*=0.035) were the two main forms of criminal activity in 2023 (Figure 49).

 In 2023, few participants (n≤5) reported being the victim of a crime involving violence (6% in 2022) (Figure 50).

One in ten (10%) participants reported having been arrested in the 12 months preceding interview (11% in 2022) and few participants (n≤5) reported having ever been in prison in 2023 (6% in 2022; *p*=0.498). Few participants (n≤5) reported reasons for arrest; therefore, further details are not reported. Please refer to the 2023 National EDRS Report for national trends, or contact the Drug Trends team for further information.

One in four (25%) participants (28% in 2022; *p*=0.741) reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months. This predominantly comprised being stopped and searched (68%; 68% in 2022), followed by being stopped for questioning (48%; 43% in 2022; *p*=0.782).

Figure 49: Self-reported criminal activity in the past month, Sydney, NSW, 2003-2023
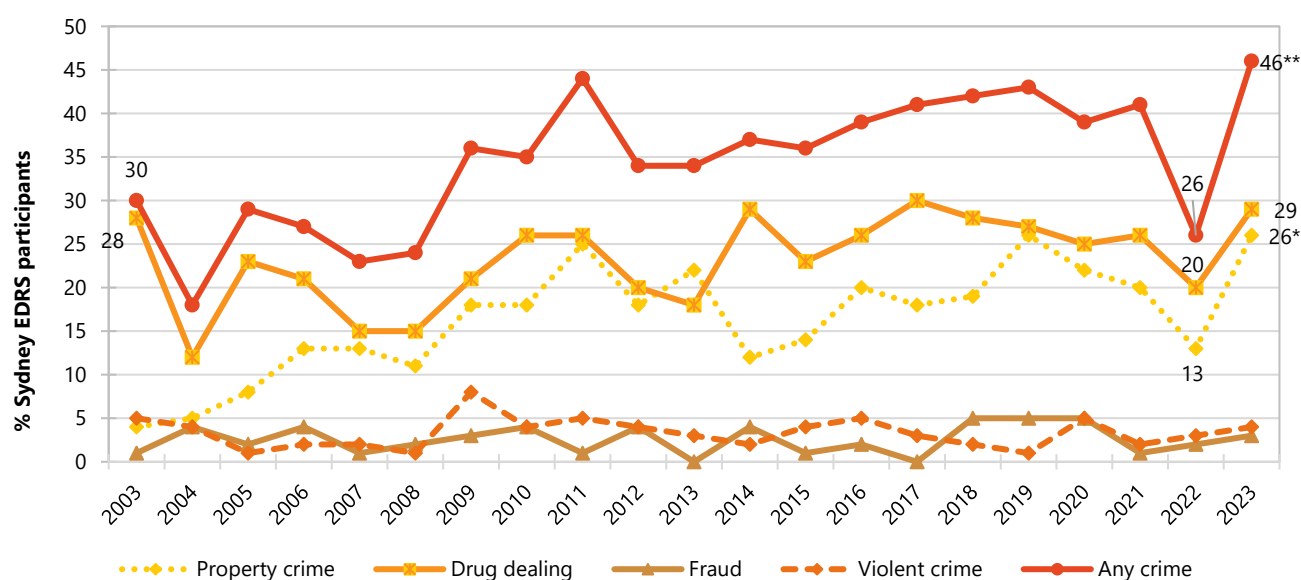
Note. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p*<0.050; **p*<0.010; ***p*<0.001.

Figure 50: Victim of crime involving violence in the past month, Sydney, NSW, 2019-2023
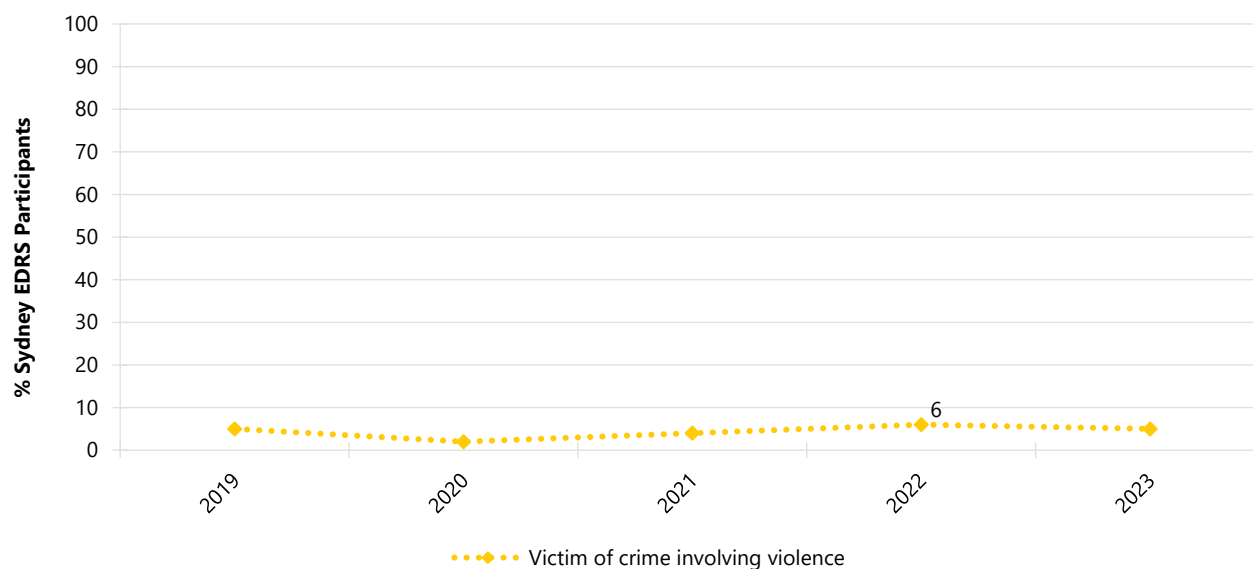
Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2023, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was via social networking applications (76%; 62% in 2022; $p=0.070$). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Arranging the purchase of illicit or non-prescribed drugs via text decreased significantly (45%; 60% in 2022; $p=0.049$) (Table 9).

Buying and Selling Drugs Online

Seven per cent had arranged the purchase of illicit or non-prescribed drugs via the darknet in the past year (8% in 2022). Few participants (n≤5) had arranged the purchase via the surface web (7% in 2022; $p=0.331$) (Table 9).

In 2022, 6% reported that they had sold illicit drugs on the surface or darknet in the 12 months preceding interview (n≤5 in 2022; $p=0.214$). Forty-six per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 28% having done so in the last 12 months (23% in 2022; $p=0.591$).

Source and Means of Obtaining Drugs

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (99%; 95% in 2022; $p=0.212$). This was followed by a

significant decrease in receiving illicit drugs via a collection point (defined as a predetermined location where a drug will be left for later collection) (23%; 38% in 2022; *p*=0.033). Receiving illicit drugs via post remained stable (11%; 17% in 2022; *p*=0.314) (Table 9).

Four-in-five participants in 2023 reported obtaining illicit drugs from a friend/relative/partner/colleague (78%; 75% in 2022; *p*=0.614), with a similar percentage reporting a known dealer/vender (71%; 78% in 2022; *p*=0.332) (Table 9).

Table 9: Means of purchasing and obtaining illicit drugs in the past 12 months, Sydney, NSW, 2019-2023					
	2019	2020	2021	2022	2023
% Purchasing approaches in the last 12 months^	N=100	N=102	N=98	N=98	N=98
Face-to-face	85	61	64	68	64
Surface web	8	11	7	7	-
Darknet market	13	11	7	8	7
Social networking or messaging applications	79	68	80	62	76
Text messaging	70	58	34	60	45*
Phone call	43	40	29	30	30
Grew/made my own	-	-	-	-	0
Other	0	0	0	-	0
Means of obtaining drugs in the last 12 months^~	N=100	N=103	N=98	N=98	N=97
Face-to-face	99	95	94	95	99
Collection point	8	23	11	38	23*
Post	14	16	13	17	11
% Source of drugs in the last 12 months^	N=100	N=101	N=98	N=99	N=97
Friend/relative/partner/colleague	8	76	82	75	78
Known dealer/vendor	20	73	74	78	71
Unknown dealer/vendor	55	45	38	30	30

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. ~ The face-to-face response option in 2021 was combined by those responding, 'I went and picked up the drugs', 'The drugs were dropped off to my house by someone' and/or 'Was opportunistic – I arranged and collected at the same time (e.g., at an event/club.)' The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.