



SOUTH AUSTRALIAN DRUG TRENDS 2020

**Key Findings from the South Australian Ecstasy and
related Drugs Reporting System (EDRS) Interviews**



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

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

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

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Research Team

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

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- Tanya Wilson and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
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- Catherine Daly, Dr Jennifer Juckel, Leith Morris, Dr Natalie Thomas and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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

Contributors

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

Abbreviations

4-AcO-DMT	<i>4-Acetoxy-N,N</i> -dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	<i>5-methoxy-N,N</i> -dimethyltryptamine
ACT	Australian Capital Territory
AIVL	Australian Injecting and Illicit Drug Users League
Alpha PVP	α -Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HR	Harm reduction
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
SD	Standard deviations
SA	South Australia
UNSW	University of New South Wales
WHO	World Health Organisation

Executive Summary

The South Australia (SA) 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 Adelaide, SA. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from April-June: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were also delivered via phone/videoconference rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

The SA EDRS sample (N=101) recruited from Adelaide, South Australia, was very similar to the sample in 2019 and in previous years; the sample comprised predominantly young, educated males (63%), most of whom were living in a rental house/flat (49%) or residing with their parents/at their family home (40%) at the time of interview. Ecstasy and cannabis were the drugs of choice (31% and 28%, respectively), and were also the drugs used most often in the preceding month (18% and 52%, respectively) in 2020.

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Nine per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, the vast majority of participants (97%) had practiced social distancing and 87% had undergone home isolation. Ecstasy was reported by 39% of participants as the drug most used in February 2020 (before COVID-19 restrictions), and by 18% in the month prior to interview. In contrast, cannabis and alcohol were reported by 37% and 9%, respectively, as the drug most used in February, and 52% and 13%, respectively, in

the month prior to interview. Overall, most participants reported no change in their use of various drugs, though 45% of participants reported a perceived decrease in ecstasy/MDMA and alcohol (40%) since March. The primary reason for a decrease in use of ecstasy/MDMA and alcohol comprised 'fewer opportunities to be with people or to go out'. An increase in cannabis use was observed for two-fifths of consumers (44%), mainly cited as arising due to 'boredom/less things to occupy time' and 'more time to use the drug'. Most participants reported drug availability as stable, although cocaine and crystal methamphetamine were most commonly cited as drugs which had decreased in availability (44% and 42%, respectively). Two-fifths (42%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, 36% reported 'similar' and 23% reported their mental health as 'better'. Over one-tenth (13%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. Two-thirds (67%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Ecstasy

The ecstasy market has diversified over the past few years, with the per cent reporting any recent (i.e. past six month) use of any ecstasy pills and powder declining and use of capsules increasing (52%, 37%, and 83% of the SA sample, respectively). Though ecstasy crystal has increased since the commencement of monitoring in 2013, a significant decline was observed in 2020 (59%; 78% in 2019). Median days decreased in 2020 from 18 days in 2019 to 10 days. A decrease was observed in the per cent reporting capsules, crystal and powder as being 'very easy' to obtain.

Methamphetamine

Recent use of any methamphetamine has been declining amongst the SA sample since the commencement of monitoring, with 26% reporting any recent use in 2020, the lowest

percentage over the course of monitoring. Over one-third (35%) of recent consumers reported weekly or more frequent use in 2020. Whilst the recent use of powder has generally declined over the course of monitoring, a further significant decrease in recent use transpired in 2020 (6%; 16% in 2019). Significantly fewer participants perceived crystal methamphetamine to be 'very easy' to obtain in 2020 (58%), relative to 2019 (84%).

Cocaine

Recent use of cocaine has increased over the years of monitoring, with the second largest per cent reporting any recent use recorded in 2020 (69%; 71% in 2019). Nine per cent of recent consumers reported weekly or more frequent use. The median price of a gram of cocaine was reported as \$350 in 2020.

Cannabis

At least three in four participants have reported any recent use of cannabis each year since monitoring commenced. Eighty-nine per cent of participants reported recent use in 2020, stable from 2019, though frequency of use significantly declined from 145 days in 2019 to 85 days in 2020. Significantly fewer participants (27%) reported using cannabis on a daily basis, relative to 2019 (49%).

Ketamine and LSD

Recent use of both ketamine and LSD remained stable in 2020, relative to 2019. Almost one-third (32%) and over half (52%) of the SA sample reported any recent use in 2020, respectively. Significantly fewer participants in 2020 perceived ketamine to be 'high' in purity compared to 2019.

New Psychoactive Substances (NPS)

One-quarter (25%) reported recent use of any NPS in 2020. DMT and any class of the 2C substance were the most common recently used NPS in 2020 (13% and 7%, respectively).

Other Drugs

Reported recent use of non-prescribed benzodiazepines increased significantly in 2020 (52%; 30% in 2019), as did the per cent reporting any recent amyl nitrite use (47%; 31% in 2019). The per cent reporting any recent use of hallucinogenic mushrooms doubled since monitoring commenced in 2005 (14%; 30% in 2020), although use was infrequent. Alcohol and tobacco use were common amongst the sample, with 48% of recent tobacco consumers reporting daily use. Over one-third (34%) of the sample reported recent use of e-cigarettes, though over two-thirds (68%) of recent consumers reported that they did not use e-cigarettes as a smoking cessation tool, a significant increase from 45% in 2019.

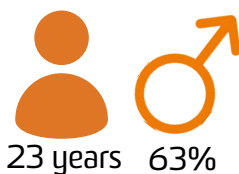
Drug-Related Harms and Other Associated Behaviours

Over three-quarters (77%) of the sample obtained a score of eight or more on the AUDIT, indicative of hazardous alcohol use. Thirty per cent reported a non-fatal stimulant overdose, and 32% reported a non-fatal depressant overdose in the past year. The per cent reporting injecting drug use remained low, as did the number currently in drug treatment. Half the sample (50%) self-reported that they had experienced a mental health problem in the preceding six months, the most common problems being depression and anxiety. Any criminal activity significantly declined in the month preceding interview, from 47% in 2019 to 29% in 2020. Whilst drug dealing remained to be the main form of self-reported criminal activity in 2020, this also significantly declined, from 38% in 2019 to 19% in 2020. Interestingly, the majority of participants (96%) reported face-to-face obtainment of illicit drugs on any occasion in the 12 months preceding interview. There was, however, an increase in those receiving illicit drugs via a collection point, compared with 2019 (25%; 12% in 2019).

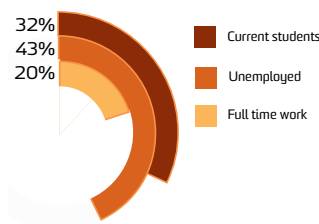
2020 SOUTH AUSTRALIA SAMPLE CHARACTERISTICS



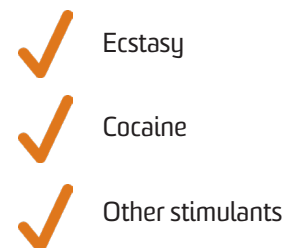
In 2020, 101 people from Adelaide, SA, participated in EDRS interviews.



The median age in 2020 was 23, and 63% identified as male.

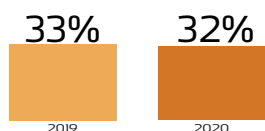


In the 2020 sample, 32% were enrolled students, 43% were unemployed, and 20% were employed full time.

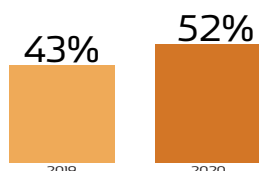


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

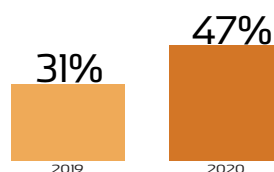
OTHER DRUGS



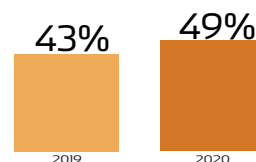
Past 6 month use of ketamine was stable at 33% in 2019 and 32% in the 2020 EDRS sample.



Past 6 month use of LSD increased from 43% in 2019 to 52% in 2020.



Past 6 month use of any amyl nitrite increased from 31% in 2019 to 47% in 2020.

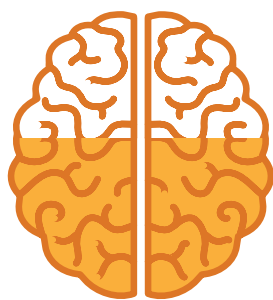


Past 6 month use of any nitrous oxide (nangs) was stable from 2019 (43%) to in 2020 (49%).

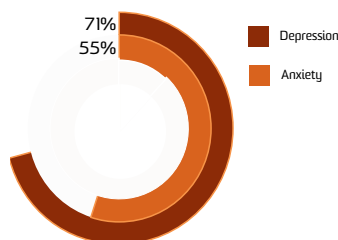
DRUG TREATMENT AND MENTAL HEALTH



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



Half of the sample (50%) self-reported that they had experienced a mental health problem in the previous 6 months.

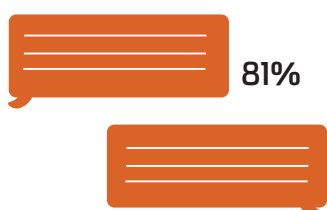


Of those who commented, the most common self-reported mental health concern was depression (71%), followed by anxiety (55%).

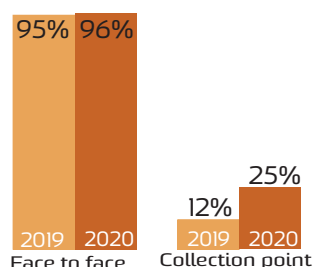


Of those self-reporting a mental health problem, 66% reported seeing a mental health professional in the previous 6 months (33% of the entire sample).

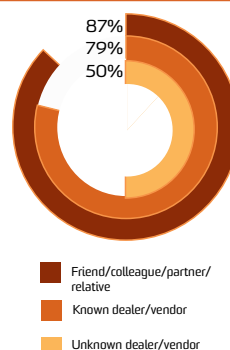
MODES OF PURCHASING



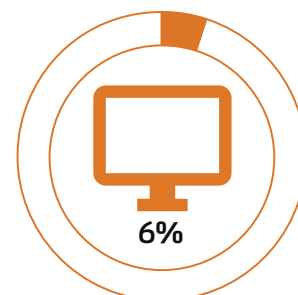
In 2020, 81% of participants organised the purchase of illicit or non-prescribed drugs via social networking.



When asked about how they received drugs, 96% said face to face, and 25% said via a pre-arranged collection point.

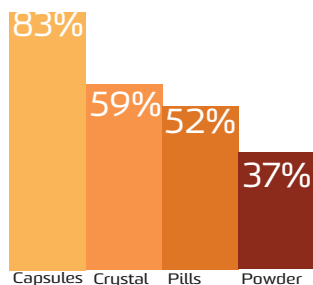


The majority of participants reported obtaining drugs from someone they knew personally (87%).

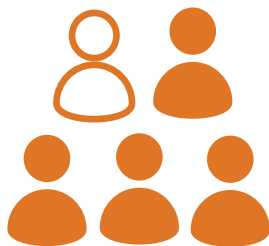


In 2020, 6% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

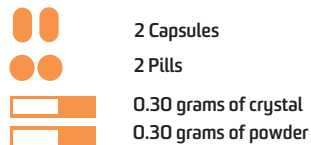
ECSTASY



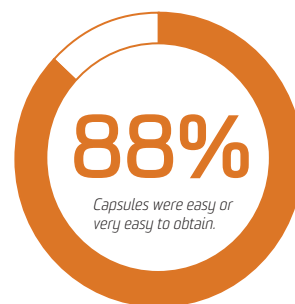
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.



Of those who had recently consumed ecstasy, 1 in 5 (20%) used it weekly.



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

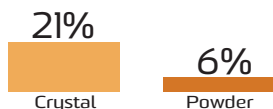


Of those who could comment 88% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

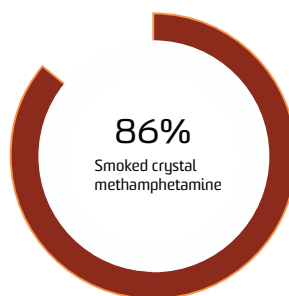
METHAMPHETAMINE



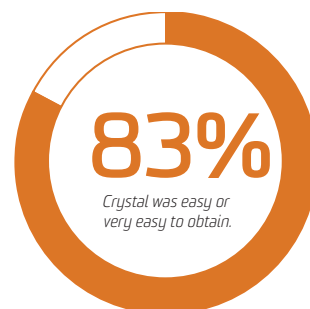
Past 6 month use of any methamphetamine decreased from 34% in 2019 to 26% in 2020.



Of the entire sample, 6% had recently consumed powder, and 21% crystal methamphetamine.



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

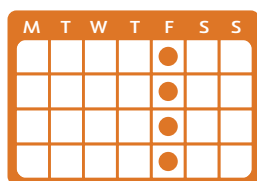


Of those who could comment 83% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



Past 6 month use of any cocaine was stable at 71% in 2019 and 69% in 2020.

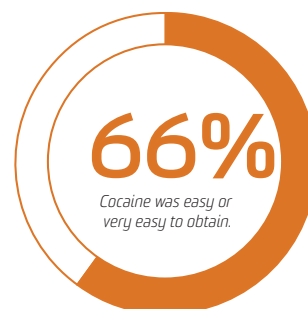


9%

Of people who had consumed cocaine recently, 9% reported weekly or more frequent use.

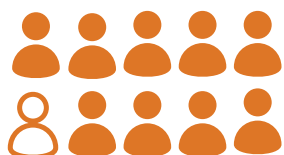


Of people who had consumed cocaine in the last 6 months, 100% had snorted it.

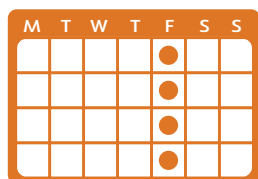


Of those who could comment 66% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



Past 6 month use of any cannabis increased from 82% in 2019 to 89% in 2020.

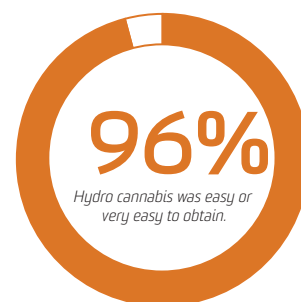


66%

Of those who had consumed cannabis recently, over half (66%) reported weekly or more frequent use.



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



Of those who could comment 96% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

The [Ecstasy and Related Drugs Reporting System \(EDRS\)](#) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of [Drug Trends](#). The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine.

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS. It should also be noted that data collected in 2020 occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

Methods

EDRS 2003-2019

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), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

In 2019, a total of 797 participants were recruited across capital cities nationally (April-July, 2019), with 100 participants interviewed in Adelaide, SA during April-June 2019. One-fifth (21%) of the 2019 SA sample completed the interview in 2018.

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

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

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and

5. Additional interview content: The interview was shortened to ease the load on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 101 participants interviewed in Adelaide, SA during April-June 2020. Fourteen per cent of the 2020 SA sample completed the interview in 2019.

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). 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 Adelaide, South Australia, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

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

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier bulletins released based on EDRS 2020 findings.

Additional Outputs

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

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

1

Sample Characteristics

In 2020, the South Australia (SA) EDRS sample was mostly similar to the sample in 2019 and in previous years (Table 1).

Over three-fifths of the 2020 sample was male (63%; 69% in 2019; $p=0.399$), with a median age of 23 years (IQR=19-28; 22 years in 2019; IQR=19-25; $p=0.041$).

Almost half of the 2020 sample reported living in a rented house/flat (49%; 46% in 2019; $p=0.721$), with most of the remaining participants living with their parents/in their family house (40%; 48% in 2019; $p=0.230$).

One-third (32%) were current students (36% in 2019; $p=0.518$), whereby 21% were studying at university/college and 11% were undergoing a trade/technical qualification (16% in 2019; $p=0.381$ and 20% in 2019; $p=0.074$, respectively).

One-fifth (20%) reported being employed full-time (22% in 2019; $p=0.702$) and 43% reported being unemployed at the time of interview (38% in 2019; $p=0.509$).

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

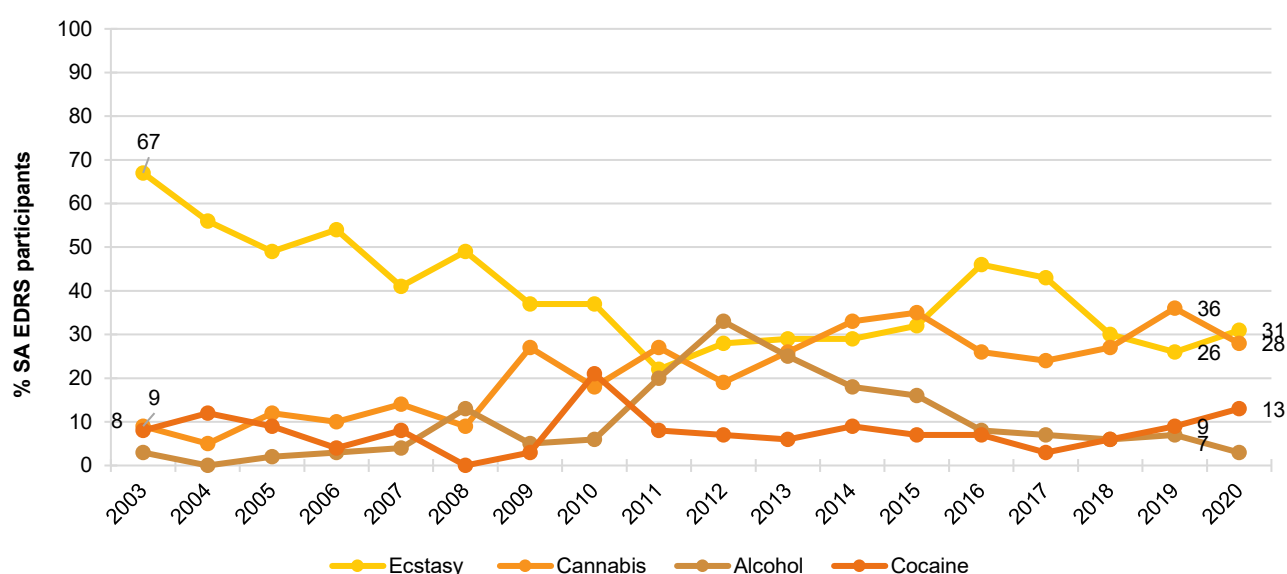
	National 2020 N=805	SA 2020 N=101	SA 2019 N=100	SA 2018 N=100	SA 2017 N=100	SA 2016 N=100
Median age (years; IQR)	22 (19-27)	23* (19-28)	22 (19-25)	21 (18-28)	20 (19-22)	19 (18-21)
% Male	61	63	69	70	60	61
% Aboriginal and/or Torres Strait Islander	4	-	-	7	-	-
% Sexual identity						
Heterosexual	83	84	81	84	87	80
Homosexual	3	0*	6	0	-	-
Bisexual	10	11	10	10	11	-
Queer	3	-	-	/	/	/
Different identity	2	-	-	-	0	-
Mean years of school education (range)	12 (7-12)	12 (9-12)	11 (8-12)	11 (8-12)	12 (7-12)	12 (9-12)
% Post-school qualification(s)^	51	60	62	53	40	44
% Current employment status						
Employed full-time	26	20	22	21	18	23
Part time/casual	35	30	/	/	/	/
Self-employed	5	8	/	/	/	/

	National 2020	SA 2020	SA 2019	SA 2018	SA 2017	SA 2016
Students	47	32	36	8	34	39
Unemployed	35	43	38	30	7	10
Current median weekly income \$ (IQR)	(N=771) \$600 (400-923)	(N=95) \$550 (345-800)	(N=93) \$460 (250-750)	(N=98) \$552 (358-800)	(N=100) \$625 (370-1075)	(N=93) \$450 (200-875)
% Current accommodation						
Own house/flat	5	9*	-	-	-	6
Rented house/flat	50	49	46	41	39	28
Parents'/family home	40	40	48	47	53	63
Boarding house/hostel	2	0	0	-	0	0
Public housing#	2	-	-	-	/	/
No fixed address+	1	0	-	-	0	-
Other	-	0	0	0	-	-

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

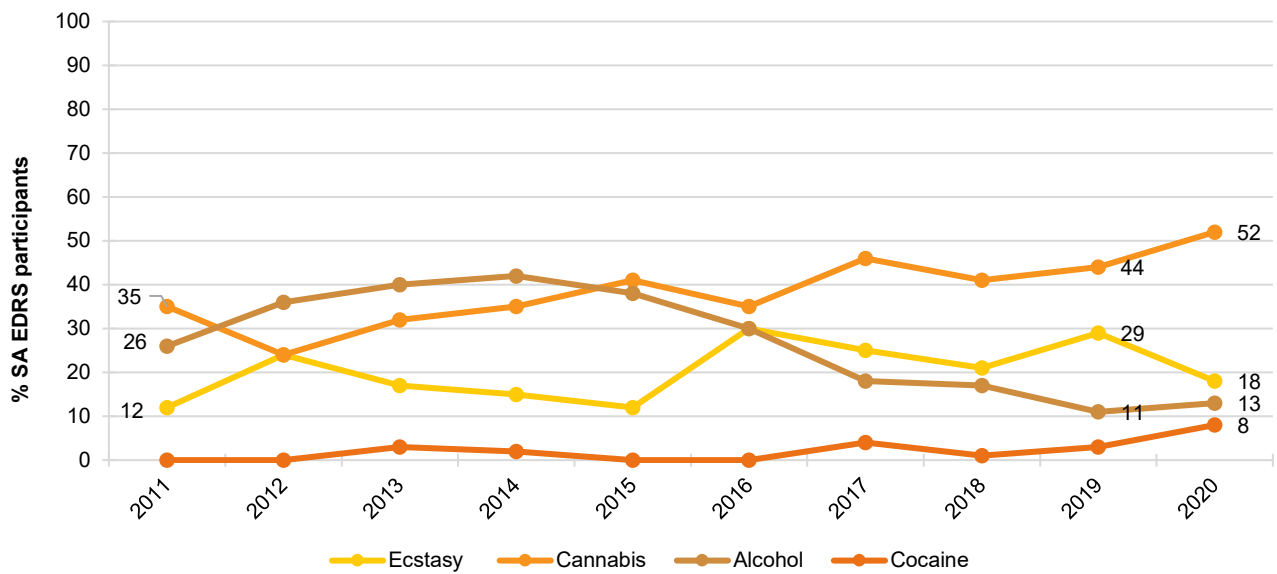
Participants typically reported that ecstasy (31%; 26% in 2019; $p=0.460$) or cannabis (28%; 36% in 2019; $p=0.208$) were their drugs of choice in 2020 (Figure 1). Cannabis and ecstasy were also the drugs used most often in the month preceding interview (52%; 44% in 2019; $p=0.288$ and 18%; 29% in 2019; $p=0.061$, respectively; Figure 2). Over one-fifth (21%) of the sample reported weekly or more frequent ecstasy use (42% in 2019; $p=0.001$), whereas 6% of participants reported weekly or more frequent cocaine use (10% in 2019; $p=0.288$) (Figure 3).

Figure 1: Drug of choice, South Australia, 2003-2020



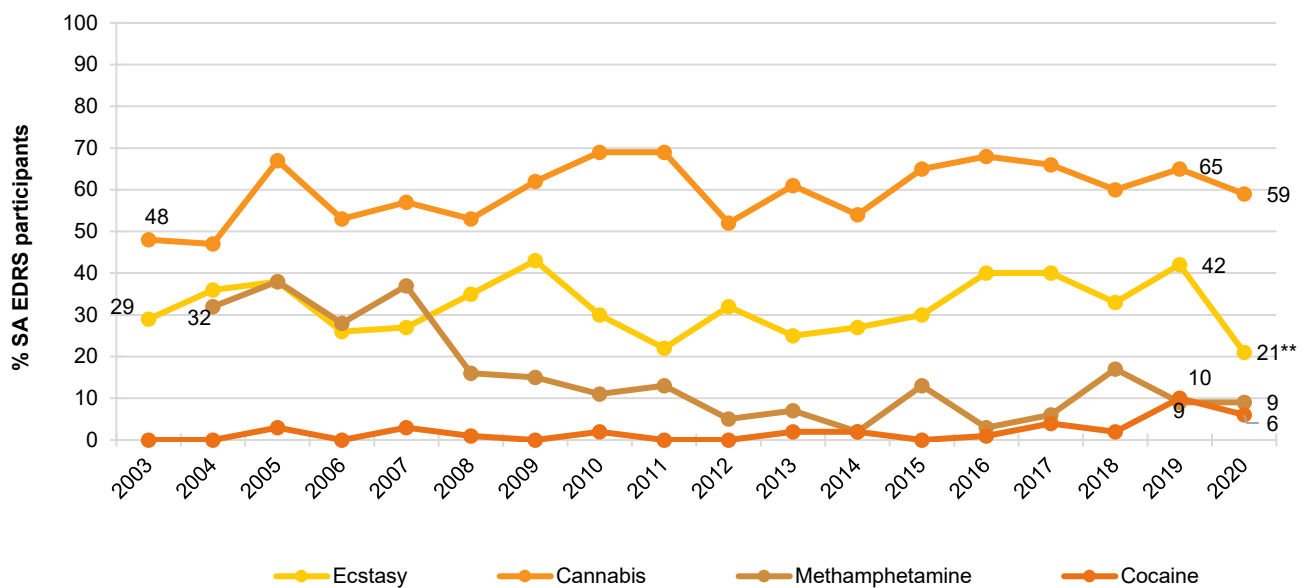
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n\leq 5$ but not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

Figure 2: Drug used most often in the past month, South Australia, 2011-2020



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2020 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, South Australia, 2003-2020



Note. Computed from the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

2

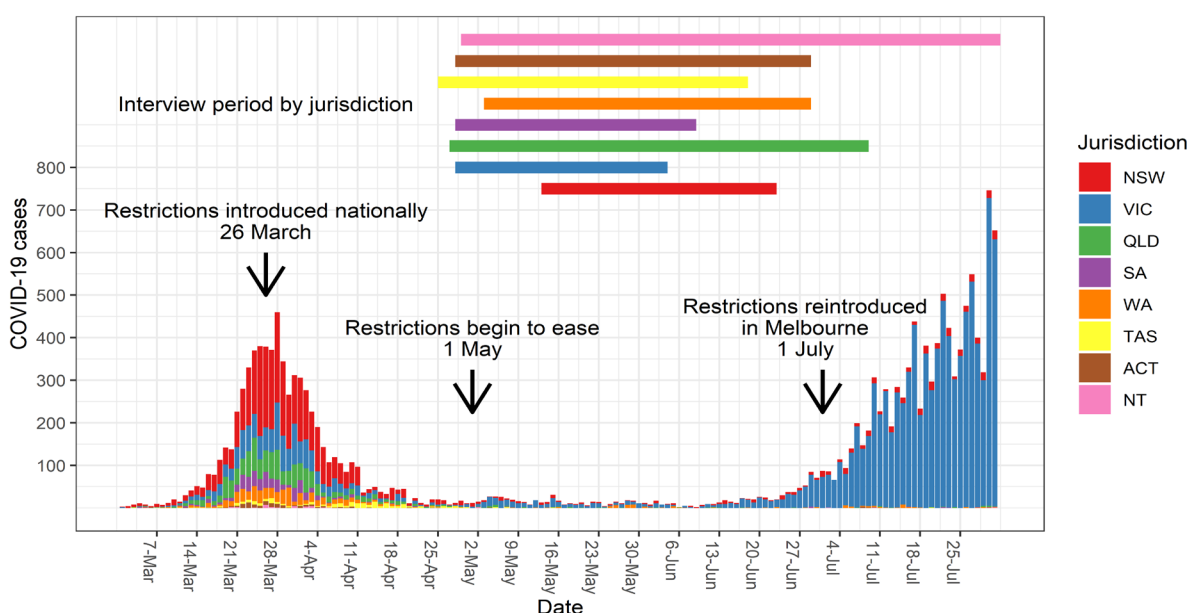
COVID-19

Background

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

South Australia observed its first two cases of COVID-19 on 2nd February 2020. A few weeks later, on 15th March 2020, a public health emergency was declared in South Australia, though a 'major emergency' was declared one week later on 22nd March, giving the police power to enforce self-isolation rules. The South Australian border closed on 24th March and those arriving in South Australia following the border closure were required to sign a declaration that they would self-isolate for 14 days and provide an address to the police. A peak of 38 new cases was observed on 26th March, bringing the states total to 235 cases since 2nd February 2020. Following this, on 27th March, a direction was made to prohibit gatherings of more than 10 people, and a limit of one person per 4 square metres. Restrictions began to ease from 11th May, and on 15th May, South Australia became the second jurisdiction, following the ACT, to be free of any active cases.

Figure 4: Timeline of COVID-19 in Australia and EDRS data collection period, 2020



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

Methods

EDRS interviews in South Australia commenced on 28th April and concluded on 9th June 2020.

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

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

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

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

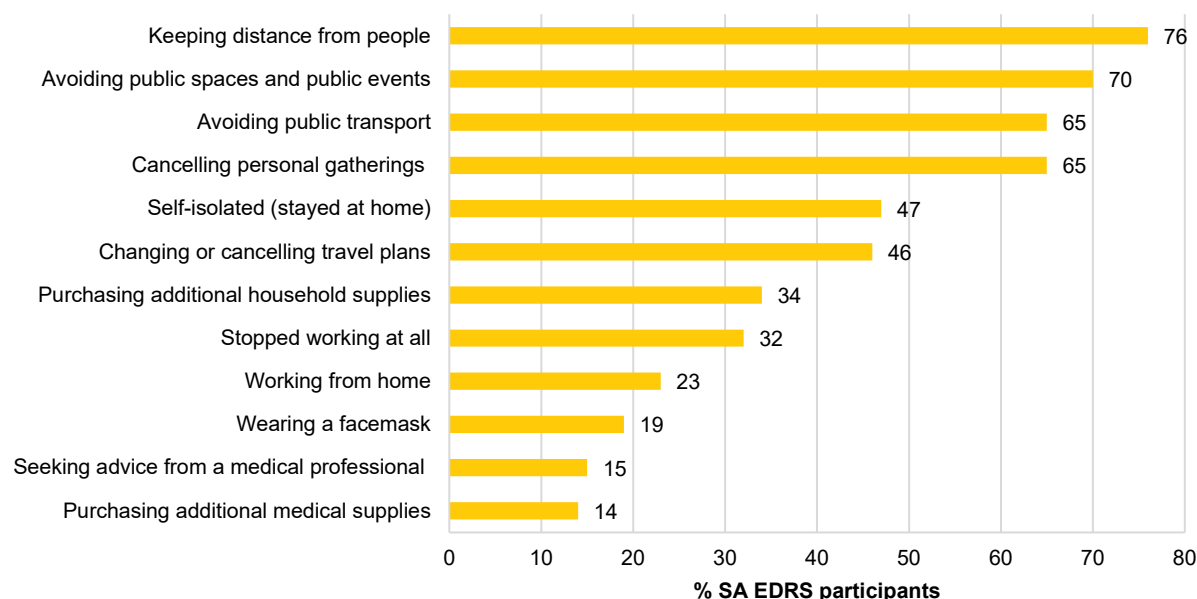
COVID-19 Testing and Diagnosis

Just under one-tenth (9%) of the sample had been tested for SARS-CoV-2 by the time of interview, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (67%) responded 'not at all', and over one-quarter (26%) were 'slightly' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the vast majority of participants (97%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 87% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A smaller percentage (12%) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19. Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported keeping distance from other people (76%), avoiding public spaces and events (70%), and avoiding public transport (65%)

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



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

Housing. Almost half (49%) of the sample reported living in a rental house/flat at the time of interview, with a further 40% residing with parents/at their family house. Over one-tenth (11%) of participants reported that their living situation had changed since the beginning of March, and of these participants ($n=11$), the majority (82%) reported that they were living in a rented house/flat in the month of February, before COVID restrictions. As to why participants' living situation had changed, low numbers ($n \leq 5$) responded, therefore, numbers are suppressed.

Employment and Income. Under two-fifths (38%) of the sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants ($n=38$), in the month of February, 92% were receiving a wage/salary and 21% were receiving a government pension (e.g., New Start/Jobseeker). Of those not receiving a wage or salary ($n=50$) during the month prior to interview, over one-third (36%) had been stood down temporarily because of COVID-19 (though were expecting employment in the future). Eighteen per cent were non-working students, and 12% were seeking employment since before COVID-19.

When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 30% of participants reported that they were receiving more income, 36% reported less income, and 35% reported a similar amount of income (Table 2).

Over one-third (34%) of participants reported experiencing financial difficulty during the past month; most commonly reported difficulties were being unable to pay household or phone bills on time (17%), being unable to buy food (11%) and 7% could not pay the mortgage or rent on time. Furthermore, over one-fifth (22%) of the sample reported asking for financial help from friends or family and 8% reported asking for help from welfare or community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, South Australia, 2020

South Australia 2020	
N=101	
% Change in source of income since March 2020 (since COVID-19 restrictions)	38
% Change in total income in the past month compared to February	n=98
More money	30
Less money	36
About the same	35
% Financial difficulties in the past month#	n=101
Could not pay household or phone bills on time	17
Could not pay the mortgage or rent on time	7
Requested deferred payment of mortgage/rent/loan	-
Unable to buy food or went without meals	11
Unable to heat/air-condition house	-
Asked for financial help from friends or family	22
Asked for help from welfare or community organisations	8
Difficulty paying for medicines	-
Difficulty paying for medical treatment	-

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

Drug Use

Main drug used. Over one-third (35%) of participants reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020. Of these participants (n=35), the main transitions cited were from MDMA/ecstasy to cannabis (31%), MDMA/ecstasy to alcohol (14%) and MDMA/ecstasy to cocaine (9%) (Table 3).

Frequency of drug use. Over half of the sample (57%) reported using ecstasy and related drugs less in the month prior to interview as compared to February, 2020; 8% reported greater frequency of use, and 14% reported stable frequency (Table 3).

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

South Australia 2020		
	February	Past month
% Drug used most often in that month	N=101	N=101
Ecstasy	39	18***
Cannabis	37	52***
Alcohol	9	13***
Cocaine	8	8
Other	7	8
% reporting change in drug used most often from February to past month [^]	Overall: 35	
% Frequency of ecstasy and related drug use in that month	N=101	N=101
Not in the month	21	-***
Monthly	16	9
Fortnightly	23	33
Weekly	23	33
More than once per week	16	19
Once a day	-	-
More than once per day	-	-
% reporting decrease in frequency	Overall: 58	
% reporting increase in frequency	Overall: 15	
% reporting stable frequency	Overall: 28	

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

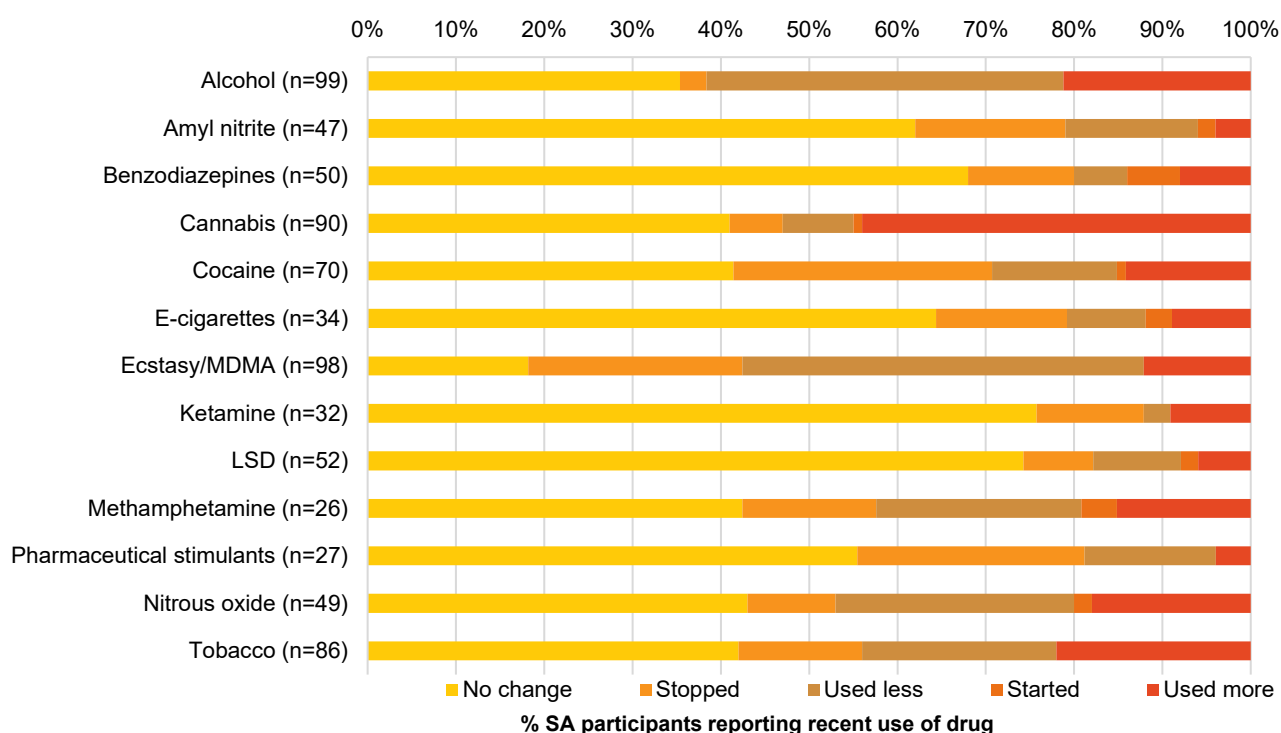
Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 6).

Most commonly, participants reported a decrease in use (i.e., stopping or using less) of ecstasy/MDMA (45%) and alcohol (40%), an increase in use (i.e., starting or using more) for cannabis (44%); and no change for most other drugs, including LSD (75%), ketamine (75%), benzodiazepines (68%), e-cigarettes (65%) and amyl nitrite (62%).

The primary reason cited for decreasing use of ecstasy/MDMA and alcohol was 'fewer opportunities to be with people/go out' (88% and 84%, respectively). Other commonly endorsed reasons were 'didn't feel like using the drug' and 'worried about effects on mental health'.

The primary reasons why participants increased their cannabis use comprised 'boredom/less things to occupy time' (76%), followed by 'more time to use the drug' (46%).

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



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

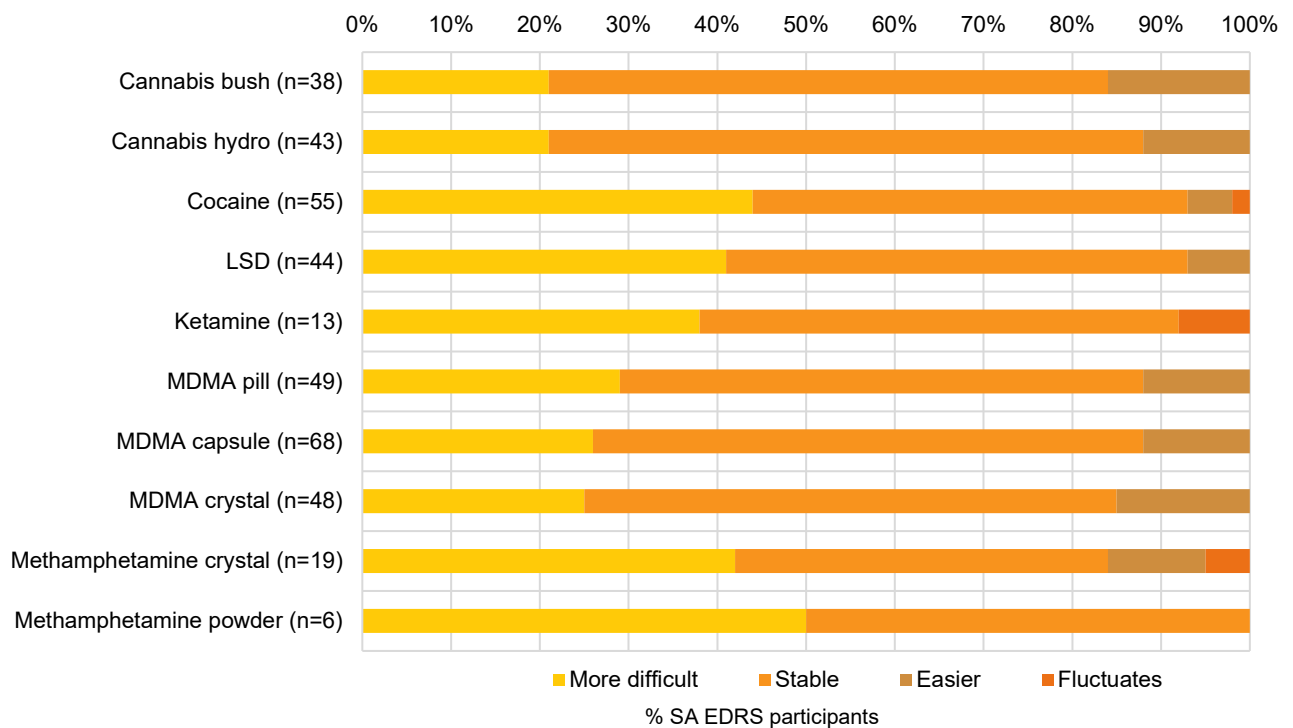
Price, Perceived Purity and Availability

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

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. For most drugs, participants reported that availability was stable (Figure 7), however, cocaine and crystal methamphetamine were most commonly cited as drugs which had decreased in availability (44% and 42%, respectively).

Participants were also asked about level of concern about being able to access illicit drugs. Almost one-quarter (23%) of participants reported concerns about not being able to access illicit drugs due to COVID-19 and associated restrictions, 13% were 'somewhat concerned' and 7% were 'moderately concerned'.

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

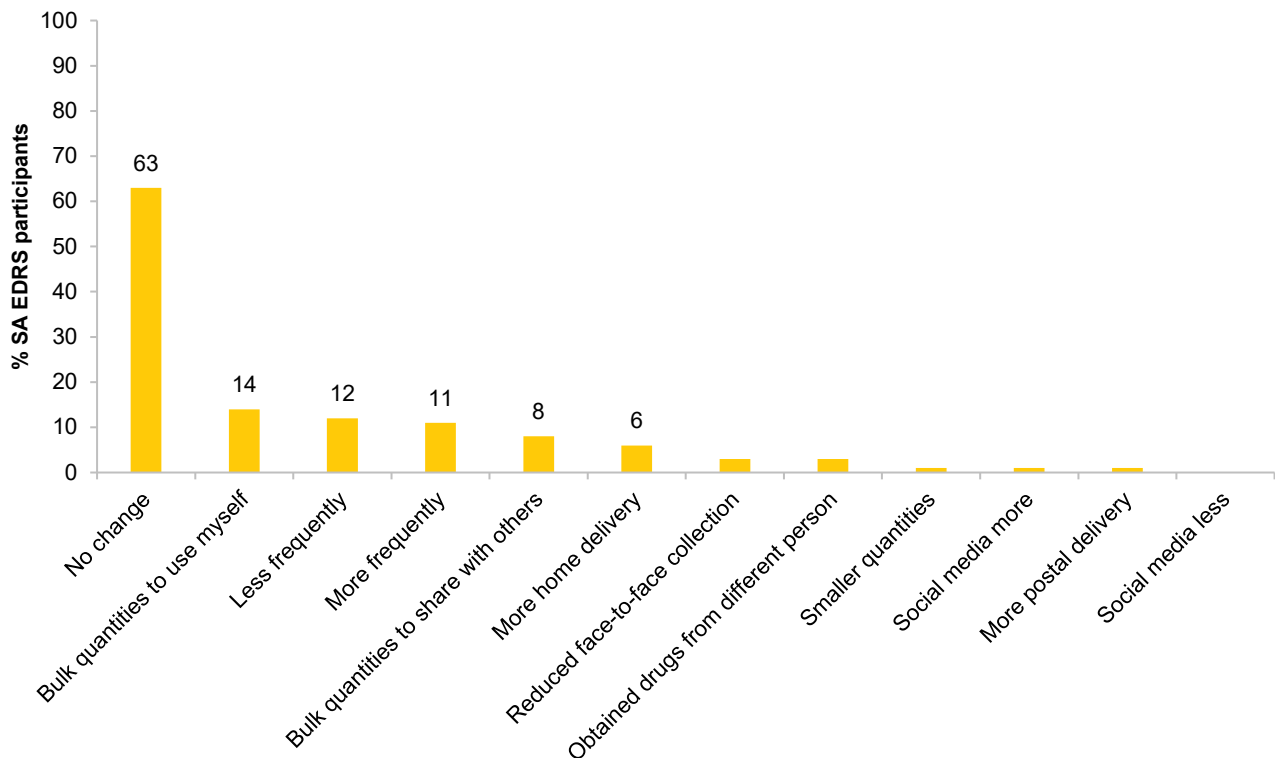


Note. The response 'Don't know' was excluded from analysis.

Drug Purchasing Behaviours

Almost two-thirds (63%) of participants reported no change in means of obtaining drugs (Figure 8). However, 14% of the sample obtained drugs in 'bulk quantities to use myself', 12% 'obtained drugs less frequently', 11% 'obtained drugs more frequently', 8% 'obtained drugs in bulk quantities to share with others' and 6% 'arranged for more home delivery'.

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



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

Risk and Protective Behaviours

Overdose. Almost one-third (30%) of participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months; 73% experienced this prior to March and 23% since March. Small numbers ($n \leq 5$) reported experiencing this both before and since March, 2020.

Similarly, 29% of participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months, with two-thirds (66%) of participants experiencing this prior to March. Small numbers ($n \leq 5$) reported experiencing a non-fatal overdose following alcohol use since the beginning of March and both before and since March, 2020.

Drug and alcohol support. Almost one-quarter (24%) of the sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and only a small percentage (7%) of participants reported difficulties accessing these services since March, 2020 (since COVID-19 restrictions).

Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February, 42% of participants rated their mental health as being 'worse', 36% reported 'similar' and 23% reported their mental health as 'better'.

Crime. Nine per cent of the sample reported committing a property crime during the past month, and 6% reported committing the same offence in February. Drug dealing remained stable, with 19% and 20% of participants reporting drug dealing during the past month and in February, respectively.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Over one-tenth (13%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19

or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were online forums (8%) and social media (6%).

Two-thirds (67%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

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

	SA 2020 (n=101)
Washed hands with soap/sanitiser before handling drugs or money	44
Avoiding sharing other drug use equipment with other people	30
Stocked up on illicit/non prescribed drugs	23
Wiped down drug packages/wraps with soap/sanitiser	14
Avoided smoking/vaping drugs	14
Prepared drugs yourself	13
Stocked up on prescription medicines prescribed to you	7
Avoided sharing needles/syringes with other people	-
Stocked up on sterile needles/syringes	0
Stocked up on other sterile drug use equipment	0
Home delivery of sterile drug use equipment from a HR service	0
Obtained take-home naloxone/narcan	0

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

3

Ecstasy/MDMA

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

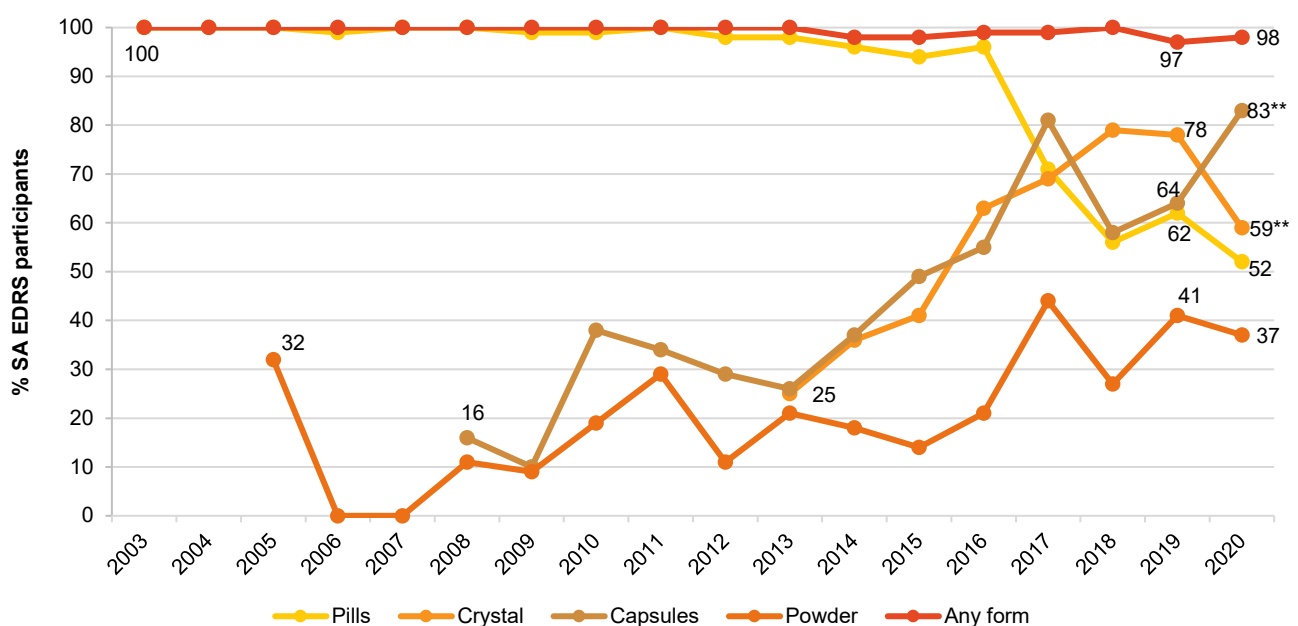
Recent Use (past 6 months)

In 2020, nearly all participants (98%) reported use of any ecstasy in the past six months, consistent with previous years (Figure 9) and reflecting the eligibility criteria (see [methods for the annual interviews](#)). Whilst there has been a shift over time to greater use of MDMA crystal, a sharp decrease was observed in 2020, with a contrasting increase in ecstasy capsules. Ecstasy pills and powder continued to decline (discussed further below).

Frequency of Use

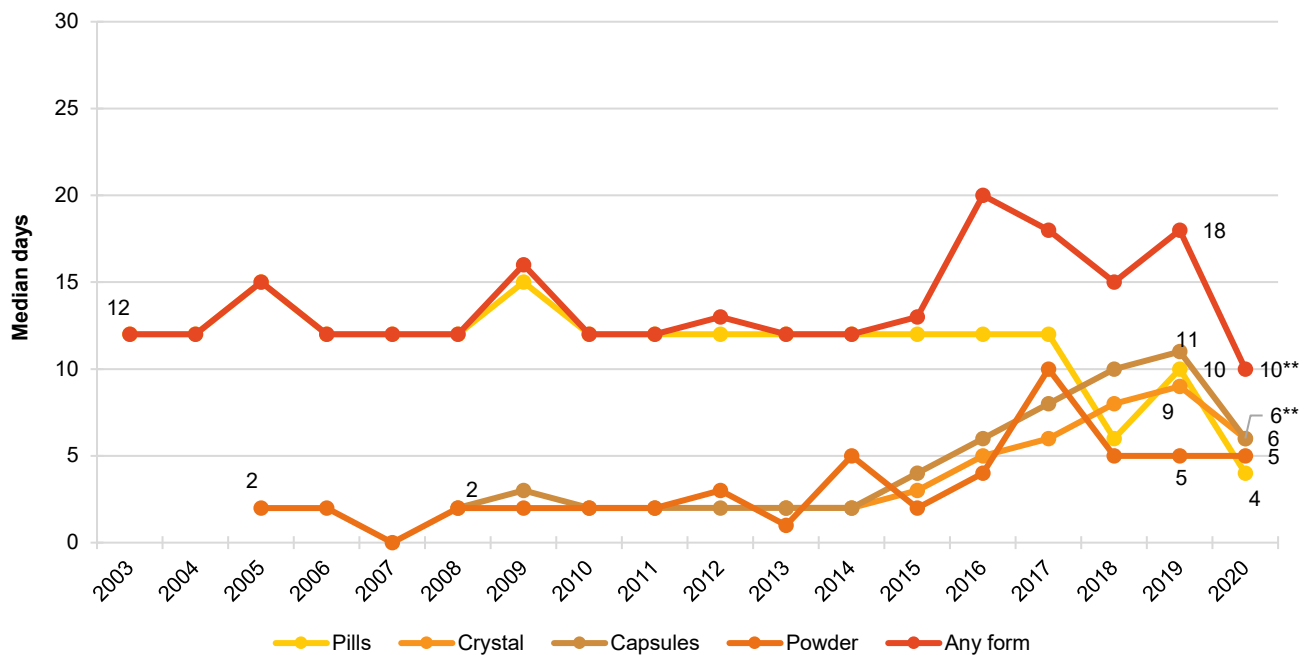
Participants reported using ecstasy (in any form) on a median of 10 days (IQR=6-21; n=94), equivalent to less than fortnightly use in the preceding six months (18 days in 2019, IQR=10-30; $p=0.001$). Among those that reported recent use (n=98), weekly or more frequent use of any form of ecstasy declined significantly, relative to 2019 (20%; 42% in 2019; $p=0.001$) (Figure 10).

Figure 9: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, South Australia, 2003-2020



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, South Australia, 2003-2020



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported past 6-month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): The per cent reporting recent use remained stable in 2020 at 52%, relative to 2019 (62%; $p=0.153$) (Figure 9).

Frequency of Use: Participants reported using pills on a median of four days in 2020 (IQR=2-7), a significant decline from 2019 (10 days, IQR=3-24; $p<0.001$) (Figure 10). A small number ($n\leq 5$) who had recently consumed ecstasy pills reported weekly or more frequent use in 2020; therefore, these data are suppressed (27% in 2019; $p<0.001$).

Routes of Administration: The most common route of administration continued to be swallowing (94% versus 98% in 2019; $p=0.230$), followed by snorting (29%; 32% in 2019; $p=0.694$).

Quantity: In a 'typical' session, the median number of pills used was two (IQR=1-3; $n=52$) in 2020 (2 pills in 2019; IQR=2-3; $n=61$; $p=0.011$). The median maximum number of pills used in a session was three (IQR=1-4; $n=52$; 5 pills in 2019; IQR=3-15; $n=59$; $p<0.001$).

Ecstasy Capsules

Recent Use (past 6 months): Capsules were the most common form of ecstasy used in SA in 2020, with over four-fifths (83%) of the total sample reporting recent use in 2020, a significant increase from 64% in 2019 ($p=0.002$) (Figure 9).

Frequency of Use: Participants reported consuming capsules on a median of six days in 2020 (IQR=2-12), a significant decline from 2019 (11 days; IQR=4-24; $p=0.004$) (Figure 10). Among those who recently consumed capsules, 13% reported weekly or greater use in 2020 compared to 31% in 2019 ($p=0.009$).

Routes of Administration: The majority of recent consumers reported swallowing (98%; 95% in 2019; $p=0.450$), followed by snorting (19%; 31% in 2019; $p=0.094$).

Quantity: The median quantity of capsules used in a 'typical' session was two (IQR=1-3;

$n=83$) in 2020 (3 in 2019; IQR=2-4; $n=63$; $p=0.011$) and the median for the maximum amount used was three capsules (IQR=2-6; $n=82$; five in 2019; IQR=3-8; $n=61$; $p<0.001$).

Contents of Capsules: Of those participants who had recently used capsules, most (73%) reported crystal being among the contents the last time they had used the substance, whilst 38% reported powder being among the contents. Few participants ($n\leq 5$) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Fifty-nine per cent of the SA sample reported recent use of crystal in 2020, a significant decrease from 78% in 2019 ($p=0.004$) (Figure 9).

Frequency of Use: Participants reported using crystal on a median of six days (IQR=2-10) in 2019, a decline from nine days in 2019 (IQR=3-20; $p=0.023$) (Figure 10). A small number ($n\leq 5$) who had recently consumed crystal reported weekly or more frequent use in 2020; therefore, these data are suppressed (23% in 2019; $p=0.021$).

Routes of Administration: Almost four-fifths (78%) of recent consumers reported swallowing crystal (80% in 2019; $p=0.587$), followed by 63% of participants who reported snorting (53% in 2019; $p=0.926$).

Quantity: The median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; $n=47$) (0.40 grams in 2019; IQR=0.20-0.50; $n=57$; $p=0.305$). The median maximum amount of crystal used in 2020 was 0.40 grams (IQR=0.23-0.85; $n=45$; 0.80 grams in 2019; IQR=0.30-2.00; $n=56$; $p=0.017$).

Ecstasy Powder

Recent Use (past 6 months): Recent use of powder remained stable in 2020 (37%; 41% in 2019; $p=0.525$) (Figure 9).

Frequency of Use: Participants reported consuming powder on a median of five days (IQR=3-12) in 2020. This remained stable from five days in 2019 (IQR=2-22; $p=0.996$) (Figure 10). A small number ($n\leq 5$) who had recently consumed powder reported weekly or more

frequent use in 2020; therefore, these data are suppressed (24% in 2019; $p=0.054$).

Routes of Administration: The main route of administration has consistently been snorting (87%; 90% in 2019; $p=0.604$), with 46% reporting swallowing (37% in 2019; $p=0.401$).

Price, Perceived Purity and Availability

Ecstasy Pills

Price: The median price of a pill remained relatively stable, recorded as \$25 in 2019 (IQR=15-30; $n=63$) and \$25 in 2020 (IQR=20-30; $n=53$; $p=0.193$) (Figure 11).

Perceived Purity: Of those who responded in 2020 ($n=58$), over two-fifths (43%) perceived purity to be 'high' (44% in 2019; $p=0.961$) and under one-quarter (24%) perceived it to have fluctuated (21% in 2019; $p=0.677$) (Table 5).

Perceived Availability: Among those who were able to comment in 2020 ($n=55$), almost two-thirds (65%) reported that pills were 'easy' or 'very easy' to obtain, a decrease (though not significant) from 2019 (80%; $p=0.081$) (Table 5).

Ecstasy Capsules

Price: The reported median price of an ecstasy capsule was \$20 in 2020 (IQR=15-20; $n=71$) consistent with a median price of \$20 in 2019 (IQR=15-20; $n=66$; $p=0.820$) (Figure 11).

Perceived Purity: Among those who were able to comment in 2020 ($n=76$), over two-fifths (42%) perceived purity to be 'high' (35% in 2019; $p=0.366$), followed by 34% who perceived purity to be 'medium', stable from 2019 (36%; $p=0.799$) (Table 5).

Perceived Availability: Of those who responded in 2020 ($n=79$), almost half (47%) reported that capsules were 'easy' to obtain, a significant increase from 2019 (20%; $p<0.001$). In contrast, a further 41% of participants

Quantity: The median amount of powder used in a 'typical' session was 0.30 grams (IQR=0.20-0.50, $n=25$; 0.50 grams in 2019, IQR=0.20-0.50; $n=28$; $p=0.519$). The median maximum amount of powder used in 2020 was 0.60 grams (IQR=0.25-1.00, $n=25$; 0.90 grams in 2019; IQR=0.40-2.00; $n=28$; $p=0.180$).

reported that capsules were 'very easy' to obtain, a significant decrease from 77% in 2019 ($p<0.001$) (Table 5).

Ecstasy Crystal

Price: The median price of a gram of crystal remained stable in 2020 at \$150 (IQR=100-200; $n=27$; \$133 in 2019; IQR=100-150; $n=40$; $p=0.243$). The median price of a point of crystal remained unchanged from 2019 (\$20; IQR=19-83; $n=6$; \$20 in 2019; IQR=10-33; $n=10$; $p=0.401$) (Figure 12).

Perceived Purity: Of those who responded in 2020 ($n=55$), 47% perceived purity of crystal to be 'high' (55% in 2019; $p=0.382$). 'Medium' purity was reported by over one-fifth (22%) of participants, stable from 2019 (28%; $p=0.409$) (Table 5).

Perceived Availability: Among those who were able to comment in 2020 ($n=54$), 83% reported crystal as being 'easy' or 'very easy' to obtain (94% in 2019; $p=0.059$) (Table 5).

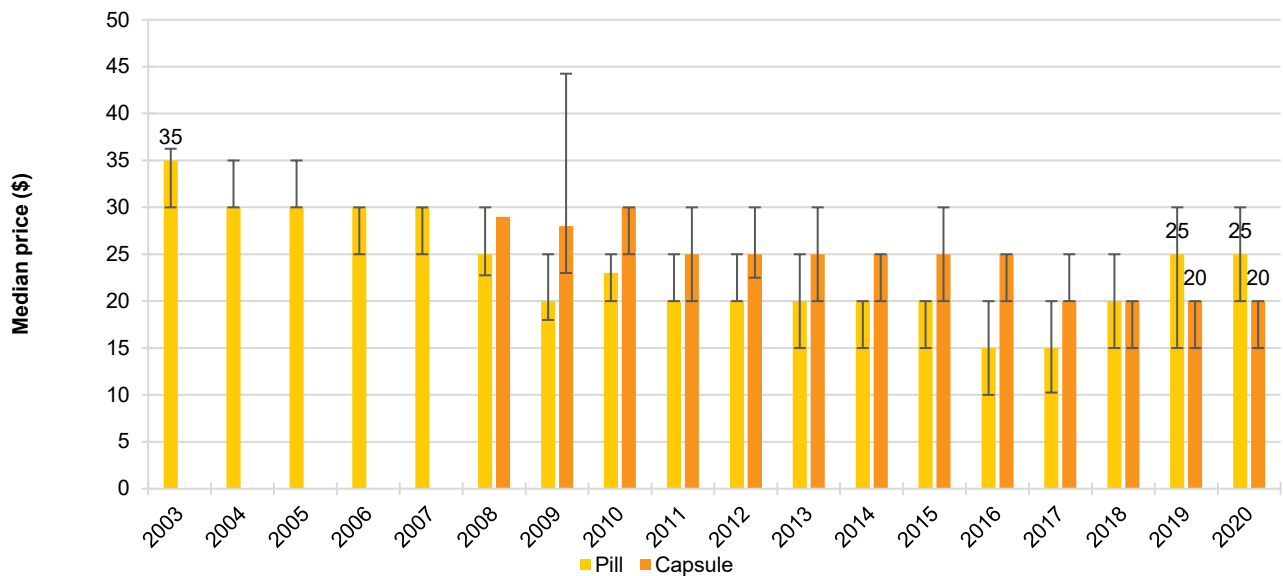
Ecstasy Powder

Price: A gram of ecstasy powder had a median price of \$140 in 2020 (IQR=100-150; $n=15$) similar to the median price of \$150 in 2019 (IQR=15-150; $n=13$; $p=0.387$) (Figure 12).

Perceived Purity: Among those who were able to comment in 2020 ($n=20$), half the sample (50%) perceived purity to be 'high', a significant increase from 2019 ($n\leq 5$ participants reporting; numbers are suppressed; $p=0.023$).

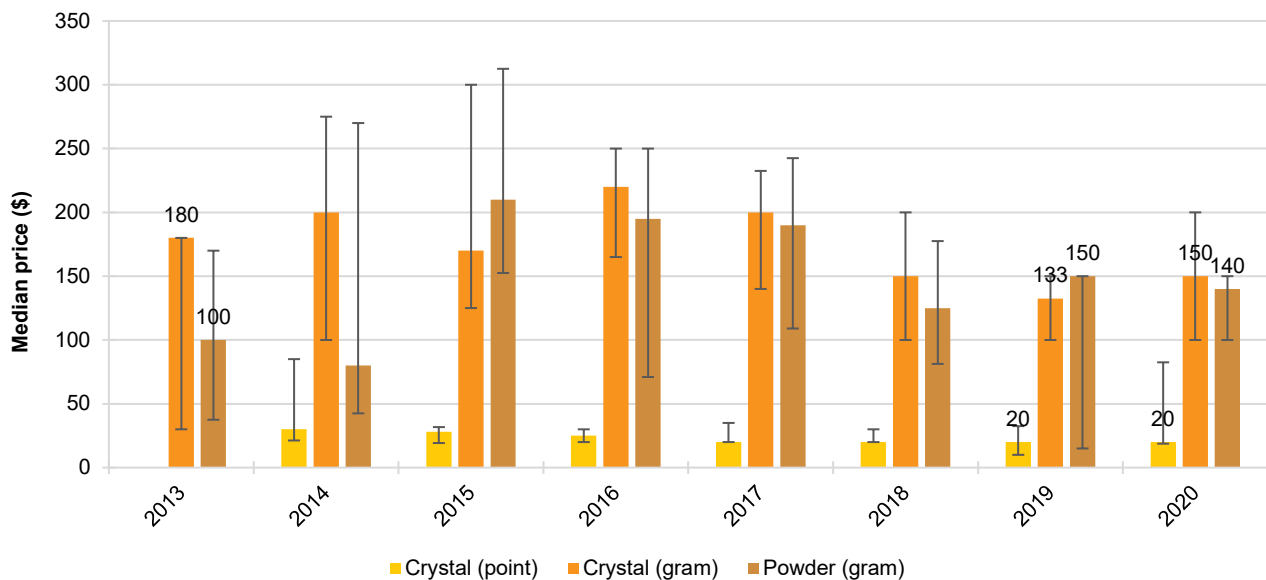
Perceived Availability: Of those who responded in 2020 ($n=21$), 29% perceived powder to be 'very easy' to obtain, a significant decrease from 2019 (84%; $p<0.001$) (Table 5).

Figure 11: Median price of ecstasy pill and capsule, South Australia, 2003-2020



Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 12: Median price of ecstasy crystal (per point and gram) and powder (per gram only), South Australia, 2013-2020



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

Table 5: Current perceived purity and availability of ecstasy pills, capsules, crystal and powder, South Australia, 2017-2020

	2017	2018	2019	2020
Current Perceived Purity				
% Pills	(n=65)	(n=49)	(n=62)	(n=58)
Low	35	35	15	17
Medium	34	33	21	16
High	14	22	44	43
Fluctuates	17	-	21	24
% Capsules	(n=77)	(n=55)	(n=69)	(n=76)
Low	-	-	9	11
Medium	31	38	36	34
High	56	44	35	42
Fluctuates	12	-	20	13
% Crystal	(n=63)	(n=67)	(n=67)	(n=55)
Low	-	-	-	-
Medium	24	36	28	22
High	60	48	55	47
Fluctuates	13	10	13	26
% Powder	(n=26)	(n=14)	(n=23)	(n=20)
Low	-	-	-	35
Medium	58	50	61	0
High	31	-	-	50*
Fluctuates	-	-	-	-
Current Perceived Availability				
% Pills	(n=66)	(n=49)	(n=64)	(n=55)
Very easy	58	33	52	35
Easy	38	31	28	31
Difficult	-	27	16	31
Very difficult	0	-	-	-
% Capsules	(n=76)	(n=55)	(n=69)	(n=79)
Very easy	50	58	77	41***
Easy	32	40	20	47***
Difficult	17	-	-	11
Very difficult	-	0	0	-
% Crystal	(n=64)	(n=69)	(n=67)	(n=54)
Very easy	48	51	60	41*
Easy	31	41	34	43
Difficult	19	-	-	17
Very difficult	-	-	0	0
% Powder	(n=27)	(n=14)	(n=25)	(n=21)
Very easy	41	43	48	29***
Easy	26	43	36	48
Difficult	30	-	-	-
Very difficult	-	-	-	-

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

4

Methamphetamine

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

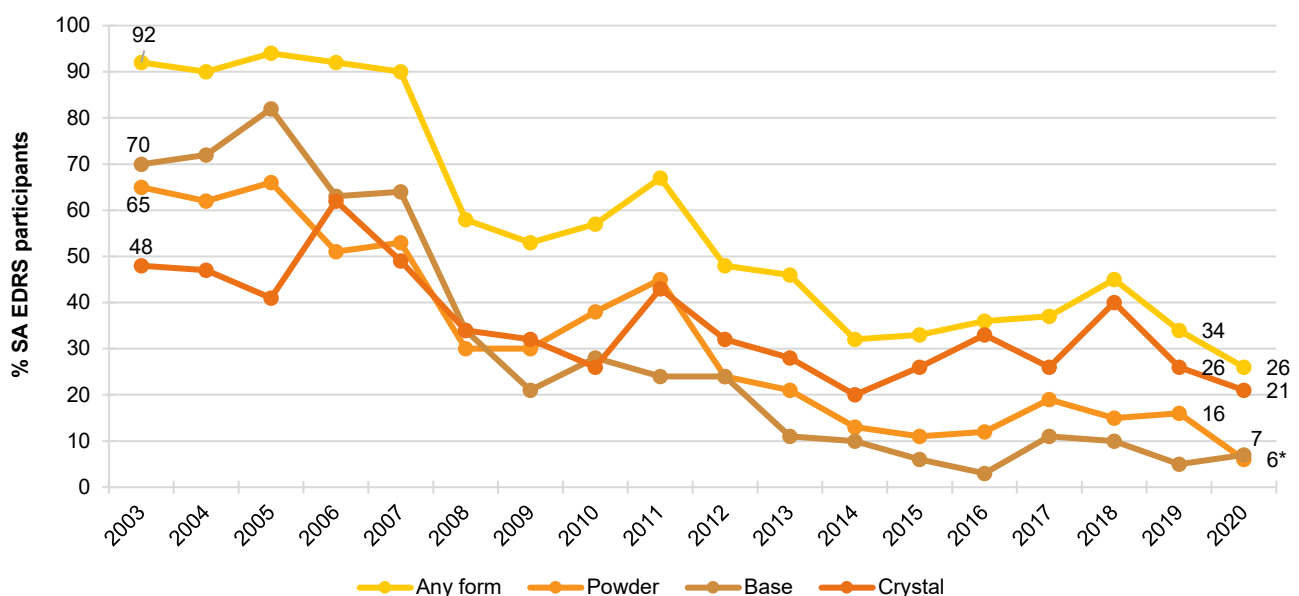
Recent Use (past 6 months)

Recent use of any methamphetamine has been declining since monitoring began (Figure 13), from more than nine in ten participants in 2003 (92%) to one in four participants (26%) in 2020 ($p<0.001$). The per cent reporting recent use of any methamphetamine declined (although not significantly) from 34% in 2019 to 26% in 2020 ($p=0.217$).

Frequency of Use

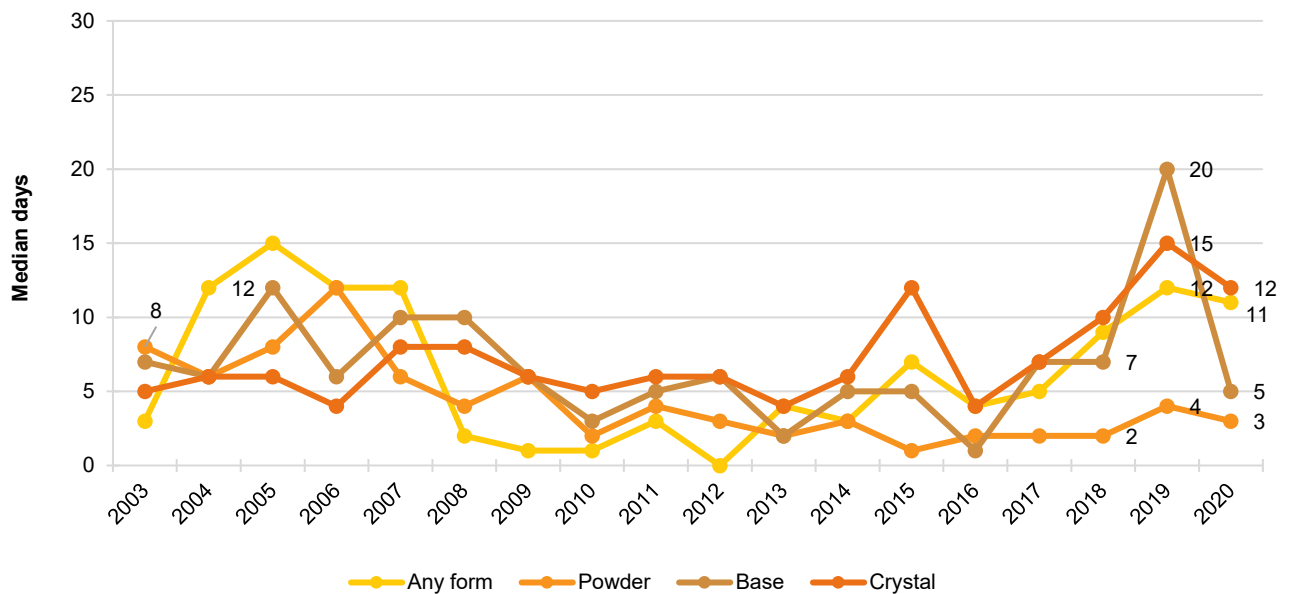
Frequency of use remained stable in 2020, from a median of 12 days in 2019 (IQR=3-26) to 11 days in 2020 (IQR=1-48; $p=0.610$) (Figure 14). Thirty-five per cent of recent consumers reported using methamphetamine weekly or more frequently in 2020 (26% in 2019; $p=0.495$).

Figure 13: Past six month use of any methamphetamine, powder, base, and crystal, South Australia, 2003-2020



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

Figure 14: Median days of any methamphetamine, powder, base, and crystal use in the past six months, South Australia, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Powder use has decreased over the period of monitoring, with 6% of participants reporting recent use in 2020, a significant decrease compared to 2019 (16%; $p = 0.024$) (Figure 13).

Frequency of Use: Median days of use remained stable at three days (IQR=1-59; 4 days in 2019; IQR=1-24; $p = 0.764$) in the past six months (Figure 14).

Routes of Administration: Due to low numbers, details will not be reported on powder. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

Quantity: Due to low numbers, details will not be reported. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Since 2012, crystal has consistently been the main form used. Over one-fifth (21%) of participants reported recent use of crystal in 2020, stable relative to 2019 (26%; $p = 0.404$) (Figure 13).

Frequency of Use: Frequency of use was reported at a median of 15 days (IQR=6-54) in 2019, compared to 12 days in 2020 (IQR=6-54; $p = 0.473$) (Figure 14). Among recent consumers, 38% reported weekly or greater use of crystal, stable from 35% in 2019 ($p = 0.805$).

Routes of Administration: Smoking remained the most common route of administration among those who had recently used crystal, with 86% reporting this method in 2020, stable relative to 92% in 2019 ($p = 0.281$).

Quantity: The median amount used in a 'typical' session was two points (IQR=1-2; $n = 13$) (2 points in 2019; IQR=1-3; $n = 15$; $p = 0.297$), whereas the median maximum

amount used was two points (IQR=1.00-2.75; n=12) (3.50 points in 2019; IQR=1.00-8.25; n=14; $p=0.095$).

Methamphetamine Base

Recent Use (past 6 months): In 2020, 7% of the sample reported any recent use of base (n≤5 participants reporting recent use in 2019; therefore, numbers are suppressed; $p=0.552$).

Frequency of Use: Median days of use in the past six months remained stable at five days (IQR=1-10; n≤5 participants reporting frequency of use in 2019;

numbers are suppressed; $p=0.190$) (Figure 14).

Price, Perceived Purity and Availability

Methamphetamine Powder

Due to low numbers, details will not be reported on price (Figure 15), perceived purity (Figure 17) and perceived availability (Figure 19) data for methamphetamine powder. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

Routes of Administration: Smoking was the most common route of administration among those who had recently used base, with 86% reporting this method in 2020 (n≤5 participants reporting in 2019; numbers are suppressed) ($p=0.793$).

Quantity: Due to low numbers, details will not be reported. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

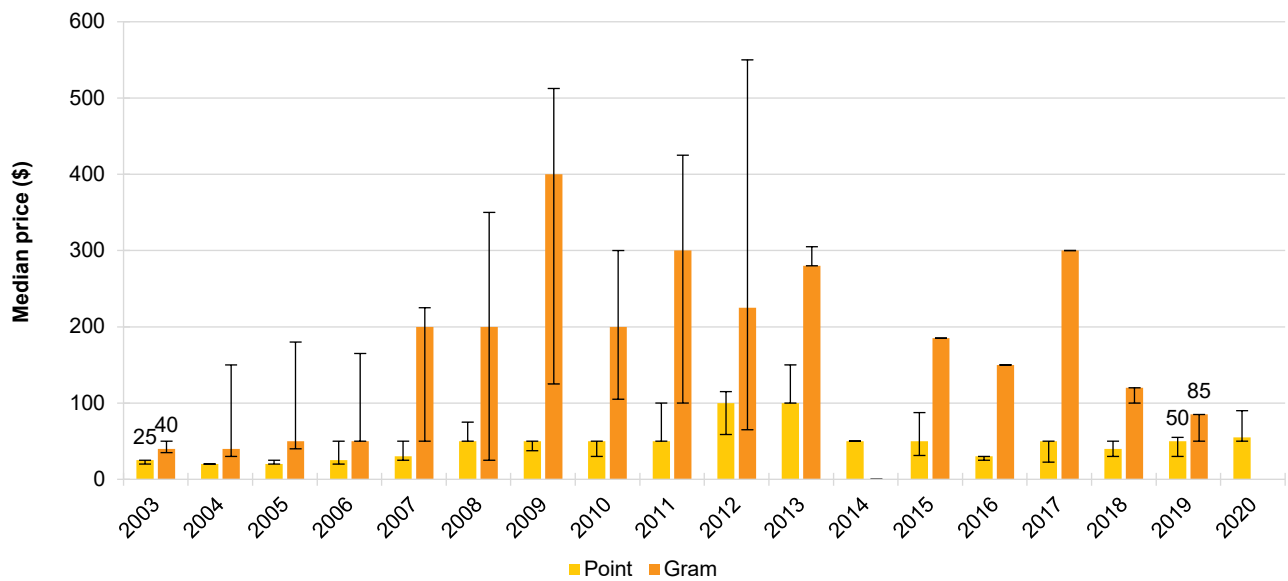
Methamphetamine Crystal

Price: Participants reported a median price of \$50 per point (IQR=50-50; n=13; \$50 in 2019; IQR=40-50; n=22; $p=0.197$) (Figure 16).

Perceived Purity: Among those who were able to comment in 2020 (n=20), the greatest per cent reported purity to be 'high' (45%; 52% in 2019; $p=0.644$) (Figure 18).

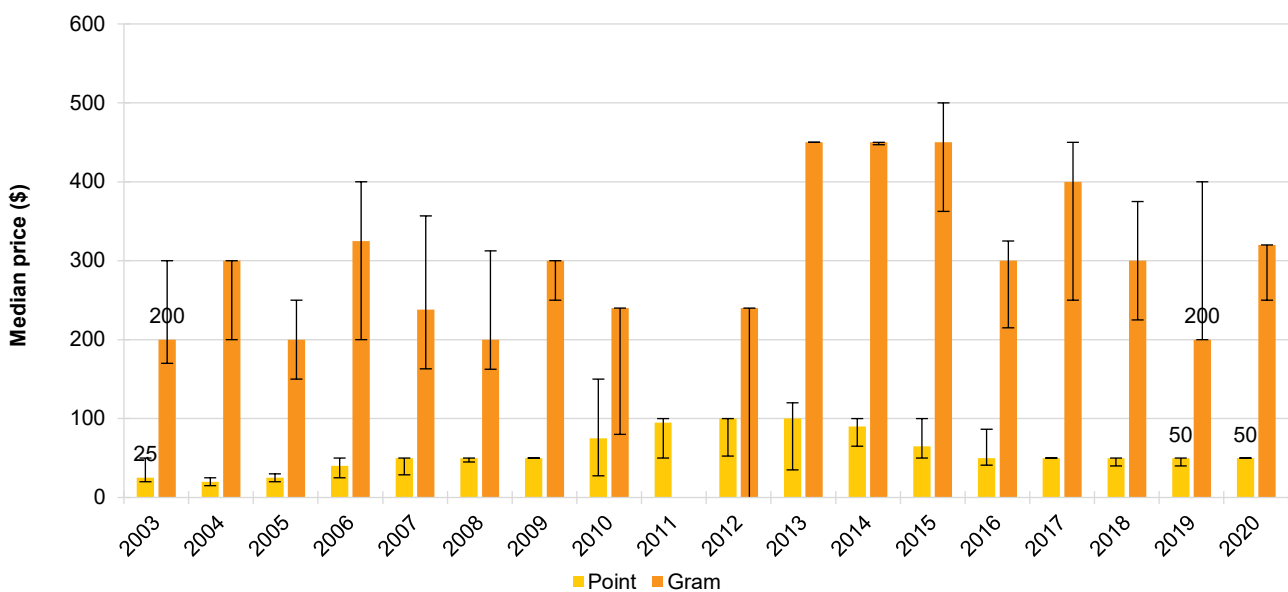
Perceived Availability: Among those who responded in 2020 (n=24), 58% perceived crystal to be 'very easy' to obtain, a significant decline from 2019 (84%; $p=0.035$) (Figure 20).

Figure 15: Median price of powder methamphetamine per point and gram, South Australia, 2003-2020



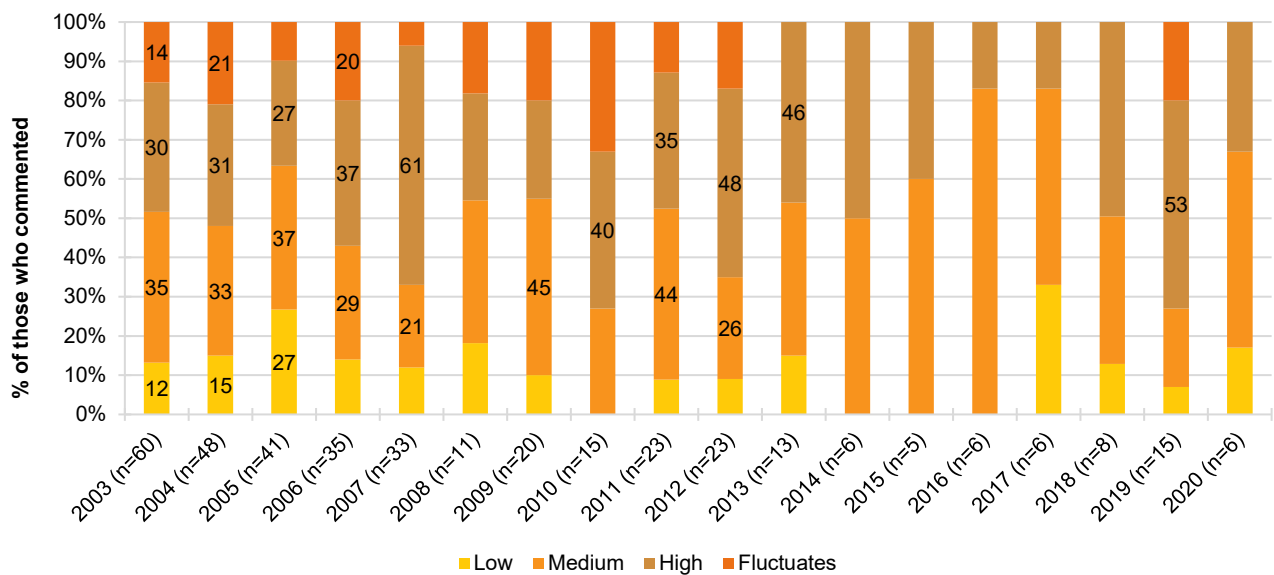
Note. Among those who commented. No participants reported purchasing a gram of powder methamphetamine in 2014 and 2020. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 16: Median price of crystal methamphetamine per point and gram, South Australia, 2003-2020



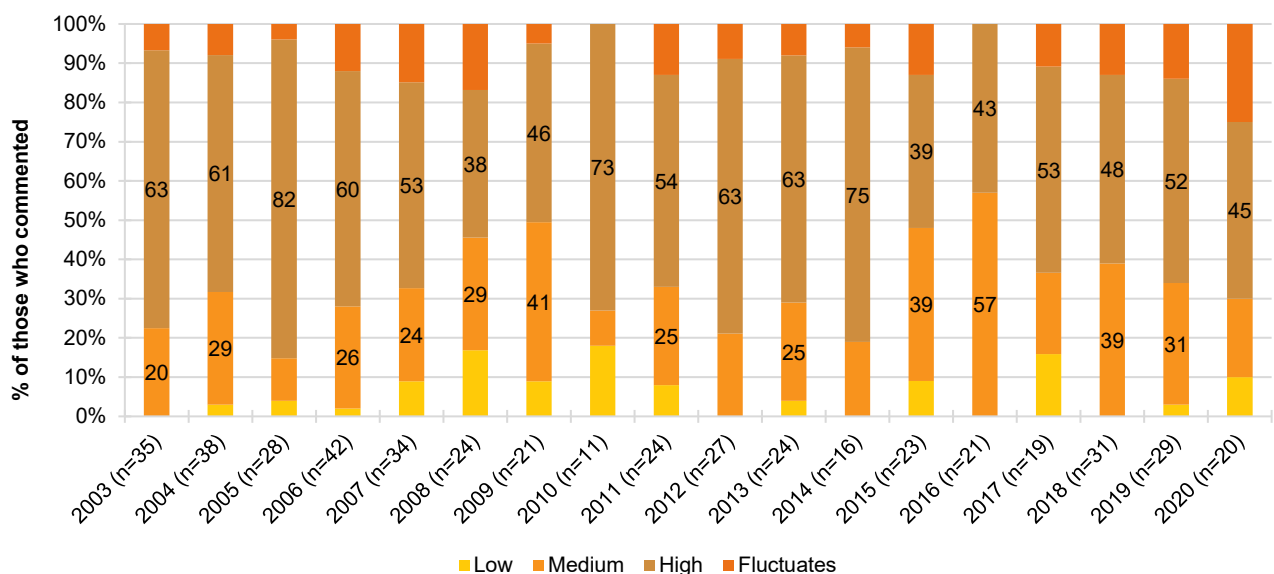
Note. Among those who commented. No participants reported purchasing a gram of crystal methamphetamine in 2011. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 17: Current perceived purity of powder methamphetamine, South Australia, 2003-2020



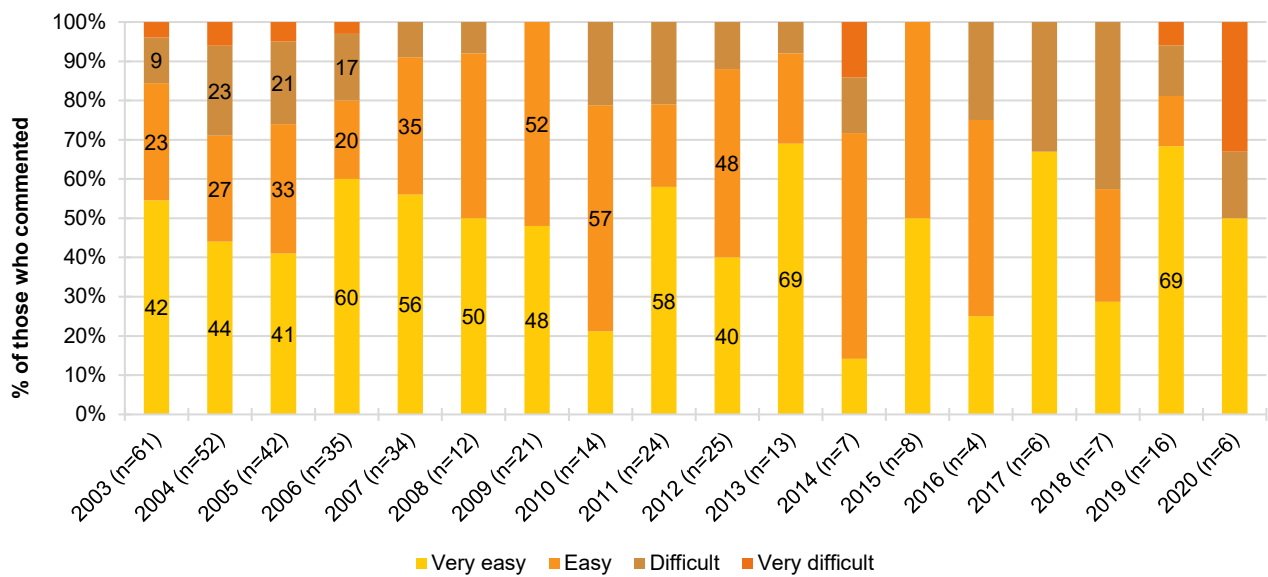
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 18: Current perceived purity of crystal methamphetamine, South Australia, 2003-2020



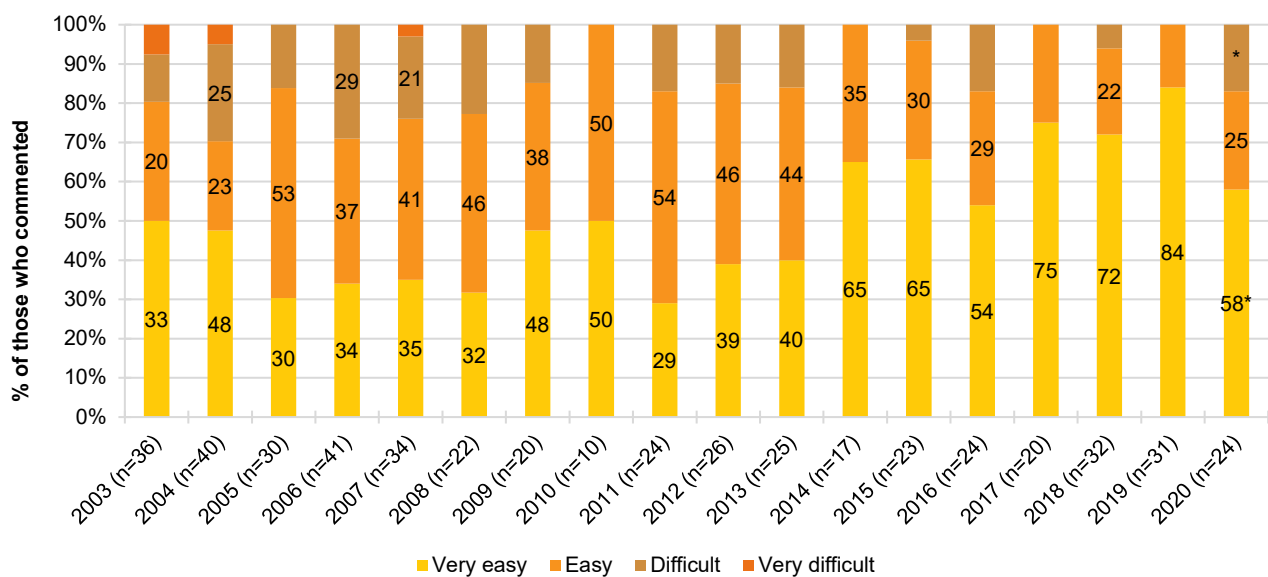
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 19: Current perceived availability of powder methamphetamine, South Australia, 2003-2020



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

Figure 20: Current perceived availability of crystal methamphetamine, South Australia, 2003-2020



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

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Since 2010, the per cent reporting any recent cocaine use has gradually increased. In 2020, 69% of the sample reported recent use, stable from 71% in 2019 ($p=0.793$) (Figure 21).

Frequency of Use

Frequency of use has fluctuated in recent years, with participants reporting a median of four days (IQR=3-8) of use in 2020, stable from four days in 2019 (IQR=2-10; $p=0.906$; Figure 21). This is equivalent to less than monthly use. Of those who had recently consumed cocaine ($n=70$), almost one-tenth (9%) reported consuming cocaine on a weekly or more frequent basis (14% in 2019; $p=0.302$).

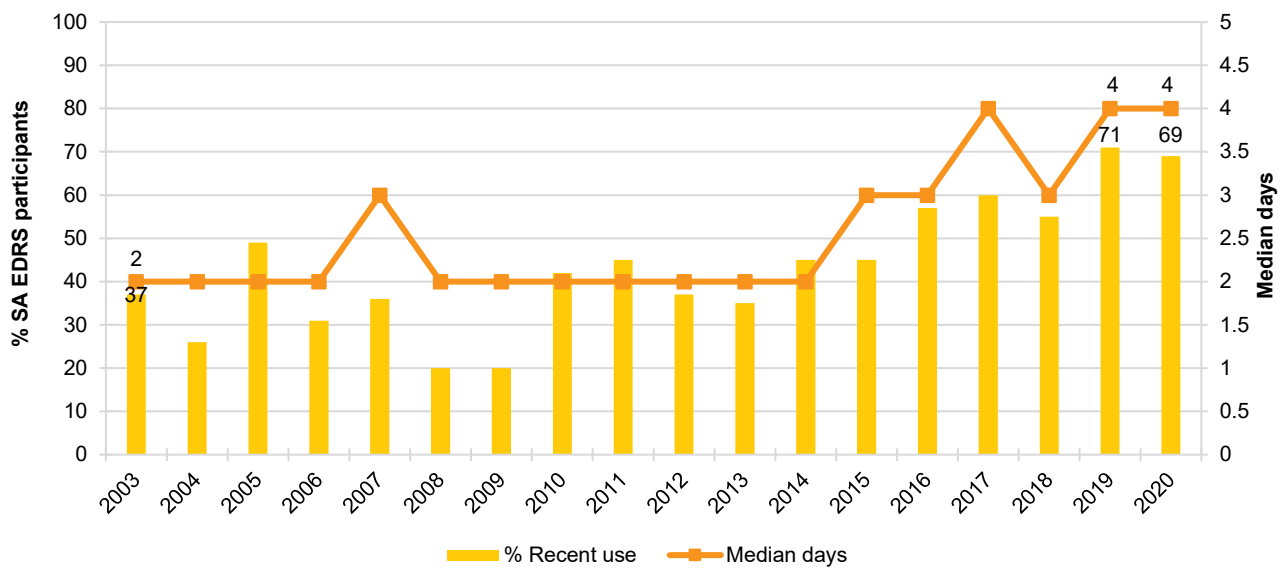
Routes of Administration

Among people who had recently consumed cocaine ($n=70$), 100% of participants reported snorting cocaine, stable relative to 2019 (100%; $p=0.793$).

Quantity

The median quantity used in a 'typical' session in 2020 was 0.50 grams (IQR=0.30-0.50; $n=47$), similar to the median quantity reported in 2019 (0.50 grams; IQR=0.30-0.50; $n=43$; $p=0.997$). The median maximum quantity used was 0.55 grams (IQR=0.50-1.00; $n=48$) in 2020, somewhat similar to the median amount reported in 2019 (1 gram; IQR=0.50-3.00; $n=45$; $p=0.102$).

Figure 21: Past six month use and frequency of use of cocaine, South Australia, 2003-2020



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

Price, Perceived Purity and Availability

Price

The median price per gram of cocaine was \$350 (IQR=300-350; $n=41$) in 2020, stable relative to the median price of \$325 (IQR=300-350; $n=42$; $p=0.203$) reported in 2019 (Figure 22).

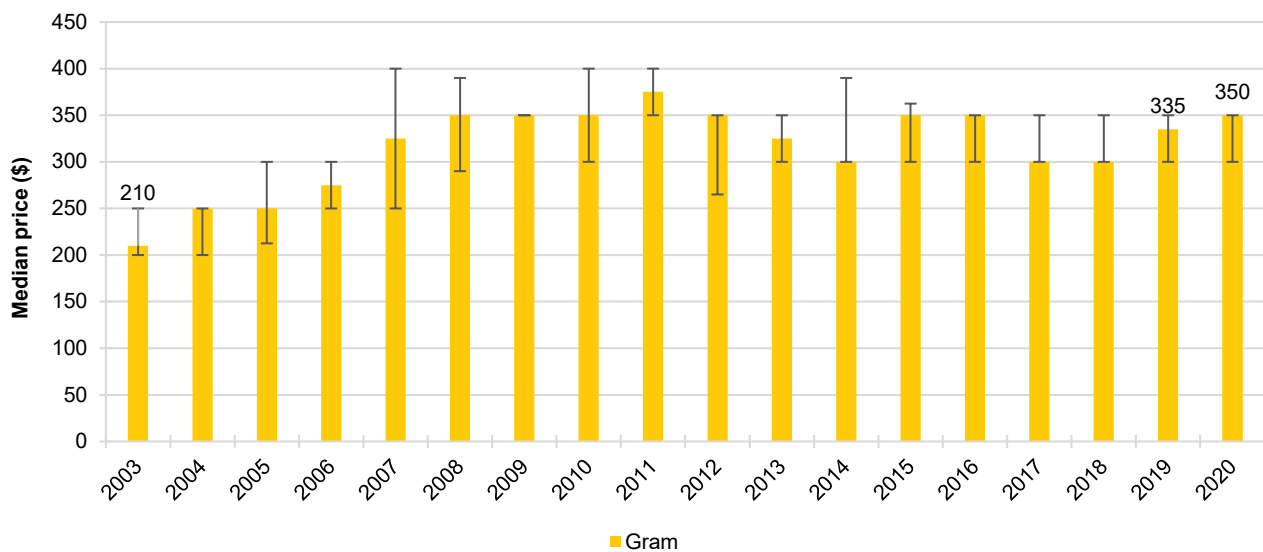
Perceived Purity

Among those who were able to comment in 2020 ($n=57$), 37% of participants perceived purity of cocaine to be 'high', which remained stable from 2019 (33%; $p=0.642$). Almost one-third (32%) perceived the purity of cocaine to be 'low', stable relative to 2019 (20%; $p=0.156$) (Figure 23).

Perceived Availability

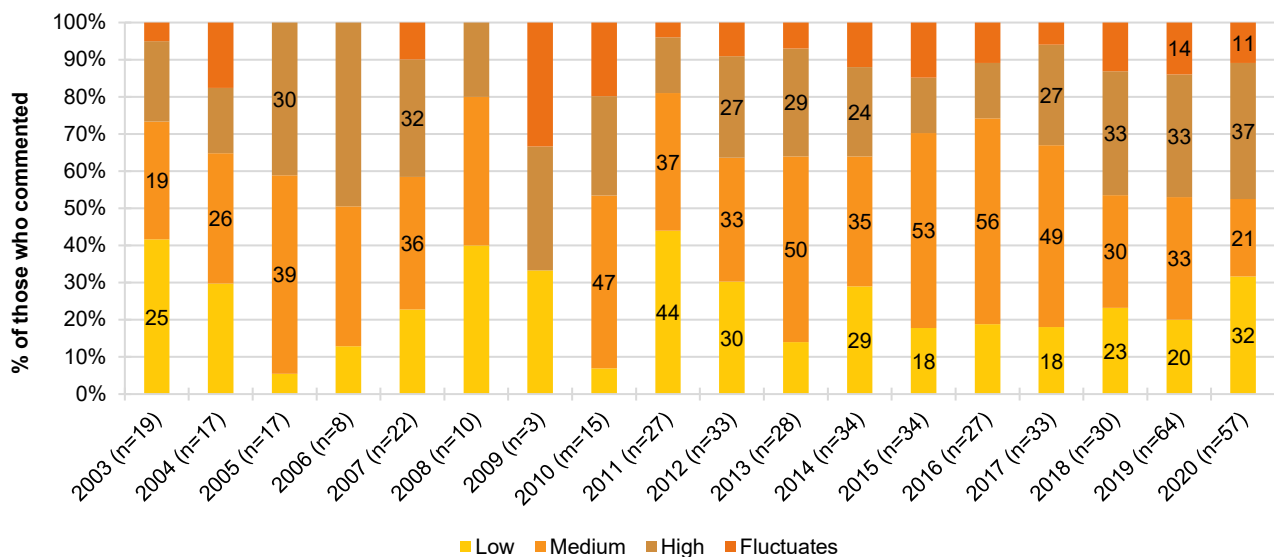
Among those who were able to comment in 2020 ($n=62$), the highest number of participants (45%) reported cocaine to be 'easy' to obtain (37% in 2019; $p=0.345$). In contrast, almost one-third (32%) perceived cocaine to be 'difficult' to obtain, stable from 31% in 2019 ($p=0.857$) (Figure 24).

Figure 22: Median price of cocaine per gram, South Australia, 2003-2020



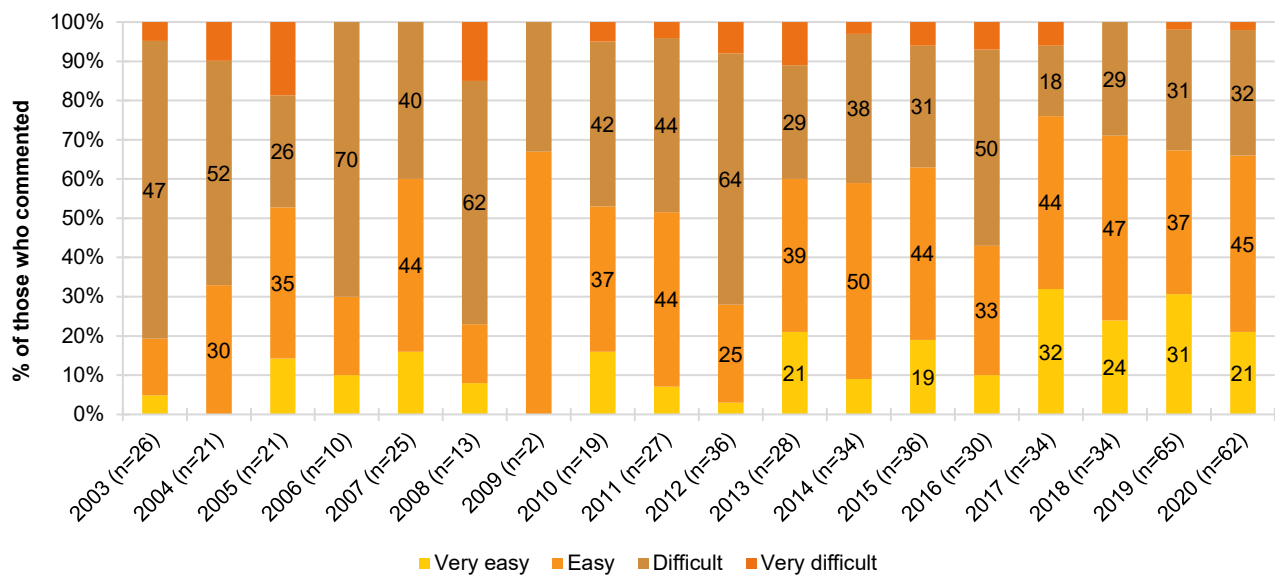
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 23: Current perceived purity of cocaine, South Australia, 2003-2020



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

Figure 24: Current perceived availability of cocaine, South Australia, 2003-2020



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

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least three in four participants have reported any recent use of cannabis each year since 2003. The majority (89%) reported recent use of cannabis in 2020, stable from 2019 (82%; $p=0.152$; Figure 25).

Frequency of Use

Typical frequency of use has varied between at least once per week to up to four days per week over the course of monitoring. In 2020, participants reported a median of 85 days (IQR=12-180) of use in the past six months, a significant decrease relative to 2019 (145 days; IQR=48-180; $p=0.011$) (Figure 25). Of those who had recently consumed cannabis ($n=90$), two-thirds (66%) reported using cannabis on a weekly or more frequent basis (79% in 2019; $p=0.045$), including over one-quarter (27%) who reported using cannabis on a daily basis (49% in 2019; $p=0.003$).

Routes of Administration

Among participants who had recently consumed cannabis in 2020 ($n=90$), the vast majority of participants (96%) reported smoking, stable relative to 2019 (96%; $p=0.256$). Over one-third (37%) reported swallowing (34% in 2019; $p=0.471$) and 31% reported inhaling/vaporising (17% in 2019; $p=0.017$).

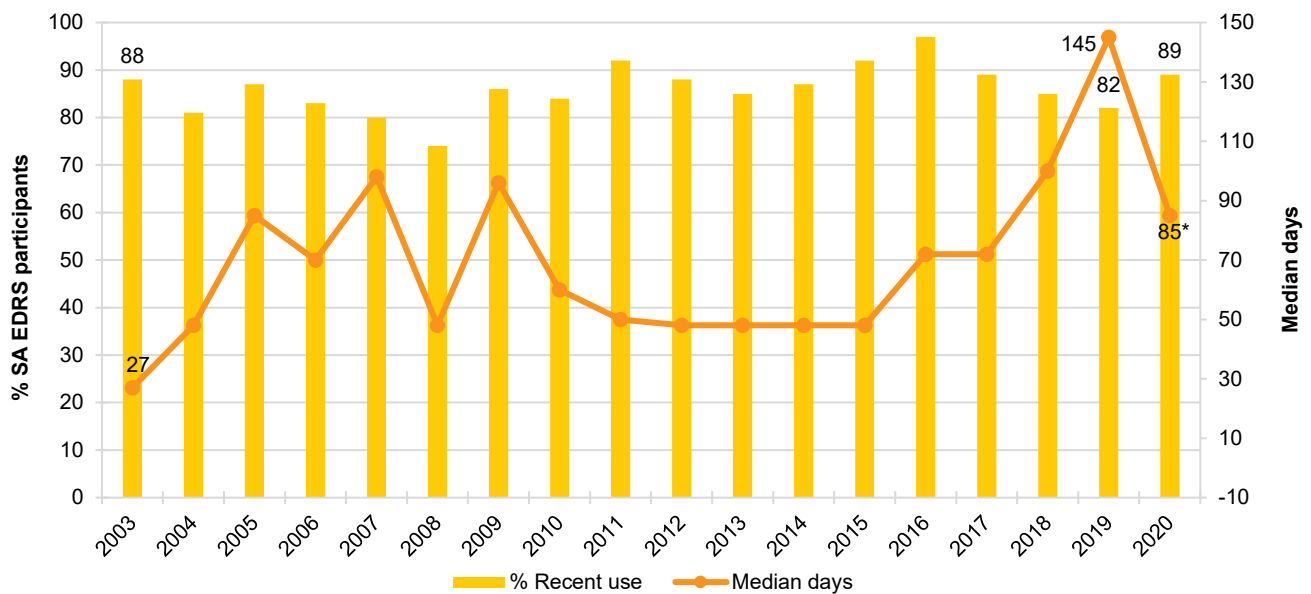
Quantity

The median amount used by those who commented ($n=83$) on the last occasion of use was three cones (IQR=1.5-5.5; $n=37$) (3 cones in 2019; IQR=1-4; $n=29$; $p=0.281$) or two grams (IQR=1.00-2.50; $n=18$) (1.50 grams in 2019; IQR=1.00-2.50; $n=30$; $p=0.854$).

Forms Used

Among EDRS participants, the majority reported recent use of outdoor-grown 'bush' cannabis (68%; 51% in 2019; $p=0.022$) and over three-fifths (62%) reported recent use of hydroponic cannabis (69% in 2019; $p=0.356$). Significantly more participants reported having used hashish in 2020 (31%; 23% in 2019; $p=0.032$) and hash oil (24%; 10% in 2019; $p=0.012$) in the six months preceding interview, relative to 2019.

Figure 25: Past six month use and frequency of use of cannabis, South Australia, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 150 days to improve visibility of trends in days of use. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis has been \$25 since the commencement of monitoring. However, the median price declined from 2018 and remained at \$10 in 2020 (IQR=10-10; $n=10$; \$10 in 2019; IQR=10-10; $n=20$; $p=0.309$). The median price per ounce of hydroponic cannabis has fluctuated over the years. In 2020, participants paid a median of \$210 per ounce (IQR=185-248; $n=8$), similar to the median price of \$220 in 2019 (IQR=200-250; $n=21$; $p=0.604$) (Figure 26a).

Perceived Potency: Among those who were able to comment in 2020 ($n=42$), the majority (69%) perceived hydroponic cannabis to be of 'high' potency, consistent with reports in 2019 (58%; $p=0.272$) and in previous years (Figure 27a). Almost one-fifth (19%) perceived hydroponic cannabis to be of 'medium' potency, stable from 2019 (31%; $p=0.186$).

Perceived Availability: Among those who were able to comment in 2020 ($n=43$), 56% of participants reported hydroponic cannabis as being 'very easy' to obtain (60% in 2019; $p=0.677$). A further two-fifths (40%) believed hydroponic cannabis to be 'easy' to obtain (27% in 2019; $p=0.199$) (Figure 28a).

Bush Cannabis

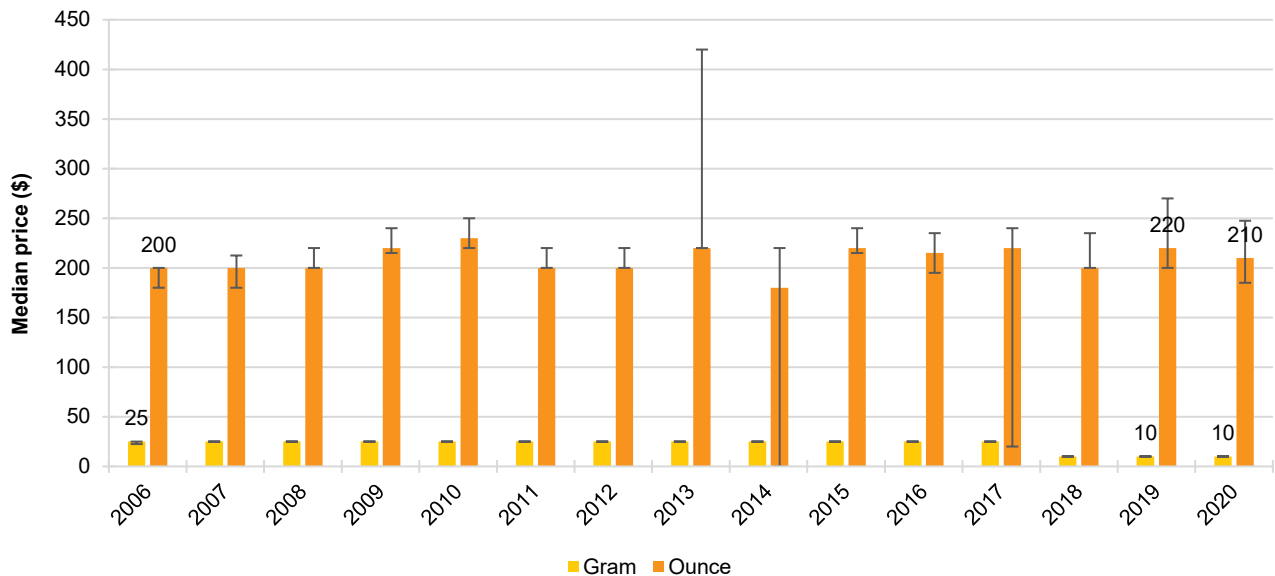
Price: The median price per gram of bush cannabis was \$10 (IQR=10-10; $n=6$), the lowest price for the third year running since monitoring commenced (\$10 in 2019; IQR=10-10; $n=13$; $p=0.497$). The median price per ounce of bush cannabis remained stable in 2020 at \$200 (IQR=180-250; $n=11$; \$220 in 2019; IQR=200-250; $n=13$; $p=0.237$) (Figure 26b).

Perceived Potency: Among those who were able to comment in 2020 ($n=41$), 44% of participants perceived the potency of bush to be 'high' (46% in 2019; $p=0.856$). Over two-fifths (42%) perceived bush to be of 'medium' potency, stable from 2019 (35%; $p=0.566$) (Figure 27b).

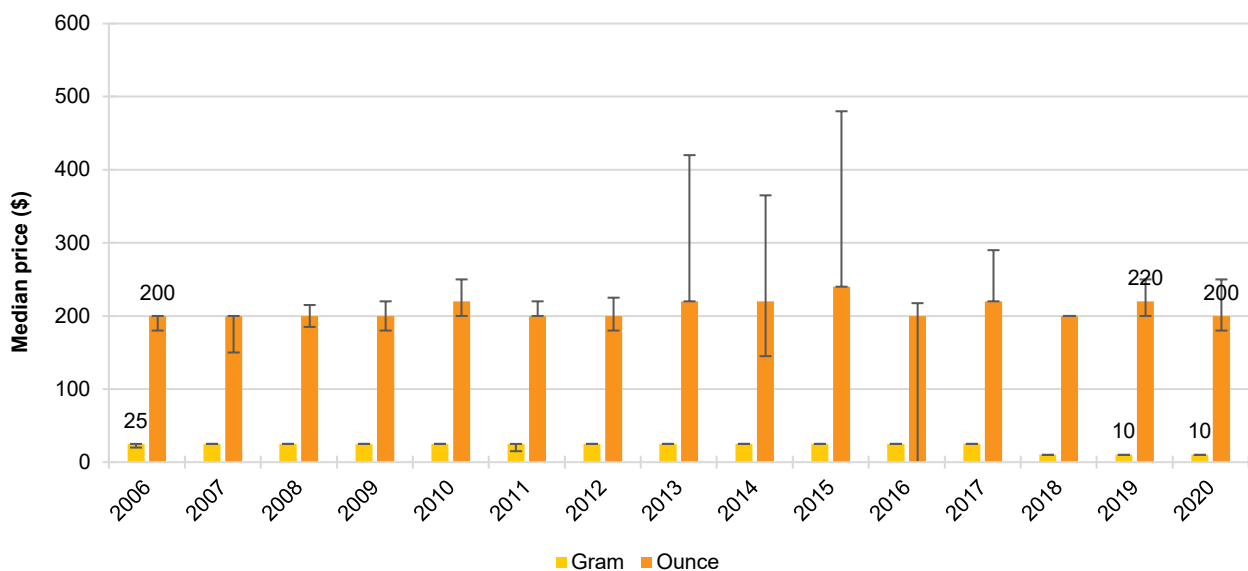
Perceived Availability: Among those who were able to comment in 2020 ($n=40$), almost half (48%) believed bush to be 'easy' to obtain (30% in 2019; $p=0.110$), followed by 35% of participants who believed bush to be 'very easy' to obtain (41% in 2019; $p=0.616$) (Figure 28b).

Figure 26: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, South Australia, 2006-2020

(A) Hydroponic cannabis

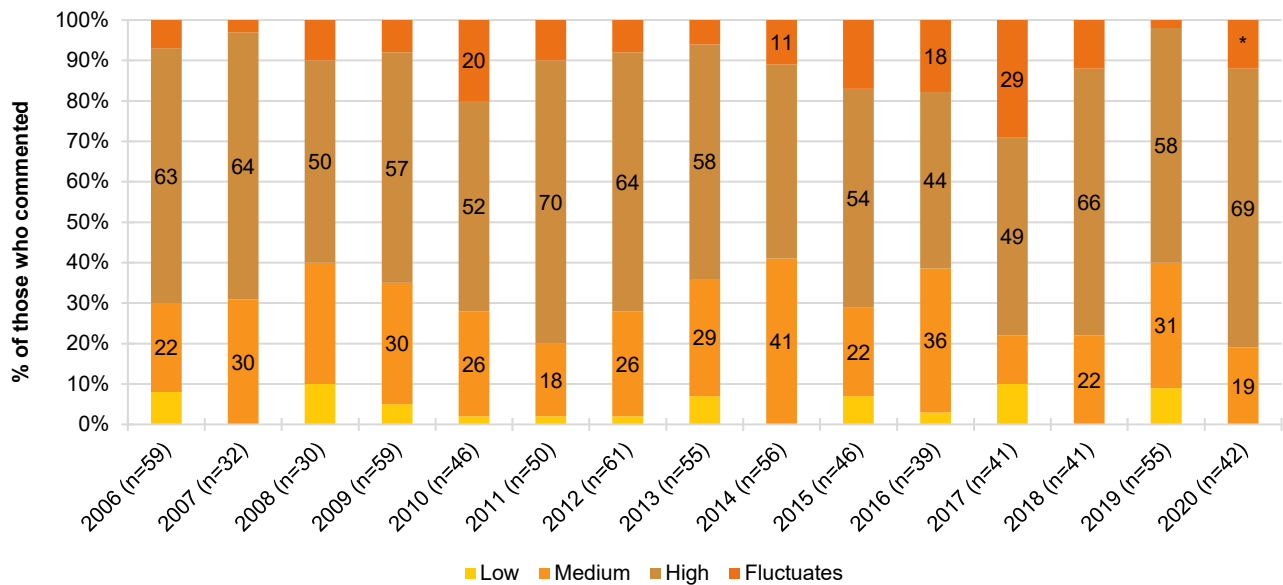
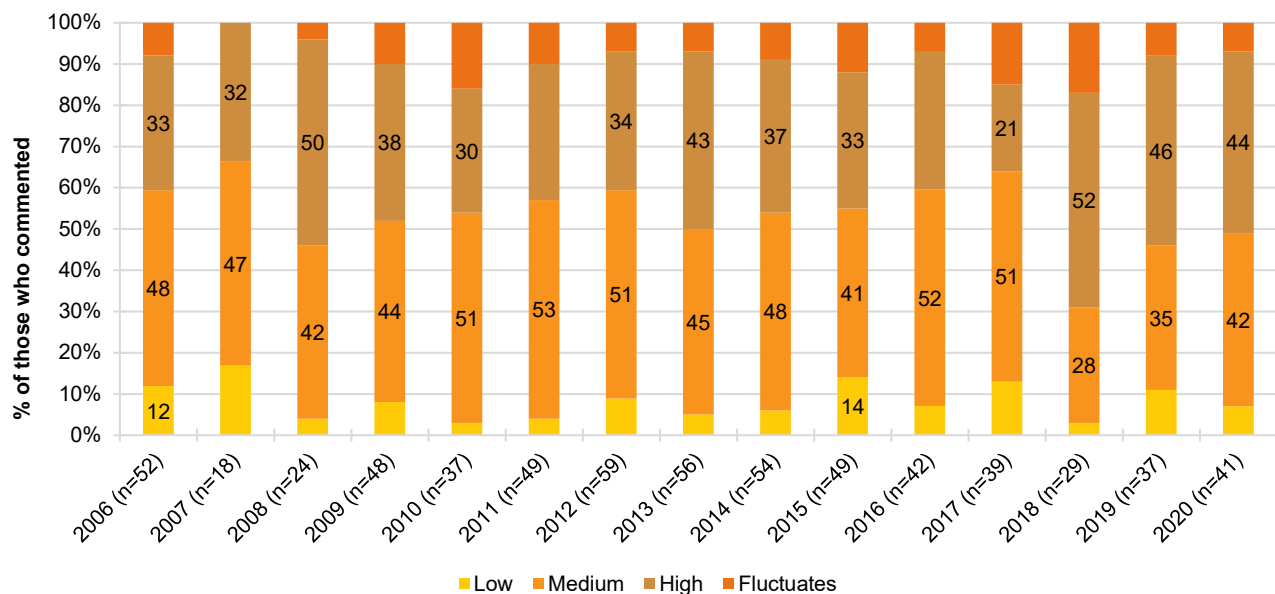


(B) Bush cannabis



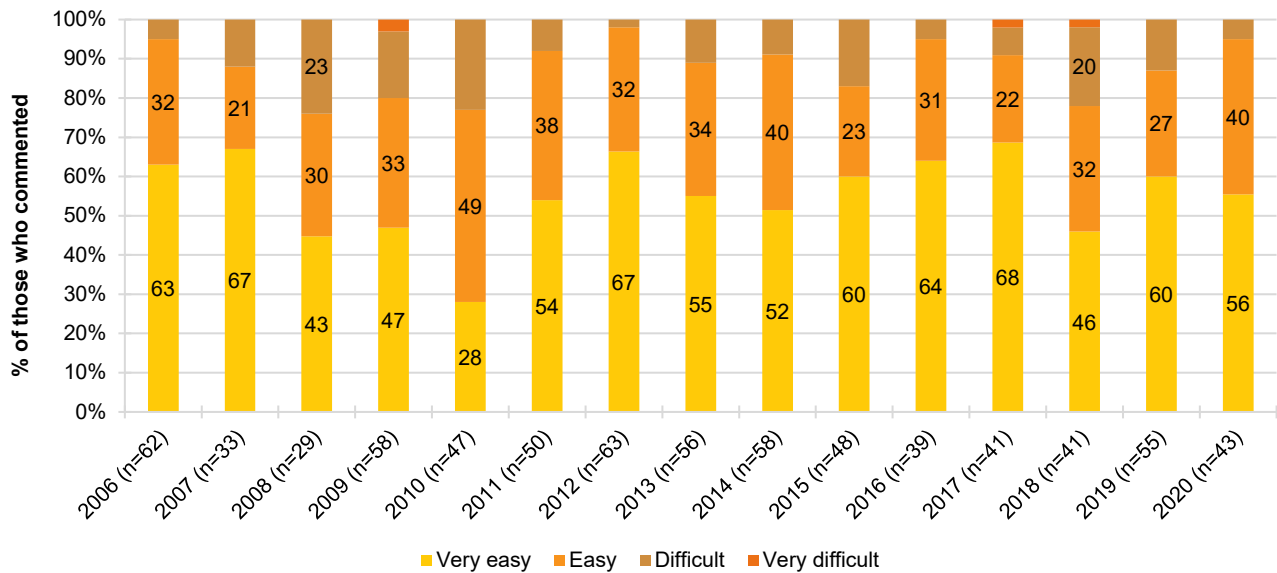
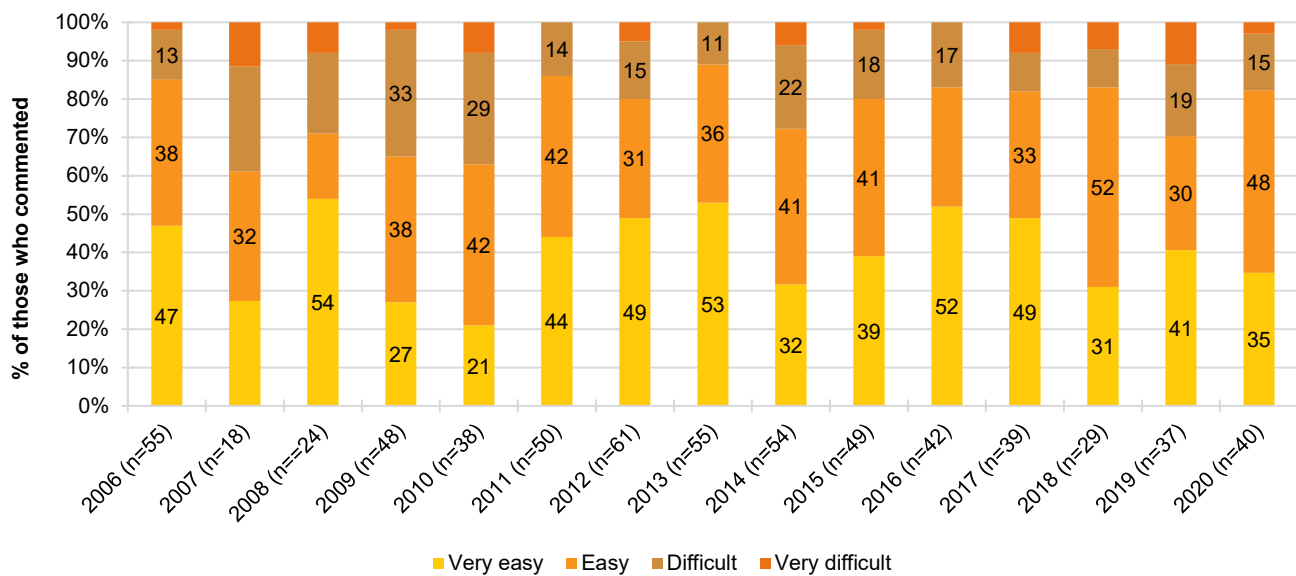
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 27: Current perceived potency of hydroponic (A) and bush (B) cannabis, South Australia, 2006-2020

(A) Hydroponic cannabis**(B) Bush cannabis**

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

Figure 28: Current perceived availability of hydroponic (A) and bush (B) cannabis, South Australia, 2006-2020

(A) Hydroponic cannabis**(B) Bush cannabis**

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

7

Ketamine and LSD

Ketamine

Patterns of Consumption

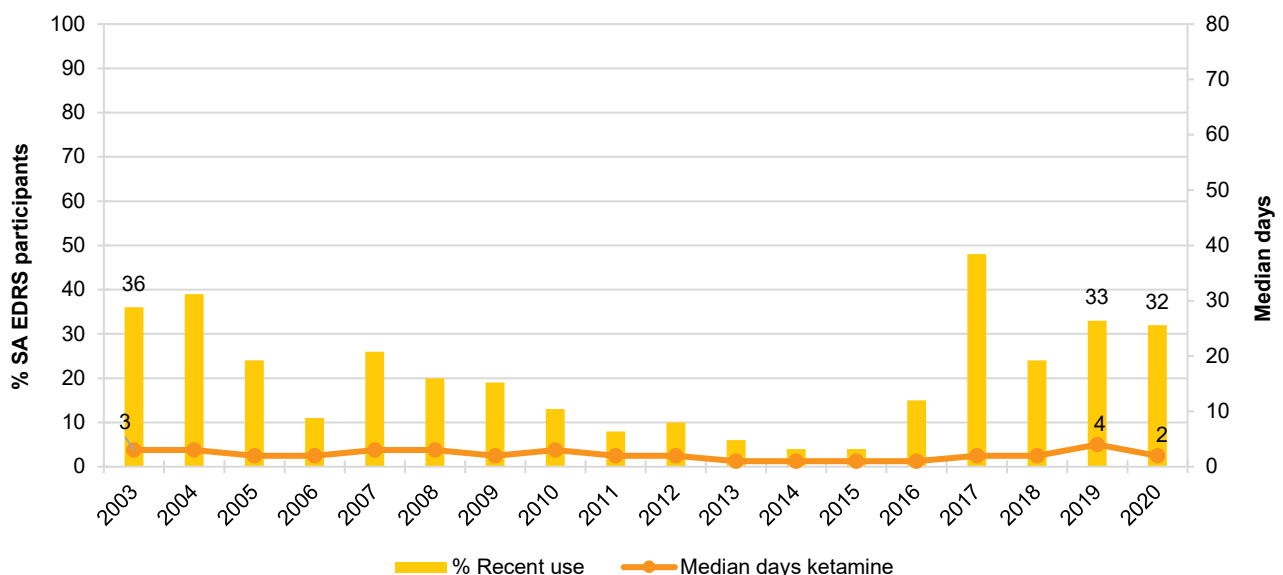
Recent Use (past 6 months): Almost one-third (32%) of the sample reported using any ketamine in the six months prior to interview. This remained stable from 33% in 2019 ($p=0.842$) (Figure 29).

Frequency of Use: Frequency of use remained relatively stable in 2020 compared to 2019 (median 2 days; IQR=1-3; 4 days in 2019; IQR=1-10; $p=0.095$) (Figure 29).

Routes of Administration: The majority of recent ketamine consumers reported snorting (91%; 82% in 2019; $p=0.304$) the substance.

Quantity: Those who reported recent ketamine use had used a median quantity of 0.20 grams (IQR=0.10-0.30; $n=17$), similar to the 0.25 grams (IQR=0.15-0.50; $n=21$; $p=0.182$) reported in 2019. The medium maximum amount used in a 'typical' session was 0.20 grams (IQR=0.10-0.40; $n=17$) (0.50 grams in 2019; IQR=0.50-1.00; $n=7$; $p=0.083$).

Figure 29: Past six month use and frequency of use of ketamine, South Australia, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

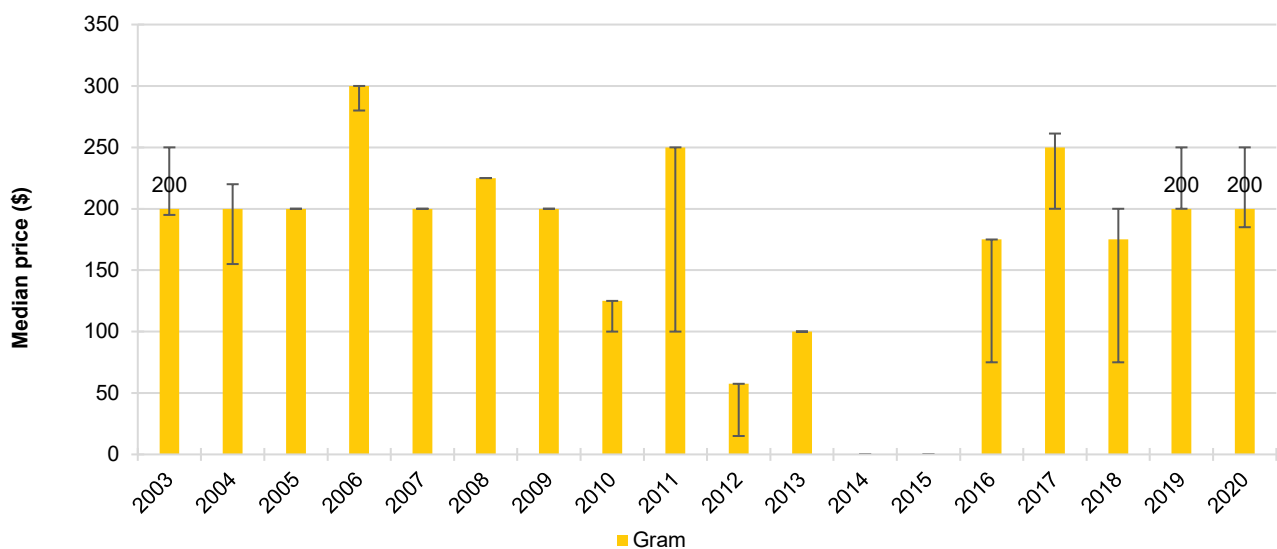
Price, Perceived Purity and Availability

Price: The median reported price of ketamine has fluctuated somewhat since the commencement of monitoring. The median price per gram of ketamine in 2020 was \$200 (IQR=185-250; n=12) (\$200 in 2019; IQR=200-250; n=20; $p=0.919$) (Figure 30).

Perceived Purity: Among those who were able to comment in 2020 (n=17), over two-fifths (41%) perceived purity of ketamine to be 'high', a significant decrease relative to 2019 (71%; $p=0.045$) (Figure 31).

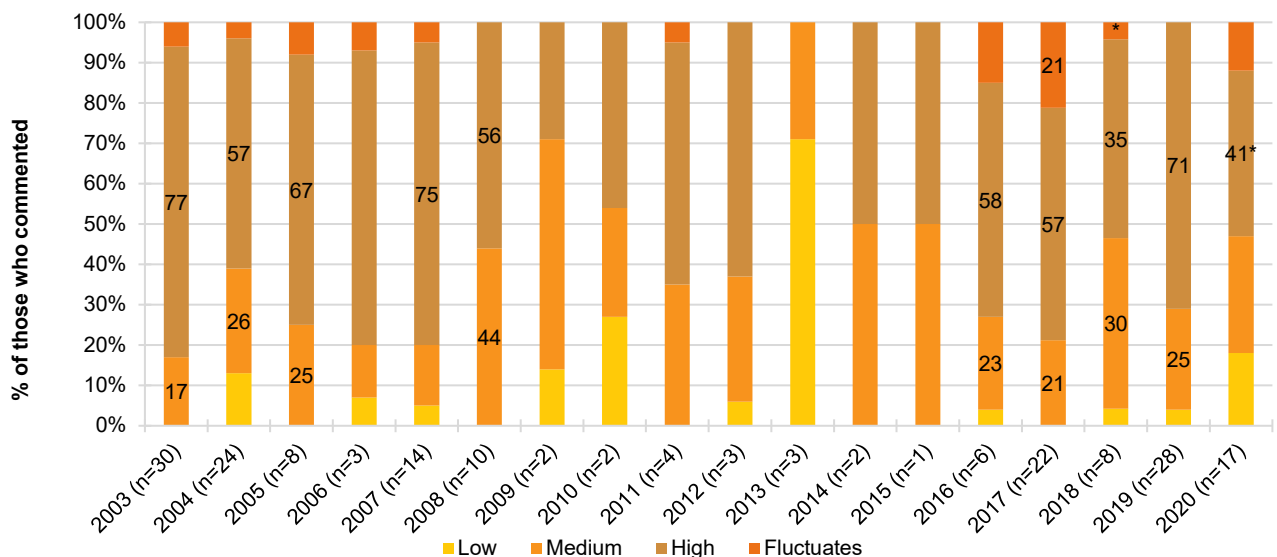
Perceived Availability: Of those who were able to comment in 2020 (n=19), over two-fifths (42%) perceived ketamine to be 'difficult' to obtain (42% in 2019; $p=0.833$). Almost one-third (32%) of participants who were able to comment perceived ketamine to be 'easy' to obtain (19% in 2019; $p=0.326$) (Figure 32).

Figure 30: Median price of ketamine per gram, South Australia, 2003-2020



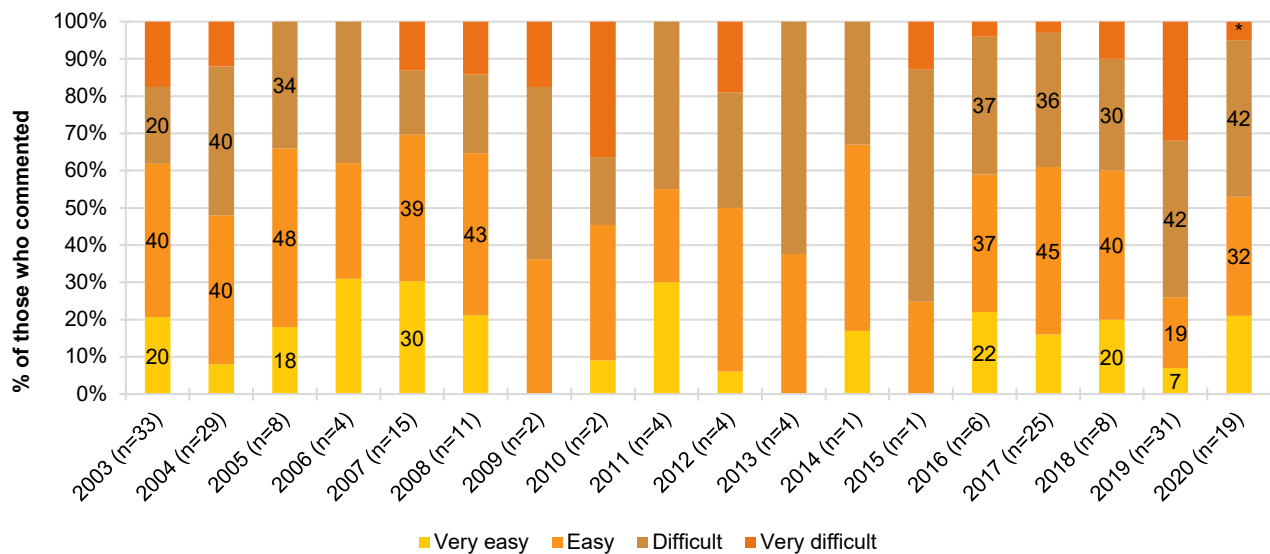
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). No participants reported purchasing ketamine in 2014 and 2015. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 31: Current perceived purity of ketamine, South Australia, 2003-2020



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

Figure 32: Current perceived availability of ketamine, South Australia, 2003-2020



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

LSD

Patterns of Consumption

Recent Use (past 6 months): Over half (52%) of the sample had used LSD in the six months preceding interview, relatively stable from 2019 (43%; $p = 0.228$). This proved to be the highest per cent reporting recent use since the commencement of monitoring (Figure 33).

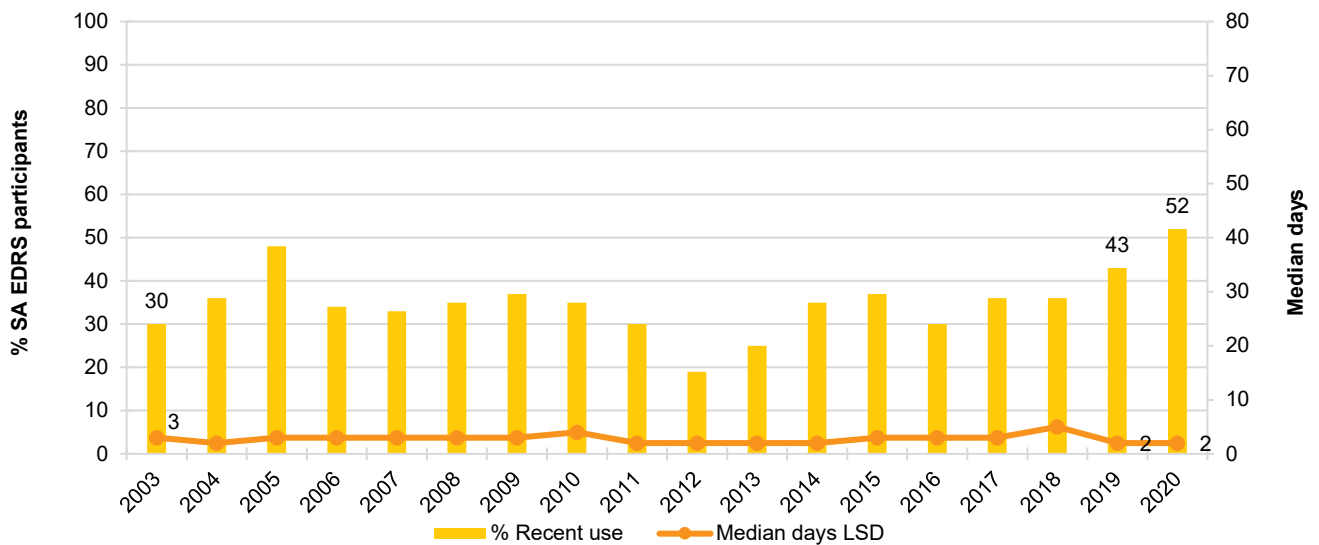
Frequency of Use: Median days of use over the years has shown to be infrequent, with frequency of use remaining stable at two days (IQR=1-4) in 2020 (2 days in 2019; IQR=1-6; $p = 0.646$) (Figure 33).

Routes of Administration: Among consumers, the most common route of administration in 2020 was swallowing (98%; 100% in 2019; $p = 0.361$).

Quantity: The median quantity used in an 'average' session was one tab (IQR=1.00-1.50; $n = 26$), whereas a median of two tabs (IQR=1.00-2.00; $n = 26$) was recorded in 2019 ($p = 0.014$). Some participants reported the median quantity consumed in a 'typical' session in micrograms, with a median quantity of 150.00 micrograms (IQR=125.00-250.00; $n = 23$) in 2020 compared to 175.00 micrograms (IQR=112.50-287.50; $n = 16$; $p = 0.707$) in 2019.

The maximum median amount used in a session was 1.25 tabs (IQR=1.00-2.00; $n = 25$; 2 tabs in 2019; IQR=1.00-4.50; $n = 27$; $p = 0.017$) and 210.00 micrograms (IQR=150.00-375.00; $n = 24$), compared to 200.00 micrograms (IQR=150.00-499.00; $n = 15$; $p = 0.942$) in 2019.

Figure 33: Past six month use and frequency of use of LSD, South Australia, 2003-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 80 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

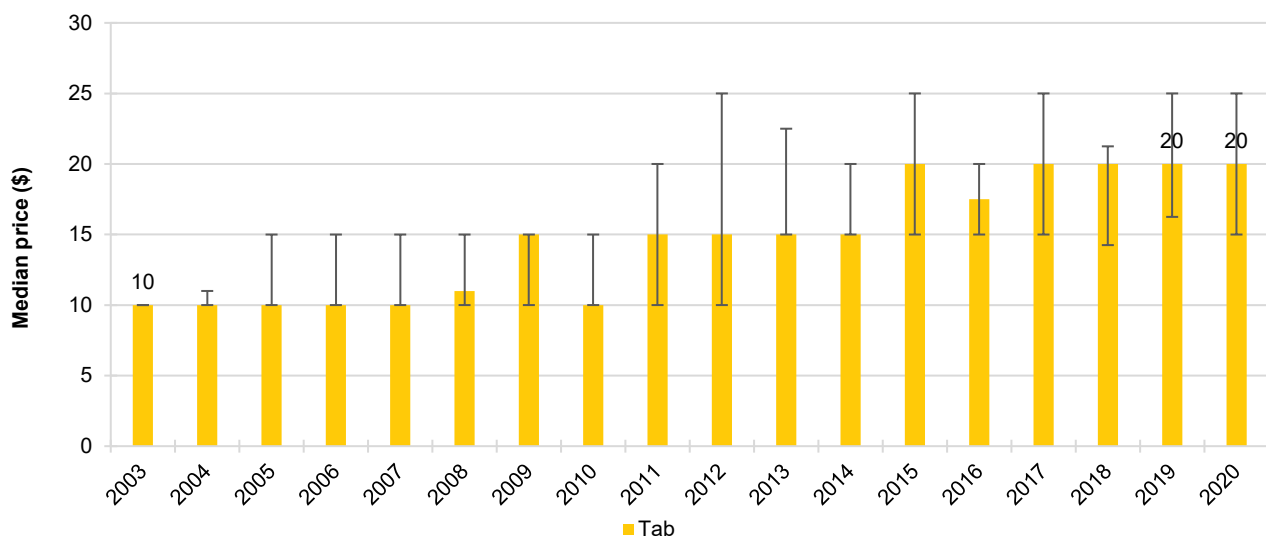
Price, Perceived Purity and Availability

Price: The median price for one tab of LSD has doubled since the start of monitoring, although remained stable in 2020 at a median of \$20 (IQR=15-25; $n=42$), relative to 2019 (\$20; IQR=16-25; $n=36$; $p=0.590$) (Figure 34).

Perceived Purity: Among those who were able to comment in 2020 ($n=48$), 50% perceived the purity of LSD to be 'high', stable from 2019 (56%; $p=0.579$), followed by 29% who reported the purity to be 'medium' (26% in 2019; $p=0.702$) (Figure 35).

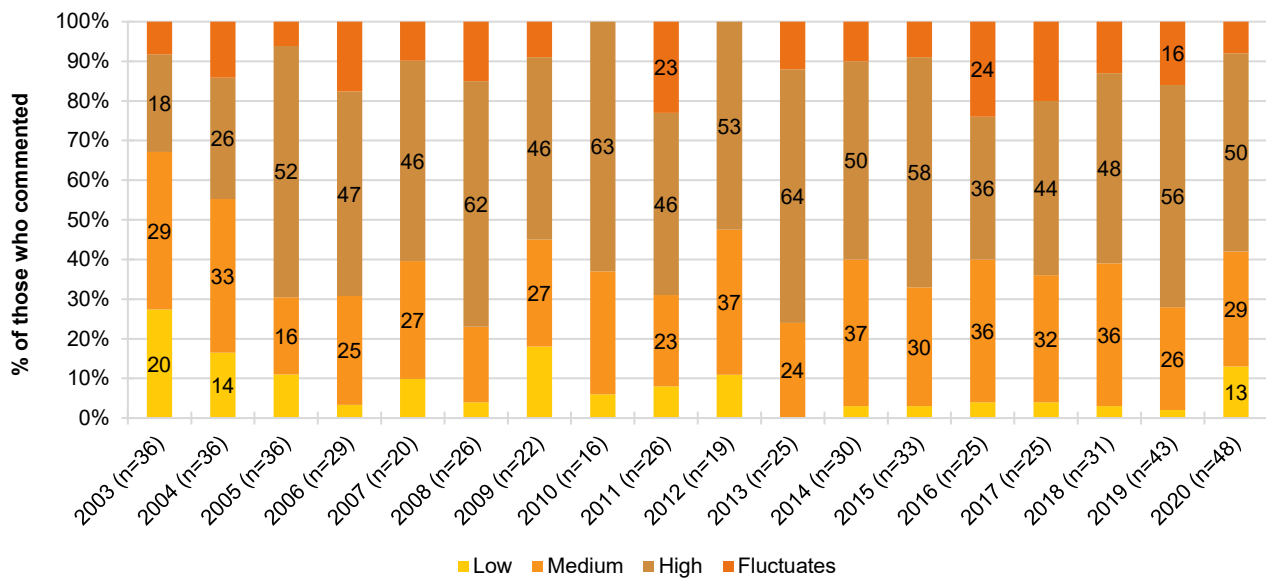
Perceived Availability: Of those able to comment in 2020 ($n=50$), almost half (48%) perceived LSD to be 'difficult' to obtain (31% in 2019; $p=0.093$). In contrast, 28% perceived LSD to be 'easy' to obtain, stable relative to 2019 (33%; $p=0.573$) (Figure 36).

Figure 34: Median price of LSD per tab, South Australia, 2003-2020



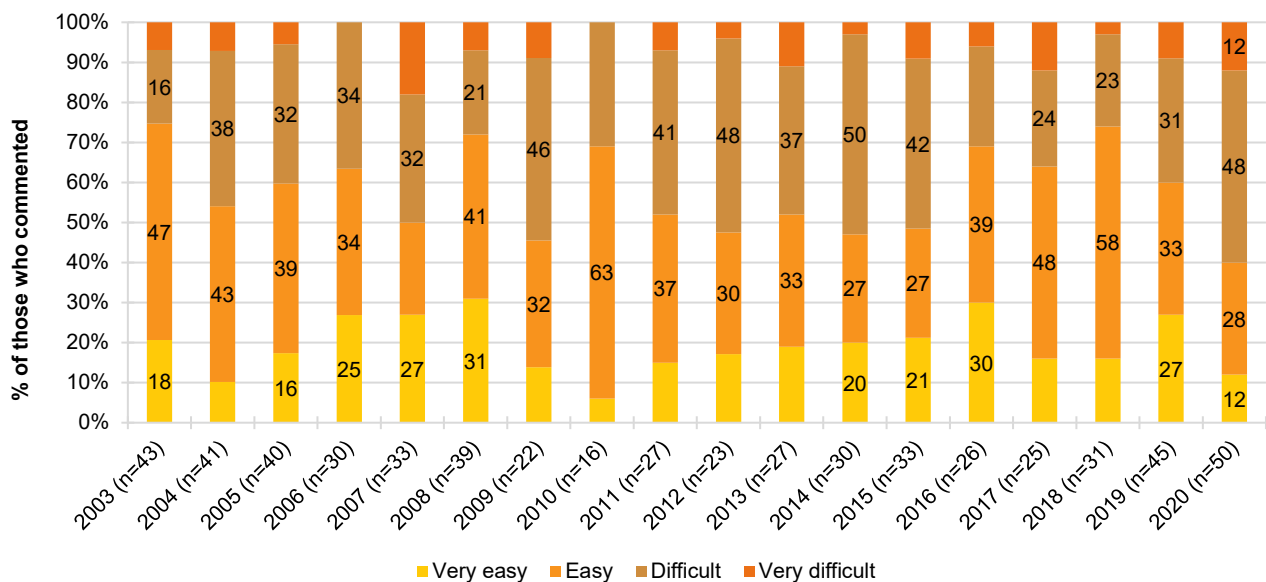
Note. Among those who commented. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 35: Current perceived purity of LSD, South Australia, 2003-2020



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

Figure 36: Current perceived availability of LSD, South Australia, 2003-2020



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

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.

NPS use among the SA sample has fluctuated over time. One-quarter (25%) of participants reported recent use of any NPS in 2020, stable from 2019 (34%; $p=0.137$), though 2020 proved to have the lowest rates of use since monitoring of NPS first commenced in 2010 (Table 6).

DMT was the most commonly used NPS among the sample, with 13% reporting recent use in 2020 (16% in 2019; $p=0.528$). However, use was infrequent (median: 1 day, IQR: 1-4; 3 days in 2019, IQR=1-5; $p=0.099$). Seven per cent of participants reported using 'any 2C substance', a non-significant decrease from 14% in 2019 ($p=0.096$) (Table 7).

Table 6: Past six month use of NPS, nationally and South Australia, 2010-2020

%	National	South Australia
2010	32	30
2011	40	54
2012	45	48
2013	44	40
2014	40	40
2015	39	52
2016	36	33
2017	33	38
2018	31	40
2019	30	34
2020	23**	25

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

Table 7: Past six month use of NPS by drug type, South Australia, 2010-2020

	2010 N=92 %	2011 N=76 %	2012 N=92 %	2013 N=100 %	2014 N=100 %	2015 N=100 %	2016 N=100 %	2017 N=100 %	2018 N=100 %	2019 N=100 %	2020 N=100 %
Phenethylamines	13	33	15	39	31	39	19	21	15	18	8*
Any 2C substance~	11	18	10	19	15	29	9	9	12	14	7
NBOMe	/	/	/	/	16	18	9	8	-	-	0
Mescaline	-	-	-	-	-	-	6	6	-	-	-
DO-x	-	7	0	-	0	0	0	-	0	-	0
4-FA	/	/	/	/	/	/	0	0	0	0	0
PMA	0	-	7	-	-	-	-	-	-	0	/
Tryptamines	-	6	6	15	10	11	10	22	23	16	13
DMT	-	-	-	14	10	11	10	22	23	16	13
5-MeO-DMT	-	-	-	-	0	0	0	0	-	-	-
4-AcO-DMT	/	/	/	/	/	/	0	-	/	/	/
Synthetic cathinones	9	10	10	-	-	-	-	-	7	8	-
Mephedrone	9	8	-	-	-	0	0	0	-	-	-
Methylone/bk MDMA	/	-	-	-	-	-	-	-	7	-	0
MDPV/Ivory wave	-	-	-	-	0	-	0	0	0	0	0
Alpha PVP	/	/	/	/	/	/	0	0	-	0	0
n-ethyl hexedrone	/	/	/	/	/	/	/	/	/	/	0
n-ethylpentylone	/	/	/	/	/	/	/	/	/	/	0
Other substituted cathinone	/	/	0	0	0	0	0	0	0	/	/
Piperazines	0	-	-	0	0	0	0	0	/	/	/
BZP	0	-	-	0	0	0	0	0	/	/	/
Dissociatives	/	/	0	/	/	0	0	-	-	0	-
Methoxetamine (MXE)	/	/	0	/	/	0	0	-	-	0	-
Plant-based NPS	/	-	-	-	0	-	8	10	5	8	-
Ayahuasca	/	/	/	/	/	0	-	-	0	-	0
Salvia divinorum	/	-	-	-	0	-	-	-	-	-	-
Kratom	/	/	/	/	/	/	/	/	/	/	-
Benzodiazepines	/	/	/	/	/	/	0	-	-	-	-
Etizolam	/	/	/	/	/	/	0	-	-	-	-
Synthetic cannabinoids	0	0	10	/	/	0	/	/	/	-	-
Herbal high [#]	/	/	17	10	6	7	-	-	-	-	/
Phenibut	/	/	/	/	/	/	/	/	/	/	0
Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	-	0	0
Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	-	-	-
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	-	-
Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	0	-	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	0	0
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	0

Note. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in EDRS 2018, 2019 and 2020.

Recent Use (past 6 months): In 2020, almost one-third (32%) of the SA sample reported any recent use of codeine (27% in 2019; $p=0.466$). Thirteen per cent of participants had used any prescribed codeine, whereas 18% had reported using any non-prescribed codeine.

Recent Use for Non-Pain Purposes (past 6 months): Sixty-five per cent of consumers who had used any low dose codeine (<30mg codeine) reported using it for non-pain purposes (35% in 2019; 13% of the total SA sample versus 6% in 2019; $p=0.096$) (Figure 37).

Frequency of Use: Participants who had recently used non-prescribed codeine ($n=18$) reported use on a median of three days (IQR=2-4) (6 days in 2019; IQR=4-17; $n=18$) in the past six months.

Form: Of consumers who had recently used non-prescribed codeine ($n=18$), 72% had used low dose codeine (<30mg codeine) and one-third (33%) had used high dose codeine (≥30mg codeine).

Pharmaceutical Opioids

Recent Use (past 6 months): Ten per cent of the sample had recently used non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) in 2020, stable from 15% in 2019 ($p=0.257$) (Figure 37).

Frequency of Use: Consumers reported a median of two days of non-prescribed opioid use (IQR=1-6; $n=10$; 4 days in 2019; IQR=1-8; $n=15$; $p=0.292$) in the six months leading up to interview.

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) were recently consumed by 27% of the sample in 2020 (15% in 2019; $p=0.336$) (Figure 37).

Frequency of Use: Consumers reported a median of five days of non-prescribed stimulant use (IQR=2-20; $n=27$; 4 days in 2019; IQR=2-8; $n=15$; $p=0.336$) in the six months prior to interview in 2020.

Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2020 was two pills/tablets (IQR=1-3; n=25; 5 pills/tablets in 2019; IQR=2-10; n=12; $p=0.334$).

Benzodiazepines

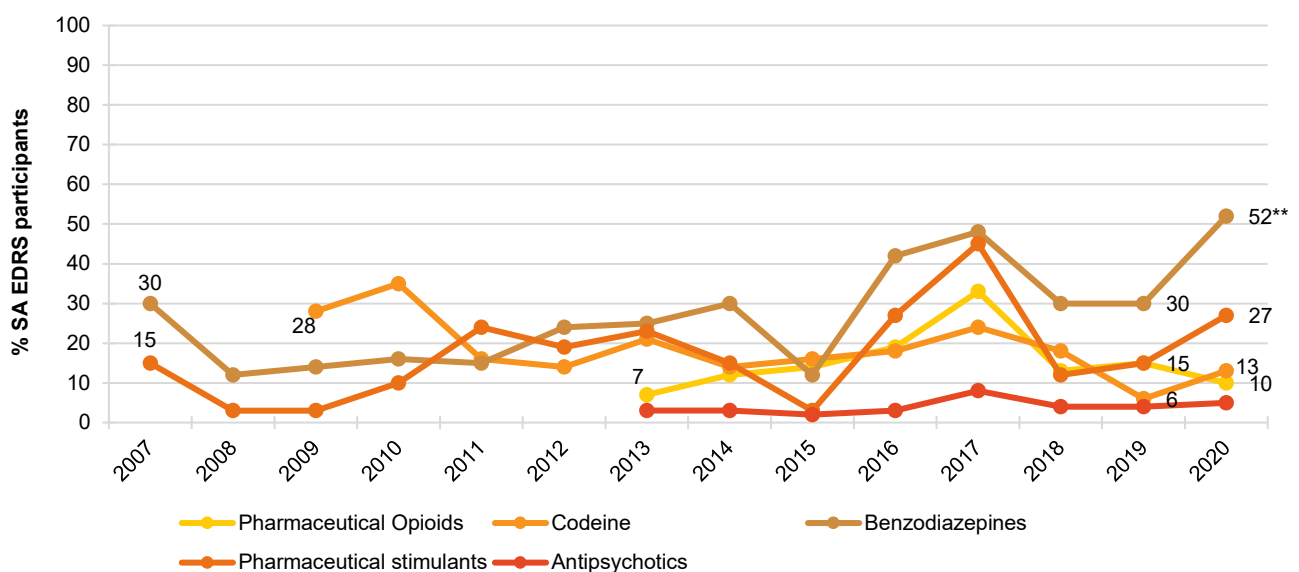
Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has fluctuated considerably over the course of monitoring, with 52% of the sample reporting recent use in 2020 (30% in 2019; $p=0.003$) (Figure 37). In 2019 and 2020, we asked participants about non-prescribed alprazolam use versus other non-prescribed benzodiazepine use, with 33% (16% in 2019; $p=0.006$) and 36% (24% in 2019; $p=0.071$) of the total sample reporting recent non-prescribed use in 2020, respectively.

Frequency of Use: Consumers reported a median of two days (IQR=1-5; n=33; four days in 2019; IQR=1-9; n=16; $p=0.382$) and three days (IQR=1-10; n=36; six days in 2019; IQR=3-9; n=24; $p=0.052$) of non-prescribed alprazolam and other benzodiazepine use in the past six months, respectively.

Antipsychotics

Due to low numbers reporting on recent use of non-prescribed antipsychotics, numbers have been suppressed. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

Figure 37: Non-prescribed use of pharmaceutical drugs in the past six months, South Australia, 2007-2020



Note. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes (out of the total sample). Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Other Illicit Drugs

Hallucinogenic Mushrooms

Recent Use (past 6 months): In 2020, 30% of the sample reported recent use of hallucinogenic mushrooms in the six months prior to the interview, stable from 32% in 2019 ($p=0.724$) (Figure 38).

Frequency of Use: Consumers reported a median of two days of hallucinogenic mushroom use (IQR=1-4; $n=30$; three days in 2019; IQR=1-6; $n=32$; $p=0.032$) in the six months prior to interview in 2020.

MDA

Due to low numbers reporting on recent use of MDA, numbers have been suppressed. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

Substances with Unknown Contents

Capsules: In 2020, 10% of the SA sample reported recent use of capsules with unknown contents (12% in 2019; $p=0.634$) on a median of one day (IQR=1-3; $n=10$; 2 days in 2019; IQR=1-21; $n=12$ $p=0.129$) (Figure 38).

Other Unknown Substances: From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder and crystal form. Sixteen per cent reported use of any substance with 'unknown contents' in 2020 (19% in 2019; $p=0.533$). Six per cent reported using pills with unknown contents in the previous six months (8% in 2019; $p=0.553$). A small number reported using powder and crystal with unknown contents in 2020, therefore, these numbers are suppressed.

Quantity: In 2020, we asked participants about the average amount of capsules and pills used with unknown contents in the six months preceding interview. In a 'typical' session, participants reported using a median of one capsule (IQR=1-2; $n=10$) with unknown contents. Small numbers reported on median use of pills with unknown contents in 2020, therefore, these numbers are suppressed.

Heroin

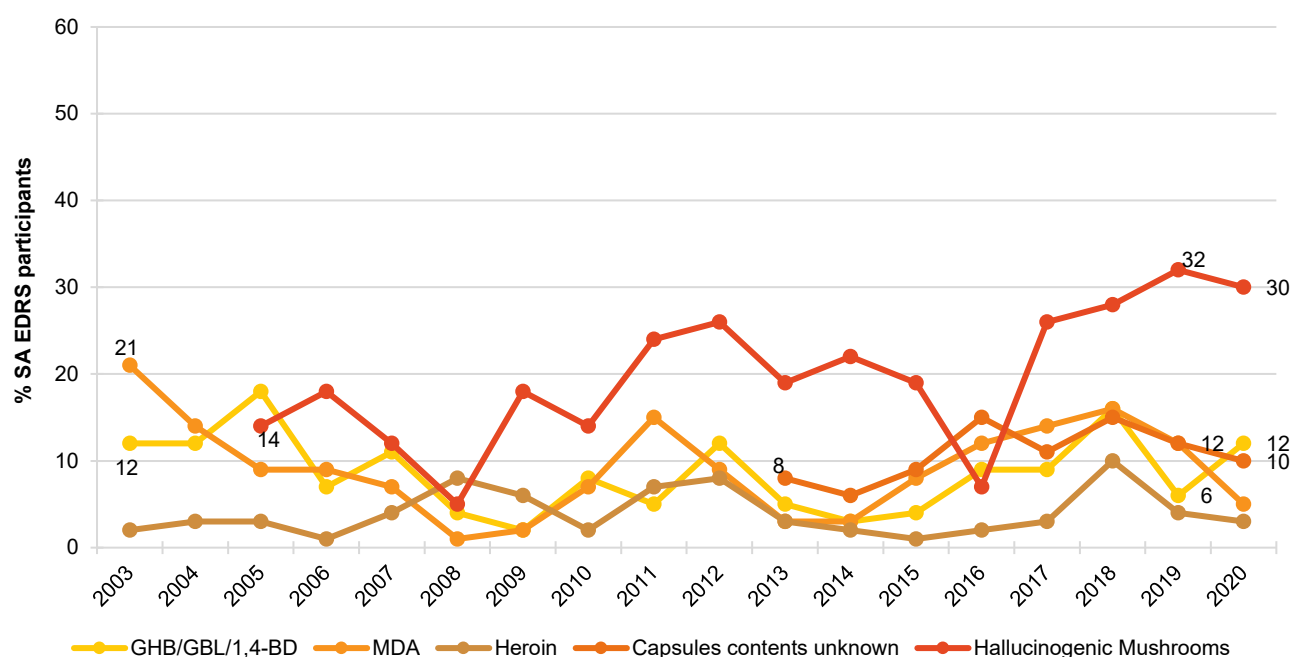
Due to low numbers reporting on recent use of heroin, numbers have been suppressed. For further information, please refer to the [National EDRS report](#), or contact the Drug Trends team for further information.

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

Recent Use (past 6 months): In 2020, 12% of the sample reported recent use of GHB/GBL/1,4-BD in the six months prior to the interview, stable from 6% in 2019 ($p=0.144$) (Figure 38).

Frequency of Use: Consumers reported a median of two days of GHB/GBL/1,4-BD use (IQR=1-5; $n=12$; 5 days in 2019; IQR=1-8; $n=6$; $p=0.467$) in the six months prior to interview in 2020.

Figure 38: Past six month use of other illicit drugs, South Australia, 2003-2020



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'. Y axis has been reduced to 60% to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): The vast majority of the sample reported recent use of alcohol in 2020 (98%), consistent with the per cent observed in 2019 (94%; $p = 0.145$) and since monitoring began in 2003 (Figure 39).

Frequency of Use: Consumers reported a median of 30 days of alcohol use in the past six months (IQR=15-72; $n = 99$; 27 days in 2019; IQR=12-48; $n = 94$; $p = 0.577$). Sixty-nine per cent of recent consumers drank alcohol on a weekly or more frequent basis, stable comparative to 2019 (70%; $p = 0.818$).

Tobacco

Recent Use (past 6 months): In 2020, recent use of tobacco remained high and stable at 85% (86% in 2019; $p = 0.864$) (Figure 39).

Frequency of Use: Median frequency of use in the past six months was 165 days (IQR=22-180; $n = 85$; 180 days in 2019; IQR=24-180; $n = 86$; $p = 0.109$), with 48% of recent consumers reporting daily use (59% in 2019; $p = 0.147$).

E-cigarettes

Recent Use (past 6 months): Over one-third (34%) of the 2020 sample had used e-cigarettes in the six months preceding interview (39% in 2019; $p = 0.432$) (Figure 39).

Frequency of Use: Consumers reported a median of five days of use in the past six months (IQR=1-39; $n = 34$; 24 days in 2019; IQR=4-90; $n = 39$; $p = 0.020$).

Forms Used: Among recent consumers ($n=34$), the majority (66%; $n=21$) reported using e-cigarettes containing nicotine (66% in 2019; $n=25$; $p=0.989$) and 28% ($n=9$) reported using both nicotine and cannabis in 2020 ($n\leq 5$ in 2019; $p=0.059$). Small numbers ($n\leq 5$) reported using neither cannabis nor nicotine (21% in 2019; $n=8$; $p=0.078$).

Reason for Use: Over two-thirds (68%) of recent consumers reported that they did not use e-cigarettes as a smoking cessation tool in 2020, significantly more so than in 2019 (45%; $p=0.039$).

Nitrous Oxide

Recent Use (past 6 months): Almost half (49%) of the sample reported recent use of nitrous oxide in 2020, stable from 43% in 2019 ($p=0.471$) (Figure 39).

Frequency of Use: Frequency of use decreased significantly to a median of four days in 2020 (IQR=2-10; $n=49$; 8 days in 2019; IQR=3-24; $n=43$; $p=0.009$).

Quantity: In 2020, we asked participants about the average amount of nitrous oxide that participants had used in the six months preceding interview. In a 'typical' session, participants reported using a median of 10 bulbs (IQR=5-20; $n=47$; 10 bulbs in 2019; IQR=6-25, $n=42$; $p=0.374$).

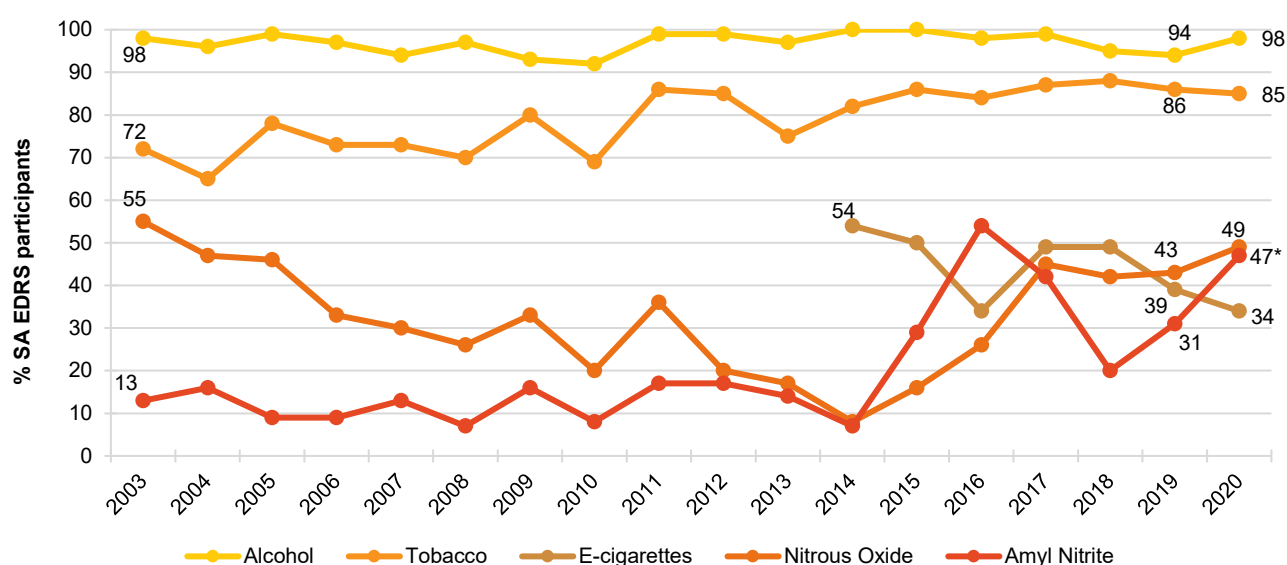
Amyl Nitrite

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

Recent Use (past 6 months): After considerable fluctuation over the course of monitoring, almost half (47%) of the sample reported recent use of amyl nitrite, an increase from 31% in 2019 ($p=0.024$) (Figure 39).

Frequency of Use: Median days of use was reported at two days in 2020 (IQR=2-4; $n=46$; 10 days in 2019; IQR=3-24; $p<0.001$).

Figure 39: Licit and other drugs used in the past six months, South Australia, 2003-2020



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

10

Drug-Related Harms and Other Associated Behaviours

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 sample (including people who had not consumed alcohol in the past six months) was 12.8 (SD 7.4) in 2020, stable relative to 13.7 (SD 7.6) in 2019 ($p=0.492$). AUDIT scores are divided into four 'zones' which indicate risk level. Over three-quarters (77%) of the sample obtained a score of eight or more, indicative of hazardous use (Table 8).

Table 8: AUDIT total scores and per cent of participants scoring above recommended levels, South Australia, 2010-2020

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
	(N=92)	(N=76)	(N=92)	(N=100)	(N=100)	N=100	N=100	N=100	N=100	N=100	N=101
Mean AUDIT total score (SD)	14.9 (6.8)	15.8 (7.2)	16.2 (6.8)	14.8 (6.9)	14.7 (6.2)	13.1 (5.3)	11.2 (5.7)	12.8 (6.2)	14.9 (7.4)	13.7 (7.6)	12.8 (7.4)
Score 8 or above (%)	86	90	88	86	89	81	74	83	85	74	77
Zone 1: low risk drinking or abstinence	14	11	12	14	11	19	26	17	15	26	23
Zone 2: alcohol use in excess of low-risk guidelines	42	42	34	43	44	48	51	51	40	38	46
Zone 3: harmful or hazardous drinking	19	18	21	20	25	23	13	18	21	16	12
Zone 4: possible alcohol dependence	25	29	33	22	20	10	10	14	24	19	20

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

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) stimulant overdose, and iv) other drug overdose.

In 2019 and 2020, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.
- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants 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 or opioid overdose, or other drug overdose where a depressant (e.g. GHB/GBL/1,4-BD, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

Thirty per cent (34% in 2019; $p=0.581$) of the SA sample reported a stimulant overdose in the last 12 months on a median of one occasion (IQR=1-3).

Of those who had experienced a stimulant event in the last year ($n=30$), most nominated some form of MDMA/ecstasy (capsules: 55% and crystal: 31%) and/or cocaine (31%) in any of these events in the last 12 months. The vast majority (93%) reported that they had also consumed one or more additional drugs on the last occasion. On the last occasion, 93% did not receive treatment or assistance. Considering low numbers reporting on those who did receive treatment or assistance ($n\leq 5$), please refer to the [National EDRS report](#) for national trends, or contact the Drug Trends team for further information.

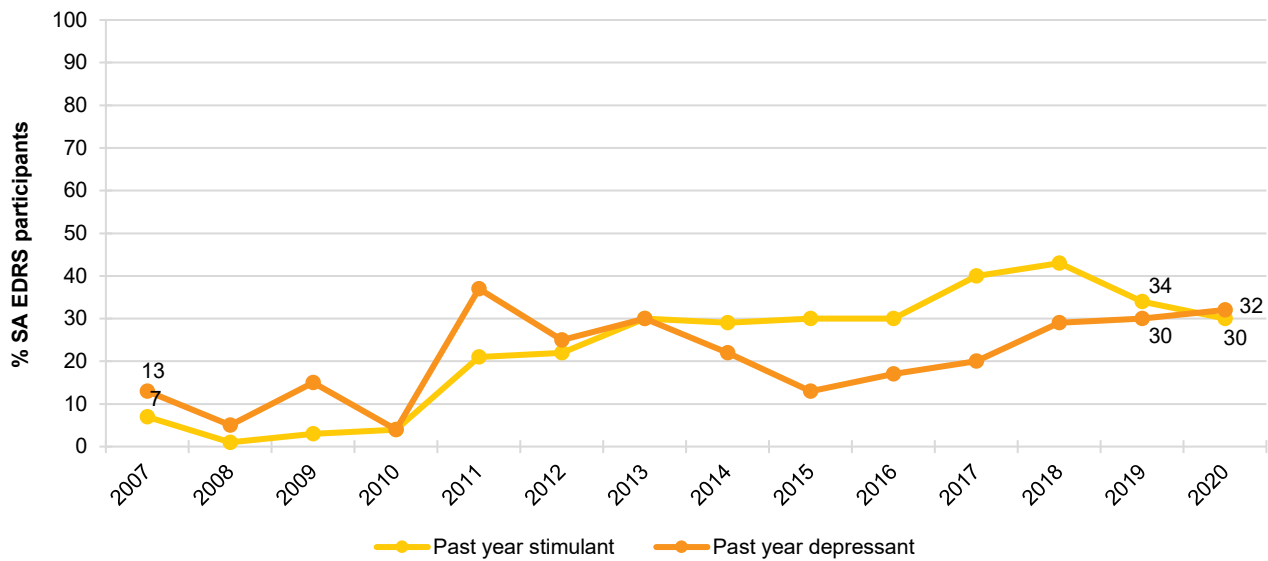
Non-Fatal Depressant Overdose

Alcohol: Twenty-nine per cent (25% in 2019; $p=0.524$) of the SA sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of two occasions (IQR=1-6). Of those who had experienced an alcohol overdose in the past year ($n=29$), the majority (90%) reported not receiving treatment on the last occasion. Few participants reported receiving treatment ($n\leq 5$), therefore, participant reports on immediate treatment received are suppressed. Please refer to the [National EDRS report](#) for national trends, or contact the Drug Trends team for further information.

Any depressant (including alcohol): Almost one-third (32%) of the SA sample reported any depressant overdose in the last 12 months, stable relative to 2019 (30%; $p=0.796$) (Figure 40).

Of those who had experienced any depressant overdose in the last year ($n=32$), the majority reported alcohol as the primary cause (91%; 83% in 2019; $p=0.259$). Fewer participants ($n\leq 5$) reported an overdose due to other drugs, therefore, these numbers are suppressed. Please refer to the [National EDRS report](#) for national trends, or contact the Drug Trends team for further information.

Figure 40: Past 12 month non-fatal stimulant and depressant overdose, South Australia, 2007-2020

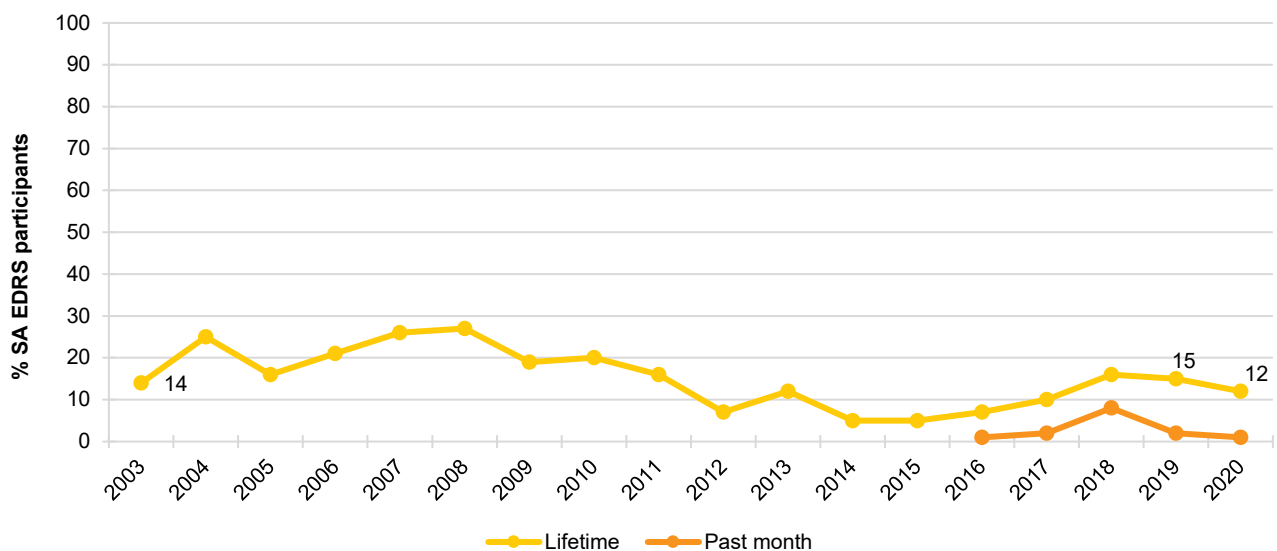


Note. Past year stimulant and depressant was first asked about in 2007. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

Since 2017, at least one in ten participants have reported ever injecting drugs, with 12% reporting lifetime injection in 2020 (15% in 2019; $p = 0.517$). The per cent who reported injecting drugs in the past month remained low in 2020 ($n \leq 5$) (Figure 41).

Figure 41: Lifetime and past month drug injection, South Australia, 2003-2020



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

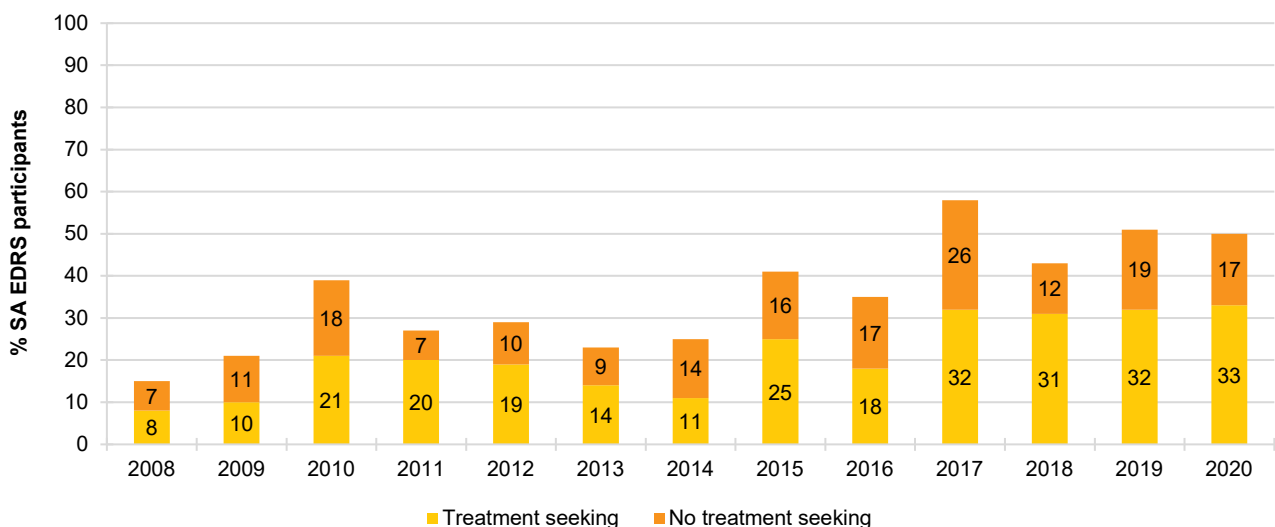
Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years (9% in 2019 versus 8% in 2018; $p=0.817$). Considering low numbers reporting, please refer to the [National EDRS report](#) for national trends, or contact the Drug Trends team for further information.

Mental Health

Fifty per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence), stable from 2019 (51%; $p=0.888$) but a significant increase from the 15% who reported experiencing a mental health problem in 2008 ($p<0.001$). Of those who reported a mental health problem in 2020 ($n=50$), the most common mental health problem was depression (71%; 73% in 2019; $p=0.901$), followed by anxiety (55%; 77% in 2019; $p=0.024$). Of those that reported experiencing a mental health problem ($n=50$), 66% reported seeing a mental health professional during the past six months (33% of the total sample; 32% in 2019; $p=0.733$) (Figure 42). Of these participants ($n=33$), 55% reported being prescribed medication for this problem in this period (53% in 2019; $p=0.909$).

Figure 42: Self-reported mental health problems and treatment seeking in the past six months, South Australia, 2008-2020



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

Crime

All crime data for 2020 was captured during the COVID-19 restriction period (i.e., data were captured from April-July 2020, and participants reported on past month behaviour).

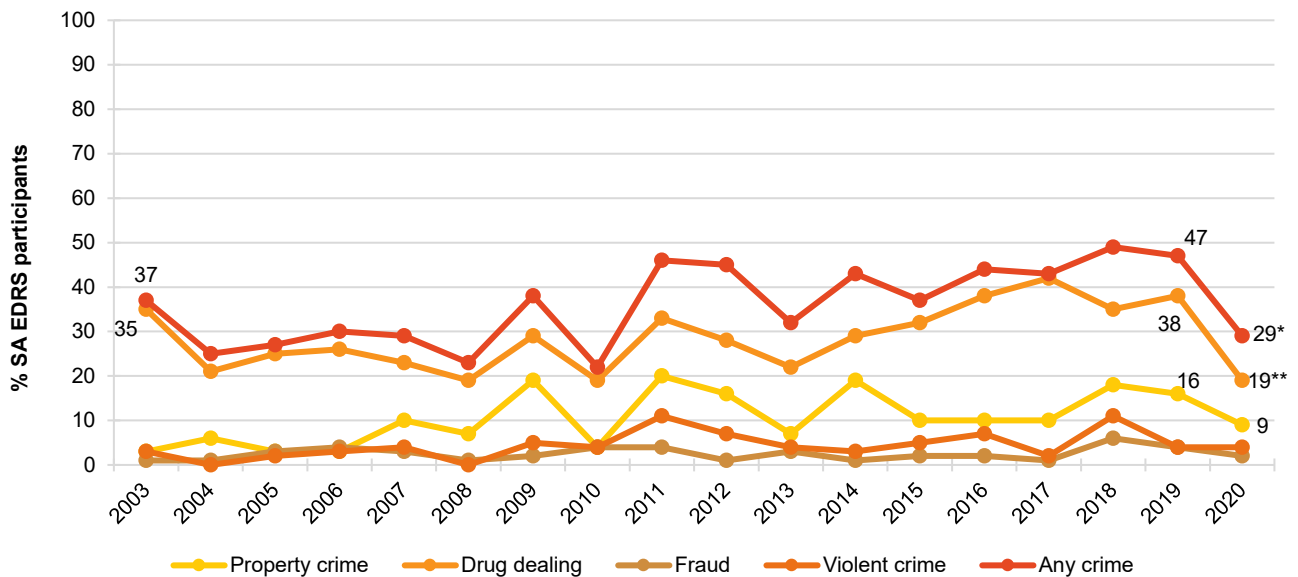
The per cent reporting any past month criminal activity has fluctuated over time, with drug dealing (19%; 38% in 2019; $p=0.003$) and property crime (9%; 16% in 2019; $p=0.134$) being the two main forms of criminal activity in 2020 (Figure 43).

In 2020, low numbers ($n \leq 5$) reported being the victim of a crime involving violence (e.g., assault); therefore, these numbers are suppressed.

Nine per cent of the 2020 SA sample reported having been arrested in the 12 months preceding interview (14% in 2019; $p=0.268$). This has remained relatively stable since 2003 (10%; $p=0.792$). Low numbers ($n \leq 5$) reported reasons for arrest; therefore, these data are suppressed.

Low numbers ($n \leq 5$) reported having ever been in prison in 2020, consistent with previous years. Please refer to the [National EDRS report](#) or contact the Drug Trends team for further information.

Figure 43: Self-reported criminal activity in the past month, South Australia, 2003-2020



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

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

The most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2020 was via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (81%; 74% in 2019; $p=0.251$), followed by face-to-face arrangement (72%; 79% in 2019; $p=0.233$). Over two-fifths (43%) had arranged to purchase illicit drugs via text messaging (44% in 2019; $p=0.936$) and over one-third (34%) had arranged the purchase via a phone call (37% in 2019; $p=0.696$) (Table 9).

Obtaining Drugs

The majority of participants in 2020 reported obtaining illicit drugs from a friend/relative/partner/colleague (87%; 92% in 2019; $p=0.366$), followed by obtaining illicit drugs from a known dealer/vendor (79%; 76% in 2019; $p=0.502$) and an unknown dealer/vendor (50%; 51% in 2019; $p=0.888$) (Table 9).

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 (96%), stable relative to 2019 (95%; $p=0.987$). In 2020, there was an increase in those receiving illicit drugs via a collection point compared with 2019 (25%; 12% in 2019; $p=0.020$; defined as a predetermined location where a drug will be left for later collection). There was no change between reports of participants receiving illicit drugs via post between 2020 and 2019 (14% and 10%, respectively; $p=0.399$) (Table 9).

Buying and Selling Drugs

In 2020, a minority of participants ($n\leq 5$) reported to have sold illicit drugs on the surface or darknet, therefore, these data are suppressed. On the other hand, 62% of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet, with 46% doing so in the last 12 months, stable relative to 36% in 2019 ($p=0.233$).

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

	2019 n=100	2020 n=99
% Purchasing approaches in the last 12 months[^]		
Face to face	79	72
Surface web	-	-
Darknet market	8	6
Social networking applications	74	81
Text messaging	44	43
Phone call	37	34
Grew/made my own	/	-
Other	-	0
Means of obtaining drugs in the last 12 months^{^~}		
Face-to-face	95	96
Collection point	12	25*
Post	10	14
% Source of drugs in the last 12 months[^]		
Friend/relative/partner/colleague	92	87
Known dealer/vendor	76	79
Unknown dealer/vendor	51	50

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