EDRS

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2019

Key Findings from the Australian Capital Territory Ecstasy and related Drugs Reporting System (EDRS) Interviews

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2019: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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

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Table of Contents

SAMPLE CHARACTERISTICS 6

ECSTASY/MDMA 9

METHAMPHETAMINE 16

COCAINE 20

CANNABIS 23

KETAMINE, LSD, AND HALLUCINOGENIC MUSHROOMS. 28

NEW PSYCHOACTIVE SUBSTANCES 33

OTHER DRUGS 36

DRUG-RELATED HARMS AND TREATMENT 41

List of Tables

Table 1: Demographic characteristics of the sample, nationally and ACT, 2015-2019 7
Table 2: Perceived purity and availability of ecstasy pills, capsules and crystal, ACT 2017-2019 15
Table 3: Use of any NPS in the past six months, nationally and ACT, 2010-2019 33
Table 4: Use of NPS in the past six months, ACT, 2010-2019 34
Table 4: AUDIT total scores and per cent of participants scoring above recommended levels, ACT, 2014-2019 42
Table 5: Sexual health behaviours, ACT, 2019 46
Table 6: Modes of purchasing illicit/non-prescribed drugs in the past 12 months, ACT, 2019 50

List of Figures

Figure 1: Drug of choice, ACT, 2003-2019 6
Figure 2: Drug used most often in the past month, ACT, 2011-2019 8
Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2003-2019 8
Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, ACT, 2003-2019 9
Figure 5: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, ACT, 2003-2019 10
Figure 6: Median price of ecstasy pill and capsule, ACT, 2003-2019 13
Figure 7: Median price of ecstasy crystal per point and gram, ACT, 2013-2019 13
Figure 8: Median price of ecstasy powder per point and gram, ACT, 2013-2019 14
Figure 9: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2003-2019 16
Figure 10: Median days of any methamphetamine, powder, and crystal use in the past six months, ACT, 2003-2019 17
Figure 11: Median price of powder methamphetamine per point and gram, ACT, 2003-2019 18
Figure 12: Current perceived purity of powder methamphetamine, ACT, 2003-2019 19
Figure 13: Current perceived availability of powder methamphetamine, ACT, 2003-2019 19
Figure 14: Past six month use and frequency of use of cocaine, ACT, 2003-2019 20
Figure 15: Median price of cocaine per gram, ACT, 2003-2019 21
Figure 16: Current perceived purity of cocaine, ACT, 2003-2019 22
Figure 17: Current perceived availability of cocaine, ACT, 2003-2019 22
Figure 18: Past six month use and frequency of use of cannabis, ACT, 2003-2019 23
Figure 19: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2006-2019 25
Figure 20: Current perceived potency of hydroponic (A) and bush (B) cannabis, ACT, 2006-2019 26
Figure 21: Current perceived availability of hydroponic (A) and bush (B) cannabis, ACT, 2006-2019 27
Figure 22: Past six month use and frequency of use of ketamine, ACT, 2003-2019 29
Figure 23: Past six month use and frequency of use of LSD, ACT, 2003-2019 30
Figure 24: Median price of LSD per tab, ACT, 2003-2019 30
Figure 25: Current perceived purity of LSD, ACT, 2003-2019 31
Figure 26: Current perceived availability of LSD, ACT, 2003-2019 31
Figure 27: Past six month use and frequency of use of Mushrooms, ACT, 2003-2019 32
Figure 28: Past six month use of new psychoactive substances, ACT, 2010-2019 35
Figure 29: Non-prescribed use of pharmaceutical medicines in the past six months, ACT, 2007-2019 37
Figure 30: Other illicit drugs used in the past six months, ACT, 2003-2019 38
Figure 31: Licit and other drugs used in the past six months, ACT, 2003-2019 40

Figure 32: Polysubstance use on occasion of last stimulant use among the total sample, ACT, 2018-2019 41
Figure 33: Past year non-fatal stimulant and depressant overdose, ACT, 2007-2019 43
Figure 34: Lifetime and past month drug injection, ACT, 2004-2019 44
Figure 35: Driving risk behaviours in the past six months, ACT, 2004-2019 45
Figure 36: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2008-2019 47
Figure 37: Self-reported criminal activity in the past month, ACT, 2003-2019 48

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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 2019:

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- Callula Sharman and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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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Abbreviations

2C-B	4-bromo-2,5-dimethoxyphenethylamine
ACT	Australian Capital Territory
AUDIT	Alcohol Use Disorders Identification Test
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
SD	Standard deviation
STI	Sexually Transmitted Infections
UNSW	University of New South Wales
WHO	World Health Organisation

Executive Summary

Sample Characteristics

The ACT EDRS sample (N=100) recruited from Canberra were predominantly young, educated males, consistent with the sample profile since monitoring began in 2003. Cannabis and ecstasy were the drugs of choice (32% and 31%, respectively) and the drugs used most often in the preceding month (40% and 25%, respectively) in 2019.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e., past six month) use of ecstasy pills declining and greater use of capsules and crystal forms of ecstasy (70%, 81%, and 72% of the sample endorsing use in 2019, respectively). The per cent reporting recent use of capsules was the highest observed over the course of monitoring (and now the main form used). An increasing percentage of consumers perceived capsules as very easy to obtain and of high purity relative to 2018.

Methamphetamine

Use of methamphetamine has been declining amongst the ACT sample since the commencement of monitoring. While powder (speed) has consistently been the main form used, the difference in the percentage reporting recent use of powder and crystal in 2019 was the smallest observed historically (23% and 15%, respectively). One in five (18%) of recent consumers reported weekly or more frequent methamphetamine use.

Cocaine

The per cent reporting recent use of cocaine increased from 48% in 2017 to 75% in 2018; this figure has remained stable in 2019 (75%). Use remains infrequent, with small numbers reporting weekly or more frequent use. The price for one gram of cocaine remained stable at $300 yet three in four of those who commented reported cocaine as 'easy' or 'very easy' to obtain.

Cannabis

At least three in four participants have reported recent use of cannabis each year since monitoring began (81% in 2019). Over one-quarter of consumers (28%) reported daily cannabis use. The percentage reporting inhaling/vaporising cannabis declined relative to 2018.

Ketamine, LSD and Hallucinogenic Mushrooms

Recent use of ketamine, LSD and hallucinogenic mushrooms has fluctuated over the period of monitoring. In 2019, 33%, 42% and 15% reported recent use of the substances, respectively (similar to estimates in 2018). The median days of use was infrequent at two days for these substances.

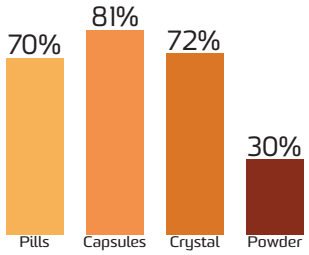
New Psychoactive Substances (NPS)

Less than one-third of the sample (30%) reported recent use of at least one form of NPS. DMT was the most common recently used NPS in 2019 (13%), followed by methylone (9%). Frequency of use remained low, ranging between 1-2 median days.

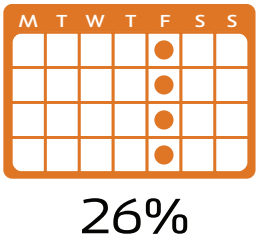
Drug-Related Harms andOother Risks

Eighty-seven percent of the sample reported using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use. One in five participants (21%) reported a non-fatal stimulant overdose, and one-third (33%) reported a non-fatal depressant overdose (mostly attributed to alcohol) in the past year, an increase to 2018 (13%; noting that item wording changed in 2019). One-third (32%) of those who had driven a vehicle reported driving while being over the legal limit of alcohol and half (57%) reported driving within three hours of consuming an illicit drug. Over half the sample (57%) self-reported that they had experienced a mental health problem in the preceding six months, and two-thirds (64%) of this group had seen a mental health professional in the same period. One-third (30%) reported engaging in drug dealing and one-quarter (24%) reported engaging in property crime in the past month.

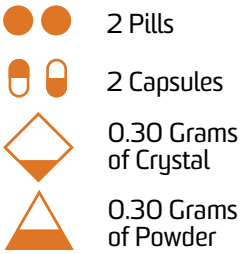
ECSTASY



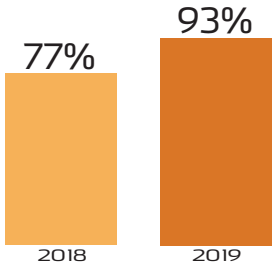
Past 6 month use of ecstasy pills, capsules, crystal, and powder in 2019.



Of those who had recently consumed ecstasy, 26% used it weekly or more often.



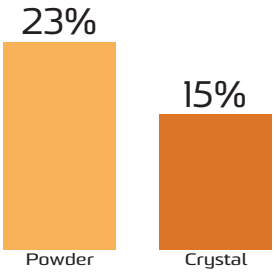
Median amounts of ecstasy consumed in a 'typical' session using each form.



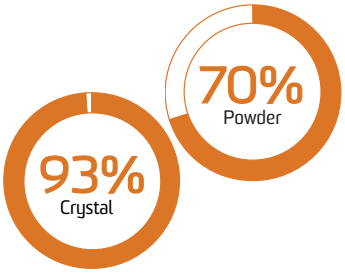
Of those who could comment 93% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

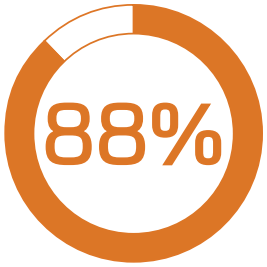
33% of people in the ACT EDRS sample had used methamphetaime in the previous 6 months.



Of the entire sample, 23% had recently consumed powder, and 15% crystal methamphetamine.



93% of people who had recently used crystal smoked it. Of those who had recently used powder, 70% snorted it.

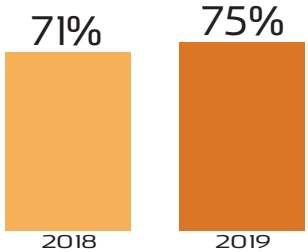


Of those who could comment 88% perceived crystal methmphetamine to be 'easy' or 'very easy' to obtain.

COCAINE

75% of the entire sample used cocaine in the past 6 months.

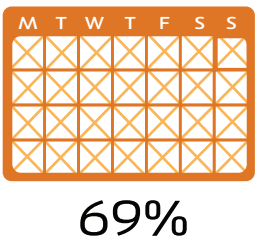
Of people who had consumed cocaine in the last 6 months, 100% had snorted it.



Of those who could comment 75% perceived cocaine to be 'easy' or 'very easy' to obtain.

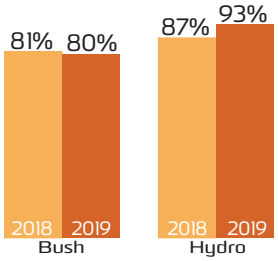
CANNABIS

81% of the sample had used cannabis in the previous 6 months.



Of those who had consumed cannabis recently, 69% reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 99% had smoked it.

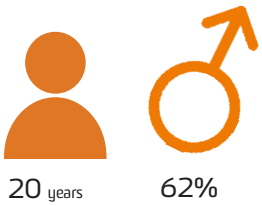


Of those who could comment 93% perceived hydro to be 'easy' or 'very easy' to obtain.

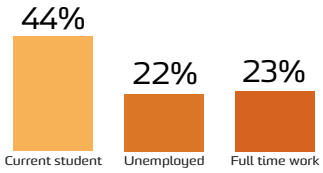
EDRS Ecstasy and Related Drugs Reporting System

2019 SAMPLE CHARACTERISTICS

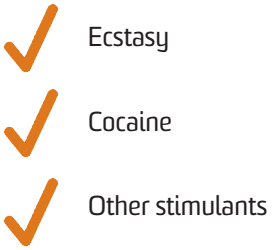
In 2019, 100 people from the ACT participated in EDRS interviews.



The median age in 2019 was 20 (IQR = 19-23), and 62% identified as male.

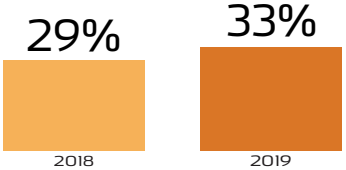


In the 2019 sample, 44% were students, 22% were unemployed, and 23% were employed full time.

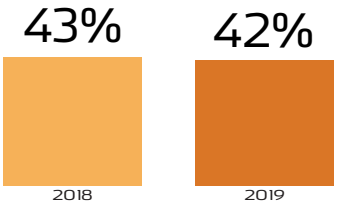


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

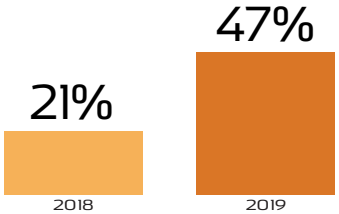
OTHER DRUGS



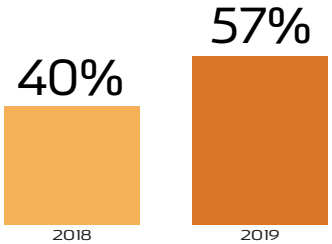
Past 6 month use of ketamine was reported by one-third (33%) of the 2019 EDRS sample, stable to 29% in 2018.



Past 6 month use of LSD was stable, from 43% in 2018 to 42% in the 2019 EDRS sample.



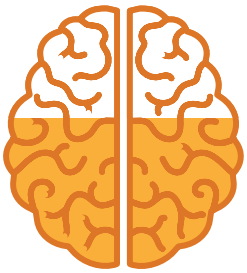
Past 6 month use of amyl nitrite increased from 21% in 2018 to 47% in the 2019 EDRS sample.



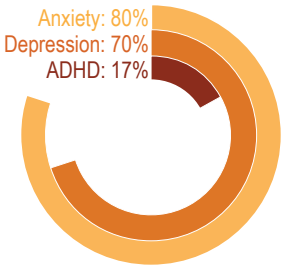
Past 6 month use of nitrous oxide (nangs) increased from 40% in 2018 to 57% in the 2019 EDRS sample.

DRUG TREATMENT AND MENTAL HEALTH

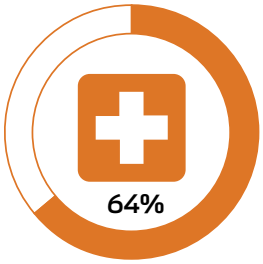
Of the 2019 EDRS sample 7% reported that they were currently receiving drug treatment.



Over half of the ACT sample (57%) self-reported that they had experienced a mental health problem in the previous 6 months.

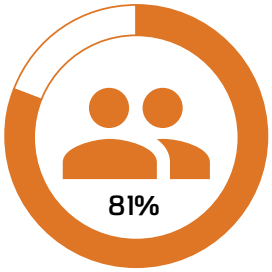


Of those who commented, the most common self-reported mental health concern was anxiety (80%), followed by depression (70%), and ADHD (17%).

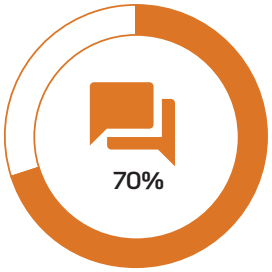


Of those self-reporting a mental health problem, 64% reported seeing a mental health professional in the previous 6 months.

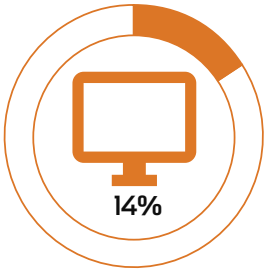
MODES OF PURCHASING



In 2019, 81% of the EDRS sample reported buying drugs face to face in the previous 12 months.



In 2019, 70% of the EDRS sample reported buying drugs off social networking applications in the previous 12 months.



In 2019, 14% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

Background

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

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 16 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. A total of 797 participants were recruited across capital cities nationally (April-July 2019), with 100 participants interviewed in Canberra during April-June 2019 (100 in 2018), of which 28 had participated in the EDRS previously (2003-2018) and 18 had participated in 2018.

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

Interpretation of Findings

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

Additional Outputs

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

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

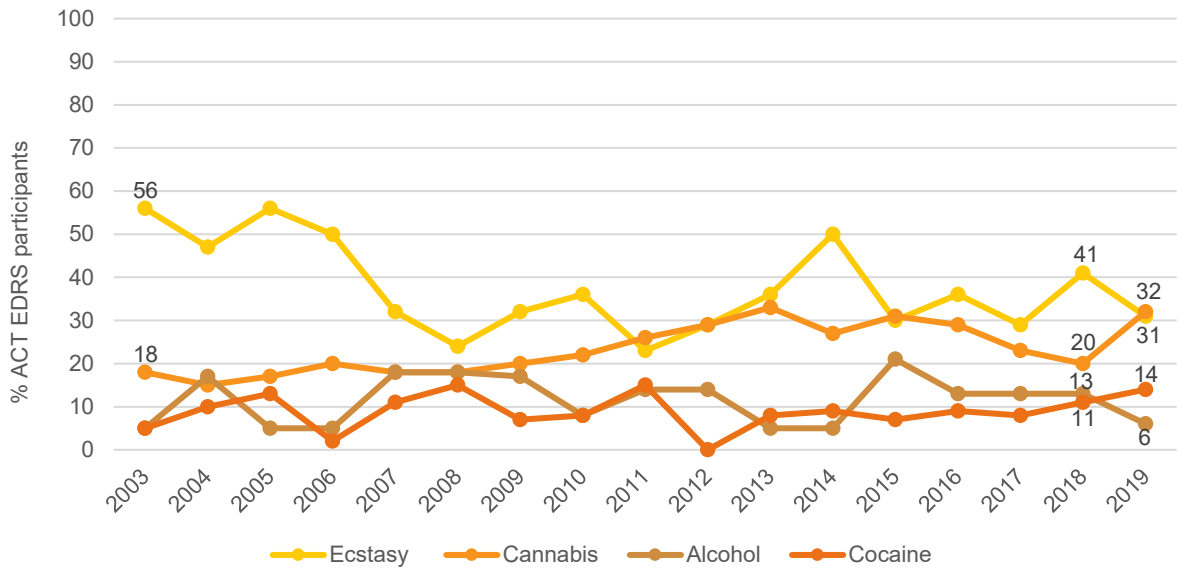
1

Sample Characteristics

In 2019, the ACT EDRS sample had more male participants (62%) than female (37%), with a median age of 20 (IQR=19-23; Table 1). Two-fifths (40%) of the sample reported having completed a post-school qualification(s), and a similar per cent (44%) reported to be current students. Over-one fifth (23%) reported being employed full-time and 22% reporting being unemployed at the time of interview.

In 2019, cannabis and ecstasy had similar reports for drug of choice (32% and 31%, respectively; Figure 1). Participants typically reported that cannabis was the drug used most often in the past month (40%). In 2019, there was an increase of those reporting to have used ecstasy most often in the past month (25% versus 13% in 2018; p=0.031) and a decrease of those reporting alcohol (20% versus 33% in 2018; p=0.037; Figure 2). Over half of the sample (56%) reported weekly or more use of cannabis and a quarter (26%) reported weekly or more ecstasy use (Figure 3).

Figure 1: Drug of choice, ACT, 2003-2019



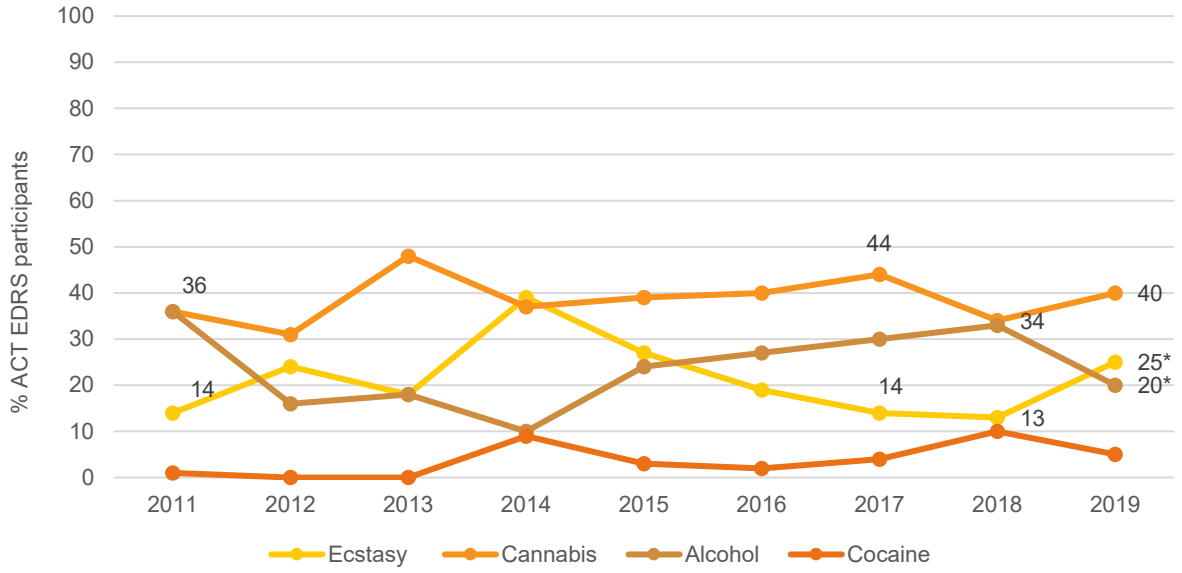
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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

	National 2019 N=797	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 N=100	ACT 2016 N=100	ACT 2015 N=100
Median age (years; IQR)	22 (19-26)	**20 (19-23)**	21 (19-24)	20 (19-22)	20 (19-22)	20 (18-21)
% Male	60	**62**	49	64	58	67
% Aboriginal and/or Torres Strait Islander	5	**12***	-	-	-	-
% Sexual identity						
Heterosexual	81	**79**	79	82	89	94
Homosexual	5	-	-			
Bisexual	12	**15**	14	13	7	-
Different identity	1	-	-	-	0	0
Median years of school education	12	**12**	12	12	12	12
% Post-school qualification(s)^	54	**40**	40	27	31	32
% Employment status						
Employed full-time~	22	**23**	23	12	17	24
Students#	45	**44***	27	17	27	35
Unemployed	27	**22**	19	13	11	7
Median weekly income $ (IQR)	(N=763) $500 (257-850)	**(N=90) $600* (300-900)**	(N=98) $413 (244-800)	(N=100) $400 (250-638)	(N=93) $400 (238-525)	(N=95) $353 (200-600)
% Accommodation						
Own house/flat	4	-	7	-	6	-
Rented house/flat	48	**39**	44	58	41	43
Parents'/family home	40	**46**	42	32	43	49
Boarding house/hostel	5	-	0	-	-	-
No fixed address	1	**0**	-	0	0	-
Other	-	**0**	-	-	-	-

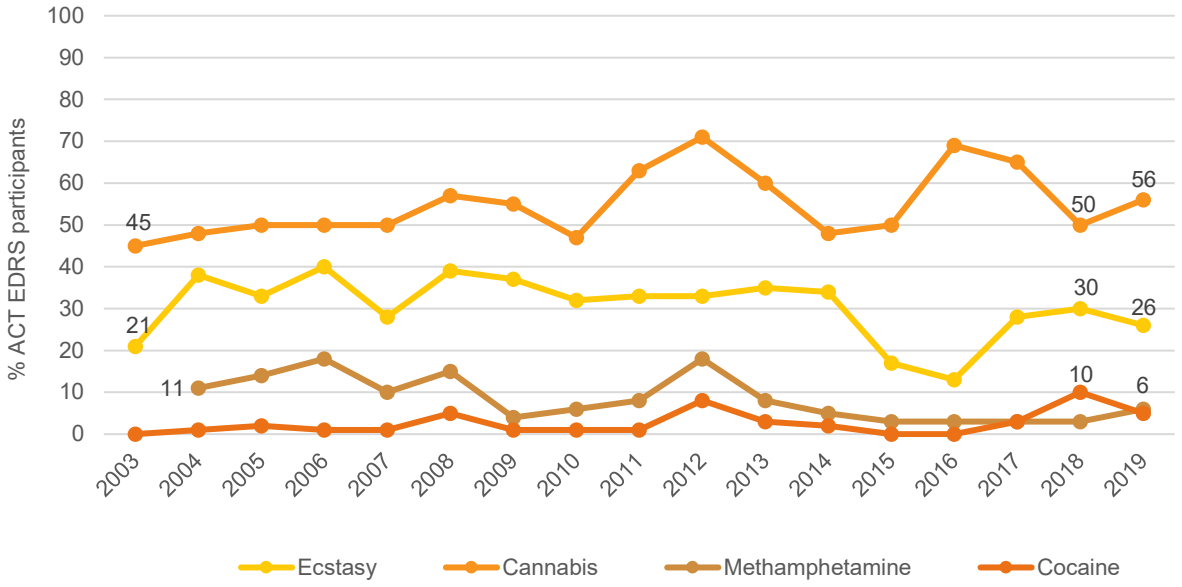
Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018 and 2019. ^Includes trade/technical and university qualifications. # Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). ~ until 2019, participants were asked if they identify as gay male or lesbian; in 2019, participants were asked whether they identify as homosexual. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.

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



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. Data are only presented for 2011-2019 as this question was not asked in 2003-2010. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2003-2019



Note. Among the entire sample. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

2

Ecstasy/MDMA

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

Recent Use (past 6 months)

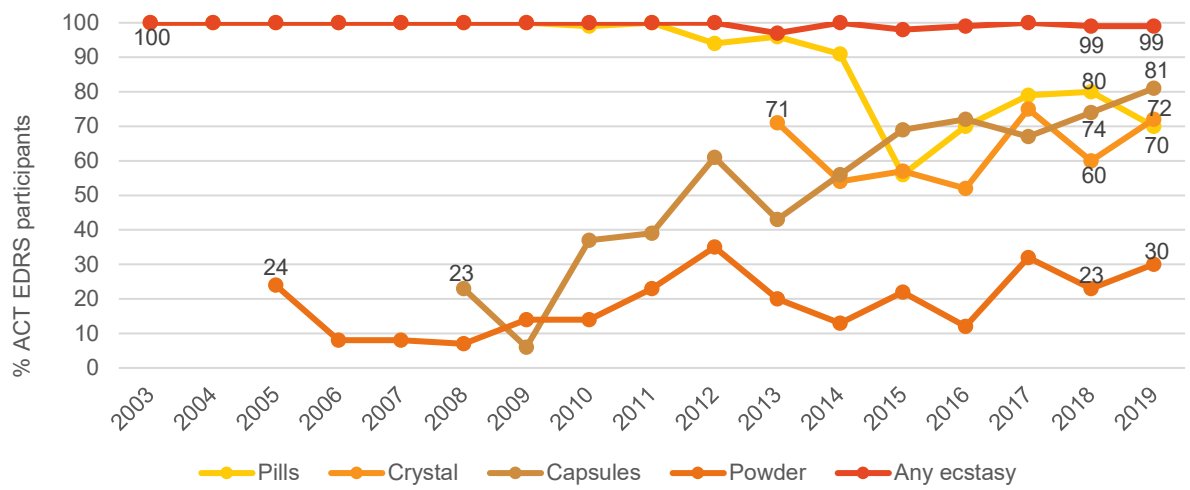
Nearly all participants (99%) in the 2019 ACT sample reported recent ecstasy use, consistent with previous years (Figure 4), and reflecting the interview eligibility criteria (see Methods).

Pills have dominated as the main form used in the six months preceding interview since monitoring began in 2003. However, in more recent years (2015-2019) pills have been competing with the crystal and capsule form of ecstasy in terms of the per cent reporting use (Figure 4). The powder form has consistently remained the least commonly used form. Findings by form of ecstasy are reported below.

Frequency of Use

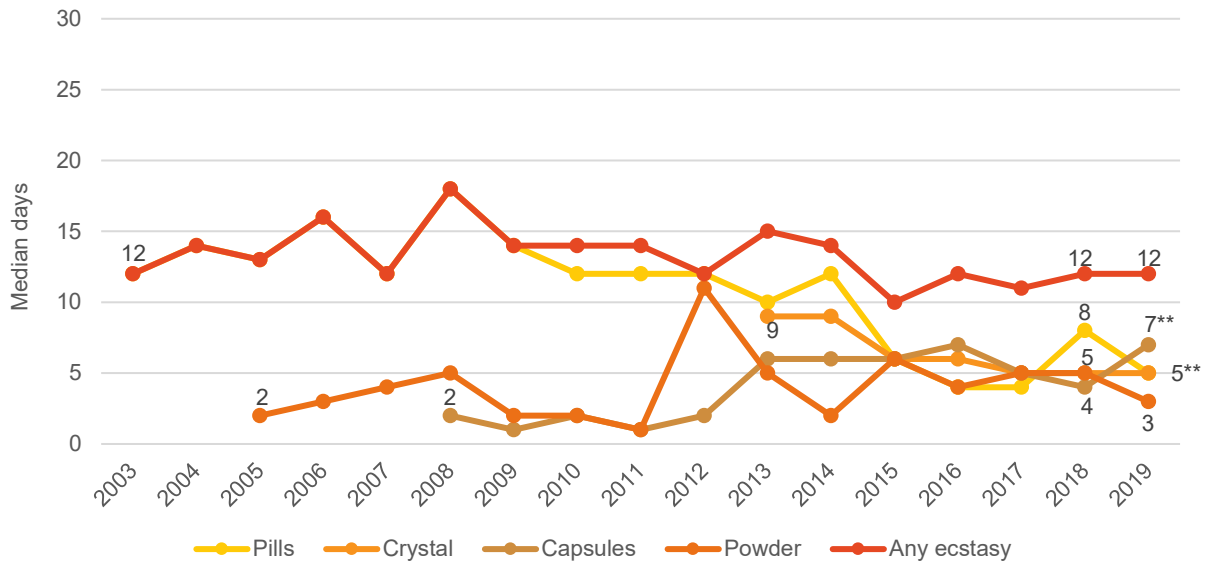
Median frequency of ecstasy use remained stable at fortnightly use in the past six months (median 12 days: IQR=7-24; 12 days in 2018; IQR=6-24; p=0.952), with 26% of recent consumers reporting weekly or more frequent use (31% in 2018; p=0.510).

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



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. Some data labels have been removed to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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



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 recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 to improve visibility of trends. Some data labels have been removed to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Ecstasy pills dominated as the main form used since monitoring began in 2003 until 2015, from which point the main form varied between pills and capsules. In 2019, 70% reported to have used ecstasy pills in the past 6 months (80% in 2018; *p*=0.103; Figure 4).

Frequency of Use: Frequency of use of pills significantly decreased from 2018 (median 8 days; IQR=5-20) to 2019 (median 5 days; IQR=2-12; *p*=0.002; Figure 5). One-tenth (11%) of those that had recently used ecstasy pills reported weekly or more frequent use (21% in 2018; *p*=0.107).

Routes of Administration: Swallowing remained the main route of administration among those who had used pills (97%; 95% in 2018; *p*=0.504), followed by snorting (30%; 26% in 2018; *p*=0.610).

Quantity: In 2019, the median quantity used in a 'typical' session was two pills (IQR=1-3, n=70; 2 pills in 2018; IQR=2-3). The median 'maximum' number of pills used remained stable at 4 pills (IQR=2-8, n=70; 4 pills in 2018; IQR=2-7).

Ecstasy Capsules

Recent Use (past 6 months): The per cent reporting recent use of ecstasy capsules has continued to increase. In 2019, it reached the highest per cent recorded over the course of monitoring (81%; 74% in 2018; *p*=0.236; Figure 4).

Frequency of Use: Frequency of use among recent consumers increased to more than monthly use in 2019 (median 7 days; IQR=4-11) compared to less than monthly use in 2018 (4 days; IQR=2-8; *p*=0.005; Figure 5). Seven per cent of those that reported recent use of ecstasy capsules reported weekly or more frequent use (12% in 2018; *p*=0.317).

Routes of Administration: The main route of administration among recent consumers has consistently been swallowing (99%; 95% in 2018; *p*=0.142), followed by snorting (27%; 19% in 2018; *p*=0.225).

Quantity: The median quantity used in a 'typical' session was two capsules in 2019 (IQR=2-3; n=81; 2 in 2018; IQR=1-3) and the median for the 'maximum' capsules used in a session was 4 (IQR=2-6; n=81) and increase from 2018 (2; IQR=2-5; *p*=0.039).

Ecstasy Crystal

Recent Use (past 6 months): Recent use of the crystal form was 72% in 2019 (60% in 2018; *p*=0.065), a similar per cent to those reporting recent use of pills (Figure 4).

Frequency of Use: Frequency of use among recent consumers remained stable at a median of five days (i.e. less than monthly use; IQR=2-11; 5 days in 2018; *p*=0.868; Figure 5). One-tenth (9%) of recent ecstasy crystal consumers reported weekly or more frequent use (n≤5 in 2018; *p*=0.973).

Routes of Administration: The most common route of administration remained swallowing (81%; 76% in 2018; *p*=0.552), followed by snorting (47%; 49% in 2018; *p*=0.579).

Quantity: The median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; n=67; 0.30 grams in 2018; IQR=0.20-0.65) and the median for 'maximum' used was 0.50 (IQR=0.30-1.00; n=67) an increase from 2018 (0.40; IQR=0.28-0.85; *p*=0.004).

Ecstasy Powder

Recent Use (past 6 months): With the exception of 2009, ecstasy powder has consistently been the least commonly endorsed form of ecstasy (30%; 23% in 2018; *p*=0.262; Figure 4).

Frequency of Use: Frequency of powder use among consumers remained stable (median 3 days; IQR 1-8; 5 days in 2018; *p*=0.146; Figure 5). A small per cent of recent consumers reported weekly or more frequent use of ecstasy powder (n≤5; n≤5 in 2018; *p*=0.762).

Routes of Administration: The main route of administration among consumers has consistently been snorting (67%; 74% in 2018; *p*=0.569), followed by swallowing (33%; 57% in 2018; *p*=0.091).

Quantity: The median quantity used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; n=26; 0.30 grams in 2018; IQR=0.20-0.50). The median for 'maximum' used was 0.50 (IQR=0.28-1.00; n=26; 0.50 in 2018; IQR=0.20-1.50)

Market Trends

Ecstasy Pills

Price: The reported median price of a pill was $35 until 2006; then $30 until 2008, and has since remained relatively stable at $25 (IQR=20-25, n=79; Figure 6).

Perceived Purity: Of those who responded (n=87), 35% perceived the purity of ecstasy pills to be 'high', 32% 'medium' and 29% reported 'fluctuates', stable compared to 2018 (30% 'high', 31% 'medium', 26% 'fluctuates; Table 2).

Perceived Availability: Of those who responded (n=89), 82% reported pills as 'easy' or 'very easy' to obtain, similar to 2018 results (83%; *p*=0.935; Table 2).

Ecstasy Capsules

Price: Median price per ecstasy capsule was $30 up until 2014, then declining to $25, and then declining again to $23 (IQR=20-25; n=82) in 2019, the lowest price recorded over the course of monitoring (Figure 6).

Perceived Purity: Of those who responded (n=92), a larger per cent perceived capsules to be of 'high' purity compared to 2018 (46% versus 22% in 2018; *p*=0.001), with a smaller per cent reporting purity as 'medium' (Table 2).

Perceived Availability: Of those who responded (n=93), a higher per cent perceived capsules as 'easy' or 'very easy' to obtain compared to 2018 (93% versus 77% in 2018; *p*=0.005). Fewer participants reported capsules to be 'difficult' to obtain in 2019 (8% versus 22% in 2018; *p*=0.009; Table 2).

Ecstasy Crystal

Price: The median price of a gram of crystal remained stable at $200 in 2019 (IQR=150-200, n=34) and $20 for a point (IQR=20-30, n=22; Figure 7).

Perceived Purity: Of those who responded (n=65), a higher per cent perceived crystal to be of 'high' purity in 2019 compared to 2018 (72% versus 39% in 2018; *p*<0.001), with attendant declines in the per cent reporting crystal as 'medium' purity (Table 2).

Perceived Availability: Of those who responded (n=66), 49% endorsed crystal to be 'easy' to obtain (30% in 2018; *p*=0.048) and 32% perceived it to be 'very easy' (36% in 2018; *p*=0.621; Table 2).

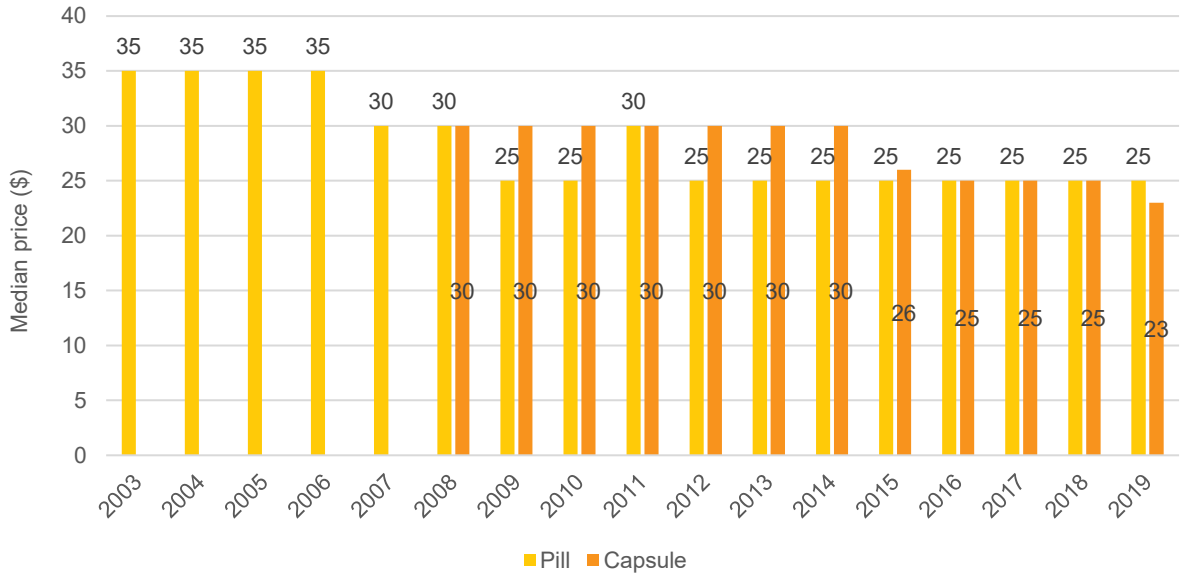
Ecstasy Powder

Price: A gram of ecstasy powder had a median price of $200 (IQR=160-200, n=9) and $23 for a point (IQR=20-25; n=10) in 2019 (Figure 8).

Perceived Purity: Of those who responded (n=22), nearly half perceived powder to be of 'high' purity (46%) and 32% perceived it to be of 'medium' purity (low numbers responded in 2018, hence comparison excluded; Table 2).

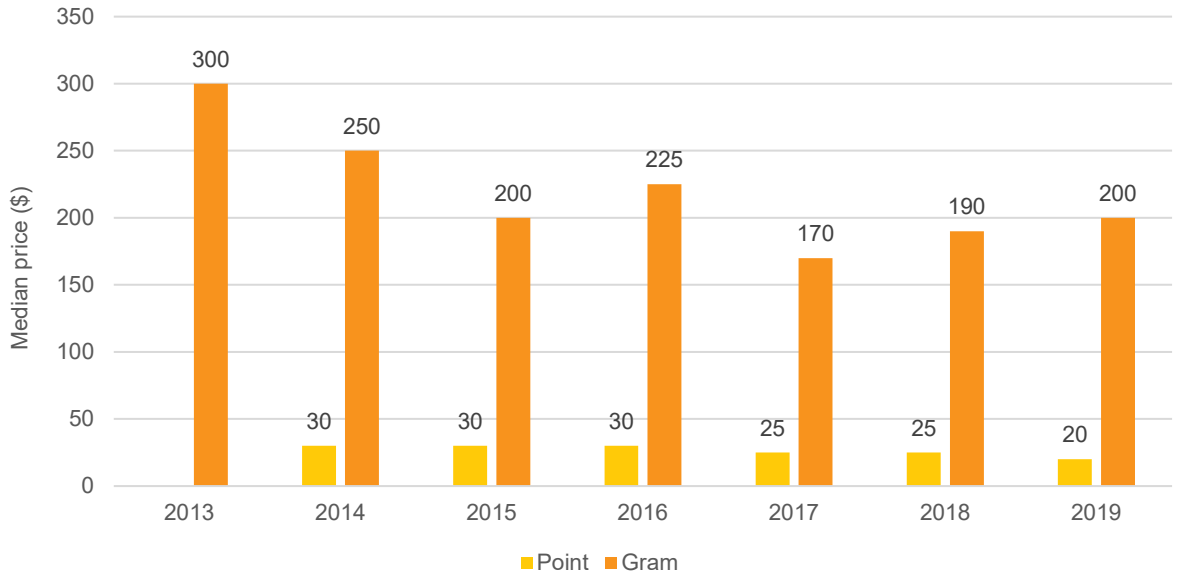
Perceived Availability: Of those who responded (n=22), 68% reported powder as 'easy' or 'very easy' to obtain (73% in 2018; *p*=0.789; Table 2).

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



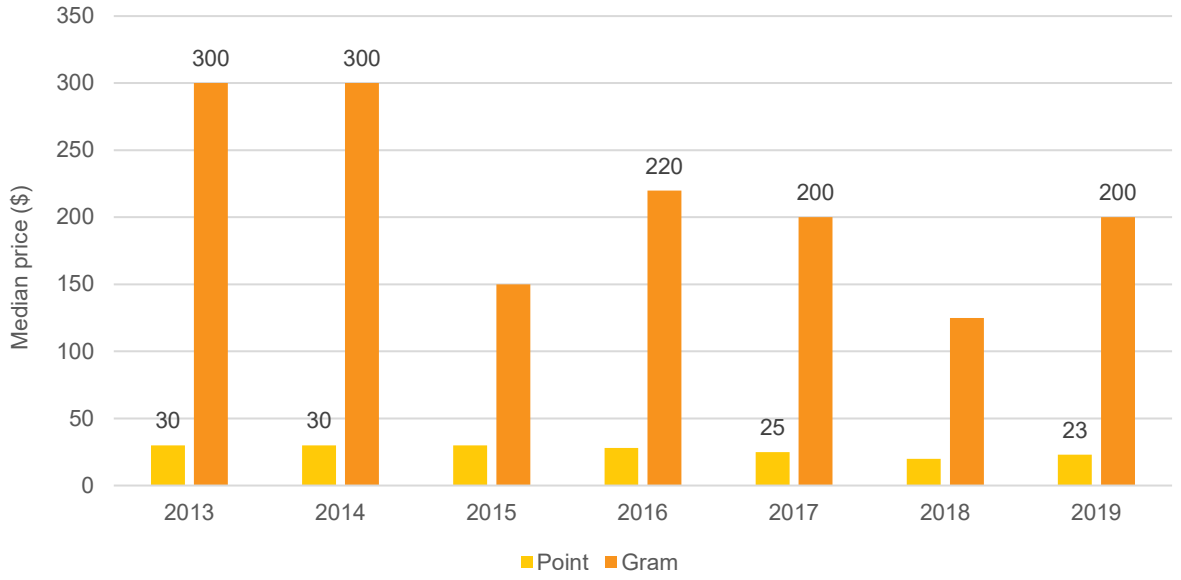
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 8: Median price of ecstasy powder per point and gram, ACT, 2013-2019



Note. Among those who commented. Data collection for price of ecstasy powder gram and point started in 2013. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

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

	2017	2018	2019
Current Purity			
% Pills (n)	(n=69)	(n=80)	**(n=87)**
Low	13	13	**-**
Medium	38	31	**32**
High	29	30	**35**
Fluctuates	20	26	**29**
% Capsules (n)	(n=77)	(n=74)	**(n=92)**
Low	16	19	**-*** **
Medium	46	45	**28***
High	25	22	**46****
Fluctuates	14	15	**23**
% Crystal (n)	(n=61)	(n=46)	**(n=65)**
Low	-	-	**-**
Medium	46	46	**19****
High	39	39	**72*****
Fluctuates	10	-	**-**
% Powder (n)	(n=14)	(n=11)	**(n=22)**
Low	-	-	**-***
Medium	64	-	**32**
High	-	-	**46**
Fluctuates	0	0	**-**
Current Availability			
% Pills (n)	(n=70)	(n=80)	**(n=89)**
Very easy	51	58	**44**
Easy	34	25	**38**
Difficult	13	18	**15**
Very difficult	-	0	**-**
% Capsules (n)	(n=79)	(n=74)	**(n=93)**
Very easy	52	34	**45**
Easy	41	43	**47**
Difficult	-	22	**8****
Very difficult	-	-	**0**
% Crystal (n)	(n=60)	(n=44)	**(n=66)**
Very easy	35	36	**32**
Easy	57	30	**49***
Difficult	-	32	**18**
Very difficult	0	-	**-**
% Powder (n)	(n=14)	(n=11)	**(n=22)**
Very easy	-	-	**-**
Easy	43	55	**46**
Difficult	-	-	**27**
Very difficult	-	0	**-**

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

3

Methamphetamine

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

Patterns of Consumptions (any methamphetamine)

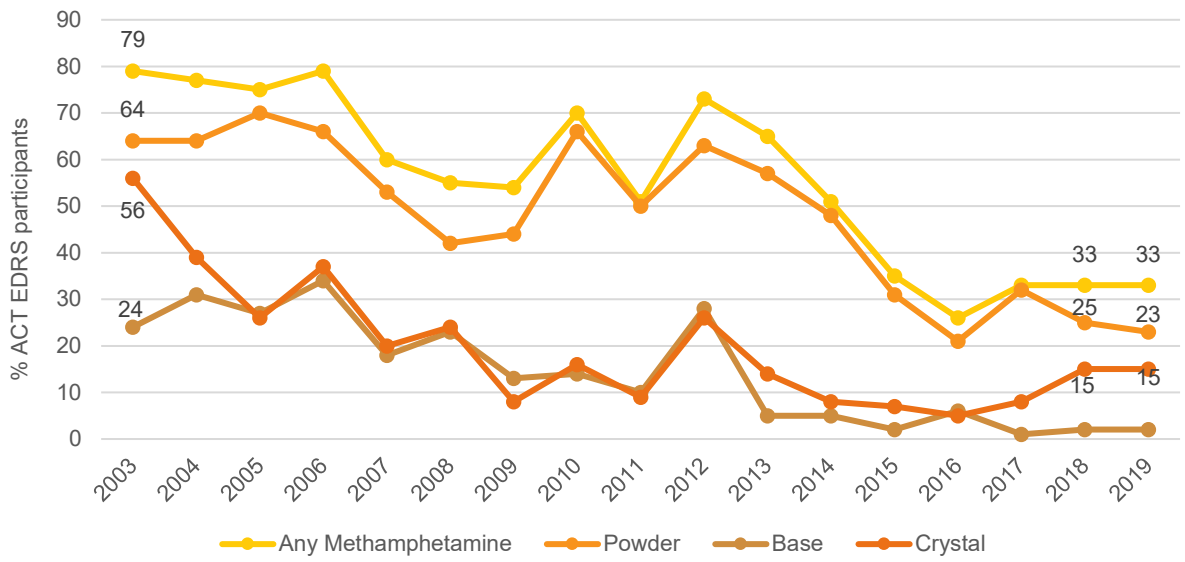
Recent Use (past 6 months)

Recent use of methamphetamine has been declining since monitoring began, from four-in-five participants (79%) in 2003 to one in three participants (33%) in 2018 and 2019 (p<0.001; Figure 9).

Frequency of Use

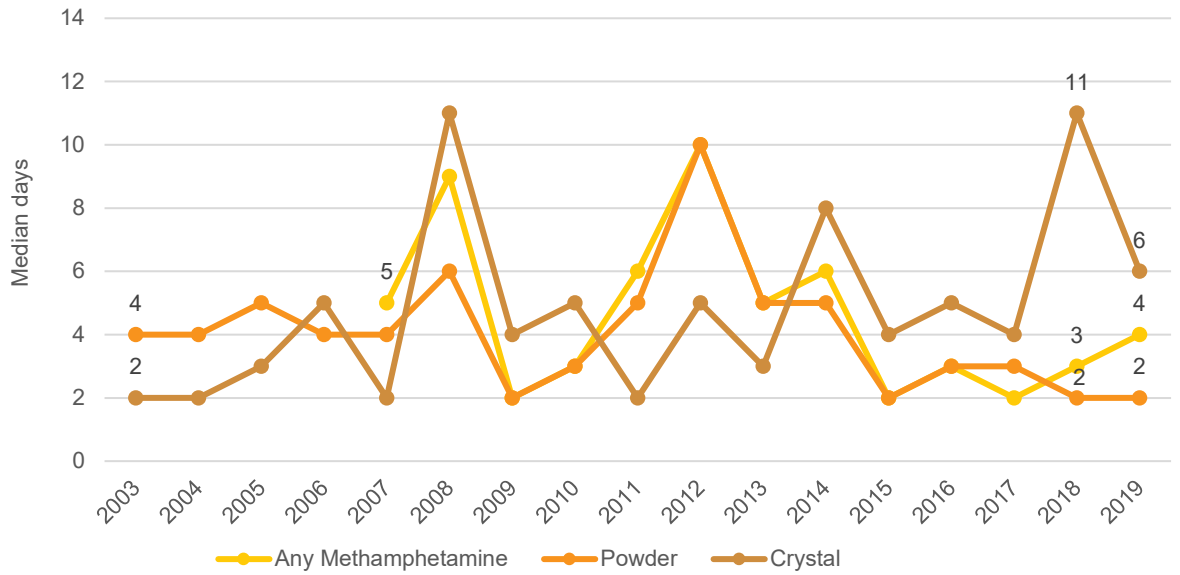
Use has remained relatively infrequent since monitoring commenced. In 2019, consumers reported a median of 4 days of use (IQR=2-13; 3 days in 2018; p=0.255; Figure 10). In 2019, 18% of recent consumers reported weekly or more use of any methamphetamine (n≤5 in 2018; p=0.304).

Figure 9: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2003-2019



Note. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 10: Median days of any methamphetamine, powder, and crystal use in the past six months, ACT, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 15 to improve visibility of trends. Median days of base is not presented due to small numbers reporting use. Some data labels have been removed to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Methamphetamine Powder

Recent Use (past 6 months): Powder has consistently been the main form used, although use declined substantially from 2003 to 2016, and then stabilised in the years subsequent (23% in 2019; 25% in 2018; p=0.710; Figure 9).

Frequency of Use: Frequency of use has fluctuated over the years, from a high of 10 median days in 2012 to a low of two median days in 2019 (IQR=1-6; 2 days in 2018; IQR=1-5; p=0.671; Figure 10).

Routes of Administration: In 2019, the main route of administration was snorting (70%; 64% in 2018, p=0.683) followed by swallowing (44%; 40% in 2018; p=0.807).

Quantity: The median intake in a 'typical' session was 0.25 grams (IQR=0.20-0.50; n=20; 0.28 grams in 2018; IQR=0.10-0.50) and the 'maximum' amount used was 0.50 grams (IQR=0.20-1.75; n=20; 0.50 grams in 2018; IQR=0.10-1.00).

Crystal Methamphetamine

Recent Use (past 6 months): Recent use of crystal decreased over the period of monitoring and in 2019 remained stable at 15% relative to the per cent reporting use in 2018 (15%; p=0.976; Figure 9).

Frequency of Use: In 2019, use was reported to be monthly (median 6 days; IQR=3-14; 11 days in 2018; IQR=2-20; p=0.466; Figure 10).

Routes of Administration: Smoking remained the main route of administration of crystal methamphetamine among consumers in 2019 (93%; 87% in 2018; p=0.543) followed by snorting (40%; n≤5 in 2018; p=0.232).

Quantity: In 2019, median intake in a 'typical' session was 0.30 grams (IQR=0.10-1.00; n=15; 0.20 grams in 2018; IQR=0.10-0.40) and the median 'maximum' intake was 0.75 grams (IQR=0.25-1.00; n=15; 0.20 in 2018; 0.20-0.98).

Methamphetamine Base

Low numbers reported recent use of base methamphetamine and therefore further details are not reported. For further information refer to the national EDRS report, national IDRS report, ACT IDRS report or contact the Drug Trends team.

Methamphetamine Powder

Price: Participants reported a median price of $180 per gram (IQR=155-200, n=13) and $30 for one point (IQR=20-50; n=7) in 2019 (Figure 11).

Perceived Purity: Of those who responded (n=22), consumers were nearly equally divided in their perception of the purity of powder as 'high' (36%) or 'medium' (32%; Figure 12).

Perceived Availability: Of those who responded (n=21), a similar per cent perceived current availability to be 'difficult' (43%) and 'easy' (38%; Figure 13).

Crystal Methamphetamine

Historical data prior to 2019 is not reported due to low numbers regarding crystal methamphetamine. For further information refer to the national EDRS report, national IDRS report, ACT IDRS report or contact the Drug Trends team.

Market Trends

Price: Participants reported a median price of $300 per gram (IQR=250-350; n=15) and $50 per point (IQR=50-70, n=15).

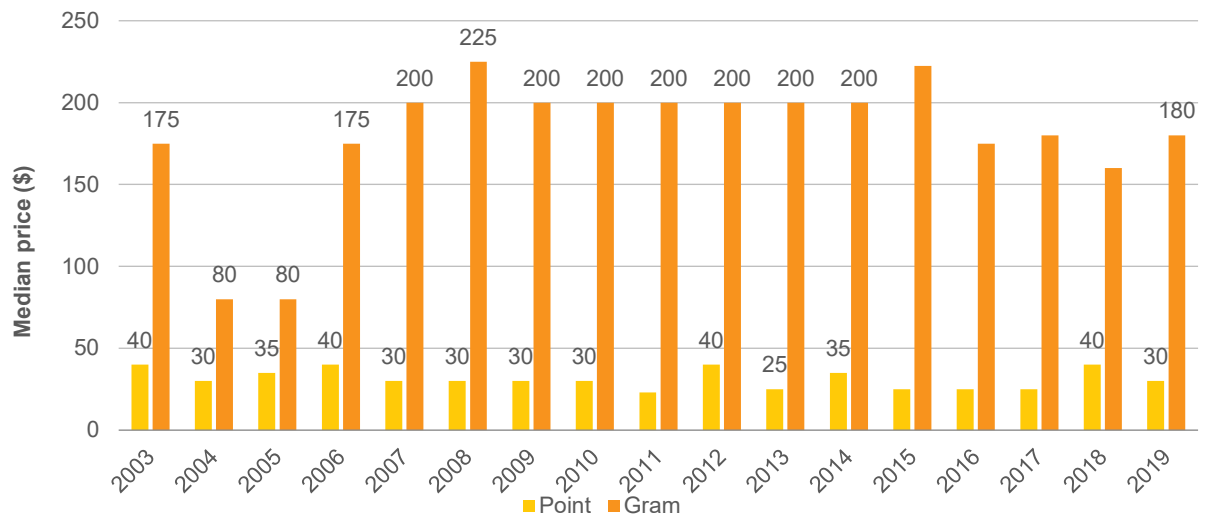
Perceived Purity: Of those who responded (n=24), over half reported perceived purity to be 'high' (54%).

Perceived Availability: Of those who responded (n=24), the majority perceived current availability of crystal methamphetamine to be 'very easy' (75%).

Methamphetamine Base

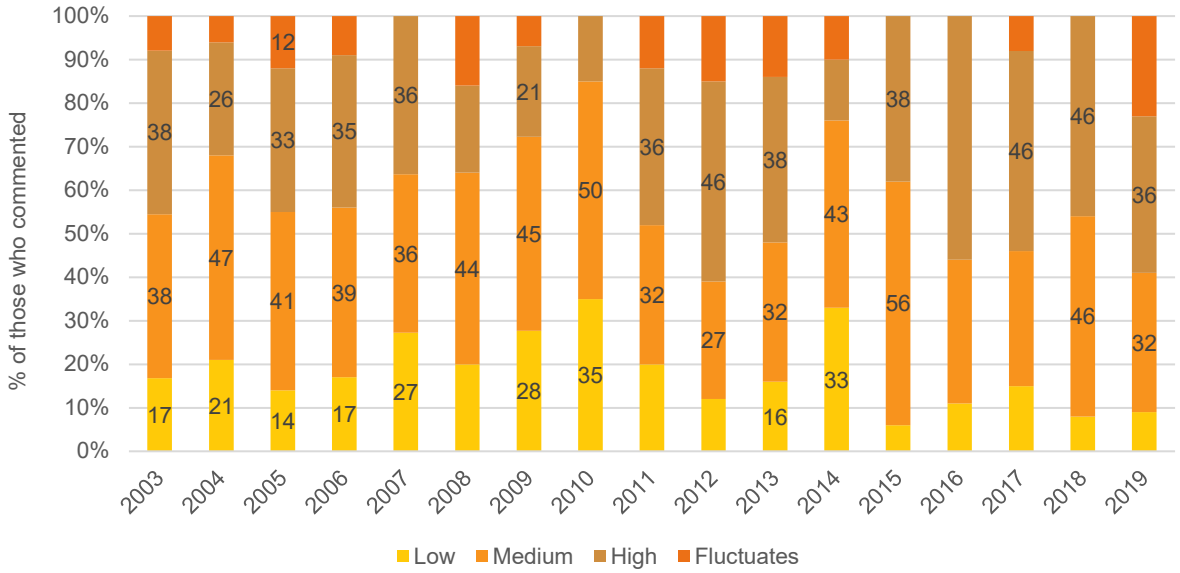
Low numbers reported on the perceived price, purity and availability regarding base methamphetamine and therefore further details are not reported. For further information refer to the national EDRS report, national IDRS report, ACT IDRS report or contact the Drug Trends team.

Figure 11: Median price of powder methamphetamine per point and gram, ACT, 2003-2019



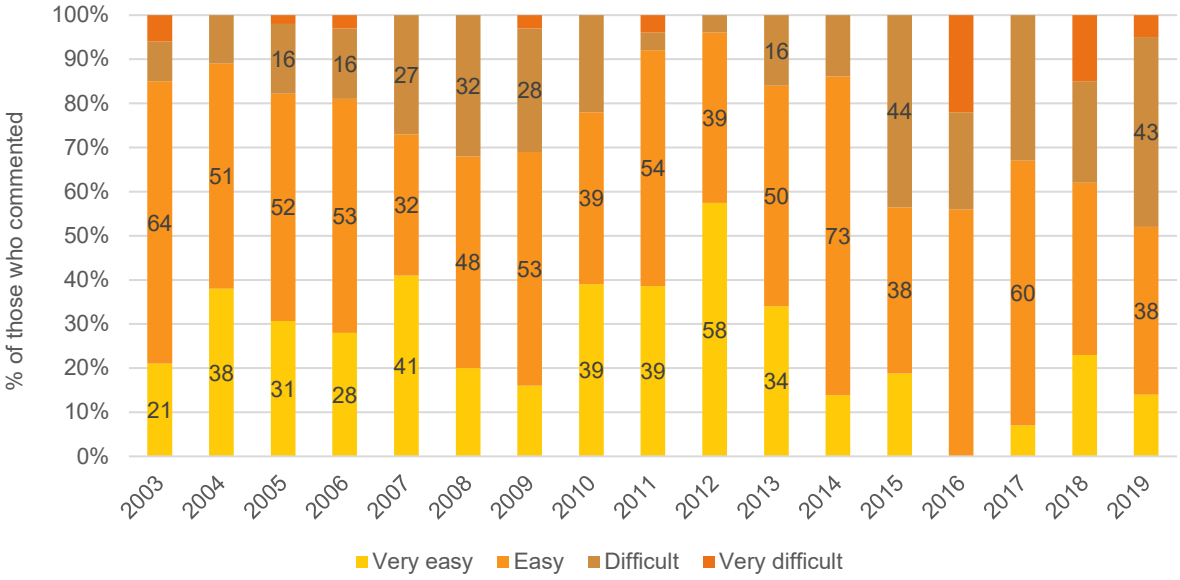
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 12: Current perceived purity of powder methamphetamine, ACT, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 13: Current perceived availability of powder methamphetamine, ACT, 2003-2019



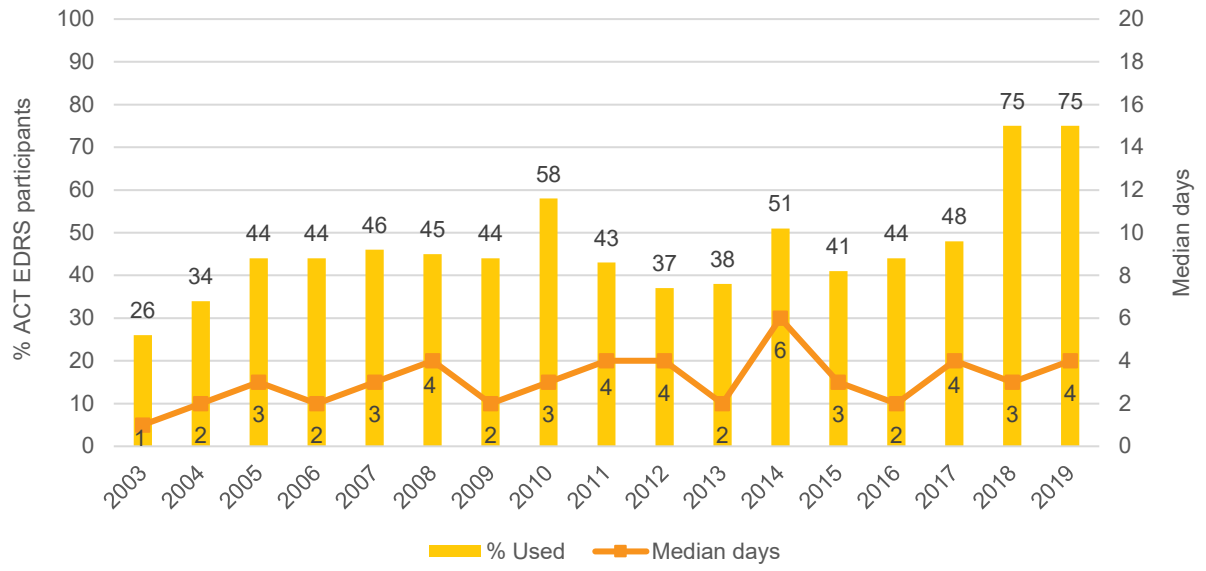
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

4

Cocaine

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

Figure 14: Past six month use and frequency of use of cocaine, ACT, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 to improve visibility of trends for days of use. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, from one in four (26%) reporting use in 2003 to three in four (75%) reporting use in 2018 and in 2019 (Figure 14).

Frequency of Use

Frequency of use has fluctuated between a median of one and six days over the course of monitoring. In 2019, the median days of use amongst consumers was 4 days (IQR=2-10; 3 days in 2018; IQR=2-

12; *p*=0.659; Figure 14). This is equivalent to less than monthly use. Of those who had recently consumed cocaine (n=75), small numbers reported cocaine use weekly or more frequently (n≤5 in 2019; 13% in 2018; *p*=0.174).

Routes of Administration

In 2019, the main route of administration among consumers was snorting (100%; 97% in 2018; *p*=0.154), followed by swallowing (8%; 9% in 2018; *p*=0.772).

Quantity

The median intake in a 'typical' session was 0.50 grams (IQR=0.20-1.00; n=54; 0.50 grams in 2018; IQR=0.20-1.00) and the median 'maximum' intake was 0.60 grams (IQR=0.30-1.50, n=54; 1 gram in 2018; IQR=0.50-2.00).

Market Trends

Price

Consistent since 2006, the median price per gram of cocaine remained stable at $300 (IQR=$290-$300, n=71; Figure 15)

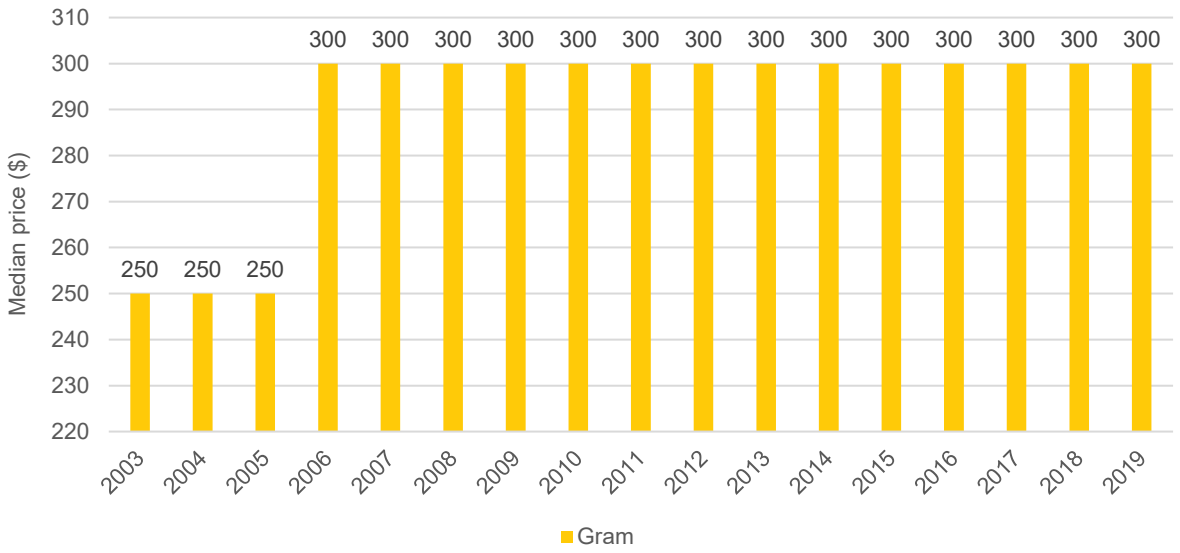
Perceived Purity

Among those able to comment (n=75), 55% of participants perceived cocaine to be of 'medium' or 'high' purity in 2019 (62% in 2018; *p*=0.391; Figure 16).

Perceived Availability

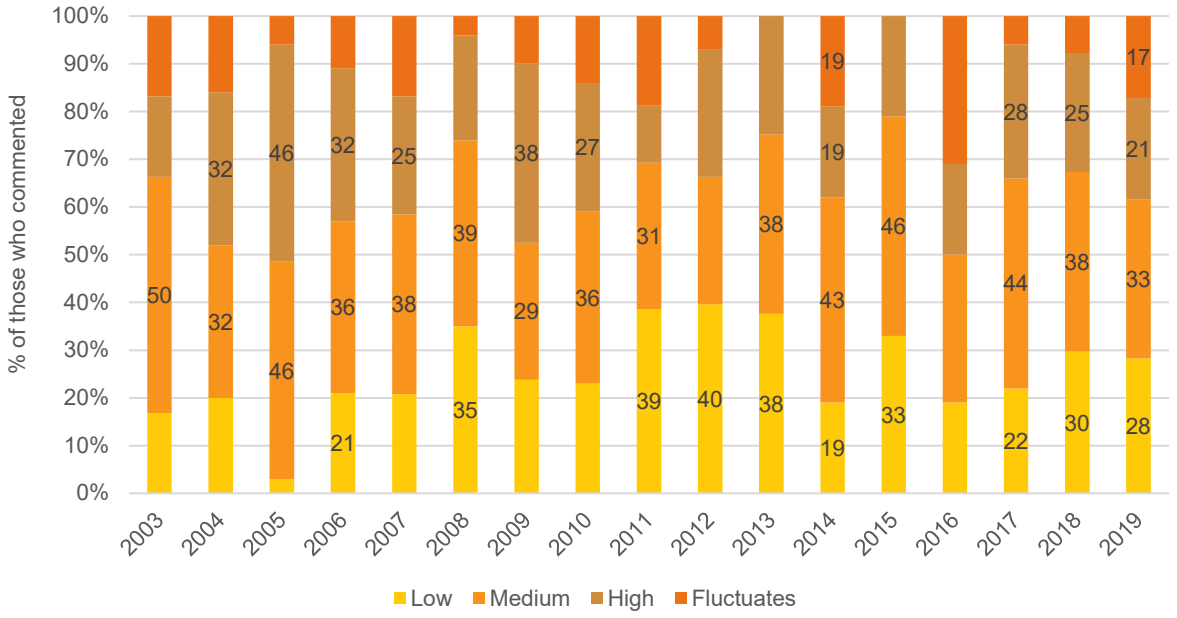
In 2019, reports of perceived availability of cocaine as 'difficult' (25%; 29% in 2018; *p*=0.628) and 'very difficult' (0%; 0% in 2018) were the lowest observed since monitoring began (Figure 17).

Figure 15: Median price of cocaine per gram, ACT, 2003-2019



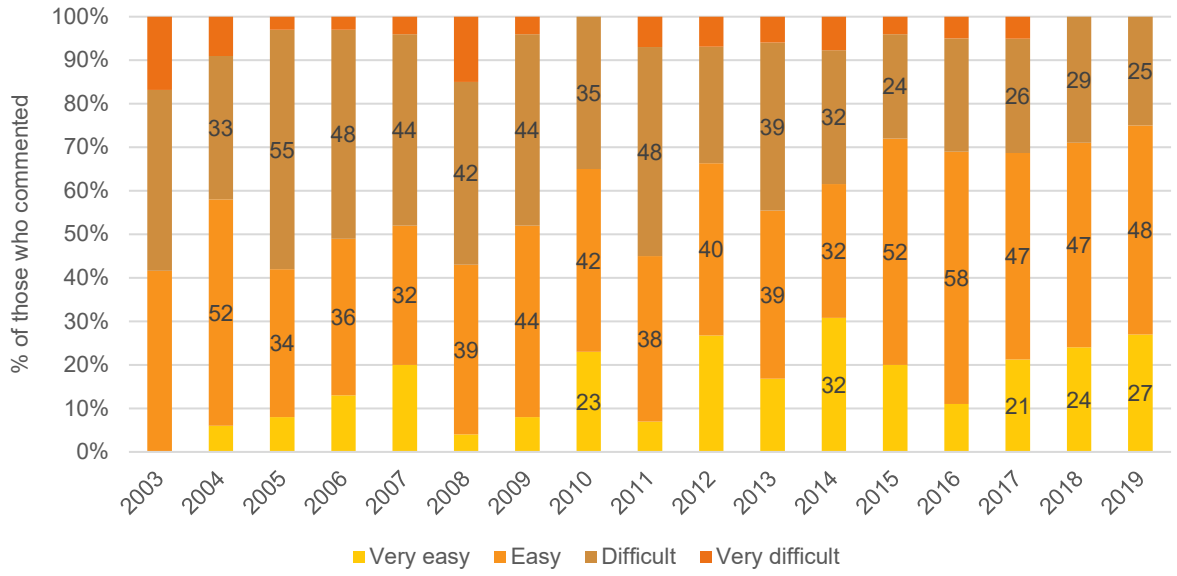
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 16: Current perceived purity of cocaine, ACT, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 17: Current perceived availability of cocaine, ACT, 2003-2019



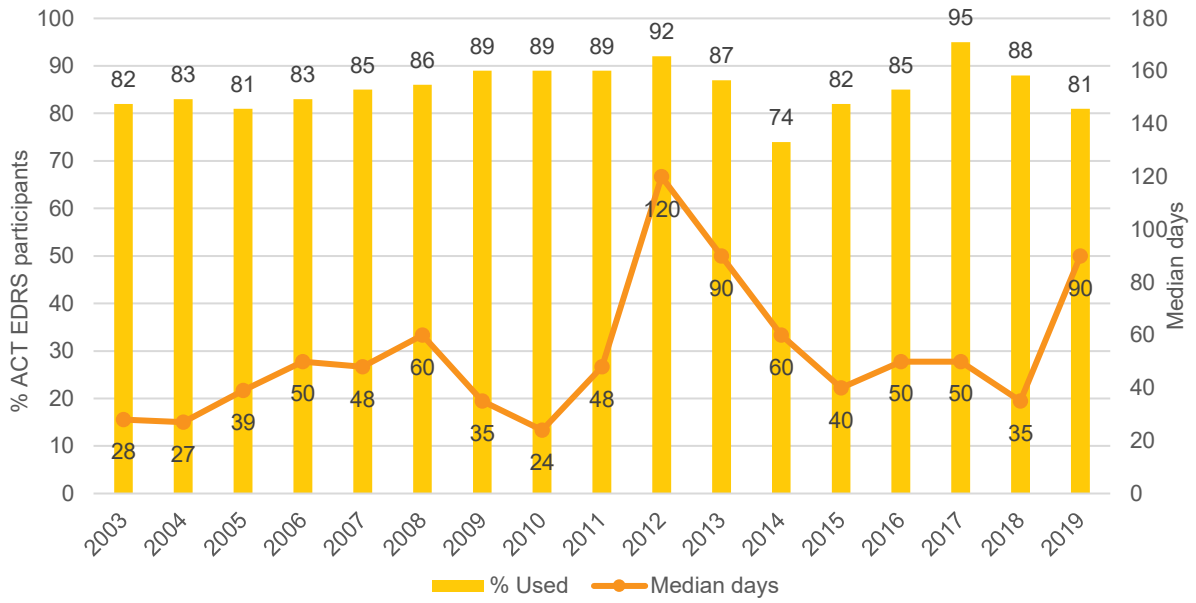
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

5

Cannabis

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

Figure 18: Past six month use and frequency of use of cannabis, ACT, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Patterns of Consumption

Recent Use (past 6 months)

At least three in four participants have reported recent use of cannabis each year since monitoring commenced (81% in 2019; 88% in 2018; p=0.171; Figure 18).

Frequency of Use

Frequency of use has varied between weekly and several times a week in the past six months over the course of monitoring (2019: median 90 days; IQR=13-180 days; 35 days in 2018; p=0.070; Figure 18). More than two-thirds (69%) of recent cannabis consumers reported weekly or more frequent use

(57% in 2018; *p*=0.098). Of recent consumers, one in four reported daily use (28%; 18% in 2018; *p*=0.115).

Routes of Administration

Across all years, nearly all consumers (99% in 2019; 98% in 2018; *p*=0.610) reported smoking cannabis. In 2019, 25% reported swallowing (an increase from 13% in 2018; *p*=0.031) and 9% reported inhaling/vaping cannabis (a decrease from 21% in 2018; *p*=0.041) in the past six months.

Quantity

The median amount used by those who commented on their last occasion of use was one gram (IQR=1-2; n=30; 2 grams in 2018; IQR=1.00-3.50) or three cones (IQR=2-4; n=36; 2 cones in 2018; IQR=2-5).

Forms Used

Among recent cannabis consumers, 70% reported recent use of hydroponic cannabis (70% in 2018; *p*=0.908) and over half (58%) reported use of outdoor-grown 'bush' cannabis in 2019 (53% in 2018; *p*=0.497). Smaller percentages reported having used hashish (17%; 16% in 2018; *p*=0.814) and hash oil (10%; 17% in 2018; *p*=0.147) in the preceding six months. In 2019, hydroponic cannabis remained the form most commonly used in the preceding six months (71%; 61% in 2018; *p*=0.209), followed by bush cannabis (26%; 39% in 2018; *p*=0.106).

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis has mostly been $20 since monitoring began (2019: median $20; IQR=15-20; n=27). Consistent with the last few years, those who commented reported a median price of $250 per ounce (IQR=250-250; n=37; Figure 19).

Perceived Potency: Of those able to comment (n=58), nearly half perceived hydroponic cannabis to be 'high' potency (48%; 42% in 2018; *p*=0.553), consistent with previous years (Figure 20).

Perceived Availability: Consistent with previous years, most participants perceived hydroponic cannabis as accessible. Of those able to comment (n=60) in 2019, nearly all participants perceived availability to 'easy' or 'very easy' (93%; 87% in 2018; *p*=0.298; Figure 21).

Bush Cannabis

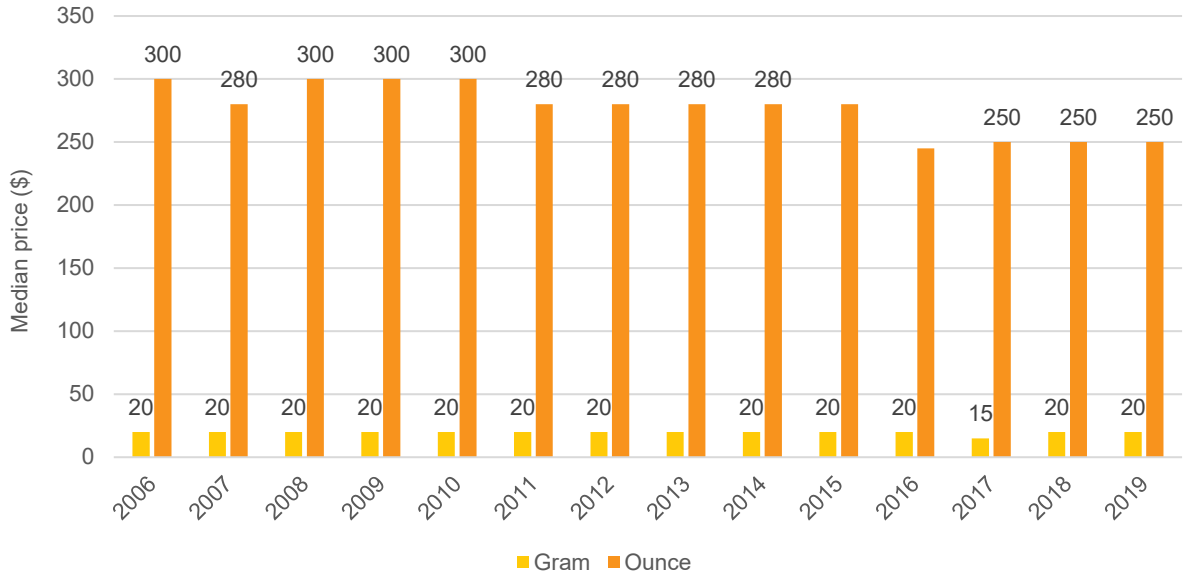
Price: The median price per gram of bush cannabis has been similar across most years (2019: $20, IQR=15-20, n=25), whereas there has been more variation around the price per ounce (2019: $230; IQR=200-250; n=33; Figure 19).

Perceived Potency: Among those able to comment (n=49), nearly half perceived bush cannabis to be 'medium' potency (47%; 30% in 2018; *p*=0.142; Figure 20).

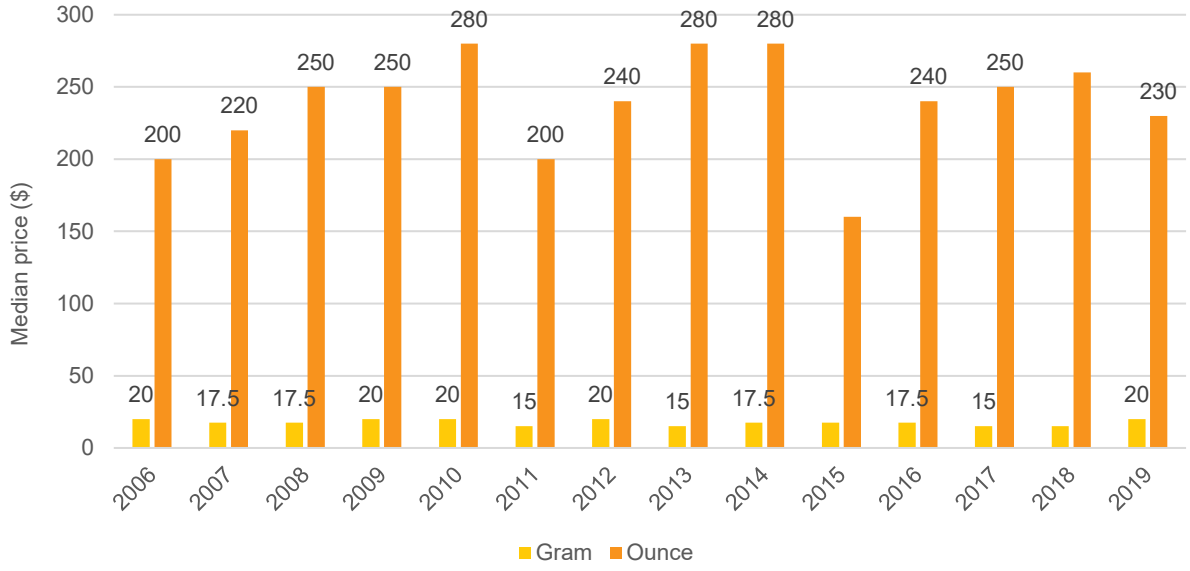
Perceived Availability: Similar to hydroponic cannabis, bush cannabis has also historically been perceived as accessible. Of those able to comment (n=49) in 2019, the majority of participants perceived availability of bush to be 'easy' or 'very easy' (80%; 81% in 2018; *p*=0.903; Figure 21).

Figure 19: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2006-2019

(A) Hydroponic cannabis



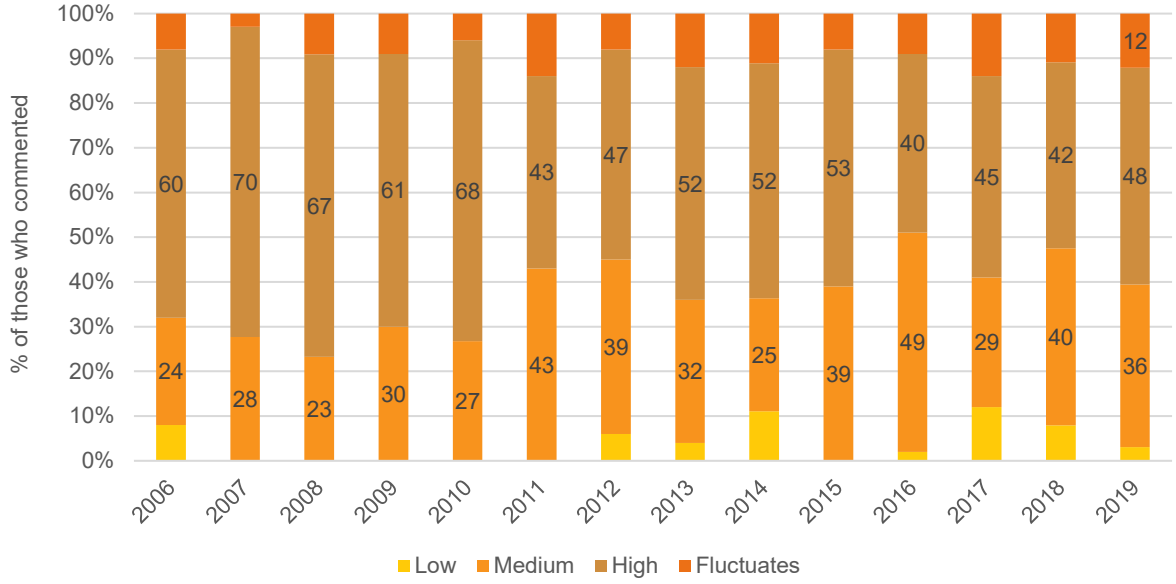
(B) Bush cannabis



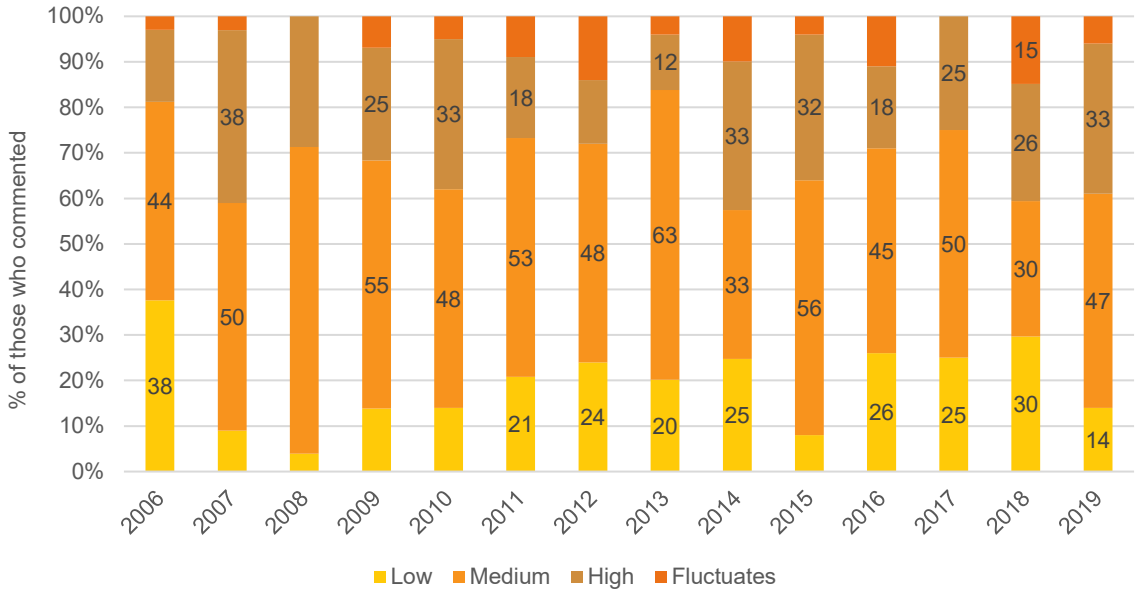
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not =0). **p*<0.050; ***p*<0.010; ***p<0.001 for 2018 versus 2019.

Figure 20: Current perceived potency of hydroponic (A) and bush (B) cannabis, ACT, 2006-2019

(A) Hydroponic cannabis



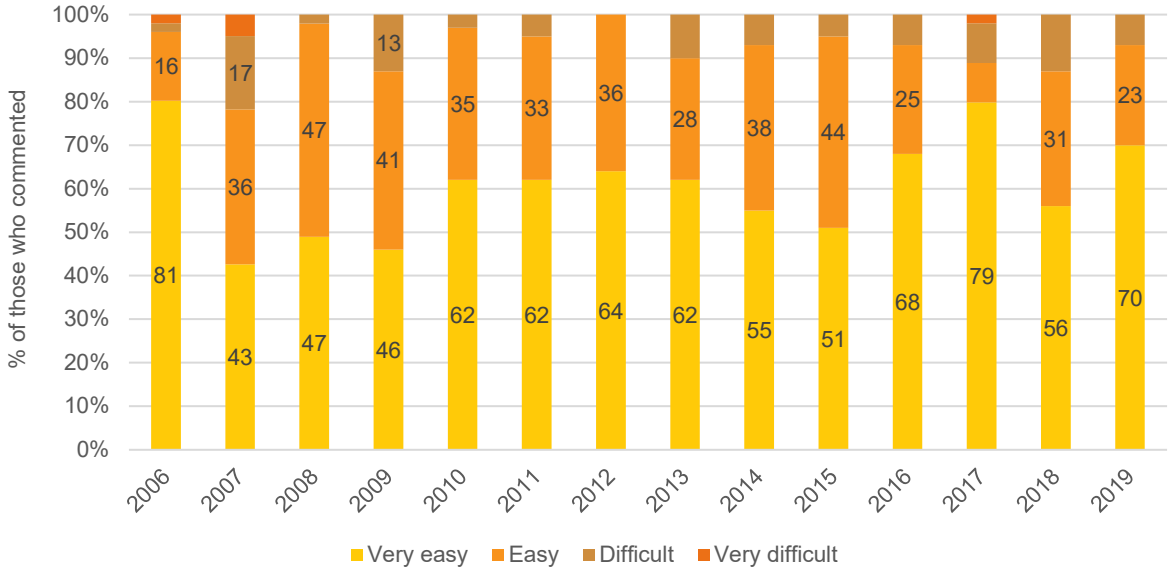
(B) Bush cannabis



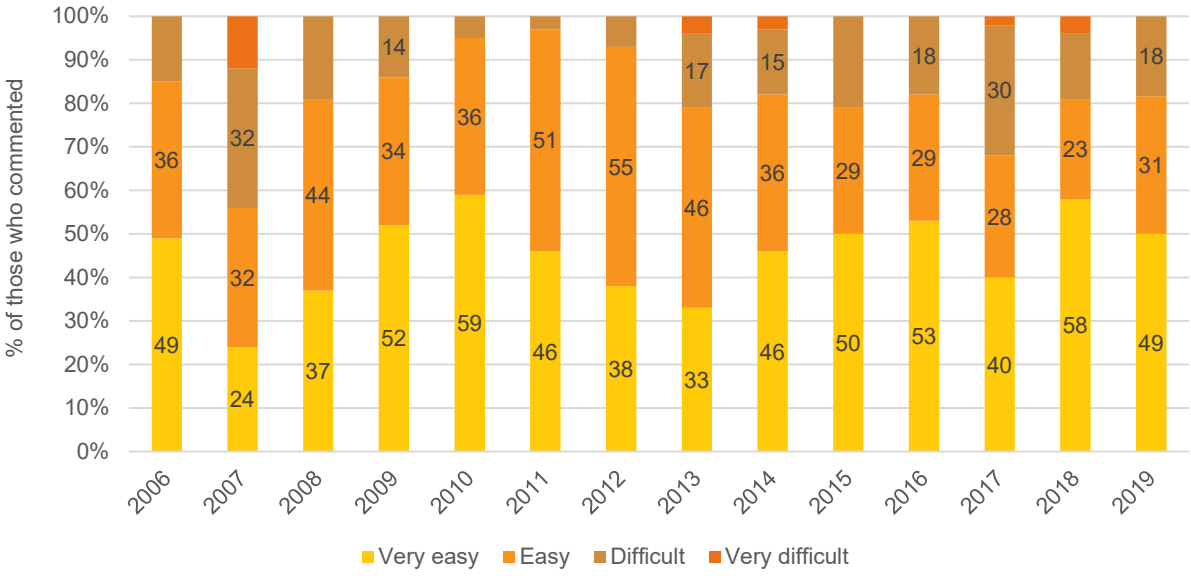
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 21: Current perceived availability of hydroponic (A) and bush (B) cannabis, ACT, 2006-2019

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

6

Ketamine, LSD, and Hallucinogenic Mushrooms.

Ketamine

Recent Use (past 6 months): Recent ketamine use has fluctuated over the period of monitoring, with one-third (33%) reporting recent use in 2019 (29% in 2018; *p*=0.572; Figure 22).

Frequency of Use: Frequency of use has historically been infrequent and varied between a median of one and five days (2019: 2 days; IQR=1-5; 4 days in 2018; *p*=0.129; Figure 22). Among recent consumers, a low number (n≤5) reported using ketamine weekly or more frequently in 2019.

Routes of Administration: In 2019, the most common route of administration among consumers was snorting (94%; 93% in 2018; *p*=0.894).

Quantity: The median quantity used in a 'typical' session was 0.30 grams (IQR=0.20-0.50, n=24; 0.25 grams in 2018; IQR=0.13-0.45) and the median 'maximum' used was 0.30 grams (IQR=0.20-0.50. n=25; 0.25 grams in 2018; IQR=0.15-0.75).

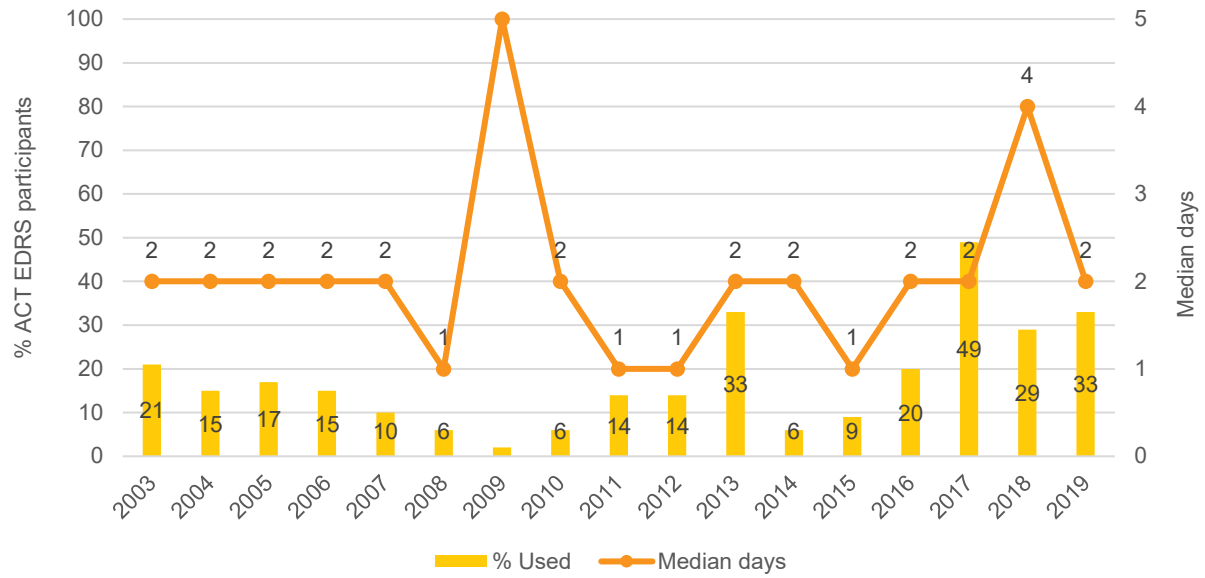
Historical information on price, purity and availability for ketamine will not be provided due to low numbers (n≤5) responding. Please refer to the national EDRS report or contact the Drug Trends team for further information.

Price: The reported median price of a gram of ketamine was $200 (IQR=200-250; n=27; $225 in 2018; IQR=173-263; *p*=0.050).

Perceived Purity: Of those who responded (n=34), 71% perceived the purity of ketamine to be 'high' (an increase from 33% in 2018; *p*=0.015), followed by 18% perceiving it to be 'medium' (33% in 2018; *p*=0.225).

Perceived Availability: Of those who commented (n=35), two-fifths (43%; 31% in 2018; *p*=0.431) perceived ketamine to be 'difficult' to obtain, followed by 29% perceiving it to be 'very difficult' (an increase from 0% in 2018; *p*=0.017).

Figure 22: Past six month use and frequency of use of ketamine, ACT, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

LSD

Recent Use (past 6 months): Recent use of LSD has fluctuated over the course of monitoring. In 2019, two-in-five participants reported recent use (42%; 43% in 2018; *p*=0.886; Figure 23).

Frequency of Use: Use across the years has been infrequent among consumers (2019: median 2 days: IQR=1-4; 3 days in 2018; IQR=1-5; *p*=0.211; Figure 23). No participants reported weekly or more frequent use of LSD in 2018 or 2019.

Routes of Administration: In 2019, all consumers (100%) reported swallowing as a route of administration (100% in 2018).

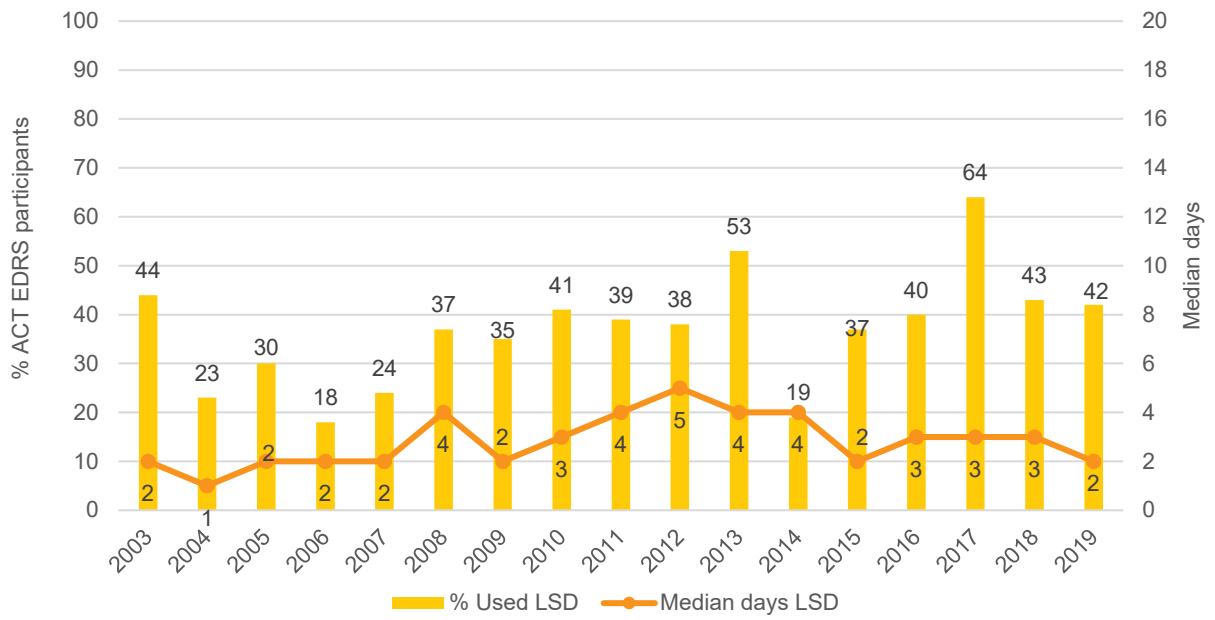
Quantity: In 2019, the median quantity used in a 'typical' session remained stable at one tab (IQR=1-2; n=23; 1 tab in 2018; IQR=1-2). The median 'maximum' number of tabs used was also one tab (IQR=1-2; n=23; 2 tabs in 2018; IQR=1-4).

Price: In 2019, the median price for one tab was reported as $20 (IQR=20-25; n=61), consistent with most earlier years of reporting on price (Figure 24).

Perceived Purity: Of those who responded (n=61), nearly two-thirds reported the perceived purity as 'high' (64%; 59% in 2018; *p*=0.623), followed by 28% who reported purity as 'medium' (35% in 2018; *p*=0.451; Figure 25).

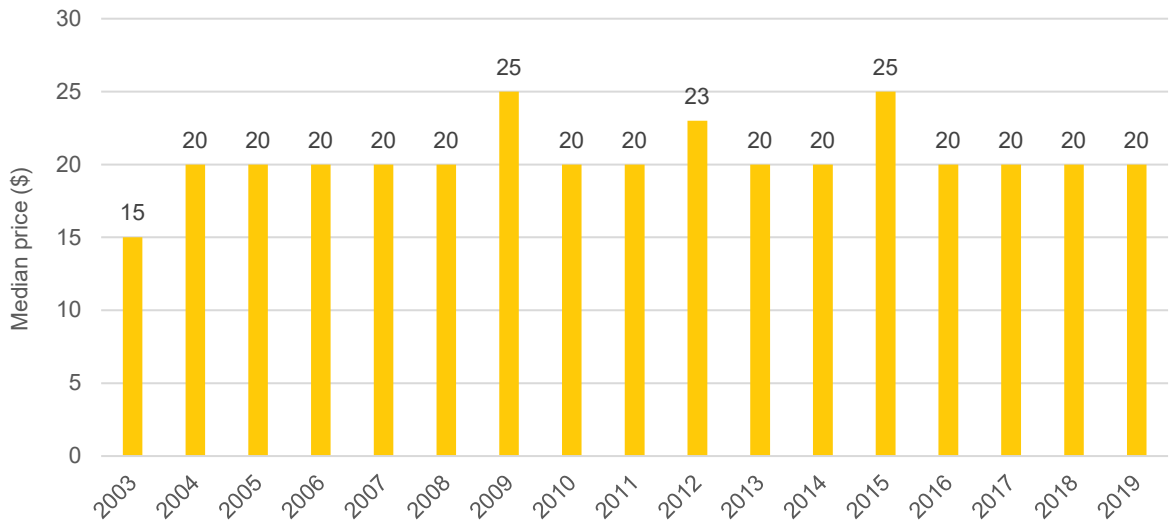
Perceived Availability: Of those able to comment (n=64), there was an increase in those reporting the perceived availability to be 'difficult' in 2019 (48% versus 27% in 2018; *p*=0.035) (Figure 26).

Figure 23: Past six month use and frequency of use of LSD, ACT, 2003-2019



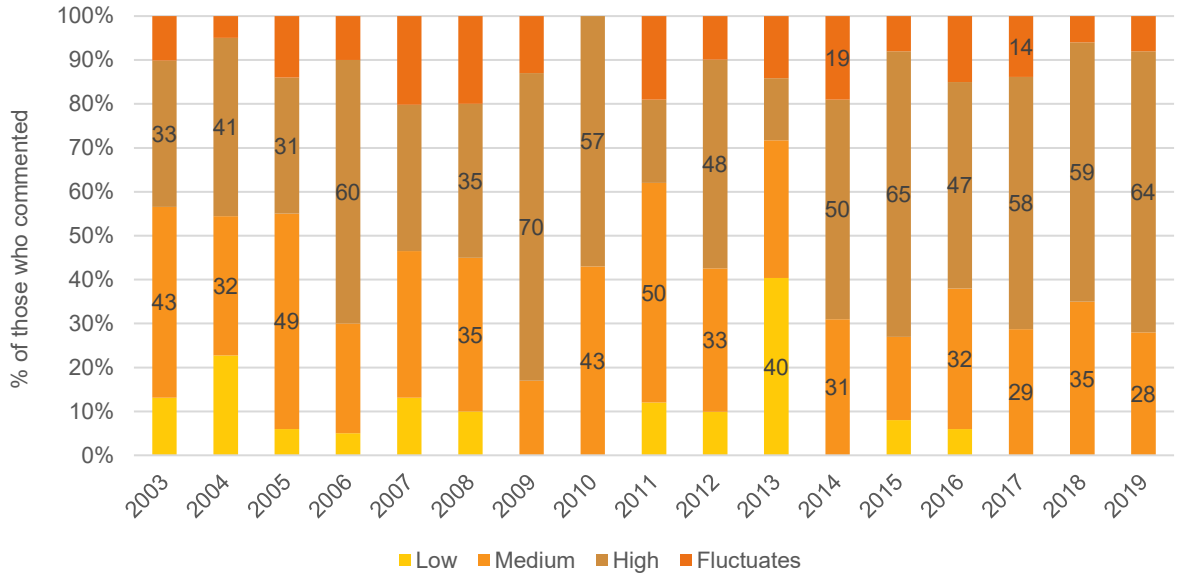
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 24: Median price of LSD per tab, ACT, 2003-2019



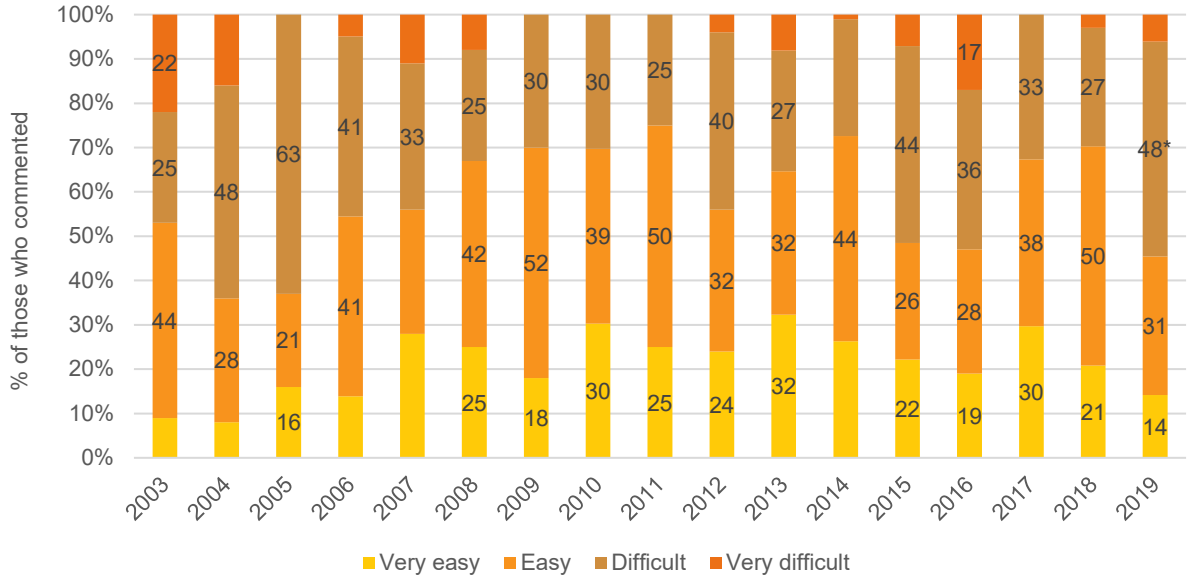
Note. Among those who commented. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 25: Current perceived purity of LSD, ACT, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 26: Current perceived availability of LSD, ACT, 2003-2019



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

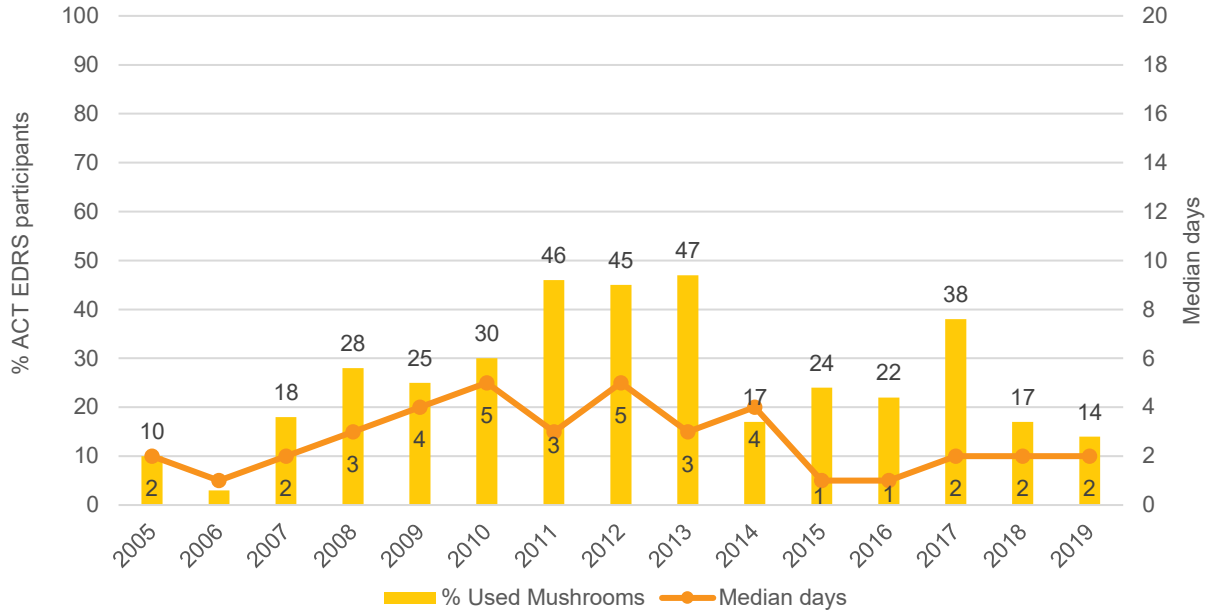
Hallucinogenic mushrooms

Recent Use (past 6 months): Recent use of hallucinogenic mushrooms has varied across the years (10% in 2006 to 47% in 2013), with 14% reporting recent use in 2019 (17% in 2018, *p*=0.578; Figure 27).

Frequency of Use: Recent use has typically been infrequent and stable, with consumers reporting a median two days of use in 2019 (IQR=1-2; median 2 days in 2018; IQR=1-4; *p*=0.544; Figure 27). No participant reported using mushrooms weekly or more frequently in 2018 or 2019.

Routes of Administration: In 2019, all consumers (100%) reported swallowing as a route of administration (100% in 2018).

Figure 27: Past six month use and frequency of use of Mushrooms, ACT, 2003-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

7

New Psychoactive Substances

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

Recent Use (past 6 months)

Two-fifths (19%) of the ACT sample reported recent use of NPS when monitoring began in 2010. This increased to half of the sample in 2012 (51%), declining since to 30% in 2019 (30% in 2018; p=0.950; Table 3).

For the past years, DMT has been the most commonly used NPS (13%; 16% in 2018; p=0.508). In 2019, this was followed by methylone (9%; n≤5 in 2018; p=0.294), and the 2C class (7%; 7% in 2018; p=0.969; Figure 28; Table 4).

Frequency of Use

Frequency of use has consistently been low for the various NPS, ranging between a median of two days (e.g., 2C-B; IQR=1-2; methylone; IQR=2-14) and one day (e.g., DMT; IQR=1-2) in 2019.

EDRS collects data on a large number of NPS specifically by name (Table 4), however those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the ACT EDRS are needed, please contact the Drug Trends team, or see the national report for national trends in use.

Table 3: Use of any NPS in the past six months, nationally and ACT, 2010-2019

%	National	ACT
2010	32	19
2011	40	34
2012	45	51
2013	44	49
2014	40	20
2015	39	34
2016	36	31
2017	33	35
2018	31	30
2019	**30**	**30**

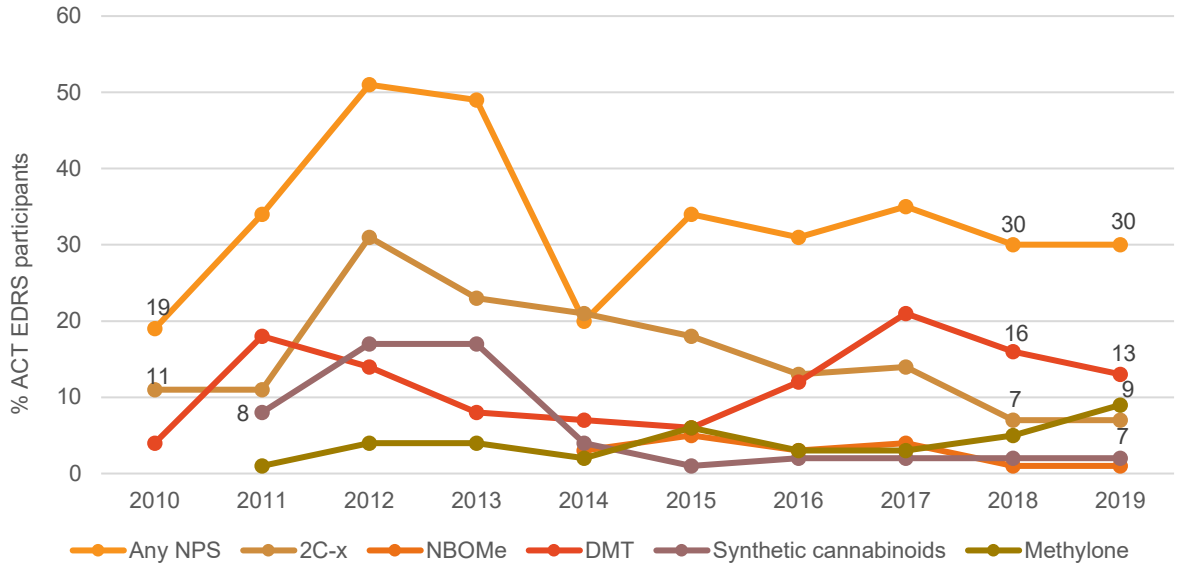
Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 4: Use of NPS in the past six months, ACT, 2010-2019

	2010 N=70 %	2011 N=80 %	2012 N=51 %	2013 N=77 %	2014 N=100 %	2015 N=99 %	2016 N=100 %	2017 N=100 %	2018 N=98 %	2019 N=100 %
Phenethylamines	15	20	29	29	13	23	20	17	8	**9**
Any 2C substance~	11	11	25	25	9	21	13	14	7	**7**
NBOMe	/	/	/	/	-	-	-	-	-	**-**
Mescaline	0	11	-	8	0	-	-	-	-	**-**
DO-x	0	0	0	0	0	0	0	0	0	**0**
4-FA	/	/	/	/	/	/	0	0	0	**0**
PMA	-	0	-	-	-	-	-	0	0	**0**
Tryptamines	-	18	13	9	7	6	13	21	16	**13**
DMT	-	18	12	8	7	6	12	21	16	**13**
5-MeO-DMT	-	-	-	-	0	0	-	-	-	**-**
4-AcO-DMT	/	/	/	/	/	/	0	0	/	**/**
Synthetic cathinones	-	-	13	-	-	9	-	-	-	**11**
Mephedrone	-	-	0	0	0	-	0	-	0	**-**
Methylone/bk MDMA	/	-	12	-	-	6	-	-	-	**9**
MDPV/Ivory wave	0	0	-	0	0	-	-	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	0	**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	**-**
Methoxetamine (MXE)	/	/	-	0	0	-	-	0	0	**-**
Plant-based NPS	/	-	-	-	0	-	-	-	-	**-**
Ayahuasca	/	/	/	/	/	0	0	0	0	**-**
Salvia	/	-	-	-	0	-	-	-	-	**0**
Benzodiazepines	/	/	/	/	/	/	0	-	-	**-**
Etizolam	/	/	/	/	/	/	0	-	0	**-**
Synthetic cannabinoids	/	-	16	-	-	0	-	-	-	**-**
Herbal high#	/	/	14	-	-	0	-	-	0	**-**
Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	-	**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	-	**-**
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	**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 2018 versus 2019.

Figure 28: Past six month use of new psychoactive substances, ACT, 2010-2019



Note. Y axis reduced to 60% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

8

Other drugs

Non-Prescribed Pharmaceutical Medicines

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 IDRS 2018 and 2019.

Recent Use (past 6 months): In 2019, 30% of the sample reported any recent use of codeine. Sixteen per cent of the sample had used any prescribed codeine, whereas 13% had reported using any non-prescribed codeine.

Recent Use for Non-Pain Purposes: Low numbers of consumers reported to have used any low dose codeine (<30mg codeine) for non-pain purposes (n≤5; Figure 29).

Frequency of Use: Participants who had recently used any form of non-prescribed codeine (n=13) reported use on a median of 3 days (IQR=2-6) in the past six months.

Forms Used: Of consumers who had recently used non-prescribed codeine, a low number (n≤5) reported to had used low dose codeine (<30mg codeine; n≤5) and 62% had used high dose (≥30mg codeine). A low number (n≤5) reported using lean ('purple drank'/'sizzurp'/'lean') in the past six months in 2019.

Pharmaceutical Opioids

Recent Use (past 6 months): The per cent of participants reporting past six month use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, oxycodone, morphine) remained stable from 2018 to 2019 (11% to 16%; p=0.314), noting that high-dose codeine was excluded from this classification for the first time in 2018.

Frequency of Use: Consumers reported a median of 3 days of non-prescribed opioid use (IQR=1-9; n=16) in the six months leading up to interview.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has fluctuated over time, peaking at 43% in 2011 (31% in 2019; 34% in 2018; *p*=0.651; Figure 29).

Frequency of Use: Median days of non-prescribed use remained consistent between 2018 and 2019 (4 days in 2019: IQR=2-7, n=31; 3 days in 2018; *p*=0.412).

Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began, with nearly two-fifths (37%) of the sample reporting such use in 2019, stable from 2018 (32%; *p*=0.488; Figure 31). In 2019, we asked participants for the first time about non-prescribed alprazolam use versus non-prescribed 'other benzodiazepine' use, with 27% and 21% of the total sample reporting recent non-prescribed use, respectively.

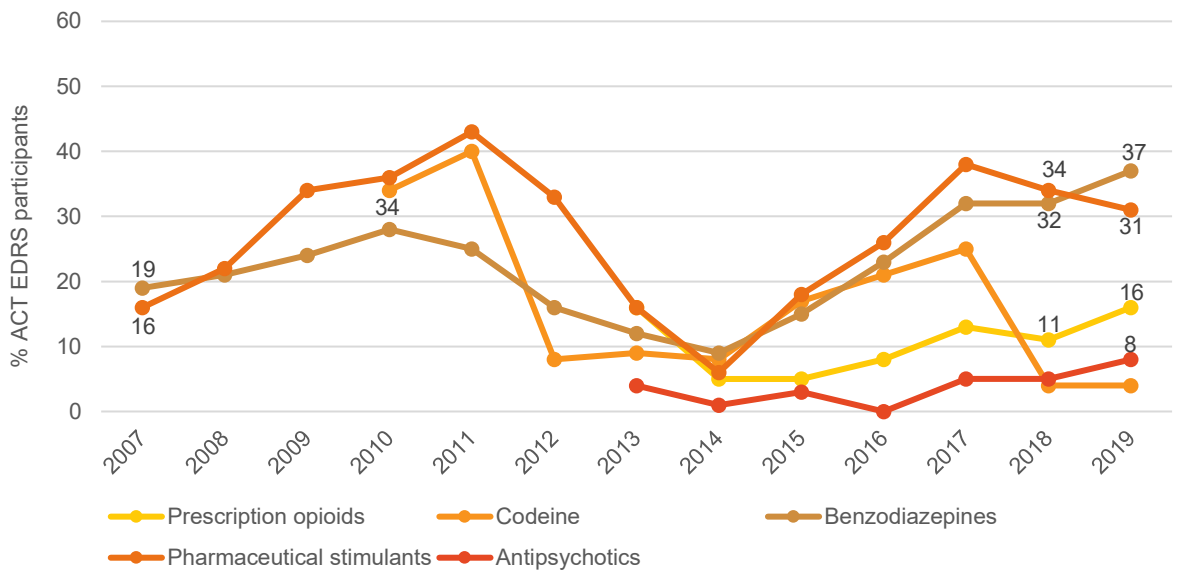
Frequency of Use: Consumers reported a median of 2 days (IQR=1-5; n=21) and 2 days (IQR=2-10; n=27) of alprazolam and 'other benzodiazepine' non-prescribed use in the past six months, respectively.

Antipsychotics

Recent Use (past 6 months): Historically, recent use of non-prescribed antipsychotics has remained low over the course of monitoring (Figure 31). Eight per cent of the sample reported recent use of non-prescribed antipsychotics (n≤5 in 2018; *p*=0.390; Figure 29).

Frequency of Use: Consumers reported a median of 4 days (IQR=2-13; n=8) of non-prescribed antipsychotic use in the past six months in 2019.

Figure 29: Non-prescribed use of pharmaceutical medicines in the past six months, ACT, 2007-2019



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. Y axis has been reduced to 60% to improve visibility of trends. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Other Illicit Drugs

MDA

Recent Use (past 6 months): Recent use of MDA has varied across the years (10% in 2006 to 47% in 2013), with 13% reporting recent use in 2019 (13% in 2018; *p*=0.934; Figure 30).

Frequency of Use: Recent use has typically been infrequent (2019: median 1 day; IQR=1-3; n=13; 2 days in 2018; IQR=1-4).

Capsules With Unknown Contents

Recent Use Unknown Capsules (past 6 months): During the first three years of monitoring, low numbers reported recent use of 'capsules with unknown contents', rising to 45% in 2016. Since then, rates of use have been gradually decreasing, with 17% reporting recent use in 2018 and 9% in 2019 (*p*=0.087; Figure 32).

Frequency of Use: In 2019, 'capsules with unknown contents' were used on a median of 1 day (IQR=1-4; n=9; 2 days in 2018; IQR=1-4).

Other Unknown Substances: In 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Seventeen per cent reported use of any substance with 'unknown contents' in 2019. One in ten participants (11%) reported using pills with unknown contents in the previous six months on a median of two days (IQR=1-7) and a small number (n≤5) reported recently used powder with unknown contents. Fewer numbers reported using crystal with unknown contents in 2019.

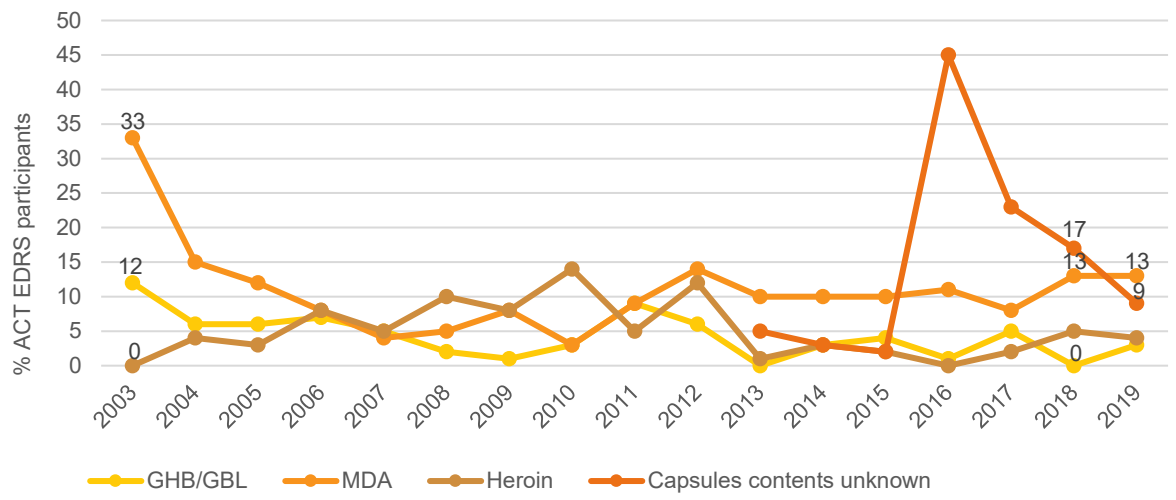
GHB/GBL

Recent Use (past 6 months): Consistently small numbers have reported recent use of GHB/GBL, with n≤5 reporting recent use in 2019 (0% in 2018; Figure 30).

Heroin

Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin, with n≤5 reporting recent use in 2019 (n≤5 in 2018; *p*=0.733; Figure 30).

Figure 30: Other illicit drugs used in the past six months, ACT, 2003-2019



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire ACT sample reported recent alcohol use (98%; 98% in 2018), consistent with rates observed since monitoring began in 2003 (Figure 31).

Frequency of Use: In 2019, consumers reported a median of 30 days of use in the past six months (i.e. slightly over weekly; IQR=20-70; n=98; 48 in 2018; IQR=23-72; *p*=0.197). Sixty-seven per cent of consumers drank alcohol once a week or more (76% in 2018; *p*=0.206).

Tobacco

Recent Use (past 6 months): Reports of any recent tobacco use have fluctuated between 69% and 92% of the sample over the course of monitoring. In 2019, 85% of the sample reported recent tobacco use (86% in 2018; *p*=0.841; Figure 31).

Frequency of Use: In 2019, median frequency of use was 180 days (i.e. every day; IQR=45-180; n=85; 150 days in 2018; IQR=38-180; *p*=0.149), with 57% of recent consumers reporting daily use (45% in 2018; *p*=0.125).

E-cigarettes

Recent Use (past 6 months): E-cigarette use has been stable since monitoring began in 2014. In 2019, there was an increase in those reporting use, with two-fifths (41%) reported using e-cigarettes recently (26% in 2018; *p*=0.025; Figure 31).

Frequency of Use: There was also an increase in the median frequency of use among consumers in 2019 (10 days; IQR=3-30; n=41; 2 days in 2018; IQR=1-6; *p*<0.001).

Nitrous Oxide

Recent Use (past 6 months): The per cent reporting recent use of nitrous oxide has been increasing, with nearly three-fifths (57%) reporting use in 2019, the highest number since monitoring began (an increase from 40% in 2018; *p*=0.016; Figure 31).

Frequency of Use: In 2019, frequency of use remained stable at a median of 4 days (i.e. less than monthly; IQR=2-20; n=57; 5 days in 2018; IQR=2-20; *p*=0.610).

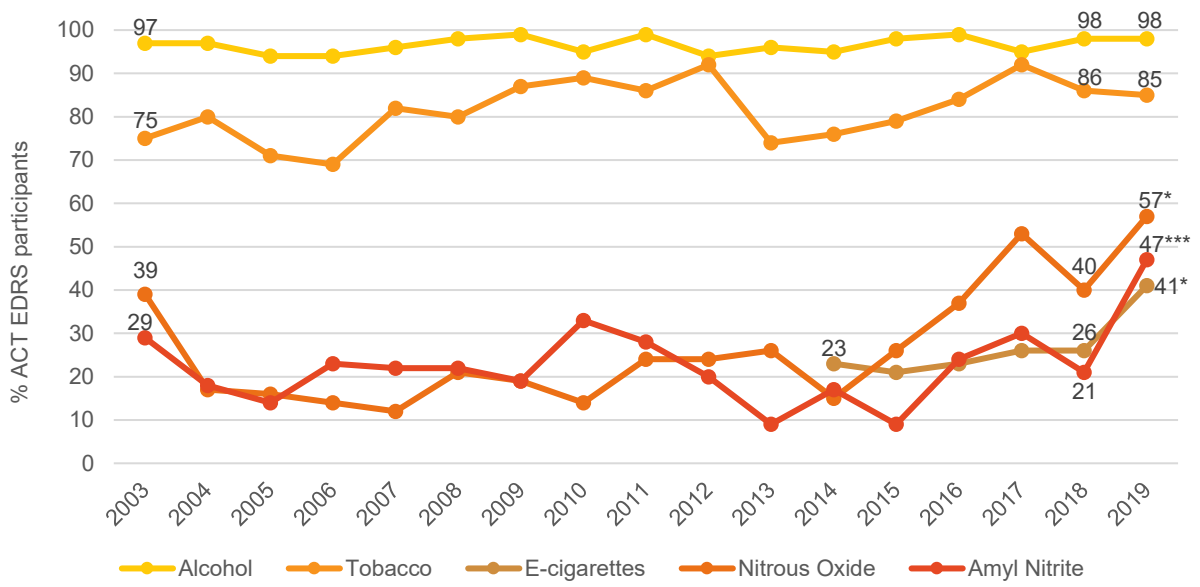
Amyl Nitrite

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): Use of amyl nitrite has varied over the course of monitoring. In 2019, nearly half (47%) reported recent use, the highest number ever recorded since monitoring began (21% in 2018; *p*<0.001; Figure 31).

Frequency of Use: In 2019, recent consumers reported using amyl nitrite on a median of 10 days (IQR=2-20; n=47; 5 days in 2018; IQR=3-17; *p*=0.685).

Figure 31: Licit and other drugs used in the past six months, ACT, 2003-2019



Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

9

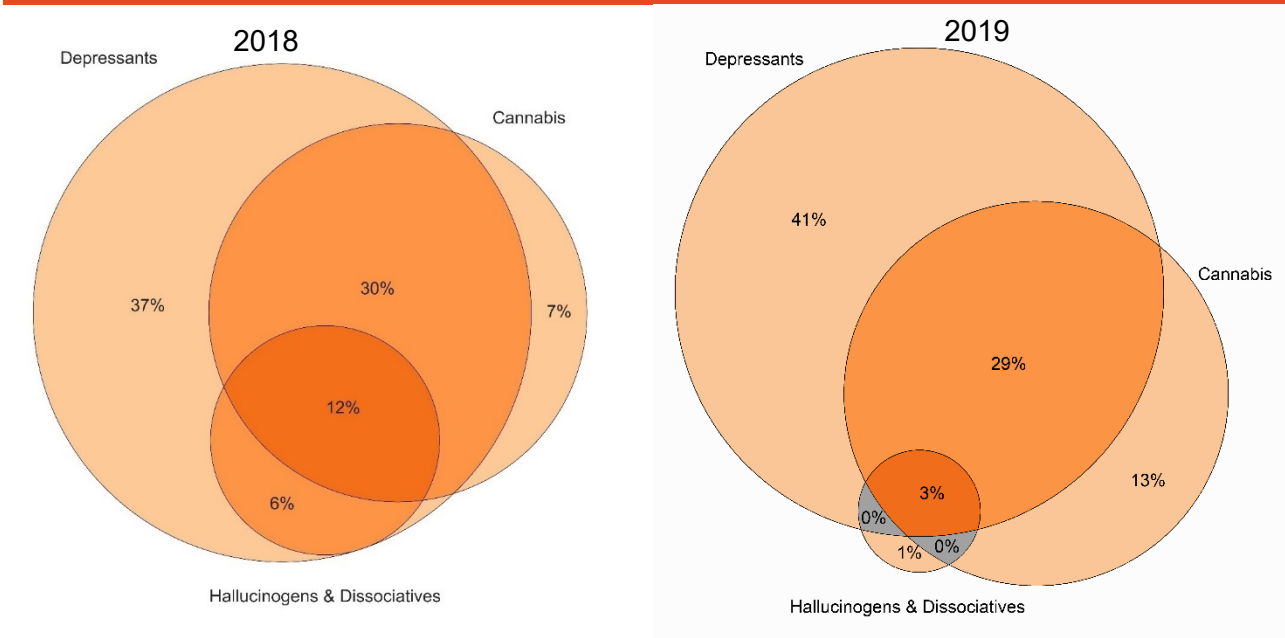
Drug-Related Harms and Treatment

Polysubstance Use

The majority (93%) of the sample reported use of one or more other drugs (including alcohol) on their last occasion of stimulant use, a decrease from 100% in 2018 (p=0.007). The most commonly used substances (in addition to stimulant use) were alcohol (72%), tobacco (59%), cannabis (45%), energy drinks (11%), and amyl nitrite (11%).

Eighty-seven per cent of the sample reported using depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use (93% in 2018; p=0.157), with the most common combinations being stimulants and depressants (41%), stimulants and cannabis (13%) and stimulants with depressants and cannabis (32%; Figure 32).

Figure 32: Polysubstance use on occasion of last stimulant use among the total sample, ACT, 2018-2019



Note. This figure captures those who had also used hallucinogens/dissociatives (LSD,ketamine and/or hallucinogenic mushrooms), depressants (alcohol, GHB and/or benzodiazepines) and/or cannabis on their last occasion of stimulant use. Note that 7% of the sample in 2018 and 8% of the sample in 2019 (not depicted here) did not report use of hallucinogens/dissociatives, depressants or cannabis on their last occasion of stimulant use. Figure not to scale.

Harmful Consumption of Alcohol

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organisation (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 6.2) in 2019 (Table 4). Four-fifths (80%) of participants obtained a score of 8 or more, indicative of hazardous use (72% in 2018; *p*=0.208). AUDIT scores are divided into four 'zones' which indicate risk level. Four in five (80%) of participants obtained a score of eight or more, indicative of hazardous use (72% in 2018; *p*=0.208; Table 4).

Table 5: AUDIT total scores and per cent of participants scoring above recommended levels, ACT, 2014-2019

	2014 (n=97)	2015 (n=97)	2016 (n=99)	2017 (n=98)	2018 (n=90)	2019 (n=99)
Mean AUDIT total score (SD)	11.1 (5.6)	11.3 (4.7)	11.8 (6.8)	11.9 (6.1)	13.0 (7.3)	**12.8 (6.2)**
Score 8 or above (%)	71	81	71	74	72	**80**
Zone 1 (low risk drinking or abstinence)	29	18	29	26	28	**20**
Zone 2 (alcohol in excess of low-risk guidelines)	50	59	45	49	43	**53**
Zone 3 (harmful or hazardous drinking)	12	17	11	13	19	**14**
Zone 4 (possible alcohol dependence)	9	5	15	12	10	**13**

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

Non-Fatal Overdose

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

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

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

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

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

Non-Fatal Stimulant Overdose

One-fifth of the sample (21%) reported a stimulant overdose in the last 12 months on a median of one occasion (IQR=1-2). This per cent was similar to that observed in 2018 (23%; *p*=0.774; Figure 33).

Of those who had experienced a stimulant event in the last year (n=21), most nominated some form of MDMA/ecstasy (capsules: 52%; pills: 43%; crystal and powder: n≤5) as being consumed prior to any of these events in the last 12 months. The majority (71%) reported that they had also consumed one or more additional drugs on the last occasion. On the last occasion, 86% did not receive treatment or assistance.

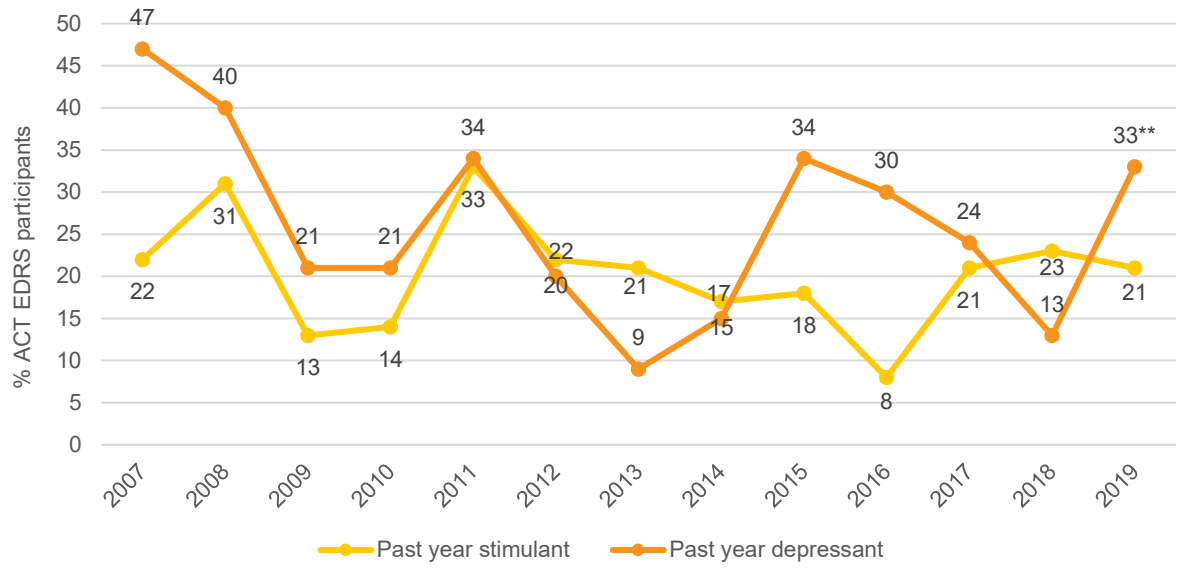
Non-Fatal Depressant Overdose

Alcohol: Twenty-seven per cent of the sample reported having experienced a non-fatal alcohol overdose in the past 12 months on a median of 2 occasions (IQR=1-3). Of those who had experienced an alcohol overdose in the past year (n=27), the majority (96%) reported not receiving treatment on the last occasion.

Any Depressant (including alcohol): Past 12-month experience of any non-fatal depressant overdose has remained relatively stable over time, however there was a significant increase in 2019 (33% versus 13% in 2018; *p*=0.001; Figure 33). This increase may be due to greater nuance in asking about overdose following various depressant drugs (see above).

Of those who had experienced any depressant overdose in the last year (n=33), the majority reported alcohol (82%; 82% in 2018; *p*=0.822) as the drug being used prior to the event.

Figure 33: Past year non-fatal stimulant and depressant overdose, ACT, 2007-2019

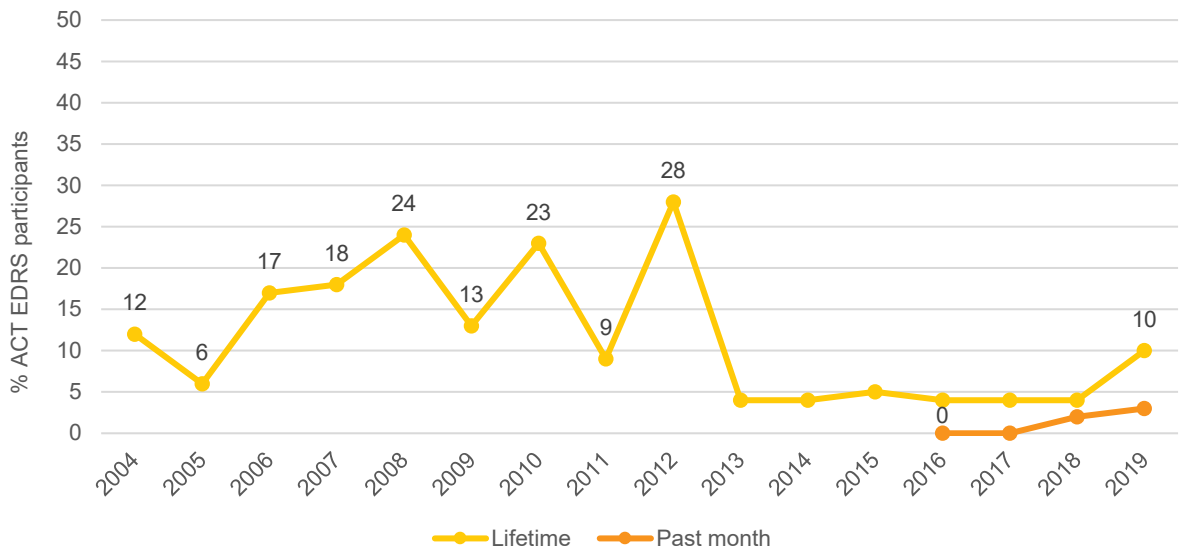


Note. Y axis has been reduced to 50% to improve visibility of trends. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Injecting Drug Use and Associated Risk Behaviours

The per cent reporting injecting in their lifetime varied in earlier years of monitoring. In 2019, one in ten participants reported lifetime injection (10%; n≤5 in 2018; *p*=0.096; Figure 34). Low numbers reported past month injection (n≤5; n≤5 in 2018; *p*=0.651).

Figure 34: Lifetime and past month drug injection, ACT, 2004-2019



Note. Y axis reduced to 50% to improve visibility of trends. Past 6-month injection asked of participants prior to 2016. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years. In 2019, 7% reported being in treatment (n≤5 in 2018), with the majority reporting drug counselling (86%) as their main form of treatment. For national trends refer to the national EDRS report, or for further information contact the researchers.

Driving Risk Behaviours

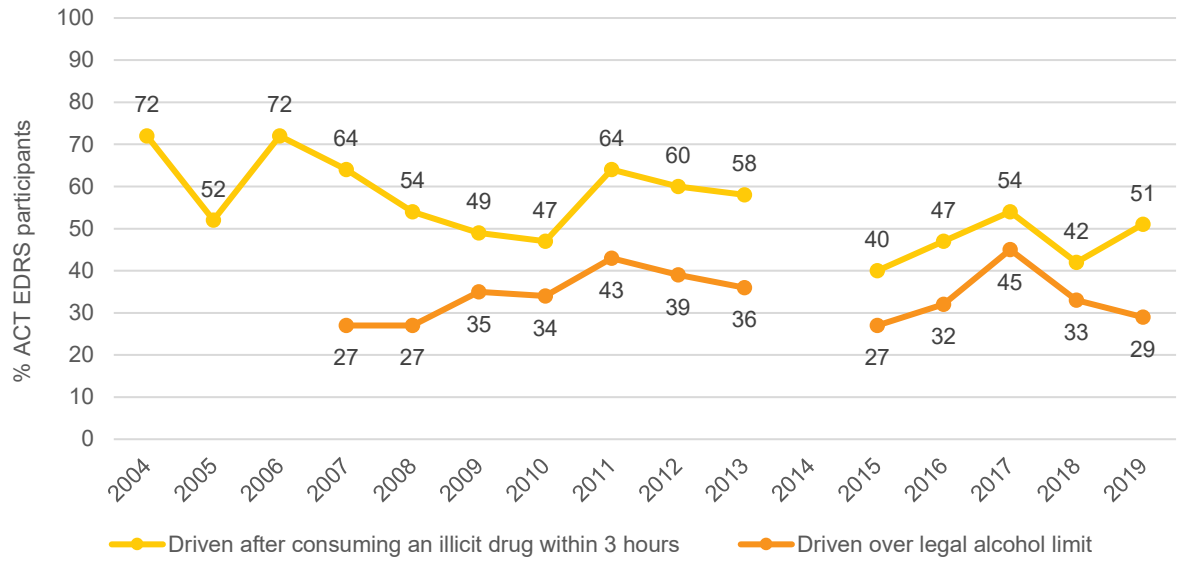
Of the whole sample, less than one-third (29%; 33% in 2018; *p*=0.509; Figure 35) reported driving while being over the legal limit of alcohol (32% of those that reported driving recently) on a median of three days (IQR=1-4; n=29; 3 days in 2018; IQR=1-5; *p*=0.562) in the last six months.

Of the whole sample, over half (51%; 42% in 2018; *p*=0.202; Figure 35) reported driving within three hours of consuming an illicit or non-prescribed drug (57% of those that reported driving recently) on a median of five days (IQR=2-20; n=51; 5 days in 2018; IQR=2-24; *p*=0.714) in the last six months.

Among those that reported driving within three hours of consuming an illicit or non-prescribed drug, the most common drug used last time driving was cannabis (77%; 61% in 2018; *p*=0.108), followed by ecstasy (39%; 44% in 2018; *p*=0.650), cocaine (18%; 27% in 2018; *p*=0.289) and methamphetamine (18%; 15% in 2018; *p*=0.697).

In 2019, among those that reported to have driven in the six months preceding interview (n=90), 28% (16% in 2018; *p*=0.066) reported being tested for drug driving and over half (58%; 54% in 2018; *p*=0.626) reported being breath tested for alcohol by police roadside testing in the last six months.

Figure 35: Driving risk behaviours in the past six months, ACT, 2004-2019



Note. Driven over the limit of alcohol and driven a vehicle within three hours of using an illicit or non-prescribed drug. Data not collected in 2014. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Sexual Risk Behaviours

In 2019, 88% of the sample had penetrative sex in the last six months. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who responded and had penetrative sex with one or more people (n=75), 35% reported penetrative sex without a barrier where they did not know the HIV/STI status of their partner in the past six months. Almost one-quarter (23%) of those who reported having penetrative sex reported that alcohol and/or other drugs had impaired their ability to negotiate their wishes during sexual intercourse (Table 5).

Three-fifths (62%) of the total sample reported having a sexual health check-up in the past year. A further 18% had done so more than one year ago, and 20% had never had a sexual health check-up. Of the total sample, 81% reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); 7% had received a positive diagnosis in the past year; and 12% had received a positive diagnosis over a year ago (Table 5).

Table 6: Sexual health behaviours, ACT, 2019

	ACT
	N=100
% Any penetrative sex in the past six months (n)	88 (88)
Of those who responded#:	N=75
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	35
Of those who responded#:	N=86
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	23
Of the total sample (past 12 months):	N=100
% Had a sexual health check	62
% Diagnosed with a sexually transmitted infection	7

Note. Don't know and did not respond responses excluded. #Due to the sensitive nature of these items there is missing data for some participants who chose not to respond

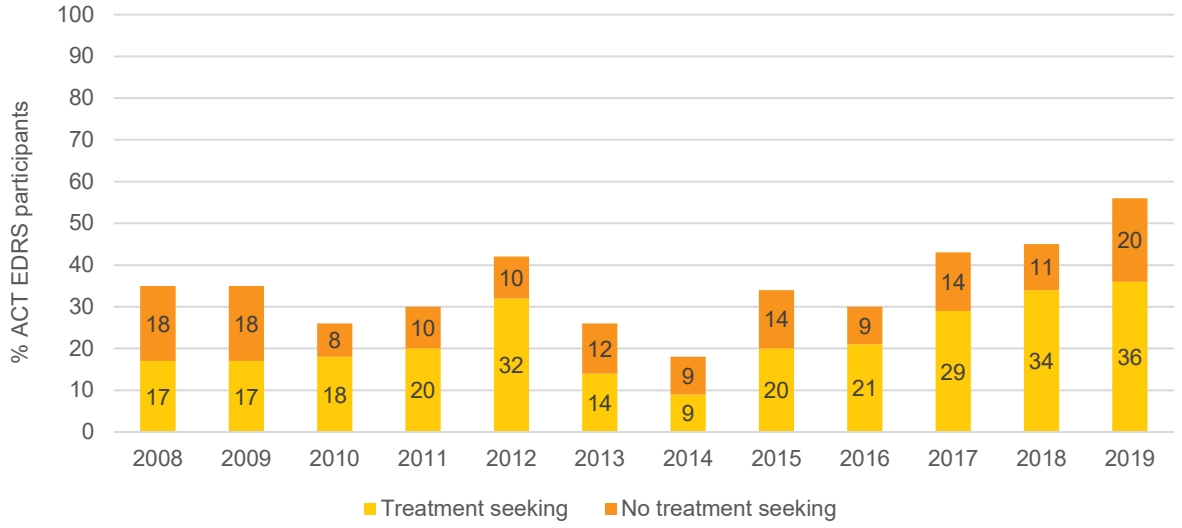
Mental Health

Over half (57%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence; 47% in 2018; *p*=0.201; Figure 36).

Of those who commented (n=54), the most common mental health problem was anxiety (80%; 85% in 2018; *p*=0.0.504), followed by depression (70% in 2018; *p*=0.694) and ADHD (17%; 13% in 2018; *p*=0.613).

Of those who reported a mental health problem, two-thirds (64%; 36% of the total sample) reported seeing a mental health professional during the past six months. Of this group (n=36), 72% reported being prescribed medication for this problem in this period (50% in 2018; *p*=0.056).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2008-2019

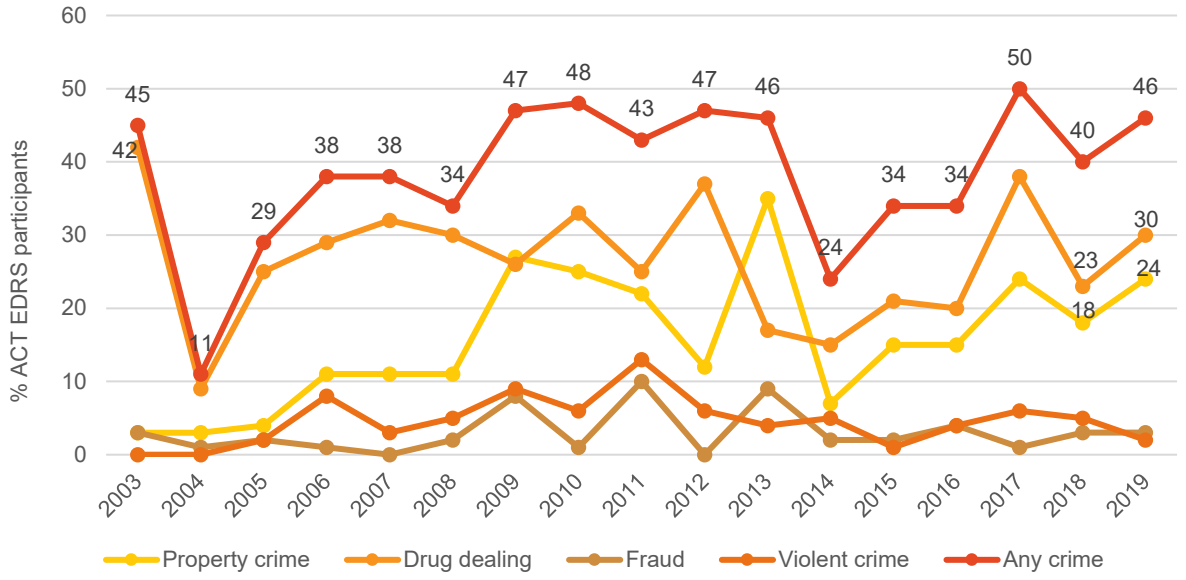


Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Crime

The per cent reporting past month criminal activity has fluctuated over time, with dealing (30%; 23% in 2018; *p*=0.332) and property crime (24%: 18% in 2018; *p*=0.263) consistently being reported as the main forms of criminal activity (Figure 37). Fifteen per cent of the 2019 sample reported having been arrested in the 12 months preceding interview (15% in 2018; *p*=1.000). Six per cent of the sample reported a lifetime prison history (n≤5 in 2018; *p*=0.756).

Figure 37: Self-reported criminal activity in the past month, ACT, 2003-2019



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. **p*<0.050; ***p*<0.010; ***p<0.001 for 2018 versus 2019.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

In 2019, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview in 2019 were face-to-face (81%) and via social networking applications (70%; e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (Table 6). Fourteen per cent had obtained drugs via the darknet in the past year and 6% had purchased drugs on the surface web.

When asked to choose their main purchasing approach in theprevious 12 months, a similar per cent chose via face-to-face (37%) and social networking applications (36%; Table 6).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (99%), with smaller numbers reported receiving illicit drugs via post (13%), and via a collection point (9%; defined as a predetermined location where a drug will be dropped for later collection).

Buying Drugs Online

Sixteen per cent of participants reported ever purchasing drugs on the darknet. The remaining participants (n=82) were asked about their knowledge of the darknet. Among those that responded (n=80), 9% had not heard of the darknet, while over half (39%) had heard of it but had never accessed or researched it, 13% had researched it but never accessed it, and 40% had accessed it, but had never purchased from it.

Of those who had purchased drugs online (n=20), the most commonly reported purchased drugs via online sources in the past 12 months was any form of ecstasy (60%).

Selling Drugs Online

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

Table 7: Modes of purchasing illicit/non-prescribed drugs in the past 12 months, ACT, 2019

	2019 N=98
% Purchasing approaches in the last 12 months^	
Face-to-face	81
Surface web	6
Darknet market	14
Social networking applications	70
Text messaging	55
Phone call	54
Other	0
% Main purchasing approach in the last 12 months	
Face-to-face	37
Surface web	0
Darknet market	-
Social networking applications	36
Text messaging	14
Phone call	11

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