

Australian Capital Territory Drug Trends 2018

**Key findings from the
Ecstasy and Related Drug
Reporting System (EDRS)
Interviews**





AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2018:

KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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Table of Contents

<u>LIST OF TABLES</u>	<u>II</u>
<u>LIST OF FIGURES</u>	<u>III</u>
<u>ACKNOWLEDGEMENTS</u>	<u>IV</u>
<u>ABBREVIATIONS</u>	<u>V</u>
<u>EXECUTIVE SUMMARY</u>	<u>I</u>
<u>BACKGROUND AND METHODS</u>	<u>4</u>
<u>SAMPLE CHARACTERISTICS</u>	<u>7</u>
<u>ECSTASY</u>	<u>11</u>
<u>METHAMPHETAMINE</u>	<u>17</u>
<u>COCAINE</u>	<u>22</u>
<u>CANNABIS</u>	<u>26</u>
<u>KETAMINE AND LSD</u>	<u>31</u>
<u>OTHER DRUGS</u>	<u>38</u>
<u>DRUG-RELATED HARMS AND OTHER RISK FACTORS</u>	<u>43</u>

List of Tables

TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE, NATIONALLY AND IN ACT, 2014-2018	8
TABLE 2: PERCEIVED PURITY OF ECSTASY PILLS, POWDER, CAPSULES AND CRYSTAL, ACT, 2016-2018	16
TABLE 3: USE OF ANY NPS IN THE PAST SIX MONTHS, NATIONALLY AND ACT, 2018	37

List of Figures

FIGURE 1: DRUG OF CHOICE, ACT, 2003-2018	9
FIGURE 2: DRUG USED MOST OFTEN IN THE PAST MONTH, ACT, 2011-2018	9
FIGURE 3: HIGH FREQUENCY SUBSTANCE USE IN THE PAST SIX MONTHS, ACT, 2003-2018	10
FIGURE 4: PAST SIX MONTH USE OF ANY ECSTASY, AND ECSTASY PILLS, POWDER, CAPSULES, AND CRYSTAL, ACT, 2003-2018	12
FIGURE 5: MEDIAN DAYS OF ANY ECSTASY, PILLS, POWDER, CAPSULES, AND CRYSTAL USE IN THE PAST SIX MONTHS, ACT, 2003-2018	13
FIGURE 6: MEDIAN PRICE OF ECSTASY PILL AND CAPSULE, ACT, 2003-2018	15
FIGURE 7: MEDIAN PRICE OF ECSTASY CRYSTAL PER POINT AND GRAM, ACT, 2013-2018	15
FIGURE 8: PAST SIX MONTH USE OF ANY METHAMPHETAMINE, POWDER, BASE, AND CRYSTAL, ACT, 2003-2018	18
FIGURE 9: MEDIAN DAYS OF ANY METHAMPHETAMINE, POWDER, BASE, AND CRYSTAL USE IN THE PAST SIX MONTHS, ACT, 2003-2018	18
FIGURE 10: MEDIAN PRICE OF POWDER METHAMPHETAMINE PER POINT AND GRAM, ACT, 2003-2018	20
FIGURE 11: CURRENT PERCEIVED PURITY OF POWDER METHAMPHETAMINE, ACT, 2003-2018	21
FIGURE 12: CURRENT PERCEIVED AVAILABILITY OF POWDER METHAMPHETAMINE, ACT, 2003-2018	21
FIGURE 13: PAST SIX MONTH USE AND FREQUENCY OF USE OF COCAINE, ACT, 2003-2018	23
FIGURE 14: MEDIAN PRICE OF COCAINE PER GRAM, ACT, 2003-2018	24
FIGURE 15: CURRENT PERCEIVED PURITY OF COCAINE, ACT, 2003-2018	25
FIGURE 16: CURRENT PERCEIVED AVAILABILITY OF COCAINE, ACT, 2003-2018	25
FIGURE 17: PAST SIX MONTH USE AND FREQUENCY OF USE OF CANNABIS, ACT, 2003-2018	27
FIGURE 18: MEDIAN PRICE OF HYDROPONIC (A) AND BUSH (B) CANNABIS PER OUNCE AND GRAM, ACT, 2006-2018	28
FIGURE 19: CURRENT POTENCY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, ACT, 2006-2018	29
FIGURE 20: CURRENT PERCEIVED AVAILABILITY OF HYDROPONIC (A) AND BUSH (B) CANNABIS, ACT, 2006-2018	30
FIGURE 21: PAST SIX MONTH USE AND FREQUENCY OF USE OF KETAMINE, ACT, 2003-2018	32
FIGURE 22: PAST SIX MONTH USE AND FREQUENCY OF USE OF LSD, ACT, 2003-2018	33
FIGURE 23: MEDIAN PRICE OF LSD PER TAB, ACT, 2003-2018	34
FIGURE 24: CURRENT PERCEIVED PURITY OF LSD, ACT, 2003-2018	34
FIGURE 25: CURRENT PERCEIVED AVAILABILITY OF LSD, ACT, 2003-2018	35
FIGURE 26: PAST SIX MONTH USE OF NEW PSYCHOACTIVE SUBSTANCES, ACT, 2010-2018	37
FIGURE 27: NON-PRESCRIBED USE OF PHARMACEUTICAL DRUGS IN THE PAST SIX MONTHS, ACT, 2007-2018	40
FIGURE 28: OTHER ILLICIT DRUGS USED IN THE PAST SIX MONTHS, ACT, 2003-2018	41
FIGURE 29: LICIT DRUGS USED IN THE PAST SIX MONTHS, ACT, 2003-2018	42
FIGURE 30: POLY SUBSTANCE USE ON OCCASION OF LAST STIMULANT USE IN ACT, 2018	44
FIGURE 31: LIFETIME AND PAST YEAR NON-FATAL STIMULANT AND DEPRESSANT OVERDOSE, ACT, 2007-2018	46
FIGURE 32: LIFETIME AND PAST MONTH DRUG INJECTION, ACT, 2004-2018	46
FIGURE 33: DRIVING RISK BEHAVIOUR IN THE LAST SIX MONTHS, ACT, 2007-2018	47
FIGURE 34: SEX WITH A CASUAL PARTNER IN THE LAST SIX MONTHS AND USE OF ANY PROTECTION/BARRIER ON THE LAST OCCASION, ACT, 2011-2018	48
FIGURE 35: SELF-REPORTED MENTAL HEALTH PROBLEMS AND TREATMENT SEEKING IN THE PAST SIX MONTHS, ACT, 2008-2018	49
FIGURE 36: SELF-REPORTED CRIMINAL ACTIVITY IN THE PAST MONTH, ACT, 2003-2018	50

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2018:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Grigg and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

We would like to thank past and present members of the research team.

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
DMT	Dimethyltryptamine
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NSW	New South Wales
NPS	New psychoactive substances
OTC	Over-the-counter
SD	Standard deviation
STI	Sexually transmitted infection
UNSW	University of New South Wales

Executive summary

Sample characteristics

The ACT EDRS sample were predominantly young and well-educated, consistent with the sample profile since monitoring began in 2003. In the 2018 sample, ecstasy and cannabis were the drugs of choice (41% and 20%, respectively), whilst cannabis and alcohol (34% and 33%, respectively) were the drugs used most often in the preceding month.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e., past six months) use of ecstasy pills declining and competing with capsules and crystal forms of ecstasy (80%, 74%, and 60% of the sample endorsing use in 2018, respectively). In 2018, an increased percentage of consumers reported the availability of capsule and crystal forms of ecstasy as 'difficult', although reported price is consistent with more recent years. Thirty per cent of recent consumers reported weekly or more frequent use of ecstasy.

Methamphetamine

Use of methamphetamine has been declining amongst the 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 2018 was the second smallest observed historically (25% and 15%, respectively).

Cocaine

Recent use of cocaine has fluctuated somewhat from one in four (26%) reporting recent use in 2003 to three in four (75%) in 2018, reaching the highest number ever recorded. Indeed, an increase was also observed in those reporting using cocaine weekly or more (13% in 2018). The price for one gram of cocaine remained stable at \$300.

Cannabis

At least three in four participants have reported recent use of cannabis each year since monitoring began (88% in 2018). One-fifth (18%) of consumers reported using cannabis daily (stable compared to 2017; 24%).

Ketamine & LSD

Recent use of ketamine and LSD has fluctuated over the period of monitoring and in 2018 decreased relative to 2017 (29% vs. 49% and 43% vs. 64%, respectively).

New psychoactive substances (NPS)

One-third of the sample (30%) reported recent use of at least one form of NPS. DMT and the 2C class were the most common recently used NPS in 2018 (16% and 7%, respectively). Seventeen per cent reported recent use of capsules with unknown contents.

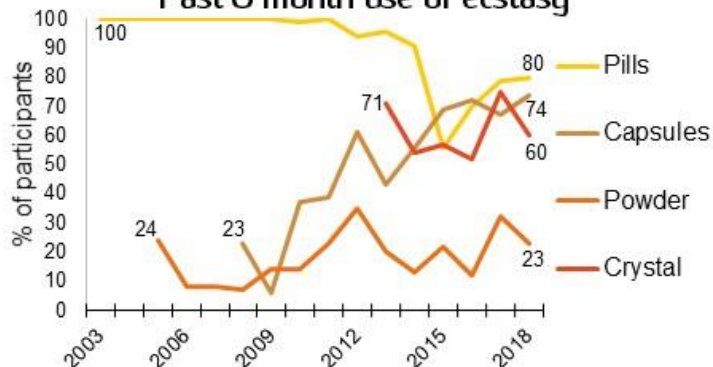
Drug-related harms and other risks

Ninety-three per cent of the sample reported also using depressants, cannabis, and/or hallucinogens/dissociatives on their last occasion of stimulant use. One quarter (23%) reported a non-fatal stimulant overdose, and 13% reported a non-fatal depressant overdose (mostly attributed to alcohol) in the past year. The percentage reporting injecting drug use remained low. Treatment engagement also remained low. One-third (33%) of the sample reported driving while being over the perceived legal limit of alcohol and two-fifths (42%) reported driving within three hours of consuming an illicit drug. Nearly half the sample (47%) self-reported that they had experienced a mental health problem in the preceding six months, and three-quarters (76%) of this group had seen a mental health professional in the same period. One-fifth (23%) reported engaging in drug dealing and 18% reported engaging in property crime in the past month.

Key findings from the ACT Ecstasy and Related Drugs Reporting System interviews, 2018



Past 6 month use of ecstasy



Driving Risk Behaviours

42% of the ACT sample self-reported **driving after consuming an illicit or non-prescribed drug** in the past six months

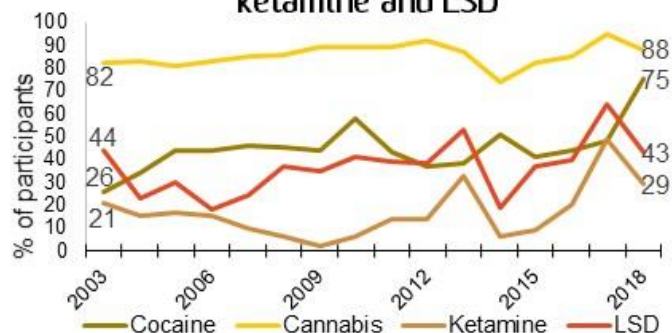
33% of the ACT sample self-reported **driving over the legal alcohol limit** in the past six months

Risks and Harms

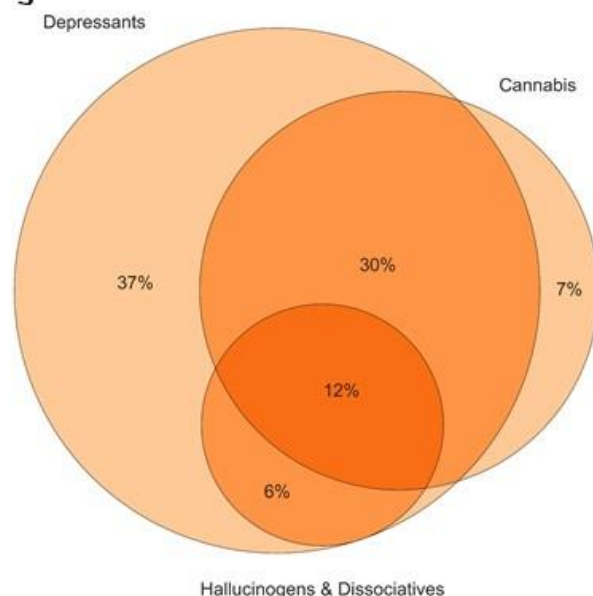
47% of the ACT sample self-reported experiencing a **mental health problem** in the past six months

34% of the ACT sample self-reported seeking treatment for a **mental health problem**

Past 6 month use of cocaine, cannabis, ketamine and LSD



Poly-substance use on occasion of last stimulant use*

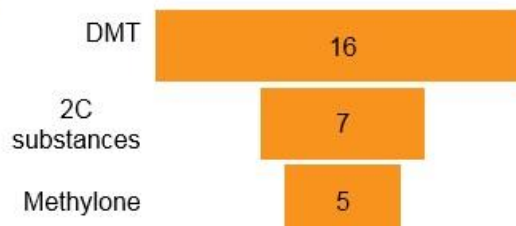


30%

of the ACT sample reported using any **new psychoactive substances (NPS)** in the last six months



Most commonly used NPS



*93% reported using combination of stimulant with depressants, cannabis and or hallucinogens/dissociatives

1

Background and methods

The EDRS interviews are conducted annually with a sentinel group of people who regularly use ecstasy and other stimulants, recruited from all capital cities of Australia (N=799 in 2018). In 2018, 100 participants were interviewed in Canberra, forming the focus of this Australian Capital Territory (ACT) EDRS report. The results from the EDRS interviews are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but this is not the aim of these data, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. 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.

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, focusing on data collected in Canberra, ACT.

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 (including: MDA, methamphetamine, cocaine, LSD, mephedrone or other NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks). Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 799 participants were interviewed during April–July 2018 across capital cities nationally, with 100 participants interviewed in Canberra (100 participants in 2017), of which 18 had participated in the EDRS previously (2003-2017) and 13 had participated in 2017.

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 2017 and 2018, 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 capital cities, 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 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

The National EDRS report (including [Infographics](#) and [key figures](#)) are available for download, as are [infographics](#) and [key figures](#) for ACT. 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 the [Illicit Drug Reporting System \(IDRS\)](#), which focuses more so on the use of illicit drugs, including injecting drug use.

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

2

Sample characteristics

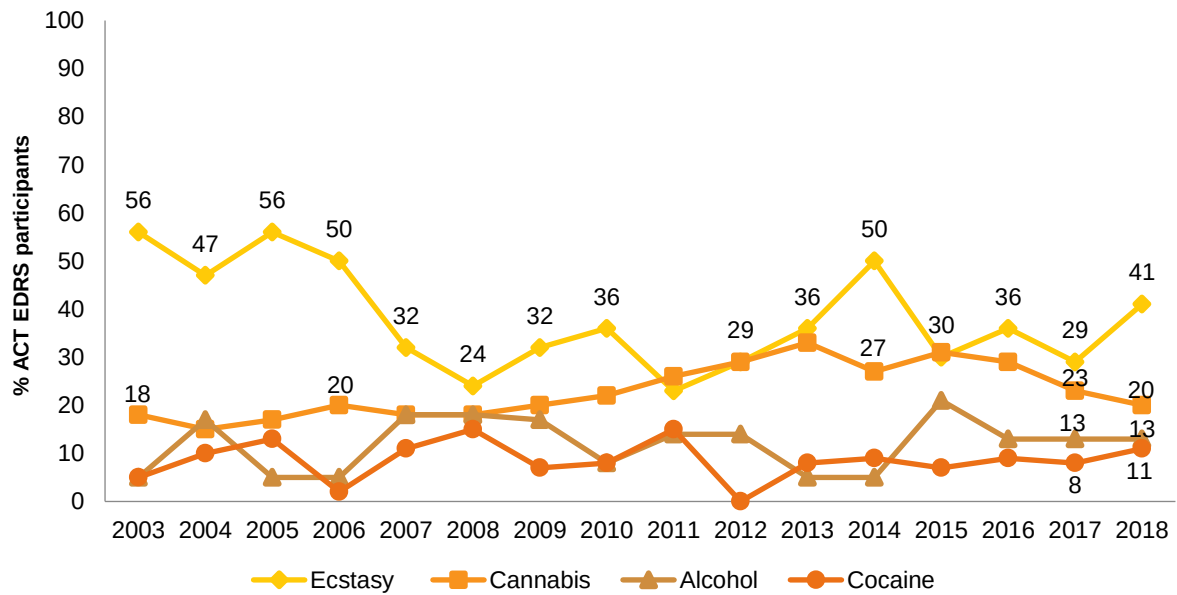
In 2018, the ACT EDRS sample had a similar percentage of male (49%) and female (50%) participants, with a median age of 21 years (range: 19-24). Two-fifths (40%) of the sample reported having completed a post-school qualification(s), and one-quarter (27%) were current students. Participants typically reported that ecstasy was their drug of choice (41%). Cannabis (34%) and alcohol (33%) had similar endorsement as the drug used most often in the month preceding interview. One-third (30%) of the total sample reported weekly or more frequent ecstasy use and 16% reported daily cannabis use in the past six months.

Table 1: Demographic characteristics of the sample, nationally and in ACT, 2014-2018

	National 2018	ACT 2018	ACT 2017	ACT 2016	ACT 2015	ACT 2014
	N=799	N=100	N=100	N=100	N=100	N=100
Median age (years; IQR)	21 (19-24)	21 (19-24)	20 (19-22)	20 (19-22)	20 (18-21)	21 (19-24)
% Male	59	49*	64	58	67	69
% Aboriginal and/or Torres Strait Islander	6	-	-	-	-	-
% Sexual identity						
Heterosexual	84	79	82	89	94	94
Gay male	2	-	-	-	-	-
Lesbian	1	-*	0	-	0	-
Bisexual	10	14	13	7	-	-
Other	2	-	-	0	0	0
Mean years of school education	12	12	12	12	12	12
% Post-school qualification(s)^	42	40	27	31	32	68
% Employment status						
Employed full time	22	23*	12	17	24	45
Students [#]	18	27	17	27	35	9
Unemployed	20	19	13	11	7	9
Median weekly income \$ (IQR)	(N=774) \$400 (250-769)	(N=98) \$413 (244-800)	(N=100) \$400 (250-638)	(N=93) \$400 (238-525)	(N=95) \$353 (200-600)	(N=98) \$650 (329-1013)
% Accommodation						
Own house/flat	4	7	-	6	-	-
Rented house/flat	44	44*	58	41	43	50
Parents'/family home	48	42	32	43	49	45
Boarding house/hostel	1	0	-	-	-	0
No fixed address	2	-	0	0	-	0
Other	1	-	-	-	-	0

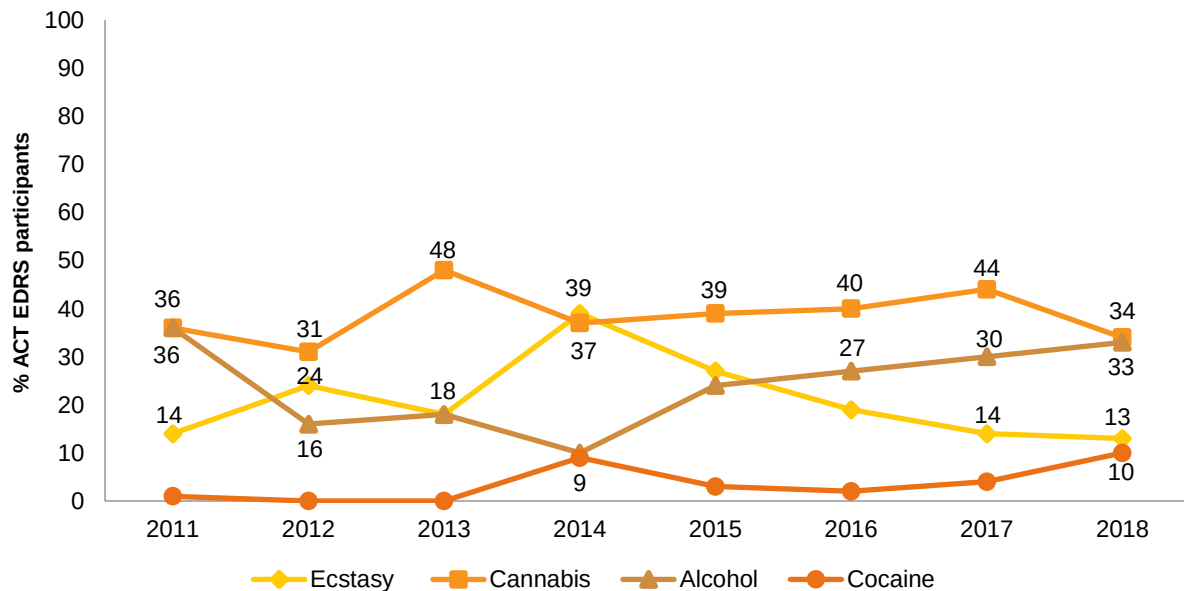
Note. ^Includes trade/technical and university qualifications. # Includes full-time students, part-time students and participants who both work and study. - Percentage suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 1: Drug of choice, ACT, 2003-2018



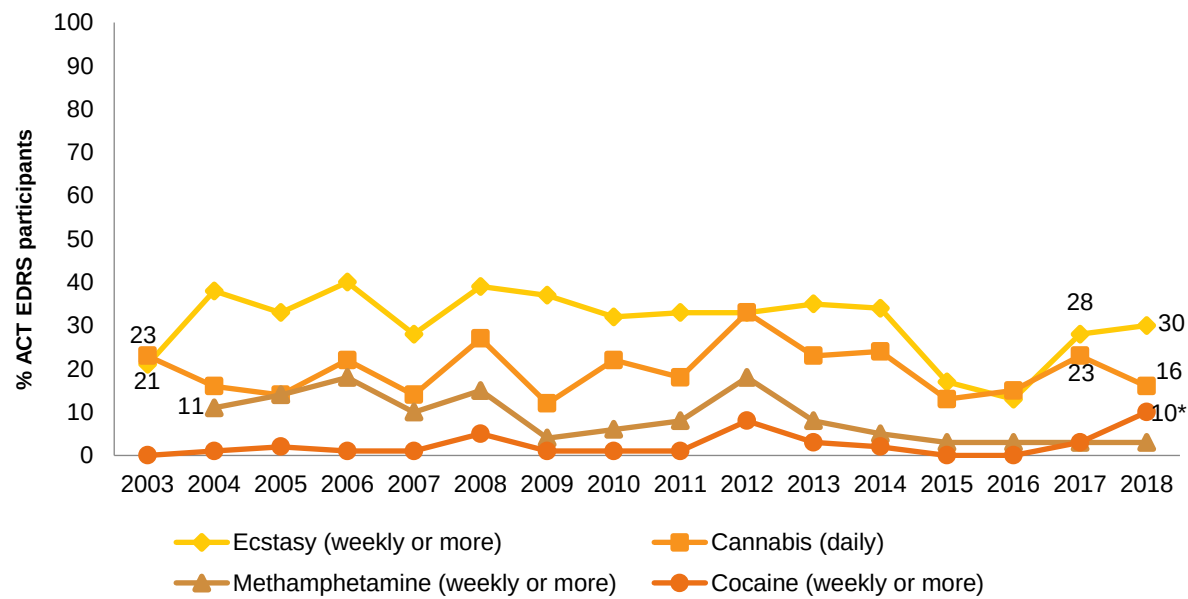
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 2: Drug used most often in the past month, ACT, 2011-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2018 as this question was not asked in 2003-2010. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 3: High frequency substance use in the past six months, ACT, 2003-2018



Note. Among the entire sample. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility.
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

3

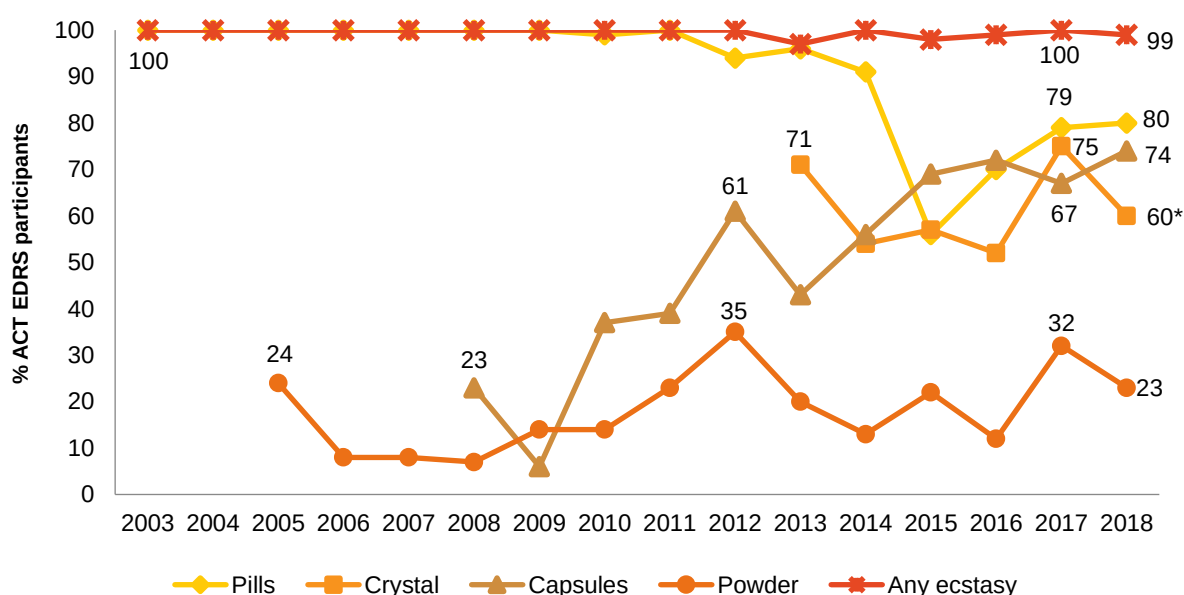
Ecstasy

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

Recent Use

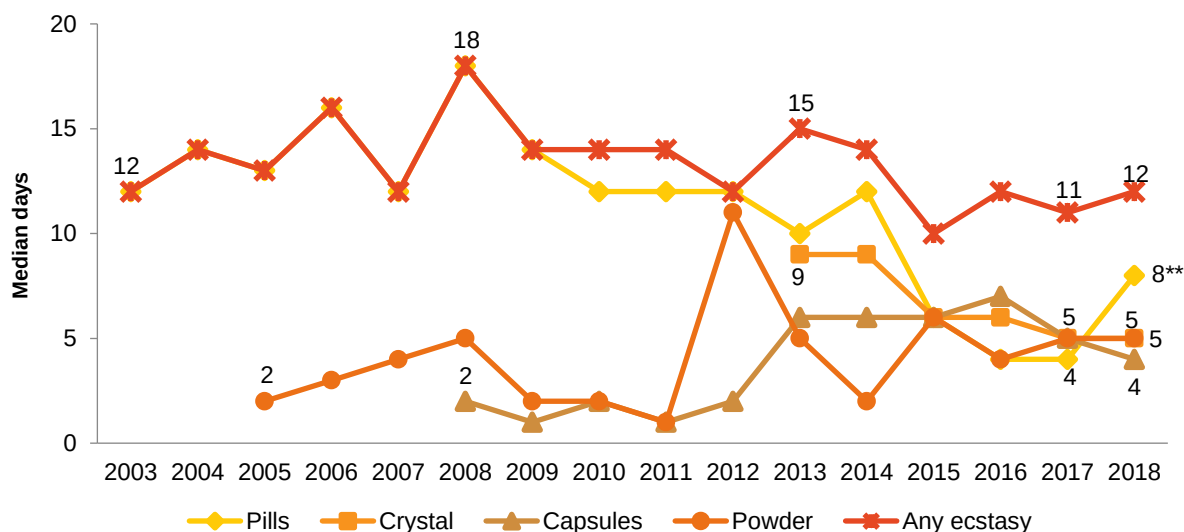
- Nearly all participants (99%) in the 2018 ACT sample reported recent ecstasy use, consistent with previous years (Figure 4), and reflecting the interview eligibility criteria (see Methods).
- Median frequency of use remained stable at approximately fortnightly use (median 12 days; IQR 6-24 days; median 11 days in 2017; $p=0.308$) (Figure 5), with one-third (30%) of the consumers reporting weekly or more frequent use (28% in 2017; $p=0.683$).
- Pills have dominated as the main form used in the six months preceding interview since monitoring began in 2003. However, in more recent years (2015-2018), pills have been competing with the crystal and capsule form of ecstasy (Figure 4), whilst powder has remained the least commonly used form.

Figure 4: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, ACT, 2003-2018



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 2017 versus 2018.

Figure 5: Median days of any ecstasy, pills, powder, capsules, and crystal use in the past six months, ACT, 2003-2018



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 20 to improve visibility of trends. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Ecstasy pills

- Ecstasy pills remained the main form of ecstasy used over time (excluding in 2015, where a large decrease was observed). In recent years past six months use has slowly increased (80%; 79% in 2017) (Figure 4).
- Frequency of use of pills had significantly increased to more than monthly use (8 days; IQR 5-20 days) among consumers in 2018, compared to less than monthly use in 2017 (4 days; $p = 0.003$) (Figure 5).
- Twenty-one per cent of recent consumers reported using pills weekly or more (14% in 2017; $p = 0.240$).
- Swallowing remained the main route of administration among those who had used pills (95%; 95% in 2017), followed by snorting (26%; 29% in 2017).
- In 2018, the median quantity used in a typical session was two pills (IQR 2-3.3 pills; $n = 78$; 2 pills in 2017).

Ecstasy powder

- With the exception of 2009, ecstasy powder has consistently been the least commonly endorsed form of ecstasy (23% in 2018; 32% in 2017; $p = 0.154$) (Figure 4).
- Frequency of powder use among consumers remained stable (median 5 days; IQR 2-15 days; 5 days in 2017) (Figure 5).
- Low numbers reported weekly or more use of powder ecstasy and is therefore not presented.
- The main route of administration among consumers has consistently been snorting (74%; 81% in 2017; $p = 0.516$), followed by swallowing (57%; 47% in 2017; $p = 0.480$).
- The median quantity used in a typical session was 0.3 grams (IQR 0.20-0.50 grams; $n = 12$; 0.43 grams in 2017).

Ecstasy capsules

- Recent use of ecstasy capsules has been increasing, with three-quarters (74%) reporting recent use in 2018 (67% in 2017; $p=0.278$) (Figure 4).
- Frequency of capsule use has remained stable at a median of four days (IQR 2-8 days; 5 days in 2017) (Figure 5).
- Twelve per cent of the consumers reported using capsules weekly or more (12% in 2017; $p=0.994$).
- The main route of administration among consumers has consistently been swallowing (95%; 99% in 2017; $p=0.210$), followed by snorting (19%; 24% in 2017; $p=0.472$).
- The median quantity used in a typical session was two capsules (IQR 1-3 capsules; $n=74$; 2 capsules in 2017).

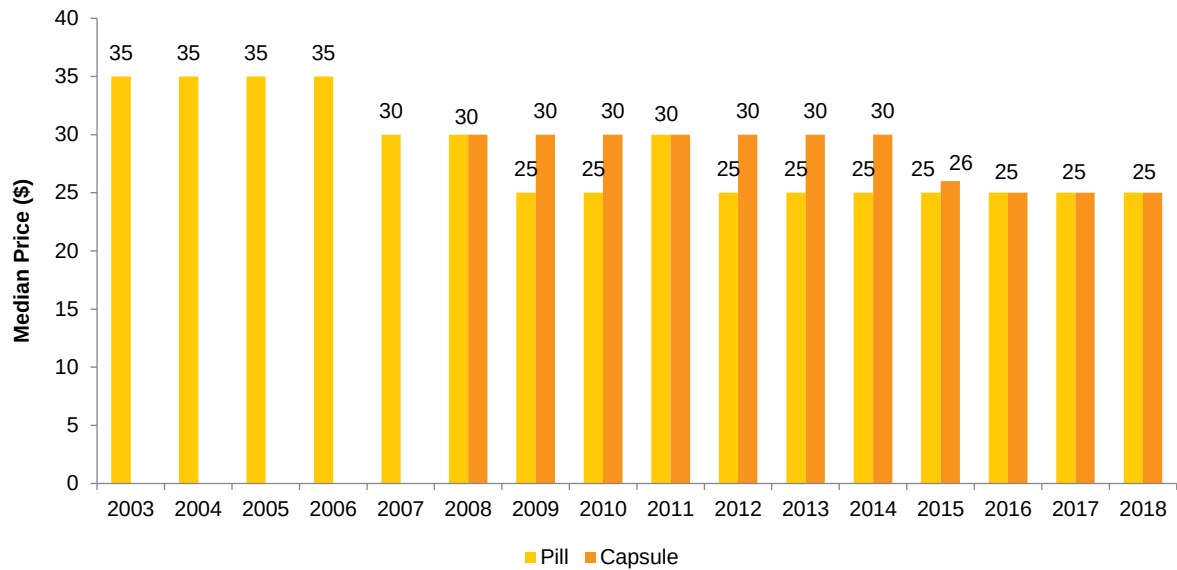
Ecstasy crystal

- Recent use of the crystal form of ecstasy declined significantly in 2018 compared to 2017 (60%; 75% in 2017; $p=0.021$) (Figure 4).
- Frequency of use amongst consumers has remained stable at a median of five days (i.e. less than monthly use; IQR 2-12 days; 5 days in 2017).
- Low numbers reported weekly or more use of crystal and is therefore not presented (14% in 2017).
- The main route of administration amongst consumers has consistently been swallowing (76%; 85% in 2017; $p=0.181$), followed by snorting (49%; 53% in 2017; $p=0.208$).
- In 2018, the median quantity used in a typical session was three capsules (IQR 2-4.50 grams; $n=13$; 2 capsules in 2017) or 0.3 grams (IQR 0.20-0.65 grams; $n=33$; 0.3 grams in 2017).

Price, Perceived Purity and Availability

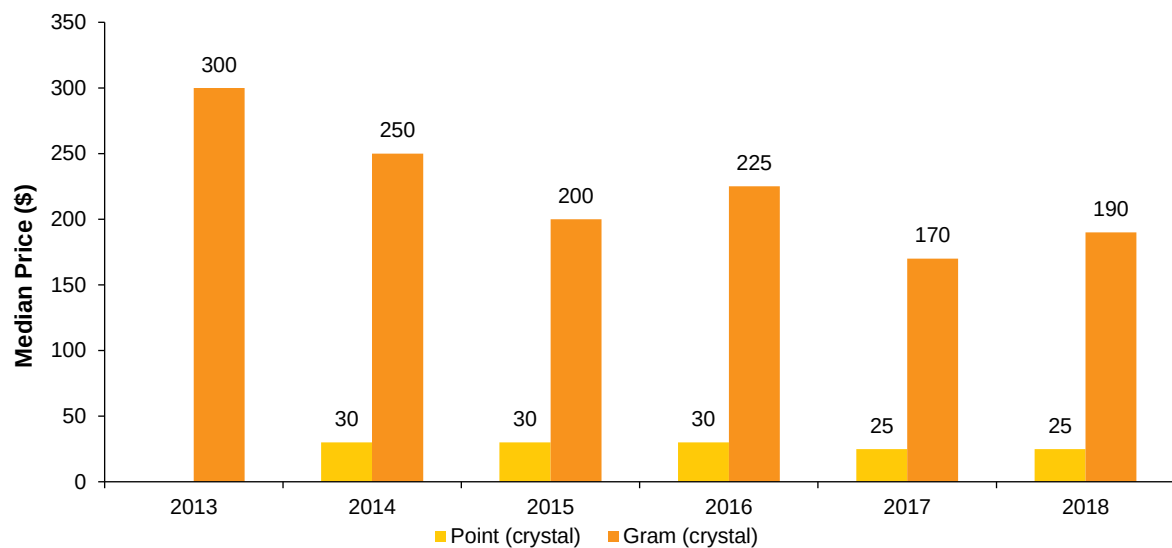
- Reported price of ecstasy has declined over time for all forms, although at different points in monitoring. For example, median price per **ecstasy pill** was \$35 until 2006, then \$30 until 2008, and has since remained relatively stable at \$25 (2018: IQR \$20-\$25; $n=49$) (Figure 6). Median price per **ecstasy capsule** was \$30 up until 2014, then declining to \$25 subsequent (2018: IQR \$25-\$30; $n=51$). Median price per gram and point of **ecstasy crystal** has declined over time, recorded as \$190 (IQR \$100-\$250; $n=18$) and \$25 for a point (IQR 22.50-40; $n=9$) in 2018 (Figure 7). Median price for **ecstasy powder** is not reported due to low numbers responding ($n\leq 5$). For information on national trends, please refer to the [national EDRS 2018 report](#) or contact the Drug Trends team.
- Reports of perceived purity of ecstasy pills ($n=80$), powder ($n=11$), capsule ($n=74$) and crystal ($n=46$) have remained relatively stable in 2018 relative to the previous two years (Table 2). Perceived purity was highest for crystal ecstasy, with around four in five consumers reporting purity as 'high' (39%) or 'medium' (46%).
- More consumers perceived ecstasy capsules and ecstasy crystal availability as 'difficult' (capsules: 22%; 6% in 2017; $p=0.006$; crystal: 32%; 8% in 2017; $p=0.002$) (Table 2).
- In 2016-17, around one in ten consumers reported accessing each form as 'difficult' or 'very difficult'. This increased to one in five for pills (18%), one in four for powder and capsules (27% and 23%, respectively) and one in three for crystal (34%) (Table 2).

Figure 6: Median price of ecstasy pill and capsule, ACT, 2003-2018



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 2017 versus 2018.

Figure 7: Median price of ecstasy crystal per point and gram, ACT, 2013-2018



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 2017 versus 2018.

Table 2: Perceived purity of ecstasy pills, powder, capsules and crystal, ACT, 2016-2018

	2016	2017	2018
Current Purity			
% Pills (n)	(n=25)	(n=69)	(n=80)
Low	28	13	13
Medium	24	38	31
High	28	29	30
Fluctuates	20	20	26
% Powder (n)	(n=7)	(n=14)	(n=11)
Low	0	-	-
Medium	-	64	-
High	-	-	-
Fluctuates	0	0	0
% Capsules (n)	(n=60)	(n=77)	(n=74)
Low	15	16	19
Medium	30	46	45
High	33	25	22
Fluctuates	22	14	15
% Crystal (n)	(n=40)	(n=61)	(n=46)
Low	0	5	7
Medium	45	46	46
High	35	39	39
Fluctuates	20	10	9
Current Availability			
% Pills (n)	(n=25)	(n=70)	(n=80)
Very easy	24	51	58
Easy	72	34	25
Difficult	4	13	18
Very difficult	0	1	0
% Powder (n)	(n=7)	(n=14)	(n=11)
Very easy	-	-	-
Easy	-	43	55
Difficult	0	-	-
Very difficult	0	-	0
% Capsules (n)	(n=64)	(n=79)	(n=74)
Very easy	45	52	34*
Easy	45	41	43
Difficult	9	6	22**
Very difficult	0	1	1
% Crystal (n)	(n=40)	(n=60)	(n=44)
Very easy	38	35	36
Easy	45	57	30**
Difficult	15	8	32**
Very difficult	3	0	2

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 2017 versus 2018.

4

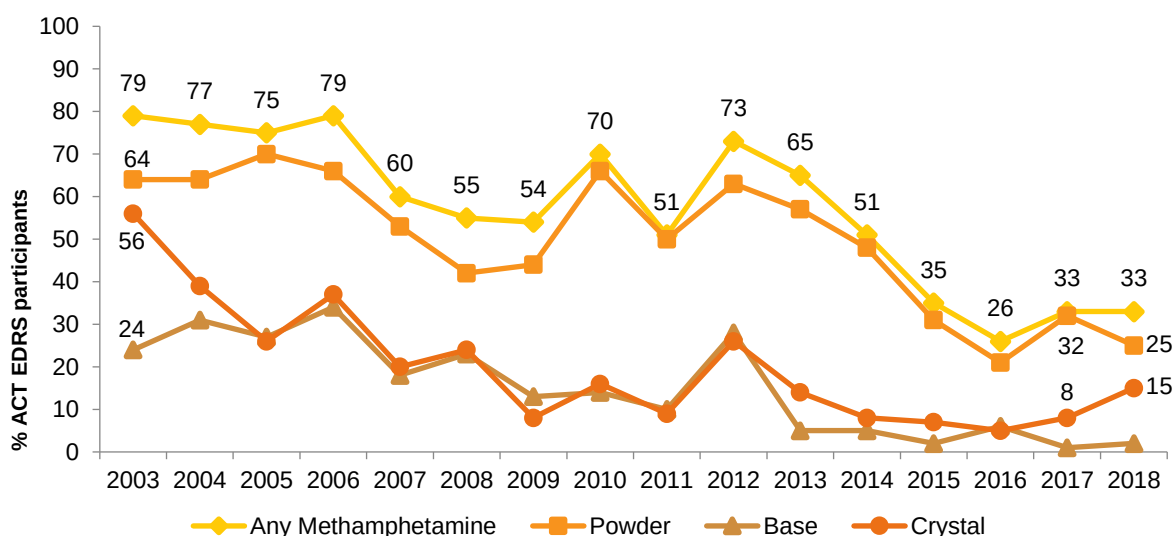
Methamphetamine

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

Recent Use

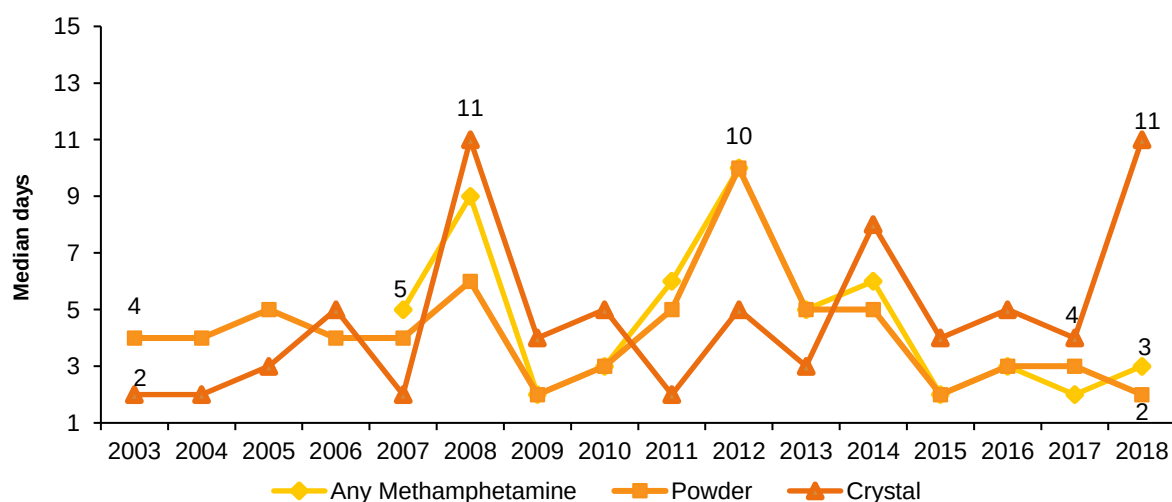
- Recent use of methamphetamine has been declining since monitoring began, from four in five participants (79%) in 2003 to one in three participants (33%) in 2018 ($p<0.001$) (Figure 8).
- Use has remained relatively infrequent since monitoring commenced. In 2018, consumers reported a median of three days of use (IQR 1-9 days; 2 days in 2017) (Figure 9).
- In 2018, few participants ($n\leq 5$) reported weekly or more use of methamphetamine.

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2003-2018



Note. Data labels have been removed from figures with small cell size (i.e. $n\leq 5$) and to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 9: Median days of any methamphetamine, powder, base, and crystal use in the past six months, ACT, 2003-2018



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 2017 versus 2018.

Methamphetamine powder

- Powder has consistently been the main form used, although use declined substantially from 2003 to 2016, and then stabilised in the years subsequent (25% in 2018; Figure 8).
- 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 2018 (IQR 1-5 days; 3 days in 2017) (Figure 9).
- In 2018, the main route of administration among consumers was snorting (64%; 61% in 2017; $p=0.835$), followed by swallowing (40%; 55% in 2017; $p=0.269$).
- The median intake in a typical session was 0.28 grams (IQR 0.10-0.50 grams; $n=14$).

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.

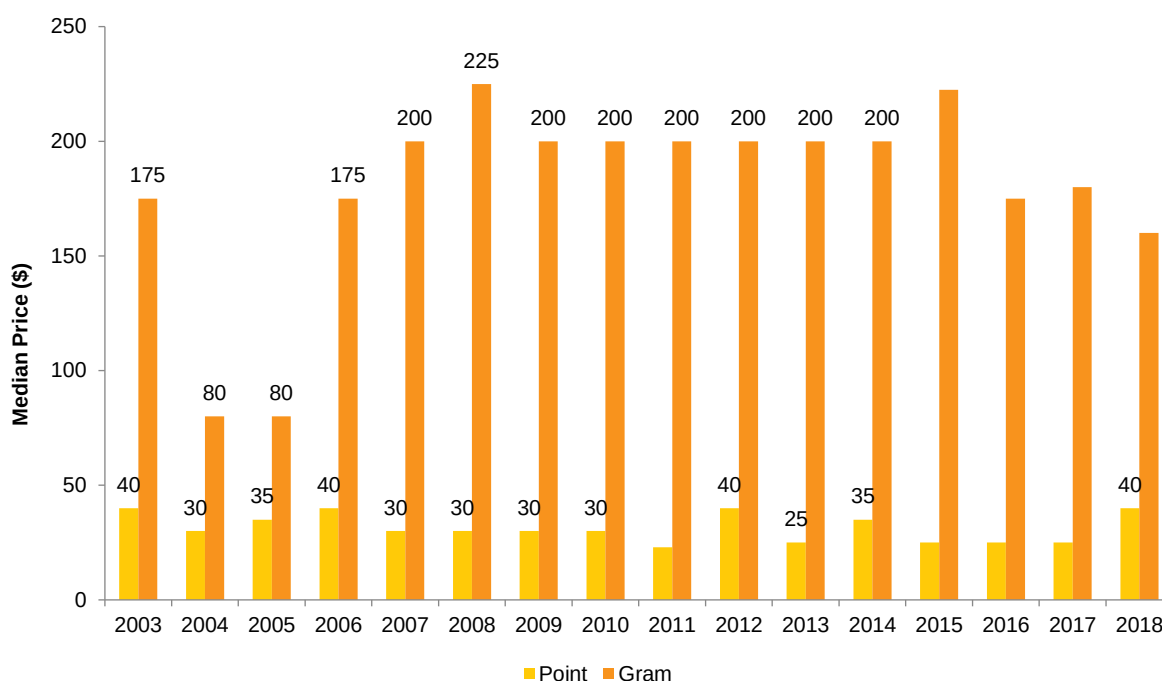
Methamphetamine crystal

- Like powder, recent use of crystal decreased over the period of monitoring, although the decline was not as steep (15% in 2018; Figure 8).
- In 2018, use was reported on a median of 11 days (IQR 2-20 days; 4 days in 2017; $p=0.402$) (Figure 9).
- Smoking remained the main route of administration of crystal methamphetamine among consumers in 2018 (87%; 100% in 2017; $p=0.280$).
- In 2018, median intake in a typical session was 0.2 grams (IQR 0.10-0.40 grams; $n=11$).

Price, Perceived Purity and Availability

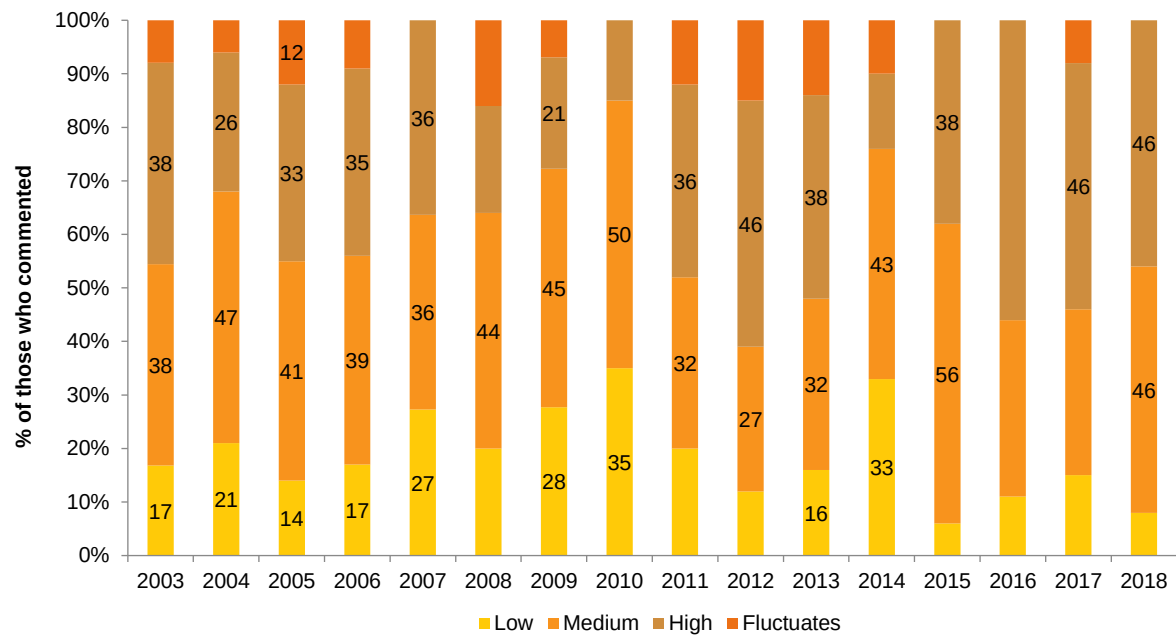
- Low numbers could comment on the perceived price, purity and availability regarding base and crystal methamphetamine and therefore this information is not reported. Please refer to the [national EDRS report](#), [national IDRS report](#), [ACT IDRS report](#) or contact the Drug Trends team.
- In 2018, the median price of a point of powder methamphetamine was \$40 (IQR \$20-\$110, n=7; \$25 in 2017). Few participants (n≤5) could comment on the price of a gram and exact figures are therefore not reported (Figure 10).
- In 2018, consumers were equally divided in their perception of the purity of powder methamphetamine as 'high' (46%) and 'medium' (46%), which is largely consistent with previous years (Figure 11).
- Most participants who responded perceived powder methamphetamine as 'easy' or 'very easy' to obtain (62%; 67% in 2017) (Figure 12).

Figure 10: Median price of powder methamphetamine per point and gram, ACT, 2003-2018



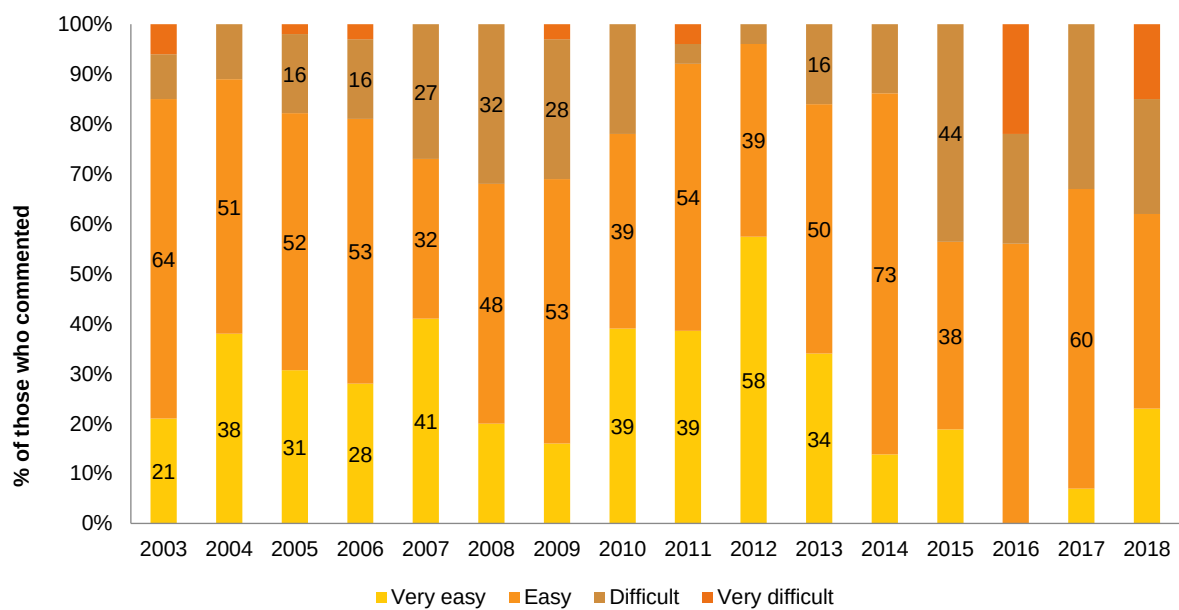
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$).

Figure 11: Current perceived purity of powder methamphetamine, ACT, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 12: Current perceived availability of powder methamphetamine, ACT, 2003-2018



Note. In 2003 a 'moderately easy' response option existed, this has been merged with 'easy'. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

5

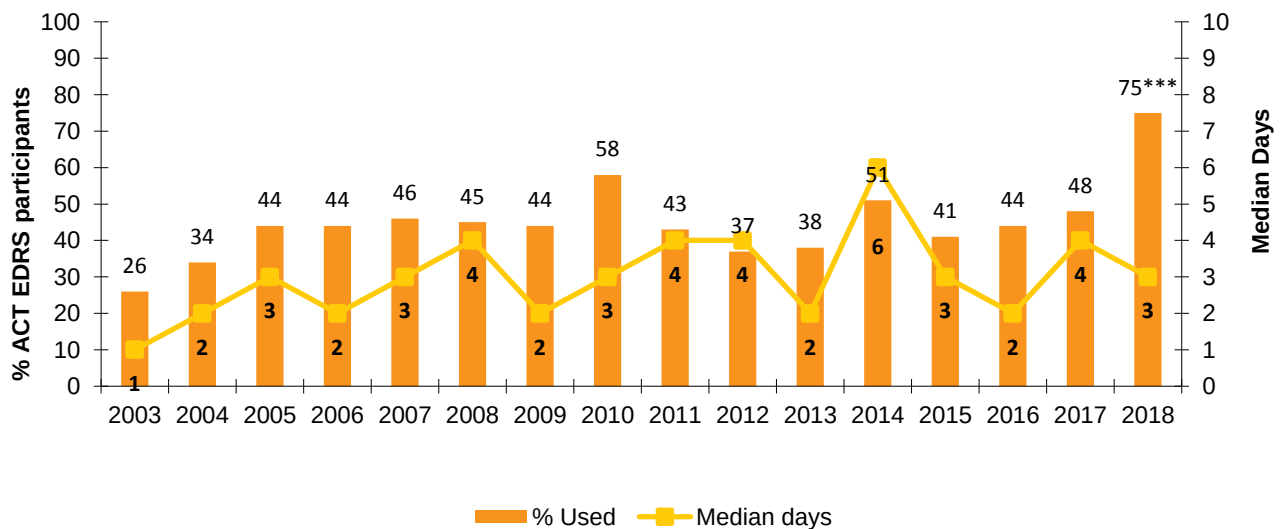
Cocaine

Participants were asked about their recent (past six months) 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.

Recent Use

- 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 (48% in 2017; $p<0.001$) (Figure 13).
- Despite the increase in use in 2018, frequency of use has remained low (2018: median 3 days; IQR 2-12 days; 4 days in 2017 Figure 13).
- Thirteen per cent ($n=10$) of recent consumers reported using cocaine weekly or more (a small increase compared to 2017; $n\leq 5$; $p=0.045$).
- In 2018, the main route of administration among consumers was snorting (97%; 98% in 2017; $p=0.838$), followed by swallowing (9%; 13% in 2017; $p=0.577$).
- The median intake in a typical session was 0.5 grams (IQR 0.20-1.00 gram; $n=28$) or 2.50 lines (IQR 2-3 lines; $n=34$).

Figure 13: Past six month use and frequency of use of cocaine, ACT, 2003-2018

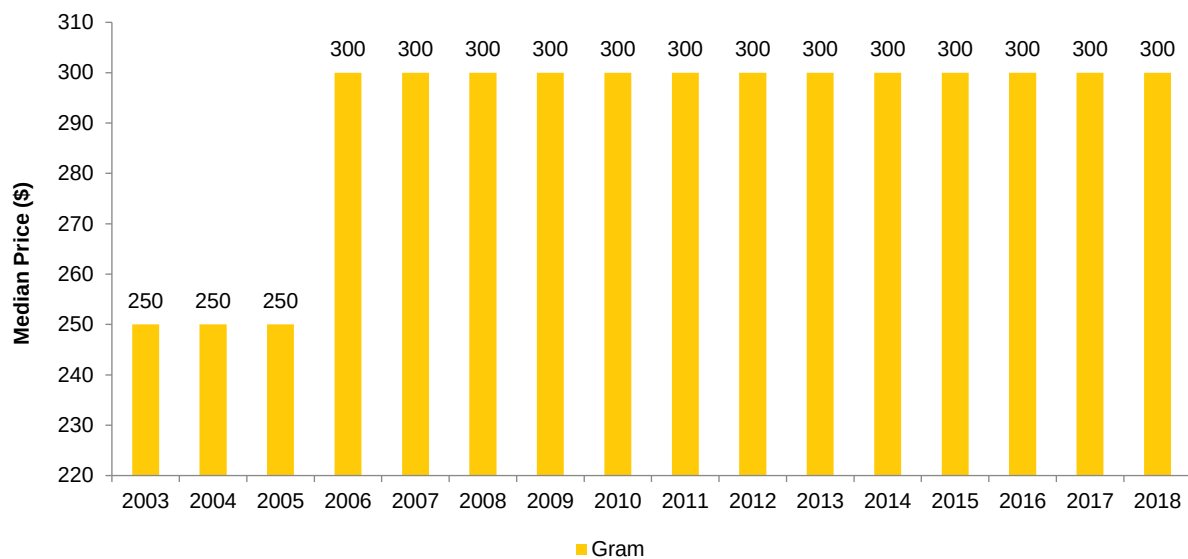


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis on the right reduced to 10 to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

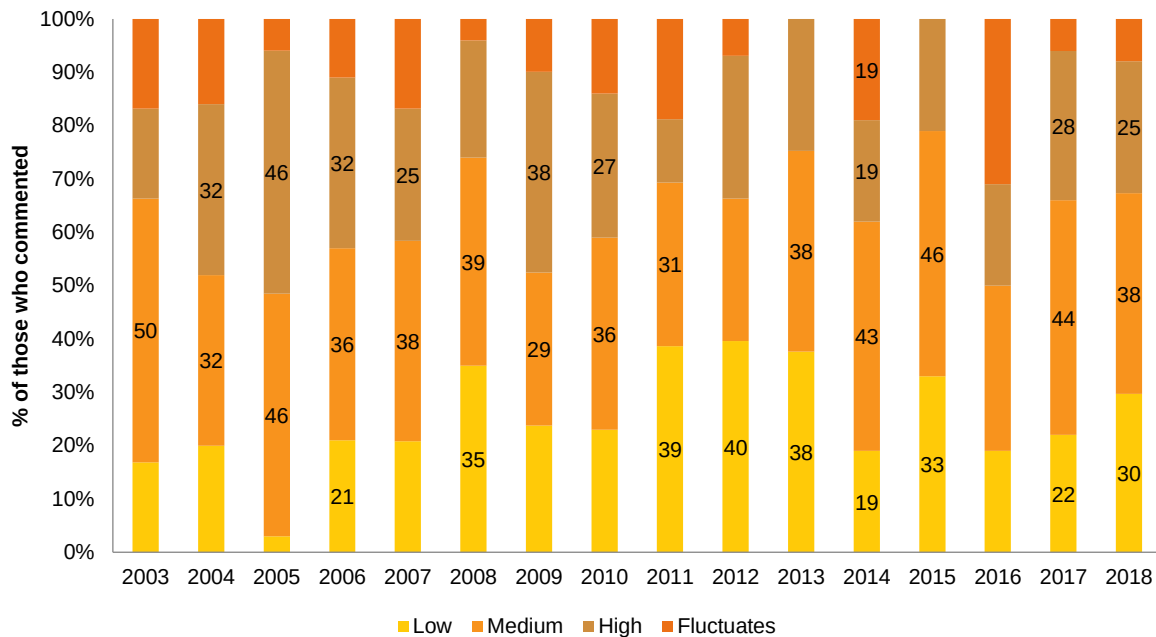
- Consistent since 2006, the median price per gram of cocaine remained stable at \$300 (IQR \$300-\$300, n=35) (Figure 14).
- Among those able to comment (n=53), 62% of participants perceived cocaine to be of 'medium' or 'high' purity in 2018 (72% in 2017) (Figure 15).
- Yet, reports of perceived availability of cocaine as 'difficult' or 'very difficult' (29%) in 2018 were one of the lowest observed since monitoring began (Figure 16).

Figure 14: Median price of cocaine per gram, ACT, 2003-2018



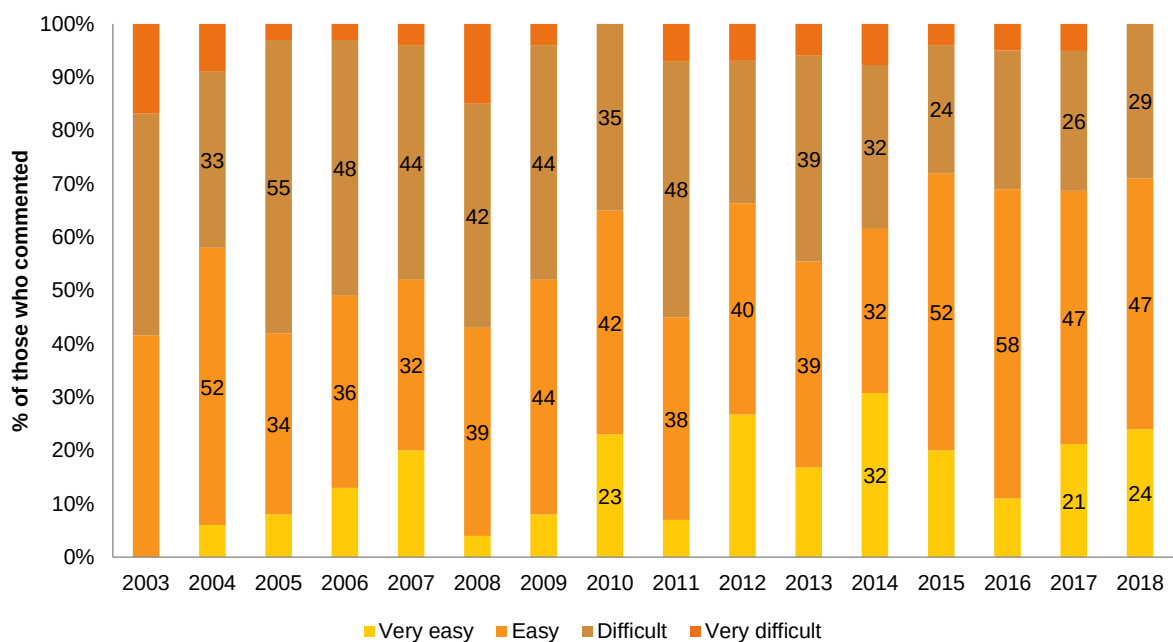
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 15: Current perceived purity of cocaine, ACT, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 16: Current perceived availability of cocaine, ACT, 2003-2018



Note. In 2003 a 'moderately easy' response option existed, this has been merged with 'easy'. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

6

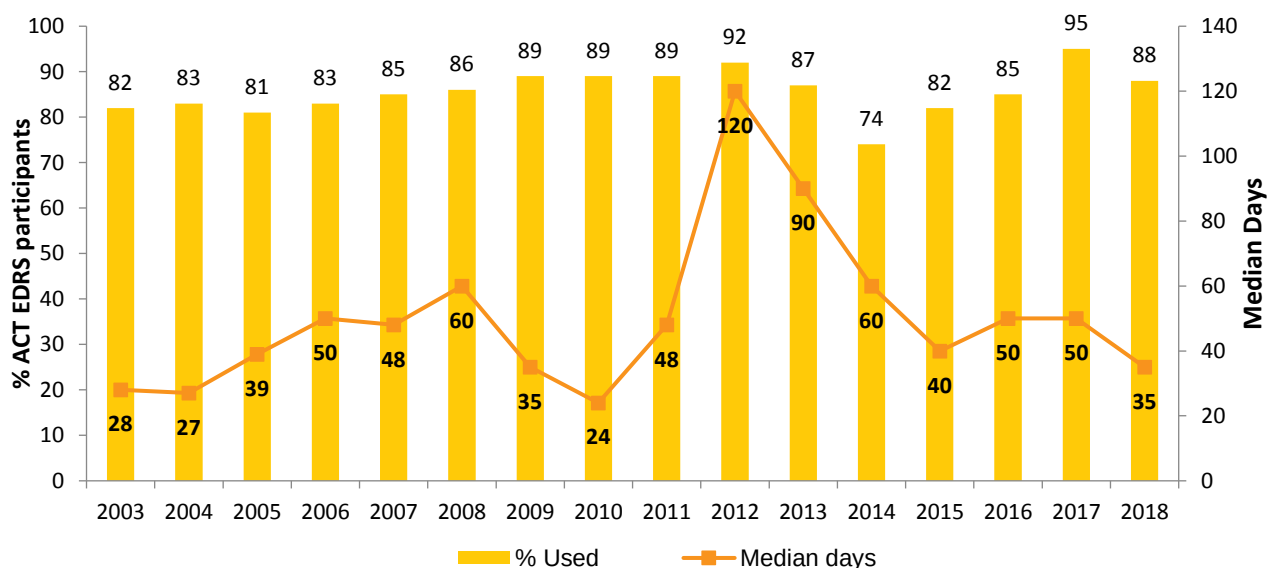
Cannabis

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

Recent Use

- At least three in four participants have reported recent use of cannabis each year since monitoring commenced (88% in 2018; 95% in 2017; $p=0.076$).
- Frequency of use has varied between weekly and several times a week over the course of monitoring (2018: median 35 days; IQR 10-120 days; 50 days in 2017; $p=0.066$) (Figure 17).
- Indeed, over half (57%) of recent consumers reported using cannabis weekly or more in 2018 (68% in 2017; $p=0.105$), including one in five (18%) consumers who reported using cannabis daily (24% in 2017; $p=0.320$).
- Across all years, nearly all consumers (98% in 2018) reported smoking cannabis. In 2018, 21% reported inhaling/vaporising and 13% reported swallowing cannabis.
- The median amount used by those who commented on the last occasion of use was two grams (IQR 1-3.50 grams; $n=31$) or two cones (IQR 2-5 cones; $n=29$).
- Among recent cannabis consumers, 70% reported recent use of hydroponic cannabis and over half (53%) reported use of outdoor-grown 'bush' cannabis in 2018. Smaller percentages reported having used hash oil (17%) and hashish (16%) in the preceding six months.
- In 2018, hydroponic cannabis remained the form most commonly used in the preceding six months (61%), followed by bush cannabis (39%).

Figure 17: Past six month use and frequency of use of cannabis, ACT, 2003-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis on the right reduced to 140 to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

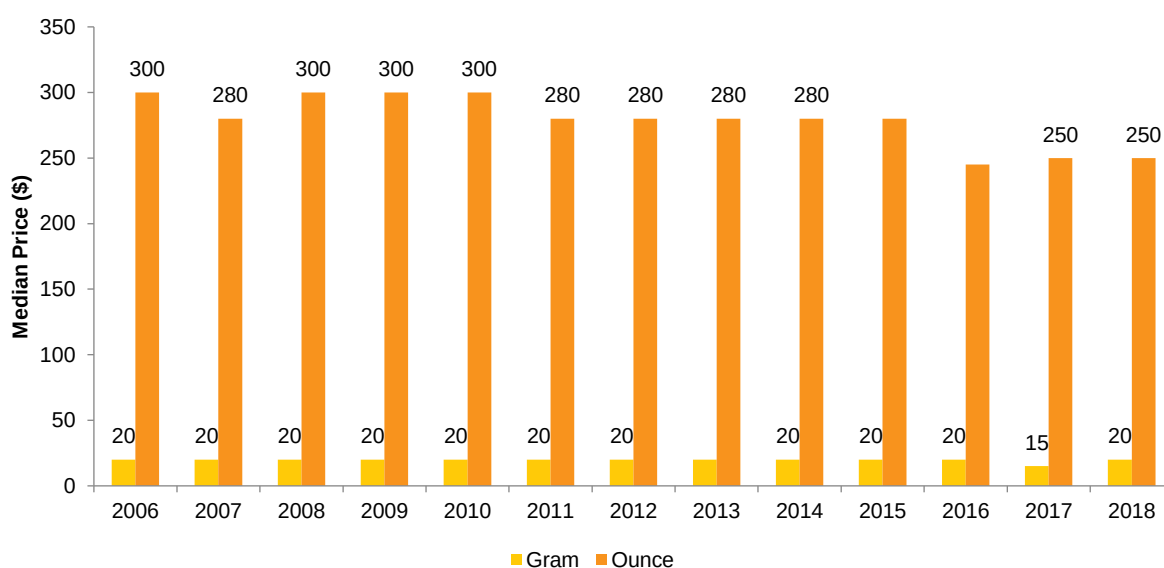
Price, Perceived Potency and Availability

- The median price per gram of hydroponic cannabis has mostly been \$20 since monitoring began (2018: median \$20; IQR \$15-\$20; $n=12$) (Figure 18). Median price per gram of bush cannabis has ranged between \$15 and \$20 throughout the course of monitoring ($n\leq 5$ in 2018, therefore exact figures not provided).

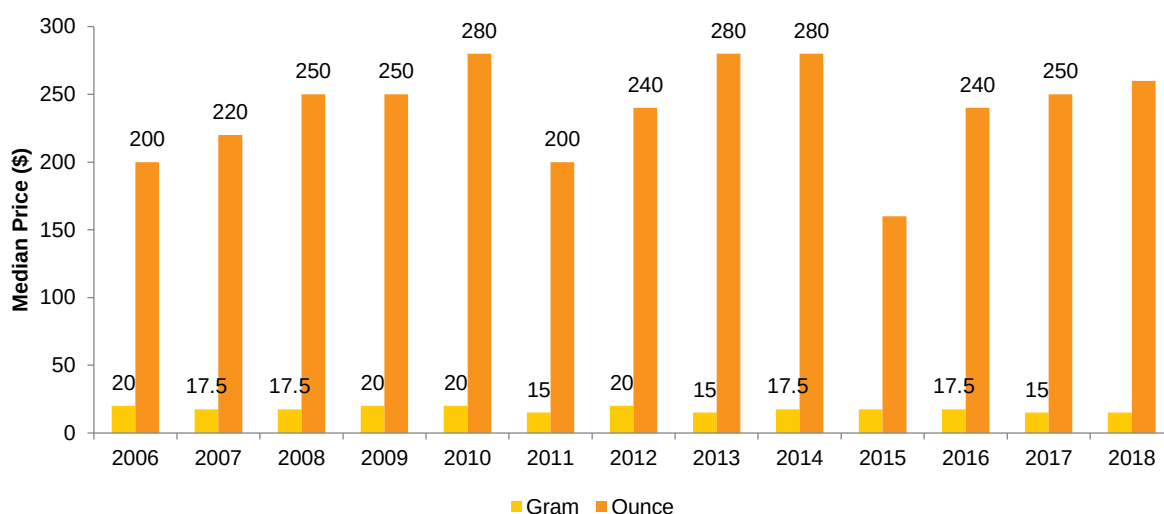
- In 2018, the median price paid per ounce of hydroponic cannabis was \$250 (n=10; IQR \$235-\$277.50), with small numbers commenting for bush cannabis.
- The percentage of consumers who perceive hydroponic cannabis as 'high' potency has been decreasing over time (42% in 2018; 45% in 2017; $p=0.778$) (Figure 19). Bush cannabis is typically considered 'low' or 'medium' purity (30% and 30%, respectively, in 2018).
- Consistent with previous years, most participants perceived hydroponic cannabis as accessible, although there was a shift in terms of greater endorsement of 'easy' (31%; 9% in 2017; $p=0.028$) relative to 'very easy' access (56%; 79% in 2017; $p=0.014$). A similar number of consumers reported bush cannabis 'easy' or 'very easy' to obtain (23% and 58%, respectively, in 2018; Figure 20).

Figure 18: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, ACT, 2006-2018

(A) Hydroponic cannabis



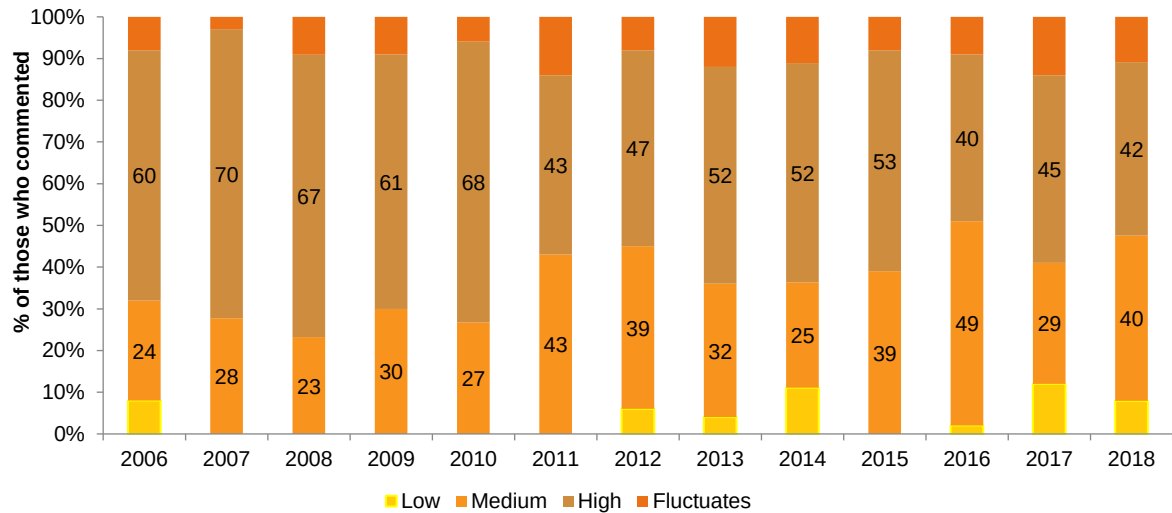
(B) Bush cannabis



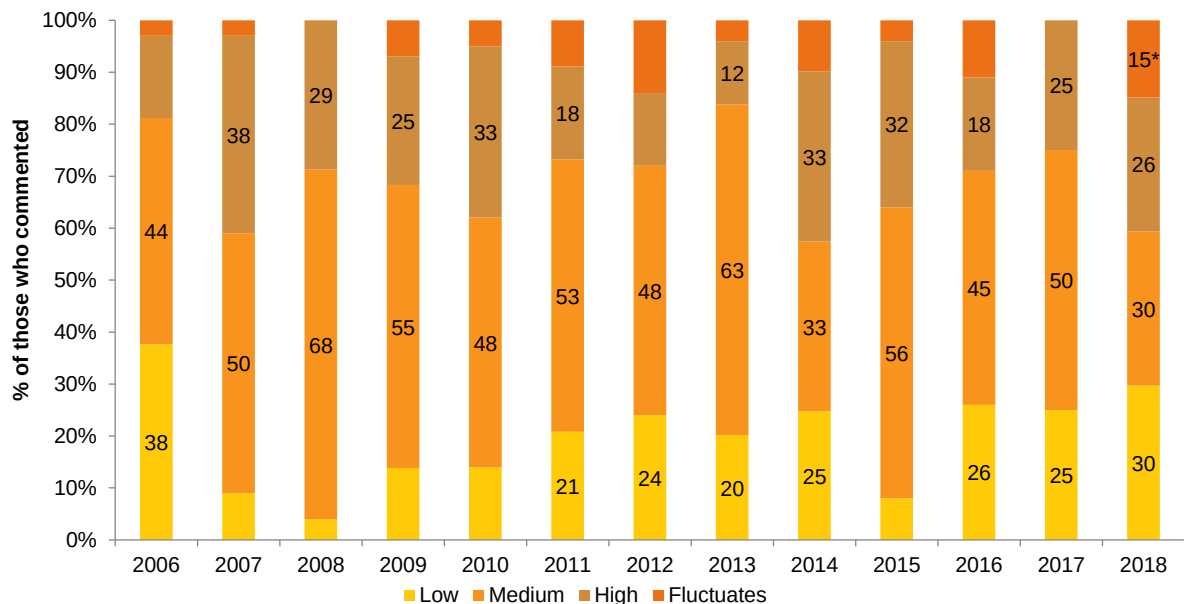
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 19: Current potency of hydroponic (a) and bush (b) cannabis, ACT, 2006-2018

(A) Hydroponic cannabis



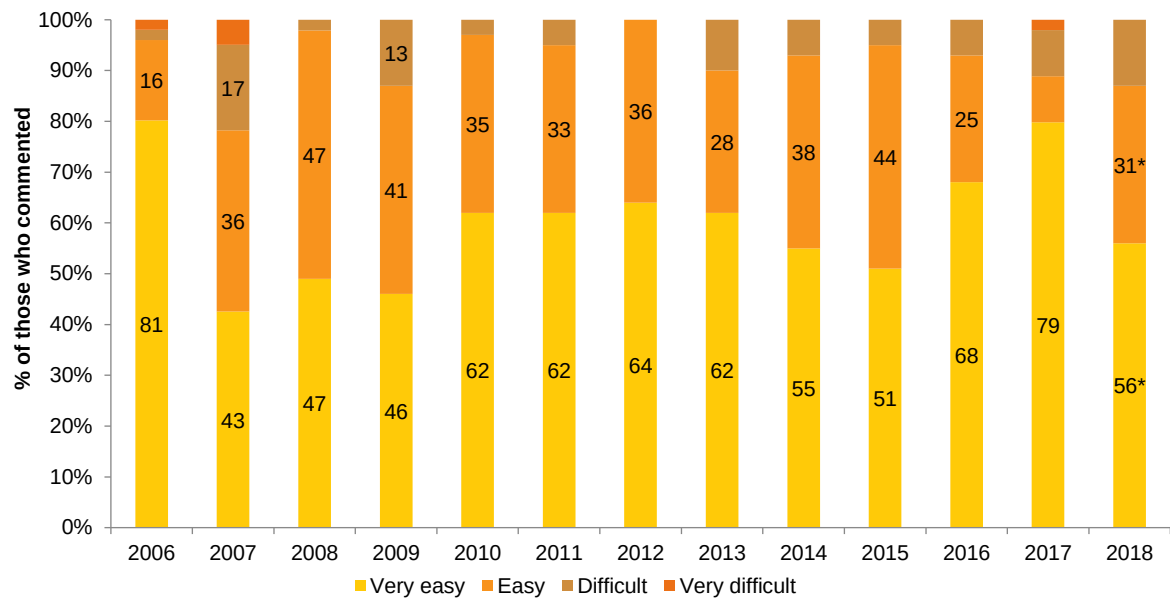
(B) Bush cannabis



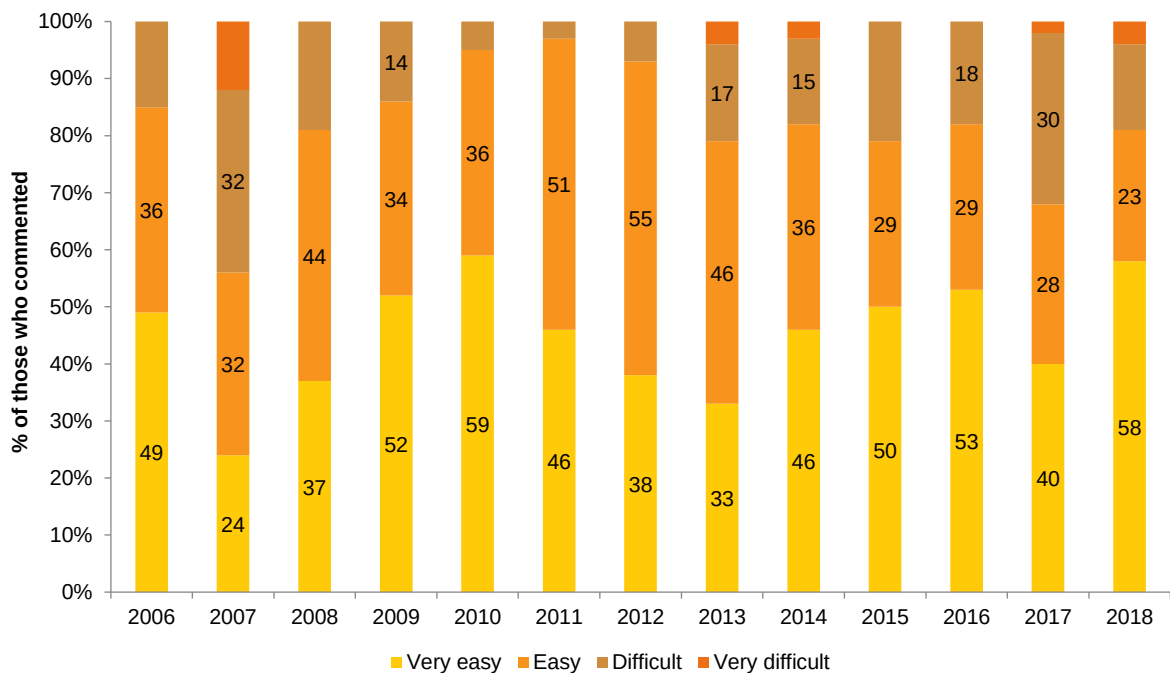
Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 20: Current perceived availability of hydroponic (a) and bush (b) cannabis, ACT, 2006-2018

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

7

Ketamine and LSD

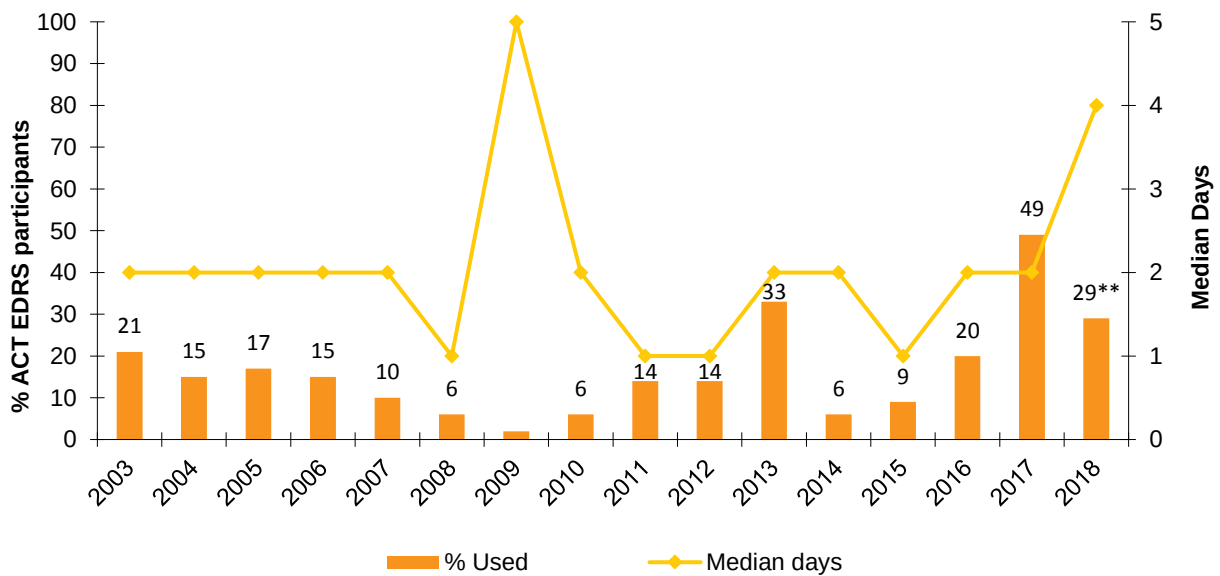
Participants were asked about their recent (last six months) use of various forms of ketamine and lysergic acid diethylamide (LSD).

Recent Use

Ketamine

- Recent ketamine use has fluctuated over the period of monitoring, with less than one-third reporting recent use in 2018 (29%; 49% in 2017; $p=0.004$) (Figure 21).
- Frequency of use has varied between 1-5 days (median 4 days in 2018; IQR 1-7 days; 2 days in 2017).
- In 2018, the most common route of administration among consumers was snorting (93%; 94% in 2017; $p=0.893$).
- The median quantity used in a typical session was 0.25 grams (IQR 0.13-0.45 grams; $n=12$) or two bumps (IQR 2-3 bumps; $n=6$).

Figure 21: Past six month use and frequency of use of ketamine, ACT, 2003-2018

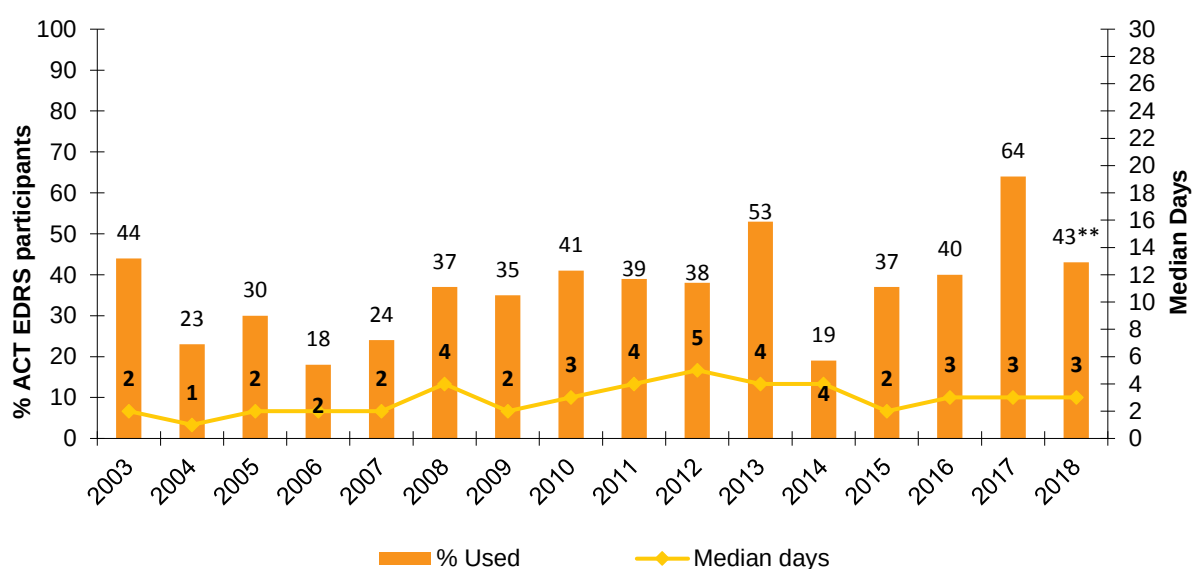


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis on the right reduced to 5 to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

LSD

- Recent use of LSD has fluctuated over the course of monitoring (Figure 22). In 2018, two in five participants reported recent use (43%), a significant decrease from 2017 (64%; $p=0.003$) (Figure 22).
- Use across the years use has shown to be infrequent among consumers (2018: median 3 days, IQR 1-5 days; 3 days in 2017).
- In 2018, all consumers reported swallowing (100% in 2017).
- In 2018, the median quantity used in a typical session was one tab (IQR 1-2 tabs; $n=38$).

Figure 22: Past six month use and frequency of use of LSD, ACT, 2003-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis on the right reduced to 30 to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Price, Perceived Purity and Availability

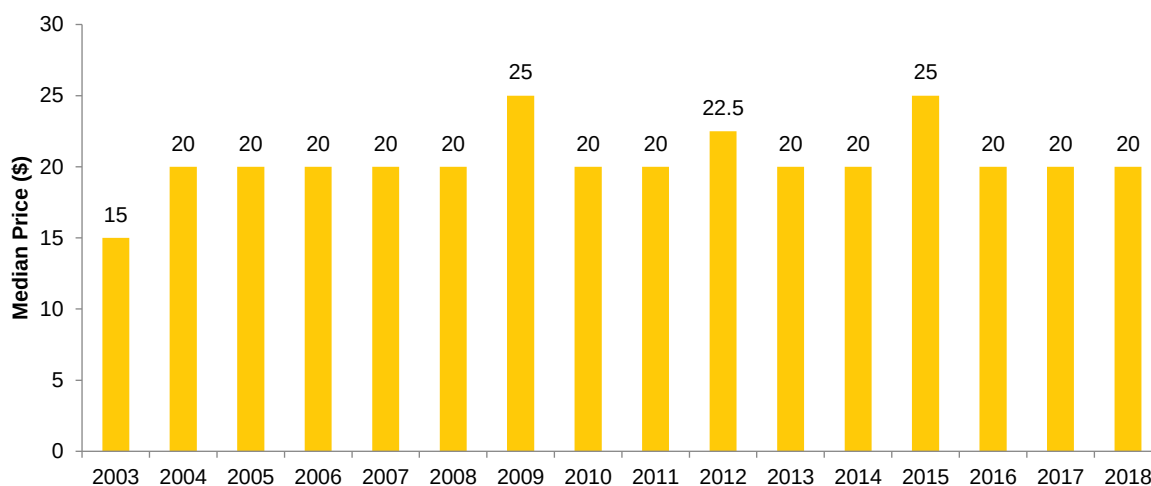
Ketamine

- Historical information on price, purity and availability for ketamine will not be provided due to low numbers ($n\leq 5$) responding. Please refer to the [national EDRS 2018](#) report or contact the Drug Trends team for further information.
- In 2018, the median price for one gram of ketamine was reported as \$225 (IQR \$173-\$263; $n=10$), similar to 2017 (median \$200; IQR \$180-\$200; $n=15$).
- Among those able to comment ($n=15$), an equal amount reported the perceived purity of ketamine as 'high' (33%) and 'medium' (33%) in 2018.
- In 2018, half (50%) of those that commented ($n=16$) perceived ketamine to be 'easy' to obtain, whilst one-third (31%) perceived it to be 'difficult' to obtain.

LSD

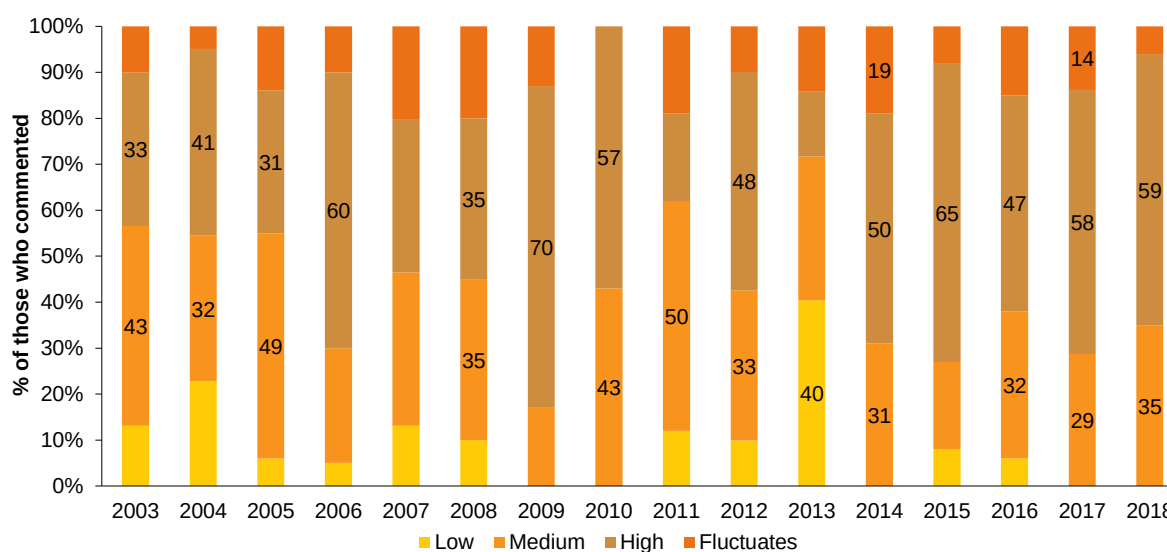
- In 2018, the median price for one tab was reported as \$20 (IQR \$20-\$25; n=24), consistent with most earlier years of reporting on price (Figure 23).
- Of those who commented in 2018 (n=34), three-fifths reported the perceived purity as 'high' (59%), followed by 35% who reported purity as 'medium' (Figure 24).
- In 2018, half of those that commented (50%) perceived LSD to be 'easy' to obtain, whilst 27% perceived it to be 'difficult' (Figure 25).

Figure 23: Median price of LSD per tab, ACT, 2003-2018



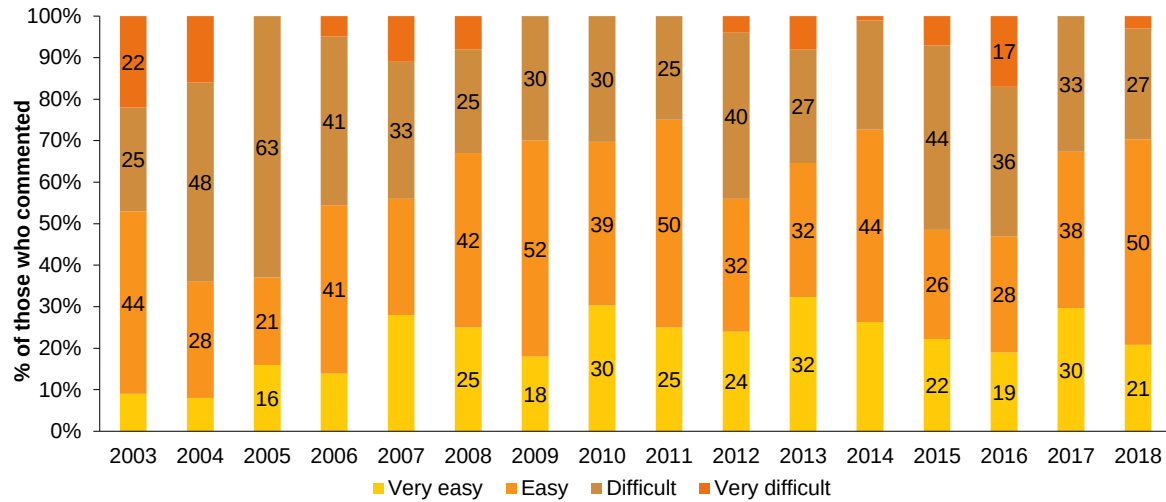
Note. Among those who commented. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 24: Current perceived purity of LSD, ACT, 2003-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 25: Current perceived availability of LSD, ACT, 2003-2018



Note. In 2003 a 'moderately easy' response option existed, this has been merged with 'easy'. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

8

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. Participants were asked about their recent (past six months) use of various NPS.

New Psychoactive Substances

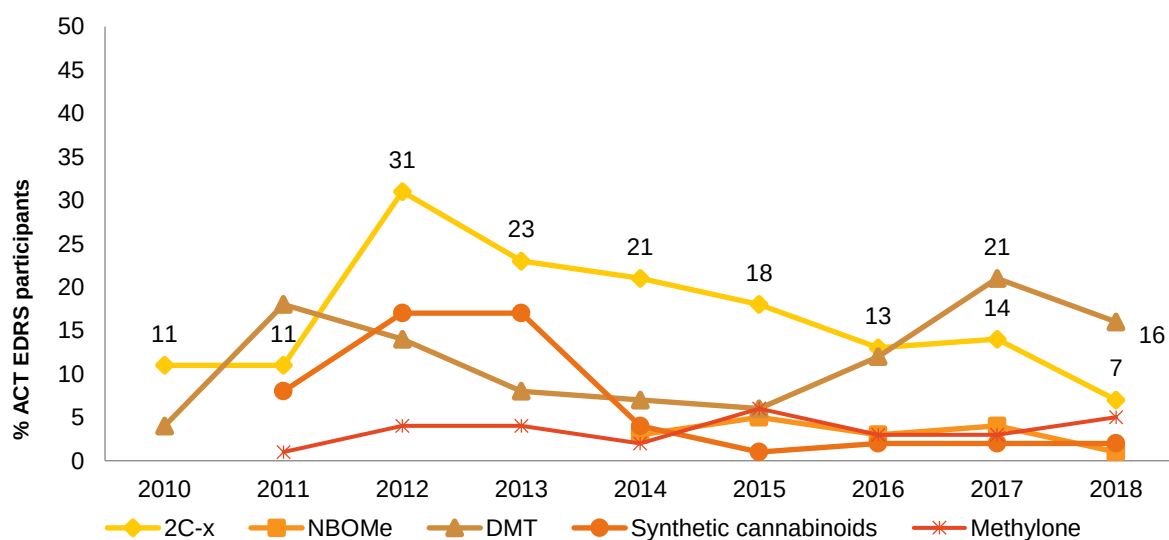
- Two-fifths (19%) of the ACT sample reported recent use of NPS when monitoring began in 2010. This increased to half of the sample in 2012 (51%), declining since to 30% in 2018 (35% in 2017; $p=0.416$; Table 3). These figures are similar to those observed within the national sample.
- The 2C class was the most commonly used NPS among the ACT sample in the earlier years of monitoring (peaking at 31% in 2012). In 2017 and 2018, DMT was the most commonly used NPS (16%; 21% in 2017; $p=0.399$) (Figure 26).
- Frequency of use has consistently been low for the various NPS, ranging between a median of one day (e.g., 2C-B; IQR 1-1 day) and two days (e.g., DMT; IQR 1-3 days) in 2018.
- The EDRS collects data on a large number of NPS specifically by name, however those with negligible numbers of participants reporting recent use are not included 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, 2010-2018

%	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

Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 26: Past six month use of new psychoactive substances, ACT, 2010-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

9

Other drugs

Participants were asked about their recent (past six months) use of various forms of other drugs, including non-prescribed use of pharmaceutical drugs (i.e., use of a prescribed drug obtained from a prescription in someone else's name) and use of licit substances (e.g., alcohol, tobacco, e-cigarettes).

Non-Prescribed Pharmaceutical Drugs

Over-the-counter (OTC) 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.

- In 2018, one-third (33%) of the sample reported any recent use of low-dose codeine (22% OTC: 7% prescribed and 5% non-prescribed¹).
- This includes 4% who reported having used OTC low-dose codeine (<30mg codeine) for non-pain purposes in the six months preceding interview (noting that participants could only report use occurring prior to rescheduling in February 2018), a decline from 25% in 2017 ($p<0.001$) (Figure 27).
- Eighteen per cent of the sample reported recent high-dose codeine (≥30mg codeine) use (15% prescribed; 10% non-prescribed) on a median of five days (IQR 2.50-9 days) in the six months preceding interview.

Pharmaceutical opioids

- Recent use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine) was stable between 2018 and 2017 (11%; 13% in 2017; $p=0.683$), despite high-dose codeine being excluded from this classification for the first time in 2018 (Figure 27).

Pharmaceutical stimulants

- Recent non-prescribed pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) use has fluctuated over time, peaking at 43% in 2011 (34% in 2018; 38% in 2017; $p=0.556$; Figure 27).
- Despite similar rates of use between 2018 and 2017, frequency of use decreased in 2018 (median 3 days; IQR 2-6 days) compared to 2017 (median 10 days; $p=0.003$).

Benzodiazepines

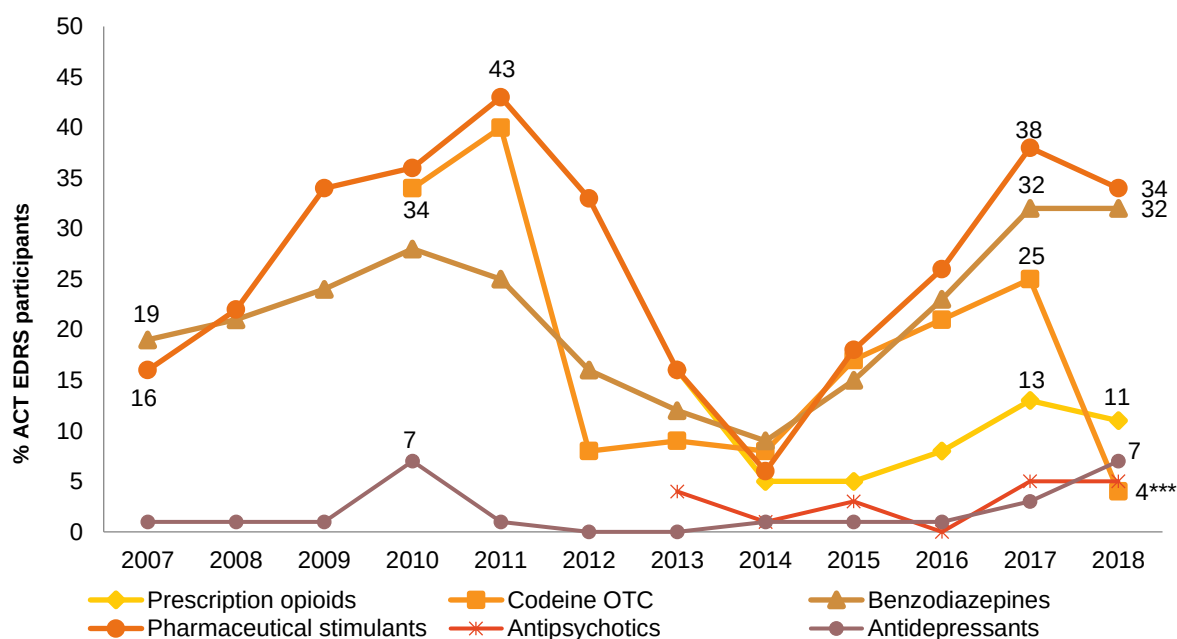
- Recent use of non-prescribed benzodiazepines peaked in 2017 and 2018, with one-third reporting use (32% in both years) (Figure 27).
- Frequency of use was reported to be a median of seven days in 2018 (IQR 2-14 days; 5 days in 2017).

Antidepressants and antipsychotics

- Historically, recent use of non-prescribed antipsychotics and non-prescribed antidepressants has remained low over the course of monitoring.
- Seven per cent of the sample reported recent use of non-prescribed antidepressants on a median of seven days (IQR 1-25) in 2018.
- Small numbers ($n\leq 5$) reported recent use of non-prescribed antipsychotics (Figure 27).

¹ OTC=use of codeine that had been purchased over the counter prior to 1 February 2018; prescribed=use of codeine that had been purchased with their own prescription from 1 February onwards; non-prescribed=use of codeine that was purchased with a prescription by a third party from 1 February onwards.

Figure 27: Non-prescribed use of pharmaceutical drugs in the past six months, ACT, 2007-2018



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. Note that estimates of codeine OTC use refer to use for non-pain purposes. Y axis has been reduced to 50% to improve visibility of trends. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Other Illicit Drugs

Hallucinogenic mushrooms

- Recent use of hallucinogenic mushrooms has varied across the years (10% in 2006 to 47% in 2013), with 17% reporting recent use in 2018 (38% in 2017, $p < 0.001$; Figure 28).
- Recent use has typically been infrequent (2018: median 2 days; IQR 1-4 days; 2 days in 2017).

MDA

- MDA (3,4-methylenedioxymphetamine) has been fairly stable since 2011, with around one-tenth reporting recent use (13% in 2018; 8% in 2017; $p = 0.219$) (Figure 28).
- In 2018, MDA was used on a median of two days (IQR 1-9 days; 2 days in 2017), indicating very occasional use.

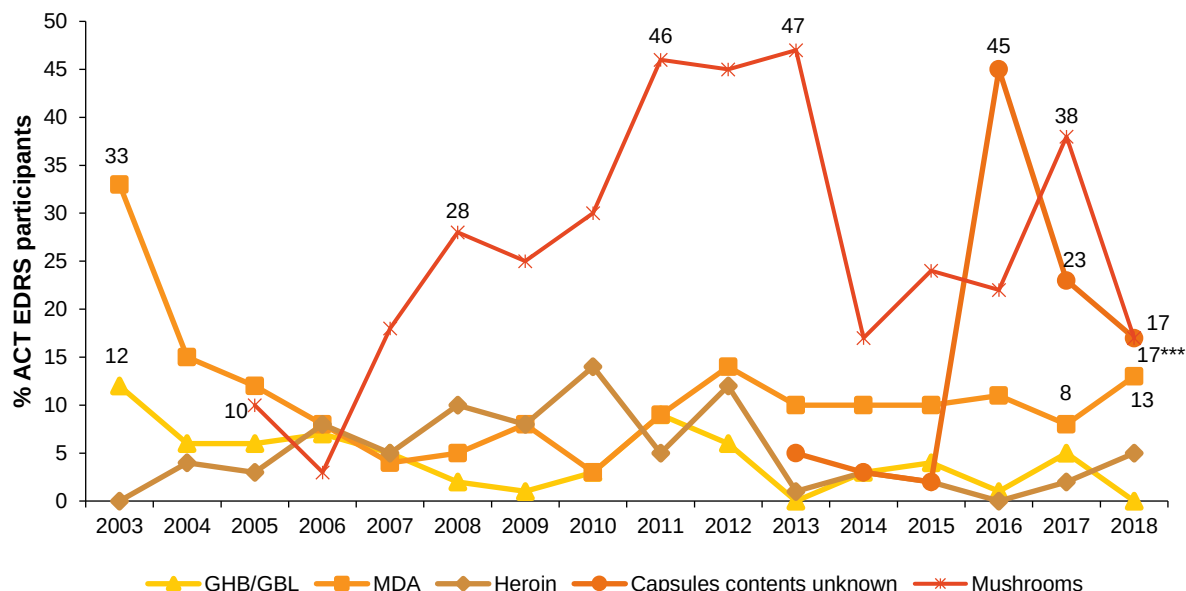
Capsules with unknown contents

- During the first three years of monitoring, low numbers reported recent use of 'capsules with unknown contents', rising to 45% in 2016 (Figure 28). Since then, rates of use have been gradually decreasing, with 23% reporting recent use in 2017 and 17% in 2018 ($p = 0.305$) (Figure 28).
- In 2018, 'capsules with unknown contents' were used on a median of two days (IQR 1-4 days; 2 days in 2017).

Heroin and GHB/GBL

- Heroin has also showed consistently low numbers in reports of recent use (Figure 28).
- Consistently small numbers have reported recent use of GHB/GBL, with no participants reporting recent use in 2018 (Figure 28).

Figure 28: Other illicit drugs used in the past six months, ACT, 2003-2018



Note. Monitoring of capsules contents unknown commenced in 2013. Y axis has been reduced to 50% to improve visibility of trends. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Licit and Other Drugs

Alcohol

- Nearly the entire ACT sample reported recent alcohol use (98%; $n=100$), consistent with rates observed since monitoring began in 2003 (Figure 29).
- In 2018, consumers reported a median of 48 days of use in the past six months (i.e. twice weekly; IQR 23-72 days; 38 in 2017; $p=0.603$).
- Seventy-six per cent of consumers drank alcohol once a week or more (75% in 2017; $p=0.868$).
- The mean score on the [Alcohol Use Disorders Identification Test \(AUDIT\)](#) was 13 (SD 7.3; possible score range 0-40). Seventy-two per cent of those who responded ($n=90$) obtained a score of eight or more, indicative of hazardous use.

Tobacco

- Reports of any recent tobacco use have fluctuated between 69% and 92% of the sample over the course of monitoring (Figure 29). In 2018, 86% of the ACT sample reported recent tobacco use (92% in 2017; $p=0.175$) (Figure 29).
- In 2018, median frequency of use was 150 days (IQR 37.50-180 days; 170 days in 2017; $p=0.355$), with 45% of recent consumers reporting daily use (48% in 2017; $p=0.678$).

E-cigarettes

- E-cigarette use has been stable since monitoring began in 2014 (Figure 29). In 2018, one quarter (26%) reported recent use (26% in 2017) (Figure 29).
- In 2018, median frequency of use among consumers was two days (IQR 1-6 days; 3 days in 2017).

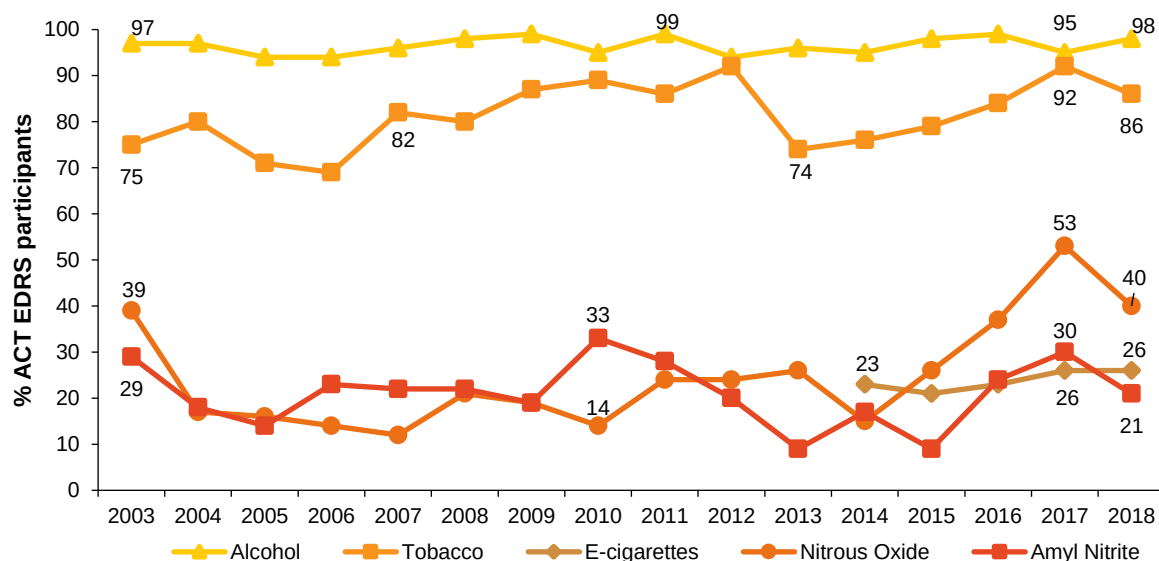
Nitrous oxide

- Rate of use of nitrous oxide has been increasing in recent years, with 53% reporting use in 2017. In 2018, two-fifths (40%) of participants reported recent use ($p=0.065$) (Figure 29).
- In 2018, frequency of use remained stable at a median of five days (i.e. less than monthly; IQR 2-20 days; 4 days in 2017).

Amyl nitrite

- Use of amyl nitrite has varied over the course of monitoring. In 2018, one-fifth (21%) reported recent use (30% in 2017; $p=0.168$) (Figure 29).
- Frequency of amyl nitrite use remained stable in 2018, with consumers reporting a median of five days of use in the last six months (IQR 3-17 days; median 4 days in 2017).

Figure 29: Licit drugs used in the past six months, ACT, 2003-2018



Note. Monitoring of e-cigarettes commenced in 2014. Some data labels have been removed to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

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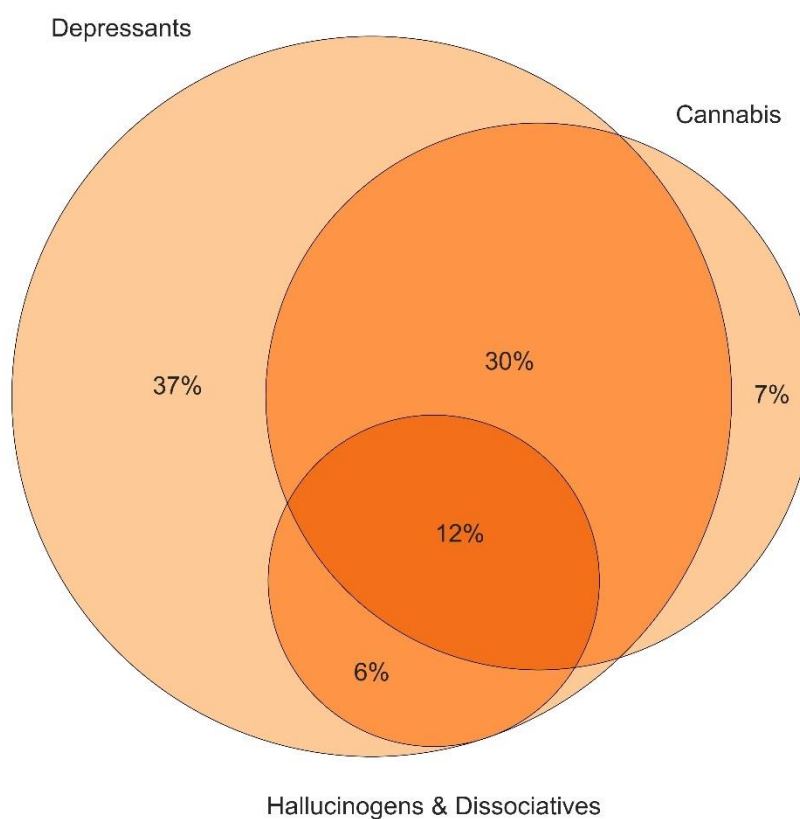
Drug-Related harms and other risk factors

Participants were asked about various drug-related harms, including **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about: polysubstance use, injecting drug use, drug treatment, sexual risk-taking, mental health and crime. It should be noted that the following data refer to participants' understandings of these behaviours (i.e., do not necessarily represent medical diagnoses in the case of reporting on health conditions).

Polysubstance Use

- All participants who commented on their last occasion of stimulant use (100%, n=99) reported use of other substance(s) within that session.
- The most commonly used substances (in addition to stimulant use) amongst this group were alcohol (86%), tobacco (65%), cannabis (50%), energy drinks (19%), ketamine (12%), LSD (7%) and nitrous oxide (7%).
- Ninety-three percent of the sample reported using depressants, cannabis or hallucinogens/dissociatives on their last occasion of stimulant use, with the most common combinations being stimulants and depressants (37%) and stimulants with depressants and cannabis (30%) (Figure 30).
- Twelve per cent of the sample reported using depressants, cannabis and hallucinogens/dissociatives on their last occasion of stimulant use (Figure 30).

Figure 30: Poly substance use on occasion of last stimulant use in ACT, 2018



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

Overdose

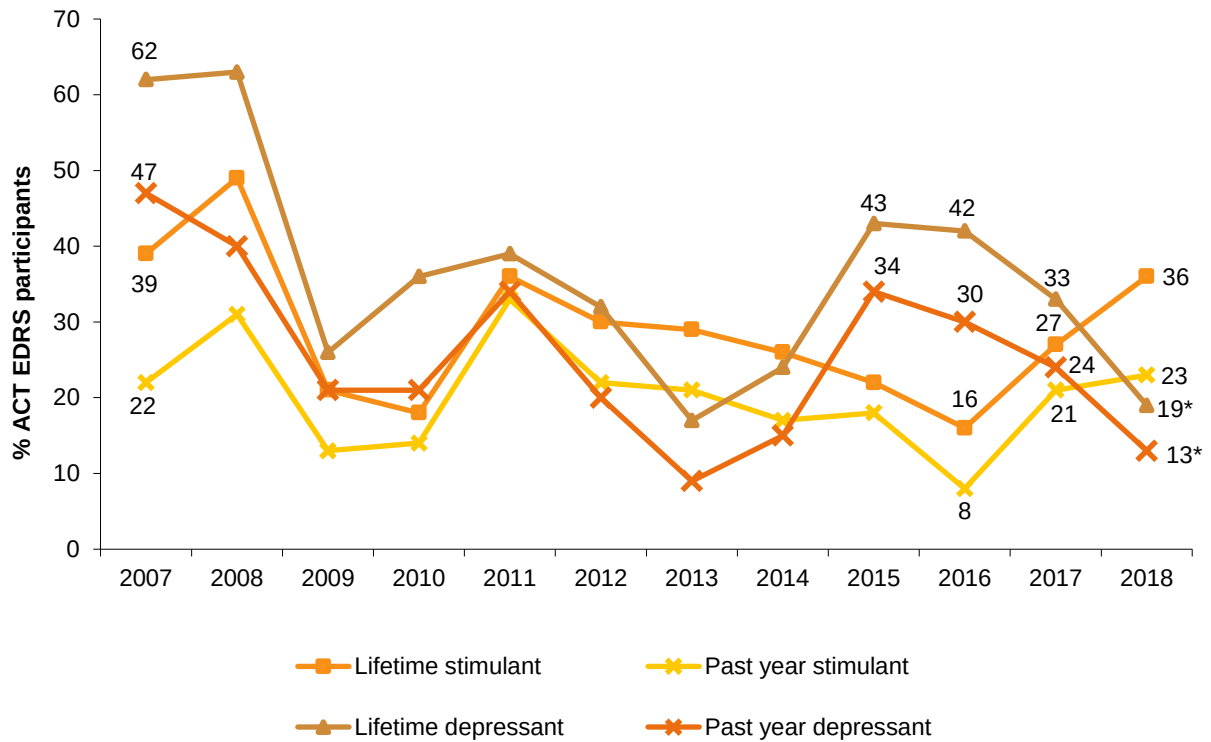
Non-fatal stimulant overdose

- Self-reported lifetime and past 12-month experience of non-fatal stimulant overdose has fluctuated over time. In 2018, 36% reported lifetime overdose (27% in 2017; $p=0.186$) and 23% reported past 12-month overdose (21% in 2017; $p=0.746$) (Figure 31).
- In 2018, median frequency of stimulant overdose among those that reported lifetime experience was one occasion (IQR 1-3 occasions).
- In 2018, participants reporting a non-fatal overdose in the past 12 months were asked which stimulant drug they considered to be the main drug causing their last overdose and among those who commented ($n=18$), the majority (72%) nominated ecstasy.
- Of those who commented ($n=18$), 61% did not receive treatment or assistance on their last occasion of stimulant overdose.

Non-fatal depressant overdose

- Rates of self-reported lifetime and past 12-month experience of non-fatal depressant overdose have varied over the course of monitoring, between 17%-63% for life-time and 9%-47% for past 12-month overdose (Figure 31).
- Since 2015, the rates of self-reported overdose have been decreasing. Indeed, rate was lower in 2018 relative to 2017 for lifetime overdose (19% versus 33%; $p=0.021$) and past 12-month overdose (13% versus 24% in 2017; $p=0.049$) (Figure 31).
- In 2018, median frequency of depressant overdose among those who reported a lifetime experience was two occasions (IQR 1-3 occasions).
- Participants were asked to report the main drug to which they attributed their last depressant overdose ($n=11$); the majority reported alcohol (82%).
- Less than half (46%) of those who had overdosed in the past 12 months reported that there was a sober person who was able to assist on the last occasion.

Figure 31: Lifetime and past year non-fatal stimulant and depressant overdose, ACT, 2007-2018

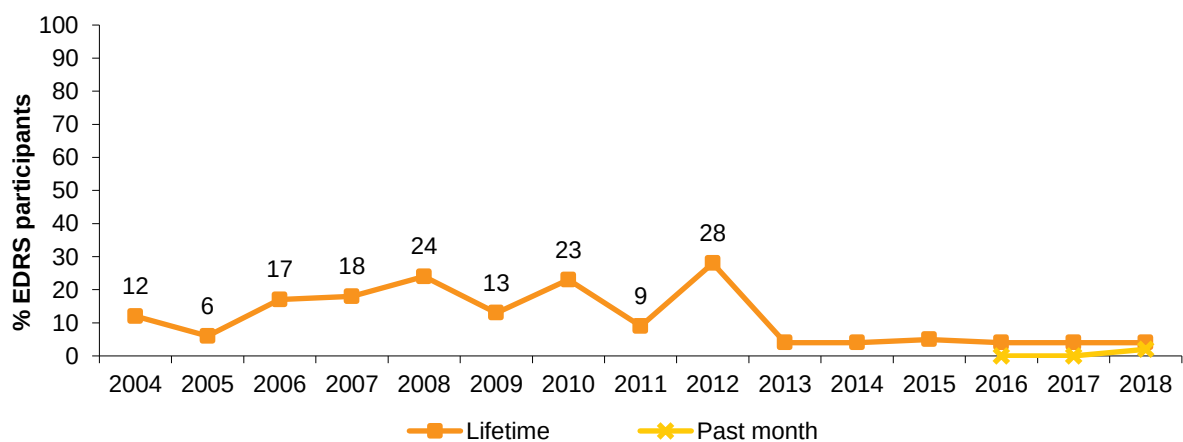


Note. Y axis has been reduced to 70% to improve visibility of trends. Some data labels have been removed to improve visibility.
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Injecting Drug Use and Associated Risk Behaviours

- The percentage reporting injecting in their lifetime varied in earlier years of monitoring, remaining stable at 5% or less of the sample since 2013 (Figure 32).

Figure 32: Lifetime and past month drug injection, ACT, 2004-2018



Note. Past 6-month injection asked of participants prior to 2016. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

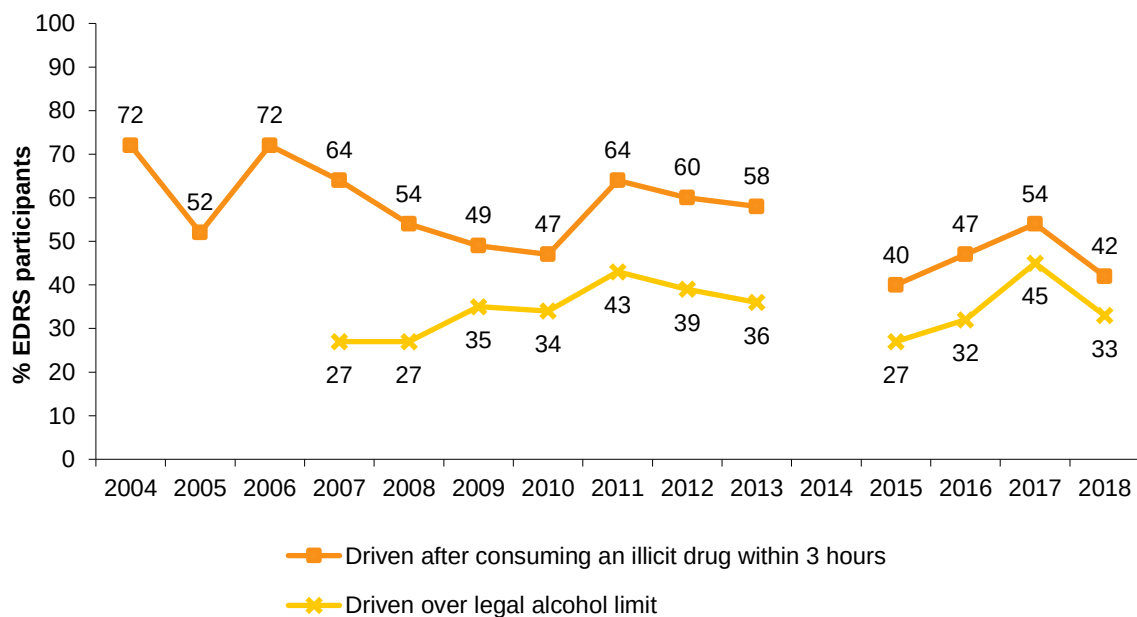
Drug Treatment

- A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years. Refer to the [national EDRS report](#) or contact the Drug Trends team for further information.

Driving Risk Behaviours

- Of the whole sample, one-third (33%; 45% in 2017; $p=0.092$) reported driving while being over the legal limit of alcohol (39% of those that reported driving recently) on a median of three days (IQR 1-5 days; 3 days in 2017; $p=0.906$) in the last six months.
- Of the whole sample, two-fifths (42%; 54% in 2017; $p=0.089$) reported driving within three hours of consuming an illicit or non-prescribed drug (49% of those that reported driving recently) on a median of five days (IQR 2-24; 6 days in 2017; $p=0.528$) in the last six months (Figure 33).
- 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 (61%; 74% in 2017; $p=0.174$), followed by ecstasy (44%; 22% in 2017; $p=0.024$) and cocaine (27%; 6% in 2017; $p=0.004$).
- In 2018, among those that reported to have driven in the six months preceding interview ($n=85$), 16% (14% in 2017; $p=0.603$) reported to have been tested for drug driving and over half (54%; 42% in 2017; $p=0.098$) reported to have been breath tested for alcohol by the police roadside testing in the last six months.

Figure 33: Driving risk behaviour in the last six months, ACT, 2004-2018



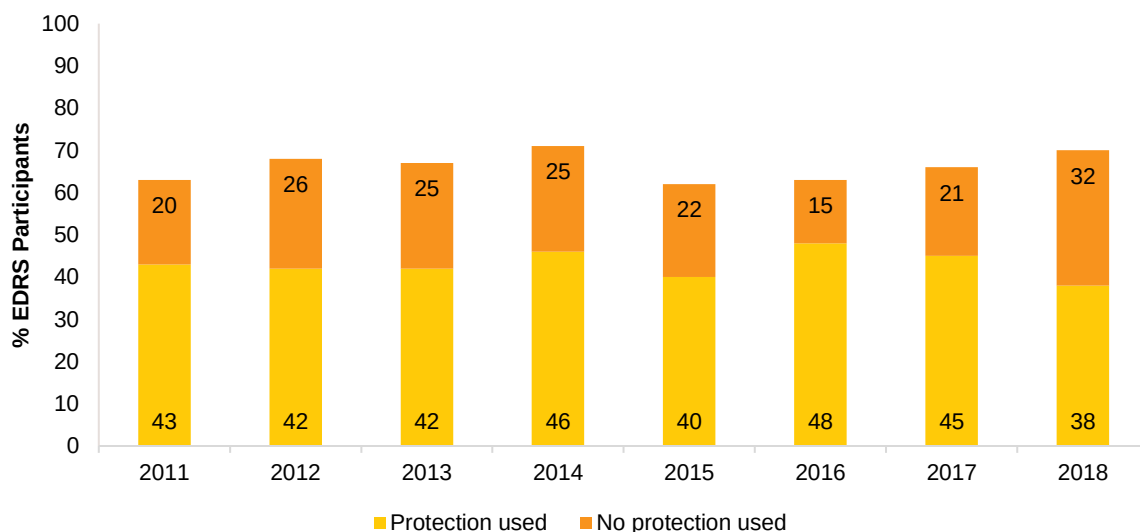
Note. Driven over the limit of alcohol and driven a vehicle within three hours of using an illicit or non-prescribed drug. Data not collected in 2014. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Sexual Risk Behaviours

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.

- The percentage of the sample reporting having sex with at least one casual partner in the six months preceding interview has remained relatively stable over time (72% in 2018; 66% in 2017; $p=0.384$).
- In 2018, 38% of the total sample (54% of those who reported having sex with a casual partner) reported using a barrier on the last occasion of penetrative sex with a casual partner (Figure 34).
- The majority (87%) of those reporting recent penetrative sex with a casual partner ($n=71$) reported having sex while using drugs in the previous six months (92% in 2017; $p=0.325$).
- The most commonly used drugs used during sex were alcohol (90%), ecstasy (58%), cannabis (57%) and cocaine (26%).
- One-third (33%) had not used a barrier (condom/glove/dental dam) on any occasion when having penetrative sex with a casual partner while using drugs in the six months preceding interview (11% in 2017; $p=0.061$).
- Over half (54%) of the sample reported having a sexual health check-up in the past year; 14% had done so more than one year ago; the majority (85%) reported that they had not received a positive diagnosis for a sexually transmitted infection (STI).
- One-third (32%) had never had a sexual health check-up.

Figure 34: Sex with a casual partner in the last six months and use of any protection/barrier on the last occasion, ACT, 2011-2018

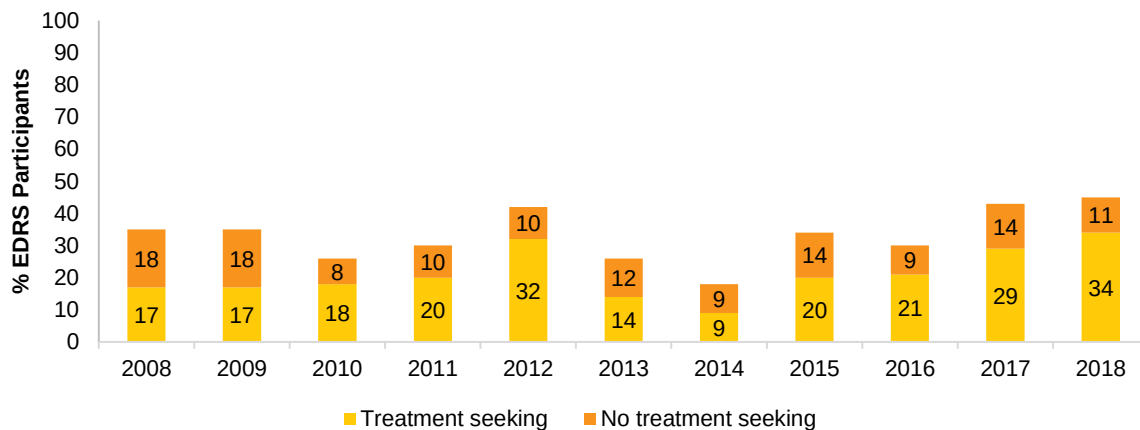


Note. Don't know and did not respond responses excluded. The combination of the percentage who report protection used and no protection used is the percentage who reported penetrative sex with a casual partner in the past six months. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Mental Health

- Nearly half (47%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence; 43% in 2017; $p=0.568$) (Figure 35).
- Of those who commented ($n=46$), the most common mental health problem was anxiety (85%), followed by depression (74%).
- Of those who reported a mental health problem, three-quarters (76%; 34% of the total sample) reported seeing a mental health professional during the past six months. Of those ($n=34$), half (50%) reported being prescribed medication for this problem in this period (55% in 2017; $p=0.682$).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2008-2018

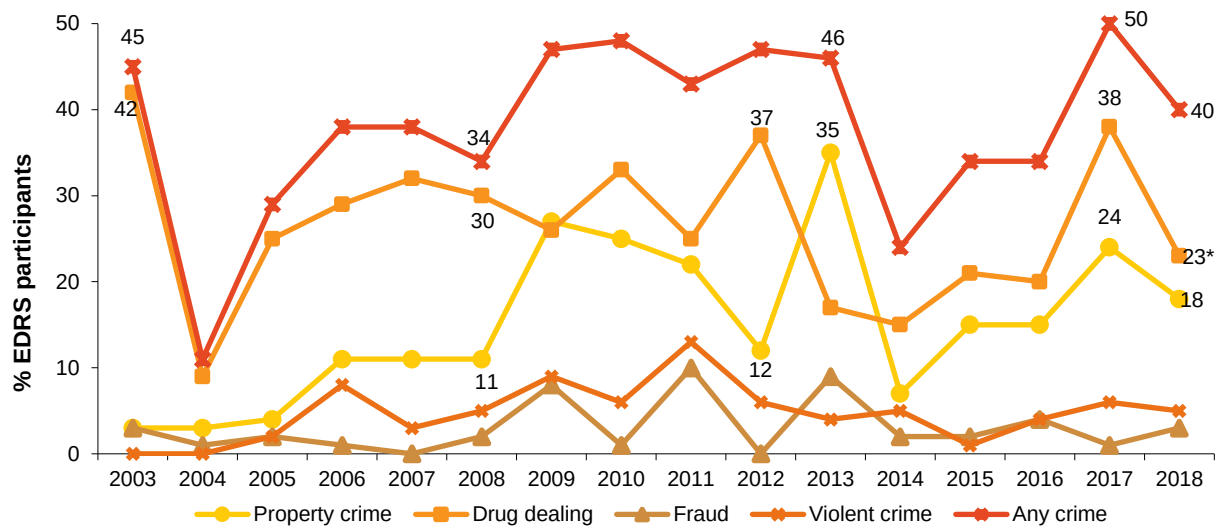


Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Crime

- Rates of past month criminal activity have fluctuated over time, with dealing and property crime consistently the two main forms of criminal activity (23% and 18%, respectively, in 2018; Figure 36).
- Fifteen per cent of the 2018 sample reported having been arrested in the 12 months preceding interview (11% in 2017; $p=0.400$).
- Small numbers ($n \leq 5$) reported lifetime prison history.

Figure 36: Self-reported criminal activity in the past month, ACT, 2003-2018



Note. Y axis has been reduced to 50% to improve visibility of trends. Some data labels have been removed to improve visibility.
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.