IDRS

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2024

Key Findings from the Australian Capital Territory Illicit Drug Reporting System (IDRS) Interviews

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2024: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) 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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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2024:

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- Dylan Vella-Horne and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
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- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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Contributors

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

Abbreviations

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
AUDIT	Alcohol Use Disorders Identification Test
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder

REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
SDS	Severity of Dependence
STI	Sexually transmitted infection
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia
WHO	World Health Organization

Executive Summary

The IDRS comprises a sentinel sample of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Canberra, ACT. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in June 2024. Interviews from 2020 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2024 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Canberra, ACT in 2024 was relatively consistent in sociodemographic profile to samples recruited in previous years. The 2024 sample had a median age of 48 years, stable from 2023 (46 years) and predominantly identified as male (70%; 66% in 2023). The majority (91%) reported being unemployed at the time of interview and most (94%) had received a government pension/allowance or benefit in the month prior to interview, similar to previous years. Drug of choice remained stable in 2024 compared to 2023, with 51% nominating heroin as their drug of choice (50% in 2023) and 32% nominating methamphetamine (40% in 2023). The drug injected most often in the last month also remained stable, with half (49%) of the sample nominating heroin as the drug injected most often in the past month (52% in 2023) and half (48%) nominating methamphetamine (46% in 2023). In 2024, weekly or more frequent use of heroin and cannabis remained stable relative to 2023, while weekly or more frequent use of methamphetamine crystal significantly increased (66%; 51% 2023; p=0.049).

Heroin

Recent (i.e., past six month) use of any heroin was reported by 74% of the 2024 sample, stable relative to 2023 (81%). Participants reported use on a median of 90 days, also stable relative to 2023 (101 days). Weekly or more frequent use among those who had recently used heroin also remained stable in 2024 relative to 2023 (78% versus 79%). The median 'typical' amount of heroin used per day was 0.20 grams. In 2024, the price of heroin, perceived purity and perceived availability remained stable relative to 2023.

Methamphetamine

Recent use of any methamphetamine has remained relatively common over time. In 2024, 85% of participants reported recent methamphetamine use (75% in 2023) on a median of 60 days (49 days in 2023). This mostly comprised use of methamphetamine crystal (83%; 74% in 2023). Participants reported using any methamphetamine. In 2024, the median price for one point (0.10 grams) of methamphetamine crystal was $50, stable from 2023. The perceived purity and availability of methamphetamine crystal remained stable in 2024 relative to 2023.

Cocaine

Historically, recent use of cocaine has typically been reported by one in five or fewer participants in the sample. In 2024, 18% of the sample reported using cocaine (12% in 2023) on a median of three days in the past six

months. Snorting was the most common route of administration, similar to previous years. The median 'typical' amount of cocaine used per day was 0.30 grams.

Cannabis and/or Cannabinoid-Related Products

At least three in four participants have reported recent use of non-prescribed cannabis and/or cannabinoid-related products in most years since monitoring commenced (74% in 2024; 75% in 2023). The median frequency of use was 180 days in both 2023 and 2024. Fifty-six per cent of participants who had recently used non-prescribed cannabis and/or cannabinoid-related products reported daily use (58% in 2023). In 2024, there was a significant decrease of those reported using bush cannabis relative to 2023 (48% versus 70%; p=0.013). The perceived potency of hydroponic cannabis significantly changed in 2024 relative to 2023 (p=0.003), with more participants perceiving potency to be 'high' in 2024. The perceived potency for bush cannabis remained stable, as did the perceived availability for both hydroponic and bush cannabis.

Pharmaceutical Opioids

Non-prescribed use of pharmaceutical opioids has declined over the course of monitoring. In 2024, there was a significant decrease in recent use of any methadone relative to 2023 (28% versus 48%; p=0.007). Approximately one in ten participants reported recent use of non-prescribed morphine (8%) and oxycodone (9%), stable from 2023. Another 14% reported recent use of non-prescribed fentanyl, the highest percentage since monitoring began although stable from 2023.

Other Drugs

Recent use of new psychoactive substances (NPS) was reported by 14% of participants in 2024, with most using 'new' drugs that mimic the effects of opioids (9%), a significant increase relative to 2023 (n≤5; p=0.032). In 2024, recent use of non-prescribed pharmaceutical drugs (other than opioids) remained stable. In 2024, 14% reported past six month use of GHB/GBL/1,4-BD (11% in 2023). Despite recent tobacco use being relatively common since monitoring began, it reached its lowest per cent since monitoring commenced in 2024 (75%; 84% in 2023). Recent use of non-prescribed e-cigarettes remained stable in 2024 (28%; 36% in 2023). Recent use of alcohol also remained stable, with 54% of participants reporting recent on a median of 30 days (57% on a median of 24 days in 2023).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2024, 70% of the sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

Three fifths (60%) of the sample had binged on one or more drugs for 48 hours or more in the six months preceding interview (53% in 2023).

Overdose, naloxone and drug checking

In 2024, nearly one third (30%) of the sample reported overdosing on any drug in the preceding year (17% in 2023), most commonly following heroin use (16%). One in ten participants (11%) reported overdosing on a stimulant drug in the past year, a significant increase relative to 2023 (n≤5; p=0.029)

Awareness of naloxone remained high and stable in 2024 (96%; 98% in 2023), as did awareness of take-home naloxone (92%; 97% in 2023). In 2024, two fifths (44%) of the sample reported past year participation in naloxone training programs (52% in 2023), and two-

thirds (63%) reported obtaining naloxone in the past year (68% in 2023).

Twenty-nine per cent reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year (24% in 2023).

Injecting behaviours and equipment access

Few participants reported distributive and receptive sharing of a needle or syringe in the past month (n≤5, respectively, in 2024 and 2023). There was, however, a significant increase in those reporting re-use of their own needles in the past month (44%; 26% in 2023; p=0.013).

In 2024, nearly one third (31%) reported any injection-related problems in the past month (28% in 2023), mostly commonly nerve damage and any infection/abscess (14%, respectively).

Dependence, drug treatment and HCV

In 2024, 40% of male participants obtained an AUDIT-C score of ≥4, and 37% of female participants obtained a score of ≥3, indicative of hazardous alcohol use.

Nearly three fifths (57%) of participants who reported recent opioid use scored five or above on the Severity of Dependence Scale (SDS), and 62% of participants reporting recent methamphetamine use scored four or above, indicating possible dependence on these substances.

Forty-five per cent of the sample were currently in any drug treatment (51% in 2023), most commonly methadone (23%).

In 2024, half (53%) of the sample reported that they had received a hepatitis C virus (HCV) antibody test (51% in 2023) and three in ten participants (29%) reported receiving an RNA/ PCR test (31% in 2023) in the year preceding interview. Seven per cent reported having a current HCV infection (n≤5 in 2023).

Sexual activity, mental health and health service access

One third (33%) of the sample reported engaging in sexual activity in the past four weeks (26% in 2023) and nearly one third (30%) reported recently having a sexual health check-up (27% in 2023).

Nearly three fifths (58%) of the sample reported experiencing a mental health condition in the past six months (64% in 2023), most commonly depression (67%) and anxiety (43%).

In 2024, one in three participants (32%) obtained a score of 30 or more on the K10 scale, indicating very high psychological distress (29% in 2023).

The majority of participants (94%) had accessed a health service for alcohol and/or drug support in 2024 (90% in 2023).

Driving, contact with police and modes of purchasing drugs

Sixty-seven per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months, stable relative to 2023 (73%).

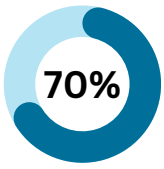
Nearly half (48%) of participants reported past month criminal activity (29% in 2023; p=0.007). Approximately one-quarter (23%, respectively), reported past year arrest or a drug-related encounter with police which did not result in charge or arrest (21% and 35% in 2023; respectively).

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (94%, 86% in 2024).

2024 SAMPLE CHARACTERISTICS

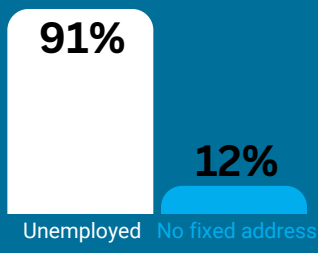
IDRS Illicit Drug Reporting System

In 2024, 100 participants, recruited from Canberra, ACT, were interviewed.



48 years **Male**

The median age in 2024 was 48, and 70% identified as male.



In the 2024 sample, 91% were unemployed and 12% had no fixed address.

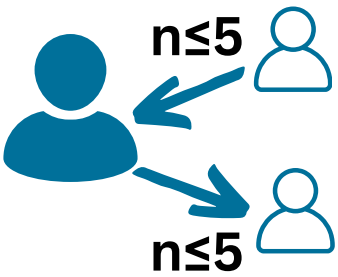
Injected heroin

Injected methamphetamine

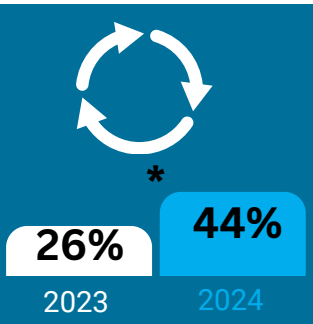
Injected other illicit or non-prescribed drugs

Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

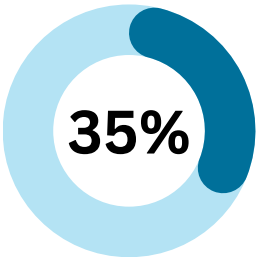
INJECTING-RELATED RISKS AND HARMS



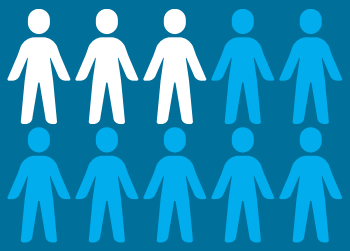
In 2024, few participants (n≤5) reported receptive sharing, and distributive sharing in the past month.



44% of participants reported re-using their own needles in the past month, a significant increase relative to 2023 (26%)



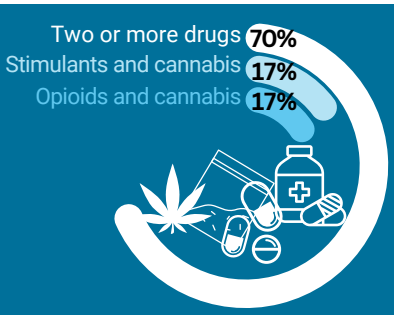
Percentage who reported injecting someone else after injecting themselves in the past month.



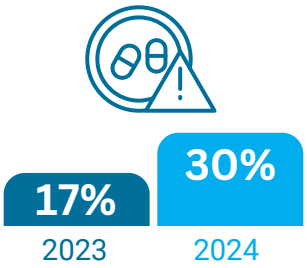
31% of participants reported having an injection-related health issue in the past month, stable from 2023 (28%).

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

OTHER HARMS

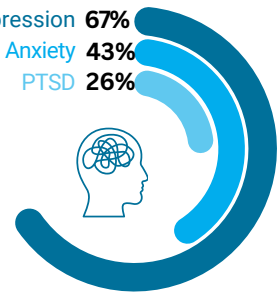


In 2024, 70% reported using two or more drugs on the day preceding interview: the most commonly used combination of drug classes was cannabis and simulants/opioids (17%).



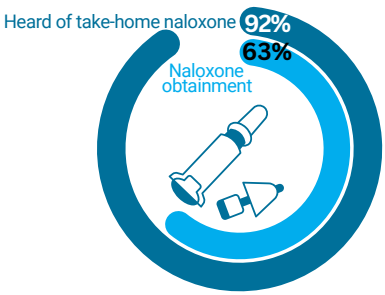
Past year non-fatal overdose remained stable in 2024, relative to 2023.

In 2024, 58% of participants reported a mental health problem in the 6 months preceding interview.

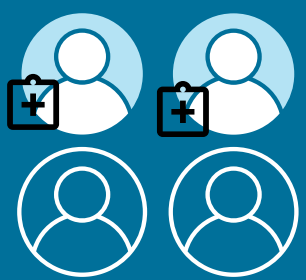


Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

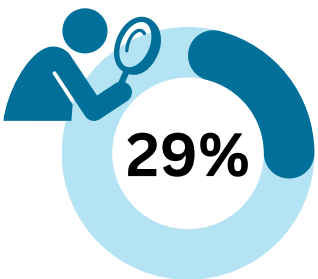
NALOXONE AND OTHER HARM REDUCTION STRATEGIES



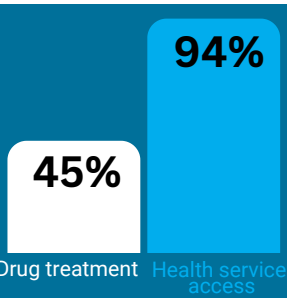
Knowledge of take-home naloxone and past year naloxone obtainment remained stable in 2024.



Among those who were aware of naloxone, 52% reported ever using naloxone to resuscitate someone who had overdosed, with 32% having done so in the past year.



Percentage who reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.



Percentage who reported current drug treatment and health service access for AOD support in the past six months.

HEROIN

IDRS Illicit Drug Reporting System

Past 6 month use of heroin remained stable in 2024 (74%) relative to 2023 (81%)

78%

Of those who had recently consumed heroin, 78% reported weekly or more frequent use, stable from 2023 (79%).

$80 2023 $80 2024

The median reported price for a point of heroin.

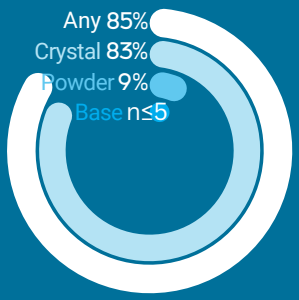
91% 2024

98% 2023

Percentage who perceived heroin as being 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

FORM of methamphetamine



Past 6 month use remained stable in 2024 relative to 2023.

79%

Of those who had recently used any form of methamphetamine, 79% reported weekly or more frequent use, stable from 2023 (71%).

$50 2023 $50 2024

The median reported price for a point of methamphetamine crystal.

96% 2024

92% 2023

Percentage who perceived methamphetamine crystal as being 'easy' or 'very easy' to obtain.

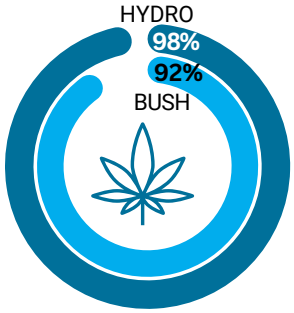
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

Past 6 month use remained stable in 2024 (74%) relative to 2023 (75%).

56%

Of those who had recently used non-prescribed cannabis/cannabinoid-related products, 56% reported daily use, stable from 2023 (58%).

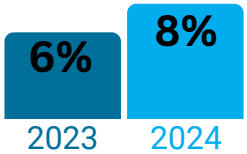
Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, 97% had smoked it.



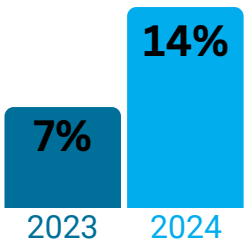
Percentage who perceived cannabis/cannabinoid-related products as being 'easy' or 'very easy' to obtain.

PAST 6 MONTH USE OF OTHER DRUGS

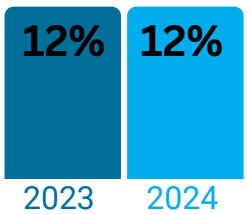
Non-prescribed morphine



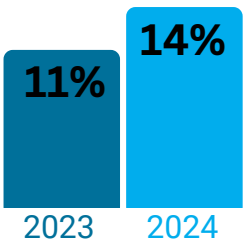
Non-prescribed fentanyl



Non-prescribed pregabalin



GHB/GBL/1,4-BD



Background

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of Drug Trends. The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS 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 inject drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of the IDRS.

Methods

IDRS 2000-2019

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2024: COVID-19 Impacts on Recruitment and Data Collection

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

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

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

2024 IDRS Sample

A total of 884 participants were recruited across capital cities nationally (1 June-12 July 2024), with 100 participants interviewed in Canberra, ACT, between 17 June-5 July, 2024. Most of the sample (93%) in Canberra completed the survey face-to-face and 36% reported participating in the 2023 survey (in 2023, 35% of participants reported participation in the 2022 survey; p=0.878).

In 2024, three fifths (59%) of participants were recruited via a NSP (53% in 2023), followed by one third (36%) being recruited via word-of-mouth (43% in 2023).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2023 and 2024, and references to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview. The response options 'Don't know' and 'Skip question', which were available to select throughout the interview, were excluded from analysis.

Guide to Table/Figure Notes

Table 1: Guide to Table/Figure Notes

Legend	
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for tables)
	Missing data points indicate question not asked in respective year or n≤5 answered the question (for figures)
***p*<0.050; ****p*<0.010; *****p*<0.001	Statistical significance between 2023 and 2024

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, ACT, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of trends in illicit drug use, market features, and harms in Canberra, ACT (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

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

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

The median age of the 2024 sample was 48 years (IQR=40-54), stable relative to 2023 (46 years; IQR=37-52; *p*=0.150). Gender also remained stable (*p*=0.291), with 70% identifying as male (66% in 2023) (Table 2). Two thirds (65%) reported having completed a post-school qualification(s) (60% in 2023; *p*=0.557). There was no change in current employment status in 2024 relative to 2023 (*p*=0.583), with the majority reporting being unemployed at the time of interview (91%; 85% in 2023) (Table 2). Most participants reported receiving a government pension, allowance or benefit in the past month (94%; 92% in 2023; *p*=0.779). The median weekly income in 2024 was $430 (IQR=350-543), stable relative to 2023 ($400; IQR=310-550; *p*=0.297) (Table 2). In 2024, there was no significant change in participants' current accommodation (*p*=0.293), with most reporting living in a private house/flat (76%; 65% in 2023), followed by 12% reporting 'no fixed address' (22% in 2023).

In 2024, drug of choice remained stable relative to 2023 (*p*=0.375), with half (51%) of participants nominating heroin (50% in 2023) as their drug of choice, followed by one third (32%) nominating methamphetamine (40% in 2023) (Figure 1).

The drug injected most often in the past month also remained stable in 2024 relative to 2023 (*p*=0.896), with heroin reported as the drug injected most often by half of the sample (49%; 52% in 2023), closely followed by methamphetamine (48%; 46% in 2023) (Figure 2).

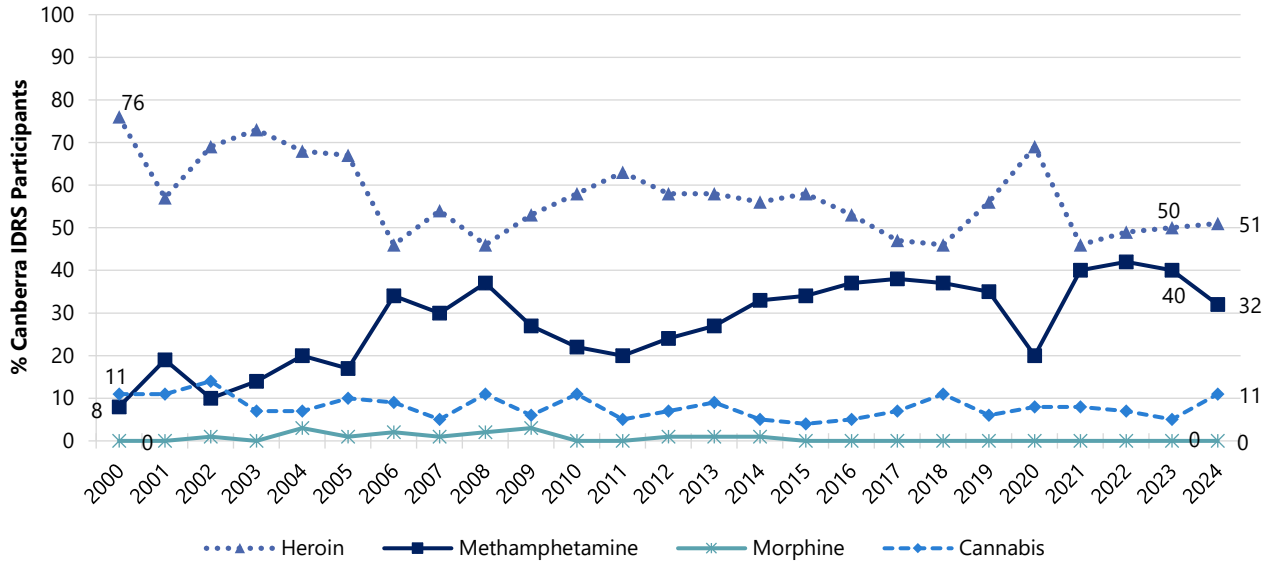
Weekly or more frequent consumption of heroin among the sample remained stable in 2024 relative to 2023 (58%; 64% in 2023; *p*=0.462), as did weekly or more frequent consumption of any methamphetamine (67%; 53% in 2023; *p*=0.065), methamphetamine powder (6%; 7% in 2023) and weekly or more frequent consumption of non-prescribed cannabis (62%; 57% in 2023; *p*=0.562). In 2024, two thirds (66%) of the sample reported weekly or more frequent use of methamphetamine crystal, a significant increase compared to half (51%) of participants reporting such use in 2023 (*p*=0.049) (Figure 3).

Table 2: Demographic characteristics of the sample, nationally, 2024, and Canberra, ACT, 2020-2024

	Canberra, ACT					National
	2020	2021	2022	2023	2024	2024
	(N=100)	(N=100)	(N=101)	(N=101)	(N=100)	(N=884)
Median age (years; IQR)	44 (39-50)	44 (39-50)	45 (38-52)	46 (37-52)	**48 (40-54)**	47 (40-53)
% Gender						
Female	45	30	30	34	**28**	30
Male	55	70	70	66	**70**	69
Non-binary	0	0	0	0	**-**	-
% Aboriginal and/or Torres Strait Islander	18	19	24	17	**29**	28
% Born in Australia	/	/	/	89	**87**	88
% English primary language spoken at home	/	/	/	94	**97**	96
% Sexual identity						
Heterosexual	79	88	86	87	**90**	85
Homosexual	-	-	0	-	**-**	4
Bisexual	14	8	10	10	**7**	9
Queer	0	-	-	0	**0**	1
Other	-	-	-	-	**-**	2
Mean years of school education (range)	10 (6-12)	10 (6-12)	10 (0-12)	10 (5-12)	**10 (4-10)**	10 (1-12)
% Post-school qualification(s)^	67	57	60	60	**65**	62
% Current accommodation						
Own home *(inc. renting)~*	83	75	71	65	**76**	66
Parents'/family home	-	-	-	7	**8**	5
Boarding house/hostel	-	-	-	-	**-**	6
Shelter/refuge	-	-	-	-	**-**	2
No fixed address	9	14	18	22	**12**	20
Other	-	-	-	0	**-**	1
% Current employment status						
Unemployed	85	88	89	85	**91**	89
Full-time work	-	-	-	-	**-**	3
Part time/casual	/	/	/	8	**7**	6
Self-employed	/	/	/	-	**-**	2
Other	/	/	/	-	**0**	1
% Past month gov't pension, allowance or benefit	96	98	92	92	**94**	94
Current median income/week ($; IQR)	471 (400-550)	375 (295-450)	388 (300-498)	400 (310-550)	**430 (350-543)**	424 (350-550)

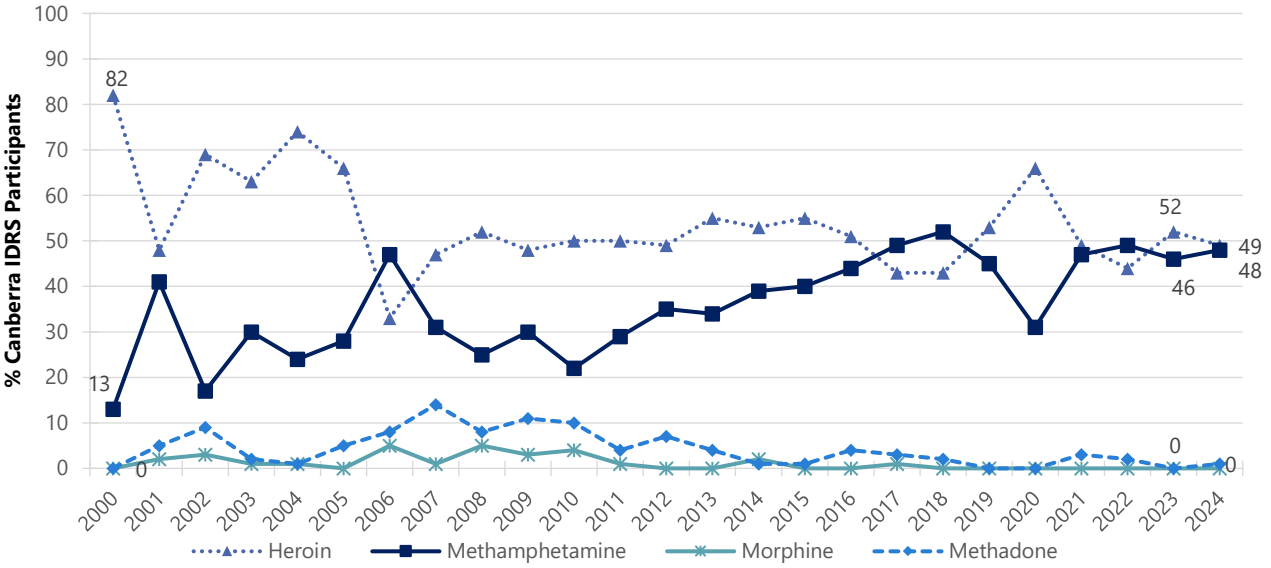
Note. ^Includes trade/technical and university qualifications. For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 among the sample is presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Figure 1: Drug of choice, Canberra, ACT, 2000-2024



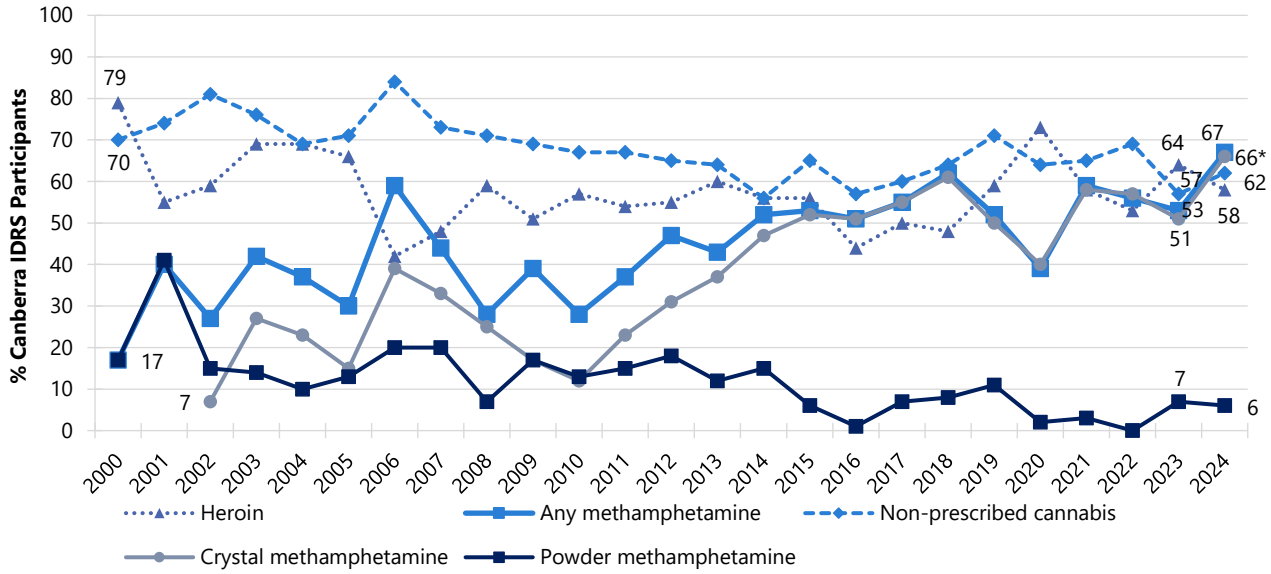
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 2: Drug injected most often in the past month, Canberra, ACT, 2000-2024



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 3: Weekly or more frequent substance use in the past six months, Canberra, ACT, 2000-2024



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

2

Heroin

Participants were asked about their recent (past six month) use of heroin and homebake heroin. Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of any heroin has fluctuated over the years. In 2024, three quarters (74%) of the sample reported recent use, stable relative to 2023 (81%; p=0.245) (Figure 4).

Frequency of Use

Frequency of use has also fluctuated over the years. In 2024, the median frequency of use among participants who reported recent use was 90 days (i.e., every other day; IQR=26-180; n=74), stable relative to 101 days in 2023 (IQR=24-180; n=81; p=0.668) (Figure 4). Nearly four fifths (78%) of participants who reported recent heroin use reported weekly or more frequent use, stable relative to 2023 (79%), and two fifths (39%) reported daily use, also stable relative to 2023 (42%; p=0.750).

Routes of Administration

Consistent with previous years, nearly all participants who had recently consumed heroin in 2024 reported injecting as a route of administration (99%; 99% in 2023), with few participants (n≤5) reporting smoking (10% in 2023; p=0.377). Participants who reported injecting heroin had done so on a median of 90 days (IQR=30-180), remaining stable from 2023 (100 days; IQR=24-180; p=0.843).

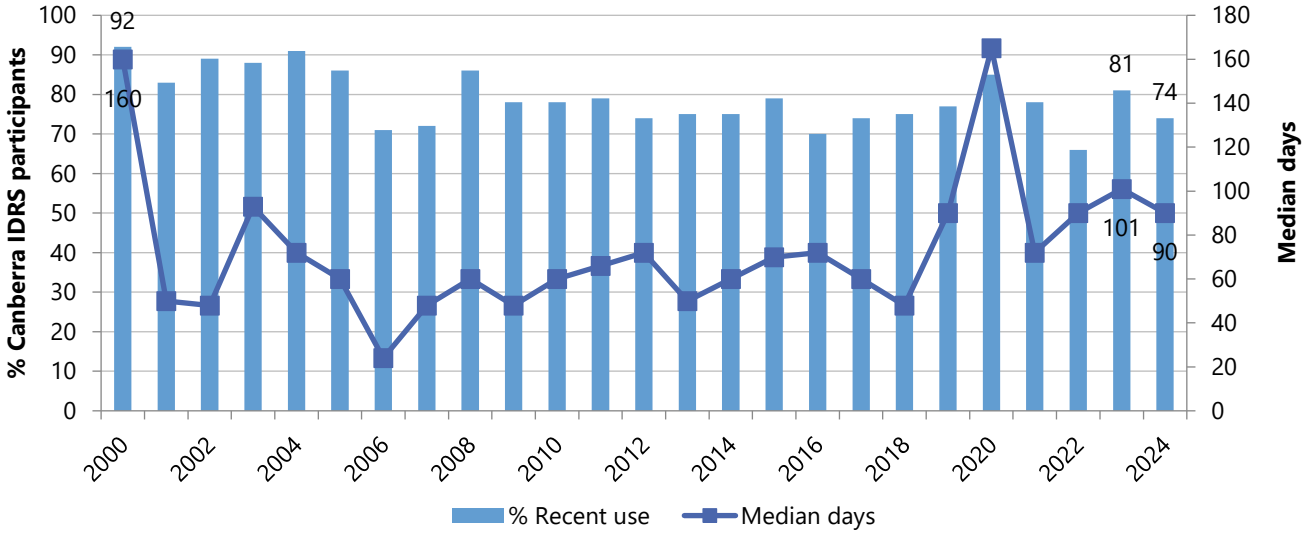
Quantity

The median amount of heroin used on a 'typical' day was 0.20 grams (IQR=0.10-0.40; n=64; 0.20 grams in 2023; IQR=0.10-0.30; n=76; p=0.498) and the median maximum amount used on a day was 0.50 grams (IQR=0.20-1.00; n=65; 0.40 grams in 2023; IQR=0.20-0.90; n=78; p=0.429).

Forms Used

Among participants who reported recent use of heroin and commented (n=73), 68% reported using white/off-white powder heroin, stable relative to 2023 (68%; *p*=0.570), and 67% reported using white/off-white rock heroin, also stable relative to 2023 (67%; *p*=0.570). One quarter (25%) reported using brown/beige rock (33% in 2023; *p*=0.181), and one fifth (18%) reported using brown/beige powder, a significant decrease relative to 2023 (41%; *p*=0.001). Few participants (n≤5) reported using homebake and no participants reported using purple or other colours of heroin in 2024 or 2023.

Figure 4: Past six month use and frequency of use of heroin, Canberra, ACT, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

Price

In 2024, the reported median price for heroin was $225 for one gram (IQR=98-300; n=6; n≤5 in 2023; *p*=0.125) and $80 per point (0.10 of a gram) (IQR=53-80; n=38; $80 in 2023; IQR=50-80; n=41; *p*=0.628) (Figure 5). Few participants (n≤5) reported on the price for one cap of heroin.

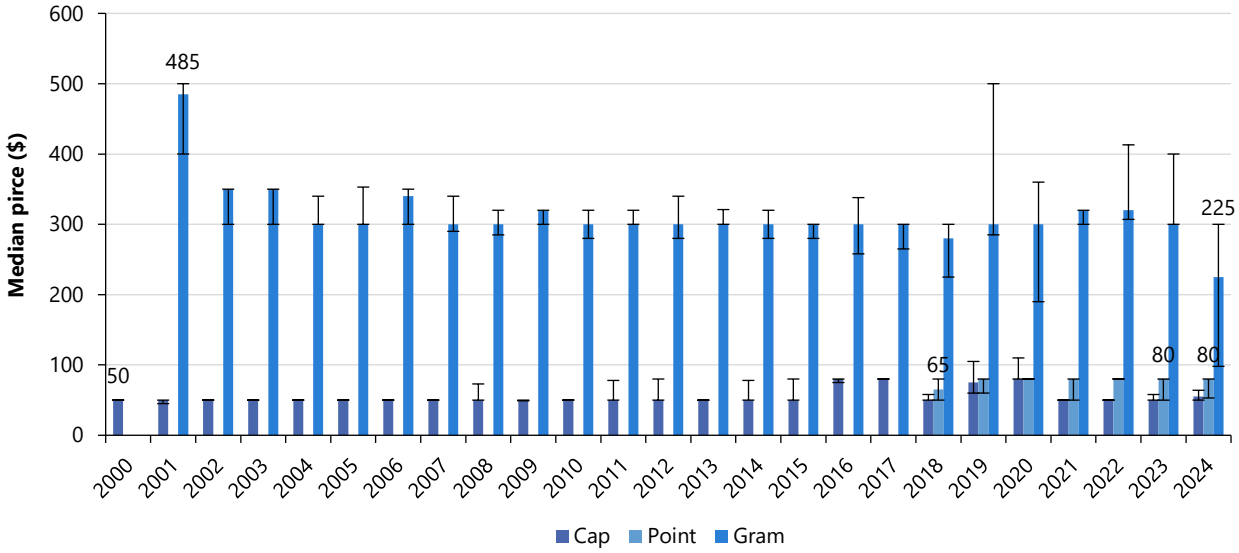
Perceived Purity

The perceived purity of heroin remained stable between 2023 and 2024 (*p*=0.463). Of those who were able to comment in 2024 (n=62), two fifths (40%) perceived the current purity of heroin as 'medium' (38% in 2023), followed by one third (32%) reporting 'high' purity (23% in 2023) and one quarter (23%) reporting 'low' purity (32% in 2023) (Figure 6).

Perceived Availability

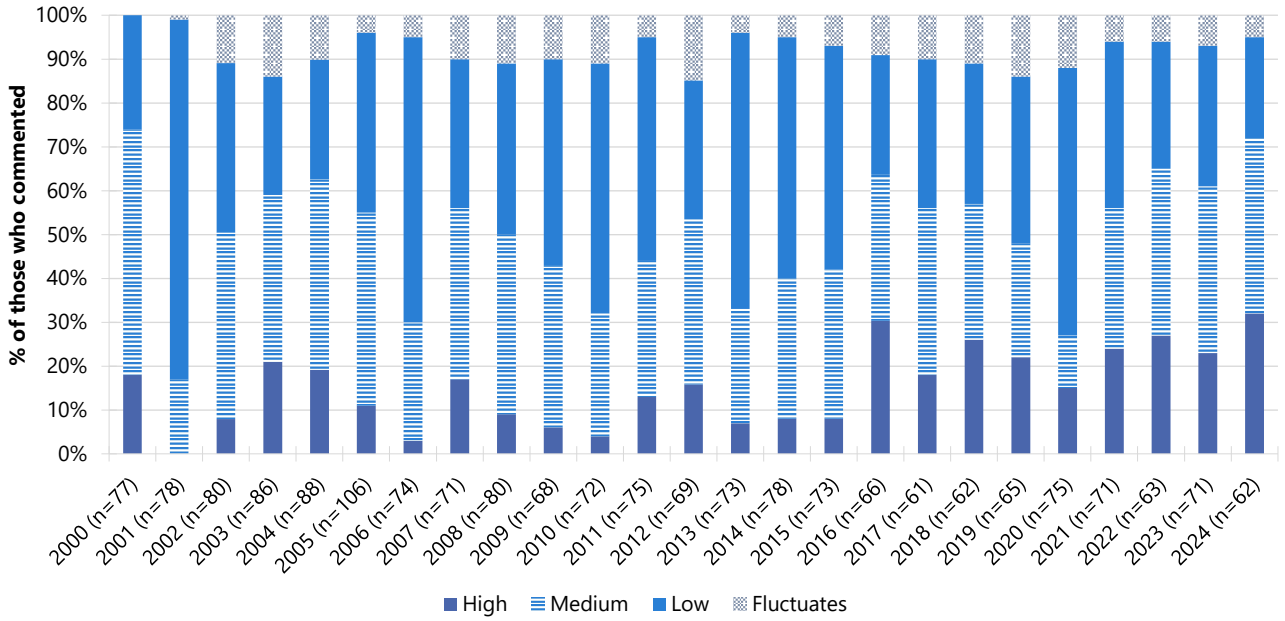
The perceived availability of heroin remained stable between 2023 and 2024 (p=0.088). Of those who responded in 2024 (n=66), half (50%) perceived heroin to be 'very easy' to obtain (67% in 2023), followed by two fifths (41%) reporting 'easy' availability (31% in 2023) (Figure 7).

Figure 5: Median price of heroin per cap, point and gram, Canberra, ACT, 2000-2024



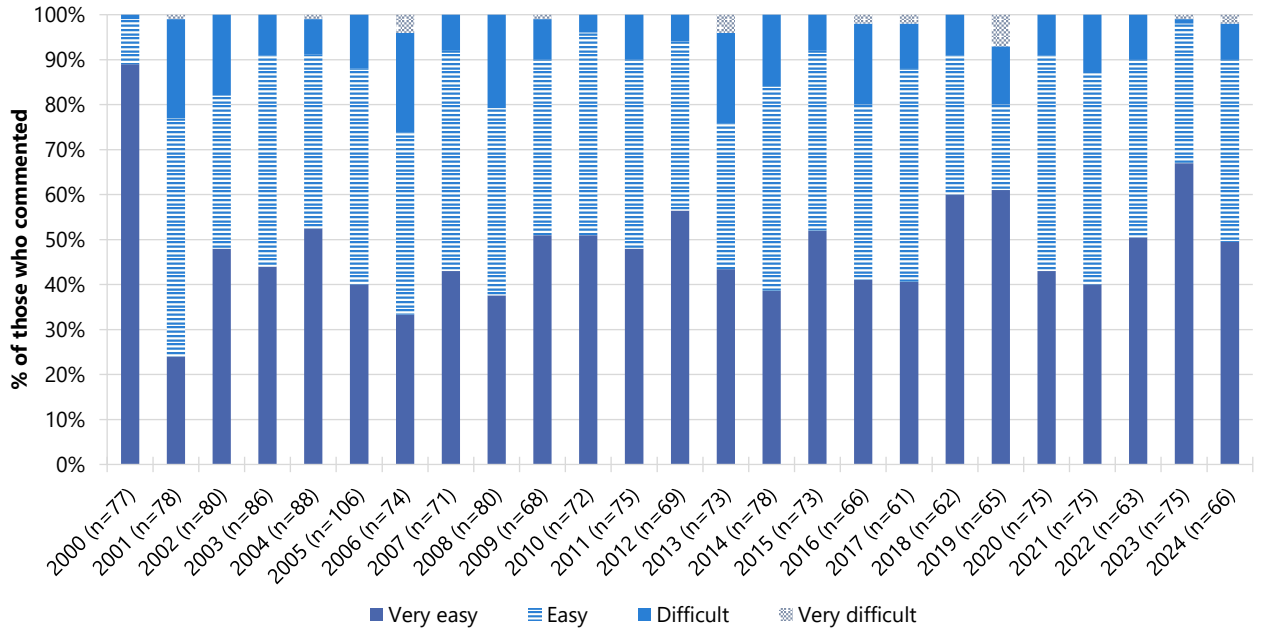
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated out into their own response options. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 6: Current perceived purity of heroin, Canberra, ACT, 2000-2024



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

Figure 7: Current perceived availability of heroin, Canberra, ACT, 2000-2024



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

3

Methamphetamine

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

Patterns of Consumption (Any Methamphetamine)

Recent Use (past 6 months)

In 2024, 85% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2023 (75%; p=0.118) (Figure 8).

Frequency of Use

Despite fluctuations over the course of monitoring, the frequency of any methamphetamine use was stable in 2024 at a median of 60 days (IQR=24-120; n=85; 49 days in 2023; IQR=12-96; n=76; p=0.331) (Figure 9). In 2024, four fifth (79%) of participants who had recently used methamphetamine reported weekly or more frequent use (71% in 2023; p=0.277) and one fifth (22%) reported daily use (13% in 2023; p=0.159).

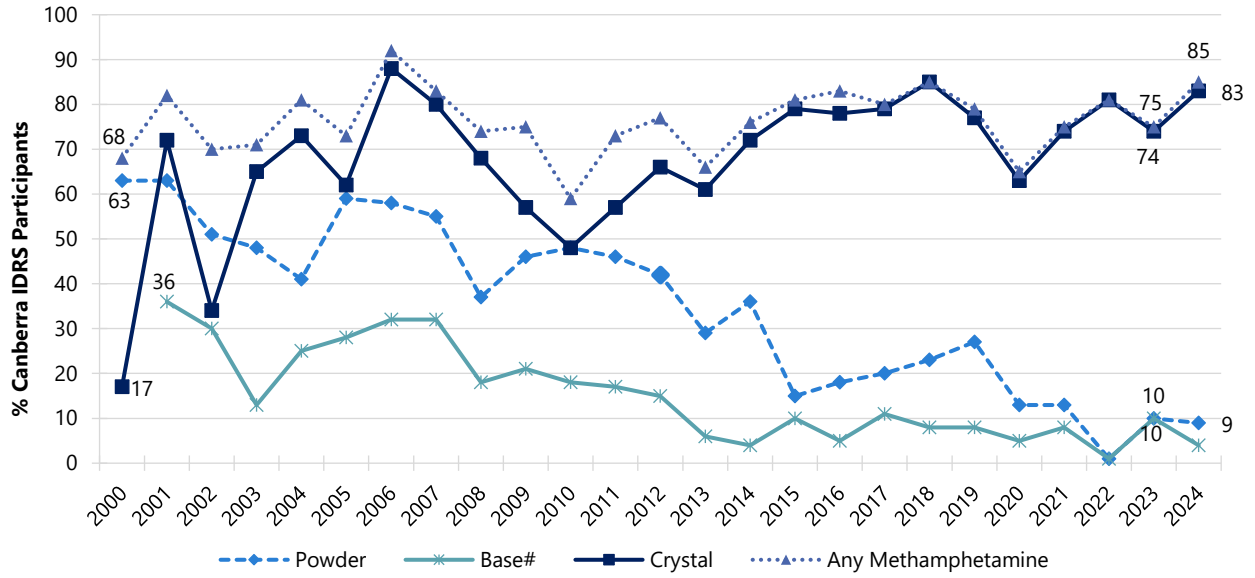
Forms Used

There has been a shift over time in the forms of methamphetamine used (see below for further information) (Figure 8). Specifically, use of powder and methamphetamine base have decreased over time, whilst use of methamphetamine crystal has increased over the course of monitoring (Figure 8). Indeed, of those who had used methamphetamine in the six months preceding interview (n=85), nearly all participants had used methamphetamine crystal (98%; 99% in 2023). One tenth (11%) reported use of methamphetamine powder (13% in 2023; p=0.631) and few participants (n≤5) reported methamphetamine base (13% in 2023; p=0.090).

Number of Forms Used

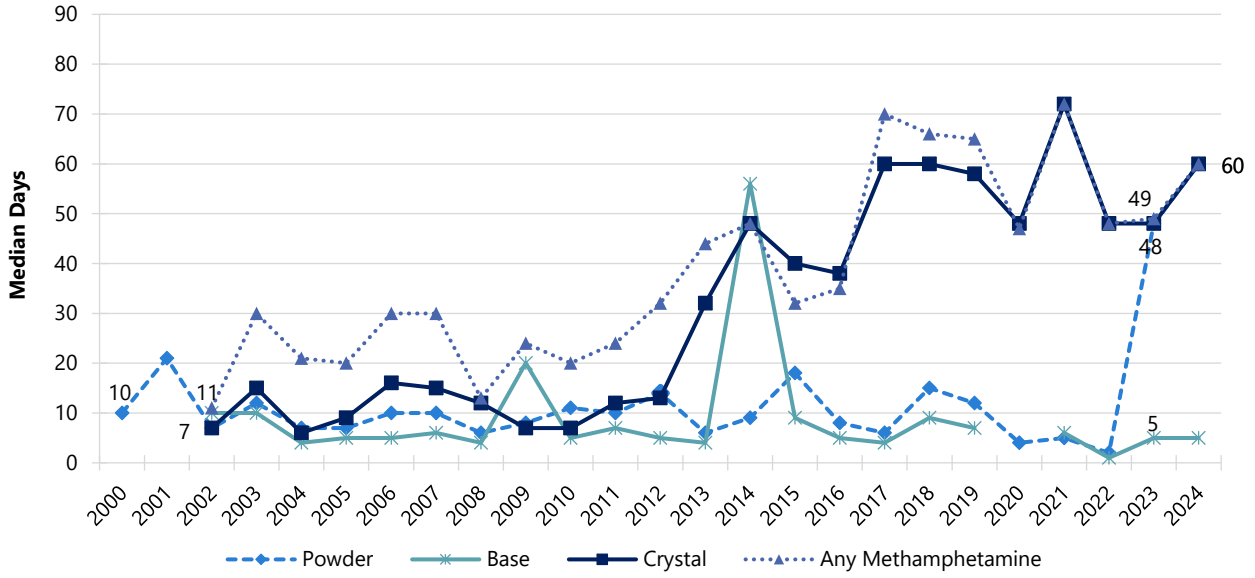
Among participants who had recently consumed any methamphetamine and commented (n=85), the median number of forms of methamphetamine used in 2024 was one (IQR=1-1), stable relative to 2023 (1 form; IQR=1-1; n=76; p=0.176).

Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, Canberra, ACT, 2000-2024



Note. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and methamphetamine base combined from 2019 onwards. Questions regarding liquid methamphetamine not asked from 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 9: Frequency of use of any methamphetamine and of methamphetamine powder, base, and crystal, Canberra, ACT, 2000-2024



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

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Recent use of methamphetamine powder was highest at the beginning of monitoring (63% in 2000 and 2001, respectively), declining to 15% in 2015 (Figure 8). From 2015-2019, recent use slowly increased, before declining again from 2020 onwards. In 2022 it reached the lowest per cent since monitoring commenced (n≤5). In 2024 9% reported recent use, stable relative to 2023 (10%) (Figure 8).

Frequency of Use: In 2024, participants who had recently used methamphetamine powder reported doing so on a median of 60 days in the past six months (IQR=5-85; n=9; 48 days in 2023; IQR=22-91; n=10; *p*=0.902). Two thirds (67%) of participants who had recently used methamphetamine powder in 2024 reported weekly or more frequent use (70% in 2023), with few participants (n≤5) reporting daily use (n≤5 in 2023; *p*=0.582) (Figure 9).

Routes of Administration: All participants who had recently used methamphetamine powder reported injecting as a route of administration (100%; 100% in 2023), with few participants (n≤5) reporting other routes of administration. Participants who reported injecting methamphetamine powder had done so on a median of 60 days (IQR=5-85; 47 days in 2023; IQR=13-66; *p*=0.806).

Quantity: The median amount used on a 'typical' day of consumption in the past six months in 2024 was 0.30 grams (IQR=0.10-0.50; n=9; 0.20 grams in 2023; 0.10-0.50; n=10) The median maximum amount used per day was 0.50 grams (IQR=0.30-1.00; n=9; 0.30 grams in 2023; IQR=0.20-0.30; n=9; *p*=0.560).

Methamphetamine Base

Recent Use (past 6 months): Base has consistently been the least commonly used form of methamphetamine since monitoring commenced in 2001 and has generally declined over time. In 2024, few participants (n≤5) reported recent use, stable relative to 2023 (10%; *p*=0.164) (Figure 8).

As low numbers (n≤5) reported recent use of methamphetamine base, information on frequency of use, routes of administration and quantity will not be provided. For further information please refer to the IDRS National Report. Alternatively, contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of methamphetamine crystal gradually increased between 2010-2019, before declining to 63% in 2020 and then increasing again thereafter. In 2024, 83% of the sample reported recent use of methamphetamine crystal, stable from 2023 (74%; *p*=0.178) (Figure 8).

Frequency of Use: In 2024, participants who had recently used methamphetamine crystal reported doing so on a median of 60 days in the past six months (IQR=24-120; n=83; 48 days in 2023; IQR=12-96; n=75; *p*=0.323) (Figure 9). In 2024, four fifths (80%) of participants who had recently used methamphetamine crystal reported weekly or more frequent use (69% in 2023; *p*=0.149), with one fifth (22%) reporting daily use (13% in 2023; *p*=0.224).

Routes of Administration: The most common of administration among participants who had

recently used methamphetamine crystal was injecting (98%; 92% in 2023; *p*=0.151), followed by smoking (41%; 39% in 2023; *p*=0.869). Participants who reported injecting methamphetamine crystal had done so on a median of 55 days (IQR=24-90), remaining stable from 2023 (48 days; IQR=12-90; *p*=0.550).

Quantity: In 2024, the median amount used on a 'typical' day of consumption in the past six months was 0.10 grams (IQR=0.10-0.30; n=83; 0.10 grams in 2023; IQR=0.10-0.20; n=71; *p*=0.438). The median maximum amount used per day was 0.40 grams (IQR=0.20-1.00; n=82), a significant increase relative to 2023 (0.30 grams; IQR=0.20-0.50; n=70; *p*=0.048).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: In 2024, the median price for one point (0.10 gram) was $50 (IQR=50-50; n=12; n≤5 in 2023) (Figure 10). Few participants (n≤5) reported on the price for one gram in 2024 and 2023.

Perceived Purity: There was a significant change in the perceived purity of methamphetamine powder between 2023 and 2024 (p=0.013). Among those able to comment in 2024 (n=19), more participants perceived methamphetamine powder to be of 'medium' (42%) and 'low' (37%) purity relative to 2023 (n≤5, respectively) (Figure 12).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2023 and 2024 (p=0.271). Of those who responded in 2024 (n=20), two fifths (40%) of participants perceived powder as being 'very easy' to obtain (n≤5 in 2023), followed by one third (35%) reporting 'easy' obtainment (n≤5 in 2023) (Figure 14).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to 2019 ACT IDRS report and the 2024 National IDRS Report.

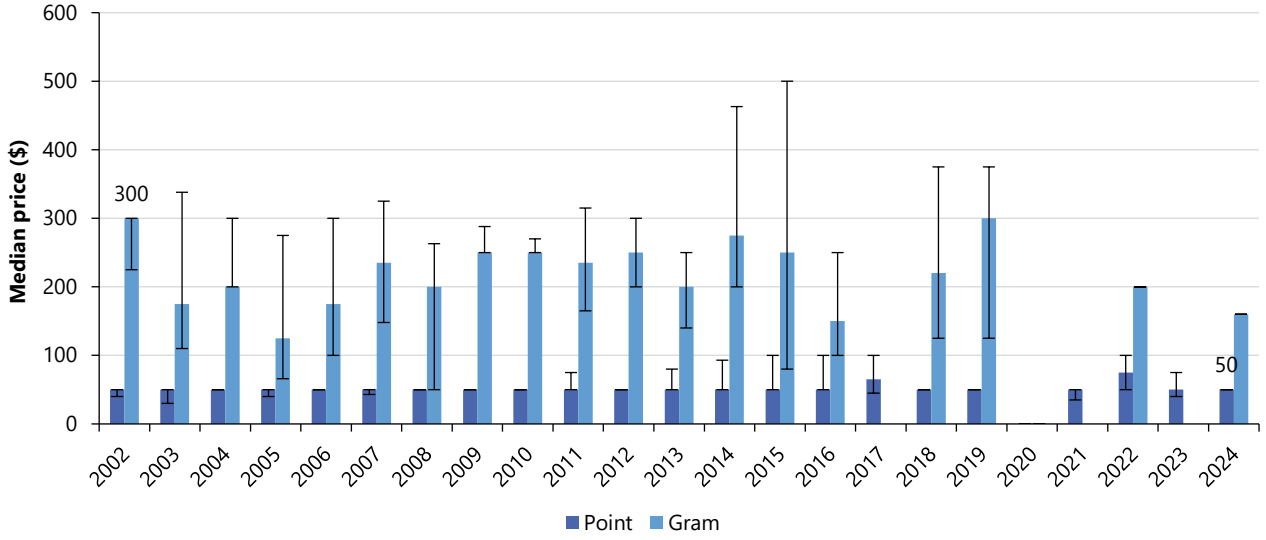
Methamphetamine Crystal

Price: In 2024, the median price for one point (0.10 gram) was $50 (IQR=50-50; n=33; $50 in 2023; IQR=50-50; n=37; p=0.390) and $350 for one gram (IQR=300-400; n=7) (Figure 11).

Perceived Purity: There was no significant change in the perceived purity of methamphetamine crystal between 2023 and 2024 (p=0.386). Among those able to comment in 2024 (n=76), two fifths (38%) perceived purity to be 'medium' (34% in 2023), followed by one third (32%) reporting 'high' purity (34% in 2023) (Figure 13).

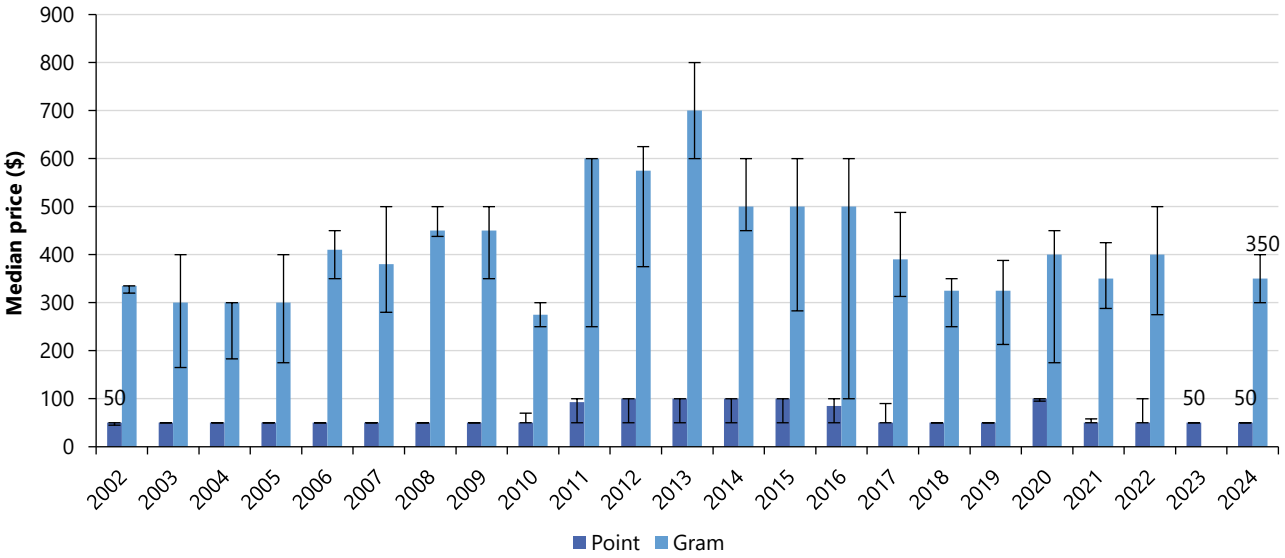
Perceived Availability: There was no significant change in the perceived availability of methamphetamine crystal between 2023 and 2024 (p=0.205). Of those who responded in 2024 (n=77), the majority of participants perceived crystal as being 'very easy' to obtain (61%; 69% in 2023), followed by one third (35%) reporting 'easy' obtainment (23% in 2023) (Figure 15).

Figure 10: Median price of methamphetamine powder per point and gram, Canberra, ACT, 2002-2024



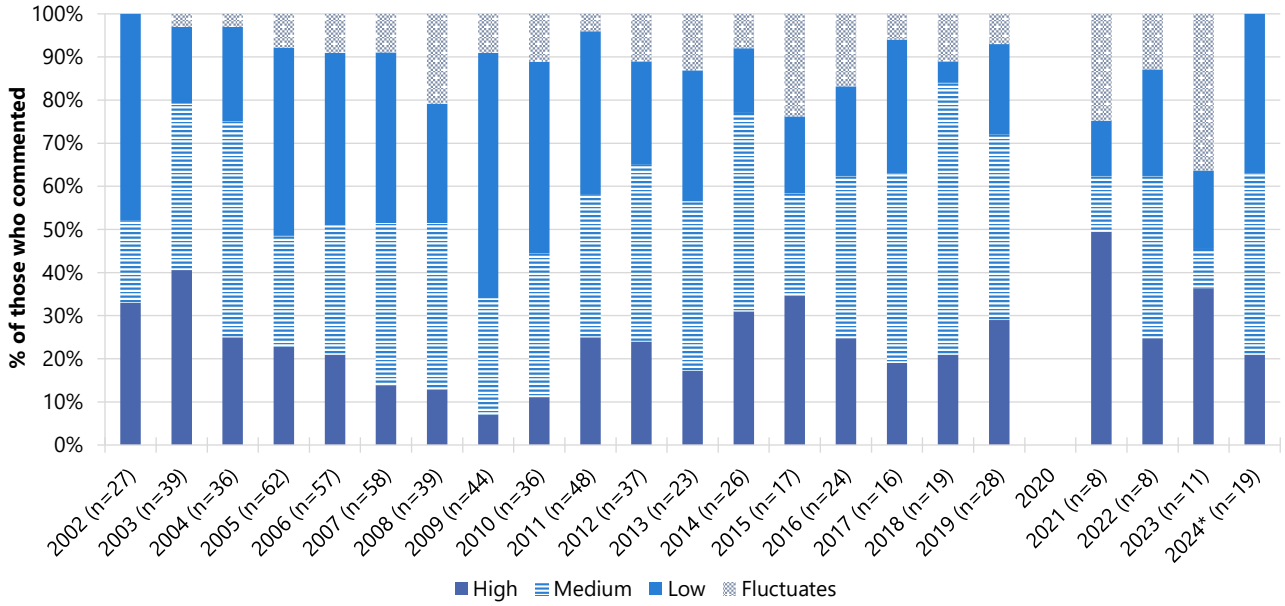
Note. Among those who commented. Price data for powder not collected in 2020 and no participants reported on the price of a gram in 2021 and 2023. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 11: Median price of methamphetamine crystal per point and gram, Canberra, ACT, 2002-2024



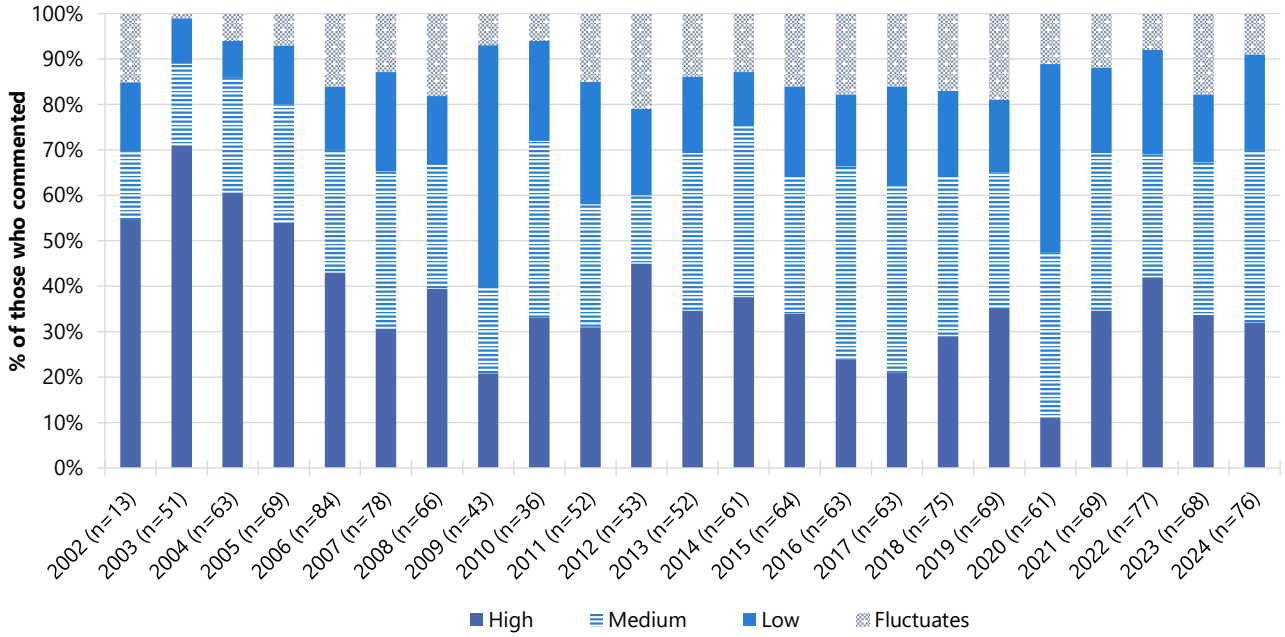
Note. Among those who commented. No data available for gram in 2023. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 12: Current perceived purity of methamphetamine powder, Canberra, ACT, 2002-2024



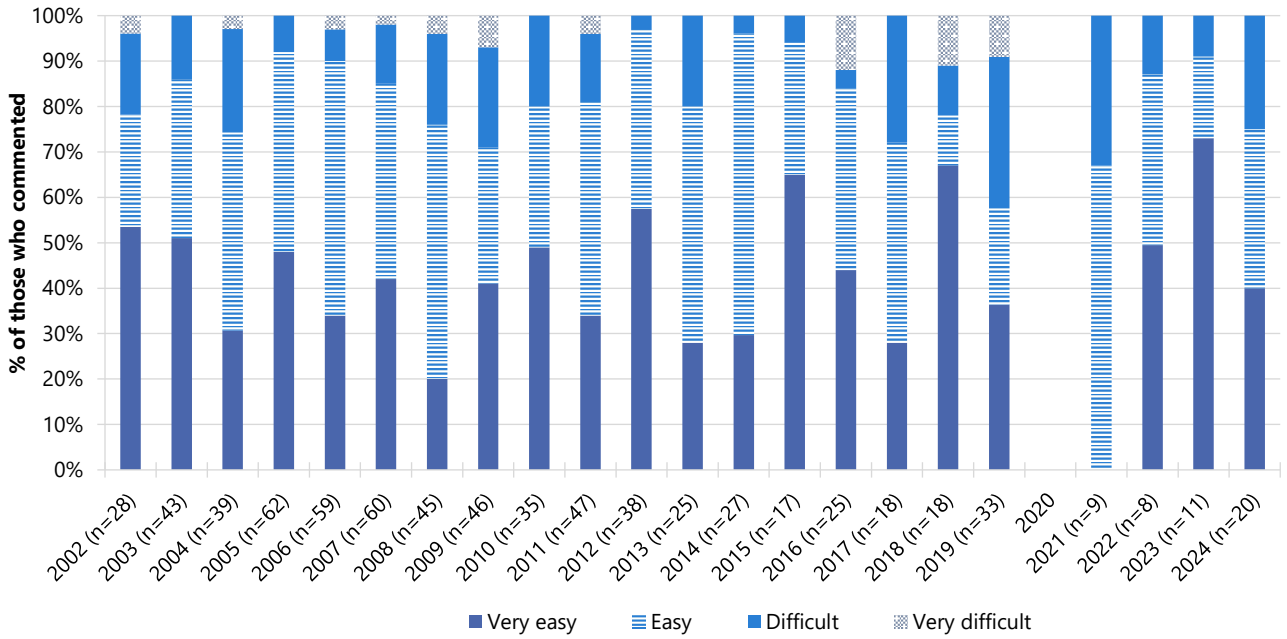
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 13: Current perceived purity of methamphetamine crystal, Canberra, ACT, 2002-2024



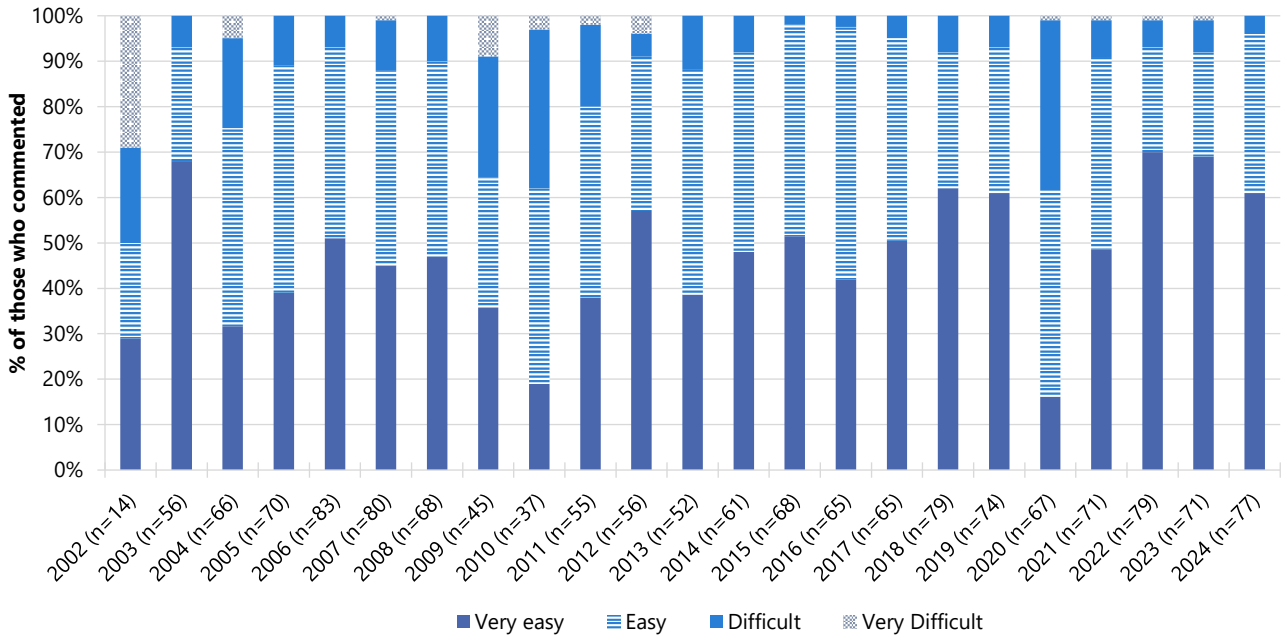
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 14: Current perceived availability of methamphetamine powder, Canberra, ACT, 2002-2024



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 is presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 15: Current perceived availability of methamphetamine crystal, Canberra, ACT, 2002-2024



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has generally been reported by one in five or fewer participants over the years of monitoring, except for a peak of 40% in 2001. In 2024, 18% of the sample reported recent use (12% in 2023; p=0.327) (Figure 16).

Frequency of Use

Frequency of use has remained relatively low and stable over the course of monitoring, varying between a median of two and eight days. In 2024, participants who had recently used cocaine reported doing so on a median of three days (IQR=2-9; n=18; 3 days in 2023, IQR=1-10; n=11; p=0.873) (Figure 16). Few participants (n≤5) reported weekly or more frequent use of cocaine in 2023 and 2024, respectively (p=0.539).

Routes of Administration

In 2024, snorting was the most common route of administration among participants who reported recent use (67%), stable relative to 2023 (58%; p=0.712).

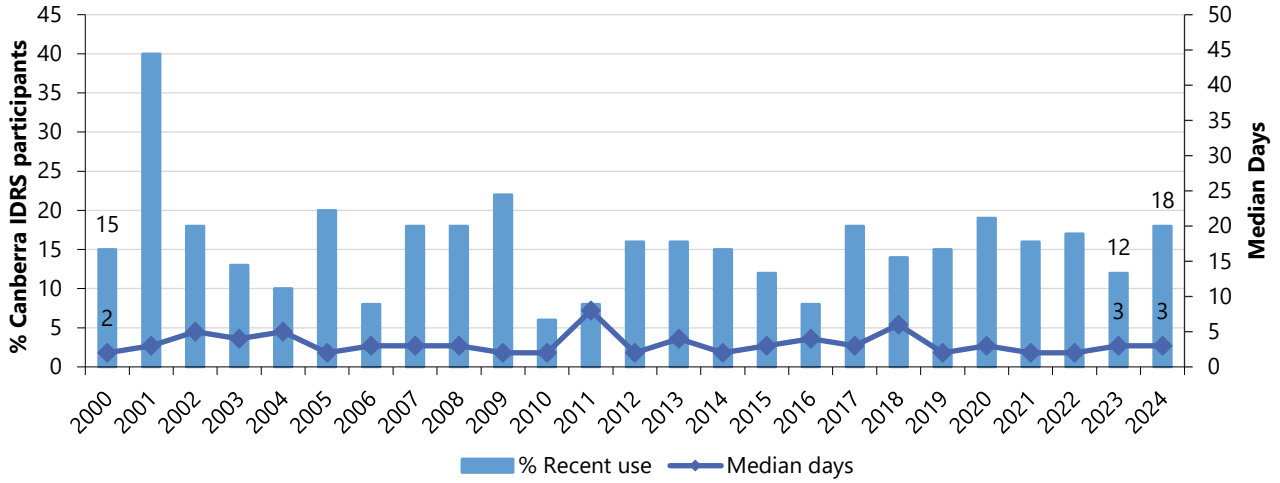
Quantity

Those who reported recent cocaine use consumed a median of 0.30 grams (IQR=0.20-0.50; n=14) on a 'typical' day of use (1 gram in 2023; IQR=0.20-2.00; n=7; p=0.186).

Forms Used

Among participants who had recently consumed cocaine and commented (n=18), the vast majority reported using powder cocaine (72%; 83% in 2023; p=0.669), followed by two fifths (39%) reporting use of crack/rock cocaine (n≤5 in 2023; p=0.452).

Figure 16: Past six month use and frequency of use of cocaine, Canberra, ACT, 2000-2024

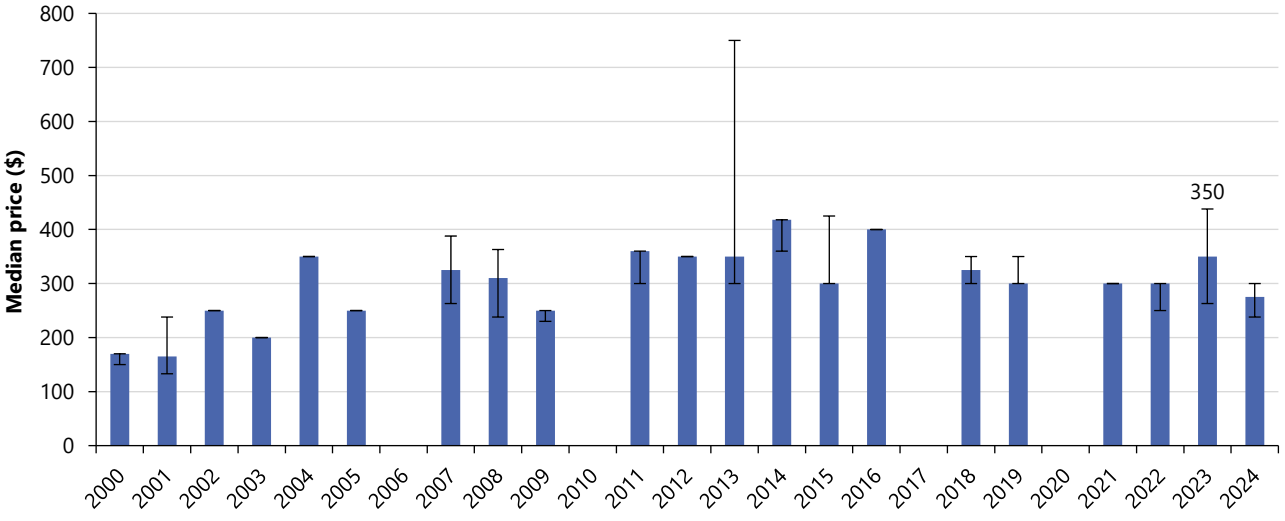


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45% and secondary Y axis to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Purity and Perceived Availability

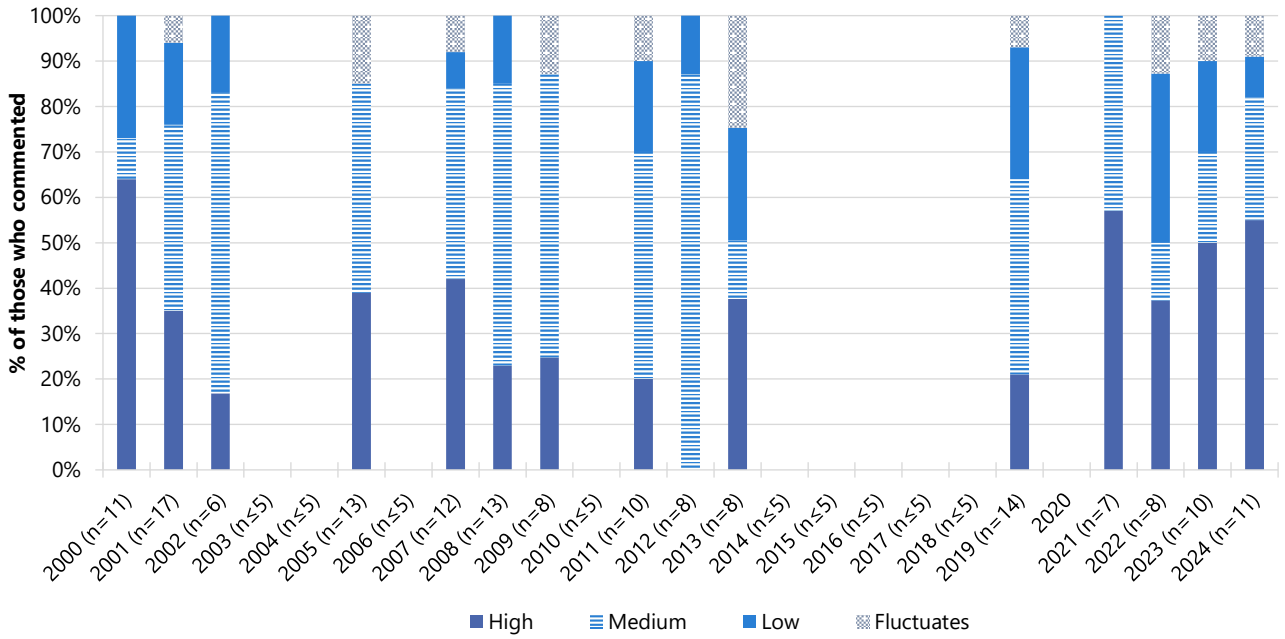
Due to small numbers of participants reporting on price, perceived purity and perceived availability of cocaine in 2024, estimates are shown in Figure 17, Figure 18 and Figure 19, respectively but are not interpreted further. Please refer to the 2024 National IDRS Report for national trends, or to the 2024 EDRS National Report or 2024 EDRS ACT Report for trends amongst a sample of people who use ecstasy and/or other stimulants**.** Alternatively, contact the Drug Trends team (drugtrends@unsw.edu.au) for further information.

Figure 17: Median price of cocaine per gram, Canberra, ACT, 2000-2024



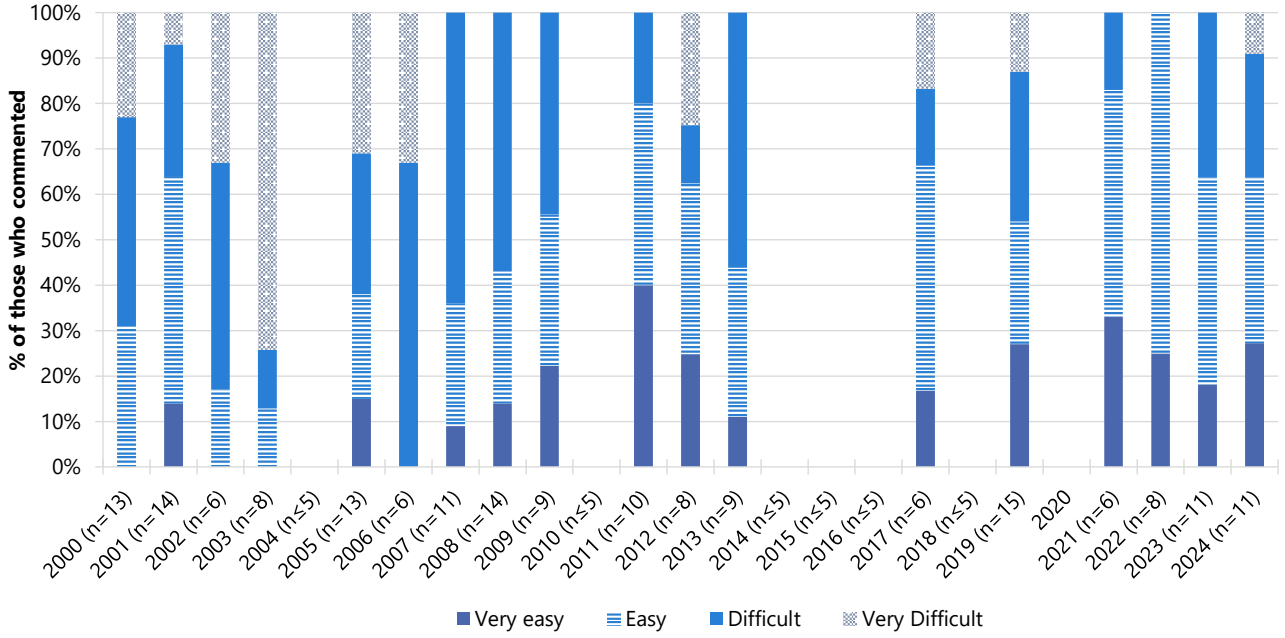
Note. Among those who commented. The error bars represent IQR. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 18: Current perceived purity of cocaine, Canberra, ACT, 2000-2024



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

Figure 19: Current perceived availability of cocaine, Canberra, ACT, 2000-2024



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

5

Cannabis and/or Cannabinoid-Related Products

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

Terminology throughout this chapter refers to:

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

Patterns of Consumption

From 2022, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products. Thirteen per cent of the sample reported prescribed use in the six months preceding interview in 2024, a significant increase relative to 2023 (n≤5; p=0.001).

In the remainder of this chapter, data from 2021-2024, and between 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2024 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2023 and 2024 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Over most years of monitoring, at least three in four participants have reported recent use of non-prescribed cannabis and/or cannabinoid-related products (74% in 2024; 75% in 2023; p=0.869) (Figure 20).

Frequency of Use

In 2024, median frequency of use in the past six months was 180 days (i.e., daily use; IQR=60-180; n=73; 180 days in 2023; IQR=24-180; n=76; p=0.778), consistent with most years historically (Figure

20). Among participants who had used non-prescribed cannabis and/or cannabinoid-related products, 56% reported daily use (58% in 2023; *p*=0.867).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented (n=74), smoking was the most common route of administration (97%; 100% in 2023; *p*=0.242), followed by swallowing (8% in 2024; n≤5 in 2023; *p*=0.324) and inhaling/vaping (8%; n≤5 in 2023; *p*=0.061).

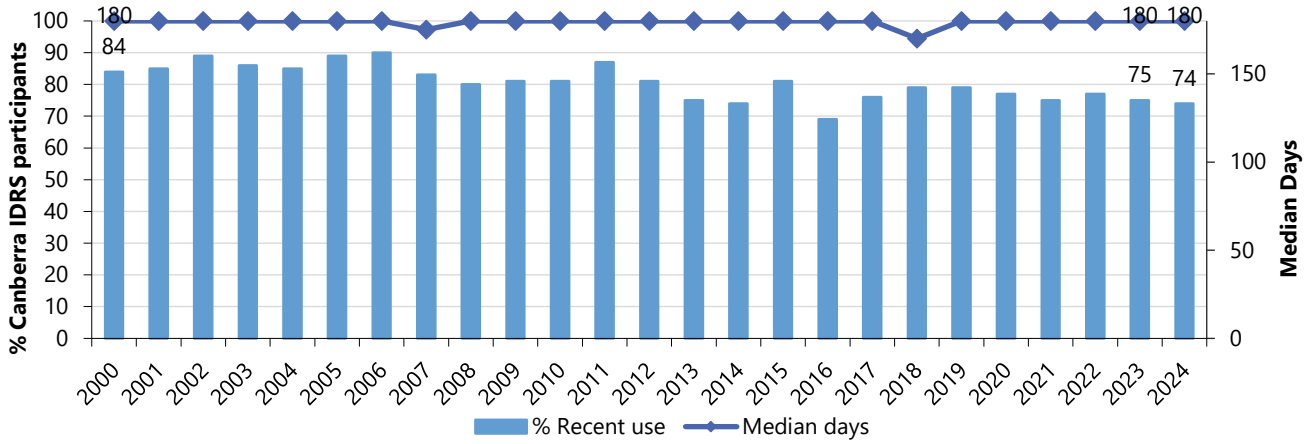
Quantity

The median intake on the last occasion of use was one gram (IQR=0.50-1.00; n=41; 1 gram in 2023; IQR=0.50-1.00; n=43; *p*=0.661) or 3 cones (IQR=2.00-4.80; n=19; 2.5 cones in 2023; IQR=1.30-4.80; n=18; *p*=0.548) or one joint (IQR=1-1; n=7; 1 joint in 2023; IQR=1-1; n=7; *p*=0.698).

Forms Used

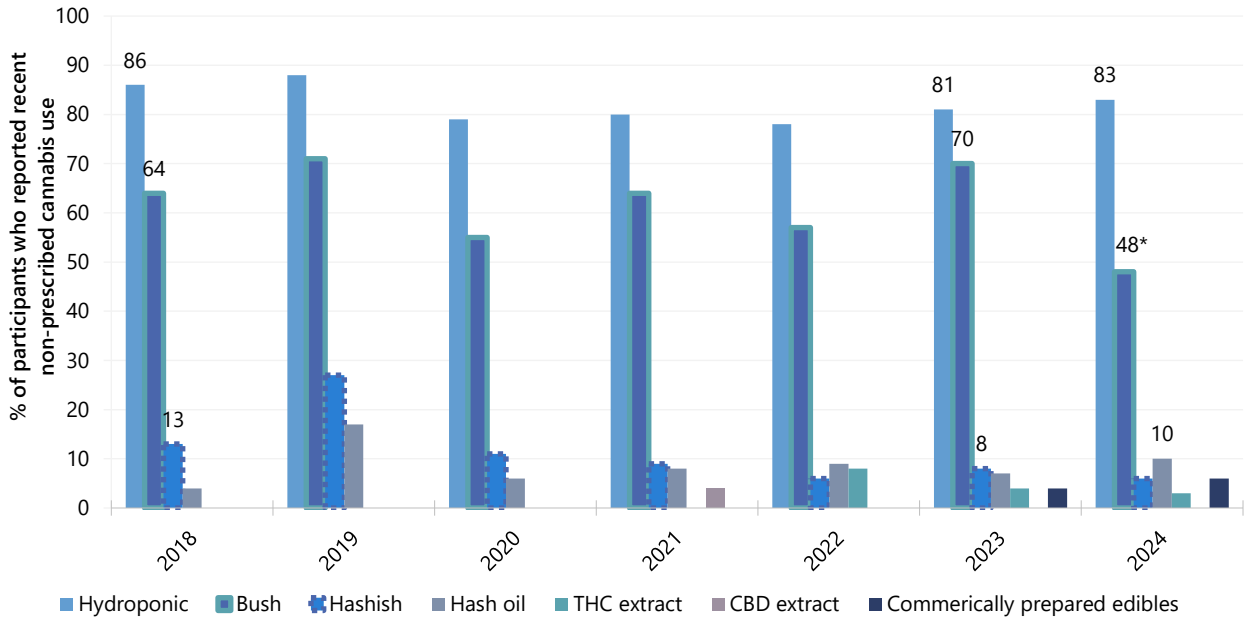
Of those that reported recent use of non-prescribed cannabis and/or cannabinoid-related products and commented (n=71), 83% reported use of hydroponic cannabis (81% in 2023; *p*=0.824), and half (48%) reported use of outdoor-grown 'bush' cannabis, a significant decrease relative to 2023 (70%; *p*=0.013). A small percentage reported having used hash oil (10%; n≤5 in 2023; *p*=0.560). In 2024, few participants (n≤5) reported recent use of non-prescribed CBD extract (n≤5 in 2023), THC extract (n≤5 in 2023), edibles (n≤5 in 2023; *p*=0.717) and hashish (8% in 2023; *p*=0.745) in the preceding six months.

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Canberra, ACT, 2000-2024



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low (in 2022, no participants reported use of prescribed cannabis only). Further, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 21: Past six month use of different forms of non-prescribed cannabis and/or cannabinoid-related products, among those who reported recent non-prescribed use, Canberra, ACT, 2018-2024



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2018-2020 figures include some participants who were using prescribed forms of cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 is presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram in 2024 was $20 for hydroponic cannabis (IQR=20-20; n=16; $20 in 2023; IQR=20-20; n=21; *p*=0.334). Few participants (n≤5) reported on the price for an ounce in 2024 ($300 in 2023; IQR=290-300; n=7; *p*=0.329) (Figure 22). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Potency: There was a significant change in the perceived potency of hydroponic cannabis between 2023 and 2024 (*p*=0.003). Of those who could comment in 2024 (n=50), more participants perceived the potency to be 'high' in 2024 relative to 2023 (72% versus 44%, respectively). Conversely, there was a decrease in participants that reported 'medium' potency in 2024 relative to 2023 (18% versus 48%, respectively) (Figure 23).

Perceived Availability*:* The perceived availability of hydroponic cannabis remained stable between 2023 and 2024 (*p*=0.823). Of those who could comment in 2024 (n=50), 70% perceived hydroponic cannabis to be 'very easy' to obtain (67% in 2023), followed by one quarter (28%) reporting 'easy' (31% in 2023) obtainment (Figure 24).

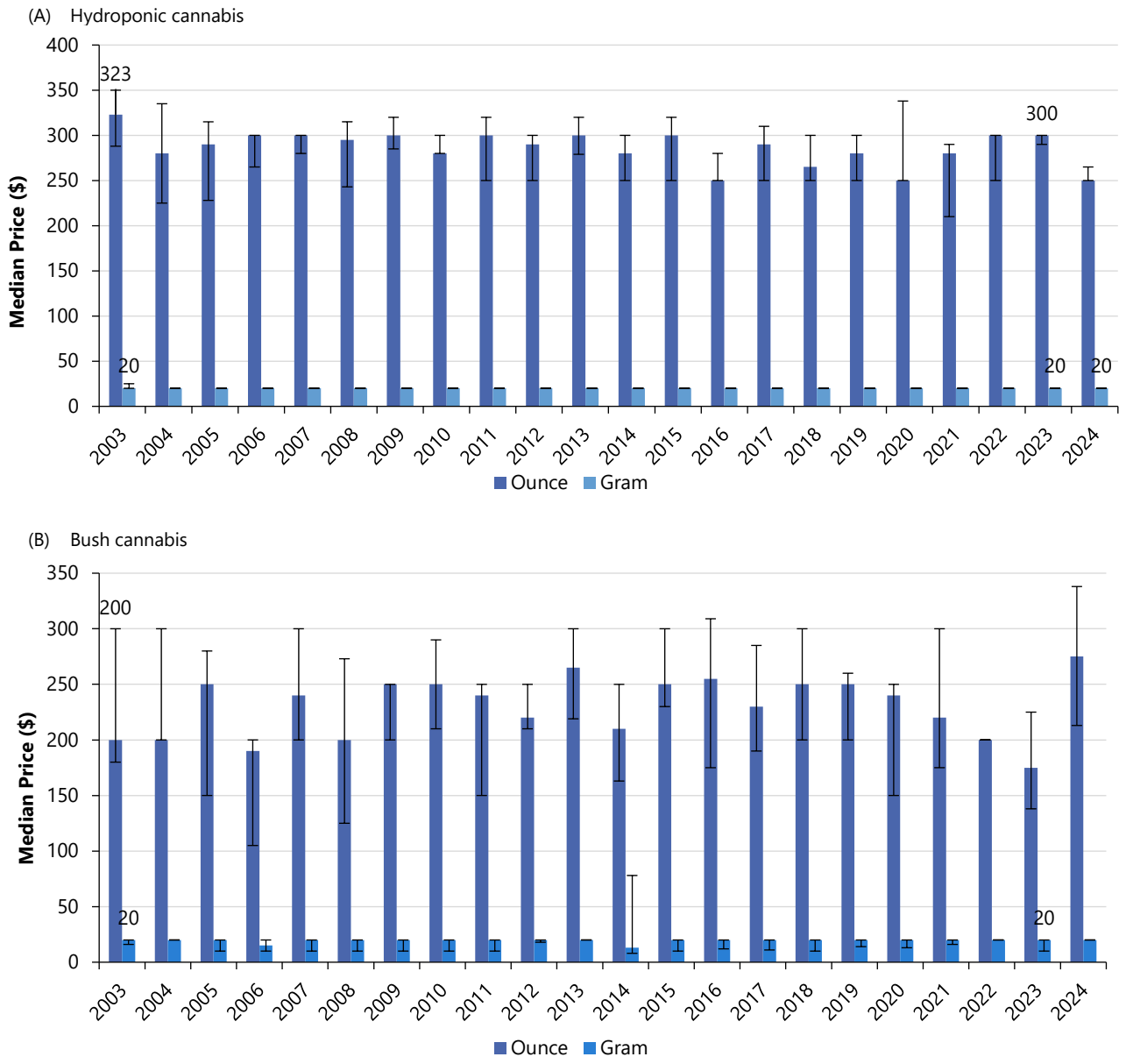
Bush Cannabis

Price: In 2024, few participants (n≤5) reported on the price of an ounce (n≤5 in 2023; *p*=0.639) or gram ($20 in 2023; *p*=0.326) of bush cannabis (Figure 22). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Potency: The perceived potency of bush cannabis remained stable between 2023 and 2024 (*p*=0.907). Of those who could comment in 2024 (n=26), two fifths (42%) perceived bush cannabis to be of 'high' potency (38% in 2023), followed by one third (35%) reporting 'medium' potency (44% in 2023) (Figure 23).

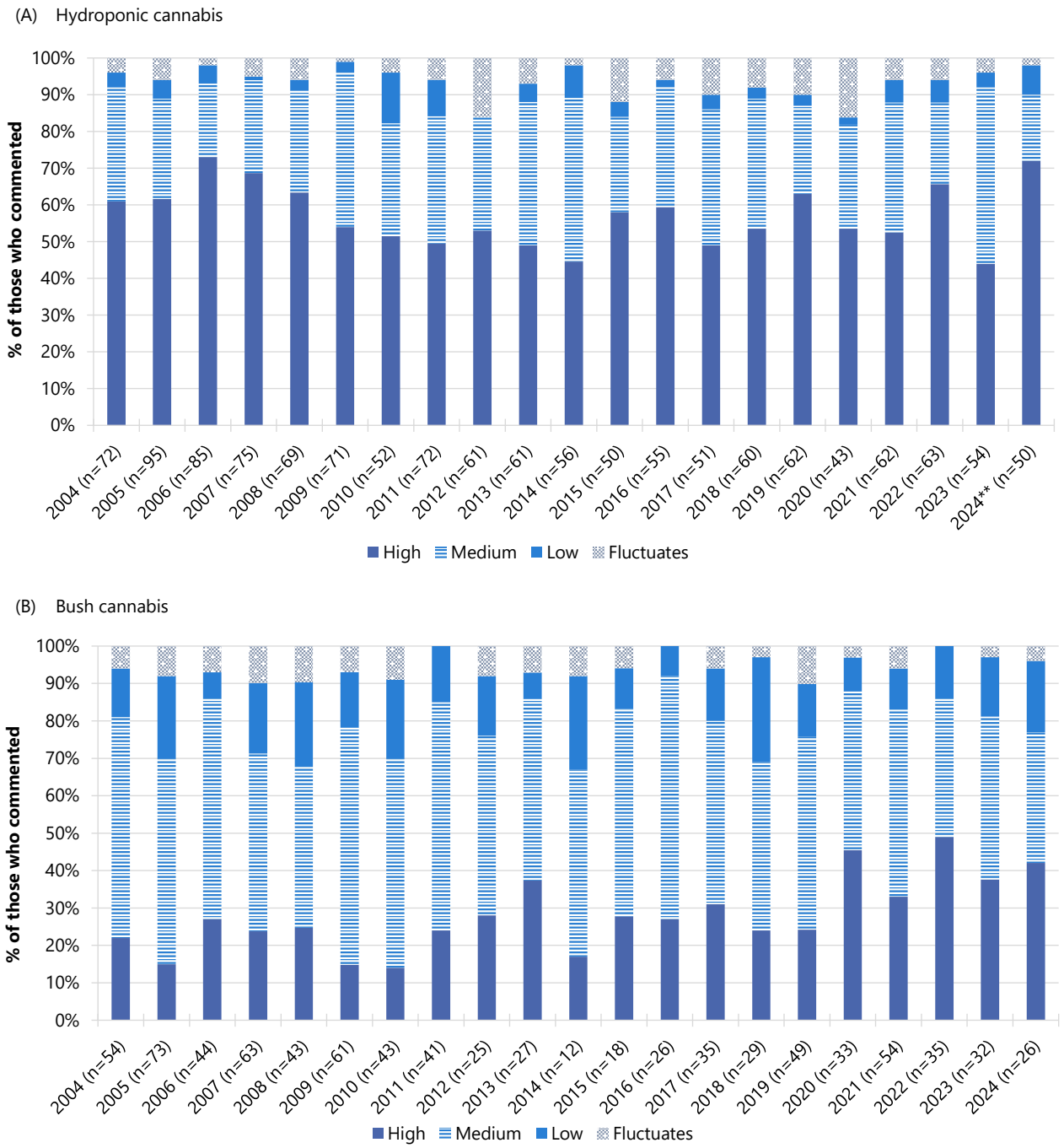
Perceived Availability*:* The perceived availability of bush cannabis remained stable between 2023 and 2024 (*p*=0.661). Of those who could comment in 2024 (n=26), equal percentages perceived the availability of bush cannabis to be 'very easy' (46%; 57% in 2023), and 'easy' (46%; 37% in 2023) (Figure 24).

Figure 22: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Canberra, ACT, 2003-2024



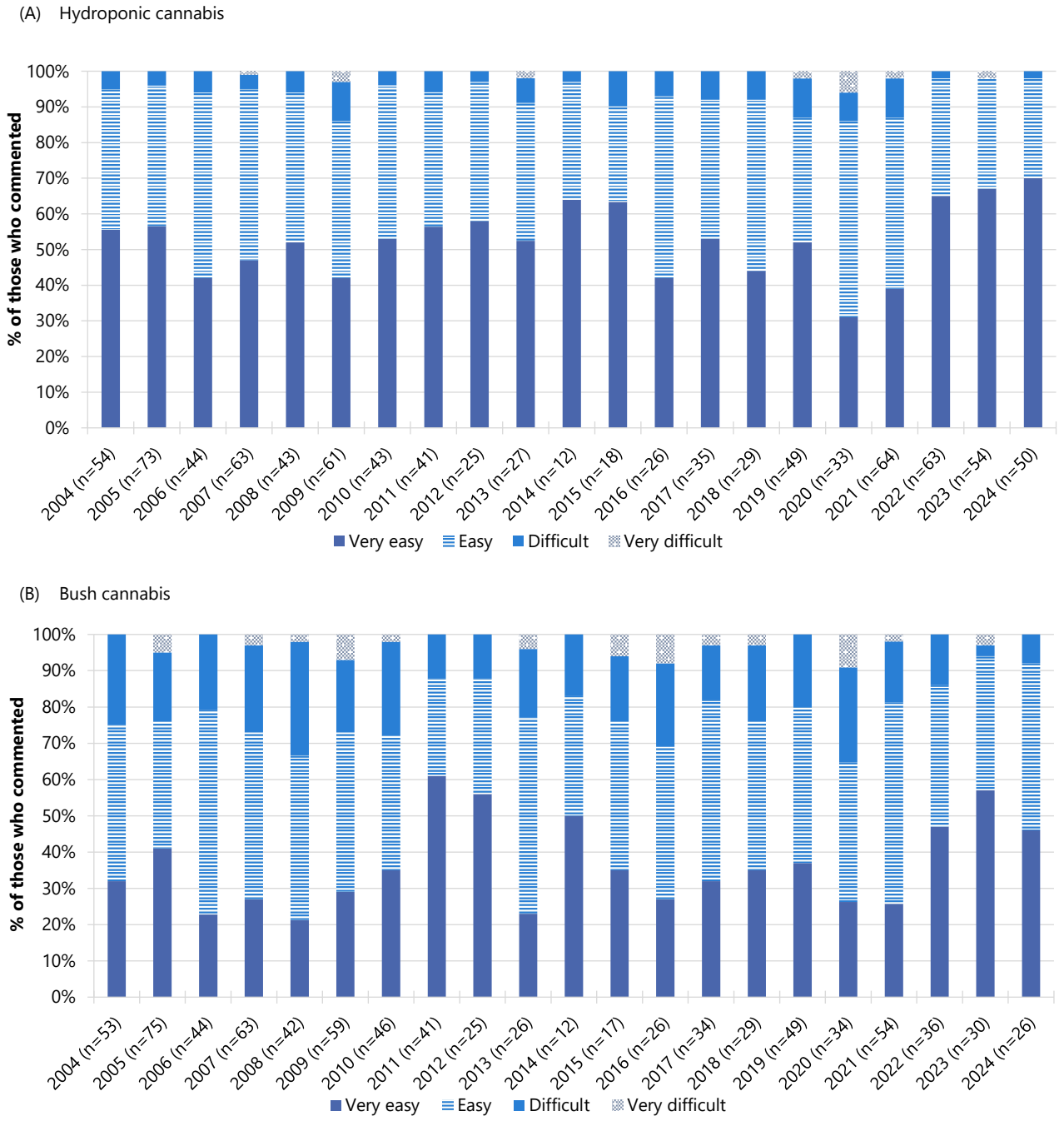
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5).For historical numbers, please refer to the data tables. The error bars represent the IQR. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 23: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Canberra, ACT, 2004-2024



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 24: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Canberra, ACT, 2004-2024



Note. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

6

Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed use**: use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use**: use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
- **Any use**: use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

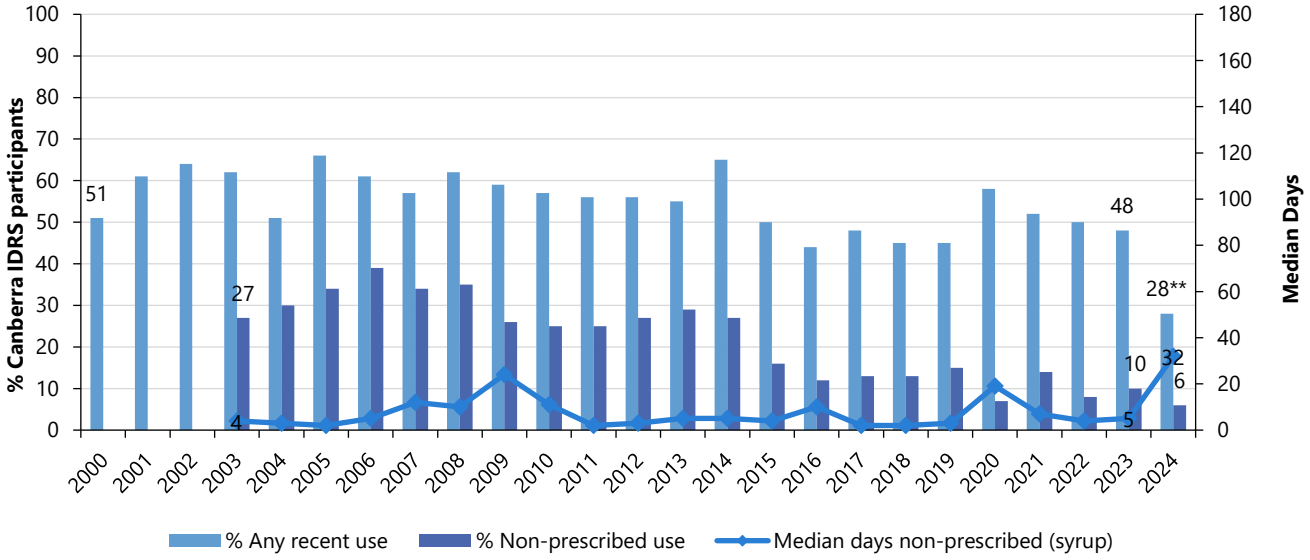
Methadone

Any Recent Use (past 6 months): Recent use of any methadone (including liquid and tablets) has fluctuated over the years of monitoring. In 2024, the lowest per cent of the sample reported recent use (28%), representing a significant decrease relative to 2023 (48%; p=0.007). This was mainly driven by a decrease in the use of prescribed methadone (24%; 40% in 2023; p=0.025), with non-prescribed use remaining low and stable (6%; 10% in 2023; p=0.435) (Figure 25).

Frequency of Use: Frequency of non-prescribed use of methadone in the past six months has remained relatively stable over the years. In 2024, participants reported using non-prescribed methadone on a median of 32 days (IQR=8-55; n=6; 5 days in 2023; IQR=2-12; n=10; p=0.142).

Recent Injecting Use: Of those who had recently used any methadone in 2024, few participants (n≤5) reported recent injection (15% in 2023; p=0.751), therefore details regarding frequency of injection are not reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Canberra, ACT, 2000-2024

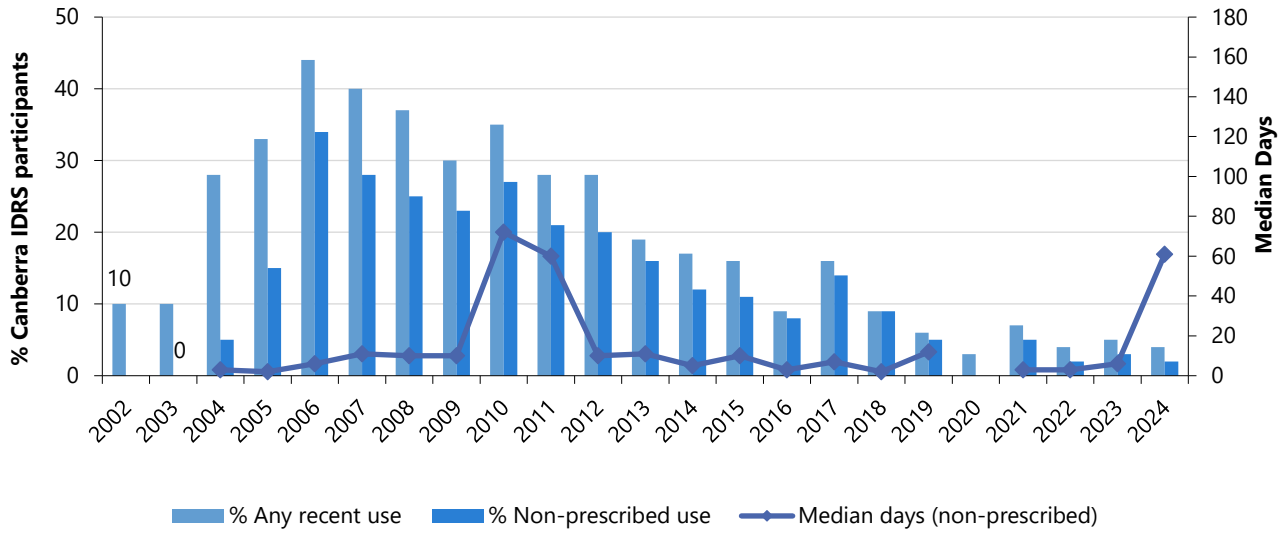


Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Buprenorphine Tablet

Due to few participants (n≤5) reporting any recent buprenorphine tablet use in 2023 and 2024, details regarding frequency of use and recent injecting use are not reported (Figure 26). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Canberra, ACT, 2002-2024

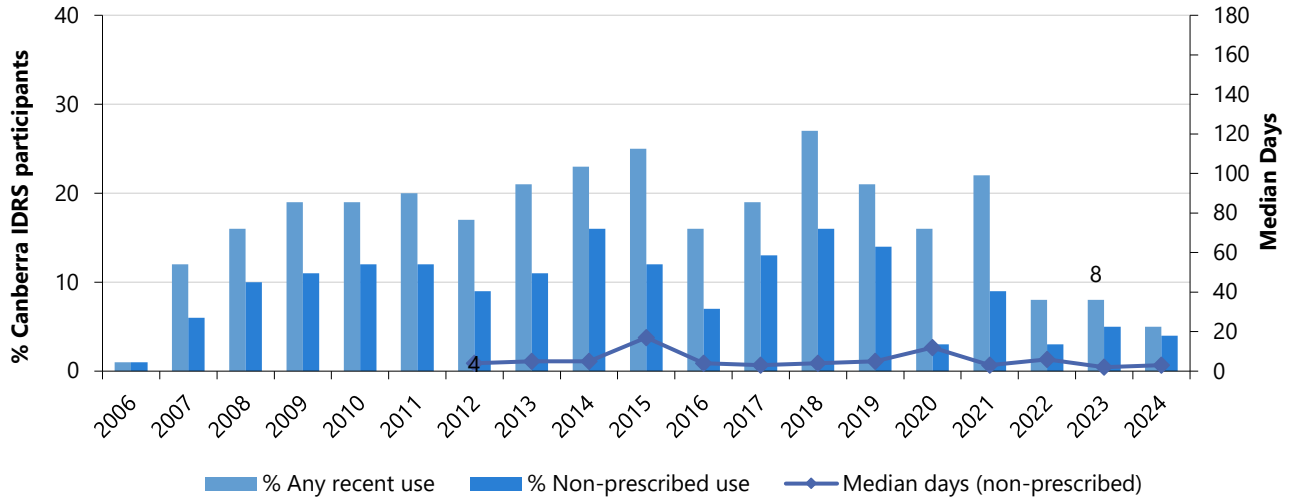


Note. Non-prescribed use not distinguished in 2002. Median days rounded to the nearest whole number. Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Buprenorphine-Naloxone

Due to low numbers reporting any recent buprenorphine-naloxone use in 2023 (8%) and 2024 (n≤5), details regarding frequency of use (n≤5 in 2023 and 2024) and recent injecting use (n≤5 in 2023 and 2024) are not reported (Figure 27). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Canberra, ACT, 2006-2024



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 40% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$. Please refer to Table 1 for a guide to table/figure notes.

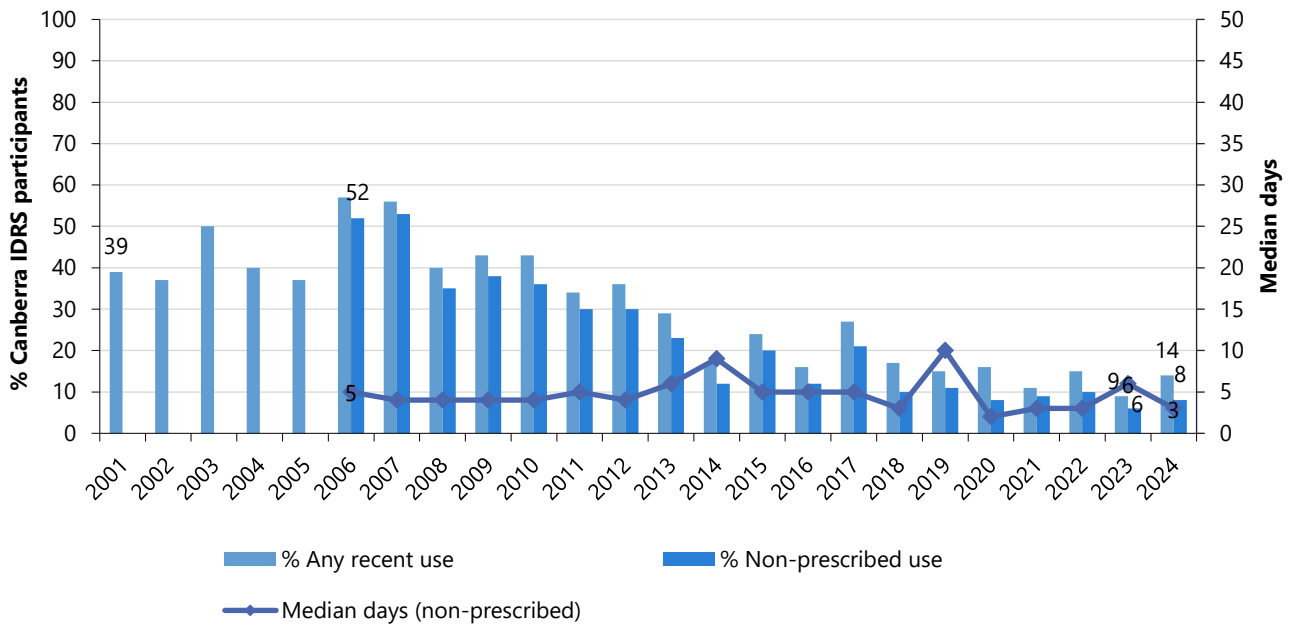
Morphine

Any Recent Use (past 6 months): The per cent reporting any recent use of morphine has been declining following a peak in use in 2006 (57%). In 2024, 14% reported use of any morphine (9% in 2023; *p*=0.281) (Figure 28). The IDRS first distinguished between prescribed and non-prescribed use in 2006, from which point it has been apparent that morphine use predominantly comprised non-prescribed use. In 2024, 8% of participants reported recent use of non-prescribed morphine, stable from 2023 (6%; *p*=0.592) (Figure 28).

Frequency of Use: Frequency of non-prescribed use of morphine has consistently been low. In 2024, participants reported using non-prescribed morphine on a median of three days (IQR=2-4; n=8), stable from six days in 2023 (IQR=3-6; n=6; *p*=0.472) (Figure 28).

Recent Injecting Use: Of those who had recently used any morphine in 2024 and commented (n=14), four fifths (79%) reported injecting morphine (n≤5 in 2023; *p*=0.363) on a median of three days (IQR=2-11; n≤5 in 2023; *p*=0.864).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Canberra, ACT, 2001-2024



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Secondary Y axis reduced to 50 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

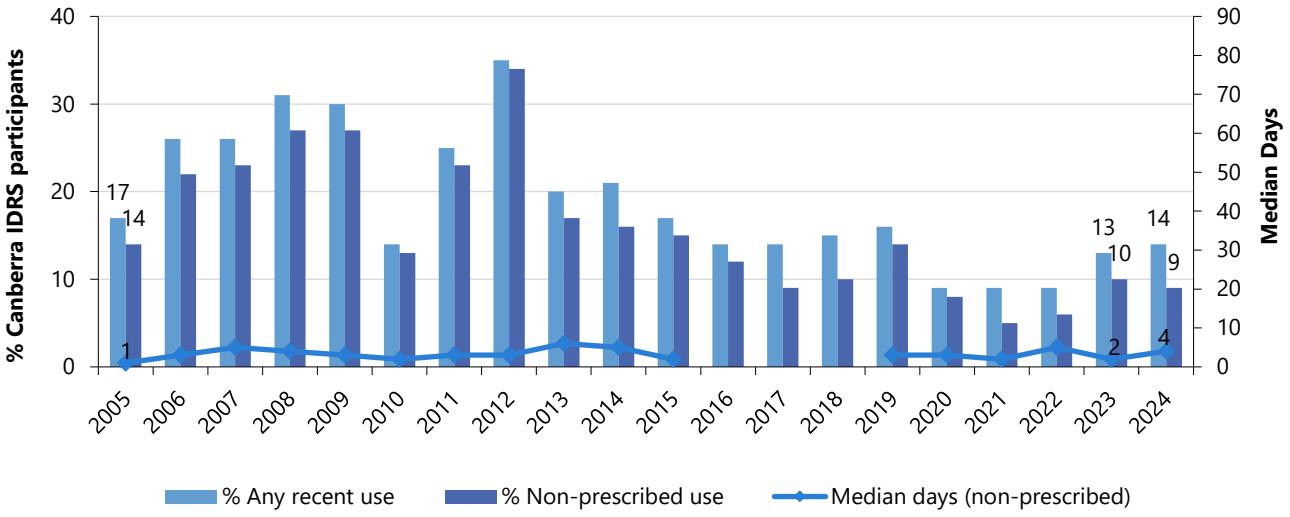
Oxycodone

Any Recent Use (past 6 months): The per cent reporting any oxycodone use has fluctuated over the course of monitoring, peaking in 2012 (35%), and declining subsequently thereafter. Fourteen per cent of participants reported any oxycodone use in 2024 (13% in 2023; *p*=0.837), with 9% reporting non-prescribed use (10% in 2023) (Figure 29).

Frequency of Use: Frequency of use has remained low and stable over the course of monitoring. In 2024, participants reported using non-prescribed oxycodone on a median of four days (IQR=3-12; n=9; 2 days in 2023; IQR=1-4; n=10; *p*=0.067) (Figure 29).

Recent Injecting Use: Among those that reported recent use, two fifths (43%) reported injecting oxycodone (46% in 2023) on a median of three days (IQR=3-4; n=6; 1 day in 2023; IQR=1-3; n=6; *p*=0.188).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Canberra, ACT, 2005-2024



Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. From 2023, participants were asked about recent use and frequency of use for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and secondary Y axis reduced to 90 days to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

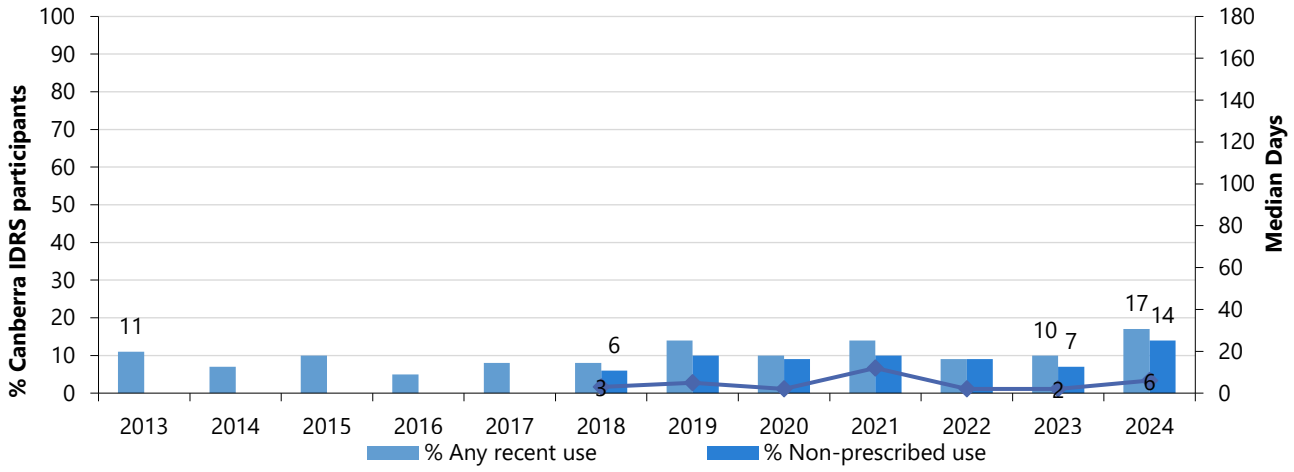
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has mostly remained low over the course of monitoring. In 2024, 17% reported recent use of any fentanyl, the highest percentage since monitoring began although stable relative to 2023 (10%; *p*=0.159) (Figure 30). This comprised mostly non-prescribed use (14%; 7% in 2023; *p*=0.118) (Figure 30).

Frequency of Use: Frequency of non-prescribed fentanyl use has remained relatively stable over the course of monitoring. In 2024, participants reported use on a median of six days in the past six months (IQR=2-19; n=6; 2 days in 2023; IQR=1-3; n=7; *p*=0.067) (Figure 30).

Recent Injecting Use: Among those that reported recent use, two-thirds (65%) reported injecting fentanyl (60% in 2023) on a median of five days (IQR=2-14; n=11), a significant increase relative to 2023 (1 day; IQR=1-1; n=6; *p*=0.038).

Figure 30: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Canberra, ACT, 2013-2024



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 3). In 2024, 9% of participants reported any recent use of codeine, stable relative to 2023 (12%; p=0.631), with few participants (n≤5) reporting non-prescribed use (Table 3). Few participants reported recent use of any form of tramadol and tapentadol (n≤5, respectively). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of other opioids, Canberra, ACT, 2019-2024

% Recent Use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=101)	2023 (N=100)	2024 (N=100)
Codeine^						
Any recent use	19	13	10	-	12	**9**
Non-prescribed use	7	7	-	-	-	**-**
Any injection[#]	0	-	-	-	0	**0**
Tramadol						
Any recent use	-	9	6	-	6	**-**
Non-prescribed use	0	-	-	-	-	**0**
Any injection[#]	-	-	-	-	-	**0**
Tapentadol						
Any recent use	-	-	-	0	-	**-**
Non-prescribed use	-	-	0	0	-	**-**
Any injection[#]	-	0	0	0	0	**0**

Note. ^Includes high and low dose. [#]Of those who reported past six month use. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

7

Other Drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name, or via another source such as online) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substance (NPS)

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): In 2024, 14% reported recent use of any NPS, stable relative to 2023 (12% in 2023; p=0.670) (Table 4). Historically, much of the NPS use in the sample has been driven by use of 'new' drugs that mimic the effects of cannabis, however, in 2024, the most common NPS category was 'new' drugs that mimic the effects of opioids (9%), significantly increasing relative to 2023 (n≤5; p=0.032) (Table 4). This was followed by 6% reporting recent use of 'new' drugs that mimic the effects of psychedelic drugs (7% in 2023).

Table 4: Past six month use of new psychoactive substances, Canberra, ACT, 2015-2024

% Recent Use (past 6 months)	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=100	2022 N=101	2023 N=101	2024 (N=99)
'New' drugs that mimic the effects of opioids	/	/	-	-	-	-	-	-	-	**9***
'New' drugs that mimic the effects of ecstasy	/	/	-[#]	-	-	0	0	-	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	-	-	-	0	-	-	-
'New' drugs that mimic the effects of cannabis	8	10	8	-	8	-	12	-	-	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	-[#]	-	-	0	0	-	7	**6**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	0	-	0	0	-	0	-
Any of the above	9	14	11	8	12	7	12	9	12	**14**

Note. [#]In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

From 2019 to 2023, participants were asked about their use of non-prescribed alprazolam and non-prescribed use of 'other' benzodiazepines (e.g., diazepam), separately. In 2024, these categories were combined, and as such, participants were asked about non-prescribed use of any benzodiazepines.

Recent Use (past 6 months): The per cent reporting non-prescribed use of any benzodiazepine (e.g., Valium, Diazepam, Xanax, Kalma) has decreased over time, from 51% in 2007 when monitoring commenced to one quarter (24%) reporting use in 2024 (27% in 2023; p=0.737) (Figure 31).

Frequency of Use: In 2024, participants reported using non-prescribed benzodiazepines on a median of 10 days (IQR=4-44; n=23) in the six months preceding interview.

Recent Injecting Use: Few participants (n≤5) reported recent injection of non-prescribed benzodiazepines in 2024, therefore no further details are reported. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Forms used: Among those who reported non-prescribed benzodiazepine use and responded in 2024 (n=20), the most commonly used brand was Valium (diazepam) (85%), with few participants (n≤5) reporting other brands.

Pharmaceutical Stimulants

Recent Use (past 6 months): Eight per cent of the sample reported using non-prescribed pharmaceutical stimulants in the last six months (12% in 2023; p=0.474) (Figure 31).

Frequency of Use: Participants reported non-prescribed use of pharmaceutical stimulants on a median of six days in 2024 (IQR=3-34; n=7; 2 days in 2023; IQR=1-10; n=12; p=0.196).

Recent Injecting Use: No participants reported recent injection of non-prescribed pharmaceutical stimulants in 2024 (n≤5 in 2023; p=0.117). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Few participants (n≤5) reported using non-prescribed antipsychotics in the six months prior to interview in 2024 (n≤5 in 2023) (Figure 31), therefore no further details regarding patterns of use are included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2024, 12% of the sample had used non-prescribed pregabalin in the six months preceding interview (12% in 2023) (Figure 31).

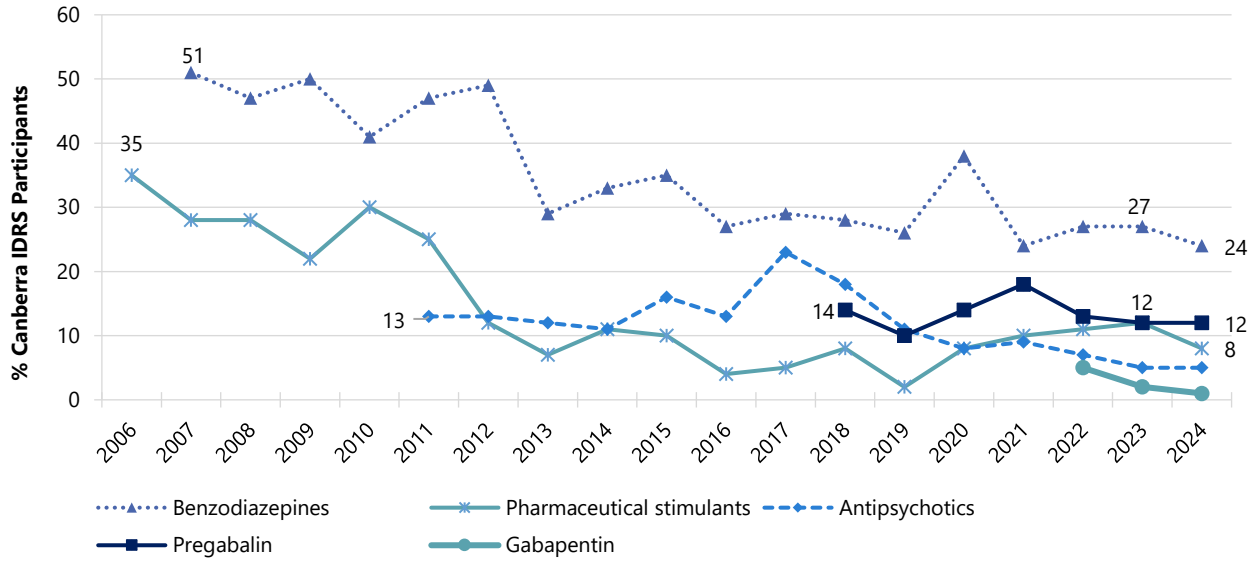
Frequency of Use: Non-prescribed use was infrequent in 2024, with participants reporting use on a median of four days (IQR=2-16; n=12; 6 days in 2023; IQR=1-32; n=12; *p*=0.930).

Recent Injecting Use: No participants reported recent injection of non-prescribed pregabalin in 2024 (n≤5 in 2023; *p*=0.478). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Gabapentin

Recent Use (past 6 months): In 2024, few participants (n≤5) reported non-prescribed gabapentin use in the six months preceding interview (n≤5 in 2023) (Figure 31). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 31: Past six month use of non-prescribed pharmaceutical drugs, Canberra, ACT, 2006-2024



Note. Non-prescribed use is reported. Antipsychotics was asked as 'Seroquel' from 2011-2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Recent use of alcohol has historically been reported by between 53%-75% of participants. In 2024, 54% reported consuming alcohol in the past six months (57% in 2023; p=0.672) (Figure 32).

Frequency of Use: In 2024, alcohol was used on a median of 30 days (IQR=9-90; n=54; 24 days in 2023; IQR=6-96; n=58; p=0.981), with 15% of those who had recently used alcohol reporting daily use (18% in 2023; p=0.796).

Tobacco

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

Recent Use (past 6 months): Tobacco use has remained relatively common since monitoring began, with at least four fifths of participants reporting recent use. In 2024, however, 75% reported recent use, the lowest per cent since monitoring commenced, although stable relative to 2023 (84% in 2023; p=0.170) (Figure 32). Thirty-seven per cent of participants reported recent use of smoked or non-smoked illicit tobacco products (data not collected in 2023).

Frequency of Use: In 2024, tobacco was used on a median of 180 days (IQR=180-180; n=74; 180 days in 2023; IQR=180-180; n=84; p=0.121), with 78% of those who had recently used tobacco reporting daily use (88% in 2023; p=0.140).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. Few participants (n≤5) reported recent use of prescribed e-cigarettes in 2022, 2023 (0%) and 2024 (n≤5). The data presented from 2022 to 2024 refers to non-prescribed e-cigarette use, while data for 2021 and earlier years refers to any e-cigarette use.

Recent Use (past 6 months): E-cigarette use has fluctuated since monitoring began, with one quarter (28%) reporting non-prescribed recent use in 2024 (36% in 2023; p=0.298) (Figure 32).

Frequency of Use: In 2024, non-prescribed e-cigarettes were used on a median of 30 days (IQR=17-170; n=27), a significant increase relative to 2023 (15 days in 2023; IQR=6-90; n=36; p=0.045). One quarter (26%) of people who had recently used e-cigarettes reported daily use (17% in 2023; p=0.536).

Contents and Forms Used: Among those who reported recent use (n=26), 69% reported using non-prescribed e-cigarettes containing nicotine (67% in 2023). Among participants who had recently used e-cigarettes and responded in 2024 (n=28), participants most commonly reported using disposable devices (86%).

Sixteen per cent of the total sample reported vaping substances other than nicotine/vape juice. Among those who vaped substances other than nicotine/vape juice and commented (n=16), the most commonly vaped substance was cannabis (75%).

Reason for Use: Forty-five per cent of participants who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes reported using them as a smoking cessation tool in 2024 (64% in 2023; *p*=0.150).

Nicotine Pouches

Recent Use (past 6 months): Few participants (n≤5) reported recent use of nicotine pouches in 2024 (not asked in 2023) (Figure 32), therefore, no further details regarding patterns of use are included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Kava

Recent Use (past 6 months): Few participants (n≤5) reported recent use of kava in 2024 (n≤5 in 2023; *p*=0.621) (Figure 32), therefore, no further details regarding patterns of use are included. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Steroids

Recent Use (past 6 months): Recent use of non-prescribed steroids has remained consistently low (between 0% and 6%) since monitoring began in 2010 (n≤5 in 2024 and 2023; *p*=0.621). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2024, 14% of participants reported recent use of GHB/GBL/1,4-BD (11% in 2023; *p*=0.527) (Figure 32).

Frequency of Use: In 2024, GHB/GBL/1,4-BD was used on a median of six days (IQR=1-25; n=14; 3 days in 2023; IQR=1-5; n=11; *p*=0.222).

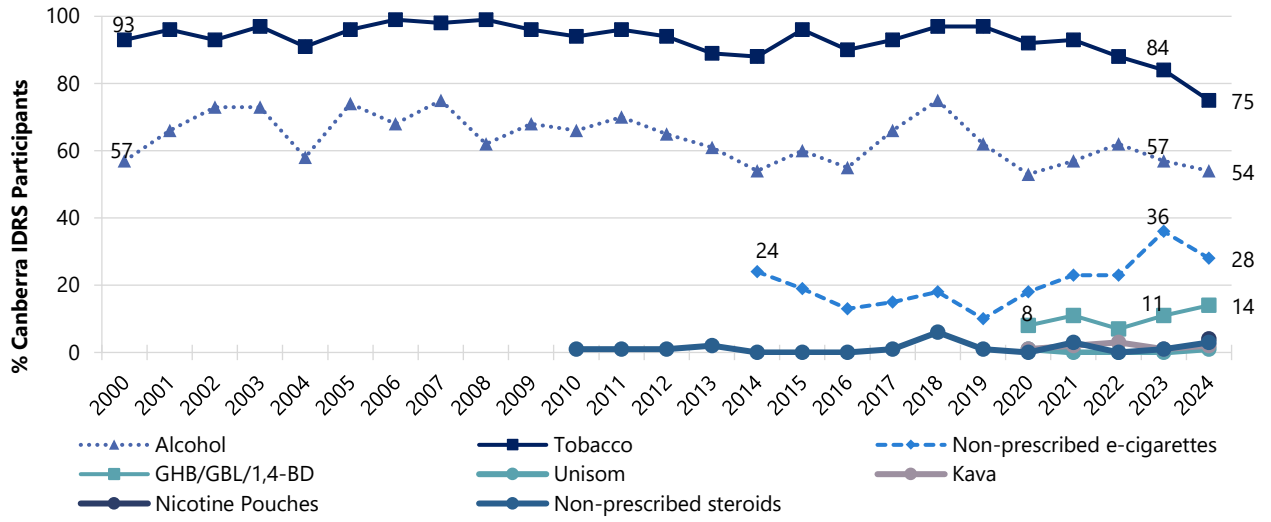
Recent Injecting Use: Few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD in 2024 (n≤5 in 2023). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

Recent Use (past 6 months): In 2024, few participants (n≤5) reported use of Unisom in the six months preceding interview (0% in 2023) (Figure 32). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 32: Past six month use of licit and other drugs, Canberra, ACT, 2000-2024



Note. Regarding e-cigarette use, on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

8

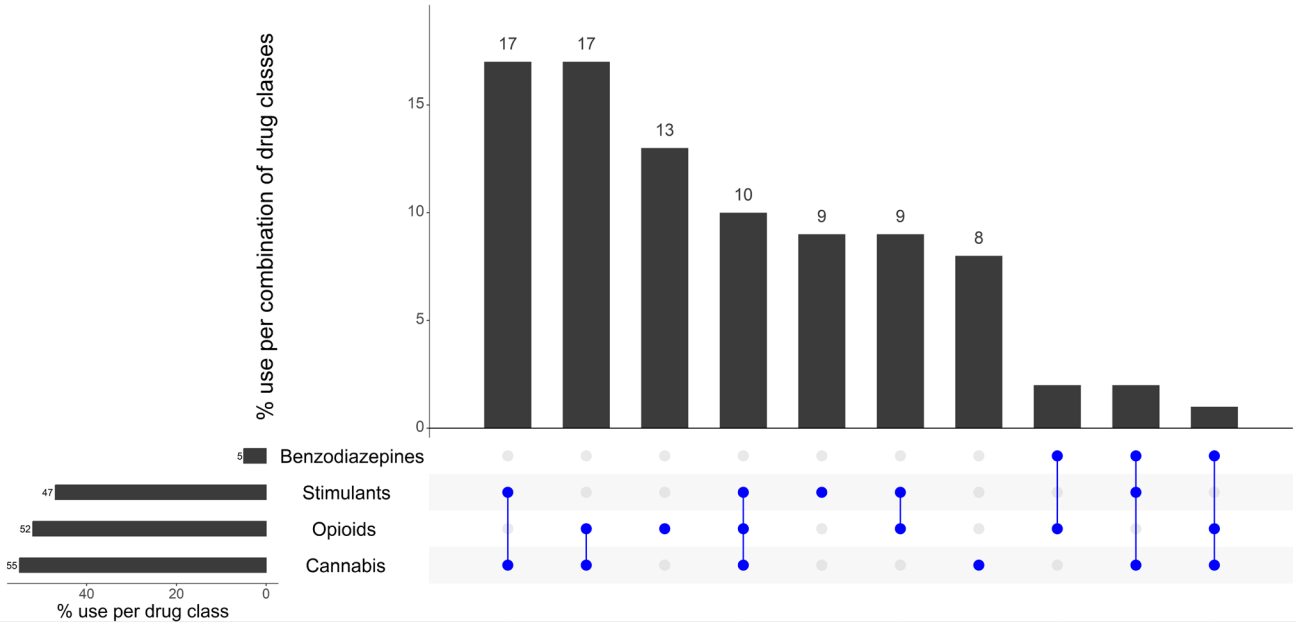
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2024, the majority (90%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=90), the most commonly used substances were cannabis (61%), opioids (58%), stimulants (52%) and alcohol (24%).

Seventy per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Seventeen per cent of participants reported concurrent use of cannabis and stimulants, and 17% reported concurrent use of opioids and cannabis on the day preceding interview (Figure 33). Thirteen per cent of respondents reported using opioids alone followed by 10% using opioids, stimulants and cannabis.

Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Canberra, ACT, 2024

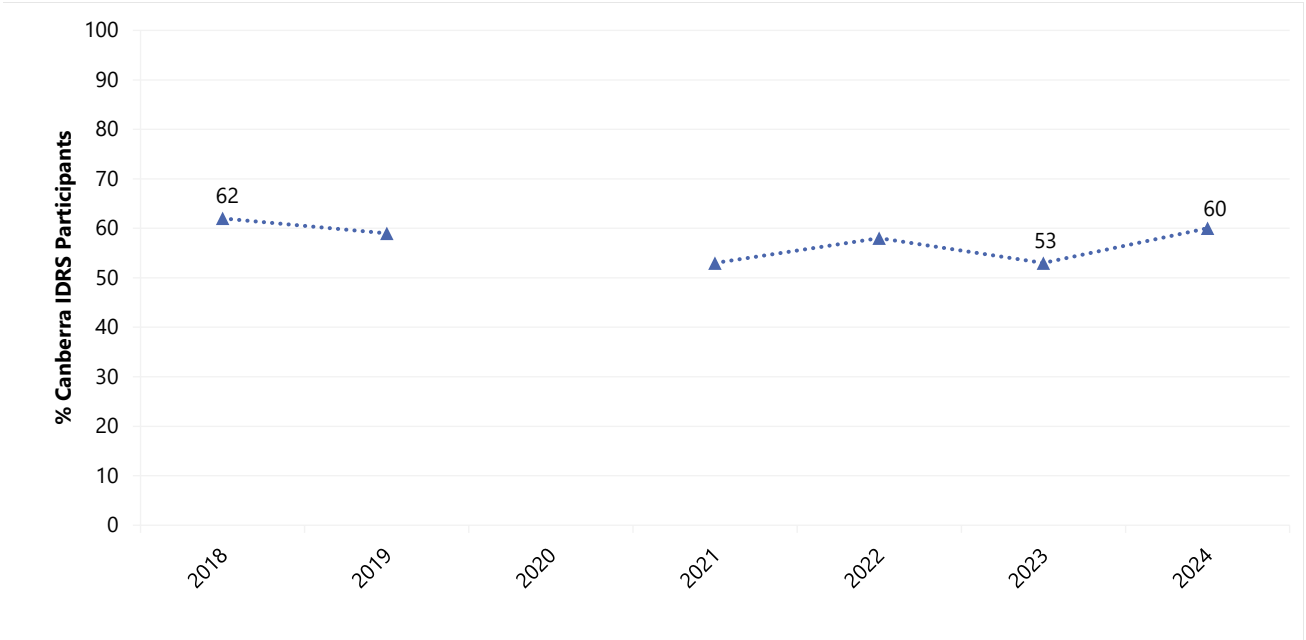


Note. % calculated out of total IDRS 2024 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option Y axis reduced to 20% to improve visibility of trends.

Binge Drug Use

Participants were asked whether they had used any drug/s for 48 hours or more continuously without sleep (i.e., binged) in the six months preceding interview. The per cent of the sample who have reported bingeing has remained stable over time. In 2024, three fifths (60%) of the sample had binged on one or more drugs in the preceding six months, stable from 2024 (53%; p=0.325) (Figure 34).

Figure 34: Past six month use of drugs for 48 hours or more continuously without sleep ('binge'), Canberra, ACT, 2018-2024



Note. Participants were first asked about bingeing in 2018. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Overdose Events

Non-Fatal Overdose

There has been some variation in the way questions about overdose have been asked over the years.

From 2019, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:
  - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
  - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

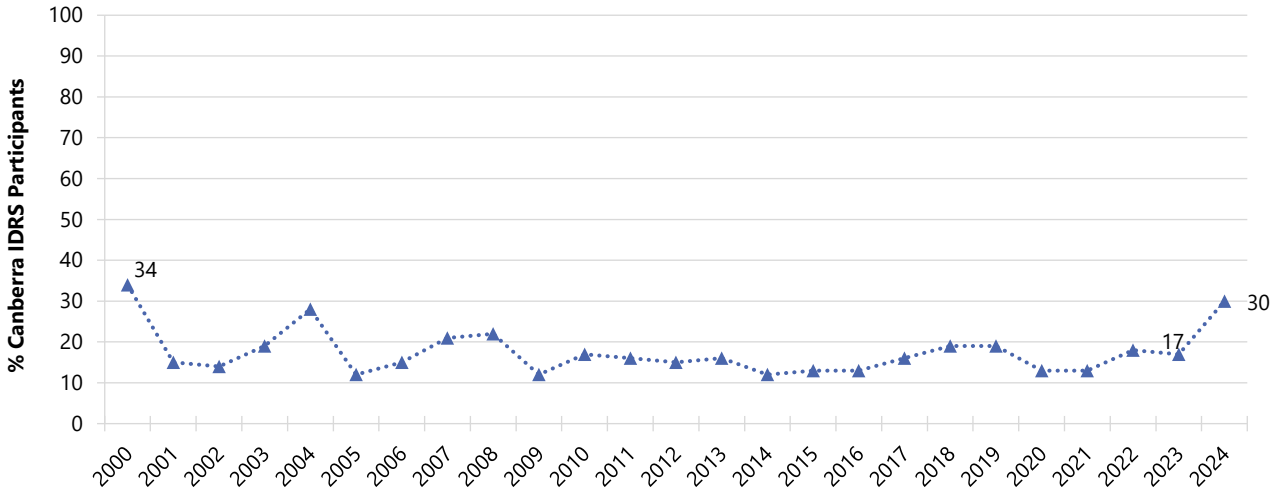
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see above).

Any past 12-month non-fatal overdose in the sample fluctuated somewhat between 2000-2008 (potentially in part due to differences in the way questions regarding overdose were asked), before mostly stabilising from 2009 onwards (Figure 35).

In 2024, 30% of the sample reported any non-fatal drug overdose in the past 12 months (17% in 2023; p=0.066), the second highest per cent since monitoring began (Figure 35). The most common substance involved in past year non-fatal overdose was heroin (16%; 10% in 2023; p=0.299) (Table 5). Those who reported a non-fatal overdose on an opioid had done so on a median of one occasion (IQR=1-3; n=17) in the last 12 months. Among those who had overdosed on an opioid in the past year (n=17), 69% reported receiving naloxone (Narcan®). In 2024, 11% reported experiencing a past year non-fatal overdose on a stimulant drug, a significant increase relative to 2023 (n≤5; p=0.029) (Table 5).

Eight per cent of the sample reported a **non-fatal overdose following other drug use**, stable relative to 2023 (n≤5 in 2023; p=0.058), though few participants (n≤5) were able to comment on the specific drugs the non-fatal overdose was attributed to. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 35: Past 12 month non-fatal overdose, Canberra, ACT, 2000-2024



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 5: Past year non-fatal overdose by drug type, Canberra, ACT, 2016-2024

	Canberra, ACT								
	2016	2017	2018	2019	2020	2021	2022	2023	2024
% Any opioid overdose	N=56 -	N=100 12	N=92 15	N=100 14	N=100 11	N=100 7	N=101 14	N=99 13	**N=98 17**
% Heroin overdose	N=56 -	N=100 11	N=92 14	N=100 14	N=100 11	N=100 6	N=101 12	N=98 10	**N=98 16**
% Methadone overdose	N=56 -	N=100 -	N=99 0	N=100 0	N=100 -	N=100 0	N=101 -	N=98 0	**N=98 -**
% Morphine overdose	N=56 -	N=100 -	N=96 0	N=100 0	N=100 0	N=100 0	N=101 0	N=98 0	**N=98 0**
% Oxycodone overdose	N=56 -	N=100 0	N=100 -	N=100 0	N=100 -	N=100 0	N=101 0	N=98 -	**N=98 -**
% Stimulant overdose	N=56 -	N=88 -	N=100 -	N=100 -	N=100 -	N=100 -	N=101 -	N=98 -	**N=97 11***
% Other overdose	/	/	/	N=100 -	N=100 -	N=100 -	N=101 -	N=98 -	**N=97 8**
% Any drug overdose	N=56 13	N=96 16	N=91 19	N=100 19	N=100 13	N=100 13	N=101 18	N=100 17	**N=98 30**

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. N is the number who responded (denominator). Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organization (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months. The AUDIT-C is a modified version of the 10 question AUDIT instrument, comprising three questions and is scored on a scale of 0-12.

In 2024, the mean score on the AUDIT-C for the total sample (including participants who had not consumed alcohol in the past 12 months) was 3.1 (SD 3.8), a significant decrease relative to 2024 (3.4 (SD 4.0); p=0.002).

AUDIT-C scores of ≥4 (men) and ≥3 (women) is likely to indicate hazardous drinking, and potentially, alcohol dependence. In 2024, two fifths (40%) of male participants had obtained a score of four or more (42% in 2023; p=0.856), and nearly two fifths (37%) of female participants had obtained a score of three or more (44% in 2023; p=0.609), indicative of hazardous use (Table 6).

Table 6: AUDIT-C total scores and per cent of participants scoring above recommended levels, Canberra, ACT, 2010-2024

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
	Men														
Mean AUDIT-C score (SD)	4.3 (3.9)	4.2 (3.9)	4.8 (4.1)	4.1 (4.0)	4.4 (4.1)	4.5 (3.9)	5.4 (4.3)	5.3 (3.3)	3.2 (3.6)	4.3 (4.3)	6.2 (2.9)	6.0 (3.2)	3.5 (3.7)	3.4 (4.0)	**3.3 (3.9)**
Score of ≥4 (%)	56	53	56	50	48	53	59	72	35	46	81	77	45	42	**40**
	Women														
Mean AUDIT-C score (SD)	4.3 (4.0)	4.0 (3.7)	3.8 (3.7)	3.8 (3.2)	4.8 (3.6)	4.2 (4.1)	4.3 (4.0)	3.1 (3.2)	2.7 (3.2)	2.8 (2.9)	4.6 (2.5)	4.8 (3.0)	3.3 (3.5)	3.6 (4.2)	**2.8 (3.6)**
Score of ≥3 (%)	56	61	51	63	70	48	56	44	45	40	77	64	53	44	**37**

Note. Monitoring of AUDIT-C commenced in 2010. Computed from the entire sample regardless of whether they had consumed alcohol in the past twelve months. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone could be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: Since monitoring began in 2013, there has been high awareness of naloxone in the sample, with nearly all participants (96%) reporting awareness in 2024, stable relative to 2023 (98%; p=0.445) (Figure 36).

Awareness of Take-Home Naloxone: The per cent reporting that they were aware that naloxone was available for people to take home has been high throughout monitoring. Nearly all (92%) participants reported awareness in 2024 (97% in 2023; p=0.134). In 2024, no participants reported having heard of paid access, stable relative to 2023 (n≤5; p=0.497); instead, most participants (92%) reported having heard of free access (95% in 2023; p=0.406).

Obtained Naloxone: Three quarters (73%) of the total sample reported having ever obtained naloxone in their lifetime (82% in 2023; p=0.137), with three fifths (63%) having done so in the past year (68% in 2023; p=0.452) (Figure 37). Among those that had ever accessed naloxone and responded (n=72), most participants reported most recently accessing naloxone from a NSP (65%), followed by a drug treatment service (11%) and a health service (8%). Nearly all participants (92%) reported that they did not have to pay the last time they accessed naloxone.

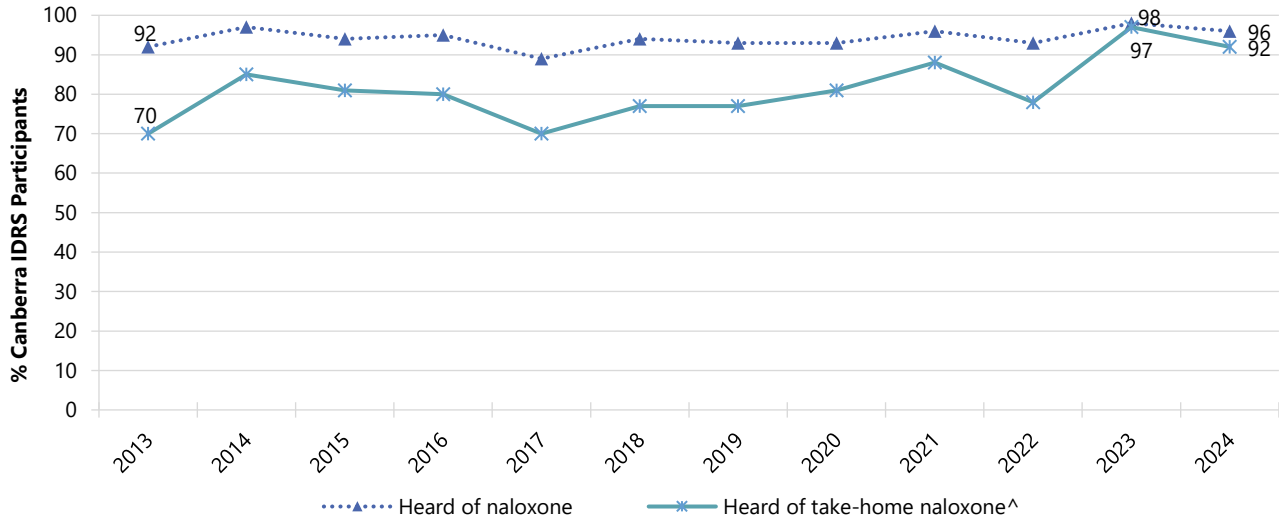
Few participants (n≤5) reported that they had tried to obtain naloxone in their lifetime but had been unsuccessful, and 37% of participants reported never having tried to obtain naloxone. Of those who had either ever had trouble obtaining naloxone or had never tried to obtain naloxone (n=33), the most common reason was that they 'don't use opioids' (30%), followed by 'don't consider myself/my peers at risk of overdose' (27%).

Of those who had ever obtained naloxone, had used opioids in the past month, and commented (n=71), 52% reported that they 'always' had naloxone on hand when using opioids in the past month, 18% said 'often', 18% said 'sometimes' and 7% reported 'never' having naloxone on hand.

Education on Using Naloxone: In 2024, four fifths (80%) of the sample reported participation in naloxone training programs (77% in 2023; p=0.720), the highest per cent since monitoring commenced, with 44% of the sample reported having done so in the past year (52% in 2023; p=0.392) (Figure 37). Among those who had been trained in naloxone administration in the last year, three fifths (59%) were taught how to administer naloxone at an NSP, followed by a drug treatment service (16%).

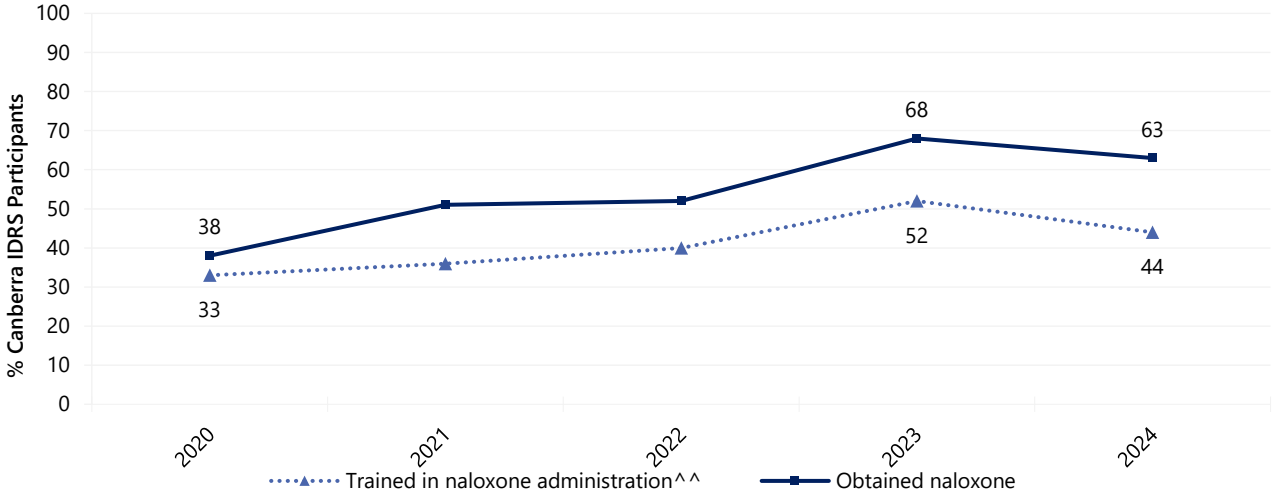
Use of Naloxone to Reverse Overdose: In 2024, half (52%) of the sample reported that they had resuscitated someone using naloxone at least once in their lifetime (50% in 2023; p=0.884), with one third (32%) having done so in the past year. Eleven per cent of participants reported that they had been resuscitated by a peer using naloxone in the past year (9% in 2023; p=0.631).

Figure 36: Lifetime awareness of naloxone and naloxone take-home programs, Canberra, ACT, 2013-2024



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 37: Past 12 month education in naloxone administration, and obtainment of naloxone, Canberra, ACT, 2020-2024



Note. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2020-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023 onwards). Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Equipment Access and Injecting Risk Behaviours

Equipment Access

In 2024, participants reported obtaining a median of 100 new needle and syringes in the month prior to interview (IQR=30-200; 100 in 2023; IQR=25-130; p=0.295), having a median of 14 'stored away' (IQR=2-100; 9 in 2023; IQR=0-50; p=0.080) and providing a median of eight to others (IQR=0-50; 4 in 2023; IQR=0-30; p=0.288).

Six per cent of the sample reported difficulties obtaining new needles/syringes in the past month (9%; p=0.591), though few participants (n≤5) reported difficulties accessing filters (n≤5 in 2023; p=0.683) (Table 7). The majority of participants reported that they obtained needles from a Needle and Syringe Program (NSP) in the month preceding interview (92%; 87% in 2023; p=0.353), followed by a friend or partner (19%; 25% in 2023; p=0.309) and a chemist (14%), which was a significant decrease relative to 2023 (31% in 2023; p=0.008) (Table 7).

Injecting Behaviours

In 2024, participants reported injecting on a median of 30 occasions in the month prior to interview (IQR=13-52; 20 occasions in 2023; IQR=12-31; p=0.076). In 2024, few participants (n≤5) reported distributive sharing of needles/syringes (n≤5 in 2023; p=0.493) and few participants (n≤5) reported receptive sharing (n≤5 in 2023; p=0.721) in the month preceding interview (Figure 38).

The per cent of the sample who reported sharing other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month fluctuated between 2000-2011, with the percentage stabilising from about 2011 onwards (notwithstanding a sharp drop in 2019). In 2024, 14% of participants reported sharing other injecting equipment, stable from 2023 (21%; p=0.266) (Figure 38).

The per cent of the sample who reported re-using their own needles in the past month declined from 64% in 2008 to 26% in 2023. However, in 2024, it significantly increased to 44% (p=0.013), returning to similar percentages observed in 2018-2022 (Figure 38).

One third (35%) of the sample reported that they had injected someone else after injecting themselves (23% in 2023; p=0.088), and 11% were injected by someone else who had previously injected in the past month (15% in 2023; p=0.526) (Table 8).

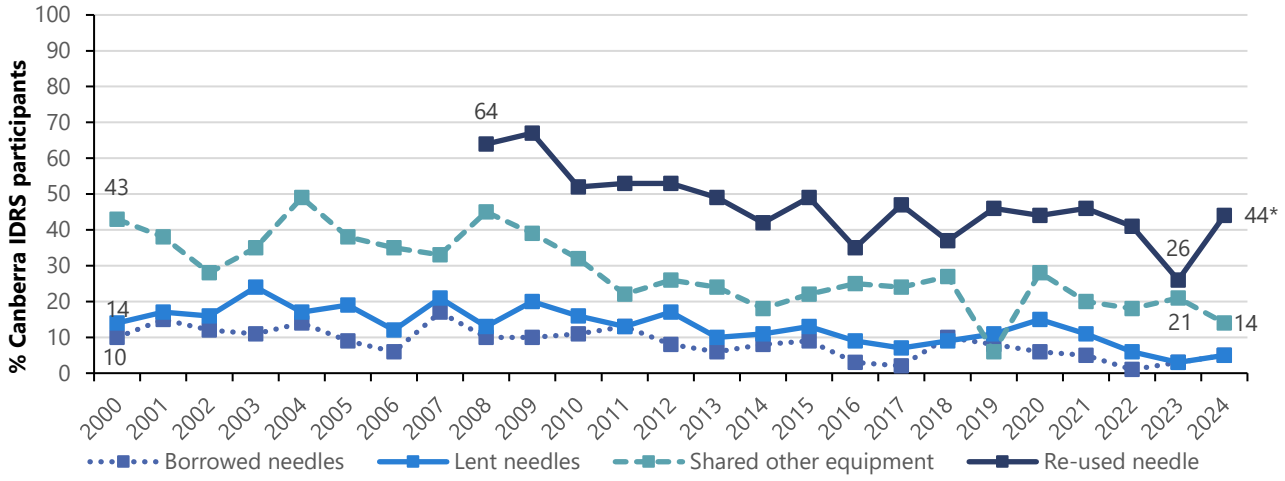
Location of last injection remained stable between 2023 and 2024 (p=0.317). Consistent with previous years, most participants (90%; 86% in 2023) reported that they had last injected in a private home (Table 8).

Table 7: Injecting equipment access in past month, Canberra, ACT, 2023-2024

	2023	2024
% Location of needle/syringe access past month	N=99	**N=97**
NSP	87	**92**
NSP vending machine	8	**6**
Chemist	31	**14****
Friend/Partner	25	**19**
Dealer	11	**-**
Hospital	0	**0**
Outreach/peer worker	-	**-**
Medically supervised injecting Centre/Room	0	**0**
Other	7	**9**
% Difficulties accessing filters^ in the past month	-	**-**
% Difficulties accessing needles/syringes in past month	9	**6**
% Equipment used past month	N=100	**N=99**
Spoons/mixing containers	85	**89**
Tourniquet	65	**59**
Swabs	90	**84**
Water	92	**92**
Any filters	83	**84**

Note. ^Filters included wheel filters, Sterifilt basic filters, sterifilt plus filters and commercial cotton filters (e.g., Stericups). Statistical significance for 2023 versus 2024 is presented in table for national estimates; *p<0.050; **p<0.010; ***p<0.00. Please refer to Table 1 for a guide to table/figure notes.

Figure 38: Borrowing and lending of needles and sharing of injecting equipment in the past month, Canberra, ACT, 2000-2024



Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 8: Injecting behaviours in the past month, and location of last injection use, Canberra, ACT, 2016-2024

	2016 (N=97)	2017 (N=98)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=99)	2023 (N=101)	2024 (N=99)
% Injecting behaviours past month									
Borrowed a needle	-	-	10	8	6	-	-	-	**-**
Lent a needle	9	7	9	11	15	11	6	-	**-**
Shared any injecting equipment ^	25	24	27	6	28	20	18	21	**14**
Re-used own needle	35	47	37	46	44	46	41	26	**44***
Injected partner/friend after injecting self~	33	31	26	33	30	27	19	23	**35**
Somebody else injected them after injecting themselves~	10	9	14	21	19	17	9	15	**11**
% Location of last injection									
Private home	83	85	91	82	91	89	86	86	**90**
Car	-	6	-	-	7	-	-	-	**-**
Street/car park/beach	6	-	-	-	0	-	-	-	**-**
Public toilet	6	-	-	10	-	-	7	-	**-**
Medically supervised injecting Centre/Room	/	/	/	/	0	0	0	0	0
Other	**-**	0	0	0	0	-	-	-	**-**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ With a new or used needle. N is the number who responded (denominator). Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Self-Reported Injection-Related Injuries and Diseases

In 2024, 31% of the sample reported having an injection-related injury and/or disease in the month preceding interview (28% in 2023; p=0.644) (Table 9). The most common injection-related injuries and diseases reported by participants was any nerve damage (14%; 14% in 2023) and any infection/abscess (14%; 10% in 2023; p=0.393), mainly skin abscess or cellulitis (11%; 10% in 2023; p=0.817) (Table 9).

Table 9: Injection-related issues in the past month, Canberra, ACT, 2020-2024

	2020	2021	2022	2023	2024
	(N=100)	(N=99)	(N=101)	(N=101)	(N=100)
% Artery injection	-	8	-	6	**6**
% Any nerve damage	9	-	9	14	**14**
% Any thrombosis	-	-	7	-	**8**
Blood clot near the surface of skin	-	-	-	-	**8**
Blood clot in the deep veins	0	-	-	-	**0**
% Any infection/ abscess	8	-	18	10	**14**
Skin abscess or cellulitis	-	-	15	10	**11**
Endocarditis	-	0	-	-	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	0	7	-	**-**
% Dirty hit	6	-	11	9	**-**
% Any injection-related problem	24	18	30	28	**31**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Treatment

Historically, around half of participants have reported being in any drug treatment at the time of interview, notwithstanding a spike in 2020. In 2024, 45% of the sample reported being in any current drug treatment (51% in 2023; p=0.395), most commonly methadone (23%), although this declined significantly from 2023 (37%; p=0.048) (Table 10). Among those who reported methadone or buprenorphine treatment and commented (n=26), three fifths (62%; n=16) reported receiving takeaway doses (50% in 2023; p=0.445).

Among those who were currently receiving drug treatment and commented (n=46), the majority of participants (74%) reported feeling satisfied regarding their current treatment (80% in 2023; p=0.605) (Figure 39).

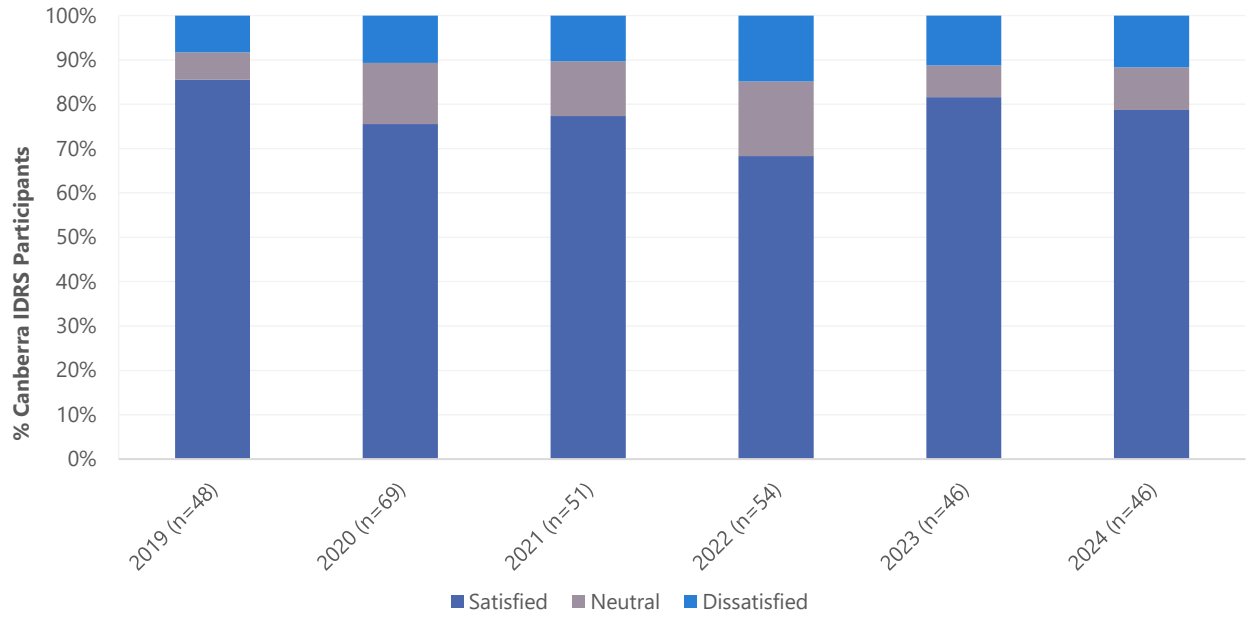
Twelve per cent of participants reported that they had tried to access treatment in the past six months but were unable to (13% in 2023), with heroin (33%; 53% in 2023; p=0.441) and methamphetamine (25%; 27% in 2023) being the most common substances that people had been trying to seek treatment for on the last occasion. Few participants (n≤5) commented on the individual services that they had tried to access but were unable to, and on the reasons for why treatment was unable to be accessed, therefore, these data are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 10: Any current drug treatment, Canberra, ACT, 2016-2024

	Canberra, ACT								
	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=101)	2023 (N=101)	2024 (N=100)
% Any drug treatment	46	47	42	49	71	52	57	51	**45**
Methadone	36	39	28	30	52	36	43	37	**23***
Buprenorphine	-	-	-	0	-	-	-	-	**-**
Buprenorphine-naloxone	6	7	10	-	9	8	-	-	**-**
Buprenorphine depot injection	/	/	/	0	-	-	-	6	**8**
Drug counselling	-	0	-	8	13	6	15	12	**11**
Other	0	0	0	12	-	-	10	-	**9**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 39: Treatment satisfaction amongst those who reported current treatment, Canberra, ACT, 2019-2024



Note. 'Too early to say' excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Opioid and Methamphetamine Dependence

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

To assess methamphetamine dependence in the past six months, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=70), the median SDS score was five (IQR=2-9), with 57% scoring five or above, indicating possible dependence (71% in 2023; p=0.093) (Table 11). Eleven per cent of participants obtained a score of zero on the opioid SDS (9% in 2023; p=0.782), indicating no symptoms of opioid dependence.

Of those who had recently used methamphetamine and commented (n=81), the median SDS score was four (IQR=2-8), with 62% scoring four or above, indicating possible dependence (48% in 2023; p=0.109) (Table 11). Fifteen per cent of participants obtained a score of zero on the methamphetamine SDS (21% in 2023; p=0.393), indicative of no symptoms of methamphetamine dependence.

Table 11: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Canberra, ACT 2017-2024

	2017	2018	2019	2020	2021	2022	2023	2024
Opioid	N=78	N=80	N=79	/	N=78	N=64	N=79	**N=70**
Median total score (IQR)	6 (4-9)	6 (2-8)	6 (3-11)	/	5 (2-9)	5 (2-8)	6 (4-9)	**5 (2-9)**
% score = 0	-	20	14	/	15	20	9	**11**
% score ≥ 5	71	59	65	/	51	58	71	**57**
Methamphetamine	N=79	N=83	N=76	/	N=75	N=77	N=71	**N=81**
Median total score (IQR)	3 (0-8)	1 (0-5)	3 (1-6)	/	3 (1-6)	2 (0-5)	3 (1-6)	**4 (2-8)**
% score = 0	27	46	22	/	24	27	21	**15**
% score ≥ 4	48	37	46	/	44	42	48	**62**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. Imputation used for missing scale scores. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Bloodborne Virus Testing and Treatment

In 2024, half (53%) of the sample reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (51% in 2023; p=0.881), and 29% reported an RNA or PCR test (31% in 2023; p=0.869). In 2024, 7% of participants reported having a current HCV infection (n≤5 in 2023) (Table 12). Few participants (n≤5) reported that they had received HCV treatment in the past year (n≤5 in 2023; p=0.366), and as such, few participants (n≤5) were able to comment on whether treatment was

successful. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Amongst those who had undergone an HCV RNA test in the last year and commented (n=26), 35% reported it took 0-24 hours to receive a result (whether positive or negative) following the administration of the last HCV RNA test, and 35% reported it took 1-5 days.

The majority (88%) of the sample reported having had a test for human immunodeficiency virus (HIV) in their lifetime, of which 41% reported having done so in the past six months (42% in 2023; p=0.880) and 47% more than 6 months ago (48% in 2023; p=0.882). Few participants (n≤5) reported ever being diagnosed with HIV (0% in 2023; p=0.494) (Table 12).

Table 12: HCV testing and treatment, Canberra, ACT, 2018-2024

%	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=101)	2023 (N=101)	2024 (N=100)
Past year Hepatitis C test							
Past year hepatitis C antibody test	N=98 60	N=99 49	N=100 24	N=99 64	N=98 41	N=96 51	**N=96** **53**
Past year hepatitis C PCR or RNA test	N=93 42	N=97 38	N=96 41	N=96 52	N=92 27	N=88 31	**N=92** **29**
Current hepatitis C status							
Currently have hepatitis C^	N=85 19	N=93 17	N=98 14	N=96 10	N=94 9	N=87 -	**N=88** **7**
Past year treatment for hepatitis C							
Received treatment in past year	N=97 15	N=98 18	N=98 6	N=99 20	N=97 14	N=88 8	**N=91** **-**
Most recent treatment was successful (among those who had received treatment in past year)	N=11 82	N=12 100	N=6 -	N=20 55	N=14 50	N=5 -	**N=4** **-**
Re-tested with a PCR or RNA test to determine re-infection (among those who underwent successful treatment)	/	/	/	/	/	N=5 -	**N=4** **-**
HIV test				N=97	N=96	N=88	**N=98**
HIV test in past 6 months	/	/	/	44	21	42	**41**
HIV test more than 6 months ago	/	/	/	42	54	48	**47**
HIV status				N=96	N=72	N=88	**N=88**
Lifetime HIV positive diagnosis	/	/	/	-	0	0	**-**

Note. ^This includes people who had not been tested for HCV. N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Sexual Health Behaviours

In 2024, one third (33%) of the sample reported some form of sexual activity in the past four weeks, stable relative to 2023 (26%; *p*=0.345) (Table 13). Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if the interview was undertaken face-to-face), although most chose not to self-complete.

Among those who reported engaging in sexual activity in the past four weeks and commented (n=32), participants reported a median of one partner (IQR=1-2; 1 partner in 2023; IQR=1-1; *p*=0.079). Few participants (n≤5) reported engaging in sexual activity in the past four weeks in exchange for money, drugs, or other goods and services (Table 13) (data not collected in 2023).

Of those who commented (n=96), 30% reported having a sexual health check-up in the six months prior to interview (27% in 2023; *p*=0.631), whilst 67% had done so in their lifetime (60% in 2023; *p*=0.372). Of the total sample who responded (n=96), few participants (n≤5) reported that they had received a positive diagnosis for a sexually transmitted infection (STI) in the six months prior to interview (n≤5 in 2023) and 17% had received a positive diagnosis in their lifetime (14% in 2023; *p*=0.685) (Table 13). Given few participants (n≤5) reported a recent STI diagnosis, data regarding the specific STI diagnosis are suppressed. Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Information about HIV testing provided in Table 12.

Table 13: Sexual health behaviours, Canberra, ACT, 2022-2024

	2022	2023	2024
Of those who responded[#]:	**N=95**	**N=95**	**N=97**
% Any sexual activity in the past four weeks	40	26	**33**
Of those who reported any sexual activity in the past four weeks and responded[#]:	/	/	**n=32**
% Engaged in sexual activity in exchange for money, drugs or other goods or services	/	/	**-**
Of those who responded[#]:	N=96	N=97	**N=96**
% Had a sexual health check in the last six months	20	27	**30**
% Had a sexual health check in their lifetime	65	60	**67**
Of those who responded[#]:	N=96	N=97	**N=96**
% Diagnosed with a sexually transmitted infection in the last six months	0	-	**-**
% Diagnosed with a sexually transmitted infection in their lifetime	14	14	**17**

Note. [#] Due to the sensitive nature of these items, there is missing data for some participants who chose not to respond. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

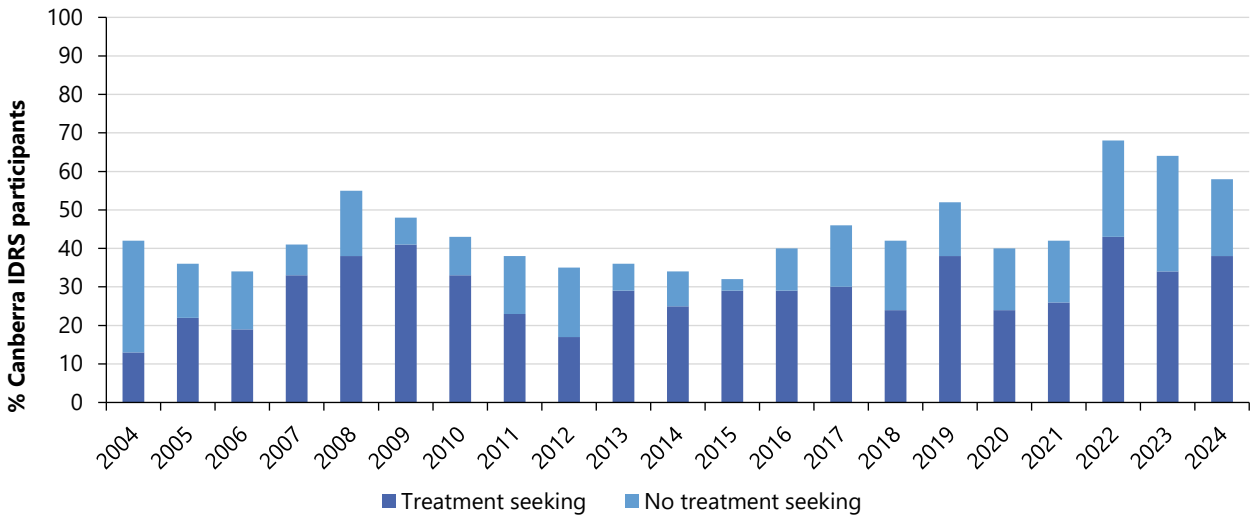
Mental Health and Psychological Distress (K10)

Mental Health

Nearly three fifths (58%) of participants self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2023 (64% in 2023; p=0.458) (Figure 40). Among those who had experienced a mental health problem, the most commonly reported problems were depression (67%; 63% in 2023; p=0.878), anxiety (43%; 50% in 2023; p=0.333) and post-traumatic stress disorder (PTSD) (26%; 18% in 2023; p=0.659). Nearly two fifths (38%) of the total sample (67% of those who reported a mental health problem (54% in 2023; p=0.190)) had seen a mental health professional during the past six months (Figure 40).

The majority (67%) of those who reported a mental health problem and attended a health professional had been prescribed medication for their mental health problem in the preceding six months (85% in 2023; p=0.096).

Figure 40: Self-reported mental health problems and treatment seeking in the past six months, Canberra, ACT, 2004-2024



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Psychological Distress (K10)

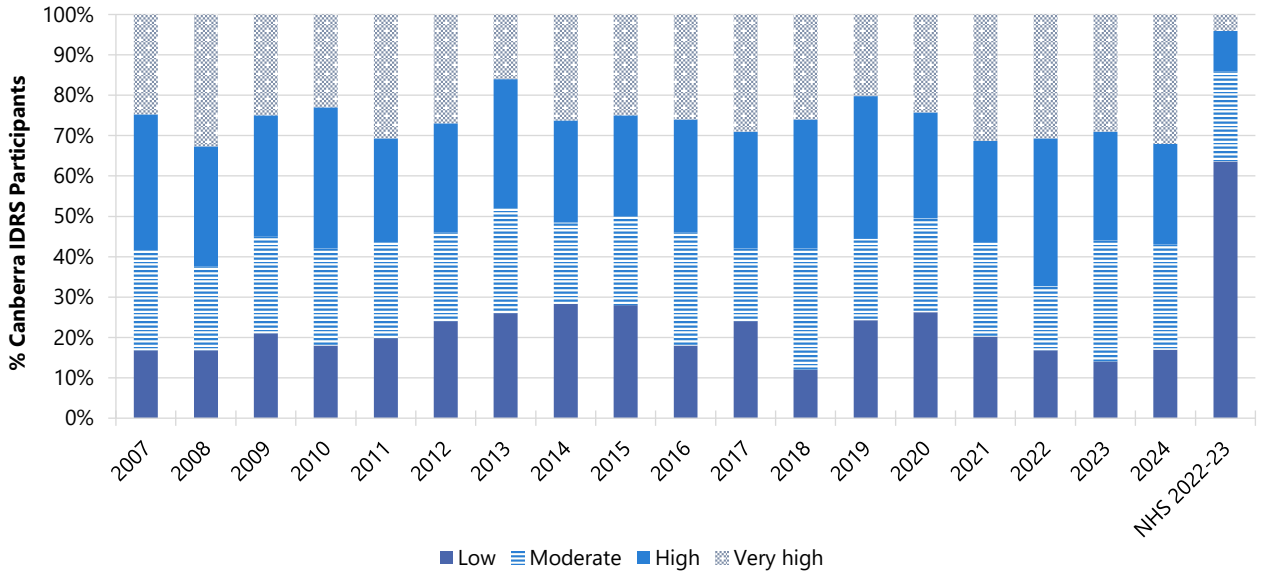
The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured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

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

The per cent of participants scoring in each of the four K10 categories remained stable between 2023 and 2024 (p=0.921). In 2024, 32% of the sample had a score of 30 or more (29% in 2023) (Figure 41).

The National Health Survey (NHS) 2022-23 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2024 reported greater levels of 'high' and 'very high' distress compared to the general population (Figure 41).

Figure 41: K10 psychological distress scores, Canberra, ACT, 2007-2024 and among the general population 2022-23



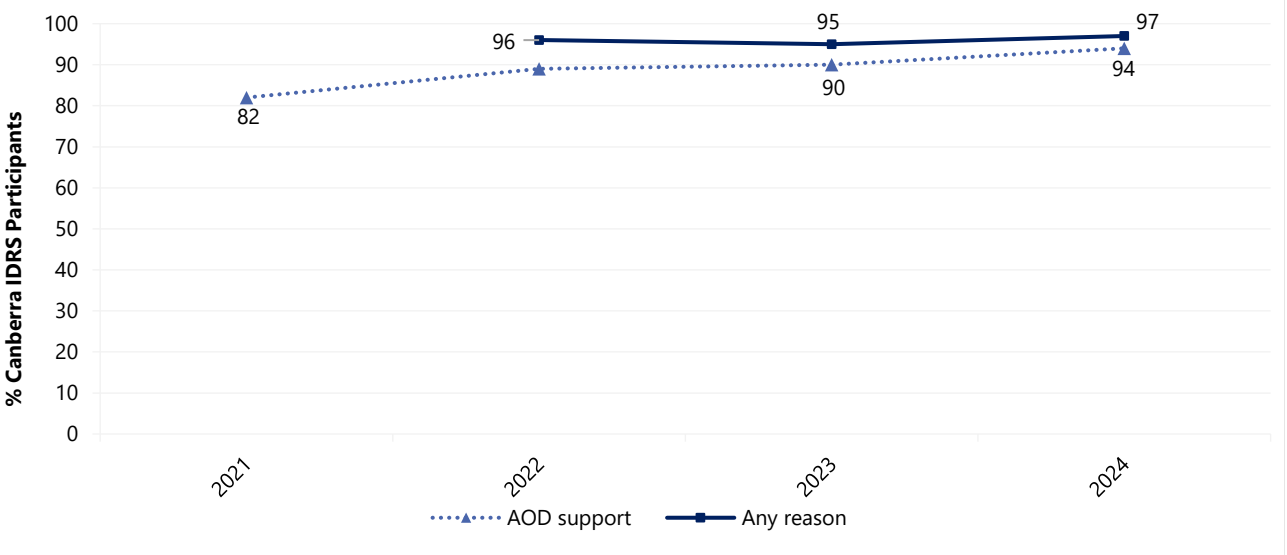
Note. Data from the National Health Survey are a national estimate from 2022-23 for adults 18 or older. Imputation used for missing scale scores (IDRS only). Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Health Service Access

Most participants (94%) reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2024, stable relative to 2023 (90%; *p*=0.435) (Figure 42). The most common services reported by participants for AOD support in 2024 were a NSP (83%; 77% in 2023; *p*=0.375) and a GP (43%; 47% in 2023; *p*=0.672) (Table 14).

Nearly all participants (97%) reported accessing any health service for any reason in the six months preceding interview in 2024, also stable compared to 2023 (95%; *p*=0.721) (Figure 42). The most common services reported by participants in 2024 were a NSP (84%; 80% in 2023; *p*=0.576) and a GP (68%; 62% in 2023; *p*=0.453) (Table 14).

Figure 42: Health service access for alcohol and other drug reasons, and for any reason in the past six months, Canberra, ACT, 2021-2024



Note. Questions regarding health service access for AOD support were first asked in 2018, however due to differences in response options between 2018 and 2020, data are presented from 2021 onwards. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Table 14: Health service access for alcohol and other drug reasons and for any reason in the past six months, Canberra, ACT, 2022-2024

	AOD support			Any reason		
	2022	2023	2024	2022	2023	2024
% accessing health services	**(N=101) 90**	**(N=101) 90**	**(N=100) 94**	**(N=101) 97**	**(N=101) 95**	**(N=100) 97**
GP	55	47	**43**	68	62	**68**
Emergency department	12	10	**10**	17	24	**22**
Hospital admission (inpatient)	13	6	**12**	21	20	**23**
Medical tent (e.g., at a festival)	0	-	**-**	-	-	**-**
Drug and Alcohol counsellor	25	22	**21**	25	23	**22**
Hospital as an outpatient	-	7	**11**	9	17	**15**
Specialist doctor (not including a psychiatrist)	-	-	**-**	-	11	**6**
Dentist	11	12	**7**	24	25	**13**
Ambulance attendance	11	7	**-**	14	17	**13**
Pharmacy	/	/	**33**	/	/	**47**
Other health professional (e.g., physiotherapist)	-	-	**-**	-	10	**7**
Psychiatrist	10	9	**12**	15	17	**20**
Psychologist	12	6	**7**	18	11	**12**
NSP	68	77	**83**	72	80	**84**
Peer based harm reduction service	10	6	**-**	12	7	**-**
Other harm reduction service	-	14	**13**	-	18	**15**

Note. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

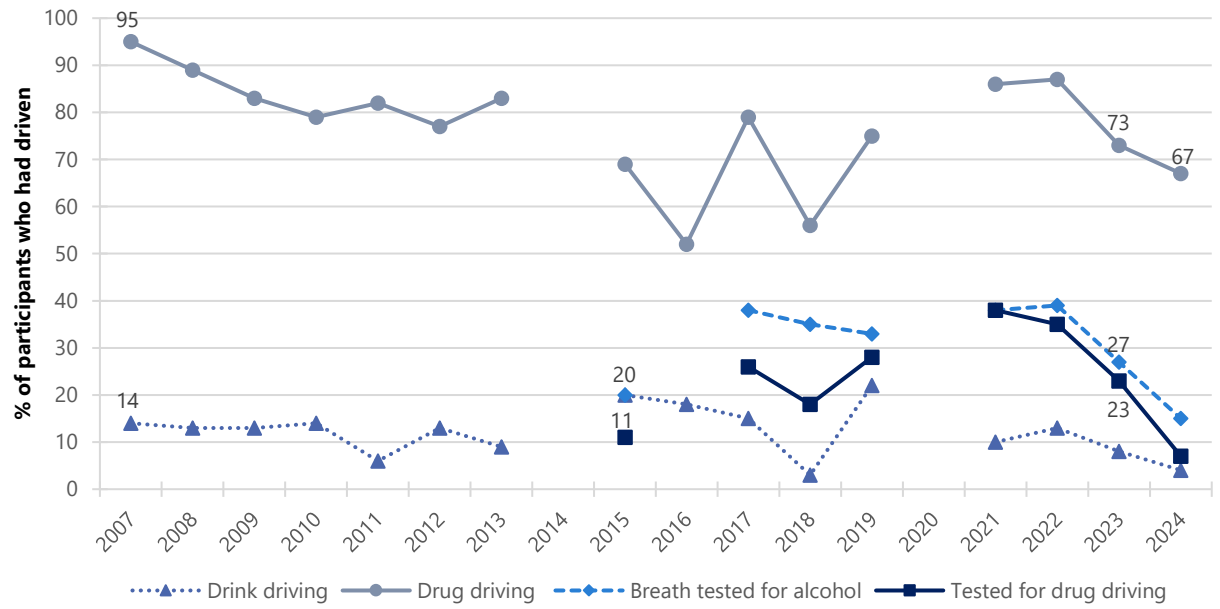
Driving

In 2024, 28% of the sample had driven a car, motorcycle or other vehicle in the six months preceding interview (28% in 2023). Of those who had driven in the past six months and responded (n=27), few participants (n≤5) reported driving while over the perceived legal limit of alcohol (n≤5 in 2023; *p*=0.603), whereas 67% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (73% in 2023; *p*=0.768) (Figure 43).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=17), participants most commonly reported using methamphetamine crystal (65%) prior to driving, followed by heroin (59%) and cannabis (35%).

Among those who had driven in the last six months and responded (n=27), few participants (n≤5) reported that they had been tested for drug driving by the police roadside drug testing service (23% in 2023; *p*=0.250), and few participants (n≤5) reported being breath tested for alcohol by the police roadside testing service in the past six months (27% in 2023; *p*=0.501) (Figure 43). Please refer to the 2024 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 43: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Canberra, ACT, 2007-2024



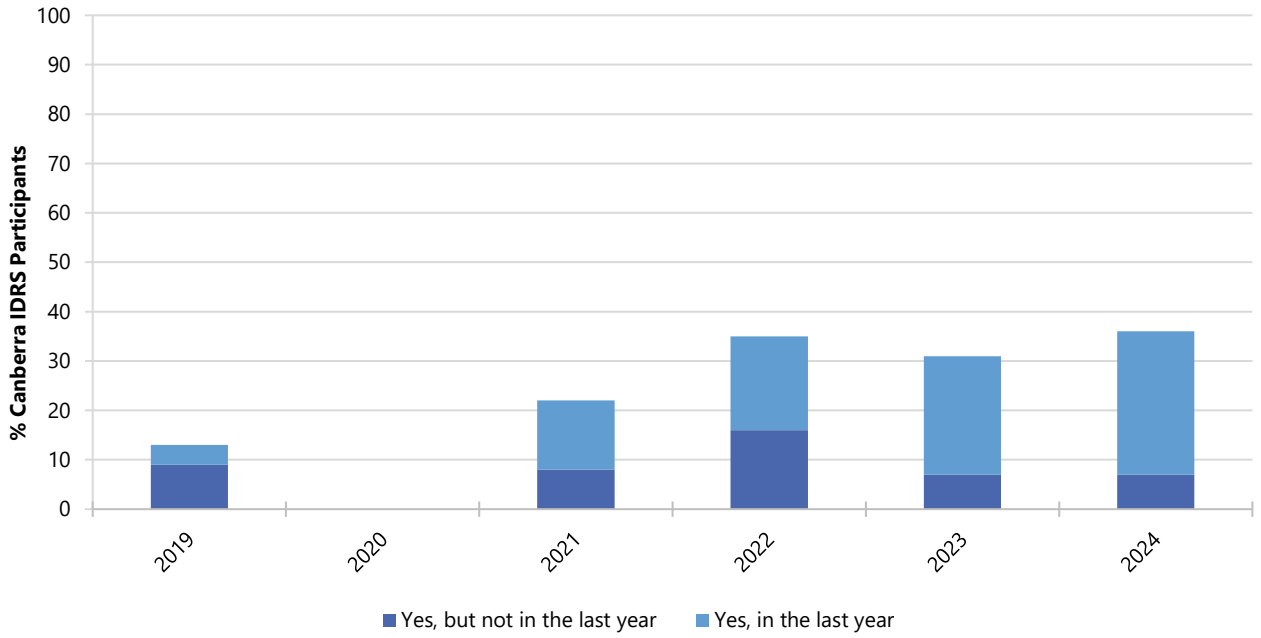
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Drug Checking

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

In 2024, 36% of participants (31% in 2023; p=0.545) reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (29% in the past year; 24% in 2023; p=0.522) (Figure 44). Of those who reported testing their illicit drugs in the past year and who commented (n=22), nearly two thirds (64%) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) and 55% reported testing via professional testing equipment (e.g., Fourier Transform Infrared Spectroscopy). Of those who had used testing strips (n=14), no participants reported receiving a positive detection for fentanyl.

Figure 44: Lifetime and past year engagement in drug checking, Canberra, ACT, 2019-2024



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

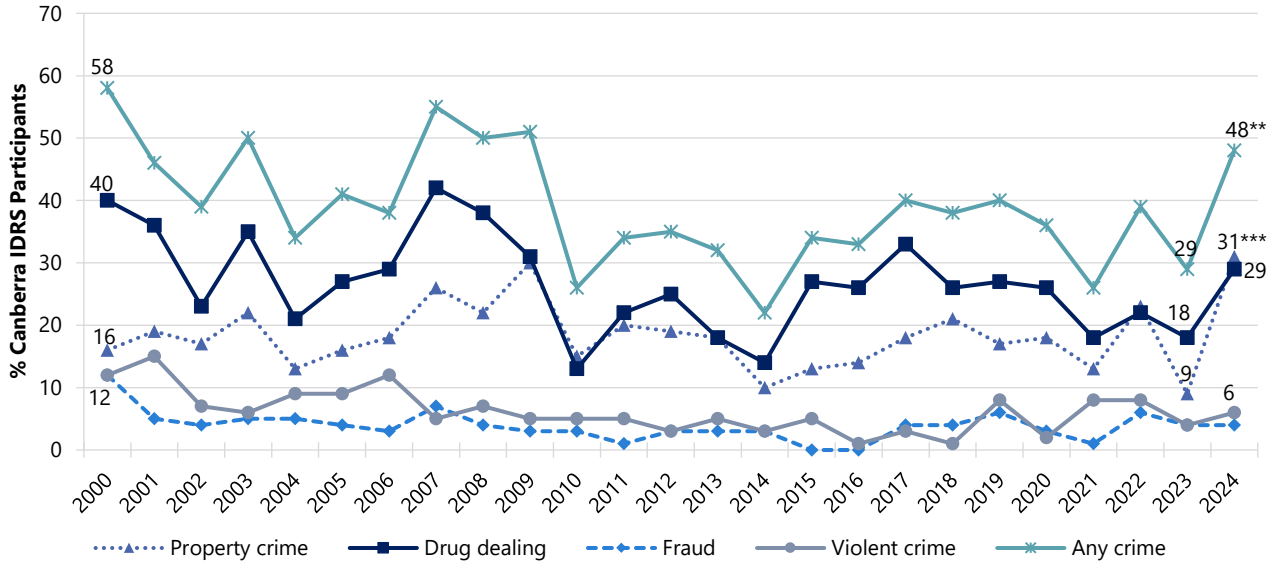
Experience of Crime and Engagement with the Criminal Justice System

The per cent reporting any past month criminal activity has fluctuated between 22% (2014) and 58% (2000) in the sample (Figure 45). In 2024, nearly half (48%) of the sample reported past month criminal activity, a significant increase relative to 2023 (29% in 2023; p=0.007). This was mainly driven by an increase in property crime (31%; 9% in 2023; p<0.001). Past month self-reported fraud (n≤5; n≤5 in 2023) and violent crime (6%; n≤5 in 2023; p=0.748) has remained low throughout monitoring (Figure 45). Fourteen per cent of the sample reported being the victim of a crime involving violence (e.g., assault) in the past month (9% in 2023; p=0.490) (Figure 46).

Two thirds (68%) of the sample reported a lifetime prison history in 2024, stable from 59% in 2023 (p=0.186) and 23% reported being arrested in the preceding 12 months, also stable relative to 2023 (21%; p=0.856) (Figure 47). Of those who had been arrested in 2024 and commented (n=22), the main reason for arrest was property crime (45%).

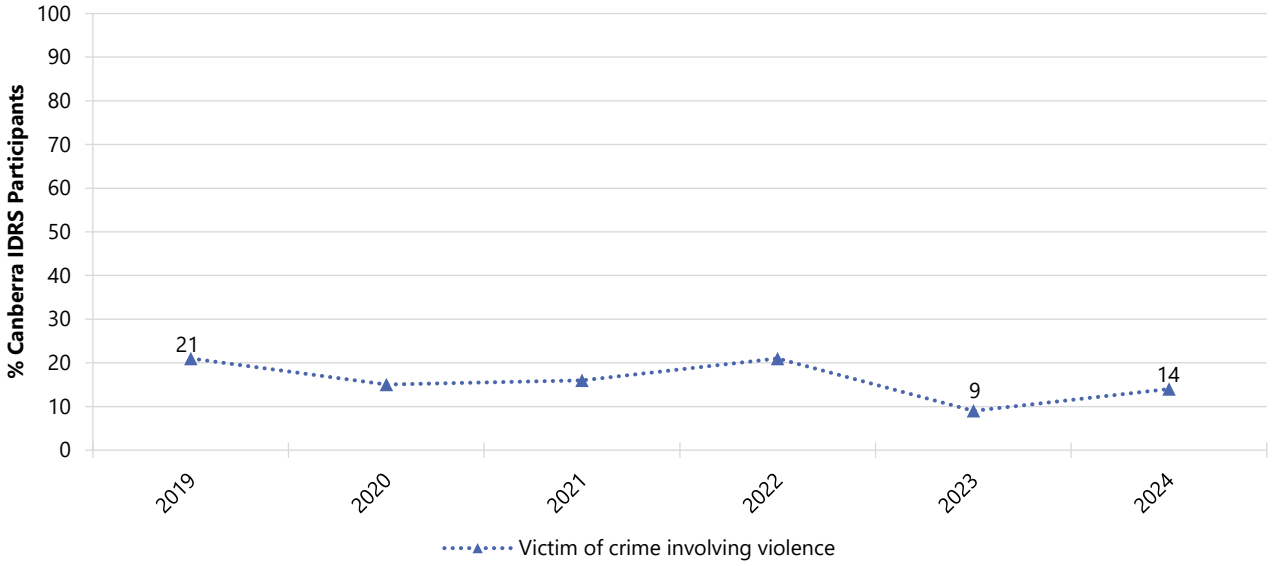
In 2024, one quarter (23%) of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (35% in 2023; p=0.091) (Figure 46). This predominantly comprised being stopped and questioned (65%; 71% in 2023; p=0.773), followed by being stopped and searched (43%; 46% in 2023).

Figure 45: Self-reported criminal activity in the past month, Canberra, ACT, 2000-2024



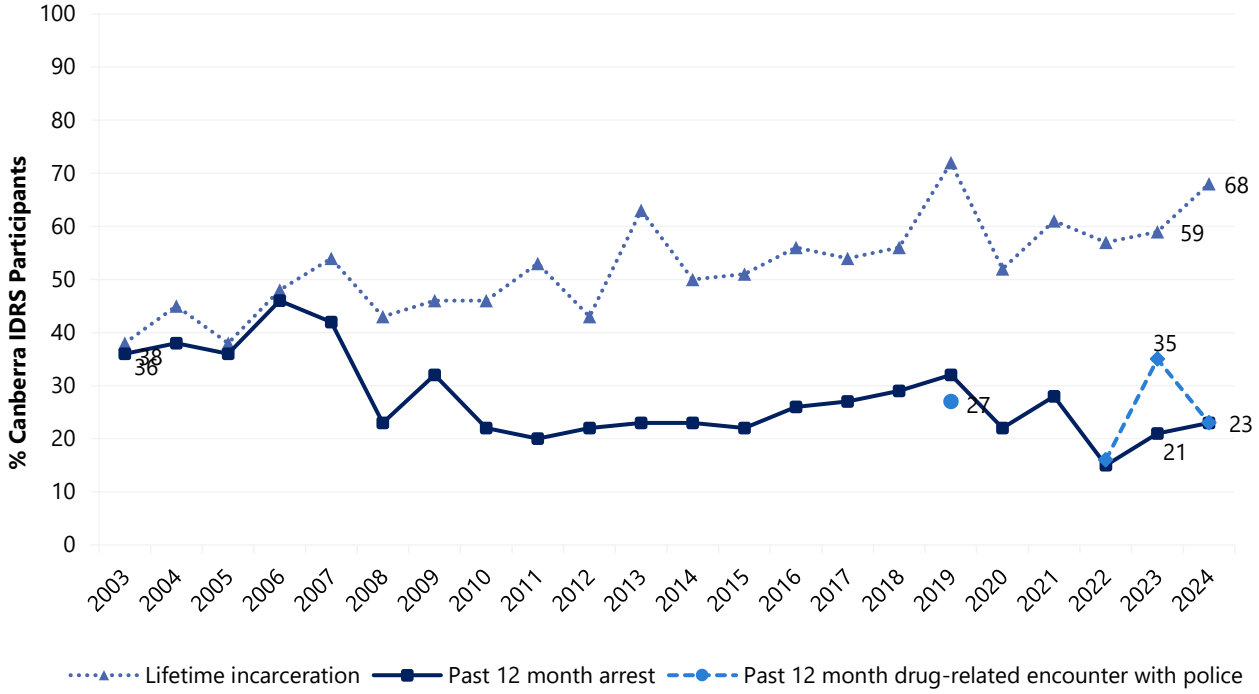
Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Y axis reduced to 70% to improve visibility of trends Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 46: Victim of crime involving violence in the past month, Canberra, ACT, 2019-2024



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first and two most recent years of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2023 versus 2024 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Please refer to Table 1 for a guide to table/figure notes.

Figure 47: Lifetime incarceration, and past 12 month arrest and drug-related encounters with police that did not result in arrest, Canberra, ACT, 2003-2024



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

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2024, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (94%; 86% in 2023; p=0.067), followed by phone call (48%; 41% in 2023; p=0.327) and text messaging (33%; 29% in 2023; p=0.539) (Table 15). Sixteen per cent reported arranging the purchase of illicit or non-prescribed drugs via social networking or messaging applications (e.g., Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder), a significant increase relative to 2023 (n≤5 in 2023; p=0.019). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Table 15: Purchasing approaches in the past 12 months, Canberra, ACT, 2023-2024

	2023	2024
% Purchasing approaches in the last 12 months^#	N=98	**N=100**
Face-to-face	86	**94**
Surface web	-	**-**
Darknet market	-	**6**
Social networking or messaging applications`	-	**16***
Text messaging	29	**33**
Phone call	41	**48**
Grew/made my own	/	**8**
Other	/	**0**

Note. ^ participants could endorse multiple responses. #This refers to people *arranging the purchase* of illicit or non-prescribed drugs. `This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person. Statistical significance for 2023 versus 2024 presented in table; *p<0.050; **p<0.010; ***p<0.001. Please refer to the data tables for a guide to table/figure notes.