



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2019

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



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2019 KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Julia Uporova¹ & Amy Peacock^{1,2}

¹ National Drug and Alcohol Research Centre, University of New South Wales

² School of Psychology, University of Tasmania



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

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2019:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Georgia Kelly, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Amy Kirwan, Cristal Hall, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Callula Sharman and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Jodie Grigg, James Fetherston, Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
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- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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

Participants

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

Contributors

We acknowledge the University of New South Wales Community Reference Panel and all other individuals who contributed to the development of the questionnaire. We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Evelyn Pappas, Tanvi Nangrani, Samuel Xiang, Devashi Paliwal, Jasmine Parker and Alexandra Voce for conducting IDRS interviews in 2019. We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

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

ACT	Australian Capital Territory
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
OTC	Over-the-counter
SD	Standard deviation
STI	Sexually Transmitted Infections
VIC	Victoria
WA	Western Australia

Executive summary

Background

The ACT IDRS sample is a sentinel group of people who regularly inject drugs recruited via needle-syringe programs and via word-of-mouth in Canberra, ACT. The results are not representative of all people who use illicit drugs, nor of use in the general population.

Sample Characteristics

In 2019, the sample were predominantly male with a mean age of 44. Over half of the participants (56%) reported that their drug of choice was heroin and, unlike 2017 and 2018, the majority reported heroin as the drug injected most often in the past month (53%).

Heroin

Recent (i.e., past six month) use of heroin has decreased gradually amongst the annual sample (2019: 77% reporting recent use). By contrast, frequency of use amongst consumers increased in 2019 to levels observed in the early 2000s. The median price for one gram of heroin (\$300) was stable.

Methamphetamine

Recent use of methamphetamine has been relatively common amongst the sample, with 79% reporting recent use in 2019 (85% in 2018). Use is driven by the crystal form, with three-quarters reporting recent use of crystal and one-in-ten reporting use of powder. The price of crystal methamphetamine has been declining since 2013, although remained stable over the past two years (\$50 per point and \$325 per gram). Most commenting reported availability of the crystal form as 'easy' or 'very easy' (93%).

Cocaine

Historically, recent use of cocaine has fluctuated amongst the ACT sample, with 15% of participants reporting recent use in 2019 on a median of two days in the past six months.

Cannabis

At least three in four participants have reported recent use of cannabis each year (79% in

2019). Over half of consumers (56%) reported using cannabis daily.

Pharmaceutical Opioids

Non-prescribed use of most forms of pharmaceutical opioids has remained stable or declined. Buprenorphine-naloxone was one of the most commonly used non-prescribed opioids (14%) alongside oxycodone (14%) and methadone (15%). One in ten participants (10%) reported recent use of non-prescribed fentanyl.

Other Drugs

New psychoactive substance use was reported by one in ten participants. The per cent reporting non-prescribed benzodiazepine and pharmaceutical stimulant use has decreased over time. The per cent reporting recent use of alcohol decreased in 2019 compared to 2018 (62% and 75%, respectively) yet frequency of use remained stable. Nearly all participants reported tobacco use (97%).

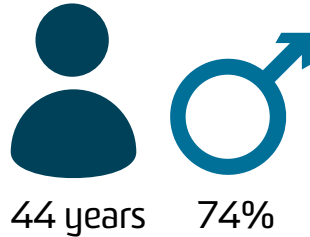
Drug-Related Harms and Other Risks

Seventeen per cent reported using a combination of opioids, benzodiazepines, and/or stimulants the day prior to interview. One in five participants (19%) reported overdosing on any drug in the preceding year, most commonly heroin. Seven per cent of the total sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. Eleven per cent reporting distributive sharing and 8% reporting receptive sharing of needles/syringes. Half (49%) were currently in drug treatment; 17% had not accessed treatment but thought they needed it. Half reported experiencing a mental health condition in the past month. Twenty-seven per cent reported driving within 3 hours of consuming an illicit or non-prescribed drug and 8% reported driving over the legal limit for alcohol, an increase from 2018. Median expenditure on illicit/non-prescribed drugs on the day prior to interview was \$80.

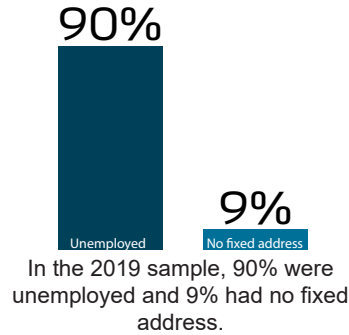
2019 SAMPLE CHARACTERISTICS



In 2019, 100 people from the Australian Capital Territory participated in IDRS interviews.



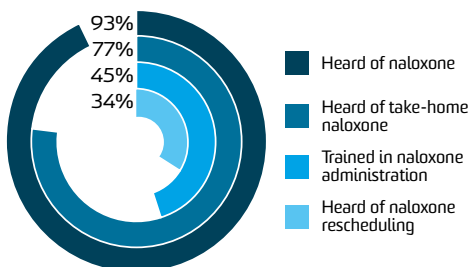
The mean age in 2019 was 44, and 74% identified as male.



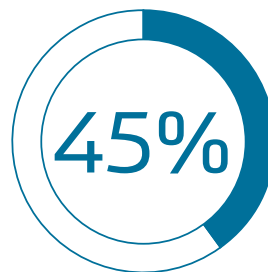
- 1 Heroin
- 2 Crystal Methamphetamine
- 3 Powder Methamphetamine

The three most commonly injected drugs were heroin, crystal methamphetamine and powder methamphetamine.

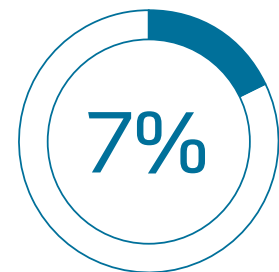
NALOXONE



ACT IDRS participant's knowledge of the take-home naloxone programme.

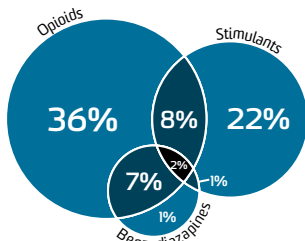


Of those who had completed naloxone training, 45% had used naloxone to resuscitate someone who had overdosed.

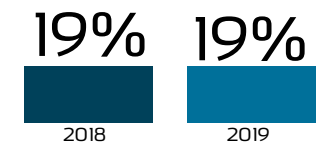


In the ACT IDRS sample, 7% said they had been resuscitated with naloxone by someone who had been trained through the take home program.

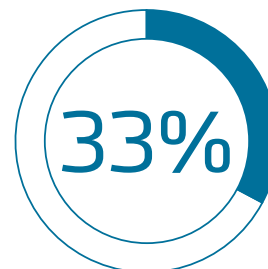
OTHER HARMS AND HELP SEEKING



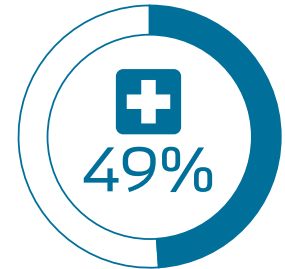
Nearly all (99%) reported using one of more drugs (including alcohol and tobacco) on the day preceding interview.



Non-fatal overdose in the previous 12 months remained stable at 19% (19% in 2018).

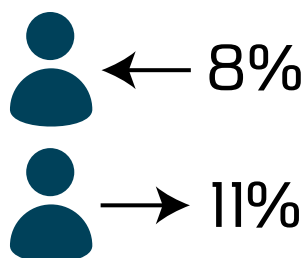


Of those that had sex in the past 6 months, 33% reported that alcohol and/or other drugs impaired their ability to negotiate their wishes.

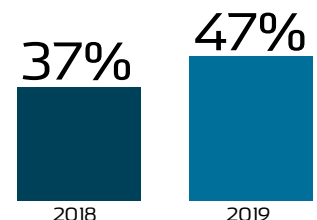


49% of ACT IDRS participants reported that they were currently in drug treatment.

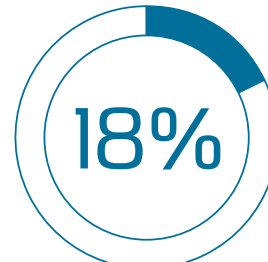
INJECTING RELATED RISKS AND HARMS



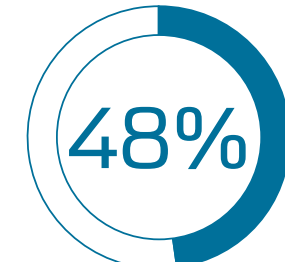
In 2019, 8% of the ACT IDRS sample reported receptive needle sharing, and 11% reported distributive needle sharing.



In 2019, 47% reported to have re-used their own needles (37% in 2018).

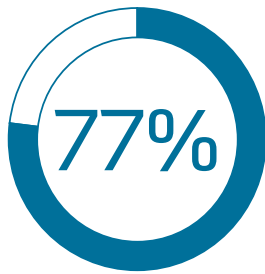


18% of ACT IDRS participants reported injecting in a public place in 2019.

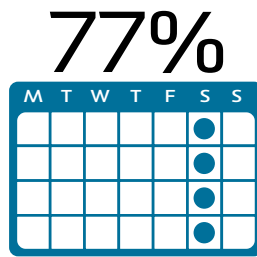


In 2019, almost half (48%) of the ACT sample reported having an injection-related health issue in the month preceding interview.

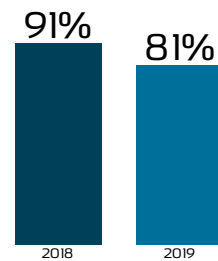
HEROIN



77% of ACT IDRS participants reported using heroin in the past 6 months.



Of those who had recently consumed heroin, more than three in four (77%) used it weekly.

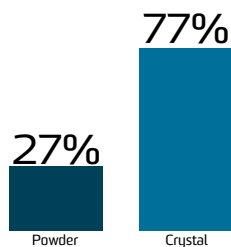


Of those who could comment, 81% perceived heroin to be 'easy' or 'very easy' to obtain in 2019 (91% in 2018).

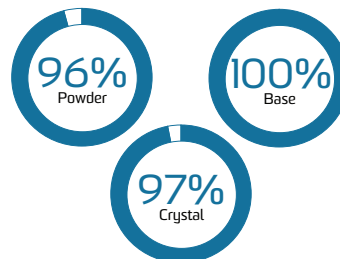
METHAMPHETAMINE



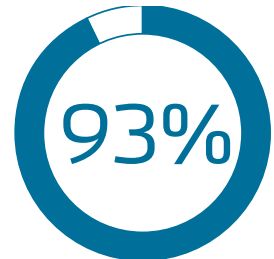
79% of ACT 2019 IDRS participants reported past 6 month use of any methamphetamine.



Of the entire sample, 27% had recently consumed powder, and 77% crystal methamphetamine.

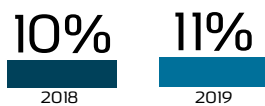


Injection was the main route of administration for powder (96%), crystal (97%) and base (100%) among recent consumers.

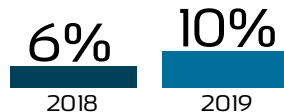


Of those who could comment 93% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2019.

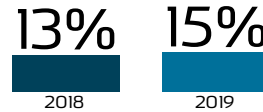
PHARMACEUTICAL OPIOIDS



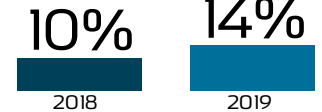
Past 6 month use of non-prescribed morphine was stable at 11% in the 2019 IDRS sample (10% in 2018).



Past 6 month use of non-prescribed fentanyl was stable at 10% in the 2019 IDRS sample (6% in 2018).



Past 6 month use of non-prescribed methadone was stable at 15% in the 2019 IDRS sample (13% in 2018).

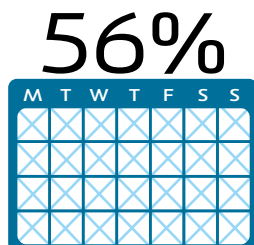


Past 6 month use of non-prescribed oxycodone was stable at 14% in the 2019 IDRS sample (10% in 2018).

CANNABIS



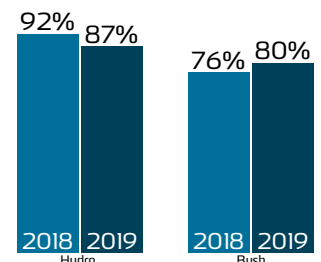
79% of ACT IDRS participants reported using cannabis in the past 6 months.



Of those who had consumed cannabis recently, 56% reported daily use.



Of people who had consumed cannabis in the last 6 months, 100% had smoked it.



Of those who could comment high percentages perceived bush and hydro to be 'easy' or 'very easy' to obtain.

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. This report focuses on the key results from the annual interview component of IDRS.

Methods

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 at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 902 participants were recruited across capital cities nationally (May-July 2019), with 100 participants interviewed in Canberra, ACT, during June 2019 (100 participants in 2018). Of those sampled in 2019, 42 had participated in the IDRS previously (2000-2018), including 37 people who had participated in 2018.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ± 1 or kurtosis > ± 3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2018 and 2019. 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).

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#) but it should be noted that these data are from participants recruited in capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use (past 6 months) of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in the ACT (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

[Infographics](#) and [key figures](#) from this report are available for download. There is a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including [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 stimulants.

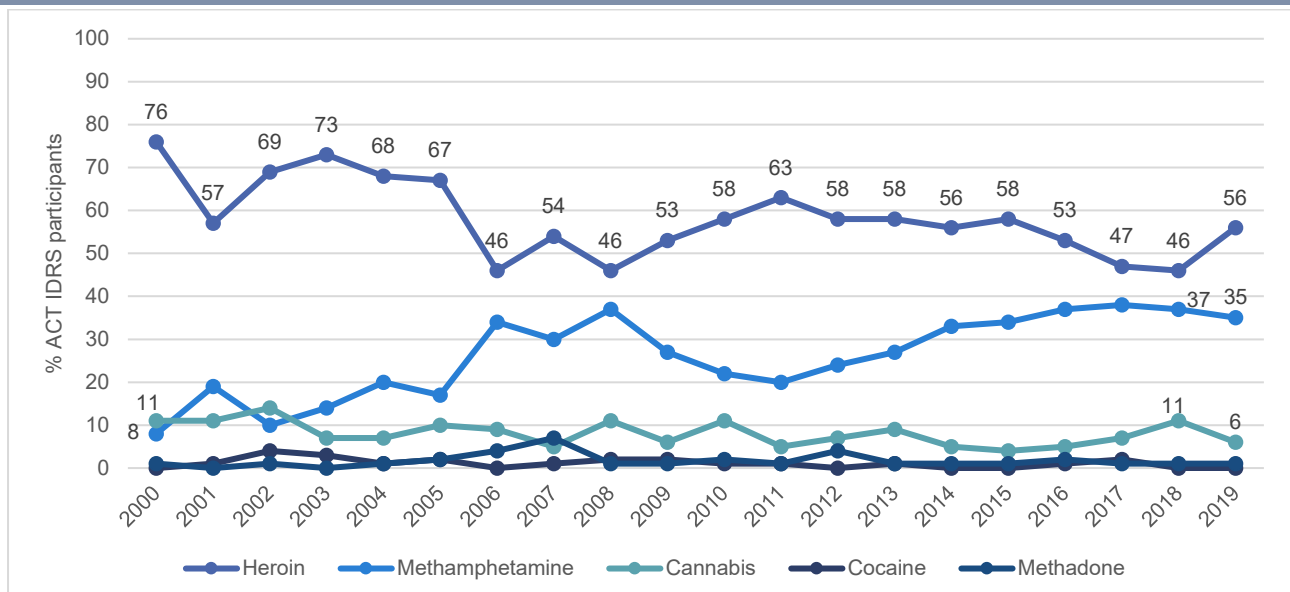
Please contact the research team at drugtrends@unsw.edu.au with any queries; to request additional analyses using these data; or to discuss the possibility of including items in future interviews.

1

Sample Characteristics

In 2019, the IDRS ACT sample was predominantly male (74%) with a mean age of 44 (SD=8). Over half (54%) reported having completed a post-school qualification(s) yet the majority of the sample (90%) were currently unemployed (Table 1). Consistent with previous years, participants typically reported that heroin was their drug of choice (56%; Figure 1). Historically, heroin has been the drug injected most often in the past month. The exception was in the 2017 and 2018 samples, where methamphetamine was nominated by the most participants (49% and 52%, respectively). In 2019, the main drug injected reverted back to heroin (53%; Figure 2).

Figure 1: Drug of choice, ACT, 2000-2019



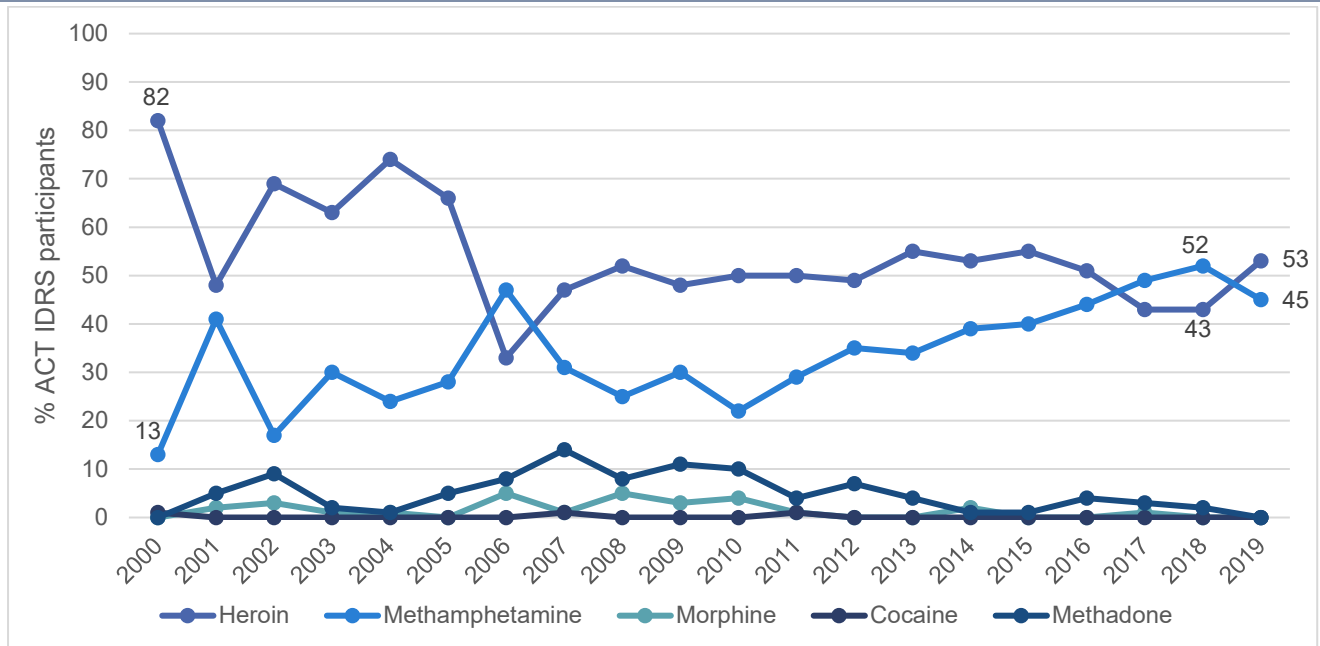
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. In 2000 and 2001 methamphetamine went under the response option of amphetamine. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019. In 2019, 45%, 33%, 8%, 2% and 3% of the national sample reported heroin, methamphetamine, cannabis, cocaine and methadone, respectively, as their drug of choice.

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

	National N=902	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 N=100	ACT 2016 N=100	ACT 2015 N=100
Mean age (years; SD)	44 (9)	44* (8)	42 (9)	43 (9)	44 (9)	42 (9)
% Male	68	74	68	72	73	72
% Aboriginal and/or Torres Strait Islander	22	24	21	19	24	21
% Sexual identity						
Heterosexual	87	89	89	89	92	93
Homosexual	3	-	-	-	-	-
Bisexual	8	7	6	8	-	-
Different identity	1	-	-	-	-	0
School Education						
Median years of school education (IQR)	10 (9-11)	10 (9-12)	10 (9-12)	10 (9-11)	10 (9-12)	10 (9-12)
% Post-school qualification(s)^	57	54	48	54	63	62
% Employment status						
Unemployed	88	90	85	83	85	81
Employed full time	1	-	-	-	-	-
% Gov't pension, allowance or benefit main income source	89	97**	84	86	/	/
Median weekly income (\$; IQR)	(N=886) 350 (275 – 450)	(N=97) 350 (275-440)	(N=99) 403 (260-450)	(N=99) 360 (260-440)	(N=99) 300 (250-400)	(N=100) 350 (250-430)
% Accommodation						
Own house/flat~	70	78	85	85	79	80
Parents'/family home	6	-	-	-	0	-
Boarding house/hostel	6	0	-	-	-	-
Shelter/refuge	2	-	-	-	-	-
No fixed address	9	9	7	9	8	9
Other	-	0	0	0	-	-

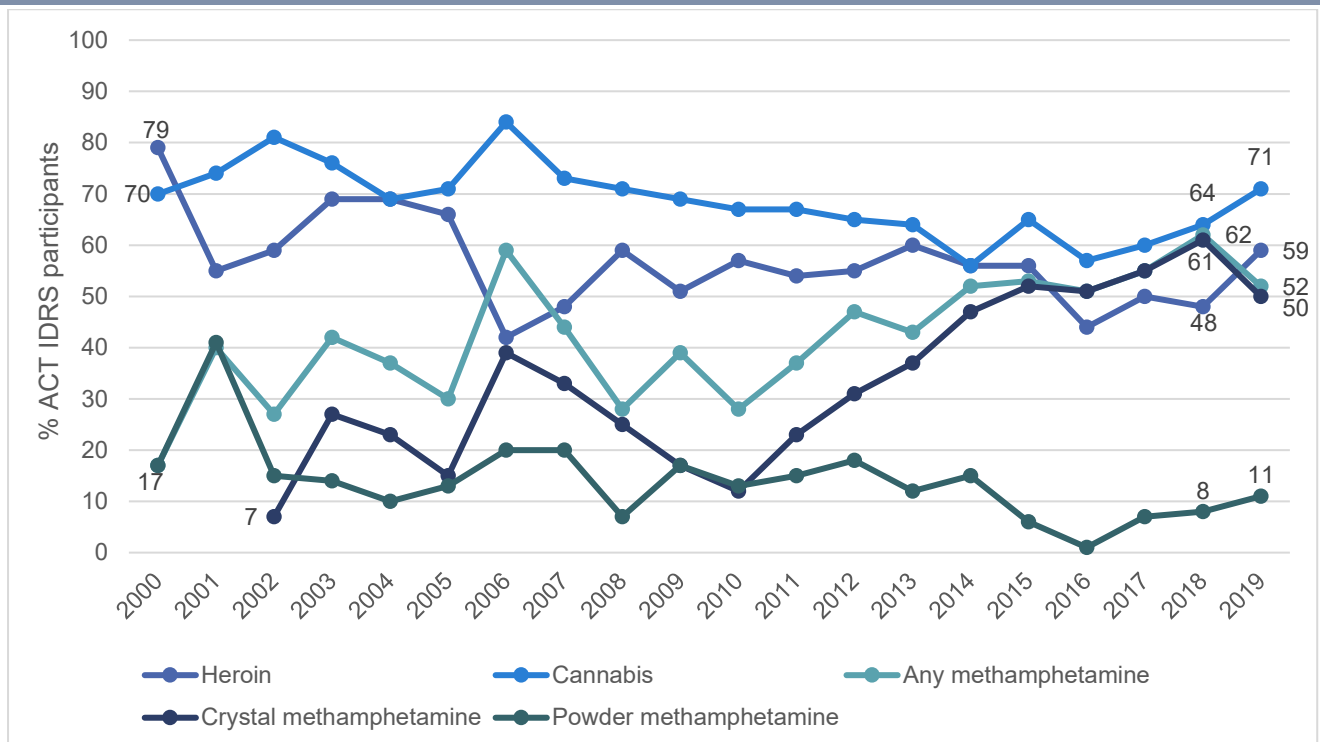
Note. ^Includes trade/technical and university qualifications. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 2: Drug injected most often in the past month, ACT, 2000-2019



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not $=0$) and to improve visibility. $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2018 versus 2019. In 2019, 42%, 40%, 6%, 4%, and 1% of the national sample reported methamphetamine, heroin, morphine, methadone, and cocaine, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2000-2019



Note. These figures are computed of the entire sample. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not $=0$) and to improve visibility. $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2018 versus 2019. In 2019, 51%, 57%, 43%, 48%, and 9% of the national sample reported high frequency use of any methamphetamine, cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). 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

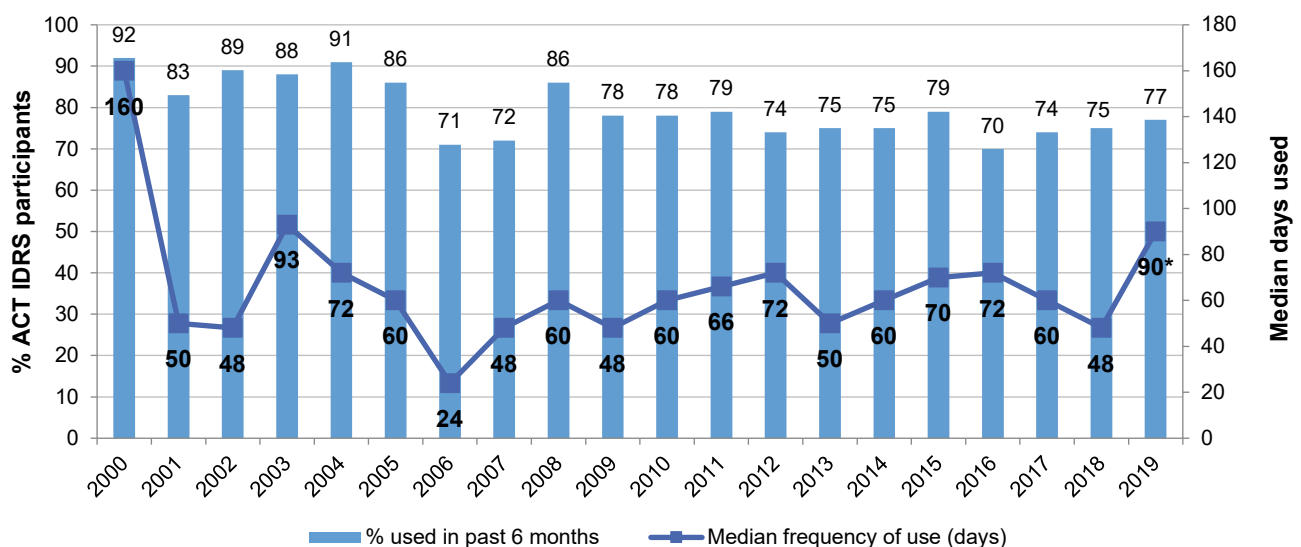
Recent Use (past 6 months): Recent heroin use has slowly declined from 92% in 2000 to 70% in 2016, with 77% of the ACT sample reporting use in 2019 (75% in 2018; $p=0.741$; Figure 4).

Frequency of Use: Frequency of use has fluctuated over the years. In 2019, median frequency of use among recent consumers was equivalent to every second day (median 90 days; IQR=24-180), an increase from 2018 (median 48 days; IQR=6-180; $p=0.046$; Figure 4). Three-quarters (77%) of recent consumers reported weekly or more frequent use, and two-fifths (40%) reported daily use (2018: 64%; $p=0.078$ and 31%; $p=0.239$, respectively).

Routes of Administration: Consistent with previous years, all recent consumers reported injecting heroin (100%; 100% in 2018), with small numbers reporting smoking ($n \leq 5$; 8% in 2018; $p=0.720$).

Quantity: The median amount of heroin used on a 'typical' day was 0.25 grams (IQR=0.15-0.48; $n=72$; 0.30 grams in 2018; IQR=0.10-0.50).

Figure 4: Past six month use and frequency of use of heroin, ACT, 2000-2019



Note. Median days computed among those who reported recent use (past 6 months; maximum 180 days). Median days rounded to the nearest whole number. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

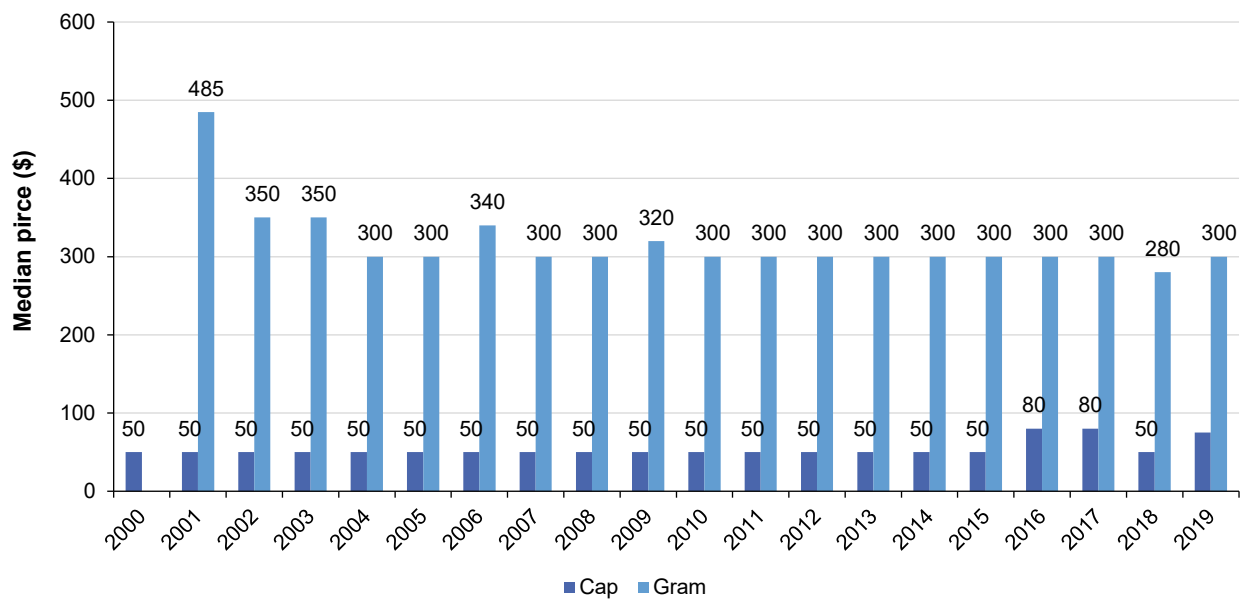
Market Trends

Price: Historically, the price for one gram has typically been \$300 or a similar amount amongst the ACT sample (Figure 5). The median price for one gram of heroin was \$300 (IQR=285-500; $n=17$) in 2019 (Figure 5). A small number reported the price for a cap of heroin ($n\leq 5$).

Perceived Purity: Among those who were able to comment ($n=65$), most participants perceived the current purity of heroin as 'low' (39%; 32% in 2018; $p=0.465$), followed by 'medium' (26%; 31% in 2018; $p=0.575$), stable relative to 2018 (Figure 6).

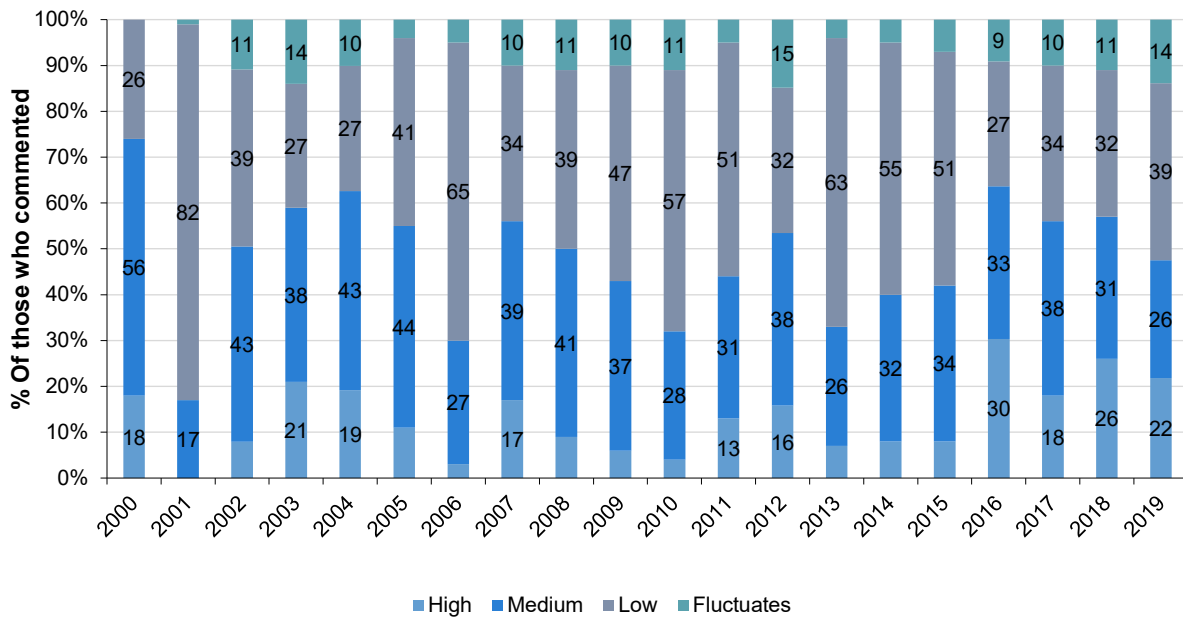
Perceived Availability: Of those able to comment ($n=72$), 61% perceived the current availability of heroin as 'very easy'. This per cent was similar to that recorded in 2018 (60%; $p=0.865$; Figure 7).

Figure 5: Median price of heroin per cap and gram, ACT, 2000-2019



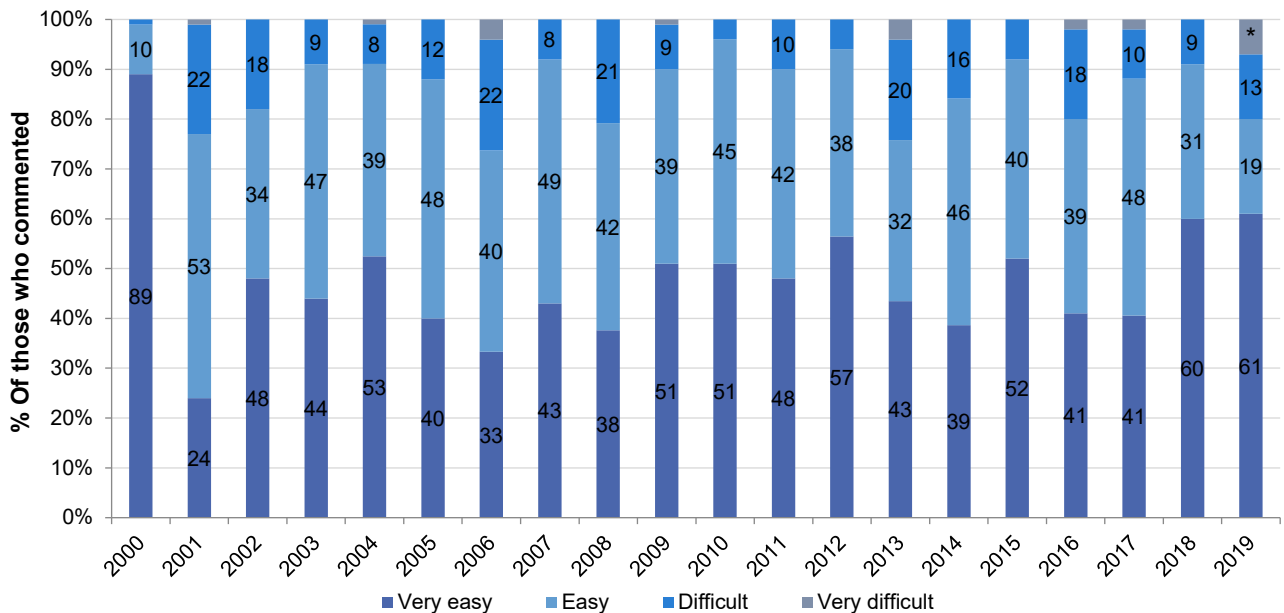
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. $n\leq 5$). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Figure 6: Current perceived purity of heroin, ACT, 2000-2019



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

Figure 7: Current perceived availability of heroin, ACT, 2000-2019



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

3

Methamphetamine

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

Recent Use (any methamphetamine)

In 2019, 79% of participants reported recent use of any methamphetamine (powder, base and crystal), in line with the per cent observed in 2018 (85%; $p=0.269$; Figure 8). In more recent years the gap between past six month use of any methamphetamine and crystal methamphetamine has narrowed and in 2019 the gap was minimal (79% and 77%, respectively; Figure 8). This suggests that in recent years any methamphetamine is largely driven by crystal methamphetamine and this is also supported by the frequency of use data (Figure 9).

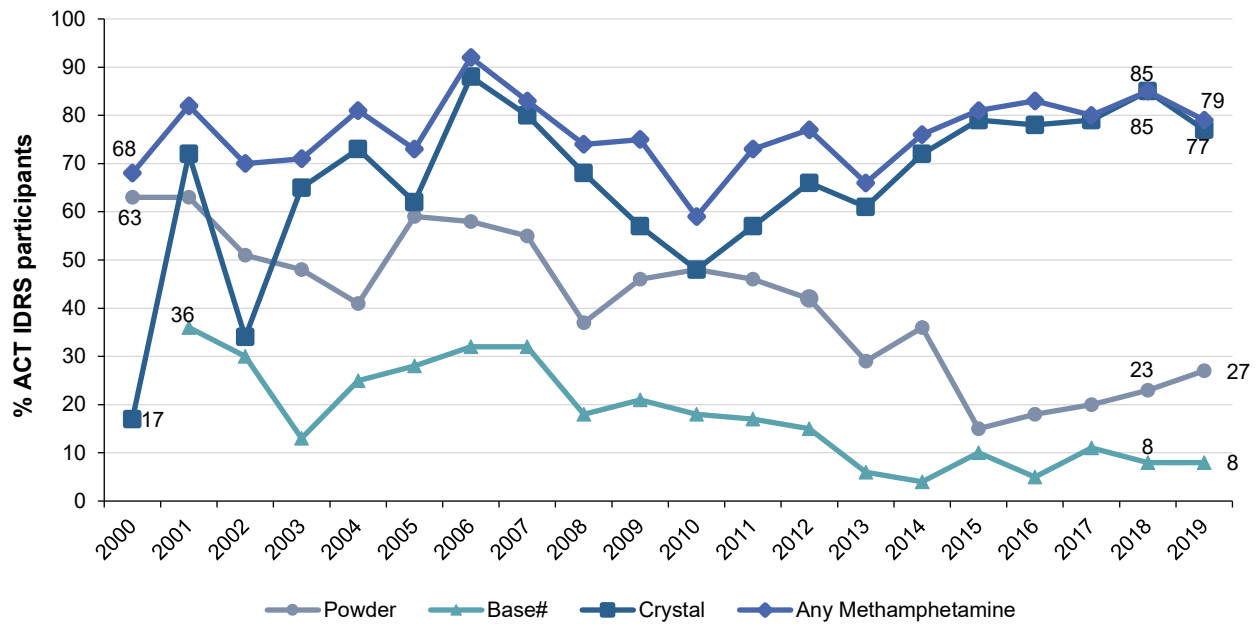
Frequency of Use

Historically, frequency of use has been increasing, although estimates of frequency of use has been similar since 2017. Indeed, consumers reported a median of 65 days (IQR=12-99) of use in the past six months in 2019, similar to the median of 66 days (IQR=19-152) recorded in 2018 ($p=0.628$; Figure 9). In 2019, 68% of consumers reported weekly or more use of any methamphetamine (73% in 2018; $p=0.511$) and 18% reported daily use (22% in 2018; $p=0.581$).

Forms of Methamphetamine

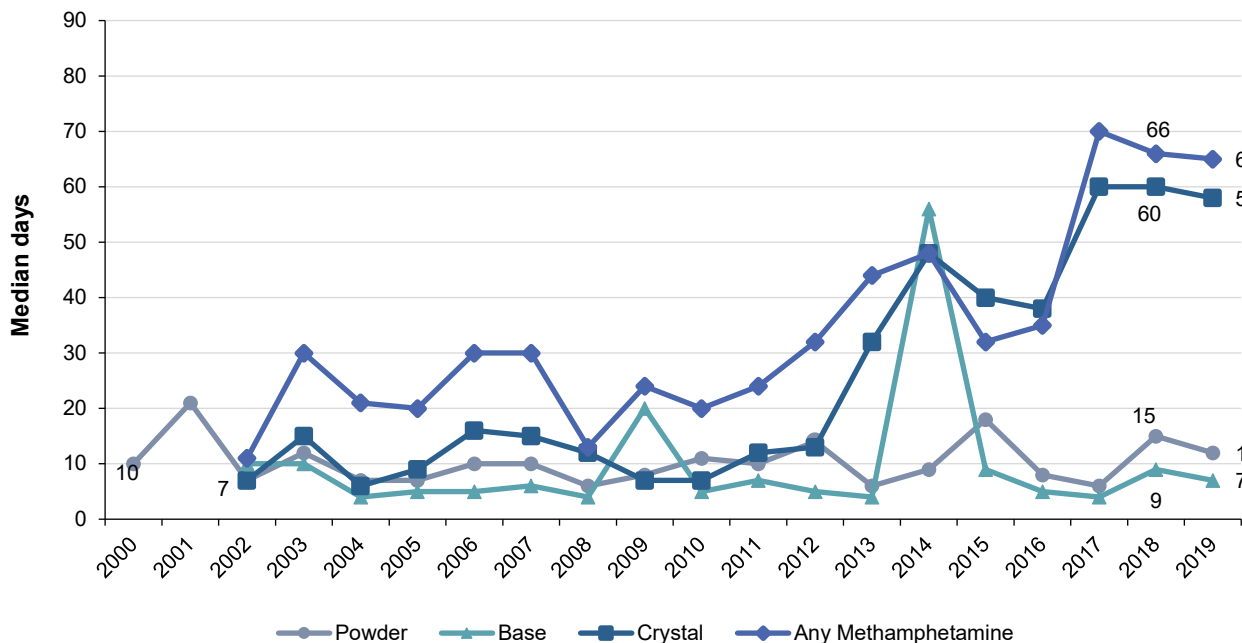
There has been a shift over time in the forms of methamphetamine used (see below for further information; Figure 8). Specifically, use of powder and base methamphetamine forms has decreased, and use of crystal methamphetamine has increased (Figure 8). Indeed, of those who had used methamphetamine in the six months preceding interview ($n=78$), most participants had used crystal methamphetamine (97%; 100% in 2018; $p=0.140$), followed by powder (35%; 27% in 2018; $p=0.293$).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2000-2019



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, ACT, 2000-2019



Note. Median days computed among those who reported recent use (past 6 months) (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Patterns of Consumption

Powder Methamphetamine

Recent Use (past 6 months): Recent use of powder methamphetamine ('speed') was highest at the beginning of monitoring (63% in 2000 and 2001), declining to 15% of the sample reporting recent use in 2015 (Figure 8). Since then recent use has slowly been increasing and, in 2019, over one-quarter (27%) reported past six months use (23% in 2018; $p=0.513$; Figure 8).

Frequency of Use: Despite a declining per recent reporting use, median days of use has remained stable across the years. This is likely due to low frequency of use even in earlier years when the per cent reporting use was higher (2019: median 12 days; IQR=2-90; 15 days in 2018; IQR=2-90; $p=0.787$; Figure 9).

Routes of Administration: Injecting remained the most common route of administration among recent consumers of powder methamphetamine (96%; 91% in 2018; $p=0.489$).

Quantity: The median amount of powder methamphetamine used on a 'typical' day of consumption in the past six months was 0.20 grams (IQR=0.10-0.50; $n=24$; 0.20 grams in 2018, IQR=0.10-0.50).

Base Methamphetamine

Recent Use (past 6 months): Excluding liquid amphetamine, base remained the least commonly used form of methamphetamine since monitoring of this form commenced in 2001 (36% in 2001 to 8% in 2019 (8% in 2018; $p=0.983$; Figure 8).

Frequency of Use: Frequency of use has remained consistently low across the course of monitoring (2019: median 7 days; IQR=5-14; 9 days in 2018, IQR=2-90; $p=0.959$; Figure 9).

Routes of Administration: All participants (100%) reporting recent use had injected base (88% in 2018; $p=0.302$).

Quantity: The median amount of base methamphetamine used on a 'typical' day of consumption in the past six months was 0.45 grams (IQR=0.13-0.50; $n=8$; 0.30 grams in 2018; IQR=0.18-0.50).

Crystal Methamphetamine

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine ('ice') have been increasing since 2011, recorded as 77% of the sample in 2019 (85% in 2018; $p=0.149$; Figure 8).

Frequency of Use: In parallel, frequency of crystal methamphetamine use has also been increasing, with notable increases since 2012. In 2019, consumers reported using crystal methamphetamine on an average of every third day in the past six months (median 58 days; IQR=12-95; 60 days in 2018; IQR=19-150; $p=0.370$; Figure 9).

Routes of Administration: The main route of administration among consumers in the past six months was injecting (97%; 96% in 2018; $p=0.733$), followed by smoking (36%; 48% in 2018; $p=0.122$).

Quantity: The median amount used on a 'typical' day of consumption in the past six months was 0.20 grams (IQR=0.10-0.30; $n=70$; 0.10 grams in 2018; IQR=0.10-0.20).

Market trends

Methamphetamine Powder

Price: The median price for a point (0.1 gram) of powder methamphetamine has mostly remained stable at \$50 (IQR=50-50; n=26) across the duration of monitoring (Figure 10). The median price of one gram has fluctuated between \$125 and \$300 over the period of monitoring (Figure 10) and in 2019 was recorded at the highest price observed (\$300; IQR=125-375; n=8), although a small number reporting should be noted.

Perceived Purity: Participants who were able to comment on powder methamphetamine (n=28) mostly perceived it to be of 'medium' purity (43%; 63% in 2018; $p=0.172$; Figure 11).

Perceived Availability: Of consumers who could comment (n=33), one-third perceived it to be 'very easy' (36%) to obtain powder methamphetamine, a decrease relative to 2018 (67%; $p=0.038$), with an increased per cent perceiving it to be 'difficult' (33%; Figure 12).

Methamphetamine Base

Low numbers reported recent use of base methamphetamine and therefore information

on the price, purity and availability is not reported. For further information refer to the [national IDRS report](#) or contact the researchers.

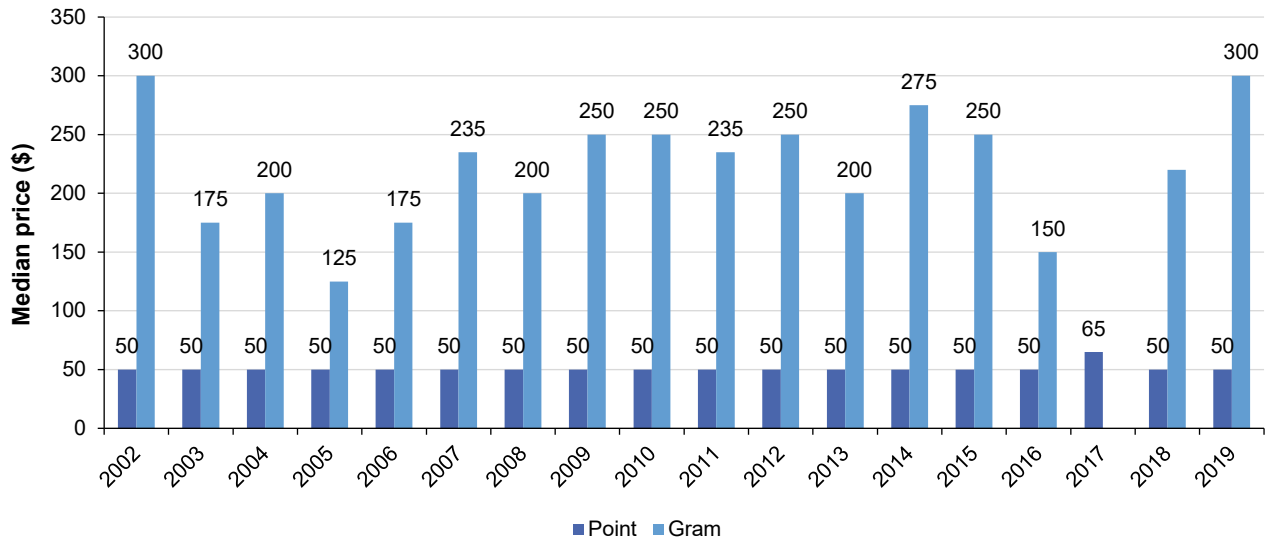
Methamphetamine Crystal

Price: The median price of a point (0.1 gram) has been \$50 (IQR=50-50; n=56) over the course of monitoring, excepting higher prices recorded 2011-2016 (Figure 13). Median price for one gram has followed an inverted-U shape curve. The median price recorded in 2019 is similar to that recorded in the early 2000s (2019: \$325; IQR=213-388; n=16; Figure 13).

Perceived Purity: Among those able to comment (n=69), one-third perceived current purity as 'high' (35%), followed by 30% that reported 'medium' purity (29%; $p=0.484$ and 35%; $p=0.589$, respectively, in 2018; Figure 14).

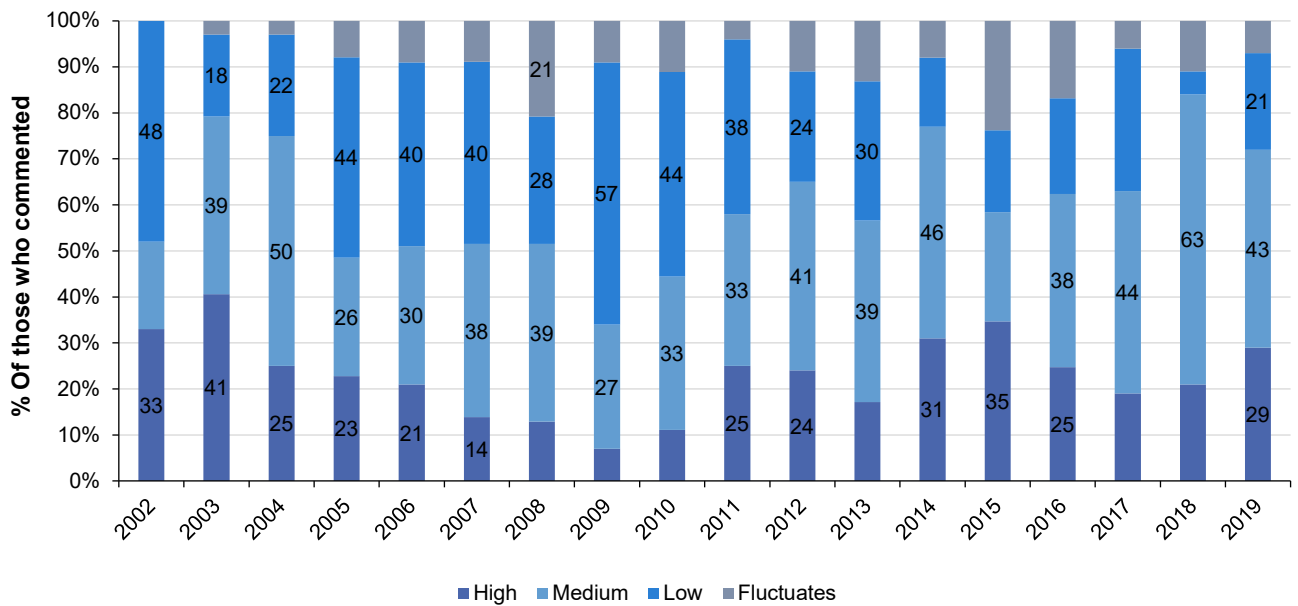
Perceived Availability: Of those who were able to comment (n=74), the majority perceived crystal methamphetamine 'very easy' (61%) to obtain, comparable to 2018 (62%; $p=0.877$; Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, ACT, 2002-2019



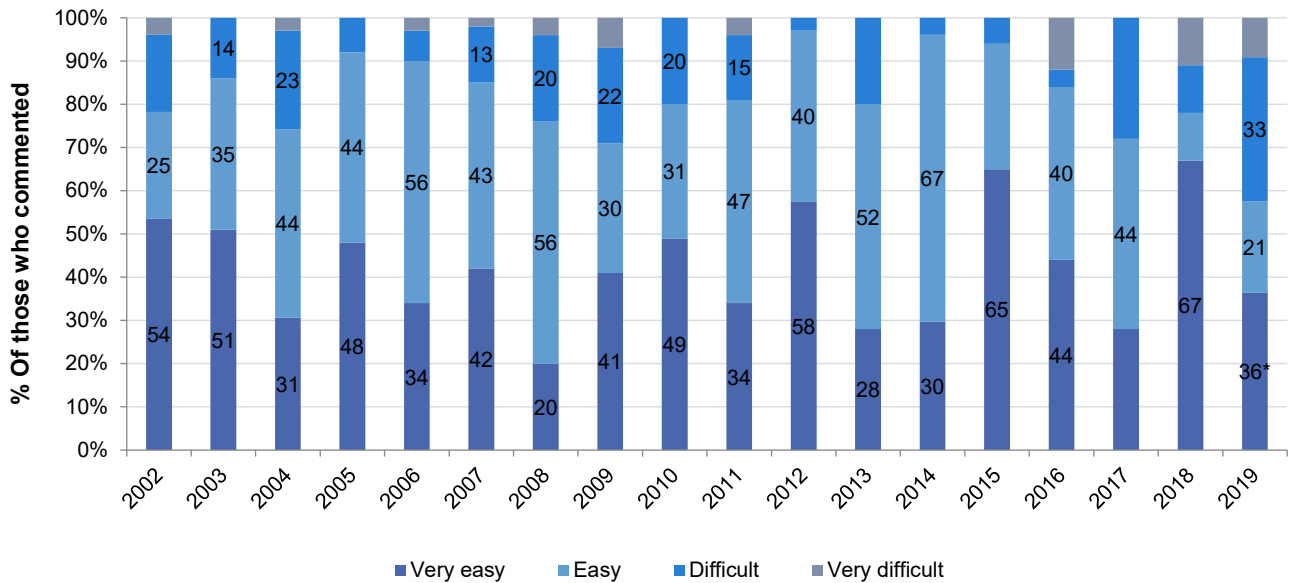
Note. Among those who commented. No respondents for the price of a gram in 2017. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 11: Current perceived purity of powder methamphetamine, ACT, 2002-2019



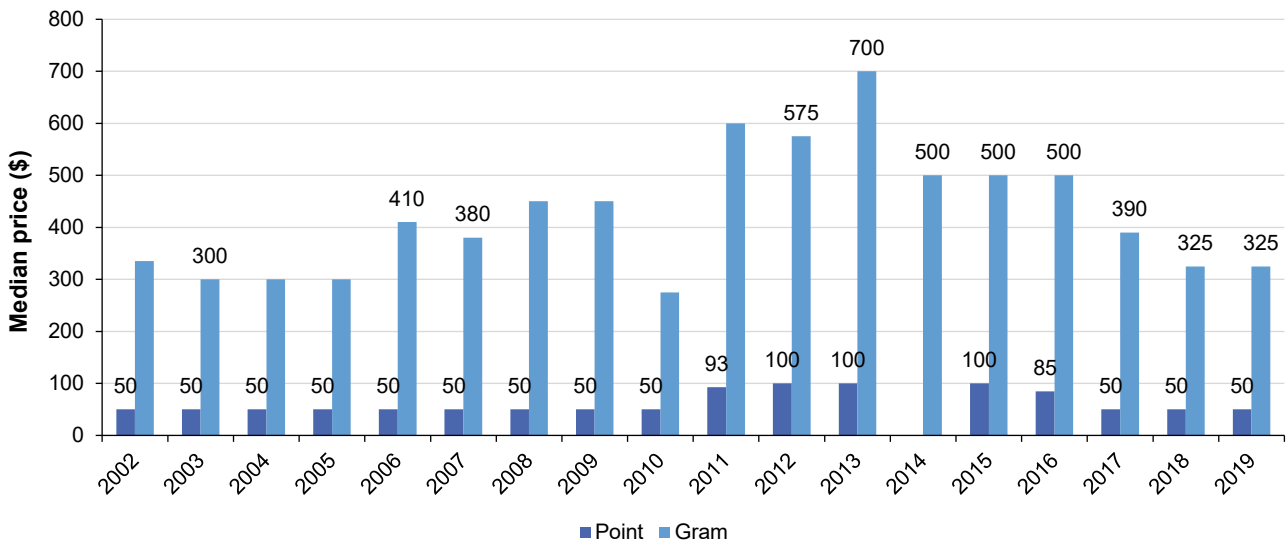
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 12: Current perceived availability of powder methamphetamine, ACT, 2002-2019



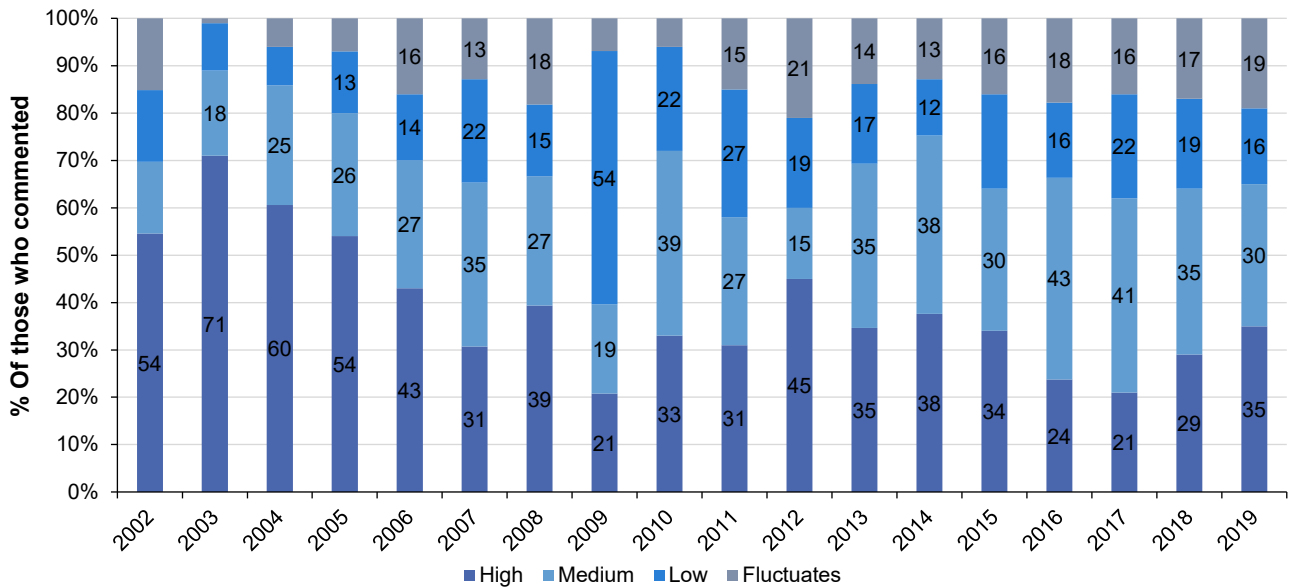
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 13: Median price of crystal methamphetamine per point and gram, ACT, 2002-2019



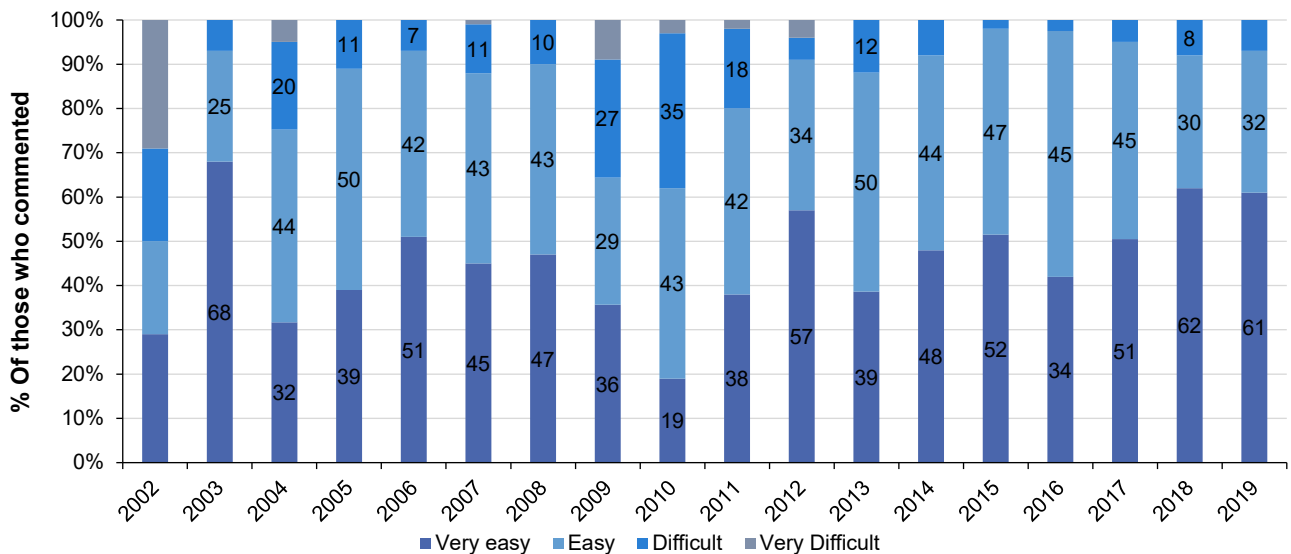
Note. Among those who commented. No respondents for the price of a point in 2014. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 14: Current perceived purity of crystal methamphetamine, ACT, 2002-2019



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 15: Current perceived availability of crystal methamphetamine, ACT, 2002-2019



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

4

Cocaine

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

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years of monitoring, from a peak of 40% in 2001 to a low of 6% in 2010. Just over one-tenth of the ACT sample reported recent use in 2019 (15%; 14% in 2018; $p=0.841$; Figure 16).

Frequency of Use

Median frequency of use has varied between two and eight days, with a median of two days observed in 2019 (IQR=1-5; 6 days in 2018, IQR=2-24; $p=0.102$; Figure 16). A small number (≤ 5 participants) reported weekly or more use of cocaine in 2018 and in 2019.

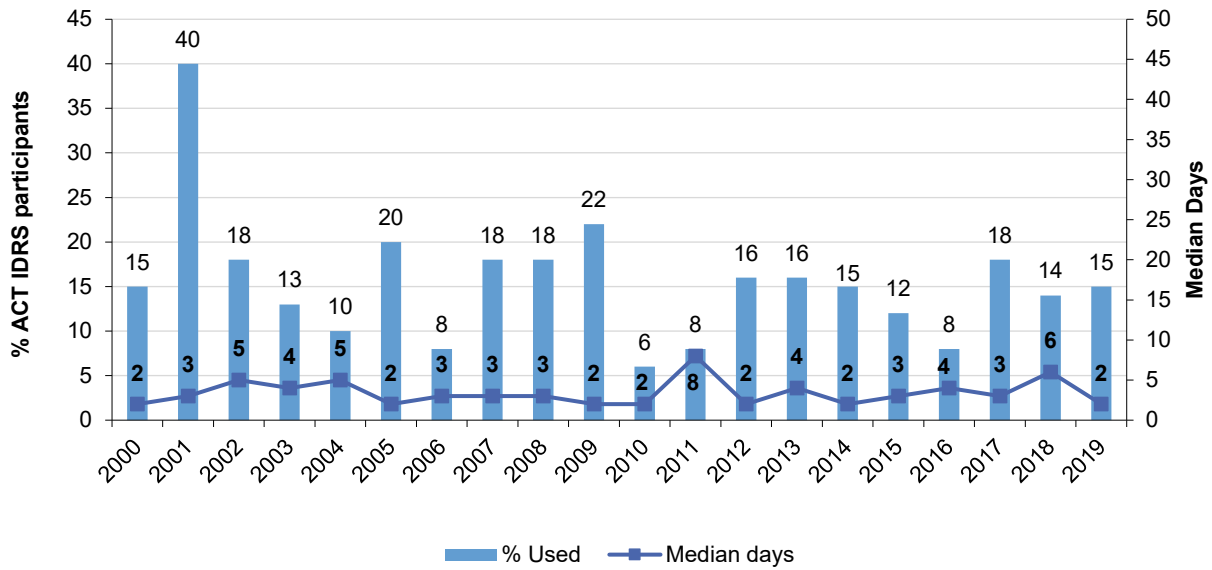
Routes of Administration

In 2019, injecting was reported as the most common route of administration among consumers (73%; 50% in 2018; $p=0.196$), followed by snorting (40%; 57% in 2018; $p=0.356$).

Quantity

Those who reported recent cocaine use consumed a median of 0.20 grams (IQR=0.10-0.50; $n=12$) on a 'typical' day of use (0.50 grams in 2018; IQR=0.43-1.00).

Figure 16: Past six month use and frequency of use of cocaine, ACT, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45% and 50 median days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Market Trends

Low numbers reported recent use of cocaine and therefore information on the price, purity and availability is not reported historically. For further information please refer to the [national IDRS report](#), the [national EDRS report](#) or the [ACT EDRS report](#). Alternatively, contact the researchers.

5

Cannabis

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

Recent Use (past 6 months)

Over the course of monitoring, at least three in four participants have reported recent use of cannabis (79% in 2018 and 2019; Figure 20).

Frequency of Use

In 2019, median frequency of use in the past six months was 180 days (IQR=72-180; 170 days in 2018; IQR=30-180; $p=0.295$), consistent with most years historically (Figure 20). Amongst recent consumers, the majority (90%; 81% in 2018; $p=0.114$) reported weekly or more frequent use of cannabis and over half (56%; 49% in 2018; $p=0.426$) reported daily use.

Routes of Administration

Smoking was the most common route of administration amongst consumers (100%; 99% in 2018; $p=0.316$). Smaller percentages reported inhaling/vaping (11%) and swallowing (9%) cannabis.

Quantity

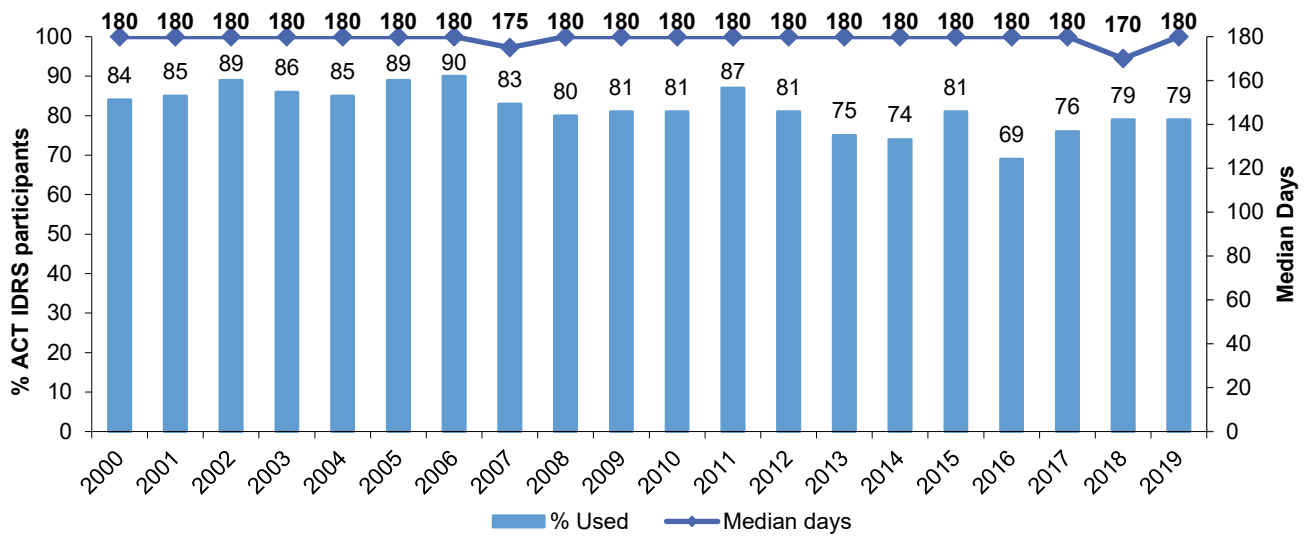
The median intake per 'typical' day of consumption was one gram (IQR=0.50-1.93, $n=52$; 1 gram in 2018, IQR=0.50-1.00) or five cones (IQR=2-10; $n=19$; 3 in 2018; IQR=2-6).

Forms Used

Most consumers (88%; 86% in 2018; $p=0.653$) reported recent use of hydroponic cannabis, and 71% (64% in 2018; $p=0.329$) reported use of outdoor-grown 'bush' cannabis. A small percentage reported having used hashish (27%), followed by hash oil (17%), both which have increased compared to 2018 (13%; $p=0.025$ and $n\leq 5$ in 2018; $p=0.008$, respectively).

Hydroponic cannabis remained the form most commonly used in the preceding six months (80%; 83% in 2018; $p=0.515$), followed by bush cannabis (20%; 16% in 2018; $p=0.501$).

Figure 17: Past six month use and frequency of use of cannabis, ACT, 2000-2019



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

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram in 2019 was \$20 for hydroponic cannabis (IQR=20-20; $n=46$; Figure 21). The price for an ounce was significantly higher in 2019 (\$280; IQR=250-300; $n=20$) compared to 2018 (\$265; IQR=200-300; $p=0.025$; Figure 21), although similar to median price recorded in other years.

Perceived Potency: Of those who could comment ($n=62$), three-fifths (63%; 53% in 2018; $p=0.284$) perceived hydroponic cannabis to be of 'high' potency, followed by a quarter (24%; 35% in 2018; $p=0.191$) reporting 'medium' (Figure 22).

Perceived Availability: Among those who were able to comment in 2019 ($n=63$), the majority reported the availability of hydroponic cannabis to be 'very easy' or 'easy' to obtain (87%; 92% in 2018; $p=0.396$; Figure 23).

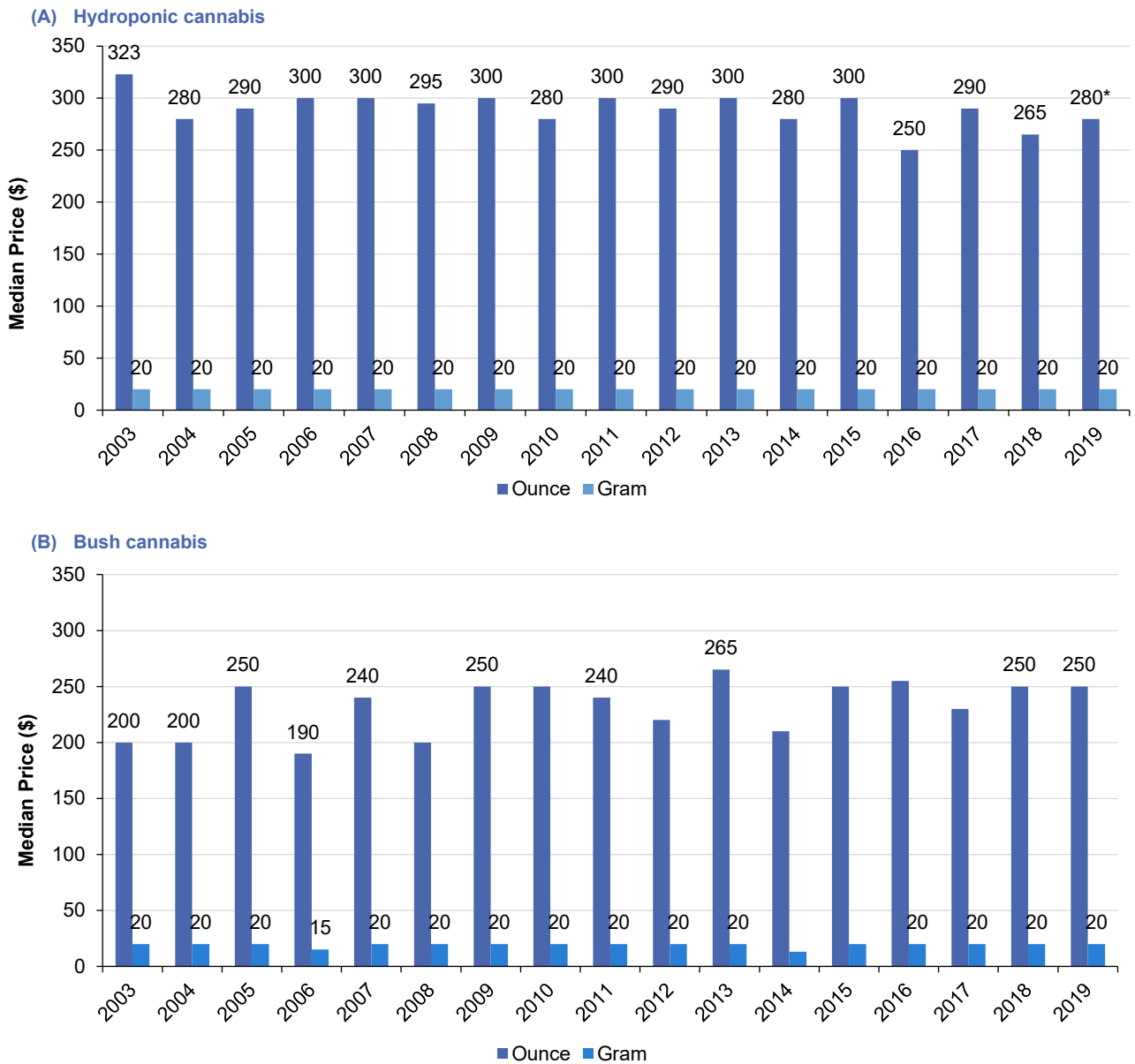
Bush Cannabis

Price: Similar to hydroponic cannabis, the median price per gram in 2019 was consistent to previous years (\$20; IQR=14-20; $n=30$; Figure 21). The price per ounce of bush cannabis has fluctuated over the years and could be due to small numbers reporting (\$250 in 2019; IQR=200-260; $n=15$; Figure 21).

Perceived Potency: Of those who could comment ($n=49$), over half reported bush cannabis to be of 'medium' potency (51%; 45% in 2018; $p=0.597$), followed by a quarter reporting 'high' (25%; 24% in 2018; $p=0.972$; Figure 22).

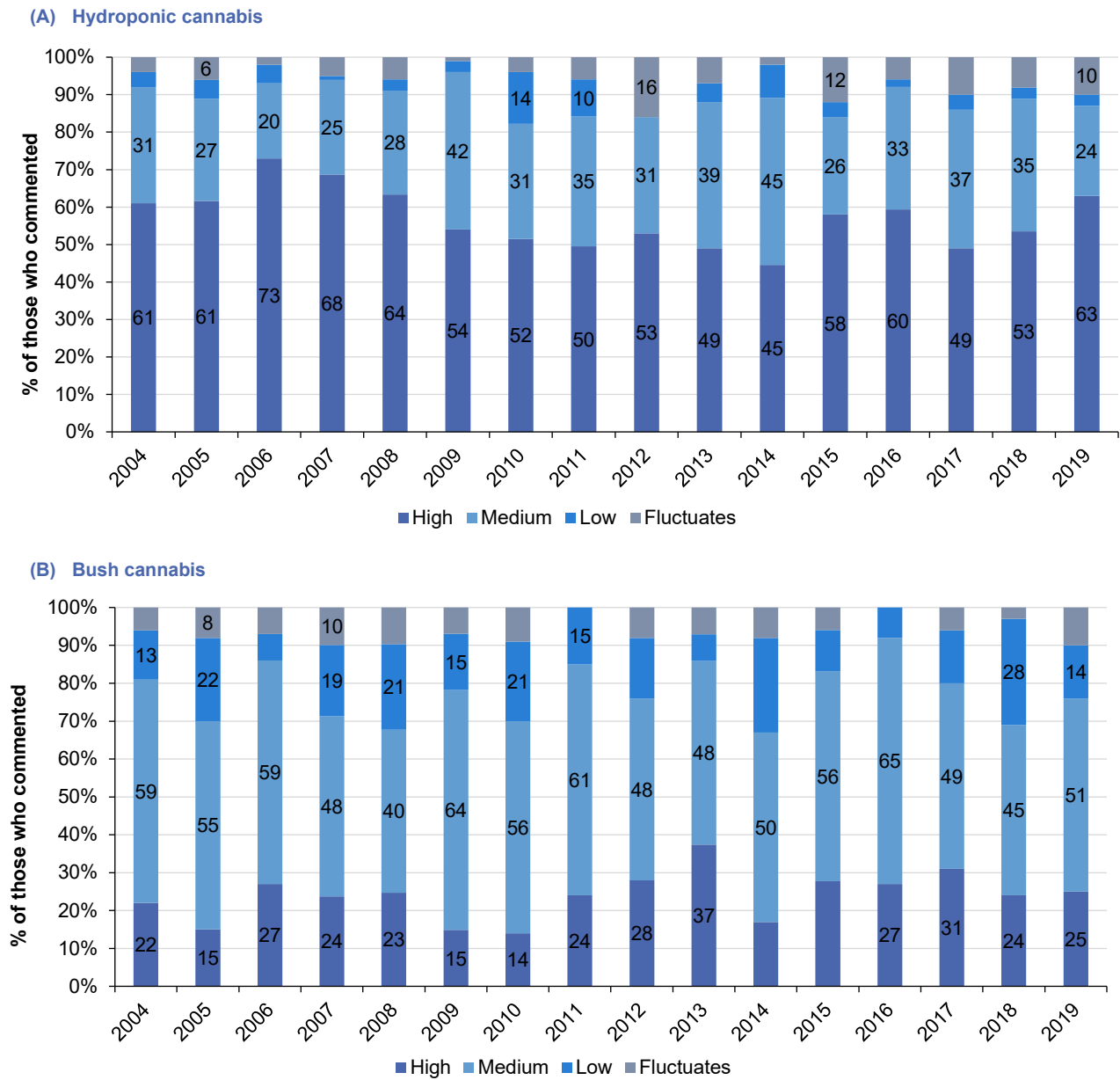
Perceived Availability: Among those who were able to comment in 2019 ($n=49$), four-fifths reported the availability of bush cannabis to be 'very easy' or 'easy' to obtain (80%; 76% in 2018; $p=0.700$; Figure 23).

Figure 18: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2003-2019



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

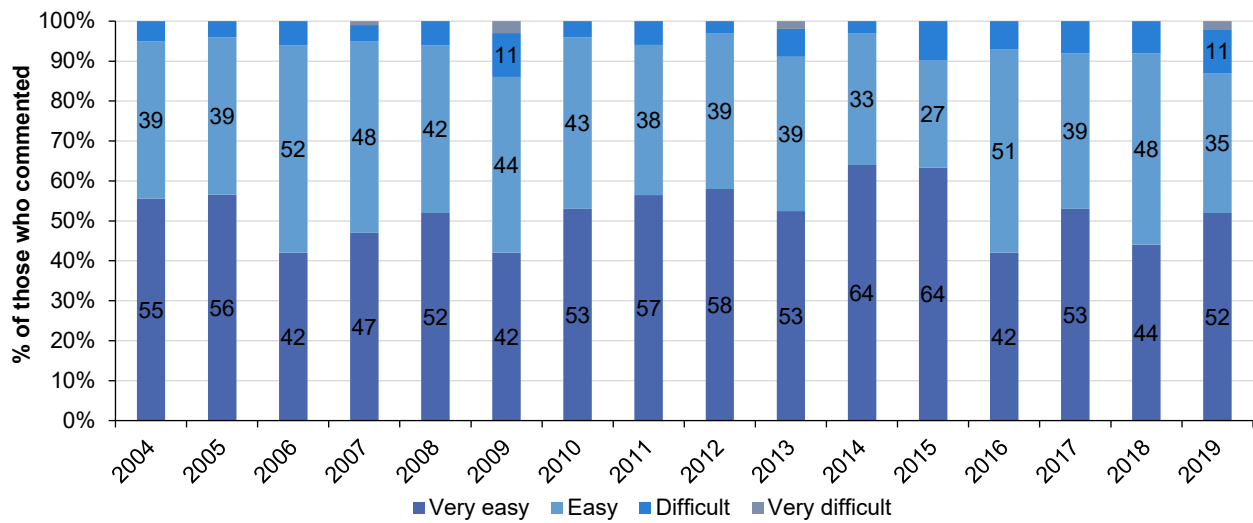
Figure 19: Current perceived potency of hydroponic (a) and bush (b) cannabis, ACT, 2004-2019



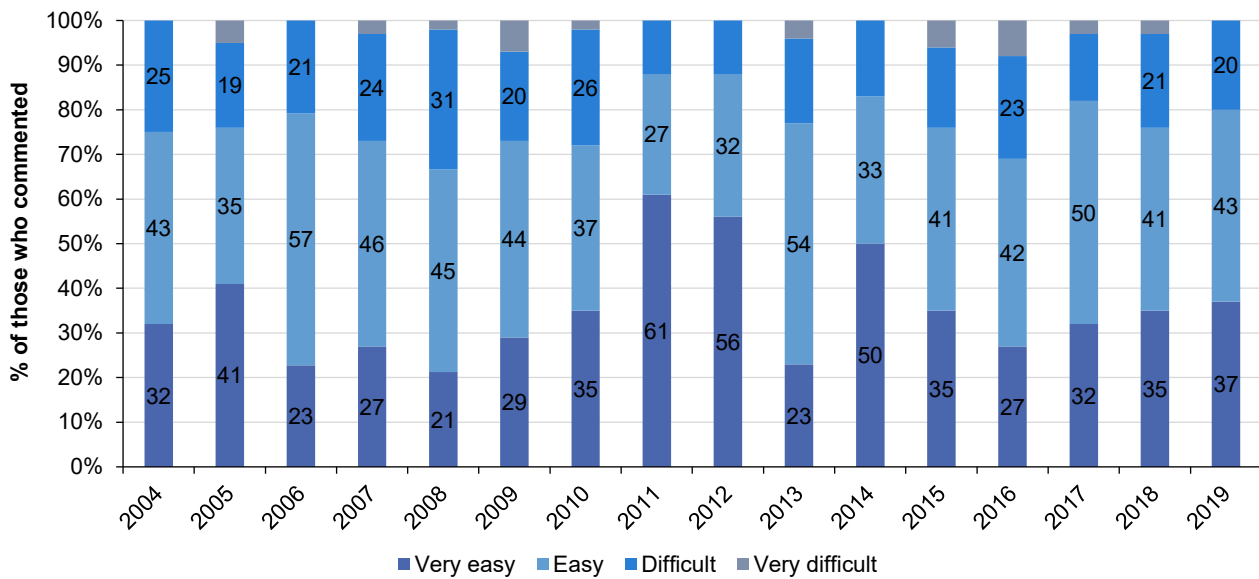
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 20: Current perceived availability of hydroponic (a) and bush (b) cannabis, ACT, 2004-2019

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. * Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

6

Pharmaceutical opioids

The following section describes rates of 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; 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.

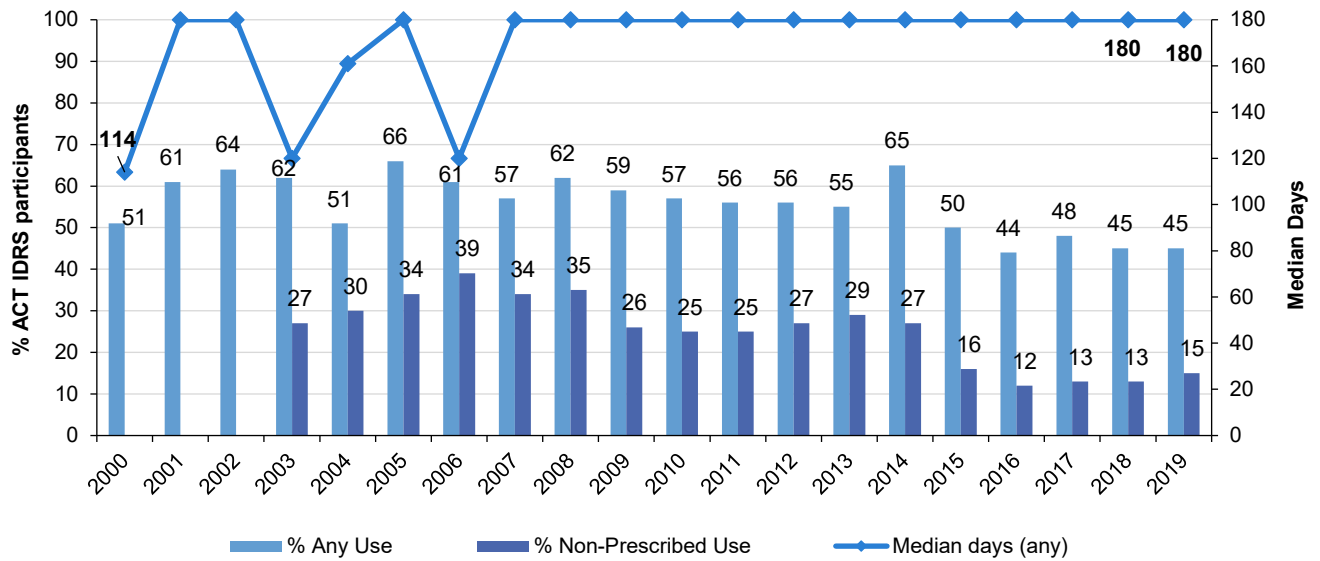
Methadone

Recent Use (past 6 months): Recent use of methadone (including liquid and tablets) has fluctuated over the years of monitoring, and since 2016 been below 50% (45% in 2019). In more recent years, methadone use has largely consisted of prescribed use, with the per cent reporting non-prescribed use peaking at 39% in 2006 and declining to 15% in 2019 (13% in 2018; $p=0.684$; Figure 21).

Frequency of Use: Frequency of use has remained stable from 2007 onwards (median 180 days in 2019; IQR=16-180; 180 days in 2018; IQR=24-180; Figure 21). This is mostly driven by prescribed use, with frequency of non-prescribed use typically on a less than monthly basis (2019: syrup median 3 days; IQR=2-19 days; tablet $n\leq 5$ and therefore not reported). Indeed, low numbers reported recent use of non-prescribed syrup (14%) and tablet ($n\leq 5$).

Routes of Administration: One-quarter (27%; 31% in 2018; $p=0.642$) of people who had recently consumed methadone reported injecting methadone (including methadone liquid and tablets) on a median of nine days (IQR=2-20), similar to the median of five days (IQR=2-24) recorded in 2018; ($p=0.936$).

Figure 21: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, ACT, 2000-2019



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days (prescribed and/or non-prescribed use) computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

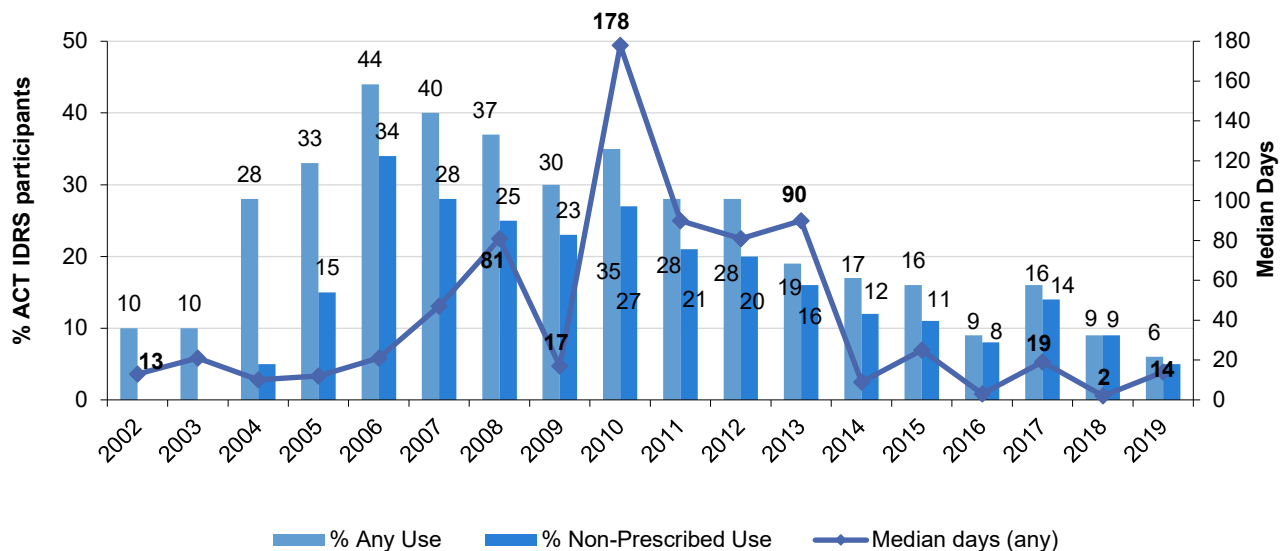
Buprenorphine

Recent Use (past 6 months): The per cent reporting any buprenorphine use has mainly declined in recent years, from 44% in 2006 to 6% in 2019 (Figure 22). Since 2006, the majority of reported use has been non-prescribed use (Figure 22). Indeed, few participants reported prescribed use of buprenorphine in the six months preceding interview in 2019.

Frequency of Use: Median days of use has fluctuated over the years and has since 2014 remained below 30 days (14 days in 2019; IQR=5-180; 2 days in 2018; IQR=1-44; $p=0.209$).

Routes of Administration: In 2018, the majority (83%; 89% in 2018; $p=0.757$) of recent buprenorphine consumers reported injecting buprenorphine. Median frequency of injection is not reported due to small numbers.

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine, ACT, 2002-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days (prescribed and/or non-prescribed use) rounded to the nearest whole number. Y axis reduced to 50% to improve visibility of trends. In 2002 buprenorphine did not distinguish between prescribed and non-prescribed. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

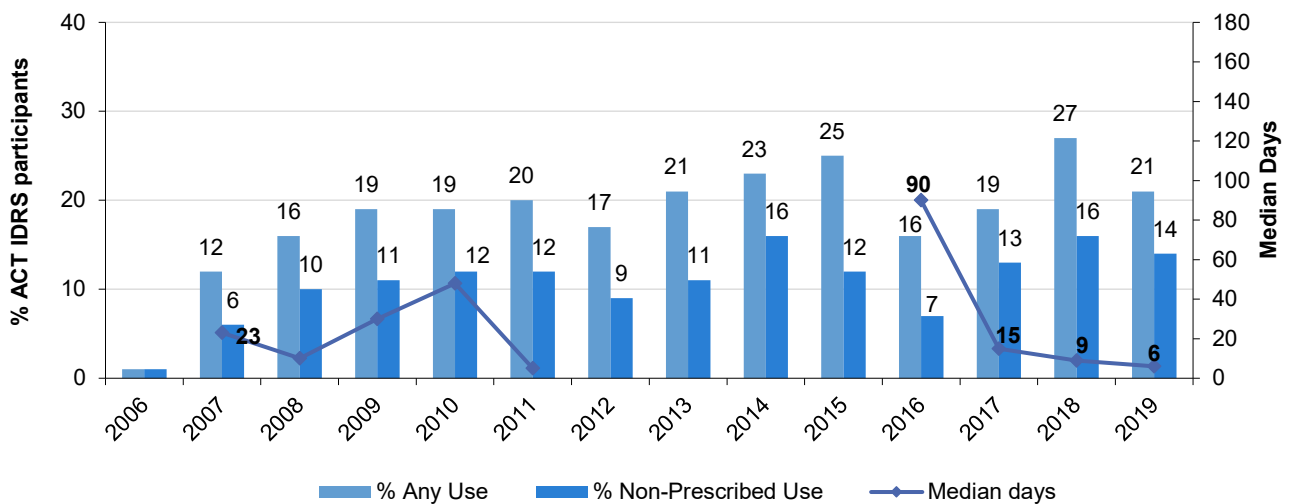
Buprenorphine-Naloxone

Recent Use (past 6 months): The per cent reporting past six month use of buprenorphine-naloxone gradually increased until 2015 and from thereon have fluctuated. In 2019, one-fifth (21%) of the sample reported any buprenorphine-naloxone use, and 14% reported non-prescribed use (Figure 22).

Frequency of Use: In 2019, people who reported buprenorphine-naloxone had used it on a median of six days (IQR=2-158; 9 days in 2018; IQR=2-173; $p=0.209$) in the past six months (Figure 22). Frequency of non-prescribed use was a median of five days (IQR=2-7; 4 days in 2018; IQR=1-8; $p=0.747$) and frequency of prescribed use was 135 days (IQR=41-180; 90 in 2018; IQR=43-180; $p=0.804$).

Routes of Administration: Just over half of recent consumers (52%; 48% in 2018; $p=0.771$) reported injecting any form of buprenorphine-naloxone on a median of four days (IQR=2-24) in the past six months in 2019, similar to the median days recorded in 2018 (3 days; IQR=1-33; $p=0.865$).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, ACT, 2006-2019



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2018 participants were asked about the use of buprenorphine-naloxone film only. Median days missing for 2012-2015 as unable to compute median days for both forms combined. Median days (prescribed and/or 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% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Morphine

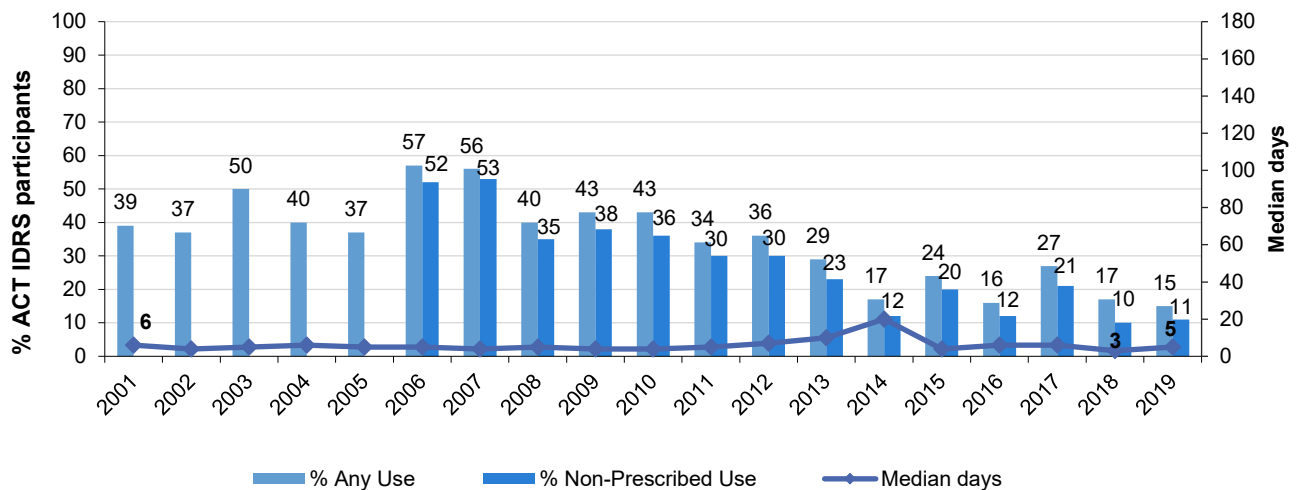
Recent Use (past 6 months): The per cent reporting recent use of morphine has been declining following a peak in use in 2006 (57%). In 2019, 15% reported use of morphine (17% in 2018; $p=0.700$; Figure 23).

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, with the trend for non-prescribed use paralleling that for any use (11% in 2019; 10% in 2018; $p=0.818$; Figure 23).

Frequency of Use: In contrast with the trend of declining use, frequency of use has consistently been low (2019: median 5 days, IQR=1-24). However, the median days use for non-prescribed use was 10 days (IQR=3-24) in 2019, a significant increase compared to 2018 (median 3 days; IQR=1-3; $p=0.036$; Figure 23).

Routes of Administration: In 2019, the majority of participants who reported recent use (93%; 88% in 2018; $p=0.622$) had injected morphine in the past six months on a median of seven days (IQR=1-25; 3 days in 2018; IQR=1-6; $p=0.400$).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, ACT, 2001-2019



Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. Median days (prescribed and/or non-prescribed use) computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Some data labels have been removed to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

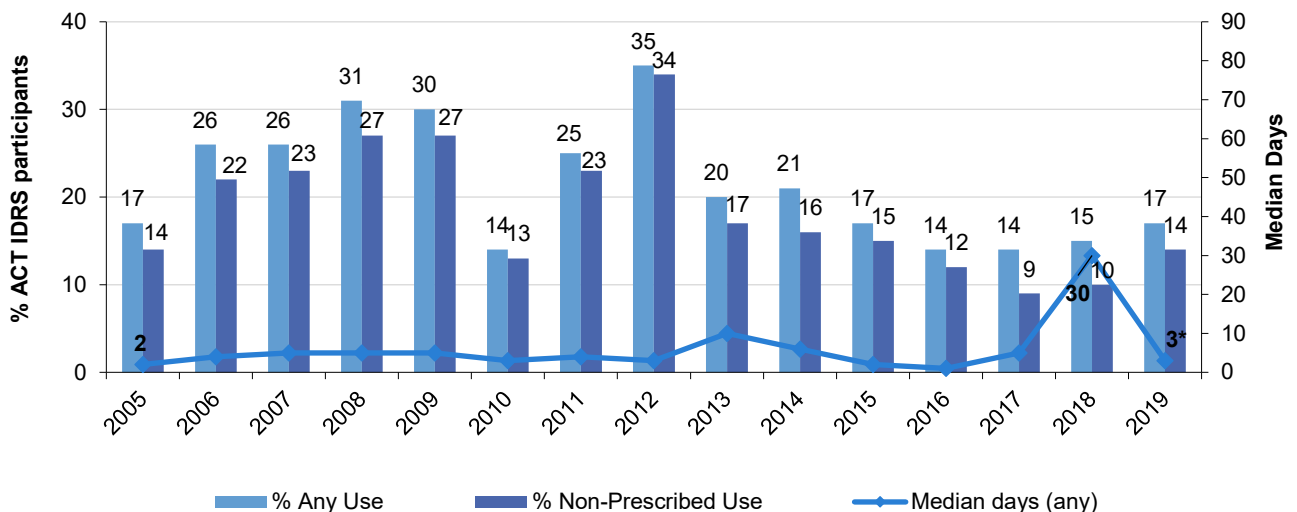
Oxycodone

Recent Use (past 6 months): The per cent reporting any oxycodone use has followed an inverted-U shape over the course of monitoring, peaking in 2012 (35%), and declining subsequently to 17% in 2019 (15% in 2018; $p=0.797$; Figure 24). As with morphine, most of this use has comprised non-prescribed oxycodone, with 14% of the sample reporting recent non-prescribed use in 2019 (10% in 2018; $p=0.355$; Figure 24).

Frequency of Use: Frequency of use has mainly remained low and stable across the course of monitoring, with the exception of an increase in 2018 (30 days, IQR=1-48), declining again to a median of three days (IQR=2-6) in 2019 ($p=0.034$; Figure 24).

Routes of Administration: Forty-four per cent of people who had recently consumed oxycodone (60% in 2018; $p=0.366$) reported injecting any form of oxycodone on a median of three days (IQR=2-7; 3 days in 2018; IQR=2-22; $p=0.758$) in the past six months.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, ACT, 2005-2019



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days (prescribed and/or 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 90 to improve visibility of trends. Some data labels have been removed to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

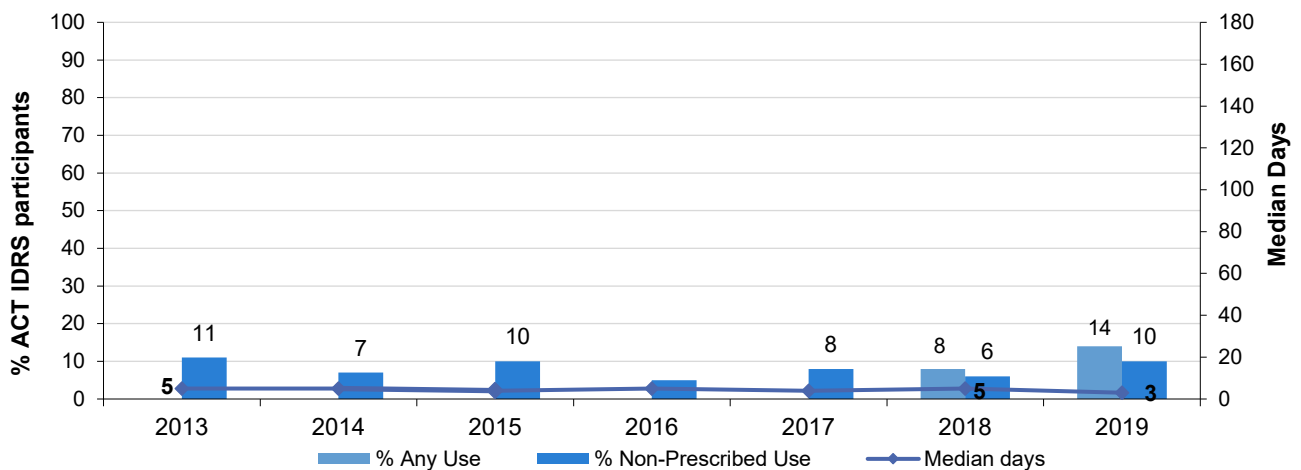
Fentanyl

Recent Use (past 6 months): The per cent reporting recent use and frequency of use of fentanyl in the past six months has remained low over the course of monitoring. In 2019, 14% reported any use of pharmaceutical fentanyl (8% in 2018; $p=0.191$). Much of this use is non-prescribed, with 10% of the sample reporting non-prescribed use in 2019 (6% in 2018; $p=0.317$; Figure 25).

Frequency of Use: Frequency of use has remained stable over the course of monitoring. In 2019, participants reported use on a median of three days in the past six months (IQR=1-9; 5 days in 2018; IQR=2-140 days; $p=0.414$; Figure 25).

Routes of Administration: Fentanyl was injected by 79% of recent consumers (100% in 2018; $p=0.159$) on a median of four days (IQR=2-8; 4 days in 2018; IQR=2-12; $p=0.829$).

Figure 26: Past six-month use (prescribed and non-prescribed) and frequency of use of fentanyl, ACT, 2013-2019



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days (prescribed and/or non-prescribed use) computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Codeine

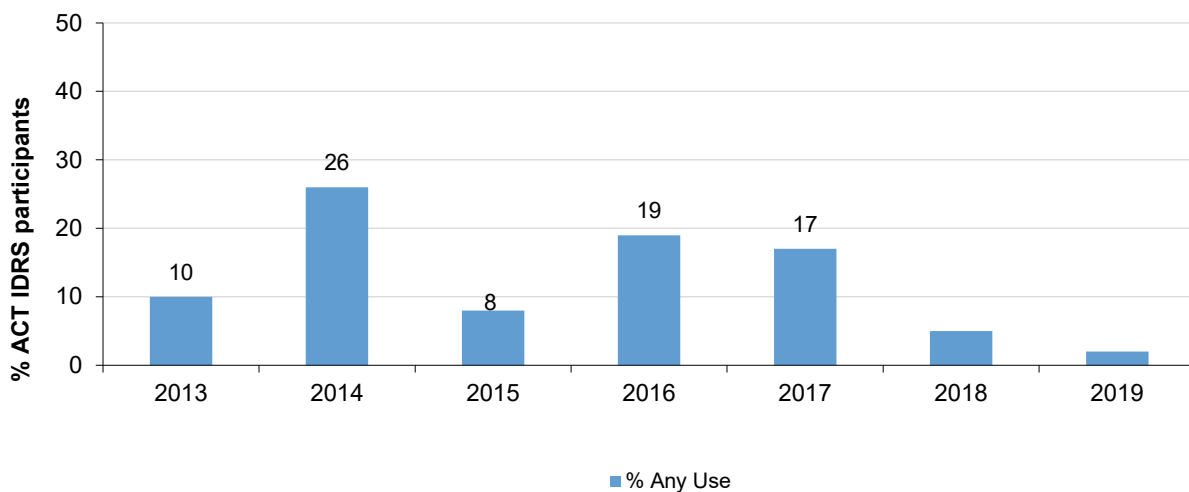
Make note: Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC¹), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.

Recent Use (past 6 months): In 2018, 32% of the sample reported recent use of any codeine; this changed to 19% in 2019 ($p=0.035$). In 2019, 7% reported use of non-prescribed codeine (including low- and high-dose codeine).

Recent Use (past 6 months) for Non-Pain Purposes: Very low numbers reported use of low dose codeine for non-medical/pain purposes in 2019 (Figure 27). It is unclear if this decline was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e. participants could only report use occurring prior to rescheduling in February in 2018), yet the sustained decline across 2018 and 2019 would suggest the former.

Frequency of Use: Those who reported any codeine use in 2019 had used on a median of seven days (IQR=4-21) in the past six months, similar to the median of five days report in 2018 (IQR; 2-20; $p=0.448$).

Figure 27: Past six month use of low-dose codeine (for non-pain purposes), ACT, 2013-2019



Note. Differences between 2018 and 2019, and previous years data should be viewed with caution due to differences in the way questions were asked in 2018 and 2019 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

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Other drugs

New Psychoactive Substances (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 2019, NPS use remained stable among the sample, with 12% reporting recent use (8% in 2018; $p=0.358$), similar to the figure observed in the national sample (Table 2). 'New' drugs that mimic the effects of cannabis were the most commonly used NPS nationally (6%). Similarly, historically much of the NPS use in the ACT sample has been driven by use of 'new' drugs that mimic the effects of cannabis (synthetic cannabinoids; 8% in 2019).

Table 2: Past six month use of new psychoactive substances, ACT, 2015-2019

% Recent Use (past 6 months)	National N=902	2019 N=100	2018 N=100	2017 N=100	2016 N=100	2015 N=100
'New' drugs that mimic the effects of opioids	2	-	-	-	/	/
'New' drugs that mimic the effects of ecstasy	2	-	-	-#	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	1	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	6	8	-	8	10	8
'New' drugs that mimic the effects of psychedelic drugs	1	-	-	-#	/	/
'New' drugs that mimic the effects of benzodiazepines	1	-	0	/	/	/
Any of the above	11	12	8	11	14	10

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new' drugs that mimic the effects of ecstasy or psychedelic drugs. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Non-Prescribed Pharmaceutical Medicines

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has decreased, from 51% in 2007 when monitoring commenced to 26% in 2019 (28% in 2018; $p=0.783$; Figure 28). In the total sample, 6% reported use of non-prescribed alprazolam and 22% reported use of non-prescribed other benzodiazepines.

Frequency of Use: In 2019, non-prescribed use of alprazolam and 'other' benzodiazepines was used on a median of seven days (IQR=3-30; 20 days in 2018; IQR=3-53; $p=0.428$) and three days (IQR=2-45; 10 days in 2018; IQR=4-42; $p=0.370$), respectively.

Routes of Administration: In 2018 and 2019, none of the participants who had recently used non-prescribed benzodiazepines reported injecting as a route of administration.

Pharmaceutical Stimulants

Very low numbers reported using non-prescribed pharmaceutical stimulants in the last six months and therefore no further reporting on patterns of use will be included (Figure 28). For information on the national sample, please refer to the [national report](#), or contact the Drug Trends team.

Anti-Psychotics

Recent Use (past 6 months): The percentage of the sample reporting recent use of non-prescribed anti-psychotics has fluctuated between 11% and 23% since monitoring began in 2011, noting that participants were asked about a specific formulation 2011-2018. In 2019, 11% reported recent use of any non-prescribed anti-psychotics (18% reported non-prescribed use of 'Seroquel' in 2018; $p=0.160$; Figure 28).

Frequency of Use: In 2019, non-prescribed antipsychotics were used on a median of 15 days (IQR=2-24), with participants reporting a median of 5 days (IQR=2-11) for 'Seroquel' in 2018 ($p=0.438$).

Routes of Administration: None of the sample reported injecting non-prescribed anti-psychotics, in 2018 or 2019.

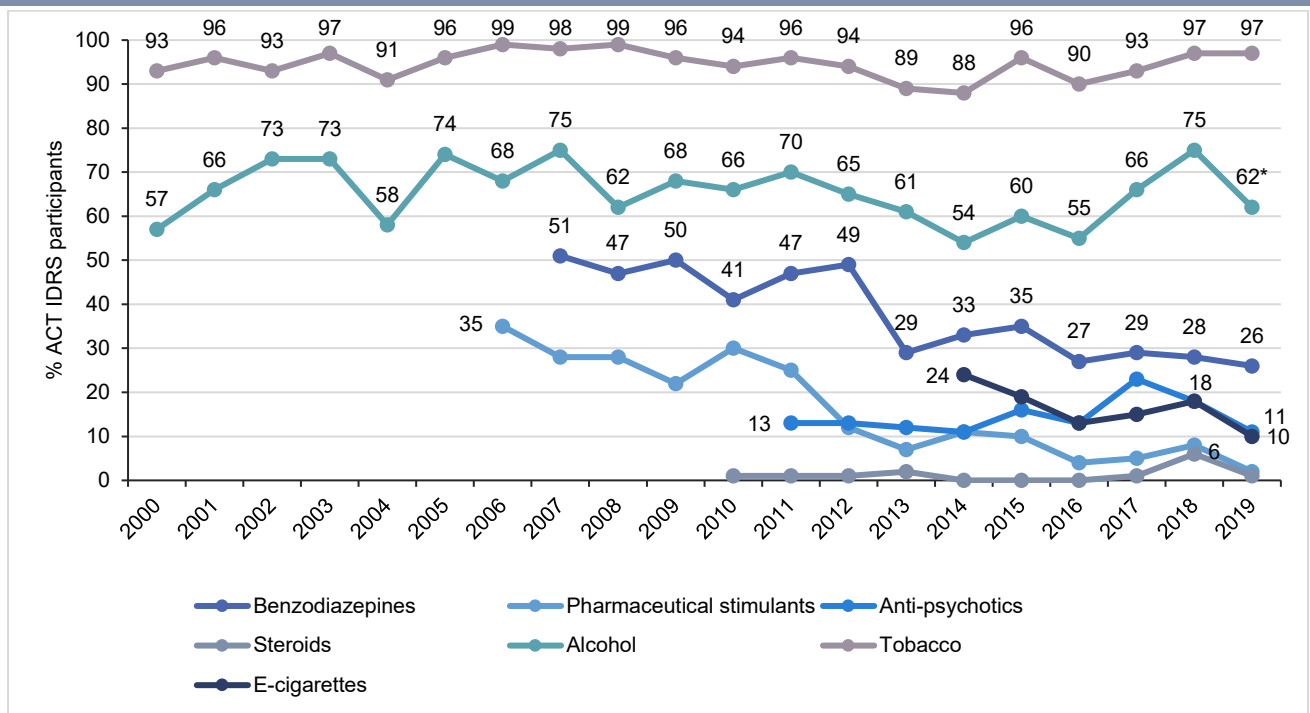
Pregabalin

Recent Use (past 6 months): In 2019, 10% of the sample had used non-prescribed pregabalin in the six months preceding interview (14% in 2018; $p=0.370$).

Frequency of Use: Non-prescribed use was infrequent amongst recent consumers in 2019, with a reported median of three days of use (IQR=1-9), consistent with 2018 reports (3 days; IQR=1-10; $p=0.736$).

Routes of Administration: None of the participants reported to have injected pregabalin in 2018 or 2019.

Figure 28: Past six month use of other drugs, ACT, 2000-2019



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018 (excluded from figure). Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Licit and Other Drugs

Steroids

Recent Use (past 6 months): Reports of recent use of steroids have remained consistently low (between 0% and 6%) since monitoring began in 2010 (Figure 28).

Alcohol

Recent Use (past 6 months): Recent use of alcohol has historically been reported by between 54%-75% of participants. In 2019, there was a decrease in those reporting recent use compared to 2018 (62%; 75% in 2018; $p = 0.048$; Figure 28).

Frequency of Use: Median frequency of use was 48 days (i.e. twice weekly use; IQR=12-100; 24 days in 2018; IQR=6-90). In 2019, 21% of recent consumers of alcohol reported daily use (15% in 2018; $p = 0.312$).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively common since the IDRS began, with 97% of the sample reporting recent use in 2019 (97% in 2018; $p = 1.000$; Figure 28).

Frequency of Use: In 2019, median frequency of use was 180 days (IQR=180-180; 180 days in 2018; IQR=180-180 days; $p = 0.857$), with 91% of recent consumers reporting daily use (92% in 2018; $p = 0.800$).

E-cigarettes

Recent Use (past 6 months): E-cigarette use has been decreasing since monitoring began, from 24% in 2014 to 10% in 2019 (18% in 2018; $p=0.103$; Figure 28).

Frequency of Use: In 2019, median frequency of use was two days (IQR=1-180; 9 days in 2018; IQR=2-180 days; $p=0.495$).

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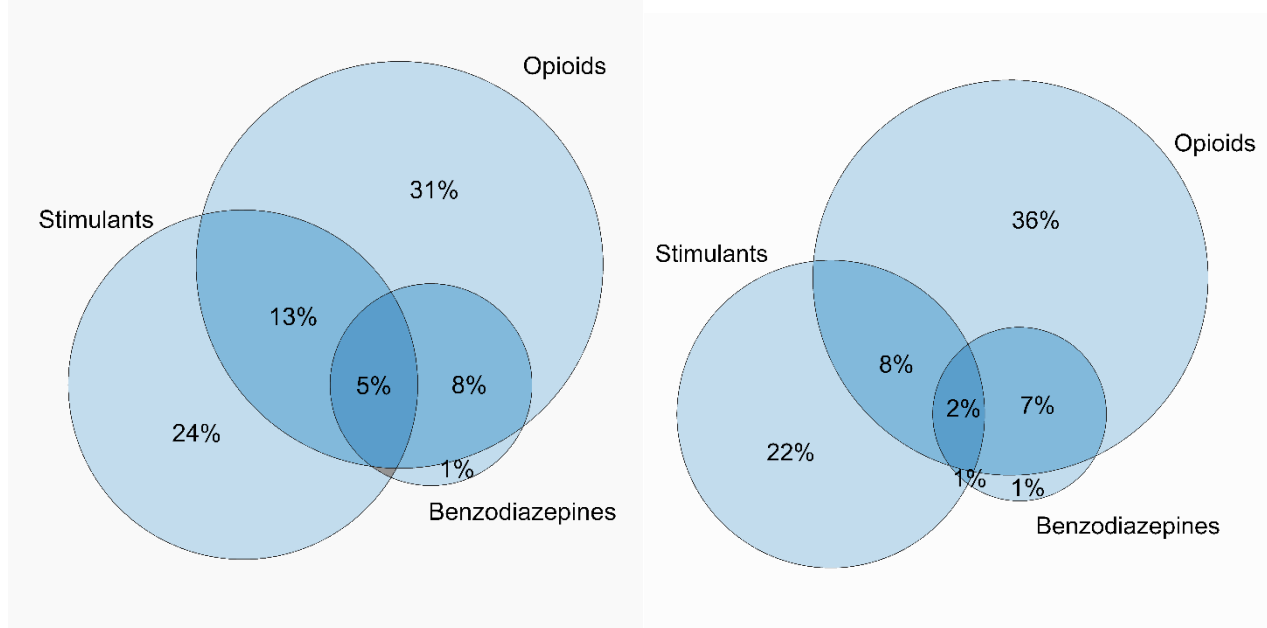
Drug-Related Harms and Other Risk Factors

Polysubstance Use

In 2019, nearly all (99%) of the ACT sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview (96% in 2018; $p=0.174$). The most commonly used substances were tobacco (77%), opioids (54%), cannabis (51%), stimulants (33%), and alcohol (29%).

Seventy-seven percent had consumed an opioid, stimulant or benzodiazepine. This included 17% of the sample who reported using some combination of opioids, stimulants, and/or benzodiazepines on the day preceding the interview. The most common combinations were stimulants and opioids (8%), followed by opioids and benzodiazepines (7%; Figure 29).

Figure 29: Use of opioids, stimulants and benzodiazepines on the day preceding interview, ACT, 2018-2019



Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (77%; $n=77$; 82% in 2018; $p=0.381$). The figure is not to scale.

Overdose

Non-fatal overdose

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

In 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:

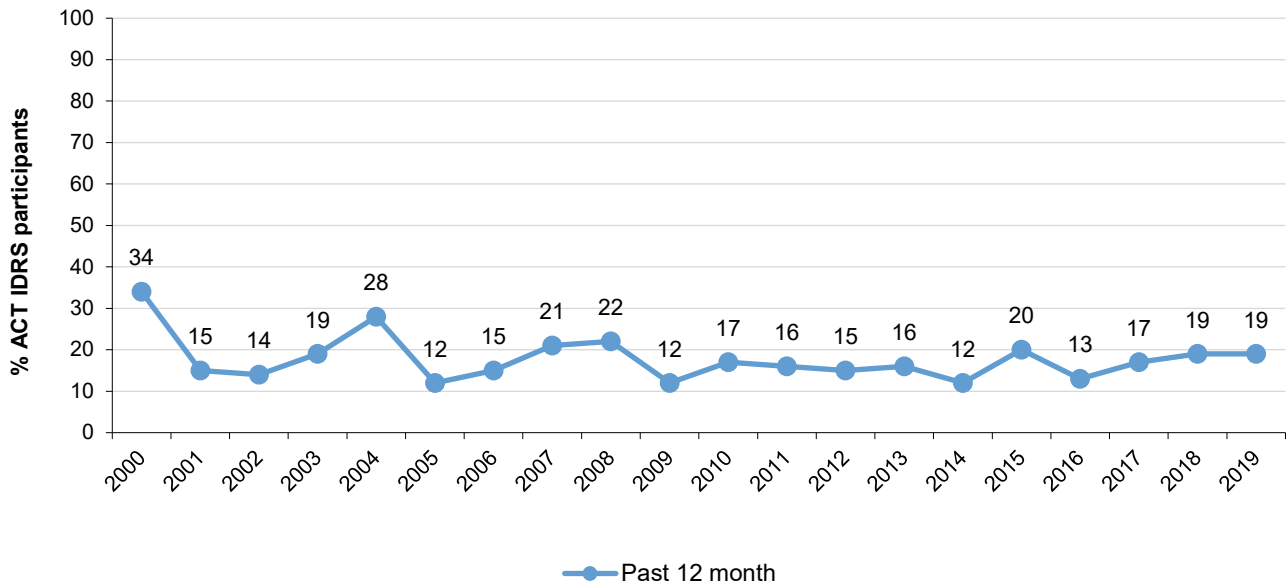
- **opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic); and
- **'other drug' overdose** including alcohol, cannabis, amyl nitrite/alkyl nitrite, benzodiazepines, NPS, pharmaceutical stimulants or any other drug.

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 below) but note that estimates may vary over time because of changed nuance in asking by drug type.

Past 12-month non-fatal overdose in the ACT sample has fluctuated somewhat between 2000-2008 (potentially in part due to differences in the way questions regarding overdose were asked) but stabilised from 2009 onwards (Figure 30).

In 2019, one-fifth (19%; 19% in 2018; $p=0.955$) reported a non-fatal overdose in the past 12 months. The most commonly cited substance involved in past year non-fatal overdose was heroin (14%; 14% in 2018; $p=0.973$; Table 3). Those who reported a non-fatal overdose on heroin had done so on a median of two occasions (IQR=1-3) in the last 12 months. Among those that had overdosed on heroin in the past year, 43% reported receiving naloxone (Narcan®) and 43% reported that an ambulance attended their most recent overdose.

Figure 30: Past 12 month non-fatal overdose, ACT, 2000-2019



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 3: Past year non-fatal overdose by drug type, nationally and ACT, 2017-2019

	National 2019	2019	ACT 2018	2017
Heroin overdose	N=890 12	N=100 14	N=94 14	N=92 12
Methadone overdose	N=890 1	N=100 0	N=99 0	N=92 -
Morphine overdose	N=890 1	N=100 0	N=96 0	N=92 -
Oxycodone overdose	N=890 -	N=100 0	N=100 -	N=95 0
Other drug overdose (including stimulants)	N=889 8	N=100 6	N=98 7	N=88 -
Other drug overdose (not including stimulants)	N=887 3	N=100 -	/	/
Any drug overdose	N=890 21	N=100 19	N=91 19	N=96 16

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. – Values suppressed due to small numbers ($n \leq 5$ but not 0). / participants not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

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 placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription.

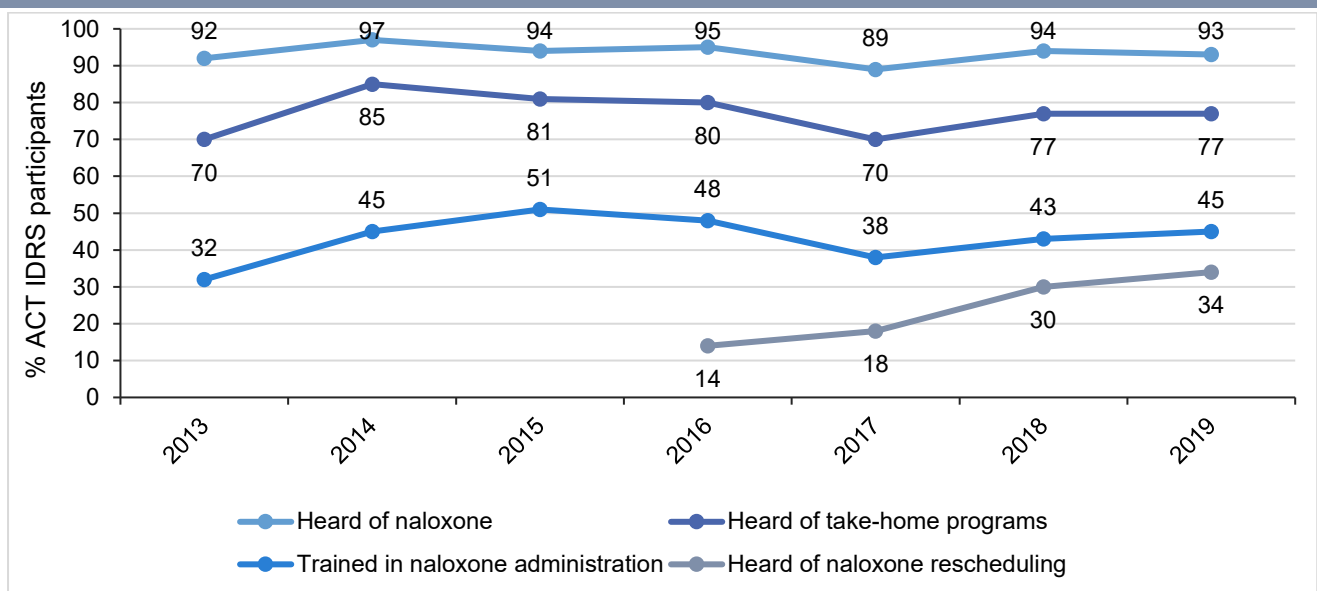
Awareness of Naloxone and Training Programs: Since monitoring began in 2013, there has been high awareness of naloxone and of take-home naloxone training programs in the ACT sample (93% and 77% of 2019 participants, respectively (Figure 31).

Participation in Training Programs: Those reporting being trained in naloxone administration has fluctuated between 32% in 2013 and 51% in 2015 (45% in 2019; Figure 31).

Awareness of Naloxone Scheduling and Products: There has been an increase in those who has heard of naloxone rescheduling since monitoring began, from 14% in 2016 to 34% in 2019 ($p<0.001$; Figure 31). Thirty-four per cent of the ACT sample have heard about the naloxone nasal spray.

Use of Naloxone to Reverse Overdose: In 2019, 7% of the ACT sample reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program (14% in 2018; $p=0.106$). Of those who had completed the take-home naloxone program and commented ($n=40$), 45% had used naloxone to resuscitate someone who had overdosed (40% in 2018; $p=0.614$).

Figure 31: Take-home naloxone program and distribution, ACT, 2013-2019



Note. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019. Nationally, 85% had heard of naloxone, 57% had heard of the take-home naloxone program, 30% were trained in naloxone administration and 32% had heard about the naloxone rescheduling (i.e., available over-the-counter from a pharmacy without a prescription) in 2019.

Injecting Risk Behaviours and Harms

Injecting risk behaviours

The percent reporting receptive and distributive sharing has not shown any major declines over time. In 2019, approximately one in ten participants reported distributive sharing (11%; 9% in 2018; $p=0.620$) and receptive sharing (8%; 10% in 2018; $p=0.621$) in the past month (Figure 32).

The per cent of those who have shared other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month has fluctuated between 2000-2011, with rates stabilising from about 2011 onwards (Table 4). In 2019, there was a notable decrease in those reporting sharing other equipment compared to 2018 (6% versus 27% in 2018; $p<0.001$; Figure 32).

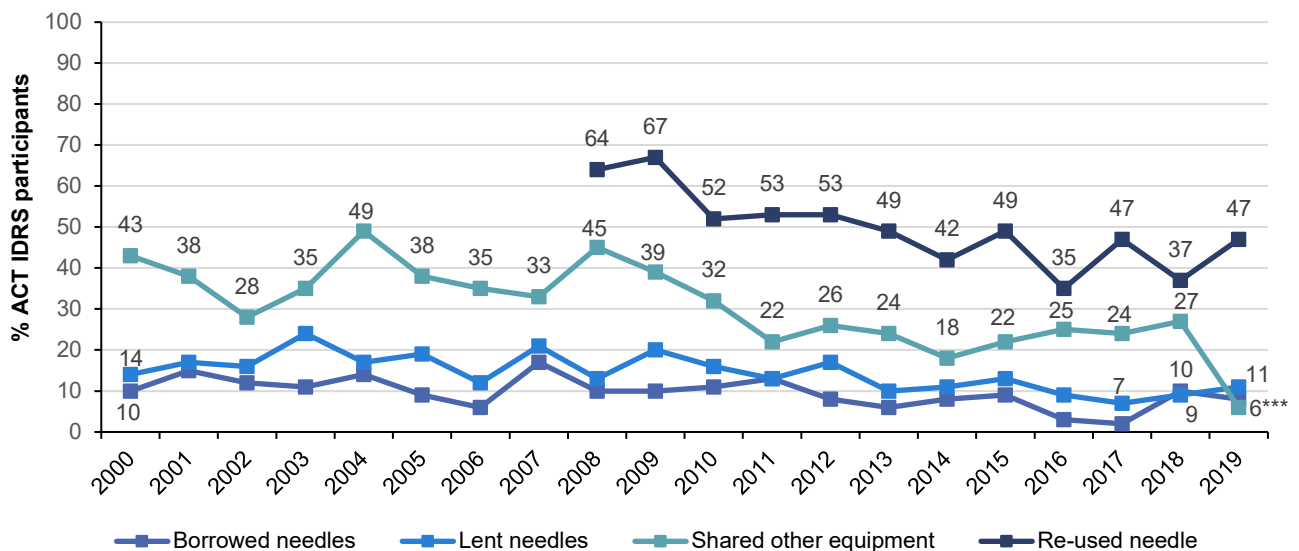
The per cent of the sample who reported re-using their own needles in the past month has declined from 64% in 2008 to 47% in 2019 (37% in 2018; $p=0.151$; Figure 32).

The per cent reporting re-using other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has declined over time, from 49% in 2004 to 18% in 2014. It then reached the lowest per cent observed in 2019 (6%), a significant decrease compared to 2018 (27%; $p<0.001$; Figure 32; Table 4).

One-third (33%; 26% in 2018; $p=0.278$) reported that they had injected someone else after injecting themselves, and one-fifth (21%; 14% in 2018; $p=0.204$) were injected by someone else who had previously injected in the past month (Table 4).

Consistent with previous years, most participants (80%; 91% in 2018; $p=0.058$) reported that they had last injected in a private home (Table 4).

Figure 32: Borrowing and lending of needles and sharing of injecting equipment in the past month, ACT, 2000-2019



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Some data labels have been removed to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Table 4: Sharing and re-using needles and injecting equipment in the past month, nationally and ACT, 2014-2019

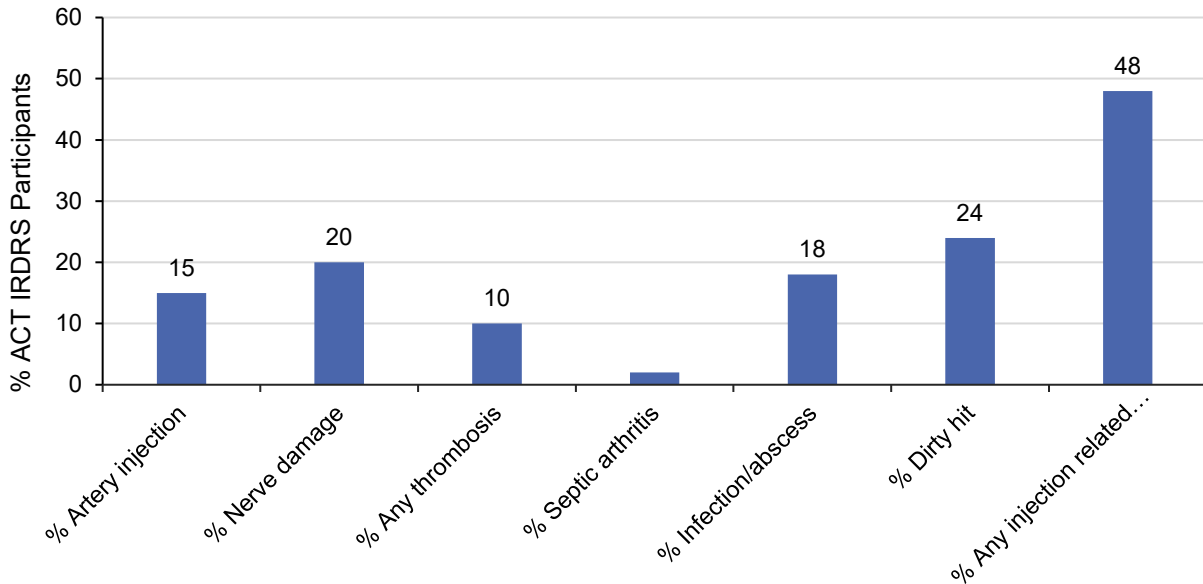
	National 2019 n=893	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 n=98	ACT 2016 n=97	ACT 2015 n=98	ACT 2014 N=100
% Borrowed a needle	8	8	10	-	-	9	8
% Lent a needle	11	11	9	7	9	13	8
% Shared any injecting equipment ^ (n)	5	6***	27	24	25	22	19
Shared spoon/mixing container	86	100	74	87	92	77	100
Shared filter	-	0	-	-	-	-	-
Shared tourniquet	43	-	30	-	33	-	-
Shared water	45	-	37	-	29	-	-
Shared swabs	21	0	-	-	-	0	-
Shared wheel filter	-	0	0	0	-	-	-
% Reused own needle	44	47	37	47	35	49	44
% Reused own injecting equipment ^ (n)	28	32	45	56	46	51	37
% Injected partner/friend after injecting self (with either a new or used needle)	35	33	26	31	33	/	/
% Somebody else injected them after injecting themselves (with either a new or used needle)	21	21	14	9	10	/	/
Location of last injection							
% Private home	77	80	91	85	83	85	85
% Car	4	-	-	6	-	0	-
% Street/car park/beach	7	-	-	-	6	-	-
% Public toilet	7	10*	-	-	6	-	9
% Other	5	0	0	0	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes.). / denotes that this item was not asked in these years. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Self-reported injection-related health problems

In 2019, nearly half (48%) of the sample reported having an injection-related health issue in the month preceding interview (Figure 35). The most common injection-related health issues reported by participants was a dirty hit (24%), followed by nerve damage (20%) and an artery injection (15%).

Figure 33. Injection-related issues in the past month, ACT, 2019



Note. Values suppressed due to small cell size ($n \leq 5$ but not 0). Y axis reduced to 60% to improve visibility of trends.

Drug Treatment

Consistent with previous years, half of the participants (49%; 42% in 2018; $p=0.320$) reported that they were currently in treatment for their substance use (most commonly receiving methadone) in 2019 (Table 5). Of those people who had used methamphetamine in the past year ($n=79$), 8% reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period (10% of those who reported weekly or more frequent use of methamphetamine).

In 2019, 17% of the total sample had not accessed treatment in the past six-month period but reported thinking that they needed it. Of these people ($n=17$), small numbers reported that they had tried but were unable to access drug treatment. Indeed, small numbers were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Table 5: Current drug treatment nationally and ACT, 2014-2019

	National		ACT				
	N=901	N=100	N=100	N=100	N=100	N=100	N=100
	2019	2019	2018	2017	2016	2015	2014
% Current drug treatment	41	49	42	47	46	53	56
Methadone	25	30	28	39	36	38	45
Buprenorphine	2	0	-	-	-	-	-
Buprenorphine-naloxone	9	-	10	7	6	6	6
Drug counselling	9	8	-	0	-	-	-
Other	5	12***	0	0	0	0	0

Note. Numbers suppressed when $n \leq 5$ (but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Driving Behaviours

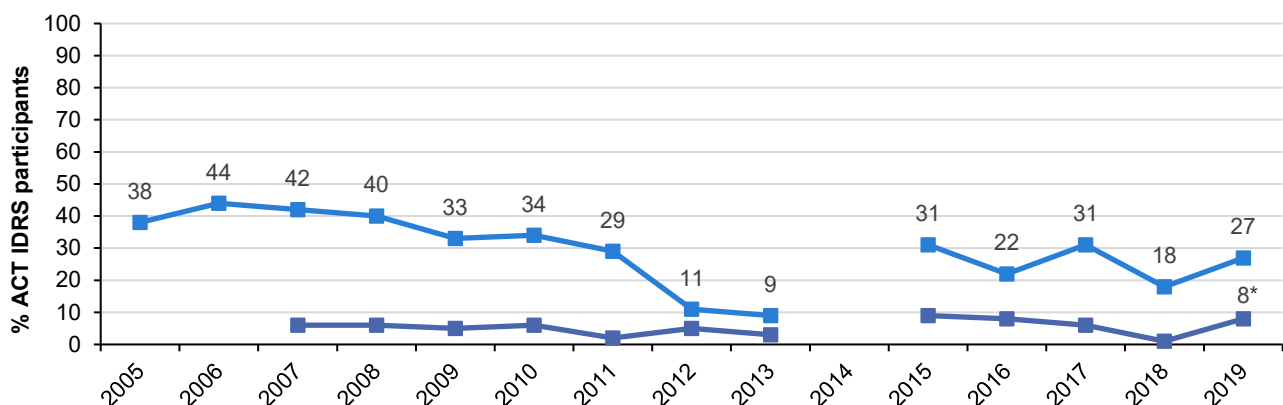
Of the ACT IDRS 2019 sample, 8% reported driving over the legal limit for alcohol in the past six months (22% of those that reported driving in the same period), an increase compared to 2018 ($n \leq 5$ in 2018; $p=0.017$). Those who reported driving over the legal limit for alcohol said they did so on a median of four days (IQR=1-25) in the last six months (Figure 34).

Of the whole sample, 27% (18% in 2018; $p=0.147$) reported driving within three hours of consuming an illicit or non-prescribed drug (75% of those that reported driving recently) in the past six months. Those who had engaged in this behaviour reported doing so on a median of 10 days (IQR=2-113) in the last six months, similar to the estimate in 2018 (7 days, IQR=2-113; $p=0.664$; Figure 34).

Among those that reported driving within three hours of consuming an illicit or non-prescribed drug ($n=27$), the most common drug used last time was heroin (59%; 56% in 2018; $p=0.805$), followed by cannabis (56%; 28% in 2018; $p=0.066$) and crystal methamphetamine (37%; 50% in 2018; $p=0.388$).

In 2019, among those that reported to have driven in the six months preceding interview ($n=36$), 28% (18% in 2018; $p=0.863$) reported to have been tested for drug driving and one-third (33%; 35% in 2018; $p=0.313$) reported to have been breath tested for alcohol by the police roadside testing in the last six months.

Figure 34: Driving risk behaviour in the last six months, ACT, 2005-2019



Note. Driven over the perceived limit of alcohol and driven a vehicle within three hours of using an illicit or non-prescribed drug. Data not collected in 2014. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ and to improve visibility). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Expenditure on Illicit and Non-Prescribed Drugs

In 2019, 69% of participants (70% in 2018; $p=0.878$) reported having spent money on illicit drugs and/or non-prescribed medicines on the day prior to interview, recording a median expenditure of \$80 (IQR=50-120), a decrease compared to 2018 (\$100; IQR=50-156; $p=0.036$). Indeed, the expenditure on non-prescribed drugs has ranged between \$80 and \$100 over the course of monitoring (Table 6).

Table 6: Expenditure on illicit and non-prescribed drugs on the day prior interview, ACT, 2014-2019

%	ACT 2019 n=92	ACT 2018 n=97	ACT 2017 n=98	ACT 2016 N=100	ACT 2015 n=99	ACT 2014 n=98
Nothing	25	27	32	43	43	45
Less than \$20	-	-	7	-	7	7
\$20-\$49	11	9	11	6	8	11
\$50-\$99	23	20	20	20	12	16
\$100-\$199	19	26	20	15	15	13
\$200-\$399	7	9	-	12	11	6
\$400 or more	-	7	-	0	-	-
\$ Median Expenditure (IQR)	80* (50-120)	100 (50-156)	80 (30-105)	80 (50-155)	100 (40-188)	80 (20-150)

Note. Numbers suppressed when $n \leq 5$ (but not 0). Median expenditure computed of those reporting spending $> \$0$. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

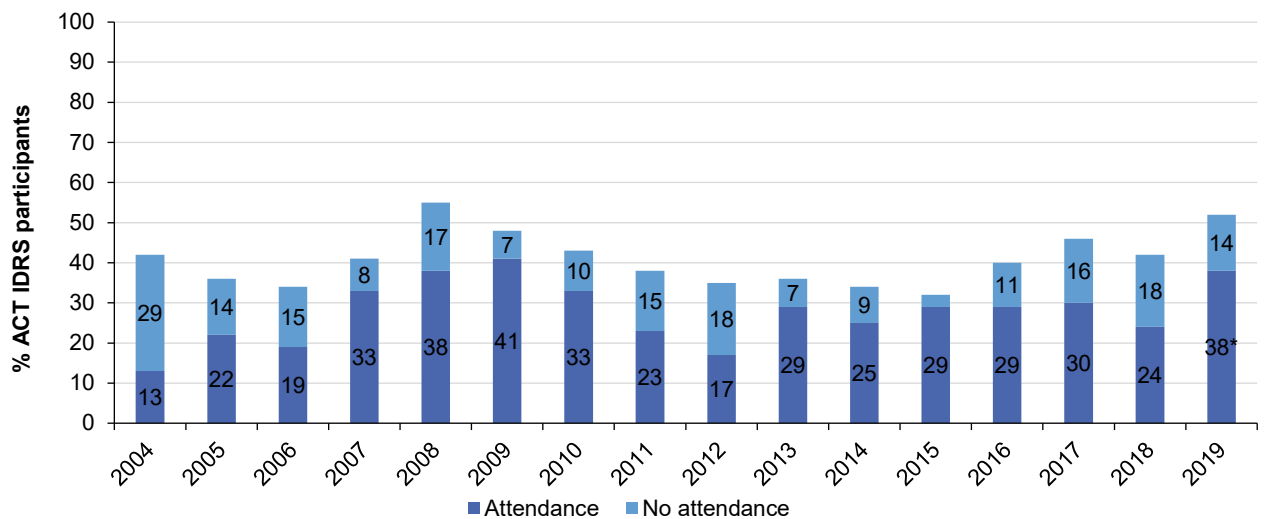
Mental Health

Over half of the sample (52%) self-reported that they had experienced a mental health problem in the preceding six months in 2019; 42% reported this outcome in the 2018 sample ($p=0.146$; Figure 33). Amongst this group, the most commonly reported problems were anxiety (62%; 74% in 2018; $p=0.198$), depression (77%; 72% in 2018; $p=0.777$) and schizophrenia (31%; 23% in 2018; $p=0.416$).

One-third of the total sample (38%; 73% of those who reported a mental health problem) had seen a mental health professional during the past six months, an increase from 24% of the total sample in 2018 ($p=0.032$; Figure 33). Among those who reported attending a health professional ($n=38$), most reported seeing a GP (66%), followed by a psychiatrist (37%) and mental health nurse (32%).

Four-fifths of those who reported a mental health problem (79%) had been prescribed medication for their mental health problem in the preceding six months, a significant increase from 2018 (53%; $p=0.014$).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2004-2019



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Sexual Health Behaviours

In 2019, 66% of the ACT IDRS sample reported having engaged in penetrative sex with one or more people in the six months preceding interview (Table 7). Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who reported penetrative sex with one or more people and commented (n=62), one in ten (13%) had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Of those who reported having penetrative sex and commented (n=64), one-third (33%) reported that alcohol and/or other drugs impaired their ability to negotiate their wishes during sexual intercourse (Table 7).

Forty-seven per cent of the total sample reported having had a sexual health check in the last 12 months, and one-third (32%) reported more than a year ago. A small number (n≤5) had been diagnosed with a sexually transmitted infection in the last 12 months (Table 7).

Table 7: Sexual health behaviours, ACT and nationally, 2019

	National N=865	ACT N=97
	2019	2019
% Any penetrative sex in the last 6 months (n)	62 (540)	66 (64)
Of those who responded*:	N=521	N=62
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	19	13
Of those who responded*:	N=520	N=64
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	20	33
Of those who responded (past 12 months):	N=855	N=97
% Had a sexual health check	46	47
% Diagnosed with a sexually transmitted infection	3	-

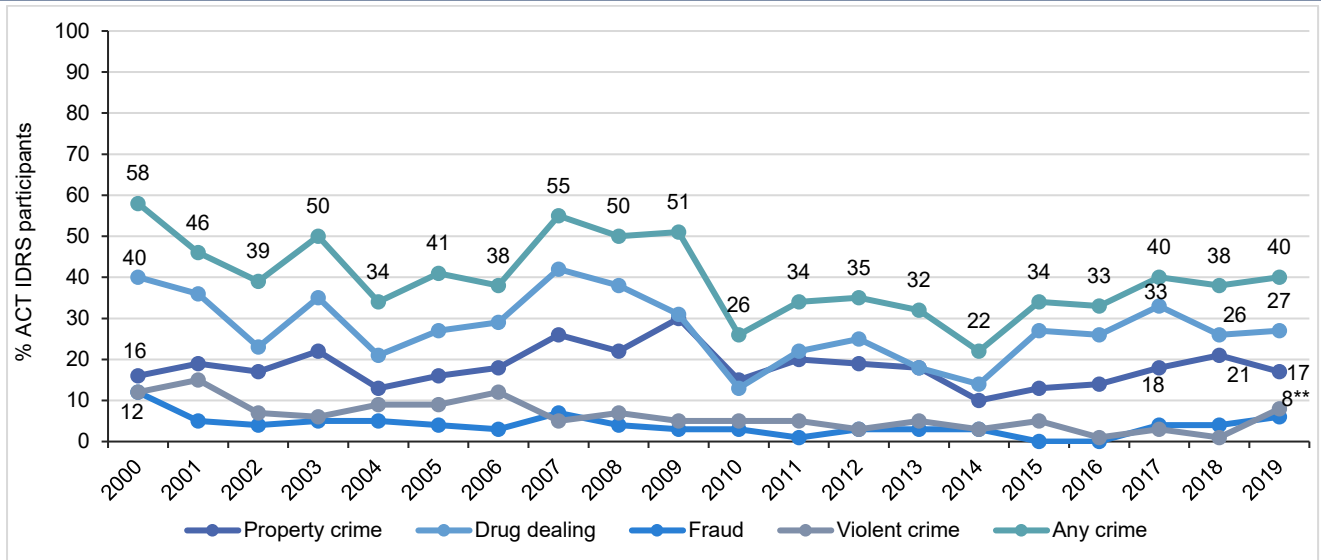
Note. Numbers suppressed when n≤5 (but not 0).

Crime

The per cent reporting past month criminal activity has fluctuated between 22% (2014) and 58% (2000) in the ACT sample (Figure 36). Selling drugs for a cash profit (27%) and property crime (17%) remained the most common crimes reported in the month preceding interview in 2019. Although past month self-reported fraud and violent crime remained low throughout monitoring, violent crime had significantly increased in 2019 compared to 2018 (8% versus $n \leq 5$ in 2018; $p=0.019$; Figure 36). Conversely, one in five participants (21%) reported being a victim of a crime involving violence (e.g., assault), stable from 2018 (19% in 2018; $p=0.616$).

Seventy-two per cent of the sample reported a lifetime prison history in 2019, a significant increase from 2018 (56%; $p=0.023$). One-third (32%) of the sample reported being arrested in the preceding 12 months, stable relative to 2018 (30%; $p=0.633$). Of those reporting being arrested in the preceding 12 months, the most common reason of arrest was driving under the influence of drugs and property crime (24% and 21%, respectively).

Figure 36: Self-reported criminal activity in the past month, ACT, 2000-2019



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