Australian Capital Territory Drug Trends 2018

Key findings from the Illicit Drug Reporting System (IDRS) Interviews

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2018:

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.

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

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Acknowledgements

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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 2018:

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

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

Participants

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

Contributors

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Abbreviations

ACT	Australian Capital Territory
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
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
NSW	New South Wales
OTC	Over-the-counter
SD	Standard deviation
UNSW	University of New South Wales

Executive summary

Sample characteristics

The ACT IDRS sample in 2018 were predominantly male with a mean age of 42, consistent with the ACT profile in previous years. Nearly half of the participants (46%) reported that their drug of choice was heroin, although methamphetamine remained the drug injected most often in the past month (52%). Weekly or more frequent use of crystal methamphetamine increased in 2018 (61%), continuing an upward trend that has been observed from 2010 onwards.

Heroin

Recent (i.e., past six month) use of heroin has decreased amongst the annual sample since monitoring began but remained stable in 2018 (75%) compared to 2017. Thirty-one per cent of recent consumers reported daily use of heroin in 2018. The median price for one gram of heroin was reported at the lowest value since monitoring commenced.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years and in 2018 showed the second highest number reporting use since monitoring began (85%). The same percentage reported recent use of crystal methamphetamine, suggesting that crystal methamphetamine is the driving force of the increase over time. A lower median price was observed over time for crystal methamphetamine relative to the previous few years. The majority of the participants perceived the availability of powder and crystal methamphetamine as 'very easy'.

Pharmaceutical opioids

Use of most forms of pharmaceutical opioids has remained stable or declined whereas buprenorphine-naloxone has slowly been increasing. Indeed, buprenorphine-naloxone was the most common pharmaceutical opioid in a non-prescribed context (16%). Fentanyl remained low at 6% reporting non-prescribed recent use.

Cocaine

Historically, recent use of cocaine has fluctuated amongst the ACT sample, with 14% of participants reporting recent use in 2018 on a median of six day (i.e. monthly use).

Cannabis

Over the course of monitoring, at least three in four participants have reported recent use of cannabis (79% in 2018). Nearly half of consumers (49%) reported using cannabis daily and the majority reported using hydroponic cannabis.

New psychoactive substances (NPS) and other drugs

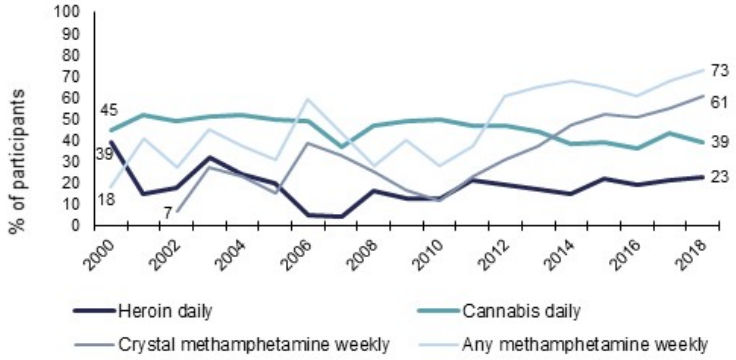
Use of NPS has remained low and stable over the period of monitoring, with less than one in ten participants (8%) reporting recent use. Rates of non-prescribed benzodiazepine use have decreased over time, with 28% reporting such use in 2018. Recent use of alcohol reached the highest percentage in 2018 (75%) and tobacco use remained high and stable (97% in 2018).

Drug-related harms and other risks

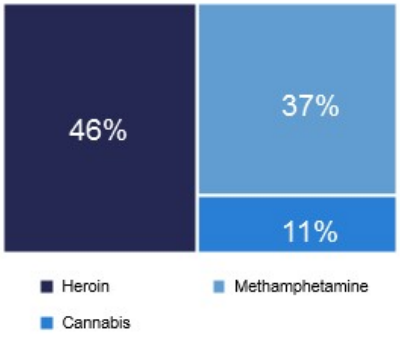
One-quarter (26%) reported using a combination of opioids, benzodiazepines, and/or stimulants the day prior to interview. One in five participants (19%) reported overdosing on any drug in the preceding year, most commonly heroin. Fourteen per cent of the total sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. Rates of reusing needles has decreased over time, while there has been a significant increase in those reporting borrowing needles. One-fifth (18%) reported driving within 3 hours of consuming an illicit or non-prescribed drug; small numbers reported driving over the legal limit for alcohol. Self-reported mental health problems and criminal activity remained relatively stable (42% and 38%, respectively).

Key findings from the ACT Illicit Drug Reporting System interviews, 2018

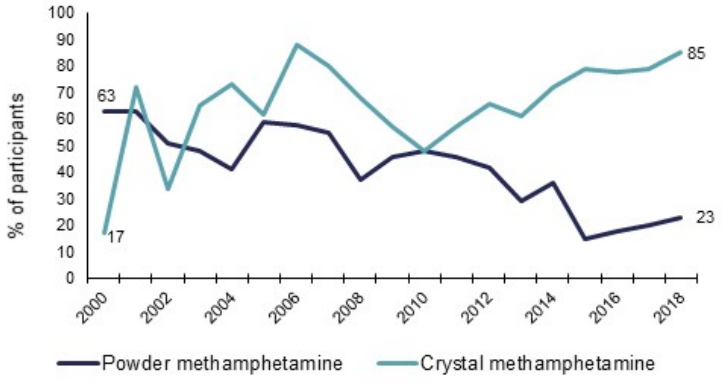
High frequency use in the past six months



Drug of choice



Use in the past six months



10% Non-prescribed morphine use

10% Non-prescribed oxycodone use

6% Non-prescribed fentanyl use

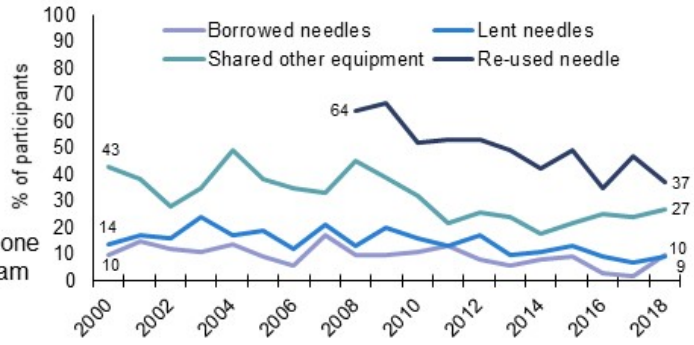
Risks and harms

19% of the ACT sample reported experiencing a non-fatal overdose in the last year

77% had heard of take-home naloxone programs

14% had been resuscitated by someone who had participated in a program

Past month borrowing, lending, sharing and reusing



Main current treatment type

1

Background and methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel group of people who regularly inject drugs, recruited from all capital cities of Australia (N=905 in 2018). In 2018 100 participants were interviewed in Canberra, forming the focus of this Australian Capital Territory (ACT) IDRS report. The results from the IDRS interviews are not representative of all people who consume drugs, but this is not the aim of the study, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These results should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in the ACT.

Background

The 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, focusing on data collected in Canberra, ACT.

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited 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 905 participants were recruited across capital cities nationally throughout May-July 2018, with 100 participants interviewed in Canberra during June 2018 (100 participants in 2017), of which 42 had participated in the IDRS previously (2000-2017) and 28 had participated in 2017.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018. 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 Canberra (a capital city), and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

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

Additional Outputs

The National IDRS report (including infographics and key figures) are available for download, as are infographics and key figures for ACT. There is a range of outputs from the 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.

2

Sample characteristics

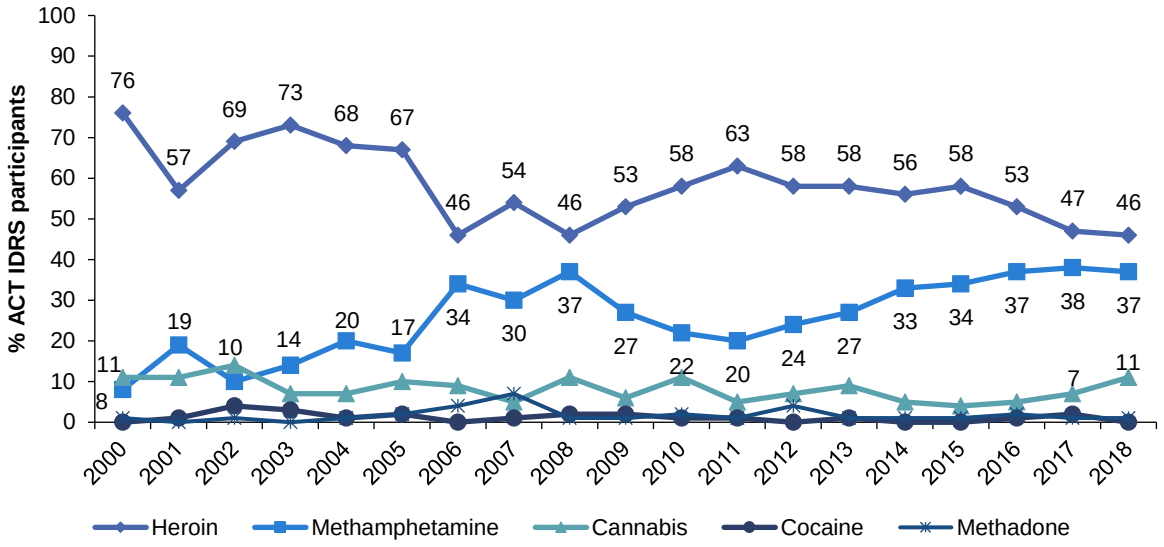
In 2018, the IDRS ACT sample was predominantly male (68%) with a mean age of 42 (range: 22-65). The majority of the sample were unemployed (85%). Nearly half (48%) reported having completed a post-school qualification(s). Consistent with previous years, participants typically reported that heroin was their drug of choice. Historically, heroin has been the drug injected most often by the greatest number of participants. This trend changed in 2017 and 2018, with methamphetamine nominated by the most participants (52%) as main drug injected.

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

	National 2018	ACT 2018	ACT 2017	ACT 2016	ACT 2015	ACT 2014
	N=905	N=100	N=100	N=100	N=100	N=100
Mean age (years; SD)	43 (9)	**42 (9)**	43 (9)	44 (9)	42 (9)	41 (10)
% Male	66	**68**	72	73	72	75
% Aboriginal and/or Torres Strait Islander	19	**21**	19	24	21	13
% Sexual identity						
Heterosexual	88	**89**	89	92	93	92
Gay male	1	**-**	-	-	-	-
Lesbian	2	**-**	-	0	-	0
Bisexual	8	**6**	8	-	-	6
Other	1	**-**	-	-	0	0
Median years of school education (IQR)	10 (9-11)	**10 (9-12)**	10 (9-11)	10 (9-12)	10 (9-12)	10 (9-12)
% Post-school qualification(s)^	53	**48**	54	63	62	63
% Employment status						
Unemployed	87	**85**	83	85	81	82
Employed full time	3	**-**	-	-	-	9
% Gov't pension, allowance or benefit main income source	88	**84**	86	/	/	/
Median weekly income ($; IQR)	(N=887) 350 (275-450)	(N=99) 403 (260-450)	(N=99) 360 (260-440)	(N=99) 300 (250-400)	(N=100) 350 (250-430)	(N=99) 325 (250-420)
% Accommodation						
Own house/flat~	69	**85**	85	79	80	92
Parents'/family home	8	**-**	-	0	-	-
Boarding house/hostel	7	**-**	-	-	-	-
Shelter/refuge	2	**-**	-	-	-	-
No fixed address	14	**7**	9	8	9	-
Other	1	**0**	0	-	-	0

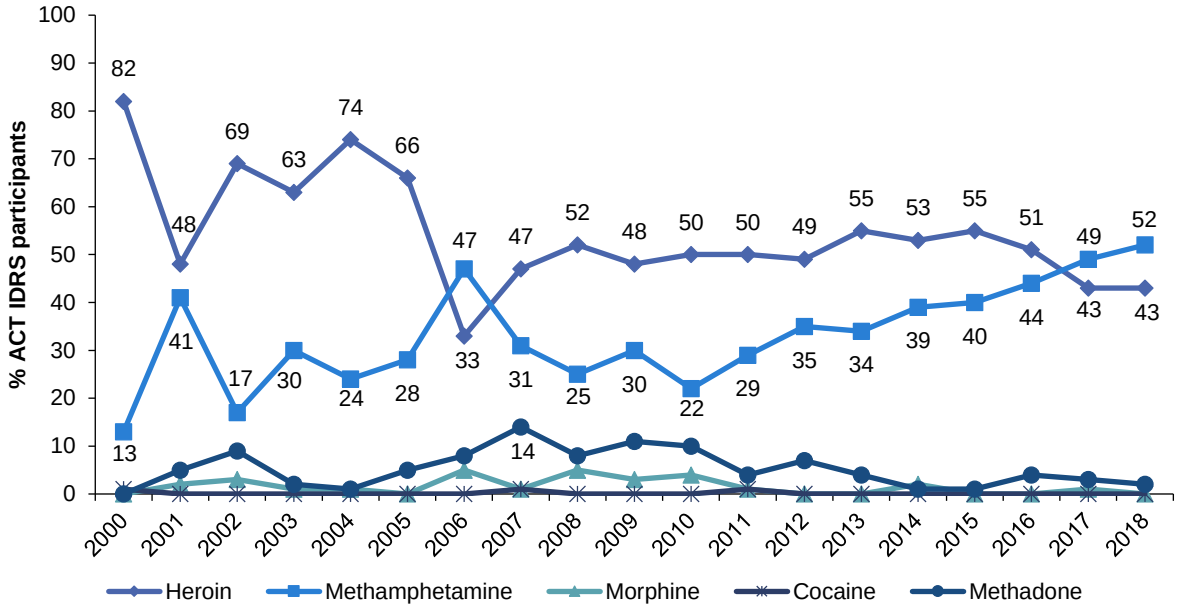
Note. ^Includes trade/technical and university qualifications; ~ Includes renting; / not asked; - Percentage suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<.001 for 2017 vs 2018.

Figure 1: Drug of choice, ACT, 2000-2018



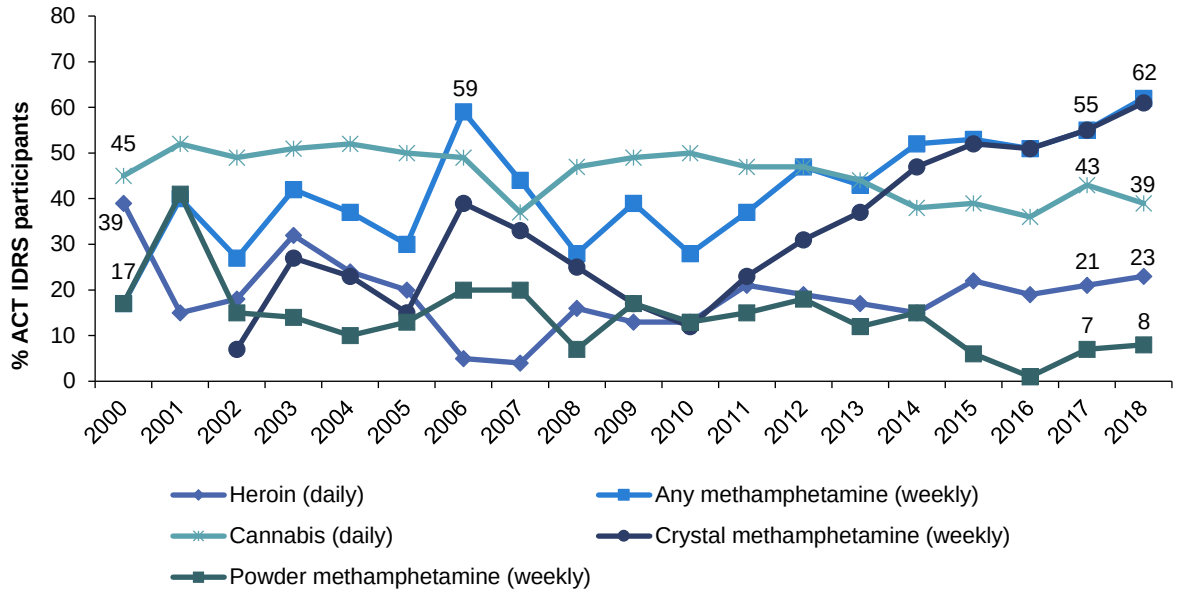
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<.001 for 2017 vs 2018. In 2018, 41%, 35%, 7%, 2% and 2% of the national sample reported heroin, methamphetamine, cannabis, cocaine and methadone, respectively, as the drug of choice. In 2000 and 2001 methamphetamine went under the response option of amphetmine. Some data labels have been removed to improve visibility.

Figure 2: Drug injected most often in the past month, ACT, 2000-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<.001 for 2017 vs 2018. In 2018, 44%, 37%, 10%, 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. In 2000 and 2001 methamphetamine went under the response option of amphetmine. Some data labels have been removed to improve visibility.

Figure 3: High frequency substance use in the past six months, ACT, 2000-2018



Note. These figures are computed out of the entire ACT sample (i.e., not computed amongst only those who reported use). Y axis reduced to 80% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018. In 2018, 65%, 32%, 17%, 11%, and 6% of the national sample reported high frequency use of any methamphetamine (weekly), cannabis (daily), heroin (daily), non-prescribed morphine (weekly), and powder methamphetamine (weekly), respectively. Some data labels have been removed to improve visibility.

3

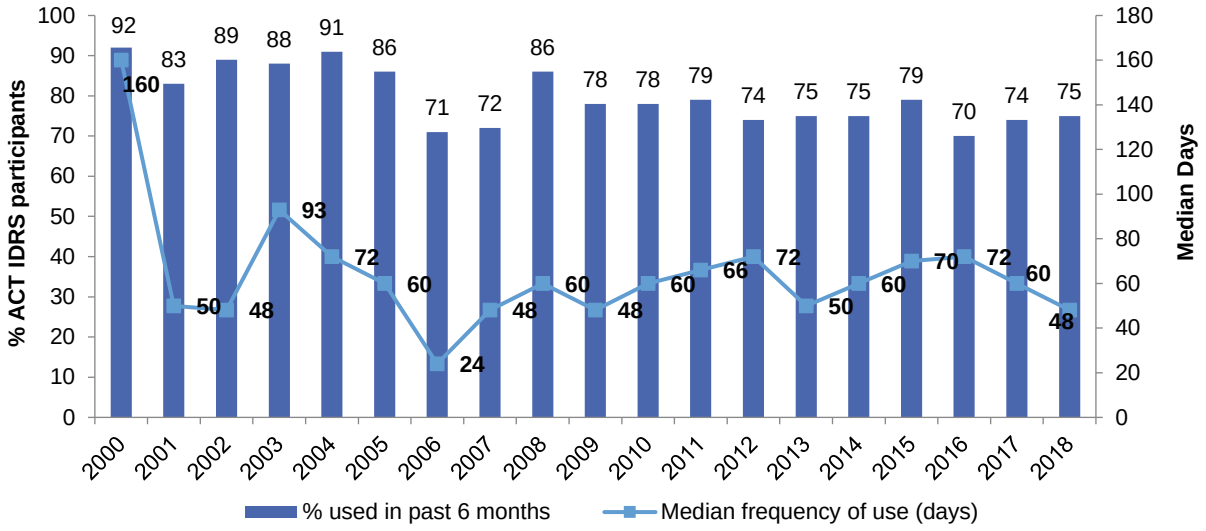
Heroin

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

Recent Use

- Recent heroin use has declined from 92% in 2000 to 75% in 2018 among the ACT sample (p=0.001; Figure 4).
- Small numbers reported recent use of homebake heroin in 2018 (7% vs. 6% in 2017; p=0.746).
- Frequency of use has fluctuated over the years. In 2018, median frequency of use among recent consumers was equivalent to twice weekly (median 48 days, IQR 6-180; median 60 days in 2017; Figure 4).
- Two-thirds (64%) of recent consumers reported weekly or more frequent use, and one-third (31%) reported daily use (66% and 28% in 2017, respectively).
- Consistent with previous years, all recent consumers reported injecting, with small numbers reporting smoking (8%) in 2018.
- The median amount of heroin used on a typical day was 0.3 grams (IQR 0.1-0.5 grams).

Figure 4: Past six month use and frequency of use of heroin, ACT, 2000-2018

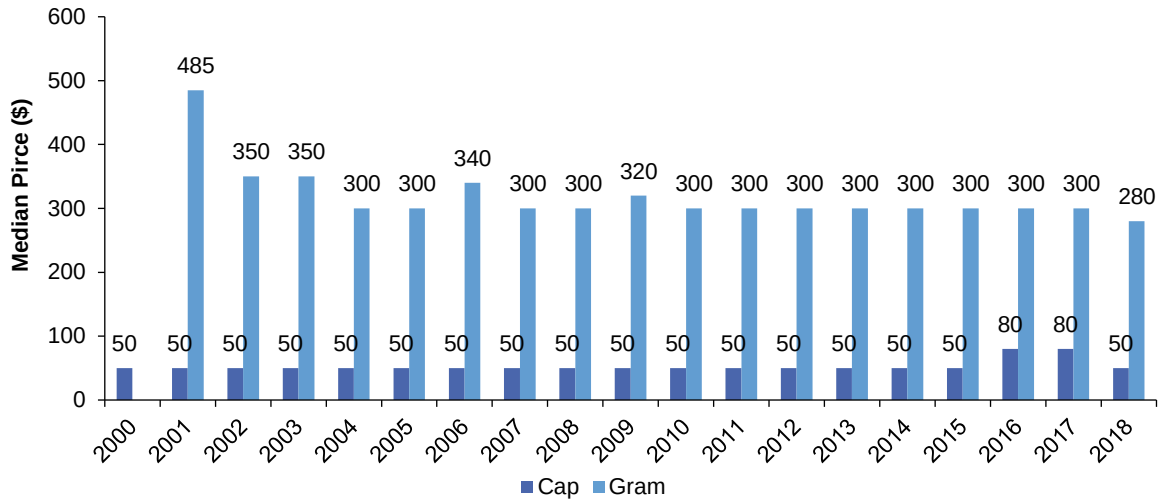


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Price, Perceived Purity and Availability

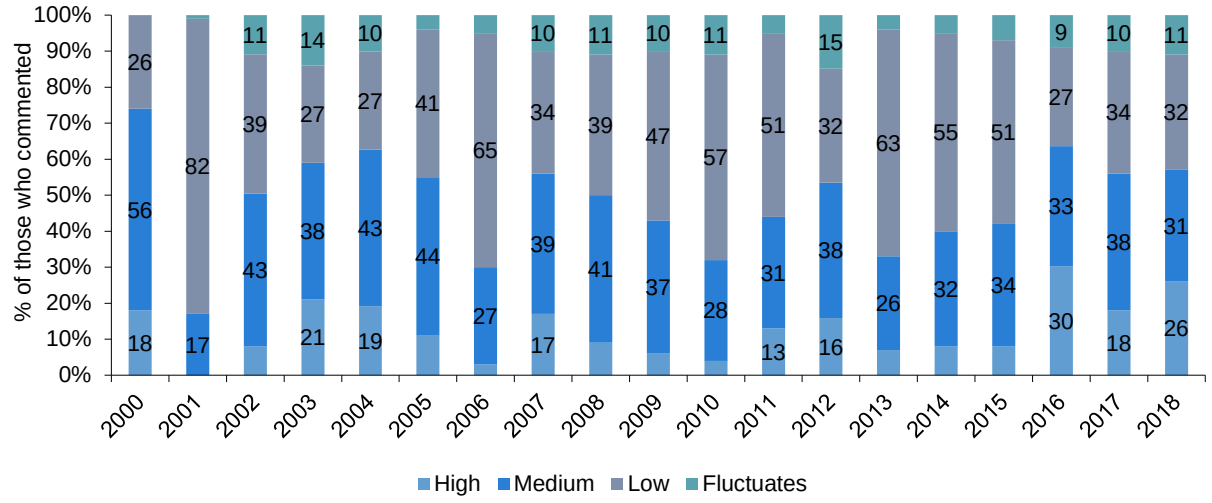
- Historically, the price for one gram has fluctuated between $300-$485 amongst the ACT sample. Median price in 2018 ($280, IQR $225-$300; n=13) is the lowest observed (Figure 5).
- The price of a cap (a small amount typically used for a single injection) has remained at $50 across the course of monitoring (except for 2016-2017; $80; Figure 5).
- Among those who were able to comment (n=62), there was an equal distribution of those who perceived the current purity of heroin as 'medium' (31%) and low (32%), comparable with 2017 (38% and 34%, respectively) (Figure 6).
- Of those who were able to comment (n=67), three-fifths (60%) perceived the current availability of heroin as 'very easy', representing a significant increase compared to 2017 (41%; *p*=0.036). This increase was driven by a small decline in those reporting perceived availability as 'easy' (Figure 7).

Figure 5: Median price of heroin per cap and gram, ACT, 2000-2018



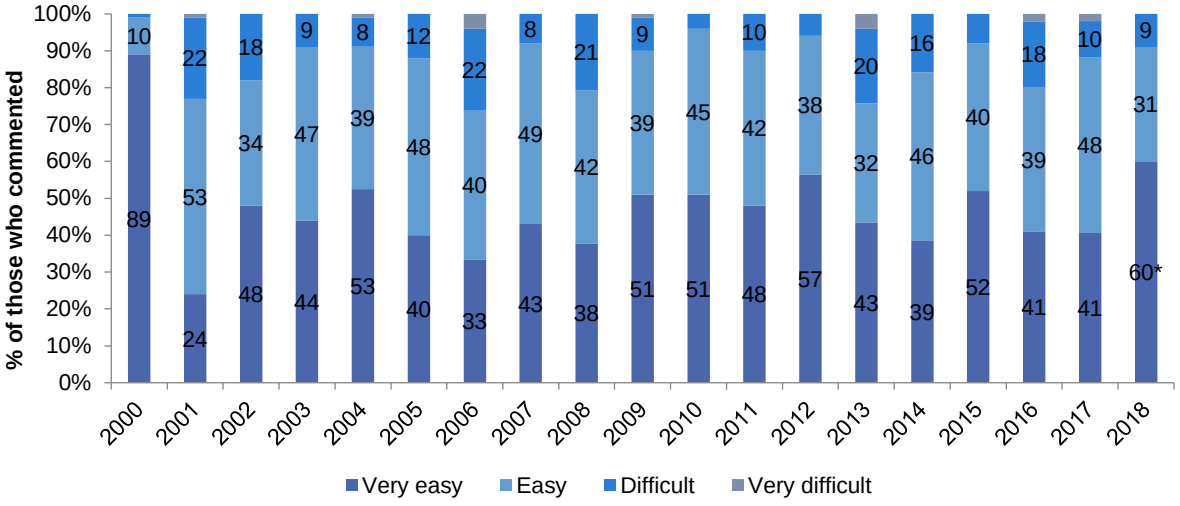
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Figure 6: Current perceived purity of heroin, ACT, 2000-2018



Note. The response 'Don't know' was excluded from analysis. The response 'Fluctuates' was not available in 2000. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 7: Current perceived availability of heroin, ACT, 2000-2018



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

4

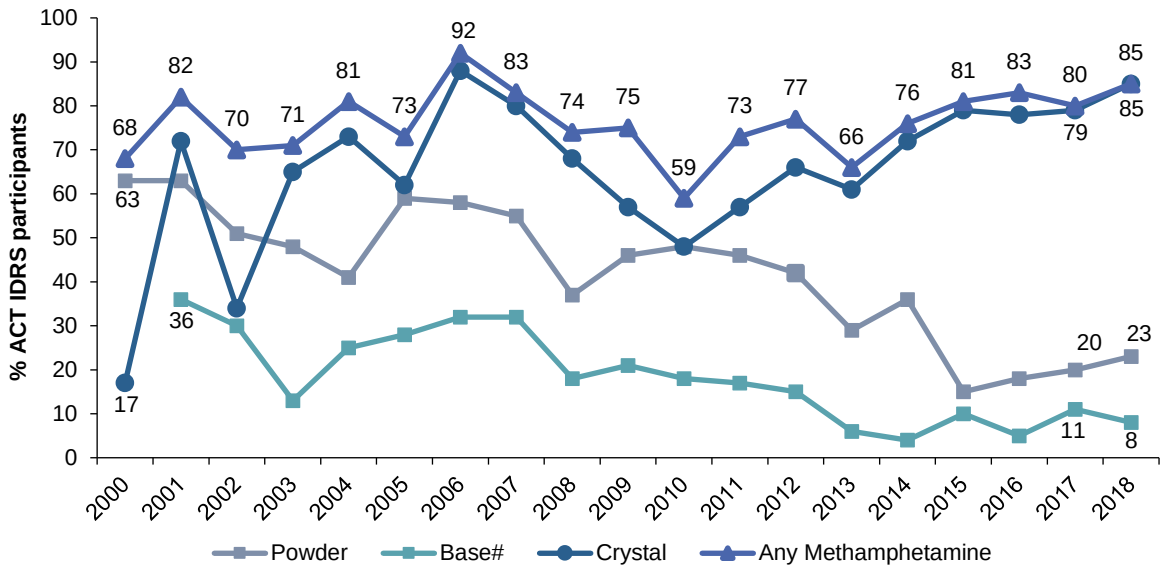
Methamphetamine

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

Recent Use

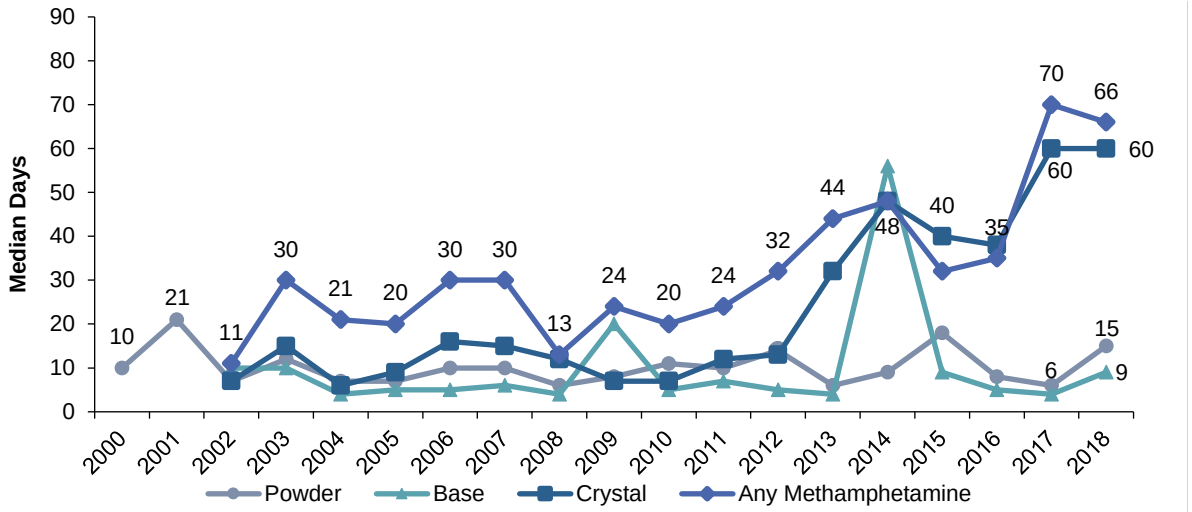
- Recent use of methamphetamine has fluctuated over time in the ACT sample, from a peak in 2006 (92%) to a low of 59% in 2010, rising subsequent through to 2018 (85%; 80% in 2017; *p*=0.369; Figure 8).
- In more recent years the gap between past six month use of any methamphetamine and crystal methamphetamine has narrowed and in 2018 that gap was no longer observed (Figure 8). This suggests that any methamphetamine is largely driven by crystal methamphetamine and this is also supported by the frequency of use data (Figure 9).
- Historically, frequency of use has been increasing (Figure 9), although estimates of frequency of use in 2017 and 2018 were similar (2018: median 66 days, IQR 19-152 days; 70 days in 2017; *p*=0.938).
- The percentage of recent consumers reporting weekly or more frequent use has also been increasing over time (73% in 2018 versus 68% in 2017; *p*=0.502), with one in five participants in 2018 reporting daily use (22% in 2018 versus 25% in 2017; *p*=0.615).
- There has been a shift over time in the forms used of methamphetamine (see below for further information). Specifically, use of powder and base methamphetamine forms has decreased, and use of crystal methamphetamine has increased (Figure 8).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2000-2018



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 2017 versus 2018.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, ACT, 2000-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Caution of median days use of base in year 2014 and 2016 (n≤5). Some data labels have been removed to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Powder methamphetamine

- Recent use of powder methamphetamine was highest at the beginning of monitoring (63% in 2000 and 2001), declining to around one-fifth of the sample reporting recent use in 2015 (23% in 2018; Figure 8).
- Despite declining rates of use, median days of use have remained stable across the years. This is likely due to low frequency of use even in earlier years when rates of use were higher (2018: median 15 days, IQR 2-90 days; 6 days in 2017; p=0.839) (Figure 9).
- Injecting remained the most common route of administration among recent consumers of powder methamphetamine (91%; 95% in 2017).
- The median amount of powder methamphetamine used on a typical day of consumption in the past six months was 0.2 grams (IQR 0.1-0.5 grams)

Base methamphetamine

- Excluding liquid amphetamine, base remained the least commonly used form of methamphetamine since monitoring commenced in 2001 (36% in 2001 to 8% in 2018; Figure 8).
- Frequency of use has remained consistently low across the course of monitoring (2018: median 9 days, IQR 2-90 days; 4 days in 2017) (Figure 9).
- Most (88%) participants reporting recent use had injected base.
- The median amount of base methamphetamine used on a typical day of consumption in the past six months was 0.3 grams (IQR 0.18-0.50 grams).

Crystal methamphetamine

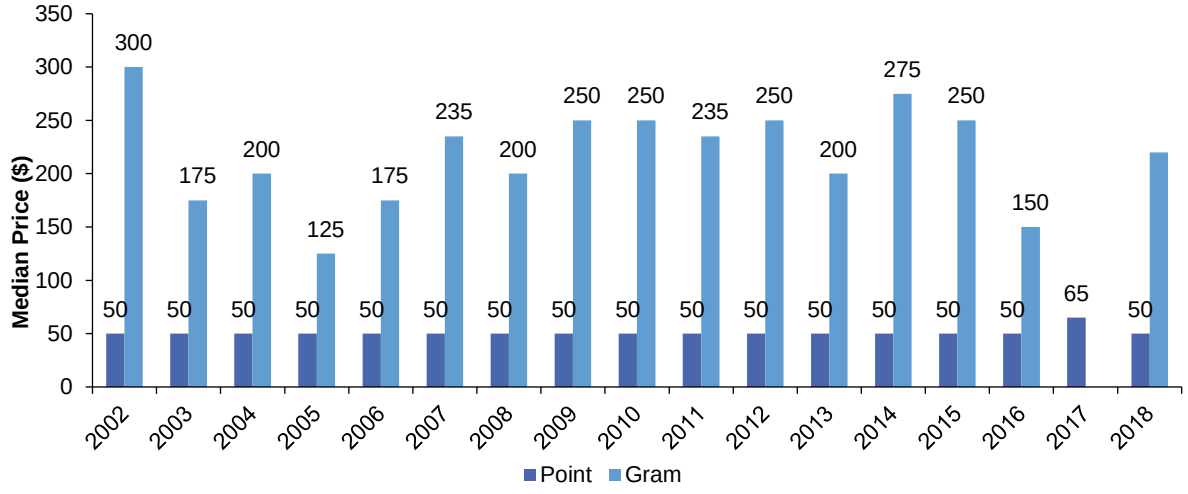
- Reports of recent use of crystal methamphetamine have been increasing since 2011 (Figure 8), recorded as 85% of the ACT sample in 2018 (79% in 2017, *p*=0.283).
- In parallel, frequency of crystal methamphetamine use has also been increasing, with notable increases since 2012 (Figure 9). In 2018, consumers reported using crystal methamphetamine on average every third day in the past six months (median 60 days; IQR 19-150 days; 60 days in 2017; *p*=0.917).
- The main route of administration among consumers in the past six months was injecting (96%), followed by smoking (48%; 48% in 2017; the highest number recorded since monitoring began).
- The median amount used on a typical day of consumption in the past six months was 0.1 grams (IQR 0.1-0.2 grams).

Price, Perceived Purity and Availability

Powder methamphetamine

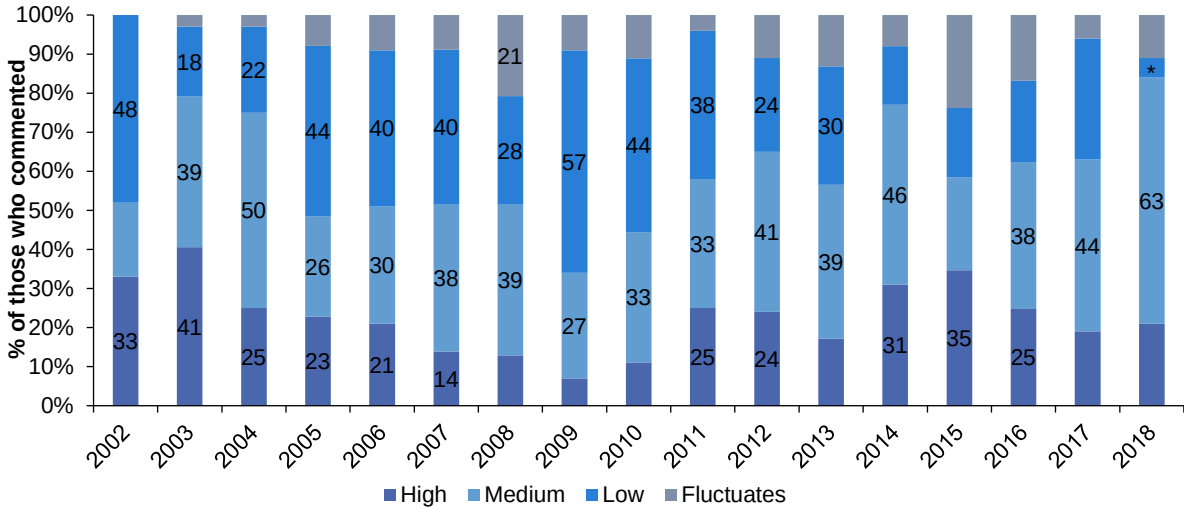
- The median price for a point (0.1 gram) of powder methamphetamine has remained stable at $50 (2018: n=14; IQR $50-$50) across the duration of monitoring (excluding 2017; Figure 10).
- The median price of one gram has fluctuated between $125 and $300 over the period of monitoring (Figure 10).
- Participants who were able to comment on powder methamphetamine (n=19) mostly perceived it to be of 'medium' purity (63%), with a decline in the percentage reporting powder as 'low' purity relative to 2017 (5% versus 31%; *p*=0.042; Figure 11).
- Of consumers who could comment (n=18), two-thirds perceived it to be 'very easy' (67%) to obtain powder methamphetamine, an increase relative to 2017 (28%; *p*=0.019) (Figure 12). This difference was driven by fewer participants reporting availability as 'easy' (11% versus 44% in 2017; *p*=0.026).

Figure 10: Median price of powder methamphetamine per point and gram, ACT, 2002-2018



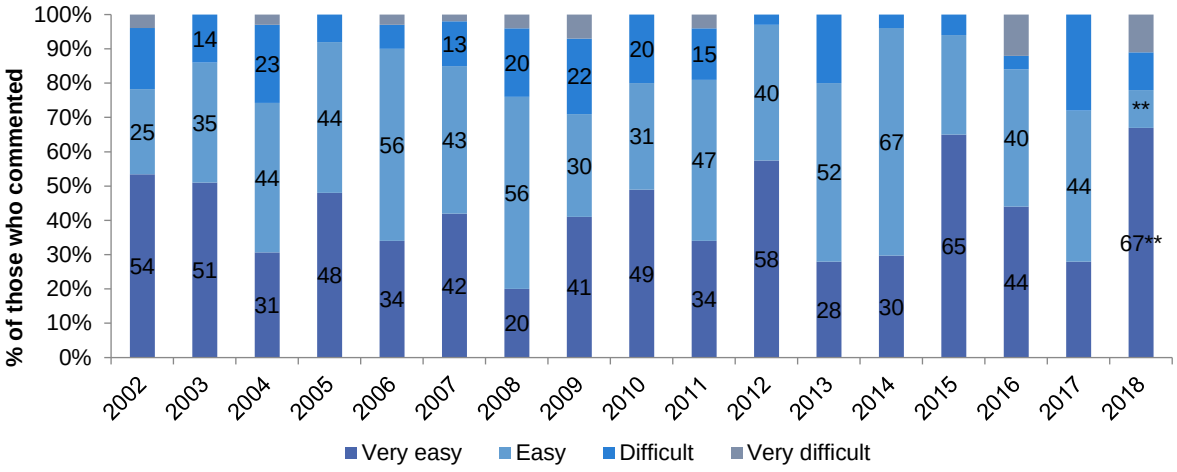
Note. Among those who commented. No respondents for the price of a gram in 2017. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 11: Current perceived purity of powder methamphetamine, ACT, 2002-2018



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≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 12: Current perceived availability of powder methamphetamine, ACT, 2002-2018



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≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

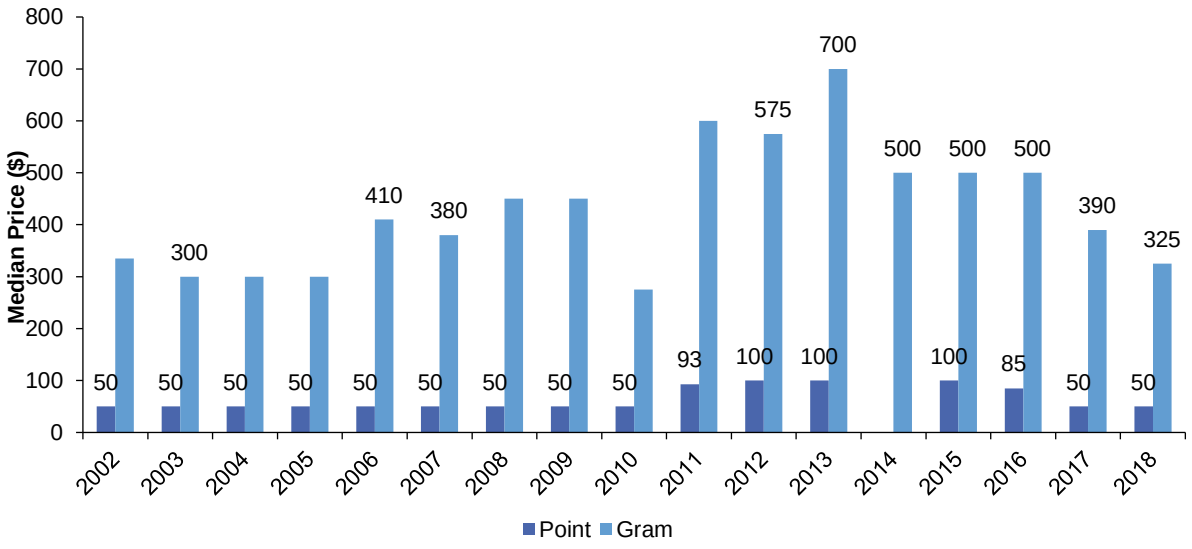
Base methamphetamine

- 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.

Crystal methamphetamine

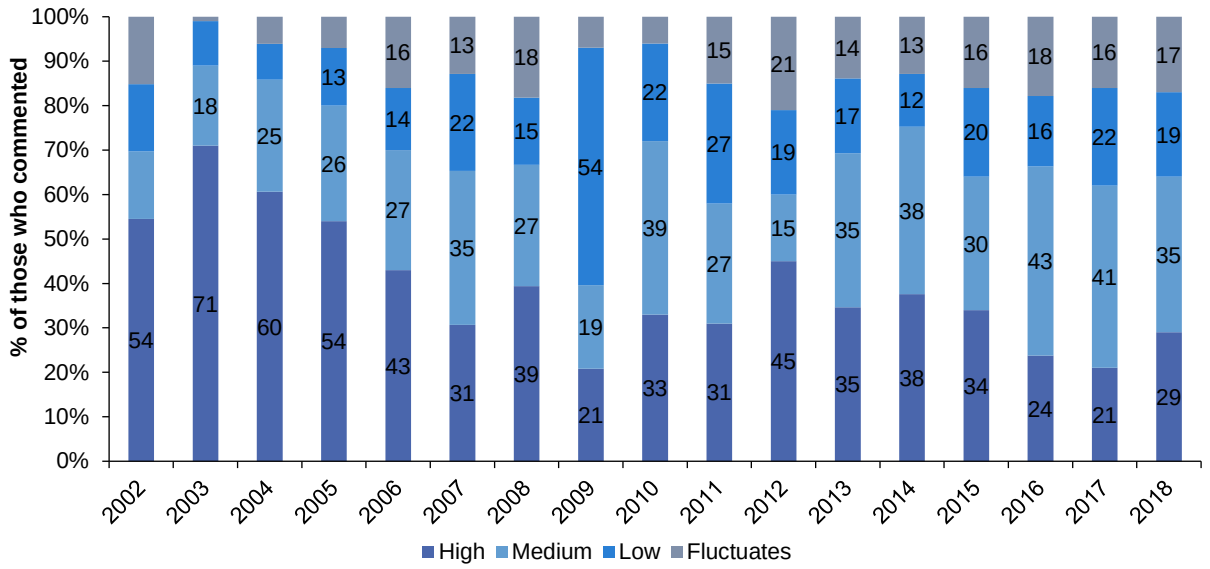
- The median price of a point (0.1 gram) has been $50 (2018: n=62; IQR $50-$50) over the course of monitoring, excepting higher prices recorded 2011-2016 (Figure 13).
- Median price for one gram has followed an inverted-U shape curve. The median price recorded in 2018 ($325; $390 in 2017) is similar to that recorded in the early 2000s (Figure 13).
- Among those able to comment (n=75), one-third perceived current purity as 'medium' (35%), followed by 29% that reported 'high' purity (41% and 21%, respectively, in 2017) (Figure 14).
- Of those who were able to comment (n=79), the majority perceived crystal methamphetamine 'very easy' (62%) to obtain, comparable to 2017 (51%; *p*=0.175). Historically, however, the response option 'very easy' was reported as the second highest percentage since monitoring commenced (Figure 15). Indeed, since 2012 few participants reported availability as 'difficult' or 'very difficult' (Figure 15).

Figure 13: Median price of crystal methamphetamine per point and gram, ACT, 2002-2018



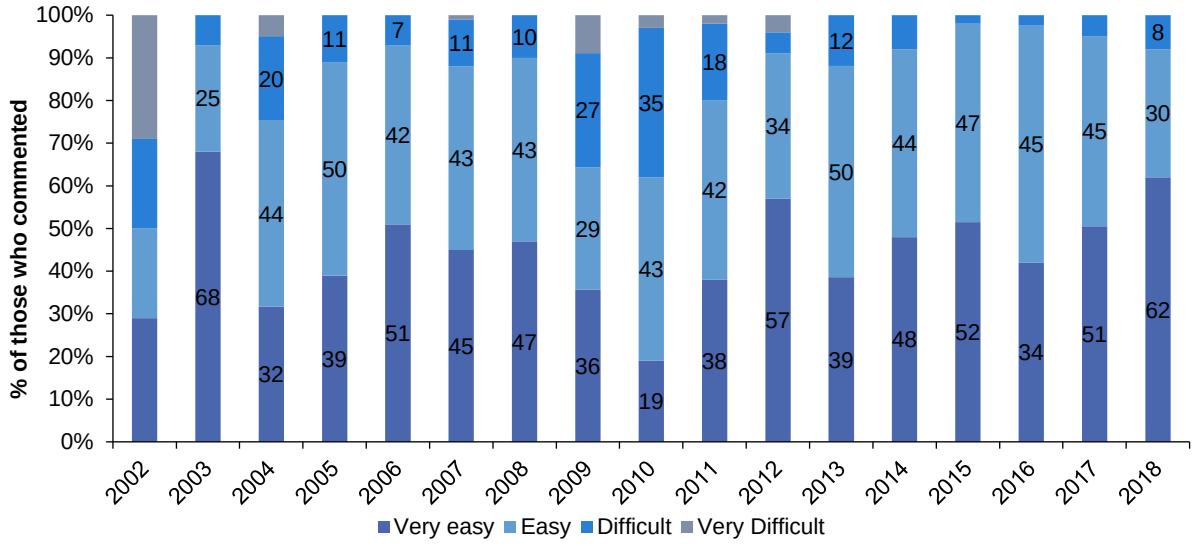
Note. Among those who commented. No respondents for the price of a point in 2014. Data labels have been removed from figures with small cell size (i.e. n≤5). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Figure 14: Current perceived purity of crystal methamphetamine, ACT, 2002-2018



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≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 15: Current perceived availability of crystal methamphetamine, ACT, 2002-2018



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≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

5

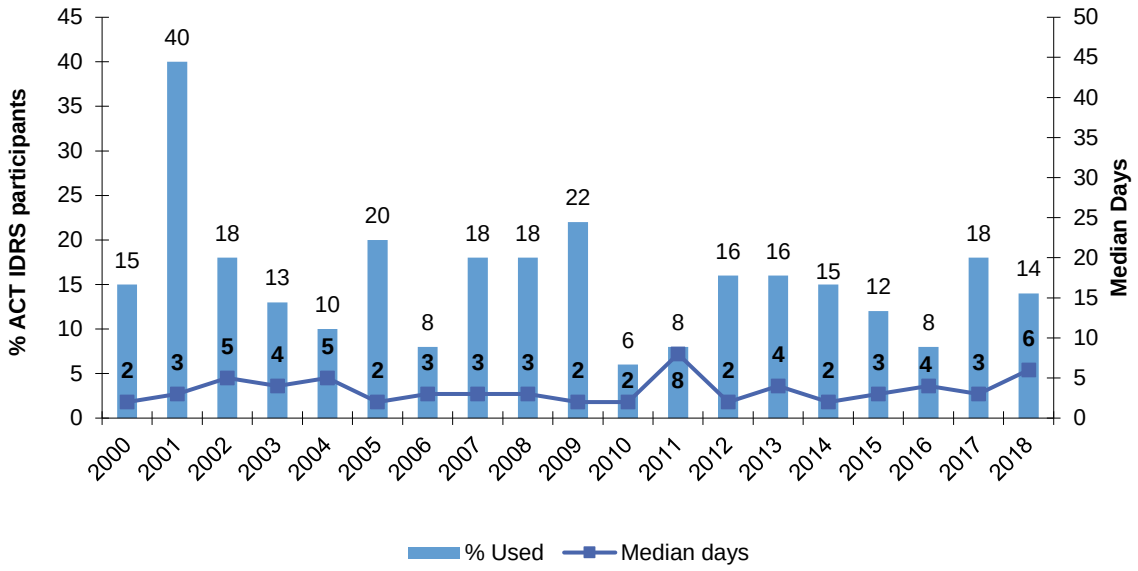
Cocaine

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

Recent Use

- 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 2018 (14%; 18% in 2017; *p*=0.440) (Figure 16).
- Median frequency of use has varied between two and eight days, with a median of six days observed in 2018 (IQR 2-24 days; 3 days in 2017; Figure 16).
- In 2018, snorting was reported as the most common route amongst consumers (57%; 83% in 2017), followed by injecting (50%; 72% in 2017).
- Those who reported recent cocaine use consumed a median of 0.50 gram (IQR 0.43-1 gram) on a typical day of use.

Figure 16: Past six month use and frequency of use of cocaine, ACT, 2000-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45% and 50 median days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Price, Perceived Purity and Availability

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

6

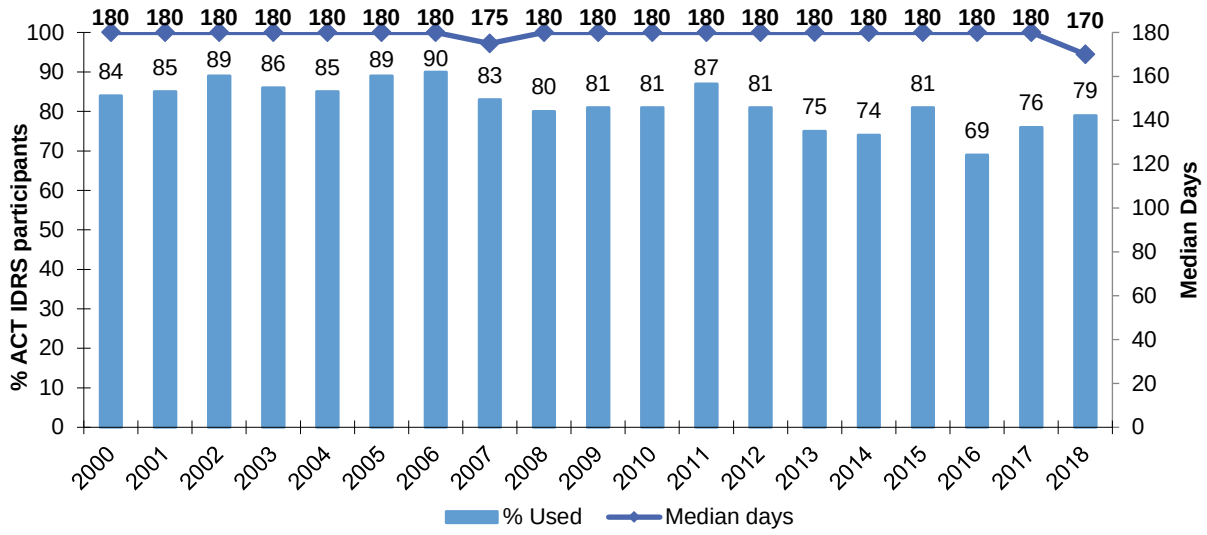
Cannabis

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

Recent Use

- Over the course of monitoring, at least three in four participants have reported recent use of cannabis (79% in 2018; Figure 17).
- In 2018, median frequency of use in the past six months was 170 days (IQR 30-180 days), lower than previous years (Figure 17). Half (49%) of recent consumers reported using cannabis daily (57% in 2017; *p*=0.369).
- Smoking was the most common route of administration amongst consumers (99%; 99% in 2017). Smaller percentages reported inhaling (19%) and swallowing (8%) cannabis.
- The median intake per typical day of consumption was one gram (IQR 0.5-1.0 gram; n=46) or three cones (IQR 2-6 cones; n=28).
- Most consumers (86%; 92% in 2017; *p*=0.219) reported recent use of hydroponic cannabis, and two-thirds (64%; 68% in 2017; *p*=0.571) reported use of outdoor-grown 'bush' cannabis. A small percentage reported having used hashish (13%; 22% in 2017; *p*=0.119) in the preceding six months.
- Hydroponic cannabis remained the form most commonly used in the preceding six months (83%), followed by bush cannabis (16%).

Figure 17: Past six month use and frequency of use of cannabis, ACT, 2000-2018

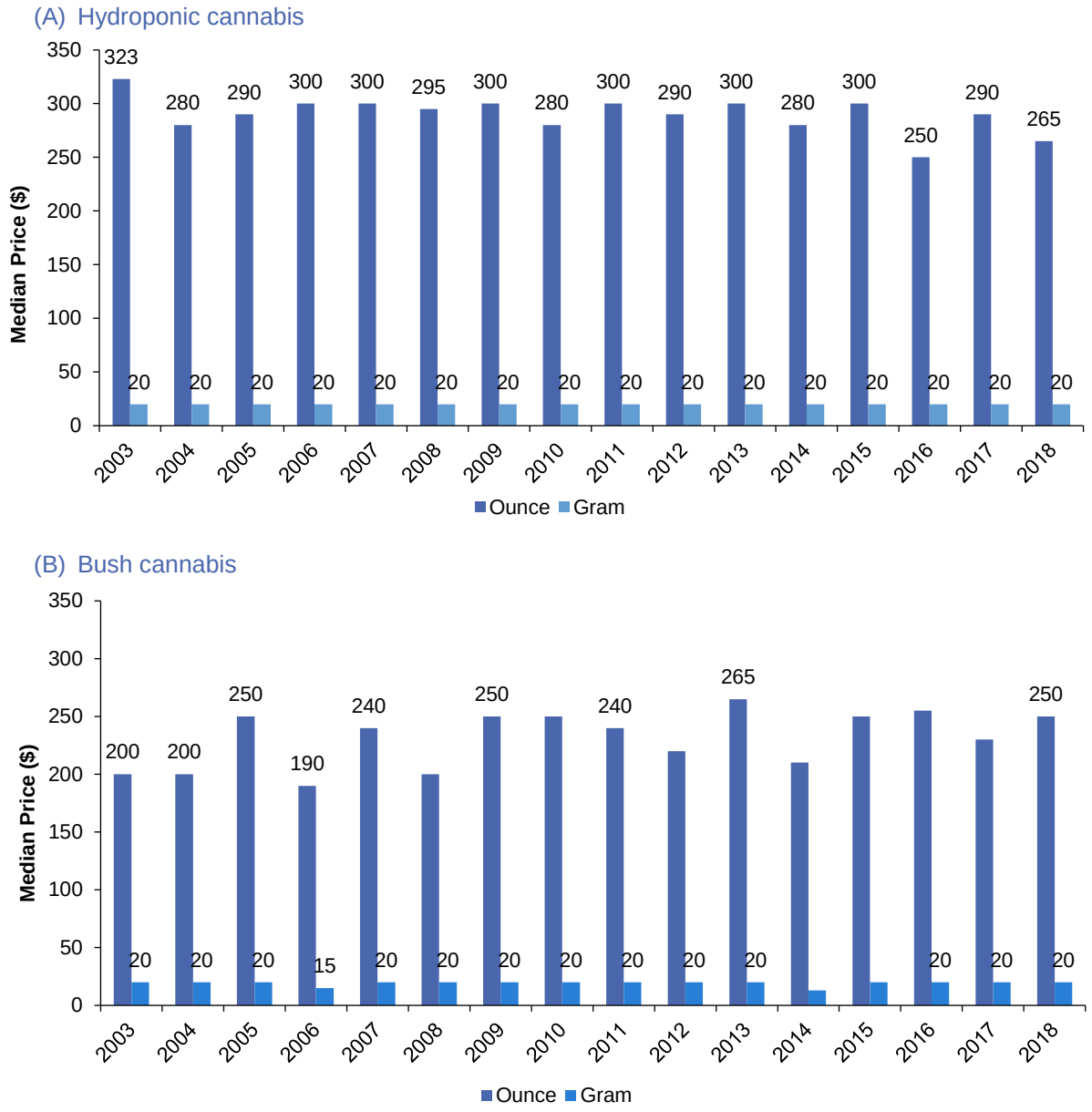


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Price, Perceived Purity and Availability

- Consistent with previous years, the median price per gram in 2018 was $20 for hydroponic cannabis (n=43; IQR $20-$20), and $20 for bush cannabis (n=17; IQR $10-$20) (Figure 18).
- The price for an ounce has generally been lower for bush (2018: $250; n=22; IQR $250-$300) than hydro ($265; n=10; IQR $200-$300) (Figure 18).
- Of those who could comment (hydroponic: n=60; bush: n=29), over half (53%) perceived hydroponic cannabis to be of 'high' potency. In contrast, one-quarter reported bush as 'high' in potency (24%) (Figure 19).
- Participants who were able to comment on the availability of hydroponic cannabis (n=62) reported it to be 'easy' (48%) or 'very easy' (44%) to obtain in 2018. Similar percentages reporting busy as 'easy' (41%) or 'very easy' (35%) to obtain (Figure 20).

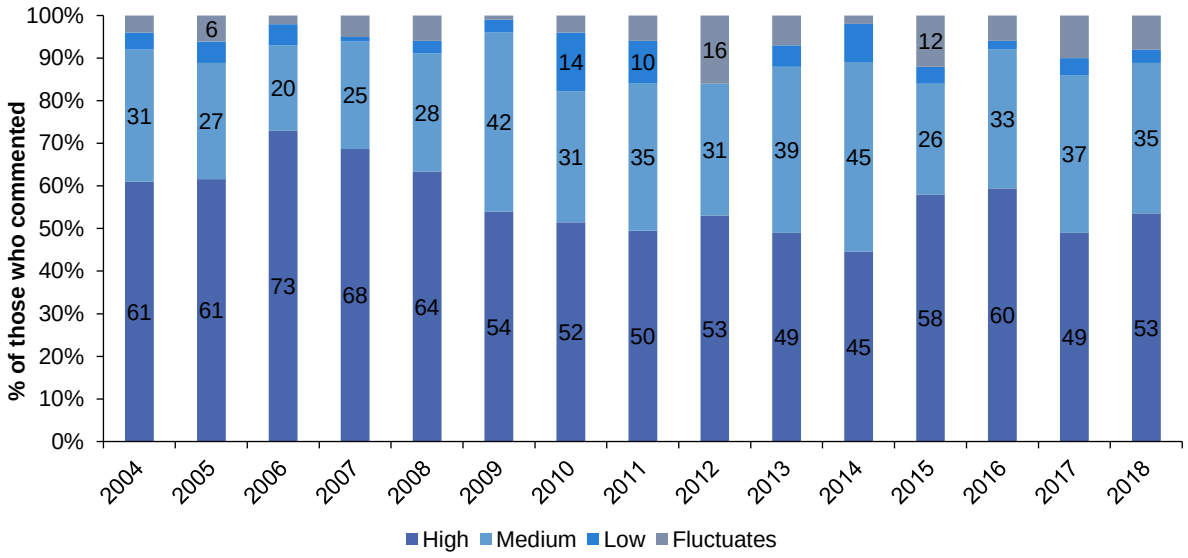
Figure 18: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, ACT, 2003-2018



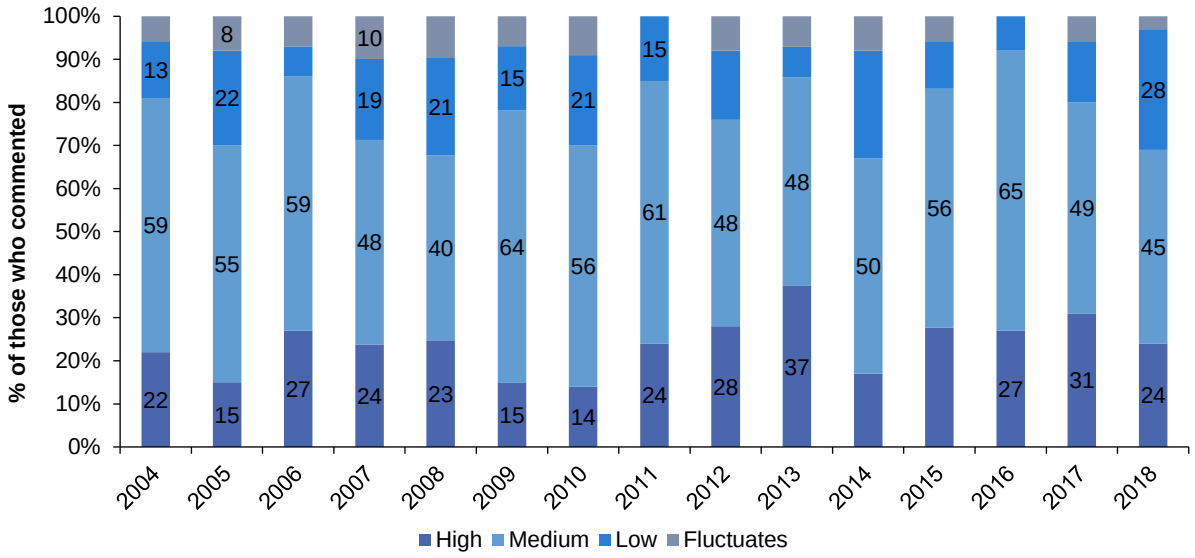
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001. Data labels have been removed from figures with small cell size (i.e. n≤5).

Figure 19: Current perceived potency of hydroponic (a) and bush (b) cannabis, ACT, 2004-2018

(A) Hydroponic cannabis



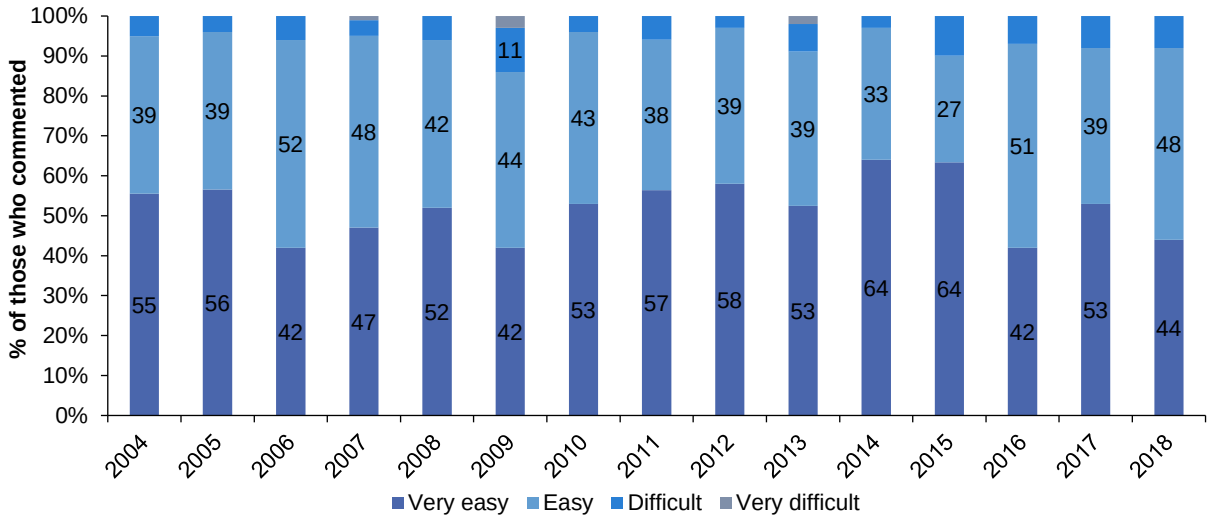
(B) Bush cannabis



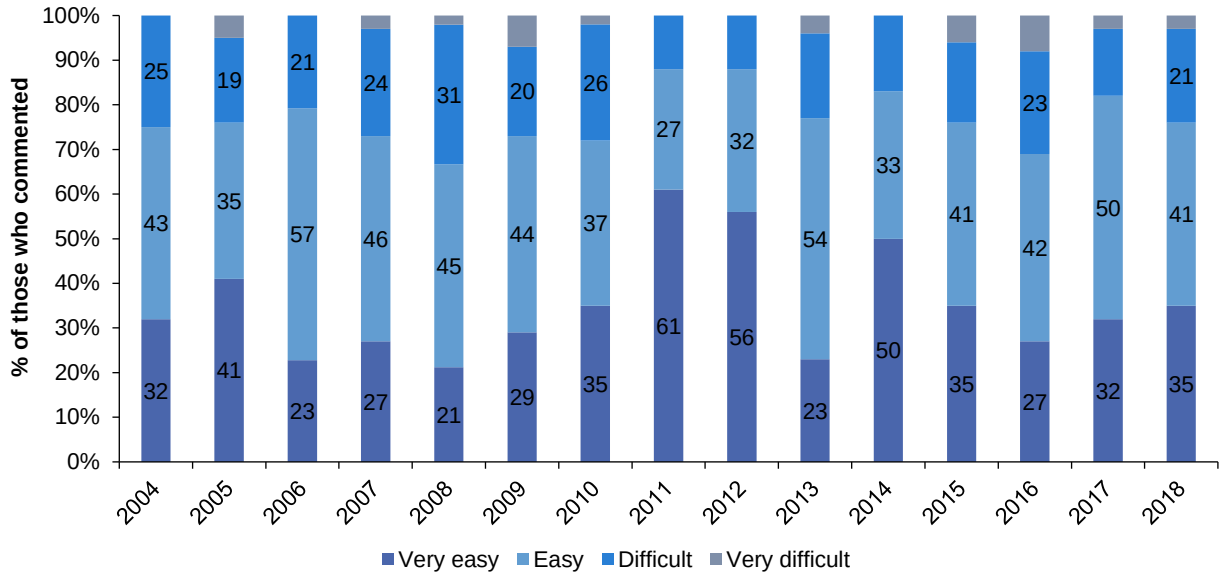
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 20: Current perceived availability of hydroponic (a) and bush (b) cannabis, ACT, 2004-2018

(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≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

7

Pharmaceutical opioids

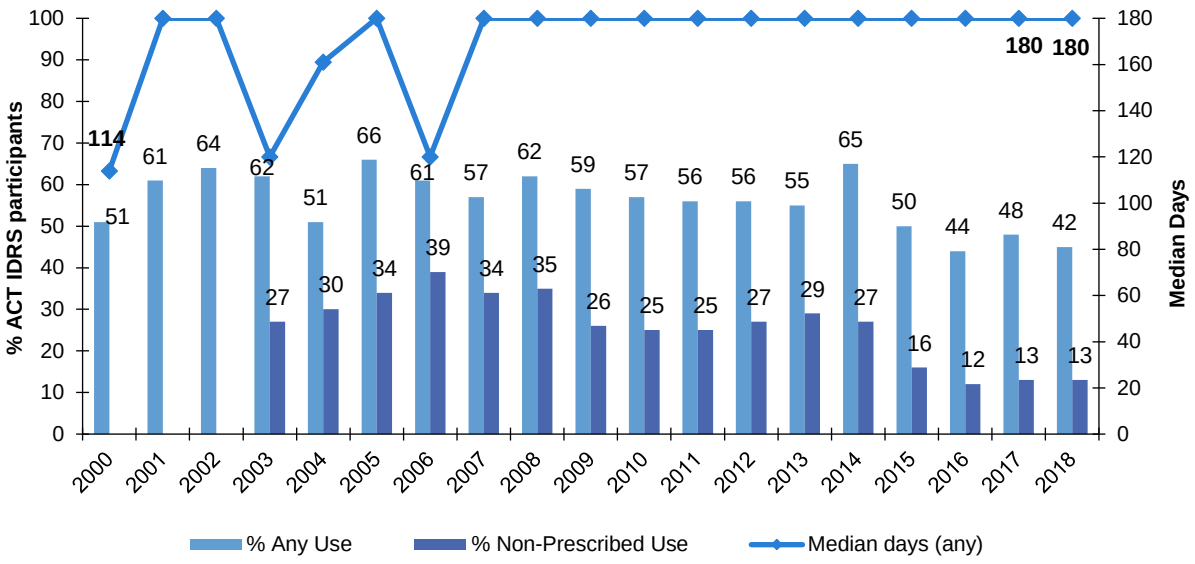
The following section describes rates of recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to **prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name; **non-prescribed use:** use of pharmaceutical opioids 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 researchers.

Recent Use

Methadone

- Recent use of methadone (including liquid and tablets) has fluctuated over the years of monitoring, with the lowest rate of use recorded in 2018 (42%; 48% in 2017) (Figure 21).
- Methadone use historically has largely consisted of prescribed use, with rates of non-prescribed use peaking at 39% in 2006 and declining to 13% in 2018 (13% in 2017; Figure 21).
- Frequency of use has remained stable from 2007 onwards (median 180 days in 2018; IQR 24-180 days) (Figure 21). This is mostly driven by prescribed use, with frequency of non-prescribed use typically on a less than monthly basis (2018: syrup median two days; IQR 1-17 days; and tablet median two days; IQR 1-4 days). Indeed, low numbers reported recent use of non-prescribed syrup (9%) and tablet (5%).
- A third (31%) of people who had recently consumed methadone reported injecting methadone (including methadone liquid and tablets) on a median of five days (IQR 2-24 days).

Figure 21: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, ACT, 2000-2018



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days 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 2017 versus 2018.

Buprenorphine

- Rates of any buprenorphine use have mainly declined in recent years, from 44% in 2006 to 9% in 2018 (Figure 22).
- Since 2006, the majority of reported use has been non-prescribed use (Figure 22). Indeed, no participants reported prescribed use of buprenorphine in the six months preceding interview in 2018.
- Consistent with rates of use, frequency of any buprenorphine has also declined, with consumers reporting a median of two days of use in the past six months (IQR 1-44 days) in 2018 (Figure 22).
- In 2018, the majority (89%) of recent buprenorphine consumers reported injecting buprenorphine at a median frequency of two days (IQR 1-44 days) in the six months preceding interview.

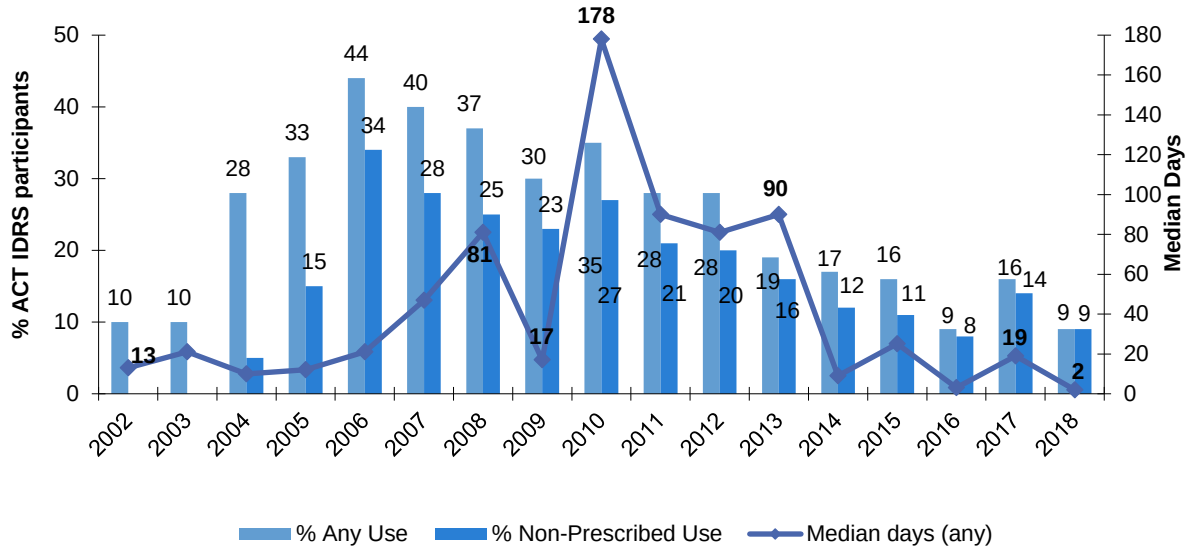
Buprenorphine-Naloxone

- Rates of past six month use of buprenorphine-naloxone have gradually increased over the years of monitoring (excluding 2016 and 2017). In 2018, one-quarter (27%) of the ACT sample reported any buprenorphine-naloxone use, and 16% reported non-prescribed use (Figure 23).
- In 2018, people who reported buprenorphine-naloxone had used it on a median of nine days (IQR 2-173 days) in the past six months. Frequency of non-prescribed use was a median of four days (IQR 1-8 days) and frequency of prescribed use was 90 days (IQR 43-180 days) (Figure 23).
- Nearly half of recent consumers (48%) reported injecting any form of buprenorphine-naloxone on a median of three days (IQR 1-33 days) in the past six months in 2018.

Morphine

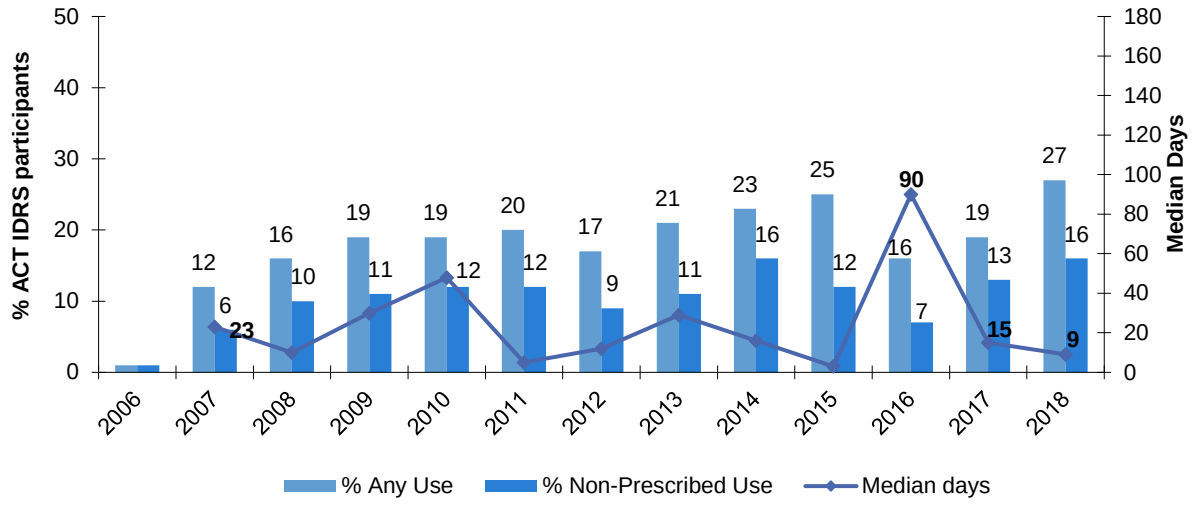
- Recent use of morphine was low in the early 2000s, then increasing to 57% in 2006 (57%), and since declining (17% in 2018; 27% in 2017, p=0.088 (Figure 24).
- IDRS first distinguished between prescribed and non-prescribed use in 2006, from which point it has been apparent that morphine use predominantly comprised non-prescribed use, with the trend for non-prescribed use paralleling that for any use (10% in 2018; Figure 24).
- In contrast with the trend of declining use, frequency of use has consistently been low (2018: median three days, IQR 1-15). The parallel for the trend in non-prescribed use is reflected in frequency of use (2018: median 3 days non-prescribed use, IQR 1-3 days).
- In 2018, the majority of participants who reported recent use (88%) had injected morphine in the past six months on a median of three days (IQR 1-6 days).

Figure 22: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine, ACT, 2002-2018



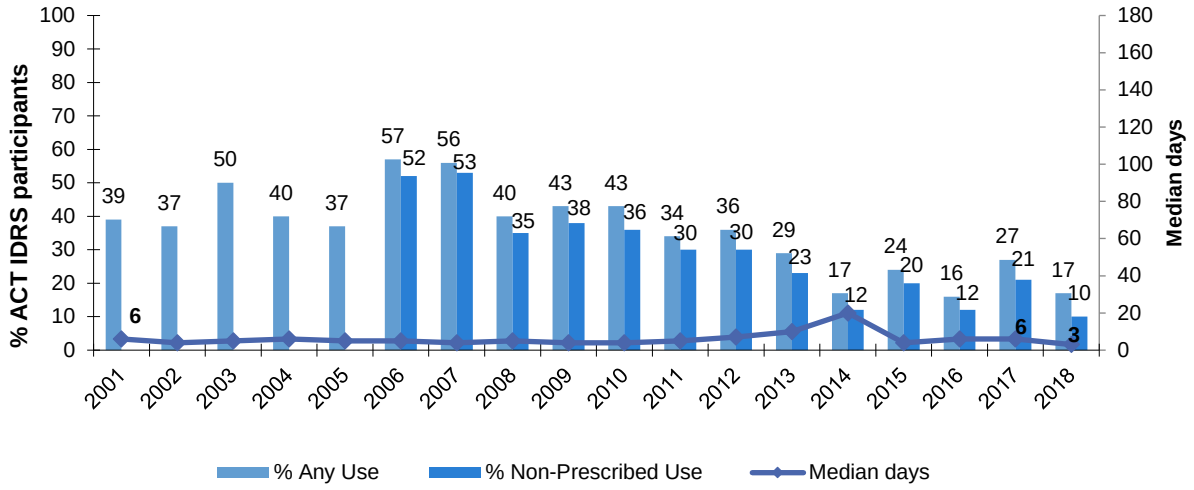
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% to improve visibility of trends. In 2002 buprenorphine did not distinguish between prescribed and non-prescribed. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, ACT, 2006-2018



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 computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, ACT, 2001-2018

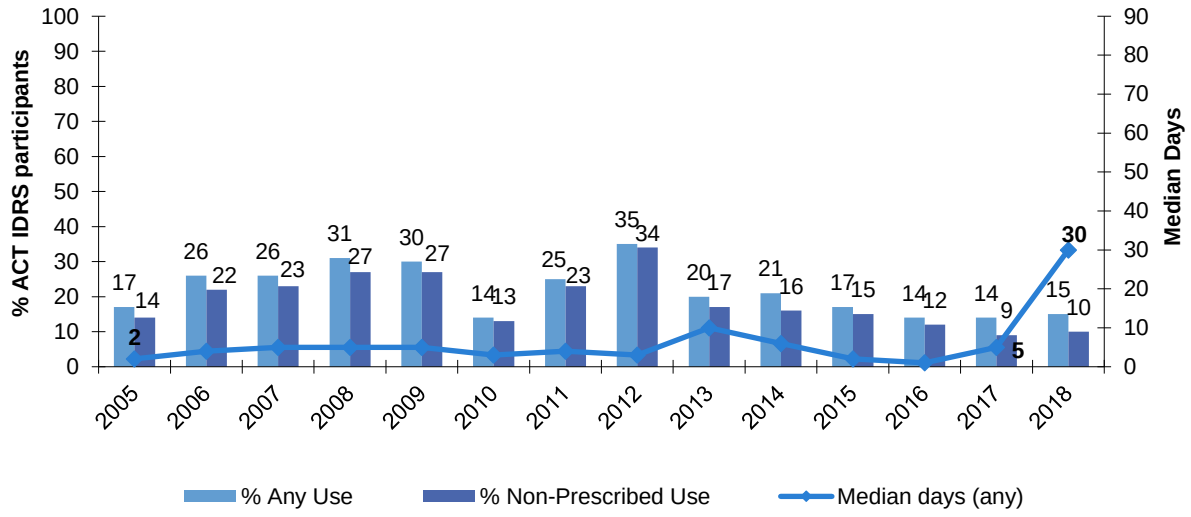


Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Some data labels have been removed to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Oxycodone

- Rates of any oxycodone use have followed an inverted-U shape over the course of monitoring, peaking in 2012 (35%), and declining subsequently to 15% in 2018 (Figure 25).
- As with morphine, most of this use has comprised non-prescribed morphine, with 10% of the sample reporting recent non-prescribed use in 2018 (Figure 25).
- Frequency of use has mainly remained low and stable across the course of monitoring, with the exception of an increase in 2018 (median 30 days, IQR 1-48 days), although small numbers reporting use must be noted (Figure 25).
- Over half (60%) of people who had recently consumed oxycodone reported injecting any form of oxycodone on a median of four days (IQR 2-22 days) in the past six months.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, ACT, 2005-2018

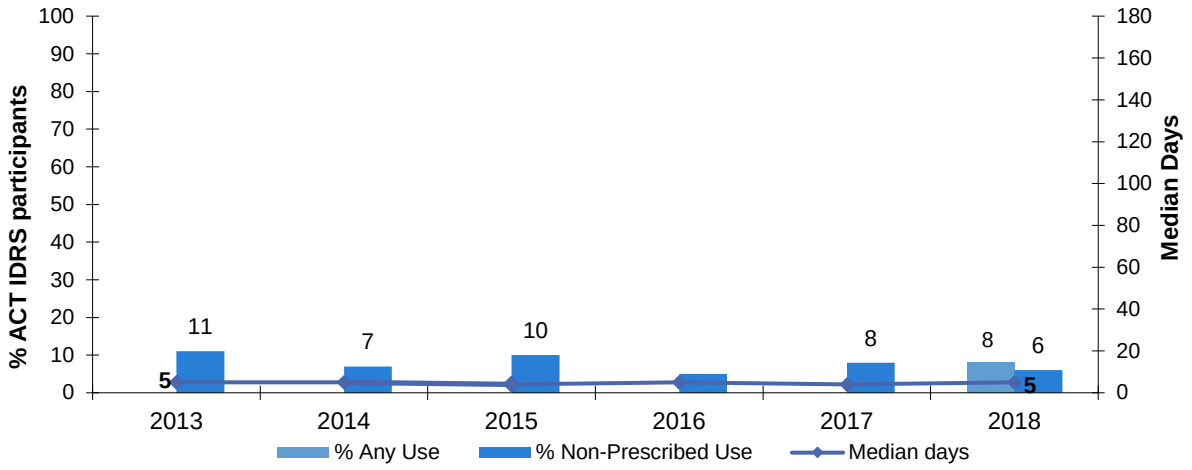


Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 to improve visibility of trends. Some data labels have been removed to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Fentanyl

- Rate of use and frequency of use fentanyl in the past six months has remained low over the course of monitoring, with eight per cent of the sample reporting any use of pharmaceutical fentanyl in 2018 (Figure 26).
- Much of this use is non-prescribed, with six per cent of the sample reporting non-prescribed use in 2018 (Figure 26).
- Frequency of use has remained stable over the course of monitoring. In 2018, participants reported use on a median of five days in the past six months (IQR 2-140 days) (Figure 26).
- Of those that reported recent use of fentanyl, all had injected fentanyl on a median of four days (IQR 2-12 days) in the past six months.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of fentanyl, ACT, 2013-2018



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 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≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

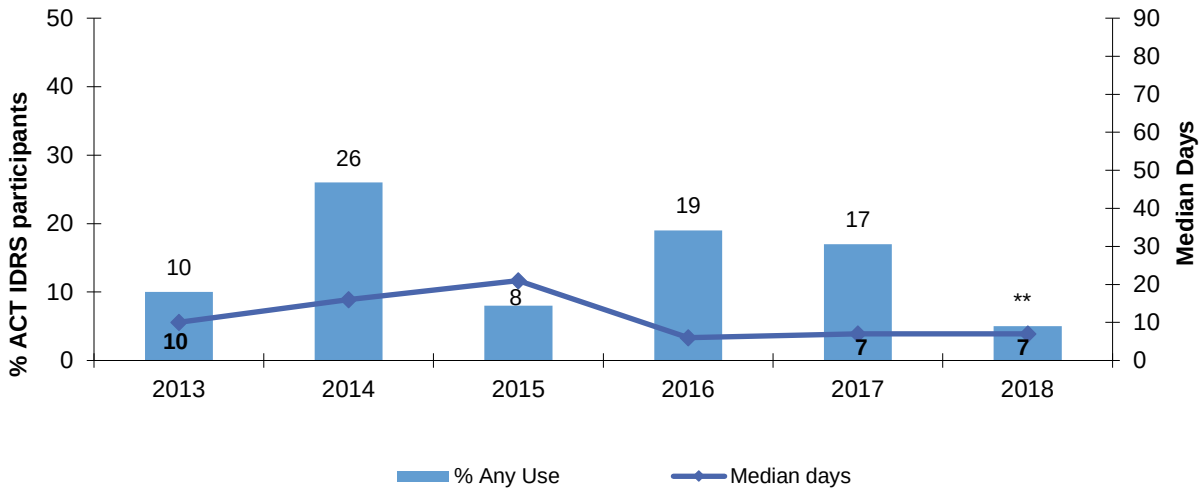
Codeine

Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus®) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte ®) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products (low- and high-dose) require a prescription from a doctor to access. It is important to note that participants were interviewed in June, 2018, and thus questions about recent (i.e., past six month) use covered time pre- and post-change in scheduling.

- In 2018, 33% of the ACT sample reported recent use of any codeine (low- or high-dose; the former prescribed or OTC) on a median of six days (IQR 2-20 days) (Figure 27).
- Twenty-two per cent of the sample reported recent high-dose codeine use (15% prescribed; 7% non-prescribed), and 16% reported recent low-dose codeine use (mainly OTC; 15%) (Figure 27).

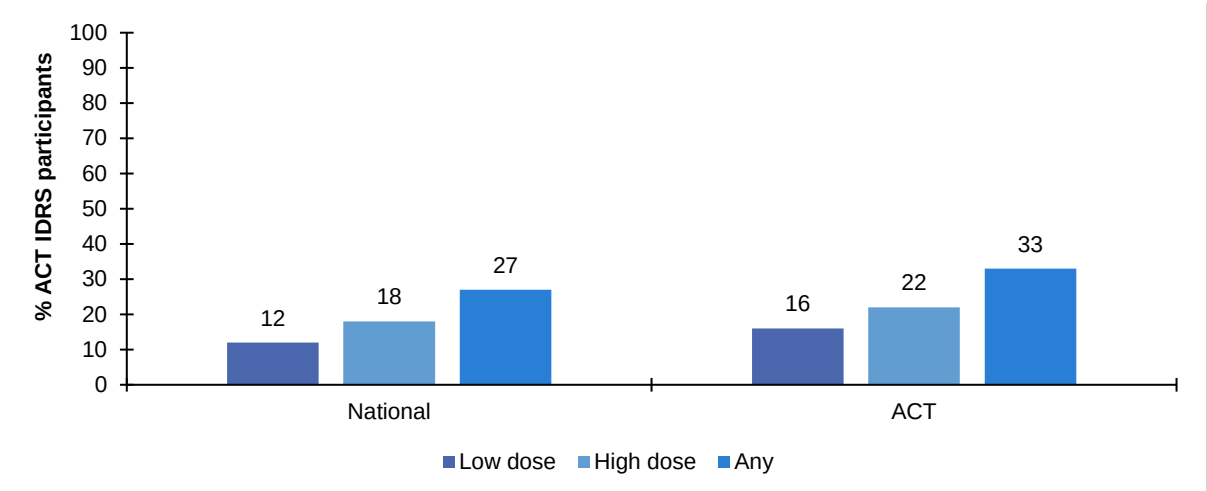
- The use of low dose codeine for non-medicinal/pain purposes has fluctuated since monitoring began and declined significantly in 2018 (5% vs. 17% in 2017; *p*=0.008; Figure 27). It is unclear if this decline was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e. participants could only report use occurring prior to rescheduling in February 2018.
- Past six months use of codeine was comparable to national data (Figure 28).

Figure 27: Past six month use and frequency of use of low-dose codeine (for non-pain purposes), ACT, 2013-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 90 days to improve visibility of trends. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Figure 28: Past six month use of codeine, nationally and in ACT, 2018



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

8

Other drugs

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

New Psychoactive Substances (NPS)

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

- In 2018, NPS use remained stable among the ACT sample, with eight per cent reporting recent use (11% in 2017; *p*=0.484), 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 (5%).
- 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). In 2018, participants reported using substances of varying effect profiles (e.g., stimulant, depressant, psychedelics), with no one class of substance being dominant amongst this small group reporting NPS use.

Table 2: Past six month use of new psychoactive substances, nationally and in ACT, 2013-2018

% recent use	National N=905	2018 N=100	2017 N=100	2016 N=100	2015 N=100	2014 N=100
New' drugs that mimic the effects of opioids	-	**-**	-	/	/	/
'New' drugs that mimic the effects of ecstasy	1	**-**	-#	/	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	2	**-**	-	-	-	-
'New' drugs that mimic the effects of cannabis	5	**-**	8	10	8	-
'New' drugs that mimic the effects of psychedelic drugs	2	**-**	-#	/	/	/
'New' drugs that mimic the effects of benzodiazepines	-	**0**	/	/	/	/
Any of the above	**11**	**8**	**11**	**14**	**10**	**6**

Note. - Values suppressed due to small cell size (n≤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 2017 versus 2018.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

- Rates of non-prescribed benzodiazepine use have decreased, from 51% in 2007 to 28% in 2018 (29% in 2017; *p*=0.876) (Figure 29).
- In 2018, none of the ACT participants who had recently used non-prescribed benzodiazepines reported injecting as a route of administration.
- In 2018, non-prescribed use of alprazolam and 'other benzodiazepines' was used on a median of 20 days (IQR 3-53 days) and 10 days (IQR 4-42 days), respectively.

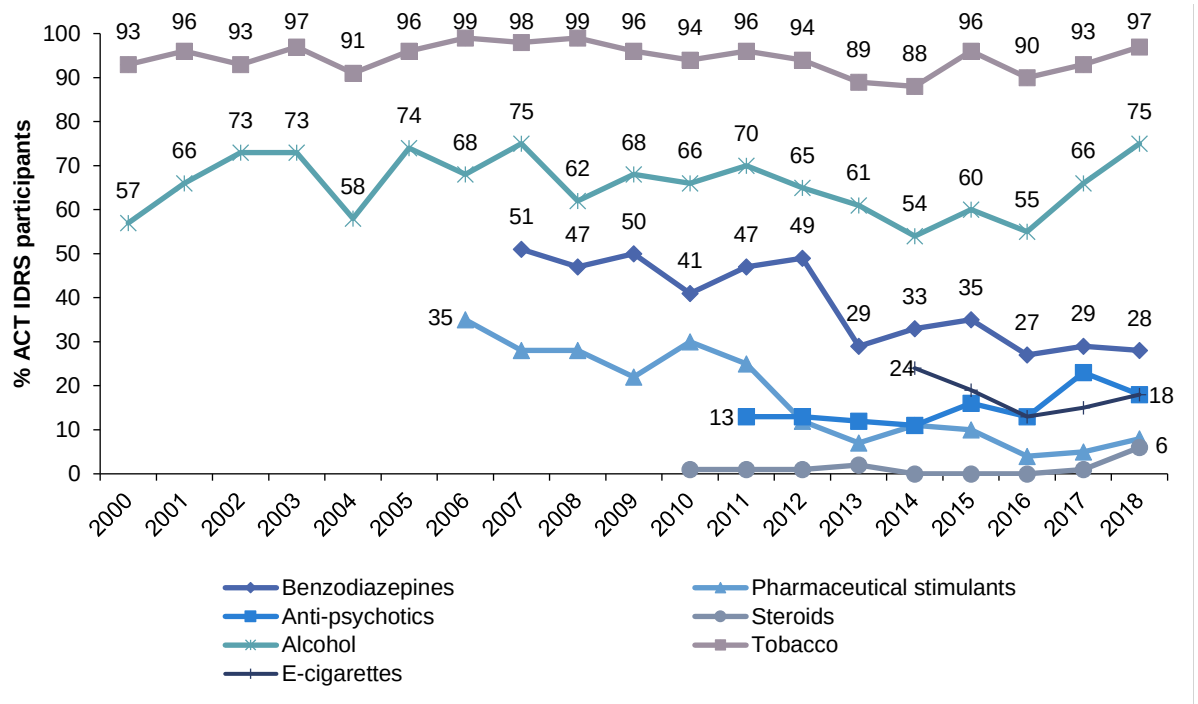
Pharmaceutical stimulants

- Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has generally decreased since monitoring began until 2013 when it stabilised (Figure 29).
- A small number reported injecting non-prescribed pharmaceutical stimulants in 2018 and thus this figure is not presented.
- In 2018, eight per cent of the sample reported recent non-prescribed use on a median of six days (IQR 4-38 days).

Anti-psychotics

- The percentage of the sample reporting recent use of non-prescribed anti-psychotics has fluctuated between 11% and 23% since monitoring began in 2011 (18% in 2018; Figure 29).
- Non-prescribed use remained infrequent amongst consumers in 2018 (median 5 days; IQR 2-11 days).

Figure 29: Past six month use of other drugs, ACT, 2000-2018



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 and e-cigarettes in 2014. 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 2017 versus 2018.

Licit and Other Drugs

Steroids

- Reports of recent use of steroids have remained consistently low (between 0% and 6%) since monitoring began in 2010 (Figure 29).

Alcohol

- Around three-fifths of the ACT sample report recent use of alcohol each year (Figure 29), with the highest percentage reporting use in 2018 (75%; 66% in 2017; *p*=0.163) (Figure 29).
- Median frequency of use was 24 days (i.e. weekly use; IQR 6-90 days; 25 days in 2017).
- In 2018, 15% of recent consumers of alcohol reported daily use (14% in 2017; *p*=0.890).
- The mean score on the Alcohol Use Disorders Identification Test (AUDIT) was 10.9 (SD 9.9; possible score range 0-40). 42% per cent of those who responded (n=77) obtained a score of eight or more, indicative of hazardous use.

Tobacco

- Tobacco use has remained relatively common since the IDRS began, with 97% of the sample reporting recent use in 2018 (Figure 29).
- In 2018, median frequency of use was 180 days (IQR 180-180 days; 180 days in 2017), with 92% of recent consumers reporting daily use (90% in 2017; *p*=0.730).

E-cigarettes

- E-cigarette use has fluctuated over time from 24% in 2014 to 13% in 2013 (Figure 29), with 18% reporting recent use in 2018 (15% in 2017; *p*=0.568).
- In 2018, median frequency of use was nine days (IQR 2-180 days; 17 days in 2017).

9

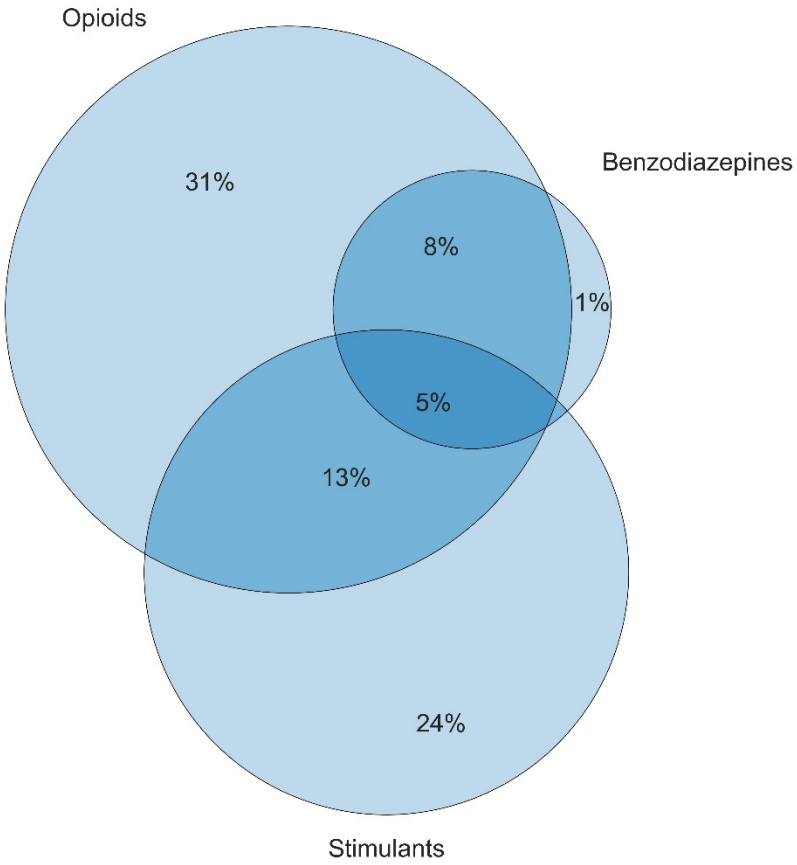
Drug-related harms and other risk factors

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

Polysubstance use

- In 2018, the majority (96%) of the ACT sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. The most commonly used substances were tobacco (83%), opioids (57%) cannabis (49%), stimulants (42%), and alcohol (27%).
- Twenty-six per cent of the sample reported using some combination of opioids, stimulants, and/or benzodiazepines on the day preceding the interview, with the most common combination being stimulants and opioids (13%), followed by opioids and benzodiazepines (8%) (Figure 30).

Figure 30: Use of opioids, stimulants and benzodiazepines on the day preceding interview, ACT, 2018



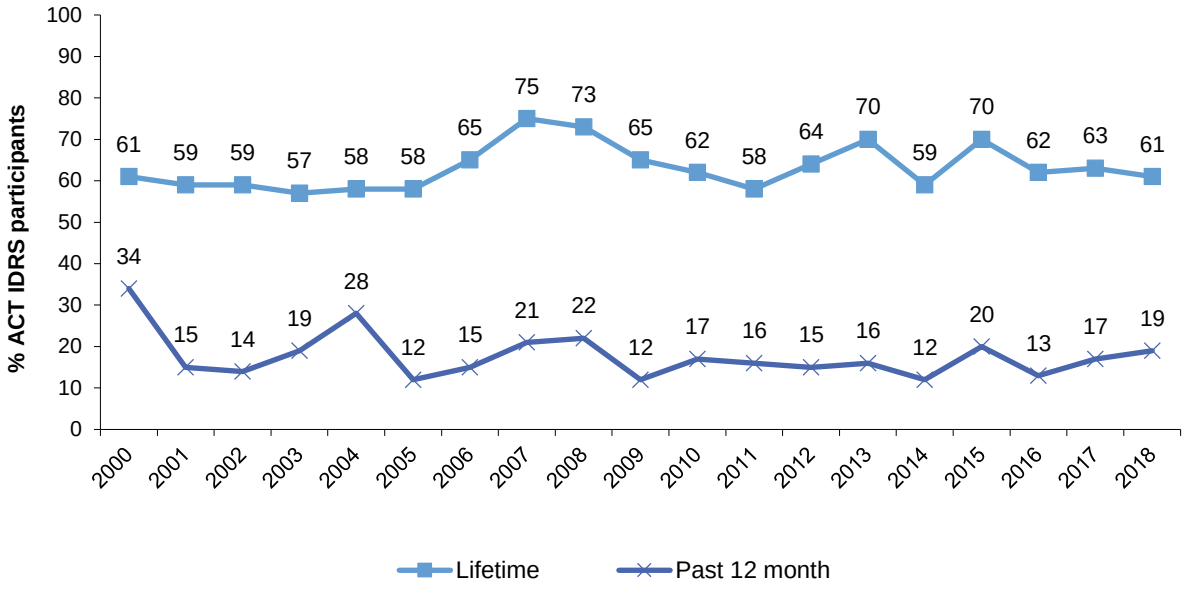
Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (82%; n=82).

Overdose

Non-fatal overdose

- 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 31).
- In 2018, three-fifths (61%; 63% in 2017; *p*=0.796) of the participants reported a non-fatal overdose in their lifetime and one-fifth (19%; 17% in 2017; *p*=0.775) in the past 12 months (Figure 31).
- In 2018, the most commonly cited substance involved in lifetime and past year non-fatal overdoses was heroin (51% and 14% of the total sample reported overdosing after heroin use in their lifetime and past year, respectively).
- In 2018, participants who had ever overdosed on heroin had done so on a median of two occasions in their lifetime (IQR 1-5 occasions).
- Among those that had overdosed on heroin in the past year, 62% reported receiving naloxone (Narcan®).
- The majority (77%) of those that had overdosed on heroin in the past year did not seek treatment or information after the most recent overdose.

Figure 31: Lifetime and past 12 month non-fatal overdose, ACT, 2000-2018



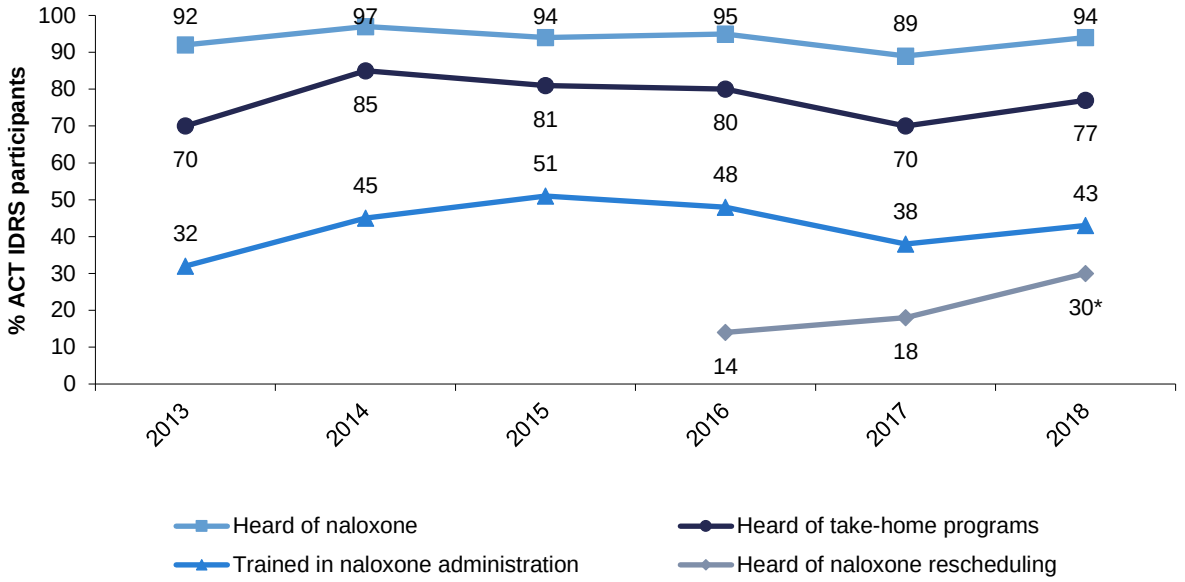
Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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 (the first in Australia) 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.

- Since monitoring began in 2013, there has been high awareness of naloxone and of take-home naloxone training programs in the ACT sample (94% and 77% of 2018 participants, respectively; Figure 32).
- Further, there has been an increase in the percentage of the sample that have heard of the rescheduling of naloxone (30% versus 18% in 2017; *p*=0.044) (Figure 32).
- Those reporting being trained in naloxone administration has fluctuated between 32% in 2013 and 51% in 2015 (43% in 2018; Figure 32).
- In 2018, 14% of the ACT sample reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program.
- Of those who had completed the take-home naloxone program (n=43), 40% had used naloxone to resuscitate someone who had overdosed.

Figure 32: Take-home naloxone program and distribution, ACT, 2013-2018



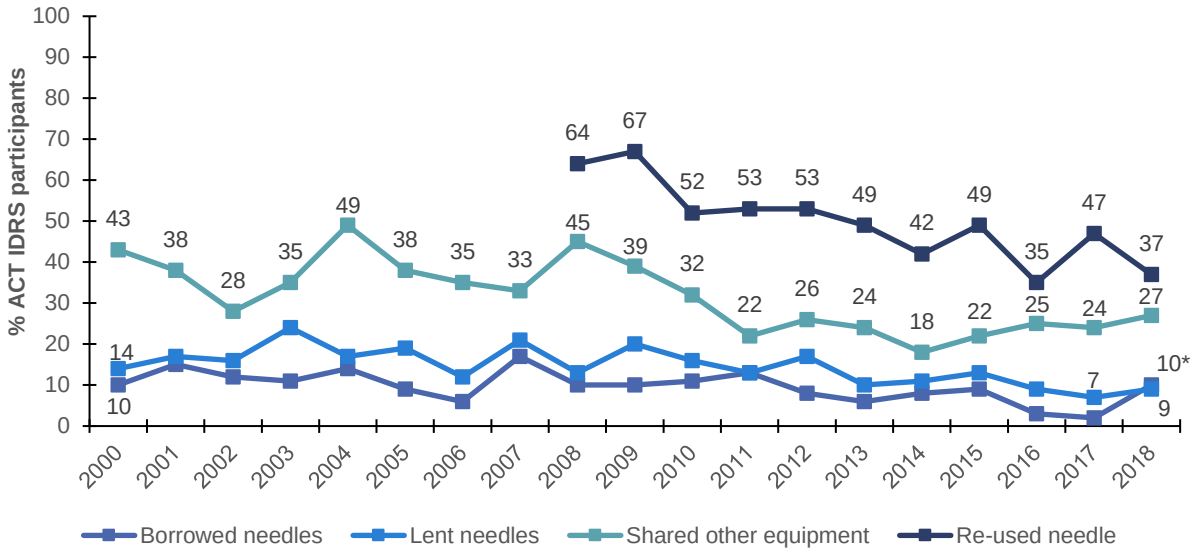
Note. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018. Nationally, 85% had heard of naloxone, 58% had heard of the take-home naloxone program, 23% were trained in naloxone administration and 32% had heard about the naloxone rescheduling^. ^Naloxone over the counter from a pharmacy without a prescription. / denotes that this item was not asked in these years.

Injecting Risk Behaviours and Harms

Injecting risk behaviours

- Rates of receptive and distributive sharing have not shown any major declines over time. In 2018, approximately one in ten participants reported distributive sharing (9%) and receptive sharing (10%) in the past month (Figure 33). The latter finding represents an increase relative to 2017 (2%; *p*=0.019)
- The percentage 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 (27% in 2018) (Figure 33).
- The percentage of the sample who reported re-using their own needles in the past month has declined from 64% in 2008 to 37% in 2018 (47% in 2017; *p*=0.159) (Figure 33).
- Rates of 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, with 27% reporting re-using in 2018 (Figure 33).
- One quarter (26%) reported that they had injected someone else after injecting themselves, and 14% were injected by someone else who had previously injected in the past month (Table 3).
- Consistent with previous years, most participants (91%) reported that they had last injected in a private home (Table 3).

Figure 33: Borrowing and lending of needles and sharing of injecting equipment in the past month, ACT, 2000-2018



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 2017 versus 2018.

Table 3: Sharing needles and injecting equipment in the past month, nationally and in ACT, 2014-2018

	National 2018	ACT 2018	ACT 2017	ACT 2016	ACT 2015	ACT 2014
	n=892	**N=100**	n=98	n=97	n=98	N=100
% Borrowed a needle	9	**10***	-	-	9	8
% Lent a needle	11	**9**	7	9	13	8
% Shared any injecting equipment ^ (n)	20 (n=184)	**27 (n=27)**	24 (n=23)	25 (n=24)	22 (n=22)	19 (n=18)
Shared spoon/mixing container	70	**74**	87	92	77	100
Shared filter	23	**-**	-	-	-	-
Shared tourniquet	31	**30**	-	33	-	-
Shared water	32	**37**	-	29	-	-
Shared swabs	9	**-**	-	-	0	-
Shared wheel filter	-	**0**	0	-	-	-
% Reused own needle	37	**37**	47	35	49	44
% Reused own injecting equipment ^ (n)	45 (n=398)	**45 (n=44)**	56 (n=56)	46 (n=45)	51 (n=49)	37 (n=35)
% Injected partner/friend after injecting self (with either a new or used needle)	31	**26**	31	33	/	/
% Somebody else injected them after injecting themselves (with either a new or used needle)	16	**14**	9	10	/	/
Location of last injection						
% Private home	78	**91**	85	83	85	85
% Car	4	**-**	6	-	0	-
% Street/car park/beach	9	**-**	-	6	-	-
% Public toilet	5	**-**	-	6	-	9
% Other	4	**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 2017 versus 2018.

Self-reported injection-related health problems

- In 2018, three-fifths (61%) of the ACT sample reported an injection-related health issue in the month preceding interview (65% in 2017; p=0.554) (Table 4).
- The most prominent problems were scarring/bruising (43%) and difficulty injecting (39%), most likely indicating poor vascular health among a substantial proportion of this group (Table 4).

Table 4: Injection-related issues in the past month, nationally and in ACT, 2014-2018

	National 2018	ACT 2018	ACT 2017	ACT 2016	ACT 2015	ACT 2014
	n=828	**n=99**	N=100	N=100	N=100	n=99
% Any injection related problem	73	**61**	65	62	66	57
Scarring/bruising	52	**43**	47	40	47	39
Difficulty injecting	43	**39**	46	46	43	38
Dirty hit	14	**7**	8	-	6	8
Infection/abscess	8	**-**	8	9	9	-
Thrombosis	7	**-**	-	6	7	-
Overdose	6	**-**	-	-	-	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Drug Treatment

- Two-fifths of participants (42%) in the ACT sample reported that they were currently in treatment for their substance use, similar to 2017 (47%; p=0.477) (Table 5).
- The most common current drug treatment among the total sample was methadone (28%; 39% in 2017; p=0.099 (Table 5).
- Almost one in five participants (17%) reported that they had recently tried to access treatment but were unable to (Table 5).
- Among those that tried to access drug treatment, methamphetamine (41%) and heroin (35%) were the main substances for which participants intended to seek treatment.
- Residential rehabilitation/therapeutic community was the main service that participants had tried to access.

Table 5: Current drug treatment, nationally and in ACT, 2014-2018

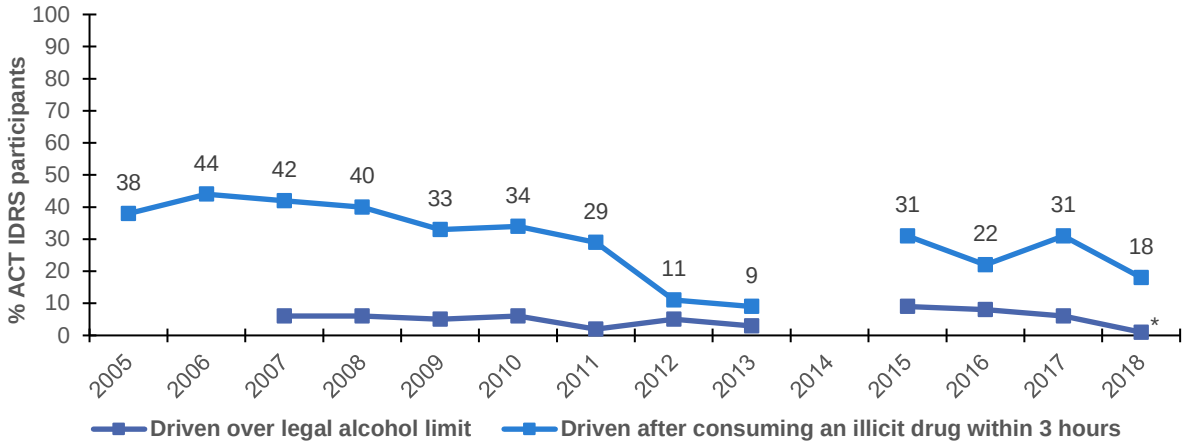
	National 2018	ACT 2018	ACT 2017	ACT 2016	ACT 2015	ACT 2014
	N=905	**N=100**	N=100	N=100	N=100	N=100
% Current drug treatment	41	**42**	47	46	53	56
Methadone	28	**28**	39	36	38	45
Buprenorphine	2	**-**	-	-	-	-
Buprenorphine-naloxone	8	**10**	7	6	6	6
Drug counselling	2	**-**	0	-	-	-
Other	1	**0**	0	0	0	0
% Recently tried to access treatment but unable	17	**17**	15	15	12	9

Note. Numbers suppressed when n≤5 (but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Driving Risk behaviours

- Small numbers reported driving over the legal limit for alcohol; this is consistent over the period of monitoring (Figure 34).
- Of the whole sample, one-fifth (18%; 31% in 2017; *p*=0.045) reported driving within three hours of consuming an illicit or non-prescribed drug (56% of those that reported driving recently) on a median of seven days (IQR 2-113; 20 days in 2017; *p*=0.369) in the last six months (Figure 34).
- Among those that reported driving within three hours of consuming an illicit or non-prescribed drug (n=18), the most common drug used last time was heroin (56%; 37% in 2017; *p*=0.221), followed by crystal methamphetamine (50%; 44% in 2017; *p*=0.714) and cannabis (28%; 33% in 2017; *p*=0.693).
- In 2018, among those that reported to have driven in the six months preceding interview (n=34), one-fifth (18%; 26% in 2017; *p*=0.380) reported to have been tested for drug driving and one-third (35%; 38% in 2017; *p*=0.801) 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, 2005-2018



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

Expenditure on non-prescribed drugs

- In 2018, 70% of participants reported having spent money on illicit drugs on the day prior to interview, recording a median expenditure of $100 (IQR $50-$156) (Table 6).

Table 6: Expenditure on non-prescribed drugs on the day prior interview, ACT, 2013-2018

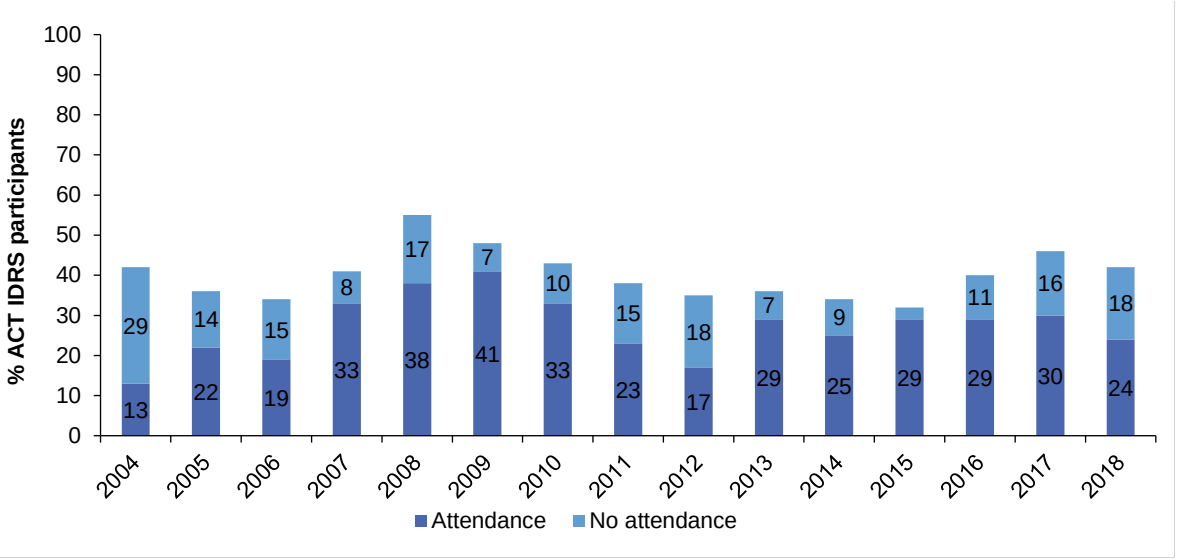
	ACT 2018	**ACT 2017**	**ACT 2016**	**ACT 2015**	**ACT 2014**	**ACT 2013**
	n=79	n=98	N=100	n=99	n=98	N=100
Nothing	**27**	32	43	43	45	41
Less than $20	**-**	7	-	7	7	0
$20-$49	**9**	11	6	8	11	11
$50-$99	**20**	20	20	12	16	20
$100-$199	**26**	20	15	15	13	17
$200-$399	**9**	-	12	11	6	7
$400 or more	**7**	-	0	-	-	-
Median Expenditure ($)	**100**	80	80	100	80	80

Note. Numbers suppressed when n≤5 (but not 0). Median expenditure computed of those reporting spending >$0. *$p$<0.050; **$p$<0.010; ***$p$<0.001 for 2017 versus 2018.

Mental Health

- In 2018, two-fifths of the sample (42%) self-reported that they had experienced a mental health problem in the preceding six months, stable from 2017 (47%; *p*=0.532) (Figure 35).
- Amongst this group, the most commonly reported problems were anxiety (74%; 41% in 2017; *p*=0.003), depression (72%; 62% in 2017; *p*=0.253) and schizophrenia (23%; 22% in 2017; *p*=0.879).
- One quarter of the total sample (24%; 58% of those who reported a mental health problem) had seen a mental health professional during the past six months, most commonly a GP (48%of those who reported attending a health professional; n=23).
- Half (53%) of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2017 (62%; *p*=0.392).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2004-2018

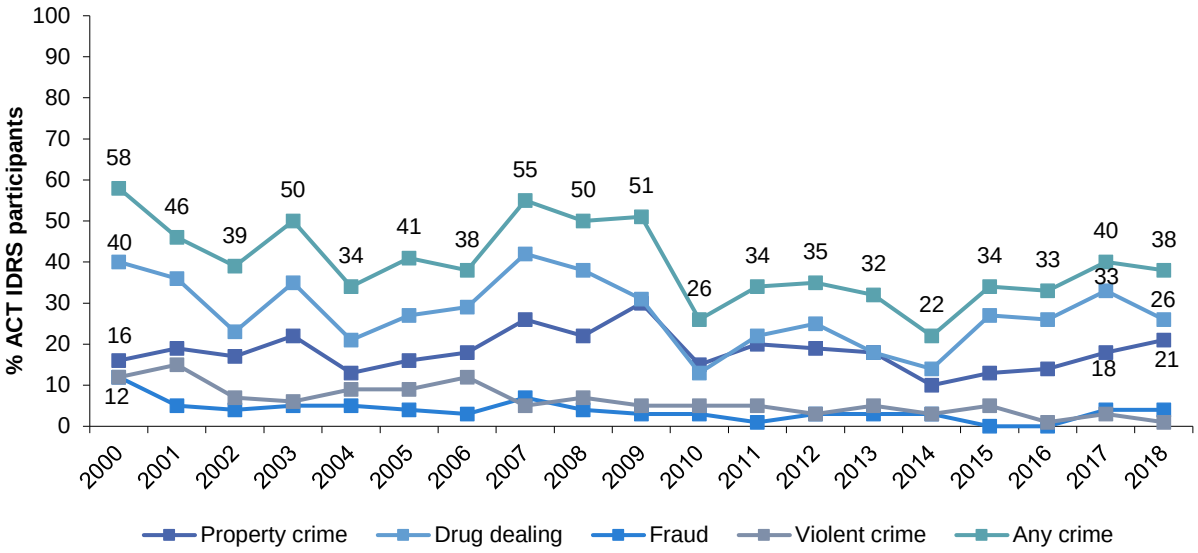


Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Crime

- Rate of past month self-reported criminal activity has fluctuated between 22% (2014) and 58% (2000) in the ACT sample (Figure 36).
- Selling drugs for a cash profit (26%) and property crime (21%) remain the most common crimes reported in the month preceding interview in 2018 (Figure 36).
- Past month self-reported fraud and violent crime remained low throughout monitoring (Figure 36).
- Over half of the sample (56%) reported a lifetime prison history in 2018 (54% in 2017; *p*=0.734) and one-third (30%) of the sample reported being arrested in the preceding 12 months (27% in 2017 *p*=0.818).
- Of those reporting being arrested in the preceding 12 months, the most common reason of arrest was property crime and driving under the influence of drugs (36% and 18%, respectively).

Figure 36: Self-reported criminal activity in the past month, ACT, 2000-2018



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Some data labels have been removed to improve visibility. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.