Australian Capital Territory

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ACT TRENDS IN ECSTASY AND RELATED DRUG MARKETS 2017

Findings from the Ecstasy and Related Drugs (EDRS)

Reporting System

Australian Drug Trends Series No. 192

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AUSTRALIAN CAPITAL TERRITORY

TRENDS IN ECSTASY AND RELATED DRUG MARKETS

2017

Findings from the

Ecstasy and Related Drug Reporting System

(EDRS)

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University of New South Wales

Australian Drug Trends Series No. 192

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In 2017, the Ecstasy and related Drugs Reporting System (EDRS) project was run for the fourteenth consecutive year in the Australian Capital Territory (ACT). The EDRS was funded by the Australian Government Department of Health, and was coordinated by the National Drug and Alcohol Research Centre (NDARC).

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ABBREVIATIONS

5-MEO-DMT	5-methoxy-dimethyltryptamine
2C-B	4-bromo-2,5-dimethoxyphenethylamine
2C-E	2,5-dimethoxy-4-ethylphenethylamine
2C-I	2,5-dimethoxy-4-iodophenethylamine
ACT	Australian Capital Territory
AIHW	Australian Institute of Health and Welfare
AOD	Alcohol and Other Drug
ATSI	Aboriginal and/or Torres Strait Island
AUDIT	Alcohol Use Disorders Identification Test
DOI	Death on Impact; 2, 5-dimethoxy-4-iodamphetamine
DMT	Dimethyl tryptamine
EDRS	Ecstasy and related Drugs Reporting System
ERD	Ecstasy and related drug(s)
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
K10	Kessler Psychological Distress Scale
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDAI	5,6-methylenedioxy-2-aminoindane
MDMA	3,4-methylenedioxymethamphetamine
N	(or n) Number of participants
NBOMe	NBOMe includes a series of drugs that contain an N-methoxybenzyl group
NDARC	National Drug and Alcohol Research Centre
NDSHS	National Drug Strategy Household Survey
NPS	New Psychoactive Substance(s)
NSP	Needle and Syringe Program(s)

OTC	Over the counter
PMA	Para-methoxyamphetamine
PDI	Party Drugs Initiative
RBT	Random Breath Test
ROA	Route of administration
SDS	Severity of Dependence Scale
SPSS	Statistical Package for the Social Sciences
STI	Sexually transmitted infection
THC	Tetrahydrocannabinol
WHO	World Health Organization

GLOSSARY OF TERMS

Binge	Use over 48 hours without sleep
Eightball	3.5 grams
Halfweight	0.5 gram
Illicit	Illicit refers to drugs not legally permitted e.g. heroin, and pharmaceuticals obtained from a prescription in someone else's name, e.g. buying them from a dealer or obtaining them from a friend or partner.
Indicator data	Sources of secondary data used in the EDRS (see *Method* section for further details)
Licit	Licit refers to pharmaceuticals (e.g. benzodiazepines, antidepressants and opioids such as methadone, buprenorphine, morphine and oxycodone) obtained by a prescription in the user's name. This definition does not take account of 'doctor shopping' practices; however, it differentiates between prescriptions for self as opposed to pharmaceuticals bought on the street or those prescribed to a friend or partner
Lifetime injection	Injection (typically intravenous) on at least one occasion in the participant's lifetime
Lifetime use	Use on at least one occasion in the participant's lifetime via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing
Opiates	Opiates are derived directly from the opium poppy by departing and purifying the various chemicals in the poppy
Opioids	Opioids include all opiates but also include chemicals that have been synthesised in some way e.g. heroin is an opioid but not an opiate, morphine is both an opiate and opioid
Point	0.1 gram although may also be used as a term referring to an amount for one injection
Recent injection	Injection (typically intravenous) in the six months preceding interview
Recent use	Use in the six months preceding interview via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing
Session	A period of continuous use without sleeping in between
Shelving/shafting	Use via insertion into vagina (shelving) or the rectum (shafting)

Use	Use via one or more of the following routes of administration: injecting; smoking; snorting; shelving/shafting; and/or swallowing.

Common terms throughout the report:

- Recent use: Used at least once in the previous six months
- Sentinel group: A surveillance group that points towards trends and harms
- Median: The middle value of an ordered set of values
- Mean: The average
- Frequency: The number of occurrences within a given time period

EXECUTIVE SUMMARY

The Ecstasy and related Drugs Reporting System (EDRS; formerly the 'Party Drugs Initiative') is a study that monitors trends and issues emerging from illicit drug markets in Australia. The data collected examines the price, purity and availability of four primary illicit drug classes – ecstasy, methamphetamine, cocaine and cannabis as well as niche market drugs such as GHB and LSD. People who regularly use stimulants have been identified as a sentinel group and provide information on patterns of use, market characteristics, related harms and other issues associated with ERD use.

DEMOGRAPHIC CHARACTERISTICS OF THE SAMPLE

In 2017, nearly two-thirds of the ACT EDRS sample were male (64%) and, similar to 2016, most participants were aged between their late teens to early twenties. The mean age in 2017 was 20 years old (S.D=4.5, range=18-50). Consistent with previous years, the majority of the sample interviewed were from an English-speaking background, and predominantly heterosexual. Most had completed 12 years of schooling, and at the time of interview the majority were either studying (part-time or full-time) or employed.

PATTERNS OF DRUG USE AMONG THE SAMPLE

In 2017, 29% of the sample reported ecstasy as their drug of choice (36% in 2016). Polydrug use was commonly reported by participants.

One in four participants (25%) reported having 'binged' (used continuously for 48 hours or more) on any stimulants or related drugs in the six months prior to interview. The percentage of participants reporting that they had ever injected a drug remained stable in 2017 at 4%.

Ecstasy

Ecstasy pills (95%) were the most commonly used form of ecstasy by participants, followed by MDMA crystals (82%), ecstasy capsules (76%), and MDMA powder (41%). The proportion who reported ever using MDMA crystals, and those reporting ever using MDMA powder both increased significantly from 2016. In the six months prior to interview, the median number of days of any form of ecstasy use was 10.5 days (i.e. twice a month).

Methamphetamine

Methamphetamine is available in three forms: methamphetamine powder (speed), base and crystal methamphetamine. One-third of the sample (32%) reported recent use of at least one form of methamphetamine in the previous six months, ending a four-year downward trend.

Almost half (53%) of participants reported ever having used speed, and 31% reported having recently used speed. Participants who had recently used speed reported a median of 2.5 days of use in the six months prior to interview. Swallowing and snorting (nasal route) were the main routes of administration (ROA) reported by participants who had recently used speed.

Base methamphetamine had been used by 10% of the sample at least once in their lifetime.

Crystal methamphetamine use remained stable with 8% reporting recent use.

Cocaine

Sixty-seven per cent of the 2017 ACT EDRS sample had ever used cocaine. Forty-eight per cent reported recent use. Those participants who had recently used cocaine had used the substance on a median of four days in the preceding six months. Snorting remained the most common ROA, followed by swallowing. The median amount of cocaine used in a typical episode of use was a quarter of a gram.

LSD

Seventy-seven per cent of the sample reported lifetime use. Sixty-four per cent reported recent use compared with 40% of the sample in 2016, representing a significant increase. Participants had used a median of one tab of LSD in a typical session.

Cannabis

Almost all participants (99%) had used cannabis in their lifetime and 95% had used cannabis in the six months preceding interview. Median days of use was 50 days (approx. twice weekly). Daily smoking of cannabis remained stable with 24% of the sample reporting daily use. Most participants who had recently used cannabis reported smoking it, 20% reported that they had swallowed cannabis, and 16% reported vaping in the preceding six months.

New psychoactive substances (NPS)

Participant numbers reporting use of NPS remained low in the ACT and caution is advised in interpreting this data. DMT (21%) and drugs in the 2C-x family remained most commonly reported (2CB, 13%).

PRICE, PURITY AND AVAILABILITY AND PURCHASING PATTERNS

Ecstasy

The median reported price for a tablet of ecstasy remained stable at $25. The majority (67%) of respondents reported ecstasy purity to be medium (38%) and high (29%). With respect to availability, the majority of the sample reported that ecstasy was very easy (51%) or easy (34%) to obtain in the ACT.

Methamphetamine

In 2017, the median price for speed was reported to be $180 per gram, and $25 for a point (0.1 gram), although numbers reporting on price are low. Reports of the purity of speed varied with most reporting purity to be high (46%), or medium (31%). The availability of speed was reported to be very easy to easy to obtain by 60% of those who answered. Small numbers of the sample were able to comment (n<10) on the price, purity and availability of crystal and base. For more detailed information please refer to the National EDRS Report (Uporova, Karlsson et al. 2018).

Cocaine

The median price for a gram of cocaine remained stable in 2017 at $300. Reports of cocaine purity and availability were varied.

LSD

The median price for a tab of LSD remained stable at $20. Reports of purity of LSD were mostly high (58%) or medium (29%). Reports of the current availability of LSD were varied.

Cannabis

The median price for a gram and an ounce of hydroponic cannabis were $15 and $250 respectively, and the median price for a gram and an ounce of bush cannabis was also $15 and $250, respectively. The majority reported that the prices for both forms had remained stable in the six months preceding interview. The current potency of hydroponic cannabis was reported to be medium to high, as was the potency for bush. Both hydroponic and bush cannabis were reported to be very easy to easy to obtain, similar to 2016.

Patterns of other drug use

Ninety-five per cent of the sample reported recent alcohol use. Alcohol was consumed on a median of approximately twice per week (38 days). The use of tobacco was also common among the sample, with 92% reporting recent use of tobacco. Recent use of mushrooms and ketamine increased this year with 38% reporting recent use of mushrooms, and 49% reporting recent use of ketamine.

HEALTH-RELATED ISSUES

Overdose

Twenty-seven per cent of the sample indicated that they had overdosed on a stimulant drug in their lifetime, and 21% reported having done so in the past 12 months. Recent stimulant overdoses (last 12 months) were most commonly attributed to ecstasy (46%). A third of the sample reported that they had ever suffered a depressant overdose and 24% reported having done so in the past 12 months. Recent depressant overdoses were most often attributed to alcohol (80%).

Mental health

Forty-three per cent of the sample reported that they had experienced a mental health problem in the preceding six months. Depression and anxiety were the most commonly reported.

RISK BEHAVIOUR

Injecting

Four per cent of the sample reported ever having injected and no participants reported recently injecting.

Sexual risk behaviour

Two-thirds (66%) of the sample reported having had casual penetrative sex in the six months prior to interview. Of those who reported having casual penetrative sex (n=66), 56% indicated that last time they had casual sex while not under the influence of alcohol or drugs, they used a protective barrier (i.e. condom). Of those who reported having had casual penetrative sex while under the influence of alcohol or drugs (n=61), more than half (62%) reported using protection.

Risky alcohol use

Using the AUDIT-C, 74% of respondents scored eight or above, indicating alcohol intake that is possibly hazardous. Twelve per cent of respondents scored at a level indicating the need for evaluation for possible alcohol dependence. There was no difference between males and females.

Criminal activity, policing and market changes

Half (50%) of the sample self-reported engaging in some form of criminal activity in the month prior to interview, most commonly drug dealing (38%) and property crime (24%).

1 INTRODUCTION

In 2017, the Ecstasy and related Drugs Reporting System (EDRS) project was supported by funding from the Australian Government under the Substance Misuse Prevention and Service Improvement Grants Fund. The project uses a methodology that was based on the methodology used for the Illicit Drug Reporting System (IDRS) (Topp, Barker et al. 2004). The IDRS monitors Australia's heroin, cocaine, methamphetamine and cannabis markets, but does not adequately capture ecstasy and related drug (ERD) use and, therefore, there was a need to access a different population to obtain information on ERD markets.

The term 'ecstasy and related drugs' or 'psychostimulants' includes drugs that are routinely used in the context of entertainment venues and other recreational locations including nightclubs, dance parties, pubs and music festivals. ERD include ecstasy (MDMA, 3,4-methylenedioxymethamphetamine), methamphetamine, cocaine, LSD (*d*-lysergic acid), ketamine, MDA (3,4-methylenedioxyamphetamine), NPS (e.g. 2C-B, DMT, synthetic cannabis) and GHB (gamma-hydroxybutyrate).

The findings in this report provide a summary of trends in ERD markets in the ACT in 2017.

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

1.2. STUDY AIMS

In 2017, the specific aims of the EDRS were to:

1. Describe the characteristics of a sample of people who regularly use stimulants interviewed in each capital city of Australia;
2. Examine the patterns of ERD use of these samples;
3. Document the current price, purity and availability of ERD across Australia;
4. Examine participants' reports of ecstasy-related harm, including physical, psychological, occupational, social and legal harms; and
5. Identify emerging trends in the ERD market that may require further investigation.

2 METHOD

The EDRS involves the collection and analysis of data from three sources:

- Interviews with current people who regularly use stimulants recruited in the ACT;
- Interviews with key experts who have contact with and knowledge of the ERD scene in the ACT; and
- Indicator or routinely collected data.

In 2017, key expert interviews and indicator data are not included in the ACT EDRS and National reports.

2.1. SURVEY OF PEOPLE WHO REGULARLY USE STIMULANTS

The sentinel population chosen to monitor trends in ERD markets consisted of people who engaged in the regular use of the drug sold as 'ecstasy'. Although a range of drugs fall into the ERD category, ecstasy is considered one of the main illicit drugs used in Australia. It is the third most widely used illicit drug after cannabis, and cocaine with 2% of the population aged 14 years or older reporting recent use of ecstasy in the Australian Institute of Health and Welfare's *National Drug Strategy Household Survey* (NDSHS) (Australian Institute of Health and Welfare 2017).

A growing market for ecstasy (i.e. tablets sold purporting to contain MDMA) has existed in Australia for more than two decades. In contrast, other drugs that fall into the class of ERD have either declined in popularity since the appearance of ecstasy in this country (e.g. LSD), fluctuated widely in availability (e.g. MDA), or are relatively new in the market and are not as widely used as ecstasy (e.g. ketamine and GHB). It was suggested (Topp 2001) that it would be difficult to identify a regular user of GHB or ketamine who was not also an experienced user of ecstasy, whereas the reverse will often be the case. Ecstasy may be the first drug categorised under ERD with which many young Australians who choose to use illicit drugs will experiment, and a minority of these users will go on to experiment with the less common related drugs such as ketamine and GHB.

The entrenchment of ecstasy in Australia's illicit drug markets, relative to other related drugs, underpinned the decision that regular use of ecstasy could be considered the defining characteristic of the target population (Topp 2001). A sample of this population was successfully recruited and interviewed in the two-year feasibility trial (Breen, Topp et al. 2002), and was able to provide the data that was sought. Therefore, people who regularly use stimulants continue to provide information on ERD markets through the annual EDRS participant surveys.

Ethics approval to conduct the study was obtained from UNSW Human Research Ethics Committee.

2.2. RECRUITMENT

Participants were recruited through a purposive sampling strategy (Kerlinger 1986), which included advertisements primarily via internet websites (including drug information sites and forums as well as social mediums) as well as print advertisements. Interviewer contacts and 'snowball' procedures (Biernacki and Waldorf 1981) were also utilised. 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access illicit drug users both in

Australian (Solowij, Hall et al. 1992, Ovendon and Loxley 1996, Boys, Lenton et al. 1997) and international (Solowij, Hall et al. 1992, Dalgarno and Shewan 1996, Forsyth 1996, Peters, Davies et al. 1997) studies.

Initial contact was established through advertisements on Facebook, advertisements posted at various tertiary education campuses around Canberra, and websites. On completion of the interviews, participants were asked if they would be willing to discuss the study with friends who would be interested in participating. Those who agreed were given business cards that listed the contact details for the study.

2.3. PROCEDURE

Participants contacted the research coordinator by telephone or email and were screened for eligibility. To meet the eligibility criteria, participants were required to be at least 16 years of age (due to ethical constraints); to have lived in the ACT for the preceding 12 months; and to have used ecstasy or related drugs (psychostimulants) a minimum of six times (i.e. on a monthly basis) in the past six months. The interview time and location was then negotiated between the researcher and participant.

Participants were informed that the study would involve a face-to-face interview that would take approximately 40–60 minutes to complete. Before conducting the interview, the nature and purpose of the study were explained to participants prior to obtaining informed consent. The researchers also informed participants that the information they provided was anonymous and confidential. On completion of the interview, participants were provided with $40 as reimbursement for their time.

2.4. MEASURES

Participants were administered a structured interview schedule based on a national study of ecstasy users conducted by NDARC in 1997 (Topp, Hando et al. 1998, Topp, Hando et al. 2000), which incorporated items from a number of previous NDARC studies of users of ecstasy (Solowij, Hall et al. 1992) and powder amphetamine/methamphetamine (Hando and Hall 1993, Darke, Cohen et al. 1994, Hando, Topp et al. 1997). The interview focused primarily on the preceding six months, and assessed:

- Demographic characteristics;
- Patterns of ERD use, including frequency and quantity of use and routes of administration;
- Drug market characteristics: the price, purity and availability of different ERD;
- Risk behaviours (such as injecting, sexual behaviour, driving under the influence of alcohol and other drugs);
- Help-seeking behaviour;
- Mental health, personal health and wellbeing; and
- Self-reported criminal activity.

2.5. DATA ANALYSIS

Analyses were conducted using PASW Statistics, Version 22.0 (IBM 2013). The data collected in 2017 was compared with data collected from comparable samples of ecstasy users from 2003 onward, recruited as part of the PDI (2003–05), and then the EDRS (2006–16). As each of these samples was recruited using the same methods, meaningful comparisons can be made. Further analysis was conducted on the main drugs of focus in the EDRS to test for significant differences between 2016 and 2017 for recent use, purity and availability. Confidence intervals (CI) were calculated using an Excel spreadsheet (http://www.cebm.net/index.aspx?o=1023) (Tandberg). This calculation tool was an implementation of the optimal methods identified by Newcombe (1998). Significance testing using the Mann–Whitney U calculation was used to compare 2016 and 2017 median days of use for the major drug types discussed.

3 DEMOGRAPHICS

Key Points

- A total of 100 participants were interviewed for the EDRS survey in the ACT.
- Mean age was 20 years.
- Two-thirds of the sample were male (64%).
- Most of the participants were well educated, completing a mean of 12 school years.
- Majority of the participants were employed (full–time or part–time) or were students.

3.1. OVERVIEW OF THE PARTICIPANT SAMPLE

Table 1 presents the demographic characteristics of the 2017 ACT EDRS sample. Over half of the participants were male (64%) and the mean age of the sample was 20 years (SD=4.5, range=18–50).

Table 1: Demographic characteristics of EDRS sample, ACT, 2013–2017

	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Mean age (years)	20	22	20	21	20
Male (%)	71	69	67	58	64
English speaking background (%)	96	99	98	95	94
Aboriginal and/or Torres Strait Islander (%)	1	5	3	4	1
Heterosexual (%)	96	94	94	89	82
Mean level of school achieved	11	11	12	12	12
Tertiary qualifications (%)	48	78	32	31	27
Employed full-time (%)	14	45	24	17	12
Full-time students (%)	7	1	15	12	7
Unemployed (%)	29	9	7	11	13
Current drug treatment (%)	3	2	1	0	1
Mean weekly income ($)	406	650	468	422	400

Source: EDRS interviews, 2013–2017.

The majority of the sample nominated their sexual identity as heterosexual (82%).

Sixty-three per cent of the sample reported that they were single, 30% reported that they had a regular partner and 7% reported that they were married or in a de facto relationship.

Six participants did not speak English as the main language spoken at home. A third (32%) of the sample lived in their parents' or family home and 58% indicated they lived in their own (rented or purchased) premises.

The mean level of education completed by the sample was Grade 12. Almost one-third (27%) of the sample had completed a course since finishing their school education, 17% had completed a trade or technical qualification and 10% had completed a university degree or college course.

When examining employment status, 67% indicated that they were in either full-time or part-time employment. Fifty-five per cent of the sample indicated that they were employed on a part-time or casual basis. Seven per cent indicated that they were employed on a full-time basis, 9% were both studying and employed, 7% indicated they were full-time students and 13% indicated that they were unemployed.

4 CONSUMPTION PATTERNS

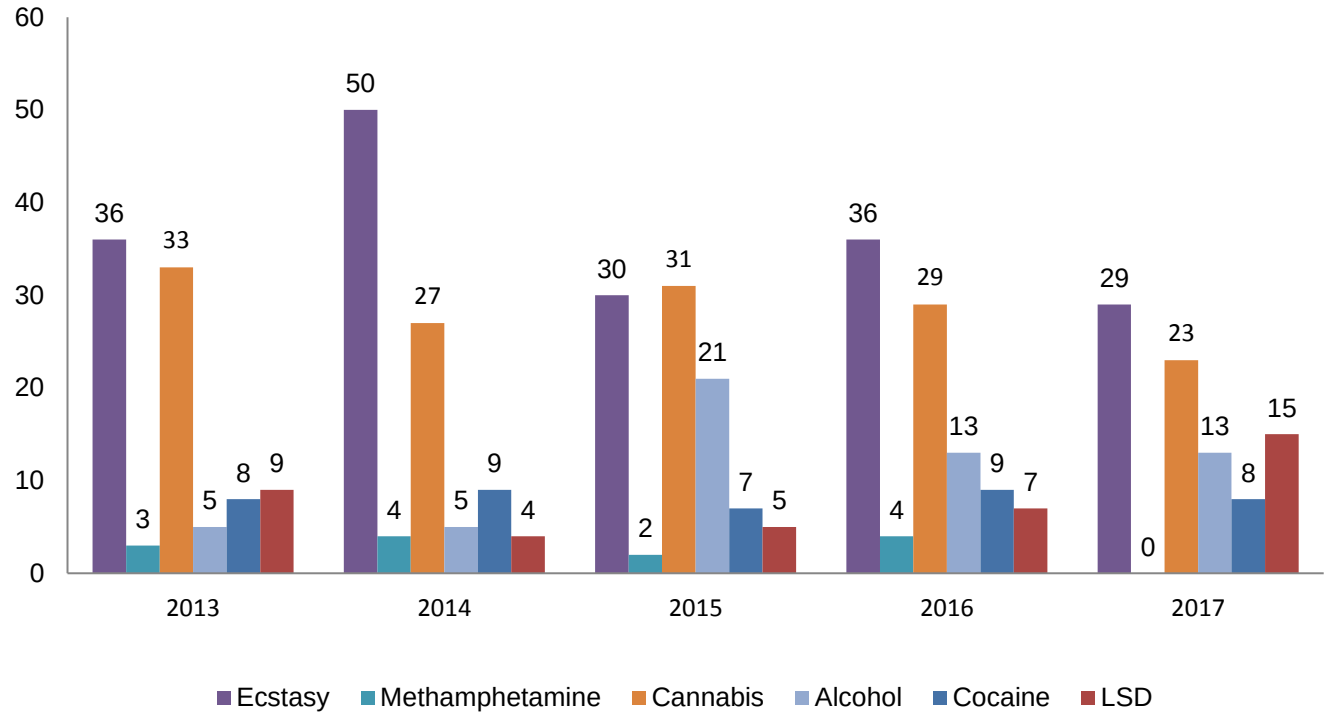
Key points

- A third of the sample report ecstasy as their drug of choice.
- A quarter of the sample report cannabis as their drug of choice.
- One in three reported weekly or more ecstasy use.

4.1. DRUG USE HISTORY AND CURRENT DRUG USE

As shown in Figure 1, the percentage of the sample reporting ecstasy as their drug of choice was 29%. Almost one-quarter reported cannabis as their drug of choice and this has remained stable across the last five years. No participants reported methamphetamine as their drug of choice (13% in 2016). Alcohol was nominated by 13% of the sample to be the drug of choice.

Figure 1: Drug of choice, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.

For the purpose of this study, 'bingeing' was defined as the use of a drug on a continuous basis for more than 48 hours without sleep. One-quarter (25%) of the sample reported having binged on any stimulant in the six months prior to interview. The median length of the longest binge session reported by participants was just over two days (54 hours; range=48–144 hours).

The percentage of participants reporting that they had ever injected a drug remained stable at 4%.

In 2017, participants were asked how often they had used ERD in the last month. Thirty-six per cent of the sample reported using ecstasy approximately fortnightly, 15% reported using ecstasy approximately monthly and 33% of the ACT sample reported using ecstasy on a weekly basis.

Table 2: Lifetime and recent use of substances, ACT, 2013–2017

	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Ever inject any drug (%)	4	4	5	4	4
Alcohol					
Ever used (%)	100	97	99	99	98
Used last 6 months (%)	96	95	98	99	95
Cannabis					
Ever used (%)	94	86	97	98	99
Used last 6 months (%)	93	74	82	85	95
Tobacco					
Ever used (%)	85	89	90	93	96
Used last 6 months (%)	74	76	79	84	92
Methamphetamine powder (speed)					
Ever used (%)	70	70	61	55	53
Used last 6 months (%)	57	48	31	21	31
Crystal methamphetamine (crystal)					
Ever used (%)	23	16	13	14	16
Used last 6 months (%)	14	8	7	5	8
Cocaine					
Ever used (%)	62	80	62	71	67
Used last 6 months (%)	38	51	41	44	48
LSD					
Ever used (%)	75	38	54	66	77
Used last 6 months (%)	53	19	37	40	64↑
MDA					
Ever used (%)	17	22	16	19	20
Used last 6 months (%)	10	10	10	11	8

Source: EDRS interviews, 2013–2017.

↓↑ Significant increase/decrease at 95% CI $p<0.05$.

Table 2: Lifetime and recent use of substances, ACT, 2013–2017 (continued)

	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Ketamine					
Ever used (%)	43	18	22	31	59
Used last 6 months (%)	33	6	9	20	49↑
GHB					
Ever used (%)	5	10	5	4	10
Used last 6 months (%)	0	3	4	1	5
Amyl nitrate					
Ever used (%)	30	24	25	36	38
Used last 6 months (%)	9	17	9	24	30
Nitrous oxide					
Ever used (%)	43	32	41	55	62
Used last 6 months (%)	26	15	26	37	53↑
Mushrooms					
Ever used (%)	65	55	48	52	70
Used last 6 months (%)	47	17	24	22	38
Illicit benzodiazepines					
Ever used (%)	23	21	8	30	41
Used last 6 months (%)	12	9	5	23	32
Heroin					
Ever used (%)	5	9	5	4	7
Used last 6 months (%)	1	3	2	0	2
Illicit Pharmaceutical Stimulants					
Ever used (%)	33	15	36	46	49
Used last 6 months (%)	16	6	18	26	38
Other opiates (illicit)					
Ever used (%)	21	19	11	16	26
Used last 6 months (%)	17	9	4	8	13

Source: EDRS interviews, 2013–2017.

↓↑ Significant increase/decrease at 95% CI $p<0.05$.

4.2. ECSTASY USE

Key Points

- The percentage reporting recent use of powder has increased significantly, median days of use has remained stable.
- The percentage reporting recent use of MDMA crystal has increased significantly, median days of use has remained stable.

Ecstasy use among the sample

Table 3 shows the lifetime and recent use of ecstasy pills, powder, capsules and crystals.

Table 3: Lifetime and recent use of ecstasy, ACT, 2013–2017

	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Lifetime use (%)					
Pills	99	99	75	88	95
Powder	29	18	31	23	41↑
Capsules	52	73	71	81	76
Crystals	81	74	63	66	82↑
Recent use (%)					
Pills	97	91	56	70	79
Powder	20	13	22	12	32↑
Capsules	43	56	69	72	67
Crystals	70	54	57	52	75↑

Source: EDRS interviews, 2013–2017.

↓↑ Significant increase/decrease at 95% CI $p<0.05$.

Median use

When examining the total number of days that participants had used any form of ecstasy in the past six months (use of pill, powder, capsule and crystal forms combined), the median number of days of ecstasy use was 10.5 days (i.e. twice a month) (range=1-153).

Table 4: Median days of use of ecstasy, ACT, 2013–2017

Median days	2013	2014	2015	2016	2017
Pills	10	12	6	4	4
Powder	5	2	6	4	5
Capsules	6	6	6	7	5
Crystal	8.5	8.5	6	6	5

Source: EDRS interviews, 2013–2017.

Route of administration (ROA)

Tablets/Pills – Of those who had recently used tablets/pills (n=67), 99% reported swallowing as a means of administration, with 24% reporting recently snorting ecstasy tablets/pills. One participant reported recently shelving/shafting ecstasy tablets/pills and no participants reported either smoking or injecting in the preceding six months.

Powder – Of those who had recently used ecstasy powder (n=32), 81% reported that they had snorted ecstasy powder, 47% reported that they had swallowed ecstasy powder, 6% reported they had shelved/shafted ecstasy powder, and 3% reported they had smoked ecstasy powder in the past six months.

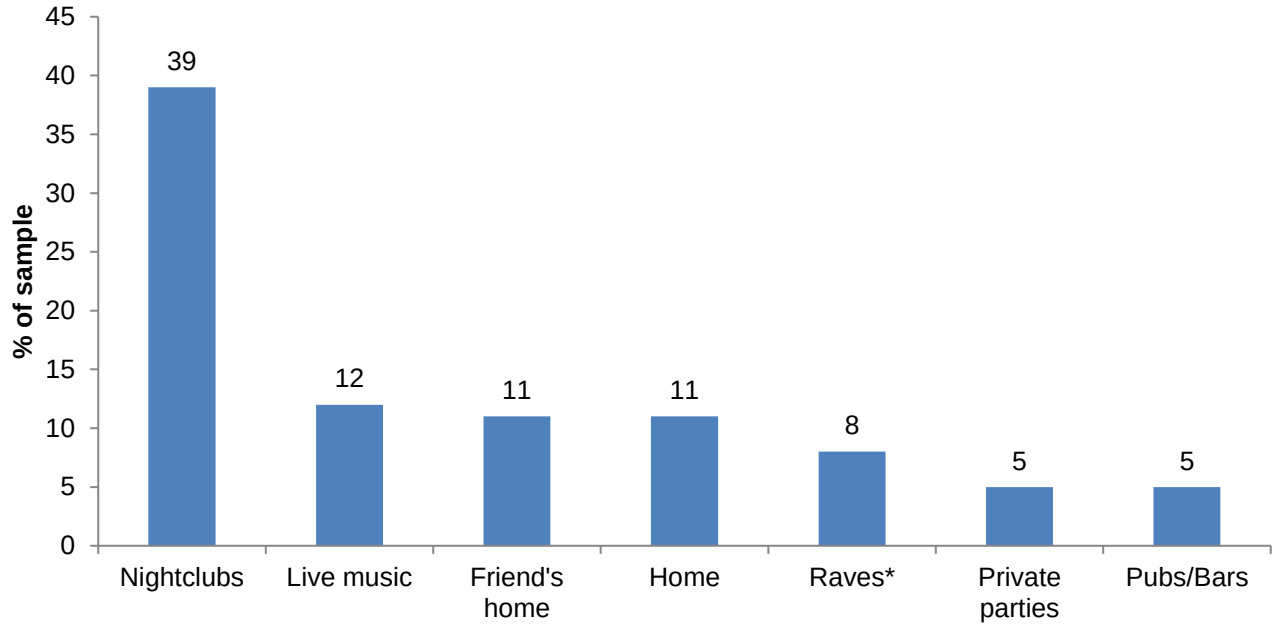
Capsules – Of those who had recently used ecstasy capsules (n=67), 99% reported that they had swallowed ecstasy capsules, 24% reported snorting ecstasy capsules and 2% reported shelving/shafting ecstasy capsules in the preceding six months.

Crystals – Of those who had recently used MDMA crystals (n=75), 85% reported that they had swallowed MDMA crystals and 53% reported that they had snorted MDMA crystals. One per cent reported smoking MDMA crystals and 5% reported shelving/shafting MDMA crystals.

Locations of ecstasy use

Participants reported a wide variety of locations the last time they had used ecstasy (Figure 2).

Figure 2: Location of last use, 2017

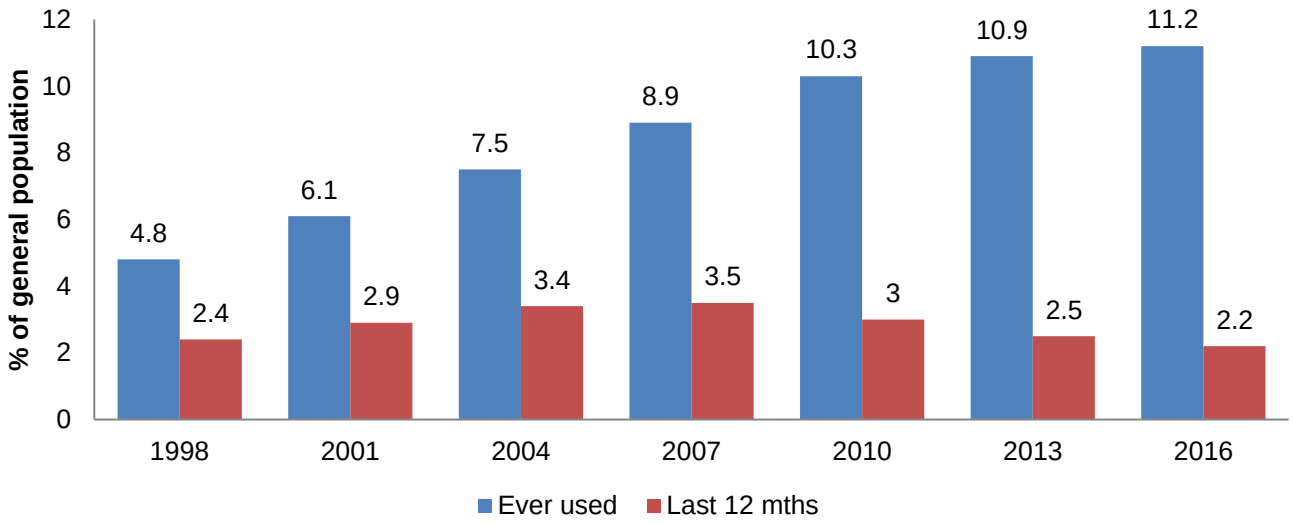


Source: EDRS interviews, 2017.
* includes raves, doofs, and dance parties.

Use of ecstasy in the general population

The 2016 NDSHS showed ecstasy remains the second most widely used illicit drug after cannabis in Australia (Australian Institute of Health and Welfare 2017). Figure 3 presents the prevalence of ecstasy use among the general population (aged over 14 years) in Australia between the years 1998 and 2016. Between 2013 and 2016, recent use of ecstasy declined for the third consecutive time, from 2.5% to 2.2%.

Figure 3: Prevalence of ecstasy use among the general population, 1998–2016



Source: NDSHS 1998–2016 , AIHW.

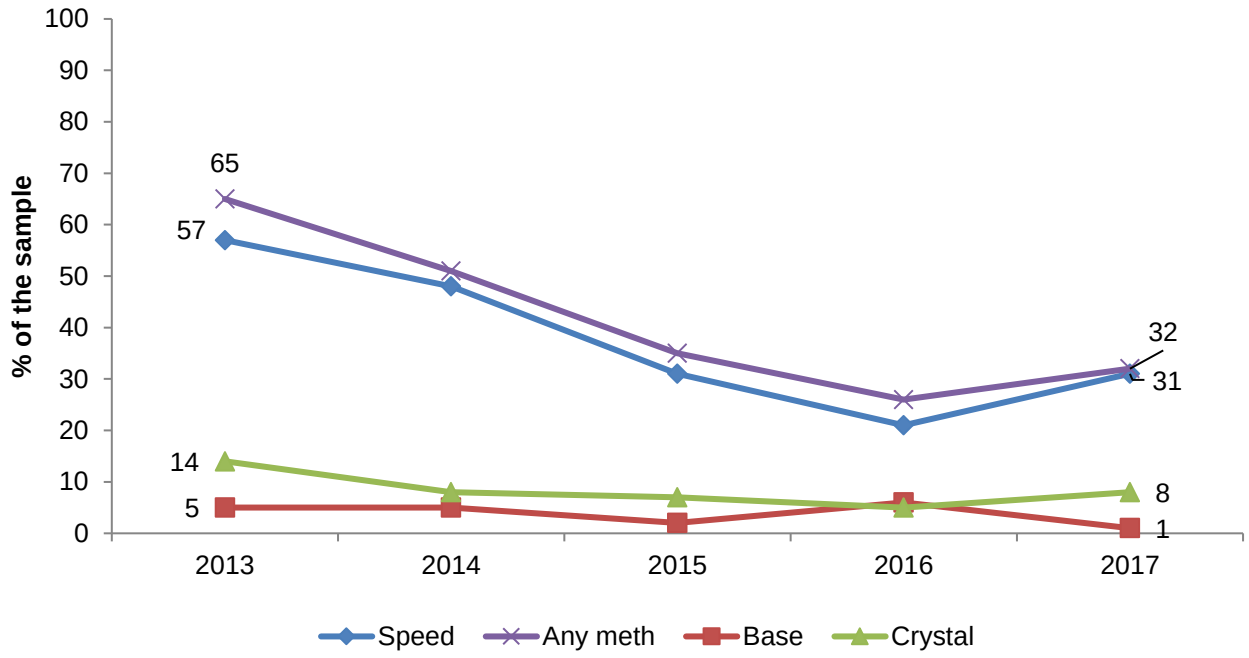
4.3. METHAMPHETAMINE USE

Key Points

- The percentage of participants who reported recent use of any form of methamphetamine (all forms combined) has not continued its downward trend (32% reported recent use).
- Methamphetamine powder (speed) was the most commonly used form of methamphetamine.
- Use of the base and crystal forms of methamphetamine has remained low among participants.

Participants were asked about three forms of methamphetamine; powder (speed), base, and crystal. Fifty-seven per cent of participants in the 2017 EDRS reported lifetime use of at least one form of methamphetamine, with speed being the most commonly used form. One in three participants reported recent use of at least one form of methamphetamine in the previous six months. The median number of days used has remained low and stable at three days in the past 6 months.

Figure 4: Trends in recent methamphetamine use, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.

Methamphetamine powder (speed)

Table 5 presents a summary of the patterns of speed use among participants in the ACT from 2013 to 2017. No participants nominated speed as their drug of choice. Half (53%) of the sample reported ever having used speed, and 31% reported having recently used speed.

Participants who had recently used speed (n=31) reported a median of 2.5 days (range=1–26) in the past six months. Most (70%) of those participants who had recently used speed had used less than once a month in the preceding six months. Thirteen per cent of those who had recently used speed had used on a monthly to fortnightly basis. Seventeen per cent had used speed more regularly than fortnightly during the past six months.

The majority of participants who had recently used speed quantified their use in terms of 'grams'. The median amount of speed used in a 'typical' episode of use in the past six months was less than one gram (range=0.10–3.0). The median amount of speed used in the 'heaviest' session was nearly 1.5 grams (range=0.10–7.0).

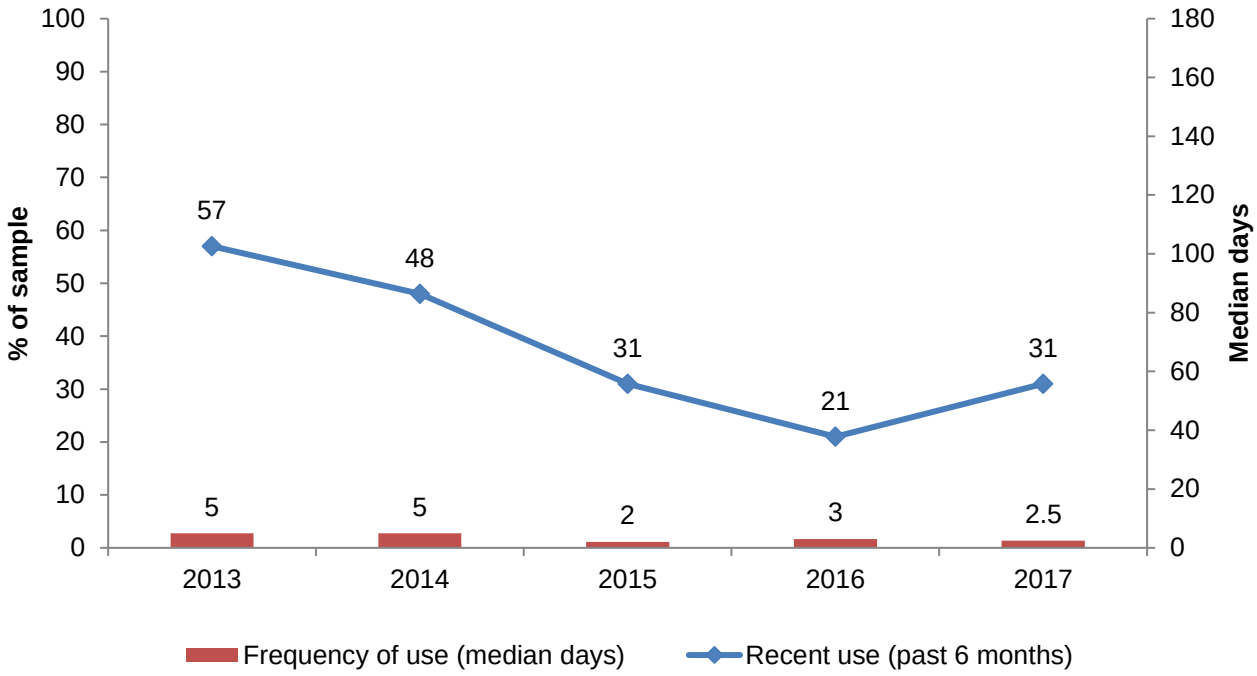
Of those participants who had used speed in the previous six months (n=31), 61% snorted, 55% reported swallowing and 19% reported smoking it, with one participant reporting shelving/shafting and no reports of injection.

Table 5: Patterns of methamphetamine powder use, ACT, 2013–2017

Methamphetamine powder (speed)	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Ever used (%)	70	70	61	55	53
Used preceding six months (%)	57	48	31	21	31
Median days used last 6 mths	5	5	2	3	2.5
(range)	(1–180)	(1–60)	(1–90)	(1–24)	(1-26)
Median quantities used (grams)					
Typical	0.5	0.5	0.25	1	0.75
(range)	(0.5–2.2)	(0.1–2)	(0.05–2.0)	(0.25–2.0)	(0.10-3.0)
Heavy	1	0.5	0.3	2	1.37
(range)	(0.05–5.0)	(0.1–14.0)	(0.05–2.0)	(0.25–3.0)	(0.10-7.0)

Source: EDRS interviews, 2013–2017.

Figure 5: Methamphetamine powder trends, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.

The most common location of use for speed was at home (36%), followed by a friend's home (27%), private parties (18%), and nightclubs (18%).

Methamphetamine base

No participants nominated base as their drug of choice. Ten per cent of participants in 2017 reported ever having used base. One participant reported having recently used base (during the past six months).

Due to the low number reporting recent use of base, jurisdictional data is not presented here. Please refer to the National report for further information (Uporova, Karlsson et al. 2018).

Crystal methamphetamine

No participants nominated crystal as their drug of choice. Eight per cent of the sample reported recent use of crystal methamphetamine.

Due to the low number reporting recent use of crystal, jurisdictional data is not presented here. Please refer to the National report for further information (Uporova, Karlsson et al. 2018).

4.4. COCAINE USE

Key points

- Lifetime and recent use of cocaine have both remained stable.
- Median days of use was four days in the previous six months.

Table 6 presents a summary of the patterns of cocaine use from 2013–17. In 2017, 67% of participants reported having ever used cocaine and 48% reported recent use. Eight per cent of participants reported cocaine to be their main drug of choice.

In 2017, participants who had recently used cocaine (n=48) reported a median of four days of use (range=1–90).

Most participants who had recently used cocaine quantified their use of cocaine in terms of grams. A median of a quarter of a gram (range=0.25–3.0) was used during a 'typical' session of cocaine use, and a median of one gram (range=0.25–10.0) was used in the 'heaviest' session of cocaine use (see Table 6).

Almost all (98%) participants who had recently used cocaine reported snorting it and 13% also reported swallowing it.

Table 6: Patterns of cocaine use, ACT, 2013–2017

Cocaine	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Ever used %	62	80	62	71	67
Used last six months %	38	51	41	44	48
Median days used last 6 months	2	6	3	2	4
(range)	(1–100)	(1–170)	(1–16)	(1–12)	(1-90)
Median quantities used (grams)					
Typical	1	0.5	0.5	0.5	0.25
(range)	(0.5–3.5)	(0.2–3.5)	(0.25–2.0)	(0.25–2.0)	(0.25-3.0)
Heavy	1.1	1	1	1	0.9
(range)	(0.5–5.0)	(0.3–7.0)	(0.25–4.0)	(0.25–2.0)	(0.25-10)

Source: EDRS interviews, 2013–2017.

Participants most commonly reported using cocaine at nightclubs (28%), pubs/bars (18%) a friend's home (10%).

4.5. LSD USE

Key Points

- Recent use of LSD has significantly increased since 2016.
- Frequency of LSD use remained low at a median of three days in the previous six months.
- The median amount of LSD used in a typical session of use was one tab.

Table 7 summarises the patterns of LSD use amongst ACT participants from 2013–17. Fifteen per cent of participants nominated LSD as their drug of choice. Three-quarters of participants reported lifetime use and 64% reported recent use.

Participants who recently used LSD (n=64) reported a median of three days of use in the past six months (range=1–35). Most participants who recently used LSD and commented (n=x) quantified their use of the substance in terms of 'tabs'. A median of one tab was taken during a 'typical' episode (range=0.5–2.5) and one and a half for the 'heaviest' episodes of LSD use (range=0.5–10) (Table 7). All participants who recently used LSD reported that they had swallowed LSD in the past six months (n=64).

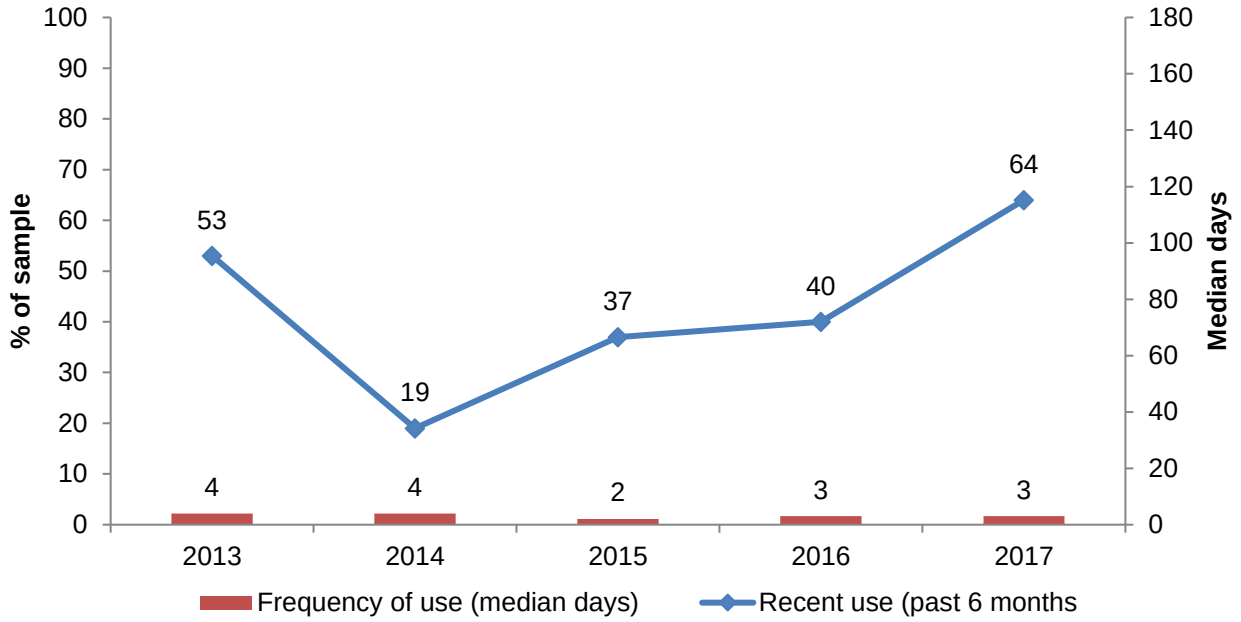
Table 7: Patterns of LSD use, ACT, 2013–2017

LSD	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Ever used %	75	38	54	66	77
Used last six months %	53	19	37	40	64↑
Median days used last 6 months	4	4	2	3	3
(range)	(1–72)	(1–20)	(1–48)	(1–30)	(1-35)
Median quantities used (tabs)					
Typical	1	1	1	1	1
(range)	(1–5)	(1–3)	(1–3)	(0.5–6)	(0.5-2.5)
Heavy	2	1	1	1	1.5
(range)	(1–11)	(1–3)	(1–15)	(0.5–6)	(0.5-10)

Source: EDRS interviews, 2013–2017.

↑ significant increase at 95% CI $p<0.05$.

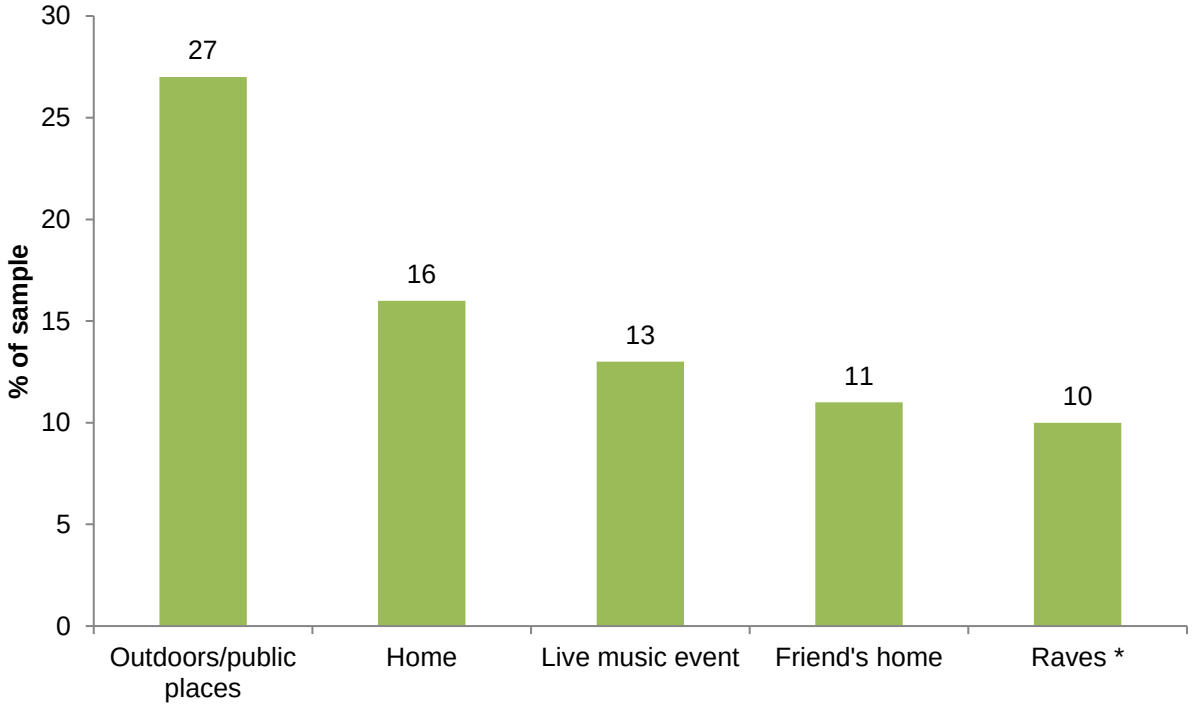
Figure 6: LSD trends in recent use and median days used, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.

The locations at which respondents indicated they had last used LSD were outdoors or in public places (27%), at home (16%), live music events (12%), a friend's home (11%), and raves (10%).

Figure 7: Last location of LSD use, ACT, 2017



Source: EDRS interviews, 2017.

* Includes outdoor raves (doofs) and dance parties.

4.6. CANNABIS USE

Key Points

- Ninety-five per cent of participants reported recent use of cannabis.
- Those that had used cannabis recently used on a median of 50 days (twice a week).
- One in four participants reported daily cannabis use.

Table 8 presents a summary of cannabis use of ACT participants from 2013–17. In 2017, 99% of participants reported lifetime use of cannabis, and 95% of participants reported using cannabis in the six months preceding interview. Cannabis was nominated by 23% of the sample as their drug of choice.

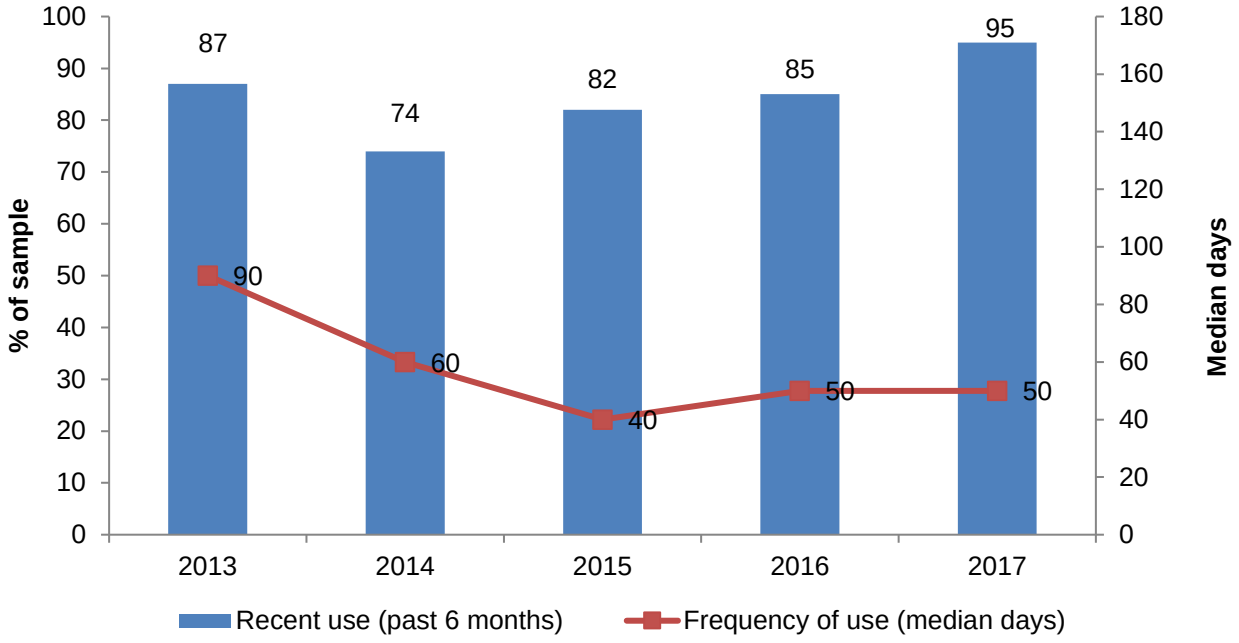
In 2017, participants who had used cannabis in the preceding six months used it on a median of 50 days (range=2–180). The majority of participants who had recently used cannabis (68%) reported more than weekly use. Twenty-four per cent of participants reported using cannabis daily.

Table 8: Patterns of cannabis use, ACT, 2013–2017

Cannabis	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Ever used %	94	86	98	98	99
Used last six months %	87	74	82	85	95
Median days used last 6 months	90	60	40	50	50
(range)	(1–180)	(1–180)	(1–180)	(1–180)	(2-180)
Route of administration (%)					
Smoked	100	96	98	100	97
Swallowed	21	14	11	8	20
Vaped (vapourised)†	n/a	n/a	19	12	16

Source: EDRS interviews, 2013–2017.
† Vapourised added in 2015.

Figure 8: Cannabis trends in recent use and median days used, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.

Of those who had recently used cannabis (n=95), a third quantified their use in terms of cones. The median number of cones used on the last occasion of use was two (n=32, range=1–20). A third of participants who had recently used cannabis quantified their use in terms of joints. The median number of joints used on the last occasion of use was one (n=31, range=0.25–7).

Most participants who had used cannabis in the preceding six months reported that they had smoked it and 20% reported that they had recently swallowed it. In 2015, the EDRS included the option to nominate vapourising (i.e. the use of a vapouriser, commonly known as 'vaping') as an additional ROA. Sixteen per cent of participants who had recently used cannabis indicated they had used cannabis this way in the past six months (12% in 2016).

4.7. NEW PSYCHOACTIVE SUBSTANCES (NPS)

Key Points

- Use of NPS remained very low in the ACT.
- 2C-B and DMT remain the most commonly reported NPS used.

Use of NPS in the ACT remained low and infrequent. The most common reported NPS recently used was DMT with 21% of the sample reporting recent use, followed by 13% of the sample reporting 2CB use.

All other NPS recorded very low numbers (<10). For further information please see the national EDRS report (Uporova, Karlsson et al. 2018).

Table 9 provides a very brief introduction to some of these drugs to provide a guide for interpreting data. Interested readers are directed toward online sources such as Erowid (http://www.erowid.org/splash.php) and Drugscope (http://www.drugscope.org.uk/) for more comprehensive information on these drugs.

Table 9: New psychoactive substances (NPS)

Street name	Chemical name	Information on drug	Information on use and effects
Phenethylamines			
2C-I	2,5-dimethoxy-4-iodophenethylamine	A psychedelic drug with stimulant effects	Recent reports suggest that 2C-I is slightly more potent than the closely related 2C-B.
2C-B	4-bromo-2,5-dimethoxyphenethylamine	A psychedelic drug with stimulant effects	2C-B is sold as a white powder sometimes pressed in tablets or gel caps. Commonly taken orally but can also be snorted.
2C-E	2,5-dimethoxy-4-ethylphenethylamine	A psychedelic drug with stimulant effects	Commonly taken orally and highly dose-sensitive.
NBOMe	N-methoxybenzyl	Psychedelic drugs with stimulant effects	NBOMe includes a series of drugs that contain an N-methoxybenzyl group. The most common NBOMes that are used recreationally are extensions of the 2C family of phenethylamine psychedelics, and include 25B-NBOMe, 25I-NBOMe and 25C-NBOMe. Available in powder, tablet and liquid formulations.
DOI (death on impact)	2,5-dimethoxy-4-iodoamphetamine	A psychedelic phenethylamine	Requires only very small doses to produce full effects. Has been found

			on blotting paper and may be sold as LSD.[1]
PMA	Para-methoxyamphetamine; 4-methoxy-amphetamine	A synthetic hallucinogen that has stimulant effects	Ingesting a dose of <50mg (usually one pill or capsule) without other drugs or alcohol induces symptoms reminiscent of MDMA, although PMA is more toxic than MDMA. Doses >50mg are considered potentially lethal (due to the risk of overheating).
Tryptamines			
DMT	Dimethyl tryptamine	A hallucinogenic drug in the tryptamine family	Similar to LSD though its effects are said to be more powerful. Pure DMT is usually found in crystal form but has been reportedly sold in powder form.[2]
5-MeO-DMT	5-methoxy-N,N-dimethyltryptamine	A naturally occurring psychedelic tryptamine present in numerous plants and in the venom of the *Bufo alvarius* toad	5-MeO-–DMT is comparable in effects to DMT; however, it is substantially more potent. 5-MeO-DMT is mostly seen in crystalline form[3] but has been reportedly sold in powder form.
Synthetic cathinones			
Mephedrone	4-methyl-methcathin- one	A stimulant which is closely chemically related to amphetamines	Reportedly produces a similar experience to drugs like amphetamines, ecstasy or cocaine. Mephedrone is a white, off-white or yellowish powder although it may also appear in pill or capsule form.
Methylone	3,4-methylenedioxy-*N*-methylcathinone	An entactogen and stimulant of the phenethylamine, amphetamine and cathinone classes	Effects are primarily psychostimulant in nature.

[1] Erowid: http://www.erowid.org/chemicals/doi/doi.shtml
[2] Drugscope: http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/dmt
[3] Erowid: http://www.erowid.org/chemicals/5meo_dmt/5meo_dmt.shtml

4.8. OTHER DRUG USE

Key Points

- Two-thirds of participants who had recently used alcohol reported more than weekly drinking.
- Almost half of participants reported using tobacco daily.
- Smaller percentages of the sample reported using heroin, methadone, buprenorphine, other opioids, GHB, MDA, ketamine and pharmaceutical stimulants.

Alcohol

Ninety-eight per cent of the 2017 ACT EDRS sample reported lifetime use and 95% reported recent use of alcohol. Thirteen per cent of the sample nominated alcohol as their drug of choice.

Alcohol was consumed on a median of 38 days (approximately twice weekly; range=2-180) in the six months prior to interview. Two-thirds (64%) of participants who recently used alcohol reported using alcohol more than weekly in the past six months, with three respondents reporting daily use.

Tobacco

The majority (96%) of the 2017 sample reported lifetime use of tobacco, and 92% of the 2017 sample reported use of tobacco in the six months preceding interview. Almost half (48%) of the respondents reported using tobacco daily in the past six months.

Illicit Benzodiazepines

The illicit use (ever) of benzodiazepines among the sample is reported by 41% of the sample. Thirty-two per cent of participants reported using an illicit benzodiazepine in the six months preceding interview on a median of four and half days (range=1–30).

Inhalants

Amyl nitrite: Lifetime use of amyl nitrate was reported by 38% of the sample. In 2017, 30% of the sample reported using amyl nitrate in the six months preceding interview. The use of amyl nitrite among this group remained low on a median of four days in the previous 6 months (range=1–100).

Nitrous oxide: Lifetime use of nitrous oxide was reported by 62% of the sample. In 2017, a significant increase in the percentage of the sample reporting recent use was observed, (52% in 2017, 36% in 2016, p=0.03). Median days of use remained stable at four days (range=1–119).

Mushrooms

In 2017, 70% reported lifetime use of mushrooms. The percentage of the sample reporting use of mushrooms in the preceding six months increased significantly to 38% (22% on 2016) on a median of two days (range=1–12).

Heroin and other opiates

Heroin: Seven per cent of the sample reported lifetime use of heroin and two participants reported recent use of heroin.

Methadone: One participant reported lifetime use of methadone. No participants reported recent use of methadone.

Buprenorphine: No participants reported lifetime or recent use of buprenorphine.

Gamma-hydroxy butyrate (GHB)

In 2017, one in ten participants reported ever having tried GHB, and 5% reported that they had used GHB in the six months preceding interview.

MDA

MDA (3,4-methylenedioxyamphetamine) is a stimulant hallucinogen and, like ecstasy, is part of the phenethylamine family. It generally comes in powder or tablet form and occasionally as pills sold as ecstasy.

In 2017, 20% of the sample reported that they had ever used MDA and 8% of participants reported having recently used MDA. Median days of use was one and a half days (range=1–5).

Ketamine

Fifty-nine per cent of the sample reported the lifetime use of ketamine in 2017. Recent use significantly increased to 49% from 20% in 2016. Median days of use remained low at two days (range=1–50).

Illicit pharmaceutical stimulants

In 2017, forty-nine per cent of the sample reported ever having used illicit pharmaceutical stimulants, while 38% reported the recent use of illicit pharmaceutical stimulants. The median number of days of use in the past six months was ten days (range=1–150).

5 PRICE, PURITY, AVAILABILITY AND PURCHASING PATTERNS

5.1. ECSTASY

Key points

- The price of ecstasy remained stable across all forms.
- The majority of respondents reported ecstasy to be easy or very easy to obtain.
- The majority of respondents bought ecstasy from friends.

Price

Participants reported the current median price for an ecstasy tablet to be $25 (range=$2–$40) (Table 10). The median price reported in 2017 for a capsule was $25 (range=$6–$40).

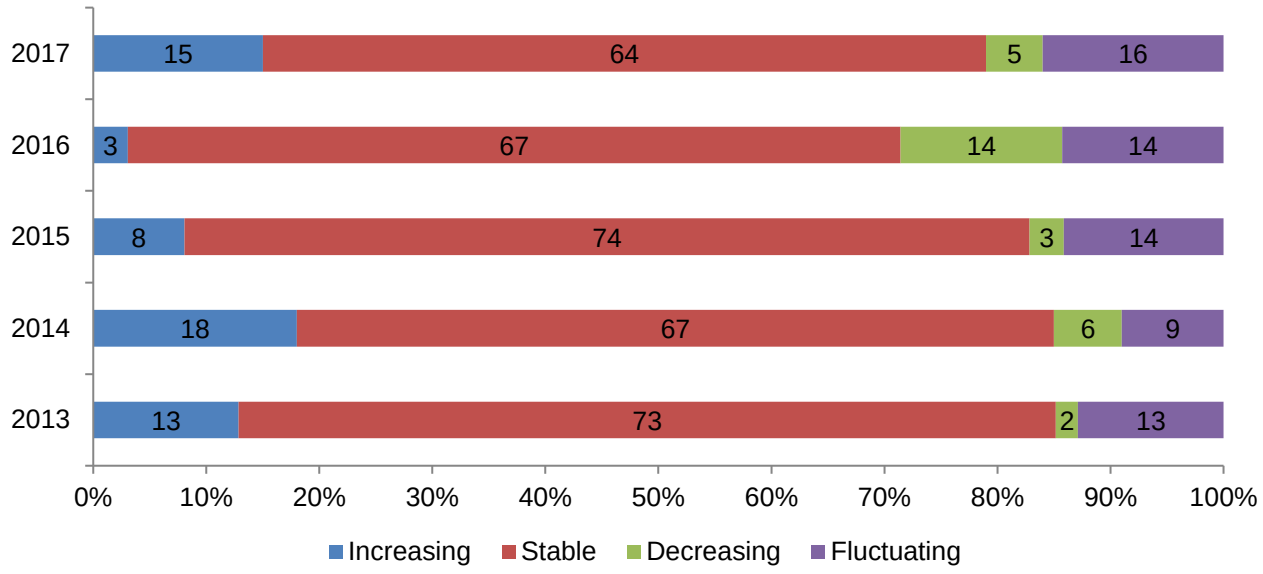
Table 10: Price for ecstasy, ACT, 2013–2017

Ecstasy	2013	2014	2015	2016	2017
Median price per tablet/pill	$25	$25	$25	$25	$25
Median price per capsule	$30	$30	$26	$25	$25
Median price per gram of powder	$300	$300^	$150^	$220^	$170
Median price per point of crystal	$25	$30	$30^	$30	$25

Source: EDRS interviews, 2013–2017.
^ small numbers, interpret with caution.

Two-thirds (64%) of respondents in 2017 reported that the price of ecstasy remained stable in the past six months (Figure 9).

Figure 9: Ecstasy price change in last six months, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.

Participant Perceived Purity reports

Table 11 presents the purity reports of ACT participants from 2013–17, regarding both the perceived current purity and the change in the perceived purity of ecstasy available to them. The majority of those who commented reported purity to be medium (38%) or high (29%).

Table 11: Purity and purity change of ecstasy, ACT, 2013–2017

Purity – ecstasy	2013	2014	2015	2016	2017
Current purity (%)	**n=70**	**n=98**	**n=76**	**n=96**	**n=69**
Low	27	13	11	17	13
Medium	34	46	36	29	38
High	19	32	33	31	29
Fluctuates	20	9	21	19	20
Purity change (%)	**n=64**	**n=98**	**n=72**	**n=96**	**n=69**
Increasing	14	16	10	26	12
Stable	33	39	74	30	44
Decreasing	31	25	3	12	23
Fluctuating	22	20	14	24	21

Source: EDRS interviews, 2013–2017.

Availability

Table 12 summarises the reports of participants on the availability of ecstasy pills in the ACT for the years 2013–17. Most respondents reported that ecstasy pills were either very easy (51%) or easy (34%) to obtain. Sixty per cent of participants indicated that the ease with which ecstasy pills could be obtained had remained stable and 22% reported that ecstasy pills were easier to obtain.

Table 12: Availability and source of ecstasy, ACT, 2013–2017

Ecstasy availability	2013	2014	2015	2016	2017
Current availability pills (%)	n=74	n=100	n=79	n=96	n=70
Very easy	45	41	57	40	51
Easy	39	47	38	53	34
Difficult	16	11	5	7	13
Very difficult	0	1	0	0	1
Availability change pills (%)	n=71	n=99	n=75	n=96	n=67
More difficult	17	16	4	12	13
Stable	42	54	72	48	60
Easier	30	23	20	32	22
Fluctuates	11	6	4	2	5
Persons scored from # (%)	n=76	n=100	n=78	n=96	n=100
Friends	62	65	60	46	53
Known dealers	25	23	24	38	29
Acquaintances	5	6	6	8	7
Unknown dealers	1	3	5	3	3
Online	3	0	1	2	5
Locations scored from # (%)	n=70	n=100	n=76	n=96	n=100
Friend's home	27	43	34	21	20
Dealer's home	17	9	8	25	13
Nightclub	11	12	9	15	12
Agreed public location	4	9	15	12	16
At own home	14	11	16	7	11
Other	23	16	18	4	24
Online	3	0	0	2	4

Source: EDRS interviews, 2013–2017.

# of those who purchased ANY ecstasy in the past six months.

5.2. METHAMPHETAMINE

Key points

- Small percentages of the 2017 ACT EDRS sample were able to comment on methamphetamine powder (speed). Reports were that price, purity and availability had largely remained stable.
- Very small numbers were able to report on the price, purity and availability of methamphetamine base and crystal methamphetamine.

Methamphetamine powder (speed)

Price

In the 2017 ACT EDRS, 16% of participants were able to comment on the price of methamphetamine powder (speed). The median reported current price for a gram of speed (n=9) was $180 (range=$20–$300). In terms of purchasing points of speed, the median price paid for a point (n=5) was $25 (range=$25-$50). Due to the very low numbers reporting, caution is advised when interpreting these results (Table 13).

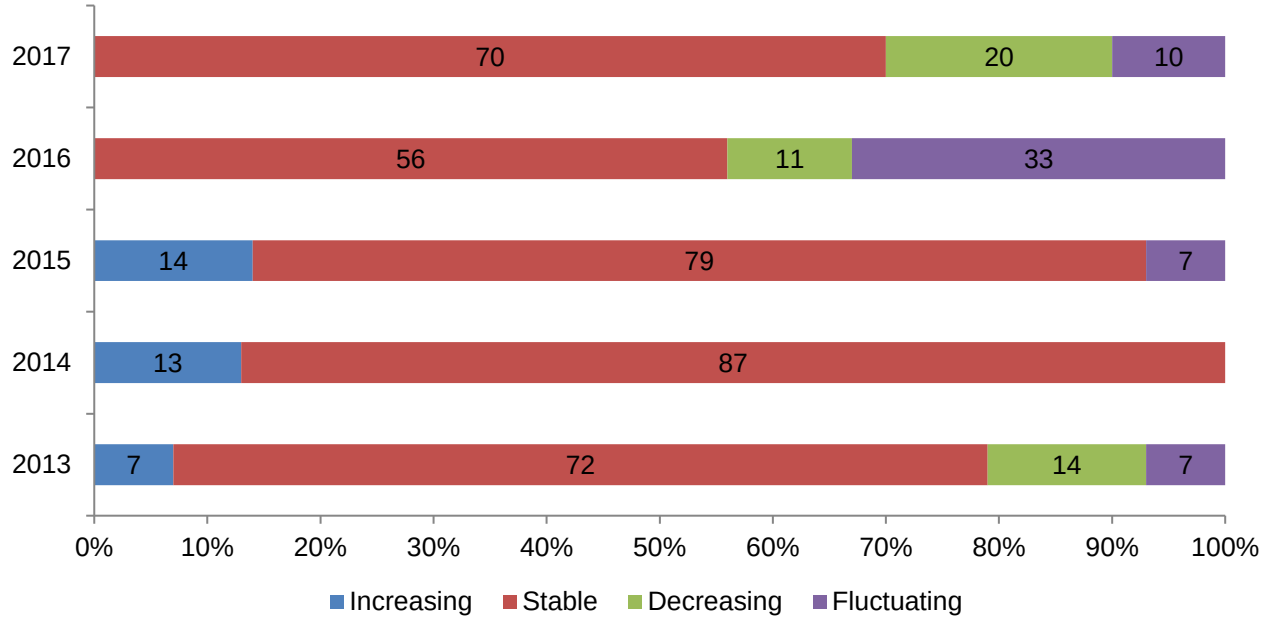
Table 13: Price for methamphetamine powder, ACT, 2013–2017

Median price	2013	2014	2015	2016	2017
Point	$25	$35	$25^	$25^	$25^
(range)	(10–40)	(20–80)	(20–35)	(no range)	(25-50)
Gram	$200	$200	$222.50^	$175^	$180^
(range)	(100–270)	(100–800)	(125–380)	(100–280)	(20-300)

Source: EDRS interviews, 2013–2017.
^ small numbers (<10), interpret with caution.

Most respondents (n=10) reported that the price of speed had remained stable (70%) over the past six months.

Figure 10: Methamphetamine powder, price change in last 6 months, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.
Results based on following response numbers: 2013 (n=38), 2014 (n=22), 2015 (n=14), 2016 (n=9), 2017 (n=10).

Participant reports of perceived purity

Reports on the purity of methamphetamine powder were mixed. Half of those who commented (n=13) reported speed to be of high purity (46%). A further thirty-one per cent reported purity to be medium and 15% reported speed to be of low purity. Sixty-four per cent of those who commented on the purity of speed believed purity had remained stable in the last six months (Table 14).

Table 14: Purity and purity change of methamphetamine powder, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current purity (%)	n=37	n=22	n=16	n=9	n=13
Low	38	33	6	11	15
Medium	32	43	56	33	31
High	16	14	38	56	46
Fluctuates	47	10	0	0	8
Purity change (%)	n=30	n=15	n=16	n=9	n=11
Increasing	23	0	25	33	27
Stable	40	48	50	44	64
Decreasing	17	40	19	0	0
Fluctuating	20	13	6	22	9

Source: EDRS interviews, 2013–2017.

Availability

Of the 15 participants who commented on the availability of speed in the preceding six months, the majority (60%) reported that speed was currently easy to obtain (Table 15). Half (50%) of respondents believed that the availability of speed had remained stable.

Table 15: Availability of methamphetamine powder, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current availability (%)	n=38	n=22	n=16	n=9	n=15
Very easy	34	14	19	0	7
Easy	50	73	38	56	60
Difficult	16	14	44	22	33
Very difficult	0	0	0	22	0
Availability change (%)	n=35	n=20	n=16	n=9	n=14
More difficult	6	20	19	22	14
Stable	60	75	75	56	50
Easier	29	5	6	11	29
Fluctuates	6	0	0	11	7

Source: EDRS interviews, 2013–2017.

Methamphetamine markets and patterns of purchasing

Participants were asked to nominate from whom they had last purchased speed in the six months prior to interview. Friends (77%) were the most common source participants obtained speed from, followed by known dealers (8%), acquaintances (8%), and street dealers (8%).

The locations at which participants last purchased speed was primarily a friend's home (46%) or home delivered (23%).

The locations at which participants spent most time intoxicated were at home (28%), a friend's home (21%), private parties (21%), and nightclubs (14%).

Methamphetamine base

Price, purity and availability

Three participants were able to comment on methamphetamine base in 2017. For more detailed information please refer to the National EDRS Report (Uporova, Karlsson et al. 2018).

Crystal methamphetamine

Price, purity and availability

Eight participants (8%) commented on crystal methamphetamine. For more detailed information please refer to the National EDRS Report (Uporova, Karlsson et al. 2018).

5.3. COCAINE

Key Points

- The median price of a gram of cocaine in 2017 was $300.
- Most participants reported the price to be stable.
- Reports on perceived purity were mixed.

Price

Thirty-nine per cent of participants (n=39) commented on the current price of cocaine. The median reported price paid for the last gram of cocaine purchased by participants remained stable at $300 per gram (range=$50–$450) (Table 16).

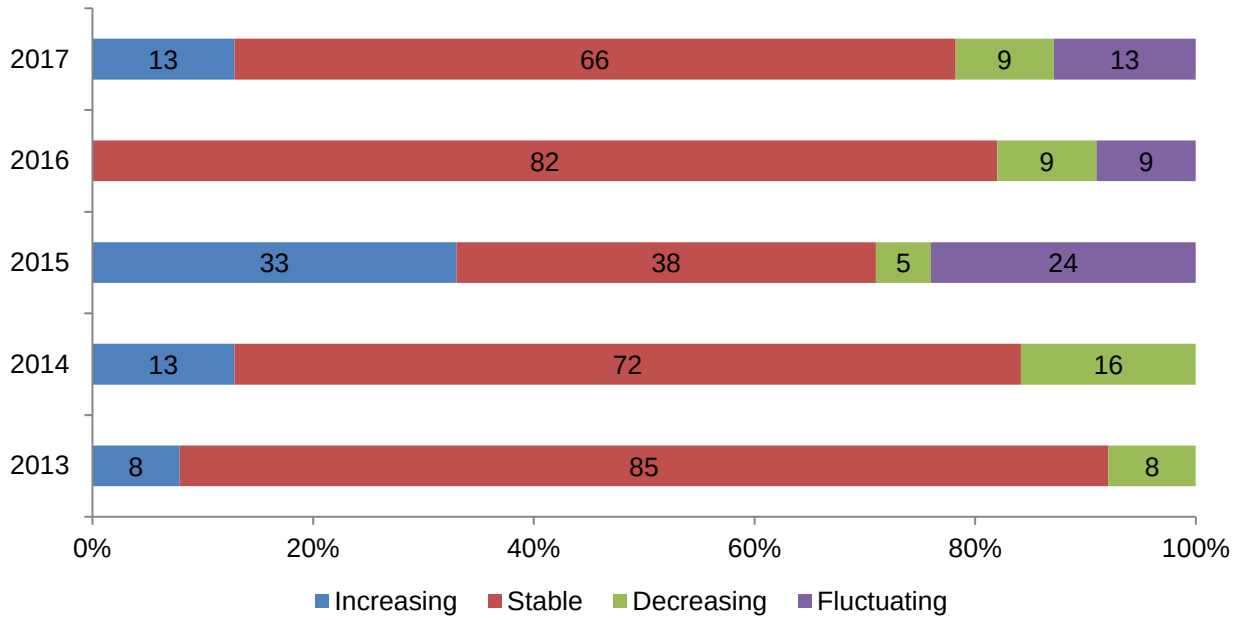
Table 16: Price for cocaine, ACT, 2013–2017

Median price	2013	2014	2015	2016	2017
Gram	$300	$300	$300	$300	$300
(range)	(300–900)	(100–550)	(200–500)	(75–400)	(50-450)

Source: EDRS interviews, 2013–2017.

The majority of respondents (66%) reported that the price had remained stable (Figure 11).

Figure 11: Cocaine price change, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.
Results based on following response numbers: 2013 (n=18), 2014 (n=32), 2015 (n=21), 2016 (n=22), 2017 (n=32).

Participant reports of perceived purity

In the 2017 EDRS, reports on the current purity of cocaine were mixed (see Table 17).

Half (52%) of participants who commented on perceived purity indicated that it had remained stable.

Table 17: Purity and purity change of cocaine, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current purity (%)	n=15	n=37	n=24	n=16	n=36
Low	38	19	33	19	22
Medium	38	43	46	31	44
High	25	19	21	19	28
Fluctuates	0	19	0	31	6
Purity change (%)	n=12	n=32	n=20	n=16	n=33
Increasing	33	3	0	6	15
Stable	42	66	60	44	52
Decreasing	17	9	20	19	21
Fluctuating	8	22	20	31	12

Source: EDRS interviews, 2013–2017.

Availability

In 2017, reports on the availability of cocaine were varied. The majority (67%) of participants who reported on availability reported it to have remained stable from 2016 (Table 18).

Table 18: Availability of cocaine, ACT, 2013–2017

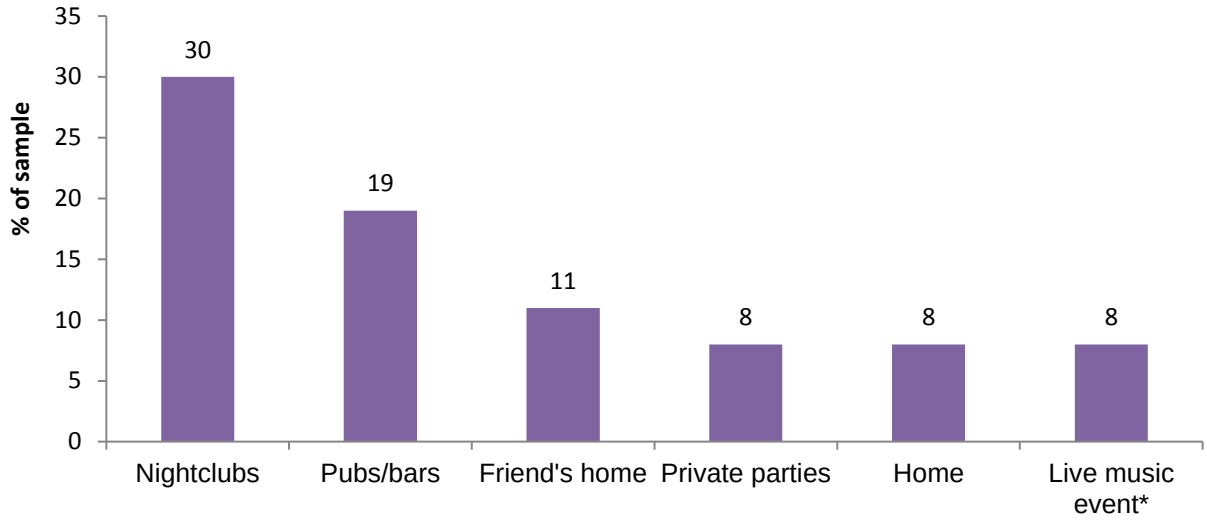
	2013	2014	2015	2016	2017
Current availability (%)	n=18	n=33	n=25	n=19	n=28
Very easy	17	32	20	11	21
Easy	39	32	52	58	47
Difficult	39	32	24	26	26
Very difficult	6	8	4	5	5
Change in availability (%)	n=14	n=33	n=25	n=19	n=36
More difficult	0	3	8	0	8
Stable	64	88	56	84	67
Easier	29	6	24	5	25
Fluctuates	7	0	12	11	0

Source: EDRS interviews, 2013–2017.

Cocaine markets and patterns of purchasing

The sources participants most commonly reported last obtaining cocaine from in the preceding six months were friends (46%), and known dealers (32%). The most common locations at which participants reported last obtaining cocaine in the six months prior to interview were a friend's home (24%), a dealer's home (14%), pubs/bars (14%), nightclubs (11%), and an agreed public location (11%).

Figure 12: Location where most time spent on cocaine, ACT, 2017



Source: EDRS interviews, 2017.
* includes concerts, festivals.
Note: Results based on response numbers (n=37).

5.4. LSD

Key Points

- The median price reported for a tab of LSD was $20.
- Reports of perceived purity and availability were mixed.

Price

In 2017, 62% (n=62) of participants commented on the current price, purity and availability of LSD in the ACT. In 2017, the median last price reported for a tab of LSD was $20 (range=$8–$30) (Table 19).

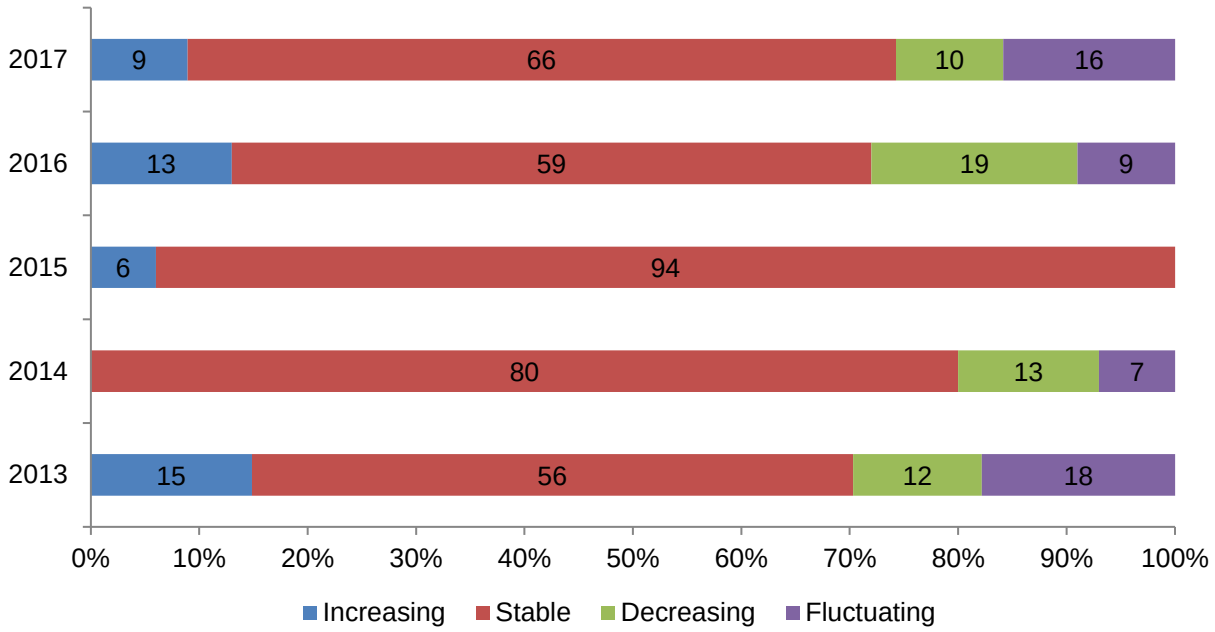
Table 19: Price of LSD, ACT, 2013–2017

	2013	2014	2015	2016	2017
Tab	$20	$20	$25	$20	$20
(range)	(10–30)	(12–25)	(10–75)	(10–30)	(8-30)

Source: EDRS interviews, 2013–2017.

The majority (66%) of participants who commented on the change in price reported that the price had remained stable in the past six months (Figure 13).

Figure 13: LSD price changes, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.
Results based on following response numbers: 2013 (n=37), 2014 (n=15), 2015 (n=16), 2016 (n=32), 2017 (n=58).

Participant reports of perceived purity

In 2017, 58% of those that were able to comment on perceived LSD purity (n=59) reported that the current purity was high (see Table 20). Of the participants who were able to comment on the change in purity of LSD (n=58), 57% reported that it had remained stable.

Table 20: Purity and purity change of LSD, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current purity (%)	n=35	n=16	n=26	n=32	n=59
Low	40↑	0	8	6	0
Medium	31	31	19	32	29
High	14	50	65	47	58
Fluctuates	14	19	8	15	14
Purity change (%)	n=29	n=16	n=19	n=32	n=58
Increasing	24	19	11	6	19
Stable	41	44	79	69	57
Decreasing	21	19	0	6	9
Fluctuating	14	19	11	19	16

Source: EDRS interviews, 2013–2017.

Availability

Those participants who commented on the availability of LSD reported that the substance was very easy (30%), easy (38%), or difficult (33%) to obtain (see Table 21).

Table 21: Availability and availability change of LSD, ACT, 2013–2017

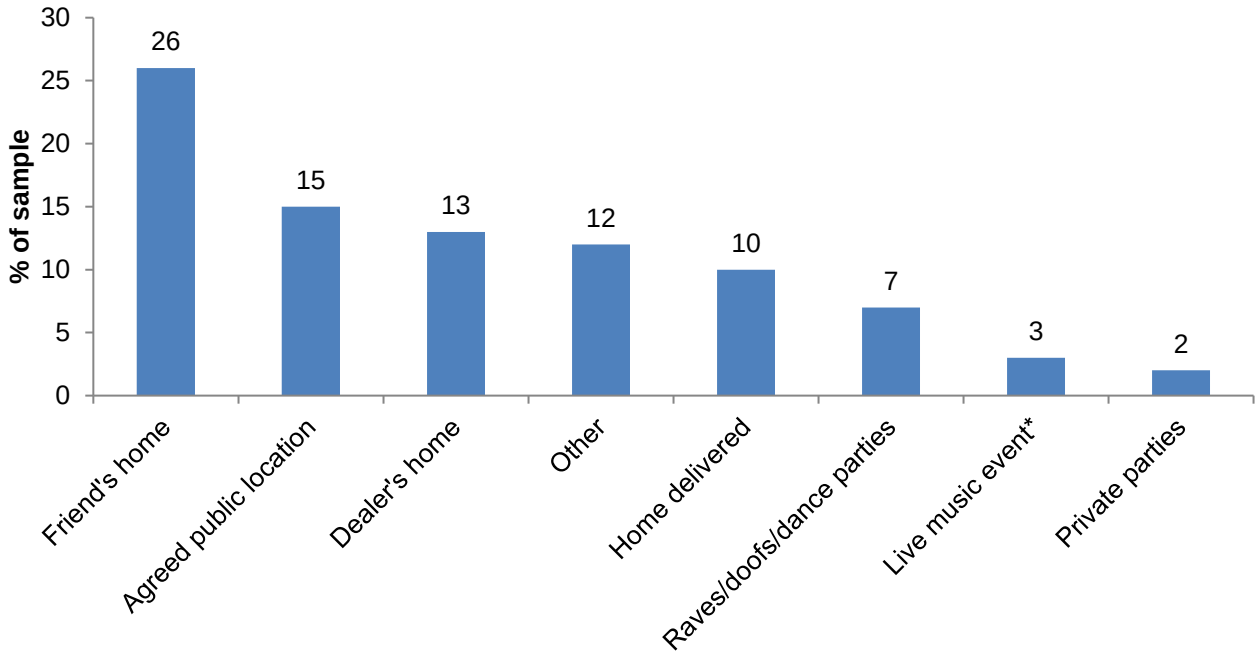
	2013	2014	2015	2016	2017
Current availability (%)	n=37	n=16	n=27	n=36	n=61
Very easy	32	25	22	19	30
Easy	32	44	26	28	38
Difficult	27	25	44	36	33
Very difficult	8	0	7	17	0
Availability change (%)	n=35	n=16	n=22	n=32	n=58
More difficult	14	8	9	3	16
Stable	46	70	77	63	62
Easier	26	23	9	25	17
Fluctuates	14	0	5	9	5

Source: EDRS interviews, 2013–2017.

LSD markets and patterns of purchasing

Participants reported primarily obtaining LSD from friends (57%) and known dealers (25%) in the preceding six months. The locations at which participants reported most frequently obtaining LSD from in the six months prior to interview are reported in Figure 14.

Figure 14: Last locations LSD purchase, ACT, 2017



Source: EDRS interviews, 2017.
*includes concerts/festivals.
Results based on response numbers (n=61).

5.5. CANNABIS

Key Points

- The median price paid in 2017 for a gram of hydroponic cannabis was $15.
- The median price paid for a gram of bush cannabis was $15.

Questions regarding the price, purity and availability of cannabis related to the two main forms of cannabis; i.e. hydroponic (indoor-grown) cannabis (hydro), and bush (outdoor-cultivated) cannabis (bush).

Price of Hydroponic cannabis

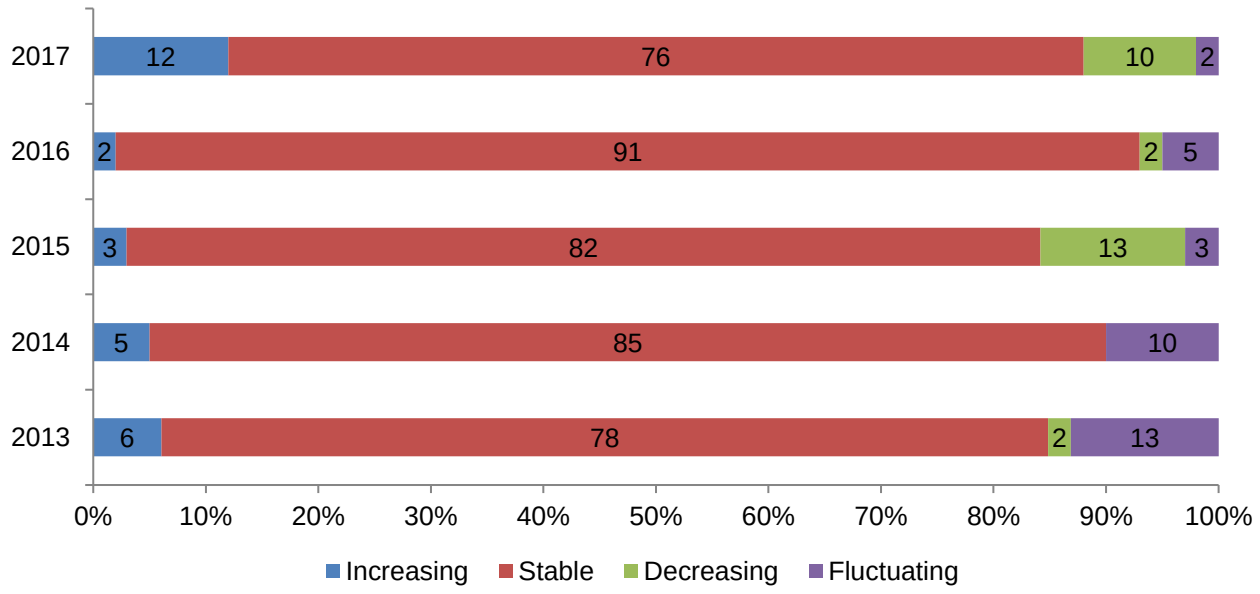
The median price reported for one gram of hydroponic cannabis was $20 (see Table 22).

Table 22: Price of hydroponic cannabis, ACT, 2013–2017

Hydroponic cannabis	2013	2014	2015	2016	2017
Median price (range)					
Gram	$20^	$20	$20	$20	$15
(range)	(10–20)	(10–45)	(10–20)	(10–20)	(8-50)
Ounce	$280	$280	$280^	$245^	$250
(range)	(240–360)	(240–320)	(250–340)	(200–275)	(200-400)

Source: EDRS interviews, 2013–2017.
^ small numbers reporting <10, caution advised when interpreting.

Figure 15: Hydroponic cannabis price changes, ACT, 2013–2017



Source: EDRS interviews, 2013–2017.
Results based on following response numbers: 2013 (n=47), 2014 (n=44), 2015 (n=39), 2016 (n=44), 2017 (n=41).

Participants reports of perceived potency – Hydroponic cannabis

Reports of potency and potency change in hydroponic cannabis are presented in Table 23. Of those that commented on the perceived potency of hydro (n=42), the majority reported purity to be high (45%) or medium (29%).

Table 23: Potency of hydroponic cannabis, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current potency (%)	n=50	n=44	n=36	n=43	n=42
High	52	52	53	40	45
Medium	32	25	39	49	29
Low	4	11	0	2	12
Fluctuates	12	0	8	9	14
Potency change (%)	n=49	n=43	n=35	n=41	n=42
Increasing	20	14	20	22	24
Stable	41	51	54	46	48
Decreasing	6	14	9	12	12
Fluctuating	33	21	17	20	17

Source: EDRS interviews, 2013–2017.

Availability of hydroponic cannabis

The availability and availability change data for hydro in the ACT are presented in Table 24.

Table 24: Availability of hydroponic cannabis, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current availability (%)	n=50	n=42	n=39	n=44	n=43
Very easy	62	55	51	68	79
Easy	28	38	44	25	9
Difficult	10	7	5	7	9
Very difficult	0	0	0	0	9
Availability change (%)	n=50	n=41	n=39	n=42	n=43
More difficult	14	12	3	5	9
Stable	60	71	87	93	77
Easier	14	12	11	2	14
Fluctuating	12	5	0	0	0

Source: EDRS interviews, 2013–2017.

Hydroponic cannabis markets and patterns of purchasing

The most common sources of hydro were known friends (56%) and known dealers (26%). The most common places of purchase for hydroponic cannabis were at a friend's home (33%), a dealer's home (21%), or home delivered (19%).

Price of bush cannabis

Seventeen participants commented on the last price paid for a gram in the last six months in the ACT, with the median price being $15 (range=$9–$20). Twenty participants reported on the last price paid for an ounce of bush, with the price being $250 (range=$150-$300) (see Table 25).

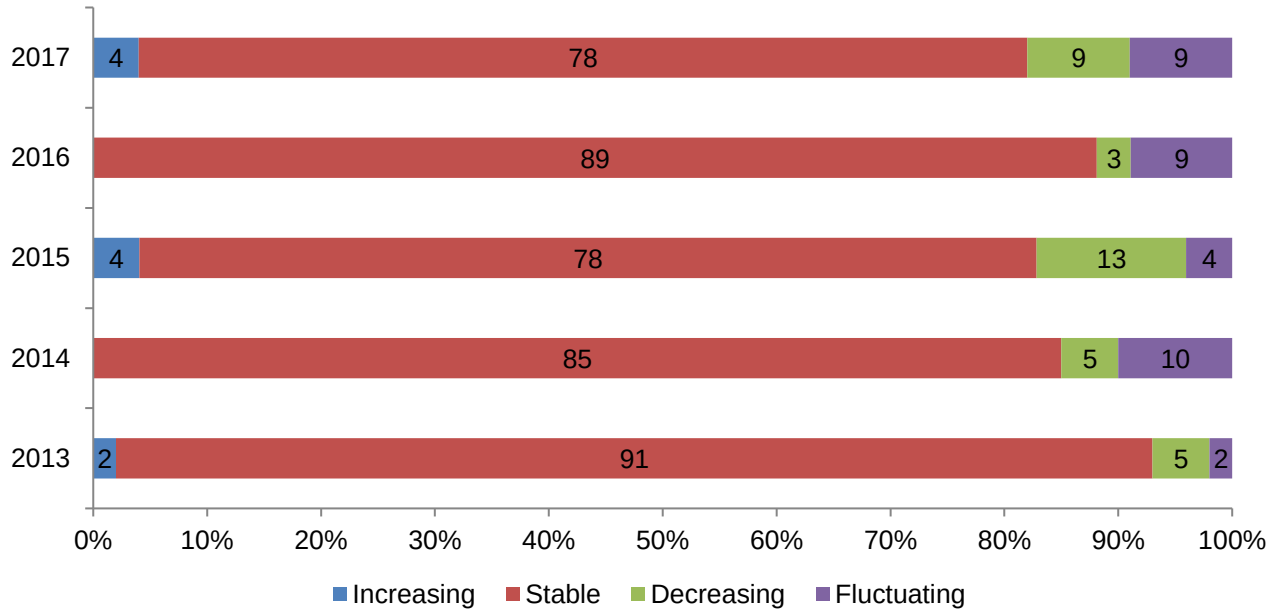
Table 25: Price for bush cannabis, ACT, 2013–2017

	2013	2014	2015	2016	2017
Median price (range)					
Gram	$15	$17.50	$17.50^	$17.50	$15
(range)	(10–20)	(10–30)	(10–20)	(10–20)	(9-20)
Ounce	$280	$280	$160^	$240	$250
(range)	(100–360)	(70–350)	(no range)	(180–300)	(150-300)

Source: EDRS interviews, 2013–2017.
^ small number reporting (<10), caution advised when interpreting.

Most (78%) respondents reported that the price of bush had remained stable in the previous six months.

Figure 16: Price changes for bush cannabis, 2013–2017



Source: EDRS interviews, 2013–2017.
Results based on following response numbers: 2013 (n=43), 2014 (n=39), 2015 (n=23), 2016 (n=35), 2017 (n=45).

Participants reports of perceived potency

Forty-four participants commented on the potency of bush in the six months preceding interview. Half (50%) the participants reported medium potency and 25% reported low potency, and high potency (25%). The majority (73%) reported that potency of bush had remained stable (see Table 26).

Table 26: Potency of bush cannabis, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current potency (%)	n=49	n=40	n=25	n=38	n=45
High	12	33	32	18	25
Medium	63	33	56	45	50
Low	20	25	8	26	25
Fluctuates	4	10	4	11	0
Potency change (%)	n=43	n=40	n=21	n=36	n=44
Increasing	16	10	10	6	7
Stable	58	58	81	78	73
Decreasing	12	12	10	6	7
Fluctuating	14	20	0	11	14

Source: EDRS interviews, 2013–2017.

Availability of bush cannabis

Forty per cent of participants who commented (n=43) reported that bush was currently very easy to obtain in the ACT. Three-quarters (74%) reported that the availability of bush had remained stable.

Table 27: Availability for bush cannabis, ACT, 2013–2017

	2013	2014	2015	2016	2017
Current availability (%)	n=48	n=39	n=24	n=38	n=43
Very easy	33	46	50	53	40
Easy	46	36	29	29	28
Difficult	17	15	21	18	30
Very difficult	4	3	0	0	2
Availability change (%)	n=45	n=38	n=24	n=38	n=43
More difficult	20	13	13	8	16
Stable	67	68	63	68	74
Easier	7	13	13	11	5
Fluctuating	7	5	8	13	5

Source: EDRS interviews, 2013–2017.

6 HEALTH-RELATED TRENDS ASSOCIATED WITH DRUG USE

6.1. OVERDOSE

In 2017, participants were asked about their experiences with stimulant and depressant overdoses. 'Overdose' was defined as experiencing symptoms consistent with stimulant toxicity which may indicate an overdose, including nausea and vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations and excited delirium, or symptoms consistent with a depressant overdose which may include reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused. It should be noted that the following data refer to participants' understandings of these definitions and do not represent medical diagnosis.

Non-fatal stimulant overdose

Lifetime stimulant overdose was reported by 27% (n=27) of the sample. The median number of stimulant overdoses was two (range=1–20). Of those who had ever overdosed on a stimulant drug, twenty-one participants reported overdosing in the 12 months preceding interview. Of those participants that reported overdosing in the 12 months preceding interview, 46% (n=10) attributed their last overdose to ecstasy.

Of those who had overdosed in the past 12 months (n=21), home (30%), a live music event/concert/festival (26%), a friend's home (13%), nightclubs (9%), and private parties (9%) were the locations participants reported the stimulant overdose had occurred.

The most severe symptoms which participants reported on their last stimulant overdose (if it occurred within the last 12 months) included visual hallucinations (14%) and nausea (9%). Of those who had a stimulant overdose in the past 12 months, 40% did *not* receive treatment.

Non-fatal depressant overdose

A third (33%) of the sample reported that they had ever suffered a depressant overdose in their lifetime, and 24% of participants had suffered a depressant overdose in the 12 months preceding interview. Participants reported a median of 5 (range=1–100) depressant overdoses in their lifetime.

Of those who had experienced a depressant overdose in the preceding 12 months (n=24), the main drug the overdoses were attributed to was alcohol (80%). Of those who had overdosed in the preceding 12 months, the last location of overdose was reported to have occurred mainly at a friend's home (32%), their own home (24%), nightclubs (16%) or private parties (16%). The most common overdose symptom was losing consciousness (48%), followed by vomiting (44%). Twelve of the 24 participants reported that they received treatment during their last depressant overdose.

6.2. DRUG TREATMENT

In 2017, one participant reported currently receiving drug treatment in the form of drug and alcohol counselling. This is consistent with findings from previous years that have reflected very few EDRS participants are actively involved in drug treatment options.

6.3. MENTAL AND PHYSICAL HEALTH PROBLEMS AND PSYCHOLOGICAL DISTRESS

Forty-three per cent of participants reported that they had experienced a mental health problem in the preceding six months. Among this group (n=42), depression (71%) and anxiety (69%) were most commonly reported. Other problems reported included post-traumatic stress disorder (12%), ADHD (12%), and bi-polar disorder (7%).

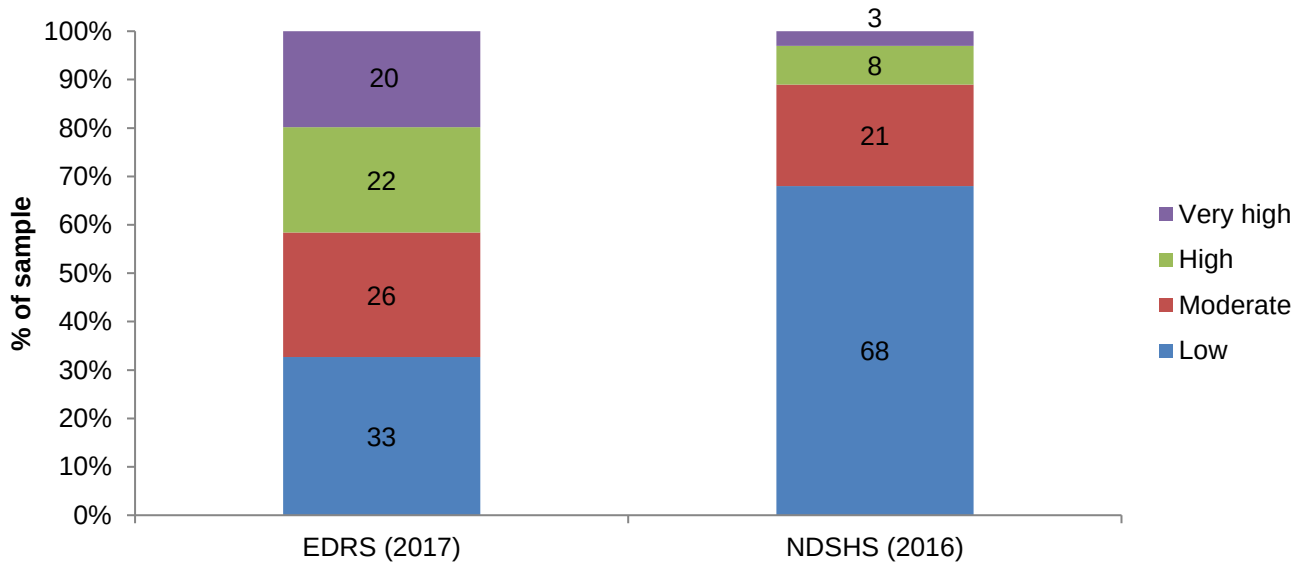
Among those who had experienced a problem, most (n=29) reported attending a mental health professional during this period. Of those who sought help, half (n=16) were prescribed medication.

The 2017 EDRS included the Kessler Psychological Distress Scale (K10), a questionnaire designed to yield a global measure of 'psychological distress' based on questions about the level of anxiety and depressive symptoms experienced in the most recent four-week period (Kessler 2002).

The minimum score was 10 (indicating no distress) and the maximum was 50 (indicating very high psychological distress). Among the general population, scores of 30 or more indicate a high likelihood of having a mental health problem (Andrews and Slade 2001, Furukawa, Kessler et al. 2003) and those scoring 30 or more have 10 times the population risk of meeting criteria for an anxiety or depressive disorder (see www.crufad.unsw.edu.au/k10/k10info.htm). Twenty percent of ACT EDRS participants reported a score of 30 or more.

The 2016 National Drug Strategy Household Survey (NDSHS) (Australian Institute of Health and Welfare 2017) provides the most recent Australian general population scores available for the K10 and uses four categories to describe levels of distress: 10–15 were considered low levels of psychological distress; 16–21 moderate; 22–29 high; and 30–50 as very high levels of psychological distress. Using these categories, the percentage of ACT EDRS participants reporting 'high' (22%) or 'very high' (20%) distress was higher compared to those in the 2016 NDSHS (high=8%, very high=3%) (see Figure 17).

Figure 17: Psychological distress as measured by K10 among ACT and the general population.



Source: 2017 EDRS interviews; Australian Institute of Health and Welfare 2017.

Note: The extent to which cut-offs derived from the population samples can be applied to the sample population is yet to be established and, therefore, should be taken as a guide only.

7 RISK BEHAVIOUR

7.1. INJECTING RISK BEHAVIOUR

In 2017, four participants reported ever having injected a drug and no participants reported injecting in the past month.

7.2. SEXUAL RISK BEHAVIOUR

Recent sexual activity

Two-thirds (66%) of participants reported having had casual penetrative sex in the six months prior to interview. Of those who reported having casual penetrative sex (n=66), 56% indicated last time they had casual sex while not under the influence of alcohol or drugs, they used a protective barrier (i.e. condom).

Table 28: Sexual activity and number of casual sexual partners, ACT, 2017

	ACT 2017 (N=100)
No. of casual sexual partners (%)	
No casual partner	34
One person	19
Two people	15
3–5 people	21
6–10 people	7
More than 10 people	4
Sex with a casual partner (%)*#	
Use protection last time	56

Source: EDRS interviews, 2017.
Whilst not under the influence of alcohol or drugs.

Drug use during sex

Of those who reported having had casual penetrative sex while under the influence of alcohol or drugs (n=61), nearly two-thirds (62%) reported using protection (see Table 29).

Among those who had sex with a casual sex partner while using drugs (n=61) in the past six months, nearly two-thirds (62%) reported using protection the last time they had sex under the influence of alcohol or drugs. Among those who reported having sex with a casual sex partner while sober (n=66) in the past six months, 56% reported using protection the last time they had sex.

Table 29: Drug use during casual sex in the preceding six months, ACT, 2017

Casual penetrative sex while on drugs[#] (%)	n=61
Number of times*	
Once	15
Twice	25
3–5 times	30
6–10 times	15
10+	16
Drugs used (%)*	
Alcohol	71
Ecstasy	43
Cannabis	49
Methamphetamine (any form)	3
Sex with a casual partner	
Use protection last time	62

Source: EDRS interviews, 2017.
among those who reported having casual penetrative sex in the past six months.
* among those who reported having sex while on drugs.

Table 30: Sexual health check-up, ACT, 2017

Sexual health check-ups (%)	n=99
No	88
Yes, in the last year	6
Yes, more than 1 year ago	6
Diagnosed with STI (%)	
Never	88
Yes, in the last year	6
Yes, more than 1 year ago	6

Source: EDRS interviews, 2017.

7.3. THE ALCOHOL USE DISORDERS IDENTIFICATION TEST (AUDIT-C)

Participants in the 2017 EDRS were administered the AUDIT (Saunders, Aasland et al. 1993). The AUDIT was designed as a brief screening scale to identify individuals with alcohol problems, including those in the early stages. It is a 10-item scale, designed to assess three conceptual domains: alcohol intake; dependence; and adverse consequences (Reinert and Allen 2002). Total scores of 8 or more are recommended as indicators of hazardous and harmful alcohol use and may also indicate alcohol dependence (Babor, de la Fluente et al. 1992, Saunders, Aasland et al. 1993). Higher scores indicate greater likelihood of hazardous and harmful drinking; such scores may also reflect greater severity of alcohol problems and dependence, as well as a greater need for more intensive treatment (Babor and Higgins-Biddle 2000).

The sample mean score of the AUDIT was 11.82 (median=11, range=0–31). Seventy-four per cent of the ACT sample scored 8 or more, which is the level at which alcohol intake may be considered hazardous.

The total AUDIT score places respondents into one of four 'zones' or risk levels. Zone 1 refers to low risk drinking or abstinence; Zone 2 consists of alcohol use in excess of low-risk guidelines; Zone 3 may refer to harmful or hazardous drinking; and Zone 4 may be indicative of those warranting evaluation or treatment for alcohol dependence.

Table 31: AUDIT levels, by gender, ACT, 2017

	Male	Female	Total
Mean AUDIT total score	11.97	11.53	11.82
Score 8 or above (%)	75	74	74
Zone 1	25	27	26
Zone 2	52	47	49
Zone 3	13	15	13
Zone 4	11	12	12

Source: EDRS interviews, 2017.

7.4. DRIVING RISK BEHAVIOUR

Biennially, participants are asked a series of questions regarding their driving behaviour. Eighty-nine per cent of the ACT sample reported having driven a vehicle in the six months preceding interview. Of these, half (51%) self-reported that they had driven while over the limit of alcohol and they had done so on a median of three occasions (range=1-180) (See Table 32).

Table 32: Recent alcohol driving risk behaviour, ACT EDRS, 2017

(%)	2017 N=100
Driven a vehicle in the last six months	89
Driven over limit of alcohol[#]	51
Median number of times driven over limit of alcohol[##]	3
(range)	(1-180)

Source: EDRS interviews, 2017.
[#] Among those who had driven a vehicle in the last six months.
[##] Among those who had driven over the limit of alcohol in the last six months.

Experiences of random breath testing in the preceding six months were also recorded. Forty-two per cent of those who had driven a car in the last six months reported having been required to perform a random breath test (RBT) during that time.

Three in five respondents (61%) of those who had driven in the previous six months reported having driven **within three hours** of taking an illicit drug or non-prescribed drug and had done so on a median of six occasions in the preceding six months (range=1-180). Cannabis (74%) and ecstasy (22%) were the drugs most frequently nominated as having been consumed prior to driving a vehicle the last time they did so in the preceding six months; such findings are likely, at least in part, a reflection of the relative prevalence of the use of these drugs among this group (Table 33).

Table 33: Recent drug driving risk behaviour, ACT EDRS, 2017

(%)	2017 N=100
Driven a vehicle in within three hours of using drugs[#]	61
Illicit/non-prescribed drug used last time driven [##]	(n=53)
Cannabis	74
Ecstasy	22
Cocaine	6
Crystal methamphetamine	4

Source: EDRS interviews, 2017.
[#] Among those who had driven a vehicle in the last six months.
[##] Among those who had answered and driven within 3 hours of using drugs in the last six months.

Sixteen per cent of those who had driven a car in the last six months reported having ever been tested for drug driving.

8 LAW ENFORCEMENT TRENDS ASSOCIATED WITH DRUG USE

Key points

- Half of the sample reported engaging in some form of criminal activity in the month prior to interview.

8.1. REPORTS OF CRIMINAL ACTIVITY AMONG PARTICIPANTS

Participants were asked questions about any criminal activity they may have engaged in over the past month and whether they had been arrested in the past year. Half the participants reported engaging in criminal activity in the past month and nearly one in ten (11%) reported being arrested in the past 12 months.

Table 34: Criminal activity reported by ACT, 2013–2017

	2013 (N=77)	2014 (N=100)	2015 (N=99)	2016 (N=100)	2017 (N=100)
Criminal activity in the last month (%)					
Any crime	46	24↓	34	34	50↑
Drug dealing	17	15	21	20	38↑
Property crime	35	7	15	15	24
Fraud	9	2	2	4	1
Violent crime	4	5	1	4	6
Arrested in the past 12 months (%)	14	10	11	5	11

Source: EDRS interviews, 2013–2017.
↑↓ significant increase/decrease at 95% CI $p>0.05$.

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