AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2021

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

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2021:

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- Joanna Wilson, Sarah Eddy, Emma Woods and Professor Paul Dietze, Burnet Institute, Debbie Scott, Turning Point, Victoria;
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Participants

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Contributors

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The Australian Capital Territory (ACT) IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Canberra, ACT. Participants were recruited via advertisements in needle syringe programs (NSP) and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **In 2021, data were collected in June: there were no COVID-19 restrictions on travel and gatherings in Canberra thus all interviews were delivered face-to-face. In contrast, all interviews in 2020 were conducted via telephone, and this change in modality should be factored into all comparisons of data from the 2020 sample relative to other years.**

Sample Characteristics

The IDRS sample recruited from Canberra, ACT in 2021 was relatively consistent with samples recruited in previous years. There was a significant change in gender identity (p=0.041), with more male participants in 2021 (70%) than 2020 (55%), however age remained stable at a mean of 44 years) The majority (88%) reported being unemployed at the time of interview and most (98%) received a government pension/allowance or benefit in the month prior to interview, similar to previous years. There was a significant difference in participants' drug of choice in 2021 compared to 2020 (p=0.007), with fewer participants nominating heroin as their drug of choice in 2021 (46% versus 69% in 2020) and more participants nominating methamphetamine as their drug of choice (40% versus 20% in 2020). Similarly, the was a significant change in the substance injected most often in the past month, with fewer participants nominating heroin as the substance injected most often in the past month (49%; 66% in 2020), and more participants nominating methamphetamine (47%; 31% in 2021).

COVID-19 Impact

In 2021, 35% of the ACT sample had been tested for SARS-CoV-2 in the 12 months prior to interview, although no one had been diagnosed with the virus. The majority (72%) of participants were 'not at all' worried about contracting COVID-19. Six per cent had received at least one dose of the COVID-19 vaccine at the time of interview.

Heroin

At least seven in ten participants have reported any recent use of heroin each year since monitoring began, with 78% reporting recent use in 2021 (85% in 2020). Frequency of use significantly decreased, from a record high of a median of 165 days in 2020 to 72 days in 2021, returning to levels similar to 2019. The median price for one gram of heroin was stable at $320. There was a significant change in the perceived purity of heroin (p=0.004), with more participants perceiving heroin to be of 'medium' purity in 2021 (32% versus 12% in 2020) and fewer participants perceiving it to be of 'low' purity (38% versus 61% in 2020). Availability of heroin remained stable compared to 2020.

Methamphetamine

Recent use of any methamphetamine has remained relatively common over time, with 75% of participants reporting recent use in 2021 (65% in 2020). This mostly comprised use of methamphetamine crystal (74%), with just over one-in-ten reporting use of powder methamphetamine (13%). In 2021, participants reported using methamphetamine on a median of 72 days, a non-significant increase from 47 days in 2020. The median price for one point (0.10 grams) of crystal methamphetamine decreased significantly from $100 in 2020 to $50 in 2021, similar to the price reported in 2017-2019. There were significant changes in the perceived purity (p=0.005) and availability (p<0.001) of crystal methamphetamine between 2020 and 2021, with more participants perceiving purity as 'high' in 2021 (35%; 11% in 2020) and more people

perceiving it to be 'very easy' to obtain (48%; 16% in 2020).

Cocaine

Historically, recent use of cocaine has typically been reported by one-in-five or fewer participants in the ACT sample. In 2021, 16% of the sample reporting using cocaine on a median of two days in the past six months. Injecting and snorting were reported as the most common routes of administration, similar to previous years.

Cannabis

At least three-in-four participants have reported recent use of cannabis each year since monitoring began (75% in 2021). Three-fifths (63%) of participants who had recently used cannabis reported daily use. The price for a gram of bush and hydroponic remained stable at $20. Hydroponic cannabis was mostly perceived to be of 'high' potency in 2021 (52%), whereas cannabis was perceived to of 'medium' potency (50%), both stable from 2020. The perceived availability of bush and hydroponic cannabis also remained stable in 2021, and were largely perceived as being 'easy' or 'very easy' to obtain.

Pharmaceutical Opioids

Methadone was the most commonly used non-prescribed opioid in 2021 (14%), followed by fentanyl (10%), morphine (9%) and buprenorphine-naloxone (9%). There were no significant changes between 2020 and 2021.

Other Drugs

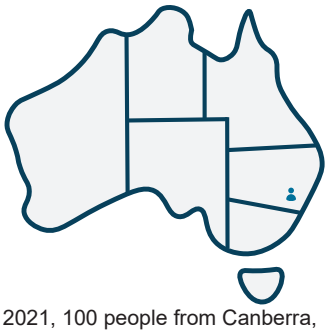
New psychoactive substance (NPS) use was reported by one-in-ten participants (12%). The most commonly used NPS were 'new' drugs that mimic the effects of cannabis (12%). In 2021, recent use of non-prescribed benzodiazepines decreased relative to 2020 (24% versus 38% in 2020; p=0.047), largely driven by a decrease in the recent use of alprazolam (9% versus 20% in 2020; p=0.045). In 2021, 11% reported past six month use of GHB/GBL/1,4-BD. The per cent reporting tobacco use remained high and stable (93%) and recent use of alcohol was reported by 57% of participants. Almost one-quarter (23%) of participants reported recent use of e-cigarettes, mostly containing nicotine (86%).

Drug-Related Harms and Other Associated Behaviours

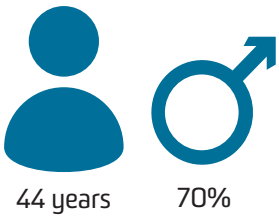
Nearly all participants reported using one or more drugs on the day preceding interview (99%). Just over one-in-ten participants (13%) reported overdosing on any drug in the preceding year, most commonly heroin (6%) and stimulants (6%). Ninety-six per cent of participants had heard of naloxone, 88% had heard of the take-home naloxone programs and nearly three-fifths (58%) had been trained in naloxone administration. Eleven per cent reported distributive sharing and small numbers (n≤5) reported receptive sharing of needles/syringes in the past month. One-fifth (18%) of the sample reported any past month injection-related health problems in 2021, stable from 2020 (24%). There was a significant decrease (p=0.009) in the per cent of participants who reported current drug treatment (52%; 71% in 2020), mostly driven by a decline in methadone treatment (36%; 52% in 2020). Nearly two-thirds (64%) of participants reported receiving a hepatitis C antibody test in the past year, and just over half (52%) had received a PCR or RNA test. One-in-ten participants reported having a current HCV infection (10%). The majority (87%) reported having an HIV test in their lifetime (44% within the past six months). Two-fifths (42%) of the sample reported experiencing a mental health condition in the past six months, most commonly depression and anxiety. One-fifth of the sample (19%; 86% those who had recently driven a vehicle) reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months. In 2021, one-in-six participants (14%) reported that they or someone else had tested the content and/or purity of their illicit drug(s) in Australia in the past year. One-quarter (26%) reported past month criminal activity, with selling drugs for cash profit (18%) and property crime (13%) remaining the most common crimes. In 2021, 61% of the sample reported a lifetime prison history, and just over one-quarter (28%) reported being arrested in the past 12 months.

IDRS Illicit Drug Reporting System

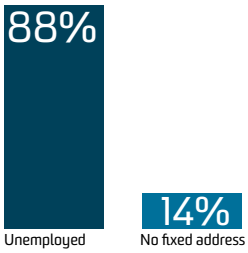
2021 SAMPLE CHARACTERISTICS



In 2021, 100 people from Canberra, ACT participated in IDRS interviews.



The mean age in 2021 was 44, and 70% identified as male.



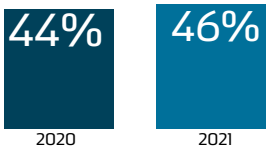
In the 2021 sample, 88% were unemployed and 14% had no fixed address.

- Injected heroin
- Injected methamphetamine
- Injected other drug

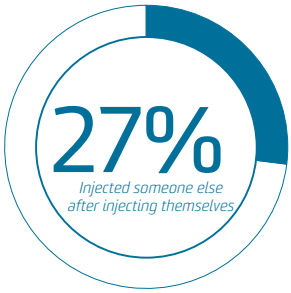
Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

INJECTING RELATED RISKS AND HARMS

In 2021, n≤5 of the IDRS sample reported receptive needle sharing, and 11% reported distributive needle sharing.



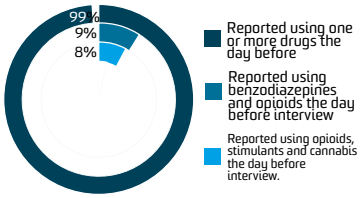
The number of people who re-used their own needles remained stable from 44% in 2020 to 46% 2021.



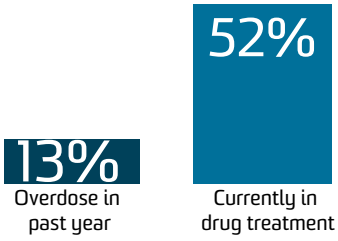
In the ACT sample, 27% of participants reported injecting someone else after injecting themselves.

In 2021, 18% of the ACT sample reported having an injection-related health issue in the month preceding interview.

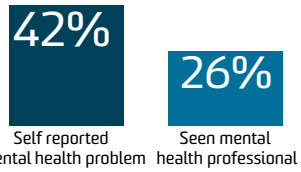
OTHER HARMS AND HELP-SEEKING



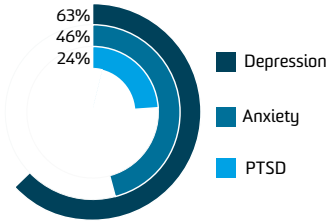
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 13% had experienced a non-fatal overdose in the previous 12 months and 52% were currently in drug treatment.

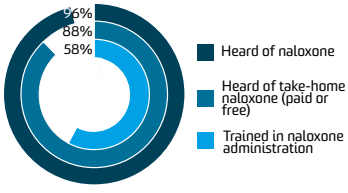


In the sample, 42% self reported a mental health problem in the six months prior to interview, and 26% had seen a mental health professional.

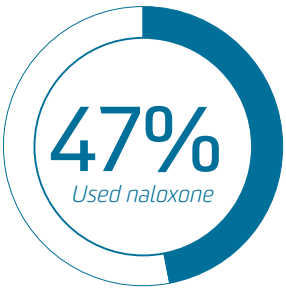


Of those who commented, the three most common mental health issues reported were depression (63%), anxiety (46%) and PTSD (24%).

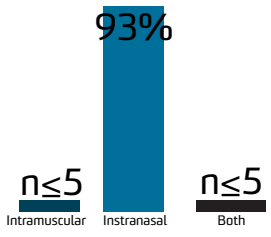
NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of, and participation in, the take-home naloxone program remained stable in 2021.



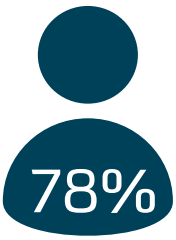
Of those who reported having heard of naloxone, 47% had used naloxone to resuscitate someone who had overdosed.



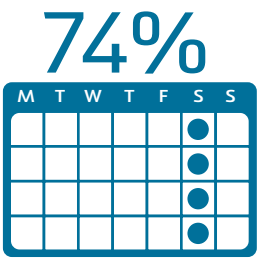
Of those who reported ever accessing naloxone, n≤5 received intramuscular naloxone, 93% intranasal naloxone and n≤5 both.

In 2021, 14% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN

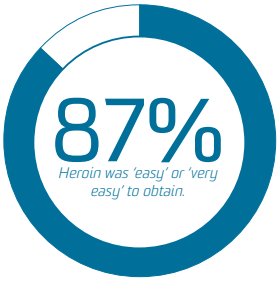


Past 6 month use of heroin remained stable at 78% in the 2021 sample and 85% 2020.



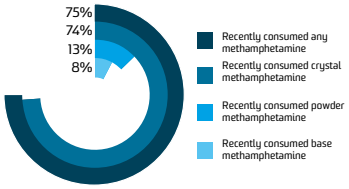
Of those who had recently consumed heroin, 74% used it weekly or more often, stable from 86% in 2020.

The median reported price for a point of heroin was $80 in 2021 and $80 in 2020.

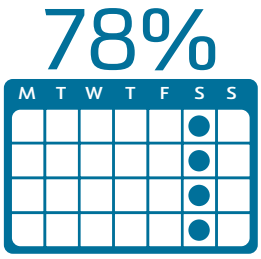


Of those who could comment 87% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 91% in 2020.

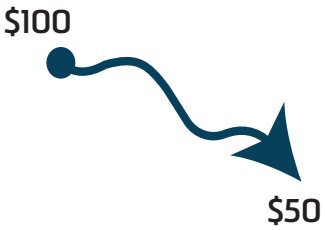
METHAMPHETAMINE



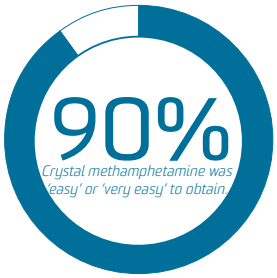
Past 6 month use of any (75%), crystal (74%), powder (13%) and base (8%) methamphetamine remained stable in 2021.



Of those who had recently used any form of methamphetamine, 78% used it at least weekly, stable from 62% in 2020.



The median reported price for a point of crystal methamphetamine was $50 in 2021, a decrease from $100 in 2020.



Of those who could comment, 90% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from 61% in 2020.

OTHER DRUGS

Non-prescribed morphine

Past 6 month use of non-prescribed morphine was stable at 8% in the 2020 sample and 9% in 2021.

Non-prescribed fentanyl

Past 6 month use of non-prescribed fentanyl was stable at 9% in the 2020 sample to 10% in 2021.

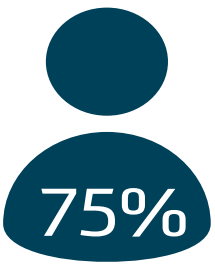
Non-prescribed pregabalin

Past 6 month use of non-prescribed pregabalin was stable at 14% in the 2020 sample and 18% in 2021.

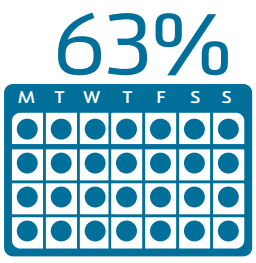
GHB/GBL/1,4-BD

Past 6 month use of GHB/GBL/1,4-BD was stable from 8% in the 2020 sample to 11% in 2021.

CANNABIS

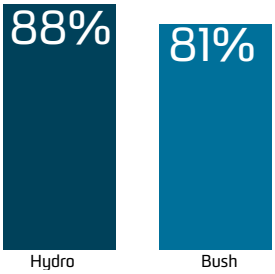


Past 6 month use of any cannabis was stable at 77% in the 2020 sample and 75% in 2021.



Of those who had consumed cannabis recently, over three-fifths reported daily use (63%).

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



Of those who could comment 88% perceived hydro and 81% perceived bush to be 'easy' or 'very easy' to obtain.

Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. This report focuses on the key results from the annual interview component of the IDRS.

Methods

IDRS 2000-2019

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

IDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

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

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

In 2021, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 100 participants interviewed in Canberra, ACT, in June, 2021. All 100 ACT participants completed the survey face-to-face. Of the ACT sample, 23% reported participating in the 2020 survey (in 2020, 16% of participants reported participation in the 2019 survey; p=0.321). In 2021, there was a significant

change in recruitment methods (p<0.001), with more people recruited via word-of-mouth (60%; 28% in 2020) and less people recruited via an NSP (33%; 54% in 2020).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2020 and 2021. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Canberra, ACT, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather 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).

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

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

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

1

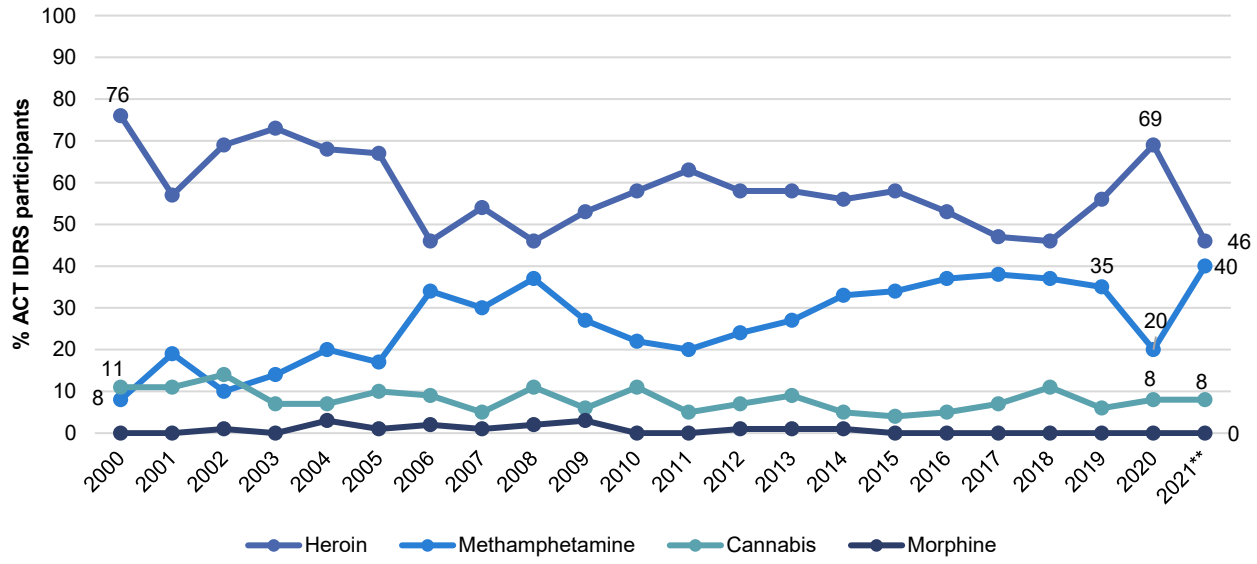
Sample Characteristics

There was a significant change in gender between 2021 and 2020 (p=0.041), with more participants identifying as male in 2021 (70%) compared to 2020 (55%). The mean age of the ACT sample was 44 years (SD=9; 44 years in 2020; SD=9; p=0.881). Nearly three-fifths (57%) reported having completed a post-school qualification(s) (67% in 2020; p=0.209) and the majority were unemployed at the time of interview (88%; 85% in 2020; p=0.151) (Table 1).

There was a significant difference in the drug of choice nominated by participants between 2021 and 2020 (p=0.007). Although the largest per cent reported that heroin was their drug of choice in 2021 (46%), it was a lower per cent compared to 2020 (69%), although similar to what was observed in 2017-2018 (Figure 1). Conversely, the per cent nominating methamphetamine as their drug of choice increased in 2021 (40%) relative to 2020 (20%), returning to a similar per cent observed from 2016-2019. In 2021, a significant change was also observed in the drug injected most often in the past month (p=0.020), with fewer participants reporting heroin (49%; 66% in 2020) and more participants reporting methamphetamine (47%; 31% in 2020) as the drug injected most often (Figure 2).

In 2021, a significant increase was observed in those reporting crystal methamphetamine consumption on a weekly or more frequent basis compared to 2020 (58% versus 40% in 2020; p=0.016) and a significant decrease was observed in weekly or more frequent heroin consumption (58% versus 73% in 2020; p=0.037), returning to a similar per cent observed in 2019 (Figure 3).

Figure 1: Drug of choice, ACT, 2000-2021



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. In 2000 and 2001 methamphetamine went under the response option of amphetamine. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical

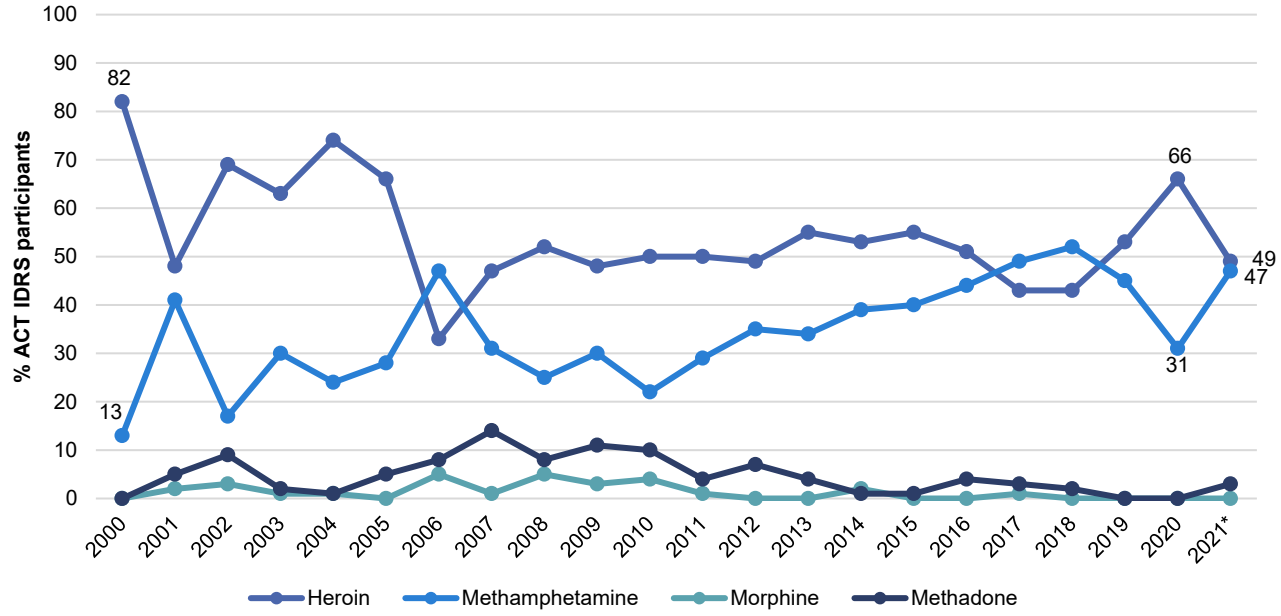
numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021. In 2021, 40%, 45%, 5%, and 4% of the national sample reported heroin, methamphetamine, cannabis, and morphine, respectively, as their drug of choice.

Table 1: Demographic characteristics of the sample, ACT, 2017-2021 and nationally (2021)

	National 2021	ACT 2021	ACT 2020	ACT 2019	ACT 2018	ACT 2017
	N=888	N=100	N=100	N=100	N=100	N=100
Mean age (years; SD)	45 (10)	**44 (9)**	44 (9)	44 (8)	42 (9)	43 (9)
% Gender		*				
Male	65	**70**	55	74	68	72
Female	34	**30**	45	26	31	28
Non-binary	0	**0**	0	0	-	0
% Aboriginal and/or Torres Strait Islander	23	**19**	18	24	21	19
% Sexual identity						
Heterosexual	82	**88**	79	89	89	89
Homosexual	4	**-**	-	-	-	-
Bisexual	11	**8**	14	7	6	8
Queer	1	**-**	0	0	/	/
Other	1	**-**	-	-	-	-
School education						
Mean years of school education (range)	10 (1-12)	**10 (6-12)**	10 (6-12)	10 (6-12)	10 (6-12)	10 (3-12)
% Post-school qualification(s)^	58	**57**	67	54	48	54
% Current employment status						
Unemployed	88	**88**	85	90	85	83
Employed full time	2	**-**	-	-	-	-
% Past month gov't pension, allowance or benefit	95	**98**	96	98	93	95
Current median weekly income ($; IQR)	**(N=869) 358 (300-460)**	**(N=97) 375 (295-450)*** **	(N=86) 471 (400-550)	(N=97) 350 (275-440)	(N=99) 403 (260-450)	(N=99) 360 (260-440)
% Current accommodation						
Own house/flat (*inc. renting*)~	66	**75**	83	78	85	85
Parents'/family home	5	**-**	-	-	-	-
Boarding house/hostel	9	**-**	-	0	-	-
Shelter/refuge	2	**-**	-	-	-	-
No fixed address	16	**14**	9	9	7	9
Other	2	**-**	-	0	0	0

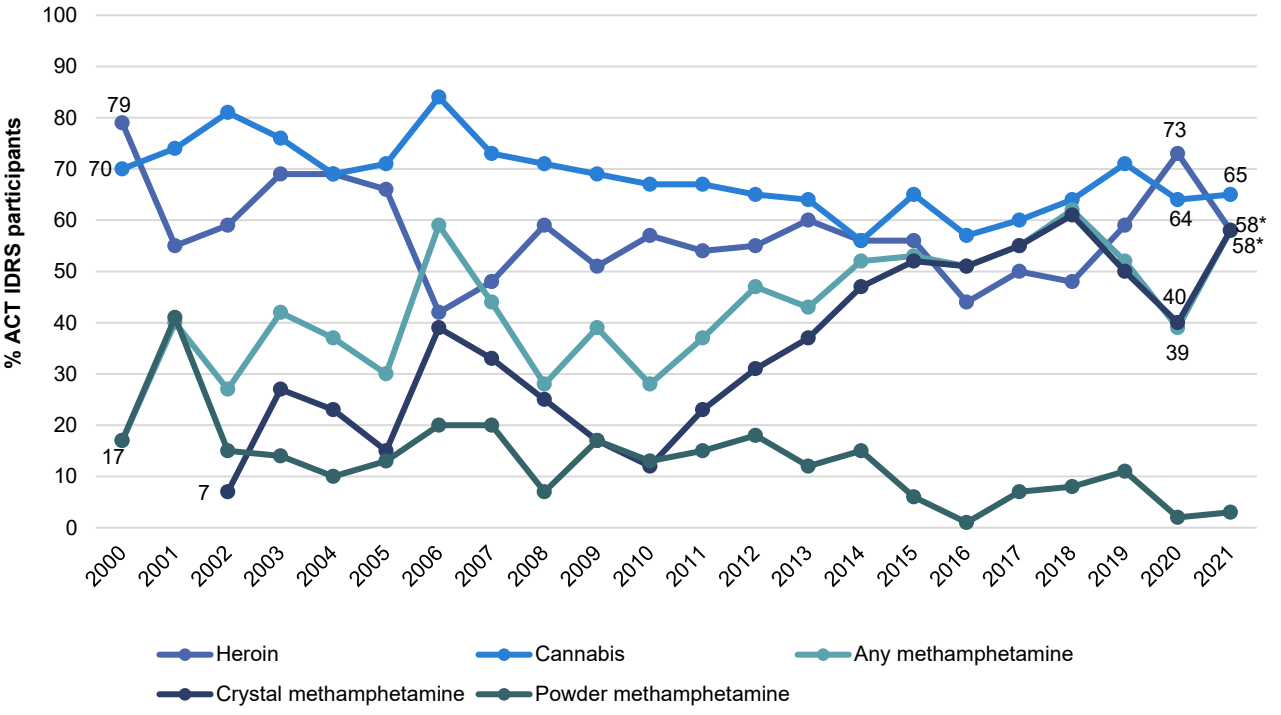
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. 'No fixed address' includes rough sleeping or squatting and couch surfing. In 2021, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college' qualifications. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug injected most often in the past month, ACT, 2000-2021



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021. In 2021, 34%, 53%, 5%, 3% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2000-2021



Note. These figures are computed of the entire sample. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021. In 2021, 58%, 54%, 37%, 57%, and 6% of the national sample reported high frequency use of any methamphetamine, cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

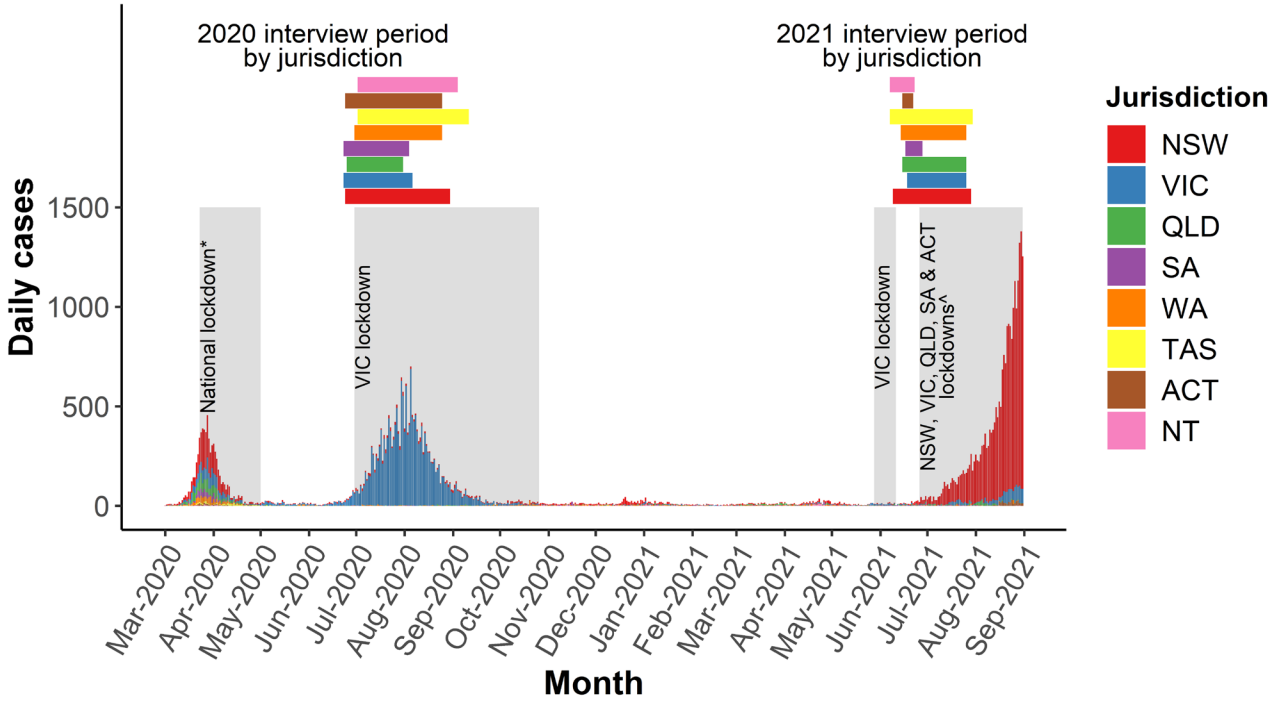
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28 March 2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions. Notably, significant restrictions were enforced again in Victoria (from July), whereby Stage 4 restrictions were implemented in early August 2020.

The first case of COVID-19 was confirmed in the ACT on 12 March 2020, and since then infection rates have remained low, with ACT being the second lowest state or territory in Australia with COVID-19 cases. Restrictions began to ease on 8 May, allowing 10 person outdoor gatherings, 20 person gatherings indoors or 30 person gatherings outdoors for funerals. Further easing of restrictions was announced on 16 May, allowing 10 person limits for playgrounds, outdoor fitness stations, parks and dining in restaurants. This increased to 20 people on 29 May and 50 people were allowed at indoor and outdoor weddings. On 19 June, outdoor gatherings increased to 100 people, and on 29 June there were no restrictions on the number of people at venues, events, or gatherings, until 12 August 2021 when the ACT went back into lockdown. All ACT interviews were conducted prior to the second lockdown (last interview was conducted 22 July 2021).

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021



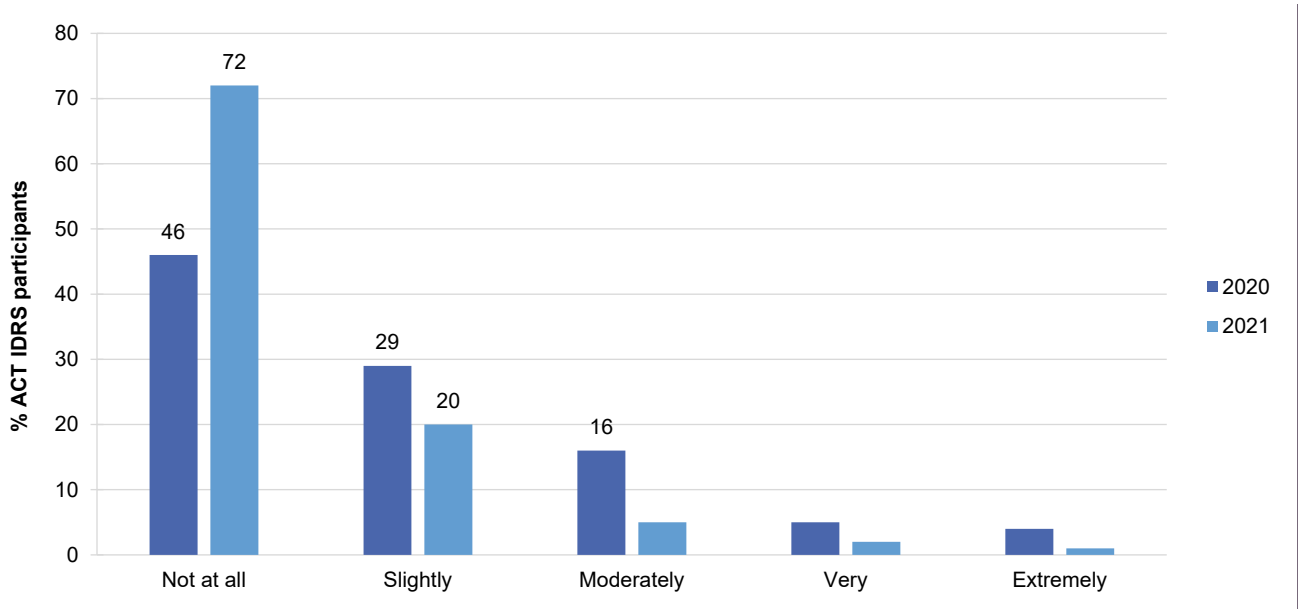
Note. Data obtained from http://www.covid19data.com.au. Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27 July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

In 2021, one-third (35%) of the ACT sample had been tested for SARS-COV-2 in the 12 months prior to interview (21% in 2020), although no participants had been diagnosed with the virus. Seventeen per cent of participants reported that they had quarantined for 14 or more days due to a possible exposure since January 2020; n≤5 in the past month, 10% within the last two-six months, and n≤5 within the last 7-12 months. Six per cent of the sample had received at least one dose of the COVID-19 vaccine at the time of interview.

When asked how worried they currently were about contracting COVID-19, 28% reported some level of concern: 20% responded that they were ‘slightly’ concerned, with few participants reporting that they were ‘moderately’, ‘very’ or ‘extremely’ concerned (n≤5, respectively) (Figure 5). Further, three-quarters (76%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 16% reporting that they would be ‘slightly’ concerned, 19% reporting ‘moderately’, 18% reporting ‘very’ and 23% reporting that they would be ‘extremely’ concerned.

Figure 5: Current concern related to contracting COVID-19, ACT, 2020-2021



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 but not 0). Y axis reduced to 80% to improve visibility of trends.

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of any heroin has fluctuated over the years and in 2021, 78% of the ACT sample reported recent use (85% in 2020; *p*=0.275) (Figure 6).

Frequency of Use

Frequency of use has also fluctuated over the years. In 2021, the median frequency of use among participants who reported recent use was equivalent to three days a week (72 days; IQR=21-179), a significant decrease compared to 2020, whereby the highest median days of use was reported since monitoring began (165 days; IQR=54-180; *p*=0.001) (Figure 6). Nearly three-quarters of participants who reported recent heroin use reported weekly or more frequent use (74%; 86% in 2020; *p*=0.098), and just over one-quarter (26%) reported daily use, a significant decrease from 2020 (45%; *p*=0.018).

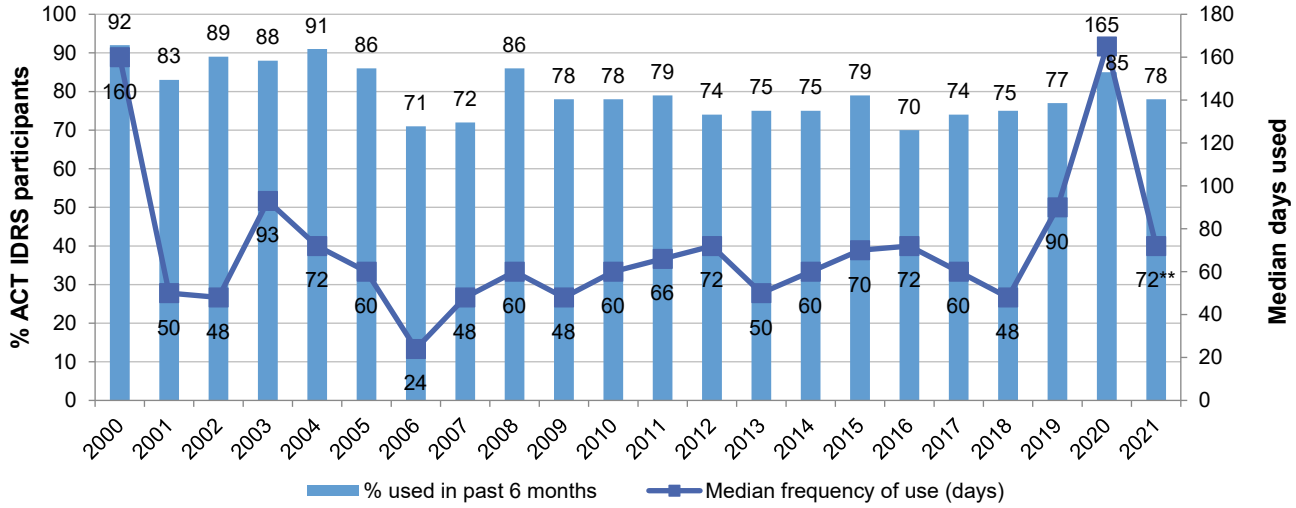
Routes of Administration

Consistent with previous years, all participants who consumed heroin reported injection as the primary route of administration in the past six months in 2021 (100%; 99% in 2020), with smaller numbers reporting smoking (10%; 9% in 2020).

Quantity

The median amount of heroin used on a 'typical' day was 0.30 grams (IQR=0.10-0.30; n=75; 0.20 grams in 2020; IQR=0.10-0.50; *p*=0.767) and the median maximum amount used per day was 0.50 grams (IQR=0.30-1.00; n=74; maximum amount used not asked in 2020).

Figure 6: Past six month use and frequency of use of heroin, ACT, 2000-2021



Note. Median days computed among those who reported recent use (past 6 months; maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

Historically, the price for one gram of heroin has typically been $300 or a similar amount amongst the ACT sample (Figure 7). In 2021, the median price for one gram of heroin was $320 (IQR=300-320; n=23), stable from 2020 ($300; IQR=200-320; n=17; p=0.233) (Figure 7). The median price for a cap of heroin was $50 (IQR=50-50; n=6) in 2021 (n≤5 in 2020; p=0.008) and $80 for a point (IQR=50-80; n=36; $80 in 2020; IQR=80-80; p=0.030).

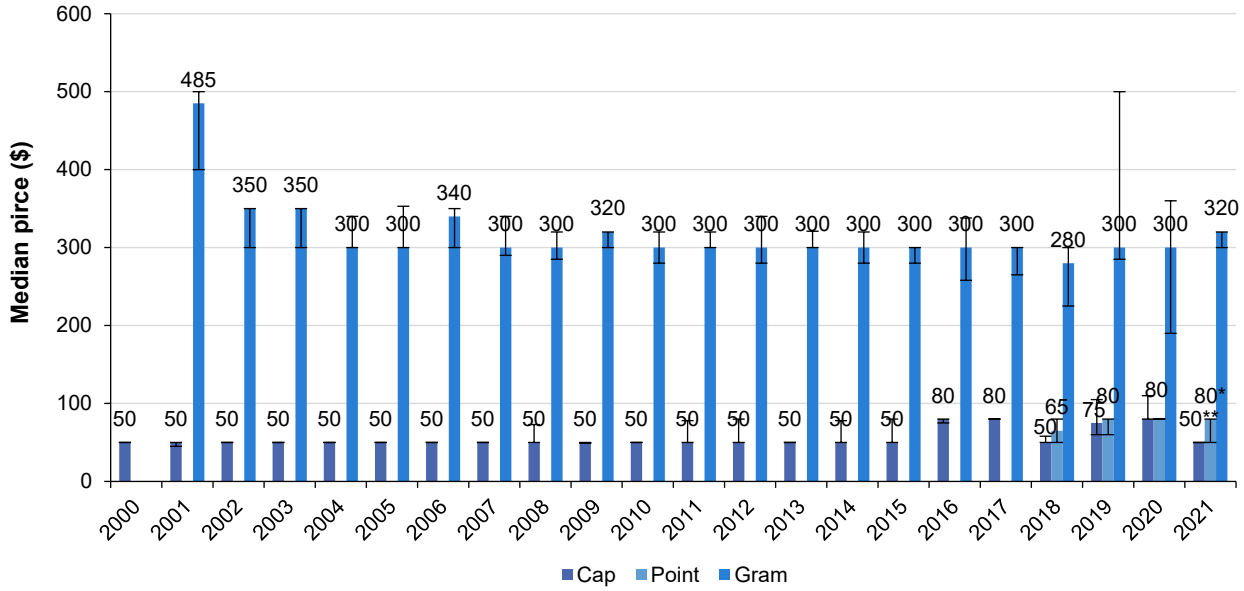
Perceived Purity

The perceived purity of heroin changed significantly between 2020 and 2021 (p=0.004). Of those who were able to comment in 2021 (n=71), nearly two-fifths perceived the current purity of heroin as ‘low’ (38%), a lower per cent compared to 2020 (61%), followed by nearly one-third reporting ‘medium’ purity (32%; 12% in 2020) (Figure 8).

Perceived Availability

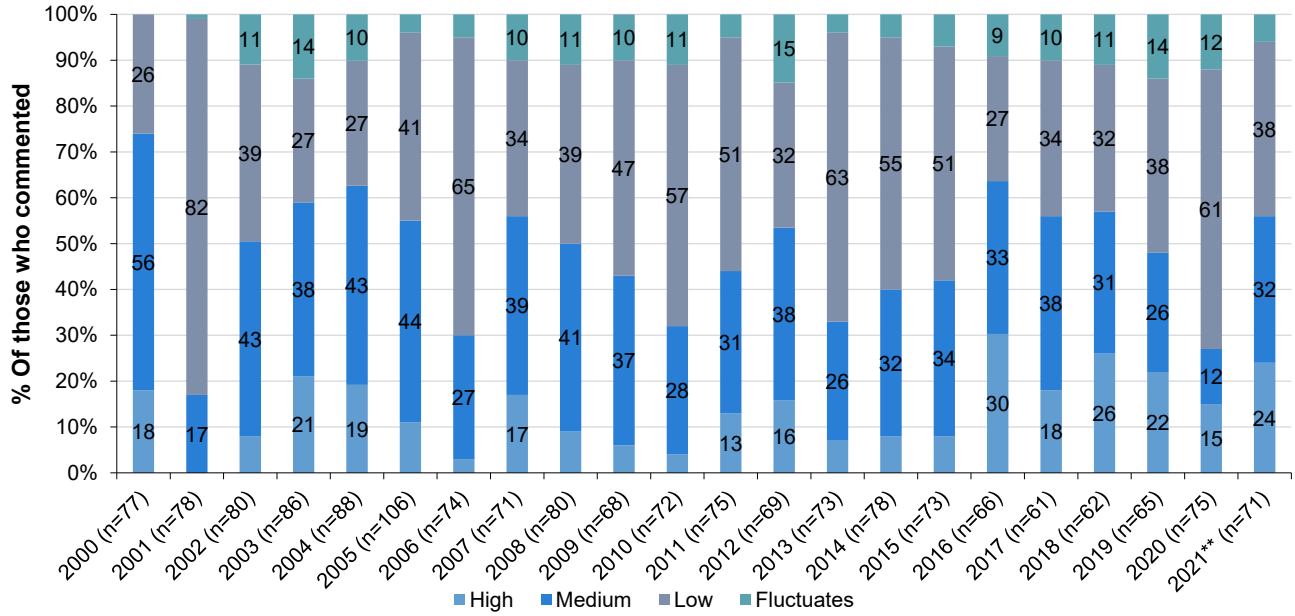
The perceived availability of heroin remained stable between 2020 and 2021 (p=0.714). Of those who responded in 2021 (n=75), nearly half perceived heroin to be ‘easy’ to obtain (47%; 48% in 2020), followed by two-fifths perceiving it to be ‘very easy’ to obtain (40%; 43% in 2020) (Figure 9).

Figure 7: Median price of heroin per cap, point and gram, ACT, 2000-2021



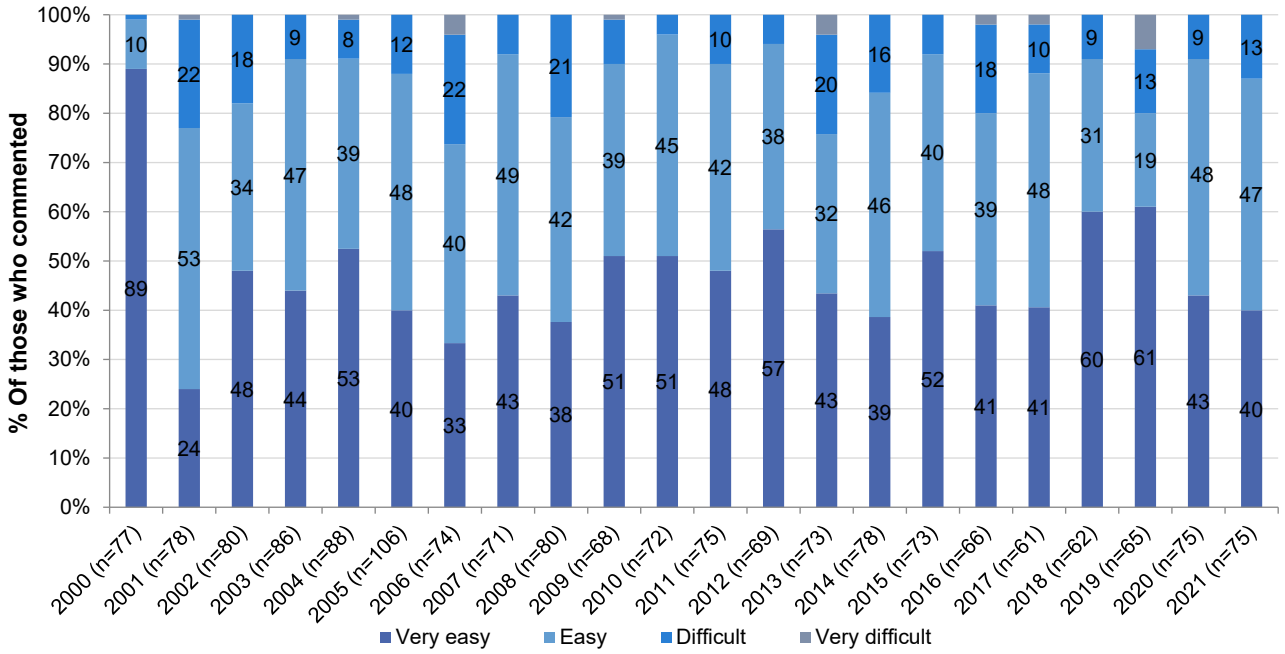
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Between 2009-2017 a cap was referred to as cap/point and in 2018 these measures were separated as their own response options. The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021

Figure 8: Current perceived purity of heroin, ACT, 2000-2021



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 2020 versus 2021.

Figure 9: Current perceived availability of heroin, ACT, 2000-2021



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 2020 versus 2021.

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) and crystal (clear, ice-like crystals).

Recent Use (past 6 months)

In 2021, 75% of participants reported recent use of any methamphetamine (powder, base and crystal), a non-significant increase from 2020 (65%; *p*=0.169) and returning to a similar per cent observed from 2014-2019 (Figure 10). In more recent years the gap between past six month use of any methamphetamine and crystal methamphetamine has narrowed and in 2021, almost no gap was observed (75% and 74%, respectively) (Figure 10). That is, crystal methamphetamine is the most common form of methamphetamine used by participants, with far fewer participants reporting recent use of powder (13%) and base (8%) methamphetamine.

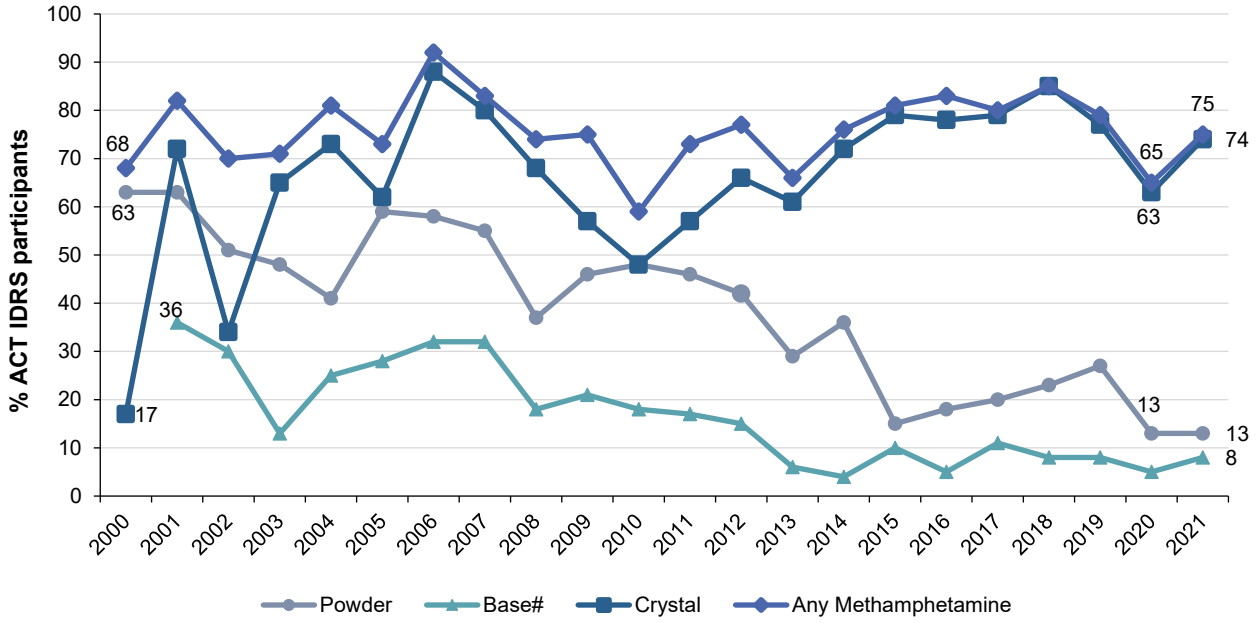
Frequency of Use

Notwithstanding some fluctuations, the frequency of any methamphetamine use has generally been increasing over time. In 2021, there was a non-significant increase in frequency of use, from a median of 47 days (IQR=10-93) in 2020 to 72 days (IQR=24-96; *p*=0.076) (Figure 11) in 2021. This represents the highest frequency of use since monitoring began. In 2021, 78% of participants who had recently used methamphetamine reported weekly or more frequent use (62% in 2020; *p*=0.054) and nearly one-fifth reported daily use (19%; n≤5 in 2020; *p*=0.055).

Forms of Methamphetamine

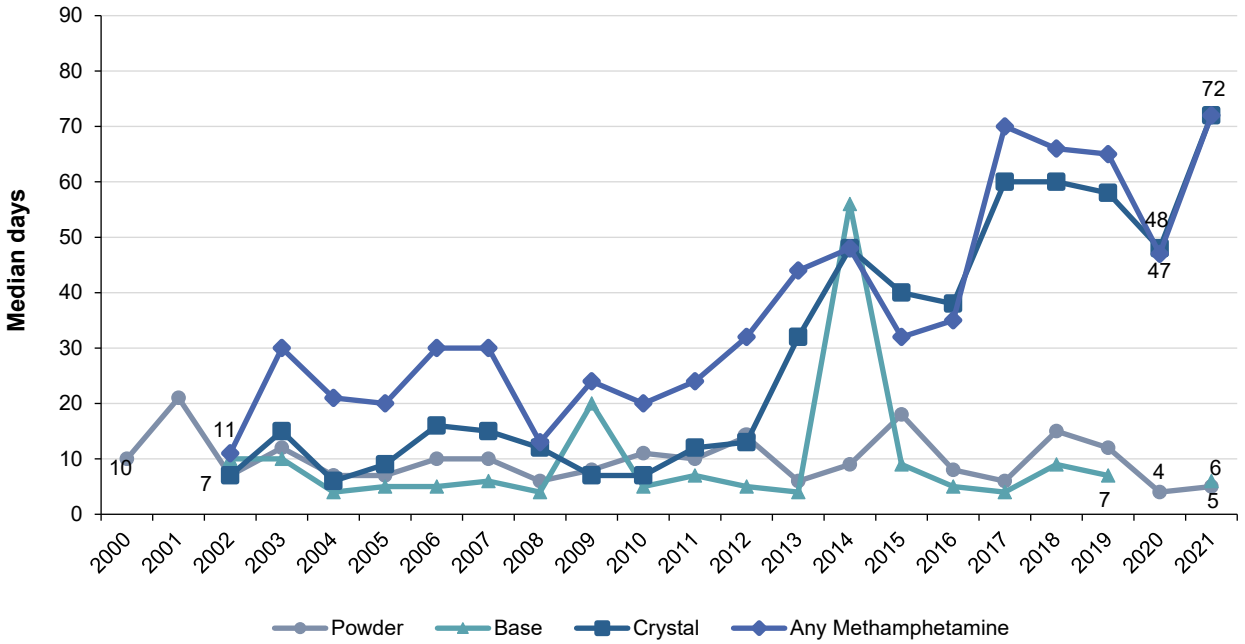
There has been a shift over time in the forms of methamphetamine used (see below for further information) (Figure 10). Specifically, use of powder and base methamphetamine have decreased over time, while use of crystal methamphetamine has increased (Figure 10). Indeed, of those who had used methamphetamine in the six months preceding interview (n=75), almost all participants had used crystal methamphetamine (99%; 97% in 2020; *p*=0.477), with fewer participants reporting use of powder (17%; 20% in 2020; *p*=0.685) or base (8%; n≤5 in 2020; *p*=0.566) methamphetamine.

Figure 10: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 11: Frequency of use of any methamphetamine, powder, base, and crystal, ACT, 2000-2021



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (past 6 months) (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption

Methamphetamine Powder

Recent Use (past 6 months): Recent use of powder methamphetamine was highest at the beginning of monitoring (63% in 2000 and 2001), declining to 15% in 2015 (Figure 10). From 2015-2019, recent use slowly increased, before declining in 2020 and then remaining stable in 2021 (13%, respectively) (Figure 10).

Frequency of Use: Despite a declining per cent reporting use, median days of use has remained relatively low and stable across the years. In 2021, participants who had recently used methamphetamine powder reported doing so on a median of five days (IQR=3-10; n-13; 4 days in 2020; IQR=1-12; *p*=0.421) (Figure 11). Low numbers reported weekly use (n≤5) and no participants reported daily use.

Routes of Administration: Injecting remained the most common route of administration among participants who had recently used methamphetamine powder (92; 85% in 2020).

Quantity: The median amount of powder methamphetamine used on a 'typical' day of consumption in the past six months was 0.20 grams (IQR=0.10-1.20; n=12; 0.20 grams in 2020; IQR=0.10-0.30; n=12; *p*=0.412). The median maximum amount used per day was 0.70 grams (IQR=0.20-2.30; n=12; quantity not asked in 2020).

Methamphetamine Base

Recent Use (past 6 months): Base has consistently been the least commonly used form of methamphetamine since monitoring commenced in 2001 and has been generally declining over time. In 2021, 8% of the sample reported recent use of base, stable from 2020 (n≤5; *p*=0.566) (Figure 10).

Frequency of Use: Frequency of use has remained consistently low across the course of monitoring (2021: median 6 days; IQR=2-23; not asked in 2020) (Figure 11).

Routes of Administration: All participants (100%) reporting recent use had injected base in 2021 (n≤5 in 2020).

Quantity: The median amount of base methamphetamine used on a 'typical' day of consumption in the past six months in 2021 was 0.10 grams (IQR=0.10-0.40; n=7; not asked in 2020) and the median maximum amount was 0.40 grams (IQR=0.10-0.70; n=8; not asked in 2020).

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal methamphetamine gradually increased between 2010-2019, before declining to 63% in 2020. In 2021, 74% of the sample reported recent use of crystal methamphetamine, a non-significant increase from 2020 (*p*=0.128) and returning to levels observed from 2014-2019 (Figure 10).

Frequency of Use: In 2021, participants who had recently used crystal methamphetamine reported doing so on a median of 72 days in the past six months (IQR=24-96; 48 days in 2020; IQR=11-93; *p*=0.166) (Figure 11), the highest frequency of use observed since monitoring began. Seventy-eight per cent of participants who had recently used crystal methamphetamine in 2021 reported weekly or more frequent use (63% in 2020; *p*=0.083), with nearly one-fifth reporting daily use (18%; n≤5 in 2020; *p*=0.085).

Routes of Administration: The main route of administration among participants who had recently used crystal methamphetamine was injecting (99%; 92% in 2020; *p*=0.094), followed by smoking (30%; 38% in 2020; *p*=0.394).

Quantity: The median amount used on a 'typical' day of consumption in the past six months in 2021 was 0.10 grams (IQR=0.10-0.20; n=70; 0.10 grams in 2020; IQR=0.10-0.20; n=59; *p*=0.135) and the median maximum amount used per day was 0.30 grams (IQR=0.20-0.50; n=69; quantity not asked in 2020).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine powder were not asked of participants in 2020, meaning that significance testing between 2021 and 2020 figures cannot be undertaken.

Price: The median price for a point (0.10 gram) of powder methamphetamine has mostly remained stable at $50 across the duration of monitoring ($50 in 2021; IQR=35-50; n=6) (Figure 12). No one reported on the price of a gram in 2021.

Perceived Purity: Small numbers (n=8) reported on the perceived purity of methamphetamine powder, therefore these data are suppressed. For a historical overview please refer to Figure 13.

Perceived Availability: Amongst participants who had recently used powder methamphetamine and could comment in 2021 (n=9), just over two-thirds (67%) perceived powder to be 'easy' to obtain (Figure 14).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2021 or 2020. For further information, please refer to the 2019 IDRS ACT Report, or the 2019 IDRS National Report.

Due to low respondents (n≤5), there is no historical overview for price, perceived purity and perceived availability of methamphetamine base.

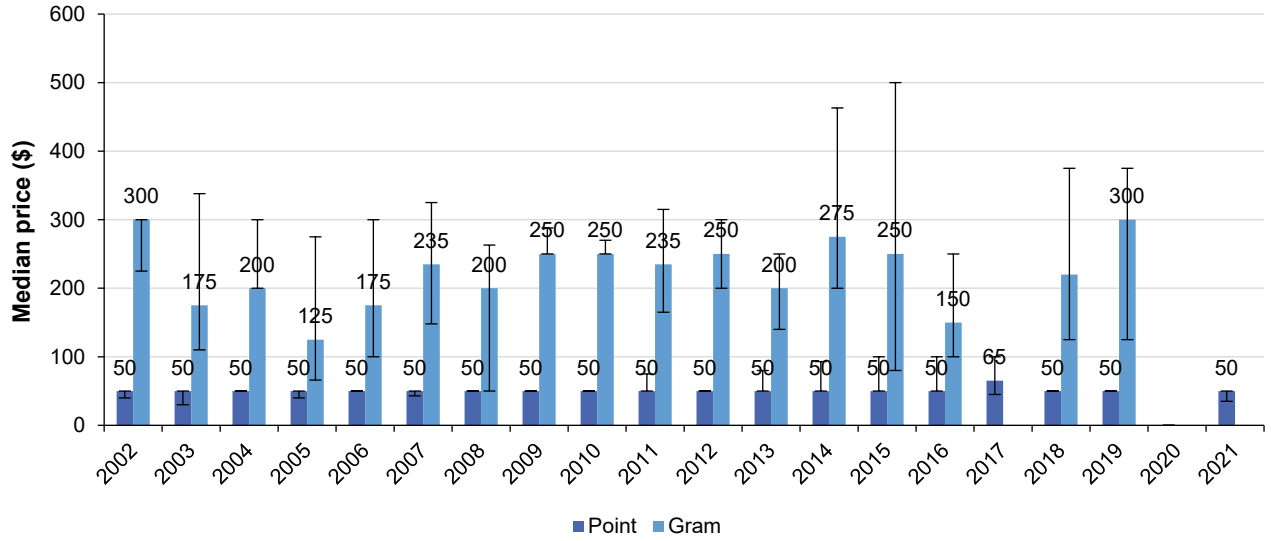
Methamphetamine Crystal

Price: The median price of a point (0.10 gram) decreased from $100 in 2020 (IQR=100-100) to $50 in 2021 (IQR=50-58; n=54; $p<0.001$) (Figure 15). The median price for one gram was $350 in 2021 (IQR=288-425; n≤5 in 2020; $p=0.825$) (Figure 15).

Perceived Purity: There was a significant change in perceived purity between 2021 and 2020 ($p=0.005$). Among those able to comment in 2021 (n=69), more participants perceived purity to be 'high' (35%) compared to 2020 (11%) (Figure 16). Conversely, fewer participants reported purity to be 'low' in 2021 (19%) compared to 2020 (41%). The perceived purity of methamphetamine crystal in 2021 is similar to that reported in 2014-2019 (Figure 16).

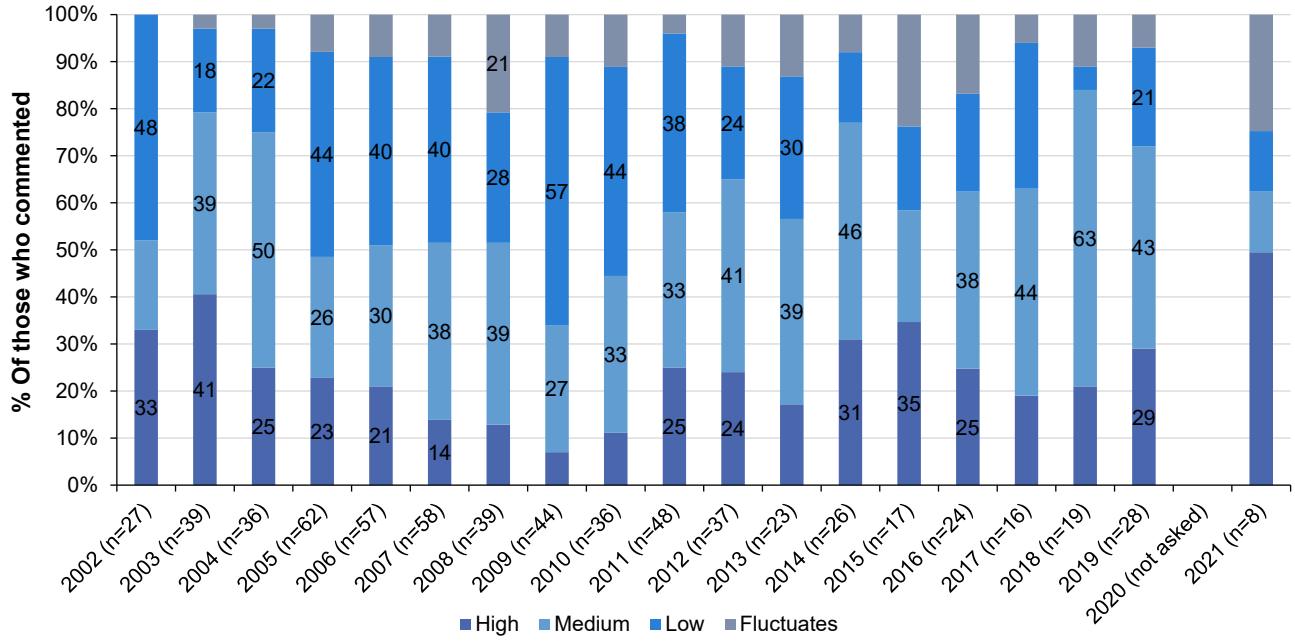
Perceived Availability: The perceived availability of crystal methamphetamine significantly changed between 2020 and 2021 ($p<0.001$). Of those who responded in 2021 (n=71), more participants perceived crystal as 'very easy' to obtain compared to 2020 (48% versus 16%) (Figure 17) and fewer participants perceived it to be 'difficult' to obtain (8% versus 37% in 2020). The perceived availability of methamphetamine crystal in 2021 is similar to that reported in 2014-2019 (Figure 17).

Figure 12: Median price of powder methamphetamine per point and gram, ACT, 2002-2021



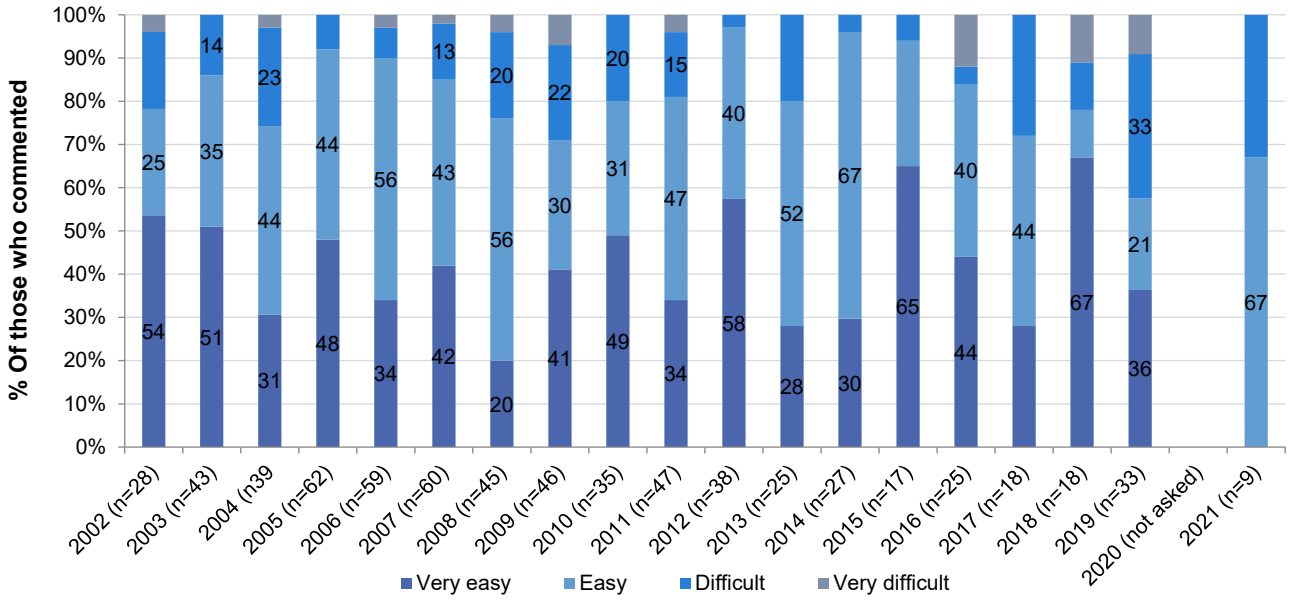
Note. Among those who commented. No respondents commented on the price of a gram in 2017 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent IQR. Price data for powder not collected in 2020, therefore statistical significance testing has not been undertaken between 2020 and 2021

Figure 13: Current perceived purity of powder methamphetamine, ACT, 2002-2021



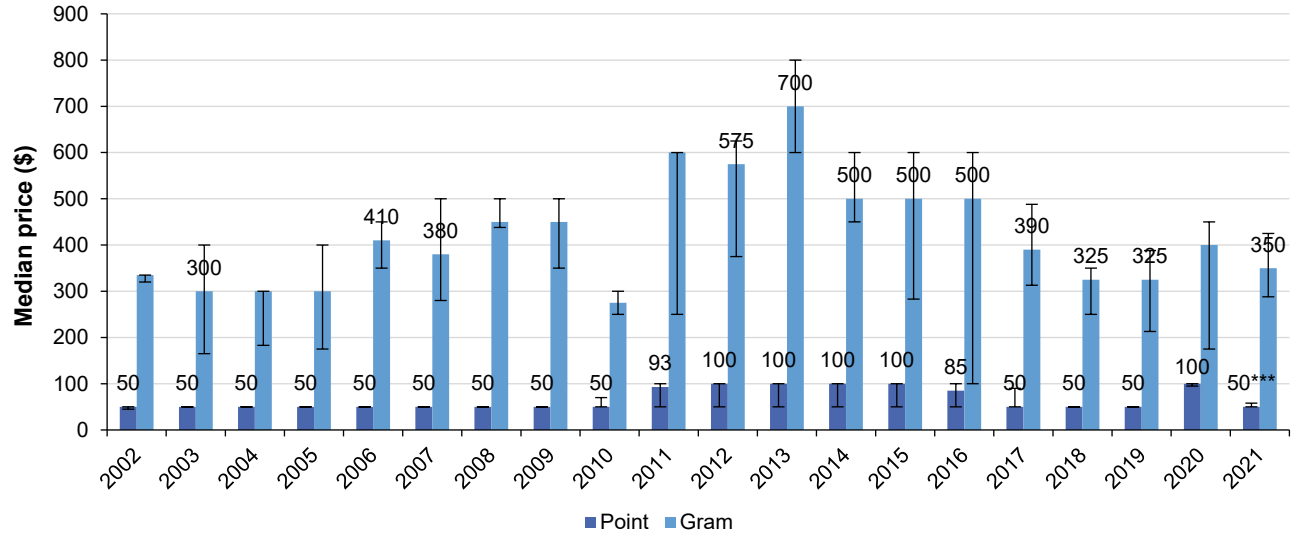
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Data on perceived purity of powder not collected in 2020, therefore statistical significance testing has not been undertaken between 2020 and 2021.

Figure 14: Current perceived availability of powder methamphetamine, ACT, 2002-2021



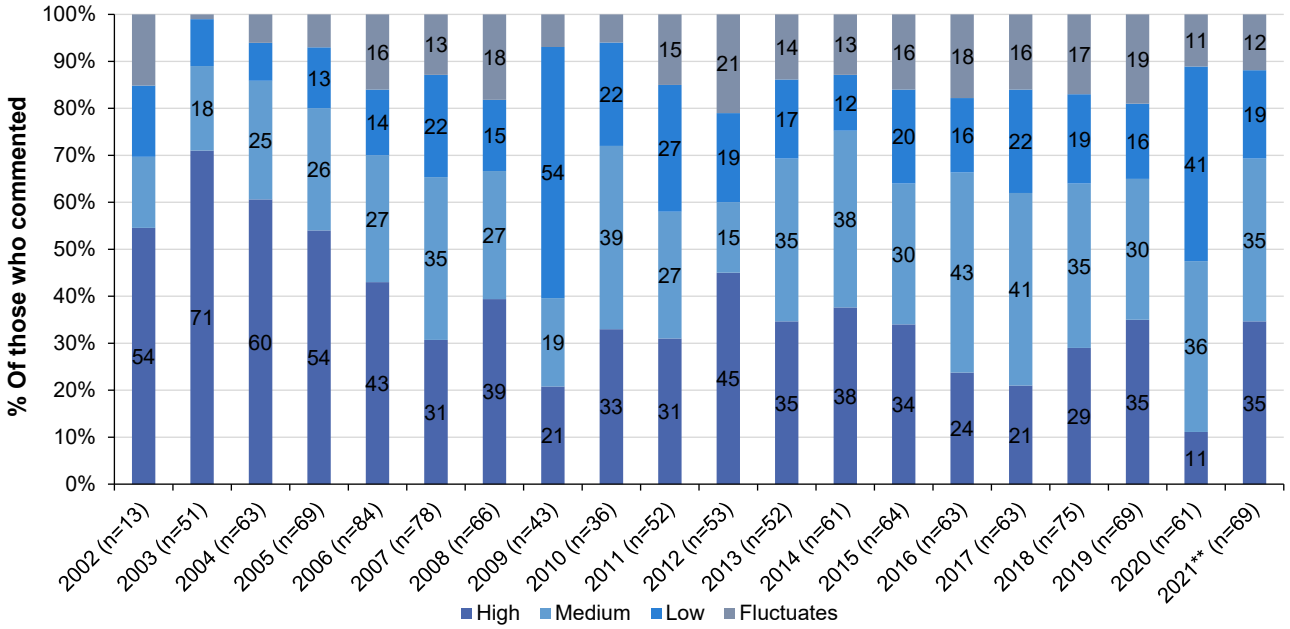
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). Data on perceived availability of powder not collected in 2020, therefore statistical significance testing has not been undertaken between 2020 and 2021.

Figure 15: Median price of crystal methamphetamine per point and gram, ACT, 2002-2021



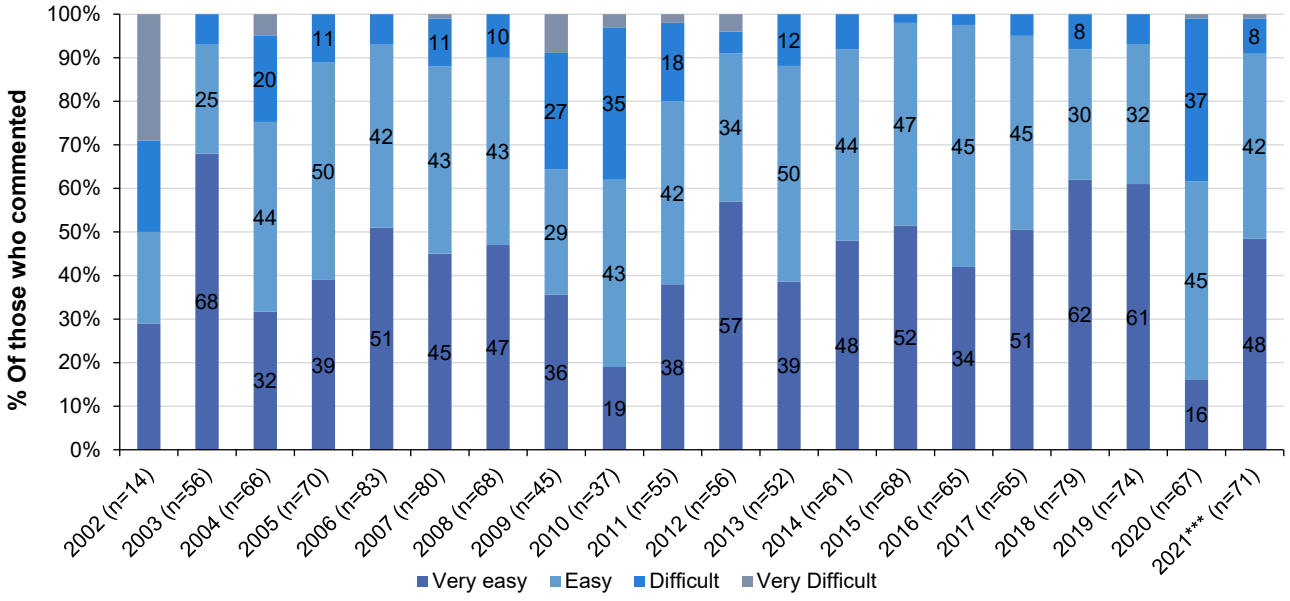
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 16: Current perceived purity of crystal methamphetamine, ACT, 2002-2021



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 2020 versus 2021.

Figure 17: Current perceived availability of crystal methamphetamine, ACT, 2002-2021



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 2020 versus 2021.

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 (past 6 months)

Recent use of cocaine has generally been reported by one-in-five participants or fewer over the years of monitoring, except for a peak of 40% in 2001. Sixteen per cent of the ACT sample reported recent use in 2021 (19% in 2020; p=0.710) (Figure 18).

Frequency of Use

Frequency of use has remained relatively low and stable over the course of monitoring, varying between a median of two and eight days. In 2021, participants who had recently used cocaine reported doing so on a median of two days (IQR=1-3; 3 days in 2020, IQR=1-5; p=0.330) (Figure 18). Small numbers (n≤5) reported weekly or more frequent use of cocaine in 2021 and 2020.

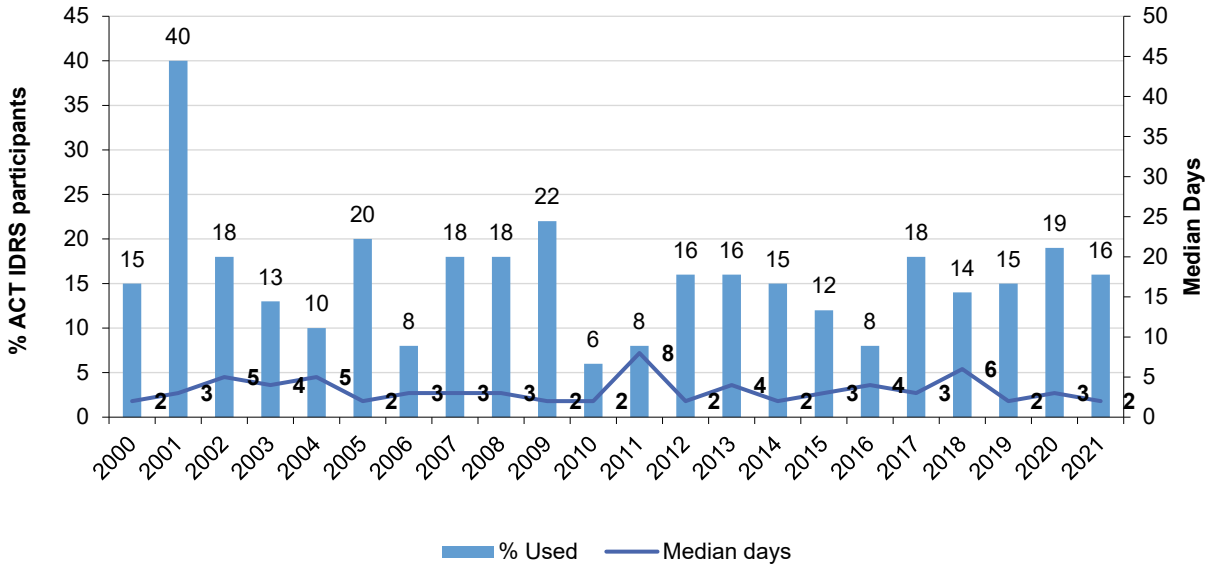
Routes of Administration

In 2021, injecting and snorting were the most common routes of administration among participants who had recently used cocaine (69% and 44%, respectively; 58%, p=0.727 and 58%, p=0.621 in 2020, respectively).

Quantity

Those who reported recent cocaine use consumed a median of 0.20 grams (IQR=0.10-1.00; n=12) on a 'typical' day of use (0.50 grams in 2020; IQR=0.30-1.00; n=15; p=0.471).

Figure 18: Past six month use and frequency of use of cocaine, ACT, 2000-2021



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 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Low numbers reported recent use of cocaine and therefore information on the price, perceived purity and perceived availability is not reported historically. For further information please refer to the IDRS National Report, the EDRS National Report or the EDRS ACT Report. Alternatively, contact the Drug Trends team.

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, hash oil and non-prescribed cannabidiol (CBD).

Recent Use (past 6 months)

Over the course of monitoring, generally at least three-in-four participants have reported recent use of cannabis (75% in 2021; 77% in 2020; p=0.868) (Figure 19).

Frequency of Use

In 2021, median frequency of use in the past six months was 180 days (i.e., daily use; IQR=72-180; 180 days in 2020; IQR=48-180; p=0.261), consistent with most years historically (Figure 19). Amongst participants who had used cannabis, the majority (87%; 83% in 2020; p=0.541) reported weekly or more frequent use and just over three-fifths (63%; 53% in 2020; p=0.312) reported daily use.

Routes of Administration

Smoking was the most common route of administration amongst participants who had used cannabis (100%; 99% in 2020). Smaller percentages reported inhaling/vaping and swallowing cannabis (n≤5 for both).

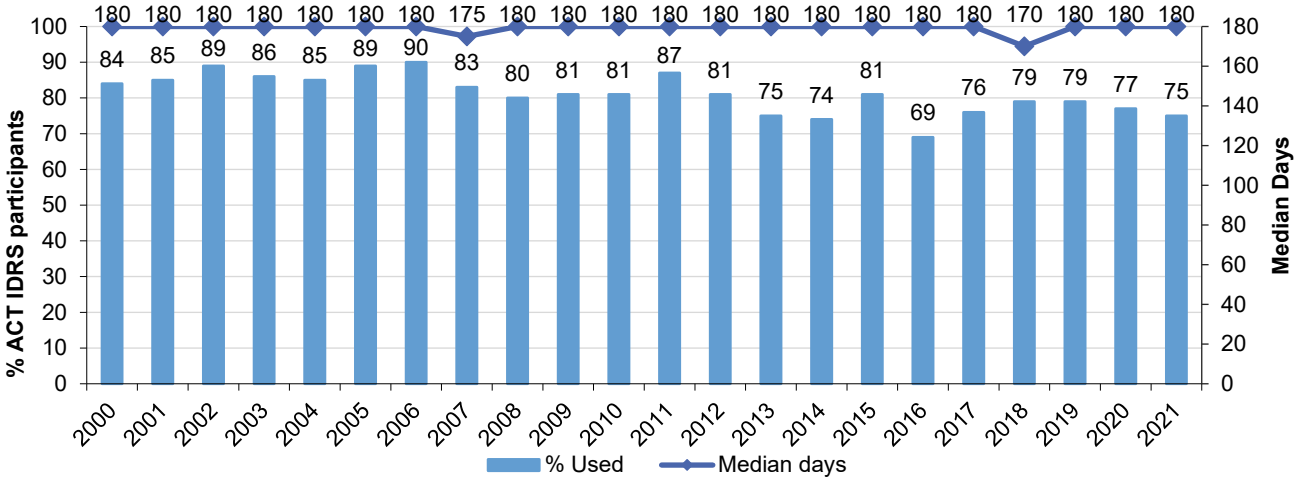
Quantity

The median intake on the last occasion of use was one gram (IQR=0.50-1.00, n=45; 1 gram in 2020, IQR=0.50-1.10; n=48; p=0.745) or three cones in 2021 (IQR=2-4; n=20; 2 cones in 2020; IQR=1-3; n=19; p=0.048).

Forms Used

Of those that reported recent cannabis use, 80% (79% in 2020) reported use of hydroponic cannabis, and 64% (55% in 2020; p=0.377) reported use of outdoor-grown 'bush' cannabis. A small percentage reported having used hashish (9%; 11% in 2020; p=0.933) or hash oil (8%; n≤5 in 2020; p=0.795). Few participants (n≤5) reported recent use of non-prescribed pharmaceutical CBD oil in 2021.

Figure 19: Past six month use and frequency of use of cannabis, ACT, 2000-2021



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 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram in 2021 was $20 for hydroponic cannabis (IQR=20-20; n=39; $20 in 2020; IQR=20-20; n=24; p=0.061) (Figure 20). The median price for an ounce was $280 (IQR=210-290; n=7; $250 in 2020; IQR=250-263; n=16; p=0.972) (Figure 20).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2020 and 2021 (p=0.327). Of those who could comment in 2021 (n=62), half (52%; 53% in 2020) perceived hydroponic cannabis to be of 'high' potency, followed by one-third (35%; 28% in 2020) reporting 'medium' potency (Figure 21).

Perceived Availability: The perceived availability of hydroponic cannabis remained stable between 2020 and 2021 (p=0.472). Of those who could comment in 2021 (n=64), nearly half (48%; 55% in 2020) perceived availability to be 'easy', followed by nearly two-fifths (39%; 31% in 2020) perceiving it to be 'very easy' (Figure 22).

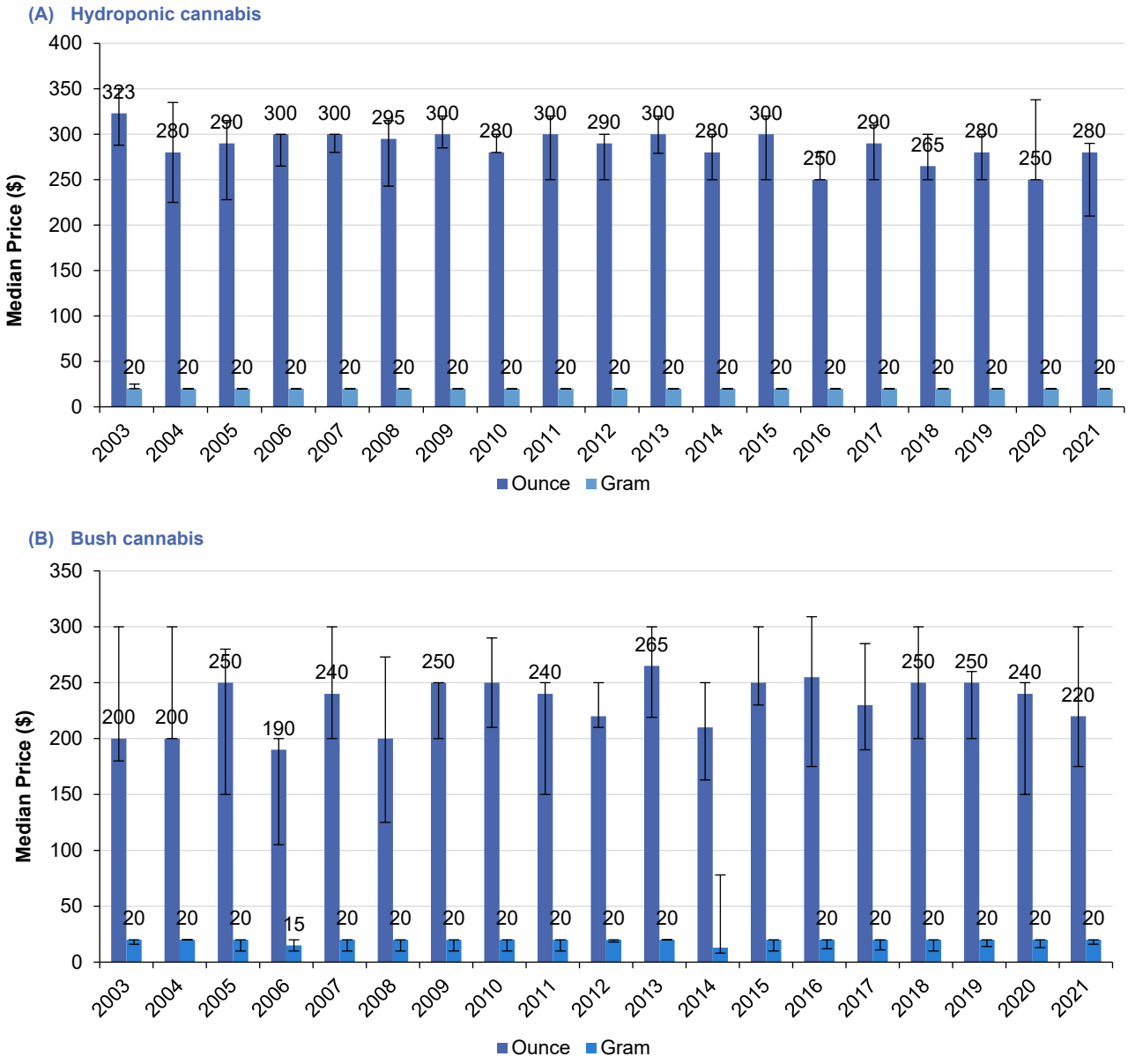
Bush Cannabis

Price: Similar to hydroponic cannabis, the median price per gram in 2021 was consistent with previous years ($20; IQR=16-20; n=30; $20 in 2020; IQR=18-20; n=16; p=0.692) (Figure 20). The median price per ounce of bush cannabis has fluctuated over the years, likely due to small numbers reporting ($220 in 2021; IQR=175-300; n=7; $240 in 2020; IQR=165-250; n=11; p=0.714) (Figure 20).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2020 and 2021 (p=0.216). Of those who could comment in 2021 (n=54), half (50%; 42% in 2020) perceived bush cannabis to be of 'medium' potency, followed by one-third (33%; 45% in 2020) reporting 'high' potency (Figure 21).

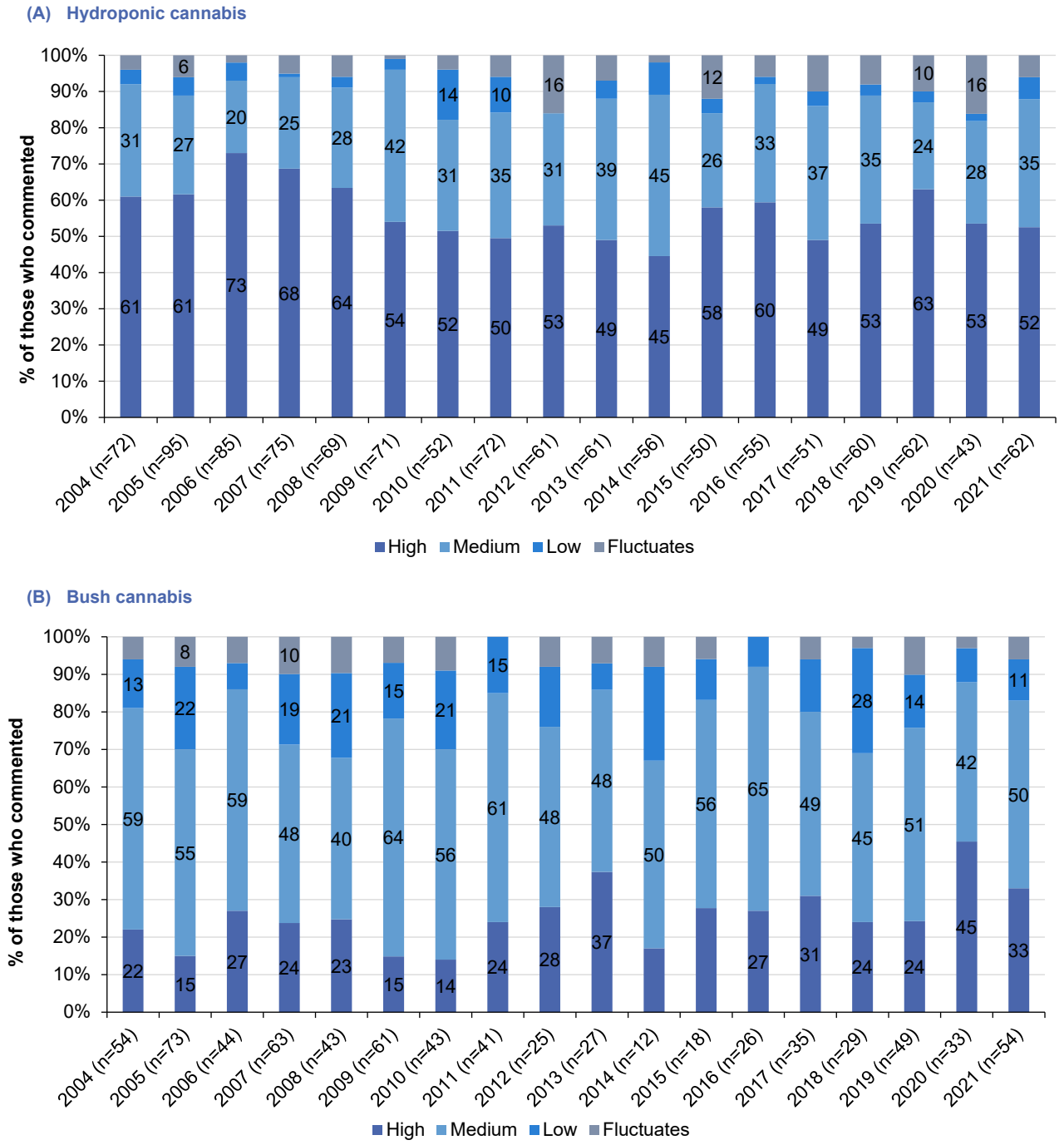
Perceived Availability: The perceived availability of bush cannabis remained stable between 2020 and 2021 (p=0.751). Of those who could comment in 2021 (n=54), almost three-fifths (56%; 38% in 2020) perceived the availability of bush cannabis to be 'easy', followed by one-quarter (26%; 26% in 2020) perceiving it to be 'very easy' (Figure 22).

Figure 20: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2003-2021



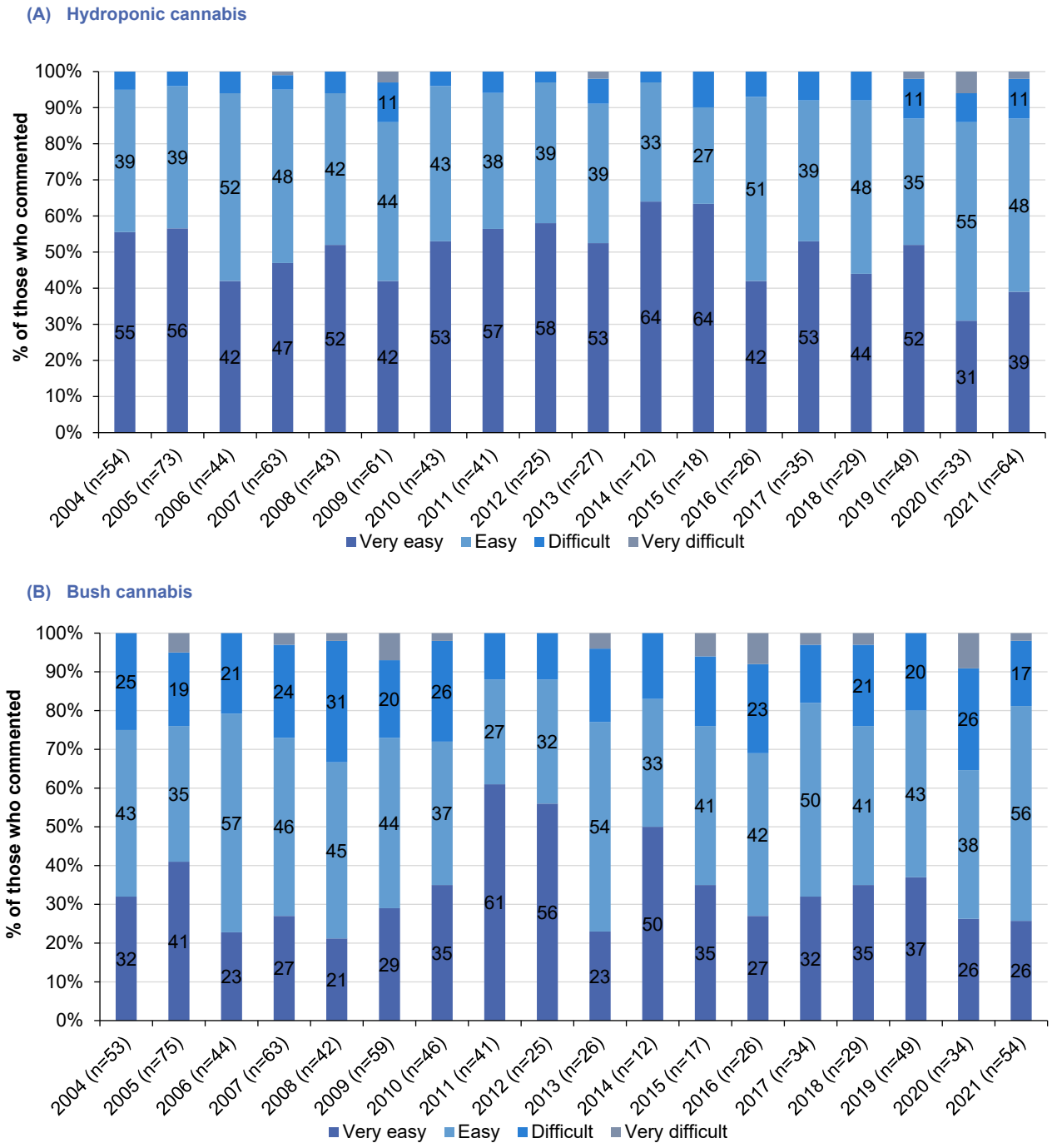
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent IQR. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Figure 21: Current perceived potency of hydroponic (a) and bush (b) cannabis, ACT, 2004-2021



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 2020 versus 2021.

Figure 22: Current perceived availability of hydroponic (a) and bush (b) cannabis, ACT, 2004-2021



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 2020 versus 2021.

7

Pharmaceutical Opioids

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

- **Prescribed use**: use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use**: use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any use**: use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

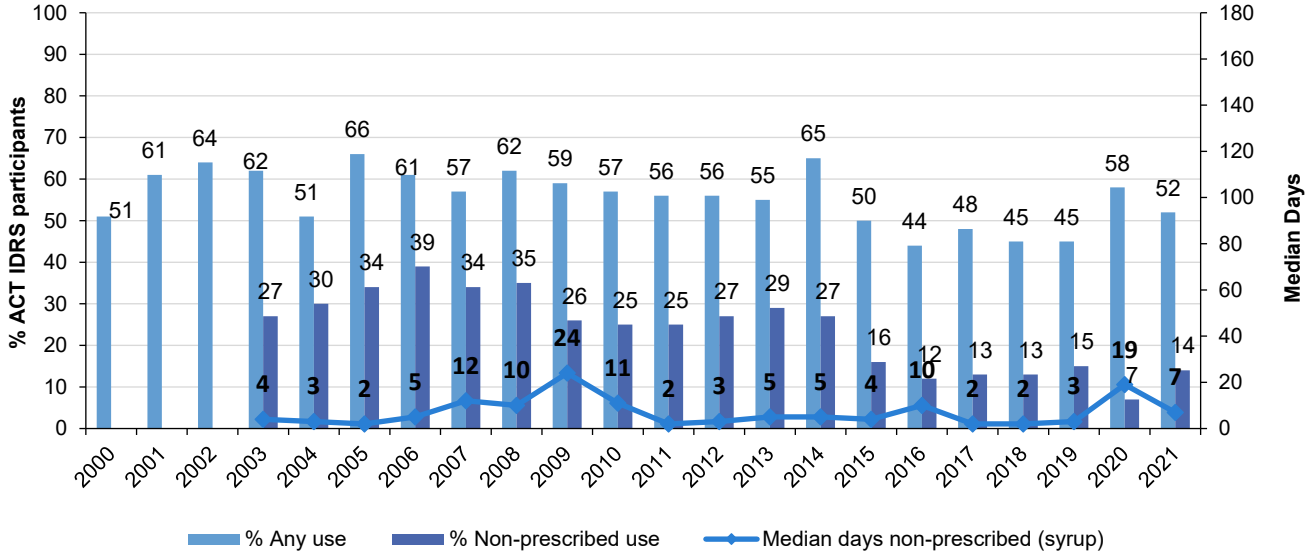
Methadone

Any Recent Use (past 6 months): Recent use of methadone (including liquid and tablets) has fluctuated over the years of monitoring, with 52% reporting recent use in 2021 (58% in 2020; *p*=0.477). In recent years, methadone use has largely consisted of prescribed use (40% in 2021; 55% in 2020; *p*=0.047), with the per cent reporting non-prescribed use peaking at 39% in 2006 and declining to 14% in 2021 (7% in 2020; *p*=0.166) (Figure 23).

Frequency of Use: Frequency of non-prescribed use of methadone in the past six months has remained fairly stable over the years. In 2021, participants reported using non-prescribed methadone on a median of seven days (IQR=2-99; n=12), a non-significant decrease from 19 days in 2020 (IQR=5-130; n=6).

Recent Injection: Of those who had recently use methadone syrup or tablets in 2021, one-quarter (25%) reported recent injection, a significant increase from 2020 (n≤5; *p*=0.003) on a median of five days (IQR=2-24; n=13; n≤5 in 2020; *p*=0.003).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, ACT, 2000-2021



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent non-prescribed use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

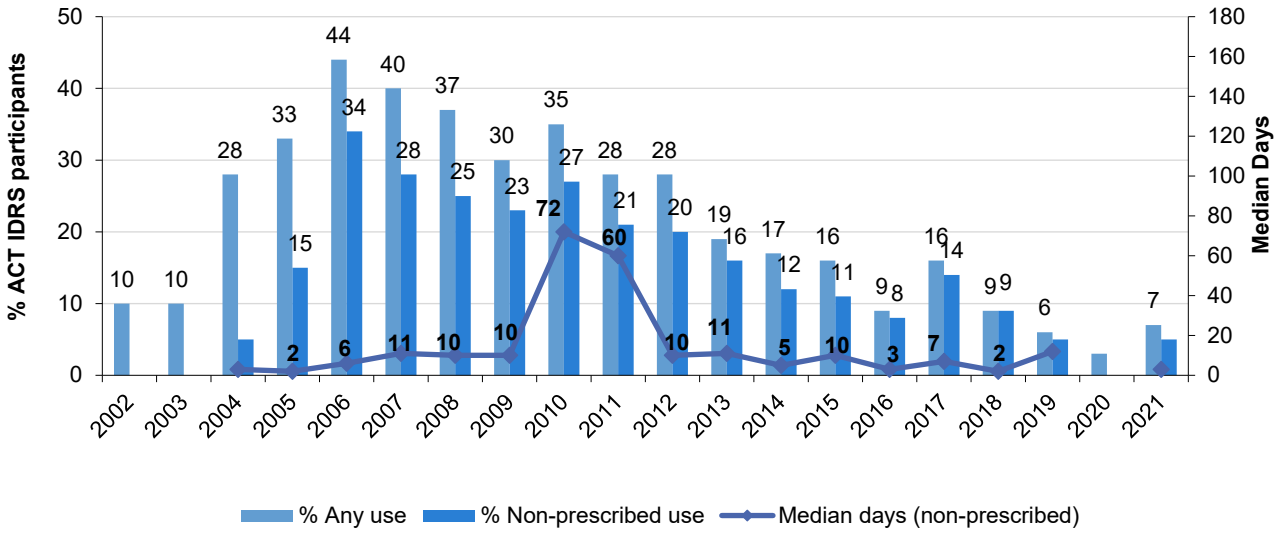
Buprenorphine

Any Recent Use (past 6 months): The per cent reporting any buprenorphine tablet use has mainly declined in recent years, from 44% in 2006 to 7% in 2021 (n≤5 in 2020; *p*=0.330) (Figure 24). Since 2006, the majority of participants who had recently consumed buprenorphine have reported non-prescribed use (n≤5 in 2021), except in 2020 where no participants reported non-prescribed use (Figure 24).

Frequency of Use: Median days of use has fluctuated over the years and has remained below 15 days since 2014 (low numbers reported recent use in 2021 hence no further information regarding frequency of use is provided) (Figure 24).

Recent Injection: All participants that reported recent use had injected buprenorphine (100%) on a median of 15 days (IQR=3-60; n=7).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine, ACT, 2002-2021



Note. Median days computed among those who reported recent non-prescribed 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 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

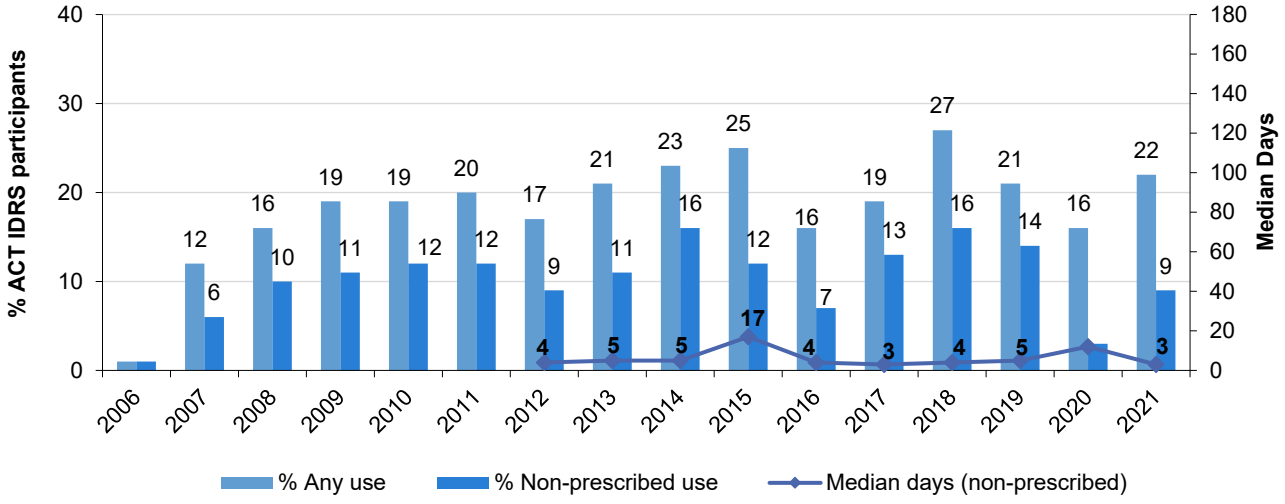
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting any past six month use of buprenorphine-naloxone gradually increased until 2015 and from thereon has fluctuated. In 2021, 22% of the sample reported any buprenorphine-naloxone use (16% in 2020; *p*=0.367), and 9% reported non-prescribed use (n≤5 in 2020; *p*=0.137) (Figure 25).

Frequency of Use: In 2021, median days of non-prescribed buprenorphine-naloxone use remained low (3 days; IQR=1-6; n=9; n≤5 in 2020; *p*=0.509) (Figure 25).

Recent Injection: Just over one-third (36%) of those that reported recent use had injected any form of buprenorphine-naloxone in 2021 (n≤5 in 2020; *p*=0.077) on a median of four days (IQR=2-29; n=8; n≤5 in 2020; *p*=0.323).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, ACT, 2006-2021



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and is only reported from 2012 onwards to capture film use. Median days computed among those who reported recent non-prescribed use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Morphine

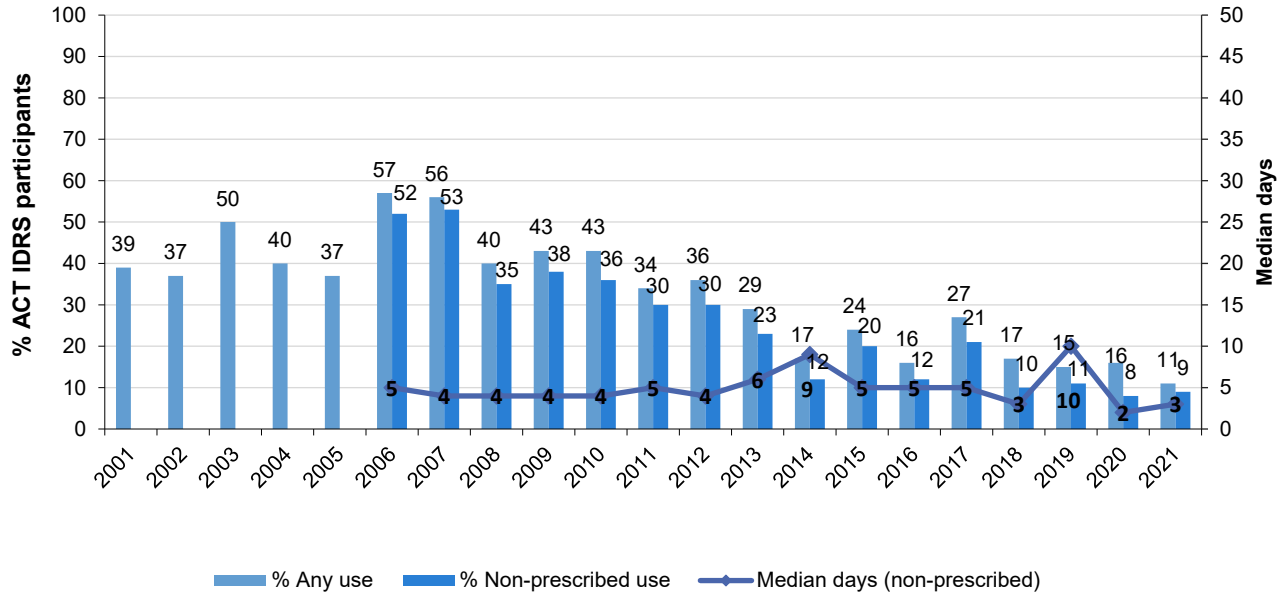
Any Recent Use (past 6 months): The per cent reporting any recent use of morphine has been declining following a peak in use in 2006 (57%). In 2021, 11% reported use of any morphine (16% in 2020; *p*=0.408) (Figure 26), the smallest per cent since monitoring began.

The IDRS first distinguished between prescribed and non-prescribed use in 2006, from which point it has been apparent that morphine use predominantly comprised non-prescribed use, with the trend for non-prescribed use paralleling that for any use (9% in 2021; 8% in 2020) (Figure 26).

Frequency of Use: Frequency of non-prescribed use of morphine has consistently been low. In 2021, participants reported using non-prescribed morphine on a median of three days (IQR=2-6; n=9), stable from 2020 (2 days; IQR=1-2; n=8; *p*=0.124) (Figure 26).

Recent Injection: In 2021, all participants who reported recent use (100%) had injected morphine in the past six months (50% in 2020; *p*=0.018), and had done so on a median of two days (IQR=2-5; n=11; n≤5 in 2020; *p*=0.009).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, ACT, 2001-2021



Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. Median days computed among those who reported recent non-prescribed use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 median days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

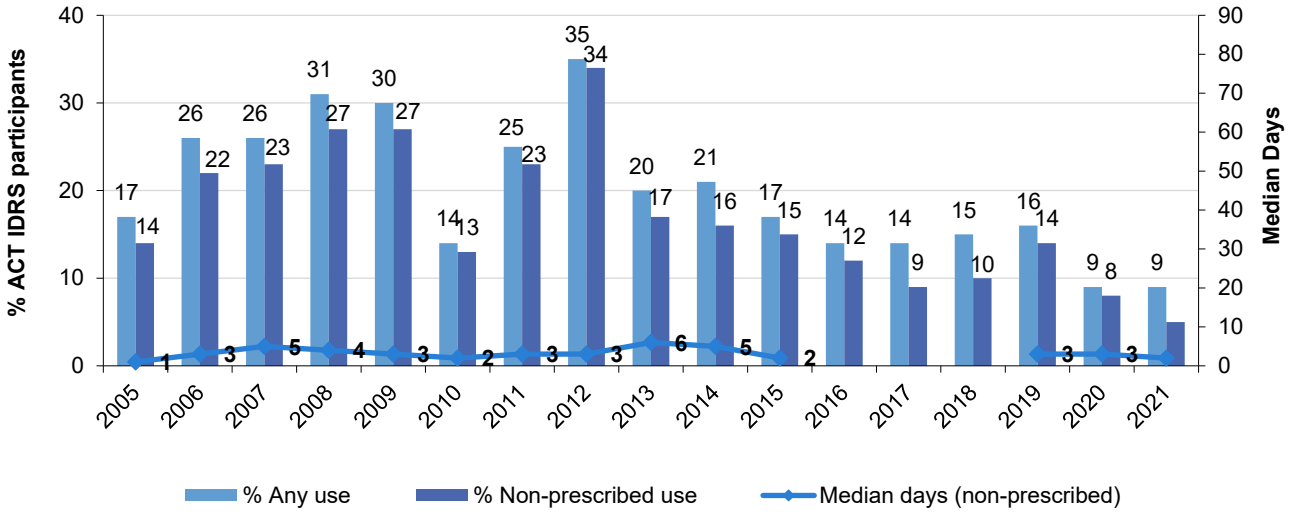
Oxycodone

Any Recent Use (past 6 months): The per cent reporting any oxycodone use has followed an inverted-U shape over the course of monitoring, peaking in 2012 (35%), and declining subsequently to 9% in 2021 (9% in 2020) (Figure 27). Small numbers reported non-prescribed use (n≤5; 8% in 2020; *p*=0.553) (Figure 27).

Frequency of Use: Frequency of use has remained low and stable across the course of monitoring. Low numbers (n≤5) reported non-prescribed use hence no further information is provided (Figure 27).

Recent Injection: Small numbers reported injecting oxycodone (n≤5), therefore no further information is presented (n≤5 in 2020).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, ACT, 2005-2021



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'. From 2019 onwards, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days computed among those who reported recent non-prescribed use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days and 40% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

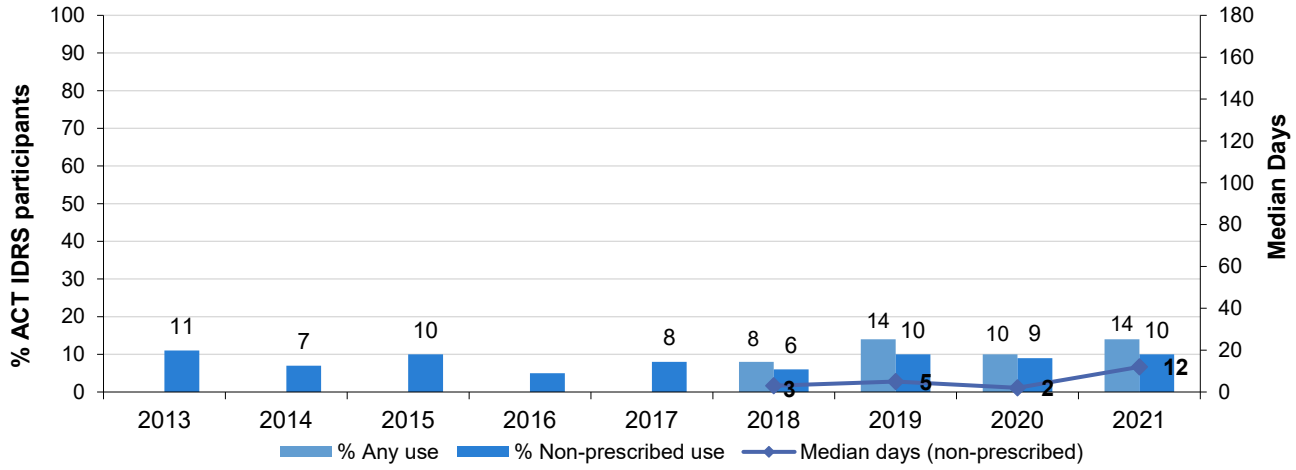
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low over the course of monitoring. In 2021, 14% of the sample reported recent use of pharmaceutical fentanyl, stable from 2020 (10%; *p*=0.514) (Figure 28). Much of this was due to non-prescribed use, with 10% of the sample reporting non-prescribed use in 2021 (9% in 2020) (Figure 28).

Frequency of Use: Frequency of use of non-prescribed fentanyl has remained stable over the course of monitoring. In 2021, participants reported use on a median of 12 days in the past six months (IQR=4-23; n=10; 2 days in 2020; IQR=1-5 days; n=9; *p*=0.203) (Figure 28).

Recent Injection: Fentanyl was injected by 64% of participants that reported recent use (80% in 2020; *p*=0.704) on a median of seven days (IQR=3-14; n=9; 3 days in 2020; IQR=2-22; n=8; *p*=0.698).

Figure 28: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, ACT, 2013-2021



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 non-prescribed 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 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2021 (Table 2). In 2021, 10% of participants reported any recent use of codeine (13% in 2020; *p*=0.657), with 8% reporting prescribed use, stable relative to 2020 (7%). Small numbers reported non-prescribed use (n≤5; 7% in 2020; *p*=0.172). See Figure 27 in the IDRS ACT 2019 Report for more detailed data on use of codeine.

Small numbers (n≤5) reported recently using any form of tapentadol and 6% reported recent use of any form of tramadol (9% in 2020; *p*=0.591). For further information, please refer to the 2021 IDRS National Report.

Table 2: Past six month use of other opioids, ACT, 2019-2021

% Recent Use (past 6 months)	2021 (N=99)	2020 (N=100)	2019 (N=100)
Codeine			
Any prescribed use	**8**	7	16
Any non-prescribed use	**-**	7	7
Any prescribed/non-prescribed use	**10**	13	19
Any injection (prescribed and/or non-prescribed)	**-**	-	0
Tramadol			
Any prescribed use	**-**	-	-
Any non-prescribed use	-	-	0
Any prescribed/non-prescribed use	6	9	-
Any injection (prescribed and/or non-prescribed)	-	-	-
Tapentadol			
Any prescribed use	**-**	0	-
Any non-prescribed use	**0**	-	-
Any prescribed/non-prescribed use	-	-	-
Any injection (prescribed and/or non-prescribed)	**0**	0	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

8

Other Drugs

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months)

In 2021, NPS use remained stable among the sample, with 12% reporting recent use (7% in 2020; *p*=0.346), similar to the figure observed in the national sample (Table 3). 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; 12% in 2021; n≤5 in 2020; *p*=0.134). Participants reported using 'new' drugs that mimic the effects of cannabis on a median of one day in 2021 (IQR=1-3; 1 day in 2020; IQR=1-2; *p*=0.906).

Table 3: Past six month use of new psychoactive substances, nationally, 2021, and ACT, 2016-2021

% Recent Use (past 6 months)	National N=887	2021 N=100	2020 N=100	2019 N=100	2018 N=100	2017 N=100	2016 N=100
'New' drugs that mimic the effects of opioids	1	-	-	-	-	-	/
'New' drugs that mimic the effects of ecstasy	1	**0**	**0**	-	-	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	1	**0**	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	4	**12**	-	8	-	8	10
'New' drugs that mimic the effects of psychedelic drugs	-	**0**	**0**	-	-	/	/
'New' drugs that mimic the effects of benzodiazepines	1	**0**	**0**	-	0	/	/
Any of the above	7	**12**	**7**	12	8	11	14

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has decreased, from 51% in 2007 when monitoring commenced to 24% in 2021 (38% in 2020; *p*=0.047) (Figure 29). Of the total sample, 9% reported recent use of non-prescribed alprazolam (20% in 2020; *p*=0.045) and 21% reported recent use of non-prescribed other benzodiazepines (27% in 2020; *p*=0.408).

Frequency of Use: In 2021, non-prescribed alprazolam and other benzodiazepines were used on a median of five days (IQR=2-12; 2 days in 2020; IQR=1-5; *p*=0.259) and five days (IQR=3-48; 6 days in 2020; IQR=5-21; *p*=0.408), respectively.

Recent Injection: In 2021, small numbers reported injecting as a route of administration (n≤5; 0% in 2020) for both non-prescribed benzodiazepines (*p*=0.284) and any benzodiazepines (*p*=0.348). For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Pharmaceutical Stimulants

Recent Use (past 6 months): Ten per cent of the sample reported using non-prescribed pharmaceutical stimulants in the last six months (8% in 2020; *p*=0.788) (Figure 29).

Frequency of Use: Participants reported non-prescribed use of pharmaceutical stimulants on a median of two days in 2021 (IQR=1-3; 2 days in 2020; IQR=1-4).

Recent Injection: Few participants (n≤5) reported injecting pharmaceutical stimulants in the last six months (n≤5 in 2020). For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Antipsychotics

Recent Use (past 6 months): The percentage of the sample reporting recent use of non-prescribed antipsychotics has fluctuated between 11% and 23% since monitoring began in 2011, noting that participants were asked about a specific formulation between 2011-2018. In 2021, 9% reported recent use of any non-prescribed antipsychotics (8% in 2020; *p*=0.983) (Figure 29).

Frequency of Use: In 2021, non-prescribed antipsychotics were used on a median of seven days (IQR=4-30; 8 days in 2020; IQR=5-30; *p*=0.961).

Recent Injection: No participants reported injecting non-prescribed antipsychotics in 2021. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

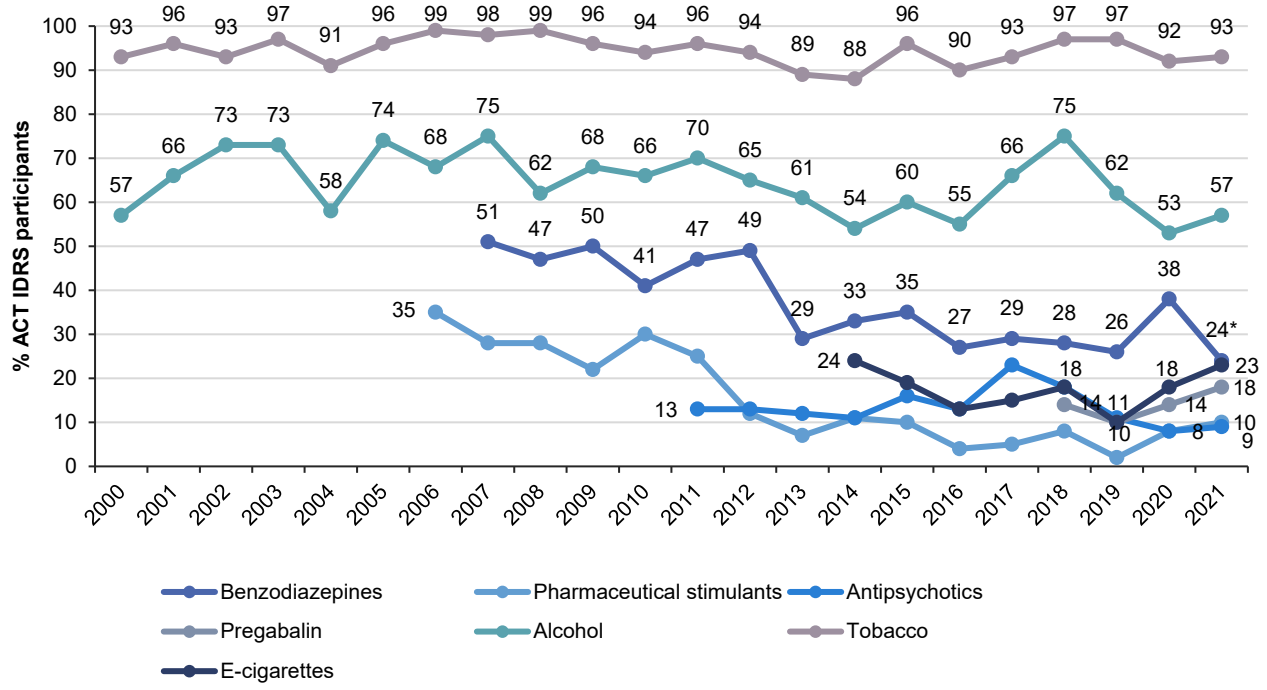
Pregabalin

Recent Use (past 6 months): In 2021, 18% of the sample had used non-prescribed pregabalin in the six months preceding interview (14% in 2020; *p*=0.563) (Figure 29).

Frequency of Use: Non-prescribed use was infrequent in 2021, with participants reporting use on a median of six days (IQR=1-10; 2 days in 2020; IQR=1-4; *p*=0.401).

Recent Injection: A small per cent (n≤5) reported injecting pharmaceutical stimulants in the last six months (0% in 2020). For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Figure 29: Past six month use of other drugs, ACT, 2000-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018. 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 2020 versus 2021.

Licit and Other Drugs

Steroids

Recent Use (past 6 months): Recent use of non-prescribed steroids has remained consistently low (between 0% and 6%) since monitoring began in 2010. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Recent use of alcohol has historically been reported by between 53%-75% of participants. In 2021, 57% reported consuming alcohol in the past six months (53% in 2020; p=0.623) (Figure 29).

Frequency of Use: In 2021, alcohol was used on a median of 30 days (IQR=12-97; 48 days in 2020; IQR=12-90), with 16% reporting daily use (20% in 2020; p=0.822).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively common since the IDRS began, with 93% of the sample reporting recent use in 2021 (92% in 2020) (Figure 29).

Frequency of Use: In 2021, tobacco was used on a median of 180 days (IQR=180-180; 180 days in 2020; IQR=180-180 days; p=0.316), with 85% reporting daily use (90% in 2020; p=0.403).

E-cigarettes

Recent Use (past 6 months): E-cigarette use has fluctuated since monitoring began, with 23% reporting recent use in 2021 (18% in 2020; p=0.506) (Figure 29).

Frequency of Use: In 2021, e-cigarettes were used on a median of 10 days (IQR=6-27; 7 days in 2020; IQR=2-48 days; *p*=0.651). Small numbers reported daily use (n≤5; n≤5 in 2020; *p*=0.717).

Forms Used: Among those that reported recent use (n=21), the majority (86%) reported using e-cigarettes containing nicotine. Small numbers (n≤5) reported using e-cigarettes that contained both nicotine and cannabis, cannabis alone, or neither.

Reason for Use: Just under two-thirds (65%) of participants who had recently used e-cigarettes reported using them as a smoking cessation tool in 2021.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2021, 11% of participants reported recent use of GHB/GBL/1,4-BD (8% in 2020; *p*=0.630). Further questions regarding recent use of GBH/GBL/1,4-BD were not asked of participants in 2021.

Recent Injection: Small numbers reported recent injection in 2021 (n≤5), therefore no further reporting will be included. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

9

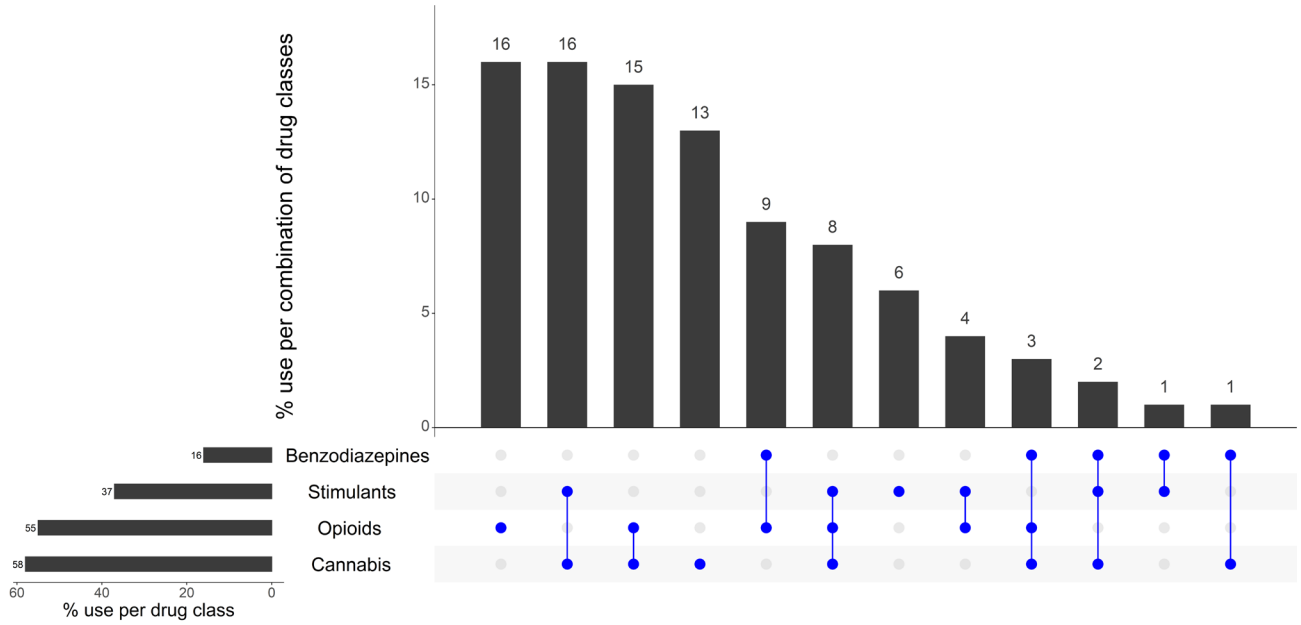
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (99%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. Of those who reported using one or more drugs (n=99), the most commonly used substances were tobacco (83%), cannabis (58%), opioids (55%), stimulants (37%), and benzodiazepines (16%).

Sixteen per cent of participants reported concurrent use of cannabis and stimulants, and 15% reported concurrent use of opioids and cannabis on the day preceding interview (Figure 30). Sixteen per cent of respondents reporting using opioids alone, whilst 13% reported using cannabis only. In addition, 9% of respondents reported using benzodiazepines and opioids on the day preceding interview, followed by 8% reporting stimulant, opioid and cannabis use.

Figure 30: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, ACT, 2021



Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 23% to improve visibility of trends.

Overdose Event

Non-Fatal Overdose

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

In 2021, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

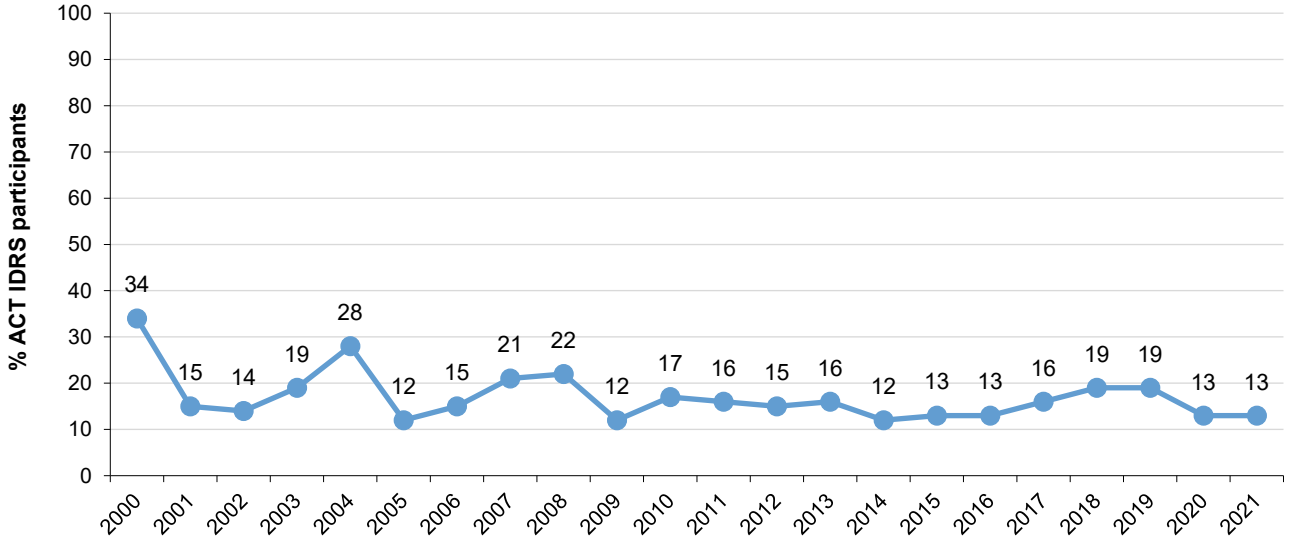
- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea,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

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below), however, please note that estimates may vary over time because of changes in how questions have been asked.

Any past 12-month non-fatal overdose in the ACT sample fluctuated somewhat between 2000-2008 (potentially in part due to differences in the way questions regarding overdose were asked), but has stabilised from 2009 onwards (Figure 31).

In 2021, 13% of the sample reported any non-fatal drug overdose in the past 12 months (13% in 2020). The most common substance involved in past year non-fatal overdose were heroin (6%; 11% in 2020; p=0.310) (Table 4). Those who reported a non-fatal overdose on an opioid had done so on a median of two occasions (IQR=1-3) in the last 12 months. Among those that had overdosed on an opioid in the past year, 86% reported receiving naloxone (Narcan®).

Figure 31: Past 12 month non-fatal overdose, ACT, 2000-2021



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Past year non-fatal overdose by drug type, nationally, 2021, and ACT, 2015-2021

	National	ACT						
	2021	**2021**	**2020**	**2019**	2018	2017	2016	2015
% Any opioid overdose	N=882 11	**N=100 7**	N=100 11	N=100 14	N=92 15	N=100 12	N=56 -	N=100 9
% Heroin overdose	N=880 9	**N=100 6**	N=100 11	N=100 14	N=92 14	N=100 11	N=56 -	N=100 8
% Methadone overdose	N=880 1	**N=100 0**	N=100 -	N=100 0	N=99 0	N=100 -	N=56 -	N=100 -
% Morphine overdose	N=880 1	**N=100 0**	N=100 0	N=100 0	N=96 0	N=100 -	N=56 -	N=100 0
% Oxycodone overdose	N=880 0	**N=100 0**	N=100 -	N=100 0	N=100 -	N=100 0	N=56 -	N=100 0
% Stimulant	N=885 4	**N=100 -**	N=100 -	N=100 -	N=100 -	N=88 -	N=56 -	N=100 -
% Other drug overdose								
% Other overdose	N=885 3	**N=100 -**	N=100 -	N=100 -	/	/	/	/
% Any drug overdose	N=882 17	**N=100 13**	N=100 13	N=100 19	N=91 19	N=96 16	N=56 13	N=100 13

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers (n≤5 but not 0). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020 and 2021, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone and Take-Home Programs (training program): Since monitoring began in 2013, there has been high awareness of naloxone and of take-home naloxone training programs in the ACT sample (96% (93% in 2020; *p*=0.537) and 88% (81% in 2020; *p*=0.239) of 2021 participants, respectively) (Figure 32).

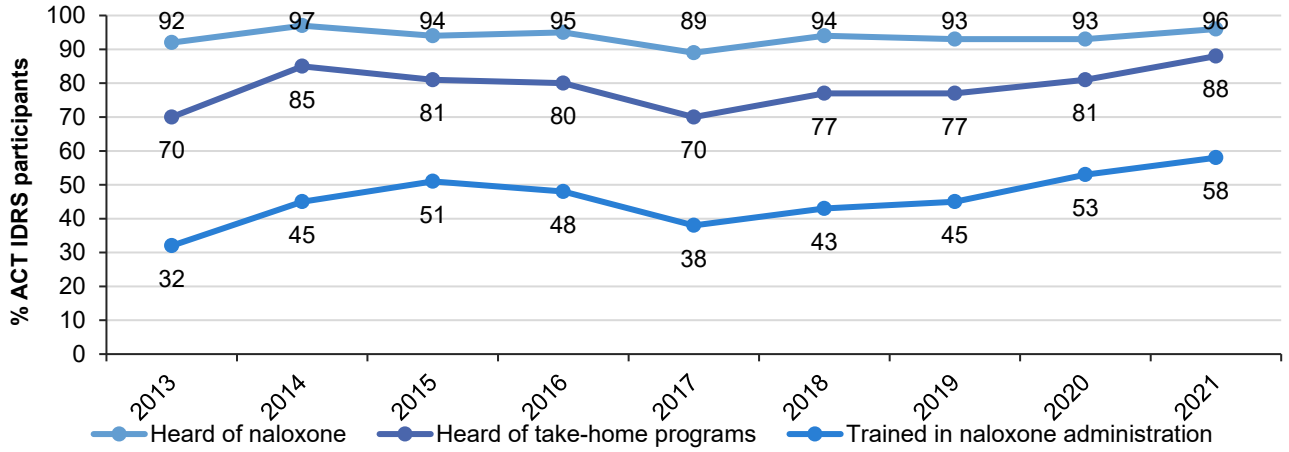
Participation in Training Programs: Nearly three-fifths reported participation in naloxone training programs (58%; 53% in 2020; *p*=0.477) (Figure 32).

Accessed Naloxone: Of those that commented (n=89), just over two-fifths (42%) of participants reported having ever accessed naloxone (50% in 2020; *p*=0.435). Of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=43), the most common reasons included 'don't consider myself/my peers at risk of overdose' (42%) and 'don't use opioids' (16%). Of those who reported ever accessing naloxone and commented (n=58), the majority (93%) reported last receiving intranasal naloxone and smaller numbers (n≤5) reported receiving intramuscular naloxone. On the last occasion, nearly three-fifths (59%) reported accessing naloxone from an NSP, and over one-fifth reported a health service (22%). The majority of participants (98%) reported that they did not have to pay the last time they accessed naloxone.

Use of Naloxone to Reverse Overdose: In 2021, of those who reported having heard of naloxone and responded (n=96), 47% reported that they had resuscitated someone using naloxone at least once in their lifetime.

Of those who reported ever accessing naloxone and commented (n=58), nearly three-fifths (59%) reported that they 'always' had naloxone on hand when using opioids in the past month.

Figure 32: Take-home naloxone program and distribution, ACT, 2013-2021



Note. Nationally, 81% had heard of naloxone, 64% had heard of the take-home naloxone program and 37% were trained in naloxone administration in 2021. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

The per cent reporting receptive and distributive sharing has not shown any major declines over time. In 2021, one-in-ten participants reported distributive sharing (11%; 15% in 2020; p=0.528) and small numbers (n≤5) reported receptive sharing (6% in 2020) in the past month (Figure 33).

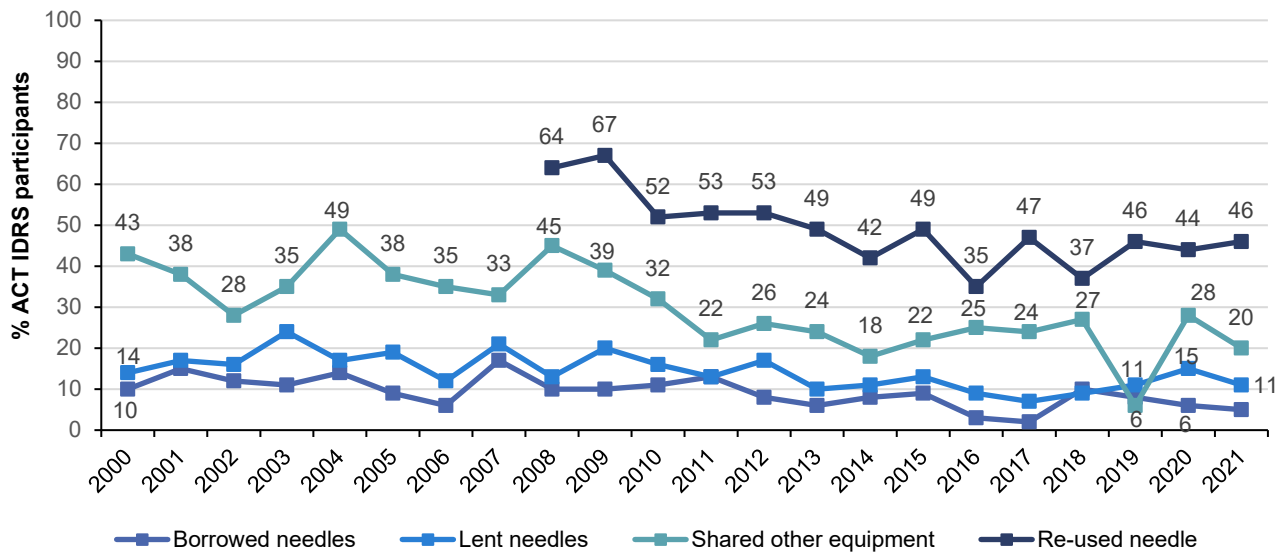
The per cent of the sample who reported sharing other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month fluctuated between 2000-2011, with the percentage stabilising from about 2011 onwards. In 2021, one-in-five participants (20%) reported sharing other injecting equipment, stable from 2020 (28%; p=0.263) (Figure 33).

The per cent of the sample who reported re-using their own needles in the past month has declined from 64% in 2008 to 46% in 2021 (44% in 2020; p=0.887) (Figure 33).

One-quarter of the sample (27%; 30% in 2020; p=0.754) reported that they had injected someone else after injecting themselves, and just under one-fifth (17%; 19% in 2020; p=0.854) were injected by someone else who had previously injected in the past month (Table 5).

Location of last injection remained stable between 2020 and 2021 (p=0.206). Consistent with previous years, most participants (89%; 91% in 2020) reported that they had last injected in a private home (Table 5).

Figure 33: Borrowing and lending of needles and sharing of injecting equipment in the past month, ACT, 2000-2021



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 2020 versus 2021.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and ACT, 2015-2021

	National 2021	ACT 2021 N=100	ACT 2020 N=100	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 n=98	ACT 2016 n=97	ACT 2015 n=98
% Injecting behaviours past month								
Borrowed a needle	N=880 6	-	6	8	10	-	-	9
Lent a needle	N=877 10	**11**	15	11	9	7	9	13
Shared any injecting equipment ^ (n)	N=881 18	**20**	28	6	27	24	25	22
Reused own needle	N=880 38	**46**	44	46	37	47	35	49
Injected partner/friend after injecting self (with either a new or used needle)	N=882 34	**27**	30	33	26	31	33	/
Somebody else injected them after injecting themselves (with either a new or used needle)	N=880 18	**17**	19	21	14	9	10	/
% Location of last injection	N=884							
Private home	83	**89**	91	82	91	85	83	85
Car	4	-	7	-	-	6	-	0
Street/car park/beach	4	-	0	-	-	-	6	-
Public toilet	4	-	-	10	-	-	6	-
Other	2	-	0	0	0	0	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. / Not asked. 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 2020 versus 2021.

Self-Reported Injection-Related Health Problems

In 2021, one-fifth (18%) of the sample reported having an injection-related health issue in the month preceding interview, stable from 2020 (24%; *p*=0.405) (Table 6). The most common injection-related health issue reported by participants was an artery injection (8%; n≤5 in 2020; *p*=0.554).

Table 6: Injection-related issues in the past month, ACT, 2020-2021

	2021	2020
	(N=99)	(N=100)
% Artery injection	**8**	-
% Any nerve damage	**-**	9
% Any thrombosis	**-**	-
Blood clot near the surface of skin	**-**	-
Blood clot in the deep veins	**-**	0
% Any infection/ abscess	**-**	8
Skin abscess or cellulitis	**-**	-
Endocarditis	**0**	-
Another serious infection (e.g. sepsis, osteomyelitis)	**0**	-
% Dirty hit	**-**	6
% Any injection-related problem	**18**	24

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Treatment

Around half of participants have reported being in any drug treatment historically (apart from a spike in 2020). Indeed, in 2021, 52% of the sample reported being in any drug treatment (71% in 2020; *p*=0.009), most commonly methadone (36%; 52% in 2020; *p*=0.033) (Table 7).

In 2021, of those not currently in drug treatment at the time of interview (n=48), small numbers (n≤5) reported having difficulties accessing treatment in the past six months. For further information, please refer to the 2021 IDRS National Report, or contact the Drug Trends team.

Table 7: Current drug treatment, nationally, 2021, and ACT, 2015-2020

	National	ACT						
	2021	2021	2020	2019	2018	2017	2016	2015
	N=886	N=100	N=100	N=100	N=100	N=100	N=100	N=100
% Current drug treatment	37	**52****	71	49	42	47	46	53
Methadone	24	**36***	52	30	28	39	36	38
Buprenorphine	2	**-**	-	0	-	-	-	-
Buprenorphine-naloxone	5	**8**	9	-	10	7	6	6
Buprenorphine depot injection	2	**-**	-	0	/	/	/	/
Drug counselling	8	**6**	13	8	-	0	-	-
Other	4	**-**	-	12	0	0	0	0

Note. Numbers suppressed when n≤5 (but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Bloodborne Virus Testing and Treatment

In 2021, nearly two-thirds (64%) of participants reported that they had received a Hepatitis C virus (HCV) antibody test in the past year (24% in 2020; *p*<0.001), 52% had received an RNA test (41% in 2020; *p*=0.148) and 10% reported having a current HCV infection (14% in 2020; *p*=0.548) (Table 8). Twenty per cent of the sample reported that they had received HCV treatment in the past year (6% in 2020; *p*=0.007), of which half (55%; n=11) reported that their treatment had been successful (n≤5 in 2020; *p*=0.440).

The majority (87%) reported having ever had a test for human immunodeficiency virus (HIV) (44% within the past six months and 42% more than 6 months ago), with a small number reporting ever being diagnosed with HIV (n≤5).

Table 8: HCV Testing and Treatment, nationally (2021) and ACT, 2020-2021

%	National 2021	ACT 2021	ACT 2020
	N=888	**N=100**	N=100
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	**N=99** **64*** **	N=100 24
Past year hepatitis C PCR or RNA test	N=839 40	**N=96** **52**	N=96 41
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	**N=96** **10**	N=98 14
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	**N=99** **20**	N=98 6
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	**N=20** **55**	N=6 -
HIV test (n)	N=727	**N=97**	
HIV test in past 6 months	31	**N=100** **44**	/
HIV test more than 6 months ago	53	**N=97** **42**	/
HIV status (n)	N=727	**N=96**	
Lifetime HIV positive diagnosis	3	**-**	/

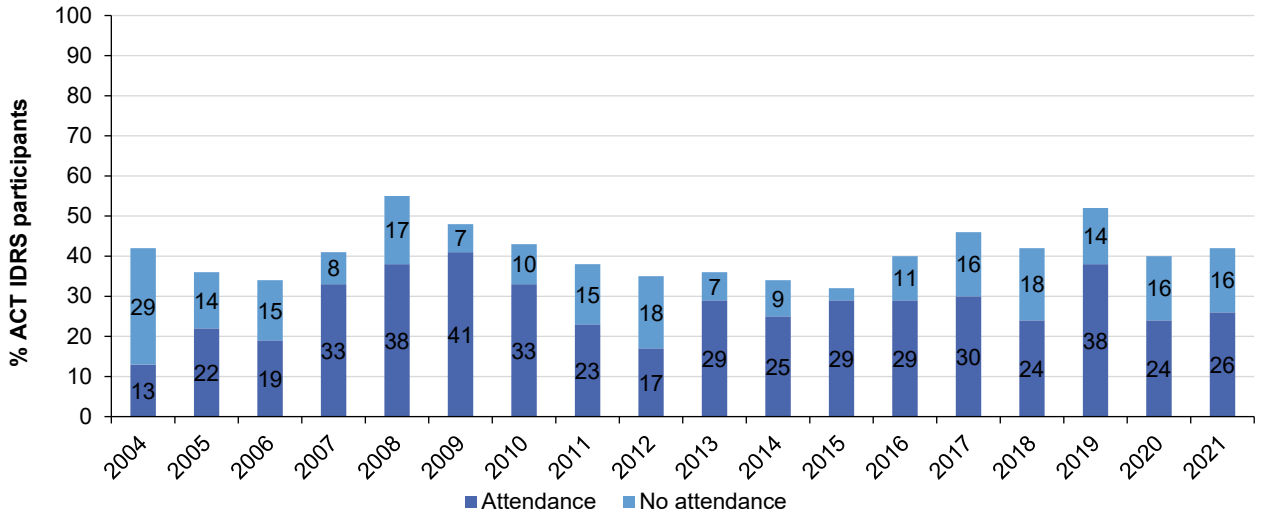
Note.– Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Mental Health

Over two-fifths (42%) self-reported that they had experienced a mental health problem in the preceding six months in 2021 (40% in 2020; *p*=0.932) (Figure 34). Amongst this group in 2021, the most commonly reported problems were depression (63%), anxiety (46%) and post-traumatic stress disorder (PTSD) (24%). One-quarter of the total sample (26%; 63% of those who reported a mental health problem) had seen a mental health professional during the past six months (Figure 34).

The majority (88%) of those who reported a mental health problem and attended a health professional had been prescribed medication for their mental health problem in the preceding six months (70% in 2020; *p*=0.224).

Figure 34: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2004-2021



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2020 versus 2021.

Driving

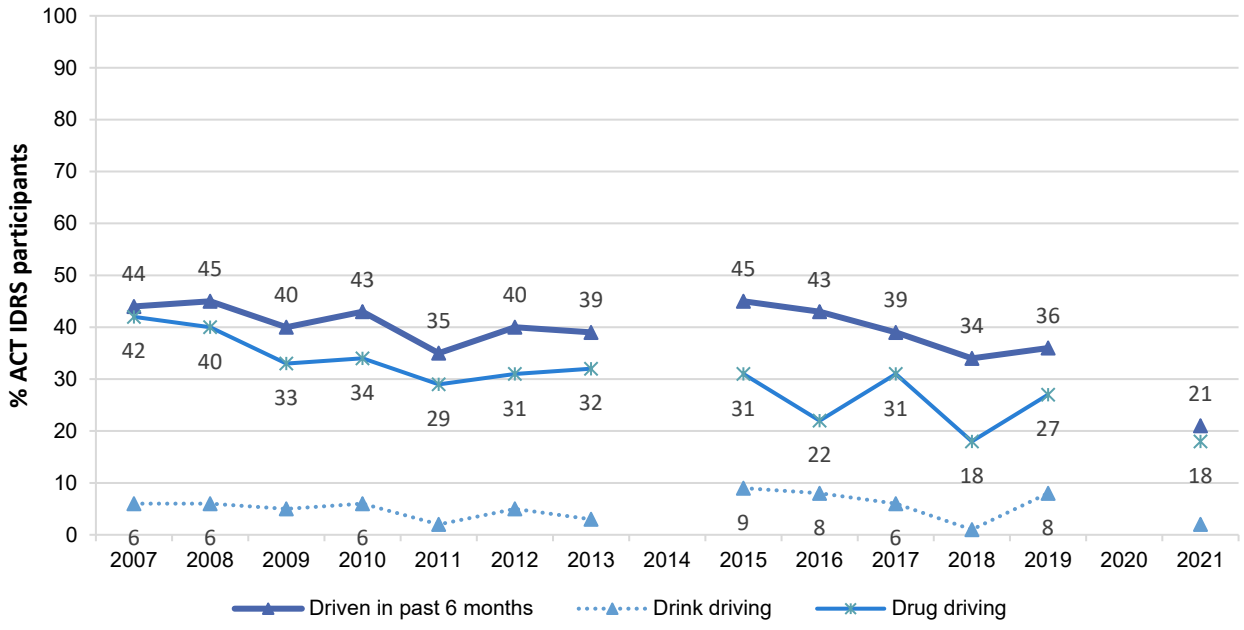
Of the whole sample, one-fifth (22%) had driven a car, motorcycle or other vehicle in the last six months. Few participants (n≤5) reported driving while over the perceived legal limit of alcohol and 19% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (86% of those who had driven in the past six months) (Table 9) (Figure 35). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using heroin prior to driving (67%), followed by crystal methamphetamine (44%) and cannabis (33%). One-tenth of the ACT sample reported that they had been tested for drug driving by the police roadside drug testing service (8%) and breath tested for alcohol by the police roadside testing service in the six months prior to interview (8%).

Table 9: Driving behaviour in the last six months, nationally and ACT, 2021

%	National	ACT
	N=875	**N=96**
% Driven in last six months	36	**22**
Driven last six months (n)		
% Driven over the legal alcohol limit in the last six months	(N=867) 4	**(N=96)** **-**
% Driven within three hours of consuming illicit drug(s) last six months	(N=871) 25	**(N=96)** **19**
% Tested for drug driving by police roadside drug testing last six months	(N=872) 9	**(N=96)** **8**
% Breath tested for alcohol by police roadside testing last six months	(N=874) 13	**(N=96)** **8**

Note: Questions about driving behaviour were not asked in 2020.

Figure 35: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, ACT, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

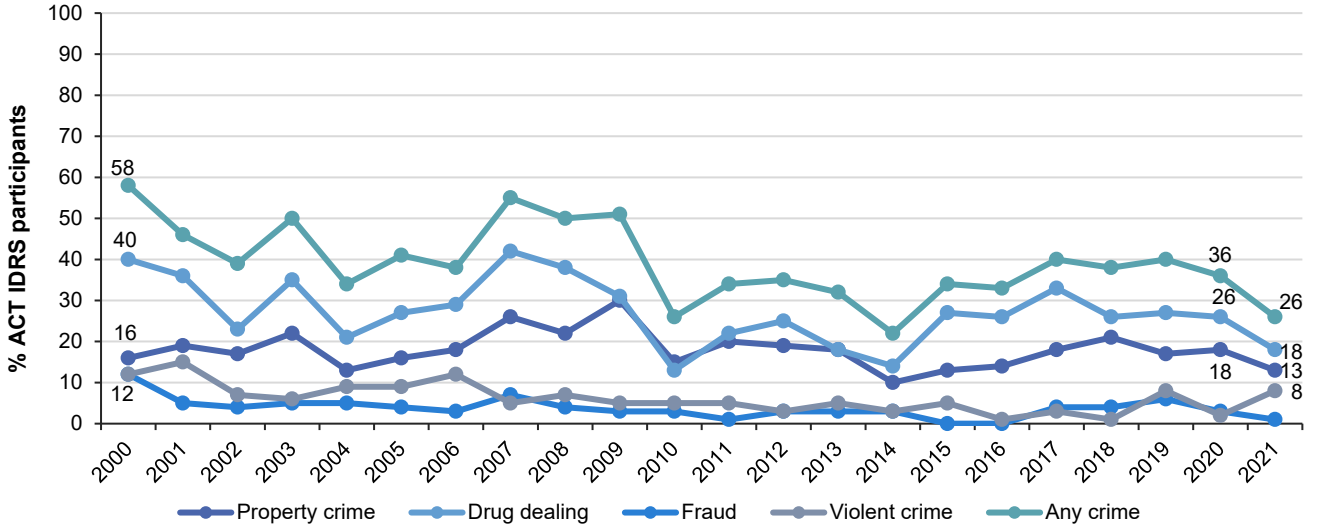
In 2021, 22% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (14% in the past year). Of those who reported testing their illicit drugs in the past year (n=14), the majority (69%) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Of those who had used testing strips (n=9), 78% reported receiving a positive detection for fentanyl.

Crime

The per cent reporting any past month criminal activity has fluctuated between 22% (2014) and 58% (2000) in the ACT sample (Figure 36). In 2021, just over one-quarter (26%) reported past month criminal activity (36% in 2020; *p*=0.202). Selling drugs for cash profit (18%; 26% in 2020; *p*=0.285) and property crime (13%; 18% in 2020; *p*=0.438) remained the most common crimes reported in the month preceding interview in 2021. Past month self-reported fraud and violent crime has remained low throughout monitoring (Figure 36). Sixteen per cent reported being a victim of a crime involving violence (e.g., assault) in the past month, stable from 2020 (15%; *p*=0.958).

Sixty-one per cent of the sample reported a lifetime prison history in 2021, stable from 2020 (52%; *p*=0.242). One-quarter (28%) of the sample reported being arrested in the preceding 12 months, stable relative to 2020 (22%; *p*=0.453).

Figure 36: Self-reported criminal activity in the past month, ACT, 2000-2021



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables.*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.