



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2020

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



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

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Participants

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

Contributors

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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
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
SD	Standard deviation
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The 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 and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from June-August: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Canberra, ACT was relatively consistent with the ACT profile in previous years. There were fewer male participants in 2020 compared to 2019 (55% vs. 74%), but they were consistent in age (mean age 44 for 2020 and 2019 samples). The majority (85%) reported to be unemployed at the time of interview and most (96%) received a government pension/allowance or benefit in the month prior to interview. Two-thirds of the participants (69%) reported that their drug of choice was heroin and the majority reported heroin as the drug injected most often in the past month (66%).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Twenty-one per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, nearly all participants (94%) had practiced social distancing and 84% had undergone home isolation. Nearly two-fifths (37%) of participants reported injecting

drugs at a different frequency in the past month as compared to February 2020; of these participants, 70% reported reduced frequency of injection. Nevertheless, heroin was reported by 66% of participants as the drug most injected in February 2020 (before COVID-19 restrictions), and in the month prior to interview. Three-fifths of participants reported a perceived decrease in the use of methamphetamine since March (62%), with 50% of these participants citing 'decreased availability' as the primary reason. Smaller numbers reported an increase in alcohol (29%) and heroin (31%), mainly cited as due to 'greater anxiety/depression with COVID-19'. Most participants reported that crystal methamphetamine and heroin had increased in price since the beginning of March 2020 (92% and 54%, respectively). Furthermore, heroin and crystal methamphetamine were most commonly reported to have decreased in perceived purity (57% and 51%, respectively). Crystal methamphetamine was most commonly cited as the drug that had decreased in availability (64%). One-third (32%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 53% reported 'similar'. Of those on opioid agonist treatment since March 2020 (n=65), the majority reported that frequency of pharmacy doses and take-away doses had remained mostly stable (72% and 63%, respectively), as had urine testing/breathalysing (57%). Whilst the majority of participants reported 'no change' when commenting on their injecting practices since March 2020, 18% reported an increase in re-using their own needles. Nearly one-quarter (23%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The majority (86%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Heroin

At least seven in ten participants have reported any recent use of heroin each year, with 85% reporting recent use in 2020 (77% in 2019). Frequency of use amongst consumers was recorded at the highest median days since monitoring began (165 days in the past six months in 2020). The median price for one gram of heroin was stable (\$300). There was a significant increase in the per cent perceiving heroin to be of 'low' purity (38% in 2019 vs. 61% in 2020).

Methamphetamine

Recent use of methamphetamine has been relatively common amongst the sample. In 2020, 64% of participants reported recent use, the lowest number observed in eight years, and significantly lower compared to 2019 (79%). Use is driven by the crystal form, with three-fifths (63%) reporting recent use of crystal and one-in-ten reporting use of powder (13%), the latter a decline relative to 2019 (27%). The median price for one point (0.10 grams) of crystal methamphetamine increased significantly from \$50 in 2019 to \$100 in 2020. Significantly more participants perceived crystal methamphetamine to be of 'low' purity and more 'difficult' to obtain in 2020 compared to 2019.

Cocaine

Historically, recent use of cocaine has typically been reported by one-in-five or fewer participants in the ACT sample, with 19% of participants reporting recent use in 2020 on a median of three days in the past six months.

Cannabis

At least three in four participants have reported recent use of cannabis each year (77% in 2020). Over half of consumers (53%) reported using cannabis daily. The price for a gram of bush and hydroponic remained stable at \$20. Over half (53%) perceived hydroponic cannabis as 'high' in potency whereas 45% reported this for bush cannabis. In 2020 significantly fewer participants reported that hydroponic cannabis was 'very easy' to obtain compared to 2019 (31% in 2020 versus 52% in 2019).

Pharmaceutical Opioids

Non-prescribed use of most forms of pharmaceutical opioids has remained stable or declined. Fentanyl was the most commonly used non-prescribed opioid (9%), followed by oxycodone (8%), morphine (8%), methadone (7%) and codeine (7%).

Other Drugs

New psychoactive substance use was reported by less than one in ten participants (7%). In 2020, past six month use of non-prescribed alprazolam increased relative to 2019 (20% in 2020 versus 6% in 2019). In 2020, 8% reported past six month use of GHB/GBL/1,4-BD. The per cent reporting tobacco use remained high and stable (92%). Recent use of alcohol was reported by 53% of participants, the lowest per cent since monitoring began. One-fifth (18%) of participants reported recent use of e-cigarettes, mostly containing nicotine.

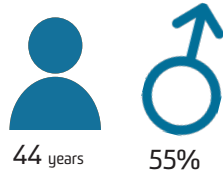
Drug-Related Harms and Other Associated Behaviours

One in ten participants (13%) reported overdosing on any drug in the preceding year, most commonly heroin (11%). Over half of those reporting overdosing (55%) reported receiving naloxone (Narcan[®]). Seven per cent of the total sample had been resuscitated with naloxone by a peer. Fifteen per cent reported distributive sharing and 6% reported receptive sharing of needles/syringes in the past month. Most participants reported to have last injected in their private homes (91%) and fewer participants reported any past month injection-related health problems in 2020 compared to 2019 (24%; 47% in 2019). There was a significant increase in those reporting to be in current drug treatment (71%), mainly methadone (52%), as compared to 2019 (49% and 30%, respectively). Two-fifths (40%) reported experiencing a mental health condition in the past six months, mainly depression. One-third (36%) reported past month criminal activity, with selling drugs for cash profit (26%) and property crime (18%) remaining the most common crimes.

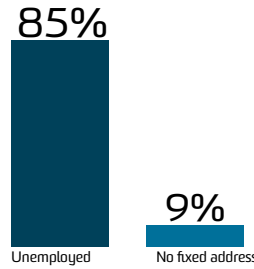
2020 SAMPLE CHARACTERISTICS



In 2020, 100 people from Canberra, ACT participated in IDRS interviews.



The mean age in 2020 was 44, and 55% identified as male.

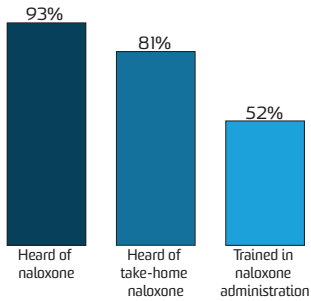


In the 2020 sample, 85% were unemployed and 9% had no fixed address.

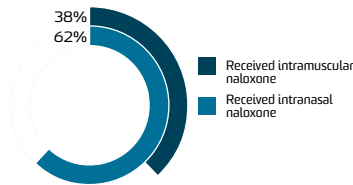
- ✓ Injected heroin
- ✓ Injected methamphetamine
- ✓ Injected other

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

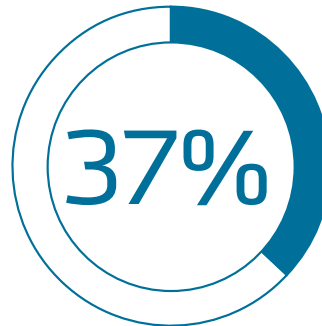
NALOXONE



IDRS participants' knowledge of the take home naloxone program, nationally.



Of those who reported ever accessing naloxone, 38% received intramuscular naloxone and 62% intranasal naloxone.

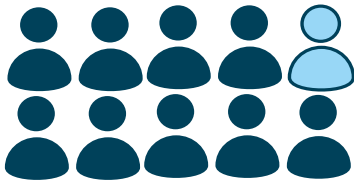


Of those who reported having heard of naloxone, 37% had used naloxone to resuscitate someone who had overdosed.



In the sample, 7% said they had been resuscitated with naloxone by a peer.

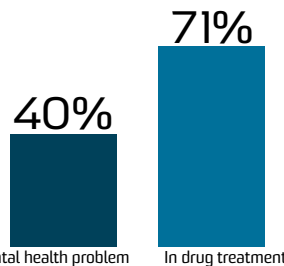
OTHER HARMS AND HELP-SEEKING



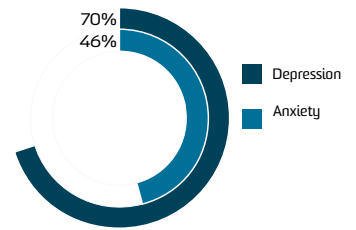
In the 2020 sample, 11% had a non-fatal opioid overdose in the last year. Heroin was the most commonly cited opioid related to non-fatal overdose.



In the 2020 sample, <5% had experienced a non-fatal stimulant overdose in the previous 12 months.

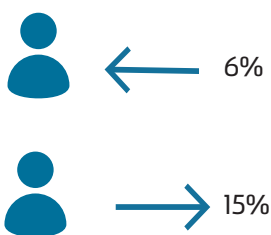


In the sample, 40% self reported a mental health problem in the six months prior to interview, and 71% were in drug treatment at the time of interview.

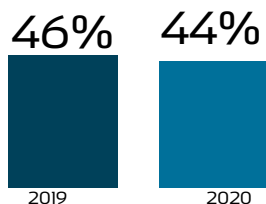


In the sample, 70% reported being diagnosed with depression and 46% with anxiety in the past six months.

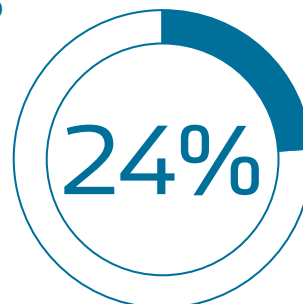
INJECTING RELATED RISKS AND HARMS



In 2020, 6% of the sample reported receptive needle sharing, and 15% reported distributing needles to others.

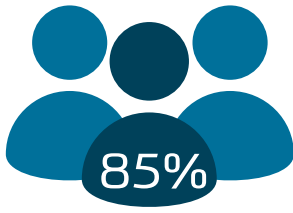


The number of people who re-used their own needles was stable from 2019 (46%) to 2020 (44%).

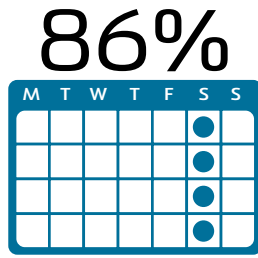


In 2020, just under one quarter (24%) of the sample reported having an injection-related health issue in the month preceding interview.

HEROIN



Past 6 month use of heroin was 85% in the 2020 sample (77% in 2019).

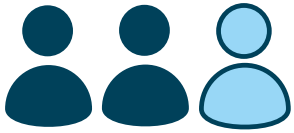


Of those who had recently consumed heroin, almost 5 in 6 used it weekly or more often.

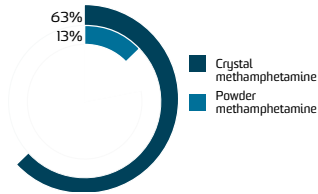


Of those who could comment 91% perceived heroin to be 'easy' or 'very easy' to obtain, up from 80% in 2019.

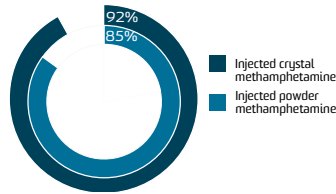
METHAMPHETAMINE



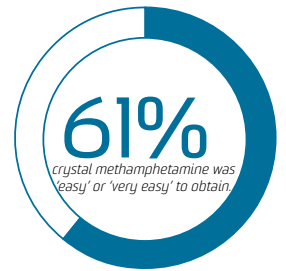
Past 6 month use of any methamphetamine reduced to 64% in 2020 (79% in 2019).



Of the entire sample, 13% had recently consumed powder, and 63% crystal methamphetamine.

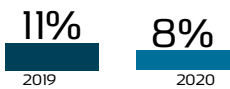


Injection was the main route of administration for crystal (92%) and powder (85%) among those who had consumed each form.

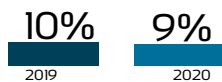


Of those who could comment 61% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

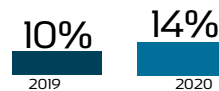
PHARMACEUTICAL MEDICINES



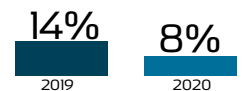
Past 6 month use of non-prescribed morphine was stable at 11% in the 2019 IDRS sample and 8% in 2020.



Past 6 month use of non-prescribed fentanyl was stable at 10% in the 2019 IDRS sample to 9% in 2020.

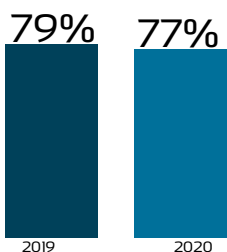


Past 6 month use of non-prescribed pregabalin was stable at 10% in the 2019 IDRS sample to 14% in 2020.

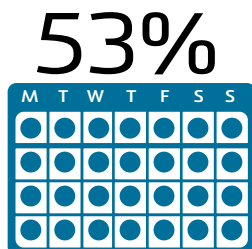


Past 6 month use of non-prescribed oxycodone was stable at 14% in the 2019 IDRS sample to 8% in 2020.

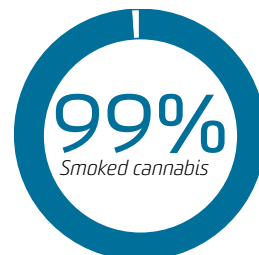
CANNABIS



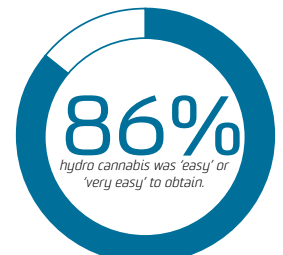
Past 6 month use of any cannabis was stable at 79% in the 2019 IDRS sample to 77% in 2020.



Of those who had consumed cannabis recently, over half reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 99% had smoked it.



Of those who could comment 86% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

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 at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. 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.

A total of 902 participants were recruited across capital cities nationally (May-July 2019), with 100 participants interviewed in Canberra, ACT, during June 2019 (100 participants in 2018). Of those sampled in 2019, 42 participants took part in the IDRS previously (2000-2018), including 37 participants who had participated in 2018.

IDRS 2020: 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 possible in most jurisdictions 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;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020), with 100 participants interviewed in Canberra, ACT, during June-August, 2020. Of the ACT sample, 22 participants had participated in the IDRS previously (2000-2019), including 15 participants who had participated in 2019. In 2020, 54% were recruited via NSPs (54%; 25% in 2019; $p < 0.001$), followed by word of mouth (28%; 53% in 2019; $p = 0.009$) and treatment provider (16%; $n \leq 5$ in 2019; $p = 0.001$).

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 2019 and 2020. 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 capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

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

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous six months or past month may reflect behaviours during or subsequent to stringent restrictions depending on the jurisdiction and timeframe. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier [bulletins](#) released base on IDRS 2020 findings.

Additional Outputs

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

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

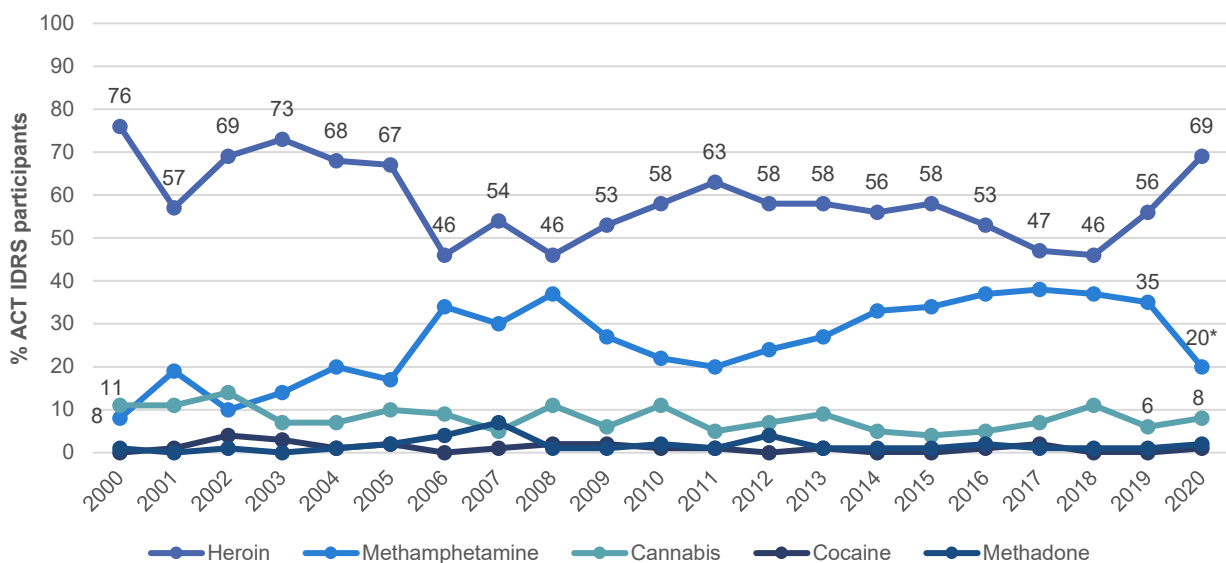
1

Sample Characteristics

In 2020, 55% of the IDRS ACT sample were male (74% in 2019; $p=0.008$) with a mean age of 44 years (SD=9; 44 years in 2019; SD=8; $p=0.948$). Two-thirds (67%) reported having completed a post-school qualification(s) (54% in 2019; $p=0.093$) and the majority of the sample were currently unemployed (85%; 90% in 2019; $p=0.382$) (Table 1).

Consistent with previous years, participants typically reported that heroin was their drug of choice (69%; 56% in 2019; $p=0.070$; Figure 1). Historically, heroin has been the drug injected most often in the past month (66% in 2020 and 53% in 2019; $p=0.084$; Figure 2). The exception was in 2017 and 2018, whereby most participants nominated methamphetamine as the drug injected most often (49% and 52%, respectively). In 2020, 73% of participants reported heroin consumption on a weekly or more frequent basis, exceeding cannabis for the first time (64%; Figure 3).

Figure 1: Drug of choice, ACT, 2000-2020



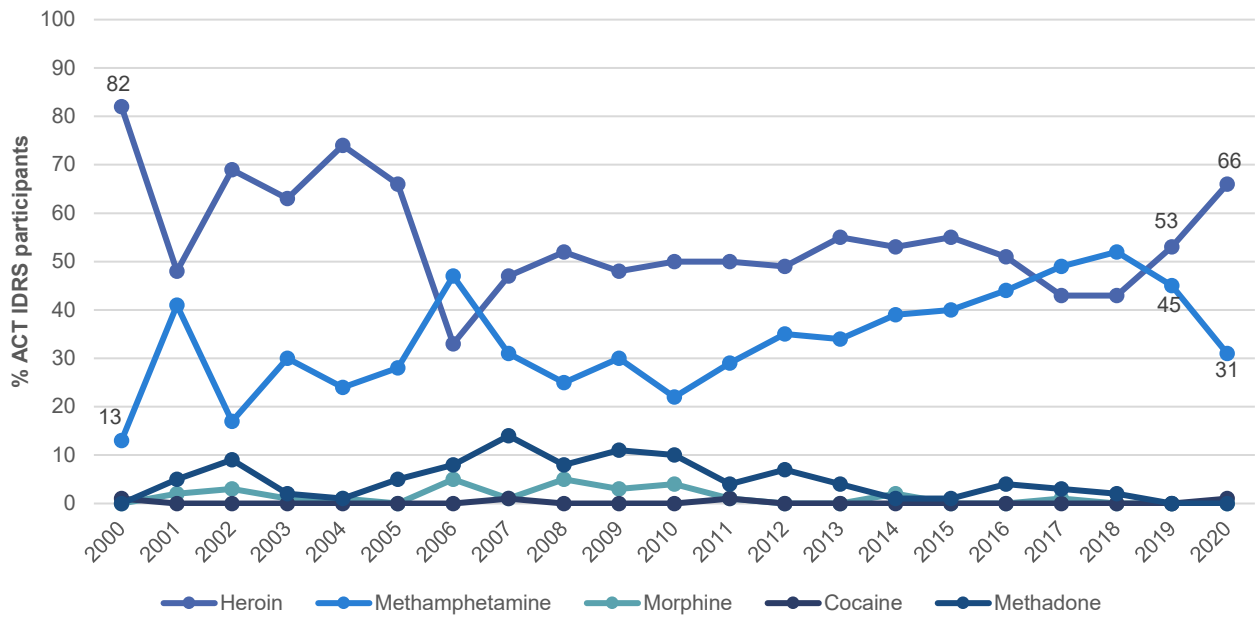
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. In 2000 and 2001 methamphetamine went under the response option of amphetamine. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020. In 2020, 50%, 33%, 6%, 1% and 13% of the national sample reported heroin, methamphetamine, cannabis, cocaine and methadone, respectively, as their drug of choice.

Table 1: Demographic characteristics of the sample, ACT, 2016-2020 and nationally (2020)

	National 2020 N=884	ACT 2020 N=100	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 N=100	ACT 2016 N=100
Mean age (years; SD)	44 (9)	44 (9)	44 (8)	42 (9)	43 (9)	44 (9)
% Male	59	55**	74	68	72	73
% Aboriginal and/or Torres Strait Islander	18	18	24	21	19	24
% Sexual identity						
Heterosexual	86	79	89	89	89	92
Homosexual	4	2	-	-	-	-
Bisexual	8	14	7	6	8	-
Queer	1	0	0	/	/	/
Other	1	5	-	-	-	-
School education						
Mean years of school education (range)	10 (1-12)	10 (6-12)	10 (6-12)	10 (6-12)	10 (3-12)	10 (4-12)
% Post-school qualification(s)^	62	67	54	48	54	63
% Current employment status						
Unemployed	88	85	90	85	83	85
Employed full time	3	1	-	-	-	-
% Past month gov't pension, allowance or benefit	94	96	98	93	95	93
Current median weekly income (\$; IQR)	(N=843) 500 (421-555)	(N=86) 471 (400- 550)***	(N=97) 350 (275-440)	(N=99) 403 (260-450)	(N=99) 360 (260-440)	(N=99) 300 (250-400)
% Current accommodation						
Own house/flat (<i>inc. renting</i>)~	69	83	78	85	85	79
Parents'/family home	6	3	-	-	-	0
Boarding house/hostel	9	2	0	-	-	-
Shelter/refuge	2	1	-	-	-	-
No fixed address	12	9	9	7	9	8
Other	1	2	0	0	0	-

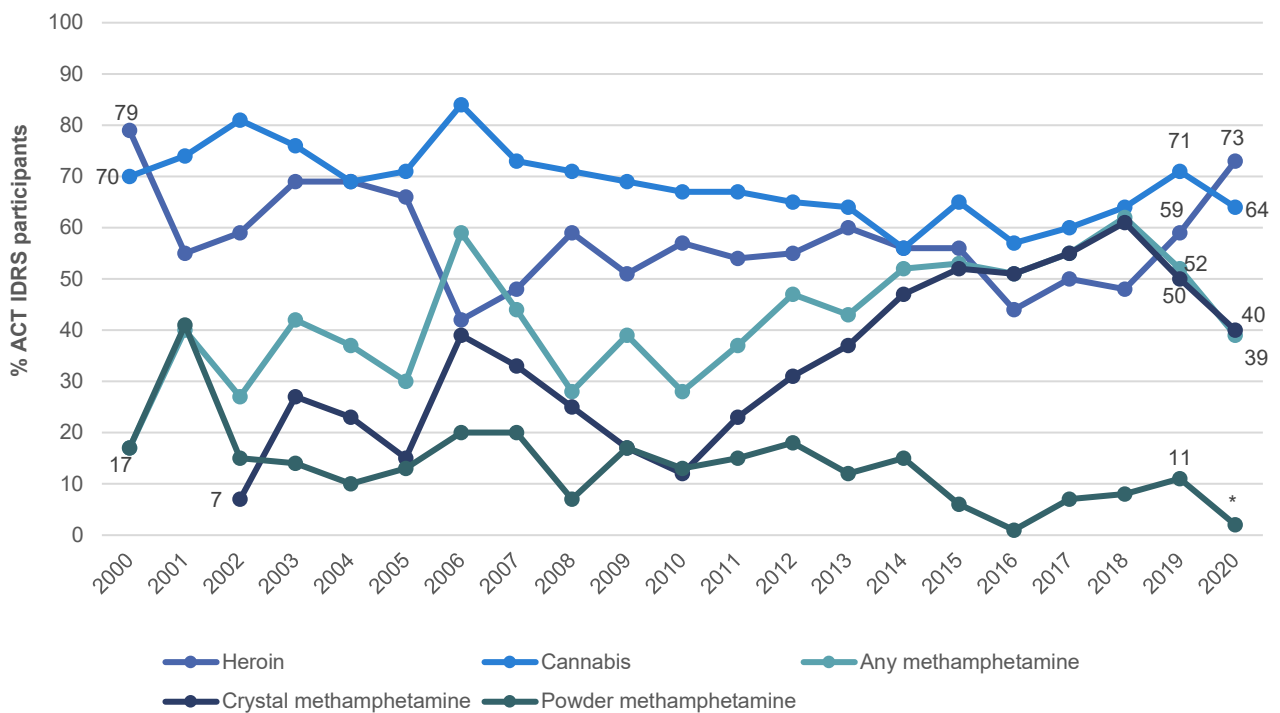
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college' qualifications. 'No fixed address' includes rough sleeping or squatting and couch surfing. - 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 2019 versus 2020.

Figure 2: Drug injected most often in the past month, ACT, 2000-2020



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020. In 2020, 41%, 46%, 5%, 2%, and 0% of the national sample reported methamphetamine, heroin, morphine, methadone, and cocaine, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2000-2020



Note. These figures are computed of the entire sample. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020. In 2020, 48%, 51%, 51%, 47%, and 8% of the national sample reported high frequency use of any methamphetamine, cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

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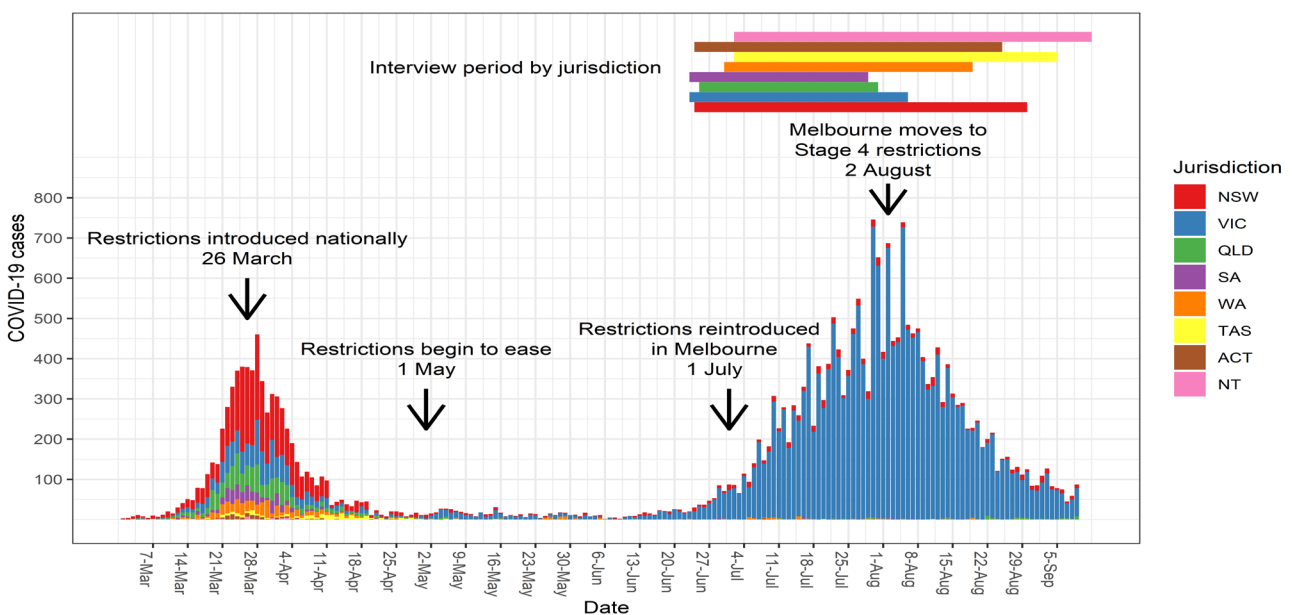
COVID-19

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.

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



Note. Data obtained from <https://www.covid19data.com.au/>.

Methods

IDRS interviews in the ACT commenced on 24 June and concluded on 25 August, 2020.

In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions were posed throughout the interview to explore demographic characteristics, drug consumption, injecting practices and harm reduction behaviours which occurred in February 2020, as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Background** section of this document.

COVID-19 Testing and Diagnosis

Twenty-one per cent of the ACT sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. Over half (54%) of participants reported concern about contracting COVID-19; nearly one-third (29%) reported being 'slightly' worried, whereas 16% reported being 'moderately' worried. Small numbers ($n \leq 5$) reported being 'very' to 'extremely' worried.

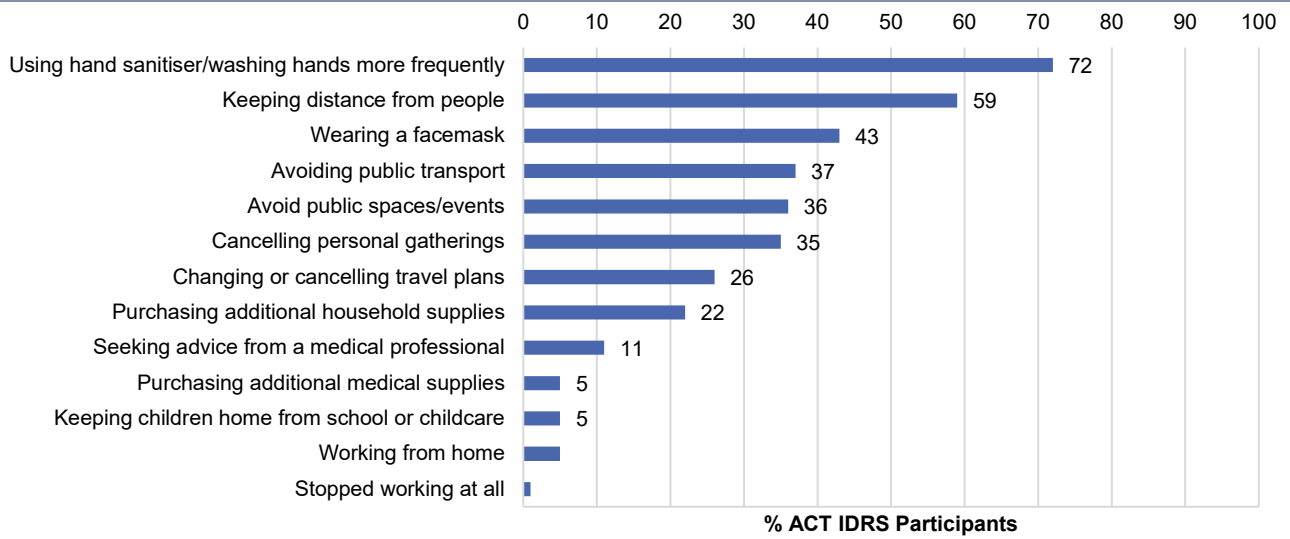
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the majority (94%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 84% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. None of the participants reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported 'using hand sanitiser/washing hands more frequently' (72%), 'keeping distance from people' (59%) and 'wearing a facemask' (43%).

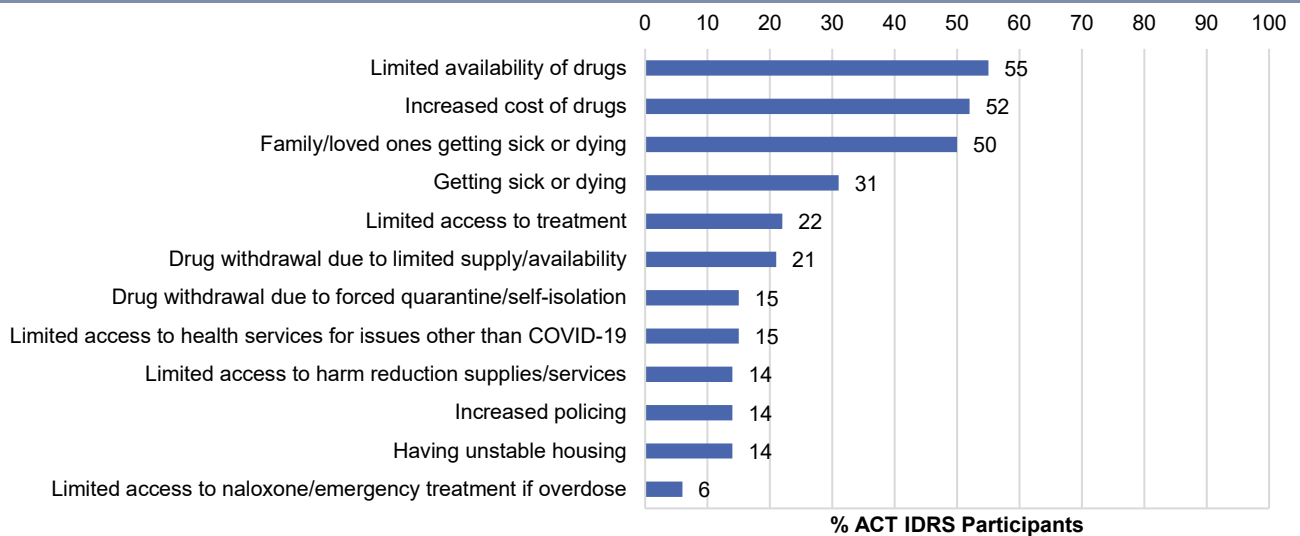
Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised 'limited availability of drugs' (55%), 'increased cost of drugs' (52%) and 'family/loved ones getting sick or dying' (50%) (Figure 6).

Figure 5: Health precautions related to COVID-19 in the past four weeks, ACT, 2020



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).

Figure 6: Participant concerns relating to the COVID-19 pandemic, ACT, 2020



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).

Housing. One in ten participants (11%) reported that their living situation had changed since the beginning of March, 2020. As to why participants' living situation had changed, reasons included 'moved but was unrelated to COVID-19' (7%) and 'rent increase' (7%).

Employment and income. When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 47% of participants reported that they were receiving more income, 9% reported less income, and 44% reported a similar amount of income (Table 2).

Over half of participants (56%) reported experiencing any financial difficulty during the past month; most commonly reported difficulty was being 'unable to buy food' (36%). Furthermore, one-third (33%) of the sample reported asking for financial help from friends or family, and one-fifth (19%) of participants asked for help from welfare/community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, ACT, 2020

ACT 2020	
N=100	
% Change in total income in the past month compared to February	
More money	47
Less money	9
About the same	44
% Financial difficulties in the past month[#]	n=100
Unable to buy food or went without meals	36
Asked for financial help from friends or family	33
Could not pay household or phone bills on time	28
Asked for help from welfare/community organisations	19
Difficulty paying for medications	8
Unable to heat/air condition house	7
Could not pay the mortgage or rent on time	6
Requested deferred payment of mortgage/rent/loan	-
Difficulty paying for medical treatment	-

Note. The response 'Don't know' was excluded from analysis. [#] participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug injected. More than one-tenth (13%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February, 2020. The most common change was from methamphetamine to heroin and heroin to methamphetamine, though small numbers (n≤5) reported this transition.

Frequency of drug injection: Almost two-fifths (37%) of participants reported injecting drugs at a different frequency in the past month as compared to February, 2020; of these participants, 30% reported greater frequency of injection, and 70% reported reduced frequency (11% and 26% of the total sample, respectively; Table 3).

Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), ACT, 2020

	February	Past month
% Drug injected most often in that month	N=100	N=100
Heroin	66	66
Morphine	0	0
Methamphetamine	31	31
Oxycodone	0	0
Methadone	-	0
Buprenorphine-naloxone	0	0
<i>% reporting change in drug injected most often from February to past month[^]</i>	Overall: 13%	
% Frequency of drug injection in that month	N=100	N=100
Not in the month	-	-
Weekly or less	12	19
More than weekly, not daily	31	33
Once a day	26	21
2-3 times a day	21	20
More than 3 times a day	8	6
<i>% reporting decrease in frequency</i>	Overall: 26%	
<i>% reporting increase in frequency</i>	Overall: 11%	
<i>% reporting stable frequency</i>	Overall: 63%	

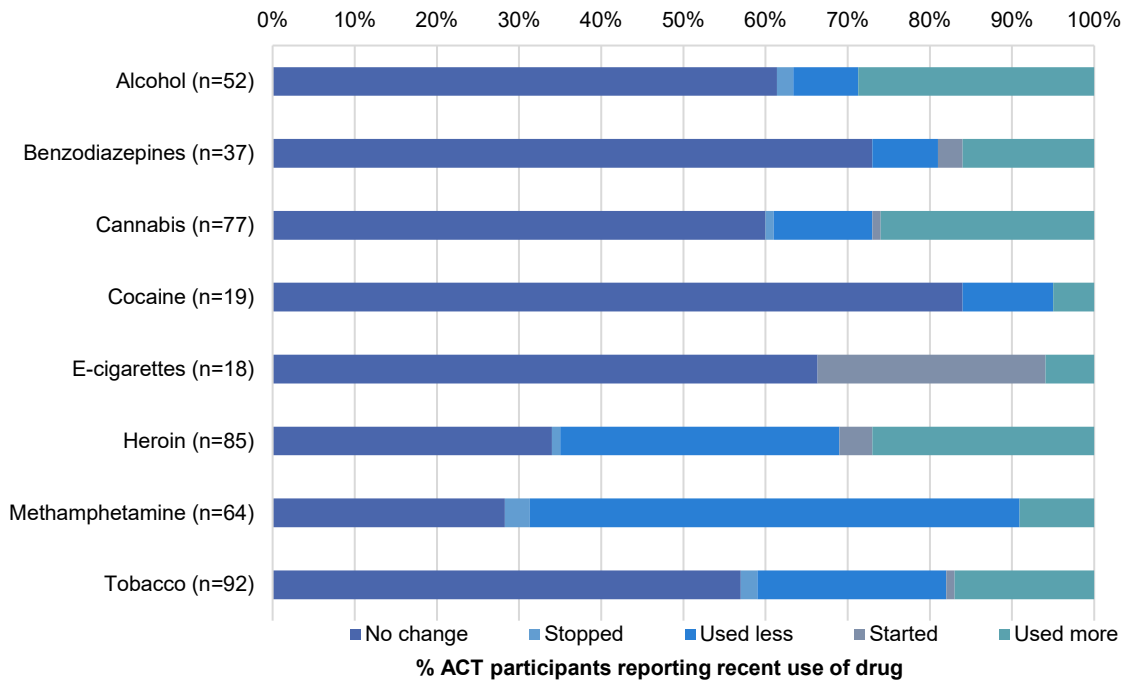
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

Perceived changes in drug use. In the 2020 interviews, additional questions were asked of participants who reported past six-month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Participants mostly reported no change in use of most drugs, except for methamphetamine (62% used less or stopped) and heroin (35% used less or stopped, 31% used more or started) (Figure 7).

The primary reason cited for decreasing use of methamphetamine was 'decreased availability' (50%) and 'drug is more expensive' (43%). For those that reported an increase of use of heroin, the primary reasons cited were 'greater anxiety/depression with COVID-19' (31%), 'more bored' (27%) and 'more money to buy the drug' (27%). Similarly, the primary reason for decreasing use of methamphetamine was 'decreased availability' (50%) and 'drug is more expensive' (43%).

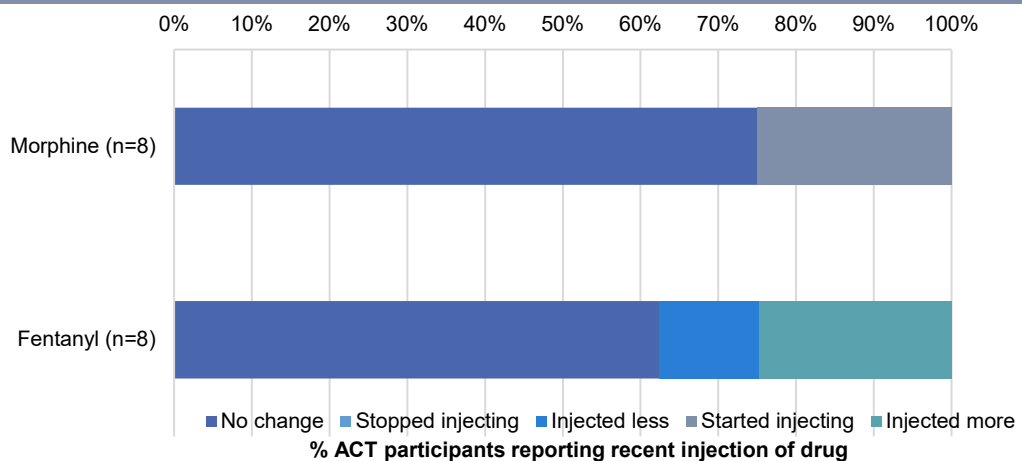
Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020



Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Perceived changes in frequency of drug injection. Participants who reported past six-month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, as compared to before (Figure 8).

Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

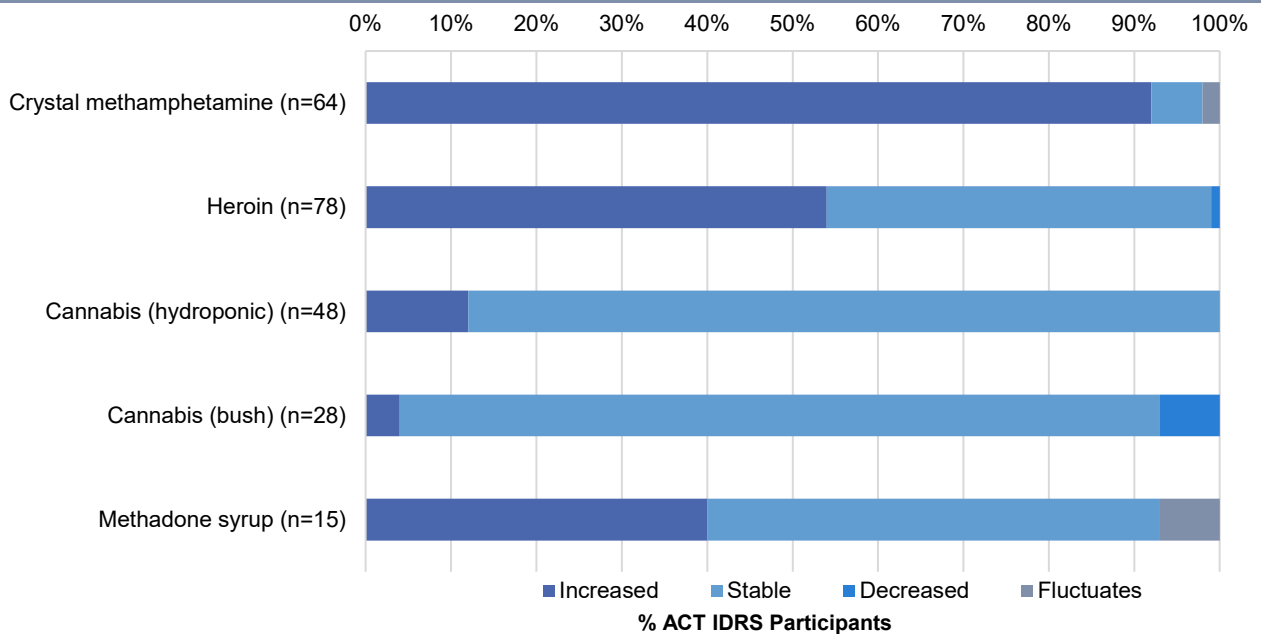
Price, Perceived Purity and Availability

Participants were asked to answer a number of questions regarding the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions) as compared to before.

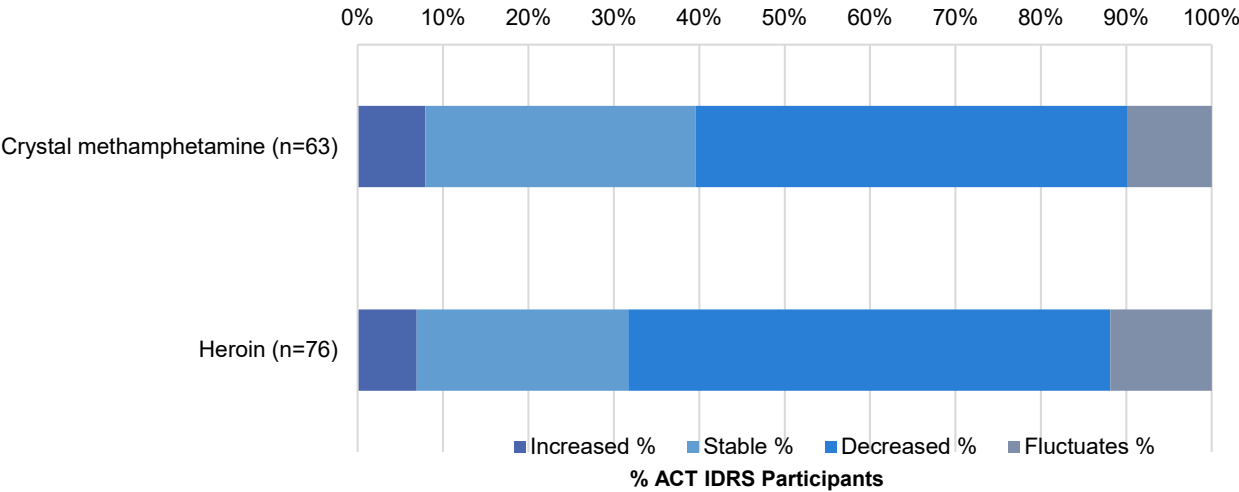
Crystal methamphetamine and heroin were the most commonly reported illicit drugs to have increased in price since the beginning of March 2020 as compared to before (92% and 54%, respectively). The price of hydroponic and bush cannabis was most commonly reported as stable (88% and 89%, respectively) (Figure 9). Participants perceived the purity of heroin and crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (57% and 51%, respectively) (Figure 10). Crystal methamphetamine was most commonly cited as the drug that had decreased in availability (64%) (Figure 11).

Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020



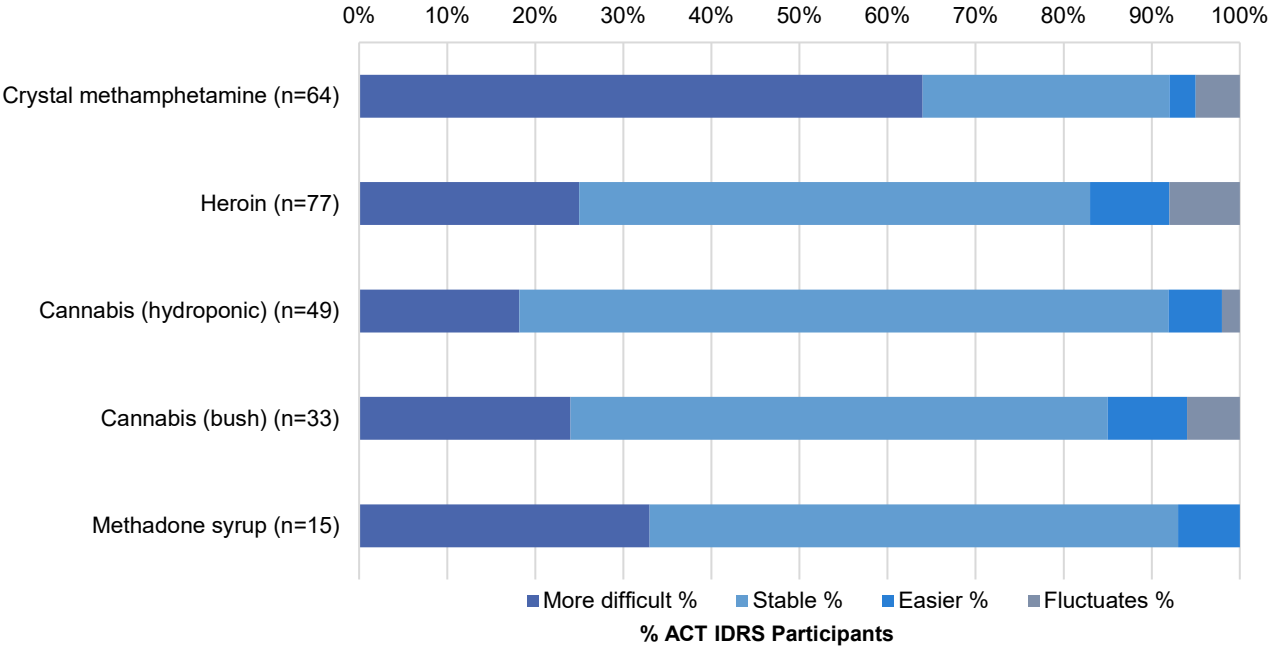
Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

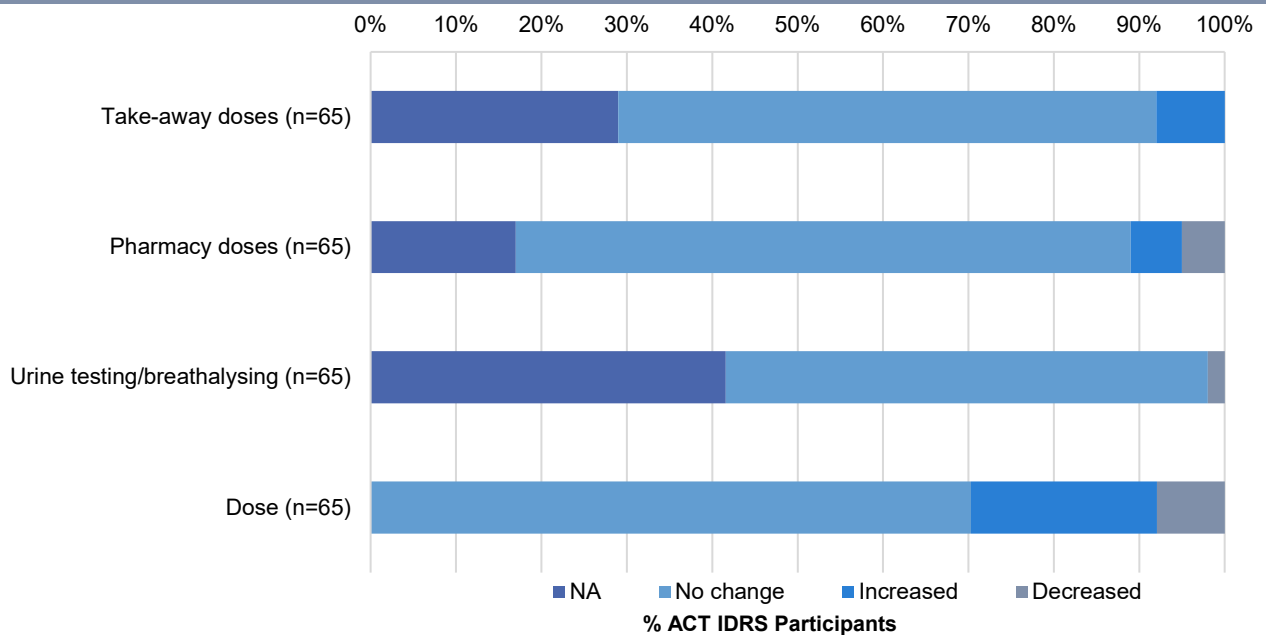
Risk and Protective Behaviours

Drug Treatment. Of those participants who were in treatment in the six months prior to interview (n=75), 60% were receiving treatment both before and since March. Of this group, 48% reported any disruption to treatment since March 2020 (since COVID-19 restrictions), namely appointments via telephone/video, rather than face to face (29%), and changed hours of service (19%).

Of those in treatment at the time of interview (n=71), 86% reported that their treatment satisfaction was 'similar' since March 2020 (since COVID-19 restrictions), 11% said 'worse', and a small per cent reported 'better' (n≤5).

Furthermore, 22% of those on opioid agonist treatment (OAT) since March (n=65) reported an increase in their dose of medication. The majority of participants reported that frequency of pharmacy doses and take-away doses had remained mostly stable (72% and 63%, respectively), as had urine testing/breathalysing (57%) (Figure 12). Over one-fifth (21%; n=14) of those in OAT in the last six months reported having missed a dose of medication (e.g. methadone, buprenorphine, buprenorphine-naloxone or buprenorphine depot injection) due to service disruptions (e.g. service was closed or changed hours of service). Those on OAT since March were also asked to what degree they felt involved in decision-making around changes to their treatment since the beginning of March (since COVID-19 restrictions); the majority of those who commented responded 'extremely' (32%), followed by 'very' (25%).

Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent opioid agonist treatment, ACT, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

Injecting equipment access and disposal. More than one-tenth (13%) reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions). Of those who had trouble obtaining new sterile needles and syringes and commented (n=13), 62% of participants reported having re-used their own needles more than they normally would.

Six per cent reported having had difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions).

Injecting practices. The majority of participants reported 'no change' when reporting changes in their injecting practices since March, 2020 (since COVID-19 restrictions) with regards to borrowing and lending needles. However, 18% reported an increase in re-using their own needles (Figure 13). Additionally, the majority (73%) of participants reported injecting 'alone' about the same amount as usual since the beginning of March as compared to before; 21% reported injecting alone more.

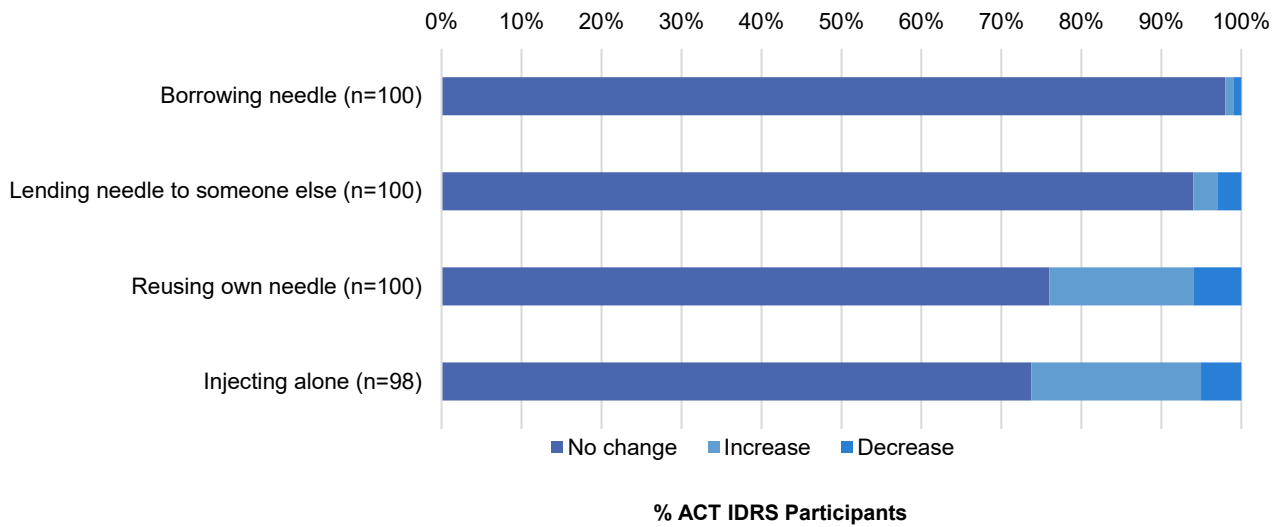
Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 32% of participants rated their mental health as being 'worse', 53% reported 'similar' and 15% reported their mental health was 'better'.

Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 60% said 'similar', 23% said 'worse' and 16% said 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Nearly one-quarter (23%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were a harm reduction service and online fact sheets/websites (8% and 7%, respectively).

The majority (86%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, ACT, 2020

	ACT 2020 N=100
Washed hands with soap/sanitiser before handling drugs or money	75
Stocked up on sterile needle/syringes	39
Avoided sharing needles/syringes with other people	30
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	29
Prepared your drugs yourself	28
Wiped down drug packages/wraps with soap/sanitiser	27
Stocked up on other sterile drug use equipment	25
Stocked up on illicit/non-prescribed drugs	19
Obtained take-home naloxone/Narcan	15
Stocked up on prescription medicines prescribed to you	-
Avoided smoking/vaping drugs	-

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

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

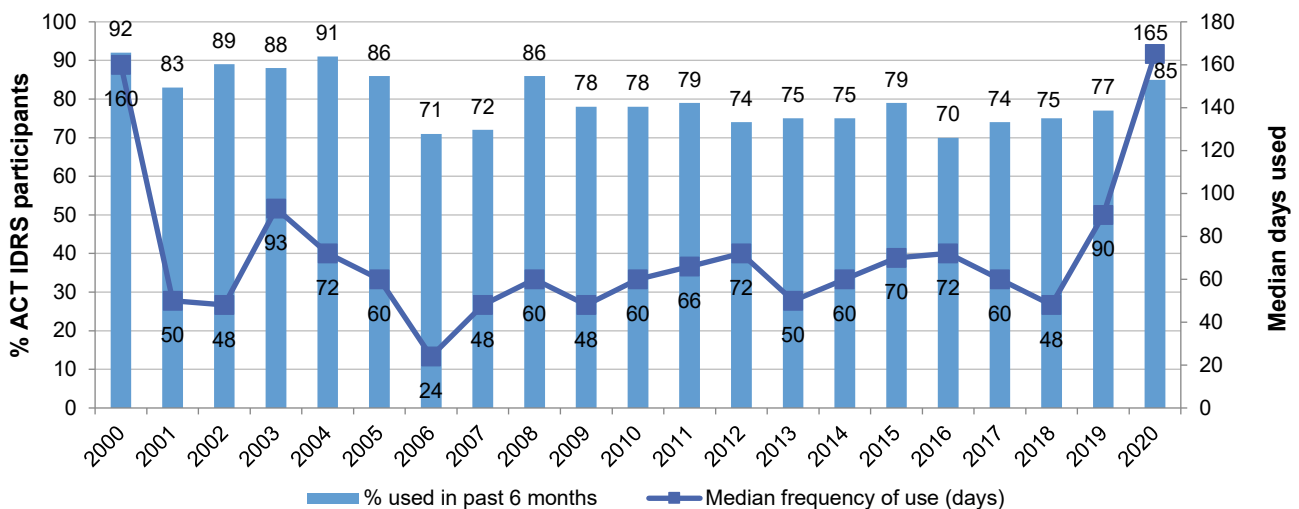
Recent Use (past 6 months): Recent heroin use has slowly declined from 92% in 2000 to 70% in 2016, returning to similar numbers as in earlier years in 2020 (85%; 77% in 2019; $p=0.207$; Figure 14).

Frequency of Use: Frequency of use has fluctuated over the years. In 2020, median frequency of use among recent consumers was recorded at 165 days (IQR=54-180), the highest observed since monitoring began in 2000 (90 days in 2019; IQR=24-180; $p=0.150$; Figure 14). The majority of recent consumers reported weekly or more frequent use (86%; 77% in 2019; $p=0.189$), and nearly half (45%) reported daily use in 2020 (40% in 2019; $p=0.680$).

Routes of Administration: Consistent with previous years, nearly all recent consumers reported injecting heroin (99%; 100% in 2019; $p=1.000$), with small numbers reporting smoking (8%; $n\leq 5$ in 2019; $p=0.694$).

Quantity: The median amount of heroin used on a 'typical' day was 0.20 grams (IQR=0.10-0.50; $n=78$; 0.25 grams in 2019; IQR=0.15-0.48; $p=0.289$).

Figure 14: Past six month use and frequency of use of heroin, ACT, 2000-2020



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 2019 versus 2020.

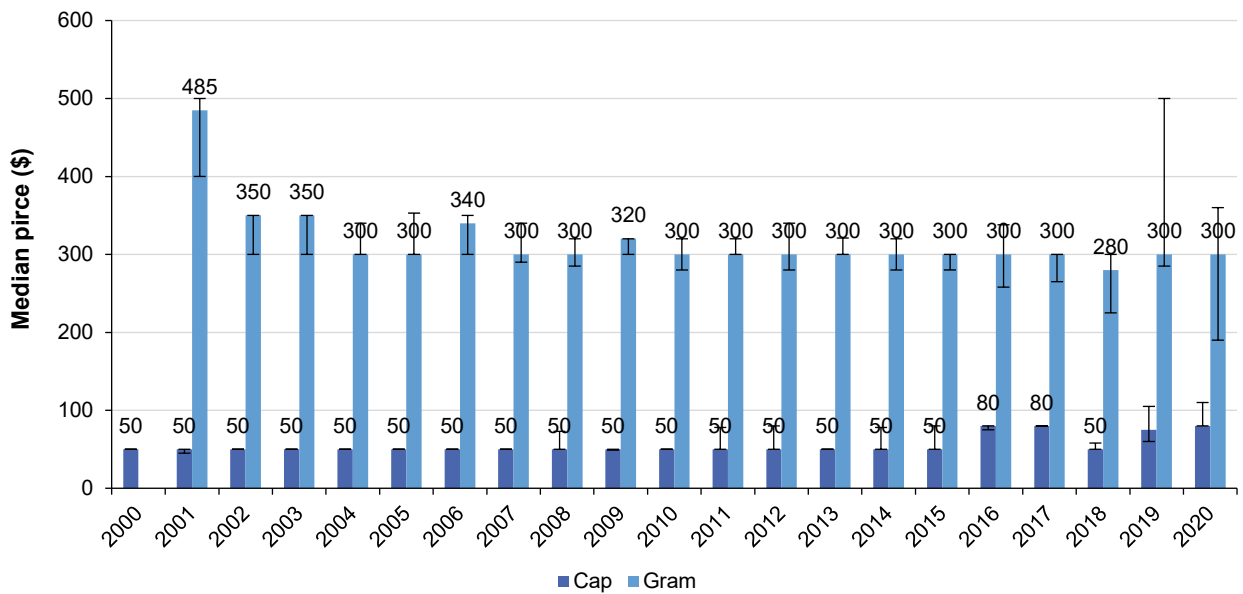
Price, Perceived Purity and Availability

Price: Historically, the price for one gram has typically been \$300 or a similar amount amongst the ACT sample (Figure 15). Consistently, the median price for one gram of heroin was \$300 (IQR=200-320; n=17) in 2020 (\$300 in 2019; IQR=300-400; n=17; $p=0.223$; Figure 15). A small number reported the price for a cap of heroin (n≤5).

Perceived Purity: Among those who were able to comment in 2020 (n=75), most participants perceived the current purity of heroin as 'low' (61%), a significant increase compared to 2019 (38% in 2019; $p=0.011$) (Figure 16).

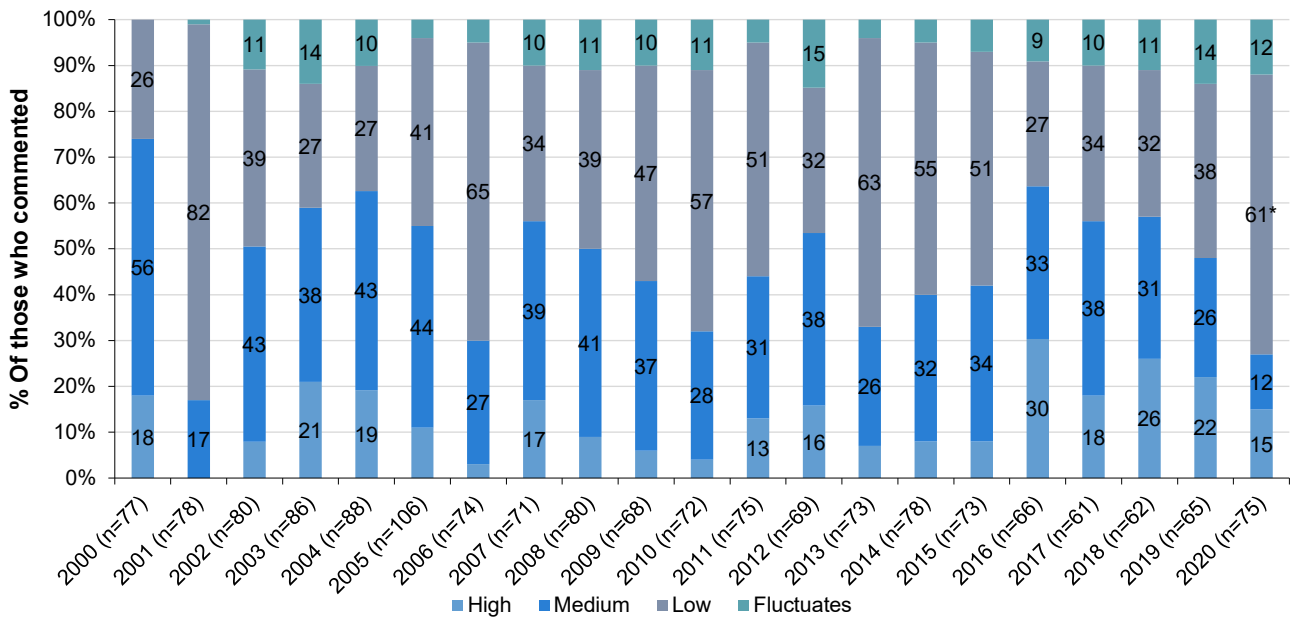
Perceived Availability: Of those able to comment in 2020 (n=77), significantly fewer participants perceived heroin availability to be 'very easy' in 2020 (43%) compared to 2019 (61%; $p=0.039$), with more participants perceiving it to be 'easy' in 2020 (48% versus 19% in 2019; $p<0.001$; Figure 17).

Figure 15: Median price of heroin per cap and gram, ACT, 2000-2020



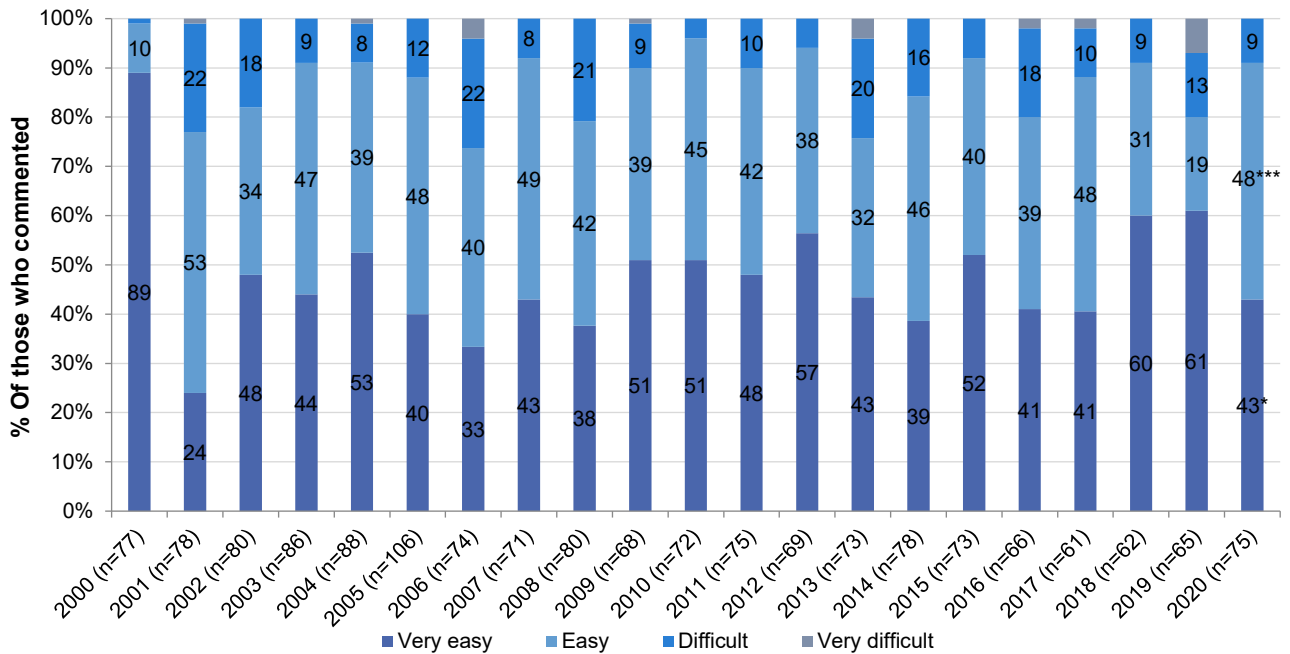
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent IQR. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Figure 16: Current perceived purity of heroin, ACT, 2000-2020



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 2019 versus 2020.

Figure 17: Current perceived availability of heroin, ACT, 2000-2020



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 2019 versus 2020.

4

Methamphetamine

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

Recent Use (any methamphetamine)

In 2020, 64% of participants reported recent use of any methamphetamine (powder, base and crystal), the lowest per cent observed in eight years (79% in 2019; $p=0.032$; Figure 18). In more recent years the gap between past six month use of any methamphetamine and crystal methamphetamine has narrowed; in 2020, the gap was minimal (64% and 63%, respectively; Figure 18). This suggests that, in recent years, the use of methamphetamine is largely driven by crystal methamphetamine. This conclusion is also supported by the frequency of use data (Figure 19).

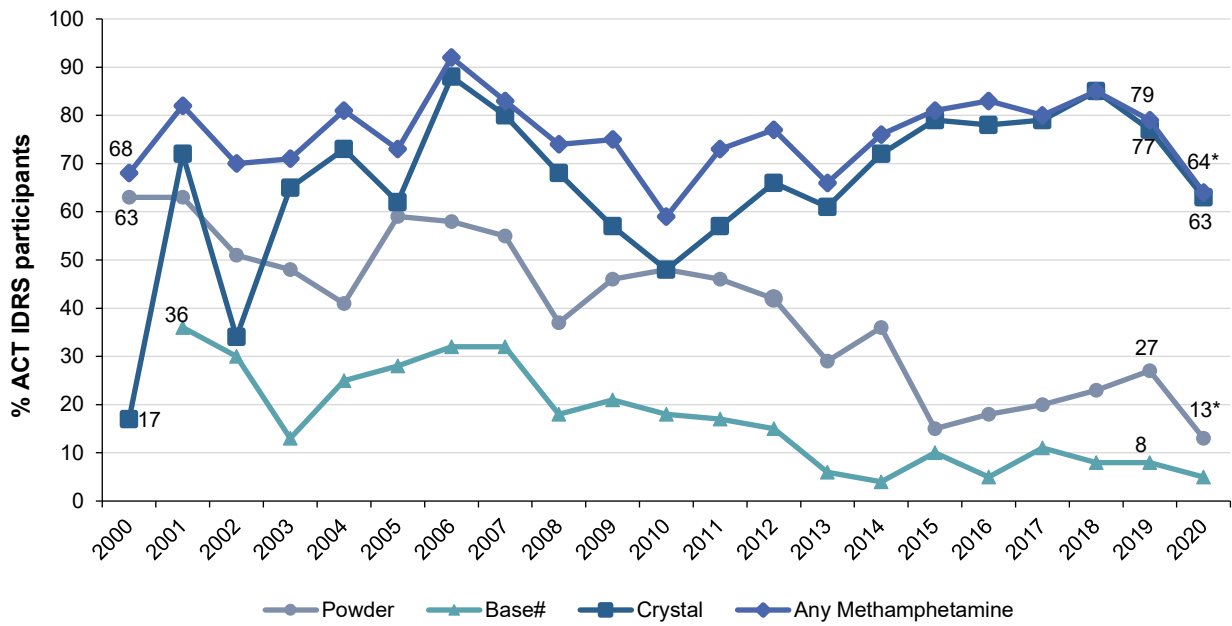
Frequency of Use

Historically, frequency of any methamphetamine use has been increasing, although estimates of frequency of use has been similar since 2017. In 2020, a non-significant decrease was observed from a median of 65 days (IQR=12-99) of any methamphetamine use in 2019 to 47 median days (IQR=10-93; $p=0.139$; Figure 19) in the past six months. In 2020, 62% of consumers reported weekly or more use of any methamphetamine (68% in 2019; $p=0.532$) and a small per cent reported daily use ($n\leq 5$; 18% in 2019; $p=0.063$).

Forms of Methamphetamine

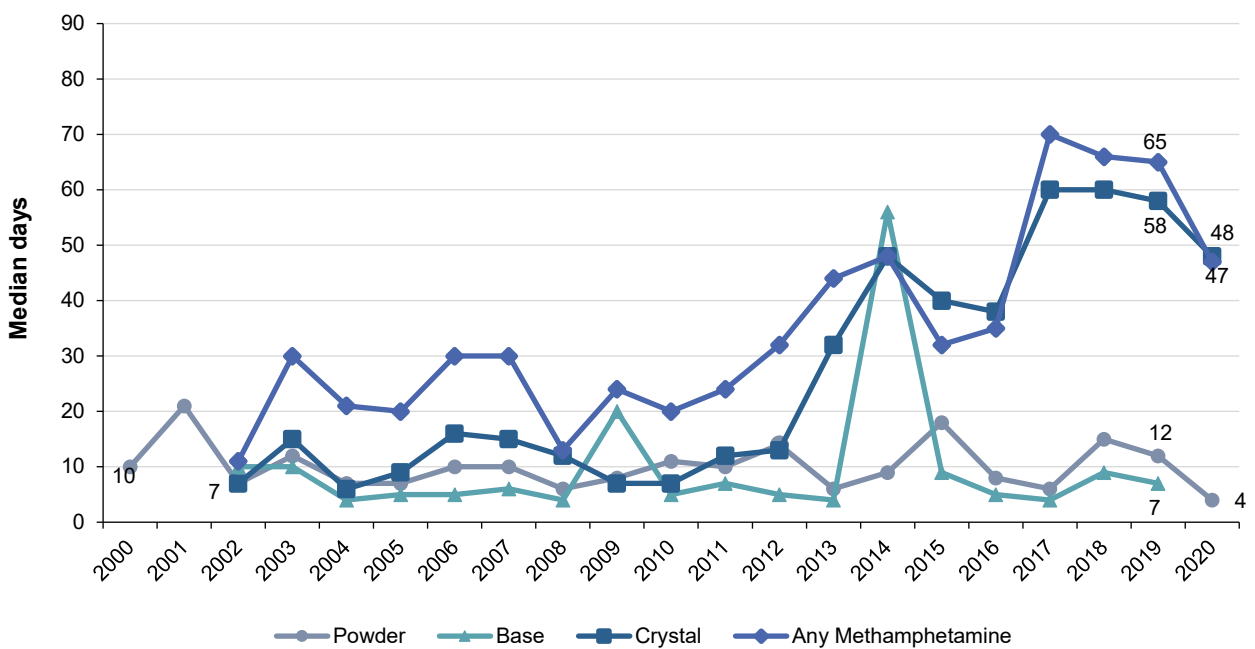
There has been a shift over time in the forms of methamphetamine used (see below for further information; Figure 18). Specifically, use of powder and base methamphetamine forms have decreased, and use of crystal methamphetamine has increased (Figure 18). Indeed, of those who had used methamphetamine in the six months preceding interview ($n=64$), most participants had used crystal methamphetamine (97%; 97% in 2019; $p=0.853$), followed by powder (20%; 35% in 2019; $p=0.047$).

Figure 18: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2000-2020



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 19: Frequency of use of any methamphetamine, powder, base, and crystal, ACT, 2000-2020



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. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption

Powder Methamphetamine

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% of the sample reporting recent use in 2015 (Figure 18). Since then, recent use has slowly been increasing, until 2020 where it significantly decreased to 13% (27% in 2019; $p=0.020$; Figure 18).

Frequency of Use: Despite a declining per cent reporting use, median days of use has remained relatively stable across the years. This is likely due to low frequency of use even in earlier years when the per cent reporting use was higher (2020: median 4 days; IQR=1-12; 12 days in 2019; IQR=2-90; $p=0.055$; Figure 19). Low numbers reported weekly use ($n\leq 5$) and no participants reported daily use.

Routes of Administration: Injecting remained the most common route of administration among recent consumers of powder methamphetamine (85%; 96% in 2019; $p=0.242$).

Quantity: The median amount of powder methamphetamine used on a 'typical' day of consumption in the past six months was 0.20 grams (IQR=0.10-0.30; $n=12$; 0.20 grams in 2019; IQR=0.10-0.50; $n=24$; $p=1.000$).

Base Methamphetamine

Recent Use (past 6 months): In 2020, base remained the least commonly used form of methamphetamine since monitoring commenced in 2001 (36% in 2001 to $n\leq 5$ in 2020; 8% in 2019; $p=0.554$; Figure 18).

Frequency of Use: Data for frequency of use for methamphetamine base was not collected in 2020. For further information, please refer to

the [2019 IDRS ACT Report](#), or the [2019 IDRS National Report](#).

Routes of Administration: Low numbers reported recent use of base methamphetamine and therefore information on routes of administration is not reported. For further information refer to the [IDRS National Report](#) or contact the researchers.

Quantity: Data on the quantity of methamphetamine base recently used was not collected in 2020. For further information, please refer to the [2019 IDRS ACT Report](#), or the [2019 IDRS National Report](#).

Crystal Methamphetamine

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine have been increasing since 2011, until 2020 where it was recorded as 63% (77% in 2019; $p=0.050$; Figure 18).

Frequency of Use: In 2020, consumers reported using crystal methamphetamine on an average of 48 days in the past six months (IQR=11-93; 58 days in 2019; IQR=12-92; $p=0.491$; Figure 19). Sixty-three per cent of recent consumers reported using crystal on a weekly or more frequent basis (66% in 2019; $p=0.917$), with small numbers reporting daily use in 2020 ($n\leq 5$; 14% in 2019; $p=0.723$).

Routes of Administration: The main route of administration among consumers in the past six months was injecting (92%; 97% in 2019; $p=0.244$), followed by smoking (38%; 36% in 2019; $p=0.892$).

Quantity: The median amount used on a 'typical' day of consumption in the past six months was 0.10 grams (IQR=0.10-0.20; $n=59$; 0.20 grams in 2019; IQR=0.10-0.30; $n=70$; $p=0.222$).

Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked of participants in 2020. For further information, please refer to the [2019 IDRS ACT Report](#), or the [2019 IDRS National Report](#).

For historical overview please see Figure 20 for price, Figure 21 for perceived purity and Figure 22 for perceived availability.

Methamphetamine Base

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

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

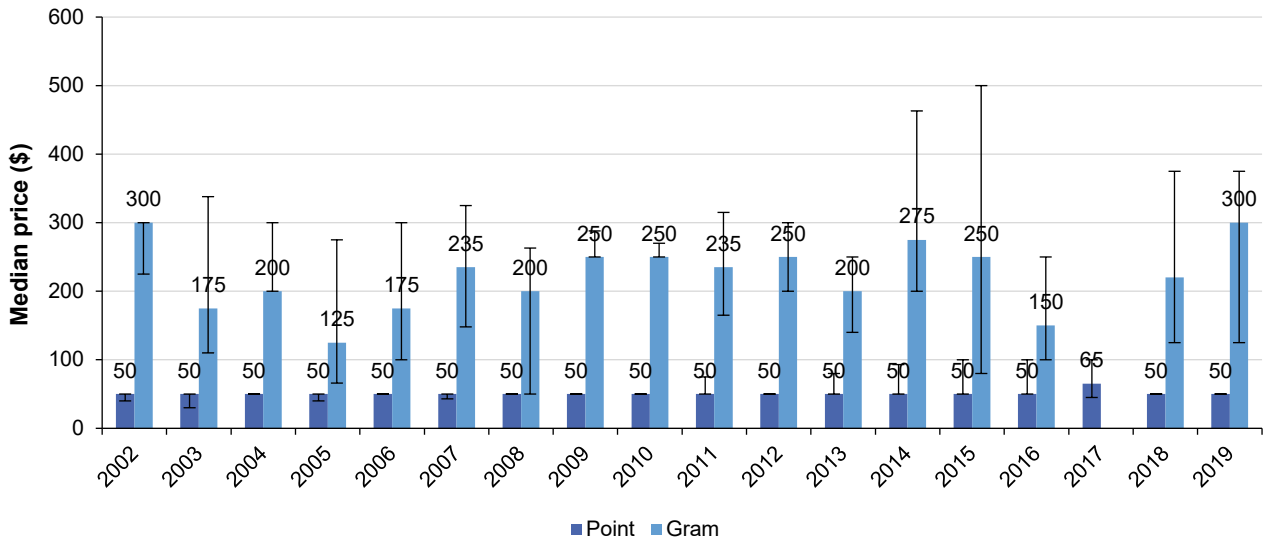
Methamphetamine Crystal

Price: The median price of a point (0.10 gram) has been \$50 over the course of monitoring, excepting higher prices recorded 2011-2016 (Figure 23). In 2020, the median price increased to \$100 (IQR=100-100), significantly higher than \$50 in 2019 (IQR=50-50; $p < 0.001$). Low numbers reported on the price of a gram in 2020 ($n \leq 5$; \$325 in 2019; $p = 0.429$; Figure 23).

Perceived Purity: Among those able to comment in 2020 ($n = 61$), 41% perceived the current purity as 'low' in 2020, the second highest per cent since monitoring began, and significantly higher than 16% in 2019 ($p = 0.003$). Eleven per cent perceived purity to be 'high' in 2020, the lowest per cent since monitoring began (35% in 2019; $p = 0.004$; Figure 24).

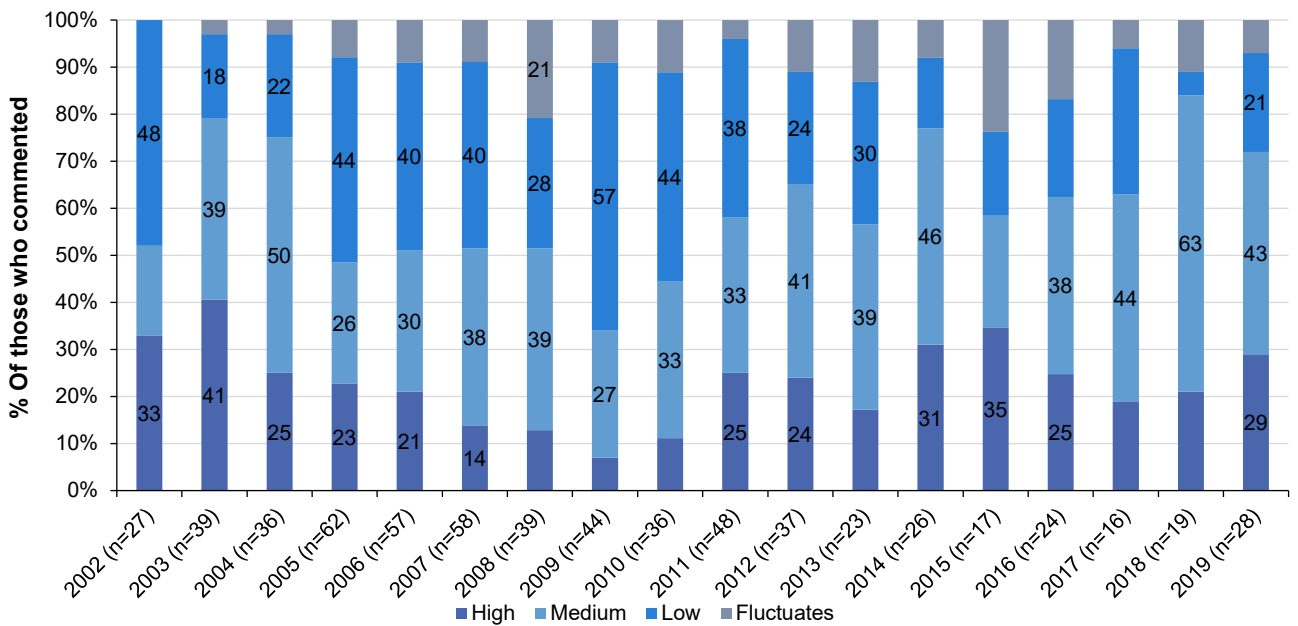
Perceived Availability: Of those who were able to comment ($n = 67$), 37% perceived availability as 'difficult' to obtain in 2020, the highest per cent observed since monitoring began and significantly higher than 2019 ($n \leq 5$; $p < 0.001$). Similarly, 16% perceived crystal methamphetamine 'very easy', the lowest per cent since monitoring, and significantly lower than 2019 (61%; $p < 0.001$; Figure 25).

Figure 20: Median price of powder methamphetamine per point and gram, ACT, 2002-2019



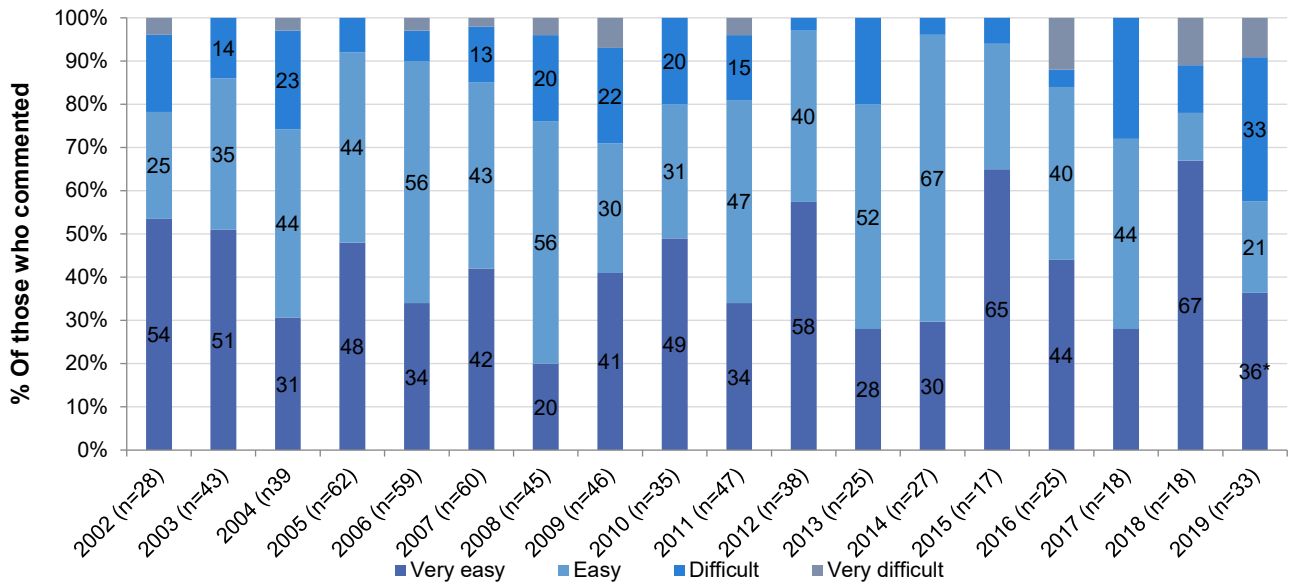
Note. Among those who commented. No respondents for the price of a gram in 2017. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 21: Current perceived purity of powder methamphetamine, ACT, 2002-2019



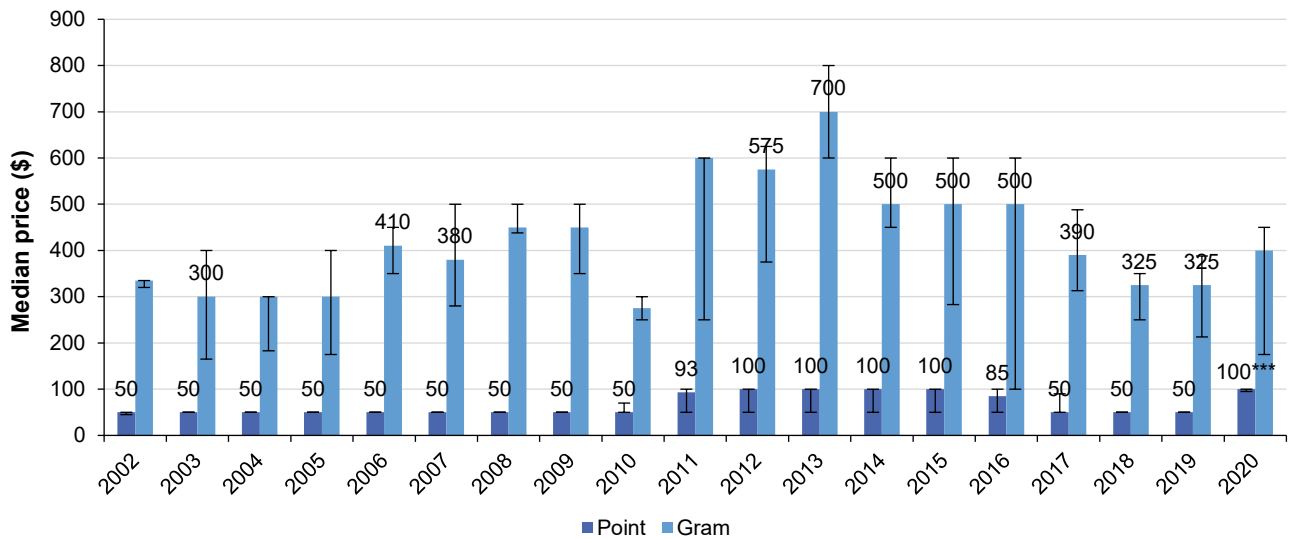
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 22: Current perceived availability of powder methamphetamine, ACT, 2002-2019



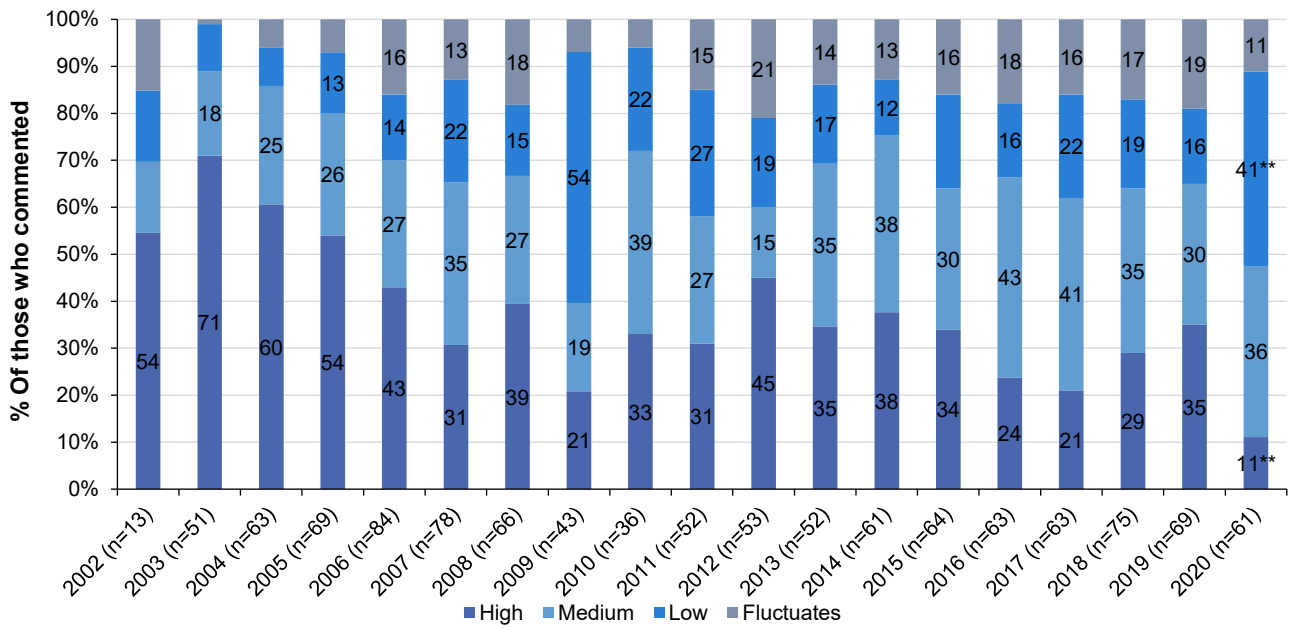
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 23: Median price of crystal methamphetamine per point and gram, ACT, 2002-2020



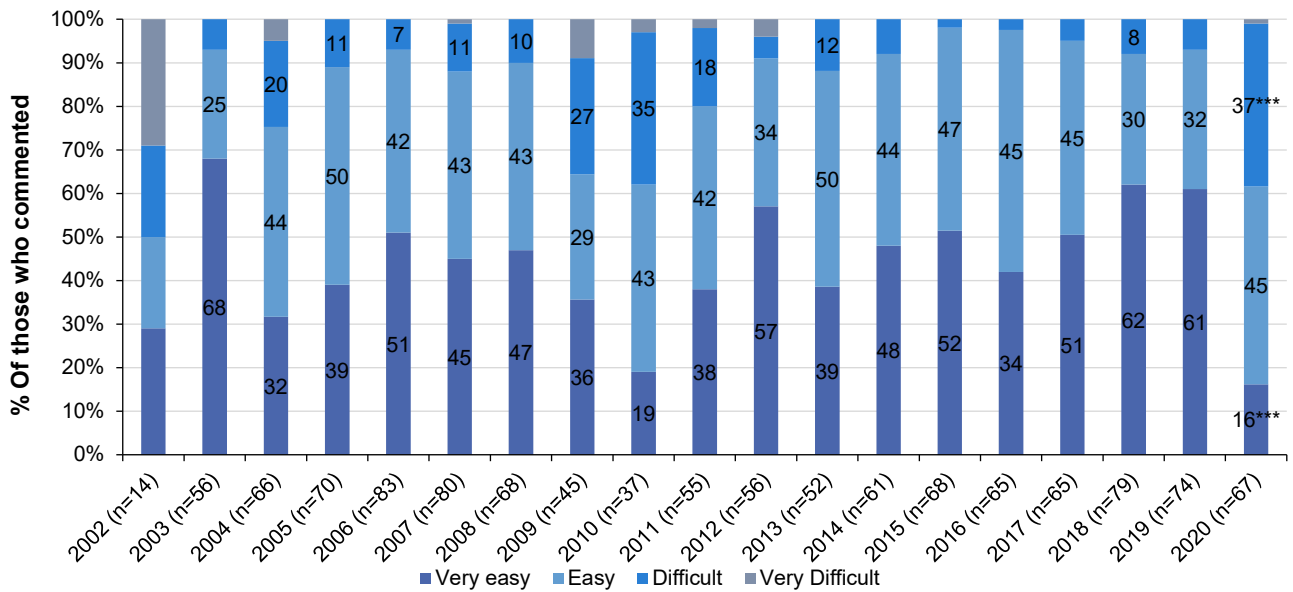
Note. Among those who commented. No respondents for the price of a point in 2014. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 24: Current perceived purity of crystal methamphetamine, ACT, 2002-2020



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 2019 versus 2020.

Figure 25: Current perceived availability of crystal methamphetamine, ACT, 2002-2020



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 2019 versus 2020.

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, excepting a peak off 40% in 2001. One-fifth of the ACT sample reported recent use in 2020 (19%; 15% in 2019; $p=0.572$; Figure 26).

Frequency of Use

Median frequency of use has varied between two and eight days, with a median of three days observed in 2020 (IQR=1-5; 2 days in 2019, IQR=1-4; $p=0.444$; Figure 26). Small numbers ($n\leq 5$) reported weekly or more frequent use of cocaine in 2019 and 2020.

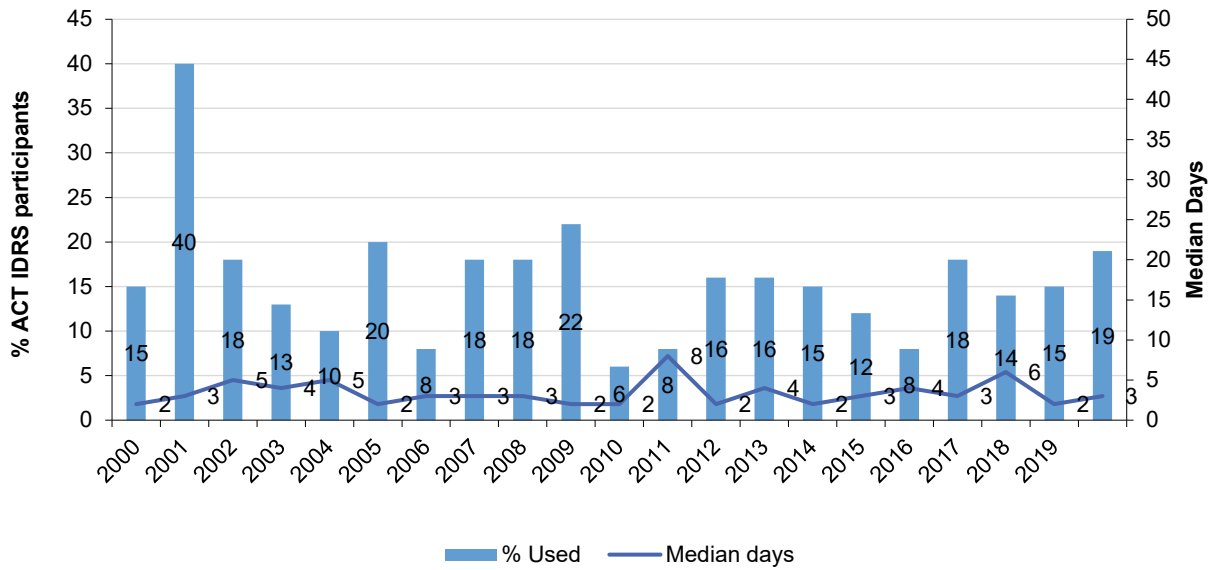
Routes of Administration

In 2020, injecting and snorting were reported as the most common routes of administration among consumers (58% and 58%, respectively; 73%, $p=0.476$ and 40%, $p=0.490$ in 2019, respectively).

Quantity

Those who reported recent cocaine use consumed a median of 0.50 grams (IQR=0.30-1.00; $n=15$) on a 'typical' day of use (0.20 grams in 2019; IQR=0.10-0.50; $n=12$; $p=0.092$).

Figure 26: Past six month use and frequency of use of cocaine, ACT, 2000-2020



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 2019 versus 2020.

Price, Perceived Purity and Availability

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

6

Cannabis

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

Recent Use (past 6 months)

Over the course of monitoring, at least three in four participants have reported recent use of cannabis (77%; 79% in 2019; $p=0.864$; Figure 27).

Frequency of Use

In 2020, median frequency of use in the past six months was 180 days (IQR=48-180; 180 days in 2019; IQR=72-180; $p=0.589$), consistent with most years historically (Figure 27). Amongst recent consumers, the majority (83%; 90% in 2019; $p=0.216$) reported weekly or more frequent use of cannabis and over half (53%; 56% in 2019; $p=0.884$) reported daily use.

Routes of Administration

Smoking was the most common route of administration amongst consumers (99%; 100% in 2019; $p=0.990$). Smaller percentages reported inhaling/vaping and swallowing cannabis ($n\leq 5$ for both).

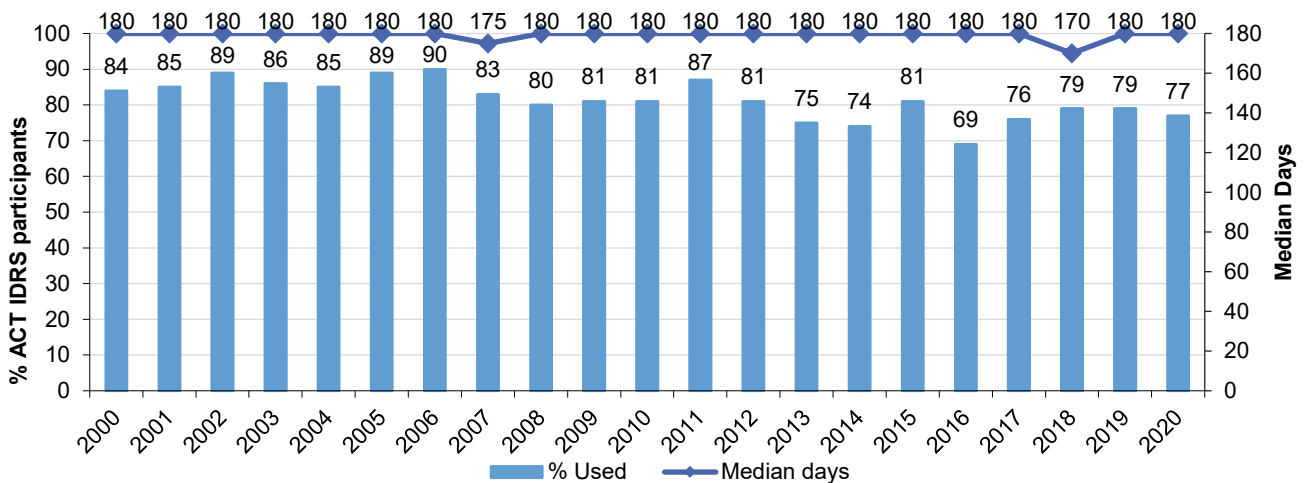
Quantity

The median intake on last occasion was one gram (IQR=0.50-1.10, $n=48$; 1 gram in 2019, IQR=0.50-1.93; $n=52$; $p=0.579$) or two cones in 2020 (IQR=1-3; $n=19$; 5 cones in 2019; IQR=2-10; $n=19$; $p=0.010$).

Forms Used

Most consumers (79%; 88% in 2019; $p=0.195$) reported recent use of hydroponic cannabis, and 55% (71% in 2019; $p=0.056$) reported use of outdoor-grown 'bush' cannabis. A small percentage reported having used hashish (11%; 27% in 2019; $p=0.025$), followed by hash oil ($n\leq 5$; 17%; in 2019; $p=0.059$).

Figure 27: Past six month use and frequency of use of cannabis, ACT, 2000-2020



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 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram in 2020 was \$20 for hydroponic cannabis (IQR=20-20; $n=24$; \$20 in 2019; IQR=20-20; $n=46$; $p=0.037$; Figure 28). The price for an ounce was recorded at \$250 (IQR=250-263; $n=16$), the lowest observed during monitoring, although not significant compared to 2019 (\$280; IQR=250-300; $n=20$; $p=0.063$; Figure 28).

Perceived Potency: Of those who could comment in 2020 ($n=43$), over half (53%; 63% in 2019; $p=0.445$) perceived hydroponic cannabis to be of ‘high’ potency, followed by a quarter (28%; 24% in 2019; $p=0.841$) reporting ‘medium’ potency (Figure 29).

Perceived Availability: Among those who were able to comment in 2020 ($n=33$), the majority reported the availability of hydroponic cannabis to be ‘easy’ (55%; 35% in 2019; $p=0.052$) or ‘very easy’ to obtain (31%; 52% in 2019; $p=0.034$), the lowest per cent reported since monitoring began (Figure 30).

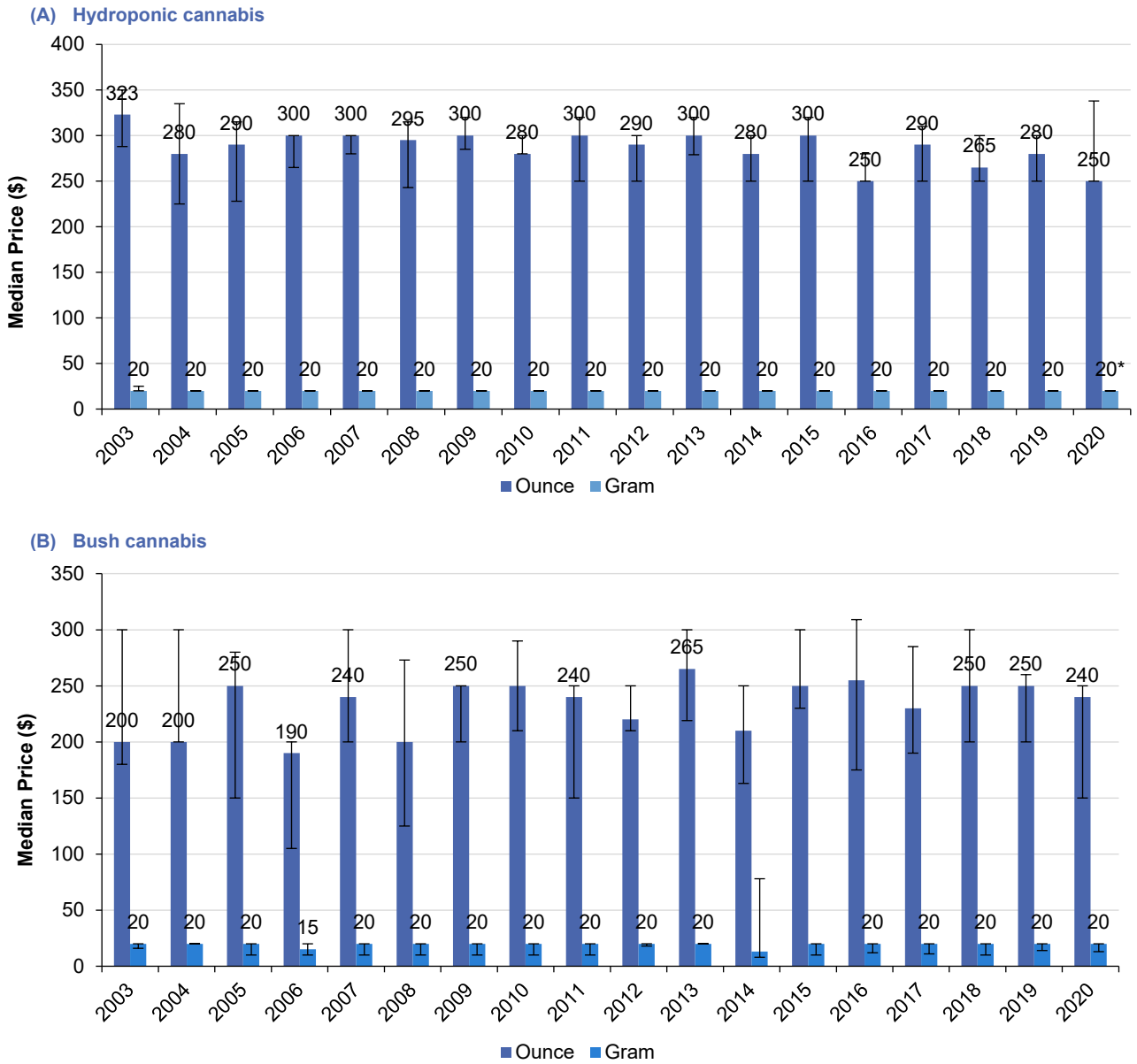
Bush Cannabis

Price: Similar to hydroponic cannabis, the median price per gram in 2020 was consistent with previous years (\$20; IQR=18-20; $n=16$; \$20 in 2019; IQR=14-20; $n=30$; $p=0.467$; Figure 28). The price per ounce of bush cannabis has fluctuated over the years and could be due to small numbers reporting (\$240 in 2020; IQR=165-250; $n=11$; \$250 in 2019; IQR=200-260; $n=15$; $p=0.412$; Figure 28).

Perceived Potency: Of those who could comment in 2020 ($n=33$), over two-fifths (45%) reported bush cannabis to be of ‘high’ potency (24% in 2019; $p=0.082$), followed by one-fifth reporting ‘medium’ potency (42%; 51% in 2019; $p=0.590$; Figure 29).

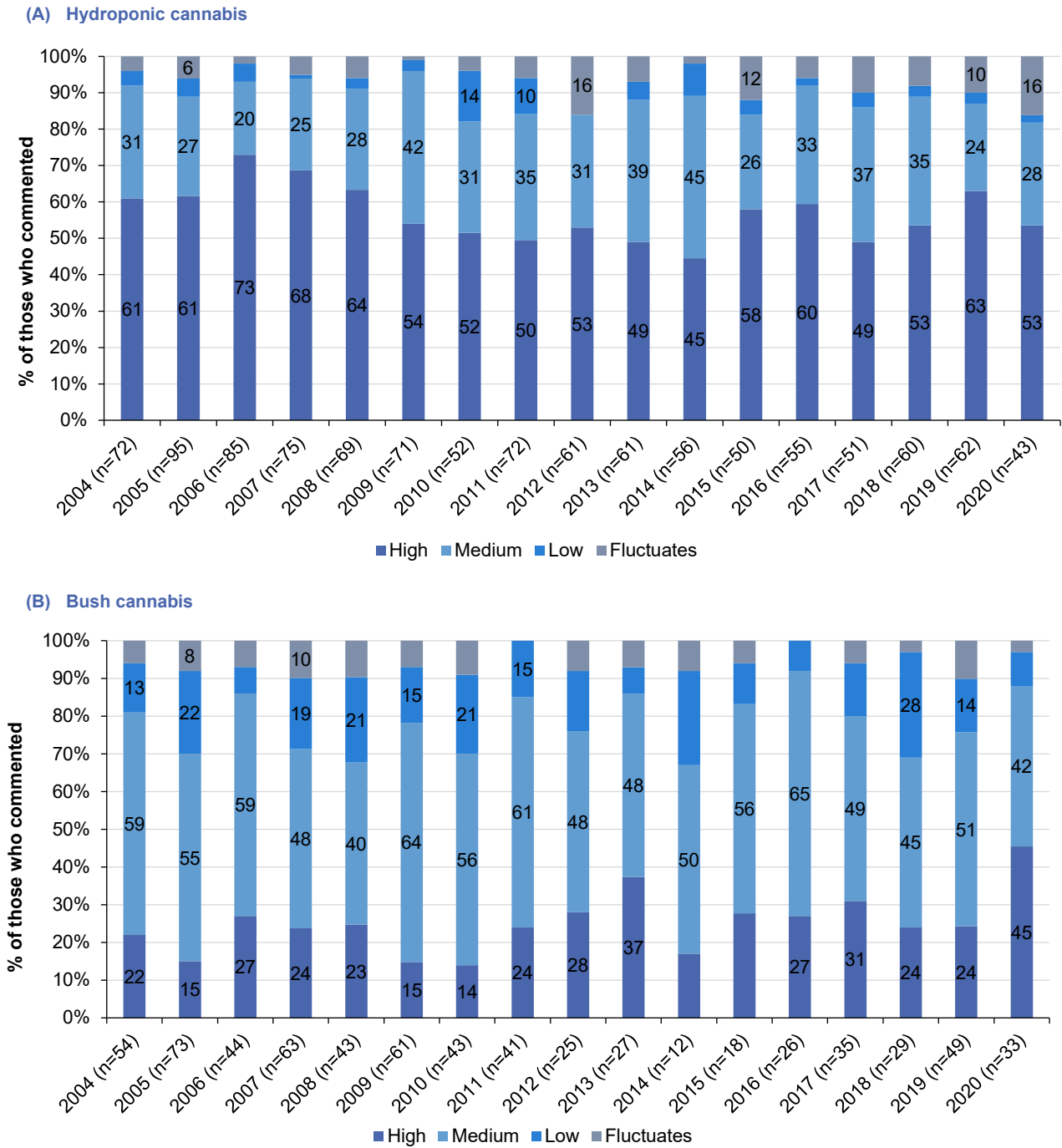
Perceived Availability: Among those who were able to comment in 2020 ($n=34$), most reported the availability of bush cannabis to be ‘easy’ (38%; 43% in 2019; $p=0.846$) or ‘very easy’ (26%; 37% in 2019; $p=0.457$) to obtain (Figure 30).

Figure 28: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2003-2020



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

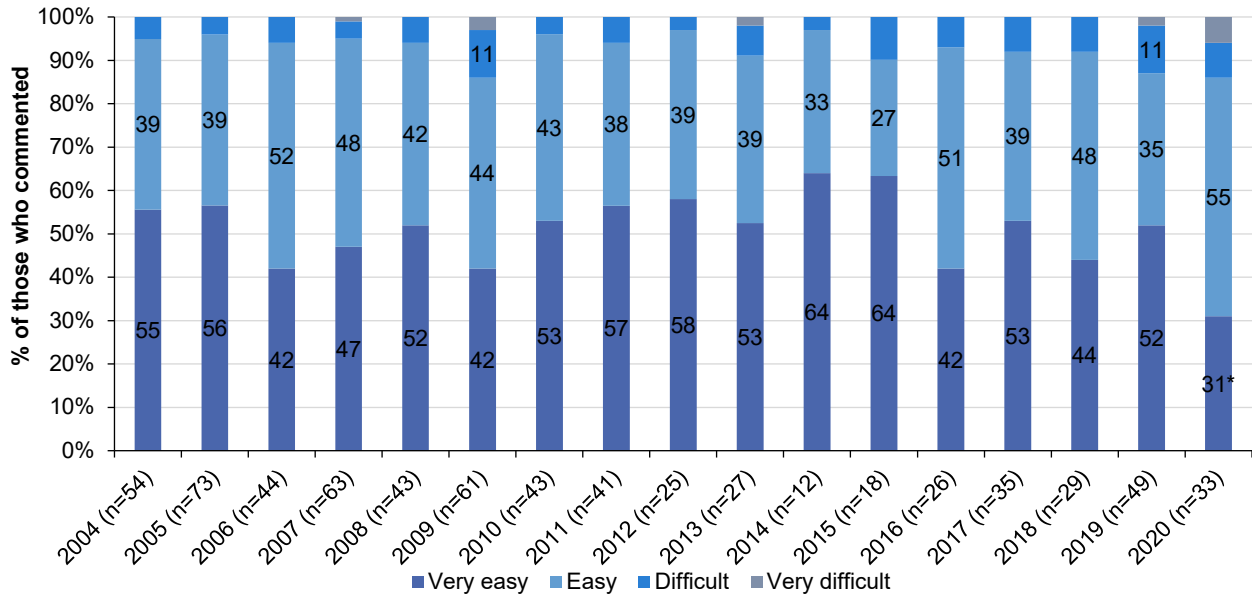
Figure 29: Current perceived potency of hydroponic (a) and bush (b) cannabis, ACT, 2004-2020



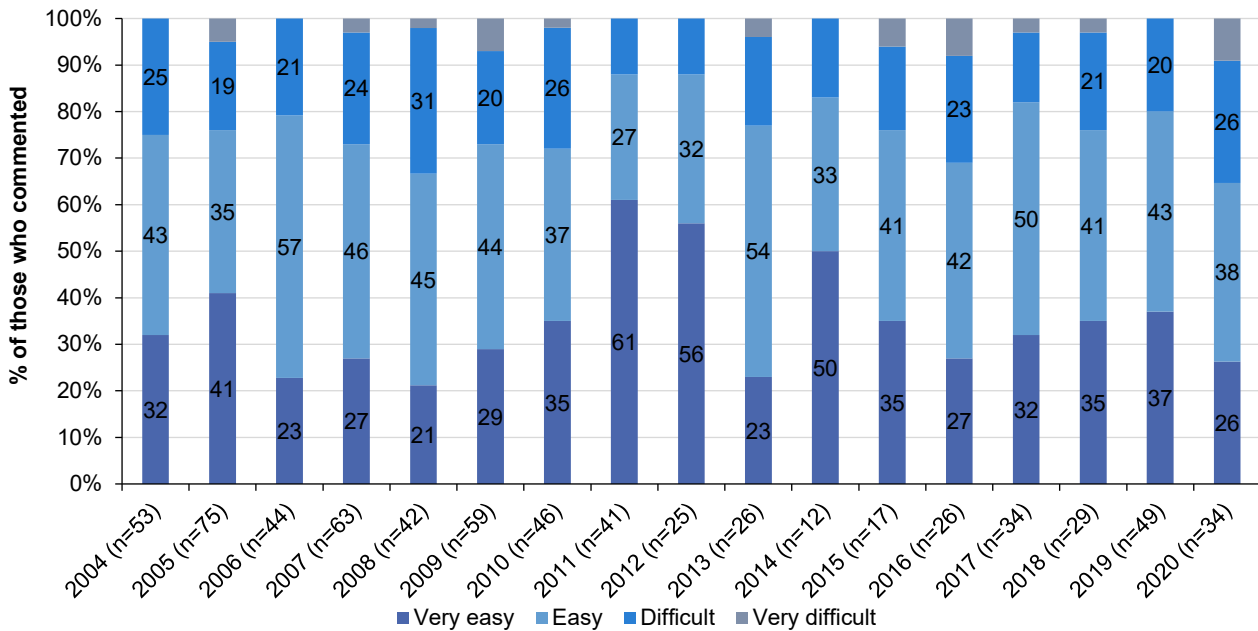
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 30: Current perceived availability of hydroponic (a) and bush (b) cannabis, ACT, 2004-2020

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. * Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

7

Pharmaceutical Opioids

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

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

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

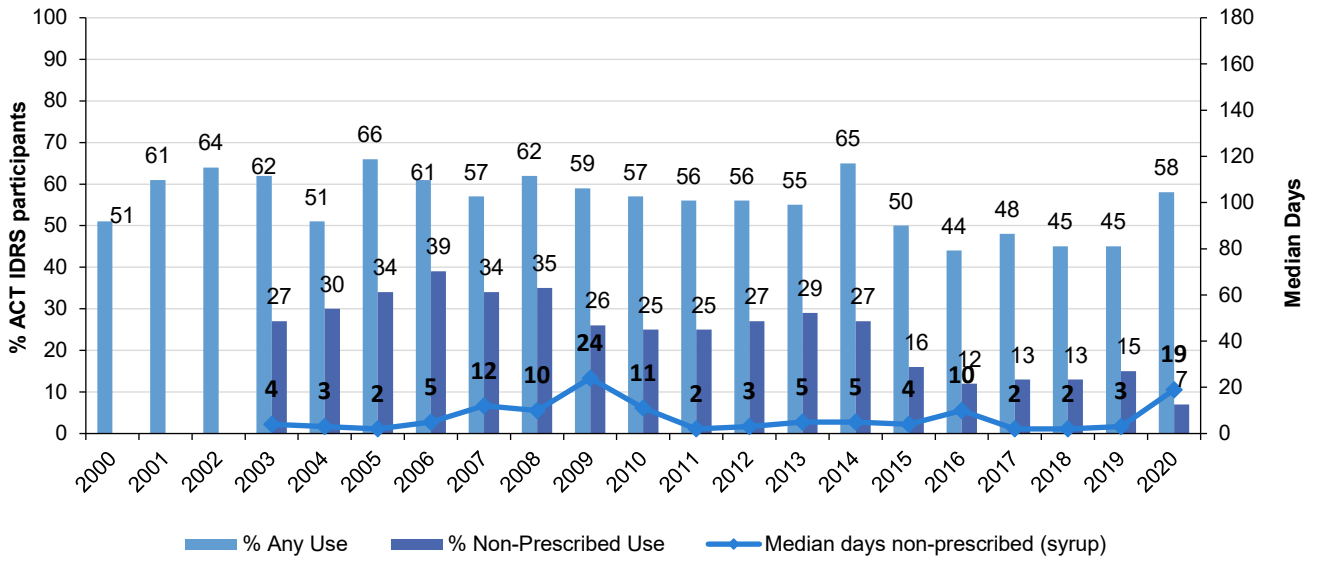
Methadone

Any Recent Use (past 6 months): Recent use of methadone (including liquid and tablets) has fluctuated over the years of monitoring, with 58% reporting recent use in 2020 (45% in 2019; $p=0.090$). In more recent years, methadone use has largely consisted of prescribed use, with the per cent reporting non-prescribed use peaking at 39% in 2006 and declining to 7% in 2020 (15% in 2019; $p=0.114$; Figure 31).

Frequency of Use: Frequency of non-prescribed use of methadone has remained fairly stable over the years. In 2020, median days was recorded at 19 (IQR=5-130), a non-significant increase from three days in 2019 (IQR=2-17; $p=0.405$).

Recent Injection: A minority ($n\leq 5$) of people who had recently consumed methadone reported injecting methadone (including methadone liquid and tablets), significantly lower compared to 2019 (27%; $p=0.002$).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, ACT, 2000-2020



Note. Includes methadone syrup and tablets. 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. Some data labels have been removed to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

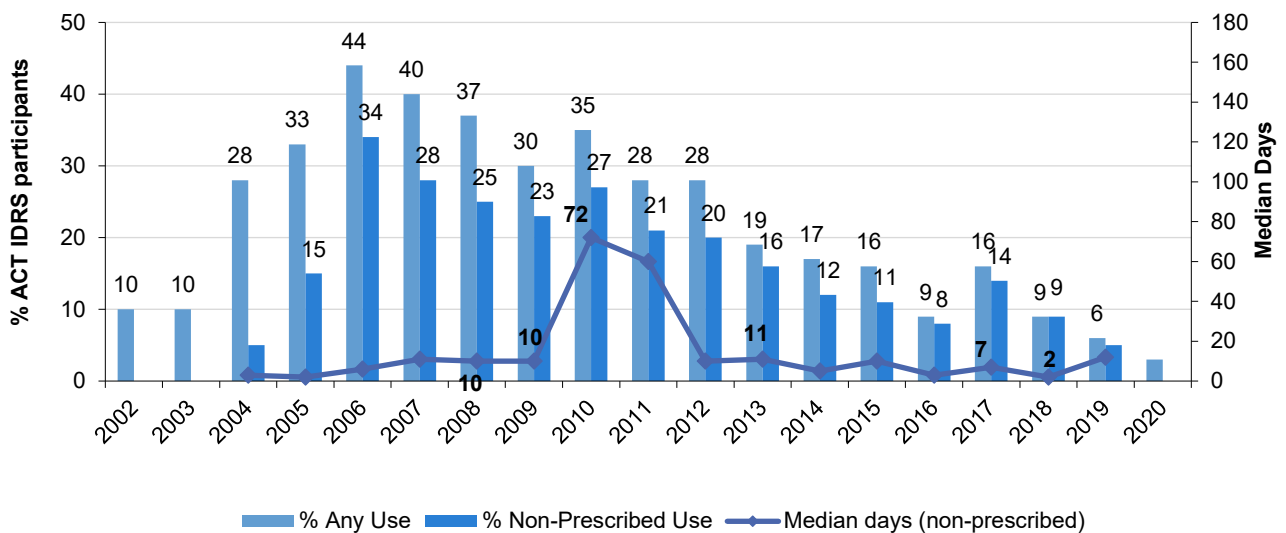
Buprenorphine

Any Recent Use (past 6 months): The per cent reporting any buprenorphine use has mainly declined in recent years, from 44% in 2006 to $n \leq 5$ in 2020 (6% in 2019; $p=0.090$; Figure 32). Since 2006, the majority of participants have reported non-prescribed use, however in 2020, no participants reported non-prescribed use (Figure 32).

Frequency of Use: Median days of use has fluctuated over the years and has since 2014 remained below 30 days (low numbers reported hence no further information is provided; Figure 32).

Recent Injection: Routes of administration are not reported due to small numbers ($n \leq 5$) reporting.

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine, ACT, 2002-2020



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. $n \leq 5$) and to improve visibility. In 2020, only non-prescribed median days was recorded.. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

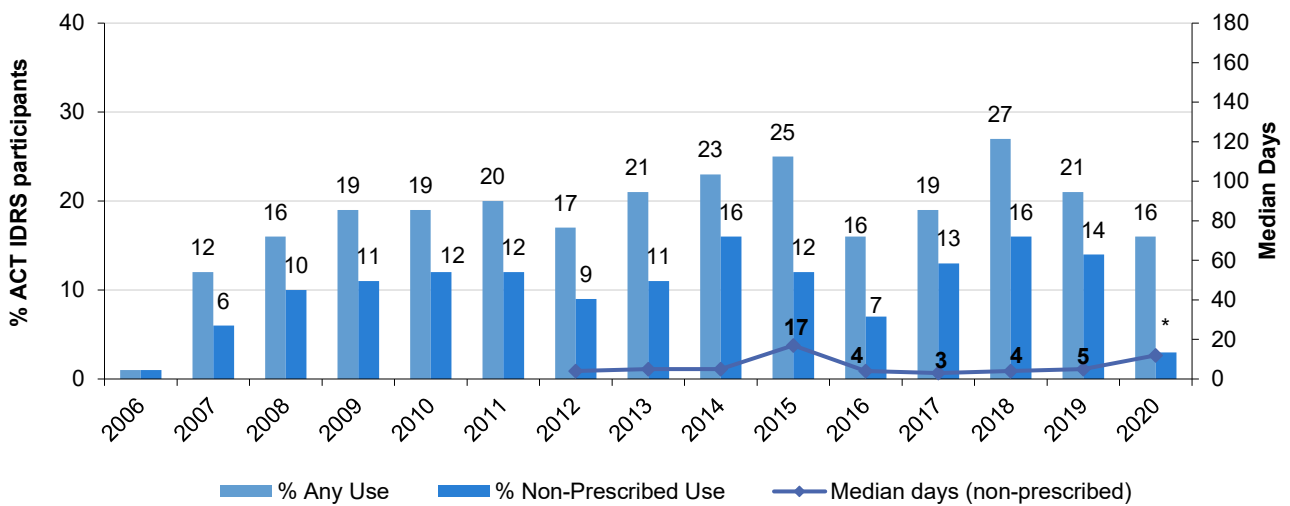
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting past six month use of buprenorphine-naloxone gradually increased until 2015 and from thereon has fluctuated. In 2020, 16% of the sample reported any buprenorphine-naloxone use (21% in 2019; $p=0.466$), and small numbers reported non-prescribed use ($n\leq 5$), significantly lower compared to 2019 (14%; $p=0.011$; Figure 33).

Frequency of Use: In 2020, small numbers reported on median days of non-prescribed buprenorphine-naloxone, hence no further information is provided (Figure 33).

Recent Injection: Small numbers reported injecting any form of buprenorphine-naloxone in 2020 ($n\leq 5$; 52% in 2019; $p=0.009$), hence no further information is provided.

Figure 33: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, ACT, 2006-2020



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2018 participants were asked about the use of buprenorphine-naloxone film only. Median days missing for 2012-2015 as unable to compute median days for both forms combined. Median days 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. $n\leq 5$) and to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Morphine

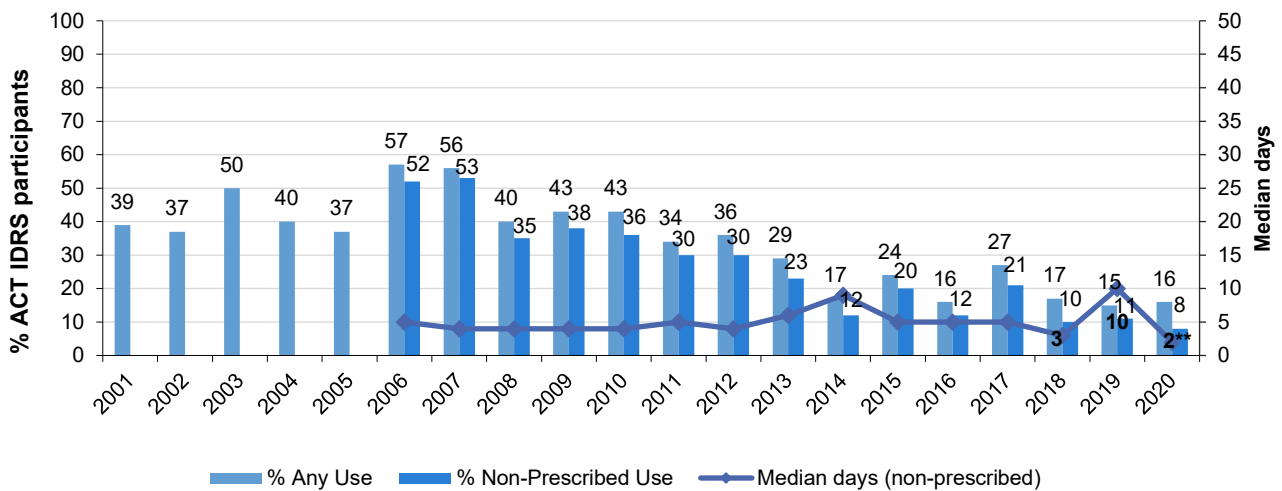
Any Recent Use (past 6 months): The per cent reporting recent use of morphine has been declining following a peak in use in 2006 (57%). In 2020, 16% reported use of morphine (15% in 2019; $p=1.000$; Figure 34).

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 (8% in 2020; 11% in 2019; $p=0.630$; Figure 34).

Frequency of Use: Frequency of non-prescribed use of morphine has consistently been low. In 2020, a significant decrease was observed (2 days; IQR=1-2) in comparison to 2019 (10 days; IQR=3-22; $p=0.008$; Figure 34).

Recent Injection: In 2020, half of participants who reported recent use (50%) had injected morphine in the past six months, significantly fewer compared to 2019 (93%; $p=0.024$).

Figure 34: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, ACT, 2001-2020



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. Some data labels have been removed to improve visibility. $*p<0.050$; $**p<0.010$; $***p<0.001$ for 2019 versus 2020.

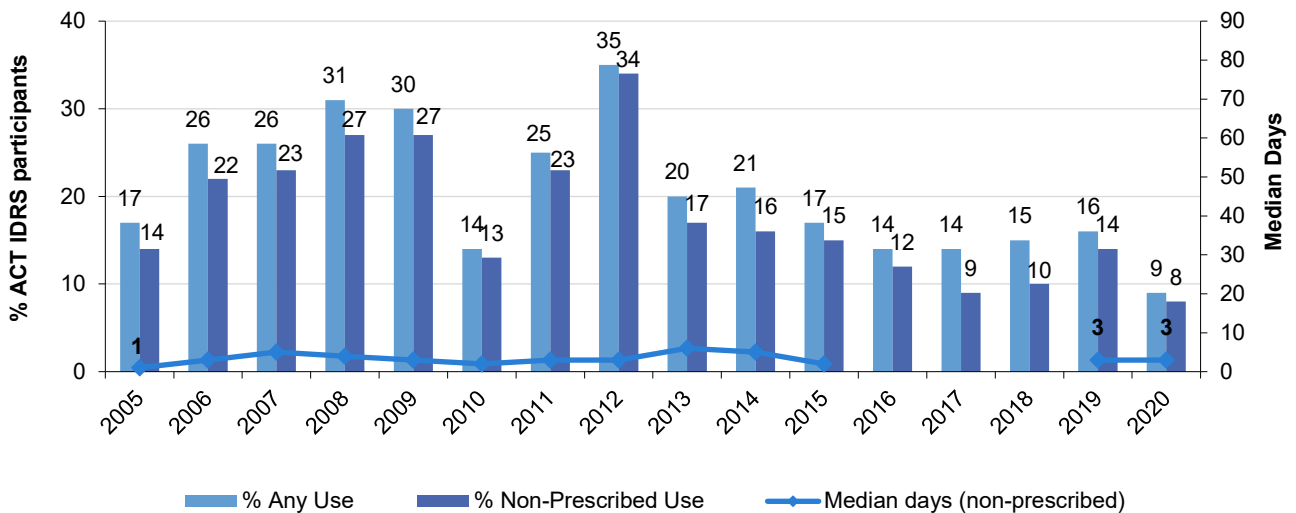
Oxycodone

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 2020 (16% in 2019; $p=0.189$; Figure 35). As with morphine, most of this use has comprised non-prescribed oxycodone, with 8% of the sample reporting recent non-prescribed use in 2020 (14% in 2019; $p=0.247$; Figure 35).

Frequency of Use: Frequency of use has mainly remained low and stable across the course of monitoring. In 2020, median days of non-prescribed oxycodone was reported at a median of three days (IQR=2-4; 3 days in 2019; IQR=2-5; $p=0.780$; Figure 35).

Recent Injection: Small numbers reported injecting oxycodone ($n\leq 5$), therefore no further information is presented.

Figure 35: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, ACT, 2005-2020



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days 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. Some data labels have been removed to improve visibility. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

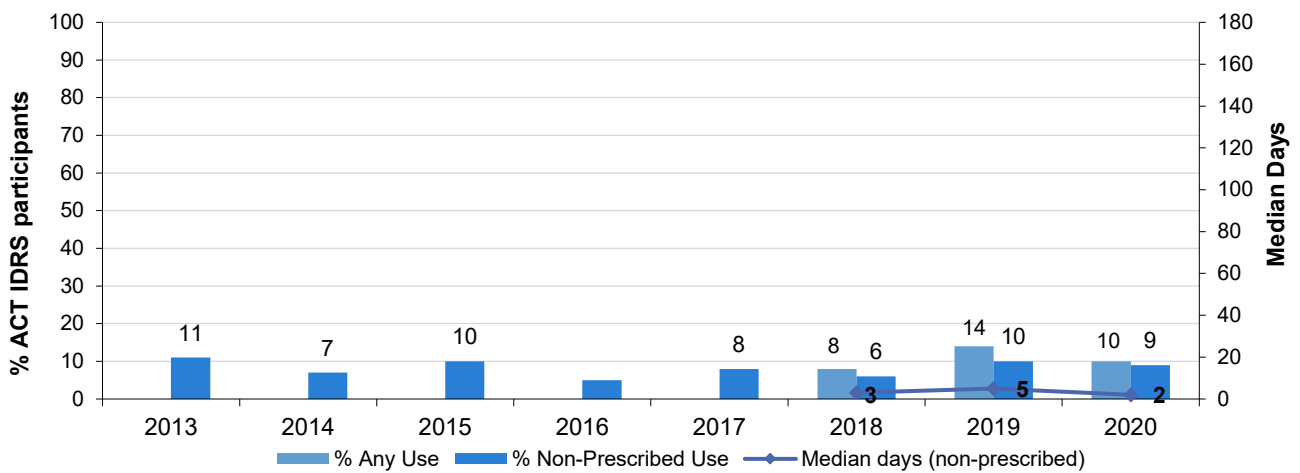
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low over the course of monitoring. In 2020, 10% of the sample reported any use of pharmaceutical fentanyl (14% in 2019; $p=0.514$). Much of this use was non-prescribed, with 9% of the sample reporting non-prescribed use in 2020 (10% in 2019; $p=1.000$; Figure 36).

Frequency of Use: Frequency of use of non-prescribed fentanyl has remained stable over the course of monitoring. In 2020, participants reported use on a median of two days in the past six months (IQR=1-5; 5 days in 2019; IQR=2-7 days; $p=0.654$; Figure 36).

Recent Injection: Fentanyl was injected by 80% of recent consumers (79% in 2019; $p=1.000$) on a median of three days (IQR=2-22; 4 days in 2019; IQR=2-7; $p=0.964$).

Figure 36: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, ACT, 2013-2020



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. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 5). In 2020, 13% of participants reported any recent use of codeine (19% in 2019; $p=0.350$), with less than one-tenth (7%) reporting prescribed use, stable relative to 2019 (16%; $p=0.080$, and seven per cent reported non-prescribed use (7% in 2019; $p=1.000$). See Figure 27 in the [IDRS ACT 2019 Report](#) for more detailed data on use of codeine.

Small numbers ($n \leq 5$) reported recently using any form of tramadol (numbers suppressed) and 9% reported recent use of any form of tapentadol ($n \leq 5$ in 2019; $p=0.251$). For further information, please refer to the [2020 IDRS National Report](#).

Table 5: Past six month use of other opioids, ACT, 2019-2020

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

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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 2020, NPS use remained stable among the sample, with 7% reporting recent use (12% in 2019; $p=0.346$), similar to the figure observed in the national sample (Table 6). 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; $n \leq 5$ in 2020; 8% in 2019).

Table 6: Past six month use of new psychoactive substances, nationally, 2020, and ACT, 2016-2020

% Recent Use (past 6 months)	National N=884	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	-	0	-	-	-#	/
'New' drugs that mimic the effects of amphetamine or cocaine	2	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	5	-	8	-	8	10
'New' drugs that mimic the effects of psychedelic drugs	1	0	-	-	-#	/
'New' drugs that mimic the effects of benzodiazepines	-	0	-	0	/	/
Any of the above	8	7	12	8	11	14

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new' drugs that mimic the effects of ecstasy or psychedelic drugs. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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 38% in 2020 (26% in 2019; $p=0.105$; Figure 37). In the total sample, 20% reported recent use of non-prescribed alprazolam (6% in 2019; $p=0.006$) and 27% reported recent use of non-prescribed other benzodiazepines (22% in 2019; $p=0.537$).

Frequency of Use: In 2020, non-prescribed use of alprazolam and other benzodiazepines was recorded on a median of two days (IQR=1-5; 4 days in 2019; IQR=2-15; $p=0.203$) and six days (IQR=5-21; 3 days in 2019; IQR=2-29; $p=0.537$), respectively.

Recent Injection: In 2019 and 2020, no recent consumers of non-prescribed benzodiazepines reported injecting as a route of administration.

Pharmaceutical Stimulants

Recent Use (past 6 months): Eight per cent reported using non-prescribed pharmaceutical stimulants in the last six months ($n\leq 5$ in 2019; $p=0.108$; Figure 37).

Frequency of Use: Participants reported non-prescribed use of pharmaceutical stimulants on a median of two days in 2020 (IQR=1-4; no comparison to 2019 provided due to small number of respondents).

Recent Injection: A small number ($n\leq 5$) reported injecting pharmaceutical stimulants in the last six months.

Anti-Psychotics

Recent Use (past 6 months): The percentage of the sample reporting recent use of non-prescribed anti-psychotics has fluctuated between 11% and 23% since monitoring began in 2011, noting that participants were asked about a specific formulation 2011-2018. In 2020, 8% reported recent use of any non-prescribed anti-psychotics (11% in 2019; $p=0.630$; Figure 37).

Frequency of Use: In 2020, non-prescribed anti-psychotics were used on a median of eight days (IQR=5-30; 15 days in 2019; IQR=3-24; $p=1.000$).

Recent Injection: None of the 2019 or 2020 sample reported injecting non-prescribed anti-psychotics.

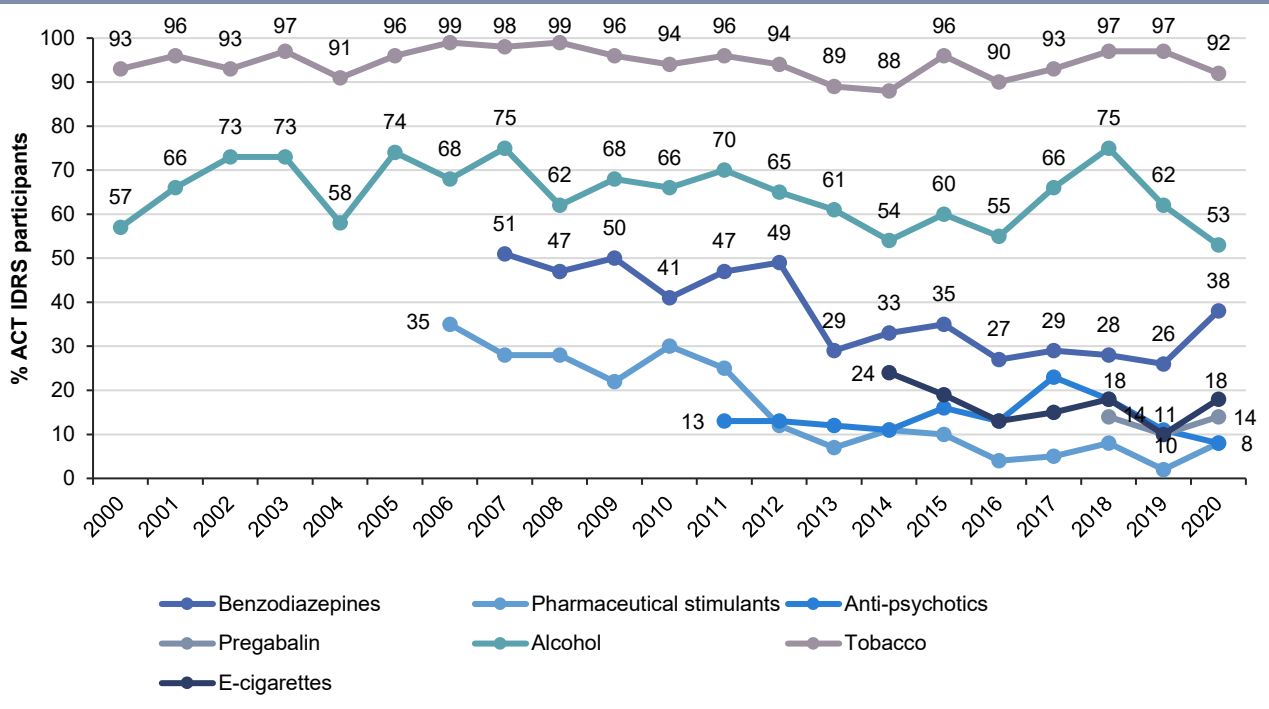
Pregabalin

Recent Use (past 6 months): In 2020, 14% of the sample had used non-prescribed pregabalin in the six months preceding interview (10% in 2019; $p=0.514$; Figure 37).

Frequency of Use: Non-prescribed use was infrequent amongst recent consumers in 2020, with a reported median of two days of use (IQR=1-4), consistent with 2019 reports (3 days; IQR=1-4; $p=0.810$).

Recent Injection: No participants reported injecting pregabalin in 2020 ($n\leq 5$ in 2019).

Figure 37: Past six month use of other drugs, ACT, 2000-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychootics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychootics 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 2019 versus 2020.

Licit and Other Drugs

Steroids

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

Alcohol

Recent Use (past 6 months): Recent use of alcohol has historically been reported by between 54%-75% of participants. In 2020, the lowest per cent was reported to have consumed alcohol in the past six months since monitoring began (53%; 62% in 2019; $p = 0.227$; Figure 37).

Frequency of Use: Median frequency of use was 48 days (i.e. twice weekly use; IQR=12-90; 48 days in 2019; IQR=12-100). In 2020, 20% of recent consumers of alcohol reported daily use (21% in 2019; $p = 1.000$).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively common since the IDRS began, with 92% of the sample reporting recent use in 2020 (97% in 2019; $p = 0.215$; Figure 37).

Frequency of Use: In 2020, median frequency of use was 180 days (IQR=180-180; 180 days in 2019; IQR=180-180 days; $p = 0.854$), with 90% of recent consumers reporting daily use (91% in 2019; $p = 1.000$).

E-cigarettes

Recent Use (past 6 months): E-cigarette use has fluctuated since monitoring began, from 24% in 2014 to 18% in 2020 (10% in 2019; $p=0.145$; Figure 37).

Frequency of Use: In 2020, median frequency of use was seven days (IQR=2-48; 2 days in 2019; IQR=1-180 days; $p=0.548$). Small numbers reported daily use ($n\leq 5$).

Forms Used: Among recent consumers ($n=18$), the majority (83%) reported using e-cigarettes containing nicotine. None of the participants reported that it contained cannabis or nicotine and cannabis.

Reason for Use: Three-fifths (61%) reported using e-cigarettes as a smoking cessation tool.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2020, eight per cent of participants reported recent use of GHB/GBL/1,4-BD. Further questions regarding recent use of GHB/GBL/1,4-BD were not asked of participants in 2020.

Recent Injection: Small numbers reported recent injection in 2020 ($n\leq 5$), therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

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

In 2020, 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). Drug other than opioids were split into the following data coding:
 - **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.

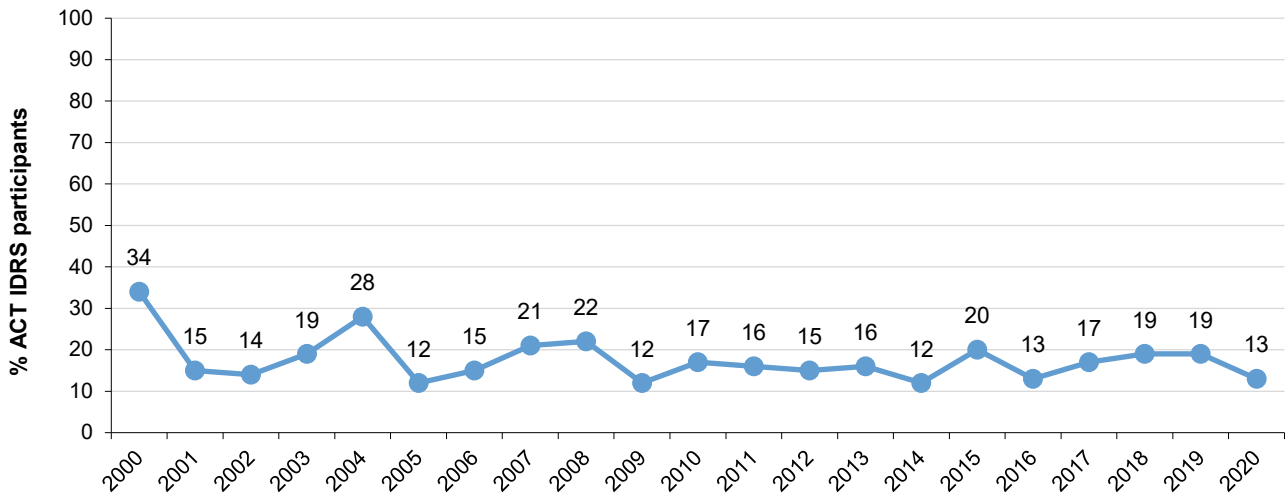
In 2019, participants were explicitly queried about stimulant and 'other drug' overdose.

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

Any past 12-month non-fatal overdose in the ACT sample has fluctuated somewhat between 2000-2008 (potentially in part due to differences in the way questions regarding overdose were asked) but stabilised from 2009 onwards (Figure 38).

In 2020, 13% reported any non-fatal drug overdose in the past 12 months (19% in 2019; $p=0.335$). The most commonly cited substance involved in past year non-fatal overdose was heroin (11%; 14% in 2019; $p=0.669$; Table 7). Those who reported a non-fatal overdose on heroin had done so on a median of two occasions (IQR=1-2) in the last 12 months. Among those that had overdosed on heroin in the past year, 55% reported receiving naloxone (Narcan®).

Figure 38: Past 12 month non-fatal overdose, ACT, 2000-2020



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 7: Past year non-fatal overdose by drug type, nationally, 2020, and ACT, 2017-2020

	National 2020	2020	2019	ACT 2018	2017
% Any opioid overdose	N=881 13	N=100 11	N=100 14	N=92 15	N=100 12
% Heroin overdose	N=882 11	N=100 11	N=100 14	N=92 14	N=100 11
% Methadone overdose	N=881 1	N=100 -	N=100 0	N=99 0	N=100 -
% Morphine overdose	N=881 <1	N=100 0	N=100 0	N=96 0	N=100 -
% Oxycodone overdose	N=881 0	N=100 -	N=100 0	N=100 -	N=100 0
% Other drug overdose					
% Including stimulants	N=881 6	N=100 -	N=100 6	N=98 7	N=88 -
% Not including stimulants	N=883 3	N=100 -	N=100 -	/	/
% Any drug overdose	N=880 18	N=100 13	N=100 19	N=91 19	N=96 16

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers ($n \leq 5$ but not 0). / participants not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed ‘naloxone when used for the treatment of opioid overdose’ on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, 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 (93% and 81% of 2020 participants, respectively (Figure 39).

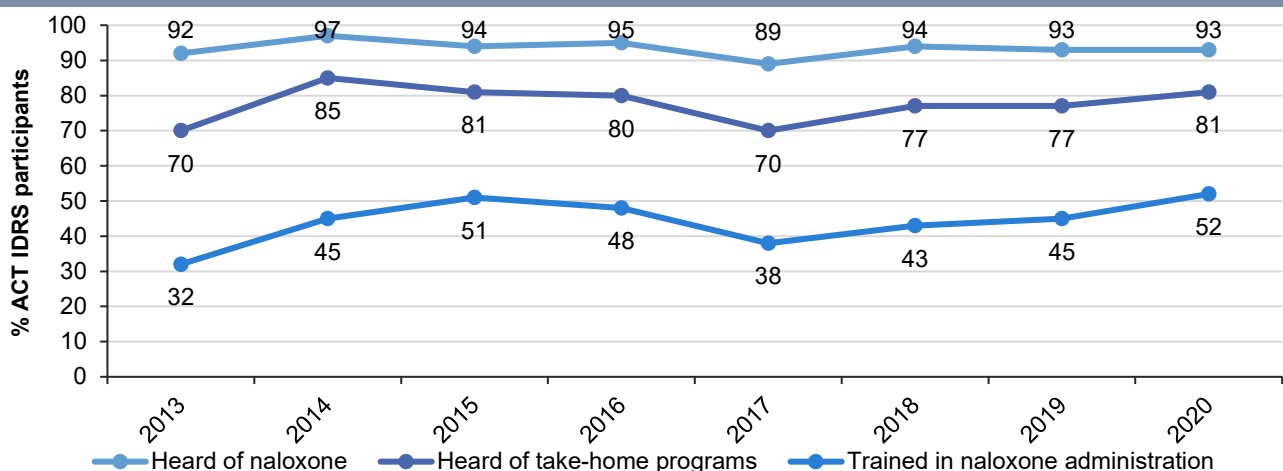
Participation in Training Programs: Over half reported participation in naloxone training programs (52%; 45% in 2019; $p=0.396$; Figure 39).

Accessed Naloxone: Of the total sample, half (50%) reported having ever accessed naloxone. Of those who had never accessed naloxone ($n=47$), most common reasons included ‘don’t consider myself/my peers at risk of overdose’ (40%) and ‘don’t use opioids’ (14%). Of those who reported ever accessing naloxone and commented ($n=45$), three-fifths (62%) reported last receiving intranasal naloxone and two-fifths (38%) reported receiving intramuscular naloxone. On the last occasion, one-third (35%) reported accessing naloxone from a drug treatment service, and one-quarter (26%) from an NSP. The majority of participants (93%) reported that they did not have to pay the last time they accessed naloxone.

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded ($n=93$), 37% reported that they had resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past year opioid overdose and commented ($n=10$), 70% ($n=7$) reported that they had been resuscitated by a peer using naloxone in their lifetime.

Of those who reported ever accessing naloxone and commented ($n=46$), over half (59%) reported that they ‘always’ had naloxone on hand when using opioids in the past month.

Figure 39: Take-home naloxone program and distribution, ACT, 2013-2020



Note. Nationally, 83% had heard of naloxone, 65% had heard of the take-home naloxone program and 34% were trained in naloxone administration and 32% in 2020. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

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 2020, over one in ten participants reported distributive sharing (15%; 11% in 2019; $p=0.565$) and 6% reported receptive sharing (8% in 2019; $p=0.782$) in the past month (Figure 40).

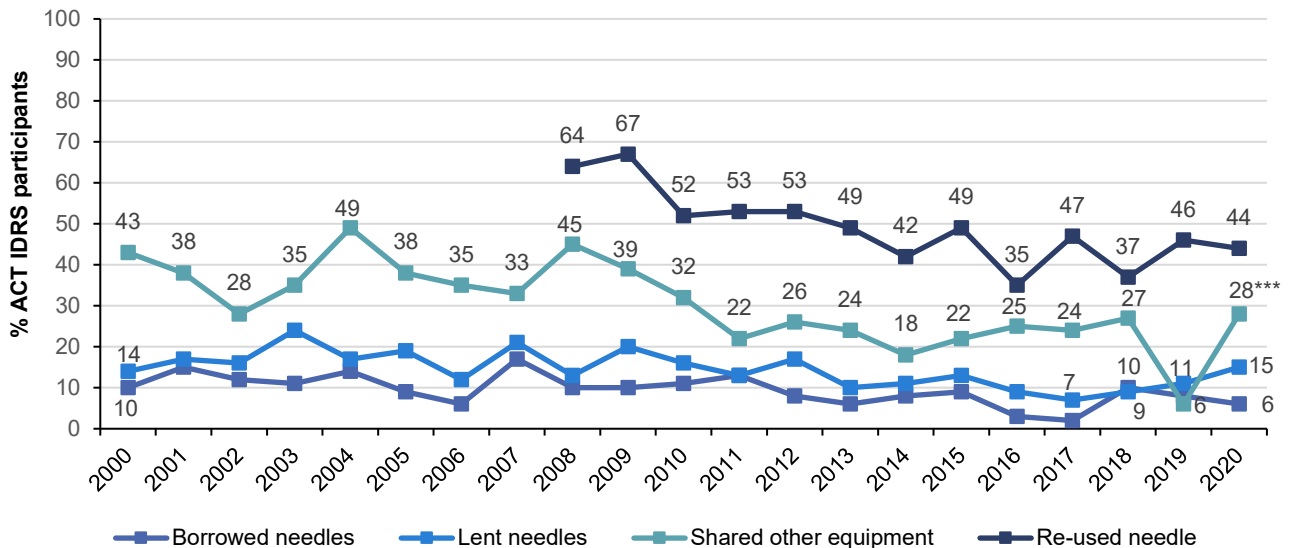
The per cent of those who have shared other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month has fluctuated between 2000-2011, with rates stabilising from about 2011 onwards (Table 8). In 2019, there was a notable decrease in those reporting sharing other equipment compared to other years, recovering in 2020 (28% in 2020 versus 6% in 2019; $p<0.001$; Figure 40).

The per cent of the sample who reported re-using their own needles in the past month has declined from 64% in 2008 to 44% in 2020 (46% in 2019; $p=0.836$; Figure 40).

One-third (30%; 33% in 2019; $p=0.761$) reported that they had injected someone else after injecting themselves, and one-fifth (19%; 21% in 2019; $p=0.860$) were injected by someone else who had previously injected in the past month (Table 8).

Consistent with previous years, most participants (91%; 82% in 2019; $p=0.087$) reported that they had last injected in a private home (Table 8).

Figure 40: Borrowing and lending of needles and sharing of injecting equipment in the past month, ACT, 2000-2020



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 2019 versus 2020.

Table 8: Sharing and re-using needles and injecting equipment in the past month, nationally, 2020, and ACT, 2015-2020

	National 2020	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 5	6	8	10	-	-	9
Lent a needle	N=875 9	15	11	9	7	9	13
Shared any injecting equipment ^ (n)	N=877 25	28***	6	27	24	25	22
Reused own needle	N=878 44	44	46	37	47	35	49
Injected partner/friend after injecting self (with either a new or used needle)	N=878 32	30	33	26	31	33	/
Somebody else injected them after injecting themselves (with either a new or used needle)	N=878 17	19	21	14	9	10	/
% Location of last injection							
Private home	83	91	82	91	85	83	85
Car	5	7	-	-	6	-	0
Street/car park/beach	5	0	-	-	-	6	-
Public toilet	4	.*	10	-	-	6	-
Other	2	0	0	0	0	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes). / denotes that this item was not asked in these years. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

In 2020, one-quarter (24%) of the sample reported having an injection-related health issue in the month preceding interview, significantly fewer than reports in 2019 (47%; $p=0.001$) (Table 9). The most common injection-related health issues reported by participants was any nerve damage (9%; 20% in 2019; $p=0.042$), followed by any infection/abscess (8%; 18% in 2019 $p=0.055$) and a dirty hit (6%; 24% in 2019; $p=0.001$).

Table 9: Injection-related issues in the past month, ACT, 2019-2020

	2020 (N=100)	2019 (N=100)
% Artery injection	-*	15
% Any nerve damage	9*	20
% Any thrombosis	-	10
Blood clot near the surface of skin	-	8
Blood clot in the deep veins	0	-
% Any infection/ abscess	8	18
Skin abscess or cellulitis	-	12
Endocarditis	-	6
Another serious infection (e.g. sepsis, osteomyelitis)	-	-
% Dirty hit	6**	24
% Any injection related problem	24**	47

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Drug Treatment

Around half of participants have reported to be in any drug treatment historically. However, in 2020, significantly more participants reported to be in any drug treatment compared to 2019 (71% versus 49% in 2019; $p=0.002$), most commonly receiving methadone (52%; 30% in 2019; $p=0.003$; Table 10).

In 2020, of those not currently in drug treatment ($n=29$), small numbers ($n\leq 5$) reported having difficulties accessing treatment in the past six months and 17% reported wanting to access treatment but not trying to. Few participants ($n\leq 5$) were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 10: Current drug treatment, nationally, 2020, and ACT, 2015-2020

	National		ACT				
	N=884	N=100	N=100	N=100	N=100	N=100	N=100
	2020	2020	2019	2018	2017	2016	2015
% Current drug treatment	48	71**	49	42	47	46	53
Methadone	31	52**	30	28	39	36	38
Buprenorphine	2	-	0	-	-	-	-
Buprenorphine-naloxone	8	9	-	10	7	6	6
Buprenorphine depot injection	2	-	0	/	/	/	/
Drug counselling	11	13	8	-	0	-	-
Other	4	-	12	0	0	0	0

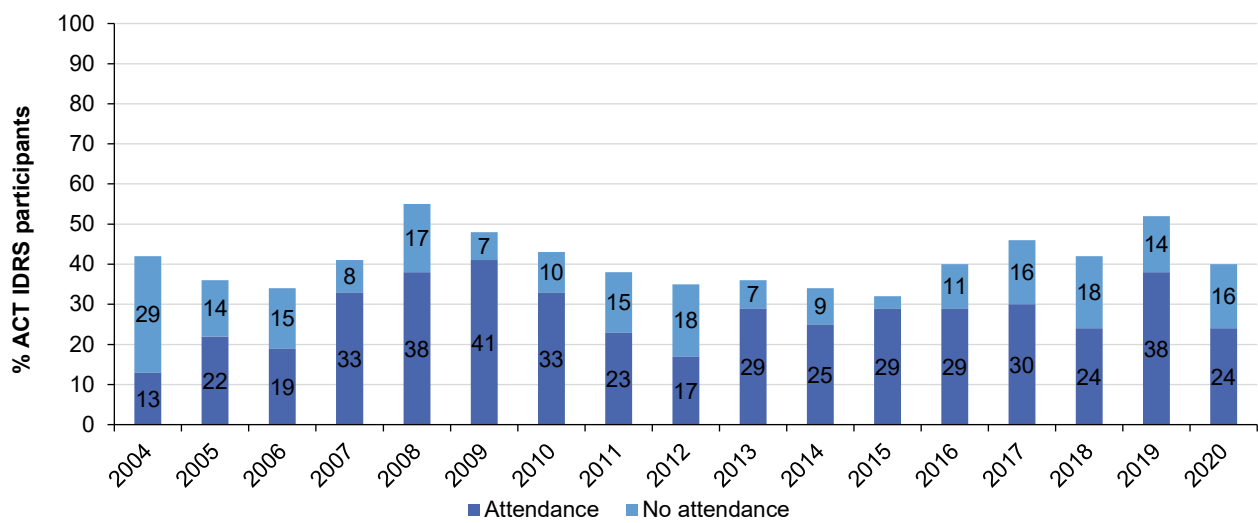
Note. Numbers suppressed when $n\leq 5$ (but not 0). / not asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Mental Health

Two-fifths (40%) self-reported that they had experienced a mental health problem in the preceding six months in 2020; 53% reported this outcome in the 2019 sample ($p=0.113$; Figure 41). Amongst this group in 2020, the most commonly reported problems were depression (70%), anxiety (46%) and post-traumatic stress disorder (16%). One-quarter of the total sample (24%; 59% of those who reported a mental health problem) had seen a mental health professional during the past six months (Figure 41).

Seventy per cent of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months (79% in 2019; $p=0.604$).

Figure 41: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2004-2020



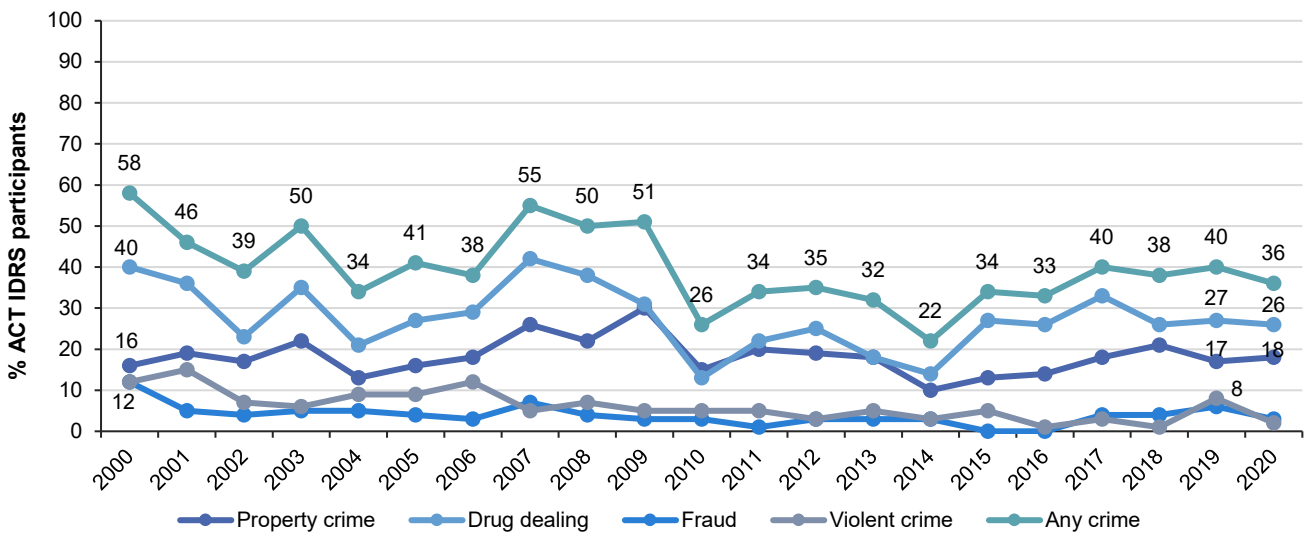
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Crime

The per cent reporting past month criminal activity has fluctuated between 22% (2014) and 58% (2000) in the ACT sample (Figure 42). Selling drugs for a cash profit (26%) and property crime (18%) remained the most common crimes reported in the month preceding interview in 2020. Past month self-reported fraud and violent crime remained low throughout monitoring (Figure 42). Fifteen per cent reported being a victim of a crime involving violence (e.g., assault) in 2020, stable from 2019 (21%; $p=0.339$).

Fifty-two per cent of the sample reported a lifetime prison history in 2020, a significant decrease from 2019 (72%; $p=0.005$). One-fifth (22%) of the sample reported being arrested in the preceding 12 months, stable relative to 2019 (32%; $p=0.164$).

Figure 42: Self-reported criminal activity in the past month, ACT, 2000-2020



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.