EDRS

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2020

Key Findings from the Australian Capital Territory
Ecstasy and related Drugs Reporting System (EDRS)
Interviews

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2020: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) 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

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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

4-AcO-DMT	*4-Acetoxy*-N,N-dimethyltryptamine
4-FA	4-Fluoroamphetamine
5-MeO-DMT	*5-methoxy*-N,N-dimethyltryptamine
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AUDIT	Alcohol Use Disorders Identification Test
BZP	Benzylpiperazine
DMT	Dimethyltryptamine
DO-x	4-Substituted-2,5-dimethoxyamphetamines
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylendioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
MXE	Methoxetamine
N (or n)	Number of participants
NBOMe	N-methoxybenzyl
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
PMA	Paramethoxyamphetamine
REDCap	Research Electronic Data Capture
SD	Standard deviations
UNSW	University of New South Wales
WHO	World Health Organisation

Executive Summary

The ACT EDRS sample is a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisement on websites and via word-of-mouth in Canberra, ACT. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from April-June: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were also delivered via phone/videoconference 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 ACT EDRS sample (N=101) recruited from Canberra were predominantly a young, educated group, with slightly more male (56%) participants than females, consistent with the sample profile in 2019 and since monitoring commenced. Ecstasy and cannabis were the drugs of choice (31% and 25%, respectively) and the drugs used most often in the preceding month (20% and 44%, respectively) in 2020.

COVID-19

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Seven 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, most participants (88%) had practised social distancing and 82% had undergone home isolation. Ecstasy was reported by two-in-five participants (40%) as the drug most used in February 2020 (before COVID-19 restrictions), and by one-in-five participants (20%) in the month prior to interview. By contrast, cannabis was reported by one-quarter (25%) as the drug most used in February, and by 44% in the month prior to interview. Overall, participants reported a perceived decrease in use of a number of drugs since March, including ecstasy/MDMA

(71%), amyl nitrite (60%), nitrous oxide (59%) and ketamine (43%). The primary reasons for a decrease in use of these drugs comprised 'fewer opportunities to be with people or to go out'. An increase in cannabis use was observed, mainly cited as due to 'boredom/less things to occupy time'. Most participants reported drug availability as stable, although around one-third of participants reported a decrease of availability for MDMA pills, MDMA capsules, MDMA crystal, LSD and cocaine since COVID-19 restrictions. Half (50%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, 25% reported 'similar' and 25% reported their mental health as 'better'. Eight per cent of the participants reportedly sought information on how to reduce the risk of acquiring COVID-10 or avoiding impacts of restrictions on drug acquisition and use. Over half (54%) 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.

Ecstasy

The ecstasy market has diversified over the past few years, with recent (i.e., past six month) use of ecstasy pills declining significantly in 2020, whilst recent use of ecstasy capsules significantly increased and remained the most commonly used form of ecstasy (55% and 91% of the sample endorsing use in 2020, respectively). The per cent reporting recent use of capsules was the highest observed over the course of monitoring whereas the per cent reporting use of pills was the lowest observed. There were some indications of a decline in the price of certain forms of ecstasy in 2020.

Methamphetamine

Use of methamphetamine has been declining amongst the ACT sample since the commencement of monitoring, with the lowest per cent (15%) reporting any recent use in 2020 (33% in 2019). While powder (speed) has consistently been the main form used, the difference in the percentage reporting recent use of powder and crystal continued to decline

(12% and n≤5, respectively). Use has remained relatively infrequent over the course of monitoring.

Cocaine

The per cent reporting any recent use of cocaine increased significantly from 75% in 2019 to 89% in 2020, the highest per cent since monitoring began. Use remained infrequent, however, with one-in-ten recent consumers (11%) reporting weekly or more frequent use. The 'typical' quantity used in a session was significantly higher in 2020 compared to 2019. An increased per cent of participants perceived cocaine to be of 'high' purity in 2020 and reports of perceived availability as 'difficult' or 'very difficult' were the lowest observed.

Cannabis

At least three in four participants have reported any recent use of cannabis each year since monitoring began (85% in 2020). Over one-fifth (22%) reported daily cannabis use. These findings are consistent with previous years. The percentage reporting swallowing and/or inhaling/vaporising cannabis increased relative to 2019.

Ketamine and LSD

Recent use of ketamine and LSD has fluctuated over the period of monitoring. In 2020, nearly half (47%) of participants reported any recent ketamine use, a significant increase from one-third (33%) in 2019, whereas any recent use of LSD remained stable (41% in 2020; 42% in 2019). Both ketamine and LSD were perceived to be significantly easier to obtain in 2020 compared to 2019.

New Psychoactive Substances (NPS)

Seventeen per cent of the sample reported recent use of at least one form of NPS; this was significantly lower than reports from 2019 (30%). For the past years, DMT has been the most commonly used NPS. Frequency of use remained low.

Other Drugs

Reported recent non-prescribed use of pharmaceutical stimulants significantly increased from 31% in 2019 to 45% in 2020, as did any recent use of hallucinogenic mushrooms (from 14% to 29%) and amyl nitrite (from 47% to 64%). Sixty-four per cent reported any recent nitrous oxide use, the highest per cent since monitoring began. Alcohol and tobacco use were common in the sample, with half (49%) of recent tobacco consumers reporting daily use. The frequency of alcohol use increased from 30 median days in 2019 to 48 median days in 2020 (i.e. twice weekly). Over half (52%) of the sample reported using e-cigarettes recently in 2020; frequency of use remained stable at a median of nine days.

Drug-Related Harms and Other Associated Behaviours

Nearly all participants (91%) obtained a score of eight or more on the AUDIT scale, indicative of hazardous alcohol use, a significant increase from 80% in 2019. Twelve per cent of the sample reported a non-fatal stimulant overdose and one-quarter (25%) reported a non-fatal depressant overdose (including alcohol) in the 12 months prior to interview. Small numbers (n≤5) reported past month drug injection and being currently in drug treatment (n≤5). Over half the sample (52%) self-reported that they had experienced a mental health problem in the preceding six months, and over half (56%) of this group had seen a mental health professional in the same period. Past month drug-dealing (19%) and property crime (9%) remained the two main forms of criminal activity in 2020, though property crime had significantly declined relative to 2019, as had reports for any past month crime (24% versus 46% in 2019). Social networking applications were the most popular means of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview (74%), followed by text messaging (51%) and face-to-face (49%). There was a significant increase in participant reports of obtaining drugs via a collection point in 2020 relative to 2019 (25% versus 9% in 2019).

EDRS
Ecstasy and Related Drugs
Reporting System

2020 AUSTRALIAN CAPITAL TERRITORY SAMPLE CHARACTERISTICS

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

21 years   **56%**
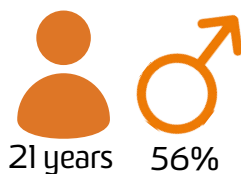
The median age in 2020 was 21, and 56% identified as male.

55%
31%
34%

- Current student
- Unemployed
- Full time work
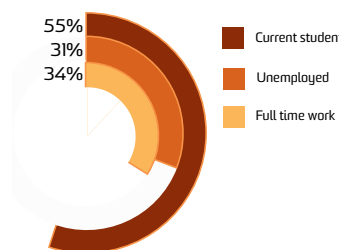
In the 2020 sample, 55% were enrolled students, 31% were unemployed, and 34% were employed full time.

✓ Ecstasy
✓ Cocaine
✓ Other stimulants
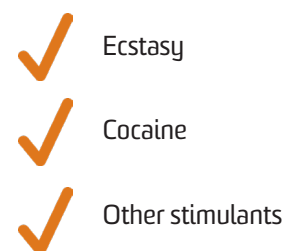
Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

OTHER DRUGS

33% 2019   **47%** 2020

Past 6 month use of increased from 33% in 2019 to 47% in the 2020 EDRS sample.

42% 2019   **41%** 2020
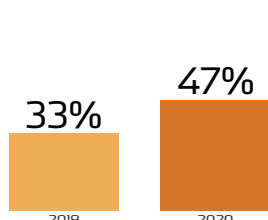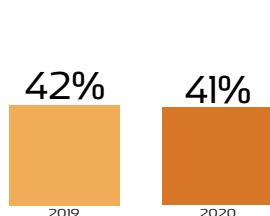
Past 6 month use of LSD was stable from 2019 (42%) to 2020 (41%).

47% 2019   **64%** 2020
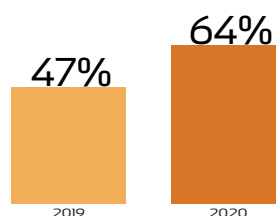
Past 6 month use of any amyl nitrite increased from 47% in 2019 to 64% in the 2020 EDRS sample.

57% 2019   **64%** 2020
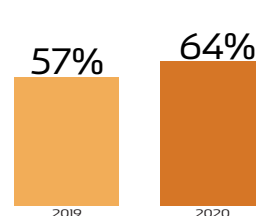
Past 6 month use of any nitrous oxide (nangs) increased from 57% in the 2019 EDRS sample to 64% in 2020.

DRUG TREATMENT AND MENTAL HEALTH

Of the 2020 EDRS sample <5% reported that they were currently receiving drug treatment.

Just over half of the sample (52%) self-reported that they had experienced a mental health problem in the previous 6 months.

69%
63%
12%

- Anxiety
- Depression
- PTSD
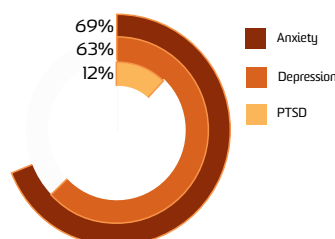
Of those who commented, the most common self-reported mental health concern was anxiety (69%), followed by depression (63%), and PTSD (12%).

Of those self-reporting a mental health problem, 56% reported seeing a mental health professional in the previous 6 months (33% of the entire sample).

MODES OF PURCHASING

74%
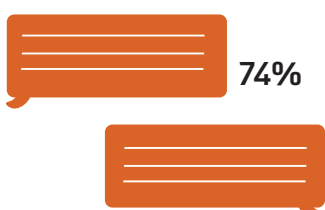
In 2020, 74% of participants organised the purchase of illicit or non-prescribed drugs was via social networking.

99% 2019   **96%** 2020
Face to face

9% 2019   **25%** 2020
Collection point
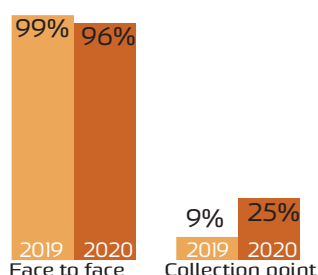
When asked about how they received drugs, 99% said face to face, and 25% said via a pre-arranged collection point.

83%
56%
22%

- Friend/colleague/partner/relative
- Known dealer/vendor
- Unknown dealer/vendor
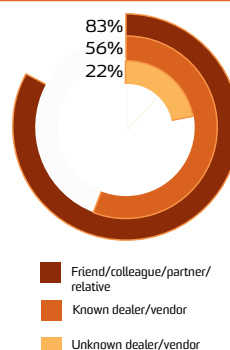
The majority of participants reported obtaining drugs from someone they knew personally (83%).

<5%
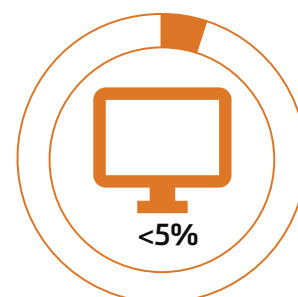
In 2020, <5% of the EDRS sample reported buying drugs off the darknet in the previous 12 months.

ECSTASY

91% Capsules
71% Crystal
55% Pills
35% Powder
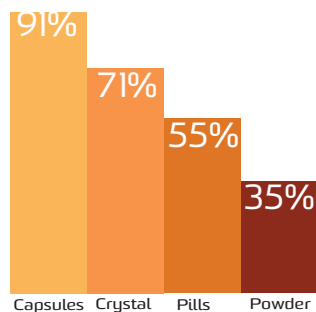
Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2020.
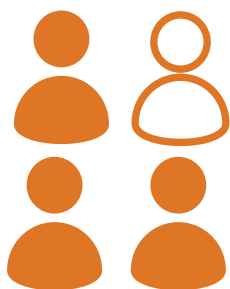
Of those who had recently consumed ecstasy, 1 in 4 (24%) used it weekly.

2 Capsules
2 Pills
0.30 grams of crystal
0.40 grams of powder
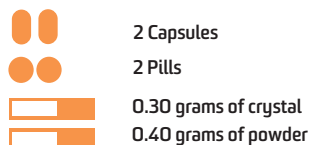
Median amounts of ecstasy consumed in a 'typical' session using each form.

89%
Capsules were easy or very easy to obtain.
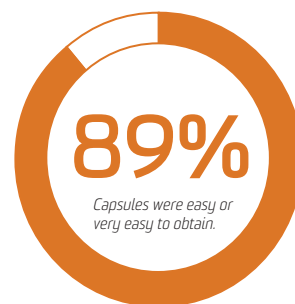
Of those who could comment 89% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain,

METHAMPHETAMINE
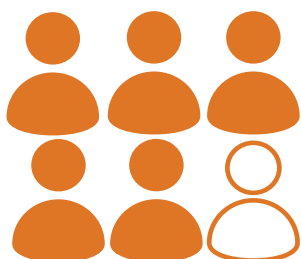
Past 6 month use of any methamphetamine decreased from 33% in 2019 to 15% in 2020.

<5% Crystal
12% Powder

Of the entire sample 12% had recently consumed powder, and <5% crystal methamphetamine.

100%
75%

Smoked crystal methamphetamine
Snorted powder methamphetamine
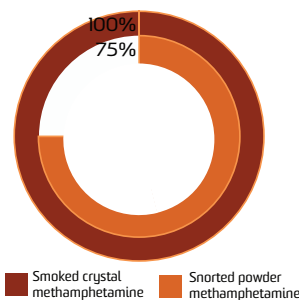
100% of people who had recently used crystal smoked it. Of those who had recently used powder, 75% snorted it.

83%
Crystal was easy or very easy to obtain.
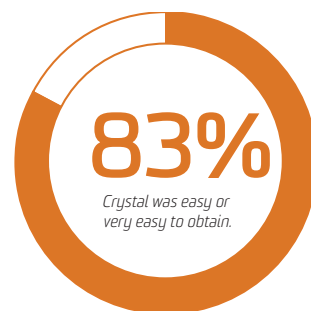
Of those who could comment 83% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE
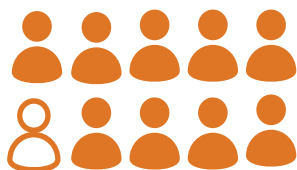
Past 6 month use of any cocaine increased from 2019 (75%) to 2020 (89%).

M T W T F S S
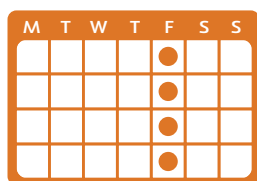
11%

Of people who had consumed cocaine recently, 11% reported weekly or more frequent use.

Of people who had consumed cocaine in the last 6 months, 98% had snorted it.

77%
Cocaine was easy or very easy to obtain.
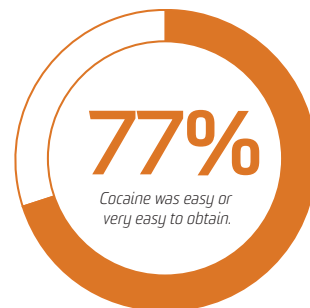
Of those who could comment 77% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS
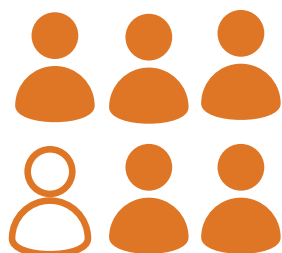
Past 6 month use of any cannabis was stable at 85% in 2020 and 81% in 2019.

M T W T F S S
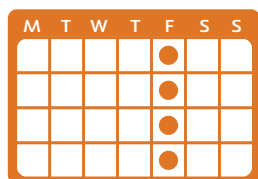
60%

Of those who had consumed cannabis recently, over half (60%) reported weekly or more frequent use.

Of people who had consumed cannabis in the last 6 months, 94% had smoked it.

97%
Hydro cannabis was easy or very easy to obtain.
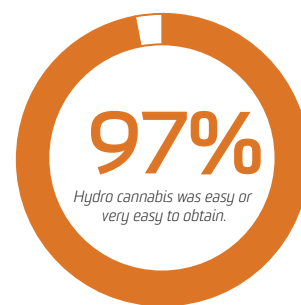
Of those who could comment 97% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

The [Ecstasy and Related Drugs Reporting System (EDRS)](#) is an illicit drug monitoring system which has been conducted in all states and territories of Australia since 2003, and forms part of [Drug Trends](#). The purpose is to provide a coordinated approach to monitoring the use, market features, and harms of ecstasy and related drugs. This includes drugs that are routinely used in the context of entertainment venues and other recreational locations, including ecstasy, methamphetamine, cocaine, new psychoactive substances, LSD (*d*-lysergic acid), and ketamine.

The EDRS 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 use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of EDRS. It should also be noted that data collected in 2020 occurred subsequent to COVID-19 restrictions on gathering and movement, and this should be factored into all comparisons of 2020 data with previous years.

Methods

EDRS 2003-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program 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.

In 2019, a total of 797 participants were recruited across capital cities nationally (April-July 2019), with 100 participants interviewed in Canberra during April-June 2019 (100 in 2018), of which 28 had participated in the EDRS previously (2003-2018) and 18 had participated in 2018.

EDRS 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 no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher;
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 load 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 details.

A total of 805 participants were recruited across capital cities nationally (April-July, 2020), with 101 participants interviewed in Canberra, ACT during April-June 2020, of which 18 had participated in the EDRS previously (2003-2019) and 8 had participated in 2019.

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, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in Canberra, 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 of various substances (included in jurisdiction outputs; see below), 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 6-12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous month will reflect behaviours during restrictions. 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 based on EDRS 2020 findings.

Additional Outputs

Infographics from this report are available for download. There is a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including

jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from Illicit Drug Reporting System (IDRS), which focuses more so on the use of illicit drugs, including injecting drug use.

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, the ACT EDRS sample had slightly more male participants (56%; 62% in 2019; p=0.422) than female participants, with a median age of 21 (IQR=20-24; 20 years in 2019; IQR=19-23; p=0.051; Table 1). Nearly half (48%; 40% in 2019; p=0.282) of the sample reported having completed a post-school qualification(s) and over half (55%; 44% in 2019; p=0.105) reported being current students. One-third (34%; 23% in 2019; p=0.102) reported being employed full-time and 31% (22% in 2019; p=0.175) reported being unemployed at the time of interview (Table 1).

Participants typically reported that ecstasy or cannabis were their drugs of choice (31% and 25%, respectively; 31%; p=0.962 and 32%; p=0.254 in 2019, respectively; Figure 1). In 2020, 19% reported that cocaine was their drug of choice (14% in 2019; p=0.357). Participants typically reported that cannabis was the drug used most often in the past month (44%; 40% in 2019; p=0.608; Figure 2). In 2020, there was an increase of those reporting to have used cocaine most often in the past month (14% versus n≤5 in 2019; p=0.032). Over half of the sample (51%; 56% in 2019; p=0.434) reported weekly or more use of cannabis and a one-quarter (24%; 26% in 2019; p=0.707) reported weekly or more ecstasy use (Figure 3).

Figure 1: Drug of choice, ACT, 2003-2020
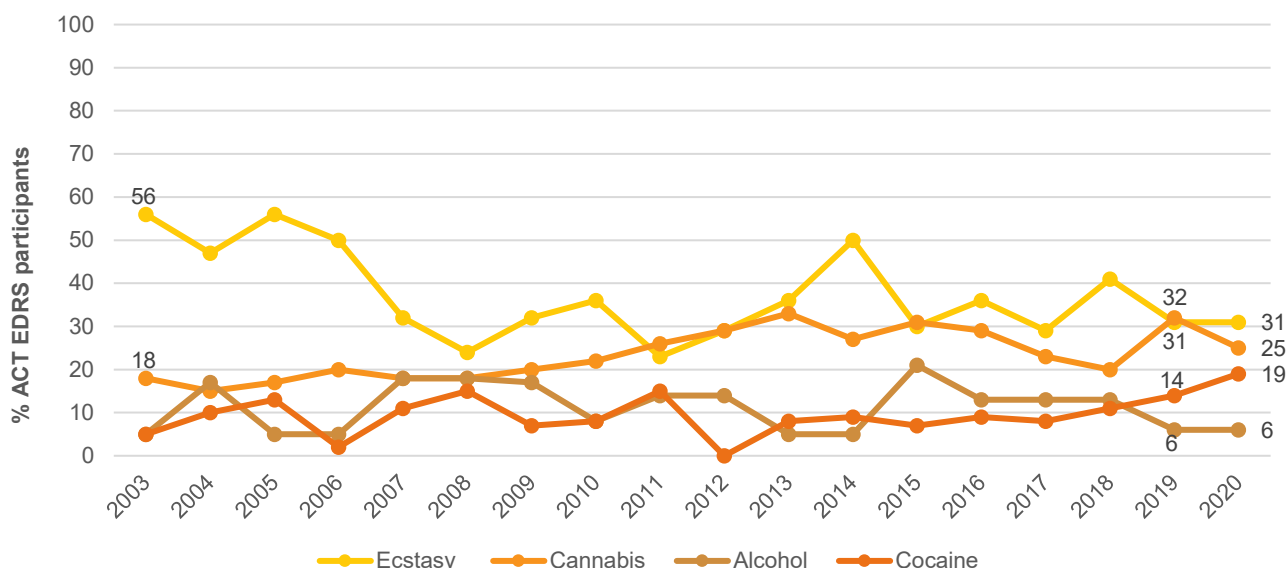
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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

	National 2020 N=805	ACT 2020 N=101	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 N=100	ACT 2016 N=100
Median age (years; IQR)	22 (19-27)	**21 (20-24)**	20 (19-23)	21 (19-24)	20 (19-22)	20 (19-22)
% Male	61	**56**	62	49	64	58
% Aboriginal and/or Torres Strait Islander	4	**6**	12	-	-	-
% Sexual identity						
Heterosexual	83	**81**	79	79	82	89
Homosexual	3	**-**	-	-		
Bisexual	10	**14**	15	14	13	7
Queer	3	**-**	-	/	/	/
Different identity	2	**-**	-	-	-	0
Median years of school education (IQR)	12 (12-12)	**12 (12-12)**	12 (11-12)	12 (11-12)	12 (12-12)	12 (12-12)
% Post-school qualification(s)^	51	**48**	40	40	27	31
% Current employment status						
Employed full-time~	26	**34**	23	23	12	17
Part time/ casual	35	**32**	49	30	55	45
Self-employed	5	**-**	-	/	/	/
Students#	47	**55**	44	27	17	27
Unemployed	35	**31**	22	19	13	11
Current median weekly income $ (IQR)	(N=771) $600 (400-923)	**(N=94) $750* (496-1052)**	(N=90) $600 (300-900)	(N=98) $413 (244-800)	(N=100) $400 (250-638)	(N=93) $400 (238-525)
% Current accommodation						
Own house/flat	5	**-**	-	7	-	6
Rented house/flat#	50	**54***	39	44	58	41
Parents'/family home	40	**36**	46	42	32	43
Boarding house/hostel	2	**-**	-	0	-	-
Public Housing	2	**-**	-	-	/	/
No fixed address+	1	**-**	0	-	0	0
Other	-	**0**	0	-	-	-

Note. ~Difference in employment and student status may be due to a difference in how the questions was asked in 2018, 2019 and 2020. In 2020, employment status was expanded to include 'part time/casual' and 'self-employed' due to participant responses in 2019. Furthermore, in 2020, 'students' comprised participants who were currently studying for either trade/technical or university/college qualifications. ^Includes trade/technical and university qualifications. / not asked. + In 2020, no fixed address included 'couch surfing and rough sleeping or squatting. # in 2016 and 2017, public housing was included in rented house/flat. – Per cent suppressed due to small cell size (n≤5 but not 0). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020

Figure 2: Drug used most often in the past month, ACT, 2011-2020
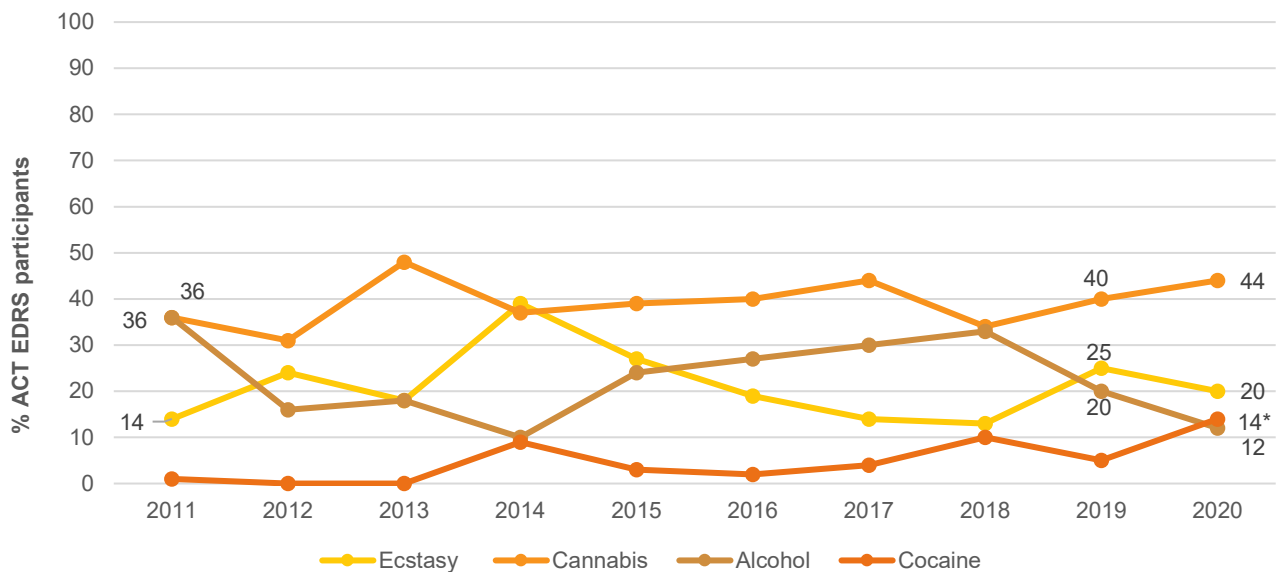
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2020 as this question was not asked in 2003-2010. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2003-2020
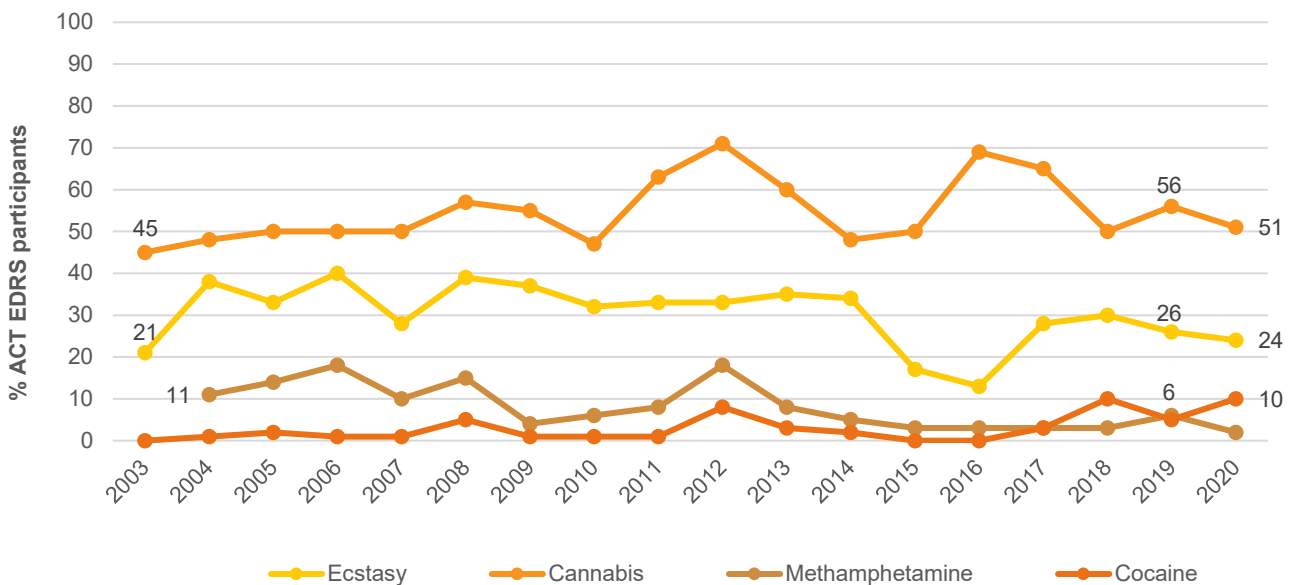
Note. Among the entire sample. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

2

COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on the 25th January 2020, with a rapid increase in cases throughout March (peak 469 cases 28/3/2020), 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 being enforced again in Victoria from July).

The first case of COVID-19 was confirmed in the ACT on the 12th 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 8th May, allowing 10 person outdoor gatherings, 20 person gatherings indoors or 30 person gatherings outdoors for funerals. Further easing of restrictions was announced on 16th May, allowing 10 person limits for dine in restaurants, playgrounds, outdoor fitness stations and parks. This increased to 20 people on the 29th May and 50 people were allowed at indoor and outdoor weddings. On the 19th June, outdoor gatherings increased to 100 people, and on 29th June there were no restrictions on the number of people at venues, events, or gatherings.

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

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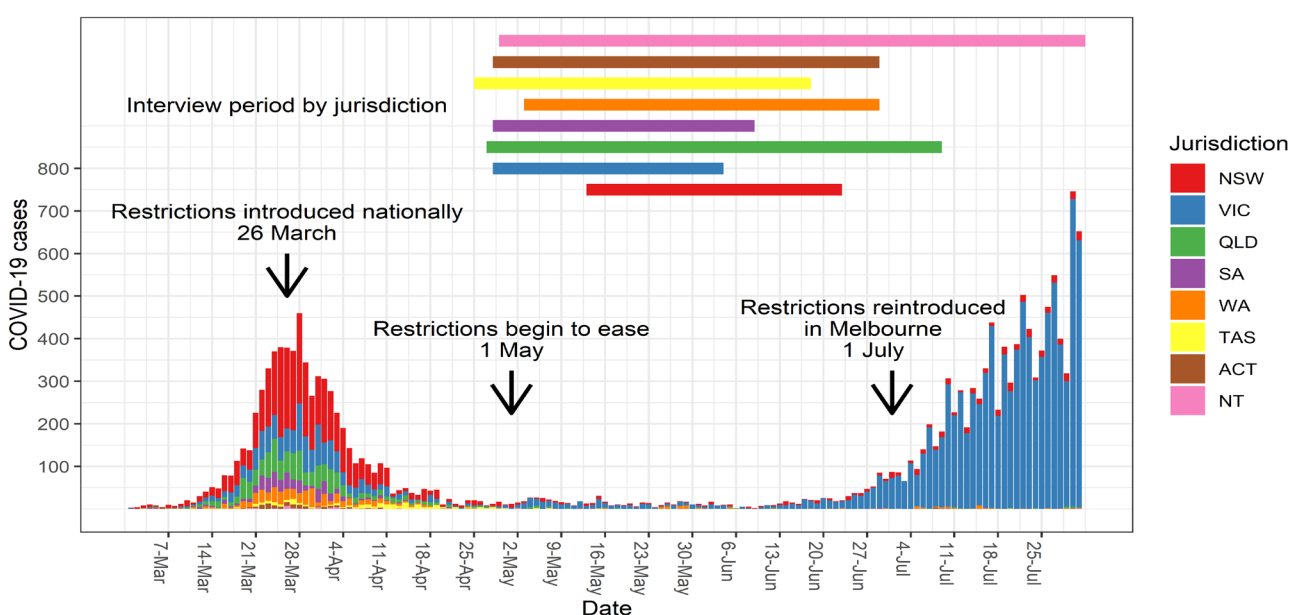
Methods

ACT EDRS interviews commenced on 28th April and concluded on 29th June, 2020.

In 2020, the EDRS interview was condensed to alleviate the burden on participants completing the survey via telephone/videoconference, 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 are posed throughout the interview to explore demographic characteristics, drug consumption 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

Seven per cent of the sample had been tested for SARS-CoV-2 by the time of interview, though no participants had been diagnosed with the virus. When asked how worried participants were currently of contracting COVID-19, the majority (76%) responded 'not at all', and under one-fifth (18%) were 'slightly' worried.

Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the vast majority of participants (88%) had practiced social distancing (i.e., avoiding public transport and social gatherings) and 82% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or pick up groceries. A small number (n≤5) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19. Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported avoiding public transport (48%), keeping distance from people (46%), avoiding public spaces and public events (46%), cancelling personal gatherings (46%) and changing or cancelling travel plans (44%).

Figure 5: Health precautions related to COVID-19 in the past four weeks, ACT, 2020
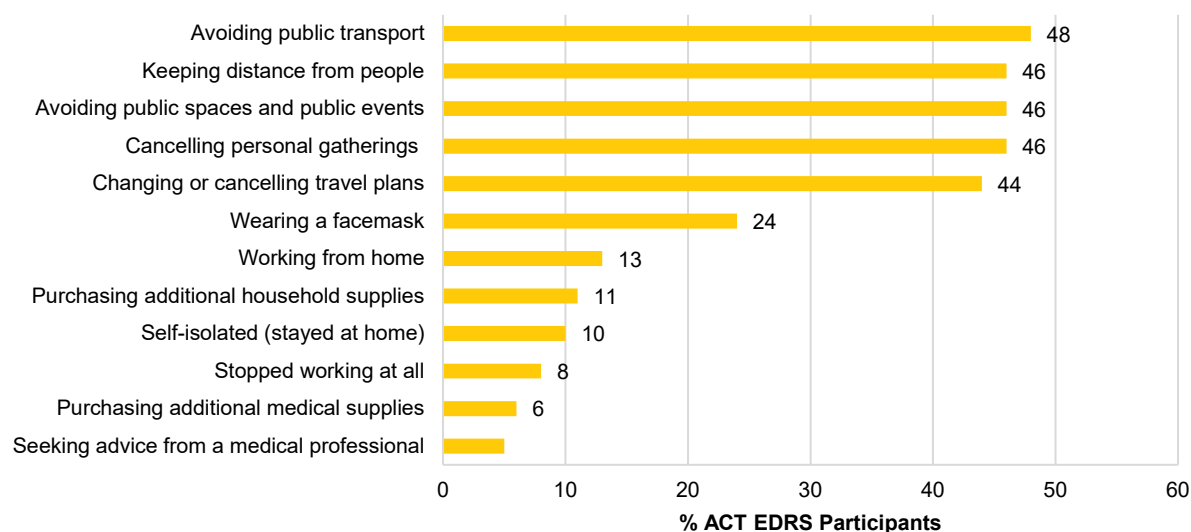
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Housing. Over half (54%) of the sample reported living in a rental house/flat at the time of interview, with a further 36% residing with parents/at their family house. One-sixth (16%) of participants reported that their living situation had changed since the beginning of March, and of these participants (n=16), the majority (47%) reported that they were living in a rented house/flat in the month of February, before COVID-19 restrictions.

Employment and Income. Nearly half (49%) of the sample reported that their source(s) of income had changed since the beginning of March, 2020, and of these participants (n=49), the majority (92%) were receiving a wage/salary in the month of February. Of those not receiving a wage or salary (n=44) during the month prior to interview, half (50%) had been stood down temporarily because of COVID-19 (though were expecting employment in the future) and 16% were non-working students.

When asked about their income in the four weeks prior to interview as compared to how much they received in the month of February 2020, 22% of participants reported that they were receiving more income, 39% reported less income, and 39% reported a similar amount of income (Table 2).

One-in-five participants (19%) reported experiencing financial difficulty during the past month; most commonly reported responses were asking for financial help from friends and family (11% of the total sample) and being unable to pay household or phone bills on time (8% of the total sample; 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=101
% Change in source of income since March 2020 (since COVID-19 restrictions)	49
% Change in total income in the past month compared to February	**n=98**
More money	22
Less money	39
About the same	39
% Financial difficulties in the past month#	**n=101**
Could not pay household or phone bills on time	8
Could not pay the mortgage or rent on time	-
Requested deferred payment of mortgage/rent/loan	-
Unable to buy food or went without meals	-
Unable to heat/air-condition house	0
Asked for financial help from friends or family	11
Asked for help from welfare or community organisations	-
Difficulty paying for medicines	-
Difficulty paying for medical treatment	0

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 used. Nearly half (48%) of participants reported that the drug used most often in the last month was not the same as the drug used most often in February, 2020 (Table 3). Of these participants (n=48), the main transitions cited were from MDMA/ecstasy to cannabis (22%) or to cocaine (14%).

Frequency of drug use. Half of the sample (52%) reported using ecstasy and related drugs less in the month prior to interview as compared to February, 2020; 18% reported greater frequency of use, and 30% reported stable frequency (Table 3).

Table 3: Drug used most often in February (pre-COVID-19 restrictions) versus in the past month (during COVID-19 restrictions), ACT, 2020

	ACT 2020	
	February	**Past month**
% Drug used most often in that month	**N=101**	**N=101**
Ecstasy	40	20**
Cannabis	25	44**
Alcohol	10	12
Cocaine	18	14
Other	7	7
*% reporting change in drug used most often from February to past month^*	Overall: 48	
% Frequency of ecstasy and related drug use in that month	**N=100**	**N=101**
Not in the month	-	17***
Monthly	9	16
Fortnightly	43	26*
Weekly	21	27
More than once per week	22	14
Once a day	-	0
More than once per day	-	-
% reporting decrease in frequency	Overall: 52	
% reporting increase in frequency	Overall: 18	
% reporting stable frequency	Overall: 30	

Note. The response 'Don't know' was excluded from analysis. ^ this value might be greater than the difference between February and past month for individual drugs listed as participants may have changed main drug used within the 'other drug' category (e.g., from LSD to ketamine). - Per cent suppressed due to small cell size (n≤5 but not 0). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for February versus past month.

Perceived changes in drug use. Participants who reported past six-month use of each drug were asked about changes in their drug use since the beginning of March 2020, as compared to before (Figure 6).

Most commonly, participants reported using less or ceasing use of ecstasy (71%), amyl nitrite (60%), nitrous oxide (59%), ketamine (43%), cocaine (41%), alcohol (40%); starting or increasing use of cannabis (53%); and maintaining stable use of methamphetamine (57%) and LSD (54%).

The primary reason cited for decreasing use of ecstasy, cocaine and ketamine were 'fewer opportunities to be with people/go out' (80%, 80% and 70%, respectively). Other commonly endorsed reasons were 'didn't feel like using the drug' and 'less money to buy drug or saving money'.

The primary reasons why participants increased their cannabis use comprised 'boredom/less things to occupy time' (67%), followed by 'more time to use the drug' (42%).

Figure 6: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020
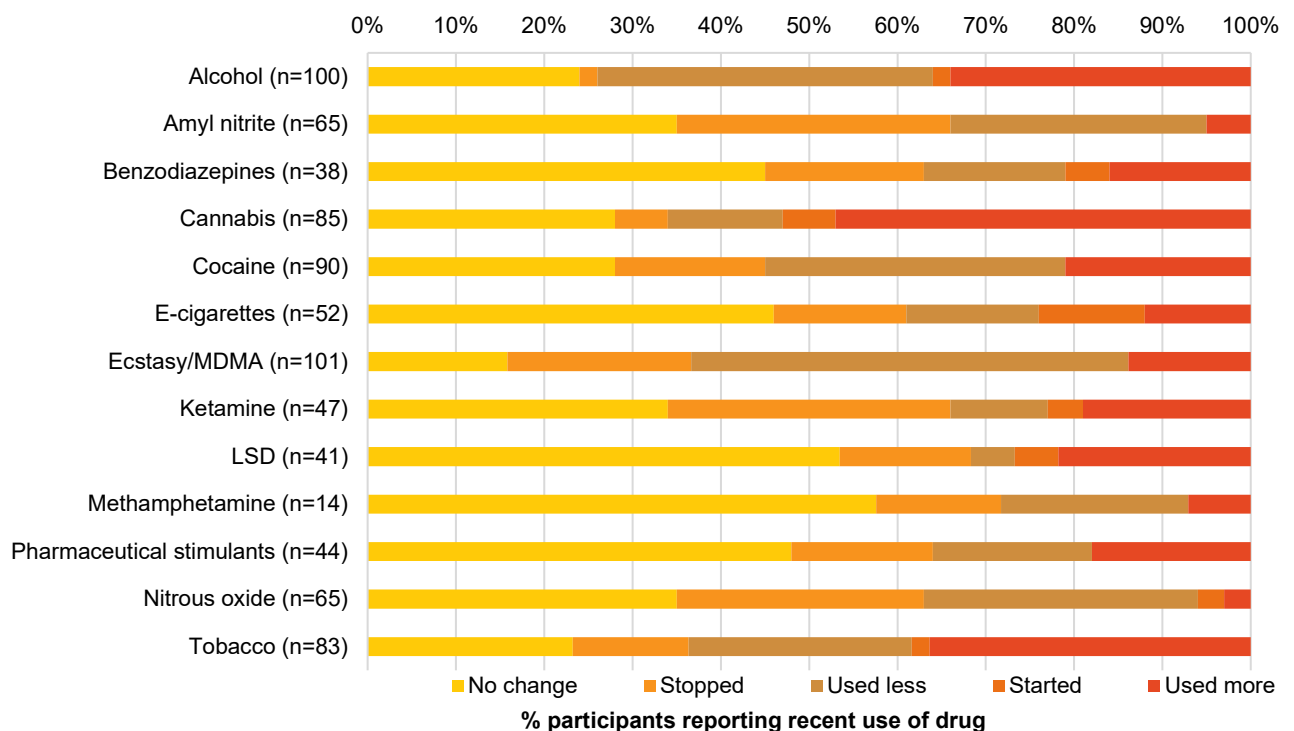
Note. Questions about change in use were asked of participants who reported past six month use of the respective substance; don't know responses were excluded. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Price, Perceived Purity and Availability

All price, perceived purity, and perceived availability data for 2020 were captured during the COVID-19 restriction period, and thus we refer the reader to the price, purity, and availability data reported in the following chapters.

An additional question was added for each of the main substances assessing perceived change in availability since March 2020 (since COVID-19 restrictions) as compared to before. For most drugs, participants reported that availability was stable (Figure 7). Even though mostly stable, around one-third of participants reported decreased availability for ecstasy pills, ecstasy capsules, ecstasy/MDMA crystal, LSD and cocaine (39%, 33%, 31%, 32% and 31%, respectively).

Participants were also asked about level of concern about being able to access illicit drugs. Seventeen per cent of the sample reported concerns about not being able to access illicit drugs due to COVID-19 and associated restrictions; 9% were 'somewhat concerned', 6% were 'moderately concerned' and small numbers reported being 'extremely concerned' (n≤5).

Figure 7: Change in perceived availability of illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, ACT, 2020
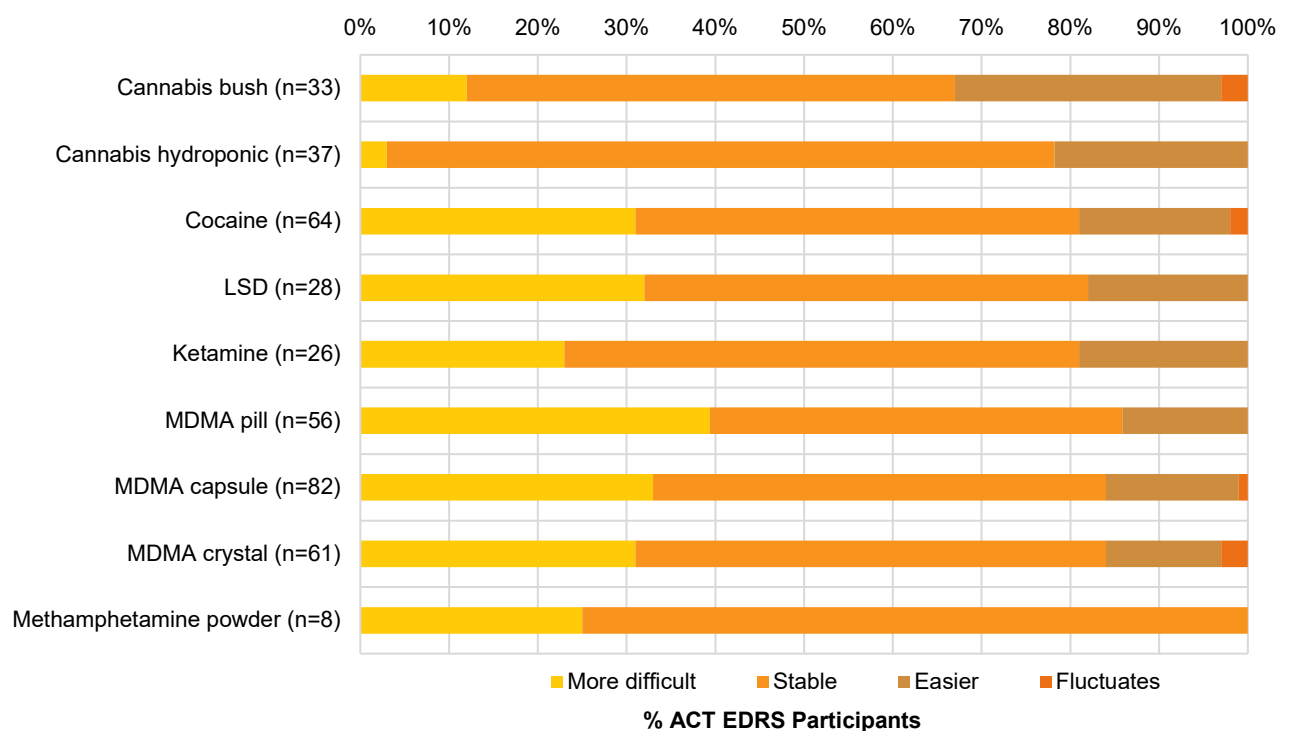
Note. The response 'Don't know' was excluded from analysis.

Drug Purchasing Behaviours

Two-thirds (66%) of participants reported no change in means of obtaining drugs (Figure 8). However, 11% of the sample reduced face-to-face collection of drugs, 10% obtained drugs in bulk/larger quantities to use for themselves, 10% obtained drugs more frequently and 8% obtained drugs in bilk/larger quantities to share with others.

Figure 8: Change in means of obtaining drugs since March 2020 (since COVID-19 restrictions), ACT, 2020
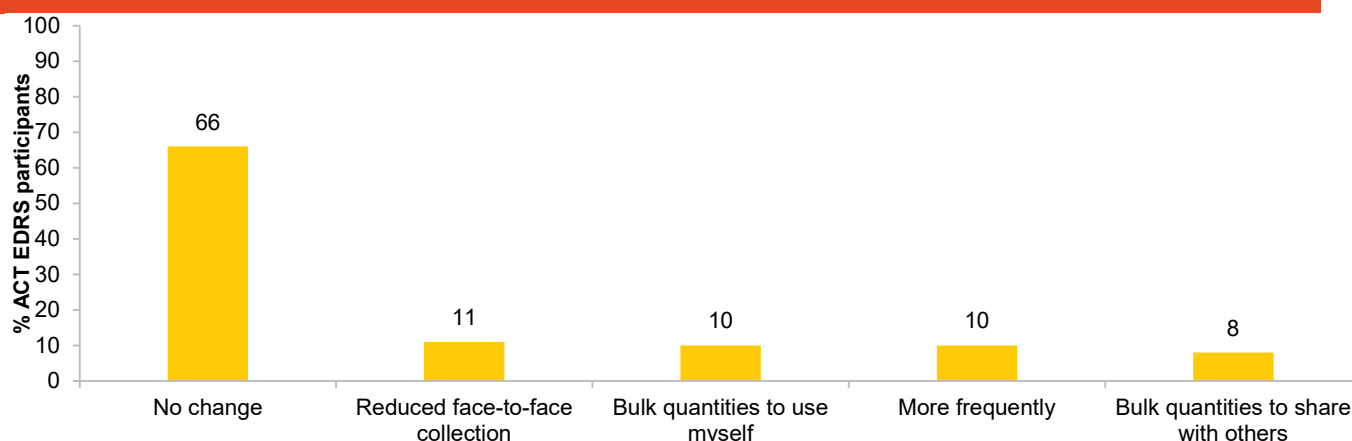
Note: Data labels have been removed with small cell size (i.e. n≤5 but not 0).

Risk and Protective Behaviours

Overdose. Just over one-in-ten (12%) participants reported experiencing a non-fatal overdose from a stimulant drug in the last 12 months. Of these participants, the majority reported the overdose to have occurred before March (75%).

Nearly one-quarter (24%) of participants reported experiencing a non-fatal overdose following alcohol use in the last 12 months. Of these participants, over half (58%) experienced this prior to March; small numbers reported since March (n≤5), and 29% both before and since March 2020.

Drug and alcohol support. Just under one-fifth (18%) of the sample reported having accessed any services for alcohol and/or drug support in the six months prior to interview, and only a small number (n≤5) of participants reported difficulties accessing these services since March, 2020 (since COVID-19 restrictions).

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, half (50%) of the participants rated their mental health as being 'worse', 25% reported 'similar' and 25% reported their mental health as 'better'.

Crime. Nearly one-in-ten (9%) of the sample reported committing a property crime during the past month, and 11% reported committing the same offence in February. Drug dealing also remained stable, with 19% and 22% of participants reporting drug dealing during the past month and in February, respectively.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Just under one-in-ten (8%) participants reported to have 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 was social media (7%).

Over half (54%) 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).

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	33
Avoiding sharing other drug use equipment with other people	28
Stocked up on illicit/non prescribed drugs	15
Prepared drugs yourself	12
Wiped down drug packages/wraps with soap/sanitiser	11
Avoided smoking/vaping drugs	-
Stocked up on prescription medicines prescribed to you	0
Avoided sharing needles/syringes with other people	0
Stocked up on sterile needles/syringes	0
Stocked up on other sterile drug use equipment	0
Home delivery of sterile drug use equipment from a HR service	0
Obtained take-home naloxone/Narcan	0

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

3

Ecstasy/MDMA

Participants were asked about their recent (past six month) use of various forms of ecstasy (3,4-methylenedoxymethamphetamine), including pills, powder, capsules, and crystal.

Recent Use (past 6 months)

All participants (100%) in the 2020 ACT sample reported recent ecstasy use, consistent with previous years (99% in 2019; p=0.314; Figure 9), and reflecting the interview eligibility criteria (see methods for the annual interviews).

Pills have dominated as the main form used in the six months preceding interview since monitoring began in 2003. However, in more recent years (2015-2020) pills have been competing with the crystal and capsule form of ecstasy in terms of the per cent reporting use. In 2020, the lowest per cent reported using pills since monitoring began (55%; 70% in 2019; p=0.033; Figure 9). In contrast, the highest per cent reported using the capsule form in 2020 since reporting began (91%; 81% in 2019; p=0.039). The powder form has consistently remained the least commonly used form. Findings by form of ecstasy are reported below.

Frequency of Use

Median frequency of ecstasy use remained stable at approximately fortnightly use in the past six months (median 15 days: IQR=8-23; 12 days in 2019; IQR=7-24; p=0.314), with 24% of recent consumers reporting weekly or more frequent use (26% in 2019; p=0.707; Figure 10).

Figure 9: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, ACT, 2003-2020
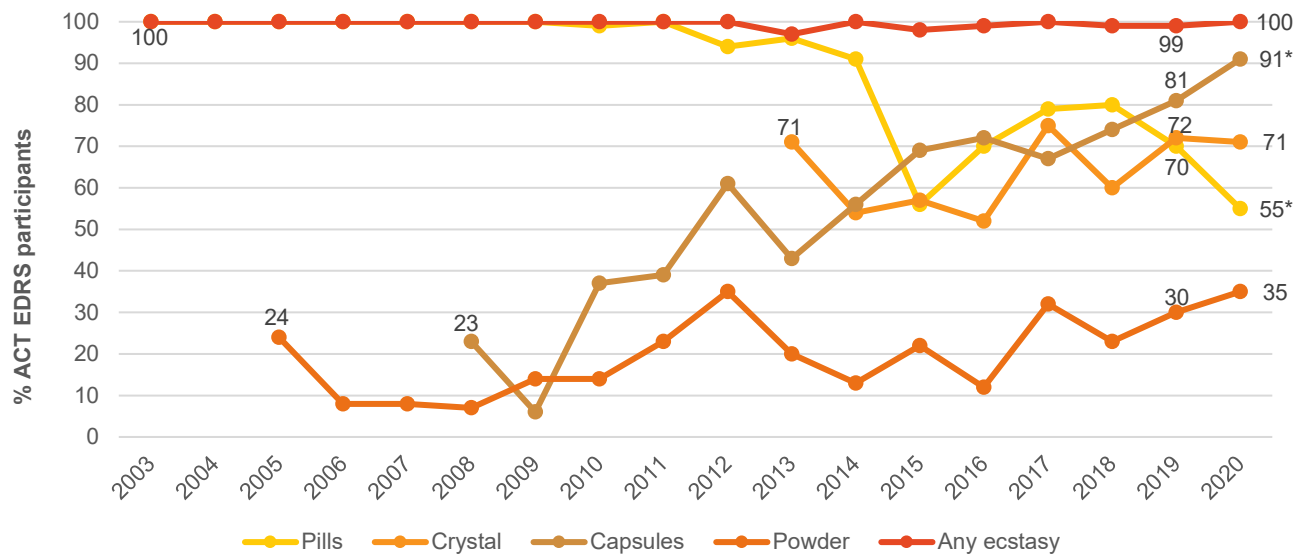
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Some data labels have been removed to improve visibility. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

Figure 10: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, ACT, 2003-2020
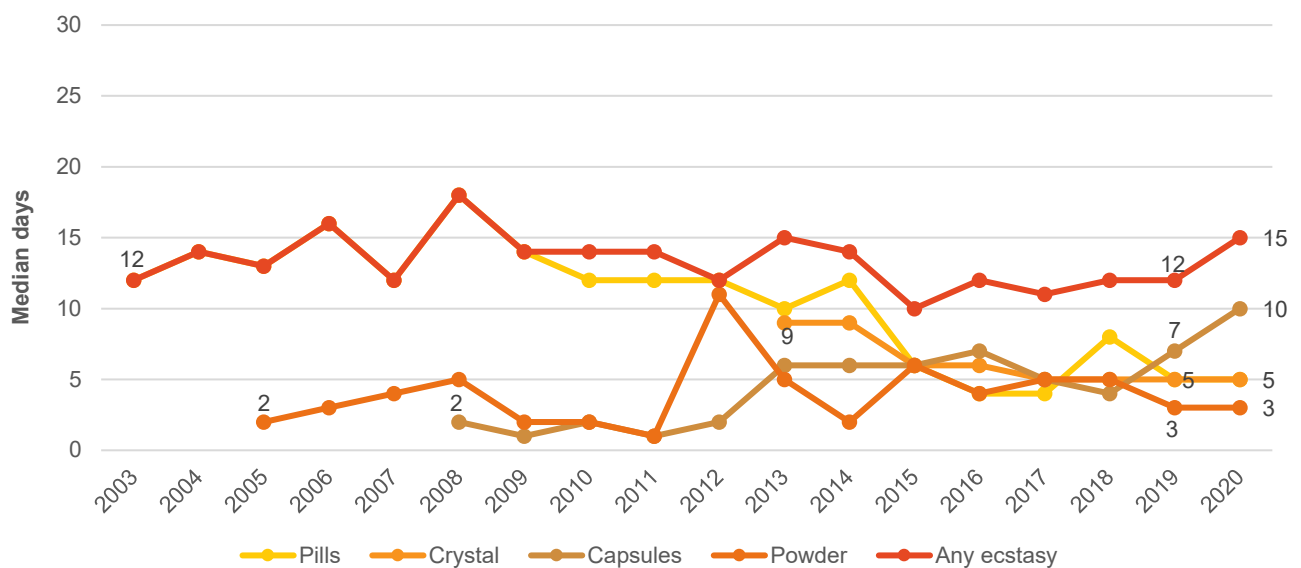
Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 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.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Ecstasy pills dominated as the main form used since monitoring began in 2003 until 2015, from which point the main form varied between pills, crystal and capsules. In 2020, 55% reported to have used ecstasy pills in the past 6 months (70% in 2019; *p*=0.033; Figure 9), the lowest per cent since monitoring began.

Frequency of Use: Frequency of use of pills remained stable in 2020 (median 5 days; IQR=2-15; 5 days in 2019; IQR=2-12; *p*=0.908; Figure 10). Thirteen per cent of those that had recently used ecstasy pills reported weekly or more frequent use (11% in 2019; *p*=0.854).

Routes of Administration: Swallowing remained the main route of administration among those who had used pills (96%; 97% in 2019; *p*=0.820), followed by snorting (25%; 30% in 2019; *p*=0.534).

Quantity: In 2020, the median quantity used in a 'typical' session was two pills (IQR=1-3, n=55; 2 pills in 2019; n=70; IQR=1-3; *p*=0.414). The median 'maximum' number of pills used remained stable at three pills (IQR=2-6, n=55; 4 pills in 2019; n=70; IQR=2-8; *p*=0.202).

Ecstasy Capsules

Recent Use (past 6 months): The per cent reporting recent use of ecstasy capsules has continued to increase. In 2020, it reached the highest per cent recorded over the course of monitoring (91%; 81% in 2019; *p*=0.039; Figure 9).

Frequency of Use: Participants reported consuming capsules on a median of 10 days in 2020 (IQR=5-15), the highest frequency since monitoring began (7 days in 2019; IQR=4-11; *p*=0.064; Figure 10). Fourteen per cent of those that reported recent use of ecstasy capsules reported weekly or more frequent use (7% in 2019; *p*=0.198).

Routes of Administration: The main route of administration among recent consumers has consistently been swallowing (98%; 99% in 2019; *p*=0.637), followed by snorting (16%; 27% in 2019; *p*=0.082).

Quantity: The median quantity used in a 'typical' session was two capsules in 2020 (IQR=2-3; n=90; 2 in 2019; IQR=2-3; n=81; *p*=0.714) and the median for the 'maximum' capsules used in a session was four (IQR=2.88-7; n=90; 4 in 2019; IQR=2-6; n=81; *p*=0.308).

Contents of Capsules: Of those participants who had recently used capsules, most (88%) reported crystal being among the contents the last time they had used the substance, whilst 22% reported powder being among the contents. Few participants (n≤5) did not look at the contents the last time they had used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Recent use of the crystal form was reported by 71% of the participants in 2020 (72% in 2019; *p*=0.911; Figure 9).

Frequency of Use: Frequency of use among recent consumers remained stable at a median of five days (i.e. less than monthly use; IQR=2-10; 5 days in 2019; IQR=2-11; *p*=0.304; Figure 10). Small numbers (n≤5) of recent ecstasy crystal consumers reported weekly or more frequent use (9% in 2019; *p*=0.512).

Routes of Administration: The most common route of administration remained swallowing (65%), significantly less than 81% in 2019 (*p*=0.039) and a similar per cent reported snorting (64%), significantly increased per cent from 47% in 2019 (*p*=0.044).

Quantity: The median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; n=44; 0.30 grams in 2019; IQR=0.20-0.50; n=67; *p*<0.001) and the median for 'maximum' used was 0.50 (IQR=0.30-1.00; n=44; 0.50 grams in 2019; IQR=0.30-1.00; n=67; *p*=0.028).

Ecstasy Powder

Recent Use (past 6 months): With the exception of 2009, ecstasy powder has consistently been the least commonly endorsed form of ecstasy (35%; 30% in 2019; *p*=0.481; Figure 9).

Frequency of Use: Frequency of powder use among consumers remained stable (median 3 days; IQR=1-7; 3 days in 2019; IQR=1-8; *p*=0.929; Figure 10). A small per cent of recent consumers reported weekly or more frequent use of ecstasy powder (n≤5; n≤5 in 2019; *p*=0.218).

Routes of Administration: The main route of administration among consumers has consistently been snorting (74%; 67% in 2019; *p*=0.501), followed by swallowing (43%; 33% in 2019; *p*=0.431).

Quantity: The median quantity used in a 'typical' session was 0.38 grams (IQR=0.20-1.00; n=18; 0.30 grams in 2019; IQR=0.20-0.50; n=26; *p*=0.020). The median for 'maximum' used was 0.50 grams (IQR=0.35-1.00; n=15; 0.50 grams in 2019; IQR=0.28-1.00; n=26, *p*=0.033)

Price, Perceived Purity and Availability

Ecstasy Pills

Price: The reported median price of a pill was $35 until 2006, then $30 until 2008, and has since remained relatively stable at $25 until 2020 where it was reported as $20 (IQR=20-30, n=69; $25 in 2019; IQR=20-25; n=79; *p*=0.106; Figure 11).

Perceived Purity: Of those who responded (n=62), an increased per cent perceived pills to be of 'high' purity in 2020 compared to 2019 (52% versus 35% in 2019; *p*<0.001), followed by 23% perceiving purity as 'medium' (23%; 32% in 2019; *p*=0.199; Table 5).

Perceived Availability: Of those who responded (n=68), 84% reported pills as 'easy' or 'very easy' to obtain, similar to 2019 results (82%; *p*=0.767; Table 5).

Ecstasy Capsules

Price: Median price per ecstasy capsule was $30 up until 2014, then declined to $25 in 2015, and then declined further in 2020 to $20 (IQR=20-25; n=89), the lowest price recorded over the course of monitoring ($23 in 2019; IQR=20-25; n=82; *p*=0.048; Figure 11).

Perceived Purity: Of those who responded (n=86), 51% perceived the purity of capsules to be 'high' (46% in 2019; *p*=0.462). 'Medium' purity was reported by 28% of participants, stable from 2019 (28%; *p*=0.958; Table 5).

Perceived Availability: Of those who responded (n=88), 89% reported capsules as 'easy' or 'very easy' to obtain, similar to 2019 results (93%; *p*=0.377; Table 5).

Ecstasy Crystal

Price: The median price of a gram of crystal declined to $150 in 2020 (IQR=100-200, n=39), significantly lower than $200 in 2019 (IQR=150-200; n=34; *p*=0.006). The median price for a point was $20 in 2020 (IQR=15-23, n=17; $20 in 2019; IQR=20-30; n=22; *p*=0.020 Figure 12).

Perceived Purity: Of those who responded (n=59) 63% perceived purity of crystal to be 'high' (72% in 2019; *p*=0.254). 'Medium' purity was reported by 20% of participants, stable from 2019 (19%; *p*=0.792; Table 5).

Perceived Availability: Of those who responded (n=65), 78% reported crystal 'easy' or 'very easy' to obtain, similar to 2019 results (81%; *p*=0.795; Table 5).

Ecstasy Powder

Price: A gram of ecstasy powder had a median price of $188 (IQR=100-200, n=12), similar to $200 in 2019 (IQR=160-200; n=9; *p*=0.578). Small numbers (n≤5) reported the price for a point in 2020 (Figure 13).

Perceived Purity: Of those who responded (n=17), two-fifths perceived powder to be of 'high' purity (41%) stable from 2019 (46%; *p*=0.789; Table 5).

Perceived Availability: Of those who responded (n=20), over half (55%) reported powder as 'easy' to obtain, stable from 2019 (46%; *p*=0.537; Table 5).

Figure 11: Median price of ecstasy pill and capsule, ACT, 2003-2020
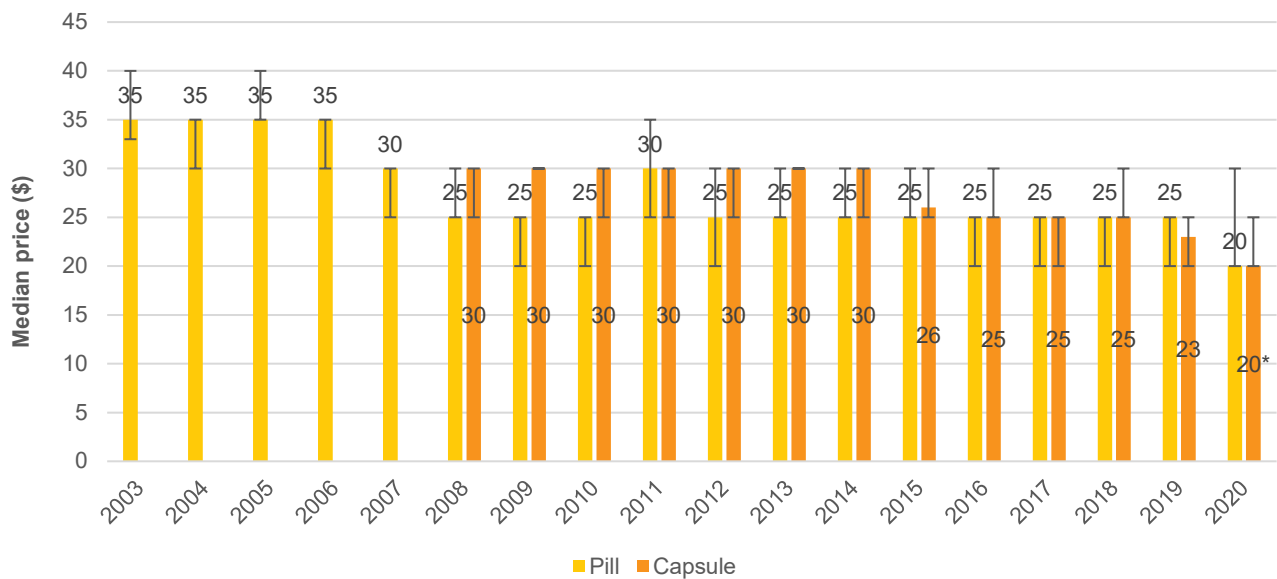
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 12: Median price of ecstasy crystal per point and gram, ACT, 2013-2020
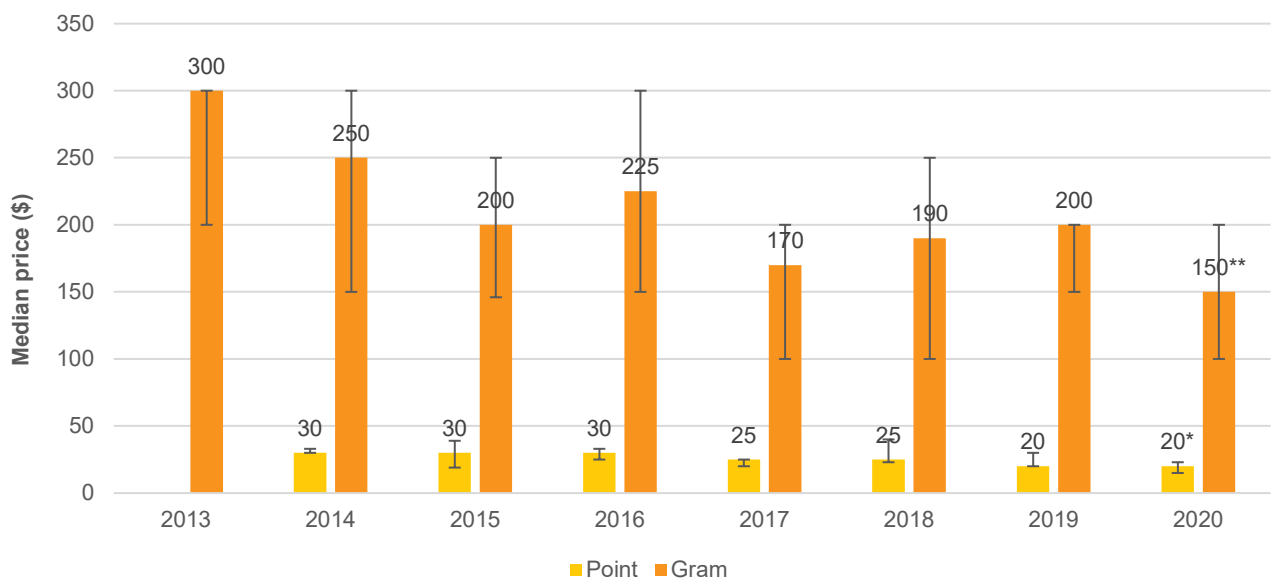
Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 13: Median price of ecstasy powder per point and gram, ACT, 2013-2020
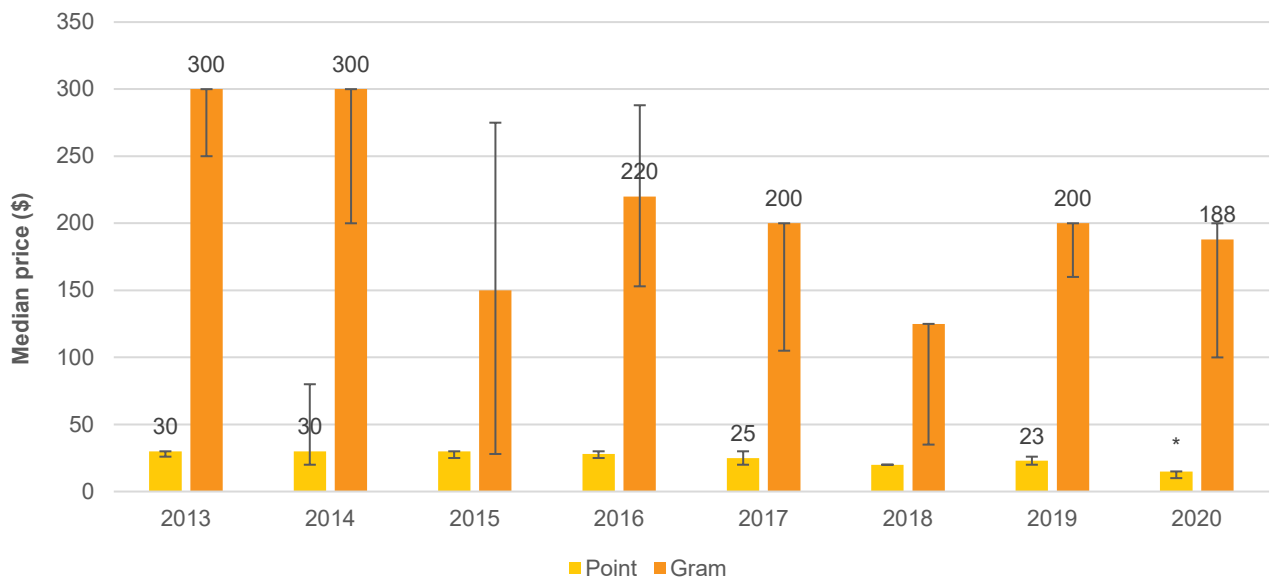
Note. Among those who commented. Data collection for price of ecstasy powder gram and point started in 2013. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

Table 5: Perceived purity and availability of ecstasy pills, capsules and crystal, ACT 2017-2020

	2017	2018	2019	2020
Current Perceived Purity				
% Pills (n)	(n=69)	(n=80)	(n=87)	**(n=62)**
Low	13	13	-	**13**
Medium	38	31	32	**23**
High	29	30	35	**52*****
Fluctuates	20	26	29	**13***
% Capsules (n)	(n=77)	(n=74)	(n=92)	**(n=86)**
Low	16	19	-	**13***
Medium	46	45	28	**28**
High	25	22	46	**51**
Fluctuates	14	15	23	**8****
% Crystal (n)	(n=61)	(n=46)	(n=65)	**(n=59)**
Low	-	-	-	**-**
Medium	46	46	19	**20**
High	39	39	72	**63**
Fluctuates	10	-	-	**-**
% Powder (n)	(n=14)	(n=11)	(n=22)	**(n=17)**
Low	-	-	-	**-**
Medium	64	-	32	**-**
High	-	-	46	**41**
Fluctuates	0	0	-	**-**
Current Perceived Availability				
% Pills (n)	(n=70)	(n=80)	(n=89)	**(n=68)**
Very easy	51	58	44	**41**
Easy	34	25	38	**43**
Difficult	13	18	15	**16**
Very difficult	-	0	-	**0**
% Capsules (n)	(n=79)	(n=74)	(n=93)	**(n=88)**
Very easy	52	34	45	**47**
Easy	41	43	47	**42**
Difficult	-	22	8	**11**
Very difficult	-	-	0	**0**
% Crystal (n)	(n=60)	(n=44)	(n=66)	**(n=65)**
Very easy	35	36	32	**40**
Easy	57	30	49	**39**
Difficult	-	32	18	**22**
Very difficult	0	-	-	**0**
% Powder (n)	(n=14)	(n=11)	(n=22)	**(n=20)**
Very easy	-	-	-	**-**
Easy	43	55	46	**55**
Difficult	-	-	27	**-**
Very difficult	-	0	-	**-**

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. *$p<0.050$; **$p<0.010$; ***$p<0.001$ 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 (past 6 months)

Recent use of methamphetamine has been declining since monitoring began, from four-in-five participants (79%) in 2003 to one in three participants in 2018 and 2019 (33% and 33%, respectively). In 2020, the lowest per cent reported recent use since monitoring began (15%; 33% in 2019; p=0.003; Figure 14).

Frequency of Use

Use has remained relatively infrequent since monitoring commenced. In 2020, consumers reported a median of three days of use (IQR=1-12; 4 days in 2019; IQR=2-13; p=0.762; Figure 15). In 2020, small numbers (n≤5) reported weekly or more use of any methamphetamine (18% in 2019; p=0.676).

Figure 14: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2003-2020
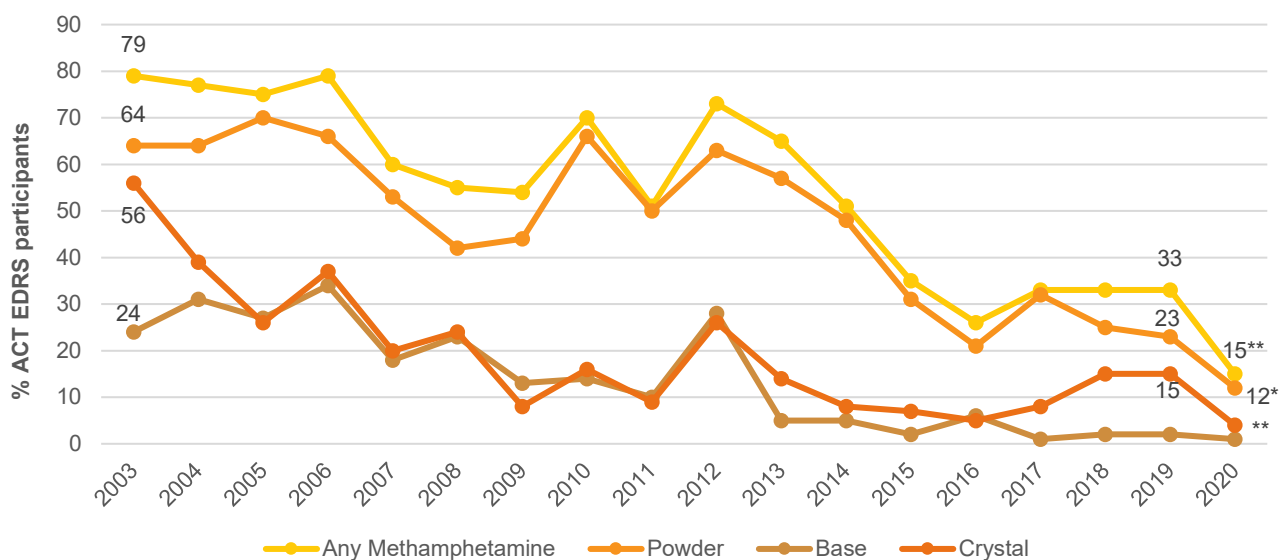
Note. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 15: Median days of any methamphetamine, powder, and crystal use in the past six months, ACT, 2003-2020
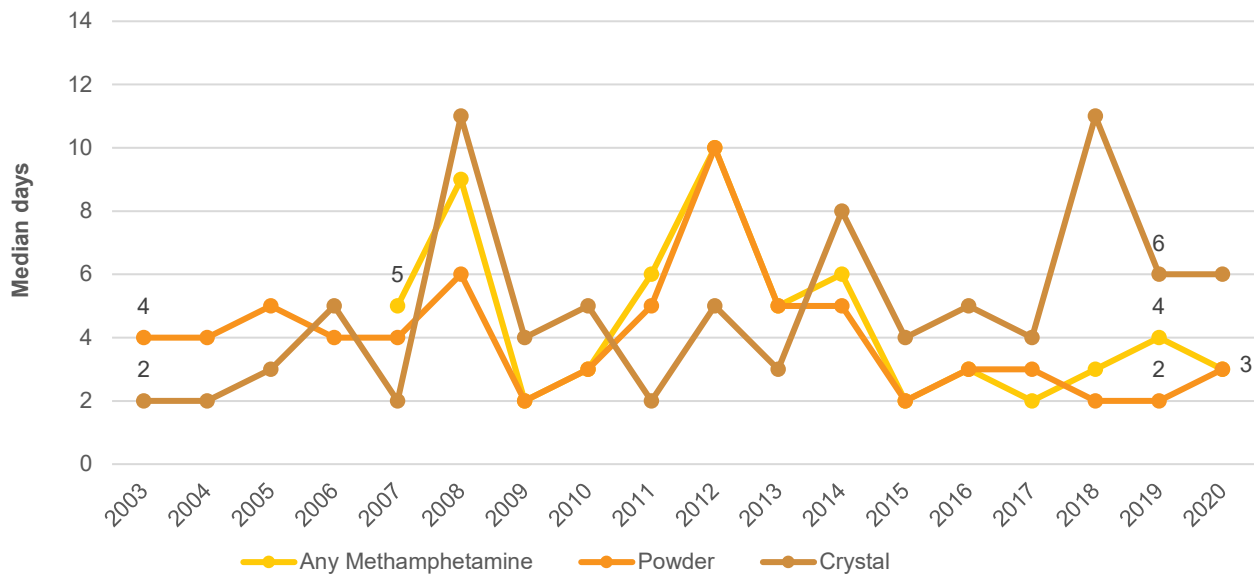
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 15 to improve visibility of trends. Median days of base is not presented due to small numbers reporting use. Some data labels have been removed to improve visibility and with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of Consumption

Methamphetamine Powder

Recent Use (past 6 months): Powder has consistently been the main form used, although use declined substantially from 2003 to 2016, and then stabilised in the years subsequent until 2020 where there was a significant decline (12% versus 23% in 2019; p=0.044; Figure 14).

Frequency of Use: Frequency of use has fluctuated over the years, from a high of 10 median days in 2012 to a low of three median days in 2020 (IQR=1-13; 2 days in 2019; IQR=1-6; p=0.986; Figure 15).

Routes of Administration: In 2020, the main route of administration was snorting (75%; 70% in 2019, p=0.736) followed by swallowing (50%; 44% in 2019, p=0.713).

Quantity: Low numbers reported 'typical' and 'maximum' intake in 2020 and therefore further details are not reported. For further information refer to the national EDRS report or contact the Drug Trends team.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal decreased over the period of monitoring and in 2020 reached the lowest number since monitoring began (n≤5; 15% in 2019; p=0.008; Figure 14).

Frequency of Use: In 2020, low numbers reported median days used (n≤5), hence no comparison will be made (Figure 15).

Low numbers reported recent use of crystal methamphetamine in 2020 and therefore further details are not reported. For further information refer to the national EDRS report, or contact the Drug Trends team.

Methamphetamine Base

Low numbers reported recent use of base methamphetamine and therefore further details are not reported. For further information refer to the national EDRS report or contact the Drug Trends team.

Price, Perceived Purity and Availability

Methamphetamine Powder

Price: Participants reported a median price of $165 per gram (IQR=113-200, n=8; $180 in 2019; IQR=155-200, n=13; *p*=0.508). Low numbers reported the price for a point (n≤5 in 2020) hence no comparison is made (Figure 16).

Perceived Purity: In 2020, low numbers reported on the perceived purity hence no comparison is made in text, instead please refer to Figure 17 for historical overview.

Perceived Availability: In 2020, low numbers reported on the perceived availability hence no comparison is made in text, instead please refer to Figure 18 for historical overview.

Methamphetamine Crystal

Historical data prior to 2019 is not reported due to low numbers regarding crystal methamphetamine. For further information refer to the national EDRS report or contact the Drug Trends team.

Price: Participants reported a median price of $50 per point (IQR=48-75; n=6; $50 in 2019; IQR=50-70, n=15; *p*=0.789). Low numbers reported the price for a gram (n≤5 in 2020) hence no comparison is made.

Low numbers reported on the perceived purity and availability regarding crystal methamphetamine and therefore further details are not reported. For further information refer to the national EDRS report or contact the Drug Trends team.

Methamphetamine Base

Low numbers reported on the perceived price, purity and availability regarding base methamphetamine and therefore further details are not reported. For further information refer to the national EDRS report or contact the Drug Trends team.

Figure 16: Median price of powder methamphetamine per point and gram, ACT, 2003-2020
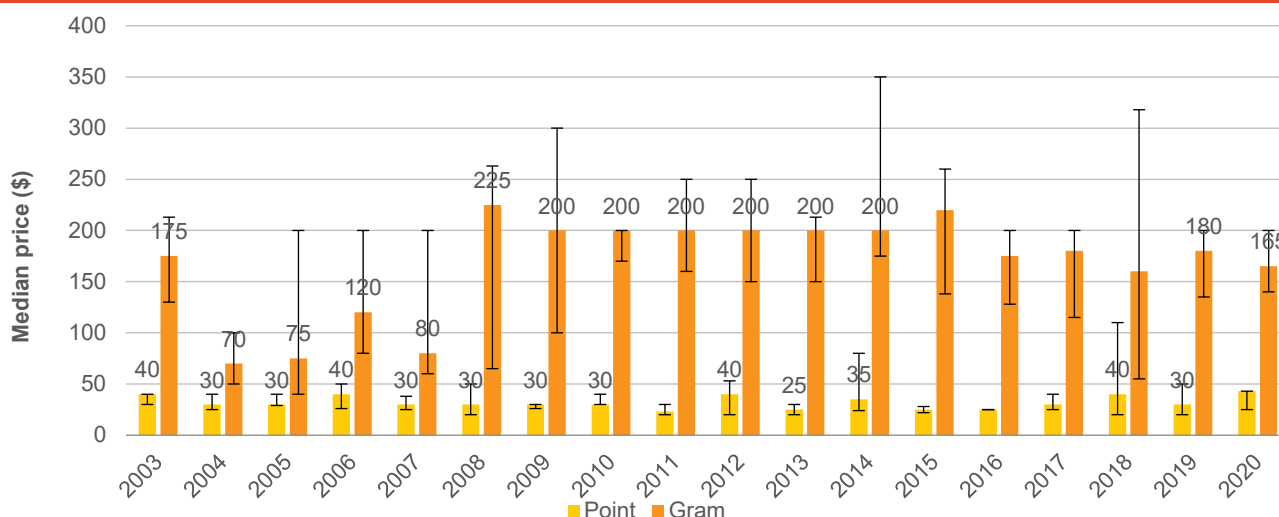
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 17: Current perceived purity of powder methamphetamine, ACT, 2003-2020
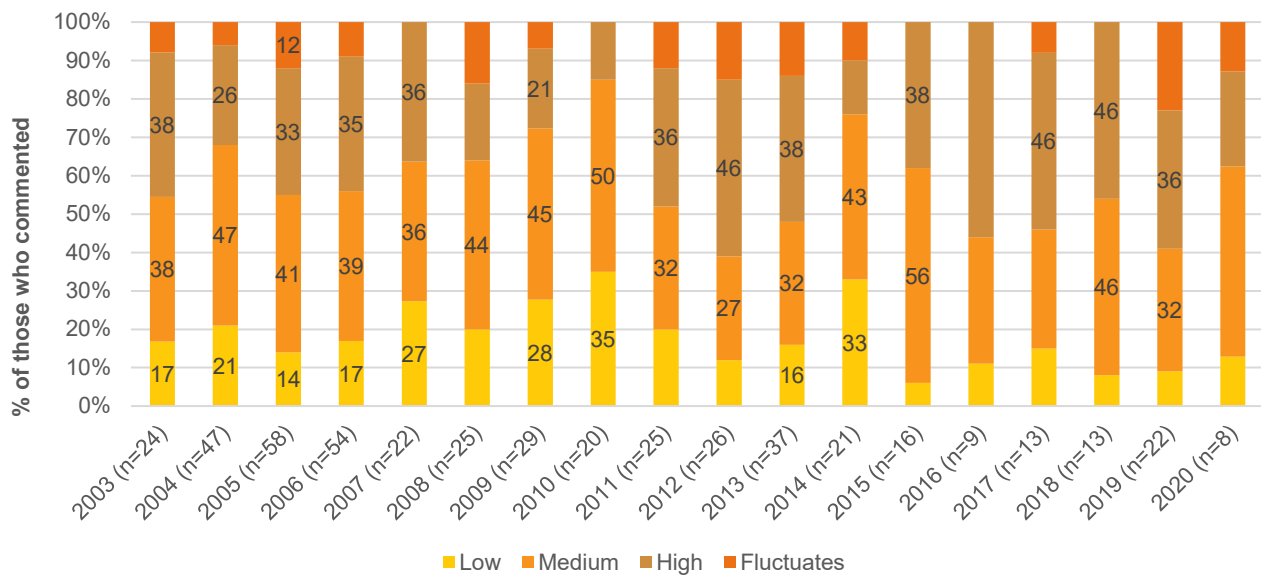
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 18: Current perceived availability of powder methamphetamine, ACT, 2003-2020
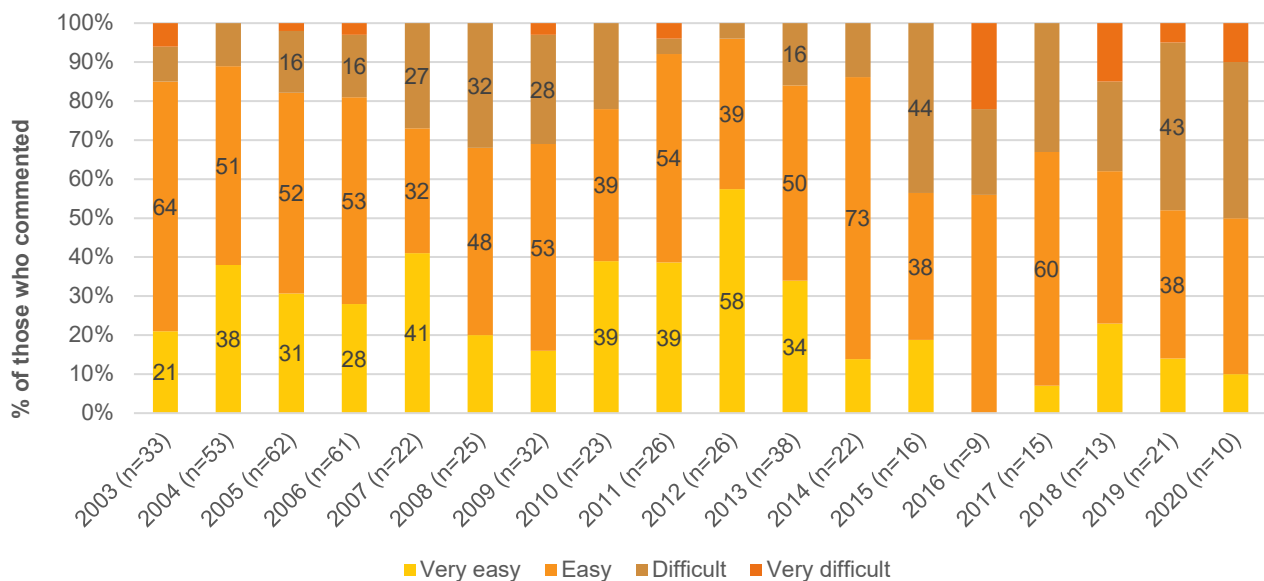
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

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.

Figure 19: Past six month use and frequency of use of cocaine, ACT, 2003-2020
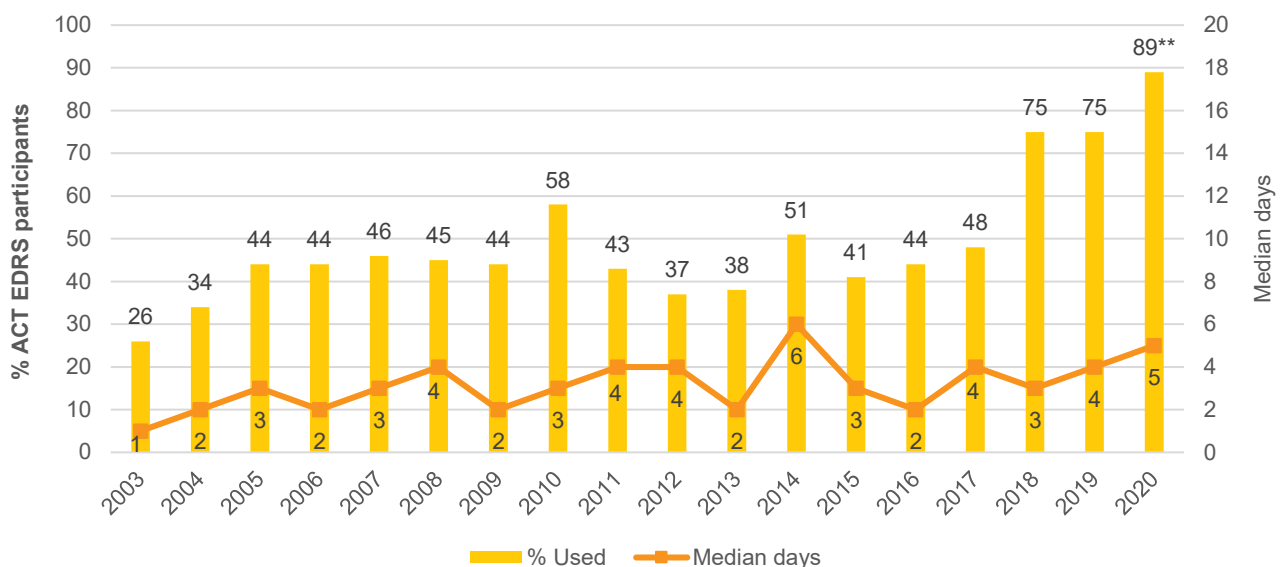
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 to improve visibility of trends for days of use. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of any cocaine has fluctuated over the years, from one-in-four (26%) reporting use in 2003 to three-in-four (75%) reporting use in 2018 and 2019 (Figure 19). In 2020, the highest per cent reported recent use of cocaine (89%), a significant increase from 2019 (75%; p=0.009).

Frequency of Use

Frequency of use has fluctuated between a median of one and six days over the course of monitoring. In 2020, the median days of use amongst consumers was five days (IQR=3-12; 4 days in 2019; IQR=2-10; p=0.056; Figure 19). This is equivalent to less than monthly use. Of those who had recently

consumed cocaine (n=88), one-in-ten (11%) reported cocaine use weekly or more frequently (n≤5 in 2019; *p*=0.301).

Routes of Administration

In 2020, the main route of administration among consumers was snorting (98%; 100% in 2019; *p*=0.194), followed by swallowing (10%; 8% in 2019; *p*=0.656).

Quantity

The median intake in a 'typical' session was 0.50 grams (IQR=0.48-1.00; n=57; 0.50 grams in 2019; QR=0.20-1.00; n=54; *p*=0.027) and the median 'maximum' intake was 1.00 gram (IQR=0.50-2.08, n=62; 0.60 grams in 2019; IQR=0.30-1.50, n=54; *p*=0.218).

Price, Perceived Purity and Availability

Price

Consistent since 2006, the median price per gram of cocaine remained stable at $300 (IQR=$300-$300; n=74; $300 in 2019; IQR=$290-$300, n=71; *p*=0.987; Figure 20).

Perceived Purity

Among those able to comment (n=73), an increased per cent of participants perceived cocaine to be of 'high' purity in 2020 compared to 2019 (37% versus 21% in 2019; *p*=0.036). One-quarter (26%) perceived cocaine to be of 'medium' purity (33% in 2019; *p*=0.331; Figure 21).

Perceived Availability

In 2020, reports of perceived availability of cocaine as 'difficult' (22%; 25% in 2019; *p*=0.635) and 'very difficult' (n≤5; 0% in 2019; *p*=0.310) were the lowest observed since monitoring began (Figure 22).

Figure 20: Median price of cocaine per gram, ACT, 2003-2020
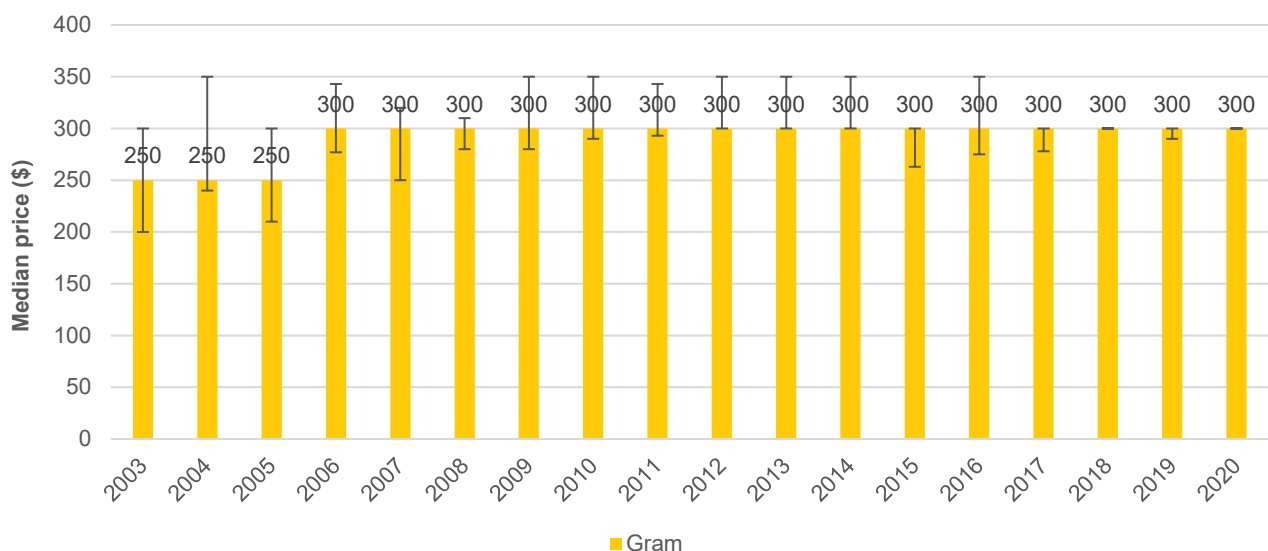
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

## Figure 21: Current perceived purity of cocaine, ACT, 2003-2020
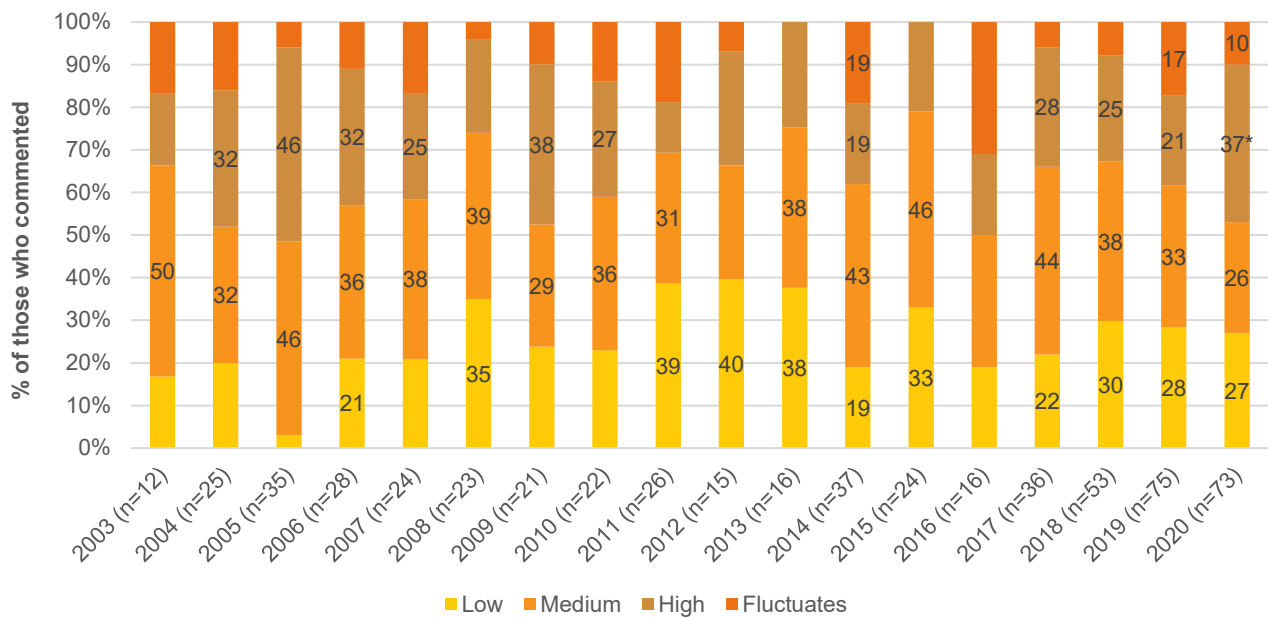
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

Figure 22: Current perceived availability of cocaine, ACT, 2003-2020
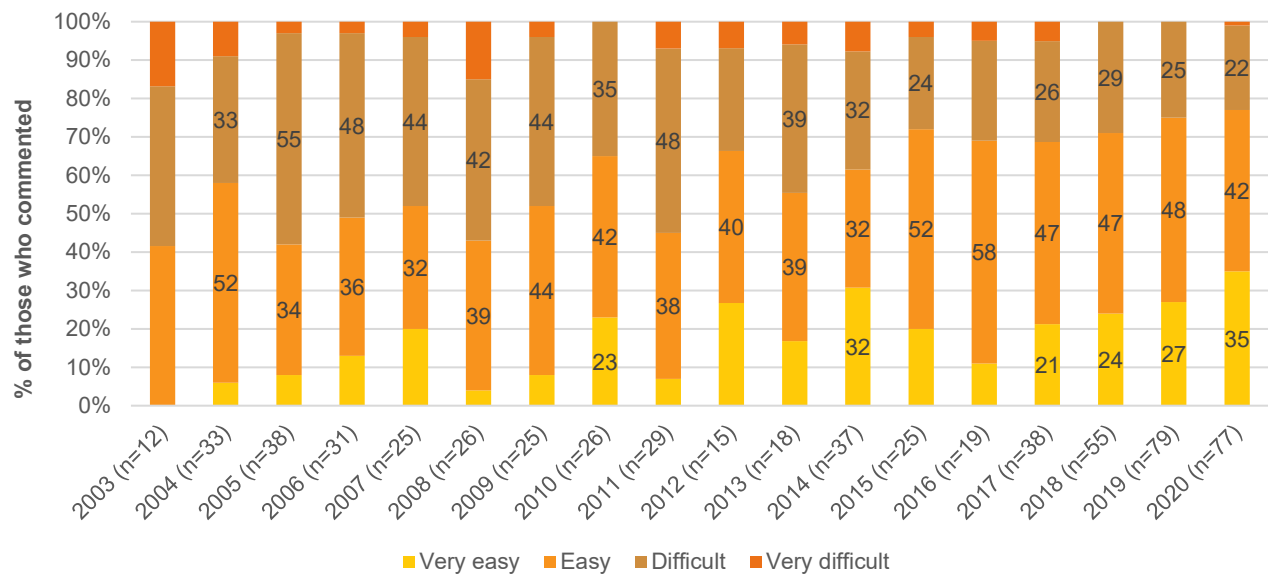
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

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.

Figure 23: Past six month use and frequency of use of cannabis, ACT, 2003-2020
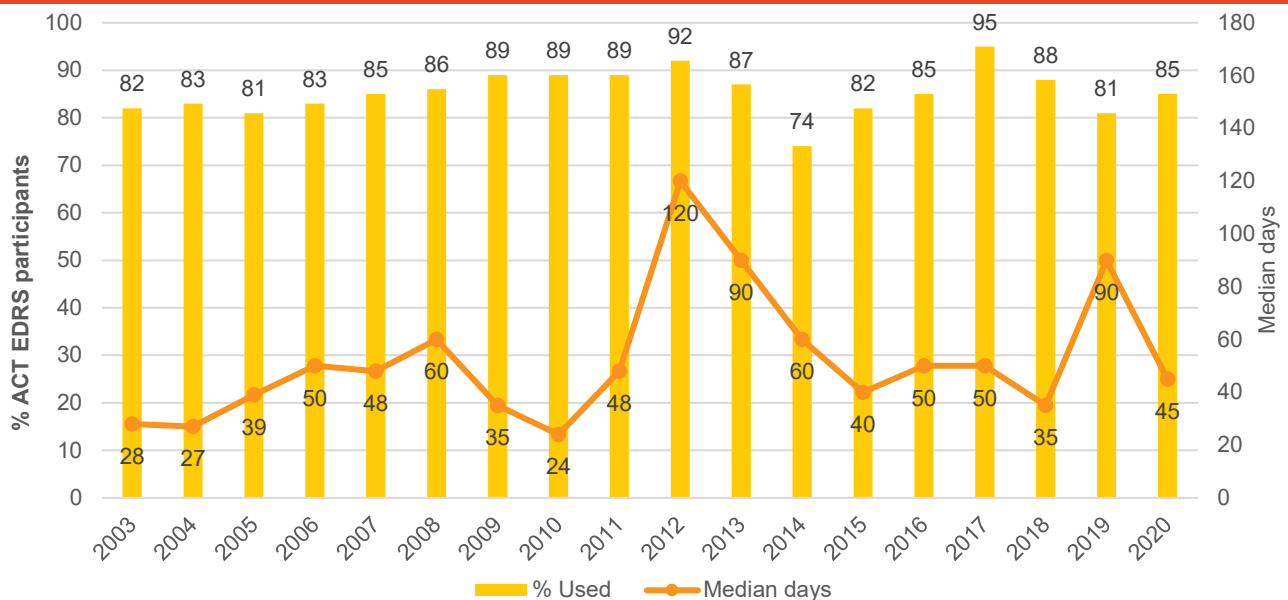
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Patterns of Consumption

Recent Use (past 6 months)

At least three-in-four participants have reported recent use of cannabis each year since monitoring commenced (85% in 2020; 81% in 2019; p=0.555; Figure 23).

Frequency of Use

Frequency of use has varied between weekly and several times a week in the past six months over the course of monitoring (2020: median 45 days; IQR=5-149 days; 90 days in 2019; IQR=13-180; p=0.208; Figure 23). Three-in-five (60%) of recent cannabis consumers reported weekly or more frequent use (69% in 2019; p=0.219). Of recent consumers, over one-fifth reported daily use (22%; 28% in 2019; p=0.371).

Routes of Administration

Across all years, nearly all consumers (94% in 2020; 99% in 2019; p=0.109) reported smoking cannabis. In 2020, 40% reported swallowing (an increase from 25% in 2019; p=0.035) and 25% reported inhaling/vaping cannabis (an increase from 9% in 2019; p=0.006) in the past six months.

Quantity

The median amount used by those who commented on their last occasion of use was 1.25 grams (IQR=1-2; n=22; 1 gram in 2019; IQR=1-2; n=30; p=0.562) or two cones (IQR=2-6.50; n=30; 3 cones in 2019; IQR=2-4; n=36; p=0.688).

Forms Used

Among recent cannabis consumers, 52% reported recent use of hydroponic cannabis, a decrease from 70% in 2019 (p=0.019). Two-thirds (64%) reported use of outdoor-grown 'bush' cannabis in 2020 (58% in 2019; p=0.425). Smaller percentages reported having used hashish (9%; 17% in 2019; p=0.117) and hash oil (8%; 10% in 2019; p=0.651) in the preceding six months.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The median price per gram of hydroponic cannabis has mostly been $20 since monitoring began (2020: median $20; IQR=15-20; n=15; $20 in 2019; IQR=15-20; n=27; p=0.513). In 2020, those who commented reported a median price of $280 per ounce (IQR=260-300; n=15; $250 in 2019; IQR=250-250; n=37; p=0.051; Figure 24A).

Perceived Potency: Of those able to comment (n=34), half perceived hydroponic cannabis to be 'high' potency (50%; 48% in 2019; n=58; p=0.873), consistent with previous years (Figure 25A).

Perceived Availability: Consistent with previous years, most participants perceived hydroponic cannabis as accessible. Of those able to comment (n=39) in 2020, nearly all participants perceived availability to 'easy' or 'very easy' (97%; 93% in 2019; n=60; p=0.362; Figure 26A).

Bush Cannabis

Price: The median price per gram of bush cannabis has been similar across most years (2020: $18; IQR=13-20; n=14; $20 in 2019; IQR=15-20, n=25; p=0.625) however, there has been more variation around the price per ounce (2020: $275; IQR=250-305; n=14; $230 in 2019; IQR=200-250; n=33; p=0.014; Figure 24B).

Perceived Potency: Among those able to comment (n=34), a similar per cent perceived bush cannabis to be of 'medium' (38%; 47% in 2019; n=49; p=0.431) and of 'high' (35%; 33% in 2019; n=49; p=0.802) potency in 2020 (Figure 25B).

Perceived Availability: Similar to hydroponic cannabis, bush cannabis has also historically been perceived as accessible. Of those able to comment (n=36) in 2020, the majority of participants perceived availability of bush to be 'easy' or 'very easy' (86%; 80% in 2019; n=49; p=0.436; Figure 26B).

Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2006-2020

(A) Hydroponic cannabis
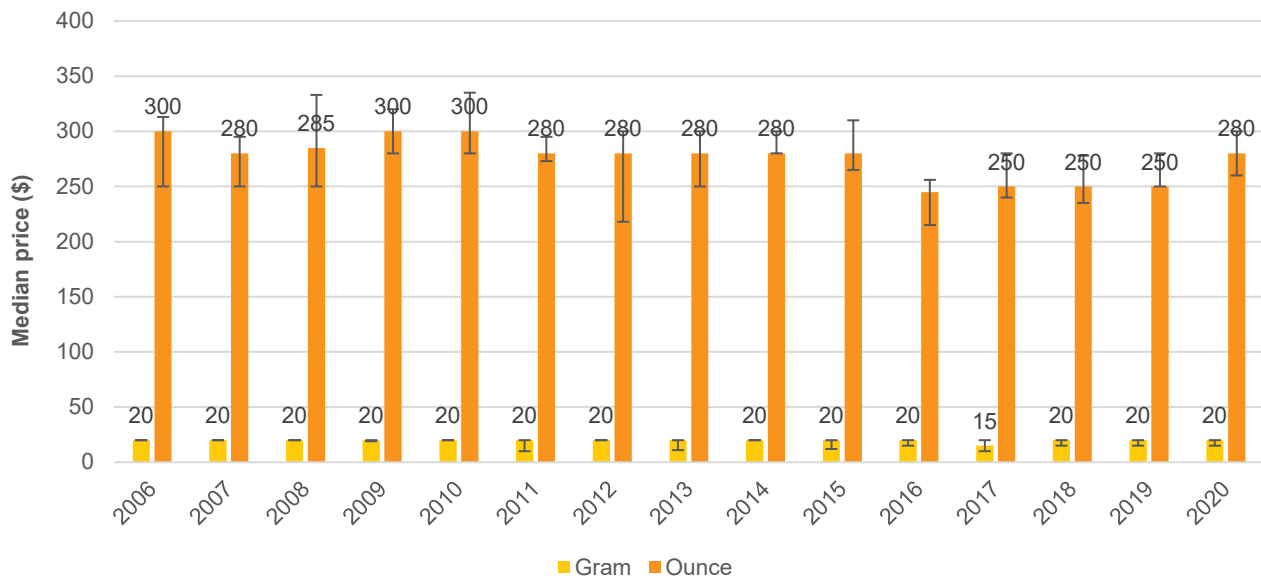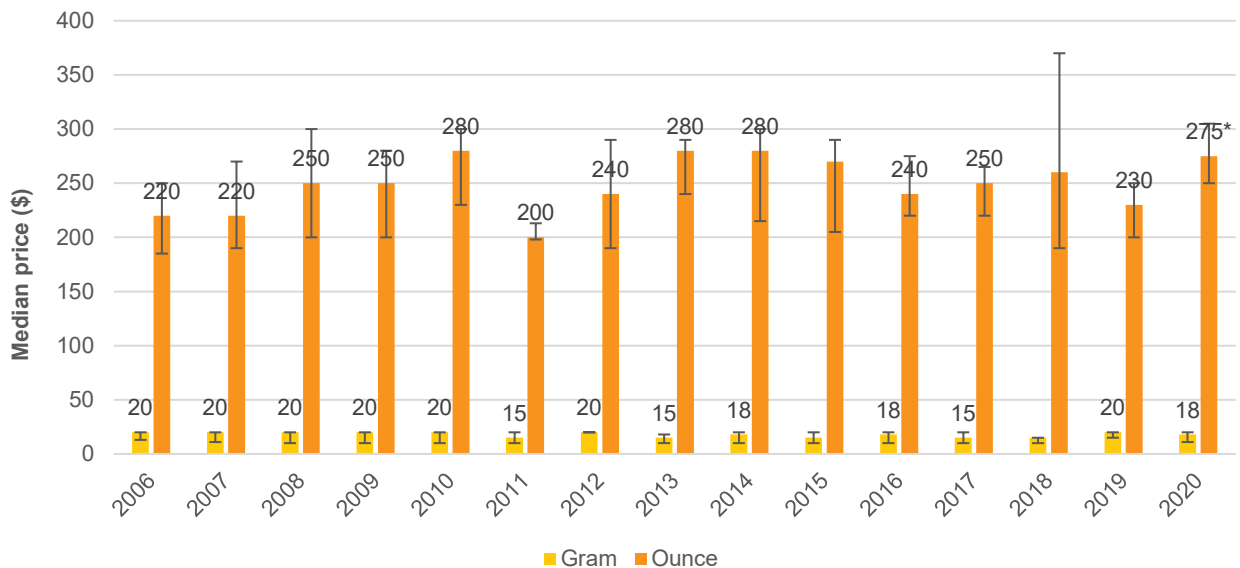
(B) Bush cannabis

Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5 but not =0). The error bars represent the IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 25: Current perceived potency of hydroponic (A) and bush (B) cannabis, ACT, 2006-2020
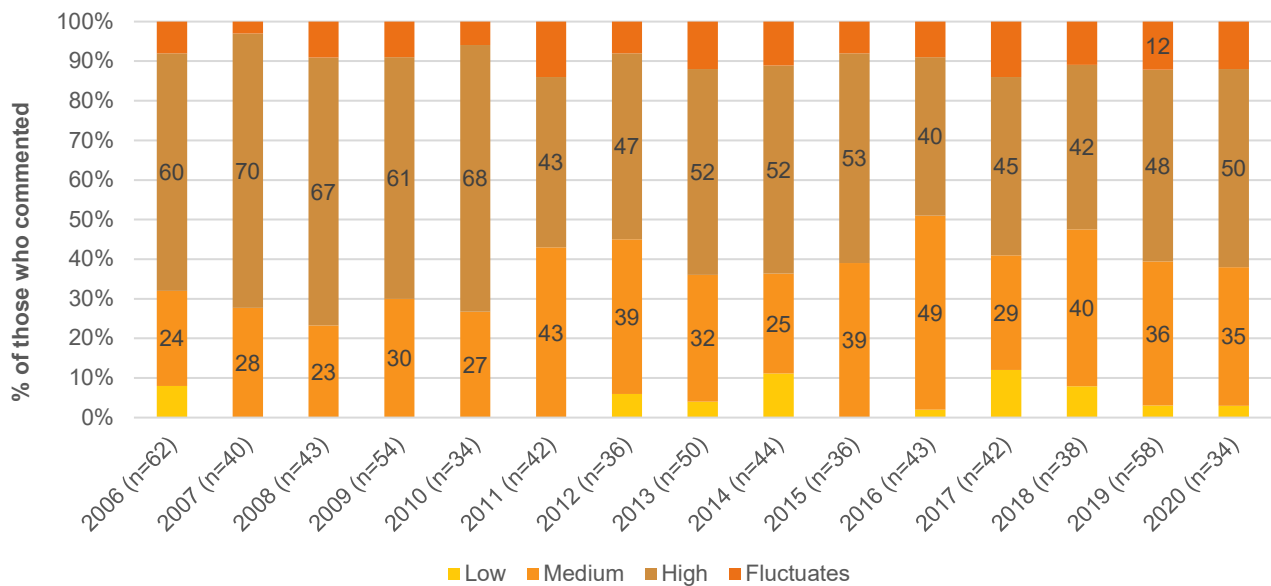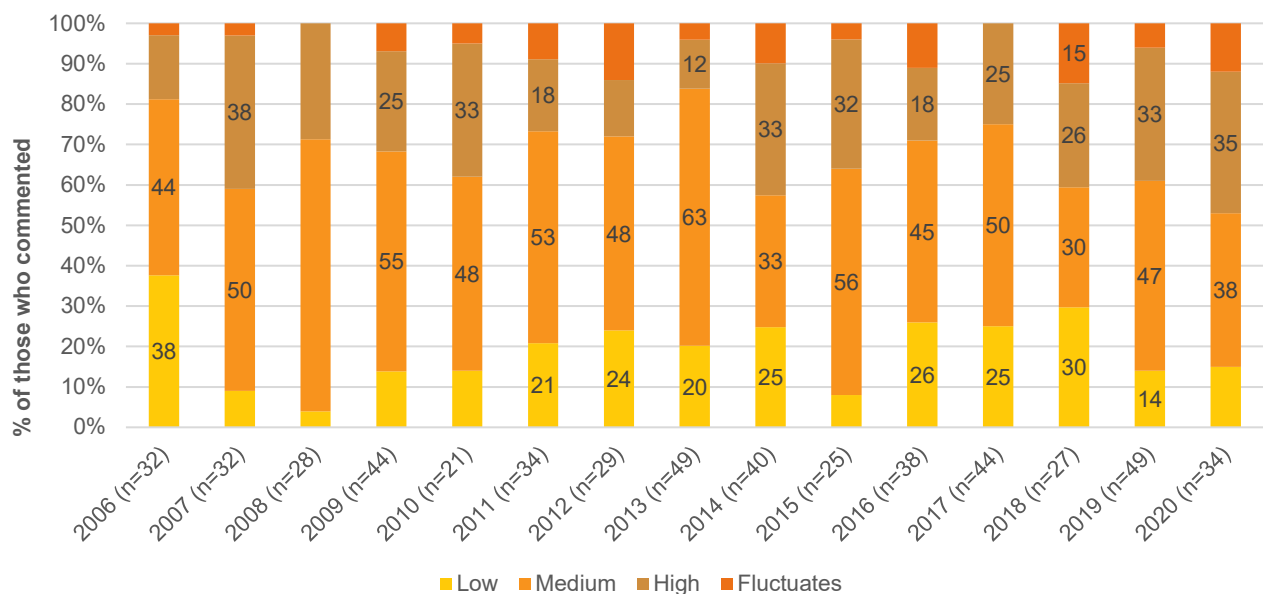
(A) Hydroponic cannabis

(B) Bush cannabis

Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. 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 26: Current perceived availability of hydroponic (A) and bush (B) cannabis, ACT, 2006-2020

(A) Hydroponic cannabis

(B) Bush cannabis

Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. 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

Ketamine and LSD

Ketamine

Patterns of Consumption

Recent Use (past 6 months): Recent ketamine use has fluctuated over the period of monitoring, with nearly half (47%) reporting recent use in 2020, an increase from 33% in 2019 (p=0.043; Figure 27).

Frequency of Use: Frequency of use has historically been infrequent and varied between a median of one and five days (2020: 3 days; IQR=2-7; 2 days in 2019; IQR=1-5; p=0.254; Figure 27). Among recent consumers, a low number (n≤5) reported using ketamine weekly or more frequently in 2020 (n≤5 in 2019; p=0.362).

Routes of Administration: In 2020, the most common route of administration among consumers was snorting (94%; 94% in 2019; p=0.953).

Quantity: The median quantity used in a 'typical' session was 0.45 grams (IQR=0.25-0.50, n=26; 0.30 grams in 2019; IQR=0.20-0.50, n=24; p=0.461) and the median 'maximum' used was 0.50 grams (IQR=0.28-1.00; n=29; 0.30 grams in 2019; IQR=0.20-0.50; n=25; p=0.649).

Historical information on price, purity and availability for ketamine will not be provided due to low numbers (n≤5) responding. Please refer to the national EDRS report or contact the Drug Trends team for further information.

Price, Perceived Purity and Availability

Price: The reported median price of a gram of ketamine was $200 (IQR=170-250; n=31; $200 in 2019; IQR=200-250; n=27; p=0.955).

Perceived Purity: Of those who responded (n=30), the majority (70%) perceived the purity of ketamine to be 'high' (71% in 2019; n=34; p=0.959).

Perceived Availability: Of those who commented (n=34) significantly more participants perceived ketamine to be 'easy' to obtain in 2020 compared to 2019 (41% versus 17% in 2019; n=35; p=0.023) followed by 32% perceiving it to be 'difficult' (43% in 2019; n=35; p=0.368).

Figure 27: Past six month use and frequency of use of ketamine, ACT, 2003-2020
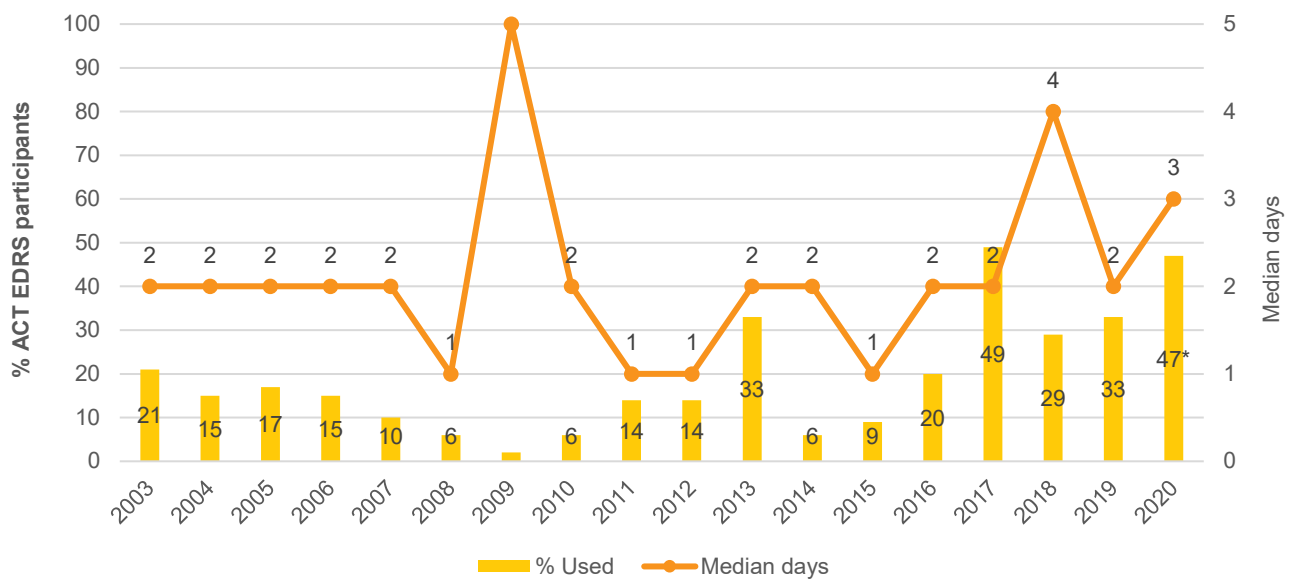
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

LSD

Patterns of Consumption

Recent Use (past 6 months): Recent use of LSD has fluctuated over the course of monitoring. In 2020, two-in-five participants reported recent use (41%; 42% in 2019; p=0.840; Figure 28).

Frequency of Use: Use across the years has been infrequent among consumers (2020: median 2 days: IQR=1-4; 2 days in 2019; IQR=1-4; p=0.789; Figure 28). Few participants reported weekly or more frequent use of LSD in 2020 (n≤5; 0% in 2019).

Routes of Administration: In 2020, all consumers (100%) reported swallowing as a route of administration (100% in 2019).

Quantity: In 2020, the median quantity used in a 'typical' session remained stable at two tabs (IQR=1-3; n=8; 1 tab in 2019; IQR=1-2; n=23; p=0.498). The median 'maximum' number of tabs used was three tabs (IQR=2-6; n=9), significantly higher than one tab in 2019 (IQR=1-2; n=23; p=0.009).

Price, Perceived Purity and Availability

Price: In 2020, the median price for one tab was reported as $25 (IQR=20-29; n=48) a non-significant increase from what was reported in 2019 ($20; QR=20-25; n=61; p=0.482; Figure 29).

Perceived Purity: Of those who responded (n=32), over half reported the perceived purity as 'high' (53%; 64% in 2019; n=61; p=0.312), followed by one-quarter who reported purity as 'medium' (25%; 28% in 2019; p=0.767; Figure 30).

Perceived Availability: Of those able to comment (n=42), there was an increase in those reporting the perceived availability to be 'easy' in 2020 (55% versus 31% in 2019; n=64; p=0.016), and a decrease in those reporting 'difficult' (29% versus 48% in 2019; p=0.042).

Figure 28: Past six month use and frequency of use of LSD, ACT, 2003-2020
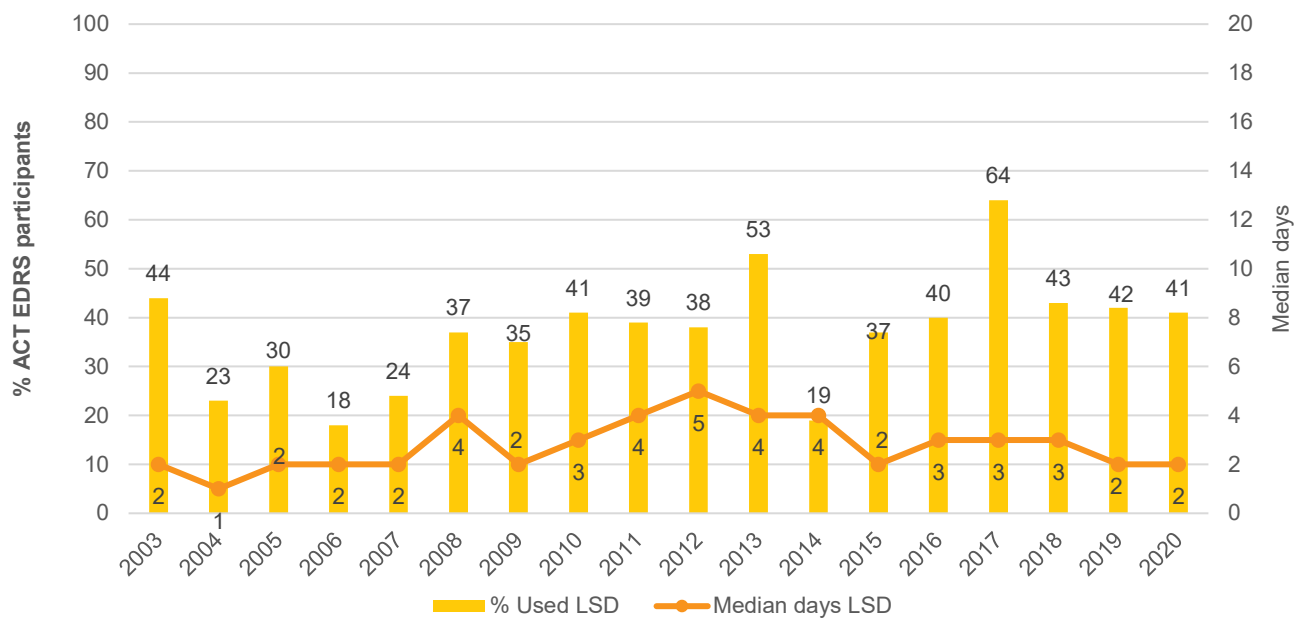
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

Figure 29: Median price of LSD per tab, ACT, 2003-2020
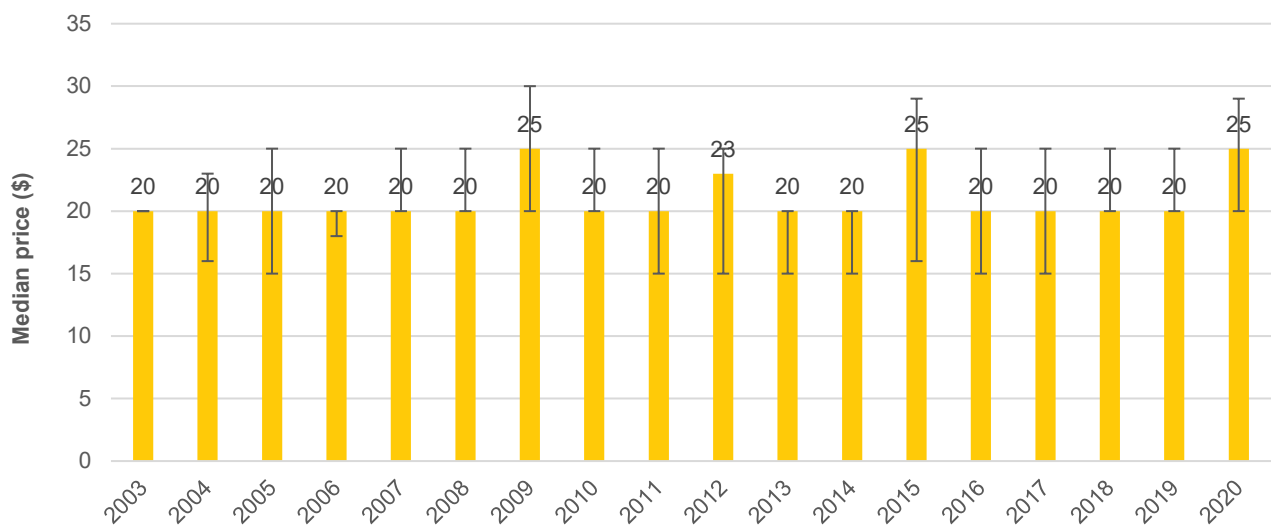
Note. Among those who commented. The error bars represent the IQR. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

Figure 30: Current perceived purity of LSD, ACT, 2003-2020
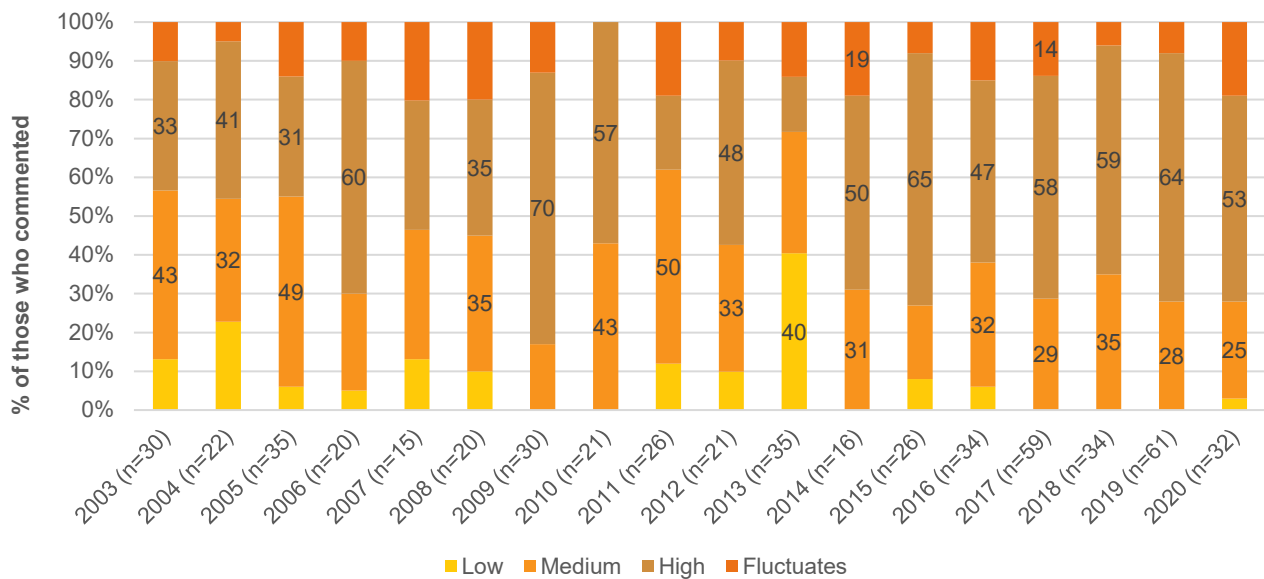
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 31: Current perceived availability of LSD, ACT, 2003-2020
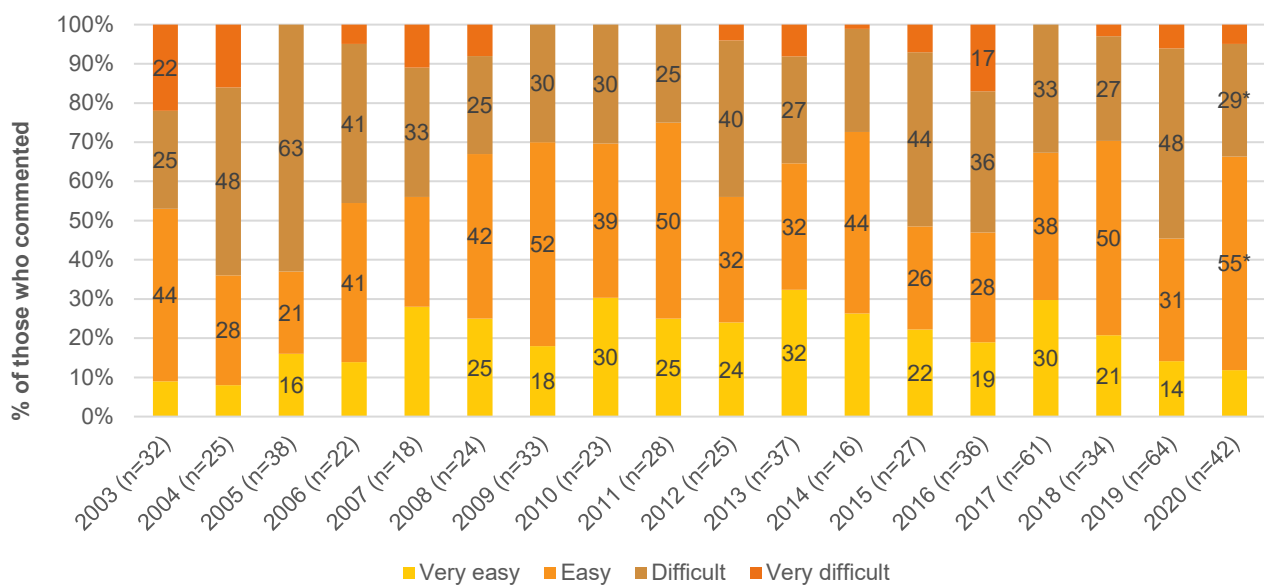
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

8

New Psychoactive Substances

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

Recent Use (past 6 months)

One-fifth (19%) of the ACT sample reported recent use of NPS when monitoring began in 2010. This increased to half of the sample in 2012 (51%), declining since to 17% in 2020 (30% in 2019; p=0.027; Table 6).

For the past few years, DMT has been the most commonly used NPS (7%; 13% in 2019; p=0.151; Figure 32; Table 7).

Frequency of Use

Frequency of use has consistently been low for the various NPS (e.g., DMT; 1 day; IQR=1-2) in 2020.

EDRS collects data on a large number of NPS specifically by name (Table 7), however those with negligible numbers of participants reporting recent use are not included here. If further details about use of other NPS by the ACT EDRS are needed, please contact the Drug Trends team, or see the national EDRS report for national trends in use.

Table 6: Use of any NPS in the past six months, nationally and ACT, 2010-2020

%	National	ACT
2010	32	19
2011	40	34
2012	45	51
2013	44	49
2014	40	20
2015	39	34
2016	36	31
2017	33	35
2018	31	30
2019	30	30
2020	**2**3**	**17***

Note. Monitoring of NPS first commenced in 2019. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Table 7: Past six month use of NPS by drug type, ACT, 2010-2020

	2010 N=70 %	2011 N=80 %	2012 N=51 %	2013 N=77 %	2014 N=100 %	2015 N=99 %	2016 N=100 %	2017 N=100 %	2018 N=98 %	2019 N=100 %	2020 N=101 %
Phenethylamines	15	20	29	29	13	23	20	17	8	9	**7**
Any 2C substance~	11	11	25	25	9	21	13	14	7	7	-
NBOMe	/	/	/	/	-	-	-	-	-	-	-
Mescaline	0	11	-	8	0	-	-	-	-	-	-
DO-x	0	0	0	0	0	0	0	0	0	0	**0**
4-FA	/	/	/	/	/	/	0	0	0	0	**0**
PMA	-	0	-	-	-	-	-	0	0	0	**0**
Tryptamines	-	18	13	9	7	6	13	21	16	13	**8**
DMT	-	18	12	8	7	6	12	21	16	13	**7**
5-MeO-DMT	-	-	-	-	0	0	-	-	-	-	-
4-AcO-DMT	/	/	/	/	/	/	0	0	/	/	/
Synthetic cathinones	-	-	13	-	-	9	-	-	-	11	**0**
Mephedrone	-	-	0	0	0	-	0	-	0	-	**0**
Methylone/bk MDMA	/	-	12	-	-	6	-	-	-	9	**0**
MDPV/Ivory wave	0	0	-	0	0	-	-	0	0	0	**0**
Alpha PVP	/	/	/	/	/	/	0	0	0	0	**0**
n-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	**0**
n-ethylpentylone	/	/	/	/	/	/	/	/	/	0	**0**
Other substituted cathinone	/	/	0	0	0	0	0	0	0	/	/
Piperazines	-	-	0	0	0	0	0	0	/	/	/
BZP	-	-	0	0	0	0	0	0	/	/	/
Dissociatives	/	/	-	/	/	-	-	0	0	-	**0**
Methoxetamine (MXE)	/	/	-	0	0	-	-	0	0	-	**0**
Plant-based NPS	/	-	-	-	0	-	-	-	-	-	-
Ayahuasca	/	/	/	/	/	0	0	0	0	-	-
Salvia divinorum	/	-	-	-	0	-	-	-	-	0	-
Kratom	/	/	/	/	/	/	/	/	/	/	**0**
Benzodiazepines	/	/	/	/	/	/	0	-	-	-	**0**
Etizolam	/	/	/	/	/	/	0	-	0	-	**0**
Synthetic cannabinoids	/	-	16	-	-	0	-	-	-	-	-
Herbal high#	/	/	14	-	-	0	-	-	0	-	/
Phenibut	/	/	/	/	/	/	/	/	/	-	**0**
Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	-	0	**0**
Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	-	-	**0**
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	-	**0**
Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	-	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	0	**0**
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	**0**

Note. / not asked. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers (n≤5 but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

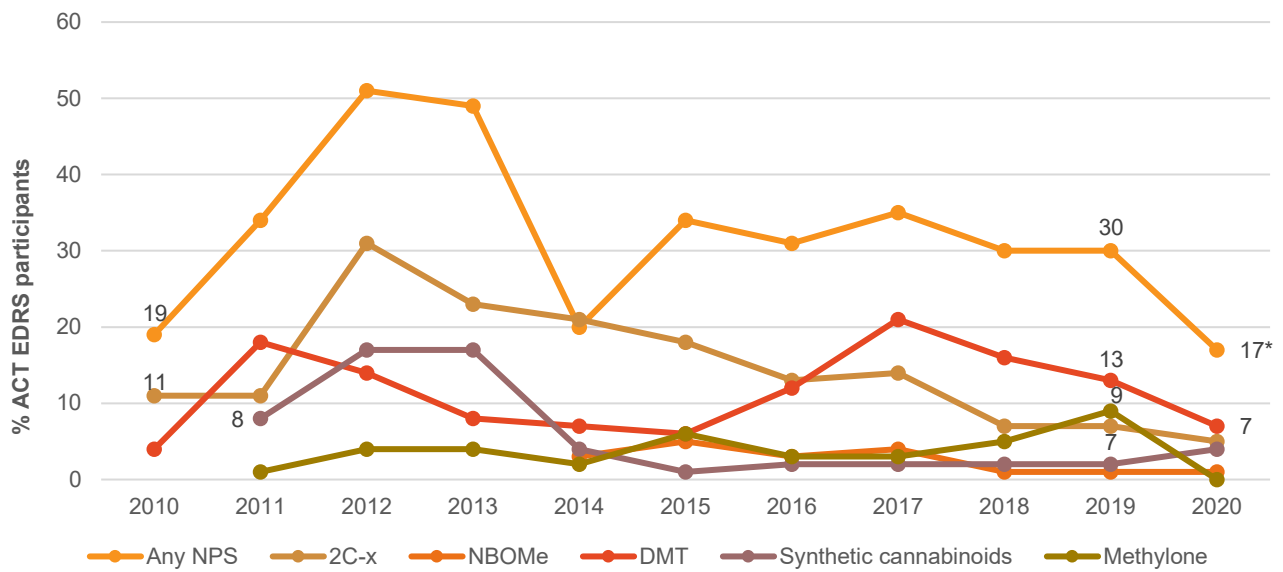## Figure 32: Past six month use of new psychoactive substances, ACT, 2010-2020

Note. Y axis reduced to 60% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in EDRS 2018, 2019 and 2020.

Recent Use (past 6 months): In 2020, 30% of the sample reported any recent use of codeine (30% in 2019; p=0.963). Eighteen per cent of the sample had used any prescribed codeine (16% in 2019; p=0.611, whereas 11% had reported using any non-prescribed codeine (13% in 2019; p=0.625).

Recent Use for Non-Pain Purposes: Two-in-five (39%) of consumers who had used any low dose codeine (<30mg codeine) reported using it for non-pain purposes (7% of the total ACT sample; n≤5 in 2019; p=0.892; Figure 33).

Frequency of Use: Participants who had recently used any form of non-prescribed codeine (n=11) reported use on a median of one day (IQR=1-4; 3 days in 2019; IQR=2-6; n=13; p=0.150) in the past six months.

Forms Used: Of consumers who had recently used non-prescribed codeine, 64% had used low dose codeine (<30mg codeine; n≤5 in 2019; p=0.219) and low numbers reported to have used high dose (≥30mg codeine; n≤5; 62% in 2019; p=0.219).

Pharmaceutical Opioids

Recent Use (past 6 months): The per cent of participants reporting past six month use of non-prescribed pharmaceutical opioids (e.g. methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) remained stable from 2019 to 2020 (16% in 2019 to 11% in 2020; p=0.288; Figure 33), noting that high-dose codeine was excluded from this classification for the first time in 2018.

Frequency of Use: Consumers reported a median of one day of non-prescribed opioid use (IQR=1-12; n=9) in the six months leading up to interview (3 days in 2019; IQR=1-9; n=16 p=0.301).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has fluctuated over time, and peaked at 45% in 2020, significantly higher than 31% in 2019 (p=0.048; Figure 33).

Frequency of Use: Median days of non-prescribed use remained consistent between 2019 and 2020 (5 days in 2020; IQR=3-10; n=45; 4 days in 2019: IQR=2-7, n=31; *p*=0.389).

Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2020 was two pills/tablets (IQR=1-3; n=34; 2 pills/tablets in 2019; IQR=2-3; *p*=0.508).
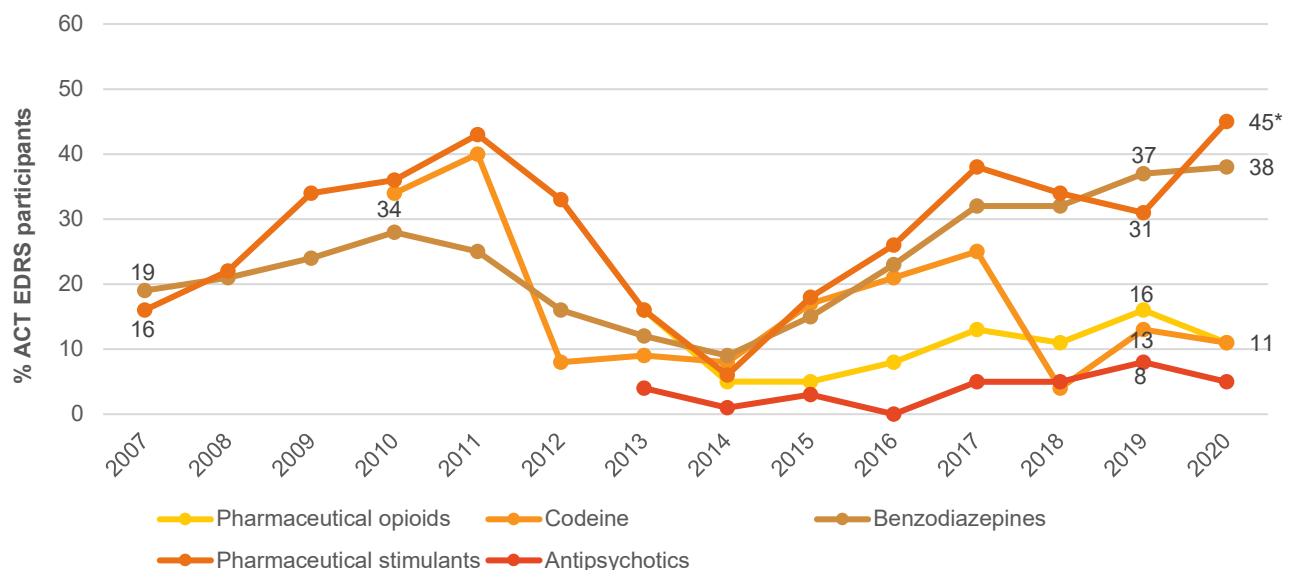
Benzodiazepines

Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines has, for the most part, been increasing since monitoring began, with nearly two-fifths (38%) of the sample reporting such use in 2020, stable from 2019 (37%; *p*=0.923; Figure 33). From 2019, we asked participants for the first time about non-prescribed alprazolam use versus non-prescribed 'other benzodiazepine' use, with 27% (27% in 2019; *p*=0.966) and 20% (21% in 2019; *p*=0.833) of the total sample reporting recent non-prescribed use in 2020, respectively.

Frequency of Use: Consumers reported a median of three days (IQR=1-13; n=26; 2 days in 2019; IQR=1-5; n=21; *p*=0.557) of non-prescribed alprazolam use and three days (IQR=2-9; n=20; 2 days in 2019; IQR=2-10; n=27; *p*=0.424) of non-prescribed 'other benzodiazepine' use in the past six months.

Antipsychotics

Recent Use (past 6 months): Historically, recent use of non-prescribed antipsychotics has remained low over the course of monitoring (Figure 33). Indeed, low numbers reported recent used of non-prescribed antipsychotics in 2020 (n≤5; 8% in 2019; *p*=0.380; Figure 33).

Figure 33: Non-prescribed use of pharmaceutical drugs in the past six months, ACT, 2007-2020

Note. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents low-dose codeine used for non-pain purposes. Y axis has been reduced to 60% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Other Illicit Drugs

MDA

Recent Use (past 6 months): Recent use of MDA has varied across the years (10% in 2006 to 47% in 2013), with 10% reporting recent use in 2020 (13% in 2019; *p*=0.539; Figure 34).

Substance with Unknown Contents

Capsules (past 6 months): During the first three years of monitoring, low numbers reported recent use of 'capsules with unknown contents', rising to 45% in 2016. Since then, rates of use have been gradually decreasing, with 10% reporting recent use (9% in 2019; *p*=0.823; Figure 34). Participants reported using capsules with unknown contents on a median of two days (IQR=1-3; n=10; 1 day in 2019; IQR=1-4; n=9; *p*=0.825).

Other Unknown Substances (past 6 months): From 2019, we asked participants about their use more broadly of substances with 'unknown contents'. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and 'other' form. Nearly one-quarter (24%) reported use of any substance with 'unknown contents' in 2020 (17% in 2019; *p*=0.234). Eight per cent reported using a pill with unknown content in the previous six months (11% in 2019; *p*=0.456) on a median of two days (IQR=1-2; 2 days in 2019; IQR=1-7; *p*=0.657) and 6% reported recently using powder with unknown contents (n≤5 in 2019; *p*=0.314) on a median of one day (IQR=1-1). Few reported using crystal with unknown contents in 2019 and 2020 (n≤5).

Quantity: In 2020, we asked participants about the average amount of pills used with unknown contents and the average amount of capsules used with unknown contents, in the last six months. In a 'typical' session, participants reported using a median of one capsule (IQR=1-2; n=10; 1 capsule in 2019; IQR=1-3; n=9; *p*=1.000) with unknown contents. Similarly, participants reported using a median of one pill (IQR=1-2; n=8; 2 pills in 2019; IQR=1-3; n=11; *p*=0.033) with unknown contents in a 'typical' session.

GHB/GBL/1,4 BD (liquid E)

Recent Use (past 6 months): Consistently small numbers have reported recent use of GHB/GBL/1,4-BD, with n≤5 reporting recent use in 2020 (n≤5 in 2019; *p*=0.710; Figure 34).

Heroin

Recent Use (past 6 months): Consistently small numbers have reported recent use of heroin, with n≤5 reporting recent use in 2020 (n≤5 in 2019; *p*=0.171; Figure 34).

Hallucinogenic Mushrooms

Recent Use (past 6 months): Recent use of hallucinogenic mushrooms has varied across the years (10% in 2006 to 47% in 2013). In 2020, there was a significant increase of participant reporting recent use compared to 2019 (2020: 29% versus 14% in 2019; *p*=0.010; Figure 34).

Frequency of Use: Recent use has typically been infrequent and stable, with consumers reporting a median two days of use in 2020 (IQR=1-3; n=29; median 2 days in 2019; IQR=1-2; n=14; *p*=0.458).

Figure 34: Past six month use of other illicit drugs, ACT, 2003-2020
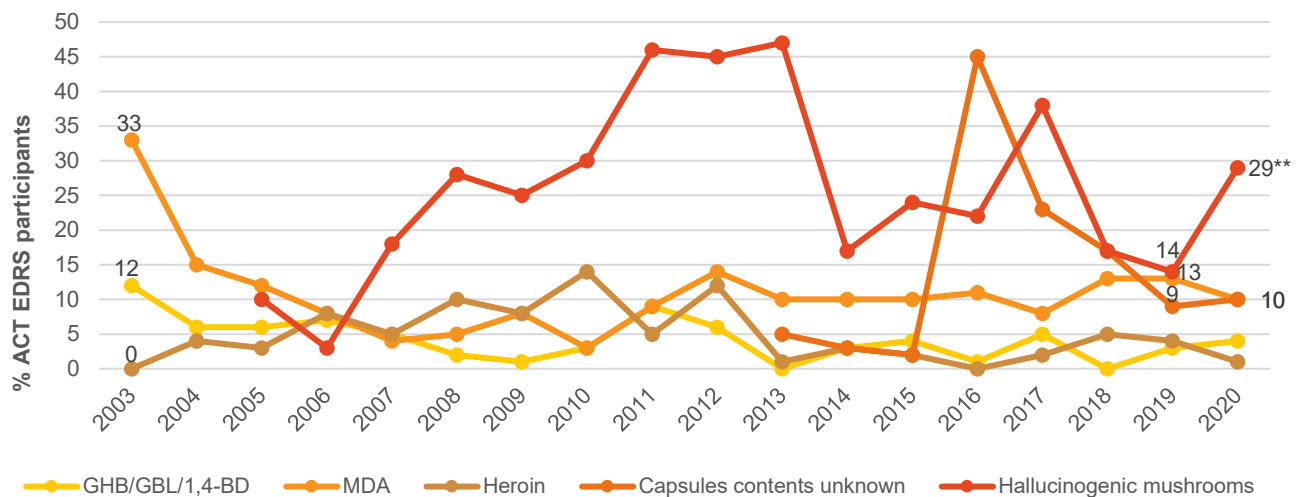
Note. Monitoring of capsules contents unknown commenced in 2013 and mushrooms in 2005. Y axis has been reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire ACT sample reported recent alcohol use (99%; 98% in 2019; p=0.555), consistent with rates observed since monitoring began in 2003 (Figure 35).

Frequency of Use: In 2020, consumers reported a median of 48 days of use in the past six months, (i.e. twice weekly; IQR=24-83; n=100), an increase from 30 days in 2019 (IQR=20-70; n=98; p=0.020). In 2020, there was also an increase in those reporting alcohol consumption at least once a week or more (82% versus 66% in 2019; p=0.009).

Tobacco

Recent Use (past 6 months): Reports of any recent tobacco use have fluctuated between 69% and 92% of the sample over the course of monitoring. In 2020, 83% of the sample reported recent tobacco use (85% in 2019; p=0.723; Figure 35).

Frequency of Use: In 2020, median frequency of use was 160 days (i.e. nearly every day; IQR=24-180; n=83; 180 days in 2019; IQR=45-180; n=85 p=0.365), with 49% of recent consumers reporting daily use (57% in 2019; p=0.358).

E-cigarettes

Recent Use (past 6 months): E-cigarette use was stable when monitoring began in 2014. However, recent use has been increasing since 2019, with over half (52%) reporting using e-cigarettes recently in 2020 (41% in 2019; p=0.136; Figure 35).

Frequency of Use: In 2020, frequency of use remained stable at a median of nine days (IQR; 3-40; n=52; 10 days in 2019; IQR=3-30; n=41; p=0.938).

Forms Used: Among recent consumers (n=52), the majority (75%; n=39) reported using e-cigarettes containing nicotine (76% in 2019; n=31; p=0.946) and 17% (n=9) reported using both nicotine and cannabis in 2020 (n≤5 in 2019; p=0.494). Small numbers (n≤5) reported using only cannabis or neither cannabis nor nicotine.

Reason for Use: Three-fifths (60%; n=31) of recent consumers reported that they did not use e-cigarettes as a smoking cessation tool in 2020 (59% in 2019; *p*=0.916).

Nitrous Oxide

Recent Use (past 6 months): The per cent reporting recent use of nitrous oxide has been increasing, with nearly two-thirds (64%) reporting use in 2020, the highest number since monitoring began (57% in 2019; *p*=0.286; Figure 35).

Frequency of Use: In 2020, frequency of use remained stable at a median of five days (i.e. less than monthly; IQR=2-20; n=65; 4 days in 2019; IQR=2-20; n=57; *p*=0.934).

Quantity: In 2020, we asked participants about the average amount of nitrous oxide that they had used in the six months preceding interview. In a 'typical' session, participants reported using a median of five bulbs (IQR=3-10; n=64; 5 bulbs in 2019; IQR=3-10; n=57; *p*=0.496).

Amyl Nitrite

Amyl nitrite is an inhalant which is currently listed as Schedule 4 substance in Australia (i.e. available only with prescription) yet is often sold under-the-counter in sex shops. Following a review by the Therapeutic Goods Administration, amyl nitrite will be listed as Schedule 3 (i.e., for purchase over-the-counter) from 1 February 2020 when sold for human therapeutic purpose.

Recent Use (past 6 months): Use of amyl nitrite has varied over the course of monitoring. In 2020, nearly two-thirds (64%) reported recent use, the highest number ever recorded since monitoring began and was also significantly higher than in 2019 (47%; *p*=0.020; Figure 35).

Frequency of Use: In 2020, recent consumers reported using amyl nitrite on a median of five days (IQR=3-10; n=57; 10 days in 2019; IQR=2-20; n=47; *p*=0.250).

Figure 35: Past six month use of licit drugs, ACT, 2003-2020
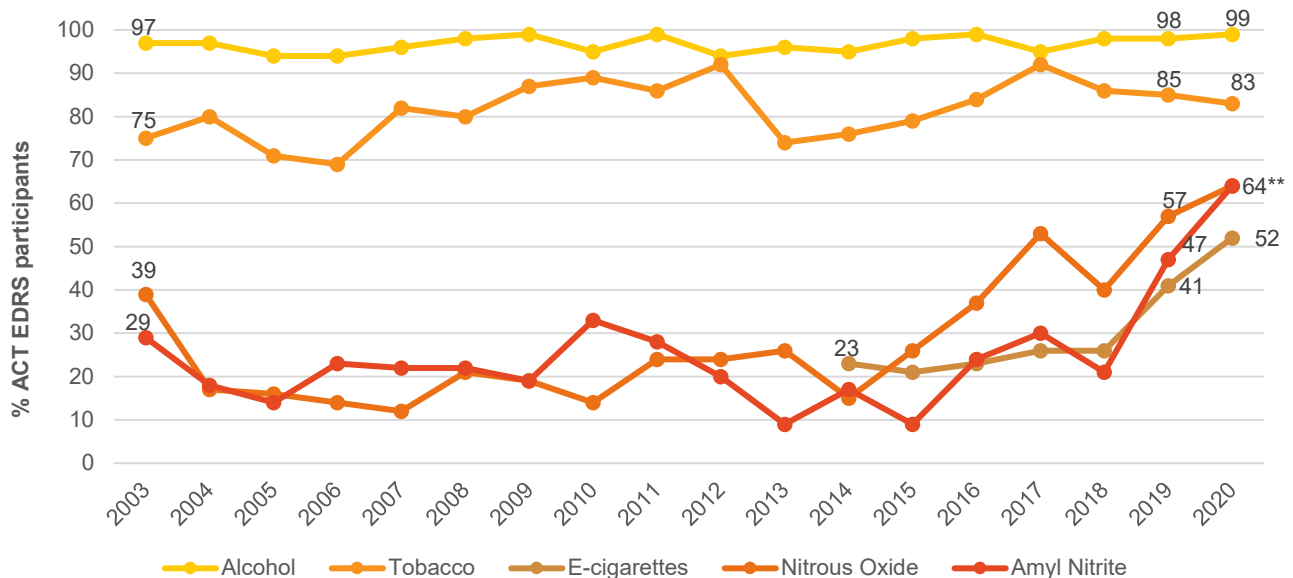
Note. Monitoring of e-cigarettes commenced in 2014. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2019 versus 2020.

10

Drug-Related Harms and Other Associated Behaviours

Alcohol Use Disorders Identification Test

The Alcohol Use Disorders Identification Test (AUDIT) was designed by the World Health Organisation (WHO) as a brief screening scale to identify individuals with problematic alcohol use in the past 12 months.

The mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 15.2 (SD 6.7) in 2020, significantly higher than 12.8 in 2019 (SD 6.2; p=0.008; Table 8). There was an increase of participants obtaining a score of 8 or more, indicative of hazardous use, in 2020 compared to 2019 (91% versus 80% in 2019; p=0.039). AUDIT scores are divided into four 'zones' which indicate risk level. There were significantly fewer participants falling into Zone 1 (low risk drinking or abstinence) in 2020 compared to 2019 (9% versus 20% in 2019; p=0.025; Table 8).

Table 8: AUDIT total scores and per cent of participants scoring above recommended levels, ACT, 2014-2020

	2014 (n=97)	2015 (n=97)	2016 (n=99)	2017 (n=98)	2018 (n=90)	2019 (n=99)	2020 (n=100)
Mean AUDIT total score (SD)	11.1 (5.6)	11.3 (4.7)	11.8 (6.8)	11.9 (6.1)	13.0 (7.3)	12.8 (6.2)	**15.2* (6.7)**
Score 8 or above (%)	71	81	71	74	72	80	**91***
Zone 1 (low risk drinking or abstinence)	29	18	29	26	28	20	**9***
Zone 2 (alcohol in excess of low-risk guidelines)	50	59	45	49	43	53	**53**
Zone 3 (harmful or hazardous drinking)	12	17	11	13	19	14	**16**
Zone 4 (possible alcohol dependence)	9	5	15	12	10	13	**22**

Note. Monitoring of AUDIT first commenced in 2010. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Overdose Events

Non-Fatal Overdose

Previously, participants had been asked about their experience in the past 12-months of i) alcohol overdose; (ii) opioid overdose; (iii) **stimulant overdose**, and iv) **other drug overdose**.

In 2019 and 2020, changes were made to this module. Participants were asked about the following, prompted by the definitions provided:

- **Alcohol overdose:** experience of symptoms (e.g., reduced level of consciousness, respiratory depression, turning blue and collapsing) where professional assistance would have been helpful.

- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.

- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 as few participants endorsed this behaviour.

It is important to note that events reported on for each drug type may not be unique given high rates of polysubstance use.

For the purpose of comparison with previous years, we computed the per cent reporting any depressant overdose, comprising any endorsement of alcohol or opioid overdose, or other drug overdose where a depressant (e.g., GHB/GBL/1,4-BD, benzodiazepines) was listed.

Non-Fatal Stimulant Overdose

Just over one-in-ten of the sample (12%; 21% in 2019; p=0.076) reported a stimulant overdose in the last 12 months on a median of two occasions (IQR=1-6; 1 occasion in 2019; IQR=1-2; p=0.071; Figure 36).

Of those who had experiences a stimulant overdose event in the last year (n=12), most nominated cocaine (65%; n≤5 in 2019; p=0.006) as the drug being consumed prior to these events in the last 12 months. The majority (83%) reported that they had also consumed one or more additional drugs on the last occasion (71% in 2019; p=0.443). On the last occasion, 92% did not receive treatment or assistance (86% in 2019; p=0.614).

Non-Fatal Depressant Overdose

Alcohol: Twenty-four per cent of the sample reported having experienced a non-fatal alcohol overdose in the past 12 months (27% in 2019; p=0.598) on a median of two occasions (IQR=1-4; 2 occasions in 2019; IQR=1-3; p=0.561). Of those who had experienced an alcohol overdose in the past year (n=24), the majority (92%) reported not receiving treatment on the last occasion (96% in 2019; n=27; p=0.483).

Any Depressant (including alcohol): Past 12-month experience of any non-fatal depressant overdose has been fluctuating over the course of monitoring. In 2020, one-quarter of the sample (25%) reported experiencing at least one non-fatal depressant overdose in the past 12 months (33% in 2019; p=0.197; Figure 36).

Of those who had experienced any depressant overdose in the last year (n=25), the majority reported alcohol (96%; 82% in 2019; n=33; p=0.101) as the drug being used prior to the event.

Figure 36: Past year non-fatal stimulant and depressant overdose, ACT, 2007-2020
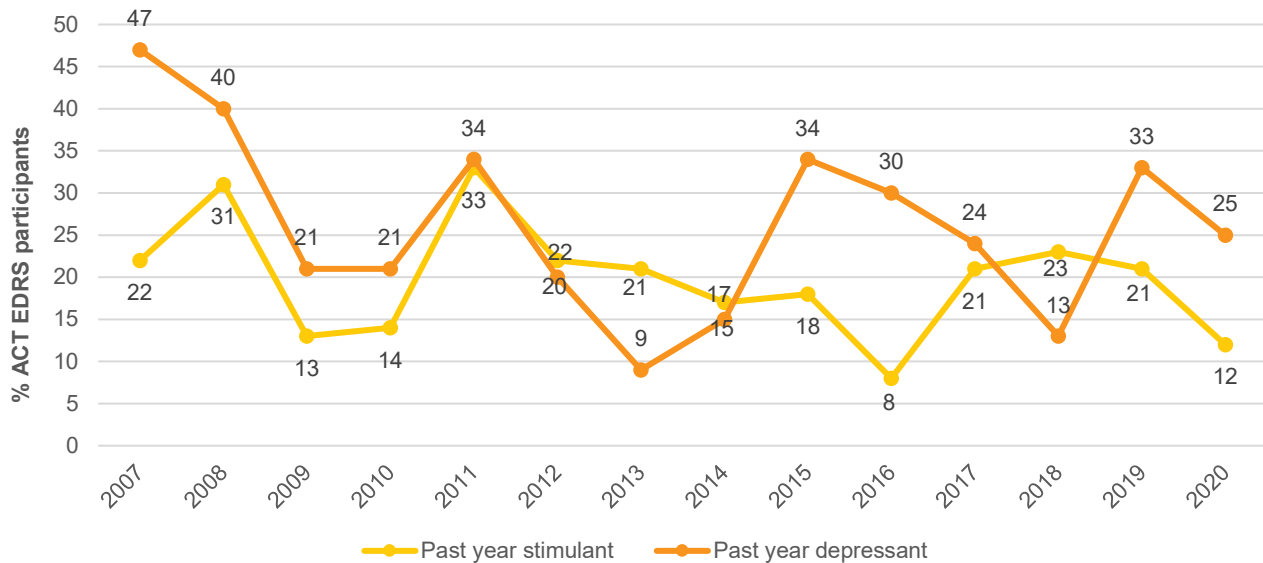

Note. Past year stimulant and depressant was first asked about in 2007. Items about overdose was revised and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis has been reduced to 50% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Injecting Drug Use and Associated Risk Behaviours

The per cent reporting injecting in their lifetime varied in earlier years of monitoring. In 2020, six per cent reported lifetime injection (10% in 2019; p=0.288; Figure 37). Low numbers reported past month injection (n≤5; n≤5 in 2019; p=0.643).

Figure 37: Lifetime and past month drug injection, ACT, 2004-2020
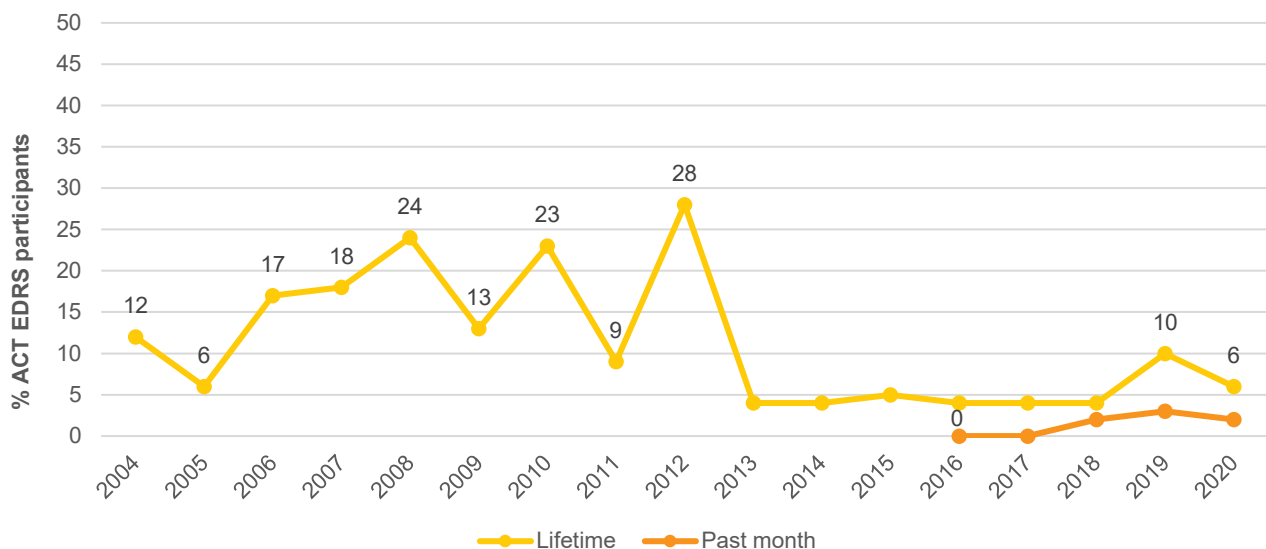
Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years. In 2020, significantly fewer participants reported to be in current drug treatment compared to in 2019 (n≤5 in 2020; 7% in 2019; p=0.029). For national trends refer to the national EDRS report, or for further information contact the researchers.
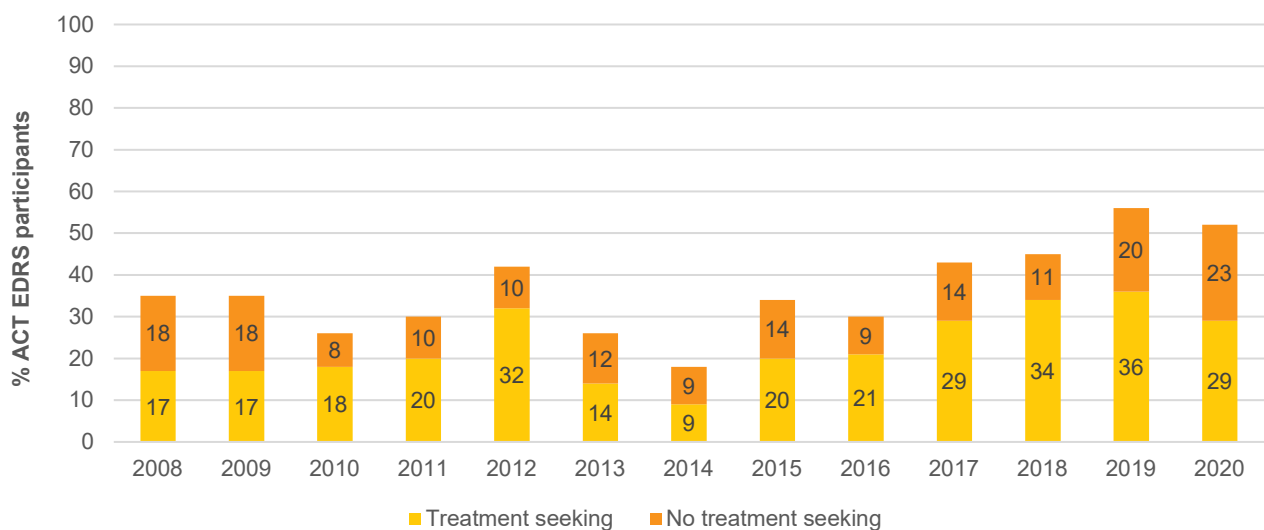
Mental Health

Over half (52%) of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence; 57% in 2019; p=0.471; Figure 38).

Of those who reported a mental health problem (n=49), the most common mental health problem was anxiety (69%; 80% in 2019; p=0.232), followed by depression (63%; 70% in 2019; p=0.444) and post-traumatic stress disorder (12%; 11% in 2019; p=0.858).

Of those who reported a mental health problem, over half (56%; 29% of the total sample) reported seeing a mental health professional during the past six months (64% in 2019; n=36; p=0.366). Of this group (n=29), 55% reported being prescribed medication for this problem in this period (72% in 2019; p=0.153).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2008-2020

Note. The combination of the percentage who report treatment seeking and no treatment is the percentage who reported experiencing a mental health problem in the past six months. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.
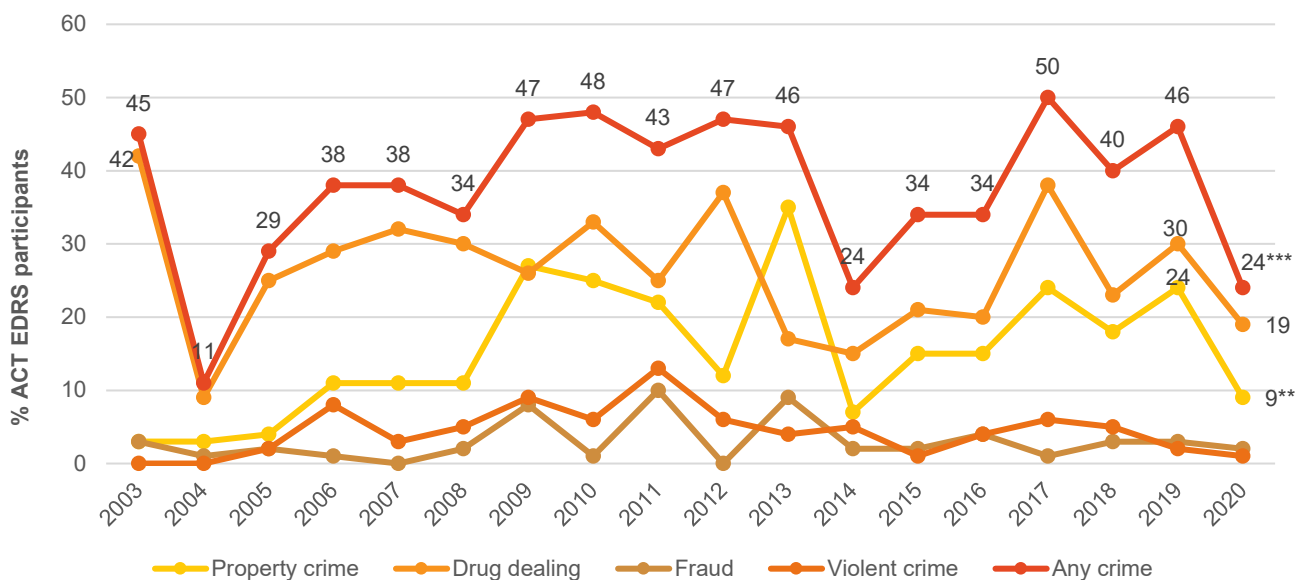
Crime

All crime data for 2020 was captured during the COVID-19 restriction period (i.e., data were captured from April-July 2020, and participants reported on past month behaviour).

The per cent reporting past month criminal activity has fluctuated over time, with drug dealing (19%; 30% in 2019; p=0.064) and property crime (9%; 24% in 2019; p=0.004) consistently being reported as the main forms of criminal activity (Figure 39). Overall, there was a significant decline of those reporting past month 'any crime' in 2020 compared to 2019 (24% versus 46% in 2019; p<0.001).

Seven per cent of the 2020 sample reported having been arrested in the 12 months preceding interview (15% in 2019; p=0.071) and small numbers reported a lifetime history of imprisonment in 2020 (n≤5; 6% in 2019; p=0.149).

Figure 39: Self-reported criminal activity in the past month, ACT, 2003-2020

Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5) and to improve visibility. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020

Modes of Purchasing Illicit or Non-Prescribed Drugs

In interviewing and reporting, 'online sources' were defined as either surface or darknet marketplaces.

In 2020, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was via social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (74%; 70% in 2019; p=0.685; Table 9). There were significantly fewer participants reporting face-to-face purchasing approaches in 2020 compared to 2019 (49%; 81% in 2019; p<0.001). Small numbers (n≤5) reported to have obtained drugs via the darknet in the past year, significantly lower to reports in 2019 (14%; p=0.012).

Buying and Selling Drugs Online

In 2020, a minority of participants (n≤5) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces (n≤5 in 2019). For further information refer to the [national EDRS report.](#)

Sixty-one per cent of participants reported obtaining illicit drugs through someone who had purchased them on the surface or darknet, significantly lower than reports in 2019 (79% in 2019; p=0.006). Nearly half (48%) reported doing so in the last 12 months, also lower than reports in 2019 (66% in 2019; p=0.017).

Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague (83%; 84% in 2019; p=0.924) in 2020. There was a decrease of those reporting obtaining illicit drugs from a known dealer/vendor (56%; 71% in 2019; p=0.027) and an unknown dealer/vendor (22%; 37% in 2019; p=0.020) in 2020 compared to 2019 (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%; 99% in 2019; p=0.312), with smaller numbers reported receiving illicit drugs via post (8%; 13% in 2019; p=0.249). In 2020, there was an increase in participants reports of receiving drugs via a collection point compared to 2019 (defined as a predetermined location where a drug will be dropped for later collection; 25%; 9% in 2019; p=0.003).

Table 9: Means of purchasing illicit drugs in the past 12 months, ACT, 2019-2020		
	2019 **n=98**	**2020** **n=100**
% Purchasing approaches in the last 12 months^		
Face-to-face	81	**49***
Surface web	6	**-**
Darknet market	14	**-***
Social networking applications	70	**74**
Text messaging	55	**51**
Phone call	54	**27**
Grew/ made my own	/	**-**
Other	0	**-**
% Means of obtaining drugs in the last 12 months^~	**n=99**	**n=99**
Face-to-face	99	**96**
Collection point	9	**25***
Post	13	**8**
% Sources of drugs in the last 12 months^	**n=97**	**n=100**
Friend/relative/partner/colleague	84	**83**
Known dealer/vendor	71	**56***
Unknown dealer/vendor	37	**22***

Note. - not reported, due to small numbers (n≤5 but not 0). ^ participants could endorse multiple responses. / not asked. ~ The face-to-face response option in 2020 was combined by those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.