



IDRS



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2022

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



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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drugtrends@unsw.edu.au

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Research Team

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- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Olivia Price, Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales Sydney, New South Wales;
- Joanna Wilson, Sarah Eddy and Professor Paul Dietze, Burnet Institute, Victoria;
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Participants

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Contributors

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Abbreviations

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

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs ≥ 6 days in the preceding six months and resided in Canberra, ACT. Participants were recruited via advertisements in needle and syringe programs (NSP) and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in June 2022. Interviews in 2020, 2021 and 2022 were delivered face-to-face and/or via telephone or teleconference calls, to reduce the risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2022 samples, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Canberra, ACT in 2022 was relatively consistent with samples recruited in previous years. The 2022 sample predominantly identified as male (70%) with a mean age of 45 years (SD=10), stable from 2021 (70% male; 44 years; SD=9). The majority (89%) reported being unemployed at the time of interview and most (92%) had received a government pension/allowance or benefit in the month prior to interview, similar to previous years. Drug of choice remained stable in 2022, with 49% nominating heroin as their drug of choice (46% in 2021) and 42% nominating methamphetamine (40% in 2021). Almost half (49%) of participants nominated methamphetamine as the drug injected most often in the past month, stable from 47% in 2021. Weekly or more frequent use of heroin, methamphetamine and cannabis remained stable relative to 2021.

Heroin

Recent (i.e., past six month) use of any heroin was reported by 66% of the 2022 sample, the lowest percentage recorded since monitoring began, although not significantly different to 2021 (78%). Frequency of use was equivalent to every second day (i.e., median of 90 days),

stable relative to 2021 (72 days). Weekly or more frequent use (80%), among those who had recently used heroin, also remained stable relative to 2021 (74%). The median maximum amount of heroin used per day was 0.30 grams which was a significant decrease relative to 2021 (0.50 grams; $p=0.016$). There were no statistically significant changes in the price, perceived purity or perceived availability of heroin relative to 2021.

Methamphetamine

Recent use of any methamphetamine has remained relatively common over time, with 81% of participants reporting recent use in 2022. This mostly comprised use of methamphetamine crystal (81%). Small numbers reported use of powder and base methamphetamine ($n \leq 5$, respectively), the lowest percentages since monitoring began and significant decreases relative to 2021 (13%; $p=0.001$ and 8%; $p=0.019$, respectively). In 2022, participants reported using methamphetamine on a median of 48 days. The median price for one point (0.10 grams) of crystal methamphetamine remained stable at \$50, as did the perceived purity of crystal methamphetamine. The perceived availability of crystal methamphetamine significantly changed between 2022 and 2021 ($p=0.028$), with more participants perceiving availability as 'very easy' in 2022 compared to 2021 (70% versus 48%, respectively).

Cocaine

Historically, recent use of cocaine has typically been reported by one in five or fewer participants in the Canberra sample. In 2022, 17% of the sample reported using cocaine on a median of two days in the past six months. Injecting and snorting were reported as the most common routes of administration, similar to previous years.

Cannabis and/or Cannabinoid Related Products

At least three in four participants have reported recent use of non-prescribed cannabis and/or

cannabinoid related products each year since monitoring began (77% in 2022). The median frequency of use remained stable in 2022, at 180 days. Half (54%) of participants who had recently used non-prescribed cannabis and/or cannabinoid related products reported daily use. The price for a gram of hydroponic or bush cannabis remained stable at \$20, respectively. The perceived potency of hydroponic and bush cannabis remained stable in 2022 relative to 2021. Most participants reported potency to be 'high' (hydroponic: 65%; bush: 49%). The perceived availability of hydroponic cannabis significantly changed in 2022 ($p=0.006$) but remained stable for bush cannabis. In 2022, more participants perceived hydroponic cannabis to be 'very easy' to obtain (65% versus 39% in 2021).

Pharmaceutical Opioids

Morphine was the most commonly used non-prescribed opioid in 2022 (10%), followed by fentanyl (9%), methadone (8%) and oxycodone (6%). Significantly fewer participants reported recent use of any (i.e., prescribed and/or non-prescribed) buprenorphine-naloxone in 2022 (8%) relative to 2021 (22% in 2021; $p=0.003$).

Other Drugs

Recent use of new psychoactive substances (NPS) was reported by one in ten participants (9%) in 2022, with significantly fewer participants reporting use of 'new' drugs that mimic the effect of cannabis ($n\leq 5$ versus 12% in 2021; $p=0.040$). In 2022, recent use of non-prescribed pharmaceutical drugs (other than opioids) remained mostly stable. In 2022, 7% reported past six month use of GHB/GBL/1,4-BD. The per cent reporting tobacco use remained high and stable (88%) and recent use of alcohol was reported by 62% of participants. Almost one-quarter (23%) of participants reported recent use of non-prescribed e-cigarettes, most of which contained nicotine (83%).

Drug-Related Harms and Other Behaviours

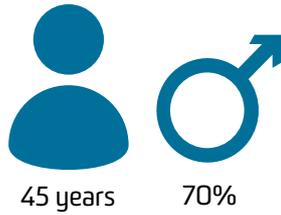
Two-thirds (64%) of participants reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview. Almost one-fifth (18%) reported overdosing on any drug in the preceding year, most

commonly heroin (12%). Ninety-three per cent of participants had heard of naloxone, 81% had heard of the take-home naloxone programs and 56% had been trained in naloxone administration. Six per cent reported distributive sharing of needles/syringes in 2022, the lowest percentage since monitoring began, and small numbers ($n\leq 5$) reported receptive sharing in the past month. Three in ten participants (30%) reported any past month injection-related health problems in 2022, stable from 2021 (18%). Fifty-seven per cent of the sample were currently in any drug treatment, stable relative to 2021 (52%). In 2022, significantly fewer participants had received a Hepatitis C virus (HCV) antibody (41% versus 64% in 2021; $p=0.003$) or RNA/PCR test (27% versus 52% in 2021; $p=0.001$) in the year preceding interview. Nine per cent of participants reported having a current HCV infection. The majority (75%) reported having an HIV test in their lifetime (21% within the past six months). Significantly more participants reported experiencing a mental health condition in the past six months (68% versus 42% in 2021; $p=0.002$), most commonly depression and anxiety. Eighty-seven per cent of those who had driven recently reported driving within three hours of consuming an illicit or non-prescribed drug in the past six months, stable relative to 2021 (86%). In 2022, one-fifth of participants (19%) reported that they or someone else had tested the content and/or purity of their illicit drug(s) in Australia in the past year. Two-fifths (39%) reported past month criminal activity, with property crime (23%) and selling drugs for cash profit (22%) remaining the most common crimes. In 2022, 57% of the sample reported a lifetime prison history, and 15% reported being arrested in the past 12 months, a significant decrease relative to 2021 (28%; $p=0.038$). In 2022, 87% of the sample had been tested for SARS-CoV-2 by the time of interview and 25% had been diagnosed with the virus. The majority (62%) of participants were 'not at all' worried about contracting COVID-19, and 50% reported that they had quarantined for at least seven days due to a positive test or possible exposure in the past 12 months. The majority (85%) had received at least one dose of the COVID-19 vaccine by the time of interview.

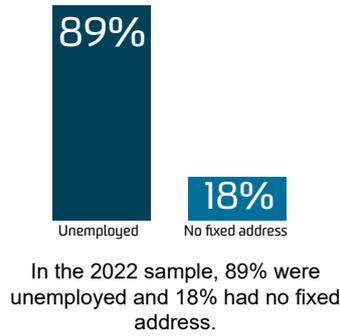
2022 SAMPLE CHARACTERISTICS



In 2022, 101 participants, recruited from Canberra, ACT, were interviewed.



The mean age in 2022 was 45, and 70% identified as male.

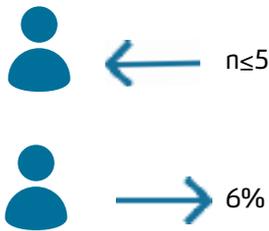


In the 2022 sample, 89% were unemployed and 18% had no fixed address.

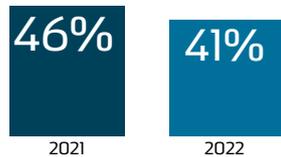
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

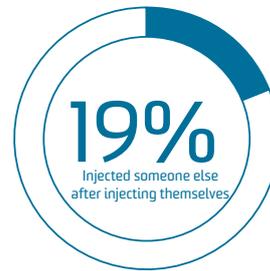
INJECTING RELATED RISKS AND HARMS



In 2022, few (n≤5) participants reported receptive sharing in the past month and 6% reported distributive sharing.



41% of participants reported re-using their own needles in the past month, stable from 2021 (46%).

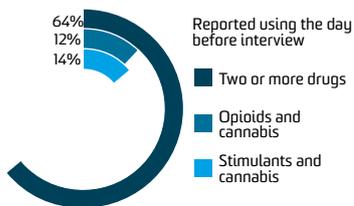


19% of participants reported injecting someone else after injecting themselves in the past month, stable from 2021 (27%).

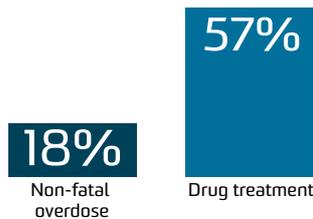


30% of participants reported having an injection-related health issue in the past month, stable from 2021 (18%).

OTHER HARMS AND HELP-SEEKING



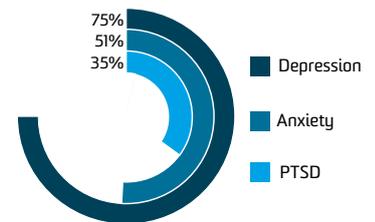
The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.



Past year non-fatal overdose (18%) and past 6-month drug treatment (57%) remained stable in 2022 relative to 2021.

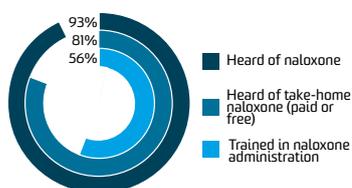


In 2022, 68% of participants reported a mental health problem in the 6 months preceding interview, and 43% had seen a mental health professional.

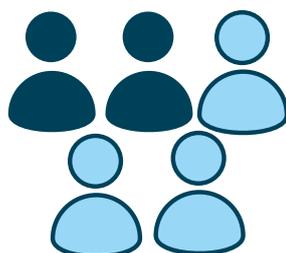


Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

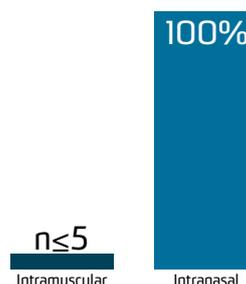
NALOXONE AND HARM REDUCTION



Knowledge of naloxone, and take-home naloxone programs, remained high and stable in 2022, however fewer participants reported ever being trained in naloxone administration.



Two-fifths (39%) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.

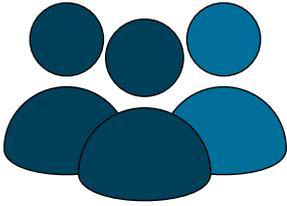


Of those who reported ever accessing naloxone, all participants reported receiving intranasal naloxone on the last occasion of access.

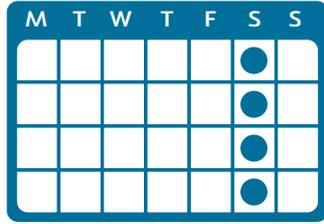


In 2022, 19% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

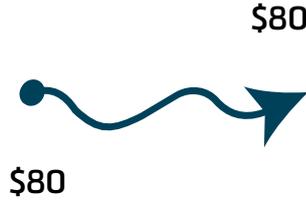
HEROIN



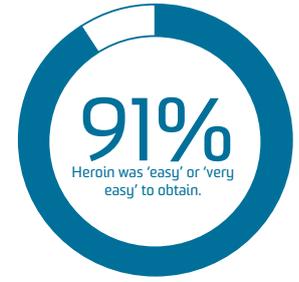
Past 6 month use of heroin remained stable in 2022 (66%) relative to 2021 (78%).



Of those who had recently consumed heroin, 80% reported weekly or more frequent use, stable from 2021 (74%).

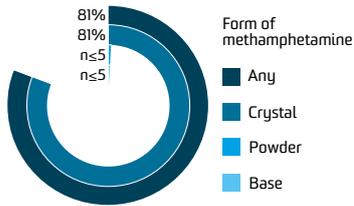


The median reported price for a point of heroin was \$80 in 2022, stable compared to \$80 in 2021.

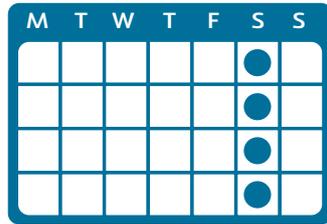


Of those who could comment, 91% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 2021 (87%).

METHAMPHETAMINE



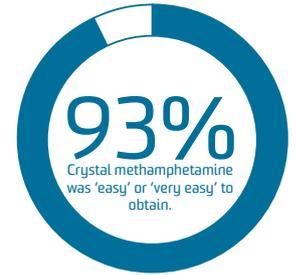
Past 6 month use of any methamphetamine (81%) and crystal (81%) remained stable in 2022 relative to 2021, whereas powder (n≤5) and base (n≤5) decreased.



Of those who had recently used any form of methamphetamine, 70% reported weekly or more frequent use, stable from 2021 (78%).



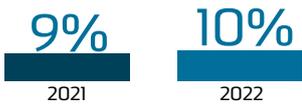
In 2022, the median reported price for a point of crystal methamphetamine was \$50 (\$50 in 2021).



Of those who could comment, 93% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, an increase from 90% in 2021.

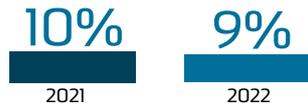
OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine remained stable between 2021 and 2022.

Non-prescribed fentanyl



Past 6 month use of non-prescribed fentanyl remained stable between 2021 and 2022.

Non-prescribed pregabalin



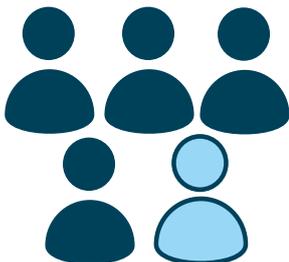
Past 6 month use of non-prescribed pregabalin remained stable between 2021 and 2022.

GHB/GBL/1,4-BD

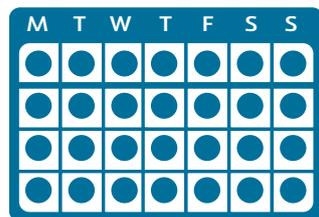


Past 6 month use of GHB/GBL/1,4-BD remained stable between 2021 and 2022.

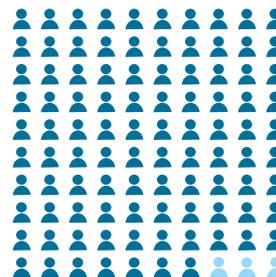
CANNABIS AND/OR CANNABINOID RELATED PRODUCTS



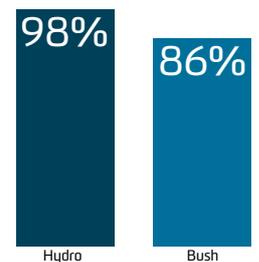
Past 6 month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022 (77%) relative to 2021 (75%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (54%), stable from 2021 (63%).



Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 97% had smoked it.



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

IDRS 2000-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, 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 written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

IDRS 2020-2022: 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 first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

From 2021, a hybrid approach was used whereby interviews were conducted face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

A total of 879 participants were recruited across capital cities nationally (May-July 2022), with 101 participants interviewed in Canberra, ACT, in June, 2022. The majority (98%) of Canberra participants completed the survey face-to-face. Of the Canberra sample, 21% reported participating in the 2021 survey (in 2021, 26% of participants reported participation in the 2020 survey; $p=0.511$).

In 2022, the recruitment methods remained stable relative to 2021 ($p=0.670$), with half of participants being recruited via word-of-mouth (50%; 60% in 2021), followed by two-fifths being recruited via an NSP (41%; 33% in 2021).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2021 and 2022, and references to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p -value is less than 0.050. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the six months preceding interview.

Interpretation of Findings

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

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

Differences in the methodology, and the events of 2020-2022, must be taken into consideration when comparing 2020-2022 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

The mean age of the 2022 sample was 45 years (SD=10), stable relative to 2021 (44 years; SD=9; $p=0.709$). Gender also remained stable, with most of the sample identifying as male (70%; 70% in 2021) (Table 1). Three-fifths (60%) reported having completed a post-school qualification(s) (57% in 2021; $p=0.781$) and the majority were unemployed at the time of interview (89%; 88% in 2021; $p=0.593$) (Table 1). The majority of participants reported receiving a government pension, allowance or benefit in the past month (92%; 98% in 2021; $p=0.101$). The median weekly income in 2022 was \$388 (IQR=300-498), stable relative to 2021 (\$375; IQR=295-450; $p=0.644$) (Table 1).

In 2022, drug of choice remained stable relative to 2021 ($p=0.744$), with half (49%) of participants nominating heroin (46% in 2021) as their drug of choice, followed by two-fifths (42%) nominating methamphetamine (40% in 2021) (Figure 1). The drug injected most often in the past month also remained stable in 2022 relative to 2021 ($p=0.243$), with methamphetamine reported as the drug injected most often by half of the sample (49%; 47% in 2021), and heroin reported as the drug injected most often by 44% of the sample (49% in 2021) (Figure 2).

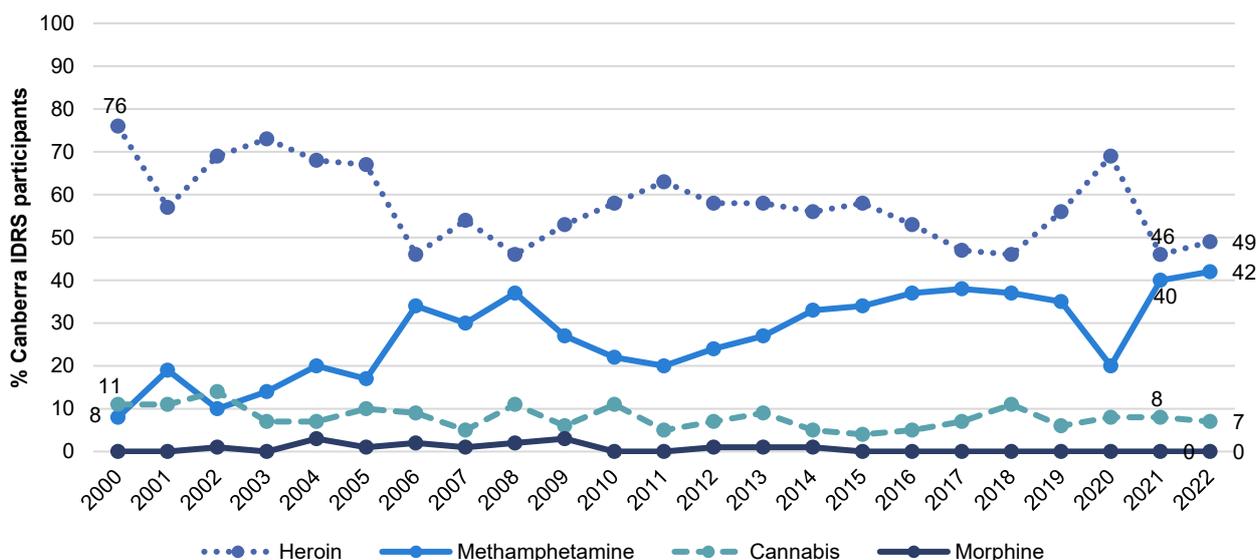
Weekly or more frequent consumption of heroin remained stable in 2022 relative to 2021 (53%; 58% in 2021; $p=0.546$), as did weekly or more frequent consumption of crystal methamphetamine (57%; 58% in 2021) and weekly or more frequent consumption of cannabis (69%; 65% in 2021; $p=0.524$) (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2022, and Canberra, ACT, 2016-2022

	Canberra, ACT							National
	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=101)	2022 (N=879)
Mean age (years; SD)	44 (9)	43 (9)	42 (9)	44 (8)	44 (9)	44 (9)	45 (10)	46 (10)
% Gender								
Female	27	28	31	26	45	30	30	33
Male	73	72	68	74	55	70	70	66
Non-binary	0	0	-	0	0	0	0	1
% Aboriginal and/or Torres Strait Islander	24	19	21	24	18	19	24	27
% Sexual identity								
Heterosexual	92	89	89	89	79	88	86	83
Homosexual	-	-	-	-	-	-	0	4
Bisexual	-	8	6	7	14	8	10	11
Queer	/	/	/	0	0	-	-	1
Other	-	-	-	-	-	-	-	1
Mean years of school education (range)	10 (4-12)	10 (3-12)	10 (6-12)	10 (6-12)	10 (6-12)	10 (6-12)	10 (0-12)	10 (0-12)
% Post-school qualification(s) [^]	63	54	48	54	67	57	60	63
% Current accommodation								
Own home (<i>inc. renting</i>)~	79	85	85	78	83	75	71	68
Parents'/family home	0	-	-	-	-	-	-	5
Boarding house/hostel	-	-	-	0	-	-	-	8
Shelter/refuge	-	-	-	-	-	-	-	2
No fixed address	8	9	7	9	9	14	18	16
Other	-	0	0	0	-	-	-	2
% Current employment status								
Unemployed	85	83	85	90	85	88	89	87
Full-time work	-	-	-	-	-	-	-	3
% Past month gov't pension, allowance or benefit	93	95	93	98	96	98	92	92
Current median income/week (\$; IQR)	(N=99) 300 (250-400)	(N=99) 360 (260-440)	(N=99) 403 (260-450)	(N=97) 350 (275-440)	(N=86) 471 (400-550)	(N=97) 375 (295-450)	(N=101) 388 (300-498)	(N=879) 385 (300-490)

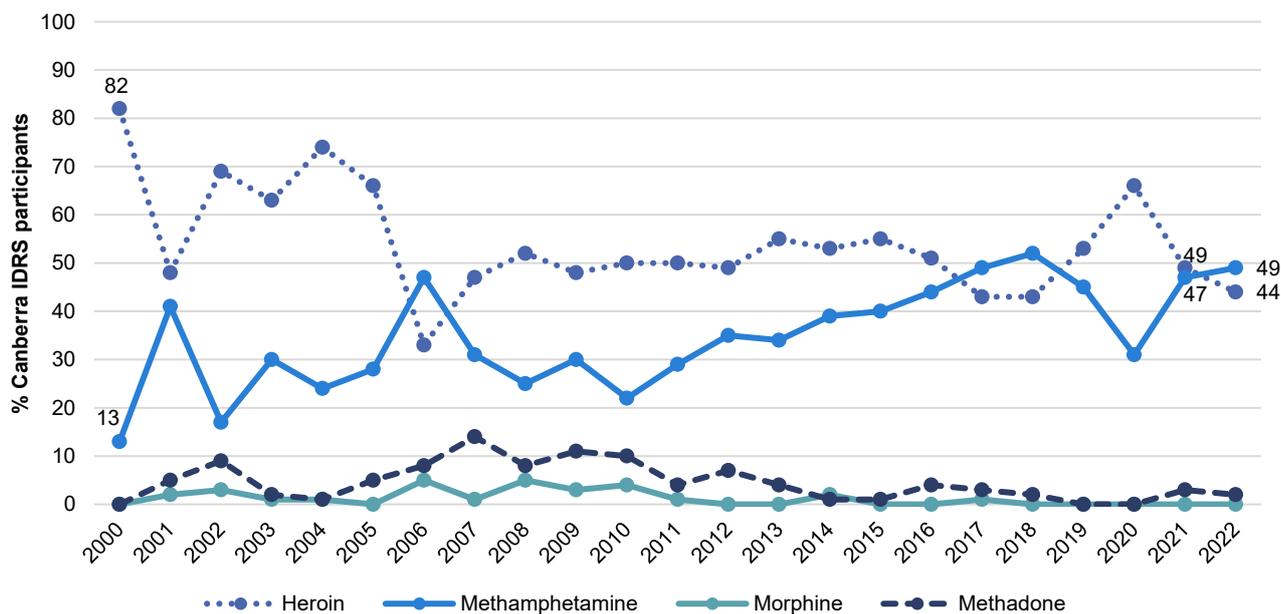
Note. [^]Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the [data tables](#). / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the Canberra sample presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 1: Drug of choice, Canberra, ACT, 2000-2022



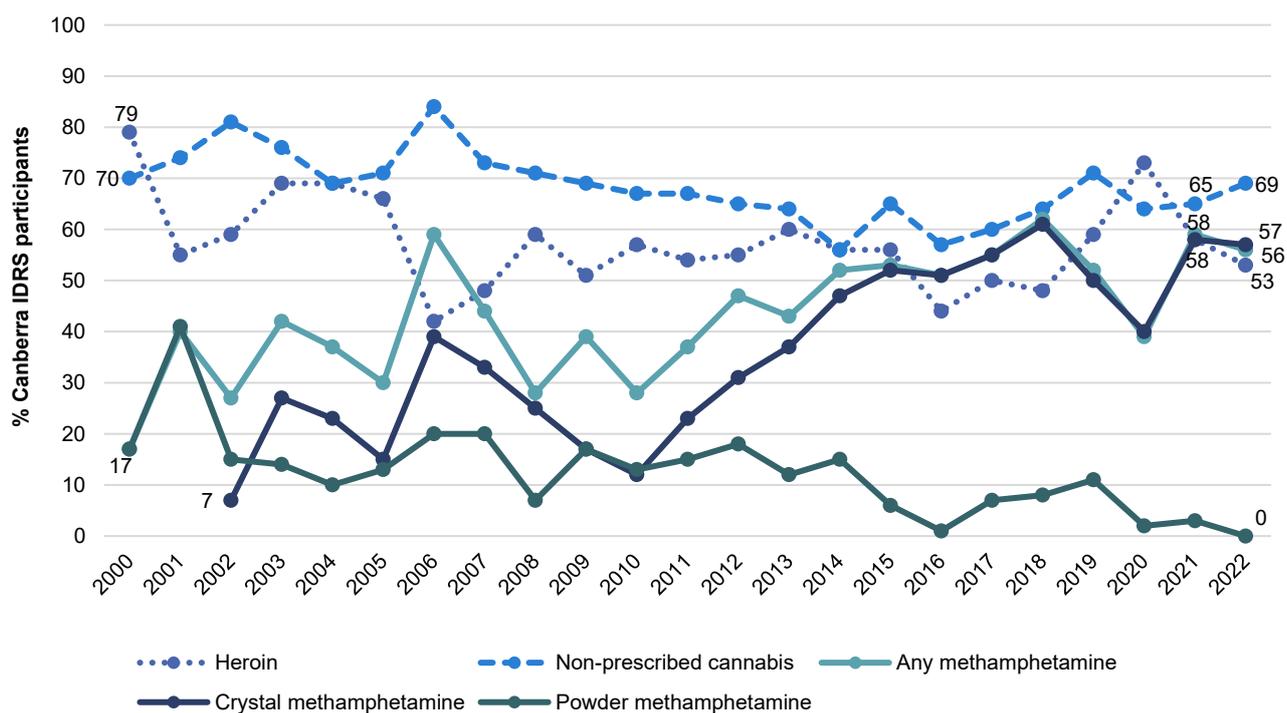
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2022, 39%, 46%, 6%, and 4% of the national sample reported heroin, methamphetamine, cannabis, and morphine, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Canberra, ACT, 2000-2022



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2022, 35%, 54%, 4%, 2% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, Canberra, ACT, 2000-2022



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2022, 60%, 60%, 40%, 58%, and 6% of the national sample reported high frequency use of any methamphetamine, non-prescribed cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of any heroin has fluctuated over the years and in 2022, 66% of the Canberra sample reported recent use (78% in 2021; $p=0.078$), the lowest percentage recorded since monitoring began in 2000 (Figure 4).

Frequency of Use

Frequency of use has also fluctuated over the years. In 2022, the median frequency of use among participants who reported recent use was equivalent to every second day (90 days; IQR=24-180), stable relative to 2021 (72 days; IQR=21-179; $p=0.347$) (Figure 4). Four-fifths of participants who reported recent heroin use reported weekly or more frequent use (80%; 74% in 2021; $p=0.564$), and one-third (35%) reported daily use, also stable relative to 2021 (26%; $p=0.268$).

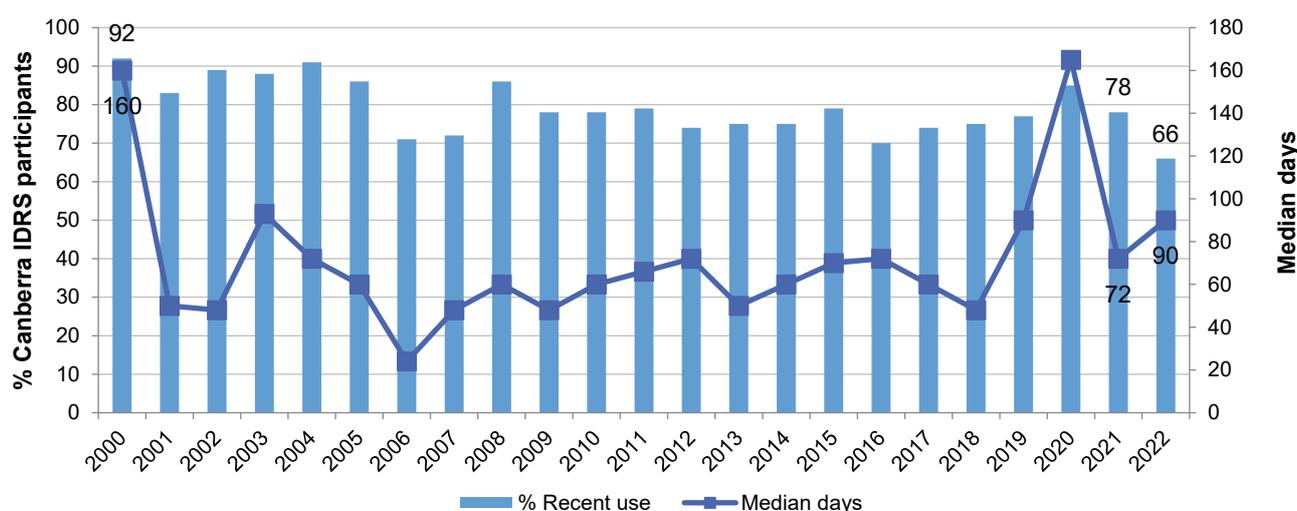
Routes of Administration

Consistent with previous years, all participants who consumed heroin reported injection as the primary route of administration in the past six months in 2022 (100%; 100% in 2021), with smaller numbers reporting smoking ($n\leq 5$; 10% in 2021; $p=0.345$).

Quantity

The median amount of heroin used on a 'typical' day was 0.20 grams (IQR=0.10-0.30; $n=65$; 0.30 grams in 2021; IQR=0.10-0.30; $n=75$; $p=0.089$) and the median maximum amount used per day was 0.30 grams (IQR=0.10-0.50; $n=64$), a significant decrease relative to 2021 (0.50 grams; IQR=0.30-1.00; $n=74$; $p=0.016$).

Figure 4: Past six month use and frequency of use of heroin, Canberra, ACT, 2000-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

Price

Historically, the price for one gram of heroin has typically been \$300 amongst the Canberra sample (Figure 5). In 2022, the median price for one gram of heroin was \$320 (IQR=233-413; $n=8$), stable from 2021 (\$320; IQR=300-320; $n=23$; $p=0.908$) (Figure 5). The median price for a cap of heroin was \$50 (IQR=50-50; $n=6$) in 2022 (\$50 in 2021; $n=6$; $p=0.405$) and \$80 for a point (IQR=80-80; $n=36$; \$80 in 2021; IQR=50-80; $n=36$; $p=0.059$).

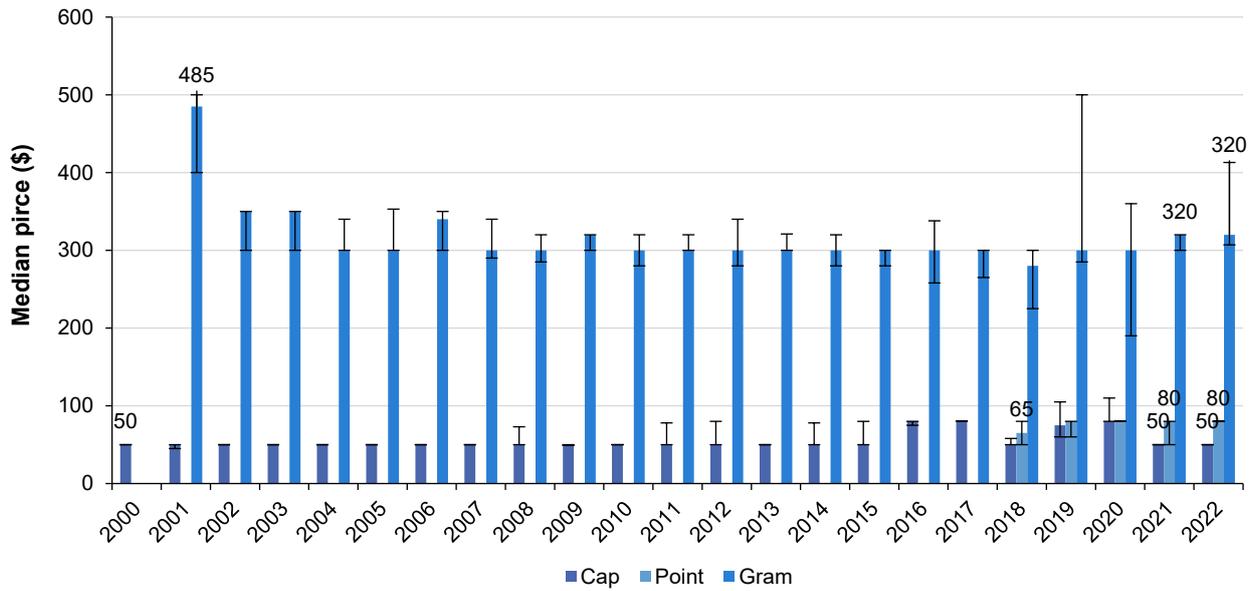
Perceived Purity

The perceived purity of heroin remained stable between 2021 and 2022 ($p=0.722$). Of those who were able to comment in 2022 ($n=63$), nearly two-fifths perceived the current purity of heroin as 'medium' (38%; 32% in 2021), followed by 29% reporting 'low' purity and 27% reporting 'high' purity (38% and 24% in 2021, respectively) (Figure 6).

Perceived Availability

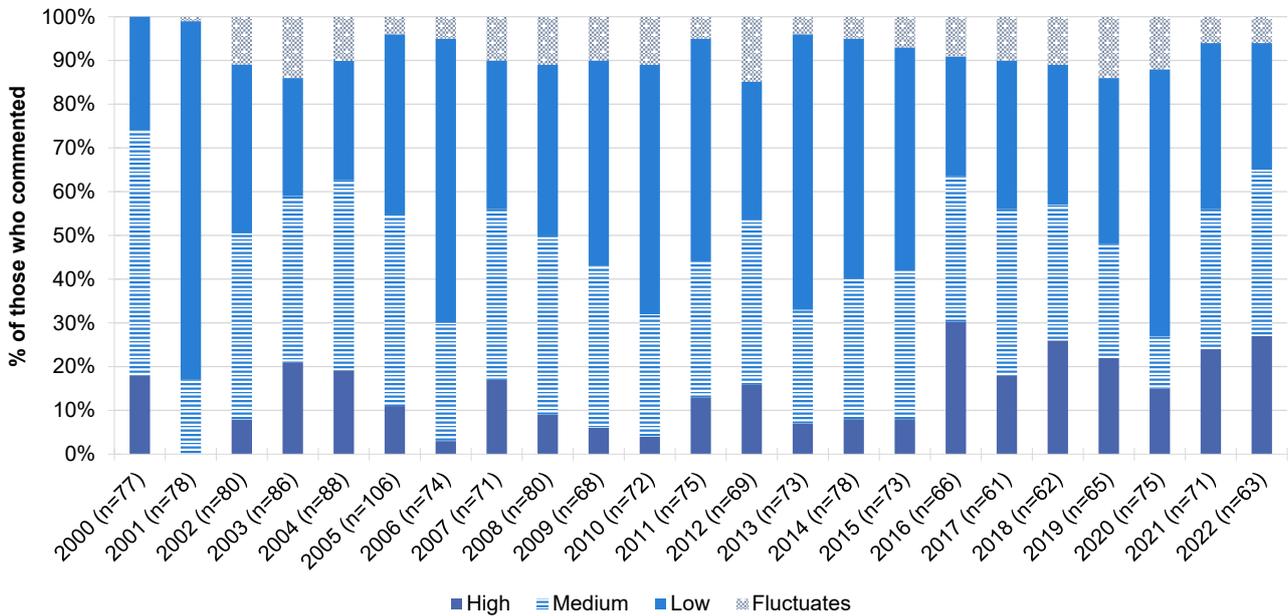
The perceived availability of heroin remained stable between 2021 and 2022 ($p=0.444$). Of those who responded in 2022 ($n=63$), half perceived heroin to be 'very easy' to obtain (51%; 40% in 2021), followed by two-fifths perceiving it to be 'easy' to obtain (40%; 47% in 2021) (Figure 7).

Figure 5: Median price of heroin per cap, point and gram, Canberra, ACT, 2000-2022



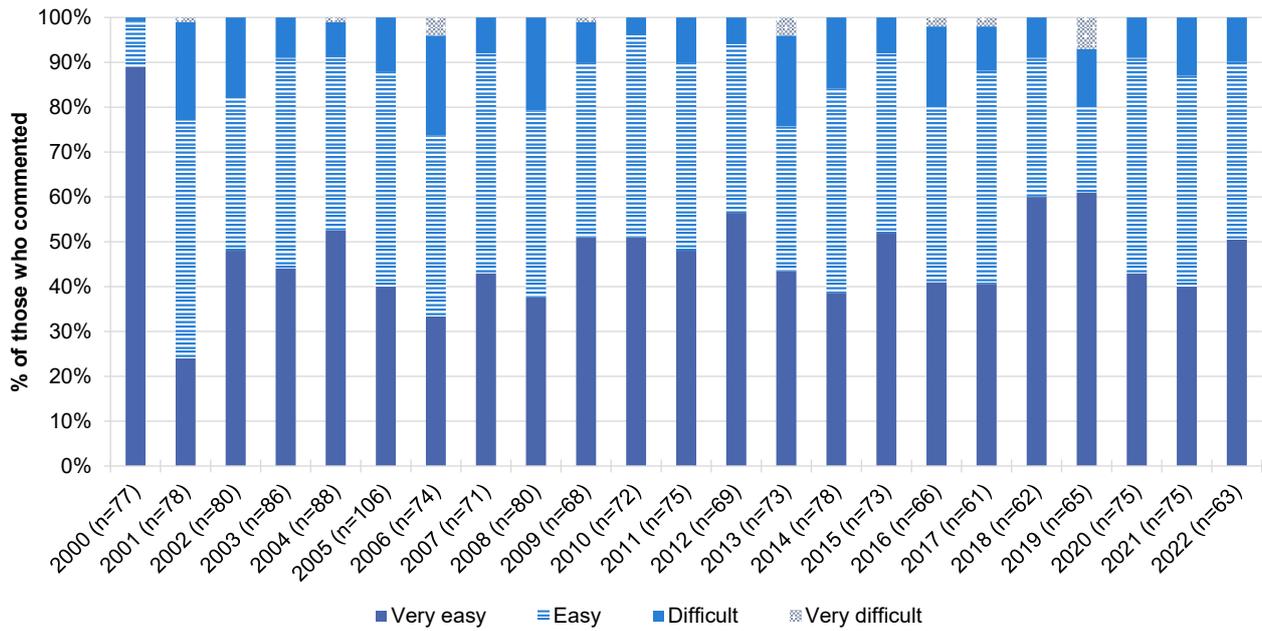
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated out into their own response options. Data labels are only provided for the first (2000/2001/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Current perceived purity of heroin, Canberra, ACT, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Current perceived availability of heroin, Canberra, ACT, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

Methamphetamine

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

Patterns of Consumption (any methamphetamine)

Recent Use (past 6 months)

In 2022, 81% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2021 (75%; $p=0.305$) and returning to a similar per cent observed from 2014-2019 (Figure 8). Crystal methamphetamine remained the most common form of methamphetamine used by participants (81%), with far fewer participants reporting recent use of powder ($n\leq 5$) and base ($n\leq 5$) methamphetamine.

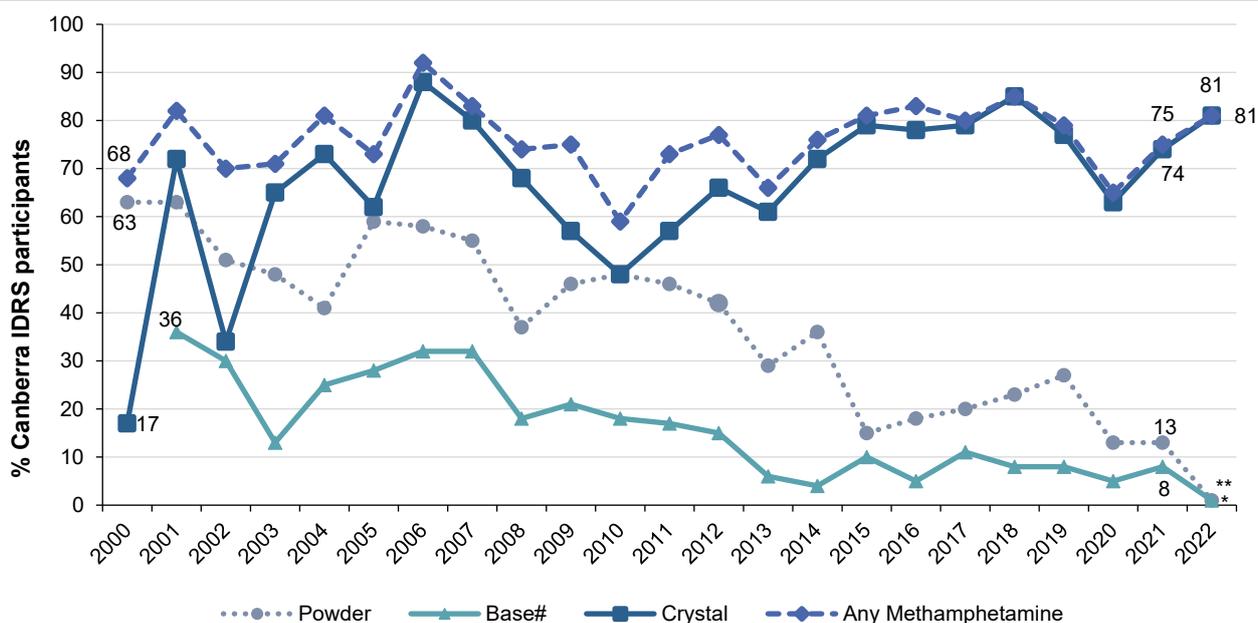
Frequency of Use

Despite some fluctuations, the frequency of any methamphetamine use has generally been increasing over time. However, in 2022, there was a non-significant decrease in frequency of use, from three days a week reported in 2021 (72 days; IQR=24-96) to twice a week in 2022 (48 days; IQR=12-96; $p=0.259$), returning to a similar frequency of use observed in 2020 (Figure 9). In 2022, 70% of participants who had recently used methamphetamine reported weekly or more frequent use (78% in 2021; $p=0.285$) and one-fifth reported daily use (21%; 19% in 2021; $p=0.853$).

Forms of Methamphetamine

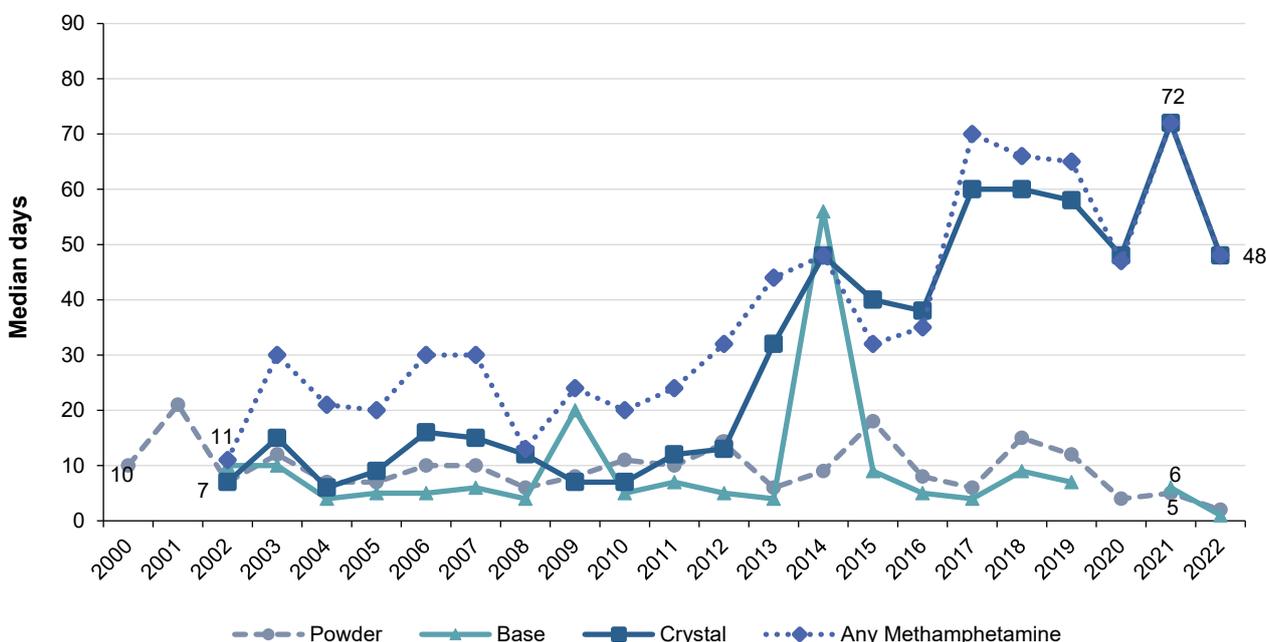
There has been a shift over time in the forms of methamphetamine used (see below for further information) (Figure 8). Specifically, use of powder and base methamphetamine have decreased over time, while use of crystal methamphetamine has increased (Figure 8). Indeed, of those who had used methamphetamine in the six months preceding interview ($n=82$), all participants had used crystal methamphetamine (100%; 99% in 2021; $p=0.478$), with significantly fewer participants reporting use of powder ($n\leq 5$; 17% in 2021; $p<0.001$) and base ($n\leq 5$; 8% in 2021; $p=0.014$) methamphetamine.

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Canberra, ACT, 2000-2022



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, Canberra, ACT, 2000-2022



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Recent use of powder methamphetamine was highest at the beginning of monitoring (63% in 2000 and 2001), declining to 15% in 2015 (Figure 8). From 2015-2019, recent use slowly increased, before declining in 2020 and then reaching the lowest per cent since monitoring began in 2022 ($n \leq 5$; 13% in 2021; $p=0.001$) (Figure 8).

As low ($n \leq 5$) numbers reported recent use of methamphetamine powder, information on frequency of use, routes of administration and quantity will not be provided. For further information please refer to the [IDRS National Report](#), the [EDRS National Report](#) or the [ACT Report](#). Alternatively, contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings.

Methamphetamine Base

Recent Use (past 6 months): Base has consistently been the least commonly used form of methamphetamine since monitoring commenced in 2001 and has been generally declining over time. In 2022, the lowest percentage reported recent use since monitoring began ($n \leq 5$; 8% in 2021; $p=0.019$) (Figure 8).

As low ($n \leq 5$) numbers reported recent use of methamphetamine base, information on frequency of use, routes of administration and quantity will not be provided. For further information please refer to the [IDRS National Report](#). Alternatively, contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal methamphetamine gradually increased between 2010-2019, before declining to 63% in 2020 and then increasing again in 2021. In 2022, 81% of the sample reported recent use of crystal methamphetamine, stable from 2021 (74%; $p=0.231$) and similar to levels observed in 2014-2019 (Figure 8).

Frequency of Use: In 2022, participants who had recently used crystal methamphetamine reported doing so on a median of 48 days in the past six months (IQR=13-96; 72 days in 2021; IQR=24-96; $p=0.551$) (Figure 9). Seventy-two per cent of participants who had recently used crystal methamphetamine in 2022 reported weekly or more frequent use (78% in 2021; $p=0.354$), with one-fifth reporting daily use (22%; 18% in 2021; $p=0.549$).

Routes of Administration: The main route of administration among participants who had recently used crystal methamphetamine was injecting (98%; 99% in 2021), followed by smoking (38%; 30% in 2021; $p=0.319$).

Quantity: The median amount used on a 'typical' day of consumption in the past six months in 2022 was 0.10 grams (IQR=0.10-0.20; $n=81$; 0.10 grams in 2021; IQR=0.10-0.20; $n=70$; $p=0.689$). The median maximum amount used per day was 0.30 grams (IQR=0.10-0.50; $n=81$; 0.30 grams in 2021; IQR=0.20-0.50; $n=69$; $p=0.251$).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to low numbers ($n \leq 5$), details regarding the price (Figure 10), perceived purity (Figure 11) and perceived availability (Figure 12) of methamphetamine powder will not be discussed.

Please refer to the [IDRS National Report](#) for national trends, or to the [EDRS National](#) or the [ACT Report](#) for trends amongst a sample of people who use ecstasy and/or other stimulants. Alternatively, contact the Drug Trends team (drugtrends@unsw.edu.au) for further information.

Methamphetamine Base

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

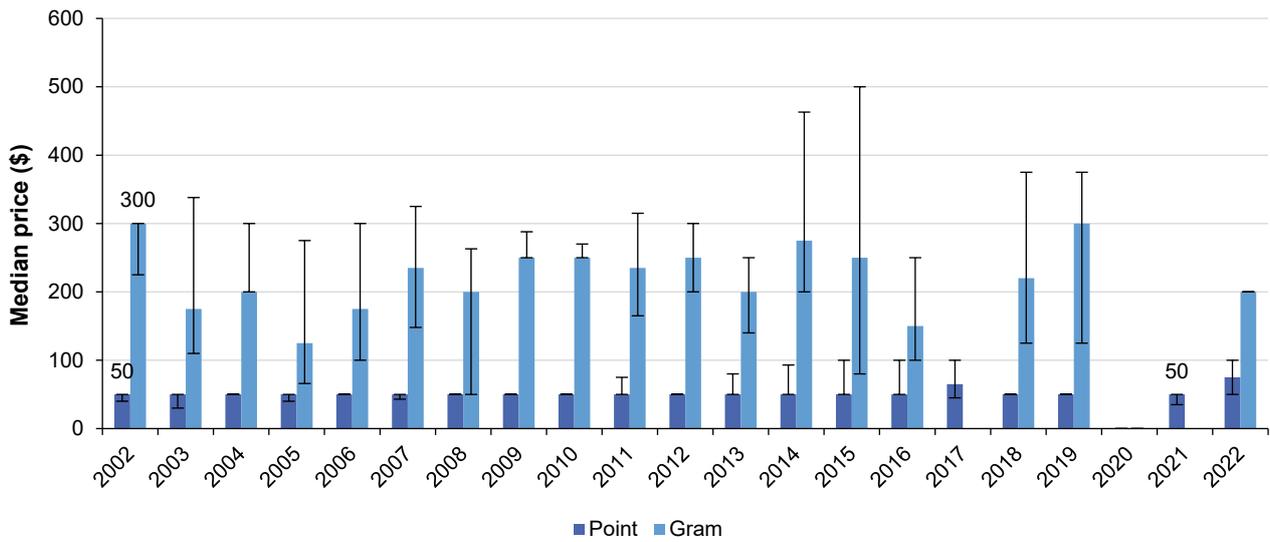
Methamphetamine Crystal

Price: In 2022, the median price for a point (0.10 gram) was reported at \$50 (IQR=50-100; $n=56$; \$50 in 2021; IQR=50-58; $n=54$; $p=0.041$) (Figure 13). The median price for one gram was \$400 (IQR=275-500; $n=7$; \$350 in 2021; IQR=288-245; $n=8$; $p=0.953$) (Figure 13).

Perceived Purity: There was no significant change in the perceived purity of methamphetamine crystal between 2021 and 2022 ($p=0.587$). Among those able to comment in 2022 ($n=77$), two-fifths (42%) perceived purity to be 'high' (35% in 2021), followed by 27% reporting 'medium' purity (35% in 2021) and 23% reporting 'low' purity (19% in 2021) (Figure 14).

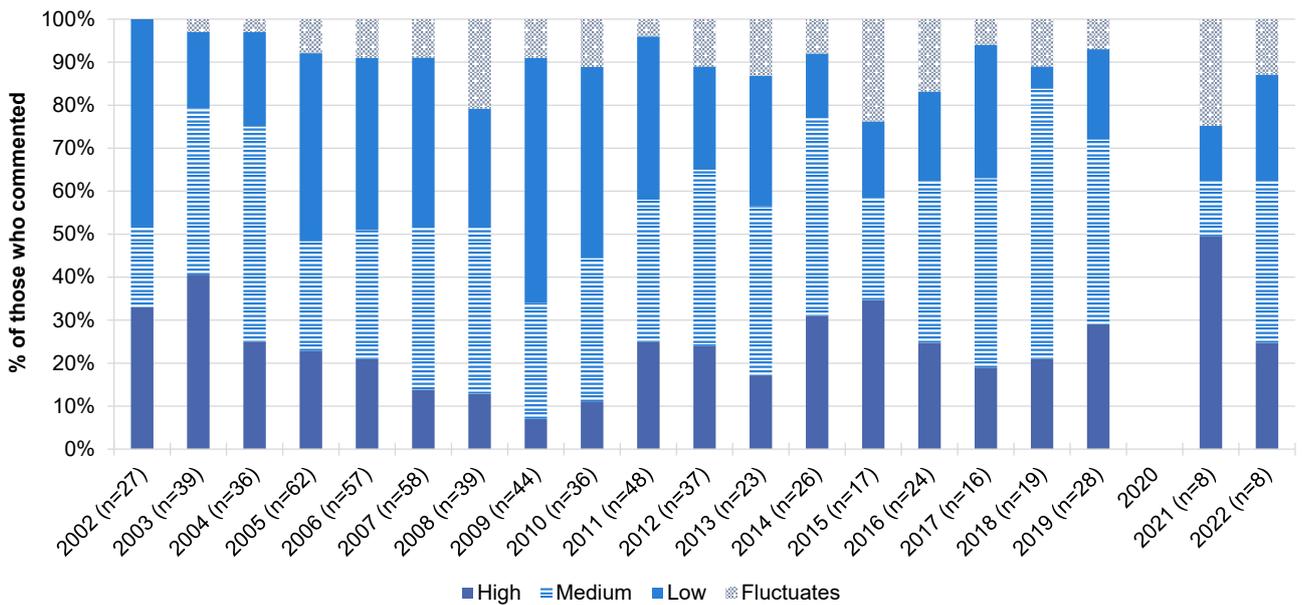
Perceived Availability: The perceived availability of crystal methamphetamine significantly changed between 2021 and 2022 ($p=0.028$). Of those who responded in 2022 ($n=79$), more participants perceived crystal as being 'very easy' to obtain compared to 2021 (70% versus 48% in 2021) and fewer participants perceived it to be 'easy' to obtain (23% versus 42% in 2021) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Canberra, ACT, 2002-2022



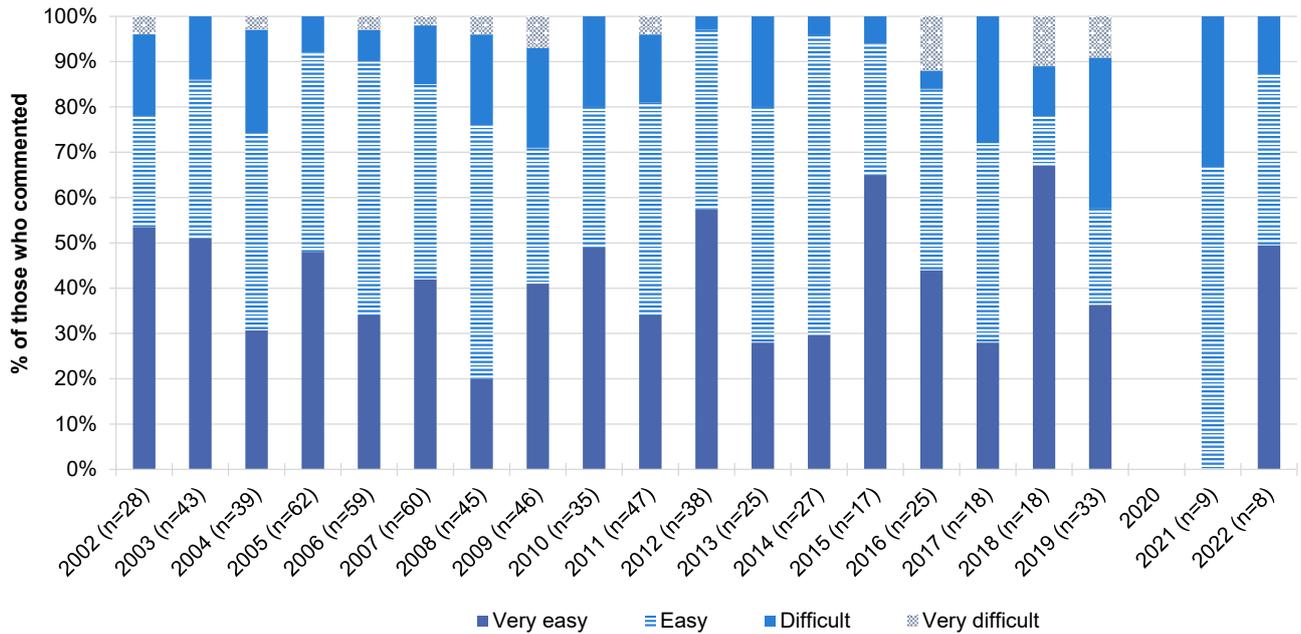
Note. Among those who commented. Price data for powder not collected in 2020 and no participants reported on the price of a gram in 2021. Data labels are only provided for the first (2002) and two most recent years (2021 and 2022) of this figure, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 11: Current perceived purity of powder methamphetamine, Canberra, ACT, 2002-2022



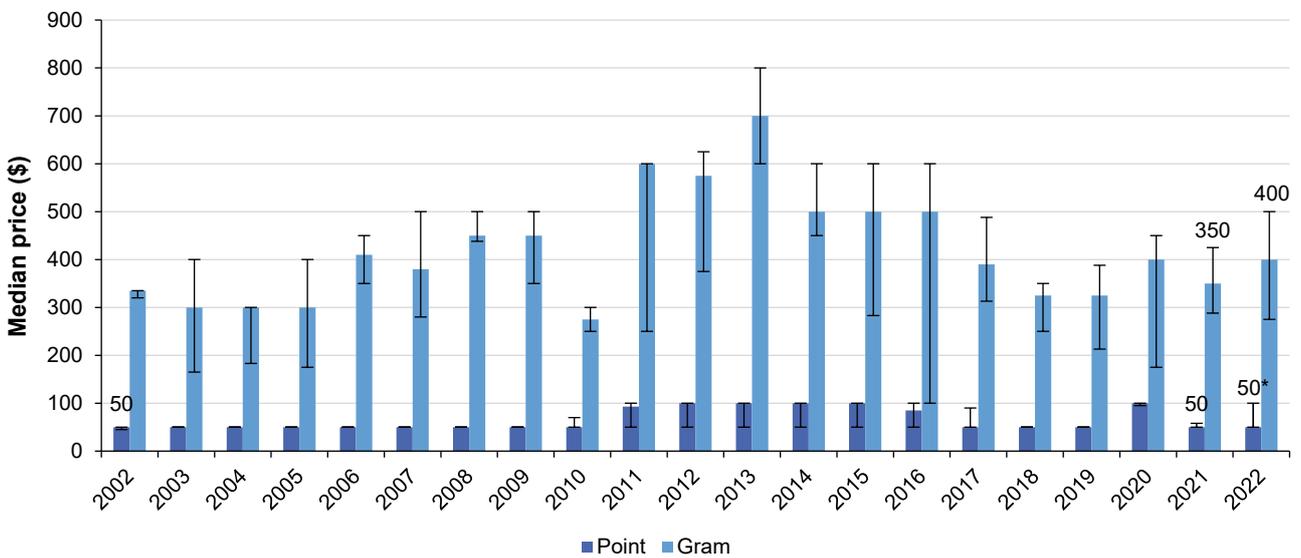
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 12: Current perceived availability of powder methamphetamine, Canberra, ACT, 2002-2022



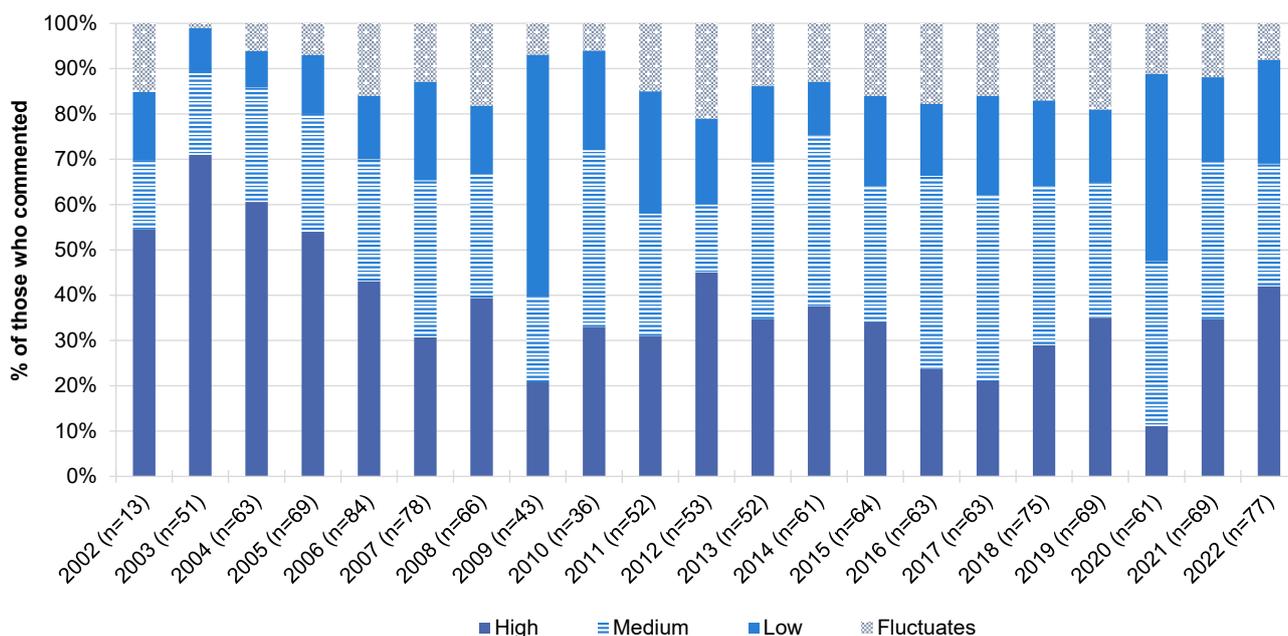
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 13: Median price of crystal methamphetamine per point and gram, Canberra, ACT, 2002-2022



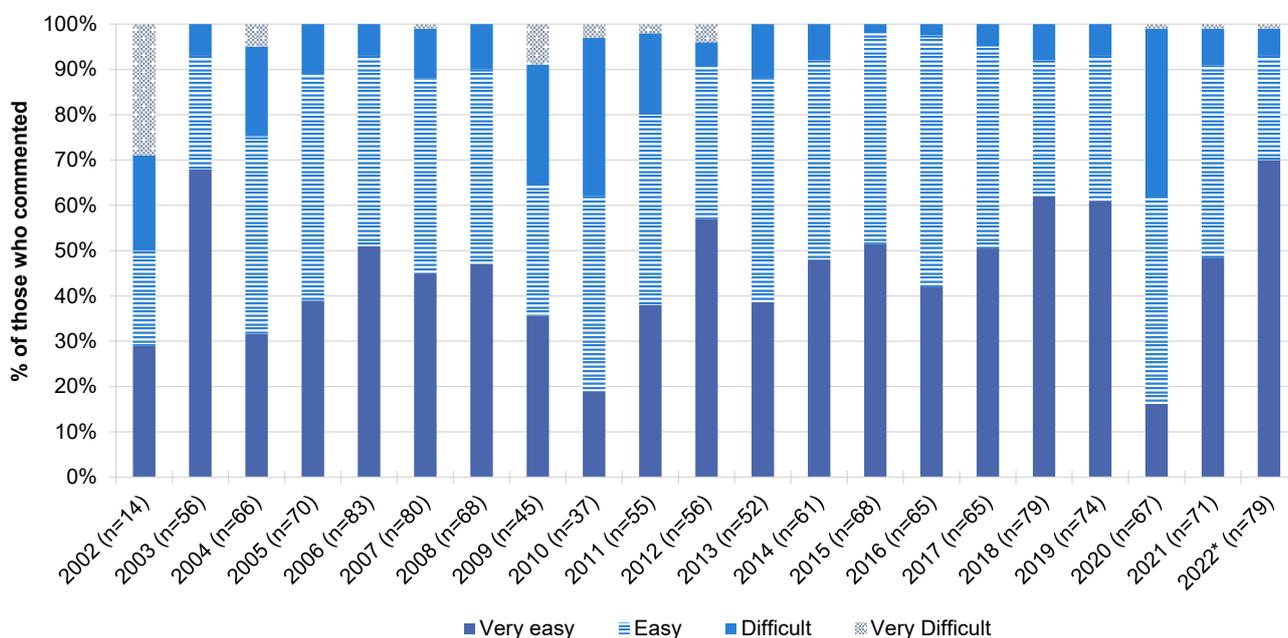
Note. Among those who commented. No data available for gram in 2001. Data labels are only provided for the first (2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 14: Current perceived purity of crystal methamphetamine, Canberra, ACT, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of crystal methamphetamine, Canberra, ACT, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, including powder and 'crack' 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.

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has generally been reported by one in five or fewer participants over the years of monitoring, except for a peak of 40% in 2001. Seventeen per cent of the Canberra sample reported recent use in 2022 (16% in 2021) (Figure 16).

Frequency of Use

Frequency of use has remained relatively low and stable over the course of monitoring, varying between a median of two and eight days. In 2022, participants who had recently used cocaine reported doing so on a median of two days (IQR=1-3; 2 days in 2021, IQR=1-3; $p=0.955$) (Figure 16). Small numbers ($n\leq 5$) reported weekly or more frequent use of cocaine in 2021 and 2022.

Routes of Administration

In 2022, injecting and snorting were the most common routes of administration among participants who had recently used cocaine (65% and 53%, respectively; 69% and 44%, $p=0.723$ in 2021, respectively).

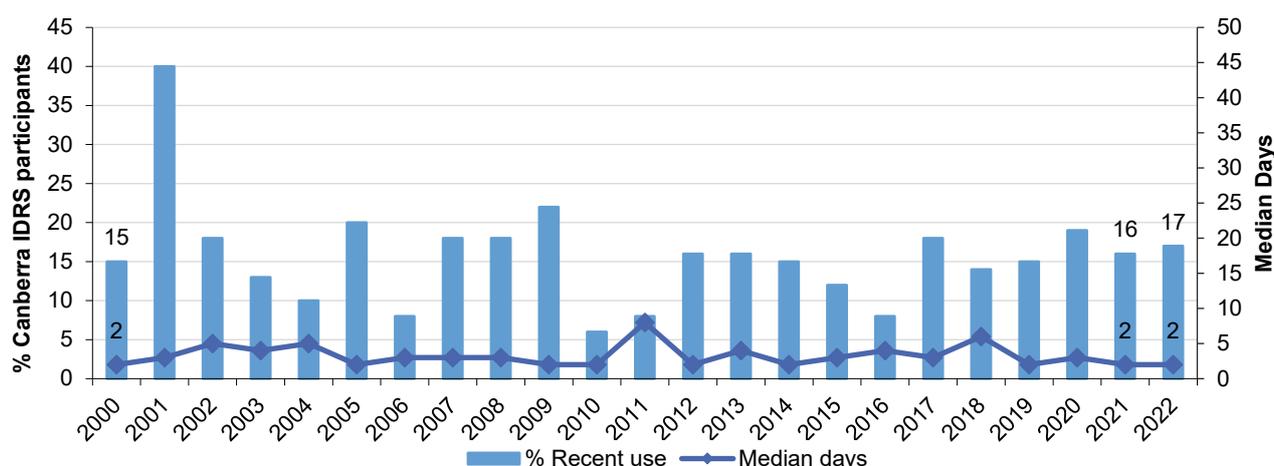
Quantity

Those who reported recent cocaine use consumed a median of 0.30 grams (IQR=0.10-1.00; $n=16$) on a 'typical' day of use (0.20 grams in 2021; IQR=0.10-1.00; $n=12$; $p=0.538$).

Forms used

Among participants who had recently consumed cocaine and commented ($n=17$), the vast majority reported using powder cocaine (76%; 80% in 2021) and 41% reporting using rock cocaine ($n\leq 5$ in 2021). No participants reported use of crack cocaine ($n\leq 5$ in 2021).

Figure 16: Past six month use and frequency of use of cocaine, Canberra, ACT, 2000-2022

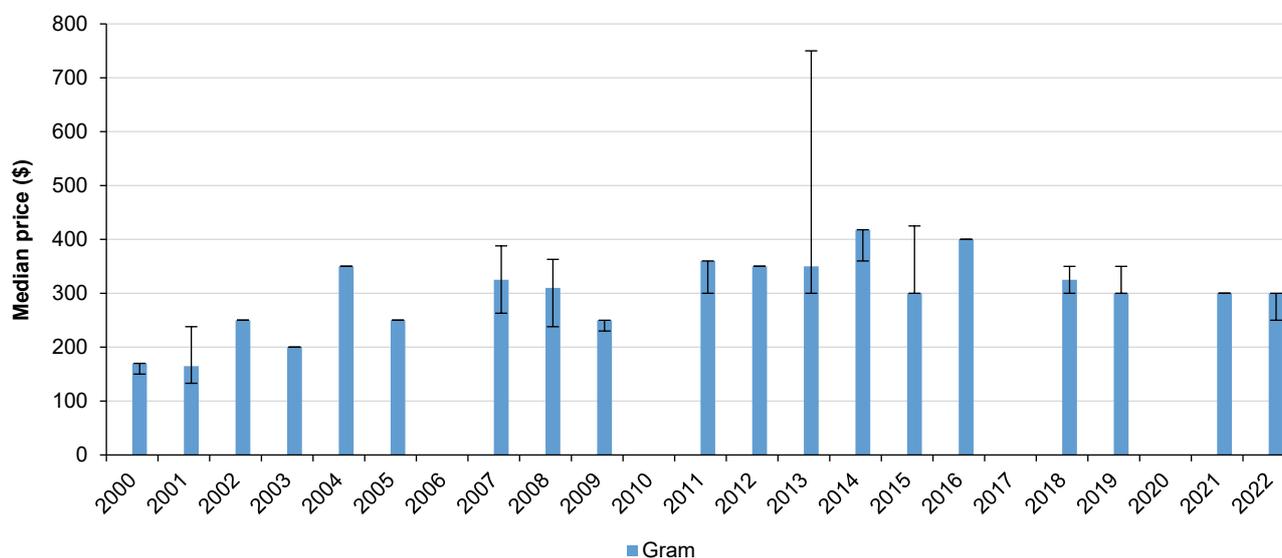


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45% and 50 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

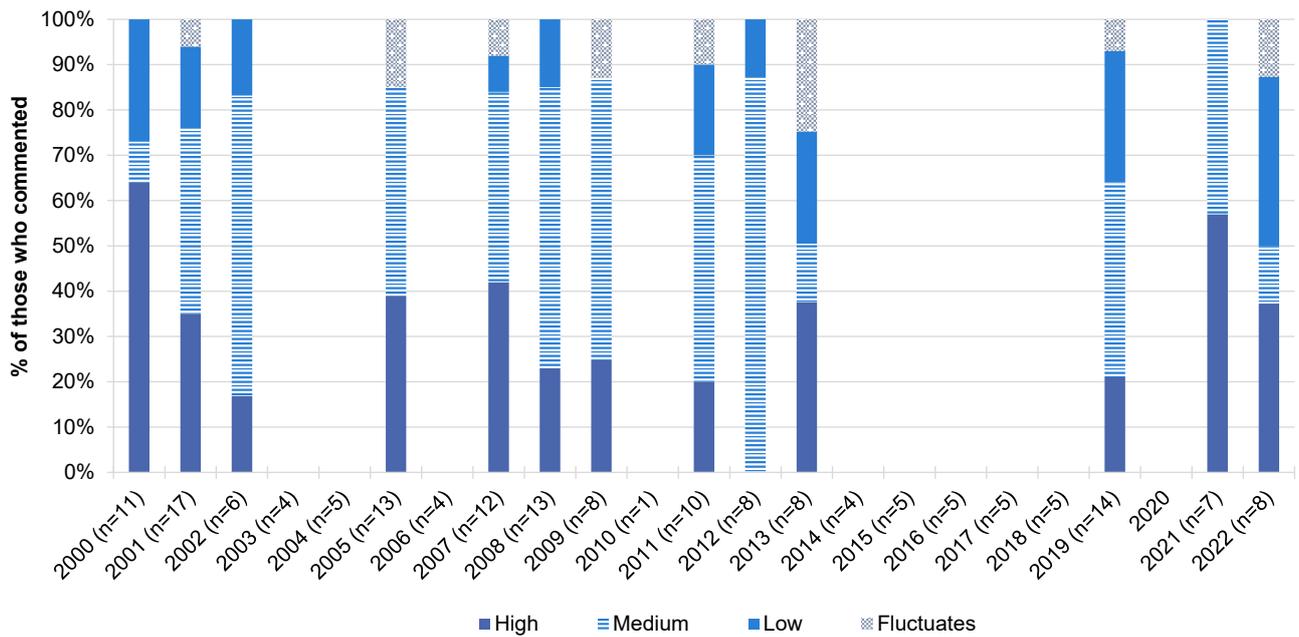
Due to low numbers ($n \leq 5$), details regarding the price (Figure 17), perceived purity (Figure 18) and perceived availability (Figure 19) of cocaine will not be discussed. Please refer to the [IDRS National Report](#) for national trends, or to the [EDRS National](#) or [ACT Report](#) for trends amongst a sample of people who use ecstasy and/or other stimulants. Alternatively, contact the Drug Trends team (drugtrends@unsw.edu.au) for further information.

Figure 17: Median price of cocaine per gram, Canberra, ACT, 2000-2022



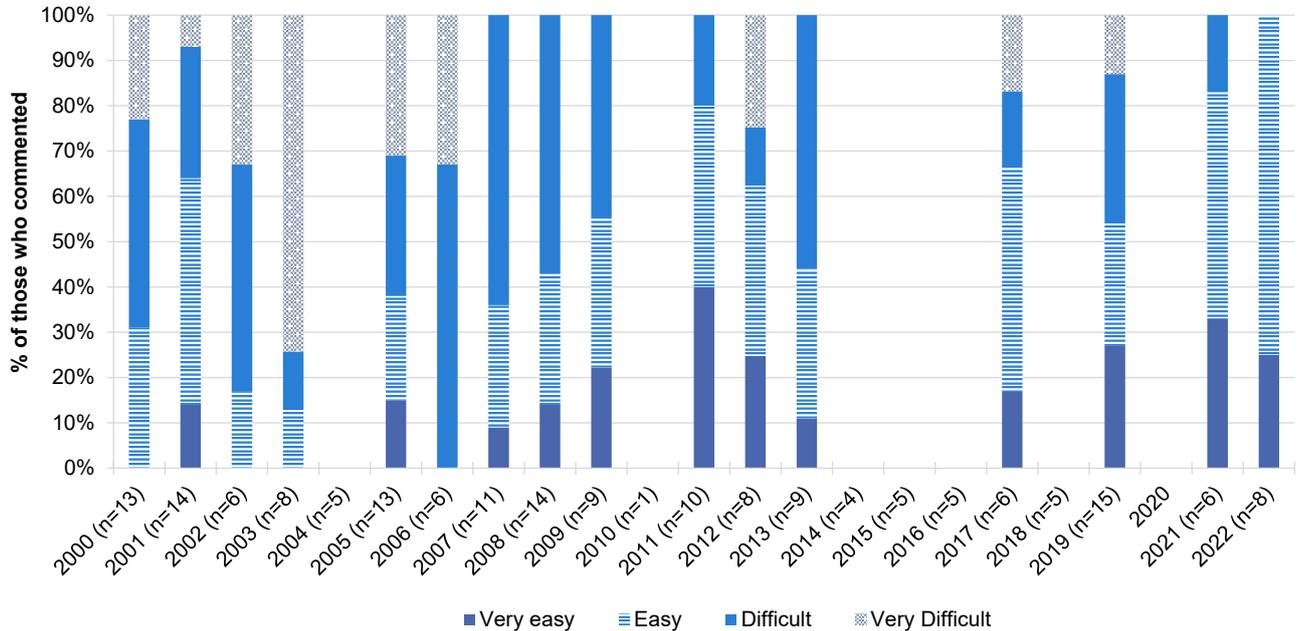
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2006, 2010 and 2017. No participants reported on the price of a gram in 2006, 2010 and 2017. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 18: Current perceived purity of cocaine, Canberra, ACT, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the [data tables](#). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived availability of cocaine, Canberra, ACT, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. For historical numbers, please refer to the [data tables](#). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

5

Cannabis and/or Cannabinoid Related Products

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

Terminology throughout this chapter refers to:

- **Prescribed use:** use of cannabis and/or cannabinoids related products obtained by a prescription in the person's name;
- **Non-prescribed use:** use of cannabis and/or cannabinoids related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
- **Any use:** use of cannabis and/or cannabinoids related products obtained through either of the above means.

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); no participants reported prescribed use in the six months preceding interview.

In this chapter, data from 2021 and 2022, and from 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). While comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

Over the course of monitoring, at least three in four participants have reported recent use of non-prescribed cannabis and/or cannabinoid related products (77% in 2022; 75% in 2021; $p=0.743$) (Figure 20).

Frequency of Use

In 2022, median frequency of use in the past six months was 180 days (i.e., daily use; IQR=51-180; 180 days in 2021; IQR=72-180; $p=0.366$), consistent with most years historically (Figure 20). Amongst participants who had used non-prescribed cannabis and/or cannabinoid related products, 54% reported daily use (63% in 2021; $p=0.346$).

Routes of Administration

Smoking was the most common route of administration amongst participants who had used non-prescribed cannabis and/or cannabinoid related products (97%; 100% in 2021; $p=0.497$). Smaller percentages reported swallowing cannabis (9%; $n\leq 5$ in 2021; $p=0.534$) or inhaling/vaping ($n\leq 5$; $n\leq 5$ in 2021).

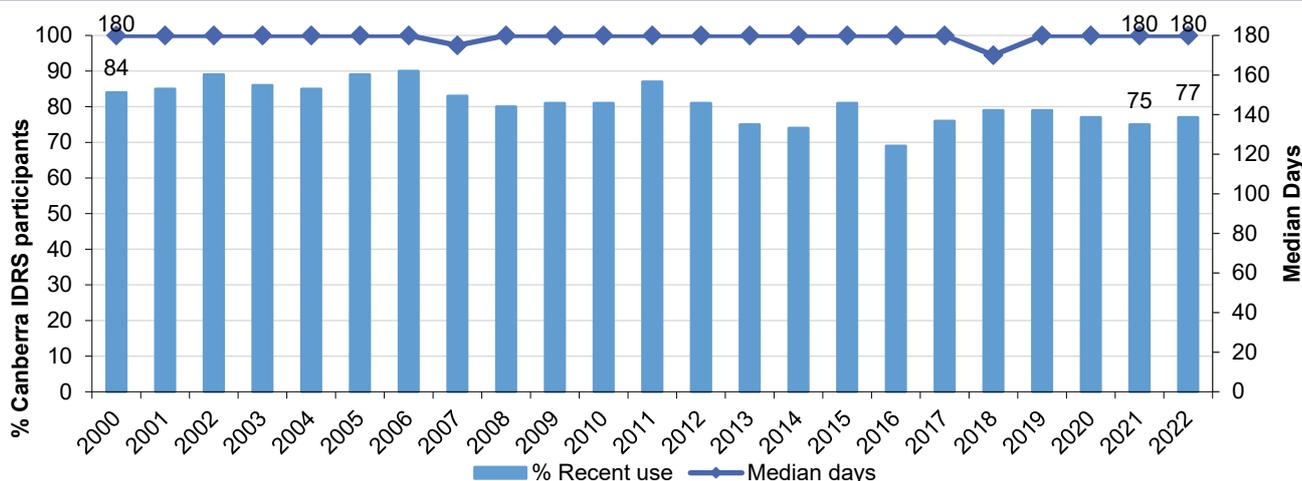
Quantity

The median intake on the last occasion of use was one gram (IQR=0.50-1.00, $n=45$; 1 gram in 2021, IQR=0.50-1.00; $n=45$; $p=0.968$) or five cones (IQR=3-10; $n=20$; 3 cones in 2021; IQR=2-4; $n=20$; $p=0.072$).

Forms Used

Of those that reported recent non-prescribed cannabis and/or cannabinoid related product use, 78% (80% in 2021; $p=0.850$) reported use of hydroponic cannabis, and 57% (64% in 2021; $p=0.484$) reported use of outdoor-grown 'bush' cannabis. A small percentage reported having used hashish ($n\leq 5$; 9% in 2021; $p=0.559$) or hash oil (9%; 8% in 2021). Few participants ($n\leq 5$) reported recent use of non-prescribed CBD extract in 2022 and 6% reported use of THC extract in the preceding six months (not asked in 2021).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Canberra, ACT, 2000-2022



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per gram in 2022 was \$20 for hydroponic cannabis (IQR=20-20; n=36; \$20 in 2021; IQR=20-20; n=39; $p=0.395$) (Figure 21). The median price for an ounce was \$300 (IQR=250-300; n=10; \$280 in 2021; IQR=210-290; n=7; $p=0.345$) (Figure 21).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2021 and 2022 ($p=0.382$). Of those who could comment in 2022 (n=63), two-thirds (65%) perceived hydroponic cannabis to be of 'high' potency (52% in 2021), followed by one-fifth (22%) reporting 'medium' potency (35% in 2021) (Figure 22).

Perceived Availability: There was a significant change in the perceived availability of hydroponic cannabis between 2021 and 2022 ($p=0.006$). Of those who could comment in 2022 (n=63), 65% of participants perceived availability to be 'very easy', an increase relative to 2021 (39%); this was also the highest per cent observed throughout the monitoring period (Figure 23).

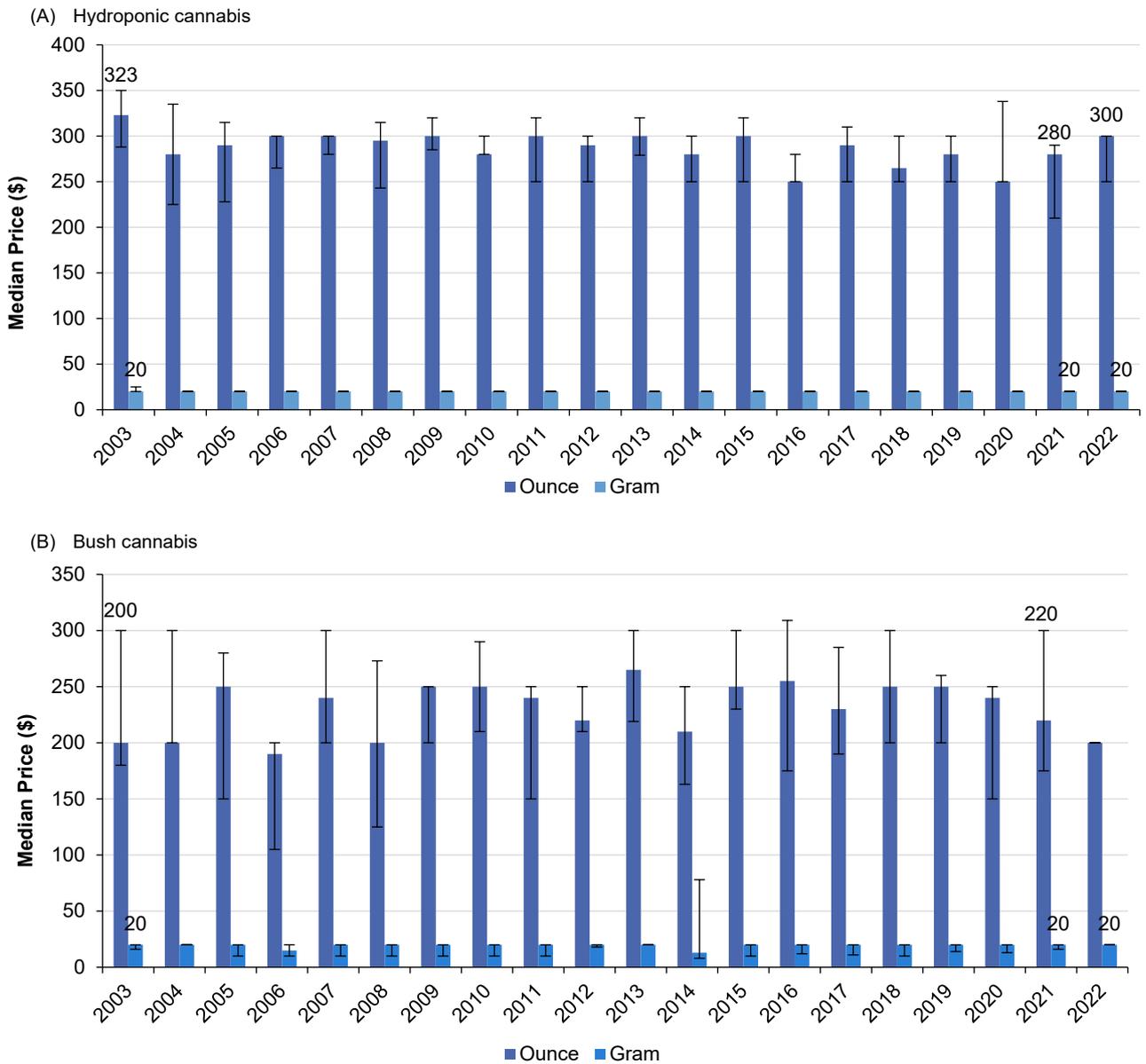
Bush Cannabis

Price: Similar to hydroponic cannabis, the median price per gram of bush cannabis in 2022 was \$20 (IQR=20-20; n=18), consistent with previous years (\$20 in 2021; IQR=16-20; n=30; $p=0.803$) (Figure 21). The median price per ounce of bush cannabis has fluctuated over the years, likely due to small numbers reporting (n≤5 reported on the price of an ounce in 2022 and data is therefore suppressed; \$220 in 2021; IQR=175-300; n=7; $p=0.803$) (Figure 21).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2021 and 2022 ($p=0.266$). Of those who could comment in 2022 (n=35), half (49%) perceived bush cannabis to be of 'high' potency (33% in 2021), followed by almost two-fifths (37%) reporting 'medium' potency (50% in 2021) (Figure 22).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2021 and 2022 ($p=0.153$). Of those who could comment in 2022 (n=36), nearly half (47%) perceived the availability of bush cannabis to be 'very easy' (26% in 2021), followed by two-fifths (39%) perceiving it to be 'easy' to obtain (56% in 2021) (Figure 23).

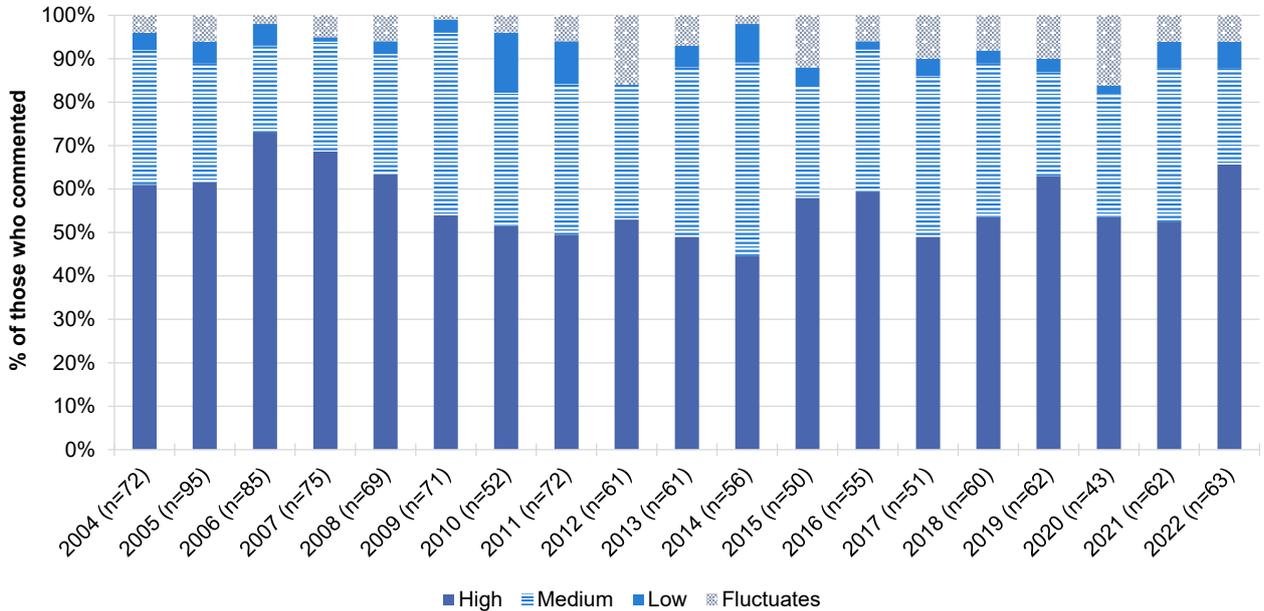
Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Canberra, ACT, 2003-2022



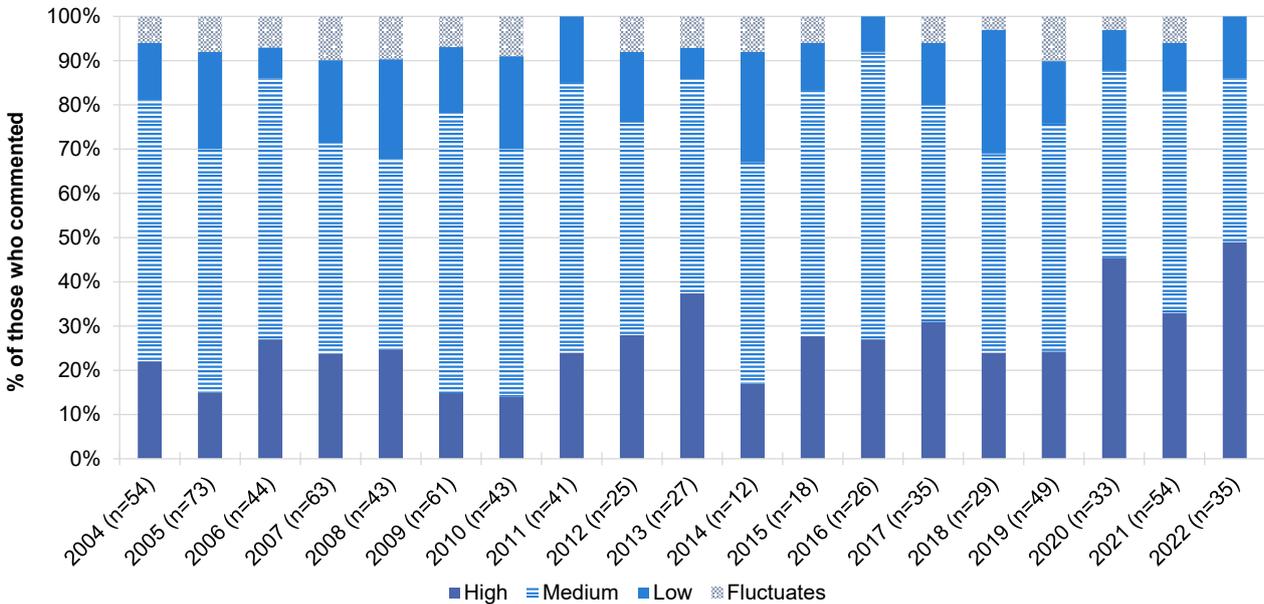
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 22: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Canberra, ACT, 2004-2022

(A) Hydroponic cannabis



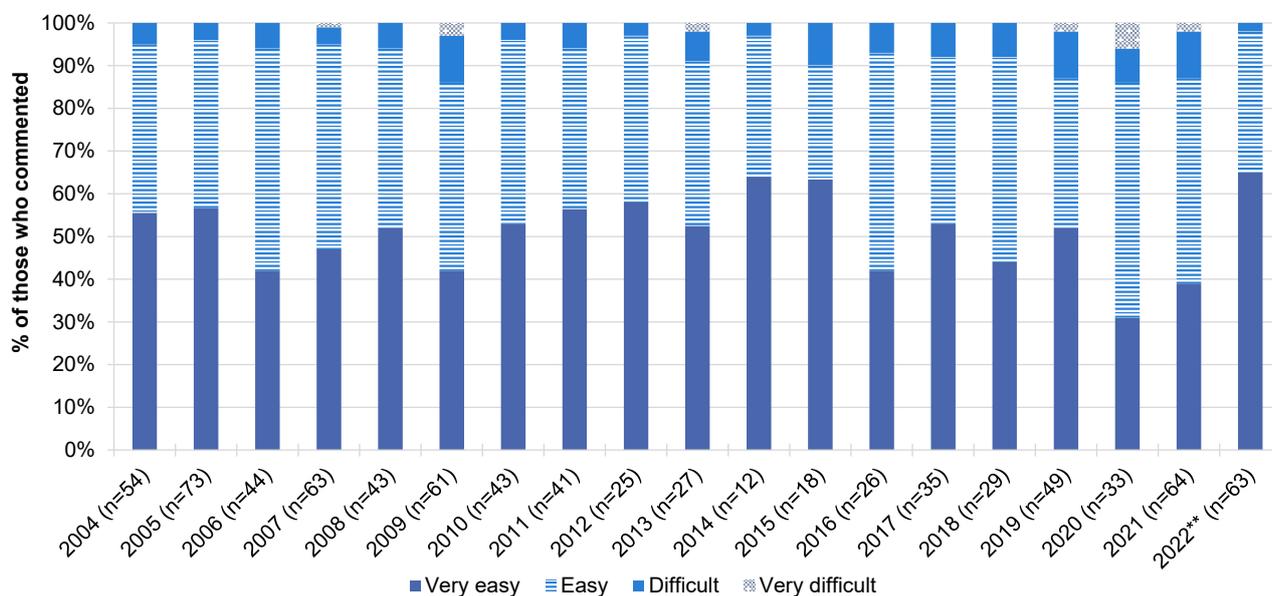
(B) Bush cannabis



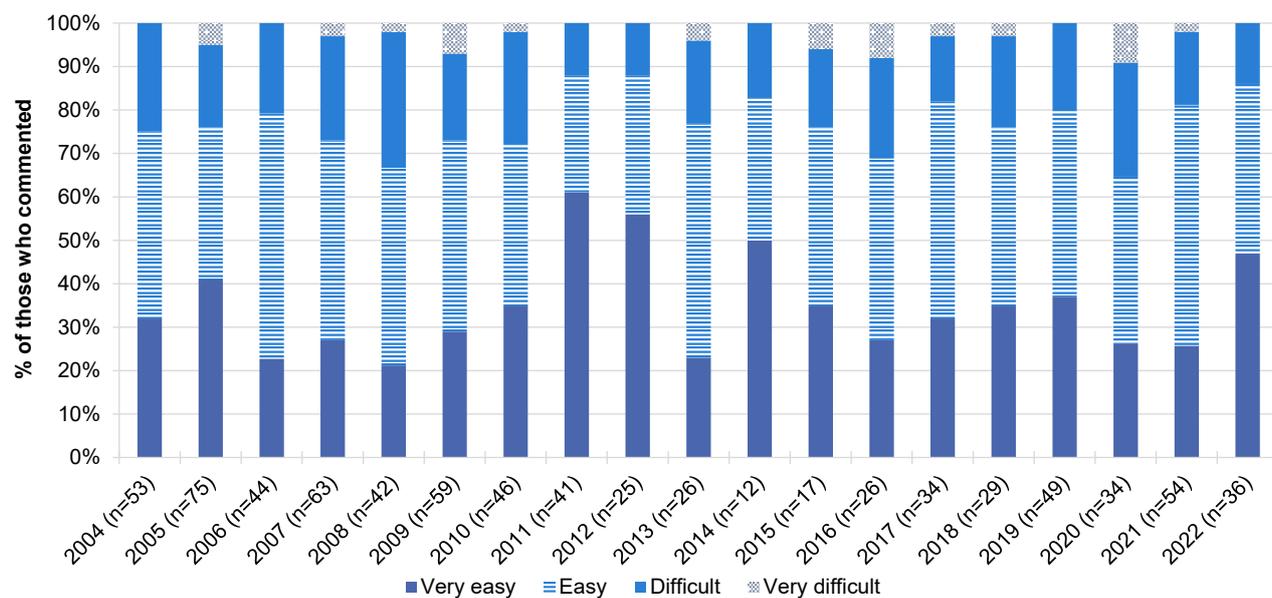
Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived availability of non-prescribed hydroponic (a) and bush (b) cannabis, Canberra, ACT, 2004-2022

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

Pharmaceutical Opioids

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

- **Prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name or via another source (e.g., online); and
- **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

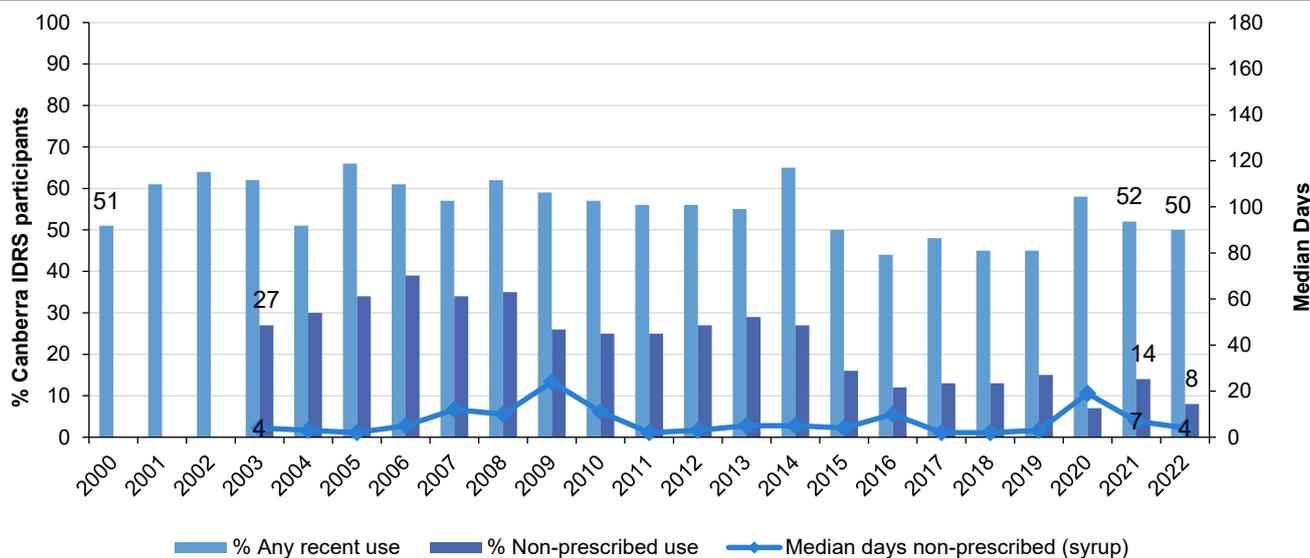
Methadone

Any Recent Use (past 6 months): Recent use of methadone (including liquid and tablets) has fluctuated over the years of monitoring, with 50% reporting recent use in 2022 (52% in 2021; $p=0.890$). In recent years, methadone use has largely consisted of prescribed use (46% in 2022; 40% in 2021; $p=0.473$), with the per cent reporting non-prescribed use peaking at 39% in 2006 and declining to 8% in 2022 (14% in 2021; $p=0.203$) (Figure 24).

Frequency of Use: Frequency of non-prescribed use of methadone in the past six months has remained fairly stable over the years. In 2022, participants reported using non-prescribed methadone on a median of four days (IQR=2-27; $n=7$), stable relative to seven days in 2021 (IQR=2-99; $n=12$; $p=0.580$).

Recent Injecting Use: Of those who had recently used methadone syrup or tablets in 2022, one-quarter (24%) reported recent injection (25% in 2021), on a median of 24 days (IQR=2-60; $n=12$; 5 days in 2021; IQR=5-24; $n=13$; $p=0.459$).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Canberra, ACT, 2000-2022



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000/2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

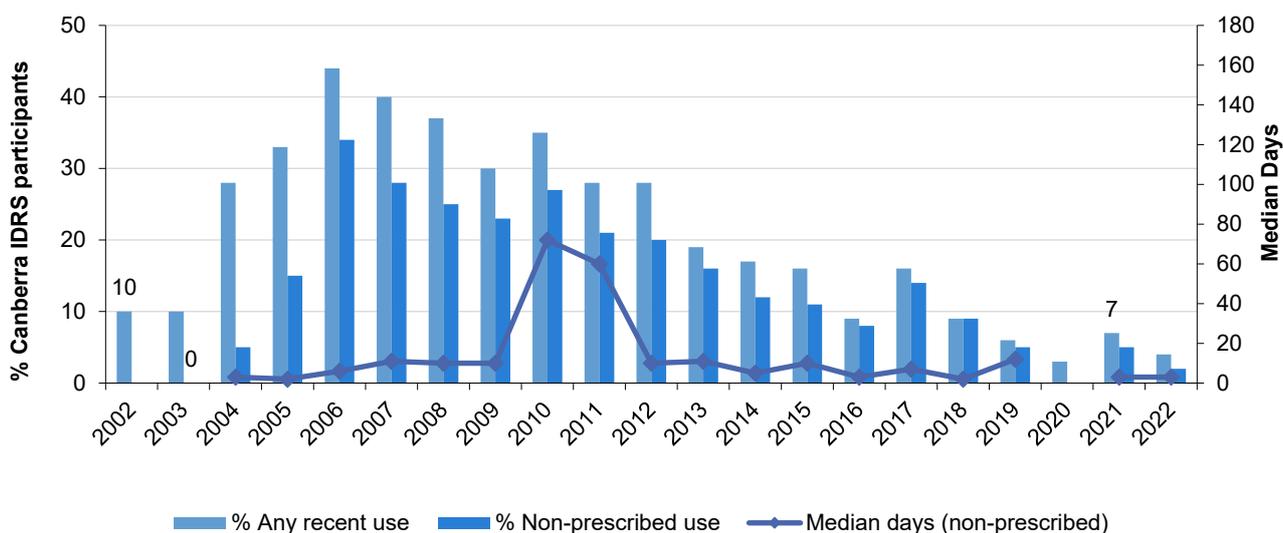
Buprenorphine Tablet

Any Recent Use (past 6 months): The per cent reporting any buprenorphine tablet use has generally declined over time, from 44% in 2006 to $n \leq 5$ in 2022 (7% in 2021; $p=0.373$) (Figure 25). Since 2006, the majority of participants who had recently consumed buprenorphine in tablet form have reported non-prescribed use ($n \leq 5$ in 2022; $n \leq 5$ in 2021; $p=0.279$), except in 2020 where no participants reported non-prescribed use (Figure 25).

Frequency of Use: Median days of non-prescribed use has fluctuated over the years and has remained below 15 days since 2012. Due to low numbers reporting recent use in 2022 and 2021 ($n \leq 5$) details regarding frequency of use in these years are not discussed (Figure 25).

Recent Injecting Use: Low numbers ($n \leq 5$) reported recent use in 2022, hence no further information regarding recent injection is provided (in 2021 all participants that reported recent buprenorphine tablet use had injected and had done so on a median of 15 days (IQR=3-60; $n=7$)).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Canberra, ACT, 2002-2022



Note. Non-prescribed use not distinguished in 2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% to improve visibility of trends. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2002/2003/2004) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

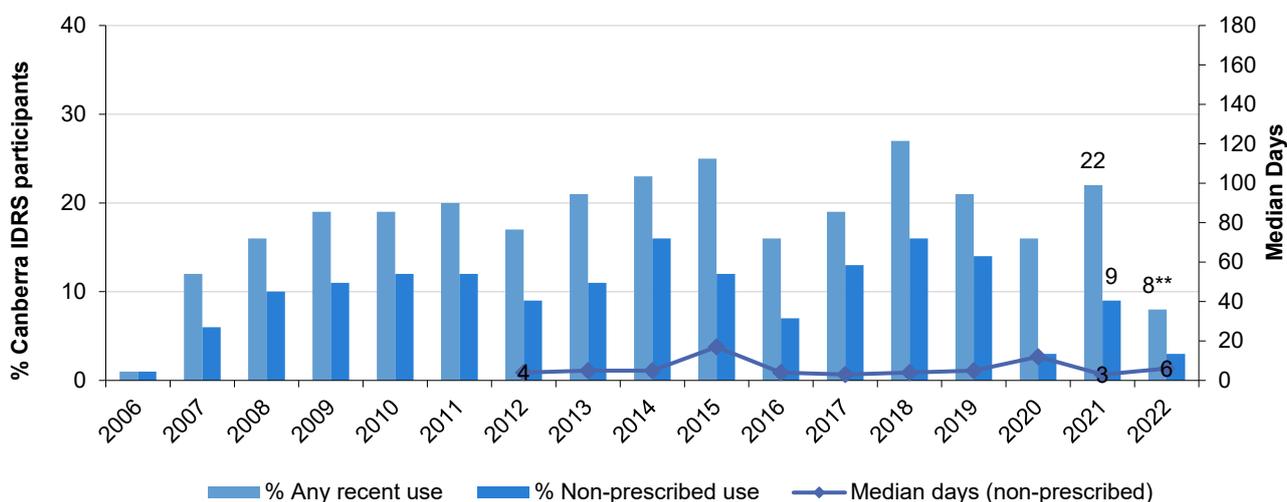
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting any past six month use of buprenorphine-naloxone gradually increased until 2015 and from thereon has fluctuated. In 2022, 8% of the sample reported any buprenorphine-naloxone use, a significant decrease relative to 2021 (22%; $p=0.003$) and the second lowest per cent reported since monitoring began. Few participants reported non-prescribed use ($n\leq 5$; 9% in 2021; $p=0.082$) (Figure 26).

Frequency of Use: In 2022, few ($n\leq 5$) participants reported on median days of non-prescribed buprenorphine-naloxone use (3 days in 2021; IQR=1-6; $p=0.222$) (Figure 26).

Recent Injecting Use: In 2022, few ($n\leq 5$) participants reported recent injection of buprenorphine-naloxone, therefore details regarding median frequency of recent injection are not reported. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Canberra, ACT, 2006-2022



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 40% to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Morphine

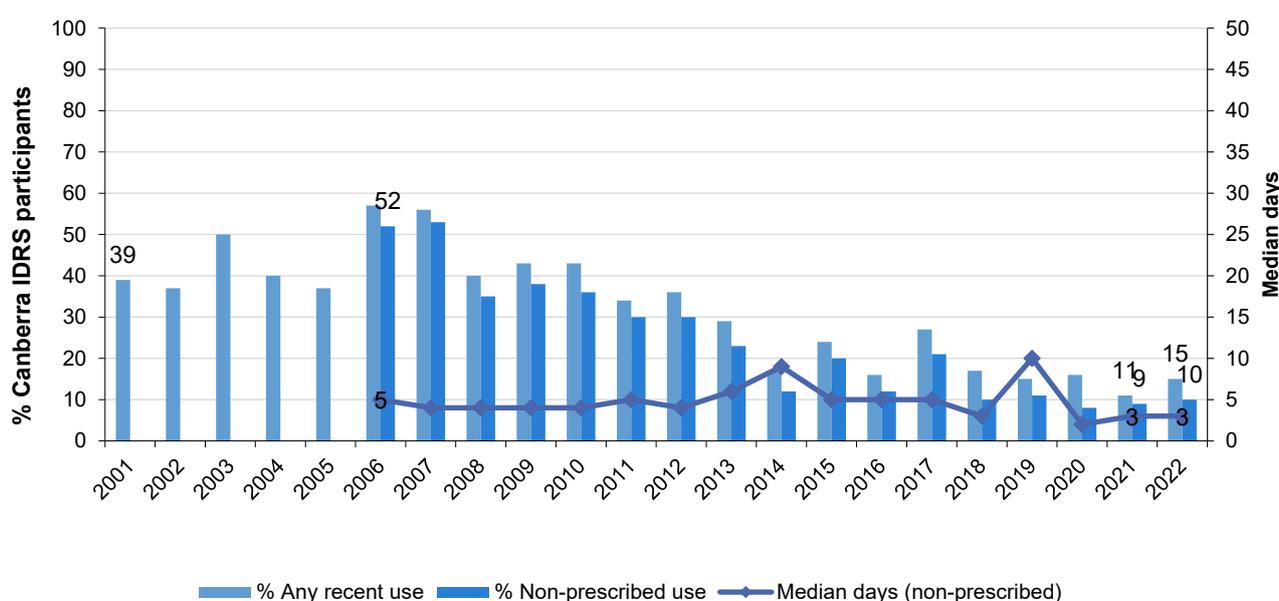
Any Recent Use (past 6 months): The per cent reporting any recent use of morphine has been declining following a peak in use in 2006 (57%). In 2022, 15% reported use of any morphine (11% in 2021; $p=0.547$) (Figure 27).

The IDRS first distinguished between prescribed and non-prescribed use in 2006, from which point it has been apparent that morphine use predominantly comprised non-prescribed use. In 2022, 10% of participants reported recent use of non-prescribed morphine, stable from 2021 (9%) (Figure 27).

Frequency of Use: Frequency of non-prescribed use of morphine has consistently been low. In 2022, participants reported using non-prescribed morphine on a median of three days (IQR=1-6; $n=10$), stable from 2021 (3 days; IQR=2-6; $n=9$; $p=0.835$) (Figure 27).

Recent Injecting Use: In 2022, the majority of participants who reported recent use had injected morphine in the past six months (86%; 100% in 2021; $p=0.487$) and had done so on a median of four days (IQR=1-5; $n=11$; 2 days in 2021; IQR=2-5; $n=11$; $p=0.894$).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Canberra, ACT, 2001-2022



Note. Median days of computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 50 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

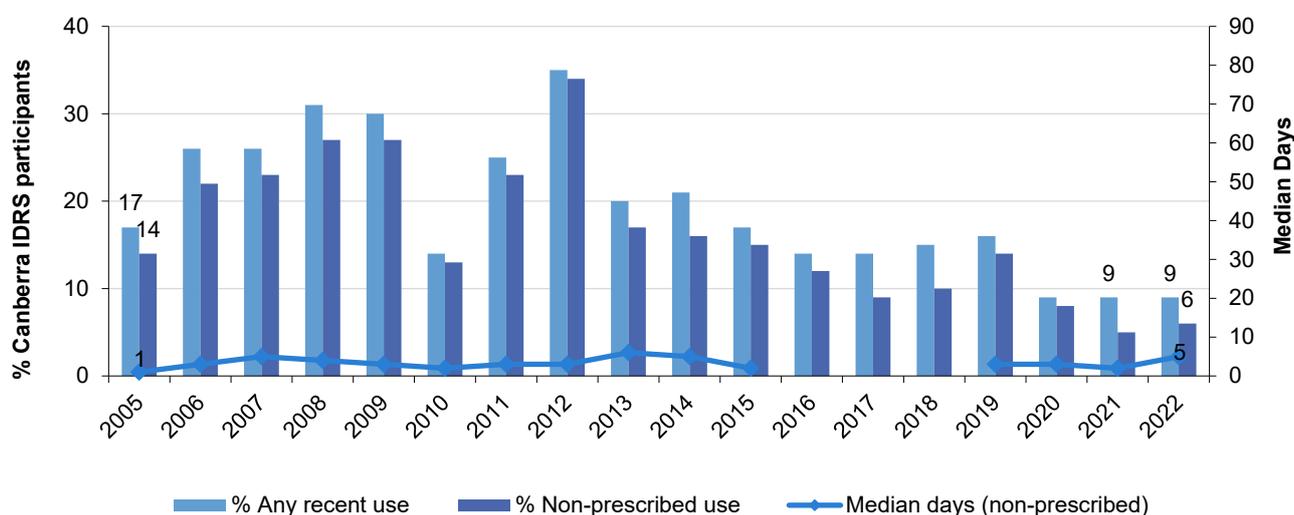
Oxycodone

Any Recent Use (past 6 months): The per cent reporting any oxycodone use has followed an inverted-U shape over the course of monitoring, peaking in 2012 (35%), and declining subsequently thereafter. Nine per cent of participants reported any oxycodone use in 2022 (9% in 2021), with 6% reporting non-prescribed use (n≤5 in 2021) (Figure 28).

Frequency of Use: Frequency of use has remained low and stable across the course of monitoring. In 2022, participants reported using non-prescribed oxycodone on a median of five days (IQR=2-7; n=6; n≤5 in 2021) (Figure 28).

Recent Injecting Use: Small numbers reported injecting oxycodone (n≤5); therefore no further information is presented (n≤5 in 2021). Please refer to the [National 2022 IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Canberra, ACT, 2005-2022



Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40% and 90 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

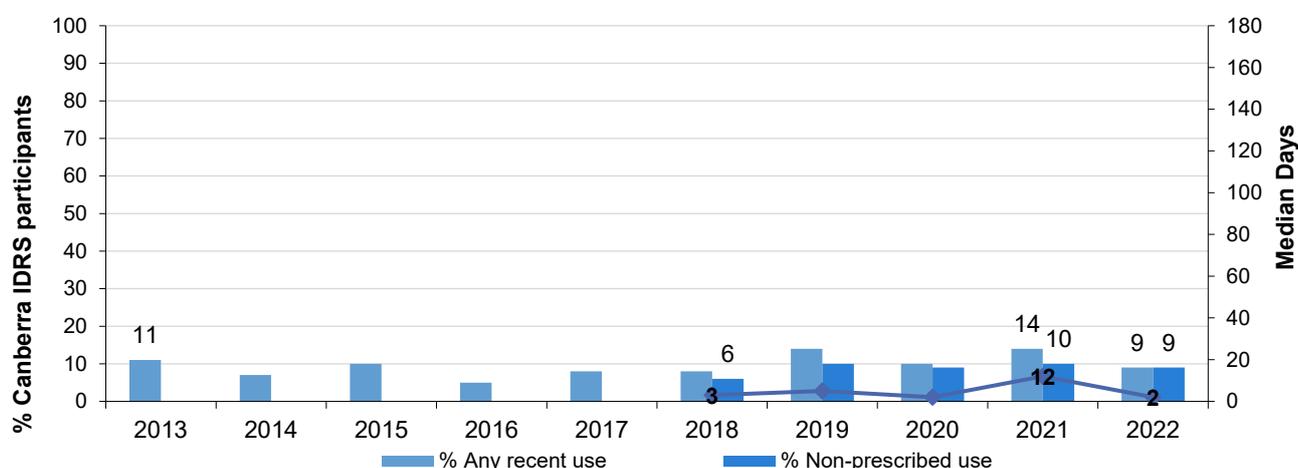
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low over the course of monitoring. In 2022, 9% of the sample reported recent use of any fentanyl, stable from 2021 (14%; $p=0.366$) (Figure 29). This solely comprised non-prescribed use (9%; 10% in 2021) (Figure 29).

Frequency of Use: Frequency of use of non-prescribed fentanyl has remained relatively stable over the course of monitoring. In 2022, participants reported use on a median of two days in the past six months (IQR=2-24; $n=9$; 12 days in 2021; IQR=4-23 days; $n=10$; $p=0.234$) (Figure 29).

Recent Injecting Use: Fentanyl was injected by all participants who reported recent use (64% in 2021; $p=0.116$) on a median of two days (IQR=2-24; $n=9$; 7 days in 2021; IQR=3-14; $n=9$; $p=0.504$).

Figure 29: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Canberra, ACT, 2013-2022



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2013/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2022 (Table 2). In 2022, few participants reported any recent use of codeine ($n \leq 5$; 10% in 2021; $p=0.048$) and tramadol ($n \leq 5$; 6% in 2021; $p=0.766$), and no participants reported recent use of any form of tapentadol ($n \leq 5$ in 2021). Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Canberra, ACT, 2019-2022

% Recent Use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=101)
Codeine[^]				
Any recent use	19	13	10	.*
Non-prescribed use	7	7	-	-
Any injection [#]	0	-	-	-
Tramadol				
Any recent use	-	9	6	-
Non-prescribed use	0	-	-	-
Any injection [#]	-	-	-	-
Tapentadol				
Any recent use	-	-	-	0
Non-prescribed use	-	-	0	0
Any injection [#]	-	0	0	0

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). [^] Includes high and low dose. [#]Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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Other Drugs

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

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months)

In 2022, NPS use remained stable, with 9% reporting recent use (12% in 2021; $p=0.486$) (Table 3). Historically, much of the NPS use in the Canberra sample has been driven by use of 'new' drugs that mimic the effects of cannabis, however, in 2022, significantly fewer participants reported recent use of these substances relative to 2021 ($n \leq 5$ in 2022; 12% in 2021; $p=0.040$). Please refer to the [National 2022 IDRS Report](#) for national trends, or contact the Drug Trends team for further information (drugtrends@unsw.edu.au).

Table 3: Past six month use of new psychoactive substances, Canberra, ACT, 2013-2022

% Recent Use (past 6 months)	2013 N=100	2014 N=100	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=100	2022 N=101
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	-	-	-	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	#	-	-	0	0	-
'New' drugs that mimic the effects of amphetamine or cocaine	0	-	-	-	-	-	-	-	0	-
'New' drugs that mimic the effects of cannabis	-	-	8	10	8	-	8	-	12	9*
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	#	-	-	0	0	-
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0	-	0	0	-
Any of the above	-	7	9	14	11	8	12	7	12	9

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. #In 2017, participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has decreased over time, from 51% in 2007 when monitoring commenced to 27% in 2022 (24% in 2021; $p=0.713$) (Figure 30). Of the total sample, 12% reported recent use of non-prescribed alprazolam (9% in 2021; $p=0.636$) and 21% reported recent use of non-prescribed other benzodiazepines (21% in 2021).

Frequency of Use: In 2022, non-prescribed alprazolam and other benzodiazepines were used on a median of five days (IQR=3-9; 5 days in 2021; IQR=2-12; $p=0.943$) and six days (IQR=2-12; 5 days in 2021; IQR=3-48), respectively.

Recent Injecting Use: In 2022, small numbers ($n\leq 5$) reported injecting non-prescribed benzodiazepines ($n\leq 5$ in 2021; $p=0.595$). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Eleven per cent of the sample reported using non-prescribed pharmaceutical stimulants in the last six months (10% in 2021) (Figure 30).

Frequency of Use: Participants reported non-prescribed use of pharmaceutical stimulants on a median of four days in 2022 (IQR=2-93; 2 days in 2021; IQR=1-3; $p=0.081$).

Recent Injecting Use: Few participants ($n\leq 5$) reported injecting non-prescribed pharmaceutical stimulants in the six months preceding interview ($n\leq 5$ in 2021). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): The percentage of the sample reporting recent use of non-prescribed antipsychotics has fluctuated between 7% and 23% since monitoring began in 2011, noting that participants were asked about a specific formulation, 'Seroquel', between 2011-2018. In 2022, 7% reported recent use of any non-prescribed antipsychotics (9% in 2021; $p=0.598$) (Figure 30).

Frequency of Use: In 2022, non-prescribed antipsychotics were used on a median of two days (IQR=2-14; 7 days in 2021; IQR=4-30; $p=0.150$).

Recent Injecting Use: No participants reported injecting non-prescribed antipsychotics in 2022 (0% in 2021). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

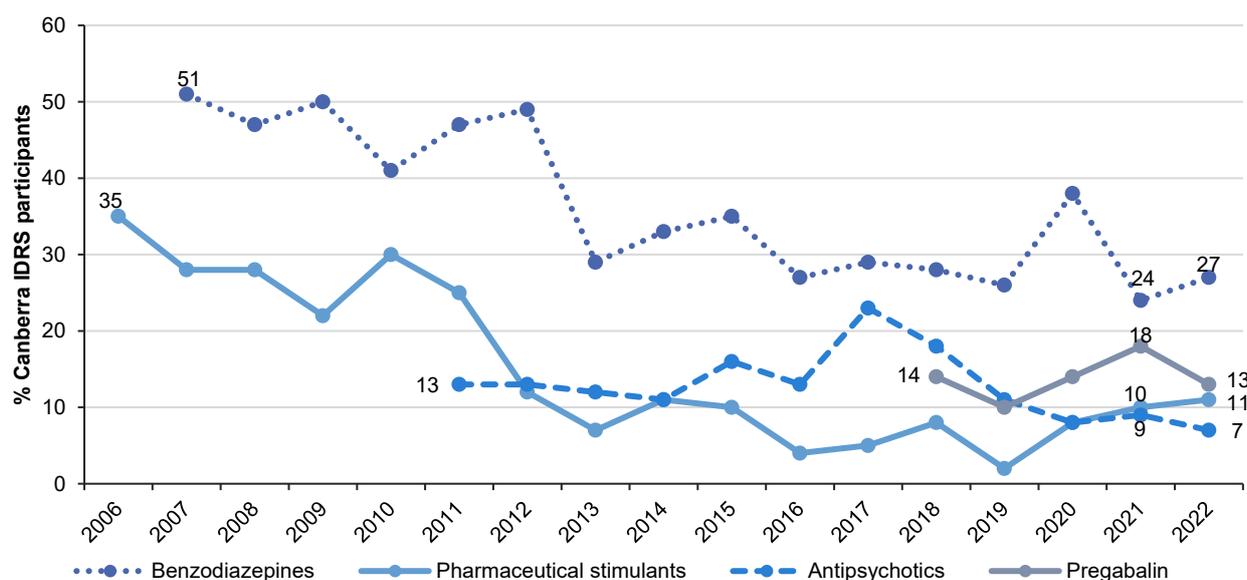
Pregabalin

Recent Use (past 6 months): In 2022, 13% of the sample had used non-prescribed pregabalin in the six months preceding interview (18% in 2021; $p=0.325$) (Figure 30).

Frequency of Use: Non-prescribed use was infrequent in 2022, with participants reporting use on a median of five days (IQR=1-48; 6 days in 2021; IQR=1-10; $p=0.654$).

Recent Injecting Use: Few participants ($n\leq 5$) reported injecting non-prescribed pregabalin in the last six months ($n\leq 5$ in 2021). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 30 Past six month use of non-prescribed pharmaceutical drugs, Canberra, ACT, 2006-2022



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Y axis reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Recent use of alcohol has historically been reported by between 53%-75% of participants. In 2022, 62% reported consuming alcohol in the past six months (57% in 2021; $p = 0.572$) (Figure 31).

Frequency of Use: In 2022, alcohol was used on a median of 24 days (IQR=10-90; 30 days in 2021; IQR=12-97; $p = 0.839$), with 19% reporting daily use (16% in 2021; $p = 0.809$).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively common since monitoring began, with 88% reporting recent use in 2022 (93% in 2021; $p = 0.351$) (Figure 31).

Frequency of Use: In 2022, tobacco was used on a median of 180 days (IQR=180-180; 180 days in 2021; IQR=180-180 days; $p = 0.094$), with 93% reporting daily use (85% in 2021; $p = 0.103$).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. No participants in the Canberra sample reported recent use of prescribed e-cigarettes in 2022.

Recent Use (past 6 months): E-cigarette use has fluctuated since monitoring began, with 23% reporting non-prescribed recent use in 2022 (23% in 2021) (Figure 31).

Frequency of Use: In 2022, non-prescribed e-cigarettes were used on a median of 20 days (IQR=7-180; 10 days of any use in 2021; IQR=6-27 days; $p = 0.189$). No participants reported daily use in 2022 ($n \leq 5$ in 2021).

Forms Used: Among those that reported recent use ($n = 23$), the majority (83%) reported using non-prescribed e-cigarettes containing nicotine. Small numbers ($n \leq 5$) reported using e-cigarettes that

contained both nicotine and cannabis, cannabis alone, or neither, respectively. No participants reported using e-cigarettes that contained another substance.

Reason for Use: Four-fifths (79%) of participants who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes reported using them as a smoking cessation tool in 2022 (65% in 2021; $p=0.340$).

Steroids

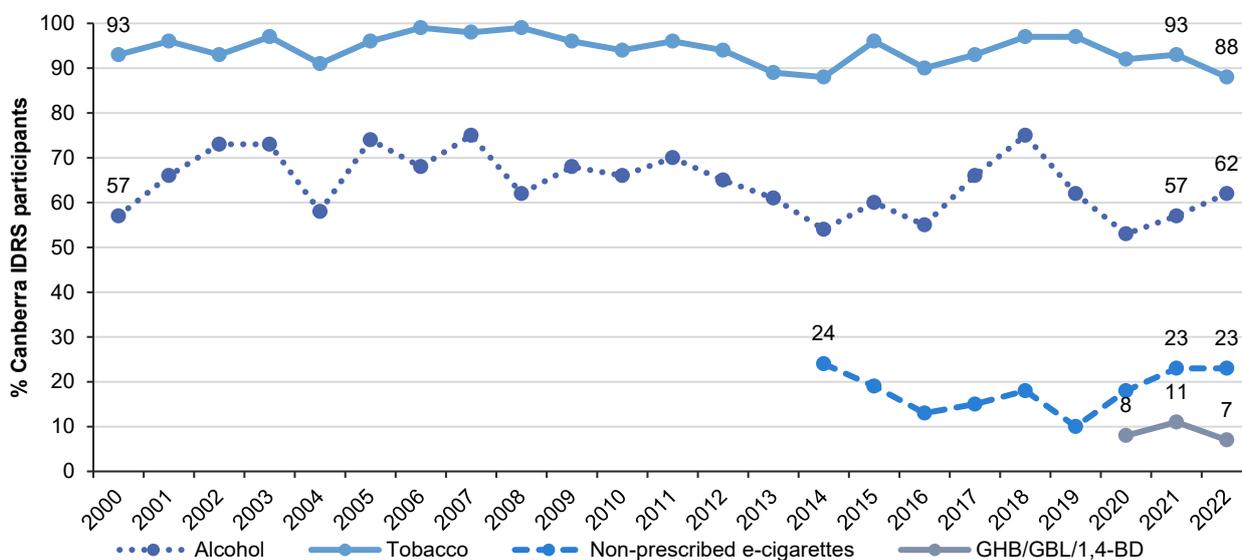
Recent Use (past 6 months): Recent use of non-prescribed steroids has remained consistently low (between 0% and 6%) since monitoring began in 2010 ($n \leq 5$ in 2022 and 2021). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2022, 7% of participants reported recent use of GHB/GBL/1,4-BD (11% in 2021; $p=0.323$) (Figure 31). Questions regarding the frequency of recent GBH/GBL/1,4-BD use were not asked of participants in 2022.

Recent Injecting Use: No participants reported recent injection in 2022 ($n \leq 5$ in 2021). Please refer to the [2022 IDRS National Report](#) for national trends, or contact the Drug Trends team for further information..

Figure 31: Past six month use of licit and other drugs, Canberra, ACT, 2000-2022



Note. Monitoring of e-cigarettes commenced in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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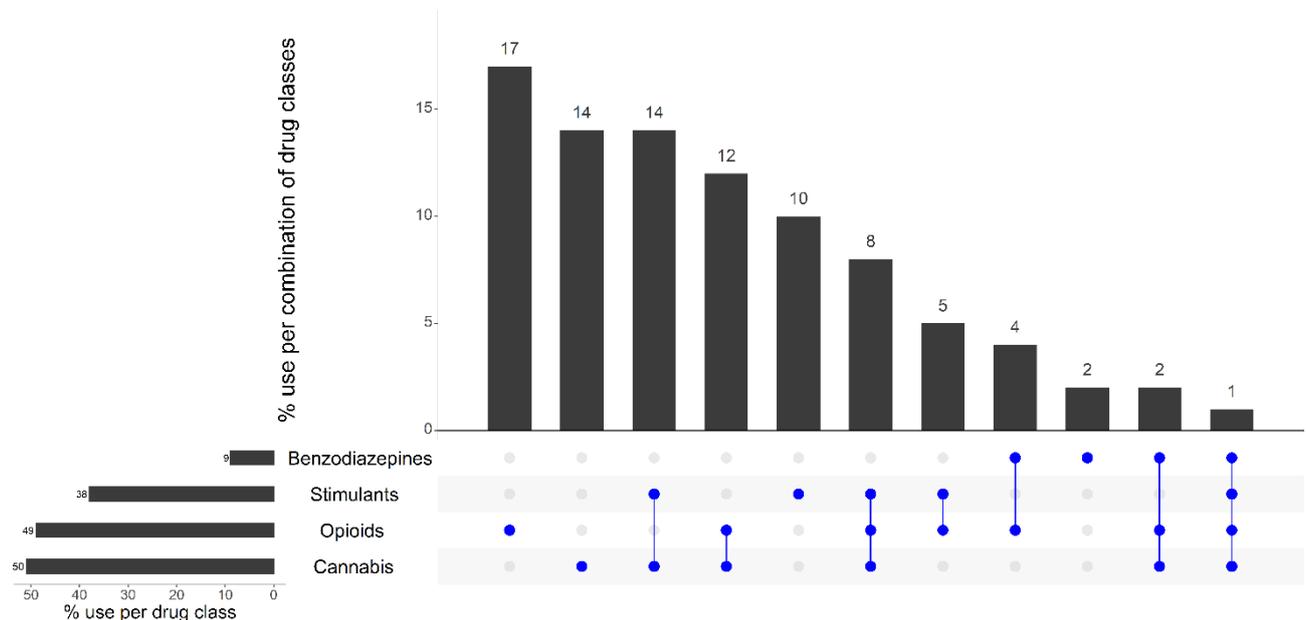
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, the majority (97%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=98), the most commonly used substances were cannabis (50%), opioids (49%), stimulants (38%), and benzodiazepines (9%).

Almost two-thirds (64%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Fourteen per cent of participants reported concurrent use of cannabis and stimulants, and 12% reported concurrent use of opioids and cannabis on the day preceding interview (Figure 32). Seventeen per cent of respondents reported using opioids alone, 14% reported using cannabis alone and 10% reported using stimulants alone. In addition, 8% reported concurrent stimulant, opioid and cannabis use on the day preceding interview.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Canberra, ACT, 2022



Note. % calculated out of total IDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 20 % to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2022, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

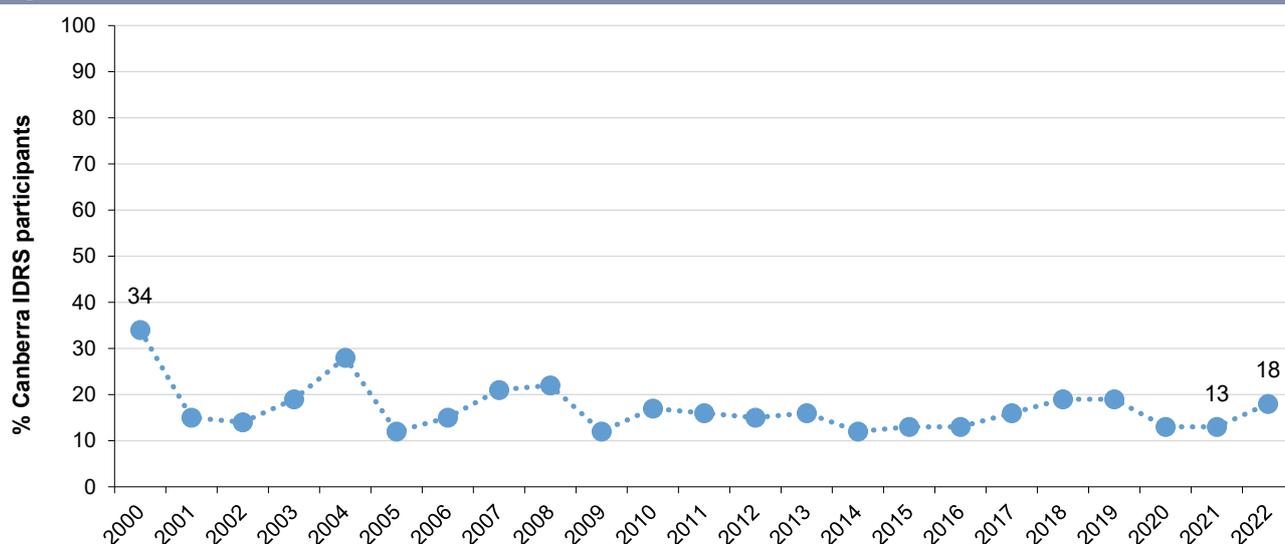
- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea,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

It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Any past 12-month non-fatal overdose in the Canberra sample fluctuated somewhat between 2000-2008 (potentially in part due to differences in the way questions regarding overdose were asked), before stabilising from 2009 onwards (Figure 33).

In 2022, 18% of the sample reported any non-fatal drug overdose in the past 12 months (13% in 2021; $p=0.435$) (Figure 33). The most common substance involved in past year non-fatal overdose was heroin (12%; 6% in 2021; $p=0.218$) (Table 4). Those who reported a non-fatal overdose on an opioid had done so on a median of two occasions (IQR=1-3) in the last 12 months. Among those who had overdosed on an opioid in the past year, 58% reported receiving naloxone (Narcan®).

Figure 33: Past 12 month non-fatal overdose, Canberra, ACT, 2000-2022



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past year non-fatal overdose by drug type, nationally, 2022, and Canberra, ACT, 2015-2022

	Canberra, ACT								National 2022
	2015	2016	2017	2018	2019	2020	2021	2022	
% Any opioid overdose	N=100 9	N=56 -	N=100 12	N=92 15	N=100 14	N=100 11	N=100 7	N=101 14	N=868 12
% Heroin overdose	N=100 8	N=56 -	N=100 11	N=92 14	N=100 14	N=100 11	N=100 6	N=101 12	N=867 11
% Methadone overdose	N=100 -	N=56 -	N=100 -	N=99 0	N=100 0	N=100 -	N=100 0	N=101 -	N=867 1
% Morphine overdose	N=100 0	N=56 -	N=100 -	N=96 0	N=100 0	N=100 0	N=100 0	N=101 0	N=867 0
% Oxycodone overdose	N=100 0	N=56 -	N=100 0	N=100 -	N=100 0	N=100 -	N=100 0	N=101 0	N=867 -
% Stimulant overdose	N=100 -	N=56 -	N=88 -	N=100 -	N=100 -	N=100 -	N=100 -	N=101 -	N=878 4
% Other overdose	/	/	/	/	N=100 -	N=100 -	N=100 -	N=101 -	N=878 3
% Any drug overdose	N=100 13	N=56 13	N=96 16	N=91 19	N=100 19	N=100 13	N=100 13	N=101 18	N=868 17

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. - Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: Since monitoring began in 2013, there has been high awareness of naloxone in the Canberra sample (93%; 96% in 2021; $p=0.537$) (Figure 34). In 2022, 15% of participants reported having heard of paid access, a significant decrease relative to 33% in 2021 ($p=0.005$), and 76% of participants reported having heard of free access (82% in 2021; $p=0.295$).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs has been high and fairly stable, with 81% reporting awareness in 2022, stable from 88% in 2021 ($p=0.239$) (Figure 34).

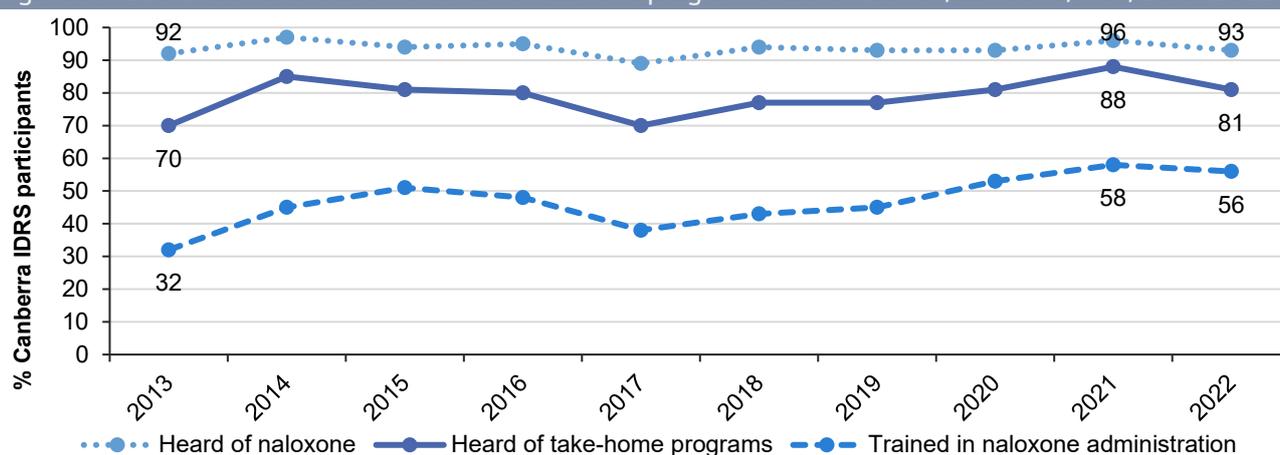
Participation in Training Programs: Fifty-six per cent of the sample reported participation in naloxone training programs (58% in 2021; $p=0.889$) (Figure 34).

Accessed Naloxone: Of those who had heard about naloxone training programs and commented ($n=79$), almost three-quarters (73%) reported having ever accessed naloxone (68% in 2021; $p=0.503$), with 67% having done so in the past year (60% in 2021; $p=0.397$). Few ($n\leq 5$) reported that they had tried to access naloxone in their lifetime but had been unsuccessful. Of those who had either ever had trouble accessing naloxone or never accessed naloxone ($n=40$), the most common reasons included 'don't consider myself/my peers at risk of overdose' (20%) and 'don't use opioids' (20%).

Of those who reported ever accessing naloxone and commented ($n=53$), the majority (94%) reported last receiving intranasal naloxone only, with small numbers reporting receiving both intranasal and intramuscular naloxone ($n\leq 5$). On the last occasion, three-quarters (78%) reported accessing naloxone from an NSP, and one-fifth reported a health service (19%). The majority of participants (96%) reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone and commented ($n=58$), nearly three-fifths (59%) reported that they 'always' had naloxone on hand when using opioids in the past month.

Use of Naloxone to Reverse Overdose: In 2022, 39% reported that they had resuscitated someone using naloxone at least once in their lifetime (47% in 2021; $p=0.257$) and 11% reported that they had been resuscitated by a peer using naloxone in the past year ($n\leq 5$ in 2021; $p=0.105$).

Figure 34: Lifetime awareness of take-home naloxone program and distribution, Canberra, ACT, 2013-2022



Note. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Nationally, 84% had heard of naloxone, 66% had heard of the take-home naloxone program and 38% were trained in naloxone administration in 2022. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2022, 6% of participants reported distributive sharing of needles/syringes, the lowest per cent since monitoring began (11% in 2021; $p = 0.304$) and small numbers ($n \leq 5$) reported receptive sharing ($n \leq 5$ in 2021; $p = 0.212$) in the month preceding interview (Figure 35).

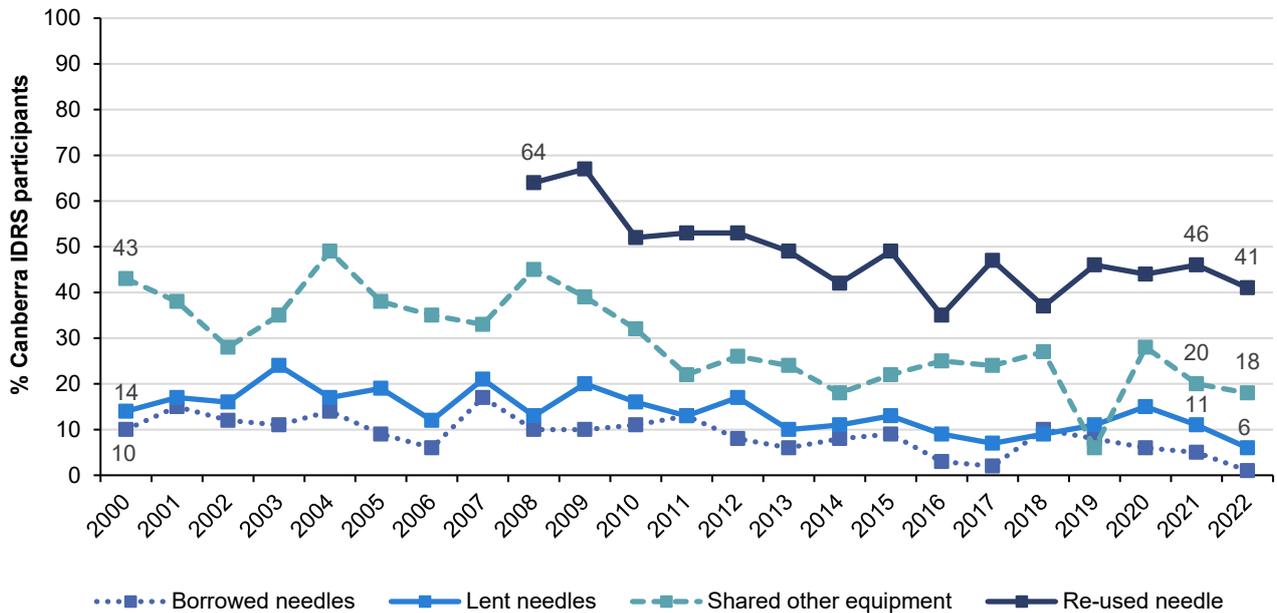
The per cent of the sample who reported sharing other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month fluctuated between 2000-2011, with the percentage stabilising from about 2011 onwards (notwithstanding a sharp drop in 2019). In 2022, nearly one-fifth of participants (18%) reported sharing other injecting equipment, stable from 2021 (20%; $p = 0.845$) (Figure 35).

The per cent of the sample who reported re-using their own needles in the past month has declined from 64% in 2008 to 41% in 2022 (46% in 2021; $p = 0.555$) (Figure 35).

One-fifth of the sample (19%; 27% in 2021; $p = 0.224$) reported that they had injected someone else after injecting themselves, and one in ten participants (9%; 17% in 2021; $p = 0.133$) were injected by someone else who had previously injected in the past month (Table 5).

Location of last injection remained stable between 2021 and 2022 ($p = 0.971$). Consistent with previous years, most participants (86%; 89% in 2021) reported that they had last injected in a private home (Table 5).

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, Canberra, ACT, 2000-2022



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Canberra, ACT, 2015-2022

	Canberra, ACT								National
	2015 N=98	2016 N=97	2017 N=98	2018 N=100	2019 N=100	2020 N=100	2021 N=100	2022 N=99	2022 N=879
% Injecting behaviours past month									
Borrowed a needle	9	-	-	10	8	6	-	-	N=868 4
Lent a needle	13	9	7	9	11	15	11	6	N=865 8
Shared any injecting equipment [^]	22	25	24	27	6	28	20	18	N=872 20
Re-used own needle	49	35	47	37	46	44	46	41	N=865 35
Injected partner/friend after injecting self[~]	/	33	31	26	33	30	27	19	N=866 27
Somebody else injected them after injecting themselves[~]	/	10	9	14	21	19	17	9	N=865 15
% Location of last injection									N=868
Private home	85	83	85	91	82	91	89	86	78
Car	0	-	6	-	-	7	-	-	5
Street/car park/beach	-	6	-	-	-	0	-	-	6
Public toilet	-	6	-	-	10	-	-	7	5
Other	-	-	0	0	0	0	-	-	5

Note. [^] Includes spoons, water, tourniquets and filters; excludes needles/syringes. [~] With a new or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Not asked. N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Self-Reported Injection-Related Injuries and Diseases

In 2022, nearly one-third (30%) of the sample reported having an injection-related injury and/or disease in the month preceding interview (18% in 2021; $p=0.076$) (Table 6). The most common injection-related injuries and diseases reported by participants was skin abscess or cellulitis (15%), a significant increase relative to 2021 ($n\leq 5$; $p=0.014$), followed by a dirty hit (11%), also a significant increase relative to 2021 ($n\leq 5$; $p=0.049$).

Table 6: Injection-related issues in the past month, Canberra, ACT, 2020-2022

	2020 (N=100)	2021 (N=99)	2022 (N=101)
% Artery injection	-	8	-
% Any nerve damage	9	-	9
% Any thrombosis	-	-	7
Blood clot near the surface of skin	-	-	-
Blood clot in the deep veins	0	-	-
% Any infection/ abscess	8	-	18**
Skin abscess or cellulitis	-	-	15**
Endocarditis	-	0	-
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	0	7*
% Dirty hit	6	-	11*
% Any injection-related problem	24	18	30

Note. - Values suppressed due to small cell size ($n\leq 5$ but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Drug Treatment

Around half of participants have reported being in any drug treatment historically (apart from a spike in 2020). Indeed, in 2022, 57% of the sample reported being in any drug treatment (52% in 2021; $p=0.469$), most commonly methadone (43%; 36% in 2021; $p=0.391$) (Table 7).

Table 7: Any current drug treatment, nationally, 2022, and Canberra, ACT, 2015-2022

	Canberra, ACT								National
	2015 N=100	2016 N=100	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=100	2022 N=101	2022 N=879
% Any drug treatment	53	46	47	42	49	71	52	57	38
Methadone	38	36	39	28	30	52	36	43	24
Buprenorphine	-	-	-	-	0	-	-	-	2
Buprenorphine-naloxone	6	6	7	10	-	9	8	-	5
Buprenorphine depot injection	/	/	/	/	0	-	-	-	3
Drug counselling	-	-	0	-	8	13	6	15	9
Other	0	0	0	0	12	-	-	10	3

Note. - Values suppressed due to small cell size ($n\leq 5$ but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Bloodborne Virus Testing and Treatment

In 2022, significantly fewer participants reported that they had received a Hepatitis C virus (HCV) antibody (41%) or RNA or PCR (27%;) test in the past year, relative to 2021 (64%; $p=0.003$ and 52%; $p=0.001$, respectively). In 2022, one in ten participants (9%) reported having a current HCV infection (10% in 2021; $p=0.803$) (Table 8). Fourteen per cent of the sample reported that they had received HCV treatment in the past year (20% in 2021; $p=0.350$), of which half (50%; $n=7$) reported that their treatment had been successful (55% in 2021).

The majority (75%) reported having ever had a test for human immunodeficiency virus (HIV) (21% within the past six months and 54% more than 6 months ago). No participants reported ever being diagnosed with HIV (Table 8).

Table 8: HCV testing and treatment, nationally, 2022, and Canberra, ACT, 2020-2022

%	Canberra, ACT			National 2022 N=879
	2020 N=100	2021 N=100	2022 N=101	
Past year Hepatitis C test (n)				
Past year hepatitis C antibody test	N=100 24	N=99 64	N=98 41**	N=846 43
Past year hepatitis C PCR or RNA test	N=96 41	N=96 52	N=92 27**	N=803 37
Current hepatitis C status (n)				
Currently have hepatitis C [^]	N=98 14	N=96 10	N=94 9	N=805 7
Past year treatment for hepatitis C (n)				
Received treatment in past year	N=98 6	N=99 20	N=97 14	N=835 10
Most recent treatment was successful (among those who had received treatment in past year)	N=6 -	N=20 55	N=14 50	N=85 69
HIV test (n)				
HIV test in past 6 months	/	44	21	23
HIV test more than 6 months ago	/	42	54	55
HIV status (n)				
Lifetime HIV positive diagnosis	/	-	0	3

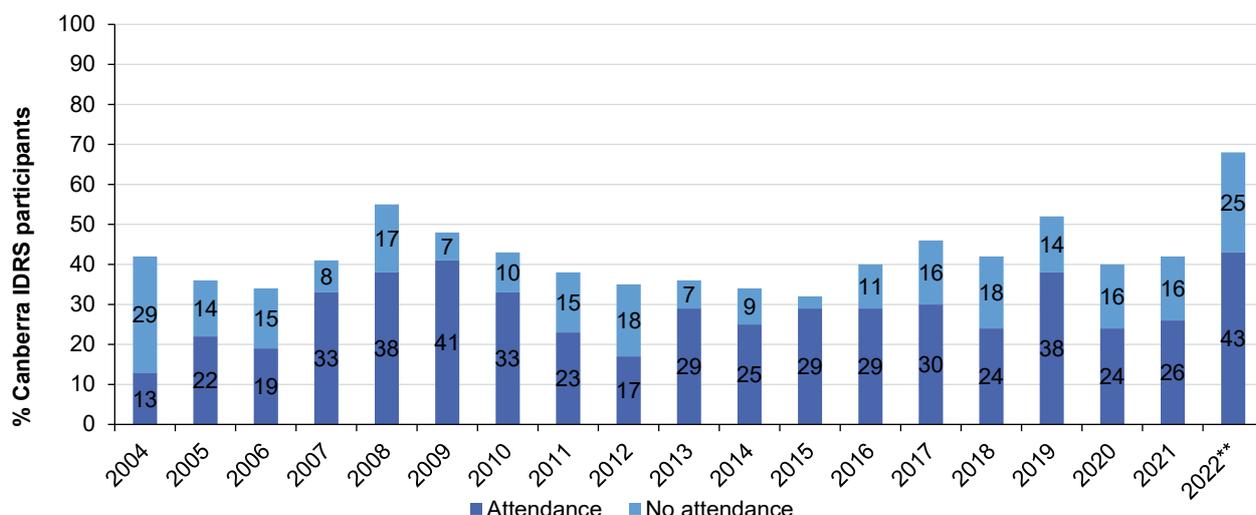
Note. [^]The denominator includes people who had not been tested for HCV. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Mental Health

Two-thirds (68%) of participants self-reported that they had experienced a mental health problem in the preceding six months, a significant increase relative to 2021 (42% in 2021; $p=0.002$) (Figure 36). Amongst this group in 2022, the most commonly reported problems were depression (75%; 63% in 2021; $p=0.002$), anxiety (51%; 46% in 2021; $p=0.020$) and post-traumatic stress disorder (PTSD) (35%; 24% in 2021; $p=0.015$). Two-fifths of the total sample (43%; 64% of those who reported a mental health problem) had seen a mental health professional during the past six months (Figure 36).

The majority (86%; 43% of the total sample) of those who reported a mental health problem and attended a health professional had been prescribed medication for their mental health problem in the preceding six months (88% in 2021).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, Canberra, ACT, 2004-2022

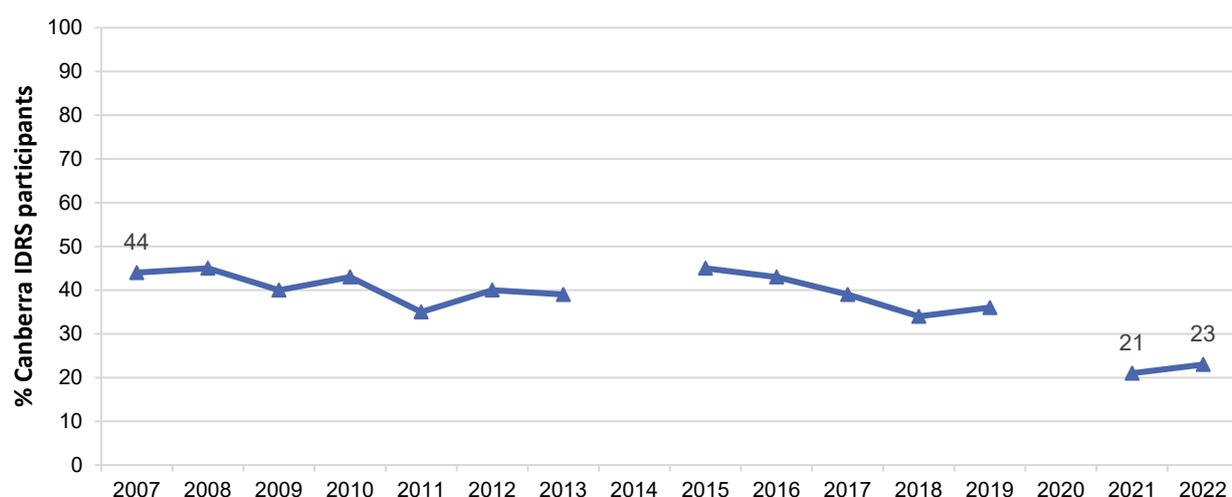


Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Driving

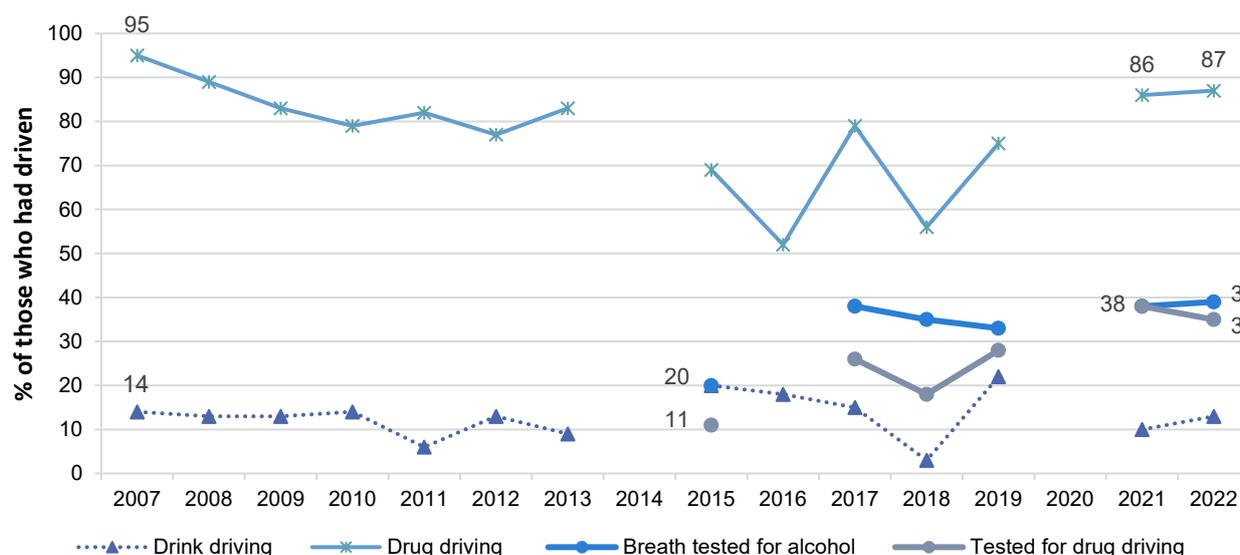
Of the whole sample, nearly one-quarter (23%) had driven a car, motorcycle or other vehicle in the six months preceding interview (Figure 37). Of those who had driven in the past six months ($n=23$) few participants reported driving while over the perceived legal limit of alcohol ($n \leq 5$; $n \leq 5$ in 2021; $p=0.052$), whereas 87% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (86% in 2021) (Figure 38). Among those who had driven in the last six months ($n=23$), one-third (35%) reported that they had been tested for drug driving by the police roadside drug testing service, and 39% reported being breath tested for alcohol by the police roadside testing service in the past six months (Figure 38).

Figure 37: Self-reported driving in the past six months, Canberra, ACT, 2007-2022



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 38: Self-reported testing and driving over the (perceived) legal limit for alcohol and within three hours following illicit drug use in the last six months, among recent drivers, Canberra, ACT, 2007-2022



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. Data labels are only provided for the first (2007/2015) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Drug Checking

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

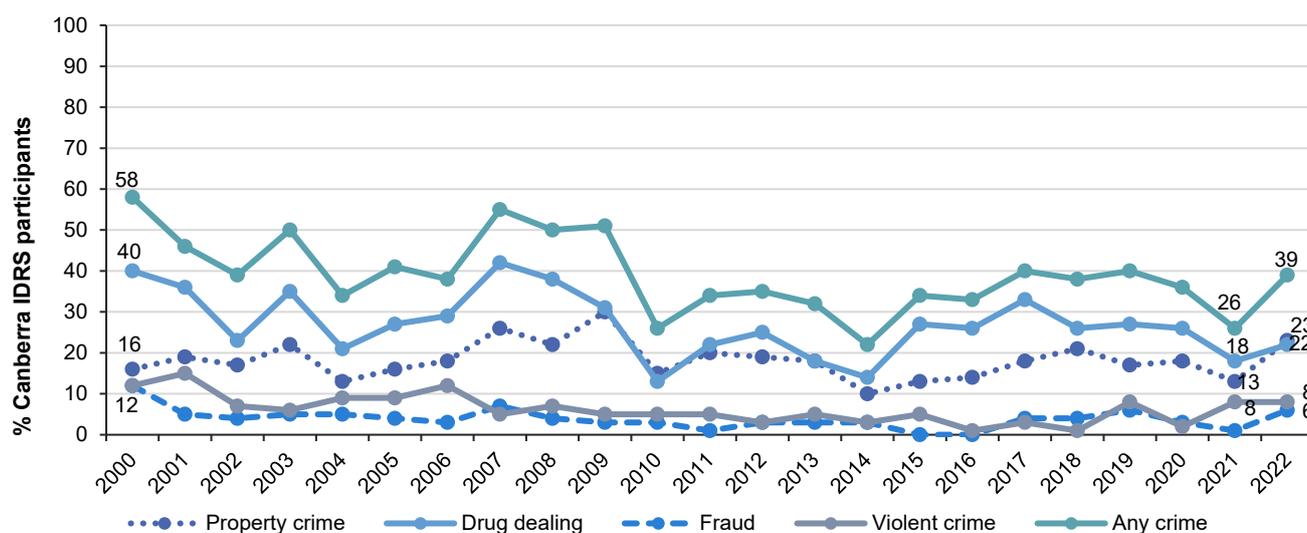
In 2022, 35% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (19% in the past year). Of those who reported testing their illicit drugs in the past year ($n=19$), the majority (93%) reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips). Of those who had used testing strips ($n=14$), 46% reported receiving a positive detection for fentanyl.

Experience of Crime and Engagement with the Criminal Justice System

The per cent reporting any past month criminal activity has fluctuated between 22% (2014) and 58% (2000) in the Canberra sample (Figure 39). In 2022, two-fifths (39%) reported past month criminal activity (26% in 2021; $p=0.086$). Property crime (23%; 13% in 2021; $p=0.094$) and selling drugs for cash profit (22%; 18% in 2021; $p=0.607$) remained the most common crimes reported in the month preceding interview in 2022. Past month self-reported fraud and violent crime has remained low throughout monitoring (Figure 39). One-fifth (21%) reported being the victim of a crime involving violence (e.g., assault) in the past month, stable from 2021 (16%; $p=0.573$).

Fifty-seven per cent of the sample reported a lifetime prison history in 2022, stable from 2021 (61%; $p=0.566$). In 2022, 16% of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021). Fifteen per cent of the sample reported being arrested in the preceding 12 months, a significant decrease relative to 2021 (28%; $p=0.038$).

Figure 39: Self-reported criminal activity in the past month, Canberra, ACT, 2000-2022



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

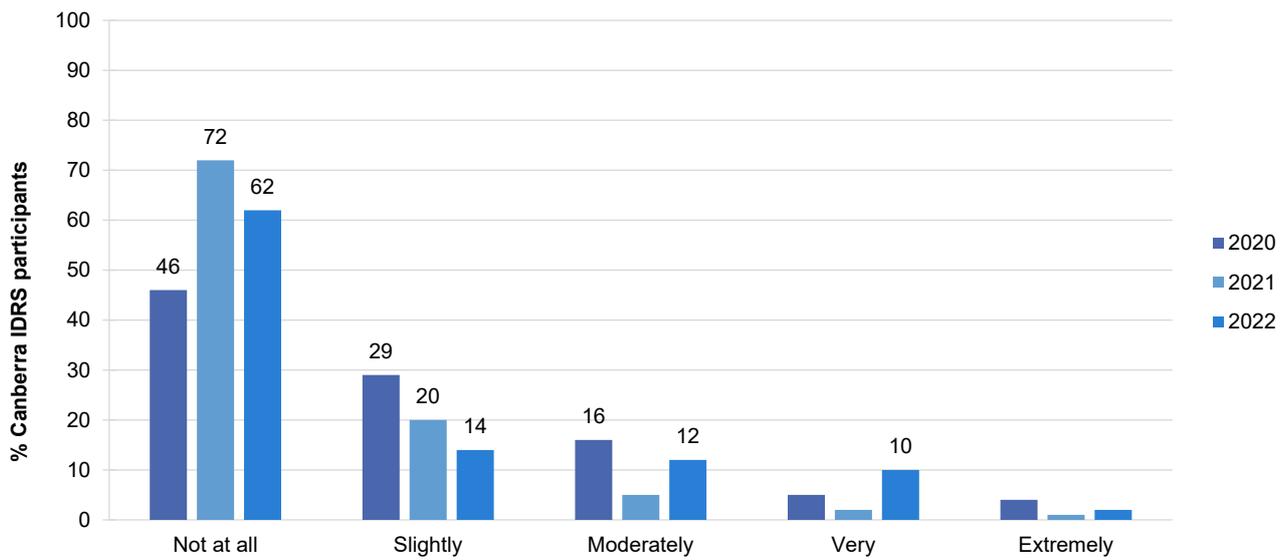
COVID-19 Testing and Diagnosis

In 2022, the majority (87%) of the Canberra sample had been tested for SARS-COV-2 by the time of interview (35% in 2021; 21% in 2020), of whom 67% had received a PCR test and 55% a Rapid Antigen Test. One-quarter (25%) of participants reported having been diagnosed with the virus (no participants had been diagnosed with the virus in 2021 and 2020, respectively).

In 2022, half (50%) of participants reported quarantining for at least seven days due to a positive test or possible exposure in the past 12 months, with small numbers ($n \leq 5$) quarantining in the month prior to interview and 31% in the six months prior to interview. At the time of interview, 85% reported that they had received at least one COVID-19 vaccine dose (median 3 doses; small numbers ($n \leq 5$) reported having received one dose, 24% received two doses; 59% received three or more doses).

When asked how worried they currently were about contracting COVID-19, 38% reported some level of concern: 14% responded that they were 'slightly' concerned, 12% reported 'moderately', 10% reported 'very' and few participants reported that they would be 'extremely' concerned ($n \leq 5$) (Figure 40). Furthermore, two-thirds (65%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 9% reporting that they would be 'slightly' concerned, 19% reporting 'moderately', 28% reporting 'very' and 9% reporting that they would be 'extremely' concerned.

Figure 40: Current concern related to contracting COVID-19, Canberra, ACT, 2020-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., $n \leq 5$ but not 0). Statistical significance for 2021 versus 2022 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.