IDRS

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2023

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

AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2023: 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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Acknowledgements

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Udesha Chandrasena, 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 and Professor Paul Dietze, Burnet, Victoria;
- Sophie Radke, Lauren Stafford and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
- Dr Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute and EnAble Institute, Curtin University, Western Australia; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

We would like to thank past and present members of the research team.

Participants

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

Contributors

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
Alpha PVP	α-Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
K10	Kessler Psychological Distress Scale
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
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
SDS	Severity of Dependence Scale
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, 2023. Interviews between 2020 and 2022 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews in 2023 and prior to 2020 were conducted face-to-face. 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 2023 was relatively consistent in sociodemographic profile to samples recruited in previous years. The 2023 sample had a median age of 46 years, stable from 2022 (45 years) and predominantly identified as male (66%; 70% in 2022). The majority (85%) 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 2023 compared to 2022, with 50% nominating heroin as their drug of choice (49% in 2022) and 40% nominating methamphetamine (42% in 2022). The drug injected most often in the last month also remained stable, with half (52%) of the Canberra sample nominating heroin as the drug injected most often in the past month (44% in 2022). In 2023, weekly or more frequent use of heroin and cannabis remained stable relative to 2022, while powder methamphetamine significantly increased from no participants reporting weekly or more use in 2022 to 7% in 2023 (p=0.014).

Heroin

Recent (i.e., past six month) use of any heroin was reported by 81% of the 2023 sample, a significant increase from 66% in 2022 (p=0.022), albeit within the range observed in prior years. Frequency of use was reported at a median of 101 days, stable relative to 2022 (90 days). Weekly or more frequent use among those who had recently used heroin also remained stable relative to 2022 (79% versus 80%). The median 'typical' amount of heroin used per day was 0.20 grams. In 2023, there was a significant change in the perceived availability of heroin relative to 2022 (p=0.039). Mainly, there was an increase in participants that perceived heroin to be 'very easy' to obtain (67% versus 51%, respectively).

Methamphetamine

Recent use of any methamphetamine has remained relatively common over time, with 75% of participants reporting recent use in 2023 (81% in 2022). This mostly comprised use of methamphetamine crystal (74%; 81% in 2022). In 2023, significantly more participants reported use of powder and base methamphetamine (10%, respectively), relative to 2022 (n≤5; p=0.010, respectively). Participants reported using any methamphetamine on a median of 49 days in 2023 (among those that reported recent use; 48 days in 2022). The median price for one point (0.10 grams) of crystal methamphetamine was reported at $50 in both

2022 and 2023. There were no significant changes in the perceived purity or availability of crystal methamphetamine in 2023 relative to 2022.

Cocaine

Historically, recent use of cocaine has typically been reported by one in five or fewer participants in the Canberra sample. In 2023, 12% of the sample reported using cocaine (17% in 2022) on a median of three days in the past six months. Snorting was the most common route 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 commenced (75% in 2023; 77% in 2022). The median frequency of use was 180 days in both 2022 and 2023. Nearly three fifths (58%) of participants who had recently used non-prescribed cannabis and/or cannabinoid-related products reported daily use (54% in 2022). The price for a gram of hydroponic or bush cannabis remained stable at $20, respectively. The perceived potency of hydroponic cannabis significantly changed in 2023 relative to 2022 (p=0.033). Fewer participants perceived the potency to be 'high' (44% versus 65% in 2022) and was the lowest per cent since monitoring commenced. The perceived potency for bush cannabis remained stable, as did the perceived availability for both hydroponic and bush cannabis.

Pharmaceutical Opioids

Non-prescribed use of pharmaceutical opioids has declined over the course of monitoring. In 2023, methadone and oxycodone were the most commonly used non-prescribed opioids in 2023 among the IDRS sample (10%, respectively), followed by fentanyl (7%) and morphine (6%).

Other Drugs

Recent use of new psychoactive substances (NPS) was reported by one in ten participants (12%) in 2023, with most using 'new' drugs that mimic the effects of psychedelic drugs (7%; n≤5 in 2022). In 2023, recent use of non-prescribed pharmaceutical drugs (other than opioids) remained stable. In 2023, 11% reported past six month use of GHB/GBL/1,4-BD (7% in 2022). Despite recent tobacco use being relatively common since monitoring began, it reached its lowest per cent since monitoring commenced in 2023 (84%; 88% in 2022). In contrast, the highest per cent reported recent use of non-prescribed e-cigarettes in 2023 (36%; 23% in 2022) with 17% reporting daily use (30% in 2022). Two thirds (64%) of those who had used e-cigarettes reported use as a smoking cessation tool (79% in 2022). Recent use of alcohol was reported by 57% of participants on a median of 24 days, stable relative to 2022 62% on a median of 24 days in 2022).

Drug-Related Harms and Other Behaviours

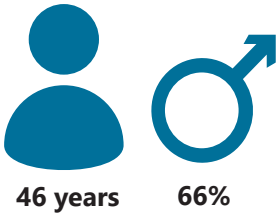
- In 2023, nearly two thirds (63%) of the sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.
- Almost one fifth (17%) of the sample reported overdosing on any drug in the preceding year (18% in 2022), most commonly following heroin use (10%).
- In 2023, nearly all participants reported to be aware of naloxone (98%; 92% in 2022) and being aware of take-home naloxone (97%; 78% in 2022; p<0.001), the highest percentages since monitoring commenced.

- In 2023, there was a significant increase in participants having accessed naloxone in their lifetime and also in the past year (82% and 68%, respectively) compared to 2022 (57%; $p<0.001$ and 52%; $p=0.034$, respectively). In addition, 76% of participants had participated in naloxone training programs in their lifetime, also a significant increase relative to 2022 (56%; $p=0.005$).
- Few ($n\leq5$) participants reported distributive and receptive sharing of a needle or syringe in the past month.
- In 2023, 26% of the sample reported re-using their own needles in the past month, a significant decrease from 41% in 2022 ($p=0.039$), and the lowest per cent since monitoring commenced.
- Three in ten participants (28%) reported any past month injection-related health problems in 2023, stable from 2022 (30%).
- Half (51%) of the sample were currently in any drug treatment (57% in 2022), most commonly methadone (37%; 43% in 2022).
- Seventy-one per cent scored five or above on the opioid Severity of Dependence (SDS) scale (58% in 2022) and 48% scored four or above on the methamphetamine SDS scale (42% in 2022), both indicating possible dependence.
- In 2023, half (51%) of the sample received a Hepatitis C virus (HCV) antibody test (41% in 2022) and three in ten (31%) received an RNA/ PCR test (27% in 2022) in the year preceding interview.
- There was a significant increase in participants who reported a past six month HIV test in 2023 (42%) relative to 2022 (21%; $p=0.001$).
- Almost two thirds (64%) of the sample reported experiencing a mental health condition in the past six months (68% in 2022), most commonly depression (63%) and anxiety (50%).
- In 2023, one in three (29%) participants obtained a score of 30 or more on the K10 scale, indicating high psychological distress (31% in 2022).
- The majority of participants (90%) had accessed a health service for alcohol and/or drug support in 2023 (90% in 2022).
- Significantly fewer participants reported experiencing stigma in specialist alcohol or drug services in 2023 relative to 2022 (17% versus 33%; $p=0.015$).
- The majority (88%) of the sample had been tested for SARS-CoV-2 in the past 12 months (87% in 2022), with 18% of participants reporting a positive test for COVID-19 in the past 12 months.
- The large majority (91%) reported they had received at least one COVID-19 vaccine dose (85% in 2022).
- Seventy-three 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 2022 (87%).
- In 2023, one quarter (24%) of participants reported that they or someone else had tested the content and/or purity of their illicit drug(s) in Australia in the past year (19% in 2022).
- One in three (29%) participants reported past month criminal activity (39% in 2022), with selling drugs for cash profit (18%) remaining as the most common crime. Property crime significantly decreased from 24% in 2022 to 9% in 2023 ($p=0.012$).
- In 2023, 59% of the sample reported a lifetime prison history (57% in 2022), and 21% reported being arrested in the past 12 months (15% in 2022).
- One in three (31%) participants reported a drug-related encounter in the last 12 months which did not result in charge or arrest (16% in 2022; $p=0.021$).
- Significantly fewer participants reported having been the victim of a crime involving violence in 2023 in the past month relative to 2022 (9% versus 21%; $p=0.045$).

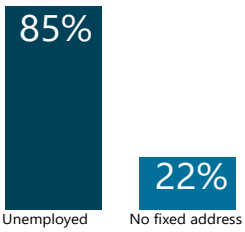
IDRS Illicit Drug Reporting System

2023 SAMPLE CHARACTERISTICS

In 2023, 101 participants, recruited from Canberra, ACT were interviewed.



The median age in 2023 was 46, and 66% identified as male.

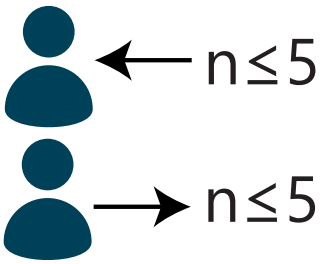


In the 2023 sample, 85% were unemployed and 22% had no fixed address.

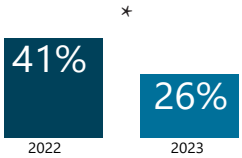
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

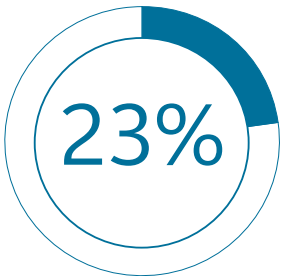
INJECTING RELATED RISKS AND HARMS



In 2023, few (n≤5) participants reported distributive and receptive sharing in the past month.



26% of participants reported re-using their own needles in the past month, a significant decrease relative to 2022 (41%).

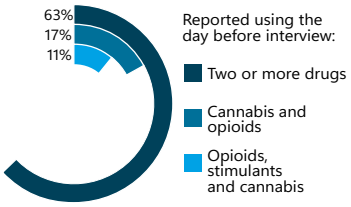


23% of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (19%).

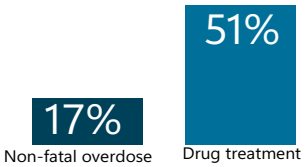
28% of participants reported having an injection-related health issue in the past month, stable from 2022 (30%).

*p<0.050; **p<0.010; ***p<0.001

OTHER HARMS AND HELP-SEEKING

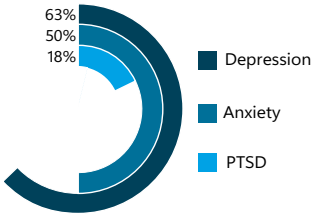


The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and opioids, stimulants and cannabis.



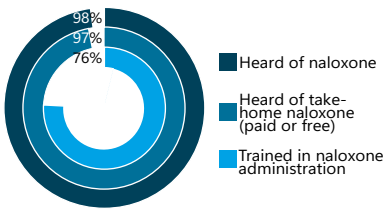
Past year non-fatal overdose (17%) and current drug treatment (51%) remained stable in 2023 relative to 2022.

In 2023, two thirds (64%) of participants reported a mental health problem in the 6 months preceding interview, and one third (34%) 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, HARM REDUCTION AND STIGMA



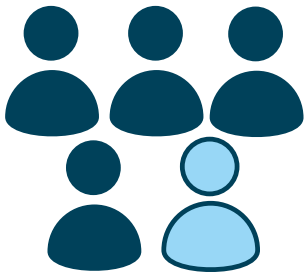
Knowledge of naloxone remained high and stable, with an increase in participants reporting knowledge of take-home naloxone and participation in naloxone training programs.

Among those who were aware of naloxone, half (50%) reported ever using naloxone to resuscitate someone who had overdosed, with one third (33%) having done so in the past year.

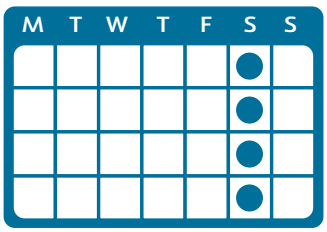
63% of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

In 2023, one quarter (24%) 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 was reported by 81% of the 2023 sample, a signficant increase from 66% in 2022.

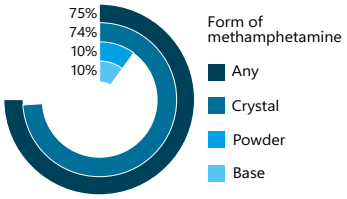


Of those who had recently consumed heroin, 79% reported weekly or more frequent use, stable from 2022 (80%).

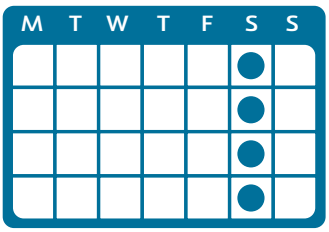
The median reported price for a point of heroin was $80 in 2023, stable compared to $80 in 2022.

Of those who could comment, 98% perceived heroin to be 'easy' or 'very easy' to obtain, a significant increase from 2022 (91%).

METHAMPHETAMINE

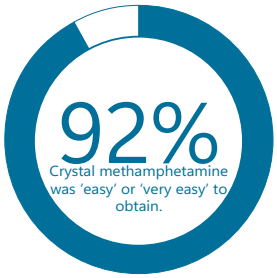


Past 6 month use of powder and base significantly increased in 2023, relative to 2022.



Of those who had recently used any form of methamphetamine, 71% reported weekly or more frequent use, stable from 2022 (70%).

In 2023, the median reported price for a point of crystal methamphetamine was $50 ($50 in 2022).



Of those who could comment, 92% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2023 (93% in 2022).

OTHER DRUGS

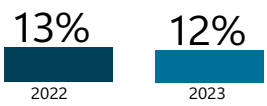
Non-prescribed morphine

Past 6 month use of non-prescribed morphine remained stable between 2022 and 2023.

Non-prescribed fentanyl

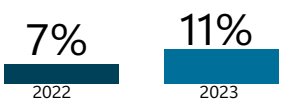
Past 6 month use of non-prescribed fentanyl remained stable between 2022 and 2023.

Non-prescribed pregabalin



Past 6 month use of non-prescribed pregabalin remained stable between 2022 and 2023.

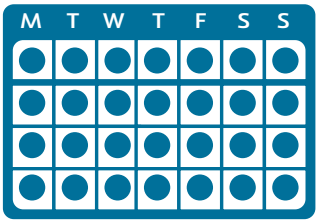
GHB/GBL/1,4-BD



Past 6 month use of GHB/GBL/1,4-BD remained stable between 2022 and 2023.

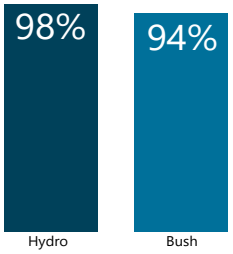
CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS

Past 6 month use of non-prescribed cannabis and/or cannabinoid-related products remained stable in 2023 (75%) relative to 2022 (77%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid-related products, 58% reported daily use, stable from 2022 (54%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid-related products in the last 6 months, all (100%) had smoked it.



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain, stable from 2022.

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 2020-2023: 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.

These changes were carried through between 2021 and 2023. A hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, 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.

2023 IDRS Sample

A total of 820 participants were recruited across capital cities nationally (June-July 2023), with 101 participants interviewed in Canberra, ACT, between 19 June-23 June, 2023. All (100%) participants in Canberra completed the survey face-to-face. Of the Canberra sample, 24% reported participating in the 2022 survey (in 2022, 33% of participants reported participation in the 2021 survey; p=0.208).

In 2023, the recruitment methods remained stable relative to 2022 (p=0.403), with half of participants being recruited via a NSP (52%; 41% in 2022), followed by two fifths being recruited via word-of-mouth (43%; 50% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023, 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 2020-2023, must be taken into consideration when comparing 2020-2023 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 median age of the 2023 Canberra sample was 46 years (IQR=37-52), stable relative to 2022 (45 years; IQR=38-52; p=0.781). Gender also remained stable (p=0.540), with two thirds identifying as male (66%; 70% in 2022) (Table 1). Three fifths (60%) reported having completed a post-school qualification(s) (60% in 2022). There was no change in current employment status in 2023 relative to 2022 (p=0.746), with the majority reporting being unemployed at the time of interview (85%; 89% in 2022) (Table 1). Most participants reported receiving a government pension, allowance or benefit in the past month (92%; 92% in 2022). The median weekly income in 2023 was $400 (IQR=310-550), stable relative to 2022 ($388; IQR=300-498; p=0.142) (Table 1). In 2023, there was no significant change in participants' current accommodation (p=0.511), with most reporting living in a private house/flat (65%; 71% in 2022), followed by one fifth reporting 'no fixed address' (22%; 18% in 2022).

In 2023, drug of choice remained stable relative to 2022 (p=0.834), with half (50%) of participants nominating heroin (49% in 2022) as their drug of choice, followed by two fifths (40%) nominating methamphetamine (42% in 2022) (Figure 1). The drug injected most often in the past month also remained stable in 2023 relative to 2022 (p=0.263), with heroin reported as the drug injected most often by half of the sample (52%; 44% in 2022), closely followed by methamphetamine (46%; 49% in 2022) (Figure 2).

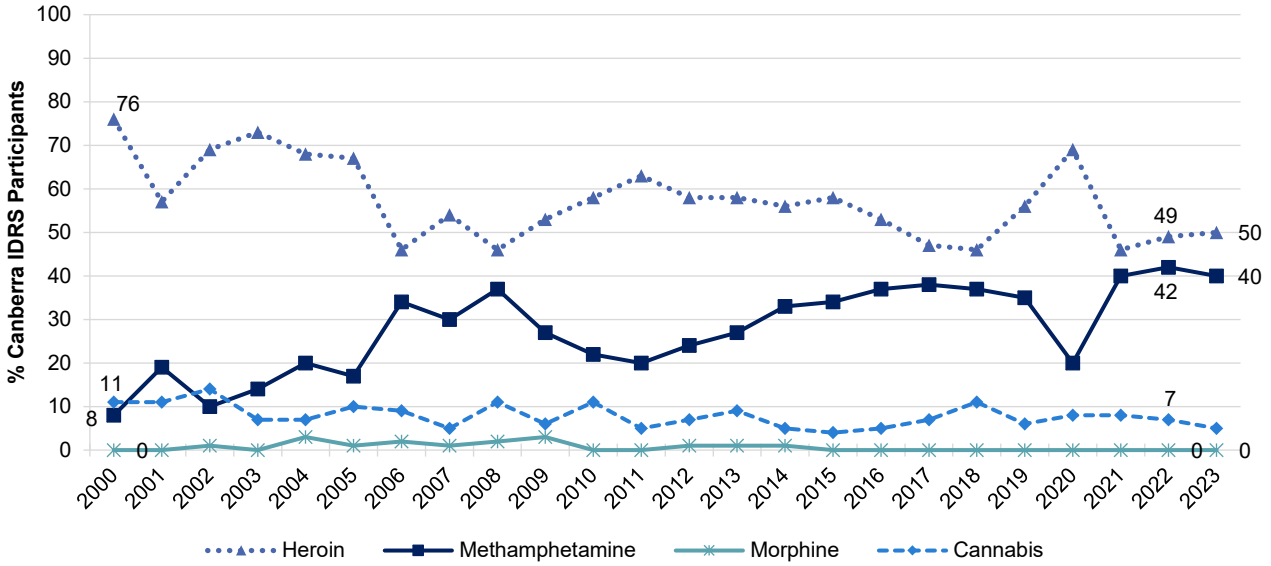
Weekly or more frequent consumption of heroin among the total sample remained stable in 2023 relative to 2022 (64%; 53% in 2022; p=0.146), as did weekly or more frequent consumption of crystal methamphetamine (51%; 57% in 2022; p=0.473) and weekly or more frequent consumption of cannabis (57%; 69% in 2022; p=0.113). In 2023, 7% of the sample reported weekly or more frequent use of powder methamphetamine, a significant increase compared to no participants reporting such use in 2022 (p=0.014) (Figure 3).

Table 1: Demographic characteristics of the sample, nationally, 2023, and Canberra, ACT, 2016-2023

		Canberra, ACT							National
	2016	2017	2018	2019	2020	2021	2022	2023	2023
	(N=100)	(N=100)	(N=100)	(N=100)	(N=100)	(N=100)	(N=101)	(N=101)	(N=820)
Median age (years; IQR)	44 (39-50)	43 (38-49)	41 35-47)	46 (39-49)	44 (39-50)	44 (39-50)	45 (38-52)	**46 (37-52)**	46 (40-52)
% Gender									
Female	27	28	31	26	45	30	30	**34**	31
Male	73	72	68	74	55	70	70	**66**	68
Non-binary	0	0	-	0	0	0	0	**0**	-
% Aboriginal and/or Torres Strait Islander	24	19	21	24	18	19	24	**17**	26
% Sexual identity									
Heterosexual	92	89	89	89	79	88	86	**87**	85
Homosexual	-	-	-	-	-	-	0	**-**	4
Bisexual	-	8	6	7	14	8	10	**10**	10
Queer	/	/	/	0	0	-	-	**0**	0
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 (5-12)**	10 (0-12)
% Post-school qualification(s)^	63	54	48	54	67	57	60	**60**	61
% Current accommodation									
Own home *(inc. renting)~*	79	85	85	78	83	75	71	**65**	65
Parents'/family home	0	-	-	-	-	-	-	**7**	6
Boarding house/hostel	-	-	-	0	-	-	-	**-**	5
Shelter/refuge	-	-	-	-	-	-	-	**-**	3
No fixed address	8	9	7	9	9	14	18	**22**	19
Other	-	0	0	0	-	-	-	**0**	1
% Current employment status									
Unemployed	85	83	85	90	85	88	89	**85**	86
Full-time work	-	-	-	-	-	-	-	**-**	3
% Past month gov't pension, allowance or benefit	93	95	93	98	96	98	92	**92**	93
Current median income/week ($; IQR)	300 (250-400)	360 (260-440)	403 (260-450)	350 (275-440)	471 (400-550)	375 (295-450)	388 (300-498)	**400 (310-550)**	400 (335-500)

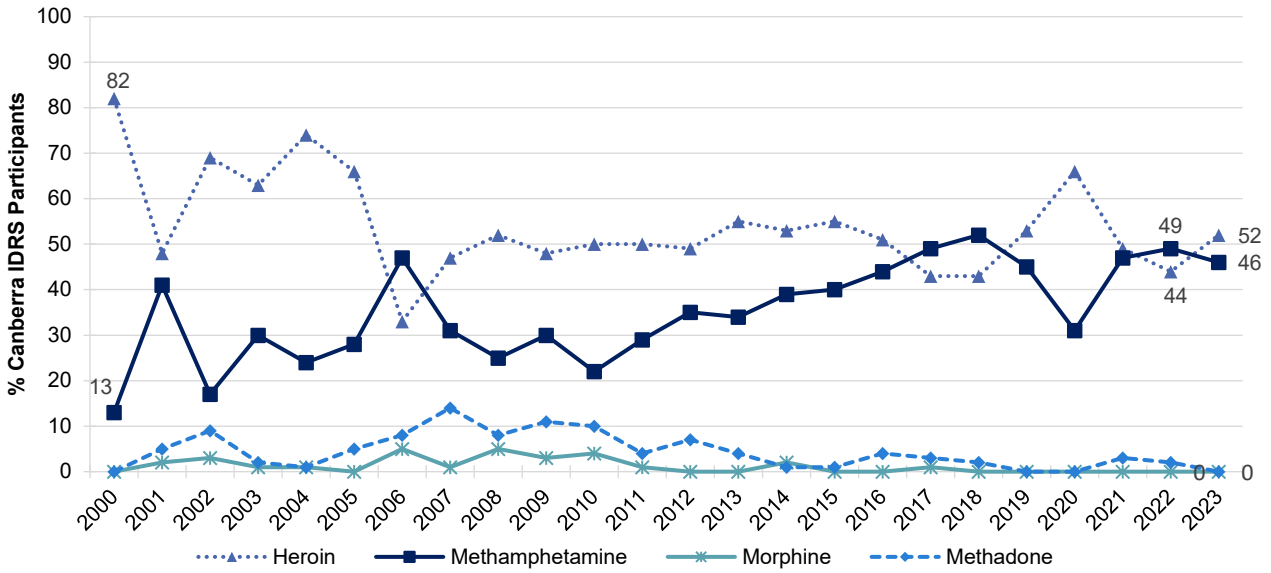
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the Canberra sample presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 1: Drug of choice, Canberra, ACT, 2000-2023



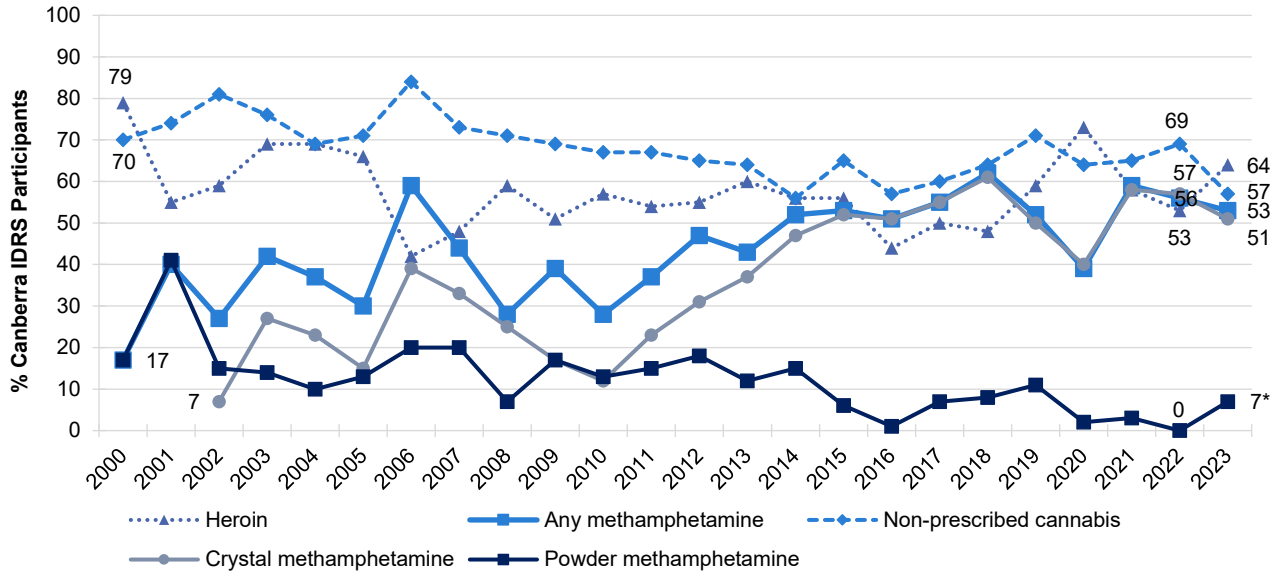
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 41%, 45%, 2%, and 6% of the national sample reported heroin, methamphetamine, morphine, and cannabis, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Canberra, ACT, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 37%, 56%, 3%, 1% 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, 2000-2023



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 (2022 and 2023) 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. 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, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. In 2023, 61%, 56%, 42%, 60%, and 5% 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. In 2023, four fifths (81%) of the Canberra sample reported recent use, a significant increase relative to 2022 (66%; p=0.022), although within the range observed in prior years (Figure 4).

Frequency of Use

Frequency of use has also fluctuated over the years. In 2023, the median frequency of use among participants who reported recent use was 101 median days (IQR=24-180; n=81), stable relative to 90 days in 2022 (IQR=24-180; n=65; p=0.344) (Figure 4). Four fifths (79%) of participants who reported recent heroin use reported weekly or more frequent use (80% in 2022), and two fifths (42%) reported daily use, also stable relative to 2022 (35%; p=0.499).

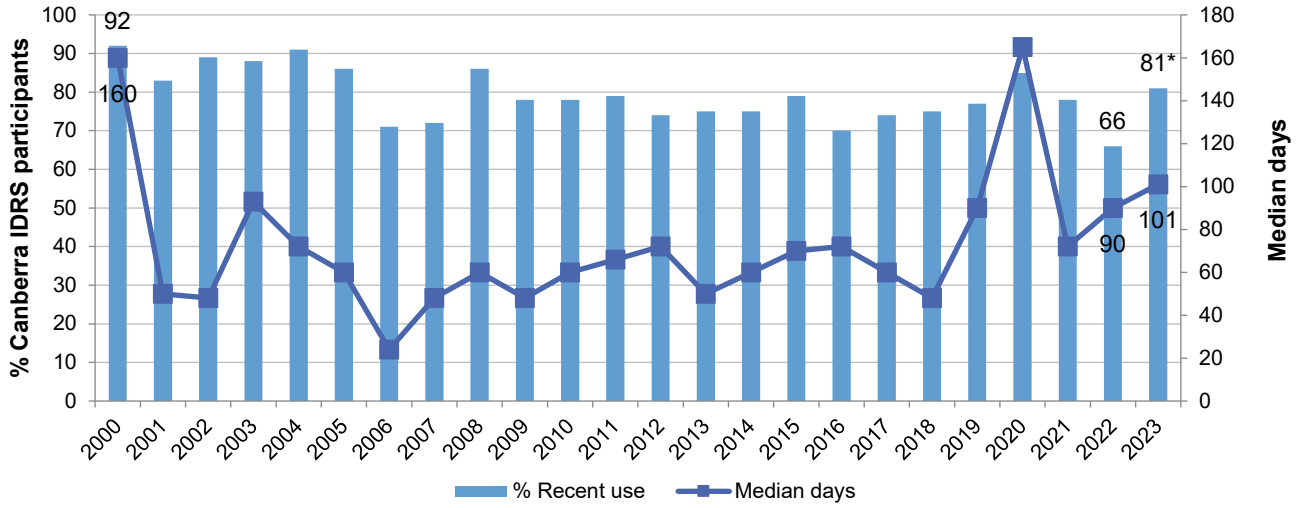
Routes of Administration

Consistent with previous years, nearly all participants who consumed heroin reported injection as the primary route of administration in the past six months in 2023 (99%; 100% in 2022), with smaller numbers reporting smoking (10%; n≤5 in 2022; p=0.347). Participants who reported injecting heroin had done so on a median of 100 days (IQR=24-180), remaining stable from 2022 (80 days; IQR=24-180; p=0.347).

Quantity

The median amount of heroin used on a 'typical' day was 0.20 grams (IQR=0.10-0.30; n=76; 0.20 grams in 2022; IQR=0.10-0.30; n=65; p=0.441) and the median maximum amount used on a day was 0.40 grams (IQR=0.20-0.90; n=78; 0.30 grams in 2022; IQR=0.10-0.50; n=64; p=0.202).

Figure 4: Past six month use and frequency of use of heroin, Canberra, ACT, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 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 and $50 for a cap amongst the Canberra sample (Figure 5). In 2023, few (n≤5) participants reported on the price for one gram and one cap of heroin; these data are therefore not presented in text. The median price for one point of heroin was $80 (IQR=50-80; n=41), stable relative to 2022 ($80; IQR=80-80; n=36; p=0.097) (Figure 5).

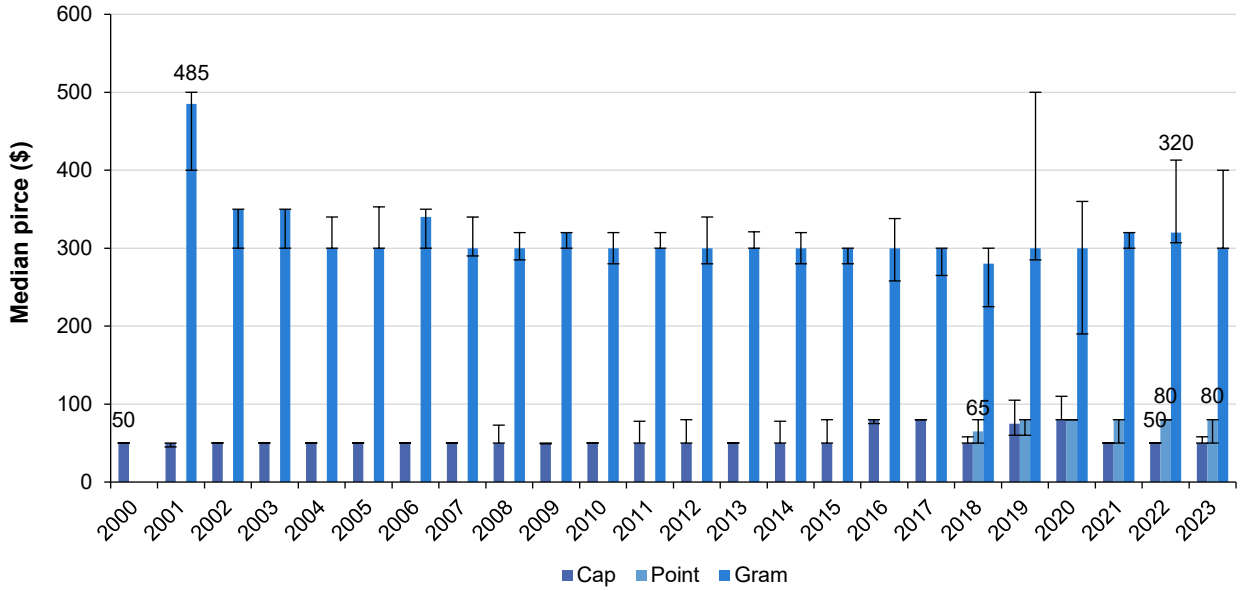
Perceived Purity

The perceived purity of heroin remained stable between 2022 and 2023 (p=0.925). Of those who were able to comment in 2023 (n=71), nearly two fifths (38%) perceived the current purity of heroin as 'medium' (38% in 2022), followed by one third (32%) reporting 'low' purity (29% in 2022) and one quarter (23%) reporting 'high' purity (27% in 2022) (Figure 6).

Perceived Availability

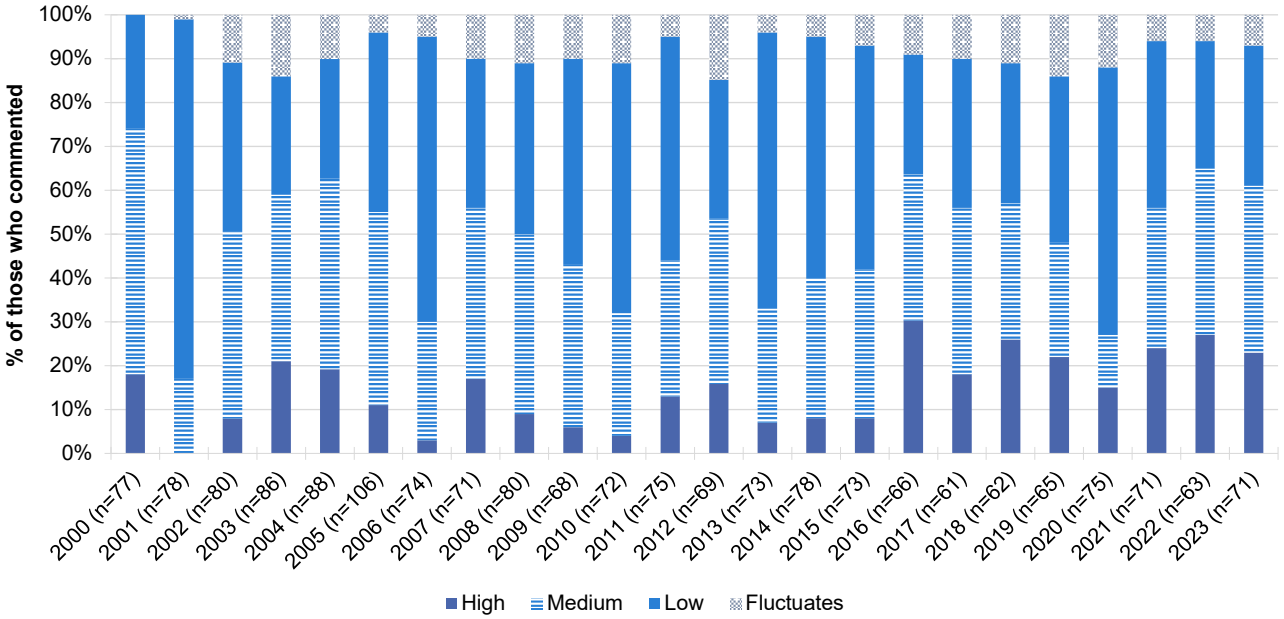
There was a significant change in the perceived availability of heroin between 2022 and 2023 (p=0.039). Of those who responded in 2023 (n=75), more participants perceived heroin to be 'very easy' to obtain in 2023 (67%) relative to 2022 (51%) and fewer participants reporting 'difficult' in 2023 (n≤5; 10% in 2022) (Figure 7).

Figure 5: Median price of heroin per cap, point and gram, Canberra, ACT, 2000-2023



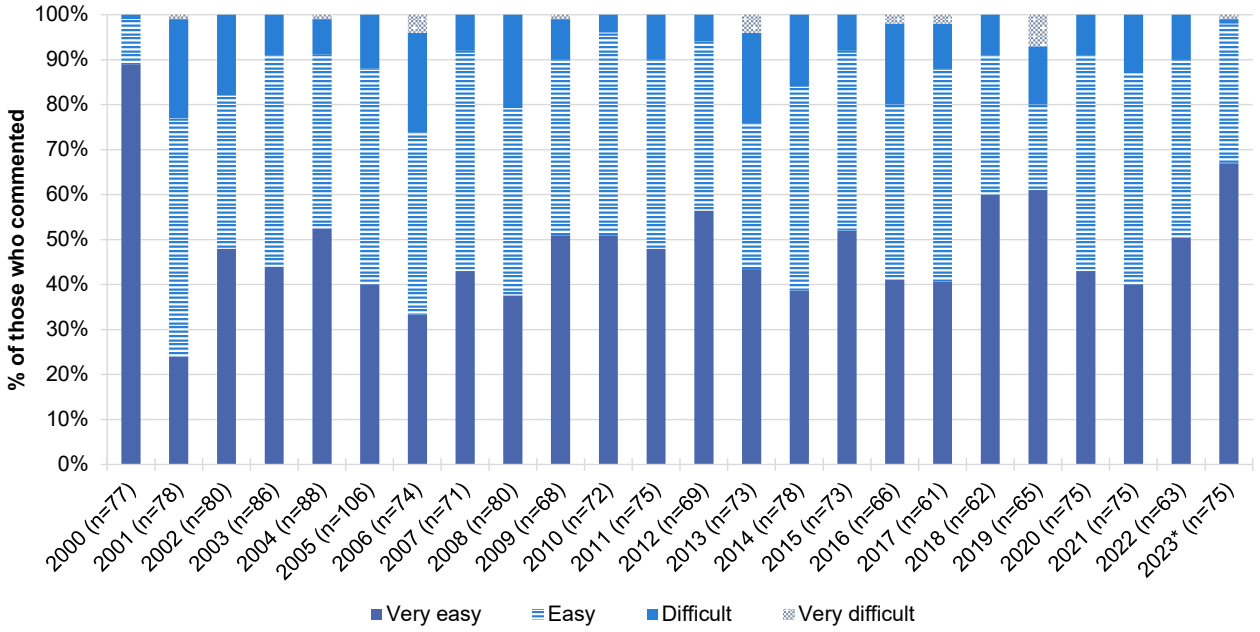
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated out into their own response options. Data labels are only provided for the first (2000/2001/2018) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Current perceived purity of heroin, Canberra, ACT, 2000-2023



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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Current perceived availability of heroin, Canberra, ACT, 2000-2023



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 2022 versus 2023 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 2023, 75% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2022 (81%; p=0.392) (Figure 8).

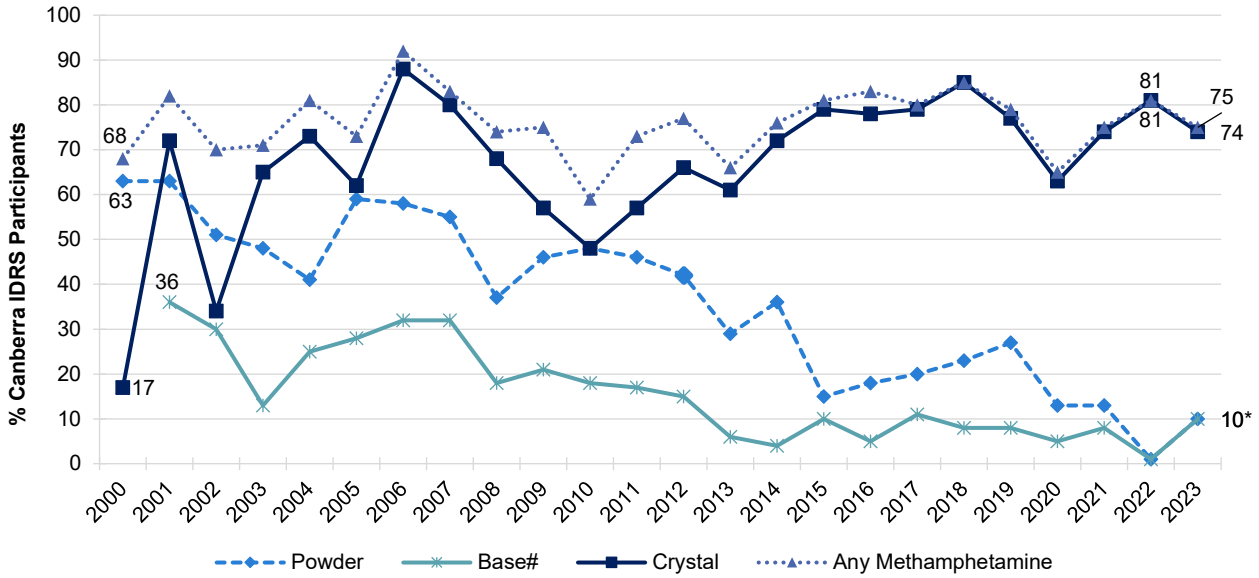
Frequency of Use

Despite fluctuations over the course of monitoring, the frequency of any methamphetamine use was stable in 2023 at a median of 49 days (IQR=12-96; n=76; 48 days in 2022; IQR=12-96; n=82; p=0.878) (Figure 9). In 2023, 71% of participants who had recently used methamphetamine reported weekly or more frequent use (70% in 2022; p=0.858) and 13% reported daily use (21% in 2022; p=0.298).

Forms Used

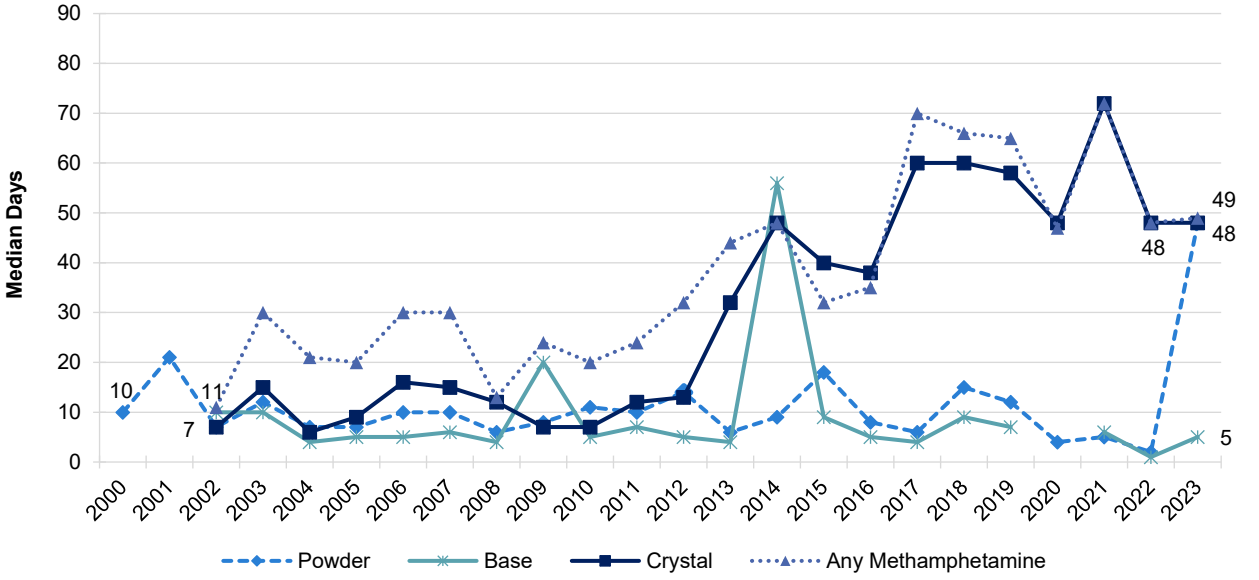
There has been a shift over time in the forms of methamphetamine used (see below for further information) (Figure 8). Specifically, use of powder and base methamphetamine have decreased over time, whilst use of crystal methamphetamine has increased over the course of monitoring (Figure 8). Indeed, of those who had used methamphetamine in the six months preceding interview (n=76), nearly all participants had used crystal methamphetamine (99%; 100% in 2022; p=0.481). Despite the historical decrease of powder and base methamphetamine, both substances significantly increased among those who reported any methamphetamine use in 2023 (13% vs. n≤5 in 2022; p=0.004, respectively).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Canberra, ACT, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 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, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 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, respectively), declining to 15% in 2015 (Figure 8). From 2015-2019, recent use slowly increased, before declining from 2020 again. In 2022 it reached the lowest per cent since monitoring commenced (n≤5), then increasing to 10% in 2023 (p=0.010) (Figure 8).

Frequency of Use: In 2023, participants who has recently used powder methamphetamine reported doing so on a median of 48 days in the past six months (IQR=22-91; n=10; n≤5 in 2022; p=0.151). Seventy per cent of participants who had recently used powder methamphetamine in 2023 reported weekly or more frequent use (0% in 2022; p=0.364), with few participants reporting daily use (n≤5; 0% in 2022) (Figure 9).

Routes of Administration: All participants who had recently used powder methamphetamine reported injecting (100%; no comparison provided with 2022 due to low numbers reporting recent use; n≤5), with few participants reporting other routes of administration (n≤5). Participants who reported injecting powder methamphetamine had done so on a median of 47 days (IQR=13-66) (n≤5 in 2022; p=0.153).

Quantity: The median amount used on a 'typical' day of consumption in the past six months in 2023 was 0.20 grams (IQR=0.10-0.50; n=10; no comparison provided with 2022 due to low numbers reporting recent use; n≤5). The median maximum amount used per day was 0.30 grams (IQR=0.20-0.30; n=9).

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 generally declined over time. However, in 2023, one tenth (10%) of participants reported recent use, a significant increase relative to 2022 (n≤5; p=0.010) (Figure 8).

Frequency of Use: In 2023, participants who recently used base methamphetamine reported doing so on a median of five days in the past six months (IQR=2-6; n=10; n≤5 in 2022; p=0.330).

Routes of Administration: Nearly all participants who had recently used base methamphetamine reported injecting (90%; no comparison provided with 2022 due to low numbers reporting recent use; n≤5), with few participants reporting other routes of administration (n≤5).

Quantity: The median amount used on a 'typical' day of consumption in the past six months in 2023 was 0.10 grams (IQR=0.10-0.40; n=10; no comparison provided with 2022 due to low numbers reporting recent use; n≤5). The median maximum amount used per day was 0.10 grams (IQR=0.10-0.80; n=10).

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 2023, 74% of the sample reported recent use of crystal methamphetamine, stable from 2022 (81%; p=0.313) and similar to levels observed between 2014-2019 (Figure 8).

Frequency of Use: In 2023, participants who had recently used crystal methamphetamine reported doing so on a median of 48 days in the past six months (IQR=12-96; n=75; 48 days in 2022; IQR=13-96; n=82; *p*=0.856) (Figure 9). Sixty-nine per cent of participants who had recently used crystal methamphetamine in 2023 reported weekly or more frequent use (71% in 2022; *p*=0.858), with 13% reporting daily use (22% in 2022; *p*=0.215).

Routes of Administration: The main route of administration among participants who had recently used crystal methamphetamine was injecting (92%; 98% in 2022; *p*=0.153), followed by smoking (39%; 38% in 2022). Participants who reported injecting crystal methamphetamine had done so on a median of 48 days (IQR=12-90), remaining stable from 2022 (48 days; IQR=14-92; *p*=0.994).

Quantity: The median amount used on a 'typical' day of consumption in the past six months in 2023 was 0.10 grams (IQR=0.10-0.20; n=71; 0.10 grams in 2022; IQR=0.10-0.20; n=81; *p*=0.636). The median maximum amount used per day in 2023 was 0.30 grams (IQR=0.20-0.50; n=70; 0.30 grams in 2022; IQR=0.10-0.50; n=81; *p*=0.766).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Due to small numbers of participants (n≤5) reporting on price, perceived purity and perceived availability of methamphetamine powder in 2023, estimates are shown in Figure 10, Figure 11 and Figure 12, respectively but are not interpreted further.

Please refer to the 2023 IDRS National Report for national trends**,** or to the 2023 EDRS National or the 2023 EDRS 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 2023 IDRS National Report.

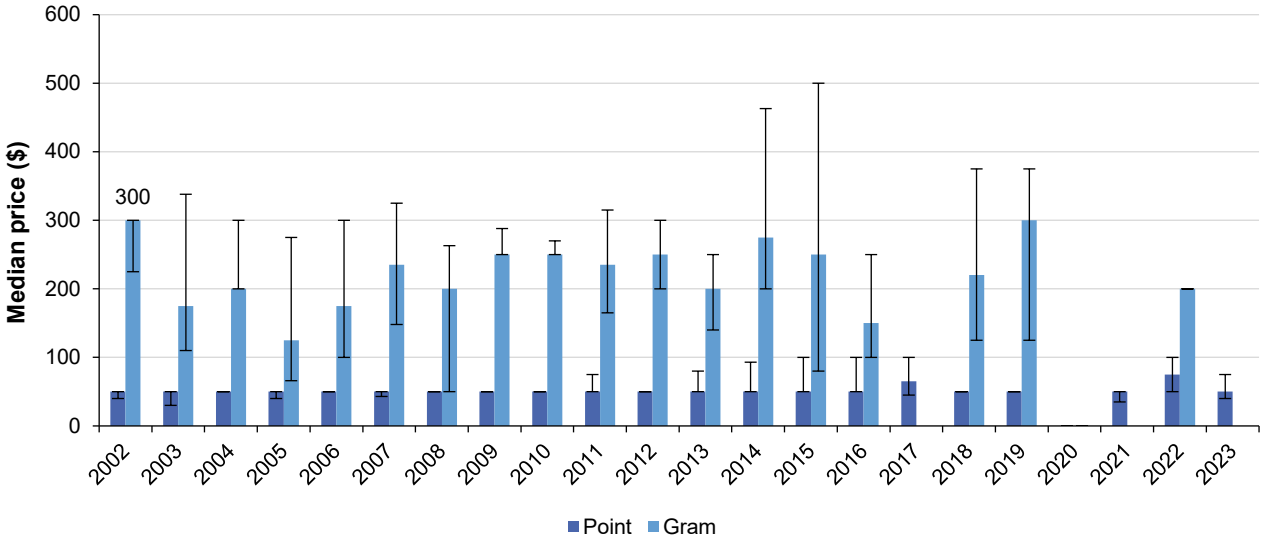
Methamphetamine Crystal

Price: In 2023, the median price for one point (0.10 gram) was reported at $50 (IQR=50-50; n=37; $50 in 2022; IQR=50-100; n=56; $p<0.001$) (Figure 13). Few (n≤5) participants reported on the price for one gram in 2023 ($400 in 2022; IQR=275-500; n=7; $p=0.370$) (Figure 13).

Perceived Purity: There was no significant change in the perceived purity of methamphetamine crystal between 2022 and 2023 ($p=0.155$). Among those able to comment in 2023 (n=68), one third perceived purity to be 'high' or 'medium' (34%, respectively; 42% and 27% in 2022, respectively) (Figure 14).

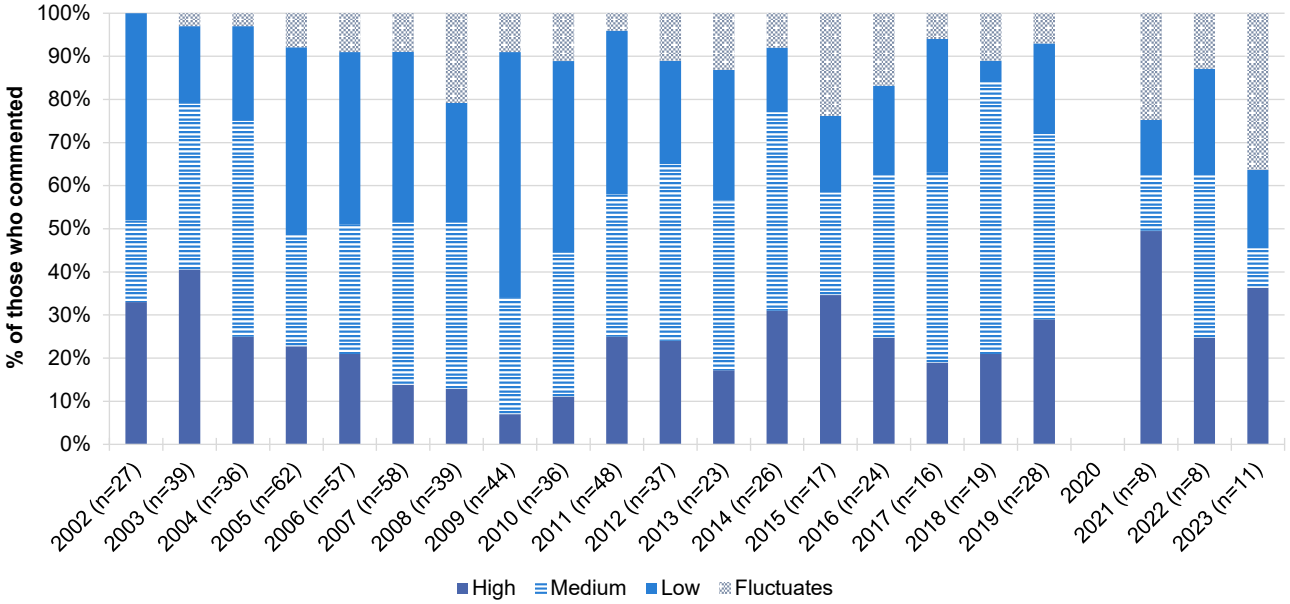
Perceived Availability: There was no significant change in the perceived availability of methamphetamine crystal between 2022 and 2023. Of those who responded in 2023 (n=71), the majority of participants perceived crystal as being 'very easy' to obtain (69%; 70% in 2022), followed by nearly one quarter (23%) reporting 'easy' (23% in 2022) obtainment (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Canberra, ACT, 2002-2023



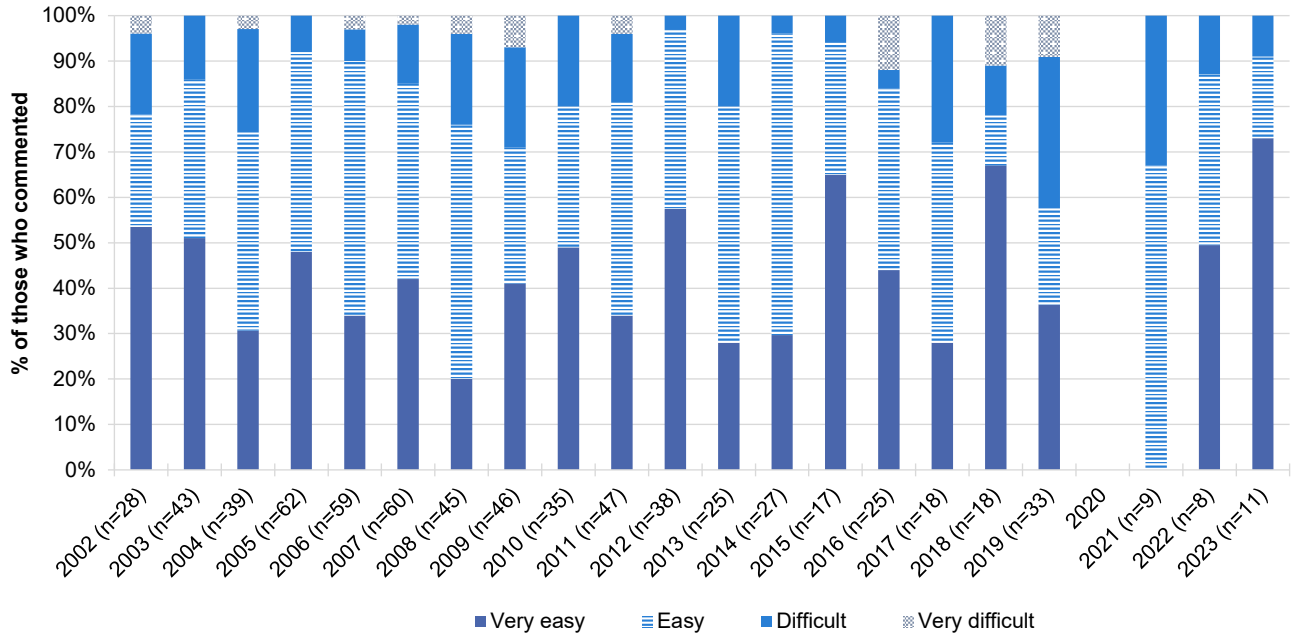
Note. Among those who commented. Price data for powder not collected in 2020 and no participants reported on the price of a gram in 2021 and 2023. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of this figure, however labels are suppressed where there are 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Current perceived purity of powder methamphetamine, Canberra, ACT, 2002-2023



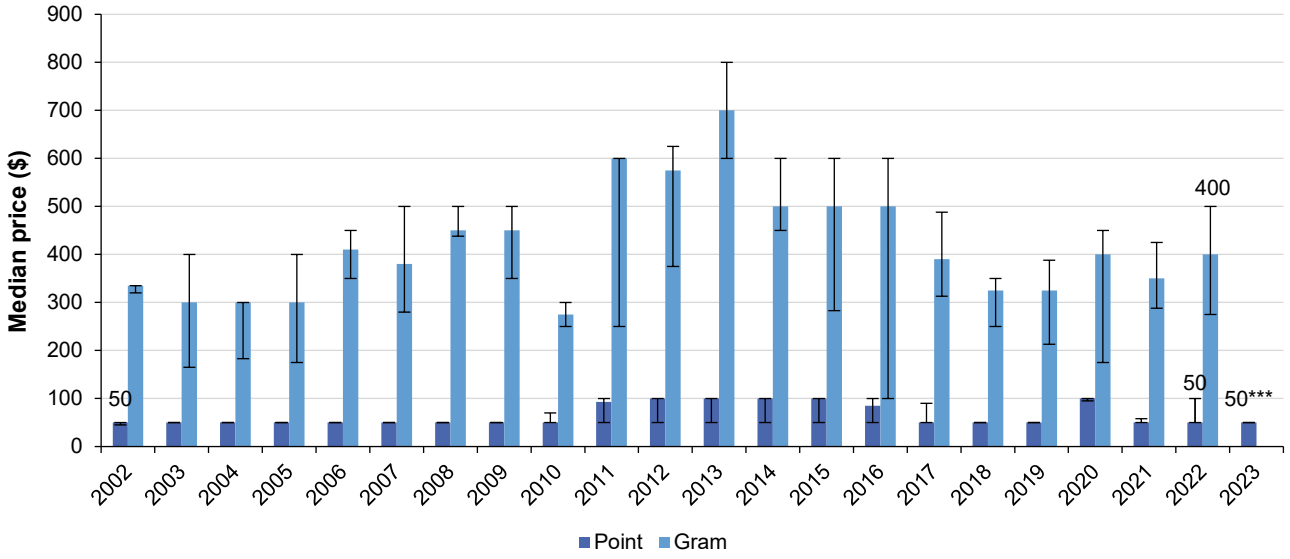
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived availability of powder methamphetamine, Canberra, ACT, 2002-2023



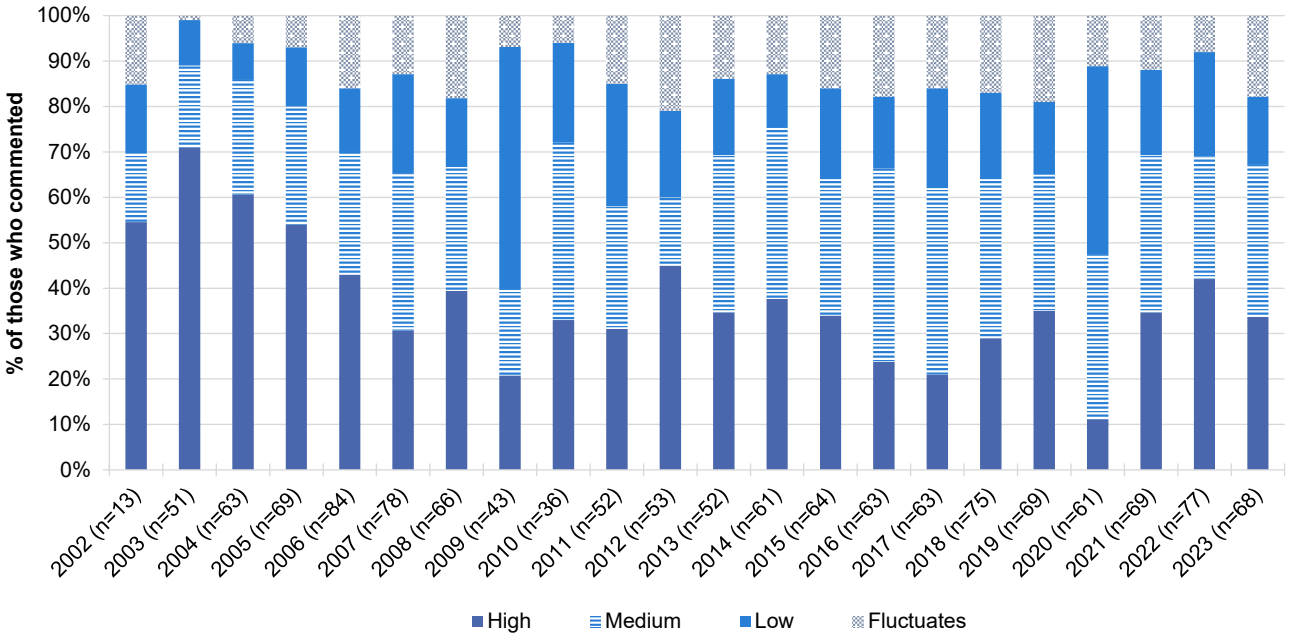
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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, 2002-2023



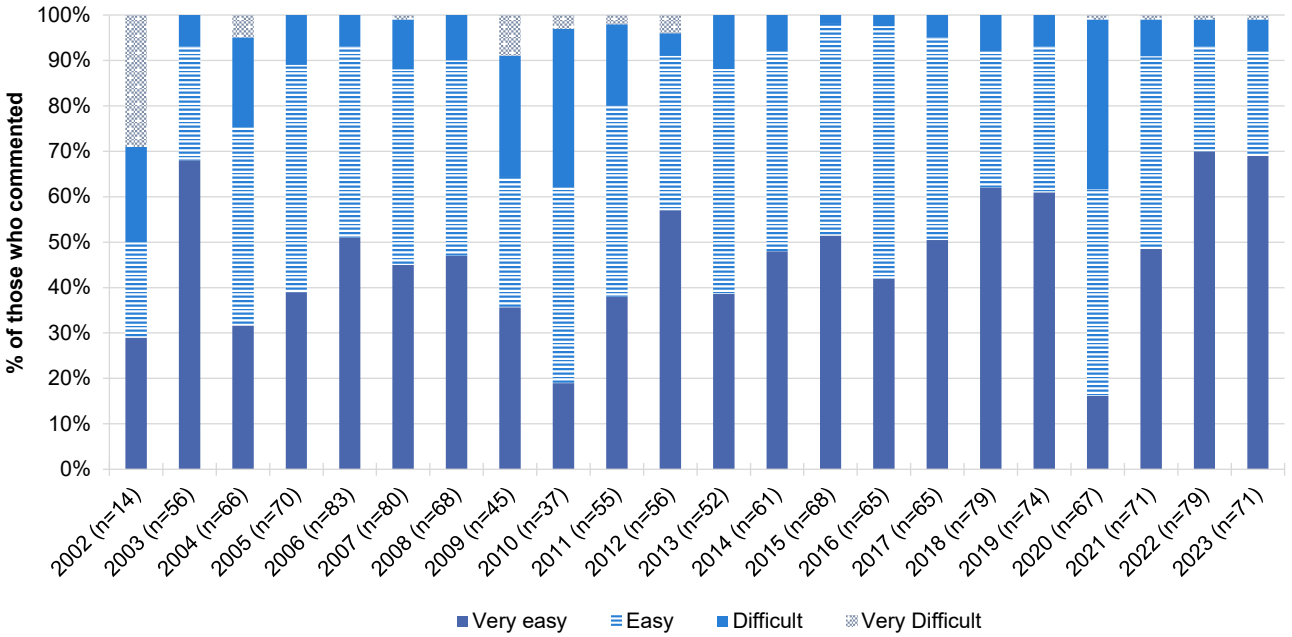
Note. Among those who commented. No data available for gram in 2001 and 2023. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived purity of crystal methamphetamine, Canberra, ACT, 2002-2023



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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of crystal methamphetamine, Canberra, ACT, 2002-2023



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 2022 versus 2023 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. In 2023, 12% of the Canberra sample reported recent use (17% in 2022; p=0.424) (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 2023, participants who had recently used cocaine reported doing so on a median of three days (IQR=1-10; n=11; 2 days in 2022, IQR=1-3; n=17; p=0.435) (Figure 16). Few (n≤5) participants reported weekly or more frequent use of cocaine in 2022 and 2023, respectively (p=0.543).

Routes of Administration

In 2023, snorting was the most common route of administration among participants who had recently used cocaine (58%), stable relative to 2022 (53%).

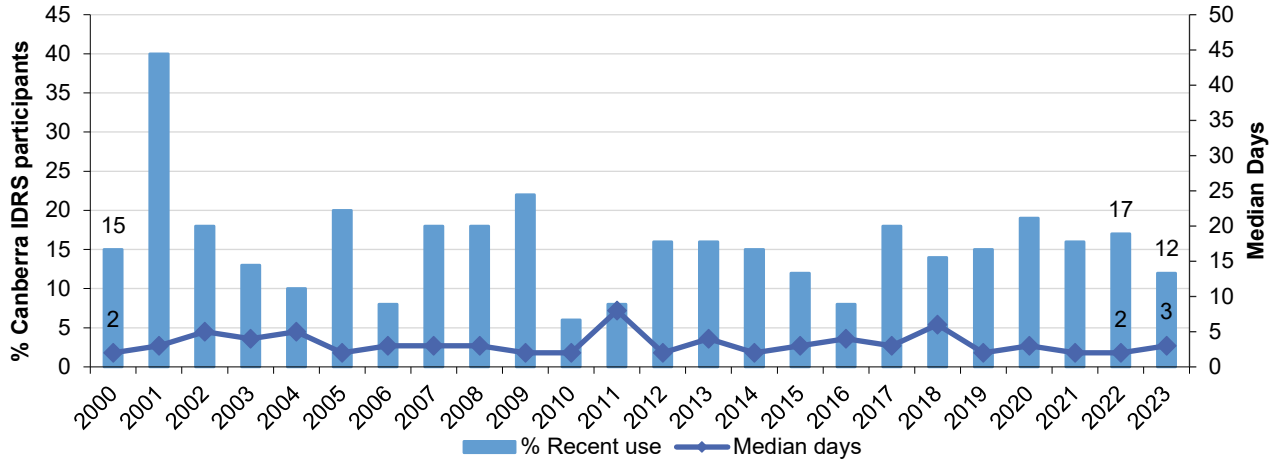
Quantity

Those who reported recent cocaine use consumed a median of one gram (IQR=0.20-2.00; n=7) on a 'typical' day of use (0.30 grams in 2022; IQR=0.10-1.00; n=16; p=0.296).

Forms Used

Among participants who had recently consumed cocaine and commented (n=12), the vast majority reported using powder cocaine (83%; 76% in 2022) and few participants reported use of crack cocaine (n≤5; 0% in 2022; p=0.163).

Figure 16: Past six month use and frequency of use of cocaine, Canberra, ACT, 2000-2023

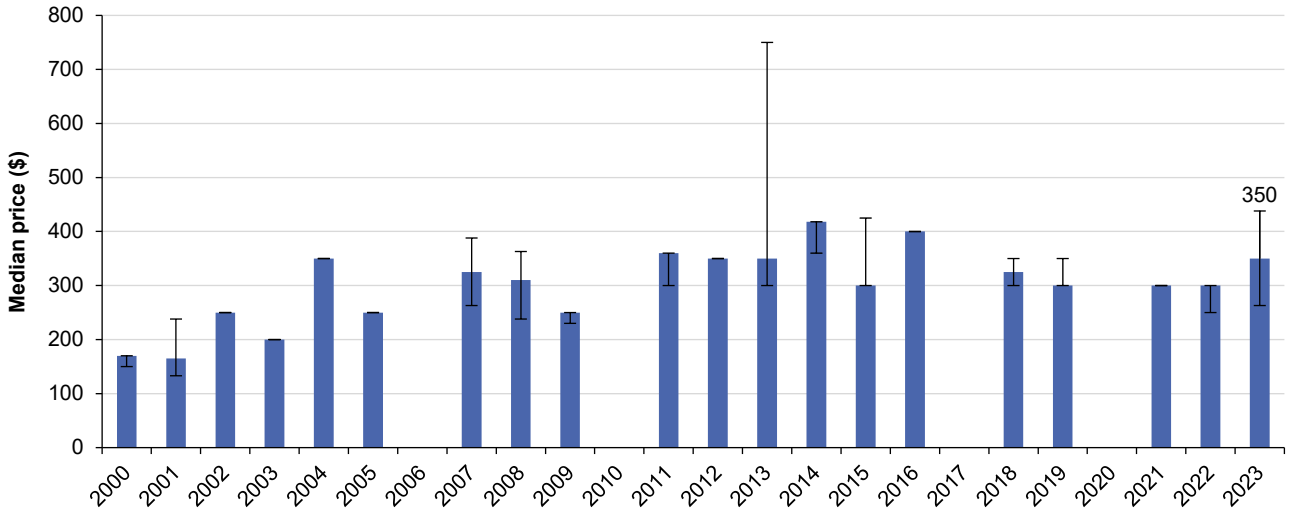


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 45% and secondary Y axis to 50 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

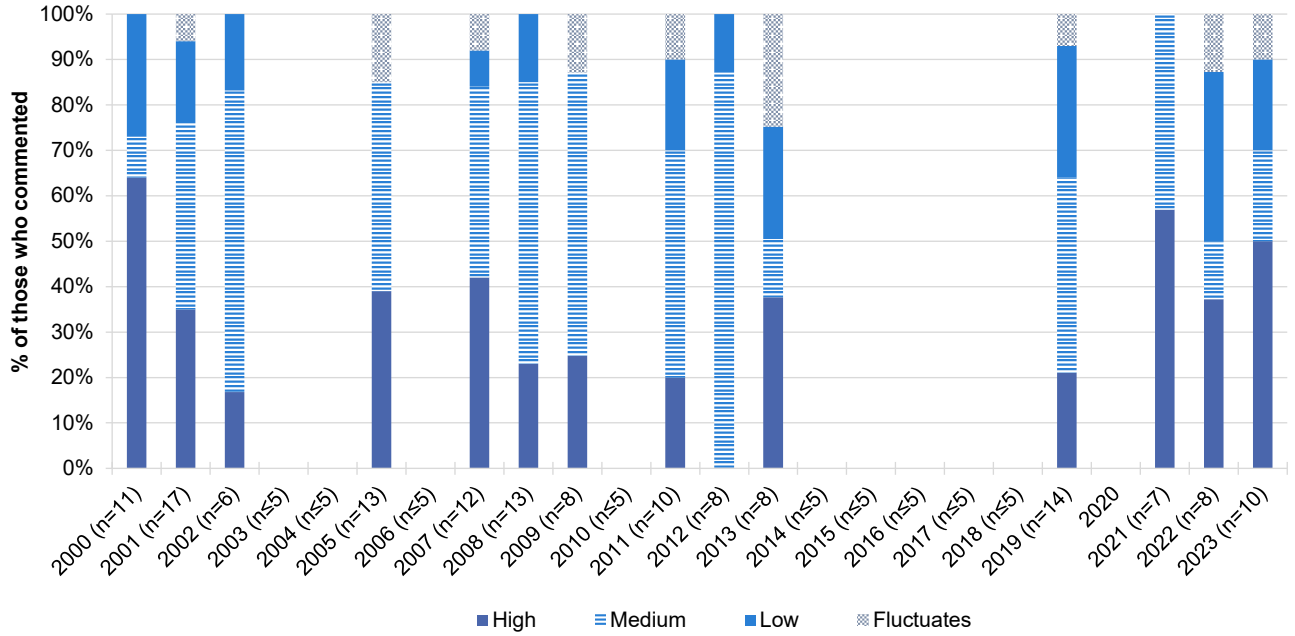
Due to small numbers of participants (n≤5) reporting on price, perceived purity and perceived availability of cocaine in 2023, estimates are shown in Figure 17, Figure 18 and Figure 19, respectively but are not interpreted further. Please refer to the 2023 IDRS National Report for national trends, or to the 2023 EDRS National Report or 2023 EDRS 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, 2000-2023



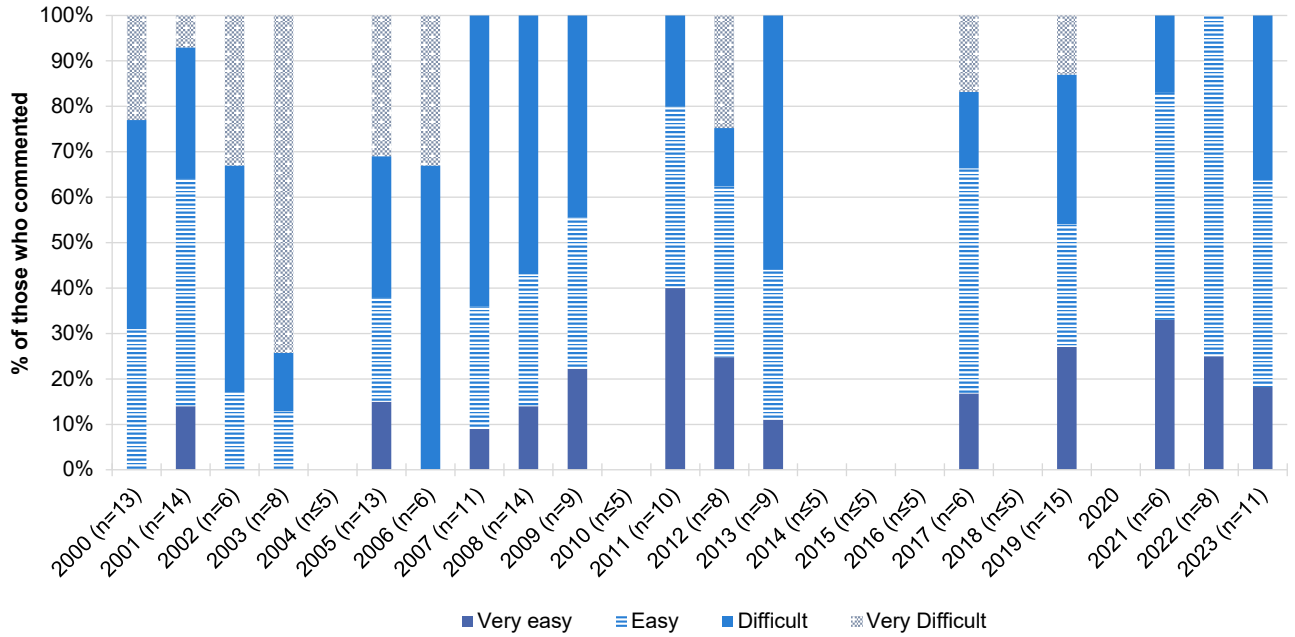
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. No participants reported on the price of a gram in 2006, 2010 and 2017. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 18: Current perceived purity of cocaine, Canberra, ACT, 2000-2023



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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived availability of cocaine, Canberra, ACT, 2000-2023



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 2022 versus 2023 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 various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic'), outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles 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 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products.

In the remainder of this chapter, data from 2021-2023, and between 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 and hash oil). While comparison between 2021-2023 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 2023 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 (75% in 2023; 77% in 2022; p=0.866) (Figure 20). Few (n≤5) participants reported prescribed use in the six months preceding interview in 2023 (0% in 2022).

Frequency of Use

In 2023, median frequency of use in the past six months was 180 days (i.e., daily use; IQR=24-180; n=76; 180 days in 2022; IQR=51-180; n=78; p=0.847), consistent with most years historically (Figure

20). Amongst participants who had used non-prescribed cannabis and/or cannabinoid-related products, 58% reported daily use (54% in 2022; *p*=0.627).

Routes of Administration

Smoking was the most common route of administration amongst participants who had used non-prescribed cannabis and/or cannabinoid-related products (100%; 97% in 2022; *p*=0.497). Few (n≤5) participants reported swallowing cannabis or inhaling/vaping (9%; *p*=0.328 and n≤5; *p*=0.367 in 2022, respectively).

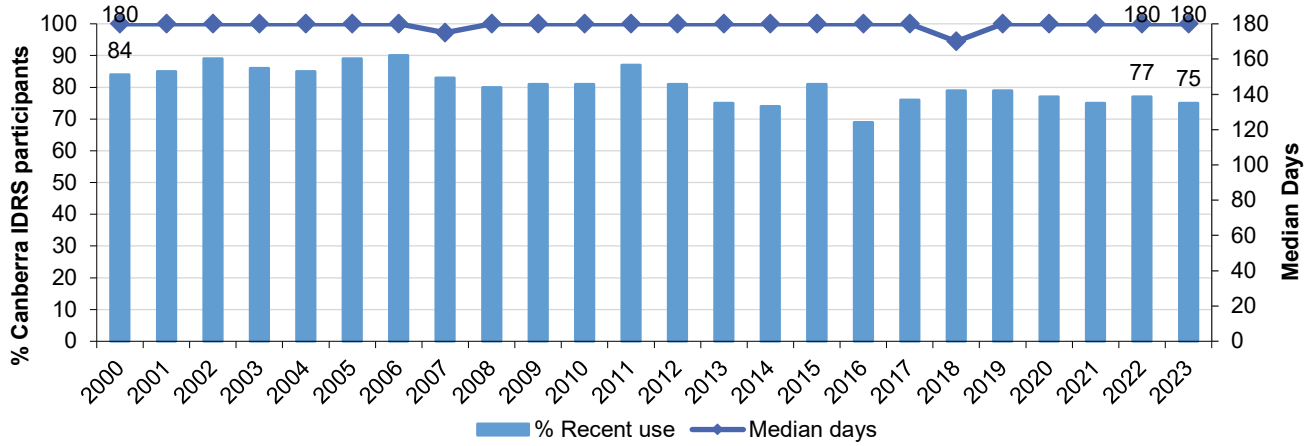
Quantity

The median intake on the last occasion of use was one gram (IQR=0.50-1.00; n=43; 1 gram in 2022; IQR=0.50-1.00; n=45; *p*=0.609) or 2.5 cones (IQR=1-5; n=18; 5 cones in 2022; IQR=3-10; n=20; *p*=0.050) or one joint (IQR=1-1; n=9; 1 joint in 2022; IQR=1-3; n=6; *p*=0.185).

Forms Used

Of those that reported recent non-prescribed cannabis and/or cannabinoid-related product use, 81% reported use of hydroponic cannabis (78% in 2022; *p*=0.681), and 70% reported use of outdoor-grown 'bush' cannabis (57% in 2022; *p*=0.135). A small percentage reported having used hashish (8%; n≤5 in 2022; *p*=0.761) or hash oil (n≤5; 9% in 2022; *p*=0.766). In 2023, few (n≤5) participants reported recent use of non-prescribed CBD extract and THC extract in the preceding six months (n≤5 and 8%; *p*=0.496 in 2022, respectively).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Canberra, ACT, 2000-2023



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, from 2022 onward, 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 (2022 and 2023) 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 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 2023 was $20 for hydroponic cannabis (IQR=20-20; n=21; $20 in 2022; IQR=20-20; n=36; *p*=0.303). The median price for an ounce was $300 (IQR=290-300; n=7; $300 in 2022; IQR=250-300; n=10; *p*=0.796) (Figure 21).

Perceived Potency: There was a significant change in the perceived potency of hydroponic cannabis between 2022 and 2023 (*p*=0.033). Of those who could comment in 2023 (n=54), fewer participants perceived the potency to be 'high' in 2023 relative to 2022 (44% versus 65%, respectively), the lowest per cent since monitoring commenced (Figure 22). Conversely, there was an increase in participants that reported 'medium' potency in 2023 relative to 2022 (48% versus 22%, respectively).

Perceived Availability*:* The perceived availability of hydroponic cannabis remained stable between 2022 and 2023 (*p*=0.861). Of those who could comment in 2023 (n=54), two thirds (67%) perceived hydroponic cannabis to be 'very easy' to obtain (65% in 2022), followed by one third (31%) reporting 'easy' (33% in 2022) obtainment (Figure 23).

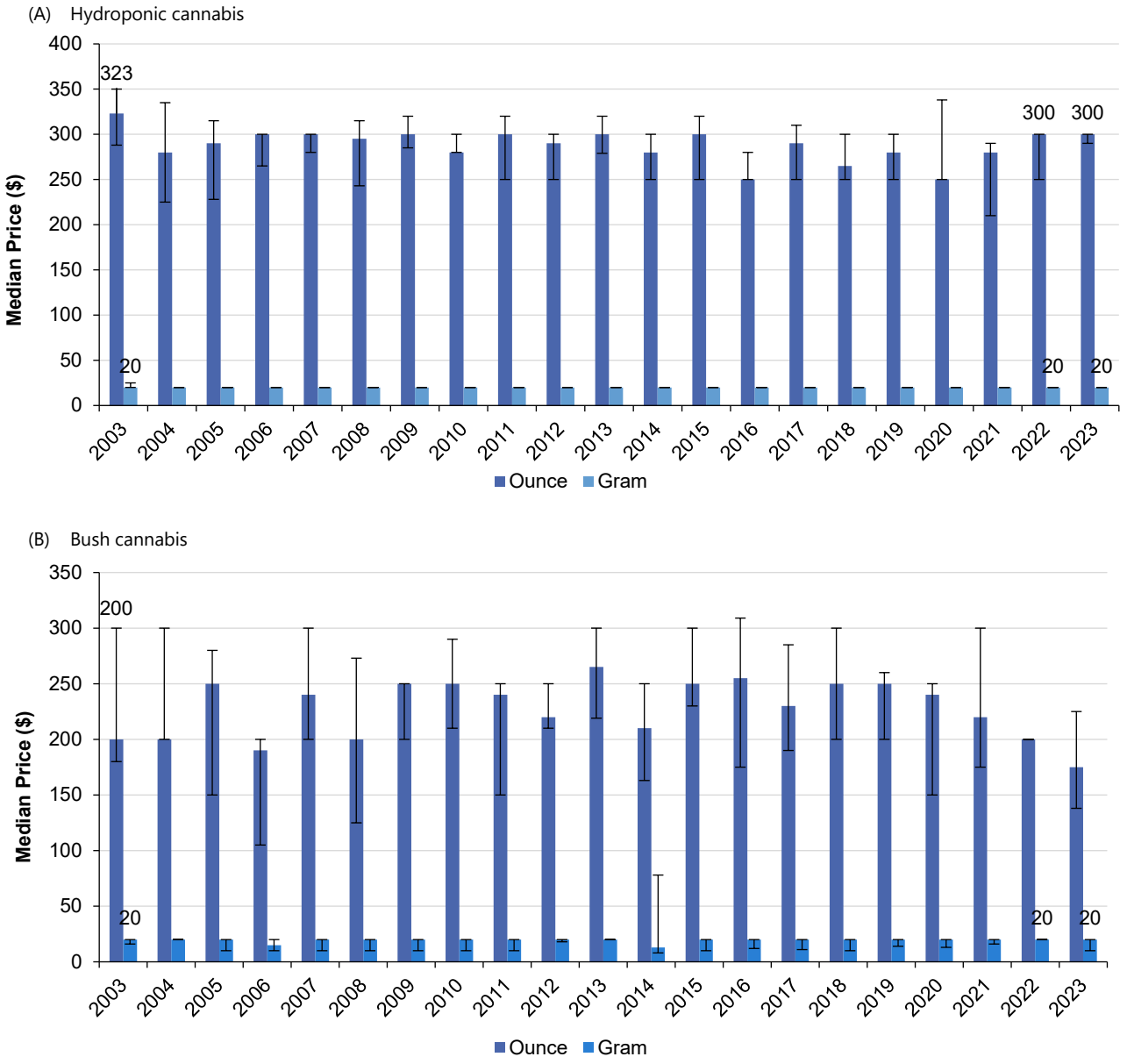
Bush Cannabis

Price: Similar to hydroponic cannabis, the median price per gram of bush cannabis in 2023 was $20 (IQR=10-20; n=9), consistent with previous years ($20 in 2022; IQR=20-20; n=18; *p*=0.066). The median price per ounce of bush cannabis has fluctuated over the years, likely due to small numbers reporting. Few participants (n≤5) reported on the price of an ounce in 2023 and data are therefore suppressed (n≤5 in 2022; *p*=0.521) (Figure 21).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2022 and 2023 (*p*=0.690). Of those who could comment in 2023 (n=32), 44% perceived bush cannabis to be of 'medium' potency (37% in 2022), followed by almost two fifths (38%) reporting 'high' potency (49% in 2022) (Figure 22).

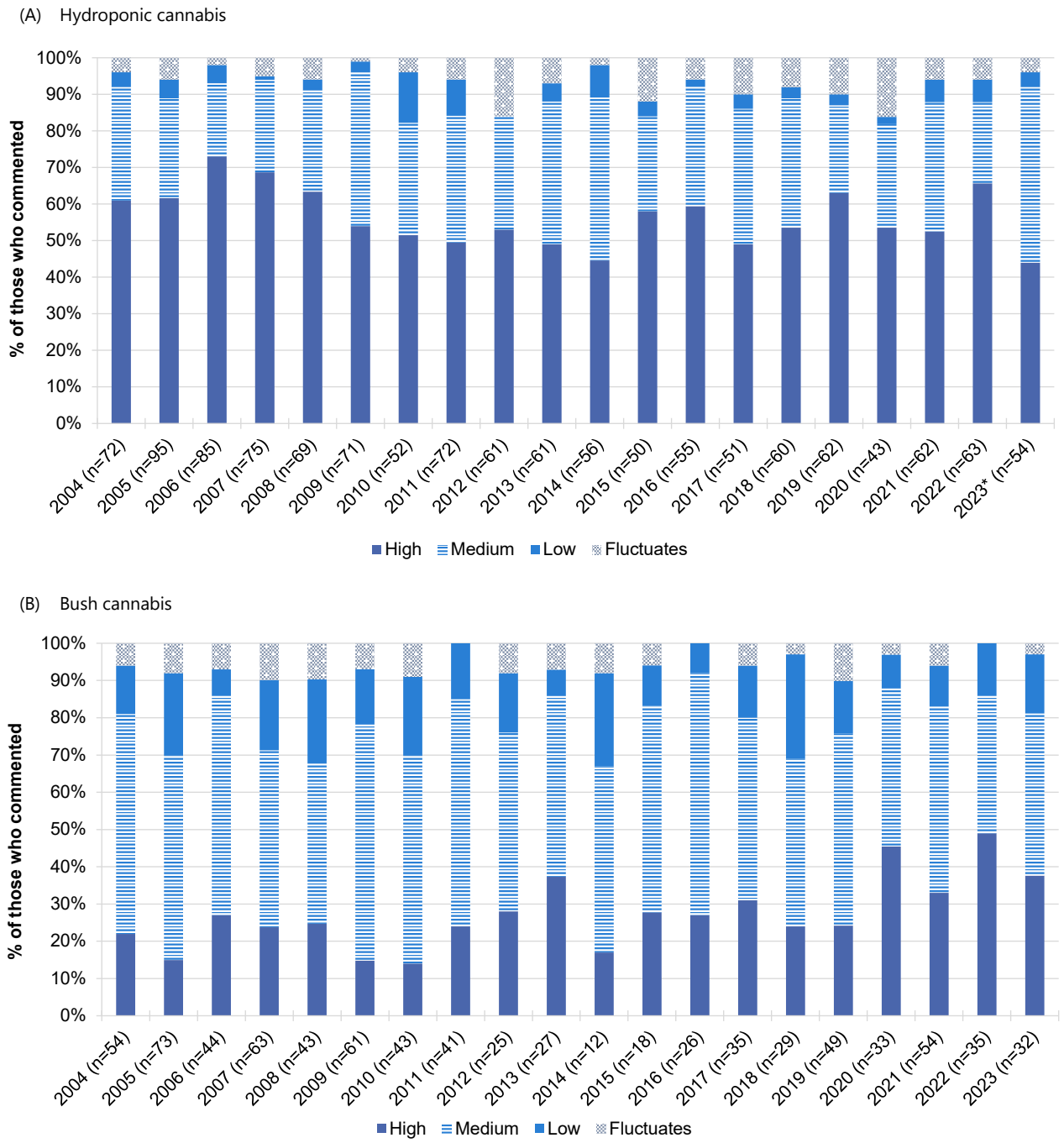
Perceived Availability*:* The perceived availability of bush cannabis remained stable between 2022 and 2023 (*p*=0.313). Of those who could comment in 2023 (n=30), nearly three fifths (57%) perceived the availability of bush cannabis to be 'very easy' (47% in 2022), followed by nearly two fifths (37%) perceiving it to be 'easy' to obtain (39% in 2022) (Figure 23).

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and gram, Canberra, ACT, 2003-2023



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: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

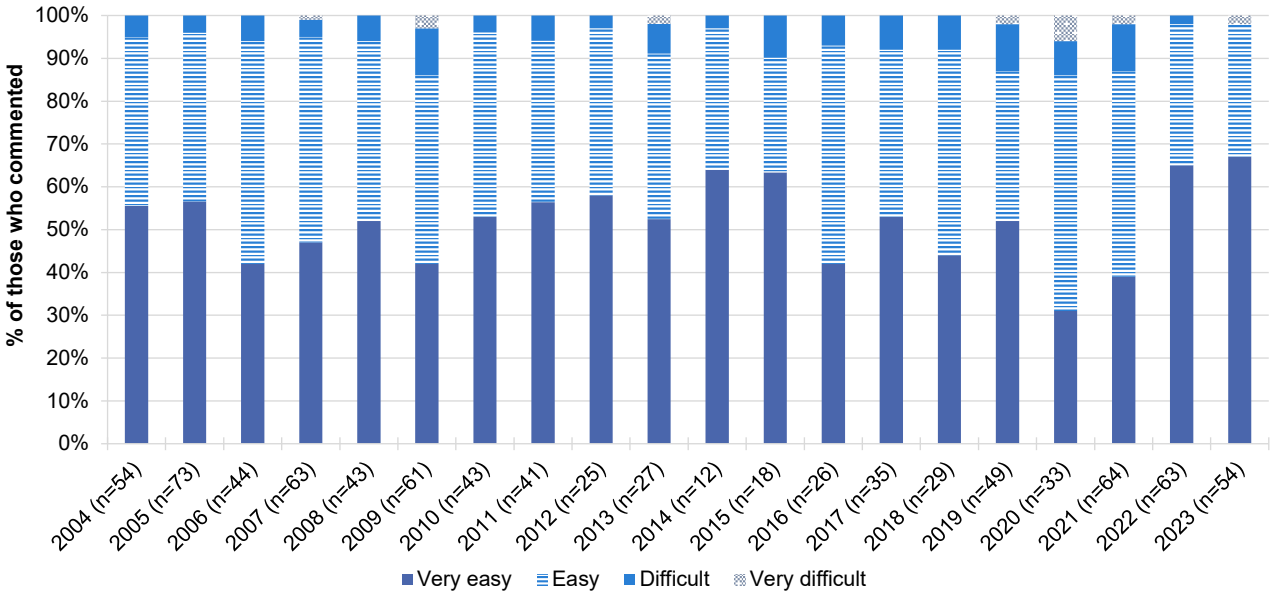
Figure 22: Current perceived potency of non-prescribed hydroponic (a) and bush (b) cannabis, Canberra, ACT, 2004-2023



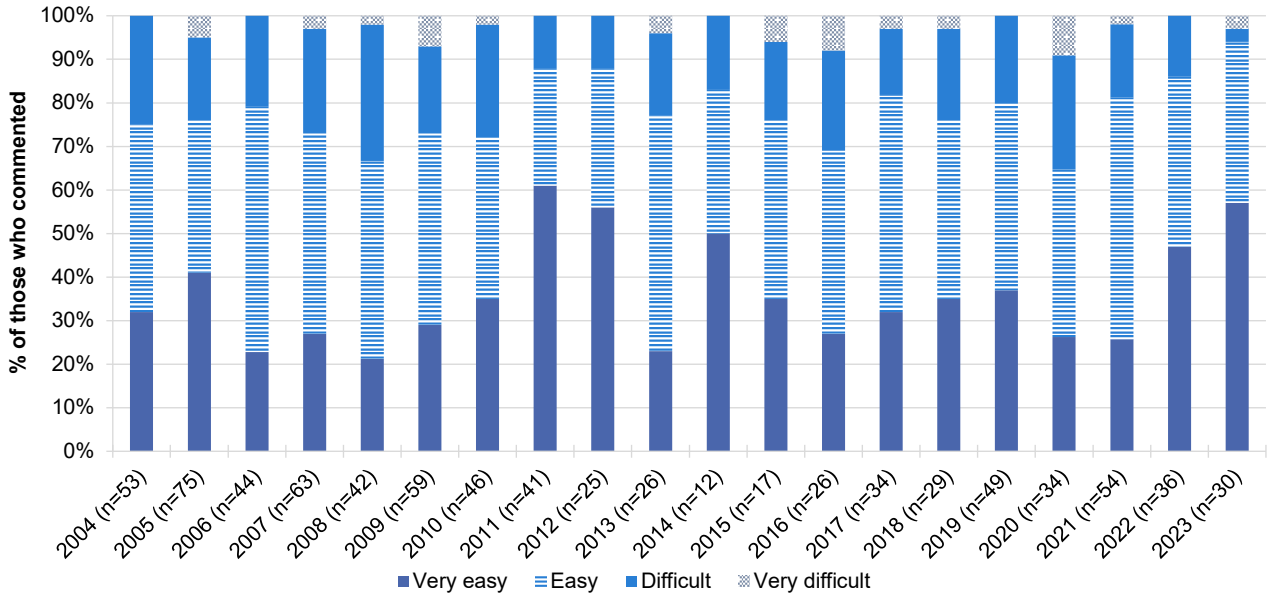
Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 2022 versus 2023 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, 2004-2023

(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: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 2022 versus 2023 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).

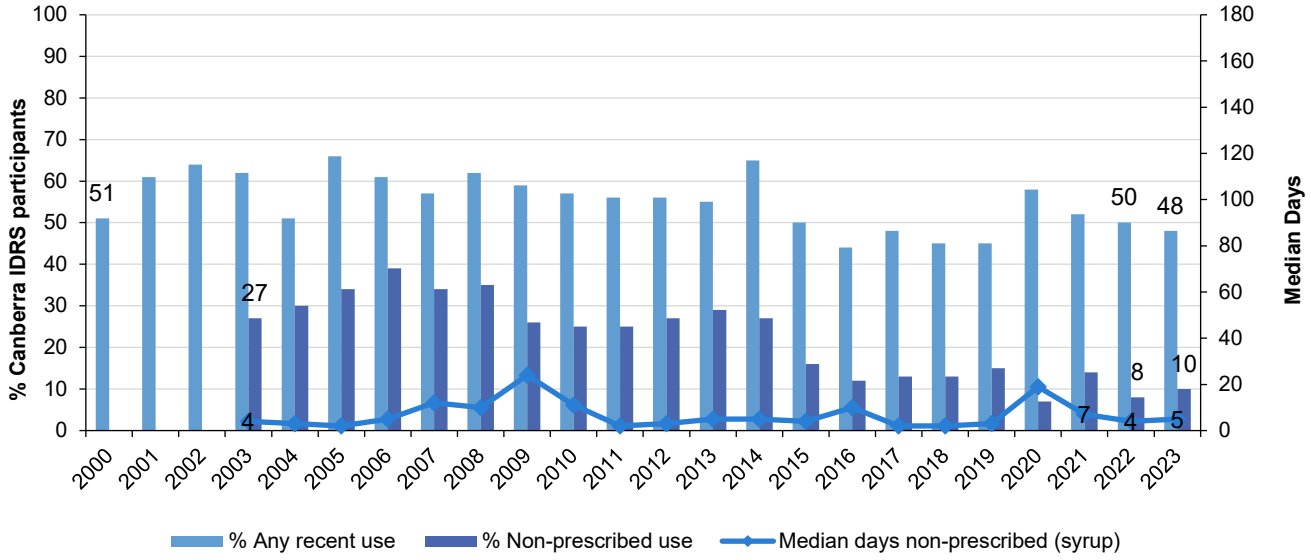
Methadone

Any Recent Use (past 6 months): Recent use of any methadone (including liquid and tablets) has fluctuated over the years of monitoring, with nearly half (48%) of the Canberra sample reporting recent use in 2023 (50% in 2022; *p*=0.781). In recent years, methadone use has largely consisted of prescribed use (40% in 2023; 46% in 2022; *p*=0.471), with the per cent reporting non-prescribed use peaking at 39% in 2006 and declining to 10% in 2023 (8% in 2022; *p*=0.802) (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 2023, participants reported using non-prescribed methadone on a median of five days (IQR=2-12; n=10), stable relative to four days in 2022 (IQR=2-27; n=7; *p*=0.805).

Recent Injecting Use: Of those who had recently used any methadone in 2023, 15% reported recent injection (24% in 2022; *p*=0.318) on a median of five days (IQR=4-8; n=7; 24 days in 2022; IQR=2-60; n=12; *p*=0.396).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Canberra, ACT, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 presented in figure; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

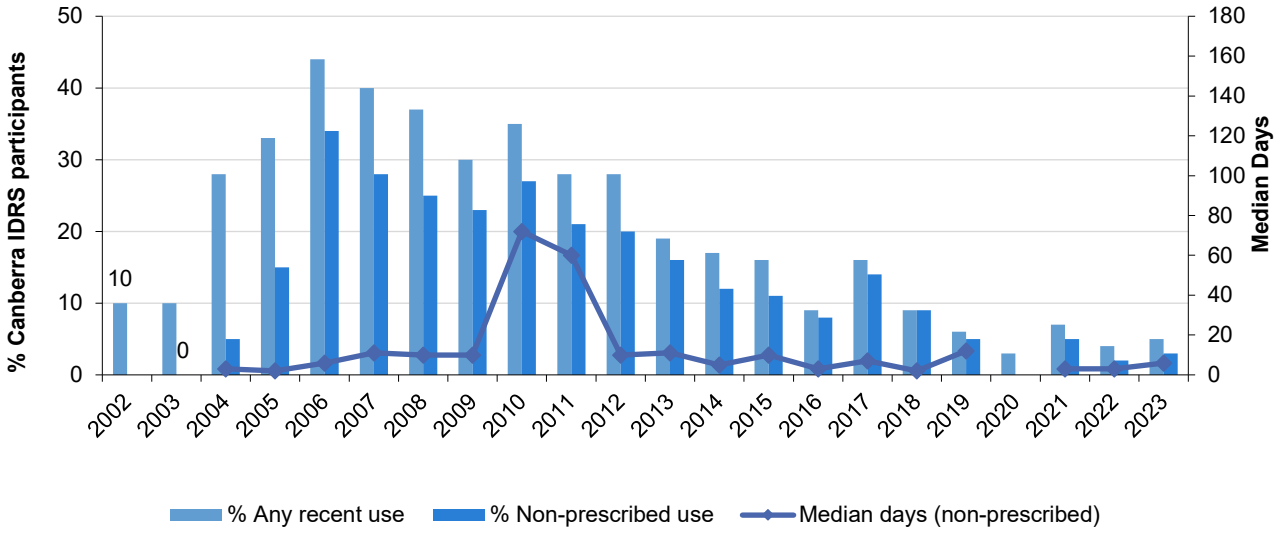
Buprenorphine Tablet

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≤5 in 2023 (n≤5 in 2022; p=0.748) (Figure 25). Since 2006, the majority of participants who had recently consumed buprenorphine in tablet form have reported non-prescribed use (n≤5 in 2023; n≤5 in 2023; p=0.683), with the exception of 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 of participants reporting recent use in 2023 and 2022 (n≤5, respectively), details regarding frequency of use in these years are not discussed (Figure 25).

Recent Injecting Use: Few (n≤5) participants reported recent use in 2023 and 2022, hence no further information regarding recent injection is provided. Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine tablet, Canberra, ACT, 2002-2023



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 (2022 and 2023) 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. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

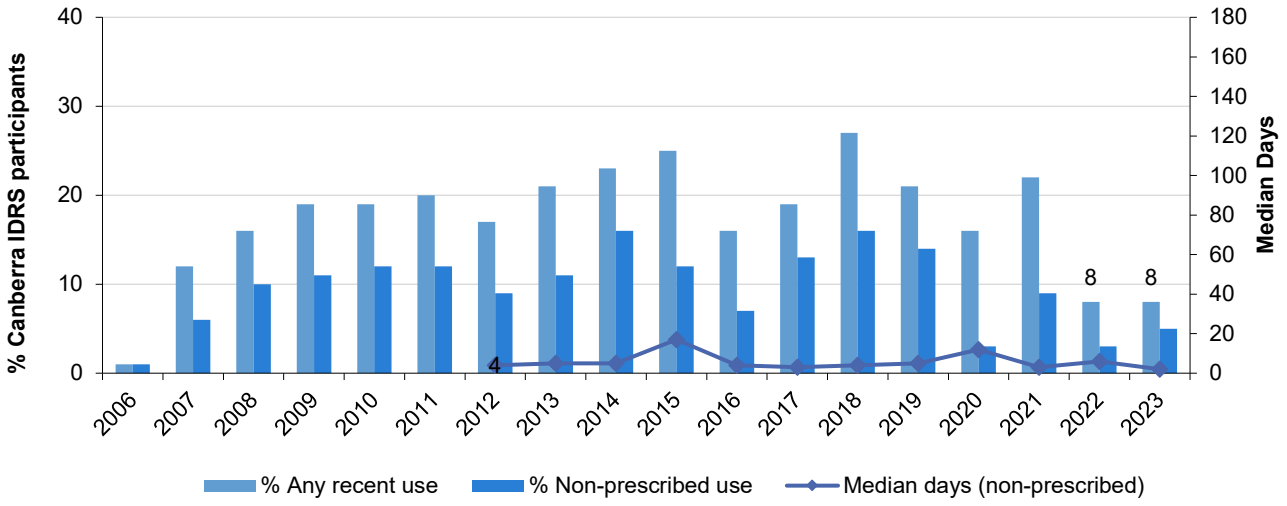
Buprenorphine-Naloxone

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 2023, 8% of the Canberra sample reported any buprenorphine-naloxone use, unchanged from 8% in 2022 and remaining the second lowest per cent reported since monitoring commenced. Few (n≤5) participants reported non-prescribed use in 2023 (n≤5 in 2022; p=0.721) (Figure 26).

Frequency of Use: Due to low numbers of participants reporting recent use in 2023 and 2022 (n≤5, respectively), details regarding frequency of use in these years are not discussed (Figure 26).

Recent Injecting Use: In 2023, few (n≤5) participants reported recent injection of buprenorphine-naloxone, therefore details regarding median frequency of recent injection are not reported (n≤5 in 2022). Please refer to the 2023 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, 2006-2023



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 (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

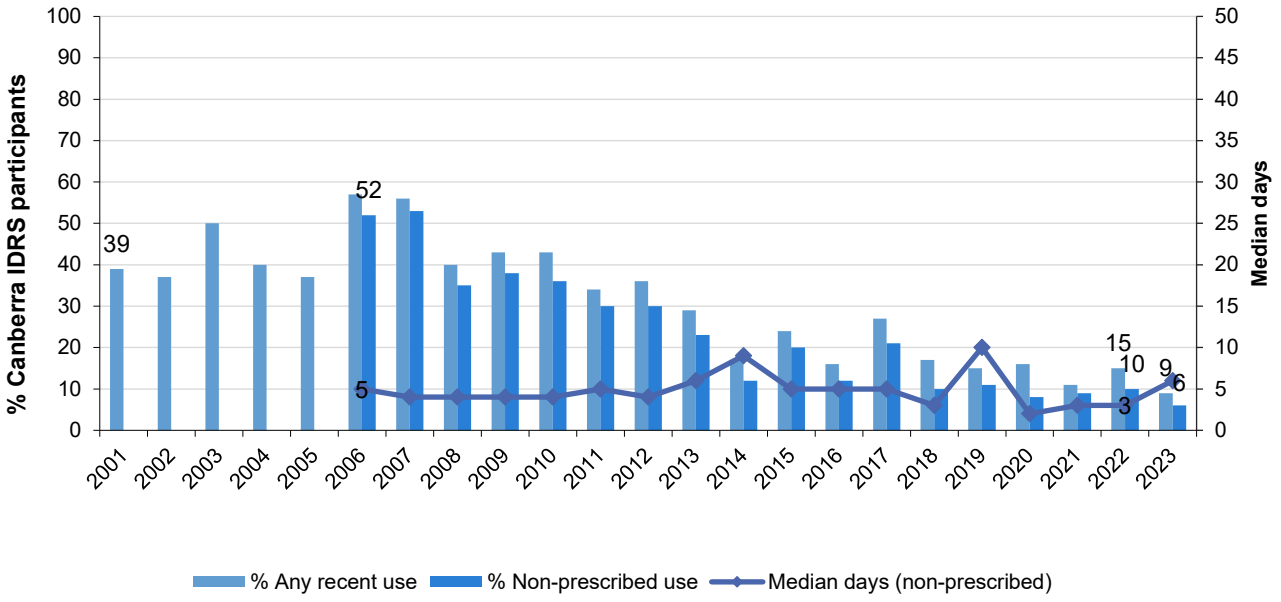
Morphine

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 2023, 9% reported use of any morphine (15% in 2022; p=0.281) (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 2023, 6% of participants reported recent use of non-prescribed morphine, stable from 2022 (10%; p=0.435) (Figure 27).

Frequency of Use: Frequency of non-prescribed use of morphine has consistently been low. In 2023, participants reported using non-prescribed morphine on a median of six days (IQR=3-6; n=6), stable from three days in 2022 (IQR=1-6; n=10; p=0.507) (Figure 27).

Recent Injecting Use: In 2023, few (n≤5) participants reported recent injection of morphine, therefore details regarding median frequency of recent injection are not reported (86% of those reporting recent use in 2022 on a median of 4 days; IQR=1-5; n=11; p=0.452).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Canberra, ACT, 2001-2023



Note. Median days of computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Secondary 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 (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

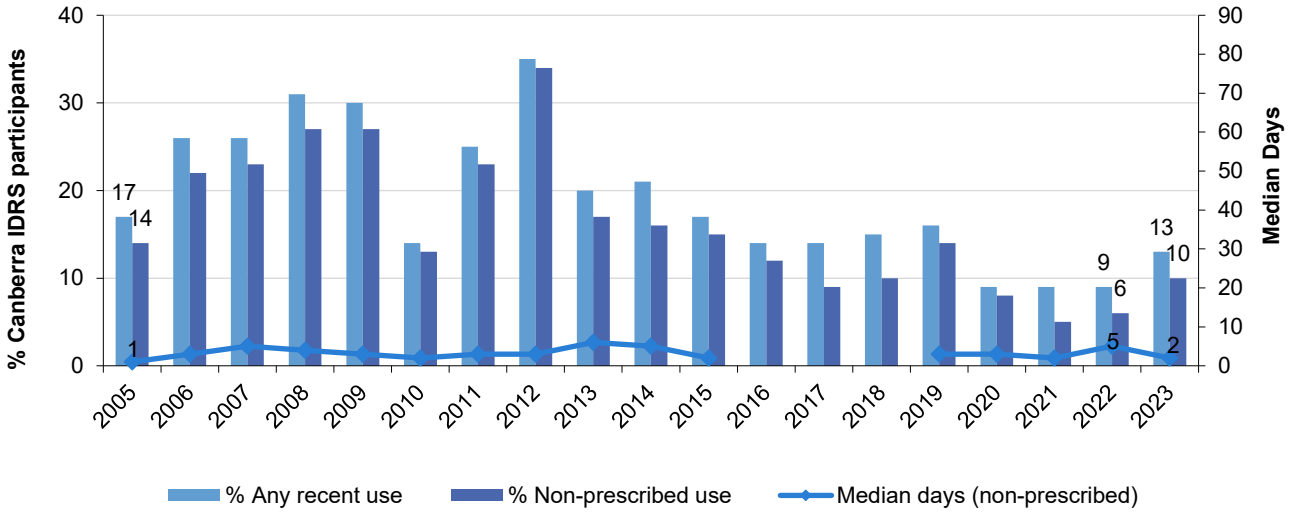
Oxycodone

Any Recent Use (past 6 months): The per cent reporting any oxycodone use has fluctuated over the course of monitoring, peaking in 2012 (35%), and declining subsequently thereafter. Thirteen per cent of participants reported any oxycodone use in 2023 (9% in 2022; *p*=0.493), with 10% reporting non-prescribed use (6% in 2022; *p*=0.435) (Figure 28).

Frequency of Use: Frequency of use has remained low and stable over the course of monitoring. In 2023, participants reported using non-prescribed oxycodone on a median of two days (IQR=1-4; n=10; 5 days in 2022; IQR=2-7; n=6; *p*=0.470) (Figure 28).

Recent Injecting Use: Among those that reported recent use, nearly half (46%) reported injecting oxycodone (n≤5 in 2022; *p*=0.174) on a median of one day (IQR=1-3; n=6; n≤5 in 2022; *p*=0.755).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Canberra, ACT, 2005-2023



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. In 2023, participants were asked about recent use and frequency of use 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 secondary Y axis reduced to 90 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

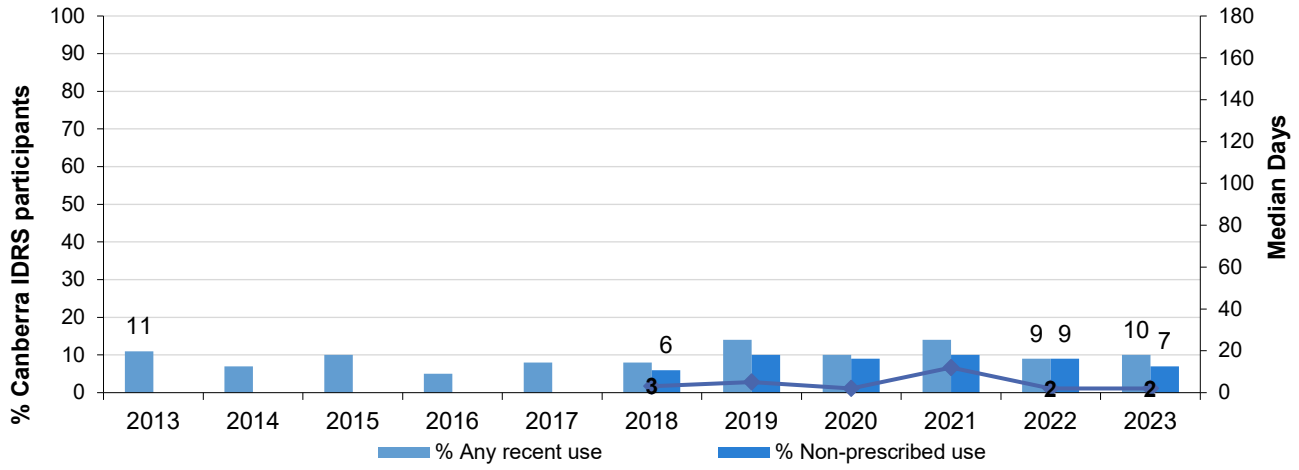
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low over the course of monitoring. In 2023, one tenth (10%) of the Canberra sample reported recent use of any fentanyl, stable from 2022 (9%) (Figure 29). This comprised mostly non-prescribed use (7%; 9% in 2022; p=0.613) (Figure 29).

Frequency of Use: Frequency of use of non-prescribed fentanyl has remained relatively stable over the course of monitoring. In 2023, participants reported use on a median of two days in the past six months (IQR=1-3; n=7; 2 days in 2022; IQR=2-24; n=9; p=0.300) (Figure 29).

Recent Injecting Use: Fentanyl was injected by three fifths (60%) of participants who reported recent use (100% in 2022; p=0.087) on a median of one day (IQR=1-1; n=6; 2 days in 2022; IQR=2-24; n=9; p=0.053).

Figure 29: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Canberra, ACT, 2013-2023



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 (2022 and 2023) 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 2022 versus 2023 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 2023 (Table 2). In 2023, 12% of participants reported any recent use of codeine, a significant increase relative to 2022 (n≤5; *p*=0.017), although returning to levels observed in 2021 and prior, and with few (n≤5) reporting non-prescribed use (Table 2). Six per cent reported any recent use of tramadol, stable relative to 2022 (n≤5; *p*=0.767) and few participants reported recent use of any form of tapentadol (n≤5; n≤5 in 2022; *p*=0.498). Please refer to the 2023 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, 2019-2023

% Recent Use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=99)	2022 (N=101)	2023 (N=100)
Codeine^					
Any recent use	19	13	10	-	**12***
Non-prescribed use	7	7	-	-	**-**
Any injection[#]	0	-	-	-	**0**
Tramadol					
Any recent use	-	9	6	-	**6**
Non-prescribed use	0	-	-	-	**-**
Any injection[#]	-	-	-	-	**-**
Tapentadol					
Any recent use	-	-	-	0	**-**
Non-prescribed use	-	-	0	0	**-**
Any injection[#]	-	0	0	0	**0**

Note. - Per cent suppressed due to small cell size (n≤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 2022 versus 2023 presented in table; *$p<0.050$; **$p<0.010$; ***$p<0.001$.

7

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 Substance (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 2023, NPS use remained stable, with 12% reporting recent use (9% in 2022; p=0.631) (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 2023, most participants reported recent use of 'new' drugs that mimic the effects of psychedelic drugs (7%; n≤5 in 2022; p=0.065) (Table 3). Please refer to the 2023 National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Canberra, ACT, 2013-2023

% 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	2023 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	-	-
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-[#]	-	-	0	0	-	**7**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0	-	0	0	-	**0**
Any of the above	-	7	9	14	11	8	12	7	12	9	**12**

Note. - Per cent suppressed due to small cell size (n≤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 2022 versus 2023 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 any benzodiazepine use has decreased over time, from 51% in 2007 when monitoring commenced to 24% in 2021, with 27% reporting use in 2022 and 2023 (Figure 30). Of the total Canberra sample, 14% reported recent use of non-prescribed alprazolam (12% in 2022; p=0.672) and 22% reported recent use of non-prescribed other benzodiazepines (21% in 2022).

Frequency of Use: In 2023, non-prescribed alprazolam and other benzodiazepines were used on a median of four days (IQR=2-13; n=14; 5 days in 2022; IQR=3-9; n=12; p=0.552) and seven days (IQR=3-29; n=22; 6 days in 2022; IQR=2-12; n=21), respectively.

Recent Injecting Use: In 2023, no participants reported injecting any non-prescribed benzodiazepines (n≤5 in 2022). Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Twelve per cent of the Canberra sample reported using non-prescribed pharmaceutical stimulants in the last six months (11% in 2022) (Figure 30).

Frequency of Use: Participants reported non-prescribed use of pharmaceutical stimulants on a median of two days in 2023 (IQR=1-10; n=12; 4 days in 2022; IQR=2-93; n=11; p=0.208).

Recent Injecting Use: Few (n≤5) participants reported injecting non-prescribed pharmaceutical stimulants in the six months preceding interview (n≤5 in 2022). Please refer to the 2023 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 2023, few (n≤5) participants in the Canberra sample reported recent use of any non-prescribed antipsychotics (7% in 2022; p=0.767) (Figure 30).

Frequency of Use: Due to low numbers of participants reporting recent use in 2023 (n≤5), details regarding frequency of use is not discussed (2 median days in 2022; IQR=2-14; p=0.869).

Recent Injecting Use: No participants reported injecting non-prescribed antipsychotics in 2023 (0% in 2022). Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2023, 12% of the Canberra sample had used non-prescribed pregabalin in the six months preceding interview (13% in 2022) (Figure 30).

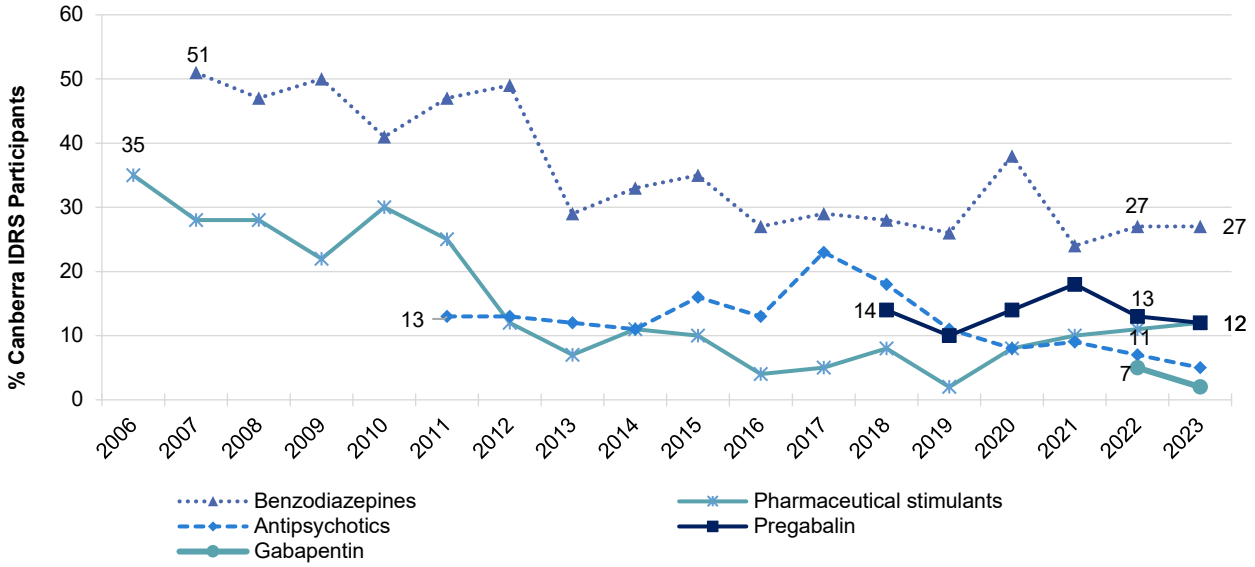
Frequency of Use: Non-prescribed use was infrequent in 2023, with participants reporting use on a median of six days (IQR=1-32; n=12; 5 days in 2022; IQR=1-48; n=13; *p*=0.912).

Recent Injecting Use: Few (n≤5) participants reported injecting non-prescribed pregabalin in the last six months (n≤5 in 2022). Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Gabapentin

Recent Use (past 6 months): In 2023, few (n≤5) participants reported non-prescribed gabapentin use in the six months preceding interview (n≤5 in 2023; *p*=0.445) (Figure 30). Please refer to the 2023 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, 2006-2023



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' from 2011-2018), pregabalin in 2018 and gabapentin in 2022. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed from 2007 onwards. 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 (2022 and 2023) 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 2022 versus 2023 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 2023, 57% reported consuming alcohol in the past six months (62% in 2022; *p*=0.566) (Figure 31).

Frequency of Use: In 2023, alcohol was used on a median of 24 days (IQR=6-96; n=58; 24 days in 2022; IQR=10-90; n=62; *p*=0.769), with 18% of those who had recently used alcohol reporting daily use (19% in 2022; *p*=0.812).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively common since monitoring began, with at least four fifths of participants reporting recent use. In 2023, 84% reported recent use, the lowest per cent since monitoring commenced (88% in 2022; *p*=0.424) (Figure 31).

Frequency of Use: In 2023, tobacco was used on a median of 180 days (IQR=180-180; n=84; 180 days in 2022; IQR=180-180; n=89; *p*=0.267), with 88% of those who had recently used tobacco reporting daily use (93% in 2022; *p*=0.304).

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 2023 (0% in 2022).

Recent Use (past 6 months): E-cigarette use has fluctuated since monitoring began, with one third (36%) reporting non-prescribed recent use in 2023, the highest per cent since monitoring commenced (23% in 2022; *p*=0.068) (Figure 31).

Frequency of Use: In 2023, non-prescribed e-cigarettes were used on a median of 15 days (IQR=6-90; n=36; 20 days in 2022; IQR=7-180; n=23; *p*=0.563). One fifth (17%) of people who had recently used e-cigarettes reported daily use (30% in 2022; *p*=0.337).

Forms Used: Among those who reported recent use (n=36), two thirds (67%) reported using non-prescribed e-cigarettes containing nicotine (87% in 2022; *p*=0.231). Few (n≤5) participants reported using e-cigarettes that contained both nicotine and cannabis or cannabis alone. Nearly half (48%) of participants reported using e-cigarettes that contained neither (74% in 2022; *p*=0.101).

Reason for Use: Two thirds (64%) of participants who had recently used any (i.e., prescribed or non-prescribed) e-cigarettes reported using them as a smoking cessation tool in 2023 (79% in 2022; *p*=0.261).

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≤5 in 2023 and 2022). Please refer to the

2023 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 2023, 11% of participants reported recent use of GHB/GBL/1,4-BD (7% in 2022; p=0.453) (Figure 31).

Frequency of Use: In 2023, GHB/GBL/1,4-BD was used on a median of three days (IQR=1-5; n=11; 2 days in 2022; IQR=1-3; n=7; p=0.347).

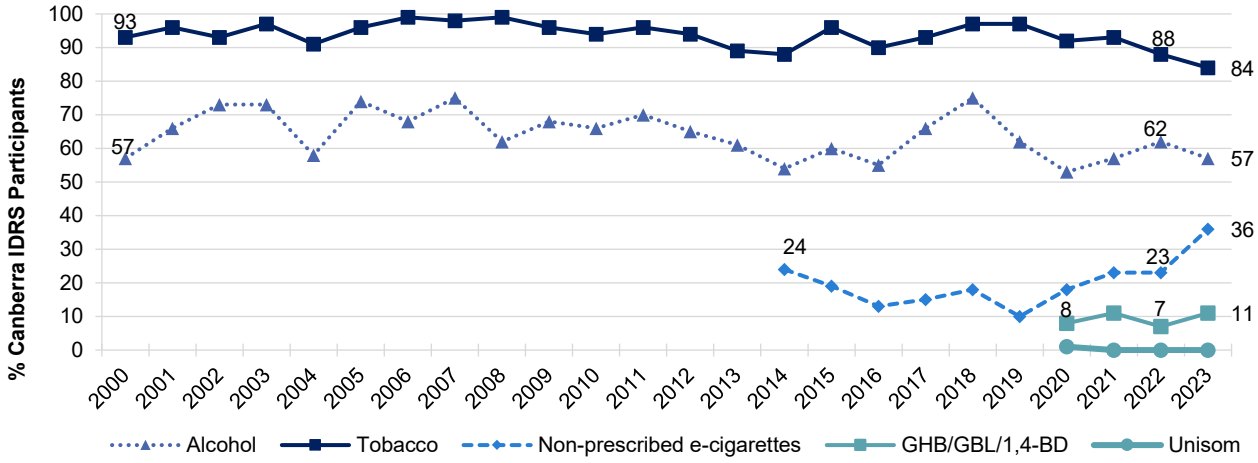
Recent Injecting Use: Few (n≤5) participants reported recent injection in 2023 (0% in 2022). Please refer to the 2023 IDRS National Report for national trends, or contact the Drug Trends team for further information.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been reports of injecting use in Australia, raising concern of attendant injecting-related injuries.

Recent Use (past 6 months): In 2023, no participants reported use of Unisom in the six months preceding interview (0% in 2023) (Figure 31). Please refer to the 2023 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, 2000-2023



Note. Participants were first asked about e-cigarettes 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 and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

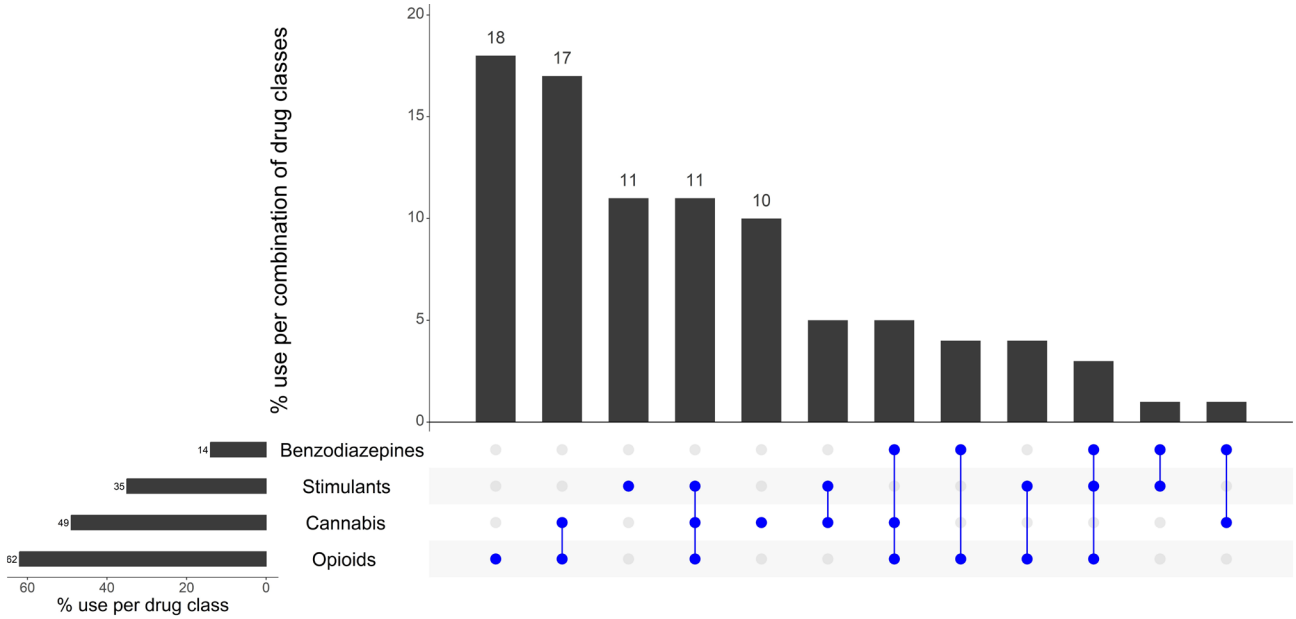
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, the majority (95%) 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=95), the most commonly used substances were opioids (62%), cannabis (49%), stimulants (35%), and benzodiazepines (14%).

Almost two thirds (63%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Seventeen per cent of participants reported concurrent use of cannabis and opioids, and 11% reported concurrent use of opioids, stimulants and cannabis on the day preceding interview (Figure 32). Eighteen per cent of respondents reported using opioids alone, 11% reported using stimulants alone and 10% reported using cannabis alone.

Figure 32: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Canberra, ACT, 2023



Note. % calculated out of total Canberra IDRS 2023 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.

From 2023, 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:

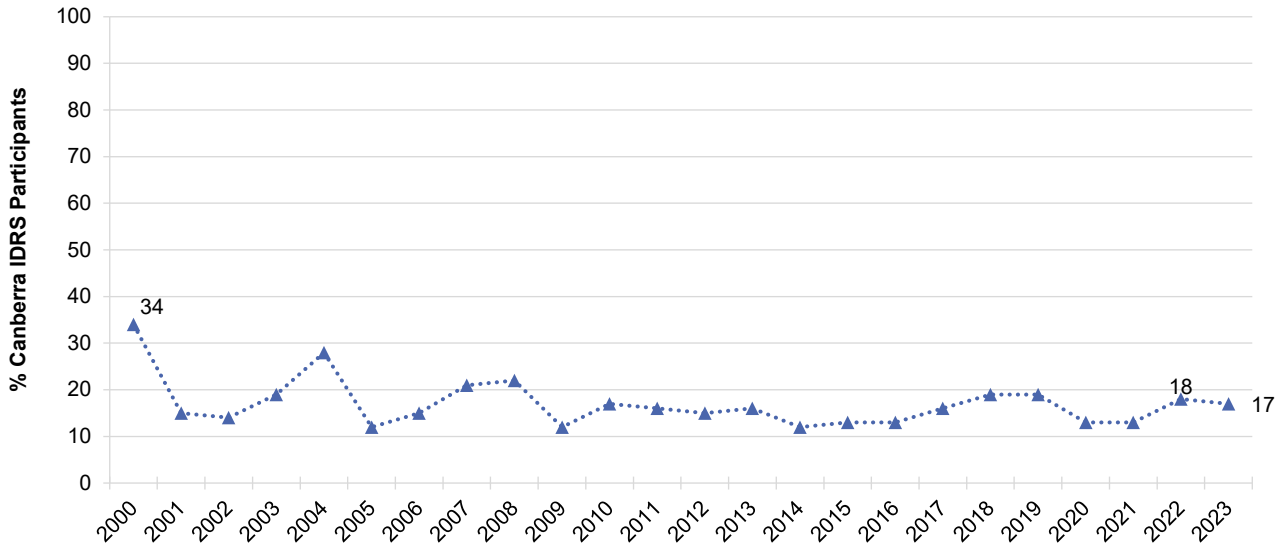
- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, 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 above); 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 2023, 17% of the sample reported any non-fatal drug overdose in the past 12 months (18% in 2022) (Figure 33). The most common substance involved in past year non-fatal overdose was heroin (10%; 12% in 2022; p=0.817) (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, 69% reported receiving naloxone (Narcan®). Few (n≤5) participants reported experiencing a past year non-fatal overdose on a stimulant drug (n≤5 in 2022) (Table 4).

Figure 33: Past 12 month non-fatal overdose, Canberra, ACT, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past year non-fatal overdose by drug type, Canberra, ACT, 2015-2023

	Canberra, ACT								
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2023**
% 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=99 13**
% 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=98 10**
% Methadone overdose	N=100 -	N=56 -	N=100 -	N=99 0	N=100 0	N=100 -	N=100 0	N=101 -	**N=98 0**
% 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=98 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=98 -**
% Stimulant overdose	N=100 -	N=56 -	N=88 -	N=100 -	N=100 -	N=100 -	N=100 -	N=101 -	**N=98 -**
% Other overdose	/	/	/	/	N=100 -	N=100 -	N=100 -	N=101 -	**N=98 -**
% 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=100 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. – Per cent 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 2022 versus 2023 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 could 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, with nearly all participants (98%) reporting awareness in 2023, the highest per cent since monitoring commenced (93% in 2022; p=0.170) (Figure 34).

Awareness of Take-Home Naloxone: The per cent reporting that they were aware that naloxone was available for people to take home has been high throughout monitoring. Nearly all (97%) participants reported awareness in 2023, a significant increase from 78% in 2022 (p<0.001), and the highest per cent since monitoring commenced (Figure 34), although it should be noted that this could be due to a change in how this question was asked in 2023. In 2023, few (n≤5) participants reported having heard of paid access, a significant decrease relative to 15% in 2022 (p=0.002); instead, most participants (91%) reported having heard of free access, a significant increase relative to 2022 (73%; p=0.002).

Accessed Naloxone: Four fifths (82%) of the sample reported having ever accessed naloxone in 2023, a significant increase relative to 57% in 2022 (p<0.001), with two thirds (68%) of the total sample having done so in the past year (52% in 2022; p=0.034). Among those that had ever accessed naloxone and responded (n=79), most participants reported accessing naloxone from a NSP (48%) the last time, followed by a pharmacy (18%) and a health service (11%). Nearly all participants (99%) reported that they did not have to pay the last time they accessed naloxone.

Few (n≤5) participants reported that they had tried to access naloxone in their lifetime but had been unsuccessful (note: a small per cent of participants reported never trying to access naloxone despite having obtained it in their lifetime – this could reflect that they had been given naloxone, but never actively sought it out). Of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=23), the most common reason was that they 'don't use opioids' (30%).

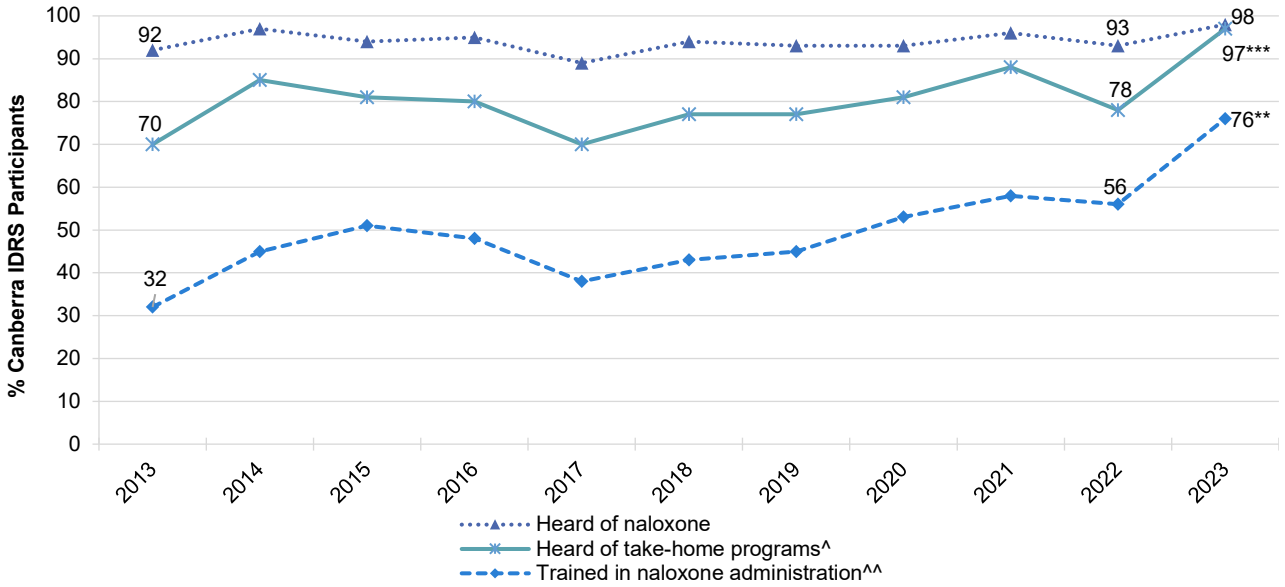
Of those who had ever obtained naloxone, had used opioids in the past month, and commented (n=69), 52% reported that they 'always' had naloxone on hand when using opioids in the past month, 19% said 'often' and 13% reported 'never' having naloxone on hand.

Education on Using Naloxone: In 2023, three quarters (76%) of the sample reported participation in naloxone training programs, a significant increase relative to 2022 (56%; p=0.005) and the highest per

cent since monitoring commenced (Figure 34). In the last year, nearly three fifths (58%) were taught how to administer naloxone at an NSP, followed by a drug treatment service (14%).

Use of Naloxone to Reverse Overdose: In 2023, half (50%) of the sample reported that they had resuscitated someone using naloxone at least once in their lifetime (39% in 2022; p=0.125), with one third (33%) having done so in the past year. Nine per cent of participants reported that they had been resuscitated by a peer using naloxone in the past year (11% in 2022; p=0.808).

Figure 34: Lifetime awareness of naloxone, and education in naloxone administration, Canberra, ACT, 2013-2023



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001. Nationally, 80% had heard of naloxone, 73% had heard of the take-home naloxone program and 52% were trained in naloxone administration in 2023.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2023, few (n≤5) participants reported distributive sharing of needles/syringes, the lowest per cent since monitoring commenced (6% in 2022; p=0.498) and few (n≤5) participants reported receptive sharing (n≤5 in 2022; p=0.369) in the month preceding interview (Figure 35).

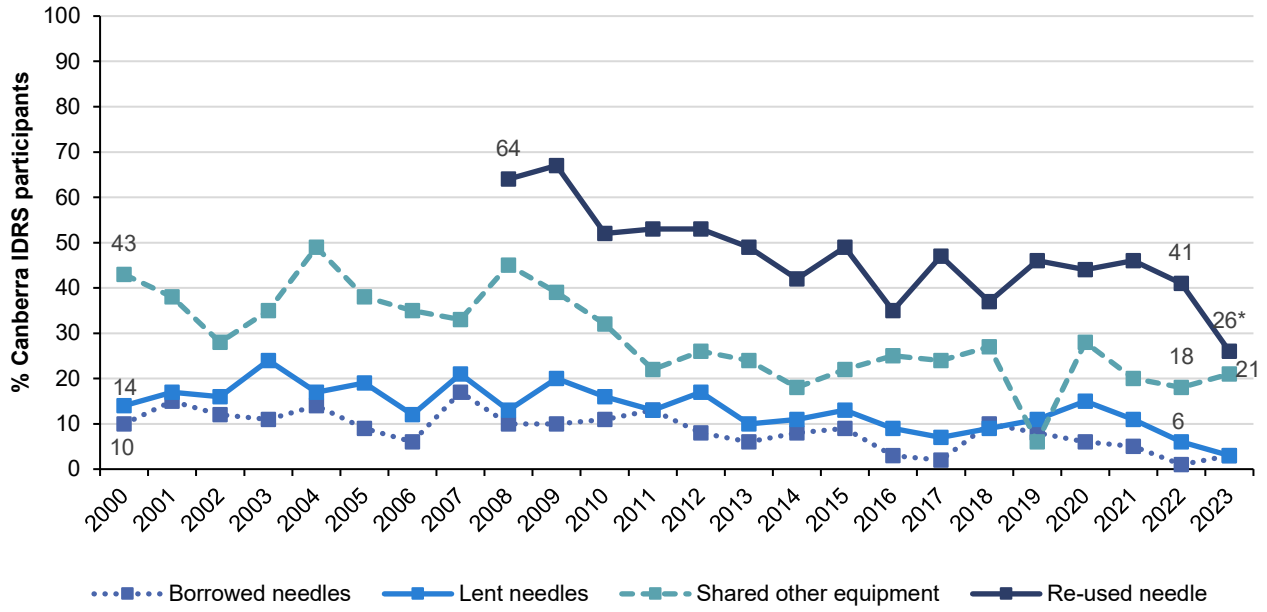
The per cent of the sample who reported sharing other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month fluctuated between 2000-2011, with the percentage stabilising from about 2011 onwards (notwithstanding a sharp drop in 2019). In 2023, one fifth (21%) of participants reported sharing other injecting equipment, stable from 2022 (18%; p=0.706) (Figure 35).

The per cent of the sample who reported re-using their own needles in the past month declined from 64% in 2008 to 26% in 2023, also a significant decrease relative to 2022 (41%; p=0.039), and the lowest per cent since monitoring commenced (Figure 35).

Nearly one quarter (23%) of the sample reported that they had injected someone else after injecting themselves (19% in 2022; p=0.600), and 15% were injected by someone else who had previously injected in the past month (9% in 2022; p=0.280) (Table 5).

Location of last injection remained stable between 2022 and 2023 (p=0.674). Consistent with previous years, most participants (86%; 86% in 2022) 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, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 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, Canberra, ACT, 2015-2023

	Canberra, ACT								
	2015 (N=98)	2016 (N=97)	2017 (N=98)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=99)	2023 (N=101)
% Injecting behaviours past month									
Borrowed a needle	9	-	-	10	8	6	-	-	**-**
Lent a needle	13	9	7	9	11	15	11	6	**-**
Shared any injecting equipment ^	22	25	24	27	6	28	20	18	**21**
Re-used own needle	49	35	47	37	46	44	46	41	**26***
Injected partner/friend after injecting self˜	/	33	31	26	33	30	27	19	**23**
Somebody else injected them after injecting themselves˜	/	10	9	14	21	19	17	9	**15**
% Location of last injection									
Private home	85	83	85	91	82	91	89	86	**86**
Car	0	-	6	-	-	7	-	-	**-**
Street/car park/beach	-	6	-	-	-	0	-	-	**-**
Public toilet	-	6	-	-	10	-	-	7	**-**
Other	-	-	0	0	0	0	-	-	**-**

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ With a new or used needle. - Per cent 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 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

In 2023, one quarter (28%) of the sample reported having an injection-related injury and/or disease in the month preceding interview (30% in 2022; p=0.874) (Table 6). The most common injection-related injuries and diseases reported by participants was any nerve damage (14%; 9% in 2022; p=0.372), followed by skin abscess or cellulitis (10%; 15% in 2022; p=0.397) and a dirty hit (9%; 11% in 2022; p=0.808) (Table 6).

Table 6: Injection-related issues in the past month, Canberra, ACT, 2020-2023

	2020	2021	2022	2023
	(N=100)	(N=99)	(N=101)	(N=101)
% Artery injection	-	8	-	**6**
% Any nerve damage	9	-	9	**14**
% Any thrombosis	-	-	7	**-**
Blood clot near the surface of skin	-	-	-	**-**
Blood clot in the deep veins	0	-	-	**-**
% Any infection/ abscess	8	-	18	**10**
Skin abscess or cellulitis	-	-	15	**10**
Endocarditis	-	0	-	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	0	7	**-**
% Dirty hit	6	-	11	**9**
% Any injection-related problem	24	18	30	**28**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

Around half of participants historically have reported being currently in any drug treatment (apart from a spike in 2020). Indeed, in 2023, 51% of the sample reported being in any current drug treatment (57% in 2022; p=0.473), most commonly methadone (37%; 43% in 2022; p=0.465) (Table 7).

Table 7: Any current drug treatment, Canberra, ACT, 2015-2023

	Canberra, ACT								
	2015 (N=100)	2016 (N=100)	2017 (N=100)	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=101)	2023 (N=101)
% Any drug treatment	53	46	47	42	49	71	52	57	**51**
Methadone	38	36	39	28	30	52	36	43	**37**
Buprenorphine	-	-	-	-	0	-	-	-	**-**
Buprenorphine-naloxone	6	6	7	10	-	9	8	-	**-**
Buprenorphine depot injection	/	/	/	/	0	-	-	-	**6**
Drug counselling	-	-	0	-	8	13	6	15	**12**
Other	0	0	0	0	12	-	-	10	**-**

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past six months, a cut-off value of four was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a cut-off value of five as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=79), the median SDS score was six (IQR=4-9), with 71% scoring five or above, indicating possible dependence (58% in 2022; p=0.121) (Table 8). Of those who scored five or above (n=56), 94% reported specifically attributing their responses to heroin.

Of those who had recently used methamphetamine and commented (n=71), the median SDS score was three (IQR=1-6), with 48% scoring four or above, indicating possible dependence (Table 8).

Table 8: Total opioid and methamphetamine SDS scores and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Canberra, ACT 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Opioid	N=78	N=80	N=79	/	N=78	N=64	**N=79**
Median total score (IQR)	6 (4-9)	6 (2-8)	6 (3-11)	/	5 (2-9)	5 (2-8)	**6 (4-9)**
% score 0	-	20	14	/	15	20	**9**
% score = 1	-	-	-	/	-	-	**-**
% score ≥ 5	71	59	65	/	51	58	**71**
Methamphetamine	N=79	N=83	N=76	/	N=75	N=77	**N=71**
Median total score (IQR)	3 (0-8)	1 (0-5)	3 (1-6)	/	3 (1-6)	2 (0-5)	**3 (1-6)**
% score 0	27	46	22	/	24	27	**21**
% score = 1	-	8	13	/	11	13	**-**
% score ≥ 4	48	37	46	/	44	42	**48**

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence Scale was not asked of participants in 2020. - Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

In 2023, half (51%) of the Canberra sample reported that they had received a Hepatitis C virus (HCV) antibody (41% in 2022; p=0.198) or RNA or PCR (31%; 27% in 2022; p=0.623) test. In 2023, few (n≤5) participants reported having a current HCV infection (9% in 2022) (Table 9). Eleven per cent of the sample reported that they had received HCV treatment in the past year (14% in 2022; p=0.483).

The majority (91%) of the sample reported having ever had a test for human immunodeficiency virus (HIV): 42% within the past six months (21% in 2022; p=0.001) and 48% more than 6 months ago (54% in 2022; p=0.466). No participants reported ever being diagnosed with HIV (0% in 2022) (Table 9).

Table 9: HCV testing and treatment, Canberra, ACT, 2018-2023

%	Canberra, ACT					
	2018 (N=100)	2019 (N=100)	2020 (N=100)	2021 (N=100)	2022 (N=101)	2023 (N=101)
Past year Hepatitis C test						
Past year hepatitis C antibody test	N=98 60	N=99 49	N=100 24	N=99 64	N=98 41	**N=96** **51**
Past year hepatitis C PCR or RNA test	N=93 42	N=97 38	N=96 41	N=96 52	N=92 27	**N=88** **31**
Current hepatitis C status						
Currently have hepatitis C^	N=85 19	N=93 17	N=98 14	N=96 10	N=94 9	**N=65** **-**
Past year treatment for hepatitis C						
Received treatment in past year	N=97 15	N=98 18	N=98 6	N=99 20	N=97 14	**N=66** **11**
Most recent treatment was successful (among those who had received treatment in past year)	N=11 82	N=12 100	N=6 -	N=20 55	N=14 50	**N=7** **-**
HIV test				N=97	N=96	**N=88**
HIV test in past 6 months	/	/	/	44	21	**42****
HIV test more than 6 months ago	/	/	/	42	54	**48**
HIV status				N=96	N=72	**N=88**
Lifetime HIV positive diagnosis	/	/	/	-	0	**0**

Note. ^The denominator includes people who had not been tested for HCV. – Per cent suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

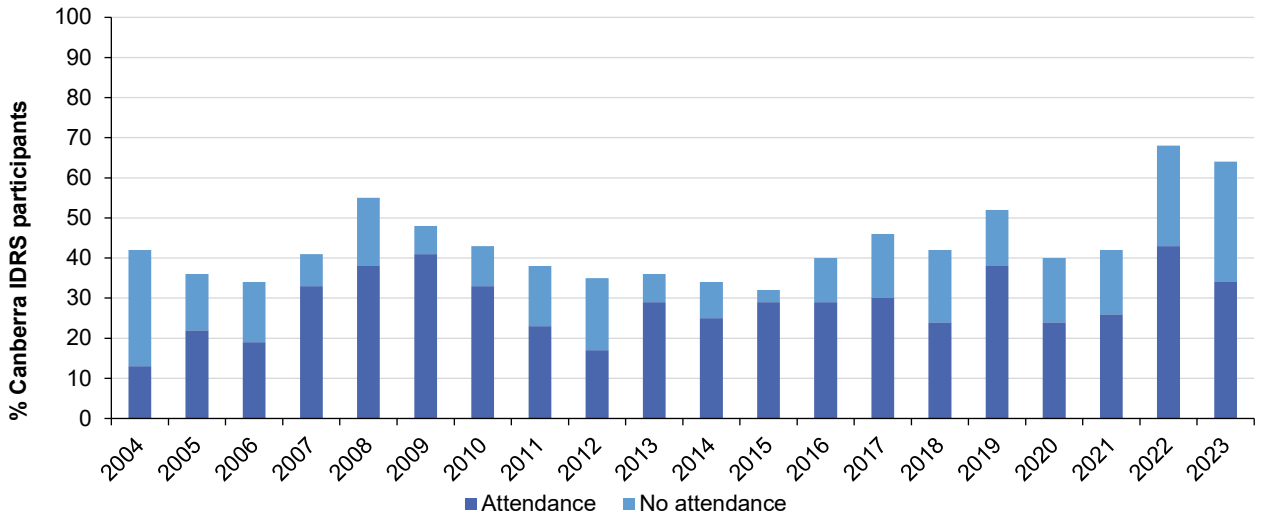
Mental Health and Psychological Distress (K10)

Mental Health

Nearly two thirds (64%) of participants self-reported that they had experienced a mental health problem in the preceding six months. This was the second highest per cent since monitoring commenced, although stable relative to 2022 (68% in 2022; p=0.656) (Figure 36). Amongst this group in 2023, the most commonly reported problems were depression (63%; 75% in 2022; p=0.156), anxiety (50%; 51% in 2022; p=0.763) and post-traumatic stress disorder (PTSD) (18%; 35% in 2022; p=0.039). One third (34%) of the total sample (54% of those who reported a mental health problem (64% in 2022; p=0.293)) had seen a mental health professional during the past six months (Figure 36).

The majority (85%) 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 (86% in 2022).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, Canberra, ACT, 2004-2023



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. For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Psychological Distress (K10)

The Kessler Psychological Distress Scale 10 (K10) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders/the Structured Clinical Interview for DSM disorders.

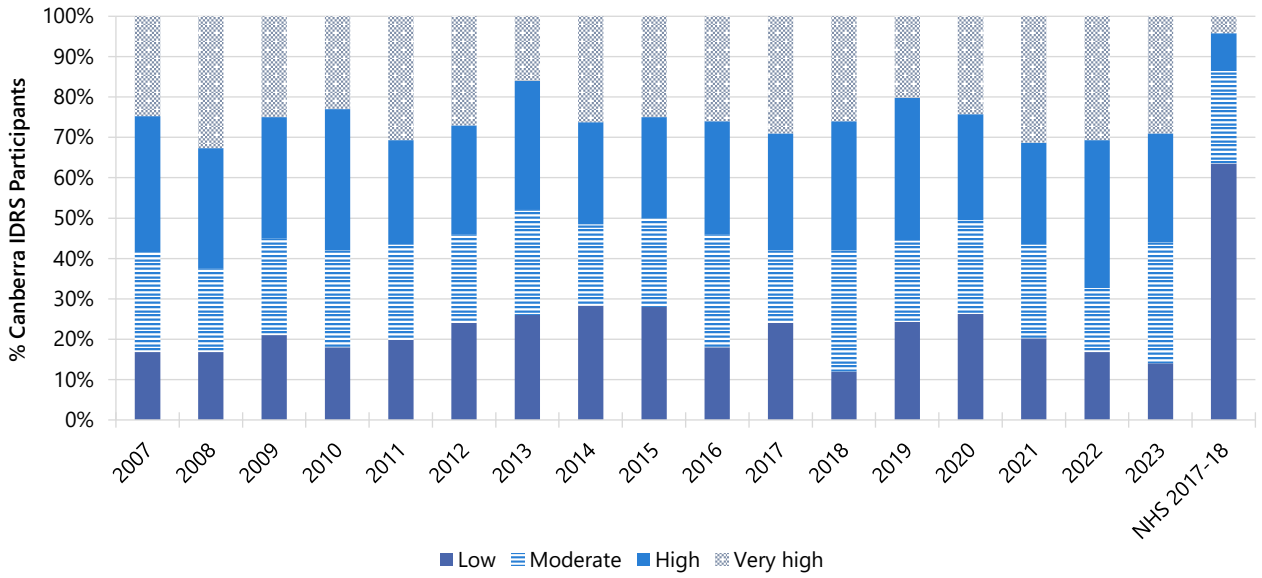
The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population,

scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

Among those who responded in 2023 (n=97), the per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 (p=0.126). In 2023, 29% of the Canberra sample had a score of 30 or more (31% in 2022) (Figure 37).

The National Health Survey 2017-18 provides Australian population data for adult (≥18 years) K10 scores. IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 37

Figure 37: K10 psychological distress scores, Canberra, ACT, 2007-2023 and NHS 2017-18



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Health Service Access

Most participants (90%) reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023, stable relative to 2022 (90%) (Table 10). Primary AOD services reported by participants in 2023 were a NSP and a GP (77% and 47%, respectively).

Nearly all participants (95%) reported accessing any health service for any reason in the six months preceding interview in 2023, also stable compared to 2022 (97%; p=0.721) (Table 10). Primary services reported by participants in 2023 were a NSP and a GP (80% and 62%, respectively).

Table 10: Health service access for alcohol and other drug reasons and for any reason in the past six months, Canberra, ACT, 2022-2023

	AOD support		Any reason	
	2022 (N=101)	2023 (N=101)	2022 (N=101)	2023 (N=101)
% accessed a health service in the past 6 months	90	**90**	97	**95**
Type of service accessed ***(participants could select multiple services)***				
GP	55	**47**	68	**62**
Emergency department	12	**10**	17	**24**
Hospital admission (inpatient)	13	**6**	21	**20**
Medical tent (e.g., at a festival)	0	**-**	-	**-**
Drug and Alcohol counsellor	25	**22**	25	**23**
Hospital as an outpatient	-	**7**	9	**17**
Specialist doctor (not including a psychiatrist)	-	**-**	-	**11**
Dentist	11	**12**	24	**25**
Ambulance attendance	11	**7**	14	**17**
Other health professional (e.g., physiotherapist)	-	**-**	-	**10**
Psychiatrist	10	**9**	15	**17**
Psychologist	12	**6**	18	**11**
NSP	68	**77**	72	**80**
Peer based harm reduction service	10	**6**	12	**7**
Other harm reduction service	-	**-**	-	**-**

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size (n≤5 but not 0). Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Stigma

Questions regarding stigma were derived from the Stigma Indicators Monitoring Project, with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, 63% of the sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 11). Specifically, 17% of the sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (18% of those who had attended a specialist AOD service), a significant decrease from 33% in 2022 (p=0.015). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (31%; 36% of those who had attended general health care services), stable relative to 2022 (34% in 2022; p=0.762). Self-reported experiences of stigma while attending general health care services most commonly occurred while visiting a GP (17%) or the emergency department (9%). Fifty-five per cent of the sample reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (36%), followed by housing and homelessness services (28%) and welfare and social services (18%) (Table 11).

Notably, 44% of the sample in 2023 reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved not telling health workers about their drug use (32%), followed by delaying accessing health care (26%) and downplayed need for pain medication (24%).

Table 11: Self-reported experiences of stigma due to illicit/injecting drug use in the past six months, Canberra, ACT, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	(N=101) 33	**(N=99)** **17***
Needle and syringe program	/	**0**
Supervised injecting facility	/	**0**
Opioid treatment program	/	**-**
AOD counselling	/	**-**
Residential rehabilitation	/	**0**
Detoxification	/	**0**
Group therapy	/	**-**
Peer based harm reduction service	/	**-**
Other	/	**12**
% Experienced stigma in general health care service	(N=97) 34	**(N=96)** **31**
GP	/	**17**
Emergency department	/	**9**
Hospital admission (inpatient)	/	**7**
Medical tent	/	**0**

Dentist	/	-
Hospital outpatient	/	-
Specialist doctor	/	-
Ambulance	/	-
Psychiatrist	/	-
Psychologist	/	-
Other	/	-
% Experienced stigma in non-health care setting	/	**(N=101) 55**
Welfare and social service	/	**18**
Current of potential employer	/	**6**
School/uni/TAFE	/	-
Police	/	**36**
Other legal services	/	**8**
Housing and homelessness services	/	**28**
Other	/	-
% Experienced stigma in any of the above settings^	/	**63**
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	**(N=98) 44**
Delayed accessing healthcare	/	**26**
Did not tell health worker about drug use	/	**32**
Downplayed need for pain medication	/	**24**
Looked for different services	/	**22**
Did not attend follow-up appointment	/	**20**
Other	/	-

Note. N is the number who responded (denominator). – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. ^Includes specialist AOD service, general health care service and non-health care services. / Not asked. Statistical significance for 2022 versus 2023 presented in table; *p<0.050; **p<0.010; ***p<0.001.

COVID-19 Testing and Diagnosis

In 2023, 93% of the Canberra sample had ever been tested for SARS-CoV-2, with 88% of the sample having been tested in the 12 months preceding interview (87% in 2022; 35% in 2021; 21% in 2020). One third (32%) of participants reported having ever been diagnosed with the virus (42% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). Almost one fifth (18%) of the sample reported a positive COVID-19 test in the 12 months preceding interview.

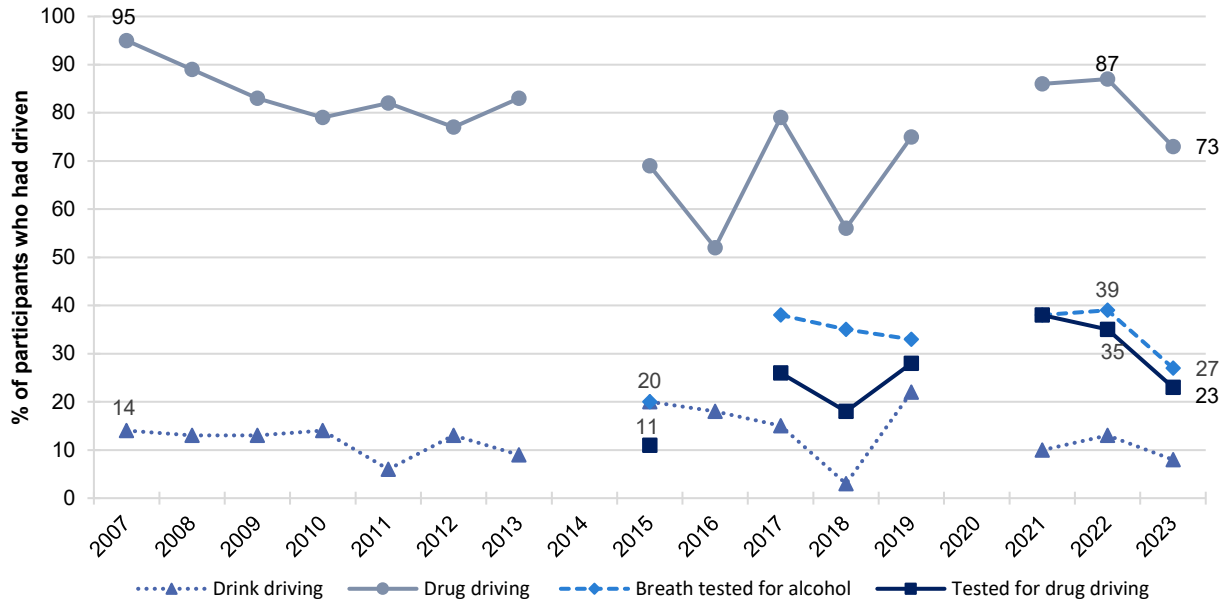
At the time of interview, 91% reported that they had received at least one COVID-19 vaccine dose (85% in 2022; p=0.283), with participants receiving a median of three doses (IQR=2-4: few (n≤5) participants received one dose, 23% received two doses and 67% received three or more doses)).

Driving

Of the whole sample, 28% had driven a car, motorcycle or other vehicle in the six months preceding interview (23% in 2022; p=0.514). Of those who had driven in the past six months and responded (n=25), few (n≤5) participants reported driving while over the perceived legal limit of alcohol (n≤5 in 2022; p=0.662), whereas 73% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (87% in 2022; p=0.306) (Figure 38).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded (n=18), participants most commonly reported using heroin (78%) prior to driving, followed by cannabis (33%). Among those who had driven in the last six months and responded (n=26), 23% reported that they had been tested for drug driving by the police roadside drug testing service (35% in 2022; p=0.362), and 27% reported being breath tested for alcohol by the police roadside testing service in the past six months (39% in 2022; p=0.370) (Figure 38).

Figure 38: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Canberra, ACT, 2007-2023



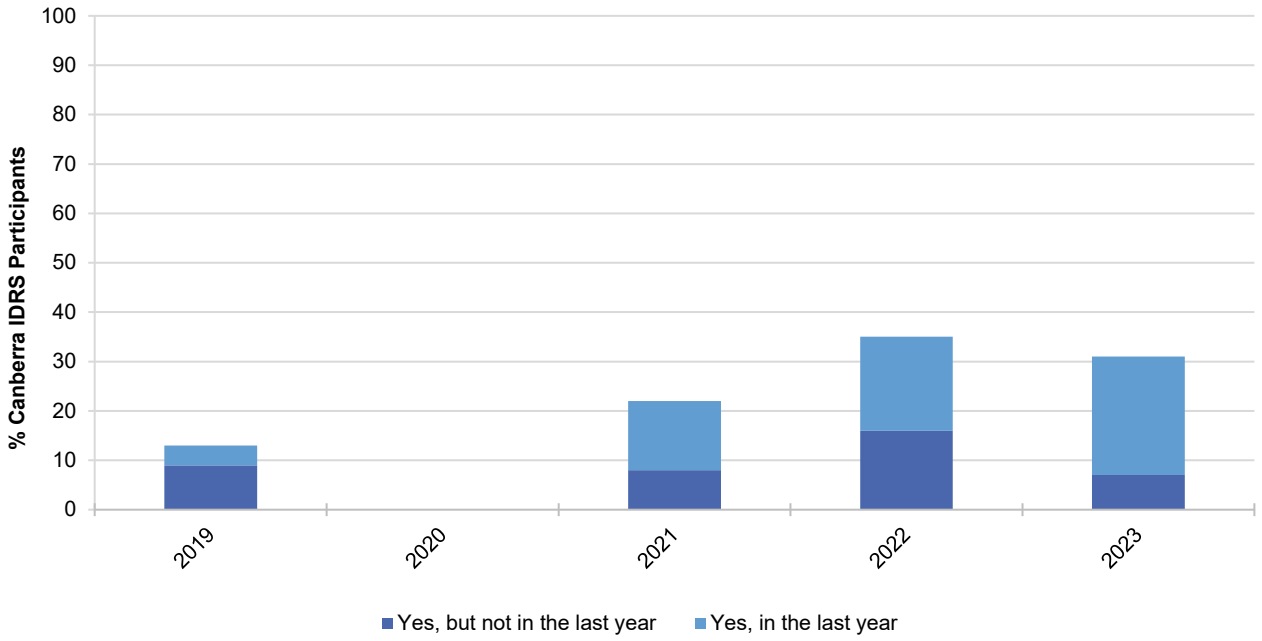
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020, and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. Data labels are only provided for the first (2007/2015) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

Drug checking is a common strategy used to test the contents and purity of illicit drugs. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a pilot fixed-site dug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 31% of participants (35% in 2022; p=0.655) reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (24% in the past year; 19% in 2022; p=0.392) (Figure 39). Of those who reported testing their illicit drugs in the past year (n=24), half (48%) of the sample reported using testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) and another half (48%) reported using 'Fourier Transform Infrared Spec etc'. Of those who had used testing strips (n=10), few (n≤5) participants reported receiving a positive detection for fentanyl.

Figure 39: Lifetime and past year engagement in drug checking, Canberra, ACT, 2019-2023



Note. The response option 'Don't know' was excluded from analysis. Lifetime and past year engagement in drug checking was not collected in 2020. For historical numbers, please refer to the data tables. Statistical significance for 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

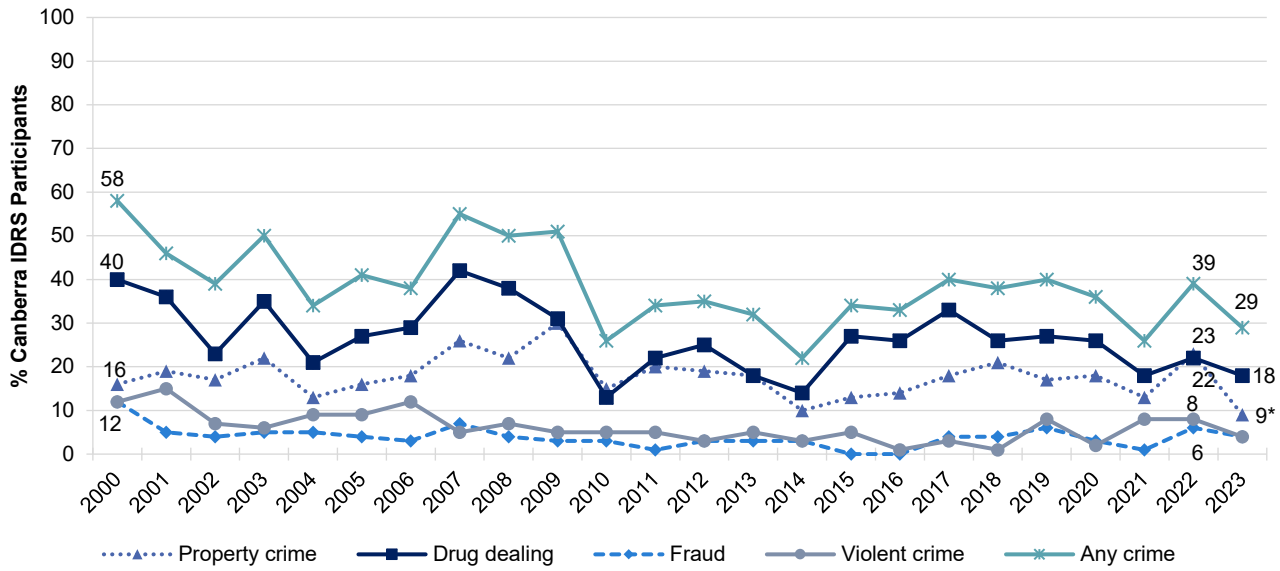
Experience of Crime and Engagement with the Criminal Justice System

The per cent reporting any past month criminal activity has fluctuated between 22% (2014) and 58% (2000) in the Canberra sample (Figure 40). In 2023, 29% reported past month criminal activity (39% in 2022; p=0.221). Selling drugs for cash profit (18%; 22% in 2022; p=0.587) remained the most commonly reported crime in the month preceding interview in 2023. However, property crime decreased to a record low of 9% in 2023 (23% in 2022; p=0.012). Past month self-reported fraud and violent crime has remained low throughout monitoring (n≤5 in 2023, respectively) (Figure 40). One in ten participants (9%) reported being the victim of a crime involving violence (e.g., assault) in the past month, a significant decrease relative to 2022 (21%; p=0.045), and the lowest per cent since monitoring commenced (Figure 41).

Three fifths (59%) of the sample reported a lifetime prison history in 2023, stable from 57% in 2022 (p=0.881) and one fifth (21%) of the sample reported being arrested in the preceding 12 months, also stable relative to 2022 (15%; p=0.355).

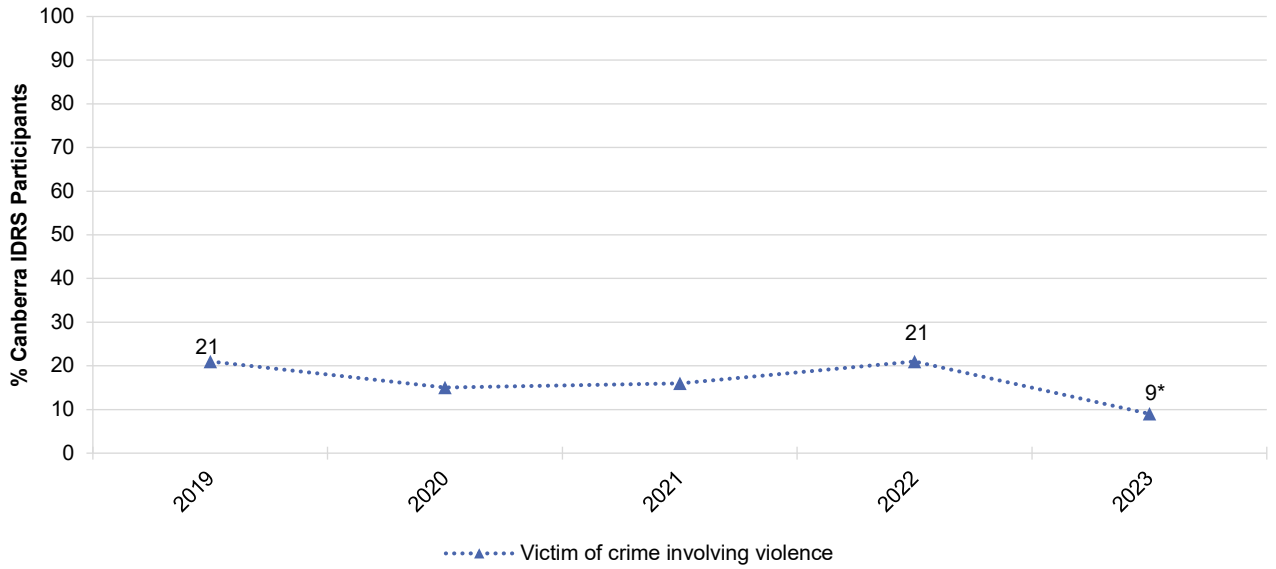
In 2023, 31% of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest, a significant increase compared to 16% in 2022 (p=0.021). This predominantly comprised of being stopped and questioned (83%; 94% in 2022; p=0.649), followed by being stopped and searched (53%; 56% in 2022).

Figure 40: Self-reported criminal activity in the past month, Canberra, ACT, 2000-2023



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 (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 41: Victim of crime involving violence in the past month, Canberra, ACT, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) 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 2022 versus 2023 presented in figure; *p<0.050; **p<0.010; ***p<0.001.