



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2021

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



AUSTRALIAN CAPITAL TERRITORY DRUG TRENDS 2021: KEY FINDINGS FROM THE ECSTASY AND RELATED DRUGS REPORTING SYSTEM (EDRS) INTERVIEWS

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UNSW
NDARC
National Drug &
Alcohol Research Centre



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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), University of New South Wales (UNSW) Sydney, coordinated the EDRS. The following researchers and research institutions contributed to EDRS 2021:

- Dr Rachel Sutherland, Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
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Participants

We would like to thank all the participants who were interviewed for the EDRS 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

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

Executive Summary

The Australian Capital Territory (ACT) EDRS comprises a sentinel sample of people who regularly use ecstasy and other illicit stimulants recruited via social media, advertisements on websites and via word-of-mouth in Canberra, ACT. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from April-July. Interviews were delivered face-to-face (n=51) as well as via telephone (n=49), due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change, which also impacted interview modality in 2020, should be factored into all comparisons of data from the 2020 and 2021 sample, relative to previous years.**

Sample Characteristics

The ACT EDRS sample (N=100) recruited from Canberra, ACT, were predominantly a young, educated group, with more participants identifying as male (64%) than female (34%), consistent with the sample profile in 2020 and since monitoring commenced. There was a significant change in age in 2021 compared to 2020 ($p=0.001$) with the 2021 sample being older (median 23 years; 21 years in 2020). Cocaine and cannabis were the most common drugs of choice (23%, respectively), with the per cent of participants nominating cocaine as their drug of choice the highest since monitoring began. Similarly, in 2021, cannabis was reported as the substance most often used in the preceding month (36%), followed by cocaine (19%, the highest per cent since monitoring began).

COVID-19

In 2021, 56% of the sample had been tested for SARS-CoV-2, with no participants having been diagnosed with COVID-19 in the 12 months prior to interview. Two-thirds (68%) reported that they were 'not at all' worried about contracting COVID-19, and one-tenth (13%) reported that they had received at least one dose of the COVID-19 vaccine, at the time of interview.

Ecstasy

The ecstasy market has diversified over the past few years. Recent (i.e., past six month) use of ecstasy pills has been declining since 2013, with 36% of the sample reporting use in 2021, the lowest percent since monitoring began and a significant decrease from 2020 (55%; $p=0.009$). The crystal form of ecstasy also decreased significantly from 71% in 2020 to 36% in 2021 ($p<0.001$), the lowest observed per cent since monitoring began in 2003. Despite capsules remaining the most commonly used form of ecstasy, recent use significantly decreased from a record high of 91% in 2020 to 76% in 2021 ($p=0.007$). Frequency of use of any form of ecstasy significantly declined from a median of 15 days in 2020 to six days in 2021 ($p<0.001$). This was mainly driven by a decrease in the frequency of use of the capsule form (5 days in 2021; 10 days in 2020; $p<0.001$). The median price of a pill and a capsule remained stable between 2020 and 2021, at \$25 and \$20 respectively, whereas the price of a gram of crystal increased to \$200 in 2021 from \$150 in 2020 ($p=0.047$). There was a significant change in the perceived purity of pills ($p=0.024$) and crystal ($p=0.025$), with fewer participants perceiving these forms to be of 'high' purity in 2021 compared to 2020 (23% versus 52%, and 34% versus 63%, respectively). In addition, there was a significant change in the perceived availability of pills ($p=0.015$) and capsules ($p=0.001$), with an increase in the proportion of participants perceiving these forms to be 'difficult' to obtain in 2021 compared to 2020 (21% versus 16%, and 29% versus 22%, respectively).

Methamphetamine

Use of methamphetamine had been declining amongst the ACT sample since the commencement of monitoring, with the lowest per cent (15%) reporting any recent use in 2020. However, recent use of 'any' methamphetamine increased in 2021 (29%), returning to similar levels of use observed in 2015-2019. This was largely driven by an increase in recent use of crystal methamphetamine (21%; $n\leq 5$ in 2020;

$p=0.001$). Frequency of 'any' methamphetamine use remained stable at a median of six days in the past six months.

Cocaine

The per cent reporting any recent use of cocaine has been increasing since 2017, and in 2021 the highest per cent reported recent use since monitoring began (91%; 89% in 2020; $p=0.832$). Recent use remained infrequent (5 median days), however, with 9% of participants who had recently used cocaine reporting weekly or more frequent use. The median price for a gram of cocaine has been \$300 since 2006 onwards.

Cannabis

At least three in four participants have reported any recent use of cannabis each year since monitoring began (86% in 2021). Over one-quarter (26%) of those who had recent used cannabis reported daily use, stable relative to 2020 (22%) and consistent with previous years. The median price for an ounce of bush cannabis decreased from \$275 in 2020 to \$220 in 2021 ($p=0.012$).

Ketamine, LSD and DMT

Recent use of ketamine, LSD and DMT has fluctuated over the period of monitoring. In 2021, just over half (51%) of participants reported any recent ketamine use, the highest per cent since monitoring began, but stable from 2020 (47%). Recent use of LSD also remained stable in 2021 (45%; 41% in 2020). In 2021, nearly one-fifth (18%) of participants reported recent use of DMT, a significant increase from 2020 (7%; $p=0.030$). Frequency of use remained low for all three substances.

New Psychoactive Substances (NPS)

Eighteen per cent of the sample reported recent use of at least one form of NPS (including plant-based NPS). Any 2C-variant has consistently been the most commonly used NPS, ranging from 25% reporting recent use in 2012 and 2013 to 7% in 2021.

Other Drugs

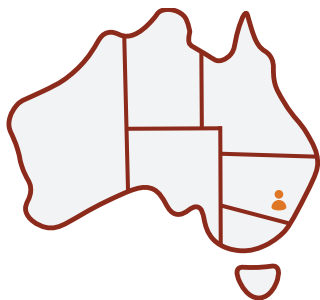
Reported recent non-prescribed use of benzodiazepines significantly decreased from

38% in 2020 to 23% in 2021 ($p=0.031$). In contrast, there were significant increases in recent use of hallucinogenic mushrooms (47%; 29% in 2020; $p=0.013$), GHB/GBL/1,4-BD (17%; $n \leq 5$ in 2020; $p=0.005$) and e-cigarettes (67%; 51% in 2020; $p=0.036$). Frequency of e-cigarette use also increased, from a median of 9 days in 2020 to 30 days in 2021 ($p=0.002$). Recent alcohol and tobacco use were common in the sample (95% and 72%, respectively).

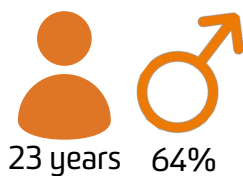
Drug-Related Harms and Other Associated Behaviours

On the last occasion of ecstasy or related drug use, 72% of participants in 2021 reported concurrent use of two or more drugs. Three-quarters (74%) obtained a score of eight or more on the AUDIT scale, indicative of hazardous alcohol use, a significant decrease from 2020 (91%; $p=0.003$). Fifteen per cent of the sample reported a non-fatal stimulant overdose and one-fifth (21%) reported a non-fatal depressant overdose (including alcohol) in the 12 months prior to interview, stable relative to 2020. The majority of the sample (84%) reported engaging in some form of sexual activity in the past four weeks, of which 27% reported penetrative sex without a condom where they did not know the HIV status of their partner. Mental health problems in the preceding six months were self-reported by 56% of the sample. One-quarter (27%) of the sample reported driving while over the perceived legal limit of alcohol, and 43% reported driving within three hours of consuming an illicit or non-prescribed drug, most commonly cannabis. Past month drug-dealing (22%) and property crime (18%) remained the two main forms of criminal activity in 2021, with 'any' past-month crime increasing from 24% in 2020 to 40% in 2021 ($p=0.020$). The most popular means of participants arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was in person (63%), followed by social networking applications (56%). There was a significant decrease in participant reports of obtaining drugs via a collection point in 2021 relative to 2020 (9% versus 26% in 2020; $p=0.004$).

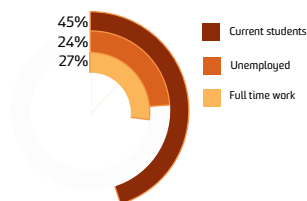
2021 SAMPLE CHARACTERISTICS



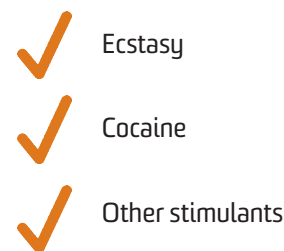
In 2021, 100 people from Canberra, ACT, participated in EDRS interviews.



The median age in 2021 was 23 (IQR = 21 - 29), and 64% identified as male.

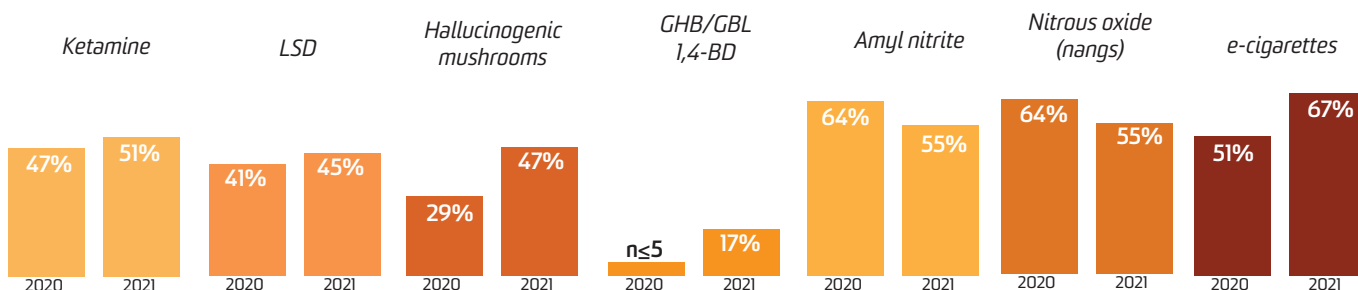


In the 2021 sample, 45% were enrolled students, 24% were unemployed, and 27% were employed full time.

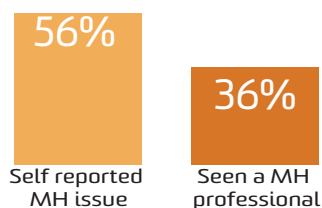


Participants were recruited on the basis that they had consumed ecstasy or other illicit stimulants at least monthly in the past 6 months.

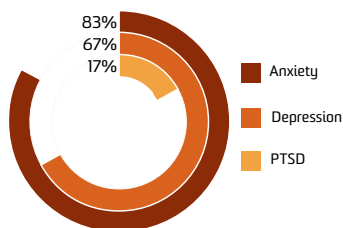
PAST 6 MONTH USE OF OTHER DRUGS



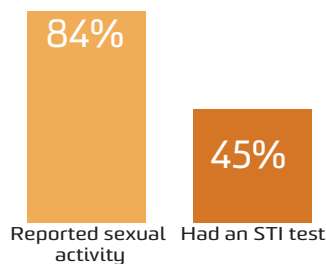
MENTAL HEALTH AND SEXUAL HEALTH BEHAVIOURS



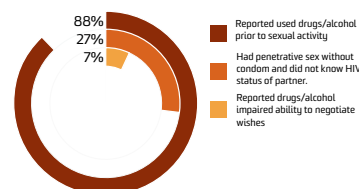
In the total sample, 56% self-reported a mental health issue and 36% had seen a mental health professional in the past 6 months.



Of those who commented, the top three most common mental health issues reported were anxiety (83%), depression (67%) and PTSD (17%).

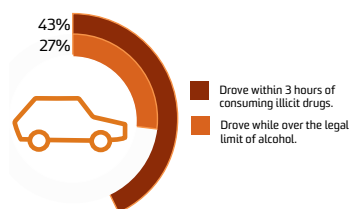


In the total sample, 84% reported sexual activity in the past 4 weeks, and 45% had a sexual health check in the past 6 months.

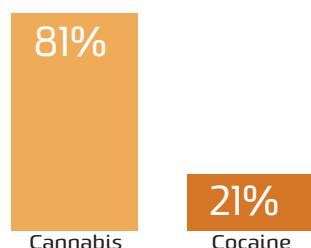


Sexual risk behaviours among those who reported any sexual activity in the past four weeks (86%) and were able to comment.

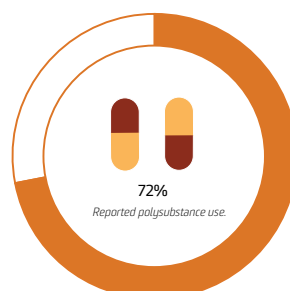
OTHER RISK BEHAVIOURS



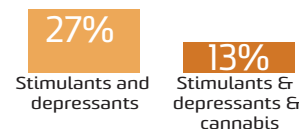
In the total sample, 43% reported driving a vehicle within 3 hours of consuming illicit drugs and 27% while over the legal limit of alcohol.



The most common drugs used prior to driving were cannabis (81%) and cocaine (21%).

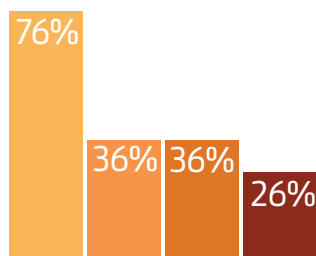


In the total sample, 72% reported concurrent use of two or more substances on the last occasion of ecstasy/stimulant use.

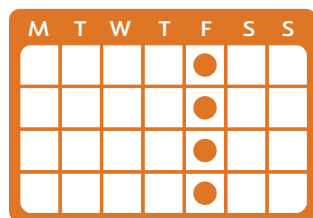


In the total sample, 27% reported to have used stimulants and depressants on one occasion whereas 13% reported using stimulants, depressants and cannabis

ECSTASY

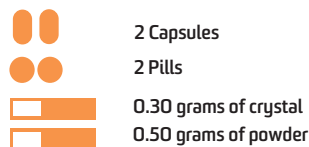


Past 6 month use of ecstasy capsules, crystal, pills, and powder in 2021.

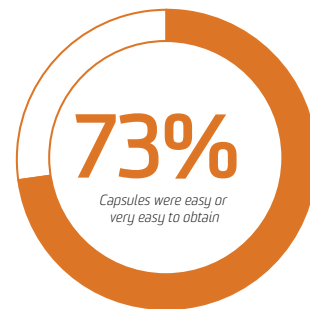


13%

Of those who had recently consumed ecstasy, 13% used it weekly or more frequently.

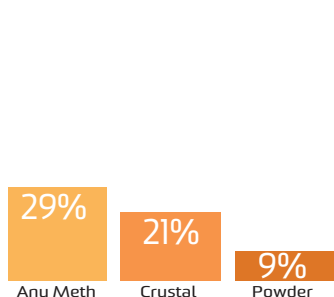


Median amounts of ecstasy consumed in a 'typical' session using each form.

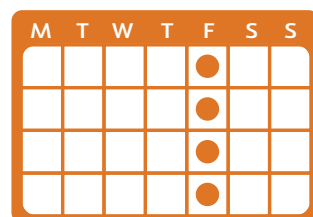


Of those who could comment 73% perceived ecstasy capsules to be 'easy' or 'very easy' to obtain.

METHAMPHETAMINE

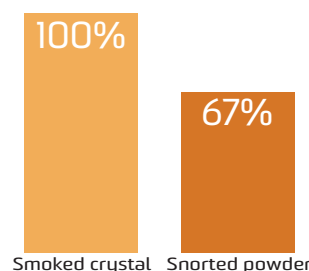


Past 6 month use of any methamphetamine (29%), crystal (21%), powder (9%) and base (0%) in 2021.

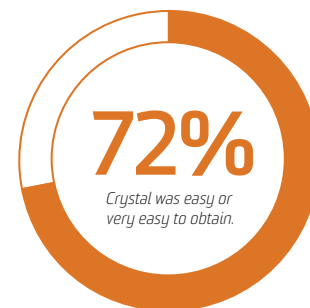


29%

Of those who had recently consumed methamphetamine, 29% used it weekly or more frequently.

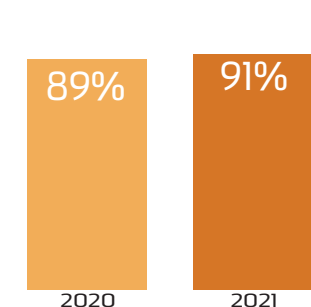


100% of people who had recently used crystal smoked it. Of those who had recently used powder, 67% snorted it.

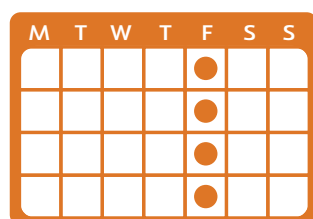


Of those who could comment 72% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain.

COCAINE



Past 6 month use of any cocaine remained stable from 2020 (89%) to 2021 (91%).

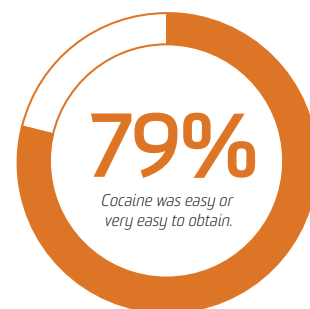


9%

Of those who had consumed cocaine recently, 9% reported weekly or more frequent use.

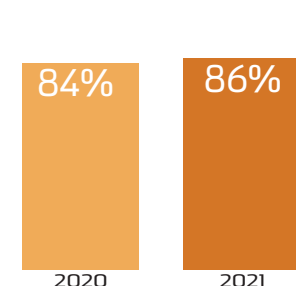


Of those who had consumed cocaine in the last 6 months, all participants had snorted it (100%).

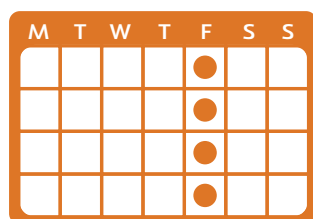


Of those who could comment 79% perceived cocaine to be 'easy' or 'very easy' to obtain.

CANNABIS



Past 6 month use of any cannabis remained stable from 84% in 2020 to 86% in 2021.

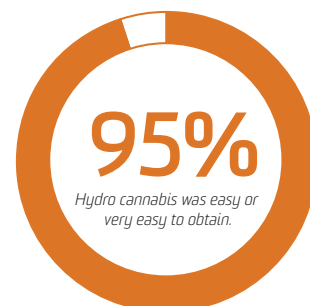


65%

Of those who had consumed cannabis recently, 65% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 92% had smoked it.



Of those who could comment 95% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

The EDRS is designed to be sensitive to emerging trends, providing data in a timely manner rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly use ecstasy and other stimulants and from secondary analyses of routinely-collected indicator data. This report focuses on the key findings from the annual interview component of the EDRS.

Methods

EDRS 2003-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, since the commencement of monitoring up until 2019, participants were recruited primarily via internet postings, print advertisements, interviewer contacts, and snowballing (i.e., peer referral). Participants had to: i) be at least 17 years of age (due to ethical constraints), ii) have used ecstasy or other stimulants (including: MDA, methamphetamine, cocaine, mephedrone or other stimulant NPS) at least six times during the preceding six months; and iii) have been a resident of the capital city in which the interview took place for the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., research institutions, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program to collect data on laptops or tablets. Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

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

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which came into effect in March 2020), face-to-face interviews were no longer possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone or via videoconferencing across all jurisdictions in 2020;
2. Means of consenting participants: Participants consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in WA) to 18 years old.

In 2021, a hybrid approach was used with interviews conducted either face-to-face (whereby participants were reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period, combined with hesitancy from some participants to meet face-to-face, meant that 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.

Almost all jurisdictions experienced trouble recruiting participants in 2021. While it is difficult to provide a definitive reason for this, it is possible that this was reflective of a reduction in ecstasy and other illegal stimulant use due to ongoing government restrictions, and the cancellation of many music festivals and events in 2020-21. The recruitment period was therefore extended until 13 August 2021. Further, in some jurisdictions, there was an increase in people not meeting the residency criteria (i.e., residence in the capital city in which the interview took place for at least ten out of the past 12 months), and this criterion was eased mid-way through data collection to include residency for six out of the past 12 months.

A total of 774 participants were recruited across capital cities nationally (April-August, 2021), with 100 participants interviewed in Canberra, ACT during April-July 2021. A total of 49 interviews were conducted via telephone. Ten per cent of the 2021 ACT sample completed the interview in 2020, whereas 8% of the 2020 ACT sample completed the interview in 2019 ($p=0.574$).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020, noting that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the [methods for the annual interviews](#) but it should be noted that these data are from participants recruited in Canberra, Australian Capital Territory, 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 emerging trends in illicit drug use, market features, and harms in the ACT (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-21, must be taken into consideration when comparing 2020-21 data to previous years, and treated with caution.

Additional Outputs

[Infographics](#) from this report are available for download. There is a range of outputs from the EDRS which triangulate key findings from the annual interviews and other data sources, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from [Illicit Drug Reporting System \(IDRS\)](#), which focus more so on the use of illicit drugs via injection.

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

1

Sample Characteristics

In the 2021 ACT EDRS sample, there were no difference in gender identity compared to the 2020 sample ($p=0.159$), with more of the sample identifying as male (64%; 56% in 2020) than female (34%; 44% in 2020). Participants in the 2021 sample were older, with a median age of 23 (IQR=21-29) compared to 2020 (21 years; IQR=20-24; $p=0.001$) (Table 1). Just over half (55%; 48% in 2020; $p=0.358$) of the sample reported having completed a post-school qualification(s) and just under half (45%; 55% in 2020; $p=0.180$) reported being current students. There was no significant change in current employment status between 2021 and 2020 participants ($p=0.104$), with one-quarter reporting being employed full-time (27%; 34% in 2020) and one-quarter reporting being unemployed at the time of the interview (24%; 31% in 2020) (Table 1).

There was no significant change in the drug of choice nominated by participants between 2021 and 2020 ($p=0.298$). Nearly one-quarter nominated cannabis or cocaine as their drug of choice (23%, respectively; 25% and 19% in 2020, respectively), with cocaine reaching the highest per cent and surpassing ecstasy for the first time since monitoring began (Figure 1). In 2021, nearly one-fifth (19%) on the sample reported that ecstasy was their drug of choice (31% in 2020).

The drug used most often in the past month remained stable in 2021 compared to 2020 ($p=0.324$). Similar to previous years, participants typically reported that cannabis was the substance used most often in the month preceding interview (36%; 44% in 2020) (Figure 2). Nineteen per cent reported that cocaine was the substance used most often in the past month, the highest number recorded since monitoring began in 2011 (14% in 2020).

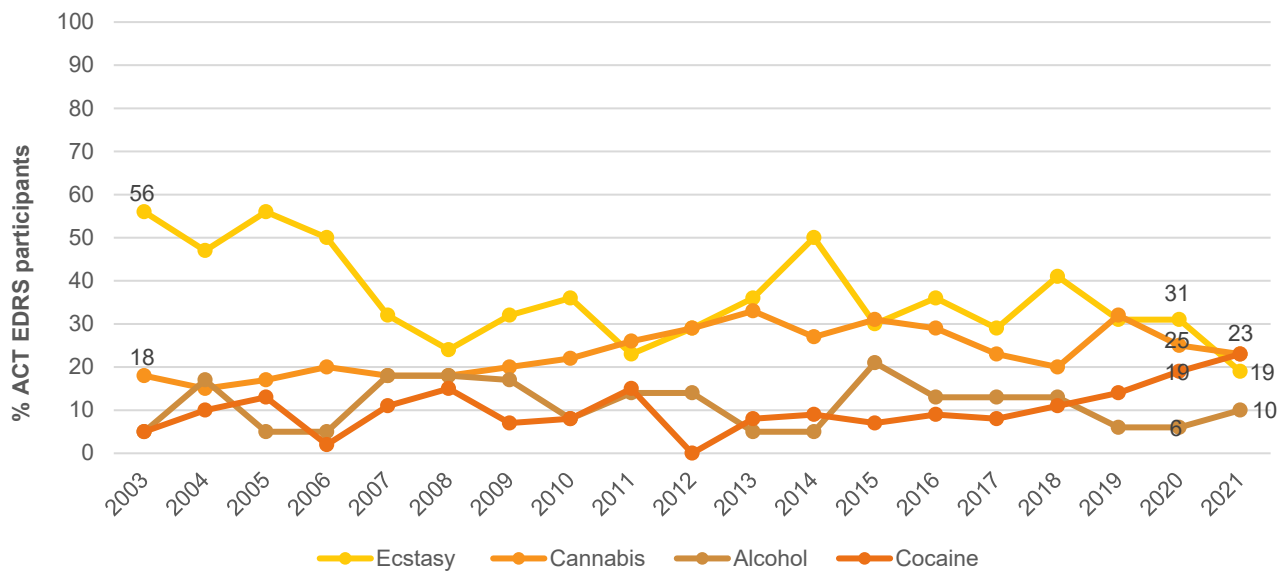
Weekly or more frequent use of cannabis (56%; 50% in 2020; $p=0.522$), ecstasy (13%; 24% in 2020; $p=0.083$) and cocaine (8%; 10% in 2020; $p=0.788$) remained stable in 2021 (Figure 3).

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

	National 2021 N=774	ACT 2021 N=100	ACT 2020 N=101	ACT 2019 N=100	ACT 2018 N=100	ACT 2017 N=100
Median age (years; IQR)	24 (21-29)	23** (21-29)	21 (20-24)	20 (19-23)	21 (19-24)	20 (19-22)
% Gender						
Female	34	34	44	37	50	34
Male	63	64	56	62	49	64
Non-binary	3	-	0	-	/	/
% Aboriginal and/or Torres Strait Islander	6	9	6	12	-	-
% Sexual identity						
Heterosexual	73	69	81	79	79	82
Homosexual	4	-	-	-	-	
Bisexual	14	17	14	15	14	13
Queer	6	7	-	-	/	/
Different identity	2	-	-	-	-	-
Median years of school education (IQR)	12 (6-12)	12 (8-12)	12 (8-12)	12 (11-12)	12 (11-12)	12 (12-12)
% Post-school qualification(s)^	60	55	48	40	40	27
% Current employment status						
Employed full-time	27	27	34	23	23	12
Part time/ casual	45	39	32	49	30	55
Self-employed	6	10	-	-	/	/
Students [#]	45	45	55	44	27	17
Unemployed	22	24	31	22	19	13
Current median weekly income \$ (IQR)	600 (375-1000)	(N=96) \$588 (333-1081)	(N=94) \$750 (496-1052)	(N=90) \$600 (300-900)	(N=98) \$413 (244-800)	(N=100) \$400 (250-638)
% Current accommodation		*				
Own house/flat	6	8	-	-	7	-
Rented house/flat	60	64	54	39	44	58
Parents'/family home	26	15	36	46	42	32
Boarding house/hostel	4	-	-	-	0	-
Public Housing	2	-	-	-	-	/
No fixed address ⁺	2	-	-	0	-	0
Other	1	-	0	0	-	-

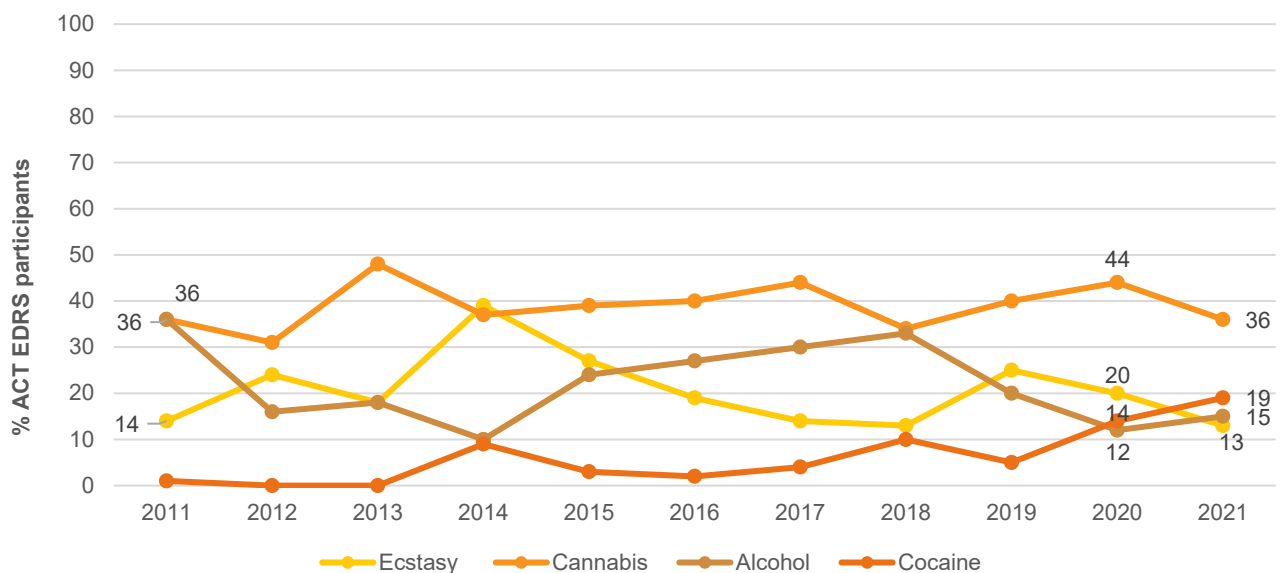
Note. [#] 'Students' comprised participants who were currently studying for either trade/technical or university/college qualifications. [^]Includes trade/technical and university qualifications. / not asked. ⁺No fixed address included 'couch surfing and rough sleeping or squatting. – Per cent suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 1: Drug of choice, ACT, 2003-2021



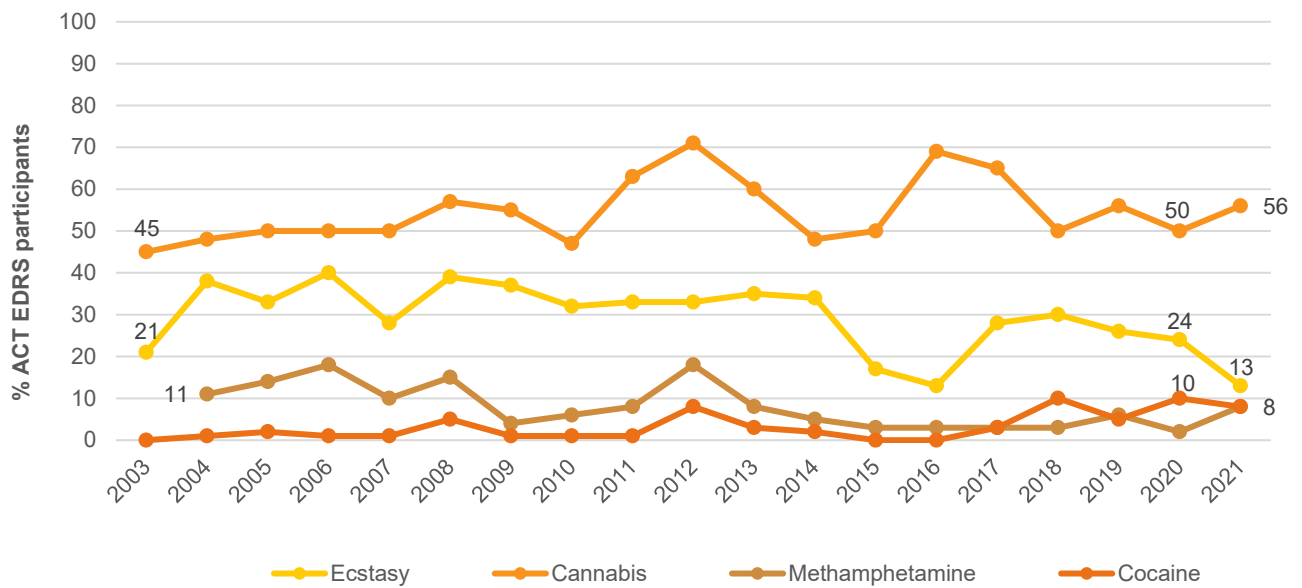
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 2: Drug used most often in the past month, ACT, 2011-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data are only presented for 2011-2021 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 3: Weekly or more frequent substance use in the past six months, ACT, 2003-2021



Note. Among the entire sample. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

2

COVID-19

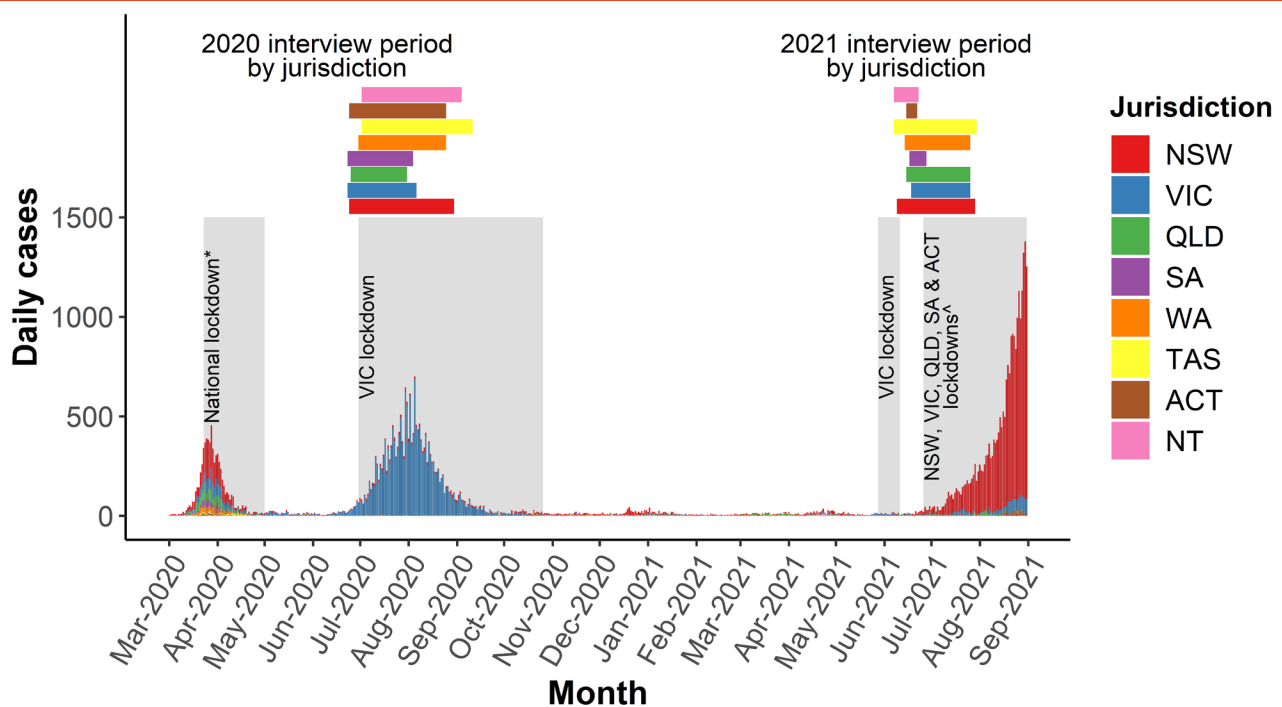
Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28/3/2020) which declined shortly thereafter (<20 cases per day nationally from 20/4/2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5/8/2020), which subsequently declined from September onwards (<20 cases per day from 23/9/2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30/8/2021, not including cases from 1/09/2021 onwards) and a couple of months later in VIC (peak 86 cases 29/8/2021, not including cases from 1/09/2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31/8/2021).

As a nation of federated states and territories, public health policy including restrictions on movement and gatherings varies by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from May 27 to June 10, 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, SA, QLD and ACT) introducing restrictions shortly thereafter.

Notably, all the 2021 ACT EDRS surveys occurred before the most recent wave of cases and subsequent introduction of restrictions, however, to reduce any possible transmission risks participants were given the choice of conducting the survey over the telephone. Figure 4 serves to illustrate how COVID-19 restrictions throughout 2020-2021 may have impacted substance use, particularly those used in the context of entertainment venues and other recreational locations (which were often closed throughout periods of restrictions and beyond).

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



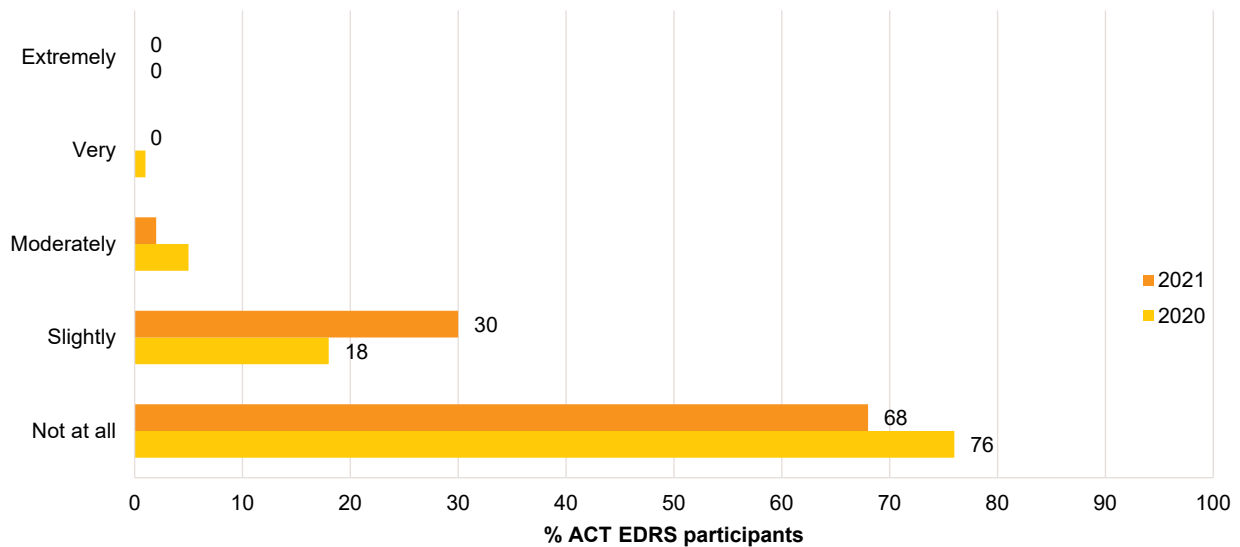
Note. Data obtained from <http://www.covid19data.com.au>. Only lockdowns of >7 days and affecting at least an entire city are displayed.
 *National stay-at-home orders began lifting dependent on jurisdiction from May 1. ^NSW lockdown 26 June onwards; VIC lockdowns 14 July-27 July and 5 August onwards;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

COVID-19 Testing and Diagnosis

In 2021, almost three-fifths (56%) of the sample had been tested for SARS-CoV-2 in the 12 months prior to interview ($n \leq 5$ in 2020) and no participants had been diagnosed with the virus. When asked how worried they were currently about contracting COVID-19, 32% of participants reported some level of concern, with the majority of those reporting that they were 'slightly' concerned (30%) (Figure 5). Furthermore, 71% of participants reported that they would be concerned about their health if they did contract COVID-19, with nearly one-fifth (19%) reporting that they would be 'slightly' concerned, 31% reporting 'moderately', 20% reporting 'very' and small numbers ($n \leq 5$) reporting that they would be 'extremely' concerned.

Twenty-six per cent of the sample reported quarantining for at least fourteen days or more due to a positive test or possible exposure, with few participants ($n \leq 5$) quarantining in the month prior to interview, 8% in the six months prior to interview and a further 8% reported quarantining in the twelve months prior to interview. At the time of interview, 13% reported that they had received at least one dose of the COVID-19 vaccine.

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

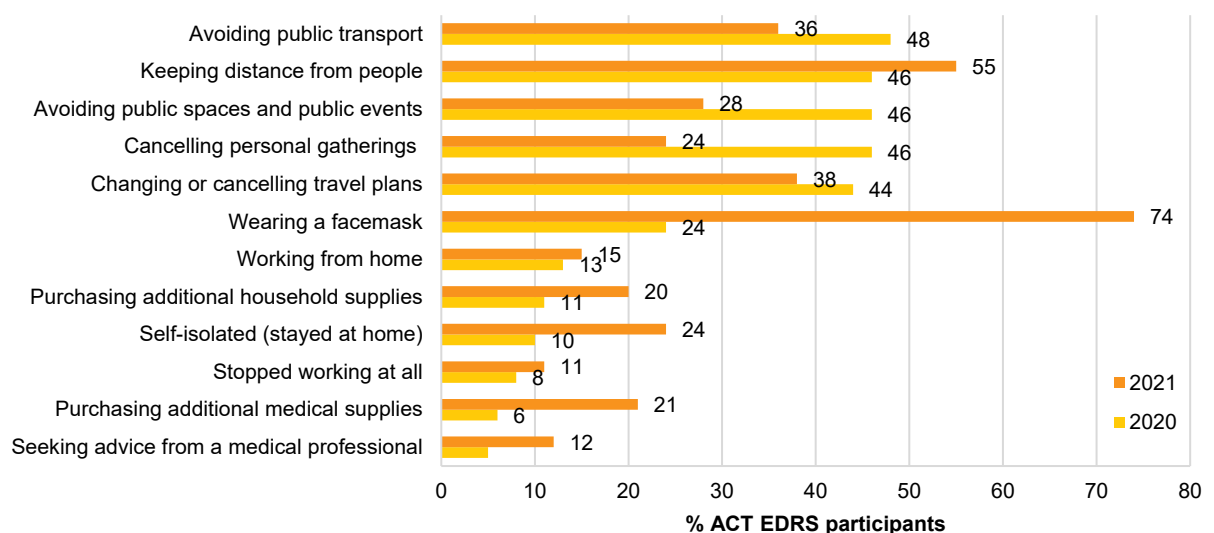


Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

COVID-19 Related Health Behaviours

Participants were asked about health precautions they had engaged in in the four weeks prior to interview (Figure 6). Most commonly, participants reported wearing a facemask (74%), keeping distance from other people (55%), changing or cancelling travel plans (38%) and avoiding public transport (36%).

Figure 6: Health precautions related to COVID-19 in the past four weeks, ACT, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

3

Ecstasy

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

Recent Use (past 6 months)

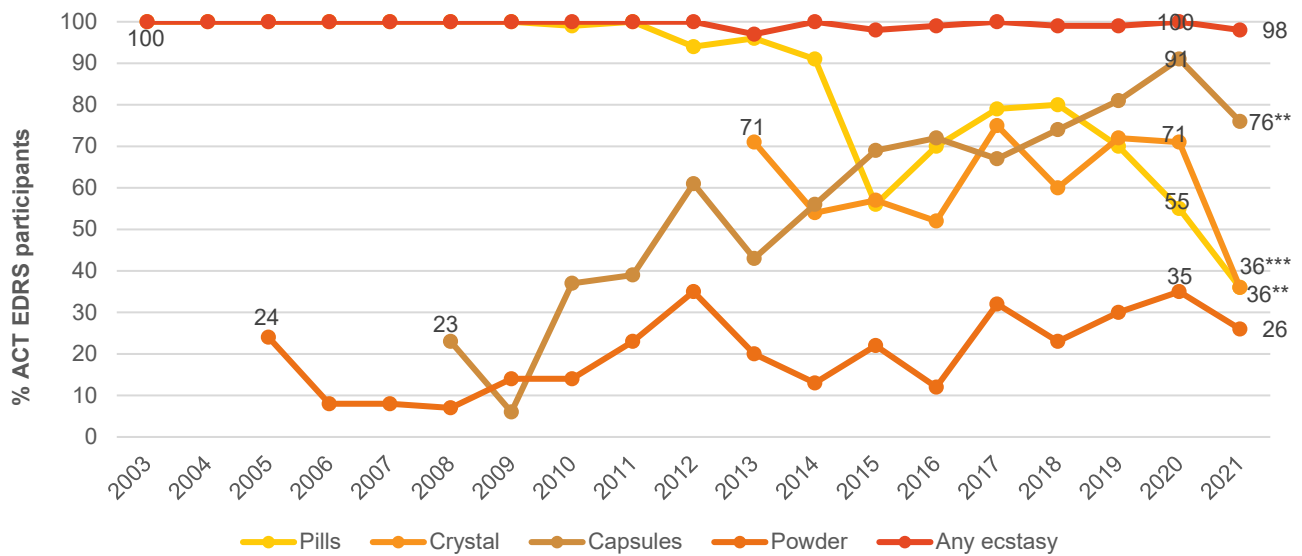
Nearly all participants (98%) in the 2021 ACT sample reported recent ecstasy use, consistent with previous years (100% in 2020; $p=0.473$) (Figure 7), and reflecting the interview eligibility criteria (see [methods for the annual interviews](#)).

From 2003-2014, pills dominated as the most common form of ecstasy used in the six months preceding interview. However, in more recent years (2015-2020), pills have been competing with the crystal and capsule forms of ecstasy in terms of the per cent reporting recent use. In 2021, capsules were by far the most commonly used form of ecstasy, despite a significant decrease from 2020 (76%; 91% in 2020; $p=0.007$). The crystal and pill forms also significantly decreased in 2021 (36%; 71% in 2020; $p<0.001$ and 36%; 55% in 2020; $p=0.009$, respectively), whereas the powder form remained stable (26%; 35% in 2020; $p=0.238$) and has consistently been the least commonly used form (Figure 7).

Frequency of Use

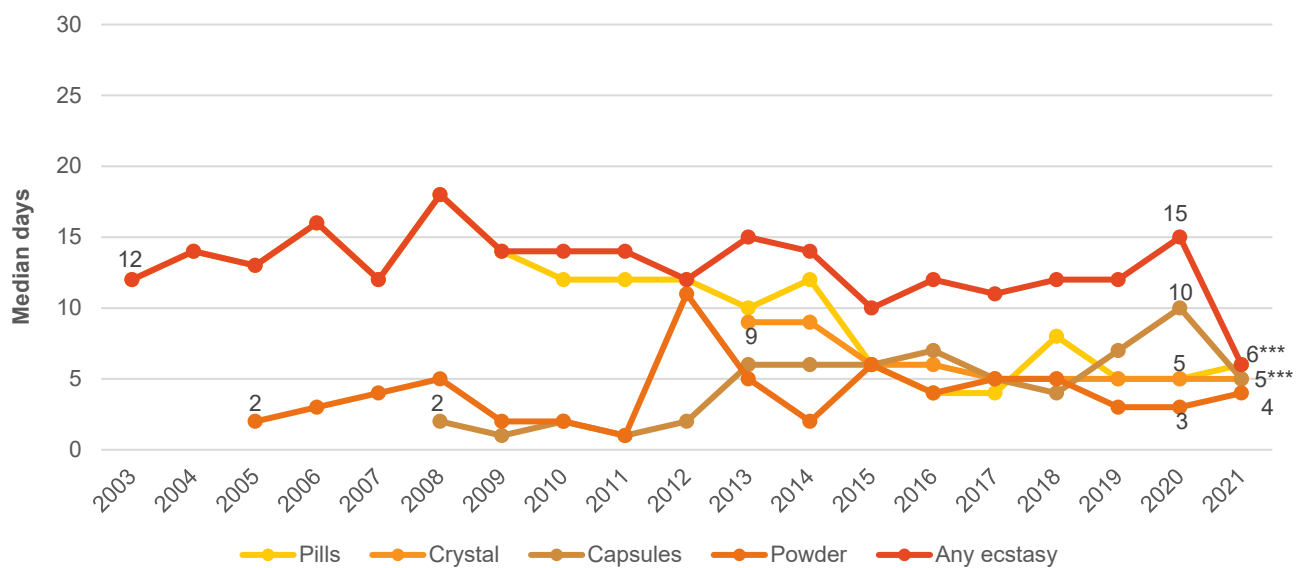
Median days of any ecstasy use significantly decreased from approximately fortnightly use in the past six months in 2020 (median 15 days; IQR=8-23) to monthly use in 2021 (median 6 days; IQR=4-15; $p<0.001$) (Figure 8). Thirteen per cent of participants who had recently used ecstasy reported weekly or more frequent use in 2021 (24% in 2020; $p=0.095$).

Figure 7: Past six month use of any ecstasy, and ecstasy pills, powder, capsules, and crystal, ACT, 2003-2021



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 8: Median days of any ecstasy and ecstasy pills, powder, capsules, and crystal use in the past six months, ACT, 2003-2021



Note. Up until 2012, participant eligibility was determined based on any recent ecstasy use; subsequently it has been expanded to broader illicit stimulant use. Data collection for powder started in 2005, capsules in 2008 and crystal in 2013. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Patterns of Consumption

Ecstasy Pills

Recent Use (past 6 months): Ecstasy pills dominated as the most common form of ecstasy used since monitoring began in 2003 until 2015, from which point the most common form varied between pills, crystal and capsules. In 2021, just over one-third (36%) reported use of ecstasy pills in the past six months (55% in 2020; $p=0.009$) (Figure 7), the lowest per cent since monitoring began.

Frequency of Use: Frequency of use of pills remained stable in 2021 (median 6 days; IQR=2-16; 5 days in 2020; IQR=2-15; $p=0.442$) (Figure 8). Just over one-fifth (22%) of those that had recently used ecstasy pills reported weekly or more frequent use (13% in 2020; $p=0.346$).

Routes of Administration: Swallowing remained the main route of administration among those who had used pills (97%; 96% in 2020), followed by snorting (28%; 25% in 2020; $p=0.958$).

Quantity: In 2021, the median quantity used in a 'typical' session was two pills (IQR=1-3, $n=36$; 2 pills in 2020; $n=55$; IQR=1-3; $p=0.617$). The median 'maximum' number of pills used remained stable at three pills (IQR=2-5, $n=36$; 3 pills in 2020; $n=55$; IQR=2-6; $p=0.659$).

Ecstasy Capsules

Recent Use (past 6 months): The per cent reporting recent use of ecstasy capsules has been gradually increasing over time, peaking at 91% in 2020, before significantly declining in 2021 (76%; $p=0.007$). Despite this decline, capsules remained the most commonly used form of ecstasy in 2021 (Figure 7).

Frequency of Use: Participants reported consuming capsules on a median of five days in 2021 (IQR=3-8), a significant decline from 2020 (10 days; IQR=5-15; $p<0.001$) (Figure 8). Of those that reported recent use of ecstasy capsules, small numbers reported weekly or more frequent use in 2021 ($n\leq 5$; 13% in 2020; $p=0.064$).

Routes of Administration: The main route of administration among those who had recently used capsules has consistently been swallowing (95%; 98% in 2020; $p=0.512$),

followed by snorting (24%; 16% in 2020; $p=0.316$).

Quantity: The median quantity used in a 'typical' session was two capsules in 2021 (IQR=1-3; $n=76$; 2 in 2020; IQR=2-3; $n=90$; $p=0.262$) and the median 'maximum' capsules used in a session was three (IQR=2-5; $n=76$; 4 in 2020; IQR=3-7; $n=90$; $p=0.015$).

Contents of Capsules: Of those participants who had recently used capsules, most (73%) reported that their last capsule contained crystal, whilst 35% reported that it contained powder. Eight per cent reported that they did not look at the contents the last time they used capsules.

Ecstasy Crystal

Recent Use (past 6 months): Recent use of the crystal form was reported by 36% of participants in 2021, the lowest per cent since monitoring began in 2013 (71% in 2020; $p<0.001$) (Figure 7).

Frequency of Use: Frequency of use among those who had recently used crystal remained stable at a median of five days (i.e., less than monthly use; IQR=2-11; 5 days in 2020; IQR=2-10; $p=0.834$) (Figure 8). Small numbers ($n\leq 5$) reported weekly or more frequent use ($n\leq 5$ in 2020).

Routes of Administration: The most common route of administration remained swallowing (78%; 65% in 2020; $p=0.268$), followed by snorting (50%; 64% in 2020; $p=0.239$).

Quantity: The median amount of crystal used in a 'typical' session was 0.30 grams (IQR=0.20-0.50; $n=31$; 0.30 grams in 2020; IQR=0.20-0.50; $n=44$; $p=0.991$) and the median 'maximum' used was 0.50 grams (IQR=0.30-1.00; $n=31$; 0.50 grams in 2020; IQR=0.30-1.00; $n=44$; $p=0.996$).

Ecstasy Powder

Recent Use (past 6 months): With the exception of 2009, ecstasy powder has consistently been the least commonly endorsed form of ecstasy (26%; 35% in 2020; $p=0.238$) (Figure 7).

Frequency of Use: Frequency of powder use among those who had recently used powder remained stable (median 4 days; IQR=2-10; 3 days in 2020; IQR=2-7; $p=0.244$) (Figure 8). A small per cent reported weekly or more

frequent use of ecstasy powder ($n \leq 5$; $n \leq 5$ in 2020; $p=0.791$).

Routes of Administration: The main route of administration among those who had recently used powder has consistently been snorting (65%; 74% in 2020; $p=0.631$), followed by swallowing (62%; 43% in 2020; $p=0.236$).

Price, Perceived Purity and Perceived Availability

Ecstasy Pills

Price: The reported median price of a pill was \$35 until 2006, then \$30 in 2007, and has since remained relatively stable at \$25 (\$25 in 2021; IQR=20-25, $n=34$; \$20 in 2020; IQR=20-30; $n=69$; $p=0.786$) (Figure 9).

Perceived Purity: There was a significant change in perceived purity between 2020 and 2021 ($p=0.024$). Of those who were able to comment in 2021 ($n=43$), fewer participants perceived pills to be of 'high' purity compared to 2020 (23% versus 52%, respectively). The largest percentage of participants perceived pills to be of 'medium' or 'low' purity (28%, respectively) (Table 2).

Perceived Availability: There was a significant difference in perceived availability between 2020 and 2021 ($p=0.015$). Amongst those who responded in 2021 ($n=48$), fewer participants perceived pills to be 'easy' or 'very easy' in 2021 (71%) compared to 2020 (84%) (Table 2).

Ecstasy Capsules

Price: The median price per ecstasy capsule was \$30 up until 2014, then declined to approximately \$25 from 2015-2019, before declining further to \$20 in 2020 (IQR=20-25; $n=89$) and 2021 (IQR=20-25; $n=48$; $p=0.171$), the lowest price recorded over the course of monitoring (Figure 9).

Perceived Purity: No change was observed compared to 2020 in relation to perceived purity of capsules ($p=0.142$). Among those who responded in 2021 ($n=78$), two-fifths (41%) perceived capsules to be of 'medium' purity

Quantity: The median quantity used in a 'typical' session was 0.50 grams (IQR=0.20-0.60; $n=20$; 0.40 grams in 2020; IQR=0.20-1.00; $n=18$; $p=0.848$). The median 'maximum' amount consumed in a session was one gram (IQR=0.40-2.00; $n=22$; 0.50 grams in 2020; IQR=0.40-1.00; $n=15$; $p=0.391$).

(28% in 2020), followed by 'high' purity (38%; 51% in 2020) (Table 2).

Perceived Availability: There was a significant change in perceived availability between 2020 and 2021 ($p=0.001$). Of those who were able to comment in 2021 ($n=76$), fewer participants reported availability to be 'easy' or 'very easy' (73%) compared to 2020 (89%) (Table 2).

Ecstasy Crystal

Price: The median price of a gram of crystal declined to \$150 in 2020 (IQR=100-200, $n=39$), but increased significantly to \$200 in 2021 (IQR=150-200; $n=30$; $p=0.047$). The median price for a point was \$23 in 2021 (IQR=20-26; $n=8$; \$20 in 2020; IQR=15-20; $p=0.066$) (Figure 10).

Perceived Purity: A significant change in perceived purity was observed between 2020 and 2021 ($p=0.025$). Of those who responded in 2021 ($n=47$), fewer participants reported purity to be 'high' (34%) compared to 2020 (63%). 'Medium' purity was reported by two-fifths of participants in 2021 (40%; 20% in 2020) (Table 2).

Perceived Availability: There was a significant change in perceived availability between 2020 and 2021 ($p=0.027$). Among those who responded in 2021 ($n=49$), fewer participants perceived crystal to be 'easy' or 'very easy' to obtain (69%) compared to 2020 (78%) (Table 2).

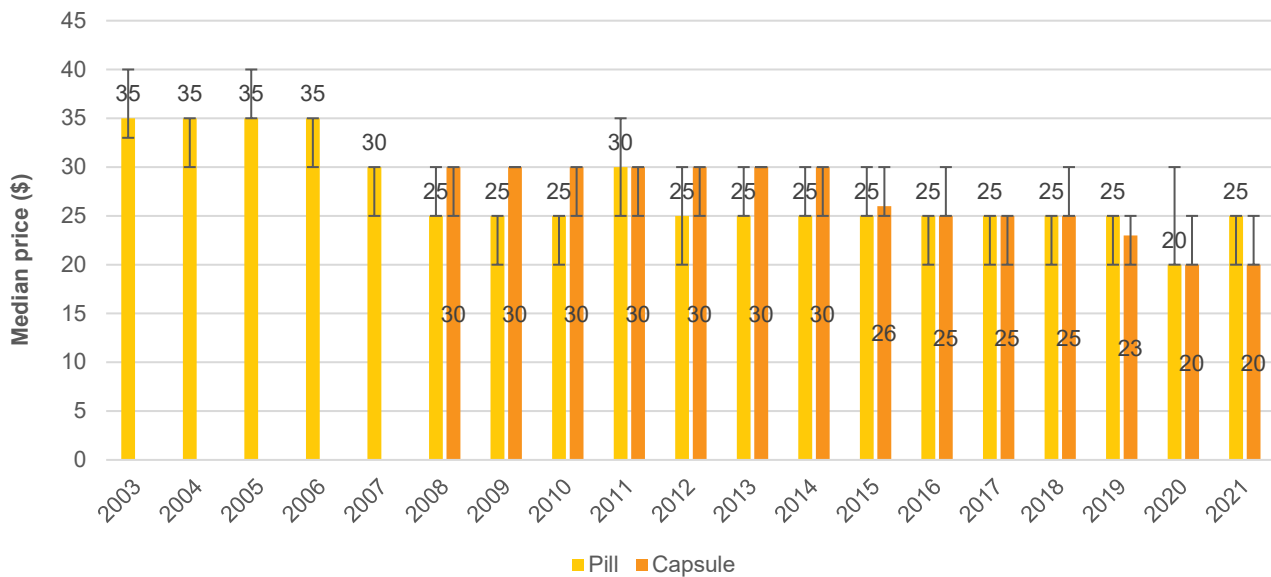
Ecstasy Powder

Price: The median price per gram of ecstasy powder was \$200 (IQR=135-200, $n=14$) in 2021, similar to \$188 in 2020 (IQR=100-200; $n=12$; $p=0.789$). The median price of a point was \$30 (IQR=23-38; $n=6$; $n \leq 5$ in 2020; $p=0.048$) (Figure 11).

Perceived Purity: The perceived purity of powder remained stable between 2020 and 2021 ($p=0.545$). Among those who responded in 2021 ($n=24$), two-fifths perceived powder to be of 'medium' purity (42%; $n \leq 5$ in 2020) (Table 2).

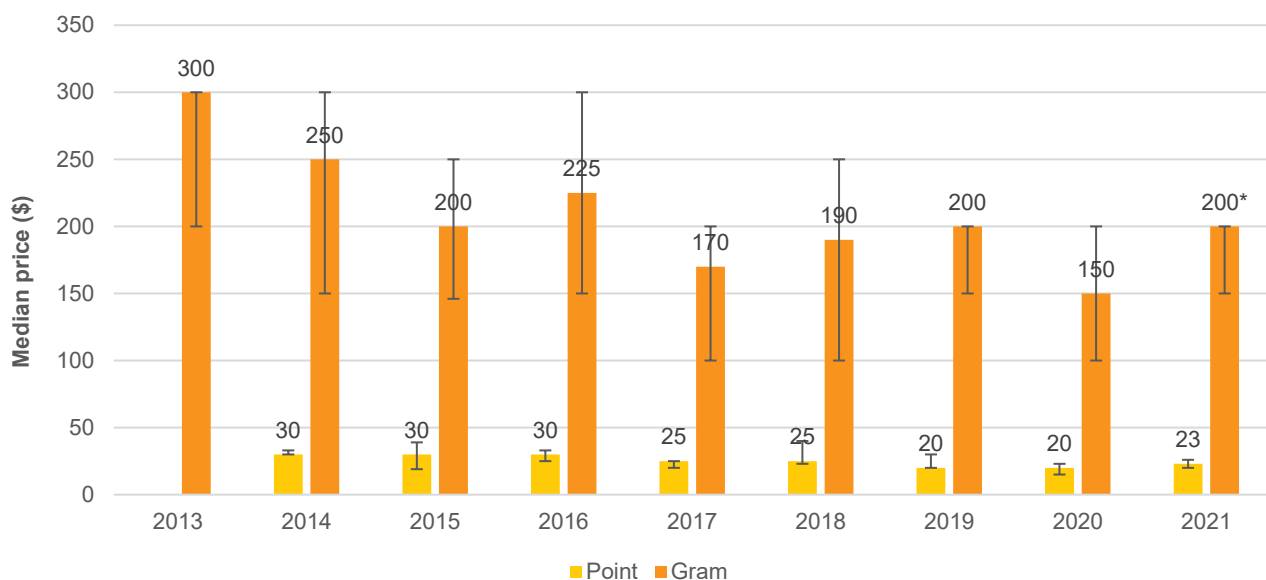
Perceived Availability: The perceived availability of ecstasy powder remained stable between 2020 and 2021 ($p=0.418$). Among those who responded in 2021 ($n=25$), two-fifths (40%) reported that powder was 'difficult' to obtain (≤ 5 in 2020) (Table 2).

Figure 9: Median price of ecstasy pill and capsule, ACT, 2003-2021



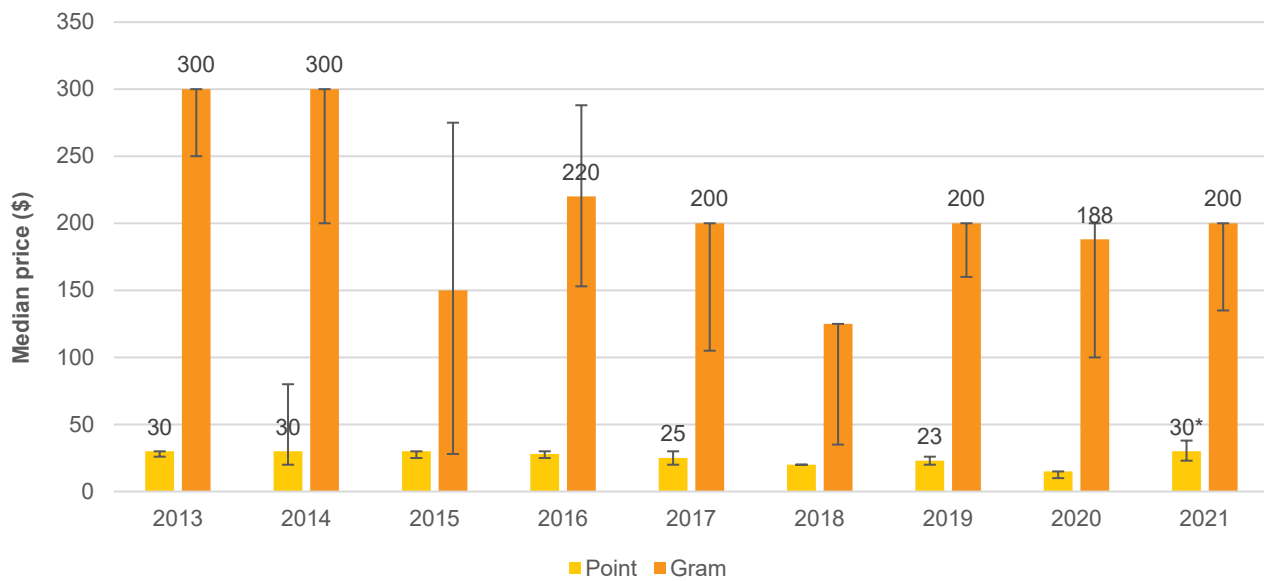
Note. Among those who commented. Data collection for price of ecstasy capsules started in 2008. The error bars represent the IQR. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Figure 10: Median price of ecstasy crystal per point and gram, ACT, 2013-2021



Note. Among those who commented. Data collection for price of ecstasy crystal gram and point started in 2013 and 2014 respectively. The error bars represent the IQR. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Figure 11: Median price of ecstasy powder per point and gram, ACT, 2013-2021



Note. Among those who commented. Data collection for price of ecstasy powder gram and point started in 2013. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 2: Perceived purity and availability of ecstasy pills, capsules, crystal and powder, ACT 2017-2021

	2017	2018	2019	2020	2021
Current Perceived Purity					
% Pills (n)	(n=69)	(n=80)	(n=87)	(n=62)	[*] (n=43)
Low	13	13	-	13	28
Medium	38	31	32	23	28
High	29	30	35	52	23
Fluctuates	20	26	29	13	21
% Capsules (n)	(n=77)	(n=74)	(n=92)	(n=86)	(n=78)
Low	16	19	-	13	8
Medium	46	45	28	28	41
High	25	22	46	51	38
Fluctuates	14	15	23	8	13
% Crystal (n)	(n=61)	(n=46)	(n=65)	(n=59)	[*] (n=47)
Low	-	-	-	-	15
Medium	46	46	19	20	40
High	39	39	72	63	34
Fluctuates	10	-	-	-	-
% Powder (n)	(n=14)	(n=11)	(n=22)	(n=17)	(n=24)
Low	-	-	-	-	-
Medium	64	-	32	-	42
High	-	-	46	41	38
Fluctuates	0	0	-	-	-
Current Perceived Availability					
% Pills (n)	(n=70)	(n=80)	(n=89)	(n=68)	[*] (n=48)
Very easy	51	58	44	41	21
Easy	34	25	38	43	50
Difficult	13	18	15	16	21
Very difficult	-	0	-	0	-
% Capsules (n)	(n=79)	(n=74)	(n=93)	(n=88)	^{**} (n=76)
Very easy	52	34	45	47	22
Easy	41	43	47	42	51
Difficult	-	22	8	11	24
Very difficult	-	-	0	0	-
% Crystal (n)	(n=60)	(n=44)	(n=66)	(n=65)	[*] (n=49)
Very easy	35	36	32	40	16
Easy	57	30	49	38	53
Difficult	-	32	18	22	29
Very difficult	0	-	-	0	-
% Powder (n)	(n=14)	(n=11)	(n=22)	(n=20)	(n=25)
Very easy	-	-	-	-	-
Easy	43	55	46	55	32
Difficult	-	-	27	-	40
Very difficult	-	0	-	-	-

Note. The response option 'Don't know' was excluded from analysis. - Percentage suppressed due to small cell size (n≤5 but not 0). Market questions were only asked for all forms of ecstasy from 2017 onwards. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

4

Methamphetamine

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

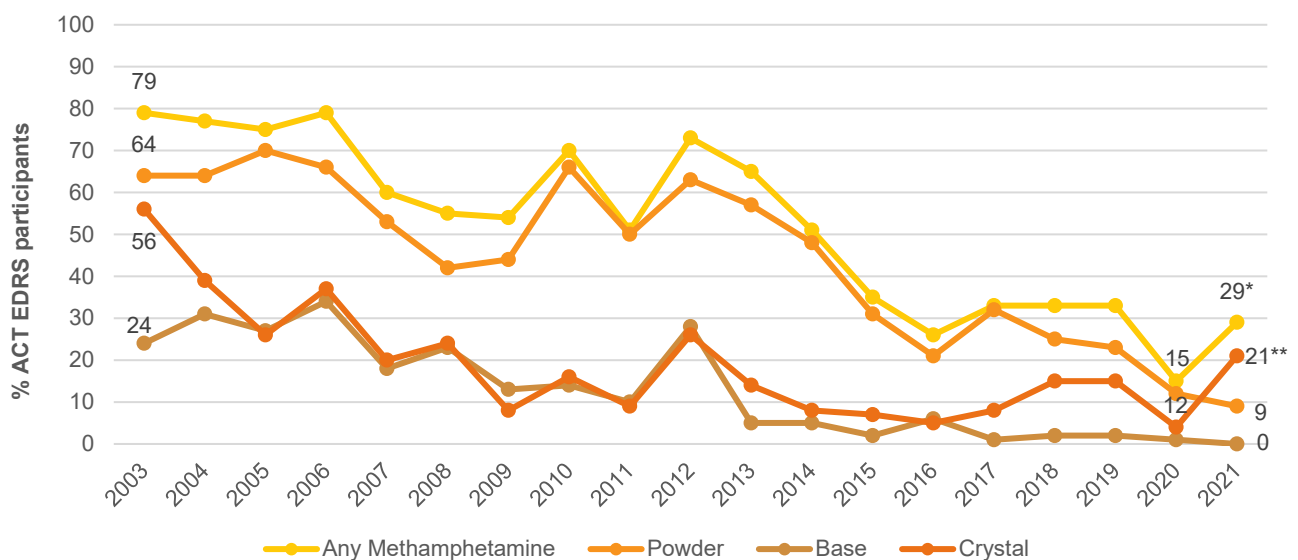
Recent Use (past 6 months)

Recent use of methamphetamine has generally been declining since monitoring began, from four-in-five participants (79%) in 2003 to one-in-six participants in 2020 (15%), the lowest per cent since monitoring began. However, in 2021, recent use increased significantly (29%; $p=0.029$), returning to similar levels of use observed from 2017-2019 (Figure 12).

Frequency of Use

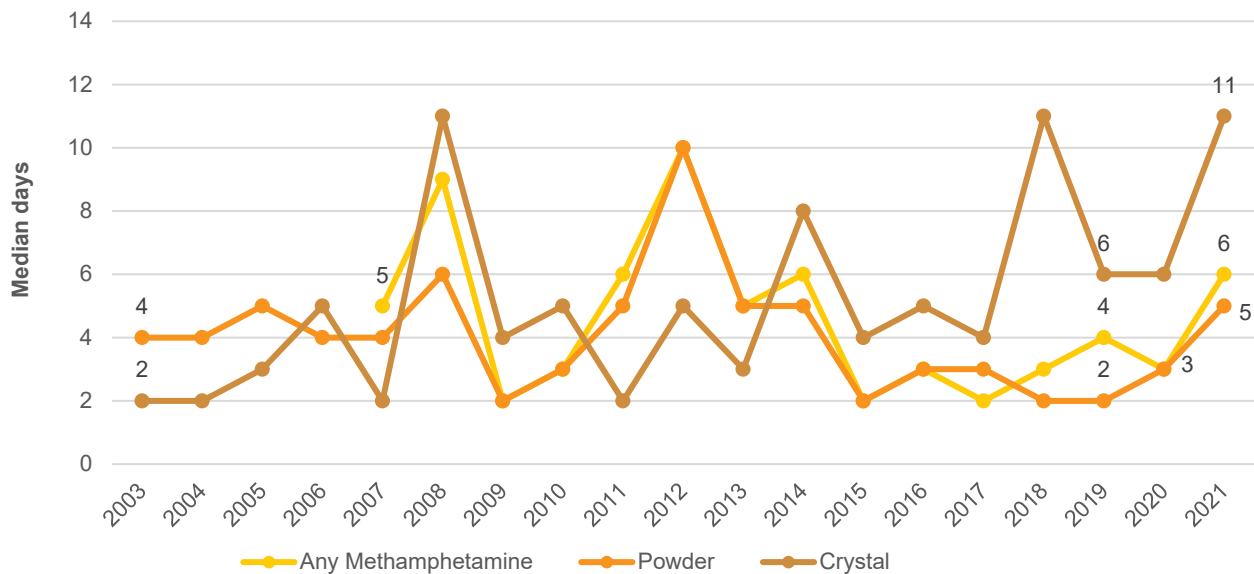
Use has remained relatively infrequent since monitoring commenced. In 2021, consumers reported a median of six days of use (IQR=3-25; 3 days in 2020; IQR=2-11; $p=0.243$) (Figure 13). Amongst participants that reported recent use ($n=29$), 29% reported weekly or more frequent use of any methamphetamine ($n \leq 5$ in 2020; $p=0.454$).

Figure 12: Past six month use of any methamphetamine, powder, base, and crystal, ACT, 2003-2021



Note. Data are only presented for 2011-2021 as this question was not asked in 2003-2010. Data labels are only provided for the first (2011) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 13: Median days of any methamphetamine, powder, and crystal use in the past six months, ACT, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 days to improve visibility of trends. Median days of base is not presented due to small numbers reporting use. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Patterns of Consumption

Methamphetamine Powder

Recent Use (past 6 months): Powder has historically been the most commonly used form of methamphetamine, although has been substantially declining over time. In 2021, one-in-ten (9%) participants reported recent use of methamphetamine powder, the lowest per cent since monitoring began (12% in 2020; $p = 0.627$) and was overtaken for the first time by crystal methamphetamine (Figure 12).

Frequency of Use: Frequency of use has fluctuated over the years, peaking at a median of 10 days in 2012. In 2021, participants reported using powder on a median of five days in the past six months (IQR=2-6; 3 days in 2020; IQR=1-9; $p = 0.856$) (Figure 13).

Routes of Administration: In 2021, the most common route of administration was snorting (67%; 75% in 2020).

Quantity: The median quantity used in a 'typical' session was 0.20 grams (IQR=0.10-0.50; $n = 7$; $n \leq 5$ in 2020; $p = 0.933$). The median

'maximum' amount consumed in a session was 0.50 grams (IQR=0.10-0.60; $n = 7$; $n \leq 5$ in 2020).

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has fluctuated over the years, with one-fifth (21%) of the sample reporting use in 2021 ($n \leq 5$ in 2020; $p = 0.001$), the highest per cent since 2012 and surpassing powder for the first time (Figure 12).

Frequency of Use: In 2021, participants reported using crystal methamphetamine on a median of 11 days in the past six months (IQR=4-73; $n \leq 5$ in 2020; $p = 0.243$) (Figure 13).

Routes of Administration: In 2021, all participants reported smoking as a route of administration (100%; 100% in 2020).

Quantity: The median quantity used in a 'typical' session was 0.20 grams (IQR=0.10-0.50; $n = 19$; $n \leq 5$ in 2020; $p = 0.770$). The median 'maximum' amount used in a session was 0.50 grams (IQR=0.20-1.80; $n = 19$; $n \leq 5$ in 2020; $p = 0.565$).

Methamphetamine Base

No participants reported recent use of base methamphetamine in 2021 and therefore further details are not reported. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: Participants reported a median price of \$200 per gram (IQR=170-200, n=7; \$165 in 2020; IQR=138-200, n=8; $p=0.408$). Few participants commented on the price for a point in 2021 and 2020 ($n \leq 5$), therefore these data are suppressed (Figure 14).

Perceived Purity: Few participants reported on the perceived purity of powder in 2021 and 2020, therefore these data are suppressed. Please refer to Figure 15 for a historical overview.

Perceived Availability: Few participants commented on the perceived availability of powder in 2021 and 2020, therefore these data are suppressed. Please refer to Figure 16 for a historical overview.

Methamphetamine Crystal

Historical data regarding the price, perceived purity and perceived availability of crystal methamphetamine are not presented due to low numbers prior to 2019. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Price: In 2021, the median price of crystal methamphetamine was \$50 per point (IQR=50-53; n=12; \$50 in 2020; IQR=50-50, n=6). Low numbers reported the price for a gram ($n \leq 5$ in 2021).

Perceived Purity: The perceived purity of crystal methamphetamine remained stable between 2020 and 2021 ($p=0.506$). Among those who responded in 2021 (n=18), two-fifths perceived crystal methamphetamine to be of

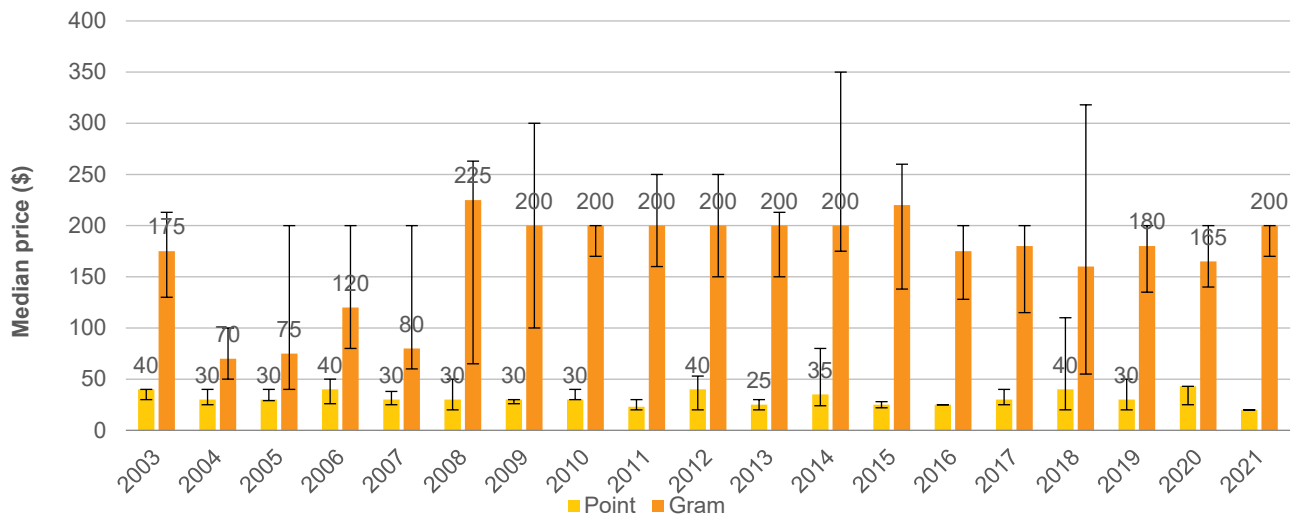
'high' purity (44%; 33% in 2020) and one-third perceived it to be of 'low' purity (33%; 33% in 2020).

Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2020 and 2021 ($p=0.717$). Among those who responded in 2021 (n=18), two-fifths (44%; 33% in 2020) reported that crystal methamphetamine was 'easy' to obtain.

Methamphetamine Base

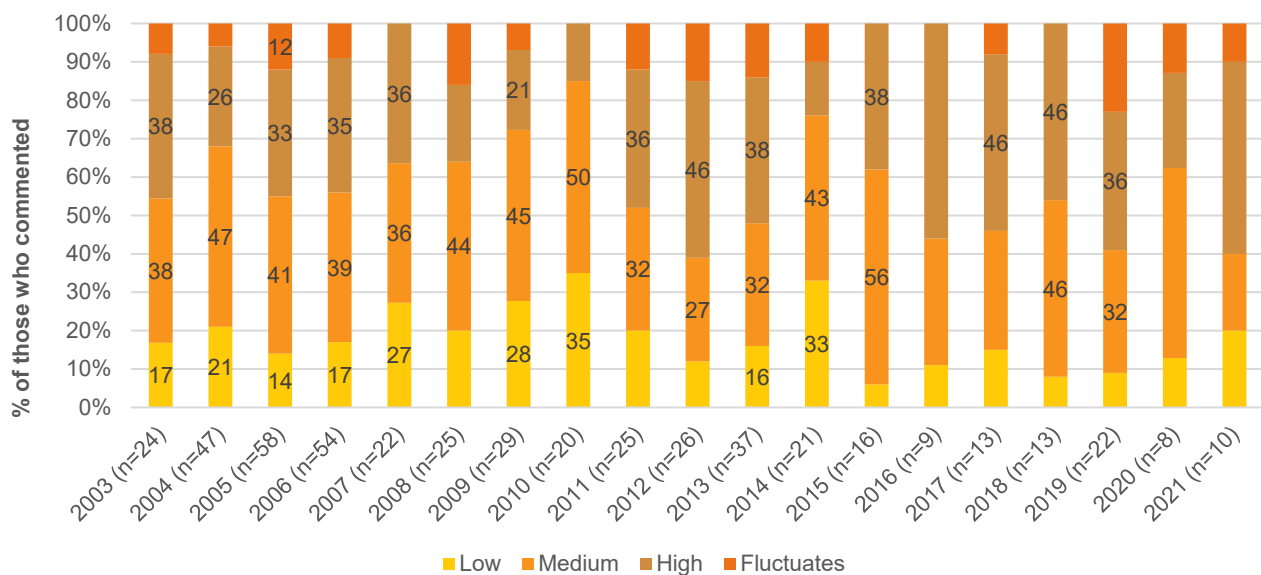
Few participants ($n \leq 5$) commented on the perceived price, purity and availability of base methamphetamine and therefore further details are not reported. Please refer to the [National EDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 14: Median price of powder methamphetamine per point and gram, ACT, 2003-2021



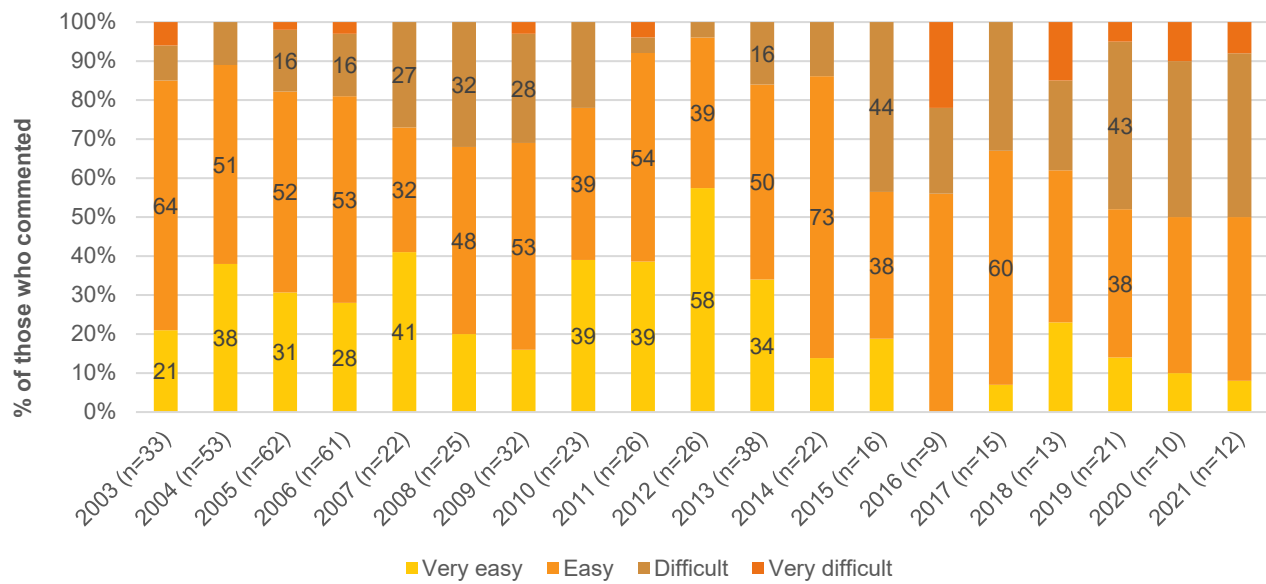
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 15: Current perceived purity of powder methamphetamine, ACT, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 16: Current perceived availability of powder methamphetamine, ACT, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$).
 * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine, 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 any cocaine has fluctuated over the years, from just over one quarter (26%) reporting use in 2003 to three-in-four (75%) reporting use in 2018 and 2019 (Figure 17). In 2021, the highest per cent reported recent use of cocaine (91%; 89% in 2020; $p=0.832$).

Frequency of Use

Frequency of use has fluctuated between a median of one and six days over the course of monitoring. In 2021, the median days of use amongst participants who recently used cocaine was five days (IQR=3-12; 5 days in 2020; IQR=3-12; $p=0.720$) (Figure 17). This is equivalent to less than monthly use. Of those who had recently consumed cocaine ($n=91$), just under one-tenth (9%) reported using cocaine weekly or more frequently (11% in 2020; $p=0.746$).

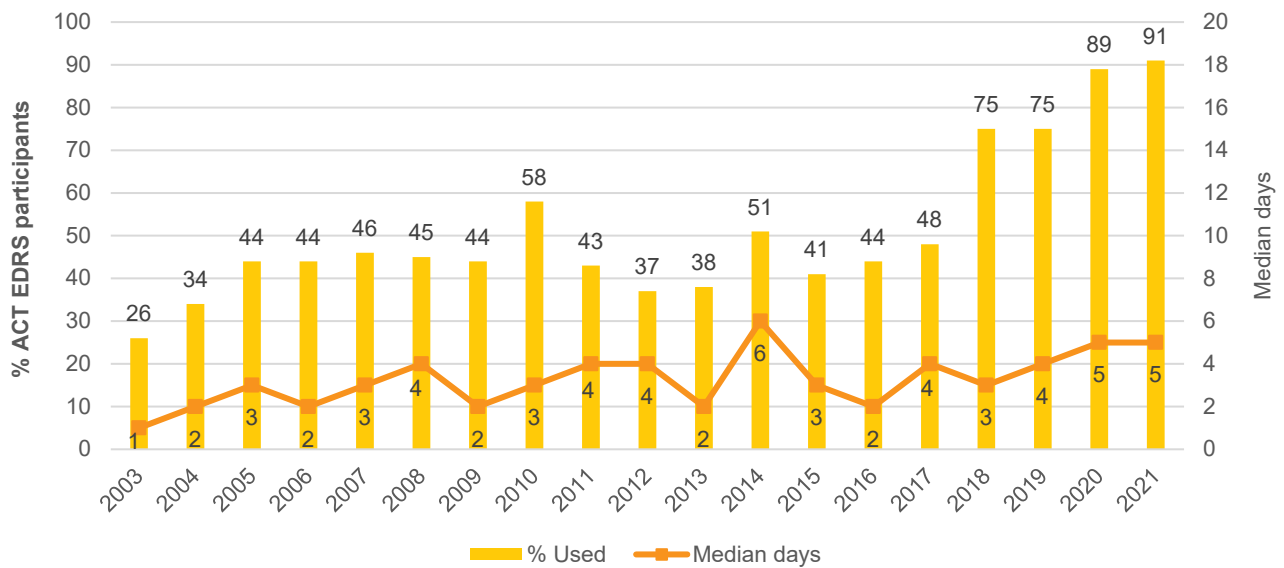
Routes of Administration

In 2021, the main route of administration among those that recently used cocaine was snorting (100%; 98% in 2020; $p=0.472$).

Quantity

The median intake in a 'typical' session was 0.50 grams (IQR=0.40-1.00; $n=62$; 0.50 grams in 2020; IQR=0.50-1.00; $n=57$; $p=0.857$) and the median 'maximum' intake was 1.00 gram (IQR=0.50-2.00, $n=65$; 1 gram in 2020; IQR=0.50-1.90, $n=62$; $p=0.462$).

Figure 17: Past six month use and frequency of use of cocaine, ACT, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends for days of use. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

Consistent since 2006, the median price per gram of cocaine remained stable at \$300 in 2021 (IQR=263-350; $n=63$; \$300 in 2020; IQR=300-300, $n=74$; $p=0.409$) (Figure 18).

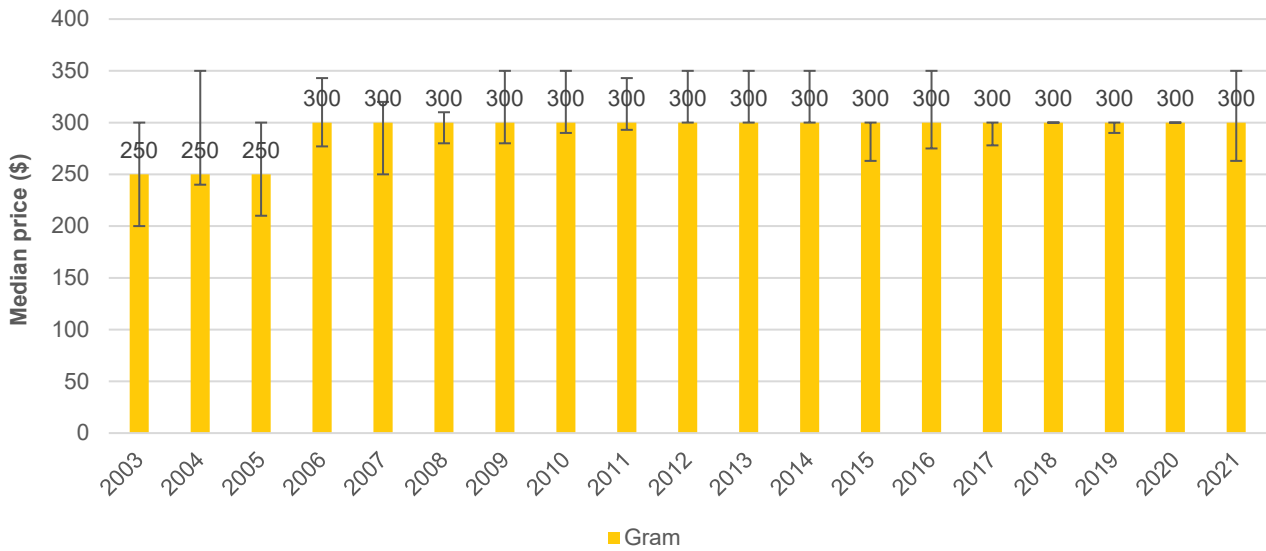
Perceived Purity

There were no significant changes in perceived purity between 2021 and 2020 ($p=0.083$). Among those able to comment in 2021 ($n=76$), just over one-third (34%) perceived cocaine to be of 'medium' purity (26% in 2020), followed by 22% that perceived it to be of 'high' or 'low' purity, respectively (37% and 27% in 2020, respectively) (Figure 19).

Perceived Availability

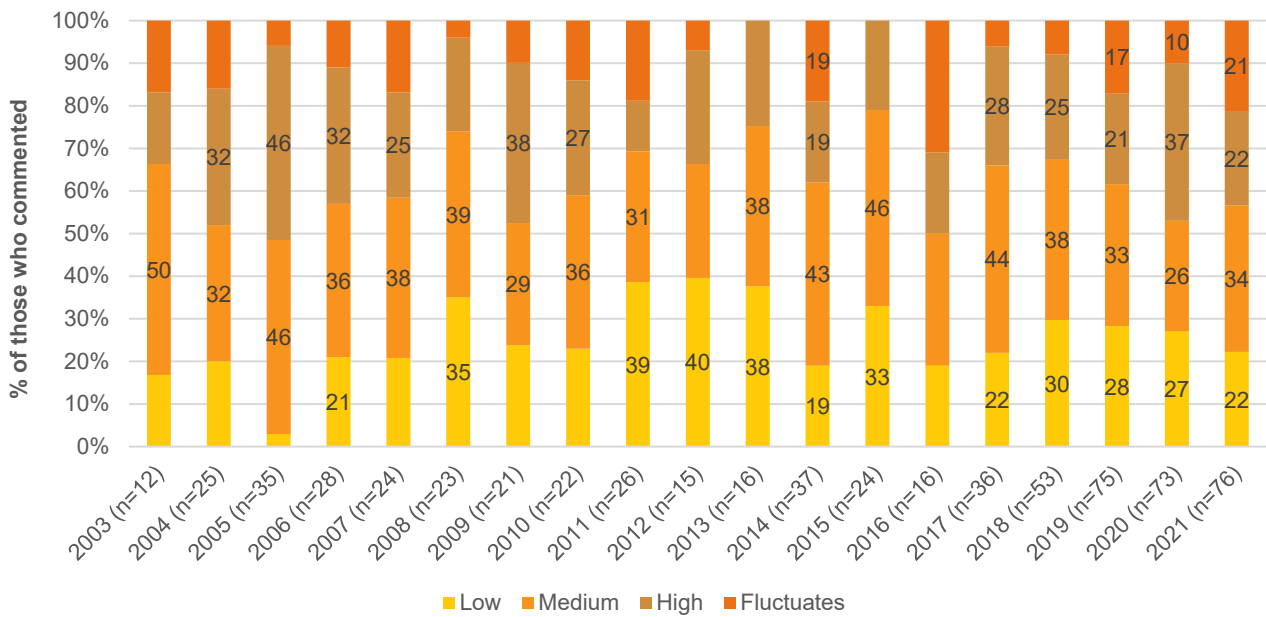
The perceived availability of cocaine remained stable in 2021 compared to 2020 ($p=0.682$). Among those able to comment in 2021 ($n=77$), just over two-fifths (43%) perceived cocaine to be 'easy' to obtain, followed by 36% that perceived it to be 'very easy' (42% and 35% in 2020, respectively) (Figure 20).

Figure 18: Median price of cocaine per gram, ACT, 2003-2021



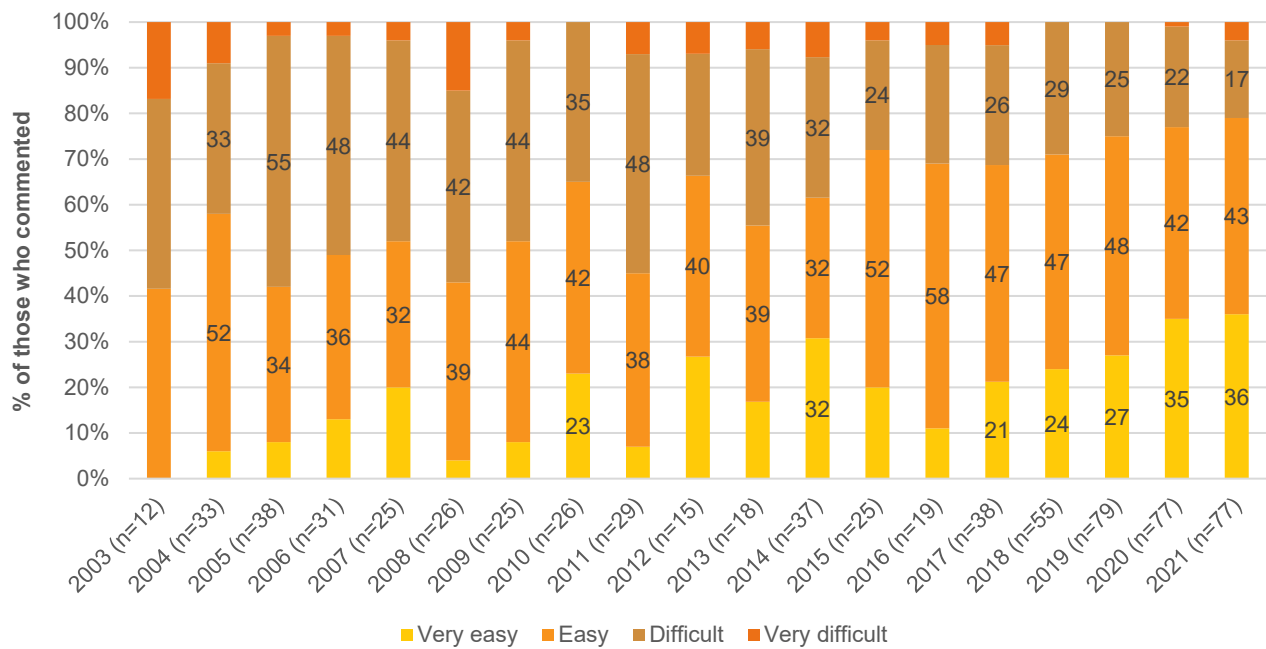
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 19: Current perceived purity of cocaine, ACT, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 20: Current perceived availability of cocaine, ACT, 2003-2021



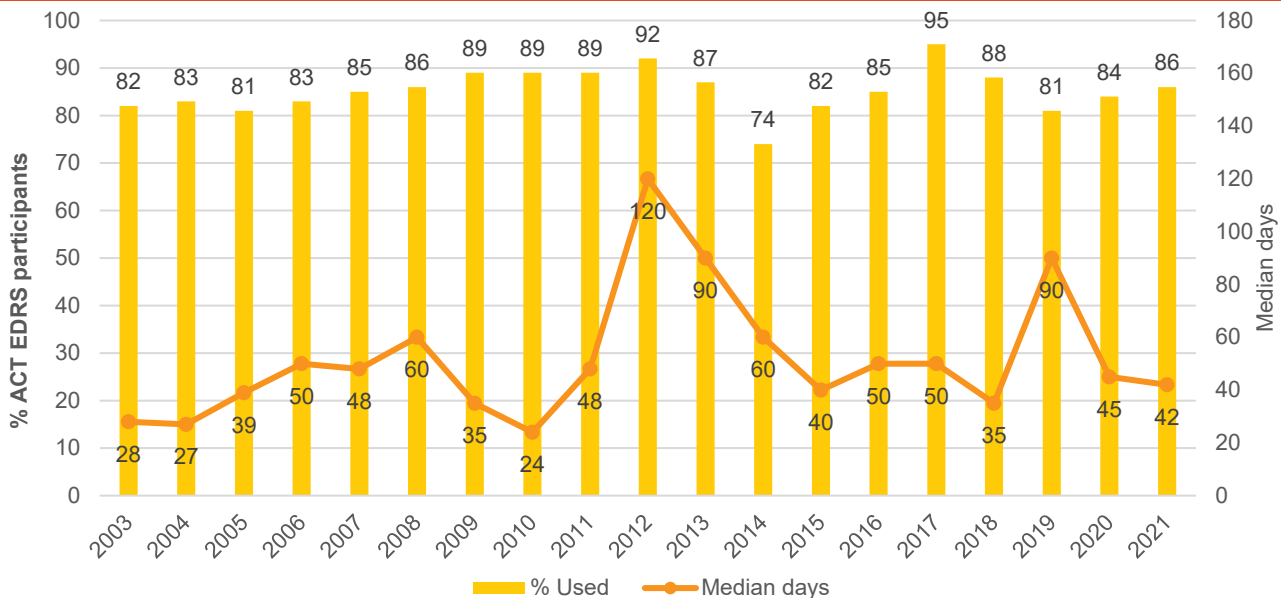
Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$).
 $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2020 versus 2021.

6

Cannabis

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

Figure 21: Past six month use and frequency of use of cannabis, ACT, 2003-2021



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

Patterns of Consumption

Recent Use (past 6 months)

At least three-in-four participants have reported recent use of cannabis each year since monitoring commenced (86% in 2021; 84% in 2020; $p = 0.866$) (Figure 21).

Frequency of Use

Frequency of use has varied between weekly and several times a week in the past six months over the course of monitoring (2021: median 42 days; IQR=13-173; 45 days in 2020; IQR=5-140; $p = 0.597$) (Figure 21). Two-thirds (65%) of those that recently consumed cannabis and commented ($n = 86$) reported weekly or more frequent use (60% in 2020; $p = 0.594$) and one-quarter reported daily use (26%; 22% in 2020; $p = 0.753$).

Routes of Administration

Across all years, nearly all of participants that reported recent use of cannabis reported smoking cannabis (92% in 2021; 94% in 2020; $p=0.781$). In 2021, 31% reported swallowing (40% in 2020; $p=0.310$) and 15% reported inhaling/vaping cannabis (25% in 2020; $p=0.168$) in the past six months.

Quantity

Of those able to comment in 2021, the median amount used on the last occasion of use was one gram (IQR=1-3; $n=36$; 1.30 grams in 2020; IQR=1-2; $n=22$; $p=0.909$), two cones (IQR=1.3-3.8; $n=22$; 2 cones in 2020; IQR=2-6; $n=30$; $p=0.186$) or one joint (IQR=1-1; $n=19$; 1 joint in 2020; IQR=1-2; $n=26$; $p=0.159$).

Forms Used

Among participants that had recently used cannabis, the majority reported using outdoor-grown 'bush' cannabis in 2021 (72%; 80% in 2020; $p=0.336$), followed by half (55%) reporting recent use of hydroponic cannabis (66% in 2020; $p=0.284$). Smaller percentages reported having used hashish (14%; 11% in 2020; $p=0.839$) and hash oil (15%; 10% in 2020; $p=0.476$) in the preceding six months. Twelve per cent reported having used pharmaceutical CBD oil (not asked in 2020).

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: In 2021, those who commented reported a median price of \$300 per ounce (IQR=250-305; $n=16$; \$280 in 2020; IQR=270-300; $n=15$; $p=0.280$) (Figure 22A). Few participants commented on the price per gram of hydroponic cannabis in 2021 ($n\leq 5$), however a median price of \$20 has mostly been reported since monitoring began (\$20 in 2020; IQR=15-20; $n=15$; $p=0.543$).

Perceived Potency: The perceived potency of hydro remained stable between 2021 and 2020 ($p=0.275$). Of those able to comment in 2021 ($n=40$), most perceived hydroponic cannabis to be of 'high' potency (70%; 50% in 2020; $n=34$), the highest percentage since 2007 (Figure 23A).

Perceived Availability: The perceived availability of hydro remained stable between 2021 and 2020 ($p=0.749$). Of those able to comment in 2021 ($n=41$), nearly all participants perceived availability to be 'easy' or 'very easy' (95%; 97% in 2020; $n=39$) (Figure 24A).

Bush Cannabis

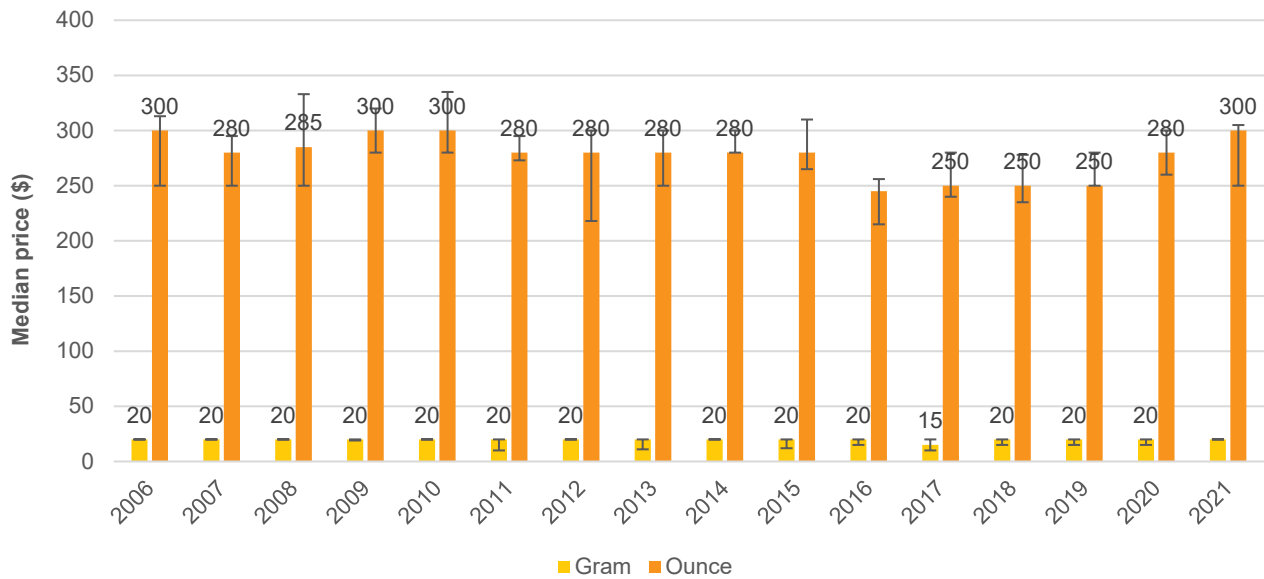
Price: Few participants reported on the price of a gram of bush cannabis, however, the price has been similar across most years (2021: $n\leq 5$; \$18 in 2020; IQR=14-20; $n=14$; $p=0.961$). More variation has been observed around the price per ounce (2021: \$220; IQR=200-245; $n=11$; \$275 in 2020; IQR=250-300; $n=14$; $p=0.012$) (Figure 22B).

Perceived Potency: The perceived potency of bush remained stable between 2021 and 2020 ($p=0.627$). Among those able to comment in 2021 ($n=43$), half perceived bush cannabis to be of 'medium' potency (53%; 38% in 2020), followed by 23% reporting that potency was 'high' (35% in 2020) (Figure 23B).

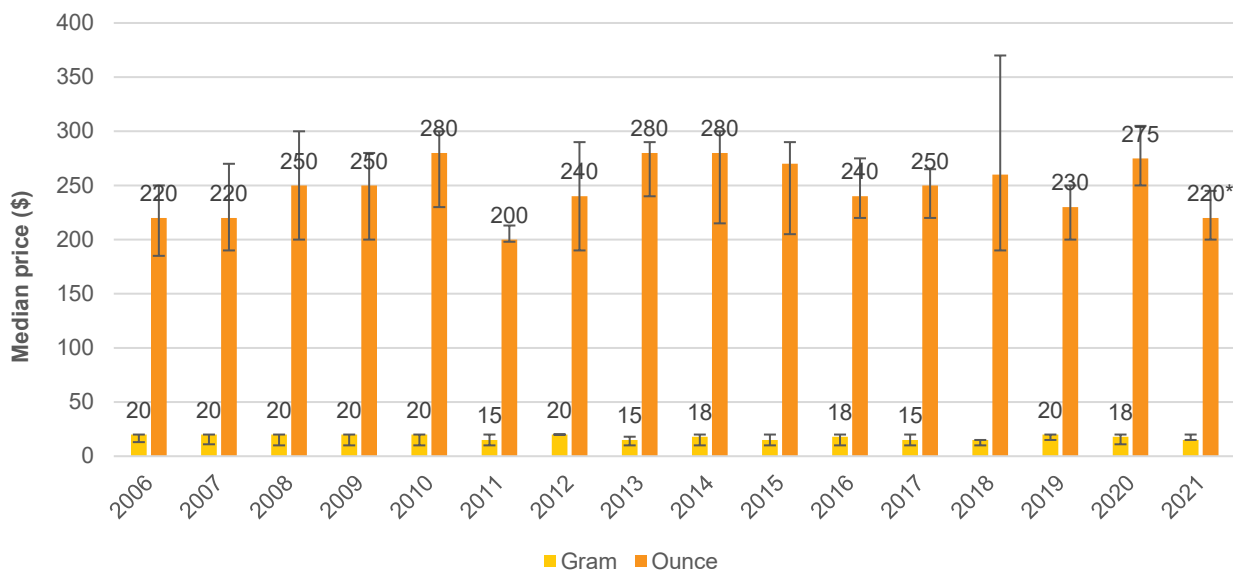
Perceived Availability: The perceived availability of bush remained stable between 2021 and 2020 ($p=0.606$). Similar to hydroponic cannabis, bush cannabis has also historically been perceived as accessible. Of those able to comment in 2021 ($n=43$), the majority of participants perceived the availability of bush to be 'easy' or 'very easy' (90%; 86% in 2020; $n=36$) (Figure 24B).

Figure 22: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, ACT, 2006-2021

(A) Hydroponic cannabis

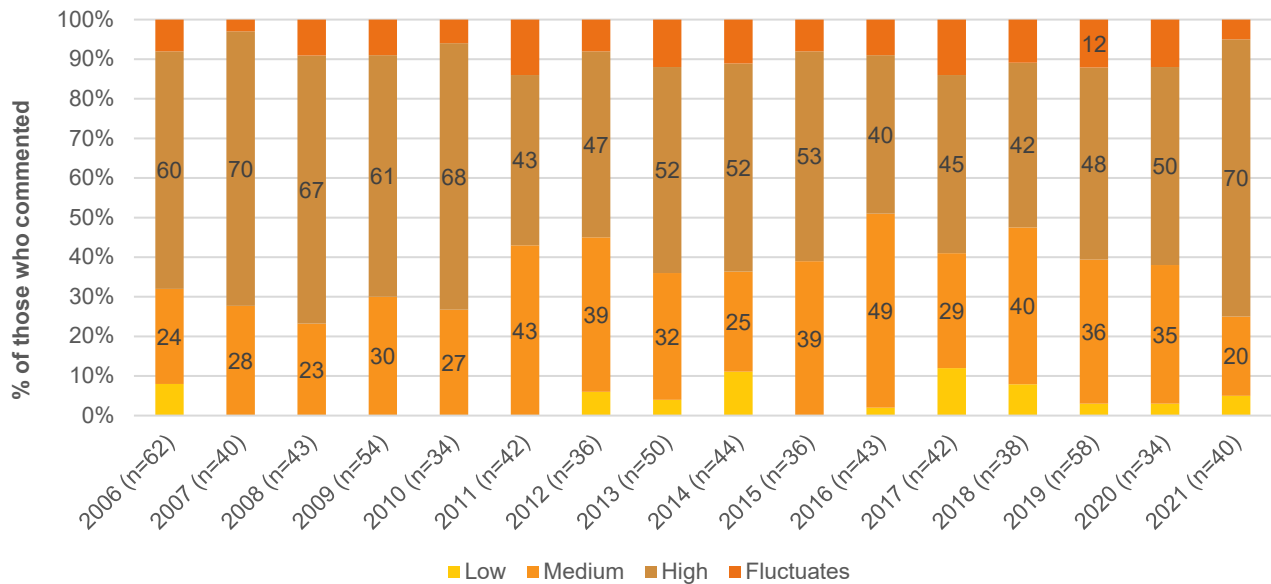
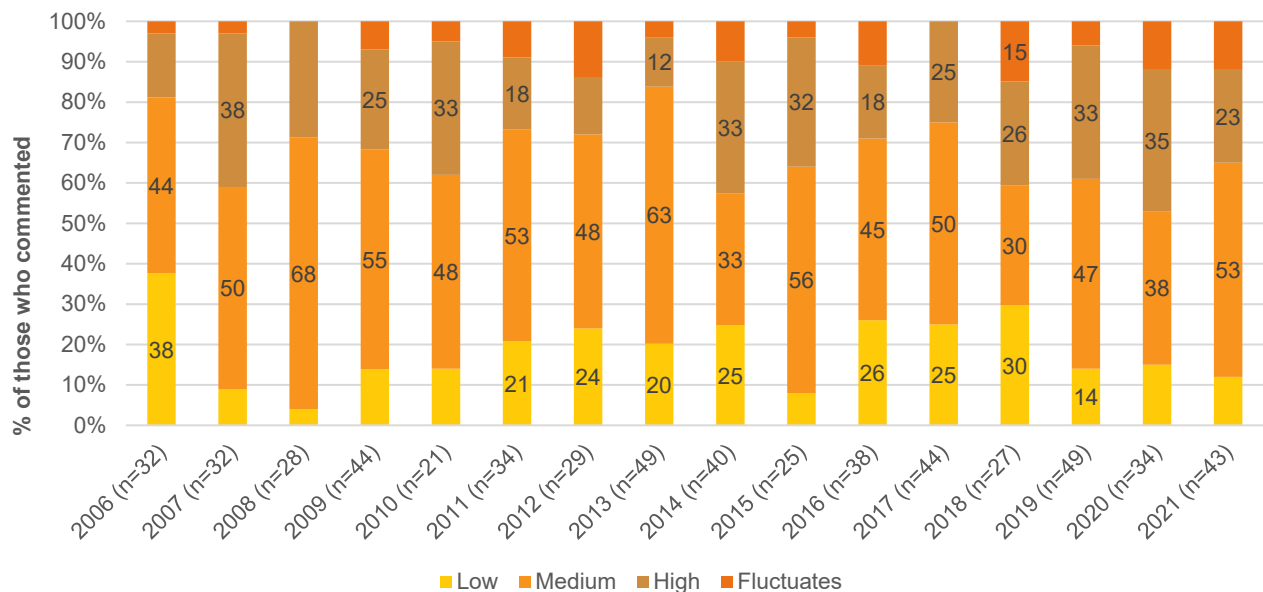


(B) Bush cannabis



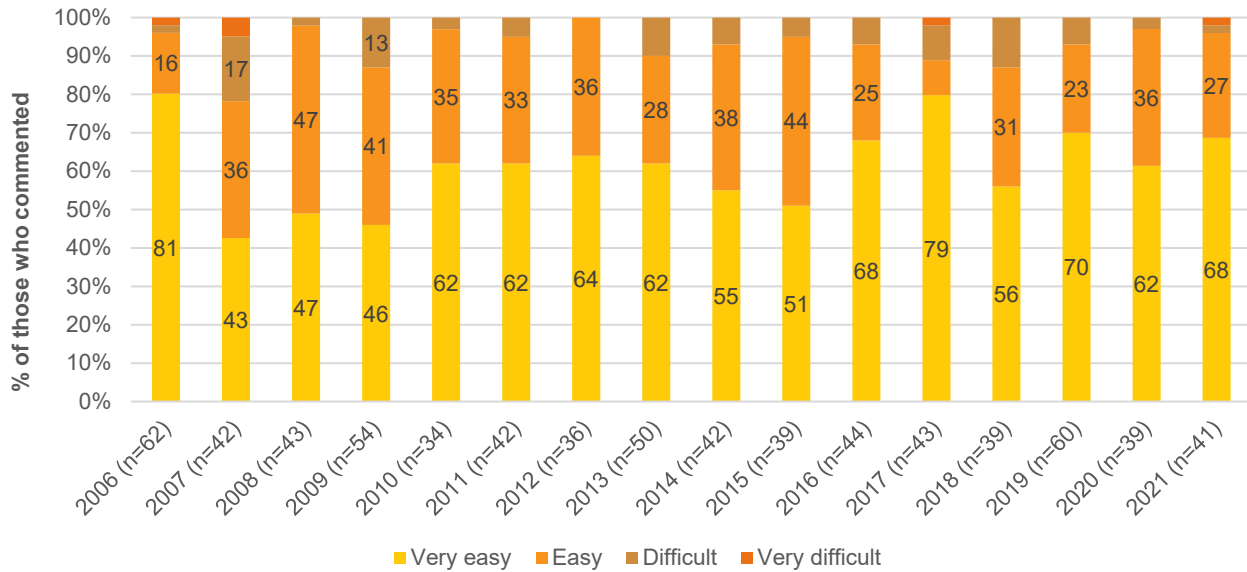
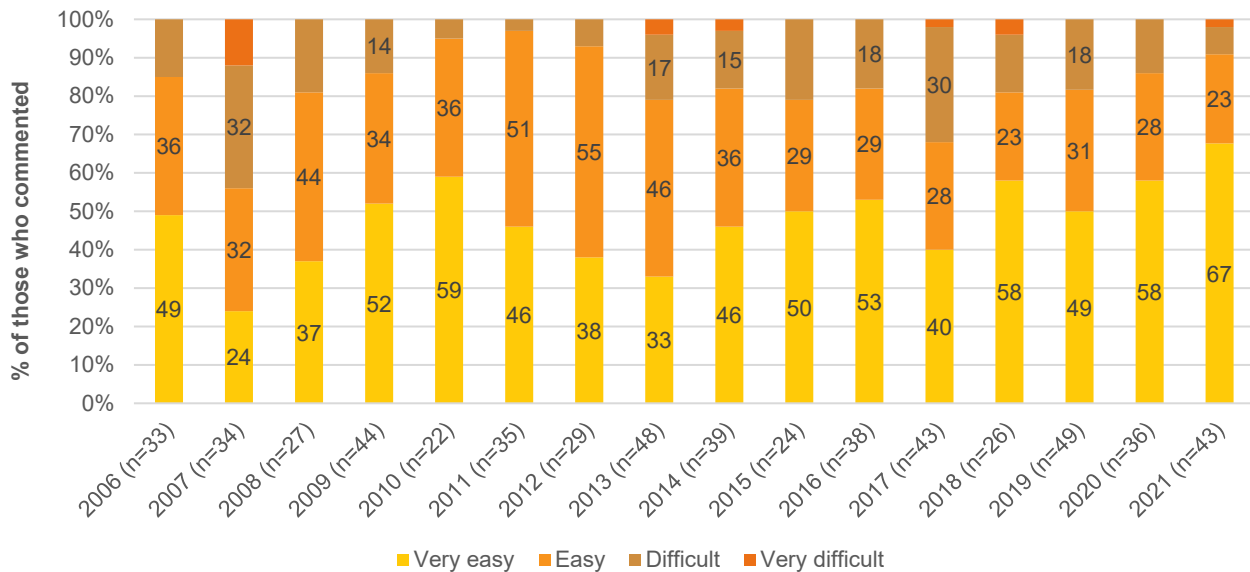
Note. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not =0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 23: Current perceived potency of hydroponic (A) and bush (B) cannabis, ACT, 2006-2021

(A) Hydroponic cannabis**(B) Bush cannabis**

Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 24: Current perceived availability of hydroponic (A) and bush (B) cannabis, ACT, 2006-2021

(A) Hydroponic cannabis**(B) Bush cannabis**

Note. The response 'Don't know' was excluded from analysis. From 2006 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

7

Ketamine, LSD and DMT

Ketamine

Patterns of Consumption

Recent Use (past 6 months): Recent ketamine use has fluctuated over the period of monitoring, with half (51%) reporting recent use in 2021, the highest per cent since monitoring began (47% in 2020; $p=0.671$) (Figure 25).

Frequency of Use: Frequency of use has historically been low, varying between a median of one and five days (2021: 3 days; IQR=2-6; 3 days in 2020; IQR=2-7; $p=0.621$) (Figure 25). Among participants that reported recent use, few ($n\leq 5$) reported using ketamine weekly or more frequently in 2021 ($n\leq 5$ in 2020).

Routes of Administration: In 2021, the most common route of administration among people who had recently used ketamine was snorting (92%; 94% in 2020).

Quantity: The median quantity used in a 'typical' session was 0.30 grams (IQR=0.20-0.50, $n=30$; 0.50 grams in 2020; IQR=0.30-0.50, $n=22$; $p=0.444$) and the median 'maximum' used was 0.50 grams (IQR=0.20-0.50; $n=33$; 0.50 grams in 2020; IQR=0.30-1.00; $n=29$; $p=0.413$).

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

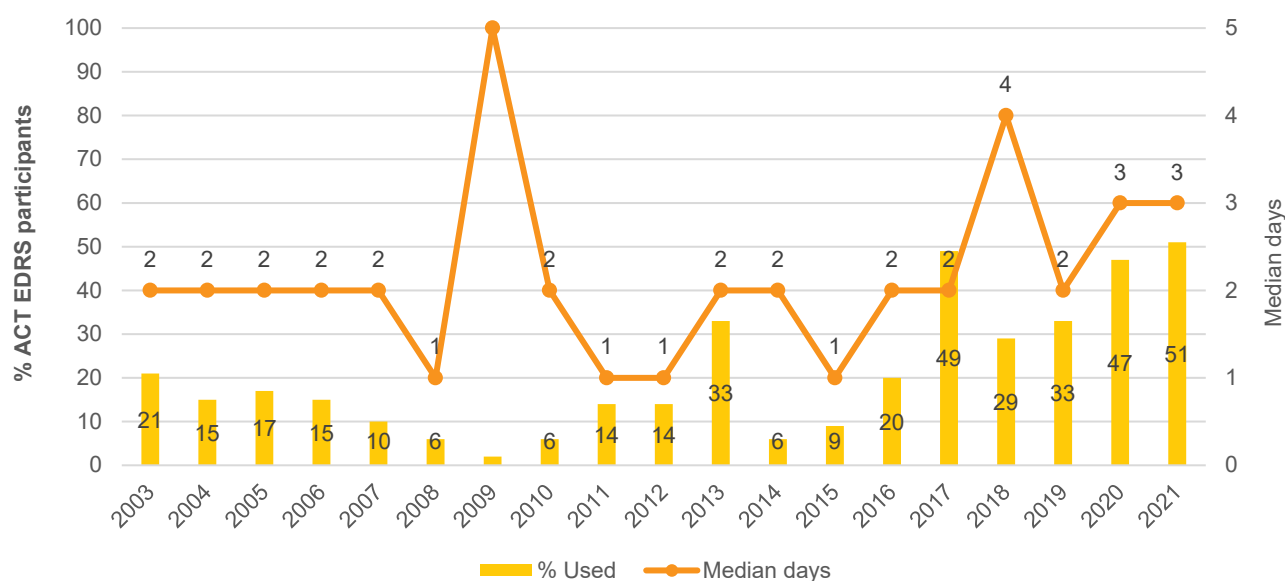
Price, Perceived Purity and Perceived Availability

Price: The reported median price for a gram of ketamine was \$200 in 2021 (IQR=180-250; $n=26$; \$200 in 2020; IQR=175-250; $n=31$; $p=0.806$).

Perceived Purity: The perceived purity of ketamine remained stable between 2021 and 2020 ($p=0.362$). Of those who responded in 2021 ($n=39$), almost three-fifths (56%) perceived the purity of ketamine to be 'high' (70% in 2020; $n=30$), followed by 28% perceiving it to be 'medium' ($n\leq 5$ in 2020).

Perceived Availability: Perceived availability was also stable between 2021 and 2020 ($p=0.478$). Of those who commented in 2021 ($n=41$), nearly half (48%) reported ketamine to be 'easy' or 'very easy' to obtain (59% in 2021; $n=34$).

Figure 25: Past six month use and frequency of use of ketamine, ACT, 2003-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$) and to improve visibility. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

LSD

Patterns of Consumption

Recent Use (past 6 months): Recent use of LSD has fluctuated over the course of monitoring. In 2021, 45% reported recent use (41% in 2020; $p = 0.625$) (Figure 26).

Frequency of Use: Use across the years has been infrequent among those who had recently used LSD (2021: median 3 days; IQR=2-7; 2 days in 2020; IQR=1-4; $p = 0.061$) (Figure 26). Few participants reported weekly or more frequent use of LSD in 2020 ($n \leq 5$; $n \leq 5$ in 2020).

Routes of Administration: In 2021, all participants reporting recent use of LSD (100%) reported swallowing as a route of administration (100% in 2020).

Quantity: In 2021, the median quantity used in a 'typical' session remained stable at one tab (IQR=1-2; $n = 15$; 2 tabs in 2020; IQR=1-3; $n = 8$; $p = 0.549$). The median 'maximum' number of tabs used was two (IQR=1-3; $n = 15$), a significant decline from 2020 (3 tabs; IQR=2-6; $n = 9$; $p = 0.039$).

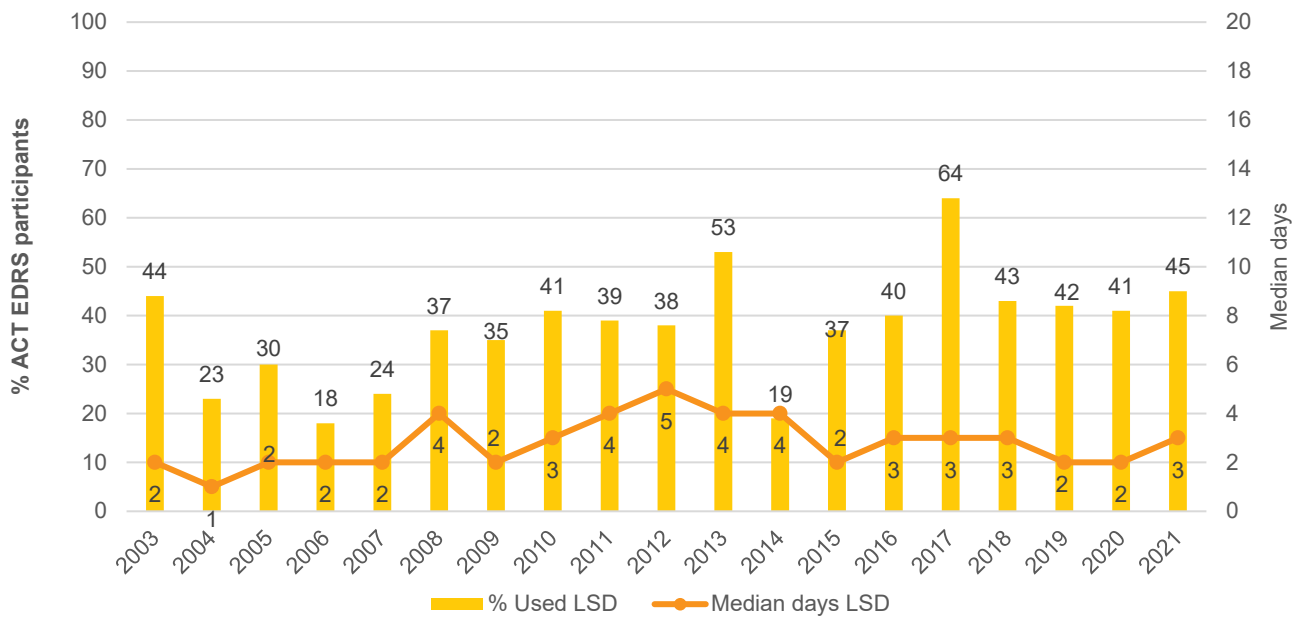
Price, Perceived Purity and Perceived Availability

Price: In 2021, the median price for one tab was \$25 (IQR=15-30; $n = 31$), stable compared to 2020 (\$25; IQR=20-26; $n = 48$; $p = 0.575$) (Figure 27).

Perceived Purity: Perceived purity was stable between 2021 and 2020 ($p = 0.178$). Of those who responded in 2021 ($n = 44$), the majority perceived purity to be 'high' (70%), the highest percentage since monitoring began (53% in 2020) (Figure 28).

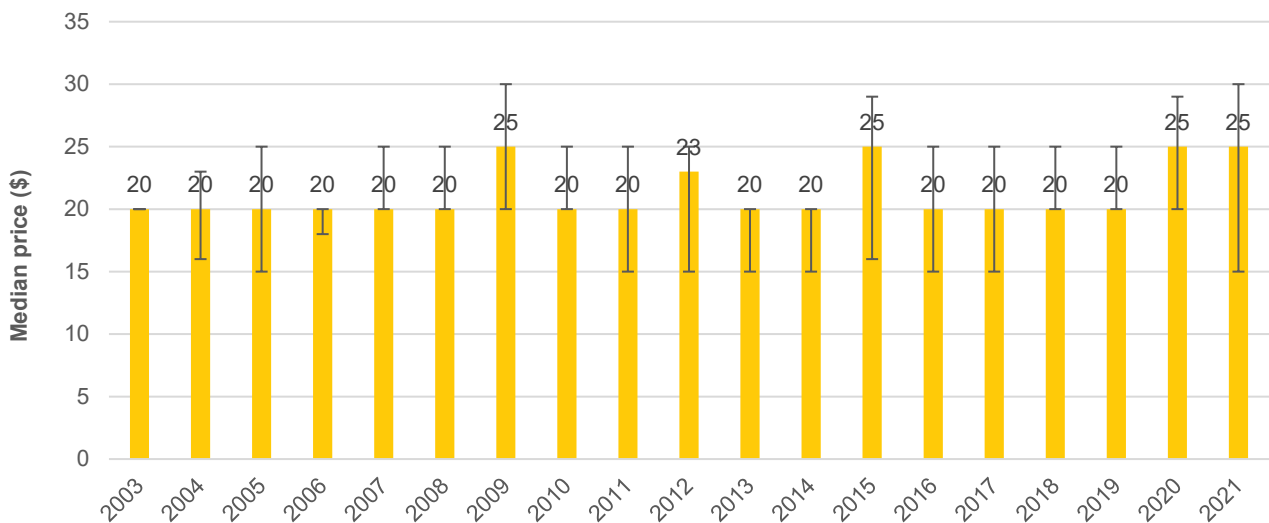
Perceived Availability: Availability was also stable between 2021 and 2020 ($p = 0.908$). Of those able to comment in 2021 ($n = 48$), most perceived LSD to be 'easy' or 'very easy' to obtain (65%; 67% in 2020) (Figure 29).

Figure 26: Past six month use and frequency of use of LSD, ACT, 2003-2021



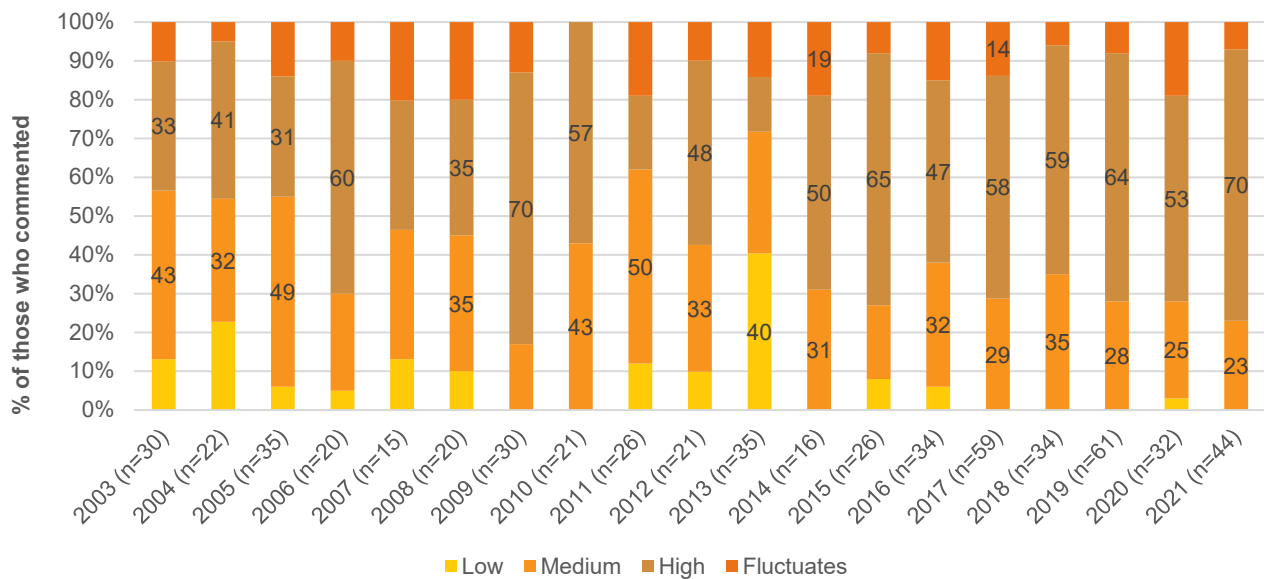
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 27: Median price of LSD per tab, ACT, 2003-2021



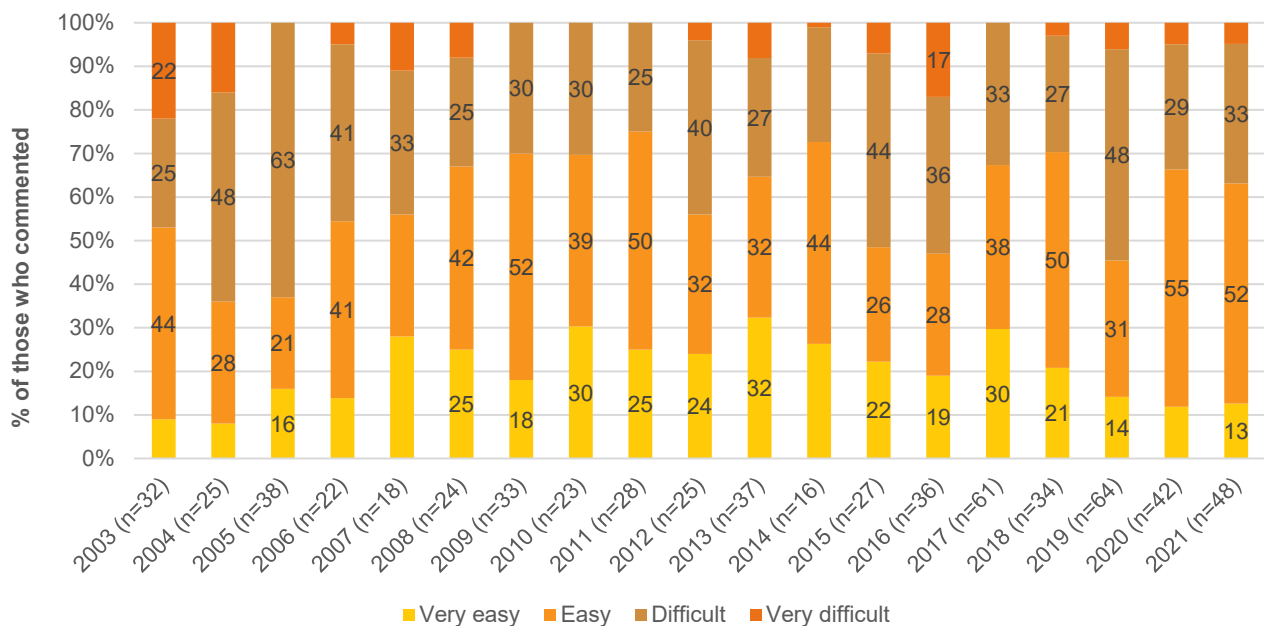
Note. Among those who commented. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 20120 versus 2021.

Figure 28: Current perceived purity of LSD, ACT, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 29: Current perceived availability of LSD, ACT, 2003-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

DMT

Patterns of Consumption

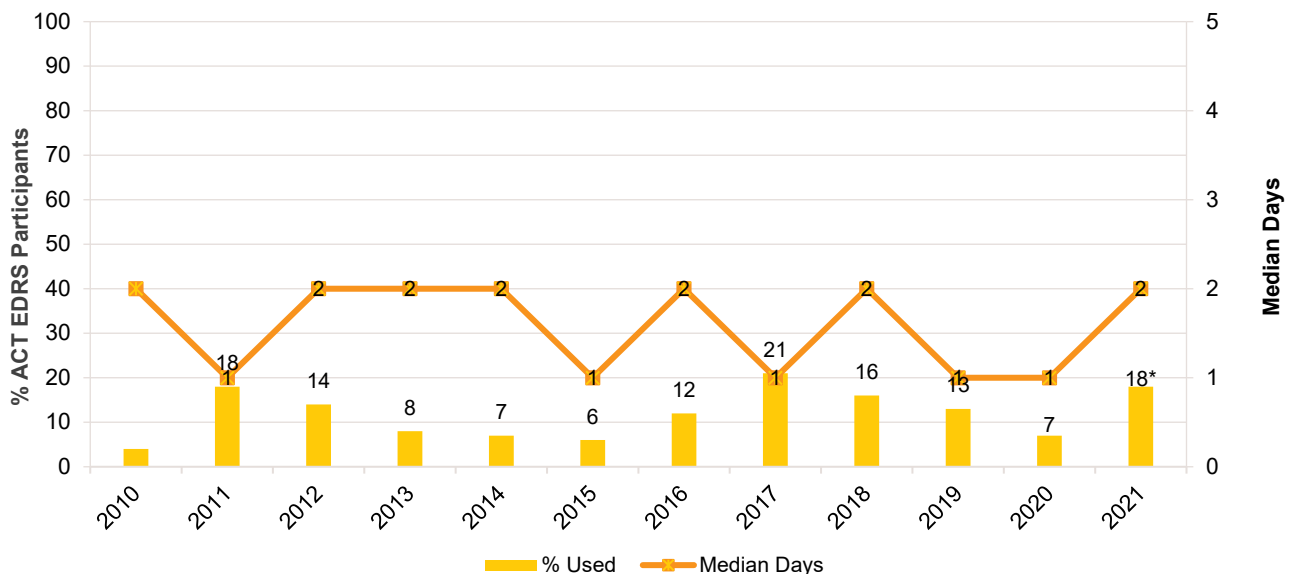
Recent Use (past 6 months): DMT use has fluctuated over the reporting period, with 18% reporting recent use in 2021, a significant increase compared to 2020 (7%; $p=0.030$) (Figure 30).

Frequency of Use: Use across the years has shown to be infrequent and stable, with a median of two days (IQR=1-4) of use in 2021 (1 day in 2020; IQR=1-2; $p=0.122$) (Figure 30).

Routes of Administration: Among participants who had recently consumed DMT and commented ($n=18$), the main route of administration was smoking (94%; 100% in 2020).

Quantity: In 2021, the median quantity used in a 'typical' session was 100 mgs (IQR=16-150; $n=7$; $n\leq 5$ in 2020; $p=0.658$), and the median 'maximum' quantity was also 100 mgs (IQR=32-250 mgs; not asked in 2020).

Figure 30: Past six month use and frequency of use of DMT, ACT, 2010-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2020 and 2021 with small cell size (i.e. $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Data on the price, perceived purity and perceived availability for DMT was not collected in 2021.

8

New Psychoactive Substances

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

In previous (2010-2020) EDRS reports, DMT and *paramethoxyamphetamine* (PMA) were categorised as NPS. However, the classification of these substances as NPS is not universally accepted, and the decision has been made to exclude them from this category from hereon-in. This means that the figures presented below for recent use of tryptamine, phenethylamine and any NPS will not align with those in our previous reports.

Further, some organisations (e.g., the United Nations Office on Drugs and Crime) include plant-based substances in their definition of NPS, whilst other organisations exclude them. To allow comparability with both methods, we present figures for 'any' NPS use, both including and excluding plant-based NPS.

Recent Use (past 6 months)

Fifteen per cent of the ACT sample reported recent use of NPS (including plant-based NPS) when monitoring began in 2010. This increased to 53% in 2012, before declining to 18% in 2021 (13% in 2020; $p=0.417$) (Table 3). Any NPS use, excluding plant-based NPS, has shown a similar trend, peaking at 49% in 2012 and declining to 17% in 2021 (11% in 2020; $p=0.295$) (Table 4).

Forms Used

2C substances have consistently been the most commonly used NPS, ranging from 25% reporting recent use in 2012 and 2013 to 7% in 2021 ($n \leq 5$ in 2020; $p=0.566$) (Table 5).

Table 3: Past six month use of NPS (including plant-based NPS), nationally and ACT, 2010-2021

%	National	ACT
2010	24	15
2011	36	36
2012	40	53
2013	44	48
2014	35	17
2015	37	33
2016	28	27
2017	26	25
2018	23	20
2019	20	28
2020	15	13
2021	16	18

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 7 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 4: Past six month use of NPS (excluding plant-based NPS), nationally and ACT, 2010-2021

%	National	ACT
2010	24	15
2011	33	26
2012	37	49
2013	42	44
2014	34	17
2015	34	32
2016	27	24
2017	24	24
2018	21	18
2019	19	28
2020	12	11
2021	14	17

Note. Monitoring of NPS first commenced in 2010. DMT and PMA have been removed as NPS in this year's report (i.e., 2010-2021 figures exclude DMT and PMA; refer to Chapter 8 for further information on DMT use among the sample). This has had a substantial impact on the percentage of the sample reporting 'any' NPS use in the past six months and means that the figures presented above will not align with those presented in previous EDRS reports. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 5: Past six month use of NPS by drug type, ACT, 2010-2021

	2010 N=70 %	2011 N=80 %	2012 N=51 %	2013 N=77 %	2014 N=100 %	2015 N=99 %	2016 N=100 %	2017 N=100 %	2018 N=98 %	2019 N=100 %	2020 N=101 %	2021 N=100 %
Phenethylamines	8	9	13	19	12	21	16	16	7	8	-	8
Any 2C substance~	8	8	11	18	9	21	13	14	7	7	-	7
NBOMe	/	/	/	/	-	-	-	-	-	-	-	-
DO-x	0	0	0	0	0	0	0	0	0	0	0	0
4-FA	/	/	/	/	/	/	0	0	0	0	0	0
Tryptamines	-	-	-	-	0	0	-	-	-	-	-	-
5-MeO-DMT	-	-	-	-	0	0	-	-	-	-	-	-
4-AcO-DMT	/	/	/	/	/	/	0	0	/	/	/	/
Synthetic cathinones	-	-	13	-	-	9	-	-	-	11	0	0
Mephedrone	-	-	0	0	0	-	0	-	0	-	0	0
Methylone/bk MDMA	/	-	12	-	-	6	-	-	-	9	0	0
MDPV/Ivory wave	0	0	-	0	0	-	-	0	0	0	0	0
Alpha PVP	/	/	/	/	/	/	0	0	0	0	0	0
n-ethyl hexedrone	/	/	/	/	/	/	/	/	/	0	0	0
n-ethylpentylone	/	/	/	/	/	/	/	/	/	0	0	0
Other substituted cathinone	/	/	0	0	0	0	0	0	0	/	/	/
Piperazines	-	-	0	0	0	0	0	0	/	/	/	/
BZP	-	-	0	0	0	0	0	0	/	/	/	/
Dissociatives	/	/	-	/	/	-	-	0	0	-	0	-
Methoxetamine (MXE)	/	/	-	0	0	-	-	0	0	-	0	-
Other drugs that mimic the effects of dissociatives like ketamine	/	/	/	/	/	/	/	/	/	/	0	-
Plant-based NPS	/	-	-	-	0	-	-	-	-	-	-	-
Ayahuasca	/	/	/	/	/	0	0	0	0	-	-	0
Salvia divinorum	/	-	-	-	0	-	-	-	-	0	-	-
Kratom	/	/	/	/	/	/	/	/	/	/	0	-
Mescaline	0	11	-	8	0	-	-	-	-	-	-	-
LSA	/	-	-	0	-	0	0	/	/	/	/	/
Datura	0	-	-	0	0	0	0	/	/	/	/	/
Benzodiazepines	/	/	/	/	/	/	0	-	-	-	0	-
Etizolam	/	/	/	/	/	/	0	-	0	-	0	-
Other drugs that mimic the effect of benzodiazepines	/	/	/	/	/	/	/	/	0	0	0	0
Synthetic cannabinoids	/	-	16	-	-	0	-	-	-	-	-	-
Herbal high[#]	/	/	14	-	-	0	-	-	0	-	/	/
Phenibut	/	/	/	/	/	/	/	/	/	-	0	0
Other drugs that mimic the effect of opioids	/	/	/	/	/	/	/	/	-	0	0	0
Other drugs that mimic the effect of ecstasy	/	/	/	/	/	/	/	0	-	-	0	0
Other drugs that mimic the effect of amphetamine or cocaine	/	/	/	/	/	/	/	-	-	-	0	-
Other drugs that mimic the effect of psychedelic drugs like LSD	/	/	/	/	/	/	/	0	-	-	-	-

Note. NPS first asked about in 2010. / not asked. ^In previous EDRS reports, PMA was included as a NPS under 'phenethylamines' and mescaline was included under both 'phenethylamines' and 'plant-based NPS'. This year, PMA has been deleted as a NPS altogether, while

mescaline was removed from 'phenethylamines' and is now only coded under 'plant-based NPS' – this means that the percentages reported for any phenethylamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. ^^In previous EDRS reports, DMT was included as a NPS under 'tryptamines'. This year, DMT has been removed as a NPS (refer to Chapter 7 for further information on DMT use among the sample), which means that the percentages reported for any tryptamine NPS use (2010-2020) will not align with those presented in previous EDRS reports. # The terms 'herbal highs' and 'legal highs' appear to be used interchangeably to mean drugs that have similar effects to illicit drugs like cocaine or cannabis but are not covered by current drug law scheduling or legislation. - not reported, due to small numbers ($n \leq 5$ but not 0). ~ In 2010 and between 2017-2019 three forms of 2C were asked whereas between 2011-2016 four forms were asked. From 2020 onwards, 'any' 2C use is captured. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

9

Other Drugs

Non-Prescribed Pharmaceutical Drugs

Codeine

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

Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in the 2018-2020 EDRS. However, in 2021, participants were only asked about prescribed and non-prescribed codeine use, regardless of whether it was low- or high-dose.

Recent Use (past 6 months): In 2021, 32% of the sample reported any recent use of codeine (28% in 2020; $p=0.644$). Just over one-fifth of the sample (21%) had used any prescribed codeine (18% in 2020; $p=0.721$), whereas 13% reported using any non-prescribed codeine (11% in 2020; $p=0.828$).

Recent Use for Non-Pain Purposes: Just over half (54%) of participants who had recently used codeine had used it for non-pain purposes (7% of the total ACT sample; 11% in 2020; $p=0.157$) (Figure 31).

Frequency of Use: Participants who had recently used any form of non-prescribed codeine ($n=13$) reported use on a median of three days ($IQR=2-6$) in the past six months, a significant increase from one day in 2020 ($IQR=1-4$; $n=11$; $p=0.029$).

Pharmaceutical Opioids

Recent Use (past 6 months): The per cent of participants reporting past six month use of non-prescribed pharmaceutical opioids (e.g., methadone, buprenorphine, morphine, oxycodone, fentanyl, excluding codeine) remained stable from 2020 (9%) to 2021 (8%; $p=0.805$) (Figure 31).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical opioids reported using it on a median of two days ($IQR=1-3$; $n=6$) in the six months preceding interview (1 day in 2020; $IQR=1-3$; $n=7$; $p=0.894$).

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has fluctuated over time, and peaked at 45% in 2020 and remained stable in 2021 (41%; $p=0.670$) (Figure 31).

Frequency of Use: Median days of non-prescribed use remained stable between 2020 and 2021 (5 days in 2021; $IQR=2-10$; $n=40$; 5 days in 2020: $IQR=3-10$, $n=45$; $p=0.926$).

Quantity: The median quantity of non-prescribed pharmaceutical stimulants used in a 'typical' session in 2021 was two pills/tablets (IQR=1-3; $n=34$; 2 in 2020; IQR=1-3; $p=0.878$), and the median maximum amount used per session was also two pills/tablets (IQR=1-4; $n=35$; not asked in 2020).

Benzodiazepines

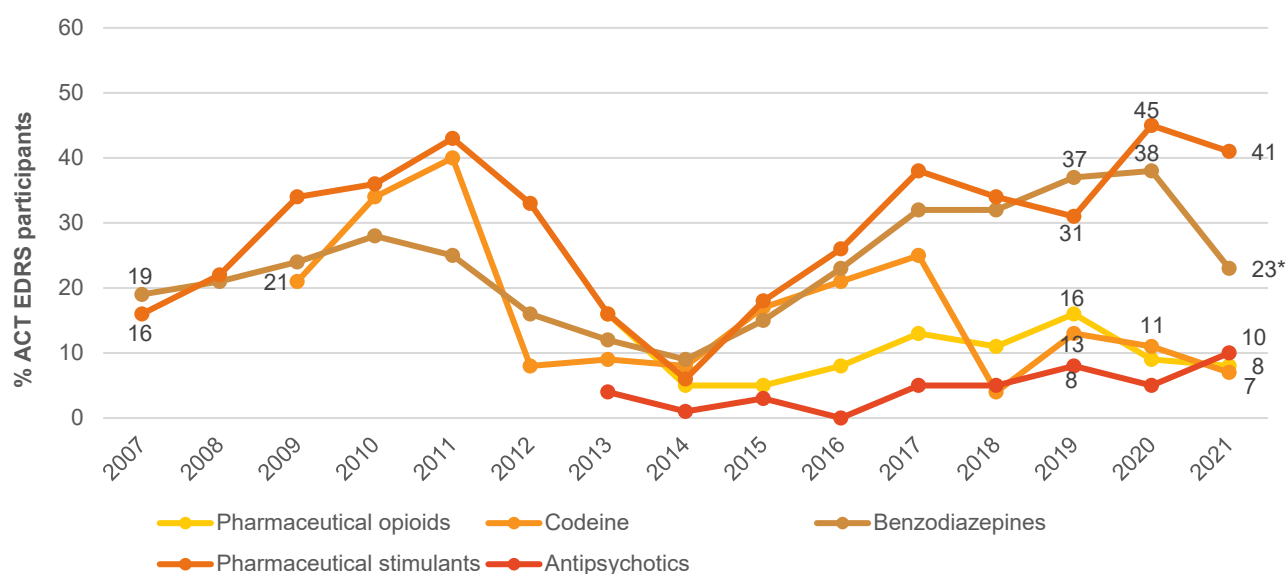
Recent Use (past 6 months): Recent use of non-prescribed benzodiazepines had been gradually increasing between 2014 (9%) and 2020 (38%), before declining significantly in 2021 (23%; $p=0.031$) (Figure 31). From 2019 onwards, we asked participants about non-prescribed alprazolam use versus non-prescribed 'other benzodiazepine' use, with 14% (27% in 2020; $p=0.035$) and 17% (20% in 2020; $p=0.716$) of the total sample reporting recent non-prescribed use in 2021, respectively.

Frequency of Use: Participants who had recently used non-prescribed alprazolam reported using it on a median of three days in the past six months (IQR=1-6; $n=14$; 3 days in 2020; IQR=1-12; $n=26$; $p=0.719$), while participants who had recently used non-prescribed 'other benzodiazepines' reported use on a median of five days (IQR=1-8; $n=17$; 3 days in 2020; IQR=2-7; $n=20$; $p=0.621$).

Antipsychotics

Recent Use (past 6 months): Historically, recent use of non-prescribed antipsychotics has remained low over the course of monitoring (Figure 31). However, in 2021 the largest per cent reported use since monitoring began (10%; $n=5$ in 2020; $p=0.191$).

Figure 31: Non-prescribed use of pharmaceutical drugs in the past six months, ACT, 2007-2021



Note. Monitoring of pharmaceutical stimulants and benzodiazepines commenced in 2007, over-the-counter (OTC) codeine (low-dose codeine) in 2009 and pharmaceutical opioids and antipsychotics in 2013. Non-prescribed use is reported for prescription medicines (e.g., benzodiazepines, antipsychotics, codeine, and pharmaceutical stimulants). In February 2018, the scheduling for codeine changed such that low-dose codeine formerly available over-the-counter (OTC) was required to be obtained via a prescription. High-dose codeine was excluded from pharmaceutical opioids from 2018. The time series here represents non-prescribed low-dose codeine used for non-pain purposes (2010-2020) and non-prescribed codeine (low- and high-dose) for non-pain purposes (2021). Y axis has been reduced to 60% to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Other Illicit Drugs

MDA

Recent Use (past 6 months): Recent use of MDA has varied across the years and in 2021 the lowest per cent reported recent use since monitoring began ($n=5$; 10% in 2020; $p=0.079$) (Figure 32).

Substance with Unknown Contents

Capsules (past 6 months): During the first three years of monitoring, low numbers reported recent use of ‘capsules with unknown contents’, rising to 45% in 2016. Since then, the percentage of participants reporting recent use has been gradually decreasing, with 8% reporting recent use in 2021 (10% in 2020; $p=0.822$) (Figure 32).

Other Unknown Substances (past 6 months): From 2019 onwards, we asked participants about their use more broadly of substances with ‘unknown contents’. These questions were asked by substance form, comprising capsules (as per previous years), pills, powder, crystal and ‘other’ form. In 2021, one-sixth (17%) reported recent use of any substance with ‘unknown contents’ (24% in 2020; $p=0.310$) on a median of two days (IQR=1-2; not asked in 2020). Seven per cent reported using a pill with unknown content in the previous six months (8% in 2020) and 6% reported recently using powder with unknown contents (6% in 2020). No participants reported using crystal with unknown contents in 2021 ($n \leq 5$ in 2020; $p=0.482$).

Quantity: From 2020 onwards, we asked participants about the average amount of pills and capsules used with unknown contents in the last six months. In a ‘typical’ session, participants reported using a median of one capsule (IQR=1-2; $n=7$; 1 capsule in 2020; IQR=1-2; $n=10$; $p=0.912$) with unknown contents. Participants reported using a median of one pill (IQR=1-3; $n=7$; 1 pill in 2020; IQR=1-2; $n=8$; $p=0.912$) with unknown contents in a ‘typical’ session.

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

Recent Use (past 6 months): Historically, consistently small numbers have reported recent use of GHB/GBL/1,4-BD, however, in 2021, the highest per cent of participants reported past six month use (17%; $n \leq 5$ in 2020; $p=0.005$) (Figure 32). In 2021, participants reported use on a median of four days (IQR=2-20; $n=17$; $n \leq 5$ in 2020; $p=0.293$).

Heroin

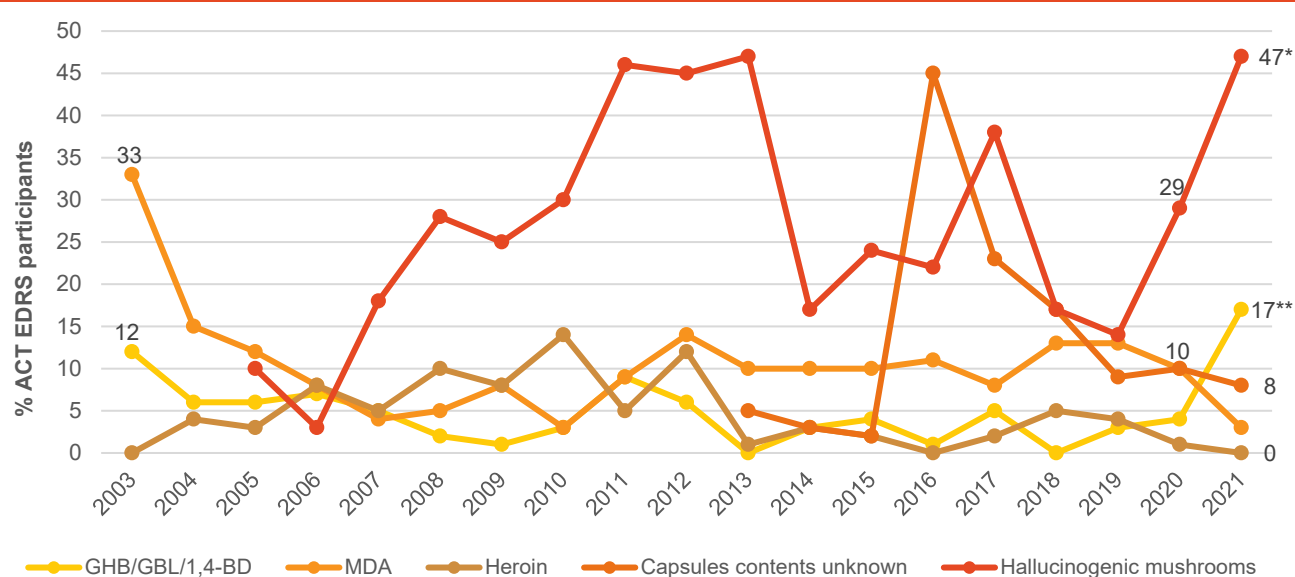
Recent Use (past 6 months): No participants reported recent use of heroin in 2021 ($n \leq 5$ in 2020) (Figure 32).

Hallucinogenic Mushrooms

Recent Use (past 6 months): Recent use of hallucinogenic mushrooms has varied across the years (10% in 2005 to 47% in 2013). In 2021, 47% of participants reported recent use, a significant increase from 2020 (29%; $p=0.013$) (Figure 32).

Frequency of Use: Recent use has typically been infrequent and stable, with participants reporting a median of two days of use in 2021 (IQR=1-4; $n=47$; median 2 days in 2020; IQR=1-2; $n=29$; $p=0.437$).

Figure 32: Past six month use of other illicit drugs, ACT, 2003-2021



Note. Monitoring of capsules contents unknown commenced in 2013 and mushrooms in 2005. Y axis has been reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Nearly the entire ACT sample reported recent alcohol use (95%; 99% in 2020; $p = 0.209$), consistent with percentages observed since monitoring began in 2003 (Figure 33).

Frequency of Use: In 2021, participants that reported recent alcohol use reported use on a median of 48 days in the past six months (i.e., twice weekly; IQR=24-78; $n = 95$; 48 days in 2020; IQR=24-81; $n = 100$; $p = 0.953$), with nearly four-fifths (79%) reporting weekly or more frequent use (83% in 2020; $p = 0.590$).

Tobacco

Recent Use (past 6 months): Recent tobacco use has fluctuated between 69% and 92% of the sample over the course of monitoring. In 2021, 72% of the sample reported recent tobacco use (83% in 2020; $p = 0.084$) (Figure 33).

Frequency of Use: In 2021, participants reported using tobacco on a median of 180 days (i.e. daily; IQR=44-180; $n = 72$; 160 days in 2020; IQR=25-180; $n = 83$ $p = 0.971$), with 51% of participants who reported recent use reporting daily use (49% in 2020; $p = 0.931$).

E-cigarettes

Recent Use (past 6 months): Recent e-cigarette use remained stable in the initial years of monitoring (2014-2018), however has since been increasing. In 2021, two-thirds (67%) reported using e-cigarettes recently in 2021, a significant increase relative to 2020 (51% in 2020; $p = 0.036$) (Figure 33).

Frequency of Use: In 2021, frequency of use also significantly increased relative to 2020 (30 days; IQR=7-98; $n = 67$ versus 9 days; IQR=3-40; $n = 51$; $p = 0.002$). In 2021, 15% of those that recently used e-cigarettes reported daily use (10% in 2020; $p = 0.516$).

Forms Used: Among those that reported recent e-cigarette use ($n = 67$), the large majority (96%) reported using e-cigarettes containing nicotine (75% in 2020) and 21% reported using e-cigarettes

containing cannabis ($n \leq 5$ in 2020). Small numbers ($n \leq 5$) reported using e-cigarettes that contained both cannabis and nicotine.

Reason for Use: Among participants who had recently consumed e-cigarettes in 2021, half (51%) reported that they did not use e-cigarettes as a smoking cessation tool (60% in 2020).

Nitrous Oxide

Recent Use (past 6 months): The per cent reporting recent use of nitrous oxide has been increasing over time, however remained stable in 2021 relative to 2020 (55% in 2021; 64% in 2020; $p=0.227$) (Figure 33).

Frequency of Use: In 2021, frequency of use remained stable at a median of four days (i.e. less than monthly; IQR=2-10; $n=55$; 5 days in 2020; IQR=2-20; $n=65$; $p=0.246$).

Quantity: Among those who commented in 2021 ($n=54$), the median amount of nitrous oxide used in a 'typical' session in the six months preceding interview was five bulbs (IQR=3-12; 5 bulbs in 2020; IQR=3-10; $n=64$; $p=0.434$). The median 'maximum' amount used in a session was six bulbs (IQR=4-20; $n=54$; maximum use was not asked in 2020).

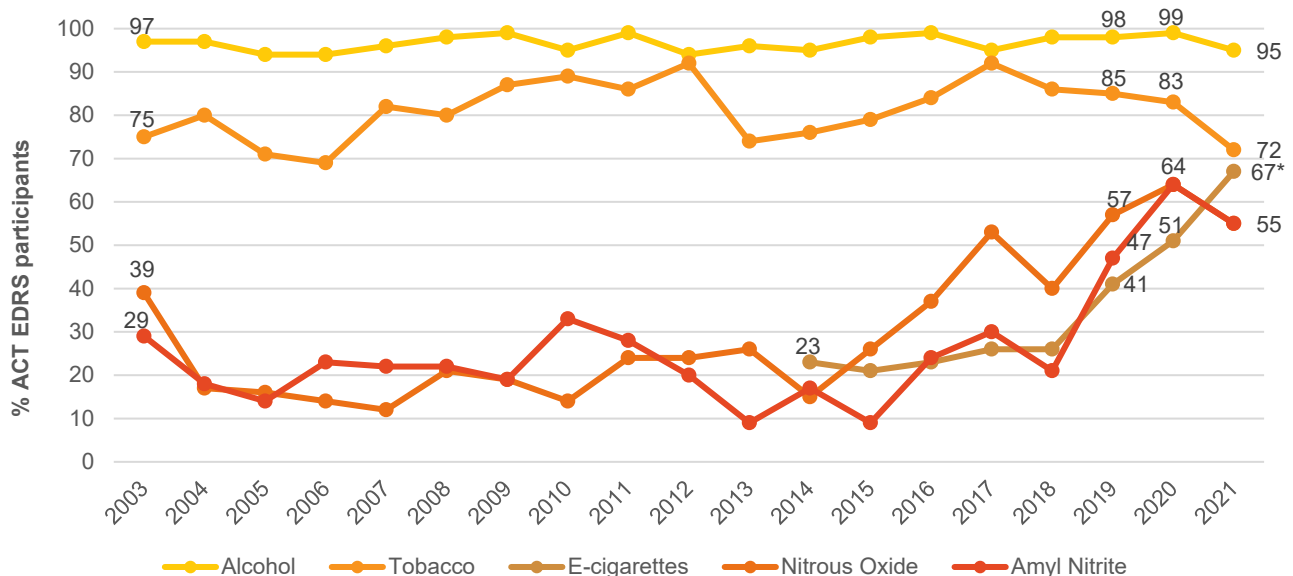
Amyl Nitrite

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

Recent Use (past 6 months): Use of amyl nitrite has varied over the course of monitoring. In 2021, recent use was reported by 55% of participants, stable from 2020 (64%; $p=0.277$) (Figure 33).

Frequency of Use: In 2021, participants that reported recent use of amyl nitrite reported use on a median of three days (IQR=2-10; $n=55$; 5 days in 2020; IQR=2-19; $n=57$; $p=0.377$).

Figure 33: Past six month use of licit drugs, ACT, 2003-2021



Note. Monitoring of e-cigarettes commenced in 2014. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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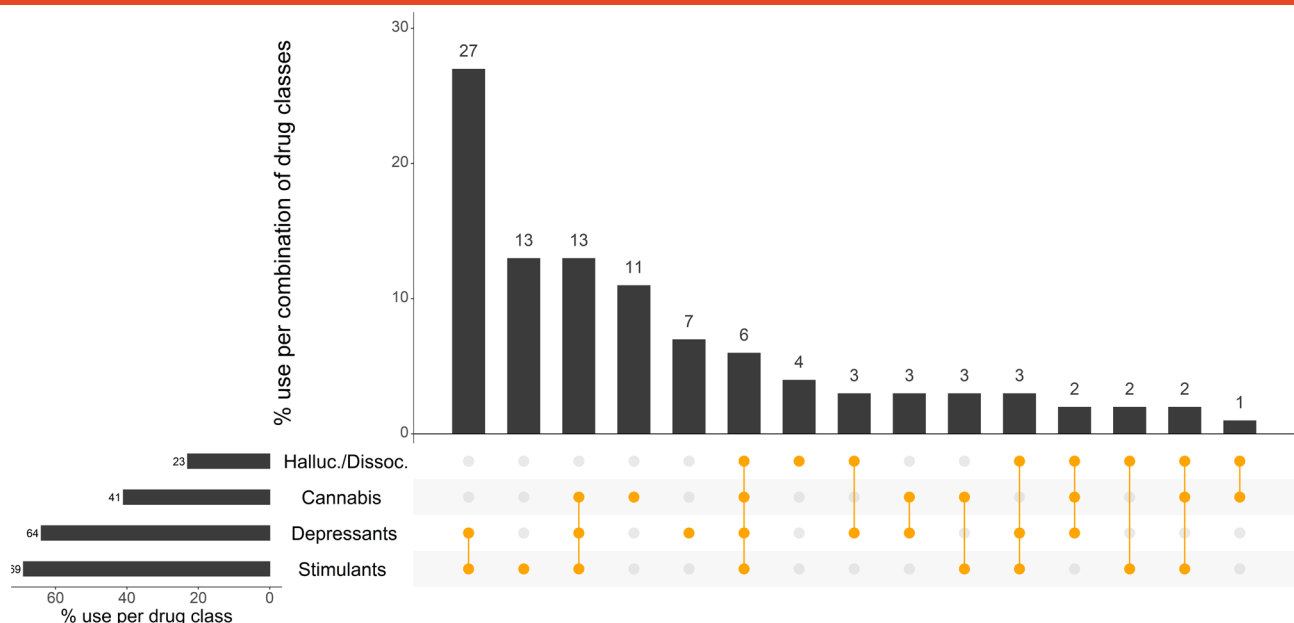
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

On the last occasion of ecstasy or related drug use, the most commonly used drug classes were stimulants (69%; predominantly comprising MDMA and cocaine) and depressants (64%; predominantly comprising alcohol), followed by cannabis (41%) and hallucinogens/ dissociatives (23%).

The majority (72%) of the sample reported concurrent use of two or more drugs on the last occasion of ecstasy or related drug use (including alcohol, tobacco and prescription medicines). The most commonly used combinations of drug classes were stimulants and depressants (27%), followed by stimulants, depressants, and cannabis (13%). Approximately one-in-ten participants reported using stimulants only (13%), cannabis only (11%), and depressants only (7%) on the last occasion of ecstasy and related drug use (Figure 34).

Figure 34: Use of depressants, stimulants, cannabis, hallucinogens and dissociatives on the last occasion of ecstasy or related drug use, ACT, 2021: Most common drug pattern profiles



Note. % calculated out of total EDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on their last occasion of ecstasy or related drug use; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the orange 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. Halluc./Dissoc = hallucinogens/dissociatives (LSD, hallucinogenic mushrooms, amyl nitrite, DMT, ketamine and/or nitrous oxide); depressants (alcohol, GHB/GBL, 1,4-BD, kava, opioids and/or benzodiazepines); stimulants (cocaine, MDA, MDMA, methamphetamine, OTC stimulants and/or pharmaceutical stimulants). Y axis reduced to 30% to improve visibility of trends

Alcohol Use Disorders Identification Test

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

In 2021, the mean score on the AUDIT for the total sample (including people who had not consumed alcohol in the past six months) was 13.1 (SD 7.7), significantly lower than 15.2 in 2020 (SD 6.7; $p<0.001$) (Table 6). There was a decrease in the per cent participants obtaining a score of 8 or more, indicative of hazardous use, in 2021 compared to 2020 (74% versus 91% in 2020; $p=0.003$). AUDIT scores are divided into four 'zones' which indicate risk level, with a significant change in these zones observed between 2021 and 2020 ($p=0.012$). In 2021, there were more participants falling into Zone 1 (low risk drinking or abstinence) (26% versus 9% in 2020) and fewer participants falling into Zone 2 (alcohol in excess of low-risk guidelines) (38% versus 53% in 2020) (Table 6).

Table 6: AUDIT total scores and per cent of participants scoring above recommended levels, ACT, 2014-2021

	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
	N=71	N=79	N=49	N=75	N=97	N=97	N=99	N=98	N=90	N=99	N=100	N=99
Mean AUDIT total score (SD)	16.2 (7.4)	13.4 (6.2)	11.0 (7.0)	12.2 (5.8)	11.1 (5.6)	11.3 (4.7)	11.8 (6.8)	11.9 (6.1)	13.0 (7.3)	12.8 (6.2)	15.2 (6.7)	13.1*** (7.7)
Score 8 or above (%)	87	80	71	77	71	81	71	74	72	80	91	74**
AUDIT zones:												*
Score 0-7	13	20	29	23	29	18	29	26	28	20	9	26
Score 8-15	37	42	49	53	50	59	45	49	43	53	53	38
Score 16-19	17	22	14	13	12	17	11	13	19	14	16	16
Score 20 or higher	34	17	8	11	9	-	15	12	10	13	22	19

Note. Monitoring of AUDIT first commenced in 2010. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2020 versus 2021.

Overdose Events

Non-Fatal Overdose

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

Changes were made to this module in 2019. Participants were asked about the following, prompted by the definitions provided:

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

- **Stimulant overdose:** experience of symptoms (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations, excited delirium) where professional assistance would have been helpful.
- **Other drug overdose (not including alcohol or stimulant drugs):** similar definition to above. Note that in 2019, participants were prompted specifically for opioid overdose but this was removed in 2020 and onwards as few participants endorsed this behaviour.

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

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

Non-Fatal Stimulant Overdose

One-in-six participants (15%; 12% in 2020; $p=0.659$) reported a stimulant overdose in the last 12 months on a median of one occasion (IQR=1-2; 2 occasions in 2020; IQR=1-6) (Figure 35).

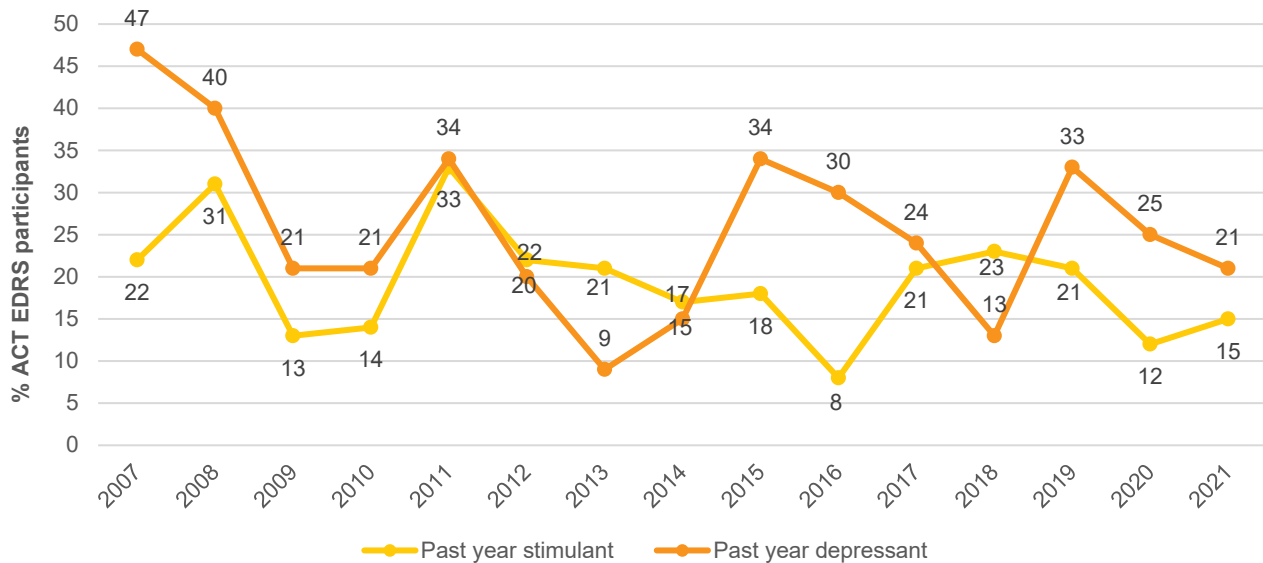
Of those who had experienced a stimulant overdose event in the last year ($n=15$), most reported that ecstasy (73%) had been consumed prior to this event in the last 12 months. The majority (87%) reported that they had also consumed one or more additional drugs on the last occasion, most commonly alcohol (73%). On the last occasion of non-fatal stimulant overdose, 73% reported that they did not receive treatment or assistance.

Non-Fatal Depressant Overdose

Alcohol: Nineteen per cent of the sample reported having experienced a non-fatal alcohol overdose in the past 12 months (24% in 2020; $p=0.539$) on a median of two occasions (IQR=1-3; 2 occasions in 2020; IQR=1-4). Of those who had experienced an alcohol overdose in the past year ($n=19$), the majority (95%) reported not receiving treatment on the last occasion.

Any Depressant (including alcohol): Past 12-month experience of any non-fatal depressant overdose has been fluctuating over the course of monitoring. In 2020, 21% of the sample reported experiencing at least one non-fatal depressant overdose in the past 12 months (25% in 2020; $p=0.642$) (Figure 35). Of those who had experienced any depressant overdose in the last year ($n=21$), the majority reported alcohol (95%) as the drug being used prior to the event.

Figure 35: Past year non-fatal stimulant and depressant overdose, ACT, 2007-2021

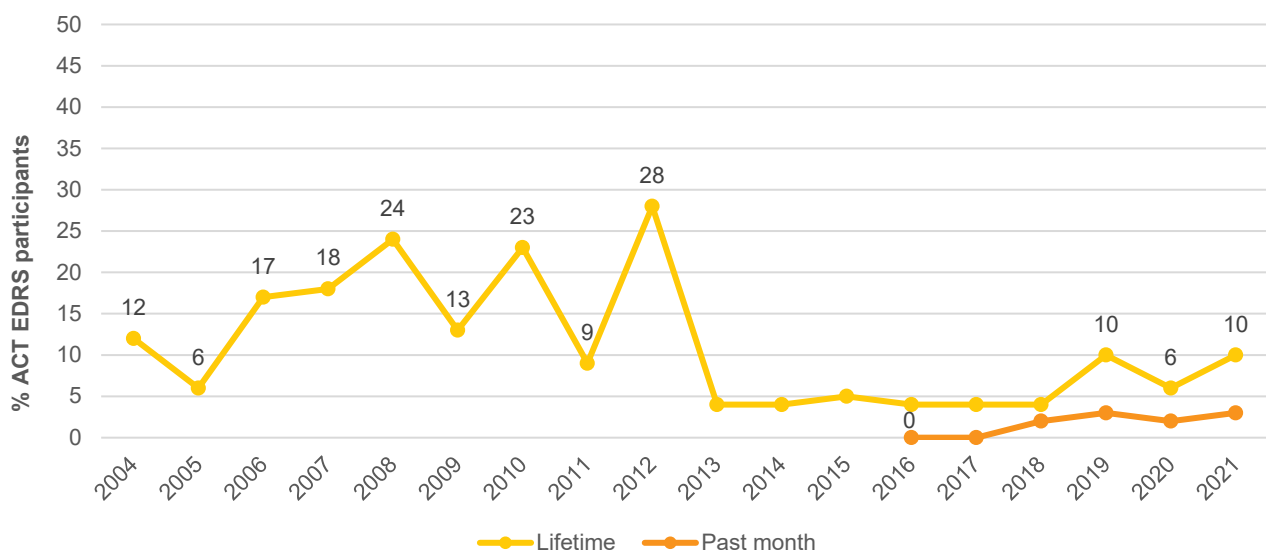


Note. Past year stimulant and depressant was first asked about in 2007. Items about overdose was revised and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Y axis has been reduced to 50% to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Injecting Drug Use and Associated Risk Behaviours

The per cent reporting injecting in their lifetime varied in earlier years of monitoring. In 2021, 10% reported lifetime injection (6% in 2020; $p = 0.422$) (Figure 36). Low numbers reported past month injection ($n \leq 5$; $n \leq 5$ in 2020; $p = 0.991$).

Figure 36: Lifetime and past month drug injection, ACT, 2004-2021



Note. Items assessing whether participants had injected drugs in the past month were first asked in 2016. Y axis reduced to 50% to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Drug Treatment

A nominal per cent reported currently receiving drug treatment; this is consistent with reporting in previous years ($n \leq 5$ in 2021; $n \leq 5$ in 2020; $p=0.606$). For national trends refer to the [national EDRS report](#), or contact the Drug Trends team for further information .

Sexual Health Behaviours

In 2021, 84% of the sample reported some form of sexual activity in the past four weeks. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview (if conducted face-to-face).

Of those who had engaged in sexual activity in the past four weeks and who responded ($n=82$), 88% reported using alcohol and/or other drugs prior to, or while engaging in, sexual activity and 7% reported that their use of alcohol and/or other drugs had impaired their ability to negotiate their wishes during sex. Further, of those who had engaged in sexual activity in the past four weeks and who responded ($n=82$), 27% reported penetrative sex without a condom where they did not know the HIV status of their partner in the past four weeks (Table 7).

Over two-fifths (45%) of the sample reported having a sexual health check-up in the past six months. A further 30% had done so more than six months ago, and 24% had never had a sexual health check-up. Of the total sample, 74% reported that they had not received a positive diagnosis for a sexually transmitted infection (STI); a small per cent ($n \leq 5$) had received a positive diagnosis in the past six months; and 23% had received a positive diagnosis over six months ago.

Of those who were able to comment ($n=98$), two-fifths (39%) reported that they had never had a test for human immunodeficiency virus (HIV), 32% reported having been tested in the past six months and 30% being tested more than six months ago. No participants reported ever being diagnosed with HIV.

Table 7: Sexual health behaviours, ACT, 2021

	2021
	N=98
% Any sexual activity in the past four weeks (n)	84 ($n=82$)
Of those who responded*:	n=82
% Drugs and/or alcohol used prior to or while engaging in sexual activity	88
Of those who responded*:	n=82
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual activity	7
Of those who responded*:	n=82
% Had penetrative sex without a condom and did not know HIV status of partner	27
Of the total sample (past six months):	n=99
% Had a HIV test	32
% Diagnosed with HIV	0
% Had a sexual health check	45
% Diagnosed with a sexually transmitted infection	-

Note. Don't know and did not respond responses excluded. *Due to the sensitive nature of these items there is missing data for some participants who chose not to respond.

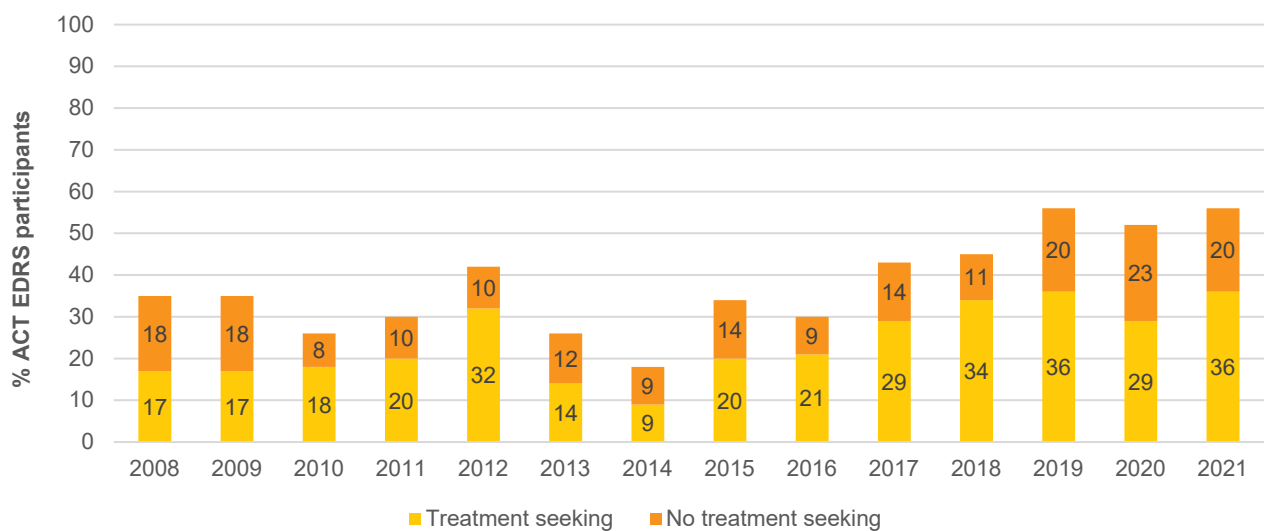
Mental Health

Fifty-six per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months (other than drug dependence; 51% in 2020; $p=0.663$) (Figure 37).

Of those who reported a mental health problem and who responded ($n=55$), the most common mental health problem was anxiety (83%; 69% in 2020; $p=0.094$), followed by depression (67%; 63% in 2020; $p=0.717$) and post-traumatic stress disorder (17%; 12% in 2020; $p=0.525$).

Of those who reported a mental health problem, over half (65%; 36% of the total sample) reported seeing a mental health professional during the past six months (56% in 2020; $p=0.408$). Of this group ($n=36$), 75% reported being prescribed medication (55% in 2020; $p=0.157$).

Figure 37: Self-reported mental health problems and treatment seeking in the past six months, ACT, 2008-2021



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

Driving

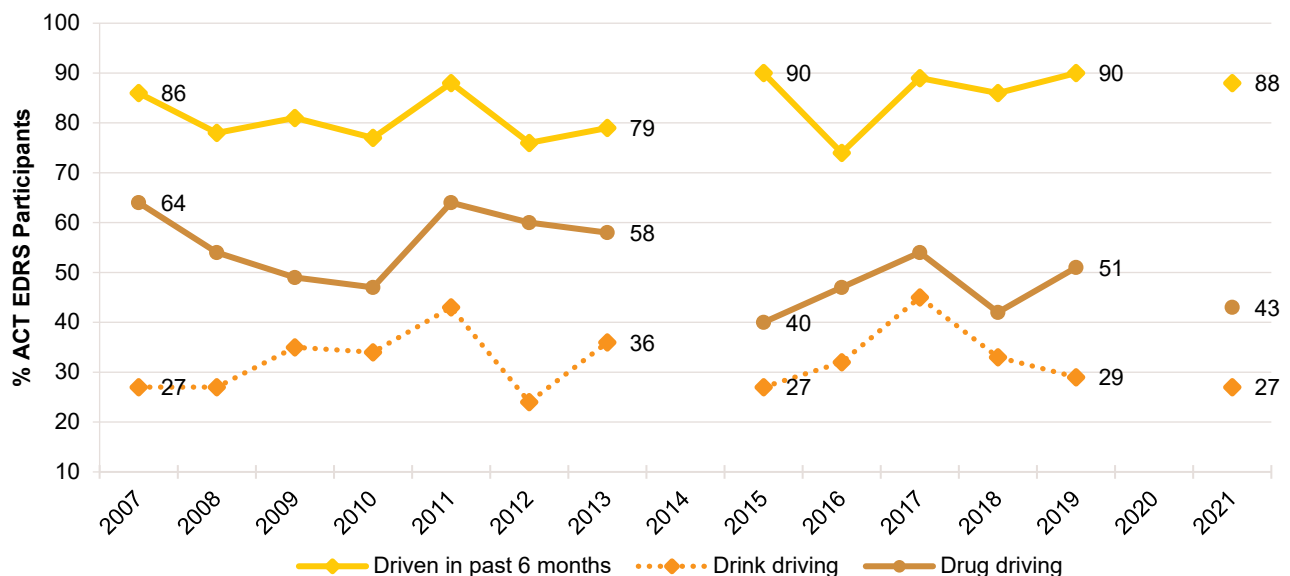
The majority (88%) of the ACT sample had driven a car, motorcycle or other vehicle in the last six months. One quarter (27%) of the sample reported driving while over the perceived legal limit of alcohol (31% of those who had driven in the past six months) and 43% reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months (49% of those who had driven in the past six months) (Table 8) (Figure 38). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using cannabis prior to driving (81%), with smaller numbers reporting the use of cocaine (21%) and crystal methamphetamine (16%). One-tenth (7%) of the ACT sample reported that they had been tested for drug driving by the police roadside drug testing service, and 32% reported that they had been breath tested for alcohol by the police roadside testing service in the six months prior to interview.

Table 8: Participant reports of driving behaviour in the last six months, ACT, 2021

	2021
	N=100
% Driven in the last six months	88
% Driven over the legal alcohol limit in the last six months	27
% Driven within three hours of consuming illicit drug(s) last six months	43
% Tested for drug driving by police roadside drug testing last six months	7
% Breath tested for alcohol by police roadside testing last six months	32

Note: Questions about driving behaviour were not asked in 2020. Computed out of the entire sample.

Figure 38: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, ACT, 2007-2021



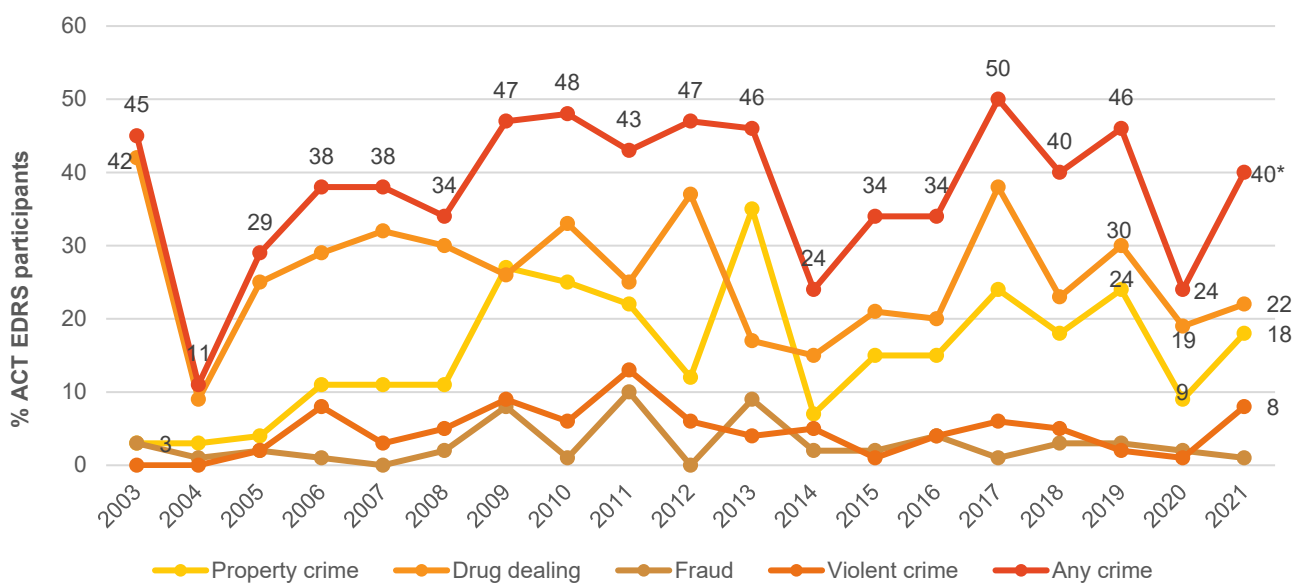
Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020.

Crime

The per cent reporting past month criminal activity has fluctuated over time, with drug dealing (22%; 19% in 2020; $p=0.672$) and property crime (18%; 9% in 2020; $p=0.092$) consistently being reported as the main forms of criminal activity (Figure 39). In 2021, 40% of the sample reported 'any' criminal activity in the past month, a significant increase from 2020 (24%; $p=0.020$) and returning to levels observed in 2019.

Sixteen per cent of the 2021 sample reported having been arrested in the 12 months preceding interview (7% in 2020; $p=0.076$) and small numbers reported a lifetime history of imprisonment in 2021 ($n \leq 5$; $n \leq 5$ in 2020; $p=0.442$).

Figure 39: Self-reported criminal activity in the past month, ACT, 2003-2021



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Y axis has been reduced to 60% to improve visibility of trends. Data labels are only provided for the first (2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Modes of Purchasing Illicit or Non-Prescribed Drugs

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

Purchasing Approaches

In 2021, the most popular means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was in person (63%; 49% in 2020; $p=0.064$), followed by social networking applications (e.g. Facebook, Wickr, WhatsApp, Snapchat, Grindr, Tinder) (56%; 74% in 2020; $p=0.012$) (Table 9). It is important to re-iterate that this refers to people *arranging the purchase* of illicit or non-prescribed drugs. This captures participants who messaged friends or known dealers on Facebook Messenger or WhatsApp, for example, to organise the purchase of illicit or non-prescribed drugs, which may have then been picked up in person.

Buying and Selling Drugs Online

Seven per cent of the sample reported obtaining drugs via the darknet in the past year ($n\leq 5$ in 2020; $p=0.535$). Sixty per cent of participants reported ever obtaining illicit drugs through someone who had purchased them on the surface or darknet (61% in 2020), with two-fifths (44%) having done so in the last 12 months (48% in 2020; $p=0.729$).

In 2021, few participants ($n\leq 5$) reported selling illicit/non-prescribed drugs via surface or darknet marketplaces in the 12 months preceding interview (0% in 2020; $p=0.215$).

Obtaining Drugs

The majority of participants reported obtaining illicit drugs from a friend/relative/partner/colleague in 2021 (76%; 83% in 2020; $p=0.277$). There was an increase in the per cent of participants who reported obtaining illicit drugs from a known dealer/vendor (72%; 56% in 2020; $p=0.031$) and no change in the per cent who reported obtaining illicit drugs from an unknown dealer/vendor (19%; 22% in 2020; $p=0.753$) (Table 9).

When asked about how they had received illicit drugs on any occasion in the last 12 months, the majority of participants reported face-to-face (96%; 97% in 2020), with smaller numbers reporting receiving illicit drugs via post (8%; 8% in 2020). In 2021, there was a significant decrease in the per cent of participants who reported receiving drugs via a collection point compared to 2020 (defined as a predetermined location where a drug will be dropped for later collection; 9%; 26% in 2020; $p=0.004$).

Table 9: Means of purchasing illicit drugs in the past 12 months, ACT, 2019-2021

	2019 n=98	2020 n=100	2021 n=100
% Purchasing approaches in the last 12 months[^]			
Face-to-face	81	49	63
Surface web	6	-	-
Darknet market	14	-	7
Social networking applications	70	74	56*
Text messaging	55	51	48
Phone call	54	27	33
Grew/ made my own	/	-	11
Other	0	-	0
% Means of obtaining drugs in the last 12 months^{^~}	n=99	n=99	n=99
Face-to-face	99	97	96
Collection point	9	26	9**
Post	13	8	8
% Sources of drugs in the last 12 months[^]	n=97	n=100	n=99
Friend/relative/partner/colleague	84	83	76
Known dealer/vendor	71	56	72*
Unknown dealer/vendor	37	22	19

Note. - not reported, due to small numbers ($n \leq 5$ but not 0). [^] participants could endorse multiple responses. / not asked. ~ The face-to-face response option in 2020 and 2021 was combined with those responding, 'I went and picked up the drugs' and/or 'The drugs were dropped off to my house by someone'. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.