*Drug and Alcohol Review*

WILEY | APSAD

ORIGINAL PAPER OPEN ACCESS

# High Awareness, Low Clarity: Knowledge of the Australian Capital Territory's Multi-Drug Decriminalisation Reform Among People Who Use Illicit Drugs

Rachel Sutherland[1] | Connor Graham[1] | Caitlin Elizabeth Hughes[1,2] | Anna Olsen[3] | Chris Gough[4] | Cate King[1] | Amy Peacock[1,5]

[1]National Drug and Alcohol Research Centre, UNSW Sydney, Sydney, Australia | [2]Flinders Criminology and Centre for Social Impact, Flinders University, Adelaide, Australia | [3]ANU College of Science and Medicine, Australian National University, Canberra, Australia | [4]Canberra Alliance for Harm Minimisation and Advocacy, Canberra, Australia | [5]School of Psychology, University of Tasmania, Hobart, Australia

**Correspondence:** Rachel Sutherland (rachels@unsw.edu.au)

**Received:** 19 February 2026 | **Revised:** 14 July 2026 | **Accepted:** 19 July 2026

**Keywords:** decriminalisation | diversion | drug policy | people who inject drugs | people who use drugs | public education

## ABSTRACT

**Introduction:** In October 2023, the Australian Capital Territory became the first Australian jurisdiction to decriminalise possession of small quantities of multiple illicit drugs by law, introducing an alternative, legislated pathway enabling police to divert individuals to a health education and information session or issue a $100 expiation fine. This study examined awareness and understanding of this reform among two populations of people who regularly use illicit drugs in Canberra.

**Methods:** Cross-sectional samples of people who regularly use illicit stimulants ($n = 200$; Ecstasy and Related Drugs Reporting System, EDRS) or inject drugs ($n = 201$; Illicit Drug Reporting System, IDRS) were recruited between April–June 2023 (pre-legislation) and 2024 (post-legislation). Chi-square analyses assessed differences between years.

**Results:** Self-reported awareness of the new legislation increased significantly between 2023 and 2024—from 49% to 81% among EDRS participants ($p < 0.001$) and from 33% to 72% among IDRS participants ($p < 0.001$). In both years, most participants aware of the legislation correctly recognised that it applied only to possession (EDRS: 94%–95%; IDRS: 78%–91%), not sale or supply. Many understood that police responses for small quantity possession offences had changed (EDRS: 76%, respectively: IDRS: 56%–66%); however, misconceptions persisted, with notable proportions believing police would 'do nothing', and/or that it was 'entirely legal' to possess drugs other than cannabis.

**Discussion and Conclusions:** Awareness of the Australian Capital Territory's multi-drug decriminalisation reform increased among two populations of people who regularly use illicit drugs, but understanding of the details remained mixed. Many participants appeared to confuse legalisation and decriminalisation and misperceived police and judicial responses.

## 1 | Introduction

It has been argued for decades that punitive, prohibition-based drug policies have failed to reduce substance use and have instead exacerbated health, social and justice harms [1–3]. Recognising these shortcomings, international bodies, including the United Nations Office on Drugs and Crime [4] and World Health Organization [5] have called for member states, including Australia, to expand alternatives to arrest including decriminalisation of possession for personal use as a tool to aid public health, human rights and social equity. A growing evidence base confirms that decriminalisation, defined as reducing or removing criminal penalties for personal possession of illicit drugs while retaining sanctions for supply, can reduce the

**Key Points**

- Awareness of the Australian Capital Territory's decriminalisation reform increased following implementation, with most recognising it applied only to possession, not sale or supply.
- Participants understood that the range of possible police responses to small-quantity possession had increased, though misconceptions about penalties and enforcement persisted.
- In 2024, large proportions of Ecstasy and Related Drugs Reporting System (58%) and Illicit Drug Reporting System (48%) participants believed it was 'entirely legal' to possess small quantities of illicit drugs other than cannabis.
- Apparent confusion between legalisation and decriminalisation, alongside limited understanding of police responses, may undermine the reform's harm reduction and diversion objectives.

harms associated with the criminalisation of drugs, including stigma and discrimination and improve health outcomes without increasing overall drug use [6–8]. Some proponents have also argued that legalisation—whereby substance use would become fully legal under a regulated framework with defined rules for production, sale, distribution and consumption—could achieve similar or even better outcomes; however, this approach remains politically contentious and, beyond regulation of some substances for limited medical or research purposes, legalisation of 'recreational use' has been restricted largely to cannabis in a small number of jurisdictions.

In contrast, drug decriminalisation of some form has been employed in approximately 57 countries [9], with varying degrees of success linked to the nature of the decriminalisation approach employed, the political climate and wider social ideology about drugs, economic investment in health and welfare services, as well as the consistency of enforcement and clarity of public messaging [7, 8]. Decriminalisation models range from non-interventionist approaches with no sanctions for personal possession, to administrative sanctions (such as fines or civil penalties), to health-focused diversion models that mandate engagement with treatment or education services [6, 9]. Evidence on effectiveness similarly varies by model type, with research suggesting that models without sanctions or with genuine health-focused alternatives tend to achieve better health outcomes and reduced criminal justice involvement compared to models that retain punitive elements [6].

In Portugal, comprehensive decriminalisation of illicit substances was established in 2001 with drug policy shifted from the Ministry of Justice to the Ministry of Health [10]. These reforms have contributed to Portugal having among the lowest number of drug-related deaths in Europe [11] as well as a marked increase in treatment engagement among people who use drugs [12, 13] and decreases in problematic drug use [14], drug-related HIV and hepatitis C [13] and drug-related incarceration [12, 13]. In the 11 years post-decriminalisation, it is estimated that the societal cost of illicit drugs in Portugal reduced by 18% [15]. The general success of drug decriminalisation in Portugal was augmented by significant public engagement and education campaigns [16] which translated to broad awareness and understanding of both the details of the reform and the harm reduction strategies available to people who use drugs [11].

Australia was an early and widespread adopter of alternatives to arrest policies, however most states adopted police drug diversion programs that are *de facto,* operating based on police discretion rather than law (*de jure*) [17]. Exceptions include South Australia and the Northern Territory for cannabis and South Australia for drugs other than cannabis (and more recently Queensland) [18]. In the Australian Capital Territory (ACT), it became legal for adults to possess and cultivate small quantities of cannabis for personal use from January 2020 [19]. In October 2023, the ACT became the first Australian jurisdiction to decriminalise small quantities of various illicit drugs, specifically: amphetamine, cannabis (prior cannabis reform was limited to adults), cocaine, heroin, LSD, methamphetamine, MDMA and psilocybin. This legislation introduced an alternative, legislated pathway enabling police to divert individuals to a health education and information session or issue a $100 expiation fine for possession offences below the 'small quantity thresholds' (see Table A1), with maximum penalties for these offences also reduced. However, police retain discretion in enforcement, though confiscation of the detected drug is mandatory and cases may still proceed to court where the maximum penalty for small quantity possession is $160 [20, 21]. Further, there are circumstances in which people may still be charged with small quantity possession offences rather than issued a fine or diversion notice (e.g., when other offences are detected). Possession of larger amounts of these drugs (above the 'small quantity' thresholds but below drug trafficking limits), as well as any quantity of drugs for which no 'small quantity' is specified (e.g., GHB, ketamine), still attract higher fines, criminal convictions and potential prison sentences of up to 6 months (reduced from 2 years). In contrast, penalties for drug dealing and manufacturing, did not change.

This legislation was introduced in the ACT with the aim of treating drug use, including dependence, as a health rather than a criminal justice issue. However, its effectiveness depends not only on the implementation of the legislative change, but on how the law is understood. International evidence indicates that decriminalisation can shape behaviour (e.g., carrying quantities below legal thresholds) [22, 23], meaning that misinterpretation of the legislation can have direct consequences. If individuals misunderstand the legislation, they may inadvertently be exposed to legal and criminal sanctions (e.g., by thinking they are acting within the law) or to other drug-related harm (e.g., by fearing legal and criminal sanctions that do not apply and thereby avoiding disclosure of drug use or seeking police help in emergencies such as overdose). Moreover, people have a right to understand laws that directly affect them and to be meaningfully included in policy contexts that shape their lives. Examining awareness among people who use illicit drugs is therefore essential to realising both the public health and rights-based aims of decriminalisation reforms. This is particularly pertinent in the ACT, which had pre-existing de facto decriminalisation for drugs other than cannabis via the Illicit Drug Diversion program, whereby individuals found in possession of illicit drugs

could be issued a diversion at police discretion [24]. This was followed by the introduction of two drug law reforms in relatively rapid succession (i.e., within the space of 3.5 years), potentially generating additional interpretive complexity and confusion.

Accordingly, this study examines awareness and understanding of the ACT's multi-drug decriminalisation reform among people who use illicit drugs in Canberra. Specifically, we assess knowledge both prior to and following implementation of the 2023 reform, focusing on legal comprehension and perceptions of police and judicial responses to 'small quantity' drug possession.

## 2 | Methods

### 2.1 | Study Design and Procedure

Data are drawn from annual interviews conducted with two sentinel groups: (i) people who regularly inject drugs (Illicit Drug Reporting System; IDRS); and (ii) people who regularly use MDMA/ecstasy and/or other illicit stimulants (Ecstasy and Related Drugs Reporting System; EDRS). IDRS participants were recruited through needle-syringe programs and treatment agencies and via word-of-mouth; EDRS participants were recruited via social media and word-of-mouth. To be eligible for the IDRS, people had to be ≥18 years of age; report injecting illicit/non-prescribed drugs ≥6 days in the past 6 months; and have resided in the capital city of interview for ≥10 of the previous 12 months. The same criteria were applied to recruitment for the EDRS except that people had to report having used ecstasy and/or other illicit stimulants ≥6 days in the past 6 months.

The EDRS and IDRS are conducted in every capital city across Australia (~100 participants per capital city per project); however, this paper focuses only on those who resided in Canberra. In 2023, 101 participants completed the IDRS interview in June and 100 participants completed the EDRS interview between April and June—several months before the 2023 legislation came into effect. In 2024, 100 participants completed the IDRS interview in June–July and 100 participants completed the EDRS interview between April and July–6–8 months after the legislation came into effect. Informed consent was obtained and participants were reimbursed A$40.

Ethical approval for the IDRS was granted by the South Eastern Sydney Local Health District Human Research Ethics Committee (HREC) and jurisdictional HRECs as required; approval for EDRS was granted by the University of New South Wales HREC and jurisdictional HRECs as required. Full methodological details can be found elsewhere [25, 26].

### 2.2 | Measures

In 2023 and 2024, participants residing in Canberra were asked questions about their awareness of the current legal status of cannabis and their awareness of the legal status of other illegal drugs. They were then asked whether they were aware of the incoming (2023) or recently implemented (2024) changes to drug laws, with participants who responded 'yes' asked additional questions about their understanding of this legislation. It was not expected that participants would know the 'small quantity' thresholds for different drugs and as such participants were asked hypothetical questions about what they thought would happen if they were caught with 0.5 g (i.e., 'small quantity' as defined by the legislation) or 4 g (i.e., greater than small quantity but below the trafficking threshold) of cocaine (EDRS) or crystal methamphetamine (IDRS).

Survey items were developed in collaboration with ACT Health and Community Services Directorate through an iterative consultation process. Initial meetings were held with Directorate representatives (see Acknowledgements for further details) to identify key research priorities and domains of interest, after which draft items were developed and circulated via email for feedback to ensure alignment with policy needs and clarity. To facilitate ease of interpretation, exact wording is included in Tables 2–4, with the full set of questions provided in Appendix B.

### 2.3 | Analyses

Data were analysed using R version 4.4.1 [27] and are reported descriptively, presented as a valid percent. Repeat participants were retained (seven EDRS and 34 IDRS participants reported participating in both 2023 and 2024), as were respondents who reported 'don't know'; observations with missing data were excluded. Where cell sizes were less than 5 but greater than 0, counts were suppressed to avoid reporting unstable estimates and in line with standard practices to minimise potential disclosure risk.

Between-group comparisons of categorical variables were analysed using the chi-squared test, or Fisher's exact test when any cell size was less than 5. To reduce the likelihood of Type I errors, a more conservative significance threshold of $p < 0.01$ was applied. Analyses were performed using R version 4.4.1 [27]. Results are reported according to the STROBE checklist for cross-sectional studies (Table C1).

## 3 | Results

### 3.1 | Sample Characteristics

In both 2023 and 2024, approximately two-thirds of IDRS participants were men (66% and 70%, respectively), with a median age of 46 and 48 years, respectively. The majority were born in Australia (89% and 87%, respectively), reported that the main language spoken at home was English (94% and 97%, respectively) and were unemployed at the time of interview (85% and 91%, respectively). In both years, the majority reported a lifetime history of incarceration (59% and 68%, respectively), with smaller—but notable—percentages reporting past year arrest (21% and 23%, respectively) and encounters with police that did not result in arrest (35% and 23%, respectively). These characteristics, along with other key demographic characteristics (sexual identity, mean years of school education, median weekly income and current accommodation), remained stable between 2023 and 2024 (see Table D1).

Among EDRS participants, the majority also identified as male in both 2023 (63%) and 2024 (55%), with a median age of 22 years

in both years. The majority were born in Australia (86%, respectively), reported that the main language spoken at home was English (99%, respectively) and were employed in some capacity at the time of interview. Approximately half were students at the time of interview (51% and 45%, respectively) or had completed a post-school qualification (48%, respectively). In contrast to IDRS participants, few EDRS participants reported a lifetime history of incarceration ($n \leq 5$, respectively) or past-year arrest ($n \leq 5$ and 8%, respectively), although approximately one in five reported past-year encounters with police that did not result in arrest (19% and 17%, respectively). These characteristics, along with other key demographic characteristics (sexual identity, mean years of school education, median weekly income and current accommodation), remained stable between 2023 and 2024 (Table 1).

### 3.2 | Self-Reported Knowledge of the Legal Status of Drugs

Perceptions of the current legal status for the possession of cannabis remained stable among the EDRS sample in 2024, relative to 2023, with the majority reporting that they thought cannabis was entirely legal to possess in small quantities (i.e., below a specified threshold) (86% and 85%, respectively).

In contrast, there was a significant shift in perceptions of the current legal status for the possession of cannabis among the IDRS sample between 2023 and 2024, although the majority continued to report that they thought cannabis was entirely legal to possess in small quantities (i.e., below a specified threshold). In both 2023 and 2024, a substantial minority of IDRS participants (23% and 19%, respectively) reported that they did not know the current legal status of cannabis (Table 2).

In 2023 almost half of both samples correctly said that it is entirely illegal to possess illicit drugs other than cannabis, but by 2024 only a fifth to a quarter stated this, with most incorrectly stating it was entirely legal to possess drugs other than cannabis in small quantities: EDRS (58%) and IDRS (48%).

**TABLE 1** | Sample characteristics of Canberra EDRS and IDRS participants, 2023–2024.

| | EDRS | | IDRS | |
|---|---|---|---|---|
| **Demographic/ characteristics** | **2023** ***N*** **= 100** | **2024** ***N*** **= 100** | **2023** ***N*** **= 101** | **2024** ***N*** **= 100** |
| % Male | 63 | 55 | 66 | 70 |
| Median age, years | 22 | 22 | 46 | 48 |
| % Born in Australia | 86 | 86 | 89 | 87 |
| % English main language spoken at home | 99 | 99 | 94 | 97 |
| % Unemployed | 18 | 24 | 59 | 68 |
| % Current student | 51 | 45 | 10 | 8 |
| % Completed post-school qualification(s) | 48 | 48 | 60 | 65 |
| % Lifetime history of incarceration | — | — | 85 | 91 |
| % Past year arrest | — | 8 | 21 | 23 |
| % Past year encounter with police that did not result in arrest | 19 | 17 | 35 | 23 |

*Note:* —, $n \leq 5$ not 0.
Abbreviations: EDRS, Ecstasy and Related Drugs Reporting System; IDRS, Illicit Drug Reporting System.

### 3.3 | Awareness and Knowledge of Decriminalisation Legislation, Pre- and Post-Implementation

When asked about the new drug laws being introduced on 28 October 2023, half (49%) of EDRS and one third (33%) of IDRS participants who participated in 2023 reported being aware of this incoming legislation. In 2024, awareness of the legislation (which had been in effect for 6–8 months when surveys were conducted) had increased significantly to 81% and 72%, respectively (Table 3).

Of those who were aware of the drug laws in 2024, the majority of both EDRS (95%) and IDRS (91%) participants correctly reported that they thought the legislation applied to the possession of drugs. Very few participants thought that the drug laws applied to the sale or supply of drugs. This remained largely stable from 2023, with the exception of fewer IDRS participants reporting that they did not know in 2024 compared to 2023 (Table 3).

When asked which drug/s they thought the legislation would apply to, perceptions were mixed. Specifically, among EDRS participants who were aware of the legislation in 2024, the largest proportions reported that it would apply to MDMA (41%) and cocaine (39%). In contrast, among IDRS participants who were aware of the legislation in 2024, the largest proportions reported that it would apply to methamphetamine (38%), cannabis (36%) and heroin (32%). Two-fifths (41%) of the IDRS sample and one-third (33%) of the EDRS sample reported that they thought the legislation applied to all drugs that were currently illegal (Table 3).

### 3.4 | Perceived Penalties for Possession Offences, Pre- and Post-Legislation

Among those who were aware of the changes in legislation in 2024, the majority of both EDRS (76%) and IDRS (56%) participants correctly reported that they thought that the way *police* could legally respond in such a situation had changed after the legislation came into effect (Table 4).

In terms of how participants thought police could legally respond to a small quantity possession charge in 2024,

**TABLE 2** | Understanding of the legal status of cannabis and other illicit drugs, Canberra EDRS and IDRS, 2023–2024.

| How would you describe the current[a] legal status for the possession of cannabis by adults in the ACT? | EDRS | | | IDRS | | |
|---|---|---|---|---|---|---|
| | 2023; *N* = 100, % (*n*) | 2024 *N* = 97, % (*n*) | *p* = 0.285 | 2023; *N* = 95, % (*n*) | 2024; *N* = 95, % (*n*) | *p* = 0.009 |
| Cannabis is entirely legal to possess regardless of quantity | — | — | | 0 (0) | 8 (8) | |
| Cannabis is entirely legal to possess in small quantities [i.e., below a specified threshold] | 85 (85) | 86 (83) | | 74 (70) | 64 (61) | |
| Cannabis possession is illegal in any quantity | — | — | | — | 8 (8) | |
| Don't know | 12 (12) | 7 (7) | | 23 (22) | 19 (18) | |
| **How would you describe the current[a] legal status for the possession of illicit drugs, other than cannabis, by adults in the ACT?** | **2023; *N* = 99, % (*n*)** | **2024; *N* = 97, % (*n*)** | ***p* < 0.001** | **2023 *N* = 95, % (*n*)** | **2024; *N* = 93, % (*n*)** | ***p* < 0.001** |
| Some drugs are entirely legal to possess regardless of quantity | 0 (0) | — | | — | — | |
| Some drugs are entirely legal to possess in small quantities [i.e., below a specified threshold] | 21 (21) | 58 (56) | | 18 (17) | 48 (45) | |
| Drug possession is illegal in any quantity | 47 (47) | 20 (19) | | 51 (48) | 26 (24) | |
| Don't know | 31 (31) | 20 (19) | | 29 (28) | 24 (22) | |

*Note:* —, $n \leq 5$ not 0. Green shading indicates 'correct' responses options, Red/orange shading indicates 'incorrect response options.
[a]2023 Interviews were conducted between April and June 2023 (i.e., before the October 2023 legislation was introduced) and 2024 interviews were conducted between April and June 2024 (i.e., after the October 2023 legislation was introduced).
Abbreviations: ACT, Australian Capital Territory; EDRS, Ecstasy and Related Drugs Reporting System; IDRS, Illicit Drug Reporting System.

participants in both samples most commonly reported that police would be able to issue a diversion notice and referral for AOD assessment and potential treatment (EDRS, 70%; IDRS, 77%), issue a fine (71% and 77%, respectively) and confiscate drugs without any further action (71% and 77%, respectively) – all correct perceptions. There was a significant decrease in both samples in the per cent who reported that they thought they could get arrested compared to 2023 and a significant increase among the IDRS sample specifically that they could get a diversion notice and referral for AOD assessment and treatment.

Among those who were aware of the new legislation, the majority of both EDRS and IDRS participants in 2024 reported that they thought a magistrate would be able to issue a fine (EDRS, 73%; IDRS, 78%), referral for AOD assessment and treatment (EDRS, 82%; IDRS, 88%), or good behaviour order (EDRS, 62%; IDRS, 63%) for a small quantity possession offence (Table 4). There was a significant decrease in both samples in the percent who reported that they thought they could receive a jail sentence compared to 2023.

When asked about possession of more than a small quantity (i.e., a quantity above the decriminalised threshold), most respondents correctly noted jail sentences could be issued (see Table 4) but there was also a doubling among IDRS respondents between 2023 and 2024 reporting they could be issued a fine or referral to AOD assessment and treatment. For example, 70% thought they would receive a referral to AOD assessment in 2024 compared to 31% in 2023. The net result is that respondents appeared similarly likely to report they could receive a fine or referral to treatment if they were detected with a small versus large amount (80% and 82% for EDRS and 70% vs. 88% for IDRS).

## 4 | Discussion

This study revealed a substantial increase in awareness of the ACT's multi-drug decriminalisation reform among people who regularly use illicit drugs in Canberra, rising from modest pre-implementation levels to clear majorities in both samples 6–8 months after the reform took effect. However, understanding of the reform remained mixed. Many participants mistakenly believed that substances other than cannabis were 'entirely legal' to possess in small quantities, indicating potential confusion between decriminalisation and legalisation. We further showed misinterpretations about potential police and magistrate responses for both possession of small quantities and possession of larger quantities. As the first empirical assessment of awareness of a multi-drug decriminalisation law in Australia,

**TABLE 3** | Awareness and knowledge of legislation, Canberra EDRS and IDRS, 2023–2024.

| In 2022, the ACT government introduced new drug laws, which will come into effect on 28 October this year [2023 survey]/ came into effect on 28 October 2023 [2024 survey]. Were you aware of these changes before this interview? | EDRS | | | IDRS | | |
|---|---|---|---|---|---|---|
| | 2023; *N* = 100, % (*n*) | 2024; *N* = 97, % (*n*) | *p* < 0.001 | 2023; *N* = 96, % (*n*) | 2024; *N* = 96, % (*n*) | *p* < 0.001 |
| No | 40 (40) | 17 (16) | | 65 (62) | 26 (25) | |
| Yes | 49 (49) | 81 (79) | | 33 (32) | 72 (69) | |
| Don't know | 11 (11) | — | | — | — | |
| **To the best of your knowledge, does the upcoming/this legislation apply to[a]** | **2023; *N* = 49, % (*n*)** | **2024; *N* = 79, % (*n*)** | ***p*** | **2023; *N* = 32, % (*n*)** | **2024 *N* = 69, % (*n*)** | ***p*** |
| Possession of drugs | 94 (46) | 95 (75) | n/a | 78 (25) | 91 (63) | 0.112 |
| Sale of drugs (i.e., selling for profit) | — | — | n/a | — | — | n/a |
| Supply of drugs for no cash profit (e.g., providing to friends/peers) | — | — | n/a | — | — | n/a |
| Don't know | — | — | 0.637 | 22 (7) | — | 0.048 |
| **Which drug/s do you think the legislation will apply/applies to?[a,b]** | ***N* = 49** | ***N* = 79** | ***p*** | ***N* = 32** | ***N* = 69** | ***p*** |
| All drugs that are currently illegal | 18 (9) | 33 (26) | 0.105 | 19 (6) | 41 (28) | 0.043 |
| All drugs other than cannabis | — | — | 0.707 | — | 0 (0) | 0.032 |
| Meth/amphetamine | 29 (14) | 33 (26) | 0.691 | 44 (14) | 38 (26) | 0.666 |
| Cannabis | 12 (6) | 33 (26) | 0.015 | 38 (12) | 36 (25) | n/a |
| Cocaine | 51 (25) | 39 (31) | 0.207 | 22 (7) | 18 (12) | 0.780 |
| Heroin | 16 (8) | 24 (19) | 0.370 | 44 (14) | 32 (22) | 0.370 |
| Ketamine | 33 (16) | 8 (6) | < 0.001 | — | — | 0.654 |
| Mephedrone | 0 (0) | — | 0.524 | — | — | 0.540 |
| GHB | 0 (0) | — | n/a | — | — | n/a |
| LSD/lysergic acid diethylamide | 22 (11) | 25 (20) | 0.827 | — | 10 (7) | 0.715 |
| MDMA (ecstasy) | 55 (27) | 41 (32) | 0.152 | 19 (6) | 10 (7) | 0.342 |
| Psilocybin (mushrooms) | 18 (9) | 11 (9) | 0.310 | — | — | n/a |
| Other | — | 0 (0) | 0.383 | 0 (0) | 0 (0) | n/a |
| Don't know | — | 9 (7) | n/a | 19 (6) | 9 (6) | 0.189 |

*Note:* 2023 interviews were conducted between April and June 2023 (i.e., before the October 2023 legislation was introduced) and 2024 interviews were conducted between April and June 2024 (i.e., after the October 2023 legislation was introduced); — $n \leq 5$ not 0. n/a, *p*-value is equal to 1.00 and therefore not presented. Green shading indicates 'correct' responses options, Red/orange shading indicates 'incorrect' response options.

[a]Multiple responses allowed, so the sum of the percentages will not equal 100%.

[b]This question was interpreted to relate to the drugs that are eligible for legislated diversion.

Abbreviations: ACT, Australian Capital Territory; EDRS, Ecstasy and Related Drugs Reporting System; IDRS, Illicit Drug Reporting System.

this research underscores the need for continued public messaging to improve understanding of the ACT's drug policy reform and to realise its intended public health benefits.

That said, the observed increase in awareness and partial understanding of the ACT's decriminalisation law indicate that some aspects of the reform have been communicated effectively. Among those aware of the legislation, most correctly recognised that it applied only to drug possession, not to sale or supply. Similarly, many understood that the way police could respond to small quantity possession offences had changed; however, while most participants correctly identified that police could issue a

**TABLE 4** | Participant perceptions of police and magistrate responses, among those who were aware of the legislation, Canberra EDRS and IDRS, 2023–2024.

| Imagine today you are found with a small quantity (e.g., 0.5 g) of cocaine (EDRS) or crystal methamphetamine (IDRS) in your possession. Which of the following responses do you think the POLICE would CURRENTLY[a] be legally allowed to use? | EDRS | | | IDRS | | |
|---|---|---|---|---|---|---|
| | 2023; *N* = 49, % (*n*) | 2024; *N* = 79, % (*n*) | *p* | 2023; *N* = 32, % (*n*) | 2024; *N* = 69, % (*n*) | *p* |
| They could arrest me | 71 (35) | 25 (20) | < 0.001 | 69 (22) | 43 (30) | 0.020 |
| They could issue me with a court attendance notice | 67 (33) | 46 (36) | 0.021 | 38 (12) | 52 (36) | 0.285 |
| They could issue me with a diversion notice and referral for AOD assessment and potential treatment[b] | 57 (28) | 70 (55) | 0.186 | 41 (13) | 77 (53) | < 0.001 |
| They could issue me with a fine | 67 (33) | 71 (56) | 0.688 | 38 (12) | 77 (53) | < 0.001 |
| They could confiscate my drugs, and then let me go with no further action | 57 (28) | 71 (56) | 0.126 | 47 (15) | 77 (53) | 0.006 |
| They could do nothing (i.e., let me keep drugs) | 14 (7) | 28 (22) | 0.092 | 13 (4) | 26 (18) | 0.194 |
| Other | — | — | n/a | 0 (0) | 0 (0) | n/a |
| Don't know | — | — | 0.481 | — | 9 (6) | n/a |
| **Do you think the responses that POLICE can use will be different/have changed since the legislation came in effect on 28 October 2023?** | **2023; *N* = 49, % (*n*)** | **2024; *N* = 79, % (*n*)** | ***p* = 0.903** | **2023; *N* = 32, % (*n*)** | **2024; *N* = 68, % (*n*)** | ***p* = 0.600** |
| No | 12 (6) | 10 (8) | | 19 (6) | 19 (13) | |
| Yes | 76 (37) | 76 (60) | | 66 (21) | 56 (38) | |
| Don't know | 12 (6) | 14 (11) | | — | 25 (17) | |
| **Now, if you can imagine that you were required to attend court for this offence TODAY[a] (i.e., for being found with 0.5 g of cocaine (EDRS)/crystal methamphetamine (IDRS) in your possession), which of the following penalties do you think could be issued by the magistrate?** | **2023; *N* = 49, % (*n*)** | **2024; *N* = 79, % (*n*)** | ***p*** | **2023; *N* = 32, % (*n*)** | **2024; *N* = 69, % (*n*)** | ***p*** |
| Jail sentence | 43 (21) | 9 (7) | < 0.001 | 64 (16) | 28 (18) | 0.025 |
| Good behaviour order | 67 (33) | 62 (49) | 0.571 | 64 (16) | 63 (41) | 0.505 |
| Fine | 69 (34) | 73 (58) | 0.677 | 76 (19) | 78 (51) | 0.236 |
| Referral for AOD assessment and treatment | 69 (34) | 82 (65) | 0.135 | 68 (17) | 88 (57) | 0.004 |
| Other | — | — | n/a | — | — | n/a |
| Don't know | 20 (10) | 9 (7) | 0.110 | 19 (6) | — | 0.027 |

**TABLE 4** | (Continued)

| Now imagine that were found with 4g of cocaine (EDRS)/ crystal methamphetamine (IDRS) in your possession and were required to attend court for this offence TODAY[a]. Which of the following penalties do you think could be issued by the magistrate? | 2023; $N=49$, % ($n$) | 2024; $N=79$, % ($n$) | $p$ | 2023; $N=32$, % ($n$) | 2024; $N=69$, % ($n$) | $p$ |
|---|---|---|---|---|---|---|
| Jail sentence[c] | 69 (34) | 61 (48) | 0.349 | 75 (24) | 78 (54) | n/a |
| Good behaviour order | 51 (25) | 75 (59) | 0.006 | 41 (13) | 70 (48) | 0.015 |
| Fine | 65 (32) | 81 (64) | 0.063 | 41 (13) | 80 (55) | <0.001 |
| Referral for AOD assessment and treatment | 47 (23) | 80 (63) | <0.001 | 31 (10) | 70 (48) | <0.001 |
| Other | — | — | 0.637 | — | 0 (0) | 0.306 |
| Don't know | 16 (8) | 8 (6) | 0.156 | — | — | 0.078 |

*Note:* 2023 interviews were conducted between April and June 2023 (i.e., before the October 2023 legislation came into effect) and 2024 interviews were conducted between April and June 2024 (i.e., after the October 2023 legislation was introduced). — $n \leq 5$ not 0. n/a, $p$-value is equal to 1.00 and therefore not presented. Green shading indicates 'correct' responses options, Red/orange shading indicates 'incorrect' response options. Blue shading indicates response options that were incorrect for the 2023 columns but correct for the 2024 columns (i.e., it became an option after the October 2023 legislation came into effect). Purple shading indicates response options that were correct for the 2023 columns but incorrect for the 2024 columns (i.e., it was removed as an option after the October 2023 legislation came into effect).
[a]Multiple responses allowed, so the sum of the percentages will not equal 100%.
[b]Denotes those formalised by the *Drugs of Dependence (Personal Use) Amendment Act 2022*. That is, although these responses were previously available through the Illicit Drug Diversion program, the Act codified them in legislation.
[c]Denotes those available both pre and post the Act, but where the maximum penalty was reduced.
Abbreviations: AOD, alcohol and other drugs; EDRS, Ecstasy and Related Drugs Reporting System; IDRS, Illicit Drug Reporting System.

fine or a diversion notice, notable proportions also selected incorrect options—such as believing police would 'do nothing (i.e., let me keep the drugs)'. Both populations showed a decline in the proportion who believed they could be arrested or jailed, suggesting recognition that decriminalisation reduces the risk of such outcomes, but also highlighting limited awareness of other contextual factors. These include program requirements (e.g., attending an AOD assessment to avoid being sent to court), circumstances in which people may still be charged with small quantity possession offences rather than issued a fine or diversion notice (e.g., when other offences are detected; [20]) and the ongoing role of police and judicial discretion [28, 29] in shaping outcomes.

There were also significant increases in the proportion of respondents who believed that possession of a larger quantity of drugs (e.g., 4g of crystal methamphetamine) could lead to a magistrate issuing a good behaviour order, fine, or diversion to AOD treatment. While these are possible outcomes, they were already available prior to the reforms and it is therefore unclear what these increases represent. They may reflect a broader perception that all drug possession is now generally met with health-based or lower-level criminal justice responses; however, it is unclear whether respondents also recognised the full range and severity of penalties available through the courts for possession offences that exceed the small quantity threshold. Indeed, between one and two fifths of respondents did not identify imprisonment as a possible outcome, which may indicate an underestimation of the more severe penalties that can still apply. In practice, possession offences exceeding the small quantity threshold but below drug trafficking limits that proceed to court can still attract high fines (up to $8000), potential prison sentences of up to 6 months (albeit reduced from 2 years) and criminal convictions [20], while penalties for possession offences above the trafficking threshold remain unchanged.

These findings are broadly consistent with those that have been observed internationally following shifts in drug policy. In British Columbia, Canada, where a 3-year pilot decriminalisation period commenced in January 2023 [30], surveys of people who use drugs prior to [22] and during the pilot period [23] revealed most were aware of decriminalisation policy, but misunderstood key details, specifically possession thresholds and included substances. During interviews, several respondents highlighted that their understanding of the specifics of decriminalisation stemmed from 'word-of-mouth' information from friends and other users, rather than official sources, which may have perpetuated misinformation [23]. Similarly, research from Tijuana, Mexico, found that only 11% of a sample of people who inject drugs were aware of decriminalisation reform 1–3 years following implementation, with respondents who were unaware of the changes more likely to undertake harmful practices such as needle sharing [31]. That is, poor legislative comprehension can undermine the potential public health benefits of decriminalisation.

In the context of the ACT's decriminalisation reform, mass media campaigns were implemented to promote understanding of the changes, with significant involvement from community organisations.[1] However, despite these efforts, our findings suggest continued confusion persists, particularly around the distinction between decriminalisation and legalisation and what the reform means in practice for people who use drugs. This indicates that ongoing, sustained education efforts may be needed

to clearly emphasise that possession remains illegal, even when addressed through administrative rather than criminal sanctions and to build trust through continued community partnerships that can tailor messaging to those most affected.

That said, the complexity of the legislation makes clear communication challenging. In addition to requiring knowledge of both the new 'small quantity' thresholds and the existing trafficking thresholds, the presence of pre-existing diversion pathways adds another layer of ambiguity. Prior to the 2023 reform, the ACT already had a form of *de facto* decriminalisation for drugs other than cannabis, whereby individuals found in possession of any illicit drug could be issued a caution or diversion at the officer's discretion. As a result, it is likely difficult for people who use drugs to discern which outcomes reflect the new legislation and any associated changes in practices and which arise from longstanding policing practices. This complexity is further compounded by the selective inclusion of only some substances within the 2023 reforms—while drugs such as GHB and ketamine are excluded, they may still be subject to diversion under the pre-existing *de facto* scheme. It is also possible that the apparent confusion between decriminalisation and legalisation stems not only from the short timeframe between the 2020 and 2023 reforms but also their differing legislative frameworks. Under the *Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019* [19], people in the ACT can legally possess up to 50 g of dried cannabis or 150 g of freshly harvested cannabis, with no subsequent legal intervention. In contrast, the *Drugs of Dependence (Personal Use) Amendment Act 2022* only allows for fines or referral to a diversion program for small-quantity possession of other illicit drugs in order to avoid criminal charge [20, 21]. There appears to be no clear justification for this discrepancy, which not only compounds the inconsistent and fragmented nature of drug policies in Australia [32], but also has the potential to create misunderstanding among people who use drugs. This confusion may be heightened by the fact that under federal law, possession of all these substances remains illegal, creating overlapping and potentially conflicting legal frameworks that people must navigate [33].

Given these complexities, simplification of the existing legislative model may warrant consideration. In particular, models that remove sanctions altogether may reduce the interpretive burden associated with navigating complex eligibility criteria and procedural requirements, while also minimising the legal consequences of misinterpretation and offering additional benefits. No-sanctions models—where possession and use of illicit drugs do not attract criminal or civil penalties and engagement with health or support services is voluntary rather than mandated—may offer one such approach [6, 9]. International evidence indicates that, compared to decriminalisation models involving health sanctions, these approaches, when applied across all illicit drugs, can yield health, social and economic benefits without placing additional demands on frontline services or people who use drugs [9]. Such approaches are also preferred by the International Network of People who use Drugs [34]. Regardless of the model, future reforms should also consider incorporating additional substances such as GHB and ketamine as eligible for legislated diversion, or extending the approach across all illicit drugs. Such changes could help better align the drug law reforms with their intended health and social benefits, while also improving legal clarity for people who use drugs.

### 4.1 | Limitations and Future Directions

Our data are derived from two populations of people who use drugs (EDRS and IDRS surveys), which provide in-depth insights into, but may not represent all, people who use drugs in the ACT. Furthermore, our study relies on cross-sectional snapshots pre- and post-reform, rather than longitudinal tracking of the same individuals over time, limiting inferences about knowledge evolution. That said, the consistency of key demographic variables and indicators of criminal justice system engagement between 2023 and 2024 strengthens confidence that the observed shifts reflect genuine changes in knowledge rather than differences in sample composition. The small sample size reduced statistical power and precluded additional analyses (e.g., examining factors associated with awareness, or differences between EDRS and IDRS participants) from being undertaken, though the findings still offer important preliminary insights. Additionally, police and court responses to drug possession offences are influenced by numerous contextual factors (e.g., officer characteristics, prior criminal record) [28, 29], which could not be captured in the EDRS and IDRS surveys.

Future research may endeavour to evaluate actual behavioural responses, including uptake of diversion programs, changes in arrest or prosecution rates and health service engagement. Additionally, work examining how messaging strategies, community partnerships and policing protocols influence real-world outcomes would guide future reform efforts.

## 5 | Conclusion

The ACT's multi-drug decriminalisation reform marks an important shift in Australian drug policy. However, international evidence suggests its success depends not only on legislative change and health and justice system integration, but also on how it is understood by those affected. This study found that awareness of the ACT reform among cross-sectional samples of people who regularly use drugs improved post-implementation. Yet confusion about the legal status and potential penalties for small-quantity possession drug offences persisted, which may undermine the reform's harm reduction and diversion objectives. To realise its intended benefits, continued targeted education is critical, alongside longer-term consideration of simplification of the existing legislative models.

**Author Contributions**

Each author certifies that their contribution to this work meets the standards of the International Committee of Medical Journal Editors.

**Acknowledgements**

We thank the Chief Investigators and the broader Drug Trends team, past and present, for their contribution to the IDRS and EDRS. We thank Philip Hull, Amanda Tagliabue, Seriden Hall and Megan Arnold (currently or formerly from ACT Health and Community Services Directorate) for their collaboration in developing the survey questions discussed in the current manuscript and in reviewing the manuscript. We also thank the participants who shared their experiences and expertise with us. Open access publishing facilitated by University of New South Wales, as part of the Wiley - University of New South Wales agreement via the Council of Australasian University Librarians.

**Funding**

Drug Trends (including the IDRS and EDRS) and the National Drug and Alcohol Research Centre are funded by the Australian Government Department of Health, Ageing and Disability under the Drug and Alcohol Program (RG231222-A). Additional funding was obtained from the ACT Government to develop and include survey questions on the decriminalisation reform in the 2023 and 2024 EDRS and IDRS (RG232444). A.P. (#1174630) is supported by an NHMRC Investigator Fellowship. The views expressed in this publication are those of the authors and do not necessarily reflect the views of the funding bodies.

**Conflicts of Interest**

The Australian Capital Territory Government (Alcohol, Tobacco and Other Drug, STI and BBV Policy, Health and Community Services Directorate) provided funding and contributed to the development of the decriminalisation survey questions discussed in the current paper. The ACT Government had no role in data analysis, or reporting and imposed no restrictions on publication. Chris Gough is the Executive Director of Canberra Alliance for Harm Minimisation and Advocacy and provided input and advice into decision-making processes that shaped the *Drugs of Dependence (Personal Use) Amendment Act 2022*. Chris was also involved in the work leading up to the implementation of the legislation and the committee that has overseen the implementation, as well as the formulation of communication materials and resources explaining legislative changes to people who use drugs in the ACT. Chris Gough and Anna Olsen are both advisors on the evaluation of the ACT decriminalisation reforms, which is funded by the ACT Government.

**Data Availability Statement**

The data that support the findings of this study are available on request from the corresponding author. The data are not publicly available due to privacy or ethical restrictions.

**Endnotes**

[1] Two education campaigns accompanied the reform: one developed by ACT Health for the general community, and another specifically tailored for people who use drugs. The latter was produced by the Canberra Alliance for Harm Minimisation and Advocacy, using approved text, and disseminated broadly across the alcohol, tobacco and other drugs and wider community sector. As part of this campaign, the Canberra Alliance for Harm Minimisation and Advocacy produced a poster distributed to a wide range of health and community service providers, as well as a tri-fold pamphlet offering a detailed breakdown of the legislation, which was likewise disseminated widely through health services.

**References**

1. A. M. A. Wodak, "The Abject Failure of Drug Prohibition," *Australian & New Zealand Journal of Criminology* 47, no. 2 (2014): 190–201.

2. D. M. Provine, "Race and Inequality in the War on Drugs," *Annual Review of Law and Social Science* 7, no. 1 (2011): 41–60.

3. E. Drucker, "Drug Prohibition and Public Health: 25 Years of Evidence," *Public Health Reports* 114, no. 1 (1999): 14–29.

4. United Nations Office on Drugs and Crime, Legal and Policy Considerations on Decriminalization of Drug Use and Possession for Personal Use: International Legal Framework and the UN System Common Position on Drug-Related Matters, 2025.

5. CEB, *United Nations System Common Position Supporting the Implementation of the International Drug Control Policy Through Effective Inter-Agency Collaboration* (UN Doc, 2018).

6. A. Stevens, C. E. Hughes, S. Hulme, and R. Cassidy, "Depenalization, Diversion and Decriminalization: A Realist Review and Programme Theory of Alternatives to Criminalization for Simple Drug Possession," *European Journal of Criminology* 19, no. 1 (2022): 29–54.

7. C. Hughes, A. Stevens, S. Hulme, and R. Cassidy, "Models for the Decriminalisation, Depenalisation and Diversion of Illicit Drug Possession: An International Realist Review," *International Society for the Study of Drug Policy Conference* (2019).

8. A. I. Scheim, N. Maghsoudi, Z. Marshall, S. Churchill, C. Ziegler, and D. Werb, "Impact Evaluations of Drug Decriminalisation and Legal Regulation on Drug Use, Health and Social Harms: A Systematic Review," *BMJ Open* 10, no. 9 (2020): e035148.

9. C. Hughes, M. Pardal, W. Agnew-Pauley, et al., *International Status of Decriminalisation of Drug Use* (Report for the Swiss Federal Office of Public Health, 2024).

10. A. Domosławski, *Drug Policy in Portugal: The Benefits of Decriminalizing Drug Use* (Open Society Foundations, 2011).

11. C. Moury and M. Escada, "Understanding Successful Policy Innovation: The Case of Portuguese Drug Policy," *Addiction* 118, no. 5 (2023): 967–978.

12. C. E. Hughes and A. Stevens, "What Can We Learn From the Portuguese Decriminalization of Illicit Drugs?," *British Journal of Criminology* 50, no. 6 (2010): 999–1022.

13. C. Hughes, A. Stevens, S. Hulme, and R. Cassidy, *Review of Approaches Taken in Ireland and in Other Jurisdictions to Simple Possession Drug Offences: A Report for the Irish Department of Justice and Equality and the Department of Health* (Irish Government Response to the Report-Outlining Proposed Adoption of Police Diversion Schemes for First and Second Offence Involving Use and Possession of Any Illicit Drug, UNSW Australia and University of Kent, 2018).

14. C. E. Hughes and A. Stevens, "A Resounding Success or a Disastrous Failure: Re-Examining the Interpretation of Evidence on the Portuguese Decriminalisation of Illicit Drugs," *Drug and Alcohol Review* 31, no. 1 (2012): 101–113.

15. R. Gonçalves, A. Lourenço, and S. N. da Silva, "A Social Cost Perspective in the Wake of the Portuguese Strategy for the Fight Against Drugs," *International Journal of Drug Policy* 26, no. 2 (2015): 199–209.

16. C. Hughes, "Portuguese Drug Policy," in *European Drug Policies: The Ways of Reform* (Routledge, 2017), 164–181.

17. Alcohol and Drug Foundation, Decriminalisation of Illegal Drugs: What it Means, Why Are We Talking About It and How Does It Work? 2025.

18. C. Hughes, K. Seear, A. Ritter, and L. Mazerolle, Criminal Justice Responses Relating to Personal Use and Possession of Illicit Drugs: The Reach of Australian Drug Diversion Programs and Barriers and Facilitators to Expansion, 2019.

19. Drugs of Dependence (Personal Cannabis Use) Amendment Act 2019, 2019.

20. ACT Government, Drug Law Reform: Overview of Changes 2025, https://www.act.gov.au/health/drugs-alcohol-smoking-and-vaping/drug-law-reform#:~:text=Support%20services-,Overview%20of%20changes,1.5g.

21. Drugs of Dependence (Personal Use) Amendment Act 2022, 2022.

22. A. Greer, J. Xavier, O. K. Loewen, B. Kinniburgh, and A. Crabtree, "Awareness and Knowledge of Drug Decriminalization Among People Who Use Drugs in British Columbia: A Multi-Method Pre-Implementation Study," *BMC Public Health* 24, no. 1 (2024): 407.

23. F. Ali, C. Russell, M. Lo, et al., "Unpacking the Effects of Decriminalization: Understanding Drug Use Experiences and Risks Among Individuals Who Use Drugs in British Columbia," *Harm Reduction Journal* 21, no. 1 (2024): 190.

24. C. Hughes, M. Shanahan, A. Ritter, D. McDonald, F. Gray-Weale, and A. Ritter, *Monograph No. 25: Evaluation of Australian Capital*

*Territory Drug Diversion Programs* (National Drug and Alcohol Research Centre, 2014).

25. R. Sutherland, A. Karlsson, J. Uporova, et al., *Ecstasy and Related Drugs Reporting System (EDRS) Interviews 2024: Background and Methods* (National Drug and Alcohol Research Centre, 2024).

26. R. Sutherland, J. Uporova, U. Chandrasena, et al., *Illicit Drug Reporting System (IDRS) Interviews 2024: Background and Methods* (National Drug and Alcohol Research Centre, 2024).

27. Team RC, *R: A Language and Environment for Statistical Computing* (R foundation for statistical computing, 2024).

28. J. Goodman-Delahunty and S. L. Sporer, "Unconscious Influences in Sentencing Decisions: A Research Review of Psychological Sources of Disparity," *Australian Journal of Forensic Sciences* 42, no. 1 (2010): 19–36.

29. J. Huff, "Understanding Police Decisions to Arrest: The Impact of Situational, Officer, and Neighborhood Characteristics on Police Discretion," *Journal of Criminal Justice* 75 (2021): 101829.

30. Exemption from Controlled Drugs and Substances Act, *Personal Possession of Small Amounts of Certain Illegal Drugs in British Columbia* (Health Canada, 2022).

31. L. Beletsky, K. D. Wagner, J. Arredondo, et al., "Implementing Mexico's "Narcomenudeo" Drug Law Reform: A Mixed Methods Assessment of Early Experiences Among People Who Inject Drugs," *Journal of Mixed Methods Research* 10, no. 4 (2016): 384–401.

32. K. Lancaster, K. Seear, and C. Treloar, "Laws Prohibiting Peer Distribution of Injecting Equipment in Australia: A Critical Analysis of Their Effects," *International Journal of Drug Policy* 26, no. 12 (2015): 1198–1206.

33. Narcotic Drugs Act, 1967.

34. A. Madden, P. Tanguay, and J. Chang, *Drug Decriminalisation: Progress or Political Red Herring*, vol. 21 (International Network of People who Use Drugs, 2021).

## Appendix A

**TABLE A1** | Quantities and types of illicit drugs included in the changes.

| Drug | Small quantity |
|---|---|
| Methylamphetamine | 1.5 g |
| Amphetamine | 1.5 g |
| Cocaine | 1.5 g |
| 3,4 Methylenedioxymethylamphetamine (MDMA or 'ecstasy') | 1.5 g (or 5 DDU)[b] |
| Cannabis (dried)[a] | 50 g |
| Cannabis (harvested cannabis)[a] | 150 g |
| Heroin | 1 g |
| Lysergic acid[b] | 0.001 g (or 5 DDU)[b] |
| Lysergide (LSD, LSD-25) | 0.001 g (or 5 DDU)[b] |
| Psilocybin ('magic mushrooms') | 1.5 g |

[a]Note only those aged under 18 can be given a Simple Drug Offence Notice for possession of small amounts of cannabis. There are no penalties for low-level adult possession of cannabis.
[b]There is a discrete dose unit (DDU) for MDMA, lysergide and lysergic acid which are often packaged as a single dose, for example, capsules or tablets. This means you can be eligible for a diversion if you have no more than 5 MDMA, lysergide or lysergic acid doses, such as capsules or tablets.
*Source:* https://www.act.gov.au/health/drugs-alcohol-smoking-and-vaping/drug-law-reform#:~:text=Support%20services-,Overview%20of%20changes,1.5g [28].

## Appendix B

Survey questions.

2023 EDRS and IDRS questions.

Now we just have a few questions about your knowledge of current and future drug laws in the ACT. Please answer to the best of your ability, however if you are not sure please select 'don't know'.

1. How would you describe the current legal status for the possession of cannabis by adults in the ACT?

| | |
|---|---|
| Cannabis is entirely legal to possess regardless of quantity | 1 |
| Cannabis is entirely legal to possess in small quantities [i.e., below a specified threshold] | 2 |
| Cannabis possession is illegal in any quantity | 3 |
| Don't know | 7 |
| Skip question | 8 |

2. How would you describe the current legal status for the possession of illicit drugs, other than cannabis, by adults in the ACT?

| | |
|---|---|
| Some drugs are entirely legal to possess regardless of quantity | 1 |
| Some drugs are entirely legal to possess in small quantities [i.e., below a specified threshold] | 2 |
| Drug possession is illegal in any quantity | 3 |
| Don't know | 7 |
| Skip question | 8 |

3. In 2022, the ACT government introduced new drug laws, which will come into effect on 28 Oct this year. Were you aware of these upcoming changes before this interview?

| | |
|---|---|
| No | 0 |
| Yes | 1 |
| Don't know | 7 |
| Skip question | 8 |

4. To the best of your knowledge, does the upcoming legislation apply to.

| | |
|---|---|
| Possession of drugs | 1 |
| Sale of drugs (i.e., selling for profit) | 2 |
| Supply of drugs for no cash profit (e.g., providing to friends/peers) | 3 |
| Don't know | 7 |
| Skip question | 8 |

5. Thinking about the possession of drugs, to the best of your knowledge, does the upcoming legislation mean that.

| | |
|---|---|
| Some drugs will be entirely legal to possess regardless of quantity | 1 |
| Some drugs will now be entirely legal to possess in small quantities [i.e., below a specified threshold] | 2 |
| Drug possession will still be illegal in any quantity | 3 |

| | |
|---|---|
| Don't know | 7 |
| Skip question | 8 |

6. Thinking about the sale and supply of drugs, to the best of your knowledge, does the upcoming legislation mean that.

| | |
|---|---|
| Some drugs will be legal to sell/supply, regardless of quantity | 1 |
| Some drugs will be legal to sell/supply in small quantities [i.e., below a specified threshold] | 2 |
| The sale/supply of drugs will still be illegal in any quantity | 3 |
| Don't know | 7 |
| Skip question | 8 |

7.Which drug/s do you think the legislation will apply to?

| | |
|---|---|
| All drugs that are currently illegal | 1 |
| All drugs other than cannabis | 2 |
| Meth/amphetamine | 3 |
| Cannabis | 4 |
| Cocaine | 5 |
| Heroin | 6 |
| Ketamine | 7 |
| Mephedrone | 8 |
| GHB | 9 |
| LSD/lysergic acid diethylamide | 10 |
| MDMA (ecstasy) | 11 |
| Psilocybin (mushrooms) | 12 |
| Other (specify) | 13 |
| Don't know | 97 |
| Skip question | 98 |

8. Please Specify Other.

9. We would now like to get an understanding of what you think would happen if you were caught TODAY with drugs, such as crystal methamphetamine/cocaine, and what you think will happen after the legislation comes into effect (i.e., POST 28 OCTOBER 2023). I will read out a couple of made-up scenarios and would like you to answer to the best of your ability. Imagine today you are found with a small quantity (e.g., 0.5 g) of crystal methamphetamine/cocaine in your possession. Which of the following responses do you think the police would CURRENTLY be legally allowed to use? Mark all that apply.

| | |
|---|---|
| They could arrest me | 1 |
| They could issue me with a court attendance notice | 2 |
| They could issue me with a diversion notice and referral for AOD assessment and potential treatment. | 3 |
| They could issue me with a fine | 4 |
| They could confiscate my drugs, and then let me go with no further action | 7 |
| They could do nothing (i.e., let me keep drugs) | 8 |
| Other (specify) | 9 |
| Don't know | 97 |
| Skip question | 98 |

10. Please specify other.

11. Do you think the responses that POLICE can use will be different once the legislation comes into effect on 28 October 2023?

| | |
|---|---|
| No | 0 |
| Yes | 1 |
| Don't know | 7 |
| Skip question | 8 |

12. If yes, thinking about the same situation (i.e., 0.5 g of crystal methamphetamine/cocaine is found in your possession), which of the following responses do you think the police would legally be allowed to use AFTER the new legislation comes into effect in October?

| | |
|---|---|
| They could arrest me | 1 |
| They could issue me with a court attendance notice | 2 |
| They could issue me with a diversion notice and referral for AOD assessment and potential treatment. | 3 |
| They could issue me with a fine | 4 |
| They could confiscate my drugs, and then let me go with no further action | 7 |
| They could do nothing (i.e., let me keep drugs) | 8 |
| Other (specify) | 9 |
| Don't know | 97 |
| Skip question | 98 |

13. Please specify other.

14. Now, if you can imagine that you were required to attend court for this offence TODAY (i.e., for being found with 0.5 g of crystal methamphetamine/cocaine in your possession), which of the following penalties do you think could be issued by the magistrate?[Mark all that apply]

| | |
|---|---|
| Jail sentence | 1 |
| Good behaviour order | 2 |
| Fine | 3 |
| Referral for AOD assessment and treatment | 4 |
| Other (specify) | 5 |
| Don't know | 97 |
| Skip question | 98 |

15. Please Specify Other.

16. Thinking about the same situation (i.e., you are required to attend court for being found in possession of 0.5 g of crystal methamphetamine/cocaine), which of the following penalties do you think could be issued by the magistrate AFTER the new legislation comes into effect in October? [Mark all that apply].

| | |
|---|---|
| Jail sentence | 1 |
| Good behaviour order | 2 |
| Fine | 3 |
| Referral for AOD assessment and treatment | 4 |
| Other (specify) | 5 |
| Don't know | 97 |
| Skip question | 98 |

17. Please specify other.

18. Do you think the maximum fine that could be issued by the magistrate for this offence will change AFTER the new legislation comes into effect in October?

| | |
|---|---|
| No, think the maximum fine will remain the same | 0 |
| Yes, think the maximum fine will decrease | 1 |
| Yes, the maximum fine will increase | 2 |
| Don't know | 7 |
| Skip question | 8 |

19. Now imagine that you were found with 4 g of crystal methamphetamine/cocaine in your possession and were required to attend court for this offence TODAY. Which of the following penalties do you think could be issued by the magistrate? [Mark all that apply]

| | |
|---|---|
| Jail sentence | 1 |
| Good behaviour order | 2 |
| Fine | 3 |
| Referral for AOD assessment and treatment | 4 |
| Other (specify) | 5 |
| Don't know | 97 |
| Skip question | 98 |

20. Please specify other.

21. Thinking about the same situation (i.e., you are required to attend court for being found in possession of 4 g of crystal methamphetamine/cocaine), which of the following penalties do you think could be issued by the magistrate AFTER the new legislation comes into effect in October? [Mark all that apply].

| | |
|---|---|
| Jail sentence | 1 |
| Good behaviour order | 2 |
| Fine | 3 |
| Referral for AOD assessment and treatment | 4 |
| Other (specify) | 5 |
| Don't know | 97 |
| Skip question | 98 |

22. Please specify other.

23. Do you think the maximum jail sentence that could be issued by the magistrate for this offence will change AFTER the new legislation comes into effect in October?

| | |
|---|---|
| No, think the maximum sentence will remain the same | 0 |
| Yes, think the maximum jail sentence will decrease | 1 |
| Yes, the maximum jail sentence will increase | 2 |
| Don't know | 7 |
| Skip question | 8 |

24. Do you think the maximum fine that could be issued by the magistrate for this offence will change AFTER the new legislation comes into effect in October?

| | |
|---|---|
| No, think the maximum fine will remain the same | 0 |
| Yes, think the maximum fine will decrease | 1 |
| Yes, the maximum fine will increase | 2 |
| Don't know | 7 |
| Skip question | 8 |

2024 EDRS and IDRS questions.

Now we just have a few questions about your knowledge of current drug laws in the ACT. Please answer to the best of your ability, however if you are not sure please select 'don't know'.

1. In 2022, the ACT government introduced new drug laws, which came into effect on 28 October 2023. Were you aware of these changes before this interview?

| | |
|---|---|
| No | 0 |
| Yes | 1 |
| Don't know | 7 |
| Skip question | 8 |

2. To the best of your knowledge, does this legislation apply to: Read out all & mark all that apply

| | |
|---|---|
| Possession of drugs | 1 |
| Sale of drugs (i.e., selling for profit) | 2 |
| Supply of drugs for no cash profit (e.g., providing to friends/peers) | 3 |
| Don't know | 7 |
| Skip question | 8 |

3. Thinking about the sale and supply of drugs, to the best of your knowledge, does the new legislation mean that: Read out all

| | |
|---|---|
| Some drugs are now legal to sell/supply, regardless of quantity | 1 |
| Some drugs are now legal to sell/supply in small quantities [i.e., below a specified threshold] | 2 |
| The sale/supply of drugs is still illegal in any quantity | 3 |
| Don't know | 7 |
| Skip question | 8 |

4. Which drug/s do you think the new legislation applies to? Mark all that apply

| | |
|---|---|
| All drugs that are currently illegal | 1 |
| All drugs other than cannabis | 2 |
| Meth/amphetamine | 3 |
| Cannabis | 4 |
| Cocaine | 5 |
| Heroin | 6 |
| Ketamine | 7 |
| Mephedrone | 8 |
| GHB | 9 |
| LSD/lysergic acid diethylamide | 10 |
| MDMA (ecstasy) | 11 |
| Psilocybin (hallucinogenic mushrooms) | 12 |
| Other (specify) | 13 |
| Don't know | 97 |
| Skip question | 98 |

5. Please specify other.

6. How would you describe the current legal status for the possession of cannabis by adults in the ACT?

| | |
|---|---|
| Cannabis is entirely legal to possess regardless of quantity | 1 |
| Cannabis is entirely legal to possess in small quantities [i.e., below a specified threshold] | 2 |
| Cannabis possession is illegal in any quantity | 3 |
| Don't know | 7 |
| Skip question | 8 |

7.How would you describe the current legal status for the possession of illicit drugs, other than cannabis, by adults in the ACT?

| | |
|---|---|
| Some drugs are entirely legal to possess regardless of quantity | 1 |
| Some drugs are entirely legal to possess in small quantities [i.e., below a specified threshold] | 2 |
| Drug possession is illegal in any quantity | 3 |
| Don't know | 7 |
| Skip question | 8 |

8. We would now like to get an understanding of what you think would happen if you were caught TODAY with drugs, such as crystal methamphetamine/cocaine. I will read out a couple of made-up scenarios and would like you to answer to the best of your ability. Imagine today you are found with a small quantity (e.g., 0.5g) of crystal methamphetamine/cocaine in your possession. Which of the following responses do you think the police would CURRENTLY be legally allowed to use? Read out all & mark all that apply

| | |
|---|---|
| They could arrest me | 1 |
| They could issue me with a court attendance notice | 2 |
| They could issue me with a diversion notice and referral for AOD assessment and potential treatment. | 3 |
| They could issue me with a fine | 4 |
| They could confiscate my drugs, and then let me go with no further action | 7 |
| They could do nothing (i.e., let me keep drugs) | 8 |
| Other (specify) | 9 |
| Don't know | 97 |
| Skip question | 98 |

9. Please specify other.

10. Imagine today you are found with a small quantity (e.g., 0.5g) of crystal methamphetamine/cocaine in your possession. Which of the following responses do you think the POLICE would CURRENTLY be legally allowed to use? Mark all that apply

| | |
|---|---|
| They could arrest me | 1 |
| They could issue me with a court attendance notice | 2 |
| They could issue me with a diversion notice and referral for AOD assessment and potential treatment. | 3 |
| They could issue me with a fine | 4 |
| They could confiscate my drugs, and then let me go with no further action | 7 |
| They could do nothing (i.e., let me keep drugs) | 8 |
| Other (specify) | 9 |
| Don't know | 97 |
| Skip question | 98 |

11. Please specify other.

12. Do you think the responses that POLICE can use have changed since the legislation came into effect on 28 October 2023?

| | |
|---|---|
| No | 0 |
| Yes | 1 |
| Don't know | 7 |
| Skip question | 8 |

13. Now, if you can imagine that you were required to attend court for this offence TODAY (i.e., for being found with 0.5 g of crystal methamphetamine/cocaine in your possession), which of the following penalties do you think could be issued by the magistrate? Read out all & mark all that apply

| | |
|---|---|
| Jail sentence | 1 |
| Good behaviour order | 2 |
| Fine | 3 |
| Referral for AOD assessment and treatment | 4 |
| Other (specify) | 5 |
| Don't know | 97 |
| Skip question | 98 |

14. Please specify other.

15. Now imagine that you were found with 4 g of crystal methamphetamine/cocaine in your possession, and were required to attend court for this offence TODAY. Which of the following penalties do you think could be issued by the magistrate? Read out all & mark all that apply

| | |
|---|---|
| Jail sentence | 1 |
| Good behaviour order | 2 |
| Fine | 3 |
| Referral for AOD assessment and treatment | 4 |
| Other (specify) | 5 |
| Don't know | 97 |
| Skip question | 98 |

16. Please specify other.

**Appendix C**

**TABLE C1** | STROBE Statement—Checklist of Items That Should Be Included in Reports of *Cross-Sectional Studies*.

| | Item No | Recommendation | Checked |
|---|---|---|---|
| Title and abstract | 1 | (a) Indicate the study's design with a commonly used term in the title or the abstract | ✓ |
| | | (b) Provide in the abstract an informative and balanced summary of what was done and what was found | ✓ |
| Introduction | | | |
| Background/rationale | 2 | Explain the scientific background and rationale for the investigation being reported | ✓ |
| Objectives | 3 | State specific objectives, including any prespecified hypotheses | ✓ |
| Methods | | | |
| Study design | 4 | Present key elements of study design early in the paper | ✓ |
| Setting | 5 | Describe the setting, locations, and relevant dates, including periods of recruitment, exposure, follow-up, and data collection | ✓ |
| Participants | 6 | (a) *Cohort study*—Give the eligibility criteria, and the sources and methods of selection of participants. Describe methods of follow-up<br>*Case–control study*—Give the eligibility criteria, and the sources and methods of case ascertainment and control selection. Give the rationale for the choice of cases and controls<br>*Cross-sectional study*—Give the eligibility criteria, and the sources and methods of selection of participants | ✓ |
| | | (b) *Cohort study*—For matched studies, give matching criteria and number of exposed and unexposed<br>*Case–control study*—For matched studies, give matching criteria and the number of controls per case | N/A |
| Variables | 7 | Clearly define all outcomes, exposures, predictors, potential confounders, and effect modifiers. Give diagnostic criteria, if applicable | ✓ |
| Data sources/measurement | 8[a] | For each variable of interest, give sources of data and details of methods of assessment (measurement). Describe comparability of assessment methods if there is more than one group | ✓ |
| Bias | 9 | Describe any efforts to address potential sources of bias | ✓ |
| Study size | 10 | Explain how the study size was arrived at | ✓ |
| Quantitative variables | 11 | Explain how quantitative variables were handled in the analyses. If applicable, describe which groupings were chosen and why | ✓ |
| Statistical methods | 12 | (a) Describe all statistical methods, including those used to control for confounding | ✓ |
| | | (b) Describe any methods used to examine subgroups and interactions | ✓ |
| | | (c) Explain how missing data were addressed | ✓ |
| | | (d) *Cohort study*—If applicable, explain how loss to follow-up was addressed<br>*Case–control study*—If applicable, explain how matching of cases and controls was addressed<br>*Cross-sectional study*—If applicable, describe analytical methods taking account of sampling strategy | ✓ |
| | | (e) Describe any sensitivity analyses | N/A |
| Participants | 13[a] | (a) Report numbers of individuals at each stage of study—e.g., numbers potentially eligible, examined for eligibility, confirmed eligible, included in the study, completing follow-up, and analysed | ✓ |
| | | (b) Give reasons for non-participation at each stage | N/A |
| | | (c) Consider use of a flow diagram | N/A |

(Continues)

**TABLE C1** | (Continued)

| | Item No | Recommendation | Checked |
|---|---|---|---|
| Descriptive data | 14[a] | (a) Give characteristics of study participants (e.g., demographic, clinical, social) and information on exposures and potential confounders | ✓ |
| | | (b) Indicate number of participants with missing data for each variable of interest | ✓ |
| | | (c) *Cohort study*—Summarise follow-up time (e.g., average and total amount) | N/A |
| Outcome data | 15[a] | *Cohort study*—Report numbers of outcome events or summary measures over time | N/A |
| | | *Case–control study*—Report numbers in each exposure category, or summary measures of exposure | N/A |
| | | *Cross-sectional study*—Report numbers of outcome events or summary measures | ✓ |
| Main results | 16 | (a) Give unadjusted estimates and, if applicable, confounder-adjusted estimates and their precision (e.g., 95% confidence interval). Make clear which confounders were adjusted for and why they were included | |
| | | (b) Report category boundaries when continuous variables were categorised | ✓ |
| | | (c) If relevant, consider translating estimates of relative risk into absolute risk for a meaningful time period | N/A |
| Other analyses | 17 | Report other analyses done—e.g., analyses of subgroups and interactions, and sensitivity analyses | ✓ |
| Discussion | | | |
| Key results | 18 | Summarise key results with reference to study objectives | ✓ |
| Limitations | 19 | Discuss limitations of the study, taking into account sources of potential bias or imprecision. Discuss both direction and magnitude of any potential bias | ✓ |
| Interpretation | 20 | Give a cautious overall interpretation of results considering objectives, limitations, multiplicity of analyses, results from similar studies, and other relevant evidence | ✓ |
| Generalisability | 21 | Discuss the generalisability (external validity) of the study results | ✓ |
| Other information | | | |
| Funding | 22 | Give the source of funding and the role of the funders for the present study and, if applicable, for the original study on which the present article is based | ✓ |

*Note:* An Explanation and Elaboration article discusses each checklist item and gives methodological background and published examples of transparent reporting. The STROBE checklist is best used in conjunction with this article (freely available on the Web sites of PLoS Medicine at http://www.plosmedicine.org/, Annals of Internal Medicine at http://www.annals.org/, and Epidemiology at http://www.epidem.com/). Information on the STROBE Initiative is available at www.strobe-statement.org.

[a]Give information separately for cases and controls in case–control studies and, if applicable, for exposed and unexposed groups in cohort and cross-sectional studies.

## Appendix D

**TABLE D1** | Expanded sample characteristics of Canberra EDRS and IDRS participants, 2023–2024, including between-year comparisons.

| | EDRS | | | IDRS | | |
|---|---|---|---|---|---|---|
| **Demographic characteristics** | **2023, *N* = 100** | **2024, *N* = 100** | ***p*** | **2023, *N* = 101** | **2024, *N* = 100** | ***p*** |
| Median age (years; IQR) | 22 (20–26) | 22 (19–29) | 0.520 | 46 (37–52) | 48 (40–54) | 0.150 |
| % Gender | | | 0.239 | | | 0.291 |
| Female | 34 | 44 | | 34 | 28 | |
| Male | 63 | 55 | | 66 | 70 | |
| Non-binary | — | — | | 0 | — | |
| % Born in Australia | 86 | 86 | 0.562 | 89 | 87 | 0.670 |
| % English primary language spoken at home | 99 | 99 | 1.000 | 94 | 97 | 0.498 |
| % Sexual identity | | | 0.150 | | | 0.884 |
| Heterosexual | 71 | 67 | | 86 | 90 | |
| Homosexual | 8 | — | | — | — | |
| Bisexual | 19 | 19 | | 10 | 7 | |
| Queer | — | 8 | | — | 0 | |
| Other identity | — | — | | — | — | |
| Mean years of school education (range) | 12 (9–12) | 12 (9–12) | 0.664 | 10 (5–12) | 10 (4–12) | 0.747 |
| % Post-school qualification(s)[a] | 48 | 48 | 1.000 | 60 | 65 | 0.557 |
| Current students[b] | 51 | 45 | 0.473 | 10 | 8 | 0.637 |
| % Current employment status | | | 0.209 | | | 0.583 |
| Employed full-time | 29 | 33 | | — | — | |
| Part time/casual | 52 | 39 | | 8 | 7 | |
| Self-employed | — | — | | — | — | |
| Unemployed | 18 | 24 | | 85 | 91 | |
| Current median weekly income $ (IQR) | 600 (379–1072) | 650 (408–1200) | 0.507 | 400 (310–550) | 430 (350–543) | 0.297 |
| % Current accommodation | | | 0.295 | | | 0.293 |
| Own house/flat | 7 | 6 | | 6 | 1 | |
| Rented house/flat | 64 | 55 | | 14 | 13 | |
| Parents'/family home | 16 | 30 | | 7 | 8 | |
| Boarding house/hostel | — | — | | — | — | |
| Public housing | 6 | — | | 46 | 61 | |
| No fixed address[c] | — | — | | 22 | 13 | |
| Other | — | — | | 0 | — | |
| Contact with criminal justice system | | | | | | |
| % Lifetime incarceration | — | — | 0.498 | 59 | 68 | 0.186 |
| % Past year arrest | — | 8 | 0.568 | 21 | 23 | 0.856 |
| % Past year encounter with police that did not result in arrest | 19 | 17 | 0.720 | 35 | 23 | 0.091 |

*Note:* —, $n \leq 5$ but not 0.
[a]Includes trade/technical and university qualifications.
[b]'Current students' comprised participants who were currently studying for either trade/technical or university/college qualifications.
[c]No fixed address included 'couch surfing and rough sleeping or squatting. Abbreviations: EDRS, Ecstasy and Related Drugs Reporting System; IDRS, Illicit Drug Reporting System; IQR, interquartile range.