

Executive Summary

The IDRS comprises a sentinel sample of people aged 18 years or older who injected illicit drugs ≥ 6 days in the preceding six months and resided in Adelaide, South Australia. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population.

Data were collected in June 2025. Interviews from 2020 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2025 samples relative to previous years.

Sample Characteristics

The IDRS sample recruited from Adelaide, South Australia (SA) in 2025 (N=105) was consistent with the Adelaide profile in previous years, whereby almost three fifths (57%) were male, with a median age of 48 years. Employment status remained stable between 2024 and 2025, with the majority of participants (89%) reporting being unemployed at the time of interview (92% in 2024) and fewer participants (8%) reporting part time or casual employment ($n \leq 5$ in 2024). One fifth (22%) of the Adelaide sample reported having 'no fixed address' (26% in 2024). Drug of choice and drug injected most often in the month prior to interview remained stable, with most participants reporting methamphetamine as their drug of choice (65%; 73% in 2024), as well as the drug injected most often in the prior month (80%; 90% in 2024). Weekly or more frequent consumption of methamphetamine crystal (66%; 81% in 2024; $p=0.021$) and non-prescribed cannabis (54%; 69% in 2024; $p=0.037$) significantly decreased in 2025, though significantly more

participants reported weekly or more frequent use of methamphetamine powder (20%; 8% in 2024; $p=0.022$).

Heroin

One quarter (28%) of the Adelaide sample reported recent use in 2025, stable relative to 2024 (21%). Frequency of use also remained stable at a median of 24 days in 2025 (9 days in 2024). The majority of those who had recently used heroin reported using white/off white rock (48%) or white/off white powder (38%). Perceived purity and perceived availability remained stable between 2024 and 2025, with the majority (85%) perceiving that heroin was 'easy' or 'very easy' to obtain (68% in 2024). The price for one point of heroin also remained stable at \$50 (\$50 in 2024).

Methamphetamine

Notwithstanding a decline in 2020, recent use of any methamphetamine has generally increased since 2017, though remained stable in 2025 (93%; 96% in 2024). However, median days of use significantly decreased, from 96 days in 2024 to 72 days in 2025 ($p=0.017$). Recent use of methamphetamine mostly comprised the crystal form (83%; 92% in 2024), which has remained the most commonly used form since 2010. Almost one quarter (23%) reported recent use of powder (15% in 2024) and few participants ($n \leq 5$) reported recent use of base, a significant decrease from 17% in 2024 ($p < 0.001$). Weekly or more frequent use of powder significantly increased, from 56% of those who reported recent use in 2024 to 91% in 2025 ($p=0.019$). The price, perceived purity and perceived availability remained stable for both powder and crystal, with 83% (87% in 2024) and 94% (94% in 2024) reporting powder and crystal as being 'easy' or 'very easy' to obtain, respectively.

Cocaine

Recent use of cocaine remained stable in 2025 (16%), relative to 2024 (13%). Frequency of use remained low and stable at a median of two days (2 days in 2024). The majority (88%) of

those who had used cocaine in the six months preceding interview reported using powder cocaine (64% in 2024), with few participants ($n \leq 5$) reporting using crack/rock cocaine ($n \leq 5$ in 2024).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products has remained fairly stable since 2014, however, in 2025, a significant decrease was observed, with three fifths (63%) reporting recent non-prescribed use (76% in 2024; $p=0.038$). Hydroponic cannabis remained the most commonly used form (83%; 86% in 2024), followed by bush cannabis (55%; 67% in 2024). Few participants ($n \leq 5$) reported using hashish, a significant decrease relative to 2024 (26%; $p=0.001$). The price, perceived potency and availability of both hydroponic and bush cannabis remained stable in 2025 relative to 2024, with both forms reported as being 'easy' or 'very easy' to obtain in 2025 (91%; 87% in 2024 and 66%; 84% in 2024, respectively).

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids has generally remained stable or declined over the past 5-15 years of monitoring. In 2025, recent non-prescribed use of methadone (6%), buprenorphine tablet ($n \leq 5$), buprenorphine-naloxone (9%), morphine (9%), oxycodone (10%), fentanyl ($n \leq 5$) and codeine ($n \leq 5$) remained low and stable.

Other Drugs

Few participants ($n \leq 5$) reported recent use of new psychoactive substances, non-prescribed pharmaceutical stimulants and antipsychotics, and no participants reported recent use of non-prescribed gabapentin, steroids or unisom in 2025. Recent non-prescribed benzodiazepine use was reported by 17% of participants in 2025 (22% in 2024). Recent use of alcohol (56%; 49% in 2024) and tobacco (90%; 92% in 2024) remained stable in 2025, as

did recent use of illicit e-cigarettes (17%; 25% in 2024). One fifth (21%) reported recent use of GHB/GBL/1,4-BD in 2025, stable relative to 2024 (22%).

Drug-Related Harms and Other Behaviours

Polysubstance use and bingeing

In 2025, 54% of the Adelaide sample reported using two or more drugs (excluding tobacco and e-cigarettes) on the day preceding interview.

Sixty-nine per cent of the Adelaide sample had binged on one or more drugs for 48 hours or more in the six months preceding interview.

Injecting behaviours and equipment access

In 2025, few participants ($n \leq 5$) reported receptive sharing and/or distributive sharing of a needle or syringe in the past month ($n \leq 5$ and 8% in 2024, respectively). Almost one quarter (23%) of the Adelaide sample reported that they had re-used their own needles in the past month, a significant decrease from 39% in 2024 ($p=0.020$). Seven per cent of the Adelaide sample reported having difficulty accessing needles in the past month, a significant decrease from 18% in 2024 ($p=0.022$).

Almost one quarter (24%) reported experiencing injection-related problems in the past month, a significant decrease from 40% in 2024 ($p=0.020$), most commonly any infection/abscess (10%; 21% in 2024; $p=0.038$) and any nerve damage (9%; 22% in 2024; $p=0.013$).

Overdose, naloxone and drug checking

Thirteen per cent of the Adelaide sample reported overdosing on any drug in the preceding year, a significant decrease from 27% in 2024 ($p=0.017$). Seven per cent reported a non-fatal opioid overdose, and few participants ($n \leq 5$) reported a non-fatal stimulant overdose.

In 2025, two thirds (67%) of the Adelaide sample reported awareness of naloxone, stable relative to 2024 (66%). Almost one third (30%) reported obtaining naloxone in the past year, stable relative to 21% in 2024.

Nine per cent reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year (9% in 2024).

Dependence, drug treatment and HCV

In 2025, 32% of male participants obtained an AUDIT-C score of ≥ 4 , and 49% of female participants obtained a score of ≥ 3 , indicative of hazardous alcohol use.

Forty-five per cent of participants who reported recent opioid use scored five or above on the Severity of Dependence Scale (SDS), and 53% of participants reporting recent methamphetamine use scored four or above, indicating possible dependence on these substances.

Seventeen per cent of the Adelaide sample reported receiving any drug treatment in 2025, stable relative to 2024 (14%).

One third (36%) of the Adelaide sample reported that they had received a hepatitis C virus (HCV) antibody test (35% in 2024) and one fifth (21%) reported receiving an RNA test (23% in 2024) in the past year. Few participants ($n \leq 5$) reported having a current HCV infection (6% in 2024).

Sexual activity, mental health and health service access

Half (53%) of the Adelaide sample reported engaging in sexual activity in the past four weeks (59% in 2024) and 14% reported having a sexual health check-up in the six months prior to interview (20% in 2024).

Self-reported mental health problems remained stable in 2025 (56%; 50% in 2024), with depression being the most commonly

reported problem (70%), followed by anxiety (51%).

The K10 score remained stable between 2024 and 2025, with 30% of IDRS participants having a score of 30 or more (37% in 2024).

The majority (88%) of the Adelaide sample reported accessing any health service for alcohol and/or drug support in the six months preceding interview (90% in 2024).

Driving, contact with police and modes of purchasing drugs

Of those who had driven recently and commented ($n=30$), 72% reported driving within three hours of consuming an illicit or non-prescribed drug, and 23% reported driving while over the perceived legal limit of alcohol, both stable relative to 2024 (85% and $n \leq 5$, respectively).

One third (35%) reported engaging in 'any' crime in the past month in 2025 (40% in 2024). One fifth (20%) reported having been arrested in the past year (25% in 2024), and almost one quarter (23%) reported a drug-related encounter with police which did not result in charge or arrest (33% in 2024).

In 2025, the most common means of arranging the purchase of illicit or non-prescribed drugs in the 12 months preceding interview was face-to-face (74%), although this was a significant decrease relative to 2024 (88%; $p=0.015$).