

Trends in Drug Markets, Use and Health Impacts in Australia



METHAMPHETAMINE

September 2026

Methamphetamine use and related harms are substantial and have continued the concerning upward trajectory observed before COVID-19, with several indicators now at record levels. Increasing manufacture has been reported globally, with recent large seizures reported in Australia. While we do not have a strong understanding of prevalence of use across the population, reports suggest that Australia may have some of the highest recorded use globally. Indeed, national wastewater data show that consumption reached its highest level nationally in 2024-25. Crystal methamphetamine is the main form used among people who inject drugs, with rising frequency of use. Methamphetamine-related hospitalisations and deaths have increased to the highest rates observed. Treatment episodes have also increased.

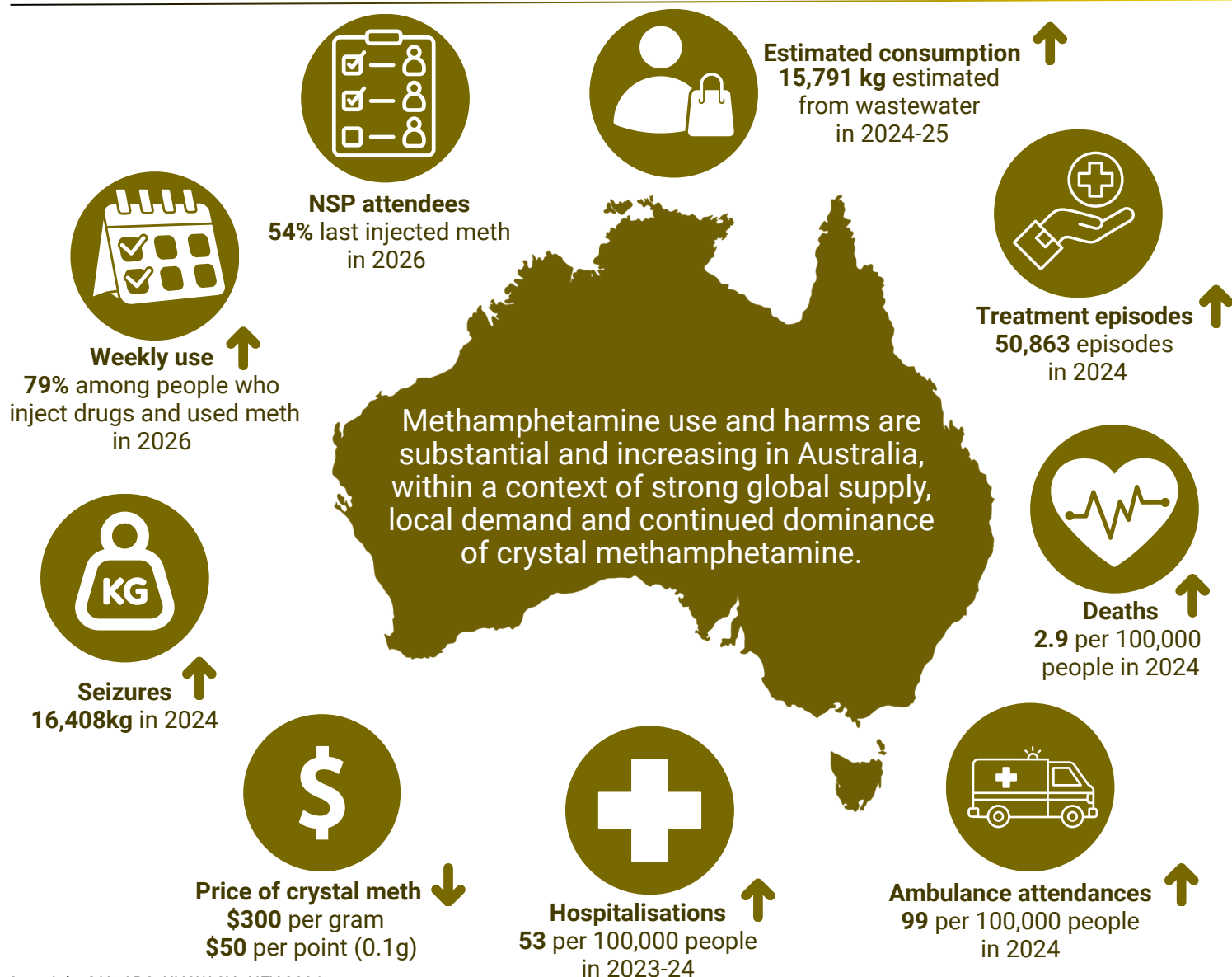
Use and harms could increase further amid strong global supply and local demand, although future trends cannot be predicted with certainty. These findings warrant national policy attention and a coordinated response. Priorities include improving estimates of use and treatment need, expanding access to effective treatment and harm reduction, and ensuring services meet increasingly complex needs. Drug checking, drug alerts and take-home naloxone can further reduce risks associated with polysubstance use and misrepresented substances.

Data may refer to methylamphetamine, amphetamines or amphetamine-type stimulants, which may include other stimulants, although methamphetamine predominates. Terminology follows the original source.

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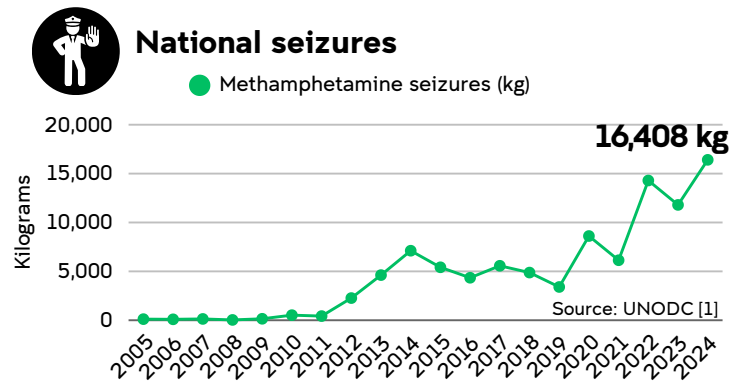
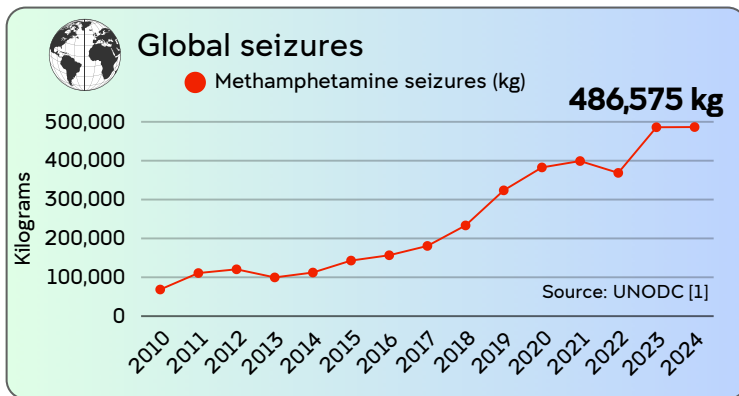
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Market



Recent years have seen record manufacture of methamphetamine globally. The Australian market remains substantial, with record seizures reported. Methamphetamine has maintained a stable share of cryptomarket listings, with the majority of listings advertised as available for shipping to Australia. Crystal is the mostly commonly available of the three forms in the Australian market, with perceived availability increasing following a decline during COVID-19. Similarly, retail prices have declined to some of the lowest levels observed after rising during COVID-19. While drug checking data suggest most samples sold as methamphetamine contain the drug, there have been detections of heroin in methamphetamine, adding concern around overdose risk.



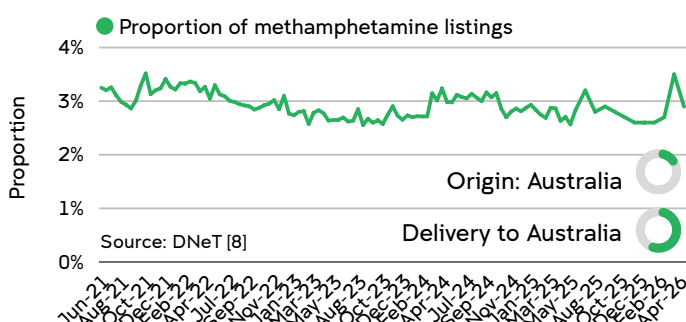
Methamphetamine seizures in Australia reported to the UNODC peaked in 2024, with reports that Mexico has grown as supply country, alongside continued supply from Southeast Asian countries [1]. The Australian Federal Police (AFP) and Australian Border Force (ABF) have recently reported intercepting large methamphetamine shipments concealed via sophisticated means. For example:

- April 2025: 350 kg in Sydney from the Middle East
- June 2025: 390 kg in Sydney from Iran
- July 2025: 597kg in Brisbane from Thailand
- April 2026: 320 kg in Sydney from West Africa
- June 2026: >200kg in Sydney from Mexico

Source: AFP & ABF [2]

Cryptomarket listings

Methamphetamine has accounted for a stable share of global cryptomarket drug listings over time (2.6% to 3.5% of listings across monitored markets). Between June 2025 and May 2026, almost 1 in 5 (19%) listings originated from Australia and almost 3 in 5 (59%) were available for delivery to Australia.

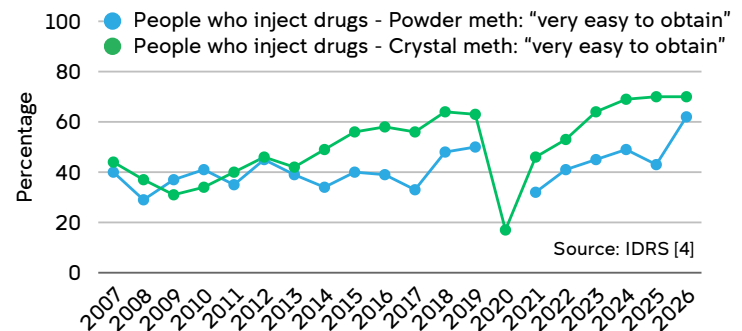


Source: NDARC [3]



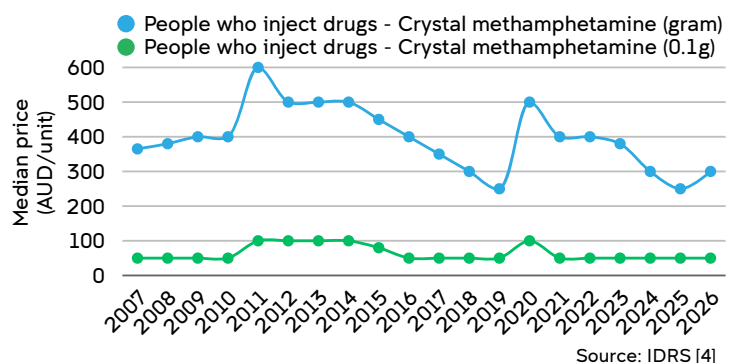
Availability

Perceived availability has risen subsequent to market disruption with COVID-19, particularly for the crystal form. Over 40% of people who injected drugs interviewed in 2026 reported methamphetamine was 'very easy to obtain'.



Price

Median domestic retail prices have declined from their COVID-19 peak to the lowest levels observed prior. People who regularly inject drugs interviewed in 2026 reported a median price of AUD300 per gram and AUD50 per point (0.1g) for crystal methamphetamine. These estimates are above international prices reported to UNODC (US\$10-180 per gram) [1]. Prices should be interpreted cautiously as they are not purity-adjusted [see 5].



Drug checking

>90%

Samples expected to contain meth did so

Some samples contained:

- Other psychoactive substances
- Fillers or binders

Unexpected detections

Methamphetamine has been detected in samples sold as 2C-B, MDMA, ketamine.

CanTEST reported approximately 80% methamphetamine purity between July 2024 and July 2025.

Source: CanTEST [6], VPTS [7]



Latest drug alerts about methamphetamine

- Meth found in pills sold as MDMA and amphetamines (VIC)
- Heroin found in methamphetamine (VIC)
- Meth found in ketamine and 2C-B (ACT, VIC)
- O-PCE (dissociative) sold as methamphetamine (VIC)
- Meth sold as GHB (ACT)

Source: The Know [8]



The prevalence of methamphetamine use across the Australian population is difficult to quantify but available evidence indicates substantial and potentially increasing use. There are reports that Australia has one of the highest reported rates of amphetamine-type stimulant use globally. Wastewater data suggest that consumption has reached a record high nationally, with increased consumption recorded across all states and territories. Methamphetamine remains the most commonly reported drug last injected among people attending needle and syringe programs, and use is increasingly concentrated on the crystal form among samples of people who inject drugs, with frequency of use also increasing.



National household survey

Data for 2022-2023 indicate that 1.0% of Australians aged 14 years and over reported use of methamphetamine and/or amphetamine in the previous 12 months.

Of those who had used methamphetamine or amphetamine, 37% had used monthly or more often. Crystal was reported by 43% as the main form used in the past 12 months.

Source: AIHW [10]

Any methamphetamine and amphetamine use in the past 12 months, 2022-2023

1%

Of those reporting past year use:

Used weekly or more often

23%

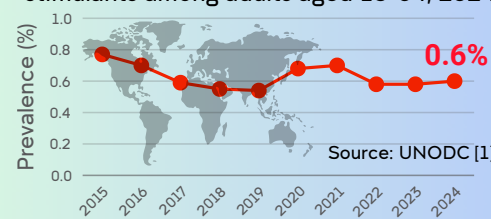
Crystal main form used

43%



Global use

Past year use of amphetamine-type stimulants among adults aged 15-64, 2024



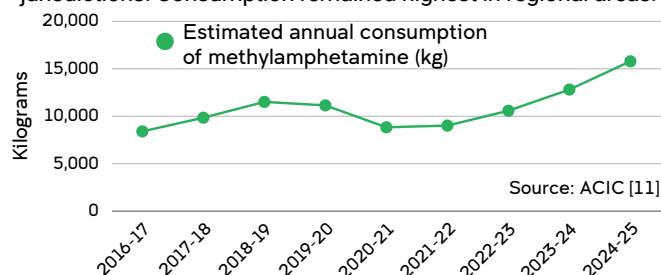
Past year use was highest in North America (1.93%), followed by Oceania (incl. Australia; 1.01%).

General population survey estimates of methamphetamine use may be underestimated due to stigma-related under-reporting and limited coverage of people with more problematic use [9]. They should therefore be interpreted cautiously.



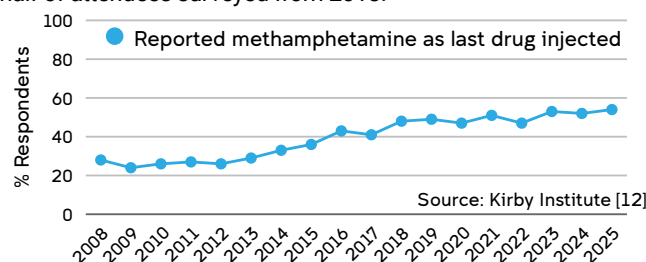
Wastewater drug monitoring

In 2024-25, wastewater analysis estimated the highest level of methylamphetamine consumption in Australia since monitoring commenced. This increase was evident across all jurisdictions. Consumption remained highest in regional areas.



Needle-syringe program services

From 2014, methamphetamine became the most commonly reported drug last injected by people attending needle-syringe program services nationally, remaining relatively stable at around half of attendees surveyed from 2018.

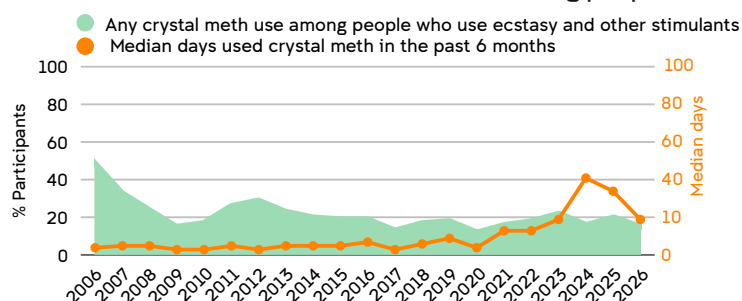


Interviews with people who regularly use drugs

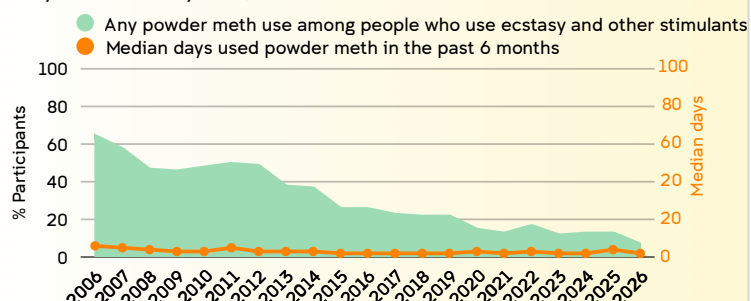
Crystal methamphetamine use and frequency have increased among samples of people who inject drugs, with 79% of those reporting recent use doing so at least weekly. Use has been more variable among samples of people who use ecstasy and other stimulants. Powder methamphetamine use declined in both samples. Recent shifts in frequency of use should be considered cautiously where small numbers report use.

CRYSTAL/ICE

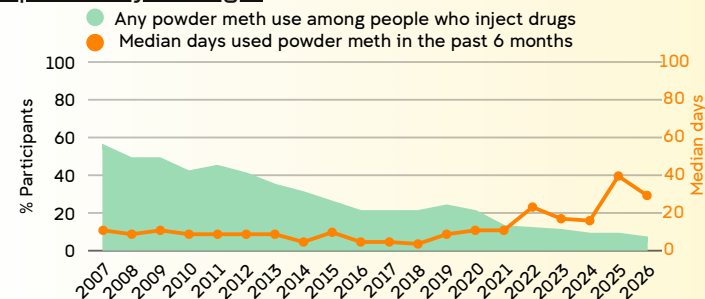
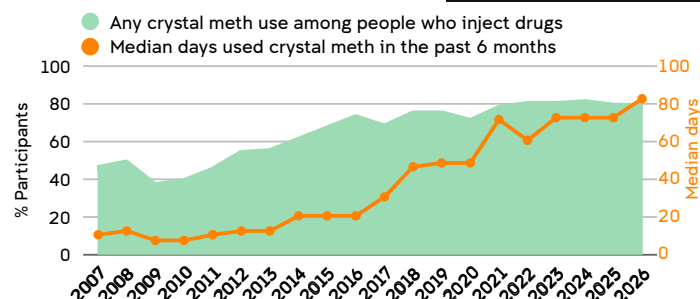
Past 6-month use among people who regularly use ecstasy and/or other stimulants



POWDER/SPEED



Past 6-month use among people who inject drugs



Harms & treatment



Methamphetamine is contributing to a substantial and persistent burden of harm in Australia. Ambulance attendances have increased. Hospitalisation and mortality rates have risen to record rates following a brief decline in 2021 and 2022. Multiple drug toxicity is common and harms are concentrated among males. There is some evidence of an ageing and more complex health profile among those experiencing fatal outcomes. The sustained growth in treatment episodes suggests increasing demand for services.

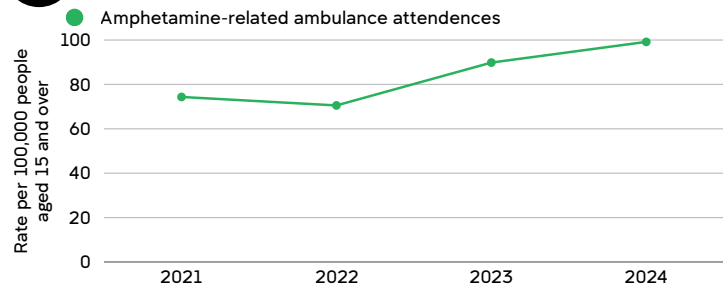


Emergency department presentations

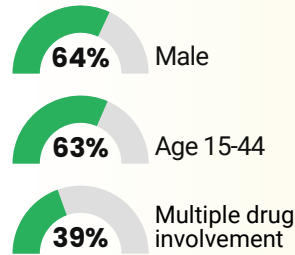
68% of 6,318 suspected or reported illicit drug toxicity presentations to 12 EDs between July 2020 and December 2024 involved methamphetamine, according to the Emerging Drugs Network of Australia. Source: Greene et al. [14]



Ambulance attendances (NSW, Vic, Qld, Tas, ACT and NT)



Characteristics, 2024

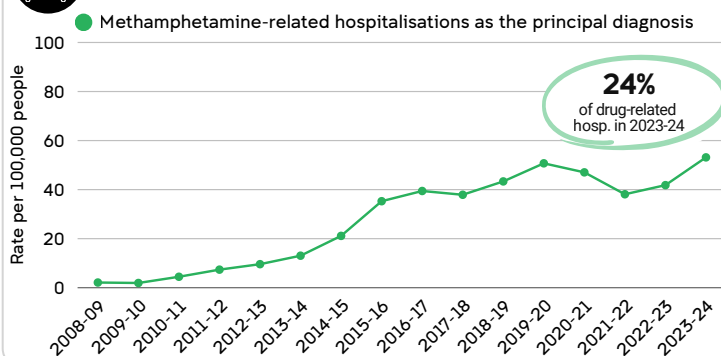


- Amphetamine-related ambulance attendances increased between 2022 and 2024.
- Most attendances in 2024 involved males and those aged 15-44 years.
- Multiple drugs were involved in two-fifths of attendances.

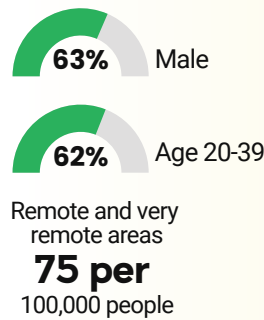
Source: AIHW [15]



Hospitalisations



Characteristics, 2023-24

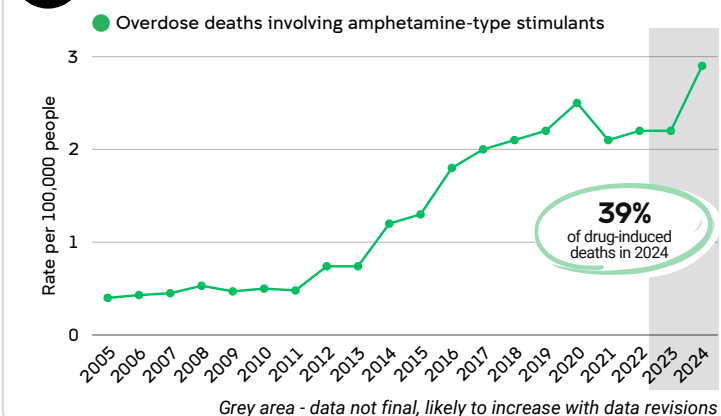


- Methamphetamine-related hospitalisations accounted for 24% of all drug-related hospitalisations in 2023-24.
- Rates declined after a decade of growth, but have since increased to 53 per 100,000 people in 2023-24.
- Most hospitalisations in 2023-24 involved males and people aged 20-39 years, with the highest rates in remote and very remote areas.

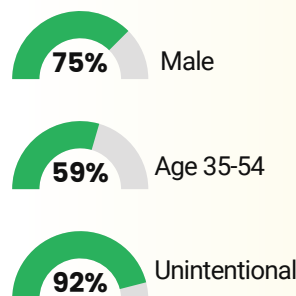
Source: NDARC [16]



Deaths



Characteristics, 2024

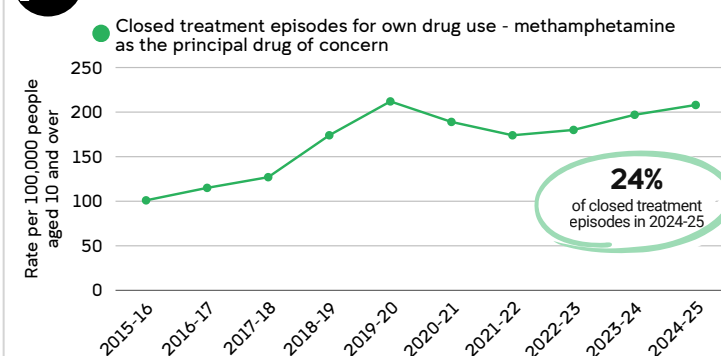


- Drug overdose deaths involving amphetamine-type stimulants increased between 2005 and 2024.
- Most deaths involved males, were unintentional, and occurred among people aged 35-54 years. Over the past two decades, the age profile has shifted towards older age groups.
- Study of methamphetamine-related deaths by Stronach et al. [17] showed multiple drug toxicity was common (83%), as were circulatory system diseases among natural cause deaths involving methamphetamine (71%).

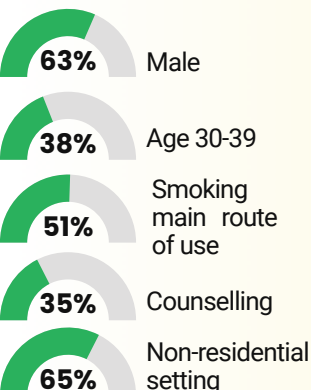
Source: NDARC [18]



Treatment



Characteristics, 2024-25



- Methamphetamine was the second most common principal drug of concern (24%) among closed treatment episodes in 2024-25, with the number of episodes doubling since 2015-16.
- Most clients were male, aged 30-39 years and reported smoking as their main route of administration.
- Counselling was the most common treatment type and most episodes occurred in non-residential settings.

Source: AIHW [19]

Policy implications and responses



Multiple indicators point to continued increases

Current indicators suggest that methamphetamine use and related harms in Australia have continued the concerning upward trajectory observed before COVID-19 and, for some indicators, are now at the highest levels observed. Wastewater data indicate record consumption, crystal methamphetamine has become increasingly dominant, and rates of hospitalisations and deaths are at record rates, with some indications of increasing mortality in an older age group with more complex health profiles. Increasing global manufacture and supply, combined with strong demand in Australia, could contribute to further increases in use and related harms, although future trends cannot be predicted with certainty.



Wastewater
Record
consumption
indicated



**Crystal
methamphetamine**
Increasingly
dominant



Hospitalisations
At record
rates

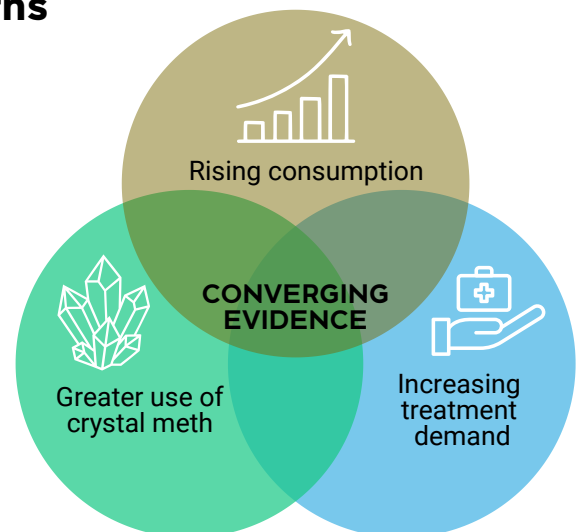


Deaths
At record
rates

Converging trends point to growing concerns

There are limitations to all data sources used here, including the difficulty of estimating prevalence across the population and key demographic groups. Nevertheless, the convergence of rising consumption, greater use of crystal methamphetamine, indicators of more frequent use and increasing treatment demand across data sources suggests that experience of methamphetamine dependence may be increasing.

This is particularly concerning given higher rates of use and harms in regional and remote areas, where specialist alcohol and other drug services can be limited. Treatment provision has increased nationally but the gap between treatment need and access remains unknown.



A coordinated national response is needed



Together, these findings warrant strong national policy attention and a coordinated response spanning prevention, harm reduction, treatment and ongoing monitoring.



Priorities include improving understanding of methamphetamine use and treatment need, improving access to timely and effective care, and ensuring responses reflect the increasingly complex needs of people who use methamphetamine. Harm reduction responses should also address polysubstance toxicity and misrepresented substances through accessible drug checking, timely drug alerts, and take-home naloxone.



This report draws exclusively on publicly available data sources and published materials. No statistical testing has been conducted for the purpose of this report to support statements regarding changes over time. Readers should refer to the original source publications for detailed methodology, statistical analyses, and interpretation of findings.

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 - c. <https://www.abf.gov.au/newsroom-subsite/Pages/Trio-arrested-over-alleged-plot-to-import-600kg-of-meth-concealed-in-rolls-of-fabric>
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Acknowledgments

- The Drug Trends program is funded by the Australian Government Department of Health, Disability and Ageing under the Drug and Alcohol Program.
- We thank the organisations that make publicly available the findings used in this report, as well as the Drug Trends team for their contribution. We thank Rebecca McKetin for her feedback on this output.
- We acknowledge the Bedegal people as the Traditional Custodians of the land on which this work was undertaken.

Recommended citation

Chrzanowska A, Man N, Sutherland R, Ezard N, Degenhardt L, Bruno R, Salom C, Dietze P, Siefried K, & Peacock A. Trends in Drug Markets, Use and Health Impacts in Australia: Methamphetamine. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney; 2026. Available from: <https://doi.org/10.26190/unswworks/32703>

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