IDRS

AUSTRALIAN DRUG TRENDS 2019

Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews

KEY FINDINGS FROM THE NATIONAL ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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978-0-7334-3889-9 ©NDARC 2019

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Suggested citation: Peacock, A., Uporova, J., Karlsson, A., Gibbs, D., Swanton, R., Kelly, G., Price, O., Bruno, R., Dietze, P., Lenton, S., Salom, C., Degenhardt, L., & Farrell, M. (2019). Australian Drug Trends 2019: Key Findings from the National Illicit Drug Reporting System (IDRS) Interviews. Sydney: National Drug and Alcohol Research Centre, UNSW Sydney.

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Acknowledgements

Funding

In 2019, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2019:

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- Jodie Grigg, James Fetherston, Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Chris Moon, Northern Territory Department of Health; and
- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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

Participants

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

Contributors

We acknowledge the University of New South Wales Community Reference Panel and all other individuals who contributed to the development of the questionnaire. We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. We would also like to thank the members of the Drug Trends Advisory Committee for their contribution to the project.

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

Abbreviations

ACT	Australian Capital Territory
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
QLD	Queensland
TAS	Tasmania
TGA	Therapeutic Goods Administration
SA	South Australia
SD	Standard deviation
STI	Sexually Transmitted Infection
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive summary

Sample characteristics

The IDRS sample in 2019 (N=902) predominantly identified as male (68%) with a mean age of 44, consistent with the national profile in previous years. Nearly half of the participants (44%) reported that their drug of choice was heroin. Methamphetamine and heroin were the drugs injected most often in the past month (42% and 40%, respectively).

Heroin

Recent (i.e., past six month) use of heroin remained stable in 2019 (55%) compared to 2018 (54%), although there was large jurisdictional variation (e.g., <5% of participants in the NT sample versus 85% in the VIC sample). Median frequency of use in 2019 was 90 days in the past six months. Consistent with 2018, 88% reported heroin to be 'easy' or 'very easy' to obtain.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years. In 2019, three in four participants (78%) reported recent use. This was driven by the use of crystal methamphetamine (76%), with 23% and 9% reporting recent use of powder and base forms, respectively. A lower median price was observed for one gram of crystal methamphetamine relative to the previous few years. Crystal methamphetamine was perceived to be easier to obtain than base or power methamphetamine.

Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the national sample since the beginning of monitoring (35% in 2001, 13% in 2019).

Cannabis

Recent use of cannabis remained largely stable in 2019, though a small decline in use has been observed since monitoring began in 2000, with three in four participants (74%) reporting recent use in 2019. Nearly half of consumers (46%) reported using cannabis daily.

Pharmaceutical opioids

Non-prescribed use of most forms of pharmaceutical opioids has remained stable or significantly declined since monitoring of each opioid first began. In 2019, morphine was the most common pharmaceutical opioid used in a non-prescribed context (18%), with non-prescribed morphine use highest in the NT sample (40%). One in ten participants reported recent non-prescribed fentanyl use (9%) and non-prescribed codeine use (9%) in 2019.

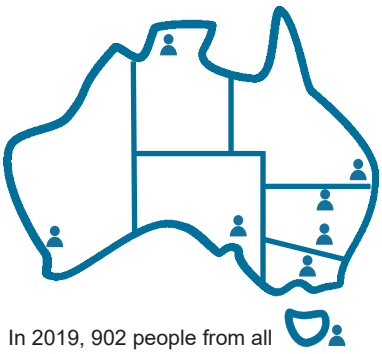
New psychoactive substances (NPS) and other drugs

Use of NPS has remained low and stable over the period of monitoring, with one in ten participants (11%) reporting recent use. Use of 'new' drugs that mimic the effects of opioids were reported by 2% of all participants. Two in five participants (18%) reported recent non-prescribed pregabalin use, one in three (32%) non-prescribed benzodiazepine use and one in ten (9%) non-prescribed antipsychotic use.

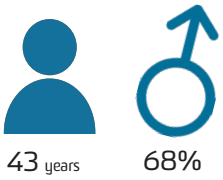
Drug-related harms and other risks

One in five participants (21%) reported using a combination of opioids, benzodiazepines, and/or stimulants the day prior to interview. One in five participants (21%) reported overdosing on any drug in the preceding year, most commonly heroin. Nearly one in three (30%) had been trained in naloxone administration and 4% of the sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. In 2019, there was an increase of those reporting to have re-used their own needles (44%). Nearly half (46%) had completed a sexual health check-up in the past year. Self-reported mental health problems and criminal activity remained relatively high and stable (47% and 45%, respectively).

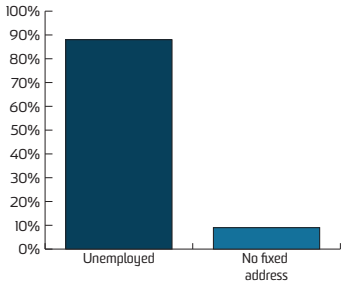
2019 SAMPLE CHARACTERISTICS



In 2019, 902 people from all Australian capital cities participated in IDRS interviews.



The mean age in 2019 was 43 (range = 18 - 72), and 68% identified as male.

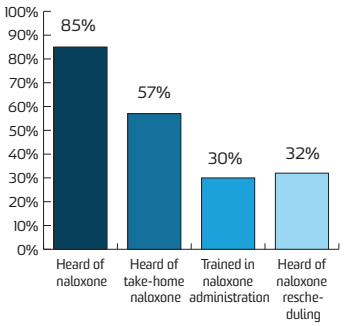


In the 2019 sample, 88% were unemployed and 9% had no fixed address.

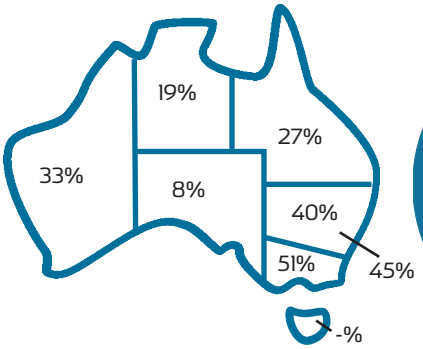
- Injected heroin
- Injected methamphetamine
- Injected other

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

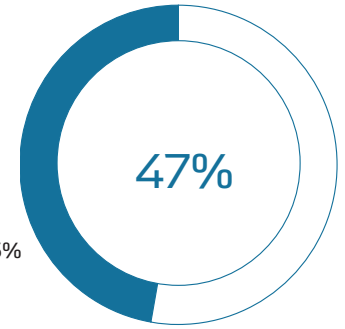
NALOXONE



IDRS participant's knowledge of the take home naloxone programe, nationally.



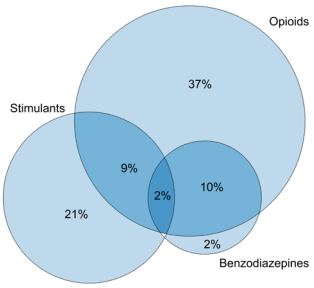
People that have been trained in naloxone administration, by jurisdiction.



Of those who had completed naloxone training, 47% had used naloxone to resuscitate someone who had over-dosed.

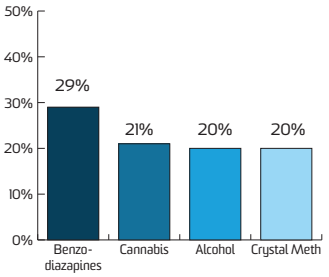
In the IDRS sample, 4% said they had been resusciated with naloxone by someone who had been trained through the take home program.

OTHER HARMS AND HELP SEEKING

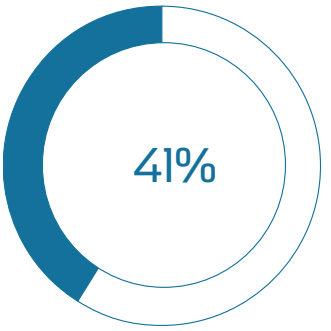


In the 2019 IDRS sample, 81% had used opioids, stimulants and/or benzodiazapines on the day before interview.

In the 2019 sample, non-fatal overdose in the previous 12 months remained stable (21%, 20% in 2018).

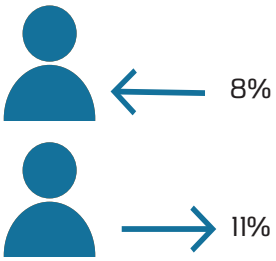


Of people who had overdosed on heroin in the previous 12 months (12% of total sample), substances most often involved in most recent overdose.

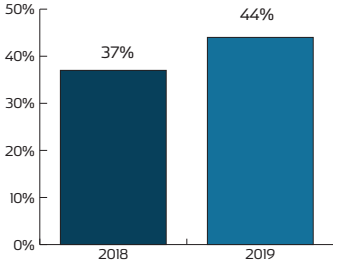


Two fifths of the sample (41%) reported that they were currently in drug treatment.

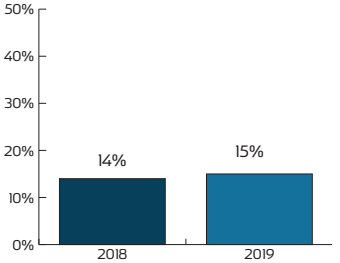
INJECTING RELATED RISKS AND HARMS



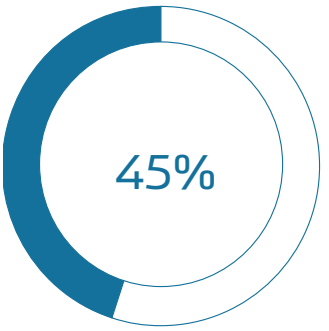
In 2019, 8% of the IDRS sample reported receptive needle sharing, and 11% reported distributive needle sharing.



In 2019 there was a significant increase in the number of people who re-used their own needles (44% vs 37% in 2018).



The percentage reporting last injecting in a public place remained stable in 2019.

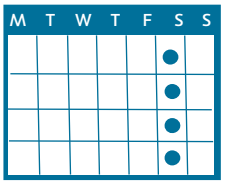


In 2019, almost half (45%) of the national sample reported having an injection-related health issue in the month preceding interview.

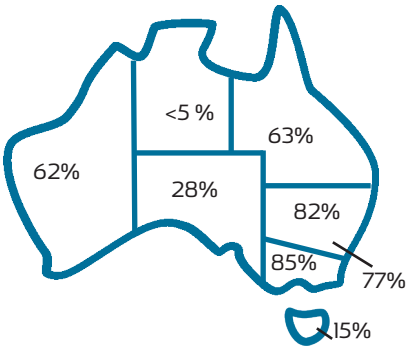
HEROIN

Past 6 month use of heroin remained stable at 55% in the 2019 IDRS sample (54% 2018).

78%



Of those who had recently consumed heroin, almost 4 in 5 used it weekly.



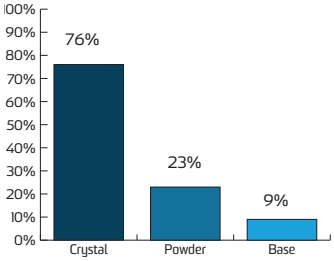
The percentage reporting heroin use in the past six months varied substantially by jurisdiction.

2018		2019
89%	Heroin	89%

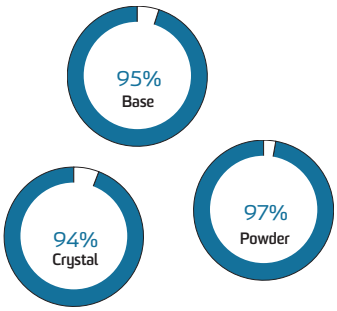
Of those who could comment 89% perceived heroin to be 'easy' or 'very easy' to obtain in 2019

METHAMPHETAMINE

Past 6 month use of any methamphetamine was stable at 78% of the 2019 IDRS sample (77% in 2018).



Of the entire sample, 23% had recently consumed powder, and 76% crystal methamphetamine.

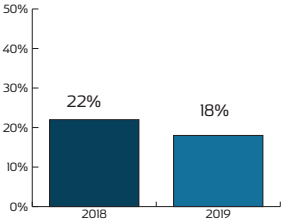


Injection was the main route of administration for powder (94%), crystal (97%) and base (95%) among those who had consumed each form.

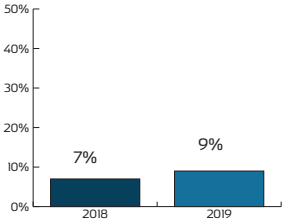
2018		2019
94%	Crystal	95%
80%	Powder	77%
69%	Base	67%

Of those who could comment 95% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2019.

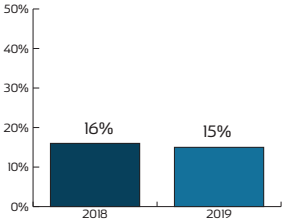
PHARMACEUTICAL OPIOIDS



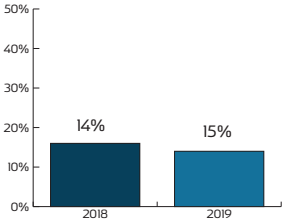
Past 6 month use of non-prescribed morphine significantly decreased from 22% in 2018 to 18% in 2019.



Past 6 month use of non-prescribed fentanyl was stable at 9% in the 2019 IDRS sample (7% in 2018).



Past 6 month use of non-prescribed methadone was stable at 15% in the 2019 IDRS sample (16% in 2018).

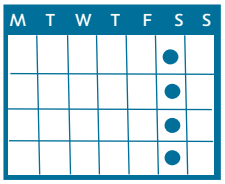


Past 6 month use of non-prescribed oxycodone was stable at 15% in the 2019 IDRS sample (14% in 2018).

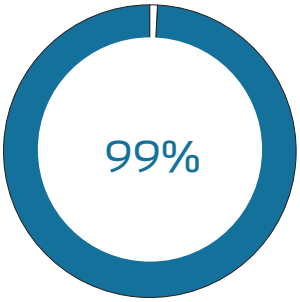
CANNABIS

Past 6 month use of any cannabis was stable at 74% in the 2019 IDRS sample (73% in 2018).

78%



Of those who had consumed cannabis recently, almost 4 in 5 reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 99% had smoked it.

2018		2019
	Hydro	
	Bush	78%

Of those who could comment high percentages perceived bush and hydro to be 'easy' or 'very easy' to obtain.

1

Background and methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel group of people who regularly inject drugs, recruited from all capital cities of Australia (N=902 in 2019). The results from the IDRS interviews are not representative of all people who consume drugs, but this is not the aim of the study, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These results should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia.

Background

The Illicit Drug Reporting System (IDRS) is an ongoing illicit drug monitoring system which has been conducted in all states and territories of Australia since 2000, and forms part of Drug Trends. The purpose of the IDRS is to provide a coordinated approach to monitoring the use, market features, and harms of illicit drugs.

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs. This report focuses on the key results from the annual interview component of IDRS.

Methods

Full details of the methods for the annual interviews are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed $40 for their time and expenses incurred. A total of 902 participants were interviewed during May–July 2019 (905 participants in 2018). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW n=151; Melbourne, VIC n=148; Adelaide, SA n=100; Canberra, ACT n=100; Hobart, TAS n=99; Brisbane, QLD n=109; Darwin, NT n=99; and Perth, WA n=96.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2018 and 2019. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

Caveats to interpretation of findings are discussed more completely in the methods for the annual interviews but it should be noted that these data are from participants recruited in capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Additional Outputs

Infographics and data tables from this report are available for download. There are a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including jurisdictional reports, bulletins, and other

resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS), which focuses on the use of ecstasy and other stimulants.

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

2

Sample characteristics

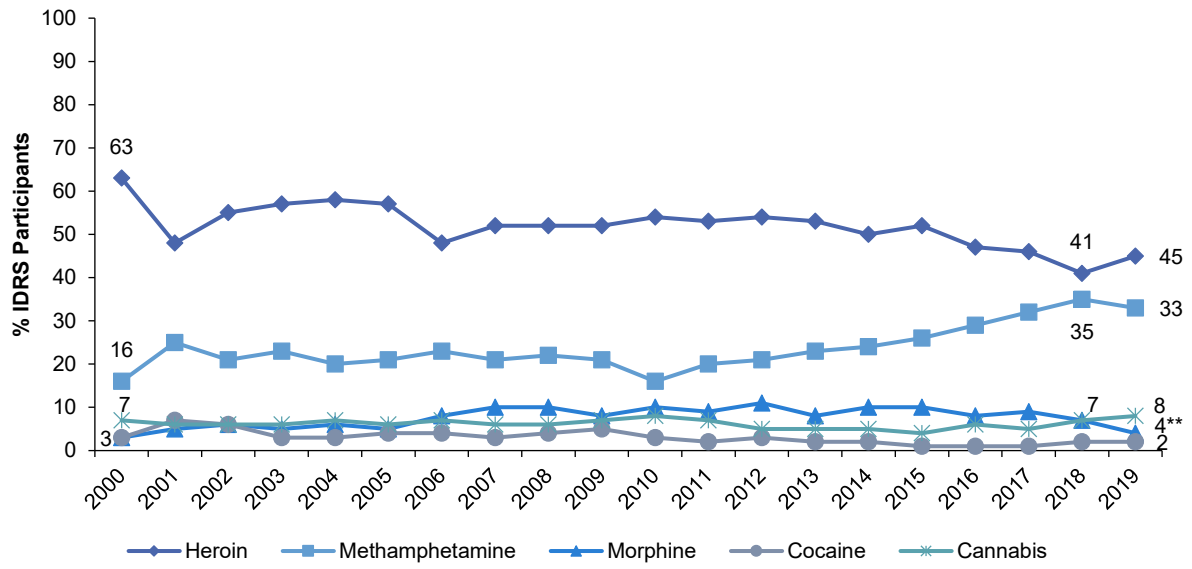
In 2019, the IDRS sample was predominantly male (68%) with a mean age of 44 (range: 18-72). The majority of the sample were unemployed (88%) and median years of school education received was 10, although over half (57%) reported having received some post-school qualifications. One in ten participants (9%) had no fixed address. Participants typically reported that heroin was their drug of choice (45%). Methamphetamine and heroin were the drugs injected most often in the month preceding interview (42% and 40%, respectively).

Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2018-2019

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=905	N=902	N=152	N=100	N=150	N=100	N=100	N=96	N=99	N=109
	2018	**2019**								
Mean age (years; SD)	43 (9)	**44 (9)**	46 (9)	44 (8)	43 (8)	40 (9)	44 (10)	43 (11)	46 (10)	42 (10)
% Male	66	**68**	70	74	69	65	62	65	67	67
% Aboriginal and/or Torres Strait Islander	19	**22**	31	24	24	15	19	8	31	13
% Sexual identity										
Heterosexual	88	**87**	83	89	91	92	92	73	87	86
Homosexual	3	**3**	5	-	-	-	-	7	-	-
Bisexual	8	**8**	8	7	5	-	-	16	11	9
Queer	/	**1**	-	0	-	0	-	-	-	-
Different identity	1	**1**	-	-	-	-	-	-	-	0
Mean years of school (Range)										
% Post-school qualification(s)^	53	**57**	56	54	40	64	66	74	55	61
% Employment status										
Unemployed	87	**88**	91	90	90	85	77	85	94	85
Employed full time	3	**1**	0	-	-	0	-	-	-	-
% Gov't pension, allowance or benefit main income source	88	**89**	91	97	85	86	91	81	95	87
Median weekly income ($; IQR)	(N=887) 350 (275-450)	**(N=886) 350 (275 – 450)**	(N=148) 350 (260 -450)	(N=97) 350 (275 – 440)	(N=148) 400 (271 – 500)	(N=97) 415 (300 – 500)	(N=100) 300 (258 – 450)	(N=92) 325 (290 – 410)	(N=96) 375 (300 – 450)	(N=108) 323 (267 – 450)
% Accommodation										
Own house/flat~	69	**70**	76	78	56	63	78	56	79	75
Parents'/family home	8	**6**	-	-	7	14	-	7	6	8
Boarding house/hostel	7	**6**	-	0	7	7	7	13	-	6
Shelter/refuge	2	**2**	-	-	-	0	0	8	-	-
No fixed address	14	**9***	10	9	21	6	-	7	6	6
Other	1	**-**	-	0	-	0	0	-	0	0

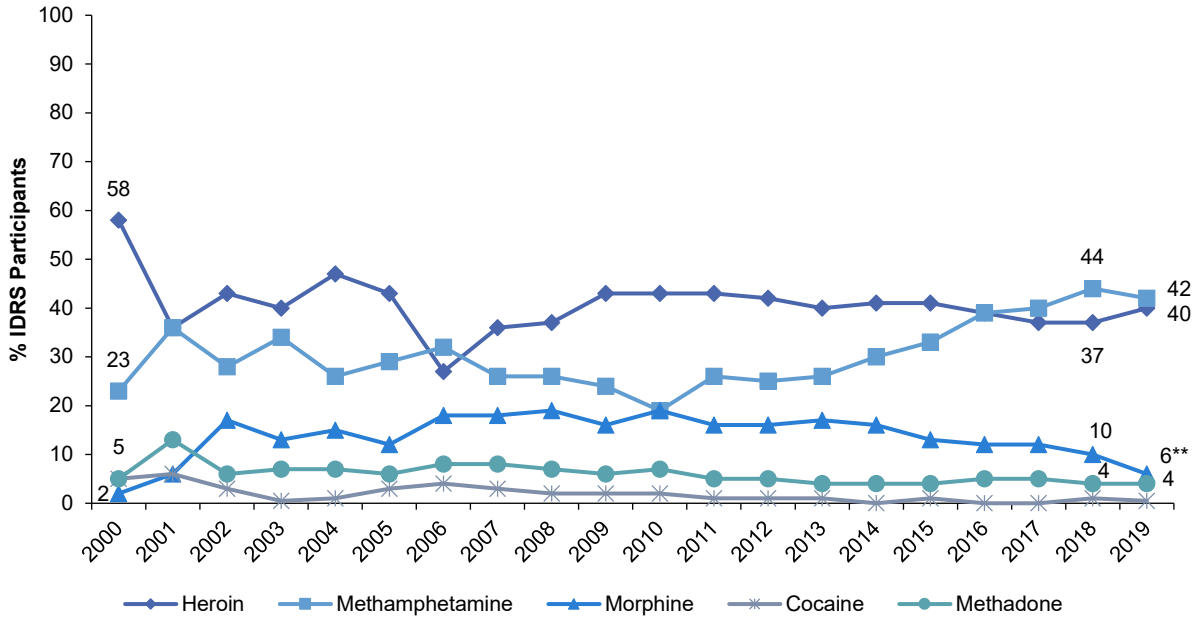
Note. ^Includes trade/technical and university qualifications. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). / not asked. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019 for the national sample.

Figure 1: Drug of choice, nationally, 2000-2019



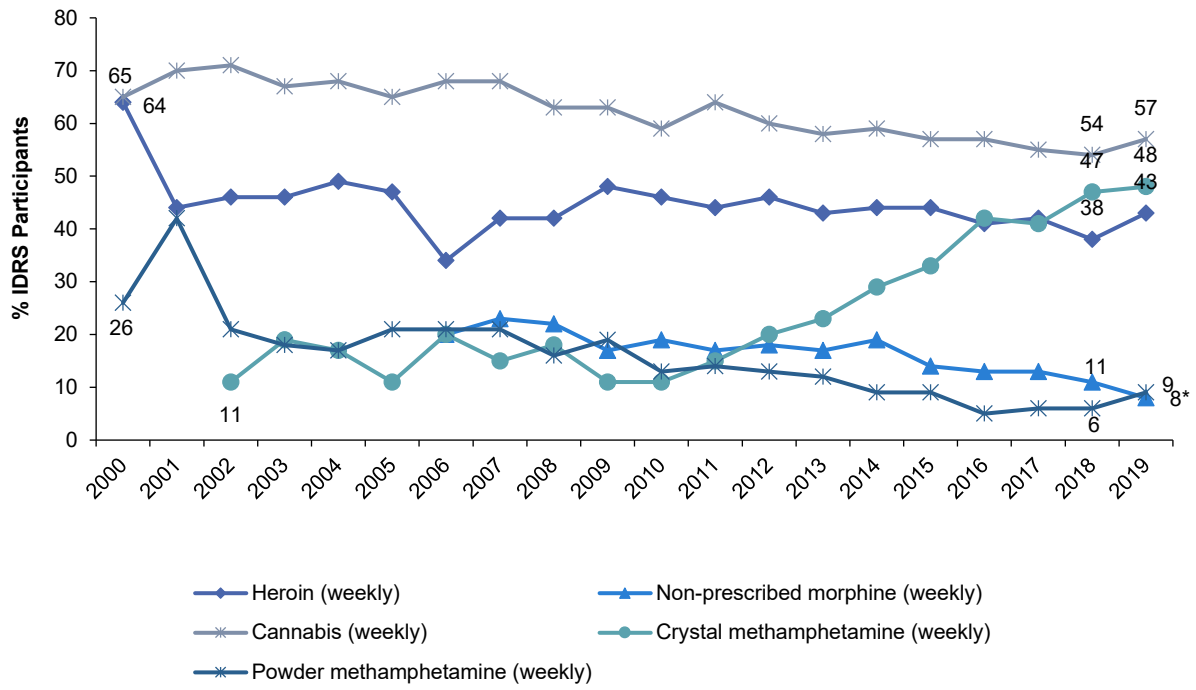
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 2: Drug injected most often in the past month, nationally, 2000-2019



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, nationally, 2000-2019



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Y axis reduced to 80% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

3

Heroin

Participants were asked about their recent (past six month) use of heroin and of homebake heroin. Participants typically describe heroin as white/off-white rock, brown/beige rock or white/off-white powder. Homebake is a form of heroin made from pharmaceutical products and involves the extraction of diamorphine from pharmaceutical opioids such as codeine and morphine.

Patterns of Consumption

Recent Use (past 6 months)

Reports of recent use of any heroin have declined from 79% in 2000 to 55% in 2019 (54% in 2018; *p*=0.651; Figure 4). It is important to note marked differences across jurisdictions, ranging from less than one in twenty participants reporting recent use in the NT samples, to more than eight in ten participants reporting recent use in the NSW and VIC samples in 2019 (Table 2). QLD recorded the greatest increase in 2019 relative to 2018 (63% versus 45%, respectively; *p*=0.007), returning to a similar per cent as observed in 2014 and earlier.

Frequency of Use

Median frequency of use nationally has typically been equivalent to two to four days a week in the past six months (2019: median 90 days, IQR=24-180; Figure 4), stable from 2018 (74 days, IQR=12-180; *p*=0.070). In 2019, just over one-third (36%) of participants who had recently used heroin reported daily use (31% in 2018), whereas 78% reported weekly use, a significant increase from 70% in 2018 (*p*=0.005). The TAS sample had the lowest per cent of consumers reporting daily use (7%) in 2019, whereas the VIC and the ACT samples had the highest per cent (45% and 40%, respectively).

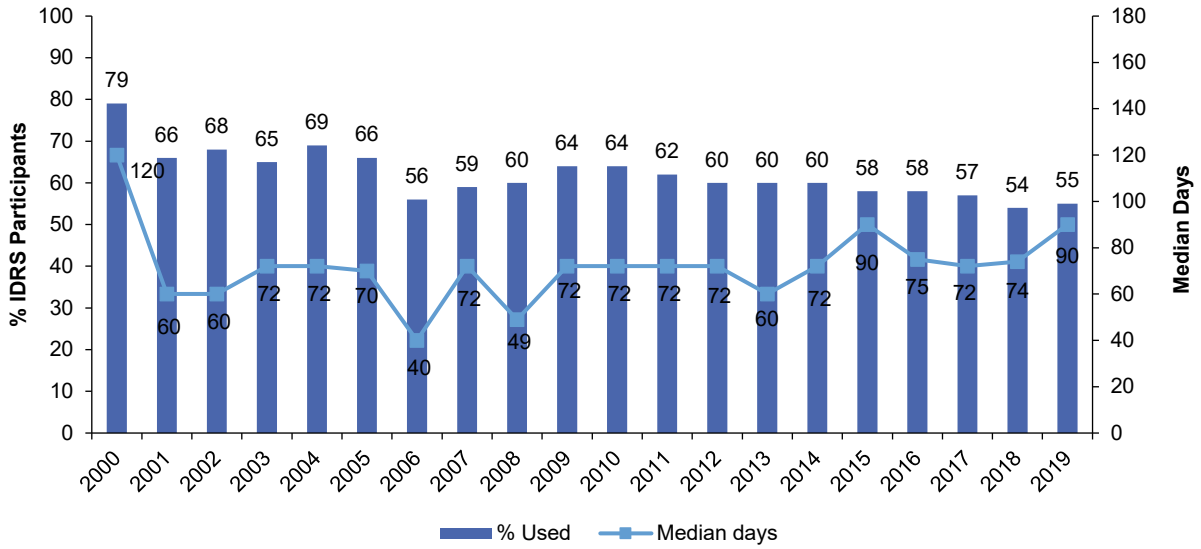
Routes of Administration

Injecting remained the most common route of administration among people who use heroin (99% in 2019 versus 100% in 2018), with a smaller per cent reporting smoking (7%), swallowing (1%) and snorting (1%).

Quantity

Median amount used in a typical day was 1.0 gram (IQR=1.0-2.0) in 2019.

Figure 4: Past six month use and frequency of use of heroin, nationally, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 2: Past six month use of heroin, by jurisdiction, 2000–2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	95	92	97	38	73	80	56	86
2001	96	83	90	24	65	55	36	62
2002	96	89	94	21	48	64	22	81
2003	97	88	90	26	55	63	16	64
2004	95	91	86	19	60	69	34	79
2005	88	86	89	19	61	69	24	64
2006	81	71	76	9	60	53	12	63
2007	88	72	85	-	67	57	7	65
2008	83	86	85	-	51	59	14	74
2009	94	78	79	12	72	71	13	75
2010	92	78	85	8	64	69	5	81
2011	87	79	81	19	57	79	9	65
2012	89	74	84	9	52	80	11	65
2013	83	75	83	10	41	75	17	72
2014	85	75	83	13	43	79	7	66
2015	91	79	74	-	49	75	14	50
2016	86	70	77	7	37	78	7	58
2017	80	74	80	15	52	66	13	55
2018	83	75	83	8	35	67	9	45
2019	**82**	**77**	**85**	**15**	**28**	**62**	**-***	**63****

Note. - Values suppressed due to small cell size (n≤5 but not 0). $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

Price, Perceived Purity and Availability

Price

In 2019, the reported median price of heroin nationally was $350 for one gram (IQR=250-400; n=65), significantly higher than the median price in 2018 ($280; p=0.005). Participants reported a median price of $50 per point (IQR=50-75; n=221) and $50 per cap (IQR=50-50; n=79; a 'cap' being a small amount typically used for a single injection; Figure 5).

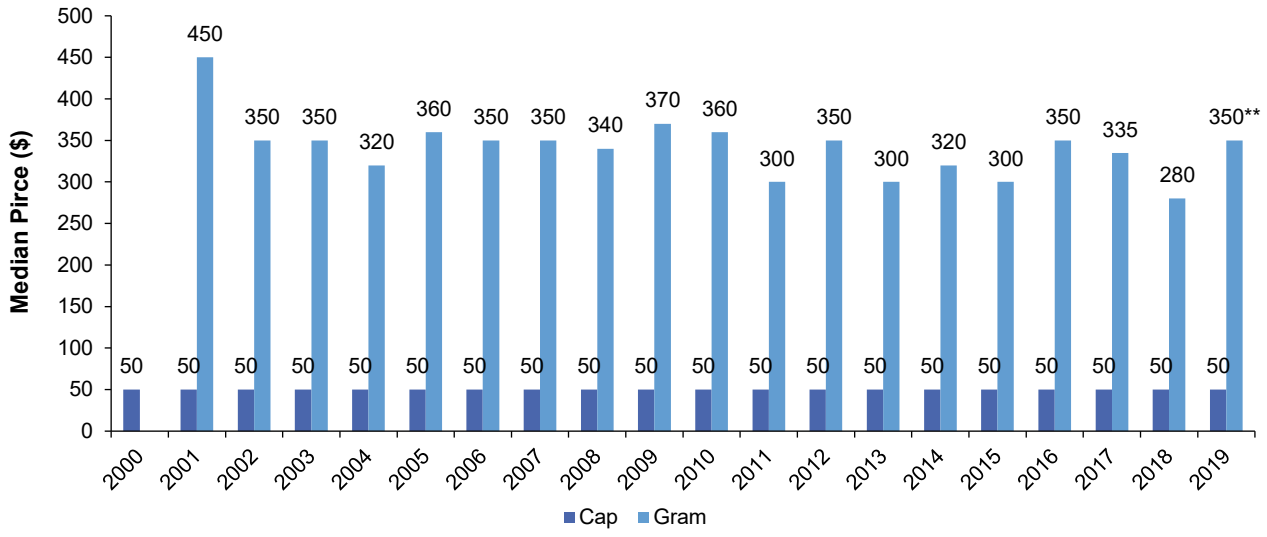
Perceived Purity

Among those who were able to comment (n=455), approximately one in four participants perceived the current purity of heroin as 'low' (27%) or 'high' (25%), and a third considered it to be 'medium' (31%). This pattern was consistent with previous years and likely is impacted by jurisdiction variation (Figure 6).

Perceived Availability

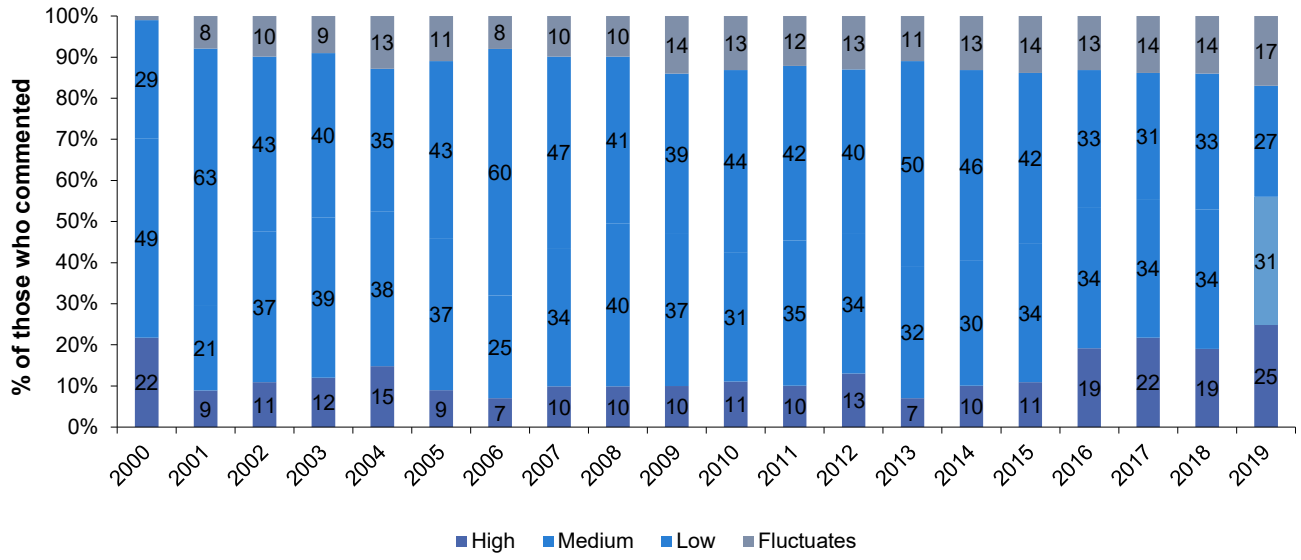
Of those who were able to comment (n=476), over half (54%) perceived the current availability of heroin as 'very easy' and a third (35%) as 'easy' to obtain, reflecting results from 2018 (55% and 34%, respectively; Figure 7). This pattern was also consistent with previous years.

Figure 5: Median price of heroin per cap and gram, nationally, 2000-2019



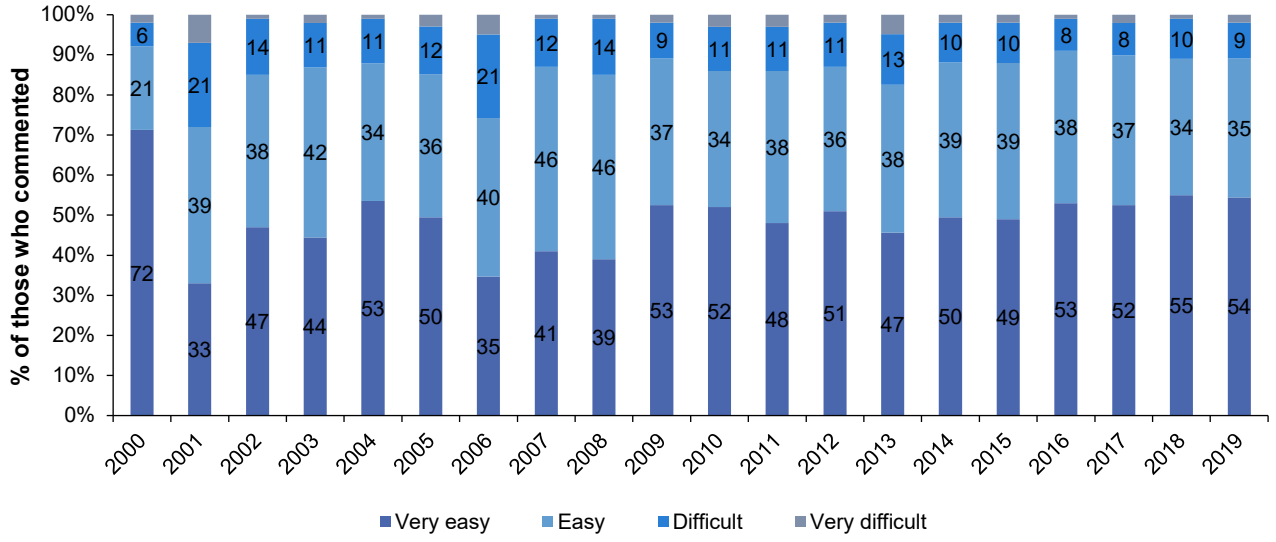
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 6: Current perceived purity of heroin, nationally, 2000-2019



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 7: Current perceived availability of heroin, nationally, 2000-2019



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

4

Methamphetamine

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

Patterns of consumption (any methamphetamine)

Recent Use (past 6 months)

Recent use of any methamphetamine (powder, base and crystal) peaked in 2003 (89%), before declining to 60% in 2010 and then rising through to 2019. Indeed, 78% of the sample reported recent use in 2019 (77% in 2018; *p*=0.488) (Figure 8). Across the jurisdictions, at least two in three participants reported recent use of methamphetamine in 2019, ranging from 68% in the QLD sample to 90% in the SA and the NT samples, with a significant increase in the per cent reporting use from 2018 to 2019 observed in the NT sample (*p*=0.006) (Table 3).

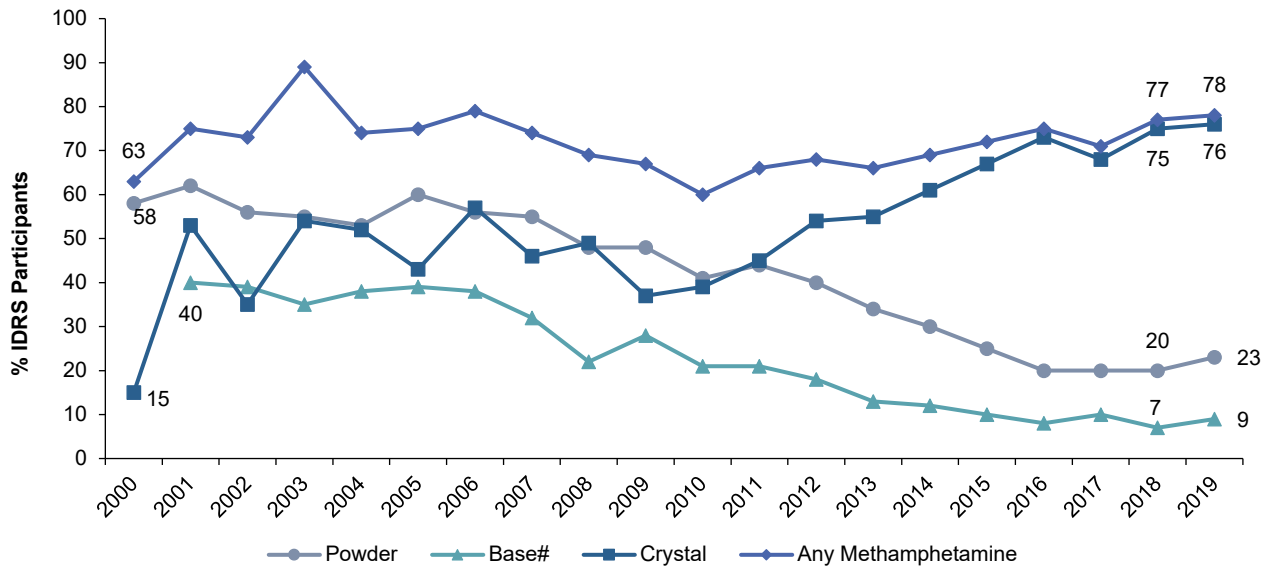
Frequency of Use

In 2019, frequency of use remained largely stable at a median of 48 days (IQR=12-97; 48 days in 2018; *p*=0.752) (Figure 9). The per cent of people who had recently used methamphetamine reporting weekly or more frequent use also remained stable compared to 2018 (66% versus 65% in 2018; *p*=0.592).

Forms of Methamphetamine

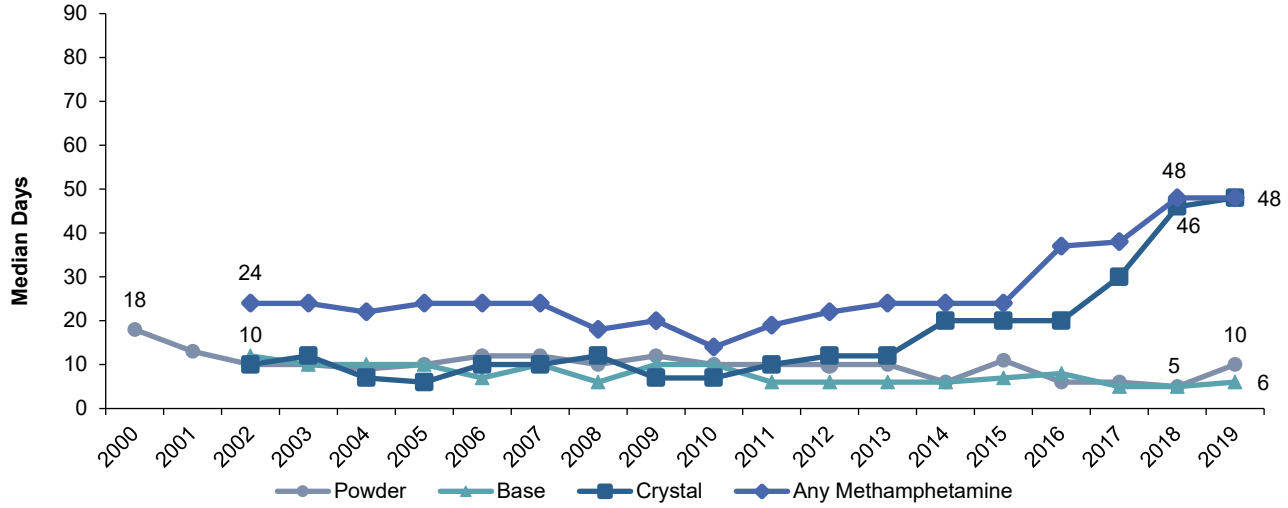
There has been a shift over time to decreasing use of powder and base methamphetamine forms and increasing use of crystal methamphetamine (Figure 8). Indeed, of those who had used methamphetamine in the six months preceding interview in 2019 (n=702), most participants had used crystal methamphetamine (76%; 75% in 2018), followed by powder (23%; 20% in 2018).

Figure 8: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2019



Note. #Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 9: Frequency of use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 3: Past six month use of any methamphetamine, by jurisdiction, 2000–2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	68	53	83	52	85	74	71
2001	51	82	76	85	81	92	70	83
2002	48	70	73	84	85	85	72	81
2003	53	71	79	88	72	90	71	89
2004	56	81	71	91	71	85	70	81
2005	58	73	79	95	78	75	72	78
2006	72	92	81	83	78	86	64	82
2007	62	83	74	88	74	70	68	78
2008	74	74	68	74	69	74	57	59
2009	57	75	70	80	61	63	55	70
2010	57	59	60	70	74	64	36	59
2011	60	73	65	77	66	64	55	71
2012	72	77	67	77	79	72	48	53
2013	75	66	61	74	75	72	43	58
2014	75	76	77	70	75	66	37	72
2015	66	81	74	72	76	71	67	67
2016	77	83	73	75	77	65	71	70
2017	69	80	66	69	76	70	66	74
2018	76	85	78	79	83	67	75	72
2019	**76**	**79**	**70**	**81**	**90**	**79**	**90****	**68**

Note. - Values suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 201

Patterns of Consumption (by form)

Powder Methamphetamine

Recent Use: Nationally, use of powder methamphetamine has generally been decreasing over time but stabilised in 2016, with approximately one in five participants reporting recent use since (23% in 2019). Most jurisdictions have reflected this trend, with some fluctuation over time. Nevertheless, TAS and WA both recorded an increase in use from 2018 to 2019 (22% to 35%; *p*=0.041 and 12% to 26%; *p*=0.012, respectively). In contrast, QLD recorded a significant decrease from 34% in 2018 to 20% in 2019 (*p*=0.024) (Table 4).

Frequency of Use: Nationally, frequency of use remained stable in 2019 at a median of 10 days (IQR=3-48; 5 days in 2018; *p*=0.050) (Figure 9).

Routes of Administration: Most consumers (94%) reported recent injection of powder. People who reported injecting this form did so on a median of 10 days, a significant increase from 2018 (5 days; *p*=0.024). One-quarter (24%) reporting smoking powder, a significant increase from 2018 (14%; *p*=0.017).

Quantity: The median amount used on a typical day in the past six months was 0.20 grams (IQR=0.10-0.30).

Base Methamphetamine

Recent Use: Base has mostly been the least commonly used form of methamphetamine since monitoring commenced in 2001. Approximately one in ten participants have reported recent use of base each year since 2013 (7% in 2018 versus 9% in 2019; *p*=0.205) (Figure 8). While most jurisdictions have documented consistency in the per cent reporting recent base use, the NT sample recorded a significant decrease in use from 2018 (10%) to 2019 (2%; *p*=0.018). In contrast, SA sample recorded an increase in recent methamphetamine base use from 8% in 2018 to 24% in 2019 (*p*=0.002), returning to a level of use observed in 2017 and earlier.

Frequency of Use: Frequency of use remained stable at a median of 6 days (IQR=2-15; 5 days in 2018; *p*=0.492) (Figure 9).

Routes of Administration: Of people who had recently used base, most (95%) had injected the form, and 13% had reported smoking.

Quantity: The median amount used on a typical day of consumption in the past six months was 0.2 grams (IQR= 0.1-0.5).

Crystal Methamphetamine

Recent Use: Reports of recent use of crystal methamphetamine have been increasing since 2009 (Figure 8), surpassing powder methamphetamine from 2012 onwards and peaking at 76% in 2019 (75% in 2018; *p*=0.858). At the jurisdiction level, recent use ranged from 65% in the QLD sample to 89% in the SA sample in 2019, with a significant increase in use recorded relative to 2018 in the NT (74% versus 87%; *p*=0.020) (Table 6).

Frequency of Use: In 2019, people who had recently used crystal methamphetamine reported use on a median of 48 days (i.e. twice weekly; IQR=10-96; 46 days in 2018; *p*=0.732) in the past six months.

Routes of Administration: The main route of administration was injecting (97%), followed by smoking (39%). The per cent of people who had recently used crystal who reported recent smoking ranged between 28% in the NT sample and 48% in the NSW sample.

Quantity: The median amount used on an average day of consumption in the past six months was 0.2 grams (IQR=0.1-0.3).

Table 4: Past six month use of powder methamphetamine, by jurisdiction, 2000-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	32	63	49	77	51	81	70	58
2001	42	63	74	45	47	87	63	80
2002	39	51	70	35	56	77	67	55
2003	31	48	70	51	53	71	60	58
2004	35	41	65	60	44	61	60	61
2005	38	59	75	76	39	61	69	65
2006	49	58	71	54	39	66	57	54
2007	35	55	65	63	42	61	58	62
2008	38	37	64	61	34	61	50	35
2009	33	46	65	56	33	54	50	46
2010	29	48	53	56	29	51	25	41
2011	30	46	49	67	36	43	43	40
2012	17	42	39	70	34	45	46	30
2013	14	29	23	61	40	48	31	37
2014	17	36	25	50	34	39	16	31
2015	13	15	18	49	32	34	25	27
2016	17	18	9	33	19	18	24	27
2017	10	20	15	30	18	16	19	34
2018	11	23	16	22	31	12	17	34
2019	**13**	**27**	**11**	**35***	**44**	**26***	**15**	**20***

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 5: Past six month use of base methamphetamine, by jurisdiction, 2001-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	23	36	32	52	59	56	18	75
2002	23	30	20	74	65	56	21	42
2003	32	13	18	46	51	40	30	50
2004	31	25	11	72	46	45	26	60
2005	38	28	13	79	61	54	16	40
2006	43	32	15	55	52	37	25	53
2007	41	32	8	48	42	22	20	48
2008	33	18	5	25	37	13	10	34
2009	36	21	13	55	31	12	16	41
2010	29	18	3	40	43	8	6	30
2011	17	17	11	39	35	6	12	37
2012	15	15	11	43	32	6	7	21
2013	12	6	3	17	31	11	7	22
2014	12	-	3	19	30	8	-	22
2015	6	10	4	9	26	-	-	20
2016	11	5	0	-	24	-	6	14
2017	8	11	3	-	30	7	7	20
2018	9	8	-	-	8	-	10	14
2019	**8**	**8**	**-**	**-**	**24****	**-**	**-***	**16**

Note. Base asked separately from 2001 onwards. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 6: Past six month use of crystal methamphetamine, by jurisdiction, 2000-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	14	17	9	6	11	51	6	13
2001	29	72	52	56	58	85	24	75
2002	25	34	26	20	56	74	20	39
2003	38	65	50	69	48	80	34	60
2004	45	73	41	52	48	83	32	51
2005	38	62	29	50	46	68	21	36
2006	57	88	53	56	49	76	29	55
2007	50	80	43	38	41	56	29	39
2008	69	68	39	32	49	61	28	40
2009	46	57	32	26	30	43	15	46
2010	48	48	36	20	60	40	18	37
2011	53	57	53	26	44	46	28	50
2012	68	66	59	43	56	64	26	44
2013	74	61	55	45	57	59	30	50
2014	74	72	75	54	60	53	26	58
2015	65	79	71	59	70	64	60	62
2016	77	78	73	73	73	75	62	69
2017	69	79	63	65	72	69	60	69
2018	76	85	77	76	79	64	74	70
2019	**74**	**77**	**68**	**76**	**89**	**75**	**87***	**65**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Price, Perceived Purity and Availability

Methamphetamine Powder

Price: The median price for a point (0.1 gram) has remained stable at $50 (2019: n=124; IQR=50-50) across the duration of monitoring (Figure 10). However, the median price of one gram was reported as $300 (n=27; IQR=150-350) in 2019, returning to median prices recorded in 2016 and earlier.

Perceived Purity: Participants who could comment on powder methamphetamine (n=165) mostly perceived it to be of 'medium' (37%) or 'high' (27%) purity, consistent with 2018 estimates (Figure 11).

Perceived Availability: Of those who commented (n=177), the largest per cent reported powder methamphetamine to be 'very easy' (50%) or 'easy' (27%) to obtain, though 16% found it to be 'difficult' to obtain, a significant increase from 2018 (9%; p=0.049) (Figure 12).

Methamphetamine Base

Price: The median price for one point (0.1 gram) of base remained stable at $50 (n=45; IQR=35-50), consistent with most previous years (Figure 13). In 2019, the median price of one gram was $300 (n=11; IQR=50-300) (small numbers commenting; interpret with caution).

Perceived Purity: Of those who could comment (n=62), most perceived the current purity of base as 'medium' (45%; 28% in 2018, p=0.088) (Figure 14).

Perceived Availability: In addition, of those able to comment (n=67), 43% perceived base to be 'very easy' to obtain (56% in 2018; p=0.192) (Figure 15).

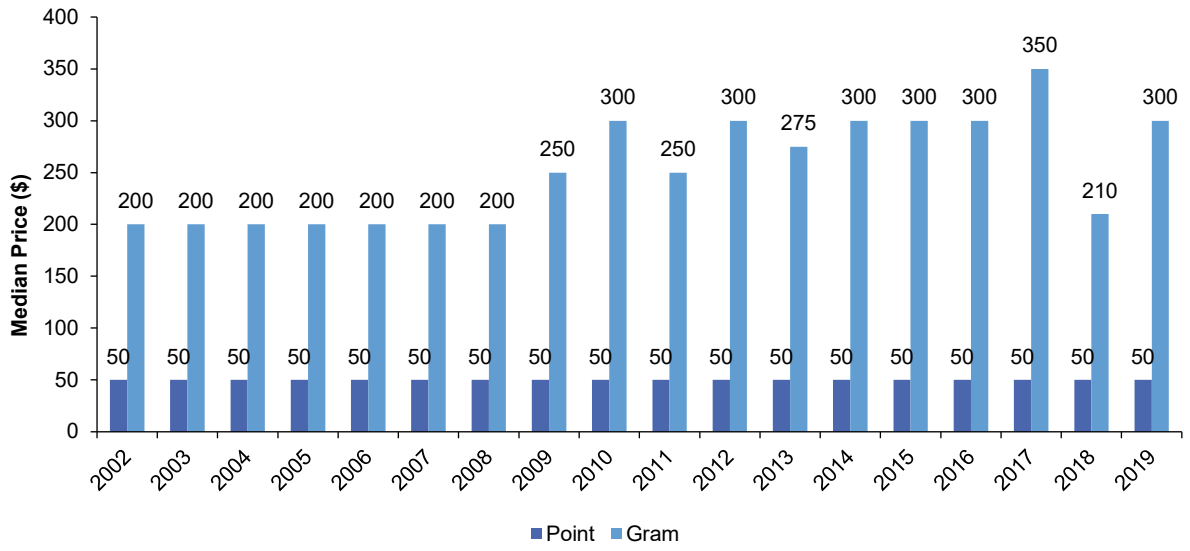
Methamphetamine Crystal

Price: The median price for a point of crystal has remained stable since 2016 at $50 (2019: n=455; IQR=50-50). Across the years, the median price of a gram of crystal has ranged between $250 and $600, with the median price recorded in 2019 being the lowest recorded price since 2003 ($260; n=88; IQR=200-300) (Figure 16) and a significant decrease from $300 in 2018 ($p$=0.002).

Perceived Purity: Among those that were able to comment (n=613), over one-third perceived the current purity of crystal methamphetamine as 'high' (35%), followed by 31% that reported 'medium' (Figure 17).

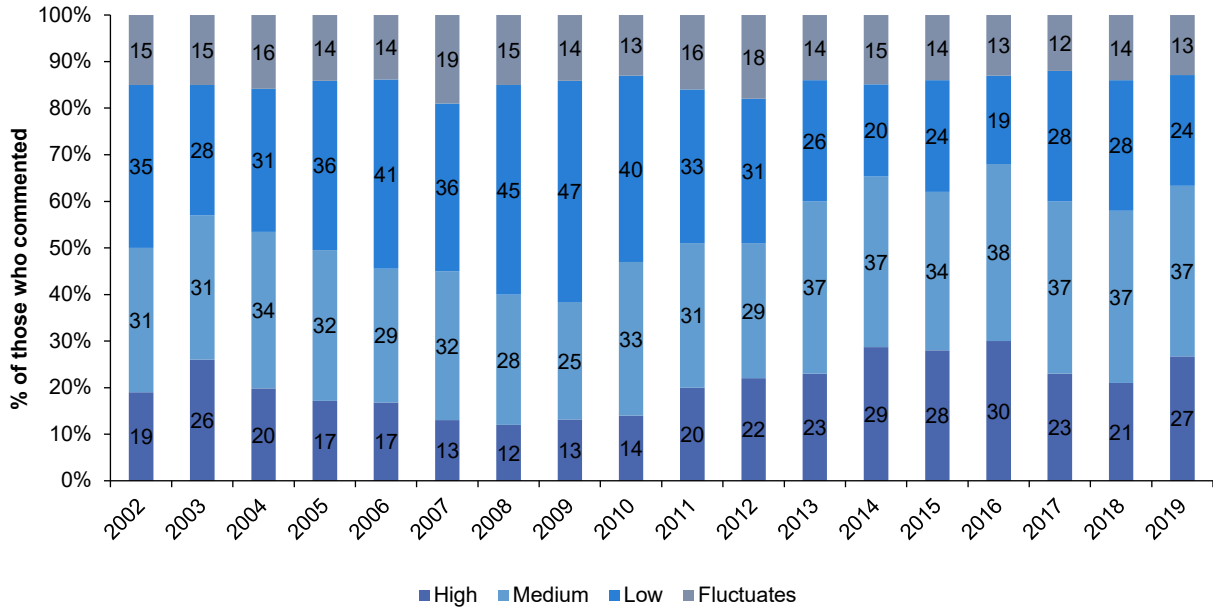
Perceived Availability: Of those that commented on availability (n=638), the majority perceived it to be 'very easy' (64%) or easy (31%) to obtain crystal methamphetamine (Figure 18).

Figure 10: Median price of powder methamphetamine per point and gram, nationally, 2002-2019



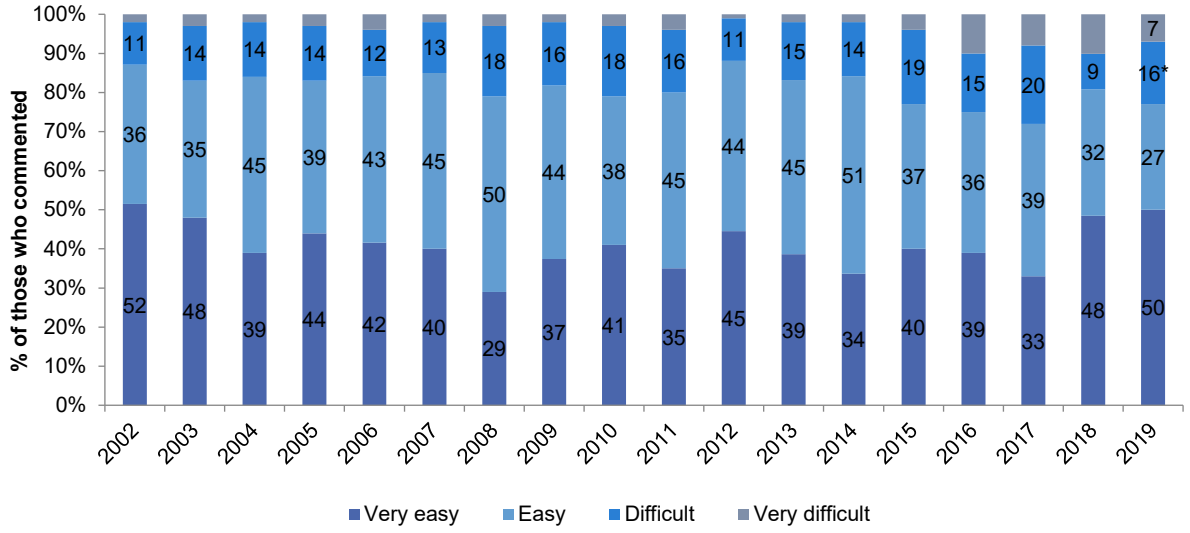
Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 11: Current perceived purity of powder methamphetamine, nationally, 2002-2019



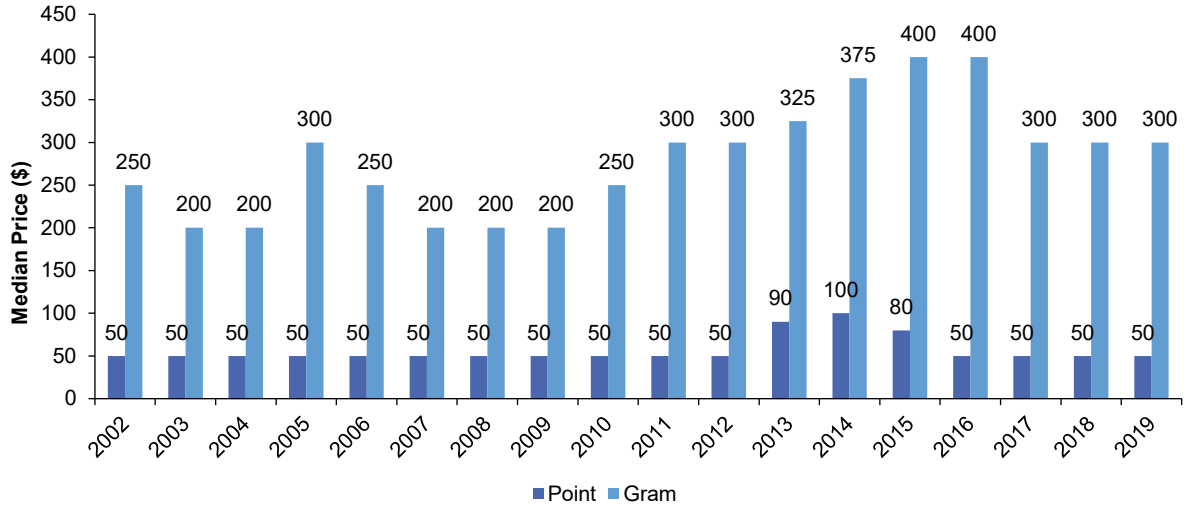
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 12: Current perceived availability of powder methamphetamine, nationally, 2002-2019



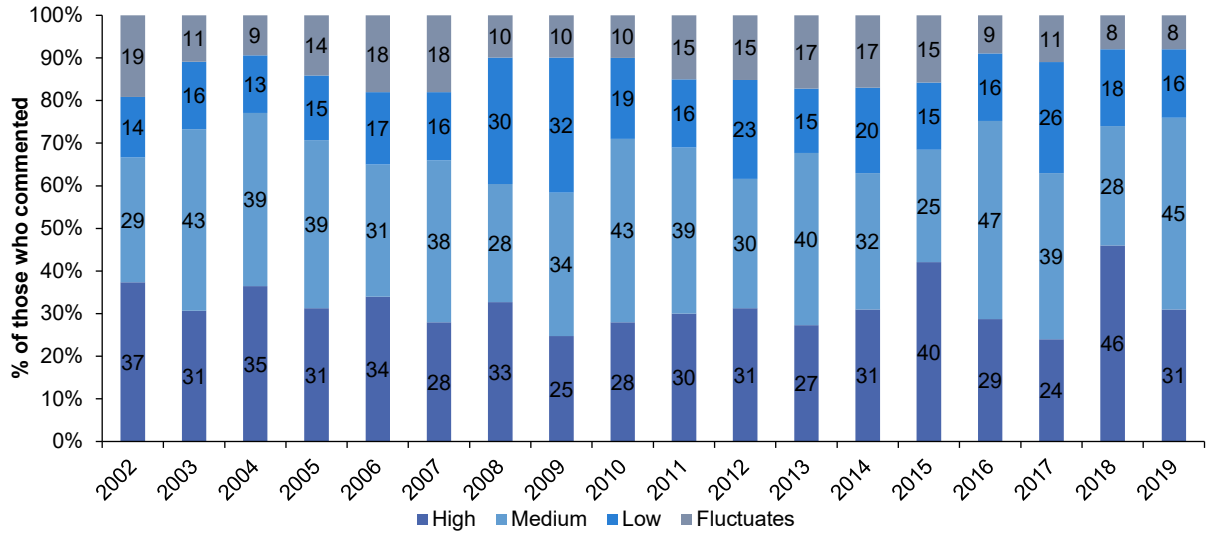
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 13: Median price of base methamphetamine per point and gram, nationally, 2002-2019



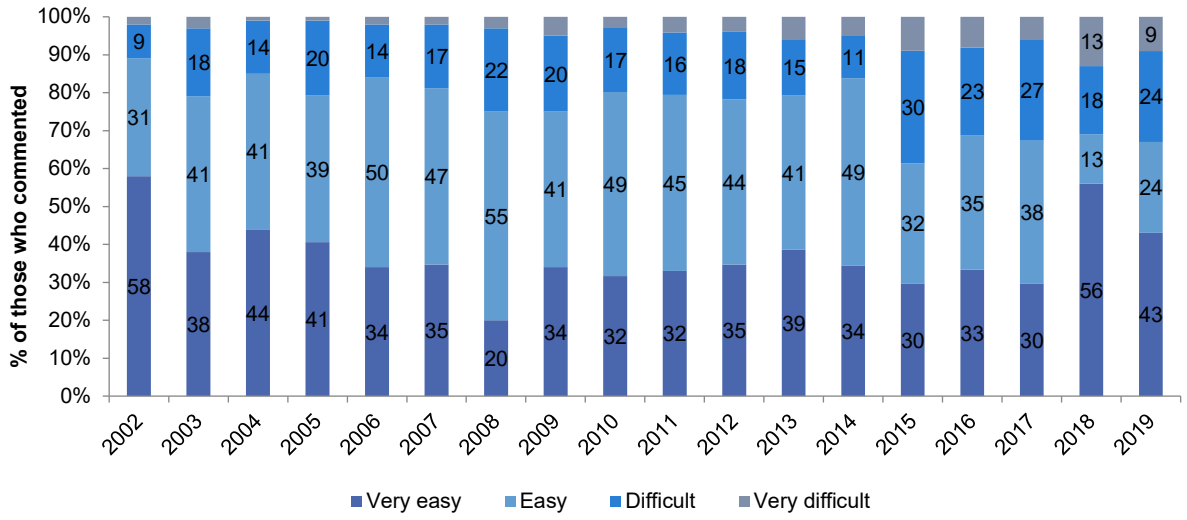
Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 14: Current perceived purity of base methamphetamine, nationally, 2002-2019



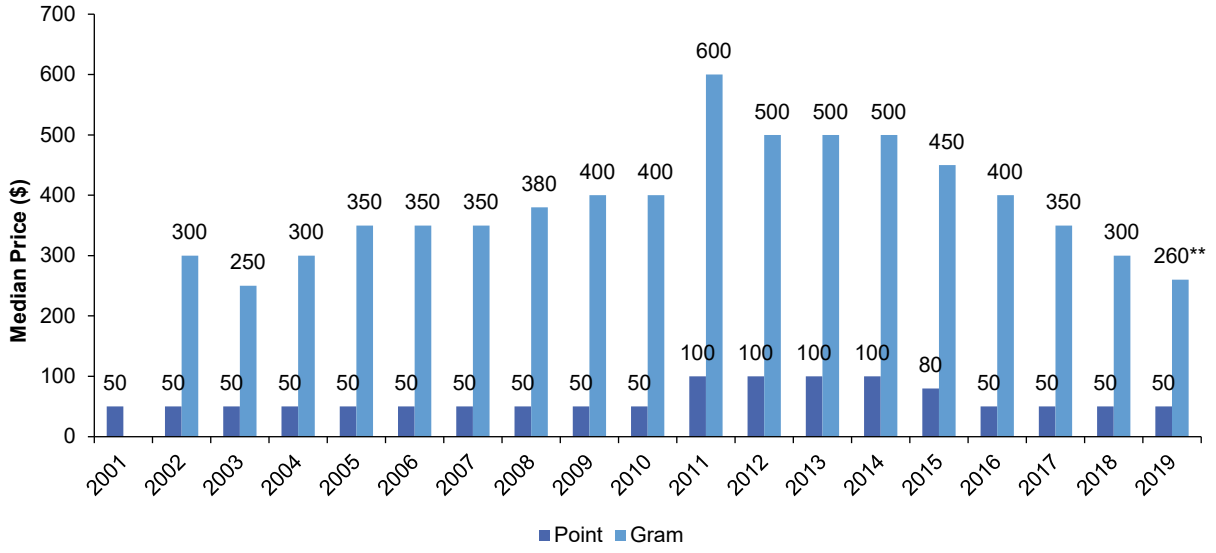
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 15: Current perceived availability of base methamphetamine, nationally, 2002-2019



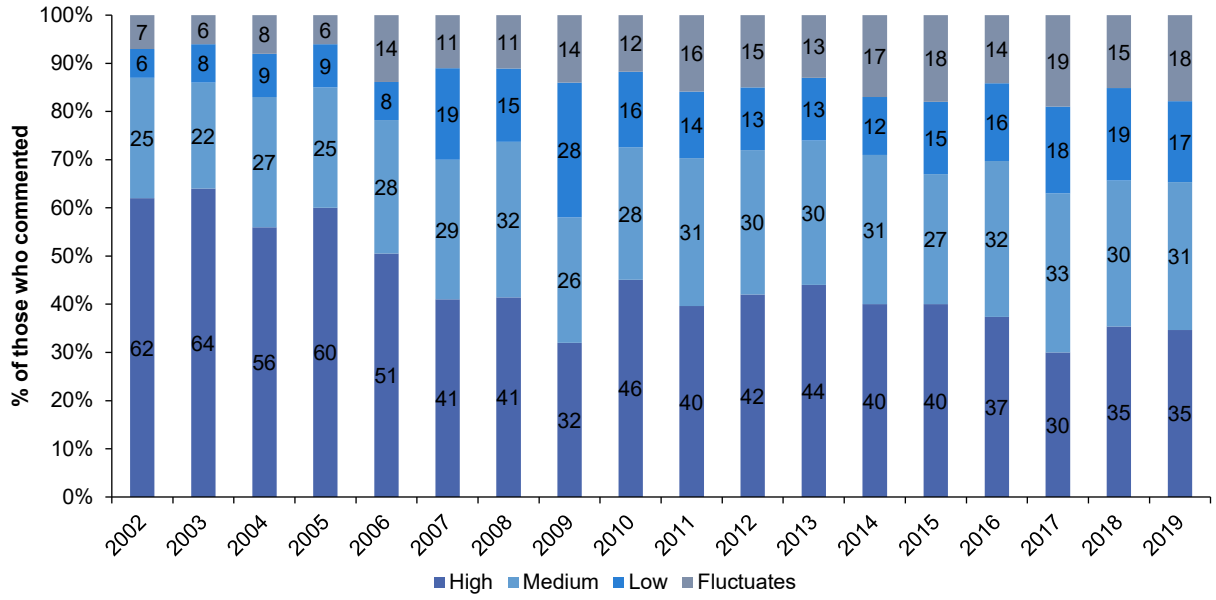
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 16: Median price of crystal methamphetamine per point and gram, nationally, 2001-2019



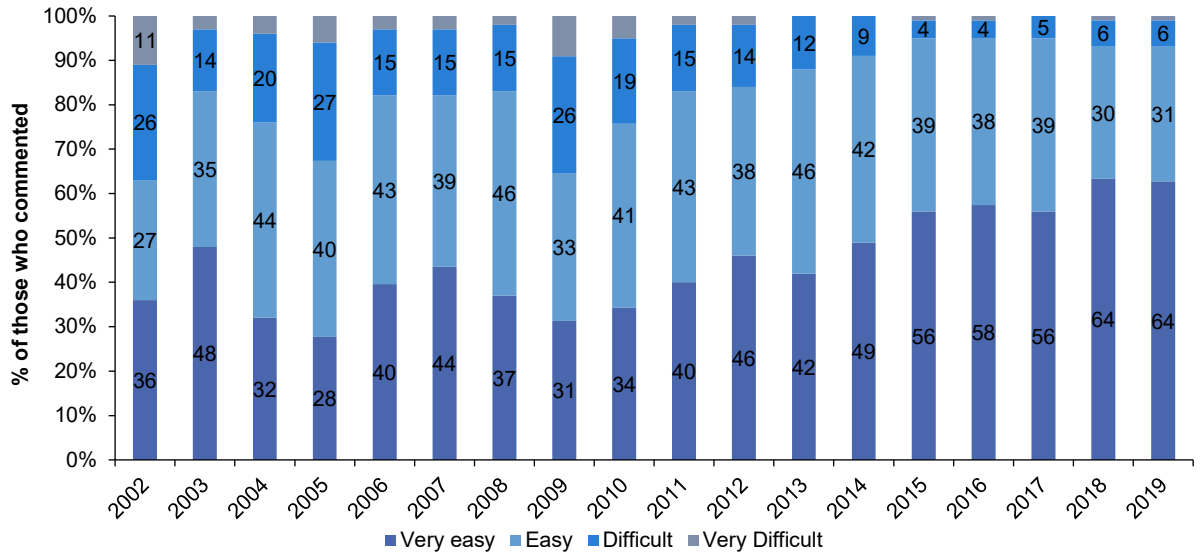
Note. Among those who commented. No data available for gram in 2001. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 17: Current perceive purity of crystal methamphetamine, nationally, 2002-2019



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 18: Current perceived availability of crystal methamphetamine, nationally, 2002-2019



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019

5

Cocaine

Participants were asked about their recent (past six month) use of various forms of cocaine. Cocaine hydrochloride, a salt derived from the coca plant, is the most common form of cocaine available in Australia. 'Crack' cocaine is a form of freebase cocaine (hydrochloride removed), which is particularly pure. 'Crack' is most prevalent in North America and infrequently encountered in Australia.

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of cocaine has decreased over the period of monitoring, from a peak of 35% in 2001 to 13% in 2019 (14% in 2018; Figure 19). The per cent reporting use in 2019 varied across the jurisdictions, ranging from 6% in the TAS sample to 21% in the NSW sample. Yet, the per cent has remained relatively stable in each of the jurisdictions over time except for a substantial decrease in cocaine use in NSW (Table 7).

Frequency of Use

Median frequency of use at the national level has varied between 2 and 8 days, with a median of 3 days (IQR=1-6; n=114) observed in 2019, stable from 2018 (3 days; p=0.384). Of those who had recently used cocaine, 11% reported weekly or more frequent use, consistent with 2018 (18%; p=0.112).

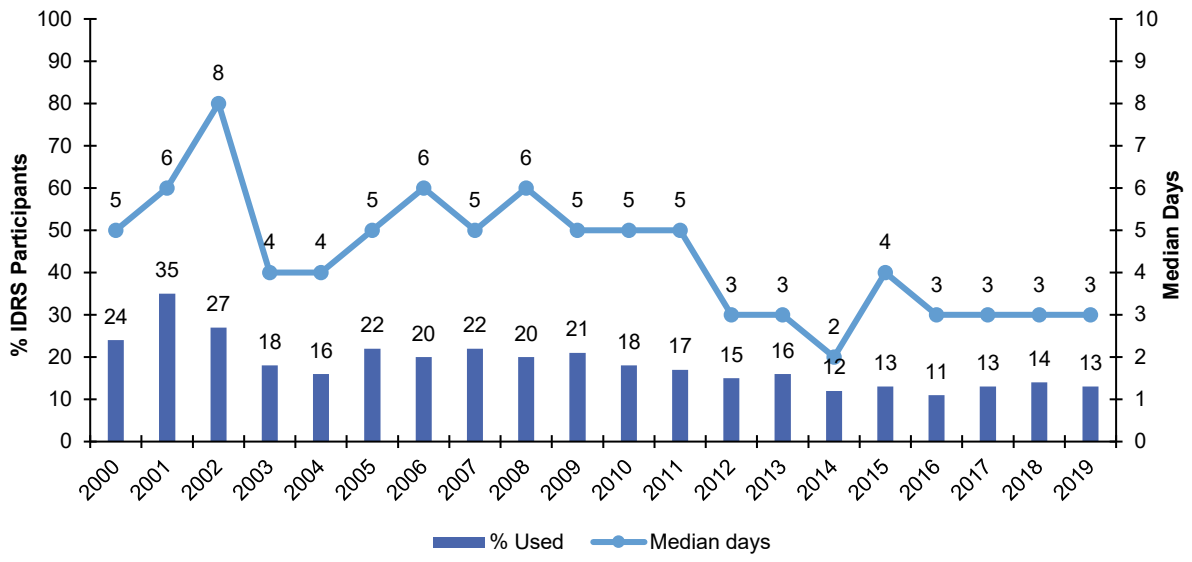
Routes of Administration

No statistically significant changes in route of administration were observed between 2018 and 2019; injecting remained the most common route amongst those reporting use (63%; 64% in 2018), followed by snorting (56%; 44% in 2018; p=0.052). A smaller per cent reported smoking (8%) and swallowing cocaine (7%) in 2019.

Quantity

Those who reported recent cocaine use consumed a median of 0.3 grams (IQR=0.1-1.0) on a typical day of use.

Figure 19: Past six month use and frequency of use of cocaine, nationally, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 7: Past six month use of cocaine, by jurisdiction, 2000-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	15	13	6	20	22	18	13
2001	84	40	28	8	27	32	13	28
2002	79	18	17	12	26	17	10	15
2003	53	13	13	9	13	10	-	16
2004	47	10	10	-	6	15	10	10
2005	60	20	15	8	16	19	10	11
2006	67	8	19	12	8	10	8	9
2007	63	18	22	-	7	16	9	15
2008	58	18	24	-	-	15	-	13
2009	61	22	15	-	10	12	12	15
2010	57	6	14	-	12	15	-	13
2011	47	8	17	7	12	10	-	13
2012	44	16	9	11	7	15	-	-
2013	41	16	11	-	9	15	7	11
2014	32	15	10	8	7	7	-	9
2015	34	12	9	-	13	11	-	8
2016	25	8	10	6	6	10	-	9
2017	21	18	12	11	10	10	9	9
2018	26	14	15	11	10	12	6	9
2019	**21**	**15**	**10**	**6**	**16**	**12**	**9**	**10**

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<.001 for 2018 versus 2019.

Price, Perceived Purity and Availability

Price

The median price for one gram of cocaine was reported to be $300 (n=49; IQR=300-350) and $50 for a point (n=17; IQR=50-100) in 2019. The median price for one gram of cocaine has fluctuated considerably since monitoring first commenced (Figure 20).

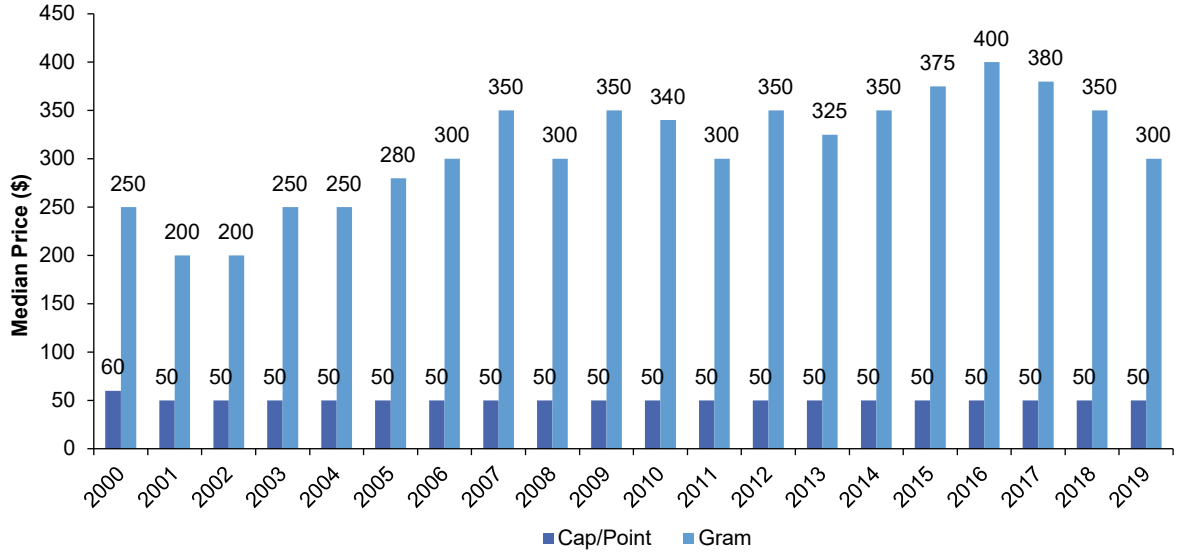
Perceived Purity

Of those who were able to comment in 2019 (n=79), two-fifths (38%) perceived cocaine to be of 'medium' purity whereas less than a third (30%) perceived the purity to be 'high' (Figure 21).

Perceived Availability

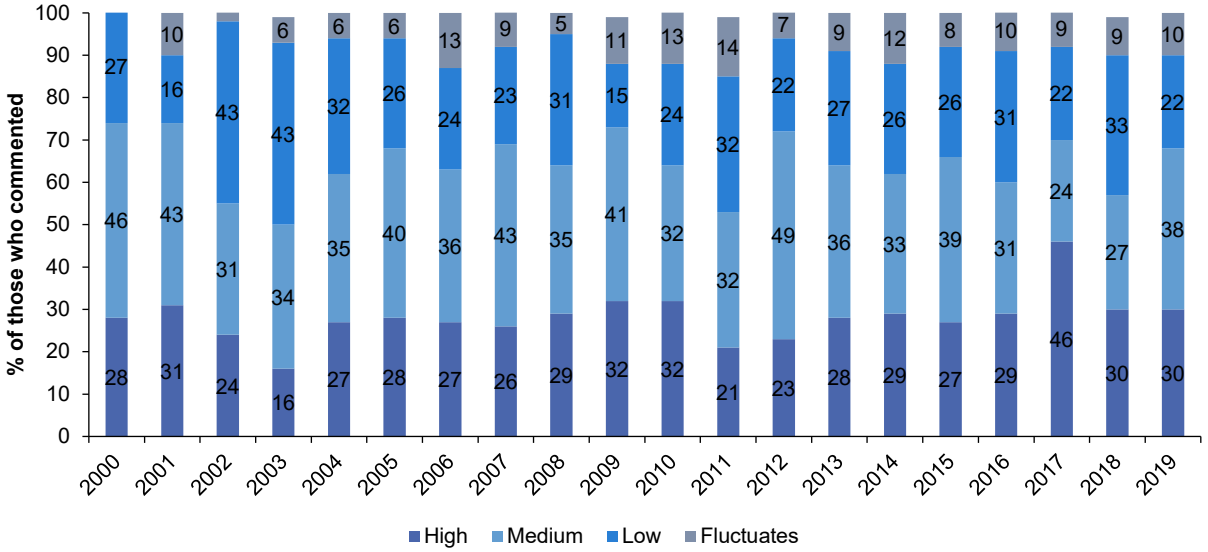
Amongst those able to comment (n=84), the largest per cent reported cocaine to be 'easy' to obtain in 2019 (38%), with a further 24% reporting it to be 'very easy' to obtain (Figure 22). These findings are consistent with reports of perceived availability in the preceding three years.

Figure 20: Median price of cocaine per cap/point and gram, nationally, 2000-2019



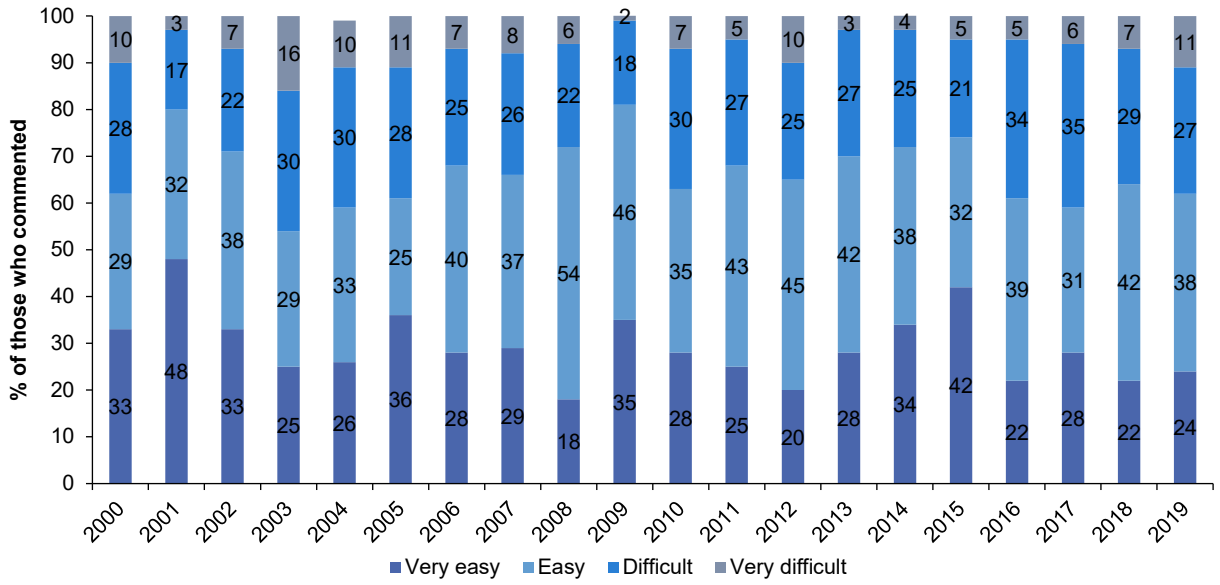
Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 21: Current perceived purity of cocaine, nationally, 2000-2019



Note. The response 'Don't know' was excluded from analysis. Figures may not add up to 100% due to rounding. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 22: Current perceived availability of cocaine, nationally, 2000-2019



Note. The response 'Don't know' was excluded from analysis; **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

Over the course of monitoring, at least three in four participants nationally have reported recent use of cannabis (74% in 2019) (Figure 23). In all but one jurisdiction (NSW) the per cent reporting recent cannabis use over the period of monitoring has declined (Table 8).

Frequency of Use

In 2019, median frequency of use in the past six months was 130 days (IQR=24-180), stable compared to 2018 (100 days; *p*=0.254) (Figure 23). Just under half (46%) of those who had recently used cannabis reported daily use (45% in 2018).

Routes of Administration

Smoking was the most common route of administration (99%; 99% in 2018). A smaller per cent reported inhaling (9%; 10% in 2018) and swallowing (8%; 4% in 2018; *p*=0.001) cannabis.

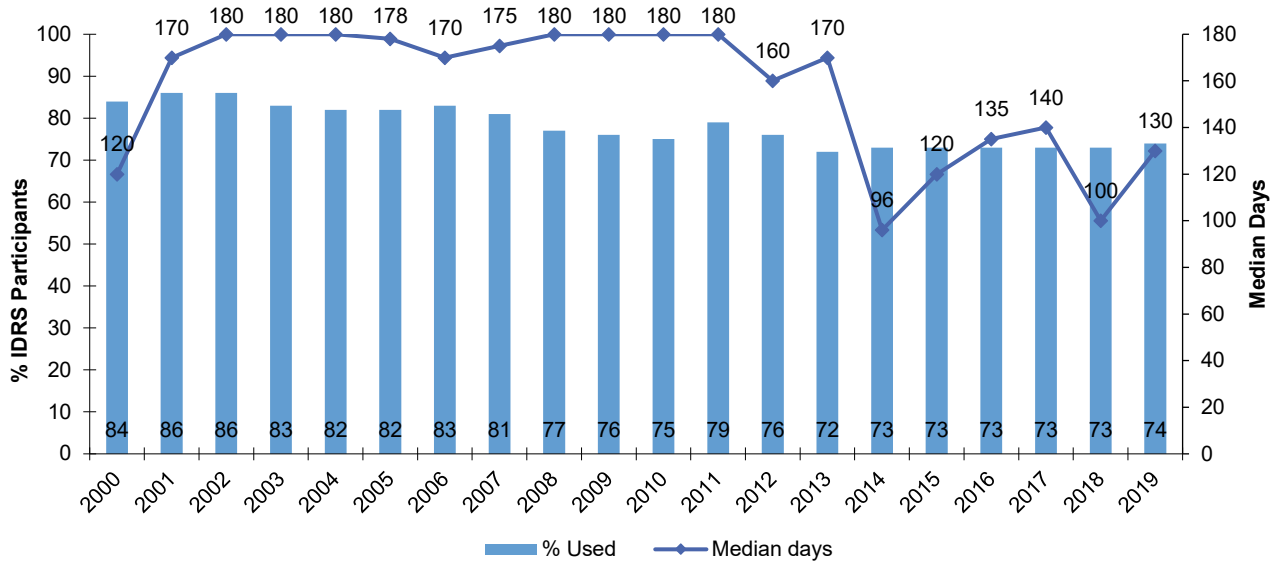
Quantity

The median intake per typical day of consumption was one gram (IQR=1-2; n=329) or three cones (IQR=2-5; n=214).

Forms of Cannabis

Of those who had used cannabis in the past six months (n=665), 94% reported recent use of hydroponic cannabis, and just over half (54%) reported use of outdoor-grown 'bush' cannabis. A smaller per cent reported having used hashish (14%; 9% in 2018; *p*=0.007) and hash oil in the preceding six months (10%; 6% in 2018; *p*=0.008). Hydroponic cannabis remained the form most commonly used in the preceding six months (83%; 86% in 2018), followed by bush cannabis (16%; 14% in 2018).

Figure 23: Past six month use and frequency of use of cannabis, nationally, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 8: Past six month use of cannabis, by jurisdiction, 2000-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	72	84	85	90	88	90	84	84
2001	83	85	88	94	85	91	81	82
2002	80	89	87	91	85	98	83	82
2003	79	86	88	88	80	81	83	76
2004	80	85	81	87	83	84	75	75
2005	80	89	86	87	80	76	79	76
2006	80	90	83	88	77	80	84	85
2007	79	83	83	87	81	69	83	84
2008	80	80	74	86	75	64	78	82
2009	79	81	79	89	61	72	79	69
2010	72	81	81	79	66	70	72	77
2011	81	87	85	78	69	71	71	79
2012	72	81	85	81	61	79	71	70
2013	80	75	80	71	61	61	67	67
2014	77	74	75	82	75	69	62	70
2015	79	81	76	73	74	60	72	60
2016	76	69	77	74	73	70	72	64
2017	79	76	71	73	73	73	59	70
2018	76	79	70	81	70	77	60	67
2019	**73**	**79**	**76**	**76**	**79**	**72**	**72**	**65**

Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Price, Perceived Purity and Availability

Price

Consistent with previous years, the median price per gram of hydroponic cannabis nationally was $20 (n=227; IQR=20-25), and $20 for bush (n=99; IQR=15-20). The price per ounce of hydroponic remained relatively stable compared to previous years ($280; IQR=240-310), unlike the price per ounce of bush, which has fluctuated since 2009 (2019: $200; IQR=180-250) (Figure 24).

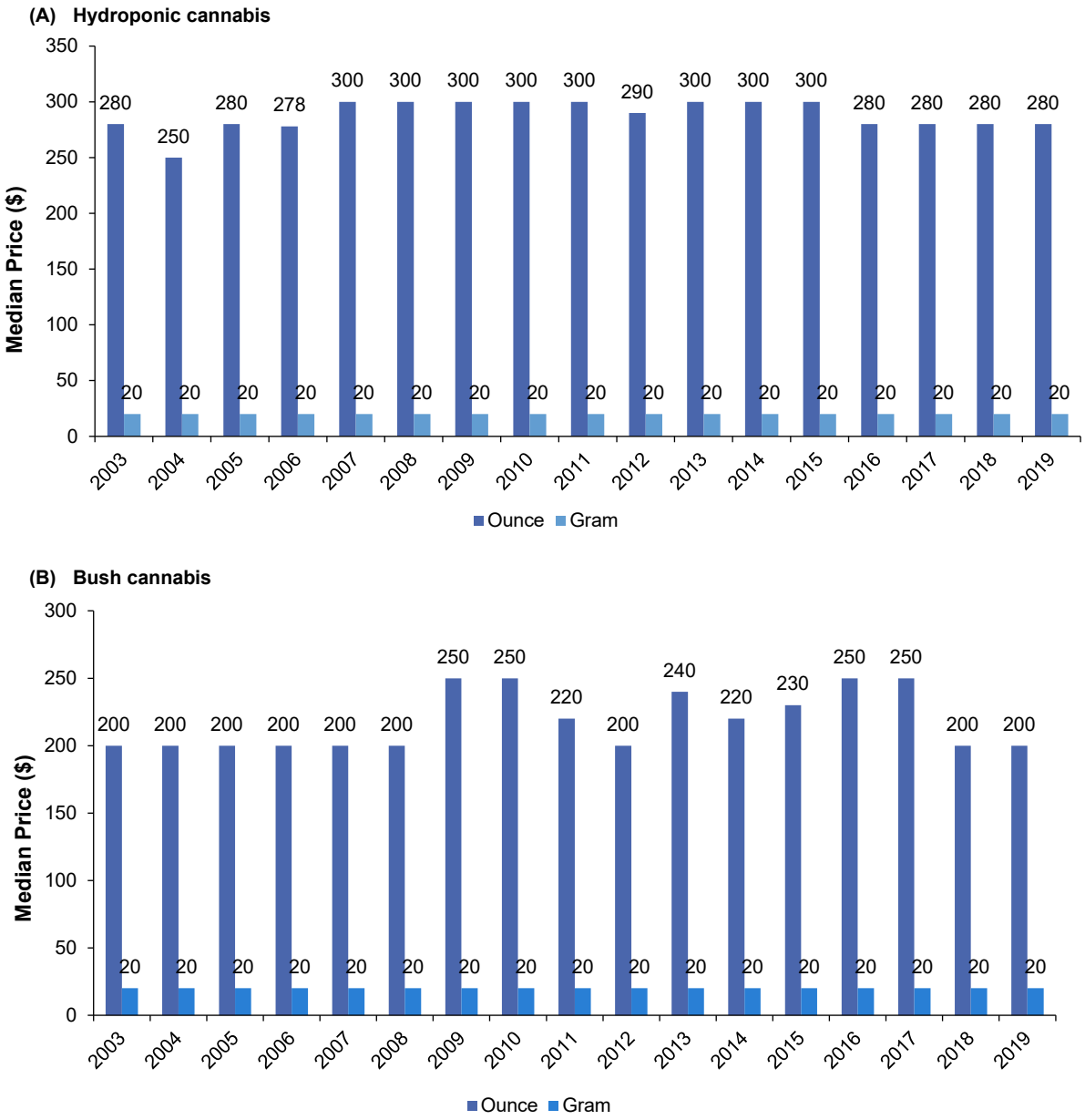
Perceived Potency

Of those who could comment (hydroponic: n=475; bush: n=275), three-fifths (59%) perceived hydroponic cannabis to be of 'high' potency. In contrast, the per cent reporting bush as 'high' in potency was 28%, whereas the majority perceived bush cannabis to be of 'medium' potency (48%) (Figure 25). These findings are consistent with those reported in previous years.

Perceived Availability

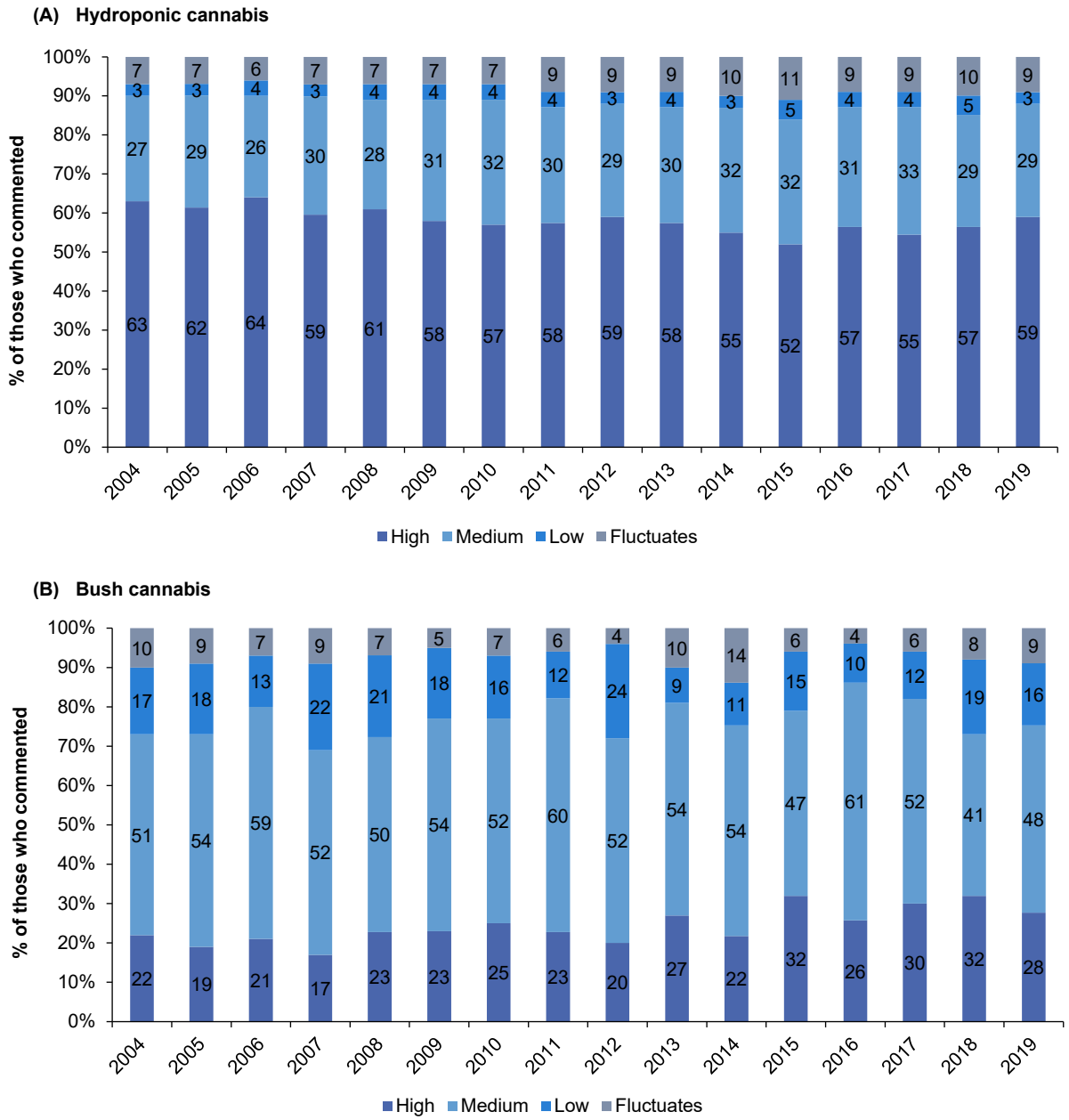
Participants who were able to comment on hydroponic cannabis (n=480) reported it to be 'very easy' (52%) or 'easy' (36%) to obtain in 2019. Reports of perceived bush availability (n=279) also indicated that bush tended to be 'easy' (37%) or 'very easy' (41%) to obtain, with 19% reporting it was 'difficult' to obtain (Figure 26).

Figure 24: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, nationally, 2003-2019



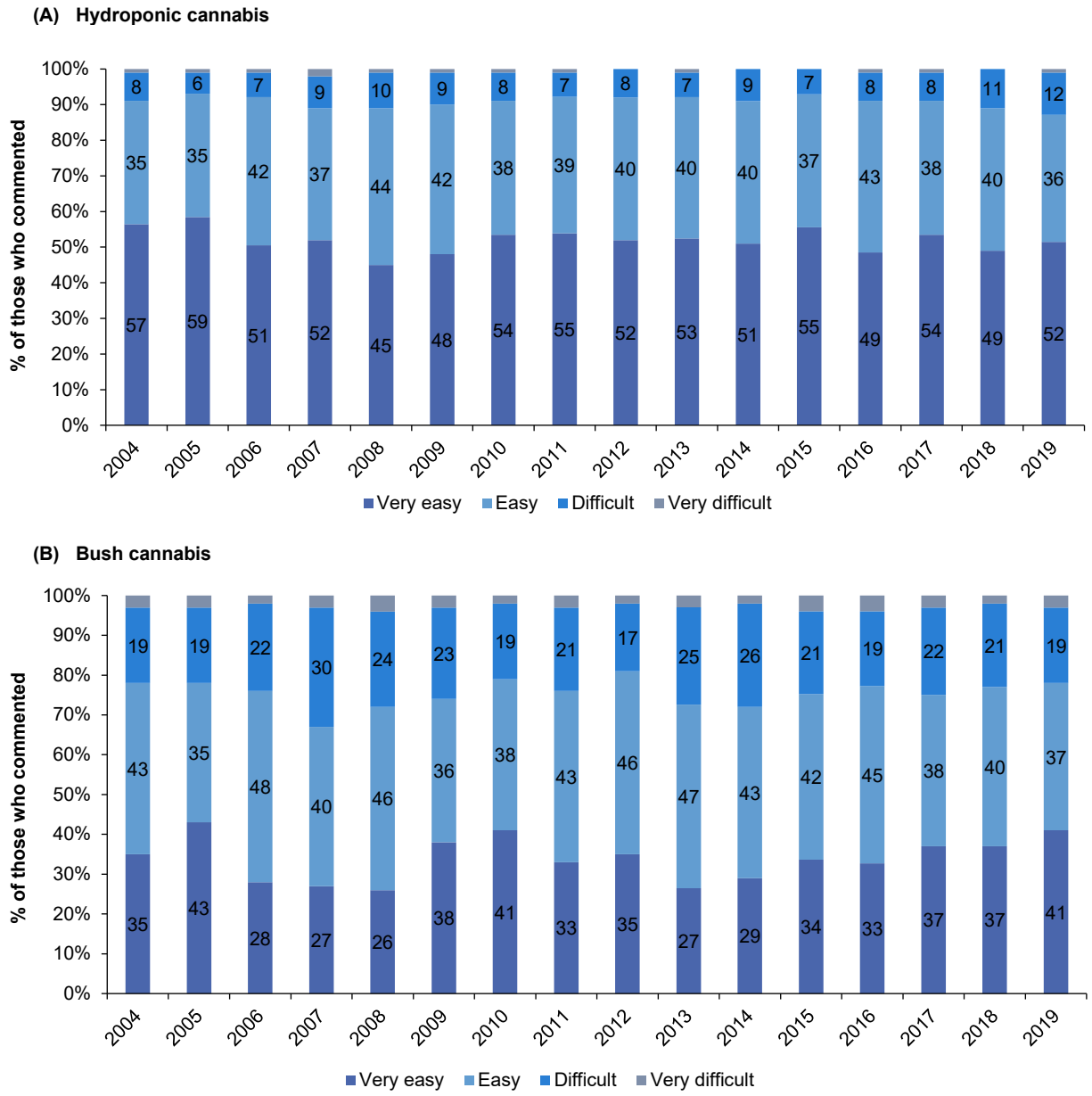
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

Figure 25: Current perceived potency of hydroponic (a) and bush (b) cannabis, nationally, 2004-2019



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Figure 26: Current perceived availability of hydroponic (a) and bush (b) cannabis, nationally, 2004-2019



Note. The response 'Don't know' was excluded from analysis. * Hydroponic and bush cannabis data collected separately from 2004 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

7

Pharmaceutical Opioids

The following section describes recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to **prescribed use:** use of pharmaceutical opioids obtained by a prescription in the person's name; **non-prescribed use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and **any use**: use of pharmaceutical opioids obtained through either of the above means. Contact the Drug Trends team (drugtrends@unsw.edu.au) for information on price and perceived availability of non-prescribed pharmaceutical opioids.

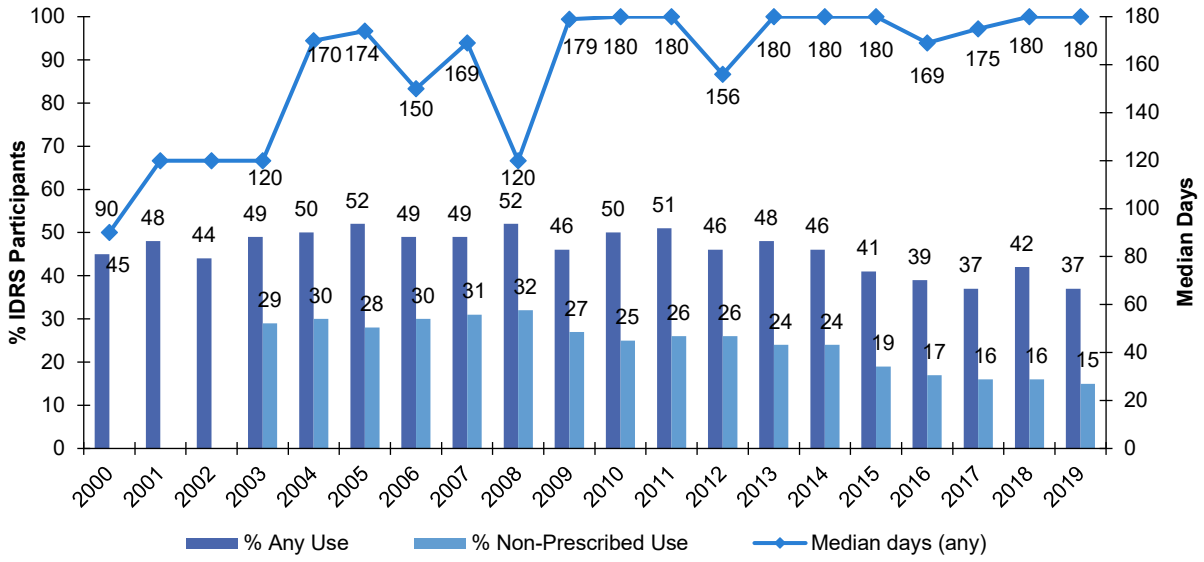
Methadone

Recent Use (past 6 months): Methadone use (including liquid and tablets) has remained relatively stable since monitoring began. In 2019, 37% of participants reported recent use of any methadone (prescribed and non-prescribed) (42% in 2018; *p*=0.066; Figure 27). A significant decrease in prescribed use was observed in 2019 (33% in 2018 versus 28% in 2019; *p*=0.039), and the per cent reporting non-prescribed use has steadily been declining since 2015. Indeed, methadone use historically has largely consisted of prescribed use, with the per cent reporting non-prescribed use peaking at 32% in 2008 and declining to 15% nationally in 2019 (Figure 27). The per cent reporting non-prescribed use varies by jurisdiction (Table 9).

Frequency of Use: Frequency of use has remained relatively stable from 2009 onwards (median 180 days in 2019; IQR=24-180; Figure 27; *p*=0.374). This is mostly driven by prescribed use, with frequency of non-prescribed use typically monthly or less (2019: syrup median 6 days (IQR=2-24) and tablet median 6 days (IQR=2-21)).

Routes of Administration: Similar to 2018, two-fifths (42%) of people who had recently used methadone reported injecting methadone (liquid or tablets) on a median of 12 days (IQR=3-50), also stable from 2018 (*p*=0.542).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, nationally, 2000-2019



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 9: Past six month non-prescribed use of methadone, by jurisdiction, 2003-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	20	27	13	76	33	18	39	18
2004	29	30	11	75	19	20	35	28
2005	19	34	11	60	27	27	41	22
2006	28	39	11	63	28	32	33	20
2007	24	34	21	66	27	31	33	20
2008	27	35	21	70	17	19	45	27
2009	36	26	20	68	10	11	32	11
2010	27	25	19	58	17	13	27	15
2011	25	25	22	53	15	27	30	16
2012	26	27	21	47	14	31	27	12
2013	29	29	12	51	20	24	13	16
2014	29	27	21	51	9	20	16	17
2015	25	16	17	36	11	14	17	14
2016	21	12	13	40	6	13	14	19
2017	19	13	7	39	6	-	18	19
2018	20	13	11	42	-	9	8	18
2019	**22**	**15**	**7**	**29****	**8**	**-**	**13**	**19**

Note. Includes methadone syrup and tablets. - Values suppressed due to small cell size (n≤5 but not 0). From 2000-2002, the IDRS did not distinguish between prescribed and non-prescribed methadone use. **p*<0.050; ***p*<0.010; ***p<0.001 for 2018 versus 2019.

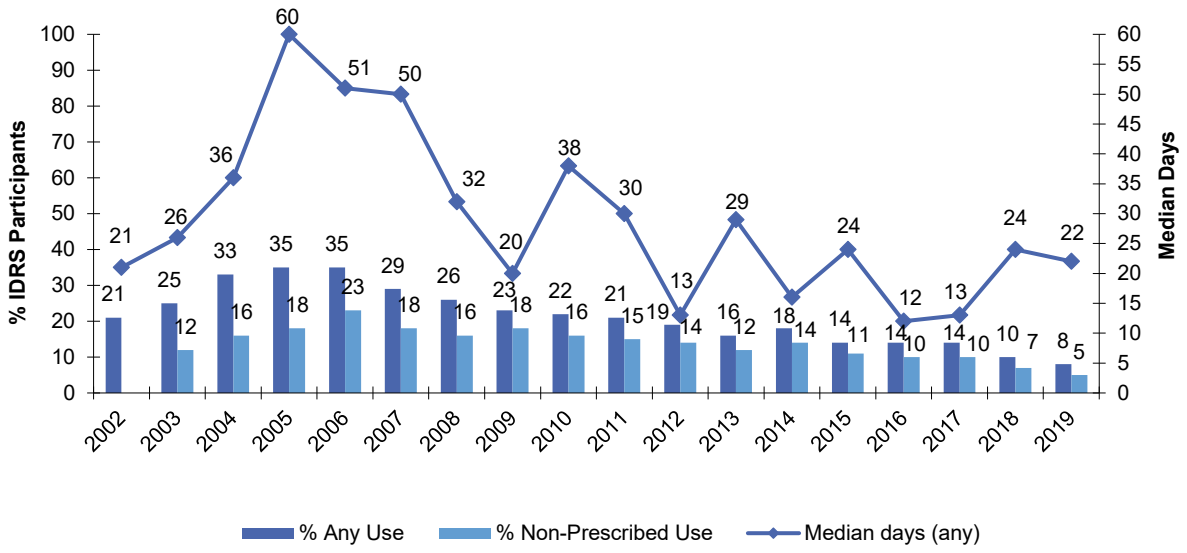
Buprenorphine

Recent Use (past 6 months): The per cent reporting recent buprenorphine use has declined from 2006 onwards (Figure 28). In 2019, 8% of the sample reported recent use of any buprenorphine (10% in 2018; *p*=0.147), with 4% reporting prescribed use and 5% reporting non-prescribed use (Figure 28; Table 10).

Frequency of Use: Frequency of any buprenorphine use has fluctuated considerably since monitoring began, with consumers reporting median days equivalent to almost weekly use in the past six months (median 22 days, IQR=4-131), stable from 2018 (median 24 days; *p*=0.737). Frequency of non-prescribed use has been at a median of 5 days or less over the course of monitoring (2019: median 5 days, IQR=2-12).

Routes of Administration: The majority (70%) of people who had recently used buprenorphine reported injecting (81% in 2018; *p*=0.086), and at a median frequency of 7 days (IQR=3-59) in the six months preceding interview (2018: median 17 days; *p*=0.525).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine, nationally, 2002-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60 days to improve visibility of trends. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 10: Past six month non-prescribed use of buprenorphine, by jurisdiction, 2003-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	5	-	32	-	10	18	13	7
2004	8	-	35	-	12	23	15	20
2005	8	15	29	-	14	34	20	20
2006	19	34	29	6	14	32	14	30
2007	16	28	26	6	11	19	-	31
2008	7	25	19	-	12	18	18	25
2009	18	23	25	12	9	16	-	31
2010	13	27	21	-	9	18	8	27
2011	12	21	18	6	8	11	8	33
2012	13	20	19	6	9	14	10	22
2013	11	16	9	9	7	10	20	16
2014	22	12	12	11	-	19	12	19
2015	9	11	12	13	6	8	10	17
2016	11	8	4	10	-	9	16	26
2017	13	14	6	9	7	10	-	25
2018	-**	9	5	11	-	8	-	12
2019	**4**	**-**	**-**	**-**	**0***	**-**	**-**	**15**

Note. In 2002, IDRS interview did not distinguish between prescribed and non-prescribed use. - Values suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

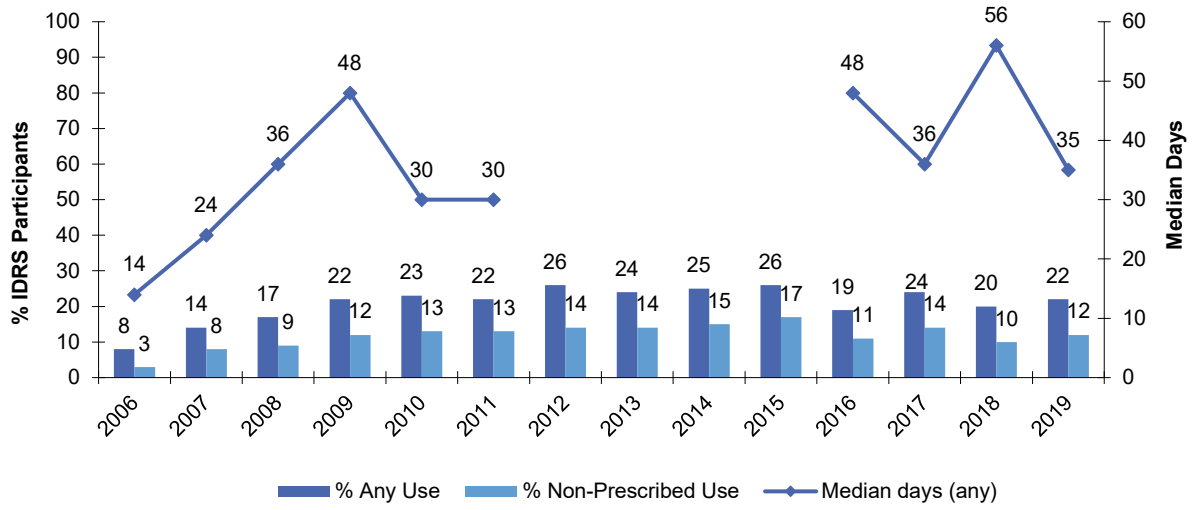
Buprenorphine-Naloxone

Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has remained relatively stable over the past decade. In 2019, 22% of the sample reported recent use of any buprenorphine-naloxone (20% in 2018; *p*=0.263; Figure 29), with 12% reporting non-prescribed use (10% in 2018; *p*=0.199; Table 11).

Frequency of Use: Consumers reported a median of 35 days of use (IQR=5-180) of buprenorphine-naloxone in the past six months. In 2019, the median days of non-prescribed use was 6 (IQR=2-24), stable from 2018 (6 days; *p*=0.572).

Routes of Administration: Less than half (48%) of those who had recently used buprenorphine-naloxone reported injecting it, and at median frequency of injection of 10 days (IQR=3-72) in the past six months (2018: median 12 days; *p*=0.968).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, nationally, 2006-2019



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine–naloxone film only. Median days missing for 2012-2015 as unable to compute median days for both forms combined. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60 days to improve visibility of trends. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 11: Past six month non-prescribed use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	-	-	5	-	-	9	-	7
2007	-	6	13	-	-	15	-	24
2008	-	10	18	-	-	12	-	16
2009	6	11	14	-	9	28	8	22
2010	-	12	24	-	8	17	15	21
2011	8	12	29	-	-	14	14	11
2012#	9	9	23	11	18	22	8	15
2013	9	11	17	9	9	22	19	22
2014	15	16	15	11	9	18	20	16
2015	11	12	17	13	15	19	22	27
2016	11	7	14	7	6	-	9	23
2017^	14	13	11	14	14	16	10	24
2018^	9	16	12	12	-	7	-	18
2019	**11**	**14**	**10**	**7**	**8**	**16**	**10**	**22**

Note. Data collected from 2006 onwards. # Includes 'tablet' and 'film' forms from 2012-2016. ^ Includes only 'film' form in 2017 and 2018. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

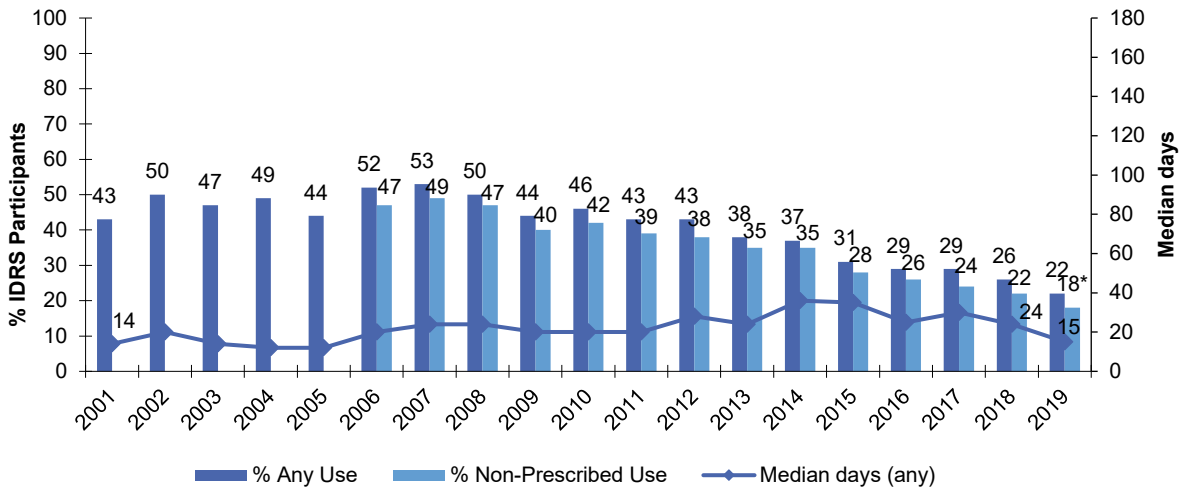
Morphine

Recent Use (past 6 months): After remaining relatively stable from 2001-2007, the per cent reporting recent morphine use has been declining from 2008 onwards (Figure 30). In 2019, 22% of the national sample had recently used any morphine (26% in 2018; p=0.063). Nationally, this per cent mostly comprised non-prescribed use (18% in 2019; 22% in 2018; p=0.041), with non-prescribed use lowest in the VIC sample (9%) and highest in the NT sample (40%) (Table 12). Notably, there was a significant decline in non-prescribed morphine use in the TAS sample from 2018 to 2019 (47% to 26%, respectively; p=0.002). Seven per cent of the national sample in 2019 reported recent prescribed use.

Frequency of Use: Frequency of any morphine use has fluctuated over time, with consumers reporting a median of 15 days (IQR=3-90) of use in 2019 (median 12 days non-prescribed), stable from 24 days in 2018 (IQR=3-180, p=0.269).

Routes of Administration: Of those who had recently used morphine, most (93%) reported injecting any form on a median of 15 days (IQR=3-85) in the past six months, a significant decrease from 29 days in 2018 (p=0.037).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, nationally, 2001-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 12: Past six month non-prescribed use of morphine, by jurisdiction, 2006-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	31	52	31	58	48	52	70	51
2007	34	53	37	67	41	45	73	57
2008	31	35	40	81	30	31	85	51
2009	28	38	31	81	22	33	61	38
2010	31	36	30	73	24	28	89	38
2011	21	30	33	73	20	33	72	39
2012	21	30	27	64	23	43	69	34
2013	19	23	20	65	22	37	74	38
2014	25	12	24	71	20	27	80	32
2015	19	20	13	47	20	19	69	29
2016	16	12	10	51	18	16	71	33
2017	16	21	7	42	12	18	60	26
2018	17	10	10	47	7	14	54	29
2019	**13**	**11**	**9**	**26****	**10**	**15**	**40**	**28**

Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. - Values suppressed due to small cell size (n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

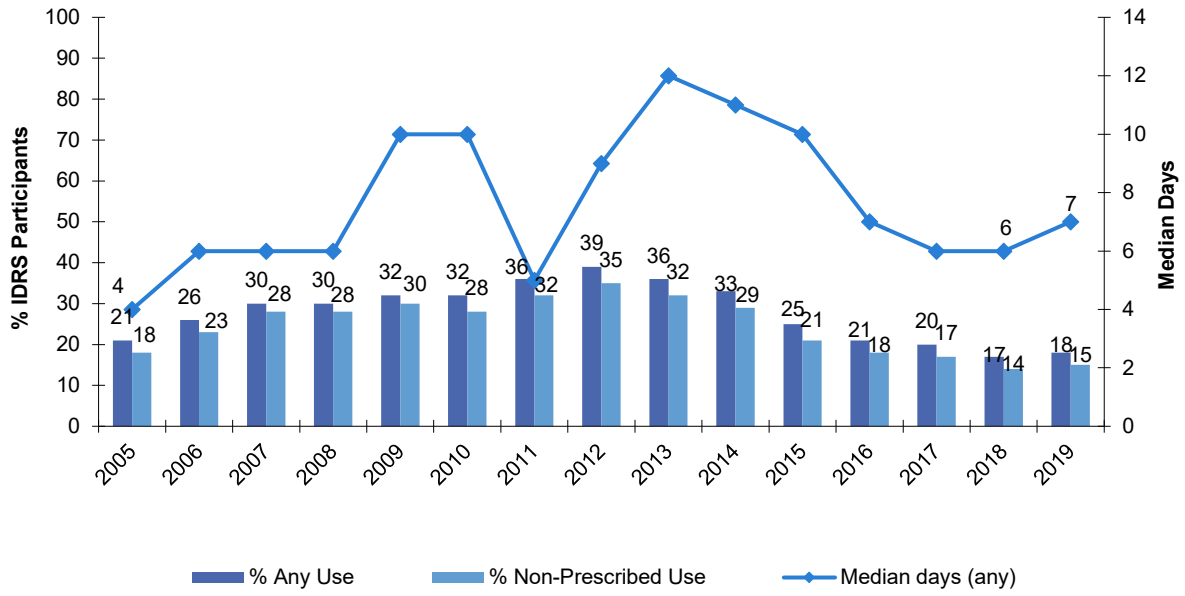
Oxycodone

Recent Use (past 6 months): After a gradual increase from 2005 to 2012, the per cent reporting recent oxycodone use has been declining (Figure 31). In 2019, 18% of the national sample had recently used oxycodone (4% prescribed; 15% non-prescribed), stable from 2018 (17%; *p*=0.530). The per cent reporting non-prescribed oxycodone use has declined across all jurisdictions from 2012 onwards (Table 13).

Frequency of Use: Frequency of oxycodone use reached a peak of a median 12 days in 2013, declining in subsequent years. In 2019, participants reported using any oxycodone on a median of 7 days (i.e. approximately monthly use; IQR=2-30), stable from 6 days in 2018 (IQR=2-27, *p*=0.080). Frequency of non-prescribed use was reported by formulation (tamper resistant ('OP'), non-tamper proof (generic), oxycodone-naloxone and 'other oxycodone'), with median days of use of 5 or less for each formulation in 2019.

Routes of Administration: Sixty-nine per cent of people who had recently used oxycodone reported injecting any form on a median of 7 days (IQR=2-25) in the past six months, stable from 5 days in 2018 (*p*=0.284).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, nationally, 2005-2019



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 14 days to improve visibility of trends. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 13: Past six month non-prescribed use of oxycodone, by jurisdiction, 2005-2019

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	14	14	16	30	11	39	11	16
2006	18	22	24	29	20	42	7	21
2007	26	23	28	36	20	44	11	39
2008	27	27	25	53	15	23	28	26
2009	27	27	25	56	9	29	35	34
2010	33	13	28	60	17	20	22	26
2011	34	23	37	45	23	30	26	34
2012	46	34	26	56	26	48	19	29
2013	40	17	23	61	18	33	23	37
2014	40	16	22	47	21	27	22	38
2015	21	15	19	27	25	18	23	24
2016	23	12	10	28	16	17	18	22
2017	27	9	8	29	13	14	14	18
2018	16	10	10	28	-	15	11	18
2019	**21**	**14**	**5**	**22**	**13***	**11**	**12**	**20**

Note. Data on oxycodone use not collected from 2000-2005. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

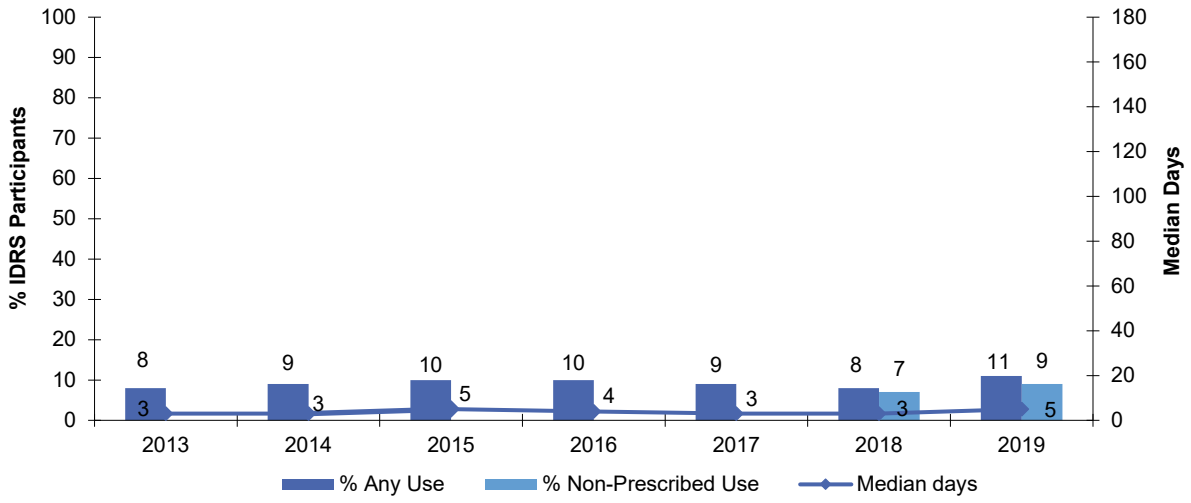
Fentanyl

Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring began (Figure 32). In 2019, 11% of the national sample reported using fentanyl (prescribed or non-prescribed) in the six months preceding interview (2% prescribed; 9% non-prescribed). Non-prescribed use was highest in the NT and QLD samples (13%, respectively) (Figure 33).

Frequency of Use: Frequency of use also remained stable relative to previous years, with participants reporting any use on a median of 5 days in the past six months (IQR=2-24) (median 5 days non-prescribed), stable from 3 days in 2018 (p=0.410) (Figure 32).

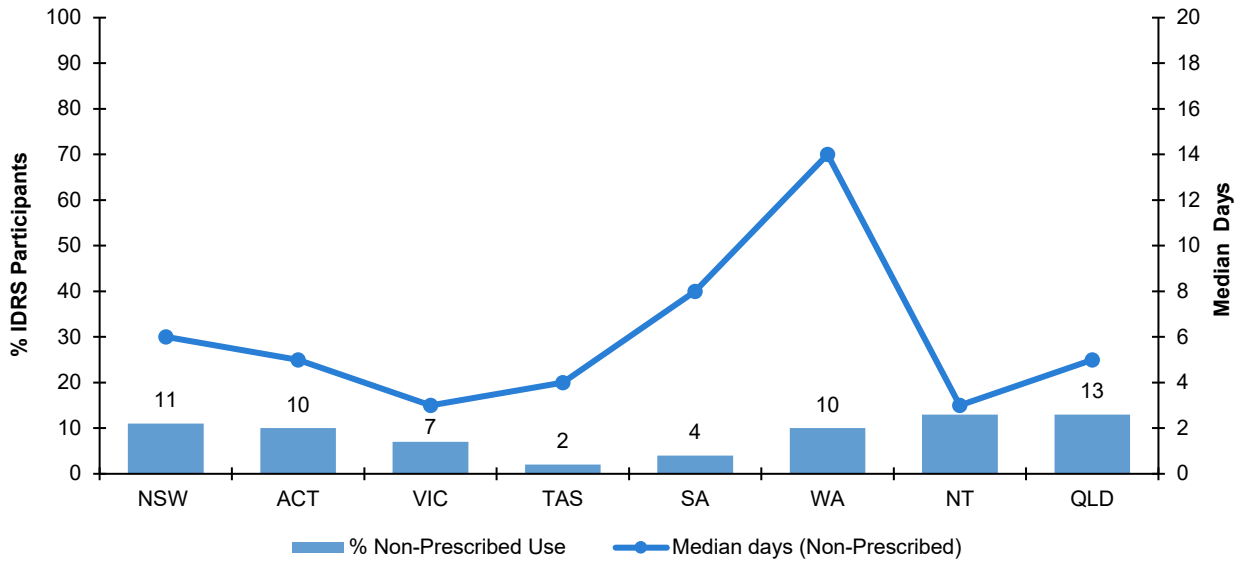
Routes of Administration: Fentanyl was injected by 88% of recent consumers on a median of 5 days (IQR=2-16) in the past six months, stable from 2018 (87%; p=0.493).

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of use of fentanyl, nationally, 2013-2019



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 33: Past six month non-prescribed use of fentanyl, by jurisdiction, 2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Codeine

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

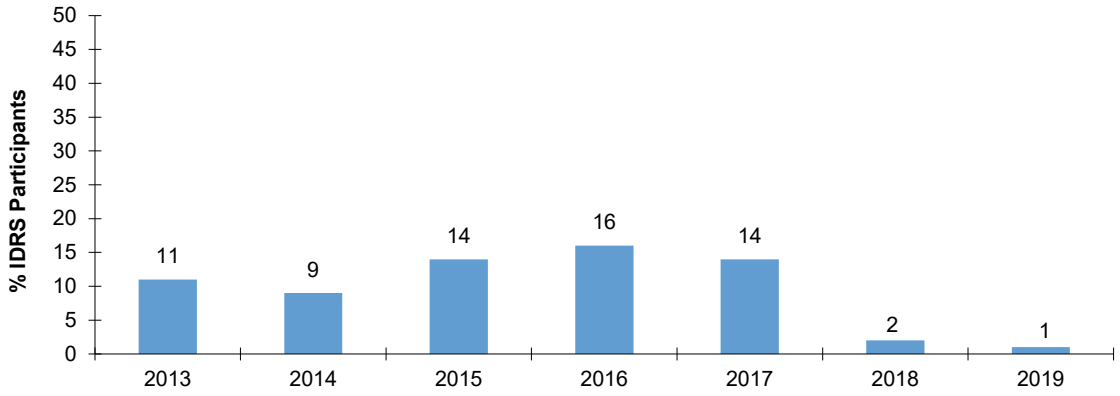
Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on use of prescription low-dose and prescription high-dose codeine were included in IDRS 2018 and 2019.

Recent Use (past 6 months): In 2018, 27% of the national sample reported recent use of any codeine; this changed to 21% in 2019 (p=0.002). In 2019, 9% reported use of non-prescribed codeine (6% high-dose and 3% low-dose; 6% and 2% in 2018; Figure 35).

Recent Use (past 6 months) for Non-Pain Purposes: The use of low dose codeine for non-medicinal/pain purposes remained low and stable in 2019 (1%; 2% in 2018), and down from 16% in 2016 (Figure 34).

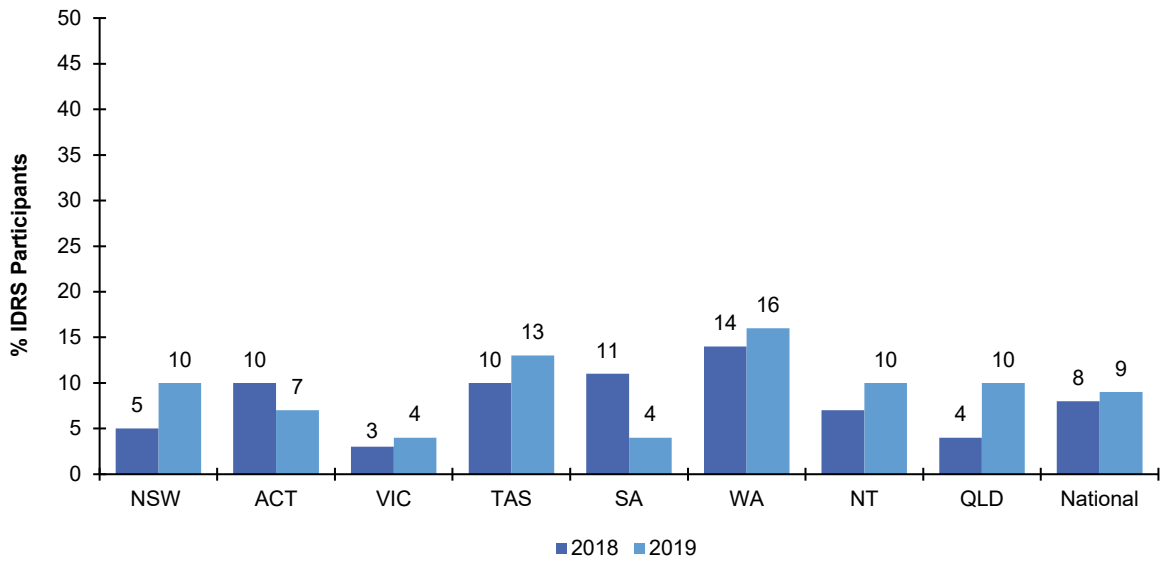
Frequency of Use: Those who reported any codeine use in 2019 had used on a median of 7 days (IQR=3-28; 2018: median 7, IQR=3-30). Median days used non-prescribed high-dose codeine was 5 (IQR=2-12) and for non-prescribed low-dose codeine was 7 (IQR=3-12).

Figure 34: Past six month use of non-prescribed low-dose codeine (for non-pain purposes), nationally, 2013-2019



Note. Differences between 2018 and 2019, and previous years data should be viewed with caution due to differences in the way questions were asked in 2018 and 2019 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Y axis reduced to 50 % to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 35: Past six month non-prescribed use of codeine, by jurisdiction, 2018 and 2019



Note. Differences between 2018 and 2019 should be viewed with caution due to differences in the way questions were asked in 2018 and 2019 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Y axis reduced to 50% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Tapentadol

Recent Use (past 6 months): The per cent reporting recent tapentadol use (prescribed or non-prescribed) was very low in the national sample, with 15 participants reporting any recent use in 2019 (2%). Nationally, this was mostly non-prescribed use (1%; n=11), with the highest use reported in WA (n=8). Less than five participants (exact number suppressed) reported recent prescribed use in 2019.

Frequency of Use: Frequency of any tapentadol use was also low among participants who reported recent use, with consumers reporting a median of three days (IQR=1-6) of use in 2019 (median 3 days non-prescribed).

Routes of Administration: All of those reporting recent non-prescribed tapentadol use in 2019 reported swallowing tapentadol; less than five participants (exact number suppressed) reported injecting non-prescribed tapentadol.

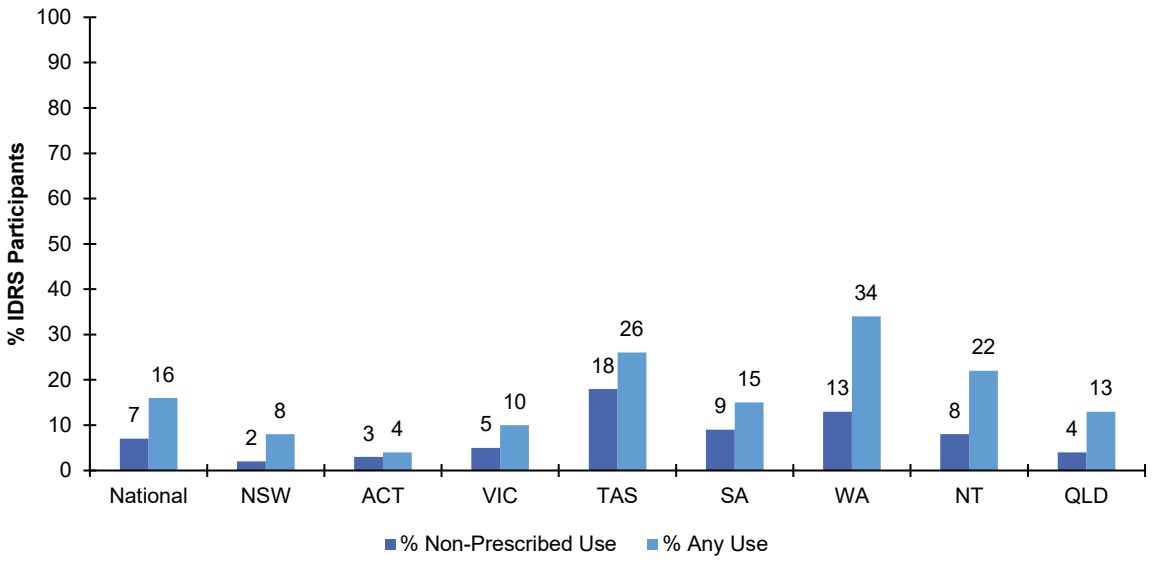
Tramadol

Recent Use (past 6 months): In 2019, 16% of the national sample reported using tramadol (prescribed or non-prescribed) in the six months preceding interview (9% prescribed; 7% non-prescribed). The per cent reporting non-prescribed use varied by jurisdiction (Figure 36).

Frequency of Use: Frequency of any tramadol use was low among consumers, with reported use on a median of 7 days (IQR=3-30) in the past six months (median 4 days non-prescribed).

Routes of Administration: Nine per cent of participants who had recently used any tramadol reported injecting on a median of 2 days (IQR=1-5) in the six months prior to interview.

Figure 36: Past six month use of tramadol, nationally and by jurisdiction, 2019



Note: Data labels not reported where n≤5.

8

Other drugs

Participants were asked about their recent (past six month) use of various other drugs, including use of new psychoactive substances, non-prescribed use (i.e., use of a medicine obtained from a prescription in someone else's name) of other pharmaceutical drugs, and use of licit substances (e.g., alcohol, tobacco).

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2019, the per cent reporting any NPS use remained stable among the national sample, with 11% reporting recent use (11% in 2018) (Table 14). 'New' drugs that mimic the effects of cannabis were the most commonly used NPS (6%), although consumers reported infrequent use (median 2 days; IQR=1-12). A small per cent (2%) reported use of new drugs that mimic the effects of opioids.

Table 14: Past six month use of new psychoactive substances, nationally, 2013-2019

%	2013	2014	2015	2016	2017	2018	2019
	N=887	N=898	N=888	N=877	N=888	N=905	N=902
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	**2***
'New' drugs that mimic the effects of ecstasy	/	/	/	/	1	1	**2**
'New' drugs that mimic the effects of amphetamine or cocaine	4	4	3	4	/	2	**1**
'New' drugs that mimic the effects of cannabis	9	8	8	8	5	5	**6**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	1	2	**1**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	**1**
Any of the above	12	11	10	11	8	11	11

Note. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has decreased, from 46% in 2007 when monitoring commenced to 32% in 2019 (30% in 2018; p=0.335) (Figure 37). In the total sample, 17% reported use of non-prescribed alprazolam and 24% reported use of non-prescribed other benzodiazepines.

Frequency of Use: In 2019, consumers reported a median 6 days (IQR=2-22) and 7 days (IQR=3-30) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Routes of Administration: In 2019, 6% of participants who had recently used non-prescribed benzodiazepines reported injecting as a route of administration (versus 9% in 2018; p=0.127). Additionally, 4% of participants who had recently used any benzodiazepine (including alprazolam) (prescribed or non-prescribed) reported injecting as a route of administration (6% in 2018; p=0.181).

Pharmaceutical stimulants

Recent Use (past 6 months): Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has decreased since monitoring began (Figure 37). One-fifth (18%) reported recent use in 2006, declining to 7% in 2019 (9% in 2018; p=0.185).

Frequency of Use: Frequency of non-prescribed use remained stable at a median of 5 days (IQR=2-10).

Routes of Administration: Three-fifths (63%) of those who had recently used non-prescribed pharmaceutical stimulants (equivalent to 5% of the total sample) reported that they had injected non-prescribed drugs on a median of 4 days (IQR=2-10).

Antipsychotics

Recent Use (past 6 months): The per cent of the sample reporting recent use of non-prescribed antipsychotics (asked as 'Seroquel' until 2019) has been between 9% and 15% of the sample since monitoring began in 2011 (9% in 2019; Figure 37).

Frequency of Use: Non-prescribed use remained infrequent amongst consumers in 2019 (median 5 days; IQR=2-22; median 3 days in 2018, IQR=2-10).

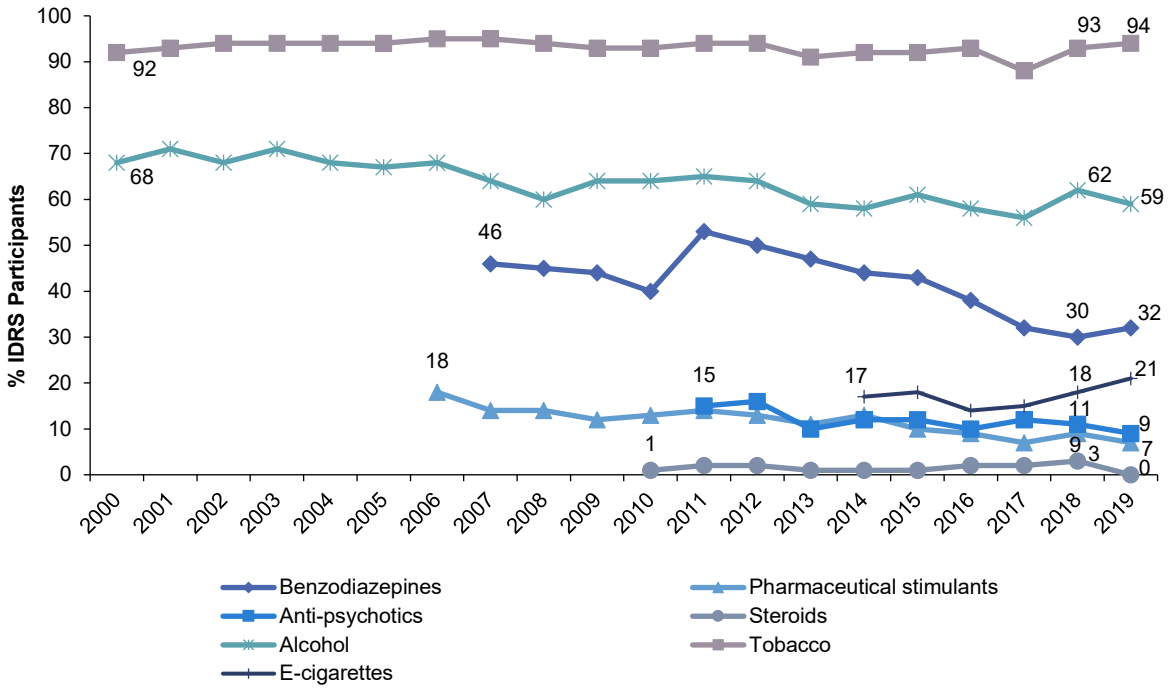
Pregabalin

Recent Use (past 6 months): In 2019, 18% of the national sample had used non-prescribed pregabalin in the six months preceding interview (25% in 2018; p=0.339), with the highest per cent reporting recent use observed in the QLD and TAS samples (26%, respectively), closely followed by VIC and WA (24%, respectively).

Frequency of Use: Non-prescribed use was infrequent amongst recent consumers in 2019, with a reported median of 4 days of use (IQR=2-14), consistent with 2018 reports (median 4 days; IQR=1-14).

Routes of Administration: The vast majority (98%) of recent consumers had swallowed non-prescribed pregabalin in the six months preceding interview.

Figure 37: Past six month use of other drugs, nationally, 2000-2019



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018 (excluded from figure). Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Licit and Other Drugs

Steroids

Recent Use (past 6 months): Reports of recent use of steroids have remained consistently low (between 1% and 3%) since monitoring began in 2010 (Figure 37).

Alcohol

Recent Use (past 6 months): Fifty-nine per cent of the sample reported recent use of alcohol in 2019 (62% in 2018; p=0.187; Figure 37).

Frequency of Use: Median frequency of use amongst consumers in 2019 was 24 days (IQR=6-90; 20 days in 2018; p=0.391), with 14% of recent consumers in 2019 reporting daily use (15% in 2018; p=0.583).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively high and stable since the IDRS began, with 94% of the national sample reporting recent use in 2019 (92% in 2000; p=0.271; Figure 37).

Frequency of Use: Median frequency of use was 180 days (IQR=180-180 days; 180 days in 2018; p=0.412), with 91% of recent consumers reporting daily use (92% in 2018; p=0.348).

E-cigarettes

Recent Use (past 6 months): E-cigarette use has remained relatively stable over time, with 21% of the national sample reporting recent use in 2019 (18% in 2018; *p*=0.056) (Figure 37).

Frequency of Use: Median frequency of use was five days (IQR=2-30; 6 days in 2018; *p*=0.881) in 2019, with 14% of recent consumers reporting daily use (13% in 2018; *p*=0.833).

9

Drug-related harms and other associated behaviours

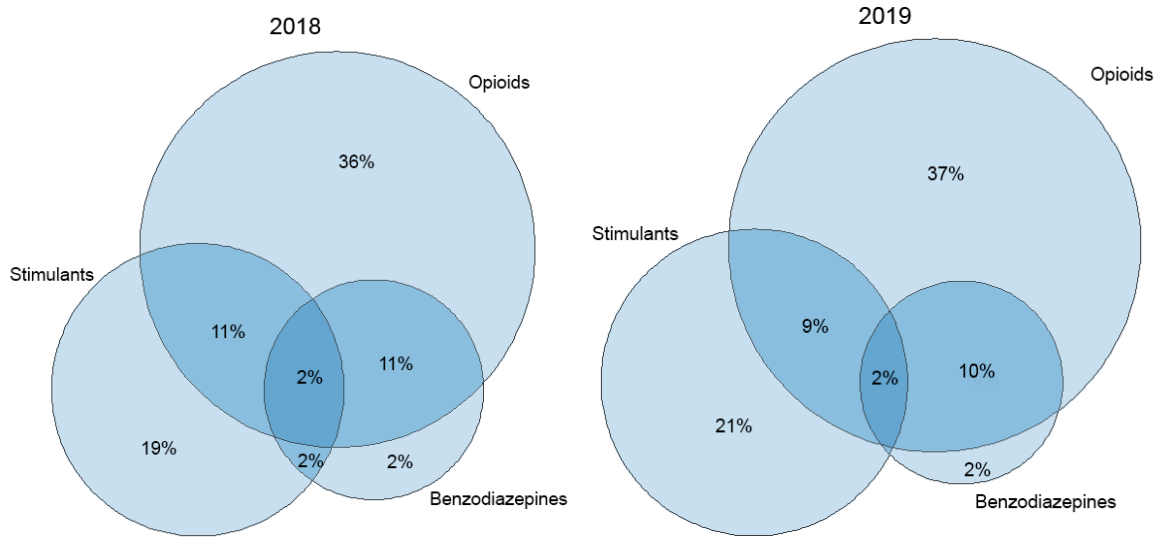
Participants were asked about various drug-related harms and associated behaviours, including polysubstance use, overdose, injecting risk, drug treatment, mental health, sexual health behaviours and crime. It should be noted that the following data refer to participants' understandings of these behaviours (e.g., may not represent medical diagnoses in the case of reporting on health conditions).

Polysubstance Use

In 2019, the majority (98%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview (96% in 2018). The most commonly used substances of those who reported using one or more drugs were tobacco (86%), opioids (60%), cannabis (46%), stimulants (33%), alcohol (21%) and benzodiazepines (15%).

Eighty-one per cent of the sample reported using any opioid, stimulant or benzodiazepine on the day preceding interview (83% in 2018). Twenty-one per cent of the total sample reported using a combination of opioids, stimulants and/or benzodiazepines on the day, with the most common combinations being opioids and benzodiazepines (10%) and opioids and stimulants (9%) (see Figure 38).

Figure 38: Use of opioids, stimulants and benzodiazepines on the day preceding interview, nationally, 2018-2019



Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (2018: 83%; 2019: 81%). The figure is not to scale.

Overdose

There has been some variation in the way questions about overdose have been asked over the years.

In 2019, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic); and
- **'other drug' overdose** including alcohol, cannabis, amyl nitrite/alkyl nitrite, benzodiazepines, NPS, pharmaceutical stimulants or any other drug.

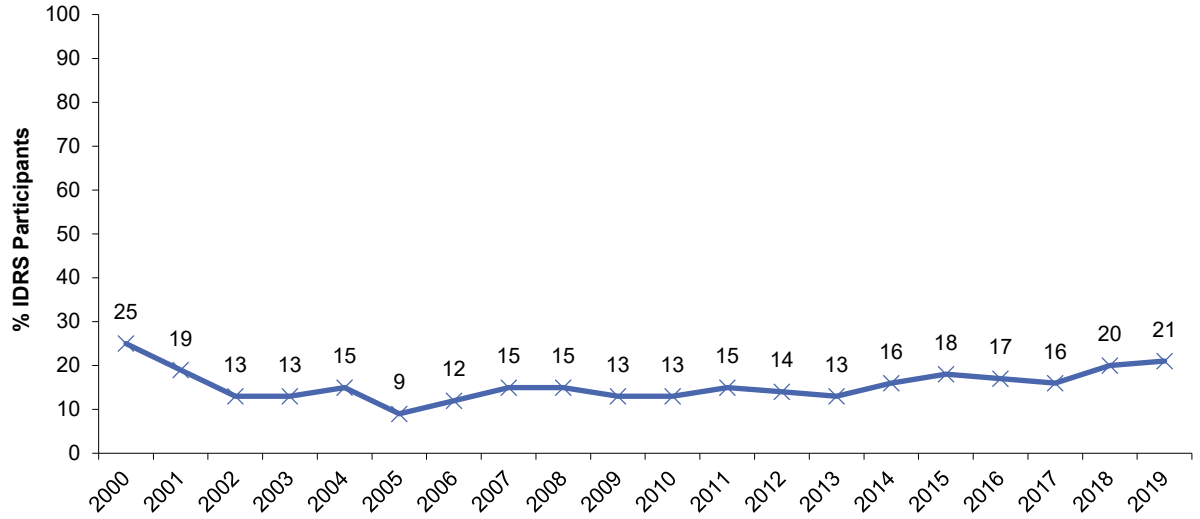
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below) but note that estimates may vary over time because of changed nuance in asking by drug type.

After some fluctuations from 2000-2006 (likely due to differences in the way questions regarding overdose were asked), the per cent reporting past 12 month non-fatal overdose remained relatively stable from 2007-2017, before increasing slightly in 2018 and 2019 (20% and 21%, respectively; p=0.691) (Figure 39). In 2019, the per cent reporting any past 12-month non-fatal overdose was lowest in NT (6%) and highest in VIC (28%) (Table 15).

The most commonly cited substance involved in past year non-fatal overdoses was heroin (12% of total sample in 2019; Table 15). In 2019, participants who had overdosed on heroin had done so on a median of two occasions (IQR=1-3) in the last 12 months. Among those that had overdosed on heroin in the past year (n=106), 47% reported that an ambulance had attended their most recent overdose, 47% reported receiving Narcan®, 28% were admitted to an emergency department, and 13% reported receiving cardiopulmonary resuscitation from a friend/partner/peer. Seventeen per cent reported not receiving any treatment. The most commonly cited drugs involved in participants' most recent heroin overdose were benzodiazepines (including alprazolam, 29%), cannabis (21%), alcohol (20%) and crystal methamphetamine (20%). When asked which substances were involved in their most recent accidental overdose, participants most commonly reported heroin (12%), crystal methamphetamine (4%) and methadone (1%).

Please contact the Drug Trends team (drugtrends@unsw.edu.au) to request further findings regarding non-fatal overdose in the IDRS sample.

Figure 39: Past 12-month non-fatal overdose, nationally, 2000-2019



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 15: Past 12-month non-fatal overdose by drug type, nationally and by jurisdiction, 2018-2019

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2018	**2019**								
% Any opioid	N=905 19	N=892 15	N=151 19	N=100 14	N=143 25	N=98 10	N=99 4	N=95 12	N=98 4	N=108 24
% Heroin overdose	N=806 13	**N=890 12**	N=150 15	N=100 14	N=143 21*	N=98 -	N=99 -	N=94 10	N=98 -	N=108 20
% Methadone overdose	N=854 1	**N=890 1**	N=150 -	N=100 0	N=143 -	N=98 -	N=99 0	N=94 -	N=98 0	N=108 0
% Morphine overdose	N=860 1	**N=890 1**	N=150 0	N=100 0	N=143 0	N=98 -	N=99 0	N=94 0	N=98 -	N=108 -
% Oxycodone overdose	N=861 -	**N=890 -**	N=150 0	N=100 0	N=143 0	N=98 0	N=99 0	N=94 0	N=98 0	N=108 -
% Other drug overdose										
% Including stimulants	N=849 6	**N=889 8**	N=151 11	N=100 6	N=142 4	N=97 13	N=99 14	N=95 -	N=97 -	N=108 7
% Not including stimulants	/	**N=887 3**	N=151 -	N=100 -	N=142 -	N=96 -	N=99 -	N=94 -	N=97 -	N=108 -
% Any drug overdose	N=782 20	**N=890 21**	N=151 27	N=100 19	N=143 28	N=98 20*	N=99 18	N=94 16	N=97 6	N=108 27

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019 for national and jurisdictional estimates.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription.

Awareness of naloxone: From 2013-2019, there has been no significant change in the per cent of the national sample who have heard of naloxone, with nearly nine in ten participants reporting awareness of naloxone. However, a significant decrease transpired in the per cent of participants who had heard of naloxone in the NT sample (66% in 2019; 81% in 2018; p=0.024) which was in contrast to a significant increase in the QLD sample (94% in 2019; 80% in 2018; p=0.003) (Table 16).

Awareness of training programs: There have been increases in the proportion who have heard about take-home naloxone programs. In 2019, knowledge regarding the take-home naloxone program (and participation in this program) was highest in the VIC and the ACT samples (76% and 77%, respectively). In saying this, 69% of participants in the QLD sample reported that they had heard of the take-home naloxone program, a significant increase relative to 2018 (45%; p<0.001).

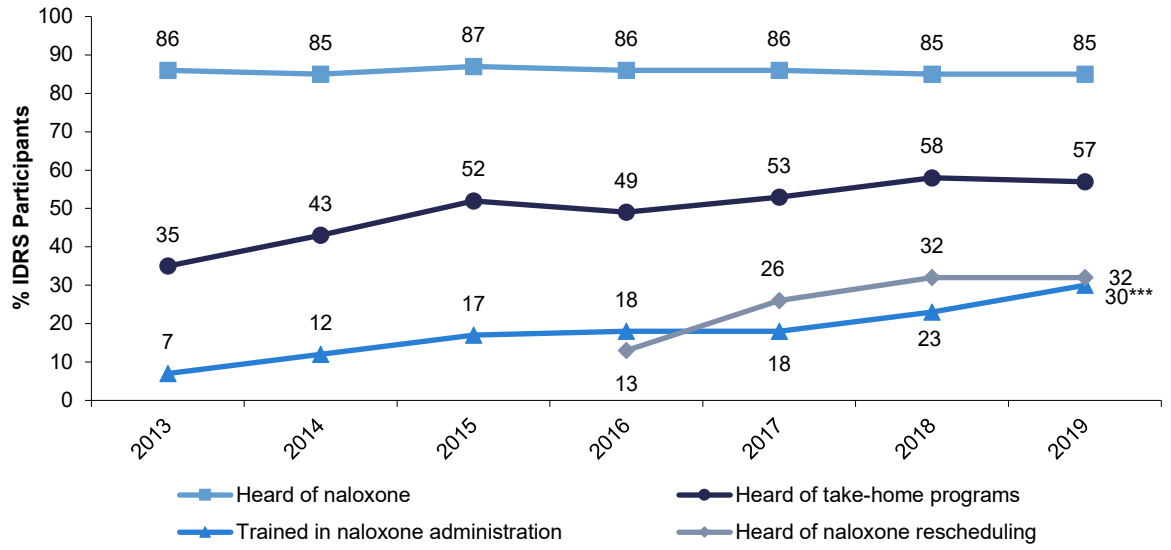
Participation in training programs: Further, in 2019 there was a significant increase in those who had been trained in how to administer naloxone (30%; 23% in 2018; p<0.001; Figure 40). This increase in the per cent reporting training was most evident in the NSW sample (40%; 23% in 2018; p<0.001) and the QLD sample (27%; 12% in 2018; p=0.009).

Awareness of naloxone scheduling and products: One-third of participants (32%) had heard of naloxone rescheduling in 2019, similar to the per cent in 2018 (32%). Awareness of the naloxone spray ranged from 13% in the SA sample to 35% in the ACT sample in 2019.

Use of naloxone to reverse overdose: In 2019, 4% of the national sample reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program, whilst smaller numbers reported that they had been resuscitated with naloxone which had been obtained OTC at a pharmacy.

Of those who had completed the take-home naloxone program (n=225), 47% had used naloxone to resuscitate someone who had overdosed. Four per cent (n=28) reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy. Of these participants, 52% (n=16) reported that they had resuscitated someone who had overdosed.

Figure 40: Take-home naloxone program and distribution, nationally, 2013-2019



Note. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Table 16: Awareness of take-home naloxone program and distribution, by jurisdiction, 2019

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Heard of naloxone	N=151 91	N=100 93	N=144 92	N=98 85	N=98 64	N=96 89	N=98 66*	N=109 94**
% Heard of the take-home naloxone program	N=151 64	N=100 77	N=143 76	N=99 24	N=97 22	N=96 62	N=96 50	N=109 69***
% Trained in naloxone administration	N=150 40*	N=100 45	N=142 51	N=99 -	N=97 8	N=94 33	N=96 19	N=109 27**
% Heard of the naloxone rescheduling^	N=149 34	N=100 34	N=143 40	N=99 20	N=98 14	N=94 37	N=97 46	N=108 27
% Heard about the naloxone nasal spray	N=151 25	N=100 35	N=144 24	N=97 14	N=97 13	N=96 21	N=96 16	N=109 25

Note. ^naloxone over the counter from a pharmacy without a prescription. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Injecting Risk Behaviours and Harms

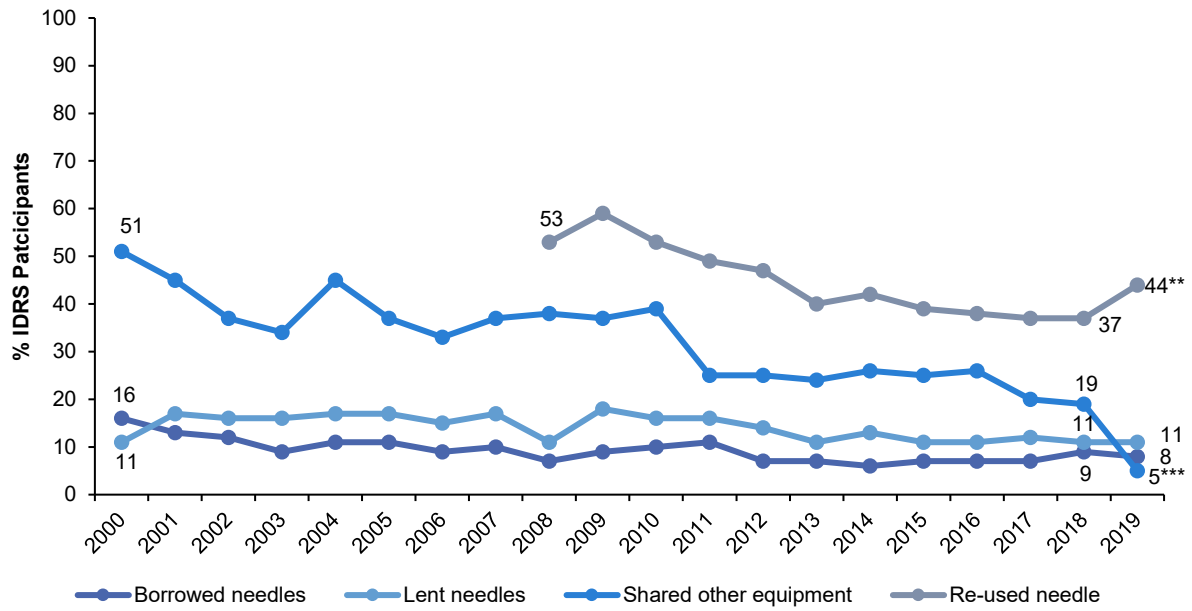
Injecting Risk Behaviours

In 2019, eight per cent nationally reported receptive sharing (stable from 9% in 2018, *p*=0.410), with 11% reporting distributive sharing in the past month, also stable from 11% in 2018 (*p*=0.974). The per cent who have shared other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month has declined substantially since 2000 (Figure 41). The per cent of the sample who reported re-using their own needles in the past month also declined substantially from 2000 to 2018, however in 2019 increased significantly (44% versus 37%; *p*=0.003).

One-third (35%) of the 2019 sample reported that they had injected someone else after injecting themselves, and 21% were injected by someone else who had previously injected in the past month, a significant increase from 16% in 2018 (*p*=0.004).

Consistent with previous years, most participants (77%) in the national sample reported that they had last injected in a private home (78% in 2018; *p*=0.435; Table 17). Nine per cent of Sydney participants and 13% of Melbourne participants reported last injecting at the Medically Supervised Injecting Facility in their city.

Figure 41: Borrowing and lending of needles and sharing of injecting equipment in the past month, nationally, 2000-2019



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Table 17: Sharing needles and injecting equipment in the past month, nationally and by jurisdiction, 2018-2019

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=892	**N=893**	**N=151**	**N=100**	**N=143**	**N=99**	**N=98**	**N=95**	**N=98**	**N=109**
	2018	**2019**								
% Injecting behaviours past month										
Borrowed a needle	9	**N=892 8**	N=151 9	N=100 8	N=143 5	N=99 6	N=98 5	N=95 13	N=98 9	N=109 9
Lent a needle	11	**N=876 11**	N=149 13	N=98 11	N=142 8	N=97 6	N=96 8	N=92 23	N=95 8	N=107 13
Shared any injecting equipment ^	N=900 19	**N=902 5*** **	N=151 7***↓	N=100 6***↓	N=148 -***↓	N=99 -	N=100 0***↓	N=96 8**↓	N=99 -**↓	N=109 7
Reused own needle	37	**N=892 44** **	N=151 46	N=99 47	N=144 52	N=98 35*↑	N=98 43	N=95 47	N=98 38	N=109 39
Reused own injecting equipment ^	N=895 45	**N=901 28*** **	N=151 38*↑	N=100 32	N=148 32**↑	N=99 15	N=100 17	N=95 28	N=99 22	N=109 27
Injected partner/friend after self~	31	**N=893 35**	N=150 36	N=100 33	N=144 46*↑	N=99 27	N=98 27	N=95 33	N=99 30	N=108 41
Somebody else injected them after injecting themselves~	N=886 16	**N=893 21** **	N=151 19	N=100 21	N=144 23	N=99 12	N=96 25*↑	N=95 25*↑	N=95 25	N=109 23
% Location of last injection		**N=888**	**N=150**	**N=98**	**N=144**	**N=99**	**N=98**	**N=93**	**N=98**	**N=108**
Private home	78	**77**	69	82	55	87	95	76	76	77
Car	4	**4**	-	-	-	6	-*↓	10	-	-
Street/car park/beach	9	**7**	11	-	23	0*↓	0	8	-	-**↓
Public toilet	5	**7**	4	10*↑	6	-	-	-	6	14
Medically supervised injected services	2	**4**	9	/	13	/	/	/	/	/
Other	4	**1**	-	0	-	0	-	0	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / not asked. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019 for national and jurisdictional estimates. ↓ ↑ indicates direction of statistical significance.

Self-Reported Injection-Related Health Problems

In 2019, almost half (45%) of the national sample reported having an injection-related health issue in the month preceding interview (Table 18). The most common injection related health issues reported by participants was a dirty hit (22%), followed by nerve damage (20%) and an artery injection (15%).

Table 18: Injection-related issues in the past month, nationally and by jurisdiction, 2019

	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=865	**N=147**	**N=99**	**N=143**	**N=93**	**N=97**	**N=87**	**N=92**	**N=107**
% Artery injection	**15**	14	15	18	10	16	13	15	15
% Nerve damage	**20**	23	20	24	8	20	16	19	23
% Any thrombosis	**9**	10	10	6	9	6	19	-	-
Blood clot	**8**	10	8	6	7	-	17	-	-
Deep vein thrombosis	**2**	-	-	-	-	-	-	-	0
% Septic arthritis	**1**	-	-	0	0	0	-	0	0
% Infection/ abscess	**14**	17	18	15	6	8	19	11	17
Sepsis	**1**	0	-	0	-	0	-	-	-
Skin abscess	**12**	15	12	14	6	6	16	10	15
Osteomyelitis	**1**	0	-	-	0	0	0	-	-
Endocarditis	**3**	-	6	4	0	-	-	0	-
% Dirty hit	**22**	25	24	20	13	29	18	13	32
% Any injection related problem	**45**	46	48	45	32	51	51	34	54

Note. - Values suppressed due to small cell size (n≤5 but not 0).

Drug Treatment

Consistent with previous years, two-fifths of participants (41%; 41% in 2018) reported that they were currently in treatment for their substance use (most commonly methadone) in 2019 (Table 19). Of those people who had used methamphetamine in the past year (n=897), 6% reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period (10% of those who reported weekly or more frequent use of methamphetamine).

In 2019, 17% of the total sample had not accessed treatment in the past six-month period but reported thinking that they needed it. Of these people (n=156), 33% reported that they had tried but were unable to access drug treatment. Among these participants (n=52), methamphetamine (42%) and heroin (40%) were the main substances for which participants intended to seek treatment. Residential rehabilitation (36%), GP (28%), and detoxification (24%) were the main services that people had tried to access.

Table 19: Current drug treatment, nationally and by jurisdiction, 2018-2019

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=905	**N=901**	**N=151**	**N=100**	**N=148**	**N=99**	**N=99**	**N=96**	**N=96**	**N=109**
	2018	**2019**								
% Current drug treatment	41	**41**	57	49	50	47	18	27	10	58
Methadone	28	**25**	42	30	37	23	12	10	-	25
Buprenorphine	2	**2**	-	0	-	-	0	0	0	7
Buprenorphine-naloxone	8	**9**	8	-	13	15	-	7	-	15
Drug counselling	2	**9**	14	8	5	9	-	9	0	23
Other	1	**5**	-	12	-	-	-	-	0	-

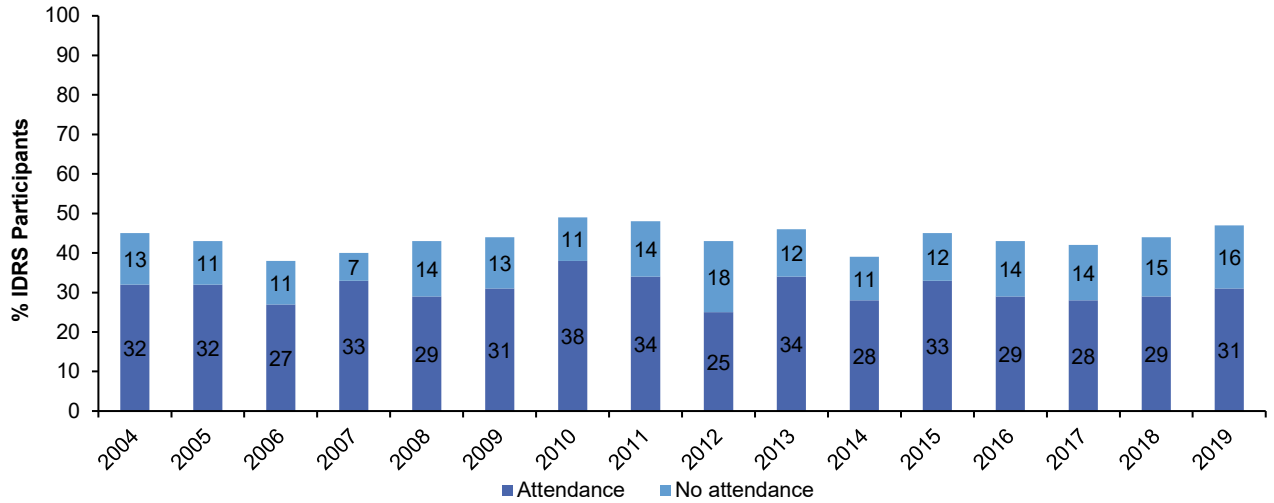
Note. Numbers suppressed when n≤5 (but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019 for the national sample.

Mental Health

In 2019, 47% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2018 (45%; *p*=0.415) (Figure 42). Amongst this group, the most commonly reported problems were depression (70%) and anxiety (61%). Smaller proportions reported post-traumatic stress disorder (21%), schizophrenia (14%), and bipolar disorder (11%).

One-third of the total sample (31%; 67% of those who reported a mental health problem) had seen a mental health professional during the past six months, most commonly a GP (61%), psychiatrist (34%), psychologist (33%), and counsellor (25%). Three-fifths (72%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, a significant increase from 2018 (58%; *p*<0.001).

Figure 42: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2004-2019



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2018 versus 2019.

Sexual Health Behaviours

In 2019, 62% of the sample reported having engaged in penetrative sex with one or more people in the six months preceding interview. Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who reported penetrative sex with one or more people, almost one-fifth (19%) had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Of those who reported having penetrative sex, 20% reported that alcohol and/or other drugs impaired their ability to negotiate their wishes during sexual intercourse (Past six month non-prescribed use of morphine, by jurisdiction, 2006-2019).

Forty-six per cent of the sample reported having had a sexual health check in the last 12 months, and 3% of the total sample had been diagnosed with a sexually transmitted infection in the last 12 months.

Table 20: Sexual health behaviours, nationally and by jurisdiction, 2019

%	National	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=865	N=143	N=97	N=143	N=98	N=98	N=85	N=95	N=106
% Any penetrative sex in the last 6 months (n)	62 (540)	59 (85)	66 (64)	64 (92)	67 (66)	66 (65)	58 (49)	58 (55)	60 (64)
Of those who responded#:	N=521	N=82	N=62	N=91	N=60	N=63	N=47	N=52	N=64
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	19	18	13	15	-	33	19	27	20
Of those who responded#:	N=520	N=80	N=64	N=89	N=60	N=64	N=48	N=51	N=64
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	20	29	33	15	12	16	15	16	23
Of those who responded (past 12 months):	N=855	N=143	N=97	N=142	N=92	N=97	N=84	N=96	N=104
% Had a sexual health check	46	52	47	37	49	44	39	47	50
% Diagnosed with a sexually transmitted infection	3	-	-	-	-	-	-	6	-

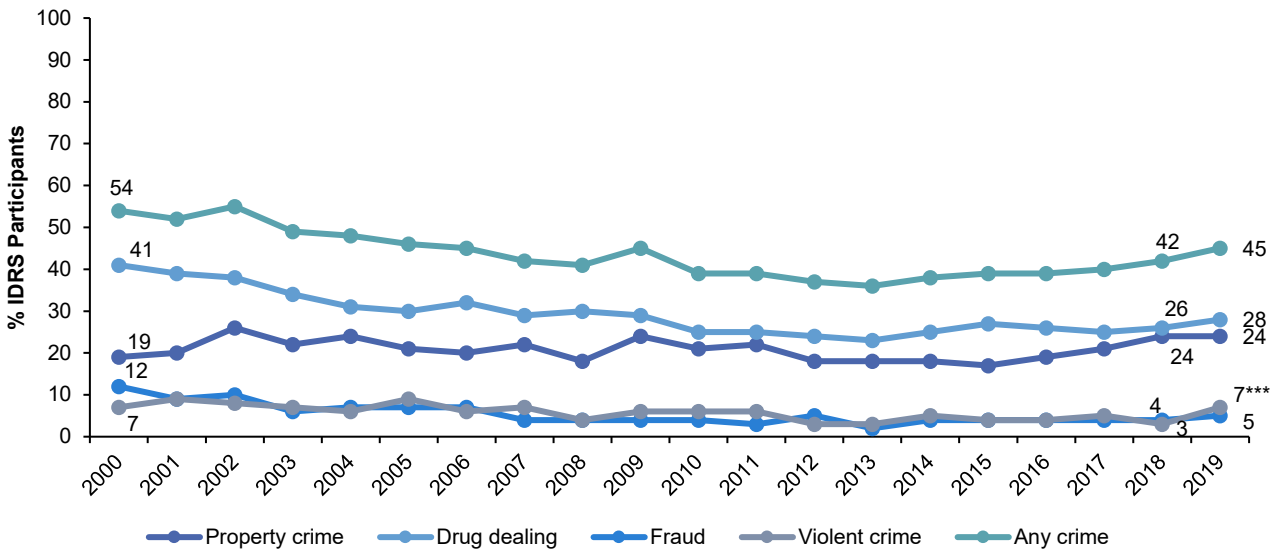
Note. Numbers suppressed when n≤5 (but not 0).

Crime

The per cent of participants reporting past month criminal activity declined from 2000 to 2010, stabilising from 2010 onwards. Property crime and selling drugs for cash profit remain the most common self-reported crimes in the month preceding interview (28% and 24%, respectively) (Figure 43). Though numbers remain low, a significant increase was observed in those reporting violent crime, from 3% in 2018 to 7% in 2019 ($p<0.001$). In 2019, 17% reported being a victim of a crime involving violence (e.g., assault).

In 2019, 34% the sample had been arrested in the past year, stable from 2018 (32%; $p=0.254$). This ranged from 20% in SA to 43% in VIC and TAS, respectively. Two-thirds of the sample (62%) reported a lifetime prison history in 2019, a significant increase from 2018 (56%; $p=0.009$). This ranged from 46% in the WA sample to 73% in the NSW sample.

Figure 43: Self-reported criminal activity in the past month, nationally, 2000-2019



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2018 versus 2019.