IDRS

SOUTH AUSTRALIAN DRUG TRENDS 2022

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

SOUTH AUSTRALIAN DRUG TRENDS 2022: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Research Team

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- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Daisy Gibbs, Olivia Price, Professor Louisa Degenhardt, Professor Michael Farrell and Associate Professor Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
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Participants

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Contributors

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
REDCap	Research Electronic Data Capture
RNA	Ribonucleic Acid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs ≥6 days in the preceding six months and resided in Adelaide, South Australia. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2022 from May-June. Interviews in 2020, 2021 and 2022 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission. This methodological change should be factored into all comparisons of data from the 2020-2022 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Adelaide, South Australia (SA) in 2022 (N=103) was consistent with the Adelaide profile in previous years, whereby almost two-thirds (65%) were male, with a mean age of 48 years. Four-fifths (81%) of the sample were unemployed at the time of interview, and most (93%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week remained stable, from $315 in 2021 to $350 in 2022. Participants typically nominated methamphetamine as their drug of choice in 2022 (65%), followed by heroin (26%). Methamphetamine was also the drug injected most often in the past month (75%), followed by heroin (23%). Weekly or more frequent use of heroin significantly increased in 2022 (26%), relative to 2021 (10%; p=0.004).

Heroin

Recent (i.e., past six month) use of heroin has fluctuated since the commencement of monitoring, with 35% of the Adelaide sample reporting recent use in 2022, a significant increase from 22% in 2021 (p=0.046). Three-quarters (75%) of participants who had recently used heroin reported using on a weekly or more frequent basis in 2022, a significant increase relative to 2021 (45%; p=0.030). Perceived purity and availability remained stable between 2021 and 2022, with equal percentages perceiving purity to be 'low', 'medium' and 'high' (31%, respectively) and 84% perceiving that heroin was 'easy' or 'very easy' to obtain (78% in 2021).

Methamphetamine

Notwithstanding a decline in 2020, recent use of any methamphetamine has remained relatively stable since 2019, with nine in ten participants (90%) reporting recent use in 2022. This mostly comprised crystal methamphetamine use (83%), the most commonly used form since 2010. Almost one-third of the sample (31%) reported recent use of powder and 10% reported recent use of base. Perceived purity remained stable between 2021 and 2022, with 39% reporting purity as 'high' for powder (30% in 2021) and 31% reporting purity as 'medium' for crystal (28% in 2021). Perceived availability also remained stable, with 49% (43% in 2021) and 60% (57% in 2021) reporting powder and crystal as being 'very easy' to obtain, respectively.

Cocaine

Recent use of cocaine remained stable at 10% (16% in 2021), of which the vast majority reported using powder cocaine. Frequency of use, however, increased significantly, from one day in 2021 to five days in 2022 (p=0.034).

Cannabis and/or Cannabinoid Related Products

Recent use of non-prescribed cannabis and/or cannabinoid related products has remained fairly stable since 2014, with 72% reporting recent use in 2022 (67% in 2021). Hydroponic cannabis remained the form most commonly used (87%), followed by bush cannabis (60%). Significantly more participants reported using hashish in 2022 (19%; n≤5 in 2021; p=0.030). Sixteen per cent reported using hash oil, 9% reported using CBD extract and 11% reported using THC extract. Both hydroponic and bush cannabis were reported as being 'very easy' to obtain in 2022 (70% and 53% of those who commented, respectively).

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids has generally remained stable or declined over the past 5-15 years of monitoring. In 2022, recent use of methadone (n≤5), buprenorphine tablet (n≤5), buprenorphine-naloxone (8%), morphine (10%), oxycodone (10%), fentanyl (6%) and codeine (6%) remained low and stable.

Other Drugs

Few participants (n≤5) reported recent use of NPS, non-prescribed pharmaceutical stimulants and non-prescribed antipsychotics in 2022. Recent non-prescribed benzodiazepine use was reported by 18% of participants in 2022. Pregabalin use remained low and stable at 9% (7% in 2021). Recent use of tobacco (91%; 92% in 2021) and e-cigarettes (14%; 13% in 2021) remained stable in 2022, while significantly more participants reported using alcohol (69%; 47% in 2021; p=0.001). Six per cent of participants reported recent use of GHB/GBL/1,4-BD in 2022, stable relative to 2021 (9%).

Drug-Related Harms and Other Behaviours

In 2022, 42% of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Eighteen per cent reported overdosing on any drug in the preceding year, with equal percentages reporting a non-fatal opioid (9%) or stimulant (9%) overdose. One-third (33%) of the Adelaide sample reported awareness of naloxone take-home programs, with 15% having been trained in naloxone administration in their lifetime. Two-thirds (67%) of the sample who had heard about naloxone training programs reported having ever accessed naloxone, with 45% having done so in the past year. Sixteen per cent of the sample reported that they had resuscitated someone using naloxone at least once in their lifetime, stable from 17% in 2021. In 2022, few participants (n≤5) reported receptive or distributive sharing of a needle or syringe in the past month, respectively. Almost one-quarter (24%) of the sample reported that they had re-used their own needles in the past month, a significant decrease from 39% in 2021 (p=0.038). Furthermore, one-fifth (21%) of the sample reported that they had injected someone else after injecting themselves, a significant decrease from 35% in 2021 (p=0.045). One-quarter (25%) reported experiencing injection-related problems in the past month, most commonly any infection/abscess (16%). One-quarter (26%) of participants reported receiving any drug treatment in 2022, stable relative to 2021 (24%). Almost half (48%) the sample reported that they had received a hepatitis C virus (HCV) antibody test in the past year and 29% reported receiving an RNA test in the past year. Six per cent reported having a current HCV infection. Self-reported mental health problems remained stable in 2022 (39%; 49% in 2021), with depression being the most commonly reported problem (64%), followed by anxiety (46%) and post-traumatic stress disorder (18%). Of those who had driven recently (n=36), few participants (n≤5) reported driving while over the perceived legal limit of alcohol, and 60% reported driving within three hours of consuming an illicit or non-prescribed drug, both stable relative to 2021 (n≤5 and 61%, respectively). Eight per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year. Twenty-nine per cent of participants reported engaging in ‘any’ crime in the past month in 2022, stable from 30% in 2021, with 14% having been arrested in the past year, a significant decrease from 35% in 2021 (p<0.001). In 2022, 86% of the Adelaide sample had been tested for SARS-CoV-2 in the past 12 months, with one-fifth (22%) of participants having been diagnosed with the virus. At the time of interview, 77% reported that they had received at least one COVID-19 vaccine dose, with 70% having received two or more doses.

IDRS Illicit Drug Reporting System

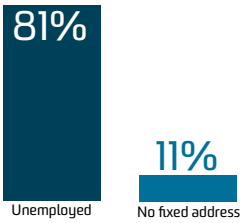
2022 SAMPLE CHARACTERISTICS

In 2022, 103 participants, recruited from Adelaide, SA, were interviewed.

48 years

65%

The mean age in 2022 was 48, and 65% identified as male.

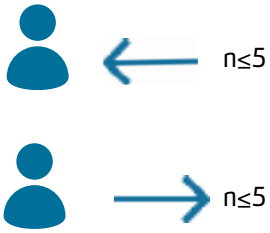


In the 2022 sample, 81% were unemployed and 11% had no fixed address.

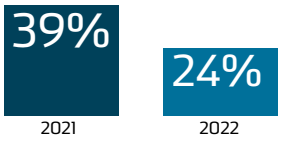
- Injected heroin
- Injected methamphetamine
- Injected other illicit or non-prescribed drugs

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

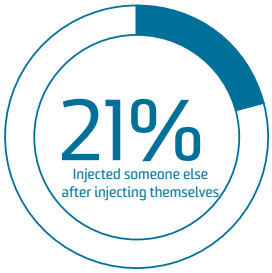
INJECTING RELATED RISKS AND HARMS



In 2022, few (n≤5) participants reported receptive sharing and distributive sharing in the past month.



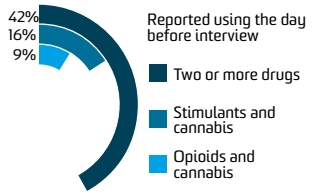
24% of participants reported re-using their own needles in the past month, a decrease from 39% in 2021.



21% of participants reported injecting someone else after injecting themselves in the past month, a decrease relative to 2021 (35%).

25% of participants reported having an injection-related health issue in the past month, stable from 2021 (29%).

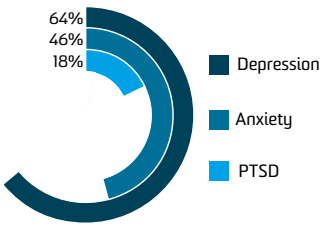
OTHER HARMS AND HELP-SEEKING



The most common patterns of poly substance use on the day preceding interview were cannabis and opioids, and cannabis and stimulants.

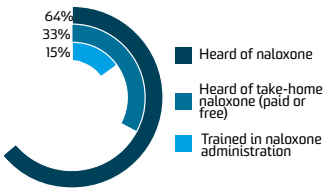
Past year non-fatal overdose (18%) and past 6-month drug treatment (26%) remained stable in 2022 relative to 2021.

In 2022, 39% of participants reported a mental health problem in the 6 months preceding interview, and 20% had seen a mental health professional.

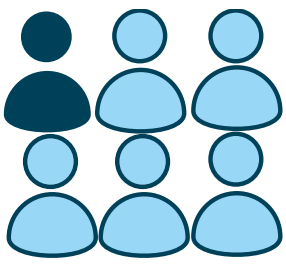


Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

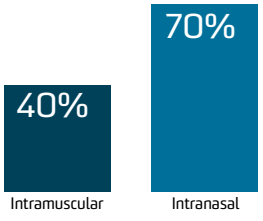
NALOXONE AND HARM REDUCTION



Knowledge of naloxone remained high and stable in 2022, however fewer participants reported knowledge of take-home naloxone programs and ever being trained in using naloxone.



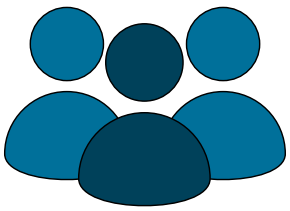
One-sixth (16%) of the sample reported using naloxone to resuscitate someone who had overdosed at least once in their lifetime.



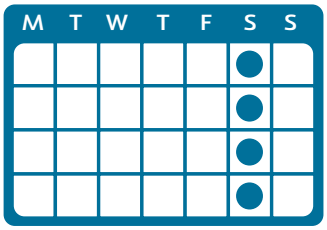
Of those who reported ever accessing naloxone, 70% reported receiving intranasal naloxone on the last occasion of access.

In 2022, 8% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN

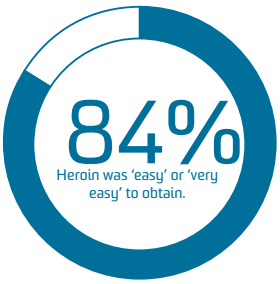


Past 6 month use of heroin increased from 22% in 2021 to 35% in 2022.



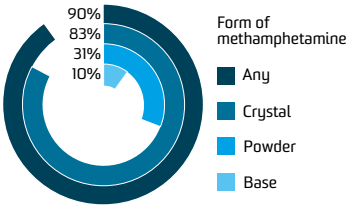
Of those who had recently consumed heroin, 75% reported weekly or more frequent use, an increase relative to 2021 (45%).

The median reported price for a point of heroin was $50 in 2022, ($100 in 2021).

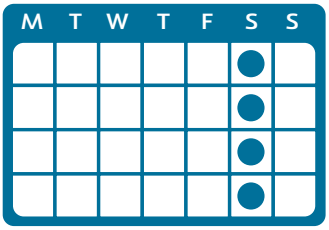


Of those who could comment, 84% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 2021 (78%).

METHAMPHETAMINE

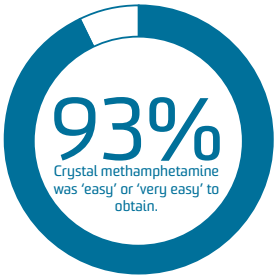


Past 6 month use of all forms of methamphetamine remained stable in 2022 relative to 2021.



Of those who had recently used any form of methamphetamine, 84% reported weekly or more frequent use, stable from 2021 (81%).

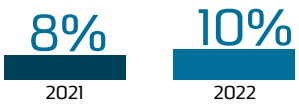
In 2022, the median reported price for a point of crystal methamphetamine was $50 ($50 in 2021).



Of those who could comment, 93% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2022, stable from 2021 (93%).

OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine remained stable between 2021 and 2022.

Non-prescribed fentanyl

Past 6 month use of non-prescribed fentanyl remained stable between 2021 and 2022.

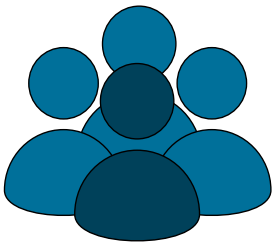
Non-prescribed pregabalin

Past 6 month use of non-prescribed pregabalin remained stable between 2021 and 2022.

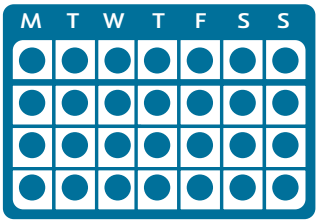
GHB/GBL/1,4-BD

Past 6 month use of GHB/GBL/1,4-BD remained stable between 2021 and 2022.

CANNABIS AND/OR CANNABINOID RELATED PRODUCTS

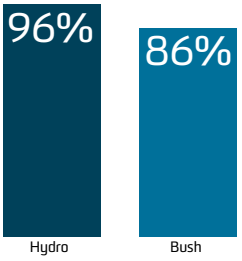


Past 6 month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022 (72%) relative to 2021 (67%).



Of those who had recently used non-prescribed cannabis and/or cannabinoid related products, half reported daily use (54%), stable from 2021 (60%).

Of participants who had consumed non-prescribed cannabis and/or cannabinoid related products in the last 6 months, 95% had smoked it.



Of those who could comment, the majority perceived both hydro and bush to be 'easy' or 'very easy' to obtain.

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 and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of the IDRS.

Methods

IDRS 2000-2019

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 non-prescribed or illicit drugs on at least six days during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed $40 cash for their time and expenses incurred.

IDRS 2020-2022: COVID-19 Impacts on Recruitment and Data Collection

Given the emergence of COVID-19 and the resulting restrictions on travel and people's movement in Australia (which first came into effect in March 2020), face-to-face interviews were not always possible due to the risk of infection transmission for both interviewers and participants. For this reason, all methods in 2020 were similar to previous years as detailed above, with the exception of:

1. Means of data collection: Interviews were conducted via telephone across all capital cities in 2020, with some capital cities (Darwin, Northern Territory (NT) and Hobart, Tasmania (TAS)) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old (16 years old in Perth, Western Australia (WA)) to 18 years old.

In 2021 and 2022, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology; however, telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by participants. Consent was collected verbally for all participants.

A total of 879 participants were recruited across capital cities nationally (May-July, 2022), with 103 participants recruited from Adelaide, SA between 25th May-7th June, 2022. A total of five interviews were conducted via telephone in Adelaide, South Australia.

In 2022, there was a significant change in recruitment methods compared to 2021 (p=0.001), with fewer participants being recruited via NSPs (49%; 73% in 2021), and more via word-of-mouth (40%; 24% in 2021). Few participants (n≤5) in the Adelaide 2022 sample had taken part in the 2021 interview (19% of the 2021 sample had taken part in the 2020 interview; p=0.002).

Data Analysis

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 2021 and 2022. References to 'significant' differences or changes throughout the report are where statistical testing has been conducted and where the p-value is less than 0.050. 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 Adelaide, South Australia, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Adelaide, SA (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2022, must be taken into consideration when comparing 2020-2022 data to previous years, and treated with caution.

Additional Outputs

Infographics, the executive summary and data tables from this report are available for download. There are a range of outputs from the IDRS which triangulate key results from the annual interviews and other data sources and consider 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.

1

Sample Characteristics

In 2022, the Adelaide IDRS sample, for the most part, was similar to the sample in 2021 and in previous years (Table 1).

Gender identity remained stable between 2021 and 2022 (p=0.320), with almost two-thirds (65%) identifying as male (57% in 2021). The mean age of the sample was 48 years (SD=10; 45 years in 2021; SD=10; p=0.061) (Table 1). Four-fifths (81%) were unemployed at the time of interview (88% in 2021; p=0.358), with almost two-thirds (64%) reporting that they had received a post-school qualification(s) (59% in 2021; p=0.563). The vast majority of participants (93%) reported receiving a government pension, allowance or benefit in the past month (96% in 2021; p=0.538). The median weekly income in 2022 was $350 (IQR=293-450; $315 in 2021; IQR=280-438; p=0.165).

Drug of choice remained stable in 2022 compared to 2021 (p=0.233), with participants typically reporting that methamphetamine was their drug of choice in 2022 (65%; 74% in 2021), followed by heroin (26%; 16% in 2021) (Figure 1). The drug injected most often in the past month also remained stable in 2022, relative to 2021 (p=0.056), with participants typically nominating methamphetamine as the drug injected most often (75%; 81% in 2021), followed by heroin (23%; 12% in 2021) (Figure 2).

Weekly or more frequent consumption of crystal methamphetamine (67%; 64% in 2021; p=0.765) and cannabis (60%; 52% in 2021; p=0.267) remained stable in 2022, though significantly more participants reported weekly or more frequent use of heroin (26%; 10% in 2021; p=0.004) (Figure 3).

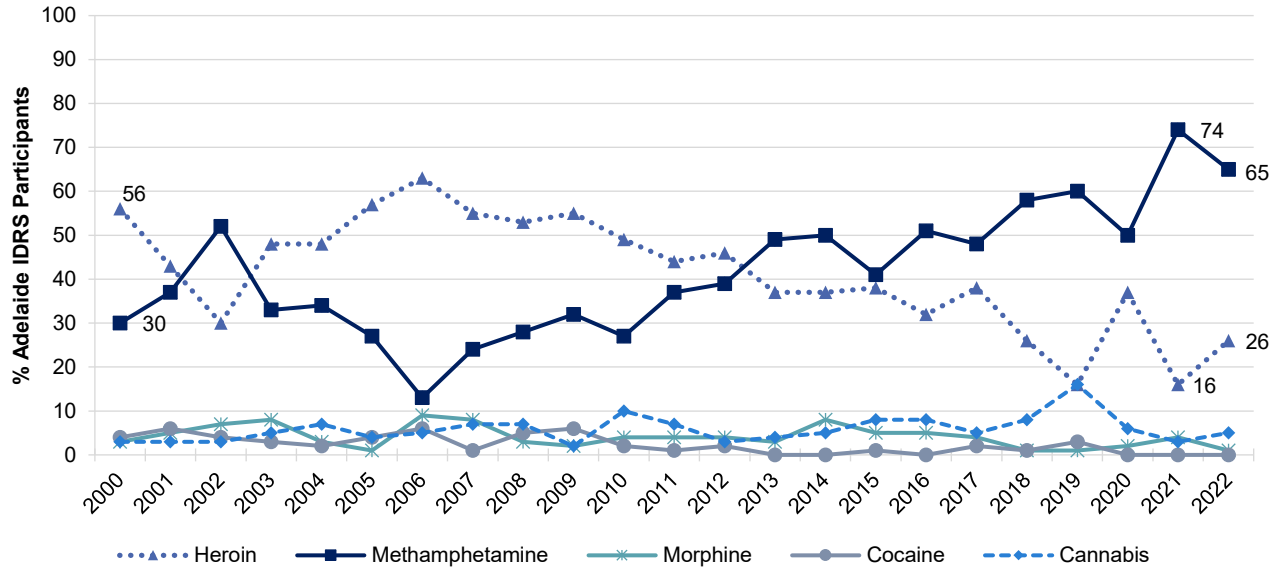
Table 1: Demographic characteristics of the sample, nationally, 2022, and Adelaide, SA, 2016-2022

	Adelaide, SA							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=101)	(N=100)	(N=101)	(N=100)	(N=100)	(N=100)	(N=103)	(N=879)
Mean age (years; SD)	44 (8)	45 (9)	46 (9)	44 (10)	46 (9)	45 (10)	**48 (10)**	46 (10)
% Gender								
Female	39	39	32	38	50	43	**35**	33
Male	61	61	68	62	50	57	**65**	66
Non-binary	/	/	/	/	0	0	**0**	1
% Aboriginal and/or Torres Strait Islander	7	7	11	19	15	20	**25**	27
% Sexual identity								
Heterosexual	86	92	98	92	86	93	**83**	83
Homosexual	-	-	0	-	-	-	**7**	4
Bisexual	10	-	-	-	9	6	**10**	11
Queer	/	/	/	-	0	0	**0**	1
Other	-	-	0	0	-	0	**0**	1
Mean years of school education (range)	10 (3-12)	10 (7-12)	10 (6-12)	10 (7-12)	10 (1-12)	10 (7-12)	**10 (2-12)**	10 (0-12)
% Post-school qualification(s)^	55	57	54	65	67	59	**64**	63

	Adelaide, SA							National
	2016	2017	2018	2019	2020	2021	2022	2022
	(N=101)	(N=100)	(N=101)	(N=100)	(N=100)	(N=100)	(N=103)	(N=879)
% Current accommodation								
Own home *(inc. renting)*~	87	83	83	78	74	73	**73**	68
Parents'/family home	-	6	11	-	10	6	**-**	5
Boarding house/hostel	-	-	-	7	9	-	**14**	8
Shelter/refuge	0	0	-	0	0	0	**-**	2
No fixed address	-	6	-	11	6	15	**11**	16
Other	-	-	0	0	-	-	**0**	2
% Current employment status								
Unemployed	86	77	92	77	89	88	**81**	87
Full-time work	-	6	-	-	-	-	**-**	3
% Past month gov't pension, allowance or benefit	95	92	97	91	97	96	**93**	92
Current median income/week ($; IQR)	$385 (274-495)	$400 (283-499)	$400 (275-450)	$300 (259-450)	$475 (400-550)	$315 (280-438)	**$350 (293-450)**	385 (400-490)

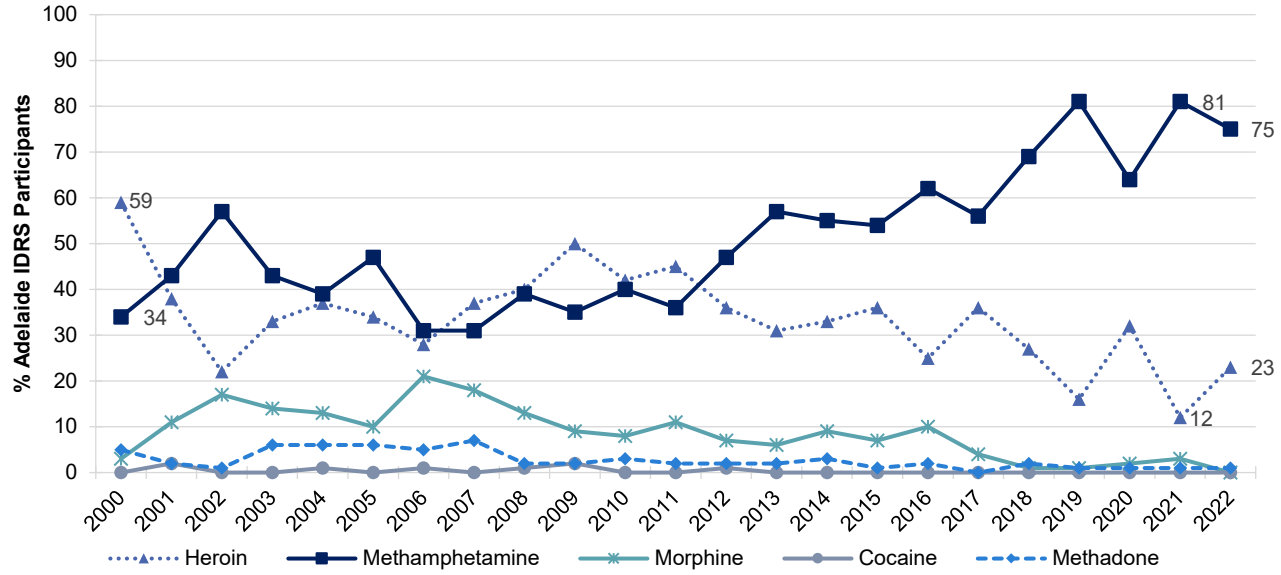
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - Values suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the data tables. / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 among the Adelaide sample presented in table; *p<0.050; **p<0.010; ***p<0.001.

Figure 1: Drug of choice, Adelaide, SA, 2000-2022



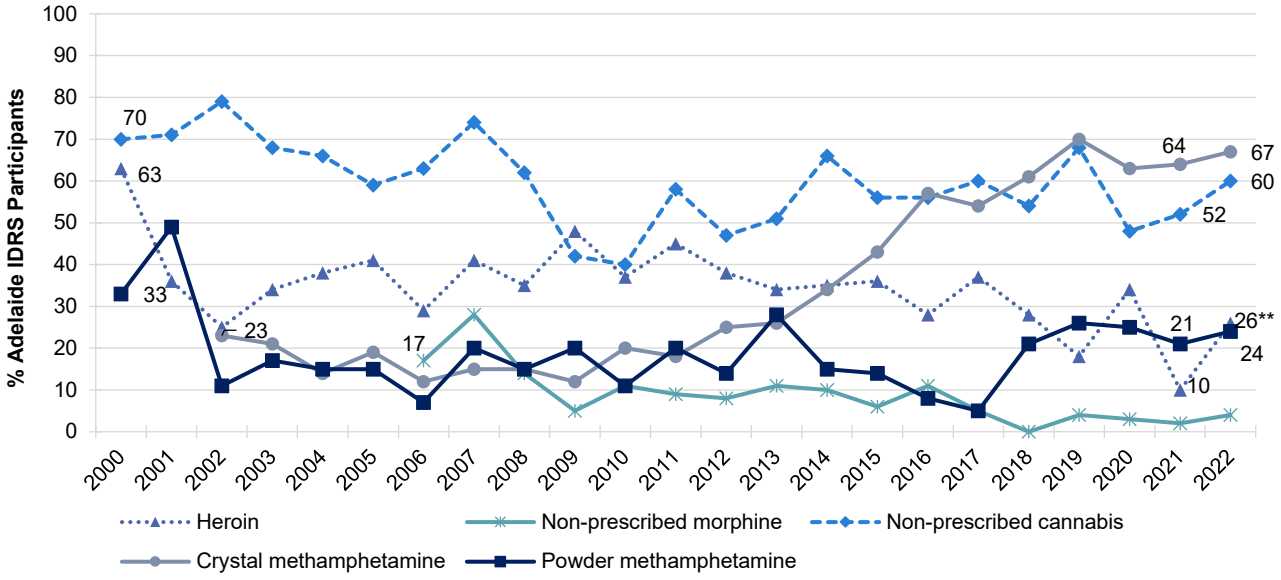
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 2: Drug injected most often in the past month, Adelaide, SA, 2000-2022



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 3: Weekly or more frequent substance use in the past six months, Adelaide, SA, 2000-2022



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Crystal methamphetamine frequency of use not asked in 2000-2001. Non-prescribed morphine frequency of use not asked until 2006. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

2

Heroin

Participants were asked about their recent (past six month) use of heroin and 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)

The per cent reporting recent use of any heroin has fluctuated since the commencement of monitoring, with 35% of the Adelaide sample reporting recent use in 2022, a significant increase from 22% in 2021 (p=0.046) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented (n=36) had used heroin on a median of 67 days (IQR=23-125) in 2022, a significant increase from 18 days (IQR=4-59; n=23) in 2021 (p=0.023) (Figure 4). Three-quarters (75%) of participants who had recently used heroin reported using on a weekly or more frequent basis in 2022, a significant increase relative to 2021 (45%; p=0.030), and almost one-fifth (19%) reported daily use, stable from 9% in 2021 (p=0.459).

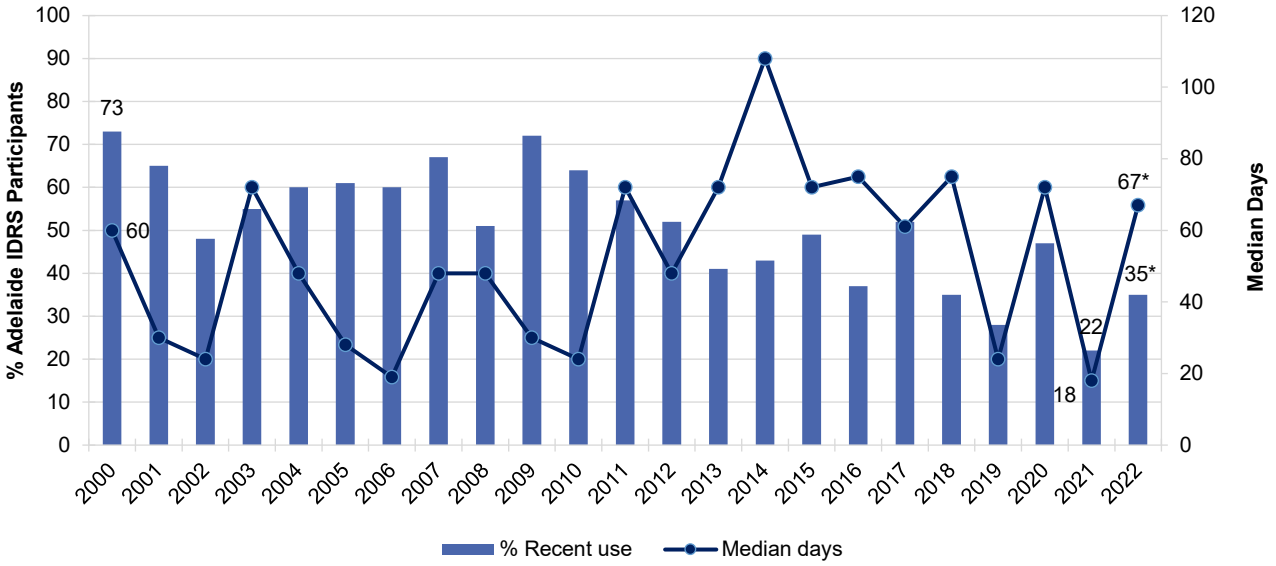
Routes of Administration

Among participants who had recently consumed heroin and commented (n=36), injecting remained the most common route of administration (97%; 100% in 2021). Participants who reported injecting heroin had done so on a median of 72 days (IQR=35-130), a significant increase relative to 2021 (18 days; IQR=4-59; p=0.013). Few participants (n≤5) reported smoking in 2022 (n≤5 in 2021).

Quantity

Of those who reported recent use and responded (n=34), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.30), stable relative to 2021 (0.20 grams; IQR=0.10-0.40; p=0.593). Of those who reported recent use and responded (n=34), the median maximum amount of heroin used per day in the six months preceding interview was 0.40 grams (IQR=0.10-0.50; 0.30 grams in 2021; IQR=0.20-0.50; p=0.933).

Figure 4: Past six month use and frequency of use of heroin, Adelaide, SA, 2000-2022



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 120 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

Price

In 2022, the median price of heroin was $50 (IQR=50-63; n=12) for one point (0.10 of a gram), stable relative to 2021 ($100; IQR=63-100; n=6; p=0.074) (Figure 5). Due to low numbers reporting on the price of a gram and a cap (n≤5, respectively), further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

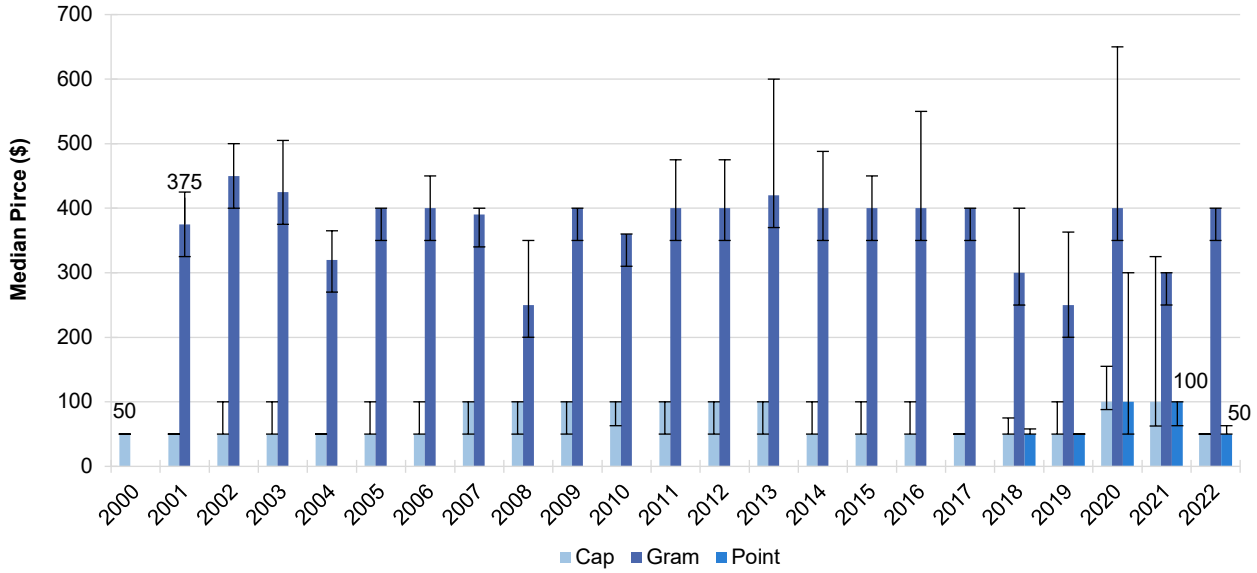
Perceived Purity

The perceived purity of heroin remained stable between 2021 and 2022 (p=0.633) (Figure 6). Among those who were able to comment in 2022 (n=32), equal percentages (31%) perceived purity to be 'low' (33% in 2021), 'medium' (19% in 2021) and 'high' (33% in 2021), respectively.

Perceived Availability

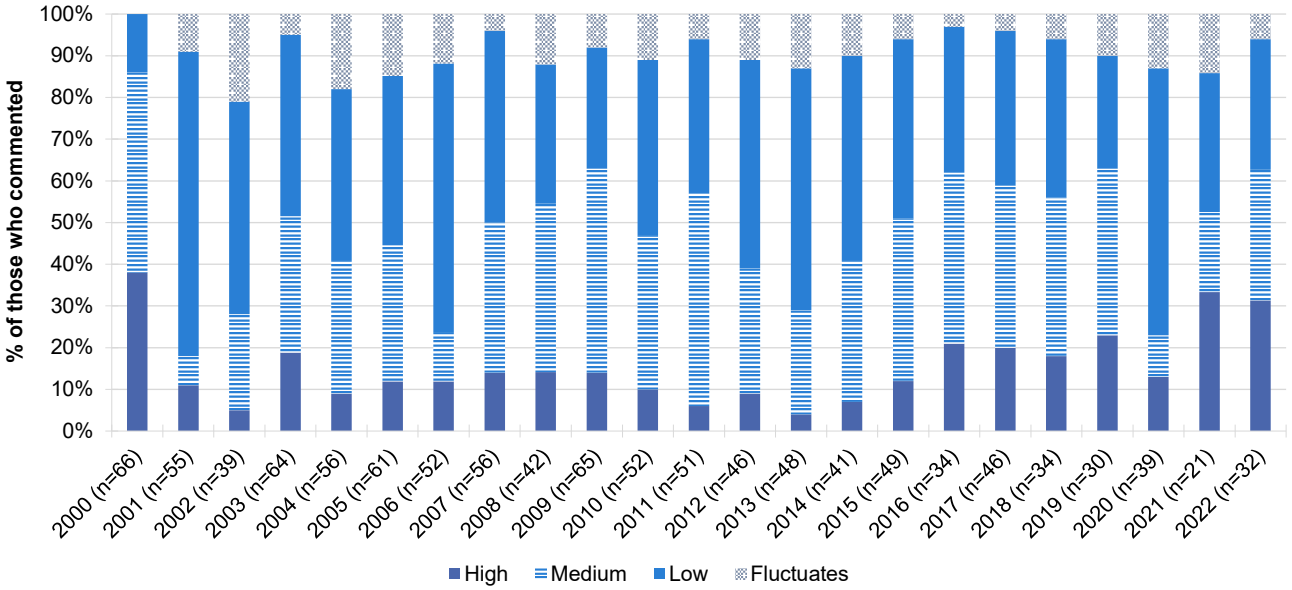
The perceived availability of heroin remained stable between 2021 and 2022 (p=0.094). Among those who were able to comment in 2022 (n=33), 45% perceived current availability as 'very easy' (17% in 2021), and almost two-fifths (39%) perceived current availability as 'easy' (61% in 2021) (Figure 7).

Figure 5: Median price of heroin per cap, gram and point, Adelaide, SA, 2000-2022



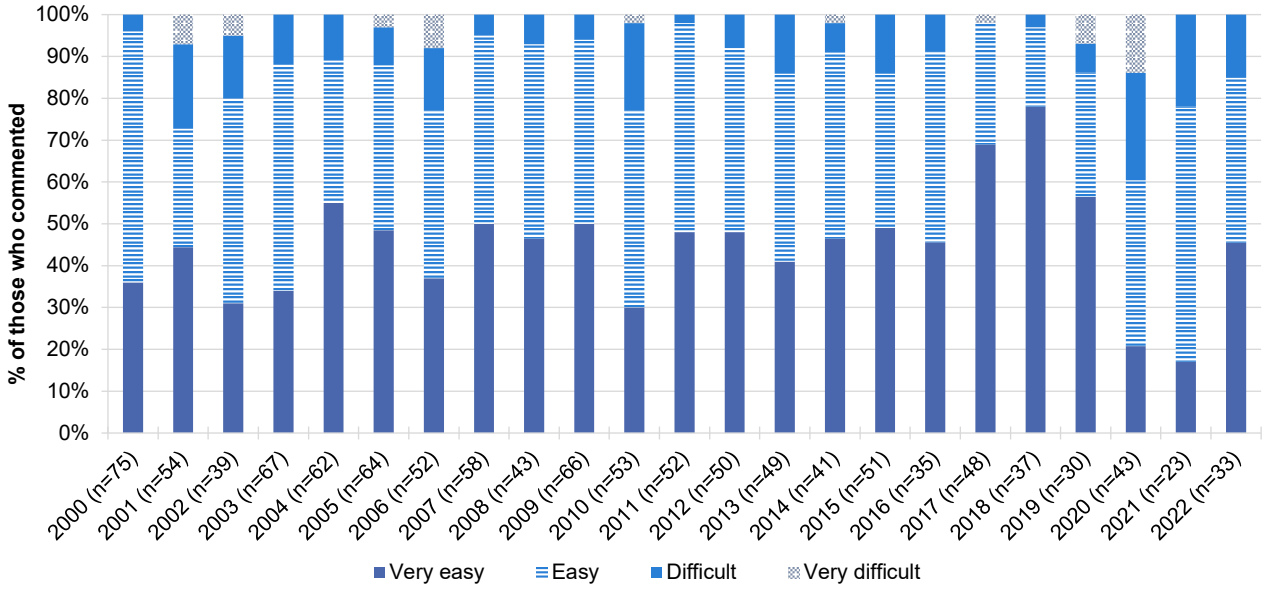
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. Data labels are only provided for the first (2000/2001/2019) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 6: Current perceived purity of heroin, Adelaide, SA, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 7: Current perceived availability of heroin, Adelaide, SA, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

3

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)

In 2022, 90% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2021 (88%; *p*=0.644) (Figure 8). Along with 2019, this represented the highest percentage reporting use since the commencement of monitoring.

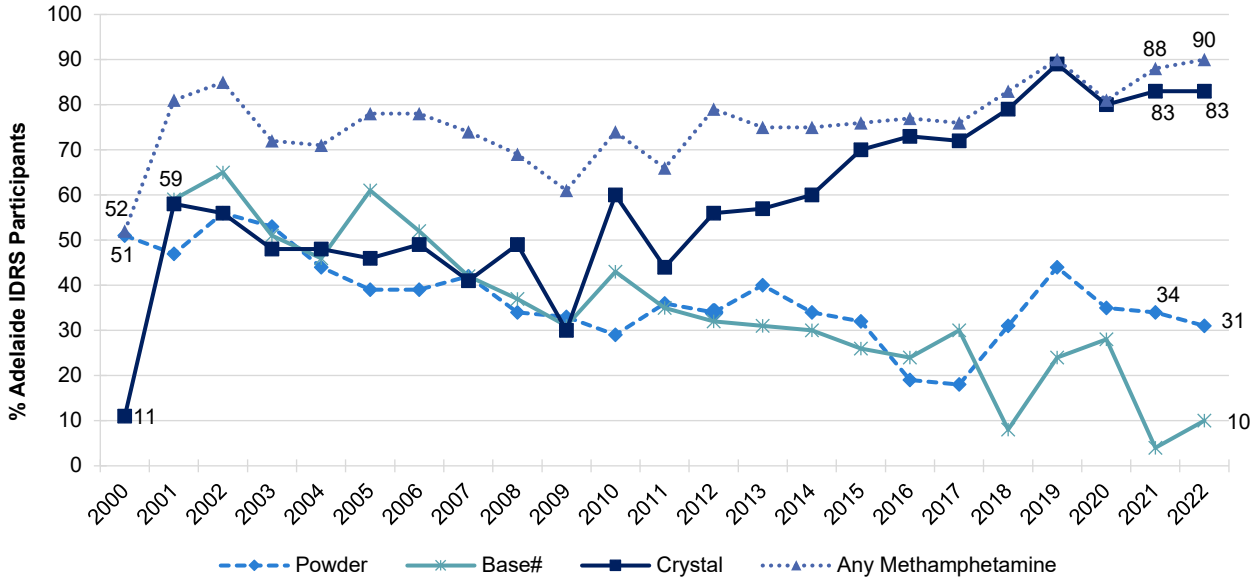
Frequency of Use

Participants who reported recent use and commented (n=93) had used any methamphetamine on a median of 80 days (IQR=35-180), stable from 80 days in 2021 (IQR=48-155; n=89; *p*=0.810) (Figure 9). Weekly or more frequent use also remained stable among those who reported recent use, from 81% in 2021 to 84% in 2022 (*p*=0.690), as did daily use (22% in 2021; 27% in 2022; *p*=0.500).

Forms of Methamphetamine

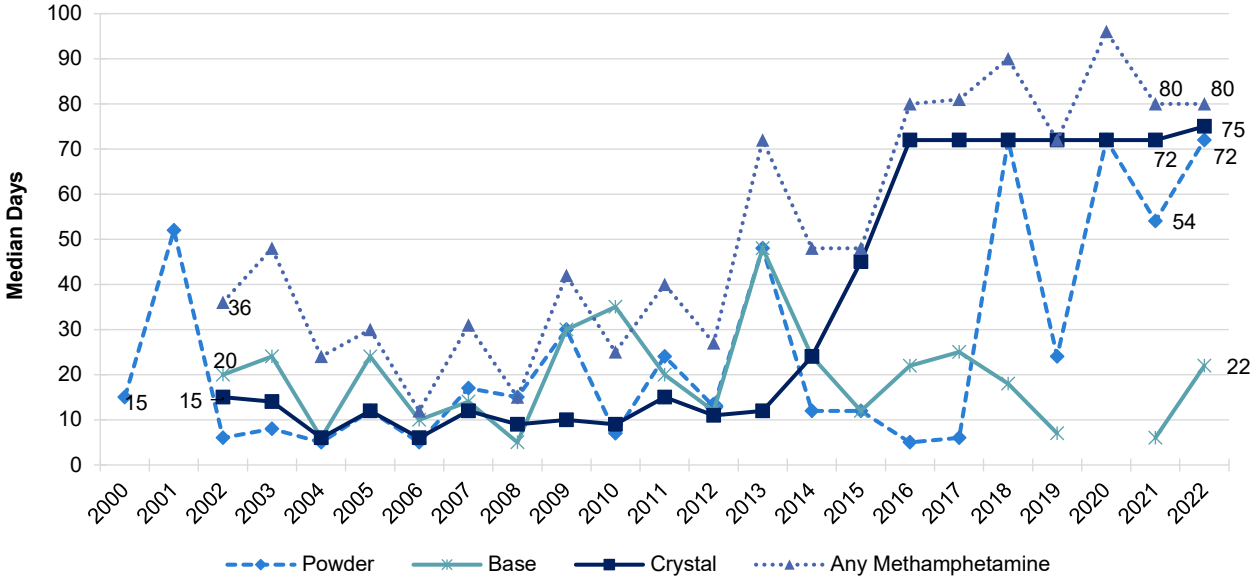
There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine (Figure 8). Of participants who had used methamphetamine in the six months preceding interview in 2022 (n=93), most had used crystal methamphetamine (91%; 94% in 2021; *p*=0.568), followed by powder (34%; 38% in 2021; *p*=0.644) and base (11%; n≤5 in 2021; *p*=0.164).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, Adelaide, SA, 2000-2022



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined from 2000-2018, and crystal, powder and base methamphetamine combined from 2019 onwards. Figures for liquid methamphetamine not reported historically due to small numbers. Data labels are only provided for the first (2000/2001) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, Adelaide, SA, 2000-2022



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 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine gradually declined from 2000-2017, before subsequently increasing from 2017-2019, and then stabilising in 2020-2022. Almost one-third (31%) of the sample reported recent use in 2022, stable from 2021 (34%; *p*=0.768) (Figure 8).

Frequency of Use: Of those who had recently consumed powder and commented (n=32), frequency of use remained stable at a median of 72 days (IQR=24-92; 54 days in 2021; IQR=12-137; n=34; *p*=0.822) (Figure 9). Almost four-fifths (78%) of those who had recently used powder reported weekly or more frequent use in 2022 (62% in 2021; *p*=0.187), with few participants (n≤5) reporting daily use (21% in 2021; *p*=0.513).

Routes of Administration: Among participants who had recently consumed powder and commented (n=32), most reported injecting as a route of administration (97%; 91% in 2021; *p*=0.614) and had done so on a median of 48 days (IQR=22-85), stable relative to 2021 (48 days; IQR=12-120; *p*=0.910). Almost half (47%) reported smoking powder, stable relative to 2021 (47%).

Quantity: Of those who reported recent use and commented (n=31), the median 'typical' amount of powder used on an average day of consumption in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.40; *p*=0.603). Of those who reported recent use and commented (n=31), the median maximum amount of powder used per day in the six months preceding interview was 0.30 grams (IQR=0.20-0.60; 0.40 grams in 2021; IQR=0.20-0.60; *p*=0.862).

Methamphetamine Base

Recent Use (past 6 months): Notwithstanding some fluctuations, recent use of base has gradually declined since 2019. In 2022, the per cent of participants reporting recent use of base remained stable at 10% (n≤5 in 2021; *p*=0.165) (Figure 8).

Frequency of Use: Of those who had recently consumed base in 2022 and commented (n=10), frequency of use remained stable at a median of 22 days (IQR=9-42; n≤5 in 2021; *p*=0.355) (Figure 9).

Routes of Administration: Among participants who had recently consumed base and commented (n=10), all participants reported injecting base (n≤5 in 2021).

Quantity: Of those who reported recent use and commented (n=10), the median 'typical' amount of base used on an average day of consumption in the past six months was 0.30 grams (IQR=0.10-0.50; n≤5 in 2021; *p*=0.667). Of those who reported recent use and commented (n=10), the median maximum amount of base used per day in the six months preceding interview was 0.40 grams (IQR=0.10-0.70; n≤5 in 2021; *p*=0.886).

Methamphetamine Crystal

Recent Use (past 6 months): Surpassing base and powder methamphetamine from 2010 onwards, recent use of crystal increased from 2011-2019, before stabilising from 2020 onwards. In 2022, 83% of the sample reported recent use, stable relative to 2021 (83%) (Figure 8).

Frequency of Use: Of those who had recently consumed crystal and commented (n=85), frequency of use remained stable at a median of 75 days (IQR=34-180; 72 days in 2021; IQR=29-111; n=84 *p*=0.415) (Figure 9). Four-fifths (81%) of those who had recently used crystal reported weekly or more frequent use, stable from 2021 (77%; *p*=0.571), with 27% reporting daily use (18% in 2021; *p*=0.198).

Routes of Administration: Among participants who had recently consumed crystal and commented (n=85), the vast majority reported having injected it (98%; 100% in 2021; *p*=0.497) and had done so on a median of 72 days (IQR=28-180; 72 days in

2021; IQR=23-103; *p*=0.282). Forty-six per cent reported smoking crystal methamphetamine (43% in 2021; *p*=0.750).

Quantity: Of those who reported recent use and responded (n=85), the median 'typical' amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2021; IQR=0.10-0.20; *p*=0.709). Of those who reported recent use and responded (n=81), the median maximum amount of crystal used per day in the six months preceding interview was 0.30 grams (IQR=0.20-0.50; 0.40 grams in 2021; IQR=0.20-0.50; *p*=0.522).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Price: The median price for one point (0.10 of a gram) of methamphetamine powder was $50 in 2022 (IQR=50-50; n=21), stable relative to 2021 ($50; IQR=50-50; n=17; *p*=0.351) (Figure 10). Low numbers (n≤5) reported on the price of a gram in 2021 and 2022, therefore, further details are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Perceived Purity: The perceived purity of methamphetamine powder remained stable between 2021 and 2022 (*p*=0.424). Among those who were able to comment in 2022 (n=36), purity was most commonly perceived as 'high' (39%; 30% in 2021), and a further 28% reported purity as 'medium' (47% in 2021). One-quarter (25%) perceived purity as 'low' (20% in 2021) (Figure 12).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2021 and 2022 (*p*=0.142). Of those who were able to comment in 2022 (n=37), almost half (49%) of participants reported that methamphetamine powder was 'very easy' to obtain (43% in 2021), and almost two-fifths (43%) reported that it was 'easy' to obtain (33% in 2021) (Figure 14).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2020 and onwards. For historical information, please refer to the 2019 IDRS National Report.

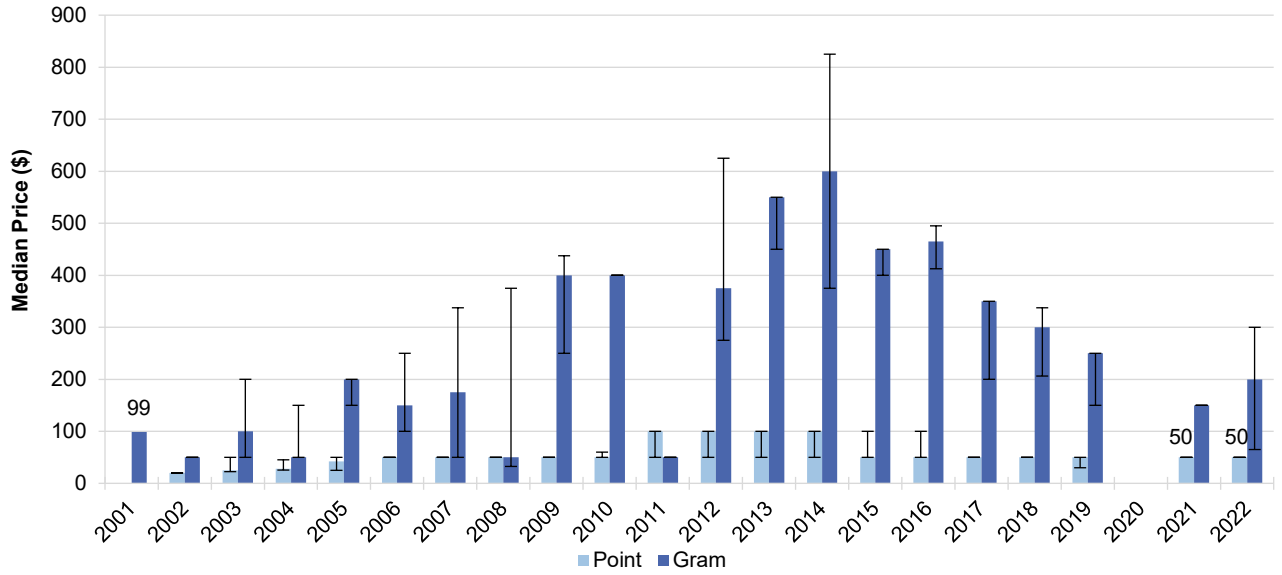
Methamphetamine Crystal

Price: Participants reported a median price of $50 (IQR=50-63; n=44) for one point (0.10 of a gram) of crystal in 2022 ($50 in 2021; IQR=50-50; n=46; *p*=0.005) (Figure 11). The median price of a gram of crystal remained stable at $200 (IQR=88-350; n=7; n≤5 in 2021; *p*=0.511).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2021 and 2022 (*p*=0.924). Among those who were able to comment in 2022 (n=80), almost one-third (31%) reported that crystal was of 'medium' purity (28% in 2021), followed by 29% reporting crystal was of 'low' purity (27% in 2021). Almost one-quarter (24%) perceived the purity to be 'high' (27% in 2021) (Figure 13).

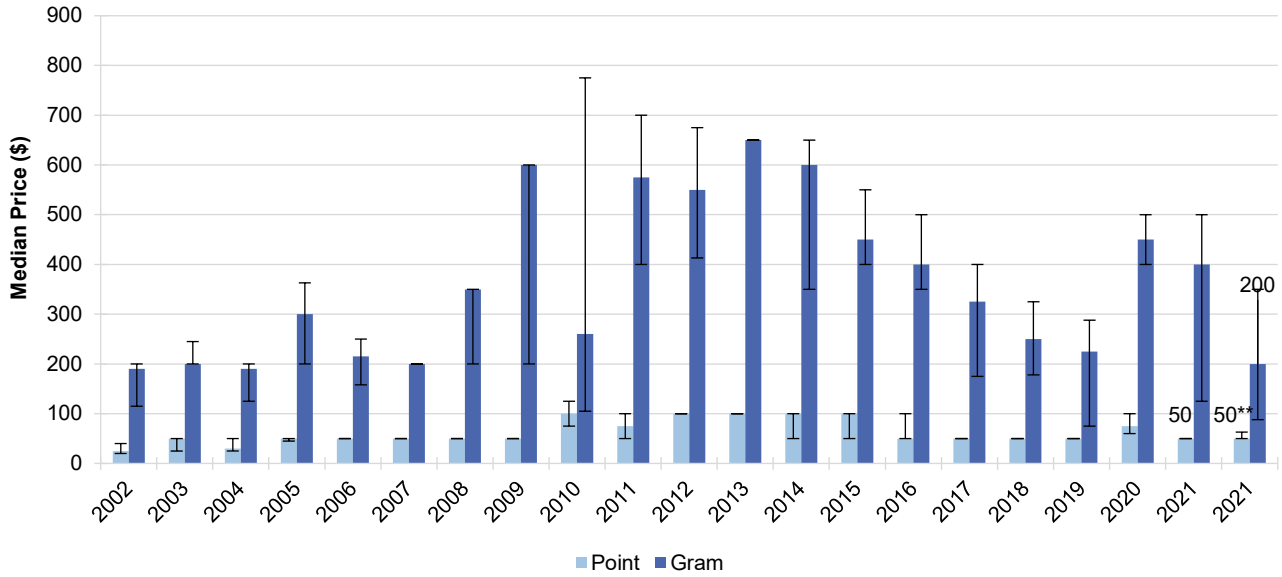
Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2021 and 2022 (*p*=0.876). Among those who were able to comment in 2022 (n=81), three-fifths (60%) perceived crystal methamphetamine as being 'very easy' to obtain (57% in 2021) and one-third (33%) reported 'easy' obtainment (36% in 2021) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Adelaide, SA, 2001-2022



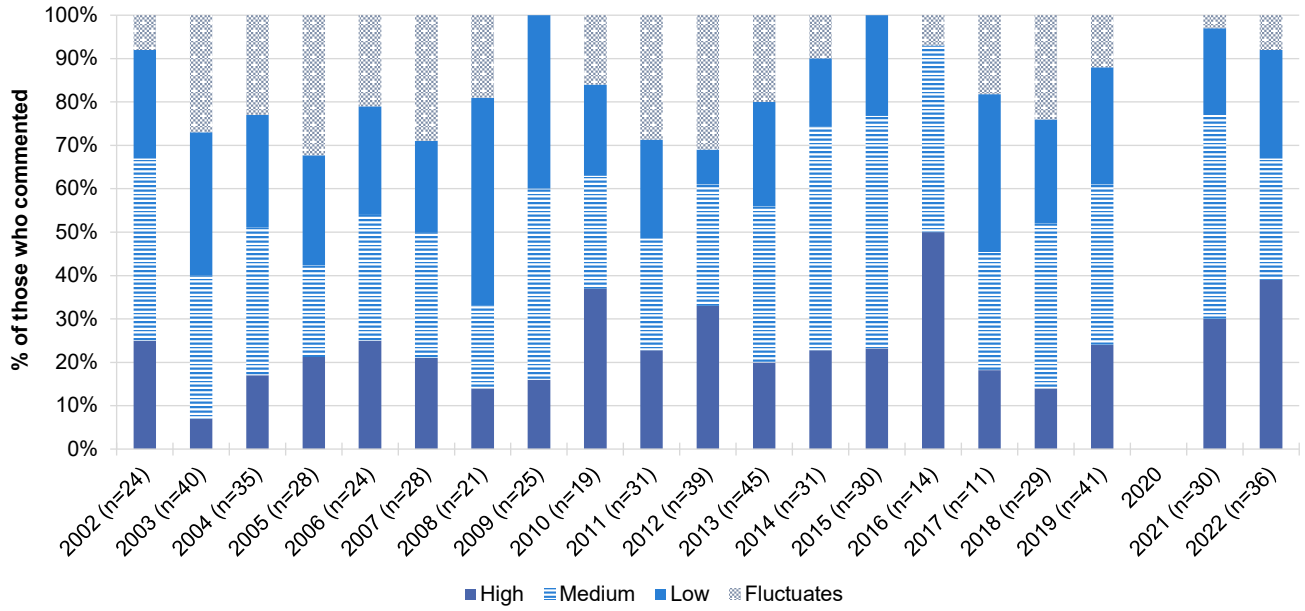
Note. Among those who commented. Price data for powder not collected in 2020. Data labels are only provided for the first (2001) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 11: Median price of methamphetamine crystal per point and gram, Adelaide, SA, 2002-2022



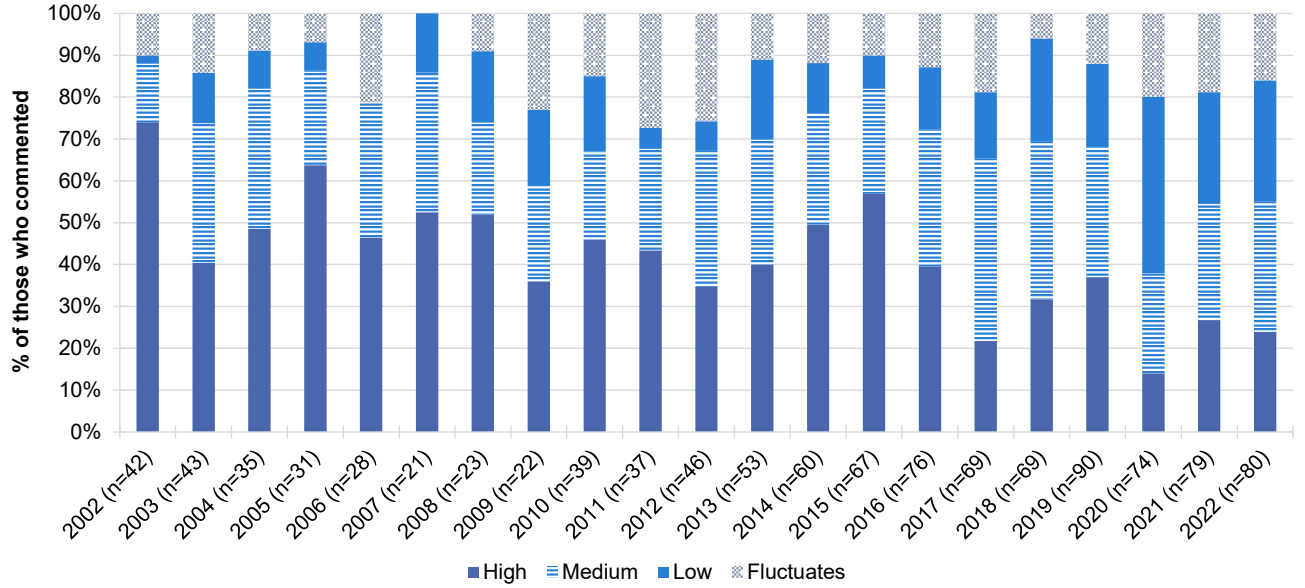
Note. Among those who commented. Price data not collected in 2000 and 2001. Data labels are only provided for the first (2002) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 12: Current perceived purity of powder methamphetamine, Adelaide, SA, 2002-2022



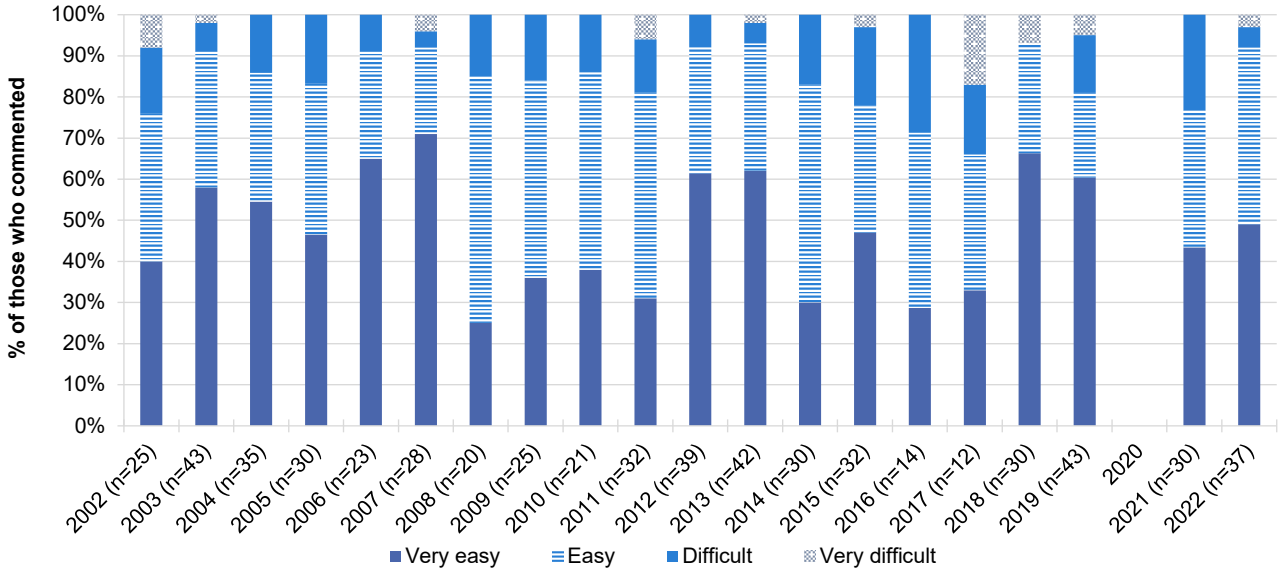
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 13: Current perceived purity of methamphetamine crystal, Adelaide, SA, 2002-2022



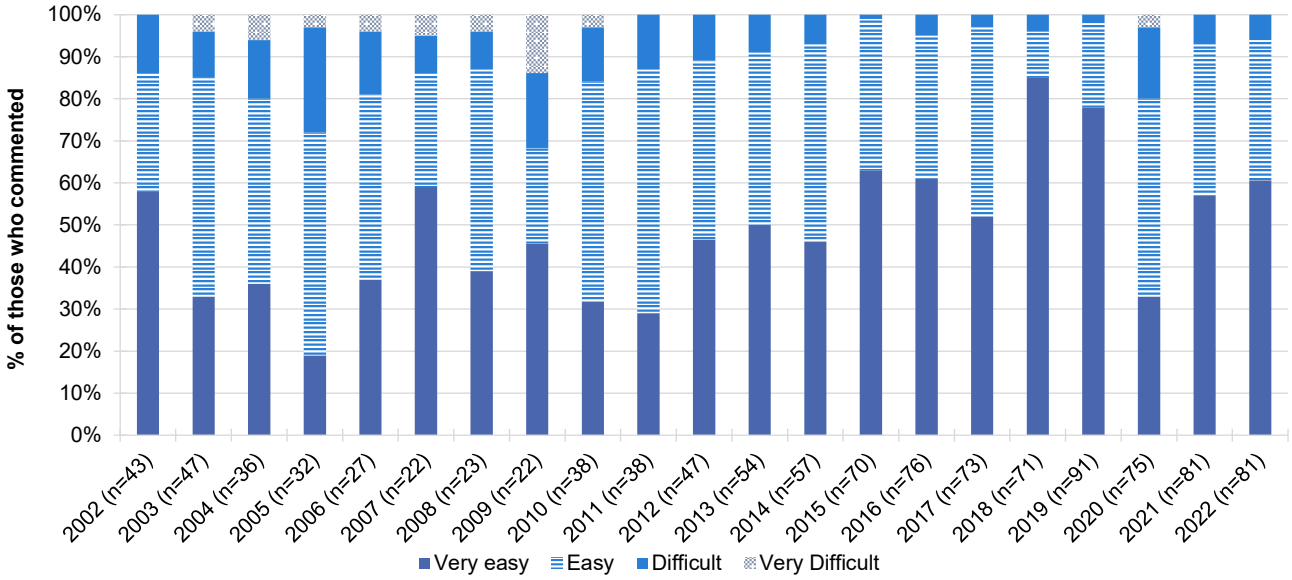
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 14: Current perceived availability of powder methamphetamine, Adelaide, SA, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived availability of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 is presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 15: Current perceived availability of methamphetamine crystal, Adelaide, SA, 2002-2022



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 10% of the Adelaide sample recently consuming cocaine in 2022. This remained stable from 2021 (16%; *p*=0.217) (Figure 16).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2022 (n=10), frequency of use increased significantly to five days (IQR=3=10; *p*=0.034), from one day (IQR=1-4; n=16) in 2021. Few (n≤5) participants reported using cocaine weekly or more frequently in 2022 (0% in 2021; *p*=0.138) (Figure 16).

Routes of Administration

Among participants who had recently consumed cocaine and commented (n=10), three-fifths (60%) reported snorting cocaine, stable relative to 2021 (81%; *p*=0.369). Few participants (n≤5) reported on any other route of administration; therefore, further details are not reported.

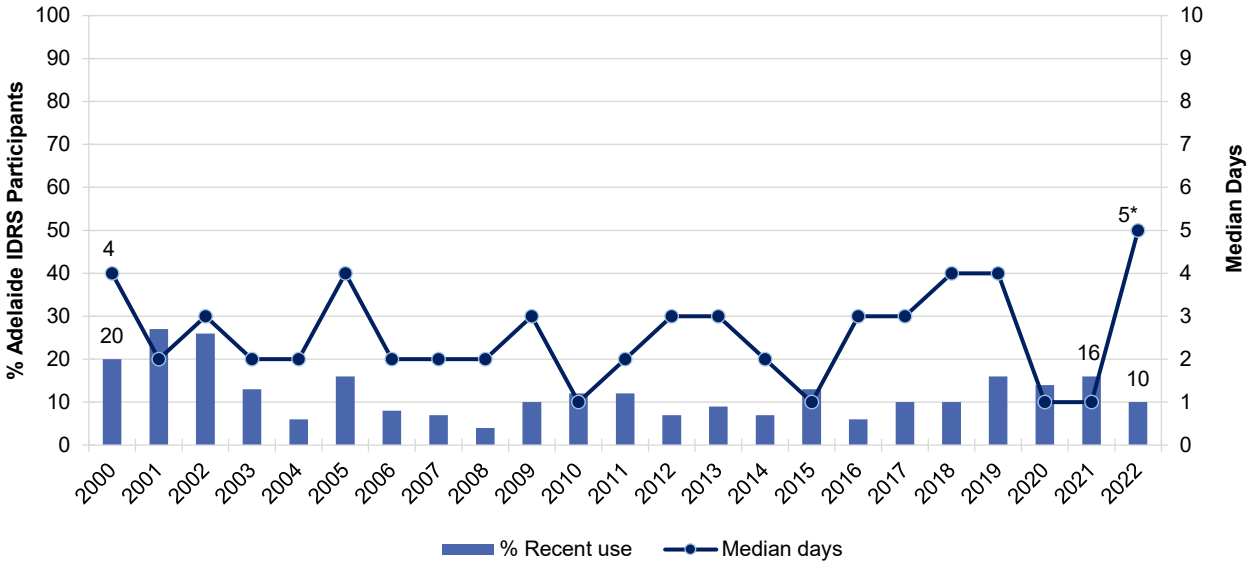
Quantity

Of those who reported recent use and responded (n=7), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.50 grams (IQR=0.20-1.00; 0.50 grams in 2021; IQR=0.50-2.00; *p*=0.363).

Forms Used

Among participants who had recently consumed cocaine and commented (n=10), the vast majority reported using powder cocaine (80%; 88% in 2021; *p*=0.625), with few participants (n≤5) reporting use of crack cocaine.

Figure 16: Past six month use and frequency of use of cocaine, Adelaide, SA, 2000-2022

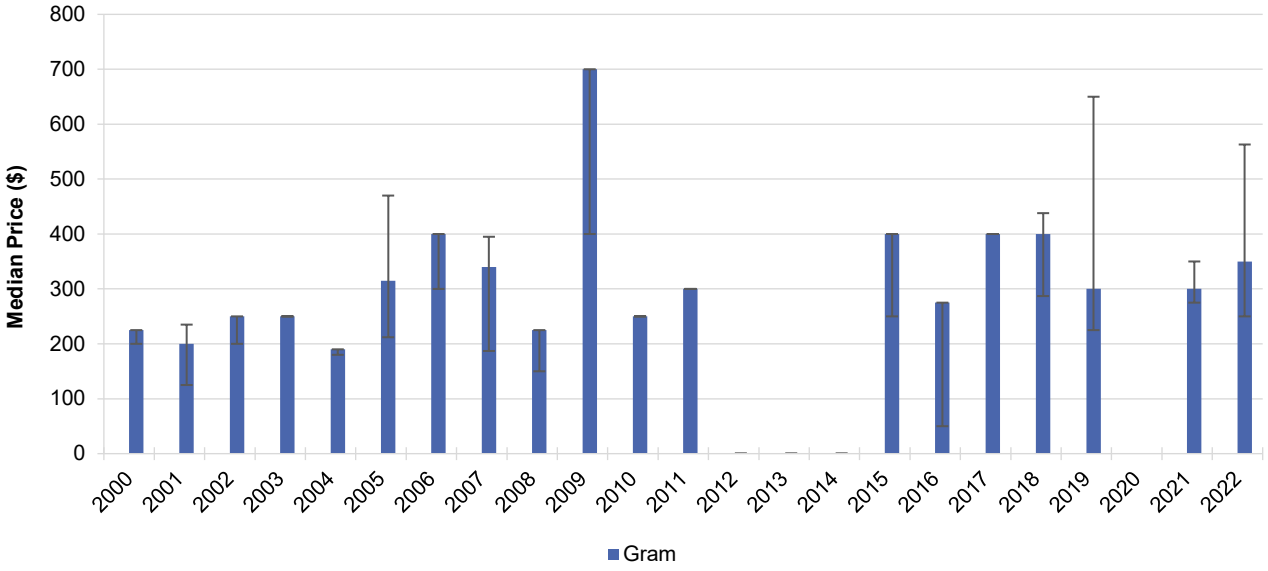


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Purity and Perceived Availability

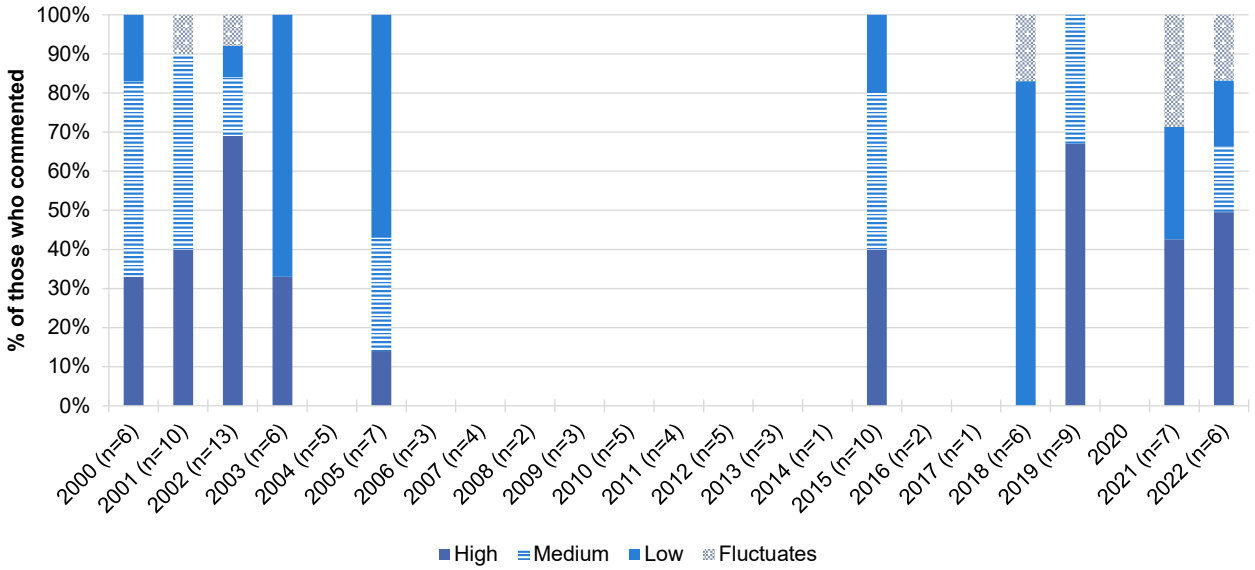
Due to low numbers (n≤5), details regarding the price (Figure 17), perceived purity (Figure 18) and perceived availability (Figure 19) of cocaine will not be discussed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 17: Median price of cocaine per gram, Adelaide, SA, 2000-2022



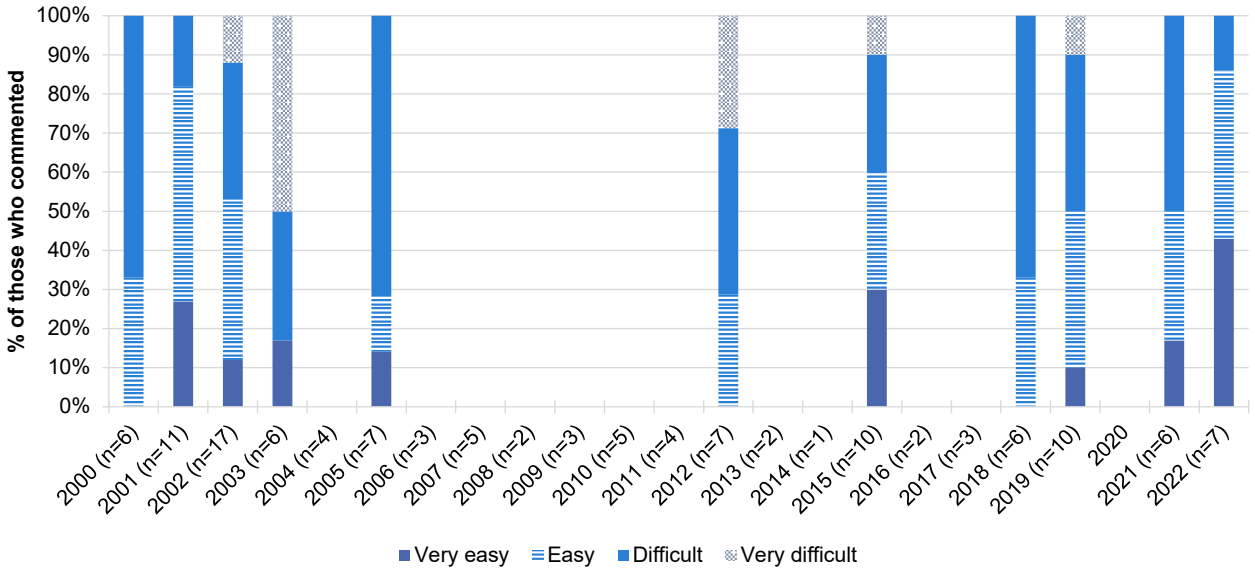
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020. No participants reported on the price of a gram in 2012, 2013 and 2014. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 18: Current perceived purity of cocaine, Adelaide, SA, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 19: Current perceived availability of cocaine, Adelaide, SA, 2000-2022



Note. The response option 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

5

Cannabis and/or Cannabinoid Related Products

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

Terminology throughout this chapter refers to:

• **Prescribed use:** use of cannabis and/or cannabinoid related products obtained by a prescription in the person's name;
• **Non-prescribed use:** use of cannabis and/or cannabinoid related products which the person did not have a prescription for (i.e., illegally sourced or obtained from a prescription in someone else's name); and
• **Any use:** use of cannabis and/or cannabinoid related products obtained through either of the above means.

Patterns of Consumption

In 2022, participants were asked for the first time about their use of both prescribed and non-prescribed cannabis and/or cannabinoid related products (including hydroponic and bush cannabis, hash, hash oil, CBD extract, THC extract); few participants (n≤5) reported prescribed use in the six months preceding interview.

In this chapter, data from 2021 and 2022, and from 2000-2016, refers to non-prescribed cannabis use only, while data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hash, hash oil). Whilst comparison between 2021-2022 and previous years should be treated with caution, the relatively recent legalisation of medicinal cannabis in Australia and the small percentage reporting prescribed use in 2022 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent non-prescribed cannabis use and/or related cannabinoid products has ranged from a peak of 88% in 2000 to a low of 61% in 2012 and 2013, before increasing again subsequently thereafter. Past six month use of non-prescribed cannabis and/or cannabinoid related products remained stable in 2022, with 72% reporting recent use (67% in 2021; p=0.540) (Figure 20).

Frequency of Use

Frequency of use remained stable at a median of 180 days in 2022 (IQR=63-180; 180 days in 2021; IQR=36-180; n=67; p=0.996) (Figure 20). Of those who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented in 2022 (n=74), 54% reported daily use, stable relative to 2021 (60%; p=0.609).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid related products and commented (n=74), smoking continued to be the most common route of administration (95%; 94% in 2021), followed by inhaling/vaporising in 2022 (22%; 27% in 2021; p=0.552).

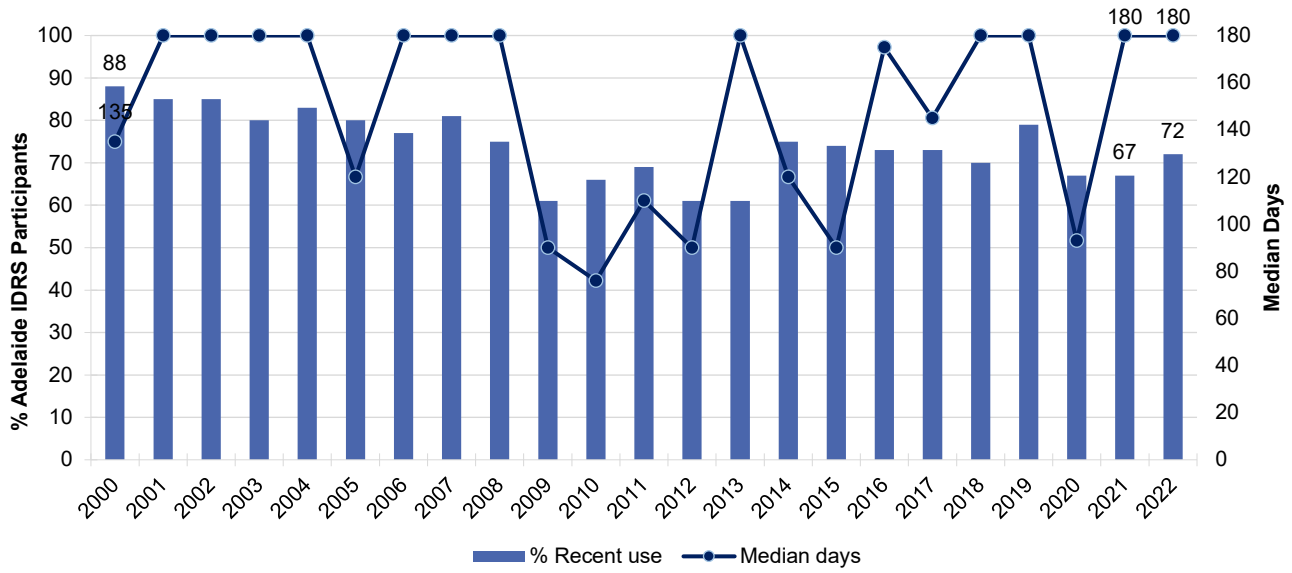
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid related products in 2022, the median 'typical' amount used on the last occasion of use was 1.50 grams (IQR=1.00-2.90; n=18; 1.50 grams in 2021; IQR=1.00-2.00; *p*=0.760) or two cones (IQR=1-5; n=33; 2 cones in 2021; IQR=1-5; *p*=0.652) or one joint (IQR=1-2; n=18; 2 joints in 2021; IQR=1.5-3; *p*=0.098).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid related products in the six months preceding interview and commented (n=70), 87% reported recent use of hydroponic cannabis (82% in 2021; *p*=0.463), and three-fifths (60%) reported recent use of outdoor-grown 'bush' cannabis (61% in 2021). Significantly more participants reported using hashish in 2022 (19%; n≤5 in 2021; *p*=0.030), and 16% reported using hash oil, relatively stable from 2021 (n≤5; *p*=0.052). Nine per cent reported using CBD extract in 2022 (n≤5 in 2021; *p*=0.121) and 11% reported using THC extract in 2022 (not asked in 2021).

Figure 20: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid related products, Adelaide, SA, 2000-2022



Note. Prior to 2021, we did not distinguish between prescribed and non-prescribed cannabis, and as such, it is possible that 2017-2020 figures include some participants who were using prescribed cannabis only (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Further, in 2022, we captured use of 'cannabis and/or cannabinoid related products', while in previous years questions referred only to 'cannabis'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per bag of hydroponic cannabis in 2022 was $25 (IQR=25-25; n=16; $25 in 2021; IQR=25-25; n=23; *p*=0.699) and the median price per ounce of hydroponic cannabis was $215 (IQR=200-245; n=6; $200 in 2021; IQR=150-240; n=9; *p*=0.257) (Figure 21a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2021 and 2022 (*p*=0.459). Among those who were able to comment in 2022 (n=57), two-thirds (67%) reported 'high' potency (60% in 2021), and almost one-quarter (23%) reported 'medium' potency (18% in 2021) (Figure 22a).

Perceived Availability: Perceived availability remained stable between 2021 and 2022 (*p*=0.250). Among those who were able to comment in 2022 (n=57), 70% perceived hydroponic cannabis to be 'very easy' to obtain (55% in 2021), with one-quarter (26%) reporting 'easy' obtainment (39% in 2021) (Figure 23a).

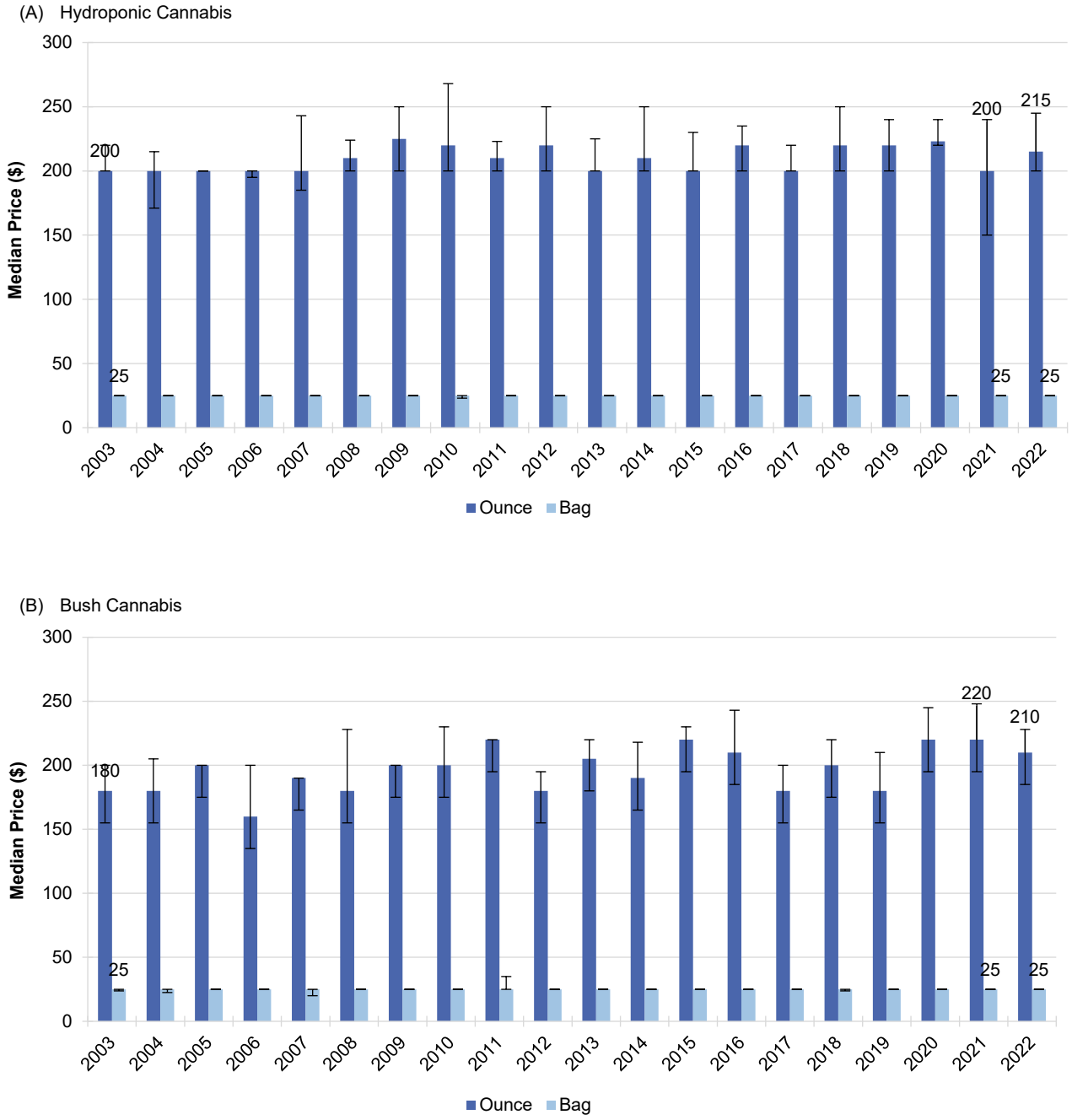
Bush Cannabis

Price: The median price per ounce of bush cannabis was $210 (IQR=185-228; n=6) which remained stable relative to 2021 ($220; IQR=200-248; n=6; *p*=0.368) (Figure 21b). The median price per bag of bush cannabis in 2022 was $25 (IQR=25-25; n=8; $25 in 2021; IQR=25-25; n=19; *p*=0.530).

Perceived Potency: Perceived potency of bush cannabis remained stable between 2021 and 2022 (*p*=0.617). Among those who were able to comment in 2022 (n=40), almost half (48%) perceived potency to be 'medium' (42% in 2021), and two-fifths (40%) perceived potency to be 'high' (44% in 2021) (Figure 22b).

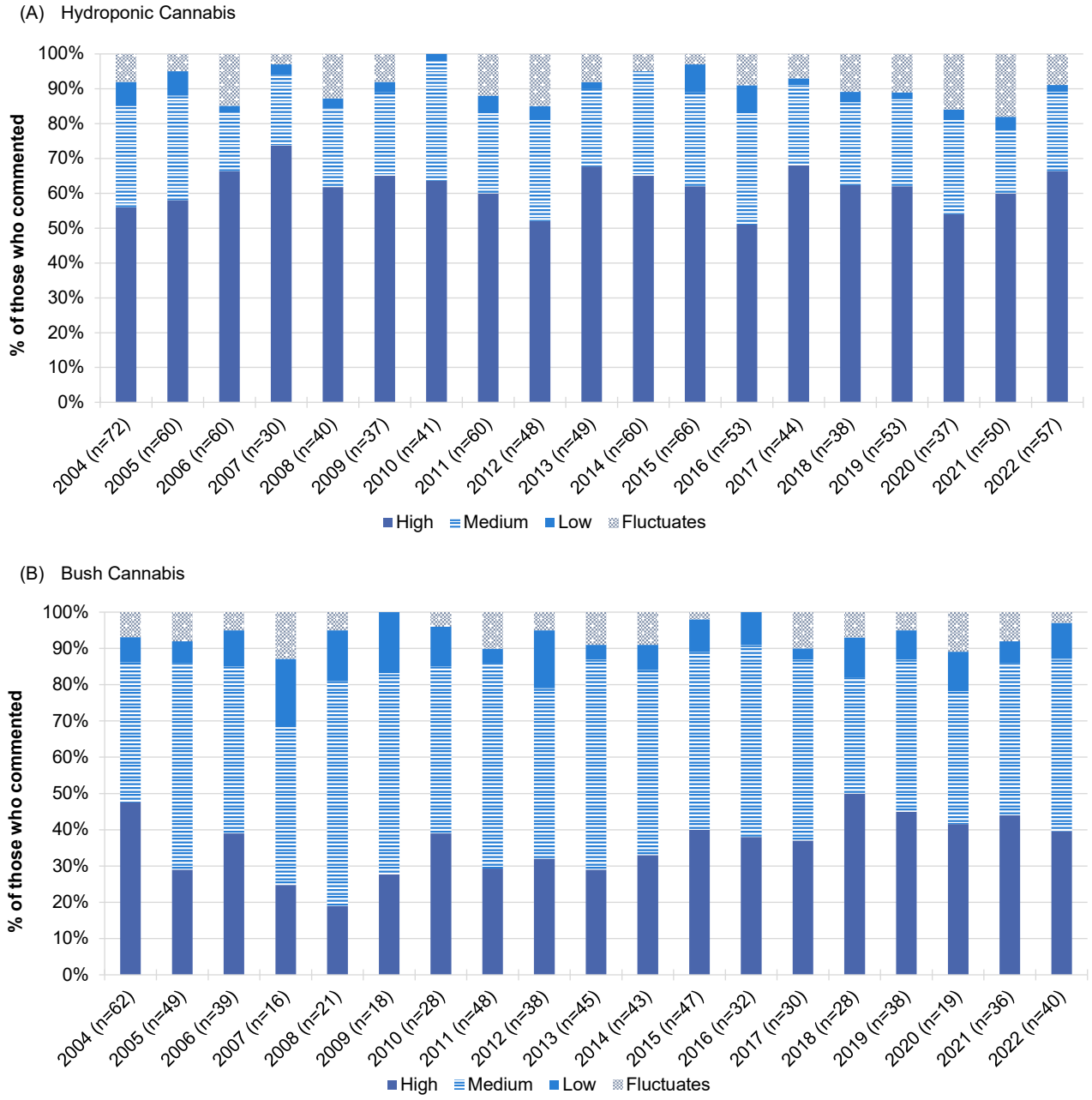
Perceived Availability: The perceived availability of bush cannabis remained stable between 2021 and 2022 (*p*=0.969). Among those who were able to comment in 2022 (n=40), half (53%) perceived that bush was 'very easy' to obtain (50% in 2022), whilst one-third (33%) perceived that it was 'easy' to obtain (32% in 2021) (Figure 23b).

Figure 21: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and bag, Adelaide, SA, 2003-2022



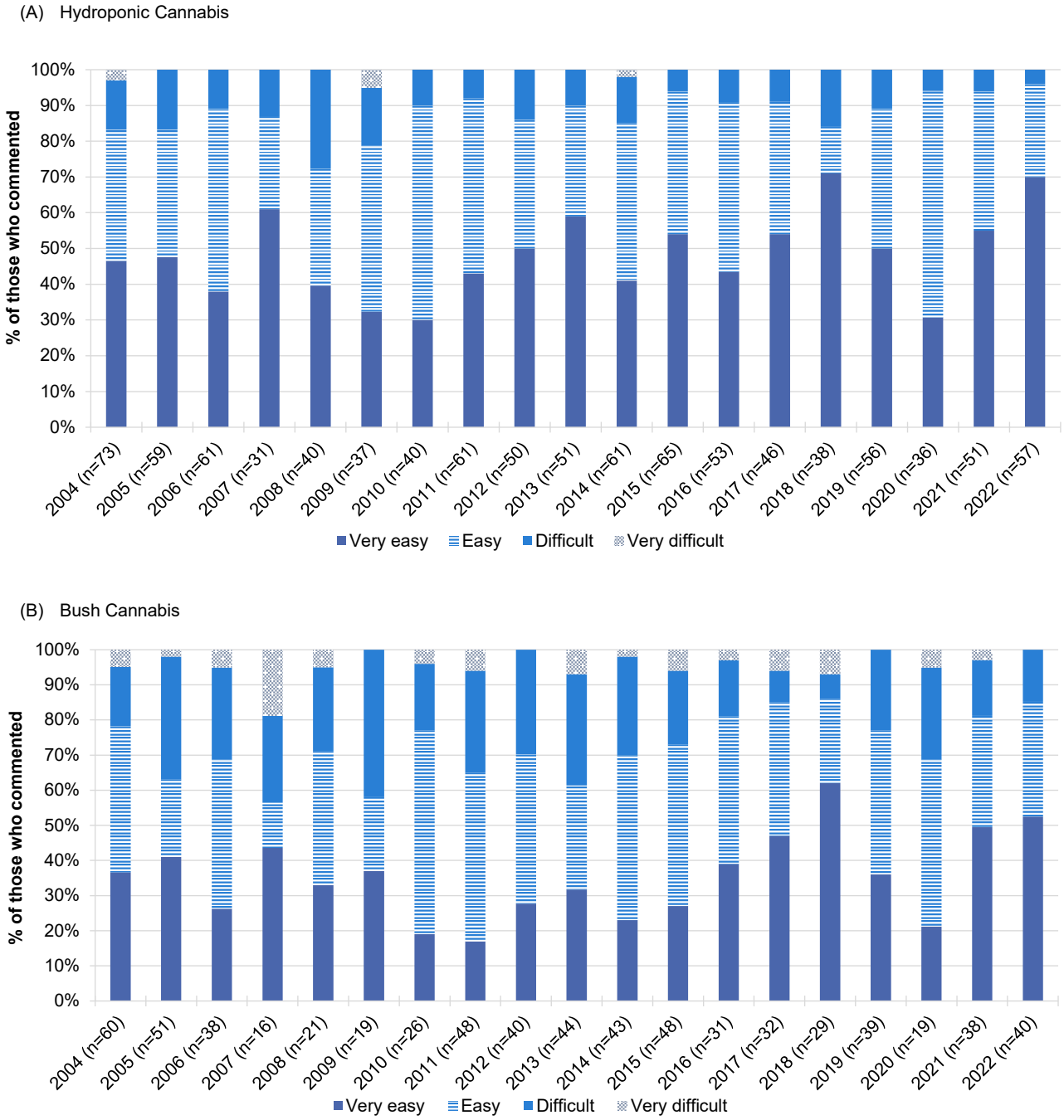
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are only provided for the first (2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The error bars represent the IQR. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 22: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Adelaide, SA, 2004-2022



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 23: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Adelaide, SA, 2004-2022



Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see data tables for values. Data are suppressed in the figure and data tables where n≤5 responded to the item. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

6

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 or via another source (e.g., online); and
• **Any use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team (drugtrends@unsw.edu.au).

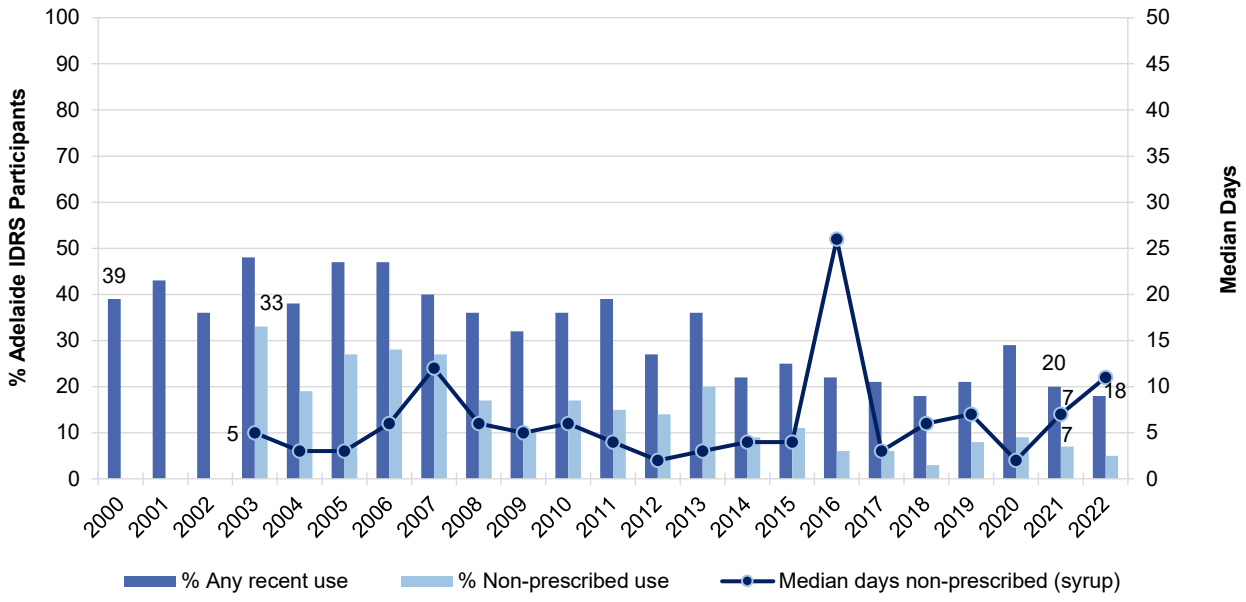
Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation, the per recent reporting any recent methadone use (including syrup and tablets) in Adelaide has generally decreased since monitoring commenced. In 2022, almost one-fifth (18%) of participants reported recent use of any prescribed and/or non-prescribed methadone (20% in 2021; *p*=0.855), the equal lowest percentage of recent use (along with 2018) since the commencement of monitoring. Methadone use historically has largely consisted of prescribed use, with 16% reporting prescribed use in 2022, stable from 15% reporting prescribed use in 2021. Few participants (n≤5) reported non-prescribed use in 2022, stable relative to 2021 (7%; *p*=0.566), and the second lowest percentage observed since the commencement of monitoring (Figure 24).

Frequency of Use: Due to low numbers (n≤5) reporting recent non-prescribed use in 2022, details regarding frequency use are not reported (7 days in 2021; IQR=3-8; n=6; *p*=0.285). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Of those who had recently used any methadone in 2022 and commented (n=19), 47% reported injecting methadone (n≤5 in 2021; *p*=0.096) on a median of 24 days (IQR=7-27), stable relative to 2021 (n≤5; *p*=0.219).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Adelaide, SA, 2000-2022



Note. Includes methadone syrup and tablets except where otherwise specified. Non-prescribed use not distinguished in 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000/2003) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Buprenorphine Tablet

Six per cent of the Adelaide sample reported using any buprenorphine tablet (n≤5 in 2021) in the six months preceding interview. Few (n≤5) participants reported recent non-prescribed or any injecting use, therefore details on median frequency of non-prescribed use and median frequency of injection

in the six months prior to interview are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

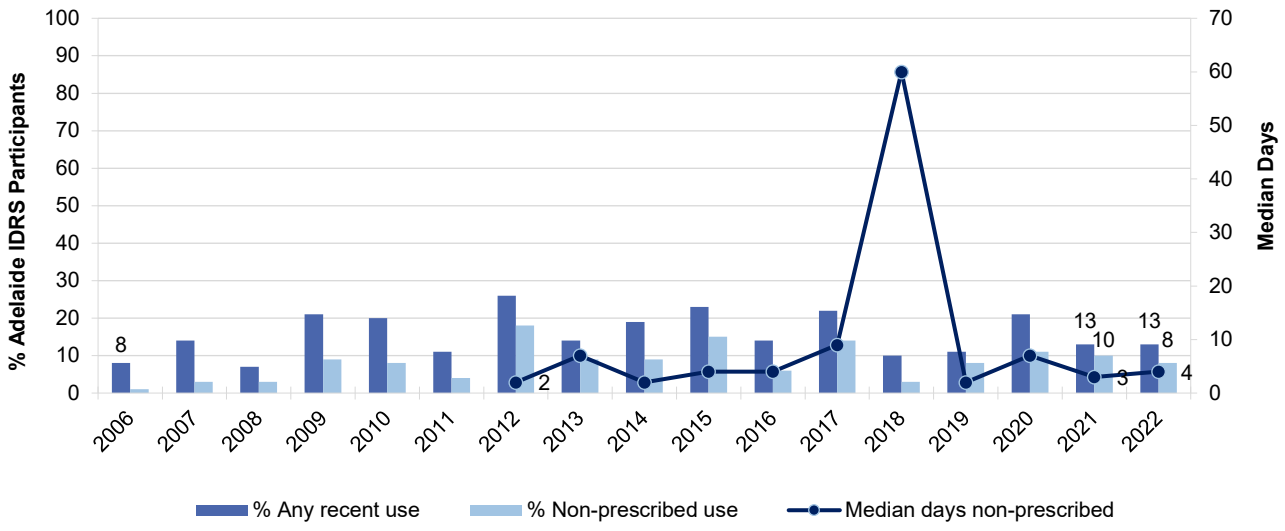
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2022, 13% of the sample reported recent use of any buprenorphine-naloxone (13% in 2021), with 8% reporting non-prescribed use (10% in 2021; *p*=0.627) (Figure 25). Few participants (n≤5) reported prescribed use (n≤5 in 2021; *p*=0.721).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented (n=8), frequency of use remained low and stable at a median of four days (IQR=3-78) in the six months preceding interview (3 days in 2021; IQR=1-7; n=10; *p*=0.242) (Figure 25).

Recent Injecting Use: Few (n≤5) participants reported recent injection of buprenorphine-naloxone, therefore details regarding median frequency of recent injection are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Adelaide, SA, 2006-2022



Note. From 2006-2011, participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2016, participants were asked about the use of buprenorphine-naloxone tablet and film; from 2017 onwards, participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days) and is only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 70 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

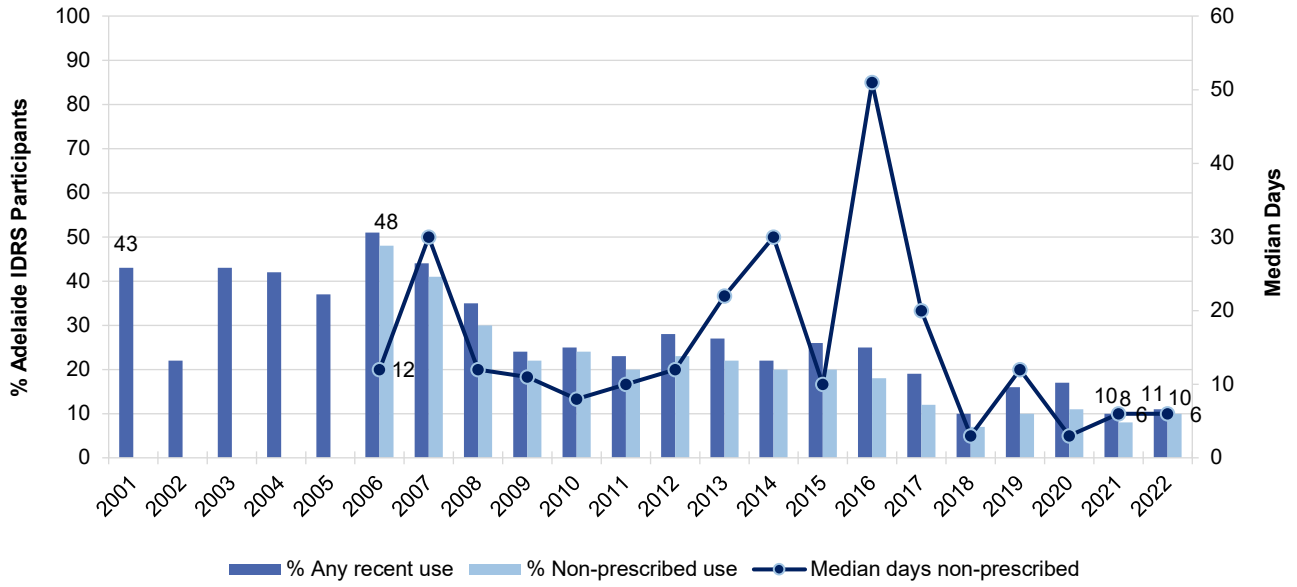
Morphine

Any Recent Use (past 6 months): The Adelaide sample has observed a downward trend in recent use of morphine since peaking in 2006 (Figure 26). In 2022, 11% of the sample had recently used any morphine (10% in 2021). This was mostly driven by non-prescribed use (10%; 8% in 2021; *p*=0.802), with few participants (n≤5) reporting recent prescribed use in 2022 (n≤5 in 2021; *p*=0.210).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented (n=10) reported use on a median of six days (IQR=2-44) in 2022, stable relative to 2021 (6 days; IQR=2-27; n=8; *p*=0.893) (Figure 26).

Recent Injecting Use: Of those who had recently used any morphine in 2022 and commented (n=11), almost two-thirds (64%) reported injecting morphine (80% in 2021; *p*=0.635) on a median of 30 days (IQR=6-56), stable relative to 2021 (5 days; IQR=2-48; *p*=0.640).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Adelaide, SA, 2001-2022



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Y axis reduced to 60 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

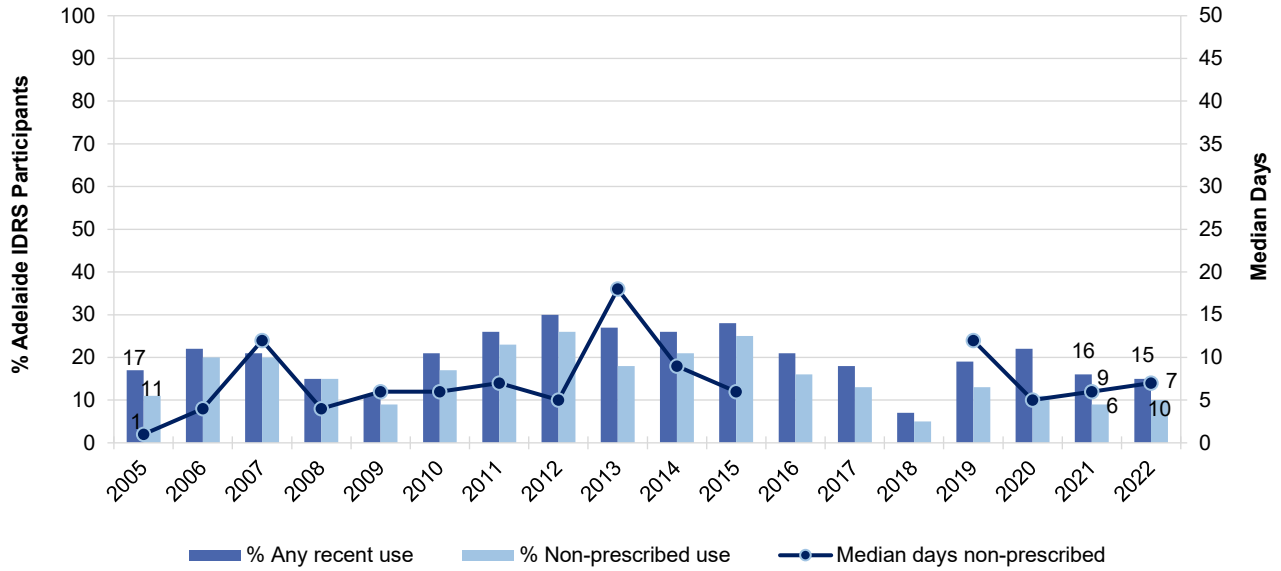
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with 15% of participants reporting any recent use in 2022, stable relative to 2021 (16%; *p*=0.845) (Figure 27). In 2022, 8% of the sample had used prescribed oxycodone (8% in 2021) and one-tenth (10%) had used non-prescribed oxycodone, stable from 9% in 2021.

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented (n=10) reported use on a median of seven days (IQR=2-107) in the six months preceding interview in 2022 (6 days in 2021; IQR=2-8; n=9; *p*=0.711) (Figure 27).

Recent Injecting Use: Of those who had recently used any oxycodone in 2022 and commented (n=15), 53% reported injecting oxycodone (n≤5 in 2021; *p*=0.149) on a median of 48 days (IQR=10-150), stable relative to 2021 (n≤5; *p*=0.088).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Adelaide, SA, 2005-2022



Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing from 2016-2018). From 2019, recent use for oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone, while frequency of use was asked for any oxycodone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

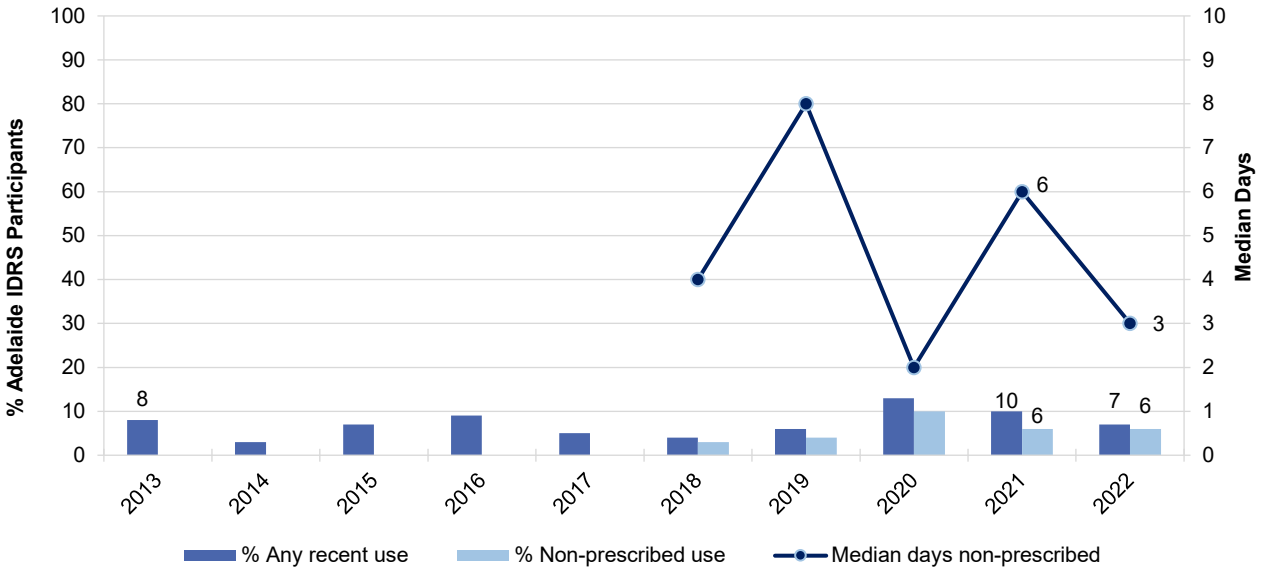
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring commenced (Figure 28). In 2022, 7% of the sample reported using any fentanyl in the six months preceding interview (10% in 2021; *p*=0.453). Few participants (n≤5) reported prescribed use in 2022 (n≤5 in 2021; *p*=0.212), and 6% reported non-prescribed use (6% in 2021).

Frequency of Use: Participants who had recently consumed non-prescribed fentanyl and commented (n=6) reported use on a median of three days (IQR=2-4) in 2022 (6 days in 2021; IQR=3-20; n=6; *p*=0.462) (Figure 28).

Recent Injecting Use: Of those who had recently used any fentanyl in 2022 and commented (n=7), 86% reported recently injecting any form (100% in 2021; *p*=0.412) on a median of four days (IQR=3-5) in the six months preceding interview, stable relative to 2021 (2 days; IQR=1-7; *p*=0.408).

Figure 28: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Adelaide, SA, 2013-2022



Note. Data on fentanyl use not collected from 2000-2012; from 2013-2017, the IDRS did not distinguish between prescribed and non-prescribed use. 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. Data labels are only provided for the first (2013/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids (Table 2). In 2022, 15% of participants reported any recent use of codeine (22% in 2021; *p*=0.209), with one-tenth (10%) reporting recent prescribed use (10% in 2021) and 6% reporting recent non-prescribed use (12% in 2021; *p*=0.153). See Figure 32 in the South Australia IDRS 2019 Report for more detailed data on use of codeine.

Thirteen per cent reported recent use of any form of tramadol (6% in 2021; *p*=0.154) and no participants reported recent use of any form of tapentadol (n≤5 in 2021; *p*=0.495). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, Adelaide, SA, 2019-2022

% Recent use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=101)	2022 (N=103)
Codeine^				
Any use	25	17	22	**15**
Non-prescribed use	-	7	12	**6**
Any injection#	-	-	0	**-**
Tramadol				
Any use	15	-	6	**13**
Non-prescribed use	9	0	-	**7**
Any injection#	-	0	-	**-**
Tapentadol				
Any use	-	0	-	**0**
Non-prescribed use	-	0	0	**0**
Any injection#	0	0	0	**0**

Note. - Values suppressed due to small cell size (n≤5 but not 0). ^Includes high and low dose. #Of those who reported past six month use. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

7

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, or via another source such as online) 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.

Few (n≤5) participants reported using any NPS in the six months prior to interview (n≤5 in 2021; *p*=0.445) and therefore no further reporting on patterns of use will be reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, Adelaide, SA, 2013-2022

% Recent Use (past 6 months)	2013 N=100	2014 N=106	2015 N=102	2016 N=101	2017 N=100	2018 N=100	2019 N=100	2020 N=100	2021 N=101	2022 N=102
'New' drugs that mimic the effects of opioids	/	/	/	/	0	-	0	-	-	**0**
'New' drugs that mimic the effects of ecstasy	/	/	/	/	-[#]	-	-	0	-	-
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	-	/	-	-	-	-	-
'New' drugs that mimic the effects of cannabis	-	-	-	0	-	-	-	-	-	**0**
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	-[#]	0	-	-	**0**	**0**
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	0	0	0	**0**	**0**
Any of the above	-	-	-	0	-	8	9	6	-	-

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', thus the same value appears in both 'new' drugs that mimic the effects of ecstasy and 'new' drugs that mimic the effects of psychedelic drugs. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; **p*<0.050; ***p*<0.010; ****p*<0.001.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2022 (18%; 18% in 2021) (Figure 29). This was mostly driven by non-prescribed use of 'other' benzodiazepines, such as diazepam, (15%; 18% in 2021; *p*=0.570), with 6% reporting recent use of non-prescribed alprazolam in 2022 (n≤5 in 2021; *p*=0.748).

Frequency of Use: Of those who had recently consumed non-prescribed alprazolam and commented (n=6), median frequency of use was 10 days (IQR=3-34), which remained relatively stable compared to 2021 (n≤5; *p*=0.053). Participants who had recently consumed non-prescribed other benzodiazepines and commented (n=15) reported use on a median of 12 days in 2022 (IQR=4-25; 5 days in 2021; IQR=2-24; n=18; *p*=0.570).

Recent Injecting Use: In 2022, no participants reported recent injection of any non-prescribed benzodiazepines (n≤5 in 2021; *p*=0.230), therefore no further reporting will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Very low numbers (n≤5) reported using non-prescribed pharmaceutical stimulants in the six months preceding interview in 2022 (n≤5 in 2021; *p*=0.443) and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Very low numbers (n≤5) reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the six months prior to interview in 2022 (n≤5 in 2021) and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

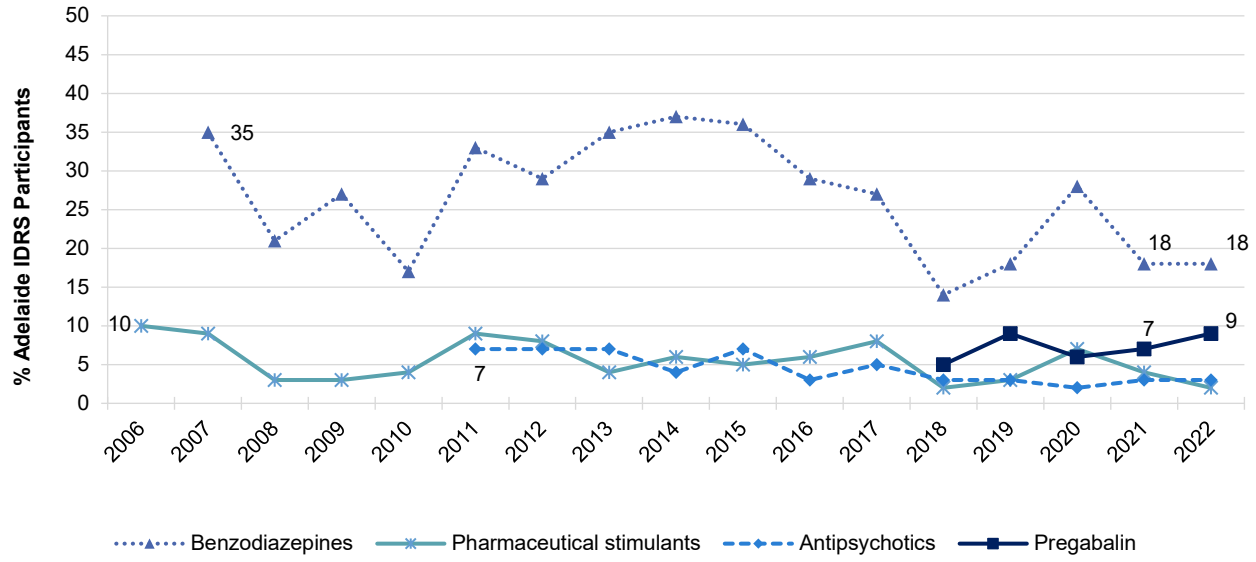
Pregabalin

Recent Use (past 6 months): In 2022, almost one in ten (9%) participants had used non-prescribed pregabalin in the six months preceding interview, stable relative to 7% in 2021 (*p*=0.793) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented (n=9) reported use on a median of 12 days (IQR=1-30) in 2022, stable from five days in 2021 (IQR=4-13; n=7).

Recent Injecting Use: Low numbers (n≤5) reported recent injection of non-prescribed pregabalin in 2022 (n≤5 in 2021), therefore details regarding median frequency of recent injection are not reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use of non-prescribed pharmaceutical drugs, Adelaide, SA, 2006-2022



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Sixty-nine per cent of the sample reported recent use of alcohol in 2022, a significant increase from 47% in 2021 (p=0.001) (Figure 30).

Frequency of Use: Participants who had recently consumed alcohol and commented (n=71) reported use on a median of 24 days in 2022 (IQR=6-98; 12 days in 2021; IQR=6-48; n=47; p=0.220), with one-fifth (21%) reporting daily use (13% in 2021; p=0.326).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Adelaide IDRS sample. In 2022, the majority of the sample (91%) reported recent use of tobacco (92% in 2021) (Figure 30).

Frequency of Use: Participants who had recently consumed tobacco and commented (n=94), reported use on a median of 180 days in 2022 (IQR=180-180; 180 days in 2021; IQR=180-180; n=93; p=0.188), with 87% reporting daily use (92% in 2021; p=0.337).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, in 2022, participants were asked for the first time about their use of both prescribed and non-prescribed e-cigarettes. No participants reported recent use of prescribed e-cigarettes in 2022.

Recent Use (past 6 months): Fourteen per cent of participants reported recent use of non-prescribed e-cigarettes in 2022, stable relative to 2021 (13%) (Figure 30).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented (n=13), reported use on a median of seven days in 2022 (IQR=2-24; 14 days in 2021; IQR=6-90; n=13; *p*=0.206).

Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded (n=14), 79% reported using e-cigarettes that contained nicotine (100% in 2021; *p*=0.225). Fourteen per cent reported using e-cigarettes that contained cannabis (n≤5 in 2021), and few participants (n≤5) reported using e-cigarettes that contained both cannabis and nicotine (n≤5 in 2021). No participants reported using e-cigarettes that contained another substance. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Reason for Use: Of those who reported any (i.e., prescribed or non-prescribed) e-cigarette use in the six months prior to interview and responded (n=12), 50% reported using e-cigarettes as a smoking cessation tool, stable relative to 2021 (77%; *p*=0.231).

Steroids

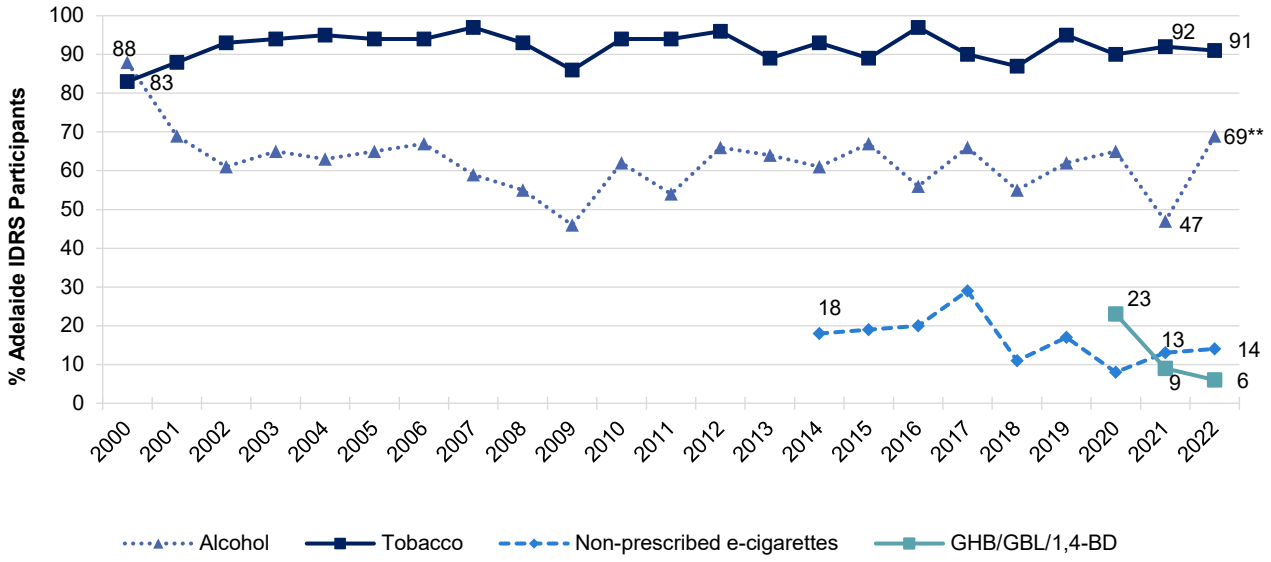
No participants reported using non-prescribed steroids in the six months preceding interview in 2022, therefore, no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2022, 6% of participants reported recent use of GHB/GBL/1,4-BD, stable relative to 2021 (9%; *p*=0.433) (Figure 30).

Recent Injecting Use: In 2022, no participants reported recent injection (0% in 2021), therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 30: Past six month use of licit and other drugs, Adelaide, SA, 2000-2022



Note. Participants were first asked about e-cigarettes in 2014, however on 1 October 2021, legislation came into effect requiring people to obtain a prescription to legally import nicotine vaping products. Data from 2022 onwards refers to non-prescribed e-cigarettes only. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

8

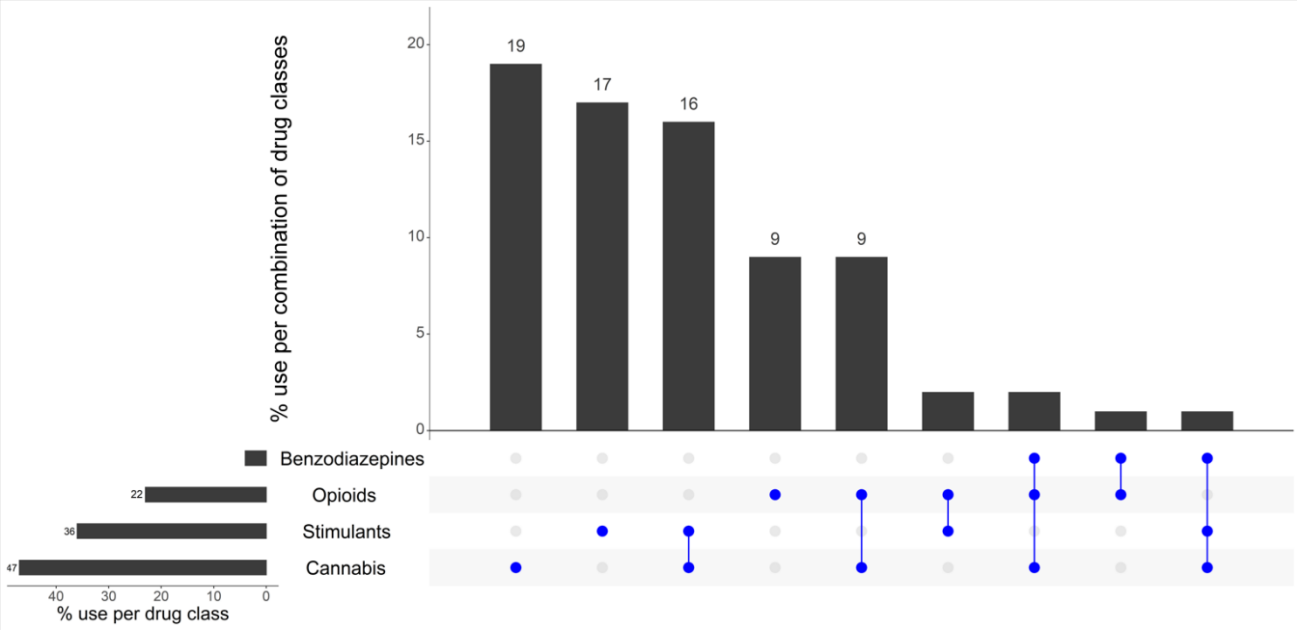
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2022, the majority (92%) of the sample reported using one or more drugs (including alcohol and prescription medications but excluding tobacco and e-cigarettes) on the day preceding interview. Of those who reported using one or more drugs (n=95), the most commonly used substances were cannabis (47%), stimulants (36%) and opioids (22%).

Two-fifths (42%) of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). Sixteen per cent of participants reported concurrent use of cannabis and stimulants on the day preceding interview, whilst 9% reported concurrent use of cannabis and opioids (Figure 31). Almost one-fifth (19%) of respondents reported using cannabis alone, 17% reported using stimulants alone, and 9% reported using opioids alone.

Figure 31: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Adelaide, SA, 2022



Note. % calculated out of total IDRS 2022 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, ecstasy and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. The response option 'Don't know' was excluded from analysis. Y axis reduced to 23% to improve visibility of trends.

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Overdose Events

Non-Fatal Overdose

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

In 2022, 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;
- **Non-opioid overdose** (e.g., nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drugs other than opioids were split into the following:
    - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g., MDPV, Alpha PVP); and
    - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

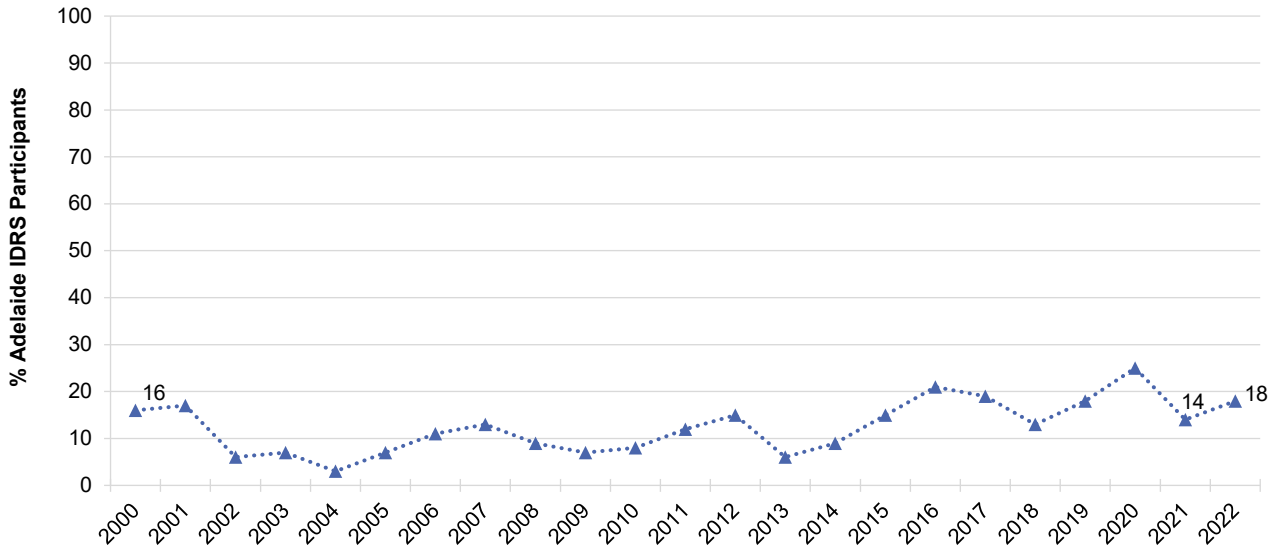
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types queried (see below); however, please note that estimates may vary over time because of changes in how questions have been asked (although the definition has been stable from 2019 onwards).

Non-fatal overdose in the Adelaide sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). The per cent reporting any past 12-month non-fatal overdose in 2022 remained stable relative to 2021 (18%; 14% in 2021; p=0.452) (Figure 32).

Nine per cent reported a **non-fatal overdose following opioid use** in the 12 months preceding interview in 2022 (6% in 2021; p=0.594), most commonly following heroin use (6%; n≤5 in 2021; p=0.498), whilst a further 9% reported a **non-fatal overdose following stimulant use** in the 12 months preceding interview (8% in 2021) (Table 4).

Participants who had overdosed on an opioid had done so on a median of two occasions (IQR=1-2) in the 12 months preceding interview. Few participants (n≤5) were able to comment on other drugs used during the last opioid overdose, or whether they had received treatment on the last occasion of opioid overdose. These data are therefore suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 32: Past 12 month non-fatal any overdose, Adelaide, SA, 2000-2022



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2022, and Adelaide, SA, 2015-2022

	Adelaide, SA								National
	2015	2016	2017	2018	2019	2020	2021	2022	2022
% Any opioid	N=102 10	N=101 -	N=100 9	N=101 -	N=100 -	N=100 15	N=100 6	**N=103 9**	N=868 12
% Heroin overdose	N=102 10	N=101 -	N=100 8	N=98 -	N=99 -	N=100 13	N=100 -	**N=102 6**	N=867 11
% Methadone overdose	N=102 0	N=101 0	N=100 0	N=101 -	N=99 0	N=100 -	N=100 0	**N=102 -**	N=867 1
% Morphine overdose	N=102 -	N=101 -	N=99 -	N=101 -	N=99 0	N=100 0	N=100 0	**N=102 -**	N=867 0
% Oxycodone overdose	N=102 -	N=101 -	N=99 0	N=99 -	N=99 0	N=100 -	N=100 0	**N=102 0**	N=867 -
% Stimulant overdose	N=102 -	N=99 14	N=100 11	N=100 -	N=99 13	N=100 -	N=101 8	**N=103 9**	N=878 4
% Other overdose	N=102 -	N=99 -	N=100 1	N=100 -	N=99 -	N=100 9	N=101 -	**N=103 -**	N=878 3
% Any drug overdose	N=102 14	N=101 21	N=99 19	N=97 13	N=99 18	N=100 25	N=100 14	**N=103 18**	N=868 17

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. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

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. From 1 December 2020 to 30 June 2022, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Following the evaluation of this pilot, the Australian Government announced that a national take home naloxone program was to be implemented in all Australian states and territories from 1 July 2022. Furthermore, naloxone nasal spray (Nyxoid) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: The per cent of participants who had heard of naloxone has remained relatively stable over time, ranging between 58% and 75%. In 2022, 64% reported awareness of naloxone (58% in 2021; p=0.466) (Figure 33).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs has fluctuated over time, with one-third (33%) reporting awareness of these programs in 2022, stable relative to 2021 (32%) (Figure 33). In 2022, 10% of participants reported having heard of paid access (10% in 2021), and 31% of participants reported having heard of free access (32% in 2021).

Participation in Training Programs: In 2022, 15% had been trained in how to administer naloxone in their lifetime, stable relative to 2021 (17%; p=0.706) (Figure 33). Almost two-fifths (38%) of participants reported the pharmacy as the location of their last naloxone training course, and a further 33% reported receiving naloxone training at an NSP.

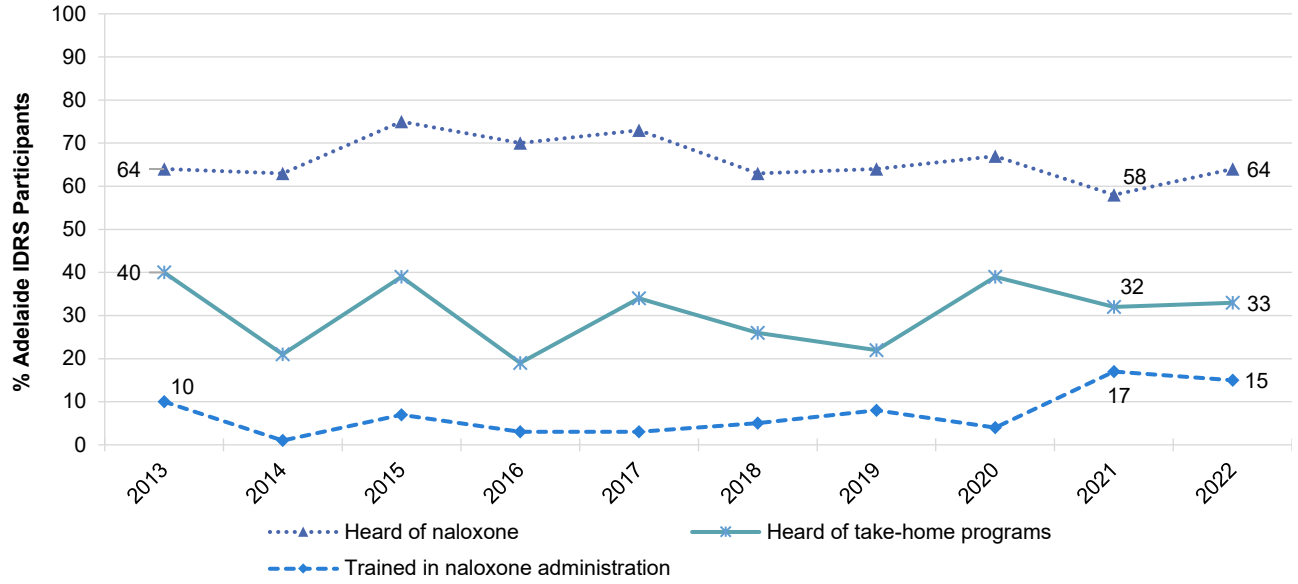
Accessed Naloxone: Two-thirds (67%) of the Adelaide sample who had heard about naloxone training programs reported having ever accessed naloxone (53% in 2021; p=0.313), with 45% having done so in the past year.

Nine per cent of the total sample reported that they had tried to access naloxone in their lifetime but had been unsuccessful; few participants (n≤5) reported difficulty with access in the past year. Of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=88), reasons included 'don't use opioids' (18%), 'don't consider myself/my peers at risk of overdose' (8%) and 'didn't know you could access naloxone' (7%).

Of those who reported ever accessing naloxone and commented (n=20), 60% reported receiving intranasal naloxone on the last occasion of access and 30% reported receiving intramuscular naloxone. Few participants (n≤5) received both. The majority (91%) reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone and could respond (n=22), two-fifths (41%) reported that they 'always' had naloxone on hand when using opioids in the past month, 9% reported 'often', and almost one-third (32%) reported 'never' having naloxone on hand.

Use of Naloxone to Reverse Overdose: In 2022, 16% of the Adelaide sample reported that they had resuscitated someone using naloxone at least once in their lifetime (17% in 2021). Few (n≤5) participants reported that they had been resuscitated by a peer using naloxone in the past year (n≤5 in 2021; p=0.683).

Figure 33: Lifetime awareness of take-home naloxone program and distribution, Adelaide, SA, 2013-2022



Note. Data labels are only provided for the first (2013) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

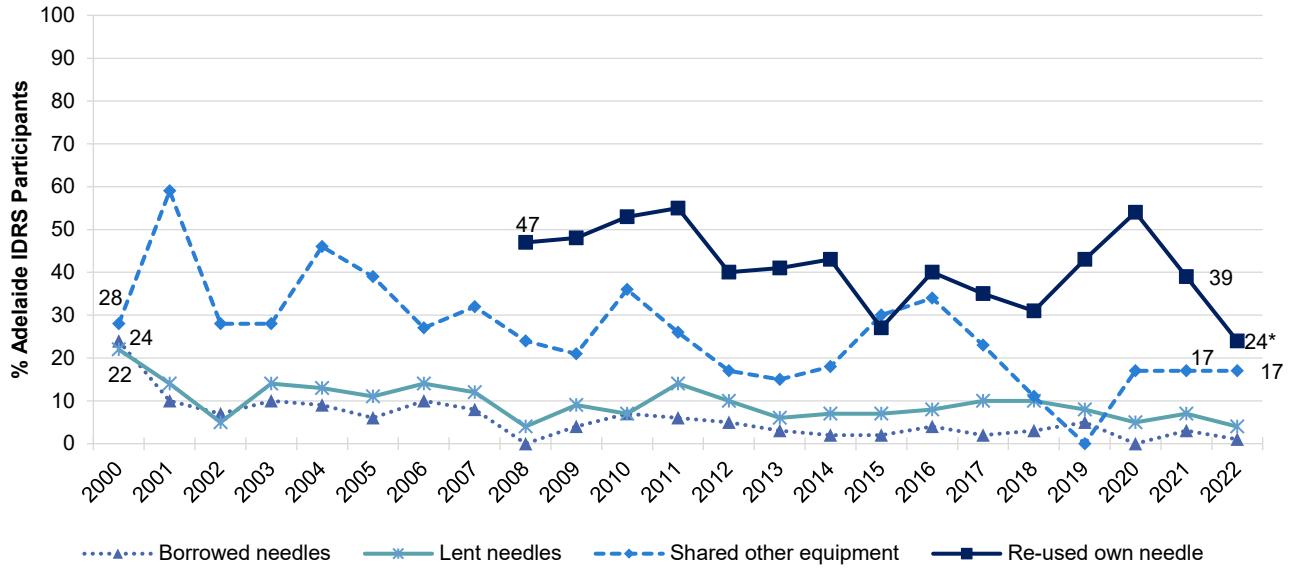
In 2022, few participants (n≤5) reported receptive (n≤5 in 2021; p=0.364) or distributive sharing of needles/syringes (n≤5 in 2021; p=0.368), respectively, in the month prior to interview (Figure 34).

The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has fluctuated considerably over the course of monitoring (Figure 34), though remained stable in 2022 (17%) relative to 2021 (17%). Almost one-quarter (24%) of the sample reported that they had re-used their own needles in the past month, a significant decrease from 39% in 2021 (p=0.038) (Figure 34).

One-fifth (21%) of the 2022 sample reported that they had injected someone else after injecting themselves (35% in 2021; p=0.045), and one-tenth (10%) were injected by someone else in the past month (20% in 2021; p=0.051) (Table 5).

The location of last injection remained stable between 2021 and 2022 (p=0.783). Consistent with previous years, most participants (87%) reported that they had last injected in a private home (91% in 2020). An additional 7% of participants reported that they had last injected in a public toilet (7% in 2021) (Table 5).

Figure 34: Borrowing and lending of needles and sharing of injecting equipment in the past month, Adelaide, SA, 2000-2022



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. Data labels are only provided for the first (2000/2008) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2022, and Adelaide, SA, 2015-2022

	Adelaide, SA								National
	N=102	**N=101**	**N=100**	**N=101**	**N=98**	**N=100**	**N=101**	**N=103**	**N=879**
	2015	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**	**2022**
% Injecting behaviours past month									
Borrowed a needle	N=100 -	N=100 -	N=100 -	N=101 -	N=98 -	N=99 0	N=100 -	**N=103 -**	N=868 4
Lent a needle	N=100 7	N=100 8	N=100 10	N=101 10	N=96 8	N=100 -	N=100 7	**N=103 -**	N=865 8
Shared any injecting equipment ^	N=100 31	N=100 34	N=99 23	N=101 11	N=100 0	N=99 17	N=101 17	**N=102 17**	N=872 20
Reused own needle	N=100 27	N=100 40	N=100 35	N=100 31	N=98 43	N=99 54	N=101 39	**N=103 24***	N=865 35
Injected partner/friend after self˜	/	/	N=100 35	N=100 29	N=98 27	N=100 39	N=101 35	**N=103 21***	N=866 27
Somebody else injected them after injecting themselves˜	/	/	N=100 19	N=101 14	N=96 25	N=100 24	N=100 20	**N=103 10**	N=865 15
% Location of last injecting use									
Private home	90	88	92	88	95	89	91	**87**	78
Car	6	7	-	7	-	-	0	**-**	5
Street/car park/beach	0	-	-	-	0	-	-	**-**	6
Public toilet	-	-	0	-	-	-	7	**7**	5
Medically supervised injecting Centre/Room	/	/	/	/	/	0	0	**0**	2
Other	-	-	-	-	-	0	0	**0**	1

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ With a 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). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Self-Reported Injection-Related Injuries and Diseases

The per cent of participants who had experienced any injection-related injuries and diseases in the month preceding interview remained stable in 2022 (25%), relative to 2021 (29%; p=0.633) (Table 6). The most common injection-related injuries and diseases reported by participants was any infection/abscess (16%; 12% in 2021; p=0.538; including skin abscess; 13%; 10% in 2021; p=0.645), followed by any nerve damage (9%; 13% in 2021; p=0.371) and a dirty hit (9%; 11% in 2021; p=0.644).

Table 6: Injection-related issues in the past month, Adelaide, SA, 2020-2022

	2020	2021	2022
	(N=100)	(N=101)	(N=103)
% Artery injection	9	6	**6**
% Any nerve damage	13	13	**9**
% Any thrombosis	8	6	**6**
Blood clot	8	6	**-**
Deep vein thrombosis	-	0	**-**
% Any infection/abscess	15	12	**16**
Skin abscess	14	10	**13**
Endocarditis	0	-	**-**
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	**-**
% Dirty hit	8	11	**9**
% Any injection-related problem	35	29	**25**

Note. - Values suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Drug Treatment

One-quarter (26%) of participants reported receiving any drug treatment in 2022, stable relative to 2021 (24%; p=0.869), with methadone continuing to be the most commonly received treatment (Table 7).

Table 7: Current drug treatment, nationally, 2022, and Adelaide, SA, 2015-2022

	Adelaide, SA								National
	2015 N=102	2016 N=101	2017 N=100	2018 N=101	2019 N=99	2020 N=100	2021 N=100	2022 N=103	2022 N=879
% Current drug treatment	31	33	30	23	19	38	24	**26**	38
Methadone	17	21	16	13	12	20	15	**14**	24
Buprenorphine	-	-	-	0	0	0	-	**-**	2
Buprenorphine-naloxone	8	7	7	6	-	10	-	**-**	5
Buprenorphine depot injection	/	/	/	/		-	-	**-**	4
Drug counselling	-	-	-	-	-	8	6	**-**	9
Other	-	-	-	0	-	-	-	**-**	3

Note. - Values suppressed due to small cell size (n≤5 but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Bloodborne Virus Testing and Treatment

In 2022, 48% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (37% in 2021; p=0.153), 29% had received an RNA test (27% in 2021; p=0.868) and 6% reported having a current HCV infection (10% in 2021; p=0.434) (Table 8). Few participants (n≤5) reported that they had received HCV treatment in the past year (10% in 2021; p=0.164).

Three-quarters of the total sample (76%) reported having ever had a test for human immunodeficiency virus (HIV) (22% within the past six months), with no participants reporting that they had ever received a positive diagnosis (Table 8).

Table 8: HCV and HIV testing and treatment, nationally, 2022, and Adelaide, SA, 2018-2022

%	Adelaide, SA					National
	2018 N=101	2019 N=100	2020 N=100	2021 N=101	2022 N=103	2022 N=879
Past year Hepatitis C test (n)						
Past year hepatitis C antibody test	N=100 54	N=97 39	N=96 23	N=100 37	**N=101** **48**	N=846 43
Past year hepatitis C PCR or RNA test	N=85 33	N=87 28	N=94 35	N=98 27	**N=91** **29**	N=803 37
Current hepatitis C status (n)						
Currently have hepatitis C^	N=94 14	N=92 10	N=91 9	N=96 10	**N=95** **6**	N=805 7
Past year treatment for hepatitis C (n)						
Received treatment in past year	N=98 8	N=97 9	N=95 8	N=100 10	**N=99** **-**	N=835 10
Most recent treatment was successful (among those who had received treatment in past year)	N=6 100	N=7 86	N=8 50	N=10 60	**n≤5** **-**	N=85 69
HIV test (n)	/	/	/	N=99	**N=100**	N=823
HIV test in past 6 months	/	/	/	25	**22**	23
HIV test more than 6 months ago	/	/	/	55	**54**	55
HIV status (n)			/	N=78	**N=76**	N=633
Lifetime HIV positive diagnosis	/	/	/	-	**0**	3

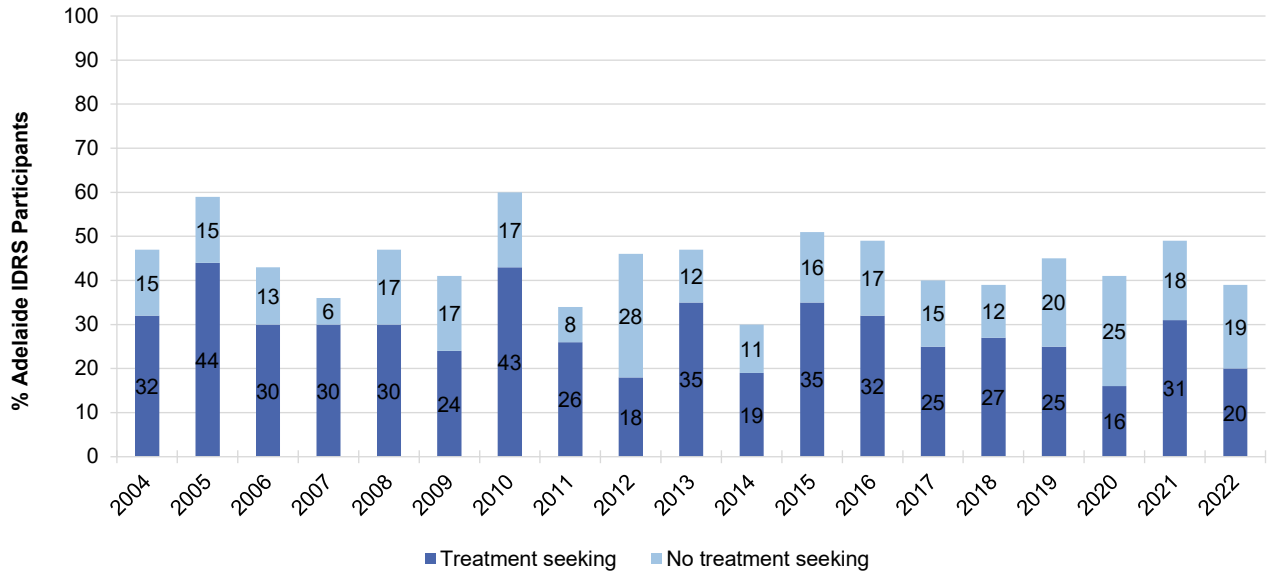
Note. ^This includes people who had not been tested for HCV. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in table; *p<0.050; **p<0.010; ***p<0.001.

Mental Health

In 2022, almost two-fifths (39%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2021 (49%; p=0.207) (Figure 35). Amongst this group, the most commonly reported problems were depression (64%; 65% in 2021), anxiety (46; 54% in 2021) and post-traumatic stress disorder (PTSD) (18%; 25% in 2021). A smaller proportion of participants reported schizophrenia (15%; 21% in 2021) and any manic depression/bipolar (15%; n≤5 in 2021).

One-fifth (20%) of the sample had seen a mental health professional during the past six months (50% of those who self-reported a mental health problem during the past six months, stable from 63% in 2021; p=0.286). Three-fifths (62%) of those who had seen a mental health professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable relative to 2021 (77%; p=0.349).

Figure 35: Self-reported mental health problems and treatment seeking in the past six months, Adelaide, SA, 2004-2022

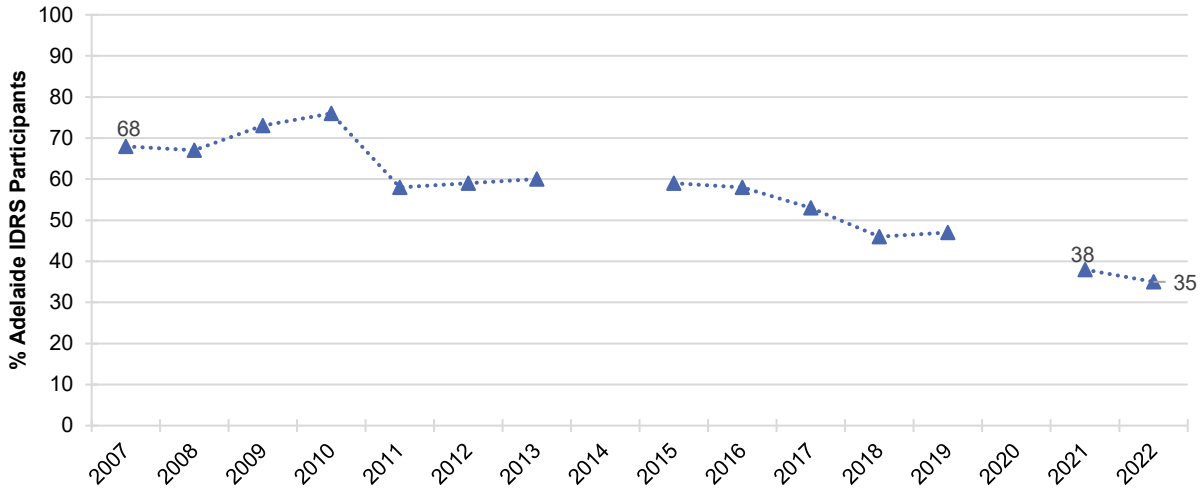


Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Driving

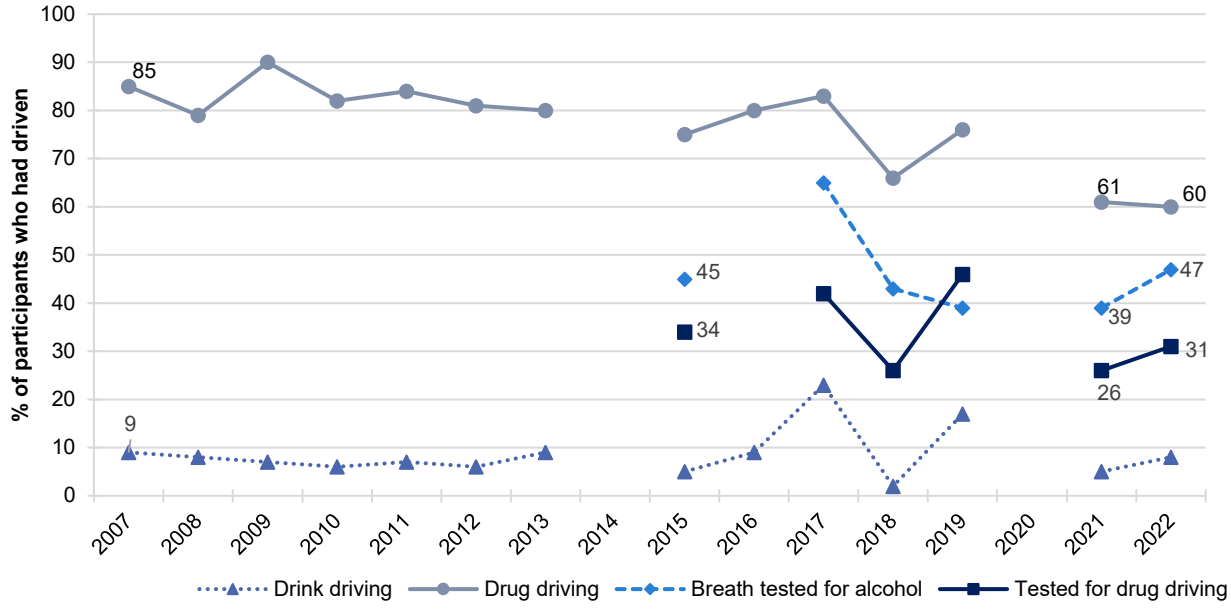
One-third (35%) of the Adelaide sample had driven a car, motorcycle or other vehicle in the last six months in 2022 (38% in 2021) (Figure 36). Of those who had driven recently (n=36), few participants (n≤5) reported driving while over the perceived legal limit of alcohol, stable relative to 2021 (n≤5; p=0.675), and 60% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2021 (61%) (Figure 37). Of those who had recently driven, almost one-third (31%) reported that they had been tested for drug driving by the police roadside drug testing service (26% in 2021), and 47% reported that they had been breath tested for alcohol by the police roadside testing service (39% in 2021) in the six months prior to interview.

Figure 36: Self-reported driving in the past six months, Adelaide, SA, 2007-2022



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Figure 37: Self-reported testing and driving in the past six months, over the (perceived) legal limit for alcohol and three hours following illicit drug use, among recent drivers, Adelaide, SA, 2007-2022



Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020 and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007/2015) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

In 2022, 13% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with 8% reporting doing so in the past year. Few participants

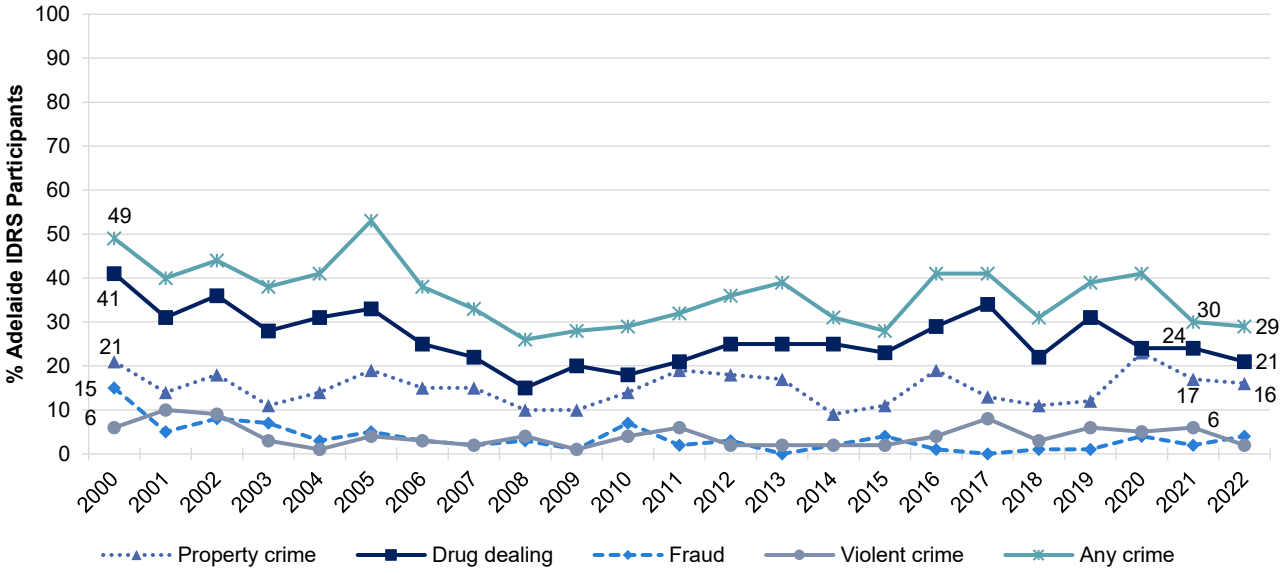
(n≤5) reported on the methods by which their drugs were tested, therefore, no further results are reported. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Experience of Crime and Engagement with the Criminal Justice System

Twenty-nine per cent of the Adelaide sample reported engaging in 'any' crime in the past month in 2022, stable from 30% in 2021. Selling drugs for cash profit (21%; 24% in 2021; *p*=0.615) and property crime (16%; 17% in 2021; *p*=0.847) remained the most common self-reported crimes in the month preceding interview (Figure 38). Fourteen per cent reported being the victim of a crime involving violence in the past month (e.g., assault), stable relative to 2021 (16%; *p*=0.840).

In 2022, 14% of the sample had been arrested in the past year, a significant decrease from 35% in 2021 (*p*<0.001). In 2022, 12% of the sample reported a drug-related encounter in the last 12 months which did not result in charge or arrest (data not collected in 2021). Almost three-fifths (59%) of the sample reported a lifetime prison history in 2022, stable from 52% in 2021 (*p*=0.398).

Figure 38: Self-reported criminal activity in the past month, Adelaide, SA, 2000-2022



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2021 and 2022) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. The response option 'Don't know' was excluded from analysis. Statistical significance for 2021 versus 2022 presented in figure; **p*<0.050; ***p*<0.010; ****p*<0.001.

COVID-19 Testing and Diagnosis

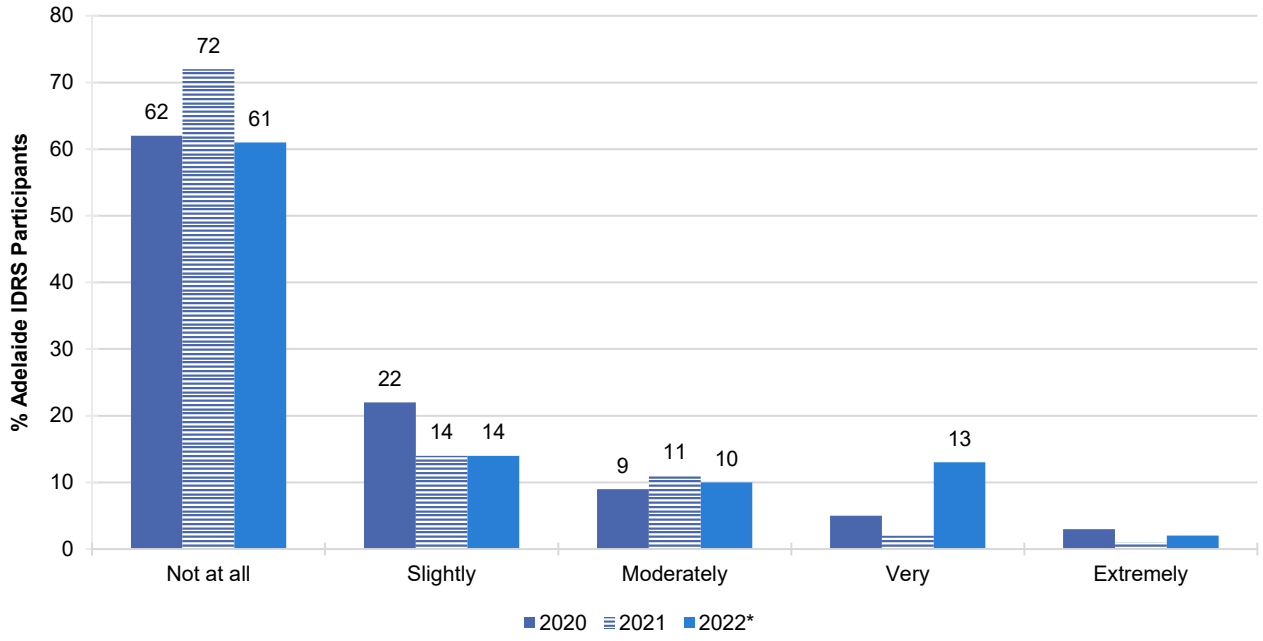
In 2022, 86% of the Adelaide IDRS sample had been tested for SARS-COV-2 in the past 12 months (45% in 2021; 7% in 2020), of whom 62% had received a PCR test and 59% a Rapid Antigen Test. One-fifth (22%) of participants reported having been diagnosed with the virus (no participants had been diagnosed with the virus in 2021 and 2020, respectively).

In 2022, 42% of participants reported quarantining for at least seven days due to a positive test or possible exposure in the 12 months prior to interview, with 8% quarantining in the month prior to interview and 26% in the six months prior to interview. At the time of interview, 77% reported that they had received at least one COVID-19 vaccine dose (median two doses; 7% had received one dose, 39% had received two doses; 31% had received three or more doses).

When asked how worried they currently were about contracting COVID-19, 38% of participants reported some level of concern, a significant change relative to 2021 (28%; *p*=0.048). In 2022, 14% responded that they were 'slightly' concerned, 10% reported 'moderately' concerned and 13%

reported that they were ‘very’ concerned (Figure 39). Further, almost three-fifths (59%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 12% reporting that they would be ‘slightly’ concerned, 20% reporting ‘moderately’, 14% reporting ‘very’ and 12% reporting that they would be ‘extremely’ concerned.

Figure 39: Current concern related to contracting COVID-19, Adelaide, SA, 2020-2022



Note. The response option ‘Don’t know’ was excluded from analysis. Data labels have been removed from figures with small cell size (i.e., n≤5 but not 0). Statistical significance for 2021 versus 2022 presented in figure; *p<0.050; **p<0.010; ***p<0.001.