



SOUTH AUSTRALIAN DRUG TRENDS 2023

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



SOUTH AUSTRALIAN DRUG TRENDS 2023: 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](#).

This report was prepared by the National Drug and Alcohol Research Centre, UNSW Sydney. Please contact the following with any queries regarding this publication: a.karlsson@unsw.edu.au or drugtrends@unsw.edu.au

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to the IDRS in 2023:

- Dr Rachel Sutherland, Fiona Jones, Antonia Karlsson, Julia Uporova, Cate King, Udesha Chandrasena, 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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- Sophie Radke, Lauren Stafford and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania, Tasmania;
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- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel, and Associate Professor Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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

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

1,4-BD	1,4-Butanediol
ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α -Pyrrolidinopentiophenone
AOD	Alcohol and Other Drugs
CBD	Cannabidiol
COVID-19	Coronavirus Disease 2019
DSM	Diagnostic and Statistical Manual of Mental Disorders
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
GP	General Practitioner
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDPV	Methylenedioxypropylvalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NHS	National Health Survey
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
SARS-CoV-2	Severe Acute Respiratory Syndrome Coronavirus 2
SD	Standard deviation
SDS	Severity of Dependence
TAS	Tasmania
TGA	Therapeutic Goods Administration
THC	Tetrahydrocannabinol
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS comprises a sentinel sample of people aged 18 years or older who injected illicit drugs ≥ 6 days in the preceding six months and resided in Adelaide, South Australia. Participants were recruited via advertisements in needle and syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in June, 2023. Interviews from 2020 were delivered face-to-face as well as via telephone, to reduce risk of COVID-19 transmission; all interviews prior to 2020 were conducted face-to-face. This methodological change should be factored into all comparisons of data from the 2020-2023 samples relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Adelaide, South Australia (SA) in 2023 (N=102) was consistent with the Adelaide profile in previous years, whereby two thirds (66%) were male, with a median age of 48 years. Eighty-four per cent of the sample were unemployed at the time of interview, and most (90%) had received a government pension/allowance or benefit in the month prior to interview. Current accommodation significantly changed ($p=0.023$), with more participants reporting no fixed address (18%; 11% in 2022) and fewer ($n \leq 5$) participants reporting residing in a boarding house/hostel (14% in 2022). Participants typically nominated methamphetamine as their drug of choice in 2023 (74%), followed by heroin (20%; 26% in 2022). Methamphetamine was also the drug injected most often in the past month (80%; 75% in 2022), followed by heroin (18%; 23% in 2022). Weekly or more frequent use of methamphetamine crystal significantly increased in 2023 (80%), relative to 2022 (67%; $p=0.041$).

Heroin

One fifth (22%) of the Adelaide sample reported recent use in 2023, a significant decrease from 35% in 2022 ($p=0.046$). Frequency of use increased from a median of 67 days in 2022 to a median of 96 days in 2023 ($p=0.040$). Perceived purity and availability remained stable between 2022 and 2023, with two fifths (42%) perceiving purity to be 'low' (31% in 2022) and 76% perceiving that heroin was 'easy' or 'very easy' to obtain (84% in 2022).

Methamphetamine

Notwithstanding a decline in 2020, recent use of any methamphetamine has remained relatively stable since 2019, with nine in ten participants (91%) reporting recent use in 2023 (90% in 2022). This mostly comprised crystal methamphetamine use (88%), the most commonly used form since 2010. Almost one quarter of the sample (23%) reported recent use of powder and 13% reported recent use of base (31% and 10% in 2022, respectively). Perceived purity of crystal and powder methamphetamine remained stable between 2022 and 2023, with 37% reporting purity as 'medium' for powder (28% in 2022) and 38% reporting purity as 'low' for crystal (29% in 2022). Perceived availability also remained stable, with 54% (49% in 2022) and 73% (60% in 2022) reporting powder and crystal as being 'very easy' to obtain, respectively.

Cocaine

Recent use of cocaine remained stable at 12% (10% in 2022). Frequency of use remained low and stable at a median of three days (5 days in 2022).

Cannabis and/or Cannabinoid-Related Products

Recent use of non-prescribed cannabis and/or cannabinoid-related products has remained

fairly stable since 2014, with 71% reporting recent non-prescribed use in 2023 (72% in 2022). Hydroponic cannabis remained the form most commonly used (81%; 87% in 2022), followed by bush cannabis (57%; 60% in 2022). No participants reported using CBD extract in 2023, a significant decrease from 9% in 2022 ($p=0.028$) and few ($n\leq 5$) participants reported using THC extract in 2023, also a significant decrease from 11% in 2022 ($p=0.033$). Both hydroponic and bush cannabis were reported as being 'very easy' to obtain in 2023 (57% and 61% 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 2023, recent non-prescribed use of methadone ($n\leq 5$), buprenorphine tablet ($n\leq 5$), buprenorphine-naloxone (8%), morphine (8%), oxycodone (6%), fentanyl ($n\leq 5$) and codeine ($n\leq 5$) remained low and stable.

Other Drugs

Few ($n\leq 5$) participants reported recent use of NPS, unisom and non-prescribed antipsychotics in 2023 (18% in 2022). Recent non-prescribed benzodiazepine use was reported by 15% of participants in 2023. Non-prescribed pharmaceutical stimulant and pregabalin use remained low and stable at 7% and 11%, respectively, in 2023 ($n\leq 5$ and 9% in 2022, respectively). Recent use of alcohol (60%; 69% in 2022) and tobacco (85%; 91% in 2022) remained stable in 2023, as did recent use of non-prescribed e-cigarettes (20%; 14% in 2022). However, frequency of use of non-prescribed e-cigarettes significantly increased, from a median of seven days in 2022 to a median of 45 days in 2023 ($p=0.029$). Almost one fifth (19%) reported recent use of GHB/GBL/1,4-BD in 2023, a significant increase from 6% in 2022 ($p=0.007$).

Drug-Related Harms and Other Behaviours

- In 2023, 53% of the sample reported using two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes).
- Eight per cent reported overdosing on any drug in the preceding year, a significant decrease from 18% in 2022 ($p=0.039$). Few ($n\leq 5$) participants reported a non-fatal opioid or stimulant overdose.
- In 2023, almost half (48%) the Adelaide sample reported awareness of naloxone, a significant decrease from 64% in 2022 ($p=0.027$). Almost one third (31%) of the sample reported awareness of naloxone take-home programs (32% in 2022), with 11% having been trained in naloxone administration in their lifetime (15% in 2022). Ten per cent of the Adelaide sample reported having ever accessed naloxone, a significant decline from 21% in 2022 ($p=0.037$).
- In 2023, 6% reported receptive sharing and 7% reported distributive sharing of a needle or syringe in the past month ($n\leq 5$ in 2022, respectively). One quarter (27%) of the sample reported that they had re-used their own needles in the past month (24% in 2022).
- Twenty-nine per cent reported experiencing injection-related problems in the past month (25% in 2022), most commonly a dirty hit (14%).
- Almost one fifth (17%) of participants reported receiving any drug treatment in 2023, stable relative to 2022 (25%).
- Fifty-six per cent scored five or above on the opioid SDS scale and 51% scored four or above on the methamphetamine SDS scale, both indicating possible dependence in relation to opioid and methamphetamine use.
- Two fifths (40%) of the sample reported that they had received a hepatitis C virus (HCV)

antibody test (48% in 2022) and 29% reported receiving an RNA test (29% in 2022) in the past year. Seven per cent reported having a current HCV infection.

- Self-reported mental health problems remained stable in 2023 (38%; 39% in 2022), with depression being the most commonly reported problem (59%), followed by anxiety (51%) and post-traumatic stress disorder (27%).
- The K10 score remained stable between 2022 and 2023 ($p=0.802$), with one quarter (25%) of IDRS participants having a score of 30 or more (31% in 2022).
- Four fifths (80%) of participants reported accessing any health service for alcohol and/or drug support in the six months preceding interview (82% in 2022).
- Thirty-seven per cent of the sample reported experiencing stigma related to their illicit drug use in any setting in the six months preceding interview.
- In 2023, 78% of the Adelaide sample had been tested for SARS-CoV-2 in the past 12 months (86% in 2022), with one quarter (27%) of participants reporting a positive COVID-19 test in the 12 months preceding interview. Two thirds (66%) reported that they had received at least one COVID-19 vaccine dose (77% in 2022).
- Of those who had driven recently ($n=31$), 19% reported driving while over the perceived legal limit of alcohol, and 78% reported driving within three hours of consuming an illicit or non-prescribed drug, both stable relative to 2022 ($n=5$ and 60%, respectively).
- Thirteen per cent reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia in the past year (8% in 2022).
- Twenty-nine per cent of participants reported engaging in 'any' crime in the past month in 2023 (29% in 2022), with 19% having been arrested in the past year (14%

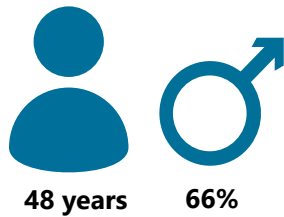
in 2022), and 49% reporting a lifetime prison history (59% in 2022).

- One tenth (11%) reported being the victim of a violence crime in the month preceding interview (14% in 2022).

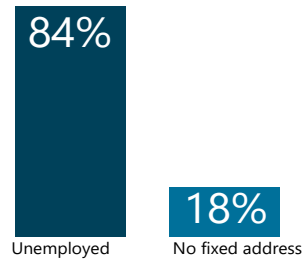
2023 SAMPLE CHARACTERISTICS



In 2023, 102 participants, recruited from Adelaide, SA were interviewed.



The median age in 2023 was 48, and 66% identified as male.

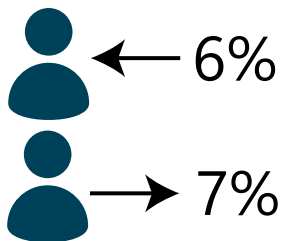


In the 2023 sample, 84% were unemployed and 18% had no fixed address.

- ☒ 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 2023, 6% reported receptive sharing in the past month and 7% reported distributive sharing.



27% of participants reported re-using their own needles in the past month, stable from 2022 (24%).

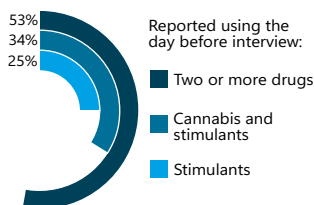


Almost one third (30%) of participants reported injecting someone else after injecting themselves in the past month, stable relative to 2022 (21%).

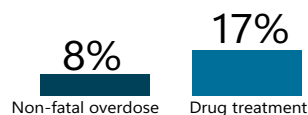


29% of participants reported having an injection-related health issue in the past month, stable from 2022 (25%).

OTHER HARMS AND HELP-SEEKING



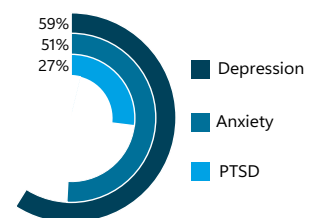
The most common patterns of poly substance use on the day preceding interview were cannabis and stimulants.



Past year non-fatal overdose significantly decreased to 8% in 2023, whereas current drug treatment (17%) remained stable in 2023 relative to 2022.

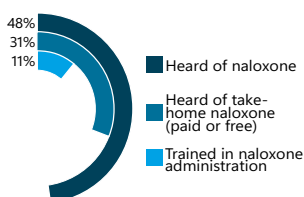


In 2023, 38% of participants reported a mental health problem in the 6 months preceding interview, and 13% had seen a mental health professional.

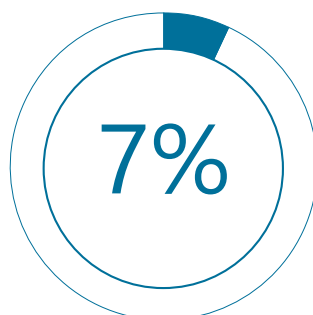


Among those who reported a mental health problem, the three most common mental health issues were depression, anxiety and PTSD.

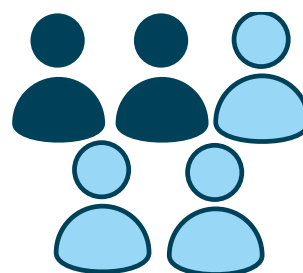
NALOXONE, HARM REDUCTION AND STIGMA



Knowledge of naloxone significantly decreased, whereas knowledge of take-home naloxone and participants reporting having ever been trained in naloxone administration remained stable in 2023 relative to 2022.



In 2023, 7% of the sample reported ever using naloxone to resuscitate someone who had overdosed, with few participants ($n \leq 5$) having done so in the past year.

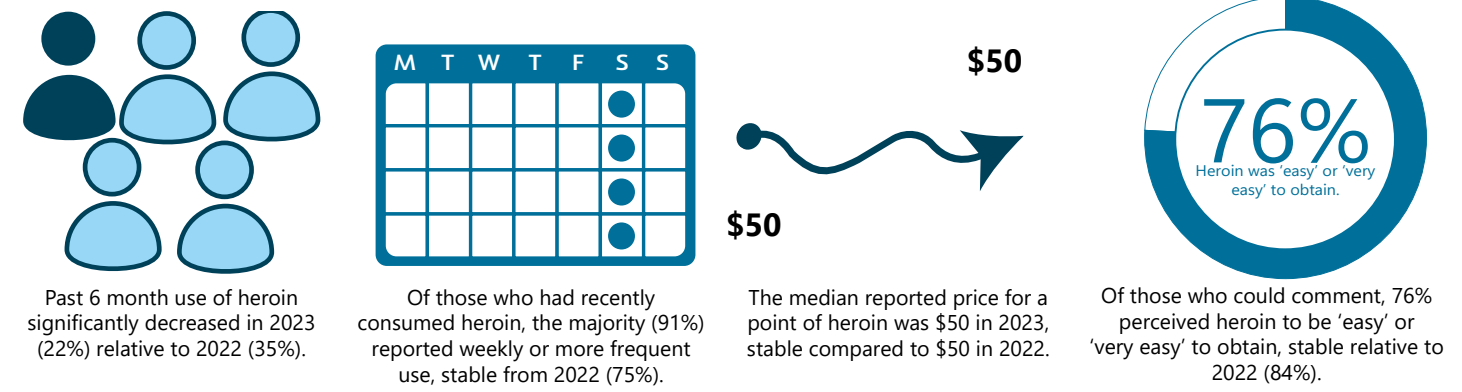


37% of the sample reported experiencing stigma because of their injecting drug use in the six months preceding interview, most commonly from police.

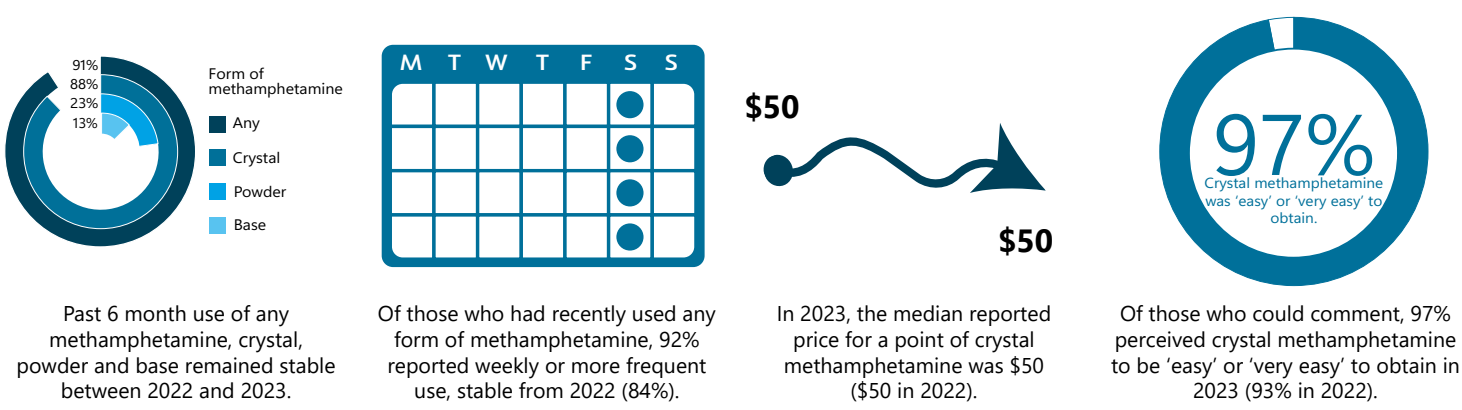


In 2023, few participants ($n \leq 5$) reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

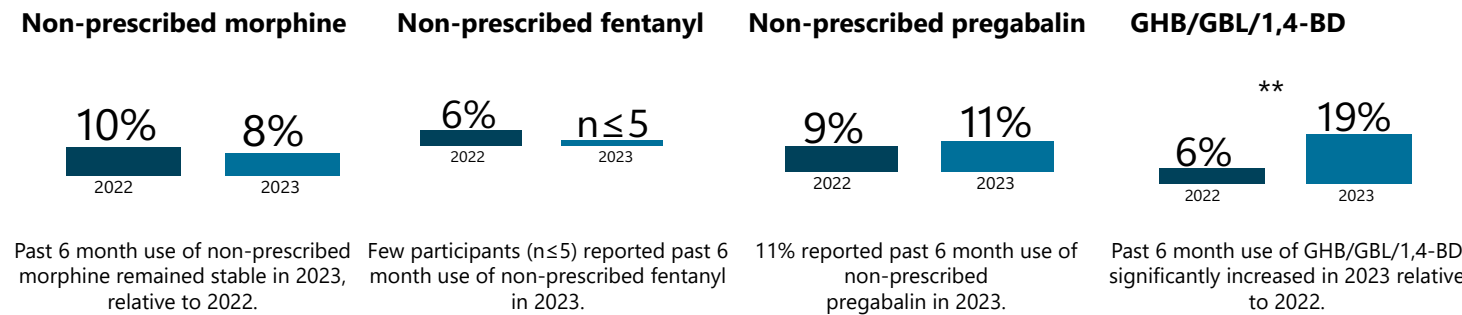
HEROIN



METHAMPHETAMINE

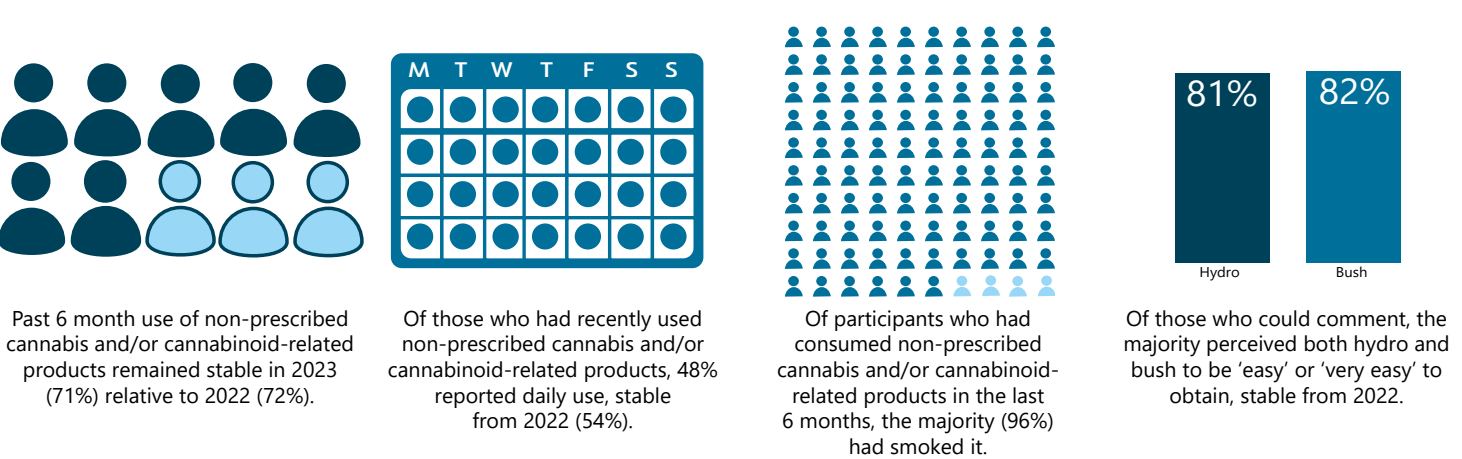


OTHER DRUGS



*p<0.050; **p<0.010; ***p<0.001

CANNABIS AND/OR CANNABINOID-RELATED PRODUCTS



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 2020-2023: 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.

These changes were carried through between 2021 and 2023. 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.

2023 IDRS Sample

A total of 820 participants were recruited across capital cities nationally (June-July, 2023), with 102 participants recruited from Adelaide, South Australia (SA) between 19 June-23 June, 2023. A total of eight interviews were conducted via telephone in Adelaide, SA; the remainder were conducted face-to-face.

Ten per cent of the 2023 Adelaide sample completed the interview in 2022, whereas few ($n \leq 5$) participants in the Adelaide 2022 sample completed the interview in 2021 ($p=0.283$). In 2023, recruitment methods remained stable compared to 2022 ($p=0.397$); most participants were recruited via NSPs (47%; 49% in 2022), and two fifths were recruited via word-of-mouth (40%; 40% in 2022).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e., skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2022 and 2023. 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 2020-2023, must be taken into consideration when comparing 2020-2023 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 2023, the Adelaide IDRS sample, for the most part, was similar to the sample in 2022 and in previous years (Table 1).

Gender identity remained stable between 2022 and 2023, with two thirds (66%) identifying as male (65% in 2022). The median age of the sample was 48 years (IQR=42-54; 48 years in 2022; IQR=40-55; $p=0.800$) (Table 1). Eighty-four per cent were unemployed at the time of interview (81% in 2022; $p=0.858$), and almost three fifths (59%) reporting that they had received a post-school qualification(s) (64% in 2022; $p=0.470$). The majority of participants (90%) reported receiving a government pension, allowance or benefit in the past month (93% in 2022; $p=0.453$). The median weekly income remained relatively stable, with participants reporting a median of \$383 (IQR=325-500) in 2023 (\$350 in 2022; IQR=293-450; $p=0.085$). Current accommodation significantly changed between 2022 and 2023 ($p=0.023$), with fewer participants reporting residing in a boarding house/hostel ($n \leq 5$; 14% in 2022) and an increase in participants reporting having no fixed address (18%; 11% in 2022).

Drug of choice remained stable in 2023 compared to 2022 ($p=0.692$), with participants typically reporting that methamphetamine was their drug of choice in 2023 (74%; 65% in 2022), followed by heroin (20%; 26% in 2022) (Figure 1). The drug injected most often in the past month also remained stable in 2023 relative to 2022 ($p=0.512$), with participants typically nominating methamphetamine as the drug injected most often (80%; 75% in 2022), followed by heroin (18%; 23% in 2022) (Figure 2).

Weekly or more frequent consumption of heroin (20%; 26% in 2022; $p=0.325$) and cannabis (59%; 60% in 2022) remained stable in 2023, though significantly more participants reported weekly or more frequent use of crystal methamphetamine (80%; 67% in 2022; $p=0.041$) (Figure 3).

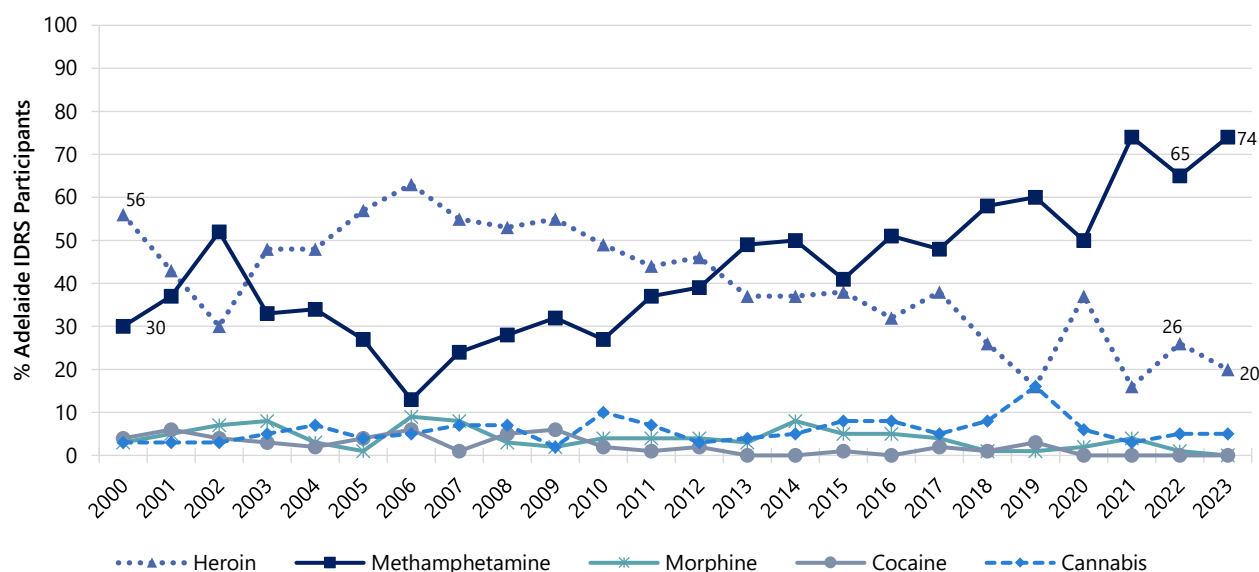
Table 1: Demographic characteristics of the sample, nationally, 2023, and Adelaide, SA, 2016-2023

	Adelaide, SA								National
	2016	2017	2018	2019	2020	2021	2022	2023	2023
	(N=101)	(N=100)	(N=101)	(N=100)	(N=100)	(N=100)	(N=103)	(N=102)	(N=820)
Median age (years; IQR)	44 (38-50)	45 (39-51)	47 (40-53)	44 (39-50)	46 (40-54)	47 (40-53)	48 (40-55)	48 (42-54)	46 (40-52)
% Gender									
Female	39	39	32	38	50	43	35	34	31
Male	61	61	68	62	50	57	65	66	68
Non-binary	/	/	/	/	0	0	0	0	0
% Aboriginal and/or Torres Strait Islander	7	7	11	19	15	20	25	32	26
% Sexual identity									

	Adelaide, SA								National
	2016	2017	2018	2019	2020	2021	2022	2023	2023
	(N = 101)	(N = 100)	(N = 101)	(N = 100)	(N = 100)	(N = 100)	(N = 103)	(N = 102)	(N = 820)
Heterosexual	86	92	98	92	86	93	83	88	85
Homosexual	-	-	0	-	-	-	7	-	4
Bisexual	10	-	-	-	9	6	10	9	10
Queer	/	/	/	-	0	0	0	0	0
Other	-	-	0	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 (6-12)	10 (0-12)
% Post-school qualification(s) ^	55	57	54	65	67	59	64	59	61
% Current accommodation								*	
Own home (inc. renting)~	87	83	83	78	74	73	73	70	65
Parents'/family home	-	6	11	-	10	6	-	7	6
Boarding house/hostel	-	-	-	7	9	-	14	-	5
Shelter/refuge	0	0	-	0	0	0	-	-	3
No fixed address	-	6	-	11	6	15	11	18	19
Other	-	-	0	0	-	-	0	-	1
% Current employment status									
Unemployed	86	77	92	77	89	88	81	84	86
Full-time work	-	6	-	-	-	-	-	-	3
% Past month gov't pension, allowance or benefit	95	92	97	91	97	96	93	90	93
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)	\$383 (325-500)	\$400 (335-500)

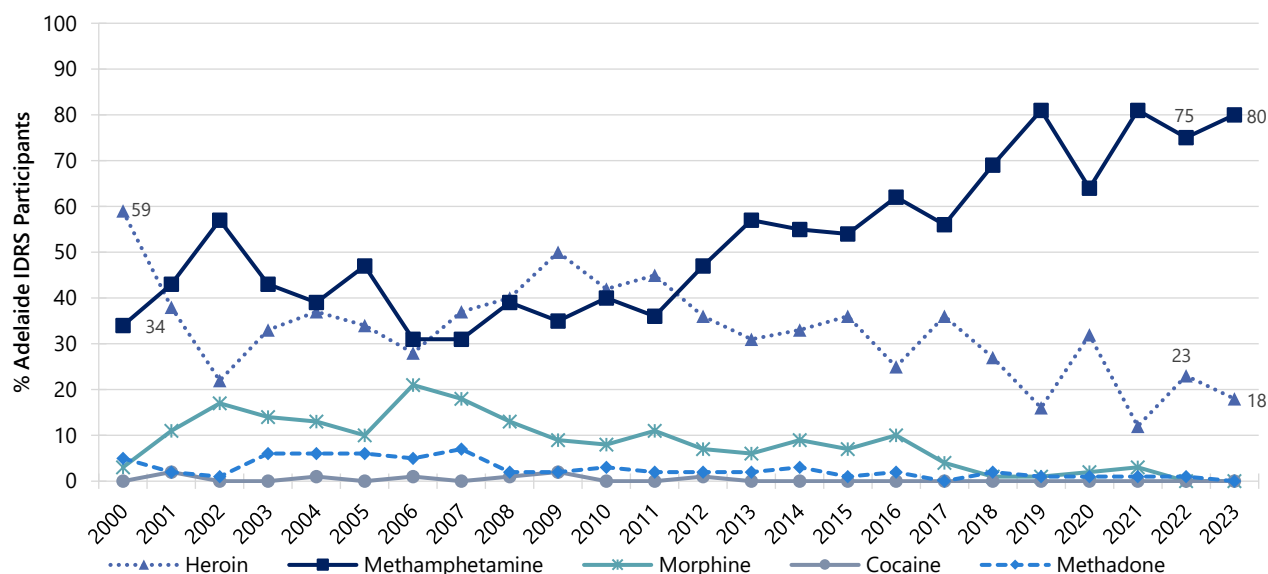
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. – Per cent suppressed due to small cell size (n≤5 but not 0). For historical numbers, please refer to the [data tables](#). / denotes that this item was not asked in these years. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 among the Adelaide sample presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 1: Drug of choice, Adelaide, SA, 2000-2023



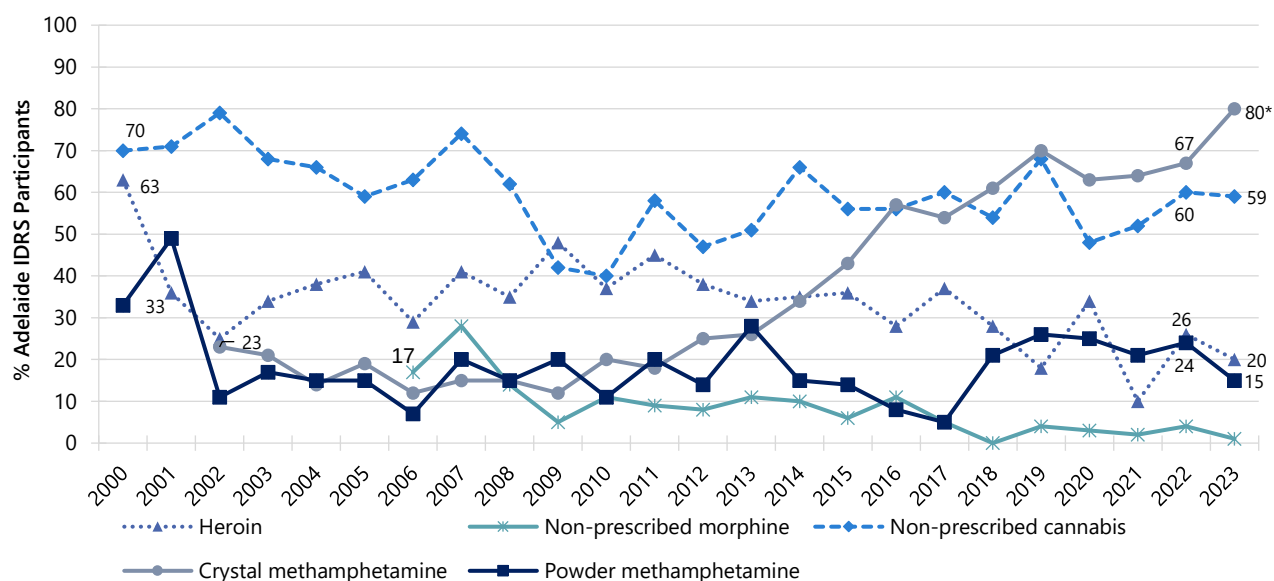
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2023, 41%, 45%, 2%, and 6% of the national sample reported heroin, methamphetamine, morphine, and cannabis, respectively, as their drug of choice.

Figure 2: Drug injected most often in the past month, Adelaide, SA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2023, 37%, 56%, 3%, 1% of the national sample reported heroin, methamphetamine, morphine, and methadone, respectively, as the drug injected most often in the past month.

Figure 3: Weekly or more frequent substance use in the past six months, Adelaide, SA, 2000-2023



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. 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, from 2022, we captured use of 'cannabis and/or cannabinoid-related products', while in previous years questions referred only to 'cannabis'. Data labels are only provided for the first (2000/2002/2006) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$. In 2023, 61%, 56%, 42%, 60%, and 5% of the national sample reported high frequency use of any methamphetamine, non-prescribed cannabis, heroin, crystal methamphetamine, and powder methamphetamine, respectively.

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 one fifth (22%) of the Adelaide sample reporting recent use in 2023, a significant decrease from 35% in 2022 ($p=0.046$), and the lowest percentage observed for the second year since monitoring commenced (along with 2021) (Figure 4).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented ($n=22$) had used heroin on a median of 96 days (IQR=72-180) in 2023, a significant increase from 67 days (IQR=23-125; $n=36$) in 2022 ($p=0.040$) (Figure 4). The majority (91%) of participants who had recently used heroin reported using heroin on a weekly or more frequent basis in 2023, stable relative to 2022 (75%; $p=0.178$), and one third (36%) reported daily use, stable from 19% in 2022 ($p=0.221$).

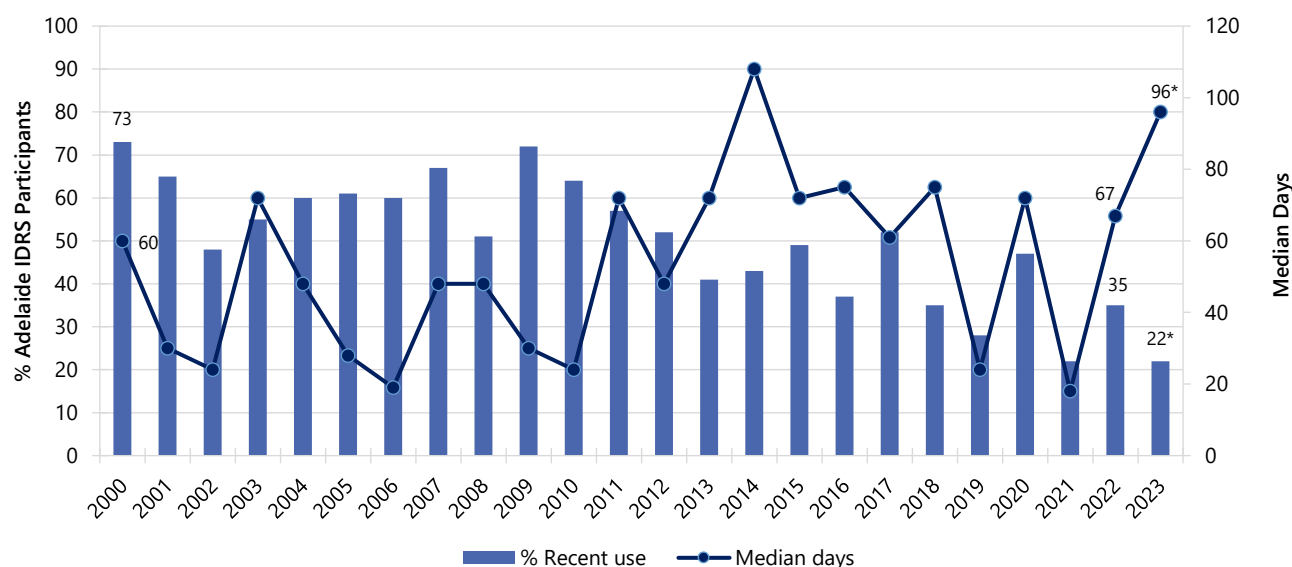
Routes of Administration

Among participants who had recently consumed heroin and commented ($n=22$), injecting remained the most common route of administration (100%; 97% in 2022). Participants who reported injecting heroin had done so on a median of 96 days (IQR=72-180) compared to 72 days (IQR=35-130; $p=0.060$) in 2022. Few ($n\leq 5$) participants reported smoking heroin in 2023 ($n\leq 5$ in 2022).

Quantity

Of those who reported recent use and responded ($n=21$), the median 'typical' amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.20-0.30), stable relative to 2022 (0.20 grams; IQR=0.10-0.30; $n=34$; $p=0.209$). Of those who reported recent use and responded ($n=21$), the median maximum amount of heroin used on a day in the six months preceding interview was 0.40 grams (IQR=0.30-0.50; 0.40 grams in 2022; IQR=0.10-0.50; $n=34$; $p=0.512$).

Figure 4: Past six month use and frequency of use of heroin, Adelaide, SA, 2000-2023



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary 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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

Price

In 2023, the median price of heroin was \$50 (IQR=50-50; $n=13$) for one point (0.10 of a gram), stable relative to 2022 (\$50; IQR=50-63; $n=12$; $p=0.835$) (Figure 5). Due to low numbers reporting on the price of a gram and a cap (0% and $n \leq 5$, 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.

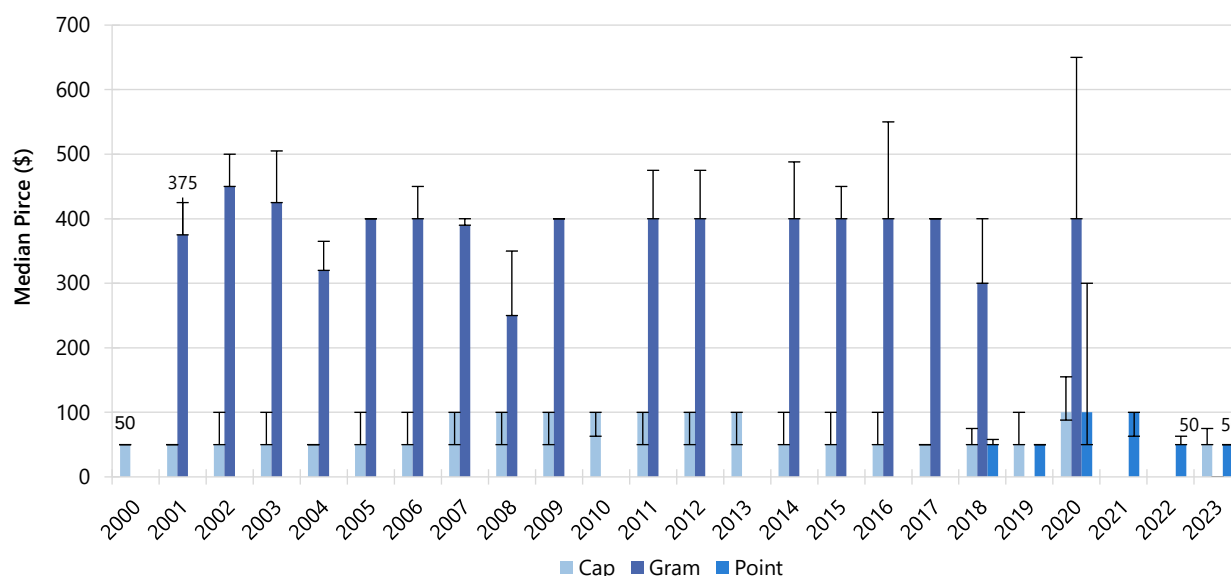
Perceived Purity

The perceived purity of heroin remained stable between 2022 and 2023 ($p=0.779$) (Figure 6). Among those who were able to comment in 2023 ($n=24$), two fifths (42%) perceived purity to be 'low' (31% in 2022), and one third (33%) perceived purity to be 'medium' (31% in 2022).

Perceived Availability

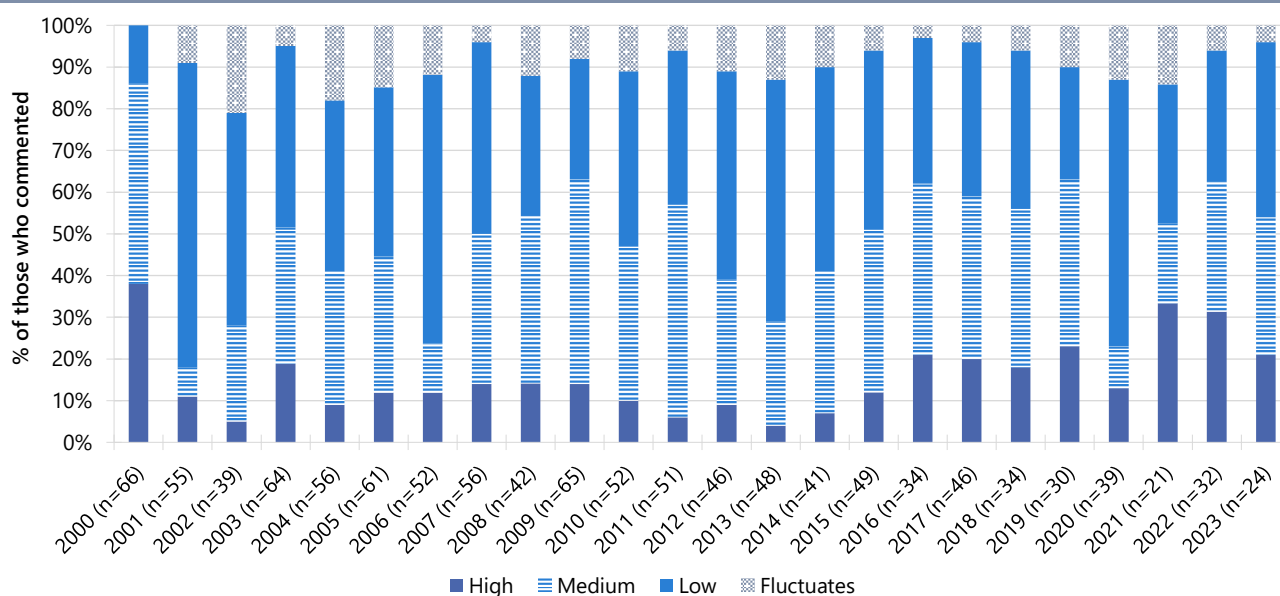
The perceived availability of heroin remained stable between 2022 and 2023 ($p=0.508$) (Figure 7). Among those who were able to comment in 2023 ($n=25$), two fifths (40%) perceived current availability as 'very easy' (45% in 2022), and 36% perceived current availability as 'easy' (39% in 2022).

Figure 5: Median price of heroin per cap, gram and point, Adelaide, SA, 2000-2023



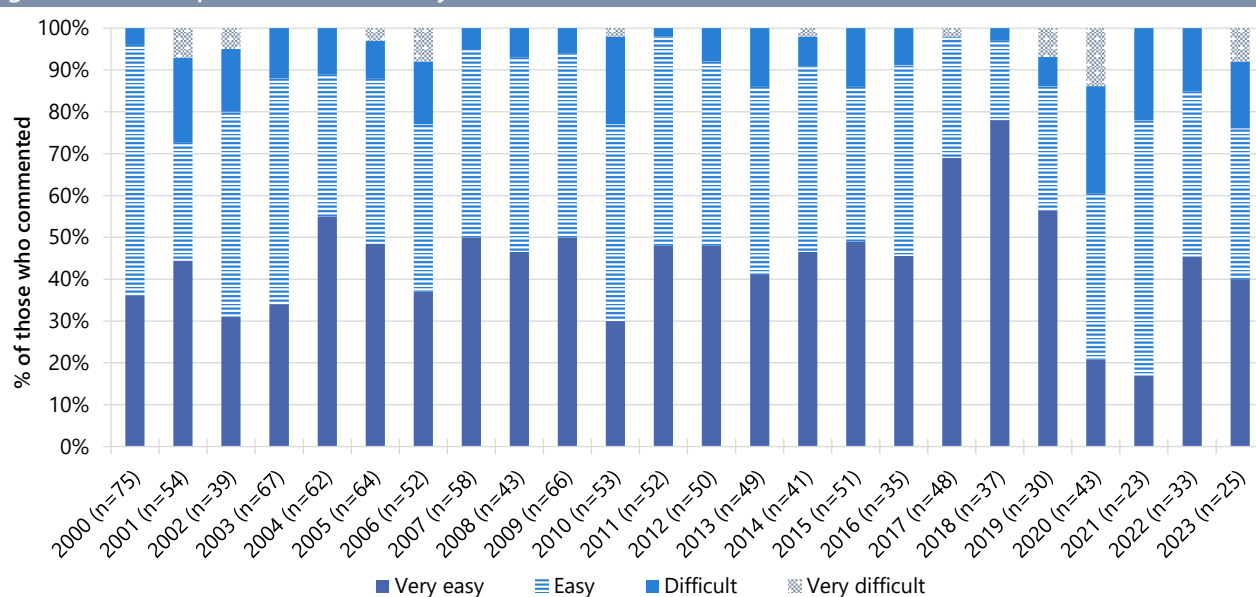
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Price for a point of heroin was not collected in 2000-2008. No participants reported purchasing a gram of heroin in 2023. Between 2009-2017 a cap was referred to as cap/point; in 2018 these measures were separated as their own response options. Data labels are only provided for the first (2000/2001/2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 6: Current perceived purity of heroin, Adelaide, SA, 2000-2023



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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 7: Current perceived availability of heroin, Adelaide, SA, 2000-2023



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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 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 2023, 91% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2022 (90%) (Figure 8), although the highest percentage reporting recent use since monitoring commenced.

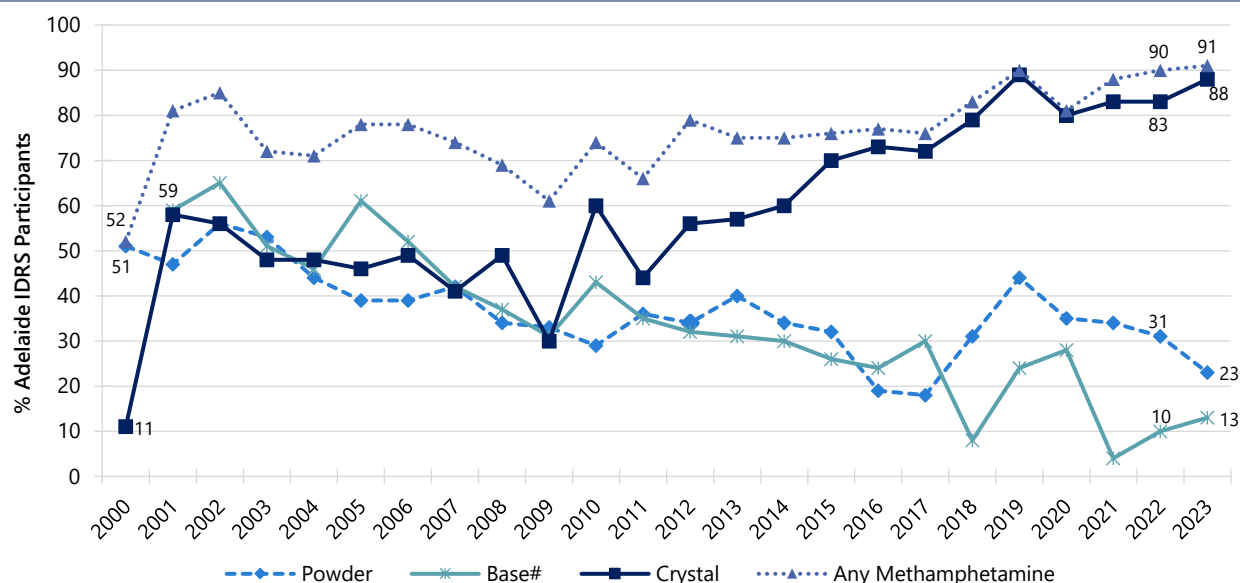
Frequency of Use

Participants who reported recent use and commented (n=93) had used any methamphetamine on a median of 90 days (IQR=55-180), stable from 80 days in 2022 (IQR=35-180; n=93; $p=0.240$) (Figure 9). Weekly or more frequent use also remained stable among those who reported recent use, from 84% in 2022 to 92% in 2023 ($p=0.116$), as did daily use (27% in 2022; 26% in 2023).

Forms Used

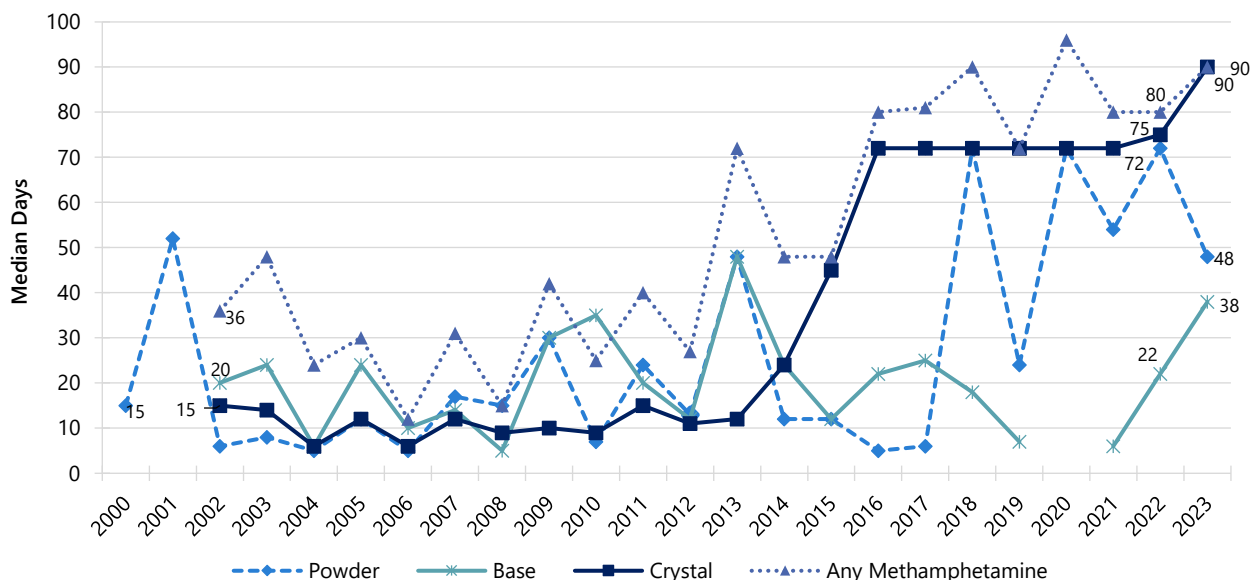
There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine. Of participants who had used methamphetamine in the six months preceding interview in 2023 (n=93), most had used crystal methamphetamine (97%; 91% in 2022; $p=0.212$), followed by powder (25%; 34% in 2022; $p=0.202$) and base (14%; 11% in 2022; $p=0.643$).

Figure 8: Past six month use of any methamphetamine, powder, base and crystal, Adelaide, SA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 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, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 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 quarter (23%) of the sample reported recent use in 2023, stable from 2022 (31%; $p=0.212$) (Figure 8).

Frequency of Use: Among those who had recently consumed powder and commented ($n=22$), median days of use was 48 days (IQR=14-180; 72 days in 2022; IQR=24-92; $n=32$; $p=0.873$) (Figure 9). Two thirds (68%) of those who had recently used powder reported weekly or more frequent use in 2023 (78% in 2022; $p=0.527$), with almost one third (32%) reporting daily use (13% in 2022; $p=0.100$).

Routes of Administration: Among participants who had recently consumed powder and commented ($n=23$), most reported injecting as a route of administration (96%; 97% in 2022) and had done so on a median of 48 days (IQR=18-180), stable relative to 2022 (48 days; IQR=22-85; $p=0.458$). One third (35%) reported smoking powder (47% in 2022; $p=0.416$).

Quantity: Of those who reported recent use and commented ($n=22$), 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 2022; IQR=0.10-0.30; $n=31$; $p=0.839$). Of those who reported recent use and commented ($n=22$), the median maximum amount of powder used per day in the six months preceding interview was 0.30 grams (IQR=0.30-0.50; 0.30 grams in 2022; IQR=0.20-0.60; $n=31$; $p=0.653$).

Methamphetamine Base

Recent Use (past 6 months): Notwithstanding some fluctuation, recent use of base has gradually declined since 2019. In 2023, the per cent of participants reporting recent use of base remained stable at 13% relative to 2022 (10%; $p=0.508$) (Figure 8).

Frequency of Use: Among those who had recently consumed base in 2023 and commented ($n=12$), median days of use was 38 days (IQR=10-72; 22 days in 2022; IQR=9-42; $n=10$; $p=0.643$) (Figure 9).

Routes of Administration: Among participants who had recently consumed base and commented ($n=13$), the majority (92%) of participants reported injecting base (100% in 2022).

Quantity: Of those who reported recent use and commented ($n=12$), the median 'typical' amount of base used on an average day of consumption in the past six months was 0.20 grams (IQR=0.20-0.30; 0.30 grams in 2022; IQR=0.10-0.50; $n=10$; $p=0.920$). Of those who reported recent use and commented ($n=11$), the median maximum amount of base used per day in the six months preceding interview was 0.30 grams (IQR=0.20-0.40; 0.40 grams in 2022; IQR=0.10-0.70; $n=10$).

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 2023, 88% of the sample reported recent use, stable relative to 2022 (83%; $p=0.329$). This represents the second highest percentage reporting recent use since the commencement of monitoring (Figure 8).

Frequency of Use: Among those who had recently consumed crystal and commented ($n=90$), median days of use was 90 days (IQR=48-158; 75 days in 2022; IQR=34-180; $n=85$; $p=0.518$) (Figure 9). The majority (91%) of those who had recently used crystal reported weekly or more frequent use (81% in 2022; $p=0.085$), with one fifth (22%) reporting daily use (27% in 2022; $p=0.481$).

Routes of Administration: Among participants who had recently consumed crystal and commented ($n=90$), the vast majority reported injecting (98%; 98% in 2022) and had done so on a median of 83 days (IQR=48-153; 72 days in 2022; IQR=28-180;

$p=0.801$). Forty-four per cent reported smoking crystal methamphetamine (46% in 2022; $p=0.876$).

Quantity: Of those who reported recent use and responded ($n=87$), 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 2022; IQR=0.10-0.30; $n=85$; $p=0.503$). Of those who reported recent use and responded ($n=88$), the median maximum amount of crystal used per day in the six months preceding interview was 0.40 grams (IQR=0.20-0.50; 0.30 grams in 2022; IQR=0.20-0.50; $n=81$; $p=0.608$).

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 2023 (IQR=50-50; $n=22$), stable relative to 2022 (\$50; IQR=50-50; $n=21$; $p=0.322$) (Figure 10). No participants reported on the price of a gram in 2023 ($n \leq 5$ in 2022), therefore, further details are not reported. Please refer to the [2023 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 2022 and 2023 ($p=0.367$). Among those who were able to comment in 2023 ($n=27$), purity was most commonly perceived as 'medium' (37%; 28% in 2022), and equal percentages reported purity as 'low' (22%; 25% in 2022) and 'high' (22%; 39% in 2022) (Figure 12).

Perceived Availability: The perceived availability of methamphetamine powder remained stable between 2022 and 2023 ($p=0.501$). Of those who were able to comment in 2023 ($n=28$), 54% of participants reported that methamphetamine powder was 'very easy' to obtain (49% in 2022), and 29% reported that it was 'easy' to obtain (43% in 2022) (Figure 14).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants from 2020. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

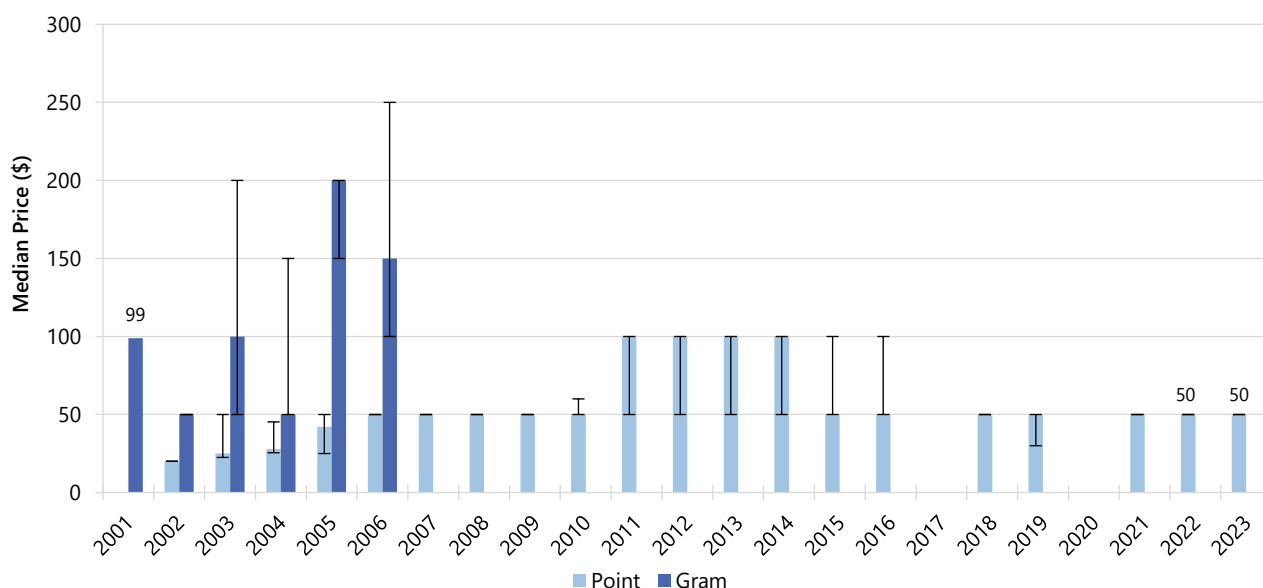
Price: Participants reported a median price of \$50 (IQR=50-50; $n=53$) for one point (0.10 of a gram) of crystal in 2023 (\$50 in 2022; IQR=50-63; $n=44$; $p<0.001$) (Figure 11). Few ($n \leq 5$) participants reported on the price of a gram in

2023 (\$200 in 2022; IQR=88-350; $n=7$; $p=0.169$).

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2022 and 2023 ($p=0.627$). Among those who were able to comment in 2023 ($n=89$), almost two fifths (38%) reported that crystal was of 'low' purity (29% in 2022), followed by 27% reporting crystal was of 'medium' purity (31% in 2022). One fifth (21%) perceived the purity to be 'high' (24% in 2022) (Figure 13).

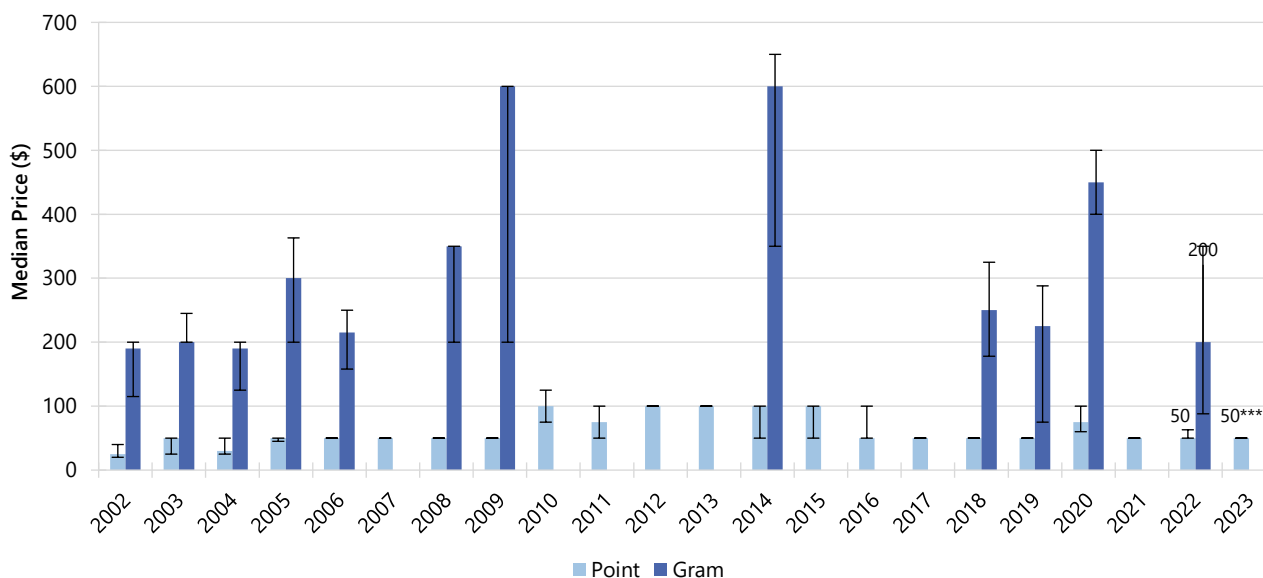
Perceived Availability: The perceived availability of crystal methamphetamine remained stable between 2022 and 2023 ($p=0.208$). Among those who were able to comment in 2023 ($n=89$), almost three quarters (73%) perceived crystal methamphetamine as being 'very easy' to obtain (60% in 2022) and one quarter (24%) reported 'easy' obtainment (33% in 2022) (Figure 15).

Figure 10: Median price of powder methamphetamine per point and gram, Adelaide, SA, 2001-2023



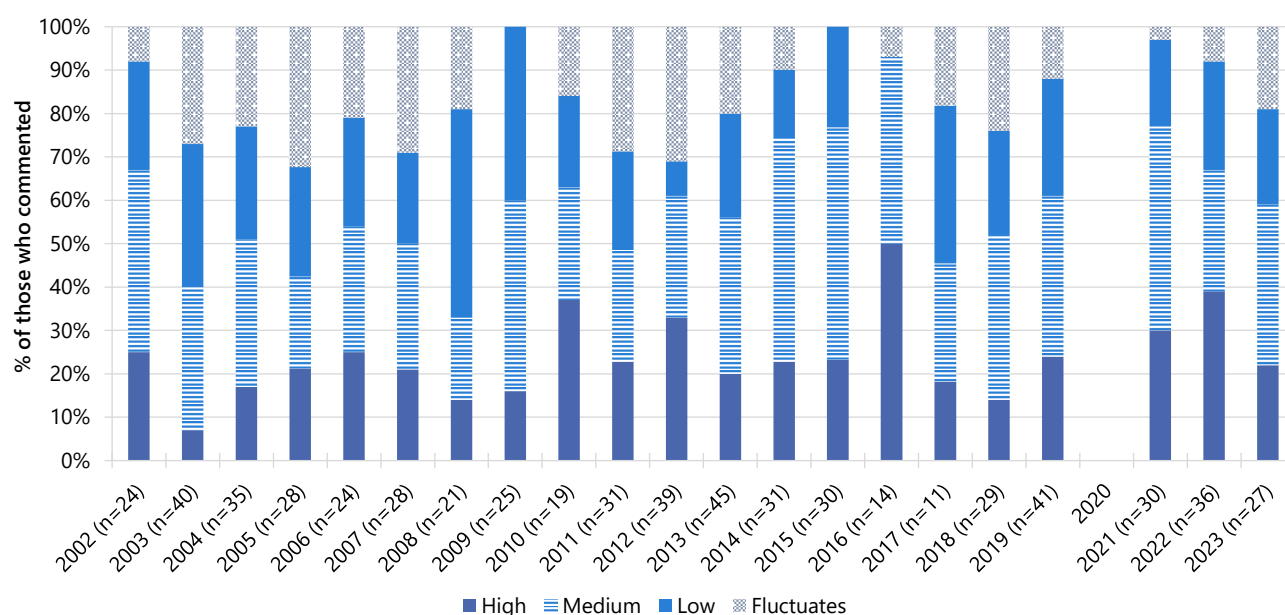
Note. Among those who commented. Price data for powder not collected in 2020. No participants reported on the price of a gram in 2023. Data labels are only provided for the first (2001) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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 2022 versus 2023 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, 2002-2023



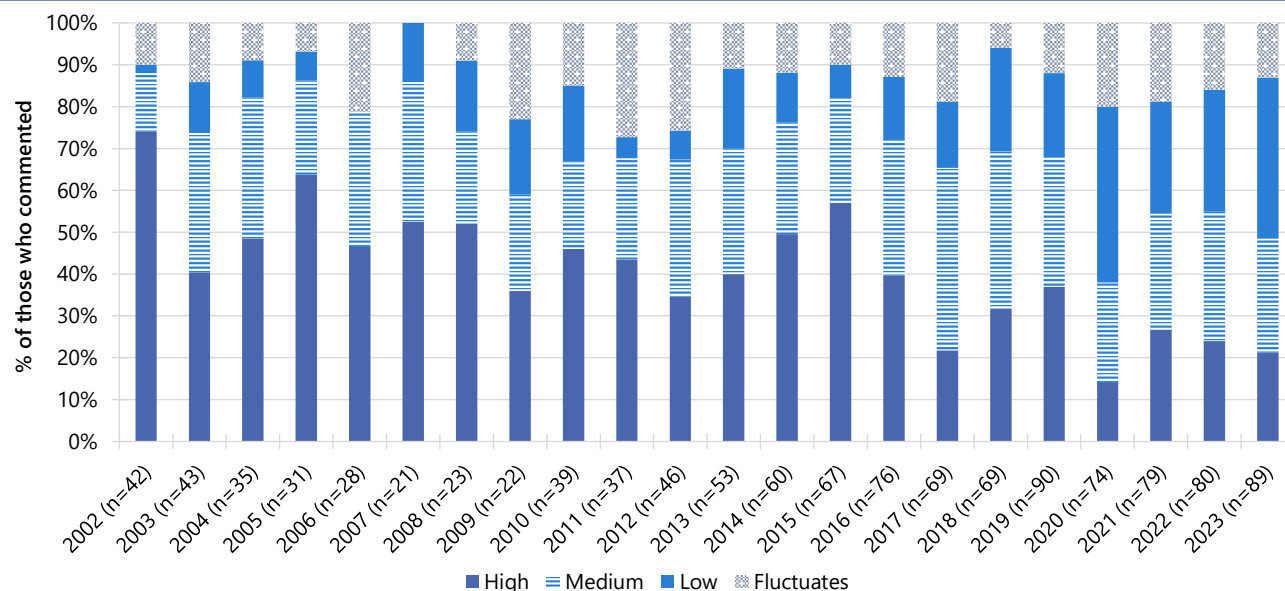
Note. Among those who commented. Price data not collected in 2000 and 2001. Data labels are only provided for the first (2002) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 12: Current perceived purity of powder methamphetamine, Adelaide, SA, 2002-2023



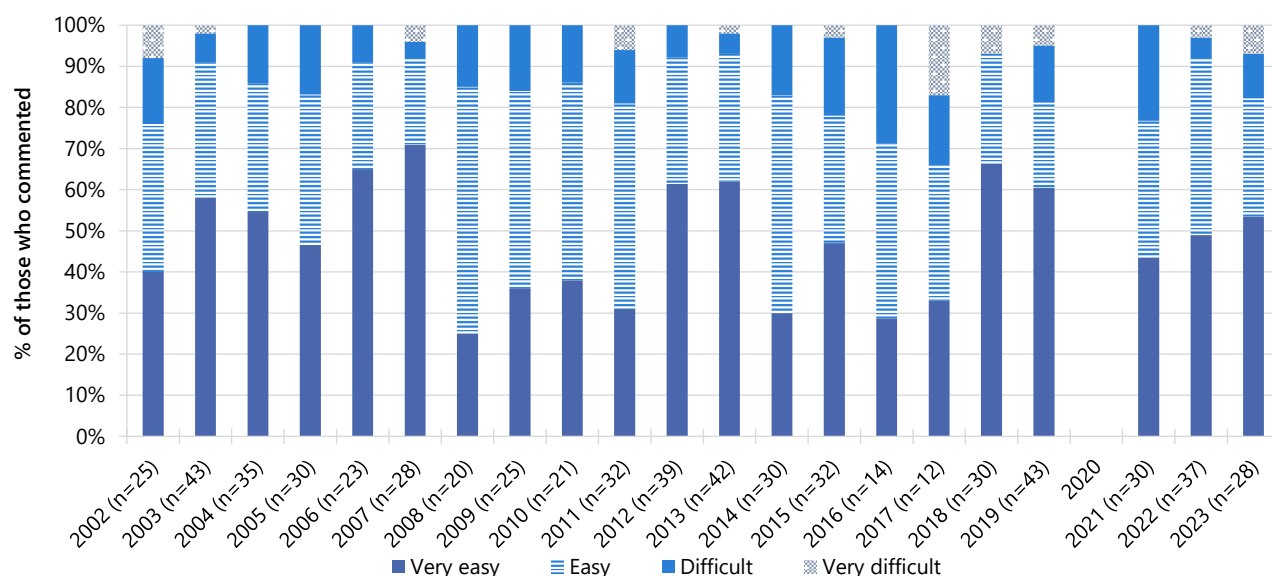
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Data on perceived purity of powder not collected in 2020. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 13: Current perceived purity of methamphetamine crystal, Adelaide, SA, 2002-2023



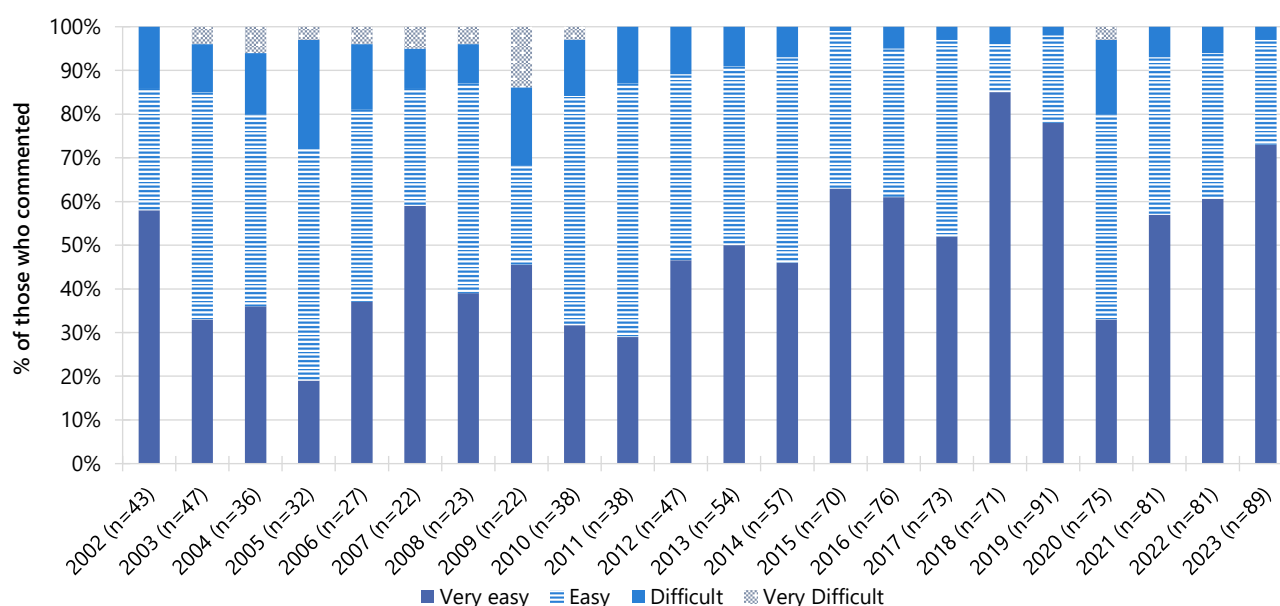
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response option 'Don't know' was excluded from analysis. Data labels are not shown for any of the stacked bar charts in the jurisdictional reports; see [data tables](#) for values. Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 14: Current perceived availability of powder methamphetamine, Adelaide, SA, 2002-2023



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 $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 is presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 15: Current perceived availability of methamphetamine crystal, Adelaide, SA, 2002-2023



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 $n \leq 5$ responded to the item. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 12% of the Adelaide sample recently consuming any cocaine in 2023, remaining stable from 2022 (10%; $p=0.647$) (Figure 16).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2023 ($n=12$), frequency of use remained stable at a median of three days (IQR=1-5; 5 days in 2022; IQR=3-10; $n=10$; $p=0.367$) in 2023. Few ($n\leq 5$) participants reported using cocaine weekly or more frequently in 2023 ($n\leq 5$ in 2022) (Figure 16).

Routes of Administration

Among participants who had recently consumed cocaine and commented ($n=12$), four fifths (83%) reported snorting cocaine, stable relative to 2022 (60%; $p=0.348$). Few ($n\leq 5$) participants reported on any other route of administration; therefore, further details are not reported.

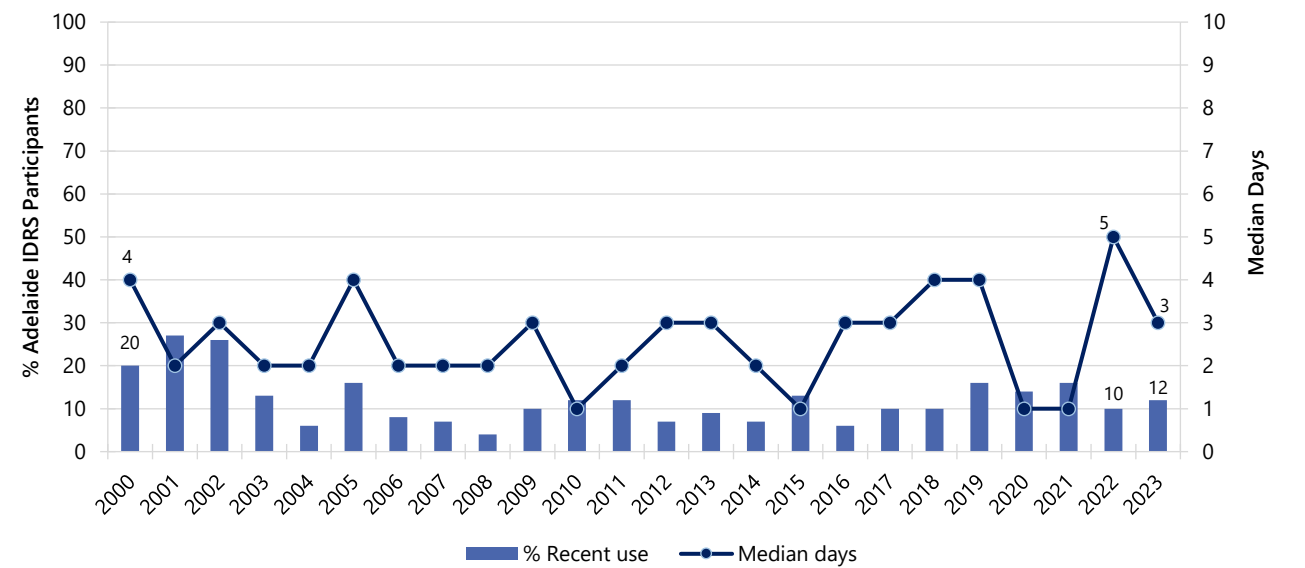
Quantity

Of those who reported recent use and responded ($n=9$), the median 'typical' amount of cocaine used on an average day of consumption in the six months preceding interview was 0.30 grams (IQR=0.20-0.50; 0.50 grams in 2022; IQR=0.20-1.00; $n=7$; $p=0.522$).

Forms Used

Among participants who had recently consumed cocaine and commented ($n=12$), two thirds (67%) reported using powder cocaine (80% in 2022; $p=0.645$). No participants reported using crack cocaine in 2023 ($n\leq 5$ in 2022; $p=0.455$).

Figure 16: Past six month use and frequency of use of cocaine, Adelaide, SA, 2000-2023

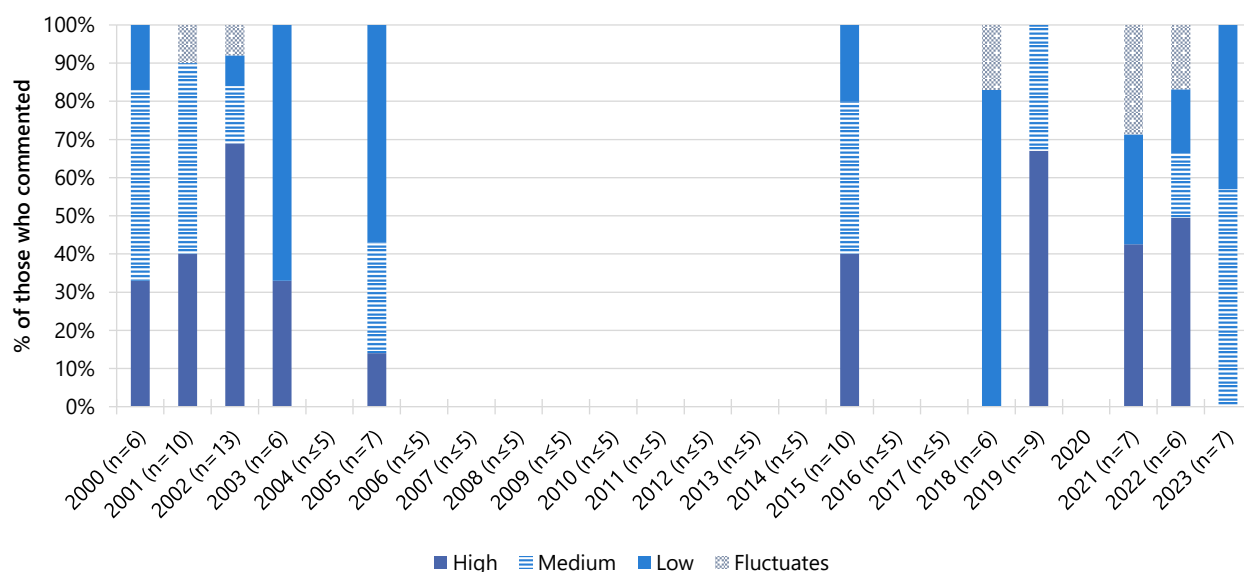


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Secondary Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Purity and Perceived Availability

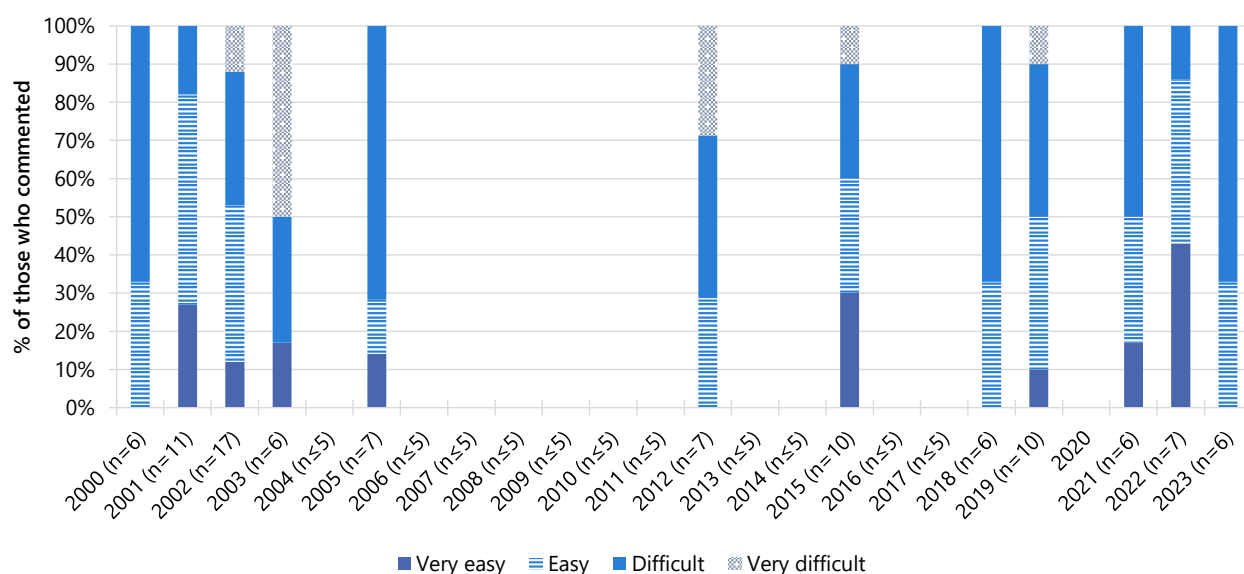
Due to small numbers of participants reporting on price, perceived purity and perceived availability of cocaine in 2023, estimates are shown in Figures 17 and 18 (median price of cocaine is suppressed), but are not interpreted further. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 17: Current perceived purity of cocaine, Adelaide, SA, 2000-2023



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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 18: Current perceived availability of cocaine, Adelaide, SA, 2000-2023



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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 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 various forms of cannabis, including indoor-cultivated cannabis via a hydroponic system ('hydroponic') and outdoor-cultivated cannabis ('bush'), hashish, hash oil, commercially prepared edibles 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 2023, participants were asked about their use of both prescribed and non-prescribed cannabis and/or cannabinoid-related products.

In the remainder of this chapter, data from 2021-2023, and from 2000-2016, refers to non-prescribed cannabis use only, whilst data from 2017-2020 refers to 'any' cannabis use (including hydroponic and bush cannabis, hashish and hash oil). Whilst comparison between 2021-2023 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 2023 lends confidence that estimates are relatively comparable.

Recent Use (past 6 months)

The per cent reporting recent non-prescribed cannabis and/or cannabinoid-related 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 2023, with 71% reporting recent use (72% in 2022; $p=0.875$) (Figure 19). Few ($n \leq 5$) participants reported prescribed use in the six months preceding interview in 2023 ($n \leq 5$ in 2022; $p=0.498$).

Frequency of Use

Of those who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented in 2023 ($n=71$), frequency of use remained stable at a median of 160 days in 2023 (IQR=39-180; 180 days in 2022; IQR=63-180; $n=74$; $p=0.516$) (Figure 19). Almost half (48%) reported daily use, stable relative to 2022 (54%; $p=0.501$).

Routes of Administration

Among participants who had recently consumed non-prescribed cannabis and/or cannabinoid-related products and commented ($n=72$), smoking continued to be the most common route of administration (96%; 95% in 2022), followed by inhaling/vaporising in 2023 (10%; 22% in 2022; $p=0.072$).

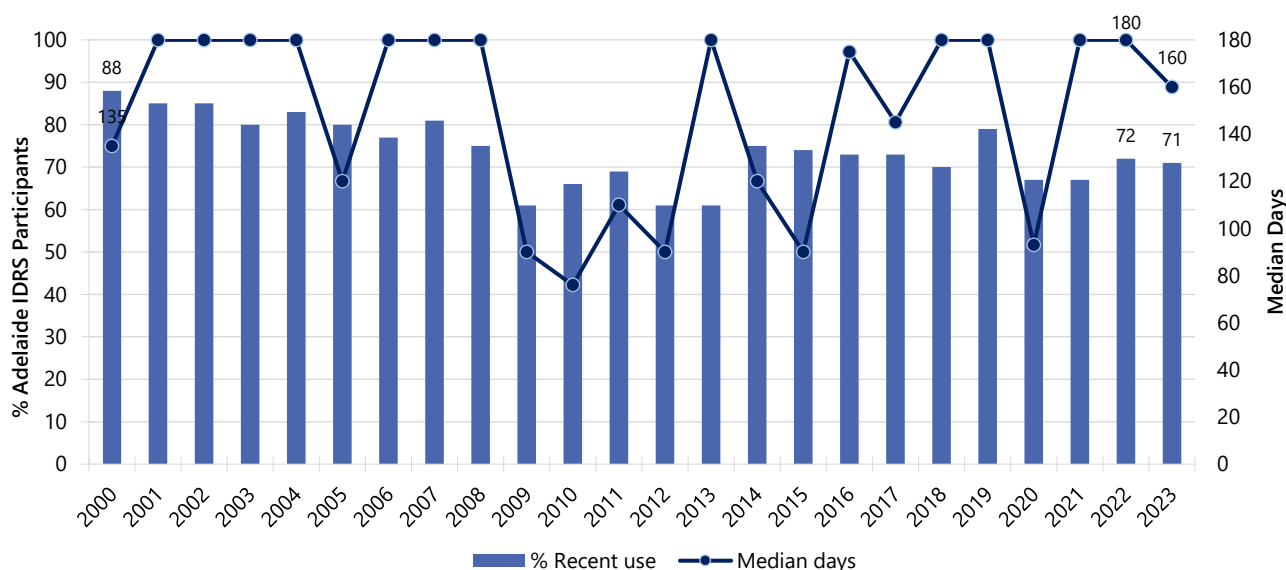
Quantity

Of those who reported recent use of non-prescribed cannabis and/or cannabinoid-related products in 2023, the median 'typical' amount used on the last occasion of use was two grams (IQR=1.00-2.80; $n=15$; 1.50 grams in 2022; IQR=1.00-2.90; $n=18$; $p=0.898$) or two cones (IQR=2-5; $n=38$; 2 cones in 2022; IQR=1-5; $n=33$; $p=0.944$) or one joint (IQR=1-2; $n=8$; 1 joint in 2022; IQR=1-2; $n=18$; $p=0.679$).

Forms Used

Of those who had used non-prescribed cannabis and/or cannabinoid-related products in the six months preceding interview and commented ($n=67$), the majority of participants (81%) reported recent use of hydroponic cannabis (87% in 2022; $p=0.357$), and almost three fifths (57%) reported recent use of outdoor-grown 'bush' cannabis (60% in 2022; $p=0.737$). Thirteen per cent reported using hashish in 2023 (19% in 2022; $p=0.482$). Few ($n\leq 5$) participants reported recent use of hash oil (16% in 2022; $p=0.099$) and THC extract (11% in 2022; $p=0.033$) in 2023, respectively. No participants reported recent use of CBD extract in 2023 (9% in 2022; $p=0.028$).

Figure 19: Past six month use and frequency of use of non-prescribed cannabis and/or cannabinoid-related products, Adelaide, SA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). The response 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The median price per bag of hydroponic cannabis in 2023 was \$25 (IQR=25-25; $n=22$; \$25 in 2022; IQR=25-25; $n=16$; $p=0.468$) (Figure 20a). Due to few ($n \leq 5$) participants reporting on the price of an ounce ($n \leq 5$) in 2023, no further details are reported (\$215 in 2022; IQR=200-245; $n=6$; $p=0.852$). Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2022 and 2023 ($p=0.705$). Among those who were able to comment in 2023 ($n=50$), almost three quarters (72%) reported 'high' potency (67% in 2022), with fewer participants (14%) reporting 'medium' potency (23% in 2022) (Figure 21a).

Perceived Availability: Perceived availability remained relatively stable between 2022 and 2023 ($p=0.088$). Among those who were able to comment in 2023 ($n=49$), almost three fifths (57%) perceived hydroponic cannabis to be 'very easy' to obtain (70% in 2022), with a further one quarter (24%) reporting 'easy' obtainment (26% in 2022) (Figure 22a).

Bush Cannabis

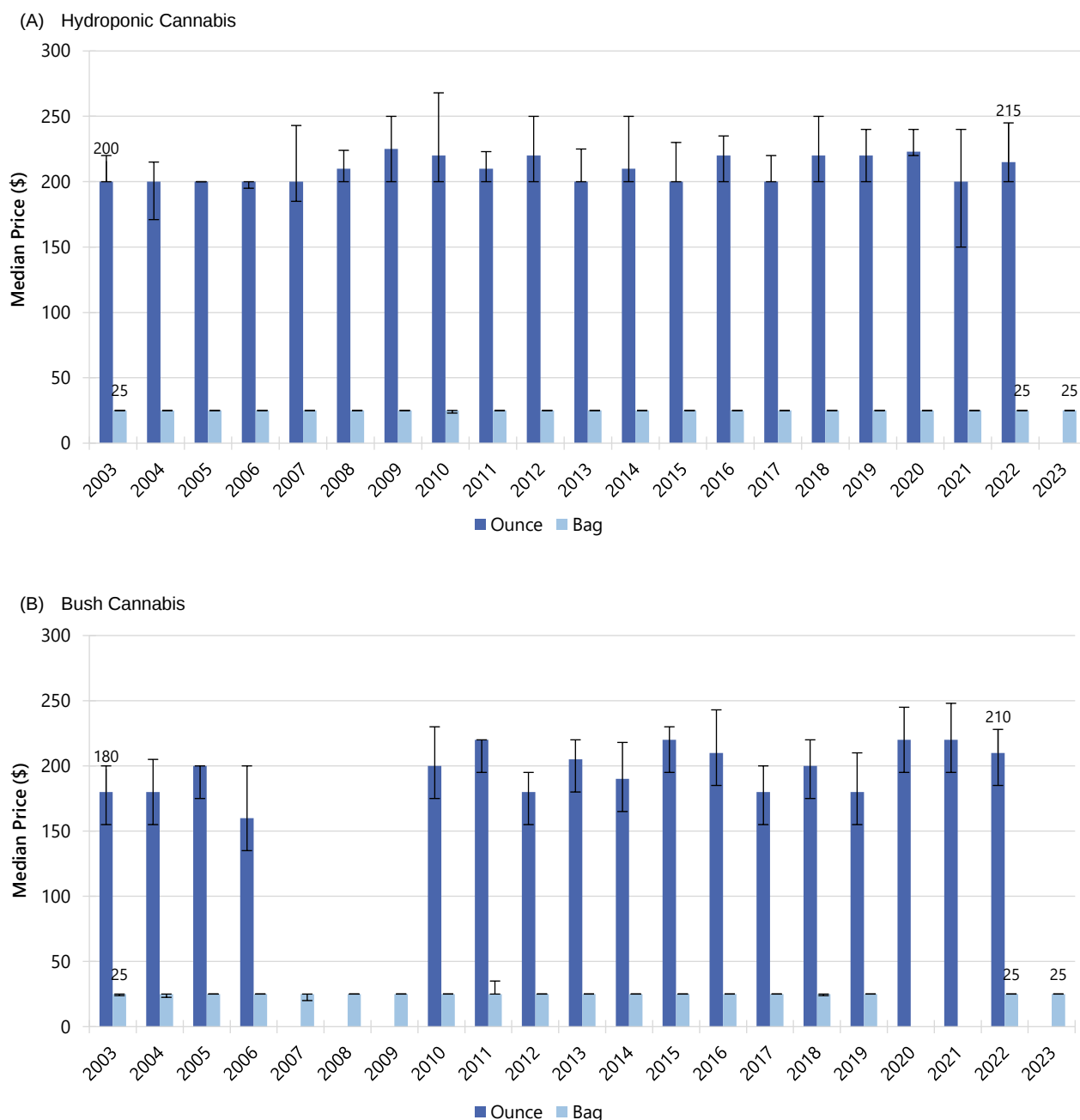
Price: The median price per bag of bush cannabis in 2023 was \$25 (IQR=25-25; $n=15$; \$25 in 2022; IQR=25-25; $n=8$; $p=0.895$) (Figure 20b). Due to no participants reporting on the price of an ounce in

2023, no further details are reported (\$210 in 2022; IQR=185-228; n=6). Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Perceived Potency: Perceived potency of bush cannabis remained stable between 2022 and 2023 ($p=0.432$). Among those who were able to comment in 2023 (n=33), two fifths (42%) perceived potency to be 'high' (40% in 2022), and 36% perceived potency to be 'medium' (48% in 2022) (Figure 21b).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2022 and 2023 ($p=0.545$). Among those who were able to comment in 2023 (n=33), three fifths (61%) perceived that bush was 'very easy' to obtain (53% in 2022), whilst one fifth (21%) perceived that it was 'easy' to obtain (33% in 2022) (Figure 22b).

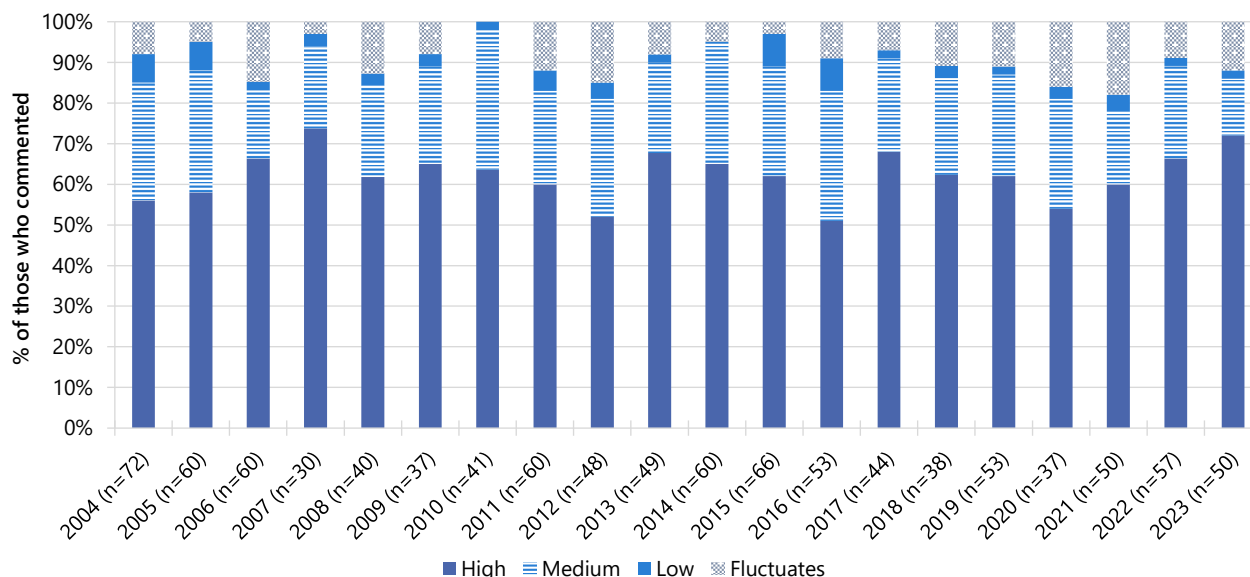
Figure 20: Median price of non-prescribed hydroponic (A) and bush (B) cannabis per ounce and bag, Adelaide, SA, 2003-2023



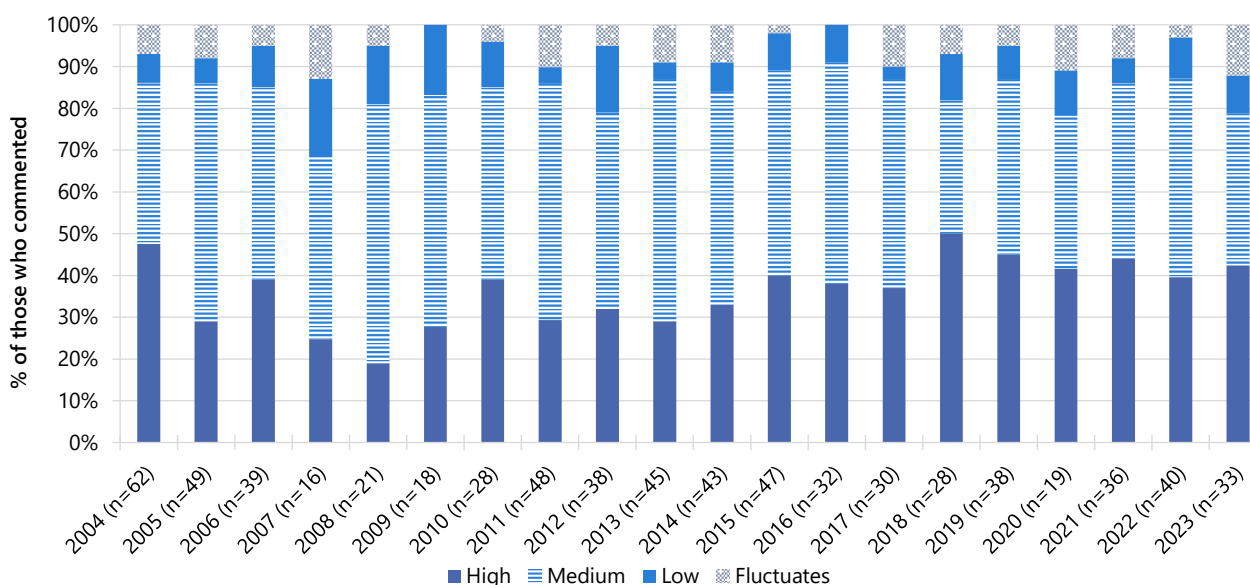
Note. Among those who commented. No participants reported purchasing an ounce of bush cannabis in 2023. From 2003 onwards hydroponic and bush cannabis data collected separately. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the price of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. Data labels are only provided for the first (2003) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). Data are suppressed in the figure and data tables where $n \leq 5$ responded to the item. 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 21: Current perceived potency of non-prescribed hydroponic (A) and bush (B) cannabis, Adelaide, SA, 2004-2023

(A) Hydroponic Cannabis



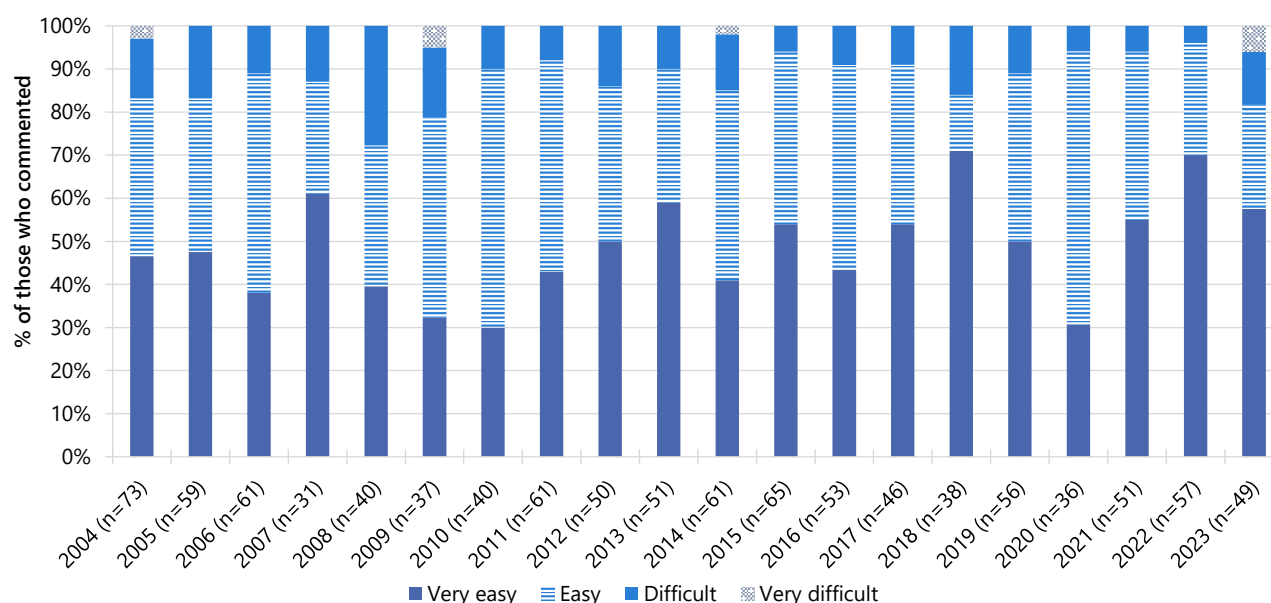
(B) Bush Cannabis



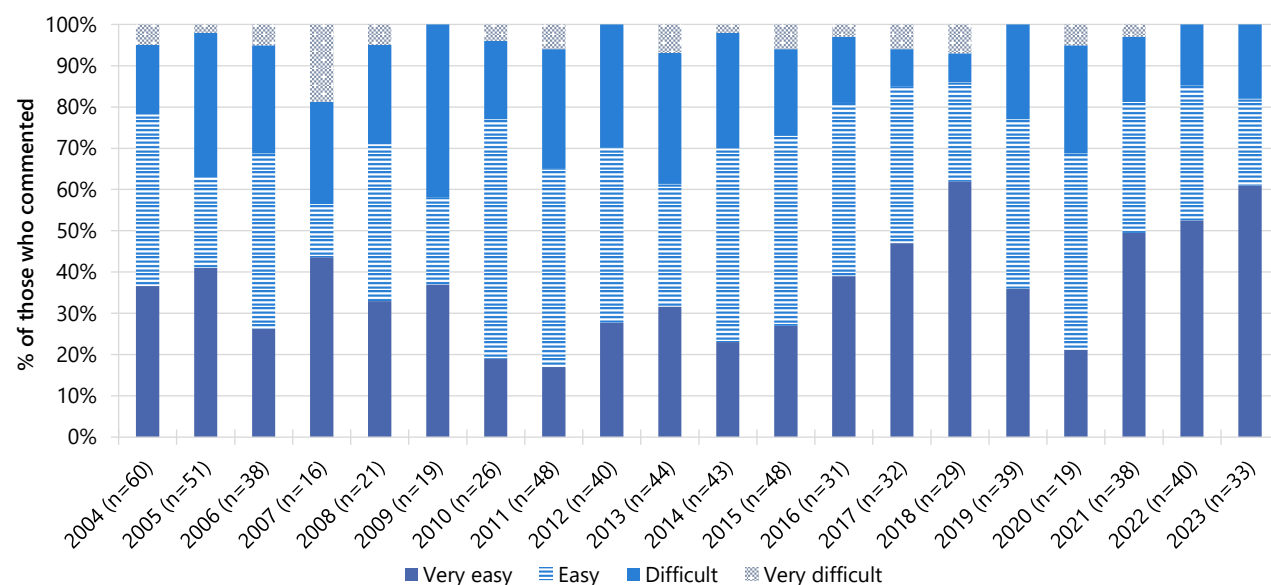
Note. The response option 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data from 2022 onwards refers to non-prescribed cannabis only: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the potency of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 22: Current perceived availability of non-prescribed hydroponic (A) and bush (B) cannabis, Adelaide, SA, 2004-2023

(A) Hydroponic Cannabis



(B) Bush Cannabis



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: prior to 2022, we did not distinguish between prescribed and non-prescribed cannabis, and as such it is possible that 2017-2021 figures include some participants who are reporting on the availability of prescribed cannabis (with medicinal cannabis first legalised in Australia in November 2016), although we anticipate these numbers would be very low. 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 $n \leq 5$ responded to the item. Statistical significance for 2022 versus 2023 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).

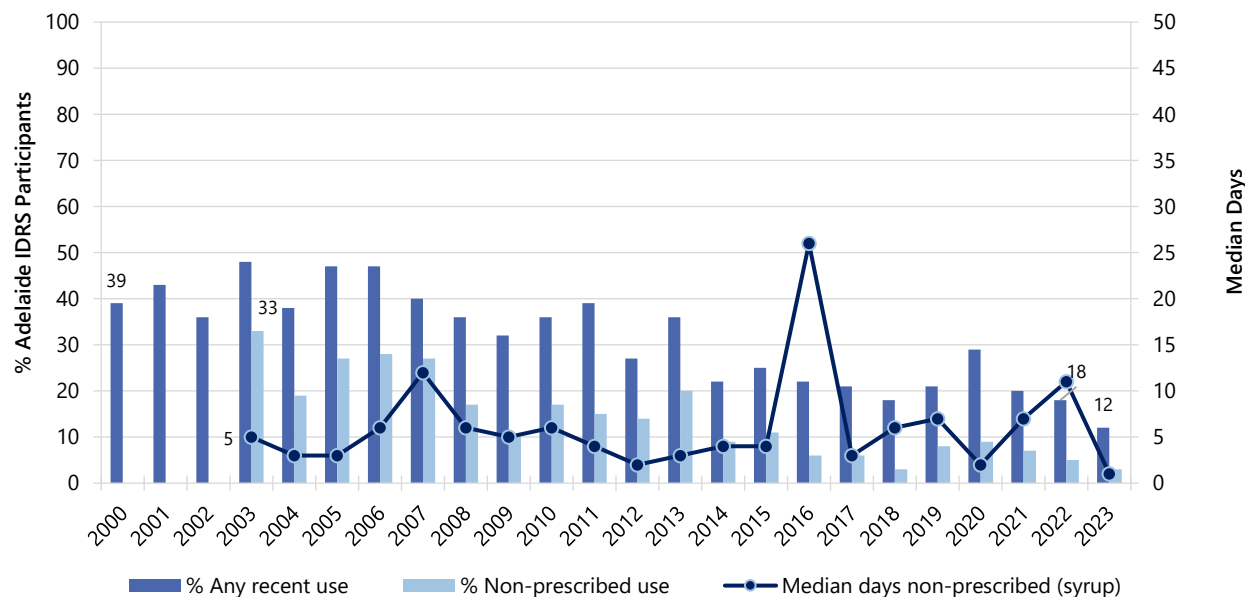
Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation, the per recent reporting any recent methadone use (including syrup and tablets) in the Adelaide sample has generally decreased since monitoring commenced. In 2023, 12% of participants reported recent use of any prescribed and/or non-prescribed methadone (18% in 2022; $p=0.246$), the lowest percentage of recent use since the commencement of monitoring. Methadone use historically has largely consisted of prescribed use, with 9% reporting recent prescribed use in 2023, stable from 16% reporting prescribed use in 2022 ($p=0.203$). Non-prescribed use remained low and stable, relative to 2022 ($n \leq 5$; $n \leq 5$ in 2022; $p=0.721$) (Figure 23).

Frequency of Use: Due to few ($n \leq 5$) participants reporting recent non-prescribed use in 2022 and 2023, details regarding frequency of use are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Due to few ($n \leq 5$) participants reporting recent injecting use in 2023, details regarding any recent injection (47% of those who reported any methadone use in 2022; $p=0.046$) and frequency of any injection (24 days of those who reported any methadone use in 2022; IQR=7-27; $p=0.241$) are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed methadone, Adelaide, SA, 2000-2023



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. Secondary 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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Buprenorphine Tablet

Due to few ($n \leq 5$) participants reporting any recent buprenorphine tablet use in 2023 (6% in 2022; $p=0.498$), details regarding frequency of use ($n \leq 5$ in 2022) and recent injecting use (0% in 2022; $p=0.250$) are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

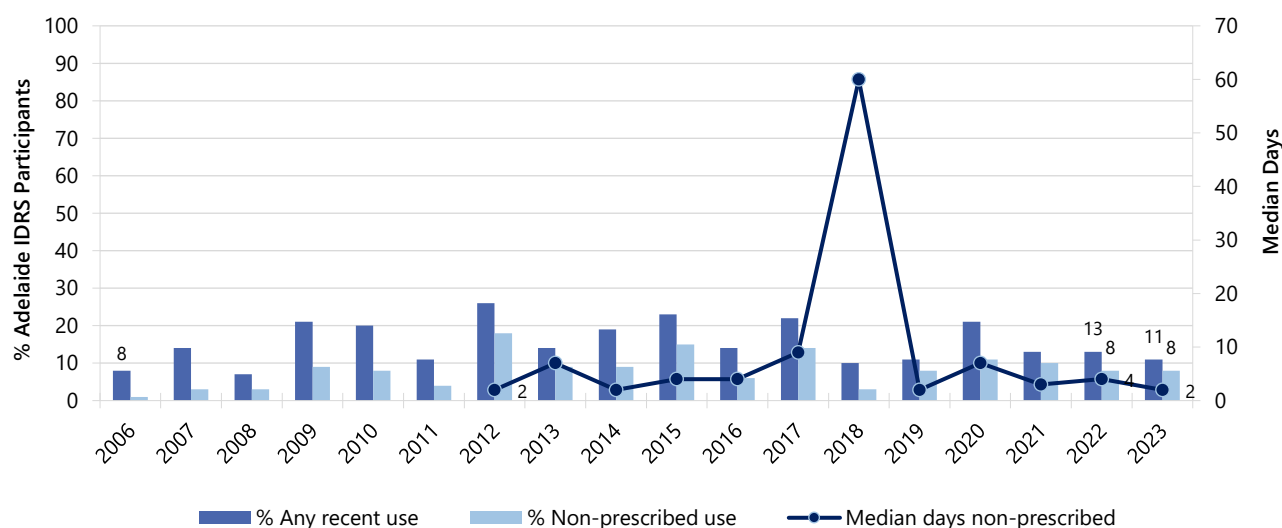
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting any recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2023, 11% of the Adelaide sample reported recent use of any buprenorphine-naloxone (13% in 2022; $p=0.822$), with 8% reporting non-prescribed use (8% in 2022) (Figure 24). Few ($n \leq 5$) participants reported prescribed use ($n \leq 5$ in 2022; $p=0.721$).

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 two days (IQR=1-15) in the six months preceding interview (4 days in 2022; IQR=3-78; $n=8$; $p=0.288$) (Figure 24).

Recent Injecting Use: Of those who had recently used any buprenorphine-naloxone in 2023 and commented ($n=11$), 55% reported recent injection ($n \leq 5$ in 2022; $p=0.408$) on a median of five days (IQR=3-9), stable relative to 2022 ($n \leq 5$; $p=0.667$).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, Adelaide, SA, 2006-2023



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. Secondary 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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

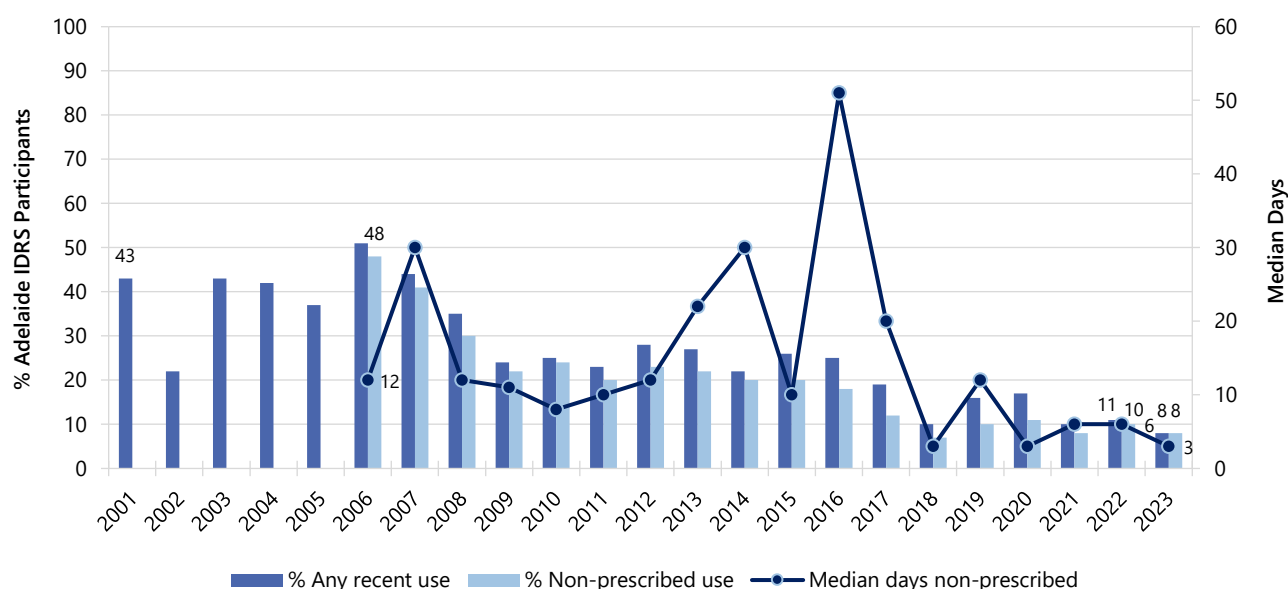
Morphine

Any Recent Use (past 6 months): The Adelaide sample has observed a downward trend in recent use of morphine since peaking in 2006 (Figure 25). In 2023, 8% of the sample had recently used any morphine (11% in 2022; $p=0.629$). This was driven by non-prescribed use (8%; 10% in 2022; $p=0.802$), with no participants reporting recent prescribed use in 2023 ($n \leq 5$ in 2022).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented ($n=8$) reported use on a median of three days (IQR=2-6) in 2023, stable relative to 2022 (6 days; IQR=2-44; $n=10$; $p=0.714$) (Figure 25).

Recent Injecting Use: Of those who had recently used any morphine in 2023 and commented ($n=7$), 88% reported injecting morphine (64% in 2022; $p=0.338$) on a median of two days (IQR=2-3; 30 days in 2022; IQR=6-56; $p=0.266$).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, Adelaide, SA, 2001-2023



Note. Median days of use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished in 2001-2005. Secondary 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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

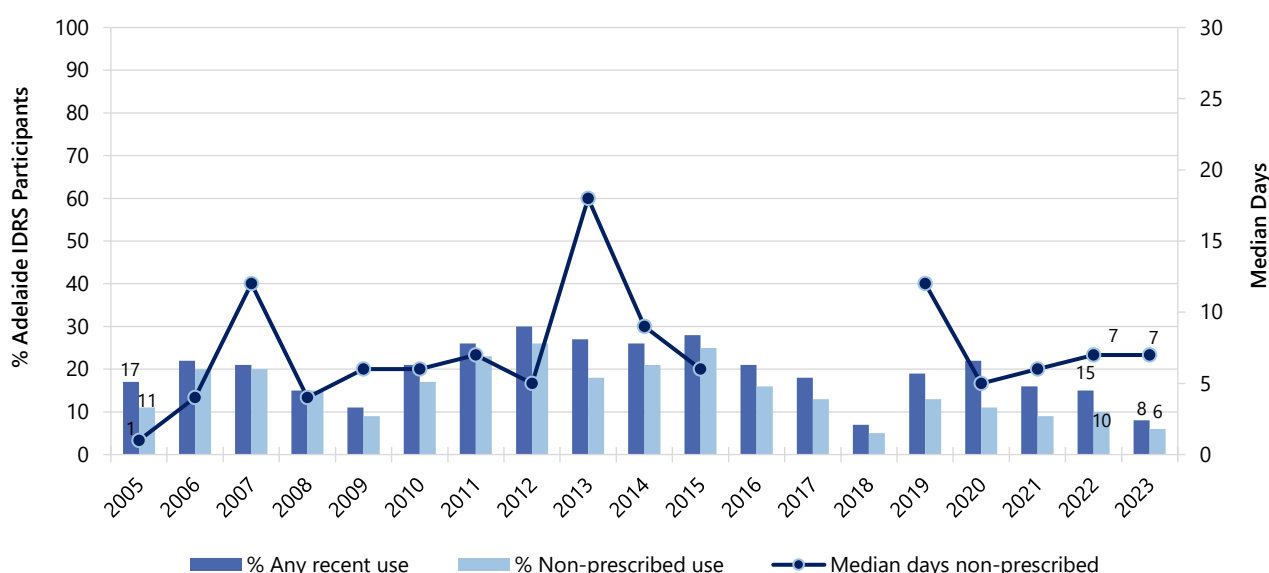
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with 8% of participants reporting any recent use in 2023 (15% in 2022; $p=0.186$) (Figure 26). In 2023, 6% of the sample had used non-prescribed oxycodone (10% in 2022; $p=0.435$), and few ($n\leq 5$) participants had used prescribed oxycodone (8% in 2022; $p=0.214$).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented ($n=6$) reported use on a median of seven days (IQR=4-74) in the six months preceding interview in 2023 (7 days in 2022; IQR=2-107; $n=10$; $p=0.744$) (Figure 26).

Recent Injecting Use: Due to few ($n\leq 5$) participants reporting recent injecting use in 2023, details regarding any recent injection (53% in 2022; $p=0.379$) and frequency of any injection (48 days in 2022; IQR=10-150; $p=0.142$) are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, Adelaide, SA, 2005-2023

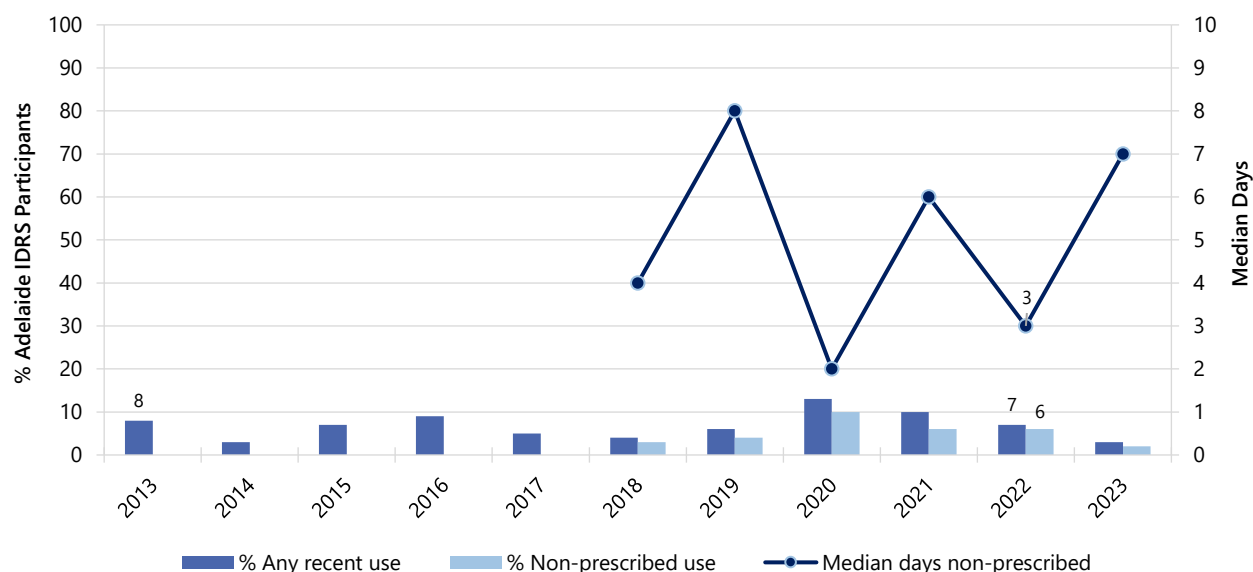


Note. From 2005-2015, participants were asked about recent use and frequency of use for any oxycodone; from 2016-2018, recent use and frequency of use for oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed 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. In 2023, participants were asked about recent use and frequency of use 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. Secondary Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n\leq 5$ 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 2022 versus 2023 presented in figure; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Fentanyl

Due to few ($n \leq 5$) participants reporting recent use of any fentanyl in 2023 (7% in 2022; $p=0.331$), details regarding frequency of use (3 days in 2022; IQR=2-4) and recent injecting use (86% of those who had recently used fentanyl in 2022) are not reported. Please refer to Figure 27 for recent year trends in the Adelaide sample, and the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 27: Past six-month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, Adelaide, SA, 2013-2023



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. Secondary 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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 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 2023, 12% of participants reported recent use of any codeine (15% in 2022; $p=0.682$), with 8% reporting recent prescribed use (10% in 2022; $p=0.802$) and few ($n\leq 5$) participants reporting recent non-prescribed use (6% in 2022; $p=0.748$). Please refer to Figure 32 in the [South Australia IDRS 2019 Report](#) for more detailed data on use of codeine.

Few ($n\leq 5$) participants reported recent use of any form of tramadol, a significant decrease from 13% in 2022 ($p=0.017$). No participants reported recent use of any form of tapentadol (0% in 2022). 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, 2019-2023

% Recent use (past 6 months)	2019 (N=100)	2020 (N=100)	2021 (N=101)	2022 (N=103)	2023 (N=102)
Codeine[^]					
Any use	25	17	22	15	12
Non-prescribed use	-	7	12	6	-
Any injection [#]	-	-	0	-	0
Tramadol					
Any use	15	-	6	13	-*
Non-prescribed use	9	0	-	7	-
Any injection [#]	-	0	-	-	0
Tapentadol					
Any use	-	0	-	0	0
Non-prescribed use	-	0	0	0	0
Any injection [#]	0	0	0	0	0

Note. – Per cent suppressed due to small cell size ($n\leq 5$ 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 2022 versus 2023 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

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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 ($n \leq 5$) participants reported using any NPS in the six months prior to interview ($n \leq 5$ in 2022; $p=0.445$) and therefore no further details on patterns of use are reported. Please refer to Table 3 for trends in use in the Adelaide sample and the [2023 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, 2013-2023

% 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	2023 N=102
'New' drugs that mimic the effects of opioids	/	/	/	/	0	-	0	-	-	0	-
'New' drugs that mimic the effects of ecstasy	/	/	/	/	- [#]	-	-	0	-	-	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	0
Any of the above	-	-	-	0	-	8	9	6	-	-	-

Note. – Per cent suppressed due to small cell size ($n \leq 5$ 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 2022 versus 2023 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 2023 (15%; 18% in 2022; $p=0.571$) (Figure 28). This was mostly driven by non-prescribed use of 'other' benzodiazepines (13%; 15% in 2022; $p=0.837$), with few ($n \leq 5$) participants reporting recent use of non-prescribed alprazolam in 2023 (6% in 2022).

Frequency of Use: Of those who had recently consumed non-prescribed 'other' benzodiazepines and commented ($n=13$), median frequency of use was four days (IQR=2-24), which remained stable compared to 2022 (12 days; IQR=4-25; $n=15$; $p=0.837$). Few ($n \leq 5$) participants were able to comment on the median frequency of non-prescribed alprazolam (10 days in 2022; IQR=3-34; $n=6$; $p=0.783$), therefore no further reporting will be included. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Recent Injecting Use: Due to few ($n \leq 5$) participants reporting recent injecting use in 2023, details regarding recent injection of any non-prescribed benzodiazepines (0% in 2022; $p=0.441$) and frequency of any injection ($n \leq 5$ in 2022; $p=0.564$) are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): In 2023, 7% of the Adelaide sample had used non-prescribed pharmaceutical stimulants in the six months preceding interview, stable relative to 2022 ($n \leq 5$; $p=0.101$) (Figure 28).

Frequency of Use: Participants who had recently consumed non-prescribed pharmaceutical stimulants and commented ($n=7$) reported use on a median of three days (IQR=2-6) in 2023 ($n \leq 5$ in 2022; $p=0.760$).

Recent Injecting Use: Few ($n \leq 5$) participants reported recent injection of non-prescribed pharmaceutical stimulants in 2023 ($n \leq 5$ in 2022), therefore details regarding recent injection and median frequency of recent injection are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Few ($n \leq 5$) participants reported using non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) in the six months prior to interview in 2023 ($n \leq 5$ in 2022; $p=0.721$) (Figure 28) and therefore no further reporting on patterns of use will be included. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Pregabalin

Recent Use (past 6 months): In 2023, 11% of participants had used non-prescribed pregabalin in the six months preceding interview, stable relative to 9% in 2022 ($p=0.632$) (Figure 28).

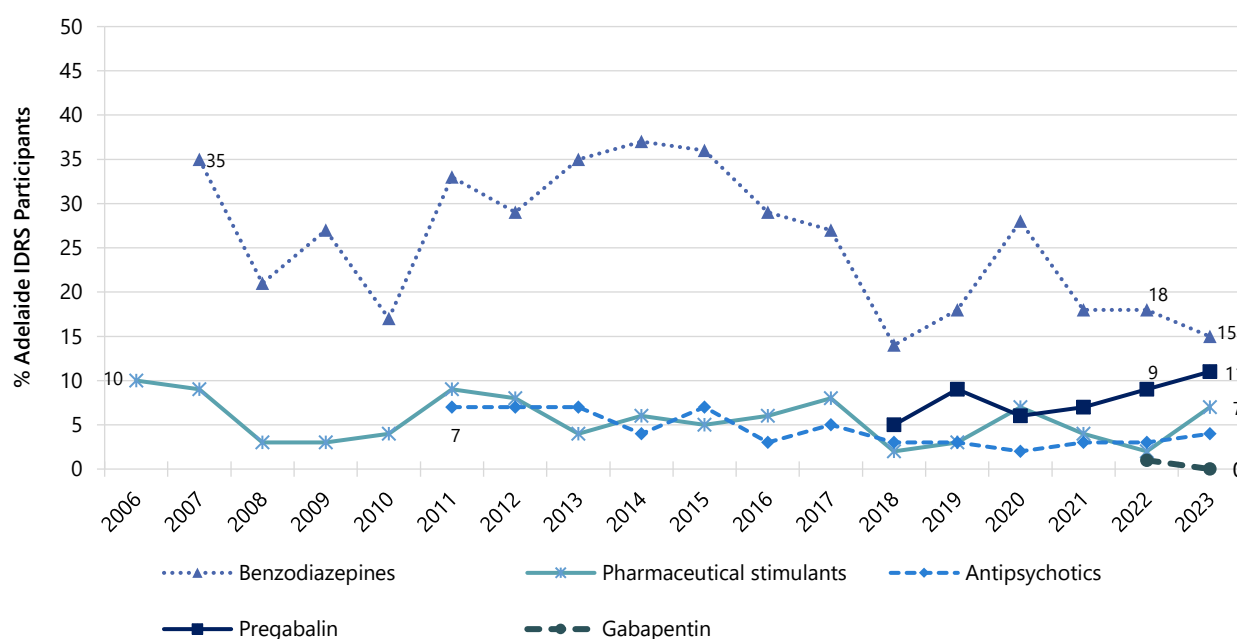
Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented ($n=10$) reported use on a median of nine days (IQR=2-15) in 2023, stable from 12 days in 2022 (IQR=1-30; $n=9$; $p=0.742$).

Recent Injecting Use: No participants reported recent injection of non-prescribed pregabalin in 2023 ($n \leq 5$ in 2022; $p=0.450$), therefore details regarding recent injection and median frequency of recent injection are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Gabapentin

No participants reported using non-prescribed gabapentin in the six months prior to interview in 2023 ($n \leq 5$ in 2022) (Figure 28) and therefore no further reporting on patterns of use will be included. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 28: Past six month use of non-prescribed pharmaceutical drugs, Adelaide, SA, 2006-2023



Note. Non-prescribed use is reported. Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), pregabalin in 2018 and gabapentin in 2022. 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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Licit and Other Drugs

Alcohol

Recent Use (past 6 months): Three fifths (60%) of the sample reported any recent use of alcohol in 2023, stable relative to 69% in 2022 ($p=0.193$) (Figure 29).

Frequency of Use: Participants who had recently consumed alcohol and commented ($n=61$) reported use on a median of 24 days in 2023 (IQR=6-90; 24 days in 2022; IQR=6-98; $n=71$; $p=0.985$), with 16% reporting daily use (21% in 2022; $p=0.507$).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the Adelaide IDRS sample. Nevertheless, 85% of participants reported recent use of tobacco (91% in 2022; $p=0.203$) in 2023, the lowest percentage observed since 2001 (Figure 29).

Frequency of Use: Participants who had recently consumed tobacco and commented ($n=87$) reported use on a median of 180 days in 2023 (IQR=180-180; 180 days in 2022; IQR=180-180; $n=94$; $p=0.755$), with 89% reporting daily use (87% in 2022; $p=0.817$).

E-cigarettes

From October 2021, Australians were required to have a prescription to legally access nicotine containing e-cigarette products for any purpose. Subsequently, from 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 2023.

Recent Use (past 6 months): One fifth (20%) of participants reported recent use of non-prescribed e-cigarettes in 2023, stable relative to 2022 (14%; $p=0.265$) (Figure 29).

Frequency of Use: Participants who had recently consumed non-prescribed e-cigarettes and commented ($n=20$) reported use on a median of 45 days in 2023 (IQR=9-180), a significant increase from seven days in 2022 (IQR=2-24; $n=13$; $p=0.029$).

Forms Used: Among those who reported recent non-prescribed use in the six months preceding interview and responded ($n=20$), 67% reported using e-cigarettes that contained nicotine (79% in 2022; $p=0.694$). Few ($n\leq 5$) participants reported using e-cigarettes that contained cannabis (14% in 2022; $p=0.568$) or both cannabis and nicotine ($n\leq 5$ in 2022). Two thirds (67%) reported using e-cigarettes that contained neither cannabis nor nicotine (57% in 2022; $p=0.723$).

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 ($n=20$), 60% reported using e-cigarettes as a smoking cessation tool, stable relative to 2022 (50%; $p=0.723$).

Steroids

Few ($n\leq 5$) participants reported using non-prescribed steroids in the six months preceding interview in 2023 (0% in 2022; $p=0.498$), therefore, no further reporting on patterns of use will be included. Please refer to the [2023 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 2023, almost one fifth (19%) of participants reported recent use of GHB/GBL/1,4-BD, a significant increase from 6% in 2022 ($p=0.007$) (Figure 29).

Frequency of Use: Participants who had recently consumed GHB/GBL/1,4-BD and commented ($n=19$) reported use on a median of four days (IQR=2-11) in 2023, stable from three days in 2022 (IQR=2-6; $n=6$; $p=0.519$).

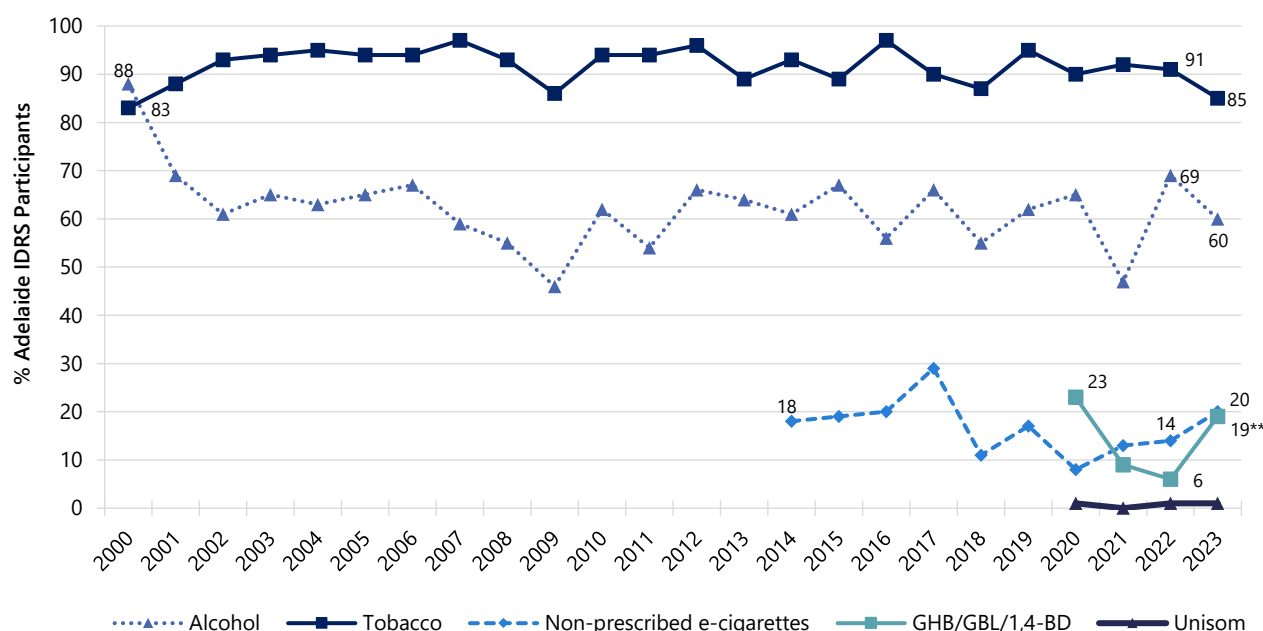
Recent Injecting Use: In 2023, no participants reported recent injection of GHB/GBL/1,4-BD (0% in 2022), therefore no further reporting on patterns of use will be included. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Unisom

Unisom SleepGels is a Schedule 3 medicine containing diphenhydramine that is available over-the-counter from a pharmacist for use as an antihistamine or temporary sleep aid. It comes in a gel capsule formulation intended for oral use. There have been [reports](#) of injecting use in Australia, raising concern of attendant injecting-related injuries.

Few ($n \leq 5$) participants reported using Unisom in the six months prior to interview in 2023 ($n \leq 5$ in 2022) (Figure 29) and therefore no further reporting on patterns of use will be included. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use of licit and other drugs, Adelaide, SA, 2000-2023



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 and Unisom in 2020. Data labels are only provided for the first (2000/2014/2020) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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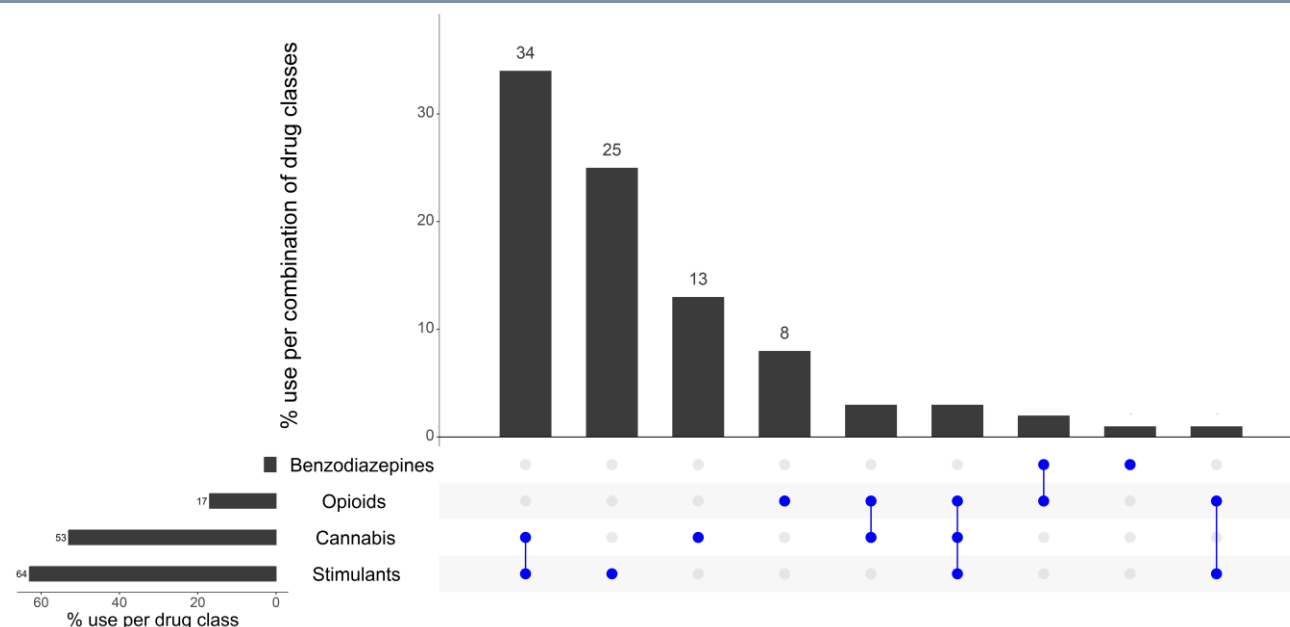
Drug-Related Harms and Other Behaviours

Polysubstance Use

In 2023, 97% 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 and commented (n=99), the most commonly used substances were stimulants (64%), cannabis (53%) and opioids (17%).

Fifty-three per cent of participants reported use of two or more drugs on the day preceding interview (excluding tobacco and e-cigarettes). One third (34%) of participants reported concurrent use of cannabis and stimulants on the day preceding interview (Figure 30). One quarter (25%) of respondents reported using stimulants alone, 13% reported using cannabis alone, and 8% reported using opioids alone.

Figure 30: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, Adelaide, SA, 2023



Note. % calculated out of total IDRS 2023 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 40% to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2023, 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:

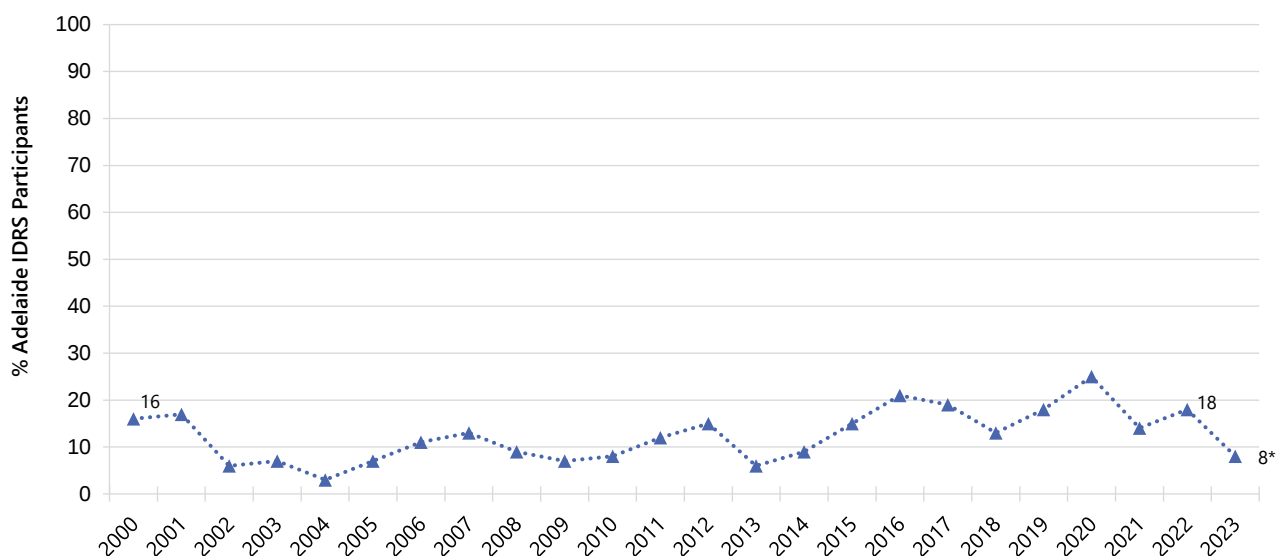
- **Opioid overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g., nausea, 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 significantly decreased, from 18% in 2022 to 8% in 2023 ($p=0.039$) (Figure 31).

Few ($n \leq 5$) participants reported use of any particular opioid or stimulant which was used prior to a non-fatal overdose in the 12 months preceding interview, or other drug(s) 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 [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 31: Past 12 month non-fatal any overdose, Adelaide, SA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Table 4: Past 12-month non-fatal overdose by drug type, Adelaide, SA, 2015-2023

	Adelaide, SA								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
% Any opioid	N=102 10	N=101 -	N=100 9	N=101 -	N=100 -	N=100 15	N=100 6	N=103 9	N=102 -
% Heroin overdose	N=102 10	N=101 -	N=100 8	N=98 -	N=99 -	N=100 13	N=100 -	N=102 6	N=101 -
% Methadone overdose	N=102 0	N=101 0	N=100 0	N=101 -	N=99 0	N=100 -	N=100 0	N=102 -	N=101 0
% Morphine overdose	N=102 -	N=101 -	N=99 -	N=101 -	N=99 0	N=100 0	N=100 0	N=102 -	N=101 -
% Oxycodone overdose	N=102 -	N=101 -	N=99 0	N=99 -	N=99 0	N=100 -	N=100 0	N=102 0	N=101 0
% Stimulant overdose	N=102 -	N=99 14	N=100 11	N=100 -	N=99 13	N=100 -	N=101 8	N=103 9	N=102 -
% Other overdose	N=102 -	N=99 -	N=100 .	N=100 -	N=99 -	N=100 9	N=101 -	N=103 -	N=102 -
% 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=102 8*

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. - Per cent suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 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 could 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 were aware of naloxone has remained relatively stable over time, ranging between 58% and 75%. In 2023, almost half (48%) reported awareness of naloxone, a significant decrease from 64% reporting awareness in 2022 ($p=0.027$) (Figure 32). In 2023, one fifth (21%) of the Adelaide sample reported having heard of free access to naloxone (30% in 2022; $p=0.155$), and few ($n\leq 5$) participants reported having heard of paid access, remaining relatively stable compared with 2022 (10%; $p=0.082$).

Awareness of Take-Home Naloxone: While survey item wording assessing awareness of take-home naloxone programs was modified in 2023, the percentage reporting awareness of take-home naloxone programs was relatively stable between 2023 (31%) and 2022 (32%; $p=0.877$) (Figure 32).

Accessed Naloxone: Ten per cent of the Adelaide sample reported having ever accessed naloxone, a significant decline from 21% in 2022 ($p=0.037$), with few ($n\leq 5$) participants having done so in the past year. All of the participants reported that they did not have to pay the last time they accessed naloxone.

Few ($n\leq 5$) participants in the Adelaide sample reported that they had tried to access naloxone in their lifetime but had been unsuccessful (6% in 2022), whereas 89% of participants reported never having tried to access naloxone. Of those who had ever had trouble accessing naloxone or had never tried to access naloxone and commented ($n=89$), reasons included 'don't use opioids' (17%), 'didn't know you could access naloxone' (12%) and 'don't consider myself/my peers at risk of overdose' (11%).

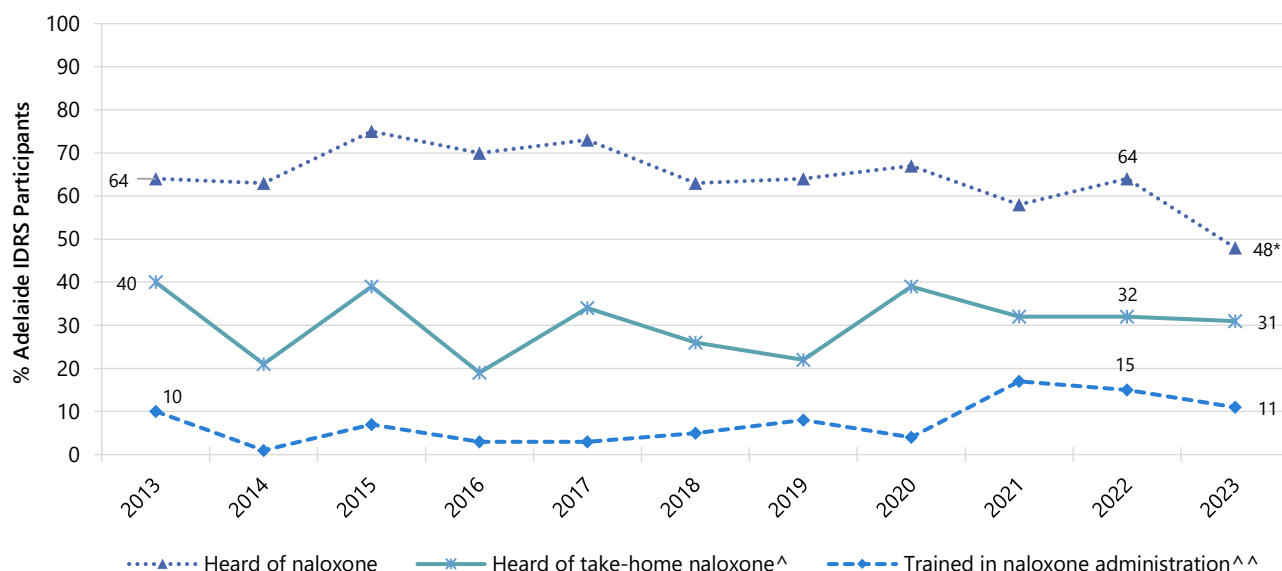
Few ($n\leq 5$) participants were able to report on the frequency of having naloxone on hand when using opioids in the past month, therefore further details are not reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Education on Using Naloxone: In 2023, 11% had been trained in how to administer naloxone in their lifetime, stable relative to 2022 (15%; $p=0.527$), with few ($n\leq 5$) participants having done so in the past year (10% in 2022; $p=0.288$) (Figure 32).

Use of Naloxone to Reverse Overdose: In 2023, 7% of the Adelaide sample reported that they had resuscitated someone using naloxone at least once in their lifetime (16% in 2022; $p=0.078$), with few

($n \leq 5$) participants having done so in the past year. No participants reported that they had been resuscitated by a peer using naloxone in the past year ($n \leq 5$ in 2022; $p=0.121$).

Figure 32: Lifetime awareness of naloxone, and education in naloxone administration, Adelaide, SA, 2013-2023



Note. ^Wording of this question changed from 'Have you heard about take home naloxone programs' (after receiving a blurb about what these programs entailed: 2013-2022) to 'Are you aware that naloxone is available for people to take home' in 2023. ^^Wording of this question changed from 'Have you ever been through a naloxone training course? This may include brief advice, brief education or more extensive training' (2013-2022) to 'Have you ever been taught how to use naloxone? This may include brief advice, brief education or more extensive training' (2023). Data labels are only provided for the first (2013) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

In 2023, 6% reported receptive sharing ($n \leq 5$ in 2022; $p=0.065$) and 7% reported distributive sharing ($n \leq 5$ in 2022; $p=0.373$) in the month prior to interview (Figure 33).

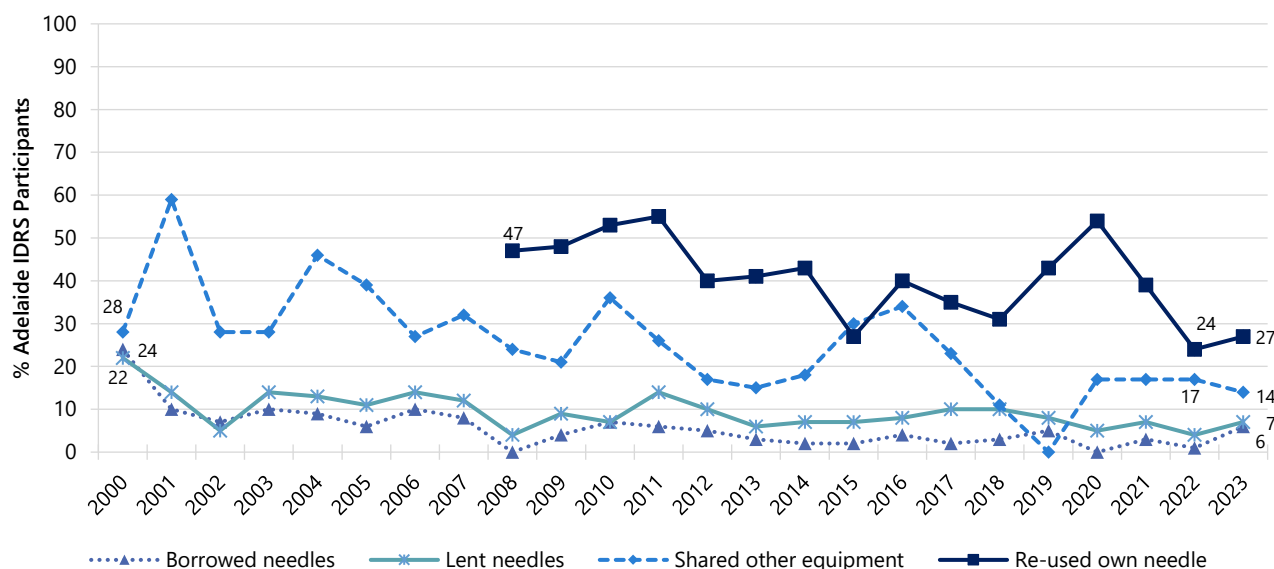
The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has fluctuated considerably over the course of monitoring (Figure 33), though remained stable in 2023 (14%), relative to 2022 (17%; $p=0.690$). One quarter (27%) of the sample reported that they had re-used their own needles in the past month, stable relative to 24% in 2022 ($p=0.741$) (Figure 33).

Almost one third (30%) of the 2023 sample reported that they had injected someone else after injecting themselves (21% in 2022; $p=0.160$), and almost one fifth (19%) were injected by someone else in the past month (10% in 2022; $p=0.078$) (Table 5).

The location of last injection remained stable between 2022 and 2023 ($p=0.341$). Consistent with previous years, most participants (85%) reported that they had last injected in a private home (87% in

2022). An additional 7% of participants reported that they had last injected on the street, park or beach ($n \leq 5$ in 2022) (Table 5).

Figure 33: Borrowing and lending of needles and sharing of injecting equipment in the past month, Adelaide, SA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 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, Adelaide, SA, 2015-2023

Adelaide, SA									
	2015 (N=102)	2016 (N=101)	2017 (N=100)	2018 (N=101)	2019 (N=98)	2020 (N=100)	2021 (N=101)	2022 (N=103)	2023 (N=102)
% 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=102 6
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=102 7
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=102 14
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=101 27
Injected partner/friend after self~	/	/	N=100 35	N=100 29	N=98 27	N=100 39	N=101 35	N=103 21	N=102 30
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=102 19
% Location of last injecting use									
Private home	90	88	92	88	95	89	91	87	85
Car	6	7	-	7	-	-	0	-	-
Street/car park/beach	0	-	-	-	0	-	-	-	7
Public toilet	-	-	0	-	-	-	7	7	-
Medically supervised injecting Centre/Room	/	/	/	/	/	0	0	0	0
Other	-	-	-	-	-	0	0	0	0

Note. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ With a new or used needle. - Per cent suppressed due to small cell size ($n \leq 5$ 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 2022 versus 2023 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 2023 (29%), relative to 2022 (25%; $p = 0.535$) (Table 6). The most common injection-related injuries and diseases reported by participants was a dirty hit (14%; 9% in 2022; $p = 0.282$), any nerve damage (13%; 9% in 2022; $p = 0.376$) and any infection/abscess (12%; 16% in 2022; $p = 0.538$; including skin abscess or cellulitis; 11%; 13% in 2022; $p = 0.822$).

Table 6: Injection-related issues in the past month, Adelaide, SA, 2020-2023

	2020	2021	2022	2023
	(N=100)	(N=101)	(N=103)	(N=102)
% Artery injection	9	6	6	-
% Any nerve damage	13	13	9	13
% Any thrombosis	8	6	6	-
Blood clot	8	6	-	-
Deep vein thrombosis	-	0	-	0
% Any infection/abscess	15	12	16	12
Skin abscess or cellulitis	14	10	13	11
Endocarditis	0	-	-	0
Other serious infection (e.g., osteomyelitis/Sepsis/Septic arthritis)	-	-	-	-
% Dirty hit	8	11	9	14
% Any injection-related problem	35	29	25	29

Note. – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Drug Treatment

Almost one fifth (17%) of participants reported receiving any drug treatment in 2023, stable relative to 2022 (25%; $p = 0.177$), with methadone continuing to be the most commonly received treatment (9%; 14% in 2022; $p = 0.374$) (Table 7).

Table 7: Current drug treatment, Adelaide, SA, 2015-2023

	Adelaide, SA								
	2015	2016	2017	2018	2019	2020	2021	2022	2023
	(N=102)	(N=101)	(N=100)	(N=101)	(N=99)	(N=100)	(N=100)	(N=103)	(N=102)
% Any current drug treatment	31	33	30	23	19	38	24	25	17
Methadone	17	21	16	13	12	20	15	14	9
Buprenorphine	-	-	-	0	0	0	-	-	0
Buprenorphine-naloxone	8	7	7	6	-	10	-	-	-
Buprenorphine depot injection	/	/	/	/		-	-	-	-
Drug counselling	-	-	-	-	-	8	6	-	-
Other	-	-	-	0	-	-	-	-	-

Note. – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). / not asked. The response option 'Don't know' was excluded from analysis. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Opioid and Methamphetamine Dependence

From 2017, participants were asked questions from the Severity of Dependence Scale (SDS) adapted to investigate opioid and methamphetamine dependence. The SDS is a five-item tool designed to screen for potential dependence on a variety of drugs. The SDS focuses on the psychological aspects of dependence, including impaired control of drug use, preoccupation with, and anxiety about use. A

total score was created by summing responses to each of the five questions. Possible scores range from 0 to 15.

To assess methamphetamine dependence in the past six months, a [cut-off value of four](#) was used, as this has been found to be a good balance between sensitivity and specificity for identifying dependent methamphetamine use. No validated cut-off for opioid dependence exists; however, researchers typically use a [cut-off value of five](#) as an indicator of likely dependence.

Of those who had recently used an opioid and commented (n=32), the median SDS score was six (IQR=1-8), with 56% scoring five or above, indicating possible dependence (48% in 2022; $p=0.495$) (Table 8). Of those who scored five or above (n=18), 78% reported specifically attributing their responses to heroin and 11% to buprenorphine.

Of those who had recently used methamphetamine and commented (n=90), the median SDS score was four (IQR=1-8), with 51% scoring four or above, indicating possible dependence (Table 8).

Table 8: Total opioid and methamphetamine SDS scores, and per cent of participants scoring above cut-off scores indicative of dependence, among those who reported past six month use, Adelaide, SA, 2017-2023

	2017	2018	2019	2020	2021	2022	2023
Opioid	(N=61)	(N=43)	(N=37)	/	(N=40)	(N=48)	(N=32)
Median total score (IQR)	6 (2-9)	6 (2-9)	6 (1-10)	/	2 (0-6)	4 (0-7)	6 (1-8)
% score 0	15	16	19	/	45	31	22
% score = 1	-	-	-	/	-	-	-
% score ≥ 5	61	65	57	/	28	48	56
Methamphetamine	(N=75)	(N=82)	(N=88)	/	(N=88)	(N=91)	(N=90)
Median total score (IQR)	3 (1-6)	2 (0-5)	3 (1-7)	/	5 (2-7)	4 (1-6)	4 (1-8)
% score 0	20	38	19	/	14	21	18
% score = 1	15	11	7	/	-	10	14
% score ≥ 4	47	39	49	/	60	52	51

Note. Severity of Dependence scores calculated out of those who used opioids/methamphetamine recently (past 6 months). A cut-off score of ≥5 and ≥4 is used to indicate screening positive for potential opioid and methamphetamine dependence, respectively. / Opioid and Methamphetamine Severity of Dependence Scale was not asked of participants in 2020. – Per cent suppressed due to small cell size (n≤5 but not 0). The response option 'Don't know' was excluded from analysis. Imputation used for missing scale scores. Statistical significance for 2022 versus 2023 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

Bloodborne Virus Testing and Treatment

In 2023, two fifths (40%) of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (48% in 2022; $p=0.327$), 29% had received an RNA test (29% in 2022) and 7% reported having a current HCV infection (6% in 2022) (Table 9). Few (n≤5) participants reported that they had received HCV treatment in the past year (n≤5 in 2022).

Three quarters of the total sample (76%) reported having ever had a test for human immunodeficiency virus (HIV), with 23% of the total sample doing so within the past six months. Few (n≤5) participants reported that they had ever received a positive diagnosis (0% in 2022) (Table 9).

Table 9: HCV and HIV testing and treatment, Adelaide, SA, 2018-2023

%	Adelaide, SA					
	2018 (N=101)	2019 (N=100)	2020 (N=100)	2021 (N=101)	2022 (N=103)	2023 (N=102)
Past year Hepatitis C test						
Past year hepatitis C antibody test	N=100 54	N=97 39	N=96 23	N=100 37	N=101 48	N=100 40
Past year hepatitis C PCR or RNA test	N=85 33	N=87 28	N=94 35	N=98 27	N=91 29	N=92 29
Current hepatitis C status						
Currently have hepatitis C ^	N=94 14	N=92 10	N=91 9	N=96 10	N=95 6	N=87 7
Past year treatment for hepatitis C						
Received treatment in past year	N=98 8	N=97 9	N=95 8	N=100 10	N=99 -	N=91 -
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≤5 -
HIV test				N=99	N=100	N=101
HIV test in past 6 months	/	/	/	25	22	23
HIV test more than 6 months ago	/	/	/	55	54	53
HIV status				N=78	N=76	N=77
Lifetime HIV positive diagnosis	/	/	/	-	0	-

Note. ^This includes people who had not been tested for HCV. – Per cent 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 2022 versus 2023 presented in table; * $p<0.050$; ** $p<0.010$; *** $p<0.001$.

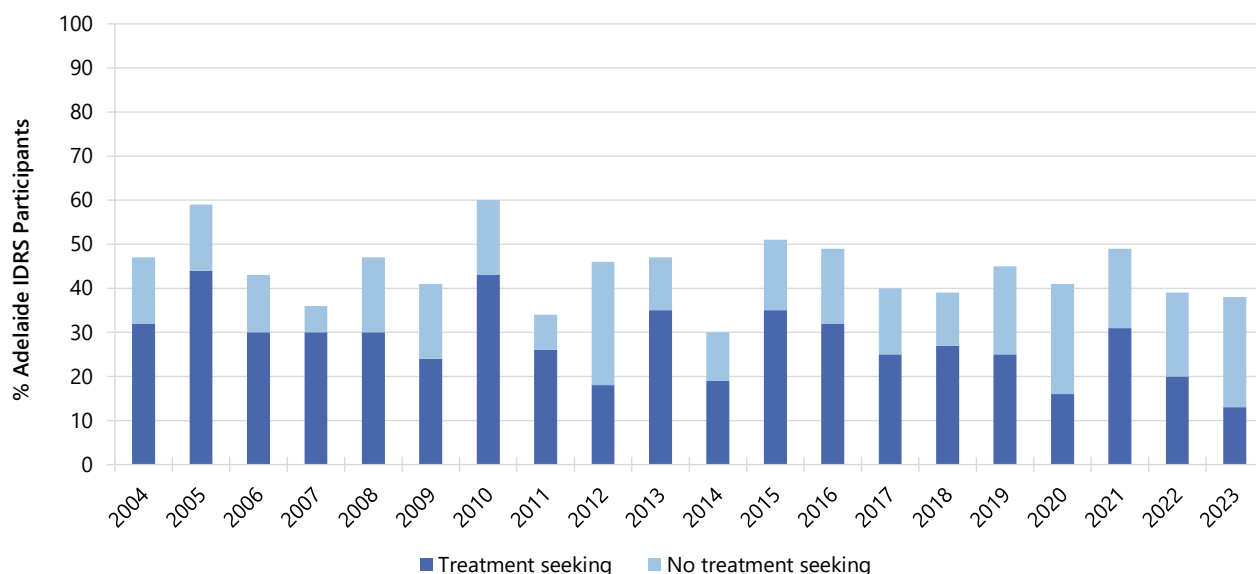
Mental Health and Psychological Distress (K10)

Mental Health

In 2023, almost two fifths (38%) of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable relative to 2022 (39%) (Figure 34). Amongst this group, the most commonly reported problems were depression (59%; 64% in 2022; $p=0.747$), anxiety (51%; 46% in 2022; $p=0.851$) and post-traumatic stress disorder (PTSD) (27%; 18% in 2022; $p=0.451$).

Thirteen per cent of the Adelaide sample had seen a mental health professional during the past six months (33% of those who self-reported a mental health problem during the past six months, stable from 50% in 2022; $p=0.179$). 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 2022 (62%).

Figure 34: Self-reported mental health problems and treatment seeking in the past six months, Adelaide, SA, 2004-2023



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. For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Psychological Distress (K10)

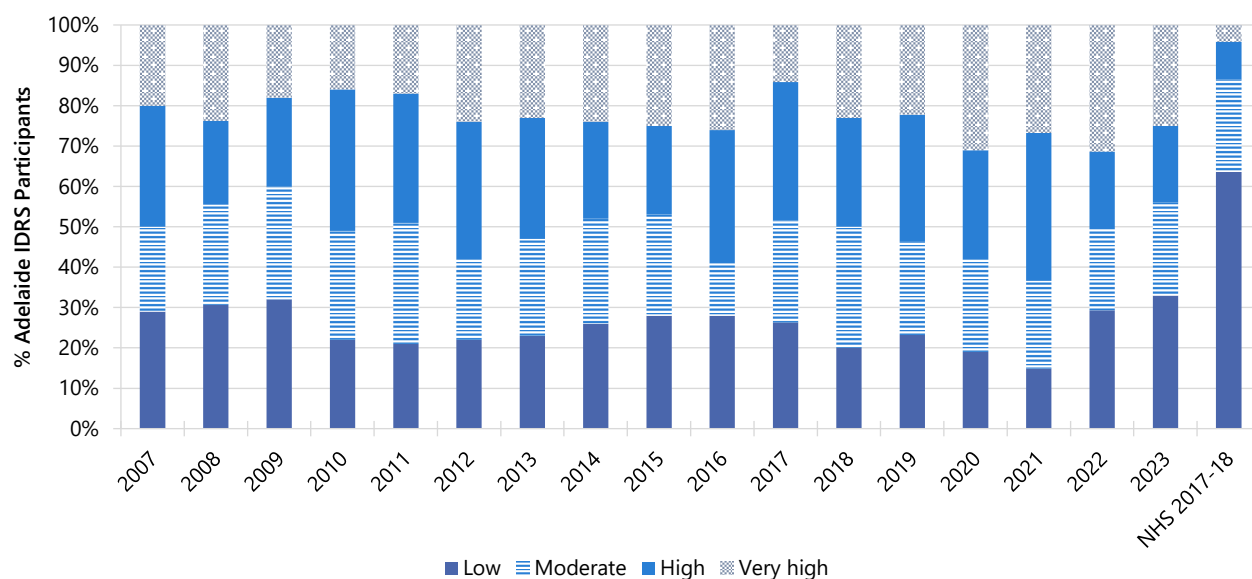
The [Kessler Psychological Distress Scale 10 \(K10\)](#) was administered to obtain a measure of psychological distress in the past four weeks. It is a 10-item standardised measure that has been found to have good psychometric properties and to identify clinical levels of psychological distress as measured by the Diagnostic and Statistical Manual of Mental Disorders and the Structured Clinical Interview for DSM disorders.

The minimum score is 10 (indicating no distress) and the maximum is 50 (indicating very high psychological distress). Scores can be coded into four categories to describe degrees of distress: scores from 10–15 are considered to indicate 'low' psychological distress; scores between 16–21 indicate 'moderate' psychological distress; score between 22–29 indicate 'high' psychological distress; and scores between 30–50 indicate 'very high' psychological distress. Among the general population, scores of 30 or more have been demonstrated to indicate a high likelihood of having a mental health problem, and possibly requiring clinical assistance.

The per cent of participants scoring in each of the four K10 categories remained stable between 2022 and 2023 ($p = 0.802$) (Figure 35), with one quarter (25%) of the 2023 sample having a score of 30 or more (31% in 2022).

The [National Health Survey 2017-18](#) provides Australian population data for adult (≥ 18 years) K10 scores. IDRS participants in 2023 reported greater levels of 'moderate', 'high' and 'very high' distress compared to the general population (Figure 35).

Figure 35: K10 psychological distress scores, Adelaide, SA, 2007-2023 and NHS 2017-18



Note. Data from the National Health Survey are a national estimate from 2017-18 for adults 18 or older. Imputation used for missing scale scores (IDRS only). The response option 'Don't know' was excluded from analysis. For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Health Service Access

Four fifths (80%) of participants reported accessing any health service for alcohol and/or drug (AOD) support in the six months preceding interview in 2023 (82% in 2022; $p = 0.852$) (Table 10). The most common services reported by participants for AOD support in 2023 were a NSP (78%; 76% in 2022; $p = 0.732$) and a general practitioner (GP) (21%; 18% in 2022; $p = 0.713$).

Nearly all participants (95%) reported accessing any health service in the six months preceding interview in 2023 (95% in 2022) (Table 10). Primary services reported by participants in 2023 were a NSP (85%; 79% in 2022; $p = 0.271$), a GP (53%; 58% in 2022; $p = 0.477$) and the emergency department (20%; 18% in 2022; $p = 0.855$).

Table 10: Health service access for alcohol and other drug reasons and for any reason in the past six months, Adelaide, SA, 2022-2023

	AOD support		Any reason	
	2022 (N=102)	2023 (N=102)	2022 (N=102)	2023 (N=102)
% accessed a health service in the past 6 months	82	80	95	95
Type of service accessed (participants could select multiple services)				
GP	18	21	58	53
Emergency department	6	10	18	20
Hospital admission (inpatient)	6	8	19	17
Medical tent (e.g., at a festival)	0	0	-	0
Drug and Alcohol counsellor	11	9	13	9
Hospital as an outpatient	-	0	12	-

Specialist doctor (not including a psychiatrist)	7	-	11	7
Dentist	-	-	10	12
Ambulance attendance	-	-	10	9
Other health professional (e.g., physiotherapist)	-	-	7	11
Psychiatrist	-	-	8	-
Psychologist	6	-	9	7
NSP	76	78	79	85
Peer based harm reduction service	-	-	-	-
Other harm reduction service	0	-	-	-

Note. The response option 'Don't know' was excluded from analysis. – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Stigma

Questions regarding stigma were derived from the [Stigma Indicators Monitoring Project](#), with stigma defined as being treated negatively or differently because of their illicit drug use. These questions have been asked, in part, since 2022.

In 2023, 37% of the Adelaide sample reported experiencing stigma because of their illicit drug use in any health/non-health care setting in the six months preceding interview (Table 11).

Specifically, 7% of the Adelaide sample reported experiencing stigma within specialist alcohol and other drug (AOD) services in the six months preceding interview (9% of those who had attended a specialist AOD service), stable relative to 2022 (11%; $p = 0.338$). A larger percentage, however, reported experiencing stigma within general health care services in the six months preceding interview (19%; 23% of those who had attended general health care services), stable relative to 2022 (21%; $p = 0.851$). Self-reported experiences of stigma while attending general health care services most commonly occurred whilst visiting a GP or a hospital admission (7%, respectively). One quarter (27%) of participants reported experiencing stigma in non-health care settings (not asked in 2022), most commonly from police (19%), followed by a welfare and social service (15%) (not asked in 2022) (Table 11).

Notably, one third (33%) of participants in 2023 reported engaging in some form of avoidance behaviour to avoid being treated negatively or differently by AOD specialist or general healthcare services. This most commonly involved delaying accessing health care (22%), followed by not telling a health worker about drug use (15%) and not attending follow-up appointments (9%).

Table 11: Self-reported experience of stigma due to illicit/injecting drug use in the past six months, Adelaide, SA, 2022-2023

	2022	2023
% Experienced stigma in specialist AOD service	N=101 11	N=102 7
% Experienced stigma in general health care service	N=97 21	N=97 19
% Experienced stigma in non-health care service	/	n=101 27
% Experienced stigma in any of the above settings [^]	/	37
% Did any of the following to avoid being treated negatively or differently by AOD specialist or general healthcare services	/	n=100 33
Delayed accessing healthcare	/	22
Did not tell health worker about drug use	/	15
Downplayed need for pain medication	/	6
Looked for different services	/	-
Did not attend follow-up appointment	/	9
Other	/	-

Note. N is the number who responded (denominator). – Per cent suppressed due to small cell size ($n \leq 5$ but not 0). The response option 'Don't know' was excluded from analysis. [^]Includes specialist AOD service, general health care service and non-health care services. / Not asked. Statistical significance for 2022 versus 2023 presented in table; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

COVID-19 Testing and Diagnosis

In 2023, 82% of the Adelaide sample had ever been tested for SARS-CoV-2, with 78% of the sample having been tested in the 12 months preceding interview (86% in 2022; 45% in 2021; 7% in 2020). Almost two fifths (39%) of participants reported having ever been diagnosed with the virus (22% in 2022; no participants had been diagnosed with the virus in 2021 and 2020, respectively), with participants reporting a median of one infection (IQR=1-2). One quarter (27%) of the sample reported a positive COVID-19 test in the 12 months preceding interview.

At the time of interview, 66% reported that they had received at least one COVID-19 vaccine dose (77% in 2022; $p=0.096$), with participants receiving a median of three doses (IQR=2-3: 7% received one dose, 20% received two doses and 39% received three or more doses).

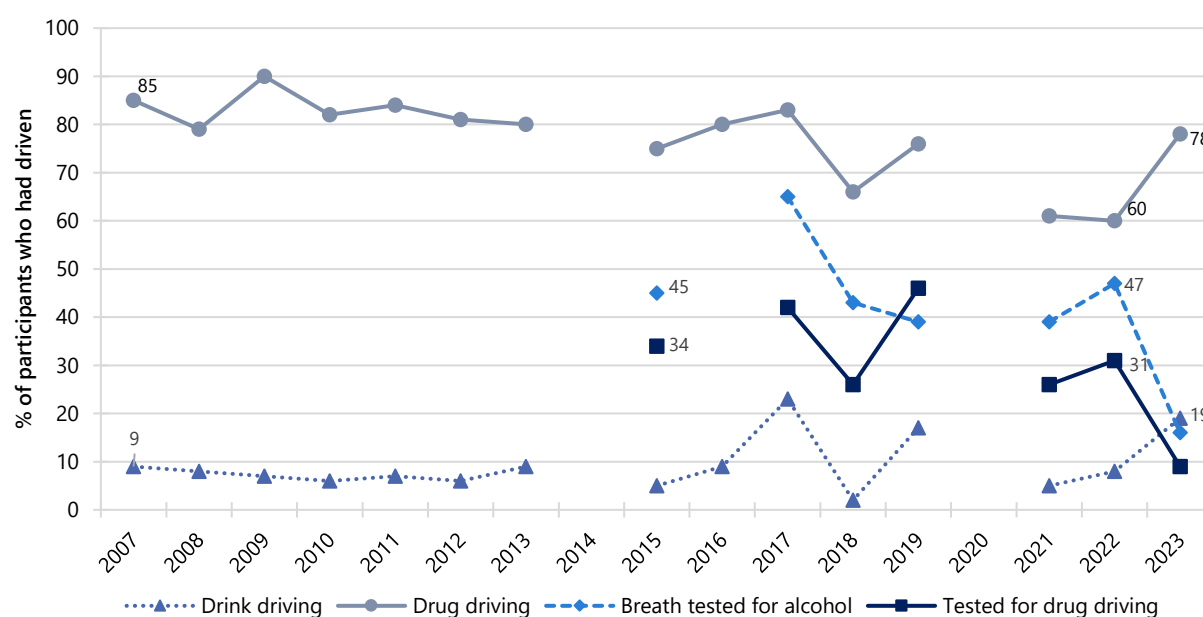
Driving

Almost one third (31%) of the Adelaide sample had driven a car, motorcycle or other vehicle in the last six months in 2023 (35% in 2022; $p=0.659$). Of those who had driven recently ($n=31$), 19% reported driving while over the perceived legal limit of alcohol, stable relative to 2022 ($n \leq 5$; $p=0.288$), and 78% reported driving within three hours of consuming an illicit or non-prescribed drug, stable relative to 2022 (60%; $p=0.120$) (Figure 36).

Of those who had driven within three hours of consuming an illicit or non-prescribed drug in the last six months and responded ($n=25$), participants most commonly reported using methamphetamine crystal (68%) prior to driving in the last six months, followed by cannabis (36%). Of those who had

recently driven, few ($n \leq 5$) participants reported that they had been tested for drug driving by the police roadside drug testing service (31% in 2022; $p=0.039$), and few ($n \leq 5$) participants reported that they had been breath tested for alcohol by the police roadside testing service (47% in 2022; $p=0.009$) in the six months prior to interview.

Figure 36: Self-reported testing, and driving over the (perceived) legal limit for alcohol or within three hours following illicit drug use, among those who had driven in the last six months, Adelaide, SA, 2007-2023



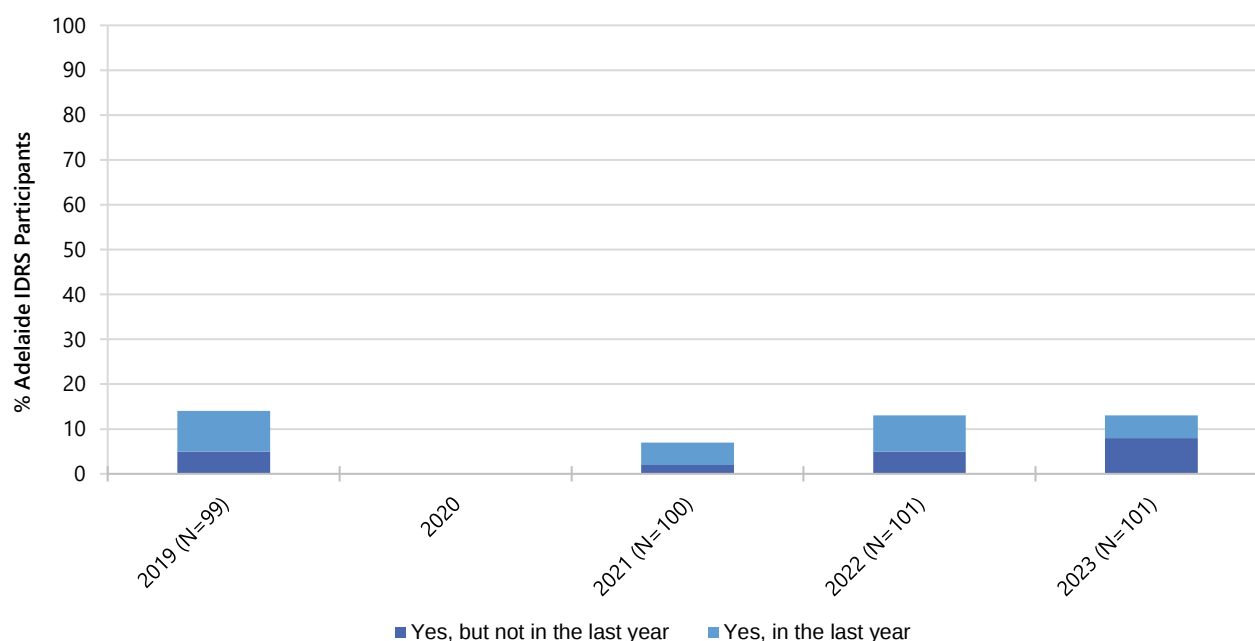
Note. Computed of those who had driven a vehicle in the past six months. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 and 2020 and questions about breath/drug testing not asked in 2007-2014, 2016 and 2020. The response option 'Don't know' was excluded from analysis. Data labels are only provided for the first (2007/2015) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 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. At the time of interviewing in 2023, the only government-sanctioned drug checking services that had operated in Australia were at the Groovin the Moo festival in Canberra, ACT (2018, 2019) and at CanTEST, a fixed-site drug checking service in Canberra which has been operational since 17 July 2022.

In 2023, 13% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia, with few ($n \leq 5$) participants reporting doing so in the past year (8% in 2022; $p=0.568$) (Figure 37). Few ($n \leq 5$) participants reported on the methods by which their drugs were tested, therefore, no further results are reported. Please refer to the [2023 National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 37: Lifetime and past year engagement in drug checking, Adelaide, SA, 2019-2023



Note. The response option 'Don't know' was excluded from analysis. Lifetime and past year engagement in drug checking was not collected in 2020. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the [data tables](#). Statistical significance for 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

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 2023, unchanged from 29% in 2022. Property crime (20%; 16% in 2022; $p = 0.471$) and selling drugs for cash profit (15%; 21% in 2022; $p = 0.360$) remained the most common self-reported crimes in the month preceding interview (Figure 38).

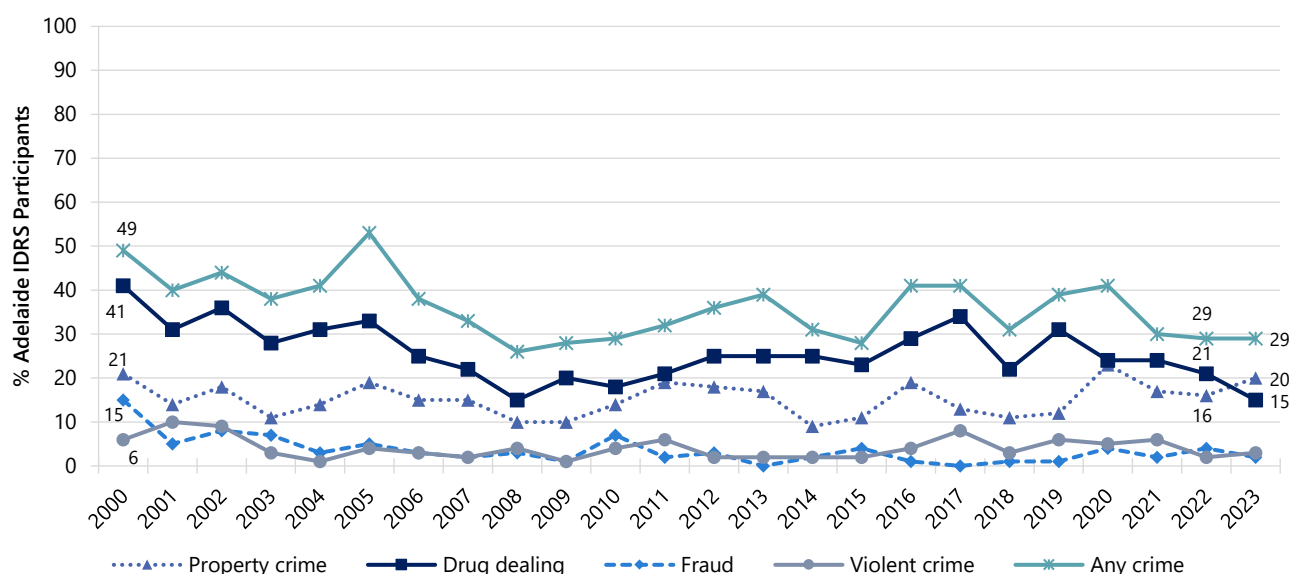
Eleven per cent of participants reported being a victim of violence in the past month (14% in 2022; $p = 0.670$) (Figure 39).

One fifth (20%) of participants reported a drug-related encounter with police which did not result in charge or arrest in the past 12 months (12% in 2022; $p = 0.127$). This predominantly comprised being stopped and searched (80%; 42% in 2022; $p = 0.053$), followed by being stopped and questioned (75%; 67% in 2022; $p = 0.696$).

In 2023, almost one fifth (19%) of the sample had been arrested in the past year, stable relative to 2022 (14%; $p = 0.345$). Of those who had been arrested and commented ($n = 18$), the main reason for arrest in 2023 was property crime (33%).

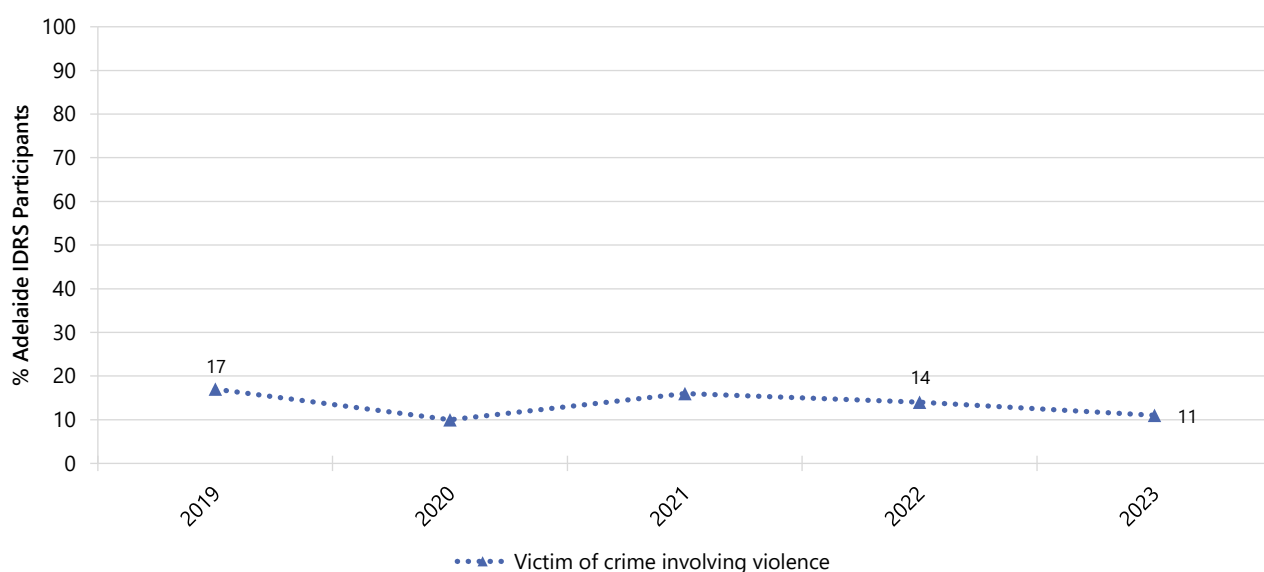
Almost half (49%) the sample reported a lifetime prison history in 2022 (59% in 2022; $p = 0.168$).

Figure 38: Self-reported criminal activity in the past month, Adelaide, SA, 2000-2023



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 (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.

Figure 39: Victim of crime involving violence in the past month, Adelaide, SA, 2019-2023



Note. Questions regarding being the victim of a crime involving violence were first asked in 2019. Data labels are only provided for the first (2019) and two most recent years (2022 and 2023) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ 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 2022 versus 2023 presented in figure; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$.