



SOUTH AUSTRALIAN DRUG TRENDS 2020

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



SOUTH AUSTRALIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Sydney, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2020:

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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

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The South Australia (SA) IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Adelaide, South Australia. Participants were recruited via advertisements in needle 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 2020 from June-August: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample, relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Adelaide, South Australia (SA) was consistent with the SA profile in previous years, whereby half (50%) the sample was male, with a mean age of 46 years. The majority (89%) of the sample was unemployed at the time of interview, a significant increase from 2019, and most of the sample (97%) received a government pension/allowance or benefit in the month prior to interview. Half (50%) the sample reported that methamphetamine was their drug of choice, and almost two-thirds (64%) reported that methamphetamine was the drug they had injected most often in the past month, a decrease relative to 2019 (81%). On the other hand, heroin as participants' drug of choice increased from 16% in 2019 to 37%. Heroin being the drug injected most often in the past month also increased in 2020 (32%; 16% in 2019).

COVID-19 Impact

This brief section was included to summarise data collected specifically related to COVID-19 and associated restrictions; subsequent sections reflect standard annual reporting. Seven per cent of the sample had been tested for SARS-CoV-2, though no participants had been diagnosed with COVID-19. Since the

beginning of March 2020, most participants (90%) had practiced social distancing and 83% had undergone home isolation. Almost one-third (31%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 74% reported reduced frequency of injection. Nevertheless, methamphetamine was reported by 61% of participants as the drug most injected in February 2020 (before COVID-19 restrictions), and by 64% in the month prior to interview. Nearly half of participants reported a perceived decrease in the use of heroin since March (49%), with 52% of these participants citing 'decreased availability' as the primary reason. Smaller numbers reported an increase in methamphetamine (32%) and alcohol (22%), mainly cited as due to 'boredom/less things to occupy time'. Most participants reported that crystal methamphetamine and heroin had increased in price since the beginning of March 2020 (92% and 83%, respectively). Furthermore, crystal methamphetamine and heroin were most commonly reported to have decreased in perceived purity (55% and 72%, respectively), and were also the drugs most commonly cited as having decreased in availability (49% and 70%, respectively). Over one-third (35%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 54% reported 'similar'. Of those on opioid agonist treatment since March 2020 (n=31), 32% reported an increase in take-away doses, whilst 23% reported a decrease in their dose of medication. Whilst the majority of participants reported 'no change' when commenting on changes related to their injecting practices since March 2020, 13% reported an increase in re-using their own needles. Over one-quarter (26%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The majority (85%) of participants reported engaging in various harm reduction behaviours

to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs.

Heroin

Recent (i.e., past six month) use of heroin has decreased amongst the SA sample since monitoring began, however, the percentage reporting recent use increased significantly, from 28% in 2019 to 47% in 2020. Seventy-two per cent of recent consumers reported weekly or more frequent use of heroin in 2020. The reported median price of heroin was \$100 for one cap, a significant increase from \$50 in 2019. Significantly less participants (21%) perceived heroin as being 'very easy' to obtain in 2020 (57% in 2019).

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with eight in ten participants (81%) reporting recent use in 2020. This was mostly driven by a continued increase in use of crystal methamphetamine (80%) – the most commonly used form since 2010. Notably, however, an increase in the use of base was observed from 2018 to 2020 (8% to 28%). Significantly more participants (42%) perceived purity of crystal methamphetamine to be 'low' in 2020, compared to 20% reporting 'low' purity in 2019. One-third (33%) perceived crystal to be 'very easy' to obtain in 2020, significantly less so than 78% in 2019.

Cocaine

Fourteen per cent of the SA sample had recently consumed cocaine, stable from 16% in 2019, on a median of one day (IQR=1-3), significantly less frequently than four days (IQR=2-6) in 2019.

Cannabis

Recent use of cannabis has remained fairly stable since 2014, with 67% reporting recent use in 2020. Over two-fifths (41%) of recent consumers reported using cannabis daily, a significant decrease relative to 2019 (59%). Hydroponic cannabis remained the form most commonly used (83%), followed by bush cannabis (45%). Almost two-thirds (64%) of recent consumers perceived hydroponic

cannabis to be 'easy' to obtain, significantly more so than 39% reporting so in 2019.

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids such as morphine and oxycodone has declined over the past 5-15 years of monitoring, generally remaining low and stable in 2020.

Other Drugs

Low numbers (6%) reported recent NPS use. Non-prescribed benzodiazepine use was reported by 28% of participants in 2020 (18% in 2019). Alcohol and tobacco use have remained consistently high over the period of monitoring, with 65% and 90% reporting recent use of alcohol and tobacco, respectively, in 2020. Twelve per cent of recent alcohol consumers and 89% of recent tobacco consumers reported daily use.

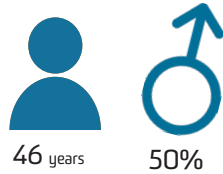
Drug-Related Harms and Other Associated Behaviours

One-quarter (25%) of participants reported experiencing a non-fatal overdose in the 12 months preceding interview on any drug, with 13% reporting a past year non-fatal heroin overdose and 12% reporting a past year overdose including a stimulant(s) drug. Almost two-fifths (39%) of participants reported that they were aware of the take-home naloxone programs in 2020, significantly more so than 22% in 2019. Almost one-fifth (17%) of the SA sample reported having ever accessed naloxone. Over half the sample (54%) reported re-using their own needle in the past month, stable from 43% in 2019. Almost two-fifths (38%) of the sample reported being in drug treatment at the time of interview, a significant increase from 19% reporting current treatment in 2019. Self-reported past six month mental health problems remained stable (41%; 45% in 2019), as did past month criminal activity (41%; 39% in 2019).

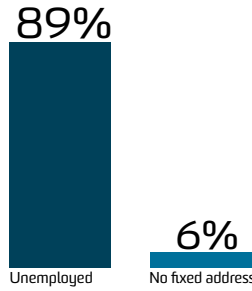
2020 SAMPLE CHARACTERISTICS



In 2020, 100 people from Adelaide, SA participated in IDRS interviews.



The mean age in 2020 was 46, and 50% identified as male.

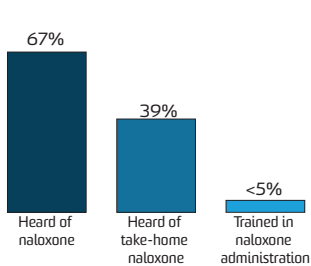


In the 2020 sample, 89% were unemployed and 6% had no fixed address.

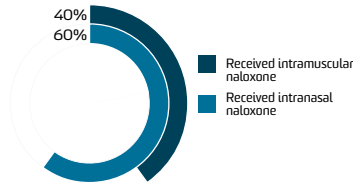
- ✓ Injected heroin
- ✓ Injected methamphetamine
- ✓ Injected other

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

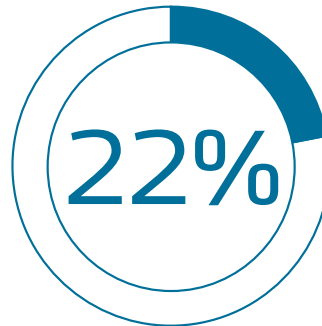
NALOXONE



IDRS participants' knowledge of the take home naloxone program.



Of those who reported ever accessing naloxone, 40% received intramuscular naloxone and 60% intranasal naloxone.

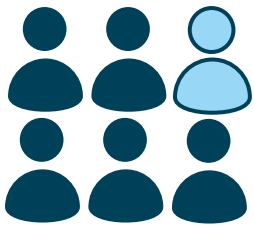


Of those who reported having heard of naloxone, 22% had used naloxone to resuscitate someone who had overdosed.



In the sample, 6% said they had been resuscitated with naloxone by a peer.

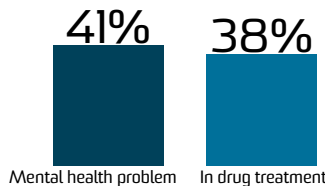
OTHER HARMS AND HELP-SEEKING



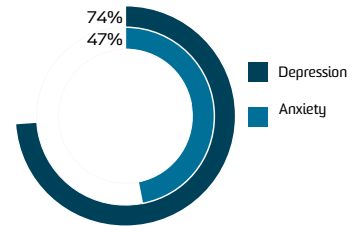
In the 2020 sample, 15% had a non-fatal opioid overdose in the last year. Heroin was the most commonly cited opioid related to non-fatal overdose.



In the 2020 sample, 12% had experienced a non-fatal stimulant overdose in the previous 12 months.

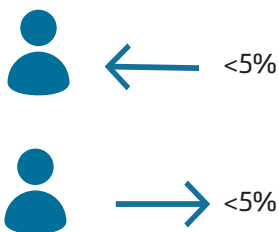


In the sample, 41% self reported a mental health problem in the six months prior to interview, and 38% were in drug treatment at the time of interview.

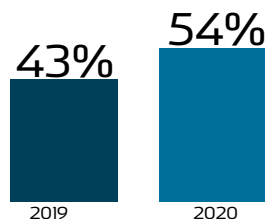


In the sample, 74% reported being diagnosed with depression and 47% with anxiety in the past six months.

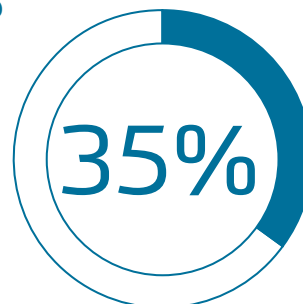
INJECTING RELATED RISKS AND HARMS



In 2020, <5% of the sample reported receptive needle sharing, and <5% reported distribution of needles.

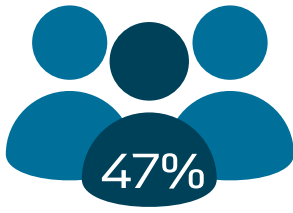


The number of people who re-used their own needles increased from 2019 (43%) to 2020 (54%).

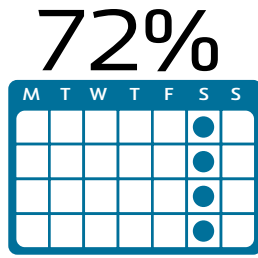


In 2020, just over one-third (35%) of the sample reported having an injection-related health issue in the month preceding interview.

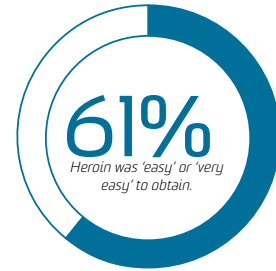
HEROIN



Past 6 month use of heroin was 47% in the 2020 sample (28% in 2019).



Of those who had recently consumed heroin, almost 3 quarters used it weekly or more often.

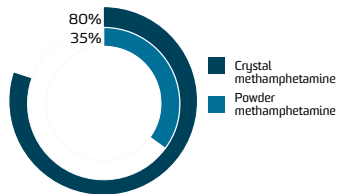


Of those who could comment 61% perceived heroin to be 'easy' or 'very easy' to obtain, down from 87% in 2019.

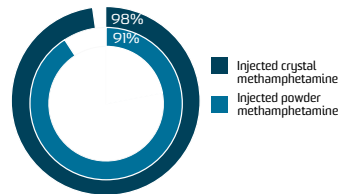
METHAMPHETAMINE



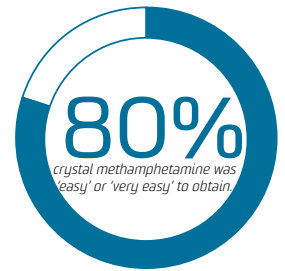
In the sample, 81% reported past 6 month use of any methamphetamine (90% in 2019).



Of the entire sample, 35% had recently consumed powder, and 80% crystal methamphetamine.

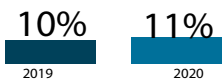


Injection was the main route of administration for crystal (98%) and powder (91%) among those who had consumed each form.

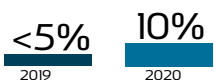


Of those who could comment 80% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

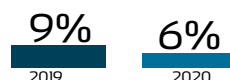
PHARMACEUTICAL MEDICINES



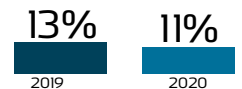
Past 6 month use of non-prescribed morphine was stable at 11% in the 2019 IDRS sample and 10% in 2020.



Past 6 month use of non-prescribed fentanyl was stable at <5% in the 2019 IDRS sample to 10% in 2020.

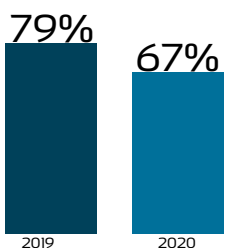


Past 6 month use of non-prescribed pregabalin was stable at 9% in the 2019 IDRS sample to 6% in 2020.

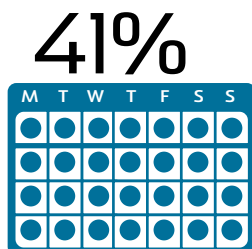


Past 6 month use of non-prescribed oxycodone was stable at 13% in the 2019 IDRS sample and 11% in 2020.

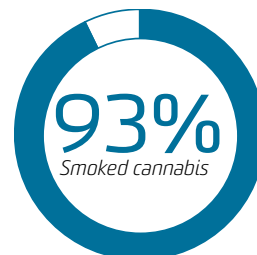
CANNABIS



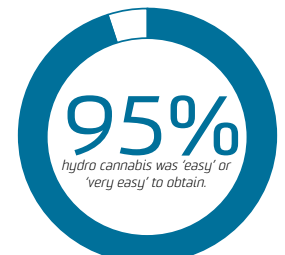
Past 6 month use of any cannabis was stable at 79% in the 2019 IDRS sample to 67% in 2020.



Of those who had consumed cannabis recently, two-fifths reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 93% had smoked it.



Of those who could comment 95% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of 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 at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. 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.

In 2019, a total of 902 participants were recruited across capital cities nationally (May-July 2019), with 100 participants interviewed in Adelaide, SA, during May-June 2019.

IDRS 2020: 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 came into effect in March 2020), face-to-face interviews were not possible in most jurisdictions 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 jurisdictions in 2020, with some jurisdictions (NT and 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;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020), with 100 participants interviewed in Adelaide, SA, during June-August, 2020. In 2020, 47% of SA participants were recruited via NSPs (62% in 2019; $p=0.064$), followed by 44% via word-of-mouth (36% in 2019; $p=0.311$). Nine per cent of the 2020 sample had taken part in the 2019 interview, and 21% in 2019 had taken part in the 2018 interview ($p=0.031$).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ± 1 or kurtosis > ± 3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2019 and 2020. 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 jurisdictional-level results beyond estimates of recent use of various substances, nor does it include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in South Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

COVID-19

With the intent of consistency, we have kept the report format from previous years to facilitate comparison. However, in acknowledgement of the potential impact of COVID-19 and associated restrictions, we have provided a comparison of sample demographics in 2019 versus 2020 in Chapter 1, as well as detailed findings related to impacts of COVID-19 restrictions on drug use and related behaviours, markets and harms as reported by participants in Chapter 2.

Outcomes relating to the previous 12 months reflect behaviours pre and during the COVID-19 period, whereas those relating to shorter timeframes such as within the previous six months or past month may reflect behaviours during or subsequent to stringent restrictions depending on the jurisdiction and timeframe. This may mean that some indicators may not be sensitive to potential impacts of COVID-19 and associated restrictions. Differences in the methodology, and the events of 2020, must be taken into consideration when comparing 2020 data to previous years, and treated with caution. For further information on findings related to COVID-19 and associated restrictions, please see earlier [bulletins](#) released based on IDRS 2020 findings.

Additional Outputs

[Infographics](#) from this report are available for download. There are a range of outputs from the IDRS triangulating key results from the annual interviews and other data sources and considering the implications of these findings, including [jurisdictional reports](#), [bulletins](#), and other resources available via the [Drug Trends webpage](#). This includes results from the [Ecstasy and Related Drugs Reporting System \(EDRS\)](#), which focuses on the use of ecstasy and other stimulants.

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

1

Sample Characteristics

In 2020, half the SA sample was male (50%; 62% in 2019; $p=0.117$), with a mean age of 46 years (SD: 9; 44 years (SD: 10) in 2019; $p=0.093$; Table 1). The majority of the sample (89%) were unemployed at the time of interview, a significant increase from 77% in 2019 ($p=0.038$), although two-thirds (67%; 65% in 2019; $p=0.919$) of the sample reported having received a post-school qualification(s). The vast majority of participants (97%) reported receiving a government pension, allowance or benefit in the past month (91% in 2019; $p=0.137$). Participants reported their median weekly income amounted to \$475 (IQR=400-550), significantly higher than \$300 (IQR=259-450; $p<0.001$) reported in 2019.

Participants typically reported that methamphetamine was their drug of choice (50%; 60% in 2019; $p=0.201$), followed by heroin (37%; 16% in 2019; $p=0.001$) (Figure 1). Additionally, methamphetamine was the drug injected most often in the month preceding interview by 64% of participants, a significant decrease from 81% in 2019 ($p=0.011$). This was followed by heroin, though in contrast, an increase was observed relative to 2019 (32%; 16% in 2019; $p=0.013$) (Figure 2).

Whilst a significant decrease was observed in the percentage of participants reporting cannabis consumption on a weekly or more frequent basis (48%; 68% in 2019; $p=0.008$), a significant increase was observed in the percentage of participants reporting heroin consumption on a weekly or more frequent basis (34%; 18% in 2019; $p=0.016$) (Figure 3).

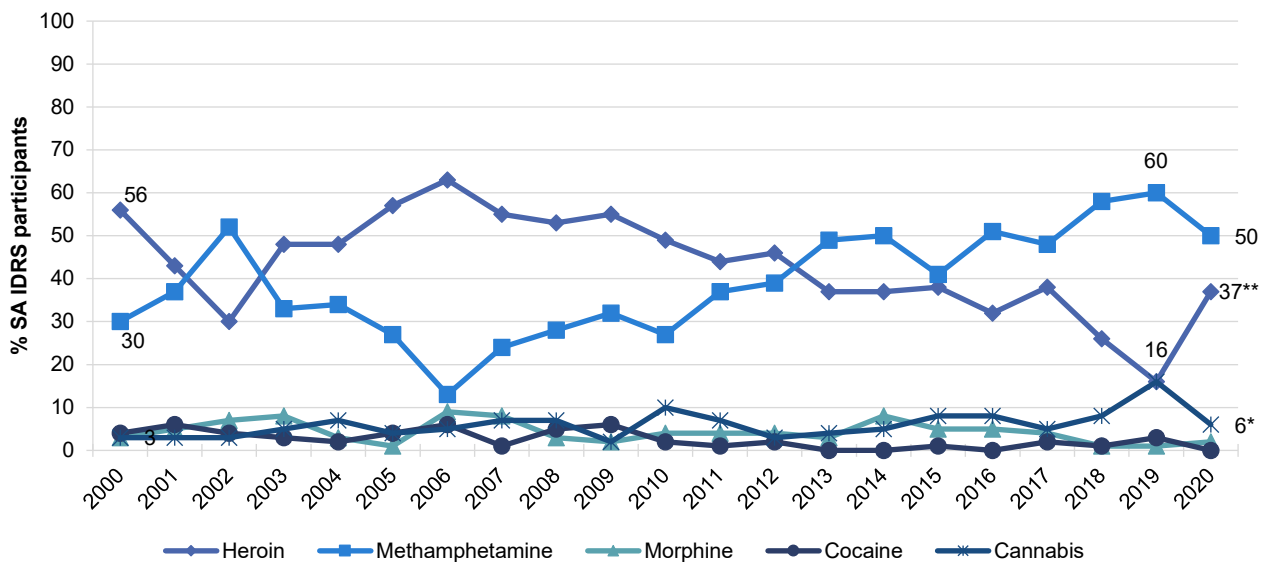
Table 1: Demographic characteristics of the sample, nationally, 2020, and South Australia, 2016-2020

	National	South Australia				
	2020 (N=884)	2020 (N=100)	2019 (N=100)	2018 (N=101)	2017 (N=100)	2016 (N=101)
Mean age (years; SD)	44 (9)	46 (9)	44 (10)	46 (9)	45 (9)	44 (8)
% Male	59	50	62	68	61	61
% Aboriginal and/or Torres Strait Islander	18	15	19	11	7	7
% Sexual identity						
Heterosexual	86	86	92	98	92	86
Homosexual	4	-	-	0	-	-
Bisexual	8	9	-	-	-	10
Queer	1	0	-			
Other	1	-		0	-	-
Mean years of school education (SD)	10 (1.5)	10 (1.6)	10 (1.4)	10 (1.3)	10 (1.3)	10 (1.5)
% Post-school qualification(s)^	62	67	65	54	57	55
% Current accommodation						
Own home (inc. renting)~	69	74	78	83	83	87
Parents'/family home	6	10	-	11	6	-
Boarding house/hostel	9	9	7	-	-	-

	National	South Australia				
	2020	2020	2019	2018	2017	2016
	(N=884)	(N=100)	(N=100)	(N=101)	(N=100)	(N=101)
Shelter/refuge	2	0	0	-	0	0
No fixed address	12	6	11	-	6	-
Other	1	-	0	0	-	-
% Current employment status						
Unemployed	88	89*	77	92	77	86
Full-time work	3	-	-	-	6	-
% Past month gov't pension, allowance or benefit						
	94	97	91	97	92	95
Current Median income/week (\$; IQR)	500 (421-555)	475 (400-550)***	300 (259-450)	400 (275-450)	400 (283-499)	385 (274-495)

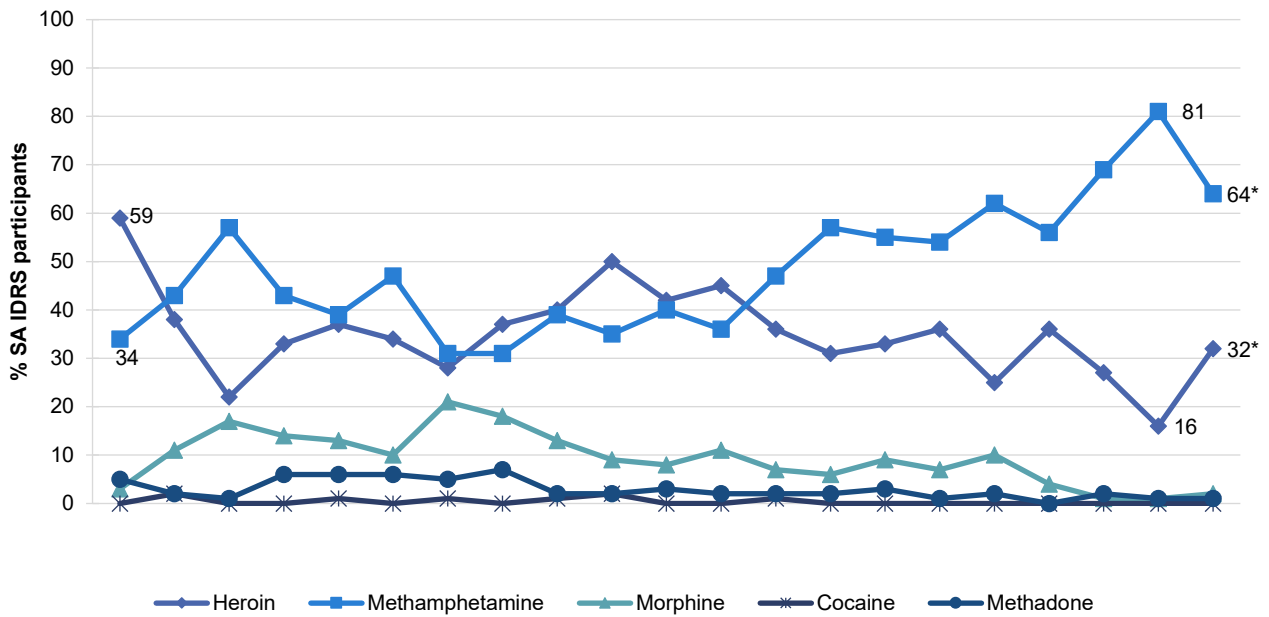
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college' qualifications. 'No fixed address' includes rough sleeping or squatting and couch surfing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 1: Drug of choice, South Australia, 2000-2020



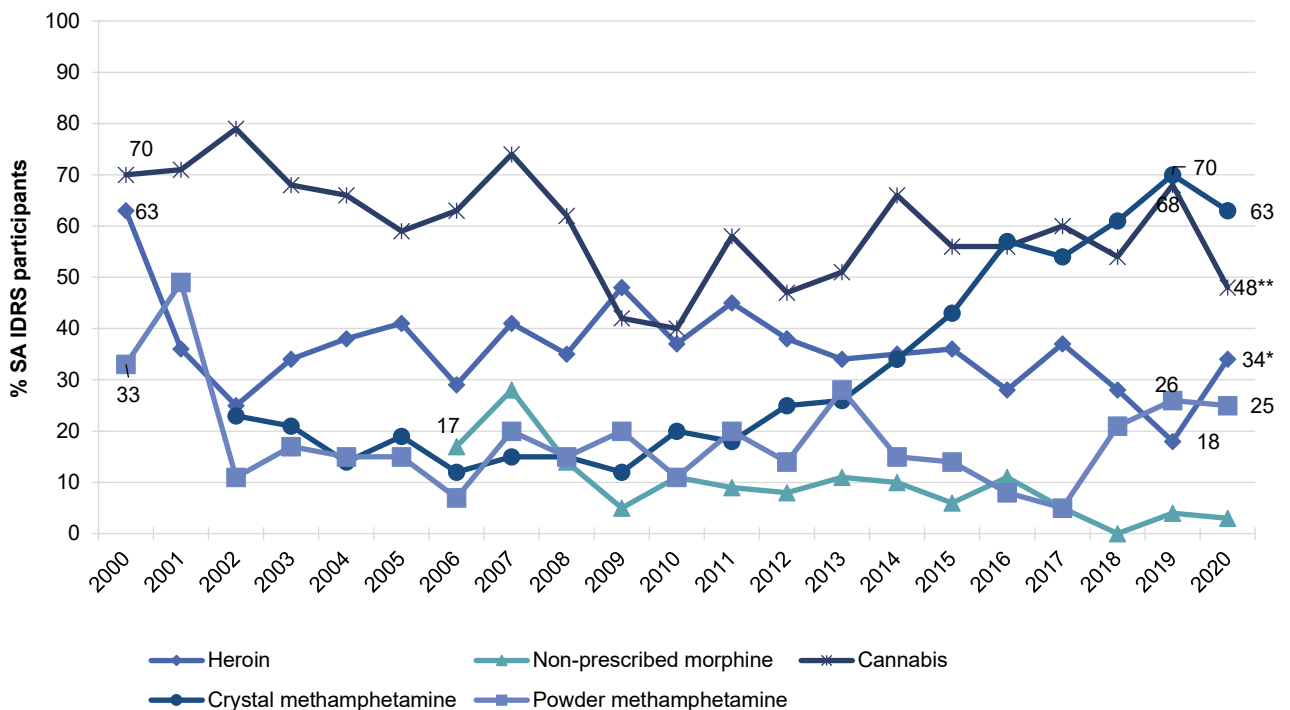
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 2: Drug injected most often in the past month, South Australia, 2000-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 3: Weekly or more frequent substance use in the past six months, South Australia, 2000-2020



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

2

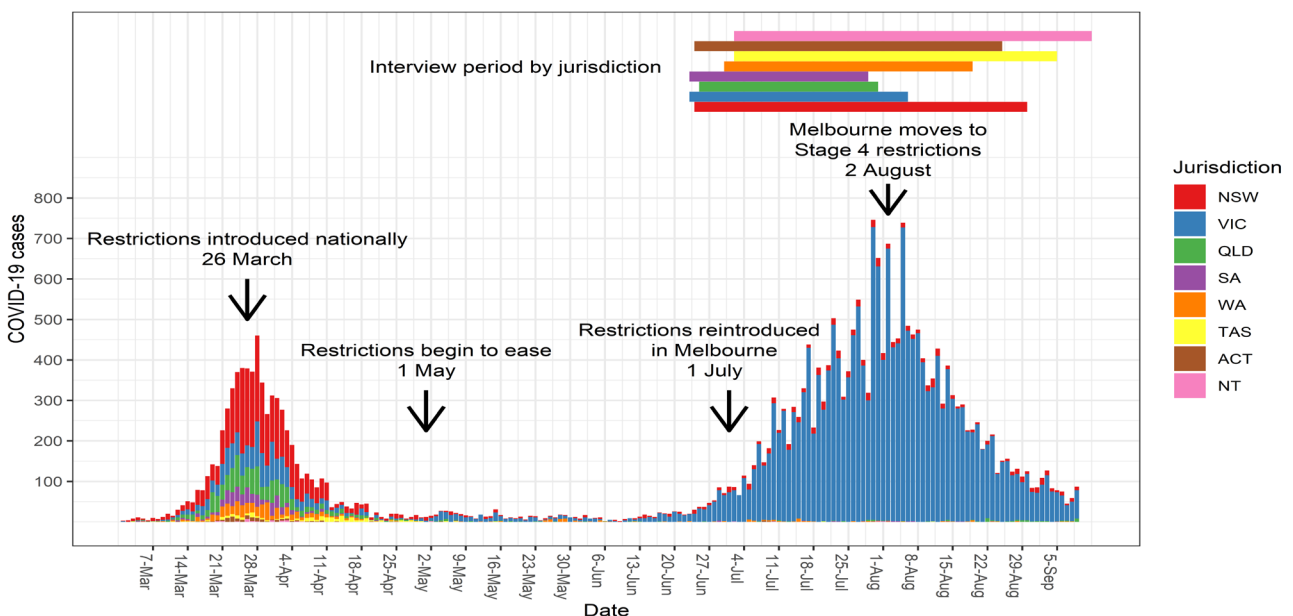
COVID-19

Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 469 cases 28 March 2020), declining subsequently (<20 cases per day) until a resurgence from late June, largely based in Victoria and to a lesser extent in New South Wales (Figure 4). As a nation of federated states and territories, public health policy including restrictions on movement and gathering varied by jurisdiction, however restrictions on gatherings were implemented across jurisdictions from early March; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were reduced from mid-June, again with variation across jurisdictions. Notably, significant restrictions were enforced again in Victoria (from July), whereby Stage 4 restrictions were implemented in early August 2020.

South Australia observed its first two cases of COVID-19 on 2 February 2020. A few weeks later, on 15 March 2020, a public health emergency was declared in South Australia, though a 'major emergency' was declared one week later on 22 March, giving the police power to enforce self-isolation rules. The South Australian border closed on 24 March and those arriving in South Australia following the border closure were required to sign a declaration that they would self-isolate for 14 days and provide an address to the police. A peak of 38 new cases was observed on 26 March, bringing the state's total to 235 cases since 2 February 2020. Following this, on 27 March, a direction was made to prohibit gatherings of more than 10 people, and a limit of one person per 4 square metres. Restrictions began to ease from 11 May.

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020



Note. Data obtained from <https://www.covid19data.com.au/>.

Methods

IDRS interviews in South Australia commenced on 23rd June and concluded on 4th August, 2020 (Figure 4).

In 2020, the IDRS interview was condensed to alleviate the burden on participants completing the survey via telephone, and a particular focus on COVID-19 was present throughout the interview in order to capture changes in drug purchasing, use and harm reduction behaviours.

Questions pertaining to the impacts of COVID-19 on lifestyle such as housing situation and changes in employment, amongst others, were examined, as well as COVID-19 specific questions such as symptoms, testing, diagnosis, social distancing and isolation or quarantine practices.

Furthermore, so as to ensure more complete capture of changes brought about by COVID-19, questions were posed throughout the interview to explore demographic characteristics, drug consumption, injecting practices and harm reduction behaviours which occurred in February 2020 as compared to March, when COVID-19 restrictions on travel and people's movement in Australia were introduced.

A brief description of methods can be found in the **Background** section of this document.

COVID-19 Testing and Diagnosis

Seven per cent of the South Australian sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. Almost two-fifths (38%) of participants reported concern about contracting COVID-19; over one-fifth (22%) reported being 'slightly' worried, whereas nine per cent reported being 'moderately' worried. Small numbers (n≤5) reported being 'very' to 'extremely' worried.

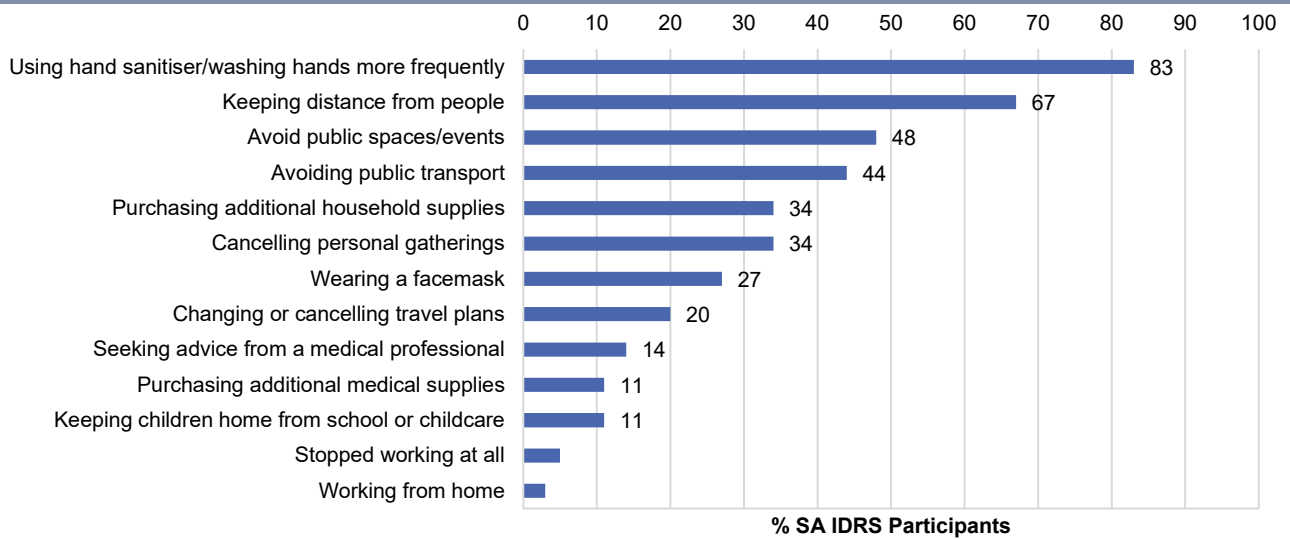
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March, 2020, the majority (90%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 83% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. Few participants (n≤5) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported 'using hand sanitiser/washing hands more frequently' (83%), 'keeping distance from people' (67%) and 'avoiding public spaces/events' (48%).

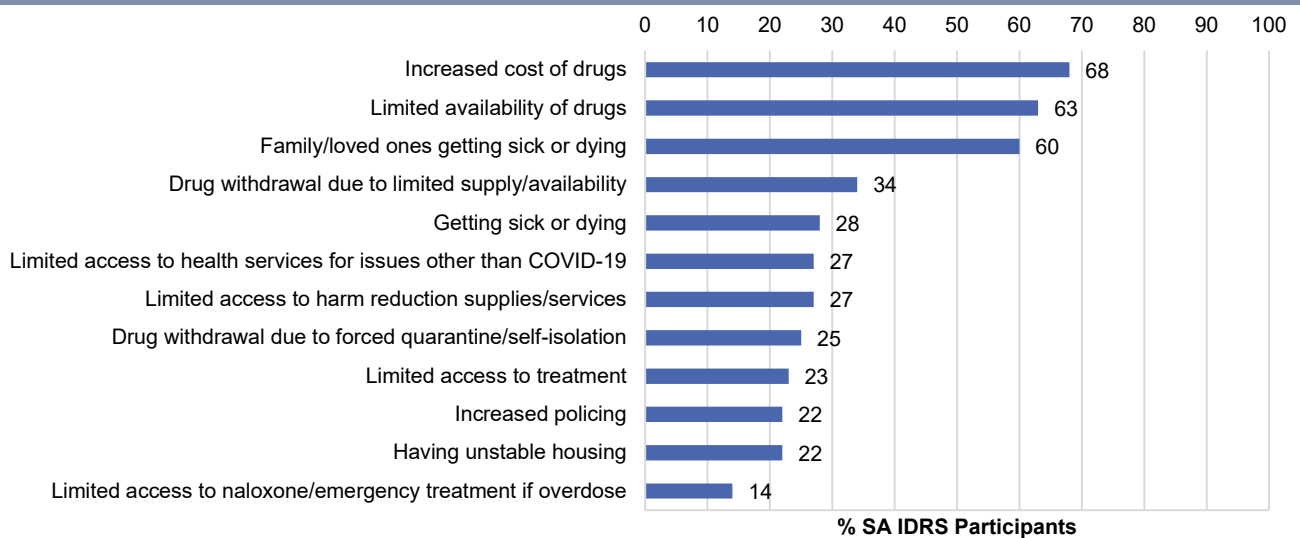
Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised 'increased cost of drugs' (68%), 'limited availability of drugs' (63%) and 'family/loved ones getting sick or dying' (60%) (Figure 6).

Figure 5: Health precautions related to COVID-19 in the past four weeks, South Australia, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 6: Participant concerns relating to the COVID-19 pandemic, South Australia, 2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Housing. Sixteen per cent of participants reported that their living situation had changed since the beginning of March, 2020. As to why participants' living situation had changed, reasons included 'moved but was unrelated to COVID-19' (10%) and 'rent increase' (8%).

Employment and income. When asked about their income in the four weeks prior to interview as compared to how much participants received in the month of February 2020, 40% of participants reported that they were receiving more income, 7% reported less income, and 53% reported a similar amount of income (Table 2).

Nearly two-thirds of participants (64%) reported experiencing any financial difficulty during the past month; most commonly reported difficulties were being 'unable to buy food' (42%) and 'asking for financial help from friends or family' (40%). Furthermore, almost one-quarter (24%) of participants asked for help from welfare/community organisations (Table 2). It should be noted that no data were collected on financial difficulties prior to COVID-19, and thus these difficulties cannot be linked solely to impacts of COVID-19 and associated restrictions.

Table 2: Social and financial impacts of COVID-19 restrictions, South Australia, 2020

South Australia 2020	
N=100	
% Change in total income in the past month compared to February	
More money	40
Less money	7
About the same	53
% Financial difficulties in the past month[#]	
Unable to buy food or went without meals	42
Asked for financial help from friends or family	40
Could not pay household or phone bills on time	30
Asked for help from welfare/community organisations	24
Difficulty paying for medications	19
Unable to heat/air condition house	15
Could not pay the mortgage or rent on time	11
Requested deferred payment of mortgage/rent/loan	9
Difficulty paying for medical treatment	6

Note. The response 'Don't know' was excluded from analysis. [#] participants could endorse multiple responses. - Per cent suppressed due to small cell size (n≤5 but not 0).

Drug Use

Main drug injected. Almost one-tenth (9%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February, 2020. The most common change was from methamphetamine to heroin and heroin to methamphetamine, though small numbers (n≤5) reported these transitions.

Frequency of drug injection. Almost one-third (31%) of participants reported injecting drugs at a different frequency in the past month as compared to February, 2020; of these participants, 26% reported greater frequency of injection (8% of entire sample), and 74% reported reduced frequency (23% of entire sample) (Table 3).

Table 3: Drug injected most often in February (pre-COVID-19 restrictions) as compared to the past month (during COVID-19 restrictions), South Australia, 2020

South Australia		
	February	Past month
% Drug injected most often in that month	N=99	N=100
Heroin	34	32
Morphine	-	-
Methamphetamine	61	64
Oxycodone	0	0
Methadone	0	0
Buprenorphine-naloxone	-	0
% reporting change in drug injected most often from February to past month ^a	Overall:9%	
% Frequency of drug injection in that month	N=100	N=100
Not in the last month	-	0
Weekly or less	14	20
More than weekly, not daily	43	45
Once a day	18	13
2 to 3 times a day	17	18
More than 3 times a day	7	-
% reporting decrease in frequency	Overall: 23%	
% reporting increase in frequency	Overall: 8%	
% reporting stable frequency	Overall: 69%	

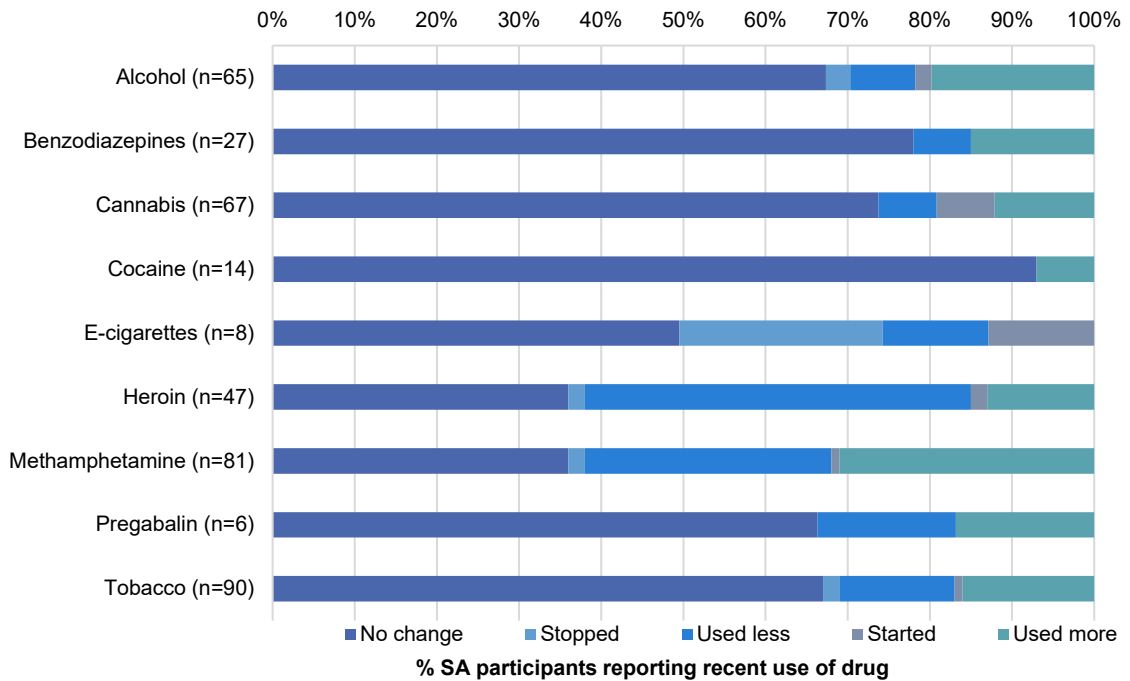
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

Perceived changes in drug use. In the 2020 interviews, additional questions were asked of participants who reported past six-month use of various drugs about changes in their use of that drug since the beginning of March 2020 (since COVID-19 restrictions) as compared to before (Figure 7). Further detail on trends in drug use and consumption patterns can be found in subsequent chapters.

Most commonly, participants reported a decrease (i.e., reduction or cessation) in use of heroin (49%). An increase in use was reported for a minority for methamphetamine (32%) and alcohol (22%), and no change was most commonly reported for cocaine (93%), benzodiazepines (78%), cannabis (73%), pregabalin (67%) and tobacco (67%).

The primary reason cited for decreasing use of heroin was 'decreased availability' (52%). Other commonly endorsed reasons were 'drug is more expensive' (43%) and 'less money to buy drug or saving money' (22%). The primary reason why participants increased their use of methamphetamine and alcohol comprised 'more bored' (15% and 29%, respectively). With regards to increasing methamphetamine use, further reasons included 'more money to buy the drug' (15%) and 'more time to use the drug' (15%). Fifty per cent reported increasing their use of alcohol 'because of difficulties accessing other drugs'. Furthermore, 14% increased their use of alcohol 'to cope with anxiety/stress of day-to-day activities.'

Figure 7: Perceived change in drug use since March 2020 (since COVID-19 restrictions) as compared to before, South Australia, 2020

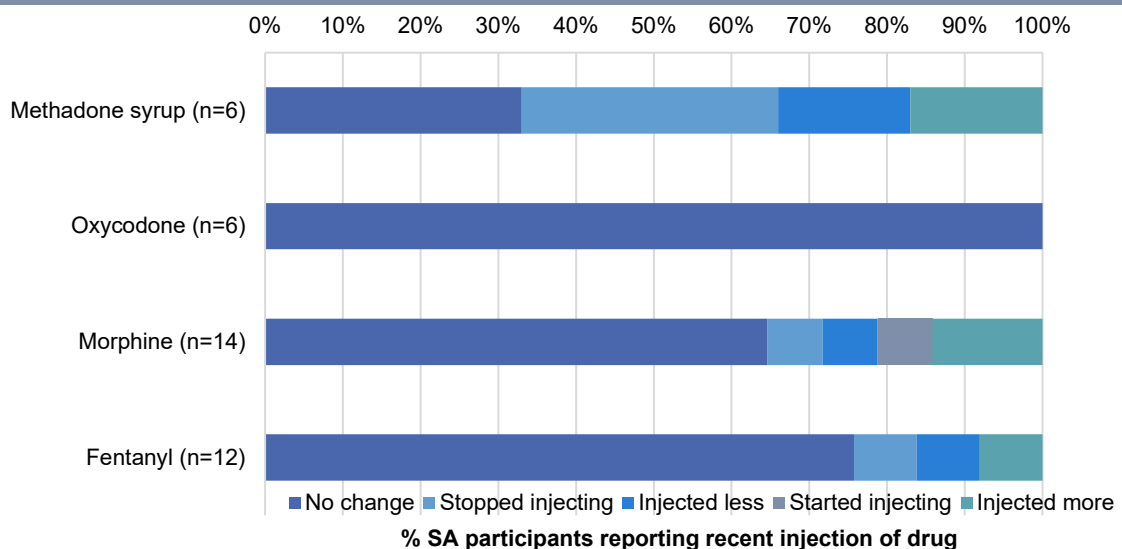


Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

Perceived changes in frequency of drug injection. Participants who reported past six-month injection of pharmaceutical opioids were asked about changes in frequency of injection since the beginning of March 2020, as compared to before (Figure 8).

Most commonly, participants reported a decrease in injection of methadone syrup (50%) and no change in injection was reported for oxycodone (100%), morphine (64%) and fentanyl (75%). Small numbers reporting should be noted here.

Figure 8: Perceived change in injecting frequency of pharmaceutical opioids since March 2020 (since COVID-19 restrictions) as compared to before, South Australia, 2020



Note. These items were asked of participants who reported injecting the drug in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports of any (prescribed and/or non-prescribed) injection for pharmaceutical opioids.

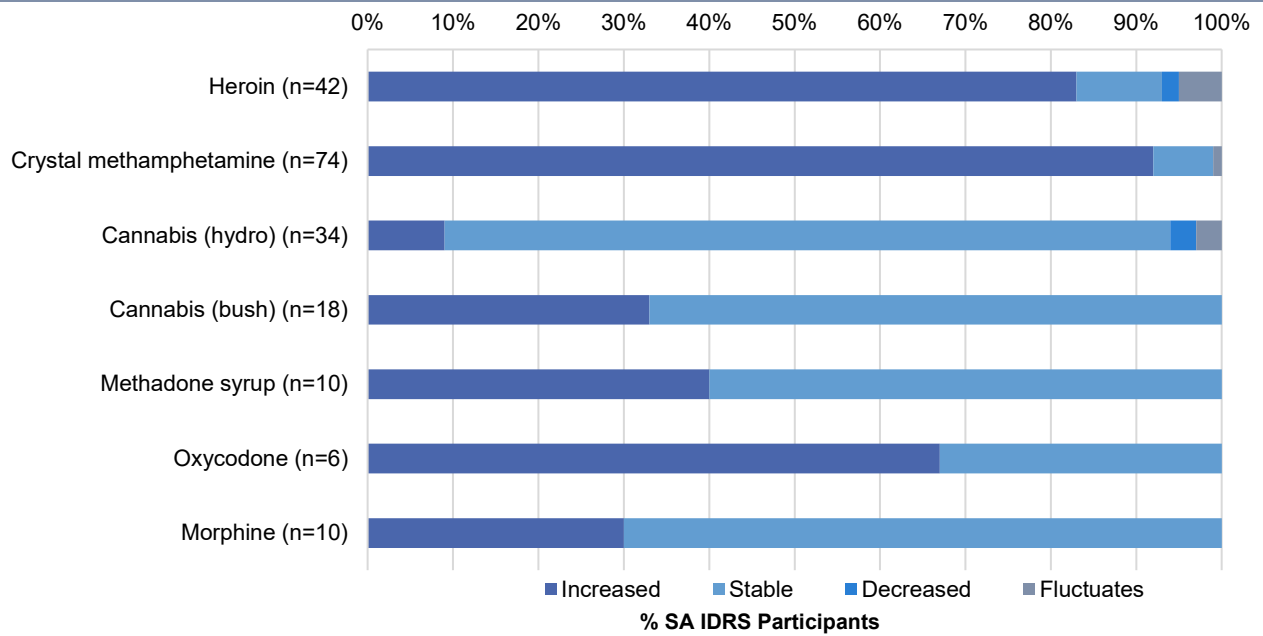
Price, Perceived Purity and Availability

Participants were asked to answer a number of questions regarding the price, perceived purity and availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and availability since March 2020 (since COVID-19 restrictions) as compared to before.

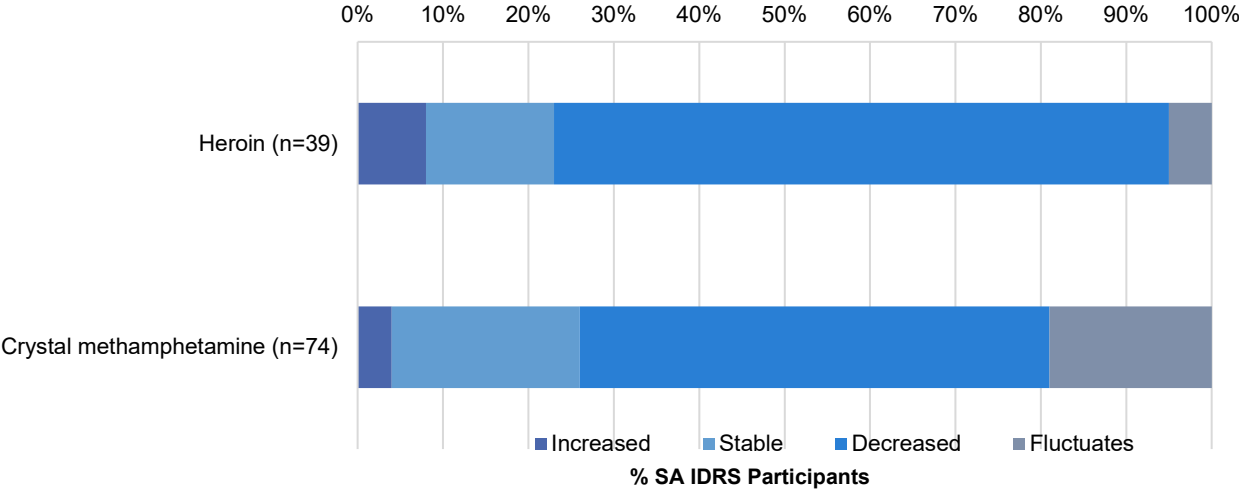
Crystal methamphetamine and heroin were the most commonly reported illicit drugs to have increased in price since the beginning of March 2020 as compared to before (92% and 83%, respectively). The price of hydroponic cannabis was most commonly reported as stable (85%) (Figure 9). Participants perceived the purity of heroin and crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (72% and 55%, respectively) (Figure 10). Heroin and crystal methamphetamine were most commonly cited as illicit drugs which had decreased in availability (70% and 49%, respectively) (Figure 11).

Figure 9: Change in price of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, South Australia, 2020



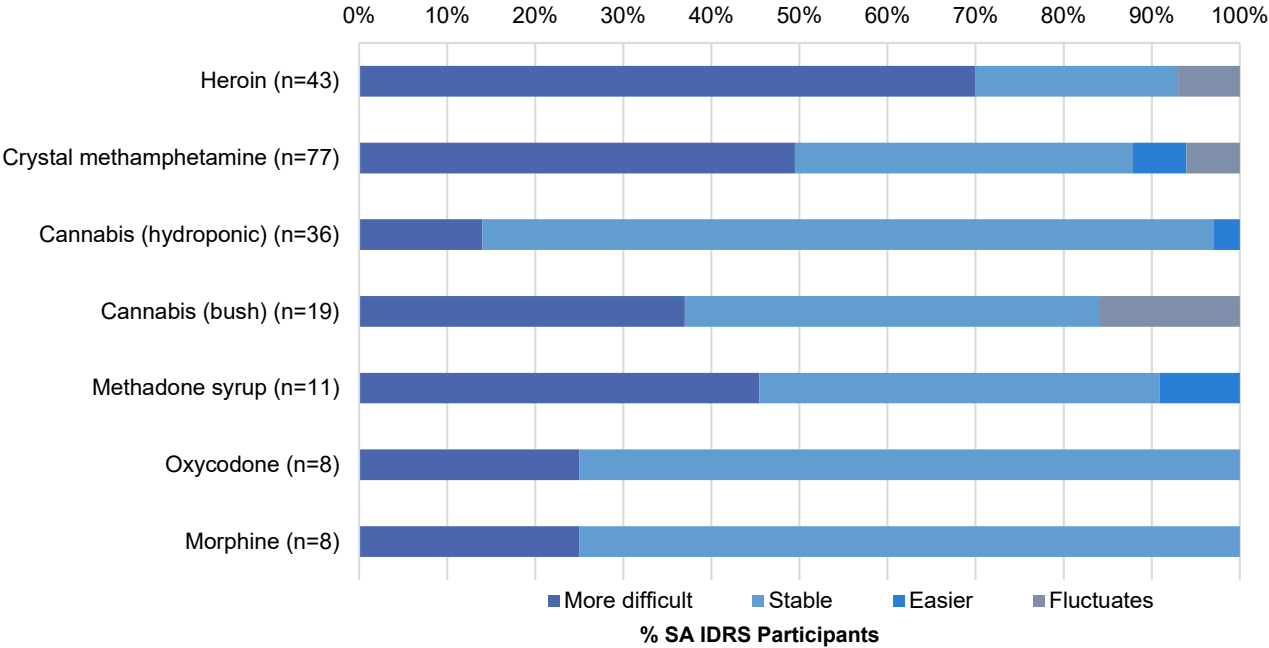
Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID-19 restrictions) as compared to before, South Australia, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 11: Change in perceived availability of select illicit drugs since March 2020 (since COVID-19 restrictions) as compared to before, South Australia, 2020



Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Risk and Protective Behaviours

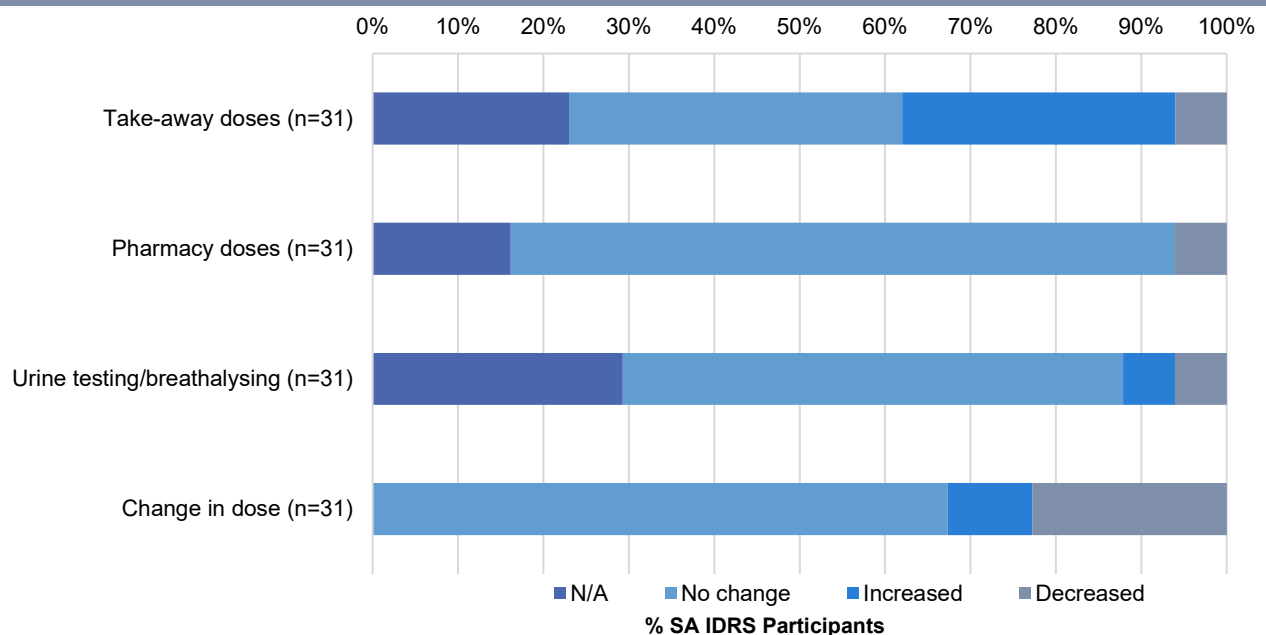
Drug Treatment. Of those participants who were in treatment in the six months prior to interview (n=44), 35% were receiving treatment both before and since March. Of this group, 53% reported any disruption to treatment since March 2020 (since COVID-19 restrictions), namely appointments via telephone/video, rather than face to face (36%), and the treatment service was closed (14%).

Of those in treatment at the time of interview (n=38), 83% reported that their treatment satisfaction was 'similar' since March 2020 (since COVID-19 restrictions); eight per cent reported that their satisfaction was 'better' and eight per cent reported that their satisfaction was 'worse'.

Furthermore, for those on opioid agonist treatment (OAT) since March (n=31), 32% reported an increase in take-away doses, whilst 23% reported a decrease in their dose of medication. Over three-quarters (77%) reported that frequency of pharmacy doses had remained mostly stable, as had urine testing/breathalysing (58%) (Figure 12).

Over one-fifth (21%; n=7) of those in OAT in the last six months reported having missed a dose of medication (e.g. methadone, buprenorphine, buprenorphine-naloxone or buprenorphine depot injection) due to service disruptions (e.g. service was closed or changed hours of service). Those on OAT since March were also asked to what degree they felt involved in decision-making around changes to their treatment since the beginning of March (since COVID-19 restrictions); the majority of those who commented responded 'not at all' (30%; n=9).

Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent opioid agonist treatment, South Australia, 2020



Note. Among those who had received OAT since March and who commented. The response 'Don't know' was excluded from analysis.

Injecting equipment access and disposal. Almost one-fifth of participants (19%) reported having experienced trouble in obtaining new sterile needles and syringes since the beginning of March (since COVID-19 restrictions). Of those who had trouble obtaining new sterile needles and syringes and commented (n=19), 58% of participants reported having re-used their own needles more than they normally would.

A small number (n≤5) reported having had difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions).

Injecting practices. The majority of participants reported ‘no change’ when reporting changes in their injecting practices since March, 2020 (since COVID-19 restrictions) with regards to borrowing and lending needles. However, 13% reported an increase in re-using their own needles since March 2020 (Figure 13). Additionally, the majority (87%) of participants reported injecting ‘alone’ about the same amount as usual since the beginning of March as compared to before, and 9% reported injecting alone more.

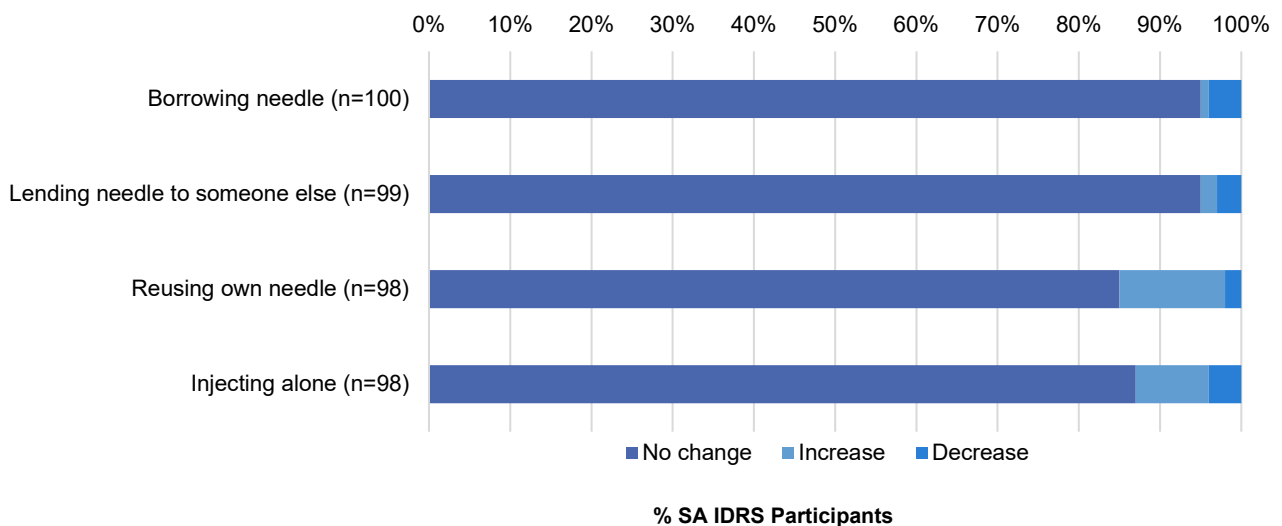
Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 35% of participants rated their mental health as being ‘worse’, 54% reported ‘similar’ and 11% reported their mental health was ‘better’.

Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 28% of participants rated their physical health as being ‘worse’, 61% reported ‘similar’ and 11% reported their physical health was ‘better’.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Over one-quarter (26%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were social media and a harm reduction service (6%, respectively).

The majority (85%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or impacts of COVID-19 restrictions while using or obtaining drugs (Table 4).

Figure 13: Change in frequency of injecting practices since March 2020 (since COVID-19 restrictions) as compared to before, South Australia, 2020



Note. Among those who commented. The response ‘Don’t know’ was excluded from analysis.

Table 4: Harm reduction behaviours to reduce risk of COVID-19 transmission and/or impacts of restrictions, South Australia, 2020

South Australia 2020	
N=100	
Washed hands with soap/sanitiser before handling drugs or money	80
Prepared your drugs yourself	63
Avoided sharing needles/syringes with other people	63
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	47
Stocked up on sterile needle/syringes	37
Wiped down drug packages/wraps with soap/sanitiser	28
Avoided smoking/vaping drugs	19
Stocked up on other sterile drug use equipment	16
Stocked up on illicit/non-prescribed drugs	10
Obtained take-home naloxone/Narcan	9
Stocked up on prescription medicines prescribed to you	8

Note. - Per cent suppressed due to small cell size (n≤5 but not 0). Participants could endorse multiple responses.

3

Heroin

Participants were asked about their recent (past six month) use of heroin (including homebake). 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 increased from 28% in 2019 to 47% in 2020 ($p=0.009$; Figure 14), noting some fluctuation in the percentage in recent years.

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Median days of use in the six months preceding interview 2020 (72 days; IQR=16-150) remained relatively similar to the estimate in 2019 (24 days in 2019; IQR=9-78; $p=0.191$) (Figure 14). While daily use was low among recent consumers ($n\leq 5$), 72% of recent consumers reported weekly or more use of heroin, stable from 2019 (64%; $p=0.636$).

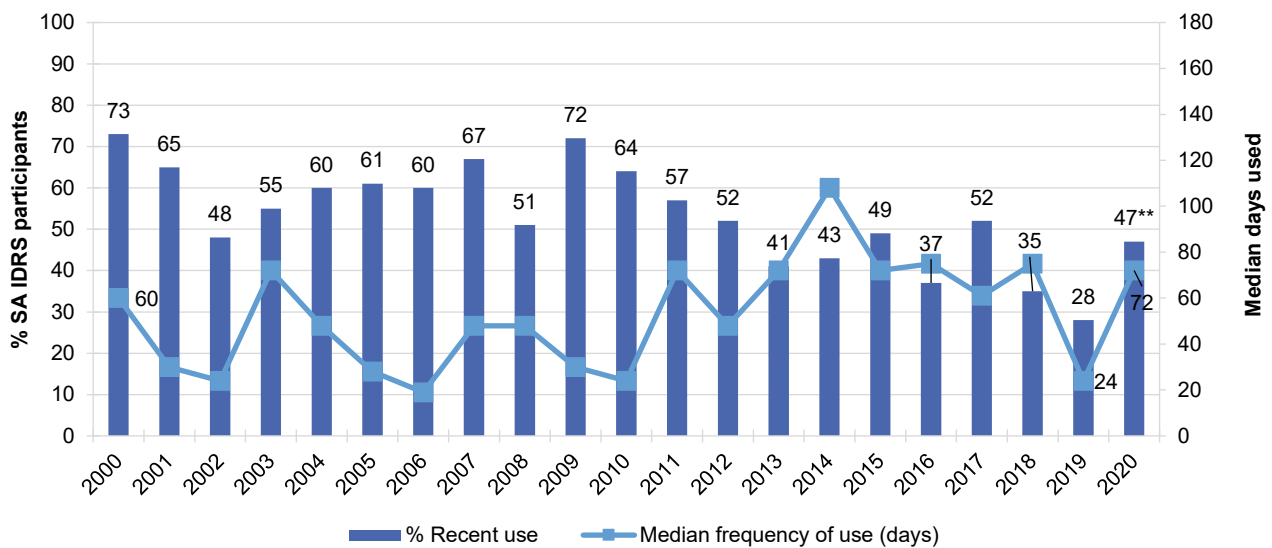
Routes of Administration

Injecting remained the most common route of administration among participants who had recently used heroin (100% in 2020 versus 96% in 2019; $p=0.373$). Participants who reported injecting did so on a median of 72 days (IQR=15-150), similar to the estimate in 2019 (24 days; IQR=11-84; $p=0.275$). Few participants reported smoking ($n\leq 5$ in 2020).

Quantity

Of those who reported recent use and responded ($n=39$), the median amount of heroin used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.50) in 2020 (0.20 grams in 2019; IQR=0.10-0.50; $p=0.801$).

Figure 14: Past six month use and frequency of use of heroin, South Australia, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Price

In 2020, the reported median last price of heroin was \$100 (IQR=100-138; $n=6$) for one cap, a significant increase relative to 2019 (\$50 in 2019; IQR=50-75; $n=7$; $p=0.044$) (Figure 15) and \$100 for a point (IQR=50-200; $n=15$), also a significant increase from \$50 in 2019 (IQR=50-50; $n=11$; $p=0.004$). Due to low numbers reporting on the price of a gram ($n \leq 5$), details on price have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

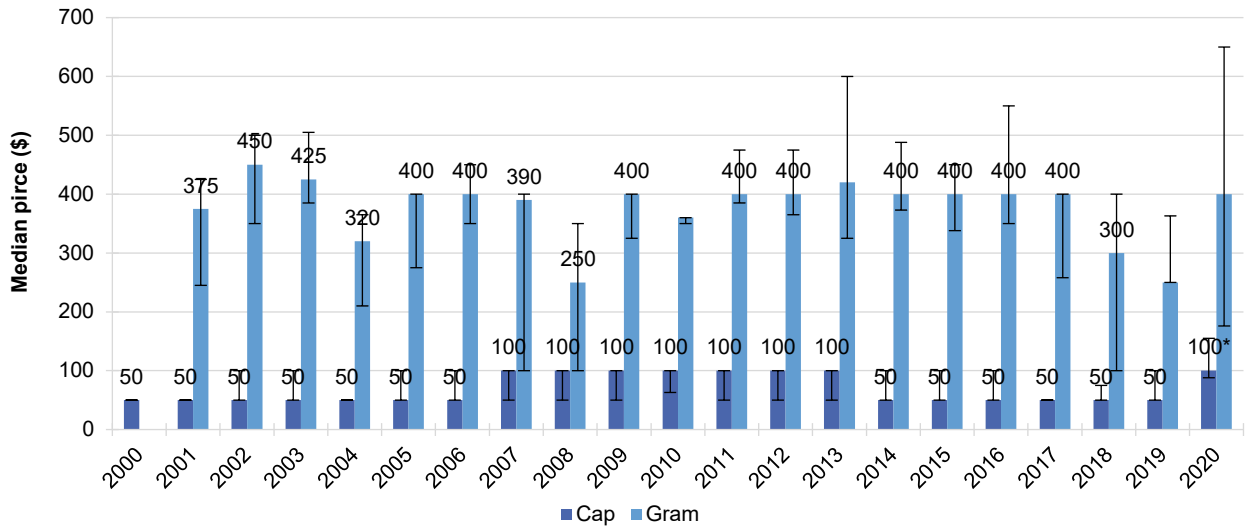
Perceived Purity

Among those who were able to comment in 2020 ($n=39$), the greatest per cent of participants perceived current purity to be ‘low’ (64%; 27% in 2019; $p=0.004$) (Figure 16).

Perceived Availability

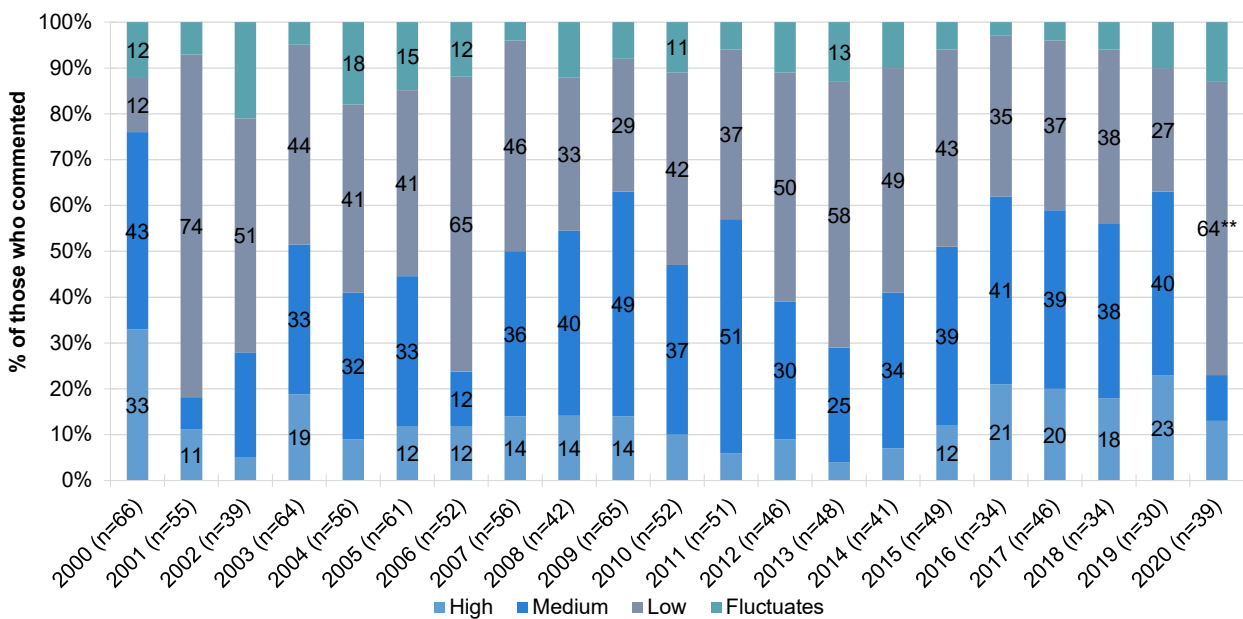
Among those who were able to comment in 2020 ($n=43$), two-fifths (40%) perceived current availability as ‘easy’ (30% in 2019; $p=0.556$). Over one-fifth (21%) perceived current availability as ‘very easy’, a significant decrease relative to 2019 (57%; $p=0.004$) (Figure 17).

Figure 15: Median price of heroin per cap and gram, South Australia, 2000-2020



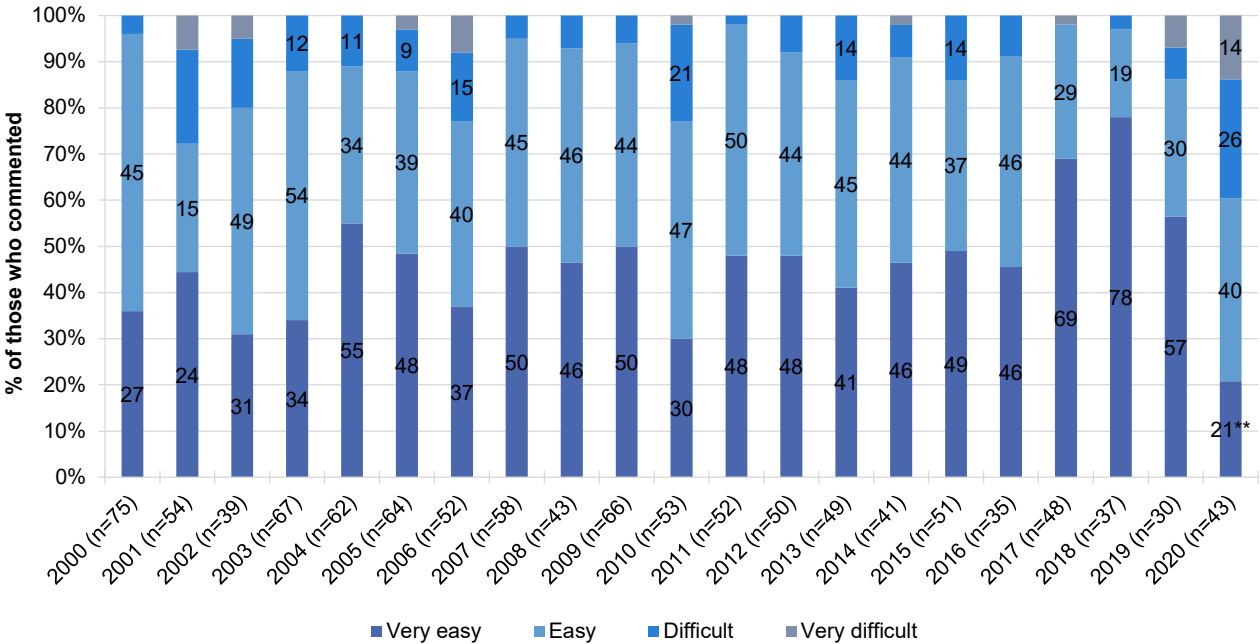
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 16: Current perceived purity of heroin, South Australia, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 17: Current perceived availability of heroin, South Australia, 2000-2020



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

4

Methamphetamine

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

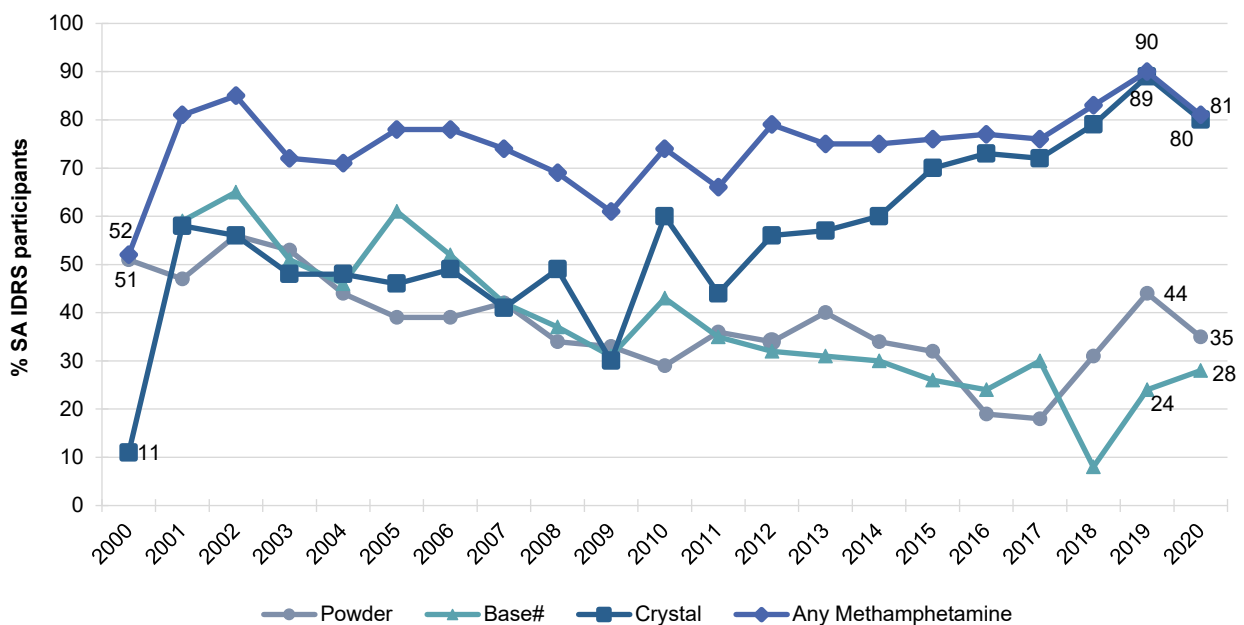
Recent Use (past 6 months)

In 2020, 81% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2019 (90%; $p=0.108$) (Figure 18).

Frequency of Use

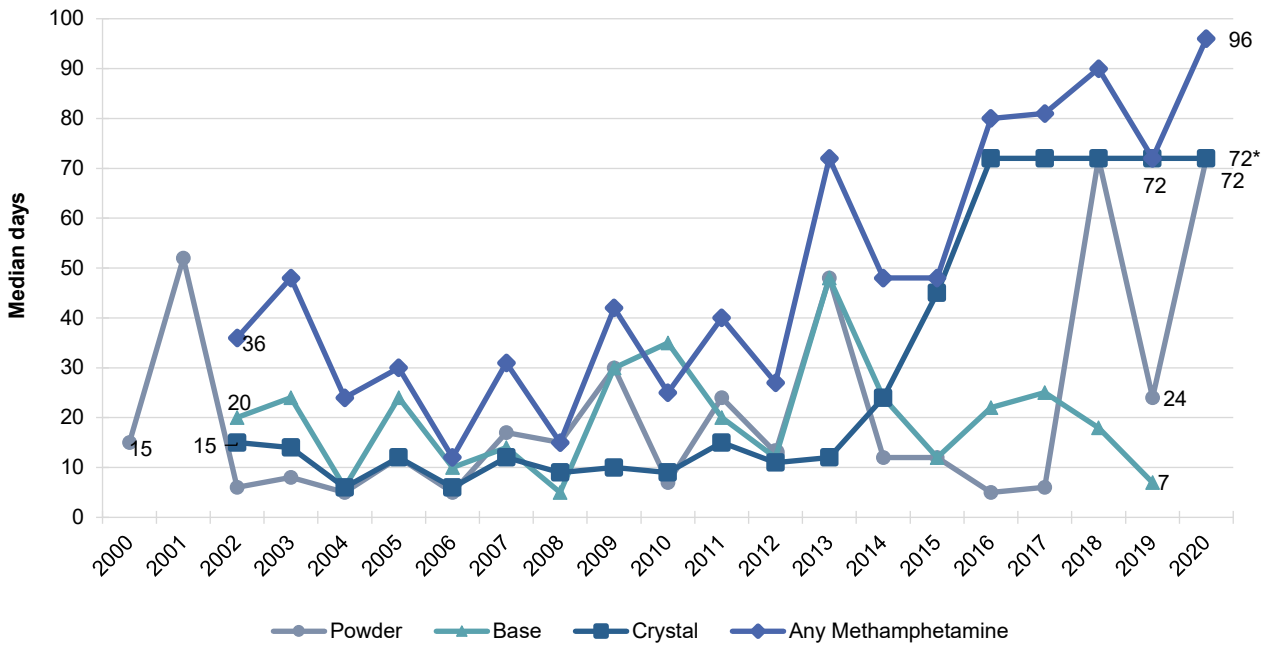
In 2020, frequency of use remained largely stable at a median of 96 days (IQR=48-180; 72 days in 2019; IQR=25-180; $p=0.704$) (Figure 19). The per cent of participants who had recently used any methamphetamine reporting weekly or more frequent use also remained stable compared to 2019 (83% versus 83% in 2019), as did the per cent reporting daily use (28% versus 27% in 2019).

Figure 18: Past six month use of any methamphetamine, powder, base, and crystal, South Australia, 2000-2020



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 19: Frequency of use of any methamphetamine, powder, base, and crystal, South Australia, 2000-2020



Note. Frequency of use data was not collected in 2020 for methamphetamine base. 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. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has generally been decreasing over time, although recent use has increased in the last few years, from 31% in 2018 to 44% in 2019, remaining stable in 2020 (35%; $p=0.247$) (Figure 18).

Frequency of Use: Median frequency of use was 72 days (IQR=13-135) in 2020 (24 days in 2019; IQR=7-72; $p=0.051$) (Figure 19). Seventy-one per cent of recent consumers reported using powder on a weekly or more frequent basis (60% in 2019; $p=0.440$), with a smaller percentage reporting daily use (17%; 12% in 2019; $p=0.712$).

Routes of Administration: Most consumers reported recent injection of powder (91%; 93% in 2019) in the six months preceding interview. Participants who reported injecting powder did so on a median of 72 days (IQR=25-154), a significant increase relative to 2019 (24 days; IQR=11-72; $p=0.022$). Over one-quarter (26%) reported smoking powder, stable from 2019 (41%; $p=0.240$).

Quantity: Of those who reported recent use and commented ($n=31$), the median amount of powder used per day in the past six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2019; IQR=0.10-0.30; $p=0.532$).

Methamphetamine Base

Recent Use (past 6 months): In 2020, base continued to be the least commonly used form of methamphetamine, with 28% of participants reporting recent use (24% in 2019; $p=0.629$) (Figure 18).

Frequency of Use: Data for frequency of use for methamphetamine base was not collected in 2020. For further information, please refer to the [2019 IDRS South Australia Report](#), or the [2019 IDRS National Report](#).

Routes of Administration: All (100%) recent consumers reported injecting methamphetamine base, stable from 24% in 2019 ($p=0.629$).

Quantity: Data on the quantity of methamphetamine base recently used was not collected in 2020. For further information, please refer to the [2019 IDRS South Australia Report](#), or the [2019 IDRS National Report](#).

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal have been increasing since 2012, surpassing base and powder methamphetamine from 2012 and peaking at 89% in 2019, dropping (though non-significantly) to 80% in 2020 ($p=0.118$) Figure 18).

Frequency of Use: Participants reported consuming crystal on a median of 72 days (IQR=30-158) in the six months prior to interview, stable from 2019 (72 days; IQR=24-165; $p=0.711$) (Figure 19). Almost four-fifths (78%) of recent consumers reported using crystal on a weekly or more frequent basis, stable from 2019 (79%), with 23% or recent consumers reporting daily use (25% in 2019; $p=0.911$).

Routes of Administration: Ninety-eight per cent of participants who had recently used crystal methamphetamine had injected the form (100% in 2019; $p=0.223$) on a median of 72 days (IQR=36-147) in the six months preceding interview (72 days in 2019; IQR=24-150; $p=0.490$). Almost one-third (31%) reported smoking crystal methamphetamine (36% in 2019; $p=0.629$).

Quantity: Of those who reported recent use and responded ($n=73$), the median amount of crystal used per day in the six months preceding interview was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2019; IQR=0.10-0.30; $p=0.844$).

Price, Perceived Purity and Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and availability of methamphetamine powder were not asked of participants in 2020. For further information, please refer to the [2019 IDRS South Australia Report](#), or the [2019 IDRS National Report](#).

Methamphetamine Base

Questions pertaining to the price, perceived purity and availability of methamphetamine base were not asked of participants in 2020. For further information, please refer to the [2019 IDRS South Australia Report](#), or the [2019 IDRS National Report](#).

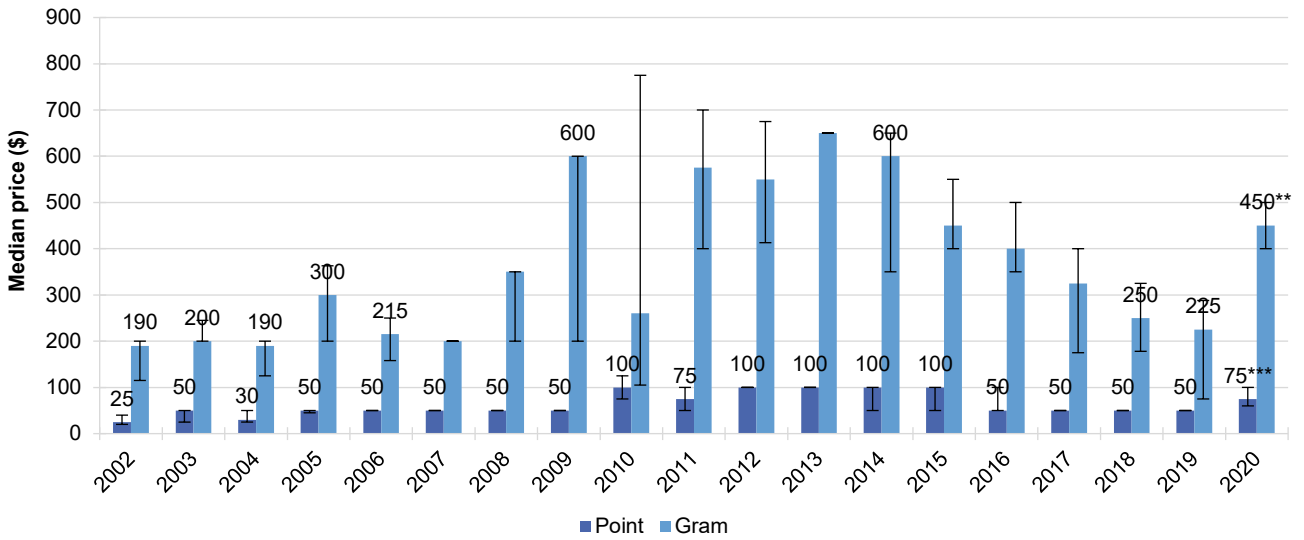
Methamphetamine Crystal

Price: The median price last paid for one point (0.10 gram) of crystal increased significantly in 2020 to \$75 (IQR=60-100; n=53) from \$50 in 2019 (IQR=50-50; n=59; $p<0.001$). The median price per gram of crystal also significantly increased, from \$225 (IQR=125-263; n=8) in 2019 to \$450 (IQR=400-500; n=7) in 2020 ($p=0.007$) (Figure 20).

Perceived Purity: Among those who were able to comment in 2020 (n=74), over two-fifths (42%) perceived current purity of crystal to be 'low', a significant increase from 20% in 2019 ($p=0.004$), whereas 14% perceived current purity to be 'high', a significant decrease from 37% in 2019 ($p=0.001$) (Figure 21).

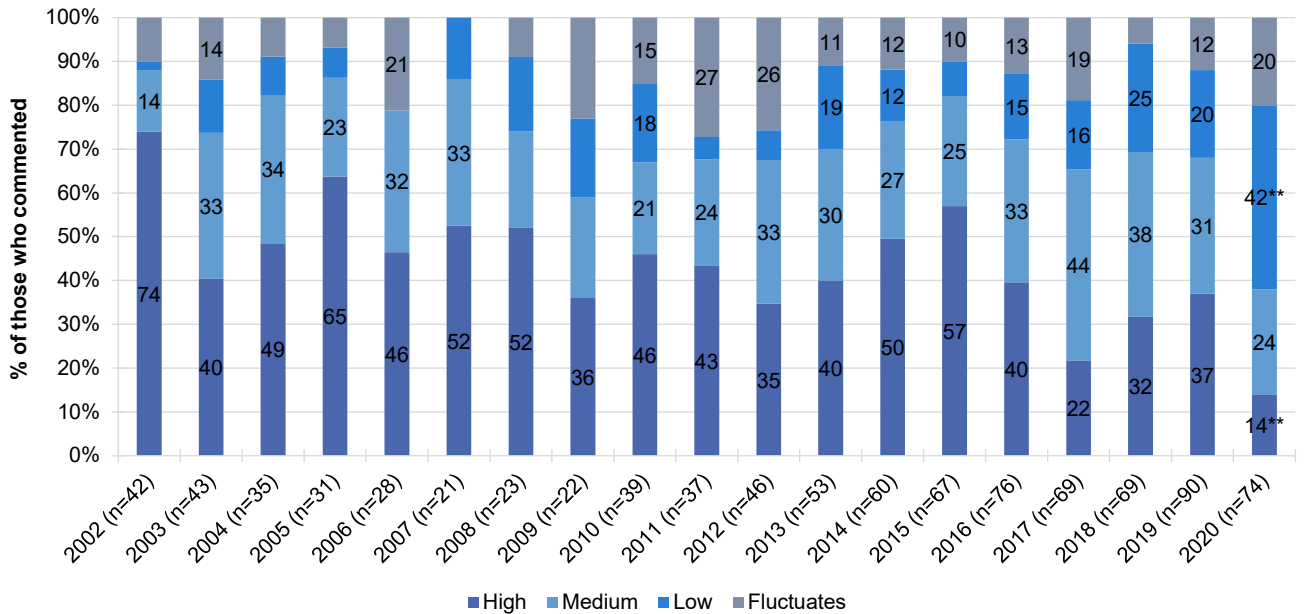
Perceived Availability: Among those who were able to comment in 2020 (n=75), close to half (47%) of the participants perceived crystal to be currently 'easy' to obtain (20% in 2019; $p<0.001$) and one-third (33%) found it 'very easy' to obtain, a significant decrease from 78% in 2019 ($p<0.001$) (Figure 22).

Figure 20: Median price of methamphetamine crystal per point and gram, South Australia, 2002-2020



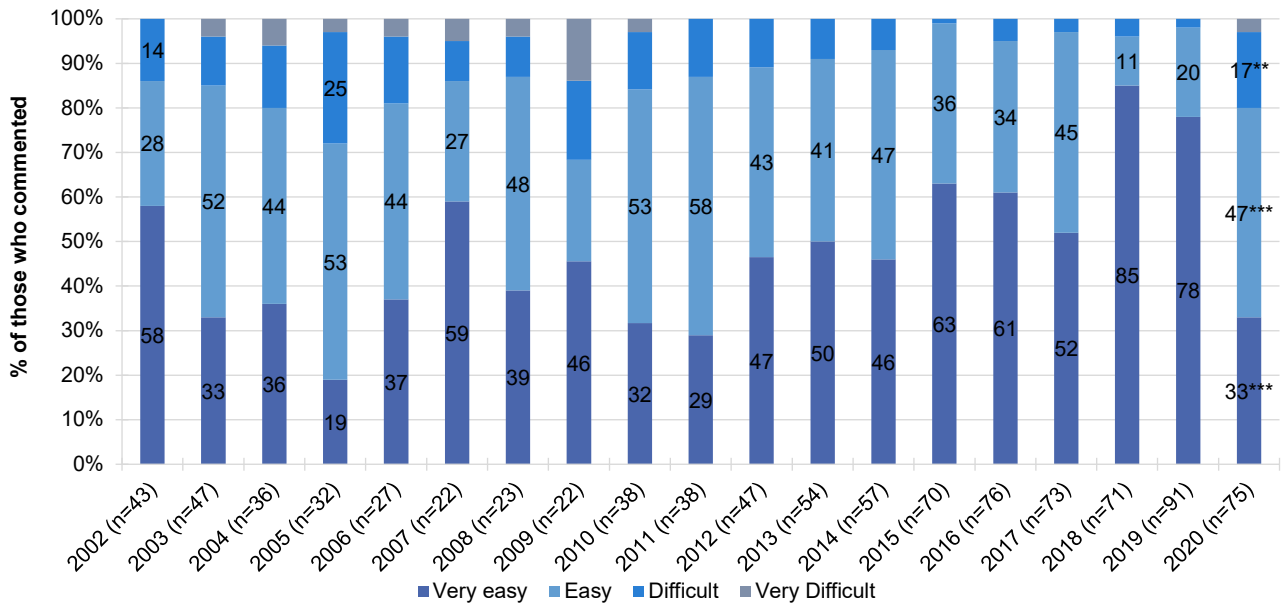
Note. Among those who commented. No participants reported purchasing a gram in 2008. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 21: Current perceived purity of methamphetamine crystal, South Australia, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Figure 22: Current perceived availability of methamphetamine crystal, South Australia, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 14% of the SA sample in 2020 recently consuming cocaine. This remained stable from 2019 (16%; $p=0.820$) and relative to previous years (Figure 23).

Frequency of Use

Median frequency of use has also fluctuated over the years, though a significant decrease was observed, from four days (IQR=2-6) in 2019 to one day (IQR=1-3; $p=0.013$) in 2020 (Figure 23).

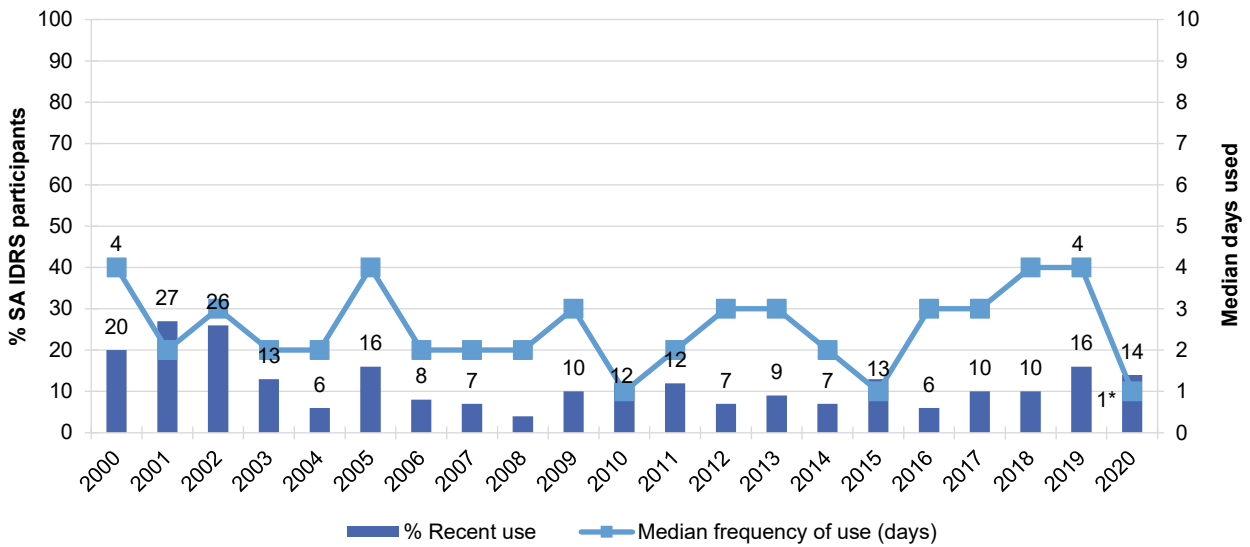
Routes of Administration

Just under four-fifths (79%) of participants reported snorting cocaine in the six months prior to interview, stable from 2019 (94%; $p=0.495$).

Quantity

Of those who reported recent use and responded ($n=9$), the median amount of cocaine used per day in the six months preceding interview was 0.50 grams (IQR=0.20-1.00; one gram in 2019; IQR=0.40-1.00; $p=0.634$).

Figure 23: Past six month use and frequency of use of cocaine, South Australia, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Purity and Availability

Questions pertaining to the price, perceived purity and availability of cocaine were not asked of participants in 2020. For further information, please refer to the [2019 IDRS South Australia Report](#), or the [2019 IDRS National Report](#).

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent cannabis use has ranged from a peak of 88% in the early 2000s to a low of 61% in the late 2000s, with the per cent reporting use increasing again subsequently. Nevertheless, a decrease (though not significant) was observed in 2020, with 67% reporting recent use (79% in 2019; $p=0.080$) (Figure 24).

Frequency of Use

A significant decline in frequency of use was observed in 2020, with participants reporting use on a median of 93 days (IQR=9-180; 180 days in 2019; IQR=85-180; $p=0.010$) (Figure 24). Over two-fifths of recent consumers (41%) reported daily use, a significant decrease relative to 2019 (59%; $p=0.039$).

Routes of Administration

Smoking continued to be the most common route of administration (93%; 99% in 2019; $p=0.144$), with 18% of consumers reporting inhaling/vaporising in 2020 ($n\leq 5$ reported inhaling/vaporising in 2019; $p=0.027$).

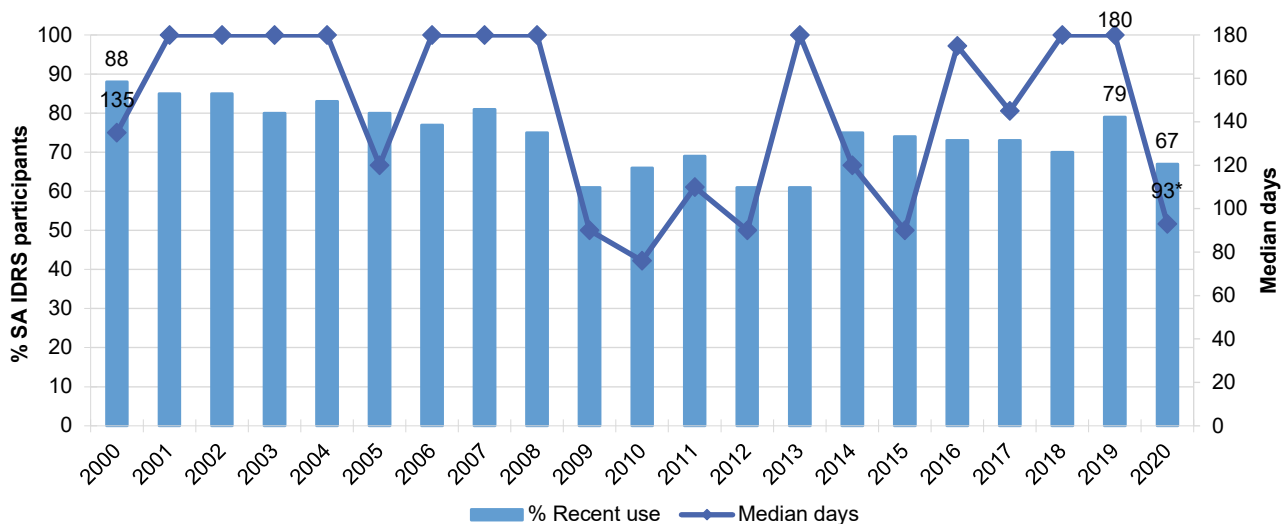
Quantity

Of those who reported recent use of cannabis in 2020, the median quantity used the last time cannabis was consumed was 1.10 grams (IQR=0.60-2.10; $n=16$; 2.00 grams in 2019; IQR=1.00-5.00; $p=0.043$) or two cones (IQR=1-3; $n=38$; 2 cones in 2019; IQR=1-4; $p=0.335$). Few participants ($n\leq 5$) reported using joints in 2020, therefore, these numbers are suppressed.

Forms Used

Of those who had consumed cannabis in the past six months and commented (n=58), the majority (83%) of participants reported recent use of hydroponic cannabis (88% in 2019; $p=0.513$), and 45% reported use of outdoor-grown ‘bush’ cannabis (62% in 2019; $p=0.073$). Almost one-quarter (24%) reported having used hashish (26% in 2019; $p=0.918$) and fewer participants reported using hash oil (17%; 17% in 2019).

Figure 24: Past six month use and frequency of use of cannabis, South Australia, 2000-2020



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median last price paid per bag of hydroponic cannabis in 2020 was \$25 (IQR=25-25; $n=7$; \$25 in 2019; IQR=25-25; $p=0.113$) and the median price per ounce of hydroponic cannabis was \$223 (IQR=220-240; $n=12$; \$220 in 2019; IQR=200-240; $n=13$; $p=0.524$) (Figure 25a).

Perceived Potency: Among those who were able to comment in 2020 ($n=37$), over half (54%) perceived hydroponic cannabis to be of ‘high’ potency (62% in 2019; $p=0.575$). Over one-quarter (27%) perceived hydroponic cannabis to be of ‘medium’ potency (25% in 2019; $p=0.983$) (Figure 26a).

Perceived Availability: Among those who were able to comment in 2020 ($n=36$), almost two-thirds (64%) perceived hydroponic cannabis to be ‘easy’ to obtain, a significant increase relative to 2019 (39%; $p=0.037$). Yet, the percentage who perceived hydroponic cannabis as being ‘very easy’ to obtain decreased (though not significant) from 50% in 2019 to 31% in 2020 ($p=0.104$) (Figure 27a).

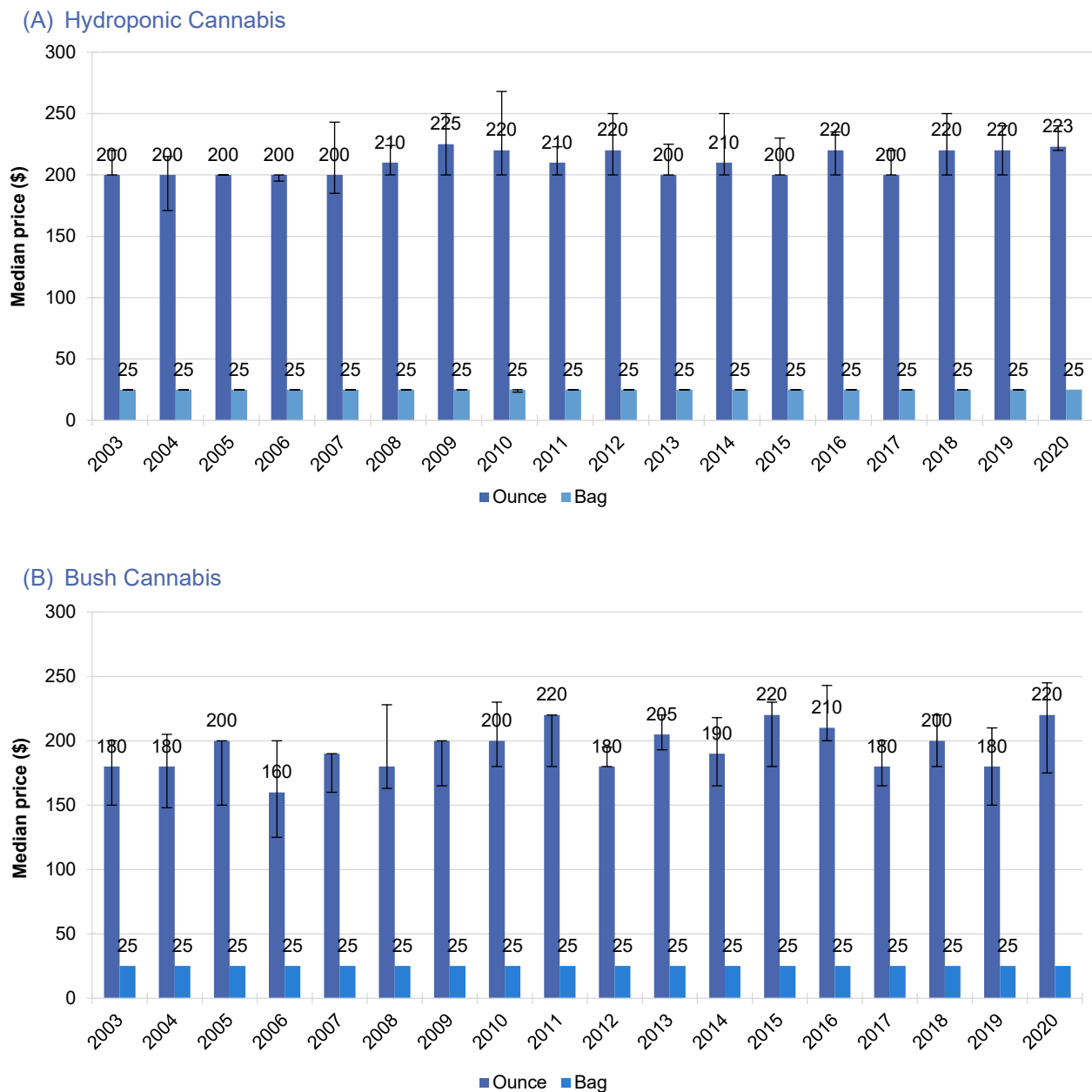
Bush Cannabis

Price: The median last price paid per ounce of bush cannabis amounted to \$220 (IQR=200-240; $n=9$) which remained relatively stable compared with 2019 (\$180; IQR=150-210; $n=13$; $p=0.096$) (Figure 25b). Due to low numbers ($n \leq 5$) reporting on median price of a bag of bush cannabis, details have been suppressed (\$25 in 2019; IQR=25-25; $n=23$).

Perceived Potency: Among those who were able to comment in 2020 (n=19), over two-fifths (42%) perceived the potency of bush to be ‘high’ (45% in 2019). Over one-third (37%) perceived the potency of bush to be ‘medium’ (42% in 2019; $p=0.924$) (Figure 26b).

Perceived Availability: Among those who were able to comment in 2020 (n=19), almost half (47%) perceived that bush was ‘easy’ to obtain, stable compared with 41% of participants who commented in 2019 ($p=0.861$) (Figure 27b).

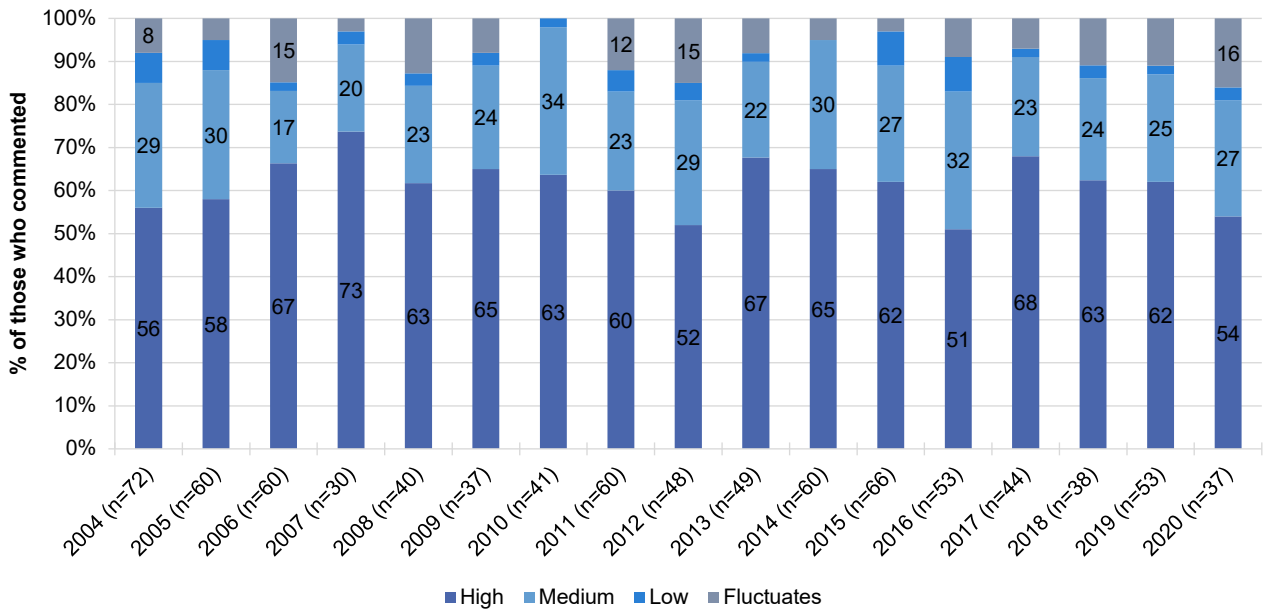
Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and bag, South Australia, 2003-2020



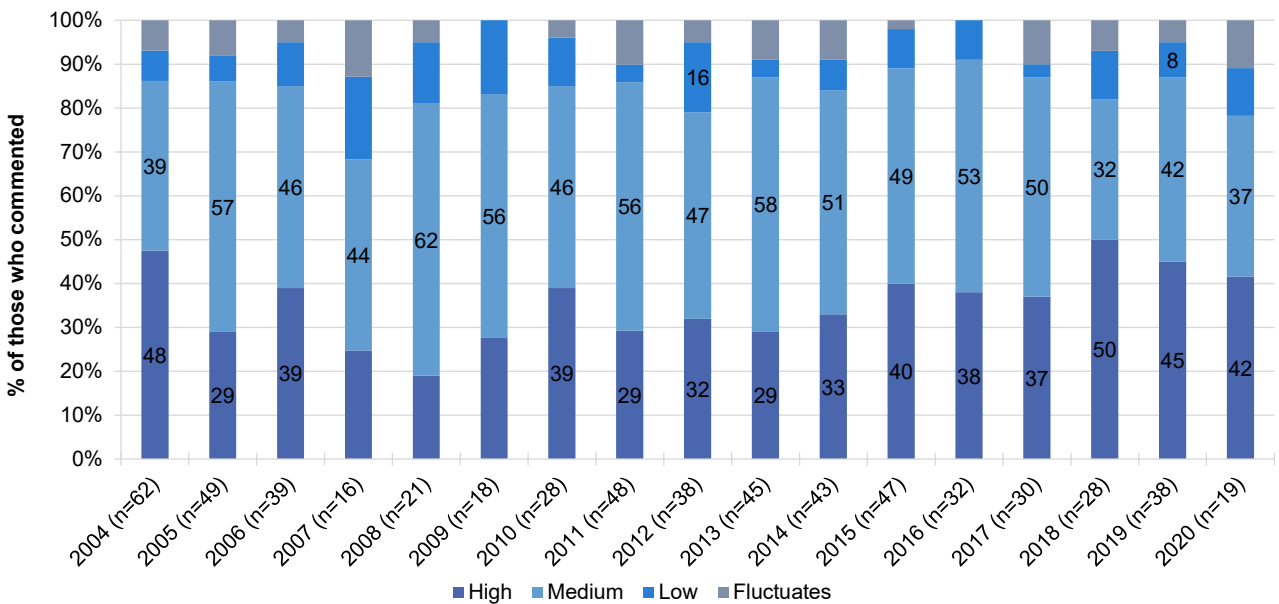
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 26: Current perceived potency of hydroponic (a) and bush (b) cannabis, South Australia, 2004-2020

(A) Hydroponic Cannabis



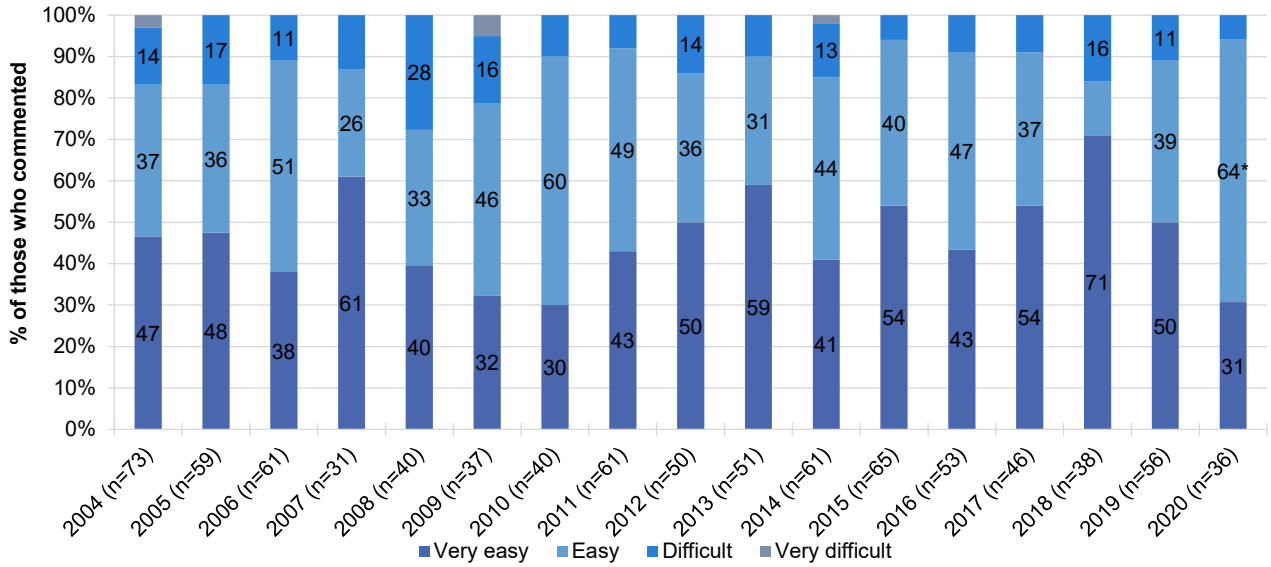
(B) Bush Cannabis



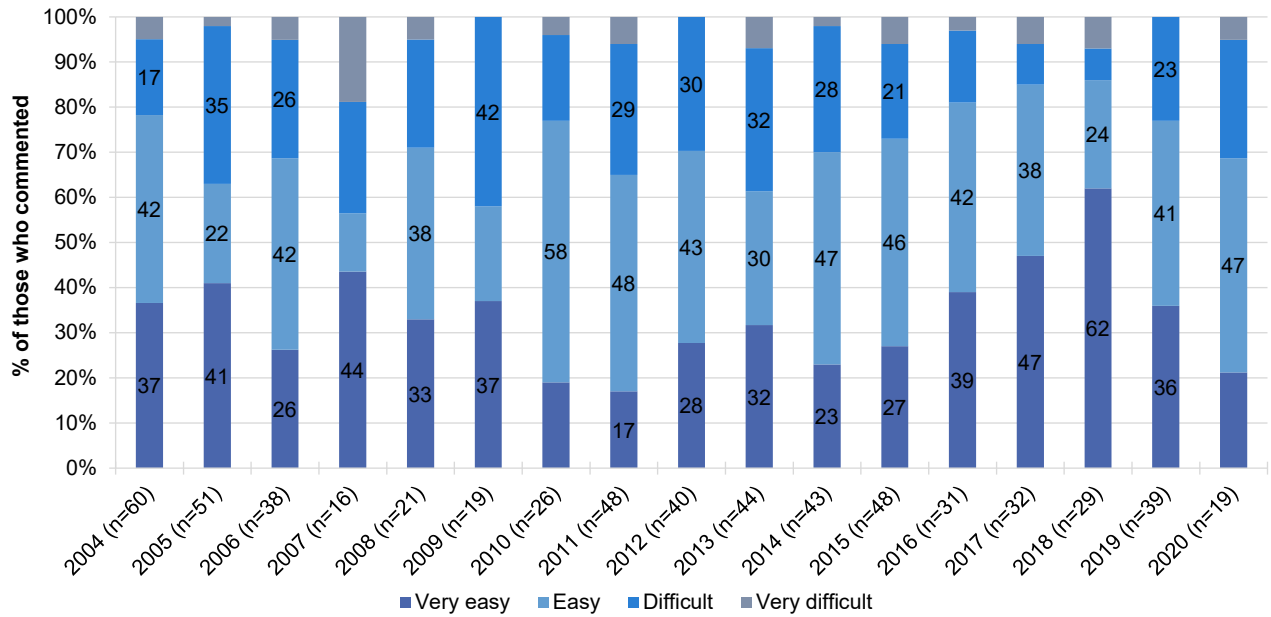
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 27: Current perceived availability of hydroponic (a) and bush (b) cannabis, South Australia, 2004-2020

(A) Hydroponic Cannabis



(B) Bush Cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

7

Pharmaceutical Opioids

The following section describes rates of recent (past six month) use of pharmaceutical opioids amongst the sample. Terminology throughout refers to:

- **Prescribed Use:** use of pharmaceutical opioids obtained by a prescription in the person's name;
- **Non-Prescribed Use:** use of pharmaceutical opioids obtained from a prescription in someone else's name; and
- **Any Use:** use of pharmaceutical opioids obtained through either of the above means.

For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the Drug Trends team.

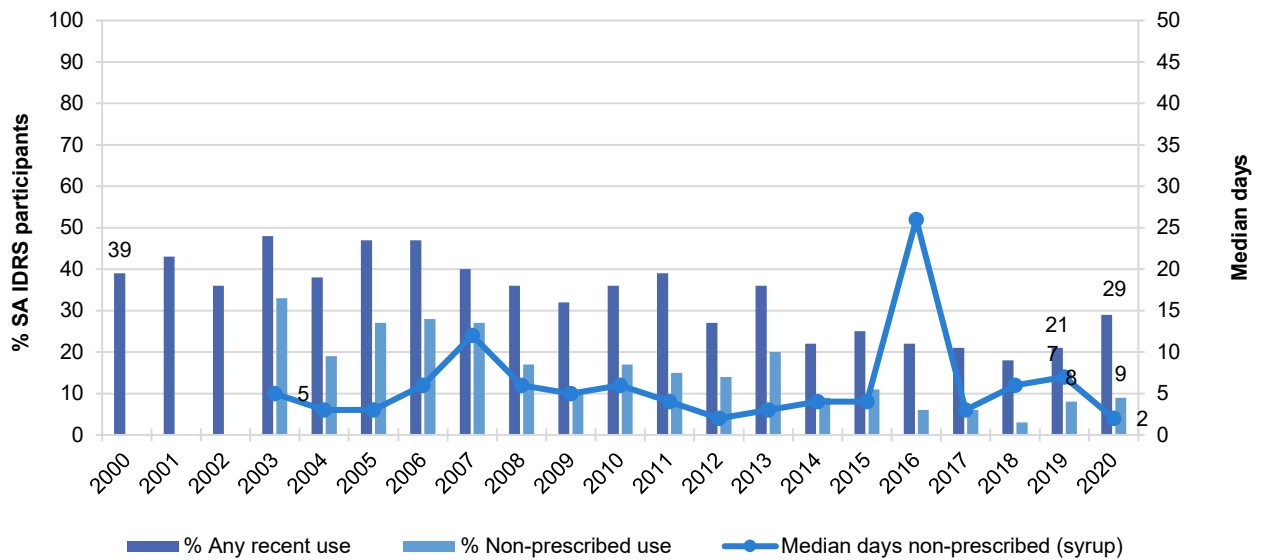
Methadone

Any Recent Use (past 6 months): The per cent reporting any recent methadone use (including syrup and tablets) in South Australia has generally decreased since monitoring began. In 2020, 29% of participants reported recent use of any prescribed and/or non-prescribed methadone (21% in 2019; $p=0.253$). The per cent reporting non-prescribed use remained stable in 2020 at nine per cent (8% in 2019) though methadone use historically has largely consisted of prescribed use, with 24% reporting prescribed use in 2020, relatively stable from 15% reporting prescribed use in 2019 ($p=0.153$) (Figure 28).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained low and stable (2 days; IQR=2-96; 7 days in 2019; IQR=4-123) (Figure 28).

Recent Injection: Of those who had recently used any methadone in 2020 (syrup and tablets) ($n=29$), over one-fifth (21%) of recent consumers reported recently injecting any methadone ($n\leq 5$ participants reported recent injection in 2019; therefore, numbers are suppressed). Due to low numbers ($n\leq 5$) reporting on median frequency of recent injection, details have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, South Australia, 2000-2020



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Buprenorphine

Very low numbers ($n \leq 5$) reported using buprenorphine in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

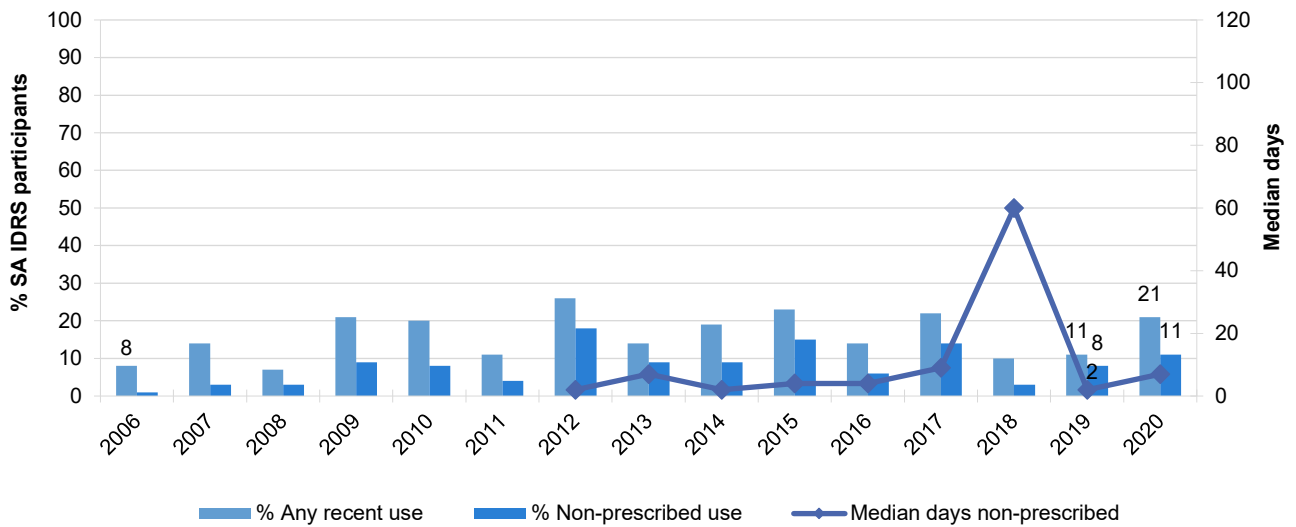
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2020, 21% of the sample reported recent use of any buprenorphine-naloxone (11% in 2019; $p = 0.082$), with 11% reporting non-prescribed use (8% in 2019; $p = 0.629$) and 10% reporting prescribed use (prescribed use in 2019 equal to or less than five and suppressed) (Figure 29).

Frequency of Use: Consumers reported a median of seven days (IQR=3-17) of non-prescribed use of buprenorphine-naloxone in the past six months (2 days in 2019; IQR=2-54; $p = 0.646$).

Recent Injection: Due to low numbers ($n \leq 5$) reporting on recent injection of prescribed and/or not prescribed buprenorphine-naloxone, details have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, South Australia, 2006-2020



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine-naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 120 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

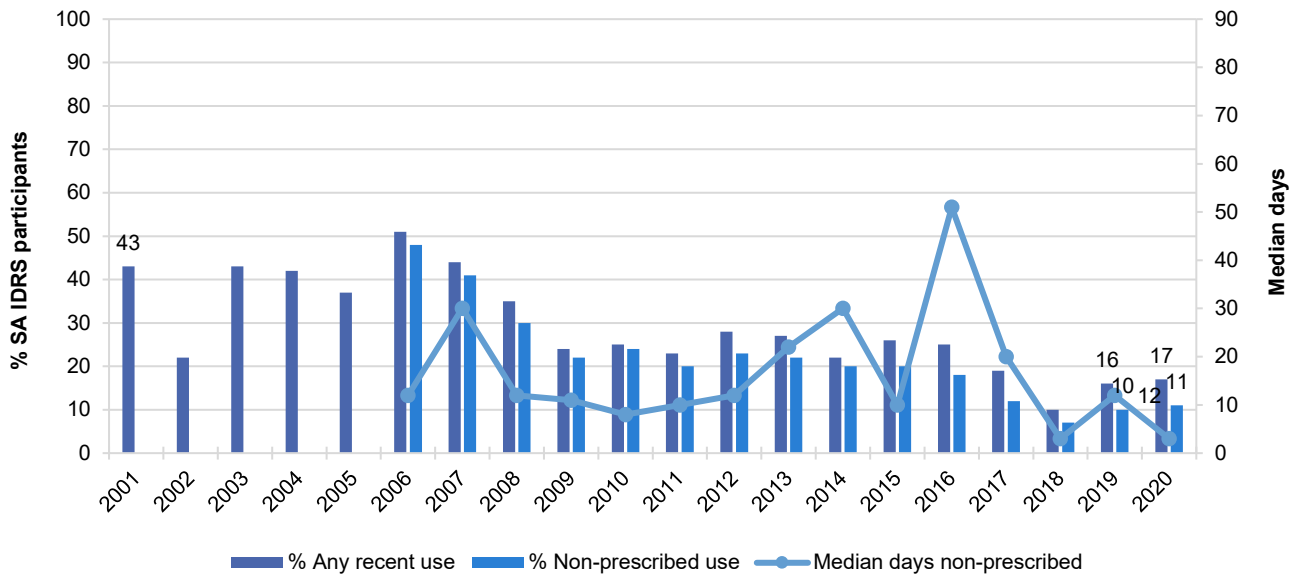
Morphine

Any Recent Use (past 6 months): The SA sample has observed a downward trend in recent use of morphine since peaking in 2006 (Figure 30). In 2020, 17% of the sample had recently used any morphine (16% in 2019). This was mostly driven by non-prescribed use (11%; 10% in 2019), with seven per cent reporting recent prescribed use (6% in 2019).

Frequency of Use: Participants reported a median of three days (IQR=2-28) of non-prescribed use of morphine in 2020, stable relative to 2019 (12 days; IQR=7-40; $p=0.137$).

Recent Injection: Of those who had recently used any morphine in 2020 ($n=17$), 82% of participants reported injecting morphine (75% in 2019; $p=0.928$) on a median of three days (IQR=2-28), stable relative to 2019 (10 days; IQR=5-40; $p=0.323$).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, South Australia, 2001-2020



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

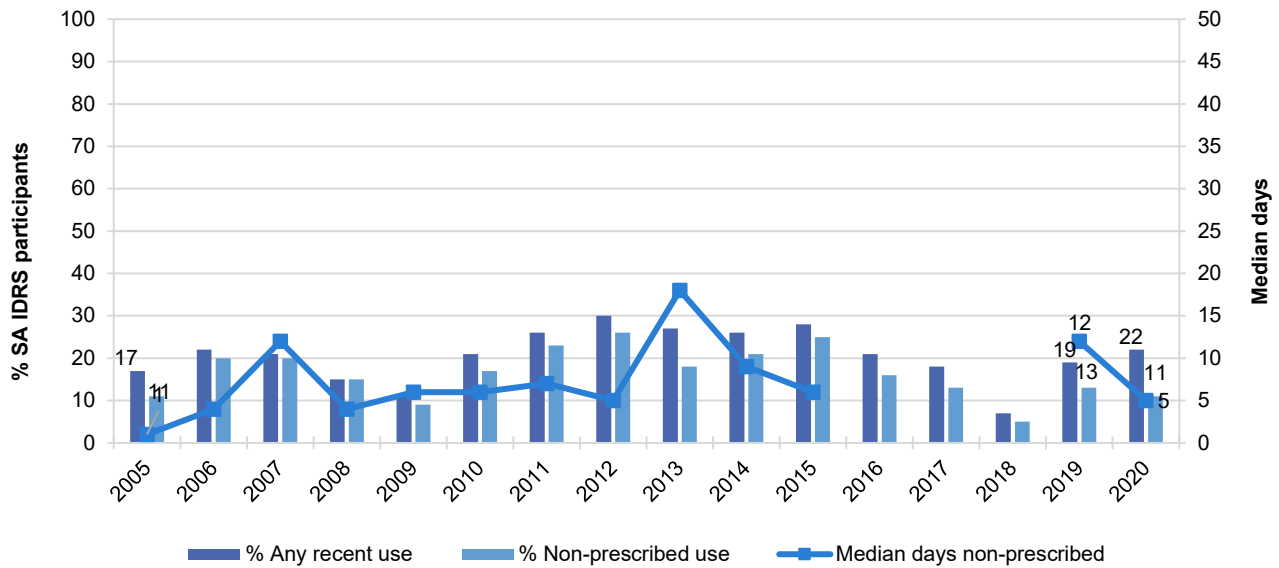
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with over one-fifth (22%) of participants reporting recent use in 2020, stable relative to 2019 (19%; $p = 0.725$) (Figure 31). In 2020, 11% of the sample had used prescribed oxycodone (7% in 2019; $p = 0.458$) and similarly, 11% had used non-prescribed oxycodone, stable from 13% in 2019 ($p = 0.828$).

Frequency of Use: Participants reported using any non-prescribed oxycodone on a median of five days (IQR=3-19) in the six months preceding interview in 2020 (12 days in 2019; IQR=4-21; $p = 0.496$).

Recent Injection: Of those who had recently used any oxycodone in 2020 ($n = 22$), over one-quarter (27%) reported recently injecting any form (47% in 2019; $p = 0.314$) on a median of 30 days (IQR=13-39) in the past six months (14 days in 2019; IQR=12-24; $p = 0.375$).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, South Australia, 2005-2020



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). **p*<0.050; ***p*<0.010; ****p*<0.001 for 2019 versus 2020.

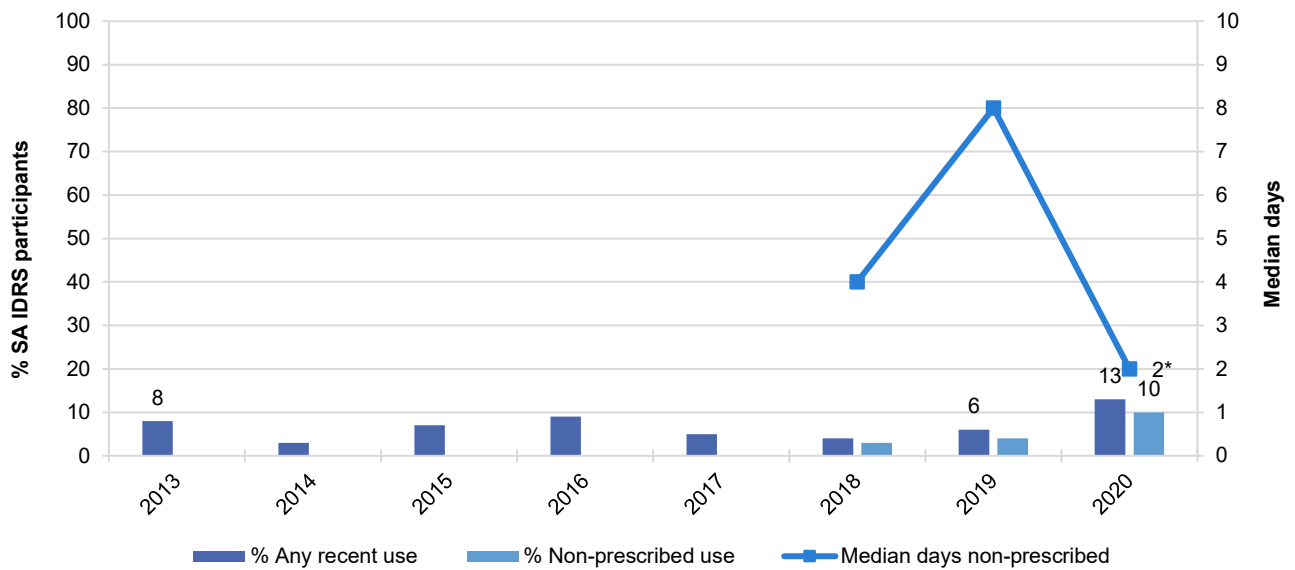
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring began (Figure 32). In 2020, 13% of the sample reported using fentanyl (prescribed or non-prescribed) in the six months preceding interview (6% in 2019; *p*=0.148) (n≤5 prescribed use; n≤5 in 2019; 10% non-prescribed use in 2020; n≤5 in 2019; *p*=0.166).

Frequency of Use: Frequency of non-prescribed use significantly decreased relative to 2019, with participants reporting non-prescribed use on a median of two days (IQR=1-2) in the past six months, (n≤5 in 2019; *p*=0.042).

Recent Injection: Of those who had recently used any fentanyl in 2020 (n=13), the majority (92%) reported recently injecting any form (83% in 2019) on a median of two days (IQR=1-2) in the past six months, stable from 2019 (2 days; IQR=2-10; *p*=0.150).

Figure 32: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, South Australia, 2013-2020



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Non-prescribed use not distinguished 2013-2017 for median days. Y axis reduced to 10 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 5). In 2020, 17% of participants reported any recent use of codeine, with over one-tenth (12%) reporting prescribed use, stable relative to 2019 (23%; $p = 0.063$), and seven per cent reported non-prescribed use ($n \leq 5$ participants reporting in 2019, therefore, numbers are suppressed). See Figure 32 in the [South Australia IDRS 2019 Report](#) for more detailed data on use of codeine.

Small numbers ($n \leq 5$) reported recently using any form of tramadol (numbers suppressed) and no participants reported recent use of tapentadol. For further information, please refer to the [2020 IDRS National Report](#).

Table 5: Past six month use of other opioids, South Australia, 2019-2020

% Recent Use (past 6 months)	2020 (N=100)	2019 (N=100)
Codeine		
Any prescribed use	12	23
Any non-prescribed use	7	-
Any prescribed/non-prescribed use	17	25
Any injection (prescribed and/or non-prescribed)	-	8
Tramadol		
Any prescribed use	-	7
Any non-prescribed use	0**	9
Any prescribed/non-prescribed use	-**	15
Any injection (prescribed and/or non-prescribed)	0	-
Tapentadol		
Any prescribed use	0	0
Any non-prescribed use	0	-
Any prescribed/non-prescribed use	0	-
Any injection (prescribed and/or non-prescribed)	0	0

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

8

Other Drugs

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.

In 2020, the per cent reporting any NPS use remained stable among the sample, with six per cent reporting recent use (9% in 2019; $p=0.591$) (Table 6). Very low numbers ($n\leq 5$) reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 6: Past six month use of new psychoactive substances, South Australia, 2014-2020

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

Note. - Values 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'. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained relatively stable in 2020 (28%; 18% in 2019; $p=0.130$) (Figure 33). In the total sample in 2020, six per cent reported recent use of non-prescribed alprazolam (7% in 2019) and 26% reported recent use of non-prescribed other benzodiazepines (14% in 2019; $p=0.052$).

Frequency of Use: In 2020, consumers reported a median frequency of one day (IQR=1-2; 4 days in 2019; IQR=2-7; $p=0.170$) and seven days (IQR=2-22; 7 days in 2019; IQR=2-7; $p=0.052$) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Recent Injection: In 2020, very low numbers ($n \leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Pharmaceutical Stimulants

Recent Use (past 6 months): Recent use of non-prescribed pharmaceutical stimulants remained stable in 2020, with seven per cent of participants reporting recent use ($n \leq 5$ in 2019; $p=0.330$) (Figure 33).

Frequency of Use: Participants reported using non-prescribed pharmaceutical stimulants on a median of three days (IQR=3-3) in 2020, stable relative to 2019 ($n \leq 5$ in 2019; $p=0.120$).

Recent Injection: In 2020, very low numbers ($n \leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Antipsychotics

Very low numbers ($n \leq 5$) reported using non-prescribed anti-psychotics (asked as 'Seroquel' 2011-2018) in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

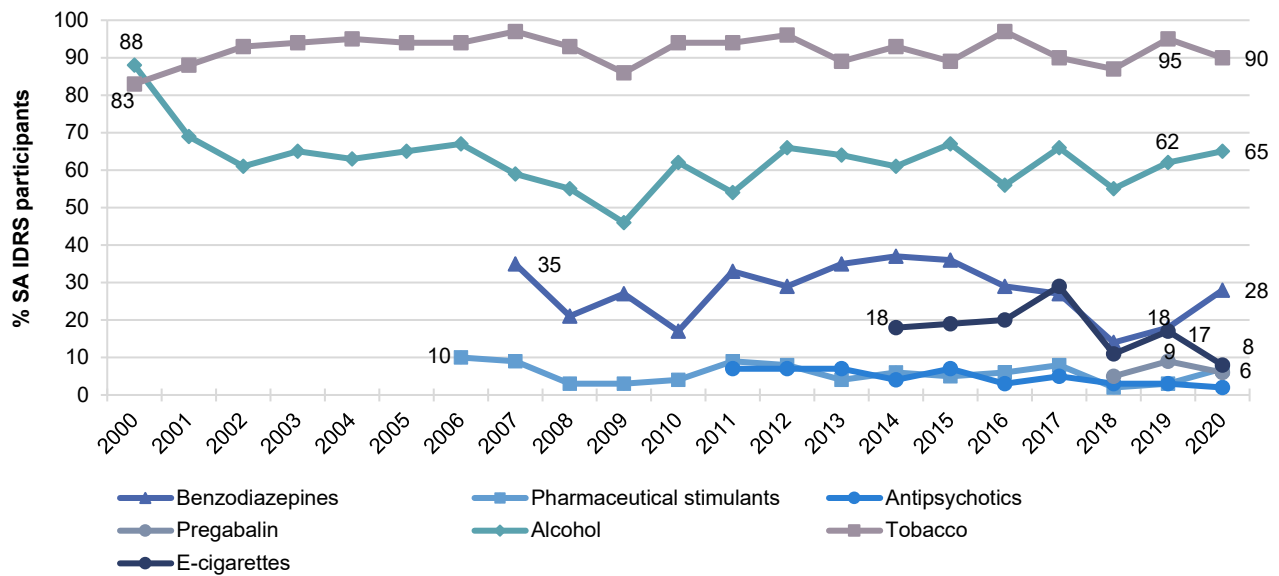
Pregabalin

Recent Use (past 6 months): In 2020, nine per cent of the sample had used prescribed pregabalin (9% in 2019) and six per cent had used non-prescribed pregabalin (9% in 2019; $p=0.577$) in the six months preceding interview (Figure 33).

Frequency of Use: Consumers reported using non-prescribed pregabalin on a median of five days (IQR=4-7) in 2020, stable from 25 days (IQR=18-72) in 2019 ($p=0.215$).

Recent Injection: In 2020, very low numbers ($n \leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Figure 33: Past six month use of other drugs, South Australia, 2000-2020



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychoics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychoics in 2011 (asked as ‘Seroquel’ 2011-2018), e-cigarettes in 2014 and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e., n≤5 but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Licit and Other Drugs

Steroids

Very low numbers ($n \leq 5$) reported using non-prescribed steroids in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#) or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Sixty-five per cent of the sample reported recent use of alcohol in 2020 (62% in 2019; $p = 0.769$; Figure 33).

Frequency of Use: Median frequency of use amongst consumers in 2020 was 24 days (IQR=3-50; 24 days in 2019; IQR=11-90; $p = 0.236$), with 12% of recent consumers reporting daily use in 2020 (13% in 2019).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently common amongst the SA IDRS sample. In 2020, the majority of the sample (90%) reported recent use of tobacco (95% in 2019; $p = 0.283$) (Figure 33).

Frequency of Use: Median frequency of use amongst consumers in 2020 was 180 days (IQR=180-180; 180 days in 2019; IQR=180-180; $p = 0.848$), with 89% of recent consumers reporting daily use in 2020 (89% in 2019).

E-cigarettes

Recent Use (past 6 months): Almost one-tenth of participants (8%) reported recent use of e-cigarettes in 2020, stable relative to 2019 (17%; $p = 0.087$) (Figure 33).

Frequency of Use: Median frequency of use amongst consumers in 2020 was eight days (IQR=1-180; 9 days in 2019; IQR=5-90; $p=0.687$).

Forms Used: Among recent consumers ($n=8$), the majority (75%) reported using e-cigarettes containing nicotine. Small numbers ($n\leq 5$) reported using cannabis, and equally small numbers reported using neither cannabis nor nicotine; these numbers are suppressed. For further information, please refer to the [2020 IDRS National Report](#) or contact the Drug Trends team.

Reason for Use: Small numbers ($n\leq 5$) reported using e-cigarettes as a smoking cessation tool, therefore, these numbers are suppressed. For further information, please refer to the [2020 IDRS National Report](#) or contact the Drug Trends team.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2020, almost one-quarter (23%) reported recent use of GHB/GBL/1,4-BD. Further questions regarding recent use of GHB/GBL/1,4-BD were not asked of participants in 2020.

Recent Injection: In 2020, very low numbers ($n\leq 5$) reported recent injection, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

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

In 2020, 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 data coding:
 - **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.

In 2019, participants were explicitly queried about stimulant and 'other drug' overdose.

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

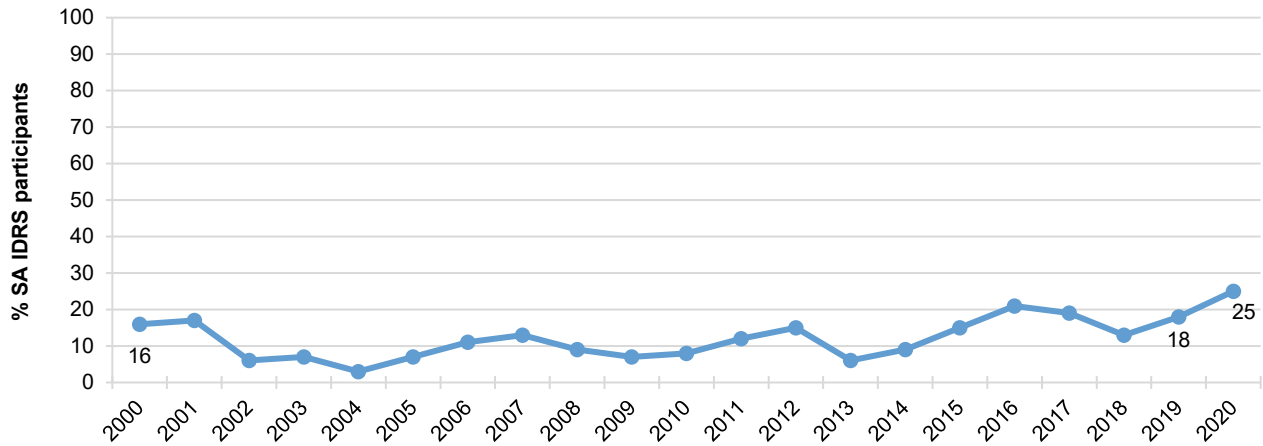
Overdose in the SA sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). Fifteen per cent reported a **non-fatal overdose following opioid use** in the past 12 months in 2020 ($n \leq 5$ in 2019; $p=0.017$). This was driven by 13% of the sample reporting a non-fatal overdose from heroin, a significant increase from 2019 ($n \leq 5$ in 2019; $p=0.045$).

Over one-tenth (12%) reported a **non-fatal overdose following stimulant use** in the past 12 months, which was stable from 14% in 2019 ($p=0.680$), though nine per cent reported an accidental overdose whilst consuming an 'other' drug', not including stimulants, a significant increase from 2019 ($n \leq 5$ in 2019; $p=0.018$) (Table 7). The most common drug cited was GHB/GBL/1, 4-BD (8%). Regarding 'any'

drug, one-quarter (25%) reported a non-fatal overdose, remaining stable from 2019 (18%; $p=0.302$) (Figure 35).

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

Figure 34: Past 12 month non-fatal any overdose, South Australia, 2000-2020



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0) $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2019 versus 2020.

Table 7: Past year non-fatal overdose by drug type, nationally and South Australia, 2015-2020

	National			South Australia			
	2020	2020	2019	2018	2017	2016	2015
% Opioid overdose	N=881 13	N=100 15*	N=100 -				
% Heroin overdose	N=882 11	N=100 13*	N=99 -	N=98 -	N=100 8	N=101 -	N=102 10
% Methadone overdose	N=881 1	N=100 -	N=99 0	N=101 -	N=100 0	N=101 0	N=102 0
% Morphine overdose	N=881 <1	N=100 0	N=99 0	N=101 -	N=99 -	N=101 -	N=102 -
% Oxycodone overdose	N=881 0	N=100 -	N=99 0	N=99 -	N=99 0	N=101 -	N=102 -
% Other drug overdose							
% Including stimulants	N=881 6	N=100 12	N=99 14	N=101 8	N=100 11	N=101 16	N=102 6
% Not including stimulants	N=883 3	N=100 9*	N=99 -	/	/	/	/
% Any drug overdose	N=880 18	N=100 25	N=99 18	N=97 13	N=99 19	N=101 21	N=102 14

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2019 versus 2020.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty 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 placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. 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: From 2013-2020, there has been no significant change in the per cent of participants who have heard of naloxone, ranging between 63% and 75%. Two-thirds of participants (67%) reported awareness of naloxone in 2020 (64% in 2019; $p=0.765$) (Figure 35).

Awareness of Take-Home Programs (training program): Fluctuations have been observed over the years in the per cent reporting that they were aware of the take-home naloxone programs, though almost two-fifths (39%) reported awareness of these programs in 2020, a significant increase relative to 2019 (22%; $p=0.012$) (Figure 35).

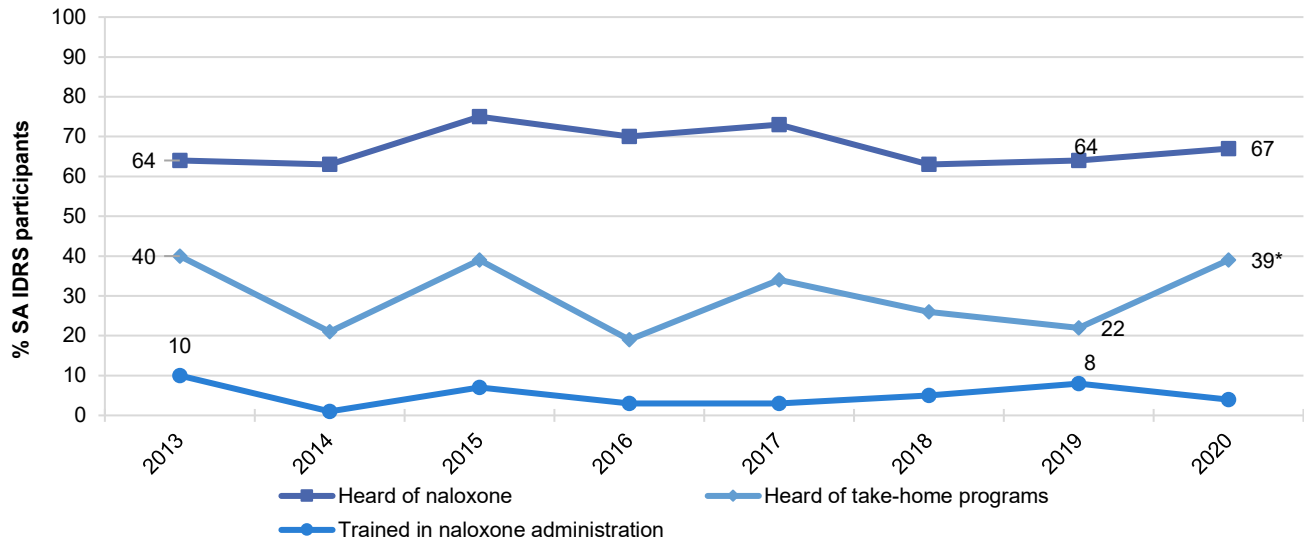
Participation in Training Programs: In 2020, very low numbers ($n\leq 5$) reported participation in naloxone training programs, therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Accessed Naloxone: Almost one-fifth (17%) of the SA sample reported having ever accessed naloxone. Out of those who had never accessed naloxone ($n=84$), reasons included 'don't consider myself/my peers at risk of overdose' (22%), 'don't use opioids' (16%) and 'didn't know you could access naloxone' (14%).

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded ($n=65$), 22% reported that they had ever resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past year opioid overdose and commented ($n=13$), almost half (46%; $n=6$) reported that they had been resuscitated by a peer using naloxone.

Of those who reported ever accessing naloxone and commented ($n=15$), on the last occasion two-fifths (40%) reported last receiving intramuscular naloxone and 60% reported receiving intranasal naloxone. On the last occasion, 44% of these participants accessed naloxone from a pharmacy, and the majority (87%) of participants reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone, almost two-fifths (38%) reported that they 'always' had naloxone on hand when using opioids in the past month, 19% said 'sometimes' and 31% said 'never'.

Figure 35: Take-home naloxone program and distribution, South Australia, 2013-2020



Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Injecting Risk Behaviours and Harms

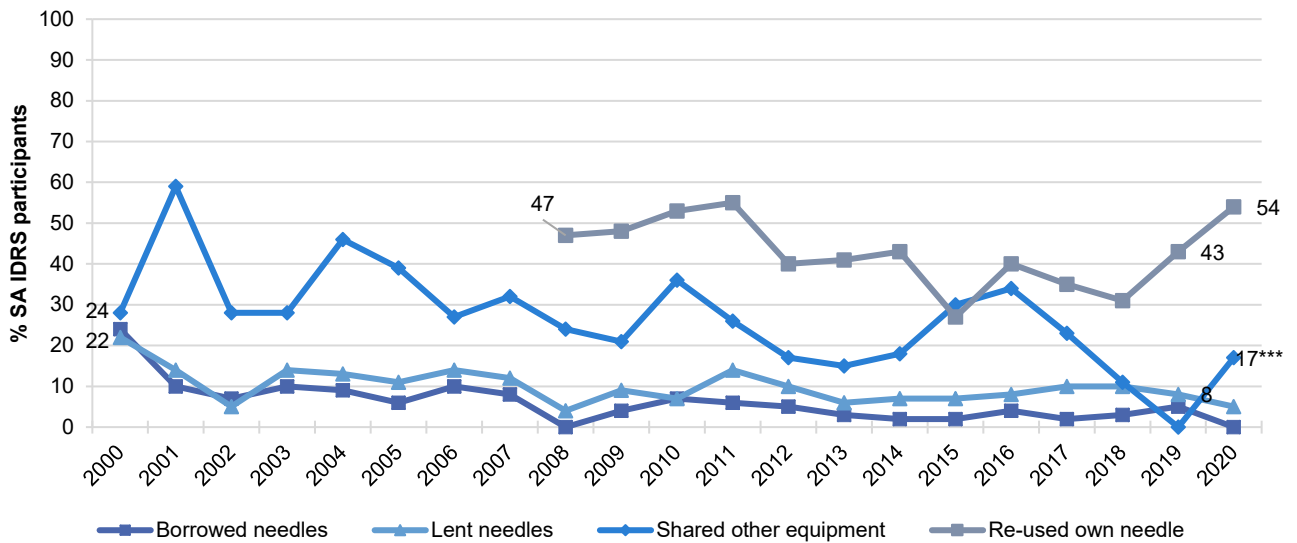
In 2020, no participants reported receptive sharing ($n \leq 5$ in 2019; $p = 0.068$), and few participants reported distributive sharing in the past month ($n \leq 5$), stable from 2019 (8%; $p = 0.515$) (Figure 36).

The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has declined substantially since 2000 (Figure 36). Over half (54%) of the sample reported that they had re-used their own needles in the past month, which remained stable relative to 2019 (43%; $p = 0.175$) (Figure 36).

Nearly two-fifths (39%) of the 2020 sample reported that they had injected someone else after injecting themselves (27% in 2019; $p = 0.086$), and almost one-quarter (24%) were injected by someone else who had previously injected in the past month (25% in 2019; Table 8).

Consistent with previous years, most participants (89%) in the sample reported that they had last injected in a private home (95% in 2019; $p = 0.207$; Table 8).

Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, South Australia, 2000-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Table 8: Sharing and re-using needles and injecting equipment in the past month, nationally and South Australia, 2015-2020

	National		South Australia				
	2020 N=884	2020 N=100	2019 N=98	2018 N=101	2017 N=100	2016 N=101	2015 N=102
% Injecting behaviours past month							
Borrowed a needle	N=880 5	N=99 0	N=98 -	N=101 -	N=100 -	N=100 -	N=100 -
Lent a needle	N=875 9	N=100 -	N=96 8	N=101 10	N=100 10	N=100 8	N=100 7
Shared any injecting equipment ^	N=877 25	N=99 17***	N=100 0	N=101 11	N=99 23	N=100 34	N=100 31
Re-used own needle	N=878 44	N=99 54	N=98 43	N=100 31	N=100 35	N=100 40	N=100 27
Injected partner/friend after self ~	N=878 32	N=100 39	N=98 27	N=100 29	N=100 35	/	/
Somebody else injected them after injecting themselves ~	N=878 17	N=100 24	N=96 25	N=101 14	N=100 19	/	/
% Location of last injection	N=878	N=100	N=98	N=101	N=100	N=98	N=100
Private home	83	89	95	88	92	88	90
Car	5	-	-	7	-	7	6
Street/car park/beach	5	-	0	-	-	-	0
Public toilet	4	-	-	-	0	-	-
Medically supervised injected services	3	0	/	/	/	/	/
Other	1	0	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

In 2020, fewer participants reported having an injection-related health issue in the month preceding interview, relative to 2019 (35% in 2020; 51% in 2019; $p=0.040$) (Table 9). This was mostly driven by significantly fewer participants reporting to have experienced a dirty hit in 2020 (8%; 29% in 2019; $p<0.001$). Infection/abscess (15%) and nerve damage (13%) were the most common injection-related health issues reported by participants in 2020.

Table 9: Injection-related issues in the past month, South Australia, 2019-2020

	2020 (N=100)	2019 (N=97)
% Artery injection	9	15
% Any nerve damage	13	20
% Any thrombosis	8	6
Blood clot near the surface of skin	8	-
Blood clot in the deep veins	-	-
% Any infection/ abscess	15	8
Skin abscess or cellulitis	14	6
Endocarditis	0	-
Another serious infection (e.g. sepsis, osteomyelitis)	-	0
% Dirty hit	8***	29
% Any injection-related problem	35*	51

Note. In 2020, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size ($n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Drug Treatment

Compared to previous years, more participants reported that they were currently receiving any drug treatment in 2020, with almost two-fifths of participants (38%; 19% in 2019; $p=0.005$) reporting that they were currently in treatment for their substance use (most commonly receiving methadone) (Table 10).

In 2020, of those not currently in treatment ($n=62$), one-tenth (10%) of participants reported having difficulties accessing treatment in the past six months and 29% reported wanting to access treatment but not trying to. Few participants ($n\leq 5$) were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 10: Current drug treatment, nationally and South Australia, 2015-2020

	National		South Australia				
	N=884	N=100	N=99	N=201	N=100	N=101	N=102
	2020	2020	2019	2018	2017	2016	2015
% Current drug treatment	48	38**	19	23	30	33	31
Methadone	31	20	12	13	16	21	17
Buprenorphine	2	0	0	0	-	-	-
Buprenorphine-naloxone	8	10	-	6	7	7	8
Buprenorphine depot injection	2	-	-	/	/	/	/
Drug counselling	11	8	-	-	-	-	-
Other	4	-	-	0	-	-	-

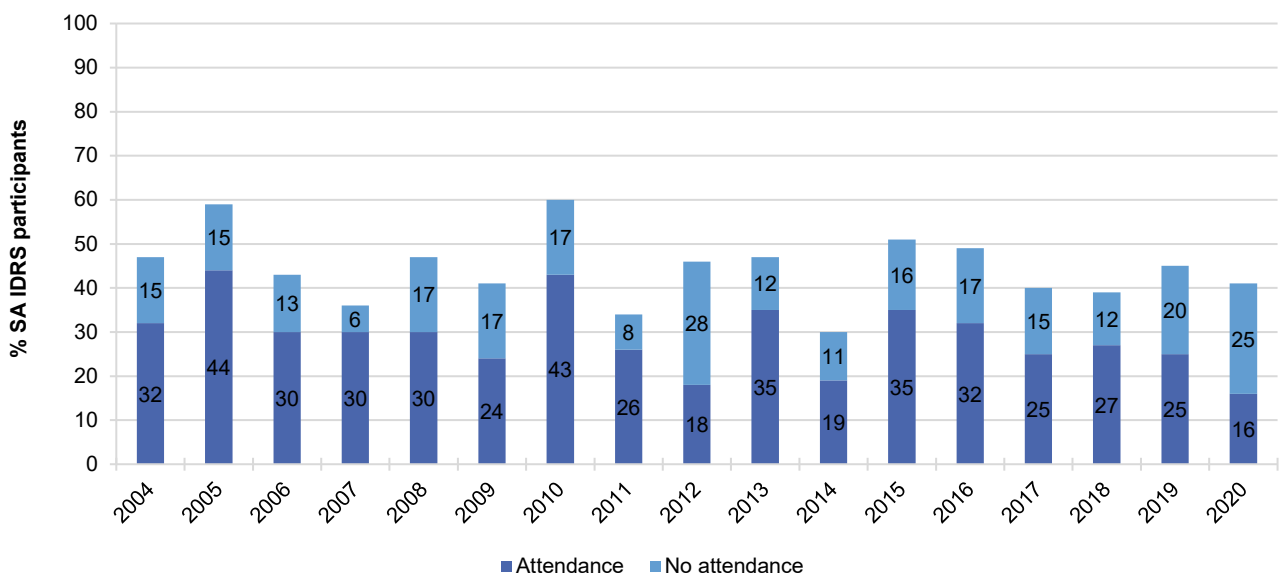
Note. - Numbers suppressed when $n\leq 5$ (but not 0). / not asked. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Mental Health

In 2020, 41% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2019 (45%; $p=0.636$) (Figure 37). Amongst this group, the most commonly reported problems comprised depression (74%) and anxiety (47%). A smaller proportion of participants reported post-traumatic stress disorder (21%).

Sixteen per cent of the sample (39% of those who reported a mental health problem) had seen a mental health professional during the past six months. Three-fifths (60%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2019 (68%; $p=0.864$).

Figure 37: Self-reported mental health problems and treatment seeking in the past six months, South Australia, 2004-2020



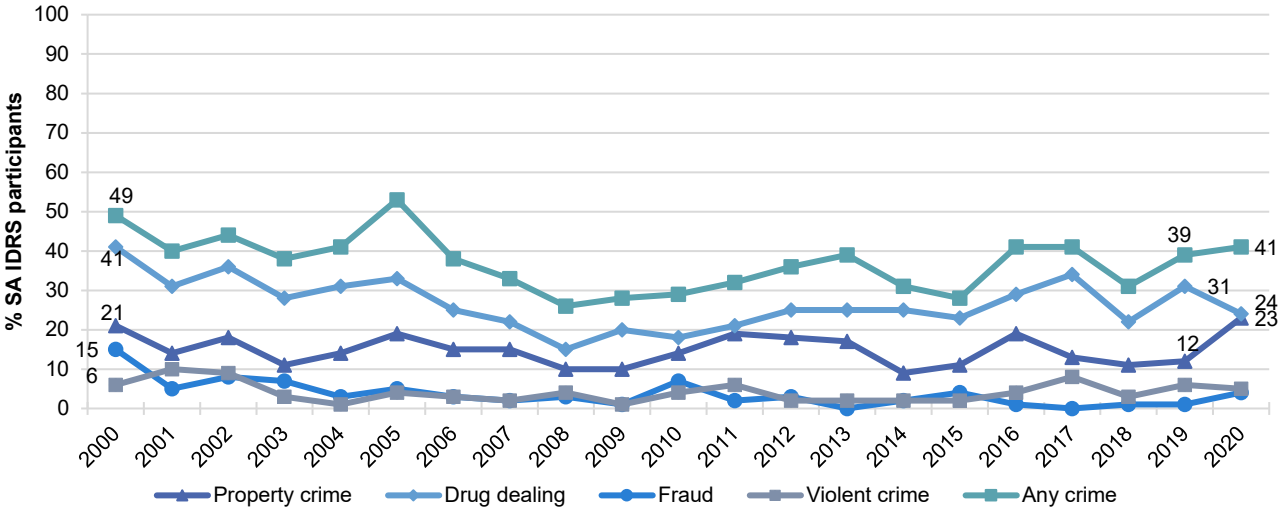
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Crime

Two-fifths (41%) of participants reported engaging in ‘any’ crime in the past month in 2020, stable from 39% in 2019 ($p=0.884$). Property crime and selling drugs for cash profit remained the most common self-reported crimes in the month preceding interview (23% and 24%, respectively) (Figure 38). Low numbers reported violent crime in 2020 ($n \leq 5$). One-tenth (10%) reported being the victim of a crime involving violence (e.g., assault), stable from 2019 (17%; $p=0.172$).

In 2020, 22% the sample had been arrested in the past year, stable from 2019 (20%; $p=0.776$). Over two-fifths (43%) reported a lifetime prison history in 2020, also stable from 47% in 2019 ($p=0.515$).

Figure 38: Self-reported criminal activity in the past month, South Australia, 2000-2020



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 have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2019 versus 2020.