



AUSTRALIAN DRUG TRENDS 2020

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



AUSTRALIAN DRUG TRENDS 2020: KEY FINDINGS FROM THE NATIONAL 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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- Chris Moon, Northern Territory Department of Health, Northern Territory; and
- Catherine Daly, Dr Natalie Thomas, Dr Jennifer Juckel and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland, Queensland.

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Participants

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

Contributors

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

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile Range
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of Participants
NDARC	National Drug and Alcohol Research Centre
NPS	New Psychoactive Substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OAT	Opioid Agonist Treatment
OTC	Over-the-Counter
PBS	Pharmaceutical Benefits Scheme
QLD	Queensland
SA	South Australia
SD	Standard Deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in the capital cities of 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-September: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were mostly delivered via phone rather than face-to-face though some participants were interviewed face-to-face in Tasmania and the Northern Territory. This should be factored into all comparisons of data from the 2020 sample relative to previous years.**

Sample Characteristics

The IDRS sample in 2020 (N=884) was predominantly identified as male (59%) with a mean age of 44, consistent with the national profile in previous years. This sample had more females participating in 2020 compared to 2019. Half of the participants (50%) reported that their drug of choice was heroin, an increase relative to 2019 (45%). Heroin and methamphetamine were the drugs injected most often in the past month (46% and 41%, respectively).

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. One-fifth (20%) of the national 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 (89%) had practiced social distancing and 70% had undergone home isolation. Over one-third (36%) of participants

reported injecting drugs at a different frequency in the past month as compared to February 2020; whereby 25% reported greater frequency of injection, with 11% reporting a reduced frequency. One-tenth (12%) reported a change in the main drug injected in February versus the past month (subsequent to COVID-19 restrictions). Nearly half (48%) the participants reported a perceived decrease in the use of methamphetamine since March, with 57% of these participants citing 'decreased availability' as the primary reason. Smaller numbers reported an increase in alcohol (27%) and cannabis (25%), 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 (91% and 62%, respectively). Furthermore, crystal methamphetamine and heroin were most commonly reported to have decreased in perceived purity (59% and 50%, respectively). Crystal methamphetamine and morphine were the drugs most commonly cited as having decreased in availability (71% and 57%, respectively). Almost one-third (32%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, and 50% reported 'similar'. Of those on opioid agonist treatment since March 2020 (n=373), 25% reported an increase in take-away doses. Whilst the majority of participants reported 'no change' when commenting on changes related to their injecting practices since March 2020, 9% reported an increase in re-using their own needles, and 13% reported injecting alone more. Over one-quarter (28%) 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 (82%) 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 any heroin increased from 55% in 2019 to 63% in 2020. There was large jurisdictional variation (e.g., $n \leq 5$ of participants in the NT sample versus 86% in the VIC sample). Median frequency of use in 2020 was 96 days in the past six months. Significantly more participants perceived heroin to be of 'low' purity and 'difficult' to obtain in 2020 compared to 2019.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years. In 2020, 72% reported recent use, significantly lower than 78% in 2019. The majority reported use of the crystal form of methamphetamine (71%) with smaller numbers reporting recent use of powder (20%) and base (8%). Frequency of use remained stable relative to 2019 (median of 48 days for 2019 and 2020). In 2020, there was a significant increase in the price of a point and gram of crystal methamphetamine, relative to 2019 (\$50 versus \$100 and \$250 versus \$500, respectively). One-third reported crystal methamphetamine was 'difficult' to obtain, the highest percentage since monitoring began.

Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the national sample since the beginning of monitoring (35% in 2001). In 2020, a significant increase was observed, relative to 2019 (17%; 13% in 2019).

Cannabis

Recent use of cannabis was reported by the lowest per cent since monitoring began (67%) and was also a significant decrease relative to 2019 (74%). Frequency of use, however, was similar to 2019 at a median of 160 days (130 days in 2019). Nearly half the consumers (48%) reported using cannabis daily (46% in 2019). The price of an ounce of hydroponic and bush cannabis had both significantly increased, relative to 2019.

Pharmaceutical Opioids

Non-prescribed use of most forms of pharmaceutical opioids has either remained stable or significantly declined since monitoring of each opioid first began. In 2020, morphine was the most common pharmaceutical opioid used in a non-prescribed context (15%). Six per cent of the national sample reported recent non-prescribed fentanyl use, stable from 9% in 2019. There was a significant decrease of those reporting recent use of non-prescribed codeine in 2020, relative to 2019 (4% versus 9% in 2019).

Other Drugs

Use of NPS has remained low and stable over the period of monitoring. In 2020, slightly less participants reported recent use (8% versus 11% in 2019). Use of 'new' drugs that mimic the effects of cannabis and opioids were reported by 5% and 1%, respectively. Recent use of e-cigarettes (13%), tobacco (89%), alcohol (54%), anti-psychotics (6%) and pregabalin (14%) had significantly declined compared to 2019 reports. One-in-ten reported recent use of GHB /GBL/1,4-BD.

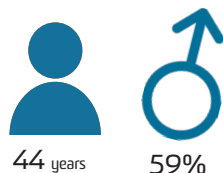
Drug-Related Harms and Other Associated Behaviours

Nearly one in five participants (18%) reported overdosing on any drug in the preceding year, most commonly heroin. One in three (34%) had been trained in naloxone administration and 5% of the sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. In 2020, 5% of participants reported receptive sharing of a needle or syringe and 9% reported distributive sharing in the past month. Significantly fewer participants reported to have experienced injection-related problems in 2020. Nearly half of the sample were currently in any drug treatment (48%), an increase relative to 2019 (42%). Self-reported mental health problems in the past six months and any criminal activity in the past month remained stable from 2019 (47% and 40%, respectively).

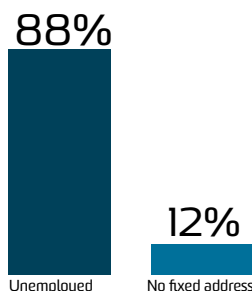
2020 SAMPLE CHARACTERISTICS



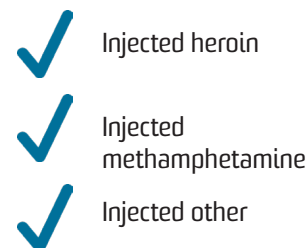
In 2020, 884 people from all Australian capital cities participated in IDRS interviews.



The mean age in 2020 was 44, and 59% identified as male.

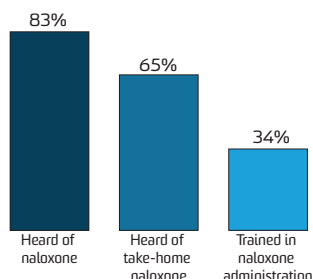


In the 2020 sample, 88% were unemployed and 12% had no fixed address.

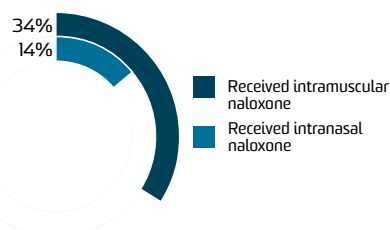


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

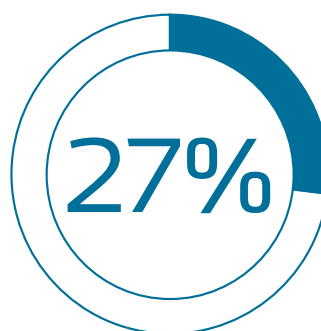
NALOXONE



IDRS participants' knowledge of the take home naloxone program, nationally.



Of those who reported ever accessing naloxone, 34% received intramuscular naloxone and 14% intranasal naloxone.

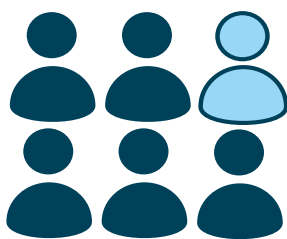


Of those who reported having heard of naloxone, 27% had used naloxone to resuscitate someone who had overdosed.



In the IDRS sample, 5% said they had been resuscitated with naloxone by a peer.

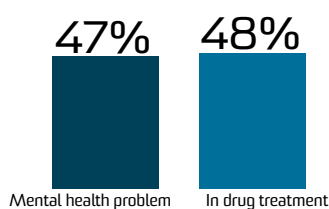
OTHER HARMS AND HELP-SEEKING



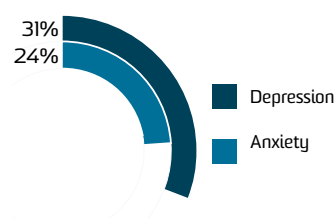
In the 2020 IDRS sample, 13% had a non-fatal opioid overdose in the last year. Heroin was the most commonly cited opioid related to non-fatal overdose.



In the 2020 sample, 6% had experienced a non-fatal stimulant overdose in the previous 12 months.

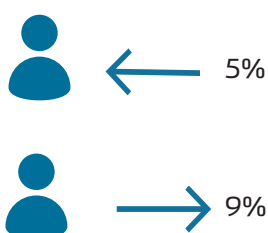


In the sample, 47% self reported a mental health problem in the six months prior to interview, and 48% were in drug treatment at the time of interview.

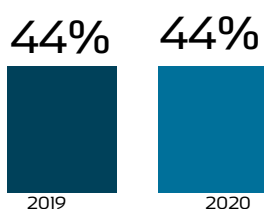


In the sample, 31% reported being diagnosed with depression and 24% with anxiety in the past six months.

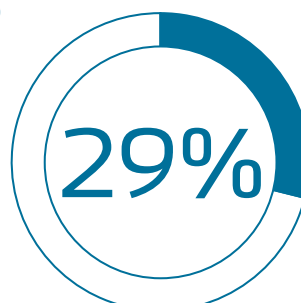
INJECTING RELATED RISKS AND HARMS



In 2020, 5% of the IDRS sample reported receptive needle sharing, and 9% reported distributive needle sharing.

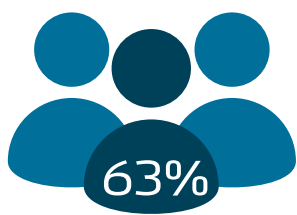


The number of people who re-used their own needles was stable from 2019 to 2020 (44%).

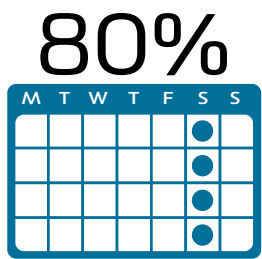


In 2020, just under one third (29%) of the national sample reported having an injection-related health issue in the month preceding interview.

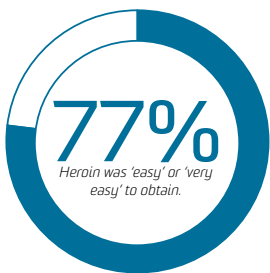
HEROIN



Past 6 month use of heroin increased to 63% in the 2020 IDRS sample (55% 2019).



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

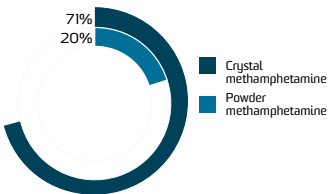


Of those who could comment 77% perceived heroin to be 'easy' or 'very easy' to obtain, down from 89% in 2019.

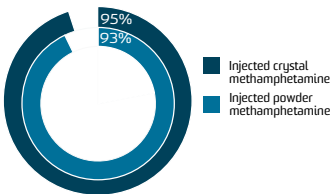
METHAMPHETAMINE



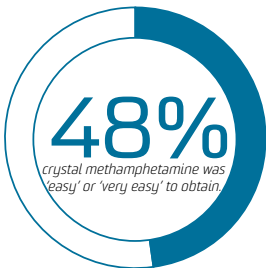
Past 6 month use of any methamphetamine was stable at 72% of the 2020 IDRS sample (78% in 2019).



Of the entire sample, 20% had recently consumed powder, and 71% crystal methamphetamine.

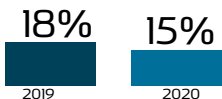


Injection was the main route of administration for powder (93%) and crystal (95%) among those who had consumed each form.



Of those who could comment 48% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

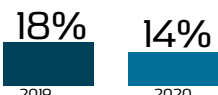
PHARMACEUTICAL MEDICINES



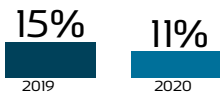
Past 6 month use of non-prescribed morphine was stable at 18% in the 2019 IDRS sample and 15% in 2020.



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

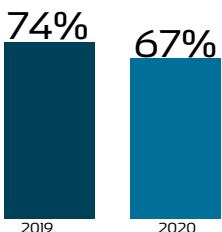


Past 6 month use of non-prescribed pregabalin was stable at 18% in the 2019 IDRS sample to 14% in 2020.

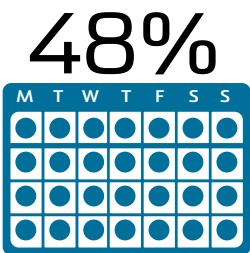


Past 6 month use of non-prescribed oxycodone was stable at 15% in the 2019 IDRS sample to 11% in 2020.

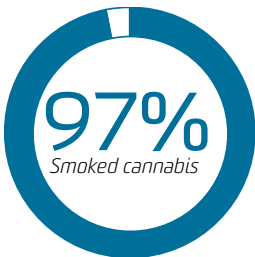
CANNABIS



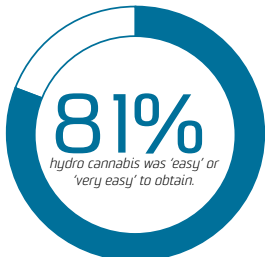
Past 6 month use of any cannabis decreased from 74% in the 2019 IDRS sample to 67% in 2020.



Of those who had consumed cannabis recently, almost half reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 97% had smoked it.



Of those who could comment 81% perceived hydro to be 'easy' or 'very easy' to obtain.

1

Background and Methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel group of people who regularly inject drugs, recruited from all capital cities of Australia (N=884 in 2020). The results from the IDRS interviews are not representative of all people who consume drugs, nor of illicit drug use in the general population, but this is not the aim of these data, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia.

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 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 interviewed during May-July. The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW n=151; Melbourne, VIC n=148; Adelaide, SA n=100; Canberra, ACT n=100; Hobart, TAS n=99; Brisbane and Gold Coast, QLD n=109; Darwin, NT n=99; and Perth, WA n=96.

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 3 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW n=155; Melbourne, VIC n=179; Adelaide, SA n=100; Canberra, ACT n=100; Hobart, TAS n=74; Brisbane and Gold Coast, QLD n=98; Darwin, NT n=78; and Perth, WA n=100.

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 capital cities, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather 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 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 2, 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 3.

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.

2

Sample Characteristics

Participants were asked questions about select sociodemographic characteristics, as well as key drug use characteristics of interest.

Sample Characteristics

In 2020, 63% of participants were recruited via NSPs (56% in 2019; $p=0.001$), followed by word-of-mouth (25%; 37% in 2019; $p<0.001$). Sixteen per cent of the 2020 sample had taken part in the 2019 interview (27% in 2019 had taken part in the 2018 interview; $p<0.001$).

In 2020, the national IDRS sample was predominantly male (59%; 68% in 2019; $p<0.001$) with a mean age of 44 (SD=9; Table 1). The majority of the sample (88%) were unemployed at the time of interview (88% in 2019; $p=0.707$), although just over three-fifths (62%; 57% in 2019; $p=0.041$) of the sample reported having received a post-school qualification(s). The vast majority of participants (94%) reported receiving a government pension, allowance or benefit in the past month, stable from 2019 (93%; $p=0.562$). Participants reported their median weekly income amounted to \$500 (IQR=421-555), significantly higher than \$350 (IQR=275-450; $p<0.001$) reported by participants in 2019.

Participants typically reported that heroin was their drug of choice (50%), a significant increase from 2019 (45%; $p=0.018$; Figure 1), with heroin being the drug injected most often in the month preceding interview, also being a significant increase from 2019 (46%; 40% in 2019; $p=0.013$; Figure 2).

In addition, there was an increase of participants reporting heroin consumption on a weekly or more frequent basis in 2020 compared to 2019 (51%; 43% in 2019; $p=0.001$; Figure 3). Significantly fewer participants reported weekly or more frequent use of cannabis in 2020 compared to 2019 (51%; 57% in 2019; $p=0.013$; Figure 3).

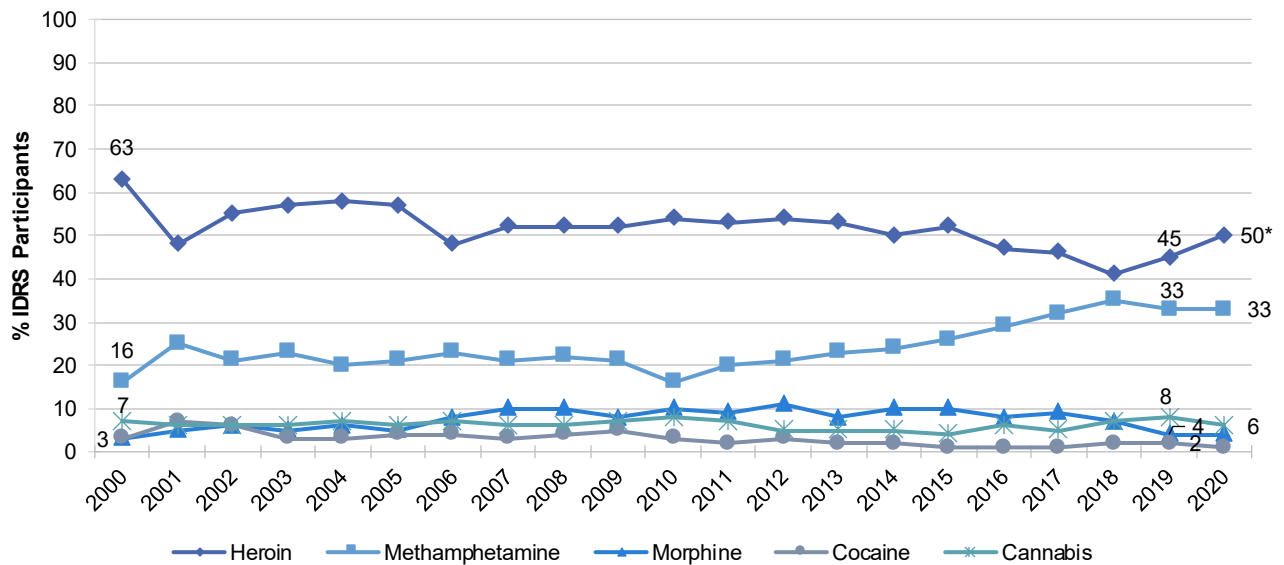
Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2019-2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=884	N=155	N=100	N=179	N=74	N=100	N=100	N=78	N=98
	2019	2020								
Mean age (years; SD)	44 (10)	44 (9)	44 (9)	44 (9)	44 (8)	43 (8)	46 (9)	43 (10)	44 (11)	45 (10)
% Male	68	59***	61	55	59	58	50	67	63	58
% Aboriginal and/or Torres Strait Islander	22	18	26	18	9	15	15	20	39	12
% Sexual identity										
Heterosexual	87	86	83	79	88	84	86	87	93	87
Homosexual	3	4	8	-	4	-	-	-	0	-
Bisexual	8	8	8	14	7	10	9	-	-	9
Queer	1	1	-	0	-	-	0	-	0	0
Other	1	1	-	-	0	0	-	-	0	-
Mean years of school education (range)	10 (1-12)	10 (1-12)	10	10	10	10	10	11	10	10
% Post-school qualification(s)^	57	62*	61	67	58	65	67	59	46	74
% Current employment status										
Unemployed	88	88	92	85	92	89	89	90	90	76
Full time work	1	3	-	-	-	-	-	-	-	10
% Past month gov't pension, allowance or benefit	93	94	95	96	97	95	97	92	96	85

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=902	N=884	N=155	N=100	N=179	N=74	N=100	N=100	N=78	N=98
	2019	2020								
Current median income/week (\$; IQR)	350 (275 – 450)	500 (421-555)***	450 (375-550)	471 (400-550)	533 (450-550)	553 (450-597)	475 (395-550)	538 (455-600)	500 (400-575)	540 (450-600)
% Current accommodation										
Own home (inc.renting)~	70	69	73	83	59	65	74	64	68	71
Parents'/family home	6	6	-	-	5	-	10	12	-	-
Boarding house/hostel	6	9	8	-	18	-	9	9	-	8
Shelter/refuge	2	2	-	-	-	-	0	-	0	-
No fixed address	15	12	13	9	12	16	6	13	19	13
Other	1	1	-	-	-	0	-	0	-	0

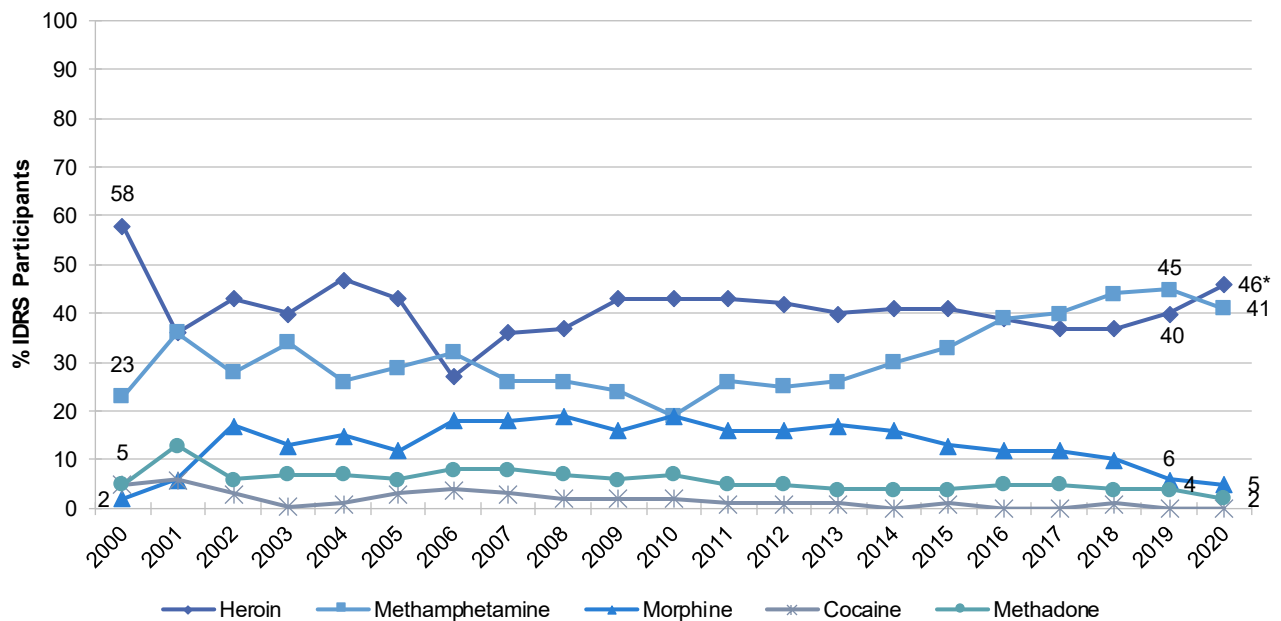
Note. ~Includes trade/technical and university qualifications. ~ Up until and including 2019, 'own home' included private rental and public housing. In 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college' qualifications. - 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 for the national sample.

Figure 1: Drug of choice, nationally, 2000-2020



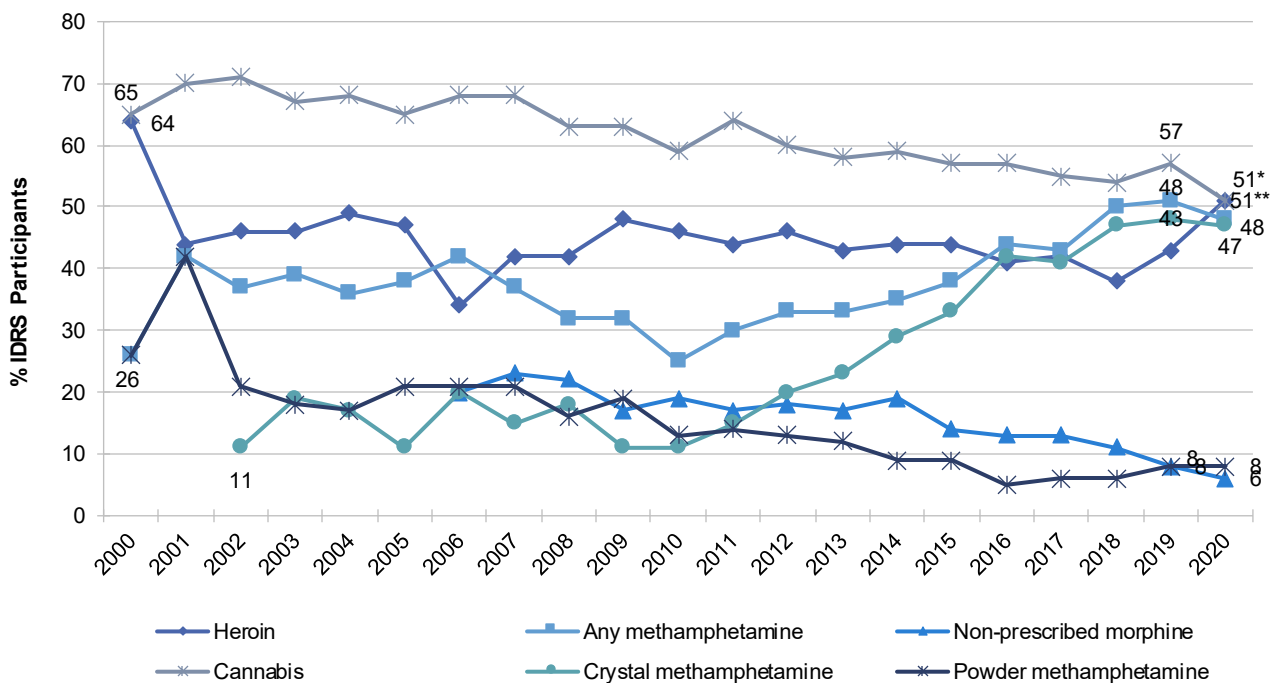
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Figure 2: Drug injected most often in the past month, nationally, 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. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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



Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Y axis reduced to 80% to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

3

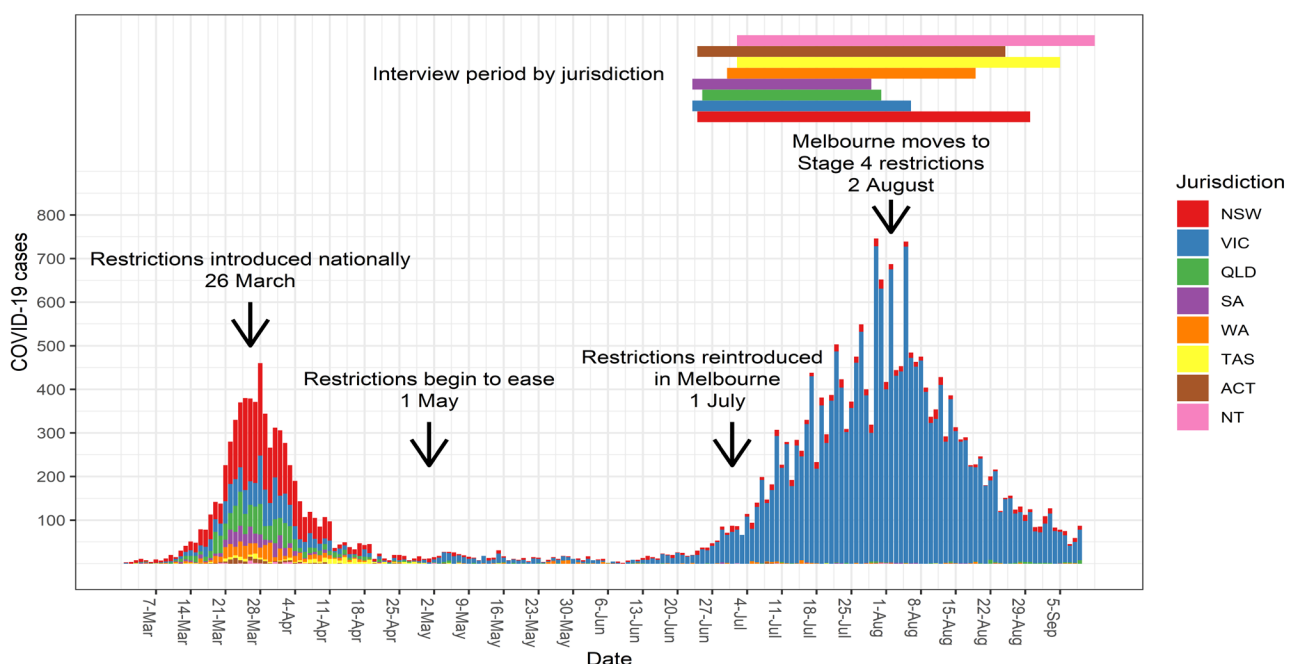
COVID-19

Participants were asked various questions regarding their experience during COVID-19 and the impacts the virus had on their lives following implementation of restrictions in Australia at the beginning of March, 2020.

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.

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 commenced on 23 June and concluded on 11 September 2020.

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

One-fifth (20%) of the IDRS sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. When asked how worried participants currently were of contracting COVID-19, 23% responded 'slightly', 15% said 'moderately', 7% said 'very' and 4% said 'extremely'.

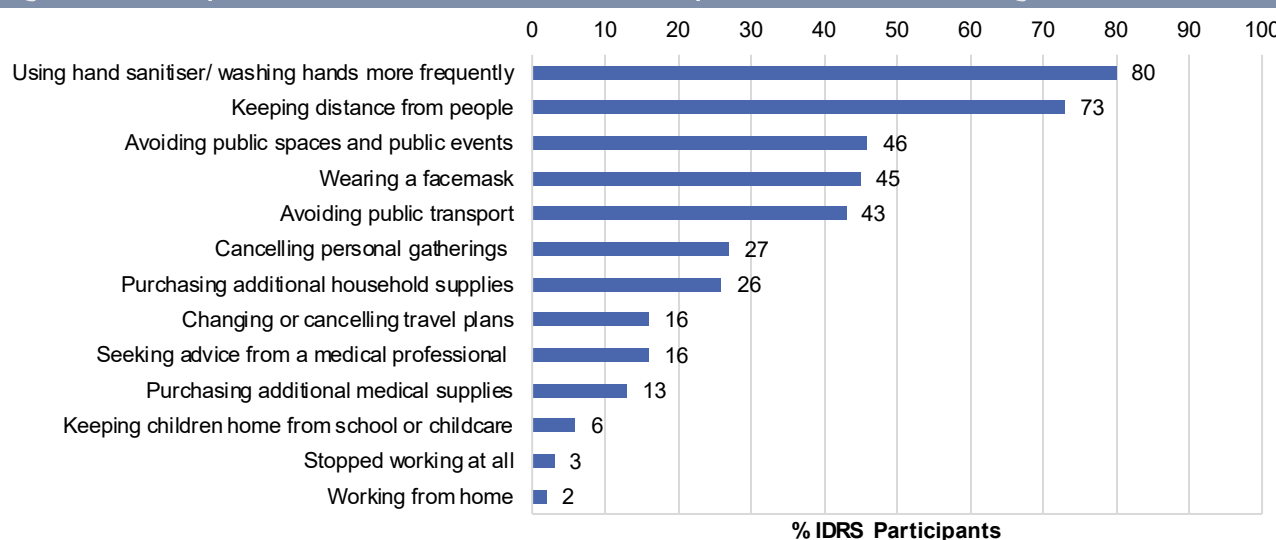
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, 89% of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 70% 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. One per cent 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 (80%), keeping distance from people (73%) and avoiding public spaces and events (46%).

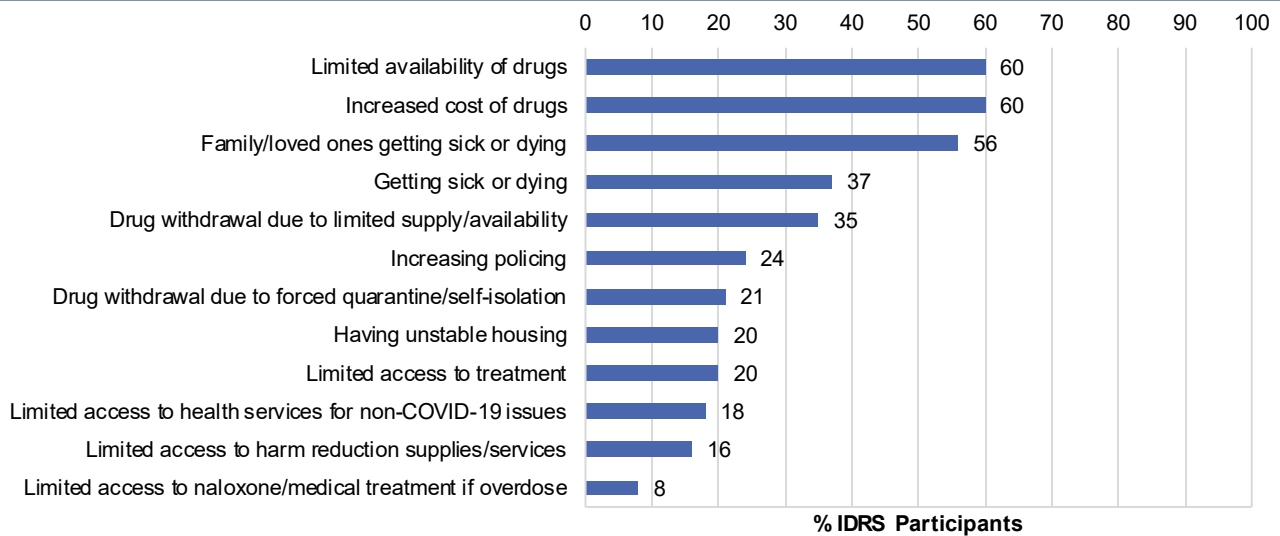
Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised the increased cost of drugs (60%), limited availability of drugs (60%) and family or loved ones getting sick or dying (56%) (Figure 6).

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



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

Housing. Almost one-fifth (18%) of participants reported that their living situation had changed since the beginning of March ($n=158$). As to why participants' living situation had changed, reasons included rent increase (8%), move unrelated to COVID-19 (8%) and participant was given a new shelter/short term housing or put up in a hotel (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, 44% of participants reported that they were receiving more income, 8% reported less income, and 48% reported a similar amount of income (Table 2).

Nearly two-thirds of participants (63%) reported experiencing any financial difficulty during the past month; most commonly reported difficulties were being unable to buy food (38%) and unable to pay household or phone bills on time (31%). Furthermore, one-third (34%) of the sample reported asking for financial help from friends or family, and 28% 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, nationally, 2020

National 2020	
N=884	
% Change in total income in the past month compared to February	
More money	44
Less money	8
About the same	48
% Financial difficulties in the past month#	
Could not pay household or phone bills on time	31
Could not pay the mortgage or rent on time	12

Requested deferred payment of mortgage/rent/loan	6
Unable to buy food or went without meals	38
Unable to heat/air-condition house	13
Asked for financial help from friends or family	34
Asked for help from welfare or community organisations	28
Difficulty paying for medicines	20
Difficulty paying for medical treatment	11

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. Twelve per cent 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. Of these participants (n=107), the main transitions cited were from methamphetamine to heroin (22%) and heroin to methamphetamine (17%). In addition, 9% reported to have started to inject methamphetamine in the past month compared to not injecting methamphetamine in February (Table 3).

Frequency of drug injection. Thirty-six per cent of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; 25% reported greater frequency of injection, and 11% reported lesser frequency (Table 3).

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

	National 2020	
	February	Past month
% Drug injected most often in that month		
Heroin	46	46
Morphine	5	5
Methamphetamine	42	41
Oxycodone	-	-
Methadone	2	2
Buprenorphine-naloxone	1	1
% reporting change in drug injected most often from February to past month ^a	12	
% Frequency of drug injection in that month		
Not in the last month	2	2
Weekly or less	13	19
More than weekly, not daily	31	32
Once a day	21	17
2 to 3 times a day	22	22
More than 3 times a day	11	9
% reporting decrease in frequency	Overall: 25	
% reporting increase in frequency	Overall: 11	
% reporting stable frequency	Overall: 64	

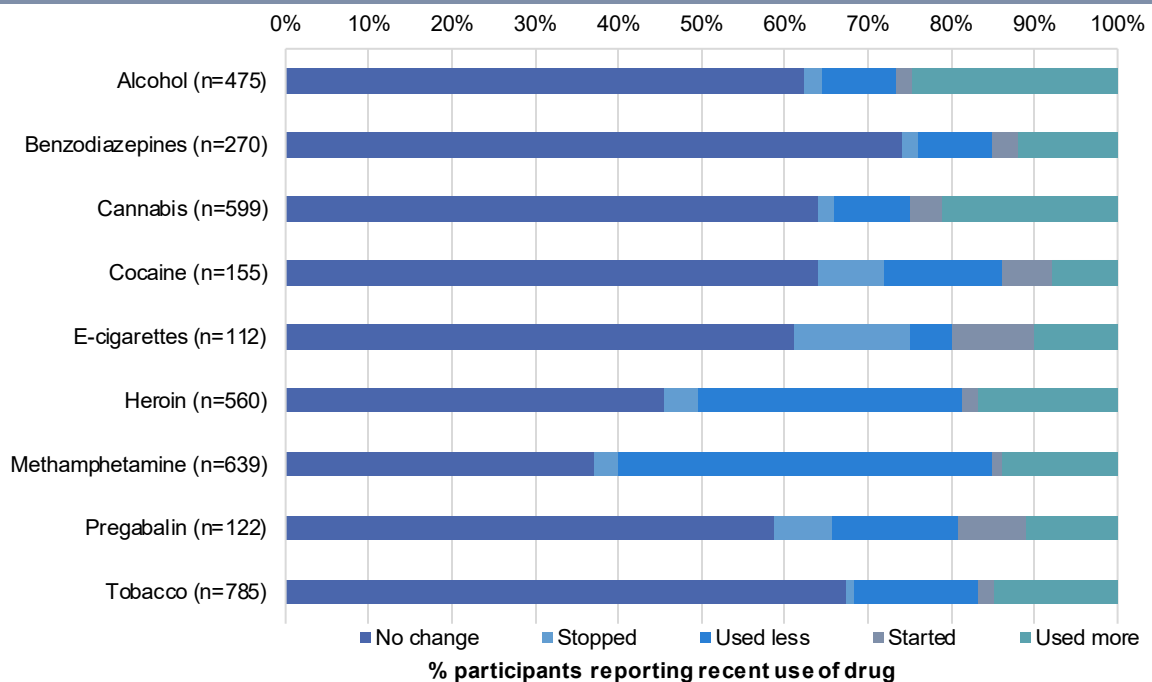
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

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.

For the most part, participants reported no change in use of the various assessed drugs. Between one-fifth and half of participants reported a perceived decrease (i.e., decline or cessation) in use of methamphetamine (48%), heroin (36%), and cocaine (22%). One-quarter reported an increase in use for alcohol (27%) and cannabis (25%).

The primary reasons cited for decreasing use of methamphetamine and heroin were ‘decreased availability’ of the drug (57% and 46%, respectively). Other commonly endorsed reasons were ‘drug is more expensive’ and ‘worried about the effects on my physical health’. ‘Boredom’ was the primary reason why participants increased their use of alcohol and cannabis (33% and 39%, respectively). Other commonly endorsed reasons were ‘greater depression/anxiety with COVID-19’ and ‘more time to use the drug’.

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

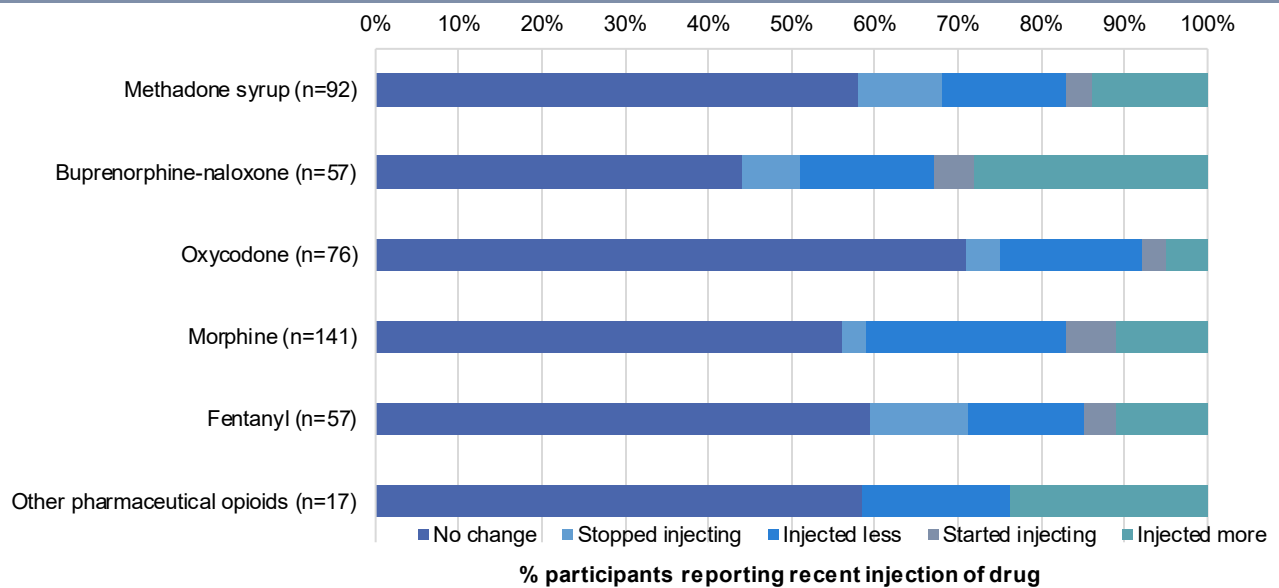


Note. Change in use items were asked of participants who reported use in the past six months. The response ‘Don’t know’ was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

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).

Approximately one-quarter of participants reported a decrease in injection of morphine (27%), fentanyl (26%) and methadone syrup (25%). One-third reported an increase in injection for buprenorphine-naloxone (33%).

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

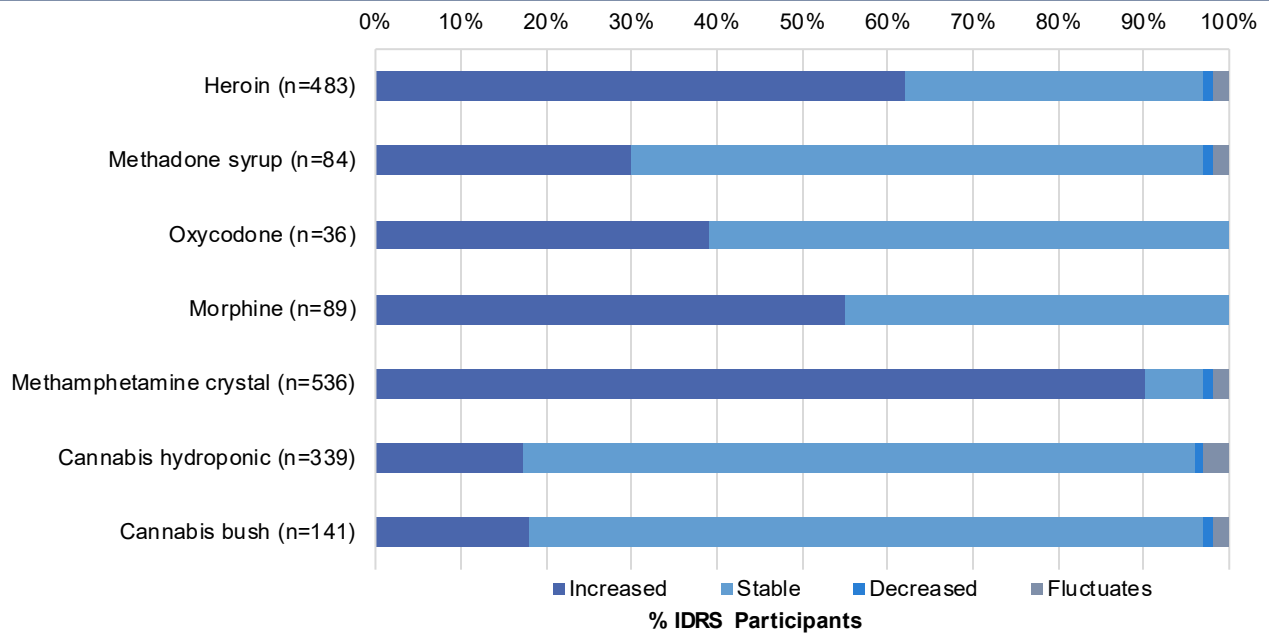
Price, Perceived Purity and Availability

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.

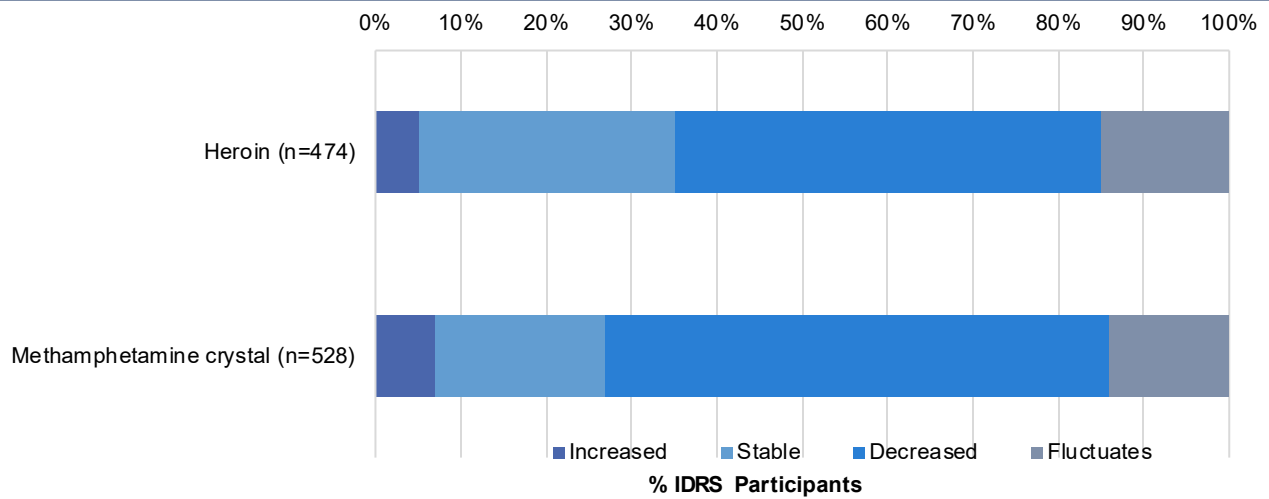
Crystal methamphetamine and heroin were the most commonly reported illicit drugs to have increased in price since the beginning of March 2020 as compared to before (91% and 62%, respectively). The price of hydroponic cannabis and bush cannabis was most commonly reported as stable (78% and 79%, respectively) (Figure 9). Fifty-nine per cent of participants perceived the purity of crystal methamphetamine to have decreased since the beginning of March 2020, as compared to before (Figure 10). Crystal methamphetamine and morphine were most commonly cited as illicit drugs which had decreased in availability (71% and 57%, respectively) (Figure 11).

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



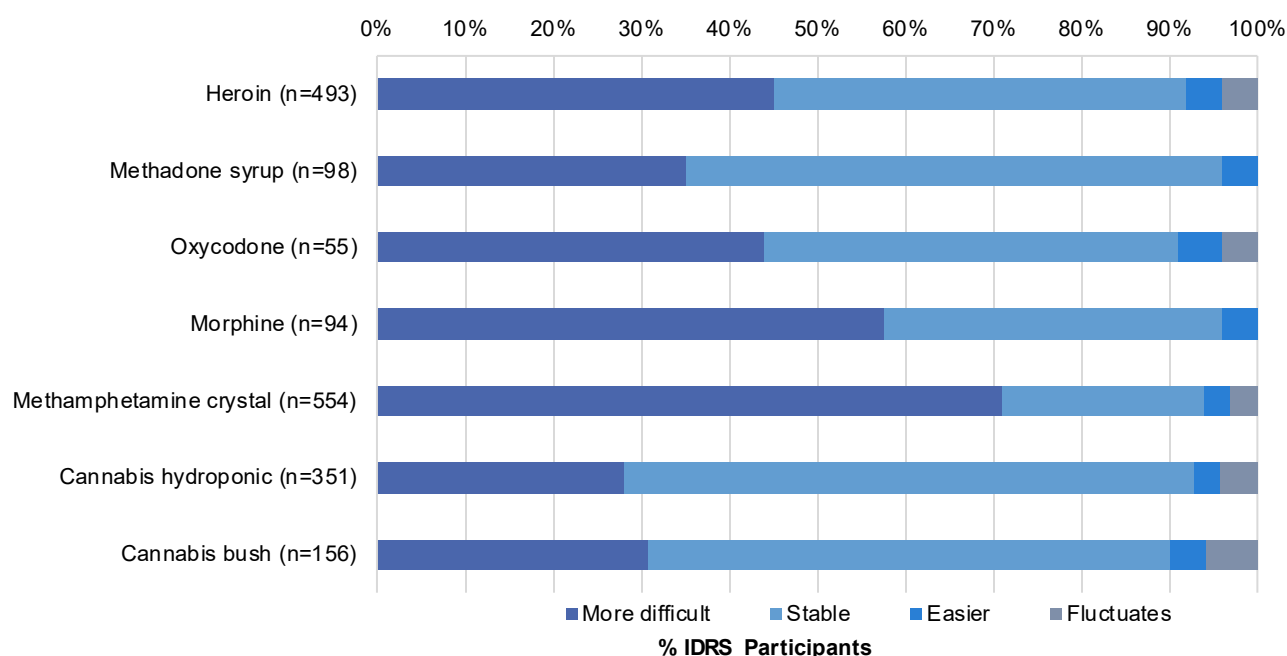
Note. Among those who commented. The response 'Don't know' was excluded from analysis.

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



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

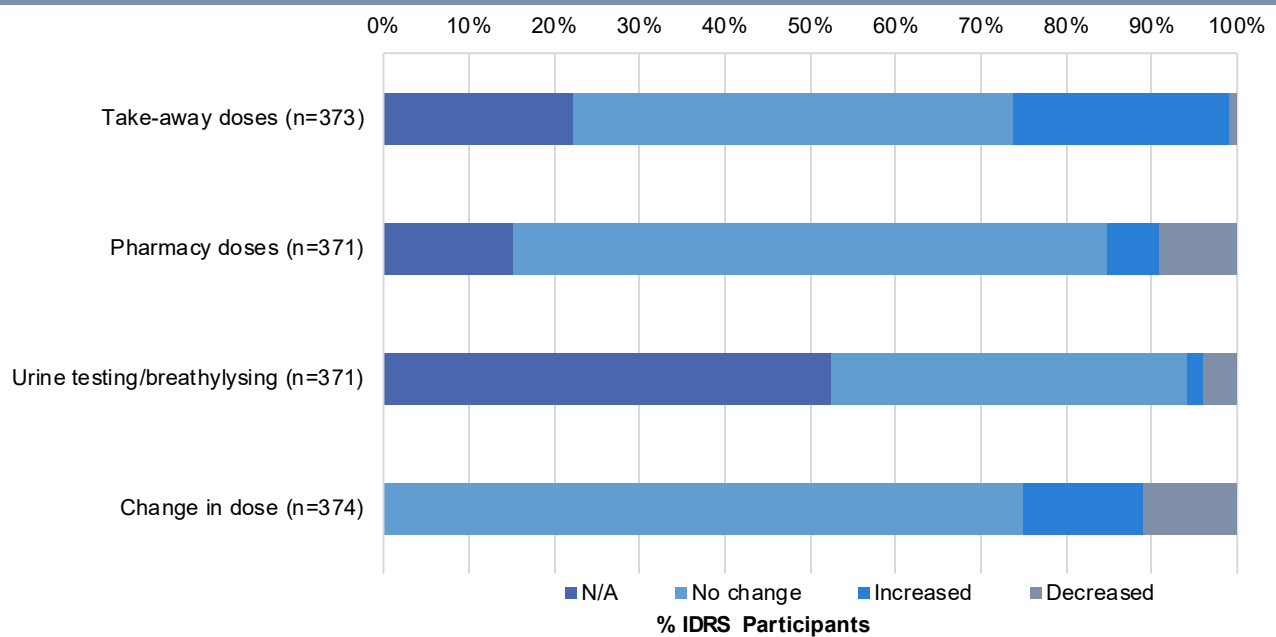
Risk and Protective Behaviours

Drug Treatment. Of those participants who were in treatment in the six months preceding interview, 5% were receiving drug treatment before March, 7% said since March and 43% said both before and since March. Of this group, almost half (49%) reported any disruption to treatment since March 2020 (since COVID-19 restrictions), namely appointments moving to phone/video rather than face-to-face (34%), changed hours of service (17%), and treatment service closed (8%).

Of those in treatment at the time of interview (n=421), 81% reported that their treatment satisfaction was similar since March 2020 (since COVID-19 restrictions); 9% 'better', and 10% 'lower'.

Furthermore, for those on opioid agonist treatment (OAT) since March (n=373), 25% reported an increase in take-away doses, whilst 75% reported no change in their dose of medication. Forty-two per cent of participants reported that urine testing/breathalyzing and frequency of pharmacy doses remained mostly stable (Figure 12). Twenty-three per cent of participants on 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 larger per cent of those who commented responded 'they experienced no changes to their treatment' (34%), followed by 17% that reported 'extremely' and 17% reported 'very'.

Figure 12: Changes in aspects of drug treatment since March 2020, as compared to before amongst participants reporting recent opioid agonist treatment, nationally, 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. Over one-tenth of participants (12%) 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=103), 50% of participants reported having re-used their own needles more than they normally would.

Five per cent of the sample reported difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions). The most commonly reported reasons for this comprised 'service was closed' and 'COVID-19 restrictions meant I could not travel to the service' (20% each of those reporting difficulties).

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, 9% reported an increase in re-using their own needles (Figure 13) and 13% reported injecting alone more. Few (2%) reported an increase in needle sharing (receptive or distributive).

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), 32% of participants rated their mental health as being 'worse', 50% reported 'similar' and 18% reported their mental health as 'better'.

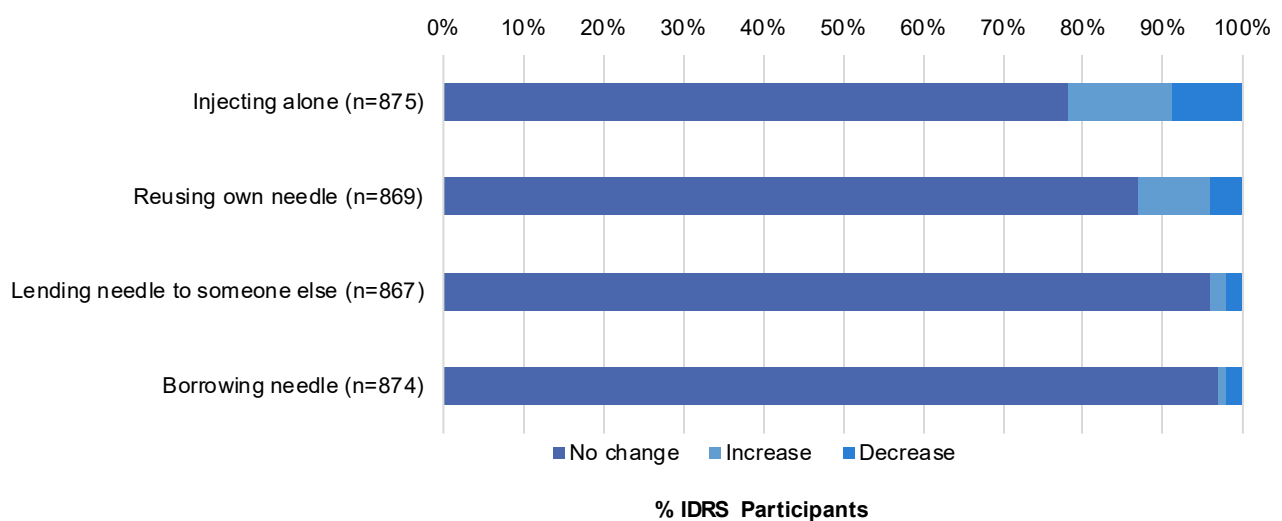
Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 51% said 'similar', 23% said 'worse' and 15% said 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Over one-quarter (28%) 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 comprised a harm reduction service (11%) and GP (6%).

The majority (82%) 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, nationally, 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, nationally, 2020

National 2020	
N=884	
Washed hands with soap/sanitiser before handling drugs or money	67
Avoided sharing needles/syringes with other people	56
Prepared drugs yourself	47
Avoiding sharing other drug use equipment with other people	42
Stocked up on sterile needles/syringes	40
Wiped down drug packages/wraps with soap/sanitiser	28
Stocked up on other sterile drug use equipment	23
Obtained take-home naloxone/narcan	17
Stocked up on illicit/non prescribed drugs	16
Avoided smoking/vaping drugs	12
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.

4

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of any heroin has remained relatively stable over the years, with between half and two-thirds of the sample reporting use. The per cent reporting recent use increased from 2019 (55%) to 2020 (63%; $p=0.001$; Figure 14). It is important to note marked differences across jurisdictions, ranging from less than one in twenty participants reporting recent use in the NT samples, to more than eight in ten participants reporting recent use in the ACT and VIC samples in 2020 (Table 5). SA recorded the greatest increase in 2020 relative to 2019 (47% versus 28%, respectively; $p=0.009$), whereas the other jurisdictions remained stable (Table 5).

Frequency of Use

Median frequency of use nationally has typically been equivalent to four days a week in the past six months (2020: median 96 days, IQR=30-180), stable from 2019 (90 days, IQR=24-180; $p=0.345$) (Figure 14). In 2020, just over one-third (36%) of participants who had recently used heroin reported daily use (36% in 2019; $p=0.901$), and 80% reported weekly use, stable from 78% in 2019 ($p=0.277$). No one reported daily use in the NT and TAS sample, whereas the ACT, NSW and the VIC samples had the highest per cent (45%, 44% and 43%, respectively).

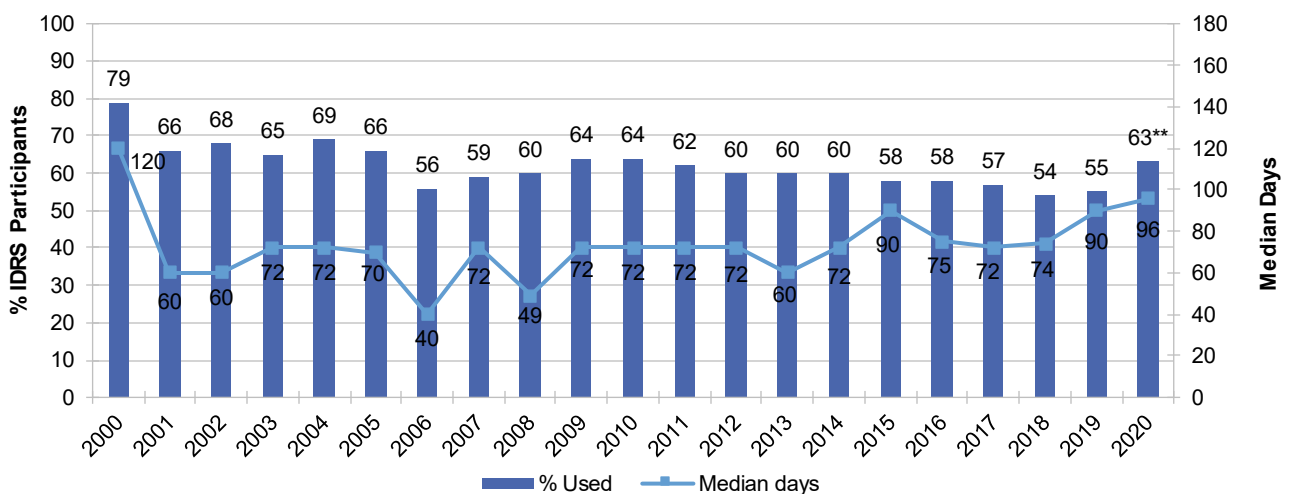
Routes of Administration

Injecting remained the most common route of administration among people who consumed heroin, with 100% reporting injecting heroin in 2020 (99% in 2019; $p=0.194$). Participants who reported injecting did so on a median of 96 days (IQR=30-180) which remained stable from 2019 (90 days; IQR=24-180; $p=0.392$). Few participants reported smoking (7%; 7% in 2019; $p=0.876$), swallowing (2%; 1% in 2019; $p=0.981$) and snorting (1%; 1% in 2019; $p=0.439$) heroin.

Quantity

The median amount of heroin used per day in the last six months was 0.20 grams (IQR=0.10-0.50; 0.20 grams in 2019; IQR=0.10-0.40; $p=0.263$).

Figure 14: Past six month use and frequency of use of heroin, nationally, 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.

Table 5: Past six month use of heroin, by jurisdiction, 2000–2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	95	92	97	38	73	80	56	86
2001	96	83	90	24	65	55	36	62
2002	96	89	94	21	48	64	22	81
2003	97	88	90	26	55	63	16	64
2004	95	91	86	19	60	69	34	79
2005	88	86	89	19	61	69	24	64
2006	81	71	76	9	60	53	12	63
2007	88	72	85	-	67	57	7	65
2008	83	86	85	-	51	59	14	74
2009	94	78	79	12	72	71	13	75
2010	92	78	85	8	64	69	5	81
2011	87	79	81	19	57	79	9	65
2012	89	74	84	9	52	80	11	65
2013	83	75	83	10	41	75	17	72
2014	85	75	83	13	43	79	7	66
2015	91	79	74	-	49	75	14	50
2016	86	70	77	7	37	78	7	58
2017	80	74	80	15	52	66	13	55
2018	83	75	83	8	35	67	9	45
2019	82	77	85	15	28	62	-	63
2020	78	85	86	24	47**	69	-	64

Note. - 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.

Price, Perceived Purity and Availability

Price

In 2020, the reported median price last paid for one gram of heroin nationally was \$400 (IQR=250-550; $n=95$), similar to 2019 (\$350; IQR=250-400; $n=65$; $p=0.063$). Participants reported a median last price of \$50 per cap in 2020 (IQR=50-100; $n=25$), with a median price of (\$50; IQR=50-50; $n=79$) recorded in 2019 ($p=0.021$) (Figure 15). Furthermore, participants reported a median price of \$70 per point (IQR=50-100; $n=259$), a significant increase from \$50 in 2019 (IQR=50-75; $n=221$; $p < 0.001$).

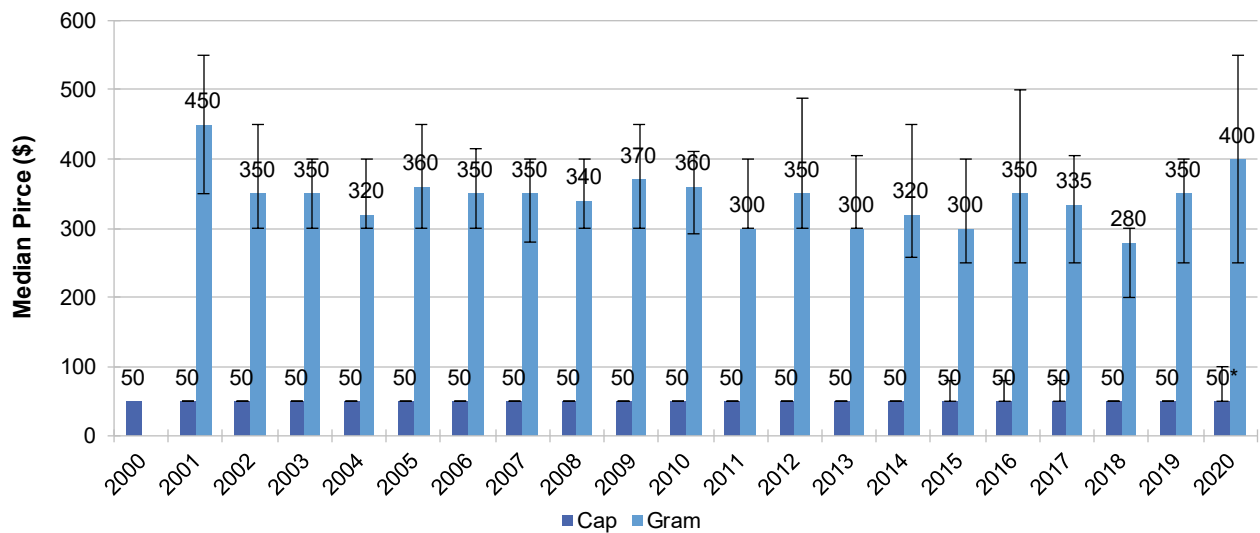
Perceived Purity

Among those who were able to comment ($n=485$), approximately two in five participants perceived the current purity of heroin to be 'low' (44%), a significant increase relative to 2019 (27%; $p < 0.001$). A further 14% perceived the purity of heroin to be 'high', a significant decrease from 25% in 2019 ($p < 0.001$), whereas one-quarter (25%) perceived purity to be 'medium' (31% in 2019; $p=0.033$) (Figure 16).

Perceived Availability

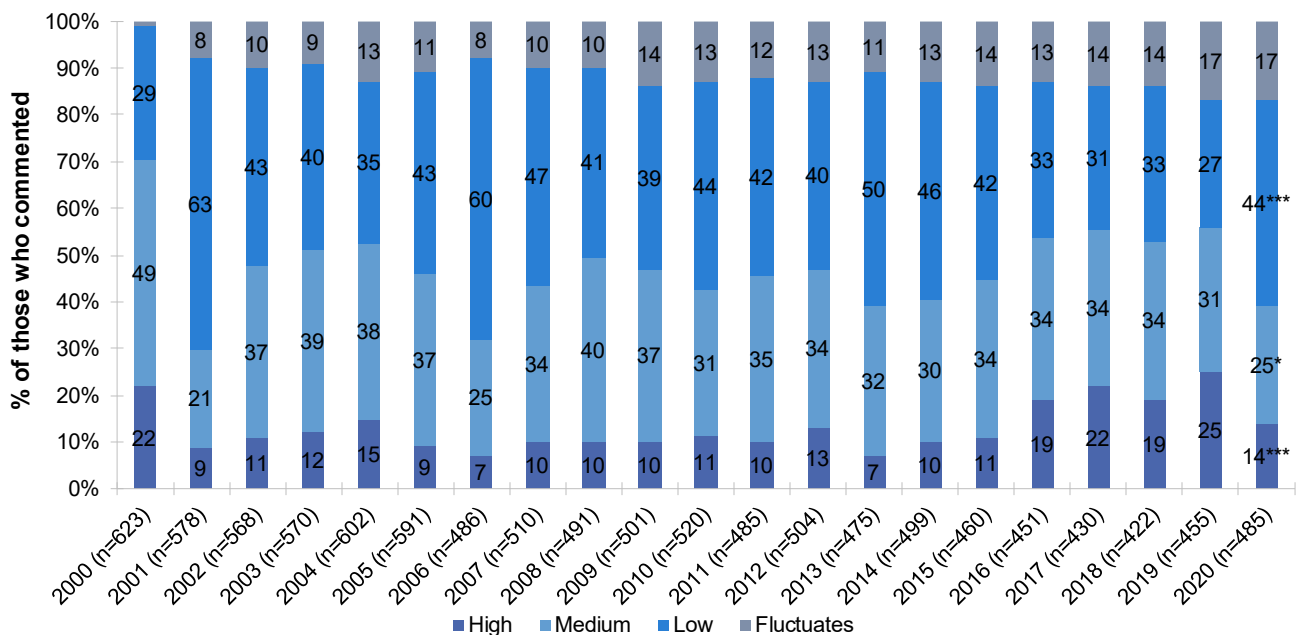
Of those who were able to comment ($n=496$), 42% perceived the current availability of heroin as being 'easy' to obtain relative to 34% in 2019 ($p=0.020$). A further 35% perceived heroin as being 'very easy' to obtain, as compared to 54% in 2019 ($p < 0.001$). In contrast, 19% perceived heroin as being 'difficult' to obtain, significantly more so than 9% in 2019 ($p < 0.001$) (Figure 17).

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



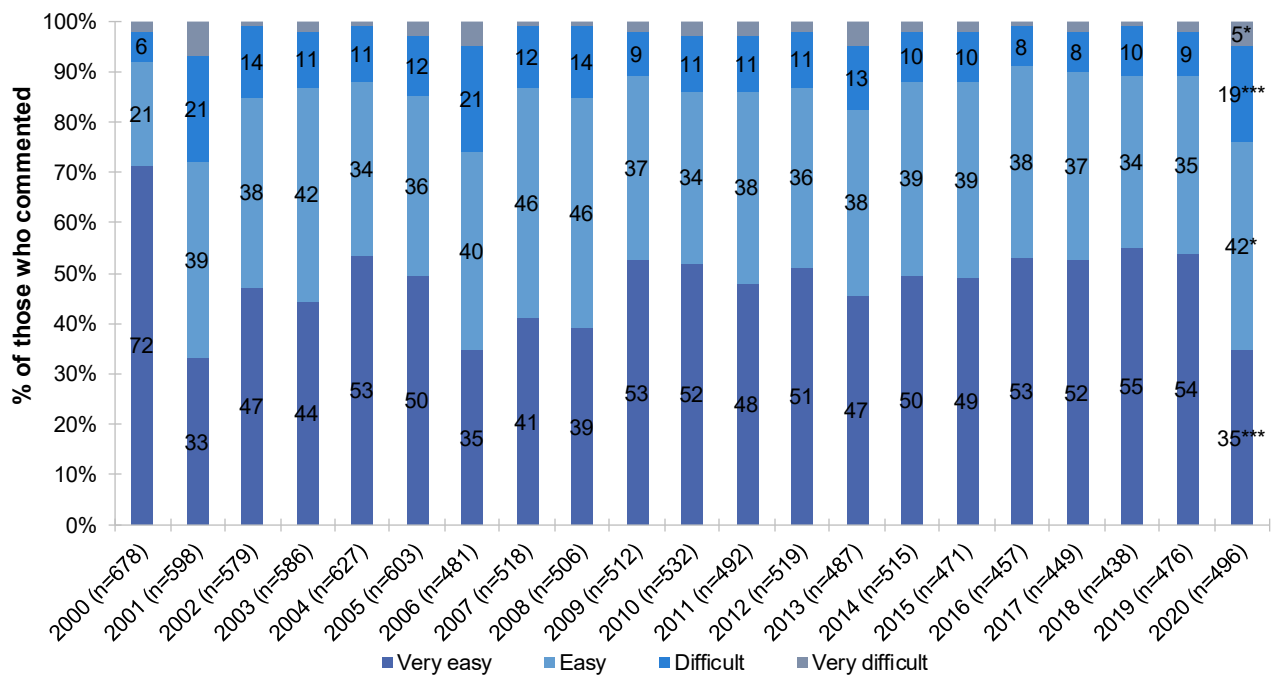
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. The error bars represents the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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



Note. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

5

Methamphetamine

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

Patterns of Consumption (any methamphetamine)

Recent Use (past 6 months)

Recent use of any methamphetamine (powder, base and crystal) peaked in 2003 (89%), before declining to 60% in 2010, with a subsequent rise in the years following. Nevertheless, a significant decline transpired in 2020 (72%) relative to 2019 (78%; $p=0.006$) (Figure 18). Across the jurisdictions, at least three in five participants reported recent use of methamphetamine in 2020, ranging from 63% in the QLD sample to 83% in the NT sample, with a significant decrease in the per cent reporting use from 2019 to 2020 observed in the ACT sample (79% versus 65%, respectively; $p=0.032$) (Table 6).

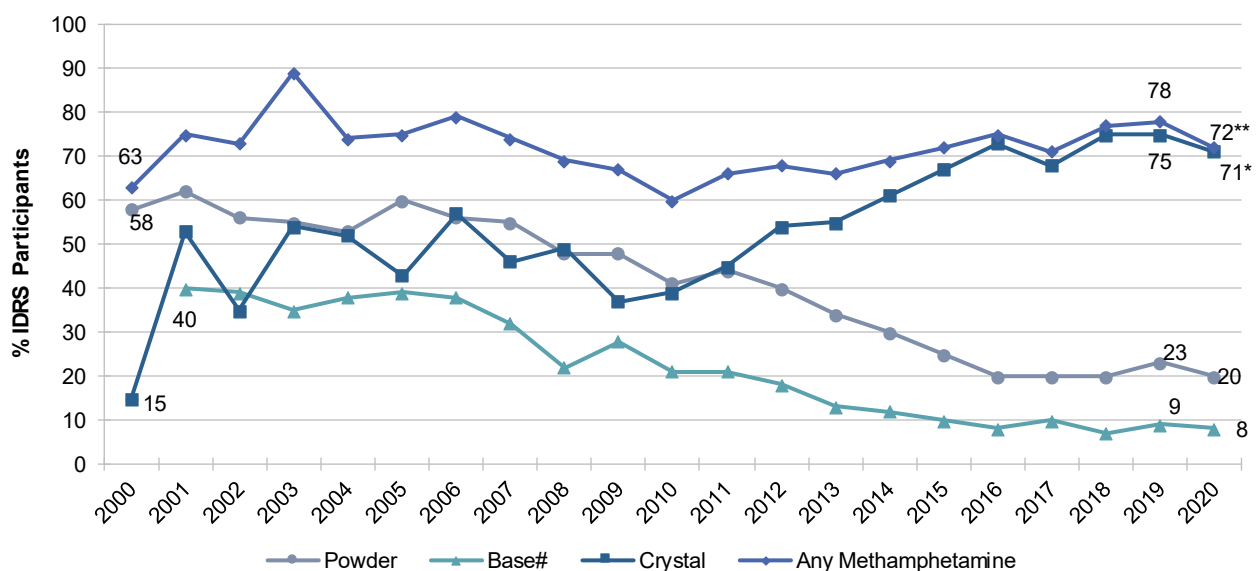
Frequency of Use

In 2020, frequency of use remained largely stable at a median of 48 days (IQR=12-108; 48 days in 2019; IQR=12-97; $p=0.568$) (Figure 19). The per cent of participants who had recently used methamphetamine reporting weekly or more frequent use also remained stable compared to 2019 (68% versus 66% in 2019; $p=0.674$).

Forms of Methamphetamine

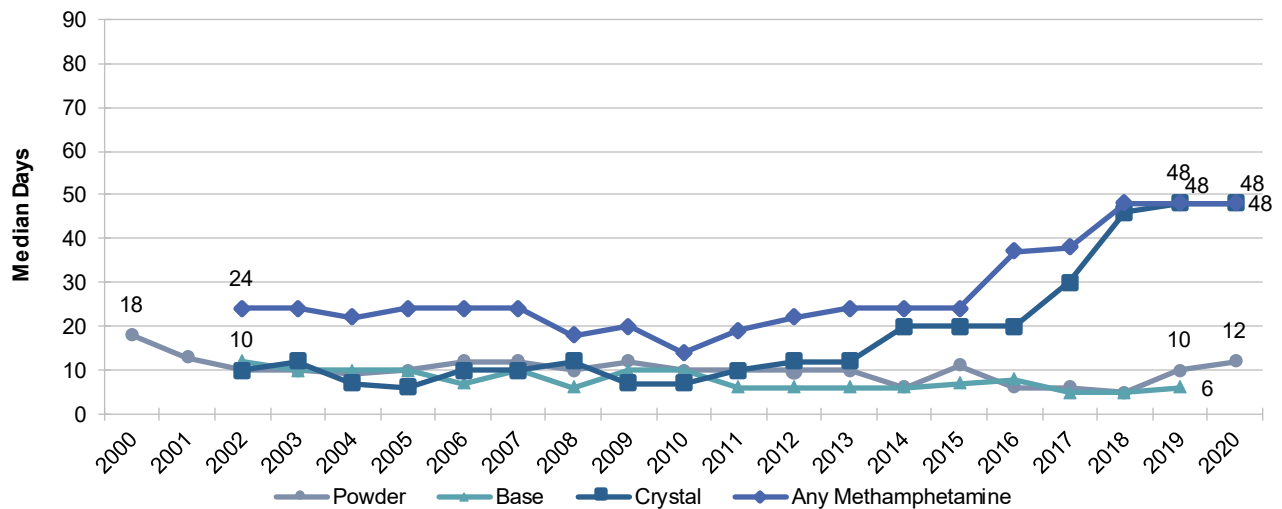
There has been a shift over time to decreasing use of methamphetamine powder and base forms and increasing use of crystal methamphetamine (Figure 18). Indeed, of those who had used methamphetamine in the six months preceding interview in 2020 ($n=639$), most participants had used crystal methamphetamine (71%; 75% in 2019), followed by powder (20%; 23% in 2019).

Figure 18: Past six month use of any methamphetamine and of methamphetamine powder, base, and crystal, nationally, 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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

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



Note. Frequency of use data was not collected in 2020 for base methamphetamine. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 6: Past six month use of any methamphetamine, by jurisdiction, 2000–2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	40	68	53	83	52	85	74	71
2001	51	82	76	85	81	92	70	83
2002	48	70	73	84	85	85	72	81
2003	53	71	79	88	72	90	71	89
2004	56	81	71	91	71	85	70	81
2005	58	73	79	95	78	75	72	78
2006	72	92	81	83	78	86	64	82
2007	62	83	74	88	74	70	68	78
2008	74	74	68	74	69	74	57	59
2009	57	75	70	80	61	63	55	70
2010	57	59	60	70	74	64	36	59
2011	60	73	65	77	66	64	55	71
2012	72	77	67	77	79	72	48	53
2013	75	66	61	74	75	72	43	58
2014	75	76	77	70	75	66	37	72
2015	66	81	74	72	76	71	67	67
2016	77	83	73	75	77	65	71	70
2017	69	80	66	69	76	70	66	74
2018	76	85	78	79	83	67	75	72
2019	76	79	70	81	90	79	90	68
2020	77	65*	66	77	81	73	83	63

Note. - 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.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Nationally, use of powder methamphetamine has generally been decreasing over time but stabilised from 2016, with approximately one in five participants reporting recent use since (20% in 2020; 23% in 2019; $p=0.144$) (Figure 18). Most jurisdictions have reflected this trend, with some fluctuation over time. ACT recorded a significant decrease from 27% in 2019 to 13% in 2020 ($p=0.020$) (Table 7).

Frequency of Use: Nationally, frequency of use remained stable in 2020 at a median of 12 days (IQR=3-60; 10 days in 2019; IQR=3-48; $p=0.369$) (Figure 19). In 2020, over two-fifths (43%) of participants who had recently used powder methamphetamine reported weekly or more frequent use, stable from 38% in 2019 ($p=0.380$).

Routes of Administration: Most consumers (93%) reported recent injection of powder (94% in 2019; $p=0.689$) and reported doing so on a median of 12 days (IQR=3-71), stable relative to 2019 (10 days; IQR=3-48 $p=0.393$). One-fifth (21%) reported smoking powder, stable relative to 2019 (24%; $p=0.607$).

Quantity: Of those who reported recent use and responded ($n=156$), the median amount of powder used on a typical 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; $p=0.233$).

Methamphetamine Base

Recent Use (past 6 months): Base has typically been the least commonly used form of methamphetamine since monitoring commenced in 2001. Approximately one in ten participants have reported recent use of base each year since 2013, with 8% reporting recent use in 2020 (9% in 2019; $p=0.512$) (Figure 18). No significant difference was observed between 2019 and 2020 at the jurisdictional level.

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

Routes of Administration: Most recent consumers of base reported injecting the form (97%; 95% in 2019; due to small numbers reporting recent use, significance testing for routes of administration were not undertaken), with few participants reporting smoking ($n\leq 5$).

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

Methamphetamine Crystal

Recent Use (past 6 months): Reports of recent use of crystal methamphetamine have been increasing since 2009 (Figure 18), surpassing powder methamphetamine from 2012 onwards and peaking at 75% in 2019, though a significant decrease was observed in 2020 (71%; $p=0.035$). At the jurisdictional level, recent use ranged from 63% in the QLD and ACT sample, respectively, to 83% in the NT sample in 2020 (Table 9).

Frequency of Use: Frequency of use remained stable in 2020, with participants reporting use on a median of 48 days (IQR=12-100; 48 days in 2019; IQR=10-96; $p=0.542$) in the past six months (Figure 19). In 2020, two-thirds (66%) of recent consumers reported using methamphetamine crystal on a weekly or more frequent basis, stable from 64% in 2019 ($p=0.390$), with a further 16% reporting daily use (17% in 2019; $p=0.689$).

Routes of Administration: The main route of administration was injecting (95%; 97% in 2019; $p=0.033$), followed by smoking (35%; 39% in 2019; $p=0.264$). Participants who reported injecting did so on a median of 45 days (IQR=12-96), stable from 2019 (42 days; IQR=10-96; $p=0.266$). The per cent of participants who had recently used crystal who reported recent smoking ranged between 9% in the NT sample and 45% in the WA sample.

Quantity: Of those who reported recent use and responded (n=596), the median amount of crystal used on an average day of consumption

in the past six months was 0.10 grams (IQR=0.10-0.20; 0.20 grams in 2019; IQR=0.10-0.30; $p=0.059$).

Table 7: Past six month use of powder methamphetamine, by jurisdiction, 2000-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	32	63	49	77	51	81	70	58
2001	42	63	74	45	47	87	63	80
2002	39	51	70	35	56	77	67	55
2003	31	48	70	51	53	71	60	58
2004	35	41	65	60	44	61	60	61
2005	38	59	75	76	39	61	69	65
2006	49	58	71	54	39	66	57	54
2007	35	55	65	63	42	61	58	62
2008	38	37	64	61	34	61	50	35
2009	33	46	65	56	33	54	50	46
2010	29	48	53	56	29	51	25	41
2011	30	46	49	67	36	43	43	40
2012	17	42	39	70	34	45	46	30
2013	14	29	23	61	40	48	31	37
2014	17	36	25	50	34	39	16	31
2015	13	15	18	49	32	34	25	27
2016	17	18	9	33	19	18	24	27
2017	10	20	15	30	18	16	19	34
2018	11	23	16	22	31	12	17	34
2019	13	27	11	35	44	26	15	20
2020	11	13*	10	43	35	36	-	19

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.

Table 8: Past six month use of base methamphetamine, by jurisdiction, 2001-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2001	23	36	32	52	59	56	18	75
2002	23	30	20	74	65	56	21	42
2003	32	13	18	46	51	40	30	50
2004	31	25	11	72	46	45	26	60
2005	38	28	13	79	61	54	16	40
2006	43	32	15	55	52	37	25	53
2007	41	32	8	48	42	22	20	48
2008	33	18	5	25	37	13	10	34
2009	36	21	13	55	31	12	16	41
2010	29	18	3	40	43	8	6	30
2011	17	17	11	39	35	6	12	37
2012	15	15	11	43	32	6	7	21
2013	12	6	3	17	31	11	7	22
2014	12	-	3	19	30	8	-	22
2015	6	10	4	9	26	-	-	20
2016	11	5	0	-	24	-	6	14
2017	8	11	3	-	30	7	7	20
2018	9	8	-	-	8	-	10	14
2019	8	8	-	-	24	-	-	16
2020	4	-	-	8	28	8	-	10

Note. Base asked separately from 2001 onwards. - 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.

Table 9: Past six month use of crystal methamphetamine, by jurisdiction, 2000-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	14	17	9	6	11	51	6	13
2001	29	72	52	56	58	85	24	75
2002	25	34	26	20	56	74	20	39
2003	38	65	50	69	48	80	34	60
2004	45	73	41	52	48	83	32	51
2005	38	62	29	50	46	68	21	36
2006	57	88	53	56	49	76	29	55
2007	50	80	43	38	41	56	29	39
2008	69	68	39	32	49	61	28	40
2009	46	57	32	26	30	43	15	46
2010	48	48	36	20	60	40	18	37
2011	53	57	53	26	44	46	28	50
2012	68	66	59	43	56	64	26	44
2013	74	61	55	45	57	59	30	50
2014	74	72	75	54	60	53	26	58
2015	65	79	71	59	70	64	60	62
2016	77	78	73	73	73	75	62	69
2017	69	79	63	65	72	69	60	69
2018	76	85	77	76	79	64	74	70
2019	74	77	68	76	89	75	87	65
2020	75	63	64	77	80	69	83	63

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

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 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 National Report](#).

Methamphetamine Crystal

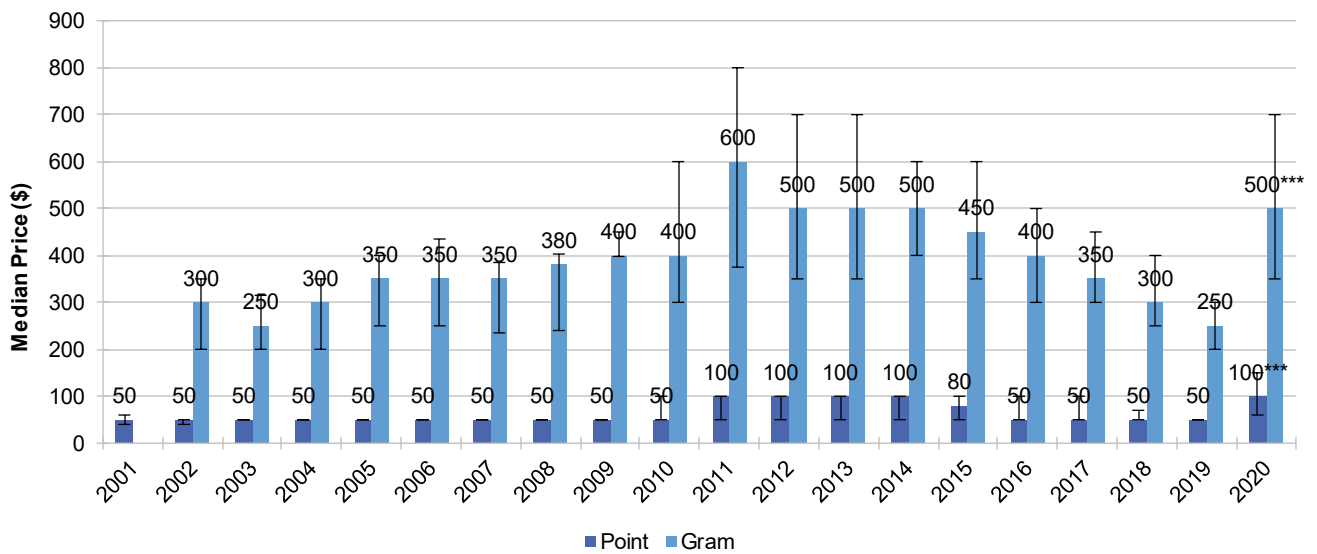
Price: The median price for a point of crystal increased significantly in 2020 (\$100; IQR=60-150; n=435; \$50 in 2019; IQR=50-50; n=455; $p<0.001$). Across the years, the median price of a gram of crystal has ranged between \$250 and \$600, with the median price recorded in 2020 being the second highest recorded price since monitoring commenced (\$500; IQR=363-700; n=51), and a significant increase from \$250 in 2019 (IQR=200-300; n=88; $p<0.001$) (Figure 20).

Perceived Purity: Among those that were able to comment (n=536), 14% perceived the purity

of crystal to be 'high', a significant decrease relative to 2019 (35%; $p<0.001$). On the contrary, two-fifths (40%) perceived purity to be 'low', a significant increase from 16% reporting 'low' purity in 2019 ($p<0.001$) (Figure 21).

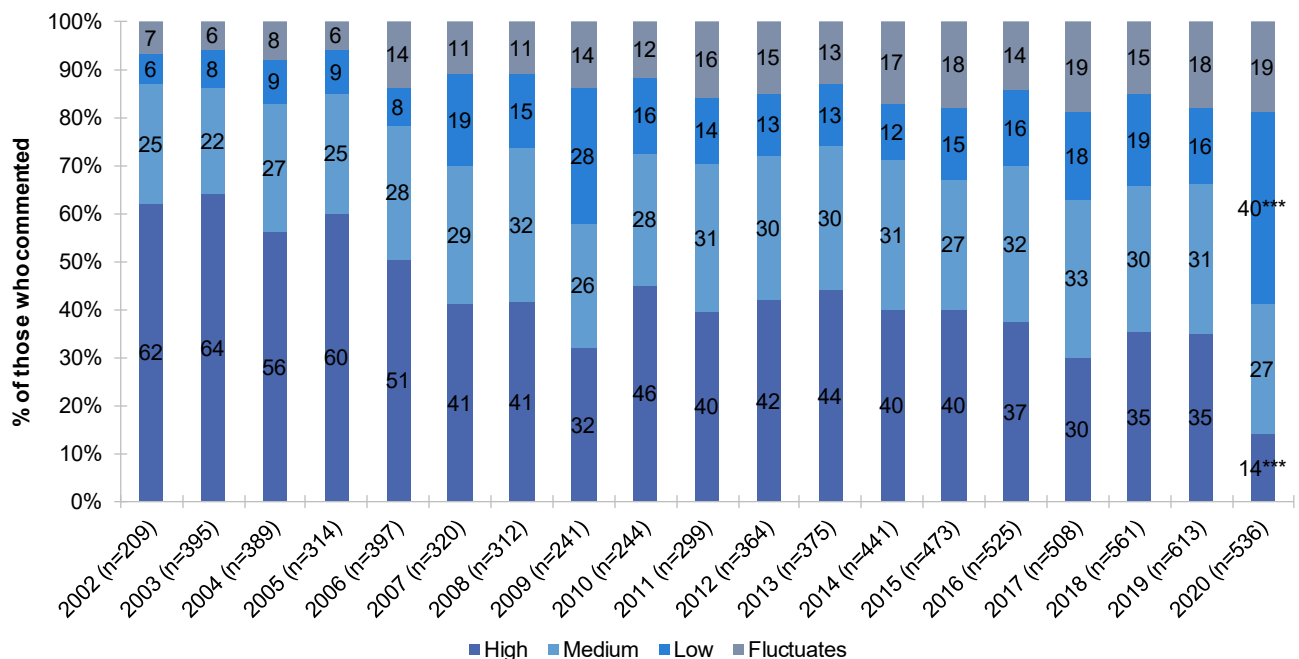
Perceived Availability: Of those who were able to comment (n=553), one-third (33%) reported that crystal was 'difficult' to obtain, a significant increase relative to 2019 (5%; $p<0.001$). Significantly less participants reported that crystal was 'very easy' to obtain in 2020 (17%; 63% in 2019; $p<0.001$) (Figure 22).

Figure 20: Median price of methamphetamine crystal per point and gram, nationally, 2001-2020



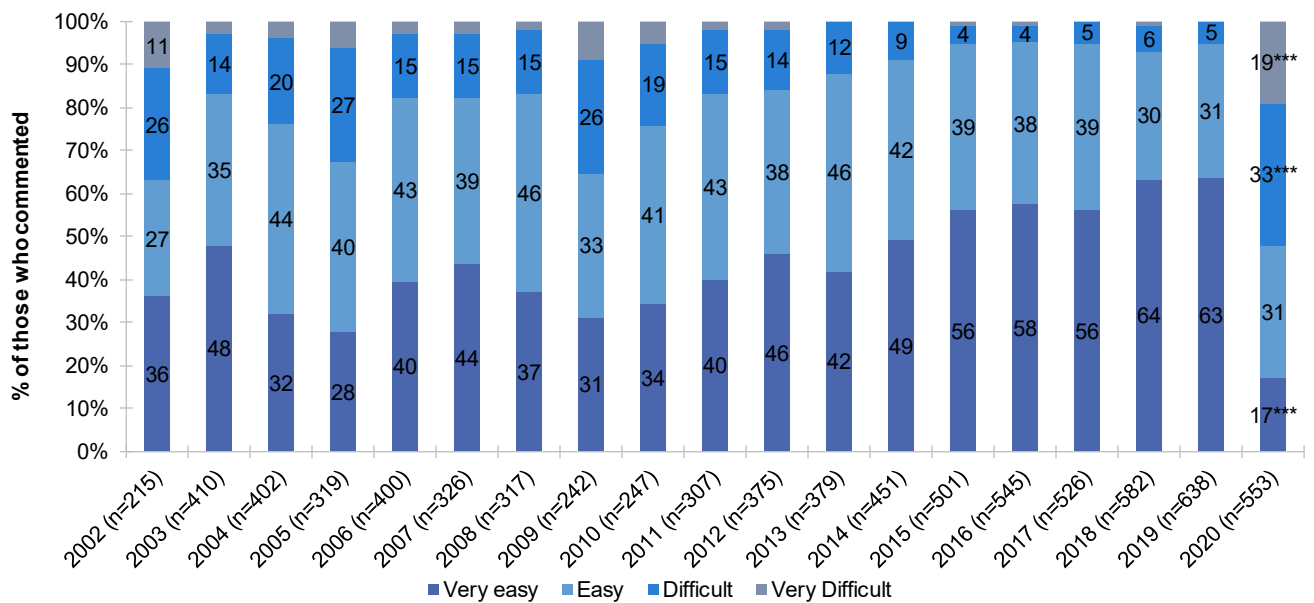
Note. Among those who commented. No data available for gram in 2001. The error bars represents the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 21: Current perceive purity of crystal methamphetamine, nationally, 2002-2020



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

6

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of cocaine has decreased over the period of monitoring. In saying this, a significant increase in recent use was observed in 2020 relative to 2019 (17%; 13% in 2019; $p=0.006$) (Figure 23). The per cent reporting use in 2020 varied across the jurisdictions, ranging from five or less participants in the NT sample to 23% of the NSW sample. Overall, the per cent has remained relatively stable in each of the jurisdictions over time except for a substantial decrease in cocaine use in NSW (Table 10).

Frequency of Use

Median frequency of use at the national level has varied between two and eight days, with a median of three days (IQR=1-6; $n=153$) observed in 2020, stable from 2019 (3 days; IQR=1-6; $p=0.286$) (Figure 23). Of those who had recently used cocaine and commented ($n=153$), almost one-tenth (8%) reported weekly or more frequent use, consistent with 2019 (11%; $p=0.726$).

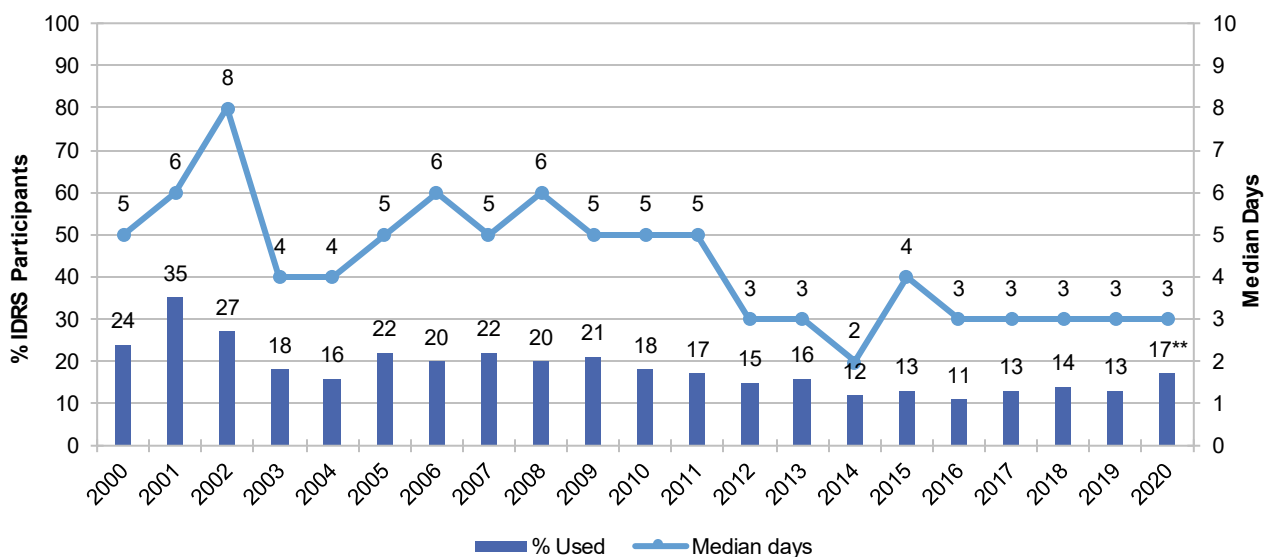
Routes of Administration

No statistically significant changes in route of administration were observed between 2019 and 2020; snorting proved to be the most common route amongst those reporting recent use (55%; 56% in 2019; $p=0.976$), followed by injecting (52%; 63% in 2019; $p=0.081$). A smaller per cent reported smoking (7%; 8% in 2019; $p=0.819$) and swallowing cocaine (4%; 7% in 2019; $p=0.279$).

Quantity

Of those who reported recent use and responded ($n=133$), the median amount of cocaine used on an average day of consumption in the six months preceding interview was 0.30 grams (IQR=0.10-0.50; 0.30 grams in 2019; IQR=0.10-1.00; $p=0.217$).

Figure 23: Past six month use and frequency of use of cocaine, nationally, 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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 10: Past six month use of cocaine, by jurisdiction, 2000-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	63	15	13	6	20	22	18	13
2001	84	40	28	8	27	32	13	28
2002	79	18	17	12	26	17	10	15
2003	53	13	13	9	13	10	-	16
2004	47	10	10	-	6	15	10	10
2005	60	20	15	8	16	19	10	11
2006	67	8	19	12	8	10	8	9
2007	63	18	22	-	7	16	9	15
2008	58	18	24	-	-	15	-	13
2009	61	22	15	-	10	12	12	15
2010	57	6	14	-	12	15	-	13
2011	47	8	17	7	12	10	-	13
2012	44	16	9	11	7	15	-	-
2013	41	16	11	-	9	15	7	11
2014	32	15	10	8	7	7	-	9
2015	34	12	9	-	13	11	-	8
2016	25	8	10	6	6	10	-	9
2017	21	18	12	11	10	10	9	9
2018	26	14	15	11	10	12	6	9
2019	21	15	10	6	16	12	9	10
2020	23	19	17	16	14	18	-	19

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.

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 National Report](#).

7

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

Over the course of monitoring, at least three in four participants nationally have reported recent use of cannabis. However, a significant decline was observed in 2020, with 67% reporting recent use (74% in 2019; $p=0.004$) (Figure 24). In all the jurisdictions, the per cent reporting recent cannabis use over the period of monitoring has declined over time (Table 11).

Frequency of Use

In 2020, median frequency of use in the past six months was 160 days (IQR=24-180), similar to 2019 (130 days; IQR=24-180; $p=0.749$) (Figure 24). Just under half (48%) of those who had recently used cannabis reported daily use (46% in 2019; $p=0.572$).

Routes of Administration

Smoking remained the most common route of administration (97%; 99% in 2019; $p=0.136$). A smaller per cent reported inhaling/vaporising (8%; 9% in 2019; $p=0.912$) and swallowing (5%; 8% in 2019; $p=0.073$) cannabis.

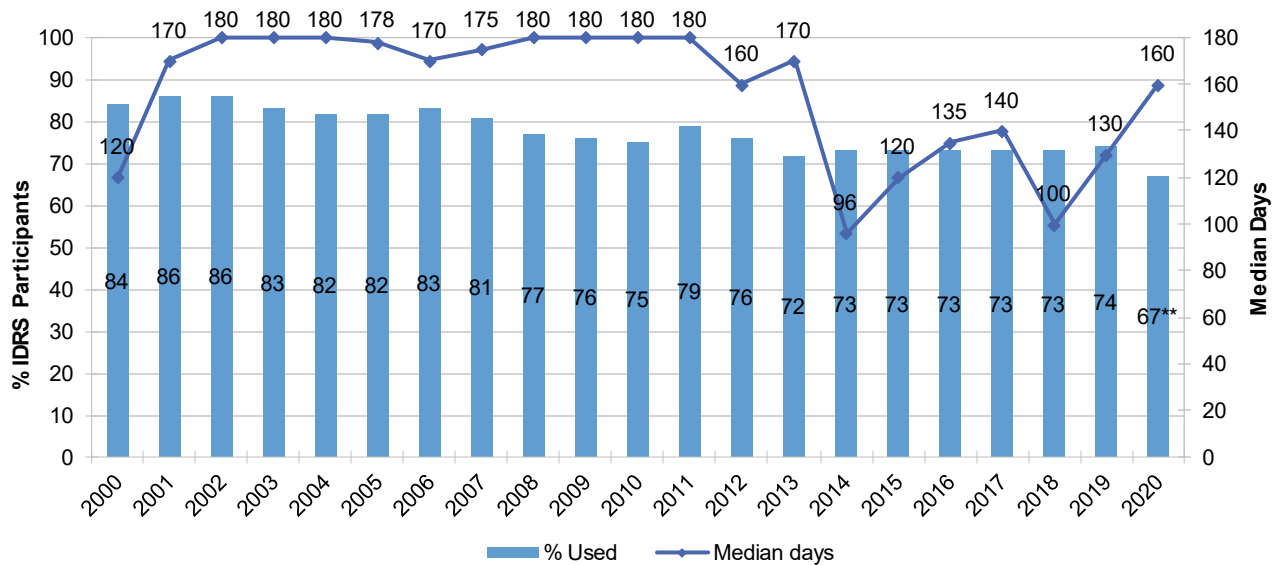
Quantity

Of those who reported recent use and commented ($n=330$), the median typical amount used on last occasion was one gram (IQR=0.80-2.00; $n=330$; 1.00 gram in 2019; IQR=1.00-2.00; $p=0.283$) or two cones (IQR=1-4; $n=56$; 3 cones in 2019; IQR=2-5; $p=0.043$) or one joint (IQR=1-1; $n=68$; 1 joint in 2019; IQR=1-2; $p=0.103$).

Forms of Cannabis

Of those who had used cannabis in the past six months and commented ($n=555$), 89% reported recent use of hydroponic cannabis (94% in 2019; $p=0.011$), and under two-fifths (39%) reported recent use of outdoor-grown 'bush' cannabis (54% in 2019; $p<0.001$). A smaller percentage reported having used hashish (6%; 13% in 2019; $p<0.001$) and hash oil in the preceding six months (4%; 10% in 2019; $p<0.001$).

Figure 24: Past six month use and frequency of use of cannabis, nationally, 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.

Table II: Past six month use of cannabis, by jurisdiction, 2000-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2000	72	84	85	90	88	90	84	84
2001	83	85	88	94	85	91	81	82
2002	80	89	87	91	85	98	83	82
2003	79	86	88	88	80	81	83	76
2004	80	85	81	87	83	84	75	75
2005	80	89	86	87	80	76	79	76
2006	80	90	83	88	77	80	84	85
2007	79	83	83	87	81	69	83	84
2008	80	80	74	86	75	64	78	82
2009	79	81	79	89	61	72	79	69
2010	72	81	81	79	66	70	72	77
2011	81	87	85	78	69	71	71	79
2012	72	81	85	81	61	79	71	70
2013	80	75	80	71	61	61	67	67
2014	77	74	75	82	75	69	62	70
2015	79	81	76	73	74	60	72	60
2016	76	69	77	74	73	70	72	64
2017	79	76	71	73	73	73	59	70
2018	76	79	70	81	70	77	60	67
2019	73	79	76	76	79	72	72	65
2020	64	77	69	72	67	66	60	64

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

Price, Perceived Potency and Availability

Price

Consistent with previous years, the median price per gram of hydroponic cannabis nationally was \$20 (IQR=20-25; n=155; \$20 in 2019; IQR=20-25; n=227; $p=0.447$), and \$20 for bush (IQR=17-25; n=65; \$20 in 2019; IQR=15-20; n=99; $p=0.066$). The price per ounce of hydroponic cannabis increased significantly compared to previous years (\$300; IQR=250-350; n=119; \$280 in 2019; IQR=240-300; n=113; $p=0.020$), as did the price per ounce of bush (\$250; IQR=200-300; n=63; \$200 in 2019; IQR=180-250; n=76; $p=0.019$) (Figure 25).

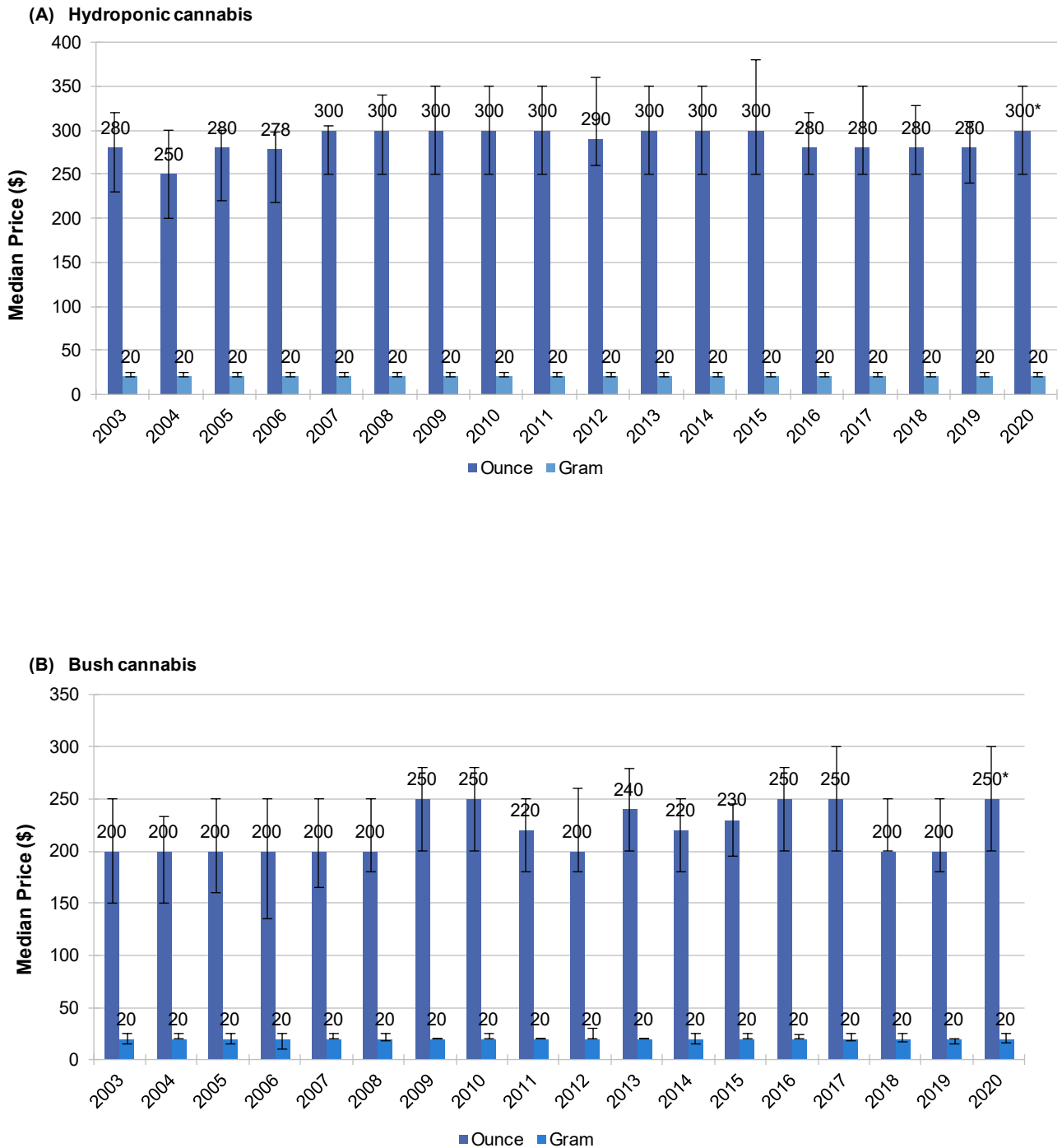
Perceived Potency

Of those who were able to comment (hydroponic: n=348; bush: n=157), almost half (49%) perceived hydroponic cannabis to be of 'high' potency, a significant decrease relative to 2019 (59%; $p=0.008$). In contrast, the per cent reporting bush as 'high' in potency was 32% (28% in 2019; $p=0.340$), with the larger per cent perceiving bush cannabis to be of 'medium' potency (44%; 48% in 2019; $p=0.477$) (Figure 26).

Perceived Availability

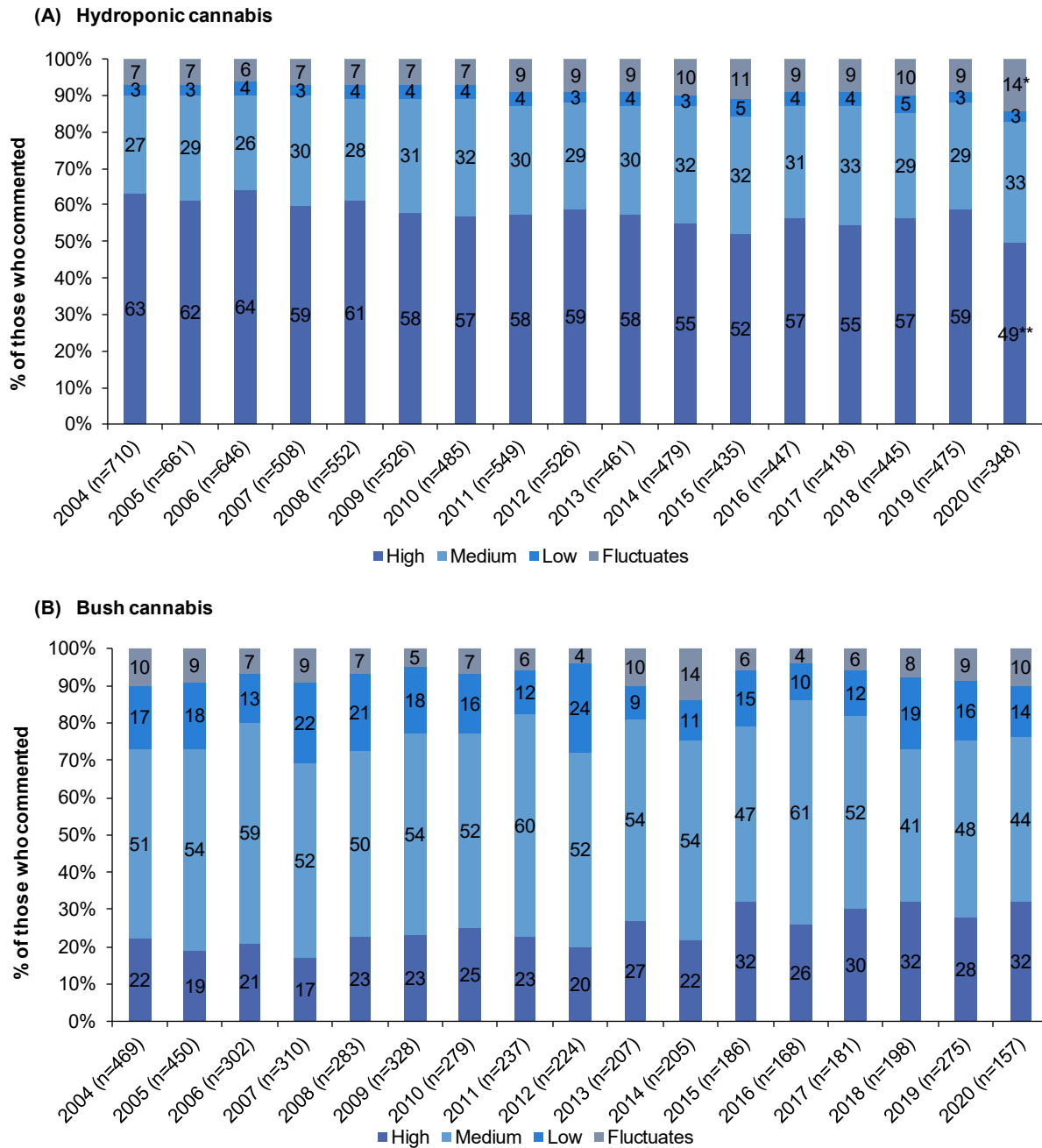
Participants who were able to comment on hydroponic cannabis (n=351) reported it to be 'very easy' (33%; 52% in 2019; $p<0.001$) or 'easy' (48%; 36% in 2019; $p<0.001$) to obtain in 2020. Reports of perceived bush availability (n=160) also indicated that bush tended to be 'easy' (44%; 37% in 2019; $p=0.174$) or 'very easy' (24%; 41% in 2019; $p=0.001$) to obtain, with one-quarter (25%) reporting it was 'difficult' to obtain (19% in 2019; $p=0.205$) (Figure 27).

Figure 25: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, nationally, 2003-2020



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001. The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

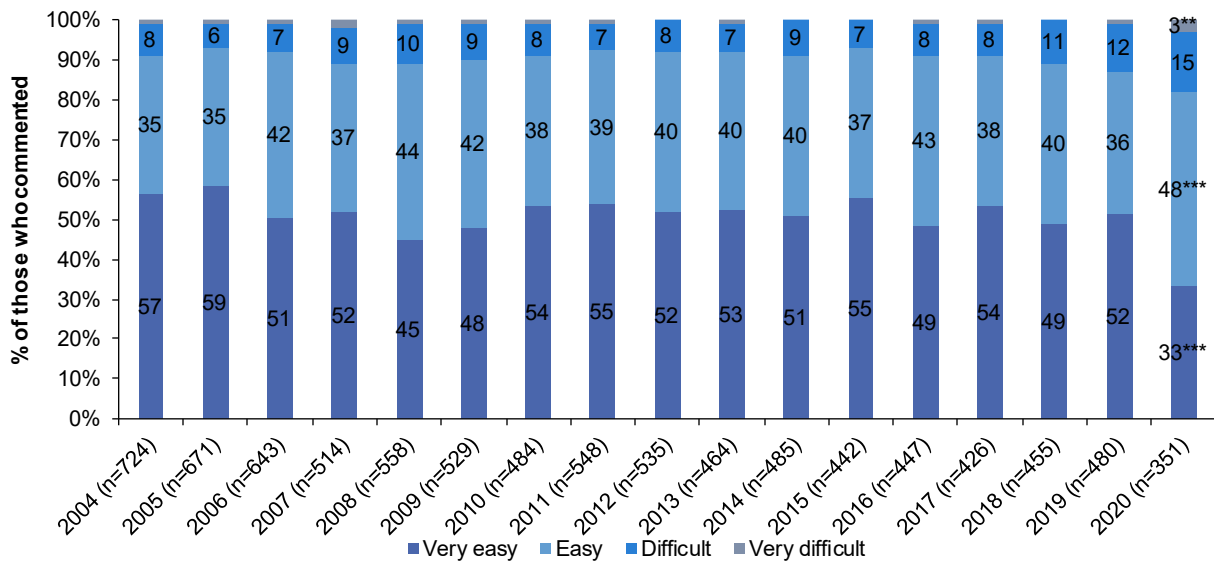
Figure 26: Current perceived potency of hydroponic (a) and bush (b) cannabis, nationally, 2004-2020



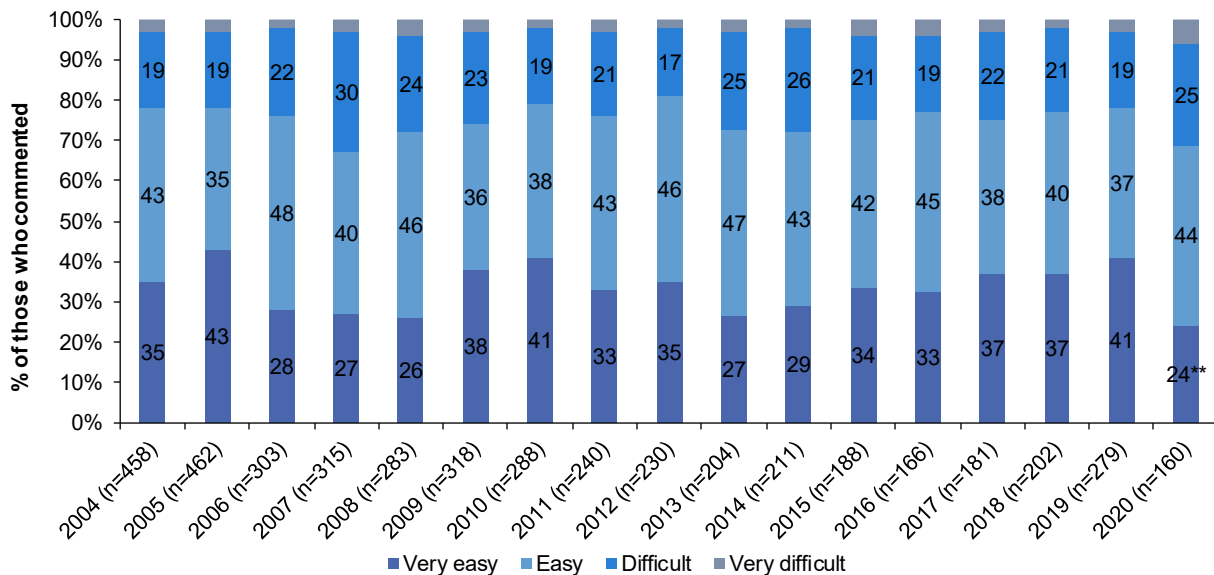
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Figure 27: Current perceived availability of hydroponic (a) and bush (b) cannabis, nationally, 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. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

8

Pharmaceutical Opioids

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

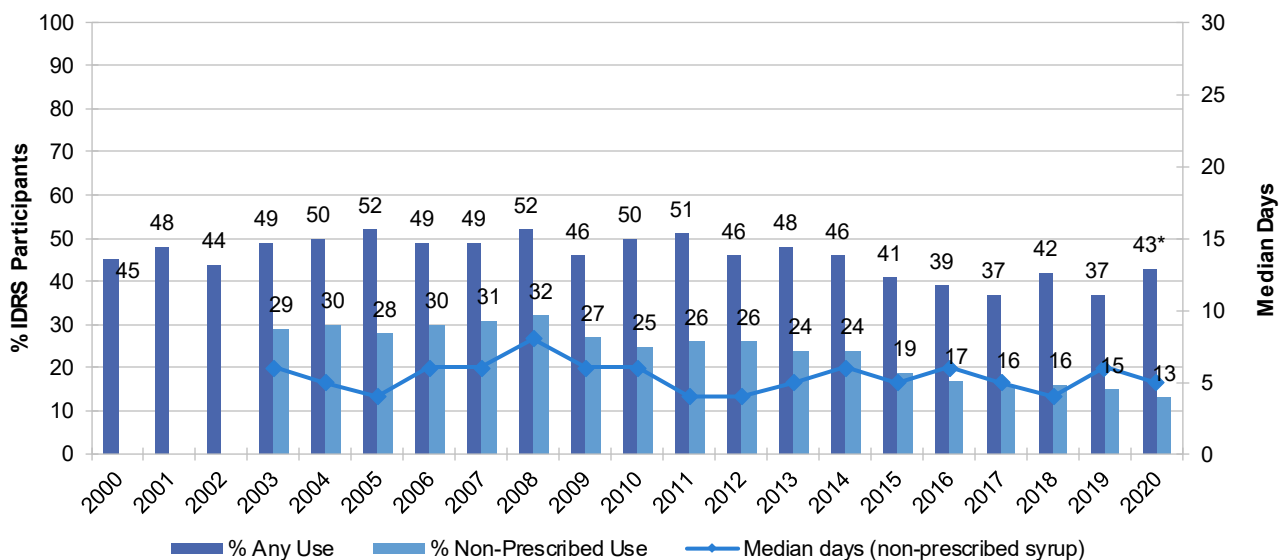
Methadone

Any Recent Use (past 6 months): Methadone use (including liquid and tablets) has generally ranged between one-third and half of participants reporting any recent use over the course of monitoring. In 2020, 43% of participants reported recent use of any methadone (prescribed and non-prescribed), a significant increase from 37% in 2019 ($p=0.028$; Figure 28). The per cent reporting any non-prescribed use has steadily been declining since 2015. Indeed, methadone use historically has largely consisted of prescribed use (34% in 2020; 28% in 2019; $p=0.015$), with the per cent reporting non-prescribed use peaking at 32% in 2008 and declining to 13% nationally in 2020, the lowest percentage reported since 2003 (Figure 28). The per cent reporting non-prescribed use varies by jurisdiction, and in 2020 there was a significant decrease in the NT relative to 2019 ($n \leq 5$ in 2020 versus 13% in 2019; $p=0.024$) (Table 12).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained low and stable in 2020 (5 days; IQR=2-30; 6 days in 2019; IQR=2-24; $p=0.955$) (Figure 28).

Recent Injection: Of those who had recently use methadone syrup or tablets ($n=375$), over one-quarter (26%) of participants reported recently injecting methadone, a significant decrease relative to 2019 (42%; $p<0.001$). Participants in 2020 reported injecting methadone on a median of 22 days (IQR=3-51), stable from 2019 (12 days; IQR=2-50; $p=0.420$).

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



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 12: Past six month non-prescribed use of methadone, by jurisdiction, 2003-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	20	27	13	76	33	18	39	18
2004	29	30	11	75	19	20	35	28
2005	19	34	11	60	27	27	41	22
2006	28	39	11	63	28	32	33	20
2007	24	34	21	66	27	31	33	20
2008	27	35	21	70	17	19	45	27
2009	36	26	20	68	10	11	32	11
2010	27	25	19	58	17	13	27	15
2011	25	25	22	53	15	27	30	16
2012	26	27	21	47	14	31	27	12
2013	29	29	12	51	20	24	13	16
2014	29	27	21	51	9	20	16	17
2015	25	16	17	36	11	14	17	14
2016	21	12	13	40	6	13	14	19
2017	19	13	7	39	6	-	18	19
2018	20	13	11	42	-	9	8	18
2019	22	15	7	29	8	-	13	19
2020	17	7	10	26	9	11	-*	20

Note. Includes methadone syrup and tablets. - Values suppressed due to small cell size ($n \leq 5$ but not 0). From 2000-2002, the IDRS did not distinguish between prescribed and non-prescribed methadone use. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

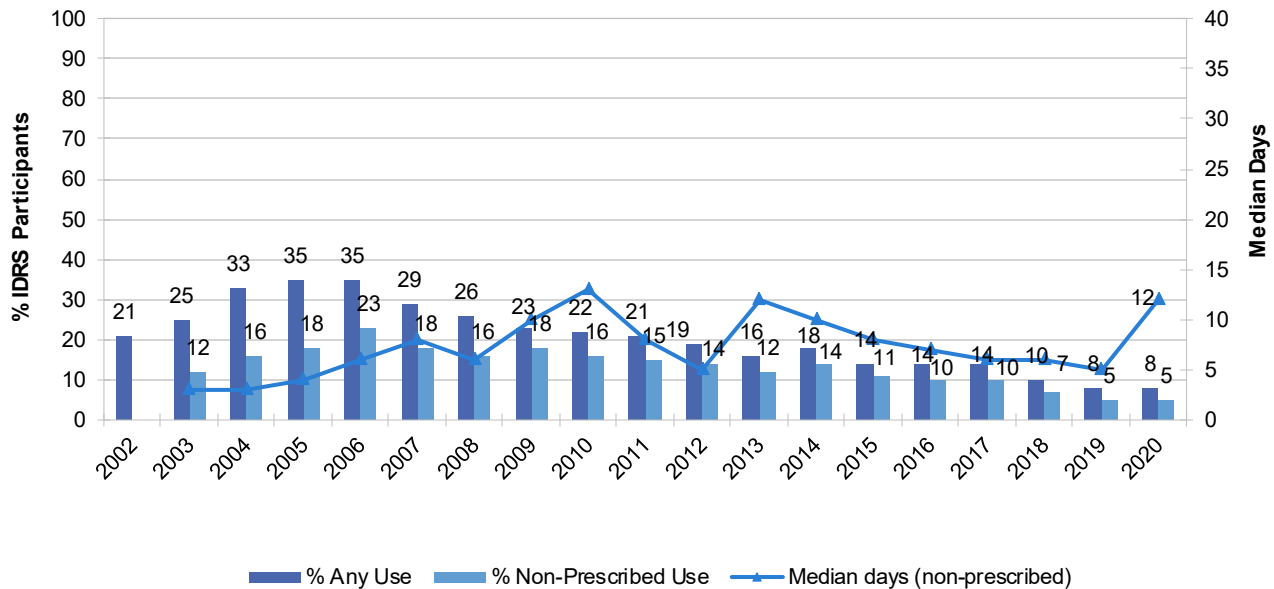
Buprenorphine

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine use has declined from 2006 onwards (Figure 29). In 2020, eight per cent of the sample reported recent use of any buprenorphine, stable from eight per cent in 2019; both years being the lowest reported percentage of recent use. Three per cent reported prescribed use (4% in 2019; $p = 0.912$), whereas 5% reported non-prescribed use (5% in 2019; $p = 0.912$) (Figure 29).

Frequency of Use: Median days of non-prescribed use in 2020 was 12 days (IQR=3-48; 5 days in 2019; IQR=2-11; $p = 0.098$).

Recent Injection: Of those who had recently use buprenorphine ($n = 68$), over three-fifths (62%) reported recently injecting buprenorphine, stable relative to 2019 (70%; $p = 0.434$). Participants in 2020 reported injecting buprenorphine on a median of 23 days (IQR=3-125), also stable from 2019 (7 days; IQR=3-56; $p = 0.348$).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine, nationally, 2002-2020



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 40 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 13: Past six month non-prescribed use of buprenorphine, by jurisdiction, 2003-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2003	5	-	32	-	10	18	13	7
2004	8	-	35	-	12	23	15	20
2005	8	15	29	-	14	34	20	20
2006	19	34	29	6	14	32	14	30
2007	16	28	26	6	11	19	-	31
2008	7	25	19	-	12	18	18	25
2009	18	23	25	12	9	16	-	31
2010	13	27	21	-	9	18	8	27
2011	12	21	18	6	8	11	8	33
2012	13	20	19	6	9	14	10	22
2013	11	16	9	9	7	10	20	16
2014	22	12	12	11	-	19	12	19
2015	9	11	12	13	6	8	10	17
2016	11	8	4	10	-	9	16	26
2017	13	14	6	9	7	10	-	25
2018	-	9	5	11	-	8	-	12
2019	4	-	-	-	0	-	-	15
2020	5	0	0	11	-	9	0	14

Note. In 2002, IDRS interview did not distinguish between prescribed and non-prescribed use. - 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.

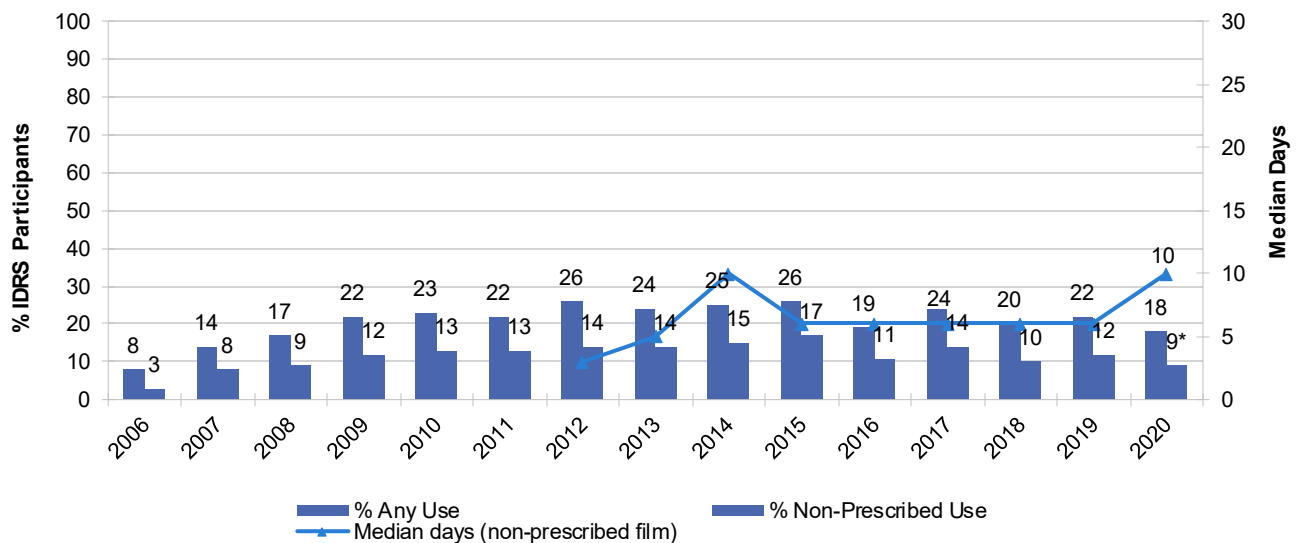
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has remained relatively stable over the past decade. In 2020, almost one-fifth (18%) of the sample reported recent use of any buprenorphine-naloxone (22% in 2019; $p=0.053$; Figure 30), with almost one-tenth (9%) reporting non-prescribed use, a significant decrease relative to 2019 (12%; $p=0.014$; Figure 30). Ten per cent reported recent prescribed use in 2020, stable from 2019 (11% in 2019; $p=0.618$). On a jurisdictional level, there was an increase in recent non-prescribed use in TAS (23% versus 7% in 2019; $p=0.006$) and a decrease in VIC (4% versus 10% in 2019; $p=0.048$) and the ACT (n=5 versus 14% in 2019; $p=0.011$) (Table 14).

Frequency of Use: Frequency of non-prescribed use remained relatively stable in 2020 at a median of 10 days (IQR=2-25; 6 days in 2019; IQR=2-24; $p=0.528$) (Figure 30).

Recent Injection: Of those who had recently used buprenorphine-naloxone ($n=157$), over one-third (35%) of participants reported injecting it, a significant decrease from 48% in 2019 ($p=0.017$). Participants reported injecting buprenorphine-naloxone on a median of 24 days (IQR=2-90) in the past six months (10 days in 2019; IQR=3-72; $p=0.589$).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed buprenorphine-naloxone, nationally, 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 30 days to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 14: Past six month non-prescribed use of buprenorphine-naloxone (any form), by jurisdiction, 2006-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	-	-	5	-	-	9	-	7
2007	-	6	13	-	-	15	-	24
2008	-	10	18	-	-	12	-	16
2009	6	11	14	-	9	28	8	22
2010	-	12	24	-	8	17	15	21
2011	8	12	29	-	-	14	14	11
2012 [#]	9	9	23	11	18	22	8	15
2013	9	11	17	9	9	22	19	22
2014	15	16	15	11	9	18	20	16
2015	11	12	17	13	15	19	22	27
2016	11	7	14	7	6	-	9	23
2017 [^]	14	13	11	14	14	16	10	24
2018 [^]	9	16	12	12	-	7	-	18
2019	11	14	10	7	8	16	10	22
2020	-	-*	4*	23**	11	12	-	15

Note. Data collected from 2006 onwards. [#] Includes 'tablet' and 'film' forms from 2012-2016. [^] Includes only 'film' form from 2017. - 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.

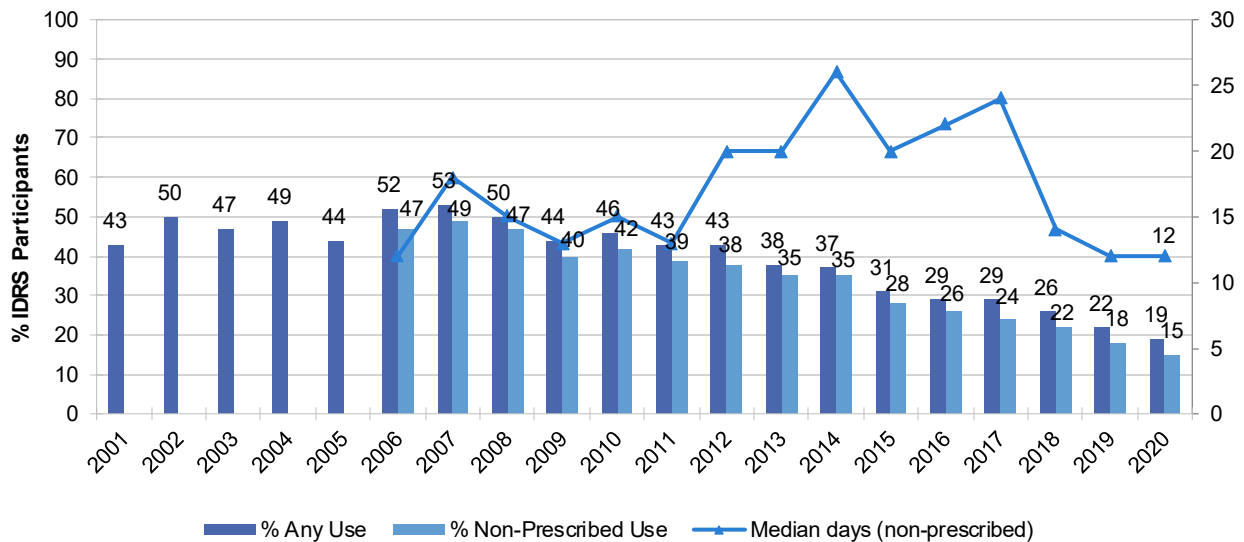
Morphine

Any Recent Use (past 6 months): After remaining relatively stable from 2001-2007, the per cent reporting recent morphine use has been declining from 2008 onwards (Figure 31). In 2020, 19% of the national sample had recently used any morphine (22% in 2019; $p=0.100$), the lowest percentage reporting recent use since the commencement of monitoring. Nationally, this per cent mostly comprised non-prescribed use (15% in 2020; 18% in 2019; $p=0.109$), with non-prescribed use lowest in the NSW sample (7%) and highest in the TAS sample (38%) (Table 15). Four per cent of the national sample in 2020 reported recent prescribed use (6% in 2019; $p=0.075$).

Frequency of Use: Frequency of non-prescribed morphine use has fluctuated over time, though remained stable in 2020 at a median of 12 days (IQR=3-90) (12 days in 2019; IQR=3-72; $p=0.635$) (Figure 31).

Recent Injection: Of those who had recently used morphine ($n=165$), the majority (85%) reported injecting any form, a decline relative to 2019 (93% in 2019; $p=0.033$). Those who injected did so on a median of 12 days (IQR=3-90) in the six months preceding interview, stable from 15 days in 2019 (IQR=3-78; $p=0.636$).

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed morphine, nationally, 2001-2020



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 30 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 15: Past six month non-prescribed use of morphine, by jurisdiction, 2006-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2006	31	52	31	58	48	52	70	51
2007	34	53	37	67	41	45	73	57
2008	31	35	40	81	30	31	85	51
2009	28	38	31	81	22	33	61	38
2010	31	36	30	73	24	28	89	38
2011	21	30	33	73	20	33	72	39
2012	21	30	27	64	23	43	69	34
2013	19	23	20	65	22	37	74	38
2014	25	12	24	71	20	27	80	32
2015	19	20	13	47	20	19	69	29
2016	16	12	10	51	18	16	71	33
2017	16	21	7	42	12	18	60	26
2018	17	10	10	47	7	14	54	29
2019	13	11	9	26	10	15	40	28
2020	7	8	8	38	11	18	32	21

Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. - 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.

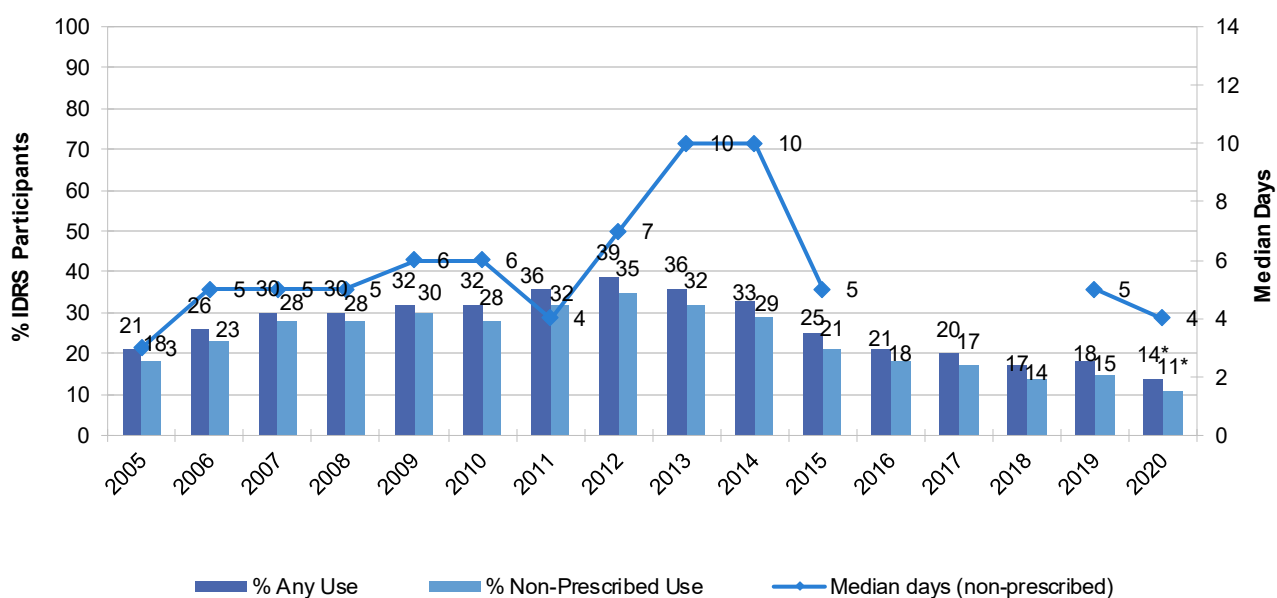
Oxycodone

Any Recent Use (past 6 months): After a gradual increase from 2005 to 2012, the per cent reporting recent oxycodone use has been declining in the years following (Figure 32). In 2020, 14% of the national sample had recently used any oxycodone, a significant decrease relative to 2019 (18%; $p=0.036$). Eleven per cent of the sample reported non-prescribed use, also a significant decline from 15% in 2019 ($p=0.015$). The per cent reporting non-prescribed oxycodone use has declined across all jurisdictions from 2012 onwards, and significantly so in 2020 for NSW, relative to 2019 (21% versus 9%; $p=0.006$) (Table 16).

Frequency of Use: In 2020, participants reported using non-prescribed oxycodone on a median of four days (IQR=2-12), stable from five days in 2019 (IQR=2-24, $p=0.163$).

Recent Injection: Of those who had recently used oxycodone ($n=120$), over three-fifths (63%) of participants reported injecting any form of oxycodone (69% in 2019; $p=0.430$) on a median of five days (IQR=2-24) in the past six months, stable from seven days (IQR=2-25) in 2019 ($p=0.386$).

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed oxycodone, nationally, 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 14 days to improve visibility of trends. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 16: Past six month non-prescribed use of oxycodone, by jurisdiction, 2005-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2005	14	14	16	30	11	39	11	16
2006	18	22	24	29	20	42	7	21
2007	26	23	28	36	20	44	11	39
2008	27	27	25	53	15	23	28	26
2009	27	27	25	56	9	29	35	34
2010	33	13	28	60	17	20	22	26
2011	34	23	37	45	23	30	26	34
2012	46	34	26	56	26	48	19	29
2013	40	17	23	61	18	33	23	37
2014	40	16	22	47	21	27	22	38
2015	21	15	19	27	25	18	23	24
2016	23	12	10	28	16	17	18	22
2017	27	9	8	29	13	14	14	18
2018	16	10	10	28	-	15	11	18
2019	21	14	5	22	13	11	12	20
2020	9**	8	7	24	11	8	9	15

Note. Data on oxycodone use not collected from 2000-2005. - 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.

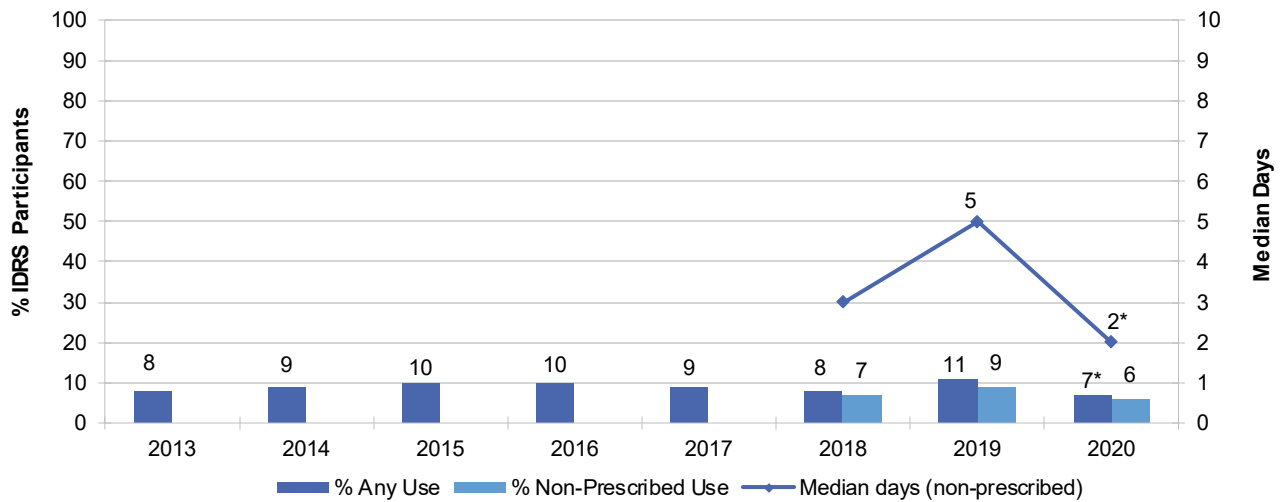
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low since monitoring began (Figure 33), with the lowest per cent of participants reporting recent use in 2020 (7%), a significant decrease from 11% in 2019 ($p = 0.016$) (Figure 33). Six per cent reported non-prescribed use (9% in 2019; $p = 0.081$), with one per cent reporting prescribed use (2% in 2019; $p = 0.050$). Non-prescribed use was highest in the WA and SA samples (11% and 10%, respectively), followed by 9% in the ACT and 8% in NSW (Table 17).

Frequency of Use: In 2020, participants reported non-prescribed use on a median of two days (IQR=1-7) in the past six months (5 days in 2019; IQR=2-11; $p = 0.023$).

Recent Injection: Of those who had recently used fentanyl ($n = 64$), the majority (91%) reported injecting any form of fentanyl on a median of two days (IQR=1-6) in the past six months (88% in 2019; $p = 0.721$; 5 days in 2019; IQR=2-14; $p = 0.016$).

Figure 33: Past six month use (prescribed and non-prescribed) and frequency of use of non-prescribed fentanyl, nationally, 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 computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020..

Table 17: Past six month non-prescribed use of fentanyl, by jurisdiction, 2018-2020

%	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
2018	6	6	8	0	-	8	-	16
2019	11	10	7	-	-	9	13	13
2020	8	9	-	-	10	11	-*	-*

* $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020..

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 18). In 2020, one-tenth (10%) of participants reported any recent use of codeine, with 7% reporting prescribed use, a significant decrease from 14% in 2019 ($p<0.001$), and four per cent reporting non-prescribed use, also a significant decrease from 2019 (9%; $p<0.001$). Seven per cent of participants reported recent injection, stable from 5% in 2019 ($p=0.902$).

In 2020, there was a significant decrease in both prescribed use (4%; 9% in 2019; $p<0.001$) and non-prescribed use (4%; 7% in 2019; $p=0.001$) of tramadol. Small numbers ($n\leq 5$) reported recently injecting tramadol; therefore, numbers are suppressed. Very few participants ($n=11$) reported any recent use of tapentadol. For further information, please refer to the [2019 IDRS National Report](#).

Table 18: Past six month use of other opioids, nationally, 2019-2020

% Recent Use (past 6 months)	2019 (N=899)	2020 (N=880)
Codeine		
Any prescribed use	14	7***
Any non-prescribed use	9	4***
Any injection	5	7
Tramadol		
Any prescribed use	10	4***
Any non-prescribed use	7	4**
Any injection	9	-
Tapentadol		
Any prescribed use	-	1
Any non-prescribed use	1	-
Any injection	-	-

Note. - 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.

9

Other Drugs

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

New Psychoactive Substances (NPS)

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

Recent Use (past 6 months): In 2020, the per cent reporting any NPS use decreased slightly among the national sample, with 8% reporting recent use (11% in 2019; $p=0.040$) (Table 19). 'New' drugs that mimic the effects of cannabis were the most commonly used NPS (5%), although consumers reported infrequent use (median 3 days; IQR=1-6). A small per cent (1%) reported use of new drugs that mimic the effects of opioids.

Table 19: Past six month use of new psychoactive substances, nationally, 2013-2020

%	2013	2014	2015	2016	2017	2018	2019	2020
	N=887	N=898	N=888	N=877	N=888	N=905	N=902	N=884
'New' drugs that mimic the effects of opioids	/	/	/	/	-	-	2	1
'New' drugs that mimic the effects of ecstasy	/	/	/	/	1	1	2	.*
'New' drugs that mimic the effects of amphetamine or cocaine	4	4	3	4	/	2	1	2
'New' drugs that mimic the effects of cannabis	9	8	8	8	5	5	6	5
'New' drugs that mimic the effects of psychedelic drugs	/	/	/	/	1	2	1	1
'New' drugs that mimic the effects of benzodiazepines	/	/	/	/	/	-	1	-
Any of the above	12	11	10	11	8	11	11	8*

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

Any Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has decreased, from 46% in 2007 when monitoring commenced to 31% in 2020 (32% in 2019; $p=0.646$) (Figure 34). In the total 2020 sample, 15% reported use of non-prescribed alprazolam (17% in 2019; $p=0.365$) and 24% reported use of non-prescribed other benzodiazepines (24% in 2019; $p=0.881$).

Frequency of Use: In 2020, consumers reported a median of three days (IQR=2-10; 6 days in 2019; IQR=2-22; $p < 0.001$) and 10 days (IQR=3-24; 7 days in 2019; IQR=3-30; $p=0.881$) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Recent Injection: In 2020, 6% of participants who had recently used non-prescribed benzodiazepines reported injecting as a route of administration (6% in 2019). Additionally, 4% of participants who had recently used any benzodiazepines (including alprazolam) (prescribed or non-prescribed) reported injecting as a route of administration (4% in 2019).

Pharmaceutical Stimulants

Any Recent Use (past 6 months): Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has decreased since monitoring began (Figure 34). One-fifth (18%) reported recent use in 2006, declining to 8% in 2020 (7% in 2019; $p=0.363$).

Frequency of Use: Frequency of non-prescribed use decreased from five days in 2019 (IQR=2-10) to three days in 2020 (IQR=1-12; $p=0.047$).

Recent Injection: Two-fifths (42%) of those who had recently used non-prescribed pharmaceutical stimulants (equivalent to 3% of the total sample) reported that they had injected it, significantly lower relative to 2019 (63%; $p=0.023$) on a median of two days (IQR=2-10; 4 days in 2019; IQR=2-10; $p=0.234$).

Antipsychotics

Any Recent Use (past 6 months): The per cent of the sample reporting recent use of non-prescribed antipsychotics (asked as 'Seroquel' 2011-2018) has ranged between 9% and 15% of the sample since monitoring began in 2011 (2020: 6%; 9% in 2019; $p=0.013$; Figure 34).

Frequency of Use: Non-prescribed use remained infrequent amongst consumers in 2020 (median 4 days; IQR=2-10; 5 days in 2019; IQR=2-21; $p=0.990$).

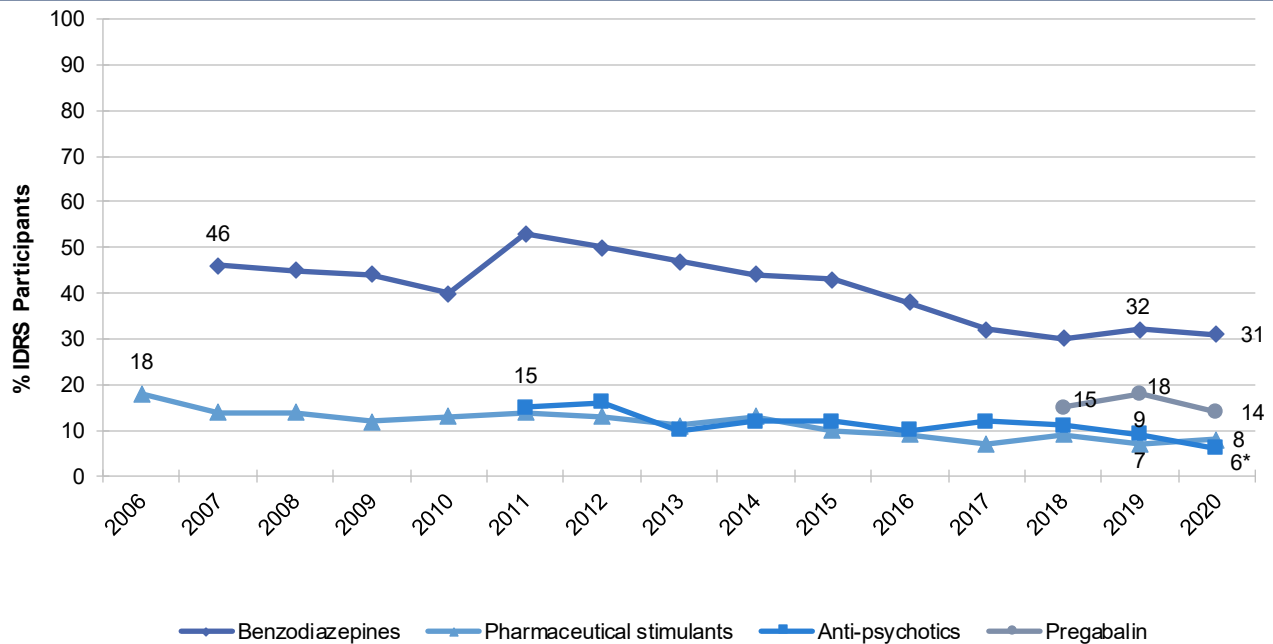
Pregabalin

Any Recent Use (past 6 months): In 2020, 14% of the national sample had used non-prescribed pregabalin in the six months preceding interview, significantly lower compared to 2019 (18%; $p=0.013$) (Figure 34), with the highest per cent reporting recent use observed in the TAS and WA samples (27% and 21%, respectively).

Frequency of Use: Non-prescribed use was infrequent amongst recent consumers in 2020, with a reported median of six days of use (IQR=2-24), consistent with 2019 reports (median 4 days; IQR=2-14; $p=0.114$).

Recent Injection: Of those who had recently used non-prescribed pregabalin, 11% reported recent injection, a significant increase compared to 2019 ($n \leq 5$; $p=0.003$).

Figure 34: Past six month use of non-prescribed pharmaceutical drugs, nationally, 2000-2020



Note. Non-prescribed use is reported. Participants were first asked about anti-psychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Licit and Other Drugs

Steroids

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

Alcohol

Recent Use (past 6 months): Fifty-four per cent of the sample reported recent use of alcohol in 2020, a significant decrease from 59% in 2019 ($p = 0.024$) (Figure 35).

Frequency of Use: Median frequency of use amongst consumers in 2020 was 24 days (IQR=6-96; 24 days in 2019; IQR=6-90; $p = 0.114$), with 19% of recent consumers in 2020 reporting daily use (14% in 2019; $p = 0.040$).

Tobacco

Recent Use (past 6 months): Tobacco use has remained relatively high since the IDRS began, though 89% of the national sample reported recent use in 2020, a significant decrease from 94% in 2019 ($p < 0.001$; Figure 35).

Frequency of Use: Median frequency of use was 180 days (IQR=180-180 days; 180 days in 2019; IQR=180-180; $p = 0.970$), with 91% of recent consumers reporting daily use (91% in 2019).

E-cigarettes

Any Recent Use (past 6 months): E-cigarette use had slowly increased until 2019 (21%), following which there was a decline (13% in 2020; $p<0.001$) (Figure 35).

Frequency of Use: Median frequency of use increased from five days in 2019 (IQR=2-30) to 20 days in 2020 (IQR=3-160; $p=0.002$), with 24% of recent consumers reporting daily use, also an increase from 2019 (14%; $p=0.037$).

Forms Used: Among recent consumers and those able to comment ($n=112$), the majority (74%) reported using e-cigarettes containing nicotine (79% in 2019; $p=0.343$), followed by 5% who reported using both nicotine and cannabis (7% in 2019; $p=0.690$). Seventeen per cent reported using neither cannabis nor nicotine (13% in 2019; $p=0.347$) and a small number reported just cannabis ($n\leq 5$; $n\leq 5$ in 2019; $p=0.284$).

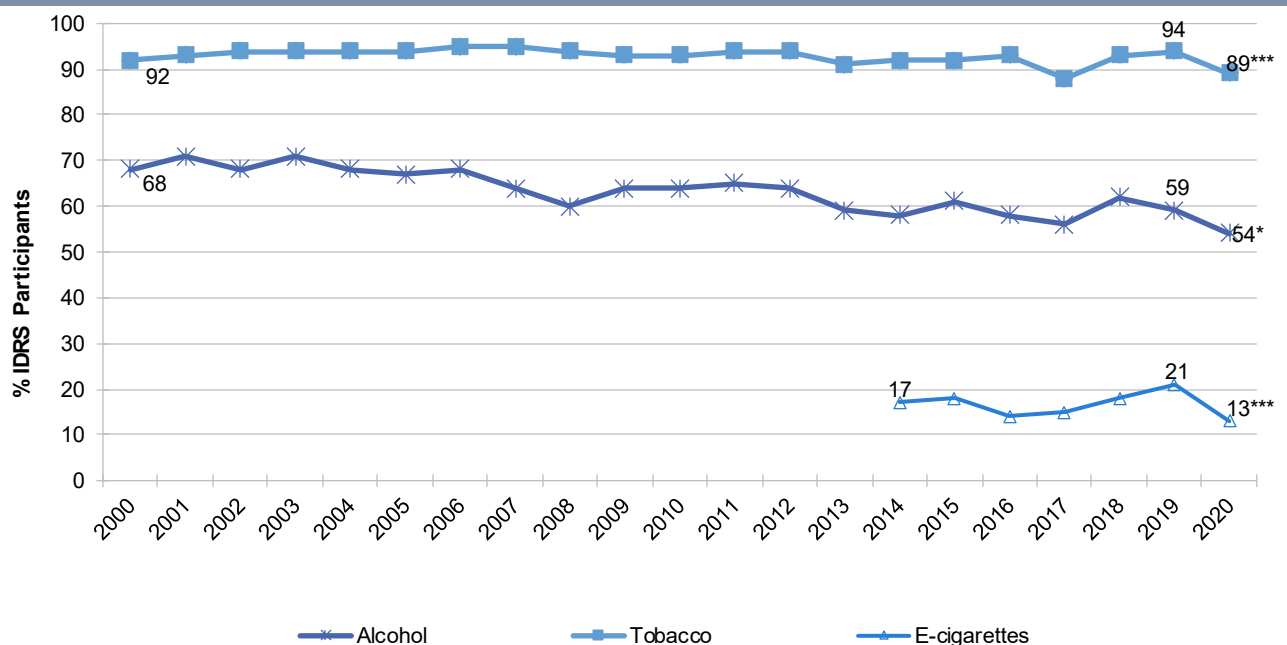
Reason for Use: Nearly three-fifths (57%) of recent consumers reported that they did not use e-cigarettes as a smoking cessation tool in 2020 (52% in 2019; $p=0.411$).

GHB/GBL/I, 4-BD

Any Recent Use (past 6 months): In 2020, 10% of the sample reported recent use of GHB/GBL/1,4-BD (question not asked in 2019, hence no comparison is made).

Recent Injection: A small number reported recent injection of GHB/GBL/1,4-BD in 2020 ($n\leq 5$).

Figure 35: Past six month use of licit drugs, nationally, 2000-2020



Note. Participants were first asked about e-cigarettes in 2014. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

10

Drug-Related Harms and Other Associated Behaviours

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

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);
 - **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.

After some fluctuations from 2000-2006 (likely due to differences in the way questions regarding overdose were asked), the per cent reporting **any past 12 month non-fatal overdose** remained relatively stable from 2007-2017. After a slight increase in 2018 and 2019 (20% and 21%, respectively; $p=0.691$), the per cent reporting any past 12-month non-fatal overdose in 2020 remained relatively stable (18%; $p=0.054$) (Figure 36). In 2020, the per cent reporting any past 12-month non-fatal overdose was highest in SA (25%) closely followed by QLD (24%) and lowest in the NT (no participants reported overdose) (Table 20).

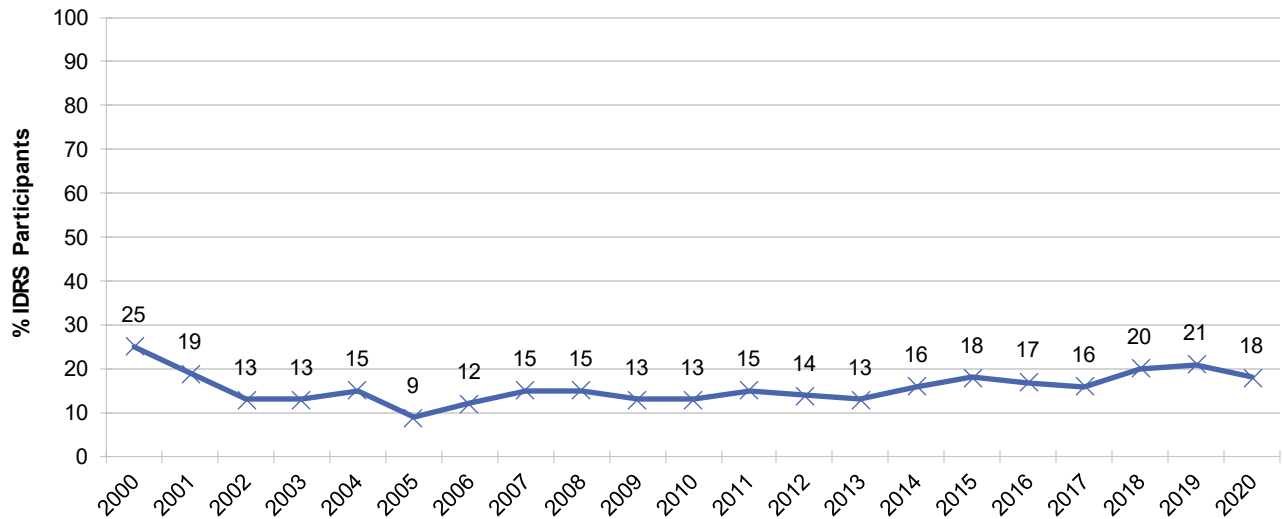
Thirteen per cent reported a **non-fatal overdose following opioid use** in the past 12 months (15% in 2019; $p=0.205$) (Table 20), whilst 6% reported a **non-fatal overdose following stimulant use** in the past 12 months (7% in 2019; $p=0.216$) (Table 20).

The most commonly cited substance involved in past year non-fatal overdoses was heroin (11% of total sample in 2020; Table 20). In 2020, participants who had overdosed on heroin had done so on a median of two occasions (IQR=1-3) in the last 12 months. Among those that had overdosed on heroin in the past year and commented ($n=98$), 37% reported that an ambulance had attended their most recent overdose, 48% reported receiving Narcan®, 16% were admitted to an emergency department, and 6% reported receiving cardiopulmonary resuscitation from a friend/partner/peer. Twenty-seven per cent reported not receiving any treatment. The most commonly cited drugs involved

in participants' most recent heroin overdose were benzodiazepines (including alprazolam, 30%), alcohol (26%), crystal methamphetamine (11%) and cannabis (9%).

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

Figure 36: Past 12-month any non-fatal overdose, nationally, 2000-2020



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Table 20: Past 12-month non-fatal overdose by drug type, nationally and by jurisdiction, 2019-2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2019	2020								
% Any opioid	N=892 15	N=881 13	N=155 12	N=100 11	N=178 19	N=74 10	N=100 15	N=99 12	N=78 0	N=97 18
% Heroin overdose	N=890 12	N=882 11	N=155 10	N=100 11	N=178 19	N=74 -	N=100 13	N=99 12	N=78 0	N=98 15
% Methadone overdose	N=890 1	N=881 1	N=155 -	N=100 -	N=178 -	N=74 -	N=100 -	N=99 0	N=78 0	N=97 -
% Morphine overdose	N=890 1	N=881 <1	N=155 -	N=100 0	N=178 0	N=74 -	N=100 0	N=99 0	N=78 0	N=97 -
% Oxycodone overdose	N=890 -	N=881 0	N=155 -	N=100 -	N=178 0	N=74 0	N=100 -	N=99 0	N=78 0	N=97 -
% Other drug overdose										
% Including stimulants	N=889 8	N=881 6	N=155 11	N=100 -	N=178 -	N=73 -	N=100 12	N=99 -	N=78 0	N=98 8
% Not including stimulants	N=887 3	N=883 3	N=154 6	N=100 -	N=179 -	N=74 -	N=100 9	N=100 -	N=78 0	N=98 7
% Any drug overdose	N=890 21	N=880 18	N=155 21	N=100 13	N=178 20	N=73 11	N=100 25	N=99 16	N=78 0	N=97 24

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 for national estimates.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. 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 the national sample who have heard of naloxone, with over four in five participants reporting awareness of naloxone. However, a significant decrease transpired in the per cent of participants who had heard of naloxone in the NT sample (49% in 2020; 66% in 2019; $p=0.030$) and in the QLD sample (85% in 2020; 94% in 2019; $p=0.044$) (Table 21).

Awareness of Take-Home Programs (training program): There has been an increase in the proportion who have heard about take-home naloxone programs. In 2020, nearly two-thirds of participants (65%) had heard about the take-home naloxone programs, an increase relative to 2019 (57%; $p=0.001$). In 2020, knowledge regarding the take-home naloxone program (and participation in this program) was highest in the VIC and the ACT samples (78% and 81%, respectively). In saying this, significant increases were observed in NSW (75%), TAS (45%) and SA (39%) relative to reports from 2019 (64%; $p=0.034$, 24%; $p=0.007$ and 22%; $p=0.012$).

Participation in Training Programs: Further, in 2020, there was a significant increase in those who had been trained in how to administer naloxone in their lifetime (34%; 29% in 2019; $p=0.037$; Figure 37). This increase in the per cent reporting training was most evident in the NSW sample (54%; 40% in 2019; $p=0.017$) and the TAS sample (12%; $n \leq 5$ in 2019; $p=0.010$). Half of those participating in the naloxone training program had completed their last naloxone training via a needle and syringe program (NSP; 49%), followed by 29% via a drug treatment service, and 17% via a health service.

Accessed Naloxone: In 2020, 41% of the total sample reported having ever accessed naloxone, with 4% having tried to access naloxone but had been unsuccessful. Out of those that had never accessed naloxone ($n=552$), the reason why they had not accessed it were 'didn't consider myself/my peers at risk of overdose' (26%), 'don't use opioids' (18%) and 'didn't know you could access naloxone' (13%).

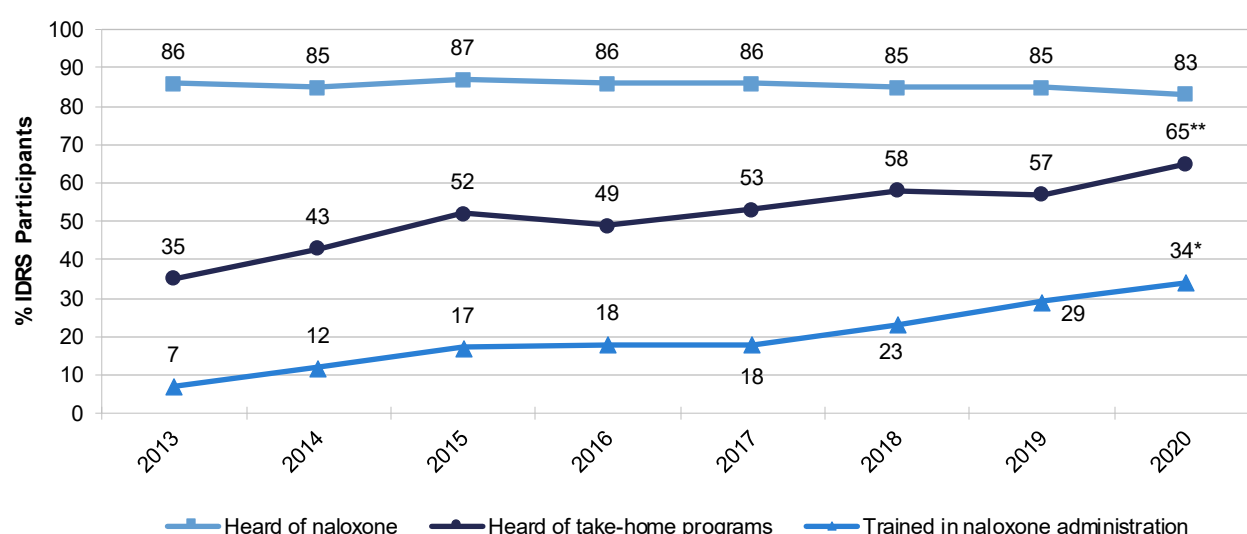
Of those who reported to have accessed naloxone and could respond ($n=329$), on the last occasion nearly two-thirds (63%) received the intramuscular naloxone and over one-third (37%) received intranasal naloxone. On the last occasion two-fifths (42%) accessed naloxone via a needle and syringe program (NSP), followed by a pharmacy (21%) and a drug treatment service (20%). The majority (94%) did not have to pay the last time they accessed naloxone. Of those that had accessed naloxone, half (50%) reported that they 'always' had naloxone on hand when using opioids in the past month, followed by 16% reporting 'never', 15% 'often', 8% 'sometimes' and 5% 'rarely'.

Use of Naloxone to Reverse Overdose: In 2020, of those that reported to have heard about naloxone and could respond ($n=727$), one-quarter (27%) reported that they had resuscitated someone

using narchan/naloxone at least once in their lifetime. Of those who reported past year opioid overdose and could respond ($n=106$), two-fifths (42%) reported that they had been resuscitated by a peer using narchan/naloxone.

In 2020, 5% of the national sample reported that they had ever been resuscitated with naloxone by a peer (11% in 2019; $p<0.001$) and 23% reported to have ever resuscitated someone who had overdosed using naloxone (33% in 2019; $p<0.001$).

Figure 37: Take-home naloxone program and distribution, nationally, 2013-2020



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

Table 21: Awareness of take-home naloxone program and distribution, by jurisdiction, 2020

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
% Heard of naloxone	N=155 92	N=100 93	N=177 93	N=74 81	N=100 67	N=100 87	N=77 49	N=98 85
% Heard of the take-home naloxone program	N=155 75	N=96 81	N=178 78	N=66 45	N=97 39	N=98 66	N=77 45	N=95 64
% Trained in naloxone administration	N=154 54	N=99 53	N=178 52	N=74 12	N=99 -	N=100 34	N=78 13	N=98 18

Note.— Values suppressed due to small numbers ($n\leq 5$ but not 0). N is the number who responded (denominator).

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

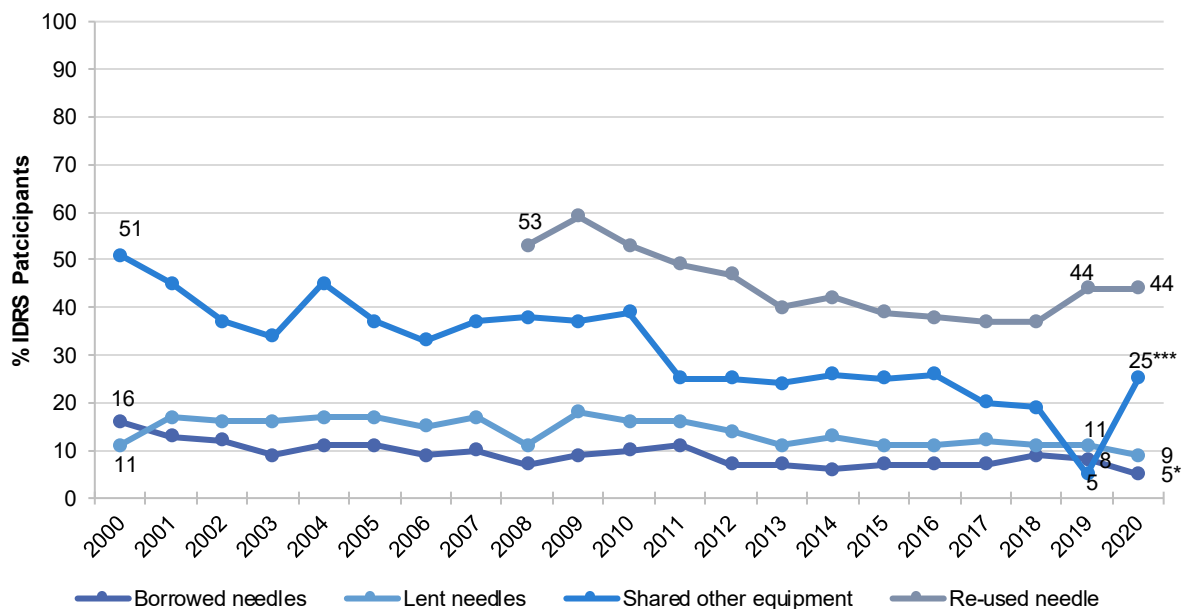
In 2020, 5% nationally reported receptive sharing (a decrease from 8% in 2019; $p=0.027$) and 9% reporting distributive sharing (11% in 2019; $p=0.212$) in the past month. The per cent who have shared other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month has declined substantially since monitoring began until 2020 when it increased significantly to 25% (5% in 2019; $p<0.001$) (Figure 38). The per cent of the sample who reported re-using their own needles in the past

month also declined from 2000 to 2018, however remained stable in 2020 relative to 2019 (2020: 44%; 44% in 2019; $p=0.994$).

One-third (32%) of the 2020 sample reported that they had injected someone else after injecting themselves (35% in 2019; $p=0.190$) and 17% were injected by someone else who had previously injected in the past month, a significant decrease from 21% in 2019 ($p=0.040$).

Consistent with previous years, most participants (83%) in the national sample reported that they had last injected in a private home (77% in 2019; $p=0.001$; Table 22). Five per cent of Sydney participants (9% in 2019; $p=0.100$) and 8% of Melbourne participants (13% in 2019; $p=0.231$) reported last injecting at the Medically Supervised Injecting Centre/Room in their city.

Figure 38: Borrowing and lending of needles and sharing of injecting equipment in the past month, nationally, 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. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Table 22: Sharing needles and injecting equipment in the past month, nationally and by jurisdiction, 2019-2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=893	N=884	N=155	N=100	N=179	N=74	N=100	N=100	N=78	N=98
	2019	2020								
% Injecting behaviours past month										
Borrowed a needle	N=892 8	N=880 5*	N=155 6	N=100 6	N=178 4	N=73 -	N=99 0	N=100 7	N=78 9	N=97 8
Lent a needle	N=876 11	N=875 9	N=154 6	N=100 15	N=177 8	N=72 -	N=100 -	N=99 18	N=78 12	N=95 7
Shared any injecting equipment ^	N=902 5	N=877 25***	N=154 30	N=100 28	N=178 25	N=72 -	N=99 17	N=99 23	N=78 27	N=97 31
Reused own needle	N=892 44	N=878 44	N=154 46	N=100 44	N=178 53	N=71 32	N=99 54	N=100 42	N=78 22	N=98 43
Injected partner/friend after self [~]	N=893 35	N=878 32	N=155 26	N=100 30	N=178 37	N=73 23	N=100 39	N=100 33	N=78 28	N=94 34
Somebody else injected them after injecting themselves [~]	N=893 21	N=878 17*	N=155 14	N=100 19	N=177 19	N=73 12	N=100 24	N=100 16	N=78 18	N=95 15
% Location of last injection	N=888	N=878	N=154	N=100	N=178	N=72	N=100	N=98	N=78	N=98
Private home	77	83**	85	91	71	89	89	80	85	83
Car	4	5	-	7	4	-	-	9	-	7
Street/car park/beach	7	5	5	0	10	-	-	-	13	-
Public toilet	7	4*	-	-	5	-	-	7	-	6
Medically supervised injecting Centre/Room	4	3	5	/	8	/	/	/	/	/
Other	2	1	-	0	-	0	0	-	0	0

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

Self-Reported Injection-Related Health Problems

In 2020, 29% of the national sample reported having an injection-related health issue in the month preceding interview, significantly lower relative to 2019 (45%; $p<0.001$) (Table 23). The most common injection-related health issues reported by participants comprised nerve damage (12%), followed by a dirty hit (8%) and infection/abscess (8%), all significantly lower compared to 2019 (20%; $p<0.001$, 22%; $p<0.001$ and 14%; $p<0.001$, respectively).

Table 23: Injection-related issues in the past month, nationally and by jurisdiction, 2019-2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=865	N=879	N=155	N=100	N=178	N=72	N=100	N=100	N=78	N=96
	2019	2020								
% Artery injection	15	7***	8	-	11	-	9	10	-	-
% Nerve damage	20	12***	10	9	15	-	13	13	-	23
% Any thrombosis	9	7	9	-	10	-	8	6	-	-
Blood clot	7	6	7	-	9	-	8	-	-	-
Deep vein thrombosis	2	2	-	0	-	0	-	-	-	-
% Infection/ abscess	14	8***	7	8	8	-	15	9	-	8
Skin abscess	12	7***	6	-	7	-	14	7	0	7
Osteomyelitis/Sepsis/ Septic arthritis	2	2	-	-	-	0	-	-	0	-
Endocarditis	3	-***	0	-	-	0	0	0	-	0
% Dirty hit	22	8***	10	6	11	-	8	11	0	9
% Any injection related problem	45	29***	31	24	36	21	35	33	-	33

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 for national estimates.

Drug Treatment

In 2020, nearly half of participants (48%) reported that they were currently in any drug treatment for their substance use (most commonly methadone), significantly more so than in 2019 (42% in 2019; $p=0.028$) (Table 24).

In 2020, of those not currently in treatment ($n=463$), 12% reported having difficulties accessing treatment in the past six months and 19% reported wanting to access treatment but not trying to. Among the participants that experienced difficulties accessing treatment ($n=55$), methamphetamine (45%) and heroin (39%) were the main substances for which participants intended to seek treatment. Residential rehabilitation/therapeutic community (39%), detoxification (22%) and opioid substitution program (10%) were the main services that people had tried to access.

Table 24: Current drug treatment, nationally and by jurisdiction, 2019-2020

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=901	N=884	N=155	N=100	N=179	N=74	N=100	N=100	N=78	N=98
	2019	2020								
% Current drug treatment	42	48*	56	71	58	30	38	48	8	47
Methadone	25	31**	44	52	40	14	20	24	-	21
Buprenorphine	2	2	0	-	-	-	0	0	-	8
Buprenorphine-naloxone	9	8	5	9	7	-	10	14	-	11
Buprenorphine depot injection	0	2**	-	-	-	0	-	-	0	0
Drug counselling	9	11	17	13	9	-	8	17	-	8
Other	5	4	5	-	4	0	-	-	0	-

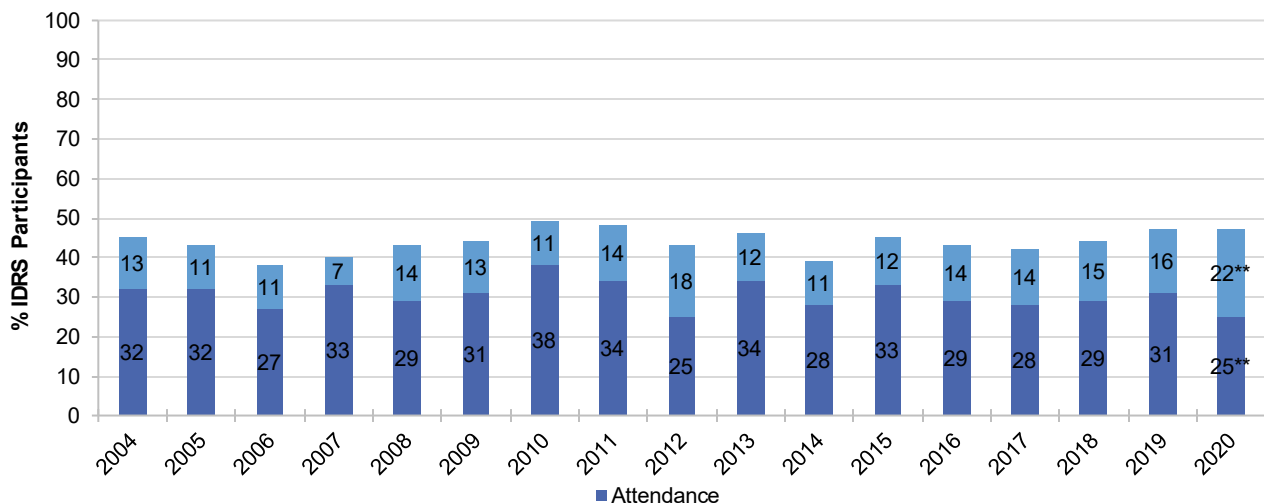
Note. Numbers suppressed when $n \leq 5$ (but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020 for national estimates.

Mental Health

In 2020, 47% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2019 (47%) (Figure 39). Amongst this group, the most commonly reported problems were depression (70%; 70% in 2019; $p=0.934$) and anxiety (55%; 61% in 2019; $p=0.092$). Smaller proportions of this group reported post-traumatic stress disorder (22%), bipolar disorder (13%), and schizophrenia (11%).

One-quarter of the total sample (25%; 53% of those who reported a mental health problem) had seen a mental health professional during the past six months, significantly fewer when compared to 2019 (67% in 2019; $p<0.001$). Three-quarters (73%) 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 (72% in 2019; $p=0.842$).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2004-2020



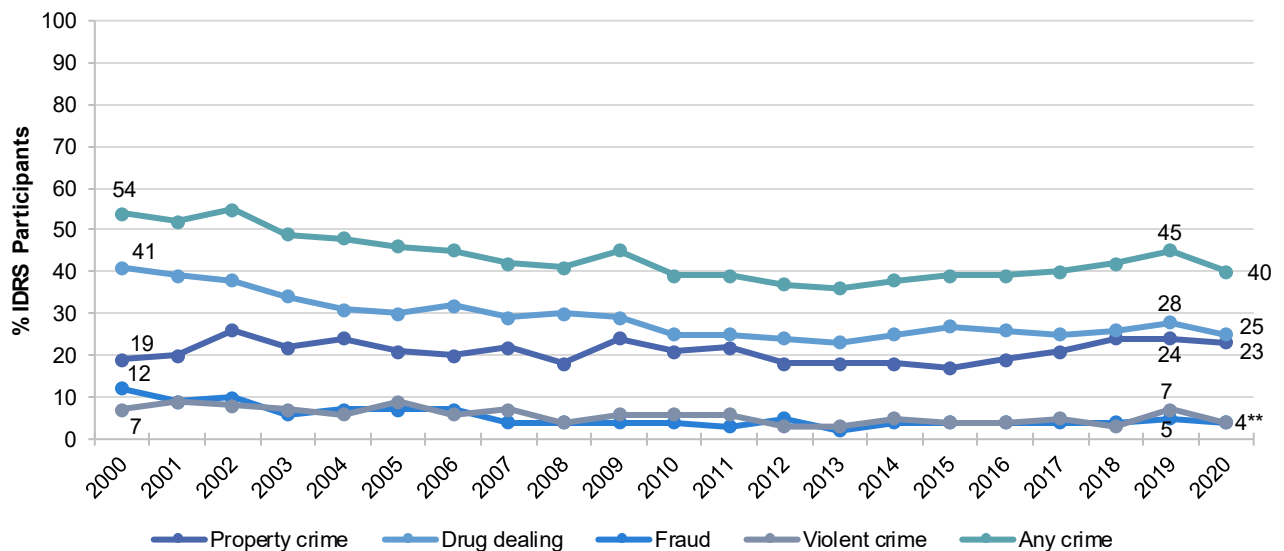
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.

Crime

The per cent of participants reporting past month criminal activity declined from 2000 to 2010, stabilising from 2010 onwards. Property crime and selling drugs for cash profit remain the most common self-reported crimes in the month preceding interview in 2020 (23% and 25%, respectively) (Figure 40). Though numbers remain low, a significant decrease was observed in those reporting violent crime, from 7% in 2019 to 4% in 2020 ($p=0.006$). In 2020, 12% reported being a victim of a crime involving violence (e.g., assault), a significant decrease relative to 2019 (17%; $p=0.007$).

In 2020, 26% of the sample had been arrested in the past year, significantly lower than 34% in 2019 ($p<0.001$). This ranged from 21% in the NT sample to 35% in the TAS sample. Over half of the national sample (56%) reported a lifetime prison history in 2020, a significant decrease from 2019 (62%; $p=0.009$). This ranged from 43% in the WA and SA samples, respectively, to 70% in the NSW and NT samples, respectively.

Figure 40: Self-reported criminal activity in the past month, nationally, 2000-2020



Note. 'Any crime' comprises the percent who report any property crime, drug dealing, fraud and/or violent crime in the past month.

* $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.