

South Australian Drug Trends 2018

Key findings from the
Illicit Drug Reporting
System (IDRS) Interviews





SOUTH AUSTRALIAN DRUG TRENDS 2018: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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ISBN 978-0-7334-3841-7 ©NDARC 2018

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Suggested citation: Karlsson, A. & Peacock, A. (2018). South Australian Drug Trends 2018: Key findings from the Illicit Drug Reporting System (IDRS) Interviews. Sydney, National Drug and Alcohol Research Centre, University of New South Wales, Australia.

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Acknowledgements

Funding

In 2018, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2018 across all jurisdictions:

- Dr Rachel Sutherland, Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Professor Louisa Degenhardt, Professor Michael Farrell, Professor Alison Ritter and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Ellie Bucher and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Grigg, Mr James Fetherston and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
- Mr Chris Moon, Northern Territory Department of Health; and
- Dr Caroline Salom and Professor Rosa Alati, School of Public Health, The University of Queensland.

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Madeleine Rose Benton, Lara Kireta, Eleanor Lontos, Julia Nellie Morris and Melpomene Tantalos for conducting the 2018 SA IDRS surveys.

Abbreviations

CPR	Cardiopulmonary resuscitation
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Medical Practitioner
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OST	Opioid substitution treatment
OTC	Over-the-counter
SA	South Australia
VIC	Victoria
WA	Western Australia

Executive summary

Sample characteristics

The IDRS sample in 2018 were predominantly male with a mean age of 46, consistent with the South Australia (SA) profile in previous years. Over half the participants (58%) reported that methamphetamine was their drug of choice and 69% said methamphetamine was the drug they injected most often in the past month (69%; consistent with trends observed over the last few years). Weekly or more frequent recent use of crystal methamphetamine increased in 2018 (61%), continuing an upward trend that has been observed from 2011 onwards.

Heroin

Recent (i.e., past six month) use of heroin has decreased amongst the SA sample since monitoring began. Indeed, the percentage reporting recent use declined from 52% in 2017 to 35% in 2018. Thirty-seven per cent of recent consumers reported daily use of heroin in 2018. The median price for one gram of heroin (\$300) was one of the lowest observed over the course of monitoring.

Methamphetamine

Over four-fifths (83%) of the SA sample reported recent use of any methamphetamine, with a significant increase observed for powder methamphetamine (18% in 2017 to 31% in 2018), though a significant decrease transpired in the recent use of base (30% in 2017 to 8% in 2018). When examining the overlap amongst consumers who had recently used powder and crystal, in 2018, 52% of recent consumers reported using crystal only, and 27% reported using both crystal and powder, a significant increase from 15% in 2017. A lower median price was observed for powder methamphetamine, though interestingly, 67% of participants reported powder to be 'very easy' to obtain, significantly higher than 33% in 2017.

Cocaine

Recent use of cocaine has generally decreased amongst the SA sample since the beginning of monitoring (10% in 2018),

though numbers reporting use were originally quite low (peak of 27% in 2001).

Cannabis

Recent use of cannabis has gradually decreased over time, with 88% reporting recent use in 2000, declining to 70% in 2018. Over half (54%) of recent consumers reported using cannabis daily.

Pharmaceutical opioids

Use of all forms of pharmaceutical opioids has remained stable or significantly declined since monitoring of each opioid first began. In 2018, morphine was the most common pharmaceutical opioid used non-prescribed (7%), followed by oxycodone use (5%).

Other drugs

NPS use was uncommon. Non-prescribed benzodiazepine use has decreased (65% in 2000 versus 14% in 2018). Alcohol and tobacco use have remained consistently high over the period of monitoring, with 55% and 87% reporting recent use of tobacco, respectively, in 2018. Of recent tobacco consumers, 92% reported daily use.

Drug-related harms and other risks

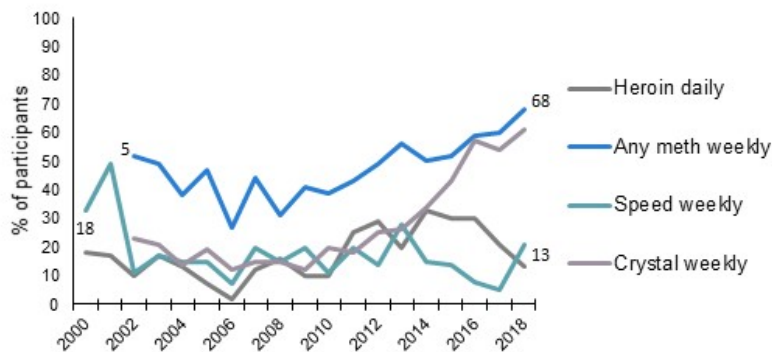
Over one-tenth (13%) of the SA sample in 2018 reported overdosing on any drug in the preceding year, most commonly heroin. Six per cent of the total sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program, and seven per cent had been resuscitated with naloxone which had been obtained over the counter at a pharmacy. A significant decrease relative to 2017 transpired in those who reported re-using their own needles and syringes in the past month (55% in 2009; 31% in 2018). Those who reported re-using injecting equipment also significantly declined over time. Self-reported past six-month mental health problems and past month criminal activity remained relatively stable from 2017 reports (39% and 31%, respectively).

Key findings from the SA Illicit Drug Reporting System interviews, 2018

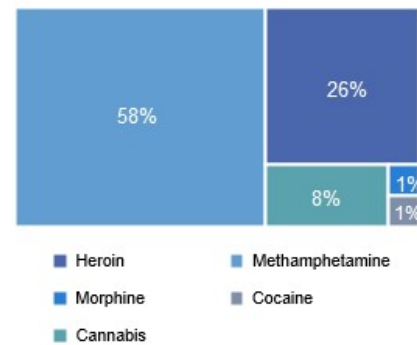


Annual cross-sectional interviews from 2000 to 2018 with approximately 100 participants who inject drugs per year, recruited from Adelaide, South Australia

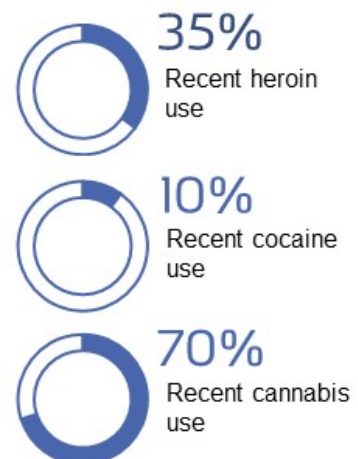
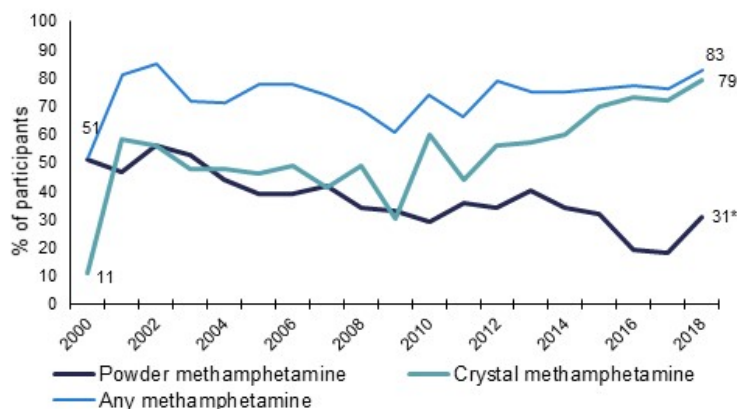
High frequency use in the past six months



Drug of choice

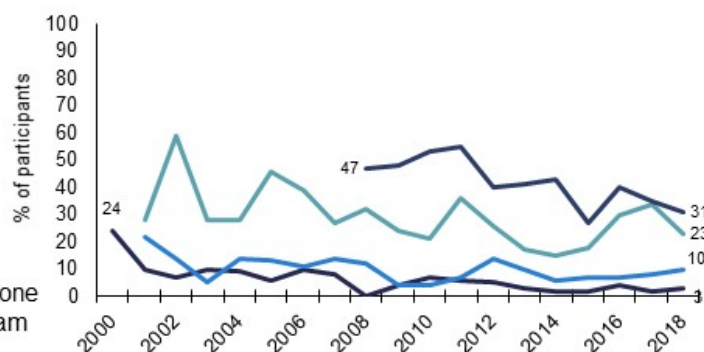


Use in the past six months



Risks and harms

- 13% of the South Australia sample reported experiencing a non-fatal overdose in the last year
- 26% had heard of take-home naloxone programs
- 6% had been resuscitated by someone who had participated in a program



Main current treatment type



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=905 in 2018). A total of 101 participants were recruited from Adelaide and interviewed in 2018 for the South Australia IDRS (the focus of this report). The results from the IDRS interviews are not representative of all people who consume drugs, but this is not the aim of the study, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These results should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in South Australia.

Background

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

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

Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral, and snowballing (i.e., 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) and have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 905 participants were recruited across capital cities nationally (May-July 2018), with 101 participants interviewed in Adelaide, SA, during May-June 2018 (100 participants in 2017). Under one-fifth (16%) of participants disclosed that they had participated in the SA IDRS in 2017.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018. 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).

Interpretation of Findings

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

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

Additional Outputs

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

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

2

Sample characteristics

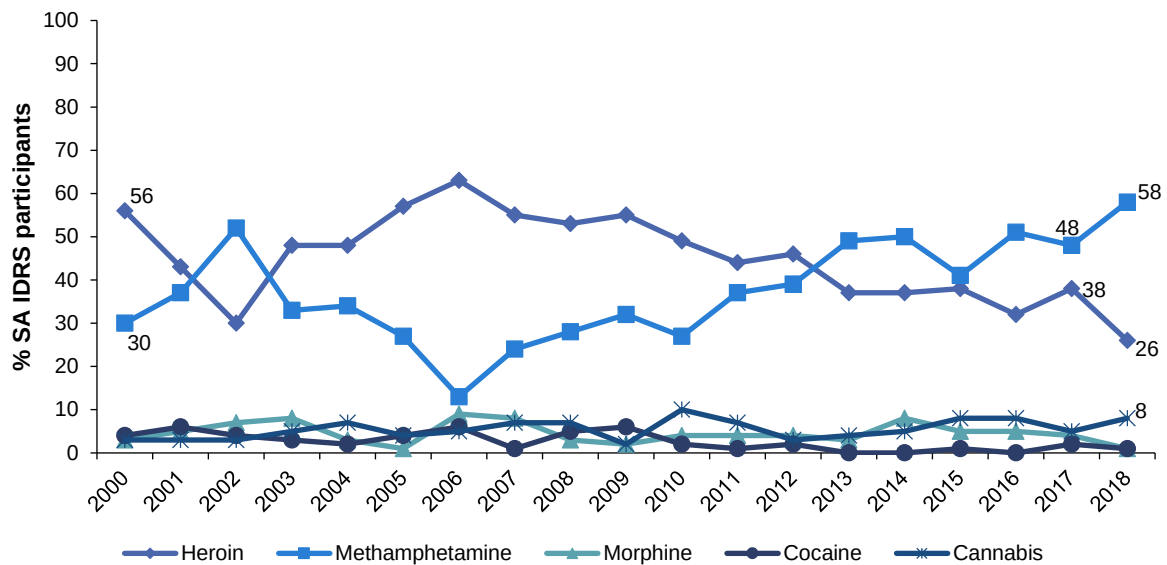
In 2018, the South Australia IDRS sample was predominantly male (68%) with a mean age of 46 (range: 22-64 years). The majority of the sample were unemployed (92%), a significant increase relative to 2017 (77%; $p=0.003$), although over half (54%) reported having received post-school qualifications. Consistent with previous years, the majority of participants reported that methamphetamine was their drug of choice, and also the drug injected most often in the month preceding interview.

Table 1: Demographic characteristics of the sample, nationally and in SA, 2014-2018

	National 2018	SA 2018	SA 2017	SA 2016	SA 2015	SA 2014
	N=905	N=101	N=100	N=101	N=102	N=106
Mean age (years; SD)	43 (9)	46 (9)	45 (9)	44 (8)	45 (8)	42 (8)
% Male	66	68	61	61	66	59
% Aboriginal and/or Torres Strait Islander	19	11	7	7	14	9
% Sexual identity						
Heterosexual	88	98	92	86	91	92
Gay male	-	0	0	-	-	0
Lesbian	-	0*	-	-	-	0
Bisexual	8	-	-	10	-	8
Other	-	0	-	-	0	-
Median years of school education (IQR)	10 (9-11)	10 (9-11)	10 (9-11)	10 (9-11)	10 (10-11)	10 (9-11)
% Post-school qualification(s)^	53	54	57	55	57	52
% Employment status						
Unemployed	87	92**	77	86	81	80
Employed full time	-	-	6	-	5	-
% Gov't pension, allowance or benefit main income source	88	95	92	/	/	/
Median weekly income (\$, IQR)	350 (275-450)	400 (275-450)	400 (283-499)	385 (274-495)	383 (275-459)	393 (271-470)
% Accommodation						
Own house/flat~	69	83	83	87	81	85
Parents'/family home	8	11	6	-	7	10
Boarding house/hostel	7	-	-	-	-	-
Shelter/refuge	-	-	0	0	0	0
No fixed address	14	-	6	-	-	-
Other	-	0	-	-	7	-

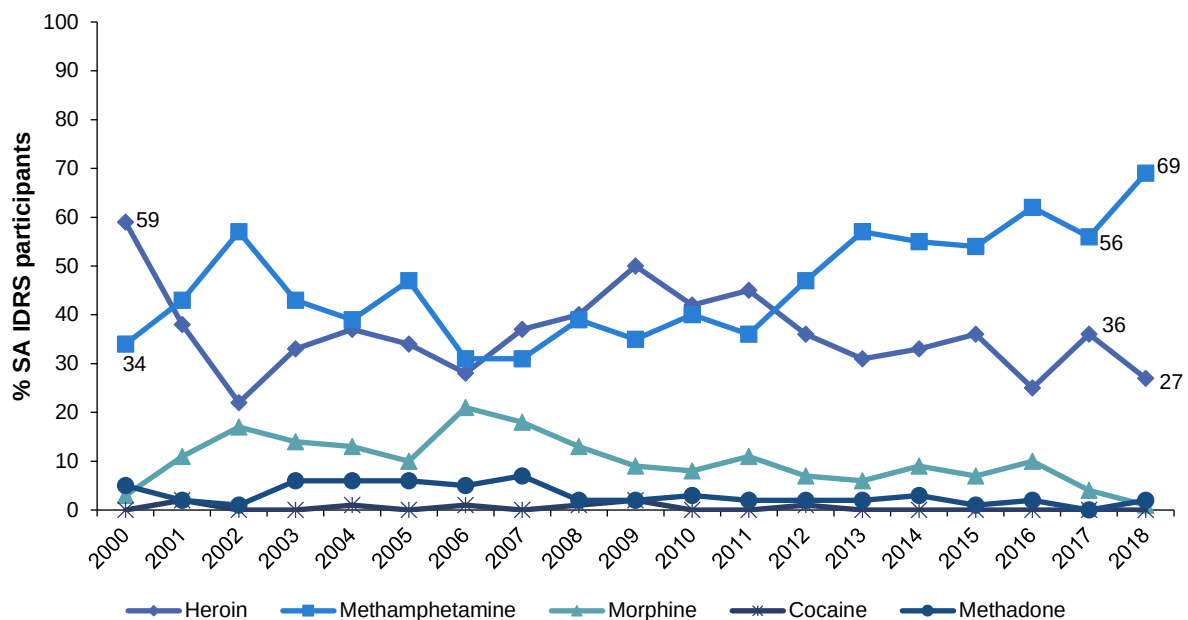
Note. ^Includes trade/technical and university qualifications. ~ Includes private rental and public housing. / Not asked. - Values suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 1: Drug of choice, SA, 2000-2018



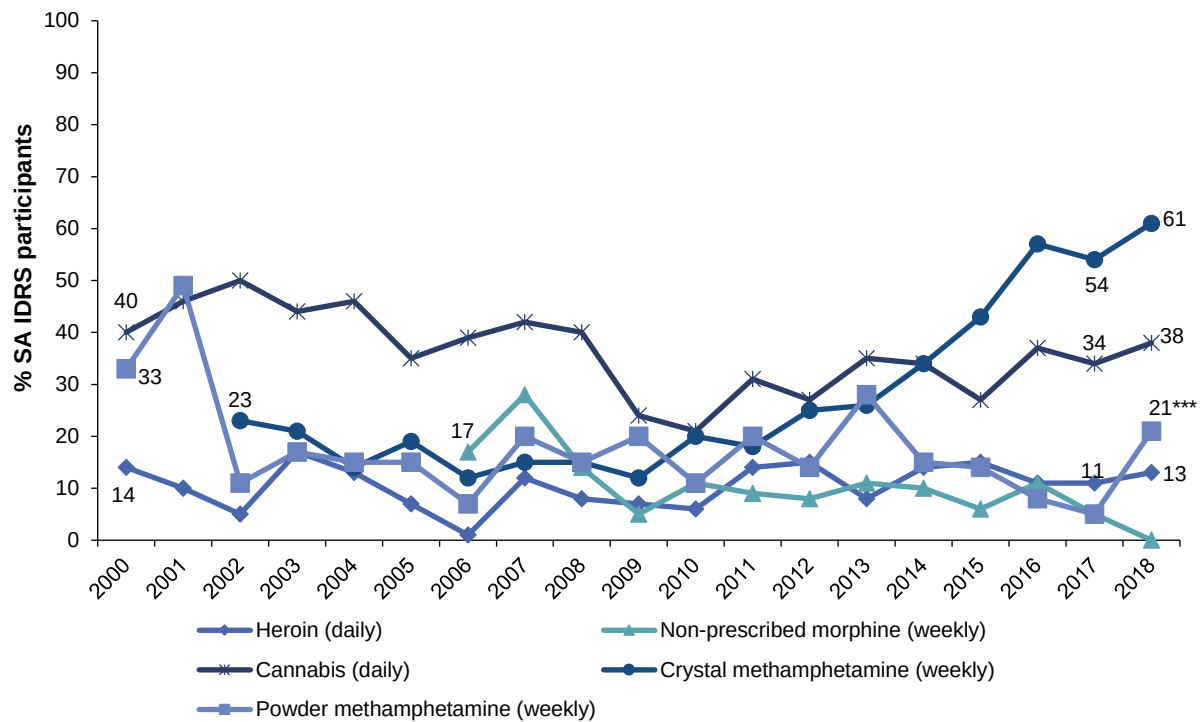
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figure in years 2000, 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018. In 2018, 41%, 35%, 7%, 7% and 2% of the national sample reported heroin, methamphetamine, cannabis, morphine, and cocaine, respectively, as the main drug injected.

Figure 2: Drug injected most often in the past month, SA, 2000-2018



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figure in years 2000, 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018. In 2018, 44%, 37%, 10%, 4%, and 1% of the national sample reported methamphetamine, heroin, morphine, methadone, and cocaine, respectively, as the drug injected most often in the past month.

Figure 3: High frequency substance use in the past six months, SA, 2000-2018



Note. These figures are of the entire sample. Data labels have been removed from figure in 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018. In 2018, 47%, 32%, 17%, 11%, and 6% of the national sample reported high frequency use of crystal methamphetamine (weekly), cannabis (daily), heroin (daily), non-prescribed morphine (weekly), and powder methamphetamine (weekly), respectively.

3

Heroin

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

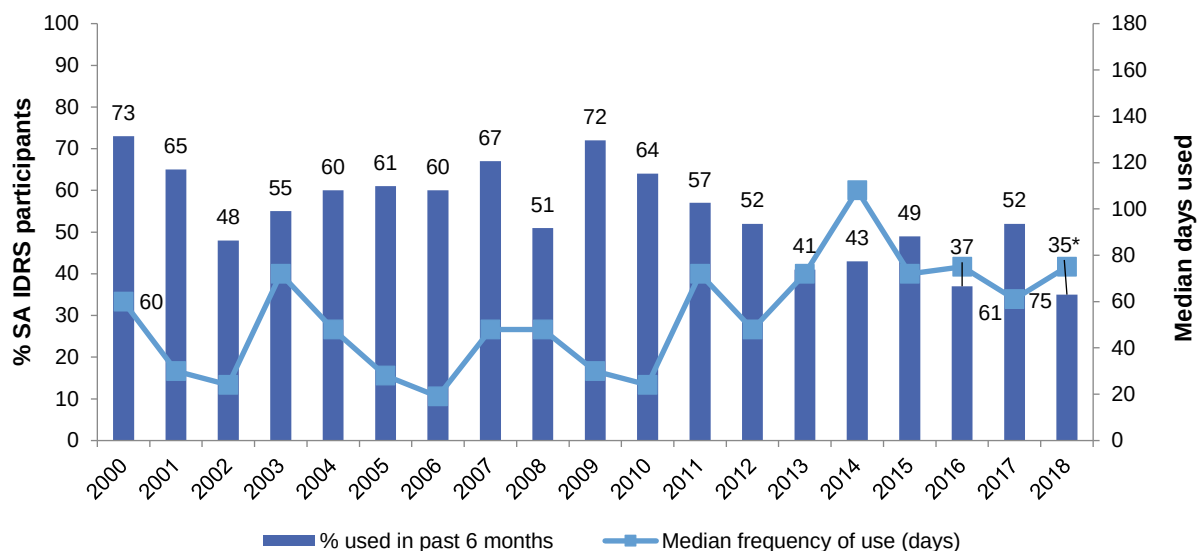
Recent Use

There has been a decline in recent heroin use among participants from Adelaide, SA, over the period of monitoring, from 73% in 2000 to 35% in 2018 (including a decrease relative to 2017; 52%; $p=0.015$; Figure 4). Small numbers reported recent use of homebake heroin in 2018 (10% versus 7% in 2017; $p=0.447$).

Median frequency of use among recent heroin consumers was equivalent to several days a week (median 75 days, IQR 24-180 days; median 61 days in 2017; Figure 4). Over one-third (37%) of recent heroin consumers reported daily use (21% in 2017, $p=0.102$).

Injecting remained the most common route of administration among participants who had recently used heroin (100%; 100% in 2017), with only one participant reporting smoking. The median amount of heroin used on a typical day was 0.2 grams (IQR: 0.1-0.3 grams).

Figure 4: Past six month use and frequency of use of heroin, SA, 2000-2018



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 2017 versus 2018.

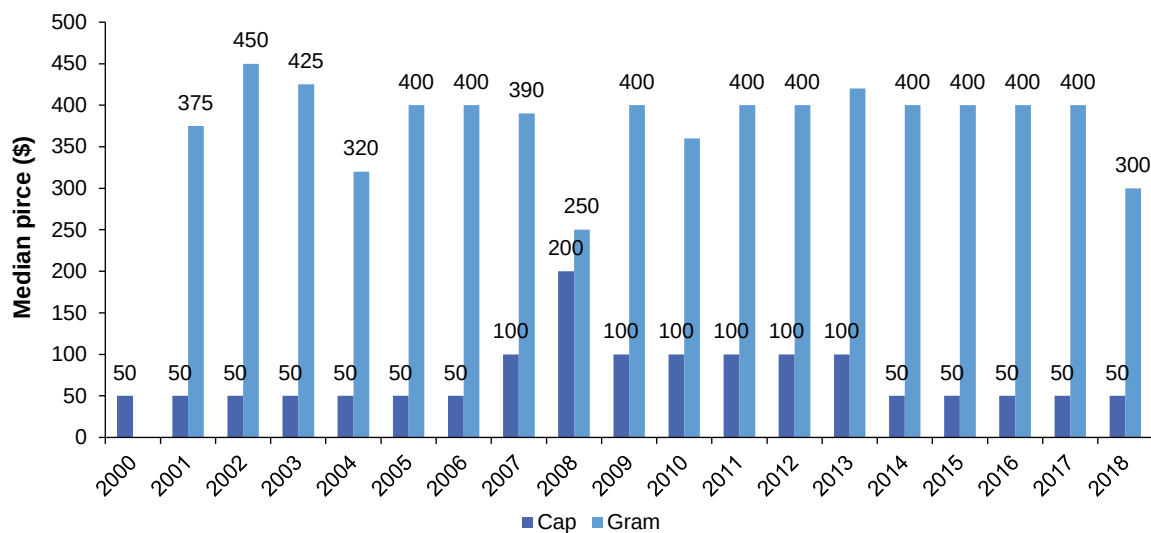
Price, Perceived Purity and Availability

In 2018, the reported median price of heroin in the SA sample was \$300 for one gram (IQR \$100-\$400; n=11) and \$50 per cap (IQR \$50-\$75; n=9; a 'cap' being a small amount typically used for a single injection) (Figure 5). Historically, the median price of a gram has fluctuated between \$310-\$450, thereby signifying the estimated price in 2018 to be one of the lowest prices over the period of monitoring. In contrast, the price of a cap has been stable since 2014.

Among those who were able to comment (n=34), there was an equal distribution of those who perceived the current purity of heroin as 'medium' (38%) and low (38%), consistent with 2017 (39% and 37%, respectively; see Figure 6).

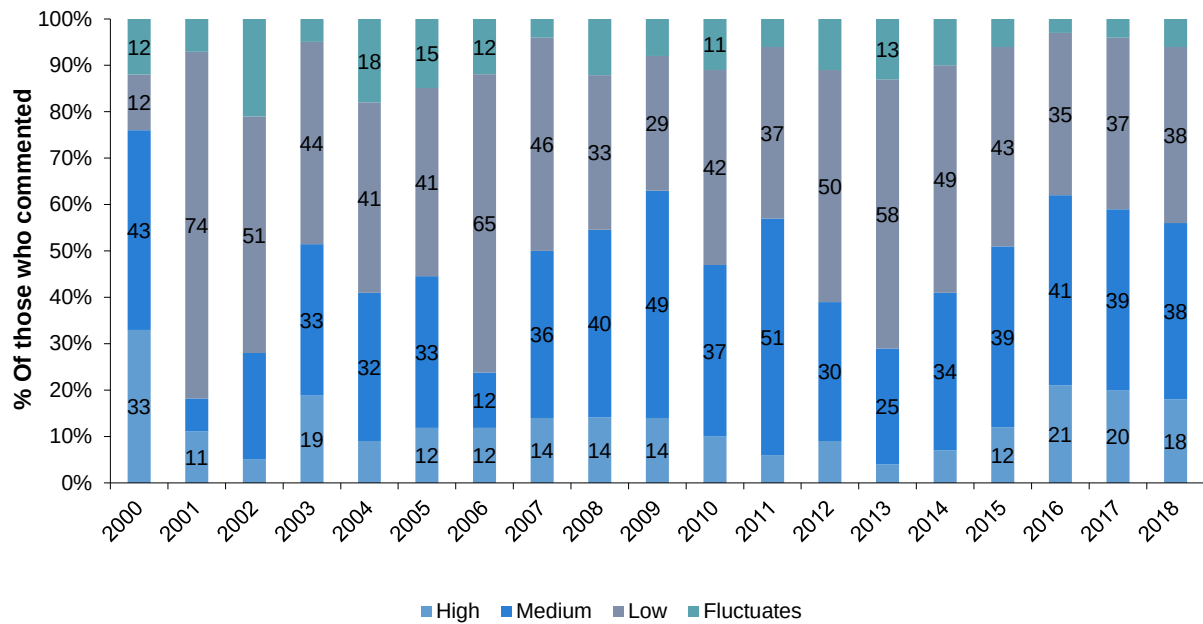
Of those who were able to comment (n=37), over three-quarters (78%) perceived the current availability of heroin as 'very easy' and just under one-fifth (19%) as 'easy' to obtain, similar to 2017 data (69% and 29%, respectively) (Figure 7).

Figure 5: Median price of heroin per cap and gram, SA, 2000-2018



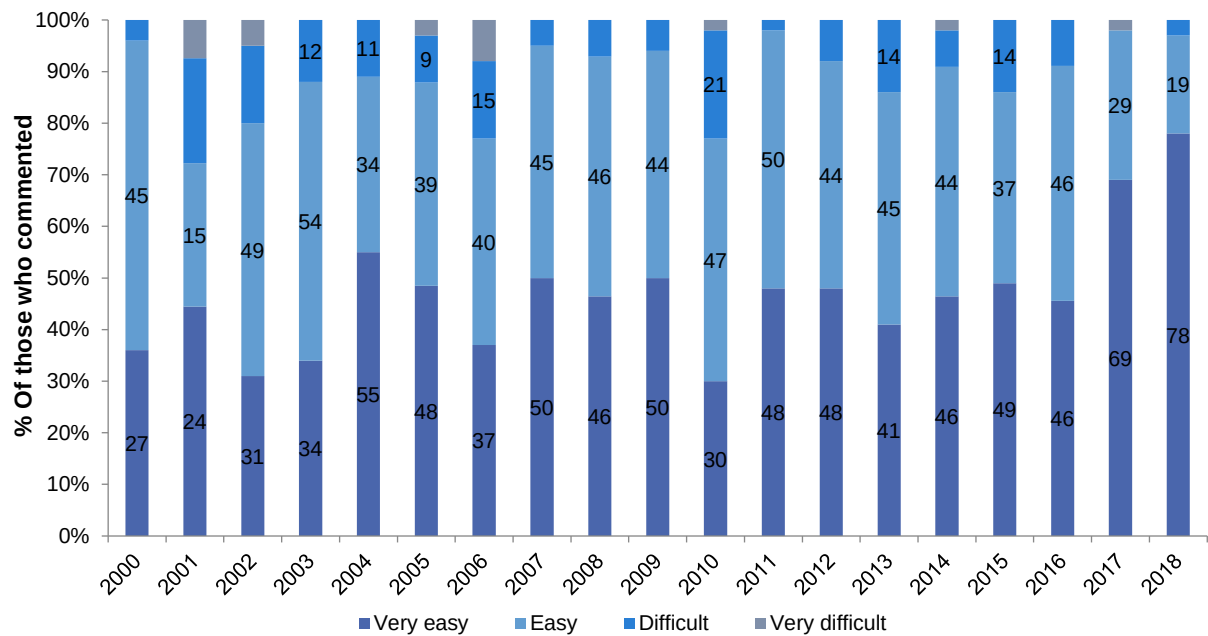
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figure throughout all years with small cell size (i.e. n≤5). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 6: Current perceived purity of heroin, SA, 2000-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 7: Current perceived availability of heroin, SA, 2000-2018



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

4

Methamphetamine

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

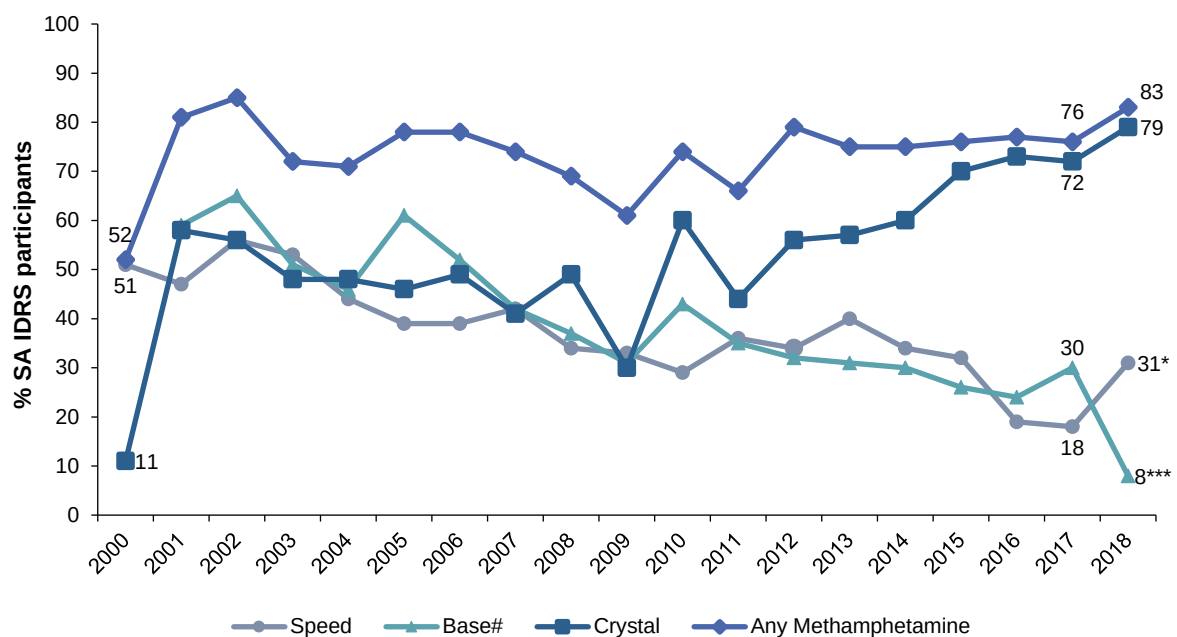
Recent Use

Recent use of any methamphetamine (powder, base, crystal and/or liquid amphetamine) peaked in 2002 (85%) in the SA sample, before declining to 61% in 2009 and then rising through to 2018 (83%; 76% in 2017; $p=0.207$; Figure 8).

In 2018, frequency of use remained largely stable at a median of 90 days (IQR 30-120 days; 81 days in 2017; $p=0.903$) (Figure 9). The proportion of recent consumers reporting weekly or more frequent use of methamphetamine also remained stable compared to 2017 (68% versus 60% in 2017; $p=0.219$).

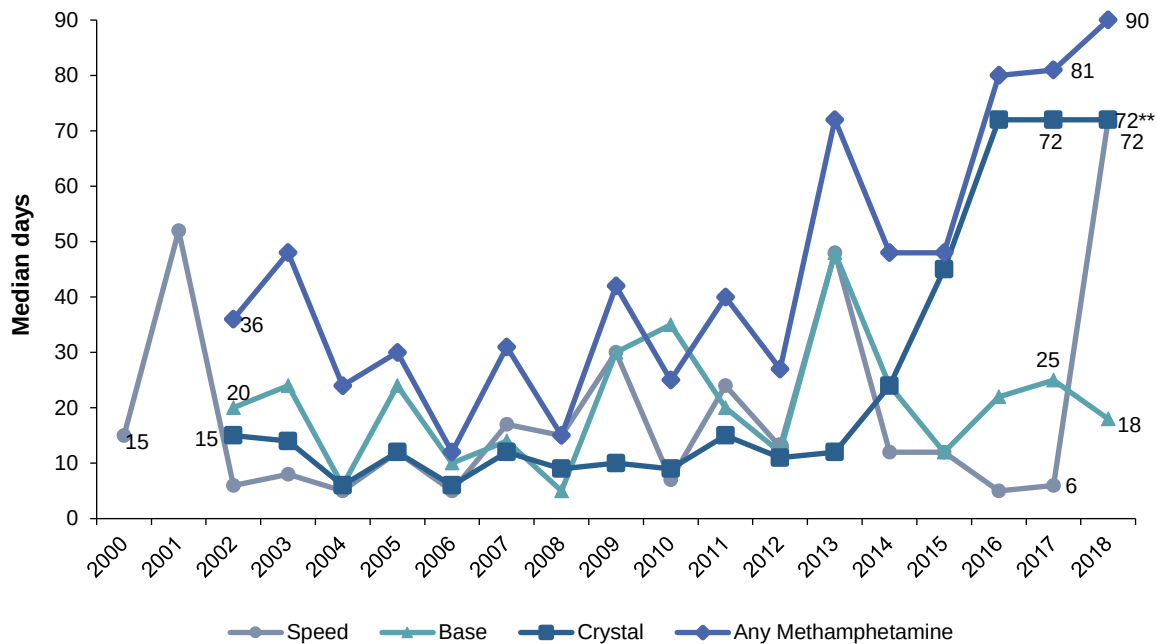
There has been a shift over time, with a decrease in the use of powder and base methamphetamine forms and an increase in the use of crystal methamphetamine (Figure 8). Most methamphetamine consumers ($n=84$) nominated crystal as the main form used (86% versus 85% in 2017; $p=0.946$), which may relate to greater perceived purity and availability of crystal (see below for further discussion).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, SA, 2000-2018



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, speed, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers, however in 2018 9% of the SA sample reported use of liquid amphetamine in the six months preceding interview. * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, SA, 2000-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Powder methamphetamine

Recent use of powder methamphetamine has been declining over time, although data from 2018 departs from this trend. Indeed, there was a significant increase in use in 2018 relative to 2017 (31% versus 18% in 2017; $p = 0.036$; Figure 8), with level of use similar to that recorded in 2015, but still lower than observed earlier years of monitoring.

Following this trend, frequency of use increased in 2018. The percentage of recent consumers reporting weekly or more frequent use of methamphetamine powder was significantly higher in 2018 (21%) compared to 2017 (5%; $p < 0.001$). Consumers reported a median of 72 days of use (IQR 12-100 days), relative to 6 days in 2017 (IQR 3-30 days; $p = 0.005$; Figure 9).

Most consumers (97%) reported recent injection of powder, with 29% reporting smoking powder in the past six months. The median amount used in a typical day in the past six months was 0.2 grams (IQR 0.1-0.5 grams).

Base methamphetamine

Excluding liquid amphetamine, base has been the least commonly used form of methamphetamine since monitoring of this form commenced in 2001. Recent use of base has declined from 59% in 2001 to 30% in 2017, with a further considerable decrease to eight per cent in 2018 ($p < 0.001$; Figure 8), contrasting with the recent increase in powder use.

Despite the decline in use, frequency of use remained relatively stable at a median of 18 days (IQR 5-75 days; 25 days in 2017; Figure 9). All consumers had injected base, and 25% had reported recently smoking base. The median amount used on a typical day of consumption in the past six months was 0.2 grams (IQR 0.1-0.4 grams).

Crystal methamphetamine

Reports of recent use of crystal methamphetamine have been steadily increasing since 2012 (Figure 8), surpassing powder methamphetamine from 2010 onwards and peaking at 79% in 2018 (72% in 2017; $p=0.234$).

Despite the changes in use of powder and base, frequency of crystal use remained stable in 2018, with consumers reporting use on a median of 72 days in the past six months (i.e. three times weekly; IQR 24-99 days; 72 days in 2017; Figure 9). The main route of administration among consumers was injecting (98%), followed by smoking (28%). The median amount used on an average day of consumption in the past six months was 0.2 grams (IQR 0.1-0.4 grams).

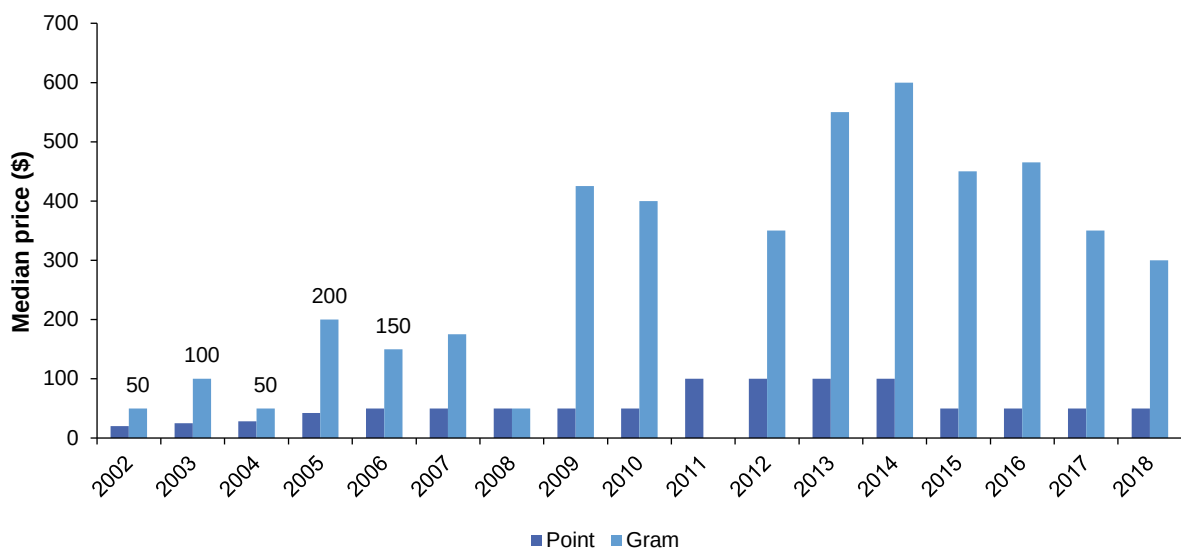
Price, Perceived Purity and Availability

Powder methamphetamine

The median price for a point (0.1 gram) of powder has remained stable at \$50 ($n=25$; IQR \$50-\$50) since 2015 (Figure 10). However, the median price of one gram was reported as \$300 ($n=4$; IQR \$206-\$338) in 2018. This is the lowest median price reported since 2008, although still substantially higher than the reported price in the early 2000s.

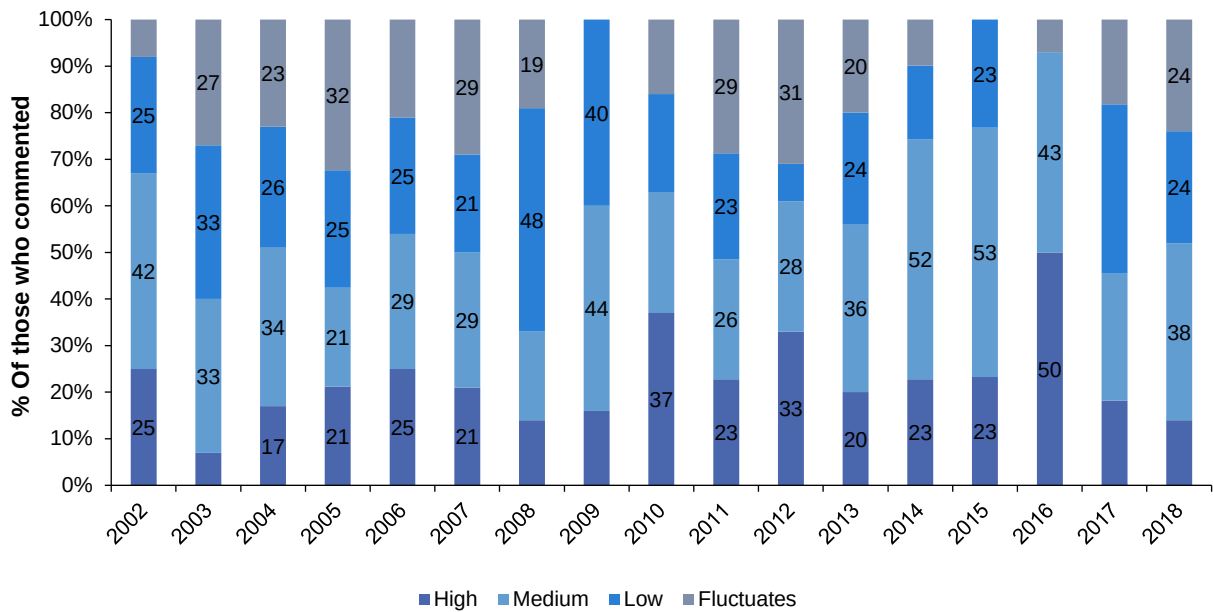
Participants who were able to comment on powder methamphetamine ($n=29$) mostly perceived it to be of 'medium' (38%) or 'low' (24%) purity (Figure 11). Of consumers commenting ($n=30$), the majority (67%) reported it to be 'very easy' to obtain in 2018 – a significant increase relative to 33% of consumers reporting availability accordingly in 2017 ($p=0.049$) and reports in several years prior (Figure 12).

Figure 10: Median price of powder methamphetamine per point and gram, SA, 2002-2018



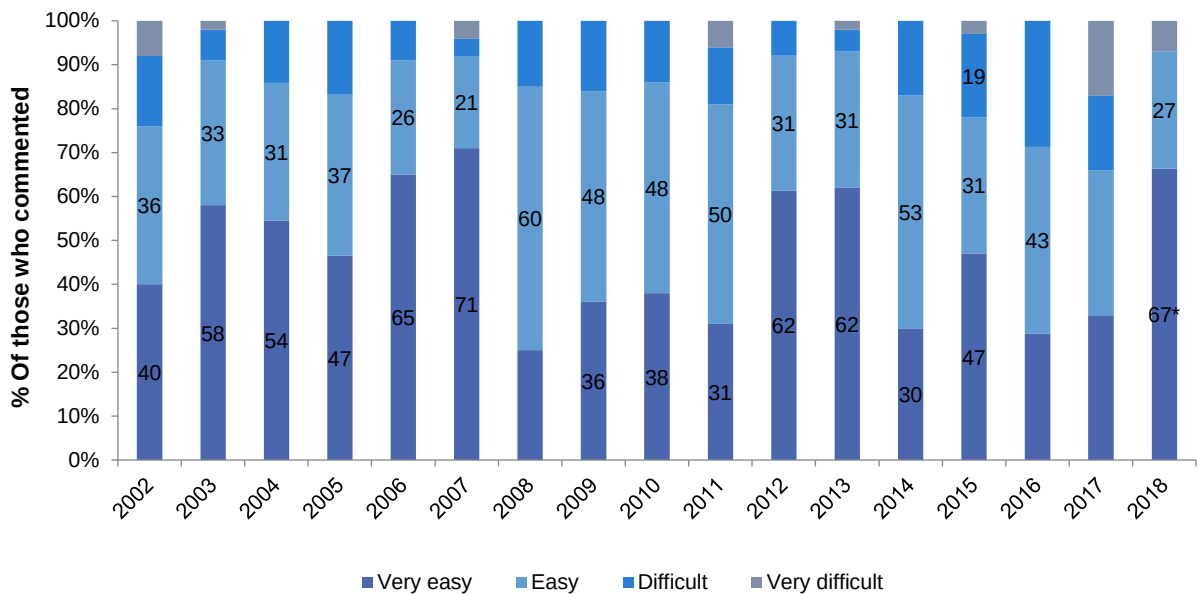
Note. Among those who commented. No participants were able to comment on the price of a gram in 2011. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 11: Current perceived purity of powder methamphetamine, SA, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 12: Current perceived availability of powder methamphetamine, SA, 2002-2018

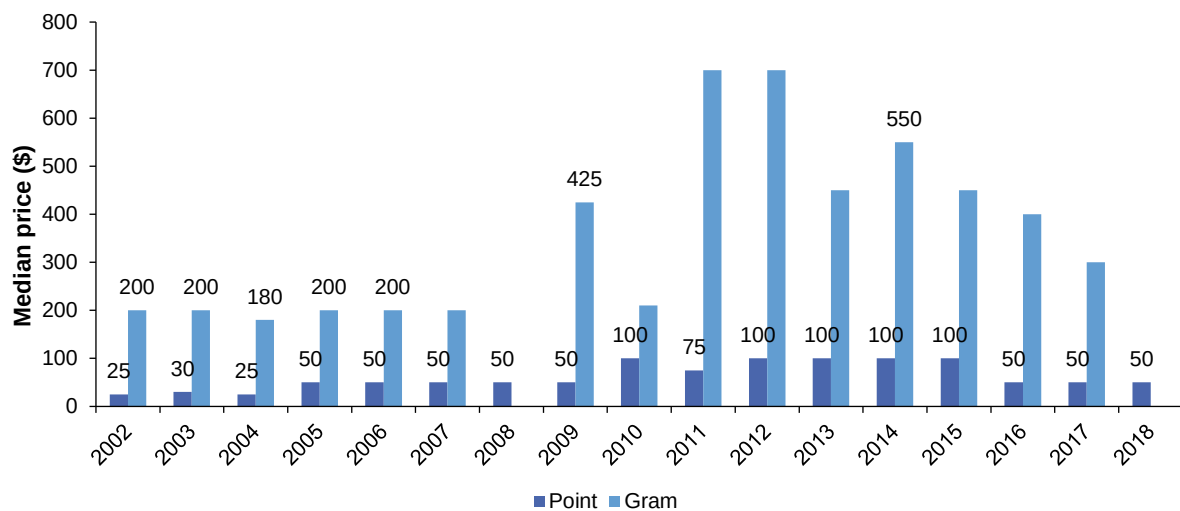


Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Base methamphetamine

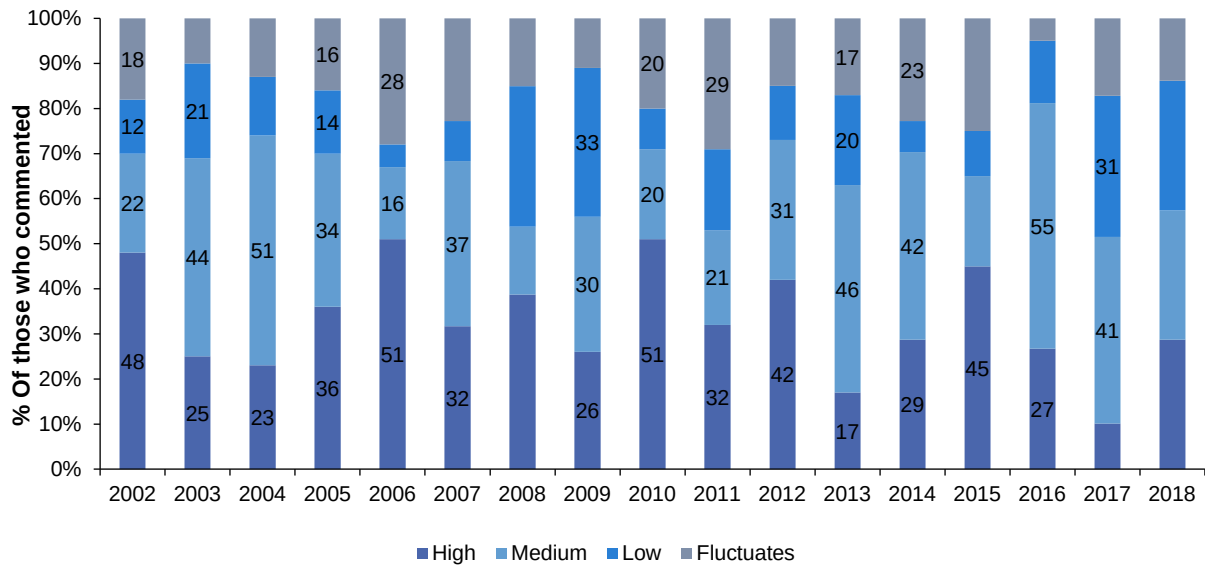
The median price for one point (0.1 gram) of base remained stable relative to 2016 and 2017 at \$50 (n=8; IQR \$42.50-\$50; Figure 13), though no participants were able to comment on the price of a gram in 2018. Of those who could comment (n=7), perceptions of base purity were evenly split between 'high', 'medium' and 'low' (29%, respectively; Figure 14). In addition, of those able to comment (n=8), 50% perceived base to be 'difficult' to 'very difficult' to obtain (Figure 15).

Figure 13: Median price of base methamphetamine per point and gram, SA, 2002-2018



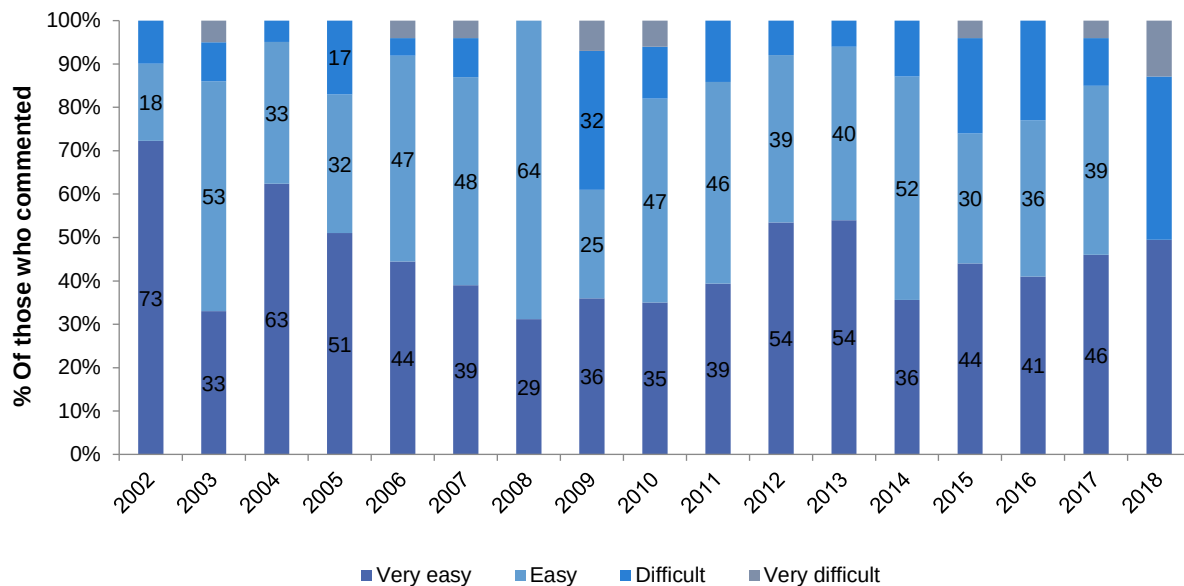
Note. Among those who commented. No participants were able to comment on the price of a gram in 2008, nor in 2018. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 14: Current perceived purity of base methamphetamine, SA, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures throughout all years with small cell size (i.e. $n \leq 5$).
 $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2017 versus 2018.

Figure 15: Current perceived availability of base methamphetamine, SA, 2002-2018



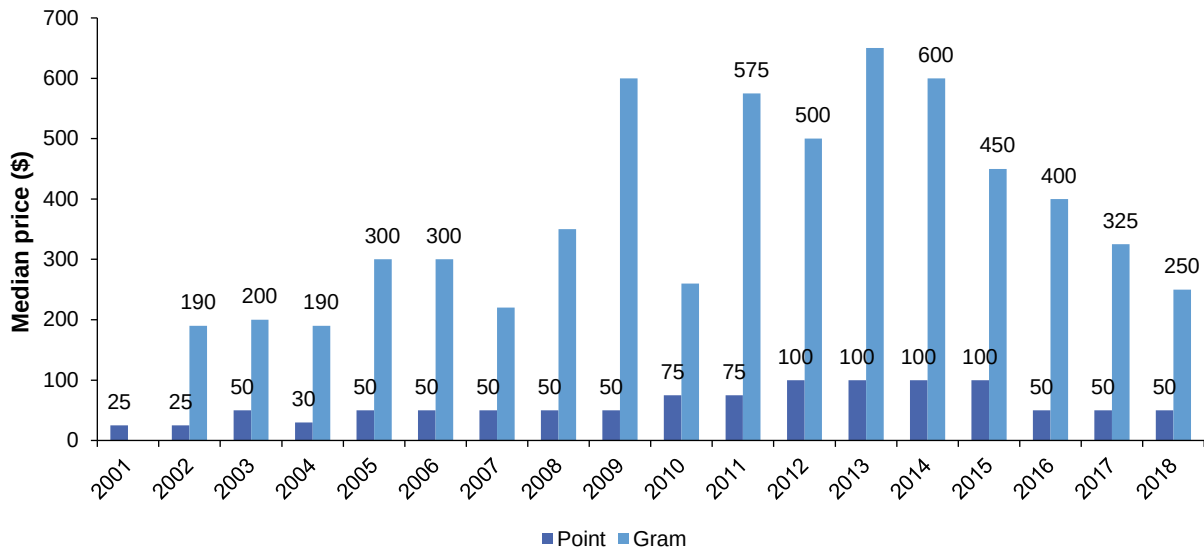
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$).
 $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2017 versus 2018.

Crystal methamphetamine

The median price for a point of crystal has been \$50 for three consecutive years (2018: $n=57$; IQR \$50-\$50; Figure 16). The median price of a gram of crystal has ranged between \$190 and \$650, with the median price recorded in 2018 being the lowest recorded price since 2007 (\$250; $n=9$; IQR \$188-\$325).

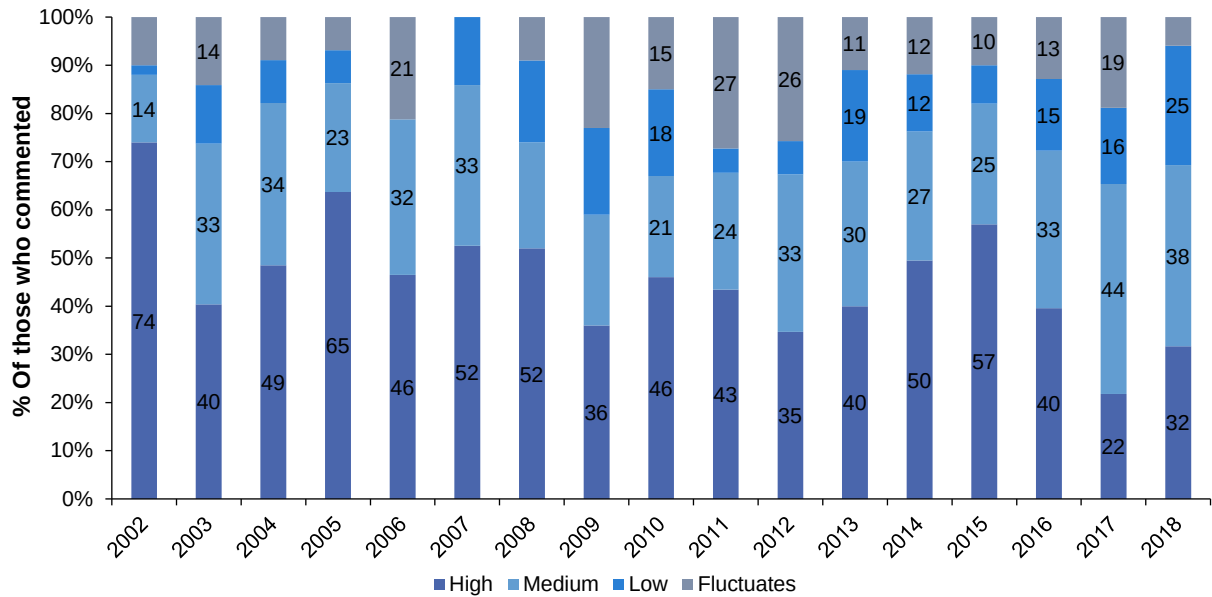
Among those that were able to comment ($n=69$), over one-third perceived the current purity of crystal methamphetamine as 'medium' (38%), followed by 32% that reported purity as 'high' (Figure 17). Of those who were able to comment on availability ($n=71$), the majority perceived crystal methamphetamine to be 'very easy' (85%) to obtain, an increase relative to 2017 (52%; $p<0.001$, Figure 18). Yet, this finding must be put in context. Specifically, this shift mainly reflects an increasing number of participants reporting availability as 'very easy' versus 'easy' – the percentage reporting access as 'difficult' has been consistent at around one-tenth of the sample over the past decade.

Figure 16: Median price of crystal methamphetamine per point and gram, SA, 2001-2018



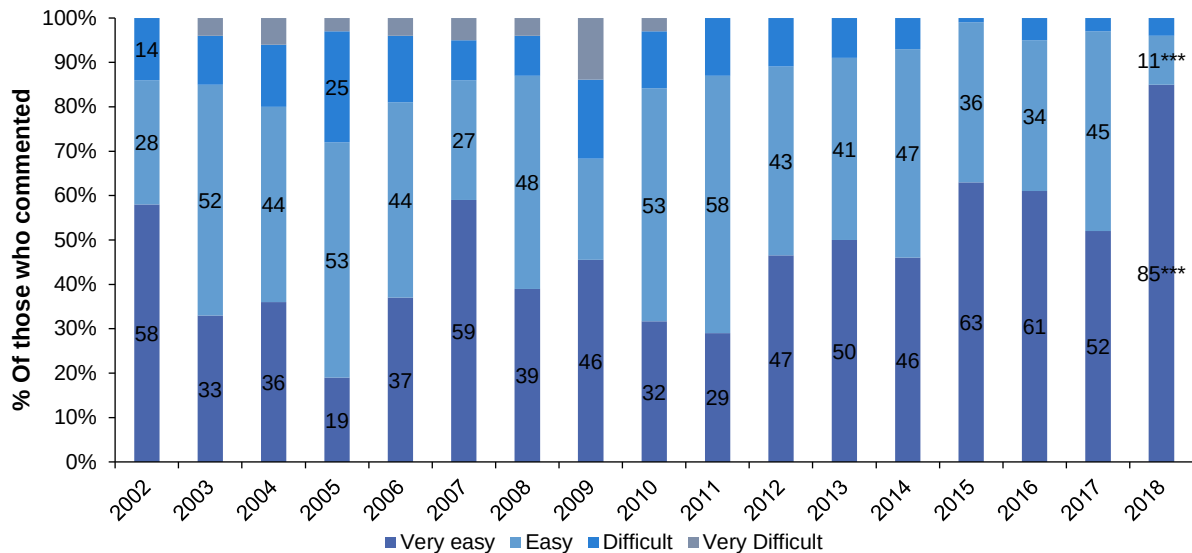
Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figure throughout all years with small cell size (i.e. $n\leq 5$). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Figure 17: Current perceived purity of crystal methamphetamine, SA, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$).
 $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2017 versus 2018.

Figure 18: Current perceived availability of crystal methamphetamine, SA, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$).
 $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2017 versus 2018.

5

Cocaine

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

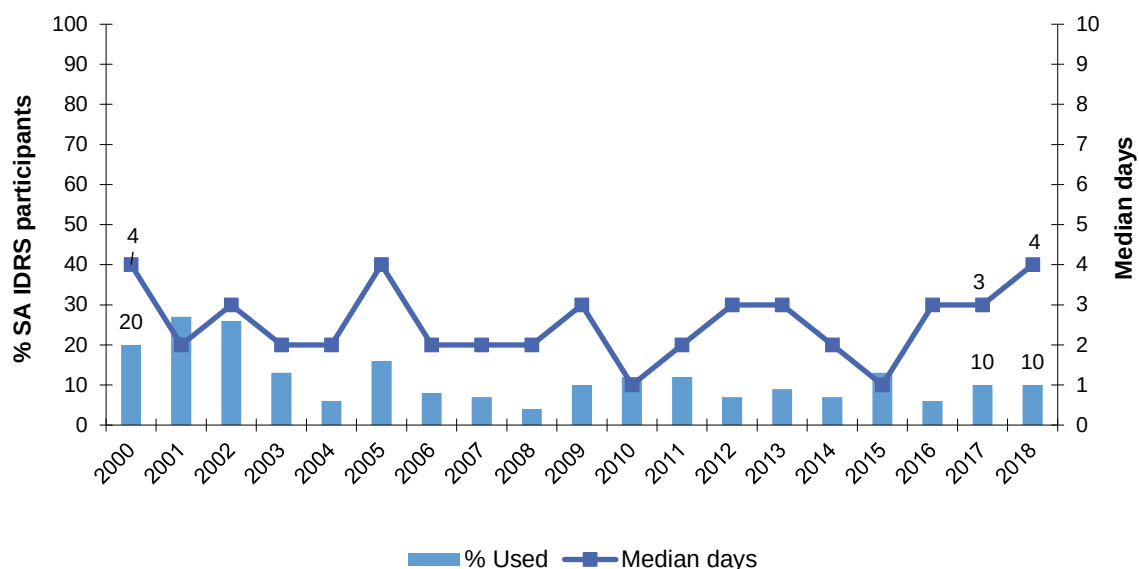
Recent Use

Recent use of cocaine has mostly been low amongst the sample from Adelaide, SA, although there has been a decline in use over time. Specifically, the percentage reporting recent use declined from a peak of 27% in 2001 to four per cent in 2008, with around one-tenth or fewer reporting recent use in the following years (10% in 2017 and 2018; Figure 19).

Median frequency of use has fluctuated over the years between one and four days, with a median of four days (IQR 1-21 days; $n=10$; median 3 days in 2017) observed in 2018 (Figure 19).

No significant changes in route of administration were observed between 2017 and 2018; injecting remained the most common route amongst consumers (70%; 50% in 2017), followed by snorting (40%; 70% in 2017). Those who reported recent cocaine use consumed a median of 0.6 grams (IQR 0.2-1.0 grams) on a typical day of use.

Figure 19: Past six month use and frequency of use of cocaine, SA, 2000-2018



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 2017 versus 2018.

Price, Perceived Purity and Availability

Six participants were able to comment on the price, perceived purity and availability of cocaine; therefore, figures and significance testing will not be presented. Please refer to the [National IDRS Report](#) for further information.

6

Cannabis

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

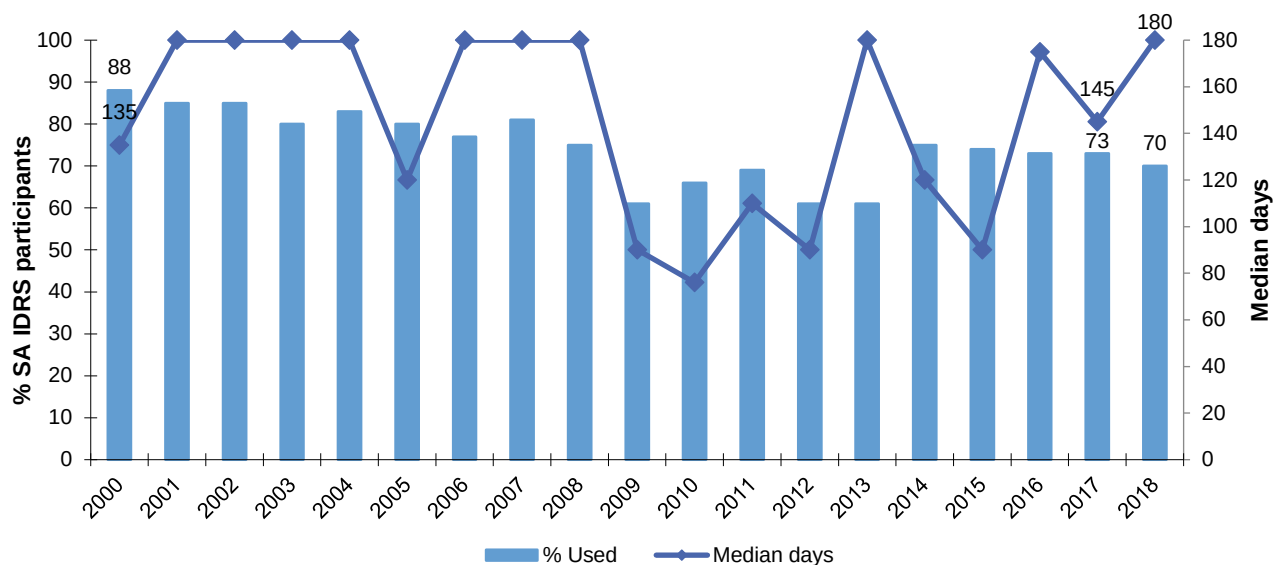
Recent Use

Over the course of monitoring, recent use of cannabis has gradually decreased among the SA sample, from 88% in 2000 to 70% in 2018 (73% in 2017; Figure 20).

In 2018, median frequency of use in the past six months was 180 days (equating to daily use; IQR 24-180 days; 145 days in 2017; Figure 20). Over half (54%) of recent consumers reported using cannabis daily (47% in 2017). Smoking was the most common route of administration amongst cannabis consumers (99%; 100% in 2017). Small percentages reported swallowing (9%) and inhaling (7%) cannabis. The median intake per typical day of consumption was 1.5 grams (IQR 1.0-2.6 grams; $n=10$) or three cones (IQR 2-5 cones; $n=41$).

Most consumers (81%) reported recent use of hydroponic cannabis, and 59% reported recent use of outdoor-grown 'bush' cannabis. Smaller percentages reported having used hash oil (17%; 20% in 2017) and 16% reported using hashish in 2018, a significant decline relative to 2017 (31%; $p<0.001$). Hydroponic cannabis remained the form most commonly used in the preceding six months (65%), followed by bush cannabis (33%).

Figure 20: Past six month use and frequency of use of cannabis, SA, 2000-2018



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 2017 versus 2018.

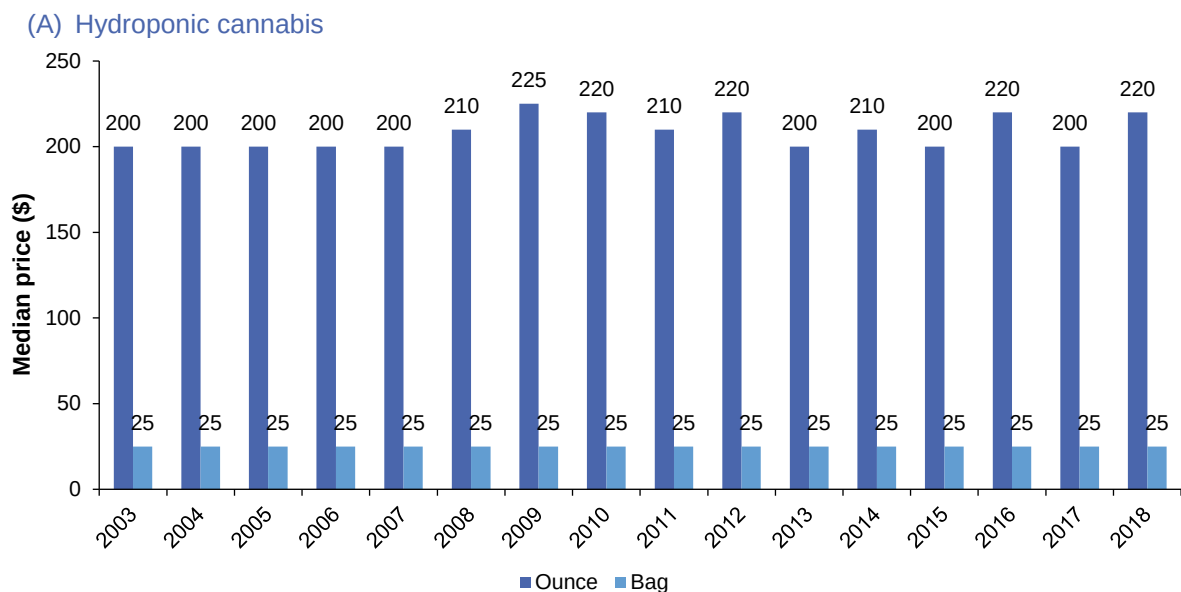
Price, Perceived Purity and Availability

The median price per ounce of hydroponic and bush cannabis has generally remained stable, recorded as \$220 (n=18; IQR \$200-\$250), and \$200 (n=15; IQR \$180-\$220), respectively, in 2018 (Figure 21). The price of a bag of hydroponic and bush cannabis has remained unchanged at \$25 per bag since 2003.

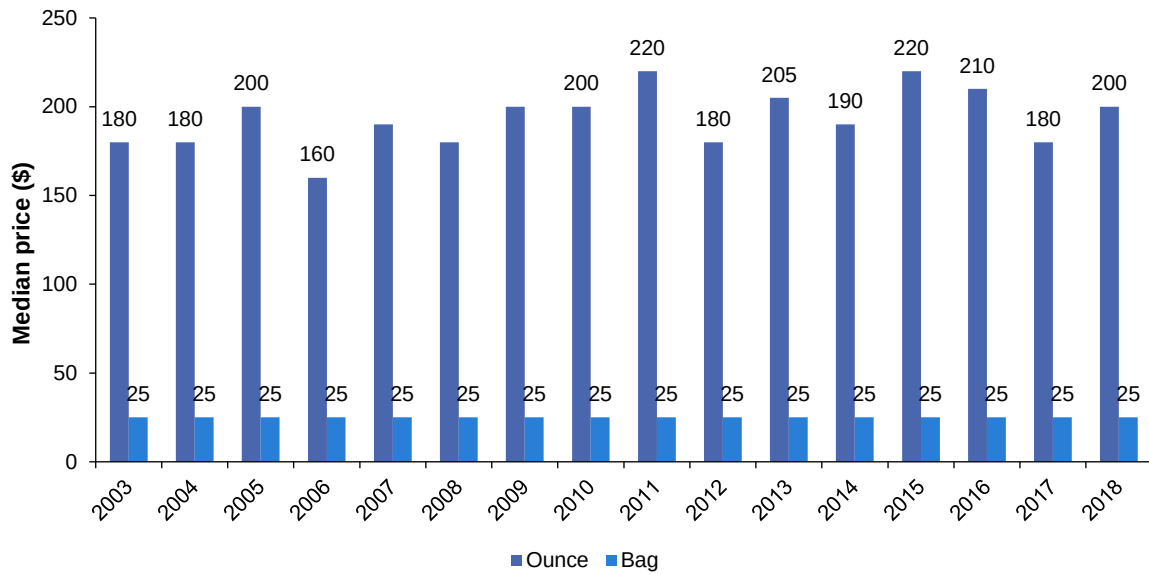
Of those who could comment (hydroponic: n=38; bush: n=28), almost two-thirds (63%) perceived hydroponic cannabis to be of 'high' potency. In contrast, the percentage reporting bush as 'high' in potency (50%) was the highest percentage observed historically (Figure 22).

Participants who were able to comment on the availability of hydroponic cannabis (n=38) reported it to be 'very easy' to obtain (71%), stable from 2017 (54%; $p=0.117$, Figure 23). This finding was mostly driven by the decline in percentage reporting availability as 'easy' (13% in 2018 versus 37% in 2017; $p=0.014$). Reports of bush availability (n=29) also indicated that bush tended to be 'very easy' (62%), again, the highest percentage observed since the commencement of monitoring (47% in 2017; $p=0.234$; Figure 23).

Figure 21: Median price of hydroponic (A) and bush (B) cannabis per bag and ounce, SA, 2003-2018



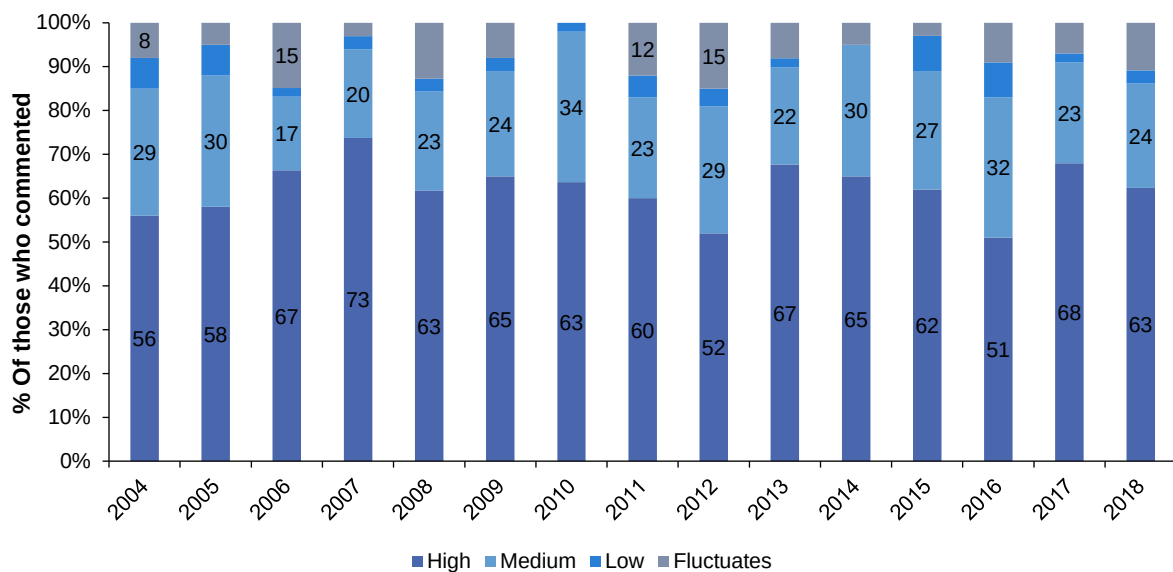
(B) Bush cannabis



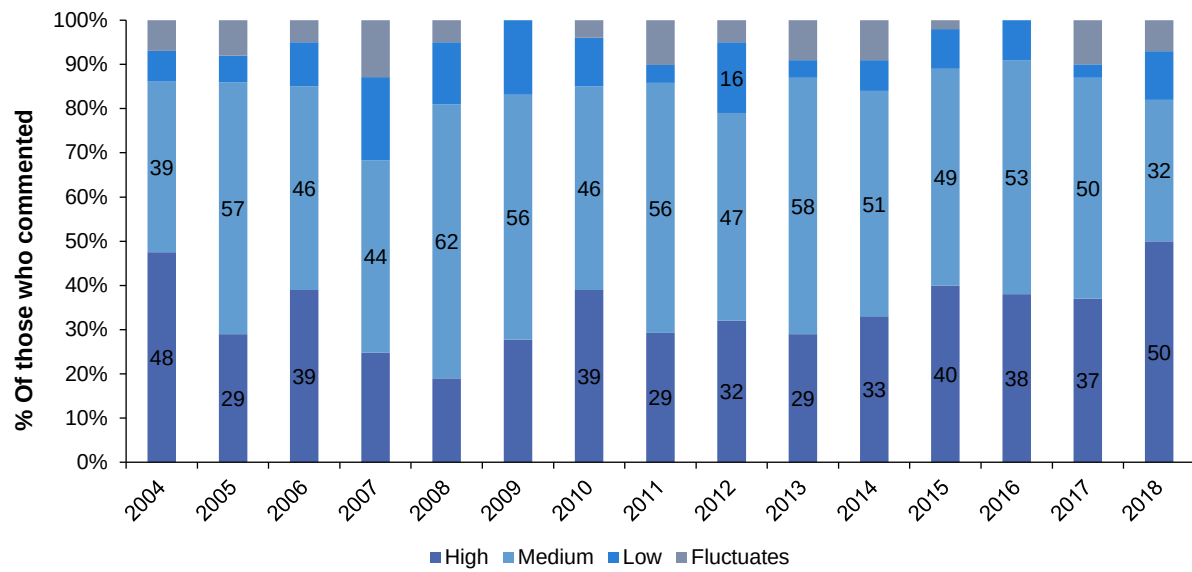
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 22: Current perceived potency of hydroponic (a) and bush (b) cannabis, SA, 2004-2018

(A) Hydroponic cannabis



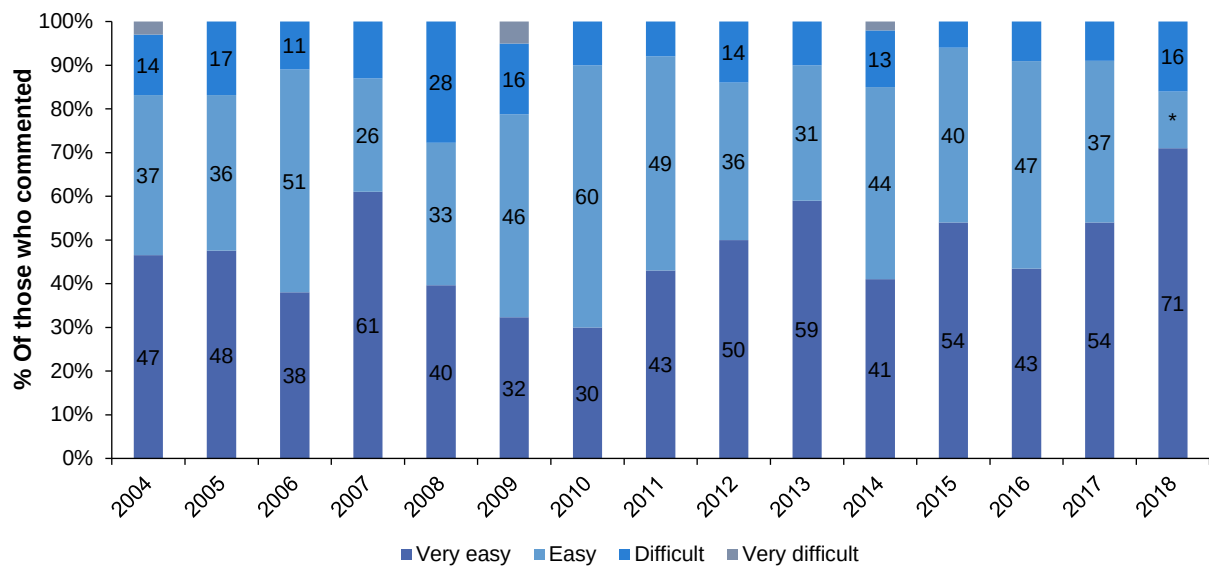
(B) Bush cannabis



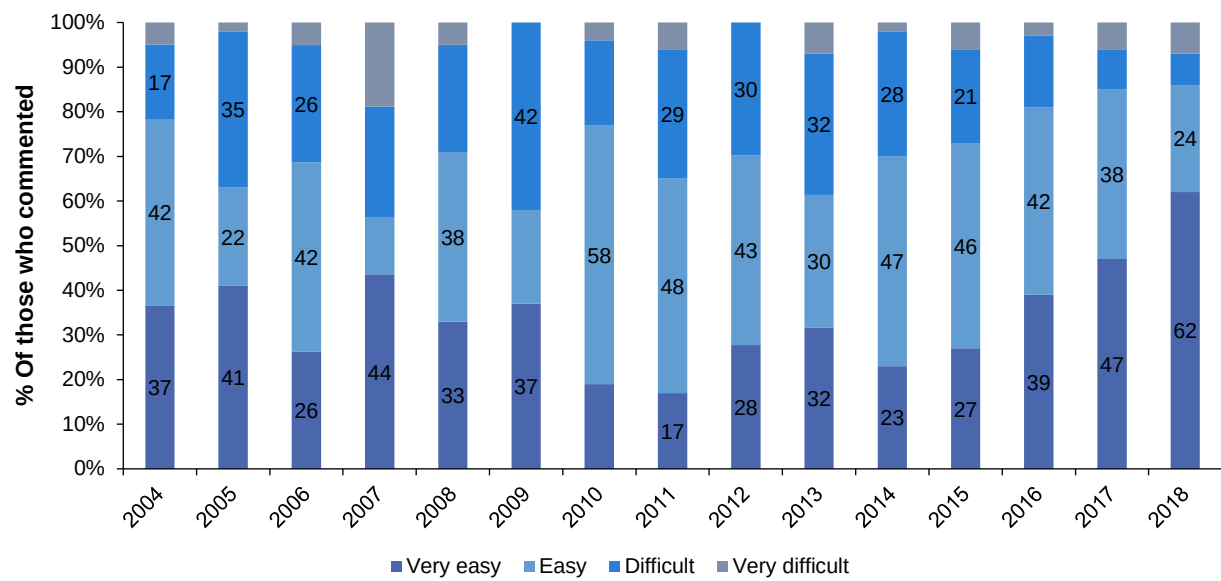
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 23: Current perceived availability of hydroponic (a) and bush (b) cannabis, SA, 2004-2018

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

7

Pharmaceutical opioids

The following section describes rates of recent use (past six month) of pharmaceutical opioids amongst the sample. Terminology throughout refers to **prescribed use**: use of pharmaceutical opioids obtained by a prescription in the person's name; **non-prescribed use**: use of pharmaceutical opioids obtained from a prescription in someone else's name; and **any use**: use of pharmaceutical opioids obtained through either of the above means. For information on price and perceived availability for non-prescribed pharmaceutical opioids, contact the researchers.

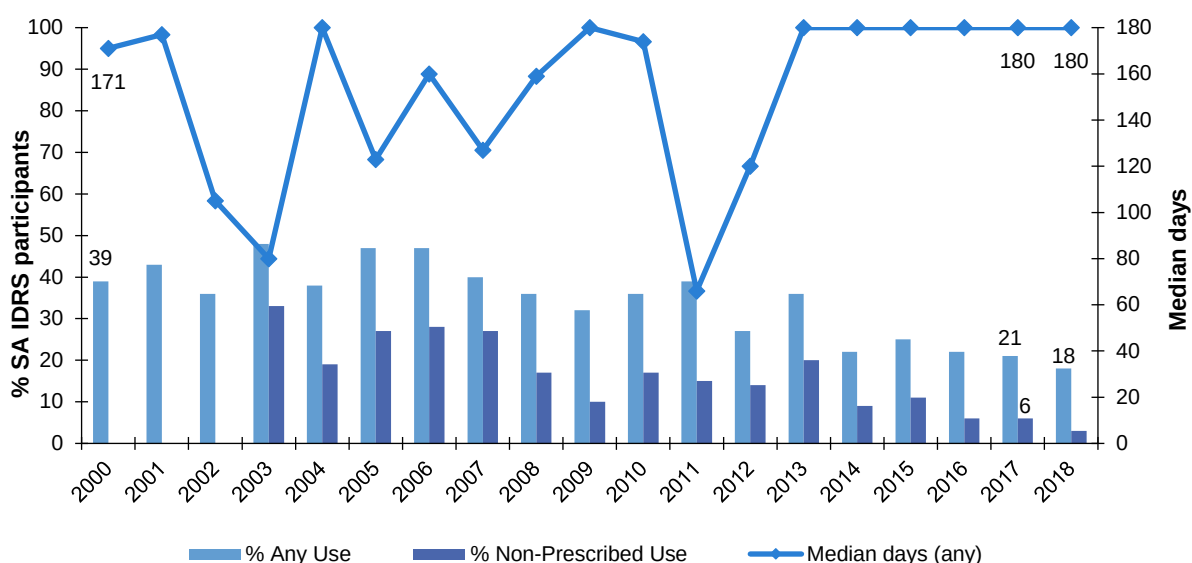
Recent Use

Methadone

Methadone use (including liquid and tablets) in the SA sample has slowly been declining since monitoring began, though 'any' use remained stable from 2017 to 2018 (21% versus 18%; $p=0.569$; Figure 24). Rates of non-prescribed use of methadone has also declined over the course of monitoring, from 33% in 2003 to three per cent in 2018. The lowest percentage of recent use historically was observed in 2018 for both 'any' use and non-prescribed use of methadone.

Frequency of use has remained stable from 2013 onwards (median 180 days in 2018; IQR 24-180 days; Figure 24). This is mostly driven by prescribed use, with frequency of non-prescribed use typically monthly or less (2018: syrup median 6 days (range 2-10 days; $n=2$); and tablet median 15 days (IQR 15-15 days; $n=1$). Almost two-fifths (39%) of recent methadone consumers reported injecting methadone (including methadone liquid and tablets) on a median of 24 days (IQR 10-48 days).

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, SA, 2000-2018



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. Data labels have been removed from figure in 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

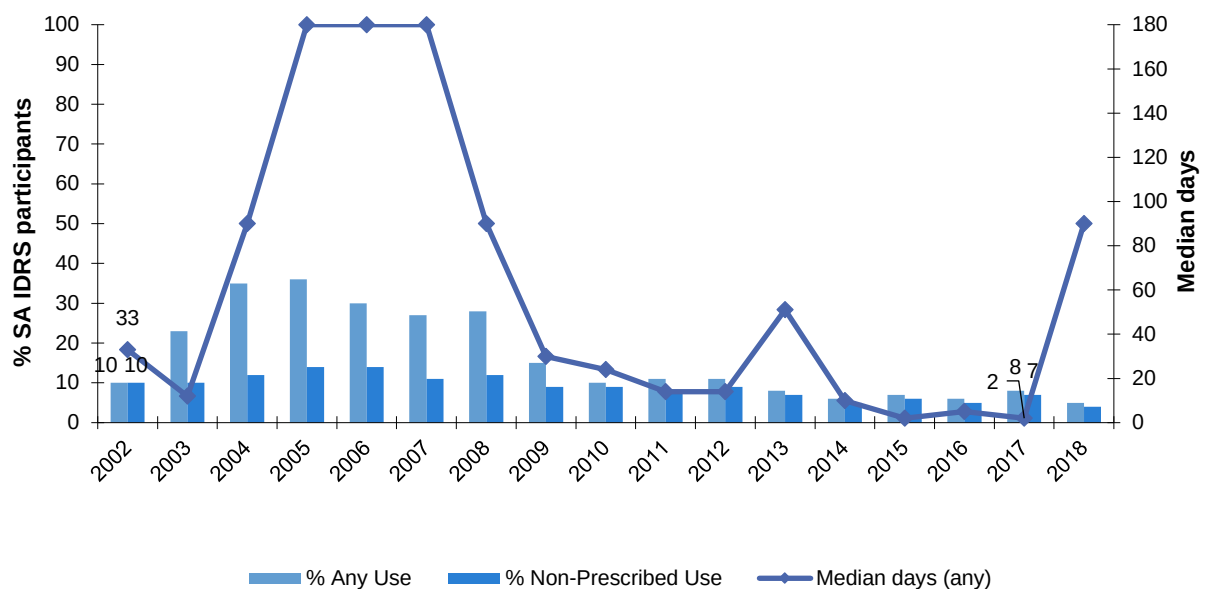
Buprenorphine

Rates of any buprenorphine use have declined from 2005 onwards (Figure 25). In 2018, five per cent of the SA sample reported recent use of buprenorphine (prescribed and/or non-prescribed); therefore, figures and significance testing will not be presented. Please refer to the [National IDRS Report](#) for further information.

Buprenorphine-Naloxone

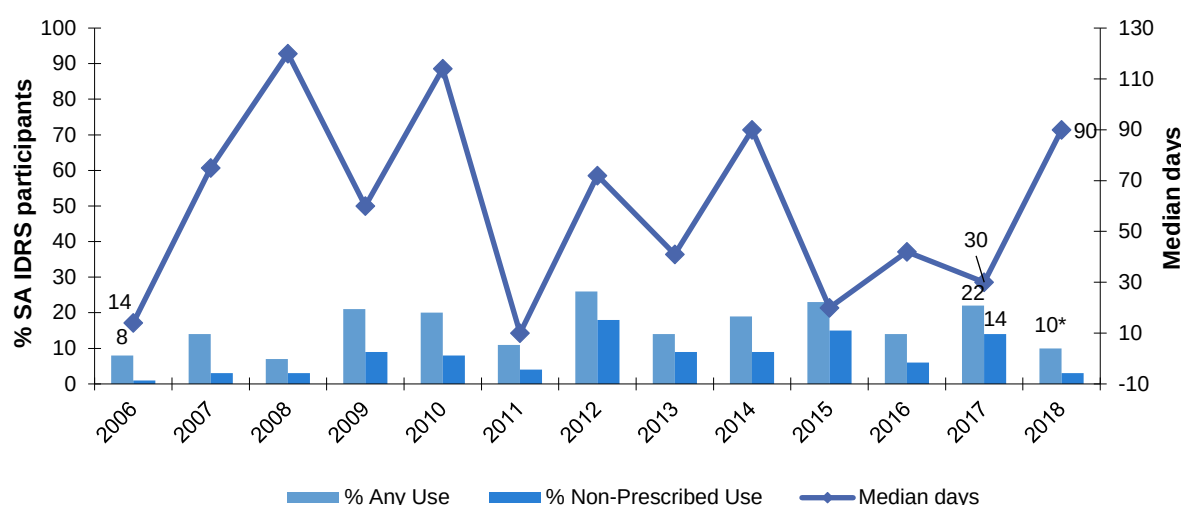
While it is important to note that there has been some variation in capture of tablet versus film in the interview, the rate of past six month buprenorphine-naloxone use has generally been declining since 2005, with a small decrease in use from eight per cent in 2017 to five per cent in 2018 ($p=0.019$), most likely driven by a decrease in non-prescribed use (14% in 2017 to 3% in 2018; $p=0.005$) (Figure 26). Consumers reported a median of 90 days of any buprenorphine-naloxone use (IQR 46-120 days) in the past six months, a steep but non-significant rise from a median of 30 days in 2017 ($p=0.304$). Two-fifths of recent consumers (40%) reported injecting any form of buprenorphine-naloxone on a median of 33 days (IQR 3-87 days) in the past six months.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine, SA, 2002-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figure in 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, SA, 2006-2018



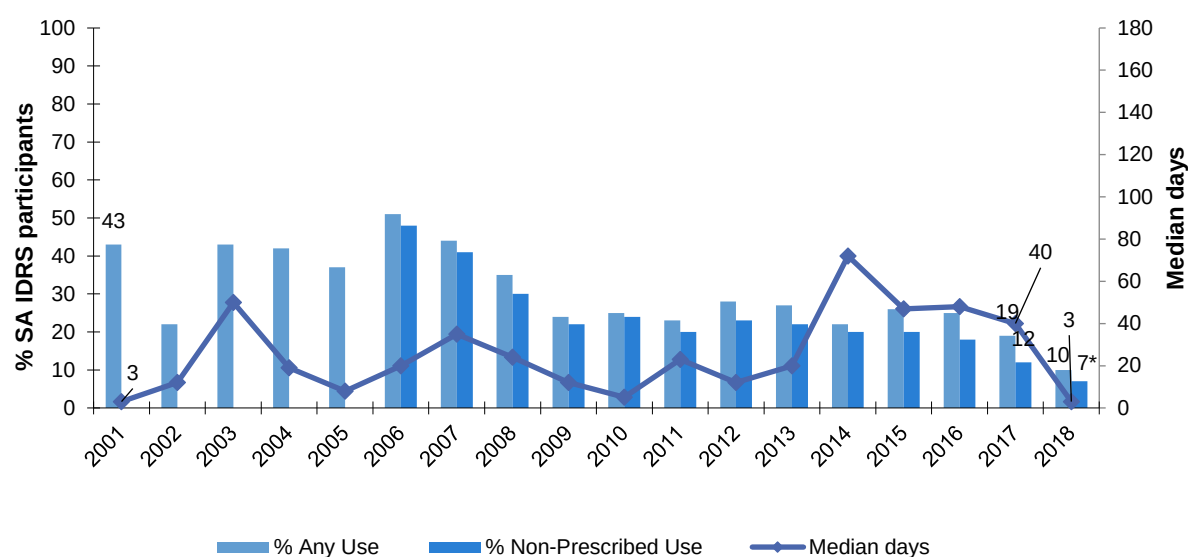
Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2018 participants were asked about the use of buprenorphine-naloxone film only. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 130 days to improve visibility of trends. Data labels have been removed from figure in 2006 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Morphine

The SA sample has observed a downward trend in recent use of morphine since peaking in 2006 (Figure 27). In 2018, 10% of the sample had recently used any morphine (19% in 2017; $p = 0.066$). This was mostly non-prescribed use (7% in 2018 versus 12% in 2017; $p = 0.219$), with four per cent reporting prescribed use (9% in 2017; $p = 0.146$). No participants reported non-prescribed weekly or more use of morphine (5% in 2017; $p = 0.022$).

Frequency of any morphine use commenced a downward trend in 2014 with consumers reporting a median of three days (IQR 1-54 days) of use in 2018 (40 days in 2017; $p = 0.099$; Figure 27). Most recent consumers (90%) reported injecting any form of morphine on a median of three days (IQR 1-96 days) in the past six months.

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, SA, 2001-2018



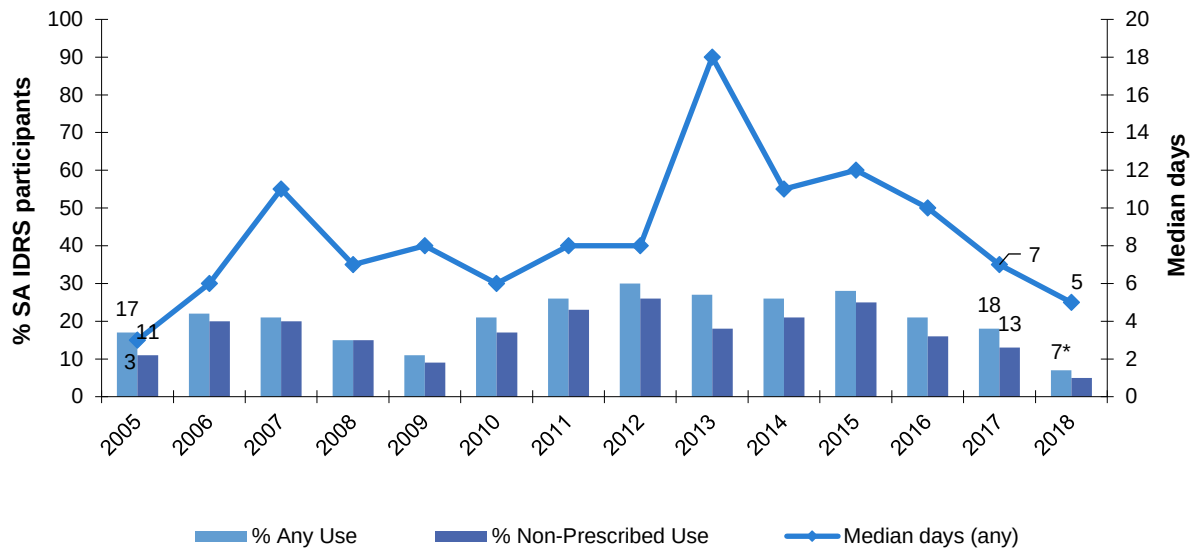
Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Oxycodone

After remaining fairly stable between 2011 to 2015, recent use of any oxycodone commenced a gradual downward trend from 2016 (Figure 28). In 2018, seven per cent of the SA sample had recently used any oxycodone, a significant decline from 18% in 2017 ($p = 0.016$) and the lowest rate of recent use since monitoring began. The percentage of non-prescribed oxycodone use had also decreased significantly, from 13% in 2017 to five per cent in 2018 ($p = 0.043$), also the lowest rate of recent non-prescribed use since monitoring first began.

Frequency of oxycodone use remained consistently low across the years of monitoring, with a median of five days (IQR 3-45 days; Figure 28). Frequency of non-prescribed use has been disaggregated by formulation (tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'), with median days of use of five or less for each formulation in 2018. Forty-three per cent of recent consumers reported injecting any form of oxycodone in the past six months.

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, SA, 2005-2018

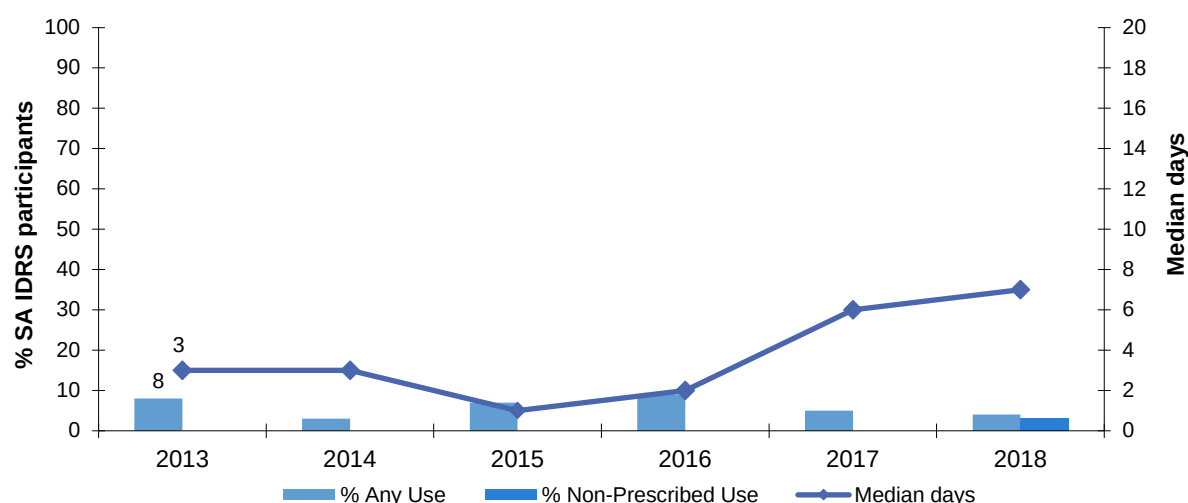


Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels have been removed from figure in 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Fentanyl

The rate and frequency of recent fentanyl use has remained low and stable since monitoring began (Figure 29). Four per cent of the sample reported recent use of fentanyl in SA, therefore, significance testing will not be presented. Please refer to the [National IDRS Report](#) for further information.

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of fentanyl, SA, 2013-2018



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 20 days to improve visibility of trends. Data labels have been removed from figure in 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Codeine

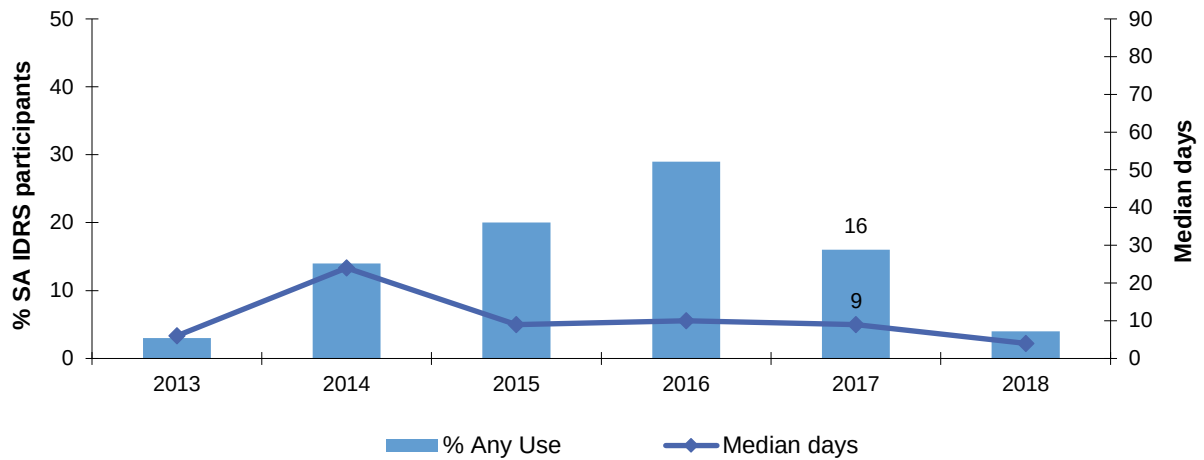
Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus®) over-the-counter (OTC), while high-dose codeine (≥ 30 mg, e.g., Panadeine Forte®) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products (low- and high-dose) require a prescription from a doctor to access. It is important to note that participants were interviewed between May-July 2018, and thus questions about recent (i.e., past six month) use covered time pre- and post-change in scheduling.

In 2018, 45% of the sample reported recent use of any codeine (low- or high-dose, the former prescribed or OTC; Figure 31) on a median of five days (IQR 2-16 days). Twenty-six per cent reported recent high-dose codeine use (17% prescribed; 10% non-prescribed) on a median of six days (IQR 1-19 days), and 21% reported recent low-dose codeine use (13% OTC: 6% prescribed and 2% non-prescribed¹) (Figure 31).

The use of low dose codeine for non-medicinal/pain purposes steadily increased from 2013 until it peaked in 2016 at 29%, however declined significantly in 2018 (4% versus 16% in 2017; $p = 0.005$; Figure 30). It is unclear if this decline was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e. participants could only report use occurring prior to rescheduling in February 2018). Frequency of use also declined significantly, from a median of nine days in 2017 to a median of four days in 2018 (IQR 2-9 days; $p = 0.001$; Figure 30).

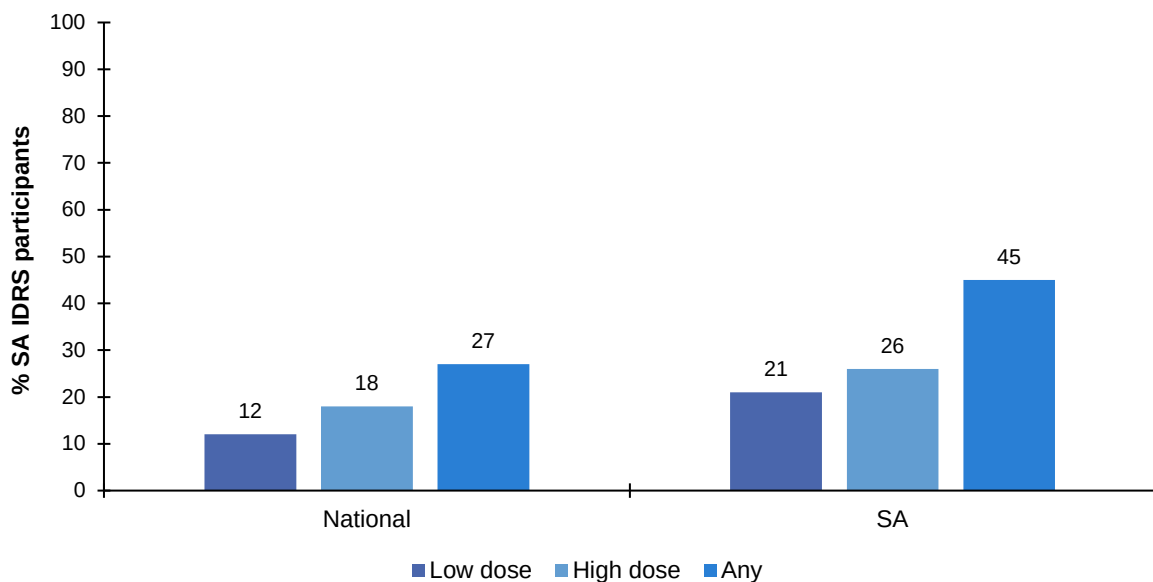
¹ OTC=use of codeine that had been purchased over the counter prior to 1 February 2018; prescribed=use of codeine that had been purchased with their own prescription from 1 February onwards; non-prescribed=use of codeine that was purchased with a prescription by a third party from 1 February onwards.

Figure 30: Past six month use and frequency of use of low-dose codeine (for non-pain purposes), SA, 2013-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Data labels have been removed from figure in 2013 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Figure 31: Past six month use of codeine, nationally and SA, 2018



Note. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

8

Other drugs

Participants were asked about their recent (past six month) use of various forms of other drugs, including 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.

Due to low numbers reporting recent use of NPS in the SA sample ($n \leq 5$) (11% nationally), figures and significance testing will not be presented. Please refer to the [National IDRS Report](#) for further information.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Rates of non-prescribed benzodiazepine use amongst the SA sample have considerably decreased, from 65% in 2000 to 14% in 2018 (27% in 2017; $p=0.028$) (Figure 32). In 2018, no participants who had recently used non-prescribed benzodiazepines reported injecting as a route of administration.

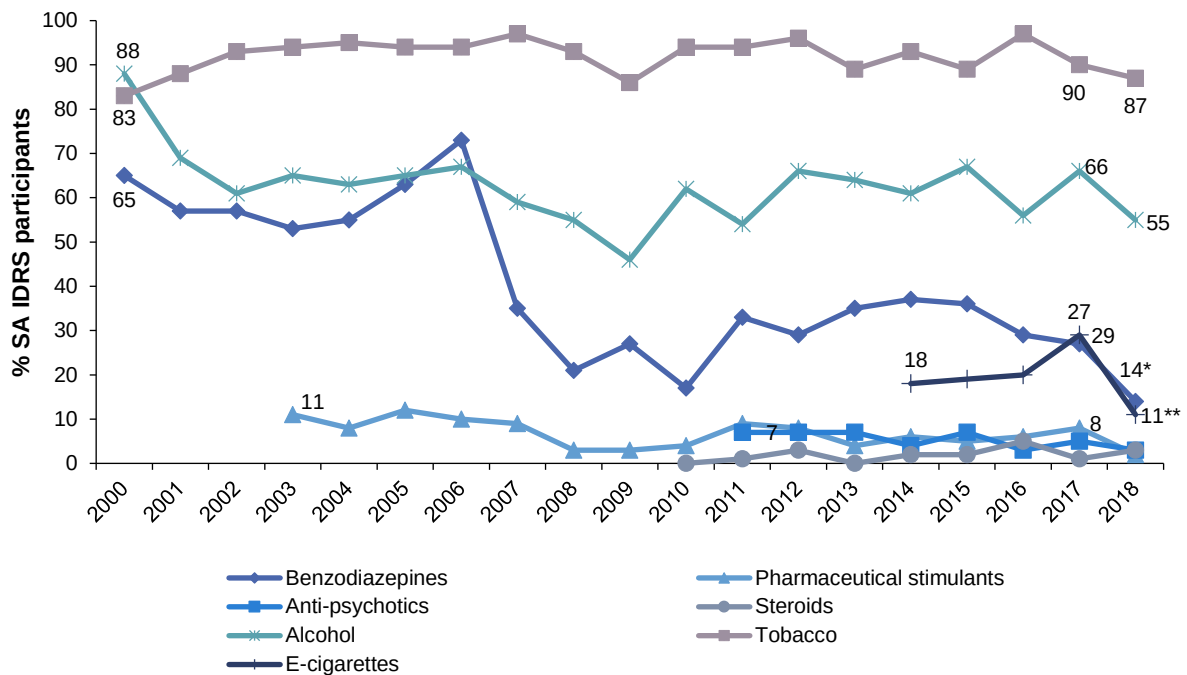
Pharmaceutical stimulants

Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has decreased since monitoring began (Figure 32). Eight per cent reported recent use in 2017, declining to two per cent in 2018 ($p=0.052$). In 2018, no participants who had recently used non-prescribed pharmaceutical stimulants reported injecting as a route of administration.

Anti-psychotics

The percentage of the sample reporting recent use of non-prescribed anti-psychotics has declined since monitoring began in 2011 (3% in 2018; Figure 32).

Figure 32: Past six month use of other drugs, SA, 2000-2018



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 and e-cigarettes in 2014. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007. Data labels have been removed from figure in 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Licit and Other Drugs

Steroids

Reports of recent use of steroids have remained consistently low (between 1% and 5%) since monitoring began in 2010 (Figure 32).

Alcohol

From 2010 onwards, at least half of the SA sample report recent alcohol use (Figure 32). In 2018, 55% of the sample reported recent use of alcohol (66% in 2017; $p = 0.095$). Median frequency of use was equivalent to fortnightly (median 24 days, IQR 3-75 days; 24 days in 2017), with 11% of recent consumers reporting daily use (8% in 2017; $p = 0.525$). The overall mean score on the AUDIT was 7 (range: 1-32; SD=6.5). Thirty-two per cent of the SA sample scored eight or more, which are levels at which alcohol intake is considered hazardous.

Tobacco

Tobacco use has remained relatively high and stable since the IDRS began, with 87% of the SA sample reporting recent use in 2018 (90% in 2017; $p = 0.523$; Figure 32). Median frequency

of use was 180 days (IQR 180-180 days; 180 days in 2017), with 92% of recent consumers reporting daily use (97% in 2017; $p=0.181$).

E-cigarettes

E-cigarette use had remained stable between 2014 and 2016, though a steep rise occurred in 2017 and a subsequent decrease was observed in 2018, from 29% in 2017 to 11% in 2018 ($p=0.001$; Figure 32). Median frequency of use in 2018 was six days (IQR 2-20 days; 3 days in 2017). No recent consumers reported daily e-cigarette use.

9

Drug-related harms and other risk factors:

Participants were asked about various drug-related harms, including **stimulant overdose** (e.g., nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g., reduced level of consciousness, respiratory depression, turning blue, collapsing, and being unable to be roused). Participants were also asked about polysubstance use; injecting risk; drug treatment; mental health; and crime. It should be noted that the following data refer to participants' understandings of these behaviours (i.e., do not necessarily represent medical diagnoses in the case of reporting on health conditions).

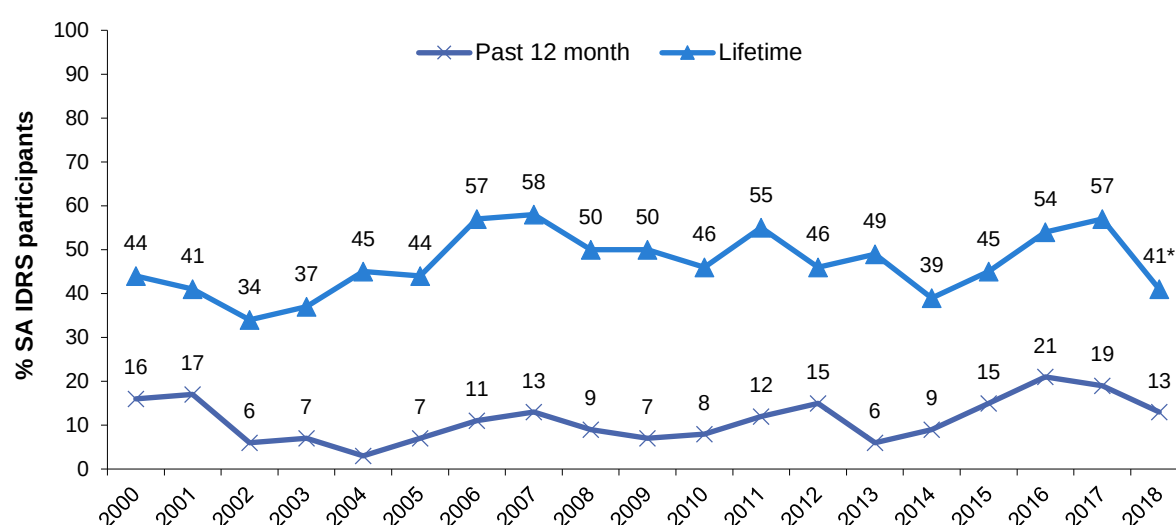
Overdose

Non-fatal overdose

Rates of lifetime and past 12-month non-fatal overdose in the SA sample has fluctuated over the years. In 2018, 41% reported lifetime overdose compared to 57% in 2017 ($p=0.023$), and 13% reported past 12-month overdose relative to 21% and 19% in 2016 and 2017, respectively (Figure 33).

The most commonly cited substance involved in lifetime and past year non-fatal overdoses was heroin. In 2018, participants who had ever overdosed on heroin had done so on a median of three occasions in their lifetime (IQR 2-6 occasions).

Figure 33: Lifetime and past 12-month non-fatal overdose, SA, 2000-2018



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels have been removed from figure in 2004 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

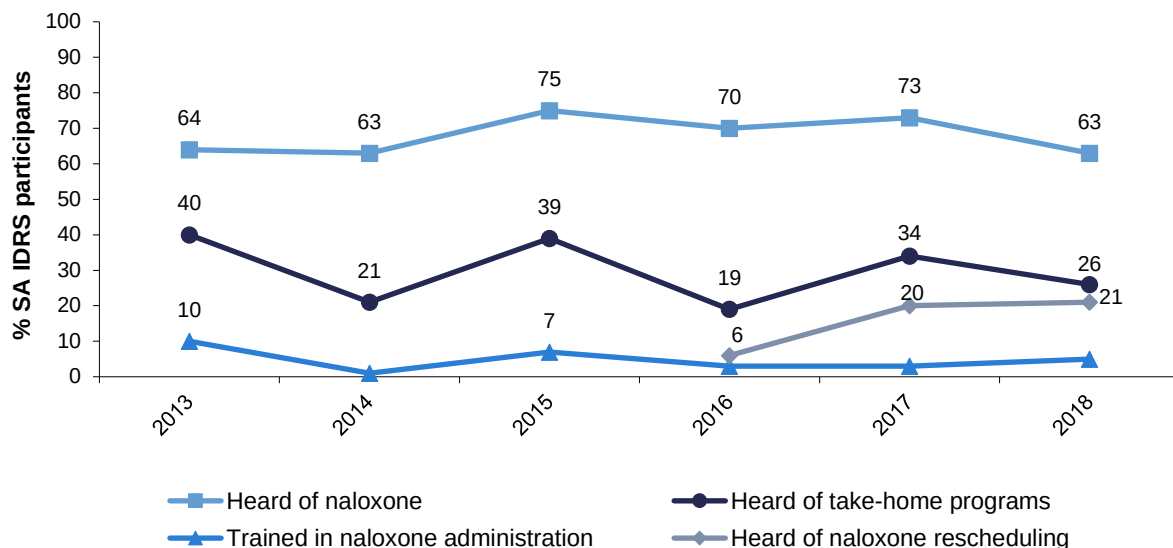
Naloxone program and distribution

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 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.

Across 2013-2018, between 63% and 75% of the SA sample reported having heard of naloxone (Figure 34). There had been very little change in the proportion of the sample who had been trained in naloxone administration (one-tenth of the sample or less), though the number of participants who had heard of the naloxone rescheduling had increased from six per cent in 2016 to 21% in 2018. There had been slight fluctuation in those who reported having heard of the take-home programs over this period (between 21% and 40% report awareness of programs).

In 2018, six per cent of the sample reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program in their lifetime, whilst seven per cent reported that they had been resuscitated with naloxone which had been obtained OTC at a pharmacy. There were reports of using naloxone to resuscitate someone who had overdosed by those who participated in the training program. A negligible number reported obtaining naloxone OTC without a prescription from a pharmacy.

Figure 34: Take-home naloxone program and distribution, SA, 2013-2018



Note. Data labels have been removed from figure in 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Injecting Risk Behaviours and Harms

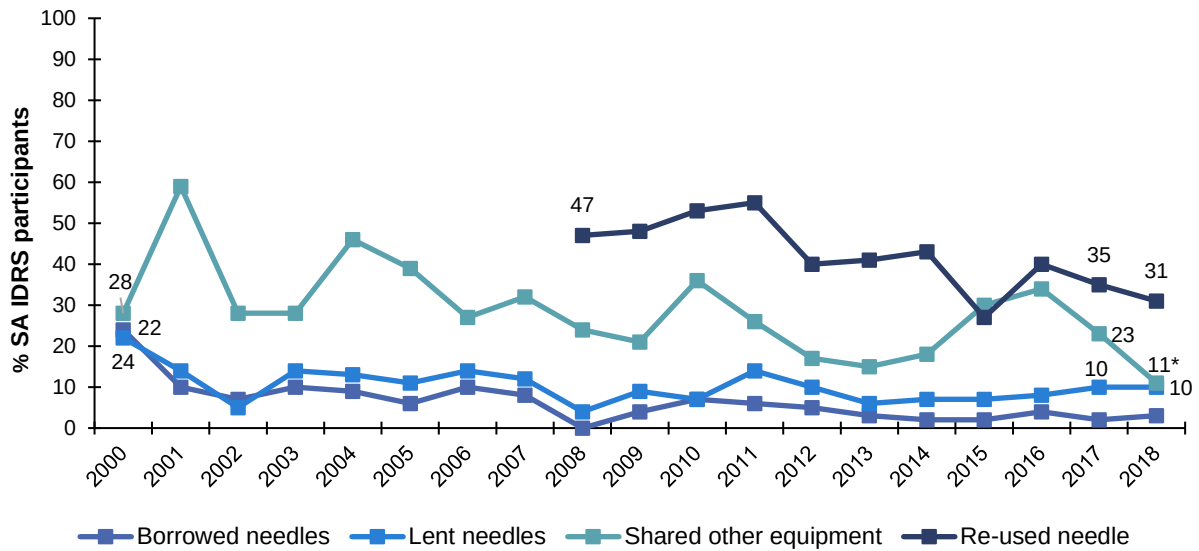
Injecting risk behaviours

The percentage of the SA sample who reported borrowing needles ('receptive sharing') and lending needles ('distributive sharing') in the past month has declined substantially since 2000 (Figure 35; Table 2). In 2018, approximately one in ten participants reported distributive sharing (10%) of needles in the past month. Sharing of equipment has significantly decreased over time (11% versus 23% in 2017; $p = 0.020$). In 2018, almost one-third (29%) reported that they had injected someone else after injecting themselves (35% in 2017; $p = 0.363$), and 14% were injected by someone else who had previously injected in the past month (19% in 2017; $p = 0.326$; Table 2).

Since 2011, there has been a decrease in those reporting re-using their own needles or syringes in the past month, with 31% reporting such behaviour in 2018 (versus 55% in 2009) (Figure 35; Table 2). Rates of re-using other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month have also declined over time, including a significant decrease relative to 2017 (61% versus 36%; $p < 0.001$).

Eighty per cent of participants were able to access filters when needed; though a high number, this was significantly less than 94% in 2017 ($p = 0.006$). Consistent with previous years, the majority of participants (88%) reported that they had last injected in a private home (Table 2).

Figure 35: Borrowing and lending of needles and sharing of injecting equipment in the past month, SA, 2000-2018



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figure in 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Table 2: Sharing needles and injecting equipment in the past month, nationally and in SA, 2014-2018

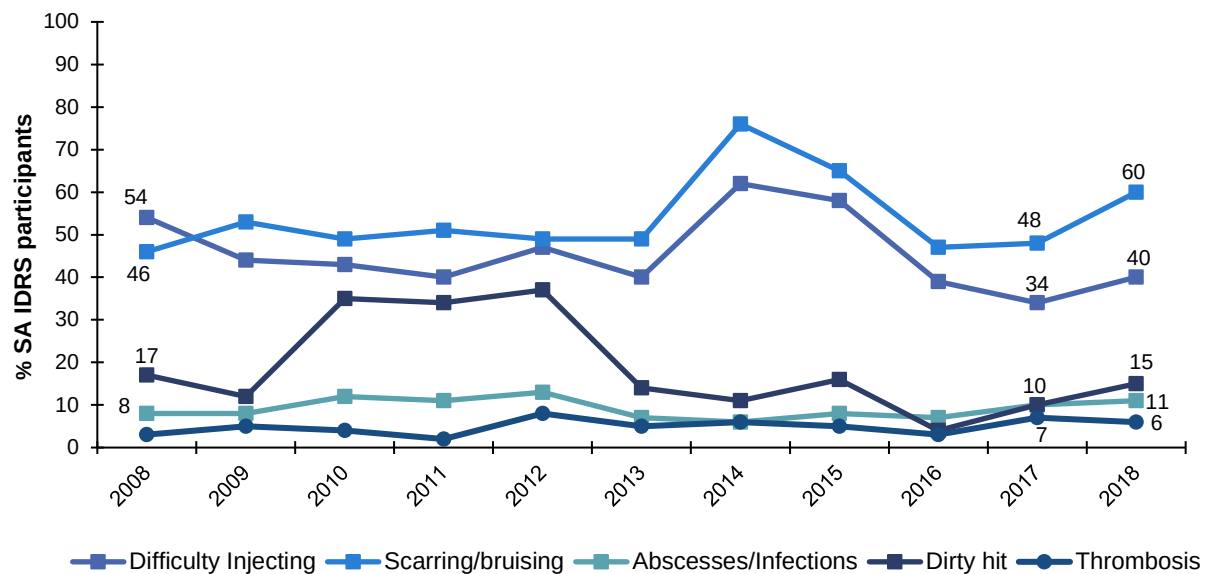
	National 2018 N=892	SA 2018 N=101	SA 2017 N=100	SA 2016 N=101	SA 2015 N=102	SA 2014 N=106
% Borrowed a needle	9	-	-	-	-	-
% Lent a needle	11	10	10	8	7	7
% Shared any injecting equipment ^ (n)	20 (n=184)	11** (n=11)	23 (n=23)	34 (n=34)	30 (n=31)	18 (n=19)
Shared spoon/mixing container	70	36	70	44	36	53
Shared filter	23	-	-	-	-	-
Shared tourniquet	31	-	44	44	39	42
Shared water	32	-	39	27	-	-
Shared swabs	9	-	-	-	-	0
Shared wheel filter	-	0	0	0	-	0
% Reused own needle	37	31	35	40	27	43
% Reused own injecting equipment ^ (n)	45* (n=398)	36*** (n=36)	61 (n=61)	40 (n=40)	41 (n=41)	37 (n=39)
% Injected partner/friend after injecting self (with either a new or used needle)	31	71	35	32	/	/
% Somebody else injected them after injecting themselves (with either a new or used needle)	16	14	19	24	/	/
Location of last injection						
% Private home	78	88	92	88	90	88
% Car	-	7	-	7	6	9
% Street/car park/beach	9	-	-	-	-	-
% Public toilet	5	-	-	-	-	-
% Other	-	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. # Medically Supervised Injecting Centre is included under 'other' for location of last injection. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. / Not asked in 2015, 2014. - Values suppressed due to small cell size (n≤5 but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2017 versus 2018.

Self-reported injection-related health problems

In 2018, there was an increase in the percentage of the SA sample who reported an injection-related health issue in the month preceding interview (80% versus 61% in 2017; $p=0.004$); this was likely driven by an increase in rates of scarring/bruising, difficulty injecting and dirty hits (Figure 36).

Figure 36: Injection-related issues in the past month, SA, 2008-2018



Note. Data labels have been removed from figure in years 2008, 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Drug Treatment

Consistent with previous years, almost one-quarter of participants reported that they were currently in treatment for their substance use (most commonly receiving methadone) in 2018 (Table 4). Of those people who had used methamphetamine in the past year ($n=84$), seven per cent reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period. This is despite over half the participants (53%) scoring above the cut off of four or more on the stimulant severity of dependence scale, indicative of stimulant dependence.

Seven per cent of the sample reported that they had recently tried but were unable to access drug treatment. Among these participants, methamphetamine (57%) and heroin (29%) were the main substances for which participants intended to seek treatment. Detoxification, a psychiatrist and a GP were the main services/health professionals that participants had tried to access.

Table 3: Current drug treatment, nationally and in SA, 2014-2018

	National 2018 N=905	SA 2018 N=101	SA 2017 N=100	SA 2016 N=101	SA 2015 N=102	SA 2014 N=106
% Current drug treatment	41	23	30	33	31	27
Methadone	28	13	16	21	17	15
Buprenorphine	-	0	-	-	-	0
Buprenorphine-naloxone	8	6	7	7	8	8

Drug counselling	-	-	-	-	-	-
Other	-	0	-	-	-	0
% Recently tried to access treatment but unable	17*	7	7	16	14	10

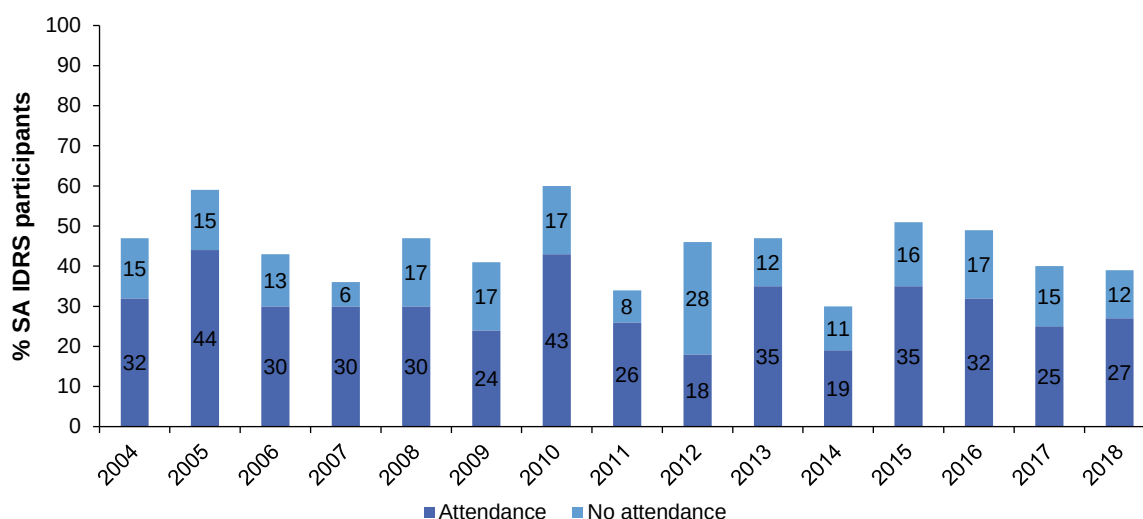
Note. Numbers suppressed when $n \leq 5$ (but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Mental Health

In 2018, 39% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2017 (41%; $p = 0.770$). Amongst this group, the most commonly reported problems were depression (76%; 79% in 2017) and anxiety (76%; 79% in 2017). Smaller proportions reported post-traumatic stress disorder, schizophrenia and bipolar disorder (16% for each condition, respectively).

Over one-quarter of the total sample (29%; 69% of those who reported a mental health problem) had seen a mental health professional during the past six months (Figure 37). Of those who attended a mental health professional ($n = 27$), participants most commonly reported seeing a GP (81%), a psychologist (41%), a psychiatrist (22%) and a counsellor (22%). Almost two-thirds (65%) of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months, a decline from 2017 (47%; $p = 0.127$).

Figure 37: Self-reported mental health problems and treatment seeking in the past six months, SA, 2004-2018



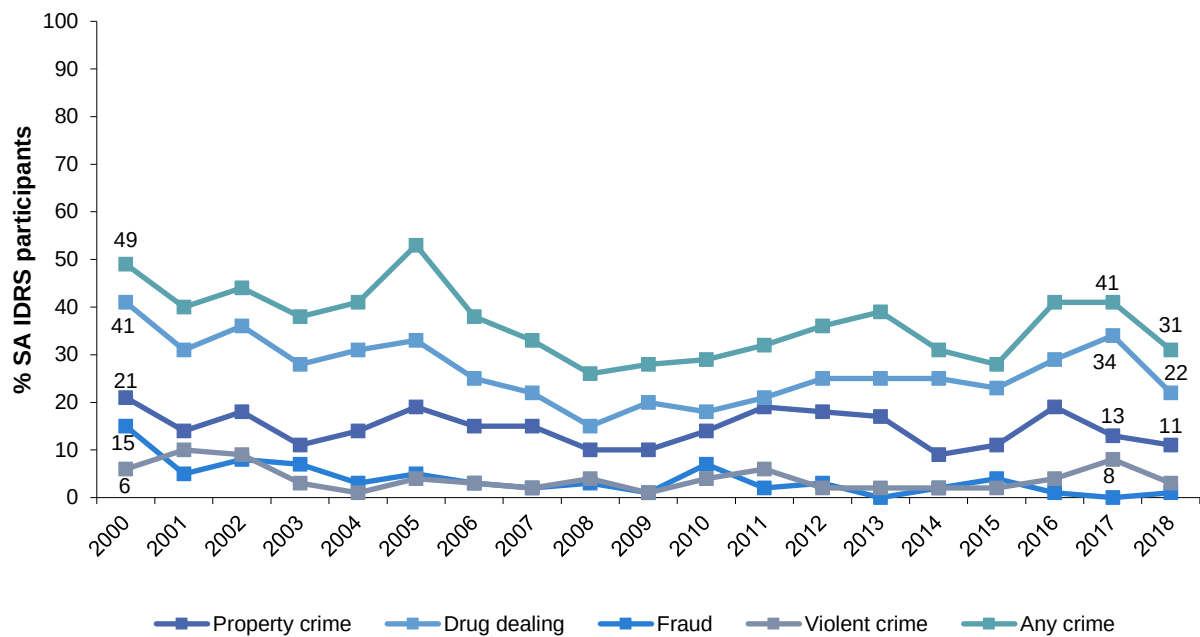
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.

Crime

Rates of 'any' crime, drug dealing, and property crime decreased in 2018 (Figure 38). Despite this, however, selling drugs for cash profit (22%) and property crime (11%) remained the most common crimes reported in the month preceding interview.

In 2018, 17% the sample had been arrested in the past year, stable from 2017 (22%; $p=0.318$). Almost half of the sample (46%) reported a lifetime prison history in 2018, consistent with 2017 reports (46%; $p=0.958$).

Figure 38: Self-reported criminal activity in the past month, SA, 2000-2018



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figure in 2017 and 2018 with small cell size (i.e. $n \leq 5$). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2017 versus 2018.