



NEW SOUTH WALES DRUG TRENDS 2020

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



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

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

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Research Team

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

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- 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
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
OAT	Opioid Agonist Treatment
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PTSD	Post-Traumatic Stress Disorder
SA	South Australia
SD	Standard deviation
TAS	Tasmania
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The New South Wales (NSW) IDRS sample comprises 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 Sydney, New South Wales. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2020 from June-August: subsequent to COVID-19 restrictions on travel and gatherings in Australia. Interviews were delivered via phone rather than face-to-face. This should be factored into all comparisons of data from the 2020 sample, relative to previous years.**

Sample Characteristics

The NSW IDRS sample in 2020 were predominantly male (61%) with a mean age of 44 (SD:9) years, significantly younger than participants in 2019 (46 (SD:9) years). The majority (92%) of the sample was unemployed at the time of interview (91% in 2019), and participants reported a median weekly income of \$450 (IQR=378-550) in 2020, significantly higher than \$350 (IQR=260-450) reported in 2019. Over half of the NSW sample (57%) reported that heroin was their drug of choice, with 55% of participants reporting heroin was also the drug they injected most often in the past month, similar to findings in previous years.

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. Over two-fifths (41%) of the NSW sample had been tested for SARS-CoV-2 by the time of interview, though no participants had been diagnosed with COVID-19. Since the beginning of March 2020, the majority of participants (94%) had practiced social distancing and 83% had undergone home isolation. Almost one-third (32%) of participants reported injecting drugs at a

different frequency in the past month as compared to February 2020; of these participants, 62% reported reduced frequency of injection. Nevertheless, heroin was reported by 54% of participants as the drug most injected in February 2020 (before COVID-19 restrictions), and by 55% in the month prior to interview. Following this, methamphetamine was reported by 37% as the drug most injected in February, and 34% in the month prior to interview. Participants reported a perceived decrease in the use of methamphetamine (57%), with 38% of these participants citing 'decreased availability' as the primary reason. An increase in alcohol use was reported by nearly one-third of consumers (30%), mainly cited as due to 'greater anxiety/depression with COVID-19' (45%), followed by 'boredom' (28%). Most participants who commented reported that crystal methamphetamine and heroin had increased in price since the beginning of March 2020 (85% and 61%, respectively). Furthermore, crystal methamphetamine and heroin were most commonly reported to have decreased in perceived purity (65% and 48%, respectively), and were also the drugs most commonly cited as having decreased in availability (70% and 61%, respectively) since March. Over one-third (35%) of participants rated their mental health in the past four weeks as 'being worse' compared to February, 45% reported 'similar' and 20% reported their mental health was 'better'. Of those on opioid agonist treatment since March 2020 (n=80), 28% reported an increase in take-away doses since March, whilst 15% reported a decrease in their dose of medication. Whilst the majority of participants reported 'no change' when commenting on changes related to their injecting practices since March 2020, 14% reported an increase in re-using their own needles. Almost two-fifths (37%) 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 (86%) of participants reported engaging in various harm reduction behaviours to reduce the risk of acquiring COVID-19 or

impacts of COVID-19 restrictions while using or obtaining drugs.

Heroin

Recent (i.e., past six month) use of heroin has remained relatively common amongst the NSW sample since monitoring began (78% in 2020). Forty-four per cent of recent consumers reported daily use of heroin in 2020. Whilst last price paid remained similar to 2019, the percentage reporting heroin purity as 'high' declined, relative to 2019 (9% versus 27%). Just one-fifth (22%) of recent consumers reported that heroin was 'very easy' to obtain, a significant decrease from 2019 (44%).

Methamphetamine

The use of methamphetamine has gradually been increasing in the NSW sample since reporting commenced, with three in four participants (77%) reporting past six month use in 2020 (75% in 2019). Consistent with the past few years, use was driven by the crystal form (75%), with one in ten participants (11%) reporting use of the powder form. Weekly or more frequent use was reported by 71% of participants who had recently consumed any methamphetamine (68% in 2019). The median price of a point of crystal significantly decreased in 2020 (\$60; \$50 in 2019), as did the median price of one gram (\$500; \$250 in 2019).

Cocaine

Recent use (past 6 months) of cocaine has generally decreased since the beginning of monitoring, with 23% of the NSW sample reporting recent use in 2020. Very few participants reported using cocaine on a weekly or more frequent basis.

Cannabis

Approximately two in three participants have reported recent use (past 6 months) of cannabis annually, with 64% of NSW participants reporting use in 2020 (73% in 2019). Almost two-fifths (39%) of recent consumers reported using cannabis on a daily basis in 2020. Most of the NSW sample (93%) reported recent use of hydroponic cannabis, though one-fifth (22%) of recent consumers perceived hydroponic cannabis as being 'very

easy' to obtain, significantly less so than in 2019 (48%).

Pharmaceutical Opioids

Whilst recent non-prescribed buprenorphine-naloxone, oxycodone and codeine use significantly decreased in 2020, non-prescribed use of all other forms of pharmaceutical opioids remained low and stable in 2020. Less than one in ten participants (8%) reported recent non-prescribed fentanyl use.

Other Drugs

Recent use of new psychoactive substances was reported by 7% of NSW participants, with 6% reporting recent use of drugs that mimic the effects of cannabis. Non-prescribed benzodiazepine use declined significantly from 2019 (41%) to 2020 (27%). One in ten (11%) reported recent non-prescribed pregabalin use. Most participants (95%) reported recent tobacco use, and the majority of this group (90%) reported daily use. Nine per cent of participants reported recent use of GHB/GBL/1,4-BD.

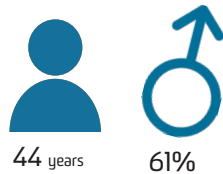
Drug-Related Harms and Other Associated Behaviours

One-fifth (21%) reported a non-fatal overdose on any drug in the preceding year, most commonly heroin. Of those who reported a past year non-fatal opioid overdose and could respond, 40% reported that they had been resuscitated by a peer using Narcan/naloxone. Six per cent reported receptive sharing of needles/syringes, and equal numbers (6%) reported distributive sharing of needles/syringes in the month preceding interview. Almost one-third (31%) of the sample reported having an injection-related health issue in the past month, a significant decrease from 2019 (46%). Almost three in five participants (56%) were currently in drug treatment. Almost half (47%) of the sample self-reported that they had experienced a mental health problem in the past six months, and 61% of these participants had seen a health professional. Self-reported past month criminal activity remained relatively stable in 2020.

2020 SAMPLE CHARACTERISTICS



In 2020, 155 people from Sydney, NSW participated in IDRS interviews.



The mean age in 2020 was 44, and 61% identified as male.

92%



In the 2020 sample, 92% were unemployed and 13% had no fixed address.

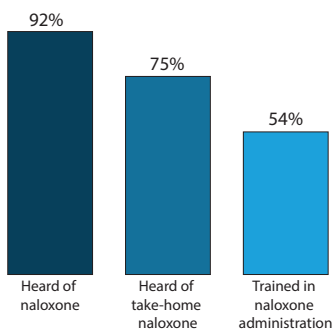
13%

No fixed address

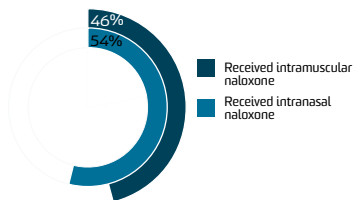
- ✓ Injected heroin
- ✓ Injected methamphetamine
- ✓ Injected other

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

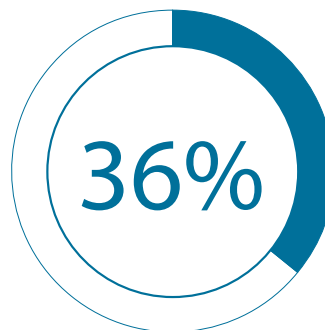
NALOXONE



IDRS participants' knowledge of the take home naloxone program.



Of those who reported ever accessing naloxone, 46% received intramuscular naloxone and 54% intranasal naloxone.

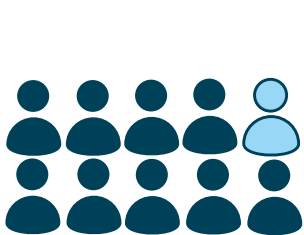


Of those who reported having heard of naloxone, 36% had used naloxone to resuscitate someone who had overdosed.



In the sample, 4% said they had been resuscitated with naloxone by a peer.

OTHER HARMS AND HELP-SEEKING



In the 2020 sample, 12% 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, 11% had experienced a non-fatal stimulant overdose in the previous 12 months.

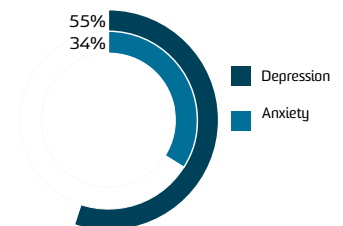
47%

Mental health problem

In the sample, 47% self reported a mental health problem in the six months prior to interview, and 56% were in drug treatment at the time of interview.

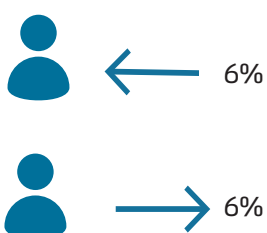
56%

In drug treatment

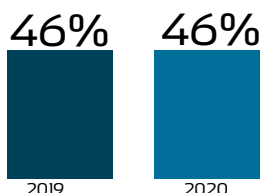


Of those who self-reported a mental health problem, 55% reported being diagnosed with depression and 34% with anxiety.

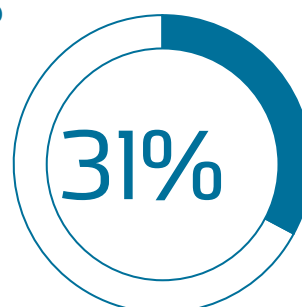
INJECTING RELATED RISKS AND HARMS



In 2020, 6% of the sample reported receptive needle sharing, and 6% reported distributive needle sharing.

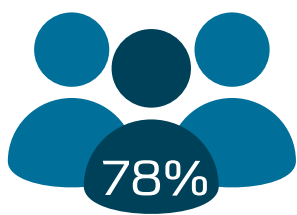


The number of people who re-used their own needles was stable from 2019 (46%) to 2020 (46%).

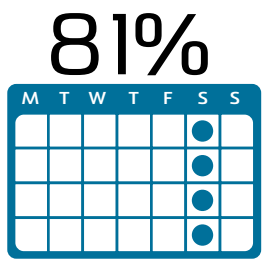


In 2020, one-third (31%) of the sample reported having an injection-related health issue in the month preceding interview.

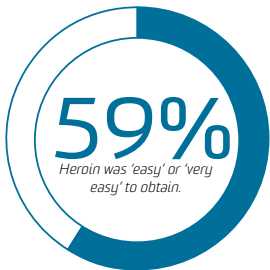
HEROIN



Past 6 month use of heroin was 78% in the 2020 sample (82% in 2019).



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

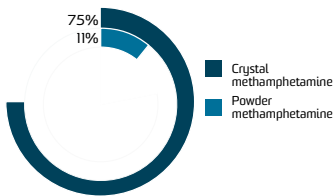


Of those who could comment 59% perceived heroin to be 'easy' or 'very easy' to obtain, down from 89% in 2019.

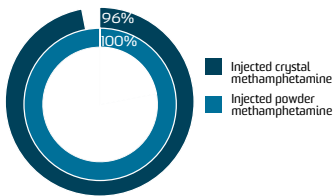
METHAMPHETAMINE



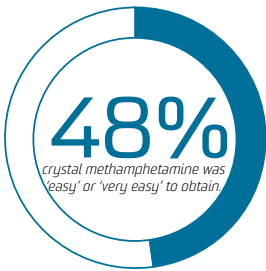
In the sample, 77% reported past 6 month use of any methamphetamine (75% in 2019).



Of the entire sample, 11% had recently consumed powder, and 75% crystal methamphetamine.

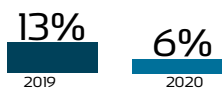


Injection was the main route of administration for crystal (96%) and powder (100%) among those who had consumed each form.

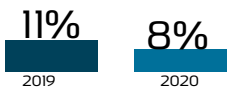


Of those who could comment 48% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2020.

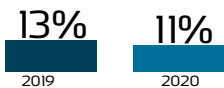
PHARMACEUTICAL MEDICINES



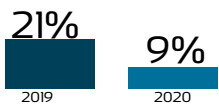
Past 6 month use of non-prescribed morphine was stable at 13% in the 2019 IDRS sample and 6% in 2020.



Past 6 month use of non-prescribed fentanyl was stable at 11% in the 2019 IDRS sample to 8% in 2020.

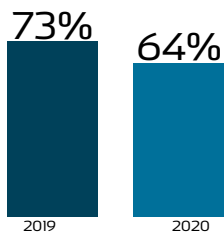


Past 6 month use of non-prescribed pregabalin was stable at 13% in the 2019 IDRS sample and 11% in 2020.

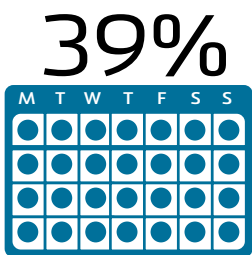


Past 6 month use of non-prescribed oxycodone decreased from 21% in the 2019 IDRS sample to 9% in 2020.

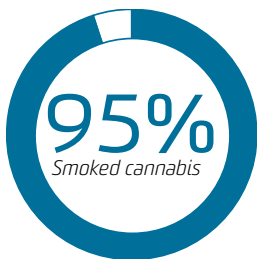
CANNABIS



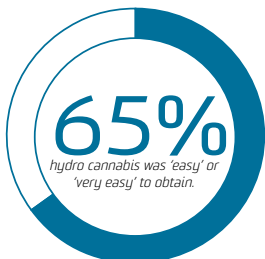
Past 6 month use of any cannabis was stable at 73% in the 2019 IDRS sample and 64% in 2020.



Of those who had consumed cannabis recently, 2 in 5 reported daily or more frequent use.



Of people who had consumed cannabis in the last 6 months, 95% had smoked it.



Of those who could comment 65% perceived hydro to be 'easy' or 'very easy' to obtain.

Background

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

The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail. It does this by studying a range of data sources, including data from annual interviews with people who regularly inject drugs and from secondary analyses of routinely-collected indicator data. This report focuses on the key results from the annual interview component of IDRS.

Methods

IDRS 2000-2019

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

In 2019, a total of 902 participants were recruited across capital cities nationally (May-July 2019), with 151 participants interviewed in Sydney, NSW, during May-June 2019. One-fifth (20%) of the 2019 NSW sample completed the interview in 2018.

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

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

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving \$40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone;
4. Age eligibility criterion: Changed from 17 years old to 18 years old; and
5. Additional interview content: The interview was shortened to ease the burden on participants, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health. Please refer to Chapter 2 for further detail.

A total of 884 participants were recruited across capital cities nationally (June-September, 2020), with 155 participants interviewed in Sydney, NSW, during June-August, 2020. In 2020, 41% of NSW participants were recruited via NSPs (49% in 2019; $p=0.191$) and word-of-mouth (38% in 2019; $p=0.742$), respectively. Five per cent ($n=7$) of the 2020 NSW sample completed the interview in 2019, and 20% of participants in 2019 reported taking part in the 2018 interview ($p<0.001$).

Data Analysis

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 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 Sydney, New South Wales, and thus do not reflect trends in regional and remote areas. Further, the results are not representative of all people who consume illicit drugs, nor of illicit drug use in the general population, but rather are intended to provide evidence indicative of emerging issues that warrant further monitoring.

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

COVID-19

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

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

Additional Outputs

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

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

1

Sample Characteristics

In 2020, 41% of NSW participants were recruited via needle syringe programs (NSP) (49% in 2019; $p=0.191$); similar numbers (41%) reported recruitment via word-of-mouth (38% in 2019; $p=0.742$).

In 2020, over half the NSW sample was male (61%; 70% in 2019; $p=0.102$), with a mean age of 44 years (SD: 9; 46 years; SD: 9 in 2019; $p=0.026$) (Table 1). The majority (92%) were unemployed at the time of interview (91% in 2019). Over three-fifths (61%; 56% in 2019; $p=0.383$) reported having received a post-school qualification(s). The majority (95%) reported receiving a government pension, allowance or benefit in the past month (95% in 2019). Participants reported their median weekly income amounted to \$450 (IQR=378-550), significantly higher than \$350 (IQR=260-450; $p<0.001$) reported in 2019.

Participants typically reported that heroin was their drug of choice (57%; 62% in 2019; $p=0.531$), followed by methamphetamine (29%; 25% in 2019; $p=0.527$) (Figure 1). Additionally, heroin was the drug injected most often in the month preceding interview (55%; 62% in 2019; $p=0.333$), followed by methamphetamine (34%; 32% in 2019; $p=0.745$) (Figure 2). In 2020, 63% of participants reported heroin consumption on a weekly or more frequent basis (Figure 3).

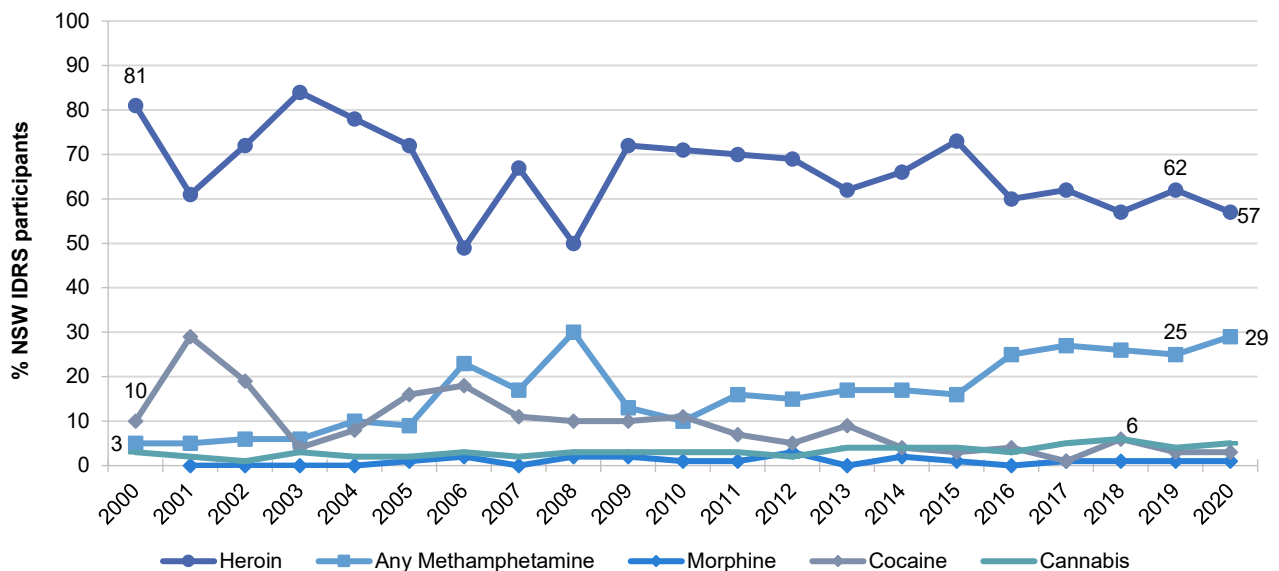
Table 1: Demographic characteristics of the sample, nationally, 2020, and NSW, 2015-2020

	National				NSW		
	2020 N=884	2020 N=155	2019 N=151	2018 N=152	2017 N=151	2016 N=151	2015 N=150
Mean age (years; SD)	44 (9)	44 (9)*	46 (9)	43 (10)	44 (9)	43 (10)	43 (10)
% Male	59	61	70	67	66	73	66
% Aboriginal and/or Torres Strait Islander	18	26	32	29	28	24	39
% Sexual identity							
Heterosexual	86	83	83	78	88	87	91
Homosexual	4	8	5	4	5	4	-
Bisexual	8	8	9	7	13	9	10
Queer	1	-	-	-	-	-	-
Other	1	-	0	-	-	-	-
Mean years of school education (range)	10 (1.5)	10 (4-12)	10(2-12)	10 (8-11)	10 (8-11)	10 (8-11)	10 (8-10)
% Post-school qualification(s)^	62	61	56	49	47	56	54
% Current accommodation							
Own home (inc..renting)~	69	73	75	70	60	51	67
Parents'/family home	6	-	-	9	4	-	9
Boarding house/hostel	9	8	-	5	7	17	6
Shelter/refuge	2	-	-	-	-	-	-
No fixed address	12	13	13	13	27	27	15
Other	1	-	-	-	-	-	-

	National				NSW		
	2020 N=884	2020 N=155	2019 N=151	2018 N=152	2017 N=151	2016 N=151	2015 N=150
% Current employment status							
Unemployed	88	92	91	87	91	89	93
Full-time work	3	-	0	-	-	-	-
% Past month gov't pension, allowance or benefit							
	94	95	95	94	97	88	94
Current median income/week (\$; IQR)	500 (421-555)	450 (378-550)***	350 (260-450)	306 (260-400)	335 (257-423)	333 (250-415)	330 (251-425)

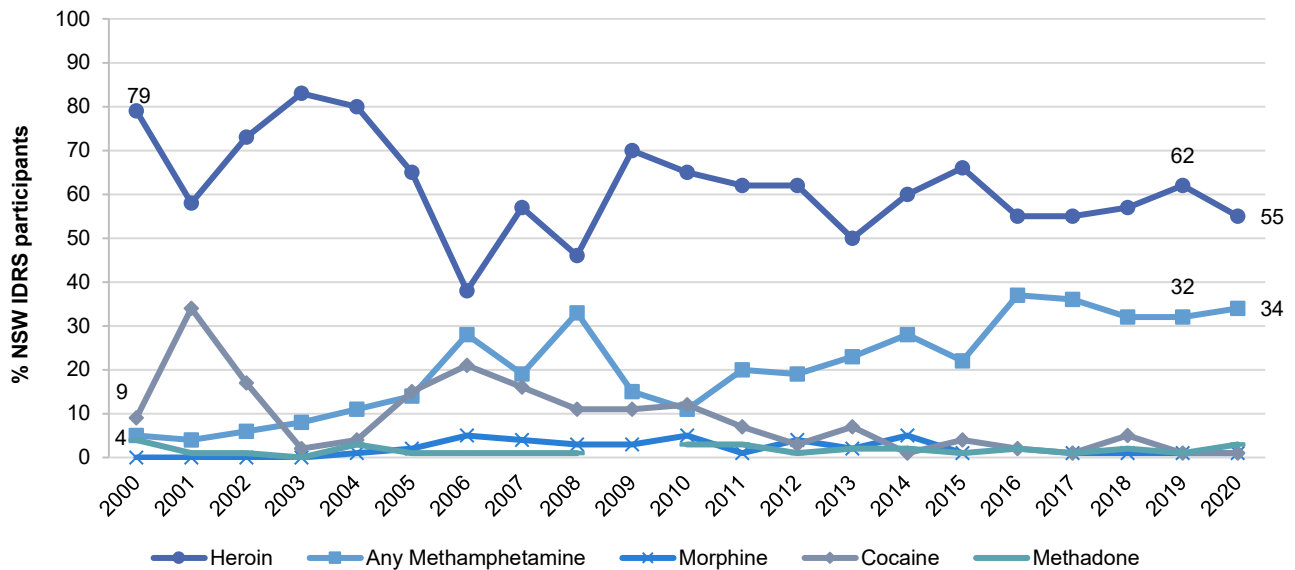
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. In 2020, 'students' comprised participants who were currently studying for either 'trade/technical' or 'university/college'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

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



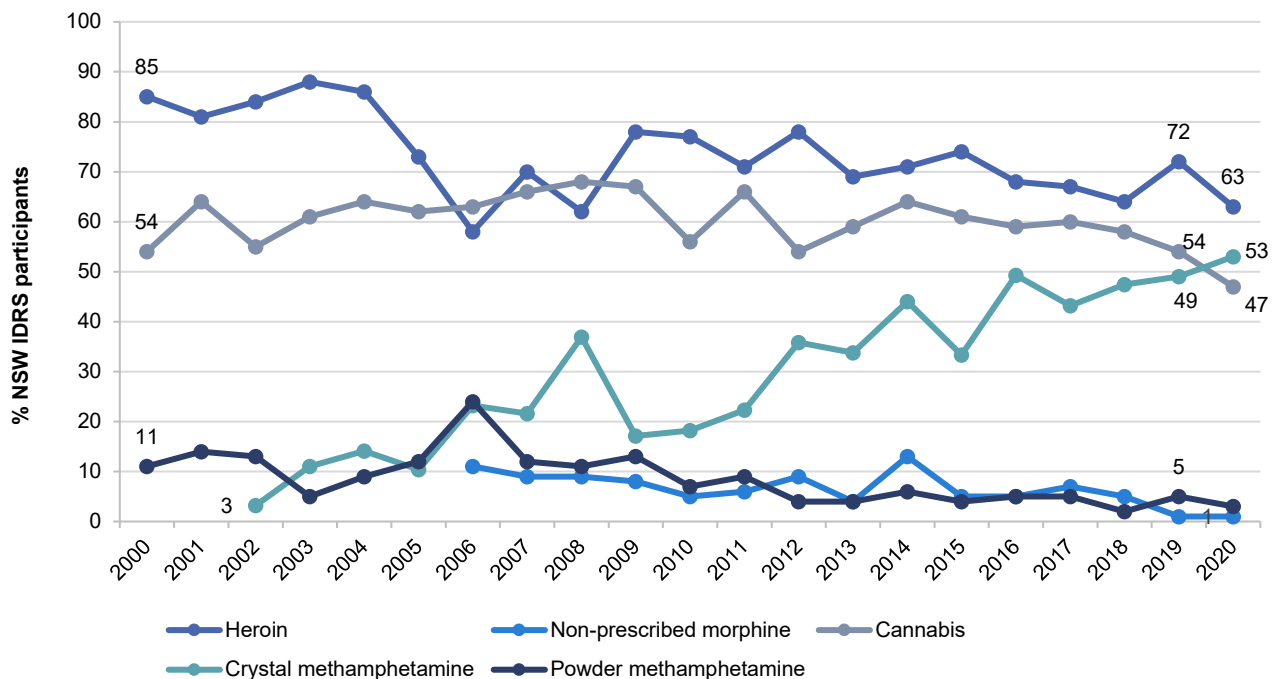
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. n≤5 but not 0). * $p<0.050$;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

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



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

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



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

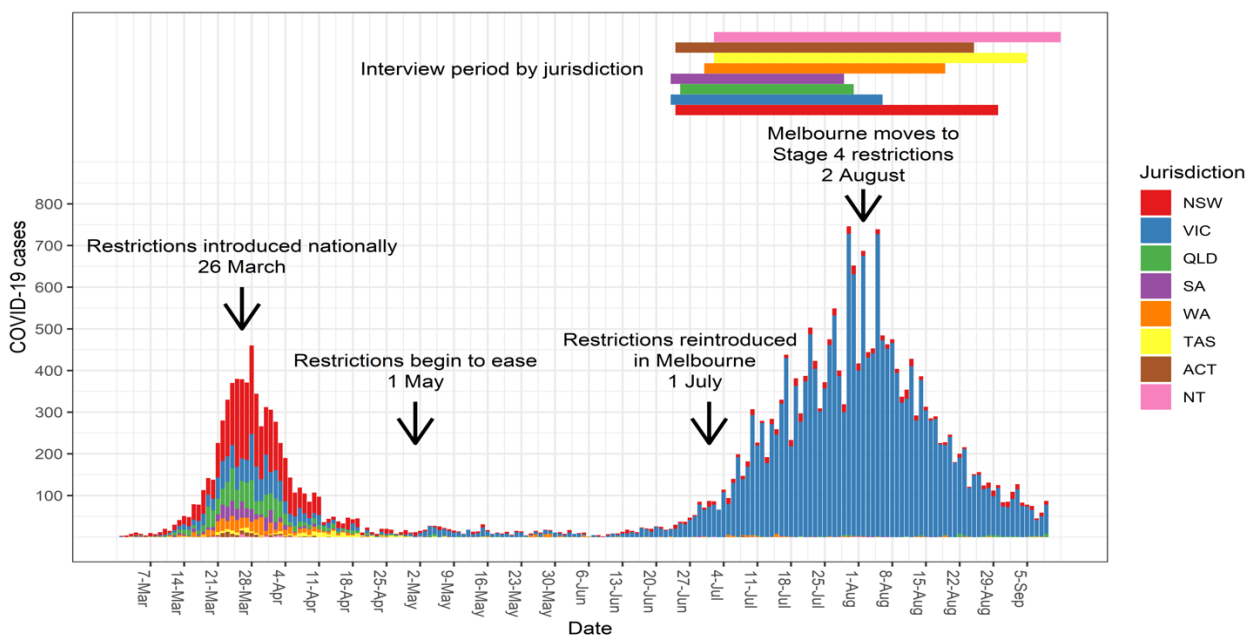
2

COVID-19

Background

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

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



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

New South Wales observed its first three cases of COVID-19 on 25 January 2020. On 27 February, the prime minister officially declared COVID-19 a pandemic, with the NSW Minister for Health forcing the immediate cancellation of major events with more than 500 people on 15 March. Following this, on 18 March, a ban on non-essential indoor gatherings of 100 people or more was implemented, along with social distancing rules of 1.5 metres and strict visitor rules for aged care facilities. On 23 March, the NSW premier announced new restrictions in which non-essential activities and businesses would be temporarily shut down. On 28 April, the NSW Premier announced the easing of some restrictions, including allowing up to two adults and dependent children to visit another household

from 1 May, and increased retail activity with some businesses choosing to reopen. On 15 May, further restrictions in NSW would be eased including the allowance of outdoor gatherings of up to ten people, cafes and restaurants to seat up to ten people at any one time and up to five visitors to a household at any one time. Further easing of restrictions was implemented from 1 June onwards, though strict social distancing guidelines remained in place.

Methods

IDRS interviews in NSW commenced on 24 June and concluded on 30 August 2020 (Figure 4).

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

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

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

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

COVID-19 Testing and Diagnosis

Over two-fifths (41%) of the New South Wales sample had been tested for SARS-COV-2 by the time of interview, and no participants had been diagnosed with the virus. Almost two-thirds (65%) of participants reported concern about contracting COVID-19; over one-fifth (23%) reported being 'slightly' worried, 22% 'moderately' worried; 11% 'very' worried, and 8% were 'extremely' worried.

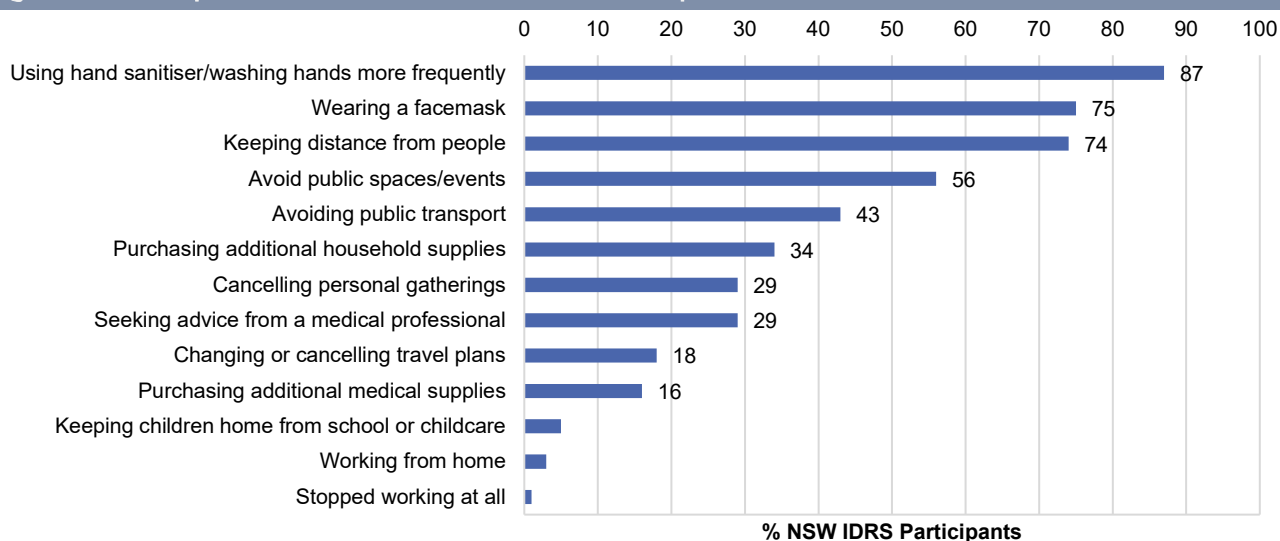
Social and Financial Impacts of COVID-19 Restrictions

COVID-19 related health behaviours. Since the beginning of March 2020, the majority (94%) of participants had practiced social distancing (i.e., avoiding public transport and social gatherings) and 83% had undergone home isolation, whereby participants were only able to leave home for 'essential' reasons, such as to go to work, exercise or collect groceries. Few participants ($n \leq 5$) reported that they were required to quarantine for 14 days due to being at risk of contracting COVID-19.

Participants were asked about various health precautions they had engaged in in the four weeks prior to interview (Figure 5). Most commonly, participants reported 'using hand sanitiser/washing hands more frequently' (87%), 'wearing a facemask' (75%) and 'keeping distance from people' (74%).

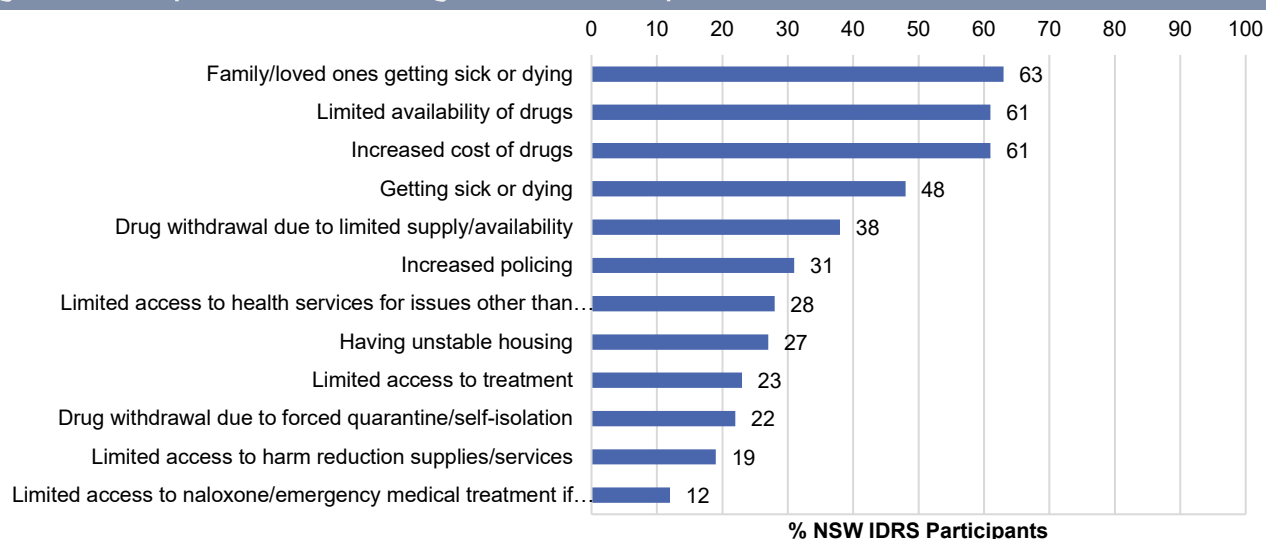
Furthermore, participants reported a number of concerns related to the COVID-19 pandemic; concerns most commonly reported comprised 'family/loved ones getting sick or dying' (63%), 'increased cost of drugs' (61%) and 'limited availability of drugs' (61%) (Figure 6).

Figure 5: Health precautions related to COVID-19 in the past four weeks, NSW, 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).

Figure 6: Participant concerns relating to the COVID-19 pandemic, NSW, 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. Over one-fifth (21%) of participants reported that their living situation had changed since the beginning of March 2020. As to why participants' living situation had changed, reasons included 'moved but was unrelated to COVID-19' (6%), 'rent increase' (5%) and 'was given new shelter/short term housing/put up in hotel' (5%).

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, 45% of participants reported that they were receiving more income, 6% reported less income, and almost half (49%) reported a similar amount of income (Table 2).

Over two-thirds of participants (69%) reported experiencing any financial difficulty during the past month; most commonly reported difficulties were being 'unable to buy food' (43%) and 'unable to pay

household or phone bills on time' (37%). Furthermore, over one-third (36%) of the sample reported asking for financial help from friends or family, and over one-quarter (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, NSW, 2020

NSW 2020	
N=155	
% Change in total income in the past month compared to February	
More money	45
Less money	6
About the same	49
% Financial difficulties in the past month[#]	
Unable to buy food or went without meals	43
Could not pay household or phone bills on time	37
Asked for financial help from friends or family	36
Asked for help from welfare/community organisations	28
Difficulty paying for medications	24
Unable to heat/air-condition house	20
Difficulty paying for medical treatment	12
Could not pay the mortgage or rent on time	7
Requested differed payment of mortgage/rent/loan	5

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. Over one-tenth (12%) of participants reported that the drug injected most often in the past month was not the same as the drug injected most often in February 2020. The most common change was from methamphetamine to heroin (37%) and heroin to methamphetamine, though small numbers (n≤5) reported these transitions.

Frequency of drug injection. Almost one-third (32%) of participants reported injecting drugs at a different frequency in the past month as compared to February 2020; of these participants, 38% reported greater frequency of injection, and 62% reported reduced frequency (12% and 20% of the total sample, respectively; Table 3).

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

	February	Past month
% Drug injected most often in that month	N=155	N=155
Heroin	54	55
Morphine	-	-
Methamphetamine	37	34
Oxycodone	-	-
Methadone	-	-
Buprenorphine-naloxone	0	0
<i>% reporting change in drug injected most often from February to past month^a</i>	Overall: 12%	
% Frequency of drug injection in that month	N=154	N=155
Not in the month	-	-
Weekly or less	12	12
More than weekly, not daily	26	28
Once a day	21	18
2-3 times a day	25	28
More than 3 times a day	15	11
<i>% reporting decrease in frequency</i>	Overall: 20%	
<i>% reporting increase in frequency</i>	Overall: 12%	
<i>% reporting stable frequency</i>	Overall: 68%	

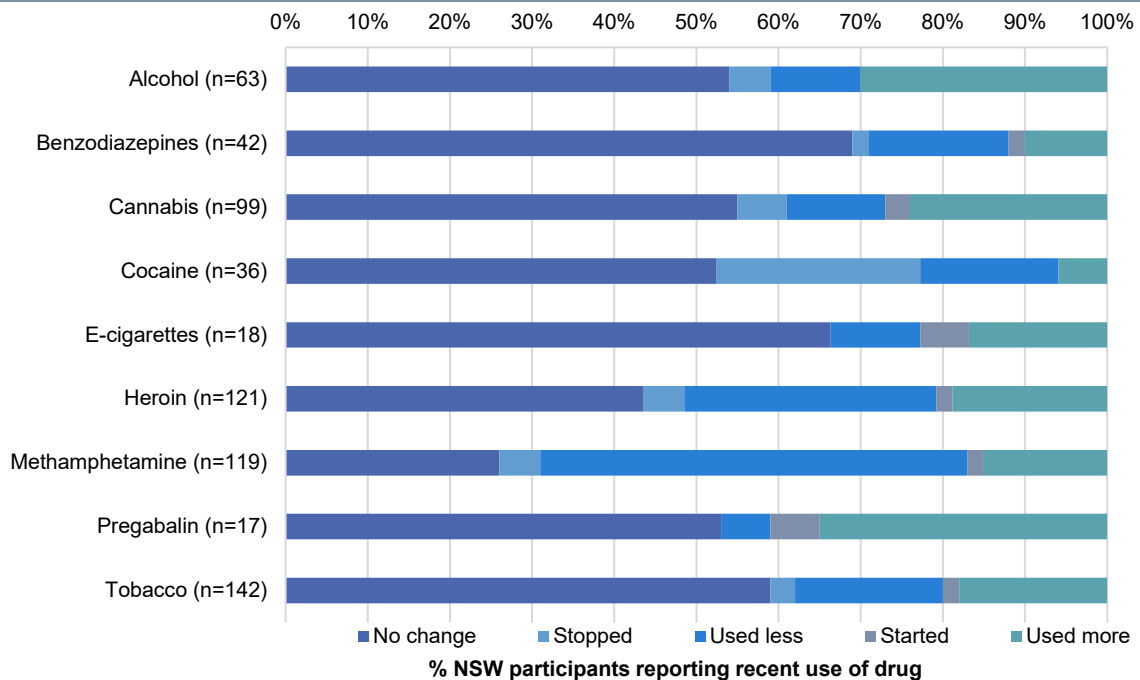
Note. The response 'Don't know' was excluded from analysis. - Per cent suppressed due to small cell size (n≤5 but not 0).

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

Most commonly, participants reported a decrease (i.e., reduction or cessation) in use of methamphetamine (57%), cocaine (42%) and heroin (36%). An increase (i.e., started or increased) in use was reported by nearly one-third for alcohol (30%), and no change was reported for benzodiazepines (69%), e-cigarettes (67%), tobacco (59%), cannabis (55%) and pregabalin (53%).

The primary reason cited for decreasing use of heroin and methamphetamine was 'decreased availability' (49% and 38%, respectively). Other commonly endorsed reasons were 'drug is more expensive' (28% and 35%, respectively) and 'worried about effects on my physical health' (19% and 16%, respectively). The primary reason why participants increased their use of alcohol comprised 'greater anxiety/depression with COVID-19' (45%) and 'more bored' (28%).

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

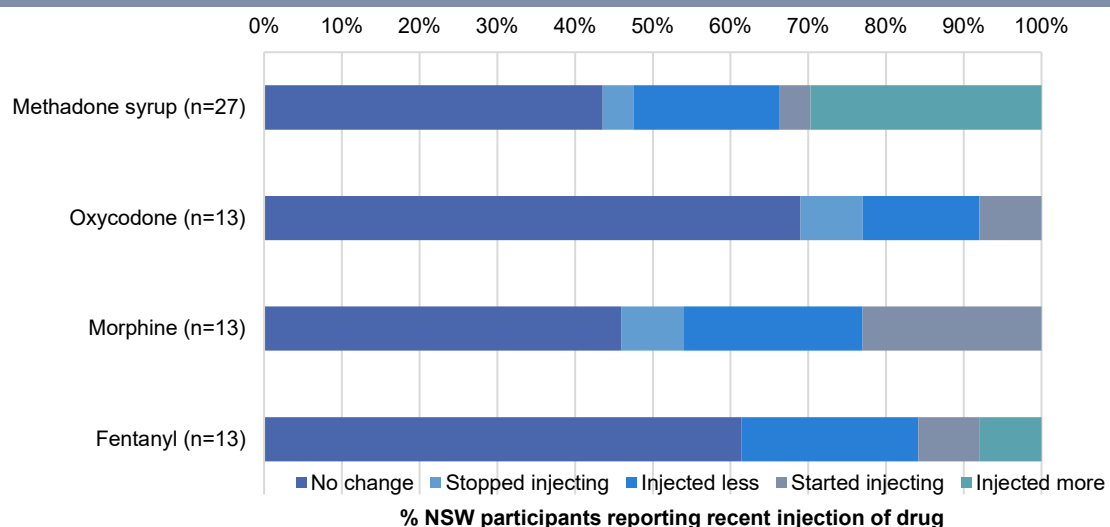


Note. Change in use items were asked of participants who reported use in the past six months. The response 'Don't know' was excluded from analysis. Estimates reflect reports on non-prescribed use for pharmaceutical medicines.

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).

One-third of those commenting reported a decrease in injection of morphine (31%) and an increase in injection of methadone syrup (34%). Most of those commenting reported no change in injection for oxycodone (69%), and fentanyl (62%). Small numbers reporting should be noted here.

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

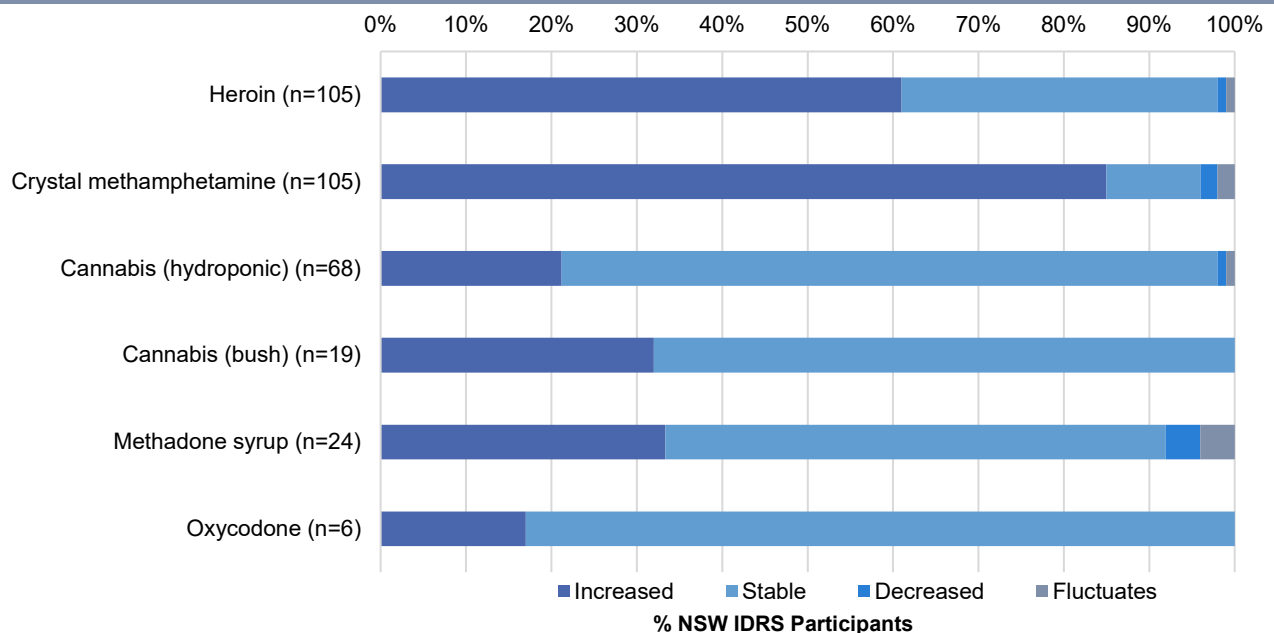
Participants were asked to answer a number of questions regarding the price, perceived purity and perceived availability of various drugs, providing they were confident in their knowledge of the drug in question. Further details on trends over time in these indicators can be found in the subsequent chapters.

Additional questions were included in the 2020 interview for each of the main substances specifically assessing perceived change in price, perceived purity and perceived 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 (85% and 61%, respectively). The price of hydroponic and bush cannabis were most commonly reported as stable (76% and 68%), as was oxycodone (83%) (Figure 9).

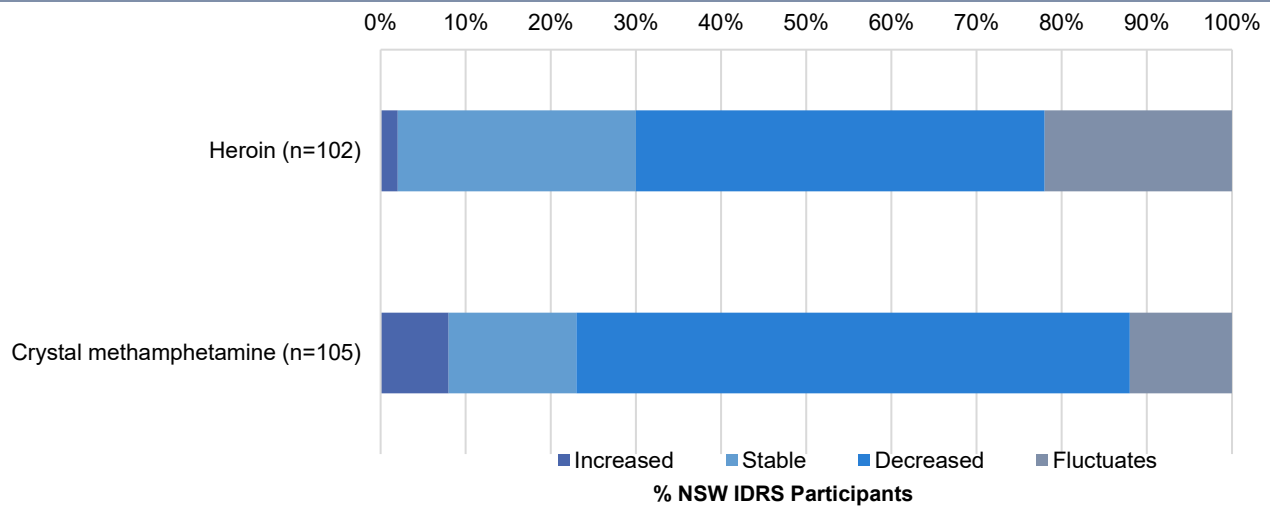
Participants perceived the purity of crystal methamphetamine and heroin to have decreased since the beginning of March 2020, as compared to before (65% and 48%, respectively) (Figure 10). Crystal methamphetamine and heroin were also most commonly cited as illicit drugs which had decreased in availability (70% and 61%, respectively) (Figure 11).

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



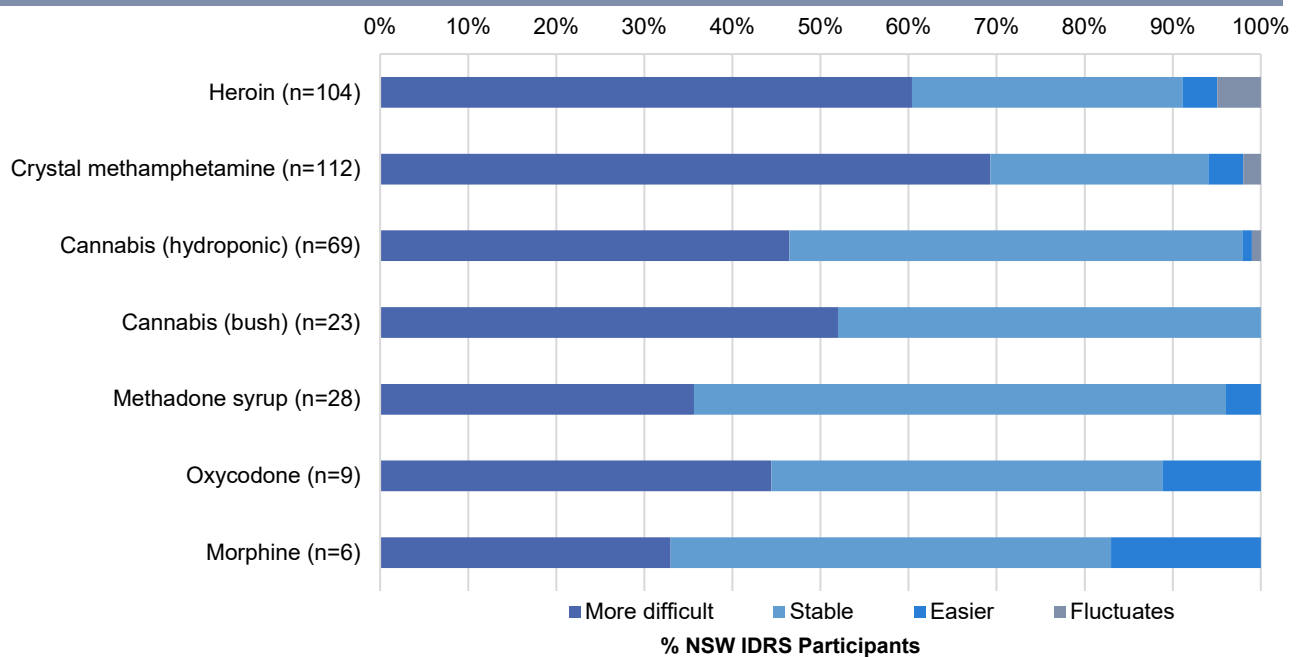
Note. Among those who commented. The response 'Don't know' was excluded from analysis.

Figure 10: Change in perceived purity of heroin and crystal methamphetamine since March 2020 (since COVID_19 restrictions) as compared to before, NSW, 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, NSW, 2020



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

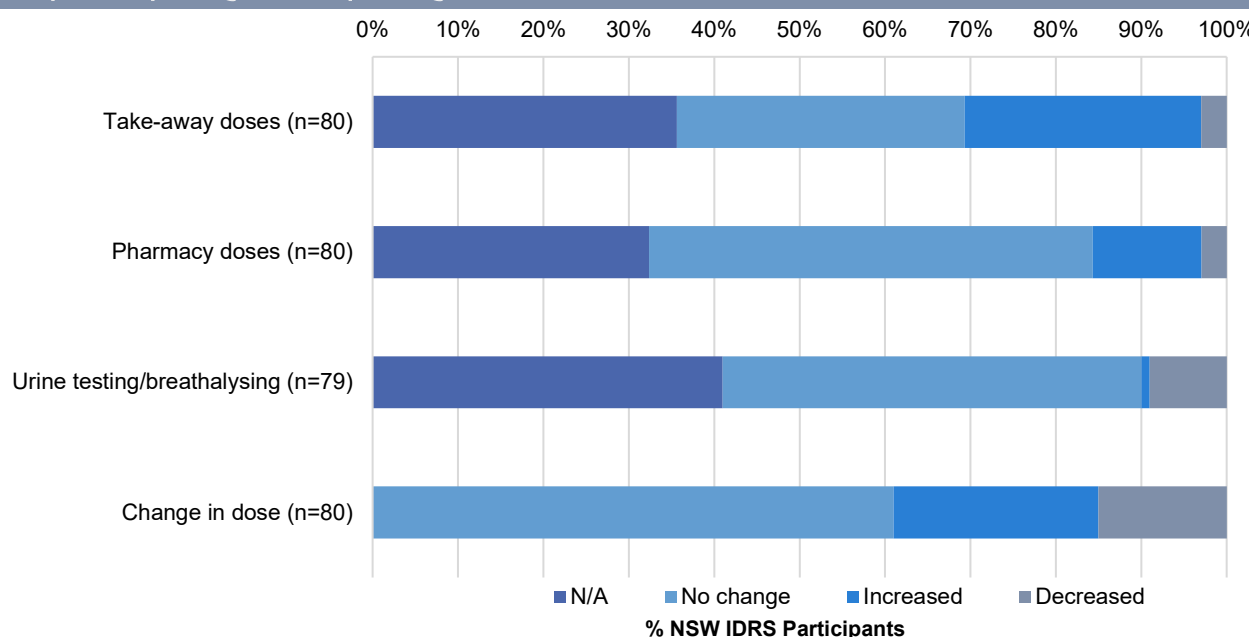
Risk and Protective Behaviours

Drug Treatment. Of those participants who were in treatment in the six months prior to interview (n=101), eight per cent were receiving treatment since March and 52% were receiving treatment both before and since March. Of this group, 54% reported any disruption to treatment since March 2020 (since COVID-19 restrictions), namely appointments via telephone/video, rather than face-to-face (35%), a change in hours of service (26%) and the treatment service being short-staffed (19%).

Of those in treatment at the time of interview (n=87), 78% reported that their treatment satisfaction was 'similar' since March 2020 (since COVID-19 restrictions); 12% reported that their satisfaction was 'better' and one-tenth (10%) reported that their satisfaction was 'worse'.

Furthermore, for those on opioid agonist treatment (OAT) since March (n=80), 28% reported an increase in take-away doses, whilst 15% reported a decrease in their dose of medication. Over half (53%) of participants reported that frequency of pharmacy doses had remained mostly stable, as had urine testing/breathalyzing (49%) (Figure 12). Over one-quarter (29%; n=84) of those in OAT in the last six months reported having missed a dose of medication (e.g., methadone, buprenorphine, buprenorphine-naloxone or buprenorphine depot injection) due to service disruptions (e.g., service was closed or changed hours of service). Those on OAT since March (n=80) 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). Over one-fifth (22%) reported being 'extremely' involved, 18% reported 'very' and 14% reported 'moderately'. Eleven per cent reported that they were 'not at all' involved.

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



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

Injecting equipment access and disposal. Fifteen per cent of participants 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=23), 35% of participants reported having re-used their own needles more than they normally would.

Six per cent reported having had difficulties in safely disposing of used needles and syringes in a sharps bin since March (since COVID-19 restrictions), though small numbers ($n \leq 5$) reported reasons for this, therefore, these numbers are suppressed. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

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, 16% reported an increase in injecting alone and 14% reported an increase in re-using their own needles (Figure 13).

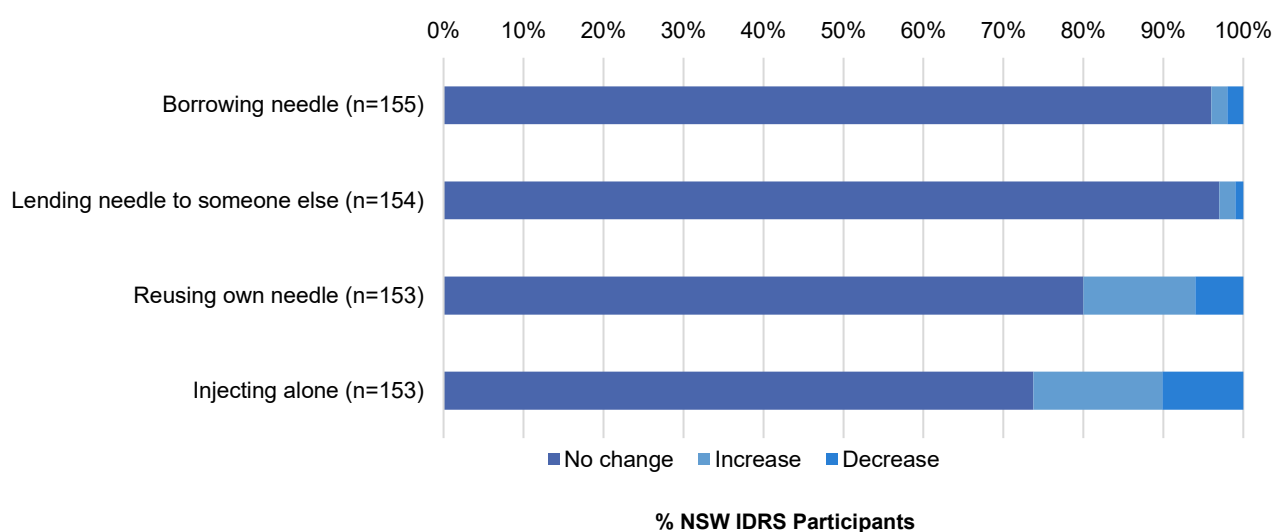
Mental health. When asked to rate their mental health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 35% of participants rated their mental health as being 'worse', 45% reported 'similar' and 20% reported their mental health was 'better'.

Physical health. When asked to rate their physical health in the past four weeks as compared to how they were feeling in the month of February (before COVID-19 restrictions), 27% of participants rated their physical health as being 'worse', 57% reported 'similar' and 16% reported their physical health was 'better'.

Behaviours to protect against COVID-19 transmission or impacts of restrictions. Almost two-fifths (37%) of participants reportedly sought information on how to reduce the risk of acquiring COVID-19 or avoiding impacts of restrictions on drug acquisition and use. The most common sources cited were from a harm reduction service (13%), followed by online forums (10%), a GP (6%) and a drug treatment service (6%).

The majority (86%) 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, NSW, 2020



Note. Among those who had received OAT since March and 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, NSW, 2020

NSW 2020	
N=155	
Washed hands with soap/sanitiser before handling drugs or money	70
Avoided sharing needles/syringes with other people	63
Stocked up on sterile needles/syringes	55
Prepared your drugs yourself	55
Avoided sharing other drug use equipment (e.g. pipes, bongs) with other people	41
Stocked up on other sterile drug use equipment	35
Wiped down drug packages/wraps with soap/sanitiser	31
Obtained take-home naloxone/Narcan	26
Stocked up on illicit/non-prescribed drugs	20
Avoided smoking/vaping drugs	14
Stocked up on prescription medicines prescribed to you	9

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

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of heroin has remained relatively stable over the course of monitoring, with at least four in five participants reporting use each year. In 2020, 78% of participants had recently consumed heroin, stable from 2019 (82%; $p=0.457$) (Figure 14).

Frequency of Use

Those who had recently consumed heroin did so on a median of 150 days (IQR=48-180; 120 days in 2019; IQR=48-180; $p=0.694$) (Figure 14). Among recent consumers, 81% reported weekly use (88% in 2019; $p=0.188$) and 44% reported daily use (39% in 2019; $p=0.497$).

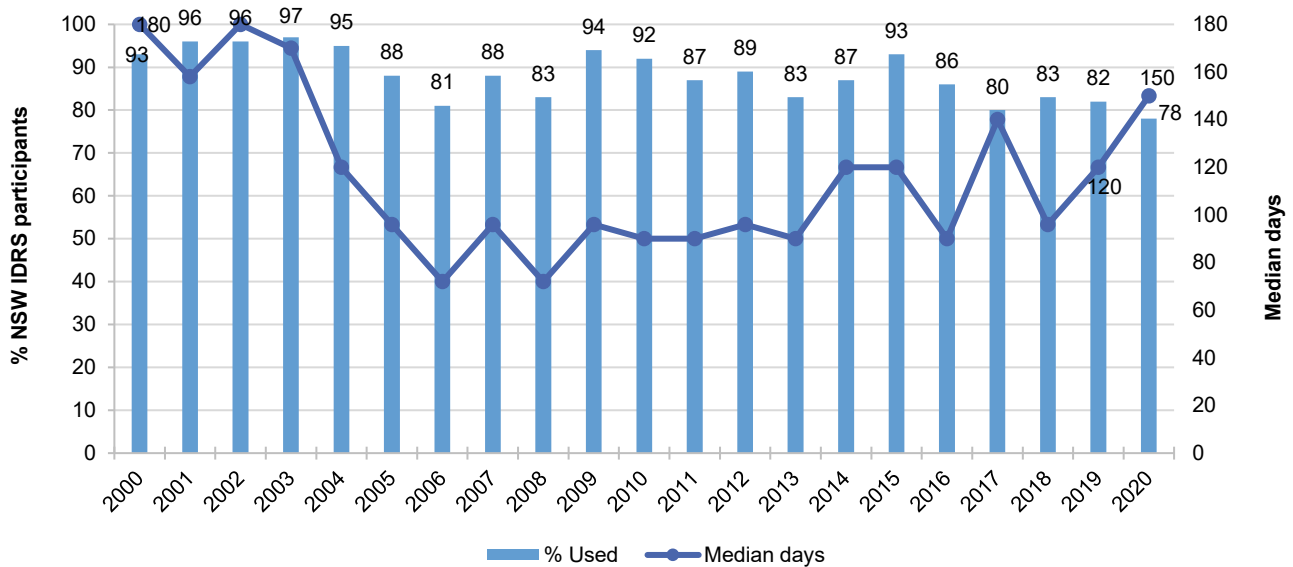
Routes of Administration

Injection was the most frequently reported route of administration amongst participants who had recently consumed heroin (100%, 98% in 2019; $p=0.498$). More than one in ten consumers (12%) reported smoking heroin in 2020, stable relative to 2019 (14%; $p=0.755$).

Quantity

Of those who reported recent use and responded ($n=112$), the median amount of heroin consumed on a typical day of use in the last six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2019; IQR=0.10-0.30; $p=0.177$).

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



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

Price, Perceived Purity and Availability

Price

The price of heroin has been relatively stable since reporting began (Figure 15). The median price of one gram of heroin in 2020 was \$450 (IQR=338-500; $n=20$), higher than 2019 (\$400; IQR=239-413; $p=0.054$), although the difference did not reach statistical significance. The median price of a cap in 2020 remained stable relative to 2019 (\$50; IQR=50-50; $n=12$; \$50 in 2019; IQR=50-50; $p=0.381$).

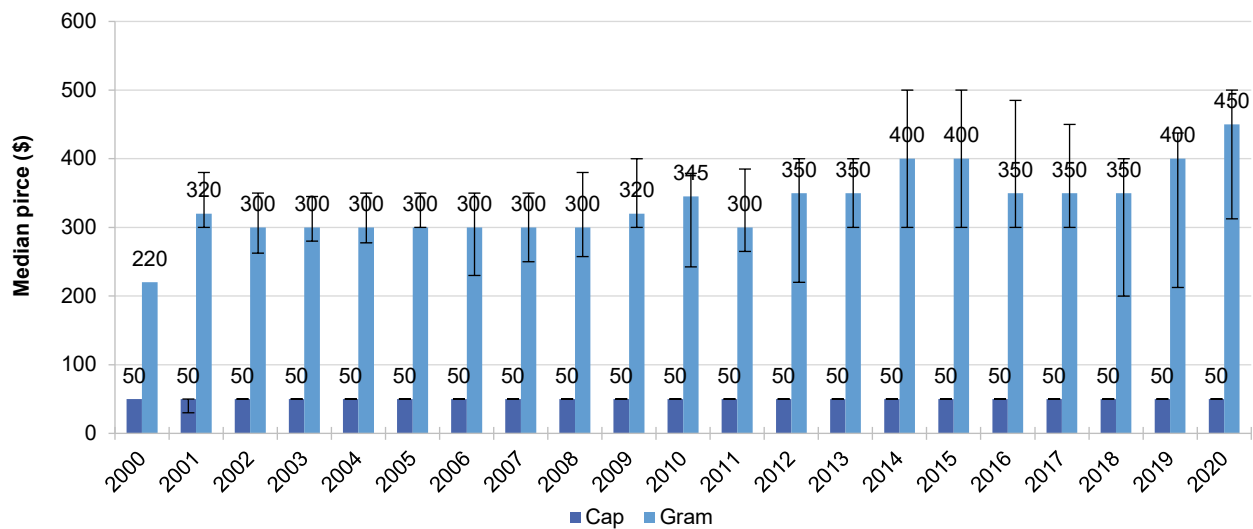
Perceived Purity

Among those who were able to comment in 2020 ($n=105$), nine per cent perceived the purity of heroin to be 'high', a significant decrease from 27% in 2019 ($p < 0.001$). On the other hand, over two-fifths (41%) perceived purity to be 'low', an increase from 28% in 2019, though this was not significant ($p=0.052$) (Figure 16).

Perceived Availability

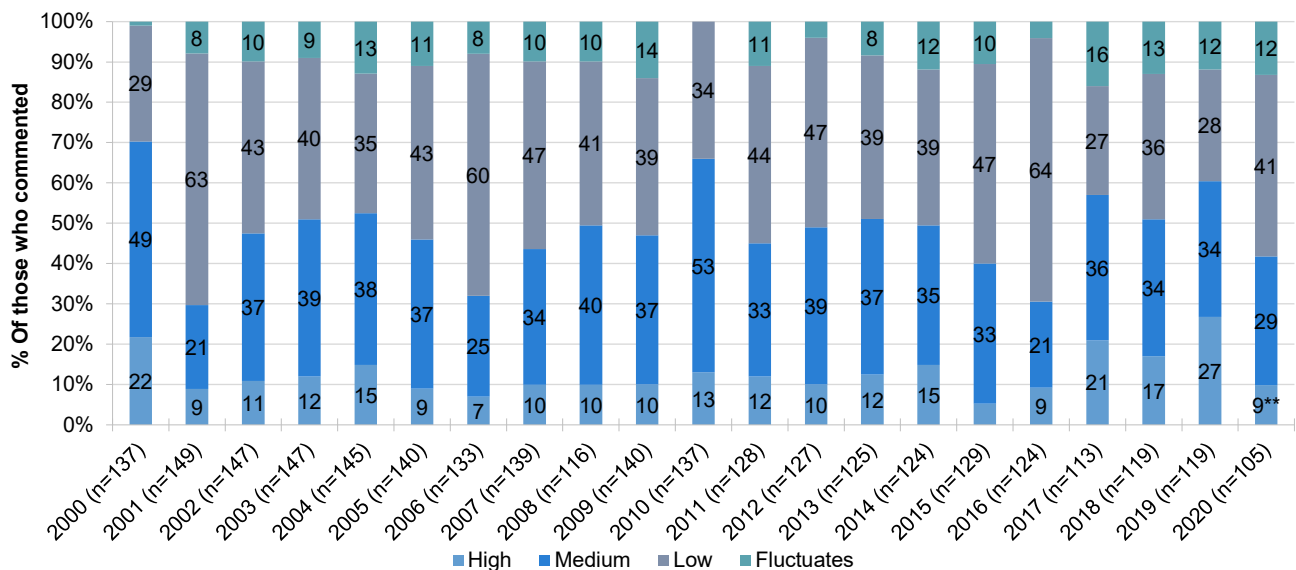
Among those who were able to comment in 2020 ($n=107$), over one-fifth (22%) perceived current availability as 'very easy', a significant decrease relative to 2019 (44% in 2019; $p=0.001$). In contrast, 34% perceived heroin to be 'difficult' to obtain, a significant increase from 10% in 2019 ($p < 0.001$). A small percentage (7%) perceived heroin as being 'very difficult' to obtain, significantly more so than those reporting in 2019 ($n \leq 5$; $p=0.023$) (Figure 17).

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



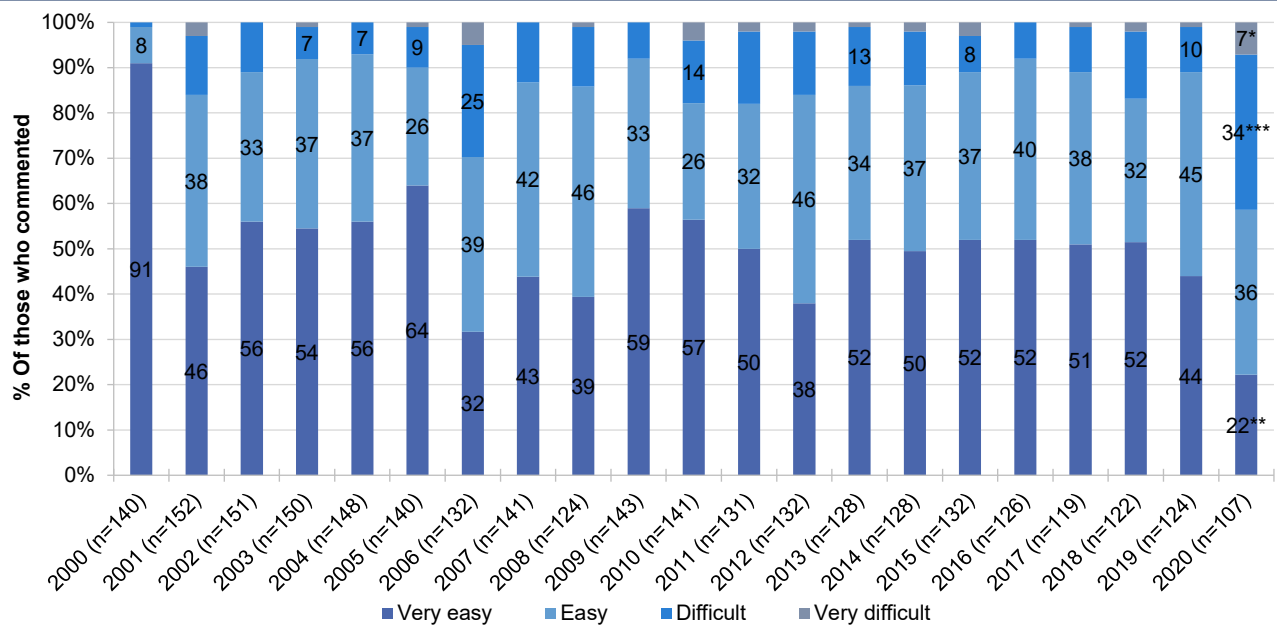
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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



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

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



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

4

Methamphetamine

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

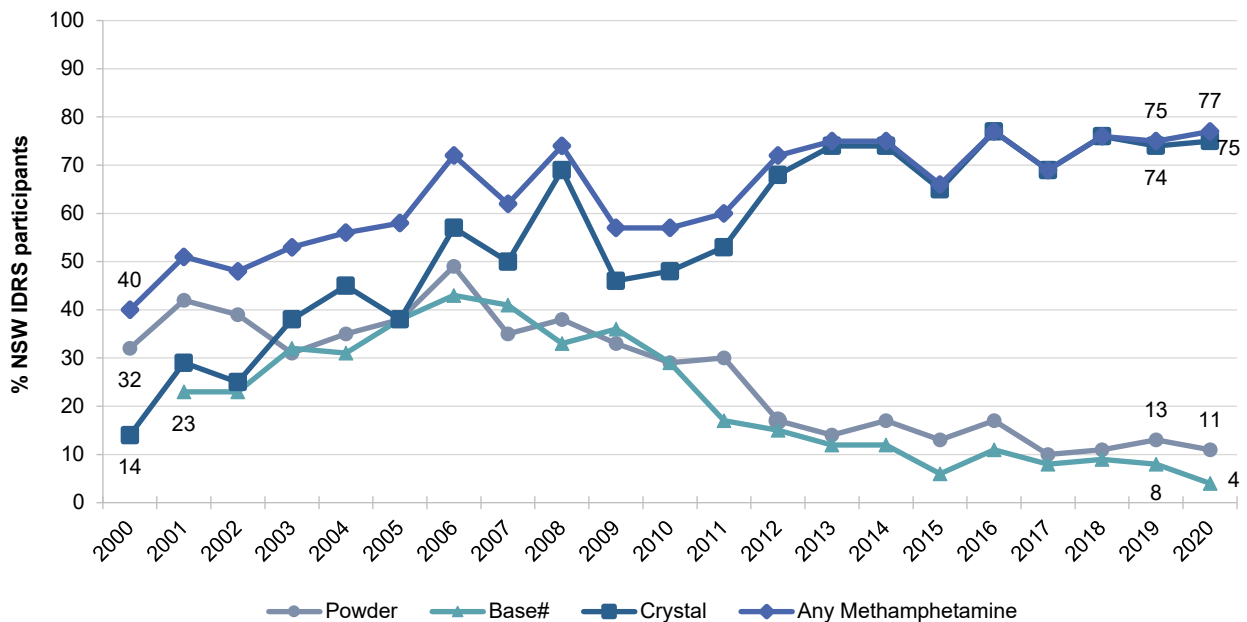
Recent Use (past 6 months)

The use of methamphetamine has been gradually increasing in the NSW sample since reporting began. In 2020, 77% of participants reported recent use of any methamphetamine (75% in 2019, $p=0.898$), similar to estimates since 2012 (Figure 18).

Frequency of Use

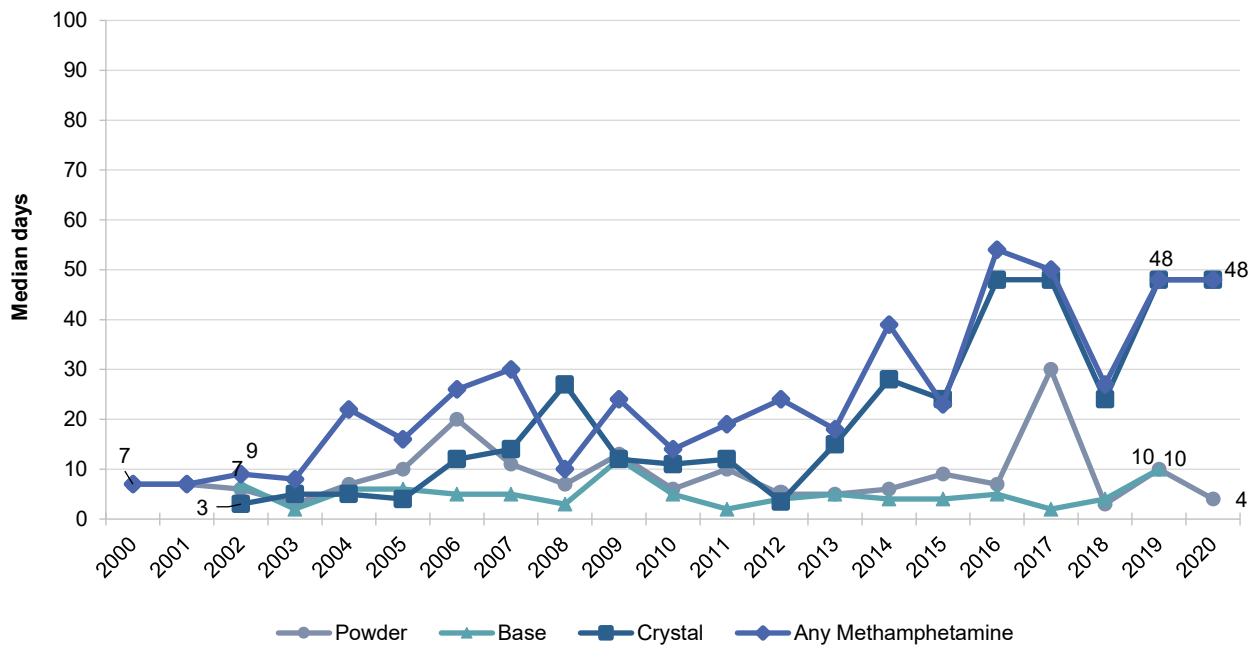
Those who had recently consumed any methamphetamine did so on a median of 48 days (IQR=14-96), stable from 48 days reported in 2019 (IQR=12-96, $p=0.541$; Figure 19). Weekly or more frequent use was reported by 71% of participants who had recently consumed any methamphetamine in 2020 (68% in 2019; $p=0.646$), with 16% of recent consumers reporting daily use (17% in 2019).

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



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

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



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The use of methamphetamine powder has been steadily declining since the commencement of monitoring. In 2020, over one-tenth (11%) had recently consumed powder, stable from 13% in 2019 ($p=0.663$) (Figure 18).

Frequency of Use: Those who had recently consumed methamphetamine powder did so on a median of four days (IQR=1-24), stable from 10 days in 2019 (IQR=2-30; $p=0.250$) (Figure 19). Few participants ($n\leq 5$) who had recently used methamphetamine powder reported weekly or daily use, therefore these numbers are suppressed.

Routes of Administration: As in previous years, most consumers reported injecting powder (100%; 90% in 2019, $p=0.489$) on a median of four days (IQR=1-18), stable from eight days in 2019 (IQR=2-29; $p=0.352$).

Quantity: Of those who reported recent use and responded ($n=15$), the median amount used per day in the past six months was 0.10 grams (IQR=0.10-0.40; 0.20 grams in 2019; IQR=0.10-0.50; $p=0.398$).

Methamphetamine Base

Recent Use (past 6 months): The use of base has been declining since reporting began. In 2020, four per cent of the sample reported recent use (8% in 2019, $p=0.214$), the lowest percentage observed since the commencement of monitoring (Figure 18).

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

Routes of Administration: All participants who had recently consumed base ($n=6$) reported injecting it in 2020 (100%; 92% in 2019; small numbers reporting, therefore, significance testing not undertaken).

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

Methamphetamine Crystal

Recent Use (past 6 months): Methamphetamine crystal has been consistently the most common form of methamphetamine used in the NSW sample, with 75% reporting recent use in 2020 (74% in 2019; $p=0.893$).

Frequency of Use: Recent consumers reported using crystal on a median of 48 days (IQR=12-96), stable from 48 days in 2019 (IQR=12-96; $p=0.508$) (Figure 19). Seventy-one per cent of recent consumers reported using methamphetamine crystal on a weekly or more frequent basis (67% in 2019; $p=0.610$) and a further 16% reported using crystal on a daily basis (17% in 2019; $p=0.884$).

Routes of Administration: The majority of recent consumers reported injecting methamphetamine crystal (96%, 93% in 2019 $p=0.402$) on a median of 48 days (IQR=11-93), stable from 48 days in 2019 (48 days; IQR=12-96; $p=0.635$). Two-fifths (40%) of participants reported smoking crystal in the six months preceding interview, stable from 48% in 2019 ($p=0.273$).

Quantity: Of those who reported recent use and responded ($n=112$), the median amount used per day in the past six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2019; IQR=0.10-0.40; $p=0.755$).

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 New South Wales Report](#) or the [2019 IDRS National Report](#).

Methamphetamine Base

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

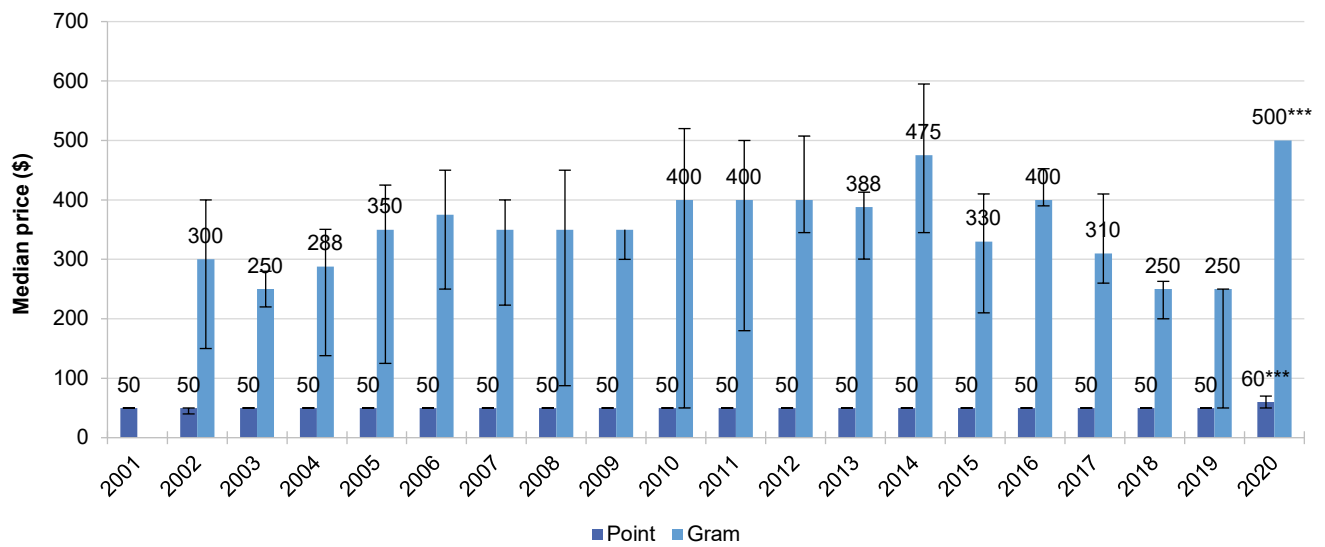
Methamphetamine Crystal

Price: The price of one point of methamphetamine crystal increased significantly in 2020, from \$50 (IQR=50-50) in 2019 to \$60 (IQR=50-70; $n=81$; $p<0.001$). The price of a gram also increased significantly, doubling from \$250 (IQR=200-263) in 2019 to \$500 (IQR=300-500; $n=11$; $p<0.001$) in 2020 (Figure 20), reaching the highest price since monitoring began.

Perceived Purity: Of those who were able to comment in 2020 ($n=109$), significantly fewer participants perceived the purity of crystal to be 'high' in 2020 (14%; 36% in 2019; $p<0.001$). Conversely, significantly more participants perceived the purity of crystal to be 'low' (39%; 17% in 2019; $p<0.001$) (Figure 21).

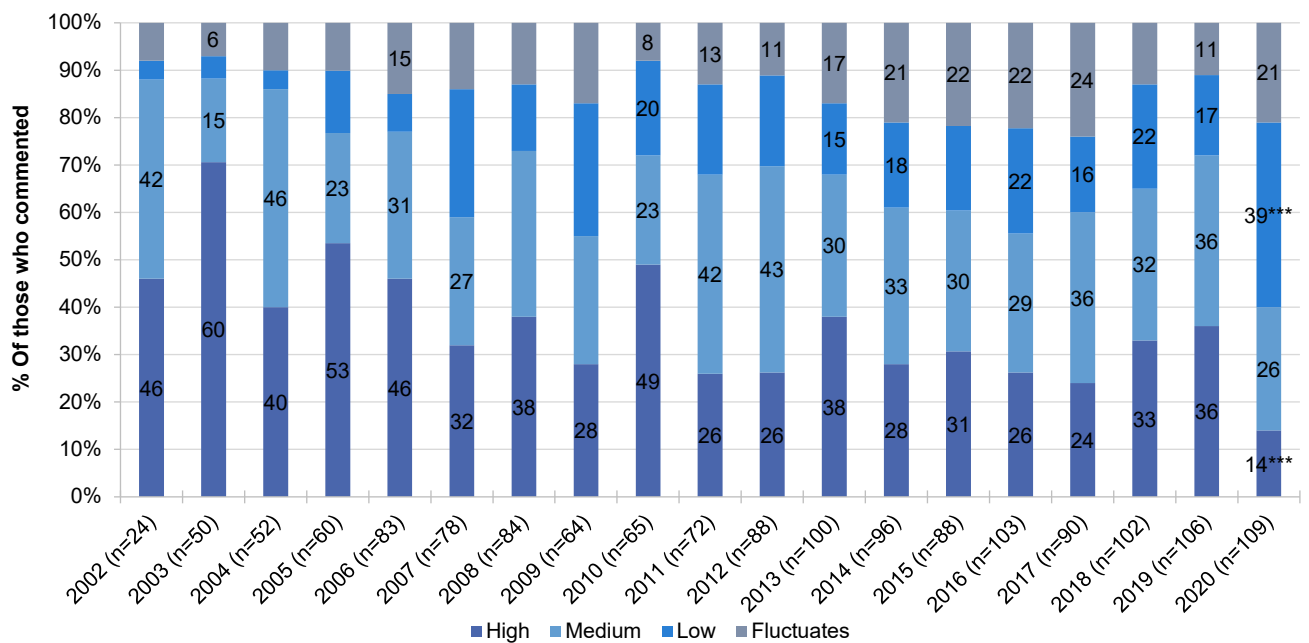
Perceived Availability: Of those who were able to comment in 2020 ($n=109$), 14% of participants reported that methamphetamine crystal was 'very easy' to obtain, a significant decrease from 56% in 2019 ($p<0.001$). In contrast, 41% perceived crystal to be 'difficult' to obtain in 2020, a significant increase relative to 2019 ($n=5$ in 2019; $p<0.001$) (Figure 22).

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



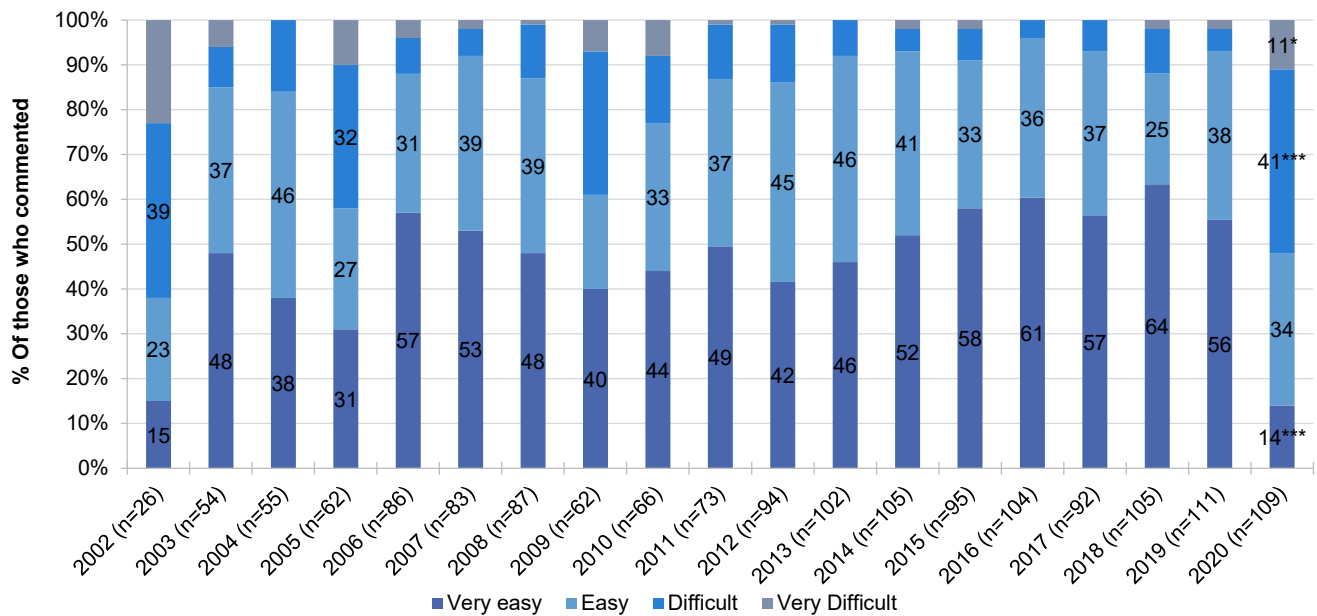
Note. Among those who commented. No participants reported purchasing a gram in 2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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



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

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



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

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

When reporting commenced, over 80% of the NSW IDRS sample reported recent use of cocaine. Since then, the per cent has been declining, with 23% of the sample reporting recent use in 2020, remaining stable from 21% in 2019 ($p=0.666$) (Figure 23).

Frequency of Use

Those who reported recent use of cocaine in 2020 did so on a median of two days (IQR=1-4) in the previous six months, a significant decline from four days (IQR=2-7) in 2019 ($p=0.047$) (Figure 23). Small numbers ($n\leq 5$) reported using cocaine on a weekly or more frequent basis in 2019 and 2020.

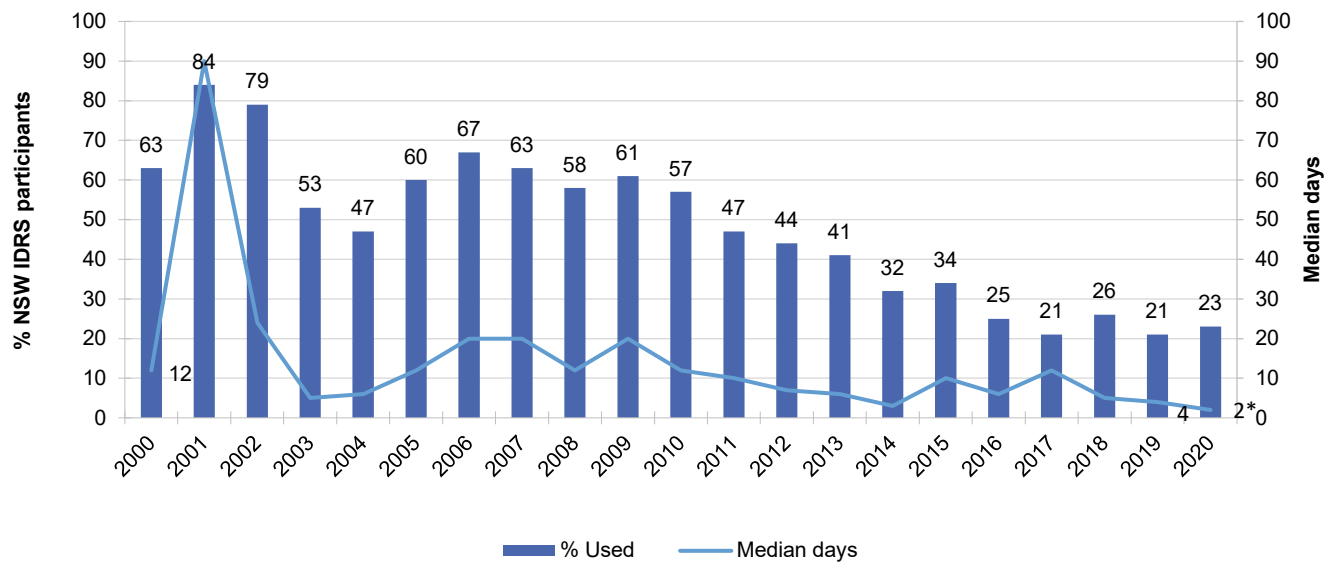
Routes of Administration

Three-quarters (75%) of participants reported injecting cocaine in the previous six months, stable from 87% in 2019 ($p=0.236$). Furthermore, almost two-fifths (39%) reported snorting cocaine in the six months prior to interview, stable relative to 2019 (39%).

Quantity

Of those who reported recent use and responded ($n=31$), the median amount used per day in the six months prior to interview was 0.30 grams (0.10-0.50; 0.40 grams in 2019; IQR=0.10-1.00; $p=0.338$).

Figure 23: Past six month use and frequency of use of cocaine, NSW, 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 100 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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 New South Wales Report](#), or the [2019 IDRS National Report](#).

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

Cannabis use has been relatively stable since reporting began in 2000, with at least two in three participants reporting past six-month use. In 2020, 64% of the sample reported recently using cannabis, which remained relatively stable compared to 2019 (73%; $p=0.118$; Figure 24).

Frequency of Use

Those who had recently consumed cannabis did so on a median of 90 days (IQR=12-180) in the previous six months (90 days in 2019; IQR=20-180; $p=0.874$). Amongst recent consumers, almost two-fifths (39%) reported using cannabis on a daily basis (40% in 2019, $p=0.969$) (Figure 24).

Routes of Administration

Almost all recent consumers reported smoking cannabis in the past six months (95%; 98% 2019; $p=0.362$). Six per cent of participants reported inhaling/vaporising cannabis in the six months prior to interview, stable from 9% in 2019 ($p=0.574$).

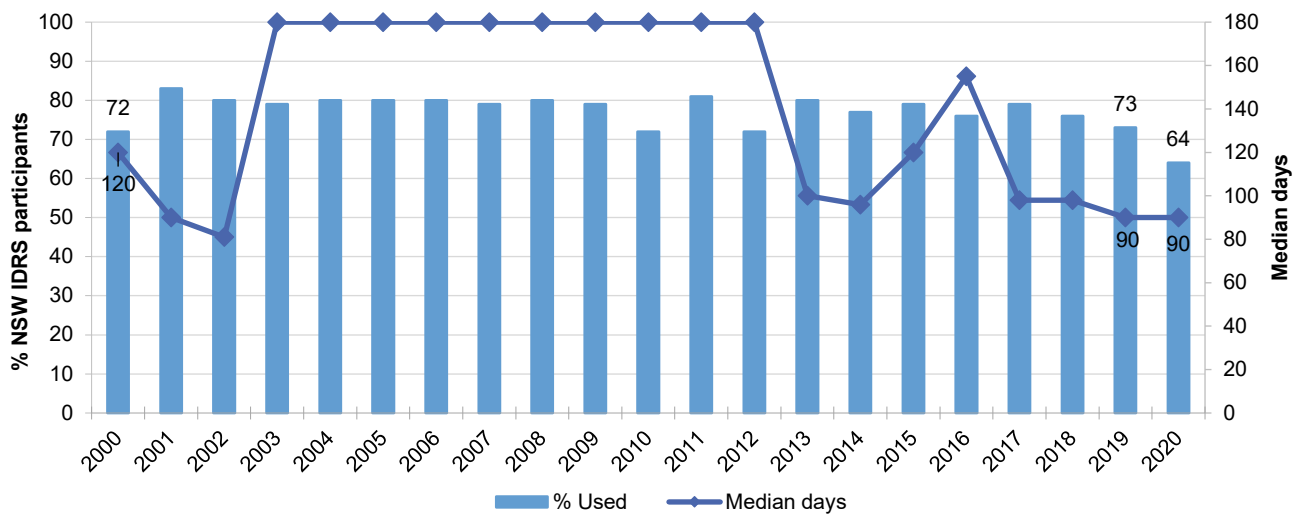
Quantity

On their last occasion of cannabis use, the median amount consumed was one gram ($n=52$; IQR=0.50-1.10; one gram in 2019; IQR=1.10-1.00; $p=0.239$), three cones ($n=21$; IQR=2-3; 2.5 cones in 2019; IQR=2-5; $p=0.889$) and one joint ($n=13$; IQR=1-2; one joint in 2019; IQR=1-1; $p=0.178$).

Forms Used

Hydroponic cannabis was consumed by 93% of recent consumers (94% in 2019; $p=0.941$) and bush cannabis was consumed by 32% (45% in 2019; $p=0.070$). Few participants ($n\leq 5$) reported using hash and hash oil.

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



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

Price, Perceived Potency and Availability

Hydroponic Cannabis

Price: The reported price of a gram of hydroponic cannabis has been stable at \$20 since reporting began (\$20 in 2020; IQR=20-20; $n=38$; \$20 in 2019; IQR=20-20; $p=0.990$). The price of an ounce increased in 2020, though not significantly, to \$320 (IQR=300-350) from \$280 in 2019 (IQR=250-300; $p=0.070$) (Figure 25A).

Perceived Potency: Among those that responded in 2020 ($n=71$), over two-fifths (42%) perceived the potency of hydroponic cannabis to be 'high', stable relative to 2019 (55%; $p=0.144$) (Figure 26A).

Perceived Availability: Of those who were able to comment in 2020 ($n=69$), hydroponic cannabis was perceived as 'very easy' to obtain by one-fifth (22%) of participants, a significant decrease relative to 2019 (48%; $p=0.001$). On the contrary, significantly more participants perceived hydroponic cannabis as being 'difficult' to obtain (30%; 12% in 2019; $p=0.008$). The majority of respondents (43%), however, perceived hydroponic cannabis as 'easy' to obtain, stable from 40% in 2019 ($p=0.786$) (Figure 27A).

Bush Cannabis

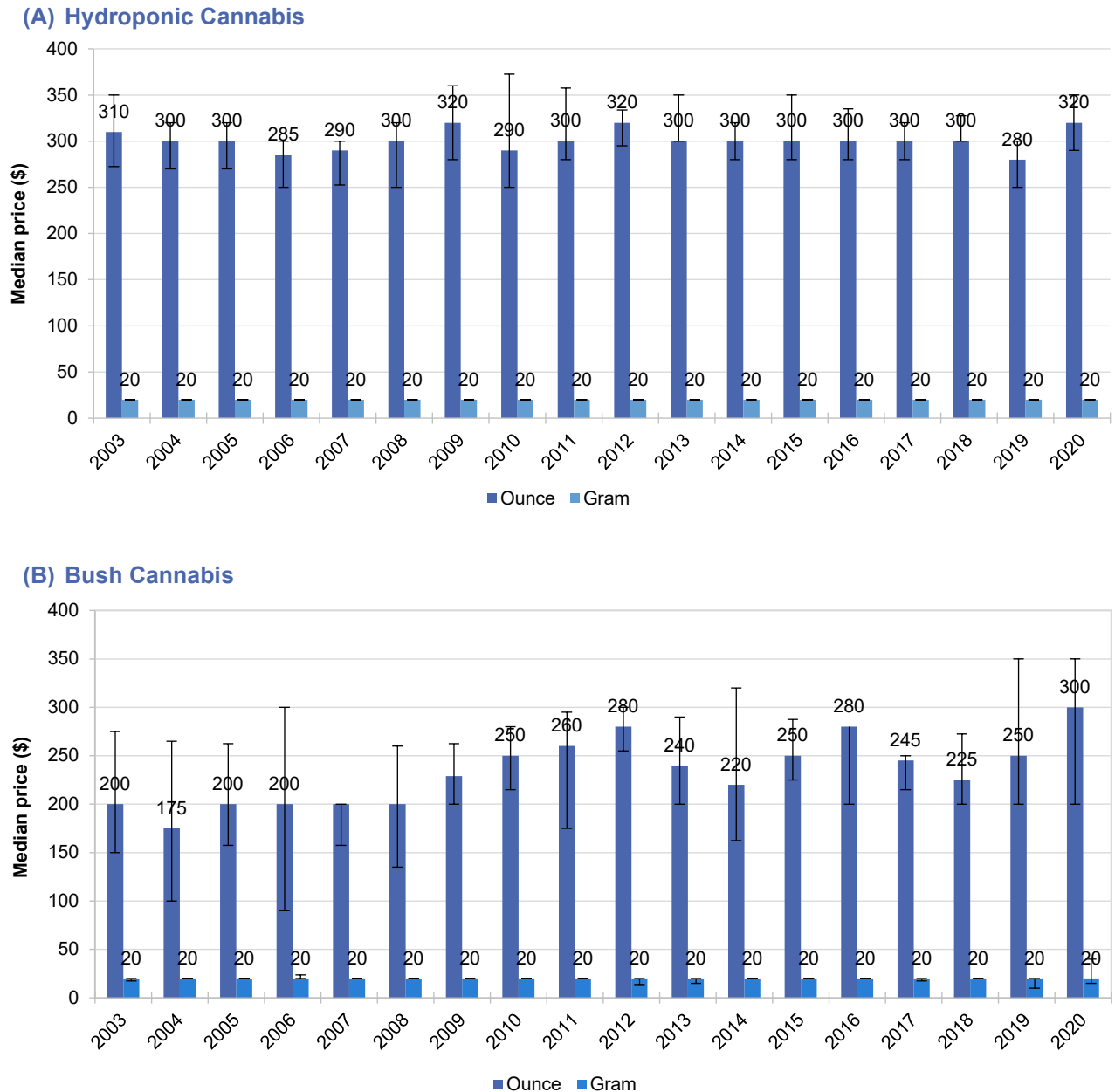
Price: The price of bush cannabis was stable in 2020, with those who could comment reporting a median cost of \$20 per gram (IQR=20-30; $n=9$; \$20 in 2019, IQR=15-20; $p=0.301$) and \$300 per ounce (IQR=225-325; $n=7$; \$250 in 2019; IQR=200-300; $p=0.692$) (Figure 25B).

Perceived Potency: Of those who were able to comment in 2020 ($n=22$), over two-fifths (41%) perceived the potency of bush cannabis to be 'medium' (50% in 2019; $p=0.688$) and almost one-third (32%) perceived the potency to be 'high', stable from 25% in 2019 ($p=0.794$) (Figure 26B).

Perceived Availability: Of those able to comment in 2020 ($n=22$), 45% of participants perceived bush cannabis to be 'easy' to obtain, stable from 40% in 2019 ($p=0.896$), whereas almost one-third

(32%) of participants perceived bush cannabis to be 'difficult' to obtain (17% in 2019; $p=0.336$) (Figure 27B).

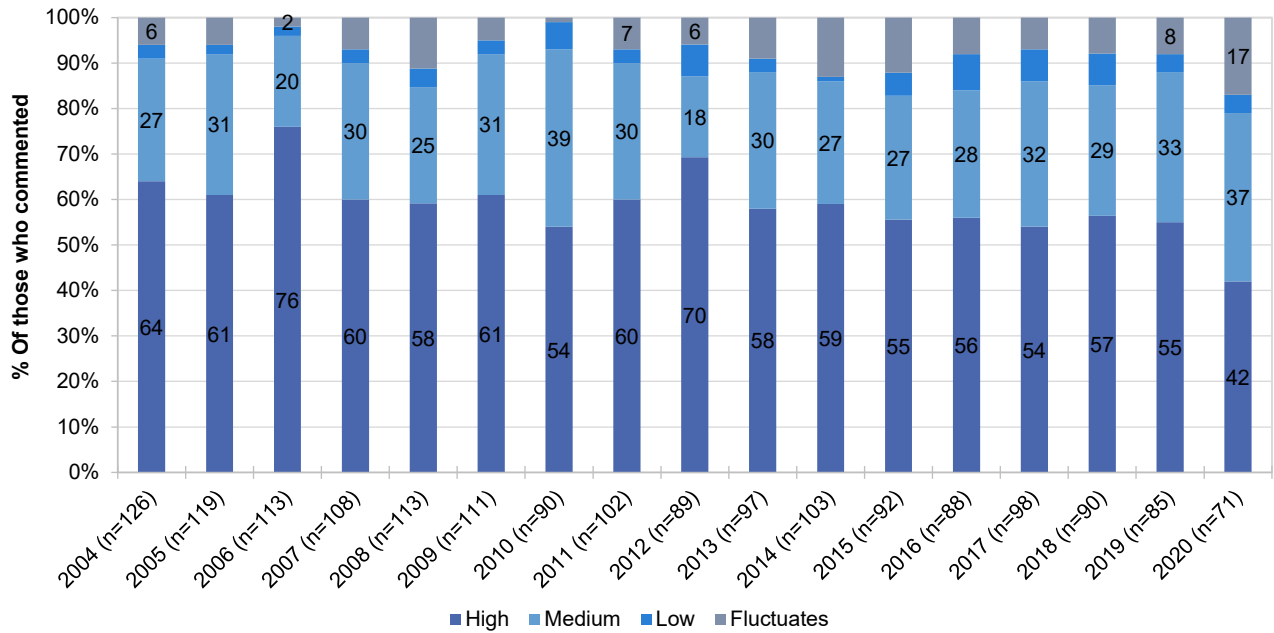
Figure 25: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NSW, 2003-2020



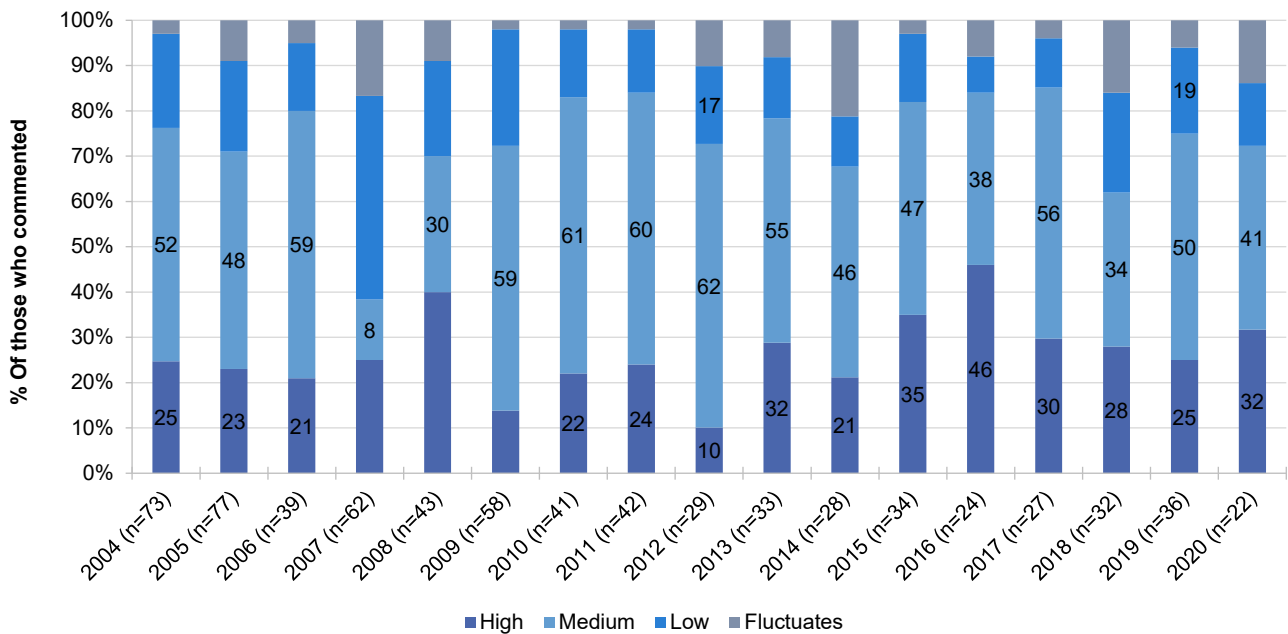
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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

(A) Hydroponic Cannabis



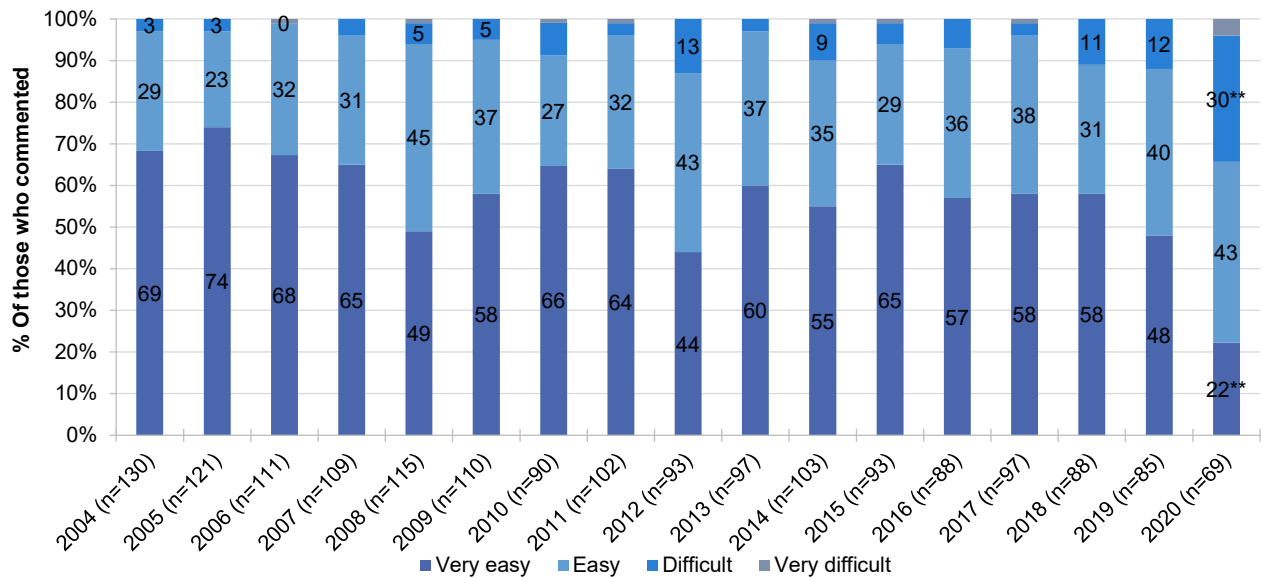
(B) Bush Cannabis



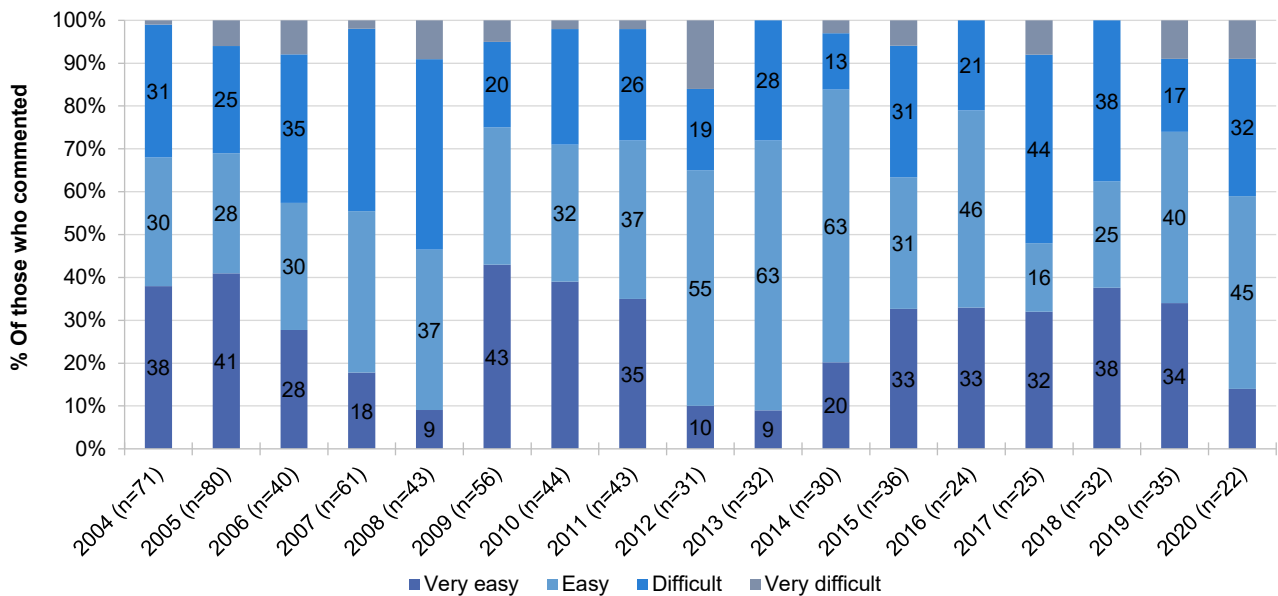
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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

(A) Hydroponic Cannabis



(B) Bush Cannabis



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

7

Pharmaceutical Opioids

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

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

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

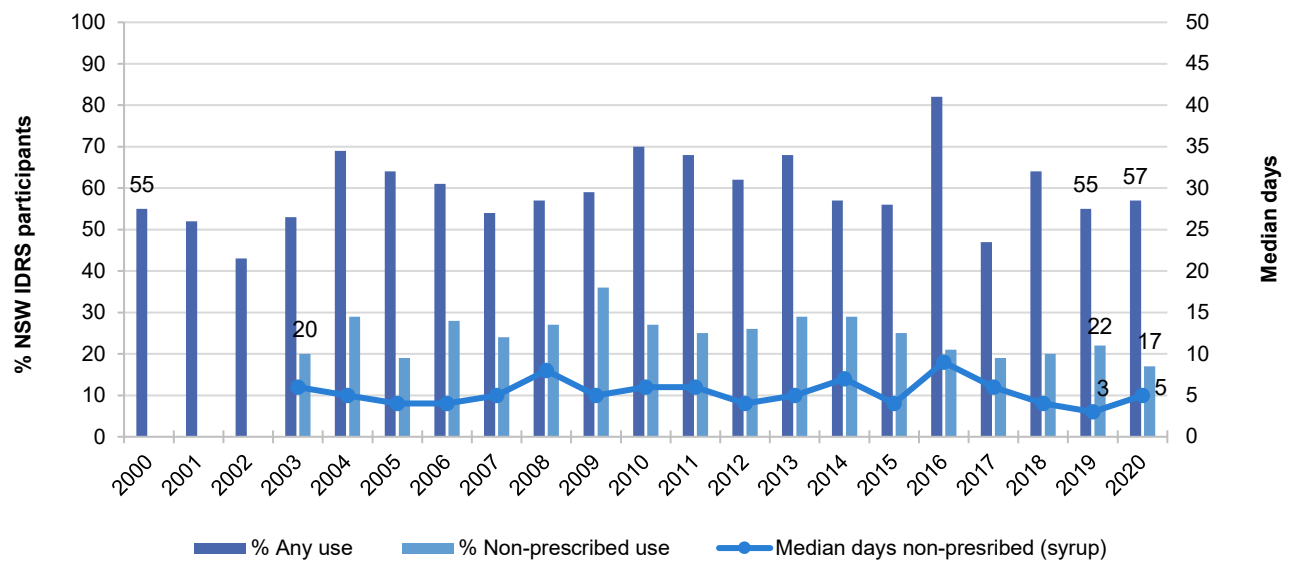
Methadone

Any Recent Use (past 6 months): Recent use of any methadone (including syrup and tablets) has been reported by at least half of the sample since reporting began (Figure 28). Recent use of any prescribed or non-prescribed methadone was reported by 57% of the sample in 2020, stable from 55% in 2019 ($p=0.751$). The per cent reporting non-prescribed use remained stable in 2020 at 17% (22% in 2019; $p=0.326$), though methadone use historically has largely consisted of prescribed use, with 46% reporting prescribed use in 2020 (45% in 2019; $p=0.983$).

Frequency of Use: Frequency of non-prescribed methadone syrup use remained low and stable (5 days; IQR=3-30; 3 days in 2019; IQR=2-8; $p=0.106$) (Figure 28).

Recent Injection: Of those who had recently used any methadone (syrup and tablets) in 2020 ($n=89$), almost one-third (30%) of recent consumers reported recently injecting any methadone (37% in 2019; $p=0.418$) on a median of 20 days (IQR=3-48), a significant increase from four days in 2019 (IQR=2-10; $p=0.026$).

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



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

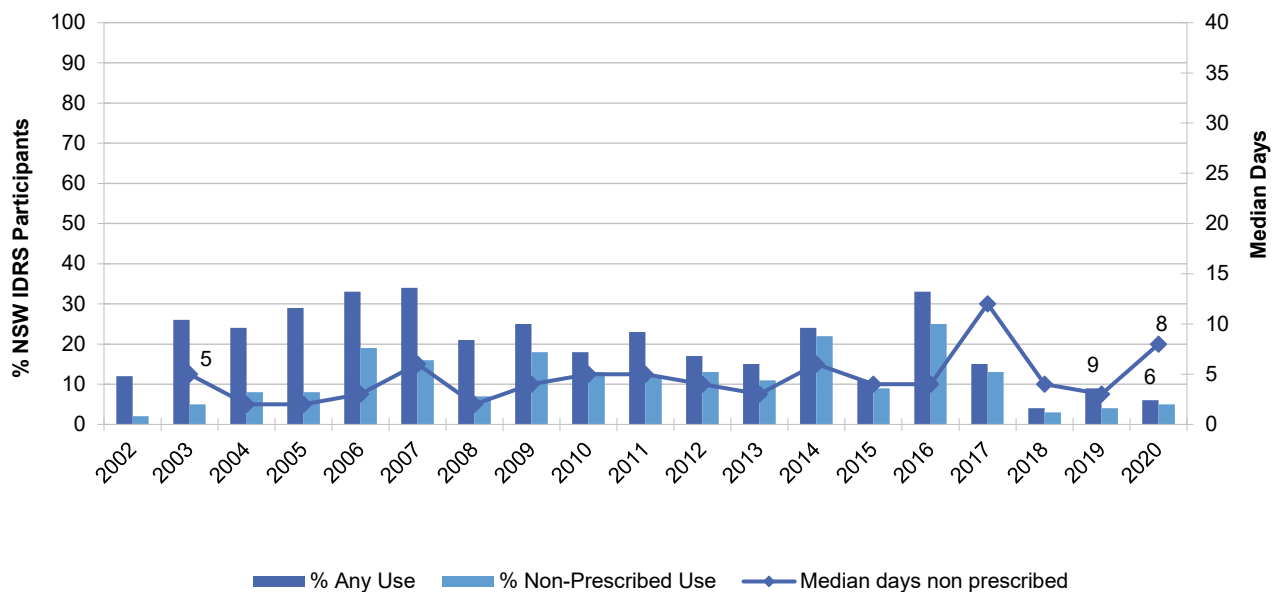
Buprenorphine

Any Recent Use (past 6 months): Six per cent of the NSW sample reported recent use of buprenorphine, stable from nine per cent in 2019 ($p = 0.457$) (Figure 29). Five per cent of participants reported non-prescribed use (4% in 2019; $p = 0.823$); low numbers ($n \leq 5$) reported prescribed use, therefore, these numbers are suppressed.

Frequency of Use: Those who had recently used non-prescribed buprenorphine did so on a median of eight days (IQR=1-63), stable relative to 2019 (3 days; IQR=2-5; $p = 0.556$) (Figure 29).

Recent Injection: Of those who had recently used any buprenorphine in 2020 ($n = 9$), over three-quarters (78%) of recent consumers reported recently injecting any buprenorphine (54% in 2019; $p = 0.486$) on a median of six days (IQR=2-102), stable relative to 2019 (4 days; IQR=3-6; $p = 0.606$).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine, NSW, 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.

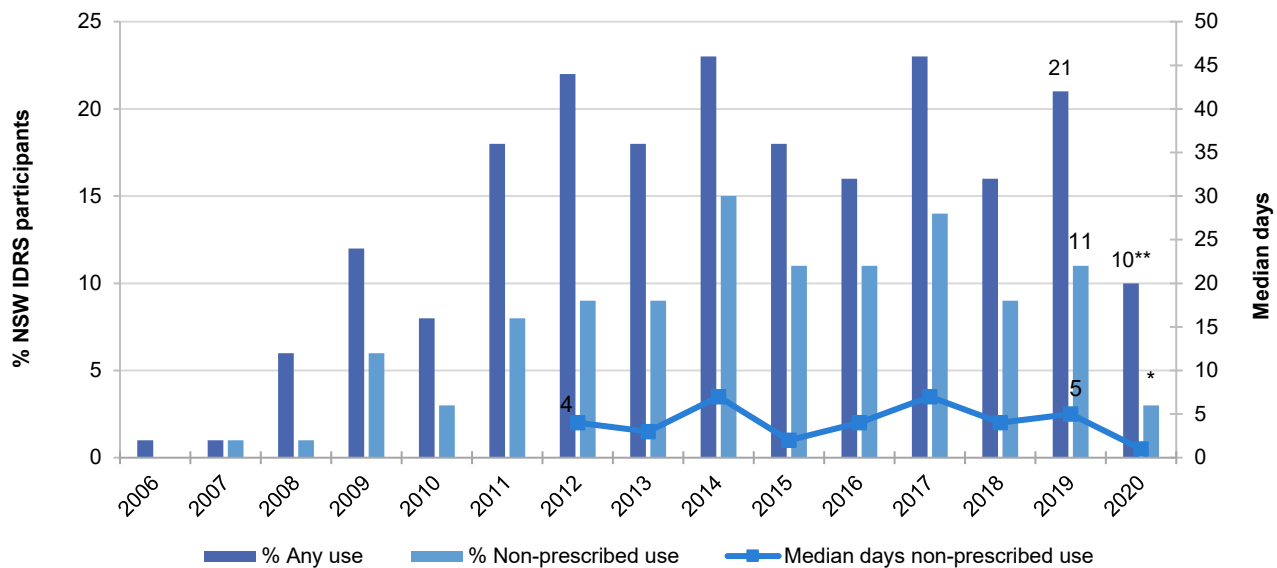
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent use of buprenorphine-naloxone has increased over the course of monitoring. Nevertheless, a significant decrease was observed for any prescribed or non-prescribed buprenorphine-naloxone from 2019 to 2020 (21% to 10%; $p = 0.008$) (Figure 30). Six per cent reported recent prescribed use, stable from 11% in 2019 ($p = 0.274$), though few participants ($n \leq 5$) reported non-prescribed use in 2020, therefore, these data are suppressed.

Frequency of Use: Very low numbers ($n \leq 5$) reported frequency of buprenorphine-naloxone; therefore, these data are suppressed. For further information, please refer to the [2020 IDRS National Report](#).

Recent Injection: Very low numbers ($n \leq 5$) reported recent injection and frequency of injection of buprenorphine-naloxone; therefore, these data are suppressed. For further information, please refer to the [2020 IDRS National Report](#).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, NSW, 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 50 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

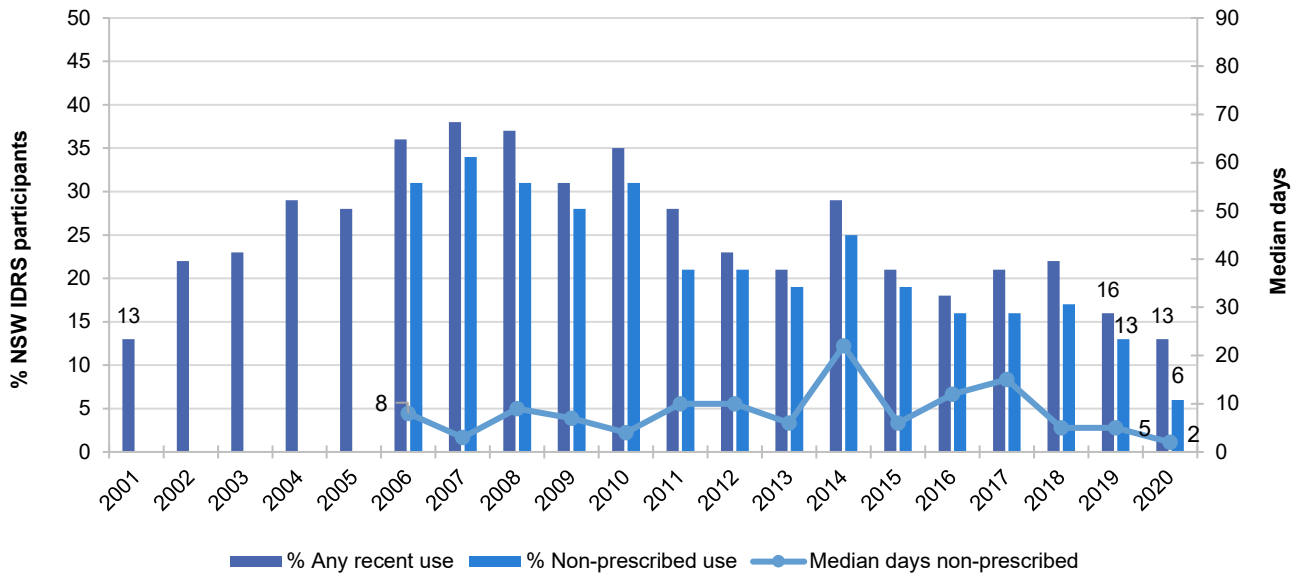
Morphine

Any Recent Use (past 6 months): Recent use of morphine has been declining since a peak of 38% in 2007. Over one in ten (13%) reported any recent use in 2020, stable relative to 16% in 2019 ($p = 0.528$) (Figure 31). Equal numbers in 2020 reported prescribed and non-prescribed use (6%, respectively), both stable from 2019 (5% prescribed; $p = 0.678$; 13% non-prescribed; $p = 0.068$).

Frequency of Use: Those who had recently used non-prescribed morphine did so infrequently, on a median of two days (IQR=1-6), stable from five days in 2019 (IQR=3-8; $p = 0.222$) (Figure 31).

Recent Injection: Of those who had recently used any morphine in 2020 ($n = 20$), almost two-thirds (65%) of recent consumers reported recently injecting any morphine, a significant decrease from 96% in 2019 ($p = 0.025$). Participants reported injecting morphine on a median of four days (IQR=2-7), stable relative to 2019 (4 days; IQR=2-11; $p = 0.466$).

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



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 50% and 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

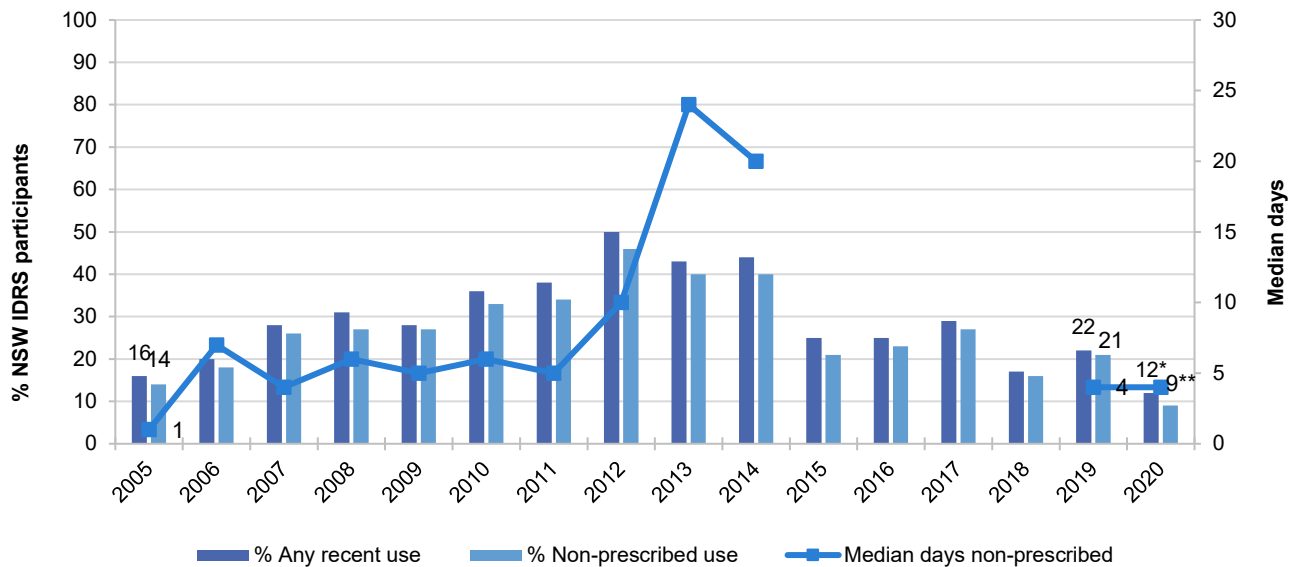
Oxycodone

Any Recent Use (past 6 months): Oxycodone use has been declining since 2012 when half of the sample (50%) reported recent use. In 2020, 12% of the sample reported any recent use, a significant decrease from 22% in 2019 ($p = 0.032$) (Figure 32). This was mostly driven by 9% of recent consumers reporting non-prescribed use, also a significant decline from 21% in 2019 ($p = 0.006$). Small numbers ($n \leq 5$) reported recent prescribed use, therefore, these numbers are suppressed.

Frequency of Use: Participants reported using any non-prescribed oxycodone on a median of four days (IQR=1-5) in the six months preceding interview in 2020 (4 days in 2019; IQR=2-10; $p = 0.365$) (Figure 32).

Recent Injection: Of those who had recently used any oxycodone in 2020 ($n = 18$), 72% reported recently injecting any form (78% in 2019; $p = 0.901$) on a median of four days (IQR=3-8) in the past six months (4 days in 2019; IQR=2-14; $p = 0.963$).

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, NSW, 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 2015-2018). 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 30 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

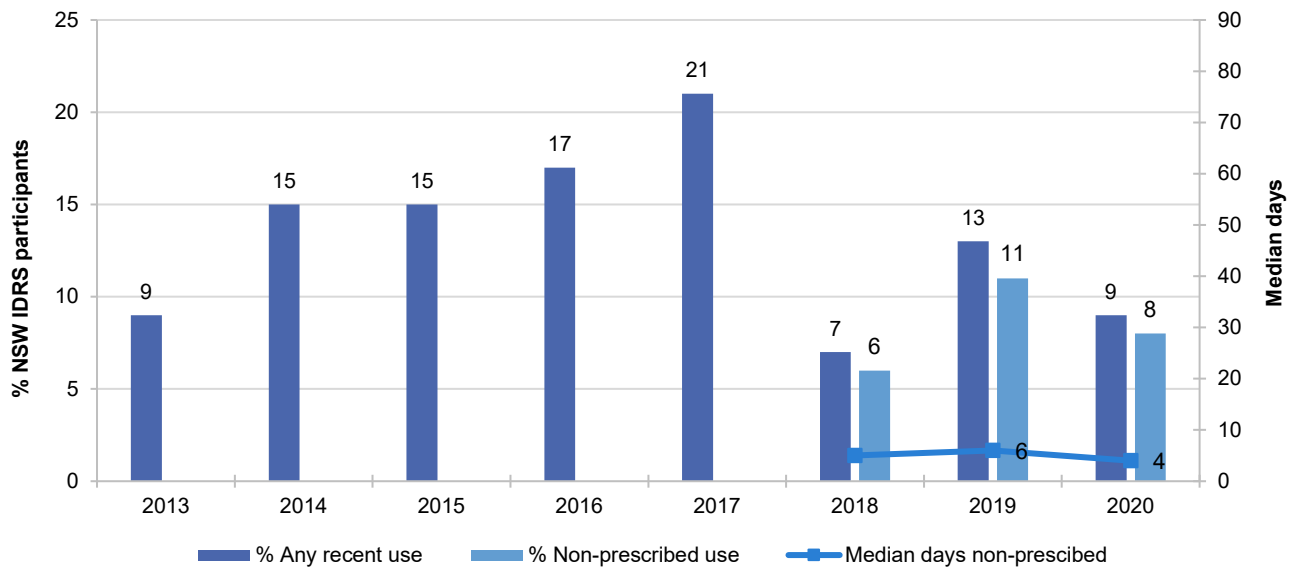
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent fentanyl use has increased each year since reporting began in 2013 until a decline occurred in 2018, at which point a significant drop transpired (21% in 2017 versus 7% in 2018). Nine per cent reported recent use in 2020, remaining stable from 13% in 2019 ($p = 0.414$) (Figure 33). This was mostly driven by eight per cent of recent consumers reporting non-prescribed use, stable relative to 2019 (11%; $p = 0.642$). Small numbers ($n \leq 5$) reported recent prescribed use, therefore, these numbers are suppressed.

Frequency of Use: Participants reported using any non-prescribed fentanyl on a median of four days (IQR=1-24) in the six months preceding interview in 2020 (6 days in 2019; IQR=2-26; $p = 0.341$) (Figure 33).

Recent Injection: Of those who had recently used any fentanyl in 2020 ($n = 14$), the majority (93%) reported recently injecting any form (79% in 2019; $p = 0.542$) on a median of seven days (IQR=1-24) in the past six months (6 days in 2019; IQR=2-40; $p = 0.347$).

Figure 33: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, NSW, 2013-2020



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Non-prescribed use not distinguished 2013-2017 for median days. Y axis reduced to 25% and 90 median days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2020 (Table 5). In 2020, seven per cent of participants reported any recent use of codeine (20% in 2019; $p = 0.002$), with six per cent reporting prescribed use, stable relative to 2019 (12%; $p = 0.144$). Few participants ($n \leq 5$) reported non-prescribed use in 2020, therefore these numbers are suppressed (10% in 2019; $p = 0.002$). See Figure 29 in the [New South Wales IDRS 2019 Report](#) for more detailed data on use of codeine.

Five per cent of the NSW sample reported recently using any form of tramadol (8% in 2019; $p = 0.307$) and few participants ($n \leq 5$) reported recent use of tapentadol. For further information, please refer to the [2020 IDRS National Report](#).

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

% Recent Use (past 6 months)	2020 (N=155)	2019 (N=151)
Codeine		
Any prescribed use	6	12
Any non-prescribed use	..	10
Any prescribed/non-prescribed use	7**	20
Any injection	-	7
Tramadol		
Any prescribed use	-	6
Any non-prescribed use	-	-
Any prescribed/non-prescribed use	5	8
Any injection	-	0
Tapentadol		
Any prescribed use	-	0
Any non-prescribed use	0	0
Any prescribed/non-prescribed use	-	0
Any injection	0	0

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

8

Other Drugs

New Psychoactive Substances (NPS)

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

Recent use of any NPS was reported by seven per cent of NSW IDRS participants in 2020 (9% in 2019; $p=0.614$; Table 6). As in 2019, the most commonly used NPS were drugs that mimic the effects of cannabis (6%; 7% in 2019; $p=0.941$). Use of drugs that mimic the effects of cannabis were used on a median of six days (IQR=1-15) in 2020, stable from 2019 (median 2 days, IQR=1-3; $p=0.235$). For further information on NPS, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Table 6: Past six month use of new psychoactive substances, NSW, 2015-2020

% Recent Use (past 6 months)	2020 N=155	2019 N=151	2018 N=150	2017 N=150	2016 N=150	2015 N=150
'New' drugs that mimic the effects of opioids	0	-	0	-	/	/
'New' drugs that mimic the effects of ecstasy	0	-	-	0 [#]	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	/	-	-
'New' drugs that mimic the effects of cannabis	6	7	5	-	11	8
'New' drugs that mimic the effects of psychedelic drugs	0	-	-	0 [#]	/	/
'New' drugs that mimic the effects of benzodiazepines	0	-	-	/	/	/
Any of the above	7	9	12	-	13	9

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines decreased significantly in 2020 (27%; 41% in 2019; $p=0.014$) (Figure 34). In the total sample, 19% reported recent use of non-prescribed alprazolam (32% in 2019; $p=0.012$) and 17% reported recent use of non-prescribed other benzodiazepines in 2020 (28% in 2019; $p=0.041$).

Frequency of Use: In 2020, consumers reported a median frequency of four days (IQR=2-16; 12 days in 2019; IQR=4-42; $p=0.095$) and six days (IQR=2-33; 7 days in 2019; IQR=3-48; $p=0.041$) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

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

Pharmaceutical Stimulants

Recent Use (past 6 months): Past six-month non-prescribed use of pharmaceutical stimulants was reported by four per cent of the NSW sample, stable relative to 2019 ($n \leq 5$ in 2019) (Figure 34).

Frequency of Use: Consumers reported using non-prescribed pharmaceutical stimulants on a median of two days (IQR=1-2), a significant decrease from 12 days in 2019 (IQR=6-24; $p=0.042$).

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

Antipsychotics

Recent Use (past 6 months): The per cent reporting non-prescribed use of antipsychotics (asked as 'Seroquel' 2011-2018) in the NSW sample has historically been low, with a peak of 19% in 2012. Past six-month use was reported by five per cent of the sample in 2020 (4% in 2019; $p=0.833$) (Figure 34).

Frequency of Use: Consumers reported using non-prescribed antipsychotics on a median of three days (IQR=3-6) in 2020, as compared to 18 days (IQR=5-29) in 2019 ($p=0.558$).

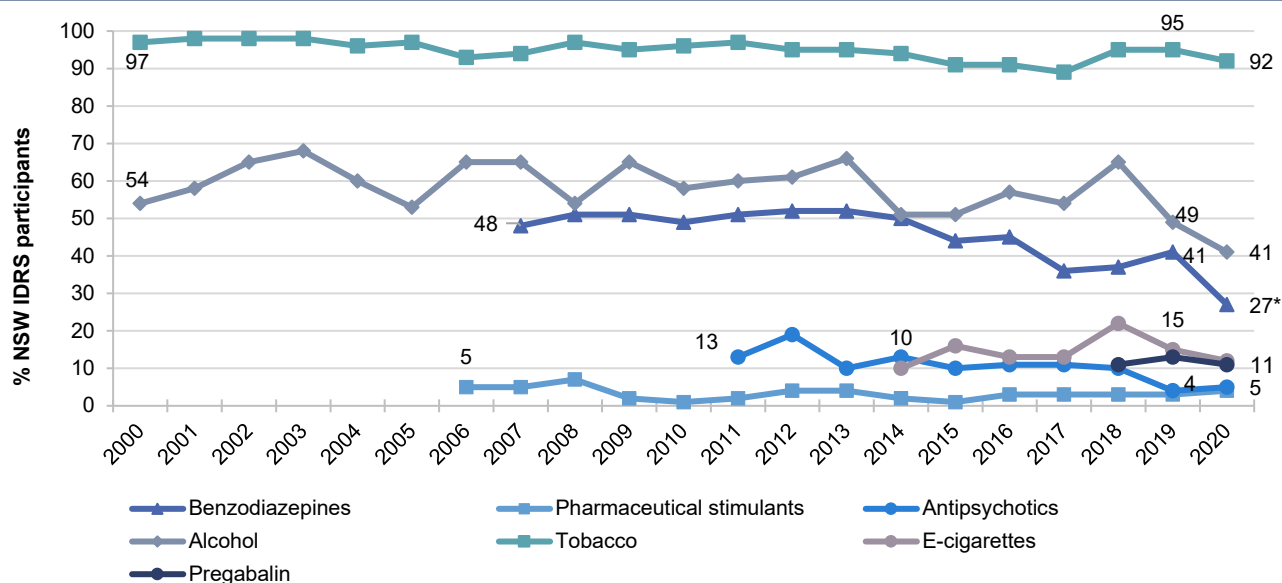
Pregabalin

Recent Use (past 6 months): Past six month non-prescribed use of pregabalin was reported by 11% of the sample, stable relative to 13% in 2019 ($p=0.663$) (Figure 34).

Frequency of Use: Recent consumers reported use of non-prescribed pregabalin on a median of six days (IQR=2-48) in 2020, stable relative to 2019 (4 days; IQR=2-13; $p=0.277$).

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

Figure 34: Past six month use of other drugs, NSW, 2000-2020



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

Licit and Other Drugs

Steroids

Few participants reported using steroids in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Alcohol

Recent Use (past 6 months): Over two-fifths (41%) of participants reported consuming alcohol in the six months preceding interview, stable relative to 2019 (49% in 2019; $p = 0.214$) (Figure 34).

Frequency of Use: Recent consumers reported consuming alcohol on a median of 39 days (IQR=6-140; 12 days in 2019; IQR=2-80; $p = 0.041$) and almost one-fifth (19%) reported using alcohol on a daily or more frequent basis (12% in 2019; $p = 0.403$).

Tobacco

Recent Use (past 6 months): Tobacco use in the NSW sample has been consistently high, with at least 92% of participants reporting recent use since reporting began. In 2020, 95% of the sample had consumed tobacco in the previous six months, stable from 2019 ($p = 0.526$).

Frequency of Use: Recent consumers reported tobacco use on a median of 180 days (IQR=180-180; 180 days in 2019; IQR=180-180; $p = 0.742$). Daily use of tobacco was common amongst the sample, with 90% of recent consumers reporting at least daily use in the past six months in 2020 (92% in 2019; $p = 0.852$).

E-cigarettes

Recent Use (past 6 months): The use of e-cigarettes in the previous six months was reported by 12% of the sample (15% in 2019; $p=0.535$).

Frequency of Use: Frequency of use decreased from a median of 19 days (IQR=2-113) in 2019 to six days (IQR=2-14) in 2020, though this change was not statistically significant ($p=0.158$). Few participants ($n\leq 5$) reported daily use; therefore no further reporting will be included. For further information, please refer to the [2020 IDRS National Report](#), or contact the Drug Trends team.

Forms Used: Of those who reported e-cigarette use in the last six months and responded ($n=18$), 39% reported that the e-cigarettes contained nicotine, 6% said cannabis, 11% said both cannabis and nicotine, and 44% said neither.

Reasons for Use: Of those who reported e-cigarette use in the last six months and responded in 2020 ($n=18$), 22% reported using it as a cessation tool, whilst 78% did not.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2020, one in ten (9%) participants reported recent use of GHB/GBL/1,4-BD. Questions regarding recent use of GHB/GBL/1,4-BD were not asked of participants in 2019.

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

9

Drug-Related Harms and Other Associated Behaviours

Overdose Events

Non-Fatal Overdose

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

In 2020, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience or they felt professional assistance may have been helpful. We specifically asked about:

- **Opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **Non-opioid overdose** (e.g. nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation, hallucinations). Drug other than opioids were split into the following data coding:
 - **Stimulant overdose:** Stimulant drugs include ecstasy, methamphetamine, cocaine, MDA, methylone, mephedrone, pharmaceutical stimulants and stimulant NPS (e.g. MDPV, Alpha PVP); and
 - **Other drug overdose:** 'Other drugs' include (but are not limited to) alcohol, cannabis, GHB/GBL/1,4-BD, amyl nitrite/alkyl nitrite, benzodiazepines and LSD.

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

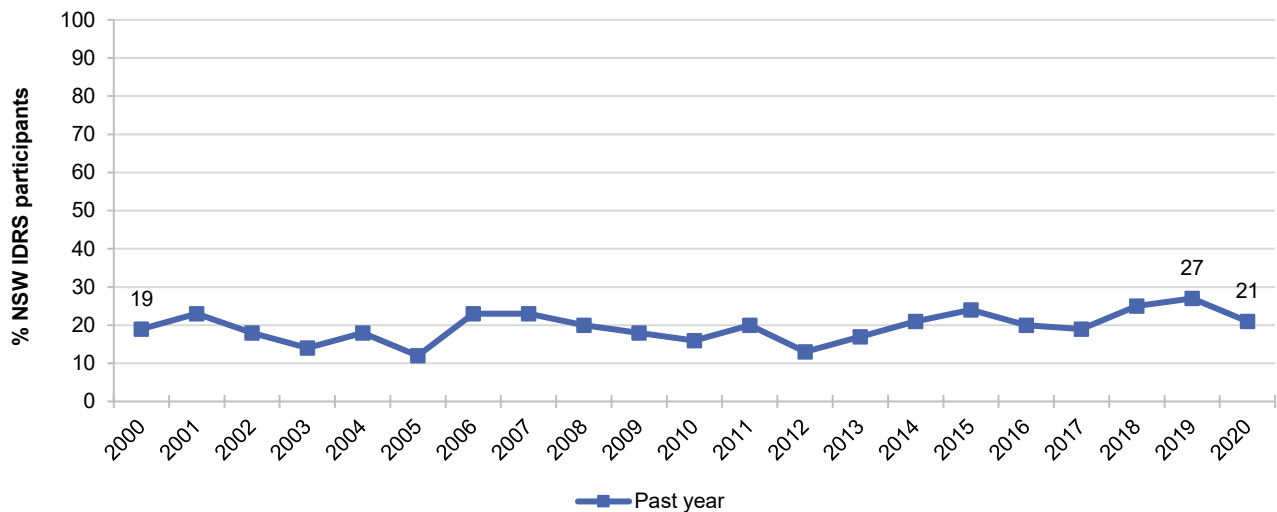
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types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

In 2020, 21% of the sample reported experiencing any non-fatal overdose in the 12 months preceding interview (27% in 2019; $p=0.285$) (Figure 35). Unchanged from 2019, heroin was the most commonly cited substance involved in past 12-month overdose, with 10% of the sample in 2020 and 15% in 2019 reporting a non-fatal heroin overdose in the past 12 months ($p=0.264$).

Over one-tenth (11%) reported a non-fatal overdose on an 'other' drug, including stimulants, which was unchanged from 11% in 2019. Six per cent reported an accidental overdose whilst consuming an 'other' drug' not including stimulants ($n \leq 5$; $p=0.138$) (Table 7).

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

Figure 35: Past 12 months non-fatal any overdose, NSW, 2000-2020



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

Table 7: Past 12 months non-fatal overdose by drug type, nationally and NSW, 2015-2020

	National	NSW					
	2020	2020	2019	2018	2017	2016	2015
% Any opioid overdose	N=881 13	N=155 12	N=150 19				
% Heroin overdose	N=882 11	n=155 10	N=150 15	N=131 20	N=126 14	N=144 15	N=150 13
% Methadone overdose	N=881 1	N=155 1	N=150 1	N=145 -	N=131 0	N=145 -	N=150 -
% Morphine overdose	N=881 <1	N=155 1	N=150 0	N=145 -	N=150 -	N=148 -	N=150 0
% Oxycodone overdose	N=881 0	N=155 1	N=150 0	N=148 -	N=143 0	N=147 0	N=150 0
% Other drug overdose							
% Including stimulants	N=881 6	N=155 11	N=151 11	N=149 7	N=127 5	N=144 5	N=150 5
% Not including stimulants	N=883 3	N=154 6	N=151 -	/	/	/	/
% Any drug overdose	N=880 18	N=155 21	N=151 27	N=128 25	N=125 19	N=144 20	N=143 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.

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. 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: Since monitoring began in 2013, there has been high awareness of naloxone in the NSW sample (92% and 91% in 2019 and 2020, respectively; $p=0.842$; Figure 36).

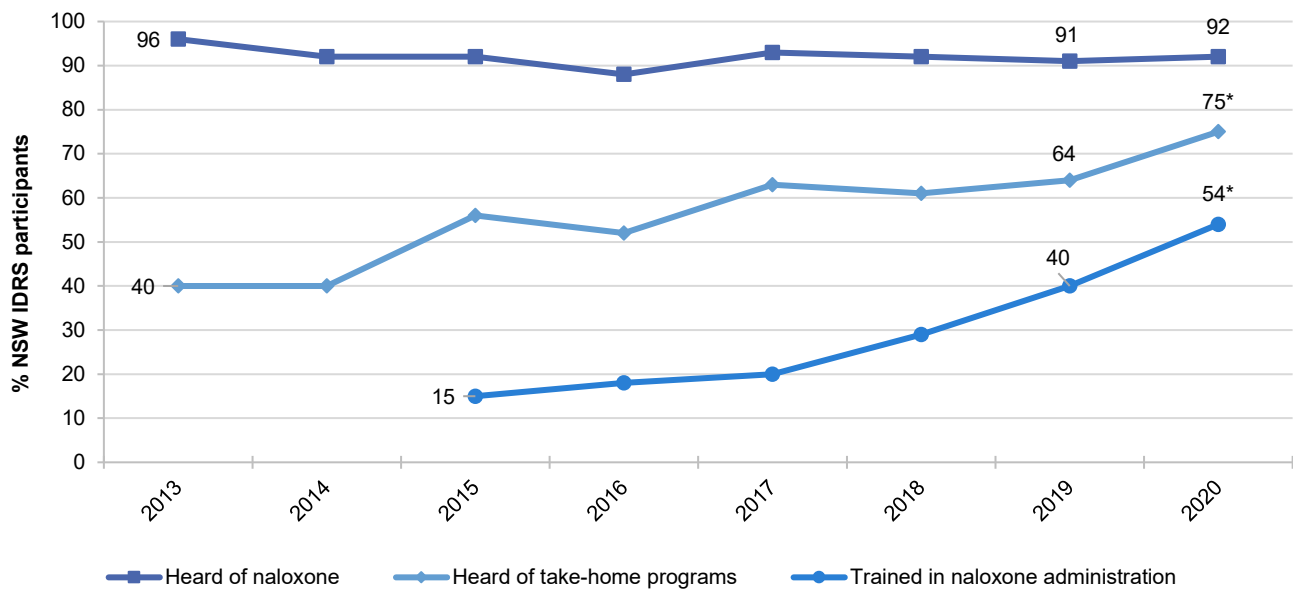
Awareness of Take-Home Programs (training program): At the commencement of monitoring in 2012, two in five participants (40%) were aware of naloxone training programs. In 2020, significantly more (75%) participants were aware of naloxone training programs (64% in 2019; $p=0.034$).

Participation in Training Programs: In 2020, there was a significant increase in those who had been trained in how to administer naloxone (54%; 40% in 2019; $p=0.017$) (Figure 36).

Accessed Naloxone: Over half (55%) of the NSW sample reported having ever accessed naloxone. Out of those who had never accessed naloxone ($n=71$), reasons included 'don't consider myself/my peers at risk of overdose' (39%), 'don't use opioids' (33%) and 'didn't know you could access naloxone' (15%). Of those who reported ever accessing naloxone and commented ($n=82$), on the last occasion, almost half (46%) reported last receiving intramuscular naloxone and 54% reported receiving intranasal naloxone. Thirty-nine per cent of these participants accessed naloxone from a NSP, and nearly all (99%) participants reported that they did not have to pay the last time they accessed naloxone on the last occasion. Of those who reported ever accessing naloxone, two-thirds (67%) reported that they 'always' had naloxone on hand when using opioids in the past month, 5% said 'sometimes' and 8% said 'never'.

Use of Naloxone to Reverse Overdose: In 2020, of those who reported having heard of naloxone and responded ($n=142$), 36% reported that they had ever resuscitated someone using naloxone at least once in their lifetime. Of those who reported a past year opioid overdose and commented ($n=15$), two-fifths (40%; $n=6$) reported that they had been resuscitated by a peer using naloxone.

Figure 36: Take-home naloxone program and distribution, NSW, 2013-2020



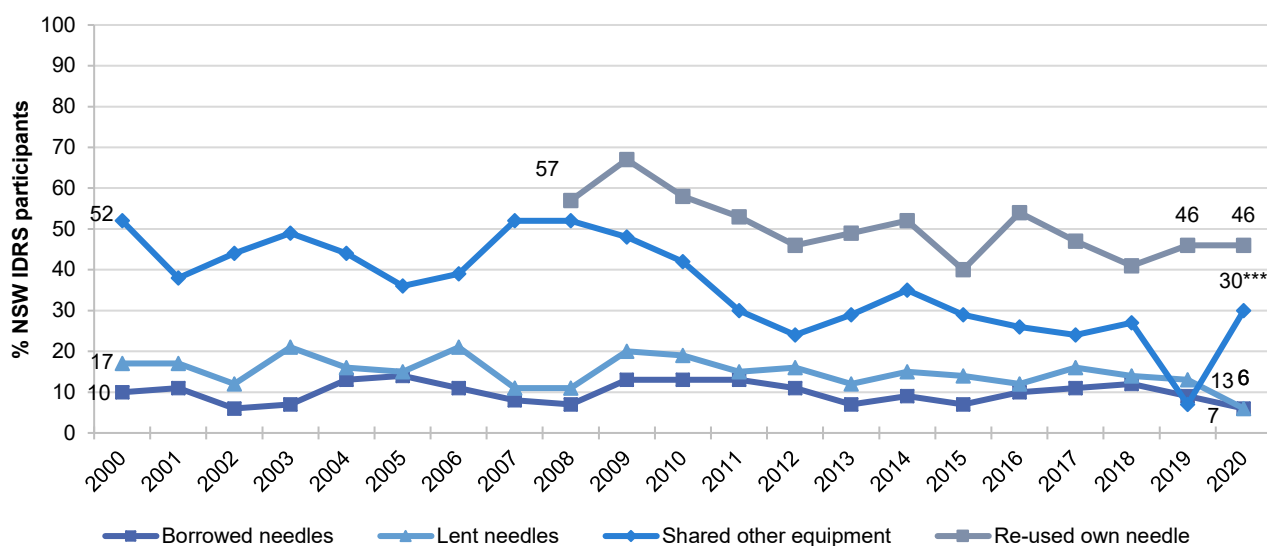
Note. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Injecting Risk Behaviours and Harms

In 2020, just over one in twenty participants (6%) reported receptive sharing of needles/syringes (9% in 2019, $p=0.481$), and 6% reported distributive sharing of needles/syringes in the past month (13% in 2019, $p=0.068$). Further, 30% of participants reported sharing other equipment in 2020, a significant increase from 7% in 2019 ($p < 0.001$; Figure 37 and Table 8).

Over one-quarter (26%) reported that they had injected someone else after injecting themselves (36% in 2019, $p=0.071$). Just under one-sixth (14%) were injected by someone else who had previously injected in the past month (19% in 2019, $p=0.237$). Most participants (85%) were in a private home at the last time of injection (69% in 2019, $p=0.002$).

Figure 37: Borrowing and lending of needles and sharing of injecting equipment in the past month, NSW, 2000-2020



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

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

	National				NSW		
	2020 N=884	2020 N=155	2019 N=151	2018 N=151	2017 N=142	2016 N=147	2015 N=148
% Injecting behaviours past month							
Borrowed a needle	N=880 5	N=155 6	N=151 9	N=151 12	N=142 11	N=147 10	N=148 7
Lent a needle	N=875 9	N=154 6	N=149 13	N=150 14	N=142 16	N=145 12	N=148 14
Shared any injecting equipment ^	N=877 25	N=154 30***	N=151 7	N=152 27	N=142 24	N=147 26	N=148 29
Reused own needle	N=878 44	N=154 46	N=151 46	N=151 41	N=142 47	N=147 54	N=148 40
Injected partner/friend after self	N=878 32	N=155 26	N=150 36	N=151 32	N=141 31	N=147 28	/
Somebody else injected them after injecting themselves~	N=878 17	N=155 14	N=151 19	N=151 19	N=141 14	N=147 18	/
% Location of last injection	N=878	N=154	N=150	N=151	N=142	N=147	N=146
Private home	83	85**	69	72	62	67	62
Car	5	-	-	3	-	5	-
Street/car park/beach	5	5	11	5	4	8	12
Public toilet	4	-	4	5	4	5	8
Medically supervised injected services	3	5	9	12	13	6	9
Other	1	-	-	-	8	4	-

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 ($n \leq 5$ but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019 versus 2020.

Self-Reported Injection-Related Health Problems

In 2020, almost one-third (31%) of the sample reported having an injection-related health issue in the month preceding interview, fewer than in 2019 (46%, $p=0.009$) (Table 9). This was mostly driven by significantly fewer participants reporting to have experienced a dirty hit in 2020 (10%; 25% in 2019; $p=0.002$), which also proved to be the most common injection-related health issue reported by participants in 2020. This was followed by nerve damage (10%; 23% in 2019, $p=0.004$) and any thrombosis (9%; 10% in 2019, $p=0.850$)

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

	2020	2019
	(N=155)	(N=151)
% Artery injection	8	14
% Any nerve damage	10**	23
% Any thrombosis	9	10
Blood clot near the surface of the skin	6	10
Blood clot in the deep veins	-	-
% Any infection/ abscess	7*	17
Skin abscess or cellulitis	6*	15
Endocarditis	0	-
Another serious infection (e.g. sepsis, osteomyelitis)	-	-
% Dirty hit	10**	25
% Any injection related problem	31**	46

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

Drug Treatment

In 2020, over half (56%) of the NSW sample were currently in any form of drug treatment (58% in 2019; $p=0.792$). Over two-fifths (44%) of the NSW sample were participating in a methadone program (42% in 2019; $p=0.883$) and 17% reported counselling (14% in 2019; $p=0.591$) (Table 10).

In 2020, of those not currently in treatment ($n=68$), nearly one in ten (9%) participants reported having difficulties accessing treatment in the past six months and 29% reported wanting to access treatment but not trying to. Among the participants that experienced difficulties accessing treatment, participants mainly sought treatment for heroin (64%, $n=9$), with the most common service accessed being residential rehabilitation/therapeutic community (50%, $n=7$).

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

	National		NSW				
	N=884	N=155	N=151	N=152	N=151	N=150	N=150
	2020	2020	2019	2018	2017	2016	2015
% Current drug treatment	48	56	58	55	44	54	64
Methadone	31	44	42	48	31	41	54
Buprenorphine	2	0	-	0	-	-	-
Buprenorphine-naloxone	8	5	8	5	9	8	7
Buprenorphine depot injection	2	-		/	/	/	/
Drug counselling	11	17	14	-	-	-	0
Other	4	5	-	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.

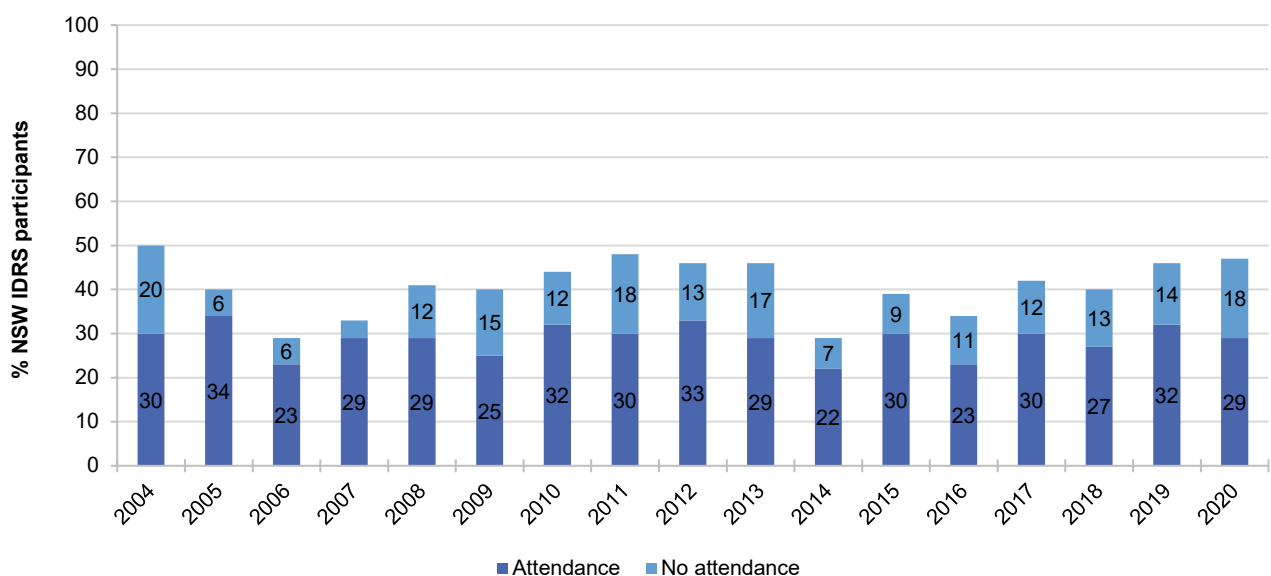
Mental Health

In 2020, 47% of the sample self-reported that they had experienced a mental health problem in the preceding six months (47% in 2019; $p = 1.000$). Amongst this group, the most commonly reported problems were depression (55%), anxiety (34%), schizophrenia (24%) and PTSD (23%).

In the total sample, 29% had seen a health professional for their mental health issue/s during the last six months (61% of those who reported a mental health problem; 71% in 2019; $p = 0.316$).

Within people who self-reported a mental health problem, 80% had been prescribed medication for their mental health problem in the preceding six months (66% in 2019; $p = 0.224$).

Figure 38: Self-reported mental health problems and treatment seeking in the past six months, NSW, 2004-2020



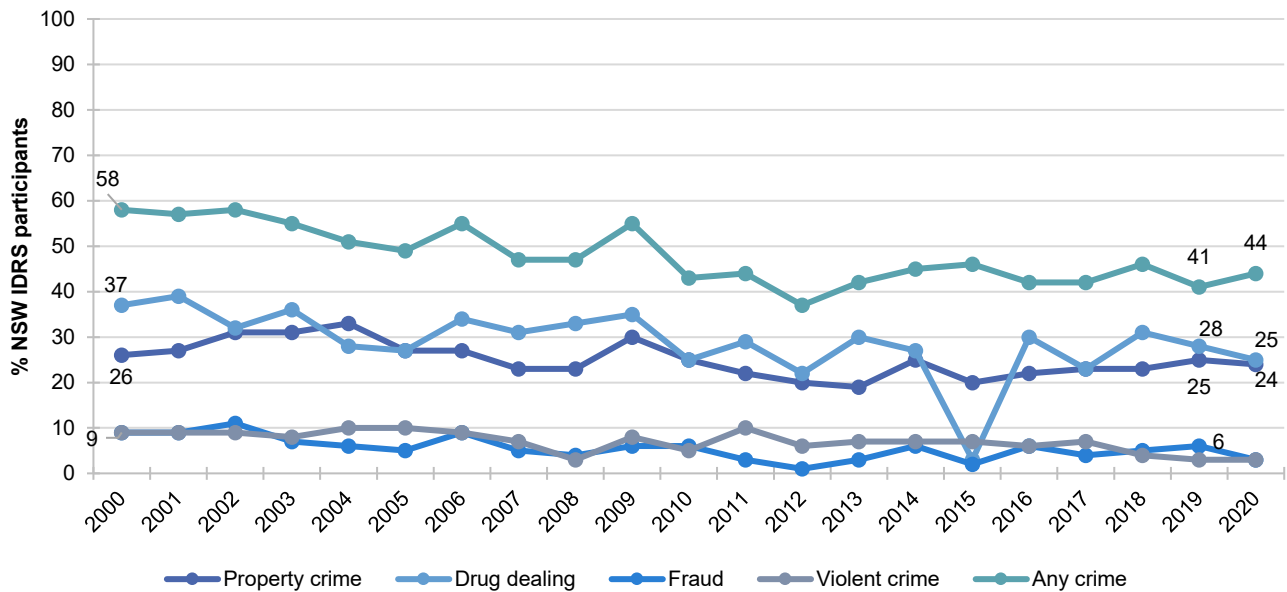
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2019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

Crime

Two-fifths (44%) of participants reported engaging in 'any' crime in the past month in 2020, stable from 41% in 2019 ($p=0.662$). Selling drugs for cash profit and property crime remained the most common self-reported crimes in the month preceding interview (25% (28% in 2019; $p=0.740$) and 24% (24% in 2019), respectively) (Figure 38). Low numbers reported violent crime in 2020 ($n\leq 5$). Over one-tenth (15%) reported being the victim of a crime involving violence (e.g., assault), stable from 2019 (14%; $p=0.833$).

In 2020, 30% the sample had been arrested in the past year, stable from 2019 (33%; $p=0.648$). Over two-thirds (69%) reported a lifetime prison history in 2020, also stable from 73% in 2019 ($p=0.514$).

Figure 39: Self-reported criminal activity in the past month, NSW, 2000-2020



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years of initial monitoring, and 2019 and 2020 with small cell size (i.e. $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2019 versus 2020.