



SOUTH AUSTRALIAN DRUG TRENDS 2021

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



SOUTH AUSTRALIAN DRUG TRENDS 2021: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

Antonia Karlsson¹, Amy Peacock^{1,2} and Rachel Sutherland¹

¹ National Drug and Alcohol Research Centre, University of New South Wales

² School of Psychology, University of Tasmania



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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](#).

Please contact the Drug Trends team with any queries regarding this publication: drugtrends@unsw.edu.au

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Research Team

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- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Udesha Chandrasena, Professor Louisa Degenhardt, Professor Michael Farrell, Dr Rachel Sutherland and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales, New South Wales;
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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
ALPHA PVP	α -Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	<i>d</i> -lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Avid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The South Australia (SA) IDRS sample is a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Adelaide, South Australia. Participants were recruited via advertisements in needle syringe programs and other harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from June-July. Interviews in 2020 and 2021 were delivered face-to-face as well as via telephone, due to COVID-19 restrictions being imposed throughout the data collection period. This methodological change should be factored into all comparisons of data from the 2020 and 2021 sample relative to previous years.**

Sample Characteristics

The IDRS sample recruited from Adelaide, South Australia (SA) in 2021 (N=101) was consistent with the SA profile in previous years, whereby almost three-fifths (57%) were male, with a mean age of 45 years. The majority (88%) of the sample were unemployed at the time of interview, and most (96%) had received a government pension/allowance or benefit in the month prior to interview. The median income per week significantly decreased, from \$475 in 2020 to \$315 in 2021 ($p<0.001$). The drug of choice nominated by participants significantly changed between 2020 and 2021 ($p=0.004$), as did the drug injected most often in the past month ($p=0.014$). In 2021, almost three-quarters (74%) of the sample reported that methamphetamine was their drug of choice (50% in 2020), and four-fifths (81%) reported that methamphetamine was the drug they had injected most often in the past month, an increase relative to 2020 (64%). Weekly or more frequent use of heroin significantly decreased in 2021 (10%), relative to 2020 (34%; $p<0.001$).

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. In 2021, 45% of the SA sample had been tested for SARS-CoV-2 in the past 12 months, although no participants had been diagnosed with the virus. The majority (72%) of participants were 'not at all' worried about contracting COVID-19 (noting that most interviews took place before the second wave of COVID-19). Few participants ($n\leq 5$) had received at least one dose of the COVID-19 vaccine by the time of interview.

Heroin

Recent (i.e., past six month) use of heroin has decreased amongst the SA sample since monitoring began, with 23% reporting recent use in 2021, a significant decrease from 47% in 2020 ($p=0.001$). Forty-five per cent of those who had recently used heroin reported weekly or more frequent use in 2021 (72% in 2020; $p=0.058$). Perceived purity and availability remained stable between 2020 and 2021, with one-third (33%) of respondents perceiving purity to be 'low' in 2021 (64% in 2020), and three-fifths (61%) perceiving that heroin was 'easy' to obtain (40% in 2020).

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with almost nine-in-ten participants (88%) reporting recent use in 2021. This was mostly driven by a continued increase in crystal methamphetamine use (83% in 2021) – the most commonly used form since 2010. Notably, recent use of base methamphetamine decreased significantly, from 28% in 2020 to very few participants ($n\leq 5$) reporting recent use in 2021. The median price for one point of crystal significantly decreased, from \$75 in 2020 to \$50 in 2021 ($p<0.001$). There was a significant change in the perceived availability of crystal methamphetamine between 2020 and 2021, with more participants perceiving crystal methamphetamine as being 'very easy' to obtain in 2021 (57%; 33% in 2020).

Cocaine

Sixteen per cent of the SA sample had recently consumed cocaine, stable from 14% in 2020 ($p=0.866$). No participants reported using cocaine weekly or more frequently in 2021.

Cannabis

Recent use of cannabis has remained fairly stable since 2014, with 67% reporting recent use in 2021. Three-fifths (60%) of participants who had recently used cannabis reported daily use, a significant increase relative to 2020 (41%; $p=0.046$). Hydroponic cannabis remained the form most commonly used (82%), followed by bush cannabis (61%). Few participants ($n\leq 5$) reported using hashish, hash oil and/or non-prescribed pharmaceutical CBD oil in the six months preceding interview. Both hydroponic and bush cannabis were reported as being 'very easy' to obtain in 2021 (55% and 50% of those who commented, respectively), stable from 2020.

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids, including methadone (7%; 9% in 2020), buprenorphine ($n\leq 5$; $n\leq 5$ in 2020), buprenorphine-naloxone (10%; 11% in 2020), morphine (8%; 11% in 2020), oxycodone (9%; 11% in 2020) and fentanyl (6%; 10% in 2020) has declined over the past 5-15 years of monitoring, generally remaining low and stable in 2021.

Other Drugs

Few participants ($n\leq 5$) reported recent use of NPS, pharmaceutical stimulants and antipsychotics in 2021. Recent non-prescribed benzodiazepine use was reported by 18% of participants in 2021 (28% in 2020). Pregabalin use remained low and stable at 7% (6% in 2020). Recent use of tobacco (92%; 90% in 2020) and e-cigarettes (13%; 8% in 2020) remained stable in 2021, while significantly fewer participants reported using alcohol in 2021 (47%; 65% in 2020; $p=0.013$). Furthermore, almost one-tenth (9%) of participants reported recent use of GHB/GBL/1,4-BD in 2021, a significant decrease from 23% in 2020 ($p=0.011$).

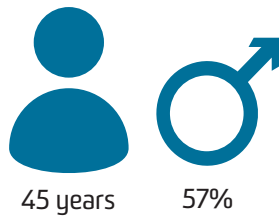
Drug-Related Harms and Other Associated Behaviours

In 2021, the majority (96%) of the SA sample reporting using one or more drugs on the day preceding interview. Fourteen per cent reported overdosing on any drug in the preceding year. Few participants ($n\leq 5$) reported a non-fatal overdose following heroin use, a significant decrease from 2020 (13%; $p=0.029$). Seventeen per cent had ever been trained in naloxone administration, a significant increase from 2020 ($n\leq 5$; $p=0.005$), and 17% of the sample reported that they had ever resuscitated someone using naloxone at least once in their lifetime, stable from 14% in 2020 ($p=0.536$). In 2021, $n\leq 5$ of participants reported receptive sharing of a needle or syringe and 7% reported distributive sharing in the past month. Almost two-fifths (39%) of the sample reported that they had re-used their own needles in the past month, a significant decrease from 54% in 2020 ($p=0.048$). Twenty-nine per cent reported experiencing injection-related problems in the past month, most commonly nerve damage (13%). Almost one-quarter of the sample were currently in any drug treatment (24%), a decrease relative to 2020 (38%; $p=0.047$). Thirty-seven per cent reported that they had received a hepatitis C virus (HCV) antibody test in the past year, an increase relative to 2020 (23%; $p=0.046$). Over one-quarter (27%) of the sample had received an RNA test in the past year and one-tenth (10%) reported having a current HCV infection. Self-reported mental health problems remained stable in 2021 (49%; 41% in 2020; $p=0.365$), although there was a significant increase in the proportion of these participants who reported that they had seen a mental health professional in the past six months (63%; 39% in 2020 ($p=0.047$). Almost one-quarter (23%) of the sample reported driving within three hours of consuming an illicit drug in the last six months. Seven per cent of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia. Thirty per cent of participants reported engaging in 'any' crime in the past month in 2021, stable from 41% in 2020 ($p=0.143$).

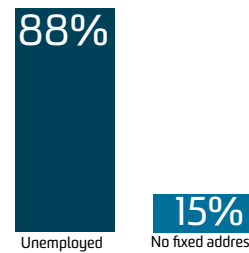
2021 SAMPLE CHARACTERISTICS



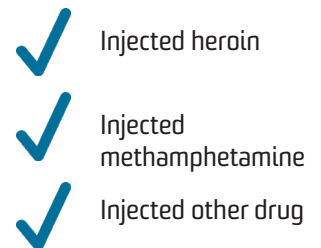
In 2021, 101 people from Adelaide, SA participated in IDRS interviews.



The mean age in 2021 was 45, and 57% identified as male.

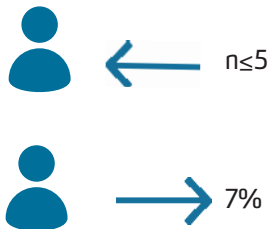


In the 2021 sample, 88% were unemployed and 15% had no fixed address.

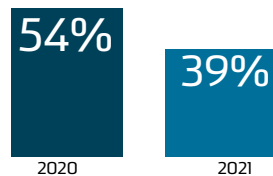


Participants were recruited on the basis that they had injected drugs at least monthly in the previous 6 months.

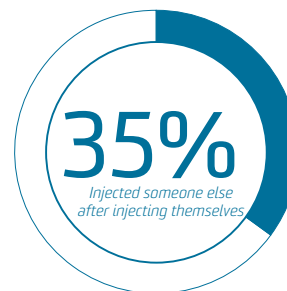
INJECTING RELATED RISKS AND HARMS



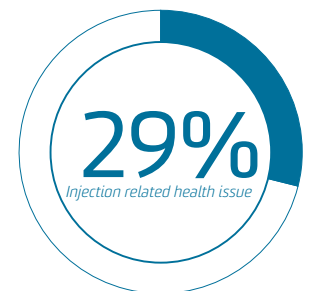
In 2021, n≤5 of the IDRS sample reported receptive needle sharing, and 7% reported distributive needle sharing.



The number of people who re-used their own needles decreased from 54% in 2020 to 39% 2021.

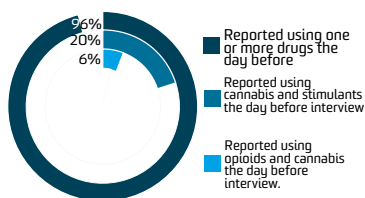


In the SA sample, 35% of participants reported injecting someone else after injecting themselves.



In 2021, 29% of the SA sample reported having an injection-related health issue in the month preceding interview.

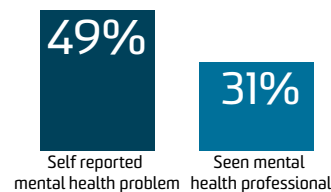
OTHER HARMS AND HELP-SEEKING



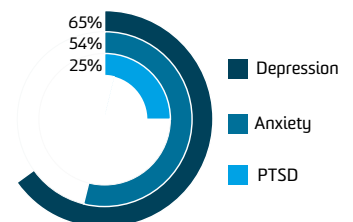
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 14% had experienced a non-fatal overdose in the previous 12 months and 24% were currently in drug treatment.

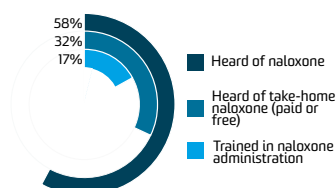


In the sample, 49% self reported a mental health problem in the six months prior to interview, and 31% had seen a mental health professional.

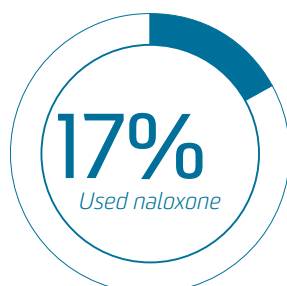


Of those who commented, the three most common mental health issues reported were depression (65%), anxiety (54%) and PTSD (25%).

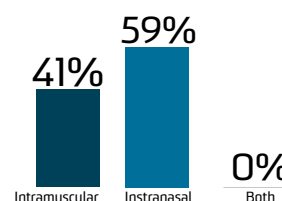
NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of the take-home naloxone program remained stable in 2021 whereas participation in training increased.



Of those who reported having heard of naloxone, 17% had used naloxone to resuscitate someone who had overdosed.

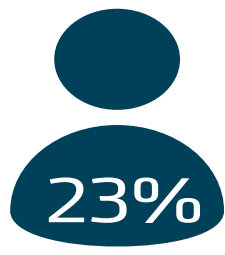


Of those who reported ever accessing naloxone, 41% received intramuscular naloxone, 59% intranasal naloxone and 0% both.

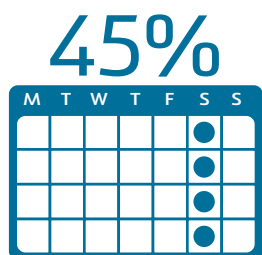


In 2021, n≤5 of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN



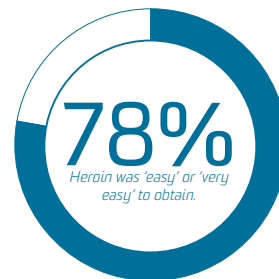
Past 6 month use of heroin decreased to 23% in the 2021 sample (47% in 2020).



Of those who had recently consumed heroin, 45% used it weekly or more often, stable from 72% in 2020.

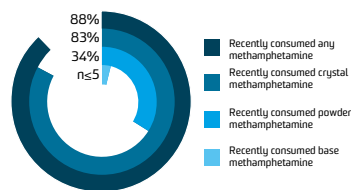


The median reported price for a point of heroin was \$100 in 2021 and \$100 in 2020.

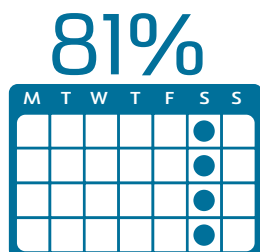


Of those who could comment 78% perceived heroin to be 'easy' or 'very easy' to obtain, stable from 60% in 2020.

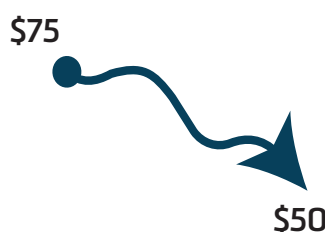
METHAMPHETAMINE



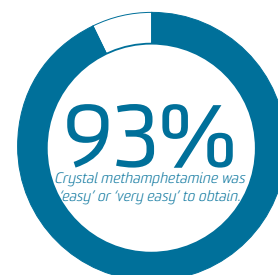
Past 6 month use of any (88%), crystal (83%), and powder (34%) methamphetamine remained stable in 2021, whereas base decreased (n≤5).



Of those who had recently used any form of methamphetamine, 81% used it at least weekly, stable from 83% in 2020.



The median reported price for a point of crystal methamphetamine was \$50 in 2021, a decrease from \$75 in 2020.



Of those who could comment, 93% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from 80% in 2020.

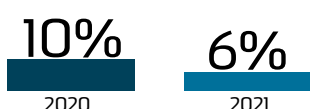
OTHER DRUGS

Non-prescribed morphine



Past 6 month use of non-prescribed morphine was stable at 10% in the 2020 sample and 8% in 2021.

Non-prescribed fentanyl



Past 6 month use of non-prescribed fentanyl was stable at 10% in the 2020 sample and 6% in 2021.

Non-prescribed pregabalin



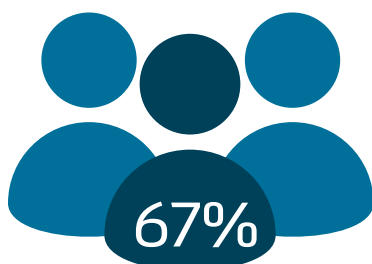
Past 6 month use of non-prescribed pregabalin was stable at 6% in the 2020 sample and 7% in 2021.

GHB/GBL/1,4-BD

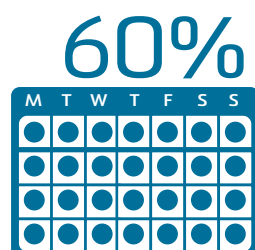


Past 6 month use of GHB/GBL/1,4-BD decreased from 23% in the 2020 sample to 9% in 2021.

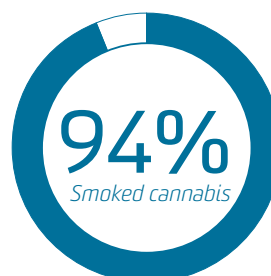
CANNABIS



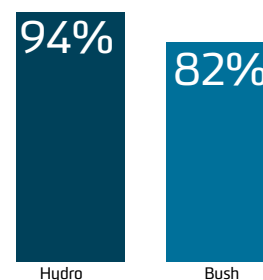
Past 6 month use of any cannabis was stable at 67% in both the 2020 and 2021 samples.



Of those who had consumed cannabis recently, three-fifths reported daily use (60%).



Of people who had consumed cannabis in the last 6 months, 94% had smoked it.



Of those who could comment 94% perceived hydro and 82% perceived bush 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 non-prescribed or illicit drugs at least monthly during the six months preceding interview; and iii) have been a resident of the capital city in which the interview took place for ten of the past 12 months. Interviews took place in varied locations negotiated with participants (e.g., treatment services, coffee shops or parks), and were conducted using REDCap (Research Electronic Data Capture), a software program used to collect data on laptops or tablets. Following provision of written informed consent and completion of a structured interview, participants were reimbursed \$40 cash for their time and expenses incurred.

IDRS 2020-2021: COVID-19 Impacts on Recruitment and Data Collection

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

1. Means of data collection: Interviews were conducted via telephone across all 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; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

In 2021, a hybrid approach was used whereby interviews were conducted either face-to-face (with participants reimbursed with cash) or via telephone/videoconference (with participants reimbursed via bank transfer or other electronic means). Face-to-face interviews were the preferred methodology, however the introduction of restrictions by various jurisdictional governments throughout the recruitment period meant that telephone interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants.

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 101 participants recruited from Adelaide, South Australia. A total of two interviews were conducted via telephone in Adelaide, South Australia.

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 2020 and 2021. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported). References to 'recent' use and behaviours refers to the past six-month time period.

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include implications of findings. These findings should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in South Australia (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

Differences in the methodology, and the events of 2020-2021, must be taken into consideration when comparing 2020-2021 data to previous years, and treated with caution.

Additional Outputs

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

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

1

Sample Characteristics

In 2021, there was a significant change in recruitment methods compared to 2020 ($p=0.003$), with more participants being recruited via NSPs (73%; 47% in 2020), and less via word-of-mouth (24%; 44% in 2020). Eight per cent of the 2021 sample had taken part in the 2020 interview (9% of the 2020 sample had taken part in the 2019 interview).

Gender identity remained stable between 2020 and 2021 ($p=0.361$), with 57% of the 2021 sample identifying as male (50% in 2020). The mean age of the sample was 45 years ($SD=10$; 46 years in 2020; $SD=9$; $p=0.510$) (Table 1). The majority of the sample (88%) were unemployed at the time of interview (89% in 2020), with three-fifths (59%) reporting that they had received a post-school qualification(s) (67% in 2020; $p=0.332$). The vast majority of participants (96%) reported receiving a government pension, allowance or benefit in the past month (97% in 2020). The median weekly income in 2021 was \$315 (IQR=280-438), significantly lower than what was reported in 2020 (\$475; IQR=400-550; $p<0.001$).

Drug of choice significantly changed in 2021 compared to 2020 ($p=0.004$), with participants typically reporting that methamphetamine was their drug of choice in 2021 (74%; 50% in 2020) (Figure 1). A significant change was also observed in the drug injected most often in the past month ($p=0.014$). Whilst methamphetamine remained the drug injected most often in the month preceding interview, an increase was observed, from 64% in 2020 to 81% in 2021 (Figure 2).

Weekly or more frequent consumption of crystal methamphetamine (64%; 63% in 2020; $p=0.915$) and cannabis (52%; 48% in 2020; $p=0.723$) remained stable in 2021, though significantly fewer participants reported weekly or more frequent use of heroin in 2021 (10%; 34% in 2020; $p<0.001$) (Figure 3).

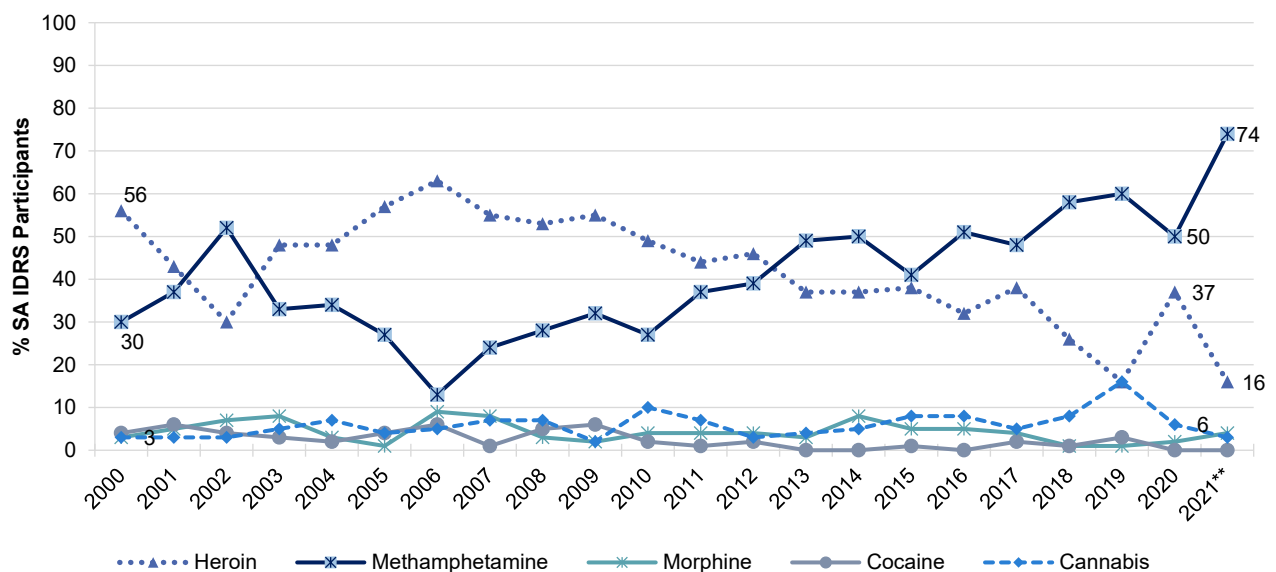
Table 1: Demographic characteristics of the sample, nationally, 2021, and South Australia, 2016-2021

	National	South Australia					
	2021 (N=888)	2021 (N=101)	2020 (N=100)	2019 (N=100)	2018 (N=101)	2017 (N=100)	2016 (N=101)
Mean age (years; SD)	45 (10)	45 (10)	46 (9)	44 (10)	46 (9)	45 (9)	44 (8)
% Gender							
Female	34	43	50	38	32	39	39
Male	65	57	50	62	68	61	61
Non-binary	0	0	0	/	/	/	/
% Aboriginal and/or Torres Strait Islander	23	20	15	19	11	7	7
% Sexual identity							
Heterosexual	82	93	86	92	98	92	86
Homosexual	4	-	-	-	0	-	-
Bisexual	11	6	9	-	-	-	10
Queer	1	0	0	-			

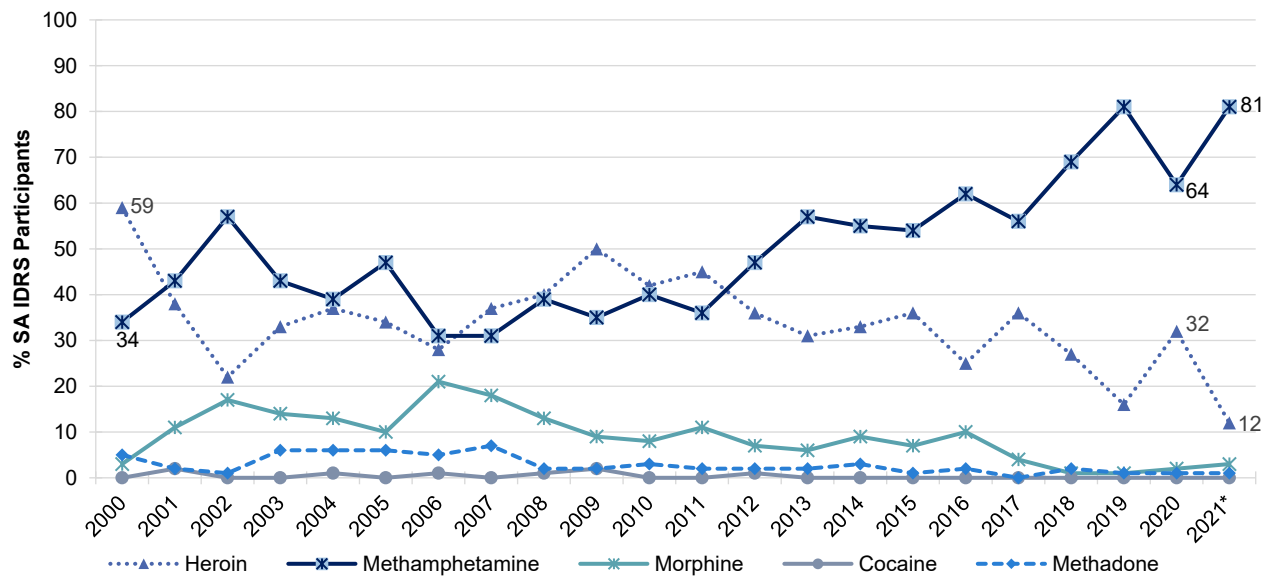
	National	South Australia					
	2021	2021	2020	2019	2018	2017	2016
	(N=888)	(N=101)	(N=100)	(N=100)	(N=101)	(N=100)	(N=101)
Other	1	0	-		0	-	-
Mean years of school education (range)	10 (1-12)	10 (7-12)	10 (1-12)	10 (7-12)	10 (6-12)	10 (7-12)	10 (3-12)
% Post-school qualification(s)^	58	59	67	65	54	57	55
% Current accommodation							
Own home (inc. renting)~	66	73	74	78	83	83	87
Parents'/family home	5	6	10	-	11	6	-
Boarding house/hostel	9	-	9	7	-	-	-
Shelter/refuge	2	0	0	0	-	0	0
No fixed address	16	15	6	11	-	6	-
Other	2	-	-	0	0	-	-
% Current employment status							
Unemployed	88	88	89	77	92	77	86
Full-time work	2	-	-	-	-	6	-
% Past month gov't pension, allowance or benefit	95	96	97	91	97	92	95
Current median income/week (\$; IQR)	\$358 (300-460)	\$315 (280-438)***	\$475 (400-550)	\$300 (259-450)	\$400 (275-450)	\$400 (283-499)	\$385 (274-495)

Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. - 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 2020 versus 2021.

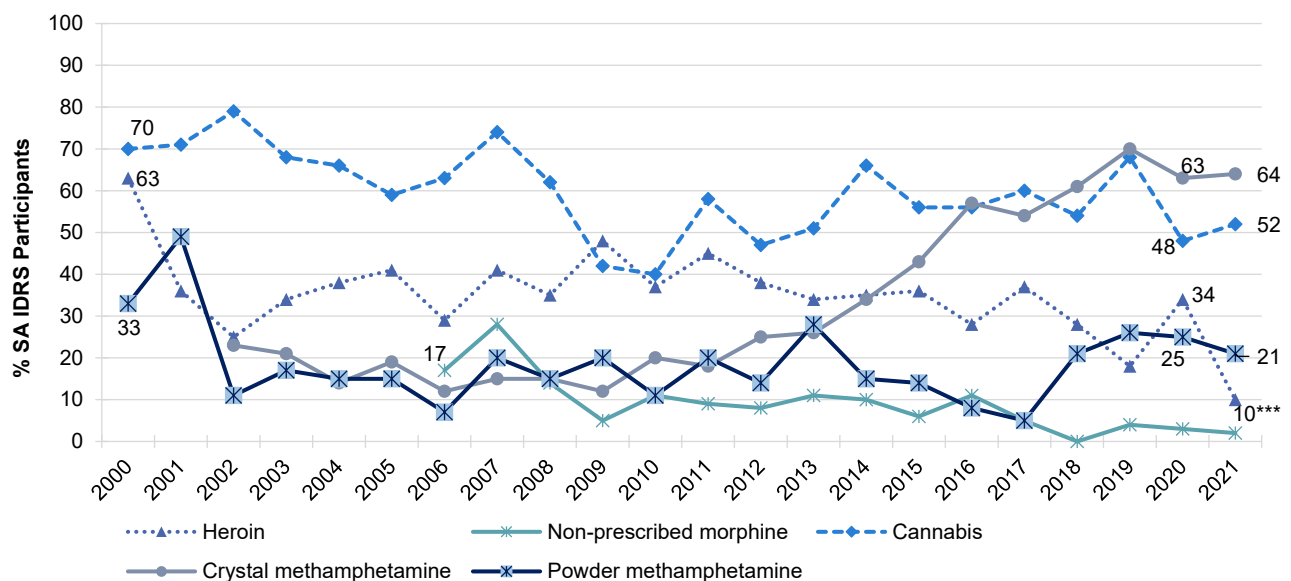
Figure 1: Drug of choice, South Australia, 2000-2021



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). For historical numbers, please refer to the data tables. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 2: Drug injected most often in the past month, South Australia, 2000-2021


Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 3: Weekly or more frequent substance use in the past six months, South Australia, 2000-2021


Note. Computed of the entire sample regardless of whether they had used the substance in the past six months. Non-prescribed morphine frequency of use not asked until 2006. Crystal methamphetamine frequency of use not asked in 2000-2001. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

2

COVID-19

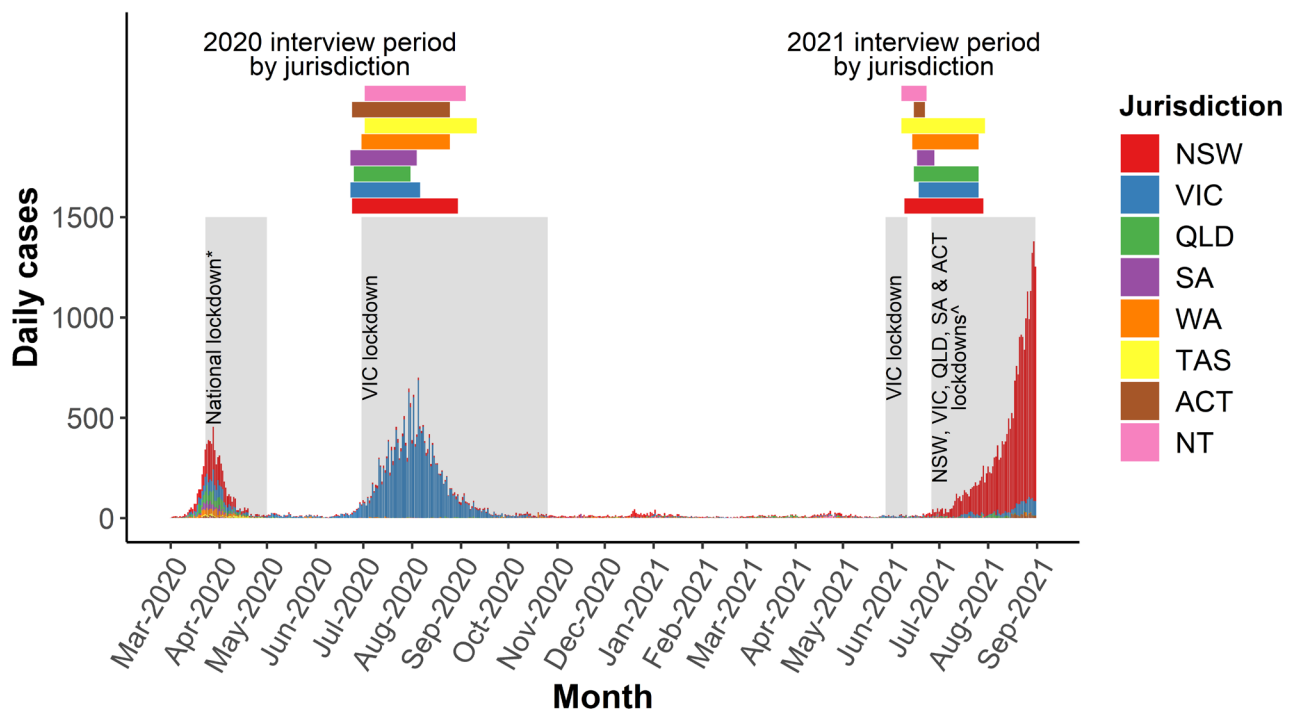
Background

The first COVID-19 diagnosis occurred in Australia on 25 January 2020, with a rapid increase in cases throughout March (peak 455 cases 28 March 2020) which declined shortly thereafter (<20 cases per day nationally from 20 April 2020). There was a resurgence in cases from late June 2020, largely based in Victoria (peak 686 cases 5 August 2020), which subsequently declined from September onwards (<20 cases per day from 23 September 2020) (Figure 4). The third wave of cases occurred from late June 2021 onwards, largely in NSW (peak 1293 cases 30 August 2021, not including cases from 1 September 2021 onwards) and a couple of months later in VIC (peak 86 cases 29 August 2021, not including cases from 1 September 2021 onwards). The number of cases in other jurisdictions during this third wave did not exceed 30 cases per day (as of 31 August 2021).

As a nation of federated states and territories, public health policy including restrictions on movement and gatherings varies by jurisdiction. However, restrictions on gatherings were implemented across jurisdictions from early March 2020; by the end of March, Australians could only leave their residence for essential reasons. These restrictions were eased across May-June 2020, again with variation across jurisdictions (notably, significant restrictions being enforced again in Victoria from July-October 2020). Restrictions were re-introduced in Victoria from 27 May to 10 June 2021, and in NSW from 26 June 2021 onwards, with other jurisdictions (VIC, QLD, SA and ACT) introducing restrictions shortly thereafter. Lockdowns of less than one week were also introduced during the interviewing period, for example, in the NT and WA, however these are not displayed in Figure 4.

Notably, all of the 2021 IDRS surveys in Adelaide, SA, occurred before the most recent wave of cases and subsequent introduction of restrictions. Specifically, in Adelaide, SA, 101 interviews were conducted between 17 June and 28 June 2021.

Figure 4: Timeline of COVID-19 in Australia and IDRS data collection period, 2020-2021



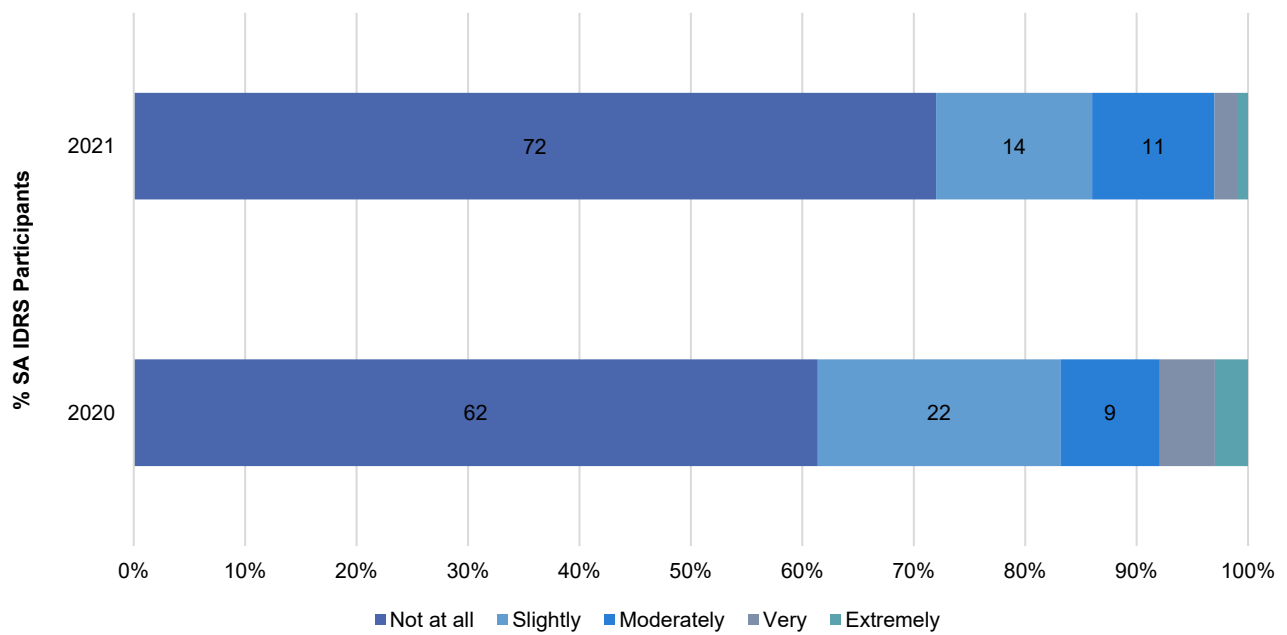
Notes: data obtained from <http://www.covid19data.com.au>. Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1. ^NSW lockdown 26 June onwards; VIC lockdowns 14 July-27 July and 5 August onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August; ACT lockdown 12 August onwards.

COVID-19 Testing and Diagnosis

In 2021, nearly half (45%) of the SA IDRS sample had been tested for SARS-COV-2 in the past 12 months (7% in 2020), although no participants had been diagnosed with the virus. One-fifth (20%) of participants reported that they had quarantined for 14 or more days due to a possible exposure since January 2020; $n \leq 5$ in the past month, 9% two-six months prior to the interview, and $n \leq 5$ 7-12 months preceding the interview. Few participants ($n \leq 5$) had received at least one dose of the COVID-19 vaccine at the time of interview.

When asked how worried they currently were about contracting COVID-19, 28% of participants reported some level of concern: 14% responded that they were 'slightly' concerned and 11% reported 'moderately' concerned. Few participants ($n \leq 5$) reported feeling 'very' or 'extremely' concerned, therefore these data are suppressed (Figure 5). Further, just over two-thirds (69%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 12% reporting that they would be 'slightly' concerned, 14% reporting 'moderately', 29% reporting 'very' and 13% reporting that they would be 'extremely' concerned.

Figure 5: Current concern related to contracting COVID-19, South Australia, 2021-2021



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).

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of any heroin has declined over the years, with 23% of the SA sample reporting recent use in 2021, a significant decrease from 47% in 2020 ($p=0.001$). This represents the lowest percentage reporting recent use since the commencement of monitoring (Figure 6).

Frequency of Use

Frequency of use has fluctuated over the course of monitoring. Participants who reported recent use and commented ($n=23$) had used heroin on a median of 18 days (IQR=4-59) in 2021, a significant decline from 72 days (IQR=16-150) in 2020 ($p=0.035$) (Figure 6). While daily use remained low among those who had recently used heroin ($n\leq 5$; $n\leq 5$ in 2020), 45% reported weekly or more frequent use, stable relative to 2020 (72%; $p=0.058$).

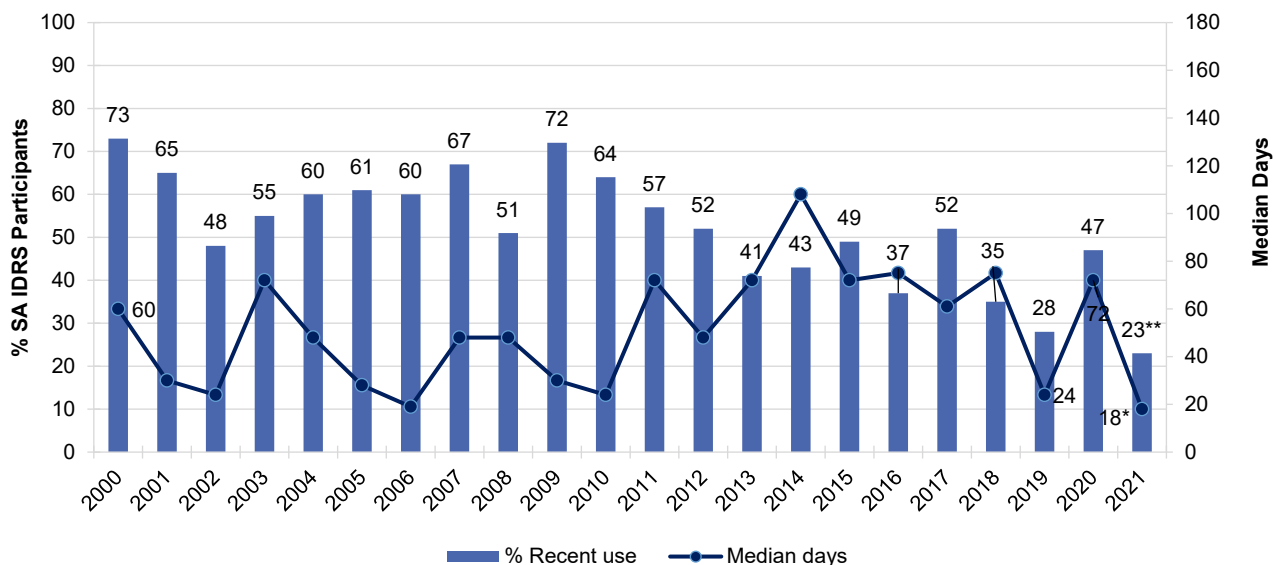
Routes of Administration

Among participants who had recently consumed heroin and commented ($n=23$), injecting remained the most common route of administration (100%; 100% in 2020). Participants who reported injecting heroin had done so on a median of 18 days (IQR=4-59), a significant decrease relative to 2020 (72 days in 2020; IQR=15-150; $p=0.038$). Few participants ($n\leq 5$) reported smoking in 2021 ($n\leq 5$ in 2020; $p=0.668$).

Quantity

Of those who reported recent use and responded ($n=20$), the median amount of heroin used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.40) in 2021 (0.20 grams in 2020; IQR=0.10-0.50; $p=0.671$). Of those who reported recent use and responded ($n=19$), the median maximum amount of heroin used per day in the last six months was 0.30 grams (IQR=0.20-0.50; maximum quantity of heroin used per day was not collected in 2020).

Figure 6: Past six month use and frequency of use of heroin, South Australia, 2000-2021



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 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

In 2021, the median price of heroin was \$100 (IQR=63-100; $n=6$) for one point (0.10 of a gram), stable relative to 2020 (\$100; IQR=50-200; $n=15$; $p=0.806$) (Figure 7). Due to low numbers reporting on the price of a gram and a cap ($n \leq 5$, respectively), further details on price have been suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

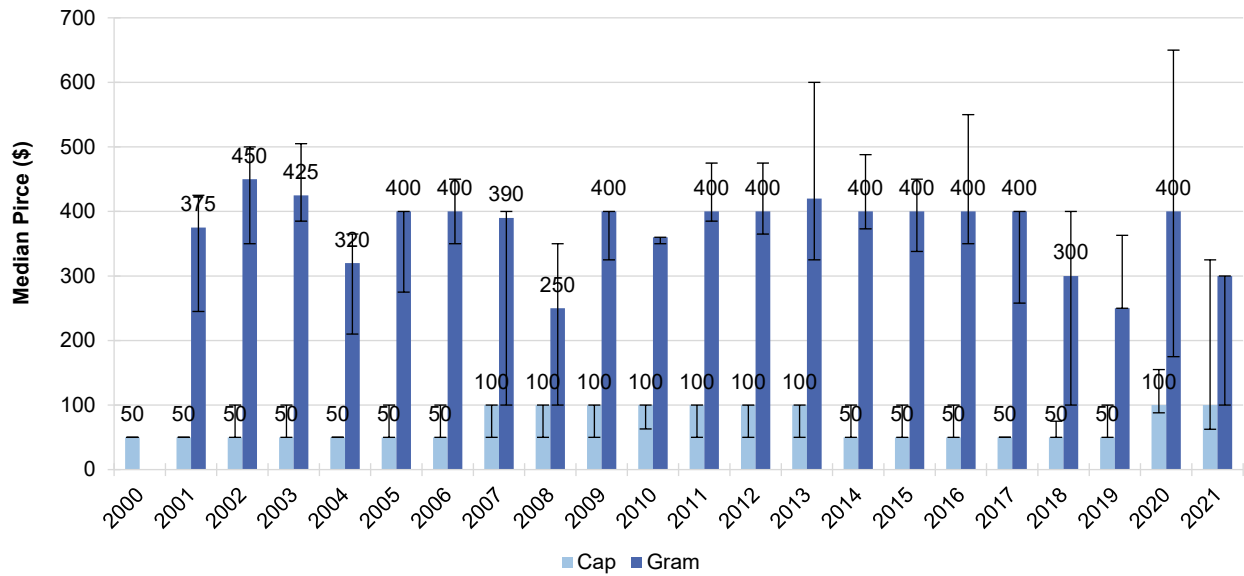
Perceived Purity

The perceived purity of heroin remained stable between 2020 and 2021 ($p=0.120$) (Figure 8). Among those who were able to comment in 2021 ($n=21$), one-third (33%) perceived purity to be 'high' ($n \leq 5$ in 2020), though in contrast, a further 33% perceived purity to be 'low' (64% in 2020).

Perceived Availability

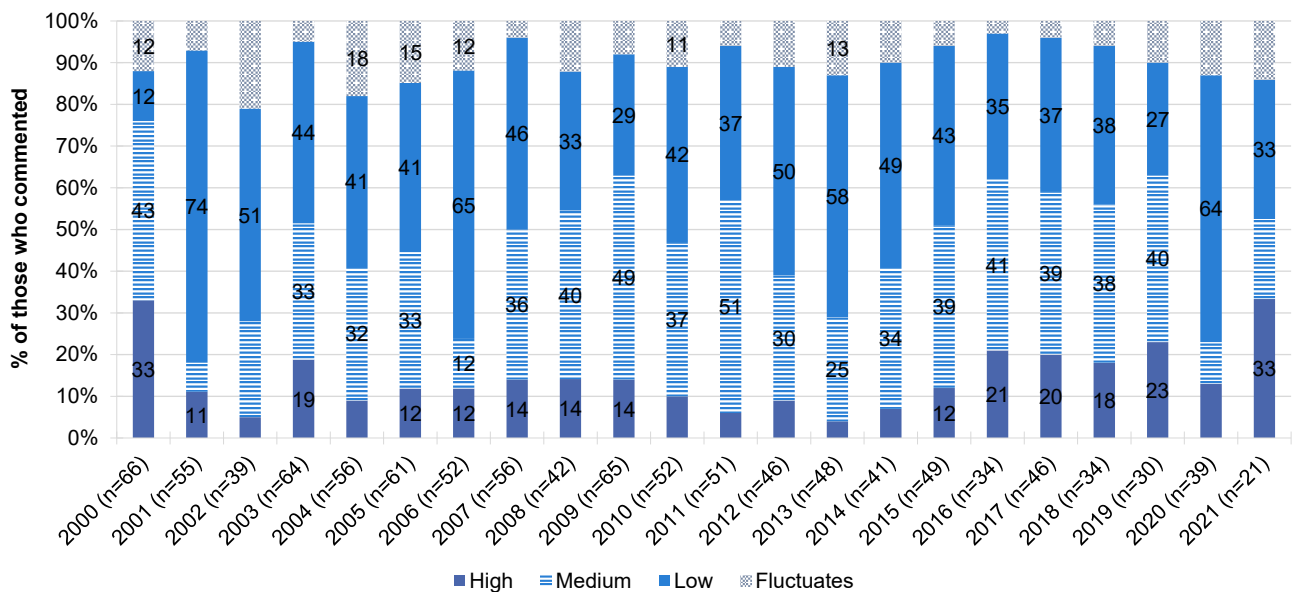
The perceived availability of heroin remained stable between 2020 and 2021 ($p=0.197$). Among those who were able to comment in 2021 ($n=23$), three-fifths (61%) perceived current availability as 'easy' (40% in 2020) (Figure 9).

Figure 7: Median price of heroin per cap and gram, South Australia, 2000-2021



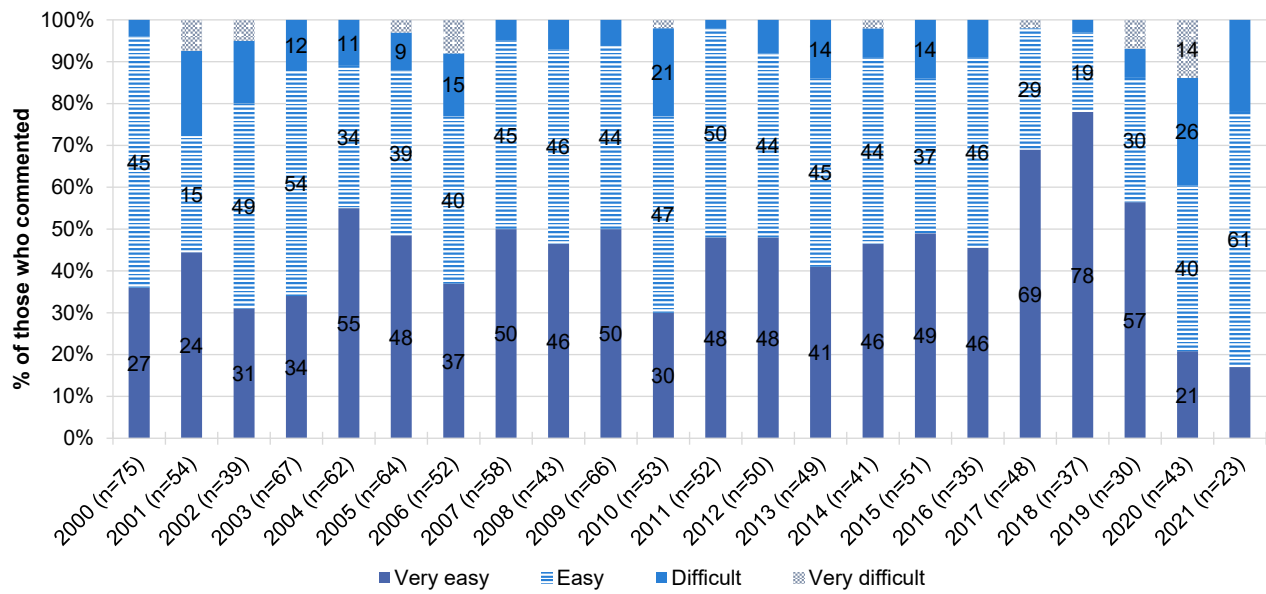
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 8: Current perceived purity of heroin, South Australia, 2000-2021



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). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 9: Current perceived availability of heroin, South Australia, 2000-2021



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). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

4

Methamphetamine

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

Recent Use (past 6 months)

In 2021, 88% of participants reported recent use of any methamphetamine (powder, base and crystal), stable relative to 2020 (81%; $p=0.229$) (Figure 10).

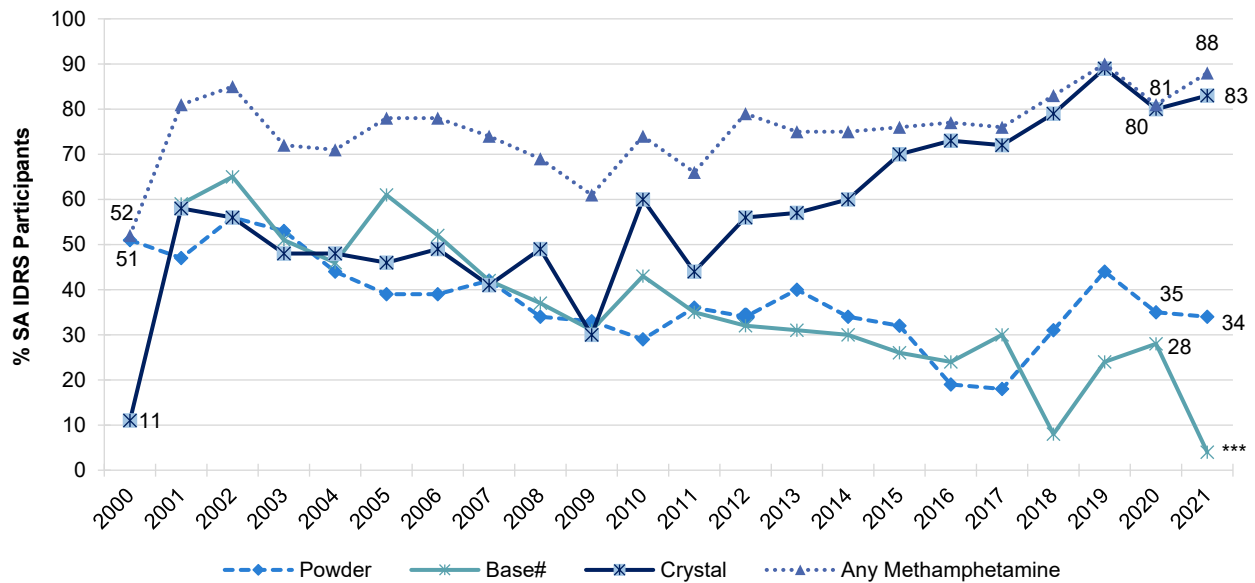
Frequency of Use

In 2021, frequency of use remained largely stable at a median of 80 days (IQR=48-155; 96 days in 2020; IQR=48-180; $p=0.518$) (Figure 11). The per cent of participants who had recently used any methamphetamine who reported weekly or more frequent use also remained stable, from 83% in 2020 to 81% in 2021 ($p=0.897$). Daily use among those who had recently used methamphetamine also remained stable, from 28% in 2020 to 22% in 2021 ($p=0.559$).

Forms of Methamphetamine

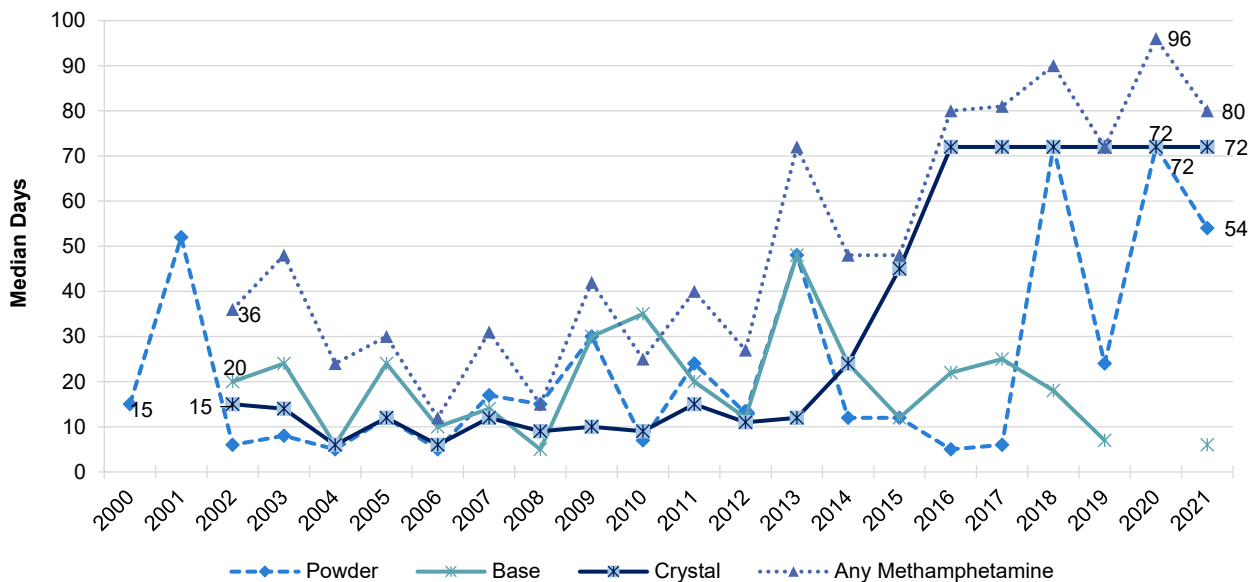
There has been a shift over time in the forms of methamphetamine used by participants, with decreasing use of methamphetamine powder and base and increasing use of crystal methamphetamine (Figure 10). Indeed, of those who had used methamphetamine in the six months preceding interview in 2021 ($n=89$), most participants had used crystal methamphetamine (94%; 99% in 2020; $p=0.691$), followed by powder (38%; 43% in 2020; $p=0.959$).

Figure 10: Past six month use of any methamphetamine, powder, base, and crystal, South Australia, 2000-2021



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined (2000-2018). Between 2019-2021, 'Any Methamphetamine' includes crystal, powder and base, combined. Figures for liquid not reported historically due to small numbers. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 11: Frequency of use of any methamphetamine, powder, base, and crystal, South Australia, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Collection of frequency of use data for base and crystal commenced in 2002. Frequency of use data was not collected in 2020 for base methamphetamine. Data labels are only provided for the first (2000/2002) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine gradually declined from 2000-2017, before subsequently increasing from 2017-2019, and then stabilising in 2020-2021. Specifically, one-third (34%) of the sample reported recent use in 2021, remaining stable from 2020 (35%; $p=0.959$) (Figure 10).

Frequency of Use: Of those who had recently consumed powder and commented ($n=34$), frequency of use remained stable at a median of 54 days (IQR=12-137; 72 days in 2020; IQR=13-135; $p=0.617$) (Figure 11). Over three-fifths (62%) of those who had recently used powder reported weekly or more frequent use in 2021 (71% in 2020; $p=0.551$), with a smaller percentage reporting daily use (21%; 17% in 2020; $p=0.954$).

Routes of Administration: Among participants who had recently consumed powder and commented ($n=34$), most reported recent injection of powder (91%; 91% in 2020) in the six months preceding interview. Participants who reported injecting powder did so on a median of 48 days (IQR=12-120), stable relative to 2020 (72 days; IQR=35-154; $p=0.313$). Almost half (47%) reported smoking powder, stable from 2020 (26%; $p=0.111$).

Quantity: Of those who reported recent use and commented ($n=34$), the median amount of powder used on an average day of consumption in the past six months was 0.20 grams (IQR=0.10-0.40; 0.20 grams in 2020; IQR=0.10-0.40; $p=0.380$). Of those who reported recent use and commented ($n=32$), the median maximum amount of powder used per day in the last six months was 0.40 grams (IQR=0.20-0.60; maximum quantity of powder recently used was not collected in 2020).

Methamphetamine Base

Low numbers ($n\leq 5$) reported recent use of methamphetamine base, therefore further

details are not reported. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Recent use of crystal has been increasing since 2011, surpassing base and powder methamphetamine from 2010 onwards and peaking at 89% in 2019. In 2021, 83% of the sample reported recent use, stable relative to 2020 (80%; $p=0.691$) (Figure 10).

Frequency of Use: Of those who had recently consumed crystal and commented ($n=84$), frequency of use remained stable at a median of 72 days (IQR=29-111; 72 days in 2020; IQR=30-158; $p=0.694$) (Figure 11). Over three-quarters (77%) of those who had recently used crystal reported weekly or more frequent use, stable from 2020 (78%), with 18% reporting daily use (23% in 2020; $p=0.557$).

Routes of Administration: Among participants who had recently consumed crystal and commented ($n=84$), all (100%) participants reported having injected it (98% in 2020; $p=0.236$) and had done so on a median of 72 days (IQR=23-103; 72 days in 2020; IQR=36-147; $p=0.540$). Forty-three per cent reported smoking crystal methamphetamine (31% in 2020; $p=0.169$).

Quantity: Of those who reported recent use and responded ($n=84$), the median amount of crystal used on an average day of consumption in the six months preceding interview was 0.20 grams (IQR=0.10-0.20; 0.20 grams in 2020; IQR=0.10-0.30; $p=0.534$). Of those who reported recent use and responded ($n=83$), the median maximum amount of crystal used per day in the last six months was 0.40 grams (IQR=0.20-0.50; maximum quantity of crystal recently used was not collected in 2020).

Price, Perceived Purity and Perceived Availability

Methamphetamine Powder

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine powder were not asked of participants in 2020, meaning that significance testing between 2021 and 2020 figures cannot be undertaken.

Price: The median price for a point (0.10 of a gram) of methamphetamine powder remained stable at \$50 in 2021 (IQR=50-50; n=17) (Figure 12). Low numbers (n≤5) reported on the price of a gram in 2021, therefore these data are suppressed.

Perceived Purity: Perceptions regarding the perceived purity of powder methamphetamine varied. Among those who were able to comment in 2021 (n=30), purity was most commonly perceived as 'medium' (47%), with 30% reporting purity as 'high' and a further 20% reporting purity as 'low' (Figure 14).

Perceived Availability: Of those who were able to comment in 2021 (n=30), 43% of participants reported that methamphetamine powder was 'very easy' to obtain, with a further one-third (33%) reporting that it was 'easy' to obtain. Twenty-three per cent perceived powder as being 'difficult' to obtain (Figure 16).

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2021 or 2020.

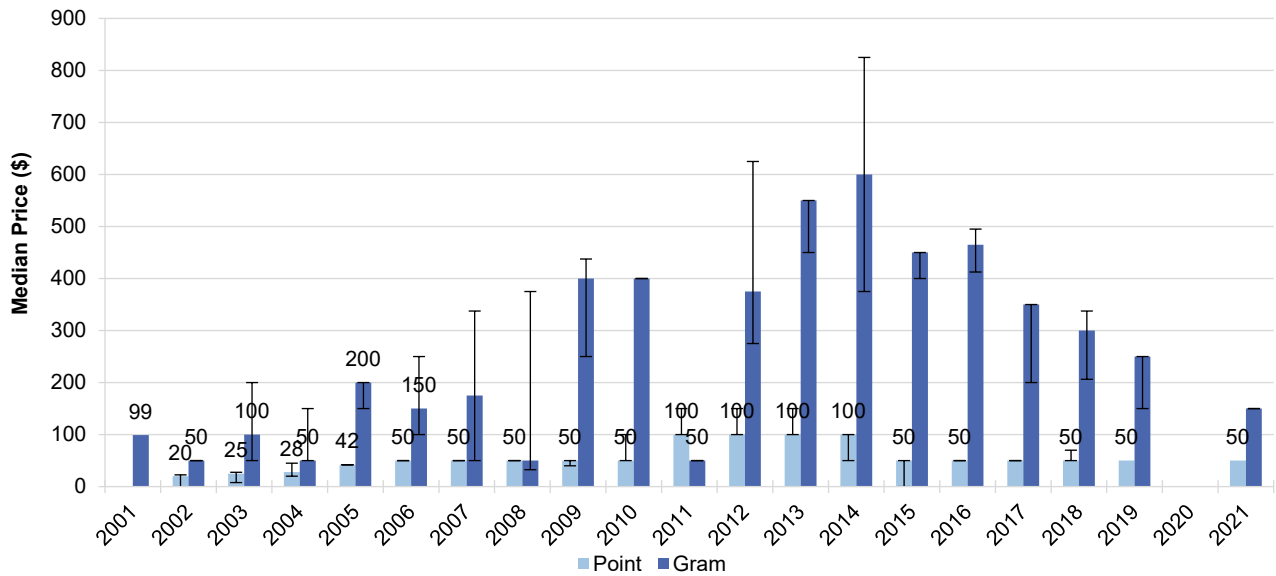
Methamphetamine Crystal

Price: The median price for one point (0.10 of a gram) of crystal decreased significantly from \$75 (IQR=60=100; n=53) in 2020 to \$50 (IQR=50-50; n=46; $p<0.001$) in 2021 (Figure 13). Low numbers (n≤5) reported on the price of a gram in 2021, therefore these data are suppressed.

Perceived Purity: The perceived purity of methamphetamine crystal remained stable between 2020 and 2021 ($p=0.109$). Among those who were able to comment in 2021 (n=79), 28% reported that crystal was of 'medium' purity (24% in 2020), with equal percentages reporting 'high' (27%; 14% in 2020) and 'low' purity (27%; 42% in 2020). Almost one-fifth (19%) perceived the purity to be 'fluctuating' (20% in 2020) (Figure 15).

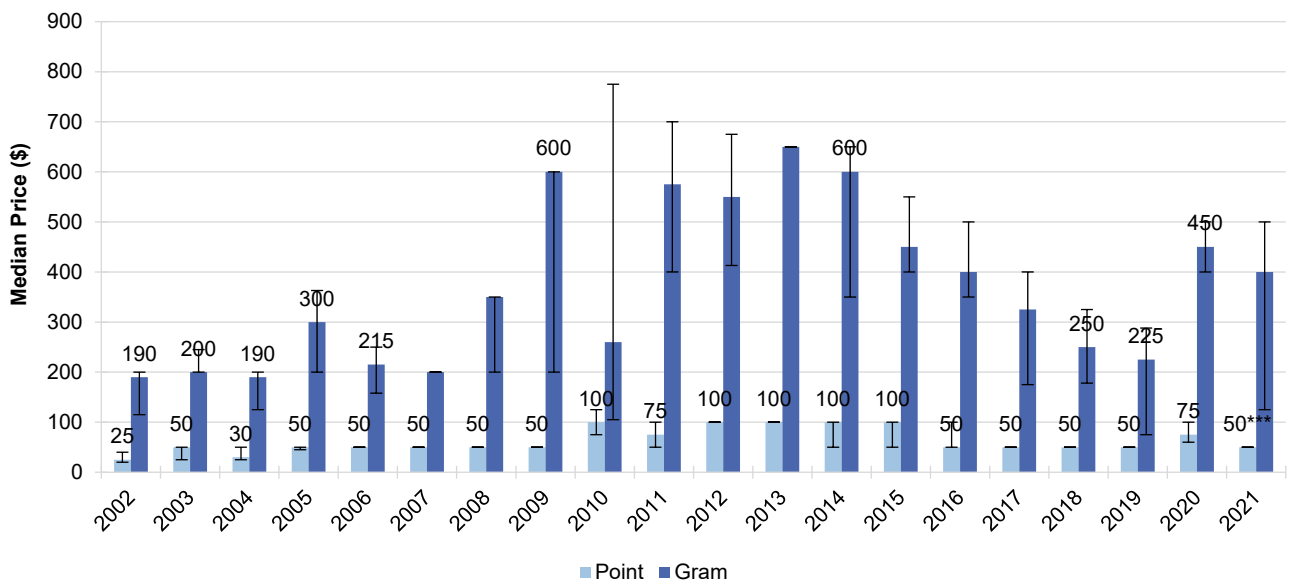
Perceived Availability: The perceived availability of crystal methamphetamine significantly changed between 2020 and 2021 ($p=0.006$). Among those who were able to comment in 2021 (n=81), the majority (57%) perceived crystal methamphetamine as being 'very easy' to obtain, an increase from 33% in 2020, with 36% reporting 'easy' obtainment (47% in 2020) (Figure 17).

Figure 12: Median price of powder methamphetamine per point and gram, South Australia, 2001-2021



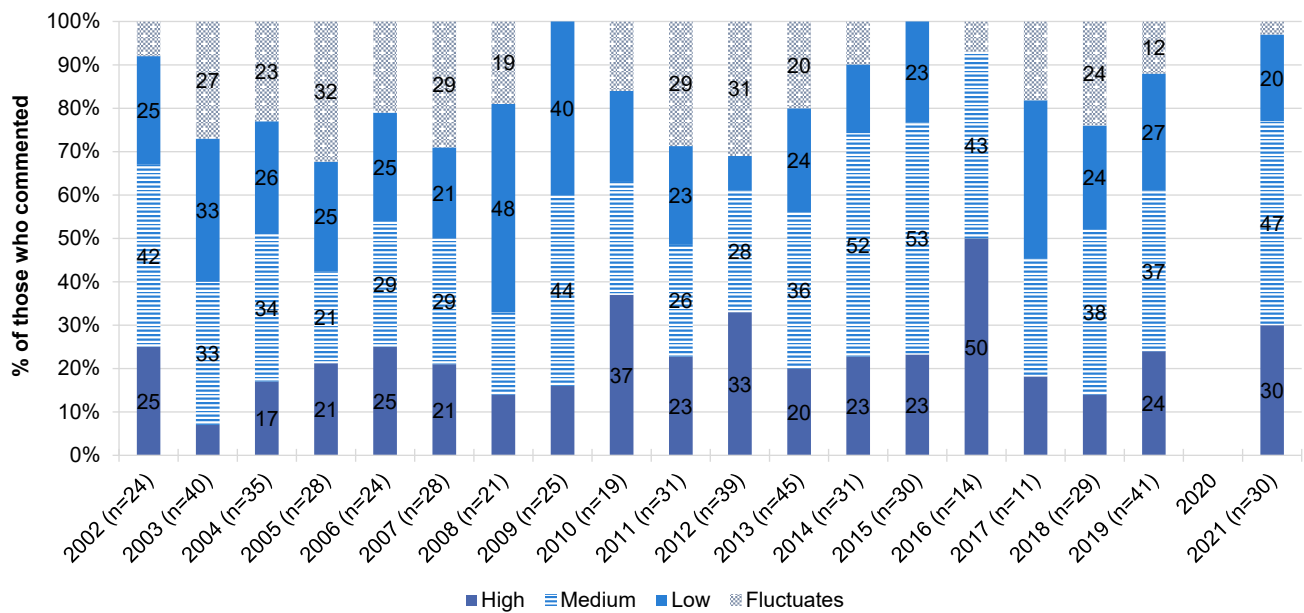
Note. Among those who commented. Price data for powder not collected in 2020. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR.

Figure 13: Median price of methamphetamine crystal per point and gram, South Australia, 2002-2021



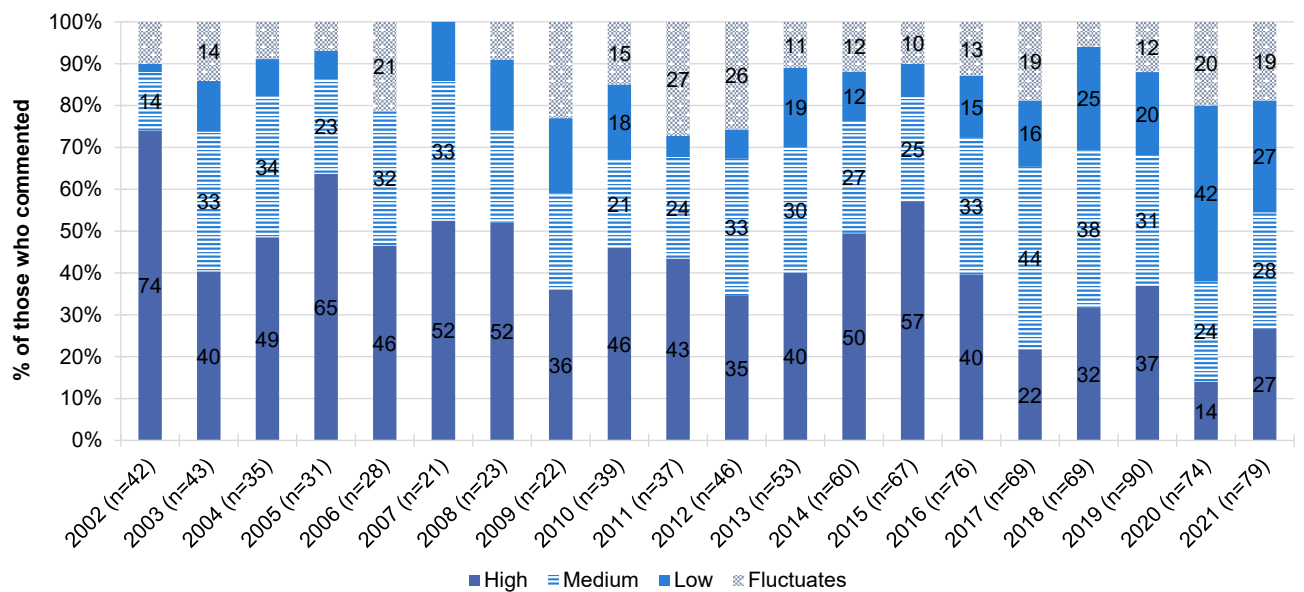
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent the IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 14: Current perceived purity of powder methamphetamine, South Australia, 2002-2021



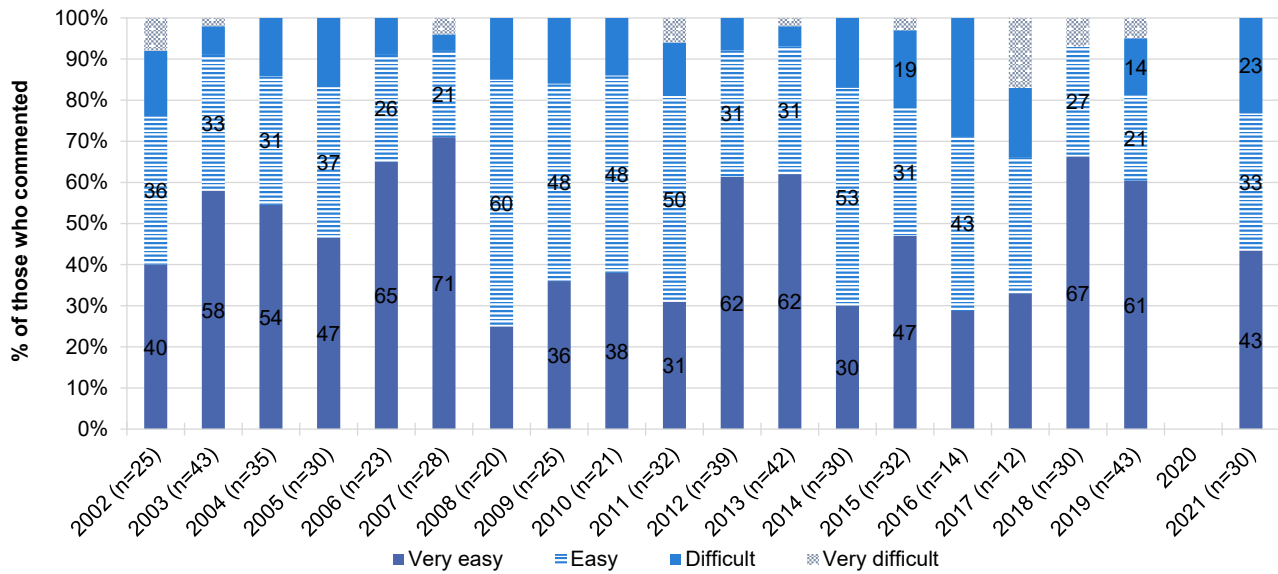
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Purity data for powder not collected in 2020. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

Figure 15: Current perceived purity of methamphetamine crystal, South Australia, 2002-2021



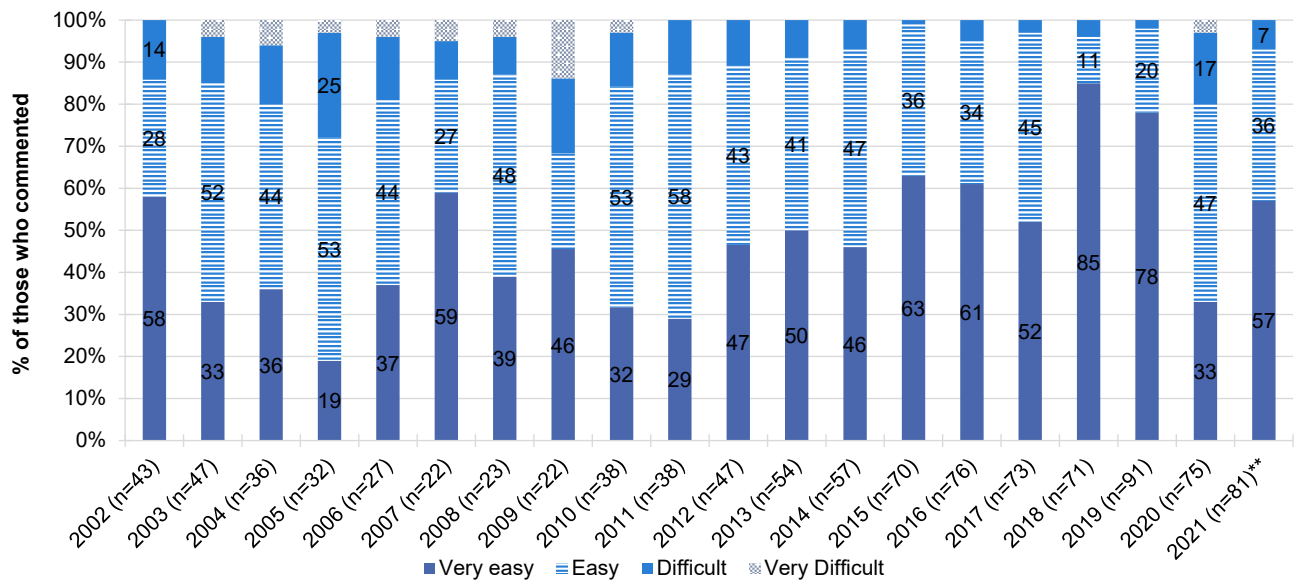
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 16: Current perceived availability of powder methamphetamine, South Australia, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. Availability data for powder not collected in 2020. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

Figure 17: Current perceived availability of methamphetamine crystal, South Australia, 2002-2021



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 16% of the SA sample recently consuming cocaine in 2021. This remained stable from 2020 (14%; $p=0.866$) and relative to previous years (Figure 18).

Frequency of Use

Of those who had recently consumed cocaine and commented in 2021 ($n=16$), frequency of use remained low and stable at a median of one day (IQR=1-4), unchanged from one day in 2020 (IQR=1-3; $p=0.694$). No participants reported using cocaine weekly or more frequently in 2021 (8% in 2020; $p=0.916$) (Figure 18).

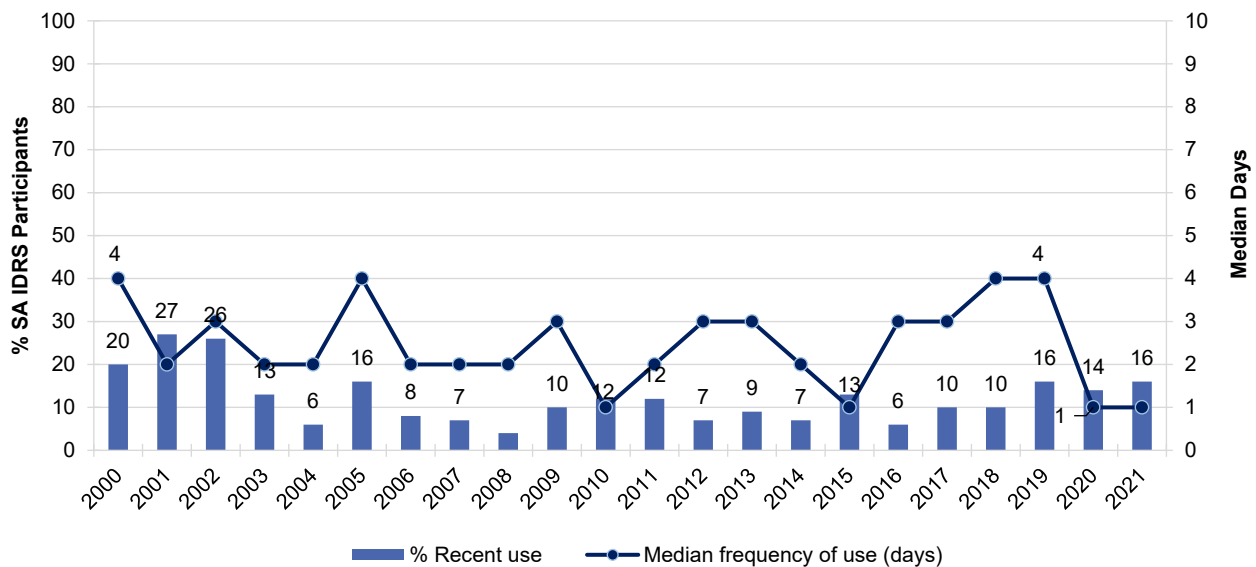
Routes of Administration

Among participants who had recently consumed cocaine and commented ($n=16$), four-fifths (81%) reported snorting cocaine, similar to reports in 2020 (79%). Few participants ($n\leq 5$) reported on any other route of administration; therefore, these data are suppressed.

Quantity

Of those who reported recent use and responded ($n=9$), the median amount of cocaine used on an average day of consumption in the six months preceding interview was 0.50 grams (IQR=0.50-2.00; 0.50 grams in 2020; IQR=0.20-1.00 in 2020; $p=0.328$).

Figure 18: Past six month use and frequency of use of cocaine, South Australia, 2000-2021

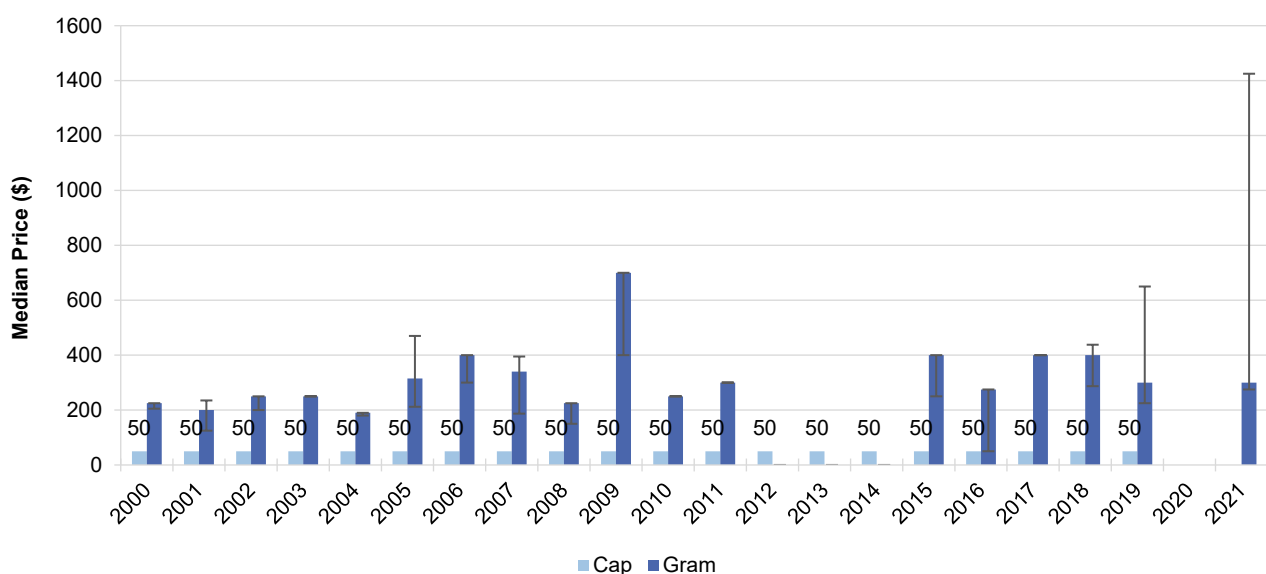


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

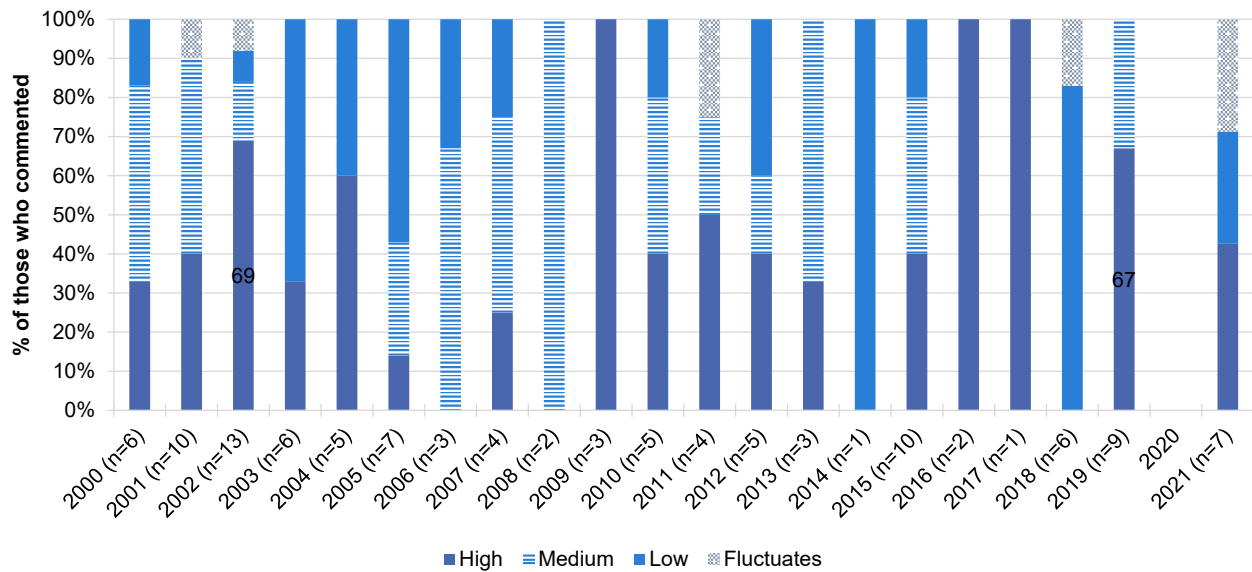
Due to low numbers ($n \leq 5$), details will not be reported on price (Figure 19), perceived purity (Figure 20) and perceived availability (Figure 21) for cocaine. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 19: Median price of cocaine per cap and gram, South Australia, 2000-2021



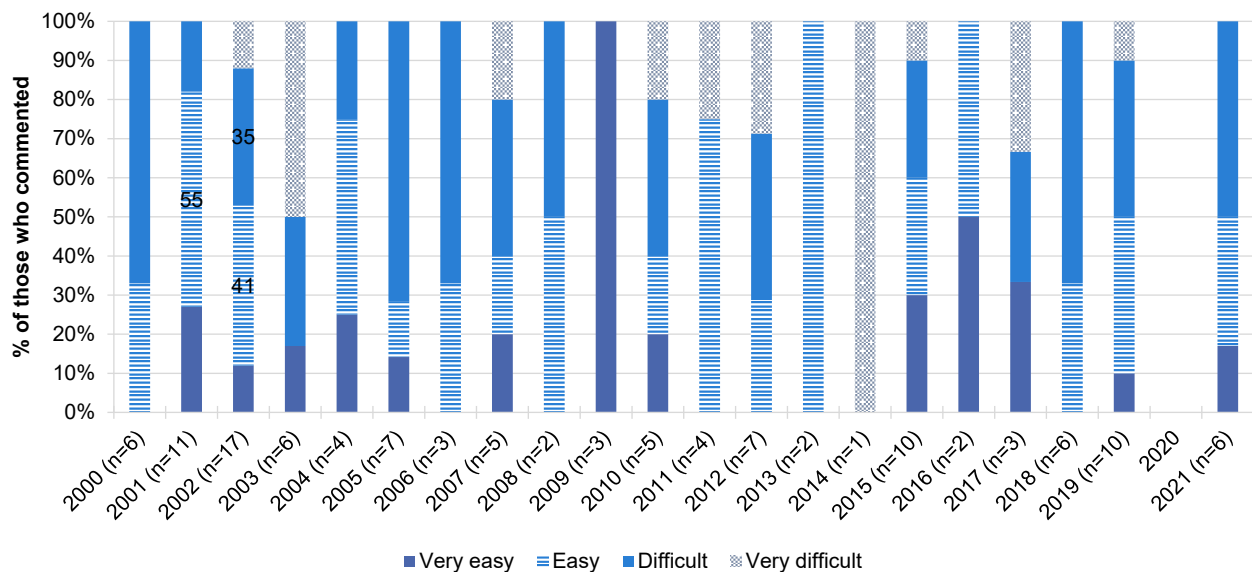
Note. Among those who commented. The error bars represent IQR. Price data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. No participants reported on the price of a gram in 2012, 2013 and 2014. No participants reported on the price of a cap in 2021. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

Figure 20: Current perceived purity of cocaine, South Australia, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Purity data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

Figure 21: Current perceived availability of cocaine, South Australia, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Availability data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0).

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent cannabis use has ranged from a peak of 88% in 2000 to a low of 61% in 2012 and 2013, before increasing again subsequently thereafter. Past six month use of cannabis remained stable in 2021, with 67% reporting recent use (67% in 2020) (Figure 22).

Frequency of Use

Frequency of use increased, though not significantly, from a median of 93 days (IQR=8-180) in 2020 to 180 days (IQR=36-180; $p=0.087$) in 2021. Of those who had recently consumed cannabis and commented in 2021 ($n=67$), three-fifths (60%) reported daily use, a significant increase relative to 2020 (41%; $p=0.046$).

Routes of Administration

Among participants who had recently consumed cannabis and commented ($n=67$), smoking continued to be the most common route of administration (94%; 93% in 2020), with 27% reporting inhaling/vaporising in 2021 (18% in 2020; $p=0.300$).

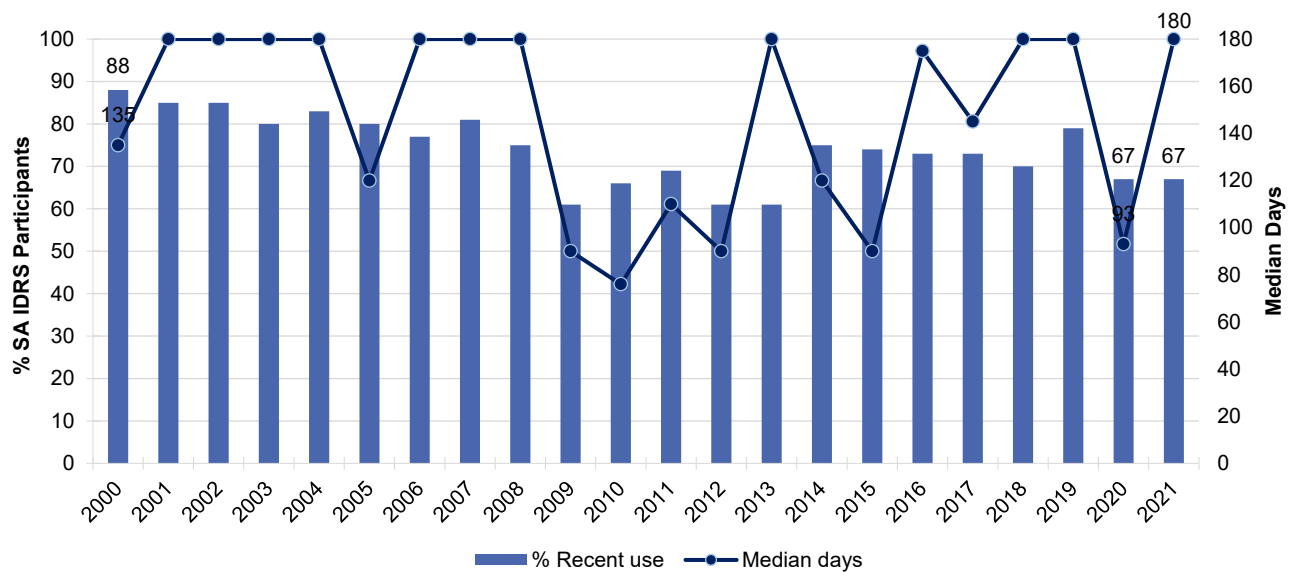
Quantity

Of those who reported recent use of cannabis in 2021, the median 'typical' amount used on the last occasion of use was 1.50 grams (IQR=1.00-2.00; $n=13$; 1.10 grams in 2020; IQR=0.60-2.10; $n=16$; $p=0.722$) or two cones (IQR=1-5; $n=42$; 2 cones in 2020; IQR=1-3; $n=38$; $p=0.444$) or two joints (IQR=1.5-3; $n=7$; $n\leq 5$ in 2020; $p=0.535$).

Forms Used

Of those who had used cannabis in the past six months and commented ($n=61$), 82% reported recent use of hydroponic cannabis (83% in 2020), and three-fifths (61%) reported recent use of outdoor-grown 'bush' cannabis (45% in 2020; $p=0.122$). Very few participants in 2021 reported using hashish ($n\leq 5$; 24% in 2020; $p=0.007$), hash oil ($n\leq 5$; 17% in 2020; $p=0.063$) and non-prescribed pharmaceutical CBD oil ($n\leq 5$; data not collected in 2020) in the preceding six months.

Figure 22: Past six month use and frequency of use of cannabis, South Australia, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: Consistent with previous years, the median price per bag of hydroponic cannabis in 2021 was \$25 (IQR=25-25; $n=23$; \$25 in 2020; IQR=25-25; $n=7$; $p=0.450$) and the median price per ounce of hydroponic cannabis was \$200 (IQR=150-240; $n=9$; \$223 in 2020; IQR=220-240; $n=12$; $p=0.236$) (Figure 23a).

Perceived Potency: The perceived potency of hydroponic cannabis remained stable between 2020 and 2021 ($p=0.804$). Among those who were able to comment in 2021 ($n=50$), three-fifths (60%) reported 'high' purity in 2021 (54% in 2020), with equal percentages reporting 'medium' (18%; 27% in 2020) and 'fluctuating' (18%; 16% in 2020) purity (Figure 24a).

Perceived Availability: Perceived availability remained relatively stable between 2020 and 2021 ($p=0.051$). Among those who were able to comment in 2021 ($n=51$), 55% perceived hydroponic cannabis to be 'very easy' to obtain (31% in 2020), with two-fifths (39%) reporting 'easy' obtainment (64% in 2020) (Figure 25a).

Bush Cannabis

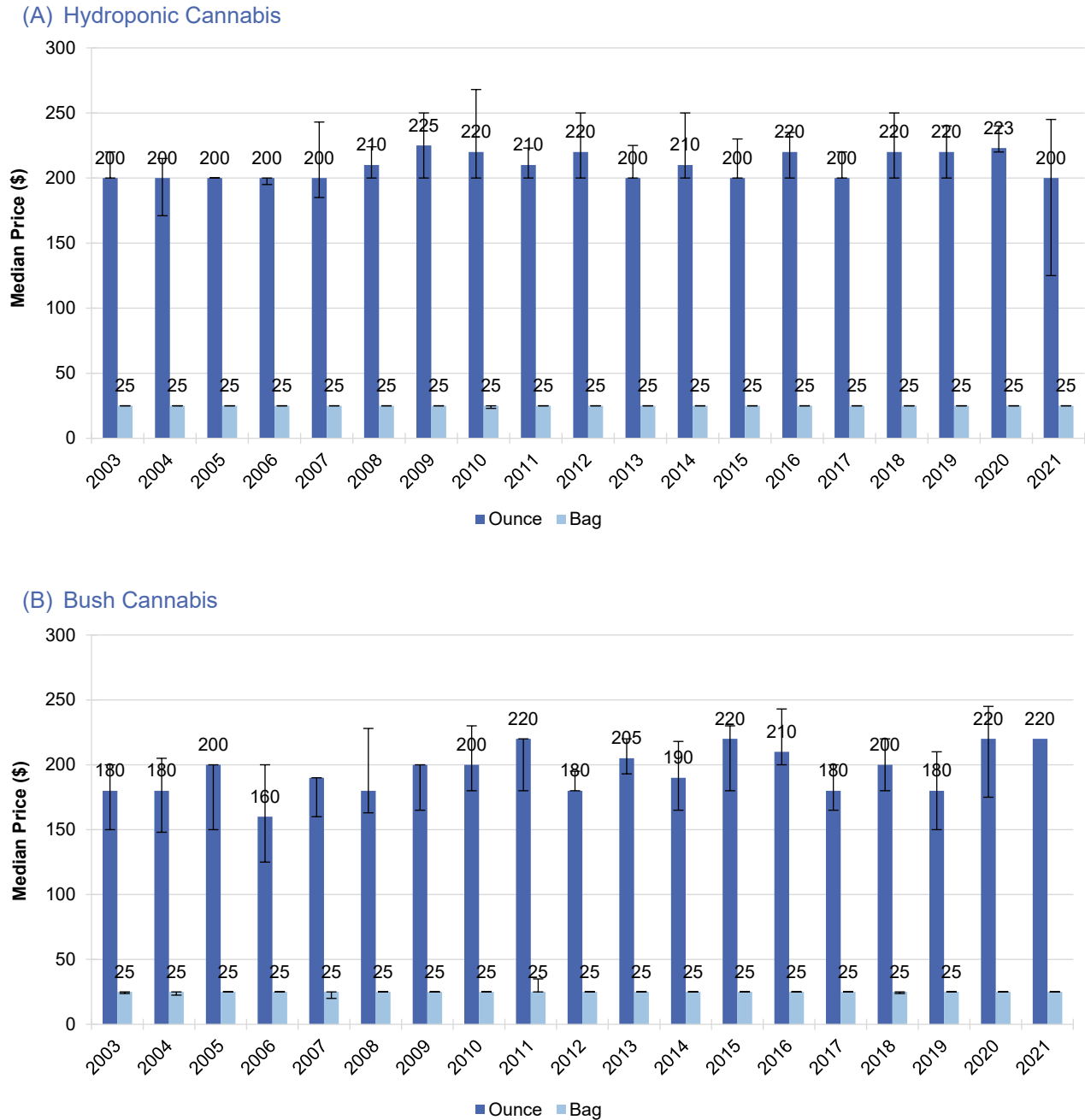
Price: The median price per ounce of bush cannabis was \$220 (IQR=200-248; $n=6$) which remained stable relative to 2020 (\$220; IQR=200-240; $n=9$; $p=0.675$) (Figure 23b). The median price per bag of bush cannabis in 2021 was \$25 (IQR=25-25; $n=19$; $n \leq 5$ in 2020).

Perceived Potency: Perceived potency of bush cannabis remained stable between 2020 and 2021 ($p=0.209$). Among those who were able to comment in 2021 ($n=36$), two-fifths, respectively, perceived potency to be 'high' (44%; 42% in 2020), or 'medium' (42%; 37% in 2020) (Figure 24b).

Perceived Availability: The perceived availability of bush cannabis remained stable between 2020 and 2021 ($p=0.937$). Among those who were able to comment in 2021 ($n=38$), half (50%) perceived

that bush was 'very easy' to obtain ($n \leq 5$ in 2020), whilst almost one-third (32%) perceived that bush was 'easy' to obtain (47% in 2020) (Figure 25b).

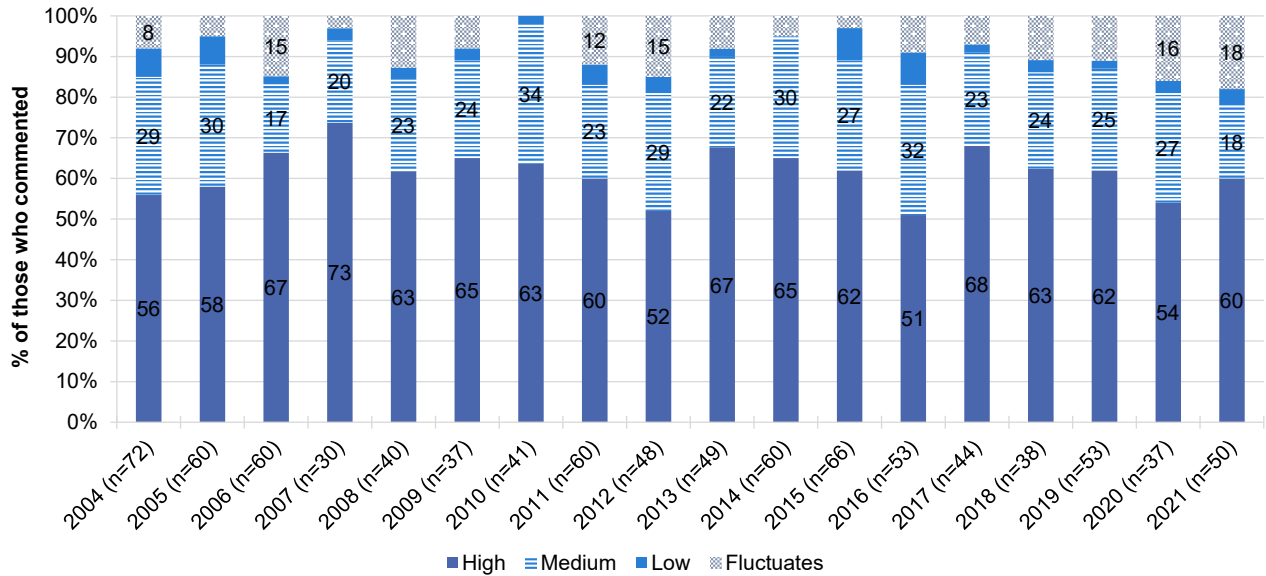
Figure 23: Median price of hydroponic (A) and bush (B) cannabis per ounce and bag, South Australia, 2003-2021



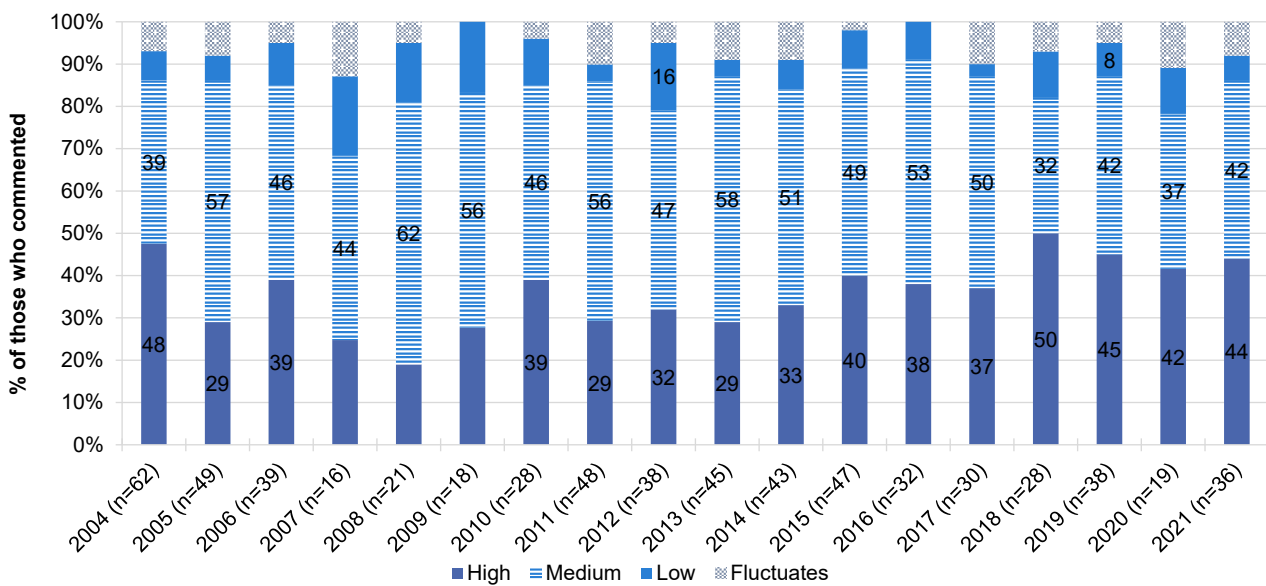
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). The error bars represent IQR. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 24: Current perceived potency of hydroponic (a) and bush (b) cannabis, South Australia, 2004-2021

(A) Hydroponic Cannabis



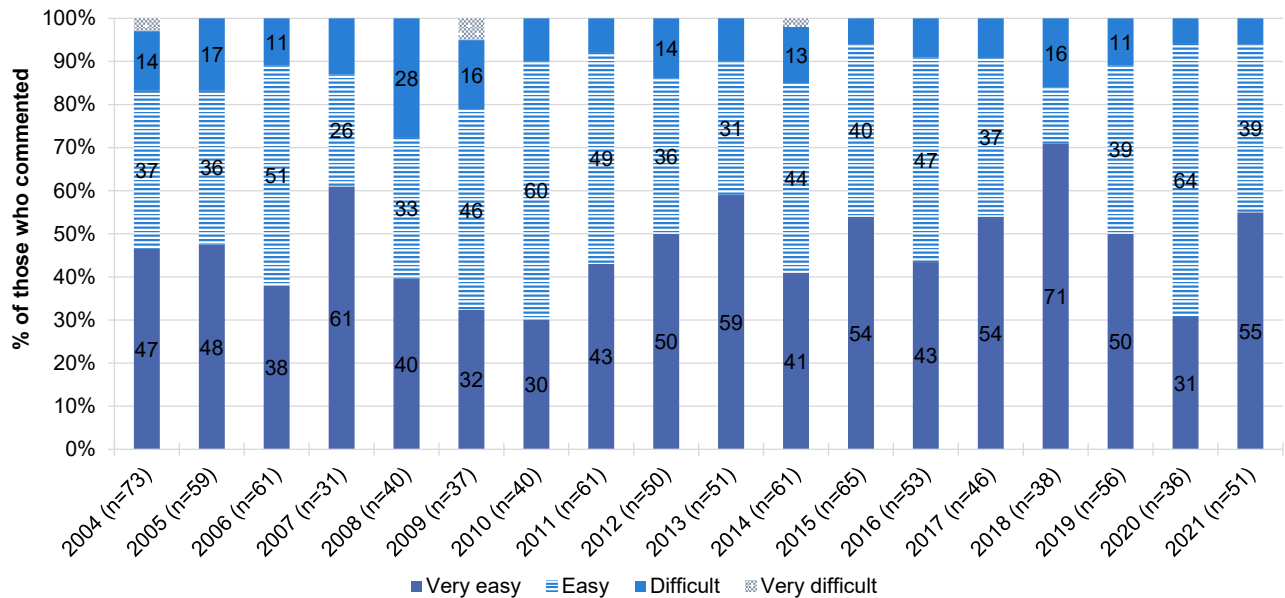
(B) Bush Cannabis



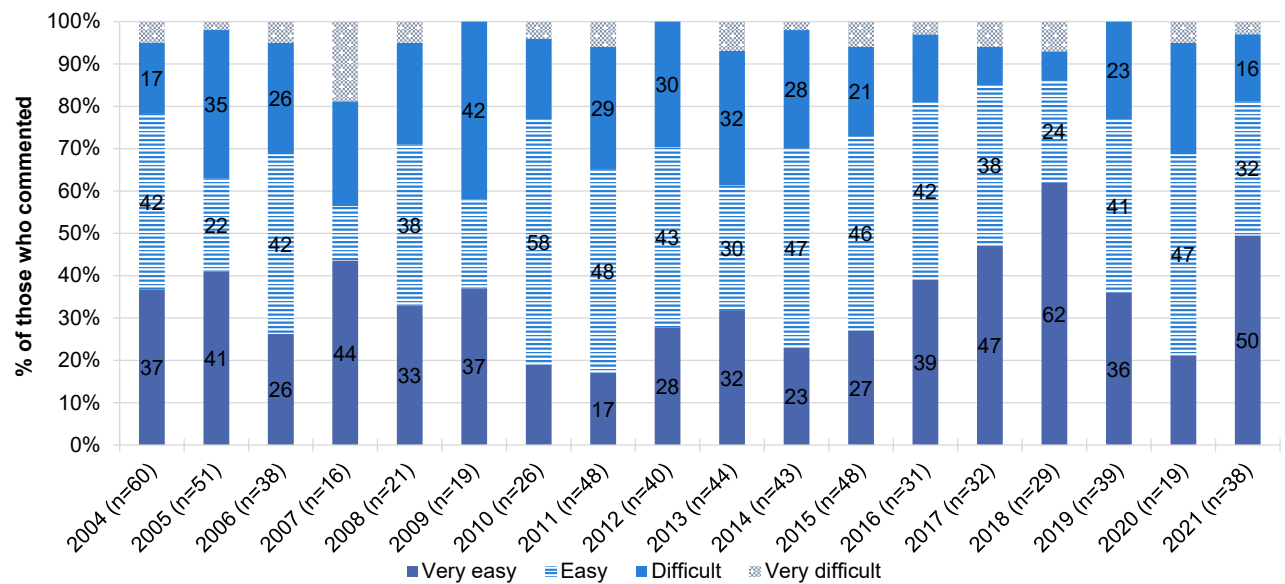
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Figure 25: Current perceived availability of hydroponic (a) and bush (b) cannabis, South Australia, 2004-2021

(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 2020 versus 2021.

7

Pharmaceutical Opioids

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

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

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

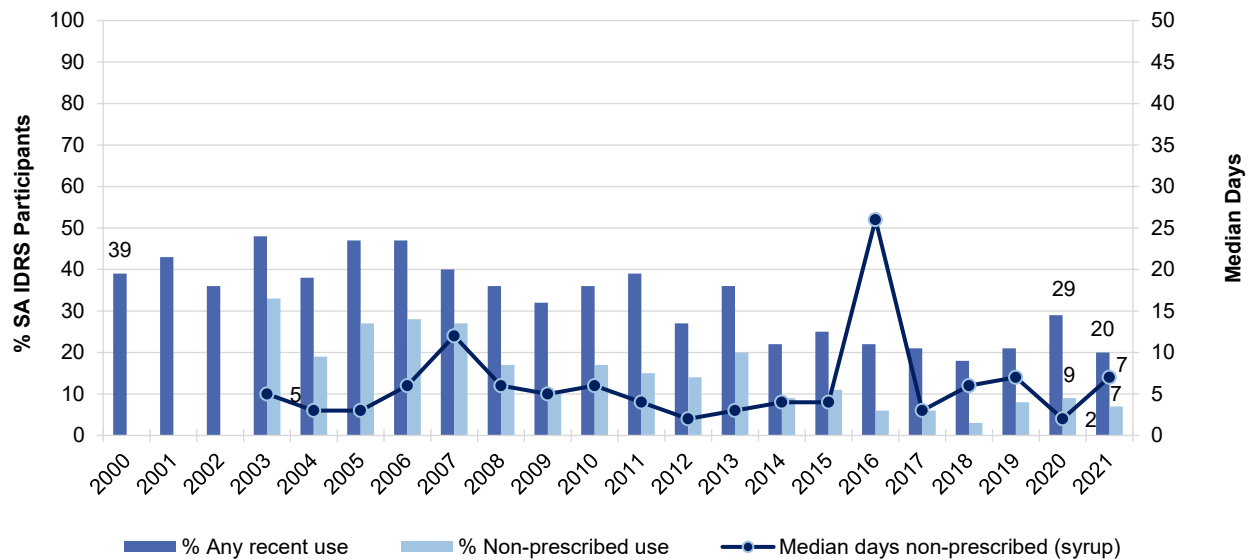
Methadone

Any Recent Use (past 6 months): Notwithstanding some fluctuation, the per cent reporting any recent methadone use (including syrup and tablets) in South Australia has generally decreased since monitoring commenced. In 2021, one-fifth (20%) of participants reported recent use of any prescribed and/or non-prescribed methadone (29% in 2020; $p=0.176$). Methadone use historically has largely consisted of prescribed use, with 15% reporting prescribed use in 2021, stable from 24% reporting prescribed use in 2020 ($p=0.144$). The per cent reporting non-prescribed use remained stable in 2021 at 7% (9% in 2020; $p=0.778$) (Figure 26).

Frequency of Use: Of those who had recently consumed non-prescribed methadone and commented ($n=6$), frequency of non-prescribed methadone syrup use remained low and stable in 2021 (7 days; IQR=3-8; 2 days in 2020; IQR=2-96; $p=0.942$) (Figure 26).

Recent Injection: Due to low numbers ($n\leq 5$) reporting on recent injection and median frequency of recent injection, details have been suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, South Australia, 2000-2021



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 are only provided for the first (2000/2003) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Buprenorphine

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

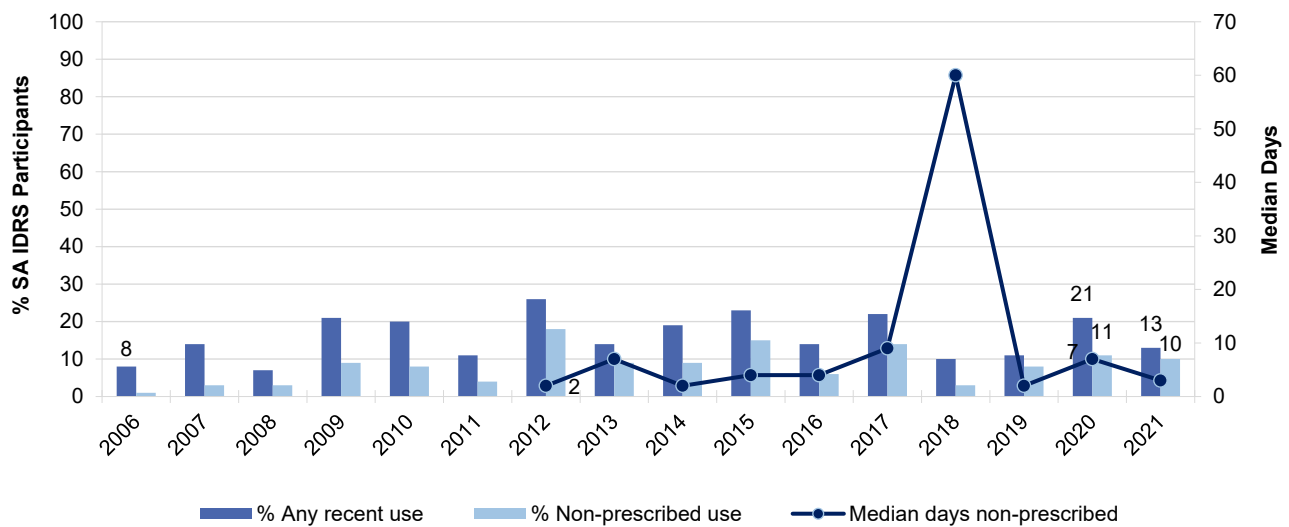
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent reporting recent buprenorphine-naloxone use has generally remained low and stable over the course of monitoring. In 2021, 13% of the sample reported recent use of any buprenorphine-naloxone (21% in 2020; $p = 0.167$), with one-tenth (10%) reporting non-prescribed use (11% in 2020; $p = 0.961$) (Figure 27). Few participants ($n \leq 5$) reported prescribed use (10% in 2020; $p = 0.079$).

Frequency of Use: Of those who had recently consumed non-prescribed buprenorphine-naloxone and commented ($n = 10$), frequency of use remained low and stable at a median of three days (IQR=1-7) in the past six months (7 days in 2020; IQR=3-17; $p = 0.187$) (Figure 27).

Recent Injection: Due to low numbers ($n \leq 5$) reporting on recent injection and median frequency of recent injection, details have been suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, South Australia, 2006-2021



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 2016-2021, 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 70 days to improve visibility of trends. Data labels are only provided for the first (2006/2012) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

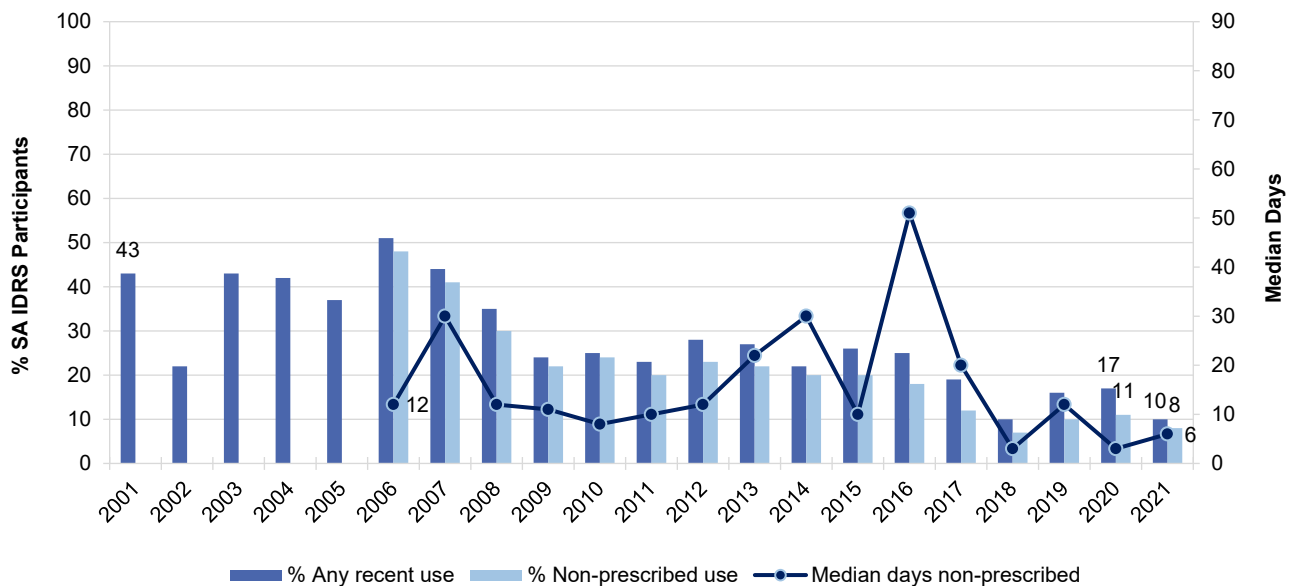
Morphine

Any Recent Use (past 6 months): The SA sample has observed a downward trend in recent use of morphine since peaking in 2006 (Figure 28). In 2021, 10% of the sample had recently used any morphine (17% in 2020; $p = 0.204$). This was mostly driven by non-prescribed use (8%; 11% in 2020; $p = 0.614$), with few participants ($n \leq 5$) reporting recent prescribed use (7% in 2020; $p = 0.524$).

Frequency of Use: Participants who had recently consumed non-prescribed morphine and commented ($n = 8$) reported use on a median of six days (IQR=2-27) in 2021, stable relative to 2020 (3 days; IQR=2-28) (Figure 28).

Recent Injection: Of those who had recently used any morphine in 2021 and commented ($n = 10$), 80% reported injecting morphine (82% in 2020) on a median of five days (IQR=2-48), stable relative to 2020 (3 days; IQR=2-28).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, South Australia, 2001-2021



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first (2001/2006) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2020 versus 2021.

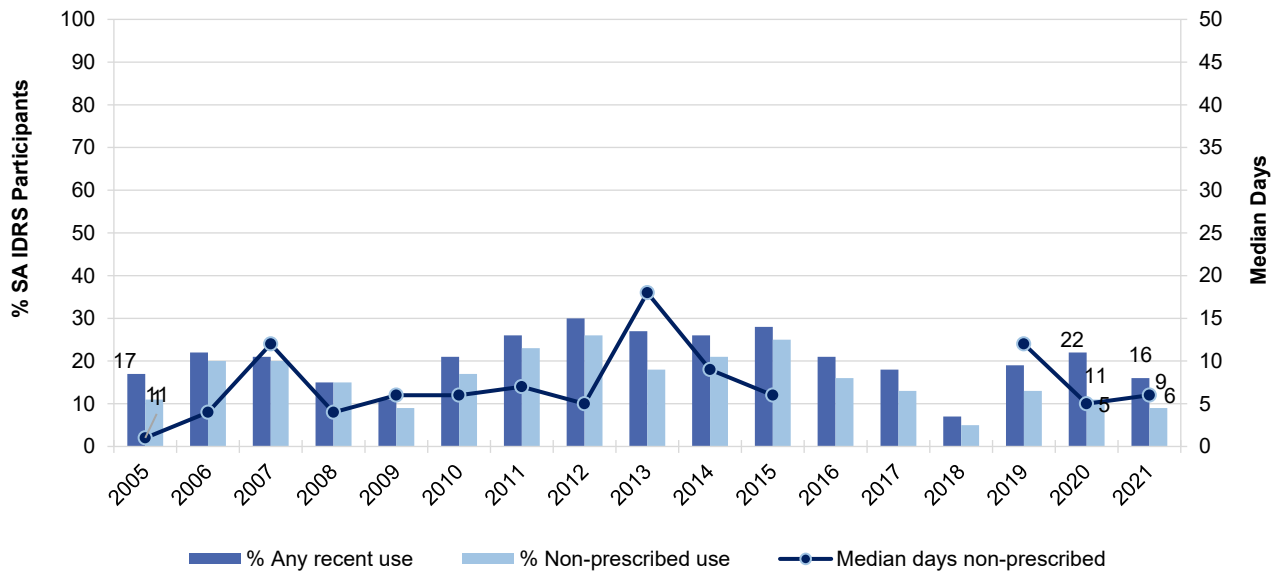
Oxycodone

Any Recent Use (past 6 months): Recent use of oxycodone has fluctuated over the course of monitoring, with 16% of participants reporting recent use in 2021, stable relative to 2020 (22%; $p = 0.315$) (Figure 29). In 2021, 8% of the sample had used prescribed oxycodone (11% in 2020; $p = 0.581$) and 9% had used non-prescribed oxycodone, stable from 11% in 2020 ($p = 0.759$).

Frequency of Use: Participants who had recently consumed non-prescribed oxycodone and commented ($n = 9$) reported use on a median of six days (IQR=2-8) in the six months preceding interview in 2021 (5 days in 2020; IQR=3-19; $p = 0.879$) (Figure 29).

Recent Injection: Due to low numbers ($n \leq 5$) reporting on recent injection and median frequency of recent injection, details have been suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, South Australia, 2005-2021



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2016-2018). Since 2019, oxycodone has been broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

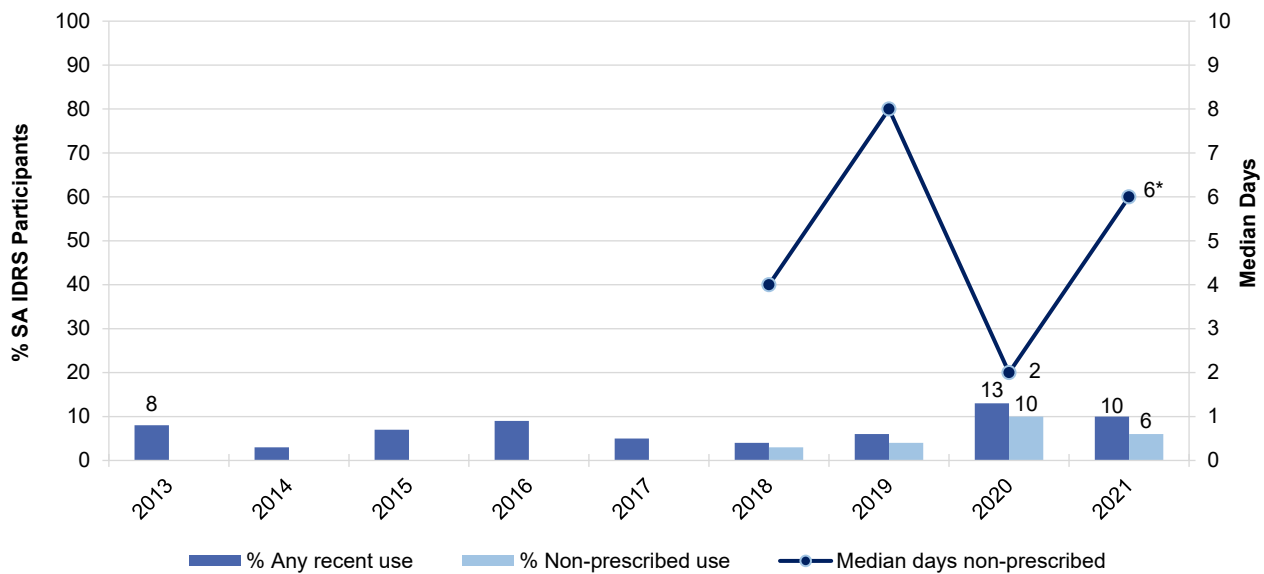
Fentanyl

Any Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring commenced (Figure 30). In 2021, one-tenth (10%) of the sample reported using fentanyl (prescribed or non-prescribed) in the six months preceding interview (13% in 2020; $p = 0.639$). Few participants ($n \leq 5$) reported prescribed use in 2021 ($n \leq 5$ in 2020), and 6% reported non-prescribed use (10% in 2020; $p = 0.422$).

Frequency of Use: Frequency of non-prescribed use in 2021 significantly increased relative to 2020. Participants who had recently consumed non-prescribed fentanyl and commented ($n = 6$) reported use on a median of six days (IQR=3-20) in 2021 (2 days in 2020; IQR=1-2; $p = 0.042$) (Figure 30).

Recent Injection: Of those who had recently used any fentanyl in 2021 and commented ($n = 10$), 100% of participants reported recently injecting any form (92% in 2020) on a median of two days (IQR=1-7) in the past six months, stable from 2020 (2 days; IQR=1-2; $p = 0.488$).

Figure 30: Past six-month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, South Australia, 2013-2021



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. Y axis reduced to 10 days to improve visibility of trends. Data labels are only provided for the first (2013/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2021 (Table 2). In 2021, 22% of participants reported any recent use of codeine (17% in 2020; $p = 0.497$), with one-tenth (10%) reporting recent prescribed use (12% in 2020; $p = 0.802$) and 12% reporting recent non-prescribed use (7% in 2020; $p = 0.346$). See Figure 32 in the [South Australia IDRS 2019 Report](#) for more detailed data on use of codeine.

Six per cent reported recent use of any form of tramadol ($n \leq 5$ in 2020; $p = 0.505$) and few ($n \leq 5$) participants reported recent use of any form of tapentadol (zero participants in 2020). Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 2: Past six month use of other opioids, South Australia, 2020-2021

% Recent Use (past 6 months)	2021 (N=101)	2020 (N=100)
Codeine		
Any prescribed use	10	12
Any non-prescribed use	12	7
Any injection	0	-
Tramadol		
Any prescribed use	6	-
Any non-prescribed use	-	0
Any injection	-	0
Tapentadol		
Any prescribed use	-	0
Any non-prescribed use	0	0
Any injection	0	0

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

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.

Few ($n \leq 5$) participants reported using any NPS in the six months prior to interview (6% in 2020; $p=0.733$) and therefore no further reporting on patterns of use will be included. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 3: Past six month use of new psychoactive substances, South Australia, 2014-2021

% Recent Use (past 6 months)	2021 N=101	2020 N=100	2019 N=100	2018 N=100	2017 N=100	2016 N=101	2015 N=102	2014 N=106
'New' drugs that mimic the effects of opioids	-	-	0	-	0	/	/	/
'New' drugs that mimic the effects of ecstasy	-	0	-	-	-	/	/	/
'New' drugs that mimic the effects of amphetamine or cocaine	-	-	-	-	/	-	-	-
'New' drugs that mimic the effects of cannabis	-	-	-	-	-	0	-	-
'New' drugs that mimic the effects of psychedelic drugs	0	-	-	0	-	/	/	/
'New' drugs that mimic the effects of benzodiazepines	0	0	0	0	/	/	/	/
Any of the above	-	6	9	8	-	0	-	-

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. In 2018, participants were asked about use of 'new drugs that mimic the effects of benzodiazepines'. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained stable in 2021 (18%; 28% in 2020; $p=0.112$) (Figure 31). This was mostly driven by non-prescribed use of other benzodiazepines (18%; 26% in 2020; $p=0.218$), with few ($n \leq 5$) participants reporting recent use of non-prescribed alprazolam in 2021 (6% in 2020; $p=0.721$).

Frequency of Use: Participants who had recently consumed non-prescribed other benzodiazepines and commented ($n=18$) reported use on a median of five days (IQR=2-24; 7 days in 2020; IQR=2-22; $p=0.218$) in 2021. Few ($n \leq 5$) participants were able to report on the frequency of use of alprazolam, therefore these data are suppressed.

Recent Injection: In 2021, very low numbers ($n \leq 5$) reported recent injection of any non-prescribed benzodiazepines ($n \leq 5$ in 2020; $p=0.690$), therefore no further reporting will be included. Please refer

to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Very low numbers ($n \leq 5$) reported using non-prescribed pharmaceutical stimulants in the last six months (7% in 2020; $p=0.524$) and therefore no further reporting on patterns of use will be included. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Antipsychotics

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

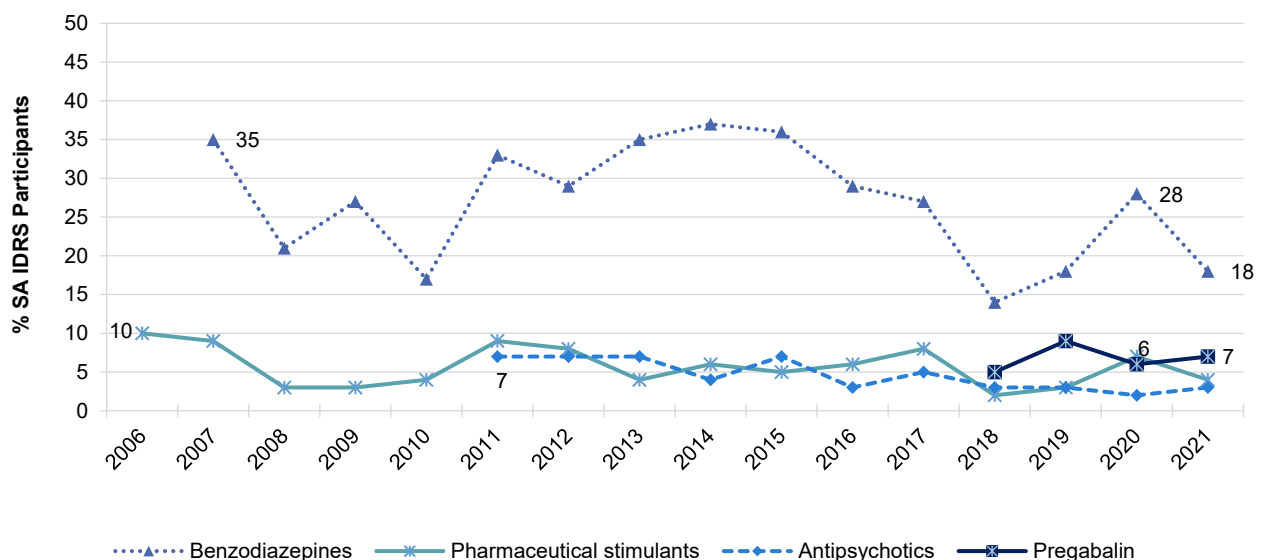
Pregabalin

Recent Use (past 6 months): In 2021, 7% of participants had used non-prescribed pregabalin (6% in 2020) in the six months preceding interview (Figure 31).

Frequency of Use: Participants who had recently consumed non-prescribed pregabalin and commented ($n=7$) reported use on a median of five days (IQR=4-13) in 2021, stable from five days in 2020 (IQR=4-7).

Recent Injection: In 2021, no participants reported recent injection of any non-prescribed pregabalin (17% in 2020; $p=0.936$), therefore no further reporting will be included. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 31: Past six month use of non-prescribed pharmaceutical drugs, South Australia, 2006-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about anti-psychotics in 2011 (asked as 'Seroquel' 2011-2018) and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Y axis reduced to 50% to improve visibility of trends. Data labels are only provided for the first (2006/2007/2011/2018) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Licit and Other Drugs

Steroids

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

Alcohol

Recent Use (past 6 months): Forty-seven per cent of the sample reported recent use of alcohol in 2021, a significant decrease from 65% in 2020 ($p=0.013$) (Figure 32).

Frequency of Use: Participants who had recently consumed alcohol and commented ($n=47$) reported use on a median of 12 days in 2021 (IQR=6-48; 24 days in 2020; IQR=3-50; $p=0.765$), with 13% reporting daily use (12% in 2020).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently high amongst the SA IDRS sample. In 2021, the majority of the sample (92%) reported recent use of tobacco (90% in 2020; $p=0.788$) (Figure 32).

Frequency of Use: Participants who had recently consumed tobacco and commented ($n=93$), reported use on a median of 180 days in 2021 (IQR=180-180; 180 days in 2020; IQR=180-180; $p=0.347$), with 92% reporting daily use (89% in 2020; $p=0.562$).

E-cigarettes

Recent Use (past 6 months): Thirteen per cent of participants reported recent use of e-cigarettes in 2021, stable relative to 2020 (8%; $p=0.369$) (Figure 32).

Frequency of Use: Participants who had recently consumed e-cigarettes and commented ($n=13$), reported use on a median of 14 days in 2021 (IQR=6-90; 8 days in 2020; IQR=1-180; $p=0.485$).

Forms Used: Among those who reported recent use in the last six months and responded ($n=12$), all participants (100%) reported using e-cigarettes that contained nicotine. Small numbers ($n \leq 5$) reported using e-cigarettes that contained cannabis, both cannabis and nicotine, or neither, respectively. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

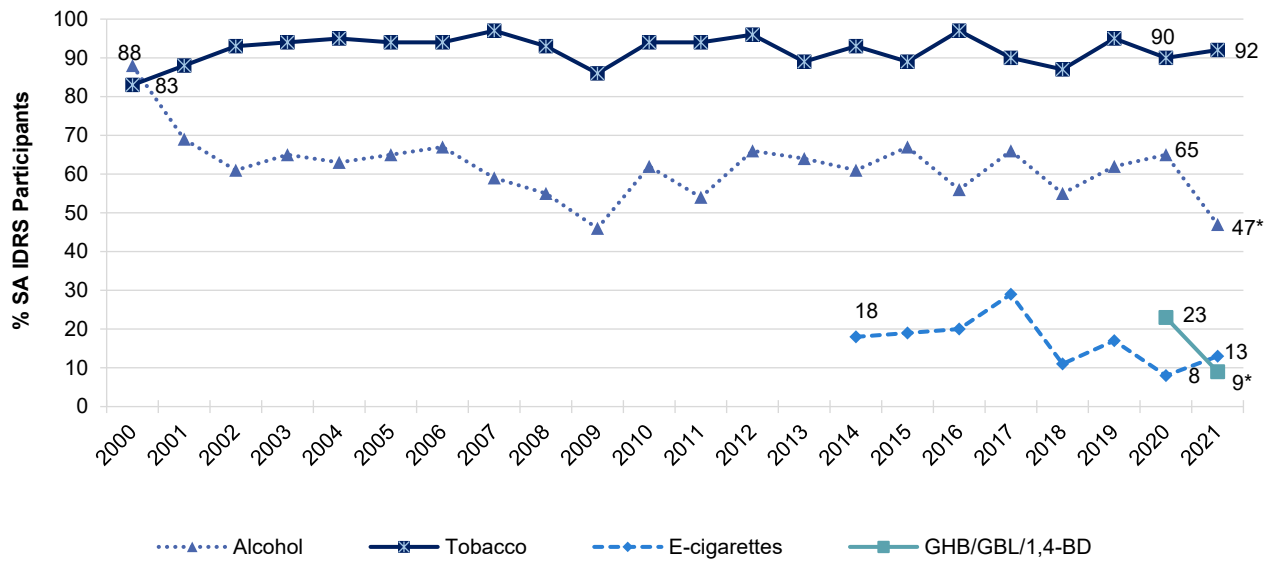
Reason for Use: Of those who reported e-cigarette use in the last six months and responded ($n=13$), 77% reported using e-cigarettes as a smoking cessation tool.

GHB/GBL/1,4-BD

Recent Use (past 6 months): In 2021, almost one-tenth (9%) of participants reported recent use of GHB/GBL/1,4-BD, a significant decrease from 23% in 2020 ($p=0.011$) (Figure 32).

Recent Injection: In 2021, no participants reported recent injection, therefore no further reporting will be included. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 32: Past six month use of licit and other drugs, South Australia, 2000-2021



Note. Participants were first asked about e-cigarettes in 2014. Participants were first asked about GHB/GBL/1,4-BD in 2020. Data labels are only provided for the first (2000/2014) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021

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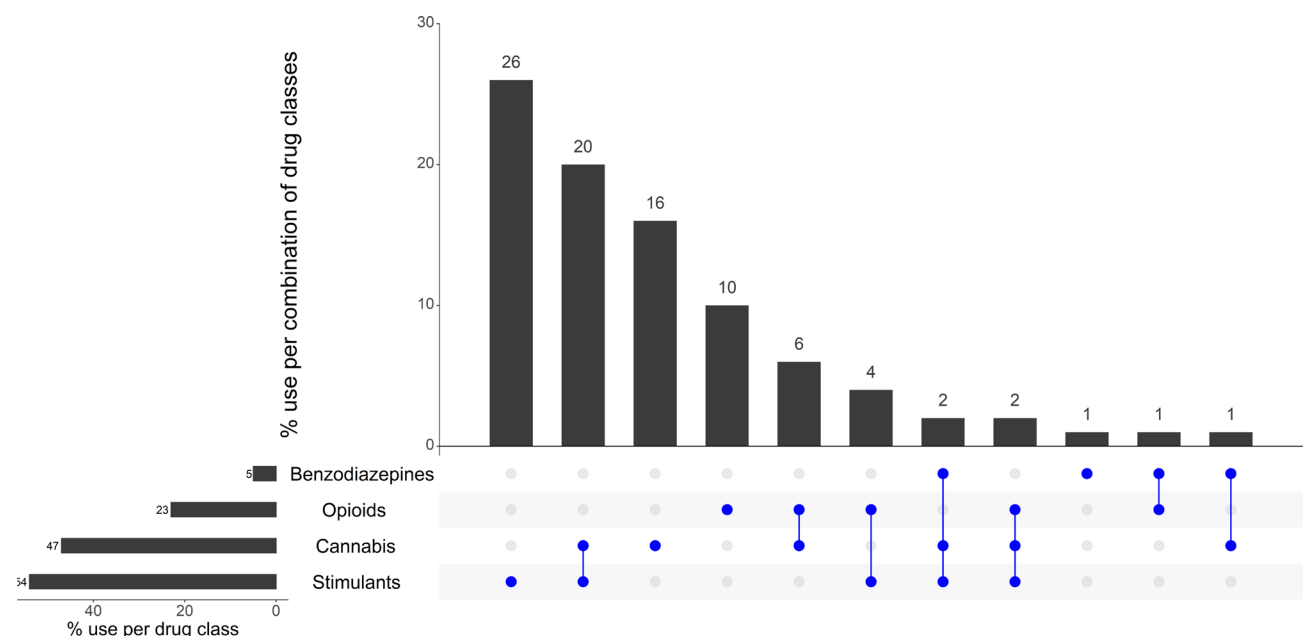
Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (96%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. Of those who reported using one or more drugs (n=97), the most commonly used substances were tobacco (81%), stimulants (54%), cannabis (47%) and opioids (23%).

One-fifth (20%) of participants reported concurrent use of cannabis and stimulants on the day preceding interview, whilst 6% reported concurrent use of cannabis and opioids (Figure 33). Twenty-six per cent of respondents reported using stimulants alone, whilst 16% reported using cannabis alone, and 10% reported using opioids alone.

Figure 33: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, South Australia, 2021



Note. % calculated out of total IDRS 2021 sample. The horizontal bars represent the per cent of participants who reported use of each drug class on the day preceding interview; the vertical columns represent the per cent of participants who used the combination of drug classes represented by the blue circles. Participants who did not report use of any of the four drug classes depicted are not shown in the figure but are counted in the denominator. 'Stimulants' includes methamphetamine, cocaine, MDA, MDMA, OTC stimulants and/or pharmaceutical stimulants. 'Opioids' includes heroin, methadone, morphine, oxycodone, buprenorphine, buprenorphine-suboxone, fentanyl, other pharmaceutical opioids (codeine, tapentadol, tramadol, etc). Use of benzodiazepines, opioids and stimulants could be prescribed or non-prescribed use. Y axis reduced to 30 % to improve visibility of trends.

Overdose Events

Non-Fatal Overdose

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

In 2021, participants were asked about their past 12-month experience of overdose where symptoms aligned with examples provided and effects were outside their normal experience, or they felt professional assistance may have been helpful. We specifically asked about:

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

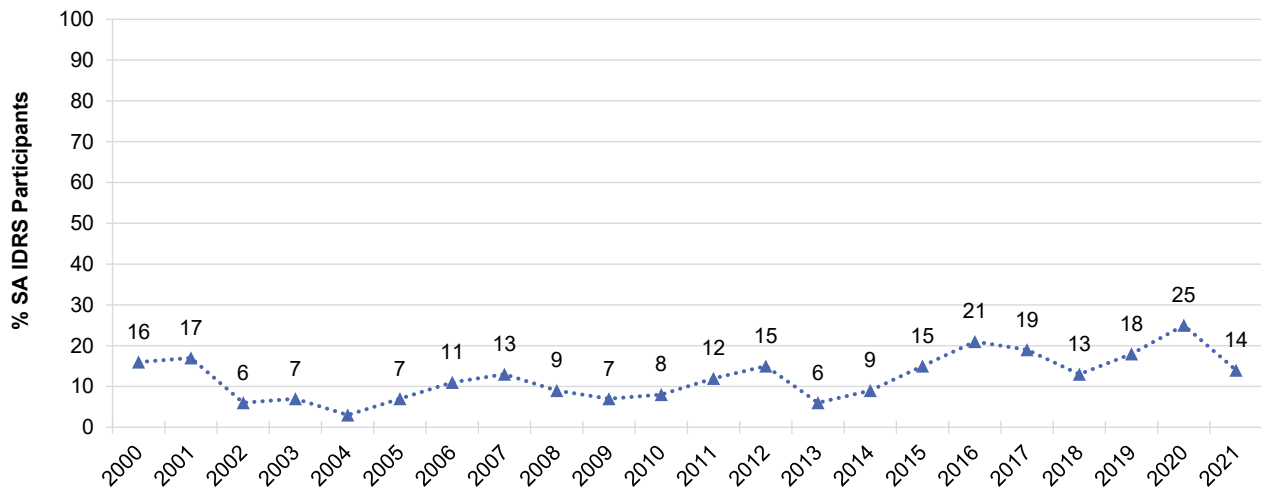
It is important to note that events reported across the drug types may not be unique given high rates of polysubstance use amongst the sample. Each year we compute the total per cent of participants who have experienced any past 12-month overdose event by looking for any endorsement across the drug types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

Overdose in the SA sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). The per cent reporting any past 12-month non-fatal overdose in 2021 remained relatively stable (14%; 25% in 2020; $p=0.073$) (Figure 34).

Six per cent reported a **non-fatal overdose following opioid use** in the past 12 months in 2021 (15% in 2020; $p=0.065$), whilst 8% reported a **non-fatal overdose following stimulant use** in the past 12 months ($n\leq 5$ in 2020; $p=0.381$). Few participants ($n\leq 5$) reported a non-fatal overdose following heroin use, a significant decrease from 2020 (13%; $p=0.029$) (Table 4).

Participants who had overdosed on an opioid had done so on a median of five occasions (IQR=2-6) in the last 12 months. Few participants ($n\leq 5$) were able to comment on the most common opioids, and other drugs, used during the last opioid overdose, or whether they received treatment on the last occasion of opioid overdose. These data are therefore suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Figure 34: Past 12 month non-fatal any overdose, South Australia, 2000-2021



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 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 4: Past 12-month non-fatal overdose by drug type, nationally, 2021, and South Australia, 2015-2021

	National 2021	2021	2020	2019	South Australia 2018	2017	2016	2015
% Any opioid	N=882 11	N=100 6	N=100 15	N=100 -	N=101 -	N=100 9	N=101 -	N=102 10
% Heroin overdose	N=880 9	N=100 -*	N=100 13	N=99 -	N=98 -	N=100 8	N=101 -	N=102 10
% Methadone overdose	N=880 1	N=100 0	N=100 -	N=99 0	N=101 -	N=100 0	N=101 0	N=102 0
% Morphine overdose	N=880 1	N=100 0	N=100 0	N=99 0	N=101 -	N=99 -	N=101 -	N=102 -
% Oxycodone overdose	N=880 0	N=100 0	N=100 -	N=99 0	N=99 -	N=99 0	N=101 -	N=102 -
% Stimulant overdose	N=885 4	N=101 8	N=100 -	N=99 13	N=100 -	N=100 11	N=99 14	N=102 -
% Other drug overdose								
% Other overdose	N=885 3	N=101 -	N=100 9	N=99 -	/	/	/	/
% Any drug overdose	N=882 17	N=100 14	N=100 25	N=99 18	N=97 13	N=99 19	N=101 21	N=102 14

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – 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 2020 versus 2021.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over forty years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW,

VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration (TGA) placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription. In 2020 and 2021, under the take home naloxone pilot program, naloxone was made available free of charge and without a prescription in NSW, SA and WA. Furthermore, naloxone nasal spray (Nyxoid®) is now available in Australia as a PBS-listing, which is expected to increase use of naloxone in the community.

Awareness of Naloxone: From 2013-2020, the per cent of participants who had heard of naloxone remained relatively stable, ranging between 63% and 75%. Whilst no significant change was observed in 2021 relative to 2020, 58% reported awareness of naloxone in 2021 (67% in 2020; $p=0.244$), the lowest per cent across the period of monitoring (Figure 35).

Awareness of Take-Home Programs (training program): The per cent reporting that they were aware of the take-home naloxone programs has fluctuated over time, with almost one-third (32%) reporting awareness of these programs in 2021, stable relative to 2020 (39%; $p=0.300$) (Figure 35).

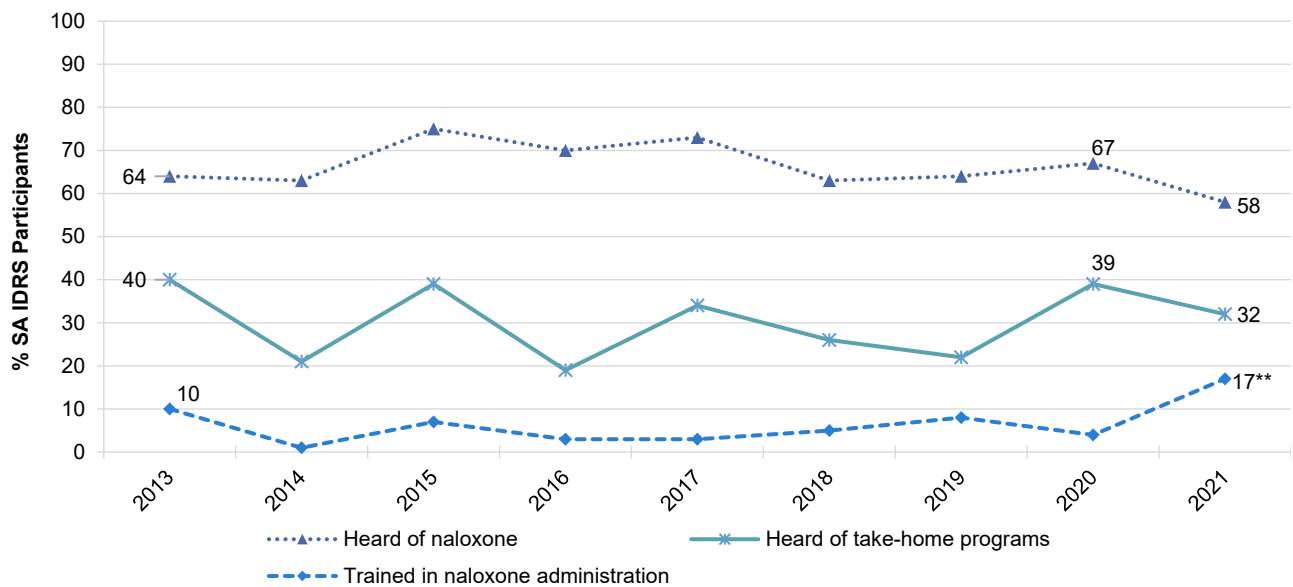
Participation in Training Programs: In 2021, 17% had been trained in how to administer naloxone in their lifetime, a significant increase from 2020 ($n\leq 5$; $p=0.005$) (Figure 35). Few participants ($n\leq 5$) commented on the location of their last naloxone training course; therefore, these data are suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Accessed Naloxone: Almost one-fifth (17%) of the SA sample reported having ever accessed naloxone (24% in 2020). Out of those who had either ever had trouble accessing naloxone or never accessed naloxone ($n=86$), reasons included 'don't consider myself/my peers at risk of overdose' (16%), 'don't use opioids' (16%) and 'didn't know you could access naloxone' (15%).

Use of Naloxone to Reverse Overdose: In 2021, 17% of the SA sample reported that they had ever resuscitated someone using naloxone at least once in their lifetime (14% in 2020; $p=0.536$). Few ($n\leq 5$) participants reported that they had been resuscitated by a peer using naloxone in the past year (6% in 2020; $p=0.266$).

Of those who reported ever accessing naloxone and commented ($n=17$), on the last occasion two-fifths (41%) reported last receiving intramuscular naloxone and 59% reported receiving intranasal naloxone. All participants (100%; $n=17$) reported that they did not have to pay the last time they accessed naloxone. Of those who reported ever accessing naloxone and could respond ($n=17$), two-fifths (41%) reported that they 'always' had naloxone on hand when using opioids in the past month, whilst 47% said 'never'. No participants reported 'often', 'sometimes' or 'rarely' having naloxone on hand when using opioids in the past month.

Figure 35: Take-home naloxone program and distribution, South Australia, 2013-2021



Note. Data labels are only provided for the first (2013) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

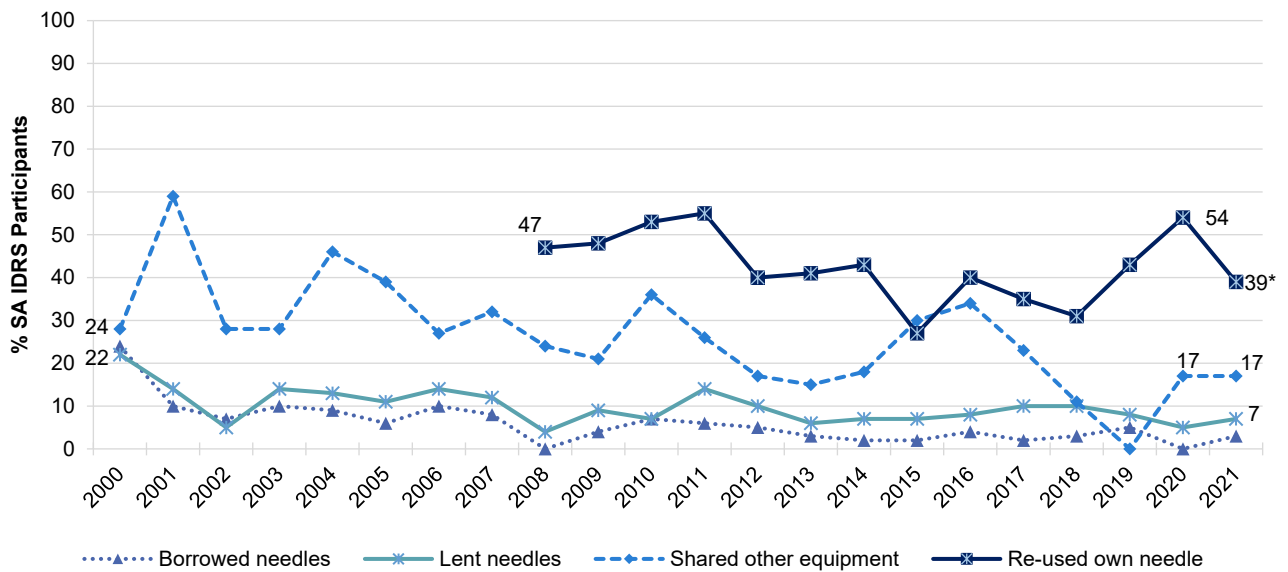
In 2021, few participants ($n \leq 5$) reported receptive sharing (0% in 2020; $p = 0.248$), whilst 7% reported distributive sharing in the past month ($n \leq 5$ in 2020; $p = 0.766$) (Figure 36).

The per cent who reported having shared other injecting equipment (e.g., spoons, tourniquet, water, and filters) in the past month has fluctuated considerably over the course of monitoring (Figure 36), though remained stable in 2021 (17%; 17% in 2020). Almost two-fifths (39%) of the sample reported that they had re-used their own needles in the past month, a significant decrease from 54% in 2020 ($p = 0.048$) (Figure 36).

One-third (35%) of the 2021 sample reported that they had injected someone else after injecting themselves (39% in 2020; $p = 0.622$), and one-fifth (20%) were injected by someone else who had previously injected in the past month (24% in 2020; $p = 0.609$) (Table 5).

A significant change was observed in the location of last injection between 2020 and 2021 ($p = 0.037$). Consistent with previous years, most participants (91%) reported that they had last injected in a private home (89% in 2020). An additional 7% of participants reported that they had last injected in a public toilet ($n \leq 5$ in 2020) (Table 5).

Figure 36: Borrowing and lending of needles and sharing of injecting equipment in the past month, South Australia, 2000-2021



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels are only provided for the first (2000/2008) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally, 2021, and South Australia, 2015-2021

	National				South Australia			
	2021 N=888	2021 N=101	2020 N=100	2019 N=98	2018 N=101	2017 N=100	2016 N=101	2015 N=102
% Injecting behaviours past month								
Borrowed a needle	N=880 6	N=100 -	N=99 0	N=98 -	N=101 -	N=100 -	N=100 -	N=100 -
Lent a needle	N=877 10	N=100 7	N=100 -	N=96 8	N=101 10	N=100 10	N=100 8	N=100 7
Shared any injecting equipment ^	N=881 18	N=101 17	N=99 17	N=100 0	N=101 11	N=99 23	N=100 34	N=100 31
Re-used own needle	N=880 38	N=101 39*	N=99 54	N=98 43	N=100 31	N=100 35	N=100 40	N=100 27
Injected partner/friend after self~	N=882 34	N=101 35	N=100 39	N=98 27	N=100 29	N=100 35	/	/
Somebody else injected them after injecting themselves~	N=880 18	N=100 20	N=100 24	N=96 25	N=101 14	N=100 19	/	/
% Location of last injection	N=884	N=101 *	N=100	N=98	N=101	N=100	N=98	N=100
Private home	83	91	89	95	88	92	88	90
Car	4	0	-	-	7	-	7	6
Street/car park/beach	4	-	-	0	-	-	-	0
Public toilet	4	7	-	-	-	0	-	-
Medically supervised injected services	3	0	0	/	/	/	/	/
Other	2	0	0	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size ($n \leq 5$ 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 2020 versus 2021.

Self-Reported Injection-Related Health Problems

The per cent of participants who had experienced any injection-related health issues in the month preceding interview remained stable in 2021 (29%), relative to 2020 (35%; $p=0.421$) (Table 6). The most common injection-related health issue reported by participants was nerve damage (13%; 13% in 2020), followed by any infection/abscess (12%; 15% in 2020; $p=0.659$) and a dirty hit (11%; 8% in 2020; $p=0.646$).

Table 6: Injection-related issues in the past month, South Australia, 2020-2021

	2021 (N=101)	2020 (N=100)
% Artery injection	6	9
% Any nerve damage	13	13
% Any thrombosis	6	8
Blood clot	6	8
Deep vein thrombosis	0	-
% Infection/abscess	12	15
Skin abscess	10	14
Endocarditis	-	0
Osteomyelitis/Sepsis/Septic arthritis	-	-
% Dirty hit	11	8
% Any injection-related problem	29	35

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 2020 versus 2021.

Drug Treatment

Significantly fewer participants reported that they were currently receiving any drug treatment in 2021 (24%) compared to 2020 (38%; $p=0.047$), although methadone continued to be the most commonly received treatment (Table 7).

In 2021, of those not currently in treatment ($n=77$), one-tenth (12%) of participants reported having difficulties accessing treatment in the past six months. Of these participants, 89% ($n=8$) reported trying to access treatment for methamphetamine use. Few participants ($n \leq 5$) were able to comment on the services that they had tried to access, therefore, numbers have been suppressed. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Table 7: Current drug treatment, nationally, 2021, and South Australia, 2015-2021

	National			South Australia				
	2021 N=886	2021 N=100	2020 N=100	2019 N=99	2018 N=201	2017 N=100	2016 N=101	2015 N=102
% Current drug treatment	37	24*	38	19	23	30	33	31
Methadone	24	15	20	12	13	16	21	17
Buprenorphine	2	-	0	0	0	-	-	-
Buprenorphine-naloxone	5	-*	10	-	6	7	7	8
Buprenorphine depot injection	2	-	-	-	/	/	/	/
Drug counselling	8	6	8	-	-	-	-	-
Other	3	-	-	-	0	-	-	-

Note. - Numbers suppressed when $n \leq 5$ (but not 0). / not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Bloodborne Virus Testing and Treatment

In 2021, 37% of participants reported that they had received a hepatitis C virus (HCV) antibody test in the past year (an increase relative to 2020; 23%; $p=0.046$), 27% had received an RNA test (35% in 2020; $p=0.258$) and 10% reported having a current HCV infection (9% in 2020; $p=0.898$) (Table 8). One-tenth (10%) of the total sample reported that they had received HCV treatment in the past year, of which three-fifths (60%; $n=6$) reported that their treatment had been successful.

Four-fifths of the total sample (80%) reported having ever had a test for human immunodeficiency virus (HIV) (25% within the past six months), with the vast majority reporting that they had never received a positive diagnosis (97%) (Table 8).

Table 8: HCV and HIV Testing and Treatment, nationally (2021) and South Australia, 2020-2021

%	National 2021 N=888	South Australia	
		2021 N=101	2020 N=100
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	N=100 37*	N=96 23
Past year hepatitis C PCR or RNA test	N=839 40	N=98 27	N=94 35
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	N=96 10	N=91 9
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	N=100 10	N=95 8
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	N=10 60	N=8 50
HIV test (n)	N=727	N=101	N=100
HIV test in past 6 months	31	25	/
HIV test more than 6 months ago	53	55	/
HIV status (n)	N=727	N=101	N=100
Lifetime HIV positive diagnosis	3	-	/

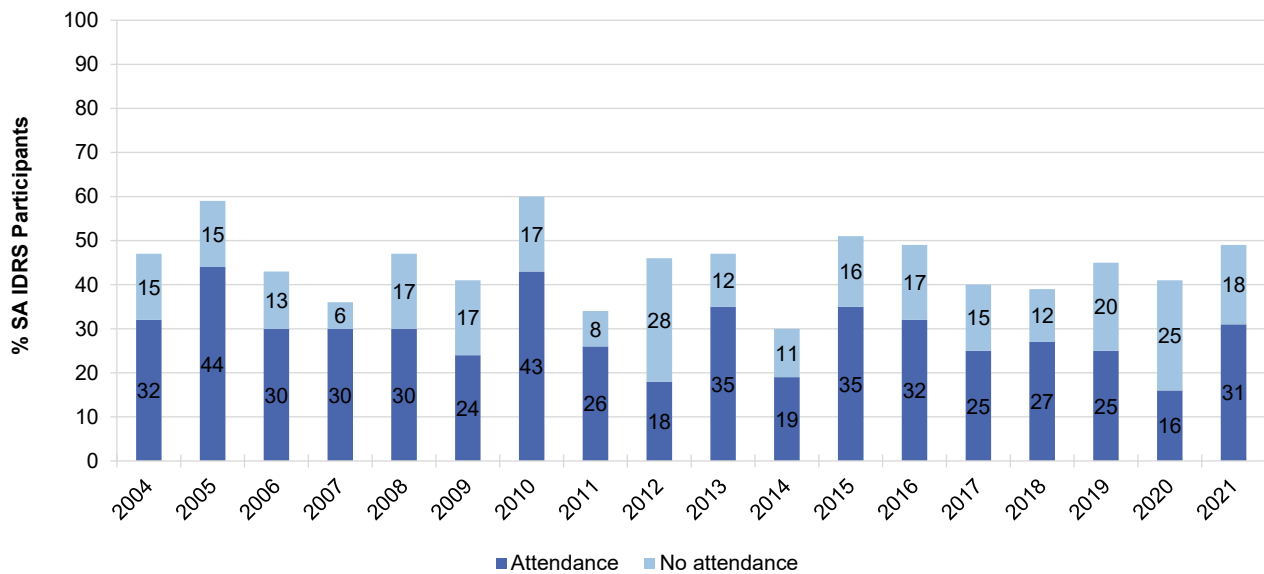
Note. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Mental Health

In 2021, 49% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2020 (41%; $p=0.365$) (Figure 37). Amongst this group, the most commonly reported problems were depression (65%), anxiety (54%) and post-traumatic stress disorder (PTSD) (25%). A smaller proportion of participants reported schizophrenia (21%) and any personality disorder (15%).

Almost one-third (31%) of the sample had seen a mental health professional during the past six months (63% of those who self-reported a mental health problem during the past six months, a significant increase from 39% in 2020; $p=0.047$). Three-quarters (77%) of those who had seen a mental health professional reported that they had been prescribed medication for their mental health problem in the preceding six months, stable from 2020 (60%; $p=0.378$).

Figure 37: Self-reported mental health problems and treatment seeking in the past six months, South Australia, 2004-2021



Note. The combination of the per cent who report treatment seeking and no treatment is the per cent who reported experiencing a mental health problem in the past six months. Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.

Driving

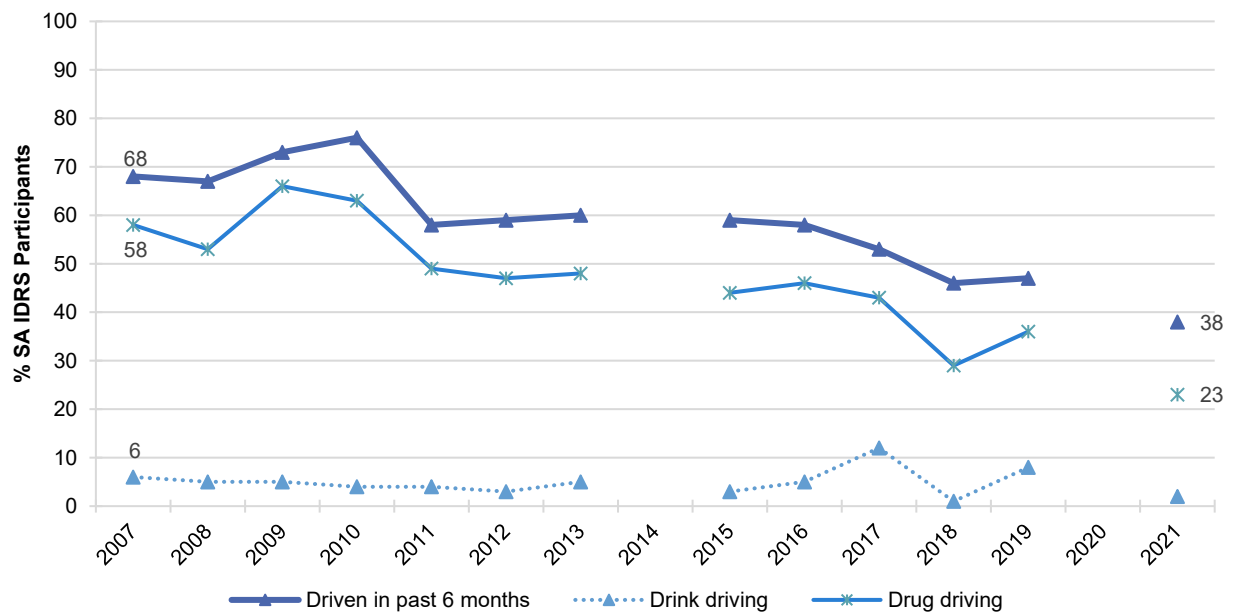
Thirty-eight per cent of the SA sample had driven a car, motorcycle or other vehicle in the last six months. Whilst few participants ($n \leq 5$) reported driving while over the perceived legal limit of alcohol, 23% reported driving within three hours of consuming an illicit drug in the last six months (61% of those who had driven recently) (Table 9). Among those who reported driving within three hours of consuming an illicit or non-prescribed drug in the last six months, the majority reported using crystal methamphetamine prior to driving (65%), followed by powder methamphetamine (39%) and cannabis (30%). One-tenth (10%) of the SA sample reported that they had been tested for drug driving by the police roadside drug testing service, and 15% reported being breath tested for alcohol by the police roadside testing service in the past six months.

Table 9: Participant reports of driving behaviour in the last six months, nationally and South Australia, 2021

%	National N=875	South Australia N=101
% Driven in last six months	36	38
% Driven over the legal alcohol limit in the last six months	(N=867) 4	(N=100) -
% Driven within three hours of consuming illicit drug(s) last six months	(N=871) 25	(N=101) 23
% Tested for drug driving by police roadside drug testing last six months	(N=872) 9	(N=101) 10
% Breath tested for alcohol by police roadside testing last six months	(N=874) 13	(N=101) 15

Note: Questions about driving behaviour were not asked in 2020. – Values suppressed due to small numbers ($n \leq 5$ but not 0). Computed out of the entire sample.

Figure 38: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, South Australia, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked about in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels are only provided for the first (2007) and most recent year (2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables.

Drug Checking

Drug checking is a common strategy used to test the purity and contents of illicit drugs.

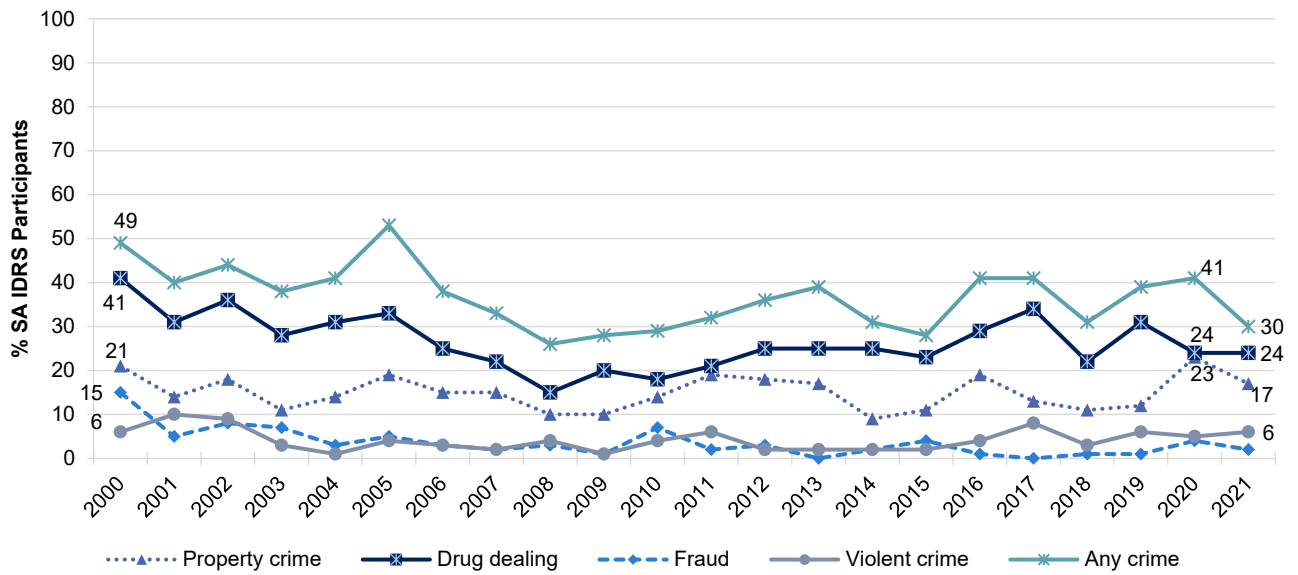
In 2021, 7% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia ($n \leq 5$ in the past year). Given small numbers ($n \leq 5$) of past year drug checking, no further results will be reported. Please refer to the [National IDRS Report](#) for national trends, or contact the Drug Trends team for further information.

Crime

Thirty per cent of participants reported engaging in 'any' crime in the past month in 2021, stable from 41% in 2020 ($p=0.143$). Selling drugs for cash profit (24%; 24% in 2020) and property crime (17%; 23% in 2020; $p=0.392$) remained the most common self-reported crimes in the month preceding interview (Figure 39). Six per cent reported violent crime in 2021 ($n \leq 5$ in 2020). Sixteen per cent reported being the victim of a crime involving violence in the past month (e.g., assault), stable from 2020 (10%; $p=0.346$).

In 2021, over one-third (35%) of the sample had been arrested in the past year, stable from 22% in 2020 ($p=0.061$). Half (52%) the sample reported a lifetime prison history in 2021, also stable from 42% in 2020 ($p=0.174$).

Figure 39: Self-reported criminal activity in the past month, South Australia, 2000-2021



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., $n \leq 5$ but not 0). For historical numbers, please refer to the data tables. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2020 versus 2021.