



SOUTH AUSTRALIA DRUG TRENDS 2019

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



SOUTH AUSTRALIA DRUG TRENDS 2019: KEY FINDINGS FROM THE ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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

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Research Team

The National Drug and Alcohol Research Centre (NDARC), UNSW Australia, coordinated the IDRS. The following researchers and research institutions contributed to IDRS 2019:

- Antonia Karlsson, Julia Uporova, Daisy Gibbs, Rosie Swanton, Olivia Price, Georgia Kelly, Professor Louisa Degenhardt, Professor Michael Farrell and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Amy Kirwan, Cristal Hall, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Callula Sharman and Associate Professor Raimondo Bruno, School of Psychology, University of Tasmania;
- Jodie Grigg, James Fetherston, Seraina Agramunt and Professor Simon Lenton, National Drug Research Institute, Curtin University, Western Australia;
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- Catherine Daly, Jennifer Juckel, Leith Morris and Dr Caroline Salom, Institute for Social Science Research, The University of Queensland.

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Participants

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

Contributors

We acknowledge the University of New South Wales Community Reference Panel and all other individuals who contributed to the development of the questionnaire. We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Madelaine Rose Benton, Hugh Scobie, Eleanor Lontos, Carla Morelli, Luke Macauley and Thomas Melios-Traver for conducting IDRS interviews in South Australia in 2019.

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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
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
HIV	Human Immunodeficiency Virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSW	New South Wales
OTC	Over-the-counter
SA	South Australia
SD	Standard deviation
STI	Sexually Transmitted Infection
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive summary

Sample Characteristics

The South Australia (SA) IDRS sample, recruited from Adelaide, were predominantly male with a mean age of 44, consistent with the SA profile in previous years. Three-fifths of the participants (60%) reported that methamphetamine was their drug of choice, and more than three-in-four (69%) reported methamphetamine as the drug they injected most often in the past month.

Heroin

Recent (i.e., past six month) use of heroin has decreased amongst the SA sample since monitoring began. Indeed, the percentage reporting recent use (past 6 months) declined from 35% in 2018 to 28% in 2019. Sixty-four per cent of recent consumers reported weekly use of heroin in 2019. Over one-fifth (23%) perceived purity of heroin to be 'high', the highest percentage reporting 'high' since the year 2000.

Methamphetamine

Recent use of any methamphetamine has trended upwards over the past few years, with nine in ten participants (90%) reporting recent use in 2019. This was driven by a continued increase in use of crystal methamphetamine (89%) – the most commonly used form since 2008. Notably, increases in use of the powder and base form were observed from 2018 to 2019. A lower median price per gram was observed for crystal relative to recent years.

Cocaine

The per cent reporting recent cocaine use has ranged between 4% and 27% over the course of monitoring. In 2019, 16% of the SA sample had recently consumed cocaine.

Cannabis

Recent use of cannabis has remained fairly stable since 2014, with 79% reporting recent use in 2019. Over half (59%) of recent consumers reported using cannabis daily. Hydroponic cannabis remained the form most commonly used (71%), followed by bush cannabis (27%). There was some shift towards

rating availability of both forms as 'easy' as opposed to 'very easy' in 2019.

Pharmaceutical Opioids

Recent non-prescribed use of pharmaceutical opioids such as morphine and oxycodone has declined over the past 5-15 years of monitoring. The per cent reporting recent use of oxycodone significantly increased from 2018 ($\leq 5\%$) to 2019 (13%), although did not return to levels observed before the change in controlled-release oxycodone formulation in 2014.

Other Drugs

One-in-ten (9%) reported recent NPS use. Non-prescribed benzodiazepine use has decreased (35% in 2007 versus 18% in 2019). Alcohol and tobacco use have remained consistently high over the period of monitoring, with 62% and 95% reporting recent use of tobacco, respectively, in 2019. Thirteen per cent of recent alcohol consumers reported daily use and of recent tobacco consumers, daily use was reported by 89% of participants.

Drug-Related Harms and Other Risks

Fourteen per cent of the SA sample reported using a combination of opioids, stimulants and/or benzodiazepines on the day prior to interview. Almost one-fifth (18%) of participants reported having overdosed in the 12 months preceding interview, most commonly due to stimulant(s). Almost one-tenth (8%) of participants reported that they had been trained in how to administer naloxone and a very low number (≤ 5 participants) reported having used naloxone to reverse overdose in 2019. Those who reported re-using injecting equipment has significantly declined over time. Of those who reported penetrative sex with one or more people in the past six months, 33% had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Self-reported mental health problems and past month criminal activity remained stable from 2018 reports (45% and 39%, respectively).

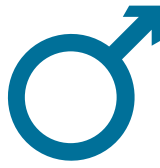
2019 SAMPLE CHARACTERISTICS



In 2019, 100 people from South Australia participated in IDRS interviews.

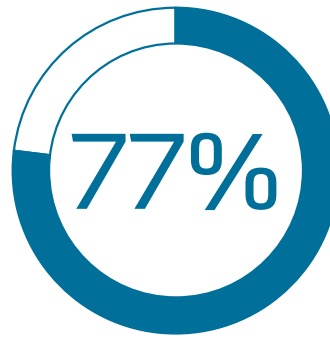


44 years



62%

The mean age in 2019 was 44, and 62% identified as male.

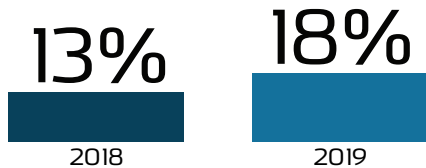


In the 2019 sample, 77% were unemployed.

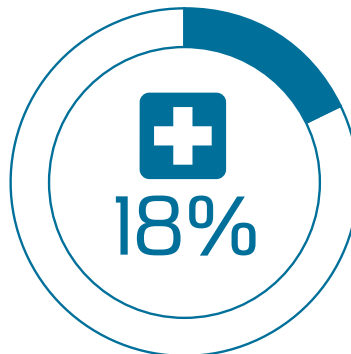
- 1 Crystal Methamphetamine
- 2 Heroin
- 3 Powder Methamphetamine

The three most commonly injected drugs were crystal methamphetamine, heroin and powder methamphetamine.

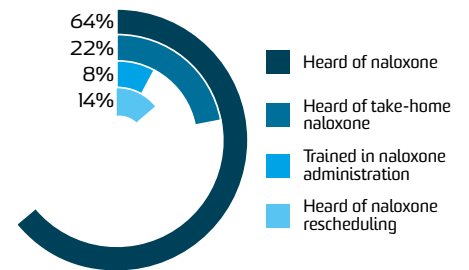
NALOXONE AND SEEKING HELP



Non-fatal overdose in the previous 12 months remained stable at 18% (13% in 2018).

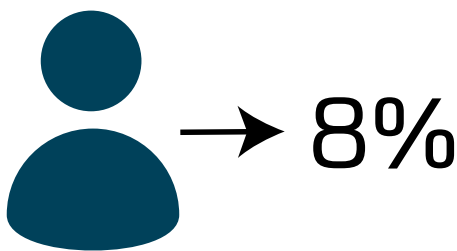


18% of IDRS participants reported that they were currently in drug treatment.

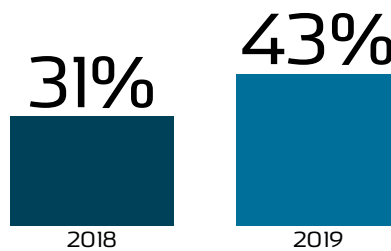


South Australian IDRS participant's knowledge of the take-home naloxone programme.

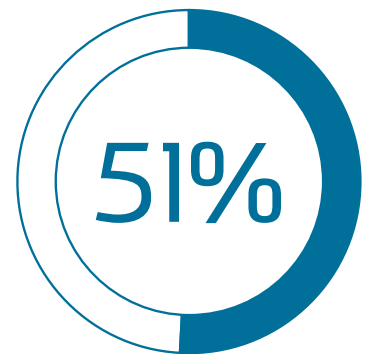
INJECTING RELATED RISKS AND HARMS



In 2019, 8% of the South Australian IDRS sample reported distributive needle sharing

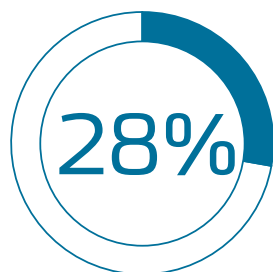


In 2019, over two-fifths (43%) of the sample reported that they had re-used their own needles in the past month (31% in 2018).

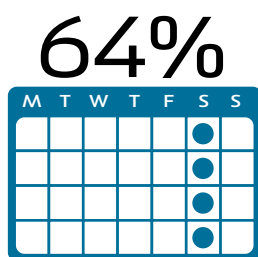


In 2019, half (51%) of the South Australian sample reported having an injection-related health issue in the month preceding interview.

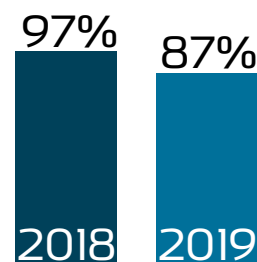
HEROIN



28% of South Australian IDRS participants reported using heroin in the past 6 months.



Of those who had recently consumed heroin, over three-fifths (64%) used it weekly or more.

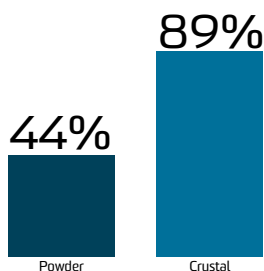


Of those who could comment 87% perceived heroin to be 'easy' or 'very easy' to obtain in 2019.

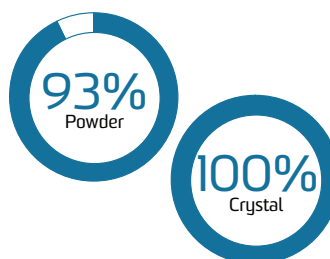
METHAMPHETAMINE



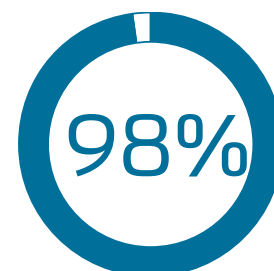
90% of South Australian 2019 IDRS participants reported past 6 month use of any methamphetamine.



Of the entire sample, 44% had recently consumed powder, and 89% crystal methamphetamine.



Injection was the main route of administration for powder (93%), crystal (100%) among those who had consumed each form.

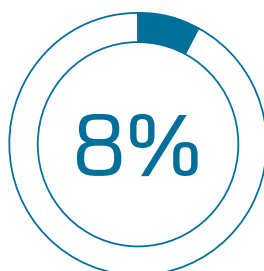


Of those who could comment 98% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2019.

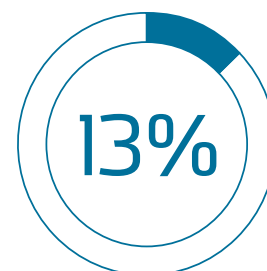
PHARMACEUTICAL OPIOIDS



Past 6 month use of non-prescribed morphine was stable at 10% (7% in 2018)



8% of South Australian IDRS participants reported using non-prescribed methodone in the past 6 months.

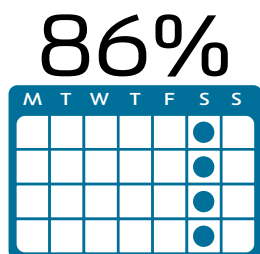


13% of South Australian IDRS participants reported using non-prescribed oxycodone in the past 6 months.

CANNABIS



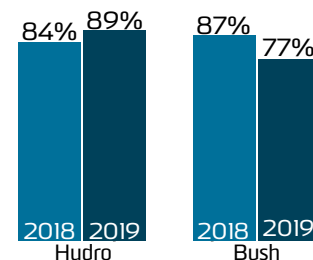
Almost 4 in 5 (79%) South Australian participants in the 2019 IDRS sample reported past 6 month use of cannabis.



Of those who had consumed cannabis recently, 86% reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 99% had smoked it.



Of those who could comment, high percentages perceived bush and hydro to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

Full details of the [methods for the annual interviews](#) are available for download. To briefly summarise, participants were recruited using multiple methods (e.g., needle and syringe programs (NSP) and peer referral) and needed to: i) be at least 17 years of age (due to ethical requirements); ii) have injected at least monthly during the six months preceding interview; and iii) have been a resident for at least 12 months in the capital city in which they were interviewed. Following provision of informed consent and completion of a structured interview, participants were reimbursed \$40 for their time and expenses incurred. A total of 902 participants were recruited across capital cities nationally (May-July 2019), with 100 participants interviewed in Adelaide, SA, during May-June 2019 (100 participants in 2018). One-third (34%) of participants disclosed that they had previously participated in the SA IDRS in 2019.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness $> \pm 1$ or kurtosis $> \pm 3$), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 2017 and 2018. Note that no corrections for multiple comparisons have been made and thus comparisons should be treated with caution. Values where cell sizes are ≤ 5 have been suppressed with corresponding notation (zero values are reported).

Interpretation of Findings

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

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

Additional Outputs

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

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

1

Sample Characteristics

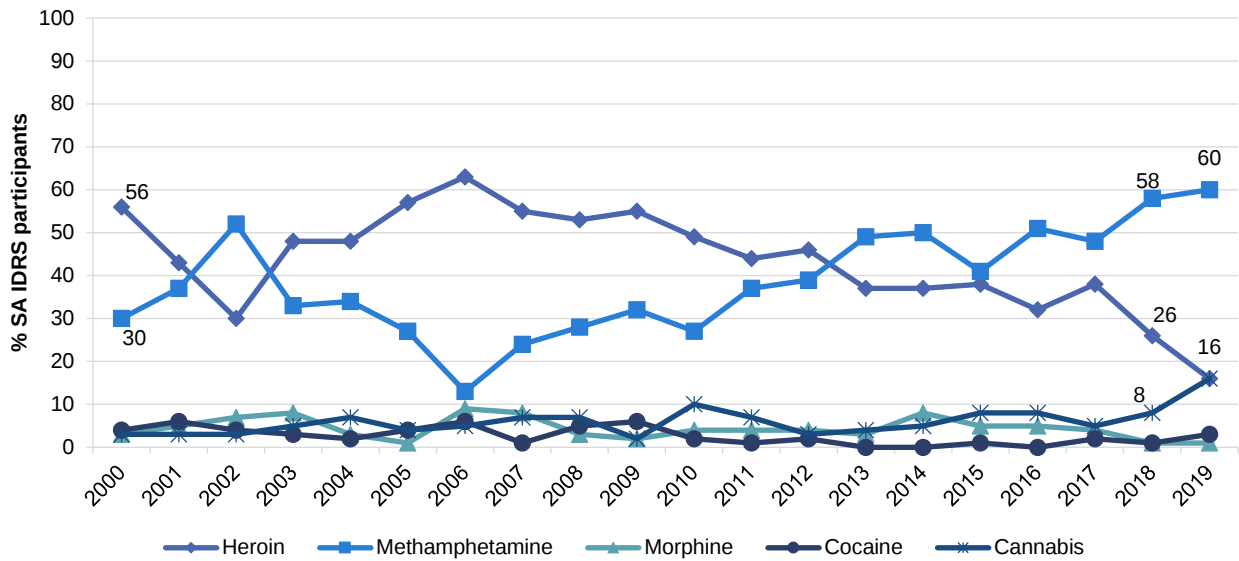
In 2019, the SA IDRS sample was predominantly male (62%) with a mean age of 44 (range=19-62; Table 1). Over three-quarters of the sample (77%) were unemployed at the time of interview, although two-thirds (66%) of the sample reported having received a post-school qualification(s). The majority of participants (91%) reported that their main source of income was through a government pension, allowance or benefit. Participants typically reported that methamphetamine was their drug of choice (60%), and the drug injected most often in the month preceding interview (69%).

Table 1: Demographic characteristics of the sample, nationally (2019) and South Australia, 2015-2019

	National	South Australia				
	2019	2019	2018	2017	2016	2015
	(N=902)	(N=100)	(N=101)	(N=100)	(N=101)	(N=102)
Mean age (years; SD)	44 (9)	44 (10)	46 (9)	45 (9)	44 (8)	45 (8)
% Male	68	62	68	61	61	66
% Aboriginal and/or Torres Strait Islander	22	19	11	7	7	14
% Sexual identity						
Heterosexual	87	92	98	92	86	91
Homosexual	3	-	0	-	-	-
Bisexual	8	-	-	-	10	-
Other	1		0	-	-	0
Median years of school education (IQR)	10 (9-11)	10 (9-11)	10 (9-11)	10 (9-11)	10 (9-11)	10 (10-11)
% Post-school qualification(s)^	57	66	54	57	55	57
% Accommodation						
Own home (inc. renting)~	70	78	83	83	87	81
Parents'/family home	6	-	11	6	-	7
Boarding house/hostel	6	7	-	-	-	-
Shelter/refuge	2	0	-	0	0	0
No fixed address	9	-	-	6	-	-
Other	-	0	0	-	-	7
Employment status						
% Unemployed	88	77	92	77	86	81
% Full-time work	1	-	-	6	-	5
% Gov't pension, allowance or benefit main income source	89	91	95	92	/	/
Median income/week (\$; IQR)	(N=888) 350 (275-450)	(N=100) 300 (258-450)	(N=97) 400 (275-450)	(N=100) 400 (283-499)	(N=98) 385 (274-495)	(N=100) 383 (275-459)

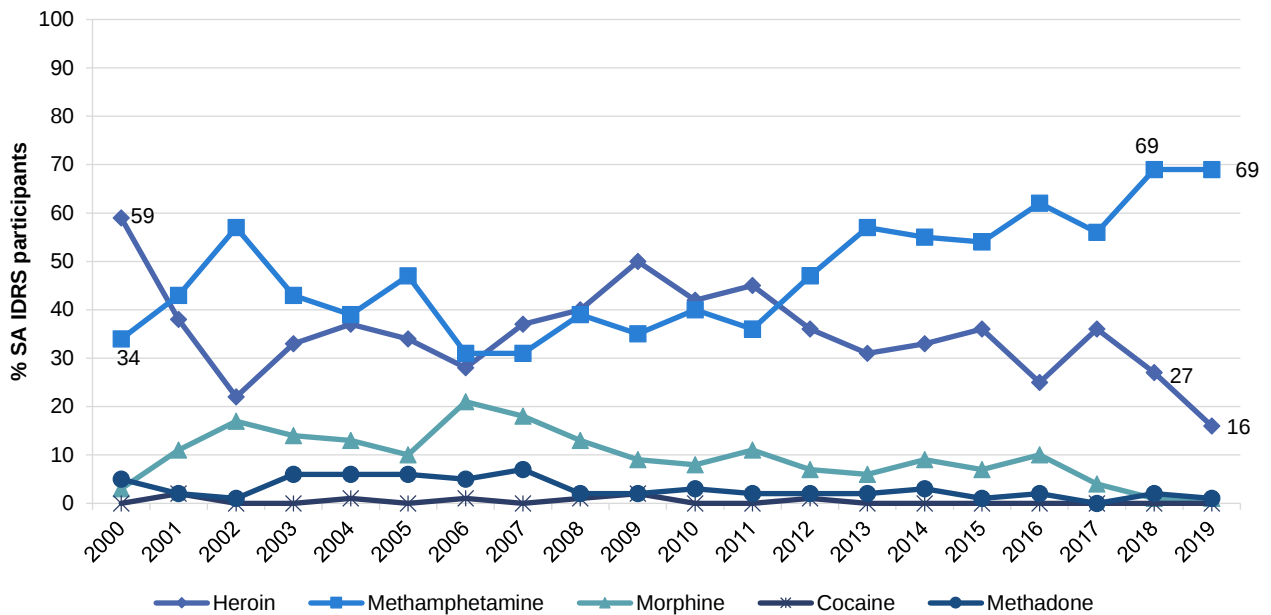
Note. ^Includes trade/technical and university qualifications. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Figure 1: Drug of choice, South Australia, 2000-2019



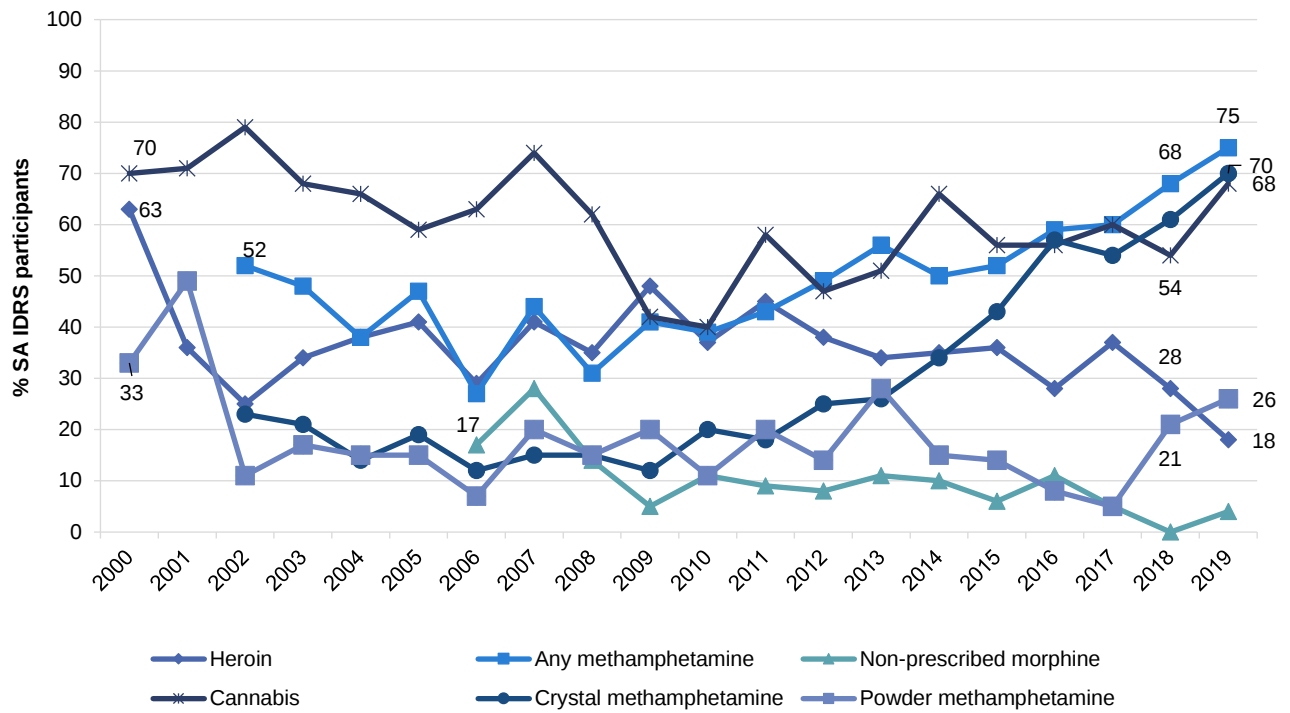
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 2: Drug injected most often in the past month, South Australia, 2000-2019



Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 3: Weekly or more frequent substance use in the past six months, South Australia, 2000-2019



Note. Computed of the entire sample regardless of whether they had used the substance in the past six month. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

2

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of any heroin has declined from 73% in 2000 to 28% in 2019 (35% in 2018; $p=0.287$; Figure 4). The estimate in 2019 is the lowest observed over the course of monitoring.

Frequency of Use (past 6 months)

Frequency of use has fluctuated over the course of monitoring. Median days of use significantly decreased from 75 days in 2018 (IQR=24-180) to 24 days in 2019 (IQR=7-90; $p=0.029$). While daily use was low among recent consumers ($n\leq 5$), 64% of recent consumers reported weekly or more use of heroin, stable from 2018 (80%; $p=0.163$).

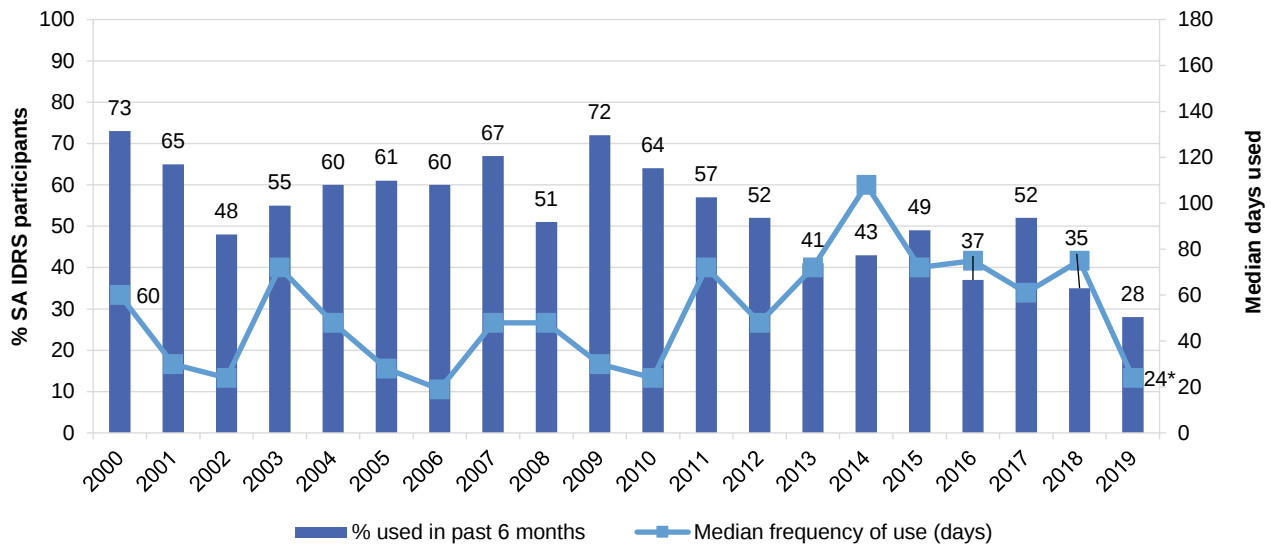
Routes of Administration

Injecting remained the most common route of administration among participants who use heroin (96% in 2019 versus 100% in 2018), with a smaller per cent reporting smoking (7%; 2018 numbers equal to or less than five and suppressed).

Quantity

The median amount of heroin used in a typical day was 0.2 grams (IQR=0.1-0.5) in 2019 (0.2 grams in 2018; IQR=0.13-0.30; $n=29$).

Figure 4: Past six month use and frequency of use of heroin, South Australia, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Market Trends

Price

In 2019, the reported median price of heroin was \$50 (IQR=50-100; $n=7$) for one cap (\$50 in 2018; IQR=50-75; $n=9$; $p=0.937$) (Figure 5) and \$50 for a point (IQR=50-50; $n=11$) (2018 numbers equal to or less than five and suppressed). Due to low numbers reporting on the price of a gram ($n \leq 5$), details on price have been suppressed. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

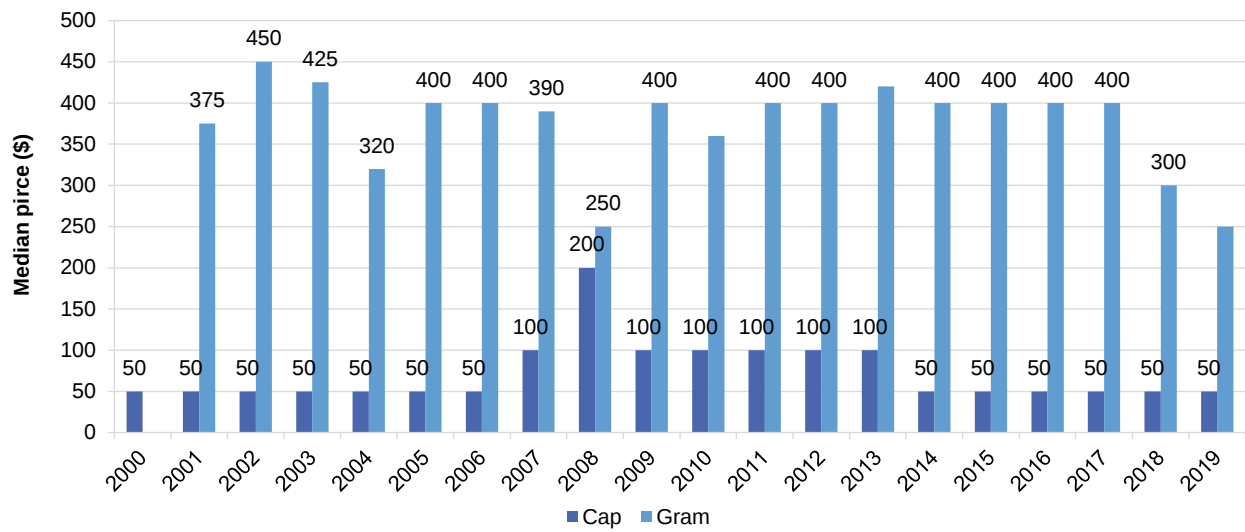
Perceived Purity

Among those who were able to comment in 2019 ($n=30$), the greatest per cent perceived purity to be 'medium' (40%; 38% in 2018). Over one-quarter (27%) perceived purity to be 'low' (38% in 2018) (Figure 6).

Perceived Availability

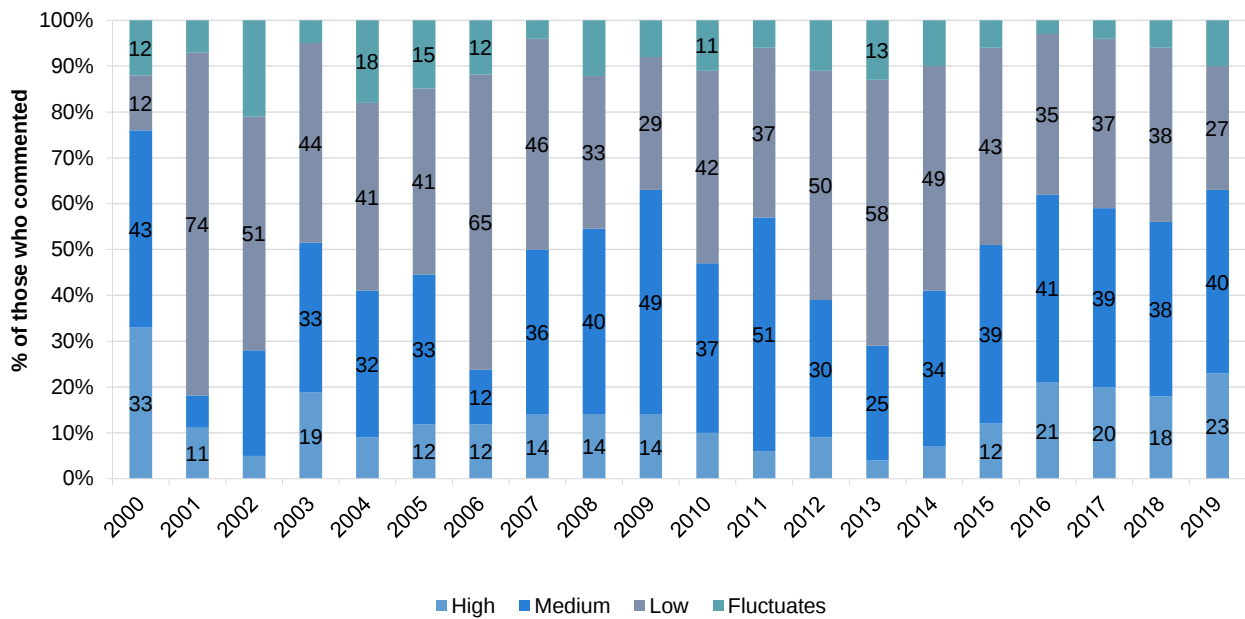
Among those who were able to comment in 2019 ($n=30$), over half (57%) perceived current availability as 'very easy' (78% in 2018; $p=0.057$), followed by 'easy' (30%; 19% in 2018; $p=0.290$) (Figure 7).

Figure 5: Median price of heroin per cap and gram, South Australia, 2000-2019



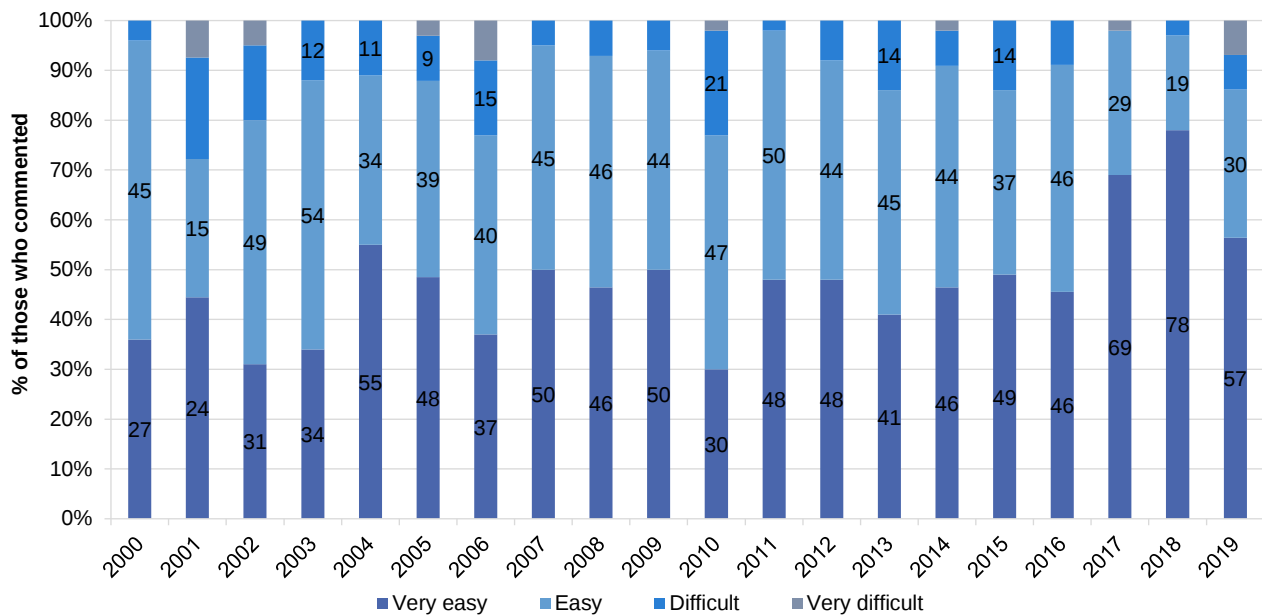
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 6: Current perceived purity of heroin, South Australia, 2000-2019



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 2018 versus 2019

Figure 7: Current perceived availability of heroin, South Australia, 2000-2019



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 2018 versus 2019.

3

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 2019, 90% of participants reported recent use of any methamphetamine (powder, base and crystal), which proved to be the highest percentage reporting recent use since monitoring commenced (84% in 2018; $p=0.156$) (Figure 8).

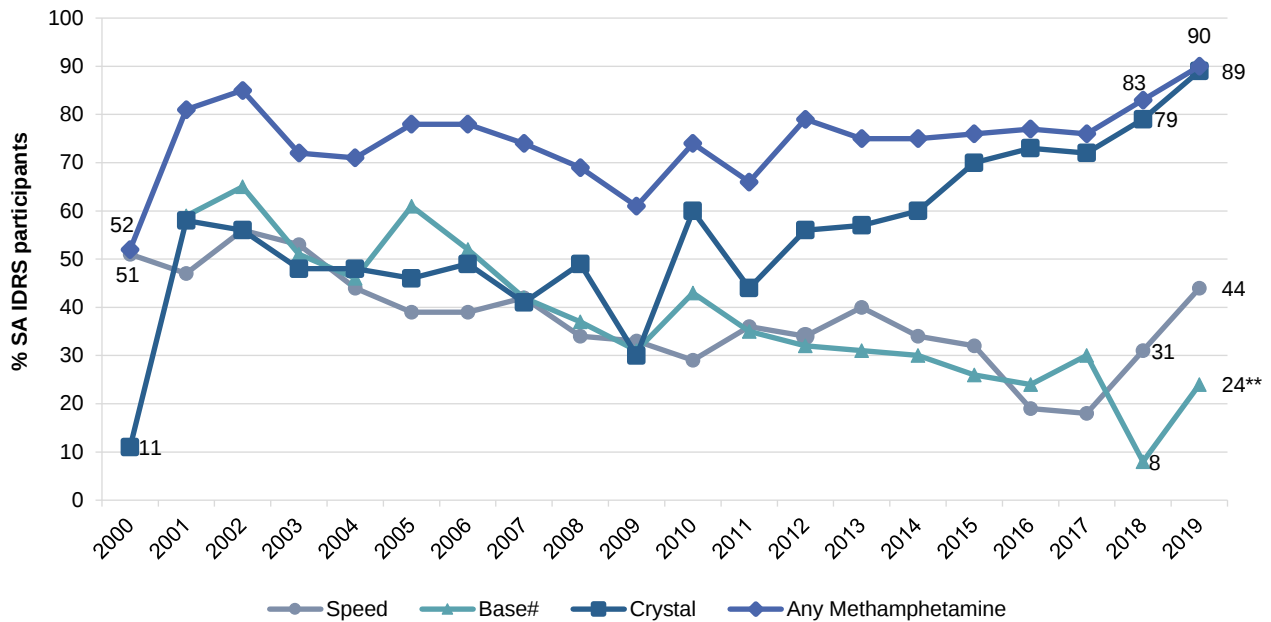
Frequency of Use (past 6 months)

In 2019, frequency of use remained largely stable at a median of 72 days (IQR=24-180; 90 days in 2018; $p=0.661$) (Figure 9). The per cent of people who had recently used any methamphetamine reporting weekly or more frequent use also remained stable compared to 2018 (83% versus 82% in 2018; $p=0.835$).

Forms of Methamphetamine

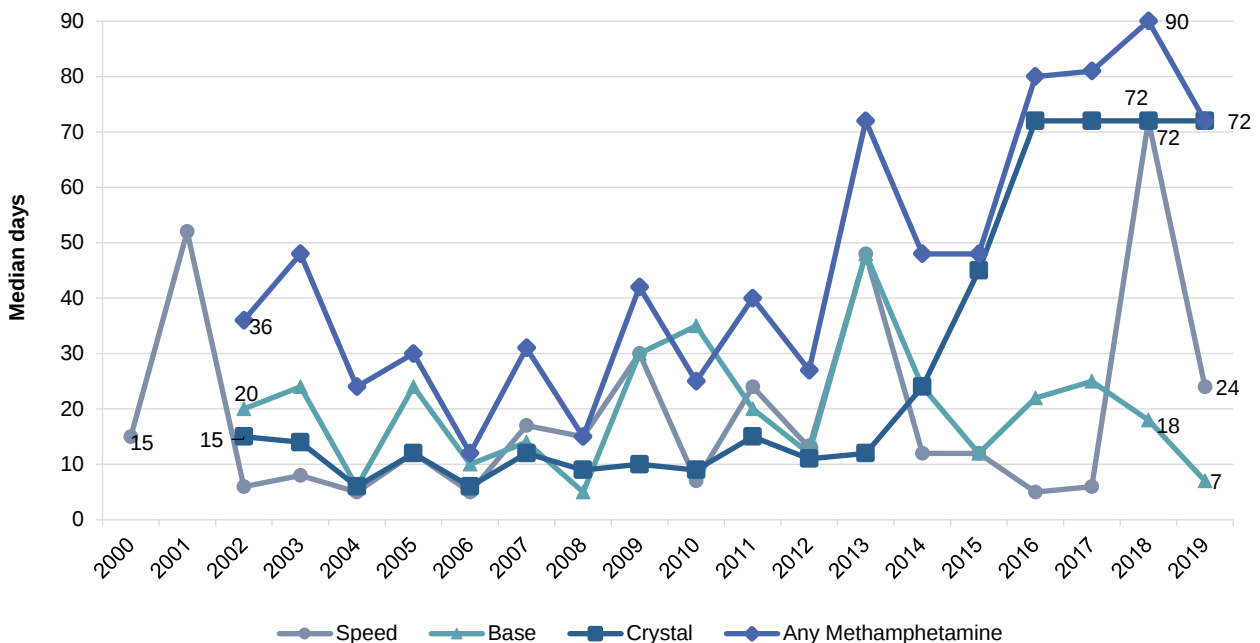
Of those who had used methamphetamine in the six months preceding interview in 2019 ($n=90$), 99% had used crystal methamphetamine (95% in 2018; $p=0.150$), followed by powder (49%; 37% in 2018; $p=0.111$).

Figure 8: Past six month use of any methamphetamine, powder, base, and crystal, South Australia, 2000-2019



Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine combined. Figures for liquid not reported historically due to small numbers. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 9: Frequency of use of any methamphetamine, powder, base, and crystal, South Australia, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Patterns of Consumption (by form)

Powder Methamphetamine

Recent Use (past 6 months): The per cent reporting recent use of powder methamphetamine has generally been decreasing over time, although this per cent has increased in the last few years, from 18% to 31% in 2018, and then to 44% in 2019 ($p=0.051$) (Figure 8).

Frequency of Use (past 6 months): Median frequency of use was 24 days (IQR=6-72) in 2019 (72 days in 2018; IQR=12-100; $p=0.123$) (Figure 9). Over three-fifths (61%) of recent consumers reported using powder on a weekly or more frequent basis (68% in 2018; $p=0.521$).

Routes of Administration: Most consumers (93%) reported recent injection of powder (97% in 2018). Participants who reported injecting powder did so on a median of 24 days which remained stable from 2018 (48 days; $p=0.314$). Over two-fifths (41%) reported smoking powder, stable from 2018 (29%; $p=0.291$).

Quantity: The median amount used on a typical day in the past six months was 0.20 grams (IQR=0.10-0.30; $n=44$) (0.2 grams in 2018; IQR=0.1-0.5; $n=31$).

Base Methamphetamine

Recent Use (past 6 months): From 2011, base has mostly been the least commonly used form of methamphetamine. However, an increase was observed in the per cent reporting recent methamphetamine base use from 8% in 2018 to 24% in 2019 ($p=0.002$), returning to levels of use observed from 2017 and earlier (Figure 8).

Frequency of Use (past 6 months): Participants reported using base on a median of seven days (IQR=2-33) in the six months prior to interview (18 days in 2018; IQR=5-75; $p=0.220$) (Figure 9). Over one-quarter (29%) of recent consumers had used base on a weekly or more frequent basis (2018 numbers equal to or less than five and suppressed).

Routes of Administration: The majority (92%) of recent consumers reported injection of base (100% in 2018; $p=0.495$).

Quantity: The median amount used on a typical day of consumption in the past six months was 0.15 grams (IQR= 0.10-0.48; $n=24$ versus 0.20 grams in 2018; IQR=0.09-0.35; $n=6$).

Crystal Methamphetamine

Recent Use (past 6 months): Reports of recent use of crystal have been increasing since 2012, surpassing base and powder methamphetamine from 2012 and peaking at 89% in 2019 (79% in 2018; $p=0.058$), the highest percentage reported since the commencement of monitoring (Figure 8).

Frequency of Use (past 6 months): Participants reported consuming crystal on a median of 72 days (IQR=24.0-172.5) in the six months prior to interview, stable from 2018 (72 days; IQR=24-99; $p=0.786$) (Figure 9). Almost four-fifths (79%) of recent consumers reported using crystal on a weekly or more frequent basis, stable from 2018 (78%; $p=0.857$).

Routes of Administration: All participants who had recently used crystal methamphetamine had injected the form, and on a median of 72 days in the six months preceding interview (2018: 98% injected on a median of 72 days). Over one-third (36%) reported smoking crystal methamphetamine (28% in 2018; $p=0.239$).

Quantity: The median amount used on a typical day in the past six months was 0.2 grams (IQR=0.1-0.3; $n=88$) (0.20 grams in 2018; IQR=0.10-0.35; $n=77$).

Market Trends

Methamphetamine Powder

Price: The median price per point (0.1 gram) of powder remained stable at \$50 (IQR=30-50; n=28; \$50 in 2018; IQR=50-50; n=25; $p=0.058$) (Figure 10).

Perceived Purity: Among those who were able to comment in 2019 (n=41), over one-third (37%) perceived the purity of powder to be 'medium' (38% in 2018). Over one-quarter (27%) perceived it to be 'low' (24% in 2018) and 24% perceived it to be 'high' (2018 numbers equal to or less than five and suppressed) (Figure 11).

Perceived Availability: Among those who were able to comment in 2019 (n=43), the majority (61%) perceived powder to be 'very easy' to obtain (67% in 2018), and 21% perceived it to be 'easy' to obtain (27% in 2018) (Figure 12).

Methamphetamine Base

Price: The median price per point (0.1 gram) was reported to be \$50 (IQR=22.5-50.0; n=17), stable from 2018 (\$50; IQR=42.5-50.0; n=8; $p=0.511$) (Figure 13).

Perceived Purity: Among those who were able to comment in 2019 (n=25), almost half (44%) perceived purity to be 'medium' (2018 numbers equal to or less than five and

suppressed). Equal numbers perceived base to be of 'high' or 'low' purity (24%, respectively) (2018 numbers equal to or less than five and suppressed) (Figure 14).

Perceived Availability: Among those who were able to comment in 2019 (n=26), 42% perceived base to be 'very easy' to obtain and 23% found it 'easy' to obtain. Over one-quarter (27%) perceived base to be 'difficult' to obtain (2018 numbers equal to or less than five and suppressed) (Figure 15).

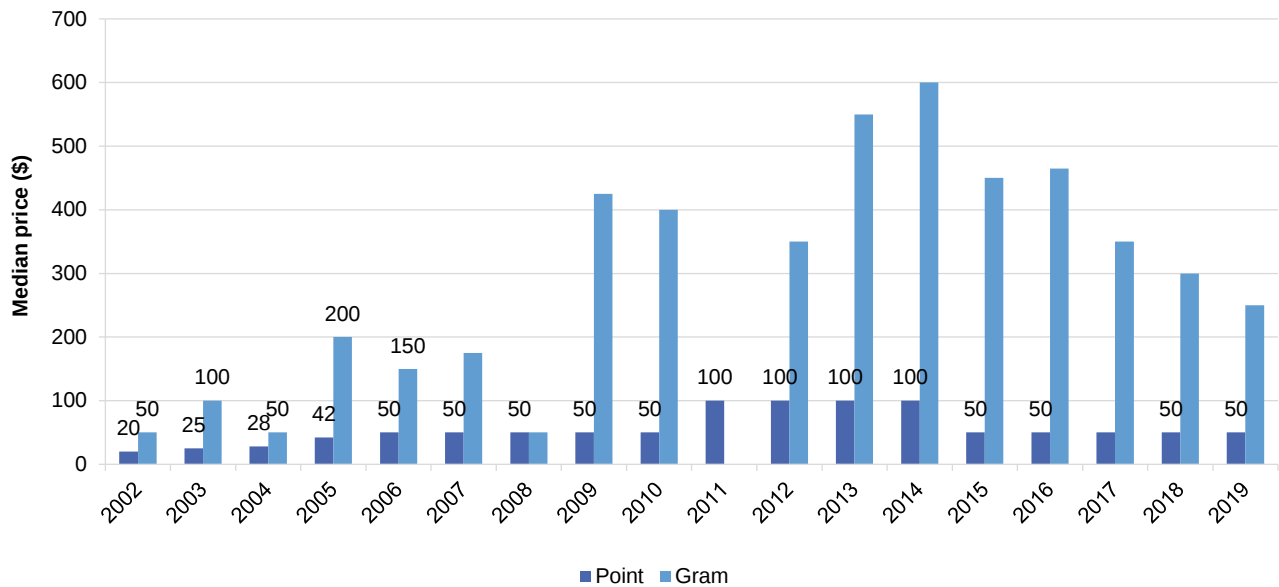
Methamphetamine Crystal

Price: The median price for one point (0.1 gram) of crystal remained stable at \$50 (IQR=50-50; n=59; \$50 in 2018; IQR=50-50; n=57; $p=0.402$). The median price per gram of crystal amounted to \$225 (IQR=75.0-287.5; n=8), similar to the median price of \$250 in 2018 (IQR=187.5-325.0; n=9; $p=0.236$) (Figure 16).

Perceived Purity: Among those who were able to comment in 2019 (n=90), over one-third (37%) perceived purity of crystal to be 'high' (32% in 2018), followed by 31% who perceived it to be 'medium' (38% in 2018) (Figure 17).

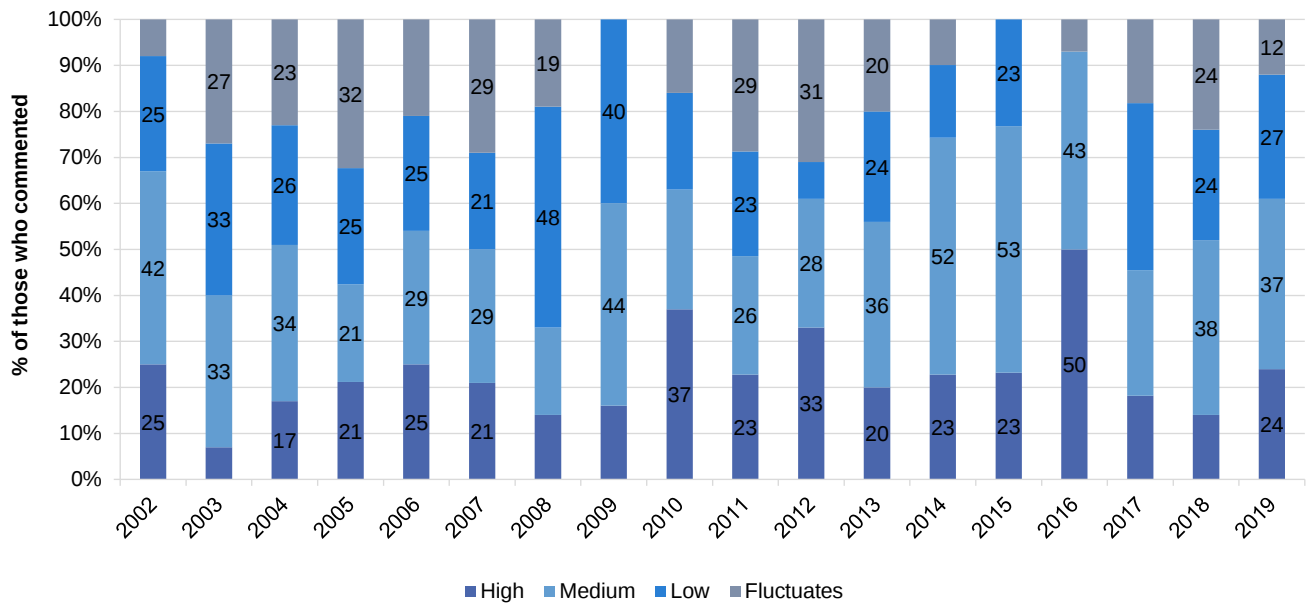
Perceived Availability: Among those who were able to comment in 2019 (n=91), the majority (78%) of participants perceived crystal to be 'very easy' to obtain (85% in 2018) and 20% found it 'easy' to obtain (11%; $p=0.143$) (Figure 18).

Figure 10: Median price of powder methamphetamine per point and gram, South Australia, 2002-2019



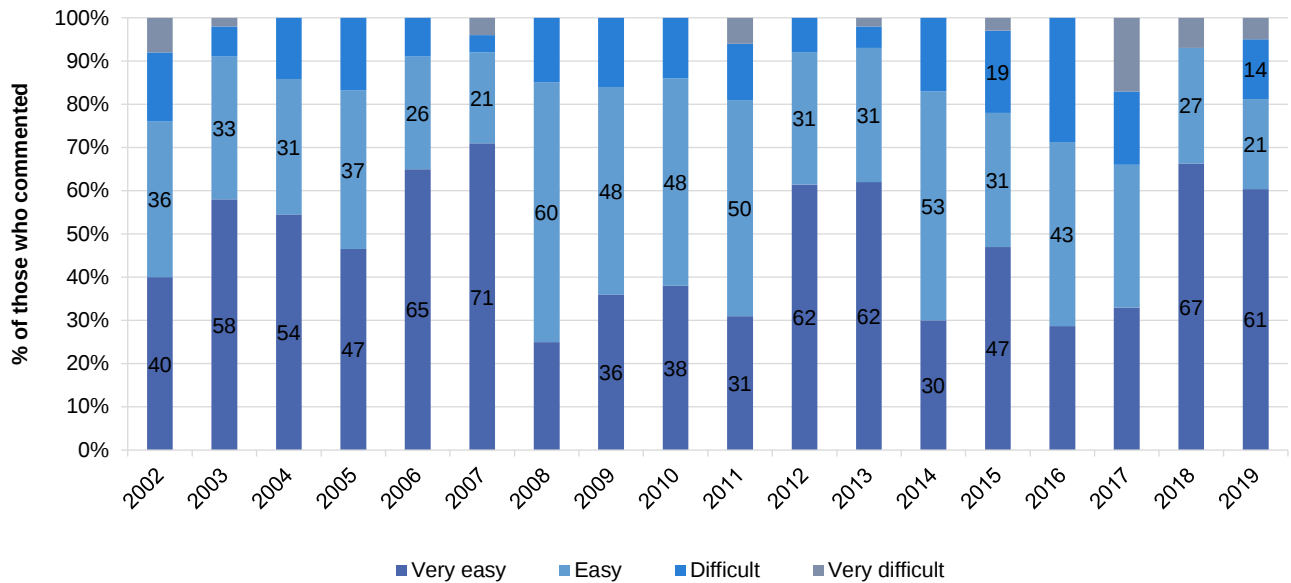
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 11: Current perceived purity of powder methamphetamine, South Australia, 2002-2019



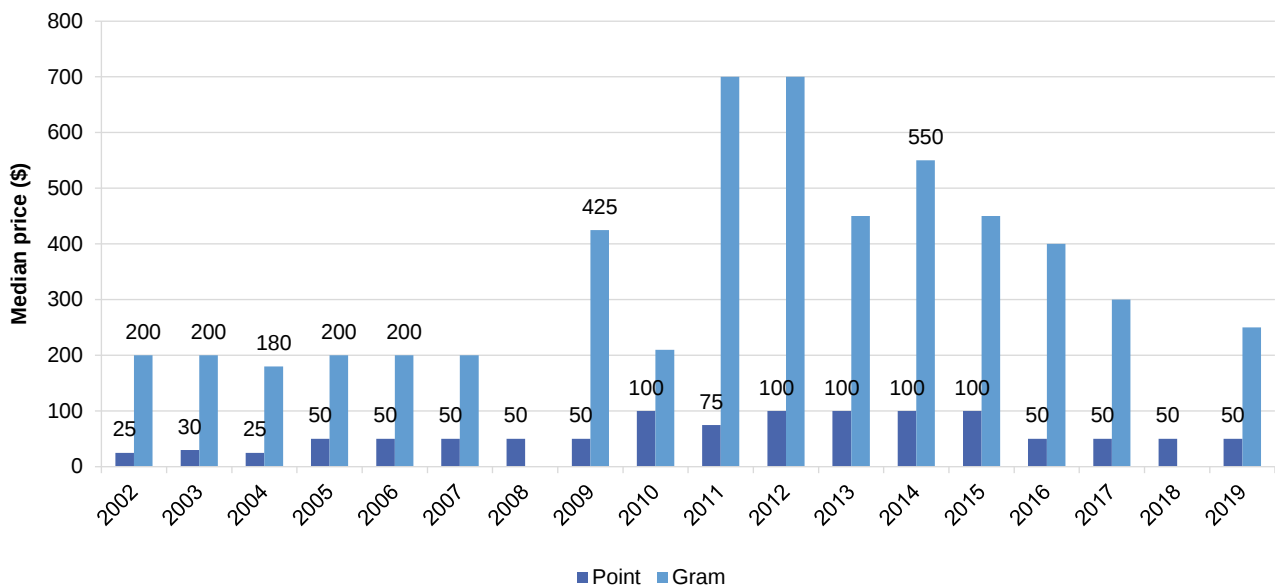
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 12: Current perceived availability of powder methamphetamine, South Australia, 2002-2019



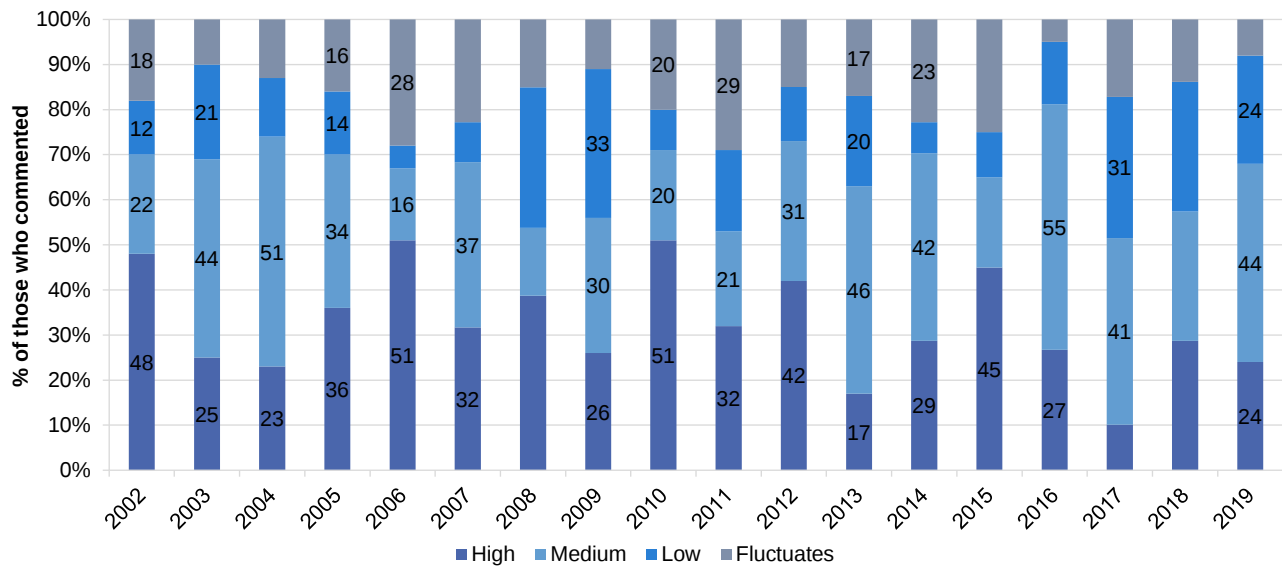
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 13: Median price of base methamphetamine per point and gram, South Australia, 2002-2019



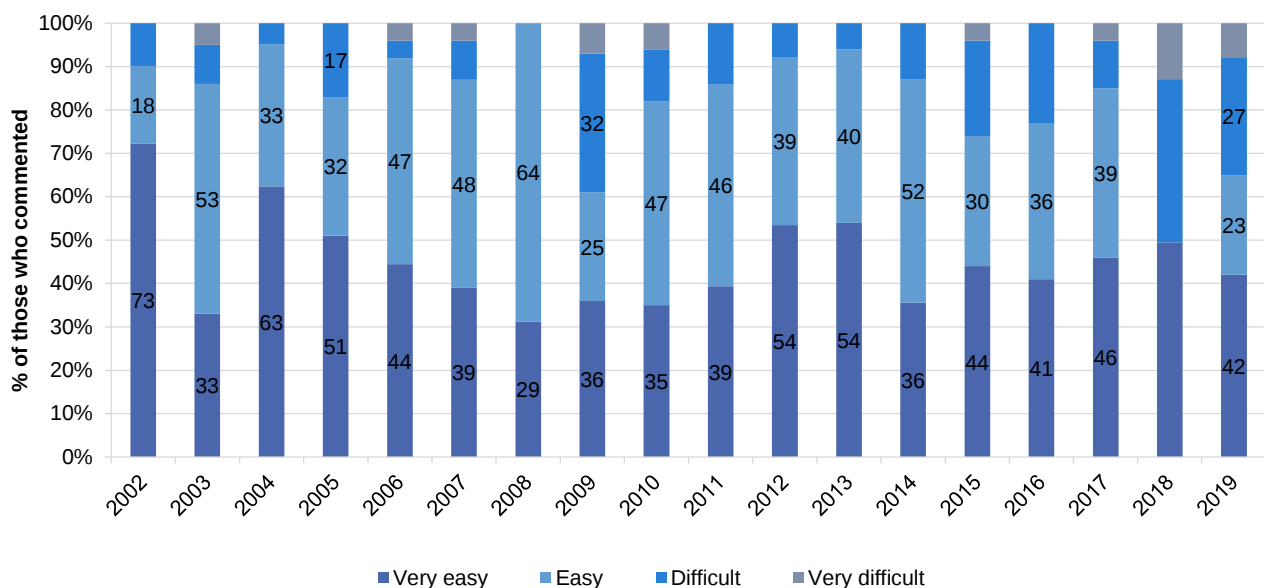
Note. Among those who commented. No participants were able to comment on the price of a gram in 2008, nor in 2018. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 14: Current perceived purity of base methamphetamine, South Australia, 2002-2019



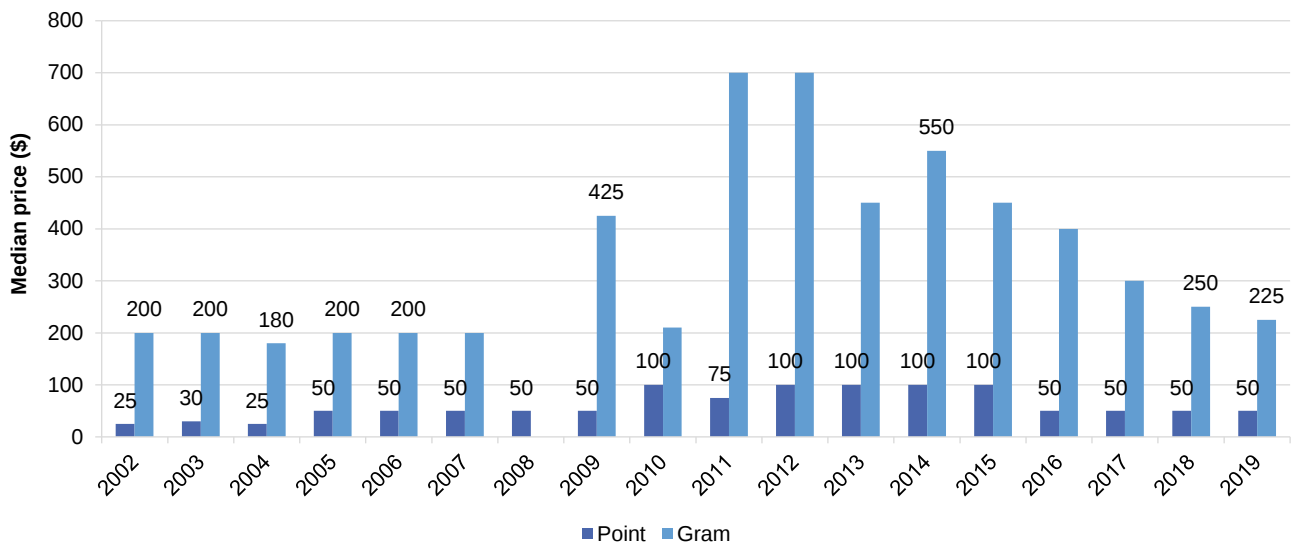
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures throughout all years with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 15: Current perceived availability of base methamphetamine, South Australia, 2002-2019



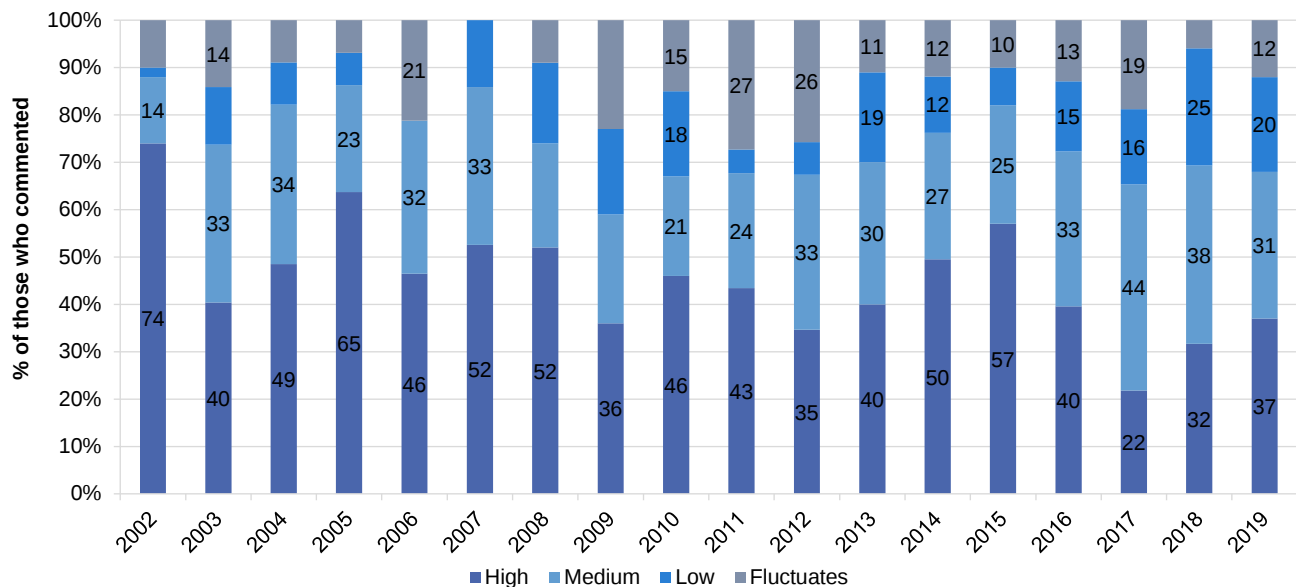
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figure throughout all years with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 16: Median price of crystal methamphetamine per point and gram, South Australia, 2002-2019



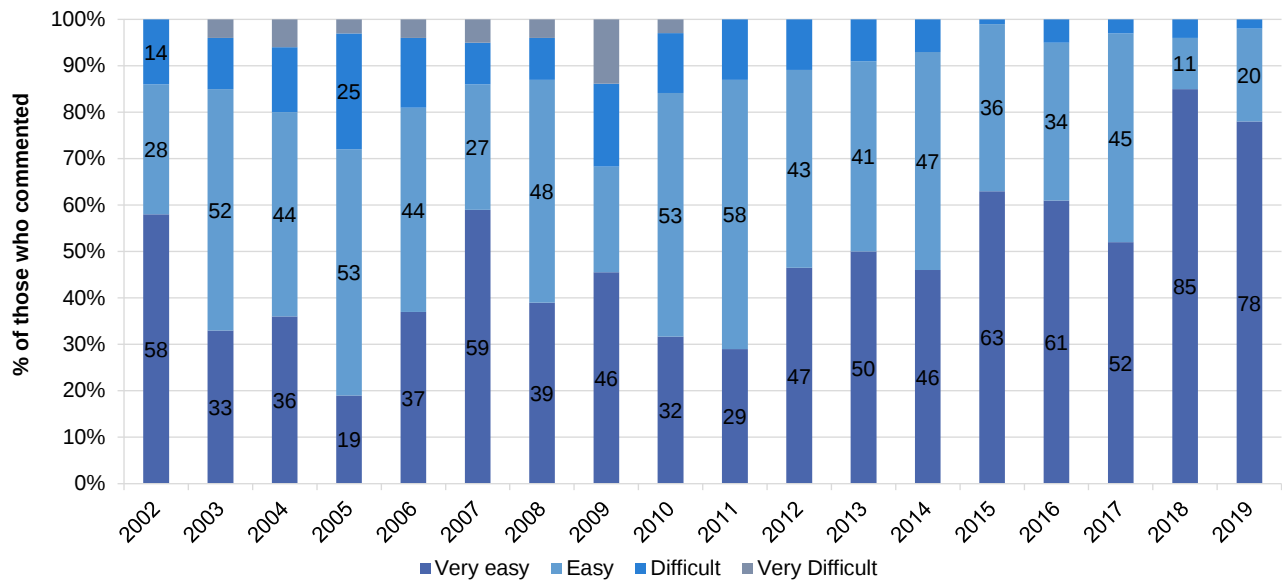
Note. Among those who commented. No data available for gram in 2001. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 17: Current perceived purity of crystal methamphetamine, South Australia, 2002-2019



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 2018 versus 2019.

Figure 18: Current perceived availability of crystal methamphetamine, South Australia, 2002-2019



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 2018 versus 2019.

4

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Recent use of cocaine has fluctuated over the years, with 16% of the SA sample in 2019 recently consuming cocaine. This remained stable from 2018 (10%; $p=0.197$) (Figure 19).

Frequency of Use (past 6 months)

Median frequency of use has also fluctuated over the years but remained stable from 2018 (4 days; IQR=1-21) to 2019 (4 days; IQR=2-7; $p=0.856$) (Figure 19).

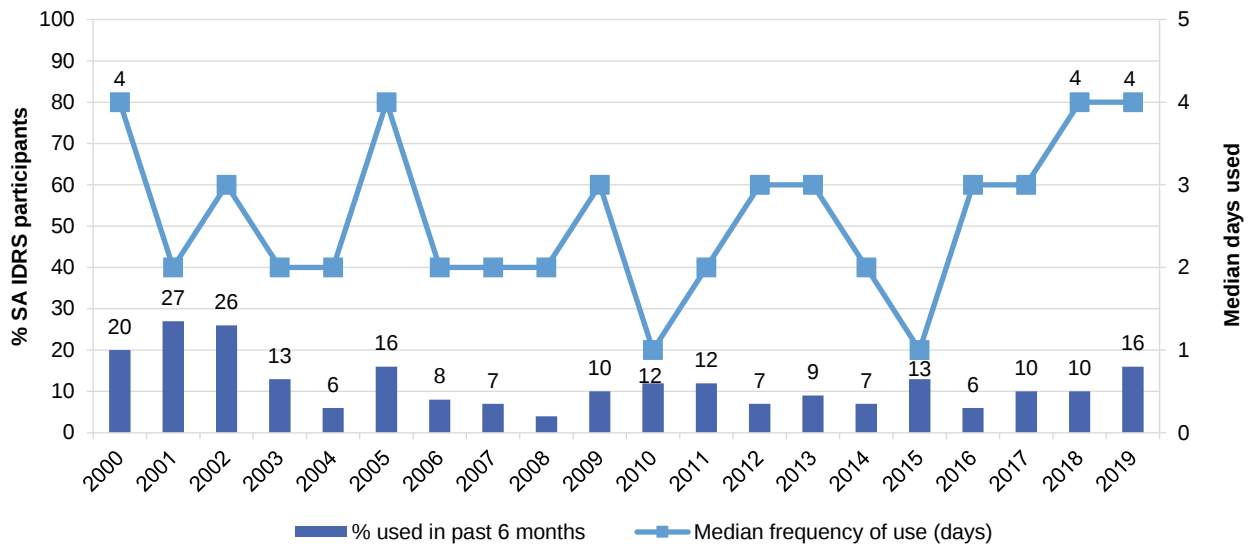
Routes of Administration

The vast majority of participants (94%) reported snorting cocaine in the six months prior to interview (2018 numbers equal to or less than five and suppressed).

Quantity

Those who reported recent cocaine use consumed a median of one gram (IQR=0.35-1.00; $n=13$) on a typical day of use (0.6 grams in 2018; IQR=0.2-1.0; $n=7$).

Figure 19: Past six month use and frequency of use of cocaine, South Australia, 2000-2019

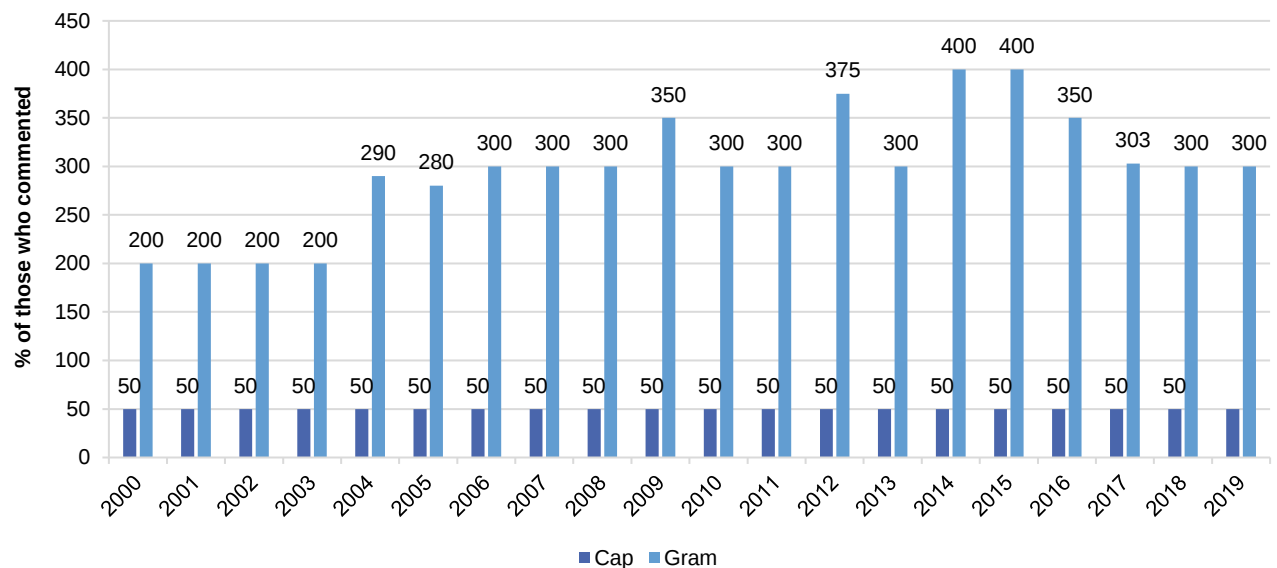


Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 5 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Market Trends

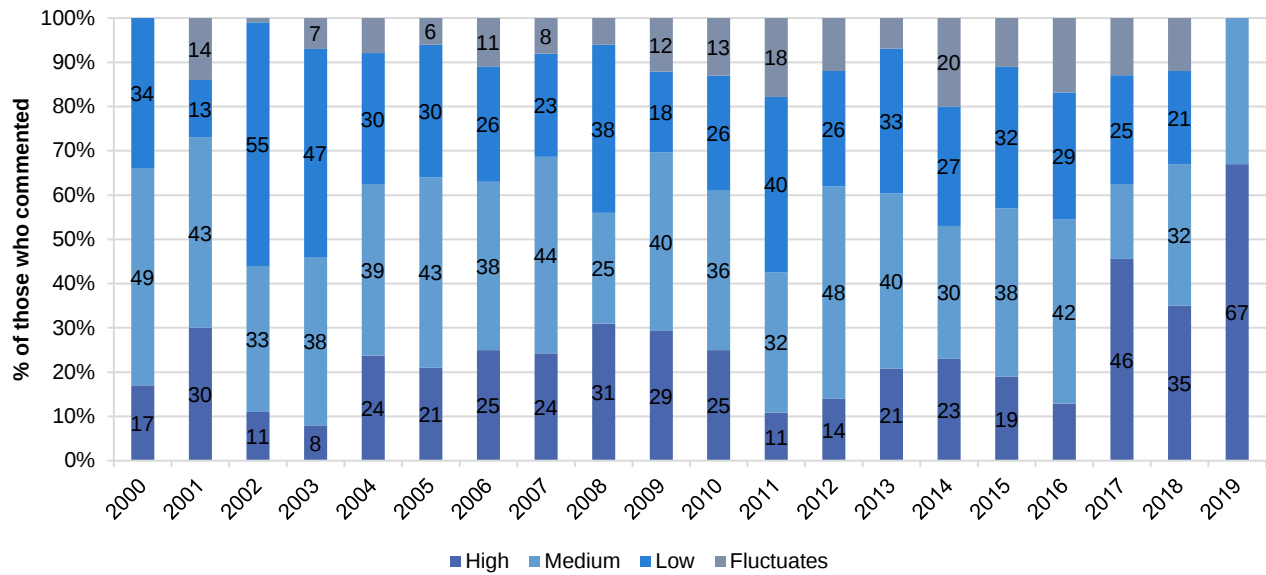
Too few participants were able to comment on the price, perceived purity and availability of cocaine; therefore, results of significance testing will not be presented. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Figure 20: Median price of cocaine per cap and gram, South Australia, 2000-2019



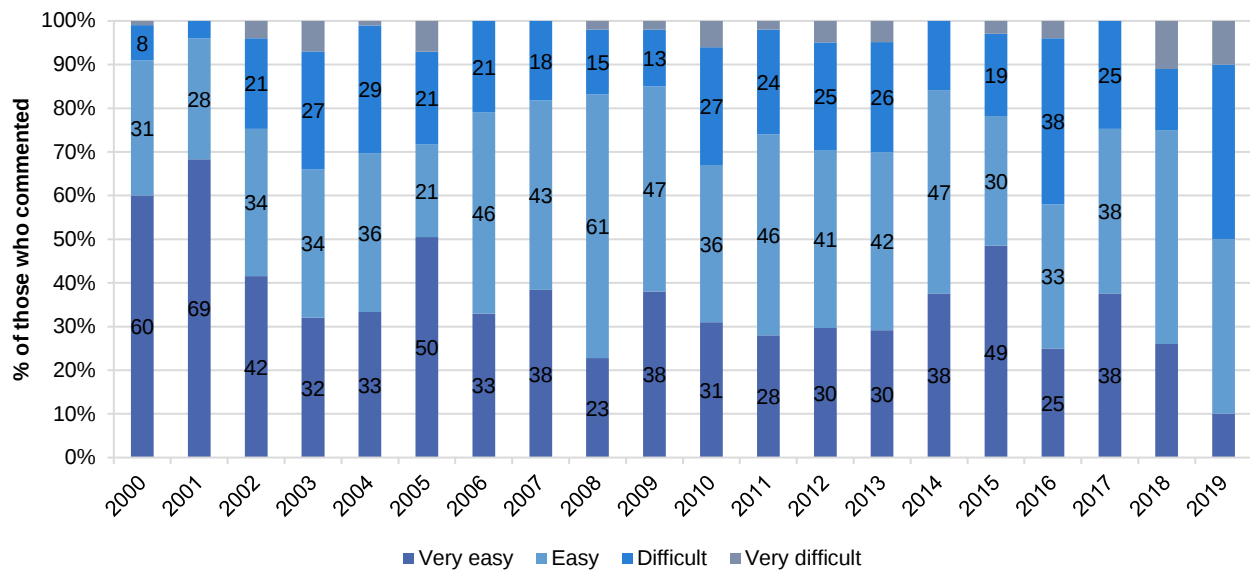
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 21: Current perceived purity of cocaine, South Australia, 2000-2019



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 2018 versus 2019.

Figure 22: Current perceived availability of cocaine, South Australia, 2000-2019



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 2018 versus 2019.

5

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent cannabis use has ranged from a peak of 88% in the early 2000s to a low of 61% in the late 2000s, with the per cent reporting use increasing again subsequently. In 2019, 79% of the SA sample reported cannabis use in the six months preceding interview (70% in 2018; $p=0.156$) (Figure 23).

Frequency of Use (past 6 months)

In 2019, frequency of use equated to daily use, with consumers reporting a median of 180 days (IQR=80-180) of use in the six months preceding interview, stable compared to 2018 (180 days; $p=0.247$) (Figure 23). The majority of recent consumers (86%) reported weekly or more frequent use (76% in 2018; $p=0.116$) and almost three-fifths (59%) reported daily use in 2019, stable from 2018 (54%; $p=0.461$).

Routes of Administration

Smoking continued to be the most common route of administration (99%; 99% in 2018), with 13% of consumers reporting swallowing in 2019 (9% in 2018; $p=0.405$).

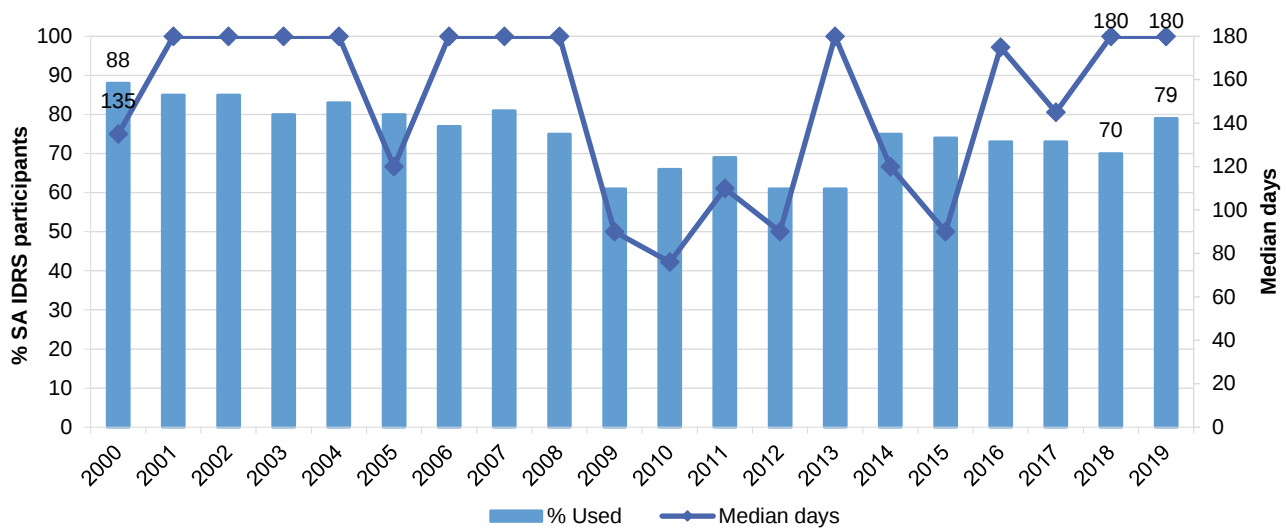
Quantity

The median quantity used per typical day of consumption was two grams (IQR=1-5; $n=25$; 1.5 grams in 2018; IQR=1.00-2.63; $n=10$) or two cones (IQR=1.00-4.75; $n=36$; 3 cones in 2018; IQR=2-5; $n=41$).

Forms Used

Of those who had consumed cannabis in the past six months ($n=79$), the majority (88%) of participants reported recent use of hydroponic cannabis, and 62% reported use of outdoor-grown 'bush' cannabis. Over one-quarter (26%) reported having used hashish (16% in 2018; $p=0.139$) and fewer participants reported using hash oil (17%; 17% in 2018). Hydroponic cannabis remained the form most commonly used in the preceding six months (71%; 65% in 2018; $p=0.455$), followed by bush cannabis (27%; 33% in 2018; $p=0.454$).

Figure 23: Past six month use and frequency of use of cannabis, South Australia, 2000-2019



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Market Trends

Hydroponic Cannabis

Price: Consistent with previous years, the median price per bag of hydroponic cannabis was \$25 (IQR=25-25; $n=23$) and the median price per ounce of hydroponic cannabis was \$220 (IQR=200-240; $n=13$). The price per bag of hydroponic cannabis remained stable compared to previous years (\$25 in 2018; IQR=25-25; $n=11$; $p=0.856$), as did the price per ounce (\$220 in 2018; IQR=200-250; $n=18$) (Figure 24a).

Perceived Potency: Among those who were able to comment in 2019 ($n=53$), just under two-thirds (62%) perceived hydroponic cannabis to be of 'high' potency (63% in 2018). Fewer participants perceived hydroponic cannabis to be of 'medium' potency (25%; 24% in 2018) (Figure 25a).

Perceived Availability: Among those who were able to comment in 2019 ($n=56$), half (50%) perceived hydroponic cannabis to be 'very easy' to obtain, a significant decrease relative to 2018 (71%; $p=0.042$). In contrast, a further 39% of participants perceived hydroponic cannabis as being 'easy' to obtain, a significant increase from 13% in 2018 ($p=0.006$) (Figure 26a).

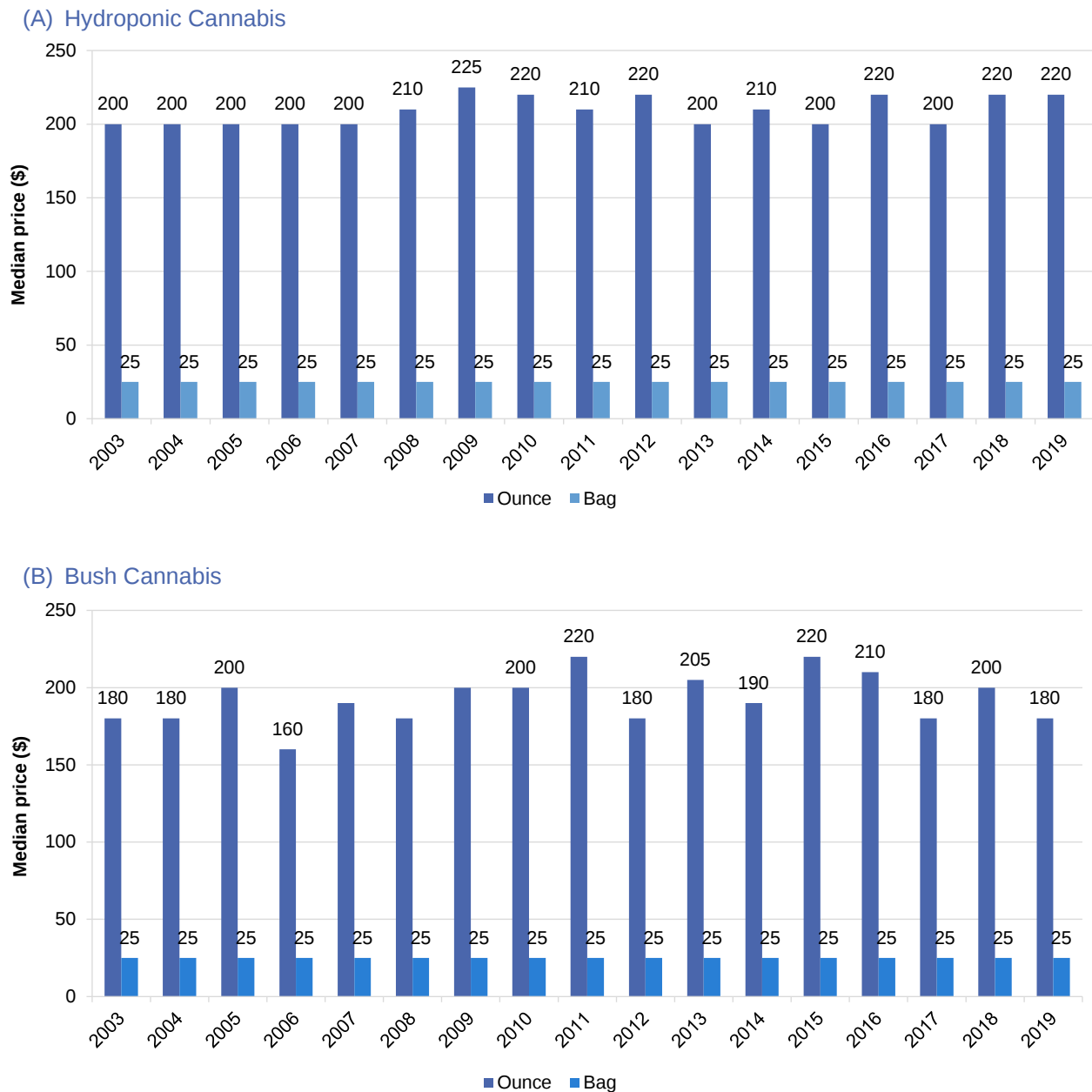
Bush Cannabis

Price: The median price per bag of bush cannabis in 2019 (\$25; IQR=25-25; $n=23$) remained stable compared with 2018 (\$25 in 2018; IQR=24-25; $n=6$; $p=0.923$). The median price per ounce of bush cannabis amounted to \$180 (IQR=150-210; $n=13$) which remained relatively stable compared with 2018 (\$200; IQR=180-220; $n=15$; $p=0.130$) (Figure 24b).

Perceived Potency: Among those who were able to comment in 2019 ($n=38$), almost half (45%) perceived the potency of bush to be 'high' (50% in 2018). Over two-fifths (42%) perceived the potency of bush to be 'medium' (32% in 2018; $p=0.410$) (Figure 25b).

Perceived Availability: Among those who were able to comment in 2019 ($n=39$), two-fifths (41%) found bush as being 'easy' to obtain, compared to 24% in 2018 ($p=0.146$). By contrast, 36% perceived bush to be 'very easy' to obtain, a significant decrease relative to 2018 (62%; $p=0.033$) (Figure 26b).

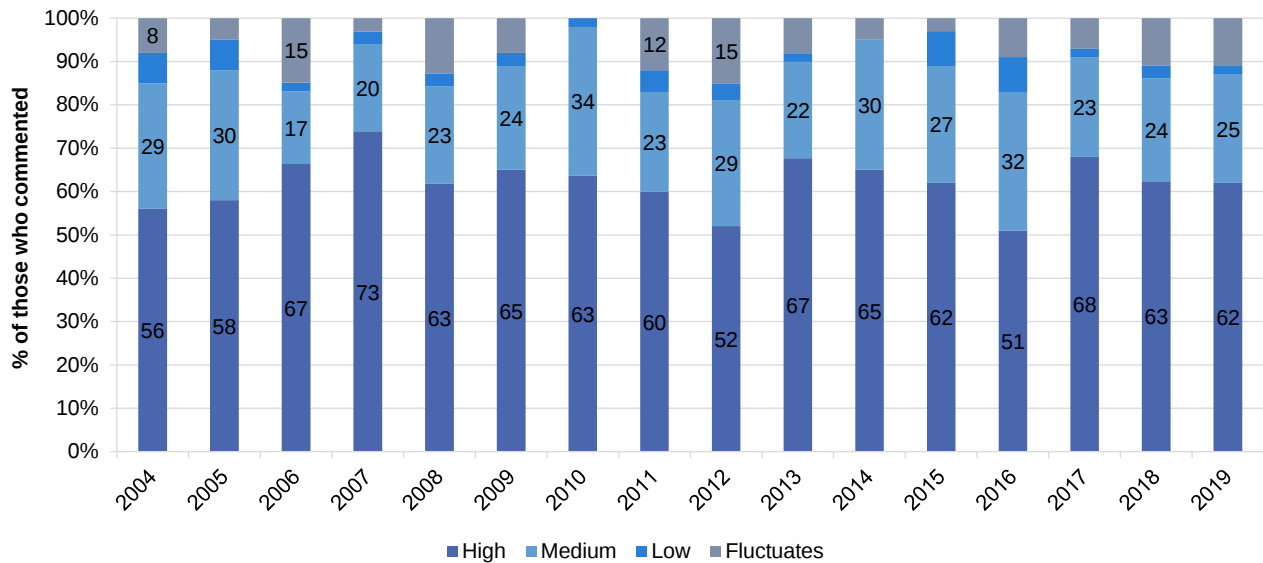
Figure 24: Median price of hydroponic (A) and bush (B) cannabis per ounce and bag, South Australia, 2003-2019



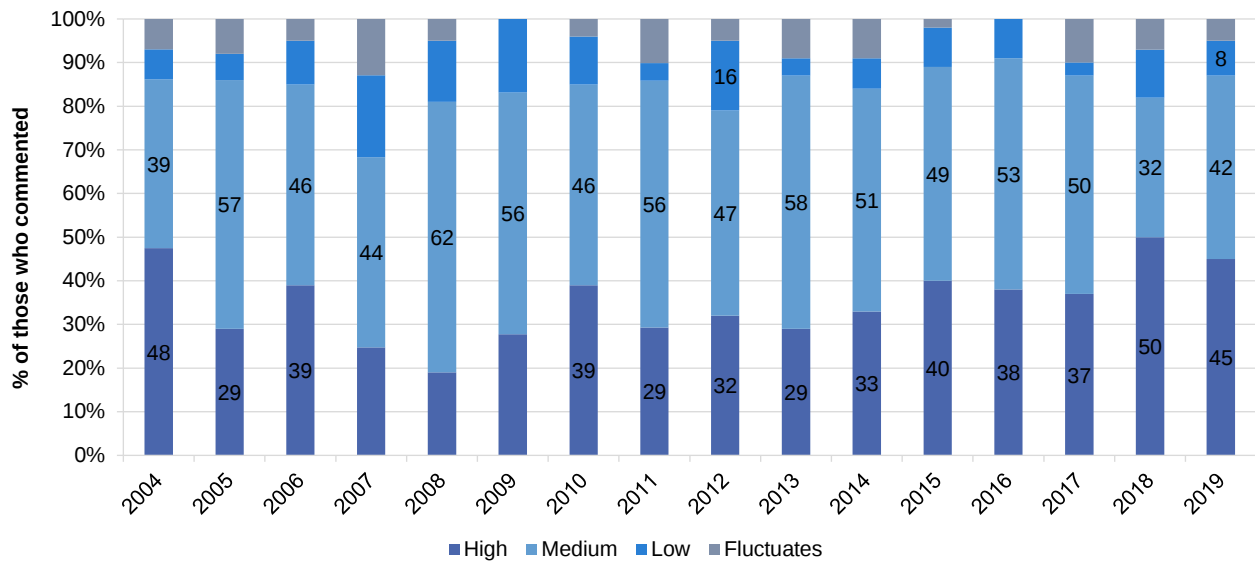
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 25: Current perceived potency of hydroponic (a) and bush (b) cannabis, South Australia, 2004-2019

(A) Hydroponic Cannabis



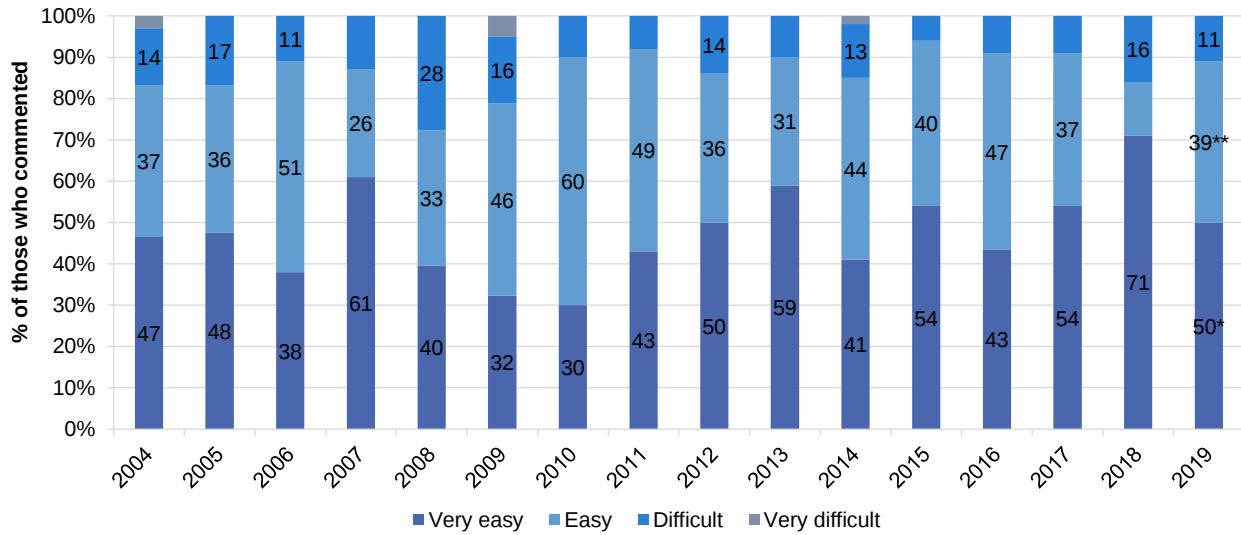
(B) Bush Cannabis



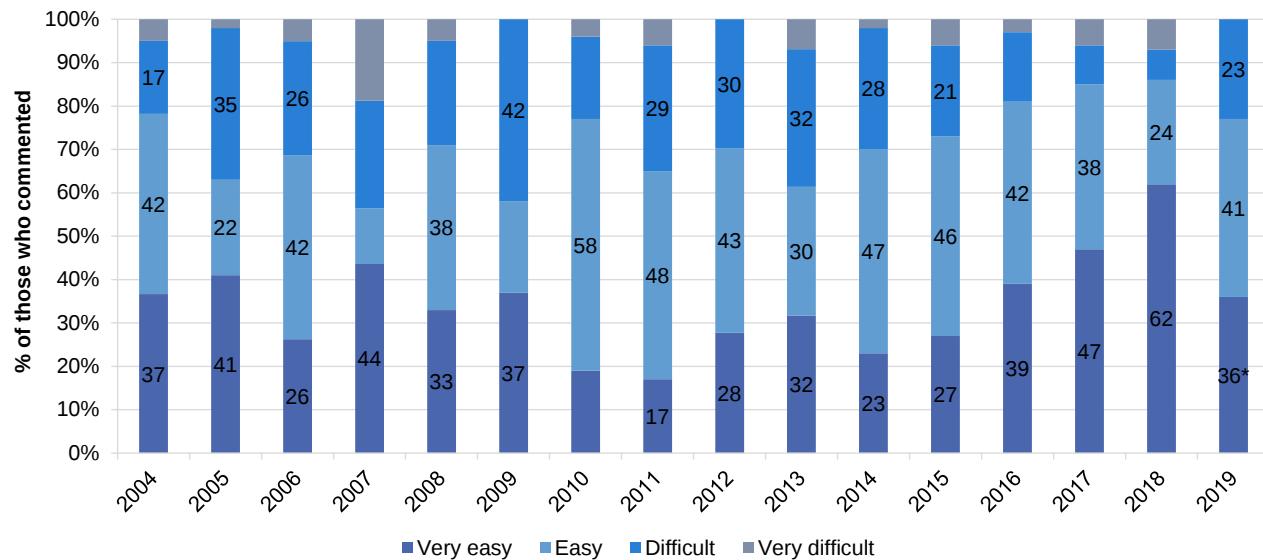
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Figure 26: Current perceived availability of hydroponic (a) and bush (b) cannabis, South Australia, 2004-2019

(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 2018 versus 2019.

6

Pharmaceutical Opioids

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

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

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

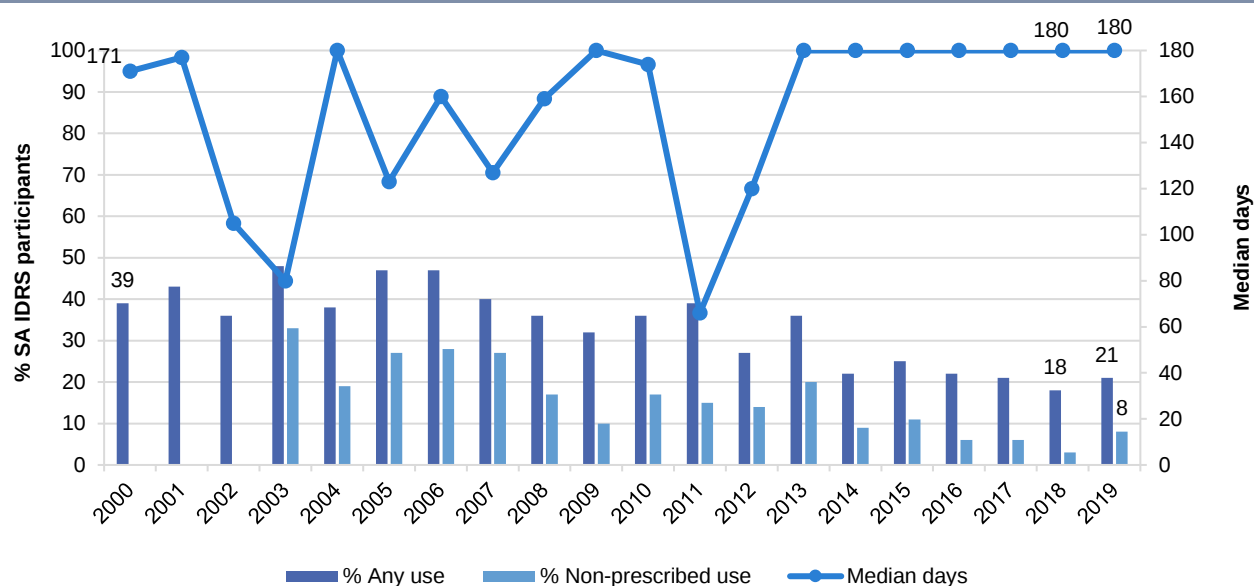
Methadone

Recent Use (past 6 months): The per recent reporting any recent methadone use (including liquid and tablets) in South Australia has generally decreased since monitoring began. In 2019, 21% of participants reported recent use of any prescribed or non-prescribed methadone (18% in 2018; $p=0.569$). A significant increase in prescribed use was observed in 2019 (15%; 2018 numbers equal to or less than five and suppressed; $p=0.003$). By contrast, the per cent reporting non-prescribed use has remained stable for the past few years. Indeed, methadone use historically has largely consisted of prescribed use, with 33% reporting non-prescribed use in 2003, the highest percentage reported over the course of monitoring, and declining to 8% in 2019 (Figure 27).

Frequency of Use (past 6 months): Frequency of any use has remained stable from 2013 onwards (median 180 days in 2019; IQR=6-180; $p=0.685$; 180 days in 2018; IQR=24-180) (Figure 27). This is mostly driven by prescribed use, with frequency of non-prescribed use typically monthly or less (2019: syrup median 7 days (IQR=1-150) (2019 numbers reporting on frequency of use of non-prescribed physeptone tablet equal to or less than five and suppressed).

Routes of Administration: Due to low numbers reporting on routes of administration, details have been suppressed. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, South Australia, 2000-2019



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days of use (prescribed/non-prescribed) computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Buprenorphine

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

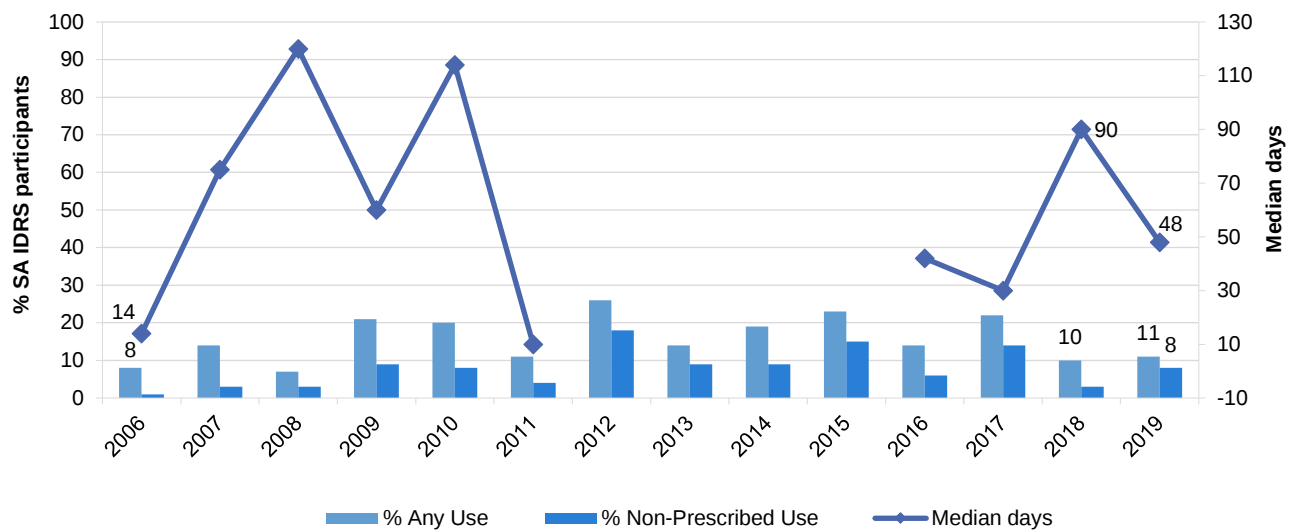
Buprenorphine-Naloxone

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 2019, 11% of the sample reported recent use of any buprenorphine-naloxone (10% in 2018; $p=0.780$), with 8% reporting non-prescribed use (prescribed use equal to or less than five and suppressed) (Figure 28).

Frequency of Use (past 6 months): Consumers reported a median of 48 days of use (IQR=2-100) of buprenorphine-naloxone in the past six months (90 days in 2018; IQR=46-120; $p=0.251$). In 2019, the median frequency of non-prescribed use was two days (IQR=2-66; 2018 numbers equal to or less than five and suppressed).

Routes of Administration: Due to low numbers reporting on routes of administration, details have been suppressed. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, South Australia, 2006-2019



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016-2019 participants were asked about the use of buprenorphine-naloxone film only. Median days missing for 2012-2015 as unable to compute median days for both forms combined. Median days (prescribed/non-prescribed) computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 130 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. $n \leq 5$ but not 0). $*p < 0.050$; $**p < 0.010$; $***p < 0.001$ for 2018 versus 2019.

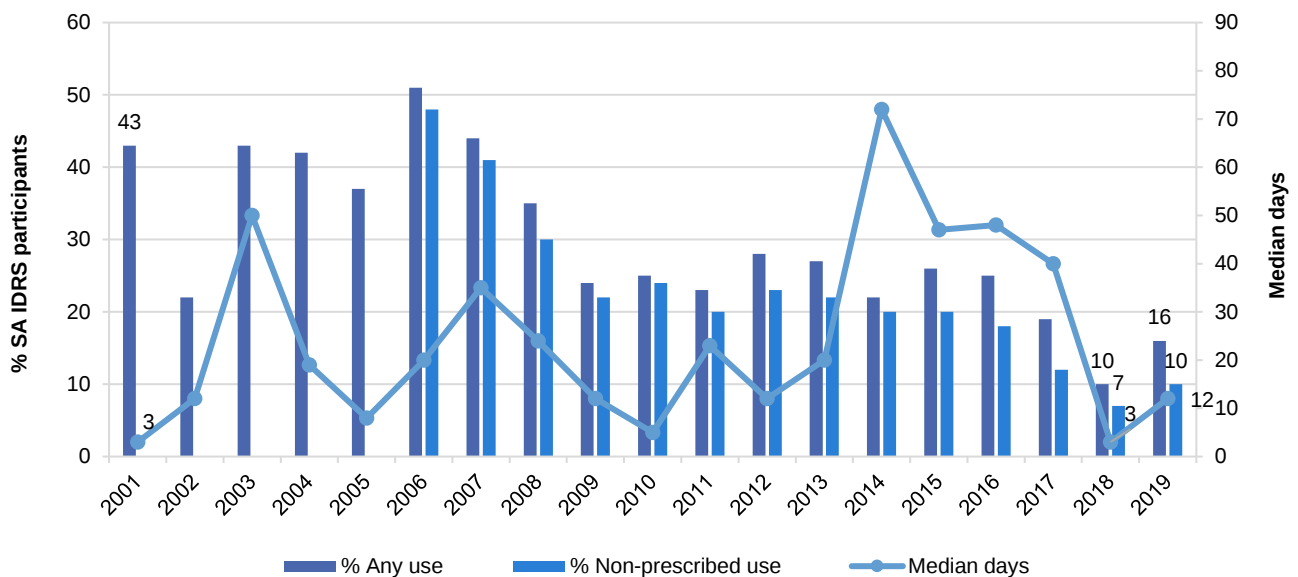
Morphine

Recent Use (past 6 months): The SA sample has observed a downward trend in recent use of morphine since peaking in 2006 (Figure 29). In 2019, 16% of the sample had recently used any morphine (10% in 2018; $p=0.188$). This was mostly non-prescribed use (10% in 2019 versus 7% in 2018; $p=0.422$), with six per cent reporting prescribed use (2018 numbers equal to or less than five and suppressed).

Frequency of Use (past 6 months): Frequency of any morphine use has fluctuated over time, with consumers reporting a median of 12 days (IQR=5-48) of use in 2019 (3 days in 2018; IQR=1-54; $p=0.103$). Participants reported a median of 12 days (IQR=6-44) of non-prescribed use of morphine in 2019, a significant increase from three days in 2018 (IQR=1-12; $p=0.023$).

Routes of Administration: Of those who had recently used non-prescribed morphine, 90% of participants reported injecting non-prescribed morphine (100% in 2018; $p=0.389$). Participants in 2019 reported injecting non-prescribed morphine on a median of 12 days (IQR=6-44), a significant increase from three days in 2018 (IQR=1-12; $p=0.042$).

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, South Australia, 2001-2019



Note. Median days computed among those who reported recent (maximum 180 days). Y axis reduced to 60% and 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

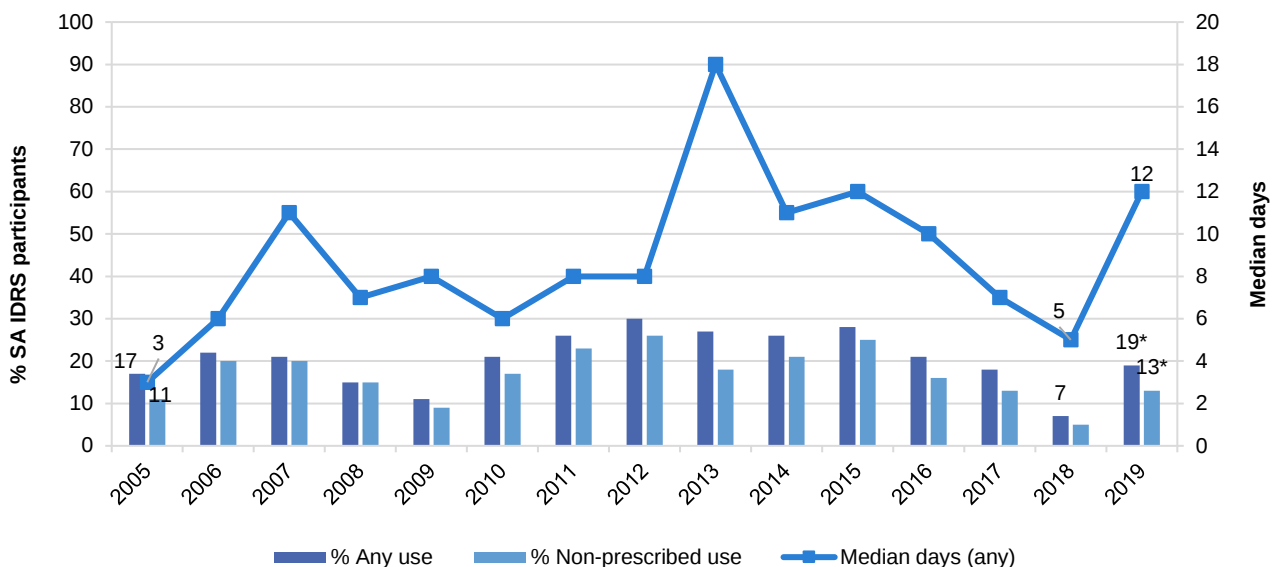
Oxycodone

Recent Use (past 6 months): Recent use of oxycodone has declined in recent years, although a significant increase in the per cent reporting recent use was observed from 2018 (7%) to 2019 (19%; $p=0.011$) (Figure 30). In 2019, 7% of the sample had used prescribed oxycodone (2018 numbers equal to or less than five and suppressed) and 13% had used non-prescribed oxycodone (≤ 5 participants in 2018; $p=0.045$).

Frequency of Use (past 6 months): Frequency of oxycodone use has remained consistently low across the years of monitoring, apart from a peak of a median of 18 days in 2013. Participants reported a median of 12 days of any use in 2019 (IQR 2-20 days; 5 days in 2018; IQR=3-45) (Figure 30). In 2019, frequency of non-prescribed use was reported by formulation (tamper resistant ('OP'), non-tamper proof (generic), oxycodone-naloxone and 'other oxycodone'), with median days of use of 12 days or less for each formulation. Participants reported using any non-prescribed oxycodone on a median of 12 days (IQR=3-23) in the six months preceding interview in 2019 (2018 numbers equal to or less than five and suppressed).

Routes of Administration: Forty-seven per cent of participants who had recently used oxycodone reported injecting any form on a median of 14 days (IQR=8-27) in the past six months (2018 numbers equal to or less than five and suppressed).

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, South Australia, 2005-2019



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'. In 2019, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 20 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

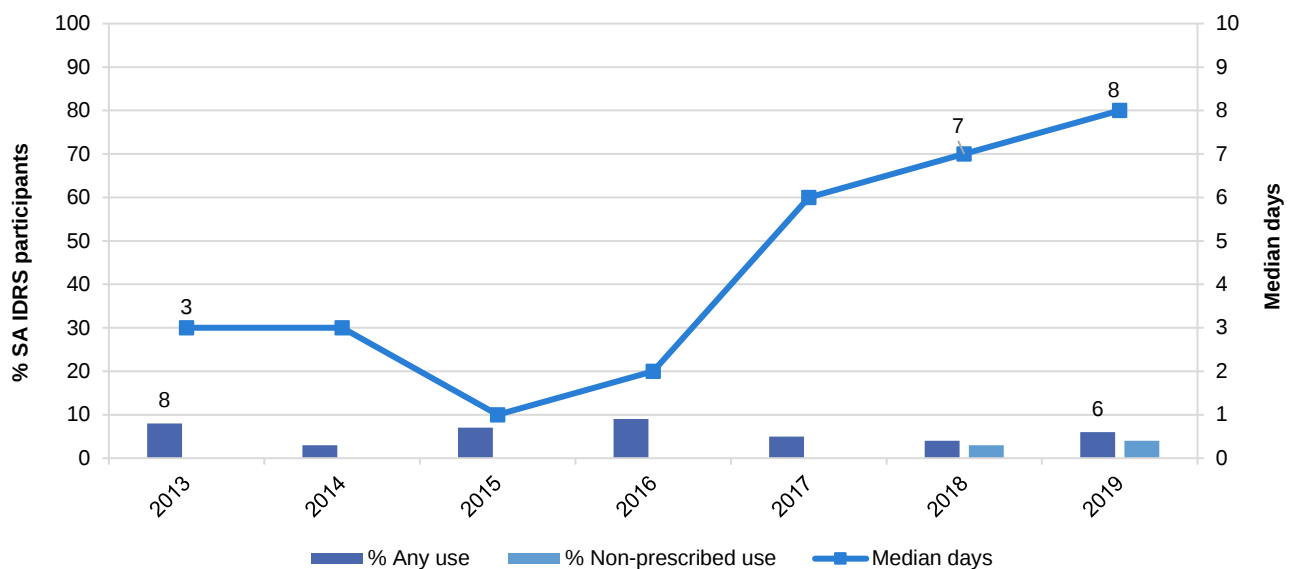
Fentanyl

Recent Use (past 6 months): The per cent reporting recent use of fentanyl has remained low and stable since monitoring began (Figure 31). In 2019, 6% of the sample reported using fentanyl (prescribed or non-prescribed) in the six months preceding interview (2018 numbers for prescribed and non-prescribed equal to or less than five and suppressed).

Frequency of Use (past 6 months): Frequency of any use also remained stable relative to previous years, with participants reporting any use on a median of eight days (IQR=2-38) in the past six months, stable from seven days in 2018 (IQR=3-70; $p=0.610$) (Figure 31).

Routes of Administration: Due to low numbers reporting on routes of administration, details have been suppressed. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Figure 31: Past six-month use (prescribed and non-prescribed) and frequency of use of fentanyl, South Australia, 2013-2019



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

Codeine

Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low- and high-dose, require a prescription from a doctor to access.

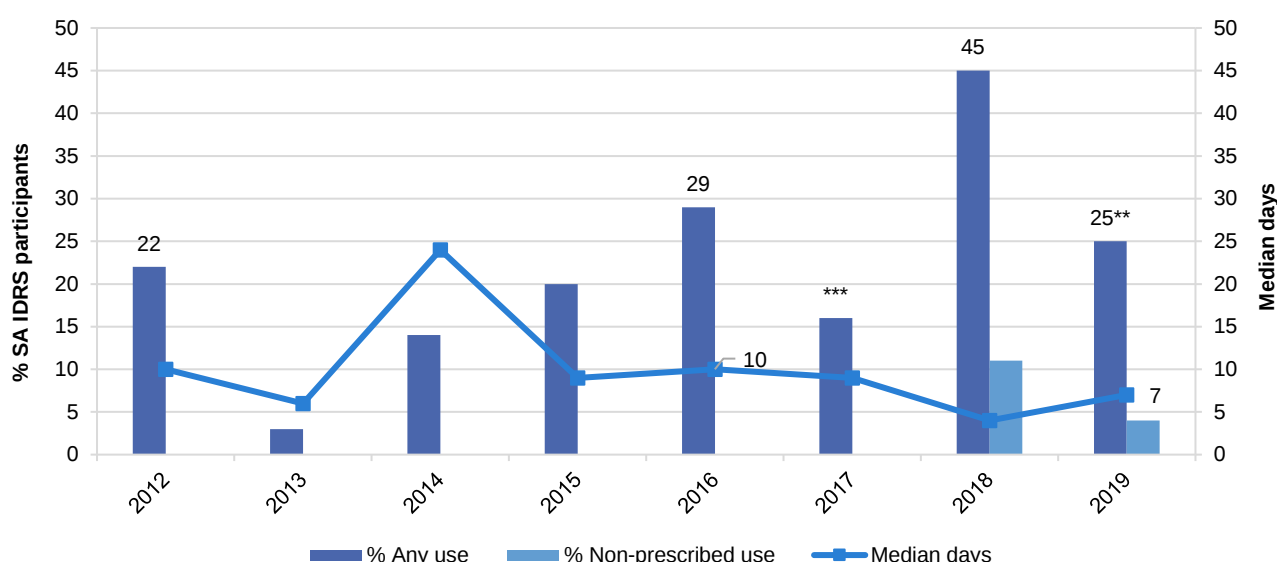
Up until 2017, participants were only asked about use of OTC codeine for non-pain purposes. Additional items on prescribed and non-prescribed use of prescription low-dose and prescription high-dose codeine were included in IDRS 2018 and 2019.

Recent Use (past 6 months): In 2019, 25% of the sample reported recent use of any codeine, a significant decrease from 45% in 2018 ($p=0.003$) (Figure 32). In 2019, numbers for non-prescribed codeine use were equal to or less than five and have thus been suppressed.

Recent Use (past 6 months) for Non-Pain Purposes: Very low numbers reported use of low dose codeine for non-medical/pain purposes in 2019 relative to earlier years. It is unclear if this decline was due to the legislative changes detailed above, or to a change in the way this question was asked (i.e. participants could only report use occurring prior to rescheduling in February 2018).

Frequency of Use (past 6 months): Those who reported any codeine use in 2019 had used on a median of seven days (IQR=5-36; 2018: median 4, IQR=2-9; $p=0.088$) (Figure 32). Participants reported consuming prescribed codeine on a median of 12 days (IQR=5-40) in the six months preceding interview; numbers were too low ($n\leq 5$) to report median frequency of use for non-prescribed codeine.

Figure 32: Past six month use and frequency of low-dose codeine (for non-pain purposes), South Australia, 2012-2019



Note. Differences between 2018 and 2019 should be viewed with caution due to differences in the way questions were asked in 2018 and 2019 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Y axis reduced to 50% and 50 days to improve visibility of trends. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n\leq 5$ but not 0). * $p<0.050$; ** $p<0.010$; *** $p<0.001$ for 2018 versus 2019.

7

Other Drugs

New Psychoactive Substances (NPS)

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

In 2019, the per cent reporting any NPS use remained stable among the sample, with 9% reporting recent use (8% in 2018) (Table 2). Small numbers reported using individual 'new' drugs that mimicked certain substances and thus no further reporting will be included. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Table 2: Past six month use of new psychoactive substances, South Australia, 2014-2019

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

Note. - Values suppressed due to small cell size ($n \leq 5$ but not 0). / denotes that this item was not asked in these years. # In 2017 participants were asked about use of 'new drugs that mimic the effects of ecstasy or psychedelic drugs'. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): The per cent reporting non-prescribed benzodiazepine use has decreased, from 35% in 2007 when monitoring commenced to 18% in 2019 ($p = 0.007$), with use stable in recent years (2018: 11%; $p = 0.151$) (Figure 33). In the total sample, 7% reported use of non-prescribed alprazolam and 14% reported use of non-prescribed other benzodiazepines in 2019.

Frequency of Use (past 6 months): In 2019, consumers reported a median of four days (IQR=1-7) and seven days (IQR=2-8) of non-prescribed use of alprazolam and other benzodiazepines, respectively.

Routes of Administration: In 2019, very low numbers reported recent routes of administration, therefore no further reporting will be included. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Pharmaceutical Stimulants

Very low numbers reported using non-prescribed pharmaceutical stimulants in the six months prior to interview and therefore no further reporting on patterns of use will be included. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Anti-Psychotics

Very low numbers reported using non-prescribed anti-psychotics (asked as 'Seroquel' until 2019) in the last six months and therefore no further reporting on patterns of use will be included. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

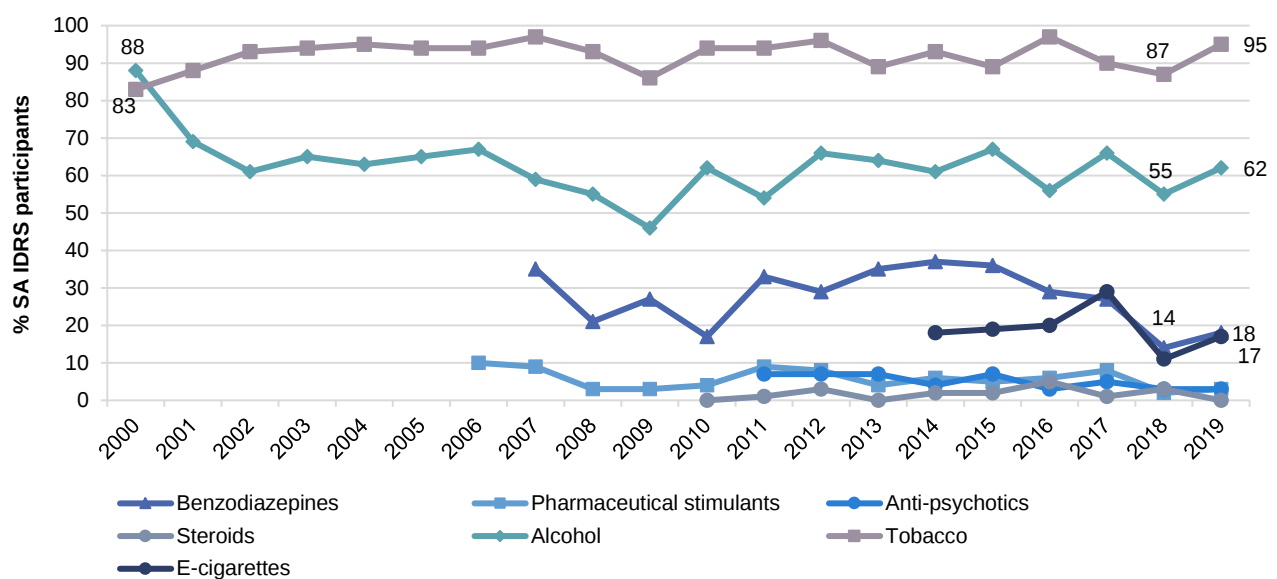
Pregabalin

Recent Use (past 6 months): In 2019, 9% of the sample had used non-prescribed pregabalin in the six months preceding interview (2018 numbers equal to or less than five and suppressed) (Figure 33).

Frequency of Use (past 6 months): Consumers reported using non-prescribed pregabalin on a median of 25 days (IQR=10-81) in 2019.

Routes of Administration: All nine participants who had recently used non-prescribed pregabalin reported swallowing as their only route of administration in 2019.

Figure 33: Past six month use of other drugs, South Australia, 2000-2019



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 (asked as 'Seroquel' until 2019), e-cigarettes in 2014 and pregabalin in 2018 (excluded from figure). Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Licit and Other Drugs

Steroids

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

Alcohol

Recent Use (past 6 months): Sixty-two per cent of the sample reported recent use of alcohol in 2019 (54% in 2018; $p=0.278$; Figure 33).

Frequency of Use (past 6 months): Median frequency of use amongst consumers in 2019 was 24 days (IQR=9-90; 24 days in 2018), with 13% of recent consumers reporting daily use in 2019 (11% in 2018; $p=0.740$).

Tobacco

Recent Use (past 6 months): Tobacco use has been consistently common amongst the SA IDRS sample. In 2019, the vast majority of the sample (95%) reported recent use of tobacco (87% in 2018; $p=0.051$) (Figure 33).

Frequency of Use (past 6 months): Median frequency of use amongst consumers in 2019 was 180 days (IQR=180-180; 180 days in 2018), with 89% of recent consumers reporting daily use in 2019 (92% in 2018; $p=0.549$).

E-cigarettes

Recent Use (past 6 months): Almost one-fifth of participants (17%) reported recent use of e-cigarettes in 2019, stable from 11% in 2018 ($p=0.221$) (Figure 33).

Frequency of Use (past 6 months): Median frequency of use amongst consumers in 2019 was nine days (IQR=4-90; 6 days in 2018).

8

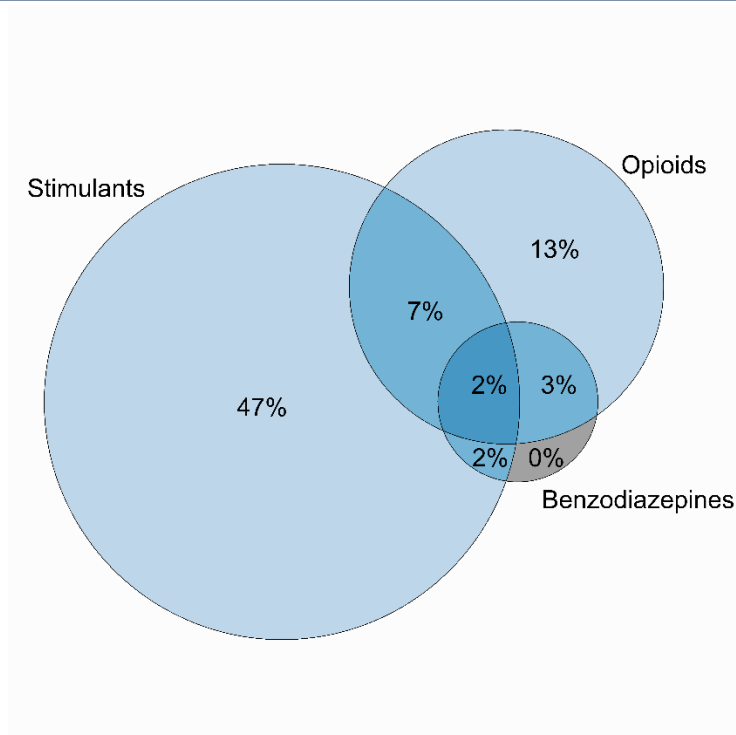
Drug-Related Harms and Other Risk Factors

Polysubstance Use

In 2019, the majority (97%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview (86% in 2018). The most commonly used substances of those who reported using one or more drugs were tobacco (92%), cannabis (61%), stimulants (60%), opioids (26%), alcohol (19%) and benzodiazepines (7%).

Seventy-four per cent of the sample reported using any opioid, stimulant or benzodiazepine on the day preceding interview (60% in 2018; $p=0.031$). Fourteen per cent of the total sample reported using a combination of opioids, stimulants and/or benzodiazepines on the day prior to interview, with the most common combinations being opioids and stimulants (7%), followed by opioids and benzodiazepines (7%), followed by stimulants and benzodiazepines (2%), followed by all three (2%).

Figure 34: Use of opioids, stimulants and benzodiazepines on the day preceding interview, South Australia, 2019



Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (74%; $n=74$). The figure is not to scale.

Overdose

Non-Fatal Overdose

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

In 2019, 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:

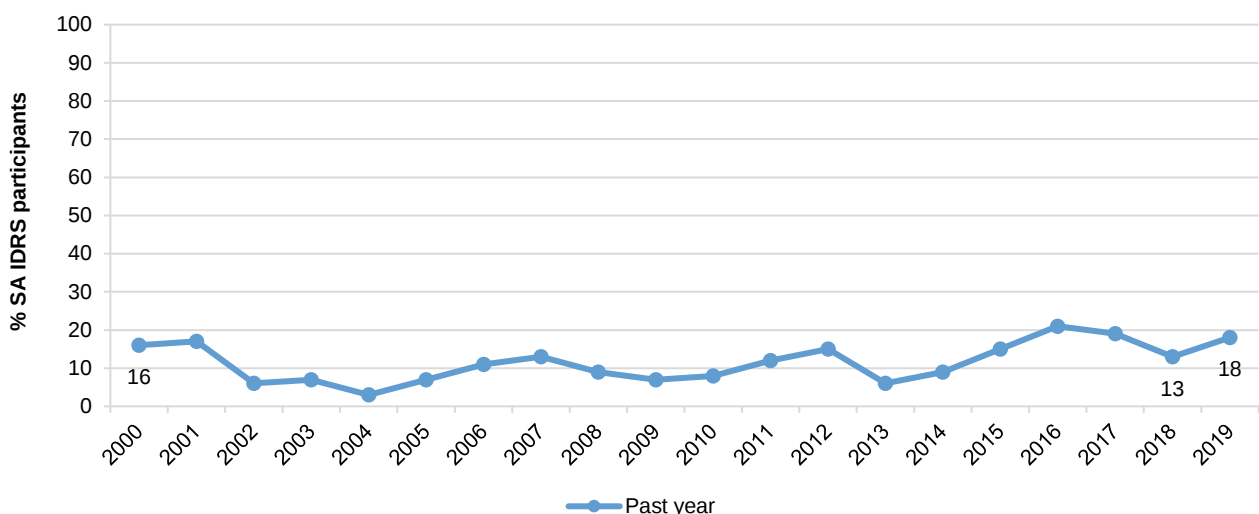
- **opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic); and
- **'other drug' overdose** including alcohol, cannabis, amyl nitrite/alkyl nitrite, benzodiazepines, NPS, pharmaceutical stimulants or any other drug.

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

Overdose in the SA sample has fluctuated over the years (likely due to differences in the way questions regarding overdose were asked). Eighteen per cent reported a non-fatal overdose from any drug in the past 12 months, remaining stable from 2018 (13%; $p=0.359$) (Figure 35). The most commonly cited substance involved in past year non-fatal overdose was due to a stimulant(s) overdose (13%) (stimulant not specified).

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

Figure 35: Past 12 month non-fatal overdose, South Australia, 2000-2019



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

Table 3: Past year non-fatal overdose by drug type, nationally and South Australia, 2015-2019

	National 2019	2019	2018	South Australia 2017	2016	2015
Heroin overdose	N=890 12	N=99 -	N=98 -	N=100 8	N=101 -	N=102 10
Methadone overdose	N=890 1	N=99 0	N=101 -	N=100 0	N=101 0	N=102 0
Morphine overdose	N=890 1	N=99 0	N=101 -	N=99 -	N=101 -	N=102 -
Oxycodone overdose	N=890 -	N=99 0	N=99 -	N=99 0	N=101 -	N=102 -
Other drug overdose (including stimulants)	N=889 8	N=99 14	N=101 8	N=100 11	N=101 16	N=102 6
Other drug overdose (not including stimulants)	N=887 3	N=99 -	/	/	/	/
Any drug overdose	N=890 21	N=99 18	N=97 13	N=99 19	N=101 21	N=102 14

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. – Values suppressed due to small numbers ($n \leq 5$ but not 0). N is the number who responded (denominator). / Not asked. * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people who inject drugs for the reversal of opioid overdose. In early 2016, the Australian Therapeutic Goods Administration placed 'naloxone when used for the treatment of opioid overdose' on a dual listing of Schedule 3 and Schedule 4, meaning naloxone can be purchased OTC at pharmacies without a prescription, and at a reduced cost via prescription.

Awareness of Naloxone: From 2013-2019, there has been no significant change in the per cent of the sample who have heard of naloxone, ranging between 63% and 75%. Nearly two-thirds of participants reported awareness of naloxone in 2019 (63% in 2018; $p=0.851$) (Figure 36).

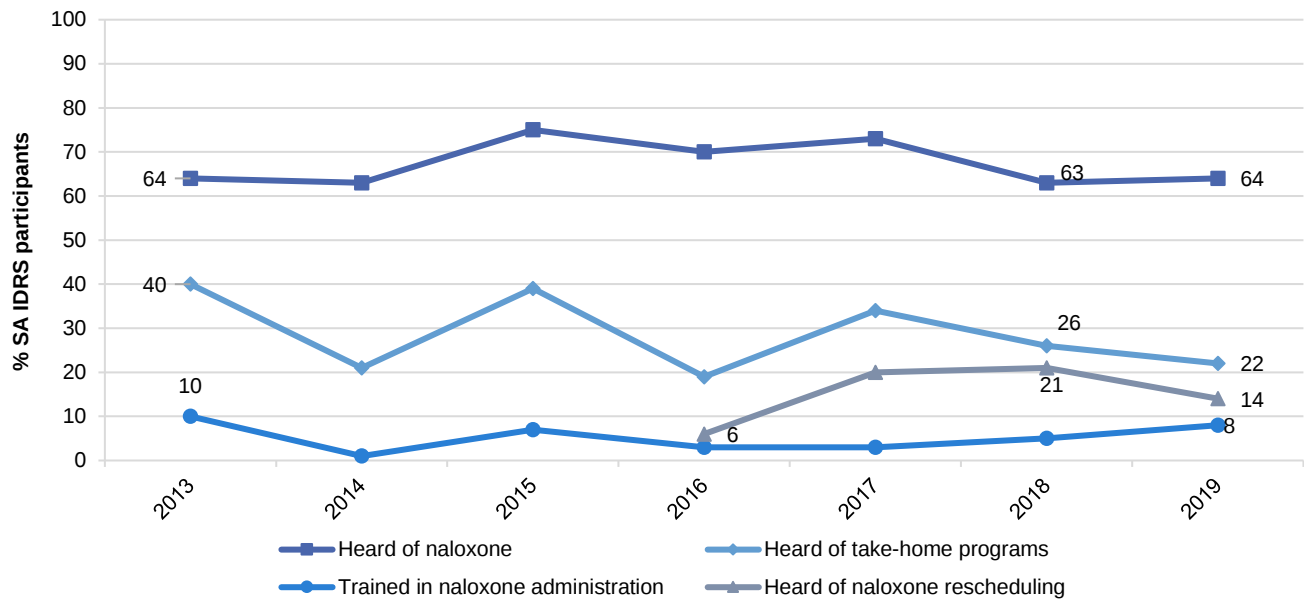
Awareness of Training Program: Fluctuations have been observed over the years in the per cent reporting that they were aware of the take-home naloxone programs, with 22% reporting awareness in 2019, compared with 26% in 2018 ($p=0.499$) (Figure 36).

Participation in Training Programs: Almost one-tenth (8%) of participants in 2019 reported that they had been trained in how to administer naloxone, stable from 2018 (2018 numbers equal to or less than five and suppressed) (Figure 36).

Awareness of Naloxone Scheduling and Products: Fourteen per cent of participants had heard of naloxone rescheduling in 2019, similar to the per cent reported in 2018 (21%; $p=0.228$).

Use of Naloxone to Reverse Overdose: Very low numbers reported having used naloxone to reverse overdose in 2019. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Figure 36: Take-home naloxone program and distribution, South Australia, 2013-2019



Note. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Injecting Risk Behaviours and Harms

Injecting Risk Behaviours

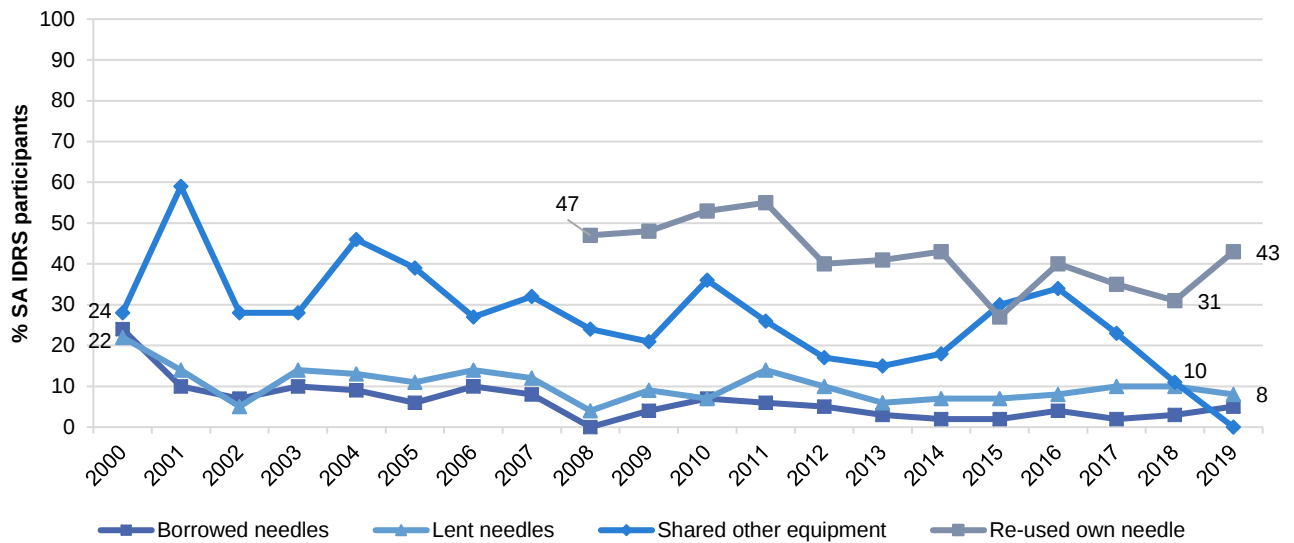
In 2019, while numbers were too low to report ($n \leq 5$) on receptive sharing, 8% of participants reported distributive sharing in the past month, stable from 2018 (10%; $p = 0.703$) (Figure 37).

The per cent who have shared other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month has declined substantially since 2000 (Figure 37). Over two-fifths (43%) of the sample reported that they had re-used their own needles in the past month which remained relatively stable to 2018 (31%; $p = 0.084$) (Figure 37).

Over one-quarter (27%) of the 2019 sample reported that they had injected someone else after injecting themselves (29% in 2018; $p = 0.698$), and 25% were injected by someone else who had previously injected in the past month, a significant increase from 14% in 2018 ($p = 0.048$).

Consistent with previous years, most participants (95%) in the sample reported that they had last injected in a private home (88% in 2018; $p = 0.087$; Table 4).

Figure 37: Borrowing and lending of needles and sharing of injecting equipment in the past month, South Australia, 2000-2019



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Table 4: Sharing and re-using needles and injecting equipment in the past month, nationally and South Australia, 2015-2019

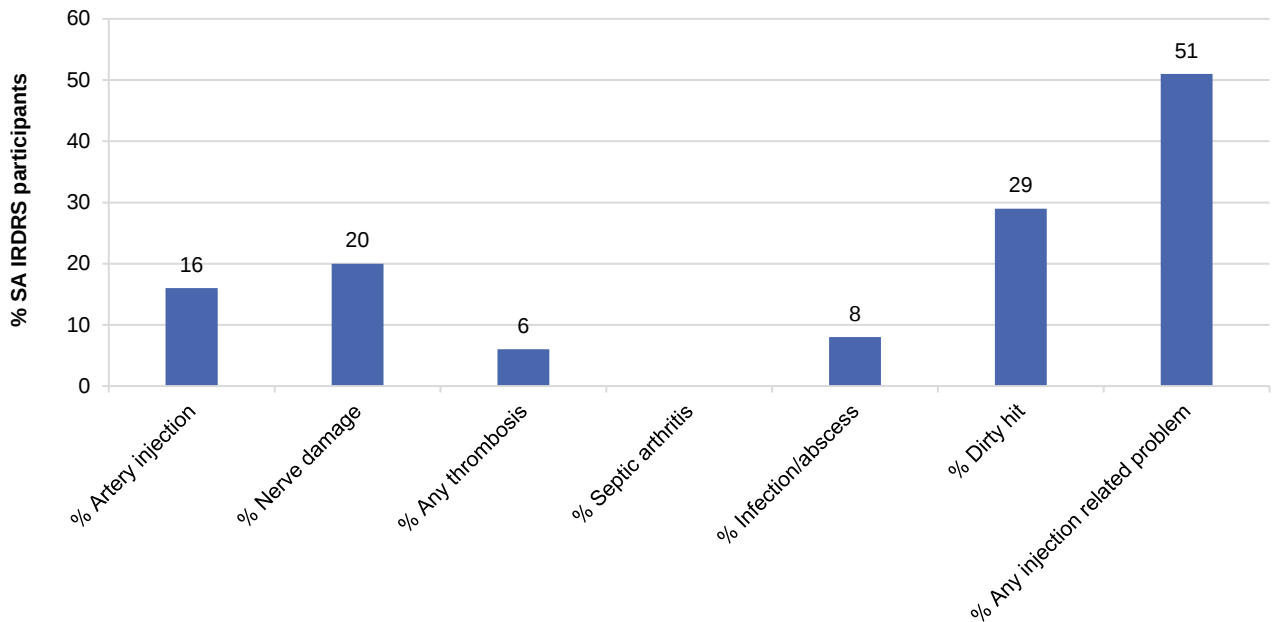
	National 2019 N=893	2019 N=98	2018 N=101	South Australia 2017 N=100	2016 N=101	2015 N=102
% Injecting behaviours past month						
Borrowed a needle	N=892 8	N=98 -	N=101 -	N=100 -	N=100 -	N=100 -
Lent a needle	N=876 11	N=96 8	N=101 10	N=100 10	N=100 8	N=100 7
Shared any injecting equipment ^	N=902 5	N=100 0***	N=101 11	N=99 23	N=100 34	N=100 31
Reused own needle	N=892 44	N=98 43	N=100 31	N=100 35	N=100 40	N=100 27
Reused own injecting equipment ^	N=901 28	N=100 17**	N=99 36	N=100 61	N=100 60	N=100 59
Injected partner/friend after self	N=893 35	N=98 27	N=100 29	N=100 35	/	/
Somebody else injected them after injecting themselves~	N=893 21	N=96 25*	N=101 14	N=100 19	/	/
% Location of last injection	N=888	N=98	N=101	N=100	N=98	N=100
Private home	77	95	88	92	88	90
Car	4	-*	7	-	7	6
Street/car park/beach	7	0	-	-	-	0
Public toilet	7	-	-	0	-	-
Medically supervised injected services	4	/	/	/	/	/
Other	1	-	-	-	-	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ~ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2018 versus 2019.

Self-Reported Injection-Related Health Problems

In 2019, over half (51%) of the sample reported having an injection-related health issue in the month preceding interview (Figure 38). The most common injection related health issues reported by participants was a dirty hit (29%), followed by nerve damage (20%) and an artery injection (16%).

Figure 38. Injection-related issues in the past month, South Australia, 2019



Note. Y axis reduced to 60% to improve visibility of trends.

Drug Treatment

Compared to previous years, fewer participants reported receiving current drug treatment in 2019, with almost one-fifth of participants (18%; 23% in 2018; $p=0.421$) reporting that they were currently in treatment for their substance use (most commonly receiving methadone) (Table 5). Of those people who had used methamphetamine in the past year ($n=90$), 9% reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period (12% of those who reported weekly or more frequent use of methamphetamine).

In 2019, 21% of the total sample had not accessed treatment in the past six-month period but reported thinking that they needed it. Of these people ($n=21$), 14% reported that they had tried but were unable to access drug treatment. Less than five participants were able to comment on both the main substances in which they were seeking treatment for and the main services that they had tried to access, therefore, numbers have been suppressed. For further information, please refer to the [National Report](#), or contact the Drug Trends team.

Table 5: Current drug treatment, nationally and South Australia, 2015-2019

	National		South Australia			
	N=901 2019	N=99 2019	N=201 2018	N=100 2017	N=101 2016	N=102 2015
% Current drug treatment	41	18	23	30	33	31
Methadone	25	12	13	16	21	17
Buprenorphine	2	0	0	-	-	-
Buprenorphine-naloxone	9	-	6	7	7	8
Drug counselling	9	-	-	-	-	-
Other	5	-	0	-	-	-

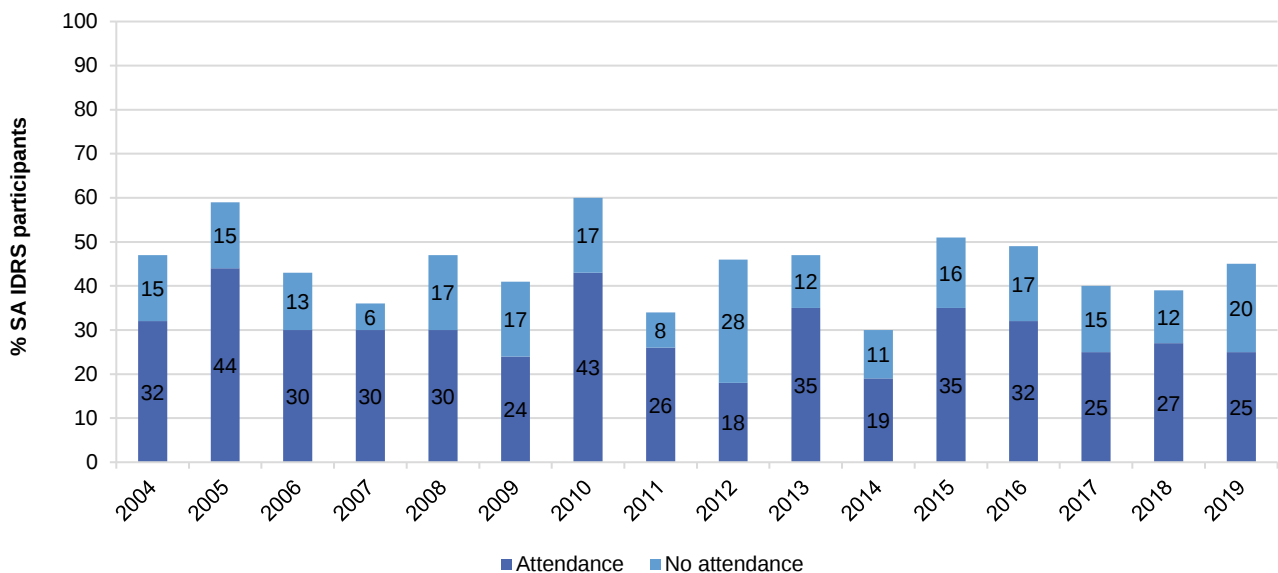
Note. Numbers suppressed when $n \leq 5$ (but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019

Mental Health

In 2019, 45% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2018 (39%; $p=0.357$) (Figure 39). Amongst this group, the most commonly reported problems were depression (73%) and anxiety (71%). A smaller proportion of participants reported post-traumatic stress disorder (18%).

One-quarter (25%) of the sample (56% of those who reported a mental health problem) had seen a mental health professional during the past six months, most commonly a GP (52%), though this was a significant decrease from 2018 (81%; $p=0.024$). Participants also reported seeing a psychologist (52%) and a psychiatrist (40%). Over two-thirds (68%) of those who reported having seen a health professional about a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2018 (65%; $p=0.798$).

Figure 39: Self-reported mental health problems and treatment seeking in the past six months, South Australia, 2004-2019



Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the per cent who reported attending a health professional versus the per cent who have not. Values suppressed due to small cell size ($n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.

Sexual Health Behaviours

In 2019, 66% of the sample reported having engaged in penetrative sex with one or more people in the six months preceding interview (Table 6). Penetrative sex was defined as 'penetration by penis or hand of the vagina or anus'. Given the sensitive nature of these questions, participants were given the option of self-completing this section of the interview.

Of those who reported penetrative sex with one or more people, 33% had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Of those who reported having penetrative sex, 16% reported that alcohol and/or other drugs impaired their ability to negotiate their wishes during sexual intercourse.

Over two-fifths (44%) of the SA sample reported having had a sexual health check in the last 12 months; 16% of the total sample had been diagnosed with a sexually transmitted infection more than one year ago.

Table 6: Sexual health behaviours, nationally and South Australia, 2019

	National N=865 2019	South Australia N=98 2019
% Any penetrative sex in the last 6 months (n)	62 (540)	66 (65)
Of those who responded[#]:	N=521	N=63
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	19	33
Of those who responded[#]:	N=520	N=64
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	20	16
Of those who responded (past 12 months):	N=855	N=97
% Had a sexual health check	46	44
% Diagnosed with a sexually transmitted infection	3	-

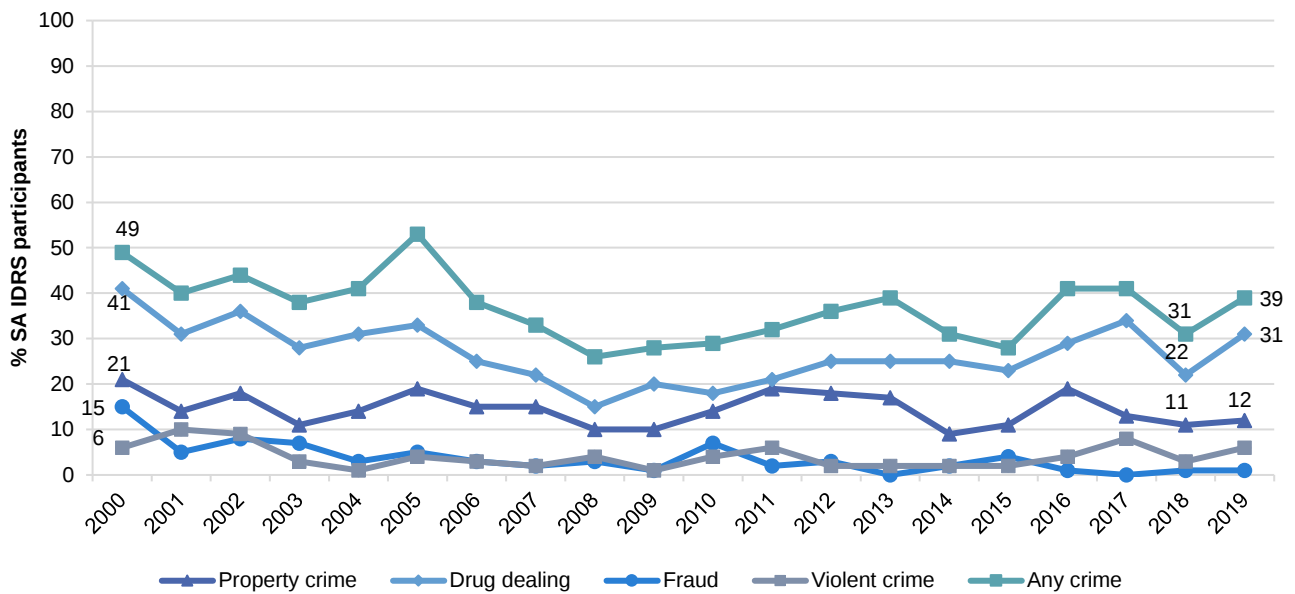
Note. Numbers suppressed when n≤5 (but not 0).

Crime

Almost two-fifths (39%) of participants reported engaging in 'any' crime in 2019, stable from 31% in 2018 ($p=0.217$). Property crime and selling drugs for cash profit remained the most common self-reported crimes in the month preceding interview (12% and 31%, respectively) (Figure 40). Though numbers remain low, 6% of participants reported violent crime in 2019 (2018 numbers equal to or less than five and suppressed). Conversely, 17% reported being the victim of a crime involving violence (e.g., assault), a significant increase from 6% in 2018 ($p=0.014$).

In 2019, 20% the sample had been arrested in the past year, stable from 2018 (17%; $p=0.562$). Almost half of the sample (47%) reported a lifetime prison history in 2019, also stable from 46% in 2018 ($p=0.784$).

Figure 40: Self-reported criminal activity in the past month, South Australia, 2000-2019



Note. 'Any crime' comprises the per cent who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures in years of initial monitoring, and 2018 and 2019 with small cell size (i.e. $n \leq 5$ but not 0). * $p < 0.050$; ** $p < 0.010$; *** $p < 0.001$ for 2018 versus 2019.