Australian Drug Trends 2018

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

KEY FINDINGS FROM THE NATIONAL ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS

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

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 2018:

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

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

Participants

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

Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level.

Abbreviations

ACT	Australian Capital Territory
BBVI	Blood-borne viral infections
CPR	Cardiopulmonary resuscitation
EDRS	Ecstasy and Related Drugs Reporting System
GP	General Practitioner
HCV	Hepatitis C virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
MDMA	3,4-methylenedioxymethamphetamine
MSIC	Medically Supervised Injecting Centre
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and syringe program(s)
NSW	New South Wales
NT	Northern Territory
OST	Opioid substitution treatment
OTC	Over-the-counter
QLD	Queensland
SA	South Australia
TAS	Tasmania
TGA	Therapeutic Goods Administration
VIC	Victoria
WA	Western Australia

Executive summary

Sample characteristics

The IDRS sample in 2018 were predominantly male with a mean age of 43, consistent with the national profile in previous years. Two in five participants (41%) reported that their drug of choice was heroin, although methamphetamine remained the drug injected most often in the past month (44%). Weekly or more frequent use of crystal methamphetamine increased in 2018 (47%), continuing an upward trend that has been observed from 2010 onwards.

Heroin

Recent (i.e., past six month) use of heroin has decreased amongst the annual sentinel sample since monitoring began but remained stable in 2018 (54%) compared to 2017. Thirty-one per cent of recent consumers reported daily use of heroin in 2018. The median price for one gram of heroin was reported at the lowest value since monitoring commenced.

Methamphetamine

Recent use of any methamphetamine has fluctuated over the years and showed a significant increase in 2018 compared to 2017, with three in four participants (77%) reporting recent use. This was driven by the significant increase in use of crystal methamphetamine (75%) - the most commonly used form. A lower median price was observed for powder, base, and crystal methamphetamine relative to the previous few years. A greater number of consumers perceived crystal purity as high in 2018 (35%) compared to 2017.

Cocaine

Recent use of cocaine and frequency of use has generally decreased amongst the national sample since the beginning of monitoring (14% in 2018). Cocaine was perceived as 'low' in purity by one-third of participants (33%) in 2018, the highest percentage observed in 15 years.

Cannabis

Recent use of cannabis remained largely stable in 2018, though a small decline in use has been observed since monitoring began in 2000, with three in four participants (73%) reporting recent use in 2018. Nearly half of consumers (45%) reported using cannabis daily.

Pharmaceutical opioids

Use of most forms of pharmaceutical opioids has remained stable or significantly declined since monitoring of each opioid first began. In 2018, morphine was the most common pharmaceutical opioid used in a non-prescribed context (22%), with 7% reporting non-prescribed fentanyl use.

New psychoactive substances (NPS) and other drugs

Use of NPS has remained low and stable over the period of monitoring, with one in ten participants (11%) reporting recent use. Rates of non-prescribed benzodiazepine use have decreased, with 30% reporting such use in 2018. Alcohol and tobacco use have remained consistently high over the period of monitoring, with 93% reporting recent use of tobacco (and 92% of consumers reporting daily use).

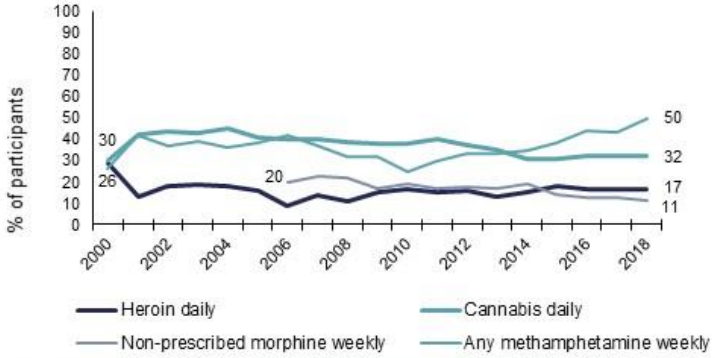
Drug-related harms and other risks

One-quarter (26%) reported using a combination of opioids, benzodiazepines, and/or stimulants the day prior to interview. One in five participants (20%) reported overdosing on any drug in the preceding year, most commonly heroin. Eight per cent of the total sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program, and 4% with naloxone obtained through a pharmacy. Rates of sharing of needles and other injecting equipment remained stable in 2018, although there was an increase in experience of an injection related problem (73%). Self-reported mental health problems and criminal activity remained relatively high and stable (45% and 42%, respectively).

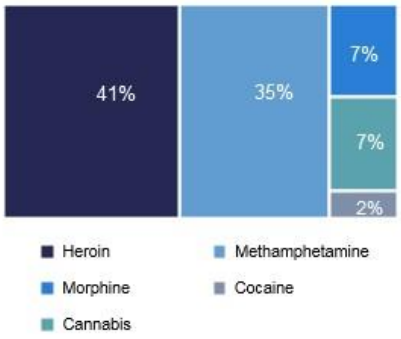
Key findings from the Illicit Drug Reporting System interviews, 2018

Annual cross-sectional interviews from 2000 to 2018 with people who inject drugs, recruited from Australian capital cities

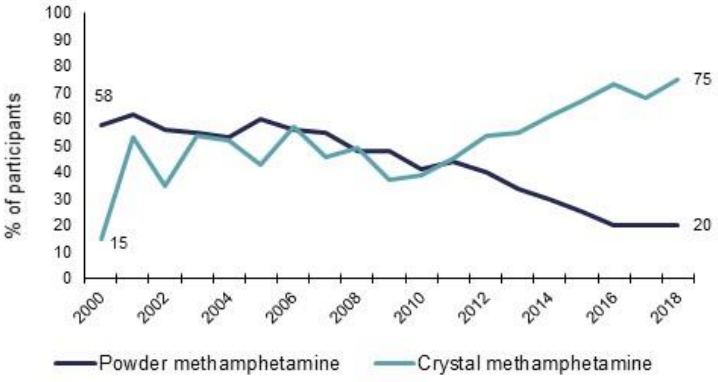
High frequency use in the past six months



Drug of choice



Use in the past six months



22% Non-prescribed morphine use

14% Non-prescribed oxycodone use

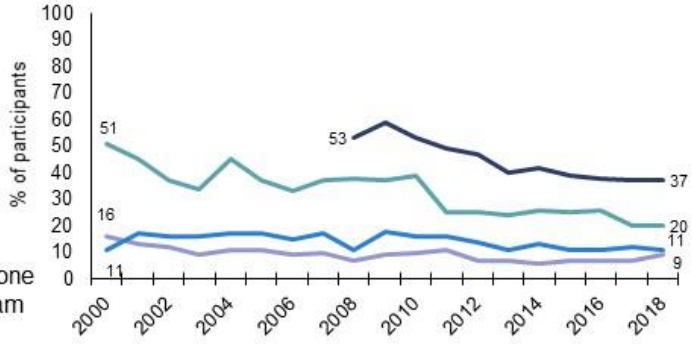
7% Non-prescribed fentanyl use

Risks and harms

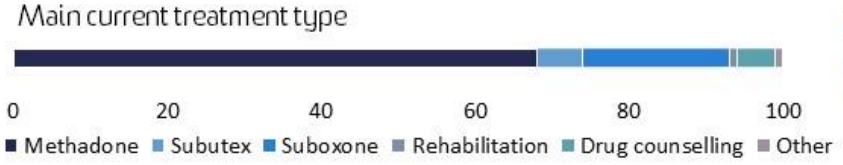
20% of the national sample reported experiencing a non-fatal overdose in the last year

58% had heard of take-home naloxone programs

8% had been resuscitated by someone who had participated in a program



Main current treatment type



1

Background and methods

The Illicit Drug Reporting System (IDRS) interviews are conducted annually with a sentinel group of people who regularly inject drugs, recruited from all capital cities of Australia (N=905 in 2018). The results from the IDRS interviews are not representative of all people who consume drugs, but this is not the aim of the study, instead intended to provide evidence indicative of emerging issues that warrant further monitoring. These results should be interpreted alongside analyses of other data sources for a more complete profile of emerging trends in illicit drug use, market features, and harms in Australia.

Background

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

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

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 905 participants were interviewed during May–July 2018 (888 participants in 2017). The sample sizes recruited from the capital city in each jurisdiction were: Sydney, NSW n=152; Melbourne, VIC n=150; Adelaide, SA n=101; Canberra, ACT n=100; Hobart, TAS n=100; Brisbane, QLD n=103; Darwin, NT n=99; and Perth, WA n=100.

For normally distributed continuous variables, means and standard deviations (SD) are reported; for skewed data (i.e. skewness > ±1 or kurtosis > ±3), medians and interquartile ranges (IQR) are reported. Tests of statistical significance have been conducted between estimates for 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 Australia (see section on ‘Additional Outputs’ below for details of other outputs providing such profiles).

Additional Outputs

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

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

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Sample characteristics

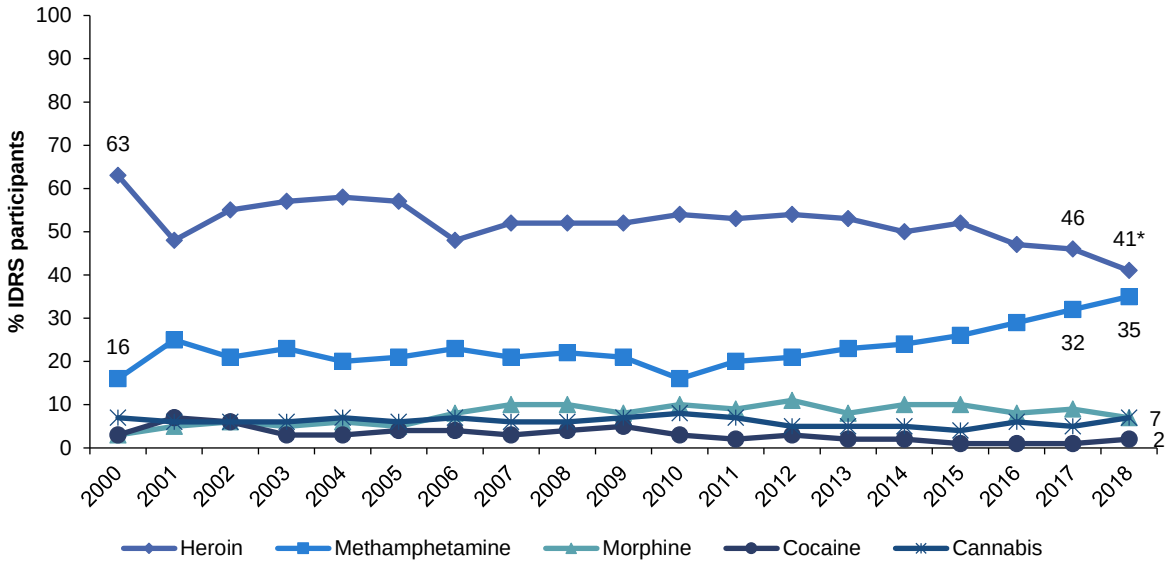
In 2018, the IDRS sample was predominantly male (66%) with a mean age of 43 (range: 17-71). The majority of the sample were unemployed (87%), although over half (53%) reported having received some post-school qualifications. Participants typically reported that heroin was their drug of choice, although methamphetamine remained the drug injected most often in the month preceding interview. Weekly or greater use of crystal methamphetamine increased in 2018 (47% vs 41% in 2017; p=0.003), continuing an upward trend that has been observed from 2010 onwards.

Table 1: Demographic characteristics of the sample, nationally and by jurisdiction, 2017-2018

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=888	N=905	N=152	N=100	N=150	N=100	N=101	N=100	N=99	N=103
	2017	**2018**								
Mean age (years; SD)	43 (9)	**43 (9)**	43 (10)	42 (9)	42 (8)	42 (8)	46 (9)	43 (10)	46 (9)	42 (9)
% Male	67	**66**	67	68	69	63	68	60	65	69
% Aboriginal and/or Torres Strait Islander	19	**19**	29	21	15	17	11	13	29	17
% Sexual identity										
Heterosexual	87	**88**	87	91	90	89	98	78	88	85
Gay male	2	**1**	-	-	-	-	0	5	0	-
Lesbian	1	**2**	4	-	0	-	0	-	-	-
Bisexual	9	**8**	7	6	9	7	-	10	10	13
Other	2	**1**	-	0	-	0	0	-	-	0
Median years of school education (IQR)	10 (9-11)	**10 (9-11)**	10 (8-11)	10 (9-12)	9 (8-10)	10 (10-11)	10 (9-11)	10 (10-12)	10 (9-11)	10 (9-12)
% Post-school qualification(s)^	51	**53**	49	48	50	64	54	70	53	43
% Employment status										
Unemployed	84	**87**	87	85	94	88	92	81	81	83
Employed full time	3	**3**	-	5	0	0	-	-	8	-
% Gov't pension, allowance or benefit main income source	87	**88**	92	84	89	88	95	84	79	91
Median weekly income ($; IQR)	(N=874) 370 (275-460)	**(N=887) 350 (275-450)**	(N=147) 306 (260-400)	(N=99) 335 (260-450)	(N=147) 400 (275-450)	(N=100) 400 (275-450)	(N=97) 400 (275-450)	(N=95) 325 (272-475)	(N=199) 350 (290-500)	(N=103) 385 (295-475)
% Accommodation										
Own house/flat~	69	**69**	70	85	45	75	83	69	77	58
Parents'/family home	6	**8**	9	-	6	8	11	14	-	7
Boarding house/hostel	7	**7**	5	-	11	6	-	-	7	15
Shelter/refuge	2	**2**	-	-	3	0	-	-	-	-
No fixed address	15	**14**	13	7	31	11	-	13	6	18
Other	1	**1**	-	0	-	0	0	-	-	0

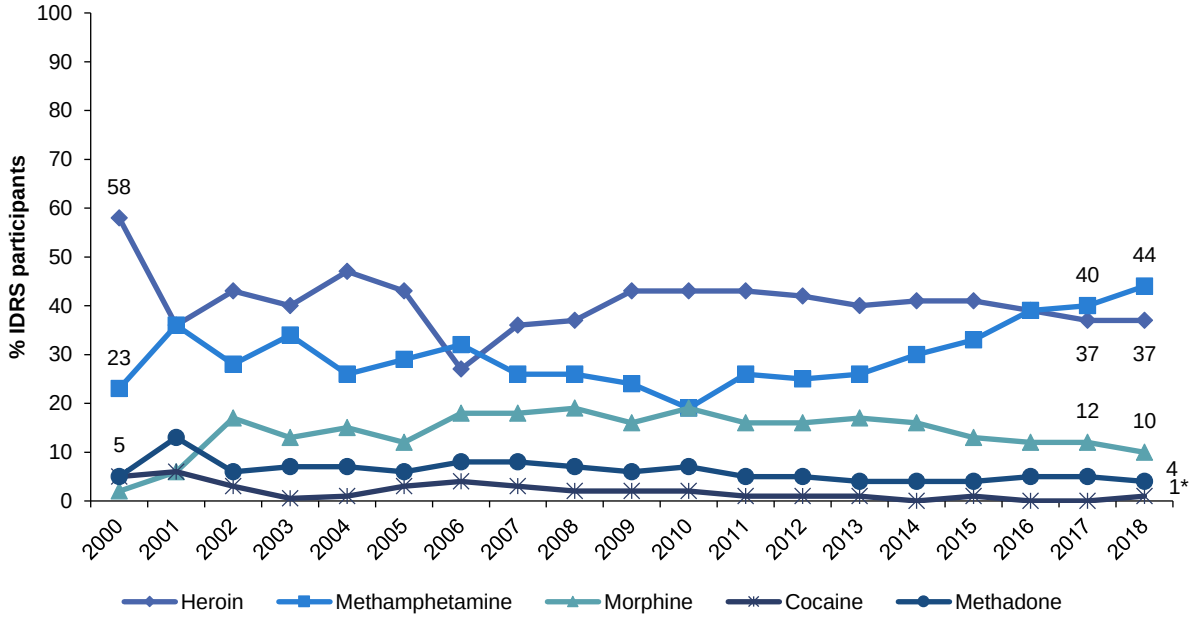
Note. ^Includes trade/technical and university qualifications. ~ Includes private rental and public housing. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



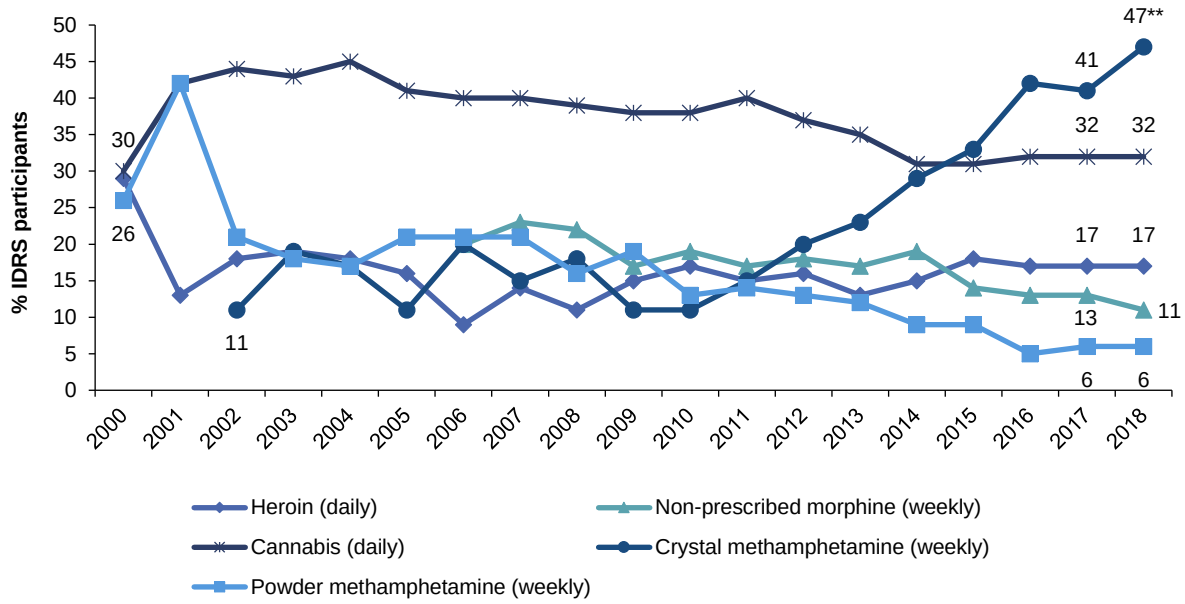
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. These figures are of the entire sample. Y axis reduced to 50% to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

3

Heroin

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

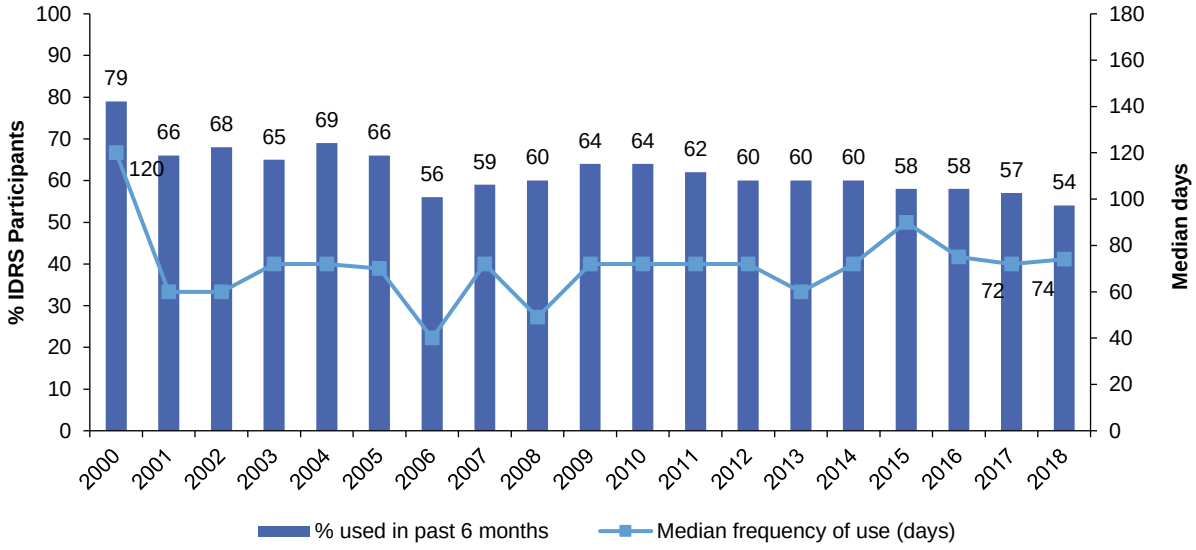
Recent Use

Reports of recent use of any heroin have declined from 79% in 2000 to 54% in 2018 (57% in 2017; *p*=0.282; Figure 4). All jurisdictions have shown a decline in recent use since monitoring began but there are marked differences across jurisdictions, ranging from one in ten participants reporting recent use in TAS and NT, to eight in ten participants reporting recent use in NSW and VIC in 2018 (Table 2). SA and NT have shown the greatest decline in recent use over the period of monitoring, with SA recording a significant decline in 2018 relative to 2017 (35% versus 52%; *p*=0.015).

Median frequency of use nationally has typically been equivalent to two to four days a week (2018: median 74 days, IQR 12-180; Figure 4). In 2018, one-third (31%) of recent heroin consumers reported daily use (30% in 2017). QLD had the lowest proportion of consumers reporting daily use (13%) whereas SA and NSW had the highest (37% and 35%, respectively).

Injecting remains the most common route of administration among heroin consumers (100% versus 97% in 2017), with smaller numbers reporting smoking (6%) and snorting (2%). Median amount used in a typical day was 0.2 grams (IQR 0.1-0.5). Small numbers reported recent use of homebake heroin in 2018 (7% versus 7% in 2017; *p*=0.982).

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 2: Past six month use of heroin, by jurisdiction, 2000–2018

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). $p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

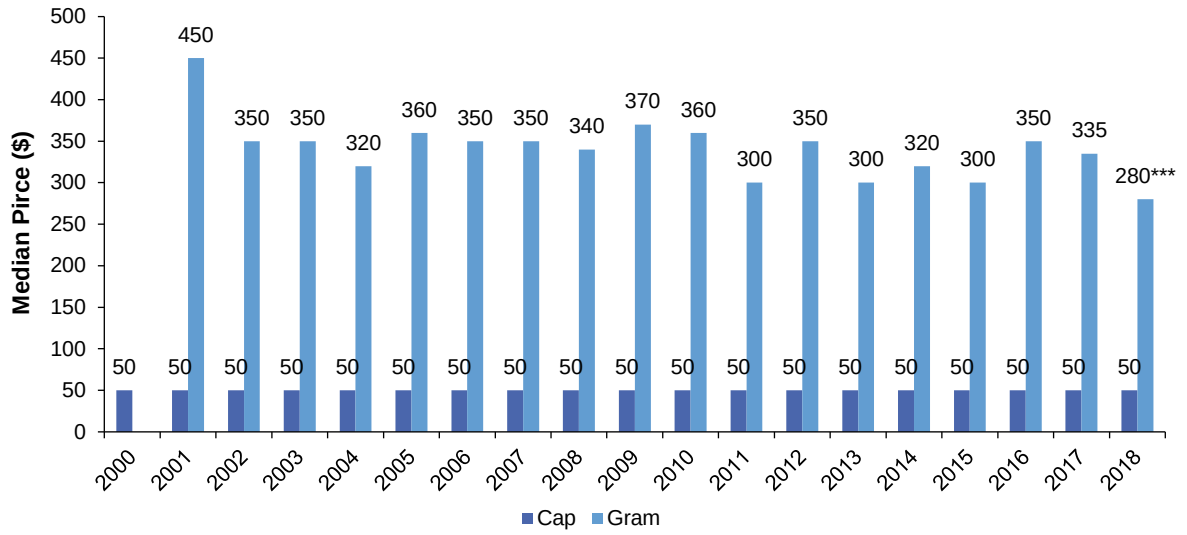
Price, Perceived Purity and Availability

In 2018, the reported median price of heroin nationally was $280 for one gram (IQR 200-400; n=110) and $50 per cap (IQR 50-50; n=100; a ‘cap’ being a small amount typically used for a single injection) (Figure 5). Historically, the price of a gram has fluctuated between $300-$370, meaning the most recent estimate is the lowest price over the period of monitoring. However, the price of a cap has been stable over the period of monitoring.

Among those who were able to comment (n=422), there was an equal distribution of those who perceived the current purity of heroin as ‘medium’ (34%) and low (33%), consistent with 2017 (34% and 31%, respectively; see Figure 6).

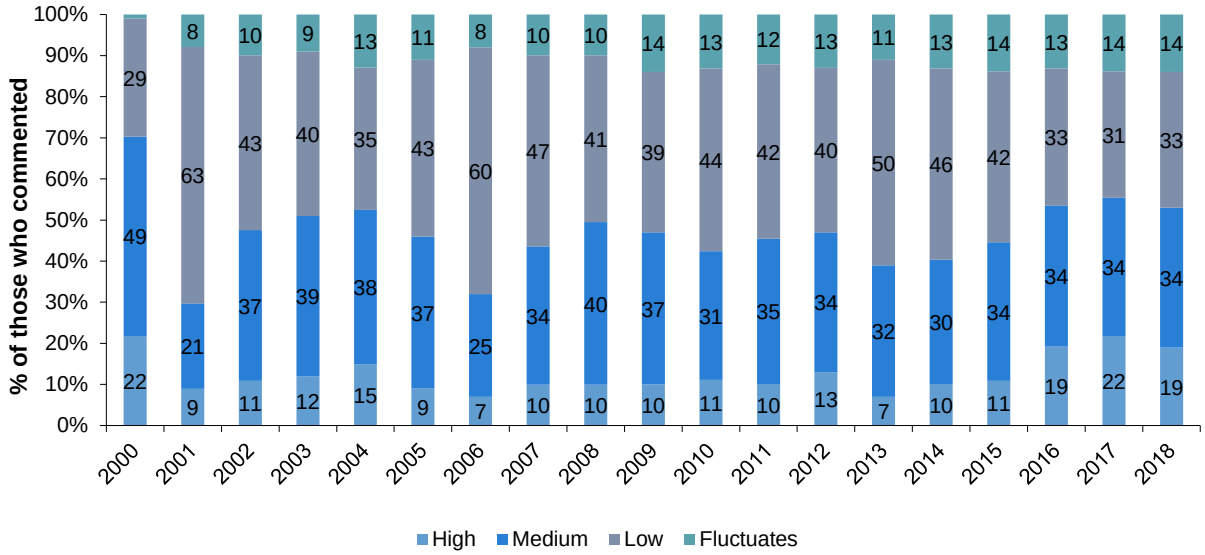
Of those who were able to comment (n=438), over half (55%) perceived the current availability of heroin as ‘very easy’ and a third (34%) as ‘easy’ to obtain, reflecting results from 2017 (52% and 37%, respectively) (Figure 7).

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



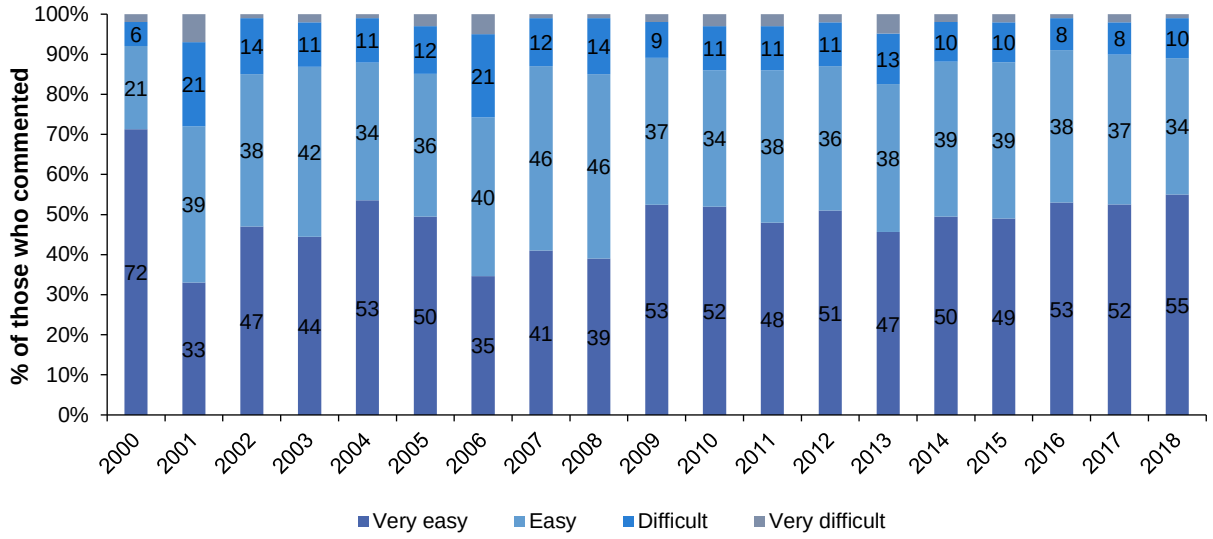
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

4

Methamphetamine

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

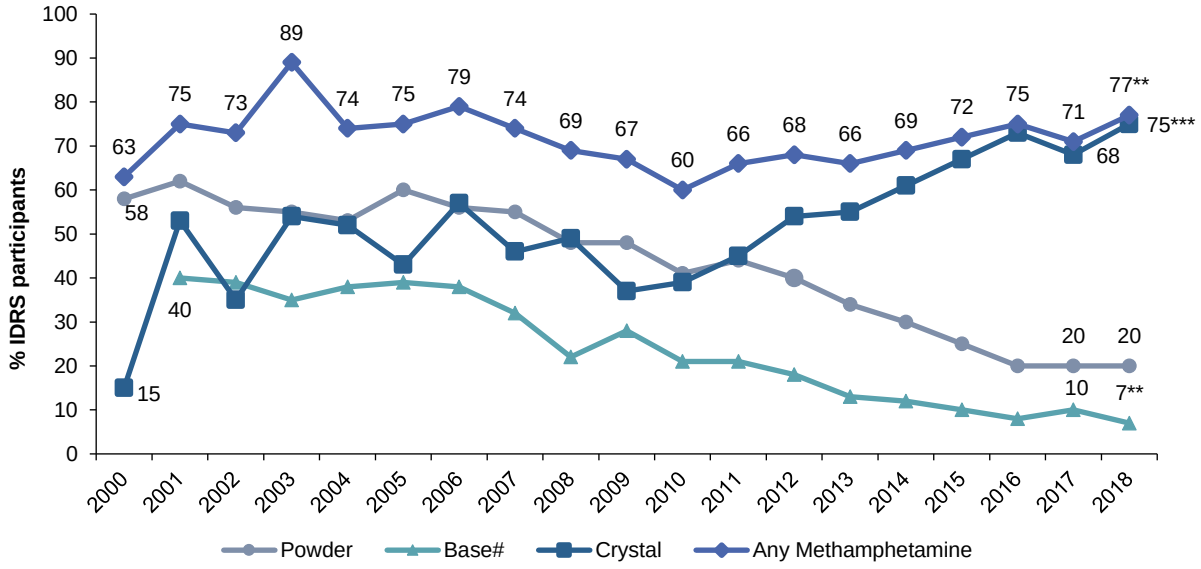
Recent Use

Recent use of any methamphetamine (powder, base, crystal and/or liquid amphetamine) peaked in 2003 (89%), before declining to 60% in 2010 and then rising through to 2018. In 2018, 77% of the sample reported recent use (71% in 2017; *p*=0.004) (Figure 8). Across the jurisdictions, at least two in three participants reported recent use of methamphetamine in 2018, ranging from 67% in WA to 85% in ACT (Table 3).

In 2018, frequency of use remained largely stable at a median of 48 days (IQR 10-100; 38 days in 2017; *p*=0.241) (Figure 9). The proportion of recent consumers reporting weekly or more frequent use of methamphetamine also remained stable compared to 2017 (65% versus 61% in 2017; *p*=0.137).

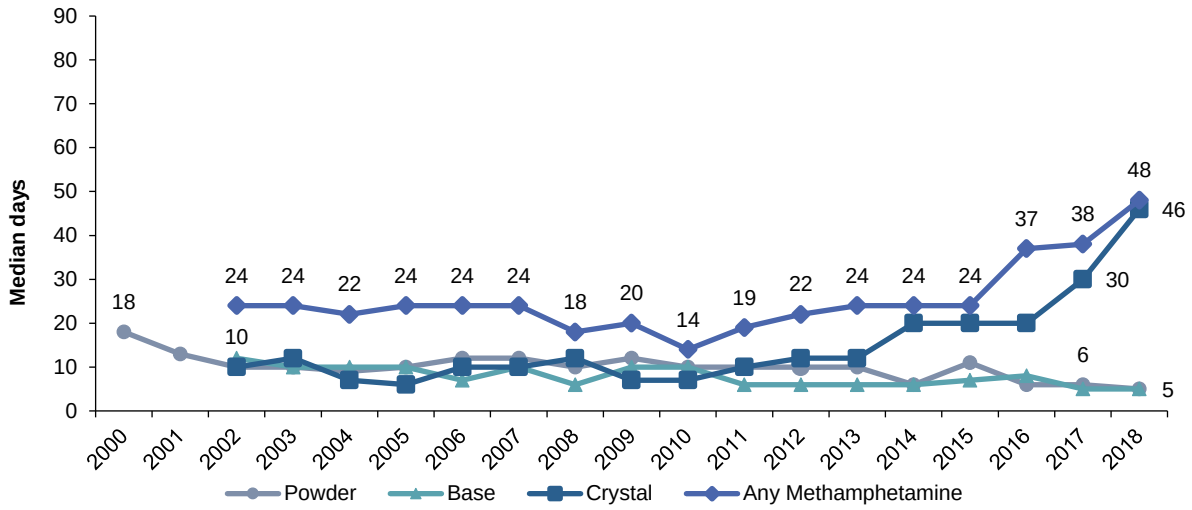
There has been a shift over time to decreasing use of powder and base methamphetamine forms and increasing use of crystal methamphetamine (Figure 8). Indeed, most methamphetamine consumers (n=696) nominated crystal as the main form used (94% versus 92% in 2017; *p*=0.078), followed by powder (5% versus 6% in 2017; *p*=0.209) in 2018. This trend is consistent across jurisdictions and may relate to greater perceived purity and availability of crystal (see below for further discussion).

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



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, however in 2018 3% of the national sample reported use of liquid amphetamine in the six months preceding interview. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



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

Table 3: Past six month use of any methamphetamine, by jurisdiction, 2000–2018

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Powder methamphetamine

Recent use of powder methamphetamine has generally been decreasing over time but stabilised in 2016, with one in five participants reporting recent use since (20% in 2018). All jurisdictions have reflected this trend, with some fluctuation over time. SA recorded an increase in use from 2017 to 2018 (18% to 31%; p=0.036), although remains lower than the peak observed in 2003 (53% in 2003; Table 5).

Nationally, frequency of use remained stable in 2018 at a median of six days (i.e., monthly use; IQR 2-30; 6 days in 2017) (Figure 9). Most consumers (96%) reported recent injection of powder, with 14% reporting smoking powder recently. The median amount used on a typical day in the past six months was 0.2 grams (IQR 0.1-0.5).

Table 4: Past six month use of powder methamphetamine, by jurisdiction, 2000-2018

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

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

Base methamphetamine

Excluding liquid amphetamine, base has remained the least commonly used form of methamphetamine since monitoring commenced in 2001. Recent use of base has declined from 40% in 2001 to 10% in 2017, with a further small decrease from 2017 to 2018 (7%; p=0.009) (Table 5). All jurisdictions have documented this decline in base use, although the magnitude of decline varies by jurisdiction. Indeed, SA recorded a decrease in recent methamphetamine base use in 2018 (8% versus 30% in 2017; p=0.013), contrasting with the increase in powder use in this jurisdiction.

Of recent consumers, most (97%) had injected base, and 10% had reported smoking and swallowing, respectively. Frequency of use remained stable at a median of five days (IQR 2-24; 5 days in 2017) (Figure 9). The median amount used on a typical day of consumption in the past six months was 0.2 grams (IQR 0.1-0.3).

Table 5: Past six month use of base methamphetamine, by jurisdiction, 2001-2018

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

Note. Base asked separately from 2001 onwards. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Crystal methamphetamine

Reports of recent use of crystal methamphetamine have been increasing since 2009 (Figure 8), surpassing powder methamphetamine from 2012 onwards and peaking at 75% in 2018 (68% in 2017; p<0.001). At the jurisdiction level, recent use ranged from 64% in WA to 85% in ACT in 2018, with significant increases in use recorded relative to 2017 in the NT and VIC (Table 6).

In 2018, consumers reported using crystal methamphetamine on a median of 46 days (i.e. twice weekly; IQR 10-96; 30 days in 2017; p=0.141) in the past six months. The main route of administration among consumers was injecting (96%), followed by smoking (36%). Rates of recent smoking amongst consumers ranged between 21% in QLD and 56% in WA. The median amount used on an average day of consumption in the past six months was 0.15 grams (IQR 0.10-0.25).

Table 6: Past six month use of crystal methamphetamine, by jurisdiction, 2000-2018

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

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

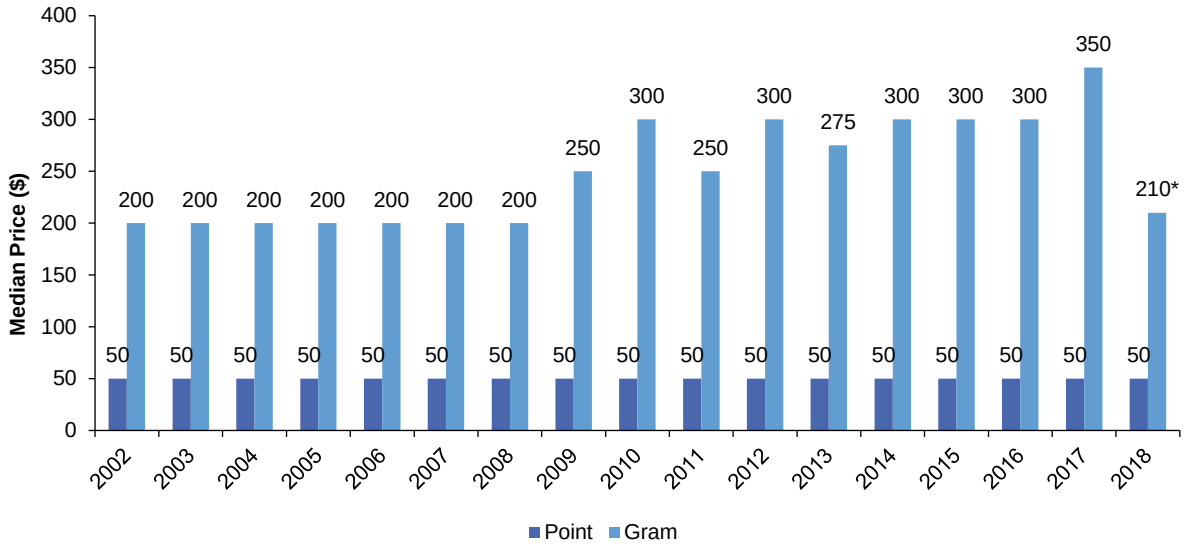
Price, Perceived Purity and Availability

Powder methamphetamine

The median price for a point (0.1 gram) has remained stable at $50 (2018: n=100; IQR 50-50) across the duration of monitoring (Figure 10). However, the median price of one gram was reported as $210 (n=28; IQR 185-350) in 2018, the lowest price reported since 2009.

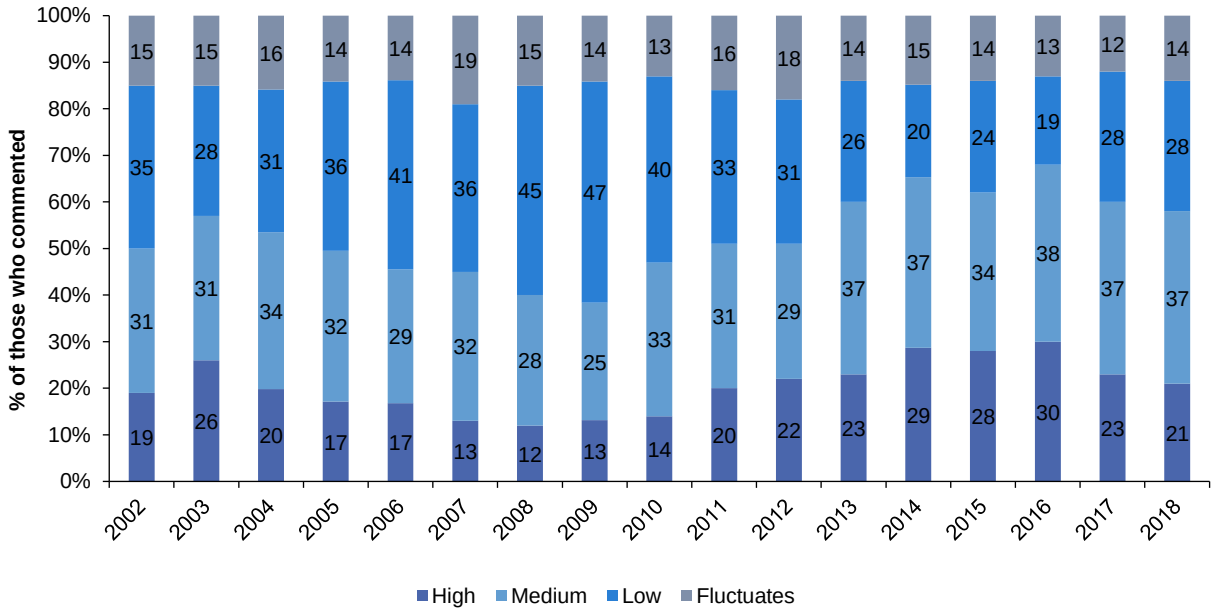
Participants who could comment on powder methamphetamine (n=139) mostly perceived it to be of ‘medium’ (37%) purity or ‘low’ (28%) purity (Figure 11). Of consumers commenting (n=145), the largest proportion reported it to be ‘very easy’ (48%) to obtain (33% in 2017; p=0.008) (Figure 12).

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



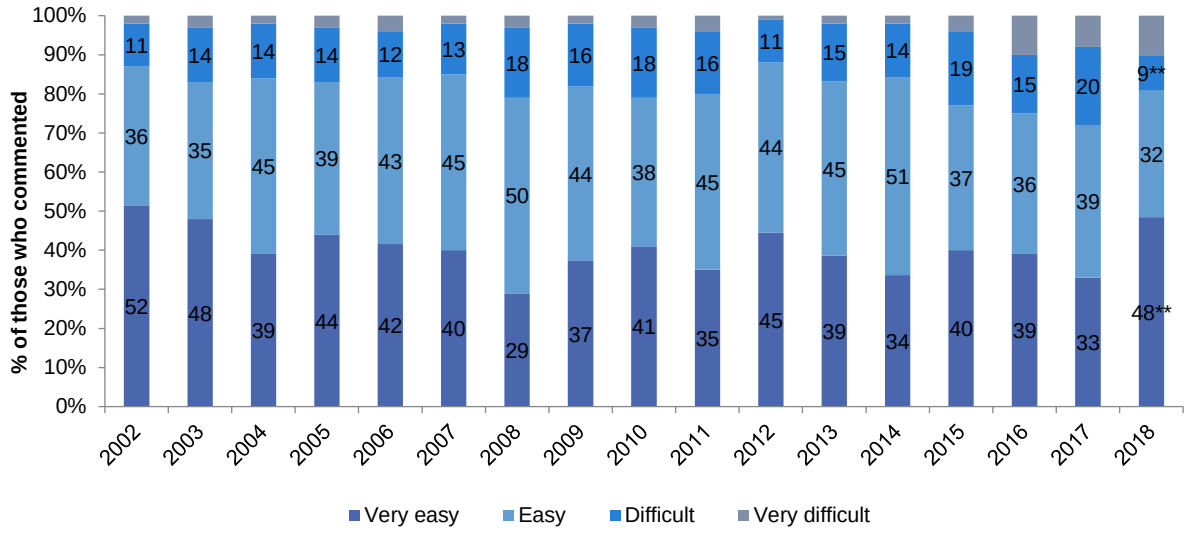
Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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

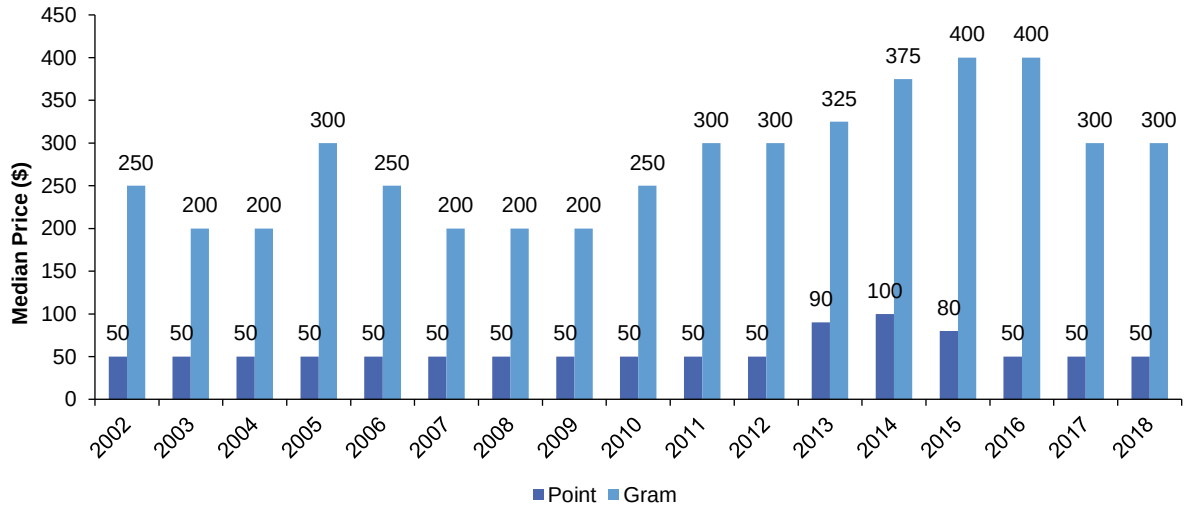


Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Base methamphetamine

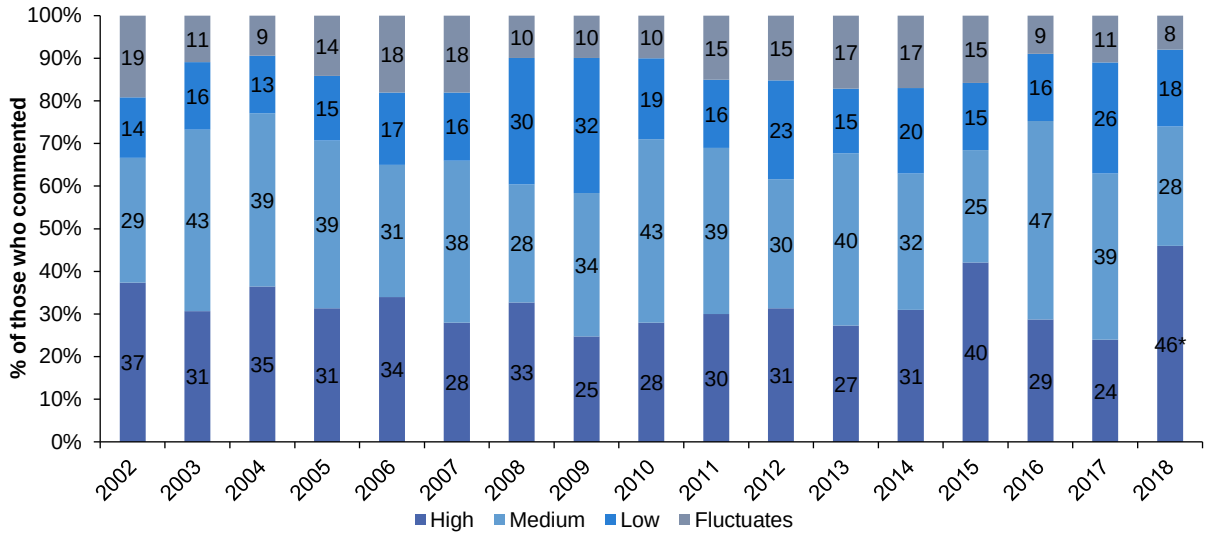
The median price for one point (0.1 gram) of base remained stable at $50 (n=26; IQR 50-50), consistent with most previous years (Figure 13). In 2018, the median price of one gram was $300 (n=8; IQR 200-300) (small numbers commenting; interpret with caution). Of those who could comment (n=39), most perceived the purity as 'high' (46%; a significant increase relative to 24% in 2017; p=0.022) (Figure 14). In addition, of those able to comment (n=39), 56% perceived base to be 'very easy' to obtain, a significant increase compared to 2017 (30%; p=0.007) (Figure 15).

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



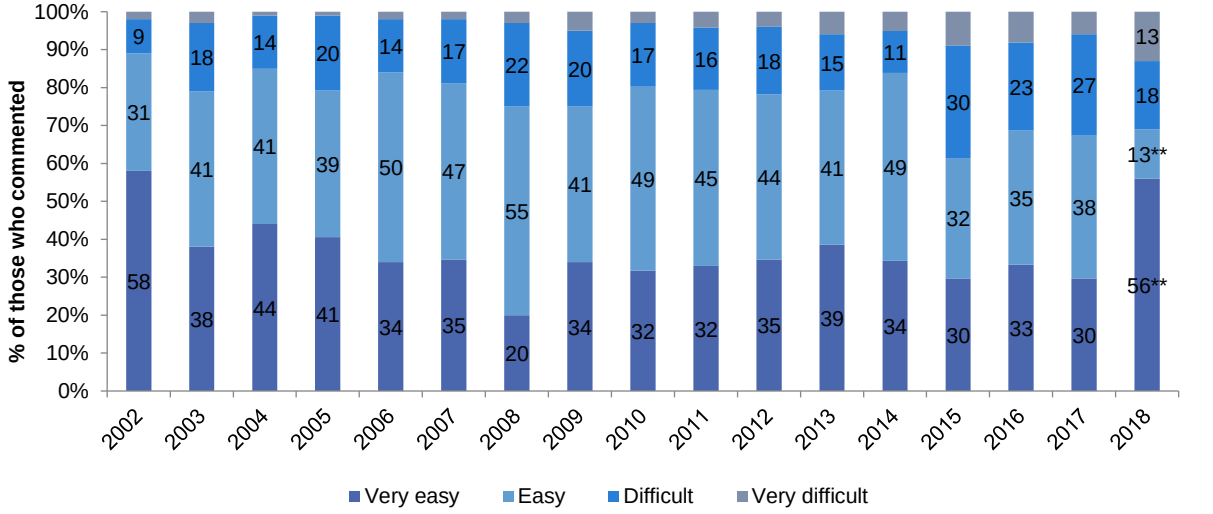
Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

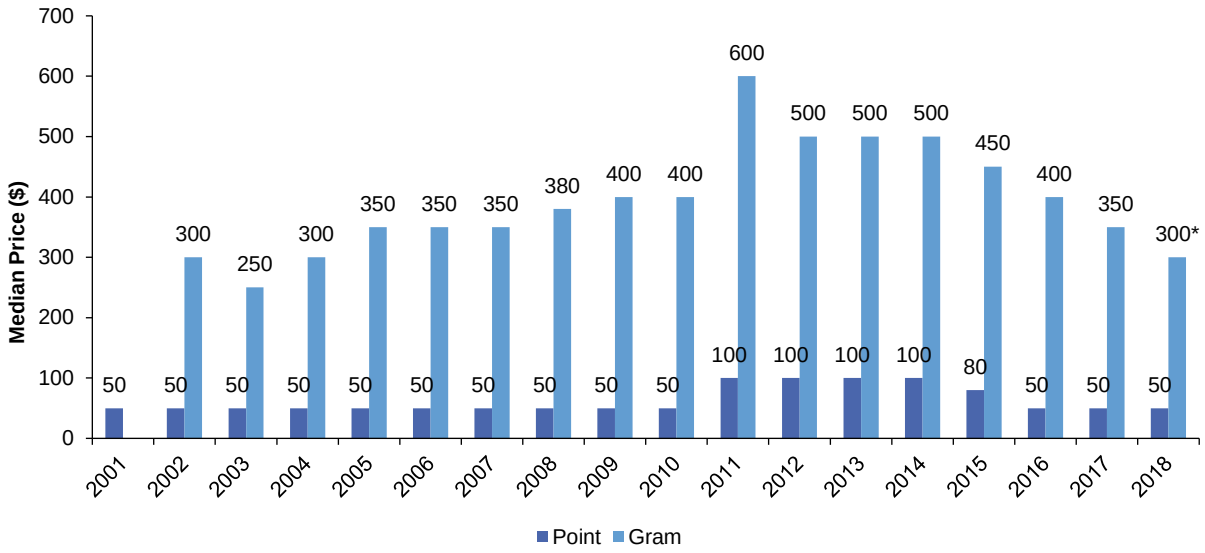
Crystal methamphetamine

Median price for a point of crystal has been $50 since 2016 (2018: n=412; IQR 50-70). The median price of a gram of crystal has ranged between $250 and $600, with the median price recorded in 2018 being one of the lowest recorded ($300; n=106; IQR 250-400) (Figure 16).

Among those that were able to comment (n=561), over one-third perceived the current purity of crystal methamphetamine as 'high' (35%), followed by 30% that reported 'medium' (Figure

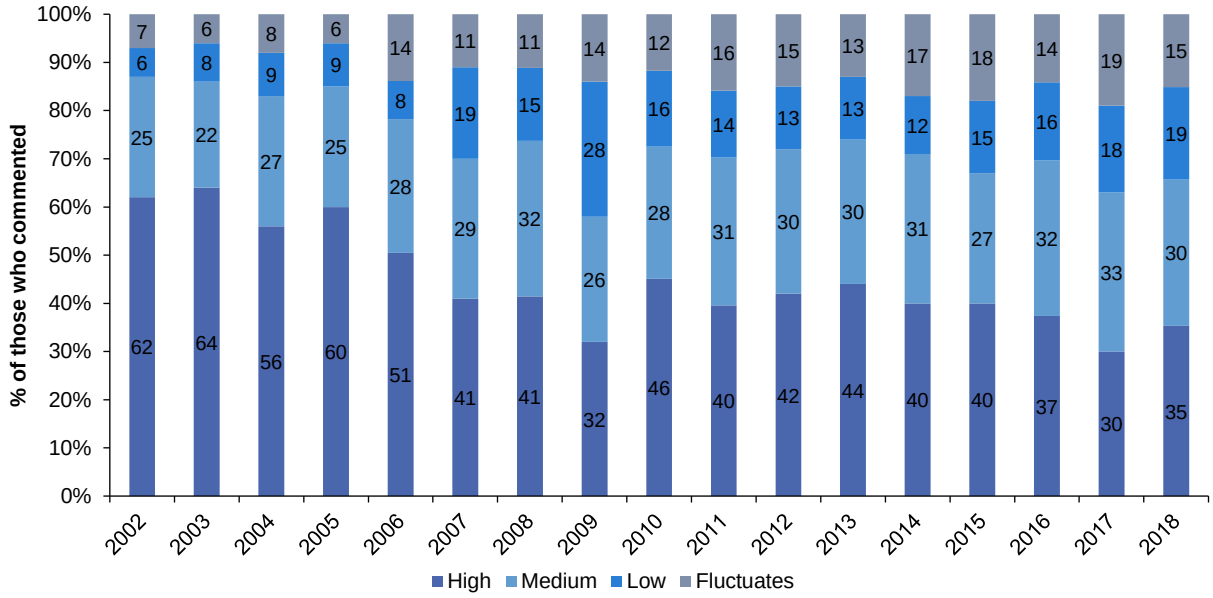
17). Of those that commented on availability (n=582), the majority perceived it to be 'very easy' (64%) to obtain crystal methamphetamine, an increase relative to 2017 (56%; *p*=0.011) (Figure 18).

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



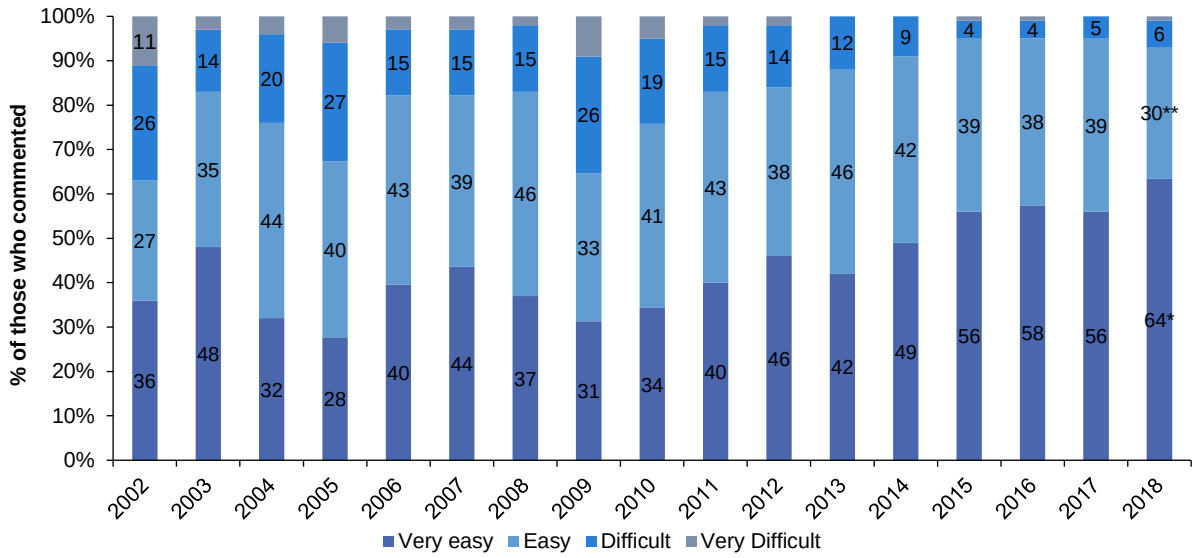
Note. Among those who commented. No data available for gram in 2001. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 17: Current perceive purity of crystal methamphetamine, nationally, 2002-2018



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

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



Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

5

Cocaine

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

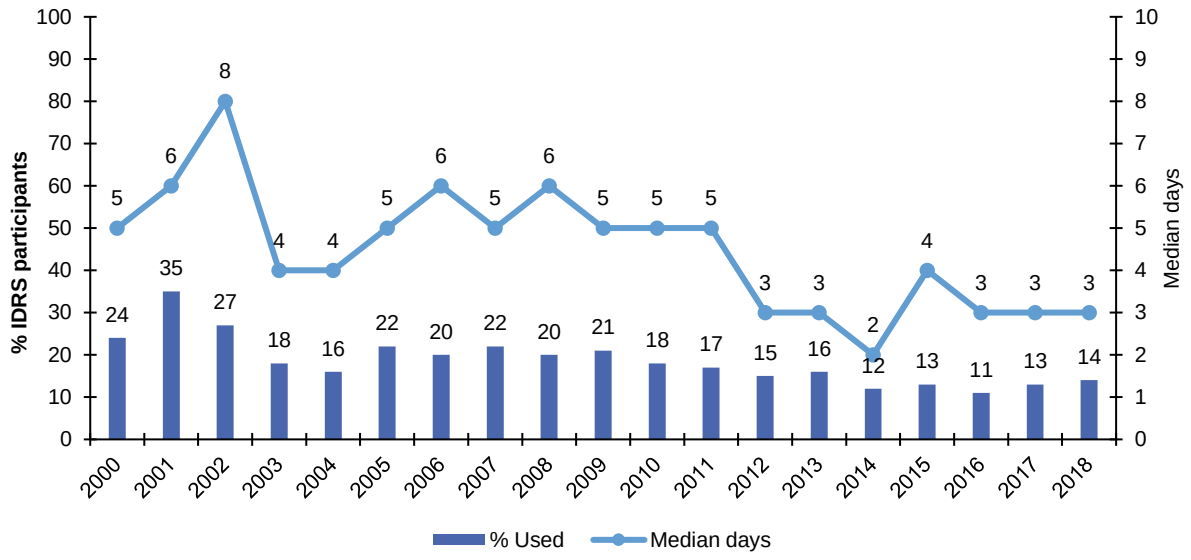
Recent Use

Recent use of cocaine has decreased over the period of monitoring, from a peak of 35% in 2001 to 14% in 2018 (Figure 19). Rates of use are varied across the jurisdictions, ranging from 6% in the NT to 26% in NSW in 2018. Yet, these rates have remained relatively stable in each of the jurisdictions over time except for a substantial decrease in cocaine use in NSW (Table 7).

Median frequency of use at the national level has varied between 2 and 8 days, with a median of three days (IQR 1-10 days; n=124) observed in 2018. Of recent consumers, 18% reported weekly or more frequent use of cocaine.

No significant changes in route of administration were observed between 2017 and 2018; injecting remained the most common route amongst consumers (64%; 65% in 2017), followed by snorting (44%; 54% in 2017). Smaller percentages reported smoking (8%) and swallowing cocaine (3%). Those who reported recent cocaine use consumed a median of 0.3 grams (IQR 0.2-1.0 grams) on a typical day of use.

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 10 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 7: Past six month use of cocaine, by jurisdiction, 2000-2018

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

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<.001 for 2017 versus 2018.

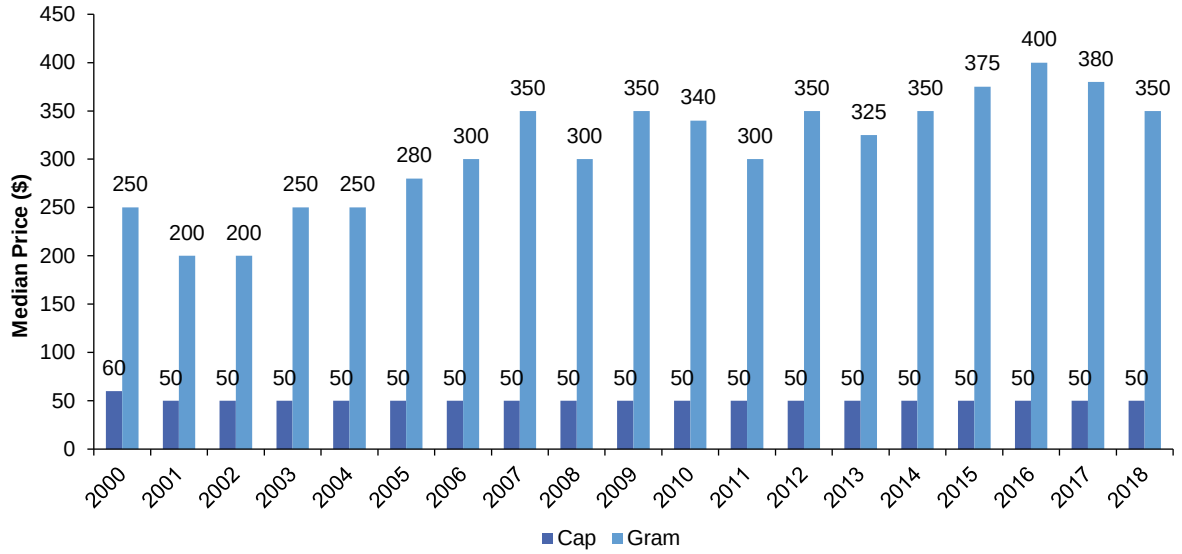
Price, Perceived Purity and Availability

The median price for one gram of cocaine was reported to be $350 (n=34; IQR $300-$400) and $50 for a point (n=18; IQR $50-$62.50) in 2018. Median price for one gram of cocaine has fluctuated considerably since monitoring first commenced and yet the price for one cap has remained unchanged since 2001 (Figure 20).

Of those who were able to comment (n=66), one-third of consumers (33%) perceived cocaine to be of 'low' purity, which was the highest percentage observed since the year 2003. On the contrary, 27% of participants reported cocaine to be of 'medium' purity, which was the lowest percentage observed since the commencement of monitoring excepting 2017 (24%) (Figure 21).

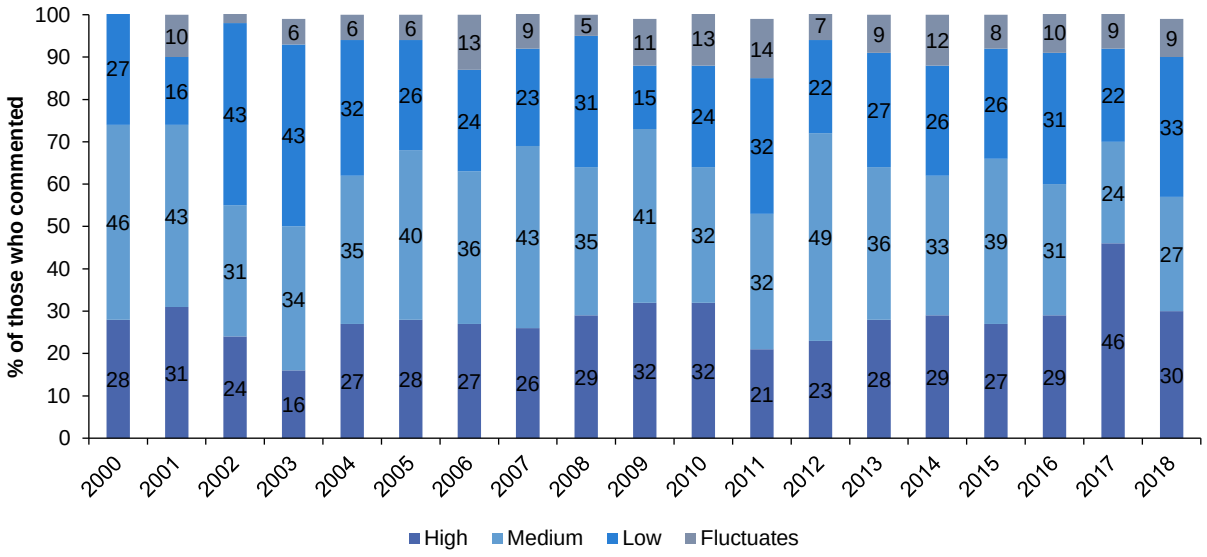
Amongst those able to comment (n=69), the largest proportion reported it to be 'easy' to obtain in 2018 (42%), with a further 22% reporting it to be 'very easy' to obtain (Figure 22).

Figure 20: Median price of cocaine per cap and gram, nationally, 2000-2018



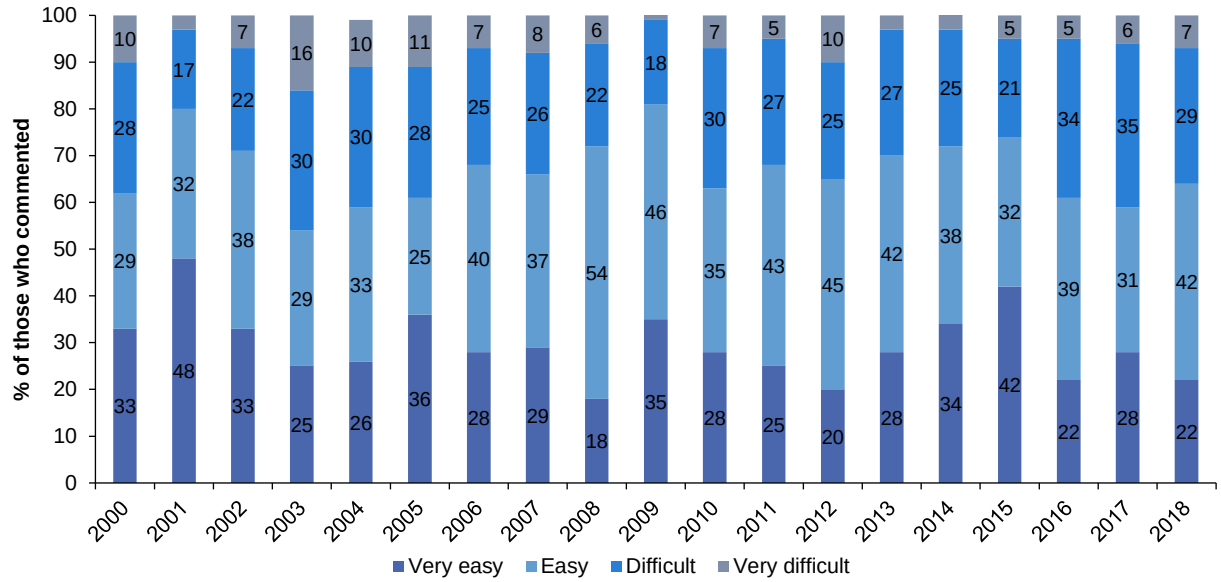
Note. Among those who commented. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 21: Current perceived purity of cocaine, nationally, 2000-2018



Note. The response 'Don't know' was excluded from analysis. Figures may not add up to 100% due to rounding. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 22: Current perceived availability of cocaine, nationally, 2000-2018



Note. The response 'Don't know' was excluded from analysis; *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

6

Cannabis

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

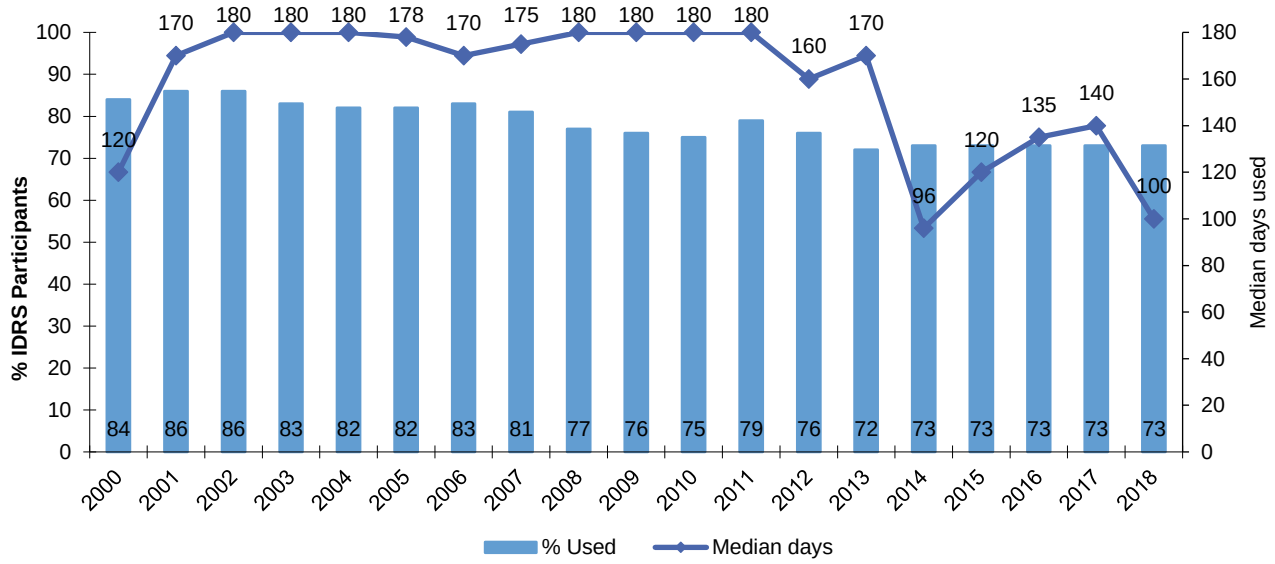
Recent Use

Over the course of monitoring, at least three in four participants nationally have reported recent use of cannabis (73% in 2018) (Figure 23). Historically, most jurisdictions have recorded a decrease in recent use of cannabis over time (Table 8), particularly evident in VIC, SA, QLD and the NT.

In 2018, median frequency of use in the past six months was 100 days (IQR 20-180 days), low relative to previous years (Figure 23). Over two-fifths (45%) of recent consumers reported using cannabis daily (45% in 2017). Smoking was the most common route of administration amongst consumers (99%; 99% in 2017). Small percentages reported inhaling (11% vs 5% in 2017; $p<0.001$) and swallowing (4% vs 6% in 2017; $p=0.027$) cannabis. The median intake per typical day of consumption was one gram (IQR 1.0-1.5 grams; n=312) or three cones (IQR 2-5 cones; n=249).

Most consumers (91%) reported recent use of hydroponic cannabis, and half (52%) reported use of outdoor-grown 'bush' cannabis. Smaller percentages reported having used hashish and hash oil in the preceding six months (9% and 6%, respectively). Hydroponic cannabis remained the form most commonly used in the preceding six months (86%), followed by bush cannabis (14%).

Figure 23: Past six month use and frequency of use of cannabis, nationally, 2000-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Table 8: Past six month use of cannabis (any form), by jurisdiction, 2000-2018

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

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

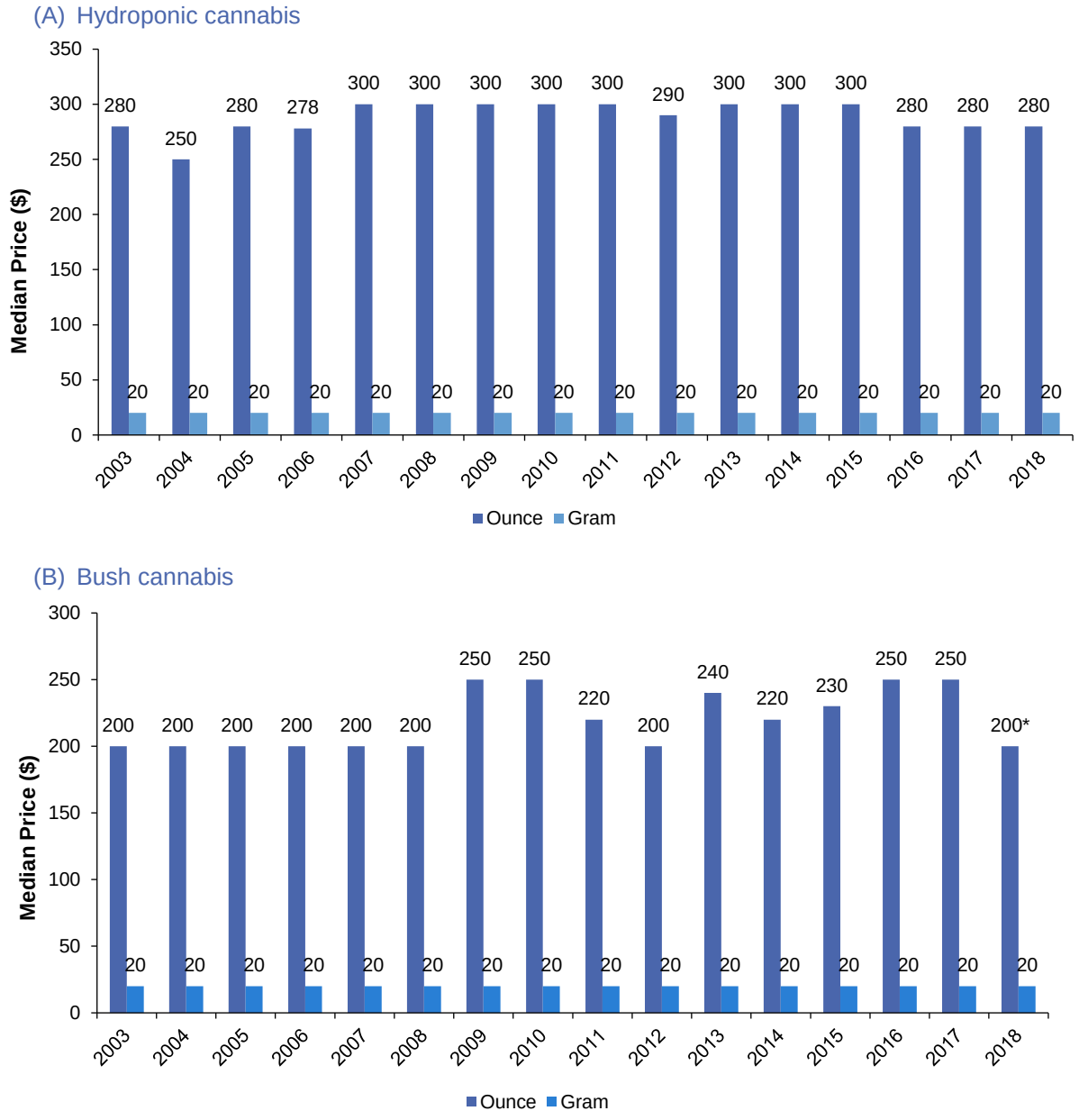
Price, Perceived Purity and Availability

Consistent with previous years, the median price per gram of hydroponic cannabis nationally was $20 (n=208; IQR 20-25), and $20 for bush (n=79; IQR 17-25). The price per ounce of hydroponic remained relatively stable compared to previous years, unlike the price per ounce of bush, which has fluctuated since 2009 (Figure 24).

Of those who could comment (hydroponic: n=445; bush: n=198), over half (57%) perceived hydroponic cannabis to be of 'high' potency. In contrast, the percentage reporting bush as 'high' in potency (32%) was the highest percentage observed historically (Figure 25).

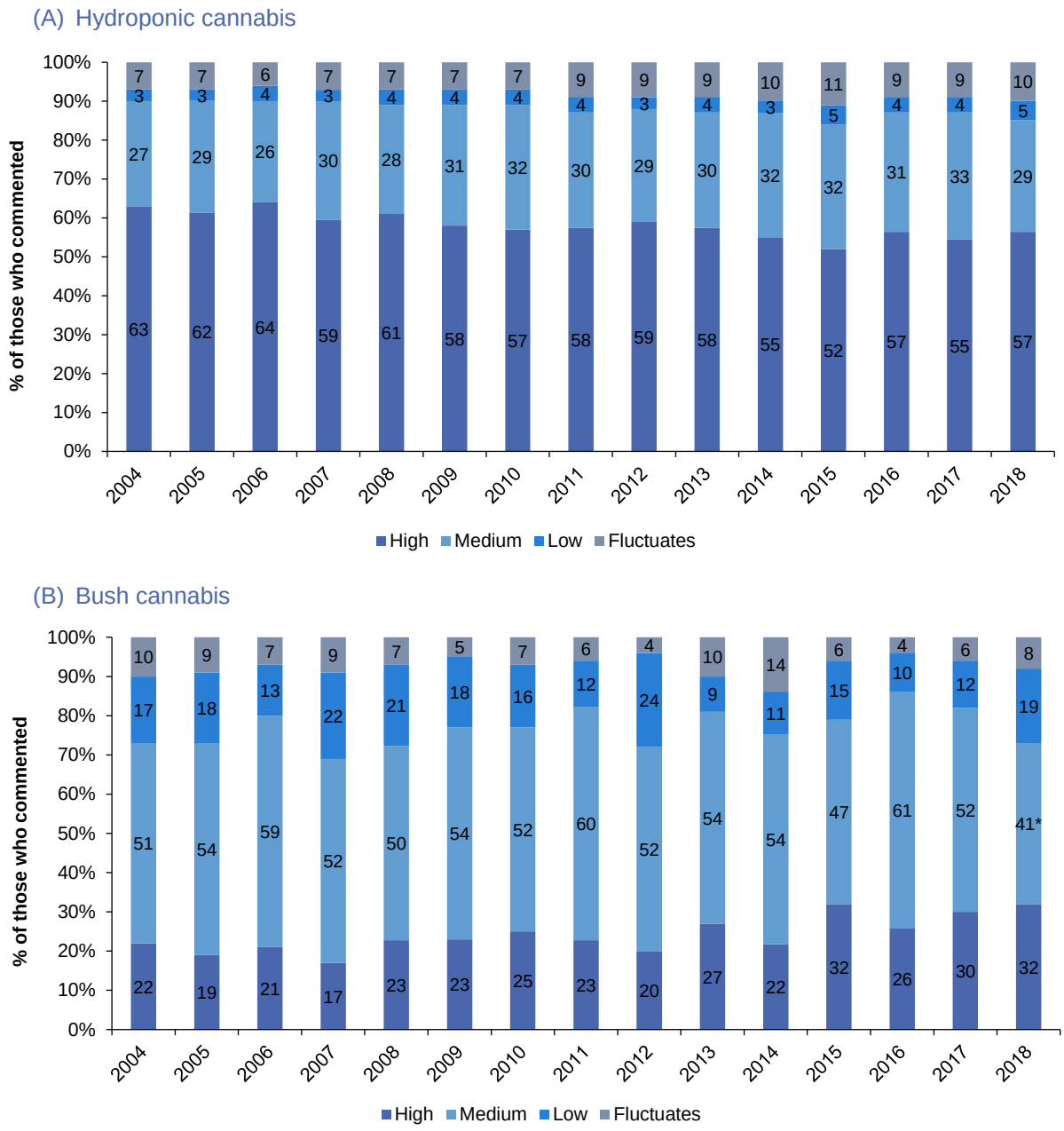
Participants who were able to comment on hydroponic cannabis (n=455) reported it to be 'very easy' (49%) or 'easy' (40%) to obtain in 2018. Reports of bush availability (n=202) also indicated that bush tended to be 'easy' (40%) or 'very easy' (37%) to obtain, with 21% reporting it was 'difficult' to obtain (Figure 26).

Figure 24: Median price of hydroponic (a) and bush (b) cannabis per ounce and gram, nationally, 2003-2018



Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. No data available for ounce in 2000 and 2001.

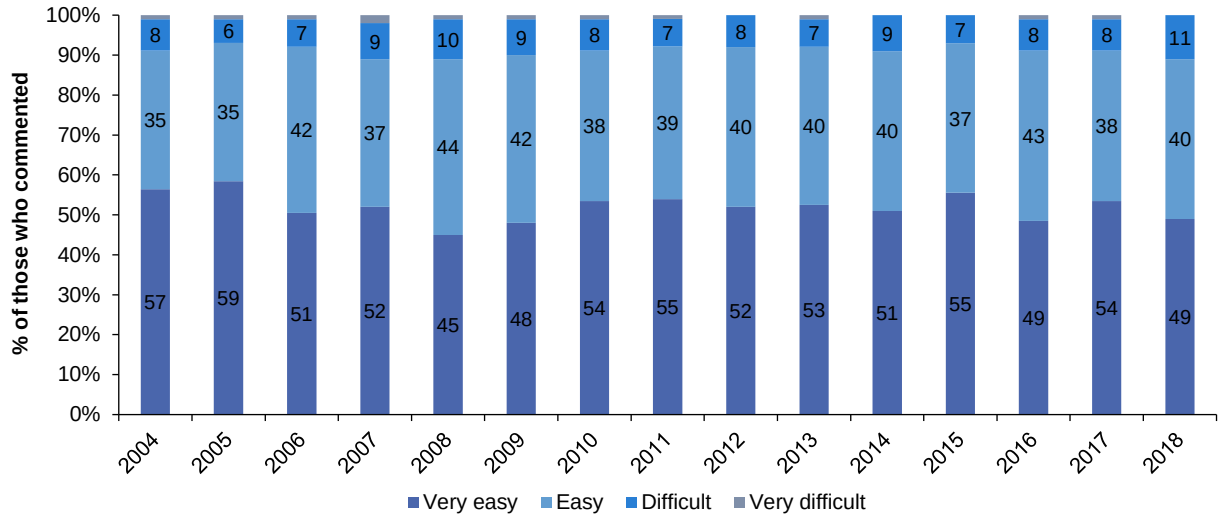
Figure 25: Current perceived potency of hydroponic (a) and bush (b) cannabis, nationally, 2004-2018



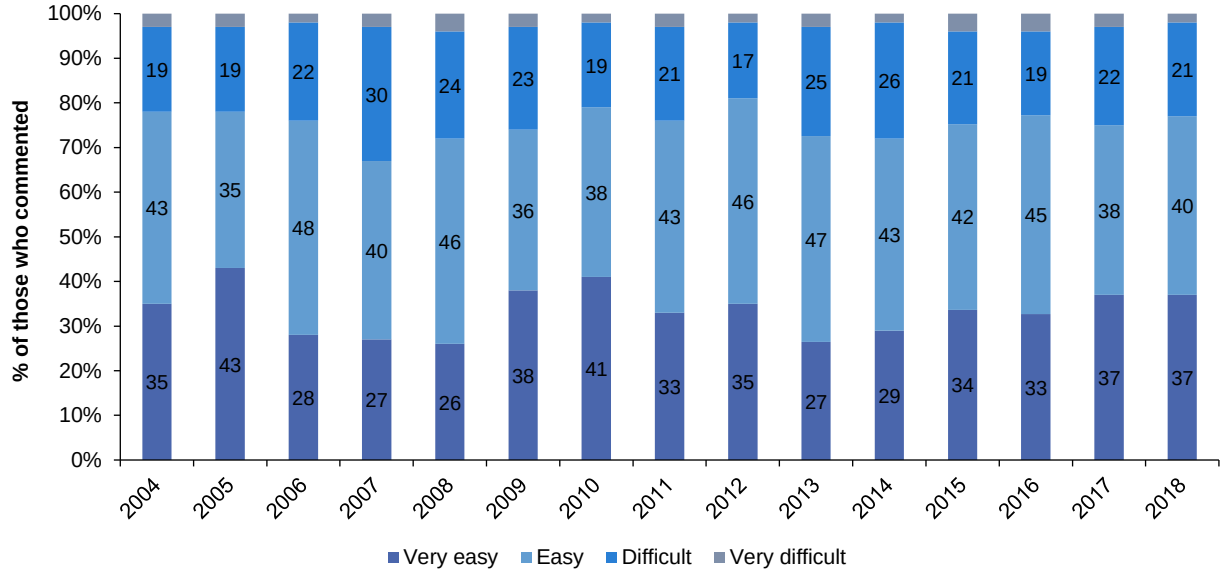
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 26: Current perceived availability of hydroponic (a) and bush (b) cannabis, nationally, 2004-2018

(A) Hydroponic cannabis



(B) Bush cannabis



Note. The response 'Don't know' was excluded from analysis. * Hydroponic and bush cannabis data collected separately from 2004 onwards. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

7

Pharmaceutical opioids

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

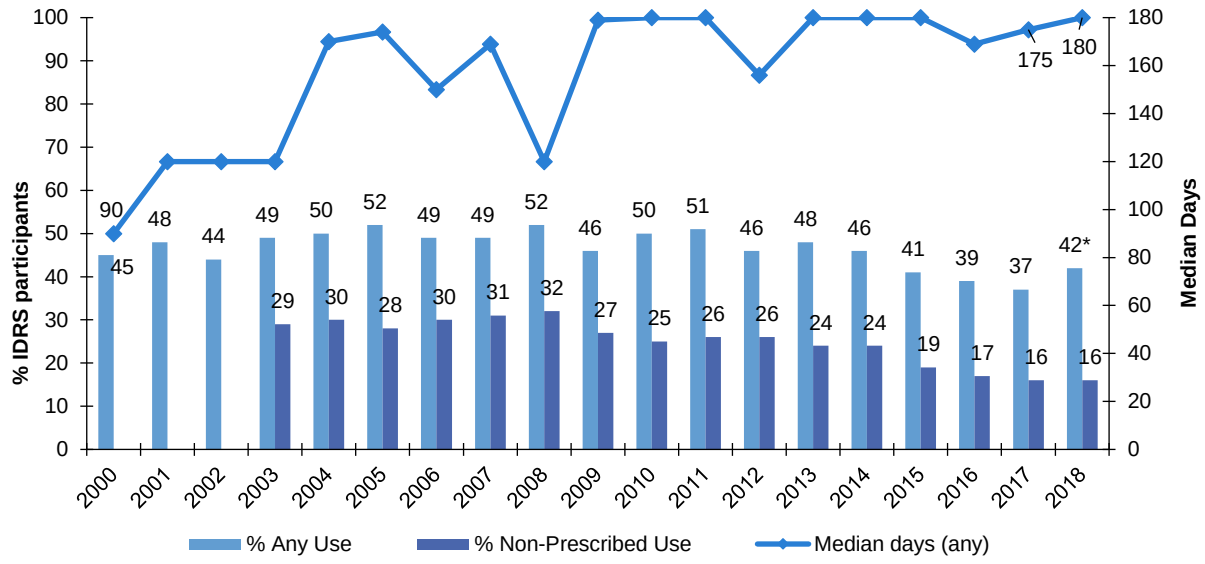
Recent Use

Methadone

Methadone use (including liquid and tablets) has remained relatively stable since monitoring began, with a small increase in use from 2017 to 2018 (p=0.040; Figure 27). This was driven by an increase in prescribed use (33% in 2018 versus 26% in 2017; p=0.002), with rates of non-prescribed use remaining stable from 2015. Indeed, methadone use historically has largely consisted of prescribed use, with rates of non-prescribed use peaking at 32% in 2008 and declining to 16% nationally in 2018 (Figure 27). Rates of non-prescribed use vary substantially by jurisdiction (Table 9).

Frequency of use has remained relatively stable from 2009 onwards (median 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 (2018: syrup median 4 days and tablet median 5 days). Two-fifths (42%) of recent methadone consumers reported injecting methadone (including methadone liquid and tablets) on a median of 12 days (IQR 3-50 days).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, nationally, 2000-2018



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 9: Past six month non-prescribed use of methadone, by jurisdiction, 2003-2018

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

Note. Includes methadone syrup and tablets. - Values suppressed due to small cell size (n≤5 but not 0). From 2000-2002, the IDRS did not distinguish between prescribed and non-prescribed methadone use. *p<0.050; **p<0.010; ***p<.001 for 2017 versus 2018.

Buprenorphine

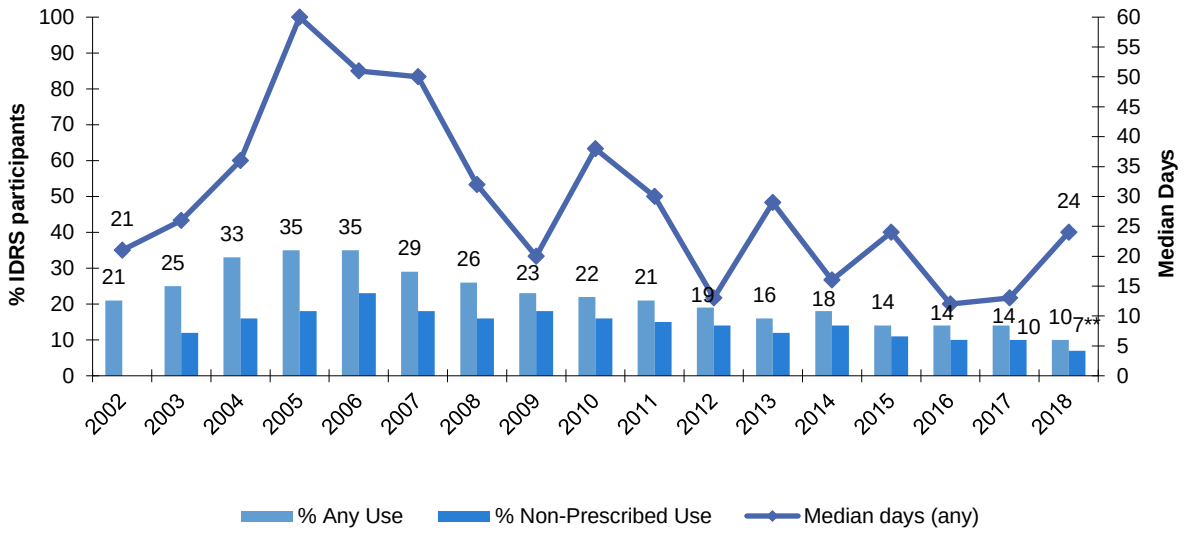
Rates of any buprenorphine use have declined from 2006 onwards (Figure 28). In 2018, 10% of the sample reported recent use of any buprenorphine (versus 14% in 2017; p=0.005), with 4% reporting prescribed use and 7% reporting non-prescribed use (Figure 28).

Frequency of any buprenorphine use has fluctuated considerably since monitoring began, with consumers reporting median use equivalent to weekly in the past six months (median 24 days, IQR 3-180). Frequency of non-prescribed use has been a median of 13 days or less over the course of monitoring (2018: median 6 days, IQR 2-48). The majority (81%) of recent buprenorphine consumers reported injecting buprenorphine (versus 78% in 2017; p=0.524) at a median frequency of 17 days (IQR 2-63) in the six months preceding interview.

Buprenorphine-Naloxone

Rates of past six month buprenorphine-naloxone use have remained relatively stable over the past decade, with a small decrease in use from 2017 to 2018 (p=0.037). This was driven by a decrease in non-prescribed use (p=0.013; Figure 29; Table 11), noting that there has been some variation in capture of tablet versus film. Consumers reported a median of 56 days of use (IQR 5-180 days) of buprenorphine-naloxone in the past six months, although typically a median of 10 or fewer days are reported for non-prescribed use. Over half of recent consumers (53%) reported injecting any form of buprenorphine-naloxone on a median of 12 days (IQR 3-61 days) in the past six months.

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine, nationally, 2002-2018



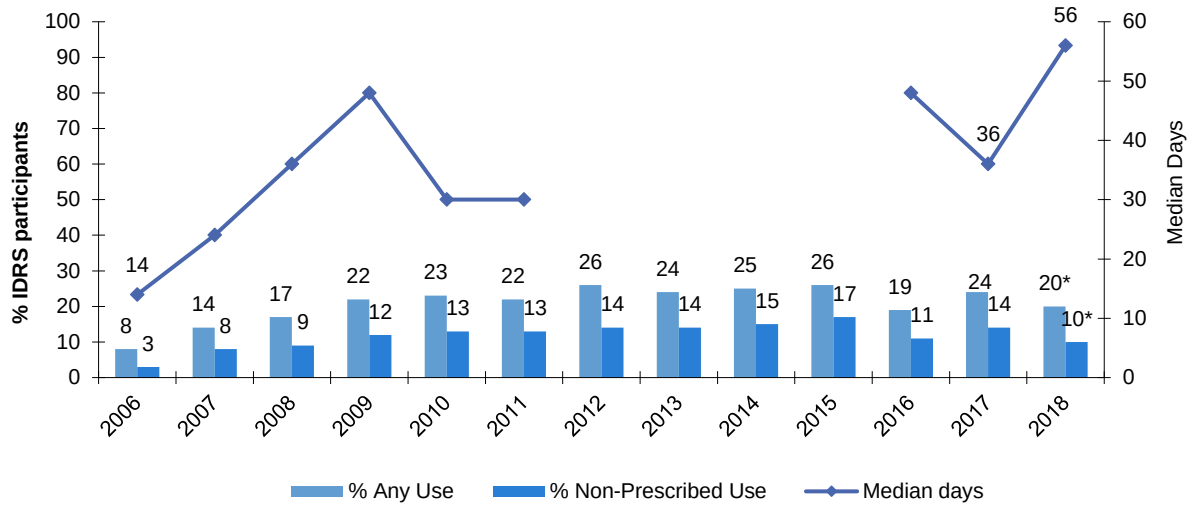
Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 10: Past six month use of non-prescribed buprenorphine (any form), by jurisdiction, 2003-2018

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

Note. In 2002, IDRS interview did not distinguish between prescribed and non-prescribed use. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 29: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, nationally, 2006-2018



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016- 2018 participants were asked about the use of buprenorphine–naloxone film only. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 60 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 11: Past six month use of non-prescribed buprenorphine-naloxone (any form), by jurisdiction, 2006-2018

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

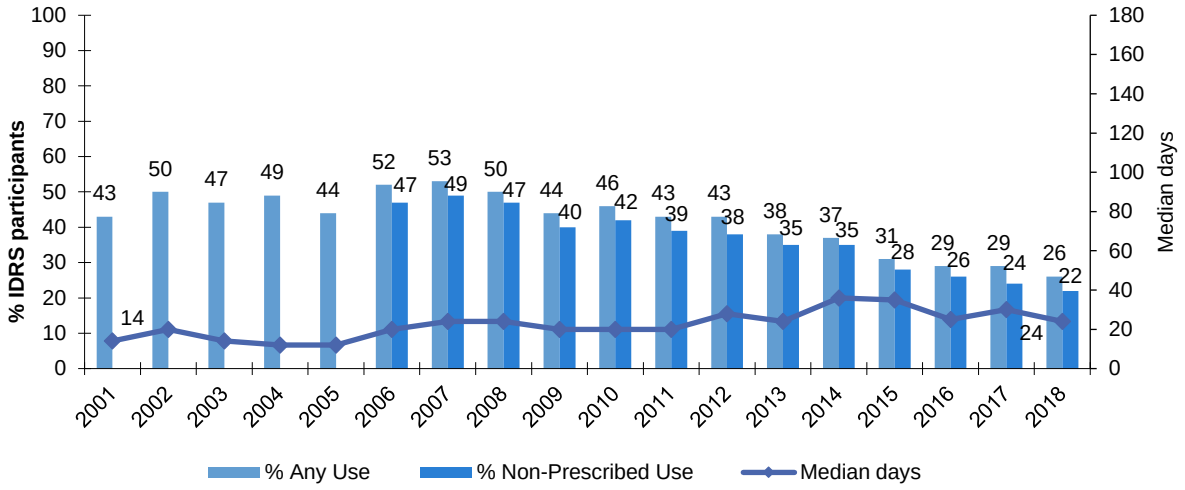
Note. Data collected from 2006 onwards. # Includes 'tablet' and 'film' forms from 2012-2016. ^ Includes only 'film' form in 2017 and 2018. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Morphine

After remaining relatively stable from 2001-2007, rates of recent morphine use have been declining from 2008 onwards (Figure 30). In 2018, 26% of the national sample had recently used morphine. Nationally, this was mostly non-prescribed use (22% in 2018 versus 24% in 2017; p=0.333), with non-prescribed use lowest in SA (7%) and highest the in the NT (54%) (Table 12). Seven per cent reported prescribed use.

Frequency of any morphine use has fluctuated over time, with consumers reporting a median of 24 days (IQR 3-180) of use in 2018 (median 14 days non-prescribed). Most recent consumers (93%) reported injecting any form of morphine on a median of 29 days (IQR 3-180 days) in the past six months.

Figure 30: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, nationally, 2001-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 12: Past six month use of non-prescribed morphine, by jurisdiction, 2006-2018

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

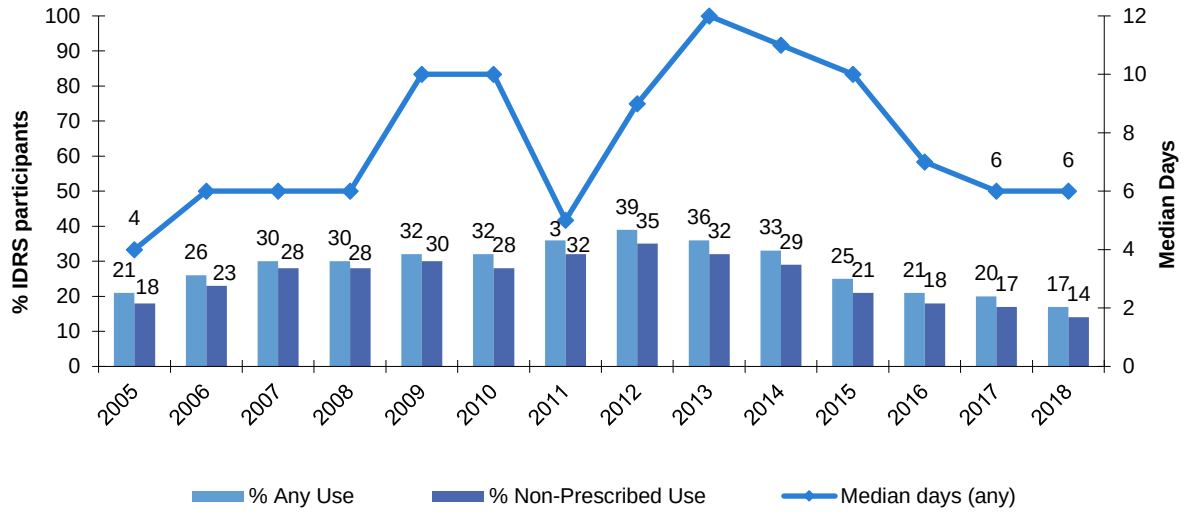
Note. From 2001-2005, IDRS did not distinguish between prescribed and non-prescribed morphine. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Oxycodone

After a gradual increase from 2005-2012, rates of recent oxycodone use have been declining (Figure 31). In 2018, 17% of the national sample had recently used oxycodone (3% prescribed; 14% non-prescribed), the lowest rate of use since monitoring began. Rates of non-prescribed oxycodone use have declined across all jurisdictions from 2013/2014 onwards (Table 13).

Frequency of oxycodone use has remained low and stable across all years. In 2018, participants reported using oxycodone on a median of 6 days (i.e. approximately monthly use; IQR 2-28). Frequency of non-prescribed use has been disaggregated by formulation (tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'), with median days of use of 5 or less for each formulation in 2018. Seventy-eight percent of recent consumers reported injecting any form of oxycodone on a median of 5 days (IQR 2-24 days) in the past six months.

Figure 31: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, nationally, 2005-2018



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone'. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 12 days to improve visibility of trends. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 13: Past six month use of non-prescribed oxycodone, by jurisdiction, 2005-2018

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

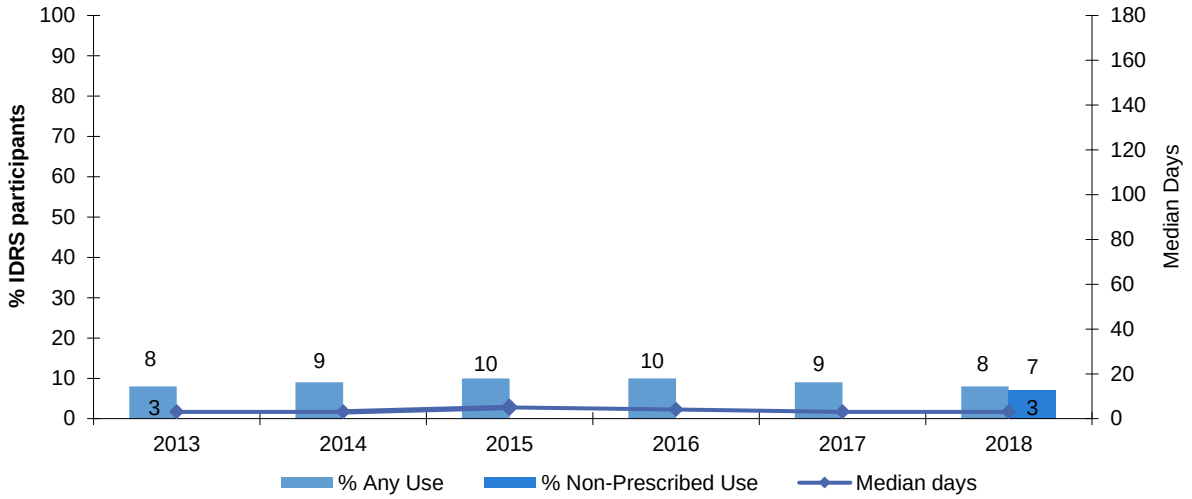
Note. Data on oxycodone use not collected from 2000-2005. - Values suppressed due to small cell size (n≤5 but not 0).
*p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Fentanyl

The rate and frequency of recent fentanyl use has remained low and stable since monitoring began (Figure 32). In 2018, 8% of the national sample reported using fentanyl (prescribed and/or non-prescribed) in the six months preceding interview (2% prescribed; 7% non-prescribed), with use highest in QLD (16%) (Figure 33).

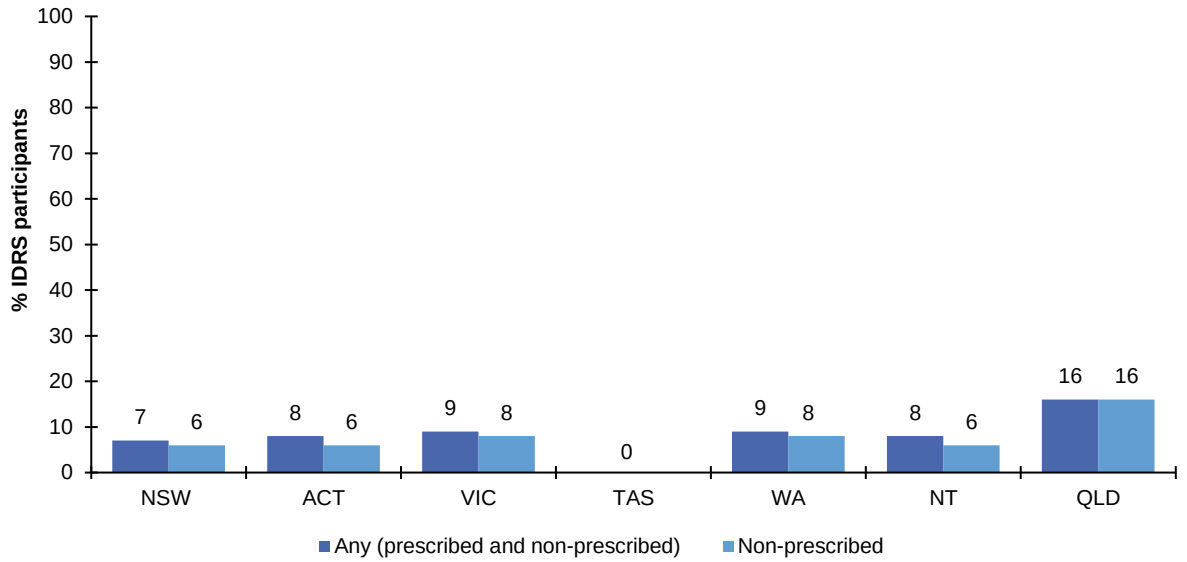
Frequency of use also remained stable relative to previous years, with participants reporting use on a median of three days in the past six months (IQR 2-13 days) (Figure 32). Fentanyl was injected by 86% of recent consumers on a median of four days in the past six months (IQR 2-12 days).

Figure 32: Past six month use (prescribed and non-prescribed) and frequency of use of fentanyl, nationally, 2013-2018



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 33: Past six month (prescribed and non-prescribed) use of fentanyl, by jurisdiction, 2018



Note. Figures for non-prescribed and any use not presented for SA due to n≤5. In Tasmania, no participants reported fentanyl use.

Codeine

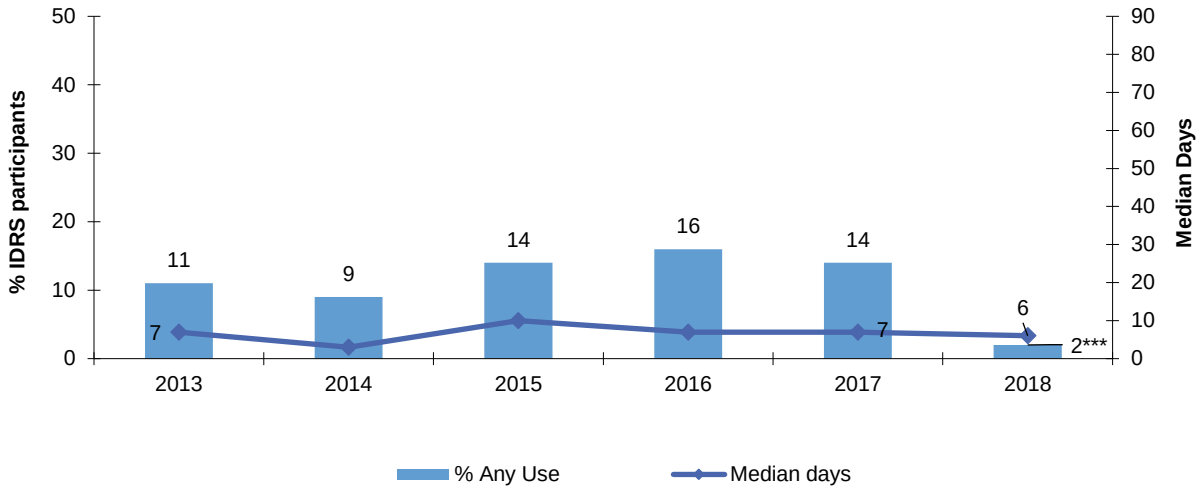
Before the 1st February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1st February 2018, legislation changed so that all codeine products, low-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

In 2018, 27% of the national sample reported recent use of any codeine (low- or high-dose, the former prescribed or OTC; Figure 35) on a median of seven days (IQR 3-30 days). Eighteen per cent reported recent high-dose codeine use (12% prescribed; 6% non-prescribed) on a median of seven days (IQR 3-54), and 12% reported recent low-dose codeine use (8% OTC: 3% prescribed and 2% non-prescribed[1]) on a median of six days (IQR 2-14).

The use of low dose codeine for non-medicinal/pain purposes remained relatively stable from 2013-2017, however declined significantly in 2018 (2% versus 14% in 2017; $p<0.001$; Figure 34). 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 remained stable at a median of six days (IQR 2-36).

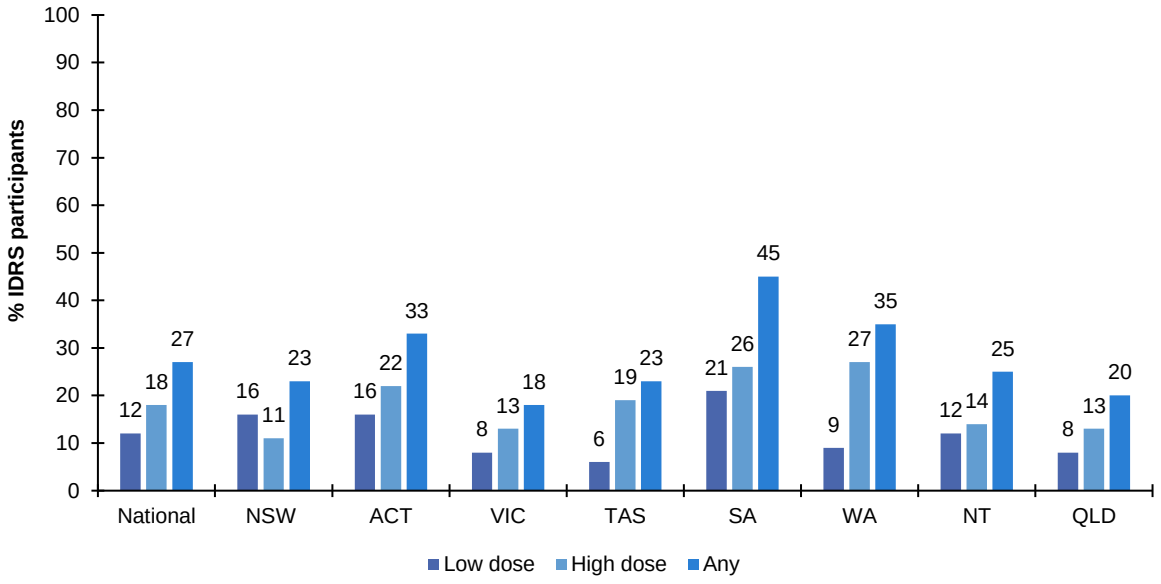
[1] OTC=use of codeine that had been purchased over the counter prior to 1 February 2018; prescribed=use of codeine that had been purchased with their own prescription from 1 February onwards; non-prescribed=use of codeine that was purchased with a prescription by a third party from 1 February onwards.

Figure 34: Past six month use and frequency of low-dose codeine (for non-pain purposes), nationally, 2013-2018



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 90 days to improve visibility of trends. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Figure 35: Past six month use of codeine, nationally and by jurisdiction, 2018



8

Other drugs

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

New Psychoactive Substances (NPS)

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

In 2018, NPS use remained stable among the national sample, with 11% reporting recent use (8% in 2017; *p*=0.051) (Table 14). 'New' drugs that mimic the effects of cannabis were the most commonly used NPS (5%), although consumers reported infrequent use (median 4 days; IQR 2-10).

Table 14: Past six month use of new psychoactive substances, nationally, 2013-2018

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

Note. - Values suppressed due to small cell size (n≤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 2017 versus 2018.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Rates of non-prescribed benzodiazepine use have decreased, from 46% in 2007 to 30% in 2018 (32% in 2017; *p*=0.483) (Figure 36). In 2018, 9% of participants who had recently used non-prescribed benzodiazepines reported injecting as a route of administration (versus 13% in 2017; *p*=0.171).

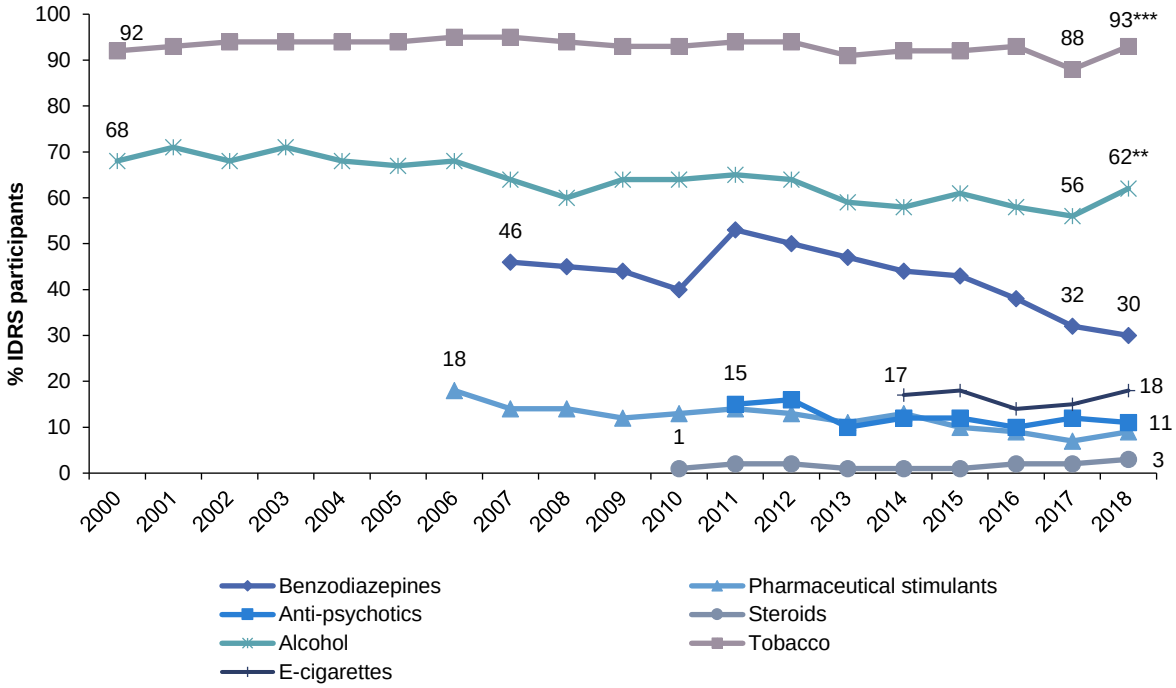
Pharmaceutical stimulants

Non-prescribed use of pharmaceutical stimulants (e.g., dexamphetamine, methylphenidate, modafinil) has decreased since monitoring began (Figure 36). One-fifth (18%) reported recent use in 2006, declining to 9% in 2018 (7% in 2017; *p*=0.284). Frequency of use remained stable at a median of five days (IQR 1-12). Over half (56%) of recent consumers reported that they had injected non-prescribed pharmaceutical stimulants on a median of five days (IQR 2-10).

Anti-psychotics

The percentage of the sample reporting recent use of non-prescribed anti-psychotics has been between 10% and 15% of the sample since monitoring began in 2011 (11% in 2018; Figure 36). Non-prescribed use remained infrequent amongst consumers in 2018 (median 3 days; IQR 2-10).

Figure 36: Past six month use of other drugs, nationally, 2000-2018



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, anti-psychotics, and pharmaceutical stimulants). Participants were first asked about steroids in 2010, anti-psychotics in 2011 and e-cigarettes in 2014. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Licit and Other Drugs

Steroids

Reports of recent use of steroids have remained consistently low (between 1% and 3%) since monitoring began in 2010 (Figure 36).

Alcohol

Around three-fifths of the sample each year report recent use of alcohol (Figure 36). In 2018, there was a small increase in use relative to 2017 (62% versus 56%; p=0.005). Median frequency of use was 20 days (IQR 4-90 versus 24 days in 2017; p=0.185), with 15% of recent consumers reporting daily use (13% in 2017; p=0.313).

Tobacco

Tobacco use has remained relatively high and stable since the IDRS began, with 93% of the national sample reporting recent use in 2018 (92% in 2000; p=0.725; Figure 36). Median frequency of use was 180 days (IQR 180-180 versus 180 days in 2017; p=0.096), with 92% of recent consumers reporting daily use (90% in 2017; p=0.057).

E-cigarettes

E-cigarette use has remained relatively stable over time, with 18% of the national sample reporting recent use in 2018 (15% in 2017; *p*=0.173) (Figure 36). Median frequency of use was six days (IQR 2-50; 6 days in 2017; *p*=0.916), with 13% of recent consumers reporting daily use (10% in 2017; *p*=0.385).

9

Drug-related harms and other risk factors

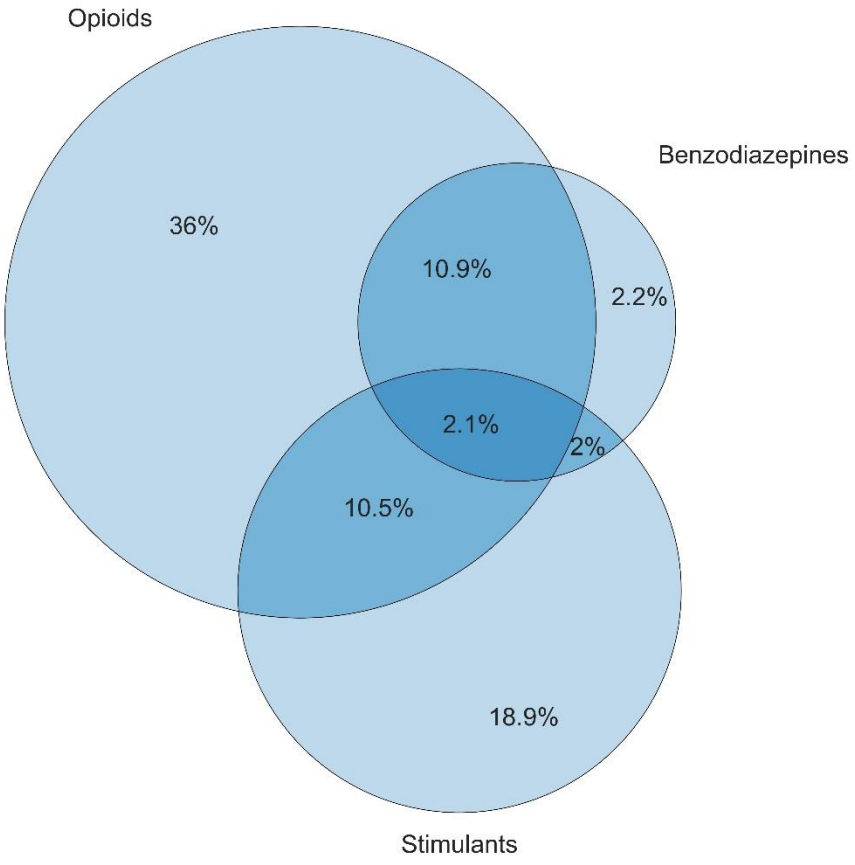
Participants were asked about various drug-related harms, including **stimulant overdose** (e.g. nausea and vomiting, chest pains, tremors, increased body temperature or heart rate, seizure, extreme paranoia, hallucinations, anxiety or panic) or symptoms consistent with a **depressant overdose** (e.g.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

Polysubstance use

In 2018, the majority (96%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. The most commonly used substances were tobacco (76%), opioids (60%), cannabis (43%), stimulants (34%), alcohol (19%) and benzodiazepines (17%).

Twenty-six per cent of the total sample reported using a combination of opioids, stimulants and/or benzodiazepines on the day preceding interview, with the most common combinations being opioids and benzodiazepines (10.9%) and opioids and stimulants (10.5%) (see Figure 37).

Figure 37: Use of opioids, stimulants and benzodiazepines on the day preceding interview, 2018



Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (83%; n=744).

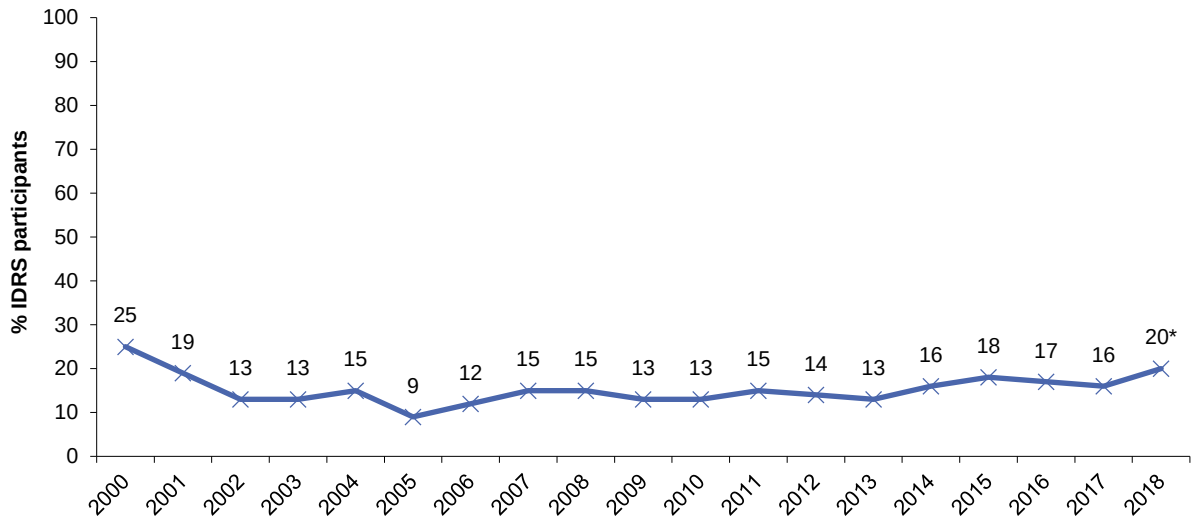
Overdose

Non-fatal overdose

After some fluctuations from 2000-2006 (likely due to differences in the way questions regarding overdose were asked), rates of lifetime and past 12 month non-fatal overdose remained relatively stable from 2007-2017, before increasing in 2018 (20% versus 16% in 2017; *p*=0.044) (Figure 38). In 2018, rate of past 12 month non-fatal overdose was lowest in TAS (9%) and highest in VIC (38%), with the latter the only jurisdiction to record an increase in rate of past year non-fatal overdose relative to 2017 (24%; *p*=0.014).

The most commonly cited substance involved in lifetime and past year non-fatal overdoses was heroin (Table 15). In 2018, participants who had ever overdosed on heroin had done so on a median of three occasions in their lifetime (IQR 1-6). Among those that had overdosed on heroin in the past year, 54% reported that an ambulance had attended their most recent overdose, 52% reported receiving Narcan®, 23% were admitted to an emergency department, and 17% reported receiving cardiopulmonary resuscitation from a friend/partner/peer. Sixteen per cent of those who overdosed on heroin in the past year reported not receiving any treatment and 76% did not receive any information or treatment after the most recent overdose.

Figure 38: Past 12 month non-fatal overdose, nationally, 2000-2018



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Table 15: Lifetime and past year non-fatal overdose by drug type, nationally and by jurisdiction, 2017-2018

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	2017	2018								
% Heroin overdose										
Lifetime	N=809 42	**N=821 42**	n=132 52	n=94 51	n=132 62	n=96 18	n=98 26	n=86 37	n=84 26	n=99 48
Heroin	N=803 11	**N=811 14**	n=131 20	n=94 14	n=128 33	n=96 0	n=98 -	n=81 12	n=84 -	n=99 11
% Methadone overdose										
Lifetime	N=833 2	**N=860 3**	n=145 -	n=99 -	n=142 -	n=95 11	n=101 -	n=96 0	n=84 -	n=98 -
Past year	N=833 -	**N=860 1***	n=145 -	n=99 0	n=142 0	n=95 -	n=101 0	n=96 0	n=84 -	n=98 -
% Morphine overdose										
Lifetime	N=839 4	**N=854 5**	n=145 -	n=96 -	n=147 -	n=94 11	n=100 -	n=95 -	n=79 13	n=98 8
Past year	N=838 1	**N=855 2**	n=145 -	n=96 0	n=147 0	n=94 -	n=101 -	n=95 -	n=79 -	n=98 -
% Oxycodone										
Lifetime	N=852 1	**N=862 2**	n=148 -	n=100 -	n=146 -	n=94 -	n=99 -	n=93 0	n=84 -	n=98 -
Past year	N=855 -	**N=861 -**	n=148 -	n=100 -	n=146 0	n=94 0	n=99 0	n=93 0	n=83 0	n=98 -
% Other drug overdose										
Lifetime	N=804 19	**N=852 18**	n=146 19	n=98 21	n=144 17	n=94 20	n=101 22	n=95 14	n=77 20	n=97 9
Past year	N=790 5	**N=854 6**	n=149 7	n=98 7	n=143 7	n=94 6	n=101 8	n=94 -	n=77 -	n=98 6
% Any drug overdose										
Lifetime	N=798 57	**N=816 56**	n=133 63	n=94 61	n=136 70	n=94 46	n=98 41	n=84 49	n=79 51	n=98 58
Past year	N=773 16	**N=782 20***	n=128 25	n=91 19	n=125 38	n=94 9	n=97 13	n=78 15	n=71 13	n=98 21

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≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

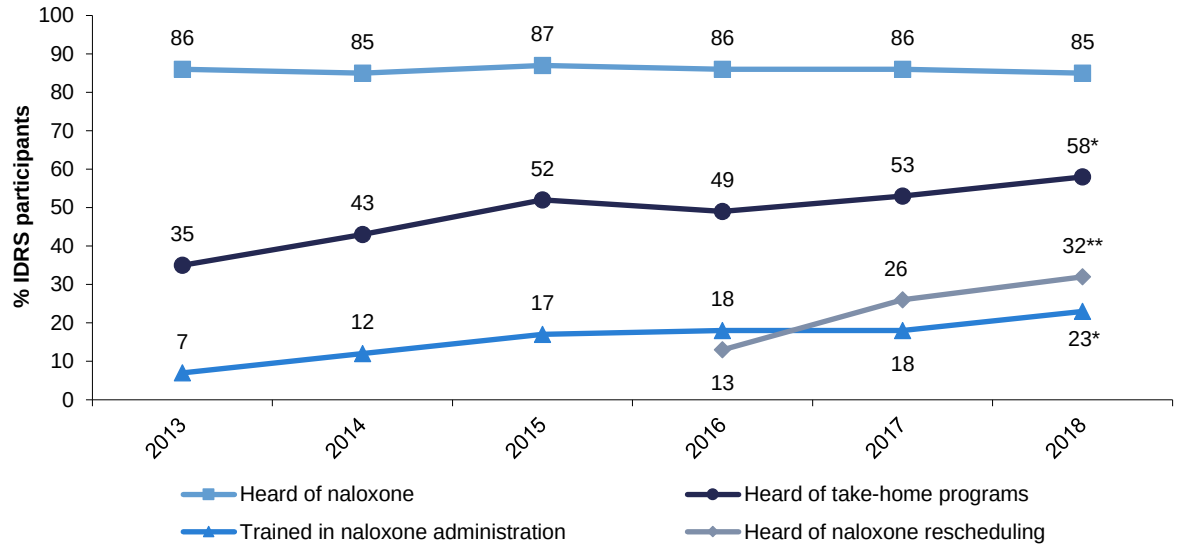
Naloxone program and distribution

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

From 2013-2018, there has been no change in the proportion of the national sample who have heard of naloxone. However, there have been increases in the proportion who have heard about the take-home naloxone program, the rescheduling of naloxone and who have been trained in how to administer naloxone (Figure 39). In 2018, knowledge regarding the take-home naloxone program (and participation in this program) was highest in VIC and ACT, whilst knowledge regarding the availability of OTC naloxone was highest in the NT (Table 16).

In 2018, 8% of the national sample reported that they had been resuscitated with naloxone by somebody who had been trained through the take-home naloxone program, whilst 4% reported that they had been resuscitated with naloxone which had been obtained OTC at a pharmacy. Of those who had completed the take-home naloxone program (n=201), 34% had used naloxone to resuscitate someone who had overdosed. Three per cent (n=28) reported that they had themselves obtained naloxone OTC without a prescription from a pharmacy. Of these participants, 36% (n=10) reported that they had resuscitated someone who had overdosed.

Figure 39: Take-home naloxone program and distribution, nationally, 2013-2018



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

Table 16: Take-home naloxone program and distribution, by jurisdiction, 2018

	NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	n=151	n=100	n=149	n=93	n=101	n=95	n=98	n=99
% Heard of naloxone	92	94	93	83	63	83	81	80
% Heard of the take-home naloxone program	61	77	80	37	26	69	59	46
% Trained in naloxone administration	29	43	43	0	-	26	11	12
% Heard of the naloxone rescheduling^	28	30	39	25	21	40	49	25

Note. ^naloxone over the counter from a pharmacy without a prescription.

Injecting Risk Behaviours and Harms

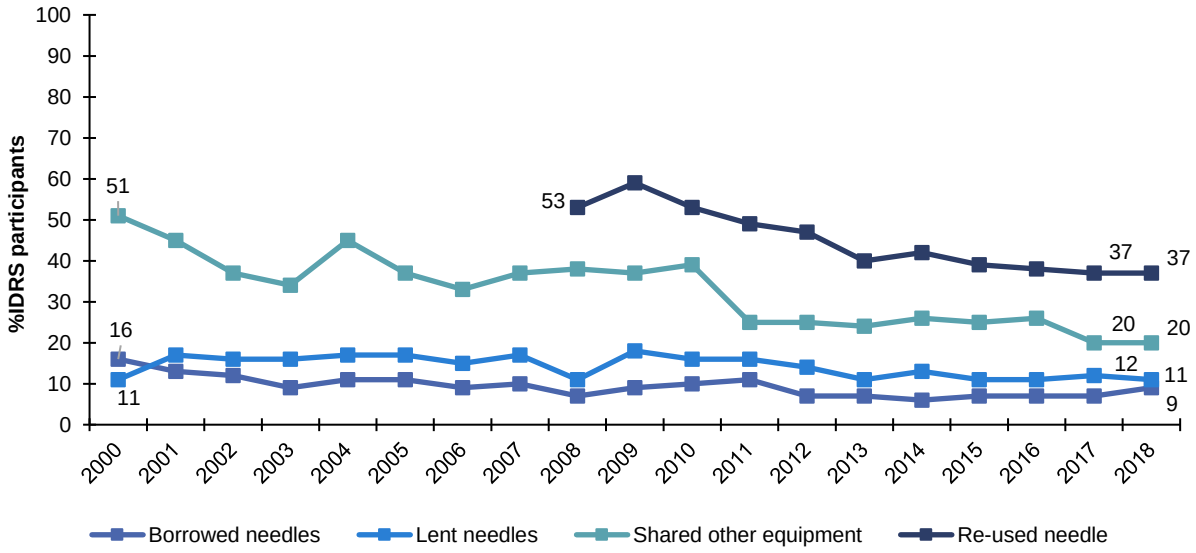
Injecting risk behaviours

The percentage of the sample who reported re-using their own needles and who have shared other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month has declined substantially since 2000, with rates stabilising from about 2013 onwards (Figure 40). In 2018, approximately one in ten participants nationally reported receptive sharing (9%), and distributive sharing (11%) in the past month. Receptive sharing has decreased overtime (16% in 2000; $p<0.001$). One-third (31%) reported that they had injected someone else after injecting themselves, and 16% were injected by someone else who had previously injected in the past month.

Since 2009, there has been a decrease in those reporting re-using their own needles or syringes in the past month, with 37% reporting such behaviour in 2018 (versus 59% in 2009) (Figure 40). Rates of re-using other injecting equipment (e.g. spoons, tourniquet, water, and filters) in the past month have also declined over time, including a decrease from 2017 to 2018 (49% to 45%; $p=0.041$).

Consistent with previous years, most participants (78%) in the national sample reported that they had last injected in a private home (Table 17). Twelve per cent of NSW participants reported last injecting at the Sydney Medically Supervised Injecting Centre (MSIC).

Figure 40: Borrowing and lending of needles and sharing of injecting equipment in the past month, nationally, 2000-2018



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. *$p<0.050$; **$p<0.010$; ***$p<0.001$ for 2017 versus 2018.

Table 17: Sharing needles and injecting equipment in the past month, nationally and by jurisdiction, 2017-2018

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=859	N=892	N=151	N=99	N=150	N=94	N=101	N=95	N=98	N=99
	2017	**2018**								
% Borrowed a needle	7	**9**	12	10	10	-	-	16	-	13
% Lent a needle	12	**11**	14	9	13	-	10	17	6	15
% Shared any injecting equipment ^ (n)	20 (n=171)	**20** (n=184)	27 (n=41)	27 (n=27)	19 (n=28)	15 (n=15)	11 (n=11)	26 (n=26)	16 (n=16)	19 (n=20)
Shared spoon/mixing container	75	**70**	88	74	93	-	-	65	50	65
Shared filter	22	**23**	29	-	36	0	-	39	0	-
Shared tourniquet	35	**31**	27	30	25	-	-	27	56	30
Shared water	35	**32**	49	37	25	-	-	39	-	-
Shared swabs	12	**9**	15	-	0	0	-	23	0	-
Shared wheel filter	6	**-**	-	0	0	0	0	-	0	-
% Reused own needle	37	**37**	41	37	47	20	31	44	32	36
% Reused own injecting equipment ^ (n)	49 (n=421)	**45*** (n=398)	50 (n=76)	45 (n=44)	41 (n=60)	35 (n=35)	36 (n=36)	45 (n=44)	51 (n=50)	52 (n=53)
% Injected partner/friend after self˜	32	**31**	32	26	34	26	29	29	35	36
% Somebody else injected them after injecting themselves˜	15	**16**	19	14	20	12	14	12	16	17
% Location of last injection										
Private home	77	**78**	72	91	61	83	88	76	92	76
Car	5	**4**	-	-	-	6	7	11	-	-
Street/car park/beach	8	**9**	5	-	29	6	-	-	-	11
Public toilet	5	**5**	5	-	5	-	-	10	-	8
Other#	6	**4**	16	0	4	0	-	-	-	-

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

Self-reported injection-related health problems

In 2018, there was an increase in the percentage of the national sample who reported an injection-related health issue in the month preceding interview; this was driven by an increase in rates of scarring/bruising, overdose and dirty hits (Table 18). The most prominent problems were scarring and difficulty injecting, most likely indicating poor vascular health among a percentage of this group.

Table 18: Injection-related issues in the past month, nationally and by jurisdiction, 2017-2018

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=866	N=823	n=142	n=92	n=142	n=89	n=86	n=84	n=91	n=97
	2017	**2018**								
% Any injection related problem	65	**73*** **	76	61	77	67	80	71	65	79
Scarring/bruising	45	**52****	52	43	56	50	60	58	38	59
Difficulty injecting	41	**43**	40	39	45	30	40	44	38	64
Dirty hit	10	**14***	15	7	16	12	15	12	18	13
Infection/abscess	7	**8**	11	-	6	7	11	-	6	14
Thrombosis	5	**7**	13	-	10	9	6	-	-	7
Overdose	3	**6****	11	-	12	-	-	-	-	-

Note. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Drug Treatment

Consistent with previous years, two-fifths of participants reported that they were currently in treatment for their substance use (most commonly methadone) in 2018 (Table 19). Of those people who had used methamphetamine in the past year (n=693), 6% reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period (8% of those who reported weekly or more frequent use of methamphetamine).

Almost one in five participants (17%) reported that they had recently tried but were unable to access drug treatment. Among these participants, heroin (46%) and methamphetamine (36%) were the main substances for which participants intended to seek treatment. Residential rehabilitation (35%), detoxification (29%) and opioid substitution treatment (OST; 22%) were the main services that people had tried to access.

Table 19: Current drug treatment, nationally and by jurisdiction, 2017-2018

	National		NSW	ACT	VIC	TAS	SA	WA	NT	QLD
	N=865	N=905	N=152	N=100	N=150	N=100	N=101	N=100	N=99	N=103
	2017	**2018**								
% Current drug treatment	42	**41**	55	42	47	45	23	34	15	54
Methadone	25	**28**	48	28	35	24	13	25	5	27
Buprenorphine	3	**2**	0	-	-	10	0	0	0	8
Buprenorphine-naloxone	10	**8**	5	10	9	8	6	-	-	18
Drug counselling	3	**2**	-	-	-	-	-	-	-	-
Other	2	**1**	0	0	-	-	-	-	-	0
% Recently tried to access treatment but unable	13	**17***	29	17	23	15	7	15	10	8

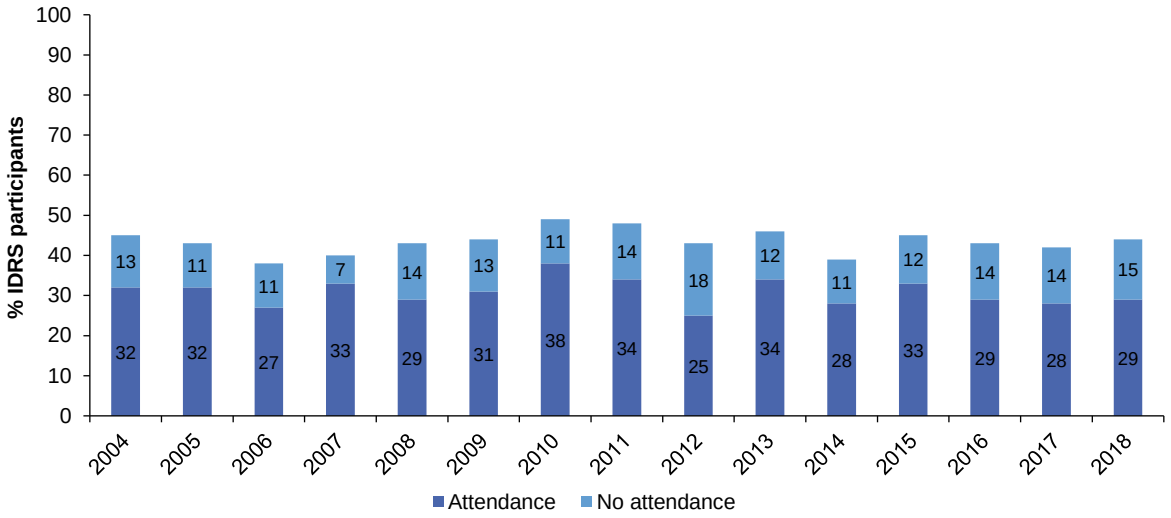
Note. Numbers suppressed when n≤5 (but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.

Mental Health

In 2018, 45% of the sample self-reported that they had experienced a mental health problem in the preceding six months, stable from 2017 (43%; *p*=0.401) (Figure 41). Amongst this group, the most commonly reported problems were depression (77%) and anxiety (67%). Smaller proportions reported post-traumatic stress disorder (19%), schizophrenia (16%), bipolar disorder (13%) and paranoia (12%).

One-third of the total sample (29%; 66% of those who reported a mental health problem) had seen a mental health professional during the past six months, most commonly a GP (65%), psychiatrist (27%), psychologist (22%), and counsellor (16%). Three-fifths (58%) of those who reported a mental health problem had been prescribed medication for their mental health problem in the preceding six months, stable from 2017 (59%; *p*=0.847).

Figure 41: Self-reported mental health problems and treatment seeking in the past six months, nationally, 2004-2018



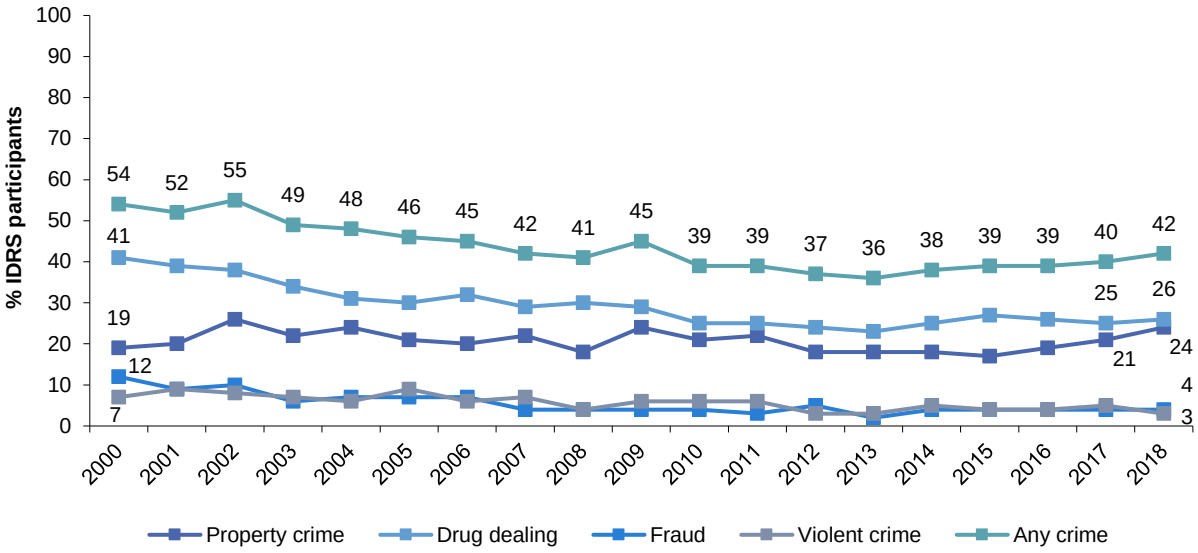
Note. Stacked bar graph of % who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. **p*<0.050; ***p*<0.010; ****p*<0.001 for 2017 versus 2018.

Crime

Rates of past month self-reported criminal activity declined from 2000 to 2010, stabilising from 2010 onwards. Property crime and selling drugs for cash profit remain the most common crimes reported in the month preceding interview (Figure 42).

In 2018, 32% the sample had been arrested in the past year, stable from 2017 (33%; *p*=0.526). This ranged from 17% in SA to 45% in VIC. Over half of the sample (56%) reported a lifetime prison history in 2018, stable from 2017 (58%; *p*=0.520). This ranged from 41% in WA to 65% in NSW.

Figure 42: Self-reported criminal activity in the past month, nationally, 2000-2018



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. *p<0.050; **p<0.010; ***p<0.001 for 2017 versus 2018.