



# NEW SOUTH WALES DRUG TRENDS 2019

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



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

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ISBN 978-0-7334-3893-6 ©NDARC 2019

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**Suggested citation:** Swanton, R, Gibbs, D & Peacock, A 2019, New South Wales Drug Trends 2019: Key findings from the Illicit Drug Reporting System (IDRS) Interviews, National Drug and Alcohol Research Centre, UNSW Sydney, Sydney. <http://doi.org/10.26190/5de98d7f1e78c>

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

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# Acknowledgements

## Funding

In 2019, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government under the Drug and Alcohol Program.

## Research Team

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

- Ms Antonia Karlsson, Ms Julia Uporova, Ms Daisy Gibbs, Ms Georgia Kelly, Ms Rosie Swanton, Professor Louisa Degenhardt, Professor Michael Farrell, and Dr Amy Peacock, National Drug and Alcohol Research Centre, University of New South Wales;
- Ms Amy Kirwan, Dr Campbell Aitken and Professor Paul Dietze, Burnet Institute Victoria;
- Ms Callula Sharman and Associate Professor Raimondo Bruno, School of Medicine, University of Tasmania;
- Ms Jodie Grigg, Mr James Fetherston, Ms Seraina Agramunt 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 Catherine Daly, Institute for Social Science Research, The University of Queensland.

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

## Participants

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

## Contributors

We thank all the individuals who assisted with the collection and input of data at a jurisdictional and national level. In particular, we would like to thank Daniel Schutz, Ashleigh Higgins, Ashley Hutchison, Thomas Santo Jr, Samantha College, Lucy Thi Tran, Emma Zahra and Nima Dorkian for conducting IDRS interviews in 2019.

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
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
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
OTC	Over-the-counter
SD	Standard deviation
VIC	Victoria
WA	Western Australia
PTSD	Post Traumatic Stress Disorder

# Executive Summary

## Sample Characteristics

The NSW IDRS sample in 2019 were predominantly male with a mean age of 46. Over half of the participants (62%) reported that heroin was their drug of choice and 62% said heroin was the drug they injected most often in the past month.

## Heroin

Recent (i.e., past six month) use of heroin has remained relatively stable amongst the NSW sample since monitoring began (82% in 2019). Thirty-nine per cent of recent consumers reported daily use of heroin in 2019. Eighty-nine percent reported that heroin was easy or very easy to obtain.

## Methamphetamine

The use of methamphetamine has been increasing in the NSW sample since reporting began, with three in four participants (76%) reporting past six month use in 2019. This was driven by use of the crystal form (74%), with one in ten participants reporting use of the powder form. Weekly or more frequent use was reported by 68% of people who had recently consumed any methamphetamine. Ninety per cent reported that crystal methamphetamine was easy or very easy to obtain.

## Cocaine

Recent use (past 6 months) of cocaine has generally decreased amongst the NSW sample since the beginning of monitoring (21% in 2019). Of those who commented, 43% reported that it was 'easy' to obtain and 27% said it was 'difficult'.

## Cannabis

At least two in three participants have reported recent use (past 6 months) of cannabis annually, with 73% reporting use in 2019. Two in five consumers (40%) of recent consumers reported using cannabis daily. Nearly all (93%) reported recent use of hydroponic cannabis.

## Pharmaceutical Opioids

Non-prescribed use of all forms of pharmaceutical opioids has remained stable or significantly declined since monitoring began except for buprenorphine-naloxone. In 2019, methadone was the most common pharmaceutical opioid used non-prescribed (22%), followed by oxycodone (20%). One in ten participants (11%) reported recent non-prescribed fentanyl use.

## Other Drugs

Recent use of new psychoactive substances was reported by one in ten participants (9%) and predominantly comprised synthetic cannabinoid use. Non-prescribed benzodiazepine use remains common (41%). Most participants (95%) reported recent tobacco use, and the majority of this group (90%) reported daily use. Two in ten participants (13%) reported recent non-prescribed pregabalin use.

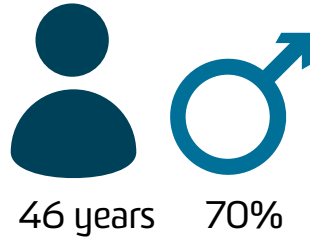
## Drug-Related Harms and Other Risks

More than one-tenth of the sample (13%) had used both opioids and stimulants on the day prior to interview. One-quarter (27%) reported overdosing on any drug in the preceding year, most commonly heroin. Nine per cent of the total sample had been resuscitated with naloxone by somebody trained through the take-home naloxone program. Nine per cent reported receptive sharing of needles/syringes, and 13% reported distributive sharing of needles/syringes in the past month. Almost half (46%) of the sample reported having an injection-related health issue in the past month. Three in five participants (58%) were currently in drug treatment and, of the 46% who reported a mental health problem, 71% had seen a mental health professional. Of those who reported penetrative sex with one or more people, 18% had penetrative sex without a barrier and did not know the HIV/STI status of their partner in the past six months. Self-reported past month criminal activity remained relatively stable from 2018 reports (41% any past month self-reported crime in 2019).

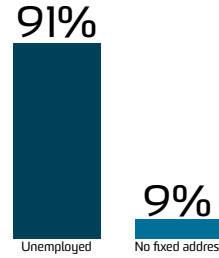
## 2019 SAMPLE CHARACTERISTICS



In 2019, 151 people from New South Wales participated in IDRS interviews.



The mean age in 2019 was 46, and 70% identified as male.

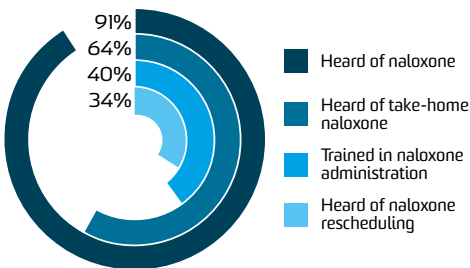


In the 2019 sample, 91% were unemployed and 9% had no fixed address.

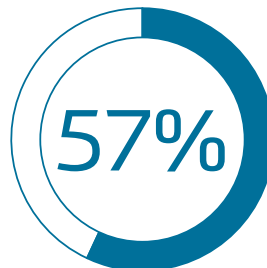
- 1 Heroin
- 2 Crystal Methamphetamine
- 3 Cocaine

Participants were recruited on the basis that they had recently injected drugs.

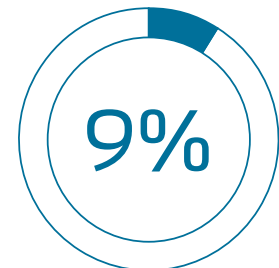
## NALOXONE



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

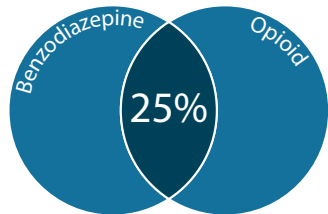


Of those who had completed naloxone training, 57% had used naloxone to resuscitate someone who had overdosed.

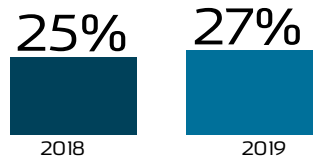


In the NSW IDRS sample, 9% said they had been resuscitated with naloxone by someone who had been trained through the take home program.

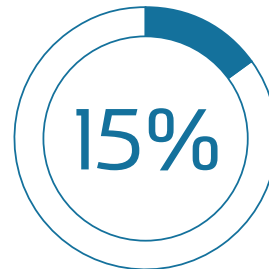
## OTHER HARMS AND HELP SEEKING



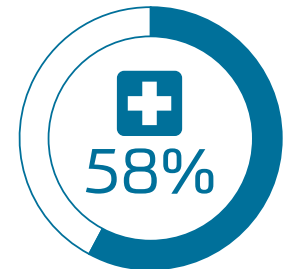
Of those who had consumed drugs the day before interview, 25% reported using an opioid alongside benzodiazepine and/or stimulant



In NSW, 27% of the sample reported a non-fatal overdose in 2019, stable from 2018.

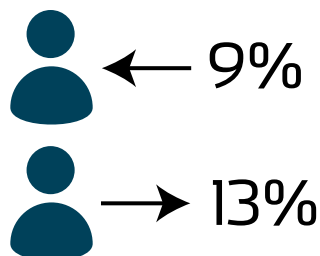


Of those who had experienced overdose, 15% reported that heroin was the main drug involved.

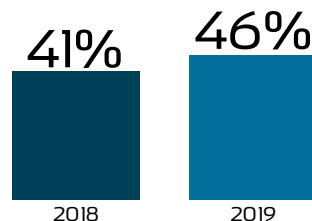


58% of IDRS participants reported that they were currently in drug treatment.

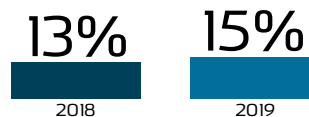
## INJECTING RELATED RISKS AND HARMS



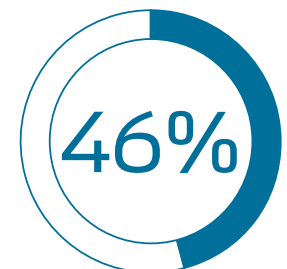
In 2019, 9% of the IDRS sample reported receptive needle sharing, and 13% reported distributive needle sharing.



In NSW, 46% of the sample reported reusing their own needle (41% in 2018).

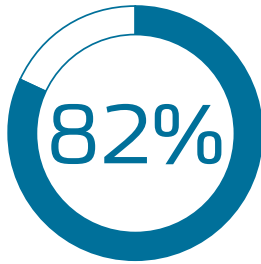


In 2019, 15% of the NSW sample reported a public space as the site of their last injection (13% in 2018)

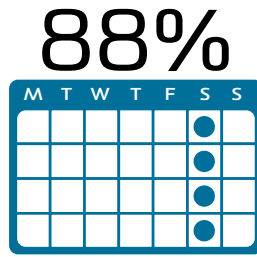


In 2019, half (46%) of the national sample reported having an injection-related health issue in the month preceding interview.

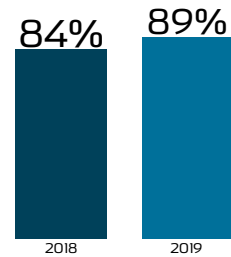
## HEROIN



82% of NSW IDRS participants reported using heroin in the past 6 months.



Of those who had recently consumed heroin, 88% used it weekly.

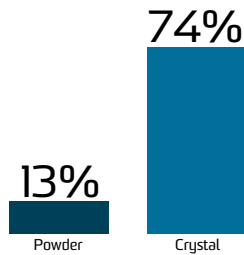


Of those who could comment, 89% perceived heroin to be 'easy' or 'very easy' to obtain in 2019 (84% in 2018)

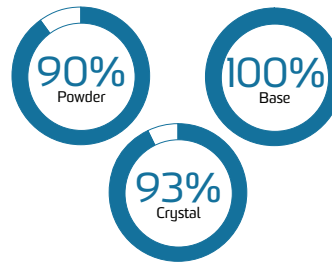
## METHAMPHETAMINE



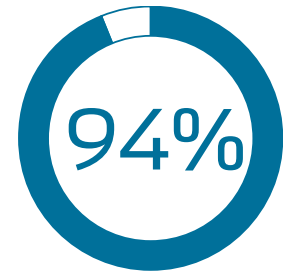
76% of NSW 2019 IDRS participants reported past 6 month use of any methamphetamine.



Of the entire sample, 13% had recently consumed powder, and 74% crystal methamphetamine.

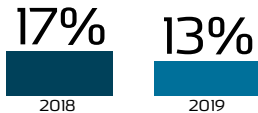


Injection was the main route of administration for powder (90%), crystal (93%) and base (100%) among those who had consumed each form.

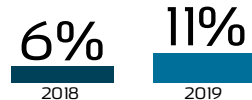


Of those who could comment 94% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2019.

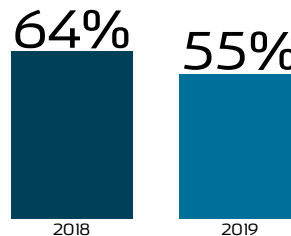
## PHARMACEUTICAL OPIOIDS



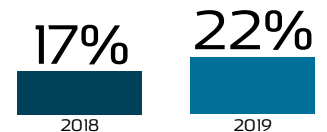
Past 6 month use of non-prescribed morphine decreased from 17% in 2018 to 13% in 2019.



Past 6 month use of non-prescribed fentanyl significantly increased from 6% in 2018 to 11% in 2019.



Past 6 month use of non-prescribed methadone decreased non-significantly to 55% in the 2019 IDRS sample (64% in 2018).

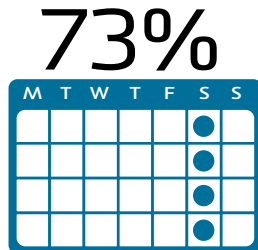


Past 6 month use of non-prescribed oxycodone was stable at 22% in the 2019 IDRS sample (17% in 2018)

## CANNABIS



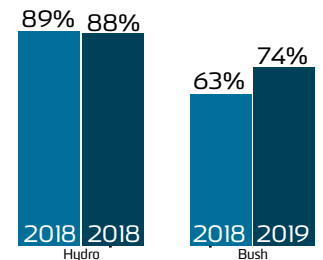
Almost 3 in 4 (73%) NSW participants in the 2019 IDRS sample reported past 6 month use of cannabis.



Of those who had consumed cannabis recently, almost 3 in 4 (73%) reported weekly or more frequent use.



Of people who had consumed cannabis in the last 6 months, 98% had smoked it.



Of those who could comment, high percentages perceived bush and hydroponic 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 151 participants interviewed in Sydney, NSW, during May-June 2019 (152 participants in 2018). Just under one-third (32%) of participants disclosed that they had participated in the NSW IDRS in 2018.

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 (past six months) 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 NSW (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](mailto: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

The NSW sample in 2019 consisted of 151 people, predominantly identifying as male (70%), and heterosexual (83%). Compared to previous years, the 2019 sample was similar in terms of education (56% had a post school qualification), employment (91% unemployed) and income (median income \$350, IQR=260-450; Table 1).

Table 1: Demographic characteristics of the sample, nationally and NSW, 2015-2019

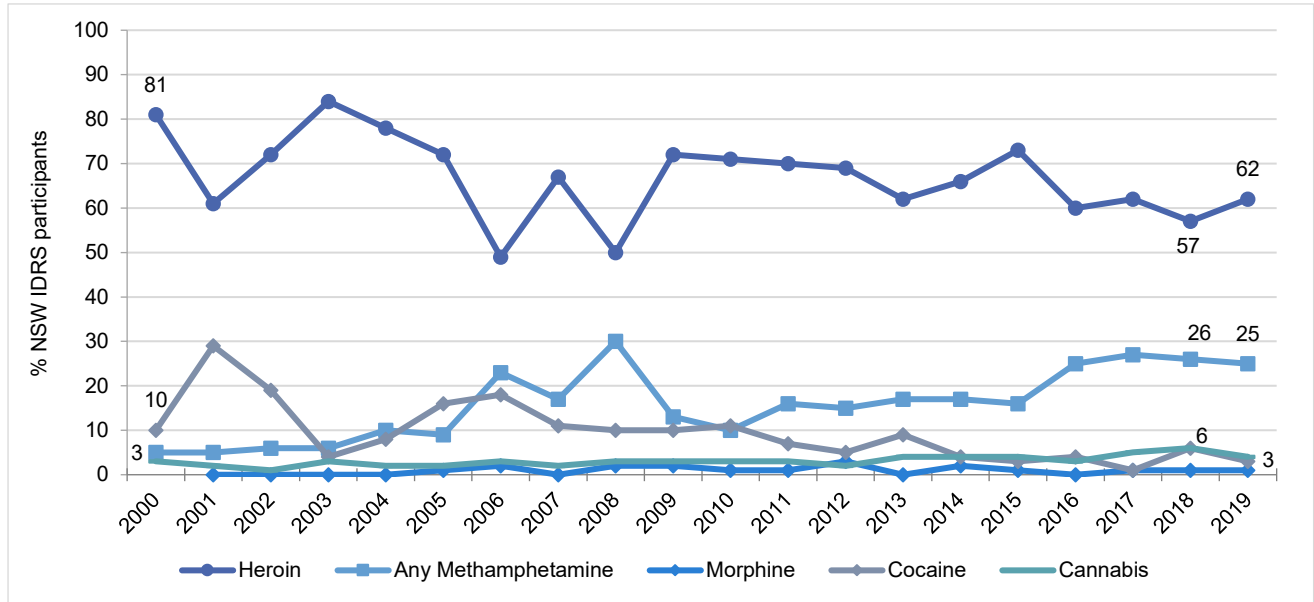
	National		NSW			
	2019 N=902	2019 N=151	2018 N=152	2017 N=151	2016 N=151	2015 N=150
<b>Mean age (years; SD)</b>	44 (9)	<b>46 (9)</b>	43 (10)	44 (9)	43 (10)	43 (10)
<b>% Male</b>	68	<b>70</b>	67	66	73	66
<b>% Aboriginal and/or Torres Strait Islander</b>	22	<b>32</b>	29	28	24	39
<b>% Sexual identity</b>						
Heterosexual	87	<b>83</b>	78	88	87	91
Homosexual	3	<b>5</b>	4	5	4	-
Bisexual	8	<b>9</b>	7	13	9	10
Queer	1	-	-	-	-	-
Different identity	1	<b>0</b>	-	-	-	-
<b>Mean year of school completed (Range)</b>	10(1-12)	<b>10(2-12)</b>	10 (8-11)	10 (8-11)	10 (8-11)	10 (8-10)
<b>% Post-school qualification(s)^</b>	57	<b>56</b>	49	47	56	54
<b>% Employment status</b>						
Unemployed	88	<b>91</b>	87	91	89	93
Employed full time	1	<b>0</b>	-	-	-	-
% Gov't pension, allowance or benefit main income source	89	<b>91</b>	92	93	/	/
Median weekly income (\$; IQR)	(N=886) 350 (275 – 450)	<b>(N=147) 350 (260-450)</b>	(N=147) 306 (260-400)	(N=146) 335 (257-423)	(N=144) 333 (250-415)	(N=149) 330 (251-425)
<b>% Accommodation</b>						
Own house/flat~	70	<b>75</b>	70	60	51	67
Parents'/family home	6	-	9	4	-	9
Boarding house/hostel	6	-	5	7	17	6
Shelter/refuge	2	-	-	-	-	-
No fixed address	9	<b>13</b>	13	27	27	15
Other	-	-	-	-	-	-

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.

## Illicit Drug Reporting System 2019

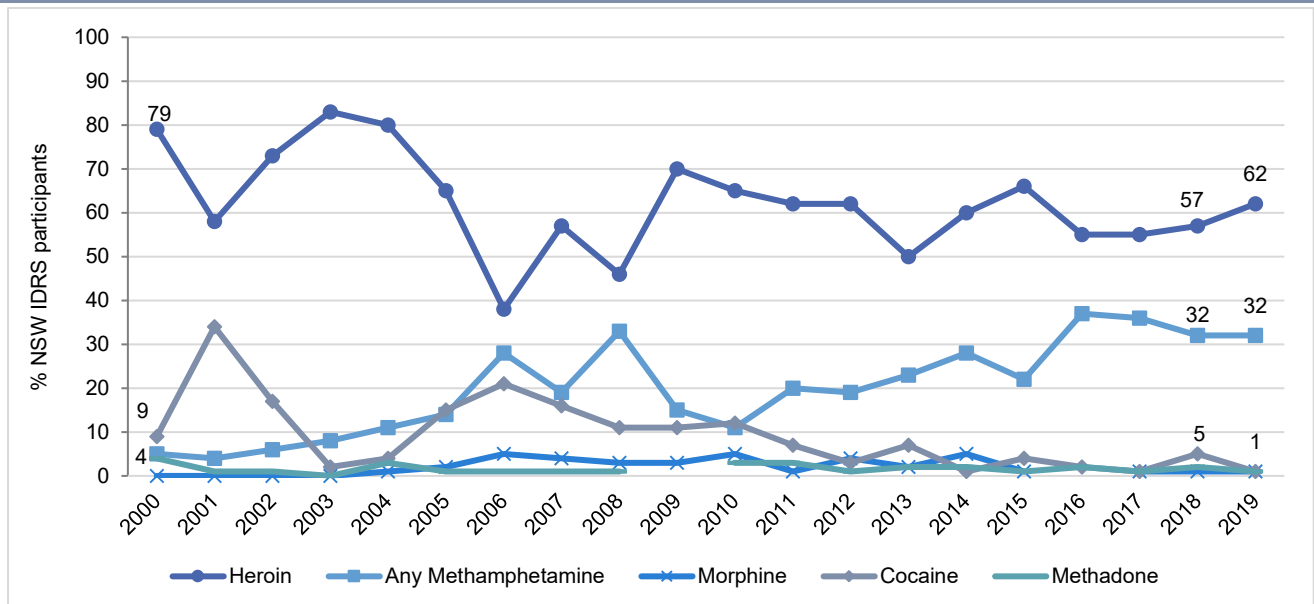
As in previous years, heroin was the nominated drug of choice for the majority of the 2019 sample (62%, 57% in 2018;  $p=0.441$ ; Figure 1), and was also the most frequently reported drug injected in the previous month (62%; 57% in 2018;  $p=0.441$ ; Figure 2). Consistent with previous years, three in four participants reported weekly or more frequent heroin use and half reported weekly or more frequent cannabis use and crystal methamphetamine use (Figure 3).

Figure 1: Drug of choice, NSW, 2000-2019



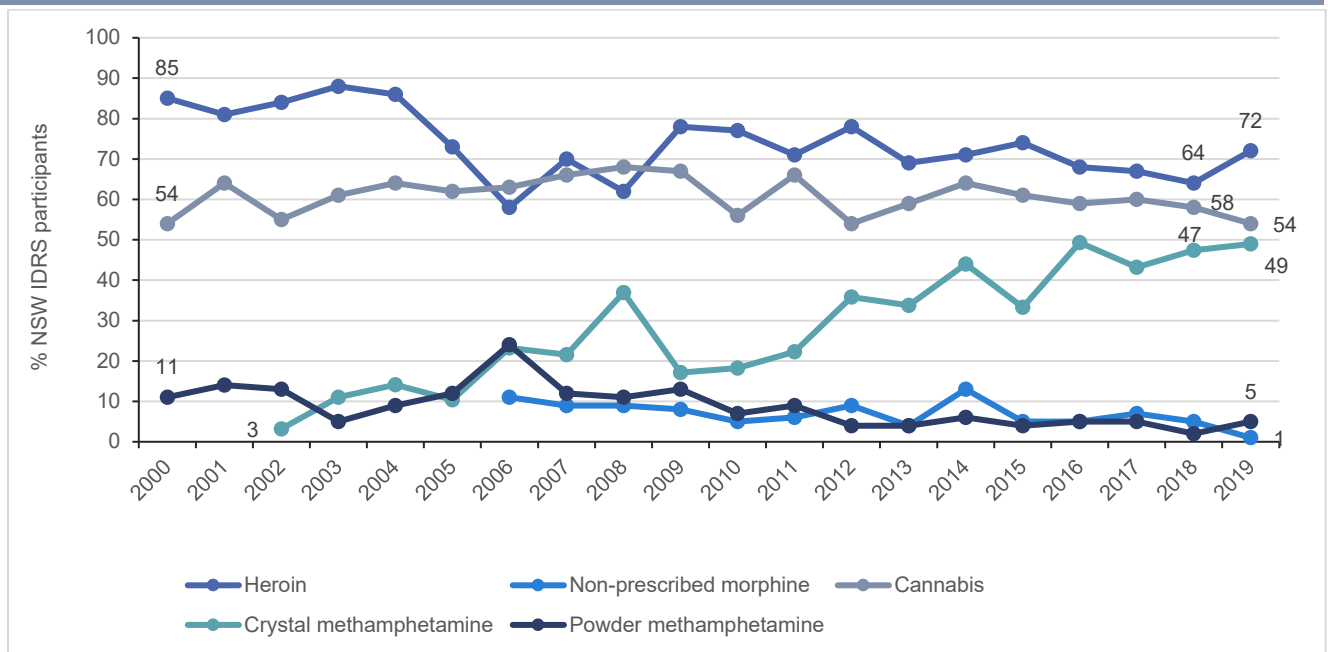
Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$  but not 0). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

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



Note. Substances listed in this figure are the primary endorsed; nominal percentages have endorsed other substances. 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 3: High frequency (weekly) substance use in the past six months, NSW,2000-2019



Note. These figures are of the entire sample. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 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 heroin has remained relatively stable over the course of monitoring, with at least four in five participants reporting use each year. In 2019, 82% of the sample had recently consumed heroin, stable since 2018 (83%;  $p=0.859$ ).

#### Frequency of Use

Those who had recently consumed heroin did so on a median of 120 days (IQR=28-180; 2018: 93 days, IQR=24-180;  $p=0.324$ ). Among recent consumers, 39% reported daily use (35% in 2018;  $p=0.570$ ) and 88% consumed heroin weekly or more frequently, an increase relative to 2018 (77%;  $p=0.032$ ;

Figure 4).

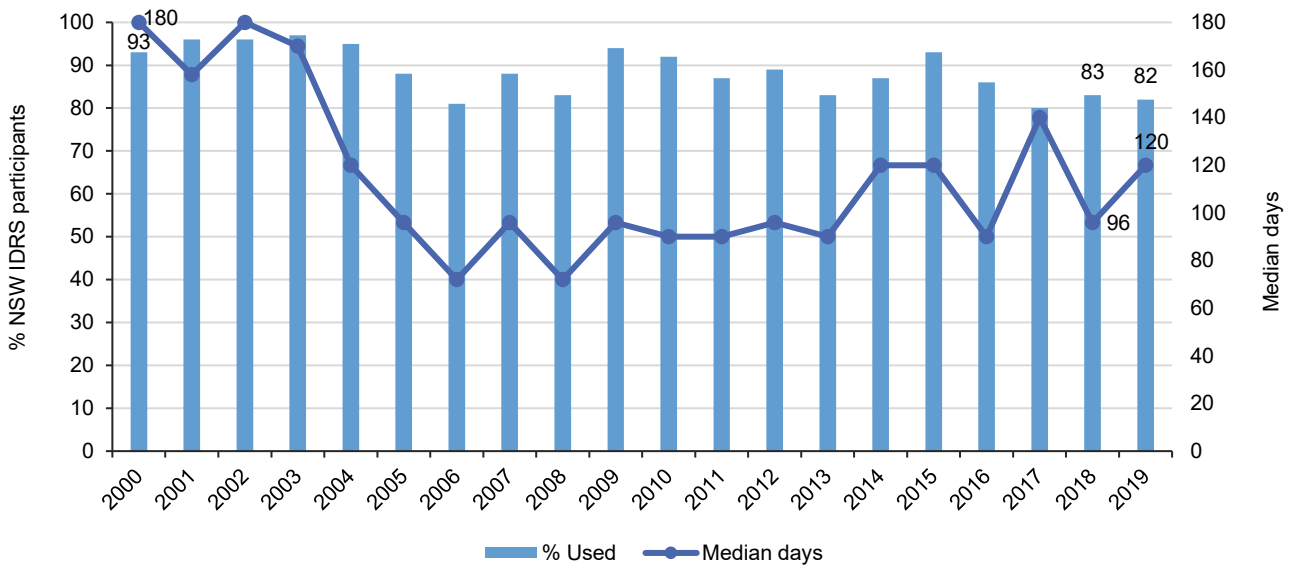
### Routes of Administration

Injection was the most frequently reported route of administration amongst those who had recently consumed heroin (98%, 100% in 2018;  $p=0.154$ ). More than one in ten consumers (14%) reported smoking heroin in 2019 (12% in 2018;  $p=0.687$ )

### Quantity

As in previous years, the median amount of heroin consumed in a 'typical' session was 0.2 grams (IQR=0.1-0.3; 2018: 0.2 grams, IQR=0.1-0.4).

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



Note. Median days computed among those who reported use in the past six months (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.

## Market Trends

### Price

The price of heroin has been relatively stable since reporting began (Figure 5). The median cost of a gram of heroin in 2019 was \$400 ( $n=16$ ,  $IQR=212-438$ ), with a median price of \$350 ( $IQR=200-400$ ) recorded in 2018 ( $p=0.118$ ). The median price for a point in 2019 was \$50 ( $n=71$ ,  $IQR=50-50$ ; 2018: \$50,  $IQR=50-50$ ;  $p=0.696$ ), and \$50 for a cap ( $n=34$ ,  $IQR=50-50$ ; 2018: \$50,  $IQR=50-50$ ;  $p=0.582$ ).

### Perceived Purity

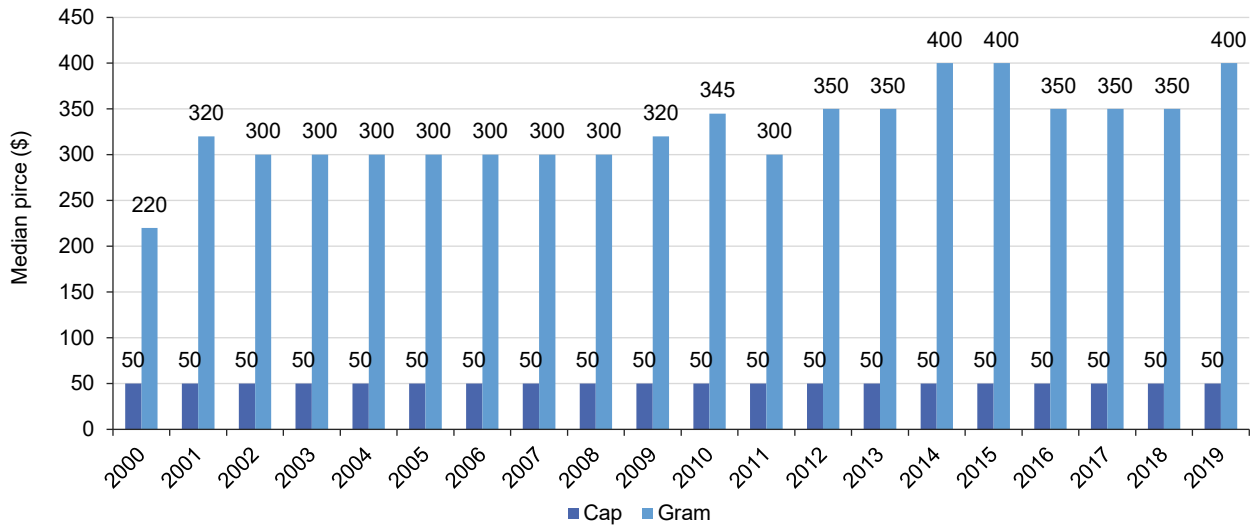
The purity of heroin was commented on by 119 participants in 2019. Of those, 27% reported that it was of 'high' purity (17% in 2018,  $p=0.056$ ), and 28% reported that it was 'low' (36% in 2018,  $p=0.164$ ; Figure 6)

### Perceived Availability

Among those who were able to comment in 2019 ( $n=124$ ), 44% perceived current availability as 'very easy' (52% in 2018;  $p=0.24$ ) and 45% reported it as 'easy' to obtain (32% in 2018,  $p=0.034$ ). Small numbers reported that it was difficult or very difficult to obtain (Figure 7).

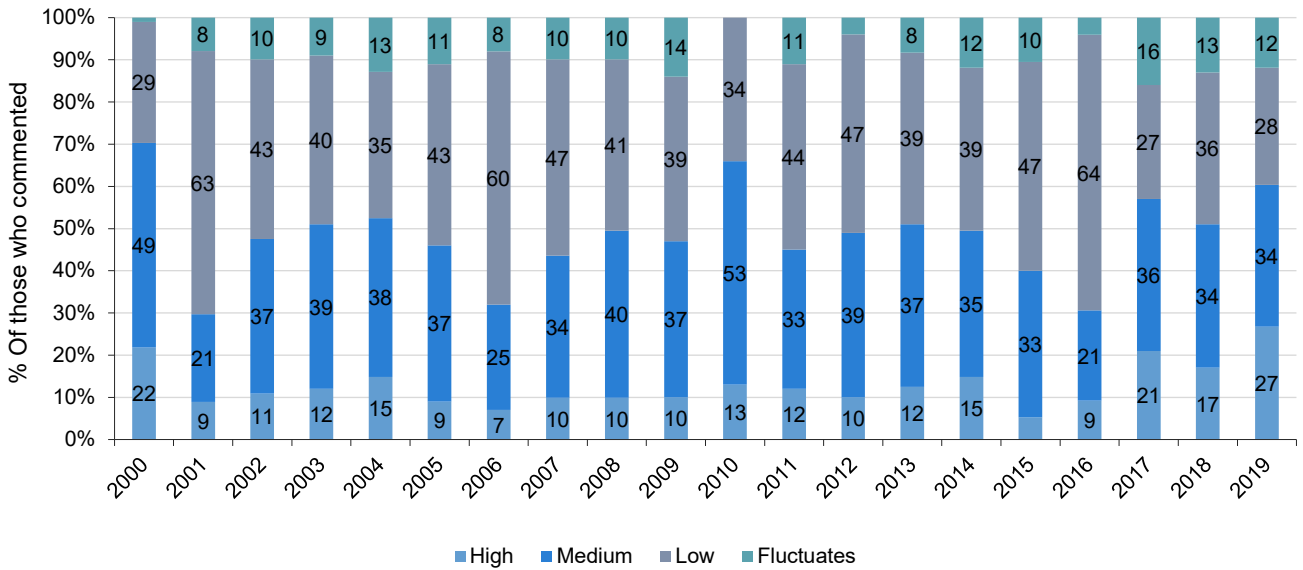
# Illicit Drug Reporting System 2019

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



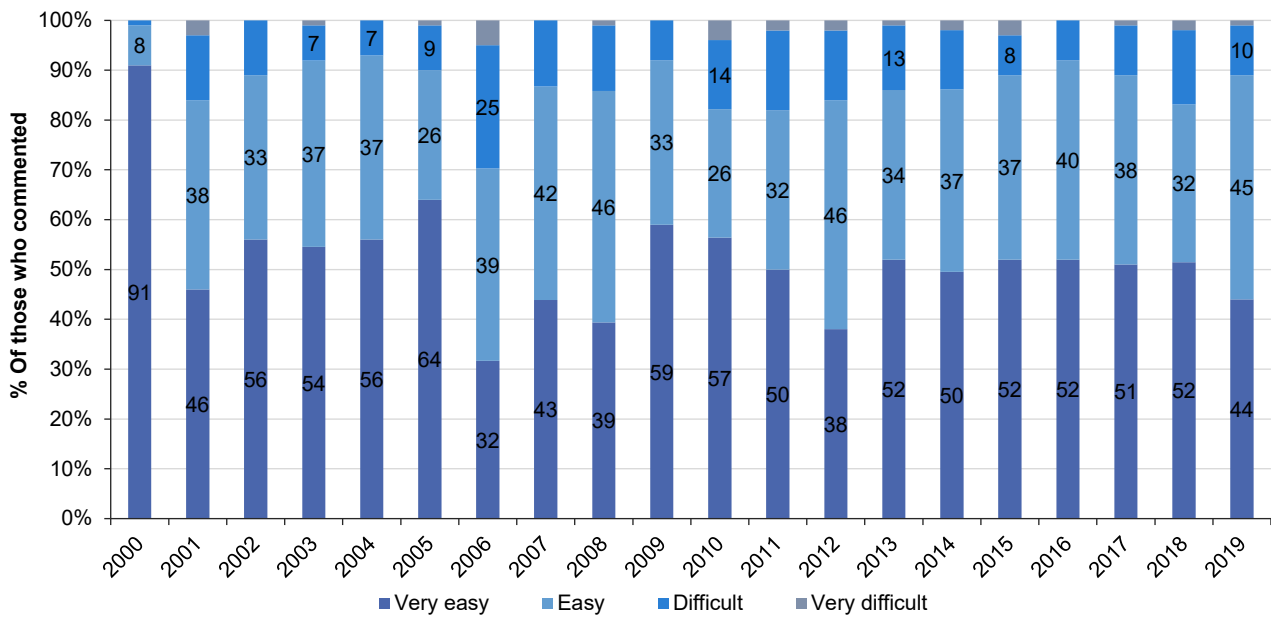
Note. Among those who commented. Price for a gram of heroin was not collected in 2000. Data labels have been removed from figures with small cell size (i.e. n≤5 but not =0). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 6: Current perceived purity of heroin, NSW, 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≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 7: Current perceived availability of heroin, NSW, 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≤5). \*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), crystal (clear, ice-like crystals), and liquid.

### Recent Use (past 6 months)

The use of methamphetamine has been gradually increasing in the NSW sample since reporting began. In 2019, 76% reported recent use of any methamphetamine (76% in 2018,  $p=0.974$ ; Figure 8).

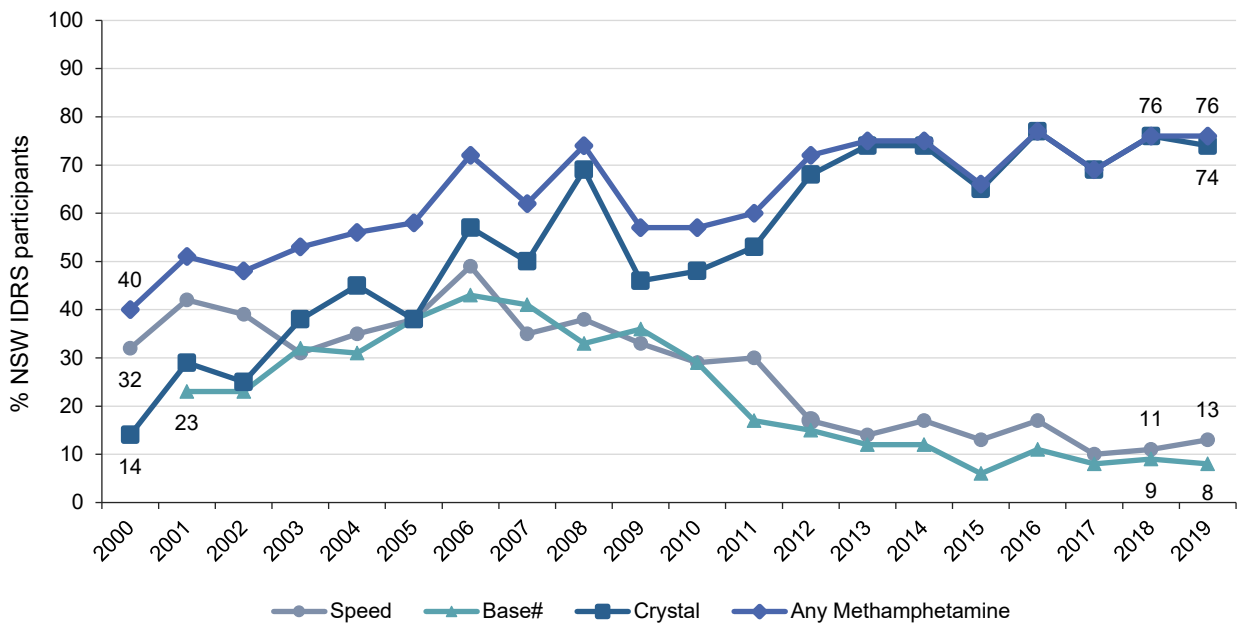
### Frequency of Use

Those who had recently consumed any methamphetamine did so on a median of 48 days (IQR=12-96), with a median of 27 days reported in 2018 (IQR=7-96,  $p=0.274$ ; Figure 9). Weekly or more frequent use was reported by 68% of people who had recently consumed any methamphetamine in 2019 (63% in 2018;  $p=0.487$ ), and daily use by 17% (12% in 2018;  $p=0.347$ ).

### Forms Used

Of those who had used methamphetamine in the six months preceding interview in 2019 (n=114), the majority (97%) had used crystal methamphetamine (100% in 2018;  $p=0.080$ ), and a further 18% had used powder (15% in 2018;  $p=0.590$ ).

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

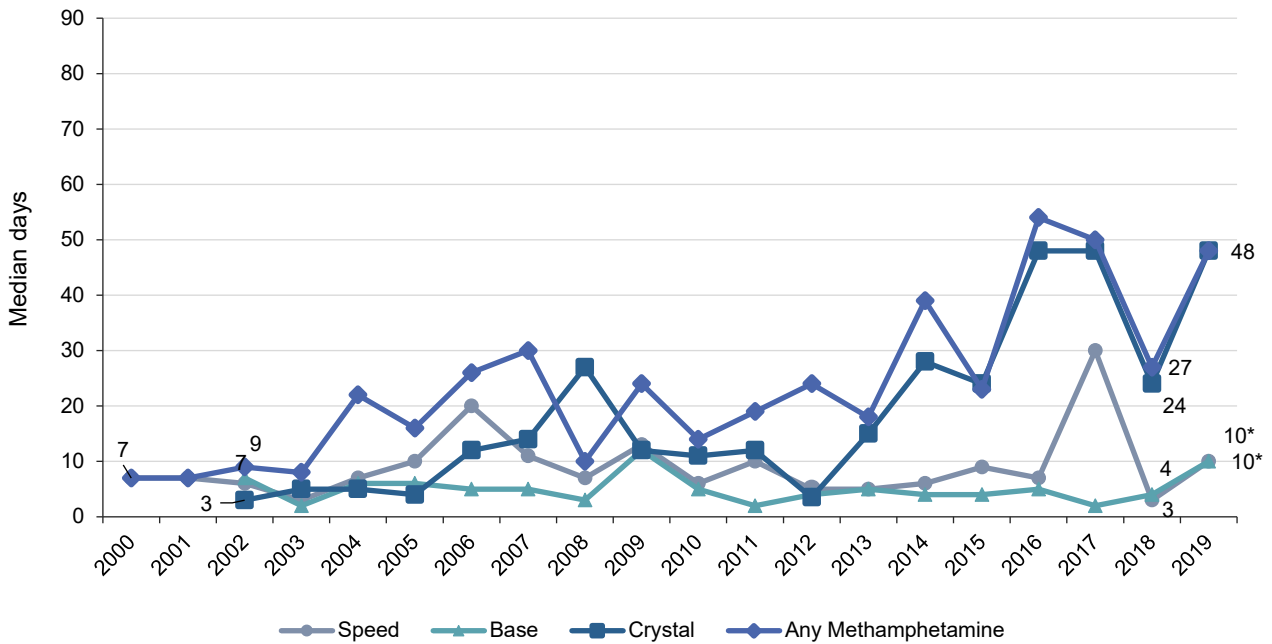


Note. # Base asked separately from 2001 onwards. 'Any methamphetamine' includes crystal, powder, base and liquid methamphetamine

# Illicit Drug Reporting System 2019

combined. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

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



Note. Median days computed among those who reported past six month 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 with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

## Patterns of Consumption

### Powder Methamphetamine

**Recent Use (past 6 months):** The use of powder methamphetamine has been steadily declining since reporting began when 32% of the sample reported recent use. In 2019, 13% had recently consumed powder (11% in 2018,  $p=0.599$ ).

**Frequency of Use:** Those who had recently consumed powder methamphetamine did so on a median of 10 days (IQR=2-30), increasing again after a decline in 2018 (3 days, IQR=1-12;  $p=0.042$ ; Figure 9).

**Routes of Administration:** As in previous years, most consumers reported injection as a route of administration (90%; 94% in 2018,  $p=0.648$ ).

**Quantity:** The median amount consumed per day in 2019 was 0.2 grams ( $n=20$ , IQR=0.1-0.5), unchanged from 2018 ( $n=17$ , 0.2, IQR=0.1-0.6).

### Base Methamphetamine

**Recent Use (past 6 months):** The use of base has been declining since reporting began. In 2019, 8% of the sample reported recent use (9% in 2018,  $p=0.848$ ).

**Frequency of Use:** The median number of days that consumers reported using base in the past six months was 10 in 2019 (4 days in 2018;  $p=0.026$ ).

**Routes of Administration:** All participants who had recently consumed base ( $n=12$ ) reported injecting it in 2019 (92% in 2018,  $p=0.327$ ).

**Quantity:** The median amount of base used in a day was 0.20 grams ( $n=12$ , IQR=0.20-0.40), similar to 2018 ( $n=13$ , 0.20 grams IQR=0.10-0.25).

### Crystal Methamphetamine

**Recent Use (past 6 months):** Crystal methamphetamine is consistently the most common form of methamphetamine used in the NSW sample, and 76% reported recent use in 2019 (74% in 2018;  $p=0.667$ ).

**Frequency of Use:** Recent consumers reported using crystal on a median of 48 days (IQR=12-86) as compared to 24 days (IQR=6-90) in 2018 ( $p=0.171$ ), and 68% reported weekly or more frequent use of crystal (63% in 2018,  $p=0.487$ ).

**Routes of Administration:** The majority of recent consumers reported injecting crystal methamphetamine (93%, 945 in 2018  $p=0.229$ ), almost half (47%) had smoked it (45% in 2018;  $p=0.844$ ).

**Quantity:** The median amount consumed in a typical day by those who had recently consumed crystal was 0.2 grams ( $n=106$ , IQR=0.1-0.4), down from 0.1 in 2018 ( $n=109$ , IQR=0.1-0.3).



## Market Trends

### Methamphetamine Powder

**Price:** The cost of speed was \$50 per point in 2019 (n=16, IQR=50-50), stable from 2018 (\$50, IQR=50-50;  $p=0.401$ ; Figure 10). Number who could report price of a gram of powder were  $\leq 5$  and suppressed.

**Perceived Purity:** Nineteen people commented on the perceived purity of speed. Of this group, 37% considered it to be 'high' purity (17% in 2018;  $p=0.132$ ) and 37% reported 'medium' purity (29% in 2018;  $p=0.594$ ; Figure 11).

**Perceived Availability:** As in previous years, the majority (50%) of those who could comment (n=20) reported that speed was 'very easy' to obtain (40% in 2018,  $p=0.502$ ). A further 40% reported it was 'easy' to obtain (24% in 2018;  $p=0.250$ ; Figure 12).

### Methamphetamine Crystal

**Price:** The cost of crystal methamphetamine was stable in 2019 at \$50 for a point (n=80, IQR=50-50, \$50 in 2018 IQR=50-50,  $p=0.580$ )

and \$250 for a gram (n=19, IQR=200-300; 2018: \$310, IQR=200-350,  $p=0.146$ ; Figure 13).

**Perceived Purity:** Crystal methamphetamine perceived purity was reported by 106 people in 2019. Of those, 36% perceived the purity to be 'high' (33% in 2018,  $p=0.703$ ), and 17% reported that it was 'low' (22% in 2018,  $p=0.401$ ; Figure 14).

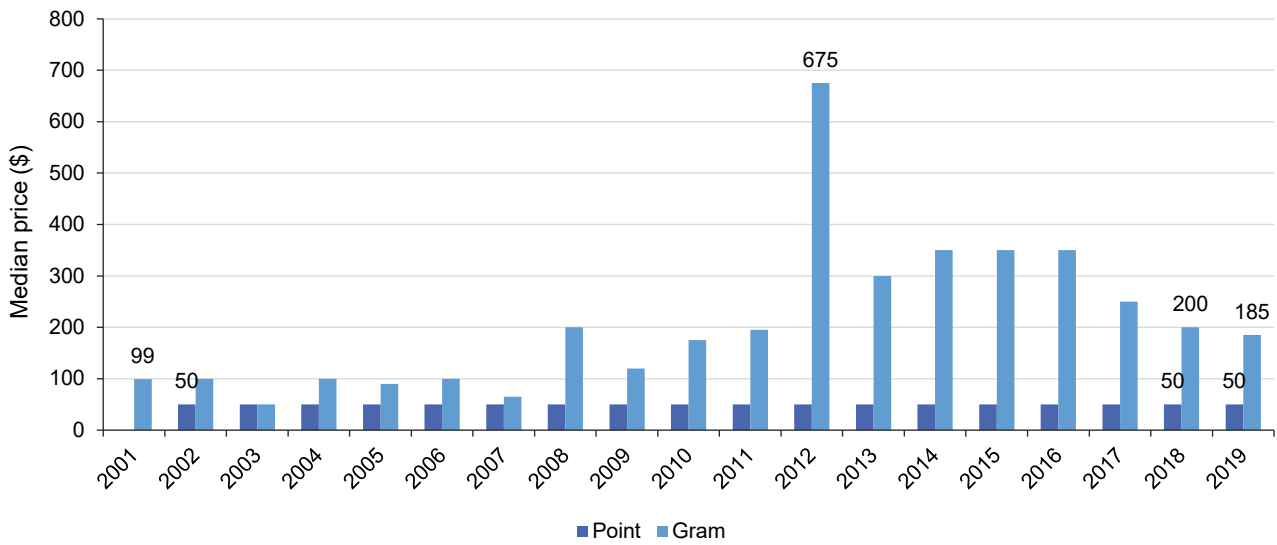
**Perceived Availability:** Of those who commented (n=111), 56% reported that crystal methamphetamine was 'very easy' to obtain (64% in 2018,  $p=0.234$ ). There was a significant increase in the per cent who reported that crystal was 'easy' to obtain (38% in 2019 versus 25% in 2018,  $p=0.039$ ; Figure 15).

### Methamphetamine Base

Due to low numbers reporting use, no details will be provided about the price, perceived purity, and availability of base. For further information, please refer to the [national report](#), or contact the researchers.

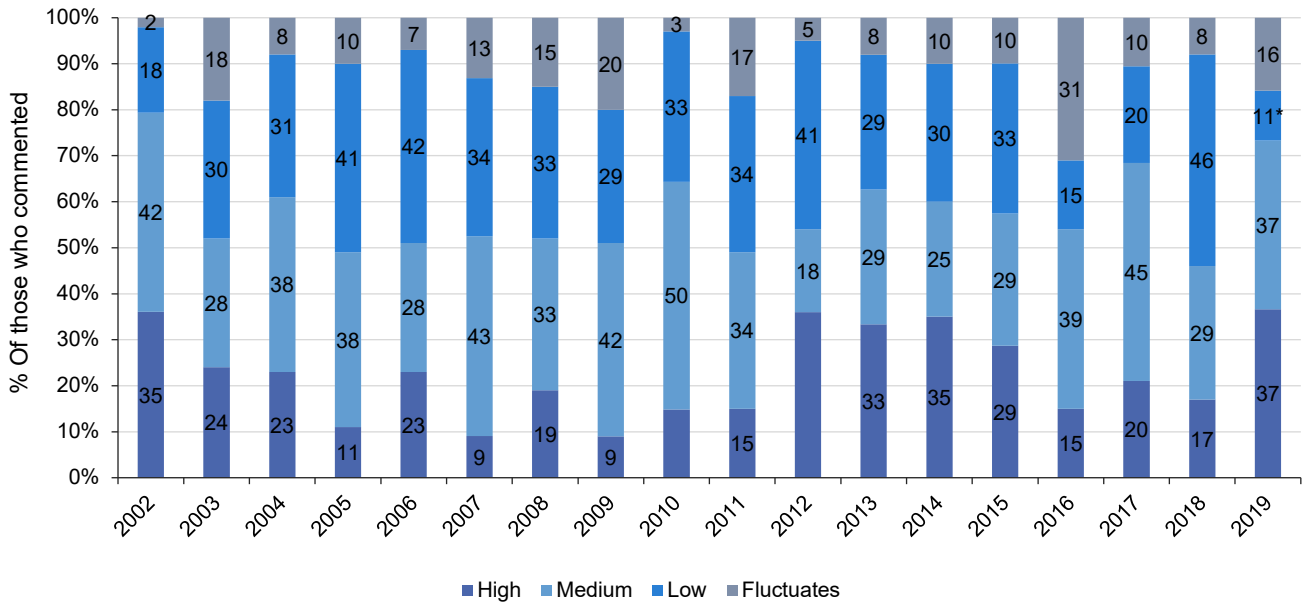
# Illicit Drug Reporting System 2019

Figure 10: Median price of powder methamphetamine per point and gram, NSW, 2001-2019



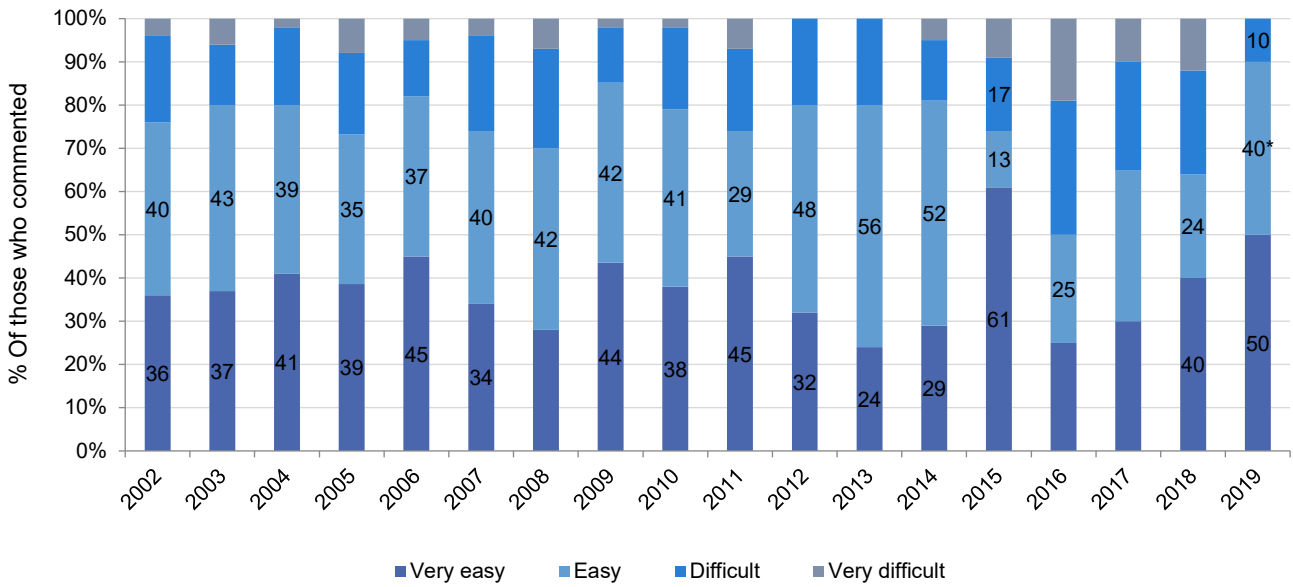
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

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



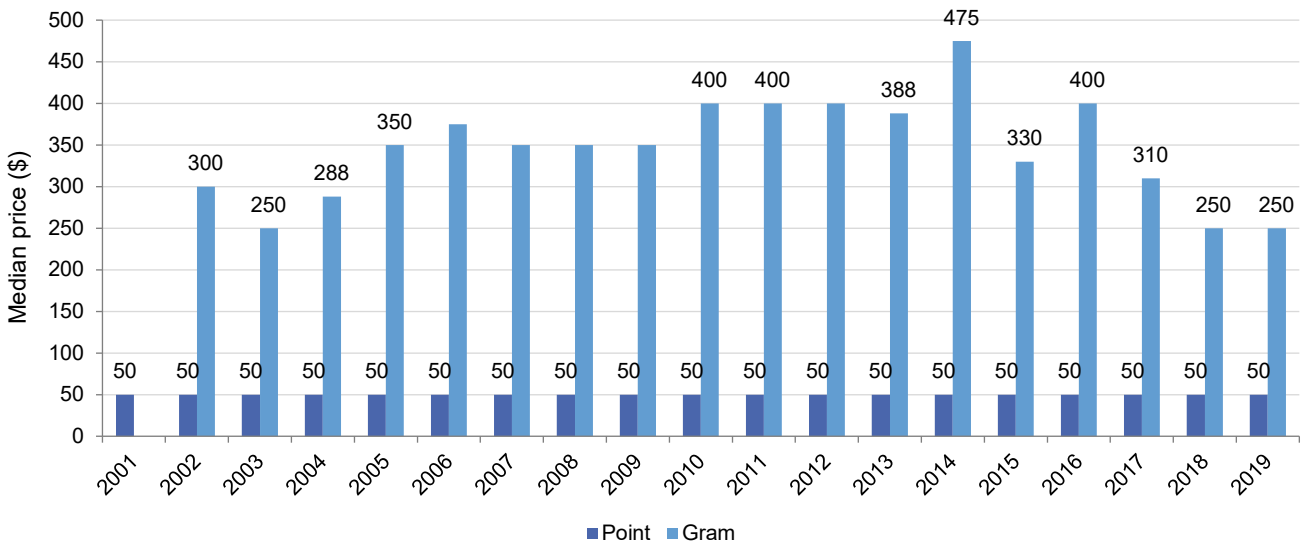
Note. Methamphetamine asked separately for the three different forms from 2002 onwards. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 12: Current perceived availability of powder methamphetamine, NSW, 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≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

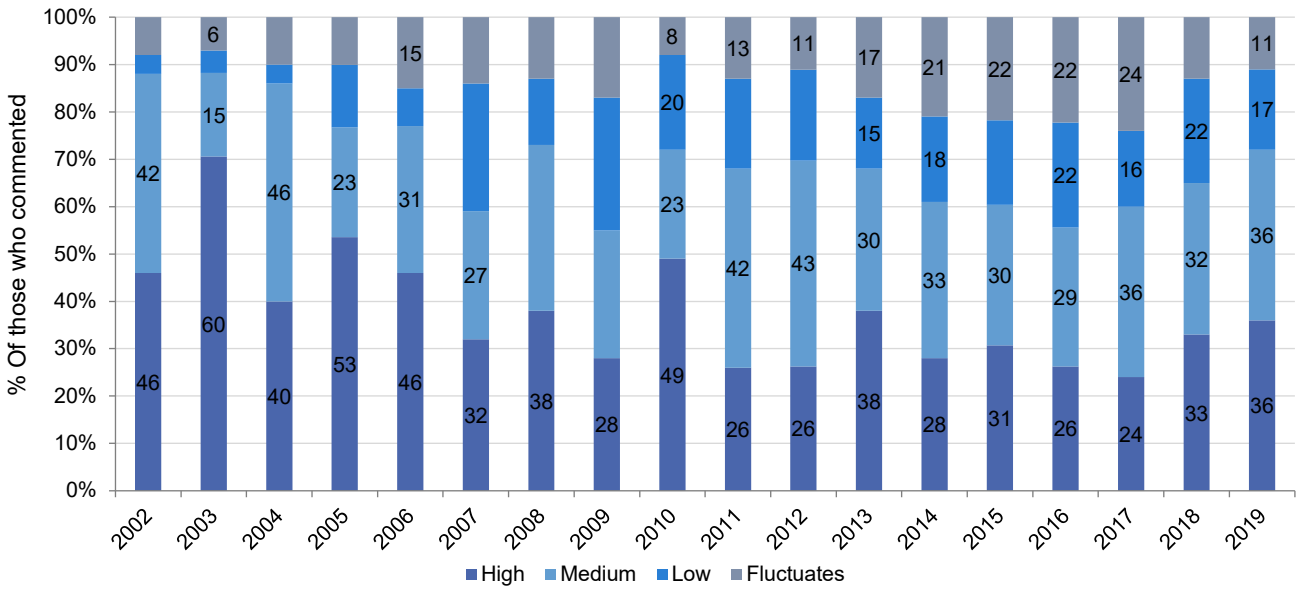
Figure 13: Median price of crystal methamphetamine per point and gram, NSW, 2001-2019



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≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

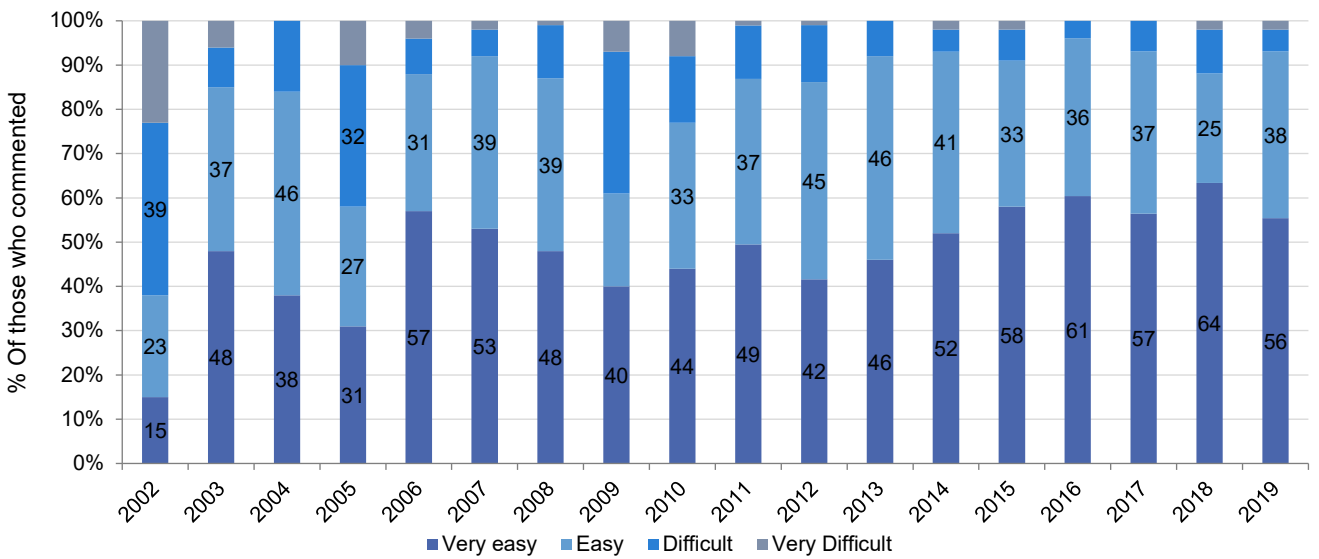
Illicit Drug Reporting System 2019

Figure 14: Current perceived purity of crystal methamphetamine, NSW, 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≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 15: Current perceived availability of crystal methamphetamine, NSW, 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≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2017 versus 2018

# 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)

When reporting commenced, over 80% of the NSW IDRS sample reported recent use of cocaine. Since then, the per cent has been declining. In 2019, 21% of the sample reported recent use (26% in 2018;  $p=0.235$ ; Figure 16).

#### Frequency of Use

Those who reported recent use of cocaine did so on a median of 4 days in the previous six months (IQR=2-8) similar to the estimate in 2018 (5 days, IQR=2-24;  $p=0.129$ ; Figure 16).

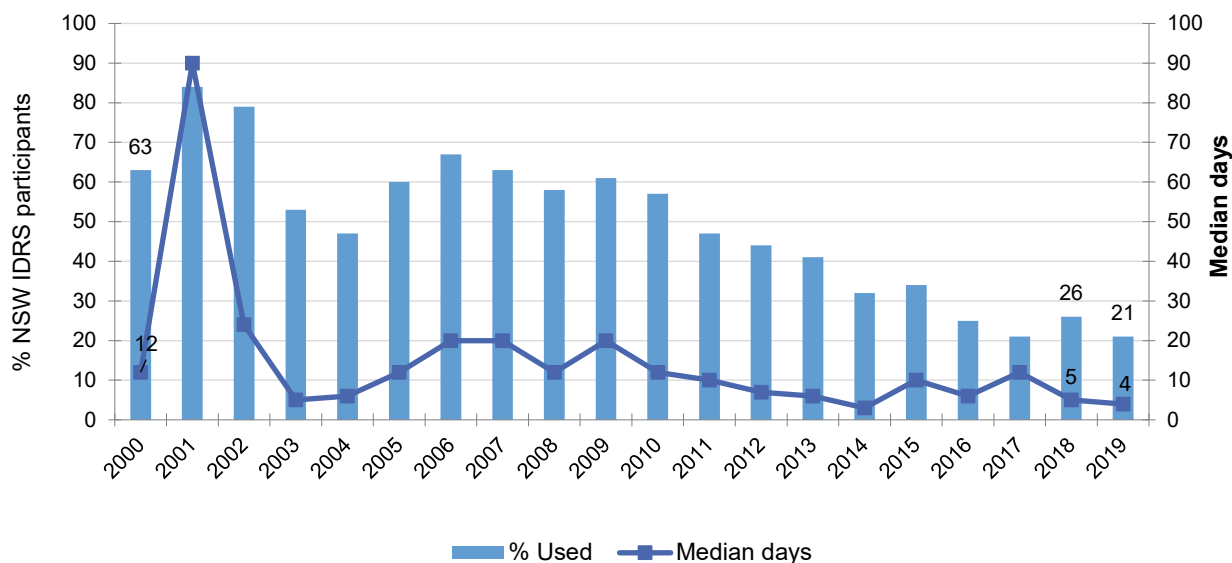
#### Routes of Administration

The most common route of administration for cocaine was injection (87%; 82% in 2018;  $p=0.595$ ) followed by snorting (39%; 25% in 2018;  $p=0.215$ ) in 2019.

#### Quantity

The median quantity of cocaine used in a day was 0.4 grams in 2019 (IQR=0.1-1.0, 2018 0.1 grams, IQR=0.1-1.0).

Figure 16: Past six month use and frequency of use of cocaine, NSW, 2000-2019



Note. Median days computed among those who reported use in the past six months (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 90 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

## Market Trends

### Price

The reported median price of a point in 2019 was \$50 (n=8, IQR=50-88), and for a gram was \$300 (n=15, IQR=300-300), both consistent with previous years' reported prices (Figure 17).

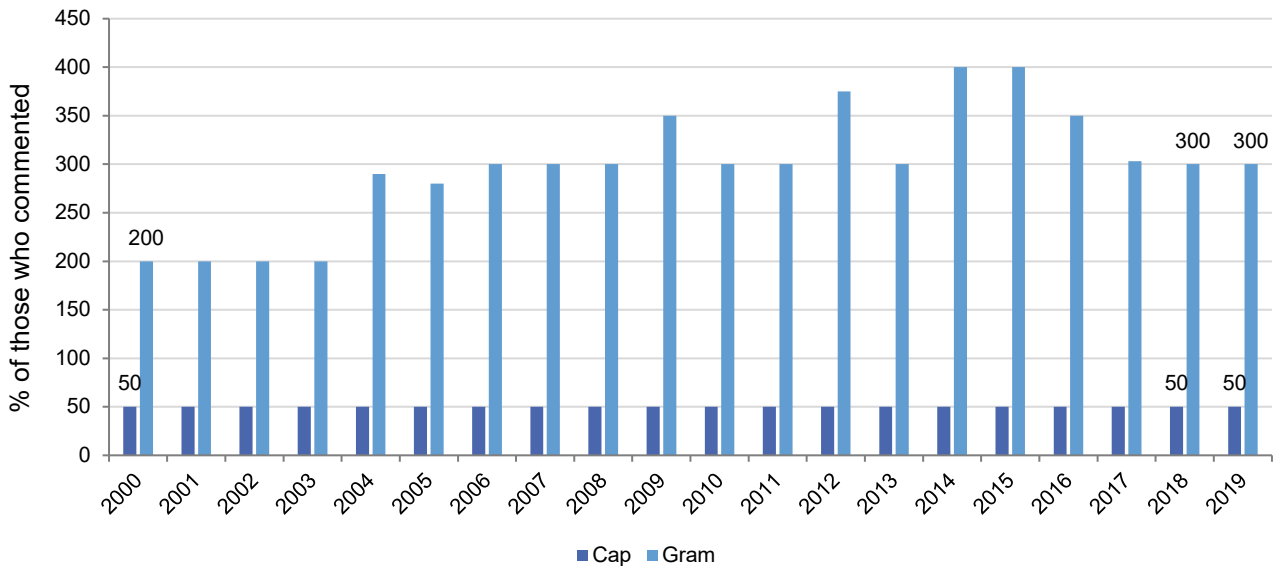
### Perceived Purity

Among those that could comment (n=27), 30% reported the perceived purity of cocaine to be 'high' (35% in 2018;  $p=0.640$ ) and 37% reported it as 'medium' (32% in 2018;  $p=0.702$ ; Figure 18).

### Perceived Availability

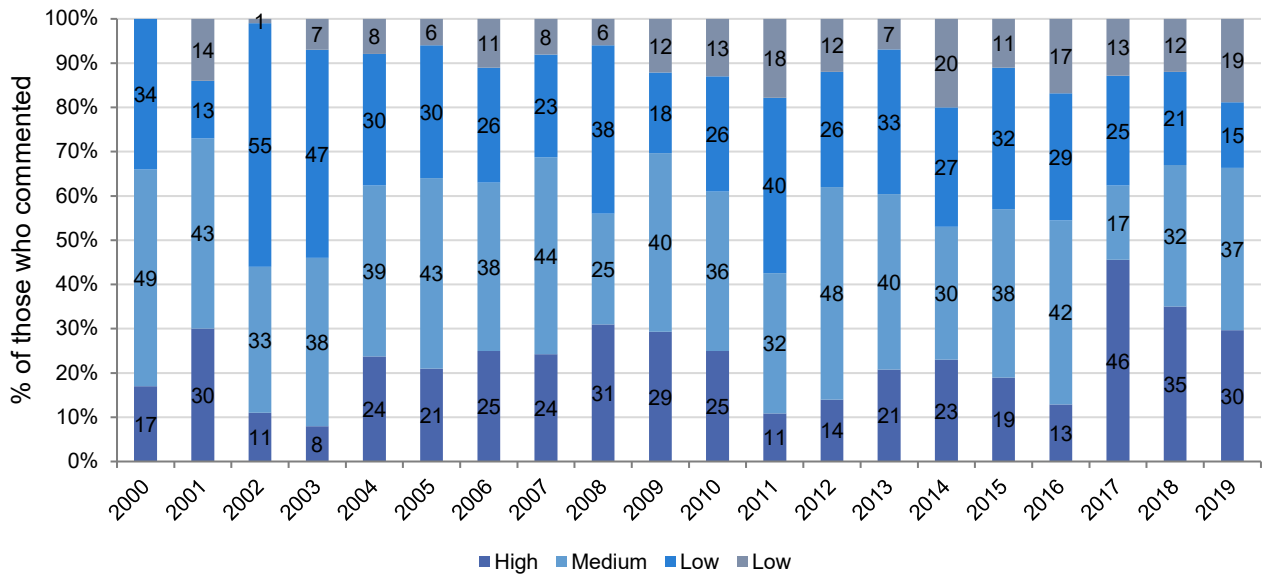
Twenty-eight people commented on the perceived availability of cocaine in 2019. Of them, 43% reported that it was 'easy' to obtain (49% in 2018;  $p=0.692$ ), and 27% said it was 'difficult' (14% in 2018;  $p=0.164$ ; Figure 19).

Figure 17: Median price of cocaine per cap and gram, NSW, 2000-2019



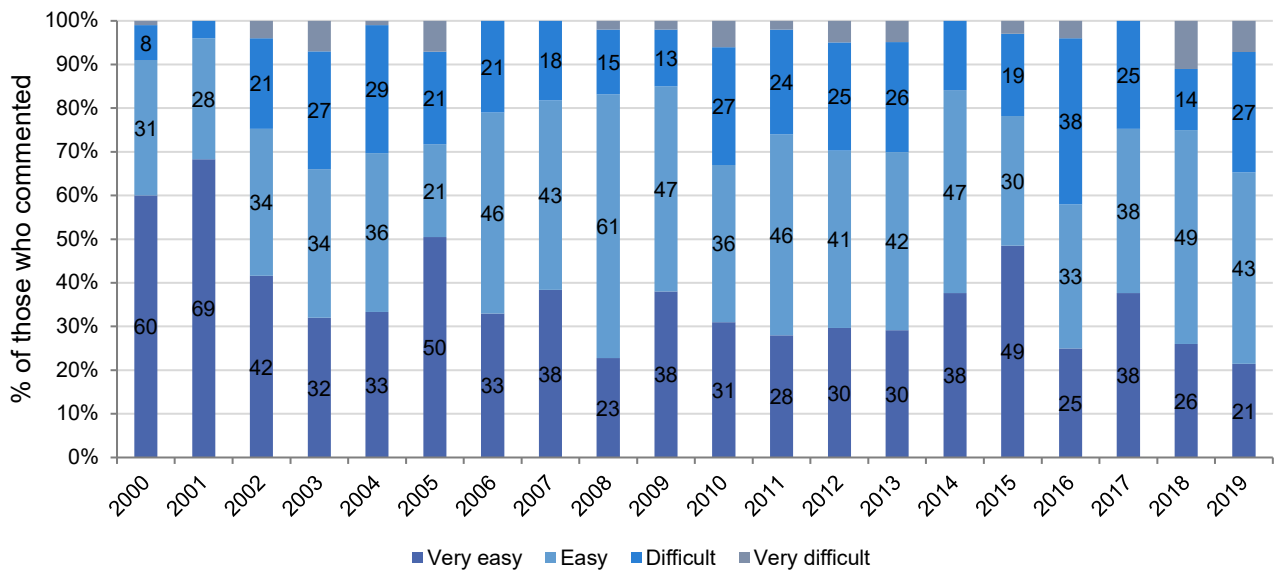
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

Figure 18: Current perceived purity of cocaine, NSW, 2000-2019



Note. The response 'Don't know' was excluded from analysis. Figures may not add up to 100% due to rounding. Data labels have been removed from figures with small cell size (i.e. n≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 19: Current perceived availability of cocaine, NSW, 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≤5). \*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)

Cannabis use has been relatively stable since reporting began in 2000, with at least two in three participants reporting past six month use. In 2019, 73% of the sample reported recently using cannabis, similar to the per cent reporting use in 2018 (76%,  $p=0.373$ ; Figure 20).

#### Frequency of Use

Those who had recently consumed cannabis did so on a median of 90 days (IQR=18-180) in the previous six months (2018: 98 days, IQR=24-180;  $p=0.516$ ). Amongst recent consumers, 73% reported using cannabis on at least a weekly basis (76% in 2018,  $p=0.700$ ) and 40% reported using cannabis on a daily basis (42% in 2018;  $p=0.732$ ; Figure 20).

#### Routes of Administration

Almost all recent consumers reported smoking cannabis in the past six months (98%, unchanged from 98% 2018,  $p=0.957$ ). One in ten consumers (9%) had inhaled or vaporised cannabis, a decline from 25% in 2018 ( $p=0.002$ ).

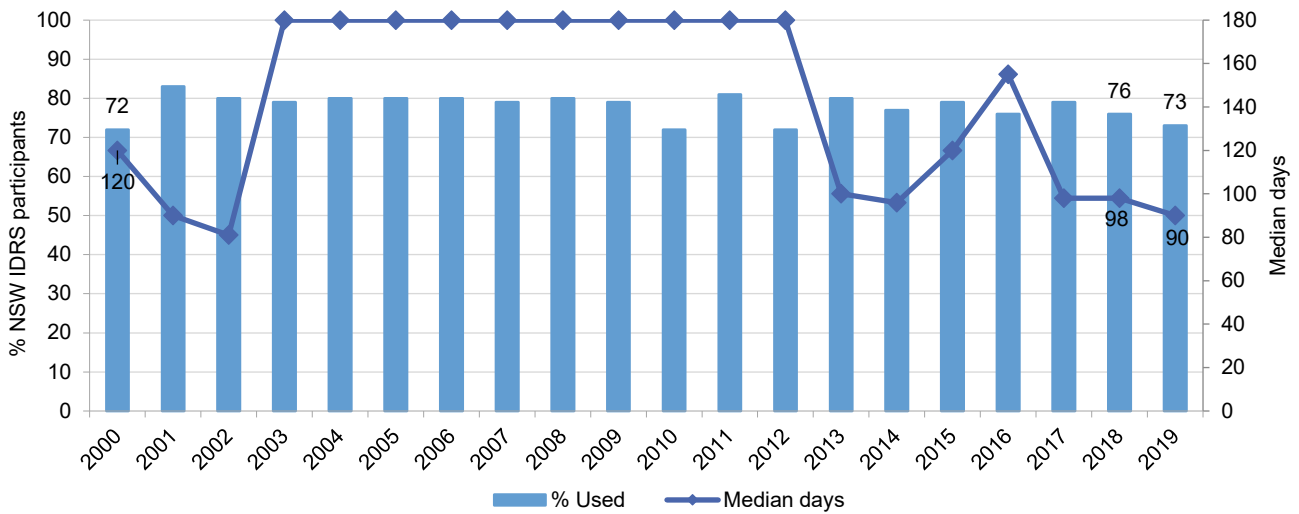
#### Quantity

On their last occasion of cannabis use, the median amount consumed was 1 gram ( $n=60$ , IQR=1.0-1.4; 2018: 1 gram, IQR=1-2), 1 joint ( $n=16$ , IQR=1-1; 2018: 1 joint, IQR=1-3.5) or 2.5 cones ( $n=24$ , IQR=2.0-5.0; 2018 5 cones, IQR=2.3-7.5).

#### Forms Used

Hydroponic cannabis was consumed by 93% of recent consumers (98% in 2018;  $p=0.725$ ) and bush cannabis was consumed by 42% (51% in 2018;  $p=0.173$ ). Hydroponic cannabis was reported as the form used most often by 78% of recent consumers (81% in 2018;  $p=0.594$ ).

Figure 20: Past six month use and frequency of use of cannabis, NSW, 2000-2019



Note. Median days computed among those who reported past six month 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.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

## Hydroponic Cannabis

### Market Trends

**Price:** The reported price of a gram of hydroponic cannabis has been stable at \$20 since reporting began, and was unchanged in 2019 ( $n=50$ , \$20, IQR=20-20). The price of an ounce, however, decreased significantly to \$280 in 2019 ( $n=11$ , IQR=250-300; 2018 \$300, IQR=300-327;  $p=0.049$ ; Figure 21)

**Perceived Potency:** Among those that responded ( $n=85$ ), over half (55%) perceived the potency of hydroponic cannabis to be 'high' (57% in 2018,  $p=0.855$ ; Figure 22).

**Perceived Availability:** Of those who commented ( $n=85$ ), hydroponic cannabis was perceived as 'very easy' to obtain by almost half (48%) and 'easy' to get by a further 40%. This was similar to the estimate in 2018, when 58% ( $p=0.200$ ) reported it was 'very easy' and 31% ( $p=0.199$ ) reported hydroponic cannabis was 'easy' to obtain (Figure 23).

## Bush Cannabis

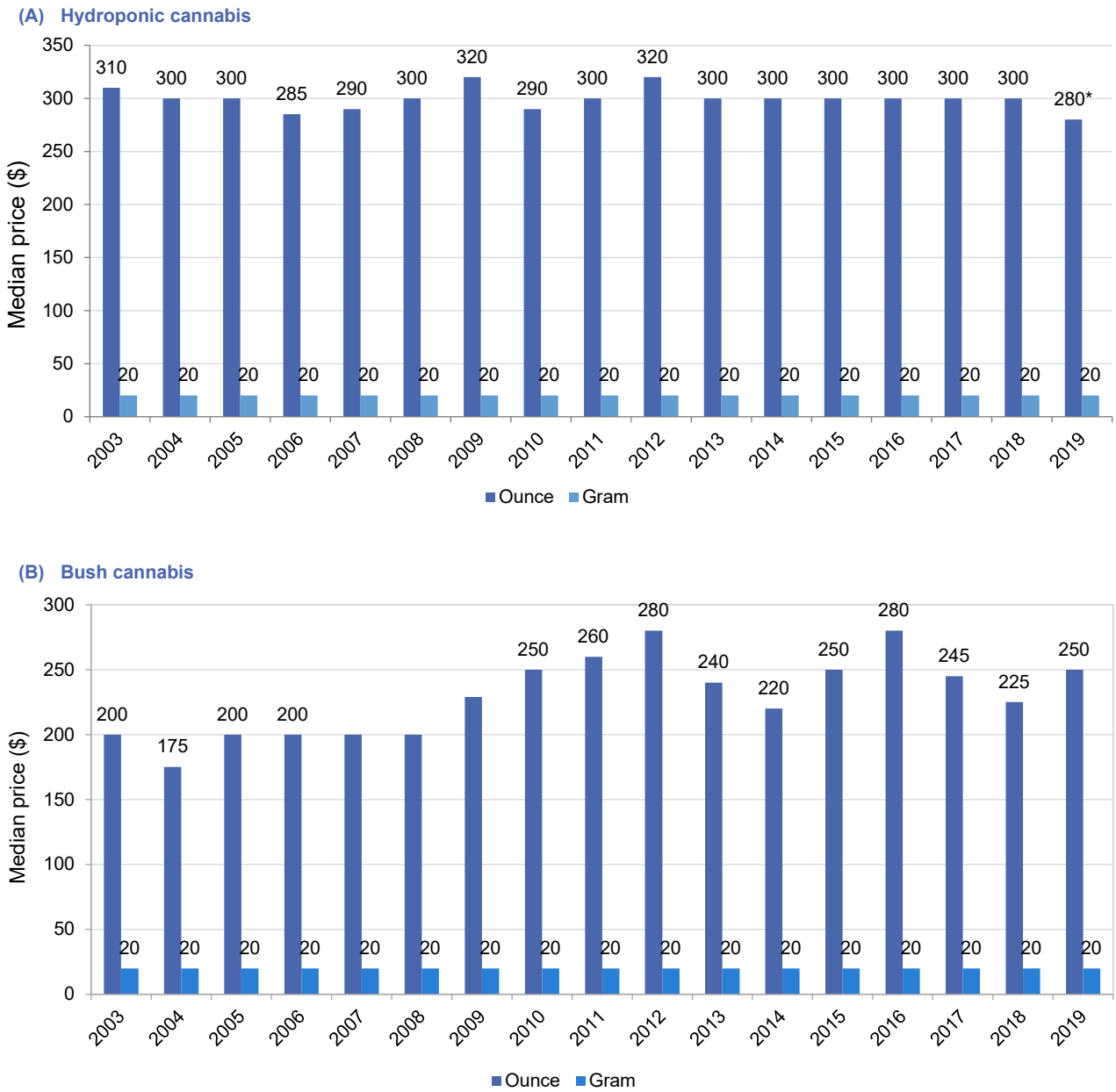
### Market Trends

**Price:** The price of bush cannabis was stable in 2019, with those who could comment reporting a median cost of \$20 ( $n=15$ , IQR=10-20, \$20 in 2018, IQR=20-20) for a gram and \$250 ( $n=7$ , IQR=200-350, \$225 in 2018 IQR=200-270;  $p=0.788$ ) for an ounce.

**Perceived Potency:** Of those who commented ( $n=36$ ), half (50%) reported the perceived potency of bush cannabis as 'medium' (34% in 2018,  $p=0.194$ ).

**Perceived Availability:** In 2019, 35 people commented on the availability of bush cannabis. Of this group, 40% reported that it was 'easy' to obtain (25% in 2018;  $p=0.192$ ), and 17% reported that it was 'difficult' to obtain (38% in 2018;  $p=0.060$ ).

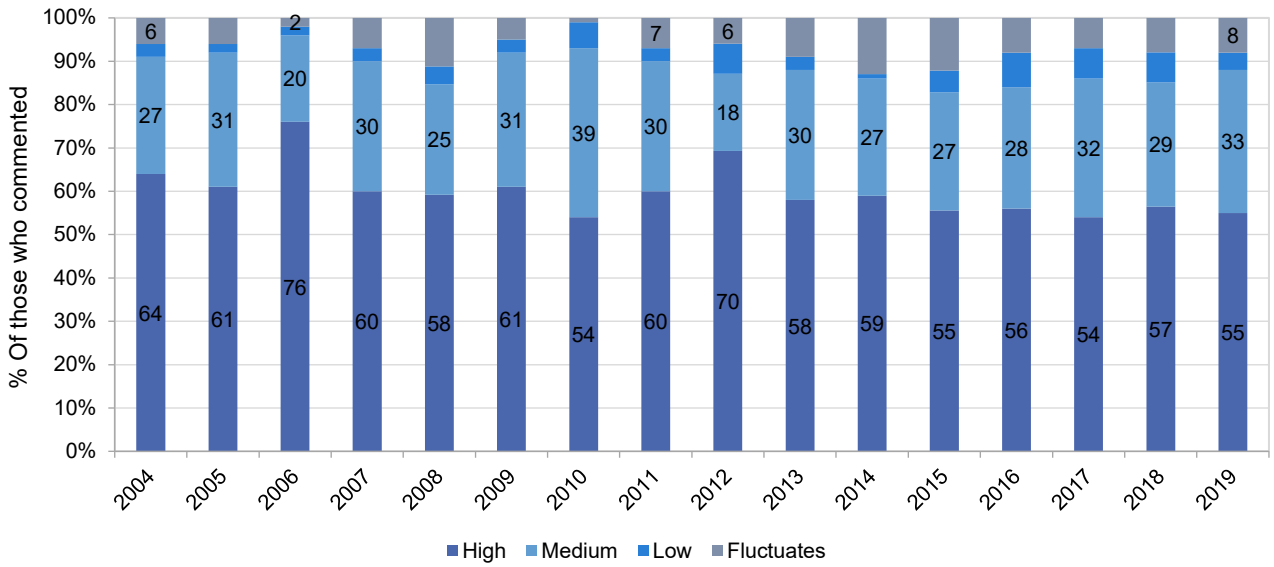
Figure 21: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NSW, 2003-2019



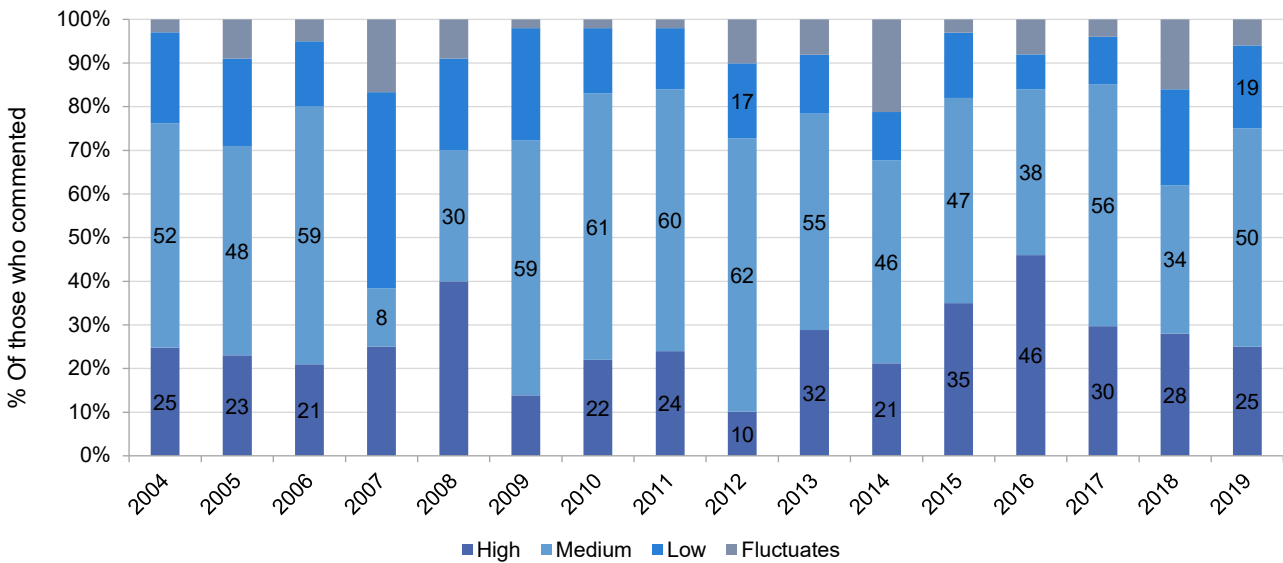
Note. Among those who commented. From 2003 onwards hydroponic and bush cannabis data collected separately. Data labels have been removed from figures with small cell size (i.e. n≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 22: Current perceived potency of hydroponic (a) and bush (b) cannabis, NSW, 2004-2019

(A) Hydroponic cannabis



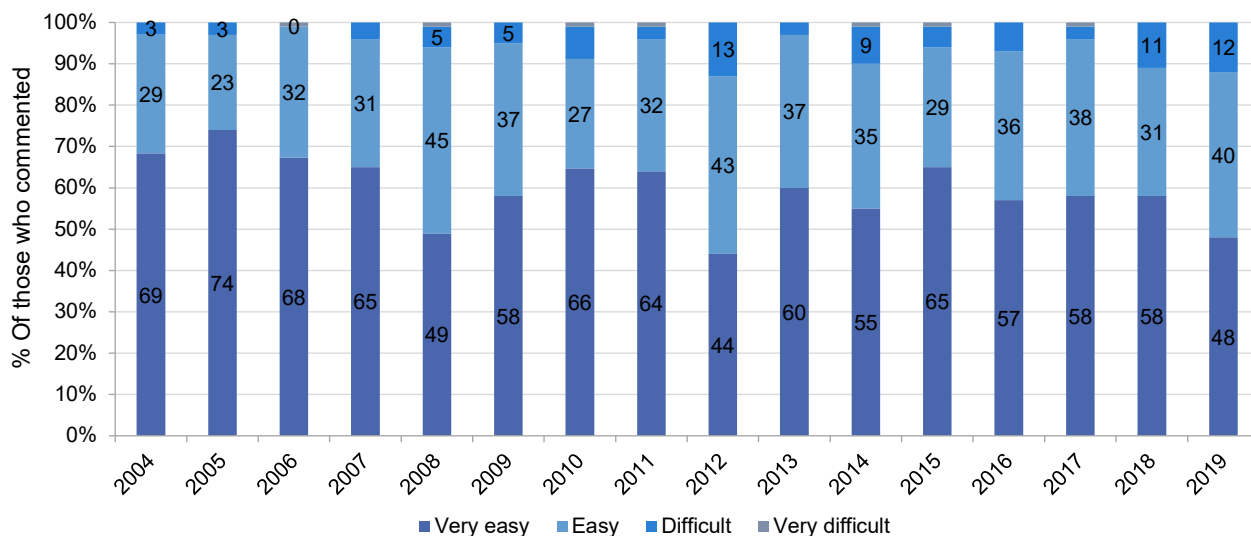
(B) Bush cannabis



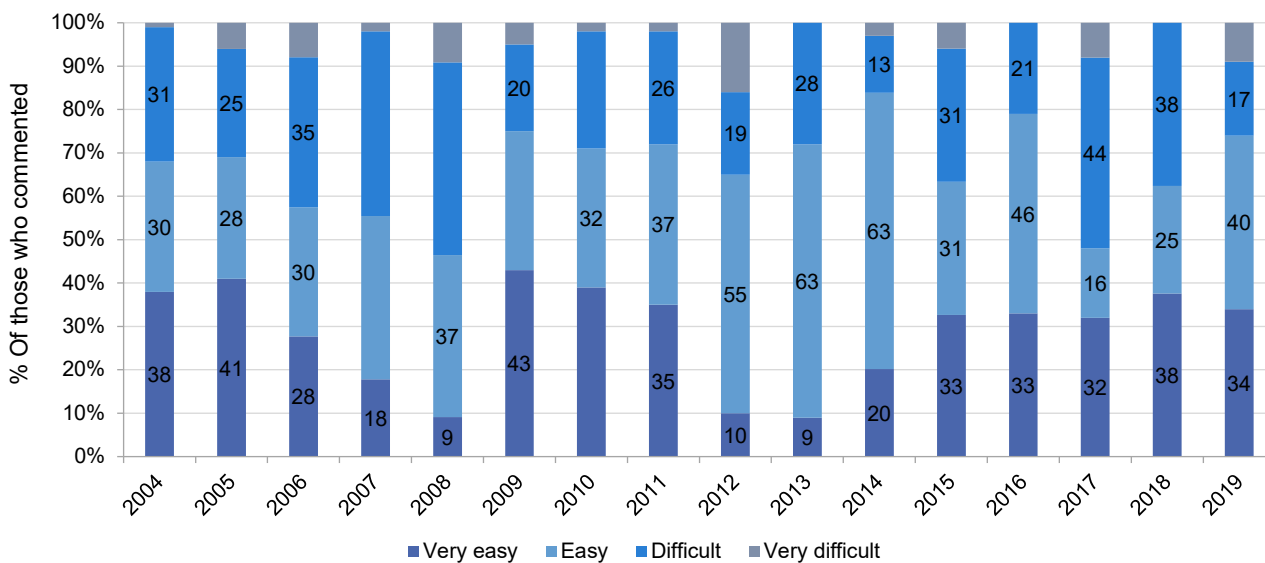
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5). \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

Figure 23: Current perceived availability of hydroponic (a) and bush (b) cannabis, NSW, 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≤5). \*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

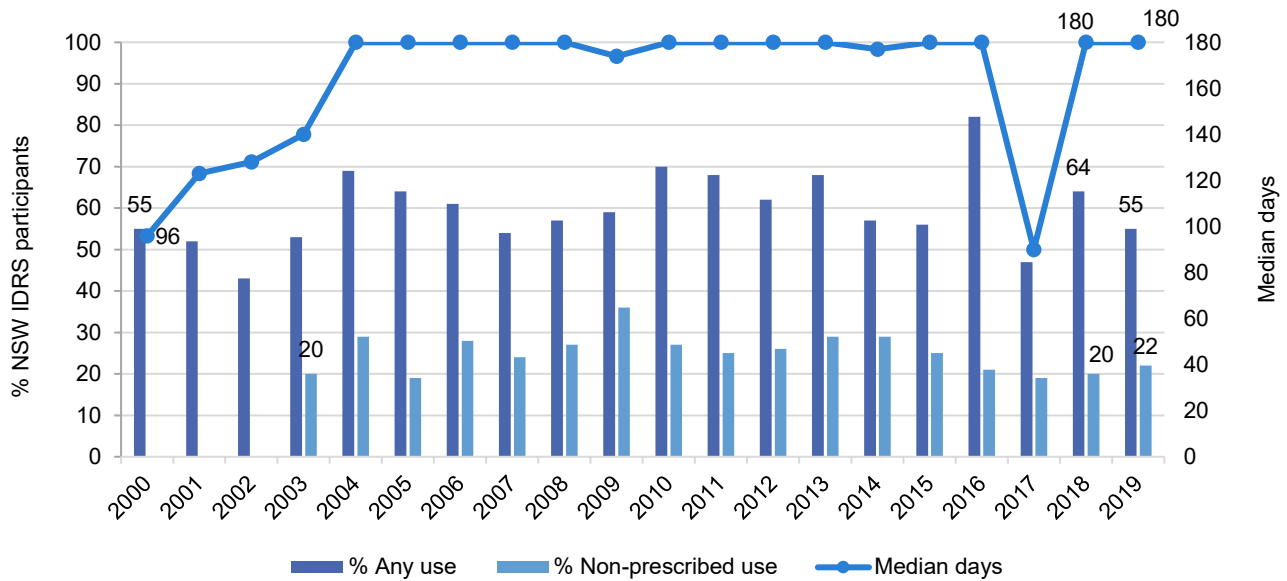
**Recent Use (past 6 months):** Recent use of any methadone has been reported by at least half of the sample since reporting began (Figure 24). Recent use of any methadone was reported by 55% of the sample in 2019 (64% in 2018;  $p=0.117$ ; Figure 24).

**Frequency of Use:** Those who had recently used any methadone reported use on a median of 180 days (IQR=96-180) in the previous six months, unchanged from 2018 (180 days, IQR=84-180,  $p=0.511$ ). Prescribed use was also reported on a median of 180 days (IQR=180-180), stable from 2018 ( $p=0.254$ ). Non-prescribed use was reported on a median of 3 days (IQR=2-9; 2018: 4 days, IQR=2-18;  $p=0.380$ ) in the past six months.

**Forms Used:** Reported use of methadone was mainly prescribed, with 45% of the sample reporting recent prescribed use in 2019 (55% in 2018;  $p=0.075$ ). One in five participants (22%) reported recent use of non-prescribed methadone (20% in 2018;  $p=0.756$ ).

**Routes of Administration:** Of those who had recently consumed any methadone, 37% reported that they had injected methadone (32% in 2018;  $p=0.448$ ). Injecting any methadone occurred on a median of 4 days (IQR=2-11; 2018: 6 days, IQR=2-48;  $p=0.240$ ) in the past six months amongst consumers.

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of use of methadone, NSW, 2000-2019



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002. Median days computed among those who reported past six month 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.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

### Buprenorphine-Naloxone

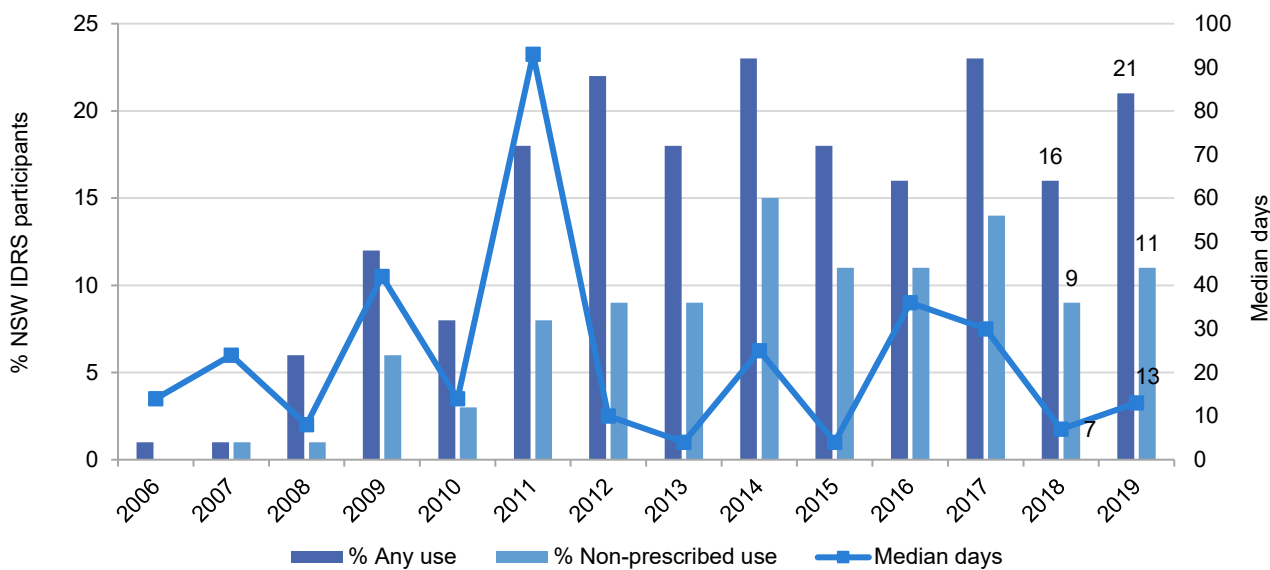
**Recent Use (past 6 months):** The per cent reporting recent use of buprenorphine-naloxone has increased over the course of monitoring. In the 2019 sample, 21% reported recent use of any buprenorphine-naloxone (16% in 2018,  $p = 0.291$ ; Figure 25).

**Frequency of Use:** Those who had recently used buprenorphine-naloxone did so on a median of 13 days (IQR=3-159) in the previous six months (2018: 7 days, IQR=3-159;  $p = 0.457$ ). Non-prescribed use was reported on a median of 5 days (IQR=2-13, 2018 4 days, IQR=1-8,  $p = 0.356$ ) and prescribed use on a median of 138 days (IQR=32-180, 2018 135, IQR=7-180  $p = 0.951$ )

**Forms Used:** Of those who had recently consumed buprenorphine-naloxone in 2019, 53% reported using non-prescribed (56% in 2018;  $p = 0.829$ ) and 50% prescribed (55% in 2018;  $p = 0.653$ ) buprenorphine-naloxone. The latter was equivalent to 11% of the 2019 sample.

**Routes of Administration:** Injecting any form of buprenorphine-naloxone was reported by 38% of recent consumers in 2019 (28% in 2018,  $p = 0.450$ ). The median days injected was 5 days (IQR=2-20) in the past six months in 2019 (2018: 3 days, IQR=1-5;  $p = 0.384$ ).

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of use of buprenorphine-naloxone, NSW, 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- 2018 participants were asked about the use of buprenorphine-naloxone film only. Median days computed among those who reported past six month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 100 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e. n≤5). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.



## Morphine

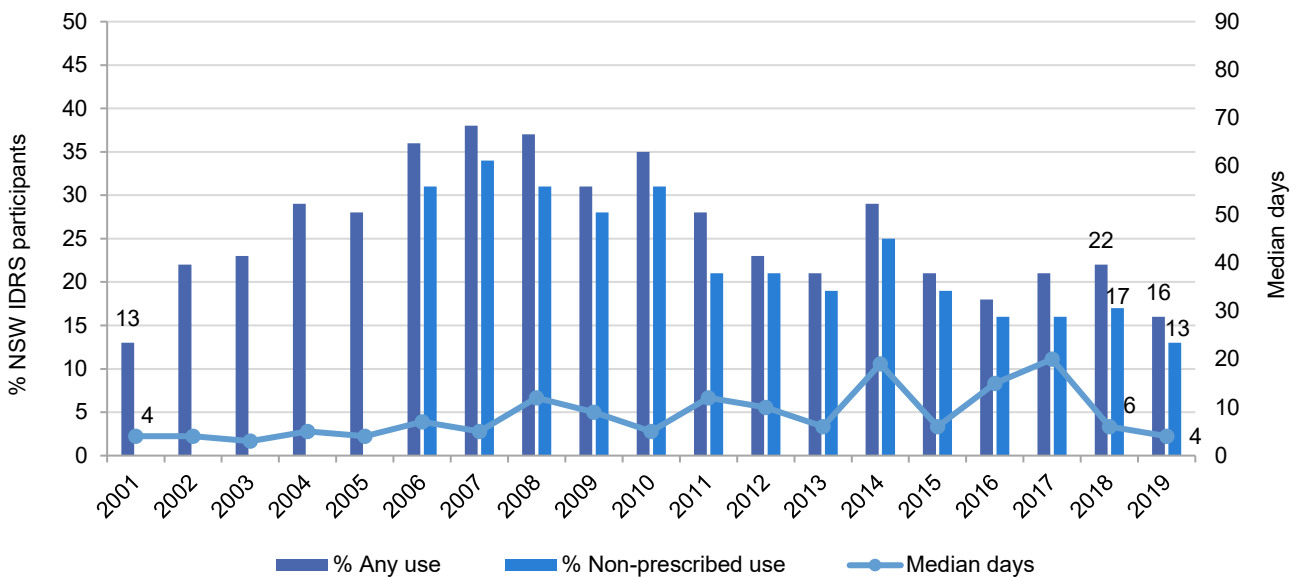
**Recent Use (past 6 months):** Recent use of morphine has been declining since a peak in 2007 (39% of the sample). In 2019, 16% reported recent use compared to 22% in 2018 ( $p=0.195$ ; Figure 26).

**Forms Used:** In the 2019 sample, use of morphine consisted mainly of non-prescribed use (13% versus 17% in 2018;  $p=0.433$ ). Small numbers (5%) reported recent use of prescribed morphine in 2019 (5% in 2018;  $p=0.801$ ).

**Frequency of Use:** Use of any form of morphine occurred on a median of 4 days by those who reported past six month use (IQR=2-14; 6 days in 2018, IQR=2-42;  $p=0.484$ ). Prescribed morphine was consumed on a median of 7 days (IQR=2-15, 2018 24 days, IQR=1-77,  $p=0.613$ ) and non-prescribed on a median of 5 days (IQR=2-9, 2018 5 days, IQR=2-36,  $p=0.581$ ).

**Routes of Administration:** Injection was the most frequently reported route of administration amongst consumers, with 96% of people who had recently consumed any morphine also reporting recent injection (85% in 2018,  $p=0.182$ ). Injection occurred on a median of 4 days (IQR=2-12), stable from 2018 (5 days, IQR=2-36;  $p=0.899$ ).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of use of morphine, NSW, 2001-2019



Note. Median days computed among those who reported past six month use (maximum 180 days). Y axis reduced to 50% and 90 days to improve visibility of trend. Median days rounded to the nearest whole number. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

### Oxycodone

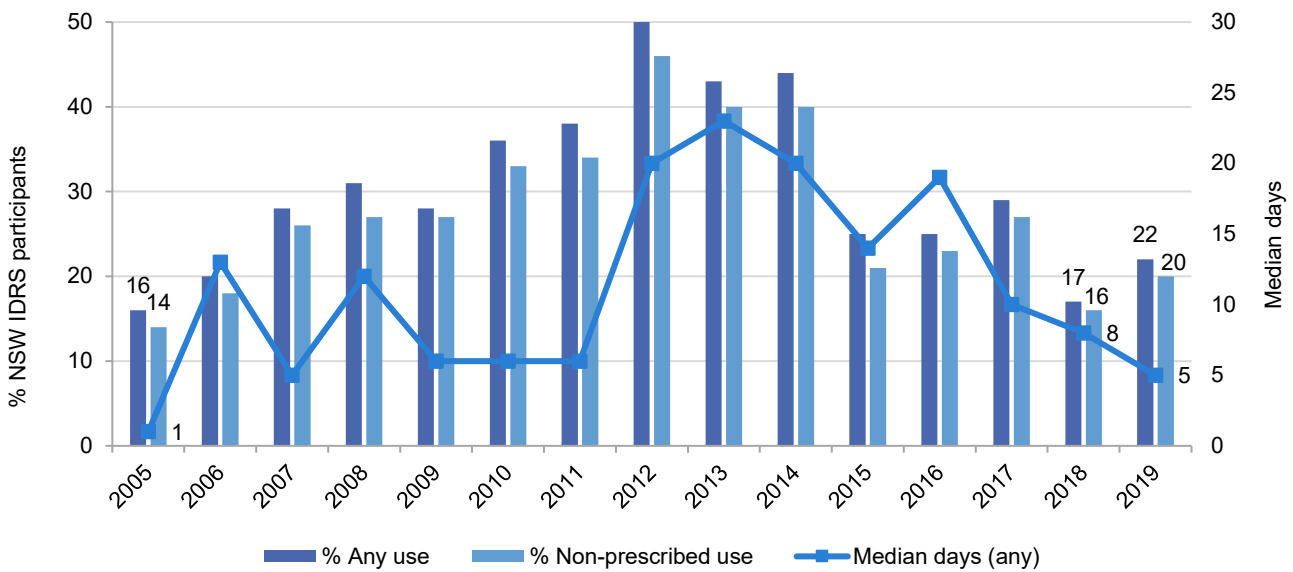
**Recent Use (past 6 months):** Oxycodone use has been declining since 2012 when half of the sample (50%) reported recent use. In 2019, 22% of the sample reported recent use of any oxycodone (17% in 2018;  $p=0.291$ ; Figure 27).

**Frequency of Use:** Use of any oxycodone was reported by recent consumers on a median of 5 days (IQR=2-22) in the past six months (2018: 8 days, IQR=2-24;  $p=0.496$ ). Non-prescribed oxycodone was consumed on a median of 4 days (IQR=2-11, 2018 reported by formulation: tamper resistant ('OP'), non-tamper proof (generic), oxycodone-naloxone and 'other oxycodone', with median days of use of 5 days or less). Prescribed median days was reported by  $\leq 5$  people in 2018 and 2019 and suppressed.

**Forms Used:** Recent use of oxycodone predominantly comprised non-prescribed use (21% of the entire sample, 16% in 2018;  $p=0.354$ ). Prescribed use was reported by  $\leq 5$  people in 2018 and 2019.

**Routes of Administration:** Of those who had recently consumed any oxycodone, 78% reported injecting it (80% in 2018;  $p=0.863$ ). Injection occurred on a median of 4 days (IQR=2-16) as compared to a median of 10 days (IQR=3-24) in 2018 ( $p=0.136$ ).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of use of oxycodone, NSW, 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'. Median days computed among those who reported six month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% and 30 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

## Fentanyl

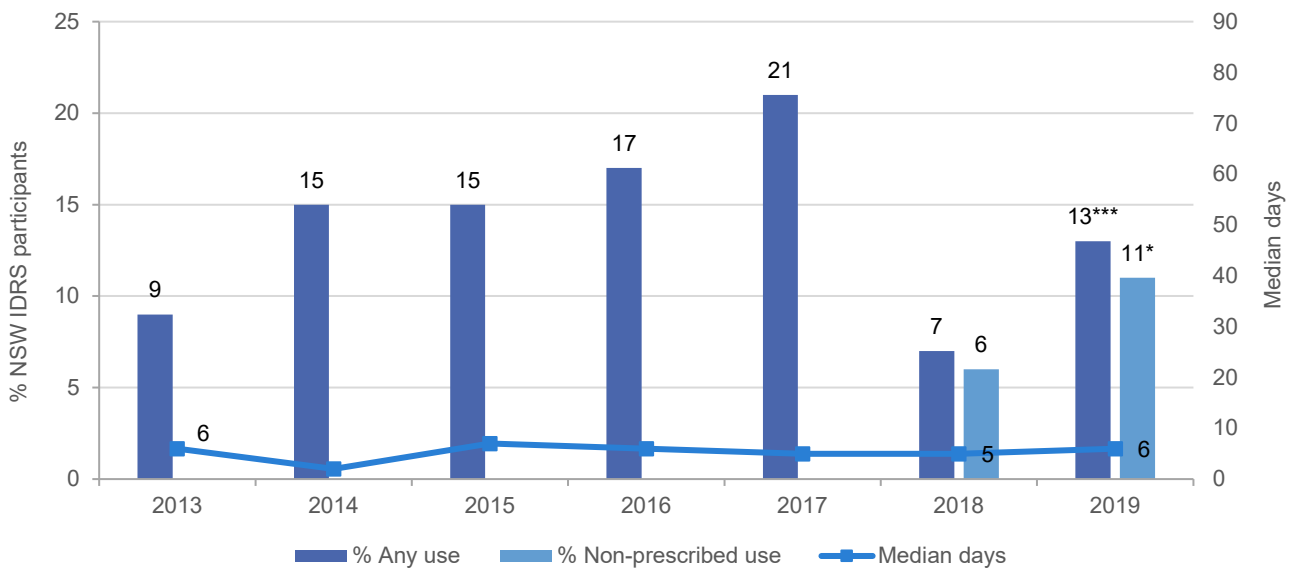
**Recent Use (past 6 months):** The per cent reporting recent fentanyl use has increased each year since reporting began in 2013 until a decline occurred in 2018 when a significant drop occurred (21% in 2017 versus 7% in 2018). More than one in ten participants (13%) reported recent use in 2019, a significant increase relative to the estimate in 2018 (7%;  $p < 0.001$ ), yet lower than the per cent recorded at peak (Figure 28).

**Forms Used:** The majority of recent fentanyl consumers in 2019 reported using non-prescribed fentanyl (11% of the entire sample; 6% in 2018;  $p = 0.026$ ). Prescribed use was reported by  $\leq 5$  people in 2018 and 2019.

**Frequency of Use:** Amongst recent consumers, the median number of days on which fentanyl was used was 6 (IQR=2-50) in the past six months. This was similar to the median days recorded in 2018 (5 days, IQR=3-30,  $p = 0.611$ ) and in earlier years.

**Routes of Administration:** Injection was reported by 79% of people who had recently consumed fentanyl (91% in 2018).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of use of fentanyl, NSW, 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 past six month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 25% and 90 days to improve visibility of trends. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

## Codeine

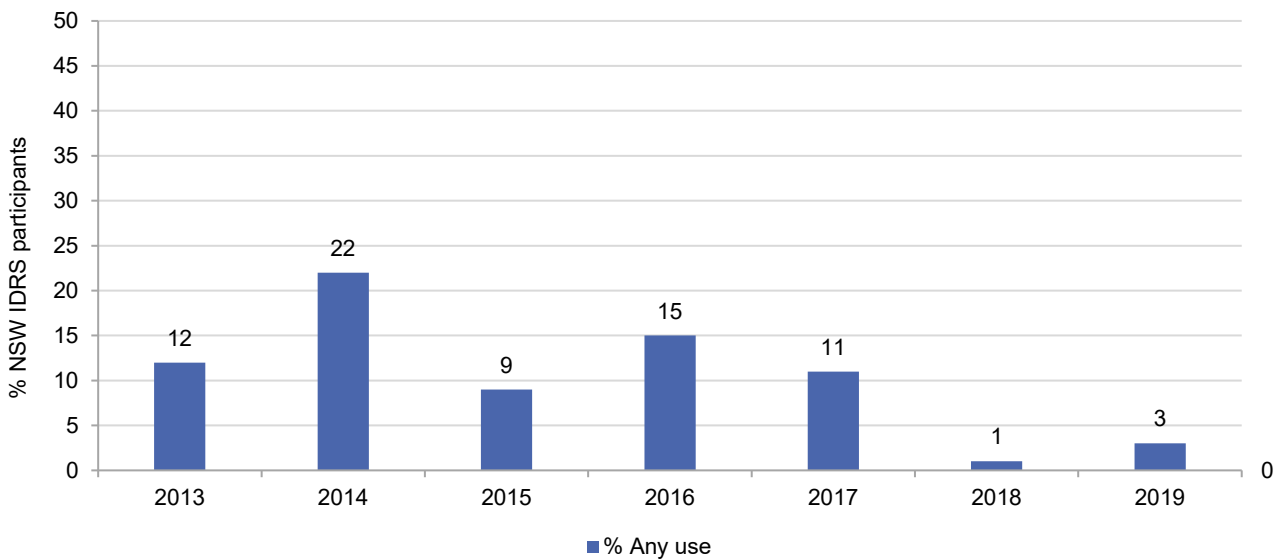
Before the 1<sup>st</sup> February 2018, people could access low-dose codeine products (<30mg, e.g., Nurofen Plus) over-the-counter (OTC<sup>1</sup>), while high-dose codeine (≥30mg, e.g., Panadeine Forte) required a prescription from a doctor. On the 1<sup>st</sup> February 2018, legislation changed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

**Recent Use (past 6 months):** Use of any codeine in the previous six months was reported by 20% of the 2019 sample, stable from 2018 (23%;  $p=0.594$ ). Use of non-prescribed codeine (including low- and high-dose codeine) was reported by 10% of the sample (5% in 2018,  $p=0.110$ ).

**Recent Use for Non-Pain Purposes:** Very low numbers reported use of low dose codeine for non-medical/pain purposes in 2019 (Figure 29). 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 in 2018), yet the sustained decline across 2018 and 2019 would suggest the former.

**Frequency of Use:** Use of any codeine was reported on a median of 7 days (IQR=4-46) in the past six months in 2019 among consumers (2018: 4 days, IQR=2-12;  $p=0.153$ ).

Figure 29: Past six month use of low-dose codeine (for non-pain purposes), NSW, 2013-2019



Note. Median days computed among those who reported past 6 month use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50% to improve visibility of trends. Differences between 2017 and 2018 data should be viewed with caution due to differences in the way questions were asked in 2018 (i.e. participants could only report use occurring in the last six months but prior to rescheduling in February 2018). Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  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.

Recent use of any NPS was reported by 9% of NSW IDRS participants in 2019 (12% in 2018;  $p=0.870$ ; Table 2). As in 2018, the most commonly used NPS were drugs that mimic the effect of cannabis (7%; 5% in 2018;  $p=0.617$ ). Use of drugs that mimic cannabis occurred on a median of 2 days (IQR=1-3) in the past six months in 2019, stable from 2018 (median 2 days, IQR=1-9).

Table 2: Past six month use of new psychoactive substances, NSW, 2015-2019

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

#### Benzodiazepines

Recent use of non-prescribed benzodiazepines had been relatively stable since reporting began in 2008. Past six month use of any non-prescribed benzodiazepines was reported by 41% of the sample in 2019 (37% in 2018;  $p=0.219$ ). In the total sample, 32% reported use of non-prescribed alprazolam and 28% reported use of non-prescribed other benzodiazepines. Injection of benzodiazepines was reported by  $\leq 5$  people in 2019.

### Pharmaceutical Stimulants

Very low numbers reported using pharmaceutical stimulants in the last six months and therefore no further reporting on patterns of use will be included. For information on the national sample, please refer to the [national report](#) or contact the Drug Trends team.

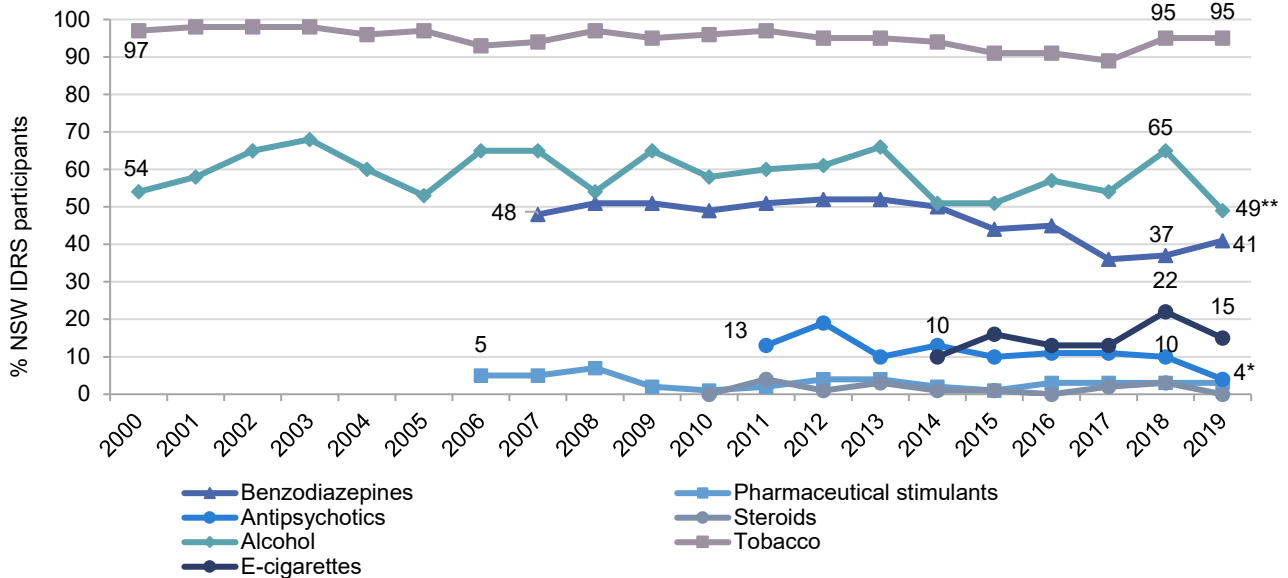
### Anti-psychotics

The per cent reporting non-prescribed use of antipsychotics in the NSW sample has historically been low, with a peak of 19% in 2012. Past six month use was reported by 4% of the sample in 2019 (10% in 2018;  $p=0.043$ ).

### Pregabalin

Past six month non-prescribed use of pregabalin was reported by 13% of the sample (11% in 2018;  $p=0.598$ ). Recent consumers reported use of non-prescribed pregabalin on a median of 4 days (IQR=2-14) in 2019.

Figure 30: Past six month use of other drugs, NSW, 2000-2019



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

## Licit and Other Drugs

### Steroids

No participants reported using pharmaceutical stimulants in the last six months and therefore no further reporting on patterns of use will be included. For information on the national sample, please refer to the [national report](#) or contact the Drug Trends team.

### Alcohol

Just under half of the sample (49%) reported consuming alcohol in the six months preceding interview. This was a significant reduction in the per cent reporting use in 2018 (65%;  $p=0.005$ ). Recent consumers reported consuming alcohol on a median of 12 days (IQR=2-80), and 12% reported using alcohol on a daily or more frequent basis (17% in 2018;  $p=0.362$ ).

### Tobacco

Tobacco use in the NSW sample has been consistently high, with at least 90% of the annual sample reporting recent use since reporting began. In 2019, 95% of the sample had consumed tobacco in the previous six months, unchanged from 2018. Recent consumers of reported tobacco use on a median of 180 days (IQR=180-180, 2018 180, IQR=180-180). Daily use of tobacco was common amongst the sample, with 90% of recent consumers reporting using tobacco at least daily in the past six months in 2019 (92% in 2018).

### E-cigarettes

The use of e-cigarettes in the previous six months was reported by 15% on the sample, a decline from the 22% who reported use in 2018 ( $p=0.107$ ). Frequency of use increased from a median of 3 days (IQR=2-49) in 2018 to 19 days (IQR=2-135) in 2019 but this change was not statistically significant ( $p=0.171$ ).

# 8

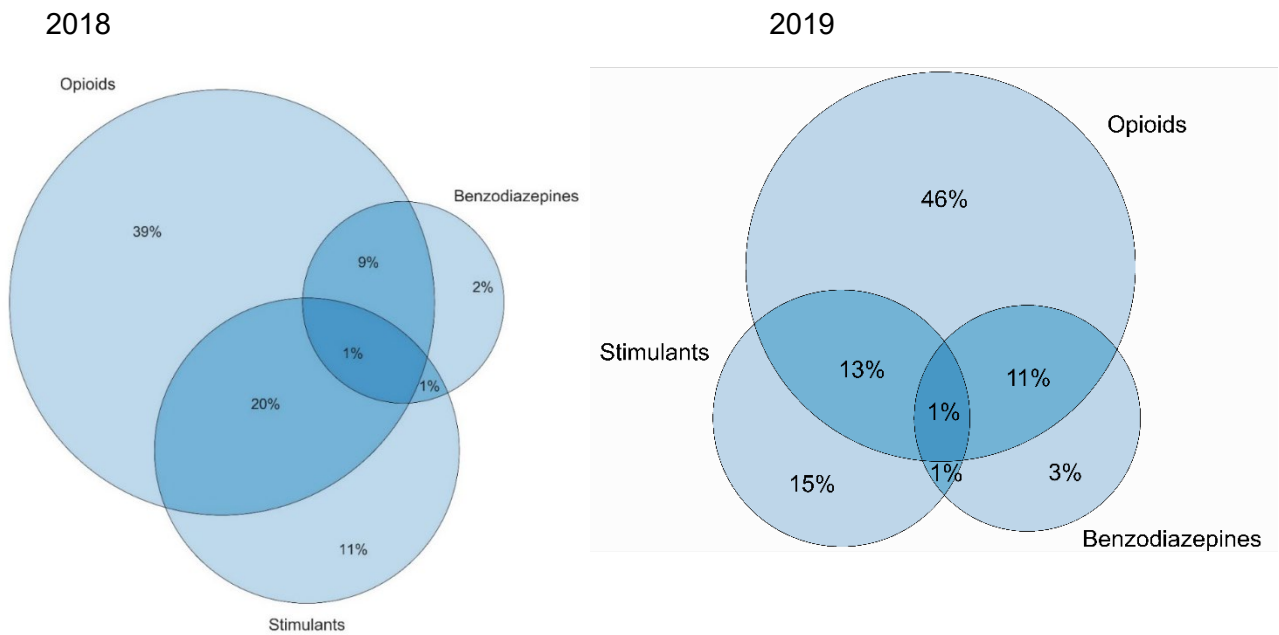
## Drug-Related Harms and Other Risk Factors

### Polysubstance Use

Almost all the 2019 sample reported using at least one drug the day before interview (98%; 96% in 2018;  $p=0.315$ ). The drug most commonly used the day before interview was tobacco (83%), followed by opioids (71%), cannabis (43%), stimulants (31%) and benzodiazepines (15%).

In the entire sample, 90% reported consuming a stimulant, opioid and/or benzodiazepine the day prior to the interview in 2019 (84% in 2018,  $p=0.062$ ). The most common combination in 2019 on the day preceding interview was opioids and stimulants (13% of the total sample; 20% in 2018  $p=0.128$ ), following by opioids and benzodiazepines (11%; 9% in 2018,  $p=0.557$ ; Figure 31).

Figure 31: Use of opioids, stimulants and benzodiazepines on the day preceding interview, NSW, 2018-2019



Note. This figure captures those who had used stimulants, opioids and/or benzodiazepines on the day preceding interview (2018: 84%; n=127 2019: 90%, n=136). 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:

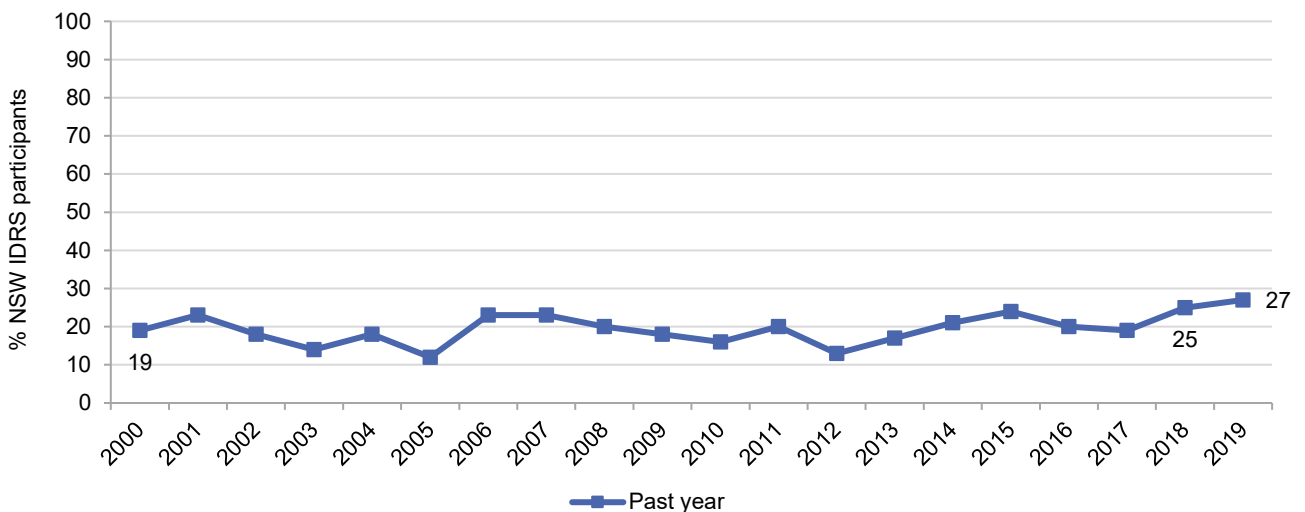
- **opioid overdose** (e.g. reduced level of consciousness, respiratory depression, turning blue, collapsing and being unable to be roused). Participants who reported this experience were asked to identify all opioids involved in such events in the past 12 months;
- **stimulant overdose** (e.g. nausea 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.

In 2019, 27% of the sample reported experiencing an overdose in the 12 months preceding interview (25% in 2018;  $p=0.683$ ). As in 2018, heroin was the most commonly cited substance involved in past 12-month overdose, with 15% of the sample in 2019 and 20% in 2018 reporting a non-fatal heroin overdose in the past 12 months ( $p=0.250$ ).

Of those who had a non-fatal heroin overdose in the last year and responded ( $n=22$ ), 86% reported receiving treatment on the last occasion of overdose. Of those, 46% received naloxone on the occasion of their last overdose, and 36% reported that an ambulance had attended. A small number ( $n\leq 5$ ) of those who had overdosed on heroin in the last year reported not receiving any treatment.

Figure 32: Past year non-fatal overdose, NSW, 2000-2019



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. Data labels have been removed from figures in with small cell size (i.e.  $n\leq 5$ ). \* $p<0.050$ ; \*\* $p<0.010$ ; \*\*\* $p<0.001$  for 2018 versus 2019.

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

	National		NSW			
	2019	2019	2018	2017	2016	2015
<b>Heroin overdose</b>	n=890 12	<b>n=150</b> <b>15</b>	n=131 20	n=126 14	n=144 15	n=150 13
<b>Methadone overdose</b>	n=890 1	<b>n=150</b> <b>1</b>	n=145 -	n=131 0	n=145 -	n=150 -
<b>Morphine overdose</b>	n=890 1	<b>n=150</b> <b>0</b>	n=145 -	n=150 -	n=148 -	n=150 0
<b>Oxycodone overdose</b>	n=890 -	<b>n=150</b> <b>0</b>	n=148 -	n=143 0	n=147 0	n=150 0
<b>Other drug overdose (including stimulants)</b>	n=889 8	<b>n=151</b> <b>11</b>	n=149 7	n=127 5	n=144 5	n=150 5
<b>Other drug overdose (not including stimulants)</b>	n=887 3	<b>n=151</b> -	/	/	/	/
<b>Any drug overdose</b>	n=890 21	<b>n=151</b> <b>27</b>	n=128 25	n=125 19	n=144 20	n=143 24

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

## Naloxone

### Training 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.

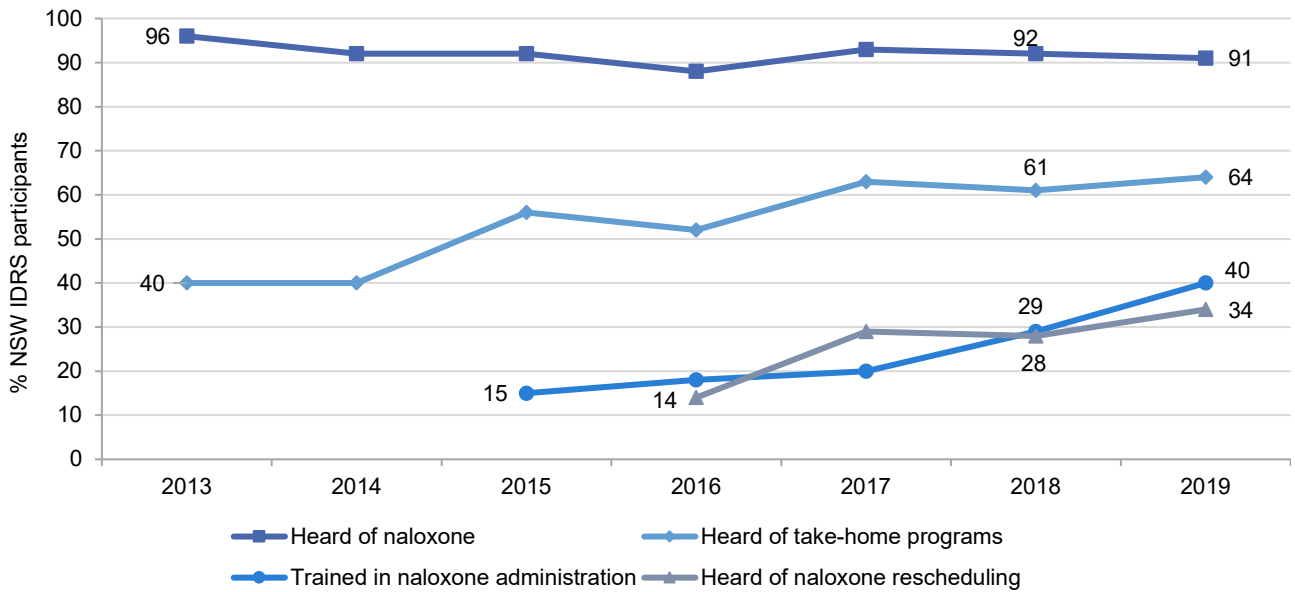
**Awareness of Naloxone:** Since monitoring began in 2013, there has been high awareness of naloxone and of take-home naloxone training programs in the NSW sample (92% and 91% in 2018 and 2019, respectively;  $p=0.862$ ; Figure 33).

**Awareness of Training Programs:** At the commencement of monitoring, two in five participants (40%) were aware of naloxone training programs. In 2019, 64% of the sample were aware of naloxone training programs (61% in 2018;  $p=0.584$ ).

**Participation in Training Programs:** Participation in naloxone training programs has more than doubled since monitoring began in 2013. In 2019, 40% of the sample had been trained in naloxone administration (29% in 2018;  $p=0.054$ ).

**Use of Naloxone to Reverse Overdose:** Of those who had completed the take-home program (n=60) 57% had used naloxone to resuscitate someone who had overdosed. In the total sample, 9% (n=14) reported being resuscitated by somebody who had been trained through the take-home naloxone program.

Figure 33: Take-home naloxone program and distribution, NSW, 2013-2019



Note. Data labels have been removed from figures with small cell size (i.e. n≤5). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.

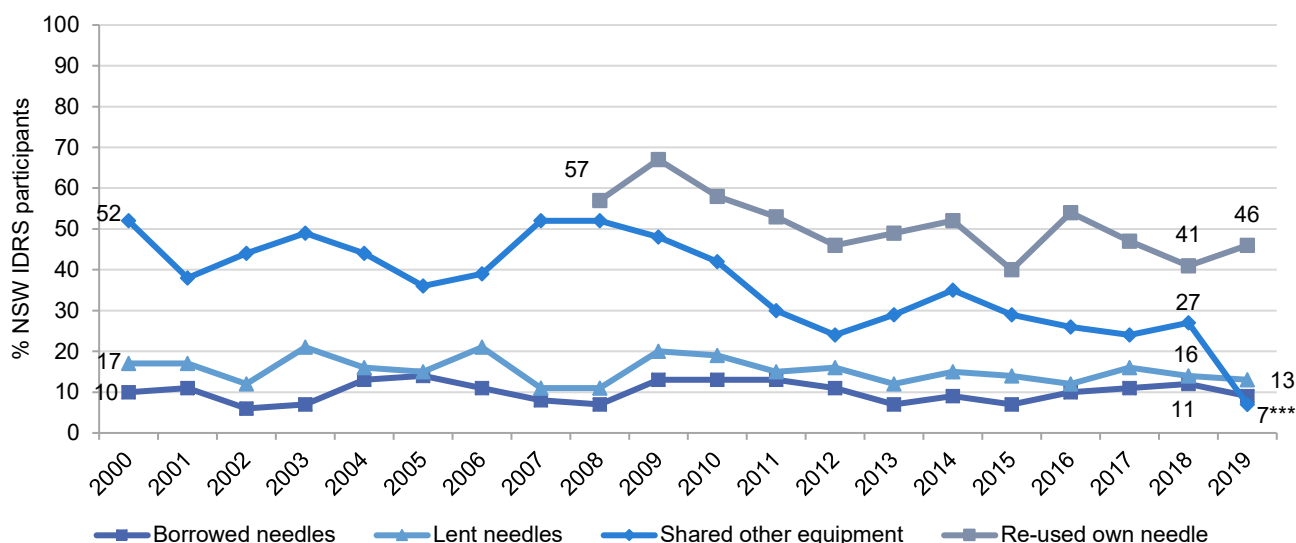
## Injecting Risk Behaviours and Harms

### Injecting Risk Behaviours

In 2019, just under one in ten participants (9%) reported receptive sharing of needles/syringes (12% in 2018,  $p=0.467$ ), and 13% reported distributive sharing of needles/syringes in the past month (14% in 2018,  $p=0.884$ ; Table 4). Over a third (36%) reported that they had injected someone else after injecting themselves (32% in 2018,  $p=0.441$ ). Of those, most (92%) did so with a sterile needle (90% in 2018,  $p=0.592$ ). Just under one-fifth (19%) were injected by someone else who had previously injected, in the past month (19% in 2018,  $p=0.883$ ). The majority of these people ( $n=29$ ) reported that this happened with a sterile needle (86%,  $p=0.171$ ).

Most participants (69%) were in a private home at the last time of injection (72% in 2018,  $p=0.667$ ). Just under one in ten (9%) reported that their last injection occurred at the Uniting Medically Supervised Injecting Centre (12% in 2018,  $p=0.467$ ).

Figure 34: Borrowing and lending of needles and sharing of injecting equipment in the past month, NSW, 2000-2019



Note. Data collection for 'reused own needle' started in 2008. Borrowed (receptive sharing): used a needle after someone else. Lent (distributive sharing): somebody else used a needle after them. Data labels have been removed from figures with small cell size (i.e. n≤5). \*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 NSW, 2015-2019

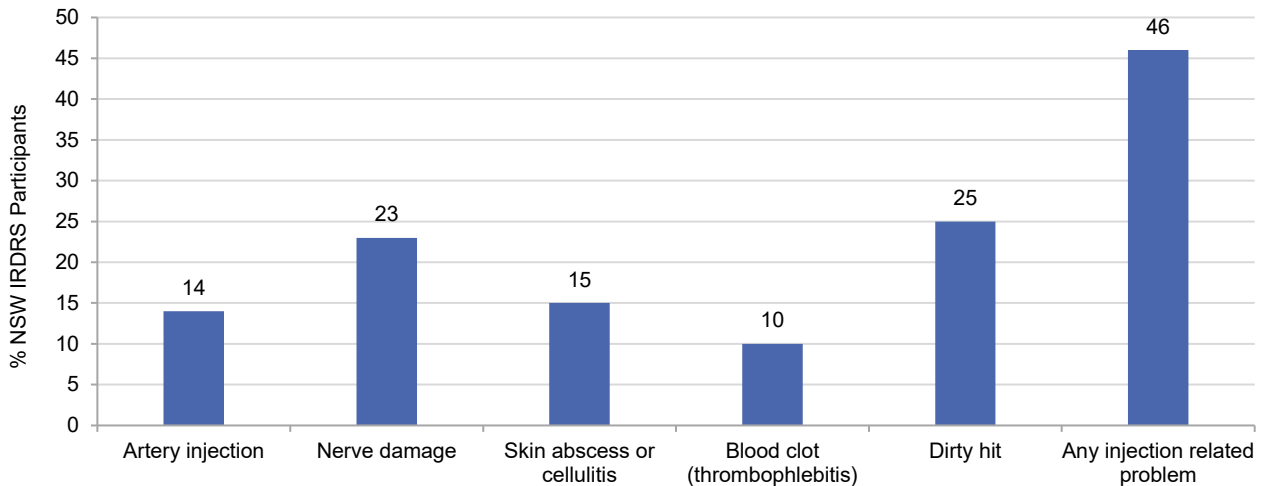
	National 2019 N=893	2019 N=151	2018 N=151	NSW 2017 N=142	2016 N=147	2015 N=148
<b>% Injecting behaviours past month</b>						
<b>Borrowed a needle</b>	N=892 8	<b>N=151 9</b>	N=151 12	N=142 11	N=147 10	N=148 7
<b>Lent a needle</b>	N=876 11	<b>N=149 13</b>	N=150 14	N=142 16	N=145 12	N=148 14
<b>Shared any injecting equipment ^</b>	N=902 5	<b>N=151 7***</b>	N=152 27	N=142 24	N=147 26	N=148 29
<b>Reused own needle</b>	N=892 44	<b>N=151 46</b>	N=151 41	N=142 47	N=147 54	N=148 40
<b>Reused own injecting equipment ^</b>	N=901 28	<b>N=151 38*</b>	N=152 50	N=142 53	N=147 61	N=147 57
<b>Injected partner/friend after self ~</b>	N=893 35	<b>N=150 36</b>	N=151 32	N=141 31	N=147 28	/
<b>Somebody else injected them after injecting themselves ~</b>	N=893 21	<b>N=151 19</b>	N=151 19	N=141 14	N=147 18	/
<b>% Location of last injection</b>	N=888	<b>N=150</b>	N=151	N=142	N=147	N=146
<b>Private home</b>	77	<b>69</b>	72	62	67	62
<b>Car</b>	4	-	3	-	5	-
<b>Street/car park/beach</b>	7	<b>11</b>	5	4	8	12
<b>Public toilet</b>	7	<b>4</b>	5	4	5	8
<b>Medically supervised injected services</b>	4	<b>9</b>	12	13	6	9
<b>Other</b>	1	-	-	8	4	-

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. # amongst those who reported sharing any injecting equipment. ~ 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. \*p<0.050; \*\*p<0.010; \*\*\*p<0.001 for 2018 versus 2019.

### Self-Reported Injection-Related Health Problems

In 2019, almost half (46%) of the sample reported having an injection-related health issue in the month preceding interview (Figure 35). The most common injection-related health issues reported by participants was a dirty hit (25%), followed by nerve damage (23%) and a skin abscess or cellulitis (15%).

Figure 35: Injection-related issues in the past month, NSW, 2019



Note. Values suppressed due to small cell size (n≤5 but not 0). Y axis reduced to 50% to improve visibility of trends.

### Drug Treatment

Participants currently in drug treatment made up 58% of the NSW sample in 2019 (55% in 2018;  $p=0.680$ ). Of those in current treatment, the majority (74%) were participating in a methadone program (87% in 2018;  $p=0.029$ ).

Amongst people who had used methamphetamine in the past year (n=118), less than 5 reported receiving treatment for their methamphetamine use from a drug treatment centre in the same period.

Of those who thought they needed treatment in the past year (n=28), 42% reported that they had recently tried but were unable to access drug treatment (8% of the total sample).

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

	National N=901			NSW N=151		
	2019	2019	2018	2017	2016	2015
<b>% Current drug treatment</b>	41	<b>58</b>	55	44	54	64
Methadone	25	<b>42</b>	48	31	41	54
Buprenorphine	2	-	0	-	-	-
Buprenorphine-naloxone	9	<b>8</b>	5	9	8	7
Drug counselling	9	<b>14***</b>	-	-	-	0
Other	5	-	0	-	0	-

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

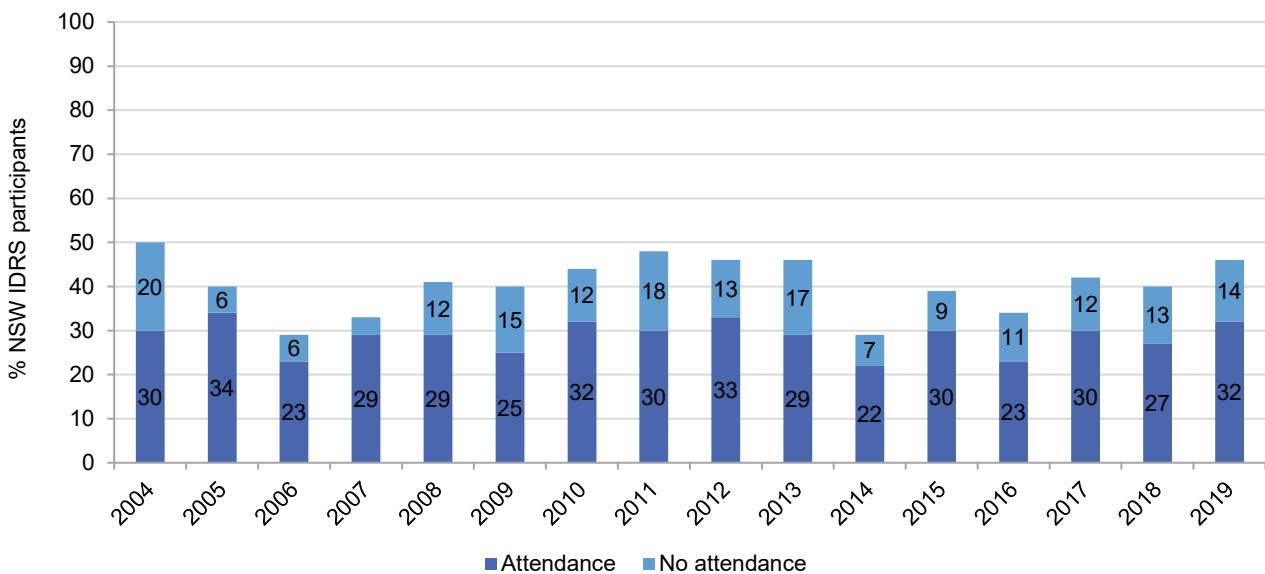
### Mental Health

In 2019, 46% of the sample self-reported that they had experienced a mental health problem in the preceding six months (40% in 2018;  $p=0.328$ ). Amongst this group, the most commonly reported problems were depression (75%), anxiety (62%), PTSD (19%), and schizophrenia (19%).

In the total sample, 32% had seen a health professional for their mental health issue/s during the last six months (71% of those who reported a mental health problem; 67% in 2018;  $p=0.773$ ). The health professionals most commonly visited comprised a GP (61%), psychologist (36%), counsellor (36%) and psychiatrist (32%).

Within people who self-reported a mental health problem, 45% had been prescribed medication for their mental health problem in the preceding six months (57% in 2018;  $p=0.157$ ).

Figure 36: Self-reported mental health problems and treatment seeking in the past six months, NSW, 2004-2019



Note. Stacked bar graph of the per cent who self-reported a mental health problem, disaggregated by the percentage who reported attending a health professional versus the percentage who have not. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ).  $*p < 0.050$ ;  $**p < 0.010$ ;  $***p < 0.001$  for 2018 versus 2019.

### Sexual Health Behaviours

In the 2019 NSW sample, 59% reported having engaged in penetrative sex with one or more people in the six months preceding interview. 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, 18% had penetrative sex without a barrier and did not know the HIV/STI status of their partner. Of those who reported having penetrative sex and responded, 29% reported that alcohol and/or other drugs impaired their ability to negotiate their wishes during sexual intercourse.

Of the NSW sample, 52% of the sample reported having had a sexual health check in the last 12 months, and  $\leq 5$  had been diagnosed with a sexually transmitted infection in the last 12 months.

Table 6: Sexual health behaviours, nationally and NSW, 2019

	National N=865	NSW N=143
	2019	2019
% Any penetrative sex in the last 6 months (n)	62 (540)	59 (85)
Of those who responded*:	N=521	N=82
% Had penetrative sex without a barrier and did not know HIV/STI status of partner	19	18
Of those who responded*:	N=520	N=80
% Drugs and/or alcohol impaired their ability to negotiate their wishes during sexual intercourse	20	29
Of those who responded (past 12 months):	N=855	N=143
% Had a sexual health check	46	52
% Diagnosed with a sexually transmitted infection	3	-

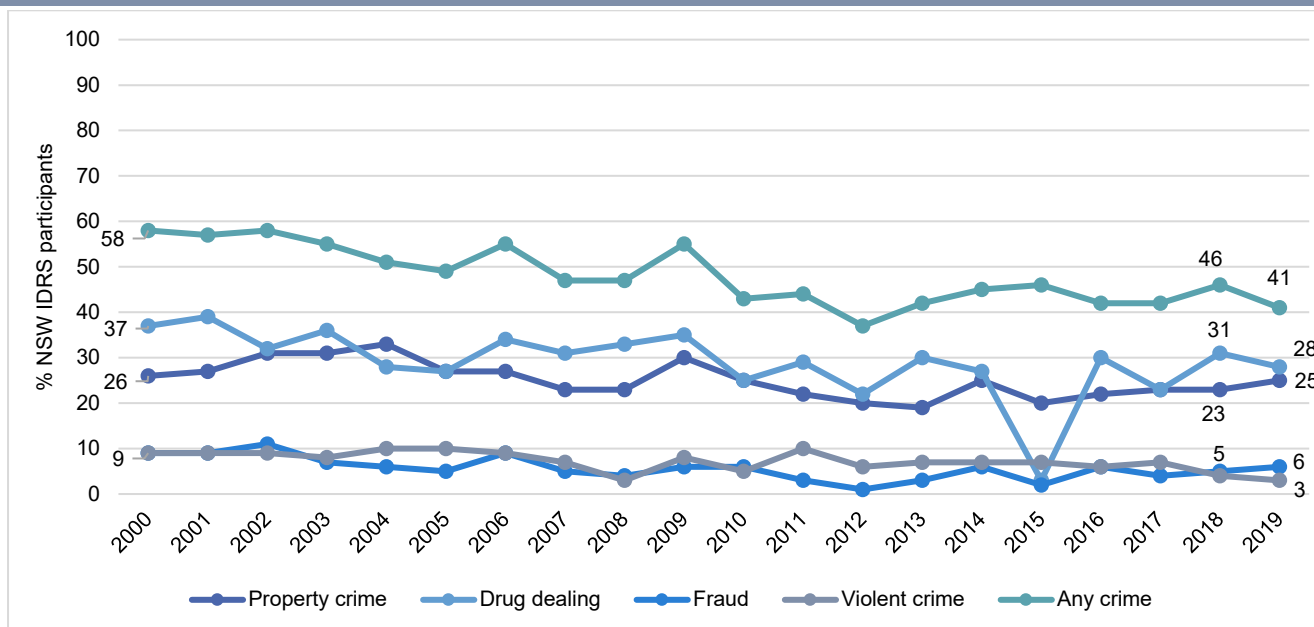
Note. Numbers suppressed when n≤5 (but not 0).

### Crime

One-third (33%) of NSW participants reported being arrested in the 12 months preceding interview, consistent with previous years (36% in 2018;  $p=0.545$ ). The per cent reporting history of imprisonment in NSW was unchanged in 2019 (72% versus 65% in 2018;  $p=0.113$ ).

Self-reported criminal activity in the previous month has fluctuated since monitoring first began, with just over one-quarter reporting drug dealing (28%) and a quarter (25%) reporting property crime in the past month in 2019.

Figure 37: Self-reported criminal activity in the past month, NSW, 2000-2019



Note. 'Any crime' comprises the percentage who report any property crime, drug dealing, fraud and/or violent crime in the past month. Data labels have been removed from figures with small cell size (i.e.  $n \leq 5$ ). \* $p < 0.050$ ; \*\* $p < 0.010$ ; \*\*\* $p < 0.001$  for 2018 versus 2019.