IDRS



NEW SOUTH WALES DRUG TRENDS 2021

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



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

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

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

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Research Team

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Participants

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

Contributors

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We acknowledge the traditional custodians of the land on which the work for this report was undertaken. We pay respect to Elders past, present and emerging.

Abbreviations

ACT	Australian Capital Territory
AIVL	Australian Injecting & Illicit Drug Users League
ALPHA PVP	α-Pyrrolidinopentiophenone
CBD	Cannabidiol
EDRS	Ecstasy and Related Drugs Reporting System
GBL	Gamma-butyrolactone
GHB	Gamma-hydroxybutyrate
HCV	Hepatitis C Virus
HIV	Human immunodeficiency virus
IDRS	Illicit Drug Reporting System
IQR	Interquartile range
LSD	*d*-lysergic acid
MDA	3,4-methylenedioxyamphetamine
MDMA	3,4-methylenedioxymethamphetamine
MDPV	Methylenedioxypyrovalerone
N (or n)	Number of participants
NDARC	National Drug and Alcohol Research Centre
NPS	New psychoactive substances
NSP	Needle and Syringe Program
NSW	New South Wales
NT	Northern Territory
OTC	Over-the-counter
PBS	Pharmaceutical Benefits Scheme
PCR	Polymerase Chain Reaction
PTSD	Post-traumatic stress disorder
QLD	Queensland
RNA	Ribonucleic Avid
SA	South Australia
SD	Standard deviation
TAS	Tasmania
TGA	Therapeutic Goods Administration
UNSW	University of New South Wales
VIC	Victoria
WA	Western Australia

Executive Summary

The New South Wales (NSW) IDRS sample comprises a sentinel group of people aged 18 years or older who injected illicit drugs at least once monthly in the preceding six months and resided in Sydney, New South Wales. Participants were recruited via advertisements in needle syringe programs and other health and harm reduction services, as well as via peer referral. The results are not representative of all people who use illicit drugs, nor of use in the general population. **Data were collected in 2021 from June-July. Interviews in 2020 and 2021 were delivered via phone and face-to-face, due to the introduction of COVID-19 restrictions on travel and gatherings in Australia during the data collection periods. This change in modality should be factored into all comparisons of data from the 2020 and 2021 sample relative to previous years.**

Sample Characteristics

The NSW IDRS sample (N=150) in 2021 were predominantly male (70%) with a mean age of 47 years, significantly older than participants in 2020 (44 years; p=0.011). Consistent with previous years, the majority of the sample were living in their own home (82%), unemployed at the time of interview (89%), and had received a government pension, allowance or benefit in the month preceding interview (95%). Notably, the median income of participants significantly decreased from $450 in 2020 to $348 in 2021 ($p$<0.001). Three-fifths (61%) of the sample reported heroin to be their drug of choice, with 56% of participants reporting heroin to also be the drug they injected the most often in the past month.

COVID-19 Impact

Two-thirds (66%) of the sample had been tested for SARS-CoV-2 in the last 12 months, though no participants had been diagnosed with COVID-19. In 2021, 17% of the NSW sample reported having received at least one dose of the COVID-19 vaccination at the time of the interview. Almost half (46%) of the NSW sample reported some level of concern about contracting COVID-19 and almost three-quarters (72%) reported that they would be concerned about their health if they were to contract COVID-19.

Heroin

Since monitoring began, the lowest per cent of participants reported recent use (past 6 months) of heroin in 2021 (75%). Among those who reported recent use (n=113), 35% reported using heroin daily and the majority (99%) reported injecting it. The median price per cap of heroin was $50, stable from 2020, and the largest per cent (37%) reported the drug to be of 'medium' purity. A significant change was observed in the availability of heroin between 2020 and 2021 (p=0.007), with more participants reporting heroin to be 'very easy' (38%) or 'easy' (41%) to obtain in 2021.

Methamphetamine

Almost three-quarters (74%) of the sample reported recent use of any methamphetamine, with all of these participants reporting that they had used methamphetamine crystal. Weekly or more frequent use was reported by 68% of participants who had recently used methamphetamine. The price per point of methamphetamine crystal significantly decreased from $60 in 2020 to $50 in 2021, returning to the same median price observed from 2001 to 2019. A significant change was observed in the perceived purity of methamphetamine crystal between 2020 and 2021 (p=0.004), with more participants reporting 'high' purity in 2021 (26%; 14% in 2020), and less participants reporting 'low' purity (19%; 39% in 2020). A significant change was also observed in perceived availability between 2020 and 2021 (p<0.001), with more participants reporting methamphetamine crystal to be 'very easy' to obtain in 2021 (51%; 14% in 2020).

Cocaine

Fifteen per cent of the 2021 NSW sample reported recent use of cocaine, the lowest per cent observed since monitoring began. Participants who had recently used cocaine did so infrequently, on a median of three days in the six months preceding the interview.

Cannabis

Approximately two-in-three participants (65%) reported cannabis use in the six months preceding interview in 2021, of which 45% reported daily use. Most of the NSW sample (96%) reported using hydroponic cannabis. In 2021, the median price per ounce of hydroponic cannabis was $300, stable from 2020. A significant change in the perceived potency pf hydroponic cannabis was observed between 2020 and 2021 (p=0.025), whereby more participants in 2021 perceived potency to be 'high' (61%; 42% in 2020). A significant change in the perceived availability of hydroponic cannabis was also observed between 2020 and 2021 (p=0.003), whereby 49% of participants perceived it as being 'very easy' to obtain, an increase from 22% in 2020.

Pharmaceutical Opioids

Consistent with previous years, the most common non-prescribed pharmaceutical opioid recently used by participants was methadone (19%), followed by morphine (9%) and oxycodone (9%). Less than one-in-ten participants (7%) reported recent non-prescribed fentanyl use.

Other Drugs

Recent use of any new psychoactive substance was reported by 6% of NSW participants, with 4% reporting recent use of drugs that mimic the effects of cannabis. Thirty-four per cent of participants reported recent use of non-prescribed benzodiazepines, including alprazolam, and one-tenth (12%) reported recent non-prescribed pregabalin use. The majority (89%) of the 2021 NSW sample reported recent tobacco use and almost half (47%) reported recent alcohol use. Recent use of e-cigarettes significantly increased from 12% in 2020 to 29% in 2021 (p<0.001).

Drug-Related Harms and Other Associated Behaviours

The majority (97%) of the sample reported using one or more drugs on the day preceding the interview. Almost one-quarter (24%) of the sample reported experiencing a non-fatal overdose in the 12 months preceding the interview, with opioids (16%) being the most common substance involved. Almost three-quarters (74%) of NSW participants reported awareness of the naloxone take-home program, and 44% of participants reported being trained in how to administer naloxone. Less than one-tenth reported receptive (7%) or distributive (9%) needle sharing in the past month and almost one-third (32%) reported experiencing an injection-related health issue in the past month. Half (50%) of the sample reported currently being in some form of drug treatment at the time of the interview, most commonly methadone (37%). The per cent of participants who reported receiving an HCV antibody test in the last year significantly increased from 24% in 2020 to 41% in 2021 (p=0.003) and 40% reported receiving a HIV test in the past 6 months. Forty-seven per cent self-reported experiencing a mental health problem in the six months preceding interview, most commonly depression and anxiety. One-fifth (21%) of the whole sample reported driving within three hours of consuming an illicit or non-prescribed drug, with methamphetamine crystal the most common drug used prior to driving. Thirteen per cent of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year. In 2021, just over two-fifths (42%) of the NSW sample reported engaging in 'any' crime in the past month, and 19% reported being the victim of a crime involving violence in the past month.

IDRS Illicit Drug Reporting System

2021 SAMPLE CHARACTERISTICS

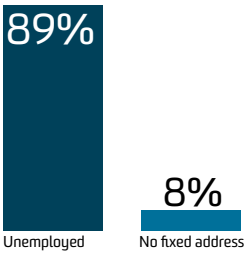


In 2021, 150 people from Sydney, NSW participated in IDRS interviews.

47 years

70%

The mean age in 2021 was 47, and 70% identified as male.

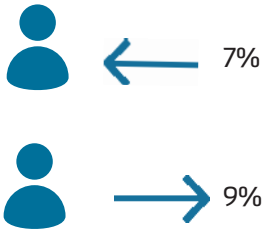


In the 2021 sample, 89% were unemployed and 8% had no fixed address.

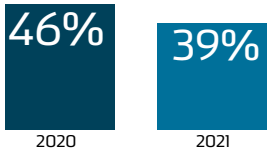
- Injected heroin
- Injected methamphetamine
- Injected other drug

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

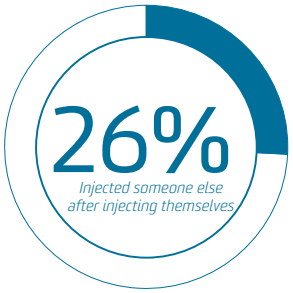
INJECTING RELATED RISKS AND HARMS



In 2021, 7% of the IDRS sample reported receptive needle sharing, and 9% reported distributive needle sharing.



The number of people who re-used their own needles remained stable from 46% in 2020 to 39% in 2021.

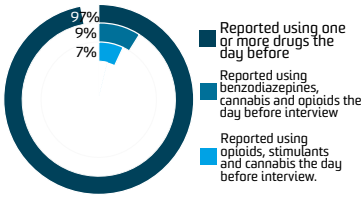


In the NSW sample, 26% of participants reported injecting someone else after injecting themselves.

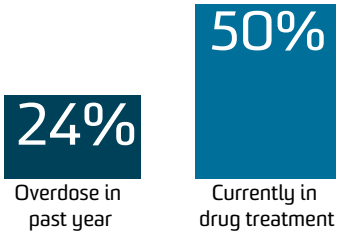


In 2021, 32% of the NSW sample reported having an injection-related health issue in the month preceding interview.

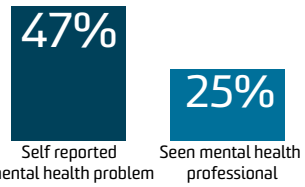
OTHER HARMS AND HELP-SEEKING



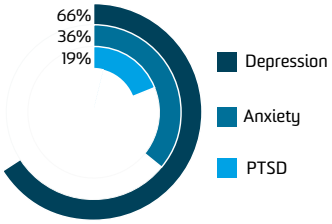
IDRS participants' use of drugs the day before interview participation, 2021.



In the 2021 sample, 24% had experienced a non-fatal overdose in the previous 12 months and 50% were currently in drug treatment.

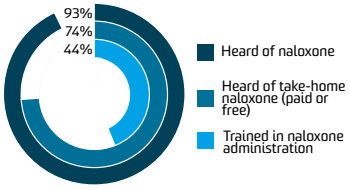


In the sample, 47% self reported a mental health problem in the six months prior to interview, and 25% had seen a mental health professional.



Of those who commented, the three most common mental health issues reported were depression (66%), anxiety (36%) and PTSD (19%).

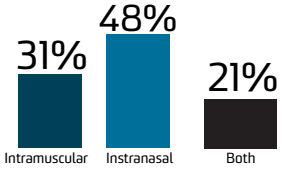
NALOXONE AND HARM REDUCTION



IDRS participants' knowledge of, and participation in, the take-home naloxone program remained stable in 2021.



Of those who reported having heard of naloxone, 30% had used naloxone to resuscitate someone who had overdosed.



Of those who reported ever accessing naloxone, 31% received intramuscular naloxone, 48% intranasal naloxone and 21% both.

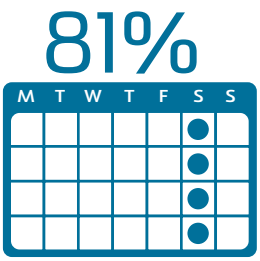


In 2021, 13% of the sample reported that they or someone else had tested the content and/or purity of their illicit drugs in Australia in the past year.

HEROIN



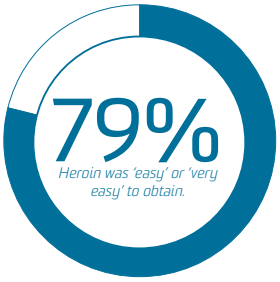
Past 6 month use of heroin remained stable at 75% in the 2021 sample, (78% in 2020).



Of those who had recently consumed heroin, 81% used it weekly or more often, stable from 81% in 2020.

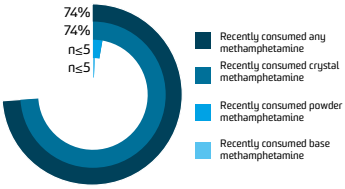


The median reported price for a point of heroin was $50 in 2021 and $50 in 2020.

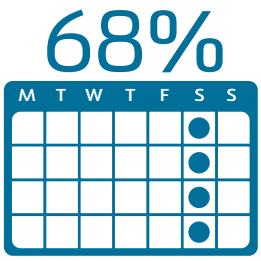


Of those who could comment 79% perceived heroin to be 'easy' or 'very easy' to obtain, an increase from 59% in 2020.

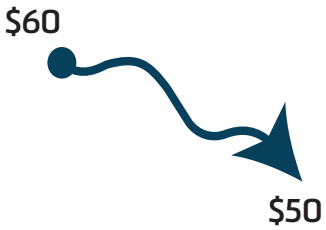
METHAMPHETAMINE



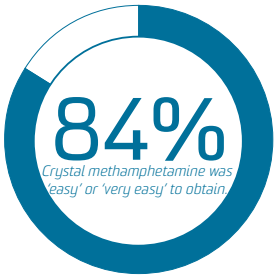
Past 6 month use of any (74%), crystal (74%), and base (n≤5) methamphetamine remained stable in 2021, whereas powder decreased (n≤5).



Of those who had recently used any form of methamphetamine, 68% used it at least weekly, stable from 71% in 2020.



The median reported price for a point of crystal methamphetamine was $50 in 2021, a decrease from $60 in 2020.



Of those who could comment, 84% perceived crystal methamphetamine to be 'easy' or 'very easy' to obtain in 2021, an increase from 48% in 2020.

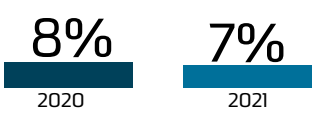
OTHER DRUGS

Non-prescribed morphine



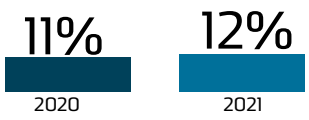
Past 6 month use of non-prescribed morphine was stable at 6% in the 2020 sample and 9% in 2021.

Non-prescribed fentanyl



Past 6 month use of non-prescribed fentanyl was stable at 8% in the 2020 sample to 7% in 2021.

Non-prescribed pregabalin



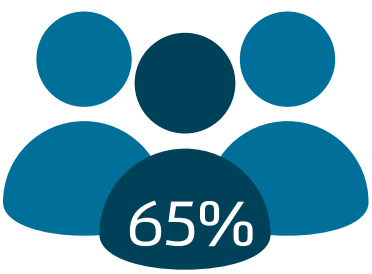
Past 6 month use of non-prescribed pregabalin was stable at 11% in the 2020 sample and 12% in 2021.

GHB/GBL/1,4-BD

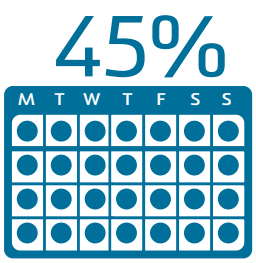


Past 6 month use of GHB/GBL/1,4-BD was stable from 9% in the 2020 sample to 16% in 2021.

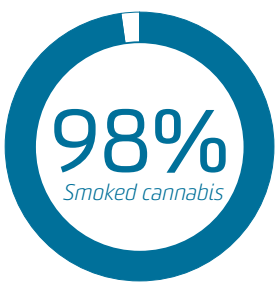
CANNABIS



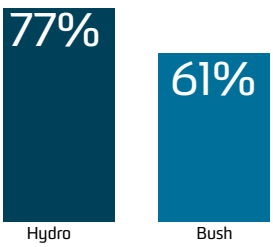
Past 6 month use of any cannabis was stable at 64% in the 2020 sample and 65% in 2021.



Of those who had consumed cannabis recently, under half reported daily use (45%).



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



Of those who could comment 77% perceived hydro and 61% perceived bush to be 'easy' or 'very easy' to obtain.

Background

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

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

Methods

IDRS 2000-2019

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

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

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

1. Means of data collection: Interviews were conducted via telephone across all jurisdictions in 2020, with some jurisdictions (NT and TAS) also offering face-to-face interviews;
2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview;
3. Means of reimbursement: Participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PayID or gift voucher, where completing the interview via telephone; and
4. Age eligibility criterion: Changed from 17 years old to 18 years old.

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

A total of 888 participants were recruited across capital cities nationally (June-July, 2021), with 150 participants interviewed in Sydney, New South Wales (NSW). The NSW IDRS Interviews were

conducted in June-July, 2021; 59% (n=88) were conducted face-to-face and 41% (n=62) via telephone.

Data Analysis

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

Interpretation of Findings

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

This report covers a subset of items asked of participants and does not include 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 New South Wales (see section on 'Additional Outputs' below for details of other outputs providing such profiles).

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

Additional Outputs

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

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

1

Sample Characteristics

In 2021, there was a significant change in recruitment methods compared to 2020 (p=0.011), with an increase in the per cent of participants recruited via Needle Syringe Programs (NSP) (55%; 41% in 2020), and a slight decrease in those recruited via word of mouth (36%; 41% in 2020). Seven per cent of participants in 2021 reported participating in the 2020 survey (5% of the 2020 participants had taken part in the 2019 survey; p=0.565).

The mean age of NSW participants significantly increased from 44 years (SD: 9 in 2020) in 2020 to 47 years (SD: 10) in 2021 (p=0.011; Table 1). Gender identity remained stable between 2020 and 2021 (p=0.110), with the majority (70%) of participants identifying as male in 2021 (61% in 2020). Current accommodation also remained unchanged between 2020 and 2021 (p=0.310), with the largest per cent (82%) living in a private home (73% in 2020; p=0.310). The majority of the sample were unemployed (89%; 92% in 2020; p=0.500) at the time of the interview and had received a government pension, allowance or benefit in the last month (95%; 95% in 2020). The median weekly income was $348 (IQR=300-442; p<0.001) in 2021, significantly lower than reported in 2020 ($450; IQR=378-550).

The drug of choice reported by NSW participants remained unchanged between 2020 and 2021 (p=0.766; Figure 1). Consistent with previous years, the largest per cent reported heroin (61%; 57% in 2020) to be their drug of choice at the time of the interview, followed by methamphetamine (29%; 29% in 2020). Similarly, the drug injected the most often in the month preceding interview remained unchanged between 2020 and 2021 (p=0.367; Figure 2), with the majority (56%) reporting that heroin was the drug injected most often in the last month (55% in 2020), followed by methamphetamine (38%; 34% in 2020). Three-fifths (61%; 63% in 2020; p=0.824; Figure 3) of the total sample reported consuming heroin on a weekly or more frequent basis in the six months preceding interview, while almost half reported consuming cannabis (49%; 47% in 2020; p=0.737) or crystal methamphetamine (48%; 53% in 2020; p=0.494) on a weekly or more frequent basis

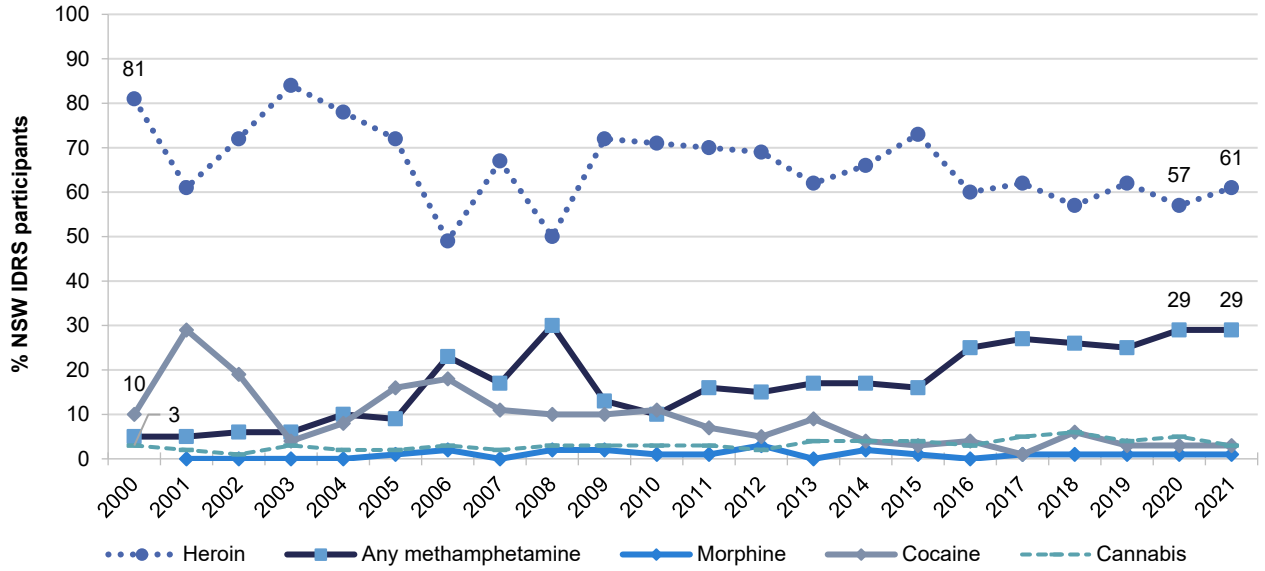
Table 1: Demographic characteristics of the sample, nationally, 2021, and NSW, 2016-2021

	National	NSW					
	2021 N=888	2021 (N=150)	2020 N=155	2019 N=151	2018 N=152	2017 N=151	2016 N=151
Mean age (years; SD)	**45 (10)**	**47 (10)***	44 (9)	46 (9)	43 (10)	44 (9)	43 (10)
% Gender							
Female	**34**	**28**	38	29	32	34	27
Male	**65**	**70**	61	70	67	66	73
Non-binary	**-**	**-**	-	/	/	/	/
% Aboriginal and/or Torres Strait Islander	**23**	**25**	26	32	29	28	24
% Sexual identity							
Heterosexual	**82**	**73**	83	83	78	88	87
Homosexual	**4**	**9**	8	5	4	5	4

	National	NSW					
	2021 N=888	2021 (N=150)	2020 N=155	2019 N=151	2018 N=152	2017 N=151	2016 N=151
Bisexual	**11**	**13**	8	9	7	13	9
Queer	**1**	**-**	-	-	-	-	-
Other	**1**	**-**	-	0	-	-	-
Mean years of school education (range)	**10 (1-12)**	**10 (1-12)**	10 (4-12)	10(2-12)	10 (8-11)	10 (8-11)	10 (8-11)
% Post-school qualification(s)^	**58**	**63**	61	56	49	47	56
% Current accommodation							
Own home *(inc..renting)*~	**66**	**82**	73	75	70	60	51
Parents'/family home	**5**	**-**	-	-	9	4	-
Boarding house/hostel	**9**	**4**	8	-	5	7	17
Shelter/refuge	**2**	**-**	-	-	-	-	-
No fixed address	**16**	**8**	13	13	13	27	27
Other	**2**	**-**	-	-	-	-	-
% Current employment status							
Unemployed	**88**	**89**	92	91	87	91	89
Full-time work	**2**	**-**	-	0	-	-	-
% Past month gov't pension, allowance or benefit	**95**	**95**	95	95	94	97	88
Current median income/week ($; IQR)	**358 (300-460)**	**348 (300-442)*** **	450 (378-550)	350 (260-450)	306 (260-400)	335 (257-423)	333 (250-415)

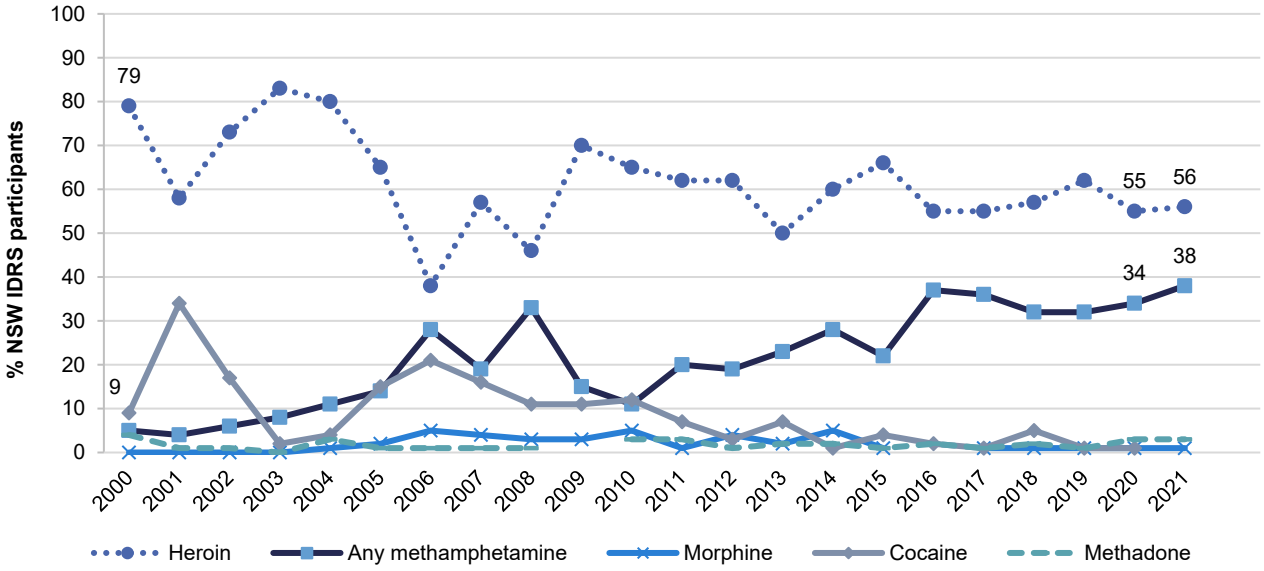
Note. ^Includes trade/technical and university qualifications. ~Up until and including 2019, 'own home' included private rental and public housing; in 2020, these were separated out. 'No fixed address' includes rough sleeping or squatting and couch surfing. - Values suppressed due to small cell size (n≤5 but not 0). / denotes that this item was not asked in these years. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 1: Drug of choice, NSW, 2000-2021



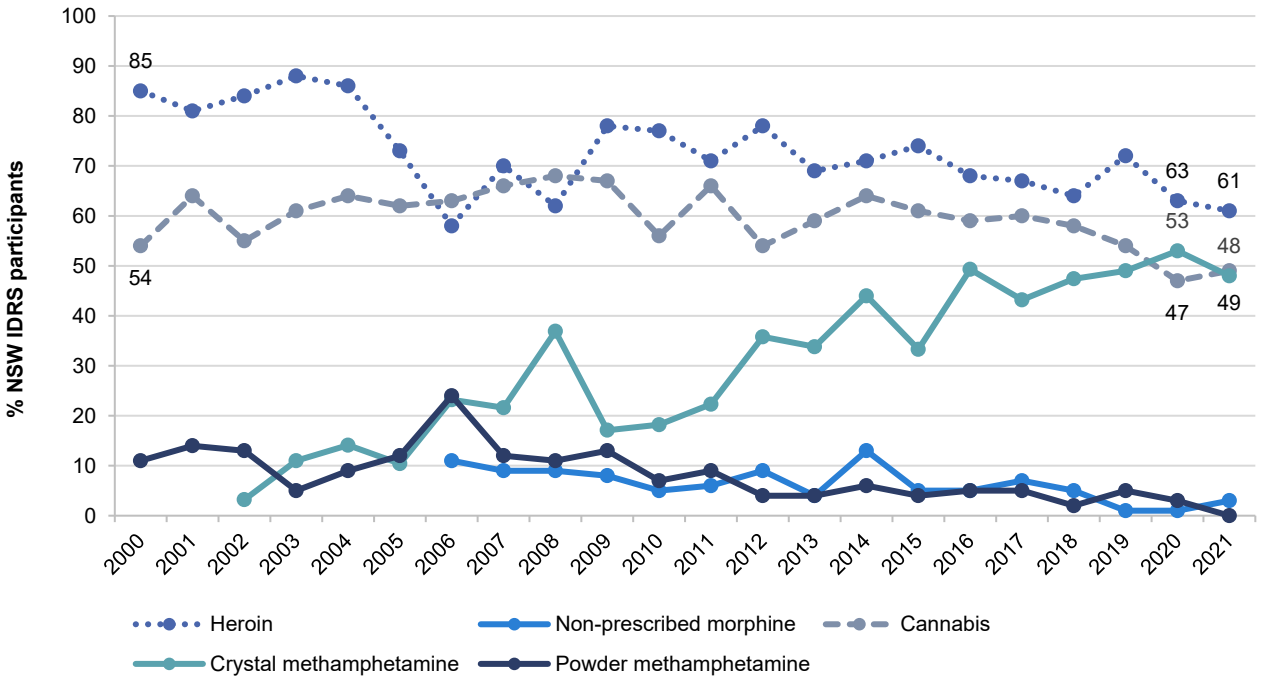
Note. Participants could only endorse one substance. Substances listed in this figure are the primary endorsed; a nominal per cent endorsed other substances. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there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

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



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

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



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

2

COVID-19

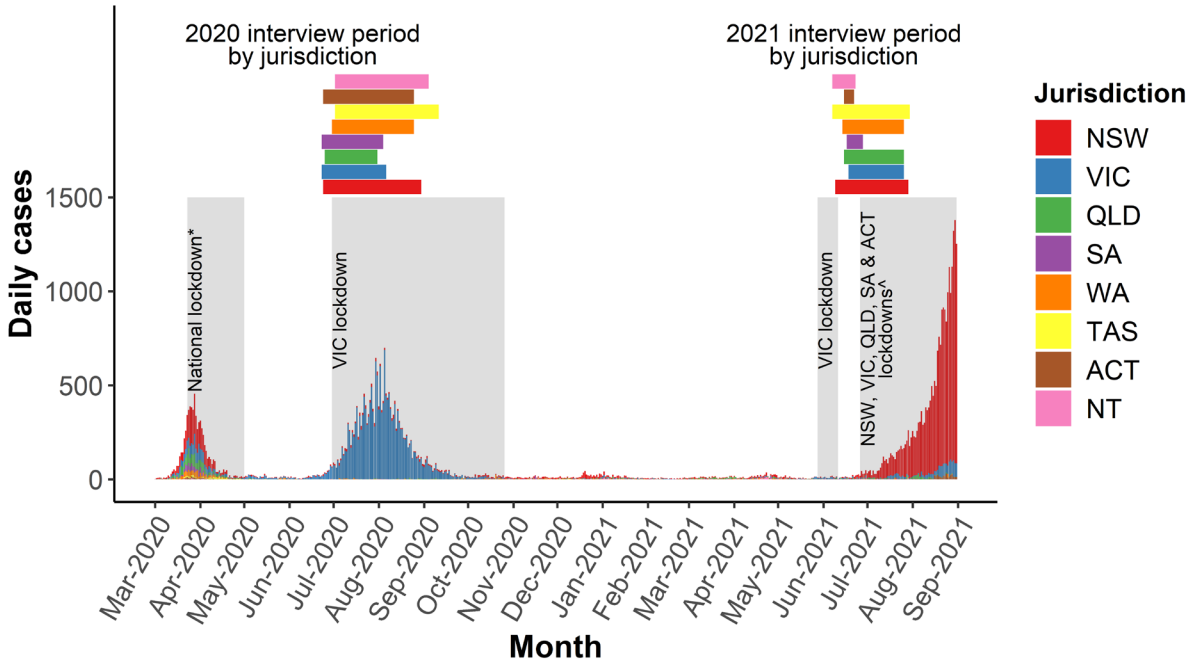
Background

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

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

Notably, the second wave of COVID-19 restrictions in NSW were introduced mid-way through the NSW IDRS interviewing period (interviews began on the 10 June 2021). As a result, face-to-face interviews were halted, with the last face-to-face interview occurring on the 23 June 2021, and replaced with phone interviews. Specifically, 41% of interviews were conducted via telephone, with the last phone interview conducted on 29 July 2021.

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



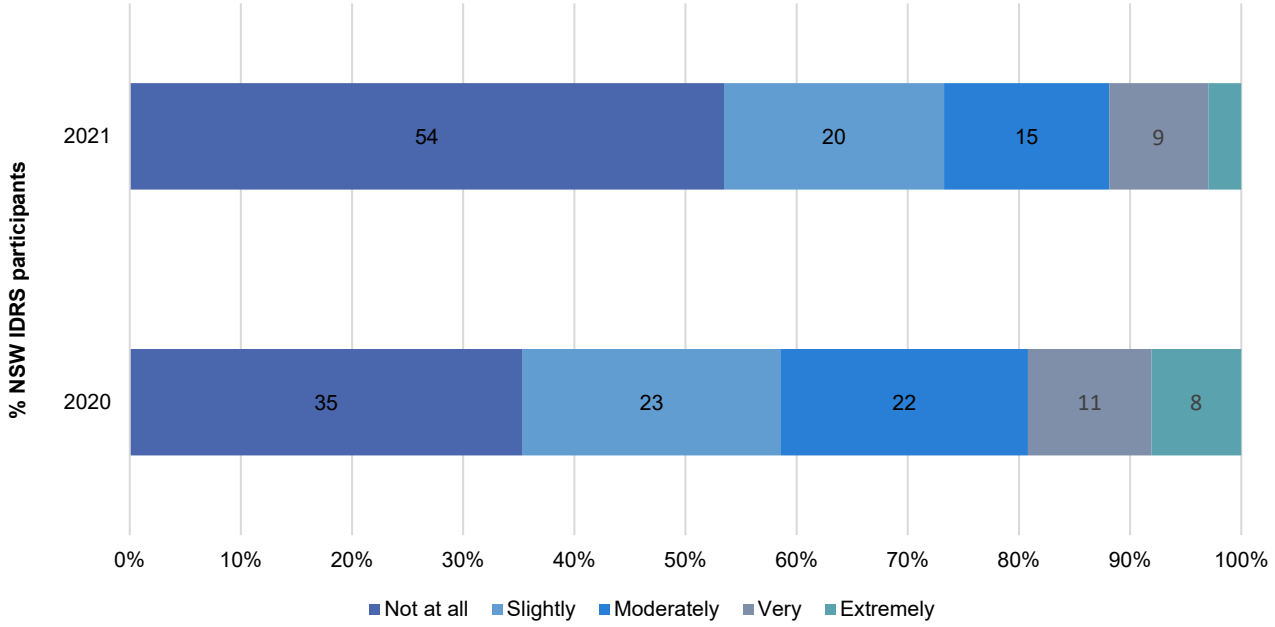
Note. Data obtained from https://www.covid19data.com.au/.Only lockdowns of >7 days and affecting at least an entire city are displayed. *national stay-at-home orders began lifting dependent on jurisdiction from May 1 2020. ^NSW lockdown 26 June 2021 onwards; VIC lockdowns 14 July-27July 2021 and 5 August 2021 onwards; SA lockdown 20 July-27 July; Southeast QLD lockdown 31 July-8 August 2021; ACT lockdown 12 August 2021 onwards.

COVID-19 Testing and Diagnosis

Two-thirds (66%; 41% in 2020) of the NSW sample had been tested for SARS-COV-2 in the last 12 months, however no participants had been diagnosed with the virus. Twenty-nine per cent reported that they had quarantined for 14 or more days due to a possible exposure since January 2020; 6% in the month prior to interview, 16% in the two-six months prior to interview and 4% in the 7-12 months prior to interview. Seventeen per cent of participants reported that they had received at least one dose of the COVID-19 vaccine at the time of the interview.

When asked how worried they currently were about contracting COVID-19, almost half (46%) reported some level of concern: 20% reported ‘slightly’, 15% reported ‘moderately’, 9% reported ‘very’, and few participants (n≤5) reported being ‘extremely’ concerned (Figure 5). Further, almost three-quarters (72%) of participants reported that they would be concerned about their health if they did contract COVID-19, with 17% reporting that they would be ‘slightly’ concerned, 14% reporting ‘moderately’, 23% reporting ‘very’, and 18% reporting that they would be ‘extremely’ concerned.

Figure 5: Current concern related to contracting COVID-19, NSW, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0).

3

Heroin

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

Patterns of Consumption

Recent Use (past 6 months)

The per cent reporting recent use of heroin remained relatively high and stable from 2000-2015, peaking at 97% in 2003, however has been gradually declining since 2015. In 2021, three-quarters (75%) of the NSW sample reported recently using heroin, the lowest per cent recorded since monitoring began (78% in 2020; *p*=0.668; Figure 6).

Frequency of Use

The frequency of use of heroin has fluctuated considerably over time, ranging from a median of 72 days (i.e., three days a week) and 180 days (i.e., daily). In 2021, those who had recently consumed heroin (n=113) reported doing so on a median of 96 days (IQR=24-180; 150 days in 2020; IQR=48-180; *p*=0.282; Figure 6). Eighty-one per cent of participants who reported recent use reported weekly or more frequent use (81% in 2020) and 35% reported daily use (44% in 2020; *p*=0.238).

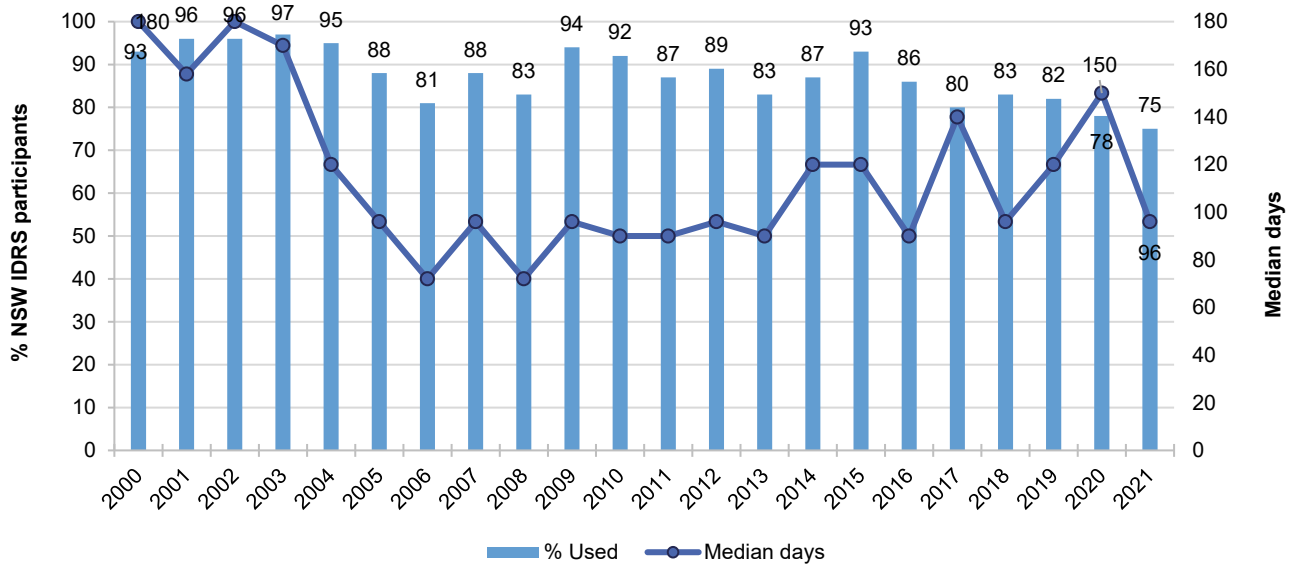
Routes of Administration

Consistent with previous years, injection was the most frequently reported route of administration among participants who had recently consumed heroin (99%; 100% in 2020; *p*=0.483). Participants who reported injecting did so on a median of 96 days (IQR=24-180), stable relative to 2020 (150 days in 2020; IQR=48-180; *p*=0.350). Just under one-in-ten participants reported smoking (9%; 12% in 2020; *p*=0.638) and few participants (n≤5) reported snorting heroin in 2021.

Quantity

Of those who reported recent use and responded (n=107), the median amount of heroin consumed on a ‘typical’ day of use in the last six months was 0.20 grams (IQR=0.10-0.30; 0.20 grams in 2020; IQR=0.10-0.40; *p*=0.120). The median maximum amount of heroin used per day in the last six months was 0.40 grams (IQR=0.20-0.60; n=106; maximum quantity of heroin recently used was not collected in 2020).

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



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Price

In 2021, the median price per gram of heroin was $425 (IQR=313-500; n=6), stable from 2020 ($450; IQR=338-500; n=20 p=0.878; Figure 7). The median price per cap and point was $50 in 2021 (IQR=50-50; n=17; $50 in 2020; IQR=50-50; p=0.612 and IQR=50-50; n=64; $50 in 2020; IQR=50-70; p=0.071, respectively).

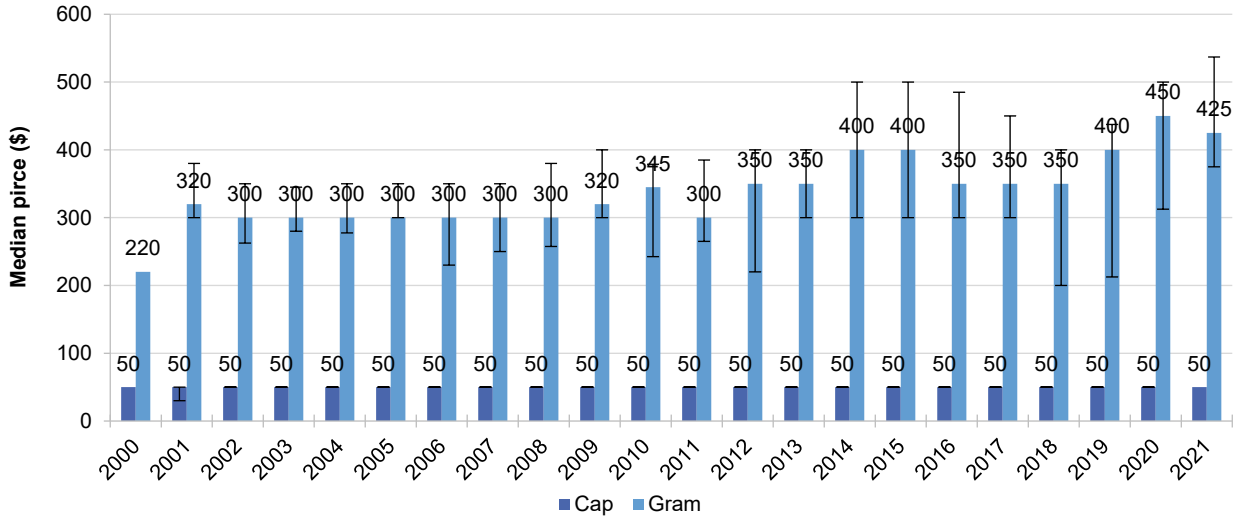
Perceived Purity

The perceived purity of heroin remained stable between 2020 and 2021 (p=0.079). Among those who were able to respond in 2021 (n=109), the largest per cent (37%; 29% in 2020) perceived heroin to be of 'medium' purity, followed by just over one-quarter (27%; 41% in 2020) reporting purity to be 'low' (Figure 8).

Perceived Availability

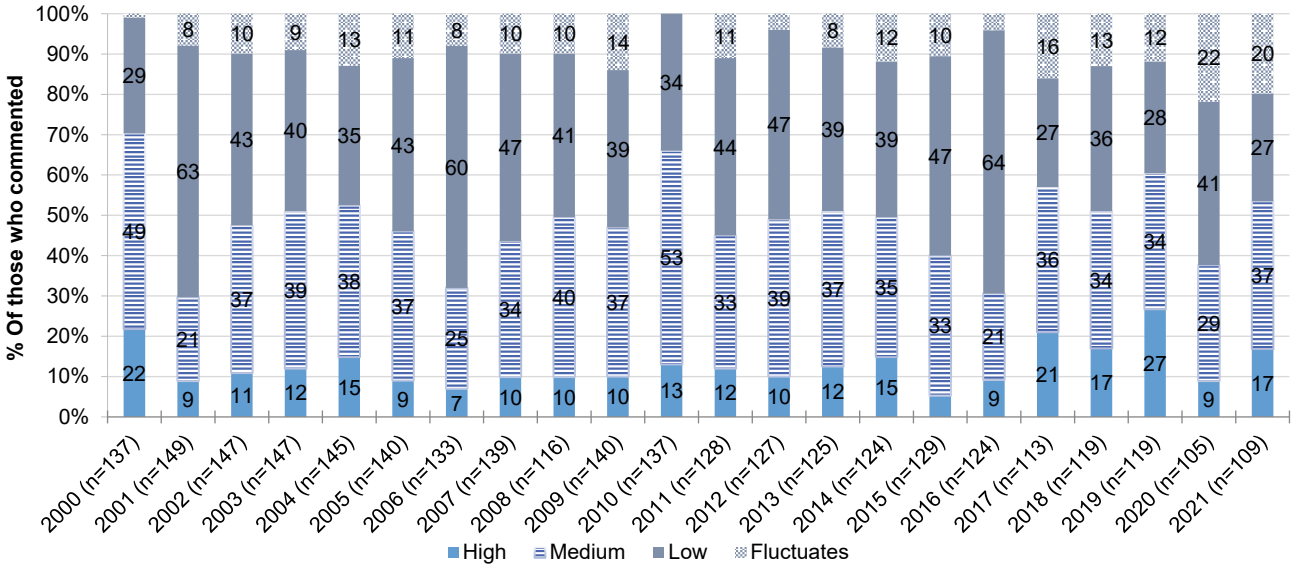
The perceived availability of heroin changed significantly between 2020 and 2021 (p=0.007). Among those who responded in 2021 (n=110), more participants perceived heroin to be 'very easy' (38%; 22% in 2020) and 'easy' (41%; 36% in 2020) to obtain (Figure 9). In contrast, there was a decrease in participants reporting availability to be 'difficult' (19%; 34% in 2020).

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



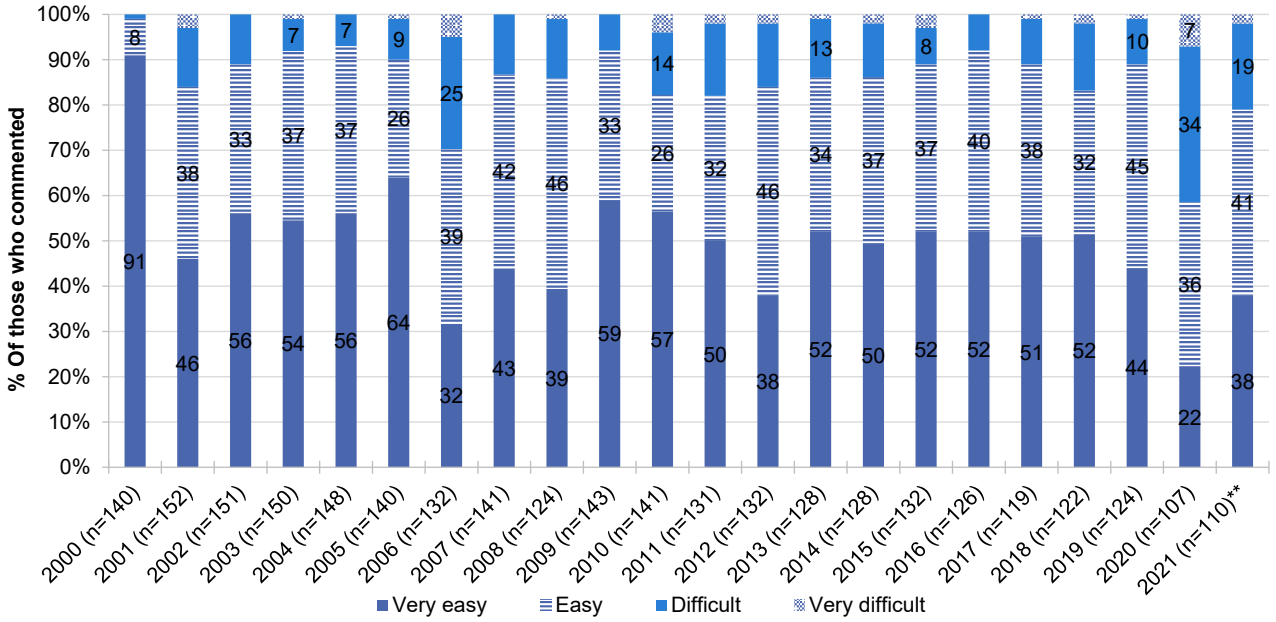
Note. Among those who commented. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

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



Note. The response 'Don't know' was excluded from analysis. Data labels have been removed from figures with small cell size (i.e. n≤5).
*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

4

Methamphetamine

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

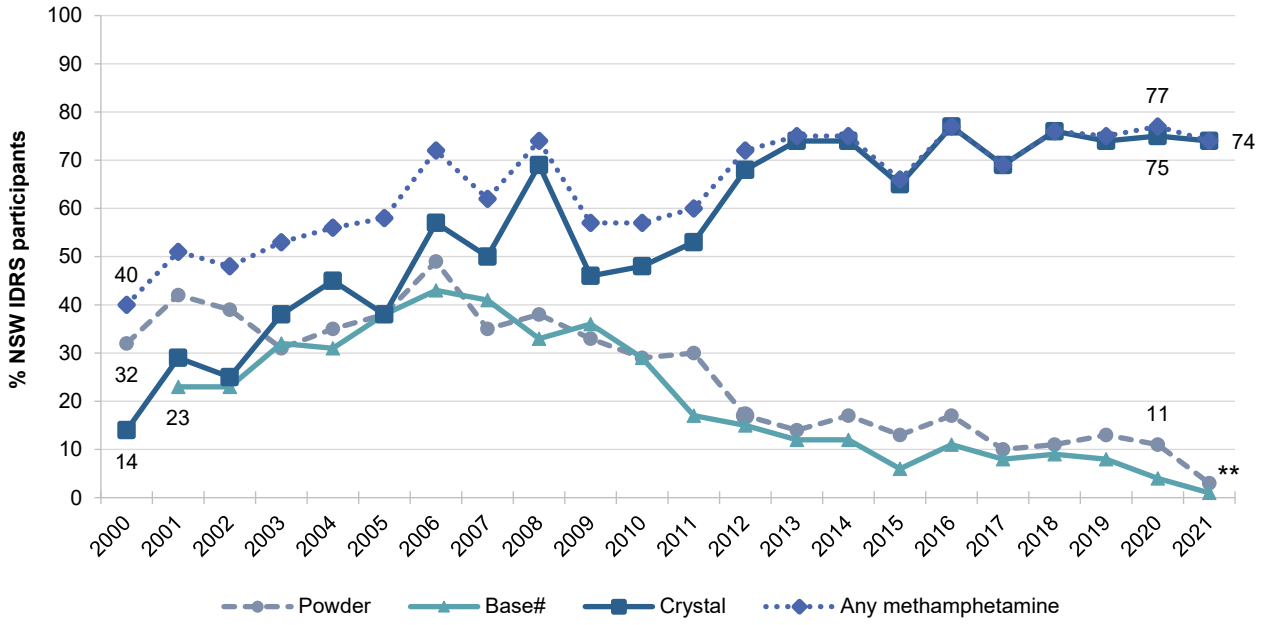
Recent Use (past 6 months)

Almost three-quarters (74%) of the NSW sample reported recent use of any methamphetamine in 2021, stable compared to 2020 (77% in 2020; *p*=0.643; Figure 10).

Frequency of Use

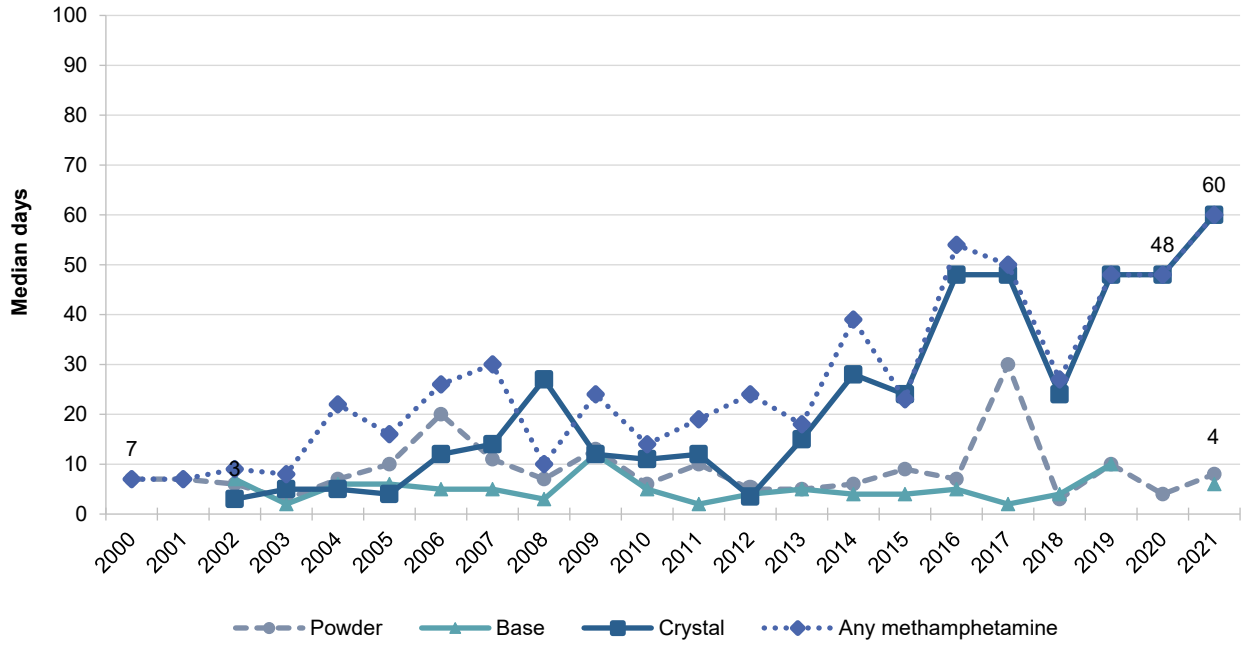
Those who had recently consumed any methamphetamine in 2021 did so on a median of 60 days (IQR=20-96; n=110; 48 days in 2020; IQR=14-96; *p*=0.999), the highest frequency of use observed since monitoring began (Figure 11). Weekly or more frequent use was reported by 68% of participants who had recently used methamphetamine in 2021 (71% in 2020; *p*=0.727), with 15% reporting daily use (16% in 2020; *p*=0.887).

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



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

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



Note. Frequency of use data was not collected in 2020 for methamphetamine base. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends. Median days used base and crystal not collected in 2000-2001. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Patterns of Consumption (by form)

Methamphetamine Powder

Recent Use (past 6 months): Few participants (n≤5; 11% in 2020; *p*=0.009; Figure 10) reported recent use of methamphetamine powder in 2021.

Few participants (n≤5) reported on frequency of methamphetamine powder use, routes of administration, and quantity used in 2021, therefore these values are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Recent Use (past 6 months): Few participants (n≤5; 4% in 2020; *p*=0.300; Figure 10) reported recent use of methamphetamine base in 2021, the lowest per cent reported since monitoring began (Figure 10).

Few participants (n≤5) reported on frequency of methamphetamine base use, routes of administration, and quantity used in 2021, therefore these values are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Crystal

Recent Use (past 6 months): Consistent with previous years, methamphetamine crystal was the most common form of methamphetamine consumed in the NSW sample, with 74% of the sample reporting recent consumption (75% in 2020; *p*=0.944; Figure 10).

Frequency of Use: Notwithstanding considerable fluctuation over time, frequency of methamphetamine crystal use in the six months preceding the interview has gradually increased since reporting began. In 2021, participants who had recently used methamphetamine crystal reported doing so on a median of 60 days (IQR=13-96; n=110; 48 days in 2020; IQR=12-96; *p*=0.978; Figure 11). Two-thirds (65%) of participants who had recently used crystal reported consuming it on a weekly or more frequent basis (71% in 2020; *p*=0.483), with 15% reporting daily use (16% in 2020, *p*=0.986).

Routes of Administration: Injecting was the most common route of administration reported by participants who had recently used methamphetamine crystal (94%; n=110; 96% in 2020; *p*=0.562), consistent with previous years. Median days of injection was reported to be 60 days in 2021 (IQR=12-96; 48 days in 2020; IQR=11-93; *p*=0.824). The second most common route of administration was smoking (40%; 40% in 2020).

Quantity: Of those who reported recent use and responded (n=108), the median amount used per day in the past six months was 0.20 grams (IQR=0.10-0.20; 0.20 grams in 2020; IQR=0.10-0.30; *p*=0.505). Of those who reported recent use and responded (n=104), the median maximum amount of crystal used per day in the past six months was 0.30 grams (IQR=0.10-0.50; maximum quantity of crystal recently used was not collected in 2020).

Price, Perceived Purity and Perceived `

Methamphetamine Powder

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine powder were not asked of participants in 2020. As a result, significance testing between 2021 and 2020 figures could not be undertaken. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Price: The reported median price per point of methamphetamine powder was $50 (IQR=50-50; n=6) in 2021. Few participants (n≤5) reported on price per gram of powder.

Few participants (n≤5) reported on perceived purity and availability for methamphetamine powder, therefore these data are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Methamphetamine Base

Questions pertaining to the price, perceived purity and perceived availability of methamphetamine base were not asked of participants in 2021. Please contact the Drug Trends team for further information.

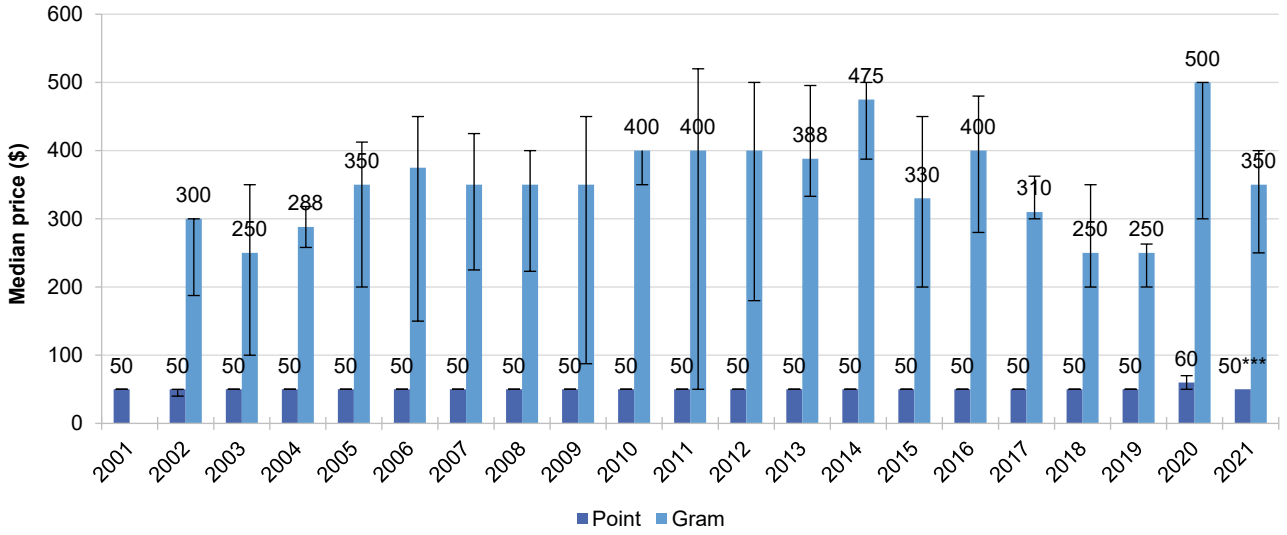
Methamphetamine Crystal

Price: The median price for a point of methamphetamine crystal significantly decreased from $60 (IQR=50-70; n=81) in 2020 to $50 in 2021 (IQR=50-50; n=69; p<0.001), returning to the same median price observed from 2001-2019. The median price per gram decreased from $500 (IQR=300-500) in 2020 to $350 (IQR=300-450; n=17; p=0.179; Figure 12) in 2021, though this decrease was not found to be statistically significant.

Perceived Purity: A significant change was observed in the perceived purity of methamphetamine crystal between 2020 and 2021 (p=0.004). Among those who commented in 2021 (n=108), more participants reported the perceived purity to be 'high' (26%; 14% in 2020) or 'medium' (31%; 26% in 2020), while fewer participants reported 'low' purity (19%; 39% in 2020; Figure 13).

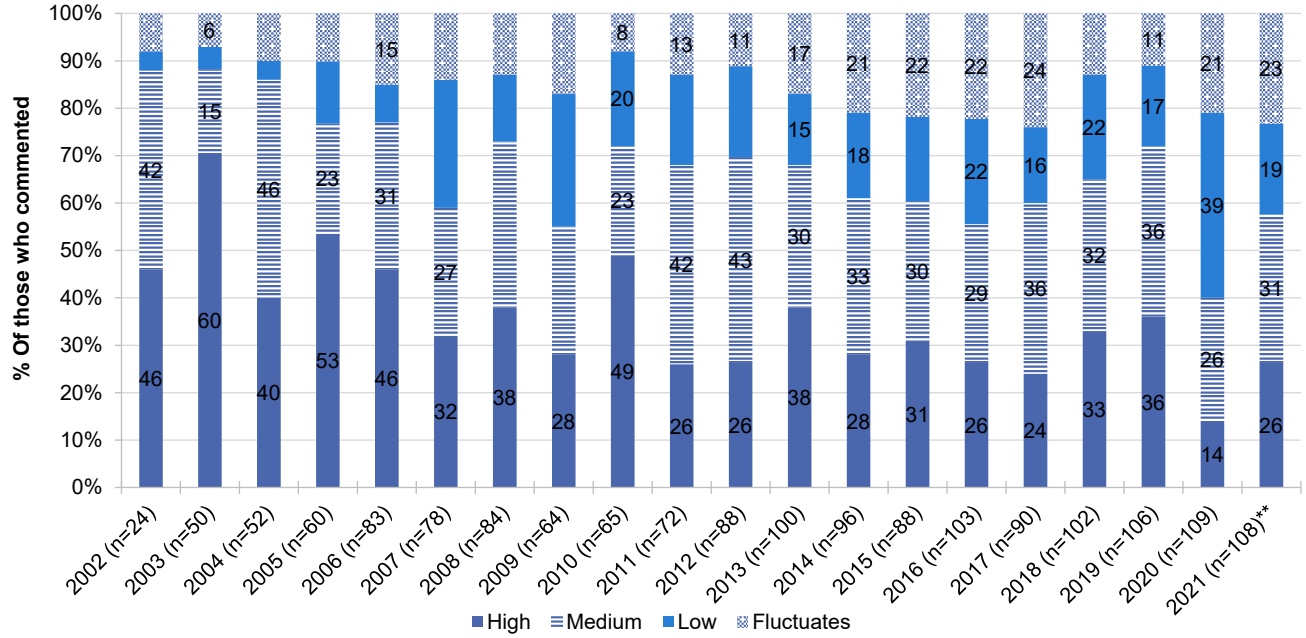
Perceived Availability: The perceived availability of methamphetamine crystal changed significantly between 2020 and 2021 (p<0.001). Of those who were able to comment in 2021 (n=109), half (51%) reported crystal methamphetamine to be 'very easy' to obtain in 2021, an increase from 14% in 2020 (Figure 14). Conversely, the per cent of participants reporting methamphetamine crystal to be 'difficult' to obtain declined from 41% in 2020 to 14% in 2021.

Figure 12: Median price of methamphetamine crystal per point and gram, NSW, 2001-2021



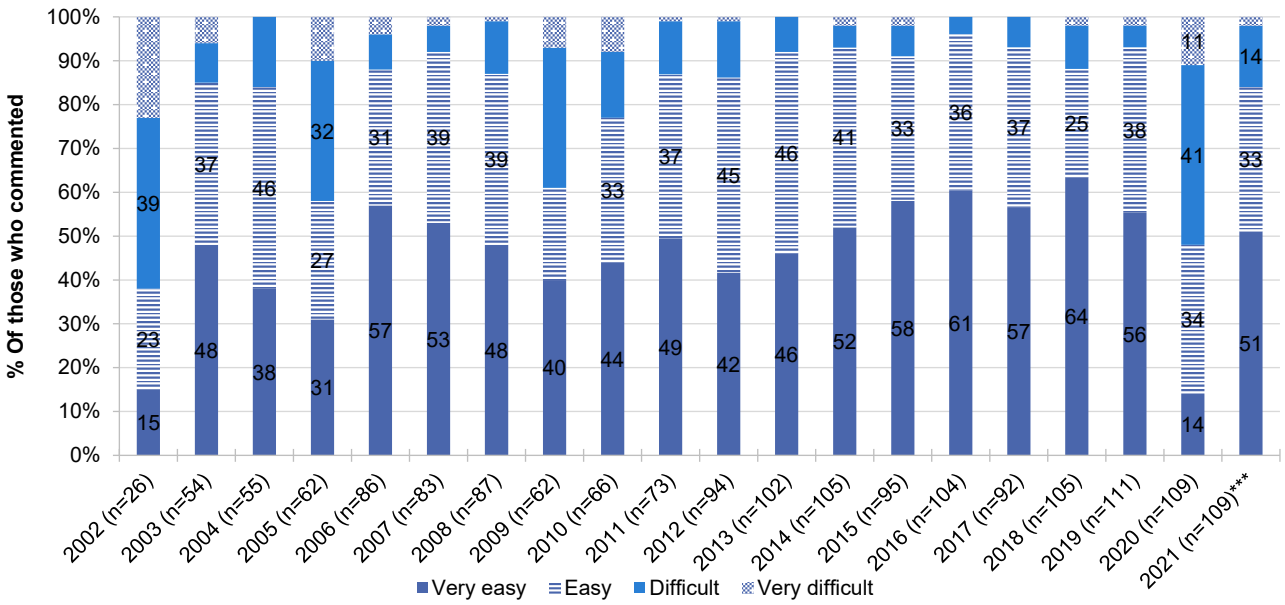
Note. Among those who commented. No participants reported purchasing a gram in 2001. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). The error bars represent IQR. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 13: Current perceived purity of methamphetamine crystal, NSW,2002-2021



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

Figure 14: Current perceived availability of methamphetamine crystal, NSW, 2002-2021



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

5

Cocaine

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

Patterns of Consumption

Recent Use (past 6 months)

Since 2006, a downward trend has been observed in cocaine use among the NSW sample. In 2021, the per cent of participants reporting recent cocaine use remained stable at 15% (23%; *p*=0.110; Figure 15), though this was the lowest per cent observed since monitoring began.

Frequency of Use

In 2021, participants reported consuming cocaine on a median of three days (IQR=2-12; n=23) in the six months preceding interview, stable from two days (IQR=1-4; *p*=0.118) in 2020 (Figure 15). Few participants (n≤5) reported using cocaine on a weekly or more frequent basis in 2020 and 2021 (*p*=0.144)

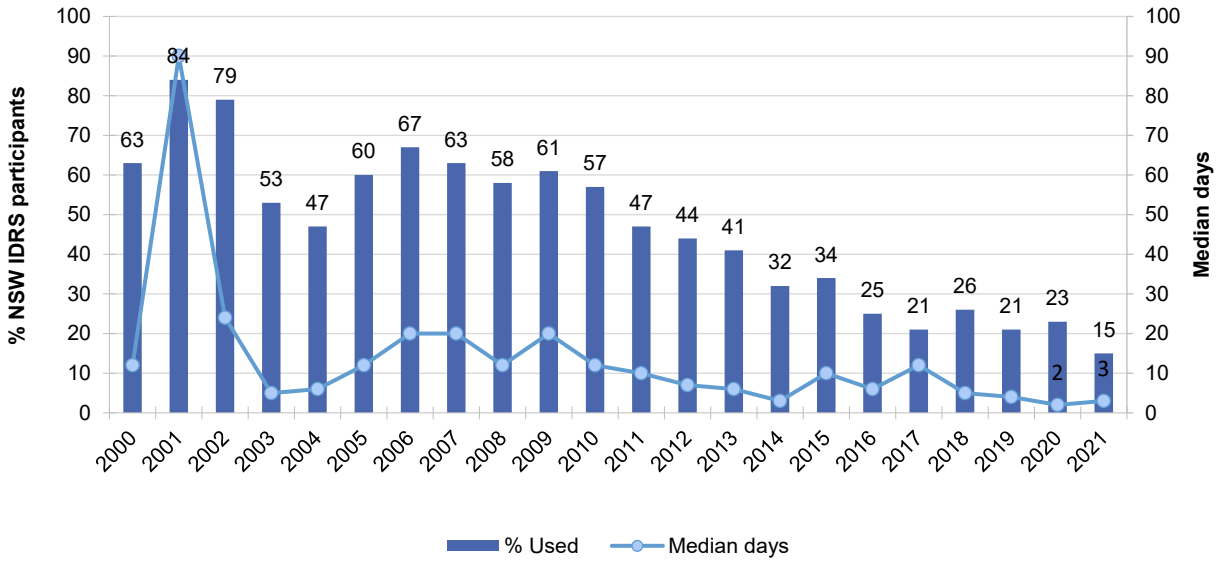
Routes of Administration

Among those who reported recent use of cocaine and responded (n=23), the main route of administration in 2021 was injection (61%; 75% in 2020; *p*=0.265). Participants who reported injecting did so on a median of nine days (IQR=2-38), stable relative to 2020 (2 days; IQR=1-8; p=0.074). Snorting was the second most common route of administration (43%; 39% in 2020; *p*=0.938).

Quantity

Of those who reported recent use and responded (n=19), the median amount used per day in the six months prior to interview was 0.30 grams (0.10-1.00; 0.30 grams in 2020; IQR=0.10-0.50; *p*=0.592).

Figure 15: Past six month use and frequency of use of cocaine, NSW, 2000-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 100 days to improve visibility of trends Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Price, Perceived Purity and Perceived Availability

Questions pertaining to the price, perceived purity and perceived availability of cocaine were not asked of participants in 2020. Consequently, significance testing between 2021 and 2020 figures could not be undertaken.

Price

The median price for one gram of cocaine was reported to be $325 (n=8; IQR=300-363). Few participants (n≤5) reported on the price of one point of cocaine (Figure 16).

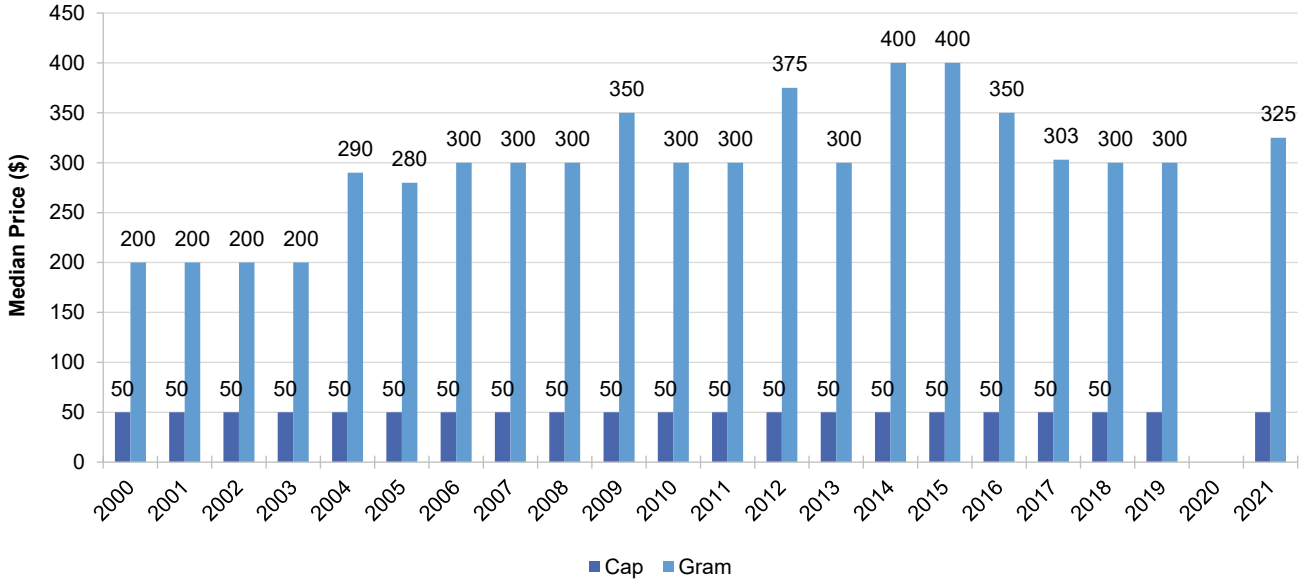
Perceived Purity

Among those who were able to comment in 2021 (n=19), 42% perceived cocaine to be of 'medium' purity. Few participants (n≤5) perceived the purity of cocaine to be 'high' or 'low' (Figure 17).

Perceived Availability

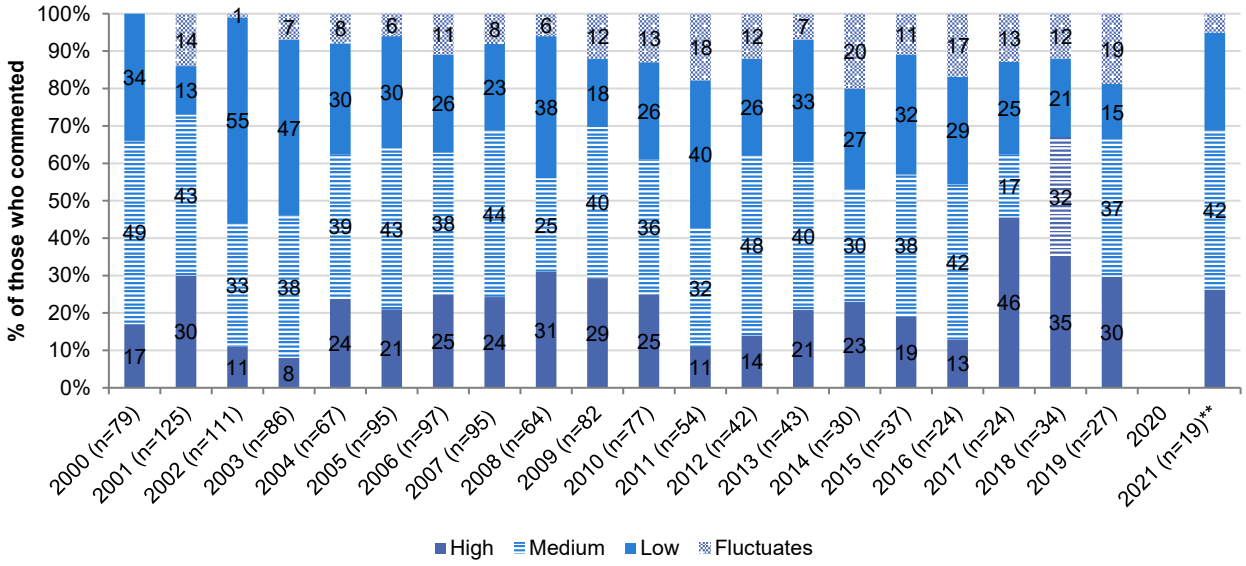
Amongst those who were able to comment in 2021 (n=18), the largest per cent perceived cocaine to be 'easy' (56%) to obtain. Few participants (n≤5) perceived cocaine to be 'very easy', 'difficult' or 'very difficult' to obtain (Figure 18).

Figure 16: Median price of cocaine per cap and gram, NSW, 2000-2021



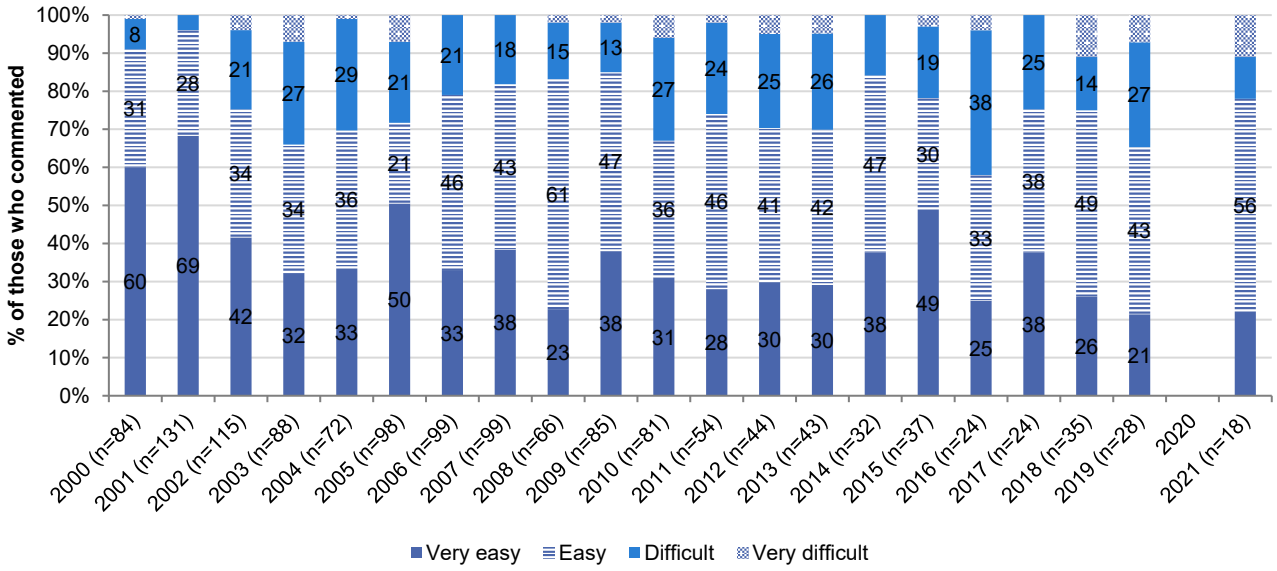
Note. Among those who commented. Price data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5).

Figure 17: Current perceived purity of cocaine, NSW, 2020-2021



Note. The response 'Don't know' was excluded from analysis. Figures may not add up to 100% due to rounding. Purity data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5).

Figure 18: Current perceived availability of cocaine, NSW, 2000-2021



Note. The response 'Don't know' was excluded from analysis. Figures may not add up to 100% due to rounding. Availability data for cocaine not collected in 2020, therefore, statistical significance has not been undertaken between 2020 and 2021. Data labels have been removed from figures with small cell size (i.e. n≤5).

6

Cannabis

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

Patterns of Consumption

Recent Use (past 6 months)

At least seven-tenths of the NSW sample reported recent cannabis use in each year between 2000 to 2019. In 2020, recent cannabis use declined to the lowest per cent (64%) observed since monitoring began. In 2021, recent cannabis use remained stable relative to 2020, with 65% of the sample reporting recent use (p=0.980; Figure 19).

Frequency of Use

Since 2012, frequency of use has fluctuated considerably, ranging between a median of 90 and 180 days. In 2021, those who had recently used cannabis reported doing so on a median of 132 days in the previous six months (IQR=24-180; n=97; 90 days in 2020; IQR=12-180; p=0.439; Figure 19), with 45% reporting daily use (39% in 2020; p=0.432).

Routes of Administration

Among those who responded (n=97), most participants reported smoking cannabis in the past six months (98%; 95% in 2020; p=0.458) in 2021. Few participants (n≤5) reported swallowing or vaporising cannabis.

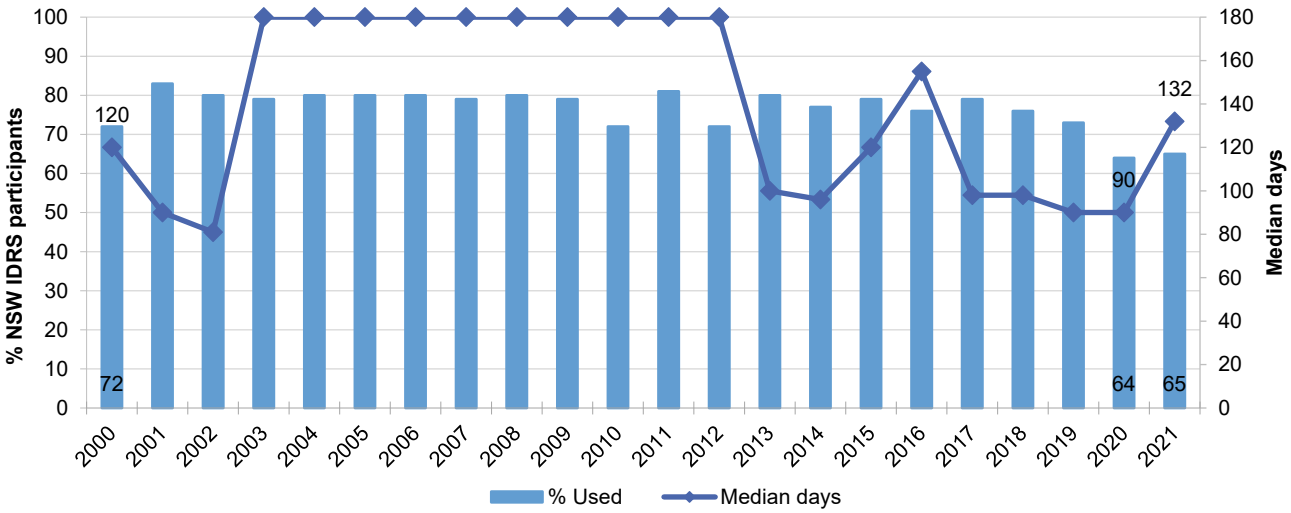
Quantity

On their last occasion of cannabis use, the median 'typical' amount consumed was one gram (n=47; IQR=1.00-2.00; one gram in 2020; IQR=0.50-1.10; p=0.071), two cones (n=34; IQR=2-4; 3 cones in 2020; IQR=2-3; p=0.506) and one joint (n=11; IQR=1-2; one joint in 2020; IQR=1-2; p=0.840).

Forms Used

Among those who reported recent use of cannabis and commented (n=93), most reported consuming hydroponic cannabis (96%; 93% in 2020; p=0.595), followed by bush cannabis (28%; 32% in 2020; p=0.692). Few participants (n≤5) reported consuming hashish, hash oil, or pharmaceutical CBD oil.

Figure 19: Past six month use and frequency of use of cannabis, NSW, 2000-2021



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

Price, Perceived Potency and Perceived Availability

Hydroponic Cannabis

Price: The price of hydroponic cannabis has remained stable at $20 since monitoring began in 2003 ($20 in 2021; IQR=20-20; n=40; $20 in 2020; IQR=20-20; n=38 p=0.830). The price of one ounce of hydroponic cannabis was reported to be $300 in 2021 (IQR=300-315; n=6; $320 in 2020; IQR=300-350; n=38; p=0.829; Figure 20), returning to the same median price observed between 2013-2018.

Perceived Potency: There was a significant change in the perceived potency of hydroponic cannabis between 2020 and 2021 (p=0.025), Among those who responded in 2021 (n=79), more participants perceived potency to be 'high' (61%; 42% in 2020), while fewer participants perceived potency to be 'medium' (33%; 37% in 2020; Figure 21).

Perceived Availability: There was a significant change in the perceived availability of hydroponic cannabis between 2020 and 2021 (p=0.003). Among those who commented in 2021 (n=79), almost half (49%) perceived hydroponic cannabis to be 'very easy' to obtain in 2021, an increase from 22% in 2020. Conversely, less participants perceived hydroponic cannabis to be 'difficult' to obtain in 2021 (20%) compared to 2020 (30%; Figure 22).

Bush Cannabis

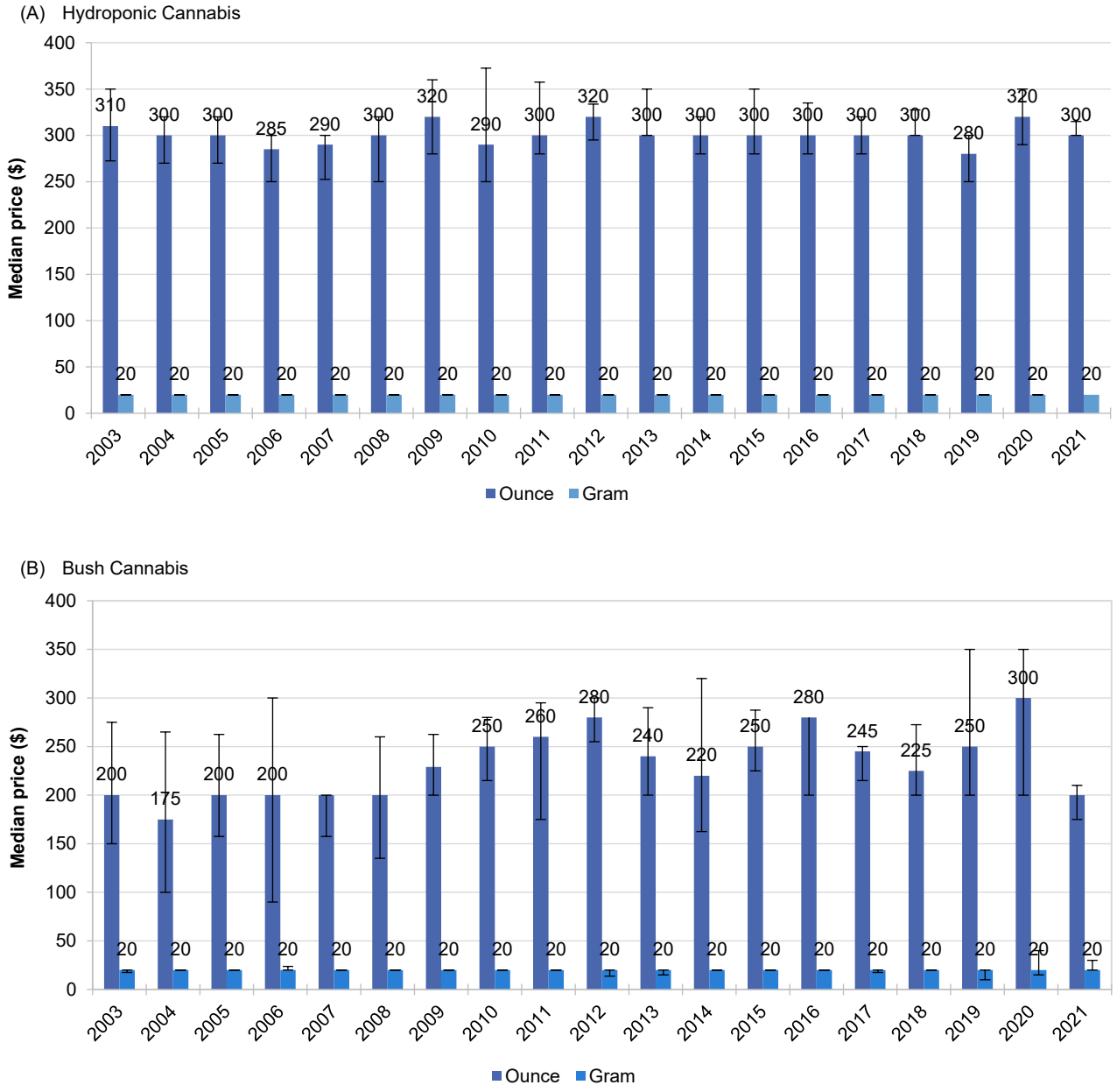
Price: The price for one gram of bush cannabis has remained stable since monitoring began in 2003 ($20 in 2021; IQR=20-20; n=9; $20 in 2020; IQR=20-30; n=9; p=0.636). Few participants (n≤5) reported on the price of one ounce of bush cannabis in 2021 (Figure 20).

Perceived Potency: The perceived potency of bush cannabis remained stable between 2020 and 2021 (p=0.476). Of those who were able to comment in 2021 (n=31), the largest per cent perceived potency to be 'low' (39%; n≤5 in 2020), followed by 'medium' (32%; 41% in 2020; Figure 21).

Perceived Availability: There were no significant differences in perceived availability between 2020 and 2021 (p=0.260). Among those who commented in 2021 (n=31), the largest per cent reported the

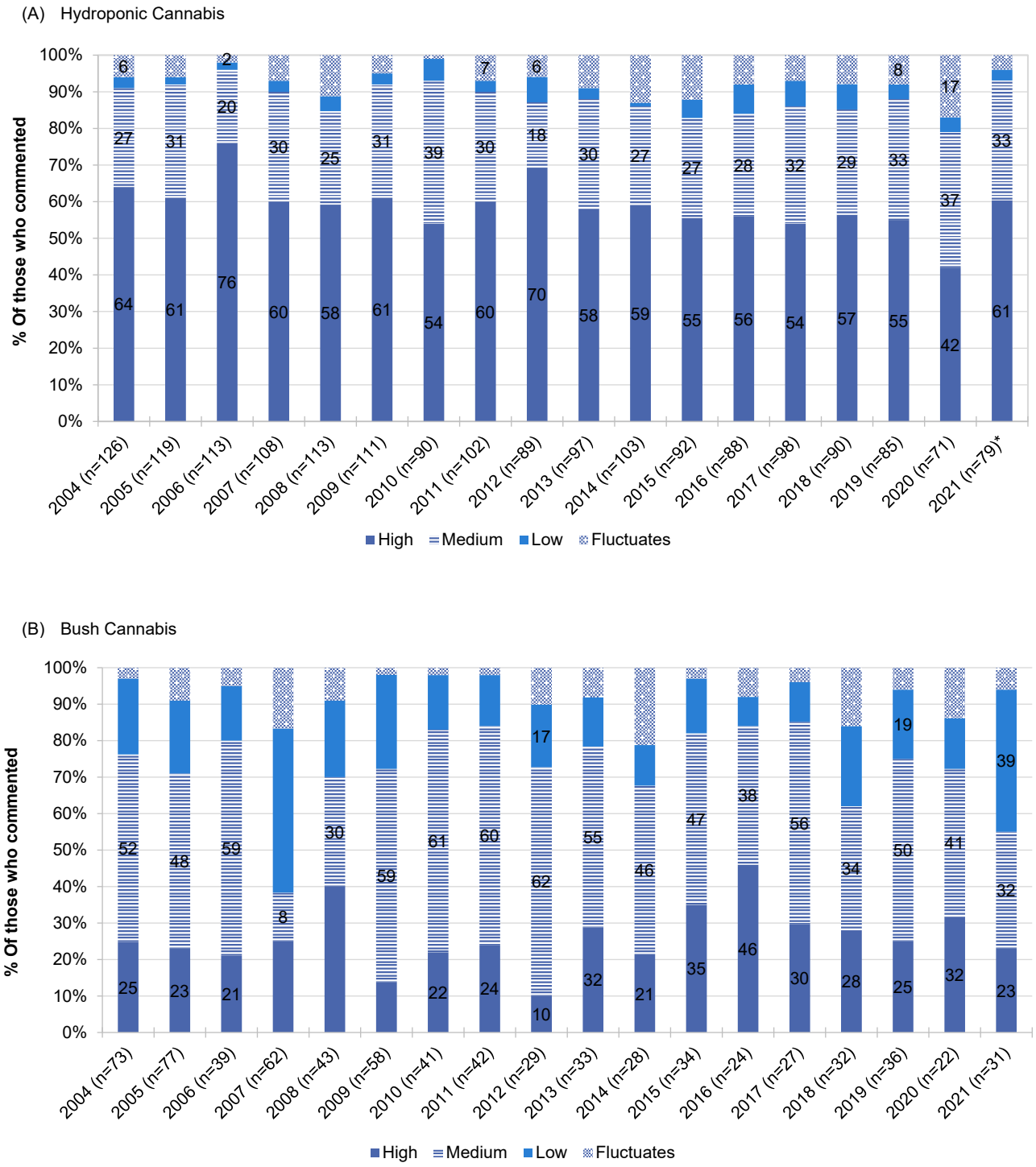
availability of bush cannabis to be 'very easy' (32%; n≤5 in 2020), followed equally by 'easy' (29%; 45% in 2020) and 'difficult' (29%; 32% in 2020; Figure 22).

Figure 20: Median price of hydroponic (A) and bush (B) cannabis per ounce and gram, NSW, 2003-2021



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

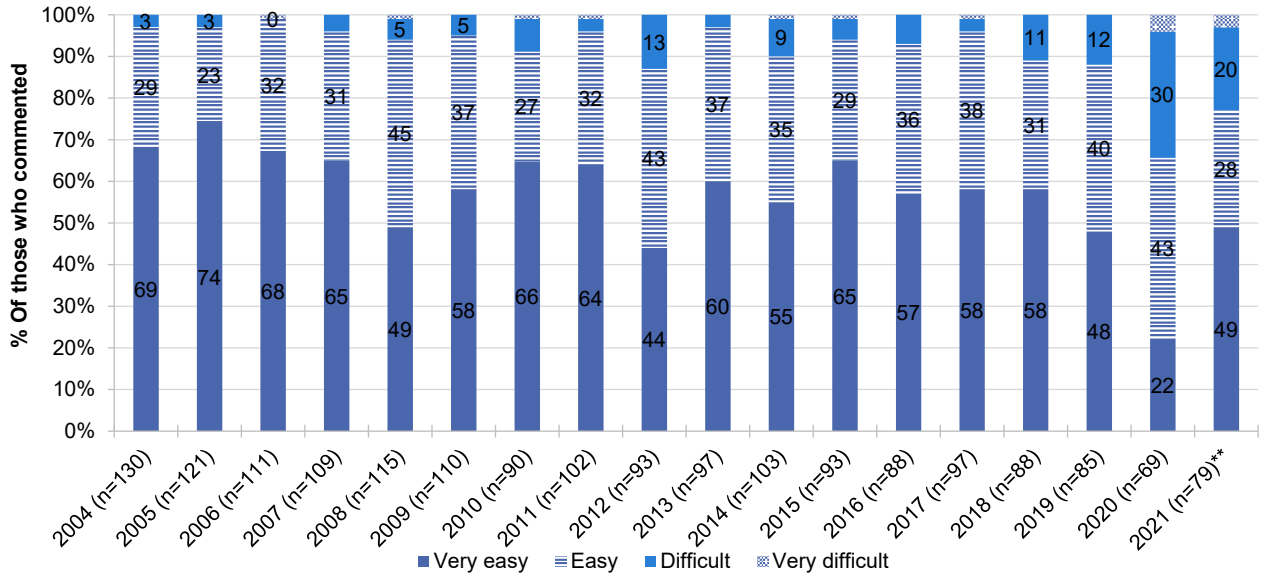
Figure 21: Current perceived potency of hydroponic (a) and bush (b) cannabis, NSW, 2004-2021



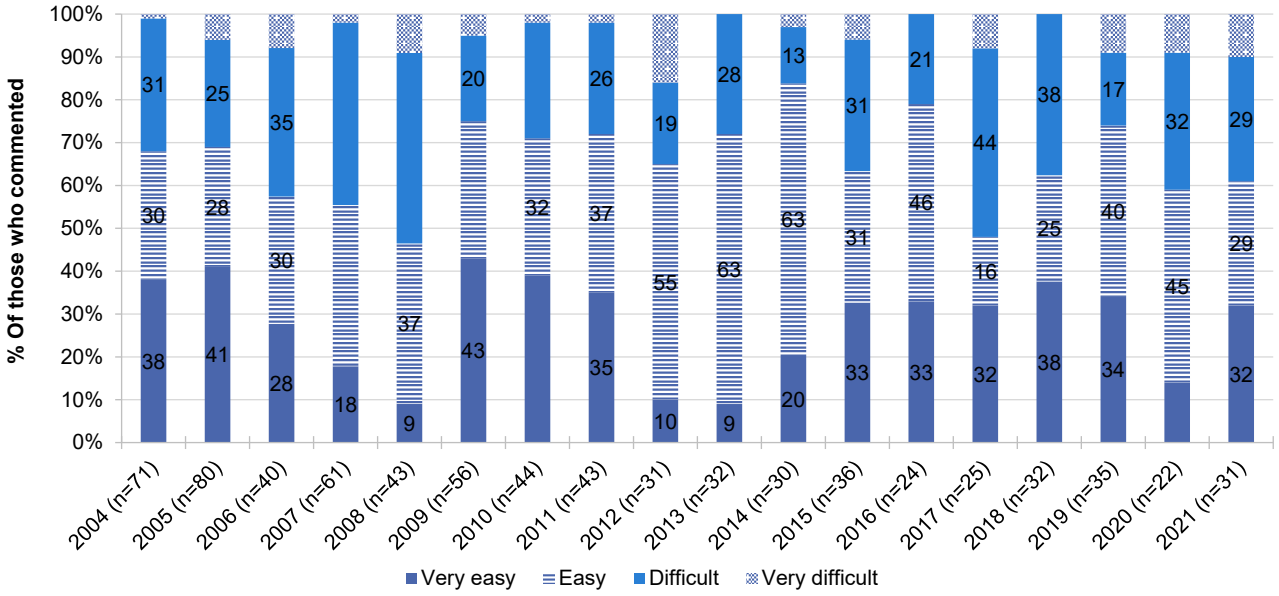
Note. The response 'Don't know' was excluded from analysis. Hydroponic and bush cannabis data collected separately from 2004 onwards. Data labels have been removed from figures with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Figure 22: Current perceived availability of hydroponic (a) and bush (b) cannabis, NSW, 2004-2021

(A) Hydroponic Cannabis



(B) Bush Cannabis



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

7

Pharmaceutical Opioids

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

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

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

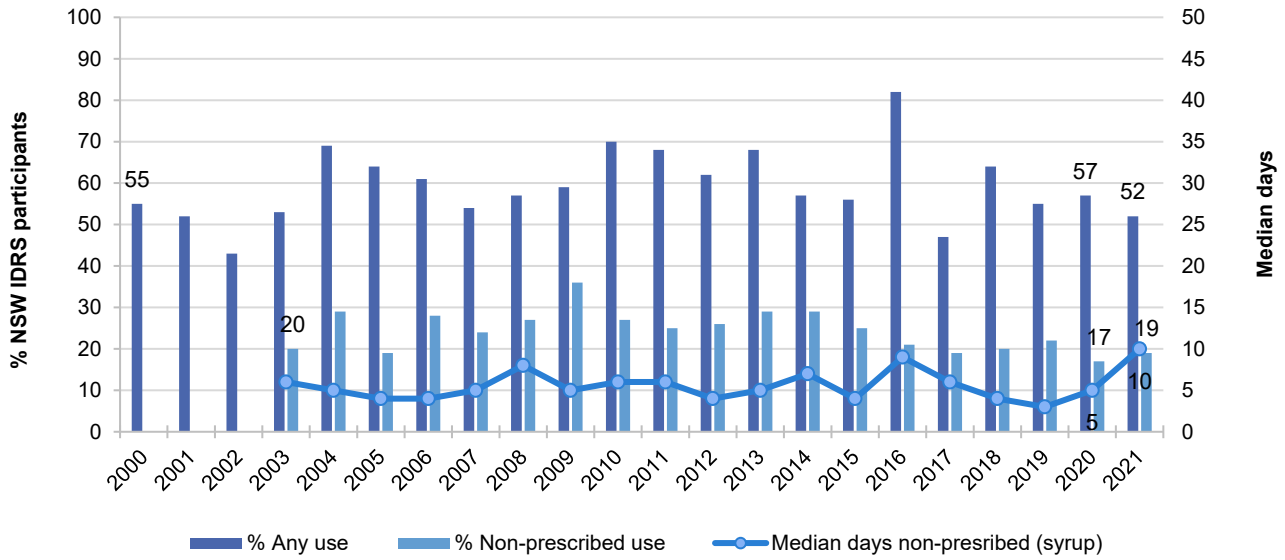
Methadone

Any Recent Use (past 6 months): Since monitoring began, the per cent reporting recent use of prescribed or non-prescribed methadone (syrup and tablet) has fluctuated between 43% and 82% of the whole NSW sample (Figure 23). In 2021, half (52%) of the sample reported recent prescribed or non-prescribed methadone use (57% in 2020; *p*=0.403). Two-fifths (40%) of the sample reported recent use of prescribed methadone in 2021 (46% in 2020; *p*=0.364) and almost one-fifth (19%) of the sample reported recent use of non-prescribed methadone (17% in 2020; *p*=0.777).

Frequency of Use: Participants who had recently used non-prescribed methadone syrup reported doing so on a median of 10 days in the past six months (IQR=2-23; n=26; 5 days in 2020; IQR=3-30; *p*=0.626; Figure 23).

Recent Injection: Of those who had recently used any methadone (syrup and tablets) in 2021 and commented (n=31), two-fifths (40%) reported injecting prescribed or non-prescribed methadone (30% in 2020; *p*=0.267) on a median of 24 days (IQR=3-58; 20 days in 2020; IQR=3-48; *p*=0.835).

Figure 23: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of methadone, NSW, 2000-2021



Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first (2000) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Note. Includes methadone syrup and tablets. Non-prescribed use not distinguished 2000-2002 for median days. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

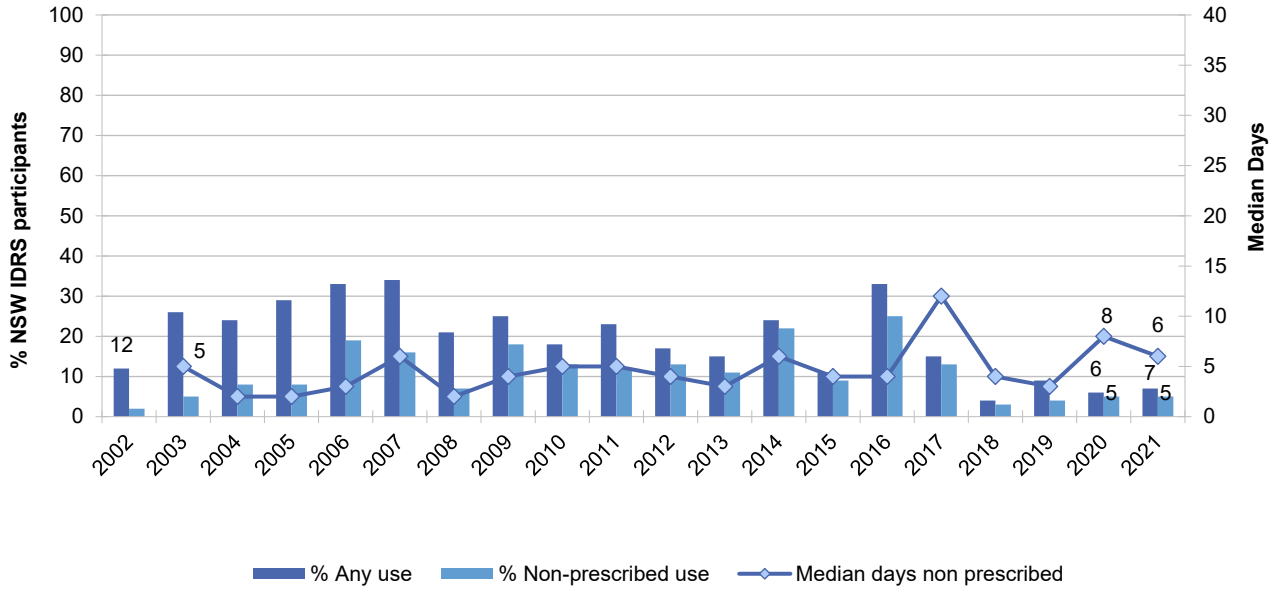
Buprenorphine

Any Recent Use (past 6 months): Less than one-tenth (7%) of the sample reported any buprenorphine use in 2021, stable compared to 2020 (6% in 2020; p=0.941; Figure 24). Non-prescribed buprenorphine use has fluctuated since monitoring began. In 2021, five per cent of the sample reported recent non-prescribed buprenorphine use (5% in 2020). Low numbers (n≤5) reported recent prescribed use in 2021.

Frequency of Use: Participants who had recently used non-prescribed buprenorphine (n=7) reported doing so on a median of six days (IQR=1-102) in the six months preceding interview, stable from a median of eight days in 2020 (IQR=1-63; Figure 24).

Recent Injection: Few participants (n≤5) reported recently injecting buprenorphine, therefore these data have been suppressed.

Figure 24: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine, NSW, 2002-2021



Note. Median days computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 40 days to improve visibility of trends. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0).*p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

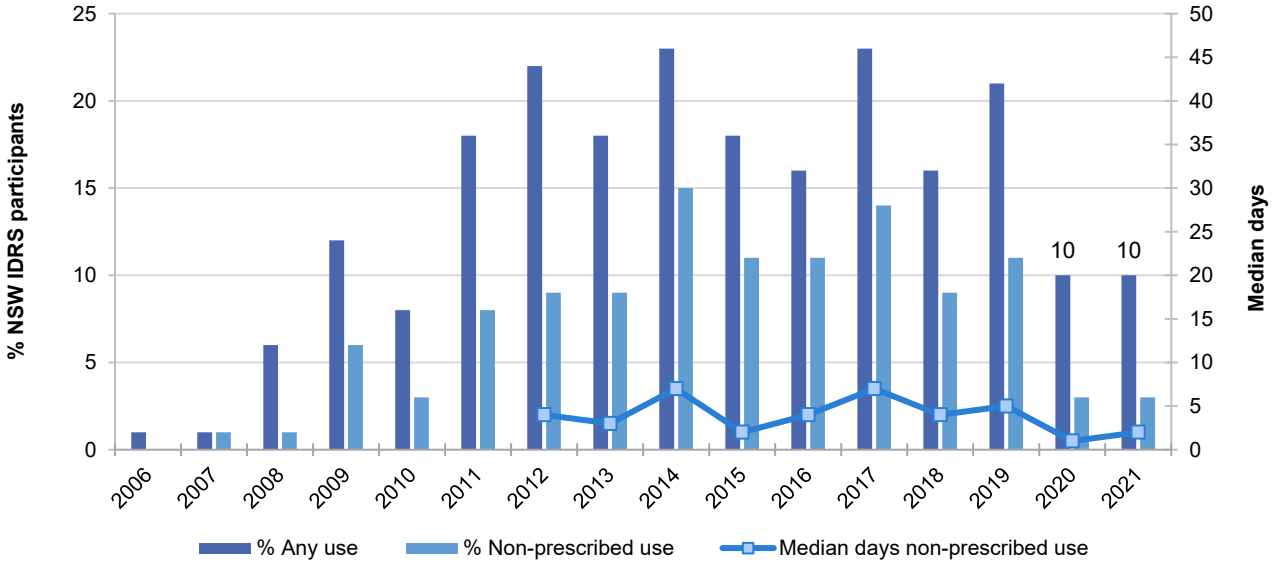
Buprenorphine-Naloxone

Any Recent Use (past 6 months): The per cent of the NSW sample reporting recent use of prescribed or non-prescribed buprenorphine-naloxone has fluctuated considerably since monitoring began in 2006. In 2021, one-tenth (10%) of the sample reported any recent use of buprenorphine-naloxone (10% in 2020; Figure 25). Prescribed buprenorphine-naloxone use remained low and stable in 2021 relative to previous years (7%; 6% in 2020). Few participants (n≤5) reported non-prescribed buprenorphine-naloxone use.

Frequency of Use: Few participants (n≤5; Figure 25) reported on the frequency of non-prescribed buprenorphine-naloxone use; therefore, these data are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Recent Injection: Few participants (n≤5) reported on recent injection and frequency of injection of buprenorphine-naloxone; therefore, these data are suppressed. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 25: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of buprenorphine-naloxone, NSW, 2006-2021



Note. From 2006-2011 participants were asked about the use of buprenorphine-naloxone tablet; from 2012-2015 participants were asked about the use of buprenorphine-naloxone tablet and film; from 2016 onwards participants were asked about the use of buprenorphine–naloxone film only. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days), and only reported from 2012 onwards to capture film use. Median days rounded to the nearest whole number. Y axis reduced to 50 days to improve visibility of trends. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

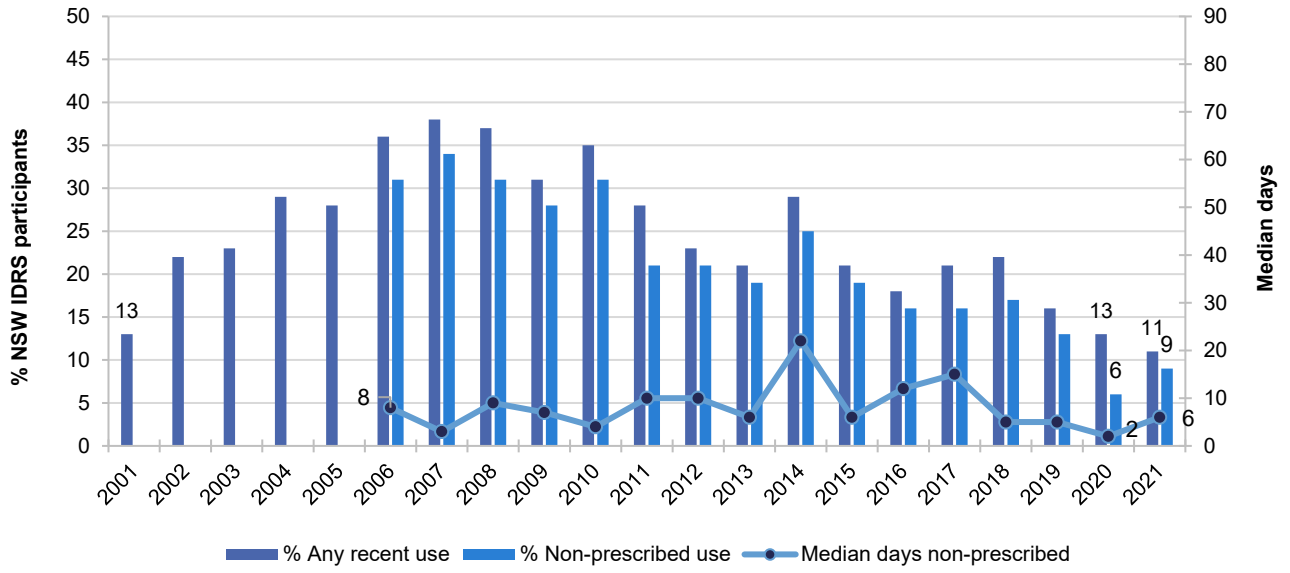
Morphine

Any Recent Use (past 6 months): Since peaking in 2007 with 38% of the sample reporting recent use of prescribed or non-prescribed morphine, a gradual decrease has been observed. In 2021, just over one-tenth (11%) of the NSW sample reported recent use of any morphine (13% in 2020; p=0.669; Figure 26). This largely comprised of non-prescribed morphine use (9%; 6% in 2020, p=0.606). Few participants (n≤5) reported recently using prescribed morphine, therefore these data are suppressed.

Frequency of Use: Participants who had recently used non-prescribed morphine (n=13) reported doing so on a median of six days in the six months preceding interview (IQR=1-60; 2 days in 2020; IQR=1-6; p=0.280; Figure 26).

Recent Injection: Of those who had recently used any morphine in 2021 and commented (n=11), 69% reported recently injecting morphine (65% in 2020) on a median of 10 days in the six months preceding interview (IQR=1-115; 4 days in 2020; IQR=2-7; p=0.449).

Figure 26: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of morphine, NSW, 2001-2021



Note. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Non-prescribed use not distinguished 2000-2005 for median days. Y axis reduced to 50% and 90 days to improve visibility of trends. Median days rounded to the nearest whole number. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

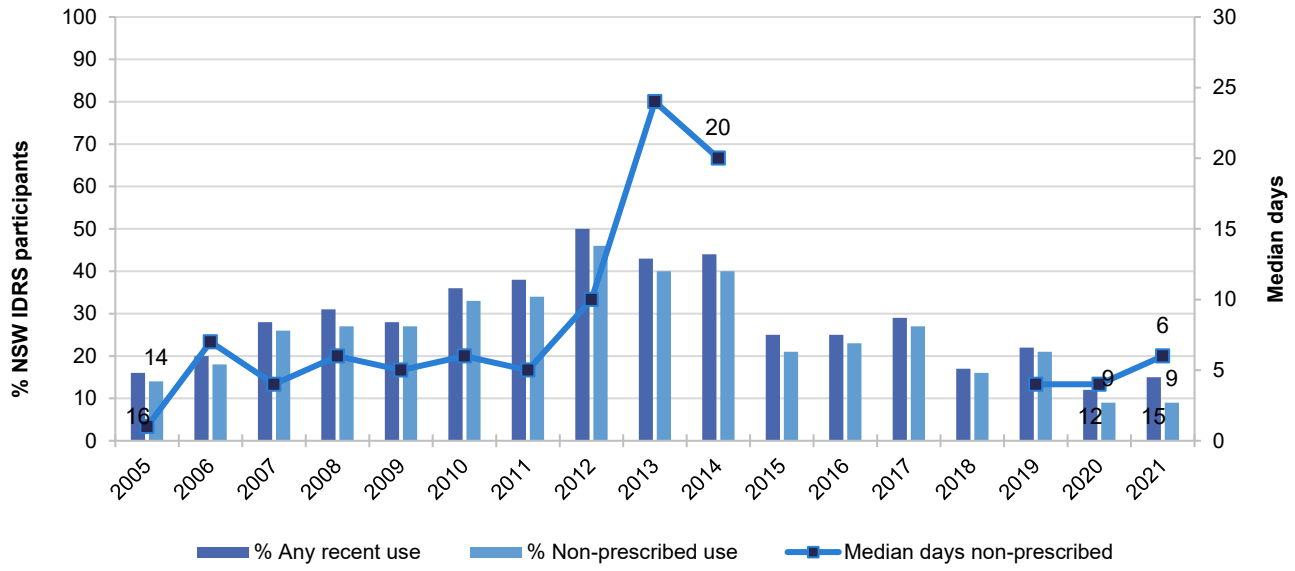
Oxycodone

Any Recent Use (past 6 months): Since peaking in 2012 with 50% of the sample reporting recent prescribed or non-prescribed use of oxycodone, a gradual decline has been observed. In 2021, 15% of the sample reported recently consuming oxycodone (12% in 2020; p=0.579; Figure 27). Nine per cent of the sample reported non-prescribed use of oxycodone (9% in 2020) and 6% reported prescribed use (n≤5 in 2020; p=0.397).

Frequency of Use: Participants reported using non-prescribed oxycodone on a median of six days (IQR=1-6; n=13) in the six months preceding interview, stable from 2020 (4 days; IQR=1-5; p=0.674; Figure 27).

Recent Injection: Though not statistically significant, recent injection of any oxycodone declined between 2020 (72%) and 2021 (36%; n=22; p=0.052). The median frequency of injection of any oxycodone remained stable at four days in 2021 (IQR=1-17; 4 days in 2020; IQR=3-8; p=0.941).

Figure 27: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of oxycodone, NSW, 2005-2021



Note. From 2005-2015 participants were asked about any oxycodone; from 2016-2018, oxycodone was broken down into three types: tamper resistant ('OP'), non-tamper proof (generic) and 'other oxycodone' (median days non-prescribed use missing 2015-2018). From 2019 onwards, oxycodone was broken down into four types: tamper resistant ('OP'), non-tamper proof (generic), 'other oxycodone' and oxycodone-naloxone. Median days of non-prescribed use computed among those who reported recent use (maximum 180 days). Median days rounded to the nearest whole number. Y axis reduced to 30 days to improve visibility of trends. Data labels are only provided for the first (2005) and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

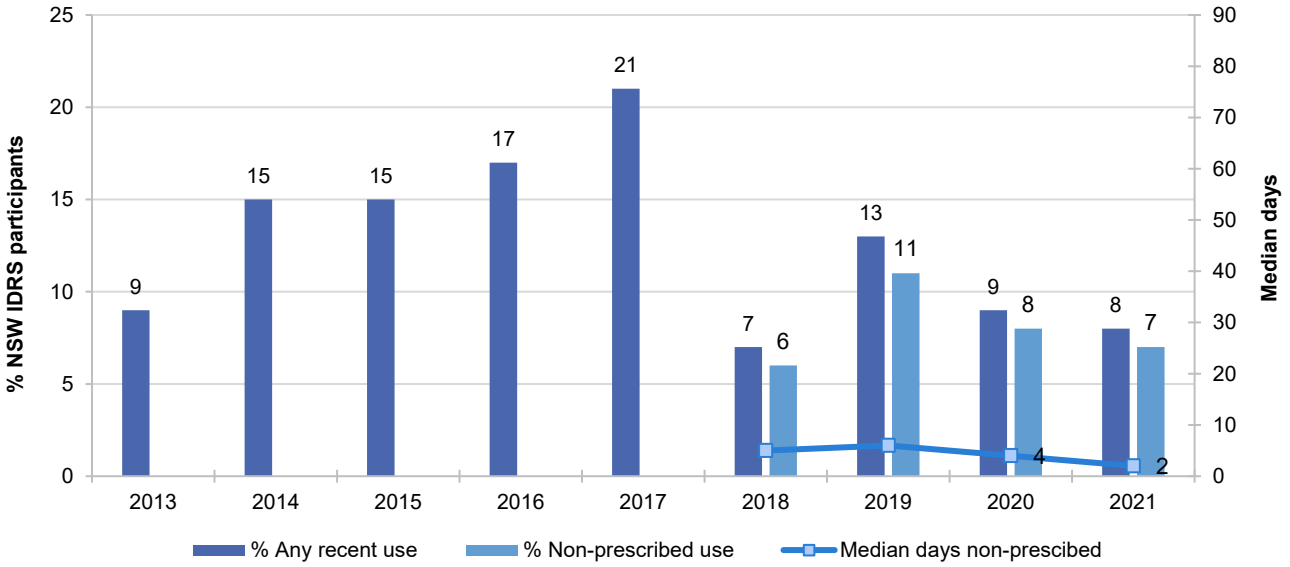
Fentanyl

Any Recent Use (past 6 months): The per cent reporting prescribed or non-prescribed fentanyl use peaked in 2017, with 21% of the sample reporting recent use, and has since been declining. In 2021, 8% of the sample reported recent fentanyl use (9% in 2020; p=0.893; Figure 28). This largely comprised of non-prescribed fentanyl use (7%; 8% in 2020; p=0.884). Small numbers (n≤5) reported recent prescribed use, therefore these data are suppressed.

Frequency of Use: Those who had recently used non-prescribed fentanyl did so infrequently, on a median of two days (IQR=2-5; n=11), stable from four days in 2020 (IQR=1-24; p=0.657; Figure 28).

Recent Injection: Of those who had recently used any fentanyl in 2021 and commented (n=12), over four-fifths (83%) reported injecting any form (93% in 2020; p=0.887) on a median of two days (IQR=1-4) in the past six months (7 days in 2020; IQR=1-24; p=0.439).

Figure 28: Past six month use (prescribed and non-prescribed) and frequency of non-prescribed use of fentanyl, NSW, 2013-2021



Note. Data on fentanyl use not collected from 2000-2012, and data on any non-prescribed use not collected 2013-2017. For the first time in 2018, use was captured as prescribed versus non-prescribed. Median days non-prescribed use computed among those who reported recent 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 are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Other Opioids

Participants were asked about prescribed and non-prescribed use of other opioids in 2021 (Table 2). The use of prescribed and non-prescribed codeine was low and stable, with 13% of the sample reporting recent use in 2021 (7% in 2020; p=0.150). This was mostly driven by prescribed use (10%; 6% in 2020; p=0.357), whereas 5% reported non-prescribed use in 2021 (n≤5 in 2020; p=0.160). See Figure 29 in the New South Wales IDRS 2019 Report for more detailed data on use of codeine.

Few participants (n≤5) reported recent use of any form of tramadol in 2021 and no participants reported recent use of any form of tapentadol. For further information, please refer to the 2021 IDRS National Report.

Table 2: Past six month use of other opioids, NSW, 2019-2021

% Recent Use (past 6 months)	2021 (N=150)	2020 (N=155)	2019 (N=151)
Codeine			
Any prescribed use	10	6	12
Any non-prescribed use	5	-	10
Any prescribed/non-prescribed use	13	7	20
Any injection	0	-	7
Tapentadol			
Any prescribed use	0	-	0
Any non-prescribed use	0	0	0
Any prescribed/non-prescribed use	0	-	0
Any injection	0	0	0
Tramadol			
Any prescribed use	-	-	6
Any non-prescribed use	-	-	-
Any prescribed/non-prescribed use	-	-	8
Any injection	-	-	0

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

8

Other Drugs

New Psychoactive Substances (NPS)

NPS are often defined as substances which do not fall under international drug control, but which may pose a public health threat. However, there is no universally accepted definition, and in practicality the term has come to include drugs which have previously not been well-established in recreational drug markets. Questions regarding NPS were included in the IDRS survey since 2016.

Recent use of any NPS was reported by 6% of the NSW sample in 2021 (7% in 2020; *p*=0.865; Table 3). Consistent with previous years, the most common NPS reported by participants were drugs that mimic the effects of cannabis (4%; 6% in 2020; *p*=0.633), which were used on a median of 88 days in the past six months (IQR=2-178; n=6; 6 days in 2020; IQR=1-15; *p*=0.808). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Table 3: Past six-month use of new psychoactive substances, NSW, 2016-2021

% Recent Use (past 6 months)	2021 N=150	2020 N=155	2019 N=151	2018 N=150	2017 N=150	2016 N=150
'New' drugs that mimic the effects of opioids	**0**	0	-	0	-	/
'New' drugs that mimic the effects of ecstasy	**-**	0	-	-	0[#]	/
'New' drugs that mimic the effects of amphetamine or cocaine	**-**	-	-	-	/	-
'New' drugs that mimic the effects of cannabis	**4**	6	7	5	-	11
'New' drugs that mimic the effects of psychedelic drugs	**0**	0	-	-	0[#]	/
'New' drugs that mimic the effects of benzodiazepines	**-**	0	-	-	/	/
Any of the above	**6**	7	9	12	-	13

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 2020 versus 2021.

Non-Prescribed Pharmaceutical Drugs

Benzodiazepines

Recent Use (past 6 months): Recent non-prescribed use of any benzodiazepines remained relatively stable between 2007-2014, before a gradual decline was observed from 2014-2020. In 2021, just over one-third (34%) of the sample reported recent use of any non-prescribed benzodiazepines (27% in 2020; *p*=0.236; Figure 29). Just over one-fifth (21%) of the NSW sample

reported recently using non-prescribed alprazolam in 2021 (19% in 2020; *p*=0.668) and one-quarter (25%) reported using other benzodiazepines (17% in 2020; *p*=0.122).

Frequency of Use: Participants reported using both non-prescribed alprazolam (IQR=3-30; n=32; 4 days in 2020; IQR=2-16; *p*=0.303) and other benzodiazepines (IQR=3-36; n=38; 6 days in 2020; IQR=2-33; *p*=0.122) on a median of nine days in the past six months, respectively.

Recent Injection: No participants reported recent injection of non-prescribed alprazolam or other benzodiazepines. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Pharmaceutical Stimulants

Recent Use (past 6 months): Non-prescribed use of pharmaceutical stimulants remained low and stable, with six per cent of the NSW 2021 sample reporting recent use (4% in 2020; *p*=0.552; Figure 29).

Frequency of Use: Participants who had recently used non-prescribed pharmaceutical stimulants reported doing so on a median 10 days (IQR=4-14; n=9), a significant increase from two days in 2020 (IQR=1-2; *p*=0.047).

Recent Injection: No participants reported recent injection of non-prescribed pharmaceutical stimulants in 2021 (n≤5 in 2020; *p*=0.278). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Antipsychotics

Recent Use (past 6 months): Since peaking in 2012 with 19% of the NSW sample reporting recent non-prescribed antipsychotic (asked as 'Seroquel' 2011-2018) use, recent use has been declining. In 2021, 4% of the sample reported recently using non-prescribed antipsychotics (5% in 2020; *p*=0.833; Figure 29).

Frequency of Use: Participants reported using non-prescribed antipsychotics on a median of eight days in 2021 (IQR=2-25; n=6; 3 days in 2020; IQR=3-6; *p*=0.696).

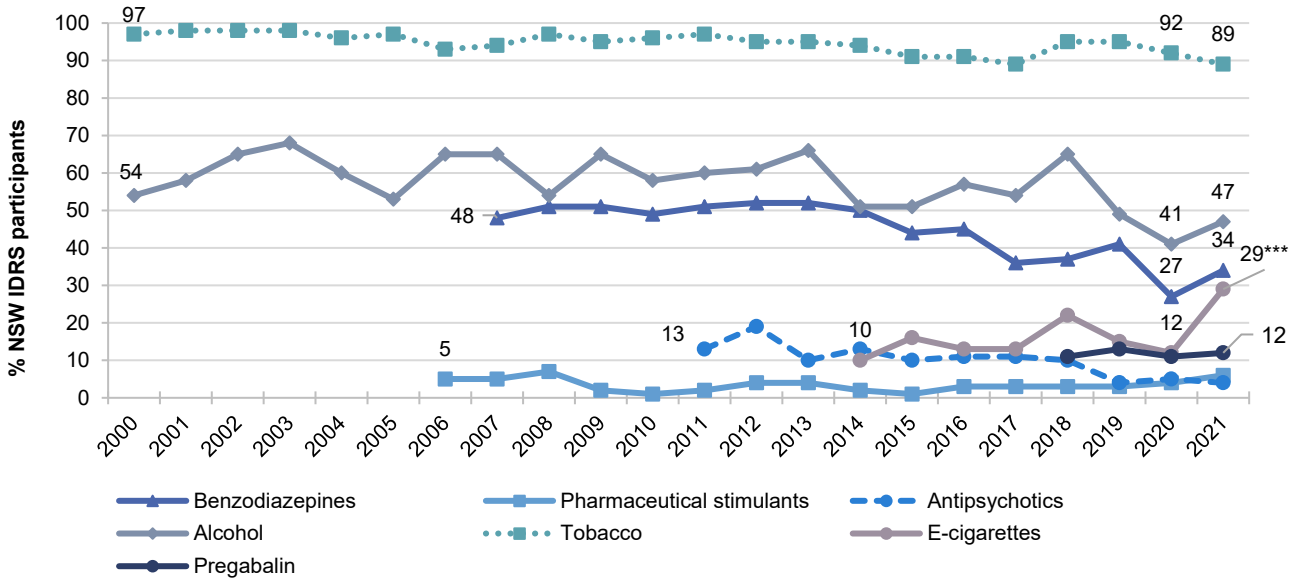
Pregabalin

Recent Use (past 6 months): Past six month non-prescribed pregabalin use was reported by 12% of the sample, stable from 11% in 2020 (*p*=0.918; Figure 29).

Frequency of Use: Participants reported consuming pregabalin on a median of two days (IQR=1-20; n=18) in 2021, stable relative to 2020 (6 days; IQR=3-48; *p*=0.091).

Recent Injection: In 2021, few participants (n≤5) reported recently injecting non-prescribed pregabalin. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 29: Past six month use of other drugs, NSW, 2000-2021



Note. Non-prescribed use is reported for prescription medicines (i.e., benzodiazepines, antipsychotics, pregabalin and pharmaceutical stimulants). Participants were first asked about antipsychotics in 2011 (asked as 'Seroquel' 2011-2018), e-cigarettes in 2014 and pregabalin in 2018. Pharmaceutical stimulants were separated into prescribed and non-prescribed from 2006 onwards, and benzodiazepines were separated into prescribed and non-prescribed in 2007; Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Licit and Other Drugs

Steroids

Few participants (n≤5) reported using steroids in the last six months and therefore no further reporting on patterns of use will be included. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Alcohol

Recent Use (past 6 months): Almost half (47%) of the NSW sample reported consuming alcohol in the six months preceding interview, stable relative to 2020 (41% in 2020; p=0.406; Figure 29).

Frequency of Use: Participants reported consuming alcohol on a median of 24 days (IQR=3-128; n=70; 39 days in 2020; IQR=6-140; p=0.457), with one-fifth (20%) of recent consumers reporting daily use (n=14; 19% in 2020).

Tobacco

Recent Use (past 6 months): Recent use of tobacco has consistently been high among the NSW sample since reporting began. Consistent with previous years, the majority (89%) of the sample reported recent tobacco use (92% in 2020; p=0.382; Figure 29).

Frequency of Use: Stable relative to previous years, participants reported tobacco use on a median of 180 days (IQR=180-180; n=133; 180 days in 2020; IQR=180-180; p=0.628), with 92% of recent consumers reporting daily use in 2021 (90% in 2020; p=0.818).

E-cigarettes

Recent Use (past 6 months): Almost one-third (29%) of the sample reported recent e-cigarette use, a significant increase from 2020 (12%; $p<0.001$; Figure 29), and the highest per cent observed since monitoring began.

Frequency of Use: Similarly, frequency of use significantly increased from a median of six days (IQR=2-14) in 2020 to 15 days in 2021 (IQR=4-107; n=44; $p=0.037$). Among those who had recently used e-cigarettes and responded, 23% reported daily use (n≤5 in 2020; $p=0.215$). Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Forms Used: Among those who had recently used e-cigarettes and responded (n=42), 90% reported that their e-cigarettes contained nicotine and 10%, respectively, reported that their e-cigarettes contained cannabis, both cannabis and nicotine, and neither.

Reasons for Use: Of those who reported e-cigarette use in the last six months and responded (n=44), 61% reported using it as a smoking cessation tool.

GHB/GBL/1, 4-BD

Recent Use (past 6 months): In 2021, 16% of participants reported recent use of GHB/GBL/1,4-BD (9% in 2020; $p=0.095$).

Recent Injection: The majority (96%) of participants reported swallowing GHB/GBL/1,4-BD. Few participants (n≤5) reported recent injection of GHB/GBL/1,4-BD in 2021, and therefore no further reporting is provided. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

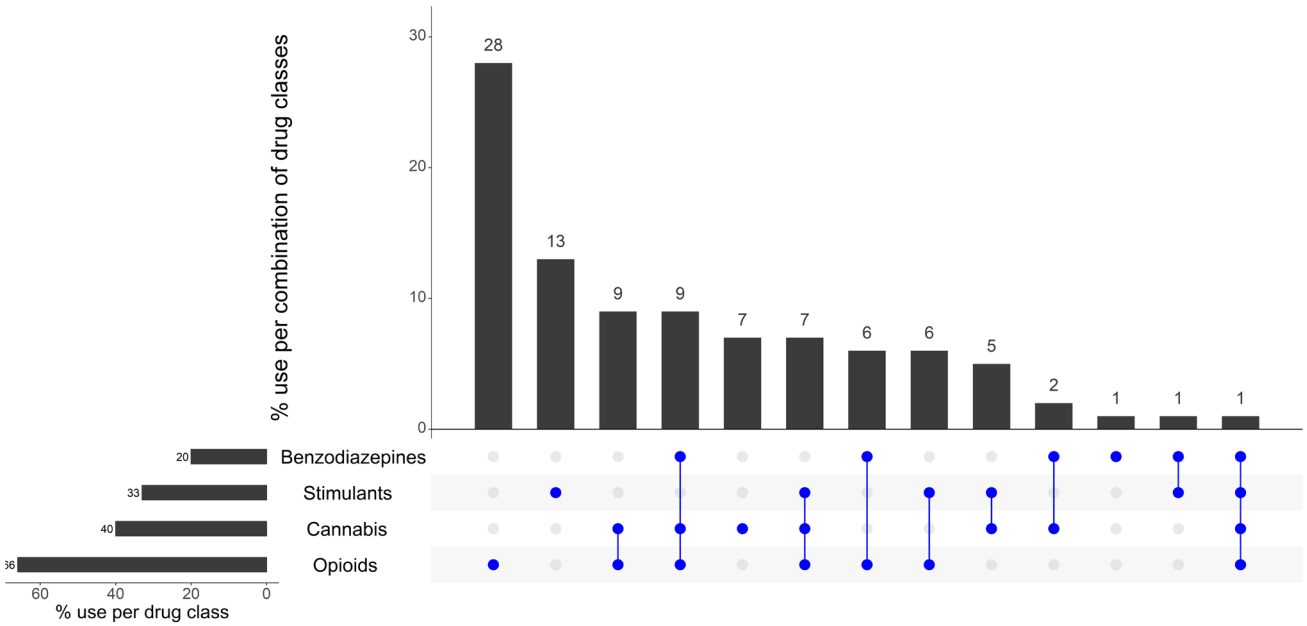
9

Drug-Related Harms and Other Associated Behaviours

Polysubstance Use

In 2021, the majority (97%) of the sample reported using one or more drugs (including alcohol, tobacco and prescription medications) on the day preceding interview. Of those who reported using one or more drugs (n=146), the most commonly used substances were tobacco (69%), followed by opioids (66%), cannabis (40%), stimulants (33%), and benzodiazepines (20%). Approximately one-in-ten (9%) participants reported concurrent use of cannabis and opioids, and cannabis, opioids, and benzodiazepines on the day preceding interview (Figure 30). Twenty-eight per cent of respondents reported using opioids alone, whilst 13% reported using stimulants alone.

Figure 30: Use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles, New South Wales, 2021



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

Overdose Events

Non-Fatal Overdose

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

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

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

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

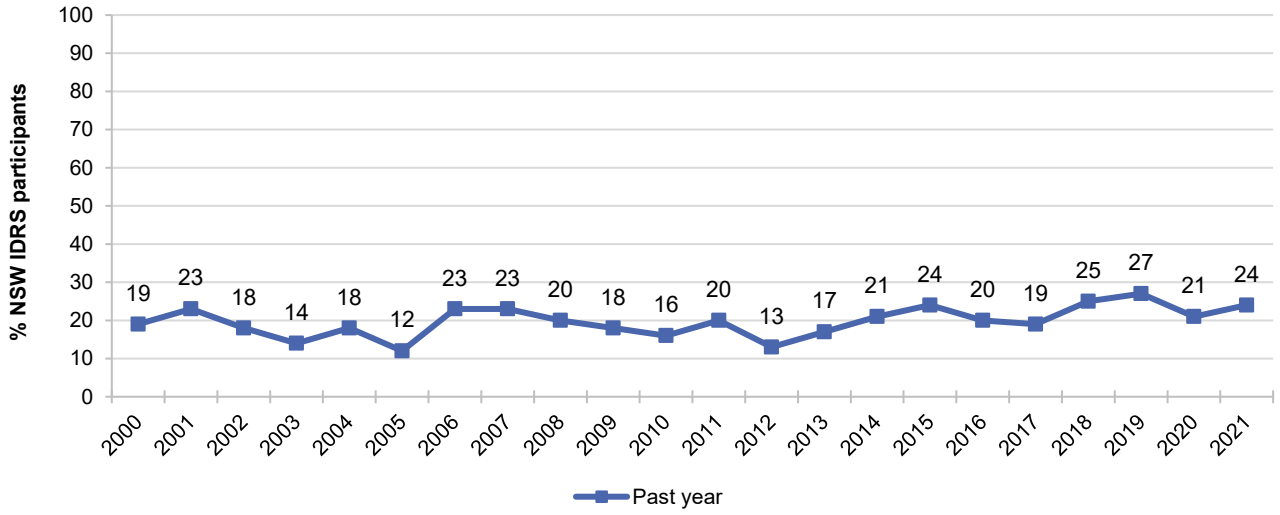
Non-fatal overdose on any drug in the 12 months preceding the interview has ranged between 12% and 27% since monitoring began in 2000. In 2021, 24% of the sample reported experiencing a non-fatal overdose in the 12 months preceding the interview (21% in 2020; p=0.587; Figure 31) on a median of one occasion (IQR=1-2). Consistent with previous years, opioids were the most common substance involved in a non-fatal overdose (16%; 12% in 2020; p=0.344), with 15% of the NSW sample reporting an overdose following the use of heroin (10% in 2020; p=0.255; Table 4).

The most common other drugs used during the last opioid overdose were tobacco (38%) and benzodiazepines (including alprazolam) (33%). Among those who had experienced a past year non-fatal overdose, the majority (79%) reported receiving treatment on the last occasion of overdose, most commonly ambulance attendance (46%), followed by receiving naloxone/narcan (42%).

Six per cent of the sample reported experiencing a non-fatal overdose following stimulant use in the past year (11% in 2020; p=0.491), with methamphetamine crystal the most common substance involved (6%). Few participants (n≤5) reported an accidental overdose following consumption of an 'other' drug not including stimulants (6% in 2020; p=0.154; Table 4).

Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Figure 31: Past 12 month non-fatal any overdose, NSW, 2000-2021



Note. Estimates from 2000-2005 refer to heroin and morphine non-fatal overdose only. In 2019, items about overdose were revised, and changes relative to 2018 may be a function of greater nuance in capturing depressant events. Data labels are only provided for the first and two most recent years (2020 and 2021) of monitoring, however labels are suppressed where there are small numbers (i.e., n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Table 4: Past 12 months non-fatal overdose by drug type, nationally and NSW, 2016-2020

	National	NSW					
	2021	**2021**	**2020**	**2019**	**2018**	**2017**	**2016**
% Any opioid overdose	**N=882 11**	**N=150 16**	N=155 12	N=150 19			
% Heroin overdose	**N=880 9**	**N=150 15**	N=155 10	N=150 15	N=131 20	N=126 14	N=144 15
% Methadone overdose	**N=880 1**	**N=150 -**	N=155 1	N=150 1	N=145 -	N=131 0	N=145 -
% Morphine overdose	**N=880 1**	**N=150 -**	N=155 1	N=150 0	N=145 -	N=150 -	N=148 -
% Oxycodone overdose	**N=880 0**	**N=150 0**	N=155 1	N=150 0	N=148 -	N=143 0	N=147 0
% Stimulant overdose	**N=885 4**	**N=150 6%**	N=154 6%	N=151 9%	-	-	N=144 4%
% Other drug overdose							
% Other overdose	**N=885 3**	**N=150 -**	N=154 6	N=151 -	/	/	/
% Any drug overdose	**N=882 17**	**N=150 24**	N=155 21	N=151 27	N=128 25	N=125 19	N=144 20

Note. Participants reported on whether they had overdosed following use of the specific substances; other substances may have been involved on the occasion(s) that participants refer to. From 2015-2018, the stimulant overdose percentage represents participants who reported that they had consumed a stimulant drug prior to their most recent past 12-month 'other drug' overdose and therefore may be an underestimation. – Values suppressed due to small numbers (n ≤5 but not 0). N is the number who responded (denominator). / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Naloxone Program and Distribution

Naloxone is a short-acting opioid antagonist that has been used for over 40 years to reverse the effects of opioids. In 2012, a take-home naloxone program commenced in the ACT (followed by NSW, VIC, and WA) through which naloxone was made available to peers and family members of people

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

Awareness of Naloxone: Since monitoring began in 2013, the per cent of participants reporting awareness of naloxone has ranged between 88% and 96%, indicating a high awareness of naloxone. In 2021, 93% of participants reported being aware of naloxone, stable from 92% in 2020 (p=0.833; Figure 32).

Awareness of Take-Home Programs (training program): At the commencement of monitoring in 2013, two-in-five participants (40%) were aware of naloxone training programs. In 2021, almost three-quarters (74%) of NSW participants reported awareness of the naloxone take-home program (75% in 2020; p=0.793; Figure 32).

Participation in Training Programs: In 2021, two-fifths (44%) of participants reported being trained in how to administer naloxone (54% in 2020; p=0.087; Figure 32). Among those who responded (n=78), 33% received their last naloxone training via a NSP, followed by a drug treatment service (32%), and a health service (19%).

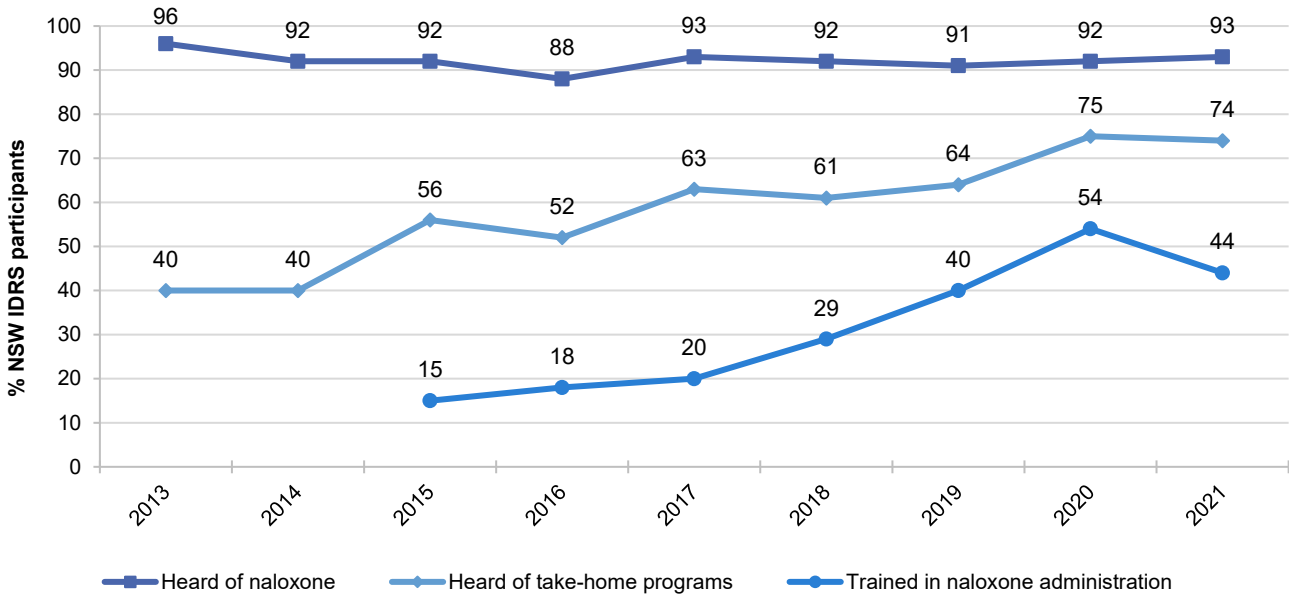
Accessed Naloxone: Half (53%) of the NSW sample reported accessing naloxone in their lifetime (55% in 2020). On the last occasion of naloxone access, one-third (33%) of participants accessed naloxone via a NSP, followed by a drug treatment service (32%), and the majority (92%) of participants reported that they did not have to pay the last time they accessed naloxone. Thirty-one per cent reported accessing intramuscular naloxone, 48% reported accessing intranasal, and 21% reported accessing both the last time they accessed naloxone.

Four per cent of participants reported having difficulties accessing naloxone (n≤5 in 2020; p=0.329) in their lifetime. Out of those who had either ever had trouble accessing naloxone or never accessed naloxone (n=68), reasons included 'don't consider myself/my peers at risk of overdose' (29%), 'didn't know you could access naloxone' (24%), and 'don't use opioids' (19%).

Use of Naloxone to Reverse Overdose: In 2021, of those who responded (n=150), 30% reported resuscitating someone using naloxone at least once in their lifetime, and 7% reported they had been resuscitated by a peer using Narcan/naloxone in the last year (4% in 2020; p=0.305).

Of those who reported accessing naloxone in their lifetime (n=78), over half (54%) reported 'always' having naloxone on hand when using opioids in the past month and 8% reported 'sometimes' having naloxone on hand. Conversely, 13% reported 'never' having naloxone on hand and 10% said 'rarely'.

Figure 32: Take-home naloxone program and distribution, NSW, 2013-2021



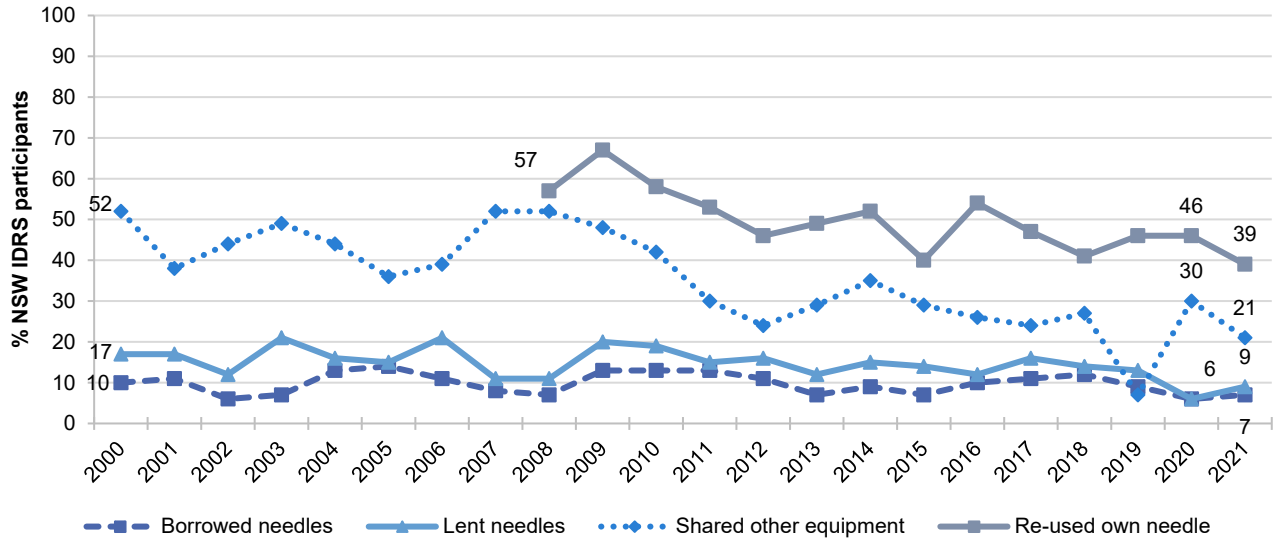
Note. Data labels have been removed from figures in years with small cell size (i.e. n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Injecting Risk Behaviours and Harms

Receptive and distributive needle sharing remained low and stable in 2021, with 7% reporting receptive needle sharing (6% in 2020) and 9% reporting distributive needle sharing (6% in 2020, p=0.459). Similarly, the per cent of participants who reported sharing other equipment remained stable in 2021 (21%; 30% in 2020; p=0.093; Figure 33 and Table 5).

One-quarter (26%) reported that they had injected someone else after injecting themselves, unchanged from 2020 (26% in 2020). Just over one-sixth (17%) were injected by someone else who had previously injected in the past month (14% in 2020, p=0.434). Most participants (87%) were in a private home at the time of last injection (85% in 2020, p=0.228).

Figure 33: Borrowing and lending of needles and sharing of injecting equipment in the past month, NSW, 2000-2021



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

Table 5: Sharing and re-using needles and injecting equipment in the past month, nationally and NSW, 2016-2021

	National	NSW					
	2021 N=888	2021 N=150	2020 N=155	2019 N=151	2018 N=151	2017 N=142	2016 N=147
% Injecting behaviours past month							
Borrowed a needle	N=880 6	**N=148 7**	N=155 6	N=151 9	N=151 12	N=142 11	N=147 10
Lent a needle	N=877 10	**N=148 9**	N=154 6	N=149 13	N=150 14	N=142 16	N=145 12
Shared any injecting equipment ^	N=881 18	**N=149 21**	N=154 30	N=151 7	N=152 27	N=142 24	N=147 26
Reused own needle	N=880 38	**N=149 39**	N=154 46	N=151 46	N=151 41	N=142 47	N=147 54
Injected partner/friend after self˜	N=882 34	**N=150 26**	N=155 26	N=150 36	N=151 32	N=141 31	N=147 28
Somebody else injected them after injecting themselves˜	N=880 18	**N=149 17**	N=155 14	N=151 19	N=151 19	N=141 14	N=147 18
% Location of last injection	N=878	**N=149**	N=154	N=150	N=151	N=142	N=147
Private home	83	**87**	85	69	72	62	67
Car	5	**5**	-	-	3	-	5
Street/car park/beach	5	**5**	5	11	5	4	8
Public toilet	4	**-**	-	4	5	4	5
Medically supervised injected services	3	**-**	5	9	12	13	6
Other	1	**-**	-	-	-	8	4

Note. ^ Includes spoons, water, tourniquets and filters; excludes needles/syringes. ˜ New or used needle. Borrowed (receptive): used a needle after someone else. Lent (distributive): somebody else used a needle after them. - Values suppressed due to small cell size (n≤5 but not 0). / Participants first asked about injecting other and being injected by others in 2016. N is the number who responded (denominator). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Self-Reported Injection-Related Health Problems

In 2021, almost one-third (32%) of the sample reported having an injection-related health issue in the month preceding interview, stable relative to 2020 (31%, *p*=0.912; Table 6). The most common injection-related health issues reported by participants were nerve damage (13%; 10% in 2020; *p*=0.629) and a dirty hit (11%; 10% in 2020).

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

	2021	2020
	(N=150)	(N=155)
% Artery injection	**9**	8
% Any nerve damage	**13**	10
% Any thrombosis	**7**	9
Blood clot near the surface of the skin	**7**	6
Blood clot in the deep veins	**-**	-
% Any infection/ abscess	**9**	7
Skin abscess or cellulitis	**8**	6
Endocarditis	**-**	0
Another serious infection (e.g. sepsis, osteomyelitis)	**0**	-
% Dirty hit	**11**	10
% Any injection related problem	**32**	31

Note. In 2021, 'sepsis' and osteomyelitis were combined. - Values suppressed due to small cell size (n≤5 but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Drug Treatment

In 2021, half (50%) of the NSW sample were currently in any form of drug treatment (56% in 2020; *p*=0.370). Almost two-fifths (37%) of the NSW sample were participating in a methadone program (44% in 2020; *p*=0.263) and 11% in counselling (17% in 2020; *p*=0.174; Table 7).

In 2021, of those not currently in treatment (n=74), over one-fifth (22%) reported having difficulties accessing treatment in the past six months. Among the participants that experienced difficulties accessing treatment, participants mainly sought treatment for heroin (50%, n=8), with the most common service participants reported having trouble accessing being residential rehabilitation/therapeutic community (38%, n=6).

Table 7: Current drug treatment, nationally and NSW, 2016-2021

	National	NSW					
	N=886	N=150	N=155	N=151	N=152	N=151	N=150
	2021	2021	2020	2019	2018	2017	2016
% Current drug treatment	**37**	**50**	**56**	58	55	44	54
Methadone	**24**	**37**	**44**	42	48	31	41
Buprenorphine	**2**	**-**	**0**	-	0	-	-
Buprenorphine-naloxone	**5**	**4**	**5**	8	5	9	8
Buprenorphine depot injection	**2**	**-**	**-**		/	/	/
Drug counselling	**8**	**11**	**17**	14	-	-	-
Other	**4**	**-**	**5**	**-**	0	-	0

Note. Numbers suppressed when n≤5 (but not 0). *p<0.050; **p<0.010; ***p<0.001 for 2020 versus 2021.

Bloodborne Virus Testing and Treatment

Under one-tenth (7%) of the NSW sample reported a current hepatitis C virus (HCV) infection in 2021 (12% in 2020; p=0.208; Table 8). The per cent of participants who reported having an HCV antibody test in the last year significantly increased from just under one-quarter (24%) of the sample in 2020 to 41% in 2021 (p=0.003), and 43% of participants reported receiving an RNA test (39% in 2020; p=0.551). Fourteen per cent of the sample reported receiving HCV treatment in the last year (7% in 2020; p=0.110), of which three-quarters (75%; n=20; 90% in 2020; p=0.628) reported that their treatment was successful.

The majority (93%) of participants reported undergoing a test for human immunodeficiency virus (HIV) in their lifetime (40% in the past 6 months), with 7% reporting that they had received a positive diagnosis for HIV in their lifetime (Table 8).

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

%	National	NSW	
	2021	2021	2020
	N=888	**N=150**	**N=151**
Past year Hepatitis C test (n)			
Past year hepatitis C antibody test	N=868 44	**N=147** **41****	N=151 24
Past year hepatitis C PCR or RNA test	N=839 40	**N=145** **43**	N=145 39
Current hepatitis C status (n)			
Currently have hepatitis C	N=826 9	**N=143** **7**	N=150 12
Past year treatment for hepatitis C (n)			
Received treatment in past year	N=862 12	**N=147** **14**	N=151 7
Most recent treatment was successful (among those who had received treatment in past year)	N=100 69	**N=20** **75**	N=10 90
HIV test (n)	N=727	**N=136**	
HIV test in past 6 months	31	**40**	/
HIV test more than 6 months ago	53	**52**	/
HIV status (n)	N=727	**N=136**	
Lifetime HIV positive diagnosis	3	**7**	/

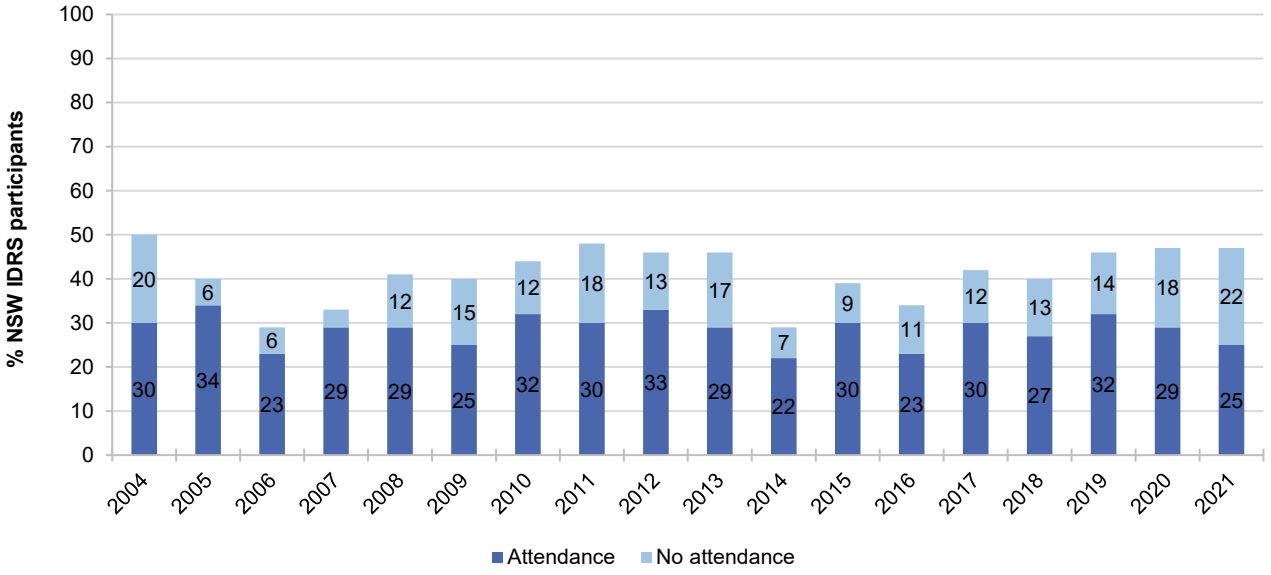
Note. – Values suppressed due to small numbers (n≤5 but not 0). N is the number who responded (denominator). Timeframes for HCV and HIV differ; i.e., HCV questions focus on lifetime and past year; HIV questions focus on lifetime and past six months. / Not asked. *p<0.050; **p<0.010; ***p<0.001 for 2020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

Mental Health

Forty-seven per cent of the sample self-reported that they had experienced a mental health problem in the preceding six months in 2021, unchanged from 2020 (47% in 2020; Figure 34). Amongst this group, the most commonly reported problems were depression (66%), followed by anxiety (36%), post-traumatic stress disorder (PTSD) (19%) and manic depression/bipolar (18%).

One-quarter of the total sample (25%; 54% of those who reported a mental health problem) had seen a mental health professional during the last six months, stable from 2020 (61%; p=0.466). Among those who had attended a mental health professional, 78% had been prescribed medication for their mental health problem in the preceding six months (80% in 2020).

Figure 34: Self-reported mental health problems and treatment seeking in the past six months, NSW, 2004-2021



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

Driving

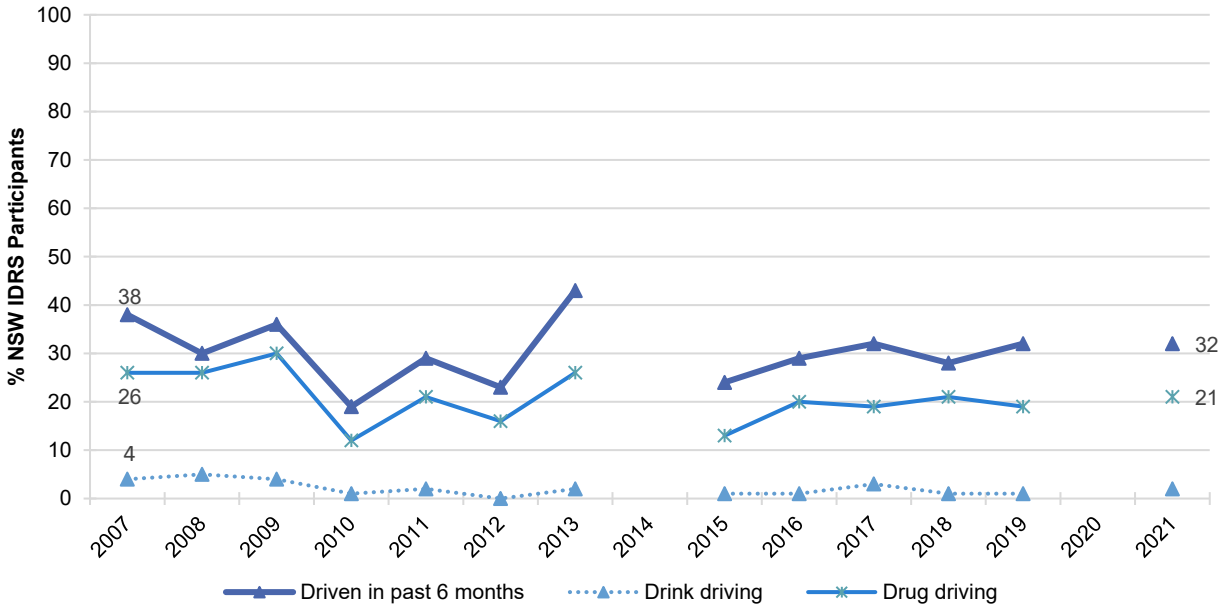
Just under one-third (32%) of the NSW sample reported driving a car, motorcycle or other vehicle in the six months preceding the interview (Table 9). Few participants (n≤5; Figure 35) reported driving while over the perceived legal alcohol limit in the last six months. Conversely, one-fifth (21%) reported driving within three hours of consuming an illicit or non-prescribed drug, most commonly methamphetamine crystal (55%), heroin (48%), and cannabis (39%).

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

%	National	NSW
	N=875	**N=150**
% Driven in last six months	36	**32**
% Driven over the legal alcohol limit in the last six months	(N=867) 4	**(N=146)** **-**
% Driven within three hours of consuming illicit drug(s) last six months	(N=871) 25	**(N=147)** **21**
% Tested for drug driving by police roadside drug testing last six months	(N=872) 9	**(N=148)** **9**
% Breath tested for alcohol by police roadside testing last six months	(N=874) 13	**(N=148)** **11**

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

Figure 35: Self-reported driving in the past six months over the (perceived) legal limit for alcohol and three hours following illicit drug use, NSW, 2007-2021



Note. Computed of the entire sample. Questions about driving behaviour were first asked in 2007. Questions about driving behaviour not asked in 2014 or 2020. Data labels have been removed from figures in years of initial monitoring, and 2021 with small cell size (i.e. n≤5 but not 0).

Drug Checking

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

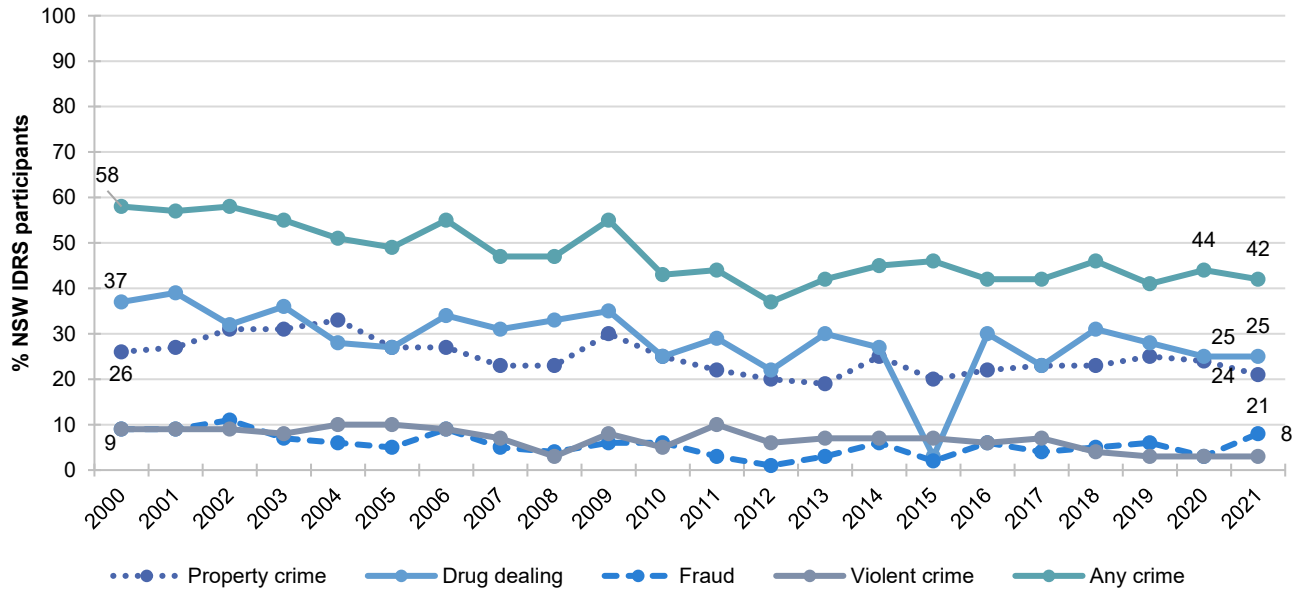
In 2021, 23% of participants reported that they or someone else had ever tested the content and/or purity of their illicit drugs in Australia (13% in the past year). Among those who reported that they or someone else had tested their drugs in the past year (n=19), testing strips (e.g., BTNX fentanyl strips or other immunoassay testing strips) and colorimetric or reagent test kits (63% and 32%, respectively) were the most commonly reported drug checking methods. Of those who reported using a testing strip in the past year (n=12), 58% reported receiving a positive detection for fentanyl. Please refer to the National IDRS Report for national trends, or contact the Drug Trends team for further information.

Crime

In 2021, two-fifths (42%) of participants reported engaging in 'any' crime in the past month (44% in 2020; *p*=0.761). Selling drugs for cash profit remained the most common self-reported crime in the month preceding the interview (25%; 25% in 2020), followed by 21% reporting property crime (24% in 2020; *p*=0.561; Figure 36). Low numbers (n≤5) reported engaging in violent crime in 2021. Conversely, almost one fifth (19%) reported being the victim of a crime involving violence in the last month (e.g., assault) (15%; *p*=0.423).

In 2021, 23% of the sample had been arrested in the past year, stable from 2020 (30%; *p*=0.240). Over two-thirds (68%) reported a lifetime prison history in 2021, also stable from 69% in 2020 (*p*=0.845).

Figure 36: Self-reported criminal activity in the past month, NSW, 2000-2021



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