



Australian Government

Australian Institute of Health and Welfare

Illicit use of drugs

Quick facts



In 2019, an increase in recent use was reported for a number of illicit drugs, including cannabis, cocaine, ecstasy, hallucinogens, inhalants and ketamine.



The average (mean) age 14–29 year olds first tried an illicit drug increased between 2016 and 2019 for cannabis, ecstasy, inhalants, pain-killers/opioids and tranquillisers.

Use of pain-killers and opioids for non-medical purposes and use of emerging psychoactive substances decreased between 2016 and 2019.



Most people first try illicit drugs out of curiosity (69%) and of those who continue using illicit drugs, they do so because they enjoy it (71%).



For the first time since 2001, males in their 20s reported an increase in recent illicit drug use (excluding pharmaceuticals) (from 29% in 2016 to 34% in 2019), largely driven by increases in cocaine and ecstasy.



More people were victims of an illicit drug-related incident in 2019 with the proportion of people reporting that they were verbally abused, physically abused or put in fear all increasing since 2016—*any incident* increased from 9.2% to 10.5%.



Use of illicit drugs continued to increase among older age groups, driven by the highest levels of cannabis use since 2001.

Among people who used hallucinogens in the previous 12 months, frequency of use increased between 2016 and 2019—at least monthly use (from 3.0% to 10.3%) and use every few months increased (from 21% to 34%).



Meth/amphetamine use has been declining since it peaked at 3.4% in 2001 and stabilised in 2019 (1.4% in 2016 and 1.3% in 2019) but crystal/ice continues to be the main form used and was used more frequently than drugs such as cocaine and ecstasy.



People using cocaine in the previous 12 months has been increasing since 2004, from 1.0% to 4.2% in 2019, and is at its highest level over the last 18 years for all adult groups.



Harms from illicit drugs affect all Australian communities, families and individuals, either directly or indirectly. These include illnesses and injuries, mental health and trauma, and health care and other financial costs (DoH 2017).

In 2015, illicit drug use contributed to 2.7% of the total burden of disease and injury (AIHW 2019c). In 2018, 1,740 deaths were directly attributable to drug use, and opioids were present in nearly two-thirds of these deaths (64.5% or 1,123 deaths).

The first part of the chapter focuses on illicit use of at least 1 drug (including non-medical use of pharmaceuticals) and the second part focuses on use of selected illegal drugs excluding pharmaceuticals (see Chapter 5 for more detailed information on pharmaceuticals used for non-medical purposes).

What is meant by 'illicit drug use'?

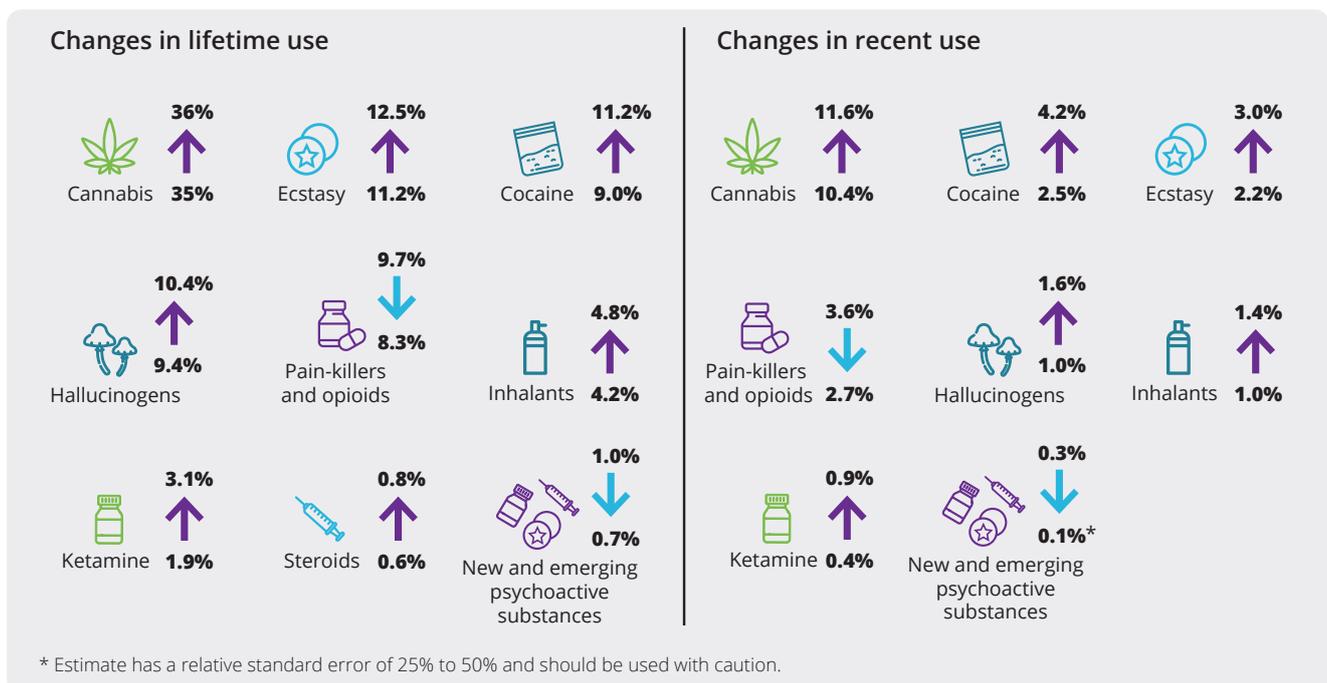
- use of illegal drugs (such as meth/amphetamines and cocaine)
- use of pharmaceuticals for non-medical purposes (for example, using oxycodone or benzodiazepines without a prescription, or in a quantity or for a purpose for which it is not intended)
- volatile substances used inappropriately (for example, inhalants such as petrol or glue).

Unless otherwise specified, the results in this report relate to those aged 14 and over and all increases or decreases in estimates over time are statistically significant. All data presented in this chapter are available through the online illicit drug tables <https://www.aihw.gov.au/reports/illicit-use-of-drugs/national-drug-strategy-household-survey-2019/data>.

How many people use illicit drugs and how has this changed?

In 2019, 9.0 million (or 43%) people aged 14 and over in Australia had illicitly used a drug at some point in their lifetime (including pharmaceuticals used for non-medical purposes) and 3.4 million (or 16.4%) had used one in the last 12 months (tables 4.1, 4.3, 4.7, and 5.5). This was similar to the proportions in 2016 but has increased since 2007 (38% and 13.4% respectively).

There were a number of changes in lifetime and recent use of specific drugs between 2016 and 2019 (Tables 4.2 and 4.6).

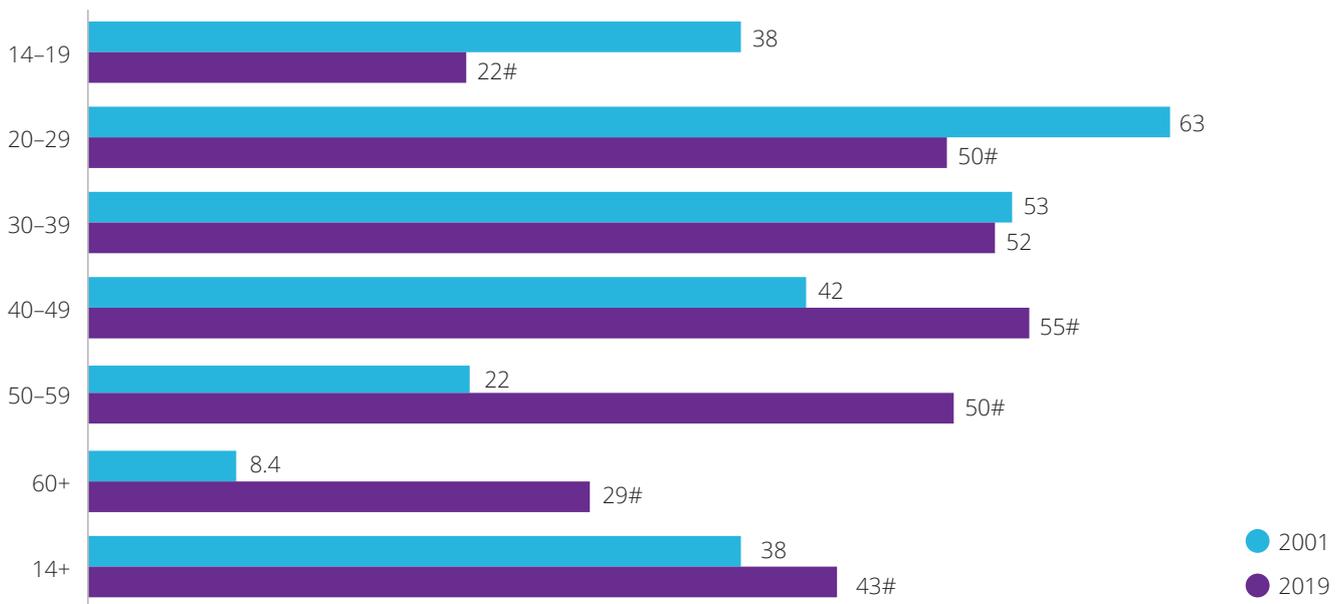




How has illicit drug use changed across age groups?

In 2001, use of an illicit drug in a person’s lifetime was highest among people in their 20s (Figure 4.1). By 2019, it was people in their 40s who were the most likely to have ever used an illicit drug. Over the last 18 years, both lifetime and recent use have risen among older age groups, remained stable for people in their 30s and generally declined among people aged under 30 (14–29 years; tables 4.4 and 4.6).

Figure 4.1 Lifetime^(a) use of an illicit drug (including pharmaceuticals), by age, 2001 and 2019 (per cent)



Statistically significant change between 2001 and 2019.

(a) Used at least 1 of 16 illicit drugs in 2019—the number and type of drug used varied between 2001 and 2019.

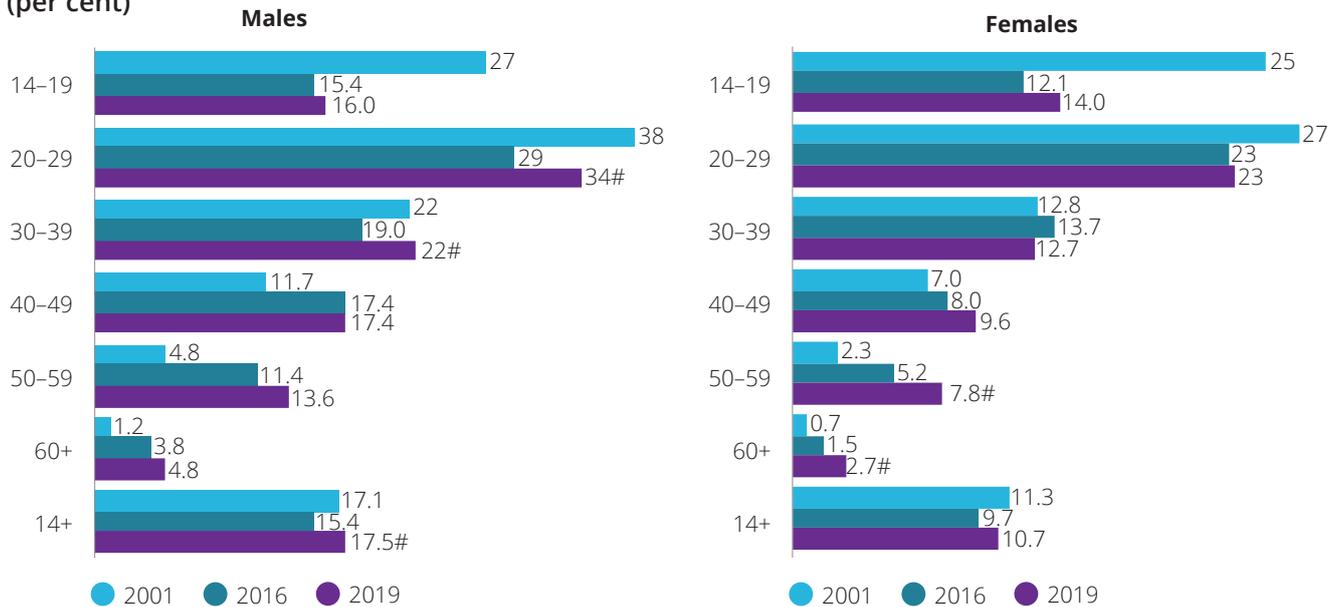
Source: Table 4.4.

Over the most recent 3-year period, the proportion of people aged 60 and over who had ever used an illicit drug increased. This pattern was seen for both males and females (Table 4.4). This could be due in part to people who used illicit drugs ageing. Trends in drug use can also result from generational differences in drug use and changes in the composition of the population over time, such as the ageing of a particular generation of people (McKetin et al. 2010).

When looking at illicit drug use excluding pharmaceuticals (Figure 4.2), males in their 20s and 30s reported increases in recent use between 2016 and 2019. Females in their 50s and those aged 60 and over reported small increases in recent use.



Figure 4.2: Recent^(a) illicit drug use excluding pharmaceuticals, by age and sex, 2001, 2016 and 2019 (per cent)



Statistically significant change between 2016 and 2019.

(a) Used at least 1 of 12 illegal drugs in 2019—the number and type of drug used varied between 2001 and 2019.

Source: Table 4.11.

The average age at which some people use drugs has risen

Although no statistically significant changes were detected in the median age of people who used drugs between 2016 and 2019, the median age of people who use drugs for most illicit drugs has risen since 2001 (Table 4.19a). For example:

- the median age of people who used cannabis was 26 in 2001 and increased to 31 in 2019
- the median age of people who used cocaine was 25 in 2001 and rose to 28 in 2019
- people who used meth/amphetamine are nearly a decade older, on average, than they were in 2001—increasing from 23 years old in 2001, to 32 by 2019.

People using ecstasy and hallucinogens in the past 12 months were generally younger than people using cannabis and meth/amphetamines (mid-20s compared with early 30s).

At what age do people start using illicit drugs?

Of people aged 14 and over who have used illicit drugs in their lifetime, most first tried them in their 20s, with some drugs tried earlier than others (Table 4.17). The age at which people first tried drugs was similar in 2016 and 2019 but in comparison to 2001, people were generally older.

Table Illicit1: Mean age of initiation, people who have used selected illicit drugs at least once in their lifetime, aged 14 and over

Drugs tried in late teens	Cannabis
Drugs tried in early 20s	Ecstasy; Meth/amphetamines; Hallucinogens; Inhalants; Heroin; Injected drugs
Drugs tried in mid-20s	Cocaine; GHB; Ketamine; Pain-killers/opioids
Drugs tried in late 20s or later	Tranquillisers; Steroids

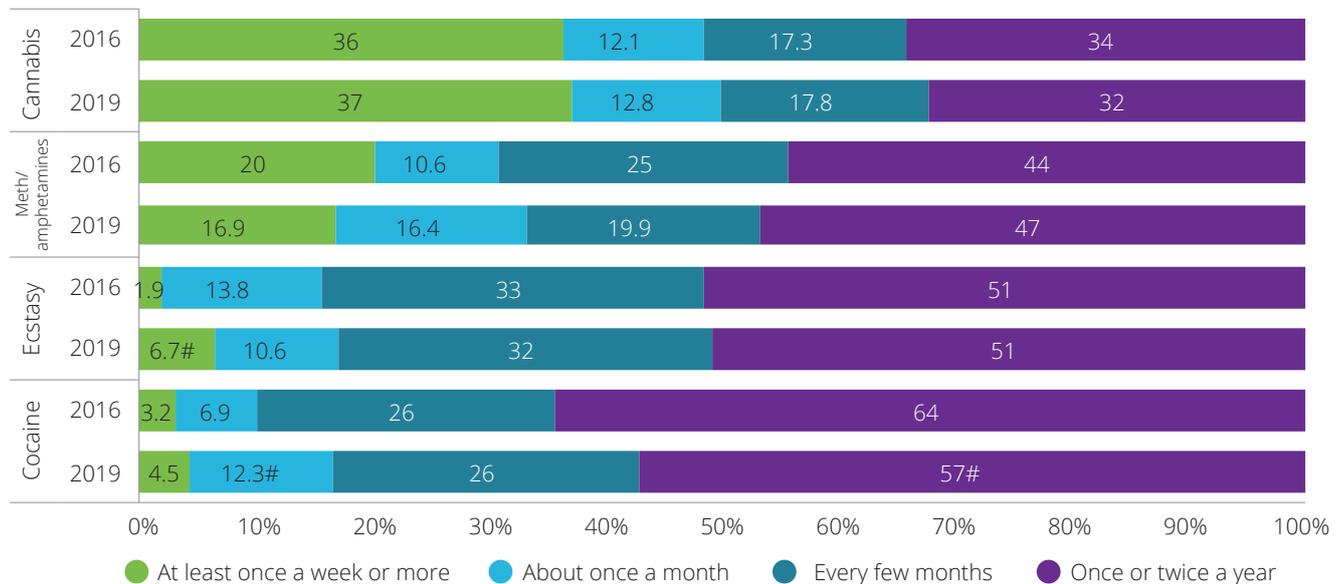


Among people aged 14–29, the mean age of initiation of illicit drug use rose from 16.7 years in 2016 to 17.3 years in 2019 (Table 4.18). This was due to 14–29 year olds delaying their uptake of cannabis, ecstasy, inhalants, pain-killers and opioids, and tranquillisers.

Which illicit drugs are used most frequently?

Some drugs are used much more often than others, and the health risks of illicit drug use vary with the frequency, type and quantity of drugs used (Degenhardt et al. 2013). The NDSHS results show that cannabis and meth/amphetamines are used much more frequently than cocaine and ecstasy (Figure 4.3). In 2019, people who used cannabis or meth/amphetamines were much more likely to use the drug regularly, with 37% and 17% respectively using as often as weekly or more compared with those who used ecstasy or cocaine (6.7% and 4.5% respectively). However, there were more people using ecstasy at least weekly in 2019 than in 2016, and more people were using cocaine about once a month, but fewer using it once or twice a year.

Figure 4.3: Frequency of illicit drug use, by specific illicit drug, people aged 14 and over, 2016 and 2019 (per cent)



Statistically significant change between 2016 and 2019.

Note: The 2016 estimate for at least weekly ecstasy use and at least once a week or more cocaine use has a relative standard error between 25% and 50%.

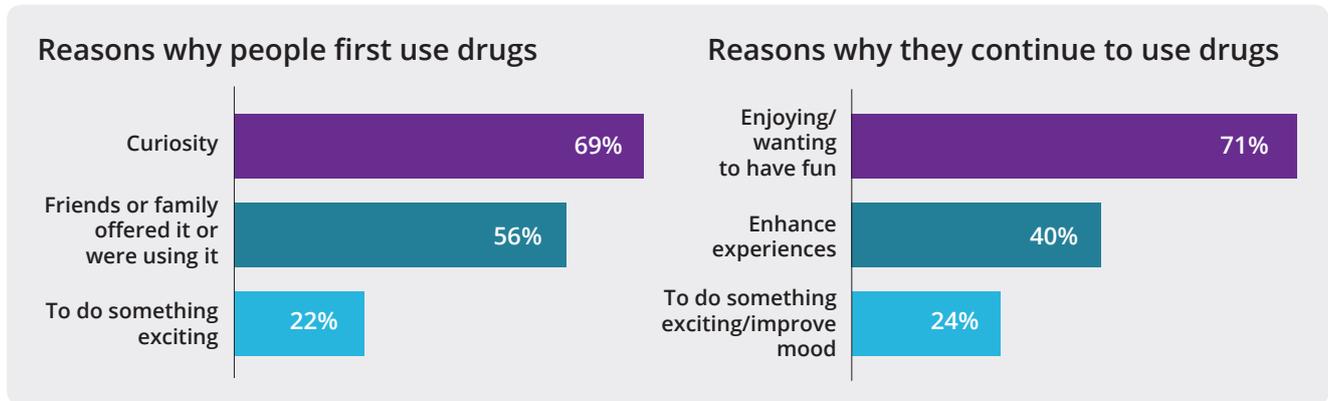
Source: Table 4.20.

Why do people decide to use illicit drugs?

The decision to use drugs for the first time and to continue using them is influenced by a number of factors. There are different categories of drug use including experimental use (trying it once or twice out of curiosity), recreational use (for enjoyment, to enhance a mood or social occasion), situational use (to cope with the demands of a situation) and dependent use (needing it consistently to feel normal or avoid withdrawals) (ADF 2017). It can be difficult for a person to identify the reasons they may take drugs, or they may answer in a way they deem to be more socially acceptable.



In 2019, people were asked why they first decided to use drugs, and if they continue to use them, the reasons that they do.

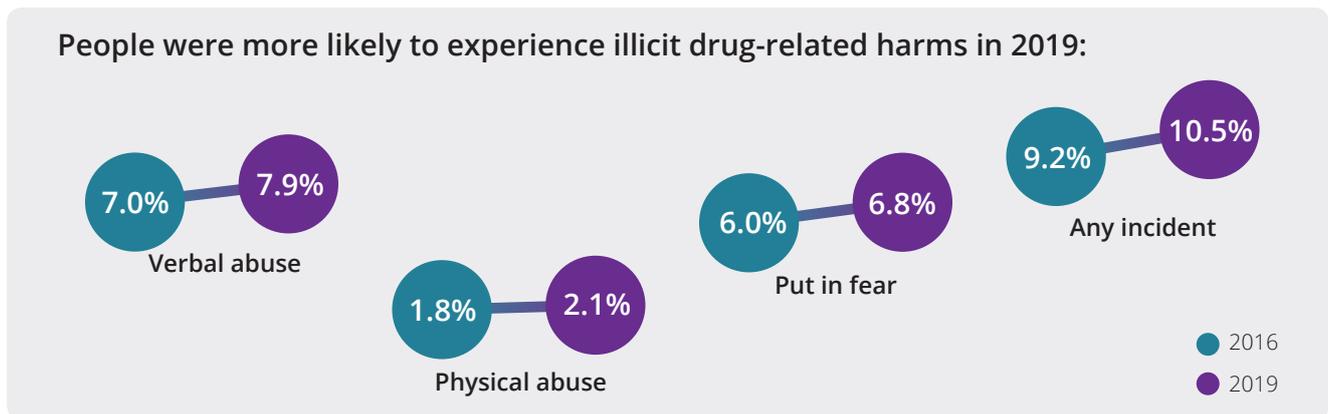


Most people who have not tried illicit drugs are not interested

In 2019, around 3 in 4 (73%) people who had never used illicit drugs had not tried them because they were not interested and this has not changed since 2010 (Table 4.27). A further 44% said they had never tried them as they were concerned about their health or becoming addicted and about 1 in 3 (32%) were worried about the legal consequences and did not want to break the law.

More people experienced drug-related harm

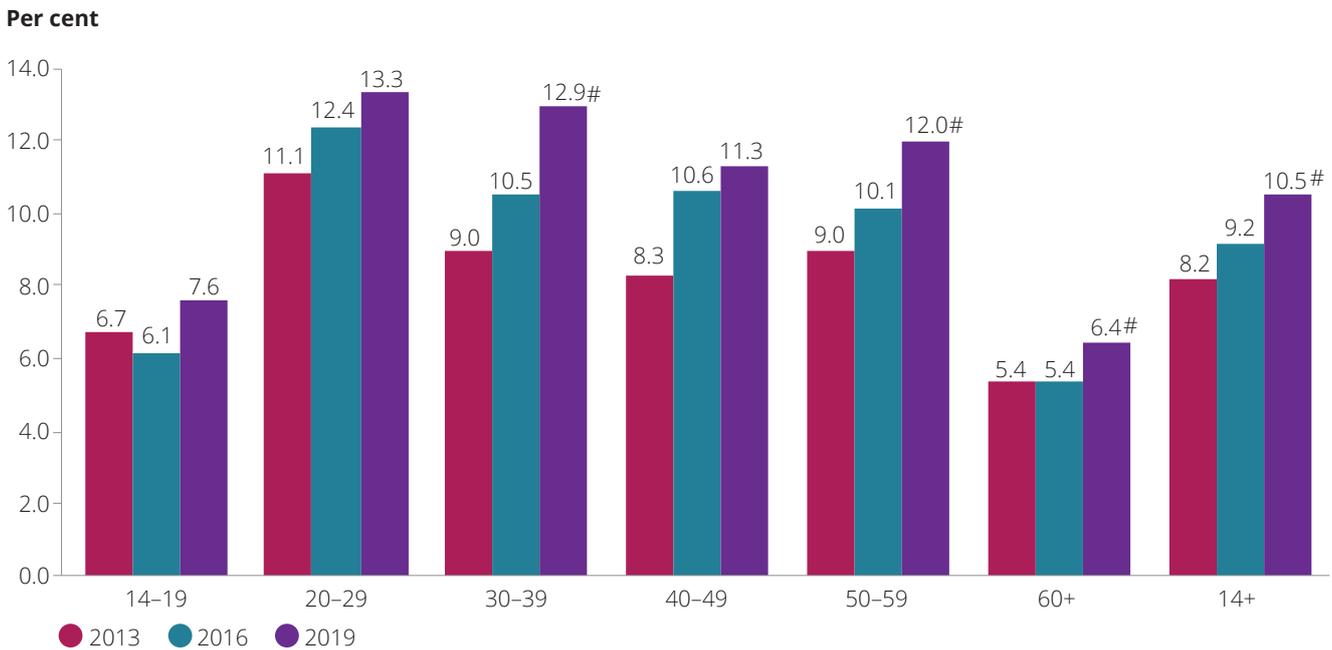
The survey asks people if they have experienced verbal abuse, physical abuse or have been put in fear by someone they suspect is under the influence of illicit drugs. In 2019, more people were victims of an incident related to illicit drugs in the previous 12 months than in 2016—the proportions of people experiencing verbal abuse, physical abuse and being put in fear all increased, driven by increases among males and people in their 30s, 50s, and aged 60 and over (Figure 4.4).



The number of people reporting that they had been a victim of an illicit drug-related incident increased from about 1.8 million in 2016 to 2.2 million in 2019 (Table 4.29).



Figure 4.4: Victims of illicit drug-related incidents, 2013–2019 (per cent)



Statistically significant change between 2016 and 2019.

Source: Table 4.30.

Use of selected illicit drugs

Cannabis

Before 2016, Australian law generally considered cannabis an illegal narcotic. However, in February 2016 the *Narcotics Drug Act 1967* was amended (see Box 6.1. in the medicinal cannabis chapter) and medicinal cannabis products are available for specific patient groups under strict medical supervision.

In the 2019 NDSHS, 2 new questions were included regarding medical use of cannabis:

- Have you used marijuana/cannabis for medical purposes in the last 12 months?
- Was the medical marijuana/cannabis prescribed by a doctor?

If a person indicated that they used cannabis only for medical purposes and always had it prescribed by a doctor, then they were removed from recent use of cannabis as the NDSHS focuses on illicit use. Refer to the medicinal cannabis chapter for further information on people who said they used cannabis for medical purposes.



Snapshot of cannabis use in 2019

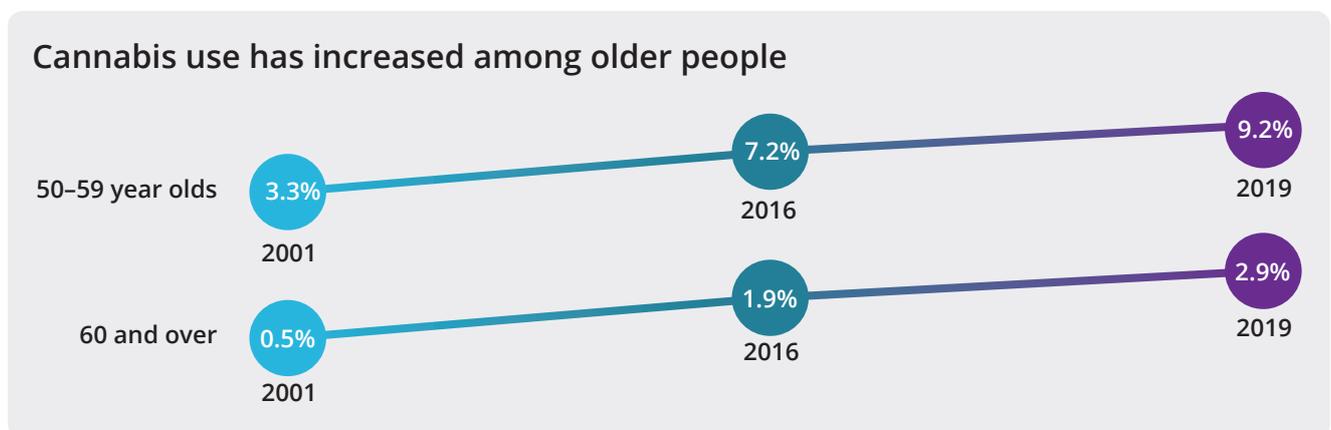
Among people aged 14 and over:		Among people who used cannabis:	
Lifetime use	36% (7.6 million)	Average age of first use (years)	18.9 (mean) 17.2 (median)
Recent use (last 12 months)	11.6% (2.4 million)	Age group most likely to use (% recent use)	20–29 (24%)
Change since 2016	↑ Lifetime use (35%) ↑ Recent use (10.4%)	Median age of people who use cannabis (years)	31
Change since 2001	↑ Lifetime use (33%) ↓ Recent use (12.9%)	Used weekly or more often	37%
Offered/ Opportunity to use in last 12 months	23%	Main methods used	Joints (83%) Bongs/pipe (72%)
		Diagnosed or treated for a mental illness	27%
		High or very high psychological distress	28%

Are more people using cannabis?

Both lifetime and recent use of cannabis increased between 2016 and 2019. In 2019, 36% had used it in their lifetime (up from 35% in 2016) and 11.6% had used it in the last 12 months (up from 10.4%). In addition, more people reported using it in the month before the survey (from 5.8% to 6.6%) but there was no change in the frequency of use—about half of those who used cannabis did so monthly or more often (tables 4.16 and 4.20).

The increase in lifetime use was due mainly to an increase among people aged 60 and over (from 13.8% to 18.9%) (Table 4.41). This could be due to an ageing cohort of people who had used cannabis, an increase in people deciding to try it, or to more people being willing to report their use.

Between 2016 and 2019, recent use of cannabis increased among older people (Table 4.43). Recent use among those aged 50–59 and 60 and over is at the highest level since 2001. These age groups were also the most likely to use cannabis regularly, with almost half using it once a week or more.





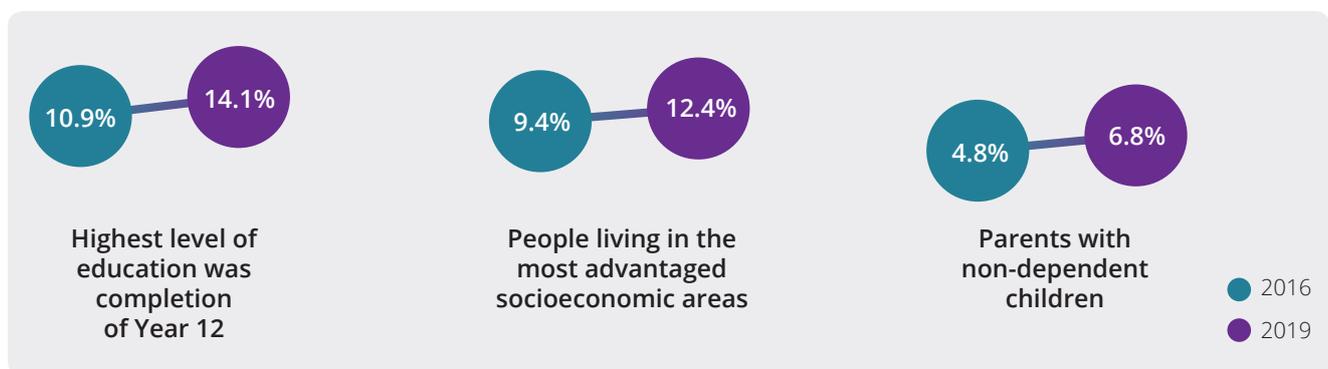
Who is most likely to use cannabis?

Males continue to be more likely to have recently used cannabis than females (14.7% compared with 8.6%), the greatest difference (almost twice as likely among males as females) occurring among those aged in their 30s and 40s (Table 4.43).

Compared with those in other age groups, people in their 20s continued to be the most likely to use cannabis but this declined over the longer term—from 29% in 2001 to 24% in 2019.

How does use of cannabis vary by population group?

As in previous years, people who identified as gay, lesbian or bisexual, and unemployed people, were the groups most likely to use cannabis—31% and 19.8% respectively, compared with 11.6% among all Australians (Table 4.47). While these 2 groups did not report any statistically significant changes in recent use between 2016 and 2019, recent use rose for a number of other population groups in this period.



About 1 in 4 people (27%) who used cannabis in the previous 12 months reported they had been diagnosed with or treated for mental illness (Table 4.48), no change from 2016 but higher than in 2010 (18.7%). A similar proportion had experienced high or very high levels of psychological distress (in the 4 weeks before completing the survey), and this increased from 24% in 2016 to 28% in 2019 (see 'Chapter 8 Priority population groups' for more information).

How many people who use cannabis may be at risk of problem drug use?

A number of questions from the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST-Lite) were added to the 2019 NDSHS questionnaire to better understand what proportion of the population may be at risk of problem drug use and in need of intervention (see alcohol chapter and Technical notes for more information about the ASSIST-Lite). ASSIST-Lite scores are categorised as 'low risk', 'moderate risk' or 'high risk'. High risk scores may indicate a substance dependence problem, while moderate risk scores indicate substance use that may be hazardous or harmful (Ali et al. 2013). People with a high risk score are likely to require specialist assessment and treatment for their substance use; people with a moderate risk score are likely to benefit from a brief intervention or education.

Among people who had used cannabis in the last 12 months:

- 2.9% were at high risk and could be dependent or experiencing severe problems and in need of referral for specialist assessment and treatment
- 14.6% were at moderate risk and would be likely to benefit from a brief intervention
- 82% were categorised as low risk (Table 4.50).



Cocaine

Snapshot of cocaine use in 2019

Among people aged 14 and over:		Among people who used cocaine:	
Lifetime use	11.2% (2.3 million)	Average age of first use (years)	24 (mean) 22 (median)
Recent use (last 12 months)	4.2% (900,000)	Age group most likely to use (% recent use)	20–29 (12.0%)
Change since 2016	↑ Lifetime use (9.0%) ↑ Recent use (2.5%)	Median age of people who use cocaine (years)	28
Change since 2001	↑ Lifetime use (4.4%) ↑ Recent use (1.3%)	Used monthly or more often	16.8%
Offered/ Opportunity to use in last 12 months	8.5%	Main form used	Powder (99%)
		Diagnosed or treated for a mental illness	22%
		High or very high psychological distress	25%

Lifetime and recent use of cocaine continues to increase

Compared with 2016, more people aged 14 and over reported they had used cocaine in their lifetime, previous 12 months, previous month and previous week (tables 4.15 and 4.16). Lifetime use of cocaine increased for both males and females, following an increasing trend that started in 2004. This was driven mainly by more people in their 20s, 40s and those aged 50 and over reporting in 2019 that they had used cocaine in their lifetime (Figure 4.5).

Between 2016 and 2019, recent cocaine use increased across all age groups (except 14–19 year olds) and is at the highest proportion seen since 2001. The increase in recent use was driven mainly by the males in these age groups, but use among females in their 20s also increased. The proportion of males in their 20s using cocaine in the 12 months before the survey almost doubled (from 7.3% to 14.4%).

People are using cocaine more frequently

Lifetime and recent use of cocaine increased in 2019 and people who used cocaine also used it more often—at least monthly use increased from 10.1% to 16.8% between 2016 and 2019 (Figure 4.5).



Figure 4.5: Lifetime and recent^(a) use of cocaine, by age, 2001, 2016 and 2019 (per cent)



Statistically significant change between 2016 and 2019.

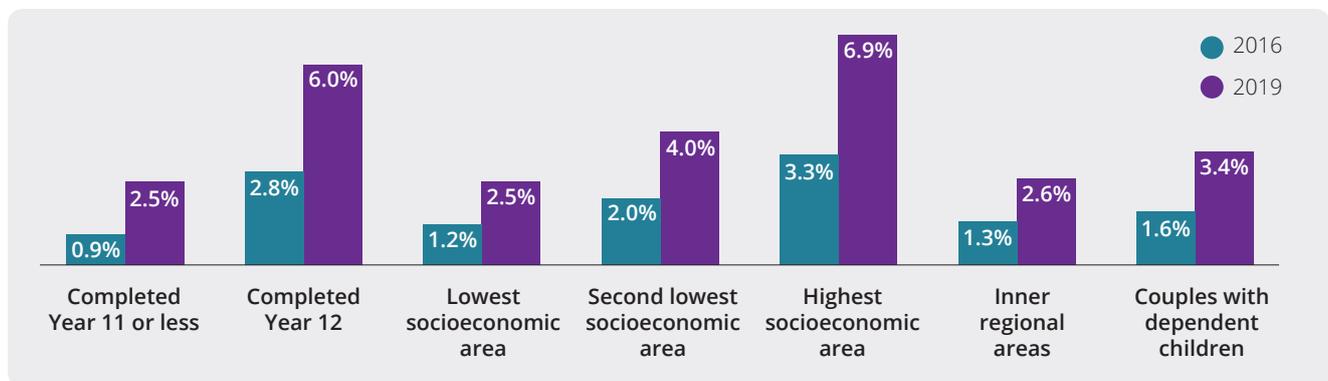
(a) Used in the last 12 months.

Note: The 2016 and 2019 estimates for 14-19 year olds have a relative standard error between 25% and 50%, as does the 2016 estimate for people aged 50 and over.

Source: tables 4.54 and 4.56.

Recent cocaine use more than doubled in some groups

Between 2016 and 2019, recent use of cocaine more than doubled in the following groups:



See Table 4.58 or 'Chapter 8 Priority population groups' for more information. See 'Chapter 7 Drug use by geographic areas' for explanation and definition of socioeconomic areas and remoteness classification.

People's perception of cocaine has changed

There was a small increase in the proportion of people who thought cocaine should be legalised (from 7.0% in 2016 to 8.0% in 2019) and a decrease in support for increasing the penalties for the sale or supply of cocaine (from 80% to 77%). There was also a small increase in the proportion of people who approve the regular adult use of cocaine between 2016 and 2019 (see 'Perceptions and policy support' chapter for more information).



Ecstasy

Snapshot of ecstasy use in 2019

Among people aged 14 and over:		Among people who used ecstasy:	
Lifetime use	12.5% (2.6 million)	Average age of first use (years)	22 (mean) 20 (median)
Recent use (last 12 months)	3.0% (600,000)	Age group most likely to use (% recent use)	20–29 (9.8%)
Change since 2016	↑ Lifetime use (11.2%) ↑ Recent use (2.2%)	Median age of people who use ecstasy (years)	25
Change since 2001	↑ Lifetime use (6.1%) ~Recent use (2.9%)	Used monthly or more often	17.3%
Offered to use in last 12 months	7.0%	Main form used	Capsules (49%) Pills (34%)
		Diagnosed or treated for a mental illness	22%
		High or very high psychological distress	28%

More people using ecstasy

Compared with 2016, more people aged 14 and over reported they had used ecstasy in their lifetime, in the previous 12 months and in the previous month, in 2019 (Table 4.15). The increase in lifetime use, from 11.2% in 2016 to 12.5% in 2019, was due mainly to the increase among people in their 40s, from 14.8% to 19.4% (Table 4.61). This group has continually reported increases in lifetime use since 2004. Recent ecstasy use had been declining since 2010 but increased between 2016 and 2019, returning to the 2010 level of 3.0% (Table 4.63). There were no statistically significant changes among females, but males in their 20s and 30s both reported increases, with use returning to levels similar to those reported in 2010 (Figure 4.6).

Figure 4.6: Use of ecstasy in the previous 12 months, by males aged 20–39, 2001–2019 (per cent)



Statistically significant change between 2016 and 2019.

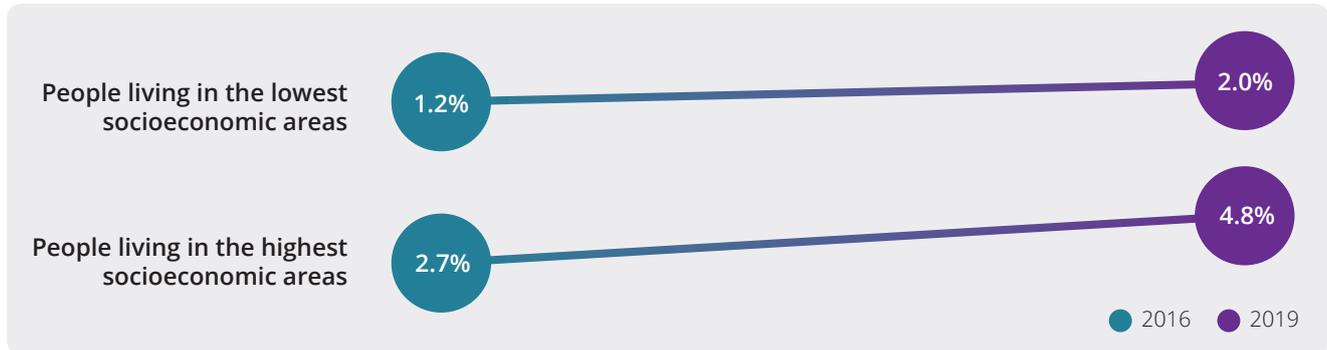
Source: Table 4.63.



People in their 20s had been reporting declines in use since 2007 but in 2019 reported an increase for the first time in over a decade (from 7.0% in 2016 to 9.8% in 2019).

People in the highest socioeconomic areas are most likely to use ecstasy

Between 2016 and 2019, use of ecstasy in the previous 12 months increased for people living in the lowest and highest socioeconomic areas but people in the highest areas continued to be more than twice as likely as those in the lowest areas to use ecstasy. Recent use also increased among people who were employed; completed Year 12; and those who had a bachelor degree or other post-graduate qualification (Table 4.66).



There was a shift in the main forms of ecstasy used

In the 2016 survey, people were asked for the first time what forms of ecstasy they had used. In 2016, pills/tablets were the main form used but this declined in 2019, from 51% to 34%, while the use of capsules increased from 33% to 49% (Table 4.65). Forms ever used also reported similar changes with pill/tablet form declining (from 90% to 83%) and capsules increasing (from 69% to 83%). There was also an increase in the use of crystal/rock over this period (from 42% to 51%).

The age of people who use ecstasy has an impact on the forms used. Teenagers and people in their 20s were more likely to use capsules while people aged 30 and over were more likely to use pill/tablets (Table 4.68).

Meth/amphetamines

Snapshot of meth/amphetamines use in 2019

Among people aged 14 and over:		Among people who used meth/amphetamines:	
Lifetime use	5.8% (1.2 million)	Average age of first use (years)	22 (mean) 20 (median)
Recent use (last 12 months)	1.3% (300,000)	Age group most likely to use (% recent use)	20–29 (2.4%)
Change since 2016	~Lifetime use (6.3%) ~Recent use (1.4%)	Median age of people who use meth/amphetamines (years)	32
Change since 2001	↓ Lifetime use (8.9%) ↓ Recent use (3.4%)	Used weekly or more often	16.9%
Offered/ Opportunity to use in last 12 months	4.4%	Main form used	Crystal/ice (50%) Powder/speed (19.9%)
		Diagnosed or treated for a mental illness	31%
		High or very high psychological distress	36%



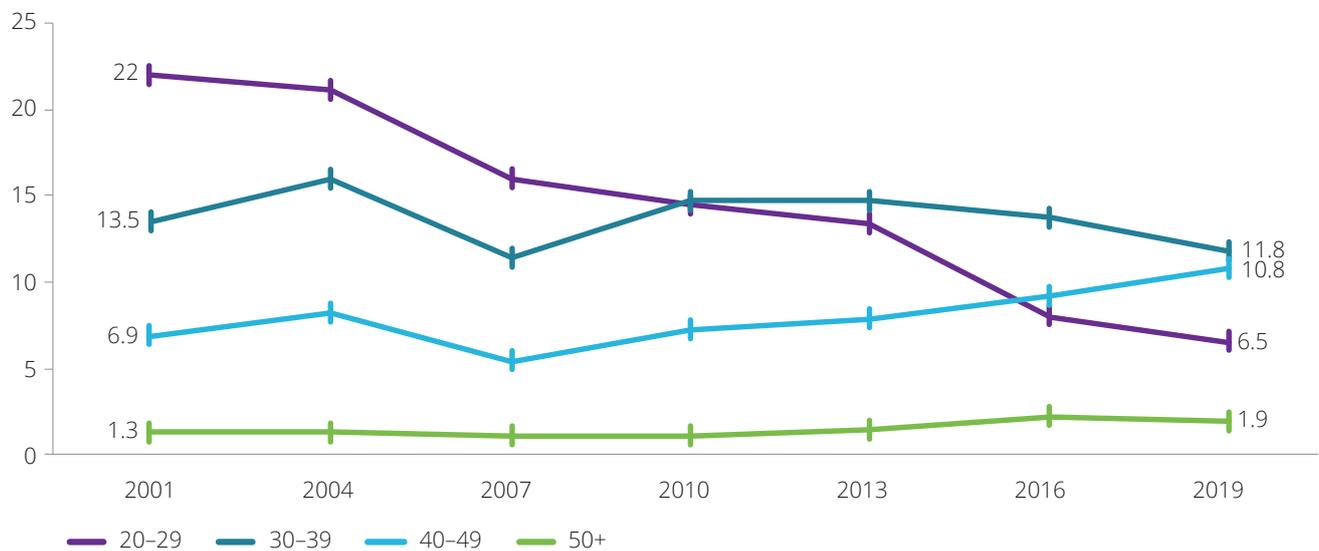
Meth/amphetamine use declining among younger people

Meth/amphetamine use has been declining since it peaked at 3.4% in 2001 (Table 4.72), and stabilised in 2019 (1.4% in 2016 and 1.3% in 2019). While no statistically significant changes by age or sex were detected between 2016 and 2019, use has been declining among younger age groups since 2001 but increasing or remaining stable among older age groups (40 and over) (Figure 4.7).

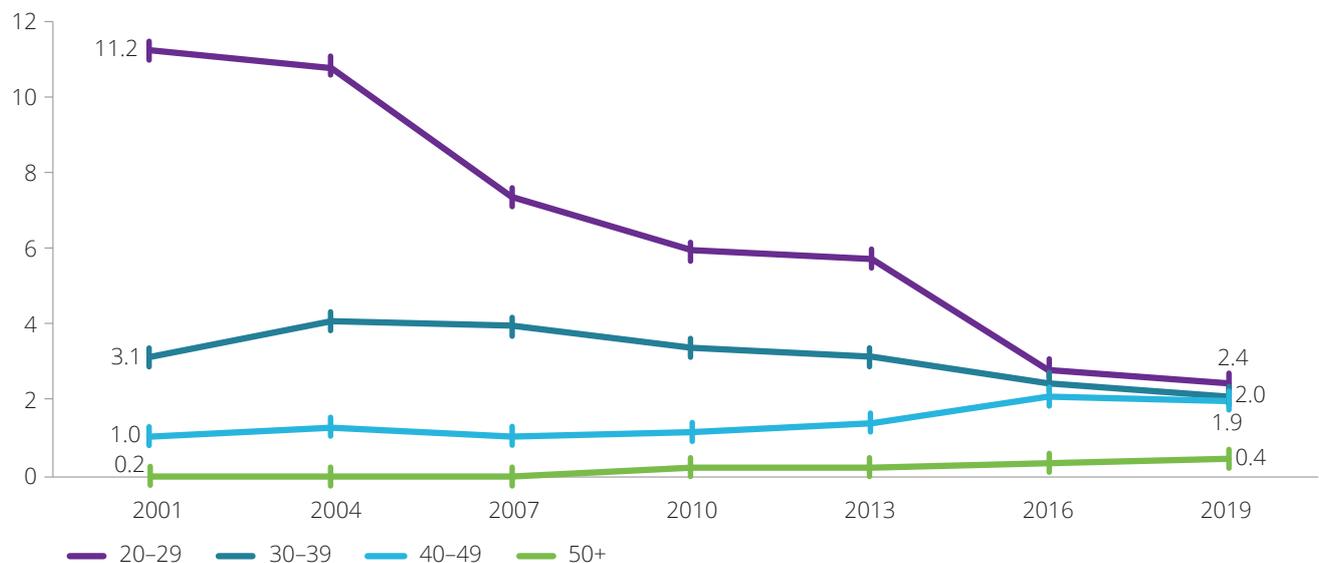
In 2001, people in their 20s were 11 times as likely to use meth/amphetamines in the previous 12 months as people in their 40s (11.2% compared with 1.0%) but meth/amphetamines no longer appears to be the drug of choice among this demographic. In 2019, people in their 20s were only 1.3 times as likely to use it as people in their 40s (2.4% compared with 1.9%).

Figure 4.7: Lifetime and recent^(a) use of meth/amphetamines, by age, 2001–2019 (per cent)

Lifetime use (per cent)



Recent use (per cent)



(a) Used in the last 12 months.

Note: Recent use of meth/amphetamines among people aged 50 and over was low (<0.5%) and data were unreliable for some years.

Source: tables 4.70 and 4.72.



Crystal/ice still the main form of meth/amphetamine used

Meth/amphetamine comes in many forms including powder/pills (speed), crystal methamphetamine (crystal meth or ice) and a sticky paste (base). Crystal/ice is usually the most pure form, followed by base then speed. The 'high' experienced from ice and base is much more intense, and with intense reactions come powerful responses including comedown, the potential for dependence (addiction) and chronic physical and mental health problems (DoH 2008).

In 2013, there was a change in the main form of meth/amphetamine used, with crystal/ice replacing powder as the preferred form. In 2019, this trend continued, with 50% of people who used meth/amphetamine reporting that crystal/ice was the main form used in the previous 12 months. This has remained stable since 2013 but increased from 22% in 2010. Over the same period, use of powder decreased from 51% in 2010 to 29% in 2013 and to 20% in 2019 (Table 4.74).

Form of meth/amphetamine used affects frequency of use

People who used crystal/ice as their main form of meth/amphetamine were far more likely to use it monthly or more often than people who used mainly powder/speed—47% compared with 15.4%—a similar trend reported since 2010 (Table 4.75). Daily and weekly use among people who reported using mainly crystal/ice has doubled since 2010, from 12.4% to 29% in 2019.

How many people who use meth/amphetamines may be at risk of problem drug use?

A number of questions from the ASSIST-Lite were added to the 2019 NDSHS questionnaire to better understand what proportion of the population may be at risk of problem drug use and in need of intervention (see Box 2.1 in alcohol chapter/Technical notes for more information about the ASSIST-Lite).

Among people who had used meth/amphetamines in the last 12 months:

- 7.5% were at high risk of harm and could be dependent or experiencing severe problems and in need of referral for specialist assessment and treatment
- 56% were at moderate risk of developing problems related to their substance use and should be offered brief intervention by a health professional
- 36% were categorised as low risk (Table 4.82).

Use of hallucinogens may be increasing

Hallucinogen are a class of psychoactive substances that produce changes in perception, mood and cognitive processes. Some are naturally occurring, such as magic mushrooms/psilocybin, and some are synthetic, such as acid/LSD. Both lifetime and recent use increased since 2016 and were at the highest proportions since 2001 (Table 4.86). However, the increase could be due to questionnaire changes as the list of drug examples was updated in 2019 and included DMT, mescaline and peyote, which were not specifically mentioned in previous surveys. A question on forms of hallucinogens used in the previous 12 months was also added.

Key findings from 2019 include:

- Between 2016 and 2019, lifetime use increased from 9.4% to 10.4% and recent use increased from 1.0% to 1.6%.
- People in their 20s and those aged 40 and over drove the increase in lifetime use; recent use also increased among people in their 20s.
- One in 20 (5.0%) people in their 20s had used a hallucinogenic drug in the previous 12 months, which is higher than recent use of meth/amphetamines.
- Most people who used hallucinogens had used LSD/acid/tabs (73%) and magic mushrooms/psilocybin (61%) in the previous 12 months (Table 4.87).
- Frequency of use between 2016 and 2019 increased—at least monthly use (from 3.0% to 10.3%) and every few months increased (from 21% to 34%) while once or twice a year use decreased (76% to 56%) (Table 4.92).



More people reported use of inhalants

Use of inhalants in the previous 12 months has been gradually increasing—from 0.4% in 2001 to 1.0% in 2016 and 1.7% in 2019 (Table 4.90). Examples of inhalants include chroming, sniffing, solvents, aerosols, glue, petrol, laughing gas, whippets, nitrous, snappers, poppers, pearlers, rushamines, locker room, bolt, bullet, rush, climax, red gold, amyl and bulbs. Inhalants do not include nasal sprays, inhalers or puffers used for asthma and similar conditions.

People who used inhalants used them quite frequently (compared to drugs such as ecstasy and cocaine), with 33% reporting at least monthly use. The most common forms of inhalants used in 2019 were nitrous oxide (for example, laughing/happy gas) and amyl nitrate and other nitrates (for example, poppers), used by at least 6 in 10 people who had used inhalants in the previous 12 months.

Other illicit drug use remained low

Other illicit drugs, such as heroin, ketamine, GHB and emerging psychoactive substances are uncommon in Australia. However, the use of some of these drugs has increased in recent years and there are serious risks associated with some of the behaviours undertaken when using these drugs, such as injecting drug use.

Use of ketamine in the previous 12 months increased from 0.4% in 2016 to 0.9% in 2019, mainly due to recent use doubling among people in their 20s over this period (1.2% to 3.9%) (Table 4.94).

Heroin and injecting drug use was low among the general population

The proportion aged 14 and over who had used heroin (a drug that is commonly injected) or injected illicit drugs in the previous 12 months was low over the period 2001–2019. Injecting drug use remained stable at 0.3% and less than 0.1% had used heroin in 2019.

More people are using multiple drugs at the same time

Mixing drugs or taking one drug when under the influence of another drug is known as polydrug use. Using a single drug can be dangerous; using more than 1 significantly increases the risks of addiction, overdose and medical problems such as heart attacks and liver failure (Druginfo 2017).

In 2019, among people who used drugs, there appeared to be an increase in the proportion who took multiple drugs at the same time. Alcohol is the most common substance used at the same time. At least 8 in 10 people who had used cannabis, cocaine, ecstasy or meth/amphetamines used alcohol at the same time. Among people who had recently used cannabis, the proportions of people using alcohol, tranquillisers, hallucinogens, cocaine, or ecstasy at the same time all increased (Table 4.52). There was also an increase in the proportion of people who used ecstasy and meth/amphetamines reporting they had used cocaine at the same time (tables 4.69 and 4.85).



Where can I get more information?

To explore the data and view additional analyses, see the supplementary illicit use of drugs data tables. These include data on:

- people who are unable to stop or reduce use
- where people obtained drugs and where they used them
- people who missed work due to illicit drug use
- participation in drug treatment programs
- whether people were offered or had the opportunity to use illicit drugs and whether their friends and acquaintances used illicit drugs
- illicit drug use by social characteristics and health status.

For references and terminology used in this chapter please see the [main report](#) or refer to the [technical information](#) for more information on the sample, the methodology, response rate and limitations of the survey results.