



Alcohol  
and Drug  
Foundation

# Young Australians, illicit drug use and harm reduction.

What the evidence tells us:  
**A SUMMARY REPORT**

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## Why we did this research

We know young adults (18-25 years) are the age-group most likely to use illicit drugs in Australia.

But there's a lot we don't know, including the extent, setting, patterns of use, and most common drug types.

To find out more about young adult illicit drug use we looked at the evidence to:

- identify high-risk subgroups and behaviours most likely to benefit from harm reduction efforts
- find out the types of messaging, settings and delivery channels that have been most effective in reducing drug harms in young adults.

Our research aims to better understand these factors in the Australian context, and to offer recommendations for future efforts aimed at young adults to reduce harm.

## How we did the research

We undertook the research in two parts.

Firstly, we conducted an evidence review of relevant data sources, including the 2019 National Drug Strategy Household Survey (NDSHS) and the 2019 Ecstasy and Related Drugs Reporting System (EDRS). This review provided illicit drug use patterns and identified gaps in the data.

Secondly, we reviewed the evidence for effective approaches to communicating drug harm reduction messages to young adults.



### A note on the data

The evidence summary predominantly relies on the latest data from the National Drug Strategy Household Survey (NDSHS) and 2019 Ecstasy and Related Drugs Reporting System (EDRS). The closest available age-related data on drug use in Australia is 18-24 years. NDSHS data on age groups is sporadic for some data sets, so ages 14-19 and 20-29 are used where necessary. Given the NDSHS does not collect information from vulnerable people residing in institutions or experiencing homelessness, it is likely that the data is underestimated. With these caveats in mind, the following data on illicit drug use among young adults is presented.

## What we found

### Illicit drug use

- Young adults, aged 18-24 years, are most likely to have used illicit drugs in the past 12 months, compared to any other age-group.
- The most commonly used illicit drugs, for those who had used drugs in the past 12 months, were cannabis (25%), cocaine (11%) and ecstasy (11%).
- There were significant increases in the use of cocaine (up by 6%), ecstasy (up by 3%), and ketamine (up by 3%) by young adults between 2016-19.
- Compared to other countries, a significantly higher proportion of Australian young adults use cocaine and ecstasy. Australian young adults also consume more ecstasy pills per session than their international peers.
- Polydrug use is common among those who use illicit drugs. EDRS data show 95% of respondents used more than one drug (including alcohol) when they last used a stimulant and 76% combined stimulants and depressants.
- The highest rates of drug-related hospitalisations across all age groups were in those aged 20-29 years.
- NSW, VIC, NT, and ACT had the highest proportions of recent drug use among 18-24-year-olds, with all four regions recording increases in drug use between 2016-19.
- Drug-induced deaths were least common in young adults compared to other age groups – despite 18-25-year-olds having the highest rates of recent drug use.
- Opioids were the leading cause of drug-related deaths in 15-24-year-olds.
- Since 2013, there has been a slight increase in the number of deaths of 15-24-year-olds from anti-epileptic drugs, barbiturates, benzodiazepines, and anti-Parkinson drugs. These drugs are the second highest cause of drug-related deaths in this age-group.



## High risk groups

Our research identified higher rates of illicit drug use and high-risk drug taking behaviours in a range of young adult groups, demonstrating a significant need for harm reduction messages that specifically engage with these groups.

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| <b>Young adult males</b>                        | Higher drug use overall and across each drug type. Young men led the increase in recent drug use between 2016-19. They also had 50% more hospitalisations due to drug use than young women.   |
| <b>Young adult trainees/apprentices</b>         | High instances of risky drug use (particularly in male-dominated industries like carpentry and commercial cooking, and hospitality workers).  |
| <b>Young adults who use ecstasy and cocaine</b> | Given the increased use between 2016-19 (especially by males), and the higher dose per session by young Australians.  |
| <b>Young adult LGBTIQ+ people</b>               | Higher use of ecstasy, cannabis, and amyl nitrite. Within this group, young adults who engage in Party and Play (sometimes known as chemsex) have been identified with high-risk drug types (methamphetamines, ketamine and GHB/GBL), drug behaviours and polydrug use. |
| <b>Polydrug use</b>                             | Significant polydrug use among young adults, particularly alcohol alongside illicit drugs, and the role of polydrug use in drug-related deaths and hospitalisations.  |



### Gaps in data

This research identified a number of gaps in data regarding illicit drug use among young adults aged 18-25 years, including age-specific data on:

- polydrug use
- injecting drug use
- accidental drug-related deaths
- drug-related hospitalisations
- use of pharmaceutical opioids and barbiturates/benzodiazepines
- illicit drug use among young LGBTIQ+ populations
- evaluation/evidence of community/peer-led organisation harm reduction programs.

We support further research to fill these identified data gaps with quality data, and strengthen the evidence on effective harm reduction messaging to young adults.

## What works?

There is limited evidence available on the impact of drug harm reduction programs, services, campaigns and messages targeting young adults.

While peer and community organisations do an enormous amount of work in drug harm reduction, there has been little research in this space. Evaluation of peer-led harm reduction communications is needed, so future campaigns and activities are designed using a well-developed evidence base.

From the evidence we do have available, several key components stand out as being integral to harm reduction messaging aimed at young adults:

- Young adults must be involved in co-design to ensure harm reduction messages are relevant, engaging and accepted. When these activities are carried out in the language of subcultures and delivered through peers, the messaging becomes culturally relevant, trusted, and credible. These types of peer-led processes have the potential to help overcome stigma that can be associated with help-seeking.
- Messaging should incorporate real information on actual situations, be non-judgemental, and relatable to young adult experiences with reasons for drug taking included (e.g. for fun and pleasure seeking).
- Recognising young adults as a non-homogenous group is critical. Young adults are made up of diverse and complex subgroups with different social, political, geographic, and cultural backgrounds and needs.
- For specific industries or social groups where frequent, heavy, or high-risk drug use is the norm, use targeted messages that recognise the environment, social influencers, pressures, and interactions that contribute to drug use.
- Most harm reduction campaigns, regardless of the place or mode (festival, workplace, digital or face-to-face), are more effective when they include some level of interaction with a real person – either face-to-face or online.
- Targeted harm reduction efforts can be aimed at venues with increased ecstasy and cocaine use such as night clubs, bars, parties, and music festivals.
- Digital technologies have a lot of potential for drug harm reduction efforts aimed at young adults as stand-alone methods of providing harm reduction services or integrated into broader programs. Smartphone apps and web-based services offer:
  - anonymity where stigma may be a barrier
  - reach to rural and remote areas
  - 24-hour access
  - screening and assessment tools at a low cost.

Overall, the literature on harm reduction messaging tells us that harm reduction communications should be positive, truthful, culturally and locally relevant, informative and action oriented. The engagement of young adults in co-designing harm reduction efforts is critical to achieving this.



## Our recommendations

This short report summarises the latest available evidence on illicit drug use by Australians aged 18-25 years, noting the patterns and subgroups who use illicit drugs in a way that puts them at increased risk of harm, specifically:

- high-risk subgroups (young adult males, trainees, and apprentices, LGBTIQ+ young adults)
- high-risk drug types (ecstasy, cocaine, and methamphetamine)
- high-risk drug behaviours (polydrug use, Party and Play/chemsex)
- high-risk venues (nightclubs, bars, and music festivals).

We recommend the development of targeted communications in programs, services, and campaigns to engage these specific high-risk groups using the harm reduction components highlighted above, with co-design central to ensuring the response is credible, relevant, and accepted.

Recognising the important work already happening in this space, we also recommend supporting community and peer-led organisations working with these young adults to build capacity, including program and service evaluation. In this way we can contribute to the evidence base to strengthen future harm reduction communication efforts.



**To view our full research report click here**

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