ILLICIT DRUG REPORTING SYSTEM (IDRS) INTERVIEWS 2024: BACKGROUND AND METHODS

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Table of Contents

Glossary of Terms

TERM	DEFINTION
Distributive sharing	Giving a needle or other injecting equipment to someone else to use after the individual has already used it
Drug dealing	Sale of drugs for cash profit, where a person purchased drugs and on-sold them for a cash profit (more than the amount to cover personal use)
Fraud	Acts involving fraud, including forging cheques, forging prescriptions, social security scams, using someone else's credit card
Incarceration	An occasion where a person has been convicted of an offence and sentenced to jail (excluding remand)
Injection	Injection (typically intravenous) of a substance
Jurisdiction	State or territory
Naloxone	Medication use to block the effects of an opioid in the event of an overdose
Take home naloxone program	Programs which train people (such as friends or family members) who might be present if the person overdoses, to use naloxone to resuscitate the person
New psychoactive substances (NPS)	Substances which do not fall under international drug control, but which may pose a public health threat, noting 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
Non-prescribed use	Use of a prescribed medication which the person did not have a prescription for (i.e., illegally sourced or obtained by a prescription in someone else's name)
Overdose (opioid)	Experience of symptoms such as reduced level of consciousness, respiratory depression, turning blue, and collapsing, where professional assistance would have been helpful
Overdose (non-opioid)	Experience of symptoms such as nausea, vomiting, chest pain, tremors, increased body temperature, increased heart rate, seizure, extreme paranoia, extreme anxiety, panic, extreme agitation and hallucinations, where professional assistance would have been helpful
Over-the-counter	Availability of a medicine through a pharmacy without a doctor's prescription
Perceived availability	Participants are asked how easy it is to obtain a certain drug
Perceived potency	Participants are asked 'how potent would you say *drug* is at the moment?'
Perceived purity	Participants are asked 'how strong would you say *drug* is at the moment?'

TERM	DEFINTION
Point	0.1 gram (although may also be used as a term referring to an amount for one injection)
Prescribed use	Use of a prescribed medication obtained by a prescription in the person's name
Property crime	Theft or destruction of someone else's property, including shoplifting, break & enter, stealing a car, receiving stolen goods
Receptive sharing	Use of a needle or other injecting equipment after someone else has already used it
Re-use	Use of injecting equipment again by the same person
Session	A period of continuous use without sleeping
Smoking	Use of a substance via inhalation after it has been burned (this is distinct from vaping, which involves inhaling the vapours of a heated substance)
Snorting	Use of a substance intranasally
Use	Use of a substance via any route of administration, including injecting, smoking, snorting/shelving/shafting, and/or swallowing
Vaping	Vaping is the inhalation of an aerosol (mist) created via the application of a non-combusting heat. There are a range of vaporisers that can be utilised for this purpose, including electronic cigarettes (e-cigarette, commonly used to inhale nicotine) and dried herb vaporisers (commonly used to inhale cannabis).
Violent Crime	Acts involving violence, including assault, violence in a robbery, armed robbery, sexual assault, breaking an apprehended violence order

Guide to Timeframes

Lifetime use	Use on one or more occasion in their lifetime
Recent use	Use on one or more occasion in the past six months
180 days of use	Use daily in the past six months
90 days of use	Use every second day in the past six months
24 days of use	Use weekly in the past six months
12 days of use	Use fortnightly (i.e., every two weeks) in the past six months
6 days of use	Use monthly in the past six months

Guide to Table/Figure Notes

	Empty cell(s) indicates question not asked in respective year (for figures)
/	Question not asked in respective year (for tables)
-	Per cent suppressed due to small cell size (n≤5 but not 0) (for figures and tables)
***p*<0.050; **p*<0.010; ***p*<0.001**	Statistical significance between 2023 and 2024
Syd	Sydney
Can	Canberra
Mel	Melbourne
Hob	Hobart
Ade	Adelaide
Per	Perth
Dar	Darwin
Bri/GC	Brisbane and the Gold Coast (and the Sunshine Coast 2014-16)

Background

The Illicit Drug Reporting System (IDRS) is a monitoring system identifying trends in illicit drug markets that has been conducted in all capital cities of Australia since 2000.

The IDRS is an ongoing project that has been conducted on an annual basis in Sydney, New South Wales since 1996, and in all capital cities of Australia since 2000. The IDRS was established to provide a coordinated approach to the monitoring of the use of illicit drugs, in particular, heroin, amphetamine, cocaine and cannabis. In order to determine the appropriate methodology, a pilot was conducted in Sydney during 1996. As a result of the successful pilot, the IDRS was expanded in 1997 to: Sydney, New South Wales; Adelaide, South Australia; and Melbourne, Victoria. In 2000, the complete IDRS was conducted in all capital cities in Australia for the first time. The IDRS has since been conducted annually across capital cities in Australia. The exception to this is QLD, where data are collected in Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016).

As the purpose of the IDRS was to detect emerging trends in illicit drug use of potential national importance, data collection for the IDRS was restricted to capital cities. Capital cities contain the major drug markets (e.g., the Melbourne suburb of North Richmond) wherein the majority of drug use occurs. As such, it is in these cities that new trends, that may diffuse to other areas, are likely to emerge.

The IDRS monitors the price, perceived purity and perceived availability of heroin, methamphetamine, cocaine, cannabis and other drugs. It also examines trends in the use of these drugs, and associated behaviours and harms. It does this via analyses of data from interviews with people who regularly inject illicit drugs, as well as other routinely collected indicator data sources. The IDRS is designed to be sensitive to emerging trends, providing data in a timely manner, rather than describing issues in extensive detail.

Although the IDRS is able to monitor trends in established drug markets and document the emergence of drug use among people who regularly inject illicit drugs, it cannot provide information on drug use and harms among all groups of people who use drugs. The Ecstasy and Related Drugs Reporting System (EDRS), which has been funded in every capital city in Australia (including the Gold Coast in QLD) since 2003, has documented patterns and trends in use among people who regularly use ecstasy and/or other illicit stimulants, using the same methodology as the IDRS.

Study Aims

The aims of the IDRS interview component are to:

1. Describe the characteristics of a sample of people who regularly inject illicit drugs, interviewed in each capital city of Australia;
2. Examine the patterns of drug use among this sample;
3. Document the current price, perceived purity and perceived availability of illicit drugs in the capital cities of Australia;

4. Examine participants' reports of drug-related behaviours (e.g., harm reduction behaviours) and harm, including physical, psychological, occupational, social and legal harms; and
5. Identify emerging trends in the illicit drug market that may require further investigation.

Methods

Since 2000, the sentinel population chosen for interviews has consisted of people who report regularly injecting illicit or non-prescribed drugs. The IDRS is primarily concerned with four main drug classes: heroin, methamphetamine, cocaine and cannabis. It also monitors the use of pharmaceutical opioids and other drugs, as well as issues related to drug use (e.g., injecting-related injuries and non-fatal overdose).

National ethics approval was obtained from the South East Sydney Local Health District (SESLHD) Human Research Ethics Committee (HREC). In jurisdictions where the SESLHD HREC application and approval was not accepted under the National Mutual Acceptance scheme (TAS and NT), approval was obtained from the appropriate ethics committee in that jurisdiction.

In 2024, the Illicit Drug Reporting System (IDRS), falling within the Drug Trends program of work, was supported by funding from the Australian Government Department of Health and Aged Care under the Drug and Alcohol Program.

The methodology for the IDRS is kept consistent each year for the purpose of studying trends. 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 from 2020 and onwards were similar to previous years, with the exception of changes in some means of recruitment, data collection, and reimbursement. Further detail is provided below on the historical methodology and changes implemented from 2020. Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Recruitment

IDRS 2000-2024

The recruitment method is consistent over the period of monitoring. Participants are recruited through a purposive sampling strategy (1), mostly through treatment agencies, needle and syringe programs (NSP) and 'snowball' procedures (2). 'Snowballing' is a means of sampling hidden populations which relies on peer referral, and is widely used to access people who use illicit drugs both in Australian (3-5) and international (5-8) studies. On completion of the interview, participants are asked if they would be happy to discuss the study with friends who might be willing and able to participate.

The IDRS focuses on the recruitment of participants who reside in the capital city (Brisbane/Gold Coast in QLD) of each jurisdiction. This is because the purpose of the study is to monitor emerging trends, and these are likely to emerge in the main illicit drug markets rather than in regional or rural areas. In larger sites such as Sydney and Melbourne, participants can be recruited from areas where there are higher rates of illicit drug use, rather than sampling from every metropolitan region.

Where possible, recruitment occurs through the same sites (i.e., treatment agencies and needle syringe programs (NSP)) each year as it is imperative that there is consistency in recruitment methods from year to year for comparison.

IDRS 2020-2024: COVID-19 Impacts on Recruitment

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), approved recruitment posters for 2020, comprising the study telephone number, were displayed at health services such as NSPs and drug and alcohol services. Upon observing the posters, interested participants would call the researcher using the phone number provided.

Given restrictions had eased by April 2021, recruitment posters for 2021 were initially displayed at health services including NSPs and drug and alcohol services, detailing the dates and times when the researchers would be at the specific health service to conduct face-to-face interviews. However, the re-introduction of COVID-19 restrictions in some jurisdictions from June 2021 onwards, meant that posters, comprising the study telephone number, were also displayed at some health services.

By the time recruitment for 2022 commenced, restrictions had been lifted in most jurisdictions. Thus, most interviews were conducted face-to-face, however telephone/videoconference calls were still conducted where face-to-face interviews were not possible. There were no restrictions in any of the jurisdictions between 2023 and 2024, however, telephone/videoconference calls were still conducted where appropriate.

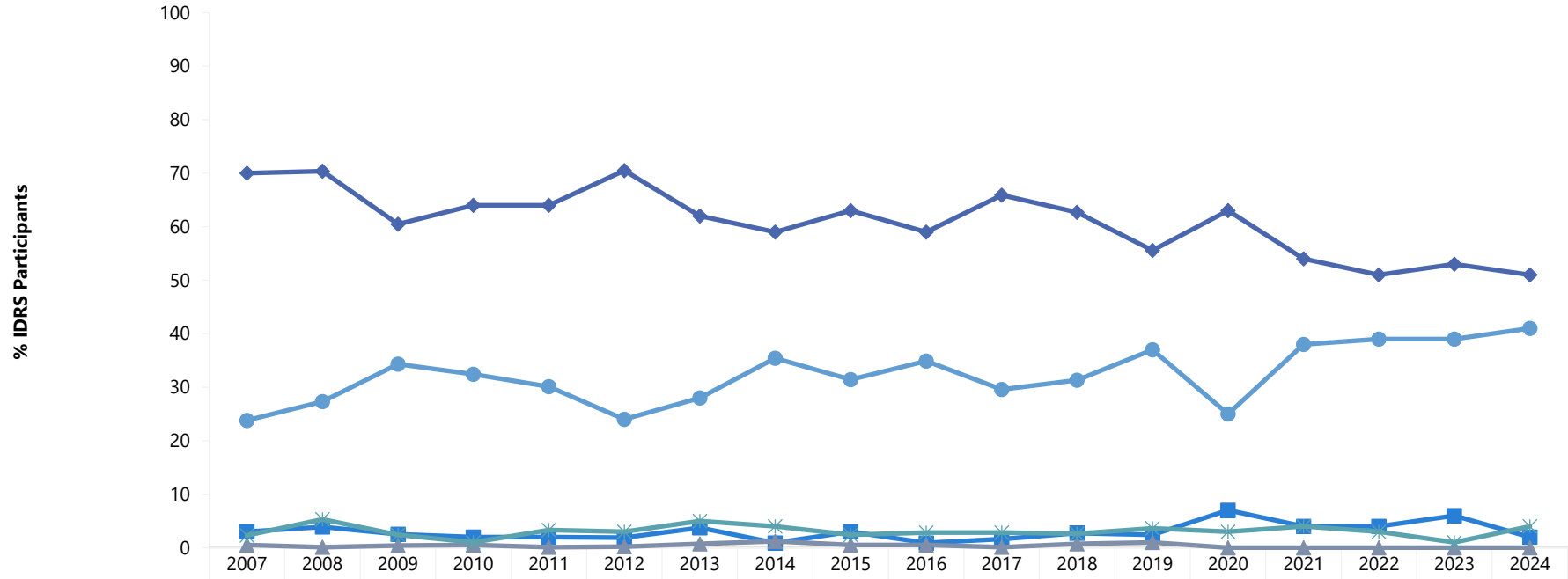
In 2024, most participants were recruited via NPSs (51%; 53% in 2023) and via word-of-mouth (41%; 39% in 2023) (Figure 1).

Participation in annual IDRS interviews in previous years by current participants was not uncommon, with 22% of participants in 2024 reporting participation in the 2023 survey and 21% of the 2023 sample reporting participation in the 2022 survey (p=0.813).

In 2023, there was considerable difficulty in recruiting participants from Darwin, despite extensive recruitment efforts. Although it is difficult to provide a definitive reason for this, it seems that this was reflective of a disruption to the drug markets in Darwin, with fewer clients entering the recruitment sites (i.e., Needle and Syringe Programs in Darwin and Palmerston) during the recruitment period than has been observed in previous years. Similar impacts were observed in other research projects, with the Australian Needle and Syring Program Survey recruiting 20 people who inject drugs from three sites in Darwin, Palmerston and Alice Springs in 2022 (compared to 85 people in 2019). Data from the NT IDRS are included in the 2023

national estimates but are not presented individually in jurisdictional tables. Similarly, there is no 2023 jurisdictional report for the NT due to the small numbers recruited (n<50).

Figure 1: Recruitment method of IDRS participants over time, nationally, 2007-2024



	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
NSP	70	70	61	64	64	71	62	59	63	59	66	63	56	63	54	51	53	51
Word of mouth	24	27	34	32	30	24	28	35	31	35	30	31	37	25	38	39	39	41
Treatment provider	3	4	3	2	2	2	4	1	3	1	2	3	2	7	4	4	6	2
Street press	1	0	0	1	0	0	1	1	1	1	0	1	1	0	0	0	0	0
Other	2	5	2	1	3	3	5	4	2	3	3	3	4	3	4	3	1	4

Note. - Labels are suppressed where there are small numbers (i.e., n≤5 but not 0).

Procedure

IDRS 2000-2024

Interviewers were booked in to be available at specific services throughout the interviewing period. A potential participant would hear about the study from a friend or the health service where the researcher is available, whereby staff direct their client to the researcher. Following informed consent, potential participants were screened for eligibility.

To be eligible to participate in the interview, participants had to:

- Be at least 18 years of age (due to ethical constraints; note that prior to 2020, the age criterion was 17 years or older in all jurisdictions);
- Have injected illicit/non prescribed substances at least six times during the six months preceding interview (participants who only injected their own prescribed medication, or steroids, were excluded); and
- Have been a resident of the capital city in which the interview took place for at least ten of the past 12 months.

The nature and purpose of the study were explained to participants before informed consent to participate was obtained. The study involved one face-to-face interview that took approximately 45–60 minutes. Participants were interviewed in locations convenient to them, such as NSPs, treatment agencies, public parks and coffee shops and were conducted by interviewers trained in the administration of the interview schedule. Written informed consent to participate was obtained prior to interview. Participants were informed that all information they provided would remain confidential and anonymous. From 2018, data were collected using the software package REDCap (Research Electronic Data Capture) on laptops or tablets. All respondents were reimbursed $40 cash for time and expenses incurred.

IDRS 2020-2024: COVID-19 Impacts on Procedure

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 or via videoconferencing across all jurisdictions in 2020. If participants opted for a telephone interview, interviewers arranged an appropriate time to contact the participant using a dedicated study mobile or landline, thus ensuring any costs of contact was incurred by the research team rather than the participant. If participants elected for a videoconference interview, the program 'Cisco Webex' or Zoom was utilised, whereby participants were not required to set up an account or provide any personally identifying information. Interviews conducted via 'Cisco Webex' and Zoom comprised end-to-end encryption and the capacity for the interviewer or participant to record the interview was disabled. The majority (92%) of participants in 2020 completed the

interview via telephone, with few participants doing so via videoconference (n<10). Seven per cent completed the interview face-to-face (NT and TAS only);

2. Means of consenting participants: Participants' consent to participate was collected verbally prior to beginning the interview (historically via written consent). Verbal consent was marked in REDCap: 'I (*name of interviewer*) have read the above information statement to the participant and the participant has freely agreed to participate in this research study as described';

3. Means of reimbursement: Once the interview was completed via REDCap, participants were given the option of receiving $40 reimbursement via one of three methods, comprising bank transfer, PAYID or gift voucher (formerly cash reimbursement). Personal information was stored in a secure location accessible only to those who were named on the ethics application and who were allocated to undertake participant payments. These data were destroyed seven days following reimbursement (72 hours following in the event of bank transfer);

4. Additional interview content: The interview was shortened to ease the load on participants completing the interview, with a particular focus on the impact of COVID-19 and associated restrictions on personal circumstances, drug use and physical and mental health.

Following completion of the interview, participants were asked whether they would like to be sent specific documents relevant to the study, comprising the participant information sheet, contact details if the participant had any questions or complaints or a participant withdrawal form (prior to 2020, these forms were handed to participants for their records). If the participant expressed that they would like a copy of these forms, the researcher would note down the participants' e-mail address in a separate password-protected document with a 'Yes/No' field next to the documents which would be e-mailed.

From 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/s meant that telephone/videoconference interviews were conducted when required (i.e., in accordance with government directives) or when requested by services. Consent was collected verbally for all participants, regardless of whether interviews were conducted face-to-face or via telephone/videoconference. Ten per cent (n=93) of all 2024 interviews were conducted via telephone/videoconference (primarily in Hobart, TAS and Perth, WA).

Measures

IDRS 2000-2024

Participants are administered a structured interview schedule based on previous studies of people who use heroin and amphetamine (9, 10). The interview focuses primarily on the preceding six months, and assesses various domains, including:

- demographic characteristics;
- patterns of drug use, including frequency and quantity of use and routes of administration;
- drug market characteristics (i.e., price, perceived purity and perceived availability of substances);
- risk behaviours (such as injecting and sexual risk behaviours);
- harm reduction behaviours (such as naloxone uptake, drug checking, drug treatment);
- non-fatal overdose;
- mental and physical health;
- driving behaviours;
- self-reported criminal activity; and
- general trends in drug markets, such as new drug types and new drug consumers.

It is important to note that in 2020, all measures were similar to previous years as detailed above, though questions specific to COVID-19 and impacts of restrictions were included to capture changes in drug purchasing, use and harm reduction behaviours.

Data Cleaning and Analysis

Participant responses were checked to ensure that: eligibility criteria were met; responses were consistent across the interview; valid responses were given to items where there were minimum and maximum possible values (e.g., frequency of use in last six months does not exceed 180 days); and that responses falling under 'other' were not more accurately captured under existing response options.

Data were cleaned using the IBM SPSS Statistical Package for Windows, Version 27.0 (IBM, 2019) and Stata 17 (StataCorp, 2021) and analysed using R version 4.1.2 (The R Foundation for Statistical Computing). Percentages were calculated for categorical data (valid percent where data were missing); mean and standard deviation for continuous data; and median and interquartile range for skewed or count data.

Between-group comparisons of categorical variables (e.g., percentage endorsing past six month use of cocaine in the most recent and previous year samples) were analysed using the Chi-squared test, or Fisher's exact test when any cell size was less than 5. In previous years (i.e., prior to 2021), categorical variables with more than two response options (e.g., perceived purity and availability) were analysed as separate binary variables (e.g., 'high' versus not high; 'medium' versus not medium; 'low' versus not low). Due to concerns about Type 1 error, these variables were analysed as single variables from 2021 onwards – where an overall significant difference was identified, changes in response options were described descriptively. The

Mann-Whitney U test was run to identify differences between the most recent and preceding year for count data. Because the Mann-Whitney U test compares the *sample distributions* of two independent samples that are not normally distributed, significant differences may be detected even when median days or median price are the same across years. No corrections for multiple comparisons and risk of Type 1 error are made and thus comparisons should be treated with caution. Values where cell sizes are ≤5 are suppressed with corresponding notation (zero values are reported). All figures were generated in Microsoft Word, with the exception of the figure representing '*use of opioids, stimulants, benzodiazepines and cannabis on the day preceding interview and most common drug pattern profiles*', which was created using the 'UpSetR' package for R.

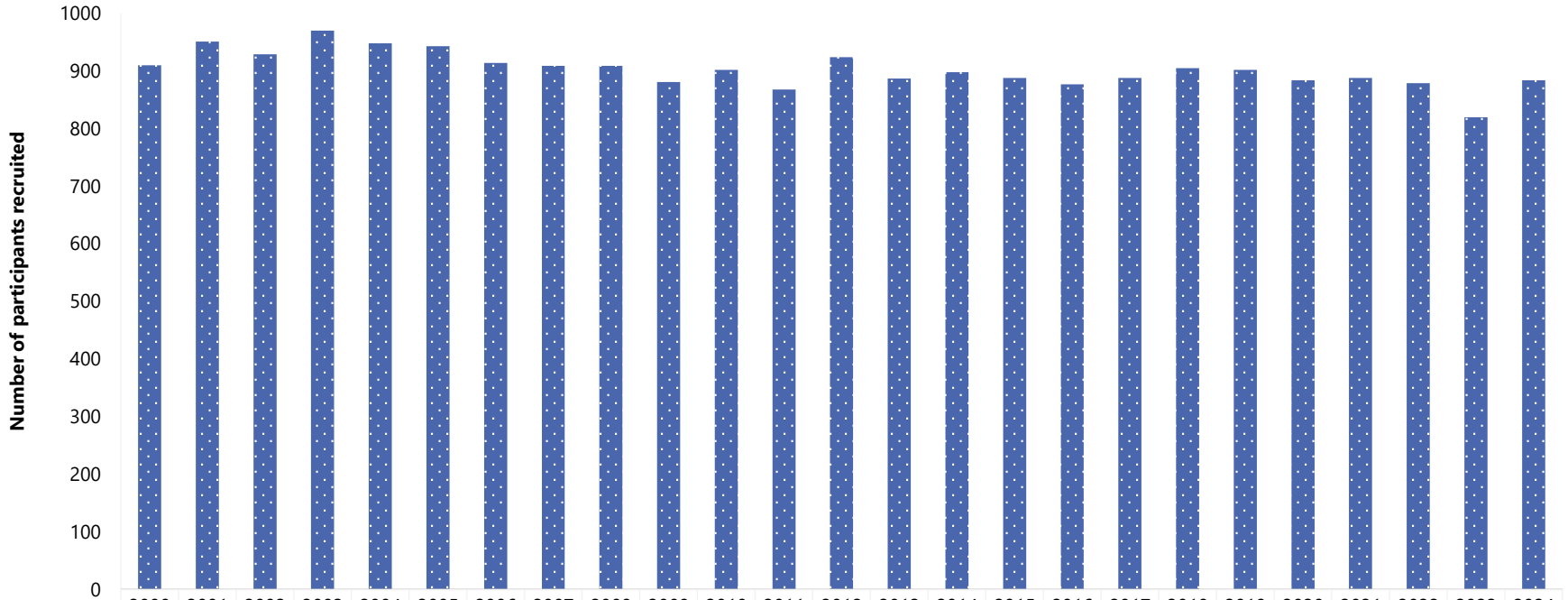
Up until 2022, participants could consent to the provision of a unique identifier, but not all did so, and this was removed in 2023, meaning complete identification of repeat participation via this method is not possible. Thus, analyses are typically conducted with the total sample. Responses from the repeat participants will likely be correlated over time. Analyses have shown that, when analysing the national sample, the impacts of excluding from the analysis subjects who self-report previous participation are minimal (11). Point-prevalence and effect estimation without correction for the lack of independence in observations is unlikely to seriously affect population inference (12).

Sample Size

The intended sample size for Sydney and Melbourne is 150 participants per year and 100 participants for all other capital cities (Brisbane/Gold Coast in QLD), typically collected between April-July each year. In 2023, there were difficulties in recruiting participants in Darwin, NT and Hobart, TAS. Figure 2 and Table 1 provide an overview of national and jurisdictional sample sizes over the course of monitoring.

Interviews for IDRS 2024 were undertaken from 1 June to 12 July 2024. In keeping with the aim of recruiting a sentinel population of similar profile each year, Figure 2 displays the demographic profile of the sentinel sample recruited each year. In 2024, the median weekly income significantly increased from $400 (IQR=335-500) in 2023 to $424 (IQR=350-550) ($p$=0.006). No further demographic changes were observed between 2023 and 2024.

Figure 2: Recruitment of IDRS participants over time, nationally, 2000-2024



	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Number of participants	910	951	929	970	948	943	914	909	909	881	902	868	924	887	898	888	877	888	905	902	884	888	879	820	884

Table 1: Recruitment of IDRS participants over time, by capital city, 2000-2024

Year	Sydney	Canberra	Melbourne	Hobart	Adelaide	Perth	Darwin	Brisbane/ Gold Coast
2000	150	100	152	100	107	100	100	101
2001	163	100	151	100	100	100	135	102
2002	158	100	156	100	100	100	111	104
2003	154	100	152	100	120	100	109	135
2004	157	100	150	100	101	100	111	129
2005	154	125	150	100	101	100	107	106
2006	152	100	150	100	100	100	100	112
2007	153	101	150	100	100	80	106	119
2008	151	101	150	100	100	100	103	104
2009	152	100	150	100	100	100	99	80
2010	154	101	151	100	97	100	99	100
2011	150	98	150	100	100	70	98	102
2012	151	99	150	106	93	100	125	100
2013	151	100	150	107	100	88	91	100
2014	150	100	150	101	106	98	93	100
2015	150	100	150	100	102	89	98	98
2016	150	100	175	99	101	71	90	91
2017	151	100	152	100	100	73	109	103
2018	152	100	150	100	101	100	99	103
2019	151	100	148	99	100	96	99	109
2020	155	100	179	74	100	100	78	98
2021	150	100	148	95	101	99	94	101
2022	152	101	151	102	103	100	70	100
2023	153	101	150	66	102	99	46	103
2024	**150**	**100**	**150**	**102**	**106**	**103**	**70**	**103**

Note. Brisbane includes Brisbane and the Gold Coast (and the Sunshine Coast in 2014-2016).

Table 2: Demographic characteristics of the sample, nationally, 2000–2024

	2000 N= 910	2001 N= 951	2002 N= 929	2003 N= 970	2004 N= 948	2005 N= 943	2006 N= 914	2007 N= 909	2008 N= 909	2009 N= 881	2010 N= 902	2011 N= 868	2012 N= 924	2013 N= 887	2014 N= 898	2015 N= 888	2016 N= 877	2017 N= 888	2018 N= 905	2019 N= 902	2020 N= 884	2021 N= 888	2022 N= 879	2023 N= 820	2024 N= 884
Median age in years (IQR range)	28 (22-34)	29 (23-36)	30 (25-36)	32 (26-39)	32 (26-39)	34 (27-40)	34 (27-41)	35 (29-42)	36 (30-43)	37 (30-43)	37 (30-44)	38 (32-45)	39 (32-46)	40 (34-47)	41 (34-48)	42 (36-49)	43 (36-49)	43 (37-50)	43 (37-49)	43 (38-49)	44 (38-50)	45 (38-51)	45 (39-52)	46 (40-52)	**47 (40-53)**
% Male	68	67	64	64	66	64	64	66	66	64	65	66	66	64	69	67	69	67	66	68	59	65	66	68	**69**
% Aboriginal and/or Torres Strait Islanders	11	14	14	14	10^	12	13	15	11	11	14	14	16	17	16	20	17	19	19	22	18	23	27	26	**28**
% Sexual identity																									
Heterosexual	/	/	/	/	/	86	86	87	89	88	88	87	90	89	90	92	89	87	88	87	86	82	83	85	**85**
Gay male#	/	/	/	/	/	2	2	2	1	3	2	2	1	2	1	1	2	2	1	3	4	4	4	4	4
Lesbian#	/	/	/	/	/	2	1	2	1	2	2	2	1	1	1	1	1	1	2						
Bisexual	/	/	/	/	/	9	9	7	8	7	7	8	7	7	7	5	7	9	8	8	8	11	11	9	**9**
Other	/	/	/	/	/	1	2	2	1	1	1	1	1	2	1	1	1	2	1	1	1	1	1	1	**1**
Mean years school education (range)	10.4 (0-16)	10.3 (0-14)	10.3 (0-13)	10.1 (1-13)	10.1 (2-13)	9.9 (0-12)	9.9 (3-12)	10.0 (0-12)	10.1 (0-12)	10.1 (3-13)	10.0 (3-12)	10 (4-12)	10 (0-12)	10 (0-12)	10 (2-12)	10 (0-12)	10 (0-12)	10 (0-12)	10 (0-12)	10 (1-12)	10 (1-12)	10 (1-12)	10 (0-12)	10 (0-12)	**10 (1-12)**
% Completed trade/technical qualification^	31	37	37	49	37	36	39	36	40	43	37	40	43	40	46	48	47	41	44	47	52	49	54	61	**62**
% Completed university/college	12	9	10	10	10	11	9	11	12	9	9	12	10	9	9	9	9	11	9	11	13	10	11	/	**/**
% Accommodation																									
Own home *(inc. renting)*~	/	56	63	67	62	69	69	65	67	70	61	65	69	68	72	74	69	69	69	70	69	66	68	65	**66**
Parents'/family home	/	15	14	11	11	11	9	10	10	8	8	9	8	8	8	7	6	6	8	6	6	5	5	6	**5**
Boarding house/hostel	/	8	8	10	14	11	11	11	11	10	9	11	12	9	7	7	8	7	7	6	9	9	8	5	**6**
Shelter/refuge	/	–	–	–	–	–	–	–	–	2	2	1	2	1	1	2	2	2	2	2	2	2	2	3	**2**
No fixed address	/	9	7	6	8	6	6	11	9	8	10	10	8	12	11	8	13	15	14	15	12	16	16	19	**20**
Other	/	12	8	6	5	3	5	4	3	2	10	4	2	4	1	3	3	1	1	-	1	2	2	1	**1**
% Unemployed	68	73	73	76	77	73	77	79	77	78	81	79	84	89	83	83	86	84	87	88	88	88	87	86	**89**
% Prison history	43	44	45	43	46	50	51	51	52	53	52	55	54	56	55	53	53	58	56	62	56	60	60	60	**59**
% Currently in drug treatment	34	36	37	40	46	48	44	43	47	45	47	49	44	47	47	47	43	43	41	41	48	37	38	39	**37**

Note. – data suppressed due to small cell size, i.e., ≤5 but not 0. # until 2019, participants were asked if they identify as gay male or lesbian; from 2019 onwards, participants were asked whether they identify as homosexual. ^ until 2019, participants were asked whether they had completed a trade/technical qualification or university/college; from 2019 onwards, participants were able to select either option or both. / not asked. 'No fixed address' includes rough sleeping or squatting and couch surfing. ~Up until and including 2019, 'own home' included private rental and public housing; from 2020 onwards, these have been separated out. Please refer to national report for more details.

Limitations

There are various limitations to these data; key caveats are noted here.

As people who regularly use drugs are deliberately recruited for their ability to report on drug markets, findings from the IDRS interviews cannot provide information on general population levels of use or use by all people who inject drugs. For this same reason, findings from the IDRS interviews cannot be used to identify changes in the size of drug markets. The IDRS interviews cannot provide information about trends in places outside of the capital cities (Brisbane/Gold Coast in QLD) from which people who regularly inject drugs are recruited.

It also should be noted that participants are asked to report according to what they believed the substance was when they obtained it, and thus will not capture unwitting consumption of a different substance(s). Other possible limitations of retrospective self-report may apply (e.g., recall bias), although evidence suggests sufficient reliability and validity of self-report to provide descriptions of drug use and drug-related problems (13).

Differences in the methodology, and the events of 2020-2024, must be taken into consideration when comparing 2020-2024 data to previous years, and treated with caution.

Additional Outputs

There are a range of outputs from the IDRS triangulating key findings from the annual interview and other data sources, including national reports, jurisdictional reports, bulletins, and other resources available via the Drug Trends webpage. This includes results from the Ecstasy and Related Drugs Reporting System (EDRS).

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

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